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Modern Burn Care

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Both the number of burns and the mortality rate for burn victims in the U.S. have steadily declined over the last two decades. The real “cure” is prevention, indicating the importance of legislation. The U.S. Army Burn Center at the U.S. Army Institute of Surgical Research, Fort Sam Houston, TX, has treated all significant burns from the current conflicts in Iraq and Afghanistan. The peak year to date was 2005, during which 185 burn patients from the conflicts were admitted. The mortality

rate for combat burn patients with total burn size (TBSA) over 50% is currently 52.5%. Better therapy for burns is based on early excision, metabolic support, early treatment of inhalation injury, and functional rehabilitation. Specifically, no mode of mechanical ventilation is better than normal spontaneous respiration, thus, early extubation is essential. Fluid resuscitation volumes remain high, and a better method of judging fluid requirements is needed. Laser Doppler imaging can be used to assist in judging burn wound depth. No product has emerged to provide better temporary wound closure than cadaver allograft. However, silver dressings, Biobrane(r), and cultured epithelial autografts have proven useful in appropriate settings. The hypermetabolic state postburn can be controlled pharmacologically. In a recent multicenter trial, oxandrolone was shown to decrease hospital length of stay. Future research must focus on improvement of the scarring process and function.

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