Topical management of facial burns with open technique

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There's nothing as significant as a human face. Nor as eloquent. We can never really know another person, except by our first glance at him. Because in that glance, we know everything. — Ayn Rand

American novelist

Introduction
The face is person’s identity and most exposed part of the body except in few communities. So, facial injuries created marked anxiety due to risk of disfigurement. Facial burns are common and we studied 11 facial burns over period of 6 months.

Background
There are multiple approaches to non-surgical management of superficial and partial thickness facial burns. Approach depends on many factors and we found open method with topical applications suits well for us.

We considered duration of hospital stay, loss of working hours, climate of country, cost effectiveness and Sri Lankan food pattern as some of the factors in selecting our method.

We studied 11 patients (7 pressure cooker burns, 4 steam inhalation burns) with superficial and partial thickness burns in face. They all had TBSA of less than 4%. On admission they were treated with irrigation of water for more than 20 minutes. 10 patients (one refused admission) were observed for 24 hours as inward patients and ophthalmology referral done. None had eye involvements or ear burns.

All pressure cooker burns were due to premature opening of the pressure cooker lid. Steam inhalation is a common practice in Sri Lanka for upper respiratory tract infection.

Method
Our therapy started on first day with the application of mixture of 5% povidone iodine ointment and liquid paraffin. No dressing were used to cover burns (open technique). Patients were educated on repeated application of mixture, at least 5 times a day following thorough cleansing of face with soap and water.

Mixture of povidone iodine ointment and liquid paraffin
All patients were discharged next day and managed in ambulatory clinic. Everyone was advised to avoid sun exposure. No antibiotics were used. Pain was managed with paracetamol and codeine.

Results
All patients had complete healing by 7 to 12 days without scaring. Patients were followed at 1 and 3 months. 3 patients developed hyperpigmentation and treated with isotretinoin cream.

Post burn day 12

Discussion
We think our method of facial burn management is acceptable for developing countries (whole treatment costs less than 15 AUS$) with warm humid climate. At the same time it is highly compatible with people who take rice and curry as their main meal. Hyperpigmentation is an issue which needs further scrutiny.

Acknowledgment
Special thanks to all patients and staff of burns unit.

References