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Facial burns profiles-24 cases report

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Abstract | **Review Article**

Facial burns are severe, we report the epidemiological, clinical and evolutive profile of 24 cases collected in Meknes hospital. We report more male than female, the scald seems be the major causes, the surgical treatment was practiced in 5 cases.

Keywords: Facial burns, epidemiological, surgical treatment.

INTRODUCTION

The facial burns are very variable, their acute management depend on their gravity but also on technical equipment and team's experience.

We report the epidemiological, clinical and evolutive profiles of our Serie of 24 cases.

RESULTS

We report a Serie of 24 cases of facial burns, the neck burns are excluded, the cases are reported in Mohammed V hospital of Meknes, from April 2018 to April 2019.

The epidemiological profiles

16 patients were males and 8 females, the age distribution is summarized in the graph below:

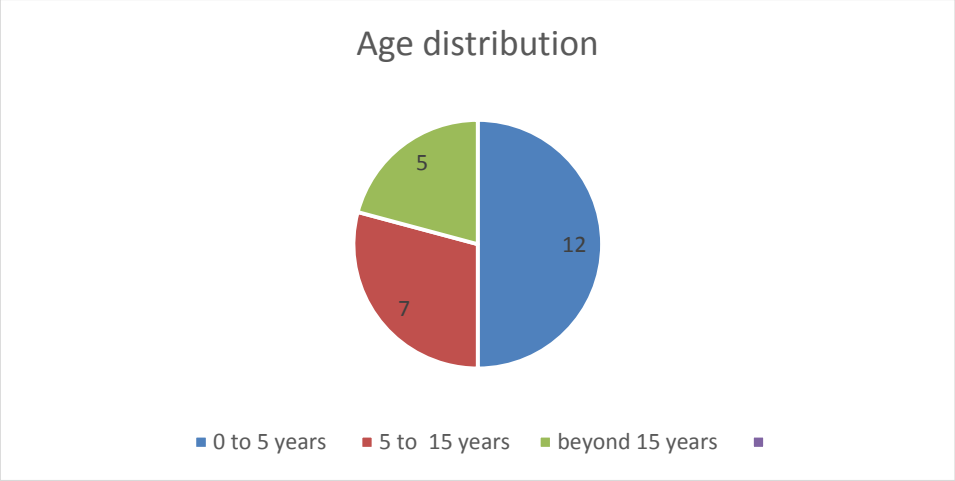

Fig-1: Age distribution

We note that 12 (50%) of our patients are children under 5 years old. the causes of burns are presented in the graph below:

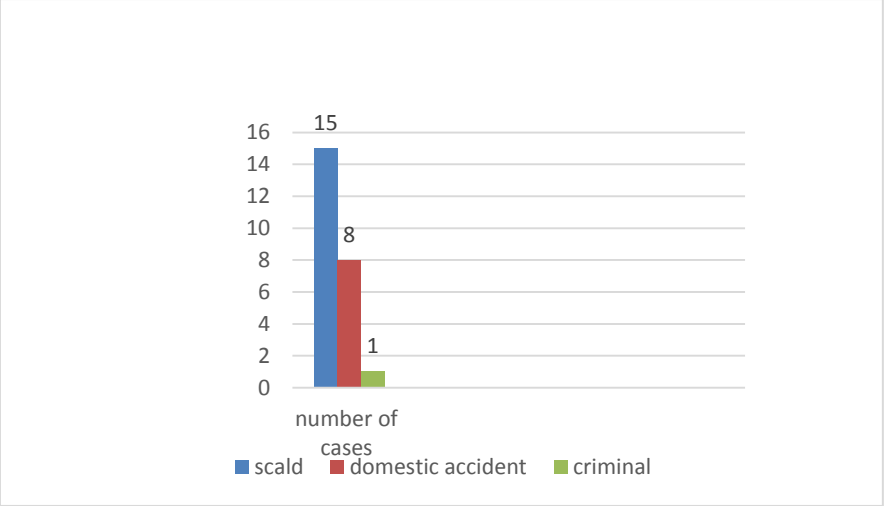

Fig-2: causes of burns

The principal cause in our data is the hot water (scalding water), it represents 62,5% of causes. The domestic accident (iron, oven…) represent 33,3% of causes, we note one cases of criminal incident (with flame).

The clinical profiles

The clinical examination was practiced at the emergency department; the data was recorded from the admission files.

We divided the face into three zones: upper (front) Middle (periorbital region, nose and cheek) and lower (mouth and chin)

The data are summarized in the tables below:

Table-1: degree of burns

Degree of burns	First degree (superficial)	Second degree	Third degree (deep)
Number of cases	11	8	5

Table-2: surface of burns

Surface of burns	1 to 5 %	5% to 9%	10 % and more
Number of cases	7	13	2

Table-3: areas of burns

Zone of burns	Upper zone	Middle zone	Lower zone	Several zones
Number of cases	6	8	4	6

The acute management

All of our patients have benefited from emergency preparedness, 6 patients have received topical treatment and will be followed in consultations, 5 cases have benefited from surgical necrotic tissue excision and have been hospitalized in the burn department, 4 patients have transferred to reanimation, tracheotomy was performed in one case.

DISCUSSION

Facial and inhalational burns compromise airways. They pose difficulties in pre-hospital resuscitation and are challenge to clinicians managing surviving burn victims in the intensive care setting [1,2].

In this retrospective study we included 24 patients in one-year period with facial burns. Facial burns were predominant in male patients with 16 cases. Castana et al. reported that females predominated, with an incidence of 61%, compared to a male incidence of 39% [3,4]. Scald and liquid were responsible for burns in 15 cases or 62,2 %, Another study of 277 patients conducted by Mustafa H.Ali reported that scalds were the main causes of burn injuries with 49.1%. [5,6].

Superficial burns were present in 11 cases or 45,8 %, and deep burns were present with 5 cases or 20,08 %. Conservative treatments were applied in 19 cases or 79.1 % with cleaning of burned surface and therefore surgical treatment were applied in 5 cases or 20,08%.

CONCLUSION

Facial burns are generally considered severe, the scald seems to be the principal causes especially in children,

the correct acute management minimalize the risk of complication, the prevention, especially in children, is very important.

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