



Case study: C146

L-Mesitran®

Burn

A 3-year old boy tried to pick up a toy behind the central heater and got stuck with his forearm. This created a burn on his forearm and hand. The patient was otherwise healthy, besides the burn (1,5x3cm and 2-3mm deep)

The first two days, the wound was treated with a hydrogel (Flamminal). The wound expert noticed that gel stuck to the wound due to a lack of wound fluids (exudate). A white crust formed which was difficult to remove and made changing the dressings very painful. Because of the good results with medical honey gauze with similar cases in the past, the wound expert decided to change the treatment.

Product: L-Mesitran Tulle

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Method

The wound was cleaned daily with tap water and a saline solution. A honey gauze was gently put on the wound and fixated with a dressing (Peha-haft, Hartmann). No antibiotics were used, only the honey gauze.

Results

On the first day of treatment (fig. 1) the honey gauze was easy to apply and the patient did not experience any pain during the dressings application. The dressing was fixated on the arm in a way the toddler could not open it by himself. After five days (fig 2.) granulation was visible and after 10 days the wound was almost completely healed (fig. 3). After 4 months there is almost no scarring visible (fig. 4).

Discussion

Burn injuries are the third most common injury causing death in children, following motor vehicle crash and drowning accidents. (Multani, 2015). This is partly caused by the fact the skin is thin due to scant dermal appendages, hence deep injury more commonly occurs. In this case fortunately the injury was not that deep. Boys between 1 and 5 are also twice as much injured than girls of the same age (Trop, 2015). This boy was treated at home and this was done cost effectively (only 10 pieces of L-Mesitran Tulle were used and cut to size, +/- 23 EUR retail price). The pictures emphasize that healing is complete within 10 days with little to no scarring, which is an excellent cosmetic result.

References

- Multani J, Bajwa B, Aneja P (2015) Edidemiology of paediatric burns: a retrospective study. *J of Evolution of Medical and dental Sciences* 4(28):4798-4802
- Trop M et al. (2015) The past 25 years of paediatric burn treatment in Graz and important lessons been learned. An overview. *Burns* 41(4):714-720



1. First day of treatment



2. Day 5



3. Day 10



4. 146 Days after treatment