#### MAKALAH ILMIAH

Post Burn Contracture in Pediatric Patient: Surgical Management and Its challenges

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Prof Vinita Puri

President Elect & Honorary Secretary, APBA Head, Department of Plastic Surgery, Seth G S Medical College & KEM Hospital, Mumbai, India





**Dr. Yvonne Wilson** 



Dr Nyoman Putu Riasa

Honorary Treasurer, APBA Past President, APBA Senior Consultant Plastic Surgeon, Prof. Dr. I.G.N.G. Ngoerah Hospital, Indonesia

#### **SPEAKERS**





Prof Ramesh Sharma

Director, Department of Plastic Surgery, Paras Hospital, Panchkula, Haryana, India



Dr. Yvonne Wilson

UK



Chief of Burn Centre, MacKay Memorial Hospital, Taipei,





#### Or Nyoman Butu Piaca

Honorary Treasurer, APBA Past President, APBA Senior Consultant Plastic Surgeon, Prof. Dr. I.G.N.G. Ngoerah Hospital, Indonesia





Dr. Nikki Allorto

Specialist Surgeon Pietermaritzburg Metropolitan Burn Service University of KwaZulu Natal, South Africa





#### Dr Ulfa Elfiah

Division of Plastic Surgery & Burn Dr Soebandi Hospital /Jember University, East Java, Indonesia





#### Dr Ivette Icaza

Advisor, Sunshine Social Welfare Foundation (SSWF) Taiwan

ACADEMIC PROGRAM Duratio	n: 2 Hours
Introduction to Program  Vinita Puri	02 Min.
Opening Remarks <b>Gaoxing Luo, Rajeev B Ahuja</b>	02 Min.
Fluid Resuscitation & Electrolyte Therapy for Pediatric Burn Ramesh Sharma	15 Min.
Management of Burn Edema in Pediatric Burn <b>Yvonne Wilson</b>	15 Min.
Hypermetabolism in Pediatric Burn: Pathophysiology & Management Wen-Teng Yao	15 Min.
Pediatric Burn Wound: Dressing Choices & Surgical Burn Wound Management  Nyoman Putu Riasa	15 Min.
Sepsis in Pediatric Burn: Prevention, Diagnosis & Antibiotic Therapy Nikki Allorto	15 Min.
Post Burn Contracture in Pediatric Patient: Surgical Management & its Challenges Ulfa Elfiah	15 Min.
Rehabilitation & Therapy in Pediatric Burn Ivette Icaza	15 Min.
Q & A and Panel Discussion <b>Moderators: Yvonne Wilson, Nyoman Putu Riasa</b>	10 Min.
Concluding Remarks Vinita Puri	01 Min.



#### Introduction

- Post-burn contracture is a common complication in pediatric patients who have suffered from burn injuries. It occurs when scar tissue forms and tightens around joints, restricting movement and causing deformities. The prevalence of burn contractures in the pediatric population has previously been reported at 23%. Predictors of the number of contractures included total age, length of stay, length of ICU stay, presence of amputation, TBSA burned, and TBSA grafted.
- However, the management of post-burn contracture in pediatric patients presents several challenges. Firstly, pediatric patients have delicate skin and soft tissue structures, which require careful handling during surgery. Secondly, there is a risk of recurrent contracture, particularly if the underlying cause of the contracture is not properly addressed. Thirdly, children may require multiple surgeries over time as they grow and their bodies change.

#### Case Presentation 1

A ten-year-old girl with severe post-burn neck contracture with scaring of the anterior neck and anterior chest wall. The cervicomental angle is extremely narrow, no neck movements and Bowed down head found. The contracture is released and covered with a bilateral occipito shoulder flap. Why we using the bilateral occipito shoulder flap, the purpose is to maximize the range of movement and decrease rigidity, because we think that this is the best procedure to achieve those purposes A split-thickness skin graft is applied to the submental defect, donor site, and the anterior chest wall.

The challenging airway management in this patient is the main intraoperative problem. because of the extreme neck rigidity. Orotracheal intubation required a fiberoptic laryngoscope basen on the gold standard. The postoperative difficulty is the patient's refuse to participate in routine care due to pain, fear, and discomfort.

Further challenge six month later. We can see from the pictures that the scar reappears and occur on anterior part of the neck and Resulting on not optimal movement. In this picture we can see where the scar is occurring around the neck area and cause the patient have an inability to move her neck and forming a bad posture. The parents decide to stop the procedures because they think that this been enough and better than before



Case Presentation 2

A five-year-old child had a history of burns due to contact with hot water. Six months later, both of patient's legs and toes cannot be straightened, and the movement is limited. The contracture release was carried out in 2 stages and covered with skin graft. the total treatment procedures take one and half month, that resulting on improvement of the Range of motion on both legs. What is the challenge in this case? Scars around joints were extensive and thick, few donors were available, and the bleeding had to be tightly controlled during the intraoperative period. Patients and their parents had to deal with postoperative difficulties. Children frequently scream because they are in pain, afraid, or uncomfortable condition. Actually for this patient, should be referred to the rehabilitation center twice a week for a better result. But, The parent refuses to cooperate, because they feel bad to witness their child screaming and in pain as a result of the wound care and physical therapy procedures

#### Discussion

In Pediatric, Post burn contracture can have a significant impact on their physical and emotional development. Surgical management is often necessary to address post-burn contracture in pediatric patients.

The management procedures are actually varied, but we must consider for the appropriate treatment regarding to the severity of the contracture. On Post burn contracture of the neck, flap procedure shows more benefit instead of skin graft. In the case where the skin graft must be perform then we should consider for the nonvisible area of the neck (e.g. Submental area)

In the post burn contraction of knee joint is better to perform flap procedure for the management, regarding to the study of which shows that medial and lateral flap in comparison to split skin grafting gave a better outcome in severe post burn contractive of knee joint.

But in some case skin graft could be the choice for the management. like in the case where the amount of skin donor is not enough for the flap procedure, beside that skin graft also more simple and easier to perform.

However, there are several challenges associated with this approach i.e:

- First, the timing of surgery is critical
- Second, the need for repeated surgeries, and scar management. This can be emotionally and physically taxing for both the child and their caregivers.
- lastly, Rehabilitation and physical therapy are also critical to achieve optimal outcomes.

Another challenge is managing pain and discomfort in pediatric patients during and after surgery. Children may experience anxiety, fear, and discomfort during surgical procedures, which can be mitigated through proper anesthesia and proper pain management techniques





#### Conclusion

- post-burn contracture in pediatric patients can be challenging to manage surgically due to various factors, including the child's growth, anxiety, and the risk of contracture recurrence.
- A multidisciplinary approach involving the team of specialists is critical for the success of surgical interventions

Thank you for taking the time to listen to my presentation. I hope that the information I shared will be useful for you. It's my pleasure to present this to you today and I appreciate the opportunity for share my knowledge with you

#### Refferences

- Jerome T, Sabtharishi V, SK T (January 25, 2021) Supraclavicular Flap for Severe Postburn Neck Contracture in Children. Cureus 13(1): e12910. doi:10.7759/cureus.12910
- Poresh Boruah. Reconstruction of Post Burn Contracture Knee: Evaluation of Outcome of Releasing Procedures", International Journal of Science & Engineering Development Research (www.ijsdr.org), ISSN:2455-2631, Vol.5, Issue 9, page no.127 134, September-2020, Available: <a href="http://www.ijsdr.org/papers/IJSDR2009019.pdf">http://www.ijsdr.org/papers/IJSDR2009019.pdf</a>
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- Yelvington M, Godleski M, Lee AF, Goverman J, Parry I, Herndon DN, Suman OE, Kowalske K, Holavanahalli R, Gibran NS, Esselman PC, Ryan CM, Schneider JC. Contracture Severity at Hospital Discharge in Children: A Burn Model System Database Study. J Burn Care Res. 2021 May 7;42(3):425-433. doi: 10.1093/jbcr/iraa169. PMID: 33247583; PMCID: PMC8344380.

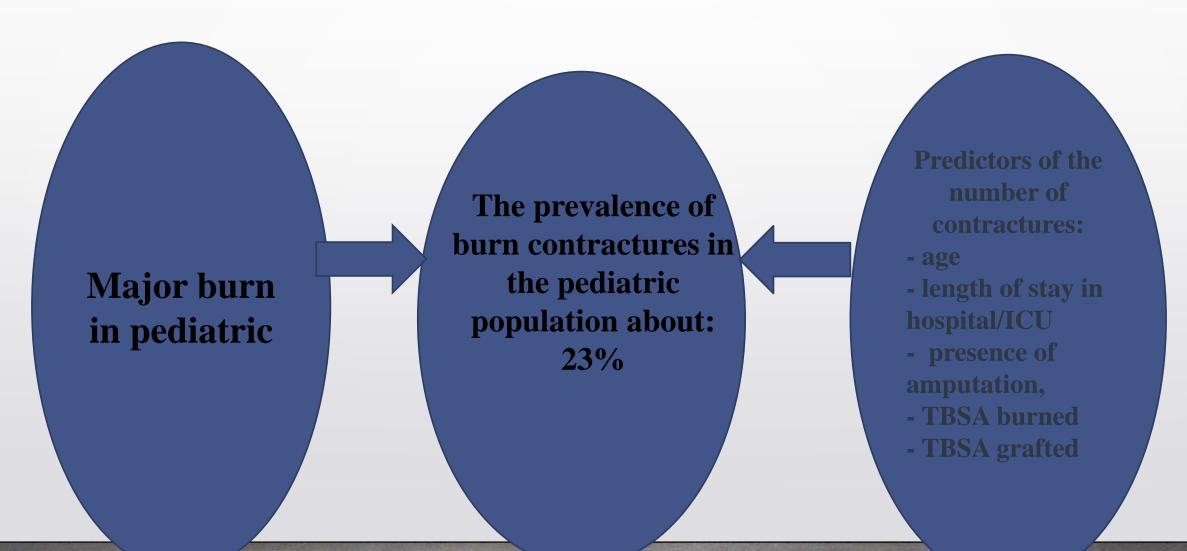
# Post Burn Contracture in Pediatric Patient: Surgical Management and Its challenges

**Ulfa Elfiah** 

Faculty of Medicine, University of Jember, Indonesia

2023

# Introduction



# The management of post-burn contracture in pediatric patients presents several challenges



1. Pediatric patients have delicate skin and soft tissue structures, which require careful handling during surgery.

2. There is a risk of recurrent contracture, particularly if the underlying cause of the contracture is not addressed.

3. Children may require multiple surgeries over time as they grow and their bodies change.

# Case Presentation

A ten-year-old girl with severe post-burn neck contracture with scaring of the anterior neck and anterior chest wall.

The cervicomental angle is extremly narrow, no neck movements and Bowed down head.

The contracture is released and covered with bilateral a occipito shoulder flap.

A split-thickness skin graft is applied to the submental defect, donor site, and the anterior chest wall.



One week after operation

The challenging airway management in this patient is the main intraoperative problem.

The postoperative difficulty is the patient's refusal to participate in routine care due to pain, fear, and discomfort.

Further challenges the scar reappears, so that movement function is not optimal



A five-year-old child had a history of burns due to contact with hot water

Six months later, the patient's right and left legs and toes cannot be straightened, and the movement is limited

The contracture release was carried out in 2 stages and covered with skin graft.





## Challenge?

Scars around joints were extensive and thick, few donors were available, and the bleeding had to be tightly controlled during the intraoperative period

Patients and their parents had to deal with postoperative difficulties.

Children frequently scream because they are in pain, afraid, or uncomfortable.

a parent refuses to cooperate, they must witness their child screaming and in pain as a result of the wound care and physical therapy procedures



# **DISCUSSION**

- In Pediatric, Post burn contracture can have a significant impact on their physical and emotional development
- Surgical management is often necessary to address post-burn contracture in pediatric patients. However, there are several challenges associated with this approach i.e:
- Firstly, the timing of surgery is critical
- Secondly, the need for repeated surgeries, and scar management. This can be emotionally and physically taxing for both the child and their caregivers.
- Finally, Rehabilitation and physical therapy are also critical to achieve optimal outcomes.

# DISCUSSION

• Another challenge is managing pain and discomfort in pediatric patients during and after surgery.

• Children may experience anxiety, fear, and discomfort during surgical procedures, which can be mitigated through proper anesthesia and pain management techniques

# CONCLUSION

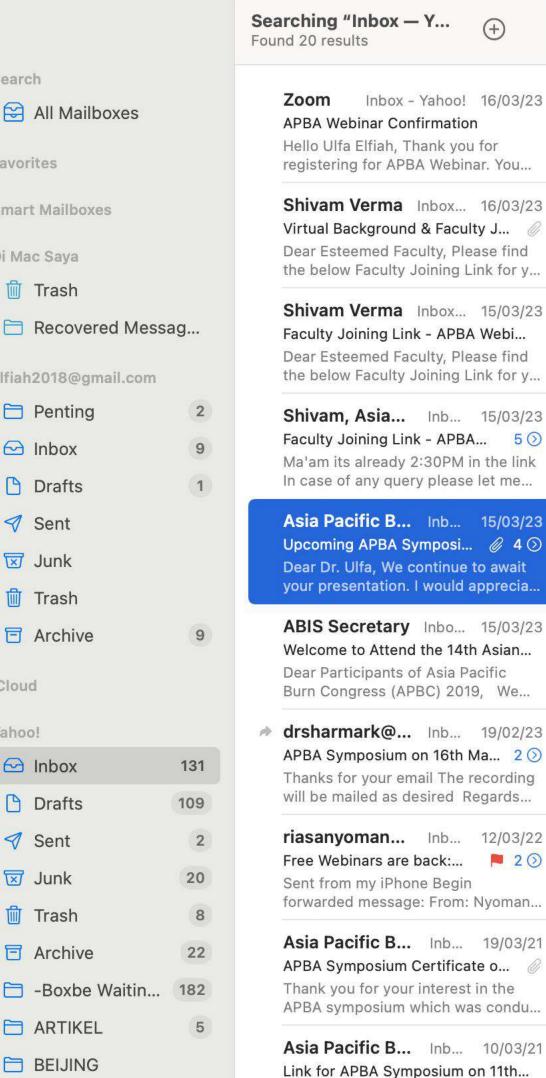
• post-burn contracture in pediatric patients can be challenging to manage surgically due to various factors, including the child's growth, anxiety, and the risk of contracture recurrence.

• A multidisciplinary approach involving a team of specialists is critical for the success of surgical interventions

# **REFFRENCES**

- Jerome T, Sabtharishi V, SK T (January 25, 2021) Supraclavicular Flap for Severe Post-burn Neck Contracture in Children. Cureus 13(1): e12910. doi:10.7759/cureus.12910
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To: Ulfa Elfiah, Cc: Rajeev Ahuja & 2 more

Details

14 March 2023 14.00

Dear Dr Ulfa Elfiah, I hope all is well We await your presentation for Thursday's APBA Symposium. Kind regards. Vinita Puri

Prof. Vinita Puri Head, Department of Plastic Surgery and Burns, Seth G S Medical College and KEM Hospital, Mumbai. India

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To: Ulfa Elfiah, Cc: Rajeev Ahuja & 2 more

15 March 2023 17.22

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Dear Dr. Ulfa,

We continue to await your presentation. I would appreciate it if you could reply to the email as it would assure us that you would send the presentation, attend the meeting and be there to take the questions.

Kindly email to me and to Shivam. If you are sending by drive please make sure that you enable permissions for both these email addresses Shivam@conferencesinternational.in and secretaryapba@gmail.com

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