



Abstract Title:	Comparing a High-Concentration Topical Surfactant , with and without a Topical Antimicrobial, in the Management of Burns
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Objective:	Upon completion of the lecture, attendees should be better prepared to: <ul style="list-style-type: none">• Discuss an alternative topical wound care agent for burns• Describe surfactant technology• Recognize indications and applications of a surfactant in burn wound care
Abstract:	<p>Introduction: A surface acting agent based on Concentrated Surfactant Technology (CST), in certain patients in combination with a topical antimicrobial agent, was studied for both debriding properties and wound healing related aspects in a trial in patients with burns.</p> <p>Method: Patients with burns of different depth, not exceeding 10% TBSA were enrolled. They were treated with CST gel, with (N=26) or without (N=24) the addition of a topical antimicrobial cream. The clinical need for the method of debridement was assessed, as was time towards healing progress and reepithelialization within a limited time frame.</p> <p>Results: 50 patients (median age: 35.0, median study-burn: 2.0% TBSA (range: 0.1-9.0)) participated. Most burns were located on the lower leg/foot or arm/hand. Four wounds (8%) were superficial partial thickness. All others (92%) were complete, or a mixture of, deep partial and full thickness. One wound was excised with a dermatome , on four a debriding enzyme was used, and the remaining wounds were treated primarily with CST (one lesion with adjunct NPWT). The mean time to complete reepithelialization (N=27, 54%) was 17.0 days. 14 burns (28%) showed progression to complete reepithelialization and treatment regimen was changed after the trial-allotted time. 5 burns (10%) did not show enough healing progress and were (partially grafted). In 4 patients complications led to a change of treatment. Infection (cellulitis) occurred in one patient treated with CST alone.</p> <p>Conclusion: Excision and grafting is the standard therapy for most deep partial and full thickness burns. In this series of burn patients, 92% of all lesions were deep but only 5 (10%) required grafting. These results indicate that CST is a promising way to treat deep burns. It assists in debriding and in the healing process and helps avoid the need for grafting. The antibiotic cream may have helped preventing infection.</p>

References and Resources

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Disclosure:

Danielle K. Curran – No Relevant Financial Relationships to Disclose
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