

Abstract Title:	The Impact Of A Caprolactone Dressing In Pediatric Second Degree Burns As Our Standard Of Care And Its Potential For Burn Like Lesions
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Objective:	1) Treat mixed second degree burns in children, by using a caprolactone dressing, which requires less skin grafting and less procedures under general anaesthesia.
Abstract:	<p>Purpose: We present our data of second degree burns in children starting 2002 and evaluated the effectiveness of in the treatment of partial thickness burns in children over the period of 13 years: Starting with the first treated cases in our pediatric burn unit in 2004, the use of caprolactone Dressing has become our standard of care since 2010. Additionally we describe the implementation of the caprolactone dressing in burn like lesions such as Epidermolysis bullosa (EB) and Toxic Epidermal Necrolysis (TEN).</p> <p>Methods: A retrospective study (2002 - 2016) was conducted to evaluate the use of Caprolactone Dressing in respect of burn depth, total body surface area (TBSA), procedures under general anaesthesia and need for skin grafting.</p> <p>Results: 2134 children have been treated in our department between 2002- 2016: 1989 children had a second degree burn ($2a^\circ = 908$, $2b^\circ = 1081$ patients) and 324 patients had a third degree burn. 1063 patients with second degree burns were treated with the Caprolactone Dressing. The need for split thickness skin grafting in this group dropped inversely proportional to the use of Caprolactone Dressing from 27% to 9%. The number of procedures under general anaesthesia had decreased by more than 40 percent from 2,91 procedures per patient to 1,36.</p> <p>Conclusions: The use of caprolactone dressing provides advantages regarding the need for split thickness skin grafting and the number of dressing changes. Because of the encouraging results in pediatric burns, we extended the indications for burn like lesion such as toxic epidermal necrolysis and epidermolysis bullosa.</p>