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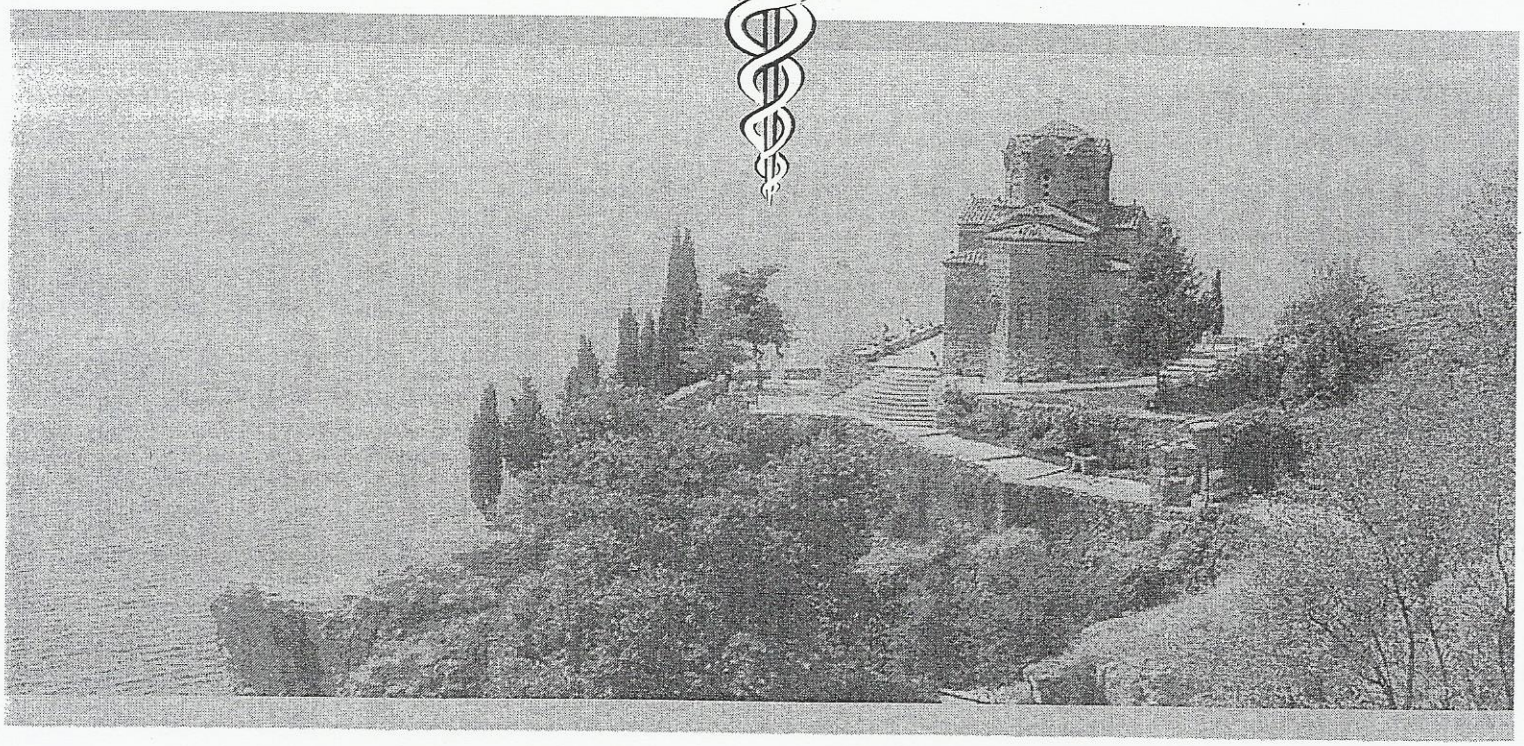

ISAPS 1-day Symposium

ABSTRACT BOOK

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There was no nipple and areolar complex on both sides. Results: Latissimus dorsi skin muscle flap was planned for reconstruction of both breasts. Scar on the chest was broad so we planned to expandent the latissimus dorsi muscle and the overlying skin. 1000 cc. tissue expanders were applied under the latissimus dorsi flap on both sides. After expansion the flap was used to cover the chest area and to cover the axillary contracture of the left axilla. Conclusion: Prefabrication latissimus dorsi muscle skin flap with tissue expanders is a safe and useful technique on breast reconstruction. We considered, this method provides less morbid and has satisfied results.

Abstract ID 190

Is the early surgical excision of deep hand burns always the best method of treatment? (Case report)
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The quality of life in the large part depends on the functional capabilities of the hands. Variety of factors that include patient age, dominance of the injured hand, occupation and work habits as well as localizations, depth and size of the burn injury determine treatment goals. On our clinic since 1981 we treat deep dermal and full-thickness burn injuries by early surgical excision and free skin grafting. The female patient, 45 years old was admitted for treatment of deep burns (deep dermal and full-thickness) on dorsal sides of hands, over DIP joints from IInd to IVth finger on the right hand and the IInd and IIIrd finger on the left hand. The injury was acquired on press for plastic. The radiographs were done and revealed no changes on the hand bony structures. Early surgical excision was excluded as the option of treatment because of difficulty of defect coverage, concerning the fact that the deep dermal and full-thickness burns were localized on more than two neighboring fingers. Topical treatment started with silver-sulphadiasine, and continued for one month. After demarcation of necrosis, herbal emulsion of traditional medicine, approved as medical supplement, was applied on the formed granulation tissue, with patient consent. During all the time there were no clinical signs of infection. Bacteriological swabs confirmed that. After two weeks complete coverage was obtained by forming new epithelial layer. Three months later on the regular check out, functional and cosmetic results were very good. She had had nearly full range of motion in all the joints of the affected fingers of both hands. In our opinion early surgical excision is still the best method for treating deep burn injuries, but in some cases other ways of treatment should be also considered.

Abstract ID 36

Negative Pressure Dressing For The Treatment Of High-Voltage Electrical Burn İnjury

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Topical negative pressure therapy is thought to have an important beneficial effect on promoting wound healing by the removal of interstitial oedema, the increase in local blood flow, the stimulation of developing the granulation tissue and the decrease of bacterial levels in tissues. Presented here is a 30 year-old patient who suffered from high-voltage electrical burns to his both upper extremities and left foot. Although he underwent immediate fasciotomies with carpal tunnel release for both upper extremities and escharectomy for the left foot, in the following days, necrosis of the both upper extremity and fifth toe became clearly significant with the permenant loss of blood perfusion in the extremities, so amputation of them was inevitable and necessary. Right amputation stump and left foot wound with exposed bone were treated successfully using negative pressure dressing without any complication.
When dealing with this experience, negative pressure dressing seems to be a new and useful