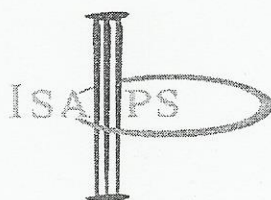


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ABSTRACT BOOK

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option in the management of high-voltage electrical burns which results in deep, extensive and progressive wounds. It significantly accelerates not only the growth of granulation tissue, but also coverage of an exposed bone with soft tissue.

Abstract ID 38

Limitations of running y-v plasty in releasing burn scar contracture

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Many approaches to the release of the burn contracture have been described, including Z-plasty, local flaps, regional flaps, transposition flaps, rotating flaps, axial flaps, perforator flaps, and free flaps. As well known, every of which offers some advantages for the treatment of burn contractures which present with different grades of severity varying from very simple to more complicated ones, but they have some limitations in surgery affecting their indications and outcomes. Therefore, there is not a technique which is successful enough in releasing every type of contractures.

Running y-v plasty, namely multipl y-v plasty is one of the most effective technique in z plasties, providing simple, safe and easy surgical solution to burn contractures. Its main advantage over the another z plasty techniques is the flap viability which makes advancement of the triangular flaps safer without disturbing to the tip perfusion. In this study, some limitations of this technique are presented clearly with the experience of 21 patients treated by using this technique.

When considering running Y-V plasty for the release of contracture, knowing of its limitations will help and facilitate selection of the cases suitable for the procedure to achieve best results and avoid possible complications.

Abstract ID 39

Pneumothorax followed by atelectasis after severe electrical burn

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Apart from thermal burns and scalds, when crossing the chest, high-voltage electric current can damage severely to the thorax, leading to unusual pulmoner complications of burn injury. Presented here is a rare complication of electrical burn to the chest, pneumothorax proceeding with contrlateral atelectasis in the treatment.

A 13 year-old boy suffered from severe burn injury due to electric current. After passing around his chest as well as body, high-voltage current had resulted in severe deep burn on 70 % of body surface area. On the fifth day after the injury, while breathing sounds were decreasing on the right side, respiratory distress, tachypnoea and tachycardia developed in a few hours, suggesting a pulmoner complication. A chest x ray revealed clearly right-sided pneumothorax with significant mediastinal shift to the left thorax. A closed intercostal tube drainage was applied. On the 4th day after occuring the pneumothorax, some respiratory distress was observed again, although intercostal tube drainage was in place. A chest x ray and computed tomograph were taken, and illustrated nearly complete regression of the pneumothorax and some atelectasis on the left lung. When dealing with this experience, it is clear that high-voltage current can damage severely to thorax wall and lungs when crossing through the chest, leading to severe injury and rarely pneumothorax; but if a pneumothorax becomes apperant, some other pulmoner complications of the burn injury such as atelectasis may be triggered by it, endangering patient's life rapidly.