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# **Epidemiology and outcome of Burns in Pediatric Patients in Tanta University Burn Unit**

## ***Thesis***

***Submitted for partial fulfillment of Master Degree in  
General Surgery***

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### ***List of Abbreviation***

<b>TBSA</b>	: Total Body Surface Area .
<b>CNMC</b>	: Children's National Medical Center.
<b>BMR</b>	: Basal Metabolic Rate.
<b>B.W.</b>	: Body Weight .
<b>SSG</b>	: Split Skin Graft.
<b>L.O.S.</b>	: Length of Hospital Stay.
<b>M.O.F.</b>	: Multiple Organs Failure.
<b>RT</b>	: Right .
<b>LT</b>	: Left .

# INTRODUCTION



## Introduction

Burn injury is a trauma common to all age groups, but pediatric patients represent a high risk group among them (*Mercier and Blond, 1996*). A review of the literature revealed many reports on burned children. There are reports on etiology (*Marrow et al., 1996*), outcome (*Bang and Ghoneim., 1996*), epidemiology (*Sarma, 1994*), the risk factors (*Hadjiski et al., 1999*) and prognostic scores of burns in pediatric age group (*Demirdjian, 1997*).

Every year hundreds of people die and thousands are hurt as a result of burns, some of the injured patients remain physically, functionally and cosmetically disabled for the rest of their life. This represents an even greater problem in children because of the vulnerability of the child's mentality and greater difficulty of the re-integration into society of pediatric patients (*Hadjiski et al., 1999*).

Burns may occur in a fire disaster or in any other kind of catastrophic events. Severe burn injuries are not only a life threatening problem for the injured patient but also may have serious physical, psychological and financial effects on the individual, the patient's family and society. The effects of severe burn injury could perhaps be described as irreparable in all areas of patient's life (*Soltani et al., 1998*).

There is a high number of accidents in which burns may be present. It is important to adopt a specific strategy that involves not only all the necessary knowledge of the technical and operative aspects of a disaster, but also understanding of heat trauma and experiences in its treatment all of which requires specific health facilities and equipments. (*Magiliacani, 1999*).