

A case study, treatment of hypergranulation in a paediatric burns patient

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During treatment of acute burns with Acticoat 7, we observe the development of hypergranulation tissue around the third to fourth week post burn injury. Hypergranulation delays wound healing, increases the risk of infection due to a prolonged open wound and increases the probability of scar due to delayed epithelisation.

The use of silver nitrate on hypergranulation tissue proves difficult in a paediatric population due to pain and compliance and often requires repeated treatments, increasing distress for the child and their family.

This case study presents an alternative treatment method for areas of hypergranulating tissue. Kenacomb ointment is applied to the area of hypergranulation. A Xeroform dressing is then placed over the ointment which is then taped in place with Hypafix. The child is reviewed one week after the dressing application and all hypergranulation has been replaced with epithelisation and a healed wound. The use of clinical photography was used to document wound progression and healing. Photographs were taken prior to the Kenacomb and Xeroform dressing and again one week later when the wound was reviewed.

The treatment is easy to apply to a child's burn injury causing no pain or discomfort, unlike silver nitrate and promotes wound healing. If repeated treatments are necessary parents can be taught to change the dressings at home avoiding the need for more frequent hospital visits.

Key Words

Hypergranulation, Kenacomb, Xeroform

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