



Challenging scar management after a neonatal burn

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Background:

Term baby weight 25th PCTL
Burn to the buttock in first hours of life from a hot pack
Considered superficial

Management:

Pain relief, Nursed prone
Tetanus vaccination
Non-absorbent dressing

Day 5:

Full thickness burn TBSA 2%
Hydrocolloid dressing over
Melaleuca oil

Day 8:

Infant distressed from repeated urine contact to wound under nappy

Black eschar lifted
Size unchanged

Silver foam dressing under a transparent film dressing

Day 16:

Size improved, skin irritation
Silver dressing under thicker hydrocolloid dressing

Day 30: Wound healed

Therapy:

1 Month: Sorbolene cream and silicone gel ointment twice daily
Persistent periods of skin irritation from urine contact causing distress
Positioning and developmental advice

4 Months: Thin adhesive silicone strips with hydrocolloid tape to assist with hygiene, substituting with silicone gel ointment as needed

8 Months: Increased hypertrophy and skin irritation, with increased dietary variation and activity. Commenced firm silicone putty molds under nappy and leggings at night. Silicone gel during day

13 Months: Improved scar contour, now walking
Persisting with putty molds at night and gel in day time

18 Months: Continued improvement with less skin irritation
Continuing with different silicone forms. Normal Development

Plan: Re-evaluate options when toilet trained

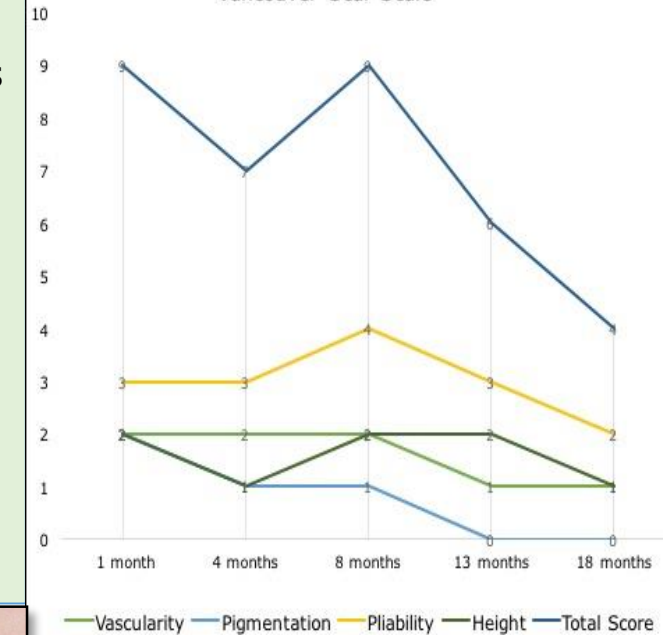


Image 1:
Burn Day
16



Image 2:
Burn Scar
18 months

Figure 1: Treatment progress assessed using Vancouver Scar Scale



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