Fighting axilla contracture head on: A retrospective review of end of range axilla splinting in the paediatric population

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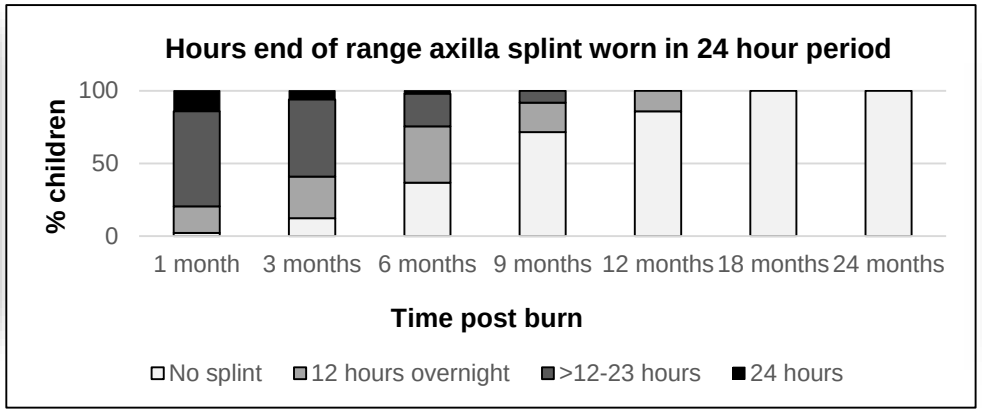
What are the outcomes of early splinting of the axilla at end of range abduction in children, following a burn to the axilla region?

Method: A retrospective chart review of 76 children (mean age 3.9 years [SD 3.6]) treated at a tertiary children's hospital from 2006-2016 with a prophylactic and intensive approach to splinting of the axilla post burn was conducted.

Splint position 180º abduction with 15-20º horizontal adduction



12 months post burn

12 months post burn

18 months post burn

Results: 49 children required splinting >60 days (mean 221 days). No child developed contracture of the axilla for the duration of the 2-year study follow-up with no adverse events recorded. Compared to the children who ceased splinting in <60 days, children who were splinted ≥60 days had a significantly higher frequency of deep burn (59% vs 25%, *p*=0.01), flame mechanism (25% vs 5%, *p*=0.03) and burn injury distribution involving the anterior trunk, flank and arm (18% vs 3%, *p*=0.03).

Intensive splinting at end of range shoulder abduction in children with axilla burns is well tolerated. When undertaken with ongoing burn therapist review, full axilla ROM can be maintained.

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Index

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