

## A SHORT EXPERIENCE WITH ACID BURN VICTIMS IN GONOSHASTHAYA NAGAR HOSPITAL

BY DR. CRESCENZO D'ONOFRIO

Esteemed participants, ladies and gentlemen, I would like to start by thanking Dr. Zafrullah Chowdhury for asking me to present you our brief but intense experience with acid burn victims.

At the 5<sup>th</sup> floor of the Nagar Hospital in Dhanmondi, Dhaka, a new Burn Unit is being created thanks to the collaboration of GK with COOPI (COOPERAZIONE INTERNAZIONALE), an Italian NGO. This ward is dedicated especially to acid burn victims but it is also open to all burn victims and other cases in need of reconstructive plastic surgery.

The first Italian team arrived in January. Since then two teams have been present, each formed of a plastic surgeon and specialised nurse. They have collaborated closely with the local personnel to perform almost a hundred operations in six months. Of these, 70 operations were dedicated to acid burn victims, both old and recent. The median age of the patients is 22 with a slight prevalence of male patients. The median stay in hospital is of 30 days. In the ward the patients receive also physiotherapy and counselling.

The damages that we have found were mostly concerning important functions like sight, hearing, mastication, the articulations of the head, neck, arms and also some important cases of reduced thoracic expansion.

Burn wounds are usually closed with cutaneous autograph. The choice of the method depends on the anatomic site off the injury, the extent of the burn and the availability of suitable donor skin. Conventional techniques use split thickness skin grafts, full thickness skin graft or primary closure of the wound.



In cases of recent burns we used an electric dermome for a rapid graft of partial thickness and a Mesh Graft for the expansion of the skin web to cover great areas of burn.

For the functional limitation due to old scars we used many different techniques of reconstructive surgery: advancement flaps, Z plasties, full thickness grafts, composite grafts, skin expanders, etc. We often used different techniques during the same operation.

In the contractions of neck and mouth, in the impossibility of using intubation, it has been very important the collaboration with the anaesthesiologists who have used ketamine and peptidine while the surgeon used local infiltration.

In our experience we are particularly satisfied with the results, especially in the reestablishment of functionality of arms and hands.

I will not continue with technical detail but I invite all those interested to visit our ward in Dhaka where at the moment we are focusing on the improvement of the structures and organisation.

Thanks to all of you for your very kind attention.

Dr. Crescenzo D'Onofrio.

COOPI (COOPERAZIONE INTERNAZIONALE) is an Italian NGO collaborating with GK on a long-term project, funded by the Italian Government, to improve local structures and competencies for the treatment of burns. Different teams of Italian plastic surgeons and nurses will work for four years in close collaboration with GK medical staff to create a Burn Unit in GK Nagar Hospital in Dhaka and to train medical staff in Bangladesh.

Dr. Crescenzo D'Onofrio is the Italian Plastic Surgeon In-Charge of the Burn Unit at the moment. He is in Bangladesh since July 2000.