INTRODUCTION: Deep circular burns may threaten viability of an extremity, among other reasons, as a consequence of the compartment syndrome caused by fluid leakage and the restriction of compartment expansion caused by a rigid eschar. The enzymatic debriding agent Nexobrid® allows for the performance of an early and selective debridement of burned tissues by the first evaluation of a burned patient. One of its most supported indications are circular deep burns, with the aim of preventing and also treating the compartment syndrome.

MATERIAL AND METHODS: A retrospective review of the medical records of 33 patients attended at the Great Burns Unit of the Hospital La Fe of Valencia, Spain, was performed. The review included patients suffering deep second-degree and third-degree circular burns caused by either scald, contact or flames, affecting lower or upper limbs, treated from January 2014 to January 2017.

RESULTS: 33 patients were included in the study, from which 25 were managed with the traditional treatment, and 11 treated with the enzymatic debriding agent Nexobrid®. In the traditional treatment group, 11 scharotomies were performed, while the Nexobrid® group required none. This difference proved to be statistically significant (p<0.05).

CONCLUSIONS: According to the results of this study, the use of the enzymatic debriding agent Nexobrid® can avoid or reduce the need of the performance of scharotomies in patients suffering from circular deep burns affecting limbs, preventing the morbidity associated to this procedure.

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including the upper lip dermis, orbicularis and modiolus. These findings are critical and should be taken into consideration when reconstructing upper lip wounds. From an aesthetic standpoint, attention should be especially focused on the philtrum, Cupid’s bow and vermillion border. Different reconstruction methods are available including primary closure, skin grafts and local flaps specific to the upper lip, such as the Abbe, Estlander, Karapandzic and Bernard-Burow flaps. An algorithmic approach of upper lip reconstruction is provided based on the size and location of the defect. Primary closure may be used to repair defects less than 1/3 of the upper lip. Defects larger than 1/3 usually require the use of a local flap. The Abbe flap is suitable for reconstruction of upper lip defects up to 2/3 involving the philtrum. The Estlander may be used for defects up to 2/3 involving the commissure. Central defects up to 2/3 can be reconstructed with a Karapandzic flap. Defects larger than 2/3 usually require utilization of the Bernard-Burrow flap or a different modified cheek flap or free tissue transfer.

CONCLUSION: Knowledge of the mechanics and special characteristics of available reconstructive options is crucial for optimal aesthetic and functional outcomes. A summary of all reconstruction methods is provided based on the ability to restore philtrum anatomy, upper lip animation and skin sensation.

Analysis of Lost Work Days from Symptomatic Macromastia

Presenter: Norma I. Cruz, MD

Affiliation: University of Puerto Rico, San Juan, PR

INTRODUCTION: Women with symptomatic macromastia often complain of back and neck pain, headaches, shoulder grooving and upper extremity numbness. Such symptoms are responsible for a significant number of lost work days per year adding an economic burden to women with macromastia.

METHODS: A prospective cohort study was performed to evaluate the number of lost work days resulting from back or neck pain when women with symptomatic macromastia were managed with nonsurgical versus surgical treatment. Working women with symptomatic macromastia were requested to prospectively record the number of days lost from work as a result of back or neck pain associated with their large breasts during the 6 months period of conservative management required by their managed care medical policy. The conservative management included physical therapy, weight loss and analgesics. A reduction mammoplasty was approved and performed in all the women following the period of conservative management. After the women returned to work, they were again requested to record the number of lost work days associated with back or neck pain. Comparison between the number of lost work days with conservative management versus surgery was performed. Data collection included demographic questions as well as bra cup size, height, weight, level of education and employment. The gender-specific median wage rates from the Bureau of Labor Statistics were used to estimate the economic value of lost work days annually. The difference between groups was evaluated using Student’s t-test or Chi-square test, whichever was appropriate, with a p-value of less than 0.05 being considered significant. This study was approved by the Institutional Review Board.

RESULTS: The study evaluated 128 women with symptomatic macromastia. The mean age was 32 ± 10, the mean body mass index was 29 ± 4, mean bra size was 38-D, 45% had a college degree or higher, and 90% had full-time employment. The mean number of lost work days was 6 ± 3 with conservative and 1 ± 1 with surgical management in a 6 months period, a difference that was statistically significant (p<0.05). Based on gender-specific median wage rates from the Bureau of Labor Statistics, this represents an economic loss of $1,497 annually per woman in conservative management.

CONCLUSION: Women with symptomatic macromastia have significantly fewer days lost from work when a reduction mammoplasty is performed. Conservative management results in a higher cost in loss productivity.

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