

70. TREATMENT OF BURNS AND THEIR CONSEQUENCES IN THE FACE AND NECK AREA



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Introduction. The skin is vital, ensuring homeostasis and defending against environmental threats. Its complex functions regulate water balance, temperature, and facilitate signal perception. Additionally, it plays a crucial role in producing and activating hormones, neuropeptides, and cytokines. Burns present a medical challenge by compromising the skin's barrier, elevating infection risk. Ongoing clinical advancements improve thermal injury treatment efficacy, addressing disorders and methods at various stages. Burn injuries frequently induce trauma to multiple organs, exacerbating the complexity of the condition and extending the overall recovery duration.

Case statement. One year ago, a 23-year-old woman was admitted to a burn center following a car accident at a gas station, resulting in a third-degree burn affecting 70% of her total body surface area. Subsequently, a free flap-plasty procedure was performed. Post-surgery, the patient exhibited scarring, microstomia, obliterated facial contours, and an erased lip contour. One year later, the patient initiated scar treatment under the care of the Department of Maxillofacial Surgery. Examination of the face and neck revealed scar tissue with a pale color, accompanied by areas of hyperemia due to the distinct color of the grafted skin. Palpation indicated dense tissue with heightened elasticity. Both invasive and minimally invasive techniques were employed for treatment. Local flap surgery was utilized to augment the skin area and address microstomia, dermabrasion was employed to smoothen scars, and hyaluronic acid injections were administered to restore facial contours.

Discussions. A positive healing outcome was observed ten days after dermabrasion, with successful removal of microstomia and well-defined contouring of the lower lip. The only challenging area for healing was identified on the right side of the chin following local flap surgery. According to various authors, this difficulty may be attributed to alterations in platelet structure and blood coagulation. This phase represents the initial stage of treatment, with future plans including plastic surgery and additional dermabrasion procedures.

Conclusion. The care of burn patients is entrusted to an interprofessional team, comprising a surgeon, intensivist, burn specialist, dietitian, physical therapist, nurses, wound care specialists, and plastic surgeon. The primary focus is on preventing complications and reinstating functionality. The prognosis for burn patients is contingent upon the degree and extent of the burn.