

improvement for elasticity, global opinion and total sum of POSAS scores assessed by the patient and observer. Results of the objective assessments showed a statistically significant better performance of the intervention group for elasticity assessed with cutometry ($p=.011$, $\eta^2p=0,107$, $d=-1,23$) and revealed no statistically significant differences between the groups for redness assessed with tristimulus colorimetry.

Conclusions: ESWT could give added value to the non-invasive treatment of hypertrophic scars especially to improve elasticity.

O20.01

Three donor site dressings in paediatric split-thickness skin grafting: a prospective randomised controlled trial

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Aim: to prospectively compare three donor site dressings in paediatric split-thickness skin grafting: Algisite M, Cuticerin, and Sorbact. All three dressings were in use within the Pegg Leditschke Children's Burns Centre in Brisbane Australia.

Methods: Prospective parallel 3-arm randomised controlled trial, powered to show a minimum clinically important difference of 3 days in time to healing as primary outcome. Recruited through a single children's burns unit. Secondary outcomes pain and itch. Trial registered with ANZCTR. Trial protocol pre-published.

Results: 101 patients recruited from 106 consecutive eligible children. No statistically significant difference in time to healing between the three dressings. No significant differences in donor site pain or itch during and after healing.

Conclusion: There were no clinically or statistically significant differences in outcomes when comparing three donor site dressings currently in use within our department, justifying the continuing policy of surgeon preference for each of these three dressings.

O20.02

Our experience in the treatment of chronic wounds of lower limbs

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Objectives: To improve the results of treatment of patients with chronic wounds of the lower extremities.

Methods: Treated 15 women aged from 35 to 83 years with chronic wounds of the lower extremity in the period from 2014 to 2016. Etiology: 9 mechanical injury, 2 - animal bites; 1 - abscess; 1- chronic venous insufficiency; 1 - bed sore; 1- skin cancer. Duration of wound existind from 1 month to

10 years. Wound area from "x"3 to 20 cm in diameter. Combined treatment included antibacterial therapy, NPWT, g-aluronic acid injection and application, skin grafting. We studied: clinical indicators of skin grafts healing and wound healing time, bacteriological examination of the wounds and the perfusion control with laser Doppler flowmetry.

Results: In 11 patients there was 100% healing of skin grafts, in 2 - 75% engraftment, these patients after 10-12 days after the operation applied dressings with laluset - cream for 2-3 weeks, in 1 patient wound healed within 14 days after the course of VAC therapy without surgery, and 1 experienced severe pain during the negative pressure action that led to abandon the VAC therapy. Prior NPWT in most cases in wounds were found: Staphylococcus aureus (45%); Klebsiella (27%); Pseudomonas aeruginosa (18%); Proteus mirabilis (10%). During monitoring of tissue perfusion in 10 (66%) patients were increase of perfusion rate from 2 to 6 hours after vacuum therapy, in 5 (34%) - rates unchanged and even had a tendency to decrease. Chronic wounds healed completely in 11 patients within 2 weeks, in 1 case - within 5 weeks and 3 - for 6 weeks. Observation for 12 months after discharge showed no recurrence.

Conclusion: By using the combined method of treatment of chronic wounds achieved complete healing of the wound defect in all patients during the period from 2 to 6 weeks.

O20.03

Skin graft healing after autodermoplastic surgery for thermal burns

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Objectives: To determine the length of time it takes to achieve complete wound healing in split-thickness skin-grafted burn wounds and to identify factors that affect time to complete wound healing.

Methods: Prospective study of 20 thermic burn trauma IIB, III grade patients, who underwent autodermoplastic surgery. After transplantation patients were observed during 1st, 2nd, 4th wound dressings and on discharge. Percentage of wound surface epithelialization, presence of exudate, graft color and any possible complication were assessed. Time to complete wound healing was defined as the number of days from skin grafting until the wound was 100 percent epithelialized.

Results: Median patients age was 54 years IQR [38 - 67.25]. 80% had IIAB grade burns, 1 patient III grade burn, 3 patients had both IIAB and III grade burns. All patients were transplanted 0.3 mm thick skin autograft. 65% of skin grafts were meshed. Median time to complete wound healing is 5 weeks, minimal 3 weeks (n=3) and maximum 12 weeks (n=1). 50% of skin grafts had 90% wound closure at postoperative day 12. No grafts were lost to infection. Factors that significantly affected time to complete wound healing were age ($r=0.46$; $p= 0.05$), wound epithelialization percent observed during dressings ($r=0.53$; $p=0.02$) (Spear-