

on the wound bed, a single layer dermal substitute, dermoepidermal split-thickness autograft and NPWT system were applied at one time

Results: Treatment resulted in a fully healed area with high-quality skin cover.

Conclusion: The use of dermal regenerative template can change the classic ladder of treatment of acute deep defect in problematic area and a complicated healing process.

*P098 Contemporary Options and Methods for Coverage and Closure of Burn Wounds. Koller J., Bukovcan P., Sarkozyova N., Ferancikova N*

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Objectives: Main goals of extensive burn treatment include emergency procedures focused on life saving, infection prevention/treatment, and the use of methods which capable to reduce the time to heal of the open/freshly debrided and/or excised deep and extensive burn wounds.

Methods: There does exist a complexity of methods used to reach the above mentioned goals. Total burn care (Herndon 2012) includes individualized approach to each patient based on appropriate diagnostic methods, long-term intensive care, early removal of necrotic tissues, and the use of temporary skin substitutes for wound coverage replaced later by permanent ones for wound closure.

Results: Appropriate application of total burn care methods proved to reduce both morbidity and mortality of extensively burned patients. Shorter hospital stay, reduction of complications and earlier start of patients mobilization/rehabilitation did contribute to reduction of complications caused by infection and prolonged bed rest. Shorter time to heal the wounds followed by comprehensive aftercare and rehabilitation did reduce the occurrence of hypertrophic scars and functional problems as well.

Conclusion: Advances in intensive care methods, surgical methods of early removal of necrotic tissues, temporary coverage methods followed by different approaches to permanent closure of the open burn wound areas, and individualized approach to each burn victim proved to be, according to our opinion, the most important factors contributing to reduced mortality and shortening the time to heal of extensive deep burn wounds.

*P099 Avoiding Skin Grafts: The Local Perforator Flap in Cutaneous Defects Covering*

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Objectives: Since its creation the first dermatome of 1939 skin grafts have become the most common method of wound closure. This method has long been called the “gold standard” of skin plastic. But, after surgery by attached split-thickness skin graft, does not fully recreate the lost skin. And the increased requirements of patients for the quality of life parameters require the improvement of plastic surgery in this aspect.

To improve the efficiency of wound closure surgery, we can select cases where it is possible to avoid skin graft transplantation. Instead, close the wounds by the local perforator flaps, which will restore the skin to the most similar to the lost.

Methods: In the first group (25 patients), the V-Y local flaps method was used. In the second group (28 patients) the Keystone local perforator flaps were used. In the third group (30 patients) skin grafts cover was used. Evaluated the rate of wound healing, the properties of the restored skin and the patient’s quality of life.

Results: All patients received complete wound healing, in the first and second groups the wounds healed 2 times faster to compare with third group and the quality of the new skin was significantly better.

Conclusion: The local perforator flaps is a versatile and reliable reconstructive option for cover small or middle size wounds. This method provides restoration of the skin similar to the lost one, considerably superior in quality to the skin restored by engraftment of skin grafts. But limitations for local flaps is such as donor-site scarring or other skin problems. Sufficient experience the plastic surgeon of these modifications can guide to the appropriate reconstruction. Traditionally, split-thickness skin

grafts were still as main method for large and extensive soft tissue Reconstructions, like on circular limb wounds.

Picture 1: [https://www.eventure-online.com/parthen-uploads/89/9EBA/add\\_2\\_530753\\_fe3a8384-9add-4b81-8e3f-42a73033c6d9.JPG](https://www.eventure-online.com/parthen-uploads/89/9EBA/add_2_530753_fe3a8384-9add-4b81-8e3f-42a73033c6d9.JPG).

Caption 1: The image of the wound before the reconstructive surgery.

Picture 2: [https://www.eventure-online.com/parthen-uploads/89/9EBA/add\\_1\\_530753\\_fe3a8384-9add-4b81-8e3f-42a73033c6d9.JPG](https://www.eventure-online.com/parthen-uploads/89/9EBA/add_1_530753_fe3a8384-9add-4b81-8e3f-42a73033c6d9.JPG).

Caption 2: The image of wound intraoperative, after a radical excision and mobilization of local perforator islet keystone flap.

Picture 3: [https://www.eventure-online.com/parthen-uploads/89/9EBA/add\\_530753\\_fe3a8384-9add-4b81-8e3f-42a73033c6d9.JPG](https://www.eventure-online.com/parthen-uploads/89/9EBA/add_530753_fe3a8384-9add-4b81-8e3f-42a73033c6d9.JPG).

Caption 3: The image of wound after healing, 3 weeks after surgery.

*P100 Hemi Abdomen Resurfacing with a Large Keystone Flap for Multiple Marjolin Ulcers with Field Change in a Burns Scar after 70 Years*

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**Objectives:** Marjolin Ulcers (MU) refer to areas of malignant transformation in burn scars. These are usually squamous cell carcinomas but may be of rarer types such as basal cell carcinomas (BCCs), melanomas or sarcomas. These may appear after a variable period of time but also may be extensive and infiltrative in nature. We present a patient who had multiple burns scars over the anterior surface of her abdomen and left groin which were biopsy proven BCCs.

The degree of field change and close location of each burns scar to the other made individual excision and reconstruction challenging. We describe our management of this case and reconstruction of half the abdominal wall with a large keystone flap.

**Methods:** Complete oncological excision of the affected burns scars and MU was performed under general anaesthesia to the fascial wall. A large keystone flap was designed after marking out the keystone flap in Huger Zone 3. Perforators identifiable from the intercostal, subcostal region were preserved during the dissection and mobilised, ensuring viability of the flap. A separate MU in the left groin was resurfaced with a pedicled vastus lateralis flap with split thickness skin graft.

**Results:** The patient had complete clearance of the tumour infiltrated burns scars and the hemi abdomen was completely reconstructed with a keystone flap without issue.

**Conclusion:** Large keystone flaps in the trunk are useful for managing multiple burn scars with MU change. After oncological excision, resurfacing the hemi-abdominal wall with a flap provides the best outcome if further radiotherapy is required.

*P101 Burns Injures Caused by Electricity Treated with Dermal Regeneration Template*

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**Objectives:** To demonstrate how in absence of adequate donor regions large and massive defects and exposed parts of bones can be treated using dermal regeneration template.

**Methods:** This is a case report of a 27 year old patient with extensive burns of multiple body regions from electricity treated at the Clinic for plastic and reconstructive surgery, Clinical Center Serbia, Belgrade.

**Results:** This paper presents a 27 year old man with extensive burns of body regions (several places of entrance and exit) from electricity. The most severe defects covered the anterior and lateral side of the left thigh and exposed part of femur bone, right gluteus, perianal and sacral regions, left low leg and left foot. He was initially treated conservatively with HBO and all other substitution therapy. When general condition of the patient had been stabilized the surgical treatment in several phases started. In absence of donor regions and because of large and massive defects and exposed