

A257 – Outcome Following Burns from 1985 to 2004 in the Centre for Severely Burned Patients, Ghent University Hospital, Belgium.

N Brusselsaers¹; E Hoste¹; K Vandewoude¹; J De Waele¹; K Colpaert¹; S Monstrey¹; S Blot¹

¹University of Ghent, Ghent, Belgium

BACKGROUND. Mortality in burn patients can be estimated by 3 major risk factors for death: age >60 years, total burned surface area (TBSA) >40% and presence of an inhalation injury (1). The formula developed by Ryan predicts 0.3%, 3%, 33% and 90% mortality when 0, 1, 2 or 3 risk factors are present.

OBJECTIVE. A retrospective evaluation of the prognostic value of these 3 risk factors in patients admitted to our burn unit over a 20-year period (5/85–11/04)(n=1385).

RESULTS. Mean age was 32+/-23 years. The mean %TBSA was 19+/-18%. Inhalation injury was present in 166 patients (12%). Overall mortality was 7%. When zero, one, two or three risk factors were present, mortality was respectively 0.5%, 10%, 48% and 91%. Risk factors and related mortality rates are in the table.

CONCLUSION. Global mortality following burns is low. Nearly all patients who died had at least 1 risk factor present. Given the broad classes of this classification and the differences in age and %TBSA between Ryan's and our population, this model predicts mortality in a reliable but very coarse way.

REF. (1) Ryan, et al. NEJM 1998;338:362–6.

Table 1 :

Risk factors (n)	Age	TBSA>40%	Inhalation Injury	Mortality (%)	Mortality (%) Ryan
Zero	–	–	–	5/998 (0.5)	4/1314 (0.3)
One	+	–	–	13/133 (9.8)	4/75 (5)
One	–	+	–	5/82 (6.1)	1/31 (3)
One	–	–	+	8/49 (16.3)	5/112 (4)
Two	+	+	–	4/6 (66.7)	0/1 (0)
Two	+	–	+	13/19 (68.4)	12/39 (39)
Two	–	+	+	32/77 (41.6)	21/79 (27)
Three	+	+	+	19/21 (90.5)	21/22 (95)