Discussion

Burn management is seeing dramatic progress at the time being, with burn patients being managed under the co-operation of multispecialists, together with improved dressings, improving outcomes. The fluid electrolyte correction, based on calculation of total body surface area and burn area and expressed as a percentage is an important factor to show the area burn and correlation amount of fluid lost. Factors including age, burn size and, and the presence of inhalation injury to the respiratory system have been used to predict management outcomes.

The Baux score is highly correlated with length of stay in hospital and final outcomes. The revised Baux score takes into account the effect of inhalation injury. Patients with inhalation injury would have their score calculated by body area affected + age of patient + 17. The best burn units have revised Baux score of ISO-140. The revised Baux score is more accurate than the original method. Patients with multiple injuries in addition to major burns have the worst prognosis.

Examples of cases with major burn

Severe deep burn

Figure 1: Deep burn with gangrene of right forearm

Figure 2: Deep burn after fasciotomy

High voltage electrical injury

Figure 3: A patient with deep electrical burn at chest wall and left forearm.

Figure 4: Left leg developed gangrene and was sacrificed
Inhalation Injury

**Figure 5:** Dark myoglobinuria

**Figure 6:** Four days after debridement

**Figure 7:** Severe burn with inhalation injury

**Figure 8:** Inhalation injury, 6 days later still ulcer at bronchus

**Figure 9:** Inhalation injury with dark sputum