

# Burns In Elderly Patients

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## KEY WORDS

Poor Survival.

## ABSTRACT

In 60 years old or above, 35 % total body surface area burns prove fatal.

In patients of less than 35 % T.B.S., aggressive excisions and free grafts also prove a disaster. Elderly in authors opinion should not receive highly specialized care in isolation ward and should be allowed to remain in company of their relations throughout the period of treatment.

## INTRODUCTION

Literature is full of statistics on TBS percentage and mortality percentage, in total admissions. A special effort to study the TBS % in elderly and their mortality rate is made in this presentation. 84 patients at I.P.G.M.E. & R. center at Calcutta over the period of 5 years are a subject of this study. Various modalities of treatments tried and their outcome is discussed.

## MATERIAL AND METHODS

In this study from amongst the total admissions of burns. % of burns in elderly, associated medical conditions in this elderly group, causative factors of burns and their medicolegal status as to whether accident, homicidal or suicidal are taken into account. Following tables give statistical data under various Heads.

Table - 1

From 1985 to 1990 Total Admissions.	No. of Patients below 60 years.	No. of Patients above 60 yrs.
1980	1896	84 (4.2 %)

Table - 2

## ASSOCIATED MEDICAL CONDITIONS

Medical problems		
1. Hypertension and cardiac failure		4
2. Hypertension		10
3. Respiratory disease		10
4. Diabetes		6
5. Psychiatric		4
6. Coronary insufficiency		2
7. Poor general condition		24

Table - 3

Type of Burn	No. of Patients	%
Flame	81	95.4
Scald	2	3.2
Electric	1	1.8
<b>Total</b>	<b>84</b>	

Table - 4

	No. of patients	%
Homicidal	NIL	
Suicidal	1	8.4
Accidental	83	91.6

Table - 5 Relationship of percentage of burn and death

% of burn	Total No. of Patients.	Survived	Died
10 % to 19 %	12	10	2
20 % to 29 %	20	10	10
30 % to 39 %	14	4	10
40 % to 49 %	16	0	16
50 % to 80 %	22	0	22
<b>Total</b>	<b>84</b>	<b>24</b>	<b>60</b>

Maximum number of survivors (89 %) were in the group of burns below 20 %. Prognosis worsens in burns above 40 % surface area involvement. There was no survivor in burns above 40 %. Two patients with 30 % and two patients with 35 % survived in this series. There is 50 % survival in the group of 20-29 % burn.

## DISCUSSION :

Patients with 35 % T.B.S., burns who appeared fit for early excisions and grafting did not do well and all of them succumbed. In the present series of 84 patients with age of 60 years or more mortality rate is 71.3 % whereas mortality rate for the burns in general population is 42.3 %. In the series of Hard et al (1987), mortality rate for elderly patients with burns is much less (47 %), but about a quarter of their patients had burns less than 5 %. Baux et al (1989) also included burns as small as of 0.5 % to 65 % and mortality rate was found to be 59 %. The difference in the mortality rate of elderly and that of the general population is almost double in the present series. Associated medical problems were present in 54 % of patients in the present series. To conclude Hausinger et al (1989) and Hard et al (1987) are of the similar opinion that less aggressive interference in elderly patients with burns give better results.

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