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DIAGNOSTICS OF PREPARATION OF GRANULATING BURN WOUNDS FOR FREE AUTODERMOPLASTY

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Abstract
In combustiology, the treatment of victims with extensive deep skin burns is the most difficult task. The share of surgeries with unsatisfactory results of autograft engraftment still remains significant, which makes the problem of surgical skin restoration especially urgent in patients with extensive deep burns and a shortage of skin donor resources.

Keywords: Deep burns, immune response of the organism, autodermoplasty, surgery.

Introduction

The most common cause of unsuccessful results of surgical treatment of deep skin burns is the inflammatory process in the wound. According to some authors, the outcome of transplantation is associated with microbial contamination and invasion of microorganisms into the granulation thickness. One of the causes of graft lysis can also be the change of immune reactivity of the victims [4,5,6].

Violation of the technique of skin grafting surgery, which is often associated with insufficient preparation of wounds for free autodermoplasty (FADP), may also underlie the failure of skin graft engraftment. At the same time, there are no objective criteria for assessing the readiness of a granulating wound for transplantation [1,2,3].

Indicators such as microflora species composition, quantitative counts in 1 ml of granulating wound secretion (CFU/mL), swab prints, and clinical and laboratory indicators of surgical readiness used in routine practice are not sufficiently informative for predicting the results of free autodermoplasty .

It is known that the immune reactivity of patients significantly affects the course of the wound process and burn disease, but there are no recommendations on the use of immunological methods

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of diagnostics and prediction of the outcomes of surgical skin repair in burned patients. Changes in microcirculation in the wound can also influence the results of autograft engraftment, but the existing methods of microcirculation assessment have not been previously used to diagnose the readiness of a burn wound for skin grafting [6,7,8,9].

It should be taken into account that the immune response in severely burned patients develops against the background of an acute deficit of energy and plastic resources. The immune status of patients with severe thermal trauma is formed against the background of a large number of immunosuppressive factors: extensive damage to the skin as an immune organ, stress during trauma, exposure to a huge amount of toxins of burned tissues, increased lipid peroxidation and disruption of the structure of cell membrane systems, the impact of antibiotic therapy, multiple anesthesia during dressings and autodermoplasty operations. To date, there is a small number of works devoted to a comprehensive study of the state of the immune system in burn victims and the role of their disorders in the pathogenesis of burn injury and its complications [7,8,9,10,11].

The use of general clinical and laboratory parameters in routine practice does not allow to sufficiently assess the readiness of the wound for transplantation and, moreover, to predict the engraftment of the autograft, which, of course, affects the recovery time. It is known that the course of the wound process in burned patients is significantly influenced by the patient's immune reactivity. The use of laboratory methods to investigate disorders of both cellular and humoral links of immunity may be diagnostically and prognostically significant criteria for the severity of OT.

Despite the widespread use and availability of laboratory methods for assessing immunologic parameters, to date there are no recommendations for the use of immune response parameters in burn injury victims to predict the outcome of surgical treatment, particularly in skin autotransplantation. Further study of immunopathogenesis, changes in the cytokine system in burn injury is one of the urgent and promising directions in combustiology. Understanding the sequence and severity of immune disorders occurring in the body of patients with burn injury will optimize pathogenetic therapy, reduce the number of complications and lethality in late periods [4,5,6,7].

Thus, the search for objective methods of complex assessment of the victim's condition and readiness of the granulating wound for surgery, allowing to determine the optimal timing, method of surgical intervention, as well as therapeutic tactics in the postoperative period, remains relevant [13,14,15,16].

In modern domestic and foreign literature the causes of graft lysis are described quite comprehensively. However, when analyzing the literature sources it was revealed that today there are no objective criteria for assessing the readiness of the granulating wound for autografting. The known criteria are not sufficiently informative for predicting the results of SADP [9,11,12,13].

According to the literature it is known that the immune reactivity of patients significantly affects the course of the wound process and burn disease, but there are no recommendations on the use of immunological methods of diagnostics and prediction of the outcomes of surgical skin repair in burned patients. There are data in the literature that changes in microcirculation in the wound can also influence the results of autograft engraftment, but the existing methods of microcirculation assessment have not been used to diagnose the readiness of a burn granulating wound for skin grafting [7,8,9,10].

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