

738 Does A History of Malignancy Lead to Worse Outcomes in Burns?

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Introduction: A history of malignancy is associated with worse outcomes in cardiac disease and trauma. Our objective was to determine if a past medical history of cancer portends increased morbidity or mortality in burns or skin-sloughing disorders.

Methods: Patients were identified using our institutional Burn Center registry and linked to the clinical and administrative data. All patients admitted between January 1, 2014 and June 30, 2021 were eligible for inclusion. Demographics, length of stay (LOS), co-morbid conditions, and mortality were evaluated. Statistical analysis was performed with Student's t-test, chi-squared, and Fischer's exact test.

Results: A total of 8,018 patients were admitted during this period, and of those patients, 436 had a history of cancer (5%). Patients with a history of cancer were older (56 years versus 44 years), $p < 0.0001$. They had a significantly longer LOS. They had larger burns and higher hospital costs. They were more likely to be female and more likely to have a skin-sloughing disorder. Patients with a history of cancer also had higher mortality rates.

Conclusions: A history of cancer is associated with worse outcomes in patients admitted for burn injury or skin-sloughing disorders. Further study is warranted to investigate and mitigate what aspect of their care could be adjusted to improve outcomes.

739 A 14 Year Experience of Pediatric Complex Skin Disorders in a Burn Unit

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Introduction: Complex skin disorders including Stevens-Johnson Syndrome (SJS) / Toxic Epidermal Necrolysis (TEN), Ritter's Disease (Staph Scalded Skin Syndrome), and Erythema Multiforme are uncommon, but result in significant injury to pediatric patients. Skin necrosis and desquamation occurs, which in some cases affects mucosa. Gynecologic, ophthalmologic, and dermatological complications also occur. The purpose of this work is to describe epidemiology and management trends in these cases.

Methods: Records were reviewed for all pediatric patients with skin disorders from 2006 - 2019 to evaluate trends in occurrence, age, length of stay, survivability, types of consultants, causative agent, and wound care strategies.

Results: One-hundred percent of pediatric patients were transferred from other hospitals for definitive management by the burn service. The incidence in pediatric patients was 21% compared to 79% in adults. Males were most often affected at 67% compared to 33% in females. The age range was 2-17 years, with an average of 9.2 years. The type most frequently seen was SJS/TEN at 60% of the cases. The total body surface affected ranged from 10-95%. Management of wounds commonly required operative management for dressing changes in children with large body surface area involvement, in addition to ophthalmologic and gynecologic procedures in patients with mucosal involvement. In the subset of patients with SJS / TEN, 100% had ophthalmology consults and 50% were seen by gynecology. The average hospital length of stay was 11.3 days. All children survived.

Conclusions: Complex skin disorders in pediatric patients require a multidisciplinary team approach to care and wound management and benefit from burn service care. Early transfer is beneficial in order to definitively diagnose the specific disorder and prioritize strategies in care such as nutrition, wound care, and psychosocial support.