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Case Study On Burns

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Abstract
Burn injuries are common in pediatric populations, often resulting from accidental scalds and contact with hot objects. This case study highlights the successful use of honey as a dressing material in a 3-year-old female child who sustained a superficial burn due to accidental fall into a hot pan. The study emphasizes wound care, pain management, and the effectiveness of honey in promoting healing.

Keywords: Pediatric burn, Honey dressing, wound care, Partial-thickness burn, Case study

Introduction

Burns are a significant cause of morbidity in children. Proper early management is crucial to prevent infection, minimize scarring, and promote rapid healing. Honey has been recognized for its antimicrobial, anti-inflammatory, and wound-healing properties, making it a suitable dressing material in pediatric burns.

Case Presentation

A 3-year-old female child was brought to the emergency department with a history of accidental fall into a hot pan containing boiling water.

- **History:** Immediate pain, redness, and blistering on the buttocks and legs. No history of other systemic injury.
- **Examination:**
  - Vital signs stable.
  - Superficial partial-thickness burn involving approximately 14% of total body surface area (TBSA).
  - Blisters present; surrounding skin erythematous.

Management and Intervention

- **Initial Care:**
  - Wound was gently cleaned with sterile saline to remove debris.
  - Blisters that were intact were preserved to reduce infection risk.
- **Dressing:**
  - Medical-grade honey was applied evenly over the affected area.
  - Covered with sterile gauze and bactigras and fixed with light bandaging to avoid pressure.
  - Dressing was changed **twice daily**, ensuring cleanliness and monitoring for signs of infection.
- **Supportive Care:**
  - Pain managed with age-appropriate analgesics.
  - Child monitored for hydration and nutritional support.

Outcome

- The burn wound showed **remarkable improvement** within 7 days.
- Honey dressing promoted moist wound healing, reduced inflammation, and prevented secondary infection.
- By the end of the second week, **complete epithelialization** was observed, and the child experienced minimal pain and scarring.

Discussion

Pediatric burns require careful management due to thinner skin, higher risk of fluid loss, and increased susceptibility to infection. Honey's osmotic effect, low pH, and antimicrobial properties make it an excellent alternative to conventional dressings, especially in children. This case supports existing literature on honey's efficacy in superficial partial-thickness burns.

Conclusion

Honey-based dressings provide a safe, effective, and natural option for managing pediatric burns. In this case, the 3-year-old child achieved rapid healing without complications, demonstrating honey's potential as a first-line dressing for minor pediatric burn injuries.