



Epidemiological study of burn victims

Estudo epidemiológico de pacientes vítimas de queimaduras

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I would like to compliment the authors of the article entitled “Burn Unit of the Federal University of Sao Paulo: epidemiological study” published in the *Brazilian Journal of Plastic Surgery* volume 30, number 1, pages 86 to 92, 2015. The work is noteworthy for presenting the epidemiological characteristics of a burn unit that is becoming a reference in the city of São Paulo. Nevertheless, observing some epidemiological characteristics pertaining to the care of burn victims is recommended.

The epidemiological profile of burn victims treated at the emergency departments of public hospitals with burn units, who are discharged after the first visit and are followed up on an outpatient basis, differs from that of patients who require hospitalization after the first care in these hospitals¹⁻⁸.

The causes of burns in outpatients who were treated at the outpatient clinic of the Hospital Regional da Asa Norte (HRAN), Brasília, Distrito Federal, were as follows: scalds (50.1%), hot objects (16.4%), fire/flame (15.7%), electricity (4.4%), solar (1.2%), chemical (1.0%), psoralen (0.5%), and undefined (10.2%)⁸.

In patients who required hospitalization, i.e., 11% of burn victims treated at the HRAN-DF emergency department, the causes of burns were as follows: fire/flame (54.7%), scalds (34.5%), electricity (9.0%), and chemical (1.8%)^{2,8}. The underlying cause was attempted suicide in 5.4% and epileptic seizures in 3.6% of the burn patients who needed hospitalization¹⁻⁴. Among hospitalized patients who suffered burns due to fire/flame, alcohol was the combustible agent in 32.9% of cases⁸.

The proportion of pediatric burn patients is high. The household is the main site of accidents, and it is strongly recommended that children be closely supervised, especially in the kitchen and before bathing. They should not be allowed to move freely in the kitchen, and hot drinks and food should be served with utmost care. All cookers produced in Brazil should incorporate user-protection devices, including those designed to protect children⁴⁻⁷.

Nonetheless, preventive measures, although few and simple, are the difficult to implement. This is of particular concern in the slums and poverty pockets in Brazil, where people live under overcrowded conditions in one or two rooms. The people who live in environments with low level of social and economic development are at greater risk of burn accidents^{7,8}.

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Article received: July 25, 2015.
Article accepted: August 23, 2015.

DOI: 10.5935/2177-1235.2015RBCP0213

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Burns are a public-health problem and efforts to reduce the large number of victims are needed through more effective national preventive campaigns and prophylactic measures to control the use of flammable liquids.

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