## Pediatric scald burn

## Burns

**Type of Wound** Scald burn on the foot\*

Etiology Burn wound

**Patient** 2-year-old child

## **Decision Tree**

1. Wound clean?

2. High risk for general anesthesia?\*

3. Wound bed well

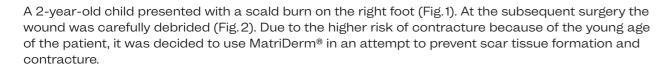
vascularized?

than 5mm?

4. Cavity deeper 5. Large area of exposed bones/tendons?







MatriDerm® was applied to the wound bed and trimmed appropriately (Fig. 3). A split-thickness skin graft (STSG) was placed on top of MatriDerm® in a One-Step Procedure (Fig. 4). The STSG was secured using staples.

At 2 days follow-up the wound showed good signs of healing and good take rate of the graft (Fig. 5). At 6 months the wound was completely healed without scarring (Fig. 6). At 1 year follow-up the skin demonstrated excellent pliability and good aesthetic result (Fig.7). At 4 year follow-up the grafted area showed same skin color as the surrounding skin (Fig. 8). The regenerated skin is growing at the same rate as the surrounding tissue.

This case demonstrates that MatriDerm® can be used successfully in pediatric patients with excellent aesthetic and functional outcomes.

















<sup>\*</sup> Courtesy of J. Lee, MD, Seoul, S. Korea