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Benefits of Cooling Are Not Known

The benefits of cold water therapy in stopping a burn injury from penetrating deeper into the tissues has been shown in some animal models, but only if the proportion of body surface that was burnt was 1–5% and the treatment was initiated immediately. Waiting for only a few minutes after the trauma has been sustained immediately negates any beneficial effect. If the treatment is administered for too long or the temperature is too cold then the tissue necrosis will be more extensive. The authors recommend cooling the burnt skin surface for (20 to) 30 minutes; a time period that we think is very clearly too long. In our view, cold water therapy is a lay or first-aid measure. The first step to be taken by the ambulance services or the emergency physician should be to immediately cease the cooling or heat treatment. The German Society for Burn Treatment (www.verbrennungsmedizin.de) recommends cooling therapy with tap water only for small burns; we think it is contraindicated in patients with large surface burns. The recommendations from the Deutscher Feuerwehrverband (the German Fire Services Association) express similar sentiments (2).

The statement that no guidelines are available for the nutrition of burned patients is incorrect. The European Society for Parenteral and Enteral Nutrition's 2006 guidelines include such aspects and recommendations (3).

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In Reply:

We wholeheartedly agree with Professor Menke's recommendation to follow up such patients in a specialized burn care clinic. This allows reacting promptly to complications and initiating appropriate measures in a highly targeted manner. The article aimed to raise awareness of this option among doctors involved in treating patients with burn injuries and thus improve the care for such patients.

Epithetic treatment, as mentioned by Professor Federspil, is an important component of esthetic late treatment of patients with burn injuries. However, at the time such treatment is being considered, scars should be fully formed or fully treated by using all available options, so as to design the prosthesis optimally.

We thank Dr Trupkovich for his correspondence, in which he focuses on cold water treatment. Even if animal models can be translated into clinical practice to a limited degree only, they provide helpful and correct pointers. Early administration of heat in persons with severe burns injuries makes sense—as mentioned in the article—to avoid hypothermia, but can often only be given after analgesia and/or sedation or intubation since patients may experience heat as extremely painful. The preparation of (several) venous accesses, if required during transport, is absolutely essential in our opinion and should be done by default. The cited article regarding nutrition provides helpful—albeit rather general—guidelines for patients in intensive care units. Our article mentions the lack of detailed, burns specific data for nutritional therapy in several places.

We dealt mainly with burns in adult patients and intentionally avoided focusing on the complex subgroup of children with burn injuries. However, in our opinion, all severely burnt children should be treated in specialist pediatric burns hospitals or burn care units. To admit a child with a burn injury to a normal pediatric ward or pediatric surgical ward will result in a suboptimal scenario for both patient and doctor.

The guidelines for admission to a hospital for burn injuries are clearly defined by the societies. Smaller burn injuries, however, may still be treated by colleagues of numerous specialties. Years of experience in treating patients with severe burns have made us aware of often the degree and extent of burn injuries are misinterpreted. In general, the following rule applies: assessing a burn is best done by colleagues who have frequent exposure to this task and therefore have accumulated experience in the area. In Germany, this includes primarily the large burn care centers, which are run by plastic surgeons (www.verbrennungsmedizin.de).

On behalf of my co-authors, I thank our readers for their constructive comments, and I hope that this article may serve to improve our understanding of this highly specialized pathology (“burn disease”).

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Conflict of interest statement

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