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Self-drying Silicone Spray and hypertrophic scarring in burned skin

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Introduction

Prevention of hypertrophic scars and keloids in burned patients are still problematic. The combination of compression therapy and silicone sheets is a promising method of prevention. In this randomised long-term study the efficacy of a new topical self-drying silicone preparation in the prevention of hypertrophic scars and keloids combined with compression therapy has been assessed and compared to a control treatment composed of silicone sheeting and compression in split thickness graft burn wounds.

Methods

40 patients with two comparable areas of split thickness graft burn wounds (wounds sized at least 3 cm x 5 cm each, burn index < 100) have been included into this study. Study design: Design: Open, single-center, randomised controlled study, intra-individual comparison (Fig. 1A) of study preparation and control to standard treatment. Right after split thickness skin grafts were adherent. Patients received compression garments and were randomised to two of the following treatment groups a) Self Drying Silicone Spray b) Silicone Sheeting or c) no treatment control (Fig. 1B). Clinical assessment by scores (Vancouver Scar Scale), measurement of scar redness (Chromametry, Fig. 1C) and height (profilometry, Fig. 1D), photo documentation of each treated area are performed at different visits with a long-term follow-up of 18 months (Table 1).

Results

The preliminary results of this study (20/40 Patient finished the 18 months follow-up) indicate that the efficacy of Self Drying Silicone Spray appears comparable to silicone gel sheeting. The patients' satisfaction and compliance are higher in the silicone Spray group compared to silicone sheeting.

Discussions

This study shows first evidence that the results with Self Drying Silicone-Spray treatment are comparable with the current clinical gold standard of silicone sheeting. In contrast to the Silicone Sheeting, Self Drying Silicone Spray can be applied easier on uneven and widespread scar areas without touching the wound, the silicone spray layer cannot shift and the procedure of fixing and cleaning of the sheets will be avoided. An advantage regarding better compliance can be expected. Statistical analysis will be performed after all study subjects have terminated the required 18 months follow-up.



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