CONCLUSION
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The comparative effects of subescharal multiple injections of povidone iodine with surface PVP + Neosporin application were studied and compared in 118 patients. Out of which 80 patients were included in the test group and 38 patients in the control group. This study was conducted in-patients of deep burn with or without superficial burn or less than 50% of body area involvement who came to M.L.B. Medical College, Hospital, Jhansi. Conclusion drawn from the present study are as follows :-

1. Females predominant in the age group of 11 to 40 years of age.
2. Most of burns are thermal in nature.
3. Most of the burn accidents took place in indoor activity.
4. Maximum burn injuries occurred in rural area.
5. Patients of urban area mostly belonged to middle class families.
6. Patients with major burn reach directly to Medical College Hospital, and much earlier then those with minor burns.
7. No allergic reaction was observed in topical application or injection of povidone iodine.
8. Deep burn involving smaller area healed without a scar.

9. Scar were yellowish tinged hyperpigmented and fibrous in PVP + Neosporin treated patients.

10. Contracture was observed in 4 cases of test group and 2 cases of control group.

11. The serum creatinine, blood urea and T₃ (triiodothyronine), T₄ (thyroxine) and TSH (thyroid stimulating hormone) values remained within in the normal range in both groups.

On comparing the effect of subescharal injection of PVP- Iodine; whether it is superior or not? Following conclusions were drawn :-

1. Subescharal injection of PVP-Iodine causes a slight pain to patients but neither a sedative nor analgesic is required in this procedure.

2. Escharolysis was faster in subescharal injected patients and biopsy showed that there was less infection in subescharal plane, as compared to the control group.

3. After separation of eschar, healthy granulation surface was seen. Grafts were applied with in a week.
4. Graft acceptance in subescharally treated patient was high in comparison to patients not treated with subescharal injection.

5. Escharolysis was faster in PVP-Iodine injection treated patient.

6. Chance of septicemia is much less in test group.

In brief, the conclusion may be drawn that treating deep burn patients by using subescharal injection of PVP-Iodine is markedly superior as shown by minimal infection rate and markedly reduce escharolysis time. This is due to wide spectrum of action, increase concentration of anti-microbial in subescharal plane and attainment of very few microbial colonies in subescharal plane.