CONCLUSION
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The comparative effects of PVP solution + Neosporin powder and amniotic membrane application were studied and compared in 114 patients, out of which 47 patients were of superficial burn, 20 patients with deep burn and 47 patients with mixed burn. At the same time superiority of either of them was observed. The conclusions drawn were as follows:

1. Females are more commonly burnt than males, for they are exposed to this danger due to house work.

2. The incidence of burn is much higher in younger age-group, i.e. below 30 years of age.

3. Most of the burns are thermal in nature.

4. Superficial and mixed burns are more common than deep burns.

5. Burn involving smaller areas, irrespective of their depth of burn, healed quickly and with an cosmetically acceptable scar.

6. No allergic reaction were observed in both types of dressing.
7. Contracture were observed in one case when treated with PVP + Neosporin powder, while 2 cases were observed with Amniotic membrane treated patients.

8. Period of hospital stay was shorter in PVP + Neosporin powder treated patients.

9. The scars were brownish tinged, hyperpigmented and had a flat margin and were more fibrous in PVP + Neosporin powder treated patients while completely healed area were pink and had a flat margin in amniotic membrane treated cases.

On comparing the effect of two dressing to assess the superiority of either of them, following conclusions were drawn.

1. Both the dressing materials were easily available and were easy to apply.

2. Povidone iodine with neosporin powder requires no specific storage facilities while amniotic membrane requires storage in sterile container with saline dilution in 1 : 4 at 4°C with addition of Kanamycin or 10 lakhs units of crystalline penicilline or 1 gm. of streptomycine sulphate etc.
3. Application of PVP + Neosporin powder was accompanied by minor pain, but once crust has been formed, the pain disappears and was not observed on further applications of PVP + Neosporin powder, while application of amniotic membrane cause no pain to patients except during cleaning.

4. No suppuration was seen in patients treated with PVP + Neosporin powder, because it is an open method of dressing. Sub-membrane suppuration was observed with application of amniotic membrane which caused great discomfort to the patients.

5. The healing rate is faster in patients treated with PVP + Neosporin powder as compared to patients treated with Amniotic membrane.

6. The amniotic membrane gave good results with superficial burns, while PVP + Neosporin powder gave good results with all type of burns.

7. Povidone iodine lotion injection, diluted in saline injected in subescharal plane gave very good results in controlling infection and early escharolysis, followed by early grafting and higher rate of take-up and subsequent healing and thus reduced chances of septicaemia.
In brief, the conclusion may be drawn that treating all types of burn patients by using PVP + Neosporin powder is markedly superior to amniotic membrane application as shown by minimal infection rate and markedly reduced healing time. This is basically because of wide spectrum action, tanning effect of PVP and attainment of dry surface.