



Case 2 (Fig. 3, patient No. 13) showed that an appropriate and timely wound preparation followed by RHPS application can prevent deep dermal burn conversion into full-thickness skin loss. In a 3-year-old boy with scalds on 30% of the body surface, RHPS graft and Aquagel cover were applied on the wound prepared with surface dermabrasion on day 4 after the accident. No healing effect appeared in the course of four days (Fig. 3a). On day 8, a part of the burned area was tangentially excised with a Watson knife and the bleeding wound was covered with a fresh RHPS graft. Bleeding stopped immediately and two days later it was obvious that the graft had 'taken' (Fig. 3b), and the wound healed within five days (Fig. 3c). At this stage (day 13) the epidermis on the non-healed areas (treated with silver sulfadiazine cream) started to dissolve and could be easily removed; a limited area was dermabraded down to capillary bleeding (deep dermabrasion) and the wound was covered with RHPS. This graft 'took' in two days (Fig. 3d) and in four days the wound was healed (Fig. 3e). On day 17, RHPS grafting of the unhealed wound area, already converted in full-thickness skin loss, was not successful any more and this area had to be autografted with meshed dermoepidermal autografts on day 20. Control after one year showed that areas in which RHPS 'took' developed no hypertrophic scarring (Fig. 3f).

