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Role of Low Level Laser Therapy in Pediatric Burn Wound

Karavadi Anuradha[1], Ravi Kumar Chittoria[2], Amrutha[3]

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Abstract

Burn is defined as a traumatic injury of thermal origin, which affects the organic tissue. Low-level laser therapy (LLLT) has gained great prominence as a treatment in this type of injury.The aim of this case report is to assess the role of Low level laser therapy in healing of wounds in burn wounds in paediatric burns patients. Normal wound healing takes around 3 weeks with epithelisation at 1mm/day. The advanced wound healing therapies help in expediting the advancement of epithelial edge of the wound.

Keywords: LLLT; Paediatric burns; Wound healing.

INTRODUCTION

Burns injury is one of the important factors contributing to mortality in a developing country like India. Aim of this case report is to assess the role of Low level laser therapy in healing of wounds in burn wounds in paediatric burns patients. A delay in burn wound healing increases patients' pain and discomfort, the rate of infection all of which can be reduced to a certain extent by the use of LLLT. Clinical examination of the wound and donor site before and after the use of Low level laser therapy was done. The normal pace of wound healing and epithelialization is at the rate of 1mm/day. Optimum recovery requires the wound bed and the patient to be fit. The advanced wound healing therapies like LLLT aim to hasten the process of wound healing by expediting the epithelization in wounds[3]. Many newer techniques have been used to improve the epithelializationsuch as LLLT.

MATERIALS AND METHODS

The study is done in a tertiary care hospital in South India. The subject is a 4 year old female patient, with no known comorbidities, the patient has alleged history of accidental scald burns on left hand and forearm while she accidentally dipped her hand on hot boiled water (Fig. 1). Patient sustained second degree deep and superficial burns on left hand and distal half of forearm, circumferential, capillary refill time <3. Admitted in Burns ICU, managed with antibiotics, IV Fluids, analgesics. Dermabrasion assisted early serial excision, regenerative scaffold, LLLT (Fig.

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2), cyclical Negative Pressure Wound Therapy (NPWT) done. Split Skin Grafting (SSG) of the raw area done (Fig. 3). LLLT was done 4 times following which the patient wound improved well (Fig. 4). Currently the general condition of the patient is fair.

RESULTS

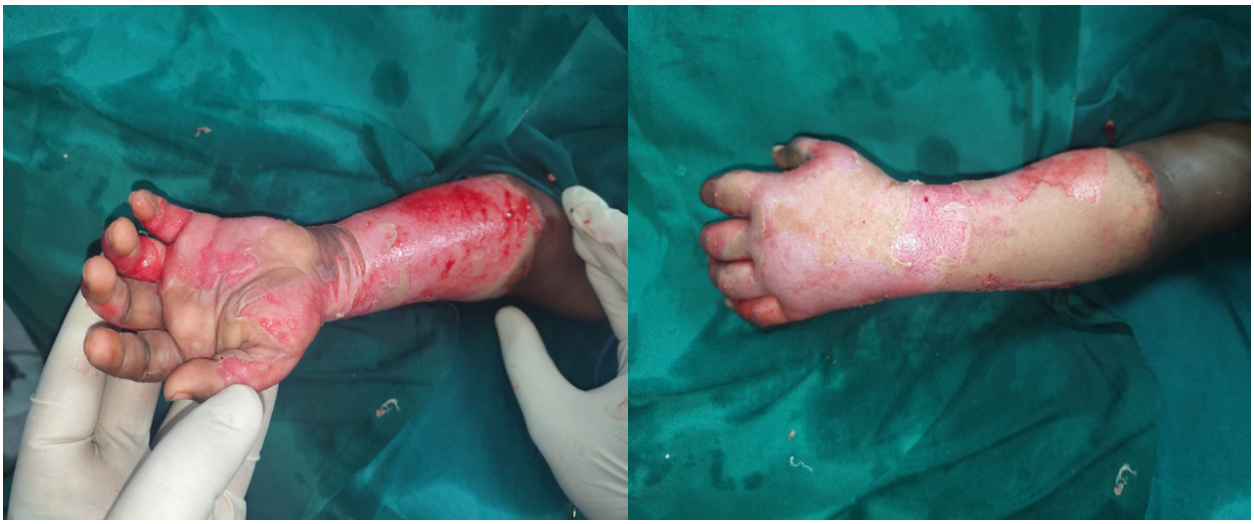

Fig. 1: Second-degree burns at the time of admission

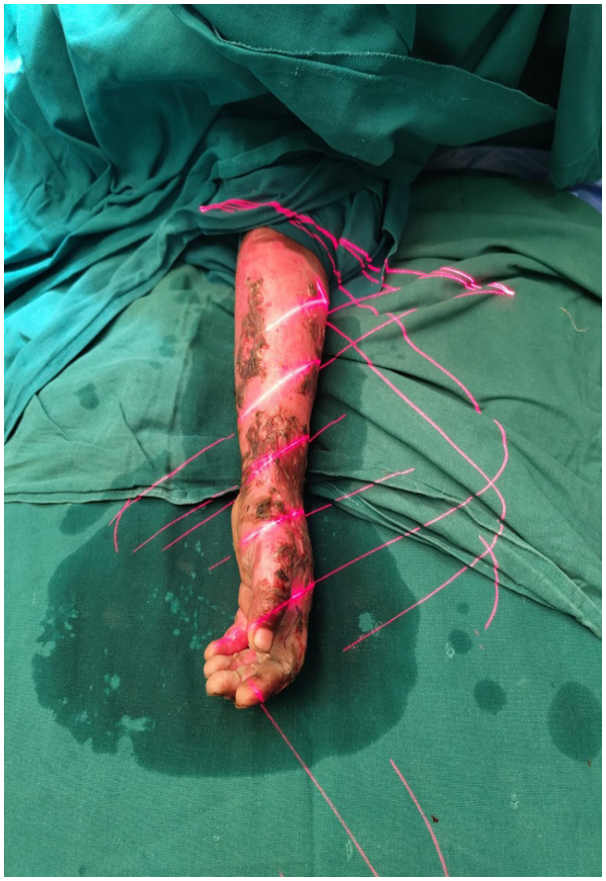

Fig. 2: Low level laser therapy after serial debridement

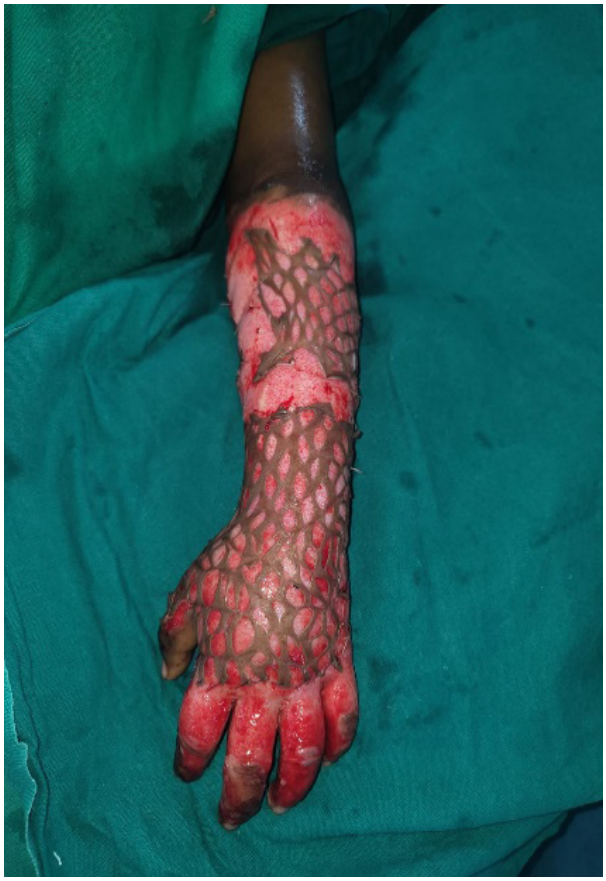

Fig. 3: Split skin grafting

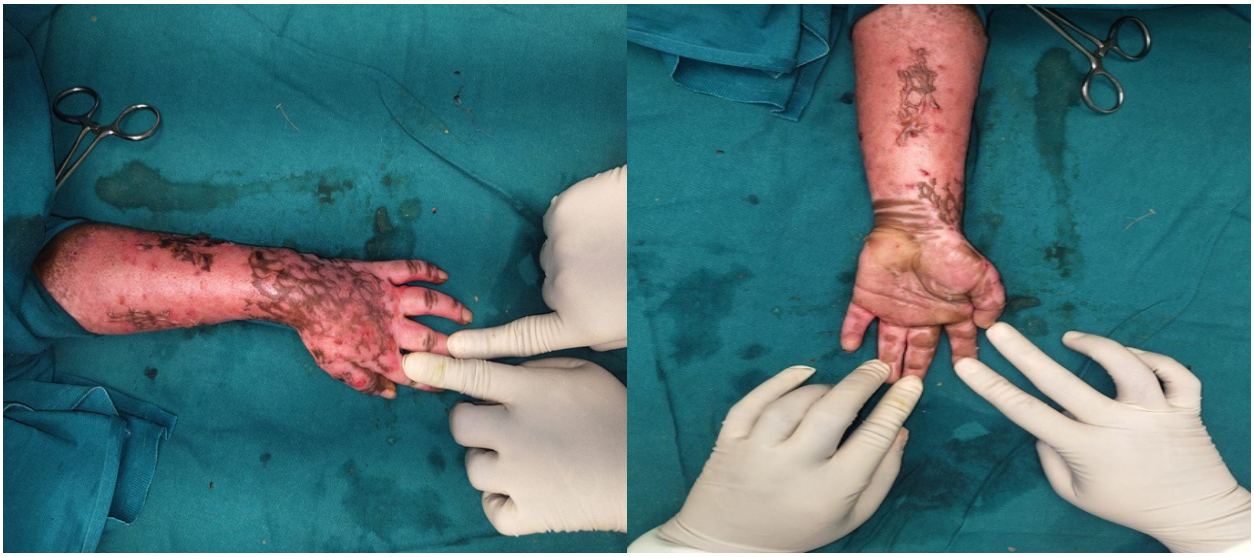

Fig. 4: Healed wound after four sessions of Low-level laser therapy

By the above observations, LLLT is useful in improving the wound healing of burns in this patient as evident in the post procedure findings. (Fig. 4)

DISCUSSION

Low level laser therapy is generated from G-As (gallium-arsenide) laser. LLLT acts by photobiomodulation. It has effect on cell proliferation, metabolism, angiogenesis, apoptosis and inflammation. Effective LLLT utilises wavelength of red to near infrared (600-1070 nm).[1] Low-level laser therapy (LLLT) has gained great prominence as a treatment in this type of injury.[4] LLLT acts on cytochrome c oxidase, promotes nuclear factor kappa b which promotes cell proliferation and anti-apoptotic action. It also upregulates VEGF[5] which promotes angiogenesis.[7,8] At cellular level it acts on mitochondria and photoreceptors located in cell membranes, releasing a cascade of events that leads to the bio stimulation of various cellular processes.[4] Low level laser is applied by scanning mode and adjusted to cover the region of the wound. Application is for 5-10 minutes per weekly session. It has a stimulatory effect on raw areas and wounds by improving granulation. LLLT has been shown to reduce sin thickness of hypertrophic scars which was studied by comparing the skin thickness pre and post application.[6] It softens scars by reducing fibrous tissue formation, improves blood supply and promotes nerve regeneration. It has an anti-inflammatory action, the mechanism of which is not clearly elucidated. LLLT was being used in maxillofacial surgeries and oral mucositis after head and neck surgeries and its usefulness in plastic surgery must be similarly explored using high-quality human clinical studies,[5] as so far role of LLLT in animal studies in available but studies on humans are lacking.

CONCLUSION

LLLT helped in Wound Bed Preparation (WBP), and take of skin grafting. Hence improved overall healing of burns wounds.

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Effectiveness of Structured Teaching Programme on Knowledge Regarding Kangaroo Mother Care among Nursing Students in Selected College of Rajkot

Usha Devi[1], Hanee Patel[2]

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Abstract

Premature birth imposes a tremendous stress for both the baby and the mother. To save the baby life, infant is monitored under the incubator and warmer surrounded by unfamiliar sounds like buzzers, bells but lies all by himself in warmer. The treatment and routine caregiving procedures cause pain and discomfort making it difficult for very low birth weight infants to experience restful and undisturbed periods of sleep. Analternative method, which is easy and cheap to practice, having more advantage is kangaroo care provided for the satisfactory improvement in infant health.

The present Pre experimental one group pre-test and post-test research design was conducted among nursing students to evaluate the effectiveness of Kangaroo mother care. The researcher selected 60 samples based on non probity sampling technique. The results shown that the level of knowledge was improved after implementation of structured teaching, which indicates the structured teaching was effective. The researcher concluded that, the teaching aids will be helpful in improving knowledge among students as well as public. The researcher recommended that, the community education programme and personal behavior change education is required to save the baby life and reduce the neonatal and infant morbidity and mortality in India.

Keywords: Knowledge; Kangaroo Mother Care; Nursing Students.

INTRODUCTION

The World Health Organization defines low birth weight infants (irrespective of gestational age) as neonates born less than 2500 grams (5 pounds) and extremely low birth weight as less than 1500 grams. Of these babies, approximately one third dies before stabilization or in the first twelve hours.

In India among the major child health challenges facing the world at the turn off the new millennium is the problem of high neonatal mortality. The global burden of newborn deaths is estimated to be a staggering five million per annum. Only 2% (0.1 million) of these death occur in developed countries, the rest 98% (4.9 million) take place in the developing countries. The highest neonatal mortality rates are seen in countries of south Asia resulting in almost 2 million newborn deaths in the religion each year, with India contributing 60% (1.2 million) of it.

Globally about 25 million low Birth Weight babies are born each years consisting of 17% of

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all live births. Approximately 16 to 18% neonates born in developing world are of Low Birth Weight having a weight of less than 2500 gram.

More than 20 million babies are born each year with low birth weight. This represents 15.5% of all births. Of these low birth weight babies, 95.6% are born in developing countries. One in 12 babies (8.3% of live births) was low birth weight in 2005 in India. Between 1995 and 2005, the number of infants born low birth weight infants born in India increased to 11%. Because of the poor care and resources, this rate was increasing steadily.

Kangaroo mother care was initially conceived in Bogota, Colombia in 1978 as an alternative to incubator care for the low birth weight baby. Kangaroo Mother Care is a humane, low cost method of care of low birth weight (LBW) infants particularly for those weighing less than 2000gram at birth. It consists of skin-to-skin contact, exclusive breast feeding early discharge and with an adequate follow-up.

OBJECTIVES

1. To assess the level of knowledge regarding kangaroo mother care among Nursing Students in selected college of Rajkot.
2. To evaluate the effectiveness of structured teaching programme by comparing the main pre-test, post-test knowledge score among the Nursing Students.
3. To find out the association between the mean Post-test knowledge score among the Nursing Students with their selected demographic variables.

Research Design: Pre experimental Research design, one group pretest and post research design was adopted for this study.

Research Study Setting: The study was conducted in selected Nursing colleges at, Rajkot Gujarat.

Population: Nursing Students

Sample: The sample of the study comprised the Nursing Students at selected college of Rajkot.

Sample Size: The sample size of the study comprised of 60 Nursing Students.

Sampling Technique: Non-probability sampling technique was used to select the sample for the study.

RESULTS

Regarding the demographic variables most of the Nursing Students 41 (68.3%) of them were aged between 18-20 years, in gender 42 (70%) of them were female, regarding religion 60 (100%) of them were Hindus, regarding medium of teaching 60 (100%) of them were studying in English Medium, 60 (100%) of them were got health information through mass media.

The pre-test findings reveal that out of 60 samples highest percentage of 76.7% of them had inadequate level of knowledge, 23.3% of them had moderate knowledge and in the post test majority 98.3 % of them were had adequate level of knowledge and 1.7% of them had inadequate level of knowledge regarding kangaroo mother care among the Nursing Students.

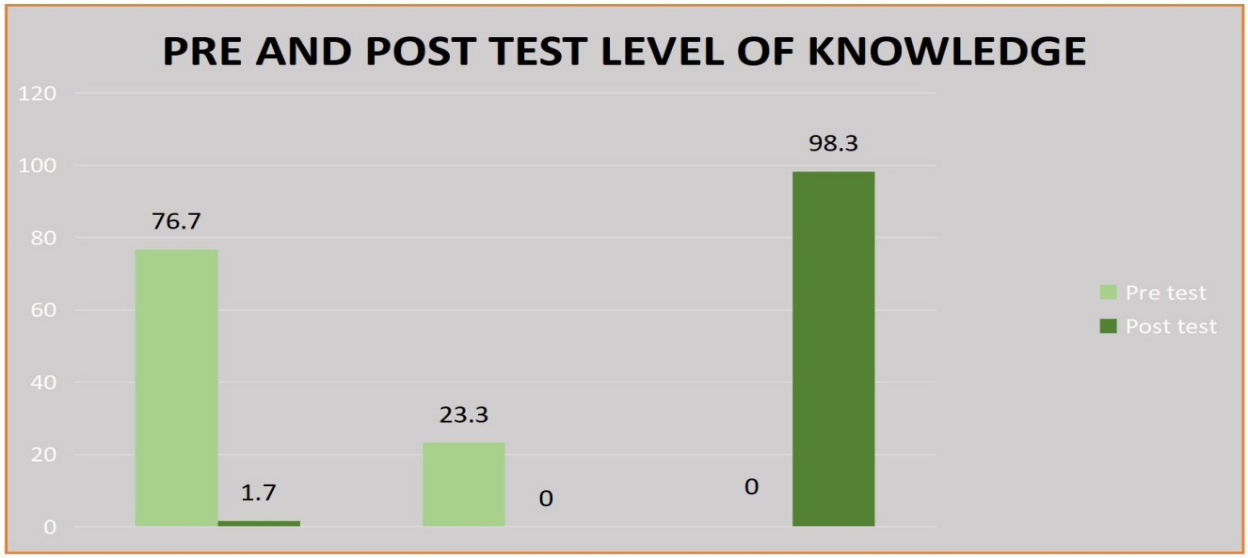

Fig. 1: Pre and Post-test level of knowledge among nursing students

The pretest mean score of knowledge regarding kangaroo mother care among nursing students was 1.23±0.427 and the post test mean score was 2.97±0.258. The calculated paired 't' test value of t = 27.829 was found to be statistically significant at p<0.005 level.

Table 1: Paired 't' test comparison of pre and post test scores regarding kangaroo mother care among the Nursing Students.

N = 60

Knowledge	Mean	S.D	Paired 't' Test Value
Pre-test	1.23	0.427	t=27.829
Pos-test	2.97	0.258	p=0.0005, S***

***p<0.005, S – Significant

The demographic variable education **(x^2=4.471, P=0.005)** had shown statistically significant association with level of knowledge regarding kangaroo mother care among Nursing students, at p<0.005 level.

CONCLUSION

Kangaroo mother care is the key point among the nursing students to securing the newborn and infant baby and helps to reduce the morbidity and mortality of India. The finding of the study concluded that there was significant increase in the level of knowledge among nursing students after implementation of the structured teaching programmed regarding kangaroo mother. The level of knowledge increased and improved due to the effectiveness of structured teaching programmed.

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Neonatal Achondroplasia: Case Report

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Abstract

Introduction: Achondroplasia, the most common form of skeletal dysplasia with characteristic short limb dwarfism, is a non lethal variant of chondrodysplasia. Although autosomal dominant genes may be the source of inheritance, most occurrences start off as spontaneous mutations.

Case report: Our patient was a term male baby born via elective Caesarean section with birth weight of 2.8kgs. Anomaly scans of 22 weeks of gestation showed no gross anomaly of the fetus.The anomaly scan of 36th week of gestation showed a small size of fetus. On clinical examination, the head circumference was more than normal and the baby had a large head with frontal bossing. There was bilateral symmetrical shortening of upper and lower limbs with short fingers. There was depressed nasal bridge. The abdomen was protuberant and distended.

Literature review: A mutation in the 4p16.3 fibroblast growth factor receptor-3 gene (FGFR3) results in achondroplasia. One parent's achondroplasia increases the infant's probability of inheriting the disorder by 50%, and if both parents have it, the infant's chance increases to 75%. This suggests that the disorder may be inherited as an autosomal dominant characteristic.

Keywords: Achondroplasia; Short stature; Dwarf; Caesarean section; Mutation.

INTRODUCTION

Achondroplasia, the most common form of skeletal dysplasia with characteristic short limb dwarfism, is a nonlethal variant of chondrodysplasia. Although autosomal dominant genes may be the source of inheritance, most occurrences start off as spontaneous mutations. The distinctive features are seen on radiographs of the limbs, pelvis, cranium, and spine. Legs of affected persons are rhizomelically shortened. A normal trunk length, a significant lumbar lordosis, genu varum, a prominent forehead (frontal bossing), midface hypoplasia, rhizomelic shortening of the arms and legs, and a trident hand configuration are among the phenotypic traits.[1] Achondroplasia is a well-known cause of disproportionately small stature, although compared to children and adults, it is more challenging to detect at birth.[2] The majority of people with achondroplasia have normal IQ. Obesity, recurring ear infections, and episodes of slowing or stopping breathing (apnea) are among the health issues linked to achondroplasia. Those who with the disorder typically grow up with bowed legs and a noticeable, lifelong wobble in the lower back (lordosis). Back pain and an irregular

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front-to-back curvature of the spine (kyphosis) are also experienced by some affected individuals. Spinal stenosis is a potentially dangerous achondroplasia consequence.[3] We present a case of achondroplasia that was identified on the first day of life based on radiological and clinical characteristics.

CASE REPORT

Our patient was a term male baby born via elective Caesarean section with birth weight of 2.8kgs. The baby was born out of a non consanguineous marriage to a primigravida mother who is a resident of ahmednagar, Maharashtra.

There was no obstructed labour. The placenta and membranes were completely separated and removed.

Anomaly scans of 22 weeks of gestation showed no gross anomaly of the fetus.

The anomaly scan of 36th week of gestation showed a small size of fetus. It also noted dysplastic bilateral short femur and humerus for age. Both parents are also suffering from achondroplasia and have short stature with no other congenital anomaly.

The baby was delivered via elective caesarean section and cried immediately after birth. There was mild respiratory distress for which the baby was admitted in the NICU for a total of 3 days. After which the baby was transferred to mother-side in the maternity ward. On anthropometric measurements, head circumference is 37 cm, chest circumference is 31cm, length is 44 cm, upper segment is 28 cm, lower segment is 16 cm and the US:LS ratio is 1.75.

On clinical examination, the head circumference was more than normal and the baby had a large head with frontal bossing. There was bilateral symmetrical shortening of upper and lower limbs with short fingers. There was depressed nasal bridge. The abdomen was protuberant and distended.

The baby had normal tone and power.

Blood investigations were sent which came out to be normal.Random blood sugars were normal at the time of NICU admission. X ray of the baby was done which suggested achondroplasia as it showed a broadening of the bilateral femur and humerus's proximal and distal metaphyses, suggesting metaphyseal flaring. Rhizomelic shortening resulted in bilateral shortened femur and humerus. Both hands' metacarpals were short and comparable in length, and the ring and middle fingers were separated (the trident hand).

USG of abdomen and pelvis was normal. Neuro sonography was normal.

The baby was admitted for 2 days till feeding was established and the parents were confident enough and then was discharged.

Fig. 1: Shortening of limbs, large head with frontal bossing, flat nasal bridge and protuberant abdomen.

Fig. 2: Happy parents with the baby

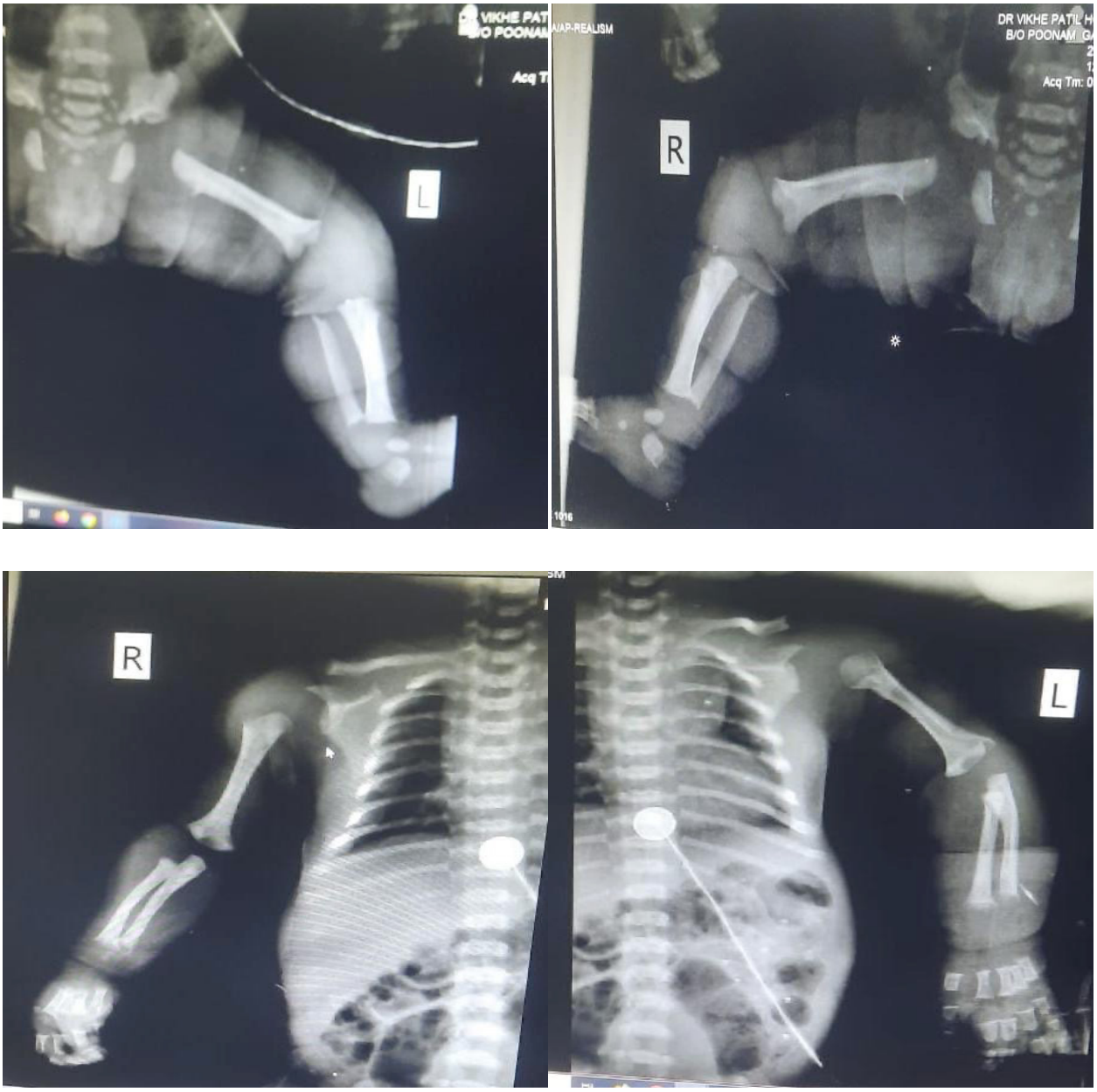

Fig. 3: Multiple x-rays suggestive of bilateral shortening of femur and humerus

DISCUSSION

A mutation in the 4p16.3 fibroblast growth factor receptor-3 gene (FGFR3) results in achondroplasia. One parent's achondroplasia increases the infant's probability of inheriting the disorder by 50%, and if both parents have it, the infant's chance increases to 75%. This suggests that the disorder may be inherited as an autosomal dominant characteristic. Nonetheless, the majority of instances manifest as spontaneous mutations, meaning a kid with achondroplasia can have parents without the condition. In our instance, both of our parents were having achondroplasia and having short stature. In the developing world, the diagnosis is primarily dependent on clinical and radiological findings. (3,4) The global incidence of achondroplasia is 1/77,000–1/15,000.[5]

Because of the shorter long bones, ultrasounds typically reveal the suspicion.[5] In our instance, dysplastic short femur and humerus was suggested by third-trimester ultrasonography. Six the majority of affected individuals' distinctive clinical and radiological symptoms can also be used to make the diagnosis.[7] Despite the fact that diagnosing a case

at birth is more challenging than diagnosing one in a child or adult, our case was diagnosed at birth because of a suggestive ultrasound, radiological evidence, and unique clinical features. Clinically, the patient exhibits a protuberant abdomen, a big head with frontal bossing, a disproportionate shortening of the long bones, and a flattening of the nasal bridge. Achondroplasia can be diagnosed by careful observation because its traits are quite distinctive. But due to financial crisis the patients genetic testing for FGFR3 gene could not be done.

In a family with sporadic instances, the estimated probability of recurrence is 1 in 443.[8] It is stated that one of the parents' mosaicism is to blame for this. Achondroplasia carries a 50% chance of recurrence in kids of either sex if one of the parents has the condition. 25% of offspring will be normal, 50% will be heterozygous, and 25% will have a homozygous mutation if both parents are afflicted. Achondroplasia homozygous is invariably fatal.[9]

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