83. Beitrag zur Oberflächentherapie zweit- und drittgradiger Verbrennungen

W. Schneider, J. Klebe, U. Mattenklott und W. E. Vaubel

Abteilung für Traumatologie und Plastische Chirurgie im Klinikum Steglitz der FUB

Surface Treatment of Second- and Third-Degree Burns

Summary. Diagnosis of second- and third-degree burns is difficult, and daily observation is necessary. Conservative therapy should be instituted immediately and surgical treatment on day 3. For 2nd-degree burns solution Z16 and/or J-PVP should be used. In the case of 3rd-degree burns, a tangential necrectomy should be performed on day 3, and J-PVP is appropriate for prevention of infection. Caution is indicated in the presence of latent and manifest hyperthyroidism, compensated autonomous adenoma, and iodine allergy. Dermal cracks with edema are a contraindication for this treatment on face, fingers, palm and sole. J-PVP caused local irritation in 8 of 58 patients. Nuclear-medical tests revealed thyroid blockage due to J-PVP. Treatment regimes for adults and children are described.

Key words: Burns: Treatment – Thyrotoxicosis – J-PVP.

Zusammenfassung. Diagnose problematisch, täglich Überprüfung. Beginn konservativer Therapie sofort, chirurgische Therapie am 3. Tag. Zweitgradige Verbrennungen, Wundlösung Z16 und/oder J-PVP. Drittgradige Verbrennungen, 3. Tag tangentielle Nekrektomie, Infektophylaxe J-PVP. Cave: Latente und manifeste Hyperthyreose, komp. aut. Adenom, Jodallergien. Hautspaltung bei starker Ödembildung, Kontraindikation Gesicht-Finger-Hohlhand-Fußsohle. Lokale Reizzustände durch J-PVP bei 8 von 58 Patienten. Nuklearmedizinischer Nachweis der Schilddrüsenblockade durch J-PVP. Behandlungsschema Erwachsene u. Kinder.

Schlüsselwörter: Verbrennungen – Oberflächentherapie – Schilddrüsenerkrankungen – J-PVP

84. Therapie der Verbrauchskoagulopathie im hämorrhagischen Schock mit tiefgefroren konserviertem Frischplasma

H. J. Hehne und G. Wolff

Department für Chirurgie der Universität Basel

Treatment of Coagulation Disorders in Hemorrhagic Shock with Fresh-Frozen Plasma

Summary. Coagulation disorders in hemorrhagic shock do not necessarily reflect intravascular coagulation. They may occur as a complex of intravascular and extravascular consumption, dilution and reduced synthesis of coagulation factors. Heparin is contraindicated because it does not normalize coagulability and therefore fails to stop hemorrhage and shock. Fresh-frozen plasma, however, has