

Causes and Clinical Types of Burns



Extensive full-thickness flame burn. Appears charred and leathery. Note sparing of axilla.

High-voltage electric burn (after fasciotomy). Typical claw hand deformity and accentuation of burn at wrist and antecubital fossa due to arcing of current.

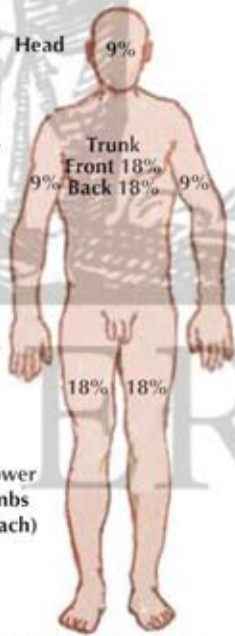


Penetrating chemical burn caused by strong alkali. Characteristic dissolution of soft tissues.



Severe facial burn. Eyebrows and eyelashes singed, lids closed by edema, tongue swollen and protruding owing to involvement of oropharynx. Oropharyngeal edema necessitated nasotracheal intubation to ensure airway patency.

F. Netter M.D.



Rule of nines for estimating percentage of body surface involved