

Letter to the Editor

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Dear Sir,

After having read the article by Mugemana et al. describing the burden of burns in children admitted at a tertiary care center in Rwanda, by Mugemana et al [1], here are my observations.

CHUK, being the main referral hospital in the country, receives patients from hospitals of 30 districts in the country [2] and therefore receives many of the sickest patients who are referred from around the country. Therefore, the article in many ways will describe a "tip of the iceberg" in respect to pediatric burns in Rwanda.

Considering the above, it is concerning that burn injuries are still associated with high mortality in Rwanda. Prevention of burns remain a priority, however, there are still gaps in the care of these burn patients. A lack of comprehensive care due to challenges of equipment, personnel, protocols, and training in management of burn patient has been found in most of hospitals of the country, including tertiary care centers [3].

Research suggests that minor to moderate burn injuries benefit from biological and biocomposite temporary dressings that reduce burn wound morbidities [4]. In this article, Jamshidi et al found that the majority of burn injuries in Rwanda (75%) cover less than 25% of Total Body Surface Area (TBSA) [1], so would be useful to know if these patients received the recommended treatment. If this information was not collected, it would be interesting to compile this data as part of future research into burn injuries in Rwanda.

As per now, Rwanda has two physicians that specialized in plastic and reconstructive surgery. It is time a dedicated center for burn care be created so the most significant burns can be cared for in a specialized environment to improve patient outcomes.

Best Regards,

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