## **Invited Discussion**

# Burn epidemiology - an Indian perspective

#### Sameek Bhattacharya

Department of Plastic & Reconstructive Surgery, PGIMER, R.M.L. Hospital, New Delhi, India

Address for correspondence: Dr. Sameek Bhattacharya, Asst Prof. PGIMER, R.M.L. Hospital, New Delhi, India. Email: sameekb@gmail.com

Pidemiological study is an important modality to analyze the cause, magnitude and profile of burn in a particular region and population. Epidemiological study is the first step in planning preventive and management strategies; hence, any endeavor in this direction is appreciable.

Burn profile closely follows the socioeconomic flux of a country.<sup>[1]</sup> Economically developed nations with sound prevention policy, organized dwelling and safe kitchen technology and fuel have brought down burn incidence drastically. However, in developing nations, burn continues to be endemic because of massive slum dwelling and large scale use of unsafe stoves and fuel.

A recent study by Ahuja et al,<sup>[2]</sup> documents that economic uplift and shift from kerosene to safer LPG stoves has brought down annual burn admission by 43% in a major burn unit of Delhi.

The decrease of burn incidence in the developed world is

mainly in the adult population. Children continue to be vulnerable to burns in nuclear families with both parents working. On the other hand, in developing countries like India and Africa the young adult population engaged in the kitchen gets burnt more frequently compared to children. The major difference in the pediatric burn profile of developed and developing nations is that pediatric burn in the former is mainly scalds, whereas, in the latter a large number of children sustain flame burn. This can be attributed to congested living and floor level cooking. This is evident in the present study as well as many reports from India and other developing countries.<sup>[3-6]</sup>.

This study does not mention overall burn admission and the number of adult burns, however, considering the socioeconomic scenario of Nigeria it is quite probable that burn incidence will be very high and adult burns far more prevalent as is the case in India. The author acknowledges this possibility of higher burn incidence and of many patients being treated elsewhere. In future it will be more worthwhile to report a multi-centric data of the overall burn epidemiological scenario. It will go a long way in devising preventive and management strategies.

## REFERENCES

- 1. Forjuoh SN. Burns in low and middle income countries: A review of available literature on descriptive epidemiology, risk factors, treatment and prevention. Burns 2006;32:529-37.
- 2. Ahuja RB, Bhattacharya S, Rai A. Changing trends of an endemic trauma. Burns 2009;35:650-6.

- 3. Ahuja RB, Bhattacharya S. An analysis of 11,196 burn admissions and evaluationof conservative management techniques. Burns 2002;28:555-61.
- Jayaraman V, Ramakrishnan KM, Devies MR. Burns in Madras: An analysis of1368 patients in one year. Burns 1993;19:339-44.
- 5. Subrahmanyam M. Epidemiology of burns in a district hospital in western India. Burns 1996;22:339-44.
- 6. Laloe V. Epidemiology and mortality of burns in a general hospital of Eastern Sri Lanka. Burns 2002;28:778-81.
- Oludiran OO, Umebese PF. Pattern and outcome of children admitted for burns in Benin city, mid-western Nigeria. Indian J Plast Surg 2009:196-200.

## **Dispatch and return notification by E-mail**

The journal now sends email notification to its members on dispatch of a print issue. The notification is sent to those members who have provided their email address to the association/journal office. The email alerts you about an outdated address and return of issue due to incomplete/incorrect address.

If you wish to receive such email notification, please send your email along with the membership number and full mailing address to the editorial office by email.