

Study of various demographic factors associated with burn cases

Ravi Rambhau Khandare

Associate Professor, Department of Surgery, Government Medical College, Akola, Maharashtra, INDIA.

Email: kravi2620@gmail.com

Abstract

Introduction: Burn injury is very common and affects approximately one per cent of the general population every year. The vast majority of burn injuries are minor although painful. In contrast, a small number of individuals receive massive, deep burns that are accompanied by permanent disfigurement or death. **Amis and Objective:** To study of various demographic factors associated with burn cases reported in tertiary care institute. **Materials and Method:** The present retrospective descriptive study was conducted to study the various risk factors associated with burn patients. The study was conducted in the department of surgery at Mahatma Gandhi Institute of Medical Sciences, Sevagram. For the purpose of study retrospective data was collected from 1st April 1999 to 31st March 2003. All the patients who sustained burns and admitted to Kasturba Hospital during this period were included in this study. During the study period total 714 cases of burn were admitted in the institute. The case records were obtained from the medical records department and details of the patients were recorded in the given standard proforma. The details about age, sex, marital status, educational status, occupation and socioeconomic status were recorded. Detailed history including place, time of burn, nature and type of burn, and other relevant conditions were retrieved from the case records. **Results:** Most of the burn injuries were accidental (92.57%). 88.93% were flame burn. Maximum number of the patients presented within 6 hours of sustaining burn injury (58.6%). Maximum number of the patients was between 21 to 40 years of age (53.64%). **Female: Male sex ratio** in our study was 1.73: 1. 480 out of 714(67.23%) burn patients were married. Most of the patients in our study were uneducated (62.32%). Maximum numbers of patients in our study were housewives. 70.31% of the patients in our study were from low socio-economic status. **Conclusion:** Thus we conclude that accidental burn due to flames was the most common type of burn. Majority of the burn cases were young married women who were housewife. Illiteracy and lower socioeconomic status was also seen common in burn cases.

Keywords: accidental burn, housewife, illiterate.

*Address for Correspondence:

Dr. Ravi Rambhau Khandare, Associate Professor, Department of Surgery, Government Medical College, Akola, Maharashtra, INDIA.

Email: kravi2620@gmail.com

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fire-related deaths in public spaces, such as schools, cinemas, and makeshift tents, have received substantial media coverage in India; much less awareness exists of the high frequency of these deaths within the domestic environment. An important demographic feature of injuries and deaths caused by domestic fire events is that a large proportion of victims are young women.^{2,3,4} Various local studies have suggested that, among women, these injuries result from kitchen accidents,^{5,6,7} self-immolation,^{8,9} and different forms of domestic violence,^{4,10} which could include dowry related harassment that leads to death. A dowry death is the killing of a young woman by members of her conjugal family for bringing insufficient dowry, and is commonly executed by first dousing the woman with kerosene and then setting her alight. Some studies further suggested that fire-related homicides are often disguised as accidents and suicides.^{11,12} The present study was

INTRODUCTION

Burn injury is very common and affects approximately one per cent of the general population every year. The vast majority of burn injuries are minor although painful. In contrast, a small number of individuals receive massive, deep burns that are accompanied by permanent disfigurement or death¹. Although dramatic incidents of

conducted to study the various demographic factors associated with burn cases.

AMIS AND OBJECTIVE

To study of various demographic factors associated with burn cases reported in tertiary care institute.

MATERIALS AND METHOD

The present retrospective descriptive study was conducted to study the various risk factors associated with burn patients. The study was conducted in the department of surgery at Mahatma Gandhi Institute of Medical Sciences, Sevagram. For the purpose of study retrospective data was collected from 1st April 1999 to 31st March 2003. All the patients who sustained burns and admitted to Kasturba Hospital during this period were included in this study. During the study period total 714 cases of burn were admitted in the institute. The case records were obtained from the medical records department and details of the patients were recorded in the given standard proforma. The details about age, sex, marital status, educational status, occupation and socioeconomic status were recorded. Detailed history including place, time of burn, nature and type of burn, and other relevant conditions were retrieved from the case records. Details about clinical examination including assessment of general condition of the patient, area of burn, depth of burn and systemic examination were recorded from the case sheet. The findings of the patients of were confirmed by follow-up and examination wherever possible. The collected information was entered in excel sheet and was analyzed by using appropriate tables and graphs.

RESULTS

Table 1: Distribution according to nature and type of burn

Variable	No. of patients	Percentage
Nature of burn	Accidental	661
	Homicidal	22
	Suicidal	31
Type of burn	Flame	635
	Scalds	47
	Electrical	32
Presentation to hospital	Chemical	0
	< 6 hrs	419
	7-12 hrs	248
	>12 hrs	47

It was observed that most of the burn injuries were accidental (92.57%) followed by suicidal attempt (4.34%) and only 3.08% were homicidal burns. Out of 714 burn patients, 88.93% were flame burn. While scalds were 6.58% and electrical burns only 4.48%. There were none

of the patients in our series who sustained chemical burn. Maximum number of the patients presented within 6 hours of sustaining burn injury (58.6%) followed by within 7-12 hours (30.7%) and only 6.58% patients presented after 12 hours of the burn injury.

Table 2: Distribution of various demographic factors associated with burn cases

Variable	No. of patients	Percentage
Age (Yrs.)	0-20	234
	21-40	383
	41-60	78
	61-80	17
	81-100	2
Sex	Male	261
	Female	453
Marital Status	Married	480
	Unmarried	234
	Uneducated	445
Education	Primary	153
	Secondary	90
	Higher	26
	Secondary	315
Occupation	Housewives	155
	Labors	108
	Business	37
	Students	91
	Unemployed	8
S/E Status	Others	502
	Low	140
	High	72
Total		100.00%

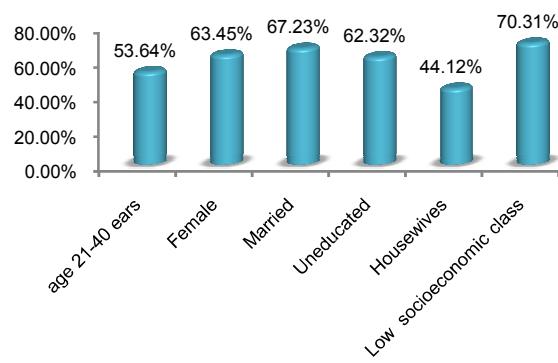


Figure 1: various demographic factors associated with burn cases

Out of 714 patients maximum number of the patients were between 21 to 40 years of age (53.64%) and 32.77% patients were below 20 years. There were only 2(0.28%) patients were above 80 years of age and 2.38% percent patients were between 61-80 years of age. Female: Male sex ratio in our study was 1.73: 1 i.e. females outnumbered males (63.45% and 36.55% respectively).

480 out of 714(67.23%) burn patients were married and the percentage of married females was more than the married males. Most of the patients in our study were uneducated (62.32%) and only 3.64% patients had their education up to higher secondary level, while 21.43% patient had their education up to primarily level and 12.61% patient had their education up to secondary level. As shown in the table maximum numbers of patients in our study were housewives (44.12%) followed by labors (21.7%), students (15.13%) and unemployed (12.75%). 70.31% of the patients in our study were from low socio-economic status followed by middle income group (19.61%) and only 10.08% of the patients were from high income group.

DISCUSSION

Accidental burns were most common in the present (92.57%), followed by suicidal burns (4.43%) and homicidal burns (3.08%). Similar pattern of higher burns due to accidents was also reported by Jajoo *et al*¹³, Varma *et al*¹⁴ and Batra *et al*¹⁵. It was observed that 88.93% patient's sustained burns due to flames followed by scalds (6.58%) and electrical burn (4.48%). None of the patients in present study had chemical burns. Dubey *et al*¹⁶ (86%), Gupta *et al*¹⁷ (71%), Ghulliani *et al*¹⁸ (58%) and Dandpat *et al*¹⁹ (70%) also reported flame burn as the most common type in their studies. Maximum number of the patients presented within 6 hours of sustaining burn injury (58.6%) followed by within 7-12 hours (30.7%) and only 6.58% patients presented after 12 hours of the burn injury. The first six to eight hours after sustaining burn injury are most critical as most of the pathological changes occur during this period. Hence patient must receive initial treatment during this period. More the delay in getting treatment, higher will be the mortality.^{13,14,20} It was seen that the majority of our burn patient (53.64%) were in 21 -40 years of age group. 32.7% patients were below 20 years. Similar findings were also reported by I Galal *et al*²¹ and Gulhani *et al*¹⁸. However, Subrahmanyam *et al*²⁰ and Batra *et al*¹⁵ reported higher incidence of burn (79.4% and 43.5% respectively) as compared to the present study. The Male: Female ratio in the presents study was 1:1.73. Thus female preponderance was observed in the present study. C.N. Malla *et al*²², Gulliani *et al*¹⁸, Varma *et al*¹⁴, M. Subrahmanyam *et al*²⁰, I Gallal *et al*²¹, Batra *et al*¹⁵ also observed female predominance in their study. It was seen that 480 out of 714(67.23%) burn patients were married and the percentage of married females was more than the married males. Similar pattern of higher incidence of burn in married people was also reported by Varma *et al*¹⁴, subrahmanyam *et al*²⁰ and Batra *et al*¹⁵. Married women are more involved in burn accidents. This could be due to

dowry problems, domestic instability, chronic illnesses, adultery and negligence. Problems of unmarried female are different and burns are usually accidental or suicidal. Most of the burn injuries in our study occurred in illiterate persons (62.32%), followed by persons who were educated up to primary level. It was least in those who had their education up to higher secondary level. Similar pattern of higher incidence of burns in illiterate people was reported by Varma *et al*¹⁴. In the present study housewives sustained burns more than the other workers (44.11%), which is similar to as reported to Subrahmanyam *et al*²⁰, (47.4%). Housewives are more commonly involved in burns as they stay home and are involved in household work i.e. cooking. It was seen that 10.08% patients were form higher income group and 19.60% patients were from middle income group. Most of the patients in the present study (70.30%) belonged to lower socio-economic group. similar pattern of higher incidence of burn in lower socio-economic group was also reported by Subrahmanyam *et al*²⁰ (86.8%).

CONCLUSION

Thus we conclude that accidental burn due to flames was the most common type of burn. Majority of the burn cases were young married women who were housewife. Illiteracy and lower socioeconomic status was also seen common in burn cases.

REFERENCES

1. Macedo, J.L.S. and ROSA, S.C. - Estudo epidemiológico dos pacientes internados na Unidade de Queimados: Hospital Regional da Asa Norte, Brasília, 1992-1997. Brasília méd., 37: 87-92, 2000.
2. Ambade VN, Godbole HV. Study of burn deaths in Nagpur, Central India. Burns 2006; 32: 902-08.
3. Ahuja RB, Bhattacharya S. An analysis of 11,196 burn admissions and evaluation of conservative management techniques. Burns 2002; 28: 555-61.
4. Gupta RK, Srivastava AK. Study of fatal burns cases in Kanpur (India). Forensic Sci Int 1988; 37: 81-89.
5. Singh D, Singh A, Sharma AK, Sodhi L. Burn mortality in Chandigarh zone: 25 years autopsy experience from a tertiary care hospital of India. Burns 1998; 24: 150-56.
6. Subrahmanyam M. Epidemiology of burns in a district hospital in Western India. Burns 1996; 22: 439-42.
7. Gupta M, Gupta OK, Yaduvanshi RK, Upadhyaya J. Burn epidemiology: the Pink City scene. Burns 1993; 19: 47-51.
8. Gajalakshmi V, Peto R. Suicide rates in rural Tamil Nadu, South India: verbal autopsy of 39 000 deaths in 1997-98. Int J Epidemiol 2007; 36: 203-07.
9. Lester D, Agarwal K, Natarajan M. Suicide in India. Arch Suicide Res 1999; 5: 91-96.
10. Kumar V, Kanth S. Bride burning. Lancet 2004; 364: 18-19.
11. Sawhney CP. Flame burns involving kerosene pressure stoves in India. Burns 1989; 15: 362-64.

12. Sharma BR, Harish D, Sharma V, Vij K. Kitchen accidents vis-à-vis dowry deaths. Burns 2002; 28: 250-53.
13. Jajoo S.N.: thesis: Sepsis in Burn. 1981; Nagpur university, Nagpur.
14. Varma *et al*: Thesis: Study of burns at MGIMS, Sevagram. 1990. Nagpur University, Nagpur.
15. Batra A. K.: Burn mortality: Recent trends and sociocultural determinants in rural India. Burns. 2003; 29(3): 270-275.
16. Dube B.M. Thesis: study of infectious in burn. 1962; Nagpur University Nagpur.
17. Gupta: Mortality in burn Indian J. of Surg. 1987: 46-9; 8-12.
18. Ghuliani *et al*: An epidemiological study of burn injury. Ind. j. of Pub. Health, 1988; 32(1): 24-30.
19. Dandpat : management of burn. Ind. Med.Guz. 1984; 5.
20. Subrahmanyam : Epidemiology of burns in district hospital in Western India. Burns. 1996; 22(6): 439-432.
21. I-Galla *et al*: Burn injuries in Benghazi A eight year study -Aljala Hospital Bulletin 2000-01, form Bengazi Libya.
22. Malla *et al*: Analytical study of burns in Kashmir, Burns. 1981; 9: 180-183.

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