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· 病例报告 ·

烧伤瘢痕再烧伤十例观察

薛铁所　薛琨

生活中，烧伤瘢痕再烧伤并不常见，现将我院资料较完整的 10 份病历进行分析整理，报告如下。

10 份病历中，男 7 例，女 3 例；年龄最大 59 岁，最小 17 岁；两次烧伤间隔时间最长 43 年，最短 1 年半。首次烧伤后形成的瘢痕类型，按蔡景龙等[1]的分类方法，除瘢痕癌外，其余 6 类均有。但再次烧伤的只有扁平瘢痕、增生性瘢痕、萎缩性瘢痕和凹陷性瘢痕 4 类。再次烧伤后均采用常规保守治疗，未行手术。

1. 首次烧伤如为浅度，遗留的扁平瘢痕再烧伤后，从临床表现到愈合时间与正常皮肤无明显差别。

2. 首次烧伤如为深度且未经植皮自然愈合者，遗留的增生性瘢痕或萎缩性瘢痕，再烧伤后不形成水泡或起泡较晚、泡液稀薄、凝固较慢，去除腐皮见基底部发白、稍干。瘢痕组织是一种血液循环不良，结构异常，神经分布错乱的不健全组织[1]，因此起泡迟缓，渗出较慢。由于瘢痕表皮结构不全缺乏弹性，很可能不起水泡。渗出液中蛋白含量较少又导致泡液稀薄、凝固较慢。

3. 深度烧伤经植小块皮而愈合的创面，大部分遗留有凹陷性瘢痕，再次烧伤后创面渗出少，不起水泡，表皮不易撕脱。其原因与肉芽创面植皮时，刮除老化肉芽到纤维板层或切痂时切除皮下组织较多，皮片成活后缺乏丰满的皮下组织，血液循环较差有关。

4. 增生性、萎缩性和凹陷性瘢痕再烧伤后修复缓慢。本组 1 例浅Ⅱ度烧伤 40 d 尚未痊愈。究其原因，为局部血液循环较差，清除创面坏死组织时间偏长；创面基底系瘢痕组织无皮肤附件，而创缘上皮细胞又因血供不足增殖缓慢等因素所致。另外，P 物质(SP)在伤口愈合中起重要作用，而瘢痕组织中的 SP 低于正常皮肤($P < 0.01$)[2]。

5. 瘢痕再烧伤的深度判断。瘢痕组织结构异常，无法判断热损伤破坏到那一个层次。笔者的经验是，参照周围正常皮肤的烧伤深度来推断其间的瘢痕损伤深度，但此法不适合对创面的预后估计，曾有浅Ⅱ度创面 40 d 不愈合的先例。因此建议，在上述深度的基础上适当推延创面愈合时间。

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