SUMMARY

The skin is an anatomically and physiologically specialized boundary lamina which is of major importance in the life of the individual. It is composed of two layers of distinctive structure, properties and embryological origin the dermis, and the epidermis which cover it. Within the skin, the blood supply and drainage along well determined pathways. The appendages of skin are nails, hairs, sebaceous glands and sweat glands.

When skin is exsposed to burn the process of healing is conducive to the formation of hypertrophic and contracted scars, as it is characterized by a marked increase in vascularity, fibroblasts, myofibroblasts, collagen deposition, interstitial material, and edema.

Scar contractures and hypertrophic scar formation following thermal injury can be markedly lessened by prop~r positioning of the patient, utilisation of splints to maintain good position of all joints during acute stage and long term use of splints and pressure dressing following healing. Early surgical excision and skin grafting of fullthickness burns minimize the development of contractures.

When scar contracture is well established and matured,surgical correction is indicated. The generally accepted methods of con-

tracture release are Z-plasty and incisional release with graft. Also local, distant, island and myocutaneous flaps have been used. When Skin flaps are raised including the deep fascia, this will increase the reliability and length to breadth ratios.

With the advent of microvascular free-tissue transfer, burn surgeons have begun to use this new technique to treatment of postburn contractures.

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