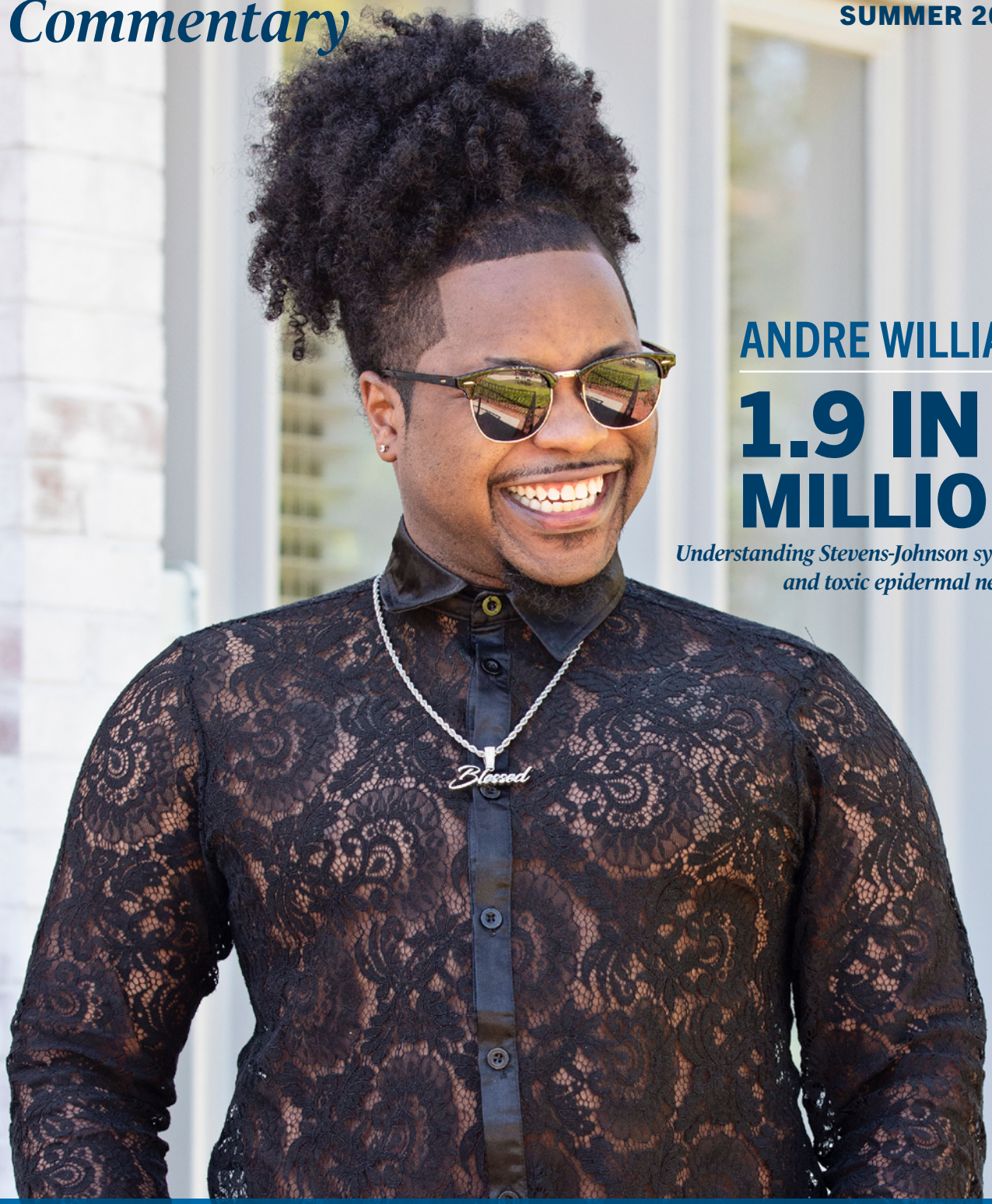
BURN CARE
Commentary

SUMMER 2022



ANDRE WILLIAMS

1.9 IN A MILLION:

Understanding Stevens-Johnson syndrome and toxic epidermal necrolysis

BRCA
BURN AND RECONSTRUCTIVE CENTERS OF AMERICA

JMS JOSEPH M. STILL BURN CENTERS, INC.
An affiliate of Burn and Reconstructive Centers of America

FROM THE CEO

Hello and welcome to the summer issue of *Burn Care Commentary*. In this issue, you will learn more about Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN), read two incredible patient stories and learn more about the work local foundations do to help ensure our patients and their families receive world-class care.

As an abdominal transplant surgeon with a doctoral degree in Pharmacology, it is an honor to discuss this rare and potentially devastating disorder. In addition, as CEO of Burn and Reconstructive Centers of America (BRCA), it has been a source of pride to learn the incredible scope of work and specialized services our providers bring to patients across our national burn care system.

Having practiced for more than two decades, I've seen first-hand how traumatic SJS can be and the challenging aspects of the disorder that make it more difficult to diagnose quickly. I trust that this issue will help bring awareness to this often-overlooked disorder and offer some guidance on when to seek a consultation with burn specialists.

We hope you enjoy this issue of *Burn Care Commentary*, and we look forward to more opportunities to highlight the more specialized work we do across the country.

Aloke Mandal, M.D., Ph.D.
Chief Executive Officer at BRCA

Dr. Mandal completed his post-graduate residency and fellowship training in General Surgery, Surgical Oncology and Transplantation Surgery at Johns Hopkins Hospital/Johns Hopkins University in Baltimore, MD. He also completed his Medical Scientist Training Program (M.D. and Ph.D. in Pharmacology) from Georgetown University School of Medicine in Washington, D.C.

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1.9 IN A MILLION:

Understanding Stevens-Johnson syndrome and toxic epidermal necrolysis

Skin and soft tissue disorders, including exfoliative and necrotizing diseases and infections, can cause morbidity and mortality in impacted patients. Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are two examples of skin and soft tissue disorders that can wreak havoc on the body while often appearing like partial-thickness thermal burns.

SJS and TEN are degenerative skin disorders that ravage the epithelial tissues of the body. Symptoms associated with these skin disorders include pain, skin sloughing, fever, blistering and increased risk of sepsis, wound infection and more. They usually occur as a reaction to a "trigger." The most common triggers are certain medications, such as sulfur drugs or seizure medications, and often require treatments performed by multidisciplinary specialists at burn centers.

An abdominal transplant surgeon with a doctoral degree in Pharmacology, Dr. Aloke Mandal, Ph.D., CEO at Burn and Reconstructive Centers of America, explained that these triggers could occur within a few days of having taken medicine to up to two weeks after that medication has stopped.

"Because of how SJS first presents, initial diagnosis can be difficult and requires a high degree of suspicion," Dr. Mandal said. "Because of the rapidity in the course of the illness, treatment requires specialized care—most commonly found in burn specialists and burn centers such as those within BRCA—that includes identifying and removing the cause of SJS, intensive wound care, pain control and minimizing complications as the open wounds begin to heal."

In the case of Andre Williams, it was a drug prescribed to treat bacterial infections that led to him developing SJS/TEN. First prescribed the medication in 2017, Williams took the pills as his doctor instructed for just under two weeks when he became feverish. The stages of SJS/TEN include

Andre Williams, pictured, uses his story to spread awareness about Stevens-Johnson syndrome.

fever, fatigue, burning eyes, widespread skin pain, a red or purplish rash, blisters on the skin and mucus membranes, shedding skin and, lastly, a sore mouth and throat, which affected Williams the most.

> "It was extremely painful. It felt like I was on fire."

"My arms, chest, neck, face, stomach, thighs, legs, back—all of it was burned," Williams said. "It was extremely painful. It felt like I was on fire."

Like burn injury classification, both SJS and TEN are determined by the extent of total body surface area (TBSA) affected. In the case of SJS, the amount of TBSA involved is no greater than 10%. On the other hand, TEN is the classification when the disease covers 30% or higher TBSA, leaving a combined category of SJS/TEN for percentages between 10-30%.[1] But, while they may be classified, the rarity of the exfoliative diseases has made further research or studies difficult.

TEN is such an extreme form of a necrolytic disorder that the likelihood of TEN cases in the U.S. is estimated at less than two cases (0.4-1.9 cases) per million people per year.[1] While the risk of SJS is slightly higher than TEN, it's still under ten cases per million people per year. Both diseases can impact people of all ages, but there is a slightly higher chance for seniors and those assigned female at birth.

However, the risk can also increase based on viruses currently in the body. For example, the risk of developing TEN increases by 1000-fold for individuals infected with the human immunovirus (HIV), which could be due to their immunocompromised state, or the increased medication prescribed.[1]

According to Dr. Mandal, the development and extent of SJS/TEN are unpredictable, but there are still certain risk factors to keep in mind.

"For example, following transplantation, patients require life-long immunosuppression to prevent rejection of the transplanted organ," Dr. Mandal said. "Those patients and others with weakened immune systems like those with HIV infection, autoimmune disorders or cancer patients are at increased risk."

Some individuals are genetically predisposed to SJS and TEN, which can be identified by personal or family history of either disease and genetic screening.

The most common trigger for TEN is medications, which have been the leading cause in 77%-94% of TEN cases, including Williams' case.[1] Bactrim, also known as Sulfamethoxazole-trimethoprim, is a sulfur-based drug that triggered Williams' TEN disorder, affecting more than 70% of his TBSA.

Initially, Williams' symptoms were flu-like and included fever and fluctuating temperatures, going from having chills to extremely hot. These symptoms are common in TEN patients, and these flu-like signs, including fever, upper respiratory tract symptoms and malaise, add to the difficulty of early diagnosis.[2] It wasn't until Williams developed bumps on the roof of his mouth that his mom determined he needed medical attention.

She took him to a local hospital in Macon, GA, where his symptoms continued to worsen over the next few days. First, his eyes swelled and became light-sensitive. Next, his skin changed colors and peeled off. Finally, his lips started bleeding, and huge blisters covered his back, sides and vertebrae.

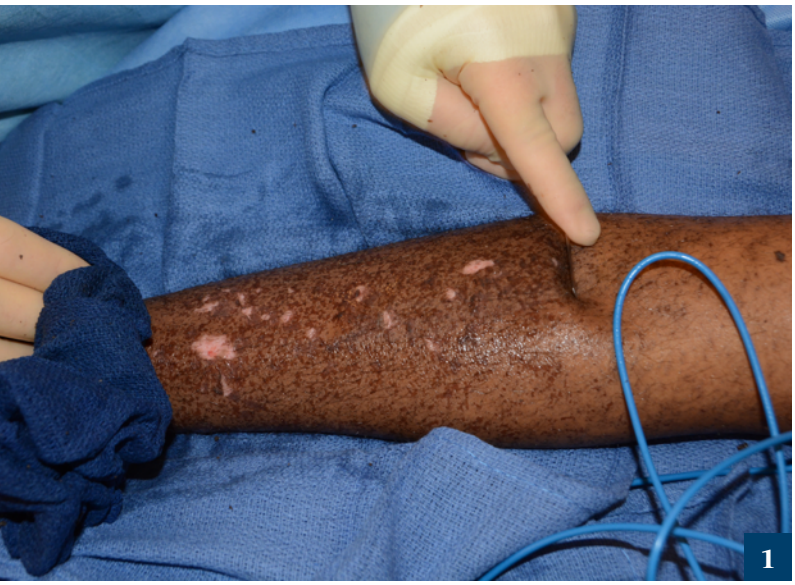
Unfortunately, not many facilities are equipped to treat these patients due to the rarity of this disorder and the

CHARACTERISTICS OF

Erythema multiforme, Stevens-Johnson syndrome and toxic epidermal necrolysis

	Erythema multiforme*	Stevens-Johnson syndrome	Toxic epidermal necrolysis
Prodrome	Absent	High fever, malaise	High fever, malaise
Acute phase	4-8 days	4-8 days Sensation of skin burning or tenderness	Sudden onset, 1-2 days Sensation of skin burning or tenderness
Skin lesions	Symmetrical, primarily located on the extremities, some target lesions without blisters	Variable distribution, individual vesicles on an erythematous base <10% TBSA Nikolsky's positive	Diffuse generalized epidermal detachment, absence of target lesions, large confluent plaques >30% TBSA Nikolsky's positive
Mucosal involvement	Limited to one surface, usually oral	Severe, two or more surfaces involved	Severe, two or more surfaces involved
Histopathology	Dermoepidermal separation, mononuclear perivascular cell infiltrate, small areas of epidermal detachment associated with target lesions	Dermoepidermal separation, more intense dermal infiltrate, areas of epidermal detachment	Epidermal necrosis, dermoepidermal separation, minimal dermal inflammatory infiltrate, large areas of epidermal detachment
Recovery	1-4 weeks	1-6 weeks	1-6 weeks
Mortality	0%	0-38%	25-80%

** Historically, erythema multiforme was considered an exfoliative disease that impacts the skin like SJS and TEN. More recent classifications consider erythema multiforme a separate disease that is most commonly associated with herpes.[1] (Table taken from Chapter 42 of* **Total Burn Care***, pg. 546.)*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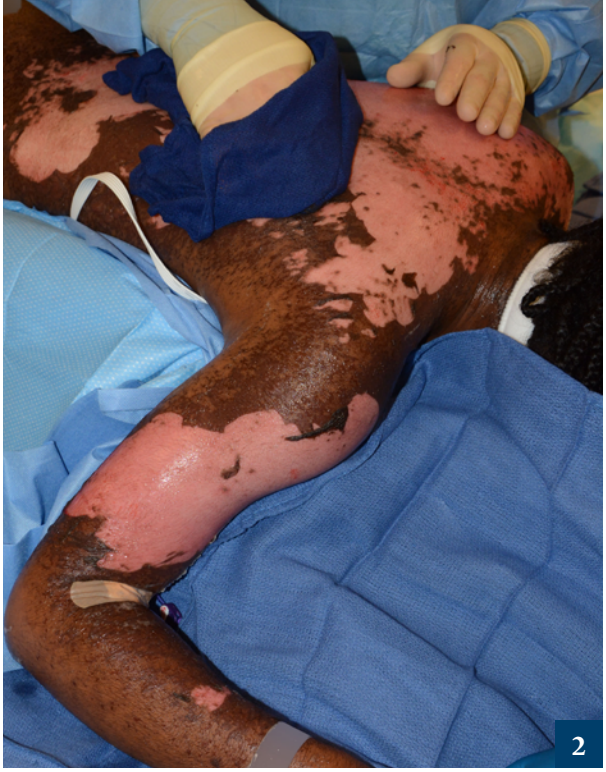
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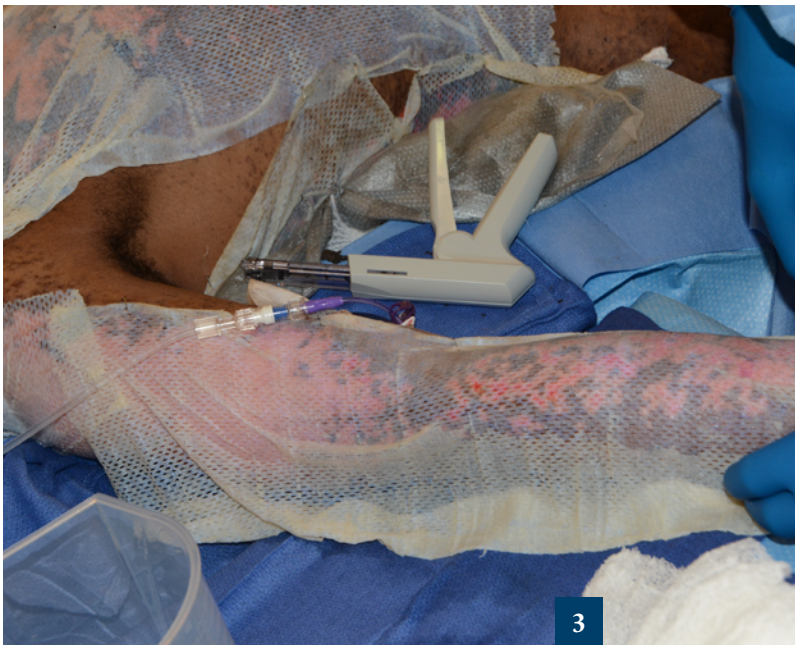
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possible complications that can result from it, such as infection, organ failure and vision loss. To provide him with the best care possible for his condition, Williams was transferred from a local hospital in Macon to the headquarters of Burn and Reconstructive Centers of America in Augusta, GA, Doctors Hospital of Augusta.

Williams was in the burn intensive care unit (ICU) for a little over a month. Beginning with debridement (**images 1 and 2**), the necrotic skin was removed to help reduce the risk of infection or other bacterial growth. Often TEN patients will go through hydrotherapy and use topical antimicrobials to help with debridement and infection control early in their treatment.[1]

During his time at the burn center, Williams had skin substitutes fixed to a large portion of his back, skin grafts placed on his face and he was wrapped in medicated bandages from head to toe (**images 3 and 4**). Biological dressings, along with certain synthetic dressings, help reduce and manage pain levels for the patient, reduce the amount of fluid loss and help to promote healing.[1]

Williams receiving medical staples to hold his skin substitutes in place.

At the time, Williams didn't know that TEN carries a mortality range of 25-35%,[2] most frequently caused by sepsis but can also be caused by pulmonary embolisms or gastrointestinal hemorrhaging.[1]

For Williams, it was the condition of his mouth and throat that started to worry those around him. With his lips bleeding, holes on the insides of his cheeks, loss of taste, swollen lymph nodes and a sore throat, it was painful for Williams to eat or drink. It got to the point where those caring for him began to worry about the possibility of starvation and dehydration. To avoid inserting a feeding tube, his providers gave him a numbing mouthwash to help him eat.

"I put the food in my mouth, and it was hurting so bad to eat—it was hurting to swallow," Williams said. "Even water hurt to swallow until I got the mouthwash that numbed my mouth and throat."

Areas of the body with mucosal surfaces are often impacted by TEN. They typically involve two or more areas that can result in long-term complications and take longer to heal than their cutaneous lesion counterparts. The most common mucosal sites seen with TEN diagnoses include the oropharynx, eyes, genitalia and, less often, anal mucosa.[1]

While damage to mucous membranes is common in TEN patients, the disease is more often characterized by widespread skin sloughing and other complications. For example, while the skin will come back without scarring in many cases, there may be some discoloration. For many patients, their fingernails might have fallen off, and they may have abnormal regrowth, if any at all. Scarring is possible for TEN patients, including potential issues with scar contractures, but that depends on the progression of the disease and if there were secondary infections.[1]

After months of treatment, Williams' skin eventually stopped peeling and blistering, and though his complexion healed back darker, it would lighten over time. And while it may no longer physically look like he's been through something as traumatic as TEN, his eyesight has been affected, a complication impacting half of all TEN survivors.

This disorder is rare, but its effects can be devastating for many people worldwide. Now a survivor and an advocate, Williams uses his experience as a platform for SJS/TEN awareness.

"I can't see out of my left eye," Williams said. "You can lose your hair, and you can lose your nails. There's a lot that can come with it."

"I can't see out of my left eye," Williams said. "I can still see out of my right, but in some instances of [TEN], you can lose vision in both of your eyes. You can lose your hair, and you can lose your nails. There's a lot that can come with it."

"Today, I'm grateful that I've mostly recovered and have found a way to turn my experience around for good," Williams said. "Last year, August was declared Stevens-Johnson Awareness Month in my hometown of Milledgeville, Georgia. I can share my story with my community to bring awareness to this syndrome."

The annual fundraising event was created to inform members of his community about the rare skin disorder while raising money for the Burn Foundation

of America. The Burn Foundation of America's Chavis House helps lodge and feed families of burn patients throughout their loved one's stay in the burn center, including Williams' mom, who was welcomed at the Chavis House and provided with free lodging and meals throughout his inpatient care.

Williams hopes to spread his message across the entire state of Georgia and works every day to provide support for other SJS/TEN and burn survivors.

"We have not all had the same experience, but we all need encouragement and motivation to know that we are not alone," Williams said. "My family, especially my brother, taught me early on that all people need is love and support—just someone to give them that little hope to want to live. That's what I'm determined to give back to the SJS/burn victim community." ◆

1. David N. Herndon, M.D., FACS, et al. "Exfoliative Diseases of the Integument and Soft Tissue Necrotizing Infections." *Total Burn Care*, Fifth ed., Elsevier, Edinburgh, 2018, pp. 422–430

2. Luke Burnett, M., Chunyang Wang, M. P., Feng Zhang, M. P., Stephan Adams, M., Joan Wilson, M. M., Fred Mullins, M., & William C. Lineaweaver, M. (2021). Comparative Study of Frozen and Permanent Section for Diagnosis of Toxic Epidermal Necrolysis. *Journal of Burn Care & Research*, 752-754.

Burn Foundation of America

In 1988, only a decade after treating the first burn patient at Doctors Hospital of Augusta, Dr. Joseph M. Still Jr. created the Southeastern Firefighters Burn Foundation to help families and loved ones of patients at the burn center. Known today as the Burn Foundation of America, the foundation helps ease the strain loved ones of patients face, like finding a place to stay and providing for themselves. Dr. Still's goal was to create a support system that could offer a free place to stay for families and loved ones and help provide them with non-medical necessities. Additionally, the foundation helps patients as they transition out of the burn center and back home, providing items like compression garments, helping with prescription costs, transportation, medical equipment and more.

TODAY

The Burn Foundation of America has expanded its services across four states and continues to grow alongside the needs of burn patients and their families throughout the United States.

Burn Foundation of America has:

+ Served 2,457 burn/wound patients and their families.
+ Hosted 7,986 nights of free lodging at the Chavis House
+ Supplied 1,617 guests with free lodging
+ Supplied 1,034 burn patients with transitional services

Visit **www.burnfoundation.net** for more information.

FROM BODYBUILDER TO TOXIC EPIDERMAL NECROLYSIS SURVIVOR

How a common antibiotic triggered a medical emergency–twice.

Morgan Womack-Nasif, left, pictured with her family.

At 27 years old, Mississippi native Morgan Womack-Nasif was at the height of her career, competing in fitness competitions as a professional bodybuilder and health enthusiast. So, when she was diagnosed with a urinary tract infection in 2012, the last thing she expected was a medical emergency. While UTIs are common and typically minor infections, many prescribed treatments can trigger a rare, unknown disorder that ended up sending Womack-Nasif to a specialized burn center.

"[The doctor] asked if I was allergic to anything," Womack-Nasif said. "I said, 'No, not that I know of,' and [the doctor] wrote me a prescription for Cipro (Ciprofloxacin). I got that filled, and I took one, and I had an immediate reaction to it."

Womack-Nasif felt sick. Her skin turned red, and her eyes became bloodshot. After suffering from these reactions, her pharmacist advised her to stop taking the antibiotic and take allergy medication to help get rid of what they assumed was an allergic reaction to the drug. The symptoms lessened and went away until a few weeks later when she noticed she had another abnormal skin condition.

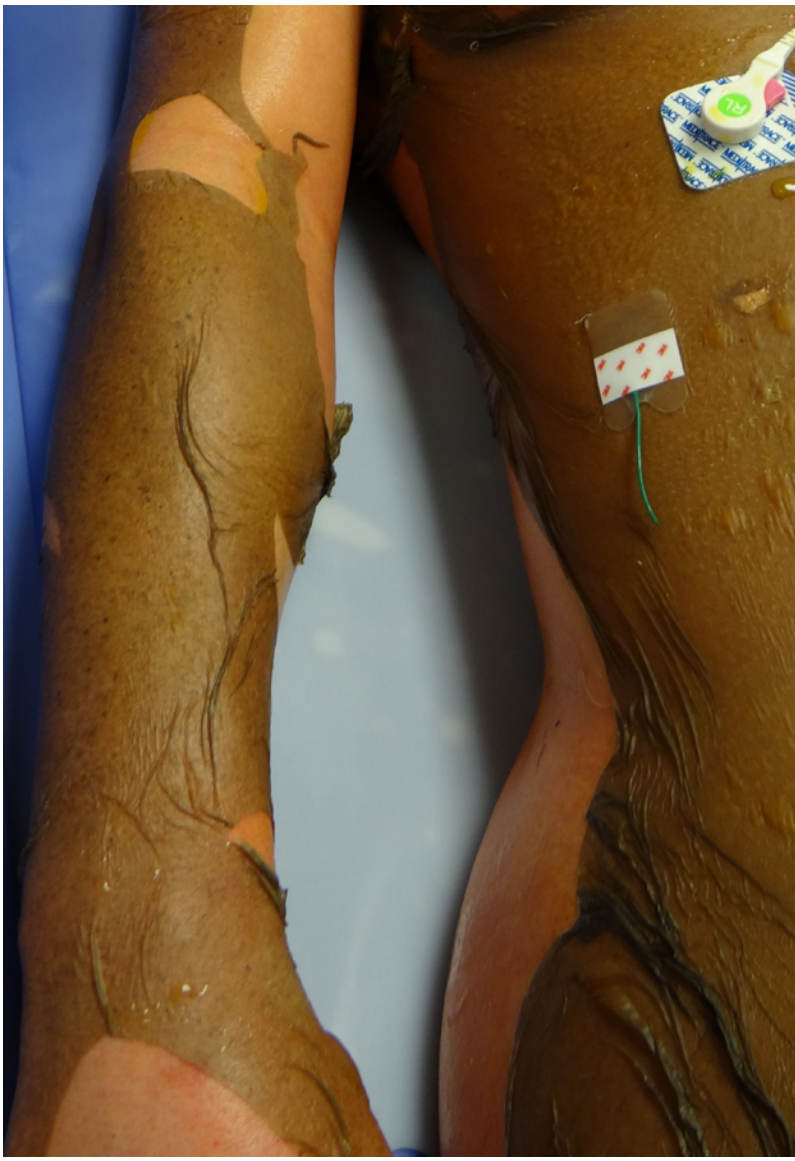
"I was in the pool swimming, and I noticed that my skin was blistering under my swimsuit," Womack-Nasif said. "And I thought that was weird. That's not even where the sun was hitting."

Again, she began to feel sick, and her neck turned red just like before. She went to a nearby clinic that diagnosed her with sun poisoning and a UTI. Worried about getting prescribed Cipro, Womack-Nasif warned the doctor that she had experienced a severe reaction before and was prescribed the antibiotic Bactrim (sulfamethoxazole-trimethoprim) instead.

"I had taken Bactrim before, and I had no reaction to it at all," Womack-Nasif said. "But it was the same thing–I took one pill just like I did with the Cipro. Immediately, I called my mom…I just felt like something was not right."

At an emergency room in Jackson, MS, healthcare providers scrambled to figure out what was causing

An intubated Womack-Nasif shows signs of skin sloughing on her face, neck and chest.



Extreme skin sloughing as the TEN disease process progresses.

her bizarre symptoms. Her liver enzymes were elevated. Her urine was dark, almost brown. Her skin was red and blistering. Her skin was so fragile that the epidermis (top layer of skin) peeled off when her providers removed a bandage from her arm.

For four days, Womack-Nasif's condition left her providers perplexed. An ultrasound showed her gall bladder had signs of thickening, and she soon underwent a cholecystectomy. During the procedure, the surgeons noted that her skin, which once presented as a rash, now progressed to full desquamation or sloughing, and the skin appeared yellow and jaundiced.

"Eventually, they consulted with JMS—the one that we have here in Mississippi—and one of the doctors came over and said, 'We need to call Dr. Fred Mullins and tell him it looks like Stevens-Johnson syndrome,'" Womack-Nasif said.

Then Burn Medical Director of the Joseph M. Still (JMS) Burn Center and CEO of Burn and Reconstructive Centers of America, Dr. Robert "Fred" Mullins, formally diagnosed Womack-Nasif with toxic epidermal necrolysis (TEN) and advised she be transferred to the JMS Burn Center in Augusta, GA, for specialized care. TEN, also sometimes known as Stevens-Johnson syndrome

(SJS), is a severe skin and soft tissue disorder characterized by severe inflammation, redness and sloughing on more than 30% of the total body surface area (TBSA). Womack-Nasif was one of the most severe TEN patients treated at the JMS Burn center after suffering second-degree burns on 95% of her body.

SJS and TEN can affect the skin, mucous membranes, eyes and genitals. In dire cases like Womack-Nasif's, these skin and soft tissue disorders can also cause gastrointestinal complications and organ failure.

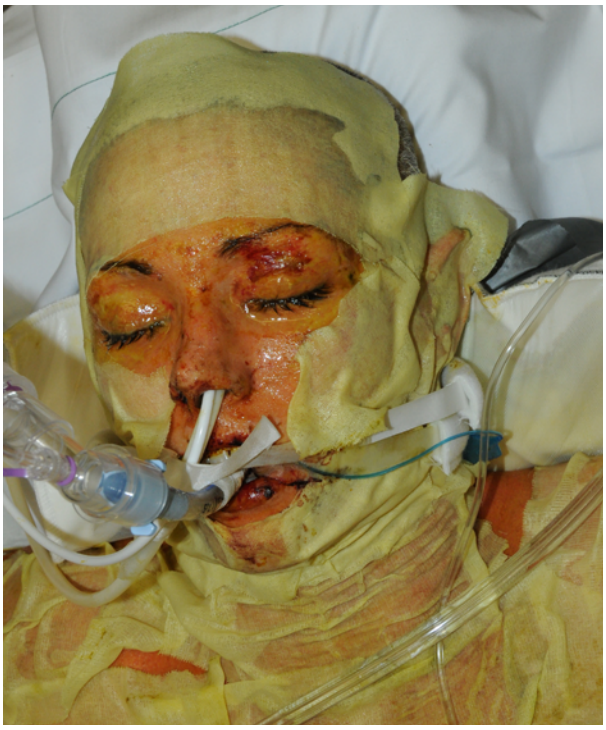
> "I had lost probably about 30 pounds, and my friends told me later that I only really had like a 30% chance of survival."

"My liver enzymes were so elevated that I was yellow," Womack-Nasif said. "My eyes were yellow. My head was shaved. I had lost probably about 30 pounds, and my friends told me later that I only really had like a 30% chance of survival."

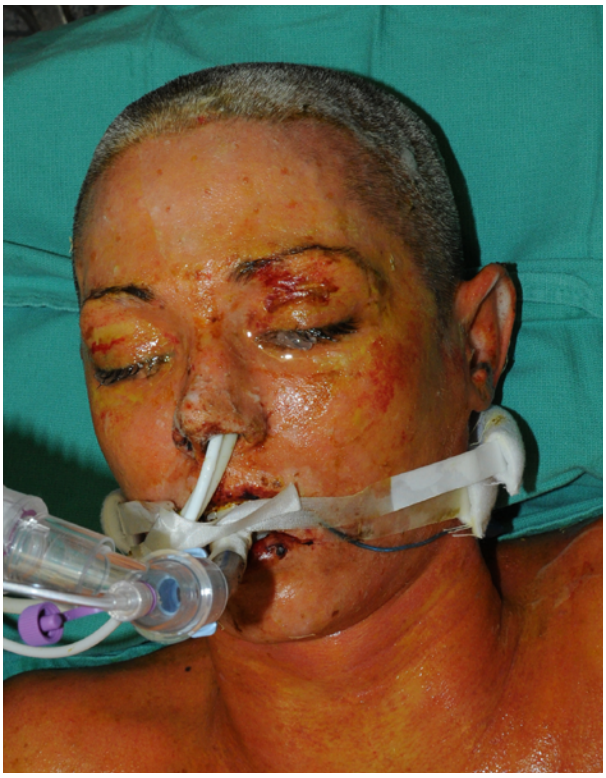
Womack-Nasif was a patient in the JMS Burn Center in Augusta for 23 days. During that time, she underwent multiple surgical procedures, including debridement, placement of a silicone membrane and porcine (pig) skin and the application of topical medicated ointments to improve and advance the recovery of the epidermal and dermal layers of skin. She also received treatment to protect her airways (intubation) and support organ function.

By the time Womack-Nasif was discharged from the burn center—nearly a month after her initial symptoms appeared—her skin was almost 100% healed, but TEN had taken a toll on her liver.

"Probably ten months after I was released from the hospital, Dr. Mullins referred me to a specialist," Womack-Nasif said. "I was put on the transplant list and got a liver transplant on July 27, 2013."



Medicated dressings put in place to protect the damaged skin.



Womack-Nasif's head was shaved as part of the treatment process.

SJS and TEN are similar to burns in their treatment and longevity. Survivors frequently suffer from long-term effects such as eye problems or blindness, skin sensitivity and damage (scars and discoloration) and other complications. With the removal of her gall bladder, a liver transplant and her skin regrowth, Womack-Nasif's outlook after TEN was remarkable, with a near to full recovery and minimal long-term side effects.

"I have some sensitivity to the sun," Womack-Nasif said. "My eyes are always really dry, and I do have some scarring on my eyes, but I'm super thankful my eyesight is fine. When I tell people that this happened, they don't believe it because I don't have burn scars. It was basically like having a full-body chemical peel."

Both SJS and TEN bring a fear of medications and doctors prescribing treatments. Often, SJS and TEN patients aren't sure what triggered these disorders and live in fear of accidentally taking something that might trigger that immune response again. While Womack-Nasif is lucky enough to know which medications caused her reaction, she is more cautious of healthcare professionals and warier of drugs than she was before. She uses her story as a TEN survivor to raise awareness of the rare disorder in the medical community and the public across the country and was a keynote speaker at the 2019 Joseph M. Still Burn Symposium.

"Before, when a doctor told me to take something, I took it because they're doing what they think is best for me," Womack-Nasif said. "But now I question everything. Until there is more research, I don't want to take anything that I don't have to take. I've seen people who've had [TEN] more than once and that's terrifying to me."

Almost 11 years later, Womack-Nasif recently completed a fitness certification she had signed up to complete before getting sick. She is now a fitness coach with little to no physical limitations, a wife and a mom to a little boy.

"Who I am now...what I look like is very different from before I got sick," Womack-Nasif said. "That entire part of my identity has shifted. It's definitely changed the way I see myself. But it's okay because I'm able to do anything that I want to do. It didn't stop me. Other than a really hard few months, I'm in a good place now." ◆

BRCA SERVICES

Adult and Pediatric

BURNS
- Chemical
- Electrical
- Friction burn/ road rash
- Frostbite
- Inhalation
- Radiation
- Thermal

CRITICAL CARE

HAND AND EXTREMITY INJURIES
- Complex/traumatic injuries
- Crush injuries
- Degloving
- Limb salvage
- Peripheral nerve
- Replantation

HYPERBARIC OXYGEN THERAPY
- 24/7 coverage
- Carbon monoxide
- Dive complications
- Wound healing

MICROVASCULAR SURGERY

PLASTIC AND RECONSTRUCTIVE SURGERY
- Breast
- Facial
- Laser scar therapy
- Scar revision

SKIN AND SOFT TISSUE DISORDERS
- Diabetic wounds
- Fournier's gangrene
- Necrotizing fasciitis
- Necrotizing soft tissue diseases
- Skin sloughing disorders
- Staphylococcal scalded skin syndrome
- Stevens-Johnson syndrome (SJS)/ Toxic epidermal necrolysis (TEN)

Services vary by location.

FACE TO FACE AND LIVE WEBINAR TOPICS

+ Advanced Burn Life Support (ABLS)
+ Burn Reconstruction
+ Critical Care
+ Emergency Burn Care
+ Fluid Resuscitation
+ Mass Casualty and more

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+ Initial Stabilization of Burn Injuries
+ IV Fluid Resuscitation
+ Initial Wound Care
+ ABA Transfer Criteria

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+ Capnography as a Reflection of Oxygen Delivery and Consumption with Daniel Hatlestad, Battalion Chief
+ More episodes of The New Normal Series
+ Medical Director Lecture Series

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WHAT IS ABLS?

Advanced Burn Life Support (ABLS) programs provide knowledge for immediate care of the burn patient through the first 24 hours, post-injury. ABLS programs also support emergency preparedness and mass casualty incidents focusing on triage, burn survivability, prioritizing transport of patients and patient treatment. ABLS is available for a wide range of burn care professionals. *BRCA provides ABLS classes on behalf of the American Burn Association.*

2022 EMERGENCY BURN CARE LECTURE CALENDAR

+ Richardson Fire Department Station #1 | Monday, July 11 to Thursday, July 14 | Richardson, TX
+ Lexington County EMS | Tuesday, July 19 and Thursday, July 21 | Lexington, SC
+ Sumter County EMS | Tuesday, Aug. 2 | Sumter, SC
+ Sachse Fire Administration | Tuesday, Aug. 2 to Thursday, Aug. 4 | Sachse, TX
+ Anna Fire Department | Wednesday, Aug. 17 to Friday, Aug. 19 | Anna, TX
+ Longview Fire Station #1 | Monday, Aug. 22 to Wednesday, Aug. 24 | Longview, TX
+ Rockwall Fire Department | Tuesday, Aug. 30 to Thursday, Sept. 1 | Rockwall, TX
+ Tyler Junior College Robert Rogers Health and Science Center | Monday, Sept. 12 | Tyler, TX
+ Mansfield Fire/EMS Training Center | Monday, Sept. 19, Wednesday, Sept. 21, and Friday, Sept. 23 | Mansfield, TX
+ Irving Fire Department | Monday, Sept. 26 to Wednesday, Sept. 28 | Irving, TX
+ Wise County Emergency Medical Services | Tuesday, Oct. 18 | Decatur, TX

Upcoming education events are at the listed locations only. These are pre-registered events and virtual attendance is not offered at this time. For a full listing of upcoming education classes, including ABLS, or to bring training to your location, contact BRCA Education at ***foundation@burnfdn.org.***

"The fellowship is a well-rounded, high-volume education with some of the best trained and most experienced surgeons in the field. Any surgeon who is looking to provide comprehensive burn and wound care would benefit greatly from an extra year spent during this fellowship. I cannot be more grateful, especially to Dr. [Fred] Mullins, for seeing something in me and giving me the chance to pursue a newly found passion."

- Kade Hardy, D.O., 2020 Burn Fellow

LEARN FROM THE BEST.

Burn fellowship training from the nation's largest system of burn care providers.

Burn and Reconstructive Centers of America's Burn Fellowship program is designed to provide comprehensive, diverse and extensive training at the nation's largest burn center, the Joseph M. Still Burn Center at Doctors Hospital of Augusta. During the 12-month BRCA Fellowship program, participants will be exposed to the multi-disciplinary approach to burn care for adult and pediatric patients. Fellows will gain experience in:

+ **Acute care of burns**
  - Advanced burn wound closure techniques
  - Use of skin substitutes
+ **Care of degenerative skin disorders**
  - Staphylococcal scalded skin syndrome
  - Stevens-Johnson syndrome (SJS)/toxic epidermal necrolysis (TEN)
+ **Burn reconstruction**
  - Advanced techniques, including surgical flaps
  - Laser scar therapy, including C02 and pulse dye lasers
+ **Clinical research**
+ **Burn critical care management**
  - Burn resuscitation
  - Inhalation injuries
  - Renal replacement therapy
+ **Hyperbaric oxygen treatments**
+ **Management of soft tissue disorders and infections**
  - Calciphylaxis
  - Necrotizing fasciitis
  - Purpura fulminans
+ **Wound management**
  - Complex wounds
  - Diabetic wounds

Scan the QR code for a digital copy of our Burn Fellowship brochure for application guidelines, information on benefits, compensation and professional coverage packages.

AUGUSTA

EST. 2016

POLO CUP




PHOTOS BY LARRY JOHNSON

JOIN US FOR THE 6TH ANNUAL AUGUSTA POLO CUP

SATURDAY, OCT. 22, 2022

HOSTED BY THE BRCA FOUNDATION

All proceeds from the Augusta Polo Cup benefit Camp Sweet Escape and BRCA Foundation, helping fund future burn education opportunities and improve the lives of youth in the southeast living and dealing with the challenges of type 1 diabetes.

For more information, contact Susie Kneece at 803-646-3302 or susie.kneece@burncenters.com.

Stay up to date on this year's event by following us on social.

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COURAGE · CONFIDENCE · COMPASSION
Camp Sweet Escape
SOUTH CAROLINA YOUTH DIABETES ASSOCIATION

BRCA FOUNDATION

BRCA Foundation is a 501(c)(3) nonprofit organization dedicated to advancing the specialized care of burn patients by improving access to burn education programs for first responders, firefighters, EMTs, paramedics, nurses, physicians and other medical personnel. In addition, the Foundation helps foster the future generation of burn care providers through fellowships and scholarships. Visit www.burnfdn.org for more information.