Table 1 – Classification of complications according to Clavien-Dindo. With the data available, complications could be divided into whether they required revision surgery or not.

Study	Abellan Lopez et al. [1]	Smolle et al. [2]
Complications/procedures (%)	41/141 (29.1%)	29/71 (20.5%)
Clavien Dindo type III complications (needing revision surgery)/complications (%)	34/41 (82.9%)	21/29 (72.4%)
Therapy failure/complications (%)	26/41 (63.4%)	10/29 (34.5%)

A comparison of our data with that of Abellan Lopez and colleagues revealed two main differences: the minority (6%) of our procedures were done in the limbs, and 80% were scalp expansions. Furthermore almost 2/3 of all our procedures were done to correct posttraumatic deformities, and only 17% were due to burn sequelae. Complications led to therapy failure in 34% (10/29) of complicated procedures in our cohort while the rest could be salvaged, or at least part of the intended scar tissue could be resurfaced with the resulting flap [2]. In comparison 63% (26/41) of complicated procedures in Abellan Lopez's cohort eventually led to therapy failure [1].

To conclude we would like to put emphasis on two key considerations:

- Firstly, even severe complications needing revision surgery do not necessarily result in therapy failure in subcutaneous tissue expansion. Like careful patient selection, also adequate management of complications can improve outcome.
- Secondly, documentation of complications should not only include the type, but also the consequence of the complication.

Once more we would like to congratulate Abellan Lopez and colleagues on their work and hope to hear more from the authors in the future.

Conflicts of interest

None.

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http://dx.doi.org/10.1016/j.burns.2018.09.034

Letter to the Editor

Tissue expansion of the lower limb: Retrospective study of 141 procedures in burn sequelae

Dear Sir,

We would like to thank the authors for their interesting and valuable comments on our recent published article: "Tissue expansion of the lower limb: Retrospective study of 141 procedures in burn sequelae" [1].

Smolle et al. highlighted some very interesting points in their retrospective study "Complications in tissue expansion: A logistic regression analysis for risk factors" [2].

Smolle et al. sorted their indications into three groups: burns sequelae, post-traumatic defects and congenital defects. These represent quite different nosological frameworks. In our study we assessed the complication rate of tissue expansion a very specific population: burn sequelae. Skin expansion in burn sequelae is a risky procedure because the reliability of scar tissue is unpredictable [3]. We would not be able to extrapolate our results to widespread indications, nevertheless we would like to focus on this challenging problem.

The authors analyzed more extended sites, such as: scalp, face/neck, trunk and limb. In 1936, Michel Salmon's "Les artères de la peau" showed in anatomical study the great variability of skin vascularization regarding the location. Thus, we were learned that cutaneous envelope is better supplied but have less elasticity in head and neck zone than in trunk and limbs. Therefore, the justification of our study to focus on lower limb is the difficulty to lead an expansion procedure on this very area. It has low vascularity and some adherent spots (tibial crest and foot plant). Moreover, Pandya have shown that limbs are more correlated to complications than other sites [4].

In their study, Smolle et al. had very innovative data readouts such as the shape of the prosthesis. It would be interesting to assess if a particular shape was correlated to more (or less) complication, and more specifically rectangular ones. In our experience, unfolding rectangular prosthesis, at the beginning of inflating phase, can induce sharpness feeling under the skin. This sometimes led to ischemic spots postponing injection to avoid necrosis and prosthesis exposure.

The complications reported in Smolle's article were comparable to our study. We described some nervous compressions of sensitive superficial fibers that induced resolutive pain, at the end of inflating procedure.

Smolle et al. proposed to use Clavien-Dindo classification to manage complications of skin expansion. It retrospectively considers the consequences of these complications [5] and offer the asset of a global care of the patient. In our study we used the Manders classification [6]. It shows a prospective vision in order to give guidelines for the practitioner to cope with a minor or a major complication.

To conclude, Smolle et al. have done a great analysis of skin expansion complications in a large nosological framework. Our work aimed to highlight some technical points on a very specific facet of this type of procedure.

Once more we would like to congratulate Smolle et al. on their work and hope to hear more from the authors in the future.

Conflict of interest

None.

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http://dx.doi.org/10.1016/j.burns.2018.10.005

Letter to the Editor

Call for more translational research in burn injury prevention

Dear Editor,

We read with great interest the recent article by Makhubalo et al. entitled "Acceptability and functionality of the "Kettle Strap": an attempt to decrease kettle related burns in children" [1]. They were motivated to develop the Kettle Strap, a simple tool to prevent the kettle and its cord from being pulled, based on their previous finding that kettle scalds were a major cause of child burn injury, which were mainly caused by "pulling the dangling kettle cord" [1,2]. To date, many studies have been conducted to identify risk factors for child burn injury, but little has been reported about the attempt to prevent it especially in low- and middle-income countries where the vast majority of global burn-related deaths and disabilities occur. Makhubalo's contribution is a good example of translational research in burn injury prevention which is called for.

We are now trying to carry out such a research in Mongolia with one of the highest child burn mortality rate globally [3]. To tackle child burn injury, we reviewed previous studies to understand how burn injury happened to children but its etiology was unclear in Mongolian settings [4]. Since risk factors for burn injuries should vary between countries and settings, based on which interventions should be tailored, we conducted a hospital-based survey at the National Trauma and Orthopedic Research Center, only the hospital providing tertiary care for burn injury in Mongolia [5]. From August 2015 to July 2016, 906 burn patients aged <16 years were admitted to the Center, of