**CASE REPORT OF EMERGENCY ESCHAROTOMY IN CIRCUMFERENTIAL FULL THICKNESS BURN OF THE THORAX AND ABDOMEN**

Ahmad Izwan Sapri1, Mohd Hilmi Che Aun2

1Jabatan Kecemasan Dan Trauma Hospital Alor Gajah, Melaka

2Jabatan Kecemasan Dan Trauma Hospital Melaka, Melaka

**Introduction**

Circumferential full thickness burn of the thorax and abdomen is uncommon and can cause deadly complication. Emergency escharotomy is vital in improving patient survival.

**Case Presentation**

A 70-year-old male has involved in mass casualty incident after a bus he were travelling caught in a fire in an expressway.

Patient sustained extensive major flame burn injury involving circumferential thoracic and abdominal region, and bilateral upper and lower limb with severe inhalation injury with total body surface area (TBSA) of eighty-five percent.

Patient shows poor respiratory effort and severe ventilation issue as oxygen saturation poorly maintain around 80 to 85 percent and eschar completely formed wrapping the thorax and abdominal region.

Patient was immediately intubated and connected with high ventilator setting ventilation. However, patient was not saturating well.

Subsequently, bedside emergency escharotomy was performed. Patient saturation shows a better progression as it was maintained more than 95 percent.

**Discussion**

It is important to accurately distinguish AIVR from ventricular tachycardia to avoid unwarranted treatments that may compromise patient hemodynamic. AIVR characterized by at least three consecutive premature beats, gradual onset and termination, and competition with sinus rhythm, often occurs during or post-thrombolysis, indicating successful reperfusion. It is crucial to differentiate AIVR from VT given AIVR's generally well-tolerated nature and favourable prognosis. The discussion highlights the diagnostic challenges, particularly when echocardiogram findings are misinterpreted as VT. Administering intravenous amiodarone in such instance may results in adverse effects, including hypotension and bradycardia. AIVR, being hemodynamically well-tolerated, typically requires no specific treatment beyond addressing the underlying heart disease.

**Conclusion**

Recognizing reperfusion arrhythmias like AIVR is important in reperfusion therapy for acute myocardial infarction. Clinicians must remain cautious to avoid misdiagnoses and unnecessary treatments that could exacerbate clinical instability.