

## СОВРЕМЕННЫЕ МЕТОДЫ ЛЕЧЕНИЯ ОЖОГОВЫХ РАН (ОБЗОР ЛИТЕРАТУРЫ)

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**Аннотация:** За последние десятилетия появились новые методы лечения ожоговых ран, основанные на биотехнологиях. В обзоре представлены основные материалы для лечения ожогов, которые были созданы с использованием тканевой инженерии - биологические раневые повязки и заменители кожи.

**Ключевые слова:** биологические раневые повязки, клеточные технологии, термические ожоги, раневые повязки.

## KUYGAN YARALARNI DAVOLASHNING ZAMONAVIY USULLARI (ADABIYOTLAR TAHLILI)

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**Annotatsiya:** So'nggi o'n yilliklarda biotexnologiyaga asoslangan kuyish jarohatlarini davolashning yangi usullari paydo bo'ldi. Maqolada kuyishni davolash uchun to'qima muhandisligi yordamida yaratilgan biologik jarohat bog'lamlari va teri o'rmini bosuvchi materiallar keltirilgan.

**Kalit so'zlar:** biologik yara bog'lamlari, xujayraviy texnologiyalar, termik kuyishlar, yara bog'lamlari.

## MODERN METHODS OF TREATMENT OF BURN WOUNDS (LITERATURE REVIEW)

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**Annotation:** Over the past decades, new methods of treating burn wounds based on biotechnology have appeared. The review presents the main materials for the treatment of burns, which were created using tissue engineering - biological wound dressings and skin substitutes.

**Keywords:** biological wound dressings, cellular technologies, thermal burns, wound dressings.

Since the creation of the emergency medicine service, one of the important areas of this system has been the combustiology service [5, 7, 8]. One of the most common types of injuries in peacetime in many countries is a burn injury. Thus, according to WHO, of all types of peacetime injuries, thermal injuries account for 6%, while the number of victims is increasing every year. [7.37,42] A special place in the problem of combustiology is occupied by the choice of therapeutic tactics for burn injury in the acute period, which consists in assessing the timing and volume of this assistance, especially when signs of the development of a burn disease appear. According to various authors, the reason for this is accompanied by disorders of the vital functions of the body, the complexity of treatment, a high percentage of disability and mortality [1, 2, 11]. It is a clinical manifestation that is severe and high. There is an acute issue of local treatment of burns, which depend on an objective assessment of the area of burns and the depth of damage, the stage of the wound process, as well as the severity of the condition of the victims, which makes it easier to choose the right treatment tactics. This once again emphasizes the relevance of the problem of thermal damage [4, 6, 10].

Thanks to the progress of surgery and pharmacology, cell technologies are increasingly used in modern combustiology [4; 37; 53; 35; 50; 56]. injuries, the most interesting are the world developments of temporary biological coatings using cellular technologies. In many Considering the severity of the research engineering design. The selection of components for this kind of coating is carried out depending on the composition and condition of the wound surface, as well as the tasks set. The composition of the complex wound dressing may include keratinocytes, fibroblasts, collagen matrix, and cell growth factors [22; 25; 43; 50; 60]. Modern developments in cellular technologies and wound dressings are moving towards the creation of three-dimensional scaffold structures with a specific set of. These technologies are certainly promising, but combustiological practices such as allofibroblasts have not yet been widely used. The traditional surgical approach with a large area of deep burns, according to the authors, does not give the desired results. Therefore, cellular technologies are one of the possible directions for optimizing the wound process in the complex surgical treatment of burn patients with the treatment of thermal lesions, especially with a shortage of donor resources. Autokeratinocytes

as a morphological substrate are most suitable for wound surface repair, however, this is a rather expensive method for wide clinical use and requires special conditions for transplantation and wound preparation. Cultured allofibroblasts are part of multicomponent wound dressing complexes and are increasingly used in the treatment of wound defects of various origins [9; 24; 46; 49]. Allogeneic fibroblast culture transplantation is used as a method of preparing wounds for ectodermal transplantation and stimulating delayed reparative processes in severe thermal injury. Allofibroblast transplantation, according to the authors, is used for temporary wound closure after necrectomy. Conducted clinical and laboratory studies have proven the effectiveness of allofibroblast culture in the treatment of extensive deep burns [5; 28; 39; 41; 49]. Allofibroblasts transplanted onto a burn wound provide a faster change in the cytological pattern in a burn wound, which is manifested by the transition of a degenerative and inflammatory type of cytogram to an inflammatory-regenerative one [18; 23; 38; 40; 44; 52]. Thanks to the bank of cell cultures in the leading burn centers, it is possible to create a large number of biological wound coverings in a relatively short time [3; 26; 54]. For example, in the laboratory of tissue and cell cultivation of INVH, 100 days are possible for the preparation of doses of all fibroblasts. In conditions of a mass influx of victims from extensive burns, this figure can significantly optimize surgical treatment. Some centers use biosynthetic burn wound closures such as Integra, which consists of collagen and silicone film. It also contains a suspension of keratinocytes and also fibroblasts [9; 20; 32; 33]. In the presence of a significant amount of wound discharge, long-term use of film wound dressings is impossible, in addition, such wound dressings are quite expensive.

The beginning of the era of biotechnology in the creation of wound coverings based on living cells was the work of Rheinwald J. (1975). Technologies for culturing human cells have improved every year. The high cost of cultivating keratinocytes, and the sensitivity of the culture to external influences contributed to the creation of relatively cheap structures consisting of a three-dimensional collagen gel with fibroblasts [54; 55]. For many years, the authors have successfully used a gel composition with cells for application to burn wounds at the rate of 5 ml per 150 cm of the wound surface. The cell product was closed with an atraumatic mesh wound dressing followed by isotonic saline dressings.

During the first day, the dressings were moistened with sterile saline [55]. Such a technique, in our opinion, is convenient for use on extensive wound surfaces, is easy to perform, and can be used with a complex relief of the wound surface. The most effective time of cultured fetal allofibroblasts, since the method is 15-20 times cheaper than the cultivation of keratinocytes [54]. In the works of the authors, the cost of cultivating embryonic allofibroblasts and further stages of transplantation was calculated [15; 16; 45]. It has been determined that with the same clinical efficacy, the use of human embryonic fibroblasts is more appropriate for economic reasons. In addition, we found quite a lot of work devoted to the use of various combinations of mesenchymal stem and embryonic cells to modulate the wound process in a burn wound [47; 52]. Kharkiv combustiologists used a culture of allofibroblasts to close wounds after early necrectomy, to stimulate reparative processes in a burn wound with their long-term existence, to combine with autodermotransplantation with a high splitting factor, which is especially important when there is a shortage of donor resources.

According to the published literature data from foreign sources, the treatment of severely burned skin cells with cultured skin cells at the beginning of the development of the application technique will not always give good results [1; 3; 6; 8; 12]. At the first stage, the authors performed fascial necrectomy on the injured, then a suspension of autologous keratinocytes in fibrin glue was transplanted onto the wound surfaces, and microautodermotransplantation combined with xenotransplantation of autodermal grafts was also performed. Transplantation of cell cultures ended in failure, while the combined use of cell technologies with autodermotransplantation and keratoplasty ended with the restoration of the skin [17; 21; 27]. The authors of split transplantation emphasize the advantage of combinations of various methods of ectodermal transplantation and xenotransplantation in the simplicity and reliability of the method. In patients with extensive burns, the most optimal option in the treatment of extensive burn wounds outside functionally important areas is autodermotransplantation with a high cleavage coefficient, a cell culture is applied to the cells of the graft, and the wound is covered with a xenograft to prevent drying out. The use of cultured auto keratinocytes is possible only on prepared clean granulation wounds in an abacterial environment, which is possible after removal of the

necrotic scab, at least after the third week of treatment and in "clean rooms" [30; 34; 36; 51]. Unfortunately, creating conditions for an abacterial environment in burn hospitals is quite difficult and requires significant material costs. At the same time, with a mass admission of victims with extensive burns, cell cultures will be required for several patients at once and earlier after the injury. Therefore, victims of man-made accidents and catastrophes need more accessible cell technologies. Allofibroblasts can already be used on the first day when performing early necrectomy and do not require special conditions for the patient to be in the intensive care unit. The only condition: do not use an antiseptic solution on the transplantation site and moisten the bandage with saline every 3-4 hours. Many works emphasize that the transplantation of cultured allogeneic fibroblasts on borderline burns improves the clinical indicators of the course of the wound process, and reduces the time of epithelialization of burn wounds [13; 41; 48]. When conducting research, the same authors prove that allogeneic fibroblasts in a burn wound contribute to the positive dynamics of the cytological picture, which manifests itself in a faster change in the type of cytogram from inflammatory to inflammatory-regenerative [14; 44]. This fact allows you to quickly prepare a burn wound for autodermotransplantation after removal of the necrotic scab and achieve maximum engraftment of the cytological graft. Modern cellular technologies are needed to influence the course of wound healing in burn patients with combined and associated trauma, but there are few publications on this issue in the literature [19; 29; 31]. The volume of surgical intervention and the timing of the implementation are quite different for each author. This is explained by the fact that the authors et al., The volume of surgical intervention solves individual problems at each stage of treatment, from closing burn wounds after early necrectomy, and to stimulating the processes of epithelialization of burn wounds. However, at the present stage of the development of residual combustiology, it is impossible to imagine the treatment of extensive burn wounds without the use of biological equivalents. Thus, the literature data indicate that the arsenal of specialized care for patients with skin burns in recent years, using new effective methods, the use of which allows to achieve an increase in the anti-stress, adaptive, regenerative capabilities of the body, reduce the risk of infection or accelerate secession, significantly improve the replenishment of complex therapy, the course of the wound

process and reduce the time for complete recovery of the skin. According to the literature, the application of cellular technologies significantly expand the possibilities of influencing the course of the wound process in a burn wound, however, the question of choosing the optimal method of treatment remains open and requires burn wounds, to date, further study.

#### REFERENCES:

1. Abugaliev K.R. Surgical treatment of deep burns using the developed xenogenic wound dressing [Text] / K.R. Abugaliev, M.K. Akkanov // Mat. scientific-practical. conf. "Actual issues of treatment of thermal injury." - Yakutsk, 2015. - S. 13-15.
2. Akopyan S. R. Early necrectomy with simultaneous skin plasty in the treatment of deep burns [Text] / S. R. Akopyan // Ambulance: Ros. scientific-pract. magazine -SPb., 2006.-T. 7, № 3. - P. 139-140.
3. Aleinik D.Ya. Development and experimental use of cell-tissue complexes for the treatment of skin defects [Text] / D.Ya. Aleinik, K.V. Kulakova // Mat. scientific-practical. conf. "Topical issues treatment of thermal injury." - Yakutsk, 2015. - P. 25-27.
4. Alekseev A.A. Comprehensive treatment of deep burns based on the use of surgical necrectomy and modern biotechnological methods [Text] / A.A. Alekseev, K.3. Salakhiddinov, B.K. Gavrilyuk // Annals of Surgery. - 2012. - №6. - P. 41-45.
5. Alekseev A.A. Sepsis markers in the diagnosis of adaptive inflammation in burn injury [Text] / A.A. Alekseev, T.A. Ushakova, M.G. Krutikov // Treatment and prevention. - 2015.-№2(14). - P. 84-91.
6. Alekseev A. A. Ultrasonic treatment of burn wounds: method. Development of FGU [Text] / A. A. Alekseev, A. E. Bobrovnikov, M. G. Krutikov. -M. : in-t surgeon. them. A. V. Vishnevsky Rosmedtehnologii, 2009.-P.19.
7. Alekseev A.A. Influence of transplantation of all fibroblasts on the wound process and its outcomes in burned patients [Text] / A.A. Alekseev, N.N. Fistal. D.P. Podurets // Cellular technologies in biology and medicine. - 2010. - №1.- P. 36-39.
8. Almazov I.A. Dermabrasion in combustiology [Text] / I.A. Almazov, E.V. Zinoviev // Mat. scientific-practical. conf. "Actual issues of treatment of thermal injury" - Yakutsk, 2015. - P. 27-29.
9. Lapotko V.P. Analysis of the causes of the way to reduce mortality in multifactorial thermal injury (thermotoxic injury) [Text] / [Lapotko V.P., Krichevsky A.L., Galeev I.K. [etc.]. Kemerovo.:Method. center, 2001.- P. 35.
10. Ankin L.N. Polytrauma (Organizational, tactical, and methodological problems) [Text] / L.N. Ankin. -M.: "MEDpress - inform", 2004. - P. 173.
11. Barinov E.F. Architectonics of intercytokine relationships in the treatment of deep skin burns [Text] / E.F. Barinov, A.E. Barinov // Bukovinian honey. Bulletin-2003.-Vol.7, № 1.- P. 118-123.
12. Berezenko E. A. Parameters of hemostasis and peroxidation in patients with deep burns [Text] / E. A. Berezenko, K. A. Voloshchenko, S. R. Akopyan // Mat. intl. Conf.: "New in plastic surgery and cosmetology".-SPb., 2007.- P.16.
13. Bigunyak V.V. The use of a combined genetically heterogeneous substrate in surgical dermoplasty [Text] / V.V. Bigunyak, V.V. Demyanenko, N.O. Vartanyan // Hospital surgery. 2007.- №2. - P.52-55.
14. Bigunyak V.V. Thermal lesions [Text] / V.V. Bigunyak, N.E. Povstyanoy. - Ter-nopil.: Ukrmedkniga, 2004. - P.196.
15. Bobrovnikov, A. E. New technologies for surgical treatment of burn victims [Text] / A. E. Bobrovnikov, A. B. Akimenko, S. A. Tusinova // Sat. scientific tr. II Congress of Combustionologists of Russia. - M., 2008. - P. 215-216.
16. Bogdanov S.B. Treatment of borderline burns of extremities at the present stage [Text] / S.B. Bogdanov, O.N. Afaunova // Innovative medicine of Kuban. - 2016. - № 2. - P. 22-26.
17. Vysotsky S.A. The first experience of using modern wound dressings in microauto-dermoplasty [Text] / S.A. Vysotsky, E.V. Zinoviev, K.N. Movchan // Nizhny Novgorod Medical Journal. -2004. - № 2. - P.146-147.
18. Gilevich I.V. Achievements of cell therapy in combustiology [Text] / I.V. Gilevich, G.V. Fedlorenko, E.A. Kolomiytseva // Innovative Medicine of Kuban. - 2017. - Vol.6, - №2. - P. 6-14.
19. Histioequivalent-bioplasic material of hyaluronic acid in surgery [Text] / ed. E.V. Zinoviev.- St. Petersburg: Own publishing house, 2016. - P. 206.
20. Grebenyuk A.N. Providing emergency medical care to victims of fires [Text] / A.N. Grebenyuk, V.A. Barinov, V.A. Basharin // Disaster Medicine. - 2008. - №2. - P. 14-17.
21. Grigoryeva T.G. Clinical efficacy of embryonic cell transplantation in the treatment of subdermal burns and donor wounds in hard-burned [Text] / T. G. Grigorieva, Yu. O. Petrenko // Scientific Bulletin of Uzhgorod University series "Medicine". - 2012. - № 27. - P. 93 - 99.

22. Gryazin A.E. Experimental substantiation of the use of skin cell cultures in early surgical treatment of burn wounds [Text] / A.E. Gryazin, E.B. Sigaev, E.V. Markelova // Problems of ecological and medical genetics and clinical immunology. -2004.- Vol.9, № 62. - P. 339-347.
23. Gusak V.K. Immune competence of the skin as one of the mechanisms for the development of autoaggression in thermal injuries [Text] / V.K. Gusak, Yu.I. Nikolenko, E.Ya. Fistal // Bulletin of hygiene epidemiology. -2000. - №4. - P. 256-261.
24. Gusak V.K. Assessment of the severity of endogenous intoxication and the choice and method of detoxification therapy for burned patients according to leukocytogram and biochemical monitoring [Text] / V.K. Gusak, E.Ya. Fistal, I.I. Speransky // Clinical laboratory diagnostics. - 2000. - №10. - P. 36.
25. Dynamics of endogenous intoxication in patients with extensive burns [Text] / S.B. Matveev [et al.] / Clinical laboratory diagnostics. - 2013. - №2. - P. 10-12.
26. Dmitriev G.I. Modern ideas about periodization and severity of burn disease [Text] / G.I. Dmitriev, A.V. Vorobyov, S.P. Peretyagin // I Congress of Combustionologists of Russia: Sat. scientific works. -M., 2008. - P.17-19.
27. Zinoviev E.V. Medical and economic rationale for the use of high-tech types of medical care for burn victims in medical institutions of a separate region of the Russian Federation [Text] / E.V. Zinoviev, K.N. Movchan, O.V. Chichkov // Medical academic journal. - 2007. – Vol .7. - №3. - P.218-219.
28. Zinoviev E.V. Surgical treatment of extensive deep burns [Text] / E.V. Zinoviev, K.N. Movchan, O.V. Chichkov // Traumatology and Orthopedics of Russia. - 2006. - №2. - P. 126-127.
29. The value of the burn center of a multidisciplinary hospital in the provision of specialized medical care in emergencies [Text] / S.V. Smirnov [et al.] // Mat. All-Russian conference "Providing emergency medical and emergency medical care to the wounded and injured during mass admission" - M., - 2016. - P. 72-73.
30. Zorin V.L. Dermal fibroblasts for the treatment of skin defects 1 V.L. Zorin, A.I. Zorina, O.S. Petrakova [Text] // Cell transplantation and tissue engineering. - 2009. - №4. - P. 26-40.
31. Zhernov A.A. transfusion preparation of thermal trauma in early interventions [Text] / A.A. Zhernov, O.M. Kovalenko // Ukrainian Journal of Hematology and Transfusiology. -2013. - №4. - P. 35-38.
32. Cell transplantation suppresses the inflammatory response and stimulates reparative processes in the burn wound [Text] / M.F. Rasulov [and 270 others] // Bulletin of Experimental Biology and Medicine. - 2006. - №142, - Vol.1. - P. 112-115.
33. Kovalev A.S. Clinical evaluation of the effectiveness of the Breitman-Menzul moisture-saving dressing for the treatment of burns and wounds [Text] / A.S. Kovalev, V.A. Menzul, A.B. Shekhter // Medical Bulletin of the Ministry of Internal Affairs - 2008. - №4. - P. 11-13.
34. Kovalevsky A. A. Modern principles of local treatment of burns [Text] / A.A. Kovalevsky, A.N. Pyshenko // Clinical and fundamental aspects of critical conditions: conferences. -Omsk, - 2007. - P. 63-66.
35. Morphofunctional allogeneic fibroblasts on the healing of burn wounds in white out-bred mice and 72 Hrh/Hrer mutant mice [Text] / E.G. Kolokolchikova [et al.] // Cell technologies in biology and medicine. - 2011. - №4. - P. 222 - 229.
36. Ledovskoy S.N. Analysis of the clinical efficacy of the use of fetal and mature allogeneic diploid fibroblasts in the treatment borderline burns [Text] / S.N. Ledovskoy, Yu.E. Burda, V.A. Lazarenko // Successes of modern natural science. - 2008. - №9. - P. 92-94.
37. Treatment of deep burns in children with the use of allofibroblast culture [Text] / S.I. Vozdvizhensky [and others] // Pediatrics. - 1996. - № 4. - P. 50-56.
38. Markelova E. V. Mesenchymal stem cells of the bone marrow, fibroblasts, and auto keratinocytes in the treatment of post-burn wounds and rats [Text] / E. V. Markelova, T. G. Grigo-ryeva, E. A. Shcherelskaya / Experimental and Clinical Medicine. - 2012. - № (54). - P. 30-35.
39. Medical and economic aspects of the treatment of severely burned [Text] / A.V. Vorobyov [and others] / Mat. II Congress of Combustionologists of Russia. - M., - 2008. - P. 15-16.
40. Nagaychuk V.I. Biological method of treatment of deep burn wounds closed with mesh autodermal grafts with a perforation ratio of 1:4, 1:6 [Text] / V. I. Nagaychuk, N. D. Zheleba, V. A. Zelenko // Collection of scientific papers of the 1st Congress combustionologists of Russia. - Moscow, - 2005. - P. 176-177.
41. Ostrovsky N. V. Modern biotechnologies in the treatment of burn wounds [Text] / N. V. Ostrovsky, R. D. Bodun, A. B. Shipovskaya // Issues of reconstructive and plastic surgery (Tomsk: Tomsk State University). -2007. - №3-4. - P. 88-90.

42. Popandopulo A.G. The use of cultured fetal fibroblasts in the treatment of extensive burn wounds [Text] / A.G. Popandopulo, O.M. Korczak / Mat. XXI Congress of Surgeons of Ukraine. - Zaporozhye, - 2005. - Vol.2. - P. 51-53.
43. Revenko E.B. Study of the possibility of biostimulation of healing and cryo-preserved burn wounds with a suspension of freshly isolated mesenchymal embryonic cells [Text] / E.B. Revenko, A.Yu. Petrenko, E.I. Goncharuk I Problems of cryobiology. - 2004. - № 4. - P. 34-40.
44. Smolyaninov A.B. The use of hydroxyethylcellulose as a carrier for allogeneic fibro-blasts in the treatment of the consequences of thermal burns [Text] / A.B. Smolyaninov, A.S. Khrupin, Yu.V. Yurkevich, I.A. // Bulletin of the North-Western Medical University. I.I. Mechnikov.- 2013.-Vol.5, - №4. - P. 7-12.
45. Fistal EI. The first experience of using cultured autofibroblasts in victims with deep burns [Text] E.Ya. Fistal, A.G. Popandopulo, O.M. Korczak // Transplantation. 2003. – Vol. 4. - №1. - P. 193-194.
46. Yurkevich Yu.V. Wound healing effect of cultured allofibroblasts as part of a gel-forming carrier during treatment thermal burns [Text] / Yu. V. Yurkevich, A.B. Smolyaninov, A.S. Khrupin I Mat. Vseros. scientific conf. with international participation "Health is the basis of hu-man potential: problems and ways to solve them." - St. Petersburg: St. Petersburg State University, 2012. - P. 714-16.
47. Aoki S. Bone marrow stromal cells, preadipocytes, and dermal fibroblasts promote epidermal regeneration in their distinctive fashions [Text] / S. Aoki, S. Toda, T. Ando // Mol. Biol. cell. -2004. - Vol. 15. - P. 4647-4657.
48. Atiyeh B. New technologies for burn wound closure and healing— review of the literature [Text]/ B. Altiyeh, S.N. Hayek // Burns. - 2005. - Vol.31, - №8. - P. 944-956.
49. Bottcher-Haberzeth S. Tissue engineering of skin [Text] / S. Bottcher Haberzeth, T. Biedermann, E. Reichmann // Burns.-2010.-Vol.36, №4.- P. 450-460.
50. Bowe S. T. Tissue engineering of skin and regenerative medicine for wound care [Text]/ S. T. Boyce, A. L. Lalley, and Burns Trauma. - 2018.-Vol. 24, №6. - P:4-6. doi: 10.1186/541038-017-0103.
51. Branski L.K. Amnion in the treatment of pediatric partial-thickness facial burns [Text] / L.K. Branski, D.N. Herndon, M.M. Celis/Burns. - 2008.- Vol.34, №3.- P. 393-399.
52. Burd A. Allogenic skin: transplant or dressing? [Text] / A. Burd, R.K. Lam // Burns.-2002.-Vol.28, - №3. - P. 358-366
53. Saver S.A. The effect of several silver-containing wound dressings on fibroblast function in vitro using the collagen lattice contraction model [Text] Cochrane, M. Walker, P. Bowler // Wounds.-2006.-Vol.18, - №2. - P. 29-34.
54. Dantez E. Surgical treatment of severe burn with the VAC system and integral [Text]/ E. Dantez, E. Meaudre, P. Goutorbe // Abstracts of 12th Congress of the European Burns Association: Budapest, -2007.-P. 16.
55. Fu. X. Mesenchymal stem cells and skin wound repair and regeneration: possibilities and questions [Text]/ X. Fu, H. Li // Cell Tissue Res.- 2009.- Vol.335, -№2.-P. 317-321.
56. Haslik W. First experiences with the collagen-elastin matrix Matriderm as a dermal substitute in severe burn injuries of the hand [Text]/ W. Haslik, L.P. Kamolz // Burns.-2007.-Vol.33. №3.-P.364-368.

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