

was done in outpatient department admission was unnecessary and the psychological stress of hospital admission was avoided.

We feel that the procedure is a simple, safe and a viable alternative which can be carried out even by a family physician in a peripheral set up. However, it is necessary in all cases to establish the tissue diagnosis. We recommend it as a viable alternative to other procedures.

References

- 1 Horilleno EG, Eckert C, Ackerman LV. Polyps of the rectum and colon in children. *Cancer* 1957;10:1210
- 2 Mazier WP, MacKeigan JM, Billingham RP, Digran RD. Juvenile polyps of the colon and rectum. *Surg Gynecol Obstet* 1982;154:829
- 3 Soper RT. Gastrointestinal neoplasms. In Ashcraft KW, Holder TM, eds. *Pediatric Surgery*, 2nd edn. Philadelphia: WB Saunders, 1993:453-5
- 4 Santulli TV, Schullinger JN. Polypoid diseases of the gastrointestinal tract. In: Welch KJ, Randolph JG, Ravitch MM, O'Neill JA, Rowe MI, eds. *Pediatric Surgery*, 4th edn. London: Year Book Medical Publishers, 1984:932-44
- 5 Cook RCM. Rectal polyps. Rob and Smith's Operative Surgery. In: Spitz L, Nixon HH, eds. *Pediatric Surgery*, 4th edn. Oxford: Butterworth-Heinemann, 1988:409-11
- 6 Guitron A, Adalid R, Nares J, Mena G, Gutierrez JA. Colonic polyps in children, experience with polypectomy. *Rev Gastroenterol Mexico* 1999;64:19-22
- 7 Conaghan P, Ingham Clark CL. The organisation of day surgery. In: Taylor I, Jhonson CD, eds. *Recent Advances in Surgery*. No. 24. London: Churchill Livingstone, 2001:37-48
- 8 Madan U, Gupta A, Kaur N, Krishna A. Digital fracture polypectomy for juvenile rectal polyps is safe. *Ind Pediatr* 1996;33:431

A local replacement of tulle gras using palm oil-soaked gauze

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Tulle gras is usually used for covering burn wounds to prevent the dry sterile gauze from sticking to the wound surface, causing desiccation and physical debridement of healthy granulation tissue. It is an expensive commodity in the developing countries where severe burn and scald injuries are an everyday occurrence. The use of coconut oil for the management of burn wounds has been described in Tanzania. Other replacements include paraffin-impregnated gauze and expensive commercial hydrogel dressings.

In our village in Sierra Leone, coconut oil and commercial paraffin were both expensive products in the local market. Instead, we experimented with using the locally produced and traditionally-processed red palm oil on gauze as an alternative to tulle gras. We applied native red palm oil, filtering out sediment, on to gauze and autoclaved it for sterility. It was applied directly on to

burns without using silver sulfadiazine, silver nitrate or topical antibiotics and we have noted accelerated healing on palm oil-gauze alone.

The gauze was easily removed and reduced physical debridement of healthy granulation tissue. It was also used on large pressure sores and chronic ulcers as a protective layer below the dry outer gauze covering.

Although it gave a yellowish staining of the wound and there was the slightly distinctive smell of palm oil, it was a remarkably cheap and effective alternative to tulle gras. Furthermore, it was possible that in itself, the palm oil gauze conferred a source of antioxidants against destructive free radicals and inflammation in wound healing. Red palm oil has an abundance of beta-carotene, vitamin E tocotrienols, lycopene and other carotenoids. Recent studies have shown that red palm oil is the richest source of tocotrienols. In murine skin, topical applications of tocotrienols and tocopherols penetrated the entire skin to the subcutaneous fat layer within 30 min and significantly increase the concentration of these antioxidants in the deeper subcutaneous layers¹.

Thus, red palm oil gauze could potentially be a cheap, effective dressing which confers both hydroprotection as well as aid the healing process. This will necessitate further objective studies on its efficacy on wound healing compared with other established commercial dressings.

Reference

- 1 Traber MG, Rallis M, Podda M, Weber C, Maibach HI, Packer L. Penetration and distribution of alpha-tocopherol, alpha- or gamma-tocotrienols applied individually onto murine skin. *Lipid* 1998;33:87-91