

Corrosive burns from wet cement



A generally healthy man in his fifties was admitted to the surgical department with corrosive burns to both his lower legs after working with wet cement that had soaked through his trousers. After several hours' exposure he had sustained second and third degree burns to both his lower legs corresponding to approx. 5 % of the body surface. The wounds were reassessed several times before final treatment with a partial thickness skin graft. The photograph was taken six days after admission and shows burns to both lower legs following several wound debridements.

Alkaline corrosion caused by contact with wet cement is a known, but relatively uncommon cause of burns. Wet cement is alkaline, with a pH of 10–14. Initially the injury is often painless. Absence of symptoms makes it possible to be exposed for several hours and develop skin necrosis (1). Second and third degree burns are therefore

common. Skin lesions due to cement are most often seen in construction workers and most frequently affect the lower legs and knees. Dry cement may also result in burns upon contact with skin that is perspiring. Acute treatment consists of brushing away dry cement, followed by copious rinsing with lukewarm water for up to two hours before debridement of necrotic skin. It may take 12–48 hours before the final extent of the burn is evident, and the burns often require several wound debridements before any possible skin grafting.

The patient has consented to the publication of this article.

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