cycloplegic drops were applied. The conjunctiva and eyelids. Topical antibiotics, artificial tears and normal saline to prevent crusting of eyelid and eyelashes. We have Acute management in eyelid burns. Management started with, thorough washing of the eyelid and eye with reference to the presenting complaint of the patient, the cause and between January 2013 to December 2014. Detailed history was taken department Kilpauk Medical College and Hospital Chennai-10, burns were admitted at burns, plastic & reconstructive surgery Inclusion criteria, 1. Patients with deep partial thickness and full thickness upper eyelid burns. 2. Eyelid burns with less than 50% of the total body surface area. 3. Upper eyelid burns without major corneal complications. 4. Upper eyelid burns due to flame and acid. Exclusion criteria, 1. Upper eyelid burns with more than 50% of the total body surface area. 2. Upper eyelid burns with epidermal and superficial partial thickness 3. Upper eyelid burns patient with associated systemic disease like diabetes, hypertension, and severe systemic illness. 4. Upper eyelid burns with age less than 13 and more than 60. 5. Upper eyelid burns with previous ocular surgery. 6. Upper eyelid burn with severe respiratory burns. Materials and Methods 20 patients with deep partial thickness and full thickness upper eyelids burns were admitted at burns, plastic & reconstructive surgery department Kilpauk Medical College and Hospital Chennai-10, between January 2013 to December 2014. Detailed history was taken with reference to the presenting complaint of the patient, the cause and duration. Acute management in eyelid burns Management started with, thorough washing of the eyelid and eye with normal saline to prevent crusting of eyelid and eyelashes. We have thoroughly removed the remaining FB and chemical particles from the conjunctiva and eyelids. Topical antibiotics, artificial tears and cycloplegic drops were applied.
OBSERVATION
1. Symptoms of corneal irritation conjunctival congestion were noted in 18 cases.
2. There was no limbal ischemia even in acid burns. Anterior chamber, pupil, fundus normal in all the cases.
3. 100% skin graft take in 17 patients
4. There was no evidence of exposure keratitis in 17 patients minimal
5. Graft loss was present in three patients. Repeat grafting done for two patients and one managed conservatively.
6. There was no evidence of post traumatic ptosis.

DISCUSSION
• Our study is based on the analysis of eyelid burn cases at Burns, Plastic & Reconstructive surgery, Kilpauk Medical College and Hospital Chennai-10, during the period of January 2013 to November 2014. 20 cases of either Rt or Lt side of upper lid were included in this study, because of its functional importance. The vision loss due to burns per-se is rare except for chemical burns. our study shows accidental flame burns is a common cause involving 17 cases, 2 cases of acid burns and 1 case of scalds. Study shows incidence is equal in both sexes 10 cases male and 10 cases female Early release incision made on the upper eyelid relieves the tourniquet effect of eschar also helps to remove the dead tissue which stimulates an overwhelming systemic inflammatory response syndrome. Prevention of infection by earlier cover of burn wound shortens the period of wound inflammation. Incidence is more in the age group ranging from 21 to 40 years. This explains that middle age group patients are subjected to a greater risk for burns injury

In our study we have operated one eye at a time, operating both the eyes together leads to temporary blindness due to dressings for a period of a week. This is highly distressing and frightening to any person with otherwise normal vision, more so in elderly and in children.

We did not operate the ipsilateral eyelids in single stage, because it will fail to achieve the required over-correction.

Early excision significantly decreases wound colony count as seen in the study of Juan P.Barrest and David Herndon. Similar result was obtained in our study also.

Zarada A; Zielinski A & Lille, Sean T. M.D.; Engrav, Loren H. M.D.; in their series demonstrated that the early grafting of eyelid burns with full-thickness graft, can prevent the development of recurrent ectropion and limited Split-thickness grafting where he cannot do full thickness graft.

Our series also demonstrates same results with split-thickness graft. In our study 4 patients were operated within 7 days of burns and 16 were operated after 7 days.

Whereas in Barrow, Robert E. Ph.D.; Jeschke, Marc G.M.D.; Series, 17 had eyelid release within 7 days of burns and 40 had eyelid release after 7 days of injury and Corneal ulcers developed in 2 out of 17 of the early eyelid release equal to our series. Our present study correlates with the above findings.

• Housinger TA, Hills J, Warden GD study presents early excision and grafting. Sixty-six patients with early excision and grafting of eyelid & facial burns after a mean 12.7 days of burns. Procedures were done in two stages. In our series Early release and grafting of eyelid surgery done on a (mean) 10.9 days.
• Engrav and MDMatthias B. Donelan with their study mentioned that excision and grafting has become the standard of acute burns.

CONCLUSION
• The role of early incision and collagen application for deep partial thickness and full thickness burns with early split thickness skin graft play an important role in preventing the post burn cicatricial ectropion.

1. This minimizes the period of wound inflammation and further complications.

REFERENCES
1. David N. Herdon, total burn case 3rd issue.