

## Animal models in burn research

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**Abstract** Burn injury is a severe form of trauma affecting more than 2 million people in North America each year. Burn trauma is not a single pathophysiological event but a devastating injury that causes structural and functional deficits in numerous organ systems. Due to its complexity and the involvement of multiple organs, in vitro experiments cannot capture this complexity nor address the pathophysiology. In the past two decades, a number of burn animal models have been developed to replicate the various aspects of burn injury, to elucidate the pathophysiology, and to explore potential treatment interventions. Understanding the advantages and limitations of these animal models is essential for the design and development of treatments that are clinically relevant to humans. This review aims to highlight the common animal models of burn injury in order to provide

investigators with a better understanding of the benefits and limitations of these models for translational applications. While many animal models of burn exist, we limit our discussion to the skin healing of mouse, rat, and pig. Additionally, we briefly explain hypermetabolic characteristics of burn injury and the animal model utilized to study this phenomena. Finally, we discuss the economic costs associated with each of these models in order to guide decisions of choosing the appropriate animal model for burn research.

**Keywords** Burns · Hypermetabolism · Thermal injury · Animal models

### Introduction

Burn injury is among the most debilitating traumas to inflict humans. The incidence of burns in the United States is estimated to be more than 2 million cases per year [1], with 3,400 deaths per year attributed to burn-related injuries [2]. According to the World Health Organization [3], about 300,000 deaths worldwide each year are due to burns. Burn injury induces numerous organ dysfunctions resulting in high levels of morbidity and mortality [4, 5–7]. Particularly, burns of large surface area manifest into systemic problems like hypermetabolism [8–10] and sepsis [9, 11]. The hypermetabolic cascade seems to involve two pathways in particular: glucose metabolism with insulin resistance (IR) and hyperglycemia [12–14], and lipid metabolism with an increased lipolysis [15]. Moreover, sepsis is a heterogeneous syndrome defined by the systemic inflammatory response to infection [16]. The resources required to care for burn patients creates an enormous burden on the health care system. The annual cost of caring for burn patients in the United States is more than \$573 million

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**Table 1** Skin histology across mammals

Trait	Human	Pig	Rat	Mouse
Hair coat	Sparse	Sparse	Dense	Dense
Epidermis	Thick	Thick	Thin	Thin
Dermis	Thick	Thick	Thin	Thin
Panniculus carnosus	None	None	Present	Present
Skin architecture	Firmly attached	Firmly attached	Loose	Loose
Wound-healing mechanism	Re-epithelialization	Re-epithelialization	Contraction	Contraction

[1]. While, over the last decade, important advances have been made in reducing the mortality rate in burns [1], treatment is still far from ideal.

Animal models have greatly improved our understanding of the cause and progression of many human diseases and have proven to be a useful tool for discovering therapeutic drugs. For instance, mutant mice models have given us insights into the genetic pathways involved in diabetes [17] and obesity [18]. Additionally, the rat animal model has helped researchers identify the genetics behind cardiovascular diseases like hypertension and atherosclerosis [19]. Perhaps the biggest contributions made by animal models have been in the area of drug discoveries. Transgenic mice have been credited with facilitating the development of a number of effective targeted therapies for many fatal cancers like acute promyelocytic leukemia (APL) [20].

For burn studies, *in vitro* models are limited in their ability to capture all aspects of burn pathophysiology and the complex clinical features of human burn injury. For these reasons, animal models of burn are needed to uncover the post-burn pathological mechanisms and test novel therapeutic approaches. One of the major limitations in searching for practical treatment options for burn patients has been the lack of a suitable animal model that captures all the prominent features of burn trauma. However, animal models are still essential for uncovering the molecular [8, 21] and cellular [22] aspects that characterize human burn traumas. In view of the heterogeneous nature of burns, a number of different animal models of burns have been developed as valuable tools to study the disease pathophysiology. In this review, we begin with a general discussion of relevant factors that can determine the clinical relevance and validity of animal burn models. We then briefly review some of the currently used animal models (small and large animal models) in burn research and discuss their clinical relevance to humans. This review also allows new researchers in burn trauma to survey the methods and temperatures that have been used by their peers to inflict a burn injury of a specific surface area in mouse or rat. Finally, we address the economics of animal research in burn models, discussing the apparent shift from using larger animal models to smaller ones.

## Skin histology across species

The ability of the skin to provide a barrier against the hostile external environment is a fundamental property of all species. However, there is tremendous diversity among the species in the structure and anatomy of the skin (Table 1). Knowledge about these histological differences in skin anatomy is critical if researchers want to have a close analog of the human skin.

### Mouse

Although the mouse skin contains the major layers of human skin (epidermis, dermis), there are significant histological and physiological differences of these skin layers to that of humans. For instance, mouse have a thinner epidermis and dermis compared to humans [11, 23], and the interphase of human epidermis and dermis is highly undulated, whereas in the mouse it is flat [23]. Also, mouse skin dorsum is covered with dense hair that undergoes a defined cycle of hair growth that is significantly different from human hair cycles. For example, the mouse hair cycle is usually 3 weeks, whereas human hair cycles can last several years [23]. Additionally, mouse skin is unique in having a distinct panniculus carnosus (a thin skeletal muscle layer found only at the platysma of the neck in humans) [11, 23, 24]. Thus, these are important considerations one should factor in when assessing the translational accuracy of utilizing mouse in wound-healing studies.

### Rat

Rats and humans share physiological and pathological characteristics in many organ systems that have been already well established in the literature. Similar to humans, the rat skin is also composed of the major layers of epidermis and dermis. However, it does not perfectly mimic the human skin architecture because of its unique skin morphology. Rats have been classified as “loose-skinned animals”, primarily because of their skin’s elasticity and its lack of a strong adherence to the underlying structures compared to humans [11, 24]. Such properties of the rat skin play a significant role in the wound healing of rats, described later

in this review. The discrepancies between human and rat skin are also present internally, as rats possess the enzyme L-gluconolactone that converts L-gluconogammalactone to vitamin C, whereas humans lack this enzyme [24]. This is particularly relevant in wound healing as vitamin C plays a vital role in collagen synthesis and thus prevents the disease condition of scurvy [25]. The inherent differences between human and rat skin should be considered in determining whether rats are appropriate in wound-healing models.

## Pig

More recently, the pig has been extensively validated as a model for studying human skin because of its anatomical and physiological skin architecture closely resembling that of humans. The epidermis and dermis of the pig is thick, which is also the case in humans [26]. The pig epidermis ranges from 30 to 140  $\mu\text{m}$ , similar to human skin which ranges from 50 to 120  $\mu\text{m}$  [11, 26]. In addition, the skin of the pig is more firmly attached to the underlying structures as seen in humans. Also, both humans and pigs show resemblance in terms of hair coat (sparse, dense). Neither pigs nor humans have an extensive panniculus carnosus which is found in small loose-skinned animals [23]. Even commonalities below the skin contribute to the list of similarities between human and pig skin. For example, the size, orientation, and distribution of blood vessels in the dermis of the pig are similar to blood vessels in human skin [26]. Other important similarities between pig and human skin include epidermal enzyme patterns, epidermal tissue turnover time, the keratinous proteins, and the composition of the lipid film of the skin surface [11]. These characteristics make the pig an ideal animal model for human-related validation of valuable research information.

The above anatomical and physiological differences between man and animal should be noted as improving the translation of preclinical findings into successful clinical applications, since no animal model is a perfect representation of humans. In particular, the strengths of each animal model for biomedical research should be considered when addressing phenomena.

## Stages of wound healing

The last few years have seen a renewed focus on the use of animal models to investigate the mechanisms of wound healing. Wound healing is a very complex and intricate process. This review is concerned with the repair of wounds in skin; we will not attempt to deal with the molecular factors involved in the healing process. In most species, the normal response to trauma occurs in three overlapping but distinct

stages: inflammation, proliferation, and re-epithelialization/re-modeling [27–29].

The immediate response to injury is mediated by damaged cells along the wound site. These cells transmit “stress” signals immediately to activate the inflammatory response. The priority of the inflammatory responses is to counteract microbial wound infections and this takes precedence over wound closure [29]. During this phase, pro-inflammatory factors like serotonin, bradykinin, prostaglandins, prostacyclins, thromboxane, and histamine are released into the local wound site [30, 31]. The goal of this initial phase is to re-establish tissue integrity and homeostasis. Once the necessary framework has been accomplished in the inflammatory phase, the subsequent production of a new functional barrier is initiated in the proliferation phase [29].

The infiltration of the wound site by fibroblasts and other cell types initiates the proliferative phase [32]. The function of fibroblasts is primarily collagen deposition in the dermal wound area [27, 29]. Increased production of Type III collagen and fibronectin occurs within the first 3 days after tissue injury [30]. This activates several signaling pathways that modulate healing [33]. Fibroblasts also secrete cytokines that attract keratinocyte cells to the injury site [31]. The keratinocytes function in re-epithelializing the wound site, ultimately restoring the barrier function of the epithelium [27, 29]. Concurrently with fibroblast and keratinocyte migration, angiogenesis also occurs. Angiogenesis, the formation of new blood vessels, is critical for wound healing since fibroblasts and epithelial cells require a continuous supply of oxygen and nutrients to function optimally [29]. The proliferative stage terminates with the breakdown of provisional extracellular matrix leading to a decline in hyaluronic acid and an increase in chondroitin sulfate, which gradually triggers the fibroblasts to stop migrating and proliferating [27, 33].

In the final stage of wound repair, the remodeling stage, collagen undergoes cross-linking to improve its strength and stability. However, as remodeling progresses, collagen synthesis and collagen catabolism begin to take effect [29]. Imbalance in either excessive matrix synthesis or decreased matrix catabolism can lead to keloid [34] and hypertrophic scar formation [28, 35]. As the extracellular matrix is reorganized and remodeled, newly formed blood vessels continue to mature and form functional vascular networks. Depending on the wound size, the remodeling phase can last anywhere from weeks to years [29].

The wound healing cascade is far more complex than briefly discussed here, with a number of questions still unanswered. Studying wound repair in animals could improve our understanding of wound repair in humans. Therefore, an accurate animal model that closely mimics the three overlapping phases of wound healing would

enable investigators to study each phase more precisely. More importantly, an accurate animal model would also facilitate the screening of potential treatments and interventions. However, there are number of limitations to how closely one can replicate the wound-healing process of humans in animals. Many animals resemble the wound-healing process of humans closely, but some do not even come close, making the extrapolation of any findings to humans very difficult. Several models of burn/wound healing in animals in the literature will be evaluated. A summary of these models is outlined below.

### Wound healing across mammals

Among the animals, amphibians are unmatched in their healing and regenerative capacities. Upon injury, these animals regenerate an impressive array of new body parts, such as limbs [36]. These particular aspects of the amphibians have been exhaustively reviewed elsewhere [28, 36] and will not be the focus of this review. Instead, we will limit our discussion to the most commonly used animals in wound-healing studies; the mouse, rat, and pig.

#### *Mouse*

The mouse is one of the most used animal model in studies involving burn and wound healing. As a research model, this animal has provided researchers with key insights into the signaling pathways involved in the healing process, in large part due to the variety of mouse-specific reagents and transgenic feasibility in mouse. Also, due to a substantially reduced healing time [23], and superior immune system [37], the morbidity of mice in research is quite low. Although the mouse model has its specific advantages, its major drawback is its failure to completely mimic the wound-healing process of humans. Mouse wound healing occurs primarily through wound contraction [11, 23], which makes the healing time of mouse quite rapid. In contrast, humans heal primarily through re-epithelialization and granulation [27, 29]. Another potential hindrance in utilizing mice to study wound healing is that, unlike humans, mice are not subject to hypertrophic or keloid scar formation [23]. Moreover, mouse skin is covered with dense hair. As hair follicles are rich in progenitor cells, mouse skin might have an enriched pool of progenitor cells which facilitates rapid skin healing and keratinization [38–40]. Since the skin is the first line of defense, it is populated by a group of antimicrobial peptides known as the defensins. These peptides play an important role in preventing the localization of pathogens in the skin, particularly in situations where the skin barrier is compromised [41, 42]. Neutrophils are the main source of leukocyte defensins in humans, but defensins are not expressed by neutrophils in

mice [37]. Differences also exist in both innate and adaptive immunity between humans and mice that are critical for adequate wound closure during burns. For instance, toll receptors, inducible nitric oxide synthase, cytokines and cytokine receptors, helper T cells (Th1/Th2) differentiation, and the antigen-presenting function of endothelial cells all show interspecies difference [37]. Perhaps the most noteworthy differences between murine and human systems are those involving chemokines and chemokine receptors. Currently, the chemokines IL-8 (CXCL8), neutrophil-activating peptide-2 (CXCL7), inducible T cell chemoattractant (CXCL11), and monocyte chemoattractant have been identified in humans but not in mice [37, 43]. These chemokines are critical for wound repair as they contribute to the regulation of epithelialization, tissue remodeling, and angiogenesis [44]. In fact, chemokines have dual effects in wound repair as they integrate inflammatory events and reparative processes [44]. Thus, distinct wound-healing processes (wound contraction) and differences in immunity and chemokine expression should be considered when trying to extrapolate any findings from mouse studies to humans.

#### *Rats*

Similarly, rats have been frequently used in burn studies primarily because of cost considerations. Despite their popularity, the wound-healing mechanics of rats are substantially different than that of humans. Wound contraction is considered to be the primary healing method of rats as opposed to re-epithelialization seen in humans [24]. This is because rats, like mice, possess a subcutaneous panniculus carnosus muscle that facilitates skin healing by both wound contraction and collagen formation [23, 24]. Since wound contraction is rapid, the overall healing time of rats is substantially reduced, unlike with re-epithelialization which involves the creation of new skin tissue [24]. As such, rats are less prone to the systemic sepsis [11] and immunosuppression [3] seen in larger animals, as their wounds heal much more quickly. The reduced healing time in rodent burn models allows researchers to more rapidly study the mechanics of wound healing.

#### *Pigs*

Wound repair in pigs has been the focus of recent excitement because of the relatively close relationship shared with humans. Aside from the pig skin architecture being similar to that of human skin, the healing process of pigs and humans occur through physiologically similar phases (inflammation, proliferation, re-epithelialization, and remodeling) [26, 27]. Additionally, the pig has skin firmly attached to the underlying structures making wound healing

occur precisely in the same manner as seen in humans [26]. Aside from the aforementioned similarities, the pattern of vascularization of pig skin differs somewhat from human skin. Pigs display a lower, mid-dermal, and sub-epidermal network, where the latter is less dense than seen in humans [26, 45]. The exact timeline of wound healing in pigs and humans is quite variable due to a number of factors like wound size, cause of injury [46], healing conditions, and overall health status. Generally speaking, however, scalding burns in pigs heal typically by 21 days [47], with re-epithelialization occurring between 7 and 14 days [45] post-wound infliction [47]; similar timelines have also been observed in humans. For optimal wound closure, a number of growth factors are released during the complex phases of inflammation, proliferation, and remodeling. Some of the most important of these growth factors include vascular endothelial growth factor (VEGF), platelet-derived growth factor (PDGF-BB), and transforming growth factor- $\beta$ 1 [48]. Analysis of these growth factors in pigs has revealed similar patterns of expression and concentration during wound healing to humans [48]. In fact, like humans, pigs show age-related delay in healing that has been linked to delayed and diminished growth factor release. Despite the advantages of the pig wound model, cost–benefit considerations show that they are challenging, as they have a greater risk of infection, demanding greater care and expenditure [11]. Pigs also tend to have a greater morbidity when compared to smaller animals: because of their size, they are more prone to wound infection putting them at risk for sepsis.

Given that no single animal is the perfect model for all biological contexts, a superior approach would be to integrate the information derived from multiple model systems. Because each animal model of wound healing has its own advantages and disadvantages, the field stands to gain from the integration of the molecular and cellular knowledge garnered from these organisms. The study of hypermetabolism [8, 10] and sepsis [11] in burn patients serves as an example of how the integration of data across multiple animal models has informed us on the pathophysiology of burn traumas in humans. The mouse model with its well-characterized immune system [37] has helped inform our understanding of the suppression of cell-mediated immune responses post-burn and the increased susceptibility to subsequent septic complications and mortality [11]. Moreover, using cell lineage studies, mouse models enlighten the stem cells movement to healing bed in the context of regenerative studies [32]. Conversely, lack of scar formation in mouse wound-healing models [23] has pushed investigators to use the pig model to uncover the mechanisms behind hypertrophic and keloid scar formation in burn patients. Thus, the aforementioned animals have each contributed significantly to uncovering the biological process and diseases affecting the human skin.

## Post-burn hypermetabolism

A hallmark of burn injury is a hypermetabolic response that results in significant pathological alterations in a number of tissues. The source of this hypermetabolic response is currently not well defined, but likely involves increases in glucocorticoid, catecholamine, and glucagon secretion post-burn injury [10]. The primary goal of this response is to provide sufficient energy for maintaining organ function and whole body homeostasis under demanding trauma conditions. Prolonged hypermetabolism becomes detrimental and is associated with vast catabolism, multi-organ failure, and death [49]. These alarming situations increase the priority for developing animal models to investigate the underlying pathophysiological events that serve to determine the catabolic state and its related comorbidities. Thus, this section summarizes various animal models that are used as tools in burn-related metabolic research and critically evaluates the physiological similarity of the models to the human condition.

Currently, there are two opposing explanations of the cause of the hypermetabolic response following thermal injury. One school of thought suggests that the increase in heat production is a thermoregulatory adjustment by our body to compensate for the increased rate of evaporative heat loss across the surface of the burn wound [50, 51]. In contrast, others suggest that the hypermetabolic response is a reflection of the increased energy costs of the injury [51]. They further argue that the metabolic drive is sensitive to, but independent of, alterations in thermoregulation. Thus, resolving these two opposing thoughts hampers the development of an appropriate animal model of burn.

### Small animal models of burn hypermetabolism (mice and rats)

The ability to introduce or eliminate genes to or from the genome of rodents, their larger family size, formalized pedigree structure, and ease of measurements of their phenotype parameters have truly made rodents a reliable animal model for burn research. However, if the notion that the hypermetabolic response post-thermal injury is purely a thermoregulatory adjustment, then findings and data collected from small fur-bearing rodent burn models must be questioned and may be untrustworthy. This is because rodents have a dense hair coat that affords them insulation and thereby limits heat loss through the skin post-burn injury [52]. In addition, unlike human patients, when rodents are challenged with 30 % total body surface area (TBSA) burns, from our own observations their metabolic response is resilient to a degree that, 24 h after burning, these animals are very active and resume normal eating patterns. Even if we were to entertain the opposing view that

the hypermetabolic response post-burn injury is due to the demanding energy costs of the injury, these small animals still fail to fully re-capture the metabolic alterations seen in humans post-burn. Since inflammation, insulin resistance, muscle wasting, and hyperglycemia are central characteristics of the post-burn response in humans, it is imperative that the animal model can mimic such pathological alterations [6]. Small animals like the mouse and rat are generally not ideal models of metabolism research in burns, since their metabolic profile is significantly different from that of humans. For instance, rodents typically have low levels of total cholesterol (TC) and density lipoprotein-cholesterol (LDL-C) but high levels of high density lipoprotein-cholesterol HDL-C, whereas the reverse is true for humans [53, 54]. Rodents lack the plasma cholesteryl ester transfer protein (CETP) which causes the contrasting cholesterol profile, and, therefore, about 70 % of the plasma TC is found in HDL particles [53]. The ability of rodents to maintain their cholesterol profile when challenged with high fat diet presents major problems in conducting research to uncover the mechanisms behind impaired insulin secretion and impaired insulin action, which is a phenotype of the hypermetabolic response post-burn. In fact, when these small animal models are artificially pushed to develop a diabetic phenotype with its associated hyperlipidemia, they still fail to display the same islet pathology as humans with type 2 diabetes (T2D) [53]. In this context, researchers working with mice have turned to populating human hepatocytes in mice to study human liver-mediated metabolism [55]. Thus, there are stark metabolic and physiological differences between humans and rodents, and these differences have undoubtedly slowed progress and complicated the translation of findings into effective intervention therapies for burn injury and its debilitating effects. Despite all these disadvantages, rodent models of metabolic diseases like diabetes and obesity have had a substantial role in furthering our knowledge about the pathology of these two conditions. For instances, the leptin receptor-deficient mouse model (db/db) has played a substantial role in the progression of our knowledge about diabetes and has been used for drug studies [56].

#### Large animal models of burn hypermetabolism

Large animals, such as pigs and rabbits, are emerging as the animal of choice for burn-related research as their size facilitates the study of the systemic effects of burns. In fact, studies have shown that larger animals inflicted with a 25 % TBSA burn generates a hypermetabolic response greater than smaller animals and closer to that seen in human patients [57, 58]. These larger animals also serve as attractive biomedical models for studying energy metabolism because they are devoid of brown fat, as are humans [53,

58]. This is an important consideration because brown fat has the ability to regulate energy balance and other aspects of energy homeostasis. In addition, the pig has similar metabolic features and responses to burn injury as humans [59]. For instance, it has been shown clinically that severe injury results in hepatic dysfunction and fat deposition in the liver of burn patients [13]. Porcine models have been useful in this regard, as it has been shown that they also present with similar phenotypic alterations such as hypertrophic adipocytes and fat deposit in the liver post-burn [60]. Moreover, researchers have turned to larger animals because proportionally these larger animals have similar organ sizes to humans [53]. This is critical, as the larger size can allow multiple assays to be carried out in adipose and muscle tissue without pooling multiple animal samples [53, 57]. While the pig model is superior in its ability to capture most, if not all, the pathological alterations post-burn seen in humans, the high expense of housing and complicated burn procedures have limited the use of this model.

#### Animal models of burns

A complete understanding of the molecular, cellular, and pathophysiological alterations governing burn injury has not been fully elucidated. To gain a comprehensive understanding of the mechanisms of hypermetabolism and sepsis seen in burn patients, there is a need of an animal model that adequately mimics these pathological states. Perhaps the most critical factor of clinical relevance is the method used to induce burns in experimental animals. Techniques that have been used to generate burn surfaces in experimental animal models include direct contact with a heated metal [11, 61], electricity [62], and heated water [11]. In the direct contact method, the back of the animal is shaved and a heated metal is applied to the skin as many times as necessary to induce the desired burn surface area [11]. In burns achieved through metal instruments, the area and temperature used vary according to the shape and size of the instrument. The drawback of this method is the lack of a homogenous uniform burn depth. Electrical burn models are very complex to perform and usually require larger animals like monkeys to achieve lesions comparable to those observed in humans [62]. Among the aforementioned models, the hot water model has gained widespread use and is considered by some experts as the standard for animal models of burns. Burns caused by hot liquids are the most frequent cause of burns in children and the elderly [1, 63]. Unsurprisingly, a standardized burn model involving the use of hot water in animal experiments has been developed. Below, we explore further the hot water method in relation to its use in rodents (mouse, rat) and larger animals (pig). We will not discuss the electrical and direct contact burn

methods further, as there is great variability among the techniques used and as such no standardized models currently exist for these methods in burn animal studies.

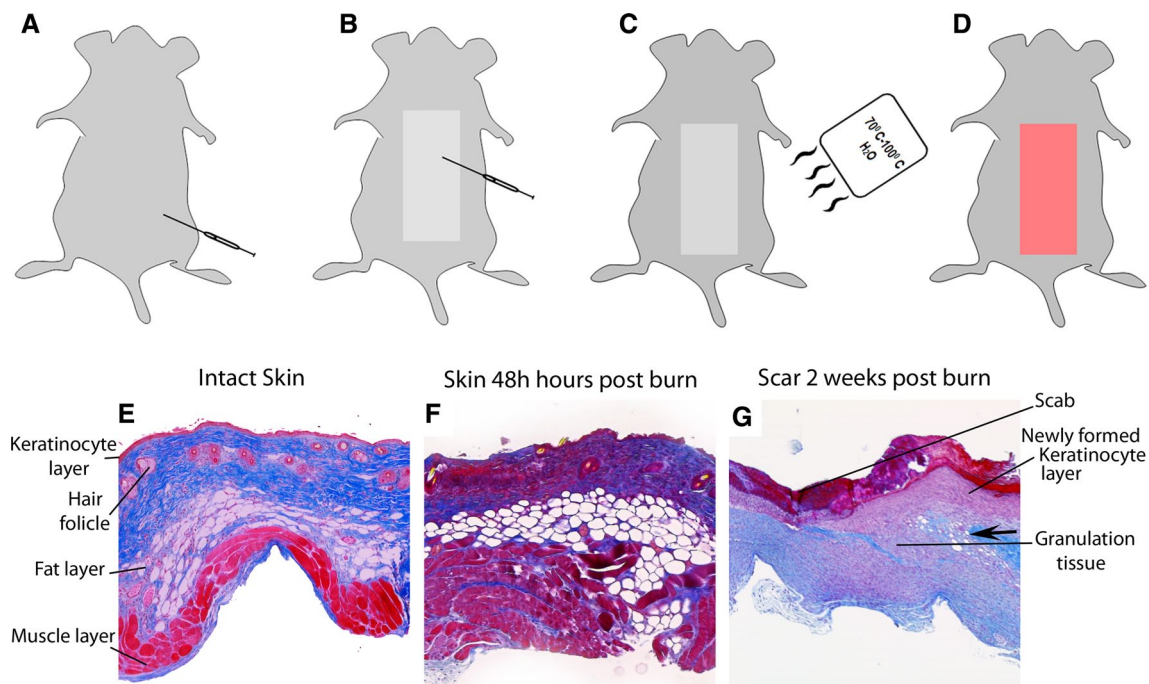
#### Standardized scalding burn model in mouse

Generally, the model involves the use of small (6–8 weeks old) healthy mouse. Initially, the mouse is anaesthetized through intraperitoneal injections of Ketamine and Xylazine or other anaesthetics [64]. In some instances, the mouse also receives 1 ml of saline subcutaneously along the spine to cushion the spinal cord from any injury [64]. Following this, the hair on the dorsum is shaved off to ensure even burn wounding. The dorsum is an ideal choice because it is difficult for the animal to reach and as such prevents further injuries to the wound area. The mouse is then placed on its back in a template constructed of a plastic flame-resistant mold (Fig. 1a–d; Supplementary Fig. 2) with the window exposing a predetermined surface area of skin [65]. The exposed area of the mouse from the template is then immersed in a 100 °C water bath for 8 s to

inflict a full-thickness burn [64] (Fig. 1a–d). The animals are then observed frequently for signs of pain or discomfort and treated with buprenorphine or other pain killers as needed. The temperature (60–100 °C) and exposure time (8–12 s) [11] vary from study to study (Table 2). The described procedure has been proven experimentally by our laboratory to inflict a full-thickness burn (Fig. 1f). In mice, one is limited by size and because they can only tolerate a 30 % TBSA burn. However, clinically speaking, the hypermetabolism phase is not fully activated in burn injuries of less than 40 % TBSA [66]. Thus, while the mouse burn model is simple and straightforward, it loses significance when it comes to studying the complex post-burn etiology of hypermetabolism.

#### Standardized scalding burn model in rat

Similarly, the rat scalding burn model is straightforward and is achieved exactly in the same manner as that of the mouse model, with some minor differences such as the temperature and length of exposure to the heated water



**Fig. 1** Experimental steps in the burn rodent model and histological images of C57/BL mice skin subjected to full-thickness burn (30 %TBSA). **a** The rodent is anesthetised with an intraperitoneal injection of Xylazine and Ketamine. **b** The area (dorsum) to be burned is shaved with a clipper to ensure an even burn. **c** The rodent is then placed in a flame-resistant mold with an opening exposing a pre-determined total body surface area to burn; the exposed area is then immersed in a 100 °C water bath for 8 s. **d** Lactated Ringer's solution is then administered intraperitoneally for resuscitation; buprenorphine or other analgesia may be administered subcutaneously for pain control. Excised burned skin tissue specimens from

burned mice (thickness = 5  $\mu$ m) were harvested and then Masson's trichrome staining performed. **e** Intact skin showing histological component of mouse non-burned skin. **f** Burned skin harvested from mouse 48 h post-burn. Note that the animal is presenting with complete destruction of skin, most obviously in the epidermal/dermal segments. **g** Animal at 2 weeks post-burn showing signs of wound healing: re-epithelialization (at wound edge), neovascularization, and formation of new granulation tissue. Arrows indicate wound edges or new granulation tissue formation. Collagen fibers in the dermis are stained in blue, epidermis and muscle stained in red

**Table 2** Size of mouse scald burn model

TBSA (%)	Species	Temperature (°C)	Length of exposure (s)
2.5	Mouse	54 [79]	25 [79]
7	Mouse	65 [80]	45 [80]
10	Mouse	65 [81]	20 [81]
18	Mouse	90 [82]	9 [82]
15	Mouse	85 [83]	9 [83]
		95 [84, 85]	7–8 [84, 85]
		100 [86–90]	–8 [86–90]
20	Mouse	90 [91–93]	7 [91–93]
25	Mouse	90 [94, 95]	9 [94, 95]
30	Mouse	90 [96]	9 [96]
		95 [97]	6 [97]
35	Mouse	80 [98]	15 [98]
		97 [99–101]	7–10 [99–101]

(Table 3). Also, rats being larger can handle up to a 60 % TBSA burn, by using the aforementioned model on the dorsum of the rat and incorporating another wound to their abdominal region. From our experience, inflicting a burn wound of greater than 60 % TBSA in rats results in reduced survivability and is not sustainable for experimentation.

**Table 3** Size of rat scald burn model

TBSA (%)	Species	Region (dorsum/ventral)	Temperature (°C)	Exposure time (s)
10	Rat	Dorsum	80 [102]	10 [102]
15	Rat	Dorsum	95 [103]	8 [103]
20	Rat	Dorsum	60 [104]	25 [104]
			80 [105]	6 [105]
			90 [106]	10 [106]
			100 [107]	10 [107]
			60 [108, 109]	40 [108] 27 [109]
30	Rat	Dorsum	90 [110, 111]	10 [110]
			92 [112]	20 [111, 112]
			97 [113]	10 [113]
			98 [114–117]	12 [114–117], 15 [118]
			100 [119]	30 [119]
35	Rat	Dorsum	106 [120]	9 [120]
			100 [121]	15 [121]
40	Rat	Dorsum	100 [122–124]	10 [122–124]
		Ventral		2 [122–124]
45	Rat	Dorsum	87 [125]	10 [125]
		Ventral		3 [125]
55	Rat	Dorsum	80 [126]	15 [126]
		Ventral		8 [126]
60	Rat	Dorsum	96 [127]	10 [127]
		Ventral		2 [127]
		Dorsum	98 [67, 128]	10 [67, 128]
		Ventral		2 [67, 128]

Another consideration relates to the need to have a burn injury model of sufficient magnitude to cause hypermetabolism observed in human burns with high TBSA. During the early post-burn phase in humans, hyperglycemia occurs as a result of an increased rate of glucose appearance along with an impaired tissue extraction of glucose, leading to an overall increase of glucose and lactate [67]. Therefore, while the rat burn model is superior to the mouse in its ability to recapture hypermetabolism, it becomes complex when one tries to incorporate an infection feature into this model to replicate the post-burn sepsis seen in patients with greater than 60 % TBSA.

Standardized scalding burn model in pigs

As discussed, of all animal species, the pig’s skin most closely resembles that of humans [26]. The pig burn model is basically a replicate of the rodent model except for some minor technical changes to reflect the size of the pig. Initially, the pig is sedated with intramuscular injections of Ketamine and Azaperon [68, 69]. Then, it is put under a surgical plane and intubated by receiving Pentobarbital and Ketamine [68]. After surgical preparation, the back hair of the pig is clipped with hair clippers and then the pig is stabilized in a special device exposing a predetermined surface



area of skin [11, 68]. A water tank containing boiling water is circulated over the area to be injured for a specified time, usually seconds [70] (Supplementary Fig. 2). The method for sedation, induction of anaesthesia, and pain control, especially in the postoperative period, varies from study to study and depends primarily on the severity of the burn injury inflicted. The main advantage of this model is the ability to inflict greater TBSA burns than the rodent model, facilitating research on the mechanisms behind hypermetabolism and sepsis in burn patients. Most studies have not used a burn wound greater than 45 % TBSA in pigs, suggesting this range is sufficient to elicit the activation of the pathological pathways seen clinically in humans. Due to the size of the animal involved, the pig burn model can be quite challenging to execute and can pose a risk of burning to the researcher.

### Rabbit

To resolve the complexities and high costs associated with the pig burn model, while maintaining the metabolic relevance to humans, researchers have pioneered the rabbit burn model [57]. Rabbits are an appropriate animal model for studying hypermetabolism and its pathological alterations in energy homeostasis because they share with humans several aspects of metabolism, such as similarities in composition of Apo lipoprotein B (Apo B)-containing lipoproteins, hepatic production of Apo B 100-containing very low density lipoproteins (VLDL), human-like Apo B, and low hepatic lipase activity [53]. Unlike the rodent models, the rabbit model facilitates opportunities to conduct systemic effects of burn injury, such as muscle wasting through the feasibility of primed constant tracer infusion studies to investigate dynamic changes in whole body amino acid and substrate metabolism [57]. Furthermore, the larger tissue mass (liver, muscle) of the rabbit allows in vivo imaging studies that investigate the aspects of whole body glucose and amino acid metabolism in response to thermal injury [57]. It has also been shown that rabbits present with elevated REE (resting energy expenditure) levels post-thermal injury, which is a characteristic metabolic feature in burn patients [57]. Finally, since protein metabolism and muscle wasting are hallmarks of burn injury, animal models that re-capture these clinical features of burns are critical to understanding the cellular mechanisms deregulated in these pathological states. The rabbit burn model has proven to be useful in this regard, as studies have reported that leucine, an important amino acid involved in muscle anabolism, shows similar kinetics and pattern of change post-thermal injury to that observed in human patients [57, 71]. Conducting a rabbit burn model is quite straightforward, as it follows the same techniques and procedures outlined in the standardized mice burn model. Because of

differences in skin thickness, the rabbit is immersed in the boiling water for 10 s or longer to ensure full-thickness burns [57].

In summary, when it comes to deciphering the systemic and cellular mechanisms involved in the hypermetabolic response to burn injury, evidence supports the use of larger animals. This has been due to the ability of these larger animals to demonstrate a pattern of alterations in overall aspects of whole body energy metabolism, protein, and carbohydrate metabolism similar to that seen clinically in human burn patients.

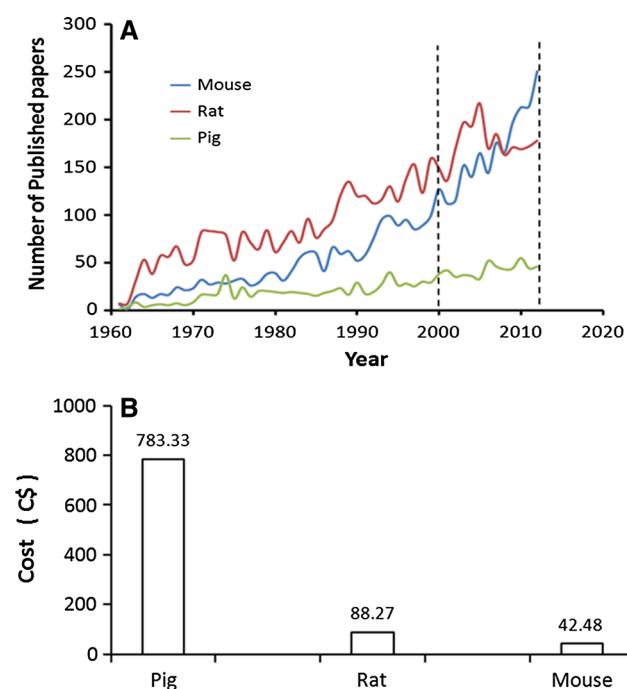
### Modeling inhalation injury in animals

Although genetic and cost considerations have underpinned the growth of rodents and other small animals in burn research, an exciting emerging area in burn research is the use of sheep to model inhalation injury following burns [72, 73]. Inhalation injury constitutes the bulk of fatalities in burn centers around the world and has a complex etiology, varied patterns of onset, and clinical manifestations [74]. An animal burn model that captures the complexities of this burn injury will help to facilitate the development of effective clinical therapies that can reduce the high mortality rates associated with this specific type of thermal injury. Although this type of injury has been studied in smaller animals like rodents, the sheep has been recognized as being the gold standard in studying this injury [75]. No other animal model comes close to the superiority of the sheep in recapturing the clinical, physiological, and histological alterations seen in smoke-induced inhalation injuries observed in humans [75]. For example, as seen clinically in humans, sheep also present with histological changes of the respiratory tract that include disruption and loss of cilia and loss of respiratory epithelium post-inhalation injury [75]. Animal size is another important consideration in selecting appropriate animal models to investigate inhalation injuries, because physiological parameters such as arterial oxygen tension and mean arterial pressure are monitored in this type of injury [72]. It is easier to obtain sufficient quantities of blood or plasma from larger animals to elucidate the pathological alterations of inhalation injury on blood gases, plasma cytokines, and leukocyte counts over time [73]. The sheep provides not only an adequate body size to conduct such research but the model is easily reproducible [75]. Furthermore, clinical studies have implicated nitric oxide (NO) in the involvement of pathogenesis of inhalation injury [72]. Given this finding, it is important to consider the important species-dependent differences in NO pathways. Specifically, the production of NO during innate immune-mediated response to *Mycobacterium tuberculosis* differs across species. For instance, human macrophages produce very low amounts of NO, whereas

rodent macrophages produce large amounts [72]. Macrophages of sheep, monkeys, and pigs are closer to human macrophages and generate little NO [72, 76]. Other advantages that have made the sheep a popular model for studies in inhalation injury include low cost, innate hardiness, and tolerance to surgical and chemical manipulation. No single animal model reproduces all the characteristics of human inhalation injury; nevertheless, the sheep model has been quite successful in reproducing some of the clinical manifestations of this injury.

### Trends in animal research

In the hope of getting a better understanding of the changes that have occurred in the animal burn model, we have examined some trends that have occurred in animal research over the decades. Scientific papers were identified from the period of 1960 to 2012. The research was performed using the database PubMed. The main keywords



**Fig. 2** Trends and costs associated with animals in burn research, showing the total number of articles appearing in the PubMed database for each species by year of publication. **a** The popularity of the rat as the species of choice in burn studies during the last century declined in the mid-2000s when the mouse research overtook the amount of burn research in rat. **b** The cost of purchase, delivery, and housing for 30 days of a pig, rat, and mouse used in burn research (in Canadian dollars). Costs were calculated based on the quotes and housing fees of the animal facility here at Sunnybrook Health Sciences Centre, Canada. Precise costs will differ from one facility to another; however, the trend remains the same with regards to inter-species cost differences

used were: “animal models AND burns AND rat”, “animal models AND burns AND mouse”, and “animal models AND burns AND pig”. By applying such norms and procedures, thousands of papers were identified and some apparent trends were noticed.

In the early 1960s, the rat was the choice of species in burn studies (Fig. 2a). With time, however, investigators found that the rat model was insufficient in helping to identify the specific pathological molecular pathways activated during burn trauma. In response, the burn rat model was modified to create the burn mouse model. With the vast abundance of disease models, transgenic tools, knockout strains, and mouse-specific reagents, the mouse burn model has over taken the rat burn model in popularity over the last decade (Fig. 2a). While the pig burn model has increased in popularity in the last few decades, the trend seems to indicate the pig will continue to lag behind the rat and mouse in the years to come (Fig. 2a). Perhaps it is attributed to their high economic cost and special post-operative care requirements. Thus, it is not clear what directions the burn model will take. However, regardless of the path that burn research takes, the fundamental rodent model will continue to play a robust role in this field.

### Economic considerations

Ideally, animal research models should be driven by maximizing their translational relevance to humans, rather than by economic considerations [77]. To some researchers, the reduction of budgets available for medical research programmes is a sobering constraint and makes the potential benefits of utilizing higher order animals with high costs in testing their hypothesis a low priority. Instead, it is about the most cost-effective allocation of incremental changes in resources. To them, the squeeze on funding is a cue to look for ways to drive large reductions in the need for costly animals, as a result jeopardizing the clinical relevance of their findings to humans. In Fig. 2b, we highlight the economic costs associated with some of the frequently used animals in burn research in order to guide discussions about choosing the correct animal model. For instance, the pig is an animal which shares several characteristics such as metabolism and skin histology with humans; however, cost analysis reveals that they are more expensive (Fig. 2b). Conversely, while small mammals like the rat and mouse are inexpensive, this gain is quickly lost to their lack of human relatedness. These important economic concerns are rarely addressed in scientific papers using animal models. Nevertheless, incorporating these economic factors into the selection of the appropriate model is an important area of ongoing and future research to help inform the decision-making processes.

## Summary

In vivo burn models have contributed to our understanding of the physiological and pathophysiological mechanisms associated with this devastating trauma. One of the major barriers in extrapolating these findings to humans is that, owing to ethical and financial constraints, researchers rarely utilize large animal models that are clinically relevant. In either case, the molecular mechanisms gleaned from these studies will help to identify novel treatment strategies that may be translated into the clinical scenario. None of the three main animal models of burn described in this review can be considered superior to one another; rather, they are best viewed as complementary. While animal research holds great promise in biomedical research, some animal models have recently been put to question as new findings have shown that the mouse model poorly mimics the genetic and proteomic responses of human inflammatory diseases [78]. As such, translational research is always necessary to address systemic diseases while animal models may pave the road to mechanisms. Despite their limitations, the rational utilization and application of animals will remain one of the most useful tools to help uncover the pathology behind burn trauma.

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## References

- Brigham PA, McLoughlin E (1996) Burn incidence and medical care use in the United States: estimates, trends, and data sources. *J Burn Care Rehabil* 17(2):95–107
- Burn Incidence Fact Sheet (2012) American Burn Association. [http://www.ameriburn.org/resources\\_factsheet.php](http://www.ameriburn.org/resources_factsheet.php)
- Branski LK, Al-Mousawi A, Rivero H, Jeschke MG, Sanford AP, Herndon DN (2009) Emerging infections in burns. *Surg Infect (Larchmt)* 10(5):389–397. doi:10.1089/sur.2009.024
- Williams FN, Herndon DN, Hawkins HK, Lee JO, Cox RA, Kulp GA, Finnerty CC, Chinkes DL, Jeschke MG (2009) The leading causes of death after burn injury in a single pediatric burn center. *Crit Care* 13(6):R183. doi:10.1186/cc8170
- Kraft R, Herndon DN, Al-Mousawi AM, Williams FN, Finnerty CC, Jeschke MG (2012) Burn size and survival probability in paediatric patients in modern burn care: a prospective observational cohort study. *Lancet* 379(9820):1013–1021. doi:10.1016/S0140-6736(11)61345-7
- Keck M, Herndon DH, Kamolz LP, Frey M, Jeschke MG (2009) Pathophysiology of burns. *Wien Med Wochenschr* 159(13–14):327–336. doi:10.1007/s10354-009-0651-2
- Jeschke MG, Gauglitz GG, Finnerty CC, Kraft R, Mlcak RP, Herndon DN (2013) Survivors versus nonsurvivors postburn: differences in inflammatory and hypermetabolic trajectories. *Ann Surg*. doi:10.1097/SLA.0b013e31828dfbfl
- Williams FN, Herndon DN, Jeschke MG (2009) The hypermetabolic response to burn injury and interventions to modify this response. *Clin Plast Surg* 36(4):583–596. doi:10.1016/j.cps.2009.05.001
- Jeschke MG, Chinkes DL, Finnerty CC, Kulp G, Suman OE, Norbury WB, Branski LK, Gauglitz GG, Mlcak RP, Herndon DN (2008) Pathophysiologic response to severe burn injury. *Ann Surg* 248(3):387–401. doi:10.1097/SLA.0b013e3181856241
- Jeschke MG, Mlcak RP, Finnerty CC, Norbury WB, Gauglitz GG, Kulp GA, Herndon DN (2007) Burn size determines the inflammatory and hypermetabolic response. *Crit Care* 11(4):R90. doi:10.1186/cc6102
- Dahiya P (2009) Burns as a model of SIRS. *Front Biosci* 14:4962–4967 pii:3580
- Gauglitz GG, Herndon DN, Jeschke MG (2008) Insulin resistance postburn: underlying mechanisms and current therapeutic strategies. *J Burn Care Res* 29(5):683–694. doi:10.1097/BCR.0b013e31818481ce
- Jeschke MG, Finnerty CC, Herndon DN, Song J, Boehning D, Tompkins RG, Baker HV, Gauglitz GG (2012) Severe injury is associated with insulin resistance, endoplasmic reticulum stress response, and unfolded protein response. *Ann Surg* 255(2):370–378. doi:10.1097/SLA.0b013e31823e76e7
- Mecott GA, Al-Mousawi AM, Gauglitz GG, Herndon DN, Jeschke MG (2010) The role of hyperglycemia in burned patients: evidence-based studies. *Shock* 33(1):5–13. doi:10.1097/SHK.0b013e3181af0494
- Kraft R, Herndon DN, Finnerty CC, Hiyama Y, Jeschke MG (2013) Association of postburn fatty acids and triglycerides with clinical outcome in severely burned children. *J Clin Endocrinol Metab* 98(1):314–321. doi:10.1210/jc.2012-2599
- Rivers EP, Katranji M, Jaehne KA, Brown S, Abou Dagher G, Cannon C, Coba V (2012) Early interventions in severe sepsis and septic shock: a review of the evidence one decade later. *Minerva Anesthesiol* 78(6):712–724 pii:R02127095
- Toye AA, Moir L, Hugill A, Bentley L, Quarterman J, Mijat V, Hough T, Goldworthy M, Haynes A, Hunter AJ, Browne M, Spurr N, Cox RD (2004) A new mouse model of type 2 diabetes, produced by N-ethyl-nitrosourea mutagenesis, is the result of a missense mutation in the glucokinase gene. *Diabetes* 53(6):1577–1583 pii:53/6/1577
- Carroll L, Voisey J, van Daal A (2004) Mouse models of obesity. *Clin Dermatol* 22(4):345–349. doi:10.1016/j.clindermatol.2004.01.004
- Takahashi N, Smithies O (2004) Human genetics, animal models and computer simulations for studying hypertension. *Trends Genet* 20(3):136–145. doi:10.1016/j.tig.2004.01.004
- Rego EM, He LZ, Warrell RP Jr, Wang ZG, Pandolfi PP (2000) Retinoic acid (RA) and As<sub>2</sub>O<sub>3</sub> treatment in transgenic models of acute promyelocytic leukemia (APL) unravel the distinct nature of the leukemogenic process induced by the PML-RARalpha and PLZF-RARalpha oncoproteins. *Proc Natl Acad Sci USA* 97(18):10173–10178. doi:10.1073/pnas.180290497
- Sayeed MM (2005) Inflammatory/cardiovascular-metabolic responses in a rat model of burn injury with superimposed infection. *Shock* 24(Suppl 1):40–44 pii:00024382-200512001-00007
- Marshall AH, Brooks NC, Hiyama Y, Qa'aty N, Al-Mousawi A, Finnerty CC, Jeschke MG (2013) Hepatic apoptosis postburn is mediated by c-Jun N-terminal kinase 2. *Shock* 39(2):183–188. doi:10.1097/SHK.0b013e31827f40ab
- Wong VW, Sorkin M, Glotzbach JP, Longaker MT, Gurtner GC (2011) Surgical approaches to create murine models of human wound healing. *J Biomed Biotechnol* 2011:969618. doi:10.1155/2011/969618

24. Dorsett-Martin WA (2004) Rat models of skin wound healing: a review. *Wound Repair Regen* 12(6):591–599. doi:[10.1111/j.1067-1927.2004.12601.x](https://doi.org/10.1111/j.1067-1927.2004.12601.x)
25. Peterkofsky B (1991) Ascorbate requirement for hydroxylation and secretion of procollagen: relationship to inhibition of collagen synthesis in scurvy. *Am J Clin Nutr* 54(6 Suppl):1135S–1140S
26. Sullivan TP, Eaglstein WH, Davis SC, Mertz P (2001) The pig as a model for human wound healing. *Wound Repair Regen* 9(2):66–76 pii:wrr066
27. Gurtner GC, Werner S, Barrandon Y, Longaker MT (2008) Wound repair and regeneration. *Nature* 453(7193):314–321. doi:[10.1038/nature07039](https://doi.org/10.1038/nature07039)
28. Bielefeld KA, Amini-Nik S, Alman BA (2012) Cutaneous wound healing: recruiting developmental pathways for regeneration. *Cell Mol Life Sci*. doi:[10.1007/s00018-012-1152-9](https://doi.org/10.1007/s00018-012-1152-9)
29. Li J, Chen J, Kirsner R (2007) Pathophysiology of acute wound healing. *Clin Dermatol* 25(1):9–18. doi:[10.1016/j.clindermatol.2006.09.007](https://doi.org/10.1016/j.clindermatol.2006.09.007)
30. Stadelmann WK, Digenis AG, Tobin GR (1998) Physiology and healing dynamics of chronic cutaneous wounds. *Am J Surg* 176(2A Suppl):26S–38S
31. Alvarez OM, Kalinski C, Nusbaum J, Hernandez L, Pappous E, Kyriannis C, Parker R, Chrzanowski G, Comfort CP (2007) Incorporating wound healing strategies to improve palliation (symptom management) in patients with chronic wounds. *J Palliat Med* 10(5):1161–1189. doi:[10.1089/jpm.2007.9909](https://doi.org/10.1089/jpm.2007.9909)
32. Amini-Nik S, Glancy D, Boimer C, Whetstone H, Keller C, Alman BA (2011) Pax7 expressing cells contribute to dermal wound repair; regulating scar size through a beta-catenin mediated process. *Stem Cells*. doi:[10.1002/stem.688](https://doi.org/10.1002/stem.688)
33. Bielefeld KA, Amini-Nik S, Whetstone H, Poon R, Youn A, Wang J, Alman BA (2011) Fibronectin and beta-catenin act in a regulatory loop in dermal fibroblasts to modulate cutaneous healing. *J Biol Chem* 286(31):27687–27697. doi:[10.1074/jbc.M111.261677](https://doi.org/10.1074/jbc.M111.261677)
34. Blit PH, Jeschke MG (2012) Keloids: what do we know and what do we do next? *Transl Res* 159(3):173–174. doi:[10.1016/j.trsl.2011.11.007](https://doi.org/10.1016/j.trsl.2011.11.007)
35. Gauglitz GG, Korting HC, Pavicic T, Ruzicka T, Jeschke MG (2011) Hypertrophic scarring and keloids: pathomechanisms and current and emerging treatment strategies. *Mol Med* 17(1–2):113–125. doi:[10.2119/molmed.2009.00153](https://doi.org/10.2119/molmed.2009.00153)
36. Brockes JP, Kumar A (2002) Plasticity and reprogramming of differentiated cells in amphibian regeneration. *Nat Rev Mol Cell Biol* 3(8):566–574. doi:[10.1038/nrm881](https://doi.org/10.1038/nrm881)
37. Mestas J, Hughes CC (2004) Of mice and not men: differences between mouse and human immunology. *J Immunol* 172(5):2731–2738
38. Ito M, Liu Y, Yang Z, Nguyen J, Liang F, Morris RJ, Cotsarelis G (2005) Stem cells in the hair follicle bulge contribute to wound repair but not to homeostasis of the epidermis. *Nat Med* 11(12):1351–1354. doi:[10.1038/nm1328](https://doi.org/10.1038/nm1328)
39. Ito M, Yang Z, Andl T, Cui C, Kim N, Millar SE, Cotsarelis G (2007) Wnt-dependent de novo hair follicle regeneration in adult mouse skin after wounding. *Nature* 447(7142):316–320. doi:[10.1038/nature05766](https://doi.org/10.1038/nature05766)
40. Oshimori N, Fuchs E (2012) Paracrine TGF-beta signaling counterbalances BMP-mediated repression in hair follicle stem cell activation. *Cell Stem Cell* 10(1):63–75. doi:[10.1016/j.stem.2011.11.005](https://doi.org/10.1016/j.stem.2011.11.005)
41. Oppenheim JJ, Biragyn A, Kwak LW, Yang D (2003) Roles of antimicrobial peptides such as defensins in innate and adaptive immunity. *Ann Rheum Dis* 62(Suppl 2):ii17–ii21
42. Ganz T (2003) Defensins: antimicrobial peptides of innate immunity. *Nat Rev Immunol* 3(9):710–720. doi:[10.1038/nri1180](https://doi.org/10.1038/nri1180)
43. Olson TS, Ley K (2002) Chemokines and chemokine receptors in leukocyte trafficking. *Am J Physiol Regul Integr Comp Physiol* 283(1):R7–R28. doi:[10.1152/ajpregu.00738.2001](https://doi.org/10.1152/ajpregu.00738.2001)
44. Werner S, Grose R (2003) Regulation of wound healing by growth factors and cytokines. *Physiol Rev* 83(3):835–870. doi:[10.1152/physrev.00031.2002](https://doi.org/10.1152/physrev.00031.2002)
45. Papp A, Kiraly K, Harma M, Lahtinen T, Uusaro A, Alhava E (2004) The progression of burn depth in experimental burns: a histological and methodological study. *Burns* 30(7):684–690. doi:[10.1016/j.burns.2004.03.021](https://doi.org/10.1016/j.burns.2004.03.021)
46. Amini-Nik S, Kraemer D, Cowan ML, Gunaratne K, Nadesan P, Alman BA, Miller RJ (2010) Ultrafast mid-IR laser scalpel: protein signals of the fundamental limits to minimally invasive surgery. *PLoS ONE* 5(9). doi:[10.1371/journal.pone.0013053](https://doi.org/10.1371/journal.pone.0013053)
47. Byl NN, McKenzie AL, West JM, Whitney JD, Hunt TK, Hopf HW, Scheuenstuhl H (1994) Pulsed microamperage stimulation: a controlled study of healing of surgically induced wounds in Yucatan pigs. *Phys Ther* 74(3):201–213 discussion 213–208
48. Yao F, Visovatti S, Johnson CS, Chen M, Slama J, Wenger A, Eriksson E (2001) Age and growth factors in porcine full-thickness wound healing. *Wound Repair Regen* 9(5):371–377
49. Jeschke MG, Gauglitz GG, Kulp GA, Finnerty CC, Williams FN, Kraft R, Suman OE, Mlcak RP, Herndon DN (2011) Long-term persistence of the pathophysiologic response to severe burn injury. *PLoS ONE* 6(7):e21245. doi:[10.1371/journal.pone.0021245](https://doi.org/10.1371/journal.pone.0021245)
50. Arturson G, Danielsson U, Henriksson TG, Ponten B, Wennberg L (1976) New treatment method of patients with severe burns. *Lakartidningen* 73(32):2615–2620
51. Aulick LH, Hander EH, Wilmore DW, Mason AD Jr, Pruitt BA Jr (1979) The relative significance of thermal and metabolic demands on burn hypermetabolism. *J Trauma Inj Infect Crit Care* 19(8):559–566
52. Caldwell FT Jr, Osterholm JL, Sower ND, Moyer CA (1959) Metabolic response to thermal trauma of normal and thyropivic rats at three environmental temperatures. *Ann Surg* 150:976–988
53. Karimi I (2012) Animal models as tools for translational research: focus on atherosclerosis, metabolic syndrome and type-II diabetes mellitus. In: Frank S, Kostner G (eds) *Lipoproteins—role in health and diseases*. InTech. doi:[10.5772/47769](https://doi.org/10.5772/47769)
54. Varga O, Harangi M, Olsson IA, Hansen AK (2010) Contribution of animal models to the understanding of the metabolic syndrome: a systematic overview. *Obes Rev* 11(11):792–807. doi:[10.1111/j.1467-789X.2009.00667.x](https://doi.org/10.1111/j.1467-789X.2009.00667.x)
55. Dandri M, Burda MR, Torok E, Pollok JM, Iwanska A, Sommer G, Rogiers X, Rogler CE, Gupta S, Will H, Greten H, Petersen J (2001) Repopulation of mouse liver with human hepatocytes and in vivo infection with hepatitis B virus. *Hepatology* 33(4):981–988. doi:[10.1053/jhep.2001.23314](https://doi.org/10.1053/jhep.2001.23314)
56. Belke DD, Severson DL (2012) Diabetes in mice with monogenic obesity: the db/db mouse and its use in the study of cardiac consequences. *Methods Mol Biol* 933:47–57. doi:[10.1007/978-1-62703-068-7\\_4](https://doi.org/10.1007/978-1-62703-068-7_4)
57. Hu RH, Yu YM, Costa D, Young VR, Ryan CM, Burke JF, Tompkins RG (1998) A rabbit model for metabolic studies after burn injury. *J Surg Res* 75(2):153–160. doi:[10.1006/jsre.1998.5274](https://doi.org/10.1006/jsre.1998.5274)
58. Fernandez ML, Volek JS (2006) Guinea pigs: a suitable animal model to study lipoprotein metabolism, atherosclerosis and inflammation. *Nutr Metab* 3:17. doi:[10.1186/1743-7075-3-17](https://doi.org/10.1186/1743-7075-3-17)
59. Cree MG, Wolfe RR (2008) Postburn trauma insulin resistance and fat metabolism. *Am J Physiol Endocrinol Metab* 294(1):E1–E9. doi:[10.1152/ajpendo.00562.2007](https://doi.org/10.1152/ajpendo.00562.2007)
60. Martini WZ, Irtun O, Chinkes DL, Rasmussen B, Traber DL, Wolfe RR (2001) Alteration of hepatic fatty acid metabolism after burn injury in pigs. *J Parenter Enteral Nutr* 25(6):310–316

61. Campelo AP, Campelo MW, Britto GA, Ayala AP, Guimaraes SB, Vasconcelos PR (2011) An optimized animal model for partial and total skin thickness burns studies. *Acta Cir Bras* 26(Suppl 1):38–42 pii:S0102-86502011000700008
62. Zelt RG, Daniel RK, Ballard PA, Brissette Y, Heroux P (1988) High-voltage electrical injury: chronic wound evolution. *Plast Reconstr Surg* 82(6):1027–1041
63. Clouatre E, Pinto R, Banfield J, Jeschke MG (2013) Incidence of hot tap water scalds after the introduction of regulations in Ontario. *J Burn Care Res* 34(2):243–248. doi:10.1097/BCR.0b013e3182789057
64. Hiyama Y, Marshall AH, Kraft R, Qa'aty N, Arno A, Herndon DN, Jeschke MG (2013) Effects of metformin on burn-induced hepatic endoplasmic reticulum stress in male rats. *Mol Med* 19(1):1–6. doi:10.2119/molmed.2012.00330
65. Mitsunaga Junior JK, Gragnani A, Ramos ML, Ferreira LM (2012) Rat an experimental model for burns: a systematic review. *Acta Cir Bras* 27(6):417–423 pii:S0102-86502012000600010
66. Pereira CT, Herndon DN (2005) The pharmacologic modulation of the hypermetabolic response to burns. *Adv Surg* 39:245–261
67. Kulp GA, Tilton RG, Herndon DN, Jeschke MG (2012) Hyperglycemia exacerbates burn-induced liver inflammation via non-canonical nuclear factor-kappaB pathway activation. *Mol Med* 18:948–956. doi:10.2119/molmed.2011.00357
68. Henze U, Lennartz A, Hafemann B, Goldmann C, Kirkpatrick CJ, Klosterhalfen B (1997) The influence of the C1-inhibitor BERINERT and the protein-free haemodialysate ACTIHAE-MYL20% on the evolution of the depth of scald burns in a porcine model. *Burns* 23(6):473–477 pii:S0305417997000193
69. Middelkoop E, van den Bogaerd AJ, Lamme EN, Hoekstra MJ, Brandsma K, Ulrich MM (2004) Porcine wound models for skin substitution and burn treatment. *Biomaterials* 25(9):1559–1567 pii:S0142961203005027
70. Branski LK, Mittermayr R, Herndon DN, Norbury WB, Masters OE, Hofmann M, Traber DL, Redl H, Jeschke MG (2008) A porcine model of full-thickness burn, excision and skin autografting. *Burns* 34(8):1119–1127. doi:10.1016/j.burns.2008.03.013
71. Zhang XJ, Chinkes DL, Wolfe RR (2004) Leucine supplementation has an anabolic effect on proteins in rabbit skin wound and muscle. *J Nutr* 134(12):3313–3318
72. Matute-Bello G, Frevert CW, Martin TR (2008) Animal models of acute lung injury. *Am J Physiol Lung Cell Mol Physiol* 295(3):L379–L399. doi:10.1152/ajplung.00010.2008
73. Wang HM, Bodenstern M, Markstaller K (2008) Overview of the pathology of three widely used animal models of acute lung injury. *Eur Surg Res* 40(4):305–316. doi:10.1159/000121471
74. Enkhbaatar P, Traber DL (2004) Pathophysiology of acute lung injury in combined burn and smoke inhalation injury. *Clin Sci (Lond)* 107(2):137–143. doi:10.1042/CS20040135
75. Hubbard GB, Shimazu T, Yukioka T, Langlinais PC, Mason AD Jr, Pruitt BA Jr (1988) Smoke inhalation injury in sheep. *Am J Pathol* 133(3):660–663
76. Lange M, Hamahata A, Enkhbaatar P, Cox RA, Nakano Y, Westphal M, Traber LD, Herndon DN, Traber DL (2011) Beneficial effects of concomitant neuronal and inducible nitric oxide synthase inhibition in ovine burn and inhalation injury. *Shock* 35(6):626–631. doi:10.1097/SHK.0b013e31820fe671
77. Robinson B (2010) Recognition of animal welfare in biomedical science takes center stage. National Cancer Institute. <http://www.cancer.gov/nccicancerbulletin/110210/page6>
78. Seok J, Warren HS, Cuenca AG, Mindrinos GN, Baker HV, Xu W, Richards DR, McDonald-Smith GP, Gao H, Hennessy L, Finnerty CC, Lopez CM, Honari S, Moore EE, Minei JP, Cuschieri J, Bankey PE, Johnson JL, Sperry J, Nathens AB, Billiar TR, West MA, Jeschke MG, Klein MB, Gamelli RL, Gibran NS, Brownstein BH, Miller-Graziano C, Calvano SE, Mason PH, Cobb JP, Rahme LG, Lowry SF, Maier RV, Moldawer LL, Herndon DN, Davis RW, Xiao W, Tompkins RG (2013) Genomic responses in mouse models poorly mimic human inflammatory diseases. *Proc Natl Acad Sci USA* 110(9):3507–3512. doi:10.1073/pnas.1222878110
79. Younan G, Suber F, Xing W, Shi T, Kunori Y, Abrink M, Pejler G, Schlenner SM, Rodewald HR, Moore FD Jr, Stevens RL, Adachi R, Austen KF, Gurish MF (2010) The inflammatory response after an epidermal burn depends on the activities of mouse mast cell proteases 4 and 5. *J Immunol* 185(12):7681–7690. doi:10.4049/jimmunol.1002803
80. Adams DH, Ruzehaji N, Strudwick XL, Greenwood JE, Campbell HD, Arkell R, Cowin AJ (2009) Attenuation of Flightless I, an actin-remodelling protein, improves burn injury repair via modulation of transforming growth factor (TGF)-beta1 and TGF-beta3. *Br J Dermatol* 161(2):326–336. doi:10.1111/j.1365-2133.2009.09296.x
81. Shen H, Yao P, Lee E, Greenhalgh D, Soulika AM (2012) Interferon-gamma inhibits healing post-scald burn injury. *Wound Repair Regen* 20(4):580–591. doi:10.1111/j.1524-475X.2012.00812.x
82. Adediran SG, Dauplaise DJ, Kasten KR, Tschop J, Dattilo J, Goetzman HS, England LG, Cave CM, Robinson CT, Caldwell CC (2010) Early infection during burn-induced inflammatory response results in increased mortality and p38-mediated neutrophil dysfunction. *Am J Physiol Regul Integr Comp Physiol* 299(3):R918–R925. doi:10.1152/ajpregu.00132.2010
83. Hurtuk MG, He LK, Szilagyi A, Gamelli RL, Hecht DW, Kennedy RH, Rhys-Williams W, Love WG, Shankar R (2010) The novel antibacterial drug XF-70 is a potent inhibitor of *Staphylococcus aureus* infection of the burn wound. *J Burn Care Res* 31(3):462–469. doi:10.1097/BCR.0b013e3181db5265
84. Zhang QH, Li JC, Dong N, Tang LM, Zhu XM, Sheng ZY, Yao YM (2013) Burn injury induces gelsolin expression and cleavage in the brain of mice. *Neuroscience* 228:60–72. doi:10.1016/j.neuroscience.2012.10.013
85. Palmer JL, Deburghraeve CR, Bird MD, Hauer-Jensen M, Kovacs EJ (2011) Development of a combined radiation and burn injury model. *J Burn Care Res* 32(2):317–323. doi:10.1097/BCR.0b013e31820aafa9
86. Posluszny JA Jr, Muthumalaiappan K, Kini AR, Szilagyi A, He LK, Li Y, Gamelli RL, Shankar R (2011) Burn injury dampens erythroid cell production through reprioritizing bone marrow hematopoietic response. *J Trauma* 71(5):1288–1296. doi:10.1097/TA.0b013e31822e2803
87. Howell K, Posluszny J, He LK, Szilagyi A, Halzer J, Gamelli RL, Shankar R, Muthu K (2012) High MafB expression following burn augments monocyte commitment and inhibits DC differentiation in hemopoietic progenitors. *J Leukoc Biol* 91(1):69–81. doi:10.1189/jlb.0711338
88. Liu QY, Yao YM, Zhang SW, Yan YH, Wu X (2011) Naturally existing CD11c(low)CD45RB(high) dendritic cells protect mice from acute severe inflammatory response induced by thermal injury. *Immunobiology* 216(1–2):47–53. doi:10.1016/j.imbio.2010.03.005
89. Plackett TP, Gamelli RL, Kovacs EJ (2010) Gender-based differences in cytokine production after burn injury: a role of interleukin-6. *J Am Coll Surg* 210(1):73–78. doi:10.1016/j.jamcollsurg.2009.09.019
90. Muthu K, He LK, Szilagyi A, Stevenson J, Gamelli RL, Shankar R (2009) Propranolol restores the tumor necrosis factor-alpha response of circulating inflammatory monocytes and granulocytes after burn injury and sepsis. *J Burn Care Res* 30(1):8–18. doi:10.1097/BCR.0b013e3181921f22

91. Fan J, Meng Q, Guo G, Xie Y, Xiu Y, Li T, Feng W, Ma L (2009) Effects of enteral nutrition supplemented with glutamine on intestinal mucosal immunity in burned mice. *Nutrition* 25(2):233–239. doi:10.1016/j.nut.2008.08.009
92. Fan J, Meng Q, Guo G, Xie Y, Li X, Xiu Y, Li T, Ma L (2010) Effects of early enteral nutrition supplemented with arginine on intestinal mucosal immunity in severely burned mice. *Clin Nutr* 29(1):124–130. doi:10.1016/j.clnu.2009.07.005
93. Fan J, Xie Y, Li X, Guo G, Meng Q, Xiu Y, Li T, Feng W, Ma L (2009) The influence of Peyer's patch apoptosis on intestinal mucosal immunity in burned mice. *Burns* 35(5):687–694. doi:10.1016/j.burns.2008.10.013
94. Huber NL, Bailey SR, Schuster R, Ogle CK, Lentsch AB, Pritts TA (2012) Prior thermal injury accelerates endotoxin-induced inflammatory cytokine production and intestinal nuclear factor-kappaB activation in mice. *J Burn Care Res* 33(2):279–285. doi:10.1097/BCR.0b013e3182331d75
95. Huber NL, Bailey SR, Schuster RM, Ogle CK, Lentsch AB, Pritts TA (2010) Remote thermal injury increases LPS-induced intestinal IL-6 production. *J Surg Res* 160(2):190–195. doi:10.1016/j.jss.2009.06.006
96. Beffa DC, Fischman AJ, Fagan SP, Hamrahi VF, Paul KW, Kaneki M, Yu YM, Tompkins RG, Carter EA (2011) Simvastatin treatment improves survival in a murine model of burn sepsis: role of interleukin 6. *Burns* 37(2):222–226. doi:10.1016/j.burns.2010.10.010
97. Song J, Wolf SE, Herndon DN, Wu XW, Jeschke MG (2008) Second hit post-burn increased proximal gut mucosa epithelial cells damage. *Shock* 30(2):184–188. doi:10.1097/SHK.0b013e318162a3f6
98. Huang CC, Yan SH, Chen D, Chen BC, Zhao NW (2012) Application of on-line nanoLC-IT-TOF in the identification of serum beta-catenin complex in mice scald model. *PLoS ONE* 7(10):e46530. doi:10.1371/journal.pone.0046530
99. Bohannon JK, Cui W, Toliver-Kinsky T (2009) Endogenous Fms-like tyrosine kinase-3 ligand levels are not altered in mice after a severe burn and infection. *BMC Immunol* 10:47. doi:10.1186/1471-2172-10-47
100. Song J, Finnerty CC, Herndon DN, Boehning D, Jeschke MG (2009) Severe burn-induced endoplasmic reticulum stress and hepatic damage in mice. *Mol Med* 15(9–10):316–320. doi:10.2119/molmed.2009.00048
101. Finnerty CC, Przkora R, Herndon DN, Jeschke MG (2009) Cytokine expression profile over time in burned mice. *Cytokine* 45(1):20–25. doi:10.1016/j.cyto.2008.10.005
102. Xie T, Niu Y, Ge K, Lu S (2008) Regulation of keratinocyte proliferation in rats with deep, partial-thickness scald: modulation of cyclin D1-cyclin-dependent kinase 4 and histone H1 kinase activity of M-phase promoting factor. *J Surg Res* 147(1):9–14. doi:10.1016/j.jss.2007.08.023
103. Baer LA, Wu X, Tou JC, Johnson E, Wolf SE, Wade CE (2013) Contributions of severe burn and disuse to bone structure and strength in rats. *Bone* 52(2):644–650. doi:10.1016/j.bone.2012.10.032
104. Hemmila MR, Mattar A, Taddonio MA, Arbabi S, Hamouda T, Ward PA, Wang SC, Baker JR Jr (2010) Topical nanoemulsion therapy reduces bacterial wound infection and inflammation after burn injury. *Surgery* 148(3):499–509. doi:10.1016/j.surg.2010.01.001
105. Qiao L, Lu SL, Dong JY, Song F (2011) Abnormal regulation of neo-vascularisation in deep partial thickness scalds in rats with diabetes mellitus. *Burns* 37(6):1015–1022. doi:10.1016/j.burns.2011.03.020
106. Pfurtscheller K, Petnehazy T, Goessler W, Wiederstein-Grasser I, Bubalo V, Trop M (2013) Innovative scald burn model and long-term dressing protector for studies in rats. *J Trauma Acute Care Surg* 74(3):932–935. doi:10.1097/TA.0b013e31827d0fc3
107. Yang Q, Orman MA, Berthiaume F, Ierapetritou MG, Androulakis IP (2012) Dynamics of short-term gene expression profiling in liver following thermal injury. *J Surg Res* 176(2):549–558. doi:10.1016/j.jss.2011.09.052
108. Niederbichler AD, Hoesel LM, Ipaktchi K, Olivarez L, Erdmann M, Vogt PM, Su GL, Arbabi S, Westfall MV, Wang SC, Hemmila MR (2011) Burn-induced heart failure: lipopolysaccharide binding protein improves burn and endotoxin-induced cardiac contractility deficits. *J Surg Res* 165(1):128–135. doi:10.1016/j.jss.2009.06.012
109. Hoesel LM, Mattar AF, Arbabi S, Niederbichler AD, Ipaktchi K, Su GL, Westfall MV, Wang SC, Hemmila MR (2009) Local wound p38 MAPK inhibition attenuates burn-induced cardiac dysfunction. *Surgery* 146(4):775–785. doi:10.1016/j.surg.2009.06.019 discussion 785-776
110. Cevik O, Oba R, Macit C, Cetinel S, Kaya OT, Sener E, Sener G (2012) Lycopene inhibits caspase-3 activity and reduces oxidative organ damage in a rat model of thermal injury. *Burns* 38(6):861–871. doi:10.1016/j.burns.2012.01.006
111. Chang KC, Ma H, Liao WC, Lee CK, Lin CY, Chen CC (2010) The optimal time for early burn wound excision to reduce pro-inflammatory cytokine production in a murine burn injury model. *Burns* 36(7):1059–1066. doi:10.1016/j.burns.2010.02.004
112. Wang Z, Liu L, Hu T, Lei W, Wan F, Zhang P, Xu J, Zhu H, Zhu Z, Yang Y, Hu X, Xu L, Wang S (2012) Protective effect of glucose-insulin-potassium (GIK) on intestinal tissues after severe burn in experimental rats. *Burns* 38(6):846–854. doi:10.1016/j.burns.2011.12.015
113. Al-Ghoul WM, Abu-Shaqra S, Park BG, Fazal N (2010) Melatonin plays a protective role in postburn rodent gut pathophysiology. *Int J Biol Sci* 6(3):282–293
114. Gokakin AK, Deveci K, Kurt A, Karakus BC, Duger C, Tuzcu M, Topcu O (2013) The protective effects of sildenafil in acute lung injury in a rat model of severe scald burn: a biochemical and histopathological study. *Burns*. doi:10.1016/j.burns.2012.12.017
115. Gao C, Liu Y, Ma L, Wang S (2012) Protective effects of ulinastatin on pulmonary damage in rats following scald injury. *Burns* 38(7):1027–1034. doi:10.1016/j.burns.2012.02.004
116. Gao C, Huan J, Li W, Tang J (2009) Protective effects of ulinastatin on pancreatic and renal damage in rats following early scald injury. *Burns* 35(4):547–552. doi:10.1016/j.burns.2008.10.006
117. Gao C, Peng H, Wang S, Zhang X (2012) Effects of Ligustrazine on pancreatic and renal damage after scald injury. *Burns* 38(1):102–107. doi:10.1016/j.burns.2011.04.022
118. Wang XH, Tang HT, Lu J, Xia ZF (2010) Increased hsp70 of glucocorticoid receptor complex induced by scald and heat stress and its possible effect on the affinity of glucocorticoid receptor. *Chin Med J (Engl)* 123(13):1780–1785
119. Liu X, Wu W, Li Q, Huang X, Chen B, Du J, Zhao K, Huang Q (2009) Effect of sphingosine 1-phosphate on morphological and functional responses in endothelia and venules after scalding injury. *Burns* 35(8):1171–1179. doi:10.1016/j.burns.2009.02.012
120. Lin X, Dai Y, Zhu G, Wan L (2009) Changes of endothelin-1 expression in cerebral basilar arteries of scald rats. *Burns* 35(1):98–103. doi:10.1016/j.burns.2008.04.005
121. Bao C, Hu S, Zhou G, Tian Y, Wu Y, Sheng Z (2010) Effect of carbachol on intestinal mucosal blood flow, activity of Na<sup>+</sup> -K<sup>+</sup> -ATPase, expression of aquaporin-1, and intestinal absorption rate during enteral resuscitation of burn shock in

- rats. *J Burn Care Res* 31(1):200–206. doi:[10.1097/BCR.0b013e3181c89eba](https://doi.org/10.1097/BCR.0b013e3181c89eba)
122. Wu X, Walters TJ, Rathbone CR (2012) Skeletal muscle satellite cell activation following cutaneous burn in rats. *Burns*. doi:[10.1016/j.burns.2012.10.016](https://doi.org/10.1016/j.burns.2012.10.016)
123. Wu X, Baer LA, Wolf SE, Wade CE, Walters TJ (2010) The impact of muscle disuse on muscle atrophy in severely burned rats. *J Surg Res* 164(2):e243–e251. doi:[10.1016/j.jss.2010.08.032](https://doi.org/10.1016/j.jss.2010.08.032)
124. Wu X, Wolf SE, Walters TJ (2010) Muscle contractile properties in severely burned rats. *Burns* 36(6):905–911. doi:[10.1016/j.burns.2010.02.003](https://doi.org/10.1016/j.burns.2010.02.003)
125. Oliveira F, Bevilacqua LR, Anaruma CA, Boldrini Sde C, Liberti EA (2010) Morphological changes in distant muscle fibers following thermal injury in Wistar rats. *Acta Cir Bras* 25(6):525–528 pii:S0102-86502010000600012
126. Luo HM, Hu S, Zhou GY, Bai HY, Lv Y, Wang HB, Lin HY, Sheng ZY (2012) The effects of ulinastatin on systemic inflammation, visceral vasopermeability and tissue water content in rats with scald injury. *Burns*. doi:[10.1016/j.burns.2012.11.004](https://doi.org/10.1016/j.burns.2012.11.004)
127. Oliveira HM, Sallam HS, Espana-Tenorio J, Chinkes D, Chung DH, Chen JD, Herndon DN (2009) Gastric and small bowel ileus after severe burn in rats: the effect of cyclooxygenase-2 inhibitors. *Burns* 35(8):1180–1184. doi:[10.1016/j.burns.2009.02.022](https://doi.org/10.1016/j.burns.2009.02.022)
128. Al-Mousawi AM, Kulp GA, Branski LK, Kraft R, Mecott GA, Williams FN, Herndon DN, Jeschke MG (2010) Impact of anesthesia, analgesia, and euthanasia technique on the inflammatory cytokine profile in a rodent model of severe burn injury. *Shock* 34(3):261–268