BACKGROUND: A burn wound is a complex and evolving injury, with both local and systemic consequences. Treatment includes using variety of dressings, but newer strategies such as topical negative pressure therapy have been developed to try and promote the wound healing process and minimize burn wound progression to involve deeper tissue in the acute phase. Topical negative pressure uses a suction force to drain excess fluids. OBJECTIVES: To assess the effectiveness of TNP for those people with partial thickness burns. SEARCH STRATEGY: We searched the Cochrane Wounds Group Specialised Register (searched April 2007), the Cochrane Central Register of Controlled Trials (CENTRAL)(The Cochrane Library Issue 2, 2007), Ovid MEDLINE (1950 to April Week 4 2007), Ovid EMBASE (1980 to Week 18 2007) and Ovid CINAHL (1982 to April Week 4 2007). SELECTION CRITERIA: All randomised controlled trials (RCTs) and controlled clinical trials (CCTs) that evaluated the safety and effectiveness of TNP for partial thickness burns. DATA COLLECTION AND ANALYSIS: Two authors using standardised forms extracted the data independently. Each trial was assessed for internal validity with differences resolved by discussion. A narrative synthesis of results was undertaken as the absence of missing data, poor reporting, or both precluded the authors to undertake any formal statistical analysis. MAIN RESULTS: One RCT satisfied the inclusion criteria. The methodological quality of the trial was poor. AUTHORS' CONCLUSIONS: There is a paucity of high quality RCTs on TNP for partial thickness burn injury with insufficient sample size and adequate power to detect differences, if there are any, between TNP and conventional burn wound therapy dressings.