

(Case #6 continued)

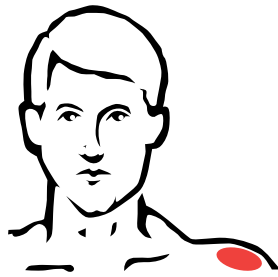


Photo 2
Healed in 9 days.
(photo not shown)

Photo 3

(Follow up photo 2 months later): 11/28/05

Case #7:



NEVUS

Patient- Female 35 years.

Photo

Patient had a nevus on the left shoulder. We performed shaving followed by electric cauterization and treated with modified collagen amorphous gel*. Healed in 13 days.



Photo 1

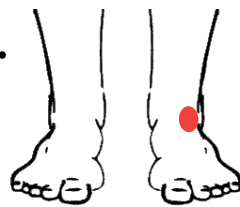


Photo 2

Case #8:

TRAUMATIC ULCER.

Patient: Male 52 years old.



Photo

Patient had a lesion on lower tibia of left leg after trauma and use of cast, wound measuring 2 1/2" by 1". Duration before collagen was 45 days. Used modified collagen amorphous gel*. Healed in 18 days.

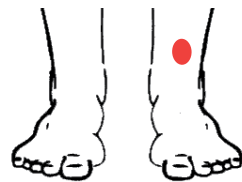


Photo 1: 07/25/05



Photo 2: 09/21/05

Case #9:



STASIS ULCER

Patient: Male 58 years old.

Patient with serious venous insufficiency in the lower left leg, presenting stasis ulcer measuring 2 1/2" in diameter duration three years. Started using modified collagen amorphous gel*, after site cleaning . Reepithelization occurred in 60 days. (photo not shown)



Photo 1: 10/18/05



Photo 2: 11/11/05

References

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- Hoekstra, Hans(MD), Dutriex, Richard P., Du Pont, J.S. "A comparison of HYDROGELS with and without GLYCERINE and VISIGEL"; The Fifth European Congress on Wound Healing - Europe, May 31, 1997
- Hoekstra, Hans(MD), Dutriex, Richard P. "The influence of different formulations of SILVERSULPHADIAZINE CREAM on BURN WOUND Healing & Glycerine Gel Sheet as Alternative to Reduce Scar Tissue Formation", Focus: Bacteriostatic, Burns and Scars. DD; Burn Resarch Institute - Amsterdam, The Netherlands, July 10, 2000
- Jester Jan(RN, CFTN) "Using a hydrogel sheet to heal skin destroyed by Radiation Therapy", Barr Home Services - Overland Park, KS, USA., 1995
- Vandeputte J., Gryson, L. "Clinical trial on the control of DIABETIC FOOT infection by an immunomodulating HYDROGEL containing 65% GLYCERINE GEL SHEET"

Products used:

- * Stimulen™ Collagen Amorphous Gel
- ** Stimulen™ Gel Sheet
- *** Elasto-Gel™ Glycerine Gel Sheet



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USE OF MODIFIED COLLAGEN AND GLYCERINE-BASED DRESSINGS IN PATIENTS WITH SKIN LESIONS - THE EXPERIENCE OF THE SANTA CASA DE MISERICORDIA

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ABSTRACT

INTRODUCTION: The definition of a chronic wound is directly related to a continuation or interruption of the patient's skin integrity, or ulceration that lasts a long period of time or reappears regularly which will take weeks, months or sometimes even years to heal. Recently, new technologies of tissue re-engineering and dressings containing growth factors have been introduced. We have used a combination of a high glycerine gel sheet dressing and a mixture of modified collagens of multiple molecular weights in 22 patients at our hospital (9 are shown in this presentation). The collagens were applied in several forms: a dry powder, a gel with a high concentration of glycerine, or a gel wafer and then covered with the high glycerine gel sheet dressing.

OBJECTIVE: The goal of this study was to determine the efficacy of this new technology and protocol and to verify its proposed various functions: hydration, absorption of excess exudate, vascularization and a continuous controlling activity of the scarring process. In addition, the evaluation of its real efficacy in regards to the safety of the products and the degree of tolerance or acceptance of patients to this new technology.

RATIONALE: The main objective was to analyze the effectiveness of this new technology in closing wounds in a relative short time compared to our standard protocols and dressings and to evaluate the quality of skin and tissue after healing wide variety and types of wounds commonly encountered in our clinics. We also evaluated the basic healing properties as well as the advantages in combining several functions in one treatment protocol.

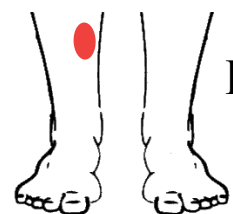
CONCLUSION: The authors would like to stress that the use of amorphous gel and dressings based on modified collagen and glycerine resulted in an advance in acceleration of wound closure and provided an early prevention of hypertrophic scarring. The authors being familiar with the many discussions and publications on tissue repair agents and with the many products entering the market at very high prices, conclude that this combination dressing technology with its multiple advantages (slowing down or eliminating the infection process with its bacteriostatic/fungistatic capacity and accelerating the normal healing process), presents economical and viable solution to eliminating or reducing many of the common challenges for these types of wounds.

We found the product's efficacy as a bactericide was extreme helpful, particularly in a hospital setting as we did not encounter any infections with these wounds during the treatment program. The product effectively managed the wound exudate without over drying the tissue, reduced pain, stimulated the healing process and produced excellent outcomes.

**American Academy of Dermatology 64th Annual Meeting
San Francisco, CA March 3-7, 2006**

USE OF MODIFIED COLLAGEN AND GLYCERINE-BASED DRESSINGS IN PATIENTS WITH SKIN LESIONS - THE EXPERIENCE OF THE SANTA CASA DE MISERICORDIA

Case #1:



KERATOACANTHOMA

Patient- Male 55 years old.

Photo 1

Patient had a rapidly expanding ulcer in the tibia region. Biopsy showed keratoacanthoma profile. Excision was performed followed by skin graft which later necrotized. After 40 days wound did not heal with our standard treatment and modified collagen amorphous gel* protocol began.



Photo 1: 09/21/05



Photo 2: 10/31/05



Photo 3 : 12/05/05

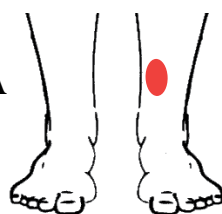
Photo 2

Complete healing occurred using collagen amorphous gel*. Within 30 days patient showed good tolerance to dressing and no collateral effects, and the wound was healed in 75 days.

Case #2:

KERATOACANTHOMA

Patient- Male 63 years old.



Photo

Patient had a nodular ulcer in the shin of his left leg. Excision was performed and use of modified collagen amorphous gel* began immediately. Healed within 25 days.

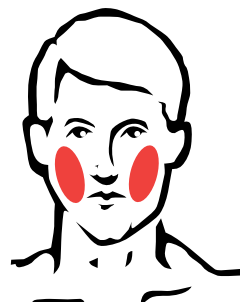


Photo 1



Photo 2

Case #3:



ACNE SCAR

Patient: Male 45 years.

Patient had crater-like scars caused by acne on his face. After mechanical dermabrasion, we used a gel sheet of modified collagen**. Patient experienced comfort while using dressing and did not show presence of infection.



Photo 1: 06/08/05

Healed in 10 days.

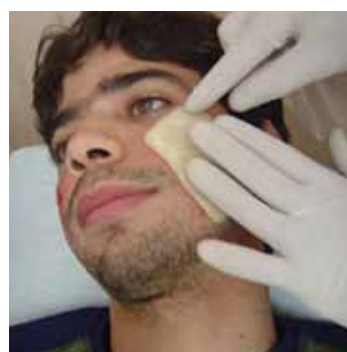


Photo 2: 06/15/05



Photo 3: 06/18/05

Case #4:

ACNE SCAR

Patient: Male 23 years.



Photo 1: 06/13/05



Photo 2: 06/15/05



Photo 3
(Follow up photo 5 months later): 11/28/05

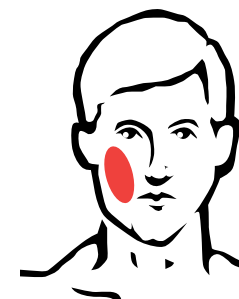


Photo 1

Patient had crater-like scars that were distensible due to acne as an adolescent. We performed dermabrasion followed by use of modified collagen gel sheet** on right side of face and an impermeable membrane on the left side.

Photo 2

Healed on the right side of his face in 8 days (photo not shown) and on the left side in 12 days. (photo not shown)

Case #5:

TRAUMA SCAR DUE TO AUTOMOBILE ACCIDENT.

Patient- Female 43 years old.

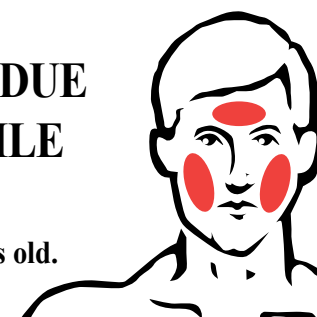


Photo 1

Patient was involved in a car accident 5 years before and had extensive trauma to her face which evolved in a scar sequel along it. We performed mechanical dermabrasion and used a glycerine facial mask***. No signs of infection or discomfort.

Photo 2

Healed in 10 days. (photo not shown)



Photo 1: 07/06/05



Photo 2

(Follow up photo 2 months later): 09/19/05

Case #6:

ACNE SCAR

Patient - Female 23 years old.

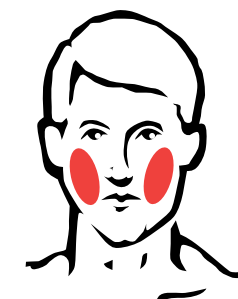


Photo 1

Patient had scars on the maxillar area. Mechanical dermabrasion was performed, immediately followed by use of a glycerine facial mask***. No sign of infection or discomfort.



Photo 1: 07/18/05



Photo 2: 07/20/05

(Case #6 continued on back)