(CS-007) Case Studies Involving Use of a Novel Autologous Gelatinous Skin Graft To Complex Wounds



Discussion

patients with Dermistat five used on stalled wounds. All of these patients were treated offloading debridements, with weekly and compression addition, advanced wound care products such as cellular and/or tissue products were used as well.

The wounds for which Dermistat was applied included two venous stasis ulcerations, pressure injuries of the bilateral buttocks (one patient) and two surgical with patients wound dehiscence.

Dermistat application process is straightforward and was completed on the same day at my wound care office.

affords following the The entire process opportunities:

- Application in the physicians office
- Relatively painless procedure compared to a traditional skin graft
- Effortless application
- Complete or near complete healing with one application – from two to four months.

For each clinic visit, the following procedures were done:

SWIFT skin and wound app – photo documentation of the true surfacearea of the patient's lesions

SNAPSHOT NIR – used to evaluate the microcirculation and oxygenation of the wound bed and periwound. Also used to help distinguish inflammation secondary to hyperemia.

MOLECULIGHT i:X – used to routinely evaluate for the presence and location of pathogenic bacteria

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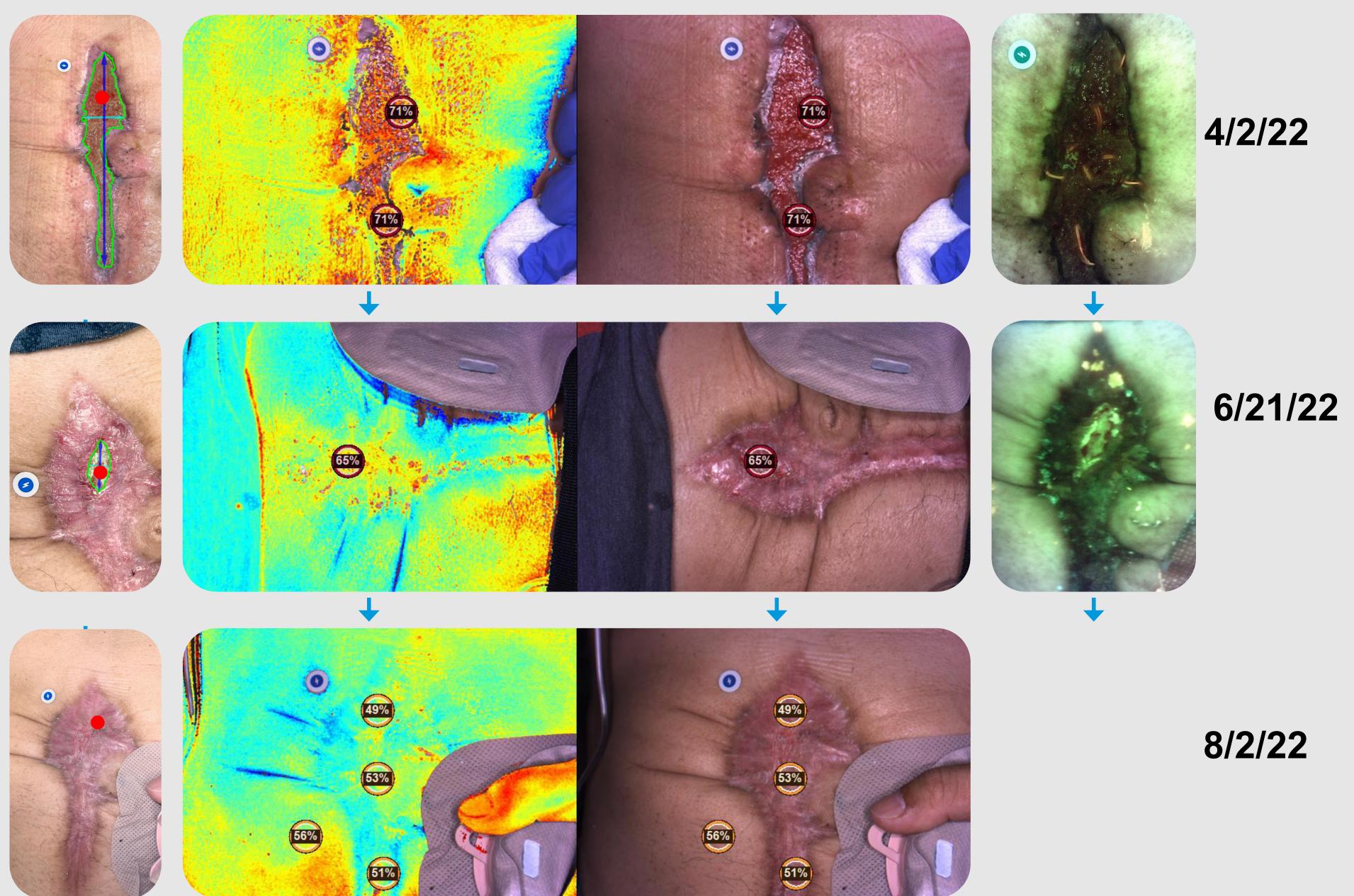
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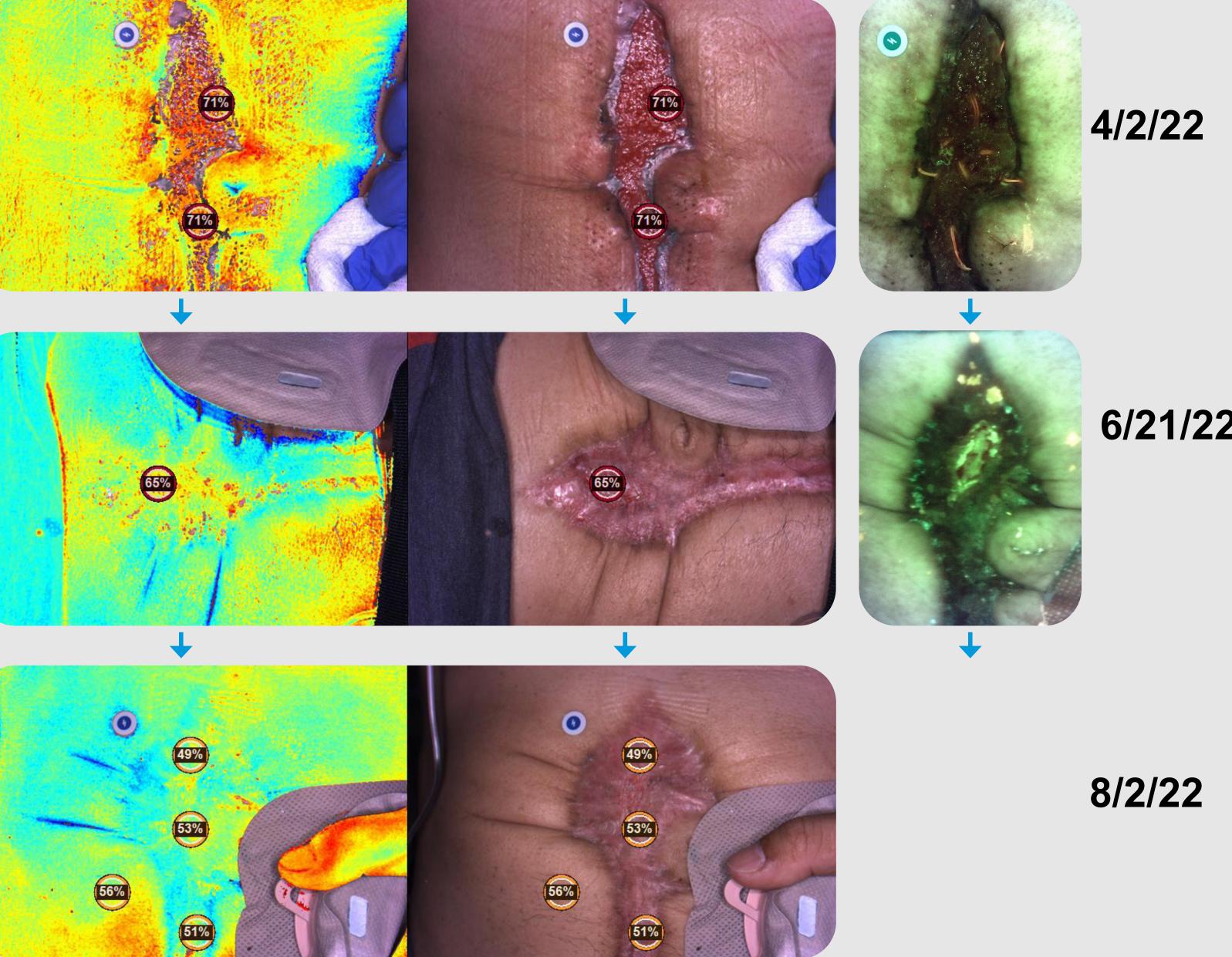
Application Process

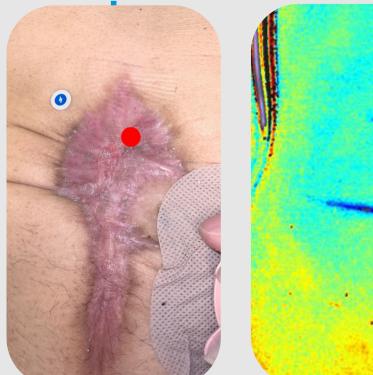


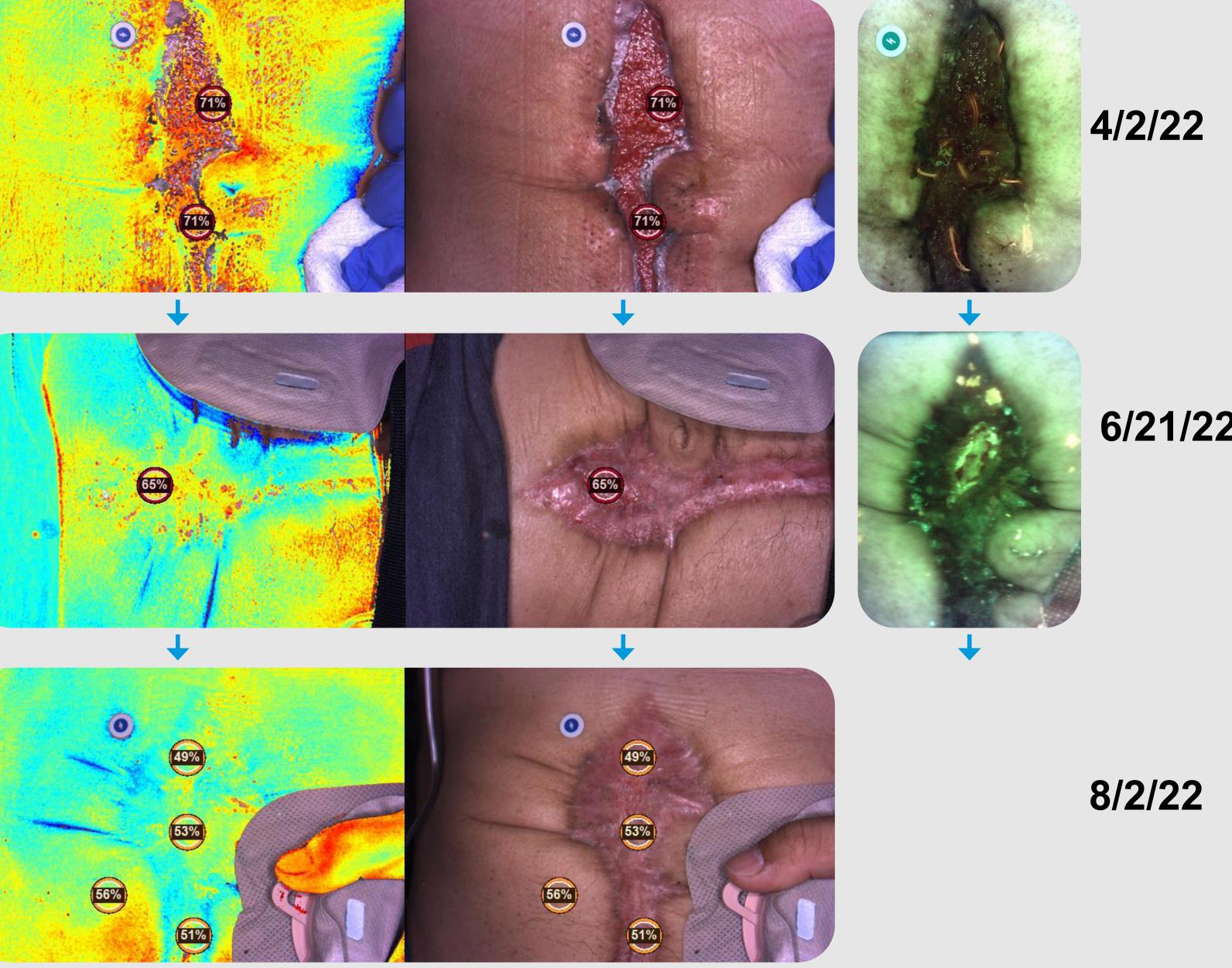
Case Report











The patient is a 56 year old male with no prior medical history who was recently hospitalized at Abrazo West Campus from 1/31/2022 TO 2/26/2022 secondary to abdominal pain with nausea and vomiting.

The patient was found to have adenocarcinoma of the distal sigmoid colon and underwent partial colectomy.

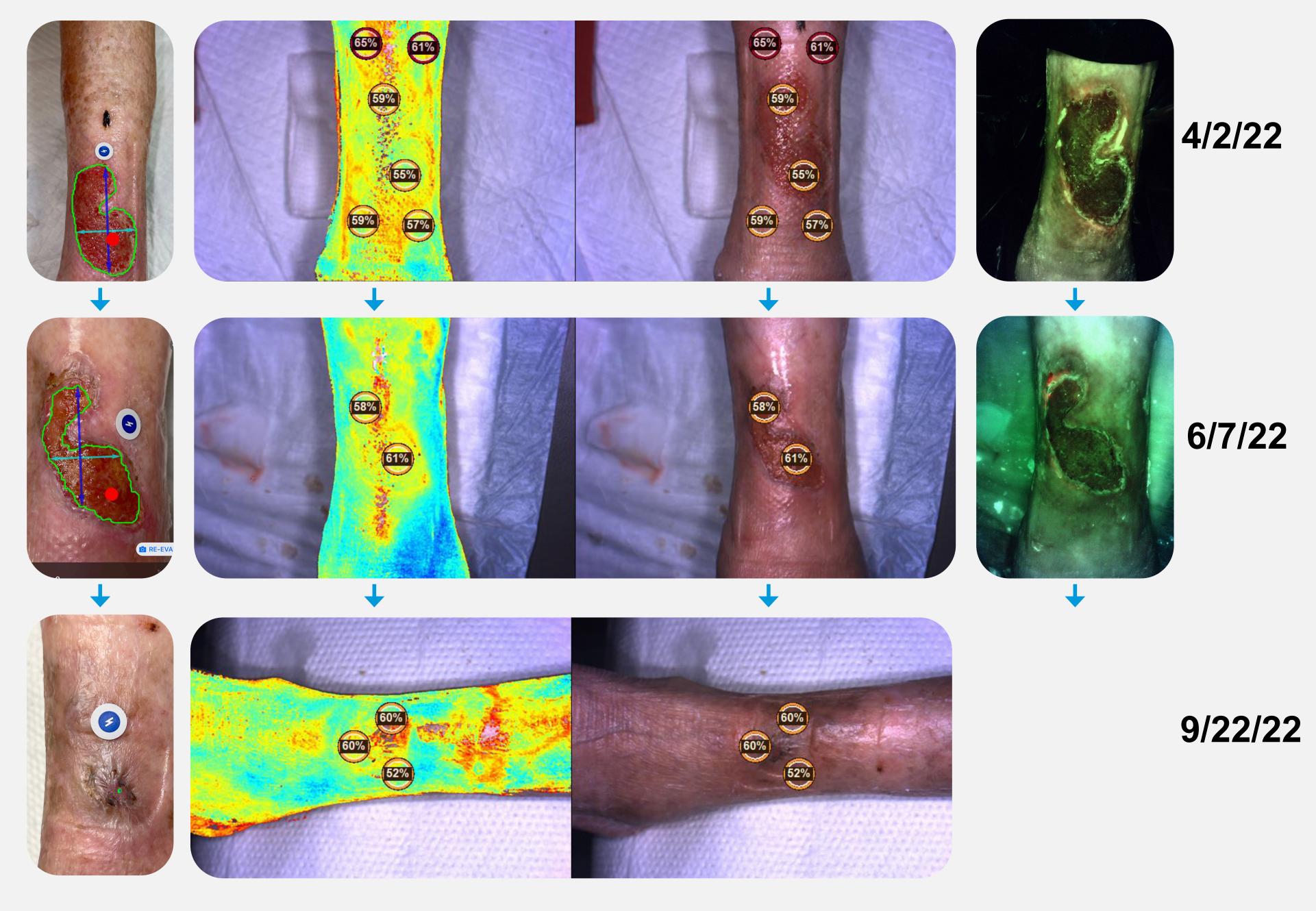
The patient developed a large abdominal wound dehisience treated initially with negative pressure wound therapy. Upon arrival to the Abrazo West Campus wound care clinic, the patient was referred for application of Dermistat on 4/2/2022. The patient's wound healed despite starting chemotherapy.

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Patient 2 - post surgical wound dehiscence next to a new colostomy

Case Report

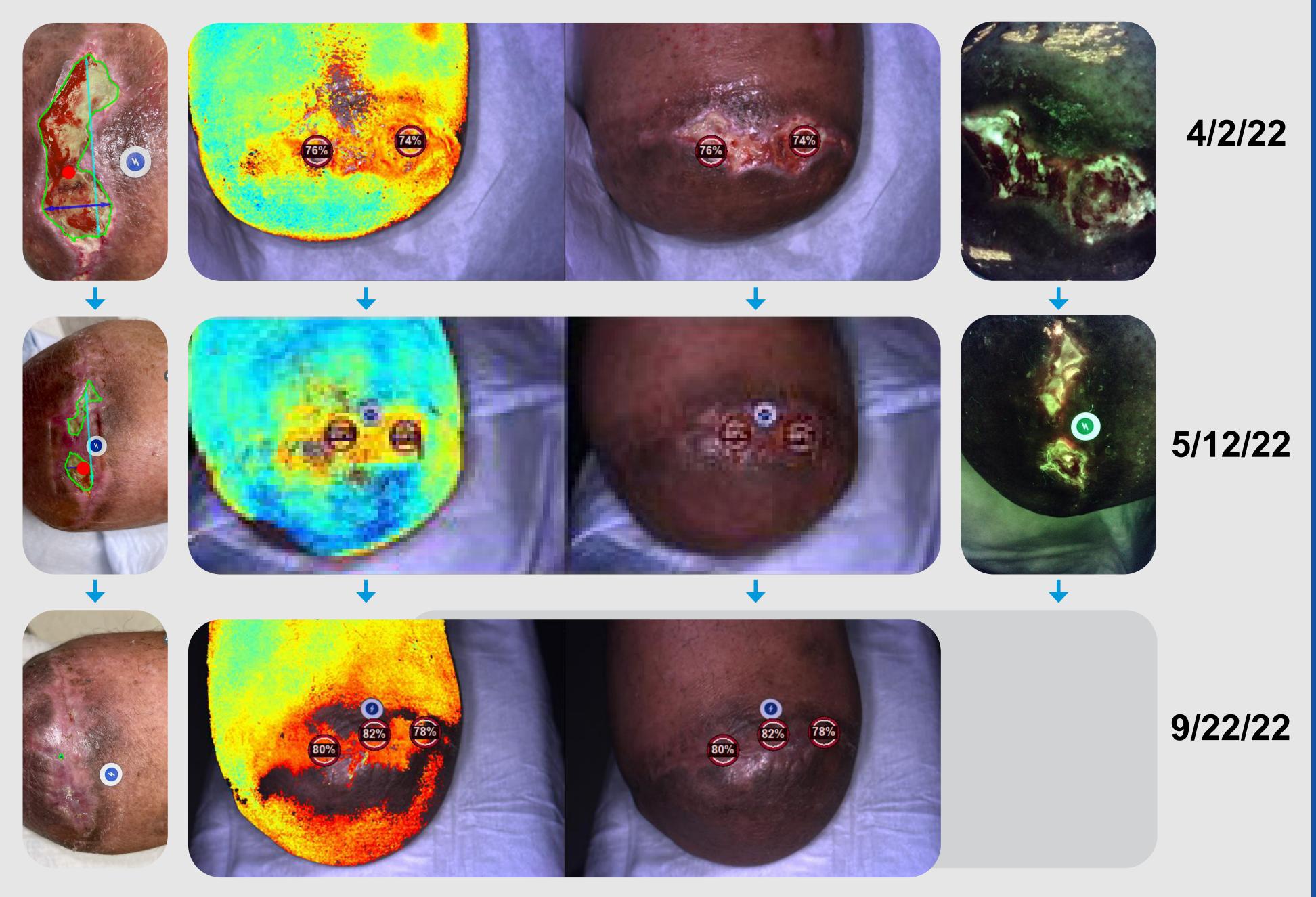


The patient is a 81 year old female with a significant past medical history of diabetes mellitus type 2, varicose vein of left lower extremity with ulceration of calf, hypertension and hyperlipidemia who presented to the Abrazo West Campus hospital on 10/09/2021 secondary to a LEFT lower extremity calf venous ulcer (anterior and posterior).

The patient was treated previously with collagens, absorptive dressings and venous compression. Dermistat applied on 4/2/2022.

Patient 3 - Anterior and posterior calf venous ulceration

Case Report



The patient is a 59 year old male with a significant past medical history of coronary artery disease of native vessel, prior left below the knee amputation, peripheral arterial disease, hypertension and diabetes mellitus type 2 (uncontrolled) with complications of retinopathy, neuropathy and nephropathy who presented to the Abrazo West Campus hospital

1/12/2022 with concern for right heel ulceration.

The patient required a right below the knee amputation on 1/14/2022 and upon discharge, the patient developed a wound dehiscence. Dermistat applied on 4/2/2022.

Patient 4 - Right below the knee amputation stump wound dehiscence

METHODS

All 4 patients were brought in to an outpatient clinic in the morning where a 1 x 2 cm2 area of epidermis and dermis was removed. The skin sample was then taken by courier to BioLab Sciences laboratory in Scotts dale, AZ. Within 3-4 hours, each patient's skin sample was converted to a gelatinous autologous skin graft that was applied on the same day.

The gelatinous skin graft was applied to each patient's wound after the wound was cleaned and debrided. The skin was secured with a silicone contact layer secured with steri-strips with a secondary dressing Drawtex. The using wounds were left alone for 21 days with the exception of changing the secondary dressing of Drawtex.

RESULTS

There was marked improvement of the wound bed sizes and/ or healing of the wounds.

Post 21 days, the wounds were monitored for continued improvement.