

2<sup>nd</sup> International Conference on**ADVANCES IN SKIN,****WOUND CARE AND TISSUE SCIENCE**

November 9-10, 2017 | Frankfurt, Germany

**RGTA BASED MATRIX THERAPY IN SKIN WOUND HEALING: CLINICAL PRACTICE IN CHRONIC AND ACUTE WOUNDS****Barritault Denis<sup>a</sup>** and **Ahmad S Roohi<sup>b</sup>**<sup>a</sup>University Paris-Est Creteil, France<sup>b</sup>University Putra Malaysia, Malaysia

**R**eGeneraTing Agents (RGTA) are polysaccharide engineered to mimic heparan sulfate. When introduced into a damage tissue they induce a regeneration process by restoring -the proper cellular microenvironment. CACIPLIQ20 is a formulation based on RGTA OTR4120 polymer adapted to skin lesions. We present selected cases illustrating the efficacy and patient benefit of this therapeutic class of products considered as a new branch of regenerating medicine. The examples will cover hand trauma cases, ischemic, burns, plastic and reconstructive surgery, and many chronic ulcers. As for hand surgery, in the emergency setting, the spectrum of cases is very wide ranging from minor injuries to major amputations comprising fresh cases as well as secondary referrals. Dealing with open (non-healing) wounds, infections and amputations especially in smokers is one of the challenges yet to have a satisfactory and predictable outcome. We describe the cases of 14 patients with palmar and digital injuries, of which six were considered for amputation (n=6), five had full thickness skin graft loss or burns (n= 5) and three developed or had severe infections (n= 3). After surgery, CACIPLIQ20<sup>®</sup> was used to stop or avoid severe outcomes. In all 14 cases, CACIPLIQ20<sup>®</sup> significantly improved the outcomes of the hand injuries in terms of range of motion despite skin, tendon and bone healing by secondary intention. CACIPLIQ20<sup>®</sup> showed a significant improvement in the healing of hand injuries as well as in terms of functional recovery and therefore can be used at earlier or even later stages to prevent an adverse outcome. As for burns, cases of all grades will be presented. Altogether, these cases should shed light into a new vision and evaluation on the cost effectiveness and patient benefits of this new technology.

**Biography**

Denis Barritault graduated in Physics, completed his PhD in biochemistry in Paris University. Post-doctoral in molecular immunology at Pasteur Institute and NYU as NIH Fogarty Fellow he joined INSERM unit in Paris as developmental biologist. He made the first description and patents of FGF extracted from retina in 1979 and 82 as skin and cornea healing agent, became full professor at Paris-Est University in 1985, founded and directed a CNRS Laboratory on cell and tissue regeneration until 2003. He is now President of OTR3, Emeritus professor, honorary director CRRET CNRS unit and author in over 200 publications and 30 patents. He succeeded in transforming his research in basic science into product to treat patients; one to treat skin wound the other for corneal ulcer. Several other products are now in development for new indication in regenerative medicine.

Denis.Barritault@u-pec.fr

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