

OUR EXPERIENCE WITH AUTOLOGOUS STEM CELL APPLICATIONS IN CHRONIC NON HEALING ULCERS OF LOWER LIMB

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OUR INSTITUTION



VEER SURENDRA SAI MEDICAL COLLEGE & HOSPITAL, BURLA, ODISHA

FOOT ULCERS

- Leg and foot ulcers are common
- Chronic non healing ulcers due to non specific causes of
 - -arterial
 - -venous
 - -neurogenic
 - -metabolic (Diabetic)

are usually refractory to treatment, even with the best available treatment today, because of persistent etiological factors.

AIM & OBJECTIVE

- We present here our experience of autologus bone marrow derived stem cell therapy to chronic non healing ulcers of varied etiology such as
 - -Diabetes
 - -Sickle cell disease
 - -Buerger's disease(PVD)
 - -Hansen's disease
 - -Burn injury with ulcer etc.,
- which are refractory to conventional methods of management.

DIABETIC FOOT ULCERS

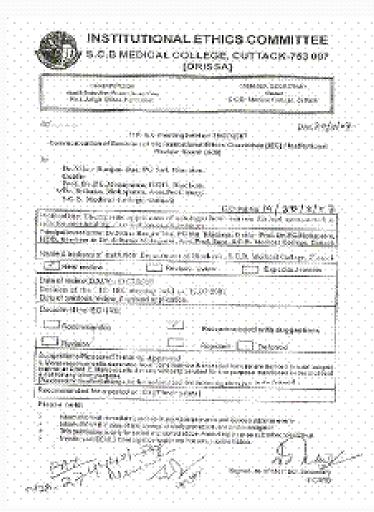
- A chronic systemic disease involving almost all systems.
- Leads to neuropathy, microangiopathy causing ulceration after minor trauma.
- >Glucose laden tissue favours the spread of infection.
- ➤ Ulcer prone for delayed healing, non-healing, chronicity, gangrene, graft failure, recurrence & limb loss
- ➤In this study we avoid these complications by using cell therapy.



DIABETIC FOOT ULCER VIDEO 1

MATERIALS AND METHODS

- Clearance of institutional ethics committee was obtained.
- A thorough search of literature was done on related topics before the study.
- Informed consent of the patient was taken before the study.



BONE MARROW HARVEST

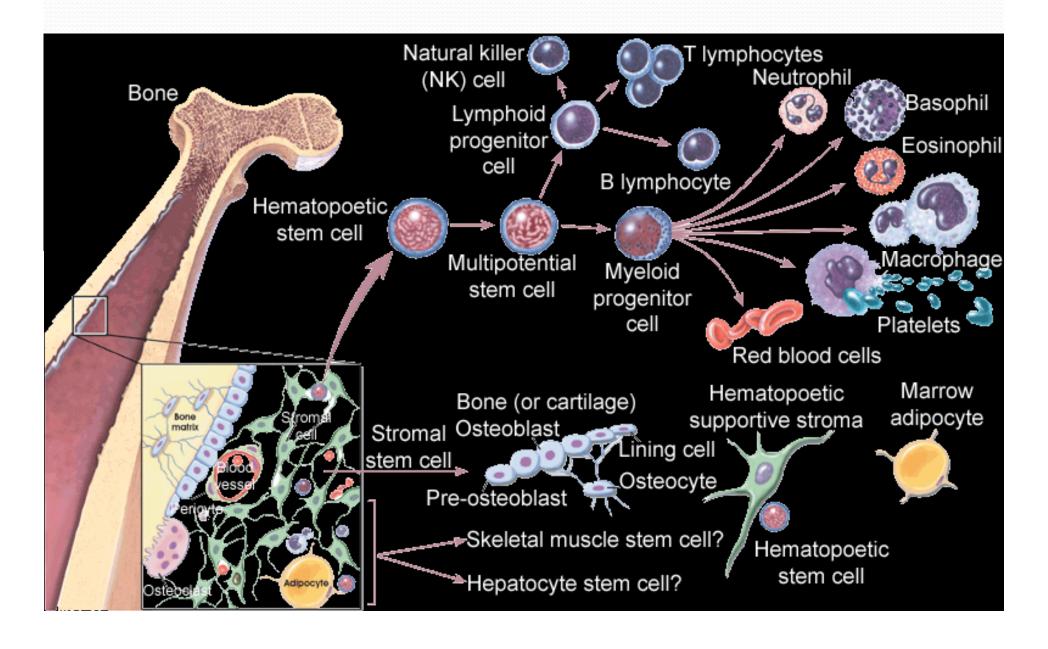
METHODS

- Bone marrow was harvested from patients' sternum or iliac crest under aseptic conditions
- The harvested marrow was then centrifuged with buffered Ficol medium
- The mononuclear cell layer was pipetted out and injected to the ulcer base, floor, margin, edge and surrounding tissues of the ulcer site
- Healing of ulcer and appearance of granulation tissue were observed

Stem Cell

 A cell that has the ability to continuously divide and differentiate (develop) into various other kind(s) of cells/tissues

BONE MARROW STEMCELLS



ADULT STEM CELLS

(MULTIPOTENT CELLS)

- They are postembryonic stem cells required for normal cellular turnover and repair.
- The best example is the hematopoietic stem cell but they are found in nearly every major organ.
- They are relatively undifferentiated cells that are able to maintain their own numbers for life through continuous division.
- Their progeny can differentiate into various cell lineages
- They divide slowly and this reduces the rate at which stem cells acquire DNA mutations

CELL ISOLATION AND BONE MARROW STEM CELL SEPARATION







APPLICATION OF CELETIERAPY



CASE 1 DIABETIC FOOT ULCER



1 week after therapy



4 weeks after therapy



6 weeks after therapy



6 weeks after therapy



6 weeks after therapy



CASE 2

AT PRESENTATION

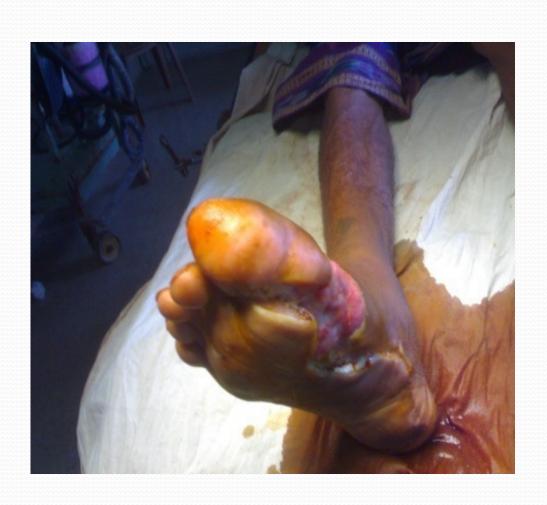




48 HRS AFTER CELL THERAPY



2 WEEKS AFTER THERAPY



6 WEEKS AFTER THERAPY





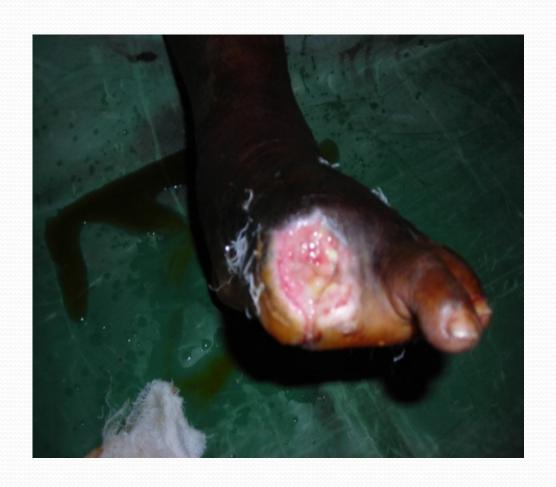
CASE 3

Non-healing ulcer with discharging pus -Post amputation





WOUND AFTER DEBRIDEMENT



48 HOURS AFTER APPLICATION



SICKLE CELL ULCER

- Sickle cell disease (SCD) is an inherited blood disorder that causes bone marrow to produce RBCs with defective hemoglobin, HbS
- Leg ulcers are most common cutaneous manifestation of SCD. These ulcers are characterized by indolent, intractable course typically healing up to 16 times slower than venous ulcers. A patient who experiences sickle cell ulcers is likely to ulcerate again. Approximately 97% of healed sickle cell ulcers will recur in less than 1 year.
- Due to recalcitrant nature of these ulcers patient may experience significant disfigurement, non-healing, graft failure, chronicity, malignant transformation, social isolation & loss of income.

CASE 1

ON PRESENTATION



AFTER DEBRIDEMENT



1 WEEK AFTER APPLICATION



2 WEEKS AFTER



6 WEEKS AFTER



CASE 2 BILATERAL SICKLE CELL LEG ULCER



AFTER DEBRIDEMENT



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