CYGNUS® SOLO AMNIOTIC MEMBRANE TISSUE ALLOGRAFT

CYGNUS® SOLO

DERMATOLOGY CASE STUDY

The patient is a 75-year-old man with insulin dependent diabetes who presented with a crush injury from a heavy mirror that fell on his calf. Initially, he saw his primary care physician who prescribed oral antibiotics and Bactroban ointment for a "mild abrasion." The patient was referred to a dermatologist 8 days later because his skin looked infected. The physician noted an injury to the patient's left calf. The wounds were very deep with eschar and fibrin, no pus, but surrounding erythema. There was no fever but the wound was very painful for the patient.

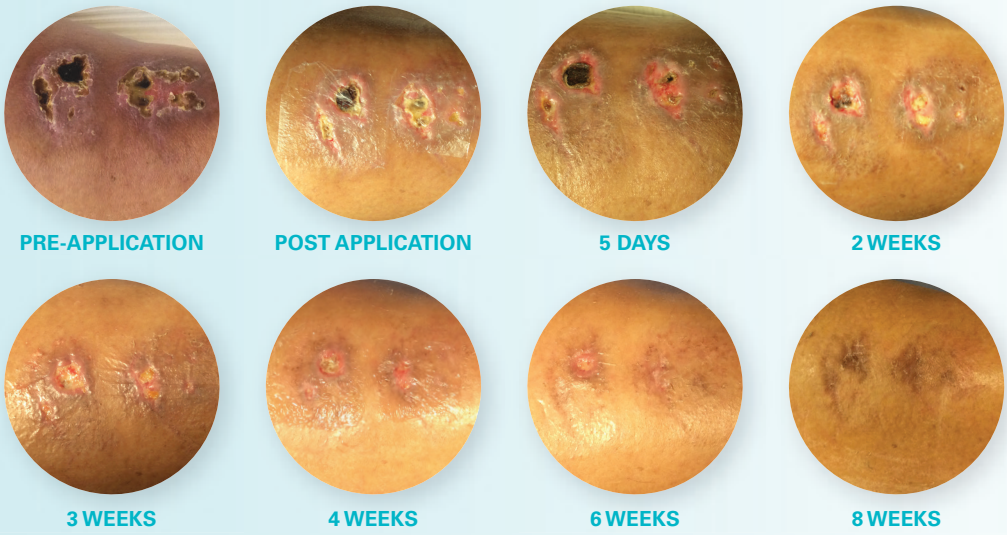
At the first visit, the wound was cleaned with hydrogen peroxide and gently debrided. Silvadene and Bactroban cream (layered) with dressing changes 2x day were added to the treatment plan, along with a 10-day course of oral antibiotics. Non-stick Telfa dressing was applied and the patient was instructed how to care for the wound.

Over the next 14 days, the wound was cleaned and gently debrided at each of 4 subsequent visits but no improvement was observed. Prognosis was very poor based on the patient's age and diabetes.

APPLICATION OF VIVEX® BIOLOGICS CYGNUS® SOLO AMNION TISSUE ALLOGRAFT

In this case, 25 days after the injury, with no improvement from conservative care, CYGNUS Solo amniotic membrane tissue allografts were applied as a wound covering, providing protection while retaining endogenous growth factors.[1,2]

The wound was cleaned with hydrogen peroxide and debrided. Two 3x3 cm CYGNUS Solo amniotic tissue allografts were applied with sterile forceps. Sterile saline was dripped onto the allografts to make them stick. Telfa dressing and tape were used to cover the wound, and the patient was instructed to not get the wound wet.



CONCLUSION

At each follow-up visit, the wound and eschar were shallower and smaller, and the appearance of the surrounding tissue was noticeably improved. After dressing removal and wound inspection, any remaining amnion was removed, the wound was gently cleaned, new CYGNUS Solo amniotic tissue allografts were applied and covered with new dressing and tape. By week 4, the patient reported that the wound was pain-free. After 6 weeks, the wound was mostly closed; with the advanced age of the patient and multiple co-morbidities, one additional application of CYGNUS Solo was agreed upon. Complete closurewas observed after 8 weeks.

CYGNUS SOLO

CYGNUS Solo is a single-layer amnion membrane allograft. VIVEX's Integrity Processing™ preserves the inherent properties of amniotic tissues, maintaining key extracellular matrix molecules, proteins, carbohydrates, collagen, growth factors, and cytokines.[1,2]

SAFE AND TRUSTED PARTNER

VIVEX Biologics is a regenerative solutions company focused on patient care through the innovation of tissue-based therapies in Wound Care, Ortho-Fusion, and Interventional Pain. With more than 50 years of highly safe and effective operations, VIVEX aims to provide advanced regenerative solutions.

- Amniotic tissue is recovered from healthy mothers at live births.
- Amniotic tissue is handled and processed in accordance with both FDA regulations and AATB standards.
- VIVEX maintains the trend of safely delivering over 2 million allografts with no disease transmission.

1. Delcroix Gaetan J. R., et. al. "Preserving the Natural Regenerative Potential of Amniotic Membrane." VIVEX Biologics, 2017.
2. Niknejad, Hassan, et. al. "Properties of the Amniotic Membrane for Potential Use in Tissue Engineering." European Cells and Materials, 2008, vol. 15, pp. 88-89.

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