



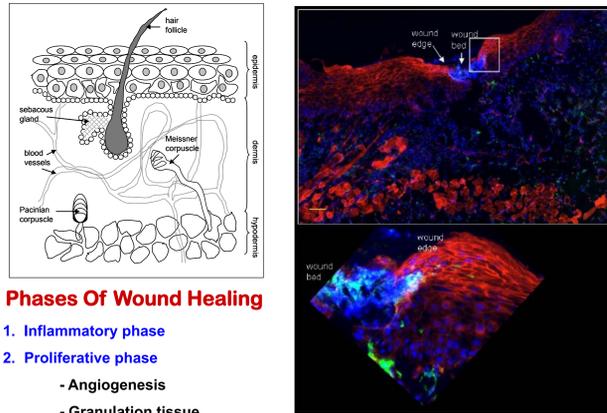
Improvement of Human Keratinocyte Migration and Wound Healing by a Redox Active Bioelectric Dressing (BED)

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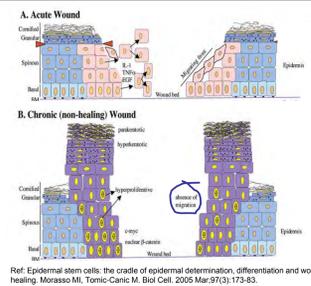
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A) Key to wound healing – Re-epithelialization



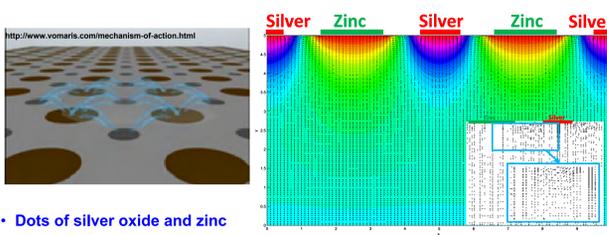
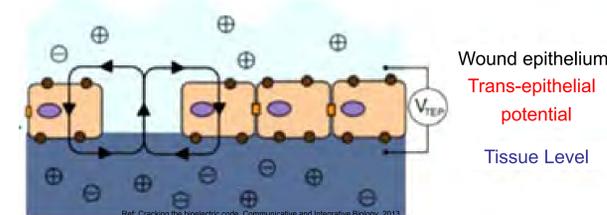
Phases Of Wound Healing

1. Inflammatory phase
2. Proliferative phase
 - Angiogenesis
 - Granulation tissue
 - Collagen deposition
 - Re- Epithelialization
3. Remodeling phase



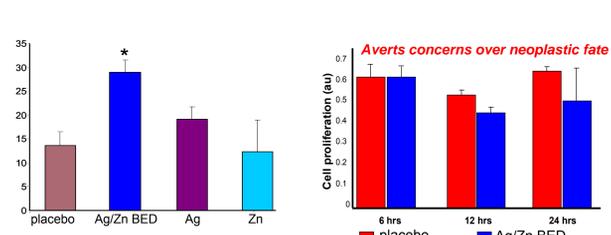
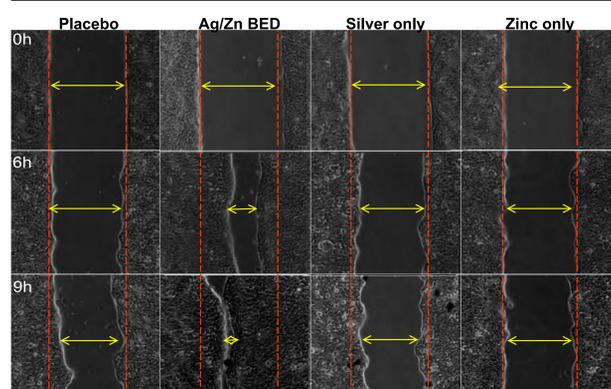
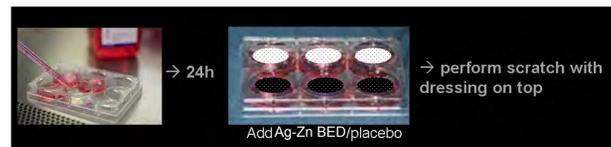
Ref: Epidermal stem cells: the cradle of epidermal determination, differentiation and wound healing. Morasso M, Tomic-Canic M. Biol Cell. 2005;Mar;97(3):173-83.

B) The bioelectric dressing - BED



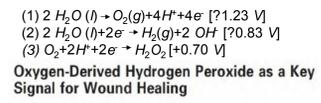
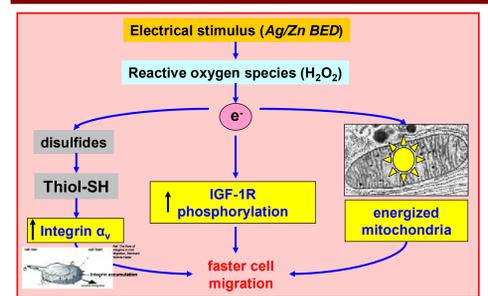
- Dots of silver oxide and zinc
- Contact with conducting fluid (fluid containing ions) such as wound exudate activates E field

C) Ag/Zn BED improves human keratinocyte migration

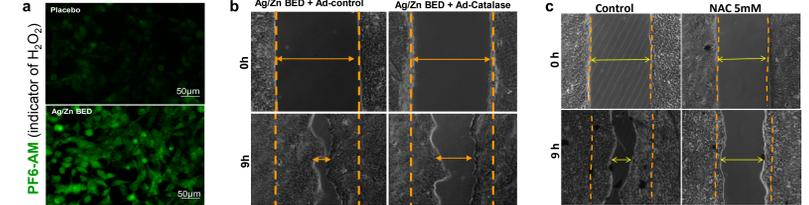


Ag/Zn BED increases keratinocyte migration. Human keratinocyte cells were plated under placebo or Ag/Zn BED dressing. After 24h, a scratch assay was performed and cell migration was observed at 6h and 9h post-scratch. Ag/Zn BED demonstrated significant increase in rate of migration while no significant difference was observed under only-silver or only-zinc dressings implicating the importance of electrical coupling for increase in cell migration. No effect on cell proliferation was observed.

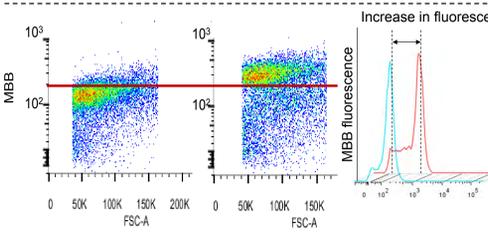
D) Ag/Zn BED generates reactive oxygen species which trigger signaling pathways



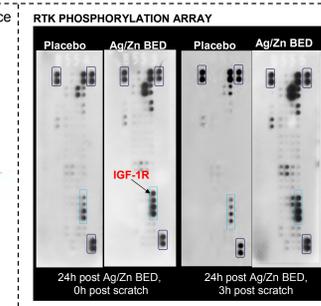
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 ADVANCES IN WOUND CARE, VOLUME 2
 Molecular Therapy
 Dermal Wound Healing Is Subject to Redox Control
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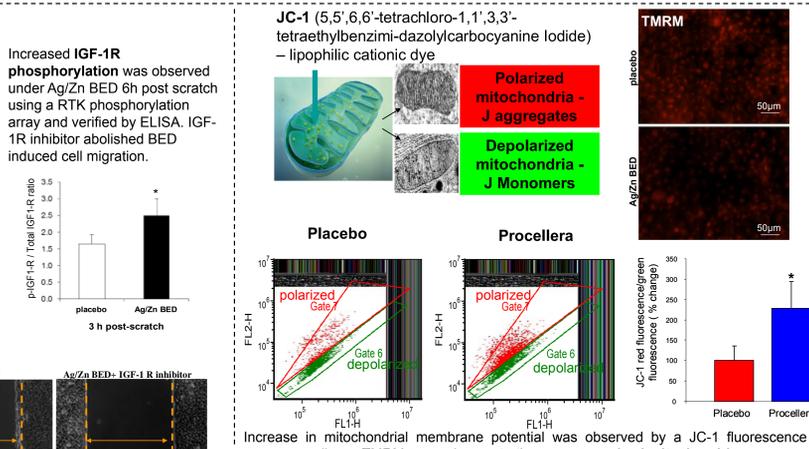
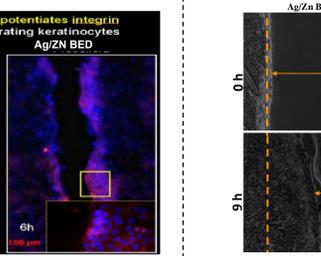
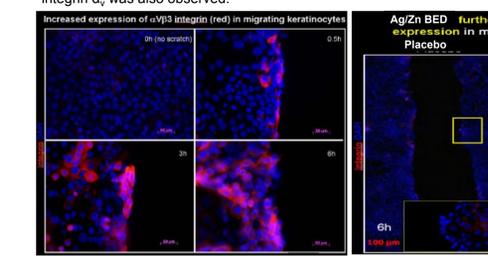
(a) Increased fluorescence from H₂O₂ indicator PF6-AM under the effect of Ag/Zn BED demonstrates generation of reactive oxygen species. (b,c) Improved migration observed under Ag/Zn BED is abolished with Catalase or N-Acetyl Cysteine which decrease cellular H₂O₂.



Ag/Zn BED increases cellular protein sulfhydryl (thiol) levels. Human keratinocyte cells were cultured under placebo or Ag/Zn BED dressing. After 24h, cells were treated with monobromo bimine (MBB) at room temp. and fluorescent emission from UV excited cells were collected. Differential estimation of thiol-specific cellular MBB fluorescence is shown in this contour plot. Increased expression in integrin α_v was also observed.

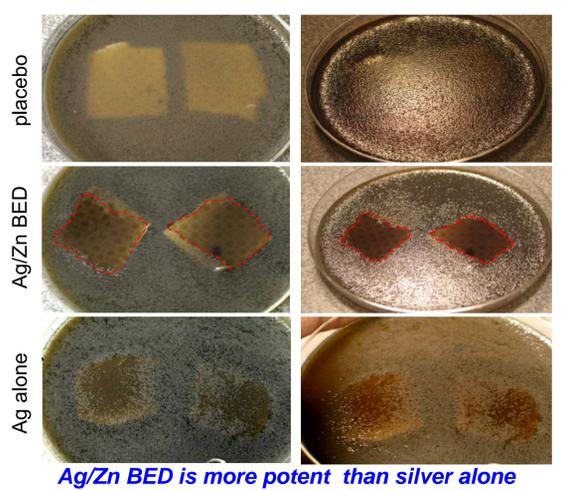
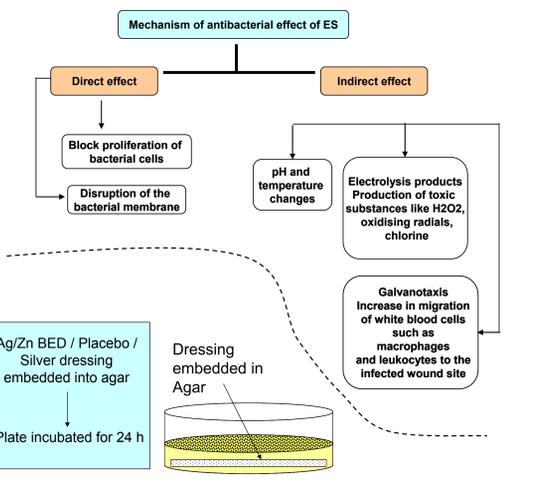
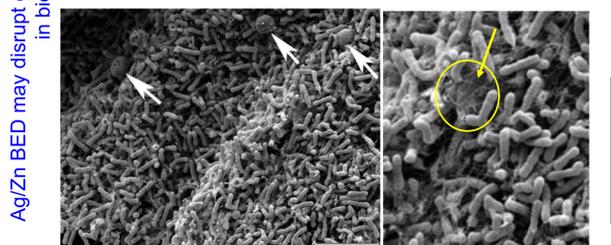
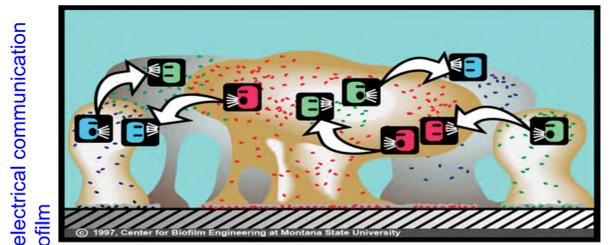


IGF-1R phosphorylation was observed under Ag/Zn BED 6h post scratch using a RTK phosphorylation array and verified by ELISA. IGF-1R inhibitor abolished BED induced cell migration.



Increase in mitochondrial membrane potential was observed by a JC-1 fluorescence assay as well as a TMRM assay demonstrating more energized mitochondria.

E) Ag/Zn BED has bacteriostatic activity



Ag/Zn BED is more potent than silver alone

F) Clinical outcome



Case #1 is a gentleman with lung cancer invading the apex as well as cervical spine. He had a Pancoast tumor removed and then radiated. The radiation wound involved skin soft tissue, muscle and spinal processes from C3-T2. He underwent surgical debridement including removal of all the spinal processes. The wound was initially treated with BED, wound VAC and hyperbaric oxygen. The wound VAC and the product were removed daily for the 2 hour treatment; but the actual total change with every 5 days. Wound healed completely in a total of 90 days.



Case #2 is a woman with pyoderma based on untreated rheumatoid arthritis. She was debrided only in clinic and the BED was applied directly to the wounds and covered with a moist saline dressing as well as a light Tubigrip. The product remained in place for 7 days and only the saline was changed daily. She also began treatment for her rheumatoid arthritis with methotrexate. Time to almost healed was less than 60 days. Images: courtesy Dr. Richard Schlanger, OSU Comprehensive Wound Center.