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Gastroenterology International

January - June 2021
Volume 7, Number 1

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Biosilk Application Therapy in Management of Chronic Non-Healing Ulcer

Debolina Pal¹, Ravi Kumar Chittoria², Neljo Thomas³

How to cite this article:

Debolina Pal, Ravi Kumar Chittoria, Neljo Thomas/Biosilk Application Therapy in Management of Chronic Non-Healing Ulcer/ Gastroenterology International. 2022;7(1):9-12.

Abstract

Haemostasis, inflammation, proliferation, and remodelling are the steps that comprise the complex biological process of wound healing. Chronic wounds often remain static in the inflammatory stage of wound healing beyond the expected duration and resist healing. Biosilk or biomodified silk dressing is believed to aid in accelerating the wound healing process. The combination bio functionalised silk matrix with silver oxide and Centella asiatica, a medicinal plant with wound healing properties, has been found to be effective in managing chronic non-healing wounds.

Keywords: Biosilk, Biomodified Silk, Wound Healing, Wound Management.

INTRODUCTION

Wound healing is a complex biological process which comprises of haemostasis, inflammation, proliferation, and remodelling. Cells that are involved in this process include neutrophils, macrophages, lymphocytes, keratinocytes, fibroblasts, and endothelial cells.¹ A chronic wound is one that does not heal in the expected sequence and in a predictable length of time, or one that does

not heal within three months.² Chronic wounds often remain static in the inflammatory stage of wound healing beyond the expected duration.³ The predominant issue that patients with chronic ulcers face is persistent pain. In the recent years, biological dressings have gained popularity and have been found to benefit patients with chronic wounds. One such dressing substance being explored is biosilk containing silver oxide and Centella asiatica, a medicinal plant. Its use is thought to enhance the wound healing process.

MATERIALS AND METHODS

A 40 years old gentleman, with no comorbidities, presented with complaints of non-healing ulcer over back for the past 9 years. He had history of electrical burns 10 years back following which he had burns injury over lower back and bilateral posterior aspect of thighs. He had no history of raw areas elsewhere.

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Received on: 20.06.2022

Accepted on: 05.07.2022

On examination at presentation, he had an ulcer located over right side of lower back, of size 8x6cm, bleeding on touch, with everted edges. (Figure 1) There were scars present around the region of raw area.

Histopathological examination was done which revealed squamous cell carcinoma for which he underwent wide local excision. Post wide local excision various innovative methods were employed to hasten the wound healing process.

On post operative day 30, biosilk in cream form was applied (Figure 2) whose constituents include silk, *Centella asiatica*, silver oxide. Following application of biosilk, dry collagen sheets were applied (Figure 3) and the wound was then covered using negative pressure wound therapy technique (Figure 4). This dressing was done similarly for 3 sittings over a span of 2 weeks following which wound dimensions were measured and was found to be as shown in figure 5.



Fig. 1: Raw area at presentation



Fig. 3: Collagen sheet application over raw area

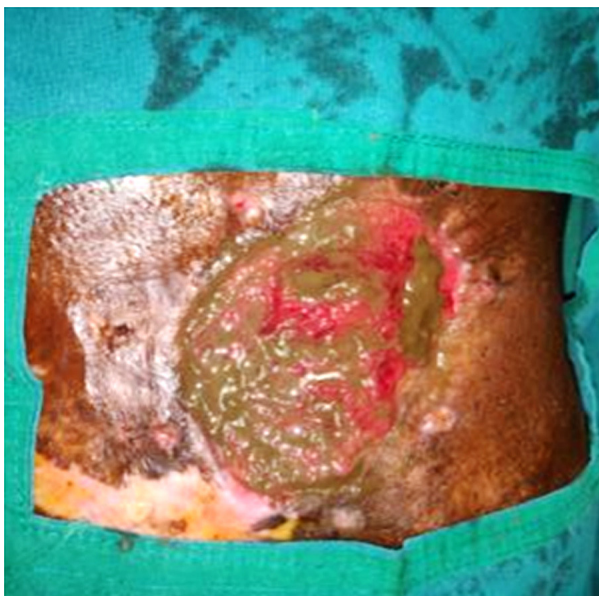


Fig. 2: Biosilk application over raw area

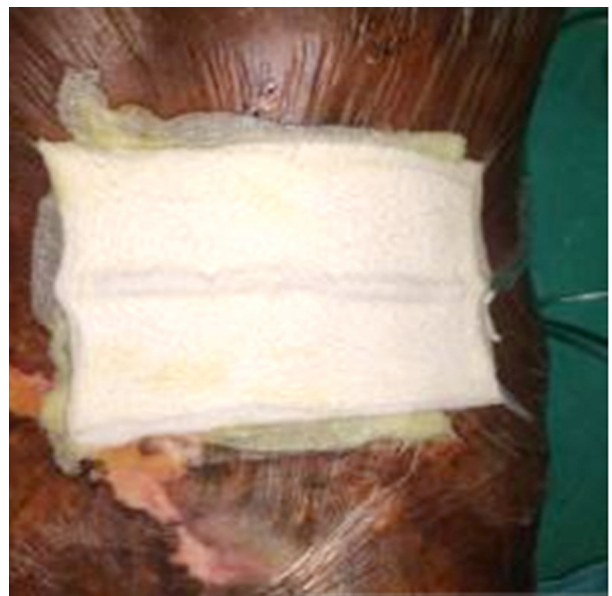


Fig. 4: Negative pressure wound therapy



Fig. 5: Raw area at the end of 3 sittings of biosilk application

RESULT

At the end of 3 sittings of biosilk ointment dressing, there was accelerated wound healing noted of the raw area of back with healthy granulation tissue.

DISCUSSION

Wound healing to be adequate requires rapid hemostasis, appropriate inflammation, mesenchymal cell differentiation, proliferation, and migration to the wound site, angiogenesis, prompt re-epithelialization and proper synthesis, cross-linking, and alignment of collagen to provide strength to the healing tissue.⁴ Growth factors such as transforming growth factor (TGF)- β , platelet-derived growth factor (PDGF), fibroblast growth factor (FGF), and epidermal growth factor (EGF) play a crucial role in facilitating the above mentioned steps of wound healing.

The aim of this study was to explore the effects of use of biosilk in wound healing. The combination used here included silk, *Centella asiatica* extract, and silver oxide, each of which carry important properties that affect wound healing. Due to the unique properties of silk, such as, great mechanical strength, outstanding biocompatibility, and the capacity to modify the structural and morphological aspects of silk proteins, they represent a new class of sophisticated biomaterials. It has proven to be a beneficial material in biomedical engineering applications such as skin, bone, and vascular grafts.⁵⁻⁹ Schneider

et al conducted a study regarding use of silk mats incorporated with epidermal growth factor (EGF), for the promotion of wound healing processes and was concluded that there was an increase in wound closure by the epidermal tongue by 90%.¹⁰

Centella asiatica facilitate the wound healing process in both incision and burn wounds. Amongst a variety of extracts obtained for this plant, asiatic acid in the ethyl acetate extract seemed to be the most active component for healing the wound.¹¹ It has been reported that 1% *C. asiatica* extract cream improves wound healing of chronic ulcer.¹² It works by inhibiting inflammation, inducing collagen synthesis, promoting angiogenesis, inducing vasodilation, reducing wound oxidative stress in addition to promoting cellular growth and proliferation in injured tissues which may be related to growth factors such as endothelial growth factor, fibroblast growth factor and vascular endothelial growth factor.¹¹

The third component of the ointment was silver oxide which has great antimicrobial and bactericidal properties which is due to reaction of the highly charged silver ion (Ag^+) to the negatively charged particles such as proteins, DNA, RNA, and chloride ions.¹³

CONCLUSION

In this study, we have understood to role of biosilk or biomodified silk in enhancement of wound healing and the properties of various properties of biosilk that facilitate the same. To confirm the effectivity of biosilk in healing of wound, it is required to conduct larger randomised control trials.

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Mayank Chugh¹, Satender Tanwar², Jaideep Bagri³

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Mayank Chugh, Satender Tanwar, Jaideep Bagri/Dysphagia: A Non G.I. Pathology Observed in Patients Either Referral & Walk in O.P.D./Gastroenterology International. 2022;7(1):15-16.

Abstract

There are many pathological conditions which warrants the clinical evaluation and intelligent history taking to reach the correct diagnosis rather than battery of investigation either done in walk in patients and the referred patients. Similar happened in the patients those who are evaluated and screened for dysphagia - Difficulty in swallowing as chief as well as associated complaints taken and given by the patients and his attendants.

Lot of patient which are referred to gastroenterologist by peripheral circulation when they undergone upper GI endoscopy didn't find any organic illness and need the judicious history taking and evaluation from time to time to reach the exact pathology. Here is the data collected and screened patients which have the non GI manifestation of the dysphagia later on found to have the neurological manifestations.

The statistic reveals that all dysphasia doesn't belong to the esophageal gastro disorders the more they happen with the neurological manifestations.

Keywords: ALS, CVA, Dysphagia, Myasthenia Gravis, Parkinson's Diseases.

INTRODUCTION

Dysphagia is difficulty swallowing taking more time and effort to move food or liquid from your mouth to your stomach. Dysphagia can be painful. Occasional difficulty swallowing, such as when you eat too fast or don't chew your food well

enough, usually isn't cause for concern. Many time the patient received in the OPD as well as referral done from various practitioners found to have non gastro intestinal cause, need the evaluation thoroughly.

Dysphagia is common in patients with neurological disorders. It can result from damage to the central or peripheral nervous system, as well as muscle and neuromuscular junction disorders. Neurogenic dysphagia often leads to serious complications including pulmonary aspiration, dehydration, and malnutrition.

Having trouble swallowing (dysphagia) is a symptom that accompanies a number of neurological disorders. The problem can occur at any stage of the normal swallowing process as food

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Received on: 19.03.2022

Accepted on: 18.04.2022

and liquid move from the mouth, down the back of the throat, through the esophagus and into the stomach. Difficulties can range from a total inability to swallow, to coughing or choking because the food or liquid is entering the windpipe, which is referred to as aspiration. When aspiration is frequent a person can be at risk of developing pneumonia. Food may get "stuck" in the throat or individuals may drool because they cannot swallow their saliva. Neurological conditions that can cause swallowing difficulties are: stroke (the most common cause of dysphagia); traumatic brain injury; cerebral palsy; Parkinson disease and other degenerative neurological disorders such as amyotrophic lateral sclerosis (ALS, also known as Lou Gehrig's disease), multiple sclerosis, progressive supranuclear palsy, Huntington disease, and myasthenia gravis. Muscular dystrophy and myotonic dystrophy are accompanied by dysphagia, which is also the cardinal symptom of oculopharyngeal muscular dystrophy, a rare, progressive genetic disorder.

Here the patient received later on found to have the organic neurological causes, here the study done in the hospital OPD patients received diagnosed and evaluated later on.

Case 1

56 Year old female referred for the upper GI Endoscopy found to have normal GI endoscopy and later on she had persisting dysphagia and started evaluated for same and undergone MRI Brain and found to have normal and later laboratory investigations such as Anti-acetylcholine receptor antibodies and later found to have the positive antibodies and treatment started for same and patient has good results in the diagnosis and prognosis.

Case 2

76 year old male presented with progressive onset of dysphagia within a week first with solids later on with liquids also, patient GI endoscopy found to have normal and Patient evaluated neurologically and MRI Brain with Diffusion weighted done and found to have Ischemic Infarct Patient managed accordingly as the patient was out of window person couldn't be thrombolysis and poor prognosis and platelet inhibitor has been started with restricted results.

Case 3

48 year old female with insidious onset of Dysphagia seen in OPD and found to have normal GI Endoscopy and later the patient started to have tremor and rigidity and patient suspected to have the Parkinsonism and patient empirically started with dopamine agonist and patient started responding and patient referred even for neurological reference.

Dysphagia can occur at any age, but it's more common in older adults. The causes of swallowing problems vary, and treatment depends on the cause. Dysphagia as and when suspected should not be suspected entirely to the neurological cause and though clinical evaluation and judicious history taking play important role to evaluate the patient

CONCLUSION

The case Discussed here is gives and readymade conclusion that the patient when received and referred for Dysphagia found to have not always gastrointestinal manifestation, Negative GI endoscopy doesn't mean there is no pathological manifestation, it always require the judicious clinical and intelligent history taking for correctly reaching the diagnosis.

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COVID-19 Transaminitis & Chronic Diarrhoea as a Presentation in Pediatric Population: A Case Study

Mayank Chugh¹, Satender Tanwar²

How to cite this article:

Mayank Chugh, Satender Tanwar/COVID-19 Transaminitis & Chronic Diarrhoea as a Presentation in Pediatric Population: A Case Study/Gastroenterology International. 2022;7(1):21-22.

Abstract

COVID 19 has change the entire healthcare delivery system time to time, various strains has been observed and different complication has been observed time to time in different age group. Similarly case presented here with refractory diarrhea and Transaminitis.

COVID 19 is a deadly Pandemic and effecting people throughout the world. Whole world is looking for the varied option for treatment and the second wave has almost caused the lot of mortality and morbidity. No age group is spare of the COVID 19 manifestation from pediatric & Geriatric age group.

Keywords: Chronic Diarrhoea, COVID-19, Pediatric, Transaminitis.

INTRODUCTION

Case Study

The case discussed here of female child of age 11 years reported to have persisting loose stools since 20 days and high grade fever with pain abdomen. The patient treated for two weeks on OPD Basis at outside other hospital. Later in view of persisting complaints of loose stools and fever

with pain abdomen and evaluated for same, there hematological investigations was non-significant.

Later patient approached Chugh Multispecialty Hospital, Bhiwani, in view of poor oral tolerance on day of hospitalization patient undergone routine investigation found to have normal CBC except mild thrombocytopenia with enteric positive and raised CRP more than 80 and ESR above 90. RT PCR sent in view of ongoing pandemic and found to have positive on day 2 and isolated and managed conservatively with antipyretics, broad spectrum antibiotics and intravenous fluids.

On subsequent examination she was found to have reduction in platelet count and increase in OT/PT and TLC remains same as in the subsequent reports. The patient continues to have the spike of the fever and managed accordingly and later found to have the hepatosplenomegaly NCCT abdomen & Pelvis. Patient responded well with the antimalarial and spike of fever has subsided.

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Received on: 12.02.2022

Accepted on: 12.03.2022

The patient was later managed with empirical on antimalarial and started responding and wellbeing achieved, but there were no significant improvement in the SGOT/SGPT and the Platelet count.

The patient managed with the empirical management in isolation with the standard COVID Protocol. Patient managed well and responded and discharge to home with stable vitals.

Thus this was case discussed with refractory diarrhea which was presented and not responding to the medical management. This was case off refractory diarrhea in COVID 19 patient which was evaluated and managed accordingly. There was various presentation of the COVID 19 in different age group and Refractory diarrhea was one which was noticed in the Pediatric population.

CONCLUSION

The conclusion drawn from the above is the variants of COVID 19 in different age group observed and need evaluation time to time. Transaminitis was

the presentation in all the patients of COVID 19 unusual and peculiar in 2022 wave of COVID 19. The complications which arises in the COVID 19 is different at each interval ranges from respiratory to the hepatobiliary and neurological.

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