

ReGeneraTing Agents (RGTA®) technology combined with antibiotics improves outcomes for infections in the upper limb

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³Organ, Tissue, Regeneration, Repair, Replacement

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Abstract

In this case series, four patients developed or presented with severe infections. In addition to antimicrobial therapy, they were treated with a new matrix therapy technology called CACIPLIQ20®. CACIPLIQ20® markedly improved the outcomes of all cases in terms of healing times and range of motion despite healing by secondary intention.

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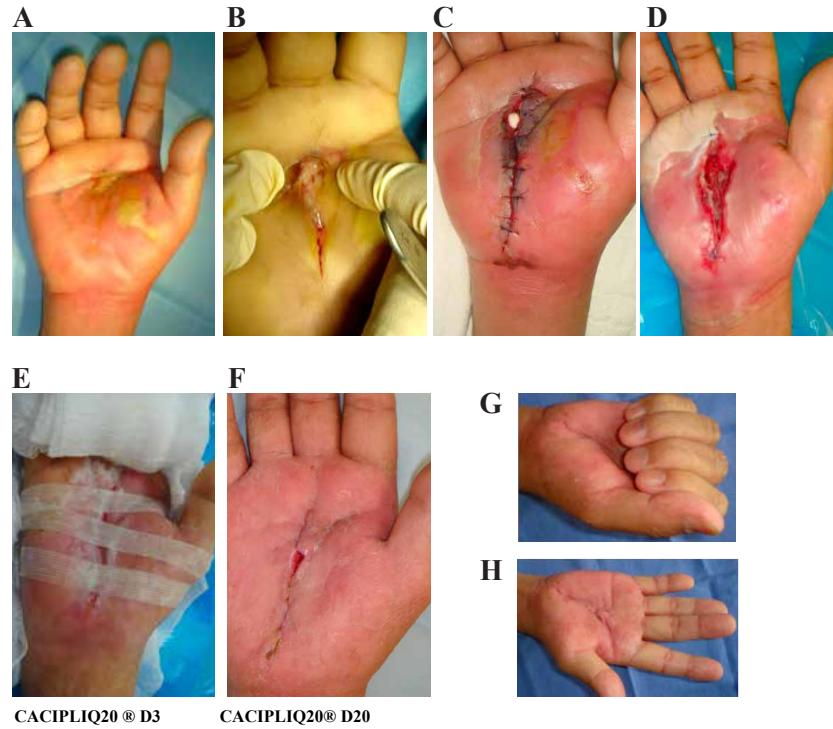


Figure 1



Figure 2

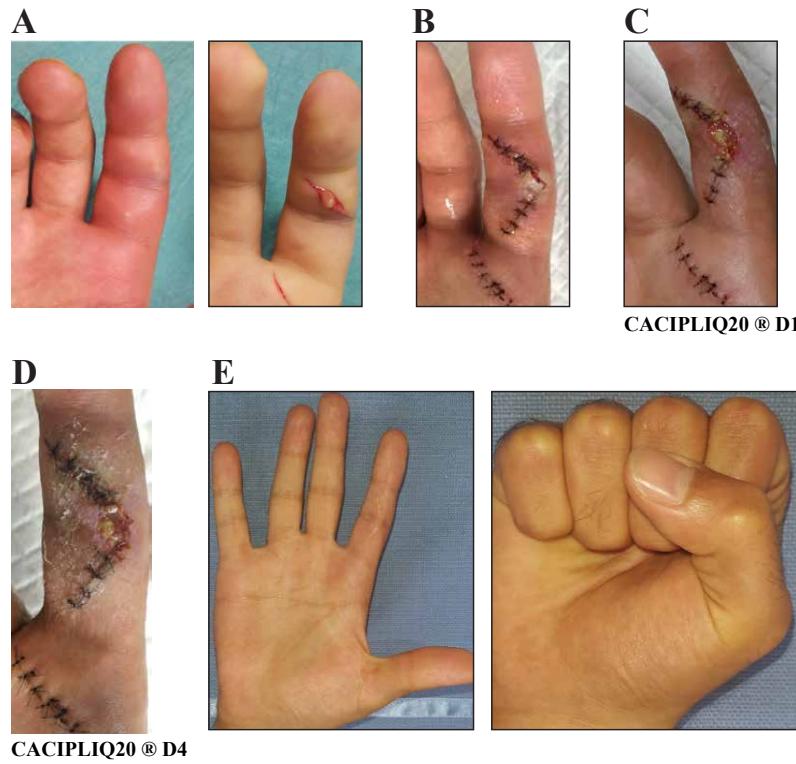


Figure 3



Figure 4

Case #	Age/ gender	Type of lesion	Co-morbidity	Primary or secondary intention & history	Ischemia (Y/N)	Start of CCPL (days)	Estimated success evaluation
1	57/F	Palmar abcess	DM	2 nd , after IV AB treatment, then local gentamycin	N	POD 12	quicker full recovery
2	69/M	Right MF Extensor tenosynovitis	None	2 nd , incision & drainage failure of oral AB, IV ciprofloxacin	N	POD6	speedy healing and full functional recovery of tendon
3	24/M	IF Cellulitis/ tenosynovitis	None	1 st , incision & drainage starting necrosis. Revascularisation & reversion of necrosis	N	POD7 4 days after first sign of flap tip necrosis	revascularisation and reversion of necrosis within 4 days & ultimately full healing
4	54/M	R SF flap & R hand incision, infection	DM, renal impairment	2 nd , necrosis of flap & secondary infection, SSI of 2 nd metacarpal fixation	N	POD14, 1 week after infection	3 months until complete healing

Table 1. Summary of infection cases (n=4). AB: antibiotic; CCPL: CACIPLIQ20®; DM: diabetes mellitus; IF: index finger; IV: intravenous; MF: middle finger; POD: after surgery; SF: small finger; SSI: surgical site infection