THE EFFECTIVENESS OF THE USE OF A DEHYDRATED AMNIOTIC MEMBRANE ALLOGRAFT* (DAMA) IN THE DIFFICULT SURGICAL WOUND TO SPEED HEALING AND CREATE A STABLE AND NORMAL APPEARING INTEGUMENT.

John B. Harris, MD and Susan Whittingslow, RN
Ponte Vedra Beach, FL

OBJECTIVE
Amniotic membrane products have been proven effective in the healing of chronic wounds. Attention has been primarily focused on the use of these products for achievement of healing with a "closed and epithelialized" wound, not on the quality or stability of the wound integument itself. A primary factor for the use of amniotic membrane products in achieving such a stable healed wound is the introduction of growth factors such as epidermal growth factor (EGF) and fibroblast growth factor (FGF) which promote the underlying collagen tissue scaffolding.

RESULTS AND CONCLUSIONS
The defects were treated with DAMA which resulted in the development of a scaffolding base allowing for epithelialization and a normal thickness and stable integument. Two applications of DAMA were used to provide for development of the scaffolding over the fascia and/or tendon and a resulting stable skin coverage that is indistinguishable from the surrounding integument.

METHODS
This three patient clinical cases series will illustrate the effectiveness of the use of the Derivated Amniotic Membrane Allograft (DAMA) in difficult to heal wounds, to not only speed healing but to create a stable and normal appearing integument. The surgical defects were treated initially with standard dressings and did not show significant progress after one month's time. DAMA was applied every 10 days to closure. Average number of applications utilized per patient was 2 applications. Average days to re-epithelialization was 28 days.

CASE 1
80 year old white female status post full thickness excision of an invasive squamous cell carcinoma of the apex of the scalp resulting in a full thickness defect measuring 8 cm x 4 cm involving a 4 cm x 4 cm area of exposed cranium.

CASE 2
A 60-year-old female underwent a facial/ surgical procedure which resulted in bilateral retro auricular skin loss measuring 2 cm x 2 cm x 0.1 cm with exposed fraying in the base.

CASE 3
A 78-year-old female with a long list of comorbidities, underwent a Mohs procedure of the left posterior leg which left a deficit measuring 3 cm x 5 cm x 0.5 cm and exposed Achilles tendon.

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