ISSN: 2347-9507 (Print) ISSN: 2347-6559 (Online)

Scholars Journal of Medical Case Reports

Abbreviated key title: Sch. J. Med. Case. Rep.







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Scholars Journal of Medical Case Reports | Volume-10-Issue-03

March 3, 2022 | Case Report

◆ 62

46 View Article →

Fatigue Fracture of the Femur Neck: A Case Report and Literature Review

💄 Youness Mokhchani, Mouad Fahl, Youssef Zorkani, Bouchaib Chafry, Mustapha Boussouga

Sch J Med Case Rep | 178-181

DOI: 10.36347/sjmcr.2022.v10i03.001







March 4, 2022 | Case Report

◆ 82 ★ 35 View Article →

A Case Report of Pediatric Bacterial Meningitis due to the Rare Isolate, Globicatella Sanguinis

- 💄 Hajar Skali, Asmae Lamrani Hanchi, Mehdi Laghmari, Houssine Ghannane, Said Ait Benali, Nabila Soraa
- Sch J Med Case Rep | 182-184
- **DOI**: 10.36347/sjmcr.2022.v10i03.002







March 4, 2022 | Case Report

An Unusual Presentation of Osmotic Myelinolysis Syndrome in a Type 1 Diabetes Patient Involving the Spinal Cord

- Malika Berrada, Nour El Houda Sguiar El Hamadani, Hicham El Otmani, Mohammed Abdoh Rafai, Bouchra El Moutawakil
- Sch J Med Case Rep | 185-187
- **DOI**: 10.36347/sjmcr.2022.v10i03.003







March 5, 2022 | Case Report

Sarcomatoid Renal Cell Carcinoma: A Rare Case with Review of Literature

- 💄 Nanda Patil, Vaidehi Nagar, Kaushiki Varshney, Snigdha Vartak
- Sch J Med Case Rep | 188-190
- **DOI:** 10.36347/sjmcr.2022.v10i03.004







March 6, 2022 | Case Report

Hypertension and Hypertriglyceridemia in an Adolescent Girl Revealing Polycystic Ovary

Syndrome: A Case Report

🌋 Khaoula Bourzeg, Moulay Achraf Choukri, Abdelmajid Bouzerda, Ali El Khatouri

Sch J Med Case Rep | 191-193

DOI: 10.36347/sjmcr.2022.v10i03.005







March 6, 2022 | Case Report

Dermatofibrosarcoma Protuberans: Two Cases Report and Review of the Literature

Malak Bennani, Basma Mahrouch, Ahmed Anis Agouzal, Ikram Zaytoune, Nassima Kadri, Amina Sabiq, Fatim Ezzahra Ballouk, Soulaimane Kandry Rody, Hind Riahi Idrissi, Mouna Darfaoui, Abdelhamid El Omrani,.

Sch J Med Case Rep | 194-197

DOI: 10.36347/sjmcr.2022.v10i03.006







March 10, 2022 | Case Report

Diastema Closure with Ceramic Veneers: To Master the Procedure

L Amal Esghir, Rihab Dakhli, Sirine Limem, Nouha M'ghirbi, Hayet Hajjami

Sch J Med Case Rep | 198-202

DOI: 10.36347/sjmcr.2022.v10i03.007







March 10, 2022 | Case Report

All-Ceramic Inlay-Retained Fixed Dental Prosthesis: A Case Report

🙎 Sirine Limem, Rihab Dakhli, Amal Esghir, Nouha M'ghirbi, Sihem Hajjeji, Hayet Hajjami

Sch J Med Case Rep | 203-208







March 11, 2022 | Case Report

Unusual Localization of Fibroelastoma of the Heart in Patient with Previous Chest Radiotherapy

- LI-Alaoui Mohamed, Fuzellier Jean Francois, Vola Marco, Campisi Salvatore
- Sch J Med Case Rep 209-211
- **DOI**: 10.36347/sjmcr.2022.v10i03.009







March 13, 2022 | Case Report

Inflammatory Strom after COVID-19 Vaccine

- 💄 M. A. Bouraghda, N. Megherbi, S. Belmahdi, I. Ais, K. Mouchen
- Sch J Med Case Rep | 212-214
- **DOI**: 10.36347/sjmcr.2022.v10i03.010







March 13, 2022 | Case Report

Ectopic Pancreas Presenting as Ileoileal Intussusception

- 🙎 Dr. Suresh Desai, Dr. Shubhada Karulkar, Dr. Gargi Patel, Dr. Arpita Patel, Dr. Riddhi Patel, Dr. Aashka Shah
- Sch J Med Case Rep 215-217
- **DOI**: 10.36347/sjmcr.2022.v10i03.011







March 14, 2022 | Case Report

Management of A Giant Cervical Cystic Lymphangioma: About A Case

- Amady Coulibaly, Sidy Camara, Mariam G Diallo, Adama Doumbia, Ousmane Coulibaly, Kadia Keita, Sibiri Traore, Drissa Traoré, Hamady Traoré, Souleymane Togora, Hervé Bénateau, Alhousseyni Ag Mohamed
- Sch J Med Case Rep | 218-222
- **DOI**: 10.36347/sjmcr.2022.v10i03.012







March 14, 2022 | Case Report

A Rare Case of Delirium after Johnson and Johnson's Janssen's Vaccination

🙎 Carlos Rivera, Sara Shi, Parinda Patel, Hammad Choudhry, John Dedousis

Sch J Med Case Rep | 223-225

DOI: 10.36347/sjmcr.2022.v10i03.013







March 14, 2022 | Case Report

◆ 68

■ 31 View Article →

■ 32 View Article →

■ 33 View Article →

■ 32 View Article →

■ 33 View Article →

■ 34 View Article →

■ 35 View

Inhabituel Localisation of Ewing Sarcoma: Case Report

🙎 Essaber Hatim, Allali Nazik, Chat Latifa, El Haddad Siham

■ Sch J Med Case Rep | 226-229

DOI: 10.36347/sjmcr.2022.v10i03.014







March 14, 2022 | Case Report

Asymmetrical Septal Hypertrophy: A Rare Case of Respiratory Distress in an Infant of a Diabetic Mother

💄 Dr. Syed Adnan Ali, Dr. C.V.S. Lakshmi, Dr. U. Narayan Reddy, Hunaina Manfusa

Sch J Med Case Rep | 230-232

DOI: 10.36347/sjmcr.2022.v10i03.015







March 17, 2022 | Case Report

Adenocarcinoma of the Bladder: A Case Report and Review of the Literature

A. Sabiq, F. Z. Ballouk, M. Bennan I, N. Kadri, A. Agouzal, I. Zaytoun, S. Kandri Rody, M. Darfaoui, A. El Omrani, M. Khouchani

Sch J Med Case Rep | 233-236







March 20, 2022 | Case Report

A Case Report on Prolapse Lumbar Intervertebral Disease (PLID) Treatment through Acupuncture Procedure

🙎 Dr. S.M. Shahidul Islam, Dr. Huihui Li, Dr. Md. Humayun Kabir, Sabina Yasmin

Sch J Med Case Rep | 237-240

DOI: 10.36347/sjmcr.2022.v10i03.017







March 25, 2022 | Case Report

◆ 65

★ 53 View Article →

Right Atrial Thrombus in Transit Complicated by Pulmonary Thromboembolism

Ragi S. Maglad, Elmutaz H. Taha, Ebtihal M. Osman, Makawi. A. A. Osman

Sch J Med Case Rep | 241-242

DOI: 10.36347/sjmcr.2022.v10i03.018







March 25, 2022 | Case Report

A Case Report: Efficacy of SC-PWJSC for Static and Diabetic Foot Ulcer

Language Sukmawati Tansil Tan, Yohanes Firmansyah

Sch J Med Case Rep | 243-246

DOI: 10.36347/sjmcr.2022.v10i03.019







March 28, 2022 | Case Report

Syncope as Unexpected Presentation of Takayasu's Arteritis - A Case Report and Literature Review

L Rachid, W Belkho, R Zerhoudi, N Charei, S El Karimi, M El Hattaoui, S Tadsaoui, B Boutakioute, M Ouali Idrissi, M Cherif Idrissi Al Ganouni

Sch J Med Case Rep | 247-250







March 30, 2022 | Case Report

Contrast Enhanced CT-Scan of Aorta Thrombosis in Neonates: Case Report

Adam Hajjine, Mohamed Amine Nouri, Badr Boutakioute, Btissam Zouita, Meriem Ouali Idrissi, Najat Cherif Guennouni Idrissi

Sch J Med Case Rep | 251-253

DOI: 10.36347/sjmcr.2022.v10i03.021







March 30, 2022 | Case Report

Presurgical Radiologic Delineation of Popliteal Pterygium Syndrome: Case Report

💄 Adam Hajjine, Btissam Zouita, Dounia Basraoui, Hicham Jalal

Sch J Med Case Rep | 254-256

DOI: 10.36347/sjmcr.2022.v10i03.022







March 30, 2022 | Case Report

Radiologic Features of Monostotic Humeral Fibrous Dysplasia: Case Report and Literature Review

🙎 Adam Hajjine, Meriem Ouali Idrissi, Badr Boutakioute, Najat Cherif Guennouni Idrissi

Sch J Med Case Rep | 257-259

DOI: 10.36347/sjmcr.2022.v10i03.023







March 30, 2022 | Case Report

Incidentally Discovered Diastematomyelia in Adults: About Two Case Reports

L Adam Hajjine, Oualid Benfaddaoul, Badr Boutakioute, Meriem Ouali Idrissi, Najat Cherif Guennouni Idrissi

Sch J Med Case Rep | 260-262







March 30, 2022 | Case Report

Aortic Dissection: Still the Great Deadly Masquerader- Case Report with Review of Literature

💄 L. Rachid, S. Azmoun, M. Ztati, D. Benzeroual, M. El Hattaoui, D. Boumezebra, N. Cherif Idrissi El Ganouni

Sch J Med Case Rep | 263-265

DOI: 10.36347/sjmcr.2022.v10i03.025







March 30, 2022 | Case Report

◆ 47

42 View Article →

Single Cutaneous Metastasis from Mucinous Adenocarcinoma of Prostate with Bladder Invasion: An Unusual Localization

Mouaad Aarab, Rachid Allali, Rachid Ait ouali, Mohamed Amine Lakmichi, Zakaria Dahami, Mohamed Said Moudouni, Ismail Sarf

Sch J Med Case Rep | 266-268

DOI: 10.36347/sjmcr.2022.v10i03.026







March 30, 2022 | Case Report

Diazoxide-Associated Pulmonary Hypertension in Patient with Hyperinsulinemic Hypoglycemia

Raed Sadek, Shaimaa M. Azab, Yousef Ghazal, Badi Alenazi, Ghada Shiekheldin

Sch J Med Case Rep | 269-275

DOI: 10.36347/sjmcr.2022.v10i03.027







March 30, 2022 | Case Report

Endo-Urological Management of Renal Lithiasis on Supernumerary Kidney: Flexible Ureteroscopy

🙎 R.Allali, M.Aarab, A.Agbakou, M.A.Lakmichi, Z. Dahami, M.S. Moudouni, I. Sarf

Sch J Med Case Rep 276-278







Abbreviated Key Title: Sch J Med Case Rep ISSN 2347-9507 (Print) | ISSN 2347-6559 (Online) Journal homepage: https://saspublishers.com

Dermatology and Venereology

A Case Report: Efficacy of SC-PWJSC for Static and Diabetic Foot Ulcer

Sukmawati Tansil Tan¹, Yohanes Firmansyah^{2*}

DOI: 10.36347/sjmcr.2022.v10i03.019 | **Received:** 13.02.2022 | **Accepted:** 21.03.2022 | **Published:** 25.03.2022

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Abstract Case Report

Static ulcers and diabetic ulcers are a type of chronic ulcers that are often difficult to treat with traditional therapy with a failure rate of over 50%. This case explains the efficacy of secretome from the Placental Wharton Jelly Stem Cell (SC-PWJSC) added to a 65-year-old male with a static ulcer and diabetic ulcer that lasted 14 months. Therapy using secretome from Placental Wharton Jelly Stem Cell (SC-PWJSC) for eight weeks allows a closed wound followed by a scar with no side effects. The patient is delighted with the results of the procedure.

Keywords: statis ulcer; diabetic ulcer, diabetes mellitus, cutaneous injection, SC-PWJSC.

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INTRODUCTION

A diabetic foot ulcer is a chronic diabetes complication in deeper tissue lesions, neurological disorders, and lower limb vascular peripheral disorders [1]. As a result of worldwide diabetes and improved life expectancy of diabetic foot ulcers, diabetic foot ulcers have increased. Amputation occurs every 30 seconds, as a result of diabetes, in the lower extremities [2], And the health costs of \$8659 per patient were high [3]. In the U.S., medical expenses vary from \$9 billion to \$13 billion to treat diabetic foot disease and additional costs of diabetes [4]. Due to a major social, medical, and economic burden, the International Diabetes Fund has called on the public to raise awareness about diabetic foot conditions [5]. Of all amputations in diabetic patients, 85% are preceded by foot ulceration, which then worsens into severe gangrene or infection which is difficult to resolve [6].

The wound healing rate for chronic wounds is very poor, especially diabetic foot ulcers (DFU) [7], Impacts greatly on patients and their families' health and quality of life. The frequently felt consequences include discomfort, loss of function and mobility, depression, difficulty and anxiety, guilt, social insulation, long-term hospital stay's financial burden, and chronic illness, including death [8]. Previous studies have shown that persistent ulcers are a big burden and sometimes induce an inferior quality of life. Therefore, chronic ulcers that are effective and inexpensive to improve people's quality of life with foot

diabetic ulcers are important for wound care and management [7, 9, 10].

This case report describes that the Secretome from Placental Wharton Jelly Stem Cell (SC-PWJSC) ability as an additional therapy to cause better-wound healing.

CASE DESCRIPTION

A 65-year-old man came complaining that it was difficult to heal in the outer left ankle area. The wound has not recovered since 14 months ago, and has tried various types of treatment. The wound initially looks like varicose veins, and after a few months, a small wound develops but over time, it gets more significant to the size of a coin. The patient is known to have a history of diabetes mellitus since ten years ago with rough treatment.

The patient current subjective concern is leg discomfort with pain, delayed chronic wound healing, and discharge. Patients regularly use Povidone-iodine to disinfect their wounds to avoid infection and unpleasant odors. A venous stasis ulcer and diabetes ulcer were found on physical examination. The neovascular condition around the wound is a reddish-blue wound with standard Capillary Refill Time (Figures 1).

Patients signed up the agreement to follow treatment secretome gel from *Placental Wharton Jelly Stem Cell (SC-PWJSC)* to be applied every day after the

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wound was cleaned with NaCl. Patients are also asked to note the symptoms of side effects that may arise from allergic reactions such as itching, redness, burning sensation, and swelling to seek first aid if severe side effects appear that are very disturbing.

After eight weeks of the procedure, the patient returned to control with a closed wound, followed by a scar without side effects. Symptoms of side effects during the intervention were not discovered. During the intervention, treatment is the only treatment with injection of insulin and secretome gel from Placental Wharton Jelly Stem Cell (SC-PWJSC) accompanied by regular blood sugar control (Figures 2).



Fig-1: A venous stasis ulcer and diabetes ulcer



Fig-2: Closed wound followed by a scar without side effects

DISCUSSION

Stem cell therapy is a modern therapy that offers new hope to new wound healing methods and usually follows the physiology of wound healing. These stem cells have growth and healing factors to repair injuries [11]. This wound healing process requires removing cells that are not separated into the matrix by healing factors and causes the cell division to close the wound. On the other hand, these stem cells also play a role in immunomodulation by suppressing cytokines, suppressing inflammation, and interacting with macrophage regulators. This whole process affects tissue regeneration, new capillary development (angiogenesis) and accelerates the epithelialization process in chronic wounds so that healing continues as before [12,13].

The wound healing process using Mesenchymal stem cells (MSCs) is a process that resembles the physiology of wound healing, beginning with Mesenchymal stem cells (MSCs), which differentiate into fibroblasts and pericyte tissue and form endothelial-like tissues or cells that further play a role in vasculogenesis [14, 15]. Previous literature studies have shown that Wharton's Jelly derived mesenchymal stem cells (WJ-MSCs) have a rich composition of undifferent cells that have excellent immunomodulatory properties and do not induce rejection reactions in the allotransplantation phase in major organ repairs such as heart, cartilage, liver, bone, pancreas, fat, and blood vessels [16]. MSCs formed from WJ-MSCs in extracellular space release several angiogenic factors, including basal fibroblast growth factor (bFGF) and VEGF, which alter beta-growth factor (TGF-β), PDGF, ANG-1, placental growth factor (PIGF), IL-6, hepatocyte growth factor (HGF) and monocyte-one chemoattractant protein (MCP-1), which induces in vitro and in vivo angiogenesis (22). VEGF and TGF-β1 secreted in CM promote angiogenesis and activate PI3K / Act and MAPK pathways; HGF reveals its angiogenic nature by inducing VEGF expression [17].

The use of MSC, which is rich in secretome topically in the field of regenerative medicine, has many primary advantages from the provision of stem cells by other methods, namely (1) the use of secretome has excellent protection compared to live cell transplantation directly (invasive) (2) the safety, dosage, and ability of MSC-derived secretome is often assessed (3). Topical MSC has a feature or efficacy that is no less effective than invasive administration, including immune modulation, angiogenesis, and wound healing (4). It is easy to store and can last for a long time without losing effectiveness or even becoming toxic (5). Secretome from Wharton's Jelly-derived mesenchymal stem cell (WJ-MSC) umbilical cord has economic and functional value and can be mass-produced under standard laboratory control (6). Umbilical cord Wharton's Jelly derived mesenchymal stem cells (WJ-

MSCs) may not only be used for the healing of chronic ulcers. They may also be used in several other medical fields, such as acute wounds, cerebral ischemia, and

myocardial (7). It is versatile and can be used as a therapeutic application and can be changed as needed for different cells (23).

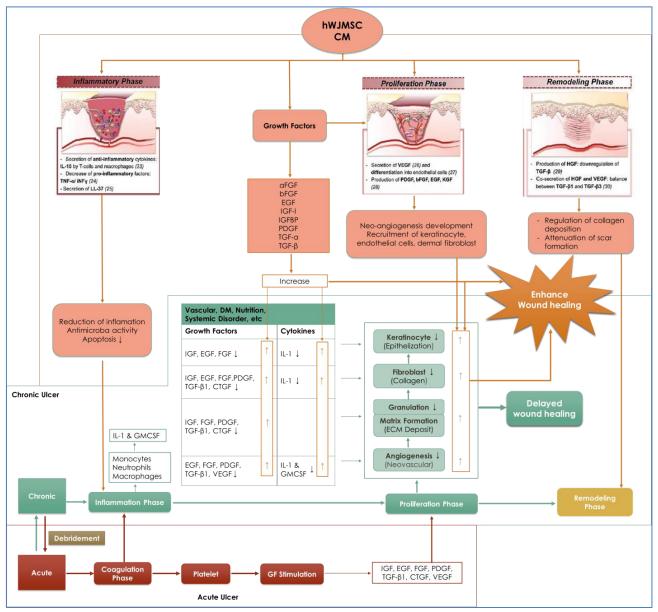


Fig-3: Mechanism-secretome of the Placental Wharton Jelly Stem Cell (SC-PWJSC) improves chronic wound healing at any stage of the wound healing process. (Created by Sukmawati Tansil Tan)

This case report shows the excellent predicted result without side effects from using secretome from Placental Wharton Jelly Stem Cell (SC-PWJSC) therapy, which is very simple and can also be applied separately to patients very promising results and reduces potential impairment. In the future, this study can be carried out on a wide scale in Indonesia, beginning with serial case reports, clinical studies, and randomized controlled trials (RCTs).

CONCLUSION

Static ulcers and diabetic ulcers are a form of chronic ulcers that are often difficult to cure with more than 50% treatment failure rates with conventional

therapy. This case describes the effectiveness of secretome from Placental Wharton Jelly Stem Cell (SC-PWJSC), which was applied to a 65-year-old male with a static ulcer and diabetic ulcer that had lasted for 14 months. Therapy using secretome from Placental Wharton Jelly Stem Cell (SC-PWJSC) for eight weeks makes a closed wound followed by a scar without side effects. The patient is delighted with the outcome of the therapy.

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