

Staying on the Cutting Edge

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Plastic Surgery is definitively the single most diverse surgical field in medicine today. Our scope of practice involves anything from the correction of pediatric cleft lip and palate deformities to free autologous tissue reconstruction and anything in-between. We are not defined by any certain organ system, rather we are characterized by a set of principles that guide us through the solution of complex problems. Our multifaceted approach to complicated issues is what sets our specialty apart. Given the vast exploratory and innovative nature of our specialty, the ebb and flow of staying ahead is challenging. As Plastic Surgeons, we should continue to perpetuate and broaden our field into new territories. Namely, we have the capability, capacity, and expertise to broaden our reach into the field of biomaterials for wound healing.

Chronic wounds in the United States represent an immense problem, affecting an estimated 6.5 million people in this country.¹ The economic impact of this issue amplifies the need for a more definitive and cost-effective approach to wound healing, as it has been estimated that more than \$25 billion per year is spent on the treatment of chronic wounds alone.² Surgical debridement is often the backbone for the treatment of chronic wounds, but can we do more? The successful treatment of chronic wounds requires an understanding of the biology and physiology of the issue, so that a more tailored and efficacious approach can be executed.

We have the ability to change the biology of wounds and accelerate the wound healing process in a cost-effective manner, and thus, we, as plastic surgeons, should utilize this ability.^{3,4} Extracellular matrix (ECM) is the largest component of the dermal skin layer, and its synthesis plays an integral role in wound healing. In more acute wounds, the provisional matrix contains proteins that provide a scaffolding to guide cells into the injury and aids in the synthesis of a new extracellular matrix. Chronic wounds, in contrast, are often characterized by increased levels of inflammatory cells that are associated with elevated levels of proteases. These proteases were found to

degrade the constituents of the ECM, such as its growth factors and receptors, leading to delayed wound healing. Re-establishing a functional ECM in chronic wounds can change the biology of these wounds to facilitate healing. Multiple regenerative ECM materials have been developed as a solution to this problem. More recently, extracellular vesicles derived from mesenchymal stem cells have been investigated as new tools for regenerative medicine, with studies thus far noting accelerated wound healing, decreased scar formation, and the ability to promote angiogenesis.⁵

The usefulness of integrating a more biological approach in the treatment of chronic wounds has sparked new and exciting research in the field of regenerative medicine, and, as Plastic Surgeons, we have a duty to explore and incorporate this element of healing into our armamentarium. Reaching into the field of biomaterials will continue to keep our specialty at the forefront of innovation and help optimize the care our patients need.

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DISCLOSURE

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