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Stem cells for erectile dysfunction: Erectus shot

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ED (Erectile Dysfunction) affects 10 percent of the population worldwide. In 1995 it was estimated that 152 million affected by ED. It is estimated that by 2025, 352 million populations worldwide will be affected. Currently there is not available treatment that can restore or regenerate the tissues in the corpus cavernosum or arterial system that will cure the ED. A 20 percent failure rate with present therapies and high rate of drop out in patients with ED is due to Radical Prostatectomy and Post Radiation. Testosterone Replacement is the only independent risk factor that might help endothelial dysfunction and consequently ED. Adipose tissue is abundant and easy to collect from a mini-liposuction. The procedure consists in collecting a lipo-aspirate of 60 ml. No general anesthesia is required. It is an outpatient procedure. Adipose Tissue is processed using collagenase enzyme. SVF (Stromal Vascular Fraction) is isolated. Blood is obtained through a venipuncture. PRP (Platelet Rich-Plasma) is obtained. The SVF is suspended in PRP. The mixture is injected into the Corpus Cavernosum using our designed protocol for injection into the corpus Cavernosum. Two types of patients: 1- DM 2- ED due to Prostatectomy and Radiation. Patients filled out the Intensity score Questionnaire before and after procedure. Both reported better erections in the morning, firmer, with better response to PDI5 inhibitors for which they were not responders prior to the treatment. This might be due to Stem cells to regenerate Corpus Nerve and Endothelial cells enhancing the Nitric Oxide production and then have the PDI5 inhibitors to work. The IC injection of a suspension of SVF in PRP appears promising in ED patients due to DM and Prostatectomy and Radiation in which at present there is no a CURE and they have a high rate of Failure to PDI5 inhibitors. The Procedure is done as outpatient and requires no general anesthesia. The potential to treat diabetes as early as diagnosed might be a possibility since lower fasting glucose levels and improvement in HbA1C were noticed. More studies are in need.

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Management of facial injury

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The face is a very expensive real estate area. Facial features when injured need to be repaired very accurately. Facial wounds need to be examined thoroughly after excluding facial fracture in all the features are repaired in a theatre with fine instruments and respecting the facial features. When there is a skin and soft tissue lost, no attempt should be done to close it under tension. In this paper, scalp, eyelid, nose, ear, lip where injured and repaired in different modalities to achieved an acceptable outcome.

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