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Yes-associated protein contributes to the development of human cutaneous squamous cell carcinoma via activation of RAS

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Cutaneous squamous cell carcinoma (cSCC) is one of the most common skin malignant tumors with an increasing incidence. Studies have shown that Yes-associated protein (YAP) participates in the development of a variety of tumors as an oncogene, but its role in cSCC has not been reported. In this study, we showed by immunohistochemistry that YAP expression was elevated in cSCC samples of different stages versus the normal skin and was well correlated with the progression of the disease. Down-regulation of YAP in cSCC cell lines A431 and SCL-1 inhibited cell proliferation by inducing a G1/S growth arrest, promoted apoptosis and reduced invasion and migration abilities *in vitro*. Conversely, overexpression of YAP promoted cell proliferation and protected cells against basal and chemodrug-induced apoptosis. These oncogenic effects of YAP were associated with activation of RAS protein and its downstream AKT and ERK signaling. Using a mouse xenograft model, we further demonstrated that YAP depletion inhibited cSCC tumor growth *in vivo*. Our results suggested that YAP is involved in the carcinogenesis and development of cSCC and may serve as a biomarker or therapeutic target of this disease.

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Autologous platelet rich fibrin therapy in chronic leg ulcers

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Background & Objectives: Leg ulcers are chronic wounds with varied causes and great medical impact. Management is complex and is associated with high costs for both patients and public health services, especially in low income-countries. In this study, we investigate the effect of autologous platelet rich fibrin (PRF) on healing of chronic non healing ulcers.

Methods: A total of 37 patients with chronic non healing ulcers attending dermatology outpatient clinic were included in study population. A total of 43 ulcers were treated with PRF dressings. The patients were followed up on weekly basis for three months. Swab cultures were taken upon initial visit and then on weekly basis. The judgment criteria's were the relative regression of the wound surface area and relative reduction of sloughy tissue.

Results: Mean healing time was 35±4 days. 76.5% of ulcer became sterile during first week.

Conclusion: PRF is simple and an effective treatment for chronic non healing ulcers leading to significant reduction in the time of healing. This study also strongly supports antibacterial effect of platelet rich products. Being autologous, PRF is safe and can be prepared without any sophisticated instruments with minimal cost and hence reducing the economic burden.

Limitations: Diversity in the sites and causes of ulcers. Analysis to validate that the composition of PRF did not differ from case to case was not carried out.

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