PhilArt next for 35-year-old knee scar

BY SYED HAQ

In our dynamic field, staying ahead means embracing innovation, and understanding the evolving preferences of both practitioners and patients; recognising the trends that shape our industry. The biostimulator injections' market has rapidly risen to prominence, ranking among the top three minimally invasive aesthetic treatments that healthcare practitioners (HCPs) perform regularly (Croma HCP Survey 2024).

About PN-HPTTM and PhilArt next

PhilArt is an injectable gel consisting of long-chain polynucleotides (PN) that facilitate the bodies intrinsic cell renewal process. The hydration effect of the skin [1] and combating of free radicals [2] encourages fibroblast proliferation (cells that produce collagen) [3,4] and collagen production [2].

Manufactured in the EU, PhilArt is naturally derived from European freshwater fish intended for human consumption. The manufacturing process is based on the polynucleotide high purification technology (PN-HPT®), ensuring a product of unparalleled purity and safety.

PhilArt next is a hybrid polynucleotide that combines all the benefits of polynucleotide technology with the added benefit of non-cross-linked hyaluronic acid (HA) and mannitol. The combined formulation delivers a synergistic effect, providing an instant boost of hydration by fostering fibroblasts.

Case report

A middle-aged female presented with a >35-year-old scar over the knee on the left side extending across the patella. The patient wanted a treatment to improve the physical look of the scar. As part of an ongoing case study, the patient was consented with pictures at baseline taken prior to treatment.

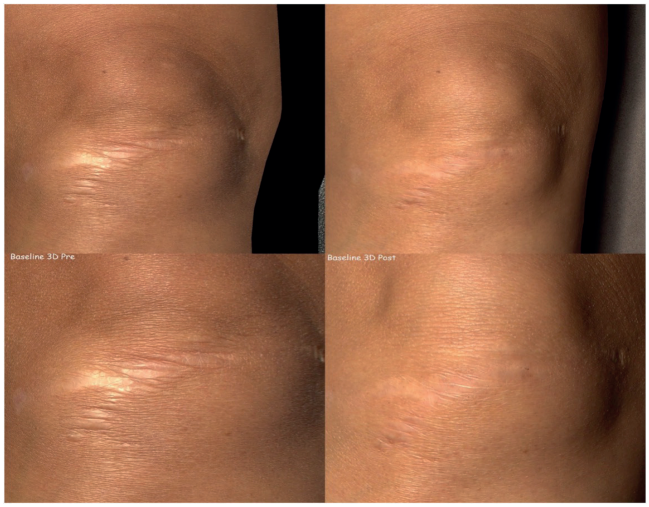
The treatment protocol used was on-label following initial subcision of the scar using a 25G blunt cannula. The objective was to ensure retinacular fibres were released from the fascia to the epidermis. This would allow the scar to no longer be tethered to underlying structures. The patient underwent three separate sessions of treatment using PhilArt next every two to three weeks for a three-course session.

The method of injection used was microdroplet injections placed around and directly into the scar. No topical anaesthetic was used prior to administration. Two millilitres of PhilArt next were used per session. The injection depth was both intradermal and subcutaneous, and 0.05–0.1ml of PhilArt next was injected per injection point. Following completion of the final session the patient was assessed using a Canfield Vectra eight weeks post baseline assessment.

Results

The results depicted in the figure show the extent of the scar which was at its widest point (3cm) in height and the long access of the scar across the knee (12cm) in length.

The top left panel shows the knee scar pre-treatment with a magnified view (2x). Following treatment, the right-hand panels show the impact of PhilArt next on the scar (see also lower right panel -2x magnified) which demonstrates smoothing of the scar and better integration between the margin of the scar and the non-scarred tissue. The scar did not appear contracted but was more contiguous with the healthy tissue. No alteration in pigmentation was observed either. On the whole the scar appeared less obtrusive and more akin to the surrounding skin.



HB 3D baseline pre & post comparison knee scar.

PhilArt next can be part of a combined patient treatment programme dependent of the skin concern and the area being treated. It plays a crucial role in the remodelling of striae distensae and depressed scars as part of personalised treatment protocols.

References

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Declaration of competing interests: The author is a KOL for Croma Pharma and has conducted and been renumerated for case studies as well as symposiums.