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Restorative Efficacy of Convalescent Plasma Therapy in the New Era as an Old Therapeutic Tool.

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ABSTRACT:

Plasma Therapy is right now utilized in various clinical fields. It is applied in pathology, rheumatology and hematology extensively and also seen as a possible treatment for COVID-19. It is being utilized in a few unique applications as in wound healing, Arthritis, Antimicrobial agent, and for alopecia. Blood comprises different components in differential levels. Platelet-rich Plasma (PRP) is a natural item characterized being a part of the plasma division with a platelet focus over the standard. It is obtained from the blood of patients gathered before centrifugation. The information on the science, instrument of activity, and characterization of the PRP should assist clinicians with bettering comprehend this new treatment and to effectively sort and decipher the information accessible in the writing in regards to PRP. In this survey, we attempt to give valuable data to a superior comprehension of what ought to and ought not to be treated with PRP and basic about plasma therapy and its widespread applications in medical science as suitable treatment. The process of discovery and trails of new medicine or vaccine is a prolonged approach. In emergency cases and at the beginning of pandemic the antibodies can be utilized as way of treatment as it is tested extensively and proves to be effective with specific criteria and rules of application. By adopting this method during the progression of Pandemic the mortality in mild to severe patients can be reduced by significant extent.

KEYWORDS: Convalescent Plasma Therapy, Donor's eligibility, Rheumatoid Arthritis, Skin rejuvenation, Plasma Therapy Treatment.

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INTRODUCTION:

Plasma therapy is a new area of medicinal application of blood components for treatment of different pathophysiological, microbial and hematological disorders. Platelets, also known as thrombocytes, are fractional sections obtained from bone marrow megakaryocytes. Platelet-rich plasma is utilized in wider fields, including oral, and various surgical medical procedures¹. Platelets contain more than 800 proteins, involving cytokines, metabolites, chemokine, courier atoms, layer of proteins, development factors (GFs) and various proteins with higher solubility extent making it suitable as a blood component².

Platelet Rich Plasma infusions of cells is produced using blood samples. Ideally that animates recuperating, it is generally fizzling — particularly obstinate, slow-movement wounds like tendinitis³. Convalescent blood products include cellular isolates such as antibodies and immunoglobulin. These components are only isolated from a patient (recently recovered from infection in past). The patient can act as probable source of infection specific antibodies from blood⁴. Convalescent plasma has clinically proven to be safe and effective in pathophysiological and rheumatological conditions such as rheumatoid arthritis, antimicrobial treatments and healing properties. Now it is seen as a potential treatment of novel coronavirus COVID-19. Plasma components can be separated easily and can be donated from a suitable donor to the patient as they are generated in the body constantly. Levels of certain blood components affect various physiological mechanisms and systems of operation in the body.

BLOOD PLASMA AND ITS COMPOSITION:

Blood Plasma is yellowish or straw-colored fluid which makes up to 55% of content in blood¹. It is basically a fluid component of blood which lacks Erythrocytes, Leukocytes and Platelets. The blood when centrifuged gives separate layers, plasma being at top followed by Leukocytes layer and Erythrocytes. It mainly consists of Water almost up to 95% and other components such as Electrolytes (Ca, Mg, HCO, Cl), dissolved proteins (Albumins, Globulins and Fibrinogens), Glucose, Clotting Factors, Hormones and Gaseous exchange matters such as Oxygen and Carbon Dioxide². It is widely associated with transport of materials in the body due to its wider range of solubility towards different components. It transports gases towards cellular respiration sites thereby maintaining oxygen levels constant throughout the body cells³.

PLASMA: The fluid portion of the blood is referred as plasma. It consists more of water and specific proteins. It provides a transport medium for RBC, WBC and platelets throughout the body. It also consists of immunity driving components such as antibodies.

Plasma Protein Components and their normal levels in Blood⁴.

Table 1.0 Plasma Protein Components and their normal levels in Blood⁴.

Types of Plasma Proteins	Normal Level in Body (in kDa)
1. Albumins	
1.1 Transthyretin	55-66
1.2 Albumin 45	67
2. Globulins	
2.1 a ₁ -Globulins	
2.1.1. Antitrypsin	54
2.1.2. Antichymotrypsin	58-68
2.1.3. Lipoprotein (HDL)	200-400
2.1.4. Prothrombin	72
2.1.5. Transcortin	51
2.1.6 Acid glycoprotein	44
2.1.7 Thyroxin- Binding Globulin	54
2.2 a ₂ -Globulins	
2.2.1 Ceruloplasmin	135
2.2.2 Antithrombin	58
2.2.3 Haptoglobin	100
2.2.4 Cholinesterase	350
2.2.5 Plasminogen	90
2.2.6 Macroglobulin	725
2.2.7 Retinol-Binding Protein	21
2.2.8 Vitamin-D Binding Protein	52
2.3 b-Globulin	
2.3.1. Lipoprotein (LDL)	
2.3.2. Transferrin	2.000-4.500
2.3.3. Sex hormone binding protein	80
2.3.4. Transcobalamin	340
2.3.5. C reactive Protein.	38
	110
2.4. Gamma- Globulin	
2.4.1 IgG	150
2.4.2 IgA	162
2.4.3 IgM	900
2.4.4 IgD	172
2.4.5 IgE	196

CONVALESCENT PLASMA THERAPY:

Convalescent plasma therapy is the technique which uses blood from donors (recently recovered). During the large-scale pandemic Convalescent plasma is proven to be effective to save lives. Plasma therapy the blood of the recovered individual as it is wealthy in antibodies is utilized to treat other sick people. The thought behind the treatment is when a patient successfully recovers from the infection then the antibodies from that will be used to treat severely ill patients.

PLASMA THERAPY TREATMENT:

Before the procedure:

Prior to convalescent plasma treatment, the medical services group sets up standard procedure for the treatment. A health professional then administers sterile single needle intravenously or my any other parenteral route into a vein or dermal layers of patient's arm.

During the procedure:

When the plasma arrives, the sterile plasma sack is jointed to the tube previously set up and the plasma drips from sack and into the tube thereby leading to parenteral administration. The time taken for completion of procedure is about two hours.

After the procedure:

The patient is continuously monitored after administration the convalescent plasma. The doctor will timely inspect the patient and make record responses by body after the treatment. Depending on the condition of individual in minimum 72 hours after administration doctor takes call about further hospital care and further therapy continuation⁵.

Plasma therapy is not something new; it is in use from many years before. The list of diseases in which previously the treatment is used⁶.

1. 1918	Spanish Flu
2. 2009	H1N1
3. 2014	Ebola (WHO Recommendation)
4. 2015	MERS (Coronaviridae)

RISKS INVOLVED DURING CONVALESCENT PLASMA THERAPY:

Beneficial actions do come with some risks with it. Risks associated with convalescent plasma therapy are Lung damage and can also cause difficulty breathing. As it involves the donation and transfusion so chances of spreading Infections such as HIV and hepatitis is always a possibility if done on larger extent⁶.

Overall Complications ranges from mild to severe. Mild ones involve fever, transfusion-related injury and complicated events like Circulatory load and anaphylactic reactions can occur. So it's important to test the donate blood for safety^{7, 8}. However, while implementing such method on larger scale puts challenges ahead which make is mandatory to consider desirability of such large extent program.

The flare-up of COVID-19 has turned the spotlight onto the conceivable utilization of improving plasma in the treatment of irresistible illnesses since they are the main helpful technique accessible at times, given the inaccessibility of immunizations, drugs or other explicit medicines. Gaining strength plasma treatment could be a legitimate choice in the treatment/prophylaxis of a few irresistible maladies both in relationship with different medications/preventive measures and as the main treatment when a particular treatment isn't accessible. Improving plasma treatment is an exploratory treatment that a few specialists are utilizing for individuals with serious Covid malady 2019 (COVID-19). No medication has ended up being protected and viable for treating COVID-19 infection. The U.S. Food and Drug Administration (FDA) hasn't endorsed any medications explicitly to treat individuals with COVID-19.⁹

DONOR ELIGIBILITY

Coronavirus convalescent plasma should just be gathered from people who abides donor qualification prerequisites (21 CFR 630.10, 21 CFR 630.15). The extra giver qualification prerequisites on assortment of plasma by plasmapheresis in 21 CFR 630.15 (b). Checking for applicable bonding communicated contaminations is mandatory (21 CFR 610.40) and the gift discovered reasonable (21 CFR 630.30). Previously recovered patients are encouraged to donate blood for the antibody treatment to currently suffering patients. If patient is willing to donate the blood the normal procedure for blood donation and storage is carried out and then the samples are sent to nearest lab to confirm presence and quantity of antibodies in the blood. Hospitals in emergency cases are authorized to use blood to patients in severe cases. All necessary test of the donor blood are carried out before transfusion in the case of Covid patient.

Eligibility for Plasma Donation?

- If you have been confirmed positive with COVID-19 by an authorized tests such as RT-PCR or Rapid Antigen Test.
- You are fully recovered from COVID-19 and have seen no symptoms of it in last 24 hours.
- You must not have any co-morbidity or existing chronic ailment.

Coronavirus convalescent plasma is gathered from people who meet the accompanying capabilities: Proof of COVID-19 archived by a research center by: An indicative test with nasopharyngeal swab. Complete goal of manifestations in any event 2 weeks before. Only negative report for COVID-19 by an indicative test isn't sufficient to qualify as contributor. Male contributors, or female givers who have not been pregnant and results showing negative for HLA antibodies. SARS-CoV-2 killing immune response titers, if accessible at the point when estimation of killing immune response is crucial. It is suggested killing counter acting at 1:80 might be viewed as adequate if an option coordinated unit isn't accessible. At the point when estimation of killing immune response titers isn't accessible, consider putting away a maintenance test from the healing plasma gift for deciding counter acting agent titers sometime in the not too distant future. Albeit discretionary for all Investigational New Drug (IND) pathways, putting away examples for single patient eINDs isn't recommended.¹⁰

PLASMA THERAPY AS TREATMENT:

Platelet-rich plasma to treat Rheumatoid Arthritis:

Rheumatoid joint inflammation (RA) is a joint ailment that includes harm to the ligament. RA shares highlights, for example, ligament framework corruption and dynamic joints in osteoarthritis (OA), while OA joints display prevalent irritation. PRP is blood product which releases several growth factors after activation and platelets more than circulating levels^{11, 12, 13, 14, 15}. Inhibition of various conditions, joint inflammation by synovial cell proliferation, and catabolic pathways can be reduced with the help of PRP¹⁶. In spite of the fact that PRP has indicated great adequacy in musculoskeletal conditions and osteoarthritis, for example, tendinopathy, synovitis, skeletal muscle wounds, epicondylitis, and patients with rheumatoid joint pain many a time show restriction in understanding for the utilization of PRP^{17, 18}. PRP has exhibited practically identical advantages to the hyaluronic corrosive in order to treat mild-to-moderate knee Osteoarthritis. PRP has wide range of clinical significance in

regeneration of tissue and wound healing¹⁹. Various elements such as growth factors and cytokines in PRP are accountable for this action, such as platelet-derived growth factor, epidermal growth factor (EGF), transforming growth factor- β , vascular endothelial growth factor (VEGF), insulin-like growth factor-1, platelet factor-4, connective tissue growth factor (CTGF), IL-6, and interleukin 1 β ,^{19, 20, 21}.

Demonstration in preclinical studies of PRP for Regeneration and repair of articular cartilage have been carried out. In chondrocytic cell cultures, PRP elevates cartilage matrix proliferation in cells and proteoglycans synthesis along with collagen type II and regulates levels of catabolizes such as IL-6, TNF- α MMP-13, and IL-1 β with direct as well as indirect actions^{22, 23, 24}.

Utilization of Platelet-rich plasma to treat ankle cartilage:

Platelet-rich Plasma (PRP) is an interesting treatment demonstrating beneficial results for the administration of disorders such as cartilage disorders^{25, 26}. PRP is unquestionably pre-clinical and clinical examination. In any case, currently there is predetermined various studies with respect to the use of PRP for ankle cartilage pathology. since just one Level I trial is accessible and also for the surgical use, albeit especially effective, depends in most of the cases on a mix of various components. PRP can't in any case be univocally characterized and, up to now, there are an excessive number of various PRP plans applied in clinical practice. The many contrasts recently examined and identified with planning techniques, cell substances, initiation and capacity methodology, remedial conventions and others, mirror the multifaceted nature of such organic treatment and legitimize about the troubles which may arise in information correlation among contemplates, also in the inborn absence of clear and specific signs about platelet-rich plasma (PRP) treatment. Regardless of all these constraints, the fluctuation have animated an enormous enthusiasm of fundamental researchers and other clinicians to investigate about the best attributes of platelet-rich plasma (PRP) to treat explicit sicknesses, also numerous examinations currently are in progression to additionally capitalize on this organic therapy approach. In any case, paying little heed to the brilliant emanation and its restorative potential, till the further investigations shall demonstrate for the genuine translational ability of the promising and significant outcomes proposed by the preclinical in vitro and creature examines, along these lines enhancing its utilization and recognizing the best signs for clinical practice, platelet-rich plasma (PRP) ought to be viewed as a 2nd line treatment and applied in people under well and controlled studies²⁷.

Platelet-rich plasma as Antimicrobial Treatment:

Implant-associated disease is turning out to be increasingly testing to the healthcare industries throughout the world, because of expanding antibiotic resistance, transmission of antibiotic resistant microscopic organisms among creatures and the significant expense of treating infections. PRP could be an advanced option in contrast to traditional antimicrobial medicines in forestalling implant related contaminations. Thus, utilization of PRP might be worthwhile contrasted with regular antibiotic treatment because of less initiation of antibiotic opposition shown by PRP also synergistically effect on infection prevention such as, PRP's antimicrobial and healing advancing properties. It is seen that microbes as well as human cells are hustling for the embed surfaces, and so the PRP's properties of advance healing could help in improving human cell connection in this manner decreasing the chances for infection. Also, Platelet-rich plasma is inherently biocompatible, and protected from the danger of contagious diseases²⁸.

PRP has been significantly utilized for its clinical applications as it shows enhanced healing properties^{29, 30}. Studies show that PRP was utilized as a new technique to prevent infection in numerous cases.

PRP was proven to be a strong antimicrobial agent against MSSA, MRSA, Group A *Neisseria gonorrhoeae* and *Streptococcus*. One of the brighter side of PRP, is when conventional antibiotic treatment were compared with it, for prevention of infection including present antibiotic therapies which now face numerous challenges such as increasing antibiotic resistance against existing medicaments^{31,32,33,34}. PRP is now seen as an advanced alternative for antimicrobial treatment due to reasons such as chemostatic properties of platelet microbicidal proteins in immune cells including monocytes, neutrophils and T cells leading to increased defence against invasive pathogens³⁵, and when studied analogously with conventional antibiotics, the proteins called as platelet microbicidal proteins have too less tendency to show bacterial resistance because of their inability of showing change in membrane bound bacterial structure³⁶. PRP reduces the infections and microbial resistance possibilities along with that it also helps in rapid healing processes.

Utilization of Platelet Rich Fibrin in the revitalization of tooth with necrotic pulp and open apex:

Pulp necrosis refers to a condition where the pulp inside your teeth die. This is frequently the last phase of chronic pulpitis. It can prompt different issues with your teeth. The innermost part of every tooth has tissues called pulp. Anatomically, the nerve and blood vessels which supplies the dental pulp passes through the apical foramen which is the apex of the root of a tooth. Therefore, it resembles the junction of the periodontal tissue and the pulp³⁷.

There are lots of ongoing experimentation and discussions on PRP as an therapeutic tool in wound healing and after tissue injury. PRP can conveniently utilized for regenerative endodontic treatment³⁸. There are various different cases and articles which have mentioned the use of PRP as a scaffolding material in tooth revitalization and infected necrotic immature tooth for pulpal regeneration^{39, 40, 41, 42}. When canal is disinfected completely, in an infected necrotic tooth with an open apex revival of pulp-dentin complex is possible. There is possibility of using Platelet Rich Fibrin (PRF) for this treatment as per mentioned about the literature^{43, 44, 45}.

Thus, by through literature survey and on the basis of their results it can be concluded that under conditions of total canal disinfection, rejuvenation of necrotic infected juvenile teeth is conceivable and PRF can be used as ideal biomaterial for pulp dentin complex recovery. The problem may occur when there is PRF manipulation in order to place it inside the canal. Therefore, for this purpose clinical preliminaries play important role to see the impact of PRF and PRP in the revitalization of tooth with necrotic pulp and open apex over a longer time period⁴⁶.

Utilization of Autologous Platelet Rich Plasma in Chronic Venous Ulcers:

Venous ulcers can be termed as wounds that are said to happen because of ill-advised functioning of venous valves, mostly of the legs. Among the 70% to 90% of chronic injury cases which are reported they are the significant reason for chronic wounds happening. Also, venous ulcers treatment additionally involves generous expenses. Autologous PRP is a straightforward technique which has the ability to release numerous growth factors like fibroblast determined growth factors, platelet derived growth factors and epidermal growth factors and thus helpful in enhancing wound healing. The advancement in wound healing process is done by seven development factors present in PRP which improves wound healing.

They are namely, fibroblast growth factor, transforming growth factor, vascular endothelial growth factor, platelet derived growth factor ($\alpha\alpha$, $\alpha\beta$, $\alpha\beta$) and epidermal growth factor. Now during the healing process these growth factors have ability in adjusting mesenchyme cell expansion, enrollment and extra-cellular matrix synthesis⁴⁷.

When we talk about the treatment for Chronic venous leg ulcers it is often very costly, but in contrast PRP is a basic, safe, cheap and biocompatible methodology. When the studies were carried out it showed that PRP shows significant wound healing in chronic venous leg ulcers without showing any adverse events. But as there is no standardized procedure, standard protocols should be made in the preparation of PRP by carrying out more randomized control studies.

Utilization of Platelet-rich Plasma for Skin Rejuvenation:

Rejuvenation is anything that makes the skin look better. Maturing of human skin outcome of a blend from a steady decrease of work after some period of time (characteristic maturing) also, combined harm brought about by natural variables (extrinsic maturing), like introduction to synthetic substances, smoking and also due to, ultraviolet B (UVB) radiation. Studies demonstrated that skin fibroblasts in connection with adipocytes, mast cells and keratinocytes forms fibroblast-keratinocyte-endothelium axis that play vital role to build the origin of glycoproteins, extracellular matrix (ECM) proteins, adhesive particles, and other different cytokines that helps to maintain integrity and youthfulness of the skin. Compared to other conventional anti-maturing procedures like laser treatment, skin medicines etc. that generally act by build of ECM through the initiation of fibroblasts, PRP showed its usefulness in various medical procedures for its ability to stimulate wound healing and also minimize bleeding during surgical process etc. by its ability in different growth factors present in the α -granules, including PDGF, IGF, TGF, and VEGF, capacity to treat skin wrinkles and restore (rejuvenate) the skin and animate HDF^{48,49,50}.

CONCLUSION:

The process of discovery and trails of new medicine or vaccine is a prolonged approach. In emergency cases and at the beginning of pandemic the antibodies can be utilized as way of treatment as it is tested extensively and proves to be effective with specific criteria and rules of application. By adopting this method during the progression of Pandemic the mortality in mild to severe patients can be reduced by significant extent. PRP is an innovative methodology, as it is affordable, basic, easily performed, and effective. It is additionally a noninvasive methodology with promising outcomes and no

adverse effects. Use of PRP reported in various different conditions like, in corneal ulcers, chemical burns, blepharoplasties surgeries, in graft-versus-host disease, restoration of lacrimal function, skin rejuvenation, ocular surface syndrome after refractive surgeries, etc.

Ultimately, plasma therapy is the key area where there should be more research studies done so in coming future, we can use it as an effective therapeutic tool. More number of clinical trials should be carried out, protocols should be standardized for the production, storage and utilization of the therapy. Therefore, plasma therapy already has been utilized to treat many of the diseases, and as its success rate is high it can even be more beneficial and effective in future occurring unknown devastating pandemics.

REFERENCES

1. Redler LH, Thompson SA, Hsu SH, Ahmad CS, Levine WN. Platelet-rich plasma therapy: a systematic literature review and evidence for clinical use. *PhysSportsmed*. 2011;39(1):42-51. doi:10.3810/psm.2011.02.1861
2. Di Michele M, Van Geet C, Freson K. Recent advances in platelet proteomics. *Expert Rev Proteomics* 2012; 9: 451–466. [PubMed] [Google Scholar]
3. Paul Ingraham, “Does Platelet-Rich Plasma Injection Work? An interesting treatment idea for arthritis, tendinopathy, muscle strain and more.” 25 Jan 2020. Available at: <https://www.painscience.com/articles/platelet-rich-plasma-does-it-work.php>
4. Marano G, Vaglio S, Pupella S, et al.: [Convalescent plasma: new evidence for an old therapeutic tool?](#). *Blood Transfus*. 2016, 14:152-157. [10.2450/2015.0131-15](#)
5. Ashish Roy, “COVID-19 Treatment: What is Plasma Therapy?” July 2, 2020 Available at: <https://www.medlife.com/blog/covid-19-treatment-plasma-therapy/>
6. “Convalescent Plasma Therapy” Available at: <https://www.mayoclinic.org/tests-procedures/convalescent-plasma-therapy/>
7. Luke T.C., Kilbane E.M., Jackson J.L., Hoffman S.L. Meta-analysis: convalescent blood products for Spanish influenza pneumonia: a future H5N1 treatment. *Ann Intern Med*. 2006;145(8):599–609. [PubMed] [Google Scholar] [Ref list]
8. MacLennan S., Barbara J.A. Risks and side effects of therapy with plasma and plasma fractions. *Best Pract Res Clin Haematol*.2006;19(1):169–189. [PubMed] [Google Scholar] [Ref list]

9. Bakhtawar N, Usman M, Khan M (August 03, 2020) Convalescent Plasma Therapy and Its Effects On COVID-19 Patient Outcomes: A Systematic Review of Current Literature. *Cureus* 12(8): e9535. doi:10.7759/cureus.9535
10. Mathew J, Sankar P, Varacallo M. Physiology, Blood Plasma. [Updated 2020 Apr 25]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK531504/>
11. Tuskegee University (May 29, 2013). "Chapter 9 Blood". tuskegee.edu. Archived from the original on December 28, 2013. <http://compepid.tuskegee.edu/syllabi/biomedical/Anatomy/microanat309/chapter9.htm>
12. "Ways to Keep Your Blood Plasma Healthy". Archived from the original on November 1, 2013. Retrieved November 10, 2011. <https://web.archive.org/web/20131101022142/http://bloodbanker.com/plasma/plasma-donation/ways-to-keep-your-blood-plasma-healthy/>
13. Biochemical investigation of blood plasma proteins clinical enzymology circulating tumor markers: basic concepts. <https://rb.gy/ppkj1g>
14. Convalescent plasma therapy <https://www.mayoclinic.org/tests-procedures/convalescent-plasma-therapy/about/pac-20486440>
15. Recommendations for Investigational COVID-19 Convalescent Plasma: <https://www.fda.gov/vaccines-blood-biologics/investigational-new-drug-ind-or-device-exemption-ide-process-cber/recommendations-investigational-covid-19-convalescent-plasma#Patient%20Eligibility>
16. Badsha H, Harifi G, Murrell WD. Platelet Rich Plasma for Treatment of Rheumatoid Arthritis: Case Series and Review of Literature. *Case Rep Rheumatol*. 2020;2020:8761485. Published 2020 Jan 31. doi:10.1155/2020/8761485 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7021456/>
17. Eduardo Knop Luiz Eduardo de Paula and Ricardo Fuller, Platelet-rich plasma for osteoarthritis treatment. *Rev. Bras. Reumatol.* vol.56 no.2 São Paulo Mar./Apr. 2016 https://doi.org/10.1016/j.rbre.2015.07.002https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0482-50042016000200152
18. Marx R. E. Platelet-rich plasma (PRP): what is PRP and what is not PRP? *Implant Dentistry*. 2001;10(4):225–228. doi: 10.1097/00008505-200110000-00002. [PubMed] [CrossRef] [Google Scholar]

19. Pietrzak W. S., Eppley B. L. Platelet rich plasma: biology and new technology. *Journal of Craniofacial Surgery*. 2005;16(6):1043–1054. doi: 10.1097/01.scs.0000186454.07097.bf. [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
20. Tong S., Liu J., Zhang C. Platelet-rich plasma inhibits inflammatory factors and represses rheumatoid fibroblast-like synoviocytes in rheumatoid arthritis. *Clinical and Experimental Medicine*. 2017;17(4):441–449. doi: 10.1007/s10238-017-0449-2. [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
21. Dhillon R. S., Schwarz E. M., Maloney M. D. Platelet-rich plasma therapy—future or trend? *Arthritis Research & Therapy*. 2012;14(4):p. 219. doi: 10.1186/ar3914. [[PMC free article](#)] [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
22. Mishra A., Tummala P., King A., et al. Buffered platelet-rich plasma enhances mesenchymal stem cell proliferation and chondrogenic differentiation. *Tissue Engineering Part C: Methods*. 2009;15(3):431–435. doi: 10.1089/ten.tec.2008.0534. [[PMC free article](#)] [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
23. Krüger J. P., Hondke S., Endres M., Pruss A., Siclari A., Kaps C. Human platelet-rich plasma stimulates migration and chondrogenic differentiation of human subchondral progenitor cells. *Journal of Orthopaedic Research*. 2012;30(6):845–852. doi: 10.1002/jor.22005. [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
24. Mascarenhas R., Saltzman B. M., Fortier L. A., Cole B. J. Role of platelet-rich plasma in articular cartilage injury and disease. *The Journal of Knee Surgery*. 2015;28(1):3–10. doi: 10.1055/s-0034-1384672. [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]
25. Boswell SG, Cole BJ, Sundman EA, Karas V, Fortier LA (2012) Platelet-rich plasma: a milieu of bioactive factors. *Arthroscopy* 28(3):429–439 <http://dx.doi.org/10.1016/j.arthro.2011.10.018>
26. Kon E, Filardo G, Di Martino A, Marcacci M (2011) Platelet-rich plasma (PRP) to treat sports injuries: evidence to support its use. *Knee Surg Sports Traumatol Arthrosc* 19(4):516–527.
27. Vannini, F., Di Matteo, B. & Filardo, G. Platelet-rich plasma to treat ankle cartilage pathology - from translational potential to clinical evidence: a systematic review. *J EXP ORTOP* 2, 2 (2015). <https://doi.org/10.1186/s40634-015-0019-z>
28. Li H, Hamza T, Tidwell JE, Clovis N, Li B. Unique antimicrobial effects of platelet-rich plasma and its efficacy as a prophylaxis to prevent implant-associated spinal infection. *Adv Healthc Mater*. 2013;2(9):1277-1284. doi:10.1002/adhm.201200465

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3774283/#:~:text=In%20vitro%2C%20we%20found%20that,coli%20and%20Pseudomonas.>

29. Foster TE, Puskas BL, Mandelbaum BR, Gerhardt MB, Rodeo SA. Platelet-rich plasma: from basic science to clinical applications. *Am. J. Sports Med.* 2009;37:2259–2272. [[PubMed](#)] [[Google Scholar](#)]
30. Man D, Plosker H, Winland-Brown JE. The use of autologous platelet-rich plasma (platelet gel) and autologous platelet-poor plasma (fibrin glue) in cosmetic surgery. *Plast. Reconstr. Surg.* 2001;107:229–237. [[PubMed](#)] [[Google Scholar](#)]
31. Klevens RM, et al. Invasive methicillin-resistant *Staphylococcus aureus* infections in the United States. *JAMA.* 2007;298:1763–1771. [[PubMed](#)] [[Google Scholar](#)]
32. Fridkin SK, et al. Epidemiological and microbiological characterization of infections caused by *Staphylococcus aureus* with reduced susceptibility to vancomycin, United States, 1997–2001. *Clin. Infect. Dis.* 1997;36:429–439. [[PubMed](#)] [[Google Scholar](#)]
33. Jackson CR, Fedorka-Cray PJ, Davis JA, Barrett JB, Frye JG. Prevalence, species distribution and antimicrobial resistance of enterococci isolated from dogs and cats in the United States. *J. Appl. Microbiol.* 2009;107:1269–1278. [[PubMed](#)] [[Google Scholar](#)]
34. Murray CK, et al. Recovery of multidrug-resistant bacteria from combat personnel evacuated from Iraq and Afghanistan at a single military treatment facility. *Mil. Med.* 2009;174:598–604. [[PubMed](#)] [[Google Scholar](#)]
35. Durr M, Peschel A. Chemokines meet defensins: the merging concepts of chemoattractants and antimicrobial peptides in host defense. *Infect Immun.* 2002;70:6515–6517. [[PMC free article](#)] [[PubMed](#)] [[Google Scholar](#)]
36. Hancock RE. Peptide antibiotics. *Lancet.* 1997;349:418–422. [[PubMed](#)] [[Google Scholar](#)]
37. https://www.google.com/url?sa=t&source=web&rct=j&url=https://en.m.wikipedia.org/wiki/Apical_foramen&ved=2ahUKEwjWkcXmt_rAhUFzjgGHSatB_wQFjAHegQIAxAD&usg=AOvVaw3kuYyMMmrx3hOP3wTGZS3.
38. Torabinejad M, Turman M. Revitalization of tooth with necrotic pulp and open apex by using platelet-rich plasma: A case report. *J Endod* 2011;37:265-8. Back to cited text no. 12 [[pubmed](#)]
39. Banchs F, Trope M. Revascularization of immature permanent teeth with apical periodontitis: New treatment protocol? *J Endod* 2004;30:196-200. Back to cited text no. 3 [[PUBMED](#)]

40. Chueh LH, Ho YC, Kuo, Lai WH, Chen YH, Chiang CP. Regenerative endodontic treatment for necrotic immature permanent teeth. *J Endod* 2009;35:160-4. Back to cited text no. 5
 41. Chueh LH, Huang GT. Immature teeth with periradicular periodontitis or abscess undergoing apexogenesis: A paradigm shift. *J Endod* 2006;32:1205-13. Back to cited text no. 6 [PUBMED]
 42. Iwaya SI, Ikawa M, Kubota M. Revascularization of an immature permanent tooth with apical periodontitis and sinus tract. *Dent Traumatol* 2001;17:185-7. Back to cited text no. 7 [PUBMED]
 43. Thibodeau B, Trope M. Pulp revascularization of a necrotic infected immature permanent tooth: Case report and review of the literature. *Pediatr Dent* 2007;29:47-50. Back to cited text no. 8[PUBMED]
 44. 40. Petrino JA. Revascularization of necrotic pulp of immature teeth with apical periodontitis. *Northwest Dent* 2007;86:33-5. Back to cited text no. 9 [PUBMED]
 45. 4== Cotti E, Mereu M, Lusso D. Regenerative treatment of an immature, traumatized tooth with apical periodontitis: Report of a case. *J Endod* 2008;34:611-6. Back to cited text no. 10 [PUBMED]
 46. Shivashankar VY, Johns DA, Vidyanath S, Kumar MR. Platelet Rich Fibrin in the revitalization of tooth with necrotic pulp and open apex. *J Conserv Dent.* 2012;15(4):395-398. doi:10.4103/0972-0707.101926
 47. Singh RP, Marwaha N, Malhotra P, Dash S. Quality assessment of platelet concentrates prepared by platelet rich plasma-platelet concentrate, buffy coat poor-platelet concentrate (BC-PC) and apheresis-PC methods. *Asian J TransfusSci* 2009;3:86-94. Back to cited text no. 8 [PUBMED]
 48. Le Pillouer-Prost A. Fibroblasts: what's new in cellular biology? *J Cosmet Laser Ther.* 2003;5:232–238. [PubMed] [Google Scholar]
 49. Kim WS, Park BS, Park SH, Kim HK, Sung JH. Antiwrinkle effect of adipose-derived stem cell: activation of dermal fibroblast by secretory factors. *J Dermatol Sci.* 2009;53:96–102. [PubMed] [Google Scholar]
 50. Kim DH, Je YJ, Kim CD, et al. Can Platelet-rich Plasma Be Used for Skin Rejuvenation? Evaluation of Effects of Platelet-rich Plasma on Human Dermal Fibroblast. *Ann Dermatol.* 2011;23(4):424-431. doi:10.5021/ad.2011.23.4.424
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