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Bedsore revitalization by laser therapy (low level laser: LED-Ga-Al-As 660 nm)

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Background: In 1967, a few years after the first working laser was invented, Endre Mester in Semmelweis University Budapest, Hungary wanted to find out if laser might cause cancer. He took some mice, shaved the hair off their backs, divided them into two groups and gave a laser treatment with a low powered ruby laser to one group. They did not get cancer and to his surprise the hair on the treated group grew back more quickly than the untreated group. That is how laser biostimulation was discovered.

Aim: The effects of pulsed monochromatic light with fixed pulsations and wavelengths on the healing of pressure ulcers were evaluated in this prospective, randomized, controlled study.

Approach & Methodology: A placebo-controlled, double-blind study using low level laser therapy (LLLT) was performed in 10 patients with bedsore on the back. Treatment was given three times a week for 10 weeks, using monochromatic (red) optical sources; diode 660 nm (Ga-Al 660 nm). The patients who were randomized to placebo treatment received sham therapy from an identical-appearing light source from the same delivery system.

Results: Ten patients with 10 bedsores were randomized to receive LLLT or placebo therapy. At the conclusion of the study, the percentage of the initial ulcer area remaining unhealed in the LLLT and placebo groups was 24.4% and 84.7%, respectively (P=0.0008). The decrease in ulcer area (compared to baseline) observed in the LLLT and placebo groups was 193.0 mm² and 14.7 mm², respectively (P=0.0002). One patient dropped out of the study, complaining of lack of treatment efficacy; he was found to be randomized to the placebo group. There were no adverse effects.

Conclusions: In this placebo-controlled, double-blind study LLLT was an effective modality for the treatment of bedsore which were resistant to conventional medical management. The results are encouraging as pulsed monochromatic light increased healing rate and shortened healing time. This will positively affect the quality of life in elderly patients with pressure ulcers.

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