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HASIL PENILAIAN SEJAWAT SEBIDANG ATAU PEER REVIEW
KARYA ILMIAH : JURNAL ILMIAH

Judul Karya Ilmiah (Artikel) : The Superior Outcome of Collagen Nanosilver in Increasing Macrophage and Collagen on Deep Dermal Burn Wound Healing

Penulis : 5 Orang

Status Pengusul : AA Mukti, A Prasetyo, YW Prajoko, N Najatullah, N Susilaningsih

- Identitas Jurnal Ilmiah :**
- a. Nama Jurnal : Open Access Macedonian Journal of Medical Sciences.
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 - c. Vol, Nomor, halaman : 01; 10(B):31-35.
 - d. Edisi : 2022 Jan
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 - f. Jumlah halaman : 5
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 - h. Alamat web jurnal : <https://oamjms.eu/index.php/mjms/article/view/7779/6651>
 - i. Terindeks di : Scopus 3, SJR 0,257
 - j. Link Turnitin : https://doc-pak.undip.ac.id/9473/11/TURNITIN_The_Superior_Outcome.pdf

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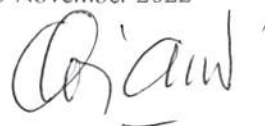
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Judul : Efektivitas Krim Nanosilver-Kolagen untuk Penyembuhan Luka Bakar *Deep Dermal* pada Tikus *Sprague Dawley* : Tinjauan pada Jumlah Neutrofil dan Angiogenesis

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The Superior Outcome of Collagen Nanosilver in Increasing Macrophage and Collagen on Deep Dermal Burn Wound Healing

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Chloroform Extract of *Plumbago zeylanica* Linn. Roots Ameliorates the Epidermal Thickness of Imiquimod-induced Psoriatic Mice through Cell Cycle and Apoptosis

Scientific Foundation SPIROSKI, Skopje, Republic of Macedonia
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Category: B - Clinical Sciences
Section: Dermatology



Systemic Corticosteroid Therapy for Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis in Vietnam: Clinical Evaluation and Analysis of Serum Cytokines

Thi Huyen Tran^{1,2*}, Pham Thi Lan^{1,2}, Tran Hau Khang^{1,2}, Vu Huy Luong^{1,2}

¹Department of Dermatology and Venereology, Hanoi Medical University, Hanoi, Vietnam; ²Department of Dermatology and Venereology, Hanoi, Vietnam

Abstract

BACKGROUND: Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are severe adverse drug reactions. There are some immunological and genetic factors in the pathogenesis of SJS/TEN. The treatment of SJS/TEN is still controversial in clinical practice.

AIM: The aim of the study is to evaluate clinically the efficacy of systemic corticosteroid in the treatment of SJS/TEN.

METHODS: This open, pilot, and uncontrolled study were conducted at the Department of Venereology, in Hanoi, Vietnam, from October 2017 to September 2019. All patients were treated on the first day of hospitalization with the dose of 0.5–2.5 mg/kg/day (calculated according to body weight) daily. It was continued until the patients got re-epithelialization. The efficacy was observed clinically and analyzing related cytokines before and after the treatment.

RESULTS: The mean time of re-epithelialization was 15.9 days, of hospitalization was 21.5 days. There was no in-hospital mortality in this study. The most common complication was no patient with sepsis. At the day of hospitalization, serum concentrations of interleukin (IL)-2, IL-5, IL-13, and IL-10 were significantly higher than those at the day of re-epithelialization (p < 0.05). Serum levels of IL-4 did not have significant differences between 2 time points.

CONCLUSION: The systemic corticosteroid is a good choice in the treatment of SJS/TEN. The levels of some cytokines that help SJS/TEN patients with avoiding mortality

Edited by: Ksenija Bogoeva-Kostovska
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Keywords: Steven-Johnson syndrome; Toxic epidermal necrolysis; Severe cutaneous adverse drug reactions; Interferon-gamma; Systemic corticosteroid
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Introduction

Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are severe cutaneous

adverse reactions that are caused by genetic factors that are biallelic polymorphisms of HLA-B*15:02 and carbonyl epoxide (CYP2C8) polymorphisms [11], [12], [13]. There is a strong association between HLA-B*15:02 and carbonyl epoxide (CYP2C8) polymorphisms and TEN [14], [15], HLA-B*58:01 and carbonyl epoxide (CYP2C8) polymorphisms in SJS/TEN [16], HLA-B*58:01 and carbonyl epoxide (CYP2C8) polymorphisms in SJS/TEN [17].

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Low Level Laser versus Platelet-rich Plasma of Alopecia Areata: A Randomized Controlled Comparative Study

Abeer Attia Tawfik^{1*}, Iman Mostafa², Mona Soliman¹, Mohamed Soliman¹, Noha Abdallah¹

¹Department of Medical Applications of Laser, Dermatology Unit, National Institute of Laser University, Giza, Egypt; ²Department of Dermatology, Faculty of Medicine, Imbaba General Hospi

Abstract

BACKGROUND: Non-scarring alopecia areata (AA) is a disease that is media autologous platelet-rich plasma (PRP) and photobiomodulation (PBM), commo therapy (LLLT) have been suggested to provide a valuable role in stimulating th

AIM: Compare between the significance and well-being of PRP and LLLT in the

PATIENTS AND METHODOLOGY: Thirty patients, each having three patch Patches were assigned randomly to have one of the two treatments: PRP or LLL and received placebo treatment. PRP was done once weekly, whereas LLLT w a maximum of 6 weeks. The patients were followed up (FU) at 1 month and 3 n hair were evaluated by the folliscope.

RESULTS: A noteworthy higher improvement was detected in the thickness treated patches as evaluated by the folliscope and patients satisfaction. The during the 12 weeks FU period in most of the patients.

CONCLUSION: PRP and LLLT could be considered as efficacious alternatives f morbidity in addition to a little cost profit ratio.

Edited by: Ksenija Bogojeva-Kostovska

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Keywords: Alopecia areata; Platelet-rich plasma; Folliscope; Photobiomodulation; Low level laser therapy
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Introduction

Alopecia areata (AA) is a disorder of hair loss which has a life time incidence of about 2% [1], [2]. AA is the most common non-scarring hair loss disease

privilege of HF [13]. Differ associated with several treat the topical, intralesional and anthralin, minoxidil, cyclosporin phototherapy, antihistaminics superficial cryotherapy for sho