# THE DIFFERENCE OF GRANULATION TISSUE, ANGIOGENESIS, AND FIBROBLAS ON 2ND DEGREE BURN WOUND BETWEEN THE TOPICAL ADMINISTRATION OF HUMAN UMBILICAL CORD MESENCHYMAL STEM CELLS AND SILVER SULFADIAZINE INWHITE RATS (RATTUS NORVEGICUS)



## Evi kurniawaty

Medical Faculty of Lampung University email: Evikurniawati800@gmail.com

#### Abstract

Burns are thermal injuries caused by biological, chemical, physical and electrical agents with local or systemic impacts. In Indonesia, burns cause about 195,000 deaths annually. Burns cause physical, psychological and economic harm. Management of burn wound may require surgical intervention, prolonged hospitalization and rehabilitation, as well as high health care costs. The goal of burn treatment is wound healing as soon as possible to prevent infection, reduce pain, and minimize long-term negative effects such as scarring and functional disturbances. Silver sulfadiazine is the gold standard of burn topical treatment with their antibacterial properties. However, there are some disadvantages of this drug, Therapies to treat skin diseases continue to develop for many years, for example using stem cells. Stem cell that usually used for treatment is mesenchymal stem cells, especially those derived from the human umbilical cord (WJMSC). These stem cells are known to have unique properties that can improve and accelerate wound healing. This was an experimental study using 27 Sprague dawley white male rats, grouped into nine different treatments. Group K: negative control, P1: mesenchymal stem cell, and P2: Silver Sulfadiazine. Each group was terminated on day 4, 14, and 28 to see the granulation tissue, angiogenesis, and fibroblasts on microscopic observations. The average score of granulation tissue on the 14th day was group K: 1.1, P1: 1.4, and P2: 1.4. Mean score of angiogenesis on day 14 of group K: 2,1, P1: 3,8, and P2: 3,4. There were significant differences in granulation tissue, angiogenesis, and fibroblasts on day 4 and 28.

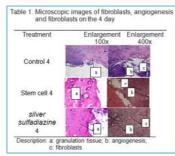
Keywords: Silver Sulfadiazine, human umbilical cord mesenchymal stem cells, WJMSC, burn wound, wound healing

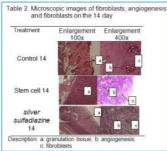
Correspondence: Evi Kurniawaty,email: Evikurniawati800@gmail.com

## INTRODUCTION

Burns are thermal wounds caused by biological, chemical, physical, and electrical agents with local and systemic impacts (Garcia-Espinoza et al., 2017). Development of therapies to treat skin diseases has been done for years, one of them with stem cells. In addition, easily obtained stem cells have been widely proven to be therapeutic to the skin.

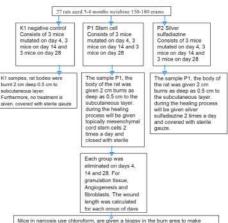
# RESULT





Day	Fibroblas			Angiogenesis			Granulasi		
	K1	P1	P2	K1	P1	P2	K1	P1	P2
4	0,7	0,9	0,8	0,7	1,2	0,9	1,1	1,4	1,4
14	1,4	2,6	2,2	2,1	3,8	3,4	1,1	1,4	1,4
28	1.3	0.8	1,1	1,3	0,8	1,1	1,6	1,2	1.2

### RESEARCH METHODS



Mice in narcosis use chloroform, are given a biopsy in the burn area to make histopathological preparations, thenthe study was processed using varient risasis (ANOVA), real numbers, and difference test (BNT) level of 5%

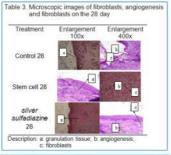


 Table 5. Differences in the Kruskal-Wallis test for fibroblast, angiogenesis and granulation tissue scores on days 4, 14 and 28

 Day
 Fibroblas
 Angiogenesis
 Granulasi

 4
 0,564
 0,097
 0,135

 14
 0,046
 0,034
 0,046

 28
 0,756
 0,650
 0,135

 Description: a: granulation tissue, b: angiogenesis; g: fibroblasts

# CONCLUSION

There were significant differences in granulationtissue, angiogenesis, and fibroblasts and in second-degree burns between topical human cord mesenchymal stem cells and silver sulfadiazine cream in white rats (Rattus norvegicus) on day 14. there was no significant difference on day 4 and 28.