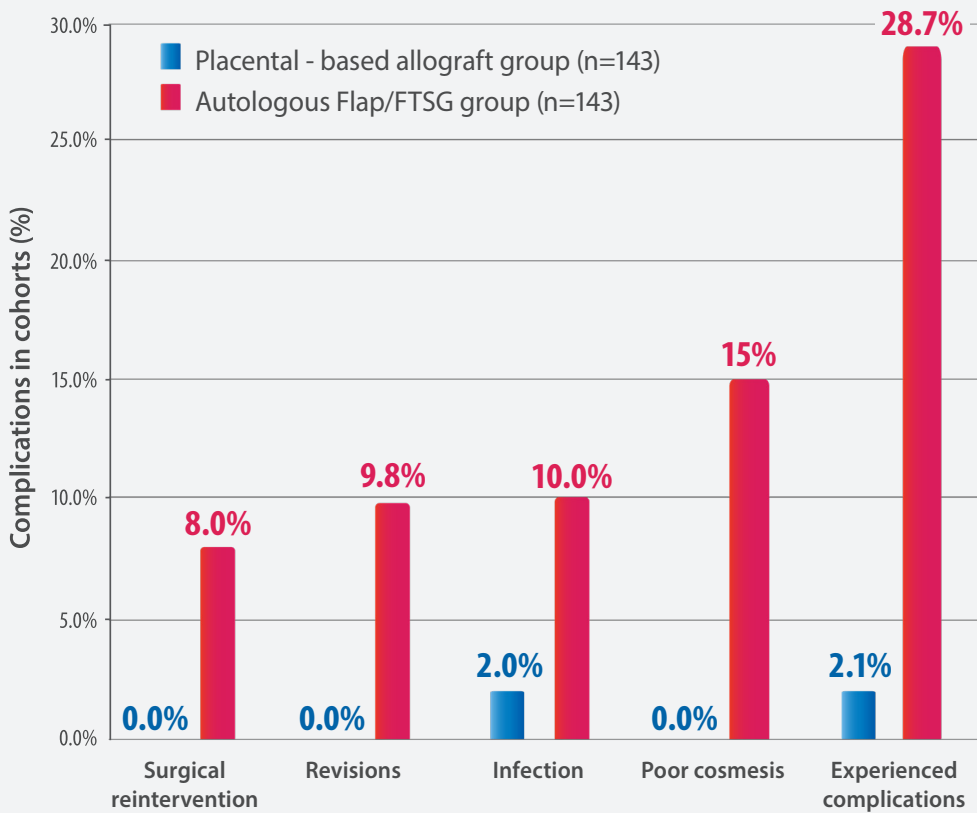


A Peer Reviewed Study in Facial Plastic Surgery and Aesthetic Medicine

Mohs Defect Repair With Human Amnion/Chorion Membrane (EPIFIX®)¹

In a retrospective study, researchers compared outcomes in patients that received placental-based allografts to those that received autologous flaps and full thickness skin grafts (FTSG).

Results: Analysis of Several Outcomes in Case Control Comparisons Between Autologous FLAP/FTGS Groups and Placental Allografts



Mohs patient with large cutaneous defect involving the upper eyelid and medial canthus right eye and right upper bridge of the nose



Complete closure of Mohs defect without complication to surrounding structures, post op day 42

Retrospective Study Subjects:



1550 Eligible subjects reviewed



143 propensity-matched subjects

Placental-based allografts can be helpful in supporting closure for MMS defects of the face, head, neck, and dorsal hand in a subset of patients who are not good candidates for traditional methods of autologous tissue reconstruction.

Objective:	To compare patients undergoing Mohs micrographic surgery (MMS) in visually prominent areas using traditional autologous tissue-based flaps and grafts with patients receiving EPIFIX, a placental allograft.
Subjects:	143 subjects that received EPIFIX were propensity matched to 143 patients (out of 1550) that received a traditional tissue-based flap or full thickness skin graft.
Study design:	Retrospective case-control study
Outcomes:	The primary endpoint was the incidence and comparison of postoperative morbidity. Risk for developing medical or cosmetic sequelae was determined through multivariate logistic regression.
Results:	Compared 143 propensity score-matched pairs with moderate to high-risk defects on the face, head, and neck.

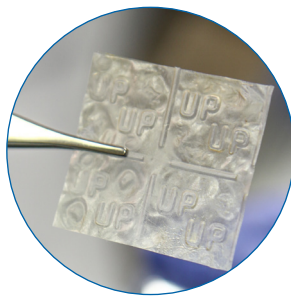
	Post operative Sequelae EPIFIX (n=143)	Autologous flap/FTSG (n=143)	p-value
Infection	3.0 (2.0)	15.0 (10.0)	0.004
Bleeding or hematoma	0.0 (0.0)	7.0 (5.0)	0.015
Wound dehiscence	0.0 (0.0)	4.0 (3.0)	0.122
Surgical intervention	0.0 (0.0)	11.0 (8.0)	0.0007
Non-healing wound	0.0 (0.0)	5.0 (3.5)	0.060
Poor scar cosmesis	0.0 (0.0)	21.0 (15.0)	<0.0001
Scar revision	0.0 (0.0)	14.0 (9.8)	<0.0001
Follow-up visit	3.4 (1.6)	7.0 (5.0)	<0.0001
Data are expressed as absolute number (n) and percent (%) or mean and standard deviation (SD); statistical significance at p < 0.05. FTSG, full thickness skin graft.			

Conclusions: Post operative complications rates with EPIFIX reconstructions did not exceed those demonstrated by autologous tissue counterpart, indicating that this is a safe alternative to flap and FTSG in cosmetically sensitive repairs.

These data provide clinicians and health policy makers an additional level of assurance regarding the use of EPIFIX vs. traditional tissue based flaps and grafts.

EPIFIX[®]

Dehydrated human amnion/
chorion membrane



EPIFIX is a dehydrated human amnion/chorion membrane allograft. EPIFIX sheets provide a protective barrier that supports the healing cascade and protects the wound bed to aid in the development of granulation tissue in acute and chronic closures. EPIFIX allografts are shelf-stable* and can be stored in a clean, dry environment for up to five years.

1. Toman J, Michael GM, Wisco OJ, Adams JR, Hubbs BS. Mohs defect repair with dehydrated human amnion/chorion membrane. Facial Plastic Surgery & Aesthetic Medicine. 2022;24(1):48-53.

*See Instructions for Use