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International Journal of Recent Advances in Multidisciplinary Research Vol. 03, Issue 06, pp.1513-1521, June, 2016

RESEARCH ARTICLE

PLASMA RICH IN LEUCOCYTE GROWTH FACTORS IN PATIENTS WITH CEREBRAL PALSY. CASE-CONTROL STUDY

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ARTICLE INFO

ABSTRACT

Article History: Received 20th March, 2016 Received in revised form 28th April, 2016 Accepted 17th May, 2016 Published online 30th June, 2016

Keywords:

Leukocyte-Rich Plasma (LRP), Cerebral Palsy, Growth Factors, Neuronal Plasticity, Intravenous Infusion. **Background**: There is no doubt that the platelet rich plasma is a common medical technique,that is known as regenerative medicine, through which local and systemic effect of known plasma growth factors occurs activation, cell proliferation and differentiation depending on recovered cell fraction in the final product obtained. Here, a case-control study presented to objectify the benefit of the systemic application of leukocyte plasma growth factors in cerebral palsy patients undergoing specific neurological rehabilitation programs.

Material and Methods: In a population of 50 Caucasian patients with age range between 5 and 15 years diagnosed with marked severe generalized spasticity and cerebral palsy, under the same program of neurorehabilitation; an intravenous injection of leukocyte rich plasma (25 ml) was administered in a group of 25 of them. Monitoring the cognitive development it was performed by Barthel scale, before and at 1, 2, 3,4,5 and 6 months after injection. the cell count leukocyte-platelet was determined by coulter type Beckman, as well as insulin-like-1 growh factor (IGF-1), platelet-derived growth factor (PDGF), vasculo-endothelial growth factor (VEGF) and transforming growth factor B (TGF-B) through specific kits of ELISA in patients before treatment, in the final product, as well as in both groups at 24 hours of the same, a month, 2,3,4,5 and 6 months after treatment. Specific descriptive statistics techniques were use as soon as the F-Fisher test for inferential statistical study of the results.

Results: No adverse effects were observed in patients with the exception of a small hematoma in the area of channeling venous access. There has been a clear improvement statistically significant at 2 month follow-up in cognitive sphere (memory, ability to perform more complex tasks, and the acquisition of new skills) clearly higher in the group of patients treated with plasma rich in leukocyte growth factors, (p = 0.013), remaining stable from the 3rd month follow-up. Although at 24 h of therapy in the treatment group, serum levels of growth factors VEGF and TGF-B type increased 5-6 times as compared to baseline reference levels and the control group, statistically significant (p = 0.02) was not obtained correlated with cognitive improvement during 6 months of clinical follow-up, because plasma levels of growth factors obtained were similar in both groups

Conclusion: We propose that this therapy is useful in these patients to take the neurostimulator and neuroregenerator power of endogenous growth factors derived from leukocytes, increasing the effect of neurorehabilitation and shortening of cognitive recovery without finding correlated with plasma levels of growth factors obtained during the study of the sample

INTRODUCTION

The use of plasma rich in growth factors in various fields of medicine especially orthopedics, dentistry, and general surgery has experienced an extraordinary development given the enormous capacity for regeneration, differentiation and chemotaxis that produce so-called growth factors, modulating angiogenesis, and cellular plasticity of injured tissues.

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Departamento de Ciencias de la Salud - Grado en Medicina- Facultad de Ciencias de la Salud – UCAM, Unión Murciana de Hospitales, Unidad de Hematología, Universidad Católica San Antonio de Murcia – España. Among them the best known are: Insulin-Like growth factor (IGF-1), transforming growth factor A or B (TGF-A B), vasculo-endothelial growth factor (VEGF), and platelet derived growth factor (PDGF). Through complex biochemical regulatory Feed-Back type mechanism that involve numerous cytokines, the injured cell f has specific receptors for these proteins wich have shown great power to involve in apoptotic and antiapoptotic mechanisms that regulate both their own life cycle and as cell differentiation. Also recent studies have objectified the possibility of improve levels of certain plasma growth factors depending on the enrichment in the final concentrate with platelet or mononuclear fraction.

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However, there are other fields of application in medicine with new expectations, as is the neuroendocrinology and neurorehabilitation, where infused locally or systemically take ability to immunomodulation and chemotaxis on neuronal cells. Also it has been shown in patients with neurological degenerative diseases (eg, Alzheimer's disease, vascular encephalopathy, multiple sclerosis, ALS, and-anoxic hypoxic encephalopathy), the plasma levels of several growth factors are below baseline values, so that hypothesised that could interfere with the mechanism of cellular hypoxia, producing both a function of neuroprotection, regeneration and differentiation of neuronal tissue. The porpouse of this case-control study is to objectify the possibility of improvement in cognitive sphere in patients with central neurological hypoxic-anoxic perinatal cerebral palsy, shortening the period of specific neurorehabilitation.

Society of Hematology and Hemotherapy regarding biochemical, hematological and serological before obtaining whole blood samples. As established in the scientific literature, were excluded from the study patients with tumor, infectious or previous hematologic diseases, in who the application of therapy is contraindicated.

Structuring study arms: a sample of 50 caucasian patients, affected of cerebral palsy with spasticity and severe cognitive impairment was selected according to the rules of the European Society of Neurology and Neuropediatry. The range age was between 5 and 15 years, 20 of whom were men and 30 women. All patients were subjected at the same Neurorehabilitation treatment as specified in Table 1. The 50 patients were divided into 2 arms: arm 1 corresponding to 25 patients (10 women and 15 men) undergoing intravenous infusion of a single dose

Table 1. Techniques used specific neurorehabilitation

• * Bobath Concept: Motor learning in which normal movement pathways are provided through proposed functions and guided by the therapist. • * Affolter Method: tactile and kinesthetic by performing activities of daily life in order to make the patient interact with the environment stimulation. very useful application in vegetative states. • * Cognitive Therapeutic Exercise or Perfetti Method: The implication of cognitive processes (cortical elements) within a motor rehabilitation power greater capacity to process information and organize the movement. • * Vojta: A technique in which with specific stimuli and starting from a certain postures, repeated unchained motor reactions (patterns reflects locomotion) on the trunk and extremities. • * Grimaldi Technique: neuromuscular facilitation in which a transmission means of plastic is used to normalize muscle tone. • * Craniosacral Therapy: noninvasive technique by working on improving membranes fascias and body functions of the individual. • * Basal Stimulation: concept based on a personal approach in taking relevant importance the experiences and perceptions of the day. Very useful in cases where difficulties are communicative, mental, motor and sensory relations. • * Virtual Techniques: Using video consoles (wii, wii-feet) that stimulate coordination, balance, motor planning, etc .. oferciendo a useful constant feedback in neurorehabilitation.

MATERIALS AND METHODS

Ethical Considerations: All patients or authorized representatives included in the study gave their oral consent as both signed written in a form where explained the purpose of the procedure, mechanism of realization and possible side effects associated with it.

Selection criteria of the treatment group: The group of treatment with growth factors was selected following the rules of analytical inclusion for autotransfusion of the Spanish

(25cc) of concentrate plasma growth factors enriched with leukocytes and arm 2 as a control group of 25 patients (10 women and 15 men) who simply followed the specific therapy of neurorehabilitation.

Collection and processing blood samples: All samples were obtained from whole blood by venipuncture with vacuum Vaccutainer 20-22 G in needle 9 ml EDTA tubes. Pre- and after follow-up period of the study, rheological measurements were processed by Coulter type Beckman for determining cell count and specific ELISA kits for determining the following leukocyte- plasma growth factors: Insulin-Like growth factor

(IGF-1), Transforming growth factor B (TGF-B), Vasculoendothelial growth factor (VEGF) and Platelet derived growth factor (PDGF). Centrifugation of samples was conducted in 16 tubes and shaft angular centrifuge type CEMCON-2 with a radius axis of 5cm. Protocol for obtaining enriched mononuclear leukocyte growth factors- fraction by standardized Alcaraz *et al* (2015), consisting of a single centrifugation at 3500 rpm for 30 minutes at room temperature was used. minimum and standard deviation) and inferential analysis of symmetry, correlation and statistical power by the F Fisher test, SPSS version 5 were used

RESULTS

No adverse effect was objectified, except small hematoma in the area of self-limiting venipuncture.

Table 2. Barthel index

Barthel Index Activity	Score
FEEDING	
0 = unable	
5 = needs help cutting, spreading butter, etc., or requires modified diet	
10 = independent	
BATHING	
0 = dependent	
5 = independent (or in shower)	
GROOMING	
0 = needs to help with personal care	
5 = independent face/nair/teeth/shaving (implements provided)	
DRESSING	
U = aepenaent	
5 = needs neip but can do about nair unaided	
DUVVELO	
5 = occosional appident	
0 - occasional accident	
$\Omega = \text{incontinent}$ or catheterized and unable to manage alone	
5 = occasional accident	
10 = continent	
TOILET USE	
0 = dependent	
5 = needs some help, but can do something alone	
10 = independent (on and off, dressing, wiping)	
TRANSFERS (BED TO CHAIR AND BACK)	
0 = unable, no sitting balance	
5 = major help (one or two people, physical), can sit	
10 = minor help (verbal or physical)	
15 = independent	
MOBILITY (ON LEVEL SURFACES)	
0 = immobile or < 50 yards	
5 = wheelchair independent, including corners, > 50 yards	
10 = walks with help of one person (verbal or physical) > 50 yards	
15 = independent (but may use any aid; for example, stick) > 50 yards	
STAIRS	
0 = unable	
5 = needs help (verbal, physical, carrying aid)	

Final concentrated product was performed aseptically under laminar flow hood B in 3.5 ml EDTA tubes. The application was realized in the treatment group by slow intravenous infusion at speed of 1 ml per second.

Cognitive assessment of patients: Barthel scale was used for cognitive assessment of patients with a number of items at score ranging from 0-15; could be seen in Table 2.

Statistical data processing: For statistical and interpretation of the data obtained according to the variables studied, both technical descriptive statistics (mean, median, maximum,

In Tables 3-6 can objectify the data obtained in terms of rheological measurements in whole blood of 50 patients, in the 25 plasmas enriched with leukocytes and in 25 patients after 24 hours of treatment. In the graph 3, it is noted as cognitive test scores are very similar in both arms of the study, prior to treatment. After 24 h of infusion, concentrations of growth factors in the group of treated patients were 2 to 4 times higher for those factors type PDGF and IGF-1 and 5 to 7 times higher for factors type VEGF and TGF-B, with respect to their initial baseline values and the control group, statistically significant (p = 0.02), as can be seen in figure 1. However from first month follow-up until end of study, levels of growth factors

	PDGF-AB	TGF-B1	IGF-1	Vegf	Platelets	Leukocytes	Granulocytes	Mononuclears	CD
	(10-50	(10-70	(0,5-19,5	(15-85	(150.000-	(3.200-	/mm3	/mm3	34 +
	pg/ml)	pg/ml)	pg/ml	pg/ml)	350.000/mm3)	9000/mm3)			/mm3
Patient 1	45	60	18	80	210000	7500	4875	1275	0.9
Patient 2	40	25	10	45	210000	6500	3575	1625	0.3
Patient 3	43	55	17	80	190000	6230	3738	1246	0.4
Patient 4	43	67	15	75	170000	7500	4500	1125	0.5
Patient 5	15	25	7	30	180000	8900	5340	1335	0.3
Patient 6	35	24	12	40	175000	8900	5340	1956	0.2
Patient 7	20	15	7	30	260000	7200	4320	1440	0.2
Patient 8	30	20	7	35	176000	7430	4458	1114	0.4
Patient 9	91	60	16	75	350000	7430	4086	1337	0.7
Patient 10	45	55	18	70	195000	9500	5700	1425	0.7
Patient 11	35	20	15	40	205000	8300	4980	1909	0.2
Patient 12	12	15	4	25	250000	8500	5100	1890	0.1
Patient 13	45	60	17	75	240000	8700	5481	1131	0.7
Patient 14	43	55	17	70	300000	7600	4560	1140	0.4
Patient 15	15	55	18	70	214907	7500	4500	1500	0.2
Patient 16	42	67	18	87	220659	7590	4109	1221	0.8
Patient 17	41	21	10	44	215401	6201	3600	1624	0.5
Patient 18	44	53	17	88	195793	6013	3490	1276	0.8
Patient 19	40	66	15	74	181098	7901	4501	1112	0.2
Patient 20	17	22	7	32	191209	8587	5354	1309	0.6
Patient 21	37	23	12	43	175397	8401	5176	1966	0.6
Patient 22	25	17	7	31	262981	7010	4012	1490	0.6
Patient 23	33	22	7	33	169127	7091	4301	1830	0.5
Patient 24	99	68	16	77	339129	7178	4912	1900	0.9
Patient 25	41	52	18	76	184091	9280	5769	1421	0.8
Patient 26	32	21	15	40	200436	8120	4210	1932	0.4
Patient 27	11	13	4	23	251465	8401	5300	1890	0.2
Patient 28	47	69	17	72	201154	8598	5900	1900	0.5
Patient 29	45	51	17	79	330012	7901	4390	1140	0.4
Patient 30	19	57	18	75	260123	7689	4211	1500	0.5
Patient 31	40	62	18	82	218013	7211	4600	1275	0.8
Patient 32	43	21	10	43	219032	6480	3410	1625	0.3
Patient 33	48	52	17	81	191913	6219	3800	1219	0.7
Patient 34	42	62	15	73	171934	7500	4212	1119	0.6
Patient 35	12	28	7	31	187091	8967	5012	1321	0.8
Patient 36	33	22	12	42	175708	8941	5900	1780	0.6
Patient 37	22	18	7	39	260000	7212	4150	1503	0.9
Patient 38	39	27	7	33	174814	7012	4800	1145	0.5
Patient 39	99	67	16	76	255060	7432	4120	1903	0.6
Patient 40	47	51	18	71	195000	9019	5500	1093	0.5
Patient 41	34	29	15	44	260124	8190	4123	1012	0.4
Patient 42	15	14	4	22	255098	8122	5450	1701	0.5
Patient 43	45	65	17	78	243981	8000	5911	1016	0.8
Patient 44	43	51	17	79	317321	7801	4012	1045	0.5
Patient 45	15	55	18	71	217877	7546	4560	1501	0.3
Patient 46	45	69	18	89	212066	7209	4900	1200	0.8
Patient 47	40	27	10	45	217912	6109	3123	1601	0.4
Patient 48	43	53	17	89	190543	6320	3800	1222	0.5
Patient 49	43	60	15	74	178913	7591	4911	1125	0.4
Patient 50	15	20	7	33	188912	8011	5901	1333	0.5
MAXIMUM	99	69	18	89	350000	9500	5911	1966	0,9
MINIMUM	11	13	4	22	169127	6013	3123	1012	0,1
AVERAGE	32,75	36,09	12,14	53,03	259563	7709	4619	1405	0,5

Table 3.	Rheological	values	of the 50	patients	studied



As we are seen in the group of patients treated with plasma leukocyte enriched levels of growth factors VEGF and TGF-B increased 5 to 7 times, while the growth factors PDGF and IGF-1 did between two and 4 times more compared to baseline figures of this group and relative to the control arm.

	PDGF-AB	TGF-B1	IGF-1	VEGF	Platelets	Leukocytes	Granulocyte	Mononuclears	CD
	(10-50	(10-70	(0,5-19,5	(15-85	(150.000-	(3.200-	/mm3	/mm3	34 +
	pg/ml)	pg/ml)	pg/ml	pg/ml)	350.000/mm3)	9000/mm3)			/mm3
Patient 1	296	450	250	575	500000	21000	3150	18270	240
Patient 2	270	300	150	545	600000	22000	4400	16500	180
Patient 3	190	370	200	590	500000	21000	3150	16800	270
Patient 4	250	480	190	540	400000	20000	4000	17400	210
Patient 5	150	365	110	460	600000	21000	4200	14700	170
Patient 6	160	370	160	530	500000	24000	6000	19200	175
Patient 7	200	390	120	470	400000	21500	4515	15910	170
Patient 8	150	350	105	390	700000	21500	3440	12900	120
Patient 9	253	520	277	590	600000	21500	4085	18705	215
Patient 10	220	470	210	590	700000	24000	3600	20400	200
Patient 11	150	370	160	480	690000	23000	4600	17940	150
Patient 12	190	350	190	320	500000	20000	4000	12000	70
Patient 13	280	420	230	570	710000	22000	3300	18700	200
Patient 14	250	420	199	570	650000	22000	4400	16500	185
Patient 15	245	430	190	590	570000	23000	4370	19550	200
Patient 16	280	459	253	590	620000	21000	3100	18500	240
Patient 17	270	380	153	580	660000	22600	4500	16700	180
Patient 18	250	390	290	570	710000	27000	3000	16500	270
Patient 19	230	490	170	590	630000	20900	4900	17900	210
Patient 20	220	390	100	499	700000	21530	4100	14500	259
Patient 21	130	380	190	580	610000	24070	6400	19900	300
Patient 22	210	290	100	489	730000	26700	4400	15900	350
Patient 23	230	400	103	391	630000	25000	3500	12480	270
Patient 24	240	590	240	570	730000	22700	4001	18400	200
Patient 25	200	490	200	510	670000	23000	3670	20900	290
MAXIMUM	296	590	290	590	730000	27000	6400	20900	
MINIMUM	130	290	100	320	400000	20000	3000	12000	
AVERAGE	215,39	407,19	172,82	521,32	604147	22411	4038	16913	

 Table 5.Average levels of growth factors in the group of patients undergoing infusion of leukocyte growth factors at 24h of treatment

	PDGF-	TGF-B	I IGF-1	VEGF	PLATELETS	Leukocytes	Granulocytes	Mononuclears	CD
	AB	(10-70	(0,5-	(15-85	(150.000-	(3.200-	/mm3	/mm3	34 +
	(10-50	pg/ml)	19,5	pg/ml)	350.000/mm3)	9000/mm3)			/mm3
	pg/ml)		pg/ml						
Patient 1	200	420	220	530	200436	8120	4210	1932	0.4
Patient 2	230	270	130	510	251465	8401	5300	1890	0.2
Patient 3	120	320	180	520	201154	8598	5900	1900	0.5
Patient 4	200	440	150	500	330012	7901	4390	1140	0.4
Patient 5	110	325	100	420	260123	7689	4211	1500	0.5
Patient 6	110	340	140	510	218013	7211	4600	1275	0.8
Patient 7	160	360	100	430	219032	6480	3410	1625	0.3
Patient 8	110	320	99	350	191913	6219	3800	1219	0.7
Patient 9	203	500	250	530	171934	7500	4212	1119	0.6
Patient 10	190	420	200	560	187091	8967	5012	1321	0.8
Patient 11	110	350	130	440	175708	8941	5900	1780	0.6
Patient 12	120	300	170	300	260000	7212	4150	1503	0.9
Patient 13	220	400	200	520	174814	7012	4800	1145	0.5
Patient 14	210	410	180	550	255060	7432	4120	1903	0.6
Patient 15	215	400	170	540	195000	9019	5500	1093	0.5
Patient 16	220	409	240	540	260124	8190	4123	1012	0.4
Patient 17	220	350	130	530	255098	8122	5450	1701	0.5
Patient 18	230	360	250	530	243981	8000	5911	1016	0.8
Patient 19	200	450	140	540	317321	7801	4012	1045	0.5
Patient 20	190	350	90	445	217877	7546	4560	1501	0.3
Patient 21	100	330	150	550	212066	7209	4900	1200	0.8
Patient 22	180	270	98	440	217912	6109	3123	1601	0.4
Patient 23	190	350	99	340	190543	6320	3800	1222	0.5
Patient 24	190	520	210	530	178913	7591	4911	1125	0.4
Patient 25	170	430	180	500	188912	8011	5901	1333	0.5
MAXIMUM	230	450	200	505	290000	8900	4000	2000	20
MINIMUM	100	120	55	200	190000	3950	3100	1600	5
AVERAGE	169,74	272,7	127,3	415,45	223602	7638	3629	1768	11



As we can see in the two study groups, levels of growth factors are substantially similar from the first month follow-up until the end of the study period, indicating that these proteins have a large plasma lability.





We can objectify as pre-treatment in the 2 study arms cognitive test scores are similar.

Figure 3. Average Rating Barthel Scale in the two study groups before treatment



We can see how in the treatment group cognitive test scores are slightly higher compared to the control group.

Figure 4. Average Rating Scale Barthel in the two study groups at month follow-up



In this graph we see as the difference is accentuated on the cognitive test rating in favor of the treatment group, a statistically significant difference.





In Figure 6 we see how the cognitive test scores in the control group approach to the treatment arm, keeping the scores of the group of stable treatment.

Figure 6. Average Rating Scale Barthel in the two study groups at 3 months follow-up



In Figure 7, the values of the control group are still approaching the processing arm following stable in the latter

Figure 7. Average Rating Scale Barthel in the two study groups at 4 months follow-up.

were stable and similar in both study groups, there being no correlation with cognitive evolution, as shown in Figure 2. Cognitive improvement is most evident in the group of patients treated with leukocyte factors growth, statistically significant at the 2nd month after treatmet (P = 0.013), objectified in Figures 4 and 5, remained stable in this group. From the 3rd month follow-up the total scores of cognitive test in control group approach to the treated leukocyte rich plasma arm, being practically matching at 5 months follow up.Figures 6-9.

DISCUSSION

The evolution of regenerative medicine in various clinical areas revolutionizes the field of tissue repair, providing an instrument for treatment which is economical, easy to use, no side effects, and less invasive (1, 3). However, scientific and social requirements make it necessary to design appropriate clinical trials to establish treatment protocols for each particular medical application (1, 2).



In Figure 8 we see how both cognitive test values in the control group as in the treatment arm are similar, remaining stable





In the latter graph cognitive test values practically coincident both are groups while retaining stability.

Figure 9. Average Rating Scale Barthel in the two study groups at 6 months follow-up

Today, medical areas with stronger scientific evidence to use plasma growth factors are dentistry (to repair the dental alveolar bed) and traumatology (arthropathy, tendinopathy, ligament injuries, and meniscopathy), with proper design randomized clinical trials in phase I-II (1, 4). But the empirical use in many diseases and medical specialties sometimes exceeds the capacity to produce sufficient scientific evidence power for use. An important fact to comment, as previously demonstrated by other authors is the great capacity of these proteins to spread through the tissues and the short half-life objectified once achieved therapeutic plasma levels that do not usually exceed 48-72h (11 -12), which shows that the actuation mechanism is complex, it is believed that activating pathways or biochemical cascades through numerous chemokines or cytokines that involve in the inflammatory processes both specific tissue, such as migration, proliferation and differentiation of precursors cell maturation in different states and angiogenesis phenomena would produce increased tissue oxygenation with the consequent increase in cell survival and protection thereof. Some more promising medical fields for the use of this biotechnology are neurology, neuroendocrinology and neurorehabilitation. A few months ago was published the first clinical case of cognitive improvement supported by cerebral PET in a 5 years old child with severe cerebral palsy who was applied by intravenous infusion a plasma concentrate growth factors-enriched with buffy-coat mononuclear fraction (10).

Several authors hypothesized neuroregenerative phenomena, antiapoptotic, immunomodulatory and neurotrophic effects that would produce these autologous plasma growth factors on neuronal tissue, making this a feasible therapy from a medical point of view, to be applied in neurological diseases with neurodegenerative profile or hypoxic -anoxic, such as Alzheimer's disease, brain-stroke, spinal cord injury, and cerebral palsy (5, 6). Spontaneous remission of the signs and symptoms of cerebral palsy is rare due to the large number of neuronal glial mass and degenerate secondary to the effects of hypoxia in the evolution of the disease (9). Effects of neurostimulation, neurodegeneration and neuroprotection have been observed in these patients treated with synthetic growth hormone (HGF), which causes functional improvement, especially in the cognitive domain (eg, memory, language, ability to perform complex tasks, and acquisition of new skills). In these patients, the neuronal degenerative effect has been accompanied by a qualitative and quantitative marked decrease in plasma growth factors such as HGF-IGF-1-VEGD, PDGF, and TGF-B (7, 8), regulated by the hypothalamic axis pituitary, which produce a neuroprotective effect, due to neurotropic and chemotaxis phenomena, cell differentiation, and neuroplasticity in neuronal tissue. Furthermore, these substances have the ability to stimulate the so-called gray areas corresponding to those neural tissues found in hibernation as a result of lesional hypoxic or anoxic effect. However, treatment with synthetic growth hormone is costly, not only from the economic standpoint but also from the clinical point of view. The

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possibility of using autologous plasma growth factors, locally or systemically in a single dose, to achieve a therapeutic effect in the medium-long period of time clinical outcome produced by growth factors without oncogenic side effects (5, 7), makes it attractive for use in these patients significantly reducing economic and clinical treatment cost.

Limitations of the study: This study has the following limitations: first the small sample size does not have sufficient statistical power could be obtained when interpreting the collected data. Secondly not known in wich moment of study levels of growth factors stabilize in the treatment group. It is important to correlate with the clinical effect that might produce. This work is complex due to their plasma lability. However would be interesting to investigate when the peak plasma concentration level begin to decline until reaching baseline concentration in the patient. It could help to define the specific functionality of each growth factors studied in order to determine the clinical effect observed to design properly structured scientific studies and randomized clinical trials.

Conclusion

We propose that this therapy is useful in patients with hypoxicanoxic cerebral palsy to take advantage of the neurostimulator and neuroregenerator power of endogenous growth factors derived from leukocytes, increasing the effect of neurorehabilitation and shortening period of cognitive recovery and economical costs, with out side effects compared to conventional neurorehabilitation.

Acknowledgements

To all those people, patients, family and colleagues who trusted us, our families for their patience and time stolen and my son, the future of this wonderful profession

REFERENCES

- Alcaraz J, Oliver A, Sánchez J.M. 2015. Platelet Rich Plasma in a patient with cerebral palsy. *Am J Case Rep.*, ul; 16 (4):1-4
- Alcaraz, J, Oliver, A, Sánchez, J.M. 2015. Nuevo método de obtención de plasma rico en factores de crecimiento plaquetario (PRP), Estudio descriptivo en 15 pacientes y comparación con los resultados publicados en la bibliografía. Rev Hematol Mex; 16: 210-216

- Alcaraz, J. Oliver, A. Sánchez, J.M. Lajara. J. 2015. Clinical use of Platelet-Rivh Plasma: A new dimension in Regenerative Medicine. *Med Sci Rev.*, 2 111-120.
- Anitua E, Andia I, Ardanza B, Nurden P, Nurden AT. Aurologous platelets as a source of proteins for healing and tissue regeneration. Thromb Haemost 2004, 91:415
- Brea, D., Sobrino, T., Ramos, P., Castillo, J. 2009. Reorganización de la vascularización cerebral tras la isquemia. *Rev Neurol.*, 49 (12): 645-654
- Devesa, J., Alonso, B., CAsteleiro, N., Couto, P., Castañón, B., Zas, E. Effects of recombinant growth hormone (GH) replacement and psycomotor and cognitive stimulation in the neurodevelopment of GH-deficient (GHD) children with cerebral palsy: a pilot study
- Harguindey, S. 2004. Apoptosis y antiapoptosis en cáncer, Alzheimer y procesos neurodegenerativos: ¿ una dialéctica de contrarios? Nuevo abanico de posibilidades terapéuticas y peligros potenciales. *Oncologia*, 27 (10): 579-589
- Legido, A., Valencia, I., Katsetos, C., Papadopoulos, M. 2007. Neuroprotección en la encefalopatía hipóxico isquémica perinatal. Tratamientos con eficacia clínica demostrada y perspectivas futuras. Medicina (Buenos Aires) 67 (6/1): 543-555
- Lorente, A., Ortega, R., Martín, M., López, J., Martínez, J .M^a.2011. Quantification of growth factors by using a new system for obtaining platelet-rich plasma. *Med oral, Cir Bucal.*, 2011, 614-8
- Taudorf, K., Hansen, F.J., Mechior, J.C., Pedersen, H. 1986. Spontaneous remission of cerebral palsy. Neuropediatrics Feb; 17 (1): 19-22
- Weibrich, G., Kleis, W. Hafner, G. 2002. Growth factor levels in the platelet-rich plasma producerd by 2 different methods: curasan-type kit versus PCCS PRP system. Int J Oral Maxillofac Implats Mae-Apr, 17(2): 184-90
- Weibrich, G., Kleis, W. Hafner, G. 2002. Growth factor levels in platelet-rich plasma and correlations with donor age, sex and platelet count. *J Craniomaxillofac Surg.*, Apr, 30(2): 97-102
