

## **Tissue Engineering In Relation To Skin**

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### **INTRODUCTION:**

The ability to culture large areas of sheets of keratinocytes from small biopsies led to the early application of skin tissue engineering to the treatment of major thermal burns in the early 1980s. This led to anecdotal and widespread use of such grafts to different clinical scenarios, including chronic ulcers, surgical excisions, mastoid cavities etc. The graft performance was however poorer in terms of take and cosmesis than standard surgical

procedures, so much effort has gone into improving the tissue engineered end product. The remaining compelling indication is in the treatment of major burns, but there are lessons to be learned for current tissue engineering developments from the whole experience. These are that measurable benefit is not the same as clinical efficacy and that controlled trials against standard procedures must be performed to establish the true position of any tissue engineered product.