

Lipogems: A New Device in Regenerative Medicine Providing a Natural Living Implantable Bioreactor. A Short Review [Version 1, 1 Approved with Reservations]

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Abstract

Lipogems® is a novel and easy system designed to harvest, process and inject a refined aspirated fat tissue characterized by a great regenerative potential and optimal surgical handling. By the aid of this technology, the fat tissue is washed, emulsified and rinsed, while cluster dimensions are gradually reduced in a completely closed device - the Lipogems® device - by only mechanical forces.

Lipogems® tissue product represents a natural implantable bioreactor that incorporates the main elements for a perfect natural regenerative response: the Scaffold (the adipose tissue structure), the Cells (Pericytes/MSCs), and the Growth factors (secreted cytokines and chemokines).

The local injection of such a tissue that can work for long time enhancing the natural healing potential, may explain why its clinical use has been so successful in many fields with, apparently, no drawbacks.

The purpose of this short review is to present the concepts and experience with the Lipogems® technology and to clarify the role that this new approach has acquired in regenerative medicine and surgery so far.

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Fat Tissue Potential: An Ideal MSCs Source

The concept that fat tissue is an optimal source for MSCs (ASCs) is now well established [1-5], mostly because of their abundance compared to other tissues [4-8]. Indeed, 1/100 cells in the adipose tissue is an ASC compared to 1/100.000 cells in the bone marrow. Fat tissue is available in most patients and can be easily harvested with a minimally invasive surgical approach, offering a highly viable ASC population with optimal differentiation potential that is maintained with aging [3,9-12]. These cells can differentiate *in vitro* into several cell lineages, such as adipocytes, chondrocytes, osteoblasts, and myoblasts [2-5,13-19]. In addition, they secrete many bioactive molecules working as a sort of “mini-drugstore” that modulates the local immune response and creates an ideal regenerative environment [20-23].

The use of ASCs, either expanded or simply obtained by enzymatic treatment as SVF, created a huge interest and both *in vitro* and *in vivo* studies clearly demonstrated their anti-inflammatory and regenerative potentials [24]. Nevertheless, the prolonged *ex vivo* expansion may induce cell senescence and decline in multipotency, thus leading to clinical results below expectations. In addition, the majority of the proposed techniques have complex regulatory issues [25-27]. The increasingly urgent need to find new therapies for chronic, immunological and degenerative diseases prompted many investigators to search for tissue products containing progenitor cells, and, simultaneously, avoiding the several problems and restrictions related to the enzymatic manipulation and cell expansion [28,29]. In the last few years, we have been facing a significant number of studies aimed at the improvement of the therapeutic effects provided by the traditional fat transfer and structural fat grafting techniques [30-33]. In an effort to optimize this regenerative potential, MSC enrichment techniques, essentially based on enzymatic or mechanical devices, have been proposed [34,35]. In our experience, a minimally manipulated fat tissue is preferable, not only from a regulatory prospective [28,29], but mainly because of the biological rationale. Indeed, mechanically derived MSC versus enzymatically isolated MSC have shown to have better differentiation potential [9,10], wider secretome [36], and a large difference in exosomes contents [22,37,38]. The Lipogems® technology guarantees all of the requirements in an easy, quick, disposable device and represents a very promising “natural” approach in different fields [9,39-51].

Lipogems® Technology

The Lipogems® system incorporates a new technology to harvest, process and transfer adipose tissue. The technical part of the procedure is well described both in journal articles [9, 32,52] and in the web (https://www.youtube.com/results?search_query=Lipogems+system). The resulting product is composed of small intact adipose tissue clusters (250-650 microns) and contains pericytes retained within an intact and biological-

ly primed (by the mechanical trauma) stromal vascular niche. Based on the emerging clinical, scientific and regulatory requirements, the Lipogems® technology finds its effectiveness on some basic principles.

It is now well established that cells defined as MSCs exhibit substantial perivascular location and pericyte identity *in vivo* [53-55]. Pericytes are structural cells embracing the external wall of the microvessels and capillaries of the stromal vascular fraction of fat tissue and, after an injury such as inflammation or a damage of the vascular wall, they detach from the capillaries and gradually convert into activated re-generative MSCs [21,53,54]. Such pericyte-to-ASC activation entails the release (through exosomes) of re-generative factors and bioactive molecules which would make the transplanted Lipogems® product acting as a “personalized drugstore” [56]. The exquisite balance between a giogenetic, anti-inflammatory, immunomodulatory, anti-apoptotic, anti-microbial, mitotic, anti-scarring properties of MSCs allows a completely natural tissue repair and regeneration [36].

The second main characteristic of Lipogems® is related to the time-advantage. Indeed, the gentle mechanical method allows obtaining a ready-to-use product in less than 20 minutes compared to the several hours, days or weeks required for the enzymatic digestion of the lipoaspirate and, possibly, *in vitro* cell expansion with substantial delay in the clinical application. In addition, Lipogems® is minimally manipulated according to the regulations set forth by the FDA. It received the FDA clearance as a class II medical device for processing autologous adipose tissue (510(k) first approval in US in December 2014 and new clearance in November 2016). Lipogems® qualifies as a 361 “HCT/P” (human cells, tissues, and cellular and tissue-based product) because it is autologous, minimally manipulated, intended for homologous use, enzyme free, not dependent on the metabolic activity of the cells for its primary function, used in the same surgical procedure, and not combined with anything other than saline.

The reduction of adipose cluster dimensions from 2-4,5 mm before processing to 0,3-0,7 mm of the final product, *maintaining a perfect structural integrity*, improves its ease of handling and post-transplant engraftment, due to the more effective and faster graft revascularization.

Several new promising fields of application are reported every month as this technique is spreading all over the world and have already received regulatory approval in 23 countries (<http://www.lipogems.eu/index-eng.html>).

Clinical Applications

Lipogems has been shown to be absolutely safe and seems to work clinically much better than enzymatically isolated MSCs (both SVF or cultivated) as the preserved niche within a natural adipose scaffold works as the “perfect functional unit” [21,36].

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In general surgery, Lipogems® has been used as a valid approach for the treatment of fecal incontinence and anal fistulas, showing impressive long term real morphological regeneration of muscle and neurological function [41,43,49,57].

In oncology, Lipogems® has been proved useful when injected in atrophied tissue after radiotherapy [58].

The regenerative potential in musculoskeletal diseases has been already analyzed, but more extended clinical trials are currently performed worldwide to confirm the first results [42, 46,48,50].

In orthopedic surgery, most patients with joint degenerative and inflammatory diseases may benefit of Lipogems® intra and peri-articular injection [59,60]. The intra-articular injection of Lipogems® for the treatment of osteoarthritis (accomplished with many European, Middle East and American colleagues), based on clinical results in thousands of patients worldwide, shows a surprising improvement of the symptoms. After injection of a variable quantity of Lipogems® (2-12 ml depending from the joint), patients generally reported a brilliant immediate improvement of symptoms with long-term pain resolution. In some cases, patients previously candidate for surgery, no longer needed it because of the complete or substantial resolution of their symptoms. Preoperative and post-operative X-ray and MRI comparison showed a possible regeneration of the articular cartilage and a widening of the joint space 6 to 18 months after treatment. Moreover, the orthopedic use Lipogems® has also proved to be rewarding to foster repair in injured ligaments or tendons, in meniscal lesions, around surgical wounds, inside and around osteotomy gaps. These findings have been confirmed in Veterinary Medicine where Lipogems is becoming the leading regenerative therapy in polo horses and dog [61].

In plastic reconstructive surgery, Lipogems® helps the healing of chronic ulceration of the inferior legs and feet, above all in diabetic patients, with encouraging results. Only the vasculogenic properties of MSCs can explain these successes [62, 63].

The aesthetic surgery is a growing field of application. Lipogems® is used alone or in association with traditional surgical techniques such as facelift, blepharoplasty, breast augmentation and others. In the latter case, Lipogems® improves and accelerates wound healing and skin texture. Optimal results have been obtained in the periorbital area. After surgical intervention, the patients complain no pain, swelling or bruising, and are generally greatly satisfied. This treatment is often extended in a full-face bio-restoration aimed to define face contour, give it tone, new brightness and uniformity [64]. A recent publication describes the use of Lipogems® during orthognathic surgery in 120 patients who underwent a double jaw intervention. Lipogems® was injected in multiple tissue planes and tunnels where the soft tissue lack had to be restored (mid face and mandible contours, neck, lips, chin profile). Results were com-

pared to a series of patients treated with a traditional lipo filling technique. All the patients, except for 2, showed better enhancement of face morphology and skin texture, and much less post-operative swelling with consequently faster recovery [45].

Lipogems, MSCs and Future Horizons

Fat tissue transfer is a well established autologous method which has several clinical applications. The Lipogems® technology has been created to improve traditional grafting technique⁹.

The most important and attractive feature of Lipogems® technology, and in general of MSCs, is the ability to naturally repair and regenerate certain types of tissue, such as joint cartilage, representing an ideal scaffold [40]. Recently, it has been demonstrated that exposure of Lipogems-derived MSCs to properly conveyed radio-electric fields was able to optimize stem cell expression of multipotency and lineage commitment at a remarkably higher degree than in enzymatically-dissociated MSCs obtained from the same donors⁶⁵. This finding may significantly improve future cell therapy efforts [66].

Lipogems® technology fulfils the requirement to overcome the current limitations related to *in vitro* fat manipulation, making MSCs easily available within their natural 3D scaffold. It must be stressed that IFATS (International Federation for Adipose Therapeutics and Science) and ISCT (International Society for Cellular Therapy) recently established some clear definitions of Stromal Vascular Fraction and adipose-derived mesenchymal stem cells to better manage the future trials and to allows multicenter comparative studies [1,67,68]. We strongly believe that many of these trials should be compared to Lipogems® safety and effectiveness.

Conclusion

Adipose tissue is the ideal source for extracting but above all for using MSCs since (i) it can be easily accessed and harvested via a minimally invasive surgical procedure, (ii) it can be found in sufficient quantities in most people and (iii) it guarantees an adequate amount of progenitor cells with a good viability and minimally age-related differentiating potential.

The Lipogems® technology optimizes fat tissue natural properties. Without using enzymes, additives or centrifugations, but relying upon the use of mild mechanical forces, the Lipogems® system yields a micro-fragmented product that behaves as a large-scale tool to supply damaged tissues with a regenerative environment. A number of randomized and controlled studies are now ongoing to strengthen its critical analysis and further develop and accelerate innovative therapeutic strategies and clinical protocols.

References

1. Bourin P, Bunnell BA, Casteilla L, Dominici M, Katz AJ, et al. Stromal cells from the adipose tissue-derived stromal vascular fraction and culture expanded adi-

Insights in Biomedical Engineering

- pose tissue-derived stromal/stem cells: a joint statement of the International Federation for Adipose Therapeutics and Science (IFATS) and the International Society for Cellular Therapy (ISCT). *Cytotherapy*. 2013; 15: 641-648.
- Jeon YJ, Kim J, Cho JH, Chung HM, Chae JI. Comparative analysis of human mesenchymal stem cells derived from bone marrow, placenta, and adipose tissue as sources of cell therapy. *Journal of cellular biochemistry*. 2016; 117: 1112-1125.
 - Strem BM, Hicok KC, Zhu M, Wulur I, Alfonso Z, et al. Multipotential differentiation of adipose tissue-derived stem cells. *The Keio journal of medicine*. 2005; 54: 132-141.
 - Zuk PA, Zhu M, Ashjian P, De Ugarte DA, Huang JI, et al. Human adipose tissue is a source of multipotent stem cells. *Molecular biology of the cell*. 2002; 13: 4279-4295.
 - Zuk PA, Zhu M, Mizuno H, Huang J, Futrell JW, et al. Multilineage cells from human adipose tissue: implications for cell-based therapies. *Tissue engineering*. 2001; 7: 211-228.
 - De Ugarte DA, Morizono K, Elbarbary A, Alfonso Z, Zuk PA, et al. Comparison of multi-lineage cells from human adipose tissue and bone marrow. *Cells tissues organs*. 2003; 174: 101-109.
 - Gimble JM, Bunnell BA, Chiu ES, Guilak F. Concise review: Adipose-derived stromal vascular fraction cells and stem cells: Let's not get lost in translation. *Stem Cells*. 2011; 29: 749-754.
 - Lin G, Garcia M, Ning H, Banie L, Guo Y-L, et al. Defining stem and progenitor cells within adipose tissue. *Stem cells and development*. 2008; 17: 1053-1063.
 - Bianchi F, Maioli M, Leonardi E, Olivi E, Pasquinelli G, et al. A new nonenzymatic method and device to obtain a fat tissue derivative highly enriched in pericyte-like elements by mild mechanical forces from human lipoaspirates. *Cell transplantation*. 2013; 22: 2063-2077.
 - Carelli S, Messaggio F, Canazza A, Hebda DM, Caremoli F, et al. Characteristics and properties of mesenchymal stem cells derived from microfragmented adipose tissue. *Cell transplantation*. 2015; 24: 1233-1252.
 - Stolzing A, Jones E, McGonagle D, Scutt A. Age-related changes in human bone marrow-derived mesenchymal stem cells: consequences for cell therapies. *Mechanisms of ageing and development*. 2008; 129: 163-173.
 - von Heimburg D, Hemmrich K, Haydarlioglu S, Staiger H, Pallua N. Comparison of viable cell yield from excised versus aspirated adipose tissue. *Cells Tissues Organs*. 2004; 178: 87-92.
 - Cao Y, Sun Z, Liao L, Meng Y, Han Q, et al. Human adipose tissue-derived stem cells differentiate into endothelial cells *in vitro* and improve postnatal neovascularization *in vivo*. *Biochemical and biophysical research communications*. 2005; 332: 370-379.
 - Caplan AI. Mesenchymal stem cells. *Journal of orthopaedic research*. 1991; 9: 641-650.
 - Erickson GR, Gimble JM, Franklin DM, Rice HE, Awad H, et al. Chondrogenic potential of adipose tissue-derived stromal cells *in vitro* and *in vivo*. *Biochemical and biophysical research communications*. 2002; 290: 763-769.
 - Fraser JK, Schreiber R, Strem B, Zhu M, Alfonso Z, et al. Plasticity of human adipose stem cells toward endothelial cells and cardiomyocytes. *Nature Clinical Practice Cardiovascular Medicine*. 2006; 3: S33-S37.
 - Halvorsen Y, Wilkison W, Gimble J. Adipose-derived stromal cells--their utility and potential in bone formation. *International Journal of Obesity*. 2000; 24: S41.
 - Halvorsen Y-DC, Franklin D, Bond AL, Hitt DC, Auchter C, et al. Extracellular matrix mineralization and osteoblast gene expression by human adipose tissue-derived stromal cells. *Tissue engineering*. 2001; 7: 729-741.
 - Ren H, Sang Y, Zhang F, Liu Z, Qi N, et al. Comparative analysis of human mesenchymal stem cells from umbilical cord, dental pulp, and menstrual blood as sources for cell therapy. *Stem cells international*. 2016; 2016.
 - Caplan AI. Adult mesenchymal stem cells for tissue engineering versus regenerative medicine. *Journal of cellular physiology*. 2007; 213: 341-347.
 - Caplan AI, Dennis JE. Mesenchymal stem cells as trophic mediators. *Journal of cellular biochemistry*. 2006; 98: 1076-1084.
 - Rani S, Ryan AE, Griffin MD, Ritter T. Mesenchymal stem cell-derived extracellular vesicles: toward cell-free therapeutic applications. *Molecular Therapy*. 2015; 23: 812-823.
 - Somoza RA, Correa D, Caplan AI. Roles for mesenchymal stem cells as medicinal signaling cells. *Nature Protocols*.
 - Chamberlain G, Fox J, Ashton B, Middleton J. Concise review: mesenchymal stem cells: their phenotype,

Insights in Biomedical Engineering

- differentiation capacity, immunological features, and potential for homing. *Stem cells*. 2007; 25: 2739-2749.
25. Ährlund-Richter L, De Luca M, Marshak DR, Munsie M, Veiga A, et al. Isolation and production of cells suitable for human therapy: challenges ahead. *Cell Stem Cell*. 2009; 4: 20-26.
 26. Arcidiacono JA, Blair JW, Benton KA. US Food and Drug Administration international collaborations for cellular therapy product regulation. *Stem cell research & therapy*. 2012; 3: 1.
 27. Sensebé L, Bourin P, Tarte K. Good manufacturing practices production of mesenchymal stem/stromal cells. *Human gene therapy*. 2010; 22: 19-26.
 28. Riis S, Zachar V, Boucher S, Vemuri M, Pennisi C, et al. Critical steps in the isolation and expansion of adipose-derived stem cells for translational therapy. *Expert reviews in molecular medicine*. 2015; 17: e11.
 29. Roseti L, Serra M, Tigani D, Brognara I, Lopriore A, et al. Cell manipulation in autologous chondrocyte implantation: from research to cleanroom. *La Chirurgia degli organi di movimento*. 2008; 91: 147-151.
 30. Coleman SR. Structural Fat Grafting. *Plastic and Reconstructive Surgery*. 2005; 115: 1777-1778.
 31. Coleman SR. Structural fat grafting: more than a permanent filler. *Plastic and reconstructive surgery*. 2006; 118: 108S-120S.
 32. Tremolada C, Colombo V, Ventura C. Adipose Tissue and Mesenchymal Stem Cells: State of the Art and Lipogems® Technology Development. *Current Stem Cell Reports*. 2016; 2: 304-312.
 33. Alexander R. Autologous fat grafts as mesenchymal stromal stem cell source for use in prolotherapy: a simple technique to acquire lipoaspirants. *Journal of Prolotherapy*. 2011; 3: 680-688.
 34. Dongen JA, Tuin AJ, Spiekman M, Jansma J, Lei B, et al. Comparison of intraoperative procedures for isolation of clinical grade stromal vascular fraction for regenerative purposes: a systematic re-view. *Journal of Tissue Engineering and Regenerative Medicine*. 2017.
 35. Oberbauer E, Steffenhagen C, Wurzer C, Gabriel C, Redl H, et al. Enzymatic and non-enzymatic isolation systems for adipose tissue-derived cells: current state of the art. *Cell Regeneration*. 2015; 4: 7.
 36. Coronado R, Krutchkoff B, Cormier M, Peault B. Characterization and differentiation of human adipose derived stem cells isolated non enzymatically from micro-fractured fat obtained with a commercially available kit (Lipogems). *IFATS SAN DIEGO 2016 CONFERENCE*. 2016.
 37. García-Contreras M, Messaggio F, Jimenez O, Mendez A. Differences in exosome content of human adipose tissue processed by non-enzymatic and enzymatic methods. *CellR4*. 2015; 3: e1423.
 38. Yu B, Zhang X, Li X. Exosomes derived from mesenchymal stem cells. *International journal of molecular sciences*. 2014; 15: 4142-4157.
 39. Benzi R, Marfia G, Bosetti M, Beltrami G, Magri A, et al. Microfractured lipoaspirate may help oral bone and soft tissue regeneration: a case report. *CellR4*. 2015; 3: e1583.
 40. Bosetti M, Borrone A, Follenzi A, Messaggio F, Tremolada C, et al. Human lipoaspirate as auto-logous injectable active scaffold for one-step repair of cartilage defects. *Cell transplantation*. 2016; 25: 1043-1056.
 41. Cestaro G, De Rosa M, Massa S, Amato B, Gentile M. Intersphincteric anal lipo filling with micro-fragmented fat tissue for the treatment of faecal incontinence: preliminary results of three patients. *Videosurgery and Other Miniinvasive Techniques*. 2015.
 42. Franceschini M, Castellaneta C, Mineo G. Injection of autologous micro-fragmented adipose tissue for the treatment of post traumatic degenerative lesion of knee cartilage: a case report. *CellR4*; 2016.
 43. Giori A, Tremolada C, Vailati R, Navone S, Marfia G, et al. Recovery of function in anal incontinence after micro-fragmented fat graft (Lipogems®) injection: two years follow up of the first 5 cases. *CellR4*. 2015; 3: e1544.
 44. Grossi P, Giarratana S, Cernei S, Grossi S, Doniselli F. Low back pain treated with disc decompression and autologous micro-fragmented adipose tissue: a case report. *CellR4*; 2016.
 45. Raffaini M, Tremolada C. Micro fractured and purified adipose tissue graft (Lipogems®) can improve the orthognathic surgery outcomes both aesthetically and in postoperative healing. *CellR4*. 2014; 2: e1118.
 46. Randelli P, Menon A, Ragone V, Creo P, Bergante S, et al. Lipogems product treatment increases the proliferation rate of human tendon stem cells without affecting their stemness and differentiation capability. *Stem cells international*. 2016; 2016.
 47. Saibene A, Pipolo C, Lorusso R, Portaleone S, Felisati G. Transnasal endoscopic microfractured fat injection in glottic insufficiency. *B-ENT*. 2015; 11: 229-234.
 48. Striano R, Chen H, Bilbool N, Azatullah K, Hilado J, et al. Non-responsive knee pain with osteoarthritis and concurrent meniscal disease treated with autologous micro-fragmented adipose tissue under continuous ultrasound guidance. *CellR4*. 2015; 3: e1690.

Insights in Biomedical Engineering

49. Testa A, Verdi A, Termini L. New frontiers of the treatment of perianal fistulas: the autologous transplantation of stem cells adult multipotent cells derived from human adipose tissue. 6th National Congress of the Italian Society of ColoRectal Surgery Patients First: Quality of Care, Management, Multidisciplinary Approach. 2015.
50. Tremolada C, Beltrami G, Magri A, Bianchi F, Ventura C, et al. Adipose mesenchymal stem cells and "regenerative adipose tissue graft"(Lipogems®) for musculoskeletal regeneration. *Eur J Musculoskelet Dis.* 2014; 3: 57-67.
51. Tremolada C, Palmieri G, Ricordi C. Adipocyte transplantation and stem cells: plastic surgery meets regenerative medicine. *Cell transplantation.* 2010; 19: 1217-1223.
52. Tremolada C. Device and method for preparing tissue, particularly adipose tissue. Google Patents; 2015.
53. Caplan AI. All MSCs are pericytes? *Cell stem cell.* 2008; 3: 229-230.
54. Crisan M, Yap S, Casteilla L, Chen C-W, Corselli M, et al. A perivascular origin for mesenchymal stem cells in multiple human organs. *Cell stem cell.* 2008; 3: 301-313.
55. da Silva Meirelles L, Caplan AI, Nardi NB. In search of the in vivo identity of mesenchymal stem cells. *Stem cells.* 2008; 26: 2287-2299.
56. Caplan AI, Correa D. The MSC: an injury drugstore. *Cell stem cell.* 2011; 9: 11-15.
57. Nudo R, Bianchini G, De Villa F, Guarino E. Role of lipofilling with Lipogems® device in the treatment of anal fistulas – my personal experience. 14° International Coloproctology Meeting - SICCR 2016.
58. Tremolada C. Autologous Cell-Therapy with Lipogems. 13th Annual cell-based therapies & tissue engineering, May 12-14, 2014. 2014.
59. Russo A, Condello V, Madonna V, Zorzi C. Two years experience with Lipogems® system: our indications and results. Sigascot 2016. 2016.
60. Slynarski K. LIPOGEMS® injections for the treatment of knee chondropathy: two years follow up. ICRS 2016. 2016: 22.
61. Zeira O. Autologous micro-fragmented adipose tissue in dogs with arthropaties: safety, feasibility and clinical outcome. IFATS SAN DIEGO 2016 CONFERENCE. 2016.
62. Ceserani V, Ferri A, Berenzi A, Benetti A, Ciusani E, et al. Angiogenic and anti-inflammatory properties of micro-fragmented fat tissue and its derived mesenchymal stromal cells. *Vascular Cell.* 2016; 8: 3.
63. Del Papa N, Di Luca G, Sambataro D, Zaccara E, Maglione W, et al. Regional implantation of autologous adipose tissue-derived cells induces a prompt healing of long-lasting indolent digital ulcers in patients with systemic sclerosis. *Cell transplantation.* 2015; 24: 2297-2305.
64. Kao C. The use of micro fractured fat for grafting of the periorbital region: 46 consecutive cases. IFATS New Orleans 2015 Conference - 13th Annual IFATS Meeting. 2015.
65. Maioli M, Rinaldi S, Santaniello S, Castagna A, Pigliaru G, et al. Radioelectric asymmetric conveyed fields and human adipose-derived stem cells obtained with a nonenzymatic method and de-vice: a novel approach to multipotency. *Cell transplantation.* 2014; 23: 1489-1500.
66. Ventura C, Bianchi F, Cavallini C, Olivi E, Tassinari R. The use of physical energy for tissue healing. *Eur Heart J Suppl.* 2015; 17: A69-A73.
67. Magalon J, Dumas A, Veran J, Magalon G, Rossi P, et al. Autologous Adipose Tissue-Derived Cells: Are We Talking About Adipose Derived Stem Cells, Stromal Vascular Fraction, or Coleman Fat Grafting? *Cell transplantation.* 2015; 24: 2667-2668.
68. Zhao Y, Betzler C, Popp F, Bruns C. Fair or foul: time for standard protocols for potential application of adipose-derived stem cells. *J Stem Cell Res Ther.* 2014; 4: 2.