Author Year		
Country Research Design Sample Size	Methods	Outcome
Singh et al. 2015 India Prospective Controlled Trial N=25	<ul> <li>Population: Mean age=36.84 yr; Gender: males=19, females=6; Level of injury: cervical=6, D1-D11=6, D12-L1=11, lumbar=2; ASIA classification: A=13, B=4, C=7, D=1; Pressure injury stage: <i>Treatment</i> <i>ulcers</i>: IV=25; <i>Control ulcers</i>: II=11, III=4, IV=10.</li> <li>Intervention: Secondary analysis of Singh et al., 2014 to evaluate antimicrobial properties of platelet-rich plasma (PRP) in pressure injuries. Participants received treatment (PRP dressing) for one ulcer with the other ulcer serving as a control (saline dressing).</li> <li>Outcomes: Bacterial colonization.</li> </ul>	<ol> <li>Colonization rate decreased from 92% at enrollment to 24% at 5 wk for treatment ulcers and from 84% at enrollment to 76% at 5 wk for control ulcers.</li> <li>At 5 wk, treatment ulcers had significantly fewer positive bacteria cultures than control ulcers (p=0.007).</li> </ol>
Singh et al. 2014 India Prospective Controlled Trial N=25	<ul> <li>Population: Mean age=36.84 yr; Gender: males=19, females=6; Level of injury: cervical=6, D1-D11=6, D12-L1=11, lumbar=2; ASIA classification: A=13, B=4, C=7, D=1; Pressure injury stage: <i>Treatment</i> <i>ulcers</i>: IV=25; <i>Control ulcers</i>: II=11, III=4, IV=10.</li> <li>Intervention: Each participant had one pressure injury receive treatment and one pressure injury serve as a control (twice- weekly dressings with a minimum of 10 dressings).</li> <li><i>Treatment group</i>: Wound dressed with about 6 mL of platelet-rich plasma (PRP) and calcium chloride in addition to usual care (normal saline cleaning and debridement).</li> <li><i>Control group</i>: Wound dressed with normal saline and usual care.</li> <li>Outcomes: Wound-site measurement; Pressure injury Scale for Healing (PUSH); Clinical examination.</li> </ul>	<ol> <li>At 5 wk post-intervention, both treatment and control ulcers showed statistically significant decreases in PUSH (p&lt;0.001) but no significant differences between groups.</li> <li>From baseline to final follow-up at 6 wk, wound surface area decreased significantly more in the treatment than the control ulcers (p=0.002). Mean percentage of surface area healed was 57.94% in treatment ulcers and 2.36% in control ulcers.</li> <li>96% of treatment ulcers improved compared to 68% of control ulcers.</li> </ol>
Biglari et al. 2015 Germany Post-test N=15	<ul> <li>Population: Mean age=38.2 yr; Gender: males=7, females=8; Level of injury: paraplegia=13, tetraplegia=2; ASIA classification: A=15; Pressure injury stage: III=12, IV=3.</li> <li>Intervention: Participants with non-healing fistulas following multiple surgical interventions for pressure injuries received 7-9 mL of platelet-rich plasma (PRP) and thrombin from autologous blood after debridement of the fistula.</li> <li>Outcomes: Secretion; Closure of fistulas; Recurrence of pressure injuries.</li> </ul>	<ol> <li>At 3 d post-intervention, there was minimal secretion from suture lines in all participants and at 1 wk, there was no secretion around the bandages.</li> <li>At 3 wk post-intervention, fistulas from all participants were closed with no allergic reactions or incompatibilities.</li> <li>At 12 mo follow-up, no participants returned for treatment of their pressure injuries.</li> </ol>
Sell et al. 2011 USA Case Series N=3	<b>Population:</b> Mean age: 50 yr; Gender: male=3, female=0; Level of injury: paraplegic=1, tetraplegic=2; Wound status: grade IV ulcer=3. <b>Intervention:</b> Treated with a sustained release platelet-rich plasma (PRP) therapy to stimulate wound healing. <b>Outcome Measures:</b> Formation of tissue, vascularity, ulcer area and volume.	<ol> <li>Treatment resulted in the formation of granulation tissue.</li> <li>Improved vascularity for each patient treated.</li> <li>Overall ulcer area and volume decreased.</li> </ol>