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Statement of the Problem Mustard gas (bis (2-chloroethyl) sul de) is a chemical weapon which was used in World War 1 for the rst time. e exposed victims of Mustard gas su er from severe respiratory di culties; such as, chronic cough, paroxysmal dyspnea, asthma like attack and opportunistic respiratory system infections. Palliative therapies such as, anti-inflammatory drugs, broncholytics, long acting B2 agonists, inhaled corticosteroid and proton pump inhibitor are the current choices of treatment; however, desensitization of beta adrenergic receptors and refractory Gastroesophageal Re ux Disease (GERD) are causes expressed for the ine cacy of these treatments.

Methodology & eoretical Orientation: Chest high resolution computed tomography of these patients illustrates the high prevalence of air trapping which is due to tracheomalacia. Suggesting that the reason for ine cacy of current treatments is not as simply as GERD or desensitization of beta adrenergic receptors; and structural damages are responsible for severe respiratory complications. ere are several successful case reports in the eld of air way transplantation who su ered from large airways structural abnormalities based on di erent pathologies; they recovered their health a er air way transplantation with stem cell based bio arti cial gra .

Conclusion & Signi cance: eoretically, it seems that stem cell based tracheobronchial reconstruction can be bene cial treatments for patients who su er from severe respiratory di culties and tracheomalacia due to Mustard gas exposure.

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