

# Collagen and Collagenases: A Brief Review

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## ABSTRACT

Collagen is the most important and abundant protein in the human body that is needed for a number of physiological functions such as tissue repair during wound and fracture healing. There are about thirty different types of collagen. Collagenases are enzymes that help breakdown the deposited collagen in the muscles, joints, tissues and arteries. There are a variety of collagenases used in different dosage forms in the treatment of diseases such as wound healing, Dupuytren's contracture, Peyronie's disease etc. A major part of the collagenase enzyme is used for the treatment of chronic wounds such as tumors, burns and ulcers.

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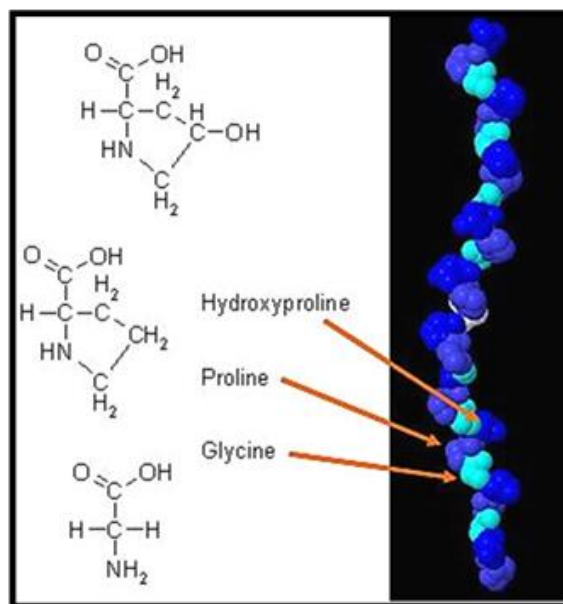
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## INTRODUCTION

Collagen is the most abundant constituent protein found in the body of human beings. It contains one-third of the total protein from three quarters of the weight of skin and is the most prevailing component of the extracellular matrix (ECM) [1,2]. The collagen molecule is an elongated rod-like fibrous protein structure consisting of three polypeptide chains called the  $\alpha$ -chains [3]. The  $\alpha$ -chains are folded in such a manner that a glycine residue is present at every third position in the polypeptide chain. Each  $\alpha$ -chain is made up of multiple triplet sequences of Gly-Y-Z in which Y and Z can be any amino acid. The Y is commonly found as proline and Z is usually present as hydroxyproline (Figure 1). The presence of hydroxyproline in the Y position is also thought to be responsible for the stability of the helical structure [4].



**Figure 1.** Conserved structural motif of three amino acid residues in collagen.

## TYPES OF COLLAGEN

There are approximately thirty different types of collagen that have been identified, so far. Type I collagen is found in copious quantities in the human body along with significant amounts of Type II, III and IV [5].

- Collagen type I – found in bones, tendons and organs.
- Collagen type II – found mainly in cartilage.
- Collagen type III – found mainly in reticular fibers.
- Collagen type IV – found in the basement membrane of cell membranes.
- Collagen type V – found in hair and nails.

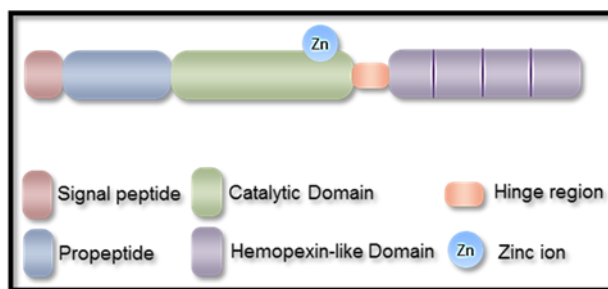
Collagen production is increased in conditions requiring remodeling and replacement of tissues, for example, tissue repair such as during wound and fracture healing. Collagen degradation occurs in infected tissues and specific collagenolytic enzymes may be released. The primary sources responsible for destruction of bones and cartilage are protein degrading enzymes (proteinases) that degrade collagen [3].

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## MATRIX METALLOPROTEINASES (MMP)

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They are a class of enzymes that act on ECM at neutral pH and degrade all its components. The MMP family contains 17 members which are further divided into four groups and are distinguished on the basis of their substrate specificity and size. They include stromelysins, collagenases, gelatinases and other enzymes[6]. All of these are composed of common sequence of amino acids making specific domains (Figure 2). They are secreted as inactive proenzymes which are further activated by exposing them to mercurial compounds or by proteolysis. Zinc is present as an active center and they require calcium for its activity, while on the other hand their activity is inhibited by tissue inhibitor of metalloproteinase (TIMP) [6].



**Figure 2.** Schematic representation of the basic structure of an MMP.

During growth and development of the connective tissue matrix the activity of these proteinases is widely observed such as:

- Ovulation and embryo implantation [7-9]
- Embryological development [10,11]
- Angiogenesis [12,13]
- Bone turnover [14,15]
- Uterine resorption [16]
- Cervical ripening [17]

They are also used for the destruction of tissues in various diseases [6], including the following:

- Wound healing [18,19]
- Periodontal disease [6,20,21]
- Corneal ulceration [20,23]
- Tumor growth and metastasis [24-27]
- Cartilage and bone destruction in the arthritis [28-32]
- Arteriosclerosis [33]

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## COLLAGENASES

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Collagenases are enzymes that break down collagen which holds animal tissues together. Collagenases are efficient in removing detritus without harming the nearby healthy tissues and therefore contribute towards the formation of epithelium [34]. Interstitial collagenase is an adjunct of the MMP gene club that splits the collagen triple helix to yield distinctive  $\frac{1}{4}$ – $\frac{3}{4}$  aggregates [35]. This ability determines a great variety of different biotechnological and medical applications of such enzymes. The specific activity of collagenases makes them particularly effective in the removal of debris [36,37].

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## TYPES OF COLLAGENASES

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Collagenases obtained from bacteria differ from those of vertebrates in that they are more substrate specific [38]. In contrast conflicting to animal collagenases which divide collagen into its natural triple-helical anatomy, bacterial collagenases are unexampled as they can degenerate water-insoluble and water-soluble denatured collagens [39,40]. They can invade nearly all collagen types and is able to initiate numerous cleavages within its helical regions [41]. There are three distinct collagenases [42-46].

- MMP-1 (interstitial collagenase)
- MMP-8 (neutrophil collagenase)
- MMP-13 (collagenase-3)

As soon as the collagen separates apart into its fragments, they are no more stable at body temperature because of the loss of their triple helical region. The remaining polypeptide chains are then degraded by other proteinases [47,48].

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## THERAPEUTIC USES

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The most potent collagenase is the one secreted by the anaerobic bacteria *Clostridium histolyticum*. Bacterial collagenase is a crude complex containing a collagenase referred to as clostridiopeptidase-A. It is unique among others because of its ability to attack and degrade the triple-helical collagen fibers found in connective tissues. It can be used alone as an active ingredient but on the other hand, it is also found to be performing its functions more generously with other compounds. It is indicated in a variety of diseases/conditions such as wound debridement, ulcers and burns, Peyronie's disease, Dupuytren's contracture, bed wounds, lumbar disc herniation, tendonitis, tissue engineering, and urethral fibrosis (Table 1).

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## DOSAGE FORMS OF COLLAGENASES

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Dosage forms are pharmaceutical drug products in the form in which they are marketed and administered. They involve a combination of active drug components and excipients. Collagenases are widely used and have been incorporated in different dosage forms including creams, ointments, injections, etc. (Table 1).

The different dosage forms available for collagenases in the market include:

- I. Ointments intended for external application to the skin or mucous membranes. Collagenase ointments are available as:
  - a) Collagenase Santyl® ointment is a sterile enzymatic debriding ointment which contains 250 collagenase units per gram of white petrolatum and is available in 15 and 30 g tubes.
  - b) Iruxol® ointment is an enzyme preparation from *Clostridium histolyticum* with 0.6 units of clostridiopeptidase A (collagenase) and 10 mg chloramphenicol. It is available in 15 g tube.
  - c) Bionect Start® is a fluid ointment for topical application containing hyaluronic acid sodium salt 0.2%, collagenase (not less than 2.0 nkat / g ointment), liquid paraffin and white Vaseline. It is available in 30 g tube and is indicated in the treatment of chronic ulcers with necrotic tissue.
- II. Creams containing one or more drug substances dissolved/dispersed in a suitable base.
  - a) Novuxol® is a sterile adhesive cream which is available in 30 g tube. It also contains the enzyme clostridiopeptidase derived from *Clostridium histolyticum*.
- III. Injection is an infusion method of putting liquid into body with a needle or a syringe pierced through skin using a sufficient depth forced into the body. It is available as:
  - a) Xiaflex® is for intra-lesional use and is available as 0.9 mg collagenase from

*Clostridium histolyticum* per vial. It is used to treat Dupuytren's contracture and Peyronie's disease that are caused by collagen found in the knots/cords of the hand in Dupuytren's contracture or plaques in the penis in Peyronie's disease.

- b) Xiapex® is a white lyophilized powder. Each vial of powder contains 0.9 mg of collagenase from *Clostridium histolyticum*. It is indicated for the treatment of Dupuytren's

contracture in adult patients with a palpable cord and treatment of adult men with Peyronie's disease with a palpable plaque and penile curvature deformity.

Liniments are fluids, semi-fluid or semi-solid preparations intended for application to skin. They may be alcoholic or oily solutions which should not be applied to broken skin. Collagenase liniment is applied on scars for skin regeneration.

**Table 1. Dosage forms and therapeutic uses of collagenases.**

S. No.	Other Additives / Therapies	Dosage Form	Disease Condition
1.	Fibrinolysin	Ointment / gel	Wound debridement [49]
2.	Silver sulfadiazine and polymyxin	Ointment / cream	Burns [50-53]
3.	Hyaluronic acid	Cream	Wound debridement [54-55]
4.	Hyaluronic acid	Ointment	Ulcerative lesions [56-58]
5.	-	Ointment	Burns [59]
6.	-	Ointment	Bed wounds [60]
7.	Poly(2-hydroxy methacrylate)	Hydrogel	Tissue engineering [61]
8.	Hartman's solution	Injection	Infra-orbital dark circles [62]
9.	-	Ointment	Ulcers (lower extremities) [63,64]
10.	-	Ointment	Pressure ulcers [65]
11.	Papain urea	Ointment	Limb ulcer debridement [66]
12.	-	Injection	Herniated lumbar disk [67]
13.	-	Solution	Endothelial cell harvesting [68]
14.	-	Liniment	Scar treatment [69]
15.	Lecithin	Suspension	Adipose tissue [70]
16.	Negative pressure wound therapy (NPWT)	Ointment	Chronic ulcers [71,72]
17.	Saline medical gauze (SMG)	Ointment	Diabetic foot ulcers [73]
18.	Serial sharp debridement (SSD)	Ointment	Diabetic foot ulcers [74,75]
19.	Hydrogel dressing	Ointment	Pressure ulcer [76,77]
20.	Semi occlusive dressing	Ointment	Wound debridement [78]
21.	-	Ointment	Pyonecrotic wounds [79]
22.	-	Ointment	Wound debridement [80,81]
23.	<i>Centella asiatica</i>	Ointment	Wound healing [82]
24.	-	Ointment	Dermal and decubitus ulcers [83]
25.	Tretinoin and adapalene	Ointment / cream / gel	Wound healing [84]
26.	-	Ointments and injection	Ulcers, burns, herniated discs [85]
27.	Chloramphenicol	Ointment	Ulceration of legs [86]
28.	-	Injection	Dupuytren's contracture [87-91]
29.	-	Injection	Silicone-based operations [92,93]
30.	-	Injection	Peyronie's disease [94,95]
31.	-	Cream	Intra-abdominal adhesions [96]
32.	-	Injection	Urethral fibrosis [97,98]
33.	Oxygen-ozone	Injection	Lumbar disc herniation [99]
34.	Chloramphenicol	Mixture	Orthopedics and traumatology [100]
35.	-	Ointment	Eschar [101]
36.	-	Injection	Tumor [102]

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## CONCLUSION

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Collagen being a very useful protein of the body can cause some serious disorders if gets deposited. Collagenase is an enzyme used for breaking down collagen and is most commonly used for the healing of wound and also used in severe diseases of bones and joints. Much research on the dosage forms of collagenases should be done in order to get rid of the problems interacting.

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## REFERENCES

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1. Kadler KE, Baldock C, Bella J, Boot-Handford RP. Collagens at a glance. *J Cell Sci.* 2007;120:1955–8.
2. Veit G, Kobbe B, Keene DR, Paulsson M, Koch M, Wagener R. Collagen XXVIII, a novel von Willebrand factor A domain-containing protein with many imperfections in the collagenous domain. *J Biol Chem.* 2006;281:3494–504.
3. Shingleton WD, Hodges DJ, Brick P, Cawston TE. Collagenase: A key enzyme in collagen turnover. *Biochem Cell Biol.* 1996;74:759–75.
4. Bella J, Eaton M, Brodsky B, Berman HM. Crystal and molecular structure of a collagen-like peptide at 1.9 Å resolution. *Science.* 1994;7:75–81.
5. Koide T. Designed triple-helical peptides as tools for collagen biochemistry and matrix engineering. *Philos Trans R Soc Lond B Biol Sci.* 2007;362:1281–91.
6. Birkedal-Hansen H, Moore WGI, Bodden MK, Windsor LJ, Birkedal-Hansen B, De Carlo A, Engler JA. Matrix metalloproteinases: A review. *Crit Rev Oral Biol Med.* 1993;4:197–250.
7. Butler TA, Zhu C, Mueller RA, Fuller GC, Lemaire WJ, Woessner JFJ. Inhibition of ovulation in the perfused rat ovary by the synthetic collagenase inhibitor SC 44463. *Biol Reprod.* 1991;44:1183–8.
8. Reponen P, Leivo I, Sahlberg C, Apte SS, Thesleff I, Olsen BR, Tryggvason K. 92-kDa type IV collagenase and TIMP-3, but not 73-kDa type IV collagenase or TIMP-1 or TIMP-2, are highly expressed during mouse embryo implantation. *Dev Dynam.* 1995;202:388–96.
9. Salamonsen LA, Nagase H, Woolley DE. Matrix metalloproteinases and their tissue inhibitors at the ovine trophoblast-uterine interface. *J Reprod Fertil Suppl.* 1995;49:29–37.
10. Mattot V, Raes MB, Henriët P, Eckhout Y, Stehelin D, Vandenbunder B, Desbiens X. Expression of interstitial collagenase is restricted to skeletal tissue during mouse embryogenesis. *J Cell Sci.* 1995;108:529–35.
11. Breckon JJW, Hembry RM, Reynolds JJ, Meikle MC. Matrix metalloproteinases and TIMP-1 localization at sites of osteogenesis in the craniofacial region of the rabbit embryo. *Anat Rec.* 1995;242:177–87.
12. Cornelius LA, Nehring LC, Roby JD, Parks WC, Welgus HG. Human dermal microvascular endothelial cells produce matrix metalloproteinases in response to angiogenic factors and migration. *J Invest Dermatol.* 1995;105:170–6.
13. Galardy RE, Grobelny D, Foellmer HG, Fernandez LA. Inhibition of N-[2R-2-(hydroxamidocarbonyl-methyl)-4-methylpentanoyl]-L-tryptophan methylamide. *Cancer Res.* 1994;54:4715–8.
14. Hill PA, Murphy G, Docherty AJP, Hembry RM, Millican TA, Reynolds JJ, Meikle MC. The effects of selective inhibitors of matrix metalloproteinases (MMPs) on bone resorption and the identification of MMPs and TIMP-1 in isolated osteoclasts. *J Cell Sci.* 1994;107:3055–64.
15. Okada A, Bellocq JP, Rouyer N, Chenard MP, Rio MC, Chambon P, Basset P. Membrane-type matrix metalloproteinase (MT-MMP) gene is expressed in stromal cells of human colon, breast, and head and neck carcinomas. *Proc Natl Acad Sci USA.* 1995;92:2730–4.
16. Salo T, Lyons JG, Rahemtulla F, Birkedal-Hansen H, Larjava H. Transforming growth factor-beta 1 up-regulates type IV collagenase in cultured human keratinocytes. *J Biol Chem.* 1991;266:11436–41.
17. Gramstrm LM, Ekman GE, Malmstrm A, Ulmsten U, Woessner JFJ. Serum collagenase levels in relation to the state of the human cervix during pregnancy and labor. *Am J Obstet Gynecol.* 1992;167:1284–8.
18. Gren MS, Taplin CJ, Woessner JRJ, Eaglstein WH, Mertz PM. Collagenase in wound healing: Effect of wound age and type. *J Invest Dermatol.* 1992;99:709–14.
19. Saarialho-Kere UK, Change ES, Welgus HG, Parks WC. Distinct localization of collagenase and tissue inhibitor of metalloproteinases expression in wound healing associated with ulcerative pyogenic granuloma. *J Clin Invest.* 1992;90:1952–7.
20. Sorsa T, Ding Y, Salo T, Lauhio A, Teronen O, Ingman T, Andoh N, Tekeha S, Kontinen YT. Effects of tetracyclines on neutrophil, gingival and salivary collagenases. A functional and western blot assessment with special reference to their cellular sources in periodontal diseases. *Ann NY Acad Sci.* 1995;732: 112–31.

21. Lee W, Aitken S, Sodek J, McCulloch CAG. Evidence of a direct relationship between neutrophil collagenase activity and periodontal tissue destruction in vivo: role of active enzyme in human periodontitis. *J Periodont Res.* 1995;30:23–33.
22. Matsubara M, Guard MT, Kublin CL, Cintron C, Fini ME. Differential roles for two gelatinolytic enzymes of the matrix metalloproteinase family in the remodeling cornea. *Dev Biol.* 1991;147:425–39.
23. Wentworth JS, Paterson CA, Gray RD. Effect of a metalloproteinase inhibitor on established corneal ulcers after an alkali burn. *Investig Ophthalmol Visual Sci.* 1992;33:2174–9.
24. Liotta LA. The role of cellular proteases and their inhibitors in invasion and metastasis. Introductory overview. *Cancer Metastasis Rev.* 1990;9:285–7.
25. DeClerck YA, Imren S. Protease inhibitors: Role and potential therapeutic use in human cancer. *Eur J Cancer.* 1994;30A:2170–80.
26. Crawford HC, Matrisian LM. Tumor and stromal expression of matrix metalloproteinases and their role in tumor progression. *Invasion Metastasis.* 1995;95:234–45.
27. Cockett MI, Birch ML, Murphy G, Hart IR, Docherty AJP. Metalloproteinase domain structure, cellular invasion and metastasis. *Biochem Soc Trans.* 1994;22:55–7.
28. Cawston TE. Metalloproteinases and connective tissue breakdown. *Rheumatol Rev.* 1994;3:147–54.
29. Brinckerhoff CE, Auble DT. Regulation of collagenase gene expression in synovial fibroblasts. *Ann NY Acad Sci.* 1990;580:355–74.
30. Murphy G, Hembry RM. Proteinases in rheumatoid arthritis. *J Rheumatol.* 1992;19:61–4.
31. Nikkari ST, O'Brien KD, Ferguson M, Hatsukami T, Welgus HG, Alpers CE, Clowes AW. Interstitial collagenase (MMP-1) expression in human carotid atherosclerosis. *Circulation.* 1995;92:1393–8.
32. Okada Y, Ganoji Y, Nakanishi I, Nagase H, Hayakawa T. Immunohistochemical demonstration of collagenase and tissue inhibitor of metalloproteinases (TIMP) in synovial lining cells of rheumatoid synovium. *Virchows Arch B Cell Pathol.* 1990;59:305–12.
33. Newby AC, Southgate KM, Davies M. Extracellular matrix degrading metalloproteinases in the pathogenesis of arteriosclerosis. *Basis Res Cardiol.* 1994;89: 59–70.
34. Arthur T, Travis AM, Robert PW, Jaime E, Dickerson J, Curtis W, Herbert BS. Clinical and economic assessment of diabetic foot ulcer debridement with collagenase: Results of a randomized controlled study. *Clin Ther.* 2013;35:1805–20.
35. Evanson JM, Jeffrey JJ, Krane SM. Human collagenase: identification and characterization of an enzyme from rheumatoid synovium in culture. *Science.* 1967;158:499–502.
36. Mutalik S. Treatment of keloids and hypertrophic scars. *Indian J Dermatol Venereol Leprol.* 2005;71:3–8.
37. Alster TS, Tanzi EL. Hypertrophic scars and keloids: Etiology and management. *Am J Clin Dermatol.* 2003;4:235–43.
38. Birkedal-Hansen H. Catabolism and turnover of collagens: collagenases. *Method Enzymol.* 1987;144:140–71.
39. Gross J, Harper E, Harris E, McCroskery P, Highberger J, Corbett C, Kang A. Animal collagenases: Specificity of action and structures of the substrate cleavage site. *Biochem Biophys Res Commun.* 1974;61:605–12.
40. Woolley D, Lindberg K, Glanville R, Evanson J. Action of rheumatoid synovial collagenase on cartilage collagen: Different susceptibilities of cartilage and tendon collagen to collagenase attack. *Eur J Biochem.* 1975;50:437.
41. Mookhtiar K, Steinbrink D, Van Wart HE. Mode of hydrolysis of collagen-like peptides by class I and class II *Clostridium histolyticum* collagenases: Evidence for both endopeptidase and tripeptidyl-carboxypeptidase activities. *Biochemistry.* 1985;24:6527.
42. Mallya SK, Mookhtiar KA, Gao Y, Brew K, Dioszegi M, Birkedal-Hansen H, Van Wart HE. Characterization of 58-kilodalton human neutrophil collagenase: Comparison with human fibroblast collagenase. *Biochemistry.* 1990;29:10628–34.
43. Knauper V, Kramer S, Reinke H, Tschesche H. Characterization and activation of procollagenase from human polymorphonuclear leukocytes. *Eur J Biochem.* 1990;189:295–300.
44. Hasty KA, Pourmotabbed TF, Goldberg GI, Thompson JP, Spinella DG, Stevens RM, Mainardi, CL. Human neutrophil collagenase. A distinct gene product with homology to other matrix metalloproteinases. *J Biol Chem.* 1990;265:11421–4.
45. Gross J, Lapierre CM. Collagenolytic activity in amphibian tissues: A tissue culture assay. *Proc Natl Acad Sci.* 1962;54:1197–204.
46. Freije JMP, Diez-Itza I, Balbin M, Sanchez LM, Blasco R, Tolivia J, Lopez-Otin C. Molecular cloning and expression of collagenase-3, a novel human matrix metalloproteinase produced by breast carcinomas. *J Biol Chem.* 1994;269:16766–73.
47. Gadher SJ, Eyre DR, Wotton SE, Schmid TM, Woolley DE. Degradation of cartilage collagens type

- 11, IX, X and XI by enzymes derived from human articular chondrocytes. *Matrix*. 1990;10:154–63.
48. Welgus HG, Fliszar CJ, Seltzer JL, Schmid TM, Jeffrey JJ. Differential susceptibility of type X collagen to cleavage by two mammalian interstitial collagenases and 72-kDa type IV collagenase. *J Biol Chem*. 1990;265:13521–27.
  49. Mekkes JR, Zeeqelaar JE, Westerhoff W. Quantitative and objective evaluation of wound debriding properties of collagenase and fibrinolysin/desoxyribonuclease in a necrotic ulcer animal model. *Arch Dermatol Res*. 1998;290:152–7.
  50. Soroff HS, Sasvary DH. Collagenase ointment and polymyxin B sulfate/bacitracin spray versus silver sulfadiazine cream in partial-thickness burns: a pilot study. *J Burn Care Rehabil*. 1994;15:13–7.
  51. Hansbrough JF, Achauer B, Dawson J, Himel H, Luterman A, Slater H, Levenson S, Salzberg CA, Hansbrough WB, Dore C. Wound healing in partial-thickness burn wounds treated with collagenase ointment versus silver sulfadiazine cream. *J Burn Care Rehabil*. 1995;16:241–7.
  52. Ostlie DJ, Juang D, Aquayo P, Pettiford-Cunningham JP, Erkmann EA, Rash DE, Sharp SW, Sharp RJ, St Peter SD. Topical silver sulfadiazine vs collagenase ointment for the treatment of partial thickness burns in children: a prospective randomized trial. *J Pediatr Surg*. 2012;47:1204–7.
  53. Sharp NE, Aquayo P, Marx DJ, Polak EE, Rash DE, Peter SD, Ostlie DJ, Juang D. Nursing preference of topical silver sulfadiazine versus collagenase ointment for treatment of partial thickness burns in children: Survey follow-up of a prospective randomized trial. *J Trauma Nurs*. 2014;21:253–7.
  54. Onesti MG, Fino P, Ponzo I, Ruggieri M, Scuderi N. Non-surgical treatment of deep wounds triggered by harmful physical and chemical agents: A successful combined use of collagenase and hyaluronic acid. *Int Wound J*. 2016;13:22–6.
  55. Onesti MG, Fioramonti P, Carella S, Fino P, Sorvillo V, Scuderi N. A new association between hyaluronic acid and collagenase in wound repair: An open study. *Eur Rev Med Pharmacol Sci*. 2013;17:210–6.
  56. Fioramonti P, Fino P, Parisi P, Scuderi N, Onesti MG. A case of hydroxyurea-induced leg ulcer after definitive treatment suspension in a patient affected by thrombocytopenia: Effectiveness of a new collagenase. *In Vivo*. 2012;26:1053–6.
  57. Gravante G, Sorge R, Giordan N, Georgescu SR, MorariuSH, Stoicescu I, Clatici V. Multicenter clinical trial on the performance and tolerability of the hyaluronic acid-collagenase ointment for the treatment of chronic venous ulcers: A preliminary pilot study. *Eur Rev Med Pharmacol Sci*. 2013;17:2721–7.
  58. Paolo F, Pasquale F, Martina R, Nicolo S, Maria GO. A successful collagenase and hyaluronic acid topical use combined with antibiotic therapy in the treatment of ulcerative lesions arising on tattoo. *Case Rep Med*. 2012;10:253492.
  59. Ozkun C, Ergun O, Celik A, Corduk N, Ozok G. Enzymatic debridement of burn wound with collagenase in children with partial-thickness burns. *Burns*. 2002;28:791–4.
  60. Stanley K, McCallon, Weir D, Lantis JC. Optimizing wound bed preparation with collagenase enzymatic debridement. *J Am Coll*. 2014;6:14–23.
  61. Stefan MP, Audra MAS, David HB, Peter WM, Traian VC, Murray VB. The synthesis and degradation of collagenase-degradable poly(2-hydroxyethyl methacrylate)-based hydrogels and sponges for potential applications as scaffolds in tissue engineering. *Mater Sci Eng*. 2012;32:2536–44.
  62. Youn S, Shin JI, Kim JD, Kim JT, Kim YH. Correction of infraorbital dark circles using collagenase-digested fat cell grafts. *Dermatol Surg*. 2013;39:766–72.
  63. Marazzi M, Stefani A, Chiaratti A, Ordanini MN, Falcone L, Rapisarda V. Effect of enzymatic debridement with collagenase on acute and chronic hard-to-heal wounds. *J Wound Care*. 2006;15:222–7.
  64. Beniamino P, Marco M. A new formulation of collagenase ointment (iruxol® mono) in the treatment of ulcers of the lower extremities. *Clin Drug Invest*. 2012;15:381–7.
  65. Burgos A, Gimenez J, Moreno E, Campos J, Ardanaz J, Talaero C, Sanz Z, Garcia J, Benito S, Pastor S, Hernandez C, Ballesteros E, Rivera C. Collagenase ointment application at 24–versus 48–hour intervals in the treatment of pressure ulcers. A randomized multicentre study. *Clin Drug Invest*. 2000;19:399–407.
  66. Hosamath V, Sreekar AP, Vijay P, Prasannakumar K. Comparative study of collagenase and papain-urea based preparations in the management of chronic nonhealing limb ulcers. *Ind J Sci Tech*. 2011;4:1096–1100.
  67. Bernard J, Sussman MD, John W, Bromley MD, Jaime C, Gomez MD. Injection of collagenase in the treatment of herniated lumbar disk. Initial clinical report. *J Am Med Assoc*. 1981;245:730–2.
  68. John BS, Harold EVW, David FC, Robert AA, Elliot ML. Adult human endothelial cell enzymatic harvesting. Estimates of efficiency and comparison of crude and partially purified bacterial collagenase preparations by replicate microwell culture and fibronectin degradation measured by enzyme-linked immunosorbent assay. *J Vasc Surg*. 1986;4:567–77.

69. Shmoilov AM, Rudenskaya GN, Isaev VA, Baydakov AV, Zhantiev RD, Korsunovskaya OS, Ageeva LV, Starikova NV. A comparative study of collagenase complex and new homogeneous collagenase preparations for scar treatment. *J Drug Deliv Sci Tech.* 2006;16:285–92.
70. Elsbach P, Rizack MA. The effect of collagenase preparations contaminated with phospholipase C activity on adipose tissue lecithin. *Biochim Biophys Acta.* 1970;198:82–7.
71. McCallon SK, Frilot C. A retrospective study of the effects of clostridial collagenase ointment and negative pressure wound therapy for the treatment of chronic pressure ulcers. *Wounds.* 2015;27:44–53.
72. Miller JD, Carter E, Hatch DC, Zhubrak M, Giovinco NA, Armstrong DG. Use of collagenase ointment in conjunction with negative pressure wound therapy in the care of diabetic wounds: A case series of six patients. *Diabet Foot Ankle.* 2015;6:24999.
73. Tallis A, Motley TA, Wunderlich RP, Dickerson JE, Waycaster C, Slade HB. Clinical and economic assessment of diabetic foot ulcer debridement with collagenase: Results of a randomized controlled study. *Clin Ther.* 2013;35:1805–20.
74. Motley TA, Gilligan AM, Lange DL, Waycaster CR, Dickerson JE. Cost-effectiveness of clostridial collagenase ointment on wound closure in patients with diabetic foot ulcers: Economic analysis of results from a multicenter, randomized, open-label trial. *J Foot Ankle Res.* 2015;8:7.
75. Motley TA, Lange DL, Dickerson JE, Slade HB. Clinical outcomes associated with serial sharp debridement of diabetic foot ulcers with and without clostridial collagenase ointment. *Wounds.* 2014;26:57–64.
76. Muller E, Van Lenn MW, Bergemann R. Economic evaluation of collagenase-containing ointment and hydrocolloid dressing in the treatment of pressure ulcers. *Pharmacoeconomics.* 2001;19:1209–16.
77. Waycaster C, Milne C. Economic and clinical benefit of collagenase ointment compared to a hydrogel dressing for pressure ulcer debridement in a long-term care setting. *Wounds.* 2013;25:141–7.
78. Jia S, Zhao Y, Law M, Galiano RD, Mustoe TA. The effect of collagenase on ischemic wound healing: Results of an in vivo study. *Ostomy Wound Manage.* 2011;57:20–6.
79. Sandakhchiev LS, Stavskii EA, Zinov'ev VV, Nazarov VP, Renau IV, Satrikhina TN, Katkova LR, Krinitsin LA, Kolesnikova LV, Taranov OS, Omigov VV, Ovechkina LG, Markovich NA, Malygin EG, Danilenko ED, Voevoda TV, Fedosova LK, Sizova LIU, Masycheva VI. Experimental study of therapeutical properties and safety of king crab collagenase-containing ointment. *Vestn Ross Akad Med Nauk.* 1998;4:50–5.
80. Shi L, Carson D. Collagenase Santyl ointment: A selective agent for wound debridement. *J Wound Ostomy Continence Nurs.* 2009;36:S12–6.
81. Galperin RC, Lange DL, Ramsay SJ, Shi L, Weedon KA, Hudson NM, Dickerson JE Jr, Cargill DI, Slade HB. Anti-inflammatory effects of clostridial collagenase results from in vitro and clinical studies. *J Am Podiatr Med Assoc.* 2015;105:509–19.
82. Ermertcan AT, Inan S, Ozturkcan S, Bilac C, Cilaker S. Comparison of the effects of collagenase and extract of *Centella asiatica* in an experimental model of wound healing: An immunohistochemical and histopathological study. *Wound Repair Regen.* 2008;16:674–81.
83. Rao DB, Sane PG, Georgiev EL. Collagenase in the treatment of dermal and decubitus ulcers. *J Am Geriatr Soc.* 1975;23:22–30.
84. Basak PY, Eroglu E, Altuntas I, Agalar F, Basak K, Sutcu R. Comparison of the effects of tretinoin, adapalene and collagenase in an experimental model of wound healing. *Eur J Dermatol.* 2002;12:145–8.
85. Mandl I. Bacterial collagenases and their clinical applications. *Arzneimittelforsch.* 1982;32:1381–4.
86. Lazzari GB, Monteverdi AM, Adami O, Pezzarossa E. Collagenase for the treatment of torpid ulcerative lesions of the legs. *G Ital Dermatol Venereol.* 1990;125:37–47.
87. Chen NC, Srinivasan RC, Shauver MJ, Chung KC. A systematic review of outcomes of fasciotomy, aponeurotomy, and collagenase treatments for Dupuytren's contracture. *Hand.* 2011;6:250–5.
88. Peimer CA, McGoldrick CA, Fiore GJ. Nonsurgical treatment of Dupuytren's contracture: 1-year US post-marketing safety data for collagenase *Clostridium histolyticum*. *Hand.* 2012;7:143–6.
89. Spanholtz TA, Holzbach T, Wallmichrath J, Pototschnig A, Deglmann C, Frick A, Giunta RE. Treatment of Dupuytren's contracture by means of injectable collagenase: first clinical experiences. *Handchir Mikrochir Plast Chir.* 2011;43:275–80.
90. Syed F, Thomas AN, Singh S, Kolluru V, Emeigh Hart SG, Bayat A. In vitro study of novel collagenase (Xiaflex®) on Dupuytren's disease fibroblasts displays unique drug related properties. *PLoS One.* 2012;7:e31430.
91. Nydick JA, Olliff BW, Garcia MJ, Hess AV, Stone JD. A comparison of percutaneous needle fasciotomy and collagenase injection for Dupuytren disease. *J Hand Surg Am.* 2013;38:2377–80.
92. Fischer S, Hirsch T, Diehm Y, Kiefer J, Bueno EM, Kueckelhaus M, Kremer T, Hirche C, Kneser U, Pomahac B. The collagenase of the bacterium



- Clostridium histolyticum* for the treatment of capsular fibrosis after silicone implants. *Plast Reconstr Surg.* 2015;136:981–9.
93. Yesiloglu N, Temiz G, Sarici M, Yildiz K, Sirinoglu H, Guvercin E, Akpınar AC, Filinte GT, Filinte D. Effects of different concentrations of injectable collagenase enzyme on capsular tissue around silicone implants: A preliminary experimental study for the development of a new treatment strategy. *Aesthetic Plast Surg.* 2016;40:164–73.
94. Gelbard M, Goldstein I, Hellstrom WJG, McMahon CG, T, Tursi J, Jones N, Kaufman GJ, Carson CC. Clinical efficacy, safety and tolerability of collagenase *Clostridium histolyticum* for the treatment of peyronie disease in 2 large double-blind, randomized, placebo controlled phase 3 studies. *J Urology.* 2013;190:199–207.
95. Ziegelmann MT, Viers BR, McAlvany KL, Bailey GC, Savage JB, Trost LT. Restoration of penile function and patient satisfaction with intralesional collagenase *Clostridium histolyticum* injection for Peyronie's disease. *J Urology.* 2016;195:1051–6.
96. Cakir M, Tekin A, Kucukkartallar T, Yilmaz H, Belviranlı M, Kartal A. Effectiveness of collagenase in preventing postoperative intra-abdominal adhesions. *Int J Surg.* 2013;11:487–91.
97. Sangkum P, Levy J, Yafi FA, Hellstrom WJ. Erectile dysfunction in urethral stricture and pelvic fracture urethral injury patients: diagnosis, treatment, and outcomes. *Andrology.* 2015;3:443–9.
98. Sangkum P, Yafi FA, Kim H, Bouljihad M, Ranjan M, Datta A, Mandava SH, Sikka SC, Abdel-Mageed AA, Moparty K, Hellstrom WJG. Collagenase *Clostridium histolyticum* (Xiaflex) for the treatment of urethral stricture disease in a rat model of urethral fibrosis. *Urology.* 2015;86:647.
99. Wu Z, Wei LX, Li J, Wang Y, Ni DH, Yang P, Zhang Y. Percutaneous treatment of non-contained lumbar disc herniation by injection of oxygen–ozone combined with collagenase. *Eur J Radiol.* 2009;72:499–504.
100. Mariotti U, Bellomo F. The use of collagenase-clostridiopeptidase combined with chloramphenicol in orthopaedics and traumatology. *Ital J Orthop Traumatol.* 1984;10:405–10.
101. Karagol BS, Okumus N, Dursun A, Karadag N, Zenciroglu A. Early and successful enzymatic debridement via collagenase application to pinna in a preterm neonate. *Pediatr Dermatol.* 2011;28:600–1.
102. Kato M, Hattori Y, Kubo M, Maitani Y. Collagenase–1 injection improved tumor distribution and gene expression of cationic lipoplex. *Int J Pharm.* 2012;423:428–34.