



**PRÓ-REITORIA DE PESQUISA E PÓS-GRADUAÇÃO
MESTRADO EM CIÊNCIA ANIMAL**

LUANA BEZERRA DE MEDEIROS VASCONCELOS

**COMPORTAMENTO DAS VARIÁVEIS DA DIMENSÃO FRACTAL EM TECIDO
CUTÂNEO CICATRICAL SUBMETIDOS A DIFERENTES MÉTODOS DE
INDUÇÃO DE FERIDA E TRATAMENTOS: REVISÃO SISTEMÁTICA DE ESCOPO**



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“Na vida, não existe nada a temer, mas a entender”. (Marie Curie)

RESUMO

Comportamento das variáveis da dimensão fractal em tecido cutâneo cicatricial submetidos a diferentes métodos de indução de ferida e tratamentos: revisão sistemática de escopo

A dimensão fractal tem se mostrado uma ferramenta capaz de interpretar áreas de diagnóstico de tecido biológico a fim de compreender respostas terapêuticas e de seus mecanismos, no processo de indução e cicatrização de feridas. Contudo, compreender o comportamento das variáveis de dimensão fractal mostra-se ainda inconclusivas sobre o tratamento de lesões cutâneas, pois os diferentes tipos de intervenção parecem influenciar diferentes padrões dos aspectos inflamatórios e permeabilidade celular. O presente estudo teve o objetivo de realizar, de maneira sistemática, a busca em bases de dados e seleção dos estudos pré-clínicos quanto à análise fractal no processo de cicatrização de feridas cutâneas. A estratégia de busca incluiu as bases de dados Medline via OVID, EMBASE, Web of Science e CINAHL, considerando os seguintes termos: cicatrização, feridas, colágeno, ratos, coelhos, queimadura, morfometria, histologia e imuno-histoquímica. O processo de seleção de estudo consistiu na seleção do título e, em sequência, no resumo e, por fim, a leitura do texto completo. Para controle e padronização dos processos de seleção dos estudos, foram utilizados a plataforma Rayyan e um formulário de Excel, para que o processo seguisse de maneira cega e padronizados entre os autores, para a posterior dupla checagem. Foram extraídos das bases de dados 407 artigos. Destes, 69 eram duplicados e, portanto, foram excluídos. Após a leitura de títulos e resumos, foram incluídos 8 estudos para a leitura completa. Dois estudos pré-clínicos foram incluídos nesta revisão por contemplarem todos os critérios de inclusão como a análise fractal realizada em tecidos de ratos e camundongos, por meio de indução de feridas por queimadura ou corte por dermatoscópico ou a emissão de raios-x. Entre os 2 estudos encontrados, o comportamento da análise fractal mostrou-se variável e dependente do processo de indução de feridas, sendo o procedimento de queimaduras aquele que apresentou resultados mais diferenciados, devido à perda de fractalidade do tecido relacionada à desnaturação térmica.

Palavras-chave: análise fractal; cicatrização; colágeno; ferimento; queimadura; pele.

ABSTRACT

Behavior of fractal dimension variables in scar tissue subjected to different wound induction methods and treatments: a scoping review

Fractal dimension has proven to be a tool capable of interpreting diagnostic areas of biological tissue in order to understand therapeutic responses and their mechanisms in the process of wound induction and healing. However, understanding the behavior of fractal dimension variables is still inconclusive regarding the treatment of skin lesions, since different types of intervention seem to influence different patterns of inflammatory aspects and cell permeability. The present study aimed to systematically search databases and select preclinical studies regarding fractal analysis in the healing process of skin wounds. The search strategy included the Medline databases via OVID, EMBASE, Web of Science and CINAHL, considering the following terms: healing, wounds, collagen, rats, rabbits, burn, morphometry, histology and immunohistochemistry. The study selection process consisted of selecting the title, then the abstract and, finally, reading the full text. To control and standardize the study selection processes, the Rayyan platform and an Excel form were used so that the process would be blinded and standardized among the authors for subsequent double checking. A total of 407 articles were extracted from the databases. Of these, 69 were duplicates and were therefore excluded. After reading the titles and abstracts, 8 studies were included for full reading. Seven preclinical studies were included in this review because they met all the inclusion criteria, such as fractal analysis performed on tissues of rats, mice or rabbits, through induction of burn or dermoscopic cut wounds or emission of X-rays. Among the 7 studies found, the behavior of the fractal analysis was shown to be variable and dependent on the wound induction process, with the burn procedure being the one that presented the most differentiated results, due to the loss of tissue fractality related to thermal denaturation.

Keywords: fractal analysis; healing; collagen; wound; burn; skin.

LISTA DE SIGLAS

DF	– Dimensão Fractal
L	– Lacunaridade
FMOD	– Camundongos Fibromodulin
WT	– Camundongos Wild Type
SD	– Ratos Sprague Dawley

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1 ARTIGO CIENTÍFICO¹

Comportamento das variáveis da dimensão fractal em tecido cutâneo cicatricial submetidos a diferentes métodos de indução de ferida e tratamentos: revisão sistemática de escopo

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Resumo

A dimensão fractal tem se mostrado uma ferramenta capaz de interpretar áreas de diagnóstico de tecido biológico a fim de compreender respostas terapêuticas e de seus mecanismos, no processo de indução e cicatrização de feridas. Contudo, compreender o comportamento das variáveis de dimensão fractal mostra-se ainda inconclusivas sobre o tratamento de lesões cutâneas, pois os diferentes tipos de intervenção parecem influenciar diferentes padrões dos aspectos inflamatórios e permeabilidade celular. O presente estudo teve o objetivo de realizar, de maneira sistemática, a busca em bases de dados e seleção dos estudos pré-clínicos quanto à análise fractal no processo de cicatrização de feridas cutâneas. A estratégia de busca incluiu as bases de dados Medline via OVID, EMBASE, Web of Science e CINAHL, considerando os seguintes termos: cicatrização, feridas, colágeno, ratos, coelhos, queimadura, morfometria, histologia e imuno-histoquímica. O processo de seleção de estudo consistiu na seleção do título e, em sequência, no resumo e, por fim, a leitura do texto completo. Para controle e padronização dos processos de seleção dos estudos, foram utilizados a plataforma Rayyan e um formulário de Excel, para que o processo seguisse de maneira cega e padronizados entre os autores, para a posterior dupla checagem. Foram extraídos das bases de dados 407 artigos. Destes, 69 eram duplicados e, portanto, foram excluídos. Após a leitura de títulos e resumos, foram incluídos 7 estudos para a leitura completa. Dois estudos pré-clínicos foram incluídos nesta revisão por contemplarem todos os critérios de inclusão como a análise fractal realizada em tecidos de ratos e camundongos, por meio de indução de feridas por queimadura ou corte por dermatoscópico ou a emissão de raios-x. Entre os 2 estudos encontrados, o comportamento da análise fractal mostrou-se variável e dependente do processo de indução de feridas, sendo o procedimento de queimaduras aquele quem apresentou resultados mais diferenciados, devido à perda de fractalidade do tecido relacionada à desnaturação térmica.

Palavras-chave: análise fractal; cicatrização; colágeno; ferimento; queimadura; pele.

Introdução

A cicatrização de feridas é um processo biológico complexo em que vários tipos de células e moléculas atuam a fim de restaurar a estrutura e função originais da pele [1]. O tempo médio de cicatrização de feridas agudas dura, aproximadamente, entre 8 a 12 semanas, com exceção das feridas crônicas, que necessitam de mais tempo para concluir o processo [2]. Classicamente, o reparo de feridas é dividido em quatro fases: hemostasia, inflamação, proliferação e remodelação dérmica [3].

Na fase de hemostasia, há vasoconstrição e ativação plaquetária, após o contato com a matriz extracelular e fibras de colágeno afetadas. O coágulo de fibrina, uma matriz temporária capaz de suportar a migração celular, é formado [4]. Além disso, as plaquetas ativadas secretam diversos fatores de crescimento, como fatores de

crescimento transformadores (TGF- α , TGF- β), fator de crescimento derivado de plaquetas e fator de crescimento semelhante à insulina que irão auxiliar na migração das células inflamatórias para o local da ferida.

Durante a inflamação, neutrófilos e monócitos são atraídos da circulação para o local da lesão. Na fase de proliferação celular, ocorrem reepitelização, angiogênese e formação do tecido de granulação. Nesse estágio, os fibroblastos produzem colágeno tipo I e se diferenciam em miofibroblastos, promovendo a contração da ferida [5]. A última etapa, a remodelação, é considerada clinicamente a mais relevante, pois é quando a matriz extracelular se transforma em cicatriz [6]. Inicialmente, o colágeno depositado é fino e menos organizado do que o presente na pele saudável. Com o tempo, o colágeno tipo III é gradualmente substituído pelo tipo I, mais denso e alinhado conforme as linhas de tensão, aumentando a resistência tênsil da ferida. A cicatrização é eficaz quando há equilíbrio entre a síntese da nova matriz e a degradação da antiga, sendo considerada bem-sucedida com a predominância de deposição. Ainda assim, mesmo após um ano, a organização do colágeno na área cicatrizada permanece inferior à da pele normal, e a força tênsil nunca atinge o nível original [3, 5]. O colágeno, principal componente da matriz extracelular, é essencial no processo de cicatrização, sendo a proteína mais abundante no tecido conjuntivo. O colágeno tipo I, produzido pelos fibroblastos, predomina em ossos e tendões, enquanto o tipo III é encontrado principalmente em tecidos moles, como vasos sanguíneos, derme e fáscia. A matriz extracelular se organiza como uma rede densa e dinâmica, mantida pela constante deposição e reabsorção do colágeno, resultante do equilíbrio entre síntese e degradação [5].

As lesões cutâneas podem ser classificadas como agudas ou crônicas [7]. Feridas agudas seguem um processo de cicatrização mais rápido e organizado, restaurando de forma permanente a integridade anatômica e funcional da pele. Já as feridas crônicas apresentam cicatrização prolongada, frequentemente associada à insuficiência vascular e infecção, o que pode dificultar a recuperação e prolongar o tratamento, gerando desconforto para o paciente [8, 9].

O monitoramento da cicatrização de feridas é essencial para direcionar a escolha mais adequada para promover a completa cicatrização [10]. Diversas tecnologias são utilizadas na avaliação dos parâmetros estruturais e físicos de uma ferida ou cicatriz, considerando as características anatômicas, mecânicas e fisiológicas da cicatrização [11, 12]. Segundo Ud-din e Bayat (2016), os principais parâmetros

avaliados são os anatômicos (espessura da pele, pigmentação, dimensões da ferida, textura e morfologia do tecido), mecânicos (elasticidade e flexibilidade da pele) e fisiológicos (fluxo sanguíneo, função de barreira da pele e glândulas sebáceas) [12]. Além disso, os biomarcadores são grandes aliados para o acompanhamento nos diferentes estágios de cicatrização pois permitem um melhor manejo da ferida. Os biomarcadores mais comumente mensurados são pH, temperatura, oxigenação tecidual e até mesmo a presença de certos microrganismos [13]. No campo da análise quantitativa e tridimensional na avaliação da pele, a análise da dimensão fractal tem sido utilizada pois é uma ferramenta capaz monitorar em tempo real a estrutura de colágeno, permitindo prever a progressão de uma ferida [14].

A análise da dimensão fractal (ou análise fractal) é um conceito geométrico desenvolvido em 1973 pelo matemático Benoit Mandelbrot [15]. Ela permite uma medida da porcentagem de um espaço preenchido por um objeto, no qual o valor aumenta de acordo com o aumento a densidade estrutural [16]. Fractais são uma descrição quantitativa de um objeto, que se caracterizam por irregularidades e autossimilaridades sob mudanças de escala. A forma de um objeto denominado auto semelhante não altera quando a escala de medição é alterada, pois qualquer parte dele pode ser semelhante ao objeto original. Já o tamanho e os parâmetro geométricos de um objeto irregular mudam quando inspecionados em maiores resoluções, mostrando mais detalhes e imperfeições dentro dele [14].

O conceito de dimensão fractal é capaz de descrever a complexidade morfológica das células e tecidos, sendo amplamente utilizado em diversos tecidos biológicos irregulares e complexos, como neurônios e leitos capilares [17–19]. Na medicina, a análise fractal é utilizada durante análises de tomografia por emissão de pósitrons, **imagens radiográficas, tomografia computadorizada e imagens de ressonância magnética** [20–23].

Estudos mostram que o comportamento fractal desempenha um papel importante na cicatrização de diversos tipos de tecidos, incluindo o muscular, cardíaco e tecido liso, cada um exibindo padrões específicos passíveis de análise pela dimensão fractal. No tecido muscular esquelético, a análise fractal revela a organização e alinhamento das fibras durante a regeneração, sendo sensível a intervenções que promovem a recuperação da funcionalidade e resistência. No tecido cardíaco, a dimensão fractal ajuda a identificar alterações na disposição das fibras colágenas e redes capilares, essenciais para restaurar a função contrátil após lesões, como

infartos. Em tecidos lisos, como vasos e órgãos digestivos, a análise fractal auxilia na avaliação da recuperação estrutural das camadas musculares e da integridade do tecido conjuntivo, essenciais para a manutenção da elasticidade e contratilidade. Em todos esses casos, a análise fractal fornece uma ferramenta quantitativa e precisa para rastrear a cicatrização e ajustar intervenções conforme a resposta dos tecidos [24–27].

No caso do tecido tegumentar, a análise fractal da cicatrização mostra que a densidade do colágeno flutua em torno dos níveis normais durante a cicatrização. Contudo, em queimaduras simuladas, não se observa dimensão fractal, possivelmente devido à desnaturação térmica, que altera a estrutura do colágeno e perde a autossimilaridade [12].

Assim, o comportamento do colágeno em quantidade e forma varia conforme a fase de reestruturação da lesão e o tipo de tecido, impactando diretamente o processo de cicatrização. Embora tecidos como o muscular, cardíaco e liso apresentem características específicas na remodelação do colágeno, o tecido tegumentar possui particularidades que requerem acompanhamento especializado. Compreender essas fases e particularidades no tecido tegumentar é fundamental para identificar padrões e necessidades específicas durante a cicatrização, facilitando intervenções direcionadas e eficazes. Dessa forma, o objetivo desta revisão sistemática de escopo é apresentar o estado da arte da análise fractal no processo de cicatrização do tecido tegumentar, consolidando evidências que aprimorem a eficácia das intervenções e favoreçam uma recuperação tecidual otimizada.

Metodologia

Esta revisão sistemática com meta análise apresentou registro na plataforma de base de dados internacional OSF Institutions [28] (<https://doi.org/10.17605/OSF.IO/F62B9>), o qual foi realizado de maneira prospectiva, de acordo com as diretrizes seguintes diretrizes: PRISMA (Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation) [29].

Estratégias de busca

Os estudos foram selecionados por meio de cinco bancos de dados EMBASE, CINAHL, MEDLINE via ovid e WEB OF SCIENCE a partir dos registros mais antigos de cada banco de dados até as publicações mais atuais [30, 31]. Os descritores

foram Medical Subject Headings e outras palavras-chave específicas relacionadas aos seguintes tópicos: cicatrização, feridas, colágeno, ratos, coelhos, queimadura, dimensão fractal, morfometria e imuno-histoquímica. Essas palavras e seus sinônimos foram relacionados também a Ensaio clínico ou pré-clínico in vivo (Anexo 1).

Critérios de elegibilidade

Para serem elegíveis, os estudos contiveram os seguintes critérios: 1) Artigos disponíveis em formato completo; 2) Ensaio pré-clínicos e clínicos randomizados que avaliaram a dimensão fractal do tecido tegumentar após a cicatrização de lesões e não foram restringidos os tipos de tratamento que a ferida fora submetida; 3) Inclusão de grupo controle; 4) Estudos realizados com ratos e/ou coelhos saudáveis que foram submetidos a um processo de lesão tecidual; 5) As lesões cutâneas poderiam ser promovidas por corte de bisturi, ou dermatoscópio e/ou queimadura induzida pelo calor, 6) Tempo de intervenção nos períodos antes da lesão, 7, 14 e 21 após indução de lesão; 7) Análise das morfométricas e variáveis da Dimensão Fractal; 8) Análise das variáveis imuno-histoquímicas.

Não houve restrição quanto ao idioma dos estudos e ao período de publicação características dos participantes.

Tipos de estudo

Ensaio pré-clínicos randomizados que avaliaram a dimensão fractal do tecido tegumentar após a cicatrização de lesões. Não foram restringidos o tipo de tratamento realizados na ferida.

Período de intervenção

Tempo de intervenção nos períodos antes da lesão: 7, 14 e 21 após indução de lesão.

Desfechos primários e secundários

Para o desfecho primário, compreenderam-se os tipos das análises, as variáveis estudadas e as interpretações sobre cicatrização do tecido cutâneo em relação a dimensão fractal, tais como, densidade do colágeno e descrição quantitativa da sua expressão.

Já para o desfecho secundário, foram compreendidas análises complementares, como histoquímicas, análises macroscópicas do fechamento das feridas, ou outras análises morfométricas complementares.

Perfil da amostra

Para esta revisão foram selecionados estudos que envolveram ratos e coelhos, sem restrição de sexo, peso e idade. Todos esses animais foram submetidos a indução de ferida cutânea, por agente térmico ou corte.

Seleção de estudos

No início do processo de triagem foram verificados os títulos dos estudos selecionados para a verificação de duplicatas, sendo suas cópias excluídas. Para a continuidade do processo de seleção, o resumo e o texto completo foram verificados de acordo com os critérios de inclusão supracitados. As listas de referência dos textos completos selecionados foram revisadas manualmente para obter estudos potencialmente elegíveis não recuperados eletronicamente.

O processo de seleção dos estudos foi realizado por revisores independentes (LBMV, MLS, MRAC) que examinaram os resultados da busca para obter elegibilidade. As diferenças foram resolvidas por um terceiro revisor independente (CLS) [30, 31]. Esse processo de seleção está representado no fluxograma, figura 1.

Extração dos dados

Os dados das variáveis imuno-histoquímicas e anticorpos foram extraídos de acordo com suas características dicotômicas ou contínuas. Caso fosse a primeira, foram extraídos valores iniciais e finais do risco relativo e o número de eventos de cada grupo avaliado. Caso contrário, se os dados fossem contínuos, foram anotados, incluindo valores iniciais e finais de médias, desvios padrão e tamanho da amostra, por revisores independentes (LBMV, MLS, MRAC). Os desacordos entre autores quanto às extrações de dados foram resolvidos por um terceiro revisor independente (CLS) [30, 31].

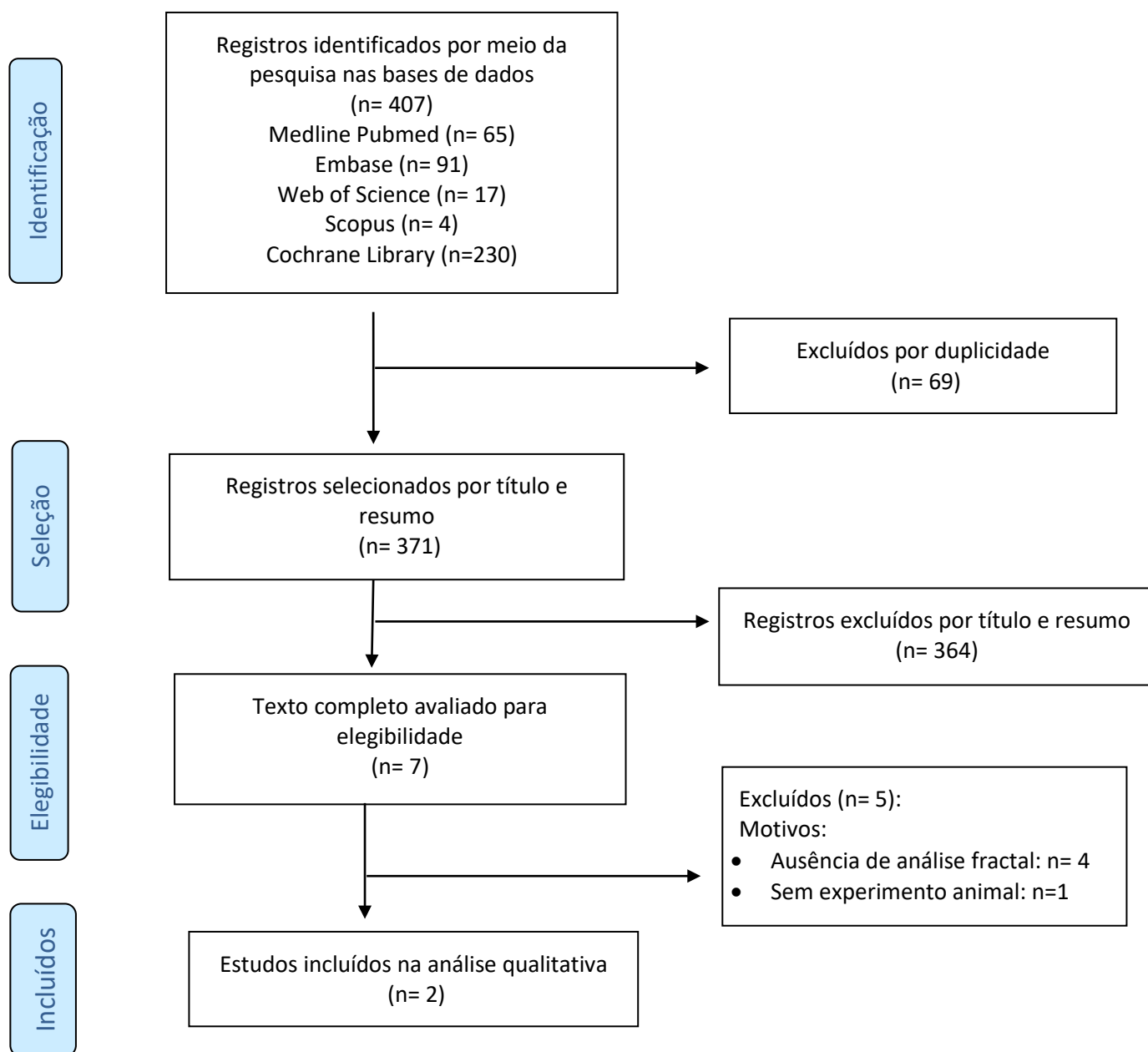
O processo de extração de dados foi realizado por meio de um formulário padronizado, o qual incluiu detalhes como características dos animais; do processo de intervenção: maneira como foi induzida a ferida, modos, doses, frequências de aplicação do tratamento proposto, e tempo de intervenção; quais variáveis da

dimensão fractal foram consideradas pelos estudos incluídos incluindo coloração e análises histológicas [30–32]. As características dos estudos incluídos estão apresentadas na tabela 1.

Resultados

As buscas nas bases de dados supracitadas identificaram 407 estudos, sendo que 69 foram excluídos como duplicados. Destes, 363 estudos foram retirados por título e por resumo, e somente 7 estudos foram escolhidos para a leitura do texto completo. Em seguida, 5 foram excluídos pelos seguintes motivos: Ausência de análise fractal, ausência de abordagem da análise fractal em tecido cutâneo e/ou ausência de métodos de indução de ferida e tratamentos. Desta forma, foram incluídos 2 estudos nesta revisão, publicados entre os anos de 2011 e 2022. Na figura 1 está a representação do processo de seleção desses estudos.

Os estudos incluídos nesta revisão apresentam alta heterogeneidade metodológica, pois envolvem diferentes critérios e recursos para análise da dimensão fractal, animais como amostra, tipos de indução de feridas e períodos de cicatrização para essas análises. O resumo das características dos estudos incluídos está representado na tabela 1.

Figura 1 – Fluxograma de Seleção dos Estudos

Autor	Animais	Grupos de intervenção	Método da Análise Fractal	Outras Análises Realizadas
Xu <i>et al.</i> , 2022	Ratos SD (250 ± 25 g)	Grupo 1: Diferentes espessuras de enxerto de pele 0.1, 0.2, 0.3, 0.4, 0.6 mm (n= 10)	Análise da dimensão fractal com espalhamento de raios X de pequeno ângulo	Não avaliado (N/A)
		Grupo 2: queimadura em 3 profundidades: superficiais (3 seg / contato) (n = 10); parcial (5 seg / contato) (n = 10); total (8 seg / contato) (n = 10)		
		Grupo 3: Ferida produzida por bisturi, cicatrizada em 2 semanas (n=10) e 4 semanas (n=10).		
		Grupo 4: ratos diabéticos (estreptozotocina) (n=20), cicatrização 2 semanas (n=10) em 4 semanas (n=10)		
Khorasani <i>et al.</i> , 2011	Camundongos machos e fêmeas	4 excisões de pele de 10 mm x 3 mm de espessura total	Microscopia eletrônica Dimensão fractal (DF) Lacunaridade (L)	Microscopia óptica
	WT e FMOD (±30 g)	Sutura – primeira intensão		Microscopia confocal de varredura a laser
	Camundongos FMOD (±30 g)	Feridas foram colhidas 2, 7 e 14 dias após a lesão.		Microscopia eletrônica de transmissão

Tabela 1 – Características dos Estudos Incluídos

A análise fractal do tecido tegumentar proposta por Xu et al, 2022 aponta que a análise da estrutura fractal do colágeno pode ser realizada utilizando a análise de dimensão fractal com espalhamento de raios X de pequeno ângulo (SAXS, *Small-Angle X-ray Scattering*) [14]. No grupo que analisou os diferentes tipos de tempo de cicatrização, foi possível compreender que a densidade de colágeno variou durante o processo de cicatrização, inicialmente mais esparsa logo após a lesão e tornando-se mais densa com o tempo. Para o grupo dos ratos diabéticos notou-se que os ratos diabéticos apresentaram uma geometria de colágeno mais esparsa, ($D < 3$) indicando uma alteração significativa na estrutura do colágeno. O tempo de cicatrização também foi maior em animais diabéticos, sugerindo que a qualidade da cicatrização da pele é inferior aos controles.

Ainda nesse mesmo estudo, mais dois grupos foram estudados, as diferentes espessuras de enxerto de pele como também as diferentes profundidades de pele

queimada. Em relação a dimensão fractal, revelou que a geometria fractal dos enxertos era diferente da pele normal. A pele normal apresentava uma estrutura de colágeno altamente compacta ($\alpha > 3$), enquanto os valores de α dos enxertos de pele de diferentes espessuras foram menores que 3, sugerindo que a estrutura do tecido dérmico foi danificada durante o corte do enxerto. Os enxertos mais espessos preservam melhor a camada reticular da derme, enquanto os enxertos de espessura intermediária apresentaram uma surpreendente menor densidade de colágeno, possivelmente devido à dificuldade de cortar de forma precisa na interface entre as camadas papilar e reticular. Já em relação ao grupo queimado, a análise revelou a ausência de dimensões fractais, com a presença de picos nas linhas de dados, cuja localização variava conforme a espessura da queimadura, indicando uma alteração na estrutura do colágeno devido à desnaturação térmica.

Já o estudo de Khorasani et al (2011) teve como propósito compreender a morfologia do colágeno em cicatrizes utilizando microscopia confocal, análise de dimensão fractal (FD) e lacunaridade (L) [33]. Foram criadas feridas em camundongos, que foram coletadas 14 dias após a lesão para morfometria, análise de Fourier e análise fractal. Os resultados mostraram que a análise fractal e de lacunaridade é mais sensível do que a análise de Fourier para discriminar entre tecido cicatricial e tecido não ferido. Este método provou ser uma técnica fácil, sensível, reprodutível e objetiva, fornecendo quantificação adequada não apenas da cicatriz, mas também da morfologia do colágeno da derme não ferida. Os resultados revelaram que a análise de FD e L discrimina de maneira eficaz o tecido cicatricial e não ferido, mostrando que o colágeno em cicatrizes apresenta uma arquitetura mais densa e homogênea em comparação ao tecido não ferido. A análise de FD e L se mostrou superior à análise de transformada de Fourier, que não conseguiu detectar diferenças significativas nas mesmas amostras. Além disso, a avaliação da ultraestrutura do colágeno em fibrilas indicou que as fibrilas de cicatrizes de camundongos FMOD eram menores e apresentavam anormalidades, como fusão lateral, contribuindo para a variabilidade na morfologia. Esses achados ressaltam a utilidade da análise de FD e L para entender melhor a cicatrização de feridas e suas implicações clínicas.

Discussão

Nesta revisão de escopo, identificamos dois estudos que avaliaram a dimensão fractal no tecido tegumentar após intervenção em feridas em modelos animais [14, 33]. Até o momento, em nosso conhecimento, esta é a primeira revisão sistemática de escopo a investigar o comportamento do colágeno no processo de regeneração do tecido tegumentar utilizando a metodologia de análise fractal.

A análise fractal, conforme demonstrado por Khorasani et al. (2011), representa um avanço significativo na avaliação da morfologia do colágeno durante o processo de cicatrização de feridas [33]. Esse estudo estabeleceu uma metodologia robusta para a análise da arquitetura do colágeno em cicatrizes, mostrando que a análise fractal é mais sensível e reprodutível que métodos tradicionais, como a transformada de Fourier. A utilização de microscopia confocal aprimorou a visualização precisa da estrutura dérmica, eliminando o viés do observador, uma limitação anteriormente presente em técnicas como a microscopia de luz polarizada. Além disso, a partir dessa metodologia permitiu novas perspectivas para a aplicação dessa técnica em diversas condições patológicas.

De maneira complementar, Xu et al. (2021) ampliaram o escopo dessa análise ao investigar a cicatrização em ratos diabéticos e com queimaduras, destacando a importância da fractalidade na compreensão da morfologia do colágeno em condições patológicas [14]. No grupo de ratos com queimaduras. A ausência de fractalidade no grupo com queimaduras indicou disfunções no reparo tecidual, enquanto as alterações estruturais no colágeno dos ratos diabéticos contribuíram para entender o tempo prolongado de cicatrização. Esses achados são clinicamente relevantes, uma vez que podem guiar intervenções terapêuticas mais adequadas, considerando as diferenças nos mecanismos biológicos envolvidos nas cicatrizações comprometidas, como em casos de queimaduras graves ou [34].

A capacidade de discriminar entre tecidos saudáveis e lesionados, bem como entre diferentes condições patológicas, pode orientar a escolha de intervenções mais apropriadas, contribuindo para o aprimoramento dos resultados terapêuticos. A sua aplicação em tecidos cicatriciais, especialmente em casos de cicatrização comprometida, oferece uma nova abordagem para monitorar a evolução do processo de reparo tecidual.

É importante ressaltar que a fractalidade do tecido tegumentar se comporta de forma distinta em comparação com outros tecidos, como o tecido músculo-esquelético,

cardíaco, cerebral e pulmonar. Estudos demonstram que o comportamento fractal nesses diferentes tecidos não só é diferenciado, mas também varia conforme o tipo de agressão sofrida. No tecido músculo-esquelético, por exemplo, a regeneração de fibras musculares e a recuperação funcional após lesões tendem a seguir padrões de fractalidade mais organizados, refletindo a capacidade de regeneração do tecido [35]. Em contraste, no coração, especialmente em modelos de infarto do miocárdio, a fractalidade pode ser alterada, evidenciando a desorganização das fibras de colágeno no processo de fibrose, com impacto direto na função cardíaca [36]. O cérebro também apresenta comportamentos fractais distintos, com variações observadas em condições patológicas como acidente vascular cerebral (AVC), onde a reorganização da arquitetura tecidual tem um padrão fractal alterado, refletindo o processo de cicatrização neuronal [37]. O pulmão, em modelos de doenças respiratórias, como fibrose pulmonar, também exhibe padrões fractais que refletem a fibrose tecidual e a dificuldade de regeneração estrutural [38].

Essas diferenças entre os tecidos são acompanhadas por variações na interpretação das variáveis fractais, como a dimensão fractal (D), que pode indicar diferentes processos biológicos e estruturais dependendo do contexto. Em tecidos como o tegumentar, que geralmente apresenta menor fractalidade, a perda de colágeno e a alteração nos padrões fractais estão frequentemente associadas a processos patológicos como queimaduras ou diabetes, que afetam o processo de cicatrização e resultam em defeitos estruturais [14, 33]. Já em tecidos como os musculares ou cardíacos, um aumento na fractalidade pode estar relacionado a uma regeneração desorganizada, como observado em cicatrizes patológicas, como queloides e cicatrizes hipertróficas, onde a proliferação excessiva de colágeno gera uma estrutura fractal mais densa e menos ordenada [14, 33].

Conclusão

Dessa forma, os estudos incluídos nessa revisão apresentam que a análise fractal e a lacunaridade mostram-se mais sensíveis a análise da distribuição dos colágenos no tecido cicatricial bem como expandiram esse conhecimento ao demonstrar a importância da fractalidade em tecidos com cicatrização comprometida, como em ratos diabéticos e queimados. Contudo, futuros estudos são necessários para a exploração mais ampla das condições patológicas e apliquem a análise fractal

podem contribuir para uma melhor compreensão dos mecanismos biológicos envolvidos na cicatrização.

Declarações:

Contribuição dos autores: L.B.M.V. contribuiu no planejamento, coleta dos dados, pesquisa e redação final do artigo, ACCGT e CLS contribuíram na concepção do projeto, redação e revisão do artigo.

Conflito de interesses:

Os autores declaram que não têm afiliações ou envolvimento com qualquer organização ou entidade com qualquer interesse financeiro ou não financeiro discutidos neste manuscrito.

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ANEXO A – NORMAS DA REVISTA ARCHIVES OF DERMATOLOGICAL RESEARCH

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Submission guidelines

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Instructions for Authors

Types of Manuscripts

All manuscripts (except "Correspondence") must include an abstract and a structured text body (e. g. introduction, methods, results, discussion and references). For details regarding special requirements please see "notes" below.

- **Research**

All scientific contributions describing novel findings in the entire field of dermatology and cutaneous research with a maximum length of 3,500 words. No limit on references and figures/tables. Abstract must be 350 words, unstructured.

- **Review**

State-of-the art narrative or systematic review articles written by experts in the field either upon request or by unsolicited submission with a maximum length of 3,500 words. No limit on references and figures/tables. Abstract must be 350 words, unstructured.

- **Study Protocol**

A platform for publishing innovative clinical trial data regardless of their outcome as publication of negative results is of similar importance as of positive ones with a maximum length of 3,000 words. No limit on references and figures/tables. Abstract must be 350 words, unstructured.

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Research Letters to the Editor with a maximum length of 500 words, 5 references, and a total of 2 figures/tables.

- **Brief Report**

Small, preliminary studies; survey studies with low response rate, with a maximum length of 1,200 words, 15 references and no more than total of 2 figures/tables. Abstract must be 350 words, unstructured.

- **Guideline**

Clinical practice guidelines; applications of guidelines into practice, development of guidelines; issues surrounding guidelines, with a maximum length of 5,000 words. No limit on references and figures/tables. Abstract must be 350 words, unstructured.

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Proceedings of consensus meetings or conferences, work offering recommendations or setting policy, with a maximum length of 5,000 words. No limit on references and tables/figures. Abstract must be 350 words, unstructured.

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Study protocols of proposed or ongoing trials. No maximum length and no restrictions on references and tables/figures. Abstract must be 350 words, unstructured.

Important Notes:

- **Manuscripts describing mutations**

Reports describing mutation(s) will not be considered for review in Archives of Dermatological Research unless at least one of the following conditions is met:

1. No more than three mutation reports implicating the same gene in the same disease have already been published.
2. The findings provide new insights into genotype-phenotype correlation.
3. The findings provide new insights into population genetics, such as founder effect, genetic drift, or bottlenecks.

- **Manuscripts describing effects of natural compounds**

Reports describing the effect(s) of plant extracts or natural compounds will not be considered for review in Archives of Dermatological Research unless the following conditions are met:

1. Chemical definition of the investigated compound(s). The chemical structure(s) must be shown as a figure.
2. The compound(s) investigated must be accessible for other researchers in order to repeat the described experiments. The source must be named and full address supplied.

3. No more than three publications describing similar effects of the investigated compound(s) in the same or similar in vitro or in vivo models.

Manuscript Submission

Manuscript Submission

Submission of a manuscript implies: that the work described has not been published before; that it is not under consideration for publication anywhere else; that its publication has been approved by all co-authors, if any, as well as by the responsible authorities – tacitly or explicitly – at the institute where the work has been carried out. The publisher will not be held legally responsible should there be any claims for compensation.

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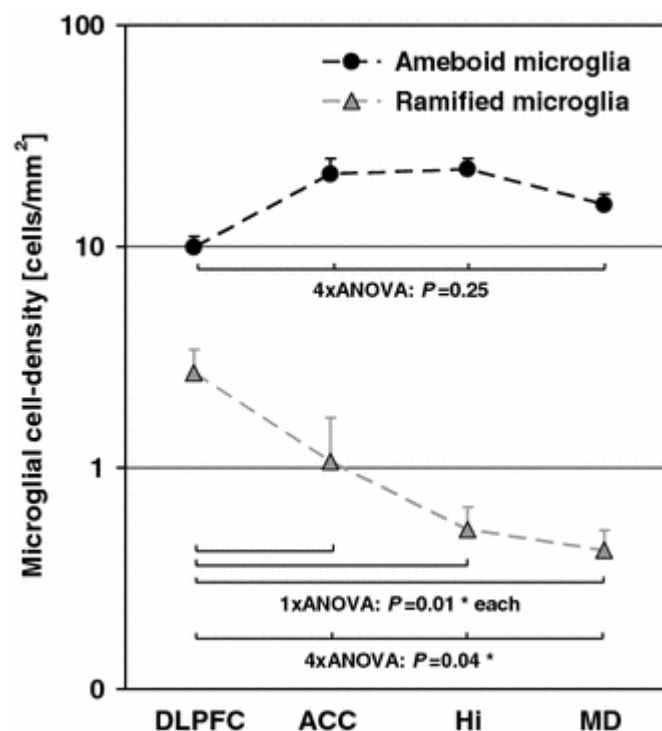
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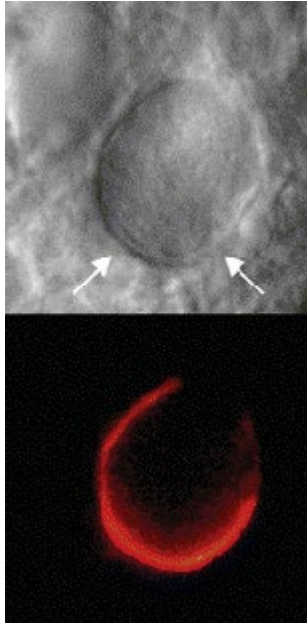
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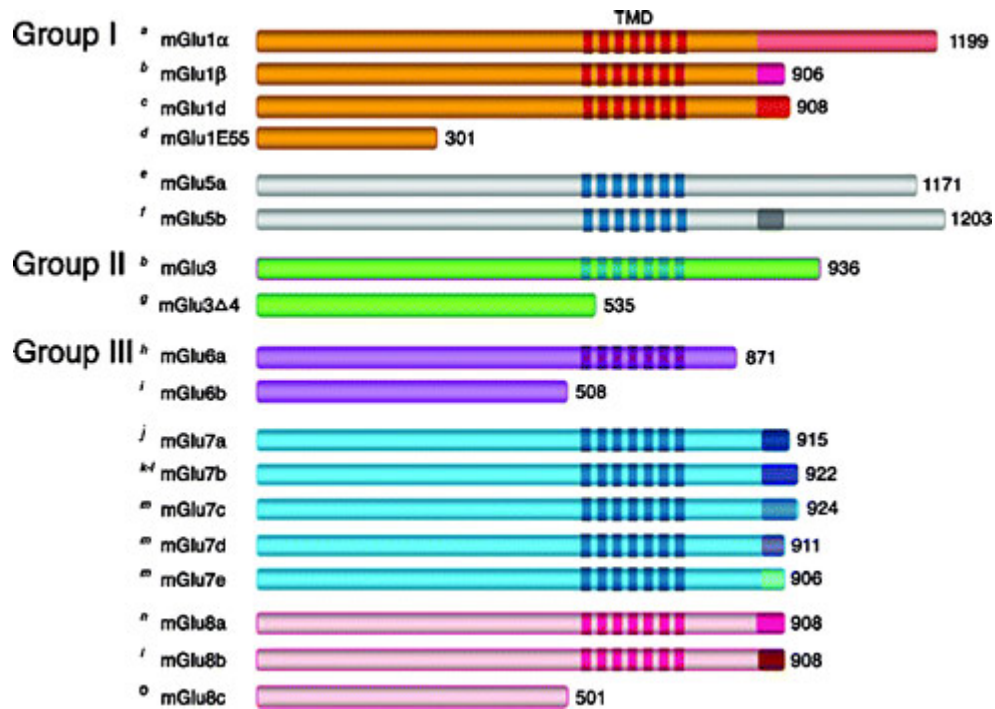
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See below examples of disclosures:

Funding: This study was funded by X (grant number X).

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Research involving human participants, their data or biological material

Ethics approval

When reporting a study that involved human participants, their data or biological material, authors should include a statement that confirms that the study was approved (or granted exemption) by the appropriate institutional and/or national research ethics committee (including the name of the ethics committee) and certify that the study was performed in accordance with the ethical standards as laid down in the [1964 Declaration of Helsinki](#) and its later amendments or comparable ethical standards. If doubt exists whether the research was conducted in accordance with the 1964 Helsinki Declaration or comparable standards, the authors must explain the reasons for their approach, and demonstrate that an independent ethics committee or institutional review board explicitly approved the doubtful aspects of the study. If a study was granted exemption from requiring ethics approval, this should also be detailed in the manuscript (including the reasons for the exemption).

Retrospective ethics approval

If a study has not been granted ethics committee approval prior to commencing, retrospective ethics approval usually cannot be obtained and it may not be possible to consider the manuscript for peer review. The decision on whether to proceed to peer review in such cases is at the Editor's discretion.

Ethics approval for retrospective studies

Although retrospective studies are conducted on already available data or biological material (for which formal consent may not be needed or is difficult to obtain) ethics approval may be required dependent on the law and the national ethical guidelines of a country. Authors should check with their institution to make sure they are complying with the specific requirements of their country.

Ethics approval for case studies

Case reports require ethics approval. Most institutions will have specific policies on this subject. Authors should check with their institution to make sure they are complying with the specific requirements of their institution and seek ethics approval where needed. Authors should be aware to secure informed consent from the individual (or parent or guardian if the participant is a minor or incapable) See also section on **Informed Consent**.

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If human cells are used, authors must declare in the manuscript: what cell lines were used by describing the source of the cell line, including when and from where it was obtained, whether the cell line has recently been authenticated and by what method. If cells were bought from a life science company the following need to be given in the manuscript: name of company (that provided the cells), cell type, number of cell line, and batch of cells.

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Further information is available from the [International Cell Line Authentication Committee](#) (ICLAC).

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Qualitative research ([SRQR](#)) and ([COREQ](#))

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Economic evaluations ([CHEERS](#))

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The above should be summarized in a statement and placed in a 'Declarations' section before the reference list under a heading of 'Ethics approval'.

Examples of statements to be used when ethics approval has been obtained:

- All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. The study was approved by the Bioethics Committee of the Medical University of A (No. ...).
- This study was performed in line with the principles of the Declaration of Helsinki. Approval was granted by the Ethics Committee of University B (Date.../No. ...).

- Approval was obtained from the ethics committee of University C. The procedures used in this study adhere to the tenets of the Declaration of Helsinki.
- The questionnaire and methodology for this study was approved by the Human Research Ethics committee of the University of D (Ethics approval number: ...).

Examples of statements to be used for a retrospective study:

- Ethical approval was waived by the local Ethics Committee of University A in view of the retrospective nature of the study and all the procedures being performed were part of the routine care.
- This research study was conducted retrospectively from data obtained for clinical purposes. We consulted extensively with the IRB of XYZ who determined that our study did not need ethical approval. An IRB official waiver of ethical approval was granted from the IRB of XYZ.
- This retrospective chart review study involving human participants was in accordance with the ethical standards of the institutional and national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. The Human Investigation Committee (IRB) of University B approved this study.

Examples of statements to be used when no ethical approval is required/exemption granted:

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- The data reproduced from Article X utilized human tissue that was procured via our Biobank AB, which provides de-identified samples. This study was reviewed and deemed exempt by our XYZ Institutional Review Board. The BioBank protocols are in accordance with the ethical standards of our institution and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Authors are responsible for correctness of the statements provided in the manuscript. See also Authorship Principles. The Editor-in-Chief reserves the

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When biological material is donated for or data is generated as part of a research project authors should ensure, as part of the informed consent procedure, that the participants are made aware what kind of (personal) data will be processed, how it will be used and for what purpose. In case of data acquired via a biobank/biorepository, it is possible they apply a broad consent which allows research participants to consent to a broad range of uses of their data and samples which is regarded by research ethics committees as specific enough to be considered “informed”. However, authors should always check the specific biobank/biorepository policies or any other type of data provider policies (in case of non-bio research) to be sure that this is the case.

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For all research involving human subjects, freely-given, informed consent to participate in the study must be obtained from participants (or their parent or legal guardian in the case of children under 16) and a statement to this effect should appear in the manuscript. In the case of articles describing human transplantation studies, authors must include a statement declaring that no organs/tissues were obtained from prisoners and must also name the institution(s)/clinic(s)/department(s) via which organs/tissues were obtained. For manuscripts reporting studies involving vulnerable groups where there is the potential for coercion or where consent may not have been fully informed, extra care will be taken by the editor and may be referred to the Springer Nature Research Integrity Group.

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Summary of requirements

The above should be summarized in a statement and placed in a ‘Declarations’ section before the reference list under a heading of ‘Consent to participate’ and/or ‘Consent to publish’. Other declarations include Funding, Competing interests, Ethics approval, Consent, Data and/or Code availability and Authors’ contribution statements.

Please see the various examples of wording below and revise/customize the sample statements according to your own needs.

Sample statements for "**Consent to participate**":

Informed consent was obtained from all individual participants included in the study.

Informed consent was obtained from legal guardians.

Written informed consent was obtained from the parents.

Verbal informed consent was obtained prior to the interview.

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The authors affirm that human research participants provided informed consent for publication of the images in Figure(s) 1a, 1b and 1c.

The participant has consented to the submission of the case report to the journal.

Patients signed informed consent regarding publishing their data and photographs.

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Additional informed consent was obtained from all individual participants for whom identifying information is included in this article.

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