Cryopen Pen (R) Innovating cryosurgery. Empowering practitioners.



______ ESTABLISHED IN BELGIUM







A leading cryosurgery company established in 2003

With our 35 employees in Belgium and the United States, H&O Equipments serves the medical device industry.







2 — WHAT CAN WE TREAT



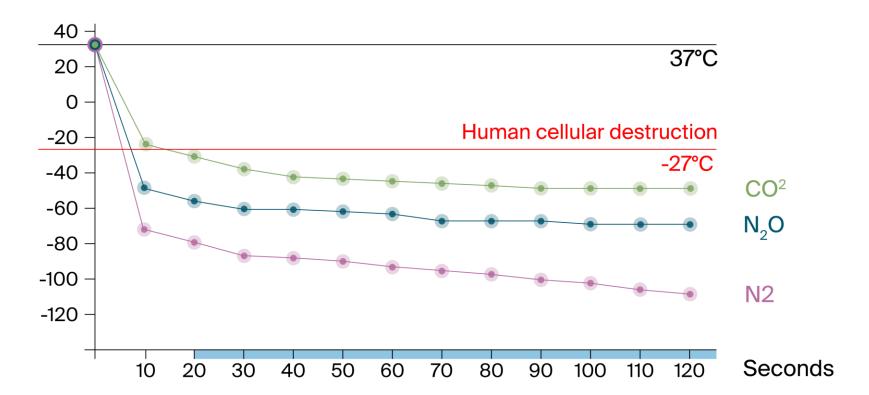
CRYOSURGERY: CONTROLLED DESTRUCTION OF UNWANTED CELLS BY EXTREMELY PRECISE APPLICATION OF EXTREME COLD.

ADVANTAGES OF CONTROLLED CELL DESTRUCTION

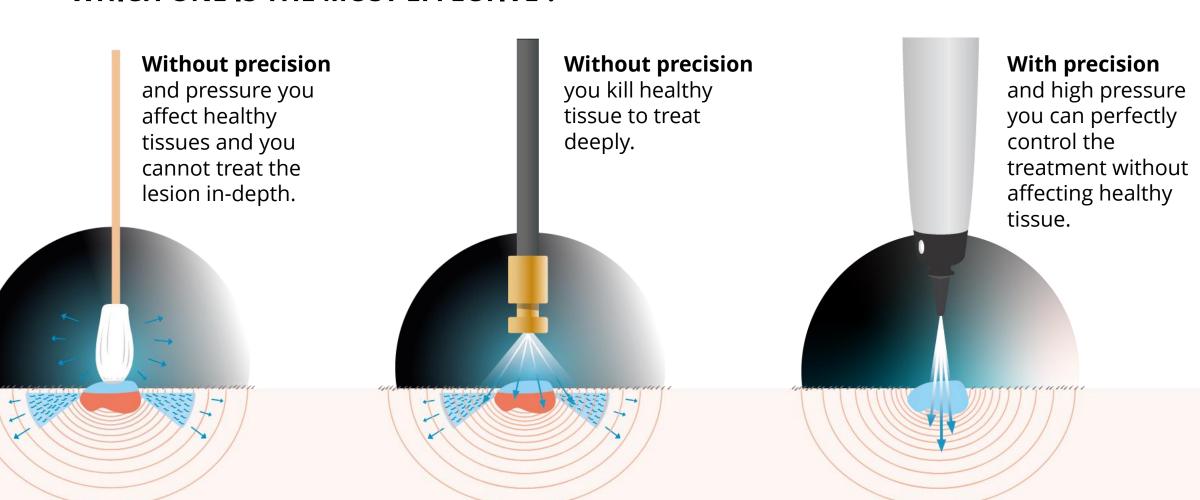
- No anesthesia, No pain
- Less problems with scars and depigmentation
- The standard for all benign skin lesions, and HPV lesions
- Intended use: CryoPen is dedicated for the cryogenic treatment
 of the following benign skin lesions: filiform, flat, vulgar, plantar warts, and molluscum
 contagiosum by dispensing an extremely precise flow of nitrous oxide applied directly
 on the lesion.

LIQUID NITROGEN VERSUS NITROUS OXIDE

Cryonecrosis is achieved when a temperature of -27°C is reached inside the tissue.



WHICH ONE IS THE MOST EFFECTIVE?



PARTNERSHIP

Renata Strumìa, MD Dermatologist and Venereologist

Renata STRUMIA was born in Ravenna, Italy. She received her M.D. degree from the University of Bologna (I) were she was graduated magna cum laude in 1974. She interned at the Hospital of Ferrara (Dermatology Unit, University of Ferrara, Italy) and awarded the Certificate of Specialist in Dermatology and Venereology. She was Senior Registrar and Assistant Professor at the Section of Dermatology, Department of Clinical and Specialistic Medicine, S. Anna Hospital, University of Ferrara, Italy from 1977 to 2009.

Dr Strumia has lectured widely in Italy and abroad at Universities and medical conventions, including the Congresses of Italian Dermatological Societies, of European Academy of Dermatology and Venereology and of American Academy of Dermatology.

Her most references articles pertain to the cutaneous manifestations in kidney transplant recipients, skin oncology, cryosurgery and skin signs in eating disorders. She is a member of EADV (European Academy of Dermatology and Venereology, of AAD (American Academy of Dermatology) and was a member of many Italian associations and co-founder of the International Society of Extreme Sports Medicine.

Dr Strumia founded the study Group DeDal (Dermatology and Eating Disorders) at ADOI (Italia Association of Hospital Dermatologists). She is a reviewer of multiple dermatologic and medical journals, including British Journal of Dermatology, Journal of European Academy of Dermatology and Venereology, Nephron. She practices clinical dermatology in private office in Ferrara and Ravenna (Italy).



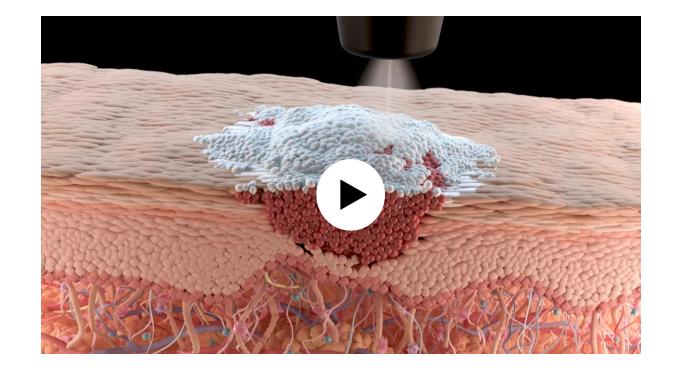
LIQUID NITROGEN (-196°C) VERSUS NITROUS OXIDE (-89°C)

	-196°C	-89°C
Acrochordon	+++	+++
Angiokeratoma of the scrotum and vulva	+++	+++
Angiokeratoma of Mibelli	+++	++
Angiofibroma	++	+++
Angiomas	+++	+++
Callosities and horns	+++	+++
Actinic cheilitis	+++	+++
Actinic keratoses	+++	+++
Seborrheic keratosis	+++	+++
Mucoid cyst	+++	+++
Nodular helix chondrodermatitis	+++	+++
Dermatofibroma	+++	+++
Papular dermatosis nigra	+++	+++
Perforating dermatoses	+++	+++
Serpiginous perforating elastosis	+++	+++
Capillary hemangioma	+++	+++
Granuloma annulare	+++	+++
Granuloma fissuratum	+++	+++
Pyogenic granuloma	+++	+++
Herpesvirus infections	+++	+++
Nevoid hyperkeratosis of the nipple and mammary areola	***	+++
Papillary hyperplasia of the palate	+++	+++
Idiopathic guttate hypomelanosis	+++	+++
Cutaneous leishmaniasis	+++	+++

	-196°C	-89°C
Solar lentigo	+++	+++
Viral lesions in HIV positive and negative patients	+++	+++
Lichen planus	+++	++
Lichen sclerosus	++	+++
Fixed discoid lupus erythematosus	+++	+++
Melanotic macules of the lips	+++	+++
Milii	+++	+++
Milium colloid	+++	+++
Contagious molluscum	+++	+++
Verrucous epidermal nevus	+++	+++
Fibrous papule of the face	+++	+++
Linear porokeratosis	+++	+++
Pruritus ani	+++	+++
Rhinophyma	+++	+++
Rosacea	+++	+++
Syringoma	+++	+++
Stuccokeratosis	+++	+++
Tilomi	+++	+++
Anogenital warts	+++	+++
Filiform warts and typed	+++	+++
Flat warts	+++	+++
Plantar warts	+++	+++
Vulgar warts	+++	+++
Xanthomas	+++	+++



- Recommended treatment session
 - PRE FREEZE
 - FREEZE THAW FREEZE THAW
- Tissue must be allowed to thaw (defrost) for about 30 seconds between freeze sessions
- Note that the tissue will freeze faster in the second freeze and a shorter application may be sufficient
- 'freeze-thaw-freeze' technique seems to offer the best opportunity for success



TREATMENT OVERVIEW

01.

Visually assess skin type and width/depth of the lesion.

03.

Determine treatment time: 3-45 sec.

05.

Pre-freeze less than 5 sec. to let the patient feel the cold.

07.

Let area thaw about 30 sec.

09.

Dry the area.

02.

Choose the right applicator.

1000 1100 1110 1111

04.3 O O X

Determine the movement, depending the nature of the lesion.

06.

Point to the lesion and freeze. Stop freezing if the patient begins to indicate a burning pain.

08.

Repeat, freezing the lesion a second time. 10.

Schedule a second treatment session if necessary 7 to 10 days after the 1st session.



















THANK YOU





