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①
The
Espansione
Group

Helping people, through science. That's the privilege we take pride in.

We have the ambition to establish new paradigms in ophthalmology, driven by our desire to provide our customers and their patients with the best, certified medical technologies.

We have always delivered the highest standard in the industry—pushed on by expert craftsmanship and family-owned values coupled with a global mindset and aspiration. Every day, we invest heavily in researching and developing the Espansione Ecosystem of technologies and solutions to achieve our ambition.



-ECOSYSTEM



Technologies

Our technologies are at the very core of the Espansione Ecosystem—they leverage the power of light and its outstanding ability to benefit the human condition.

> LM® LLLT > OPE® IPL

Solutions

Our technologies are seamlessly built into all our solutions, from diagnosis to treatment. We design, craft and test with the greatest attention and care in Italy.

> eye-light® > meibomask®

> my-mask® > me-check®



-BENEFITS

Ecosystem is the term we use to describe the synergy between our technologies and the solutions that leverage on them. Every interaction within the Espansione Ecosystem has been designed to provide both patients' and operators' with the best experience possible.

1 Integration

Our technologies and solutions are seamlessly integrated for operators and patients to benefit from their unique capabilities. We developed our solutions' software and hardware from scratch to work together as one—from diagnosis to treatment, every step is as easy as it gets.

② Simplicity

We put great effort and energy in building husslefree solutions. From how we craft our devices and terminals, to the materials we chose, all the way to the design of our solutions' software. Everything has been done to maximize simplicity in utilization.

③ Effectiveness

It's not only about making it simple and easy, though. Our technologies just work. Indeed, the resonance of Espansione technology has been impressive with the scientific community—every day, thought leaders from all over the world leverage the possibilities of the Espansione Ecosystem in their practices.

4 Consistency

Our technologies and solutions are consistently reliable in their ability to deliver. In the words of one of our global Key Opinion Leaders in ophthalmology, when asked about what made the Espansione Ecosystem great, he answered "It works, every single time." Consistency is a promise we make our partners and patients—one that we love to live up to.

Our ambition isn't limited to that of becoming the undisputed thought leader in diagnosing and treating ocular surface conditions.

Beyond that, we aim at leveraging our know-how and apply it synergically in other fields beyond ophthalmology.

We have already delivered great degrees of innovation to the fields of ophthalmology and dermatology through our patented technology Light Modulation® Low-Level Light Therapy and its seamless integration in the Espansione Ecosystem of solutions.

LM® LLLT has set a new medical standard in painlessly and effectively treating the majority of ocular surface conditions, on top of being extremely effective in its dermatology applications.

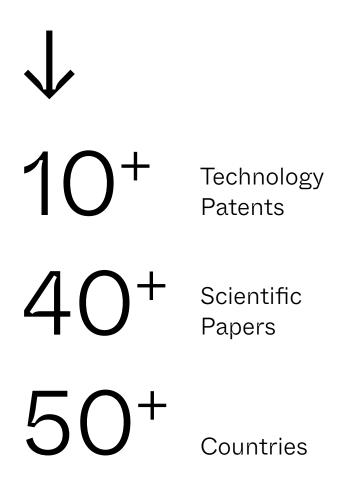


-WHERE WE ARE

Enabling progress through science for the betterment of all isn't an easy purpose to work towards—yet it's our north star, the guiding principle of all our actions.

That's what guided us for over four decades. That's what moved us to become the one and only company to develop, patent and certify a unique photobiomodulation technology, Light Modulation® LLLT, for use in medical fields such as ophthalmology, dermatology and dentistry.

We've done all of this by believing in challenging the status quo, innovating with care and ingenuity, and believing in the power of our people.



② Technologies





LM® LLLT

LM® Low-level Light Therapy is a unique, light-based photobiomodulation technology. We developed and patented for medical use the technology originally employed by NASA (i.e., Low-level Laser Therapy) to treat wounds of astronauts in space.

Light Modulation® The power of light, cubed.

LM® LLLT has nothing to do with Red Light Therapy (RLT), which only acts on the surface of the dermis-instead, LM® LLLT works at biological level, generating endogenous heat through powerful LEDs stimulating ATP production in cells.

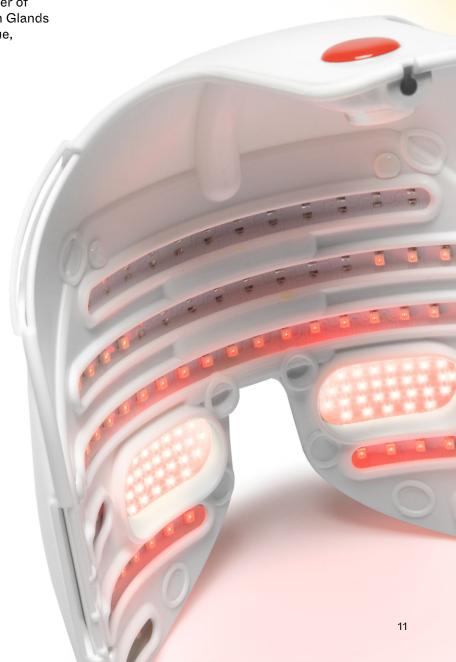


Discover the Science behind LM[®] LLLT

No pain, Extreme gains.

Photobiostimulation therapy enabled by LM® LLLT is a unique kind of near-infrared light therapy (NILT) that's completely painless for the patient—yet extremely effective in managing a vast number of ocular surface conditions such as Meibomian Glands Dysfunction. Different wavelengths (Red, Blue, Yellow) are available, for different use cases.

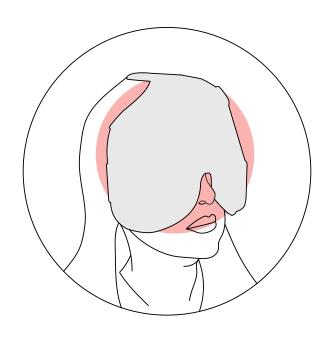
CERTIFIED FOR MEDICAL USE





Maximum convenience, exceptional value.

The degree of simplicity offered by LM® LLLT technology to the operator, and the convenience hence provided to the patient benefitting from its therapy is, put simply, unmatched. These benefits are complemented by LM® LLLT exceptional efficacy in treating MGD—although global thought leaders in the scientific community have leveraged it beyond MGD to treat the ocular surface (e.g., Chalazia, Blepharitis, Sjögren's Syndrome).



Science told us. It just works.

LM® LLLT has recently been studied in a piece of research that compared it directly against IPL. The study has confirmed the efficacy of LM® LLLT, proving also its superior performance against traditional IPL technologies.

Another recent scientific paper has confirmed that LM® LLLT, employed jointly with OPE® IPL, is the key factor in effectively managing the most severe cases of recalcitrant MGD-induced DED and other ocular surface diseases.

Beyond treatments, elevating cataract & refractive surgery routines.

LM® LLLT's potential doesn't end with direct treatment of most ocular surface diseases. Literature tells us that unresolved ocular surface disease (OSD) represents a major risk factor for suboptimal outcomes in refractive surgery (Labetoulle M. Et Al, 2019). That's why the Espansione Ecosystem, above all through LM® LLLT, is the best option to elevate your surgery routine.

A technology Like no other.

Operators and patients can enjoy the unique benefits of LM® LLLT technology.

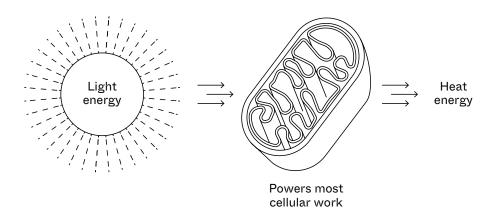
- ① It's fast—a treatment lasts 15'
- ② It's painless
- 3 It grants immediate relief to the patient
- 4 It's easy and safe for the operator
- ⑤ It's plug&play—it doesn't require the operator to be constantly present during the treatment





Light Science

LM® LLLT is our patented photobiomodulation technology—it works by triggering endogenous heating of both eyelids, stimulating ATP production.



Three frequencies. Endless possibilities.

Light Modulation® Low-level Light Therapy can be leveraged employing three different light frequencies—each with its own unique benefits and use cases.

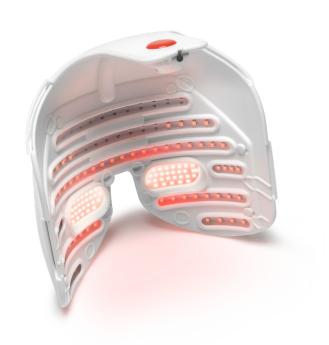
Red Light
 Used for Inflammation Reduction and ATP

 Production Stimulus

Key facts on Red LM® LLLT:

- Improves cells metabolism due to increased ATP production within mitochondria
- ② Reduces inflammation by regulating anti-oxidant defenses and reducing oxidative stress
- 3 Light-induced activation of transcription factors and signaling pathways
- When a 15-minute treatment is applied, the total fluence in the treated area is 100 Joules/cm2
- The photobiomodulation device has an emission power of 100 mW/cm2

Known Use Cases in Ophthalmology: DED/MGD, Chalazion, Sjögren's Syndrome, Stye, Blepharitis, Ocular Surgery.



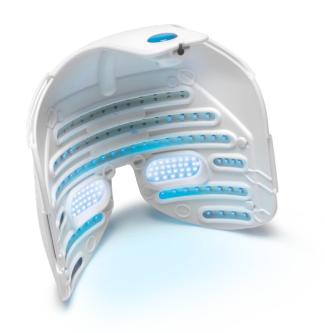


Blue Light Used for Bacteria Elimination

Key facts on Blue LM® LLLT:

- ① Blue light energy is absorbed by molecules called porphyrins within bacteria and photosensitization occurs
- 2 Exposure to the light can result in photodynamic inactivation, a process in which bacteria are killed by light
- 3 The membrane-bound porphyrin molecules generate singlet oxygen radicals that damage or disrupt the cell wall of a variety of gram-positive bacteria and lead to cell death
- 4 The relatively weak defense mechanism in bacteria against singlet oxygen induces damage, contributing to the high efficiency of the photodynamic inactivation

Known Use Cases in Ophthalmology: Demodex, Blepharitis, Rosacea

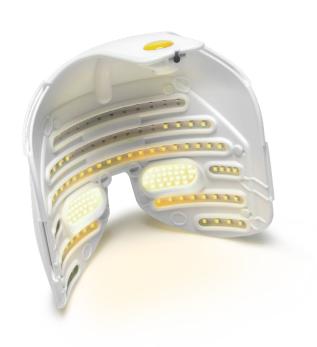


Yellow Light Used for Drainage and Swelling Reduction

Key facts on Yellow LM® LLLT:

- ① Yellow light also acts on mitochondrial respiration and increases ATP production
- 2 Promotes the release of nitric oxide to assist in neuro-transmission and tissue repair
- 3 Decreases the inflammatory response by reducing the oedema
- 4 Increases skin elasticity and decreases metalloproteinases activity

Known Use Cases in Ophthalmology: Post-Invasive Surgery (e.g., Blepharoplasty)







OPE® IPL

Optimal Power Energy®
The best IPL on the market.

OPE® IPL is our patented Intense Pulsed Light technology. We designed OPE® as a polychromatic light whose thermal impulses are calibrated through software to always be emitted at just the right intensity, providing an extremely high degree of safety and effectiveness.



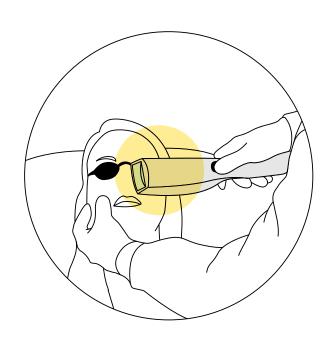
Safe, quick, with no side effects.

We invested heavily in designing an IPL technology that could minimize risk during treatment for the patient whilst maximizing ease of use for the operator administering the therapy—whether we're talking meibomian gland dysfunction (MGD) or dermatological conditions such as rosacea.



Maximum convenience, exceptional ease of use

OPE® IPL is the only pulsed light in the world allowing for usage without any protective gel. This is made possible by our patented, software-enabled technology providing a light impulse that's emitted at just the right frequency, every time, throughout every beam. This provides both operators and patients with an invaluable asset: the convenience of an exceptional, frictionless experience.



③ Solutions



Espansione Ecosystem of Solutions

Screening-to-treatment, delivered today.

The Espansione Ecosystem of solutions is an end-to-end portfolio of certified medical devices, designed and manufactured focusing on patients' and operators' needs, whilst preserving the maximum degree of safety and reliability.

We developed me-check® and other solutions of the Espansione ecosystem in partnership with valued key opinion leaders.



HEIKO PULT-OD, PHD

QUALIFICATIONS

Optometrist at College of
Optometry Munich, Germany
MSc (Optometry) at PCO Salus
University, Philadelphia, USA PhD
(Vision Sciences) at School of
Optometry and Vision Sciences,
Cardiff University, Cardiff, UK Hon.
– Vis. Prof. at Cardiff University,
Cardiff, UK Academic Fellow at
Aston University

MEMBERSHIPS

Fellowship+Founding Member European Academy of Optometry and Optics (EAOO) Fellowship, American Academy of Optometry (AAO) Fellowship, British Contact Lens Association (BCLA) Association of Research in Vision and Ophthalmology (ARVO) Tear Film and Ocular Surface Society (TFOS)



JAMES WOLFFSOHN-OD, PHD

QUALIFICATIONS

Honours degree in Optometry (first class), University of Manchester Institute of Science and Technology (UMIST) PhD (Cardiff University) Diplomate of American Academy of Optometry University of Houston: Adjunct Professor Aston University: Senior Lecturer

MEMBERSHIPS

Fellowship, American Academy of Optometry Fellowship, Higher Education Academy Fellowship, International Association of Contact Lens Educators Fellowship, British Contact Lens Association Fellowship of Society of BiologyZ

SOLUTIONS > SCREENING



me-check®

Actionable, versatile, modular screening.

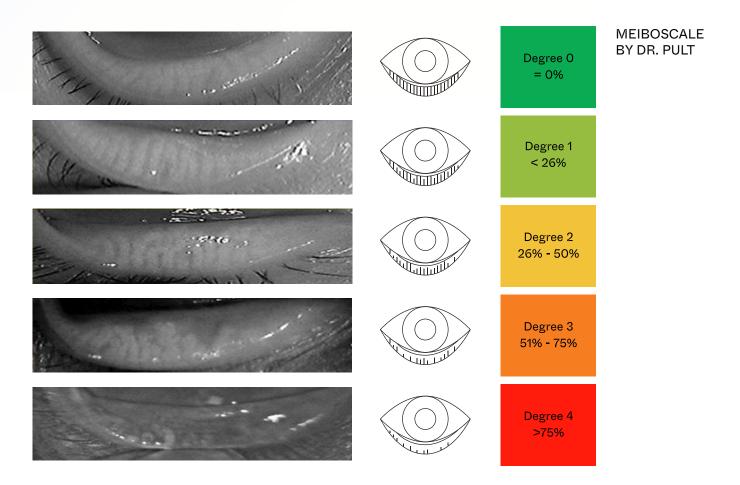
We believe screening for MGD and other ocular surface conditions shouldn't be hard nor expensive, for both operators and patients alike. That's why we invested heavily in building a diagnosis+screening device that could tackle this challenge easily, quickly and effectively for all—introducing me-check®.



Developed with practitioners, for practitioners

me-check® is the ultimate solution to screen for MGD, although practitioners also use it to screen for Demodex and other ocular surface conditions. It's the only device certified (CE Class II A Device) for use also in optic centers.

We developed me-check® in cooperation with Dr. Heiko Pult and Prof. James Wolffsohn. It features the Meiboscale developed by Dr. Heiko Pult, alongside the OSDI-6 test developed with Prof. James Wollfsohn. This means me-check® software was built from scratch through complex mathematical algorithms, yet packaged with a fresh, operatororiented UI to provide specialists with the simplest, most effective screening—actionable in under 5 minutes.







① Eye Test

Both eyes are tested—e.g., through a 2D/3D Meibography for MGD/DED. The average eye test is conducted within 5', start to finish, with no harm nor discomfort for the patient. The result is repeatable and consistent, and a wide variety of tests are available (i.e., Demodex, OSDI-6).

③ Diagnosis

The me-check® OS provides a comprehensive overview of the patient's conditions leveraging Dr. Pult's scale for MGD/DED.

② OSDI-6

An OSDI-6 questionnaire is conducted to complete the results of the eye test. The questionnaire is conducted by the practitioner, requires no more than 5' and the results are input straight into me-check® OS.

Treatment

If possible, diagnosis is seamlessly loaded straight into any Espansione solution—e.g., eye-light®, meibomask®, for treatment. If the me-check® workflow is brought forward without the possibility of an immediate treatment, the diagnosis is sent over directly from the software via email to whoever will treat the patient.

Two different solutions:

SCREENING OS, BASIC SOLUTION

The simplest, fastest device, made for any eye care operator.

AVAILABLE TESTS

KEY BENEFITS

2D Meibography OSDI-6 Test Quick (5') rapid patient turnover

2 Intuitive

> no training needed

③ Objective Measurement > repeatable+consistent

DIAGNOSIS OS, FULL-FLEDGED SOLUTION

The most complete solution, designed for eye care professionals.

AVAILABLE TESTS

HD Meibography
12-Level Meibography
Five-zone Glands
Evaluation
3D Meibography
OSDI-6 Test
Demodex Screening

KEY BENEFITS

- ① Quick (5')> rapid patient turnover
- ② Intuitive
- > no training needed
- ③ Objective Measurement > repeatable+consistent
- 4 Upgradable> always up to date
- S Automaticno input needed
- © Comprehensive Reporting> all analyses in one place





eye-light®

An all-in-one powerhouse for ocular surface health.

eye-light® is our flagship solution featuring both our core technologies, Light Modulation® LLLT and Optimal Power Energy® IPL, for an optimal, non-invasive treatment of most ocular surface conditions from Dry Eye Disease (DED) induced by Meibomian Glands Dysfunction (MGD) to Sjögren's Syndrome.



Our eye-light® solution was built to last and keep on delivering value to eye practitioners and patients alike. A beautifully crafted, durable stainless steel body houses a technological wonder, developed entirely in-house to be future-proof, thanks to an upgradable operating system.



Hardware and software work hand in hand to provide effective, painless care to patients, whilst being extremely easy to program and operate.



SOLUTIONS > TREATMENT



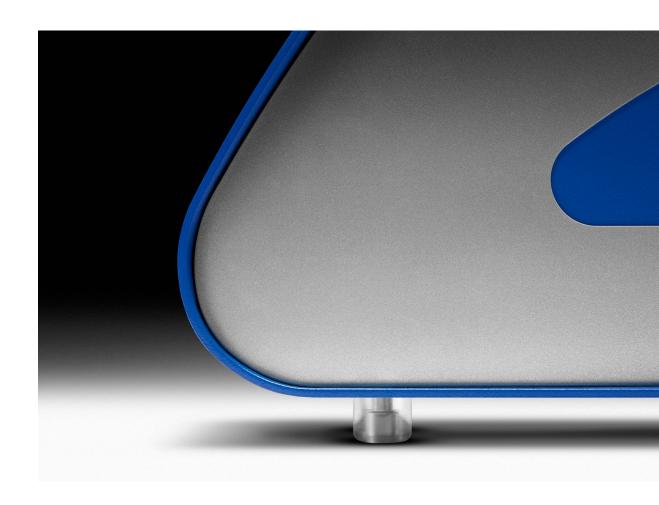


About OPE® IPL

Leveraging OPE® IPL on eye-light® is as easy as turning on the flashlight on your phone. The first step of most treatments consists in few, painless shots of light around the eye, focusing on the lower eyelid. Our OPE® IPL technology improves blood circulation by dissipating blood vessels, improving the secretion of anti-inflammatory cytokines.

About Light Modulation® LLLT

The power of our Light Modulation® LLLT technology gets unleashed to the fullest on eye-light®. On top of our Red Light, eye-light® is the only solution featuring Blue and Yellow LM® LLLT technology to administer the photobiostimulation therapy for most ocular surface diseases.



















meibomask®

Photobiomodulation champion.

meibomask[®] is our answer to professionals that want to focus on the unique benefits of our LM[®] LLLT technology for the treatment of most ocular surface diseases.



What are the benefits?

Built with the same industrial design of our other solutions, meibomask® packs a punch when it comes to photobiomodulation technology—enabling patients and operators to benefit from everything Light Modulation® Low Level Light Therapy (LM® LLLT) has to offer:

① Complete + DirectTreatment

meibomask® enables a full therapy, covering both lower and upper eyelids, to grant maximum efficacy in treating Dry Eye Disease (DED) induced by Meibomian Glands Dysfunction (MGD), Chalazion, Blepharitis, Sjögren's Syndrome, Post-blepharoplasty.

3 Quick

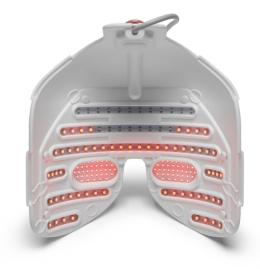
For patients, this means immediate relief, just 15' after the therapy—for operators, it means delivering greater value to patients, with much less effort.

② Totally Painless

meibomask® and LM® LLLT provide patients with an entirely painless therapy. Near-infrared light is emitted on the skin at a medically-certified wavelength, generating endogenous heating by stimulating cells' ATP production.

Easy

No training needed, no set-up time. It just works.



About Light Modulation® LLLT

Our patented photobiomodulation technology solicits cells' mitochondria, triggering biochemical and biophysical reactions that stimulate them to a better protein synthesis. Thanks to the near-infrared emission of light, the tear lipid layer is increased and stabilized.

meibomask® provides patients with custom treatments based on the MGD severity level detected with me-check® screening. According to the severity of meibomian glands loss, meibomask® releases the correct amount of energy and treatment duration for every specific patient.





my-mask®

Portable. Powerful. Light Therapy.

We developed my-mask® with convenience in mind. Miniaturizing our Light Modulation® LLLT technology into such a portable, small package was a challenge we faced with the intention of providing operators and patients with a convenient yet powerful solution to benefit from light-based therapy wherever they feel like.



What are the benefits?

Built with the same, iconic industrial design of other Espansione solutions, my-mask® is powered by photobiomodulation technology enabling patients and operators to benefit from everything Red Light Modulation® Low Level Light Therapy (LM® LLLT) has to offer. The main difference with other solutions lies in my-mask®'s extremely lightweight, portable form factor. We developed this innovation to deliver the power of our Red Light Modulation® LLLT treatment to patients in the comfort of their home—or wherever they feel like.

1 Convenient

my-mask® is an extremely lightweight, portable and convenient solution. Both the device's body and the mask terminal have been designed to grant patients with the greatest comfort in administering (or self-administering) our light-based therapy (Light Modulation® LLLT).

3 Totally Painless

my-mask® and LM® LLLT provide patients with an entirely painless therapy. Near-infrared light is emitted on the skin at a medically-certified wavelength, generating endogenous heating by stimulating cells' ATP production.

② Complete + Direct Treatment

my-mask® enables a full therapy, covering both lower and upper eyelids, to grant maximum efficacy in treating Dry Eye Disease (DED) induced by Meibomian Glands Dysfunction (MGD) and other ocular surface conditions.

4 Quick + Easy

For patients, this means immediate relief just after the 15' therapy—for operators, it means delivering greater value to patients, with much less effort.

About Light Modulation® LLLT

Our patented photobiomodulation technology (PBM) isn't just like any other red light therapy. We patented and certified it for medical use, designing it to leverage near-infrared light beams that solicit cells' mitochondria, triggering biochemical and biophysical reactions that stimulate them to a better protein synthesis. Thanks to this process of endogenous heating, the tear lipid layer is increased and stabilized.

4ScientificCompendium



Ophthalmology

Our main focus today lies on ocular surface conditions—thanks to our unique photobiomodulation technology, LM®LLLT. Thanks to our constant collaboration with global thought leaders, we're setting the standard in this field.

Looking forward, we are researching new ways to apply Light Modulation® LLLT beyond the ocular surface, starting with retina applications.



BEATRICE COCHENER
MD, PHD, FORMER PRESIDENT ESCRS



SARAH FARRANT OD, TFOS AMBASSADOR



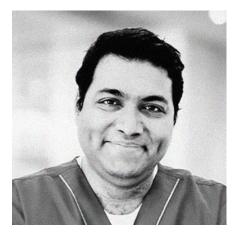
PAUL KARPECKI OD, TFOS AMBASSADOR



GIUSEPPE GIANNACCARE PROFESSOR, MD, PHD, FEBOPHTH



KARL STONECIPHER MD, AAO, ISRS, ASCRS AMB



ROHIT SHETTY MD, PHD, KOS, ASCRS AMBASSADOR



LM® LLLT & OPE® IPL

Beyond the certified use of Red LM® LLLT and OPE® IPL in treating MGD-induced DED, prominent though leaders in ophthalmology worldwide employ our technologies to manage conditions of the ocular surface and beyond.

PATHOLOGY	TECHNOLOGY		RECOMMENDED PROTOCOL	
			> Number of Treatments	> Frequency (Days Apart)
MGD/DED Meibomian Glands Dysfunction Dry Eye Disease	OPE® IPL +	RED BLUE YELLOW	1 to 3	5 to 10
	OPE® IPL	LM® LLLT RED BLUE YELLOW	2 to 4	2 to 10
		> Meiboscale™ Degree 1 > Meiboscale™ Degree 2 > Meiboscale™ Degree 3 > Meiboscale™ Degree 4	2 3 3 w/ Glands Expressio 4 w/ Glands Expressio + 1 Maintenance Trea	on (Highly Recomm.)
Blepharitis	OPE® IPL +	LM® LLLT BLUE > RED YELLOW	2 to 3	5 to 10
	OPE® IPL	LM® LLLT	4 to 5	5 to 10
		BLUE > RED YELLOW		
Chalazion	OPE® IPL	RED BLUE YELLOW	2 to 4	4 to 7
Demodex	OPE® IPL	LM® LLLT BLUE > RED YELLOW	4 to 5	5 to 10



-SUGGESTED PROTOCOLS

LEGEND USE CASES

SINGLE USAGE

JOINT USAGE

> Not all treatments can be applied in all countries.

RED LM® LLLT

ATP Stimulus, Cellular Function Improvement

BLUE LM® LLLT

Purification, Bacteria Elimination

YELLOW LM® LLLT De-Toxification, Swelling Relief

PATHOLOGY	TECHNOLOGY			RECOMMENDED PROTOCOL	
				> Number of Treatments	> Frequency (Days Apart)
Post- blepharoplasty	OPE® IPL	LM® LLLT RED > YELLOW	BLUE	2	1x Immediately Post-Surgery 1x 4 to 7 Post-Surgery
Rosacea	OPE® IPL +	LM® LLLT RED BLUE	YELLOW	3 to 5	5 to 10
	OPE® IPL	LM® LLLT BLUE > RED	YELLOW	4 to 5	5 to 10
Stye	OPE® IPL	LM® LLLT RED BLUE	YELLOW	2 to 4	4 to 7
Sjögren's Syndrome	OPE® IPL +	LM® LLLT RED BLUE	YELLOW	4 to 5	5 to 10
Pre-/Post- Surgery Cataract/ Refractive	OPE® IPL	LM® LLLT RED BLUE	YELLOW	1 to 2	5 to 10



Bibliography

Scientific publications on our technology.

-OCULAR SURFACE

DRY EYE DISEASE, MGD, CLIDE/CLD

31+

Papers + Articles

CHALAZION & STYE

5+

Papers + Articles

SJÖGREN'S SYNDROME

2+

Papers + Articles

BLEPHARITIS & DEMODEX

3+

Papers + Articles

CATARACT/REFRACTIVE SURGERY

4+

Wip Clinical Trials

-RETINA

DRY AMD

2+

Wip Clinical Trials





This groundbreaking study has shown that tear production quality increases dramatically, as our treatment nearly doubles tear breakup time, resulting in immediate relief of symptoms.

LM® LLLT treatment improved by 10 points or more the patient's ocular surface disease index (i.e., OSDI Index) in over 70% of cases with only one treatment.



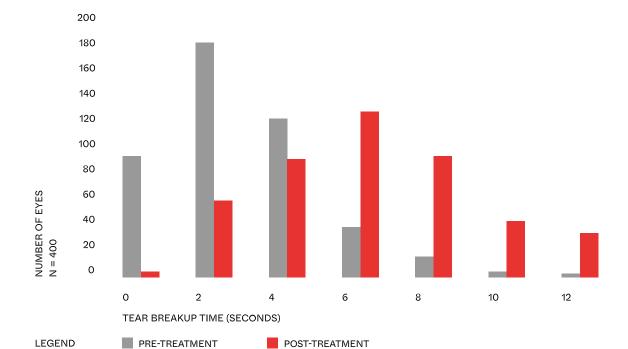
K. STONECIPHER

USA MD, AAO, ISRS, ASCRS

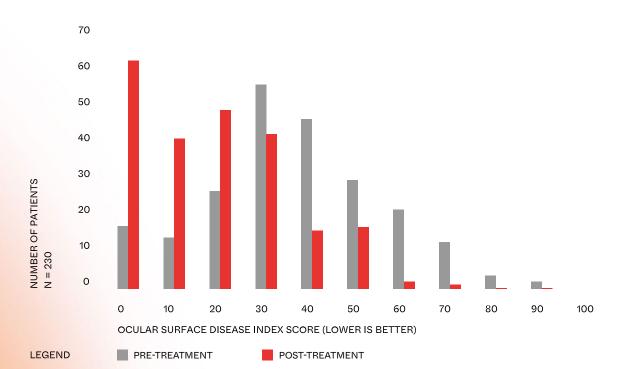
STONECIPHER, Karl, et al. Combined low level light therapy and intense pulsed light therapy for the treatment of meibomian gland dysfunction.

Clinical Ophthalmology, 2019





IMPACT ON OCULAR SURFACE DISEASE INDEX









C. CASTRO

Portugal MD



J. MARQUES

Portugal MD



A. MARTA

Portugal MD

CASTRO C., MARQUES J., MARTA A., et al. (July 05, 2023) Comparison of Light-Based Devices in the Treatment of Meibomian Gland Dysfunction. Cureus 15(7): e41386. DOI 10.7759/cureus.41386

Results

LEGEND

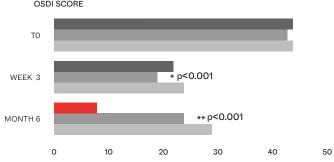


eye-light® (OPE® IPL + LM® LLLT)
[6-Mos Follow-up Focus]

eye-light® (OPE® IPL + LM® LLLT)
[TO & W3 Follow-ups Focus]

parameters (p<0.001). At six months, compared to three weeks, there was further improvement in the OSDI (p<0.001) and the LLT (p=0.007), in Group 1:

Patients with superior OSDI and lower LLT at baseline had the greatest improvement in the respective



[Group 2]

E-Swin E>Eye® (IPL)

The lipid layer thickness (LLT) increased in Groups 1 and 2 (p<0.001):



[Group 3]



therma**eye**ʻ

OptiMed Thermaeye Plus® (IPL)

88 subjects 166 eyes



DOWNLOAD ↓ PDF STUDY CASTRO C., ET AL.

Go to the PDF Study







A. MEDURI Italy MD, PHD

Meduri A., Oliverio G. W., Tedesco G., Aragona P. Combined intense pulsed light and lowlevel light therapy for the treatment of refractory Meibomian gland dysfunction. European Journal of Ophtalmology, August 2022.

Methods and Analysis

In this prospective study, 70 patients with refractory MGD were enrolled; group 1 received 3 consecutive sessions of IPL + LLLT treatment using Eye-light® on day 1, day 15 and day 45; group 2 received hyaluronate sodium 2 mg/ml drops 3 times a day for 6 months.

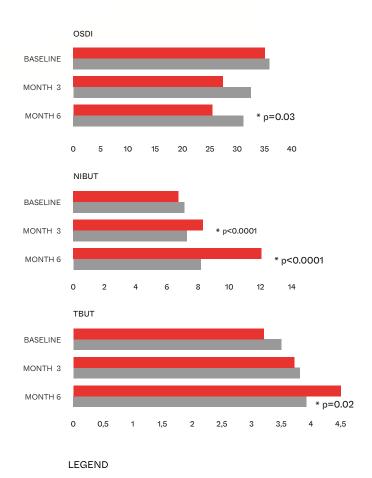
Patients underwent at baseline, and after 3 and 6 months Ocular Surface Disease Index (OSDI) questionnaire, Symptom Assessment in Dry Eye (SANDE), tear-film breakup time (TBUT), fluorescein ocular surface staining, meibum expressibility and quality evaluations. Keratograph 5M (Oculus, Germany) was used to assess NIBUT, tear meniscus height (TMH), meibography, and bulbar redness score.

Results

The OSDI scores decreased significantly in both groups, indicating an improvement in symptoms. However, the decrease was more significant in the light therapy group.

At 3 months the NIBUT increased significantly in group 1, that was maintained at 6 months.

The TBUT increased significantly in both groups, but the increase was more pronounced in the light therapy group.



LLLT + IPL

CONTROL [Eye Drops]

75 subjects 150 eyes



DOWNLOAD ↓ PDF STUDY MEDURI A., ET AL.

Go to the PDF Study





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Journal Français d'Ophtalmologie

Available online 16 April 2023

In Press, Corrected Proof

What's this? ×

Organization

3 — month post-procedural evaluation of a combined intense pulsed light and photo-biomodulation system in the treatment of meibomian gland dysfunction

Evaluation à 3 mois d'un système combiné de lumière intense pulsée et de photobiomodulation dans le traitement du dysfonctionnement des glandes de meibomius



A. BENYOUSSEF

France MD, UNIVERSITY HOSPITAL OF BREST PROF. B. COCHENER EQUIPE



B. COCHENER-LAMARD

France
MD, PHD, UNIVERSITY HOSPITAL OF BREST

BENYOUSSEF, A.-A.; ARZEL, F.; COCHENER, B. 3-month post-procedural evaluation of a combined intense pulsed light and photo-biomodulation system in the treatment of meibomian gland dysfunction. Journal Français d'Ophtalmologie, April 2023.

Results

> Efficacy of Treatments

The study has shown the clinical efficacy of combined therapy of intense pulsed light (OPE® IPL) with Low-Level Light Therapy (LM® LLLT) in treating meibomian gland dysfunction (MGD).

> Tear Breakup Time (TBUT) The SPEED score, TBUT, Oxford score, Meibomian gland atrophy and NIBUT were also statistically and significantly improved at 1 and 3 moths.

> Ocular Surface Disease Index (OSDI)

The study demonstrates a significant improvement of OSDI scores at 1 month (P<0.0001) and 3 months (P<0.0001).



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BENYOUSSEF A., COCHENER-LAMARD B., ET AL.

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S. D'SOUZA

India MBBS, MS, FCE

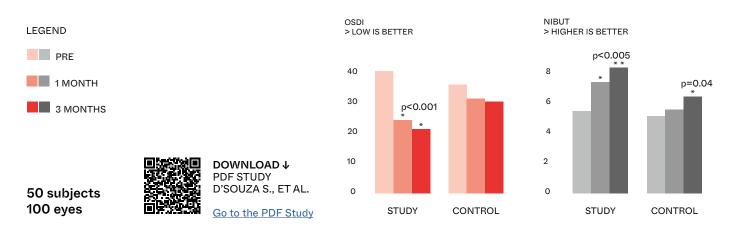


R. SHETTY

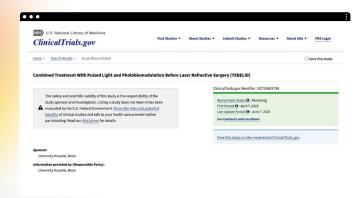
India MD, PHD, KOS, ASCRS

D'Souza, S.; James, E.; Koul, A.; Modak, D.; Kundu, G.; Shetty, R. A randomized controlled study evaluating outcomes of intense pulsed light and low-level light therapy for treating meibomian gland dysfunction and evaporative dry eye. Indian Journal of Ophthalmology 71(4):p 1608-1612, April 2023.

Results



> ON CATARACT & REFRACTIVE SURGERY





B. COCHENER-LAMARD

France MD, PHD, UNIVERSITY HOSPITAL OF BREST

COCHENER LAMARD, Béatrice et al. Combined Treatment With Pulsed Light And Photobiomodulation Before Laser Refractive Surgery (TEBELID). Initiated 2023.

62* subjects 124* eyes

*enrolled



GO TO → CLINICAL TRIAL COCHENER-LAMARD B.

Go to Clinical Trial

Launching a clinical study with Univ. Hospital Brest, France, testing OPE® IPL and LM® LLLT treatments via eye-light® before LASIK, to prevent dry eye in 62 patients.

British Journal of Ophthalmology

Outcomes of Low-Level Light Therapy for the Prophylaxis of Iatrogenic Dry Eye After Cataract Surgery: A Prospective Randomized Double-Masked Controlled Clinical Trial

Giuseppe Giannaccare, MD, PhD, FEBOphth, FWCRS; Costanza Rossi, MD; Massimiliano Borselli, MD; Giovanna Carnovale Scalzo, MD,;Giovanni Scalia, MD; Rocco Pietropaolo, MD; Benedetta Fratto, MD; Marco Pellegrini, MD; Angeli Christy Yu, MD,;Vincenzo Scorcia MD.

This randomized controlled clinical study showed that, unlike sham treatment, two sessions of LLLT performed one week before and after cataract surgery were effective in significantly ameliorating tear film stability and ocular discomfort symptoms in otherwise healthy patients, thus preventing the postoperative decline of ocular surface parameters and the consequent occurrence of iatrogenic DED.

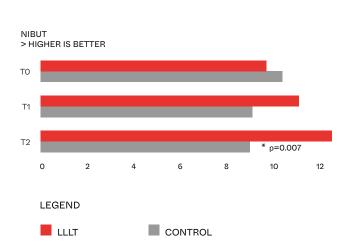


G. GIANNACCARE

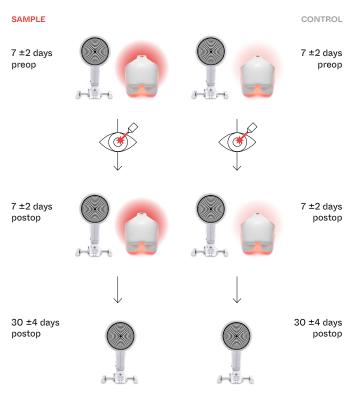
Italy MD, PHD, FEBO

GIANNACCARE, Giuseppe et al. Outcomes of LLLT for the prophylaxis of latrogenic Dry Eye after Cataract Surgery: A Prospective Randomized Double-Masked Controlled Clinical Trial. British Journal of Ophthalmology, May 2023.

Results



Protocols





Onto the Retina LightWave I

Our first, multi-centric clinical trial studying PBM tech for retinal diseases.

Through **LightWave I** we're **pioneering** what's next in retinal care, starting with **dry AMD** (AREDS 2 & 3).



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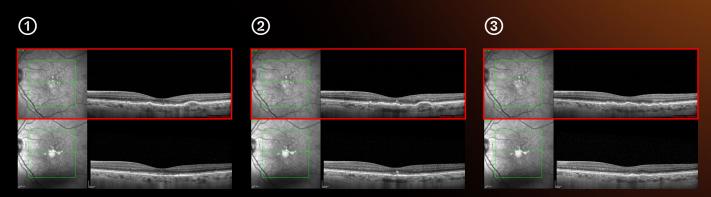
Espansione Group Announces Kick-off of LightWave I: First Dry AMD Multi-centric Study

We've selected **key case studies** and **real-world** evidences from the **forefront** of retinal care.

> CASE REPORT #1

[WOMAN, 68 Y/O, AREDS 3]

A 68-year-old female with Age-Related Macular Degeneration (AMD) underwent a LightWave I trial involving bi-weekly photobiomodulation sessions using LM® LLLT via eye-light® for four weeks. Post-treatment, her visual acuity improved from 50 to 55 ETDRS letters, and soft drusen resolved.



Retinal images (Fig. 1-3) confirmed a significant reduction in drusen volume.



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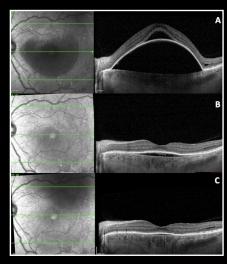
WHAT'S NEXT > ON RETINAL CONDITIONS

> CASE REPORT #2

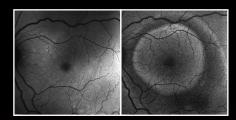
[MAN, 55 Y/O, NON-NEOVASCULARAMD] A 55-year-old male with non-neovascular age-related macular degeneration underwent photobiomodulation using LM® LLLT via eye-light®.

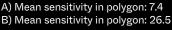
The treatment involved weekly sessions for four weeks, followed by bi-weekly sessions for two months. At baseline, his visual acuity was 25 ETDRS letters with significant pigment epithelial detachment (PED) and subretinal fluid. Post-treatment, the subretinal fluid was fully absorbed, PED collapsed, and visual acuity improved to 60 ETDRS letters.



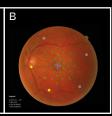


2









The picture delineates the SD-OCT images at baseline (A) which exhibit a pronounced pigment epithelial detachment (PED) with subretinal fluid. The SD-OCT image at the one-month follow-up (B) reveals a flattening of the PED with the persistence of flat PED accompanied by hyper/hyporeflective material. The SD-OCT image at the threemonth follow-up demonstrates further flattening of the PED.

The exhibit portrays the baseline fundus autofluorescence (FAF) which exhibits a hyperautofluorescent ring at the periphery of the PED.

The three-month follow-up image reveals isoautofluorescence in the macular region without any legacy of retinal pigment epithelial atrophy.

(3)

Illustrates the microperimetry at baseline (A) which shows a reduction in retinal sensitivity in the macular area with a mean value of 7.4 dB.

The microperimetry at the three-month follow-up exhibits a significant enhancement in retinal sensitivity in the macular area with a mean value of 26.5 dB.



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LightWave II Seeing Beyond

We're pioneering what's next in retinal care through a second wave of large-scale, global, multi-centric research studies.





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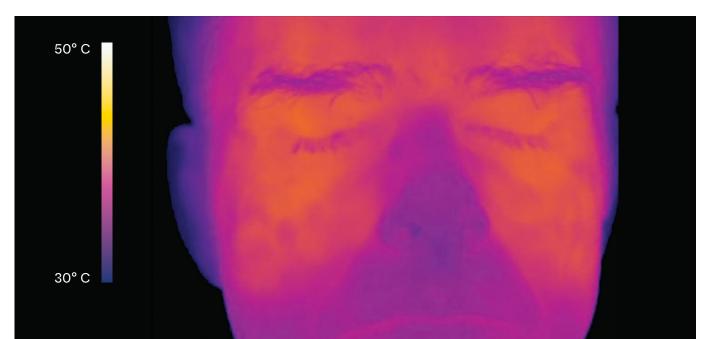
Endogenous Heating

Recently run thermography studies have shown upper and lower meibomian glands being simultaneously, directly treated at optimal temperature—i.e., 42°C, through LM® LLLT.

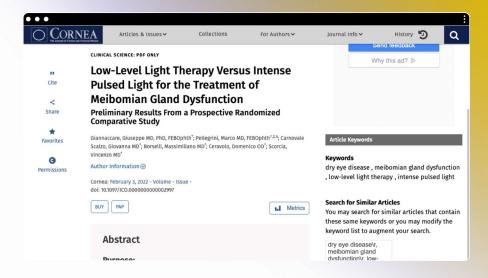
Light Modulation[®] LLLT triggers endogenous heating to both eyelids, stimulating ATP production and removing blockage from meibomian glands preventing proper functioning—and it does so with zero discomfort for the patient.

Courtesy of Dr. Heiko Pult—OD, PHD

PULT, Heiko. Low-level light therapy in the treatment of meibomian gland dysfunction. Investigative Ophthalmology & Visual Science, 2020.







Light Modulation® LLLT: Superior Tech

We're proud to announce our Light Modulation® LLLT technology has recently been studied in a piece of research that compared it directly against IPL tech.

The study, published on Cornea, the Journal of Cornea and External Disease, by Giuseppe Giannaccare (MD, PhD) et al., has confirmed the efficacy of LM® LLLT, proving also its superior performance against IPL.

The purpose of the study was to evaluate and compare the safety and efficacy of low-level light therapy (LLLT) and intense pulsed light (IPL) for the treatment of meibomian gland dysfunction (MGD).

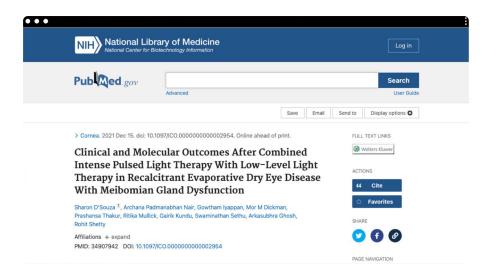
Directly citing the conclusions of the research paper:

Both LLLT and IPL were safe and effective in improving ocular discomfort symptoms in patients with MGD; however, the former determined a greater improvement in symptoms and an improvement of tear volume.

SOURCE:

Giannaccare, G., Pellegrini, M., Scalzo, G. C., Borselli, M., Ceravolo, D., & Scorcia, V. (2022). Low-Level Light Therapy Versus Intense Pulsed Light for the Treatment of Meibomian Gland Dysfunction: Preliminary Results From a Prospective Randomized Comparative Study. Cornea. ISO 690





LM® LLLT + OPE® IPL: Power Couple.

A recent scientific paper, published on Cornea, the Journal of Cornea and External Disease, by Sharon D'Souza (MD), Rohit Shetty (MD, PhD) et al., has confirmed that our Light Modulation® LLLT technology, employed jointly with our Optimal Power Energy® IPL technology, is the key factor in effectively managing the most severe cases of recalcitrant MGD.

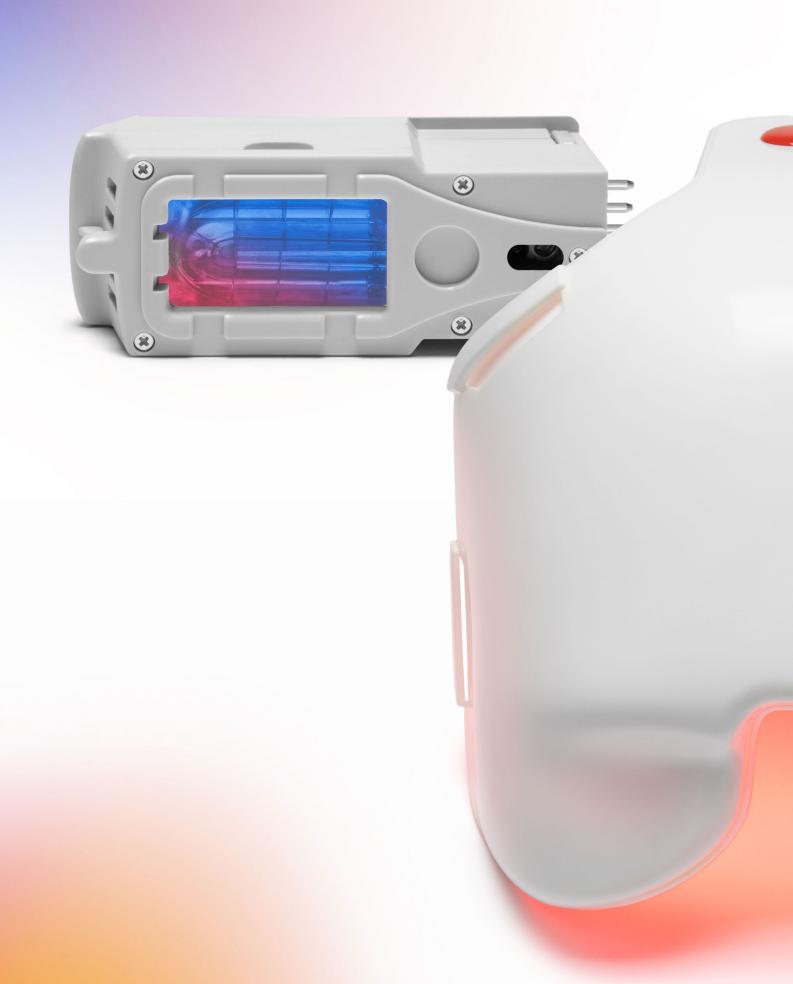
The purpose of the study was that of evaluating the effects of combined light therapy [intense pulsed light (IPL) and low-level light therapy (LLLT)] on clinical and molecular outcomes in evaporative DED with meibomian gland dysfunction (MGD).

Directly citing the conclusions of the paper:

Combined light therapy shows promising results in patients with chronic MGD and DED, even in recalcitrant cases. Clinical and molecular factor alterations support the improved symptomatology and reduced inflammation.

SOURCE:

D'Souza, S., Iyappan, G., Dickman, M. M., Thakur, P., Mullick, R., Kundu, G., ... & Shetty, R. (2021). Clinical and Molecular Outcomes After Combined Intense Pulsed Light Therapy With Low-Level Light Therapy in Recalcitrant Evaporative Dry Eye Disease With Meibomian Gland Dysfunction. Cornea.





Throughout the years, valued members of the scientific community have contributed to the resonance of Espansione technologies such as Light Modulation® LLLT and Optimal Power Energy® IPL by publishing a vast array of research and scientific, peer-reviewed papers.

- D'SOUZA, Sharon, et al. Clinical and Molecular Outcomes After Combined Intense Pulsed Light Therapy With Low-Level Light Therapy in Recalcitrant Evaporative Dry Eye Disease With Meibomian Gland Dysfunction. Cornea, 2021.
- 2. GIANNACCARE, Giuseppe, et al. Low-Level Light Therapy Versus Intense Pulsed Light for the Treatment of Meibomian Gland Dysfunction: Preliminary Results From a Prospective Randomized Comparative Study. Cornea, 2022.
- SOLOMOS, Leonidas, et al. Meibomian Gland Dysfunction: Intense Pulsed Light Therapy in Combination with Low-Level Light Therapy as Rescue Treatment. Medicina, 2021, 57.6: 619.
- 4. STONECIPHER, Karl; POTVIN, Richard. Low level light therapy for the treatment of recalcitrant chalazia: a sample case summary. Clinical Ophthalmology (Auckland, NZ), 2019, 13: 1727.
- STONECIPHER, Karl, et al. Combined low level light therapy and intense pulsed light therapy for the treatment of meibomian gland dysfunction. Clinical Ophthalmology (Auckland, NZ), 2019, 13: 993.
- DI MARINO, Matteo, et al. Combined Low-Level Light Therapy and Intense Pulsed Light Therapy for the Treatment of Dry Eye in Patients with Sjögren's Syndrome. Journal of ophthalmology, 2021, 2021.
- 7. MARTA, Ana, et al. Intense Pulsed Plus Low-Level Light Therapy in Meibomian Gland Dysfunction. Clinical Ophthalmology (Auckland, NZ), 2021, 15: 2803.
- 8. PÉREZ-SILGUERO, Miguel Angel, et al. Combined Intense Pulsed Light and Low-Level Light Therapy for the Treatment of Dry Eye: A Retrospective Before–After Study with One-Year Follow-Up. Clinical Ophthalmology (Auckland, NZ), 2021, 15: 2133.
- 9. PULT, Heiko; WOLFFSOHN, James S. The development and evaluation of the new Ocular Surface Disease Index-6. The Ocular Surface, 2019, 17.4: 817-821.
- PULT, Heiko. Low-level light therapy in the treatment of meibomian gland dysfunction. Investigative Ophthalmology & Visual Science, 2020, 61.7: 99-99.

- 11. EL SHAMI, M., et al. Optimized combined low level light therapy and intense pulsed light therapy for the treatment of dry eye syndrome caused by Meibomian glands dysfunction. Journal Français d'Ophtalmologie, 2022.
- 12. BORGIA, Alfredo, et al. Device-based therapies as a boost of conventional treatment in dry eye disease. Expert Review of Ophthalmology, 2022, just-accepted.
- 13. RIVERA, José Y. Arteaga, et al. Combined Intense Pulsed Light and Low Level Light Therapy Vs. Oral Azithromycin for the treatment of moderate to severe hypersecretory meibomian gland disfunction. Investigative Ophthalmology & Visual Science, 2022, 63.7: 1966–A0296-1966–A0296.
- 14. GIANNACCARE, Giuseppe et al. "Serial Sessions of a Novel Low-Level Light Therapy Device for Home Treatment of Dry Eye Disease." Ophthalmology and therapy, 10.1007/s40123-022-00619-3. 9 Dec. 2022, doi:10.1007/s40123-022-00619-3
- 15. AVCI, Pinar, et al. Low-level laser (light) therapy (LLLT) in skin: stimulating, healing, restoring. In: Seminars in cutaneous medicine and surgery. NIH Public Access, 2013. p. 41.
- 16. GOO, Hyeyoon, et al. Effects of low-level light therapy at 740 nm on dry eye disease in vivo. Medical Lasers; Engineering, Basic Research, and Clinical Application, 2019
- 17. MARQUES, João Heitor, et al. Low-Level Light Therapy in Association with Intense Pulsed Light for Meibomian Gland Dysfunction. Clinical Ophthalmology, 2022, 4003-4010.
- 18. SHETTY, Rohit, D'SOUZA, Sharon, et al. A randomized controlled study evaluating outcomes of IPL and LLLT for treating MGD and evaporative DED. Indian Journal of Ophthalmology, 2023
- 19. BENYOUSSEF, A.-A.; ARZEL, F.; COCHENER, B. 3-month post-procedural evaluation of a combined intense pulsed light and photobiomodulation system in the treatment of meibomian gland dysfunction. Journal Français d'Ophtalmologie, 2023.
- 20. MEDURI, Alessandro, et al. Combined intense pulsed light and low-level light therapy for the treatment of refractory Meibomian gland dysfunction. European Journal of Ophthalmology, 2023, 33.2: 728-734.
- 21. CASTRO, Catarina, et al. Comparison of Light-Based Devices in the Treatment of Meibomian Gland Dysfunction. The Cureus Journal of Medical Science, 2023.



A number of other scientific articles, on numerous journals, have been published on Espansione technology.

- 1. STONECIPHER, Karl, et al. Dry-eye Management Before Surgery, Review Of Ophthalmology, 2018.
- STONECIPHER, Karl, et al. Low-Level Light Therapy LLLT as an Adjunct Treatment For Meibomian Glands Dysfunction (MGD), Acta Scientific Ophthalmology, 2020.
- 3. STONECIPHER, Karl; MATOSSIAN, Cynthia. What's Meibomian Gland Disease Got in Store for the Future?, Ophthalmology Management, 2020.
- 4. STONECIPHER, Karl. Low-Level Light Therapy, CRSTEurope, June 2021.
- 5. STONECIPHER, Karl, et al. Current treatments for Meibomian Gland Dysfunction and Eye Lid Margin Disease, Acta Scientific Ophthalmology, 2021.
- 6. CRAIG, Thomas. Understanding Photobiomodulation Therapy, Modern Optometry, 2021.
- 7. ARZEL, Florian. Treatment of meibomian dysfunction by pulsed light and photobiomodulation, Les Chaiers, 2021.
- 8. FARRANT, Sarah. Eye-Light Intense Pulsed Light and Low-Level Light Therapy Fantastic, Optician Online, 2021.
- 9. FARRANT, Sarah. Case Reviews in Dry Eye Management, Optician Clinical, 2021.
- KENIA, Vishal, et al. Effectiveness of eyelight therapy in improving dry eye symptoms, Indian Journal of Clinical and Experimental Ophthalmology, 2021.
- 11. AMBROZIAK, Anna, et al. Blue Light Mask in Meibomian Glands Dysfunction with Demodicosis, Warsaw Ophthalmology Clinic, 2020.
- AMBROZIAK, Anna, et al. Combined Intense Pulsed Light and Low-Level Light Therapy for the Treatment of Ocular Surface Diseases (OSD): 2 Years Eye-Light Experience, Warsaw Ophthalmology Clinic, 2020.
- 13. AMBROZIAK, Anna. New Treatments of Dry Eye Syndrome, Optyka, 2019.
- 14. KARPECKI, Paul. Shed Some Light on Dry Eye Disease (DED), Review of Optometry, 2019.
- 15. PULT, Heiko. Skin Temperature Measurement After Intense Pulsed Light and Application, Kontaktlinse, 2020.

- 16. BURATTO, Lucio. Dry Eye in Patients with Clinical History of Blepharitis and Chalaziosis, Eye Doctor, 2018.
- 17. MARINI, Leonardo, et al. Using LED Photobiomodulation to Treat Premature Ageing. Prime Journal, 2013.
- 18. KARPECKI, Paul. Light Therapy Which Is Better, Review of Optometry, 2021.
- 19. FARRANT, Sarah. Dry Eye and Saponification, Optician Clinical, 2023.
- 20. GIANNACCARE, Giuseppe. Serial Sessions Novel LLLT Device. Eye Doctor [Italian]
- 21. FARRANT, Sarah. The Ocular Microbiome, Optician Clinical, 2023

Finally, a non-comprehensive overview of crossreferenced scientific papers featuring Intense Power Light (IPL) and Low-Level Light Therapy (LLLT).

ON PHOTOBIOMODULATION

- 1. BUCH, John; HAMMOND, Billy. Photobiomodulation of the visual system and human health. International Journal of Molecular Sciences, 2020, 21.21.8020.
- 2. CHUNG, Hoon, et al. The nuts and bolts of low-level laser (light) therapy. Annals of biomedical engineering, 2012, 40-516-533.
- 3. DOMPE, Claudia, et al. Photobiomodulation—underlying mechanism and clinical applications. Journal of clinical medicine, 2020, 9.6. 1724.
- 4. FARIVAR, Shirin; MALEKSHAHABI, Talieh; SHIARI, Reza. Biological effects of low level laser therapy. Journal of lasers in medical sciences, 2014, 5.2-58.
- 5. HAMBLIN, Michael R. Mechanisms and applications of the anti-inflammatory effects of photobiomodulation. AIMS biophysics, 2017, 4.3-337.
- 6. HUANG, Ying-Ying, et al. Biphasic dose response in low level light therapy. Dose-response, 2009, 7.4- dose-response. 09-027.
- 7. HUANG, Ying-Ying, et al. Biphasic dose response in low level light therapy—an update. Dose-response, 2011, 9.4- dose-response. 11-009. ROJAS, Julio C.; GONZALEZ-LIMA, F. Low-level light therapy of the eye and brain. Eye and brain, 2011, 49-67. After Intense Pulsed Light and Application, Kontaktlinse, 2020.



ON AMD

- AGE-RELATED EYE DISEASE STUDY 2 (AREDS2) RESEARCH GROUP, et al. Lutein+ zeaxanthin and omega-3 fatty acids for age-related macular degeneration- the Age-Related Eye Disease Study 2 (AREDS2) randomized clinical trial. Jama, 2013, 309.19- 2005-2015.
- ALBARRACIN, Rizalyn; EELLS, Janis; VALTER, Krisztina. Photobiomodulation protects the retina from light-induced photoreceptor degeneration. Investigative ophthalmology & visual science, 2011, 52.6-3582-3592.
- 3. AO, Jack, et al. Safety profile of slit-lampdelivered retinal laser photobiomodulation. Translational Vision Science & Technology, 2020, 9.4. 22-22.
- 4. BEGUM, Rana, et al. Treatment with 670 nm light up regulates cytochrome C oxidase expression and reduces inflammation in an age-related macular degeneration model. PloS one, 2013, 8.2. e57828.
- BENLAHBIB, Manal, et al. Photobiomodulation therapy for large soft drusen and drusenoid pigment epithelial detachment in age-related macular degeneration: a single-center prospective pilot study. RETINA, 2022, 10.1097.
- BURTON, Ben, et al. LIGHTSITE II Randomized Multicenter Trial, Evaluation of Multiwavelength Photobiomodulation in Non-exudative Age-Related Macular Degeneration. Ophthalmology and therapy, 2023, 1-16
- C Tedford et al Improvement of visual function following photobiomodulation with the Valeda ARVO 2021
- 8. DE FREITAS, Lucas Freitas; HAMBLIN, Michael R. Proposed mechanisms of photobiomodulation or low-level light therapy. IEEE Journal of selected topics in quantum electronics, 2016, 22.3.348-364.
- 9. GREWAL, Manjot K., et al. A pilot study evaluating the effects of 670 nm photobiomodulation in healthy ageing and agerelated macular degeneration. Journal of Clinical Medicine, 2020, 9.4. 1001.
- 10. IVANDIC, Boris T.; IVANDIC, Tomislav. Low-level laser therapy improves vision in patients with age-related macular degeneration. Photomedicine and laser surgery, 2008, 26.3. 241-245
- 11. KAYMAK, HAKAN; SCHWAHN, HARTMUT. Photobiomodulation as a treatment in dry AMD. Retina Today. May-June Special Edition, 2020.

- 12. KOKKINOPOULOS, Ioannis, et al. Age-related retinal inflammation is reduced by 670 nm light via increased mitochondrial membrane potential. Neurobiology of aging, 2013, 34.2: 602-609.
- 13. MARKOWITZ, Samuel N., et al. A double-masked, randomized, sham-controlled, single-center study with photobiomodulation for the treatment of dry age-related macular degeneration. Retina (Philadelphia, Pa.), 2020, 40.8. 1471.
- 14. MERRY, Graham F., et al. Photobiomodulation reduces drusen volume and improves visual acuity and contrast sensitivity in dry age-related macular degeneration. Acta ophthalmologica, 2017, 95.4. e270-e277.
- 15. Merry, Graham, M. B. B. S., et al. Treatment of dry Age-related Macular Degeneration with Photobiomodulation.
- 16. MUSTE, Justin C., et al. Photobiomodulation therapy in age-related macular degeneration. Current Opinion in Ophthalmology, 2021, 32.3: 225-232.
- 17. MUSTE, Justin C.; RUSSELL, Matthew W.; SINGH, Rishi P. Photobiomodulation therapy for age-related macular degeneration and diabetic retinopathy, a review. Clinical Ophthalmology, 2021, 3709-3720.
- 18. RUBNER, Rhianna; LI, Kang V.; CANTO-SOLER, M. Valeria. Progress of clinical therapies for dry age-related macular degeneration. International Journal of Ophthalmology, 2022, 15.1. 157.
- 19. SAMANTA, Anindya, et al. Emerging therapies in nonexudative age-related macular degeneration in 2020. The Asia-Pacific Journal of Ophthalmology, 2021, 10.4-408-416
- 20. SHINHMAR, Harpreet, et al. Optically improved mitochondrial function redeems aged human visual decline. The Journals of Gerontology. Series A, 2020, 75.9. e49-e52.
- 21. SIQUEIRA, Rubens Camargo, et al. Short-Term Results of Photobiomodulation Using Light-Emitting Diode Light of 670 nm in Eyes with Age-Related Macular Degeneration. Photobiomodulation, Photomedicine, and Laser Surgery, 2021, 39.9: 581-586.
- 22. SIVAPATHASUNTHARAM, Chrishne, et al. Aging retinal function is improved by near infrared light (670 nm) that is associated with corrected mitochondrial decline. Neurobiology of Aging, 2017, 52, 66-70.
- 23. WONG, Wan Ling, et al. Global prevalence of agerelated macular degeneration and disease burden



- projection for 2020 and 2040- a systematic review and meta-analysis. The Lancet Global Health, 2014, 2.2- e106-e116.
- 24. ZHANG, Chun-Xia, et al. Considerations for the Use of Photobiomodulation in the Treatment of Retinal Diseases. Biomolecules, 2022, 12.12. 1811.
- 25. ZHU, Qin, et al. Near infrared (NIR) light therapy of eye diseases A review. International journal of medical sciences, 2021, 18.1, 109.

ON OTHER RETINAL CONDITIONS

- CALBIAGUE GARCÍA, Víctor, et al. Evaluation of Photobiomodulation and Boldine as Alternative Treatment Options in Two Diabetic Retinopathy Models. International Journal of Molecular Sciences, 2023, 24.9.7918.
- 2. GOPALAKRISHNAN, Sandeep, et al. Photobiomodulation preserves mitochondrial redox state and is retinoprotective in a rodent model of retinitis pigmentosa. Scientific Reports, 2020, 10.1- 1-13.
- 3. LE, Hoang Mai, et al. Effects of Photobiomodulation in Patients Presenting with Reticular Pseudodrusen. A Retrospective Observational Case Series Study. Medicina, 2022, 58.11. 1662
- MEYER-BOTHLING, Ulrich; MEYER-BOTHLING, Oliver; PINNEY, Marika. A Real-World Single-Centre Study of Patients with Diabetic Macular Oedema Who Wore a Home-Use Sleep Mask (Noctura 400) for One Year. Journal of Ophthalmology, 2021, 2021.
- 5. SCALINCI, Sergio Zaccaria, et al. Effects of photo-biomodulation in Stargardt disease. Clinical Ophthalmology, 2022, 85-91.
- TANG, Johnny; HERDA, Ashley A.; KERN, Timothy S. Photobiomodulation in the treatment of patients with non-center-involving diabetic macular oedema. British Journal of Ophthalmology, 2014, 98.8-1013-1015.
- 7. WONG-RILEY, Margaret TT, et al. Photobiomodulation directly benefits primary neurons functionally inactivated by toxins, role of cytochrome c oxidase. Journal of Biological Chemistry, 2005, 280.6. 4761-4771.

ON ANTERIOR SEGMENT CONDITIONS

- 1. VORA, Gargi K.; GUPTA, Preeya K. Intense pulsed light therapy for the treatment of evaporative dry eye disease. Current opinion in ophthalmology, 2015, 26.4: 314-318.
- CRAIG, Jennifer P.; CHEN, Yen-Heng; TURNBULL, Philip RK. Prospective trial of intense pulsed light for the treatment of meibomian gland dysfunction. Investigative ophthalmology & visual science, 2015, 56.3: 1965-1970.
- 3. TOYOS, Rolando; MCGILL, William; BRISCOE, Dustin. Intense pulsed light treatment for dry eye disease due to meibomian gland dysfunction; a 3-year retrospective study. Photomedicine and laser surgery, 2015, 33.1: 41-46.
- SANTANA-BLANK, Luis, et al. "Quantum leap" in photobiomodulation therapy ushers in a new generation of light-based treatments for cancer and other complex diseases: perspective and mini-review. Photomedicine and laser surgery, 2016, 34.3: 93-101.
- 5. AVCI, Pinar, et al. Low-level laser (light) therapy (LLLT) in skin: stimulating, healing, restoring. In: Seminars in cutaneous medicine and surgery. NIH Public Access, 2013. p. 41.
- 6. MORI, Asako, et al. Disposable eyelid-warming device for the treatment of meibomian gland dysfunction. Japanese journal of ophthalmology, 2003, 47.6: 578-586.
- 7. OHSHIRO, Toshio, et al. The possibility of the application of low reactive level laser therapy in the field of ophthalmology. Laser Therapy, 2007, 16.4: 189-197.
- 8. KOEV, K. Aplication of low-level laser therapy (LLLT) in patients with Retinitis Pigmentosa (RP). Acta Ophthalmologica, 2015, 93.



-OFFERINGS



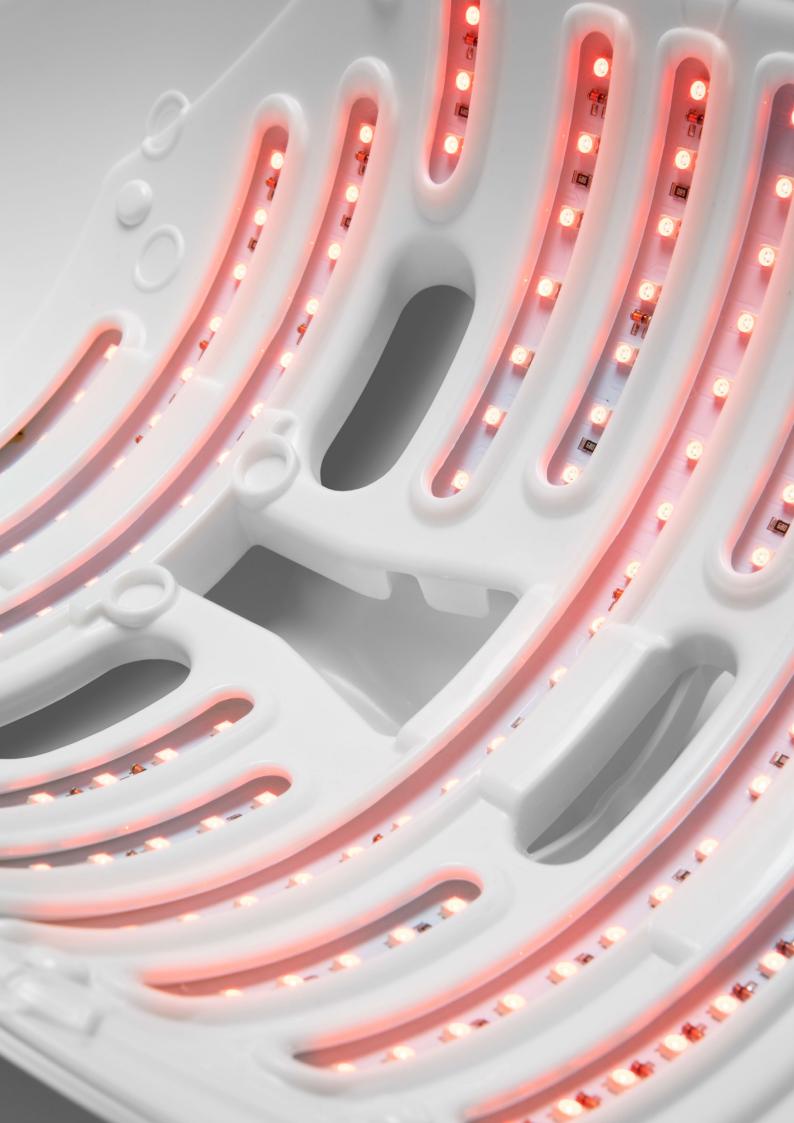
Dermatology

Dermatology is our heritage offering, leveraging both our technologies' unique prerogatives to provide patients with medical-grade cosmetic treatments.

Lab

We constantly focus our effort on innovation. Our Lab division is where we develop new technologies and solutions.

In the Espansione Lab we also work alongside toptier members of the global scientific community to research new applications of existing technologies.



science onward



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