

Quantification of the effect of Lipo-PGE₁ on angiogenesis

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** We have nothing to declare.*

Current Use of Lipo-PGE₁

- *Introduced in clinical practice*

-Carlson, 1973-

- Improves cutaneous microcirculation -Suzuki S, 1987-
- *On blood flow, viscosity, fibrinolysis, platelet aggregation* -Schrör, 1997-
- Potent hemodynamic effect in heart failure -Pacher, 1997-
- Reduce ischemia/reperfusion injury -Huk, 2000-
- *Improve hemodynamic effects in heart failure/transplantation*

-Pacher, 1997; Haider, 2005-

- *Diabetic neuropathy, leg ulcers* -Toyota, 1993-
- Pph. arterial occlusive disease (PAOD) -Weiss, 2003-
- Diabetic murine hindlimb ischemia -Huang, 2008-
- *Pulmonary hypertension & PAOD* -Weiss, 2005-
- Collagen related skin ulcer -Murota, 2008 -
- *Renal injury* -Stanek, 1997-

Purpose

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Successful composite graft for fingertip amputations using ice-cooling and lipo-prostaglandin E1[☆]

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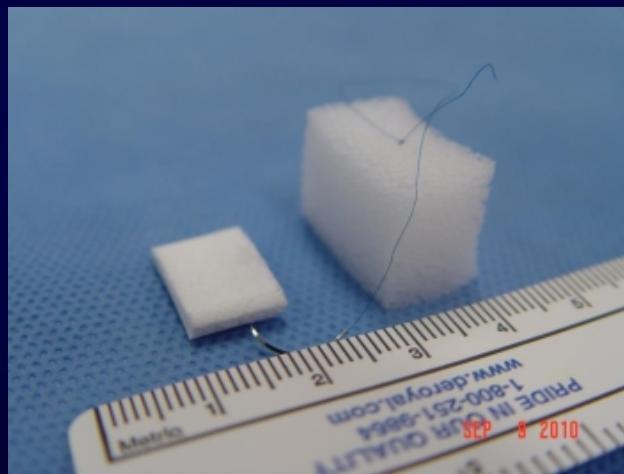
: To confirm our previous report experimentally & scientifically

Materials and Methods

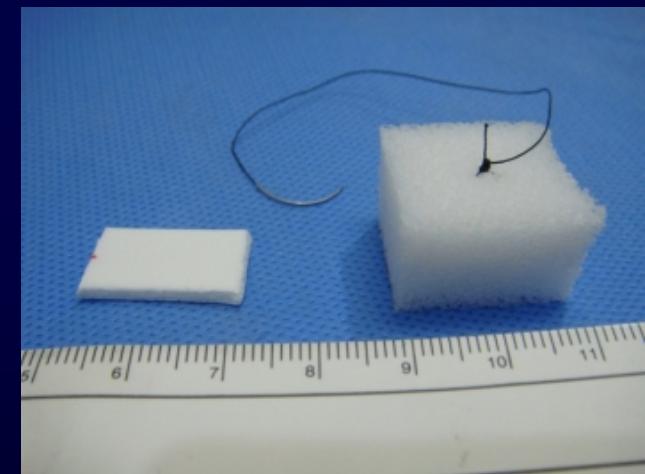
- 15 New Zealand white rabbits
- 2 groups
 - 8 experimental, 7 control
- Anesthesia
 - 5% Ketamine hydrochloride, 60 mg/kg
- Scaffolds implanting (S.C.) in the back
 - Merocel®
 - AlloDerm®
- Lipo-PGE₁ (Eglandin®) IV for 2 wks
 - Ear ; marginal veins
 - 3 μ g/kg/day



Meroce[®]l as a scaffold (Standard Nasal Dressing)



1 X 2 X 1.5 cm



2 X 2 X 1.5 cm

99m TcO₄⁻ clearance technique

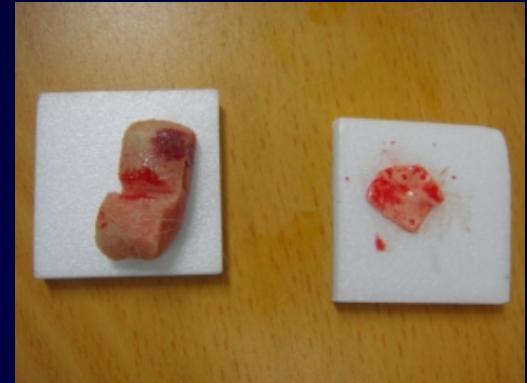
- Mean clearance half time ($T_{1/2}$)

- At post-implant 2 wks
- Washout of radioactivity
- Collimated gamma-scintillation camera for 30 min



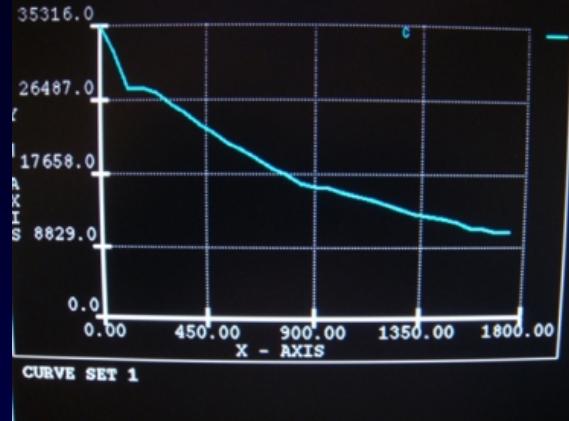
Histologic examination

- Extraction of implants at postop. 2wks
 - Merocel®, AlloDerm®
 - Cut surface at the mid portion
- H & E staining
- Immunohistochemistry
 - CD31 (DAKO, Glostrup, Denmark) staining
 - counting of the new vessels under light microscopy (x400)
: 10 sites of HPF
- Statistical analysis
 - co-variants (ANCOVA) test by a specialist



RESULTS

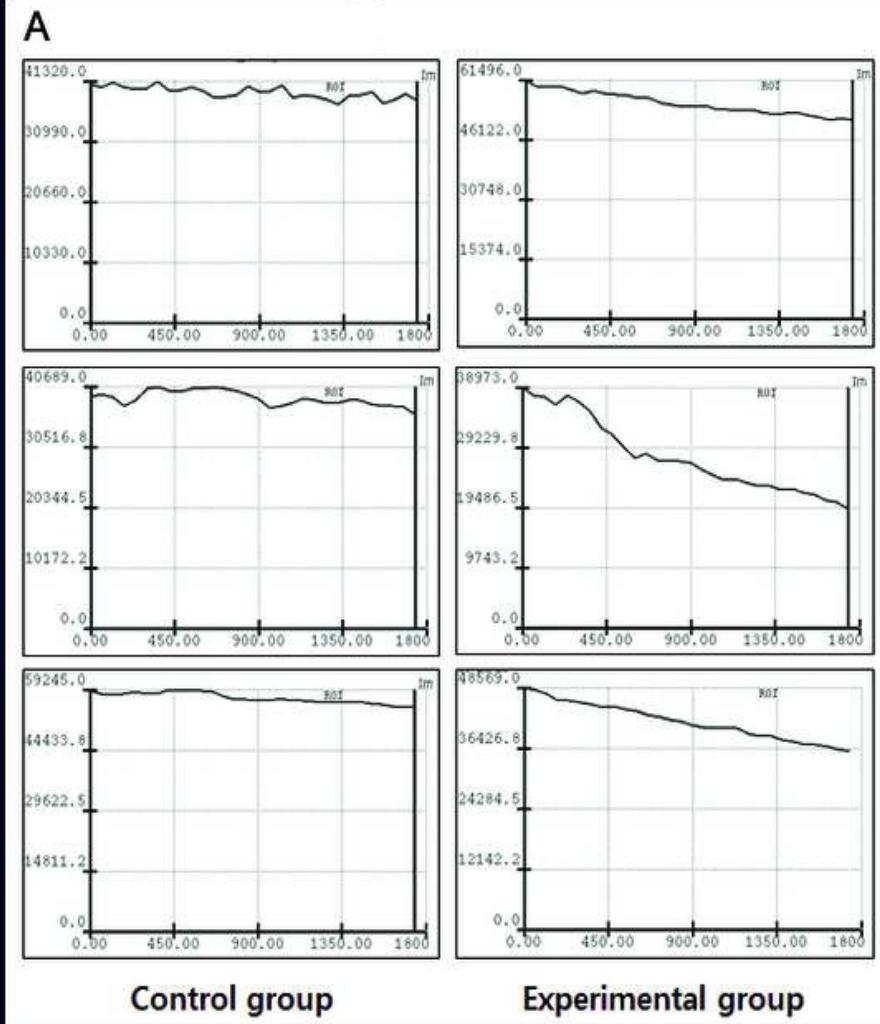
$^{99m}\text{TcO}_4^-$ clearance rate



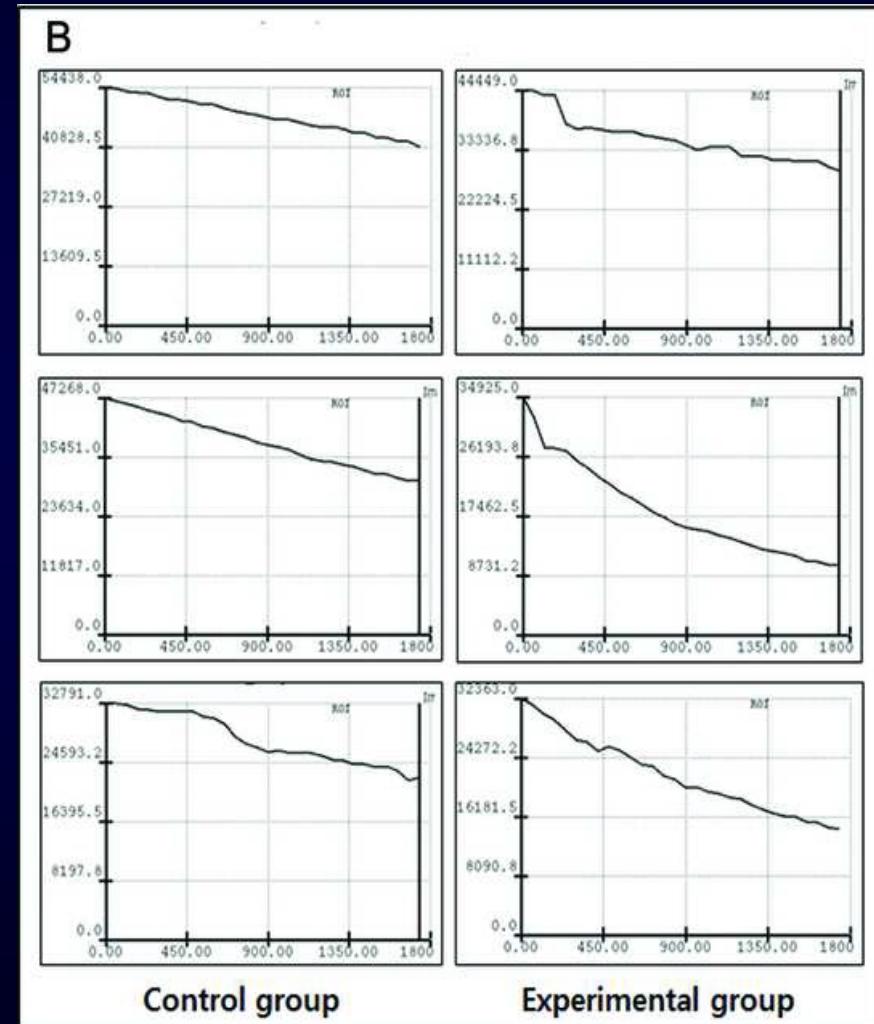
- Mean clearance half time ($T_{1/2}$)
 - in $1 \times 2 \times 1.5$ cm ($p = 0.0125$)
: 4005 ± 2161.3 (test), 13840 ± 4644.6 (control)
 - in $2 \times 2 \times 1.5$ cm ($p = 0.0413$)
: 1560 ± 1174.7 (test), 3405 ± 807.03 (control)
- Variance depended on the matrix size

99m TcO₄⁻ clearance rate

1 X 2 X 1.5 cm³



2 X 2 X 1.5 cm³



in 2 different sized Merocel®

Histological examination

(measurement of newly formed blood vv.)

● Merocel® matrix

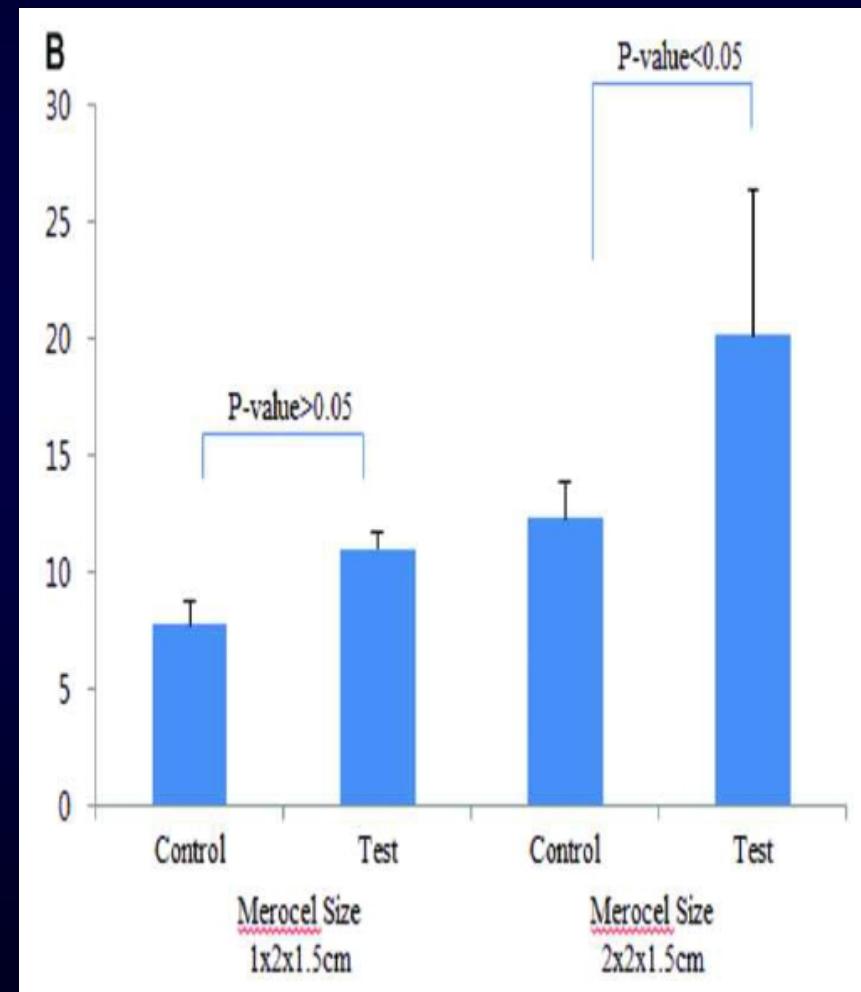
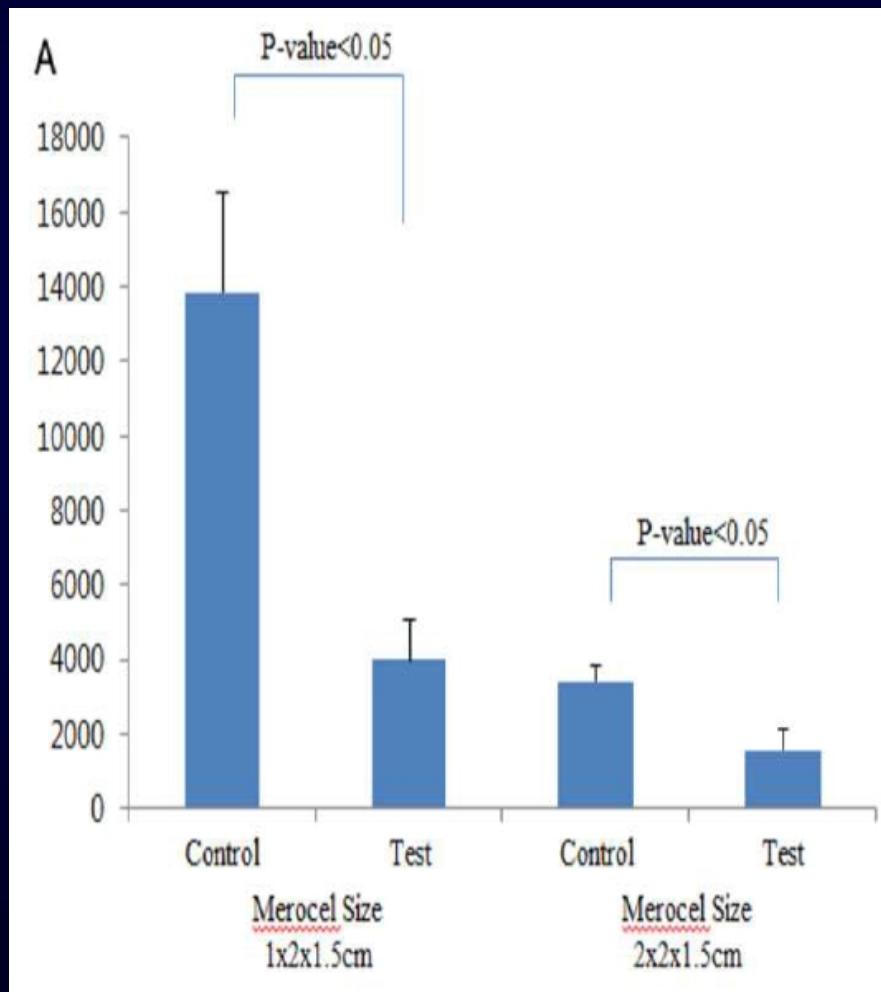
- in 1 X 2 X 1.5 cm ($p = 0.0501$)
 : 11 ± 1.58 (test), 7.8 ± 1.71 (control)
- in 2 X 2 X 1.5 cm ($p = 0.02679$)
 : 20.19 ± 12.47 (test), 12.33 ± 3.25 (control)

● AlloDerm® matrix

- statistically unavailable
- small in numbers at 2 weeks

(A) $^{99m}\text{TcO}_4^-$ clearance half time

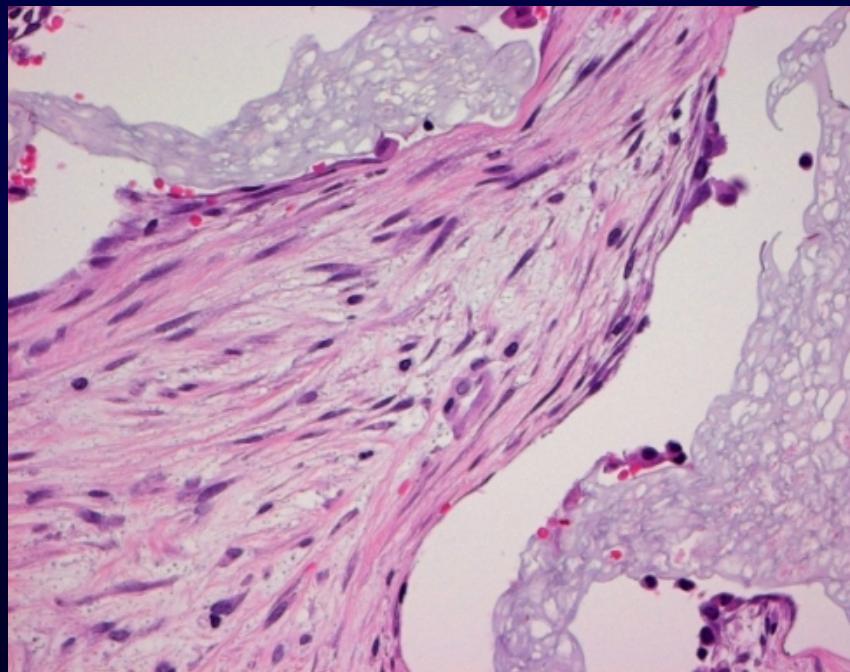
(B) # of newly formed vvs. from Merocel® implants



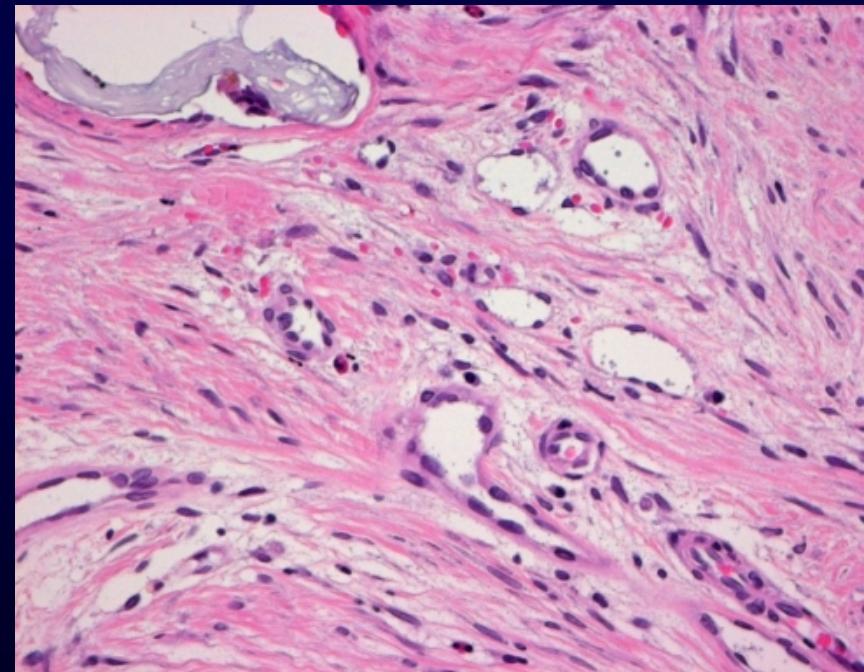
Histopathology

- H&E - (Merocel®)

Control group



Lipo-PGE1 group

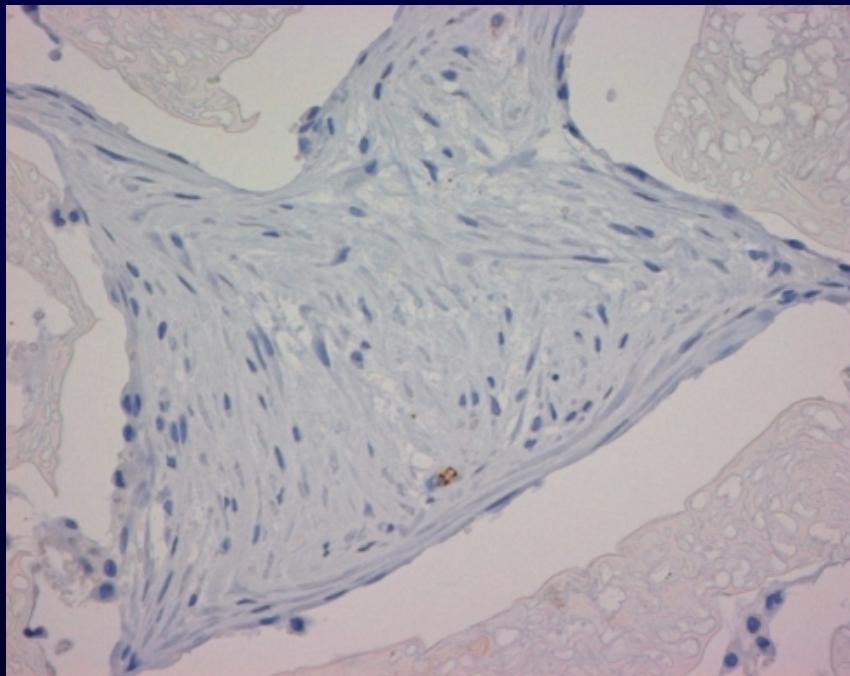


X 400

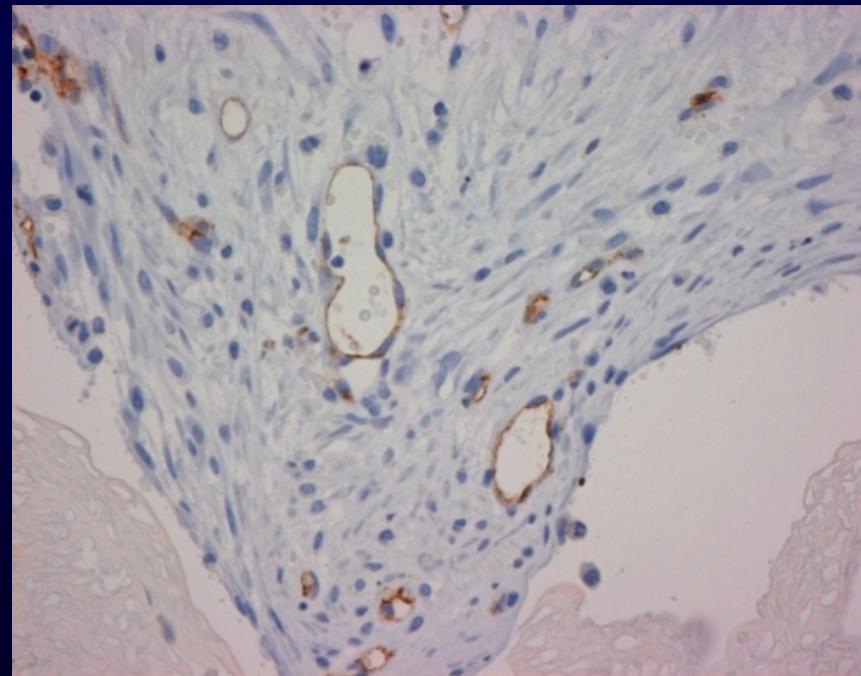
Immunohistochemistry

- CD31 - (Merocel®)

Control group



Lipo-PGE1 group

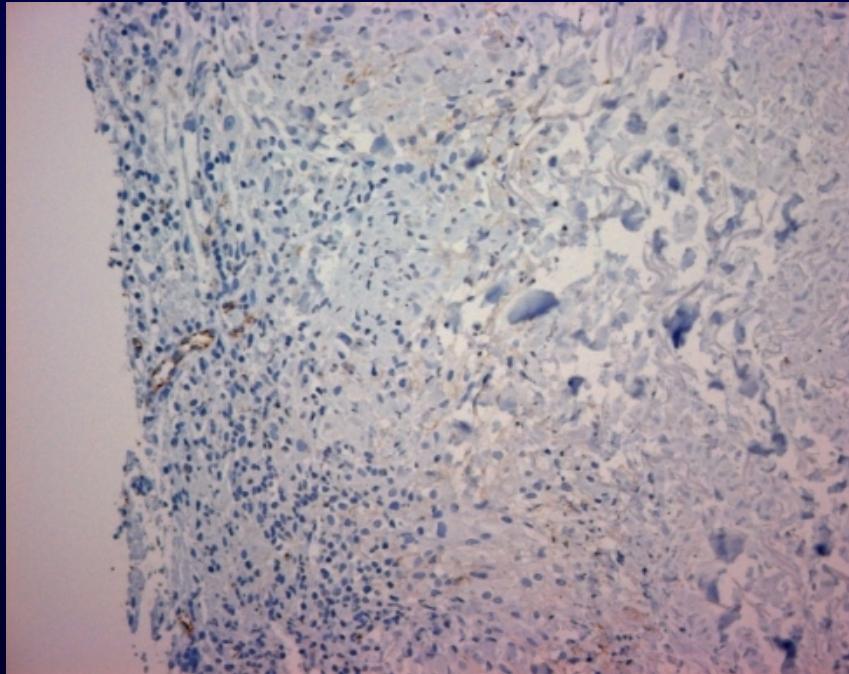


X 400

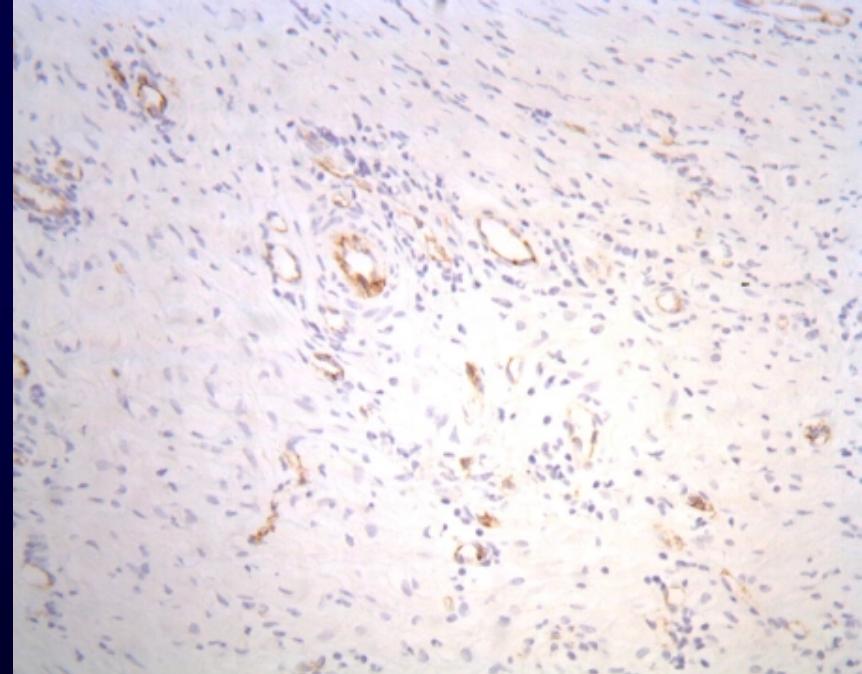
Immunohistochemistry

- CD31 - (Alloderm[®])

Control group



Lipo-PGE1 group



X 200

of vessels failed to show a significant difference between 2 groups.



Conclusion

Lipo-PGE₁ (Eglandin®)

- = Alprostadil® (PGE₁) + Lipid microsphere

- Effective in angiogenesis

- Composite graft survival
in unreplantable fingertip amputation

- Improves microcirculation

