

# The Effects of *Euterpe oleracea* Mart. (Açaí) Extract on the Survival of Random-Pattern Skin Flaps in Rats

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**INTRODUCTION:** Flap necrosis remains a major complication of reconstructive surgery. *Euterpe oleracea* Mart., popularly known as “açaí,” is cultivated in the Amazon region of Brazil. It contains hydroxybenzoic acids, antioxidant polyphenolics, flavan-3-ols, and anthocyanins. Açaí exhibits anti-inflammatory action through the inhibition of cyclooxygenases 1 and 2<sup>1</sup>, vasodilation, inhibition of nitric oxide production, inducible nitric oxide synthase activity and expression, and antioxidant properties<sup>2</sup>. Current study demonstrates that polyphenolics increase cutaneous angiogenesis<sup>3</sup>. This study evaluated whether açaí could improve the survival of random-pattern skin flaps in an experimental rat model.

**MATERIALS AND METHODS:** Thirty male Sprague-Dawley rats were randomly divided into two groups: the açaí treatment group (n=15), and the control group (n=15). In açaí and control groups, 3x9cm dorsal skin flaps including the panniculus carnosus were elevated and sutured back into place (Figure 1). To block the new blood supply from the bed, a silicone sheet was placed under the flaps<sup>4</sup>. In açaí treatment group, 100 mg/kg/day of açaí stone extract<sup>5</sup> was administered in drinking water for 7 days. Control group received saline. Seven days post-procedure, flap survival was measured and histologic specimens were harvested from the flap midline. Histologic examination, inflammatory mediator detection, and immunohistochemical analysis were performed.

**RESULTS:** The percentage of flap survival was higher in açaí treatment group (80.21±9.05%) than in control group (60.08±8.53%) (P<0.05). Açaí treatment group had more VEGF-positive cells than control group on immunohistochemistry (P<0.05). CD31-positive microvascular densities were significantly higher in açaí treatment group than in control group (P<0.05). Anti- $\alpha$ -smooth muscle actin antibody expression was also significantly higher in açaí treatment group than in control group (16.47±4.32/HPF vs. 7.40±2.69/HPF, respectively; P<0.05). Western blot analysis of the expression of anti-VEGF in lysates revealed significantly greater VEGF protein expression in açaí treatment group compared with control group (1.11±0.17 vs. 0.39±0.09, respectively; P<0.05) (Figure 2).

**CONCLUSION:** This study found that açaí intake increased neovascularization and mitigated tissue damage and inflammatory responses; açaí treatment was also associated with a higher percentage of random-pattern skin flap area survival.

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## FIGURE LEGEND:

**Figure 1.** The caudally based random pattern skin flap (3 x 9 cm) was elevated on the dorsum of rat.

**Figure 2.** Açaí stone extract increases the expression of VEGF determined by Western blot analysis in flap midline specimens from Sprague-Dawley rats. Results are represented as mean±SEM; n=10 for each group, \*P<0.05

