



شبكة المعلومات الجامعية
التوثيق الإلكتروني والميكرو فيلم

بسم الله الرحمن الرحيم



HANAA ALY



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شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلم



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جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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A Histological Study on the Effect of Dextrose Prolotherapy on Skeletal Muscle Injury In Adult Male Albino Rats

Thesis

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List of Abbreviations

Abb.	Full term
ANOVA	One-way analysis of variance
BMD	Becker muscular dystrophy
CARE	Committee of animal research ethics
CT	Computed tomography
CTGF	Connective tissue growth factor
DMD	Duchenne muscular dystrophy
ECM	Extracellular matrix
EGF	Epidermal growth factor
FGF	Fibroblast growth factor
HGF	Hepatocyte growth factor
IGF	Insulin growth factor
IL-1 beta	Interleukin-1 beta
IL-10	Interleukin-10
IL-12	Interleukin-12
MGF	Mechano growth factor
MHC	Myosin heavy chain
MRI	Magnetic resonance imaging
NSAIDs	Non steroidal anti-inflammatory drugs
PDGF	Platelet derived growth factor
PG	Prostaglandins
SC	Satellite cells
SPSS	Statistical Package for Social Studies
TGF-beta 1	Transforming growth factor-beta 1
TNF-beta	Tumor necrotic factor-beta
U/S	Ultrasonography
VEGF	Vascular endothelial growth factor

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A Histological Study on the Effect of Dextrose Prolotherapy on Skeletal Muscle Injury In Adult Male Albino Rats

Abstract

Background: Skeletal muscle injuries are one of the most common injuries occurring in sport medicine varies from 10% to 55% of all injuries. Phases of muscle injuries includes a series of complex stages including inflammation, regeneration and remodeling. Treatment of the injuries is based on conservative measures as rest, elevation, physical therapy and non steroidal anti-inflammatory medications. Many injection protocols have been proposed for the treatment of muscle lesions as corticosteroid injection. Recently prolotherapy appears to have a safety profile comparable with other injection procedures.

Aim of the work: The aim of the present work is to determine the efficacy of dextrose prolotherapy in treatment of skeletal muscle injury in adult male albino rats.

Material and methods: Sixty six adult male albino rats were used in the study. They were divided into control (group I) and experimental groups. Control group: rats were left without any intervention. The experimental group was group II that was divided into sham operated group in which skin incision was done in the left hindlimb without injury to gastrocnemius (group II¹) and muscle injury group in which transverse cut injury across the midbelly of the gastrocnemius muscle of right hindlimb was done (group II²) and group III that was divided into lidocaine injected group in which skin incision in lefthindlimb was done without injury to gastrocnemius followed by injection of 0.3 ml 1% lidocaine was injected across the muscle (group III¹) and muscle injury treated with dextrose prolotherapy group in which a transverse cut injury across the midbelly of gastrocnemius of right hindlimb was done followed by injection of 0.1 ml of dextrose prolotherapy of mixture of 0.1ml of 12.5% dextrose and 0.3 ml of 1% lidocaine (group III²). The animals were received 6 injections of lidocaine and dextrose prolotherapy at 5 days interval (starting from day 0 to day 25). In group II and III, muscle specimens were taken at 5,12 and 28 days and processed for light microscope

Results: Examination of Group II`A (5 days untreated group) showed intense infiltration of mononucleated inflammatory cells intermingling with dispersed myoblasts and macrophages. Group II`B (12 days untreated group) showed regenerating myotubes intermingling with mononuclear inflammatory infiltrate and macrophages. Group II`C (28 days untreated group) showed some muscle fibers with peripherally elongated nuclei while others showed centrally vesicular ones. Examination of group III`A (5 day treated group with prolotherapy) showed longitudinal regenerating myofibers with multiple rows of internal vesiculated nuclei. Group III`B (12 days treated group) showed newly formed myofibers with incomplete striations together with well developed newly formed striated longitudinal muscle bundles with peripheral flattened nuclei , group III`C (28 days treated group) showed cross striated muscle fibers with the appearance of elongated vesicular nuclei.

Conclusions: dextrose prolotherapy was effective in soft tissue healing as it accelerated myoblast proliferation and differentiation

Key words: Skeletal muscle injury, Dextrose prolotherapy,

Introduction

Skeletal muscle is an amazing tissue in many regards, it is specialized to generate force and has an impressive ability to adapt to changing functional demands and provide a major site for energy storage in the body. Muscle can serve an endocrine function in which it releases factors and small molecules that can influence the growth, function and development of other tissues (**Tidball, 2011**).

Skeletal muscle injuries are one of the most common injuries occurring in sport medicine, their frequency varies from 10% to 55% of all injuries. The pathophysiology of muscle injuries includes a series of complex stages which may occur simultaneously including degeneration, inflammation, regeneration and the formation of fibrotic scar tissue (**Baoge et al., 2012 and Tsai et al., 2018**).

Treatment of muscle injuries is based on conservative treatments as rest, icing and elevation together with non steroidal anti-inflammatory medication (**Baoge et al., 2012**).

Recently, many injection protocols have been proposed for the treatment of muscle lesions as

prolotherapy or proliferative therapy (**Orchard et al., 2008**).

Proliferative therapy (prolotherapy or regenerative injection therapy) is a non-surgical technique that introduce locally irritant substances (proliferant) to the site of painful and degenerated tendons, joints, ligaments and muscles. Prolotherapy accelerates the natural healing process of the body by initiating a local inflammatory cascade that trigger the release of inflammatory cells as granulocytes and macrophages that induce the release of multiple growth factors (**Campbell and Dunn, 2012; Hauser et al., 2016**).

Growth factors released by prolotherapy include platelet derived growth factors (PDGF), fibroblast growth factor (FGF) at early stages of healing to induce proliferation of myoblasts together with connective tissue growth factor (CTGF) and insulin growth factor (IGF) at late stages of healing to induce fusion and differentiation of myoblasts (**Karalaki et al., 2009**).

The most common used agent is hyperosmolar dextrose usually in a concentration of 25% mixed with saline. Dextrose (d-glucose) is a natural form of glucose normally found in the body. It is considered to be an ideal

proliferant as it is water soluble and can be injected safely into multiple areas and in large quantity (**Hauser et al., 2016**).

Aim of the Work

The aim of the present study is to determine the efficacy of dextrose prolotherapy in treatment of skeletal muscle injury in adult male albino rats.

Specific objectives

To study the skeletal muscle histology and to investigate the possible therapeutic effects of dextrose prolotherapy on skeletal muscle injury and regeneration in adult male albino rats by light microscopy using paraffin and semithin sections together with morphometric analysis.