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1. *J Periodontal Implant Sci.* 2011 Dec;41(6):285-292. English. <http://dx.doi.org/10.5051/jpis.2011.41.6.285>



Periodontal regenerative effect of a bovine hydroxyapatite/collagen block in one-wall intrabony defects in dogs: a histometric analysis.

Jung UW, Lee JS, Park WY, Cha JK, Hwang JW, Park JC, Kim CS, Cho KS, Chai JK, Choi SH.

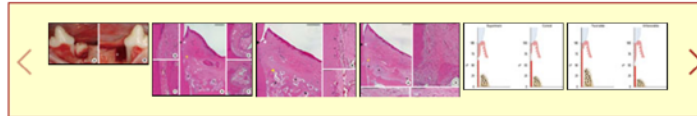
Department of Periodontology, Research Institute for Periodontal Regeneration, Yonsei University College of Dentistry, Seoul, Korea. shchoi726@yuhs.ac

Abstract

PURPOSE: The aim of this study was to elucidate the effect of a bovine hydroxyapatite/collagen (BHC) block in one-wall intrabony periodontal defects in dogs. **METHODS:** A one-wall intrabony periodontal defect (4 mm wide and 5 mm deep) was prepared bilaterally at the mesial side of the mandibular fourth premolar in five beagle dogs. After thorough root planing, block-type BHC (4x5x5 mm) was placed on one side. The contralateral defect area did not receive any material as a sham-surgery control. Histological analysis of the sites was performed after an 8-week healing period. **RESULTS:** Two of five samples in the experimental group healed well without dissipation of the graft materials, and histological analysis revealed excellent regeneration of the periodontal tissues. However, most of the grafted materials had been displaced in the other three samples, leaving only a small portion of the graft. The measured parameters exhibited large standard deviations, and the mean values did not differ significantly between the experimental and sham-surgery control sides. **CONCLUSIONS:** The application of BHC alone-without a barrier membrane-to wide, one-wall intrabony periodontal defects yielded inconsistent results regarding both periodontal regeneration and substantivity of the graft materials. Thus, the use of a barrier membrane for noncontained-type defects is recommended to improve the stability of the grafted material, and to condense it.

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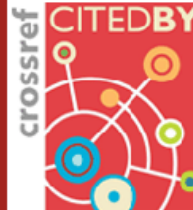
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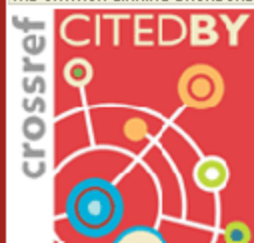
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Keywords: Collagen, Guided tissue regeneration, Histology
INTRODUCTION
The concept of guided tissue regeneration (GTR) for periodontal disease has been extended to guided bone regeneration for implant surgery.

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Ui-Won Jung, Jung-Seok Lee, Won-Young Park, Jae-Kook Cha, Ji-Wan Hwang, Jung-Chul Park, Chang-Sung Kim, Kyo-Sung Cho, Jung-Ku Choi and Seong-Ho Choi
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Abstract

Purpose
The aim of this study was to evaluate the effect of a bovine hydroxyapatite/collagen (BHC) block in one-wall intrabony periodontal defects in dogs.

Methods
A one-wall intrabony periodontal defect (4 mm wide and 5 mm deep) was prepared bilaterally at the mesial side of the mandibular fourth premolar in five beagle dogs. After thorough root planning, block-type BHC (4x5x5 mm) was placed on one side. The contralateral defect area did not receive any material as a sham-surgery control. Histological analysis of the sites was performed after an 8-week healing period.

Results
Two of five samples in the experimental group healed well without displacement of the graft materials, and histological analysis revealed excellent regeneration of the periodontal tissues. However, most of the grafted materials had been displaced in the other three samples, leaving only a small portion of the graft. The measured parameters exhibited large standard deviations, and the mean values did not differ significantly between the experimental and sham-surgery control sides.

Conclusions
The application of BHC alone without a barrier membrane to wide, one-wall intrabony periodontal defects yielded inconsistent results regarding both periodontal regeneration and substitutivity of the graft materials. Thus, the use of a barrier membrane for noncontaminant-type defects is recommended to improve the stability of the grafted material, and to confine it.

Keywords: Collagen, Guided tissue regeneration, Histology

INTRODUCTION

The concept of guided tissue regeneration (GTR) for periodontal disease has been extended to guided bone regeneration for implant surgery. Both treatment modalities commonly require a barrier membrane to prevent epithelial downgrowth and to provide provisional space for regeneration [1]. Indeed, a barrier membrane has been considered essential for the achievement of successful results.

These membranes can be categorized based on their bioreabsorbability as either nonresorbable or resorbable. Nonresorbable membranes, such as expanded polytetrafluoroethylene, may suit the requirements for the ideal barrier membrane with regard to both mechanical strength and cell occlusiveness [2,3]. However, the frequent prevalence of wound dehiscence associated with their use can produce an adverse outcome [4]. The necessity of a second operation to remove the membrane is another drawback of the nonresorbable-type membrane. In contrast, resorbable membranes, such as the double-layered porcine type I collagen membrane, exhibit relatively good handling properties and can be resorbed over a reasonable period, negating the need for an additional surgical intervention [5]. However, these membranes are vulnerable to collapse due to their low mechanical stability. It is thus recommended that they be reinforced by combining them with bone graft material [6].

Since the use of membranes increases the cost and extends the operation time, bone grafting without a barrier membrane has been attempted as an alternative treatment modality. Tight filling of the bone substitute particles themselves at the intrabony defect reportedly protects the epithelial cells from migration without the need for a barrier membrane [7,8], and it seems that bone grafting alone can act as both a membrane and a scaffold if the grafted materials are well localized and maintained within the defect. However, a meta-analysis found that the use of a membrane in the treatment of intrabony defects might enhance clinical parameters compared to a bone graft alone [9,10].

Several preclinical studies found no distinctive differences between the aforementioned treatment modalities (i.e., bone graft alone versus a combination of barrier membrane and bone graft) [6,11,12]. It appears to be difficult to localize a particulate bone graft within the defect without the aid of a barrier membrane [13], especially when there are few bony walls surrounding the osseous defect, which is a critical factor in the success of regenerative potential. Favorable results would be expected even following the debilitation alone for contained defects, such as extraction sockets, and three-wall defects, where lateral slots can be stably maintained. Conversely,



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Table with 4 columns and 10 rows of data, likely representing histometric measurements.

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ORCID: Ui-Won Jung, Jung-Seok Lee, Won-Young Park, Jae-Kook Cha, Ji-Wan Hwang, Jung-Chul Park, Chang-Sung Kim, Kyo-Sung Cho, Jung-Ku Choi, Seong-Ho Choi

Funding: Ministry for Health, Welfare & Family Affairs, Korea, A01019

in order to achieve ease of handling without the need to apply a membrane, bovine hydroxyapatite (BHC) particles incorporated with a porcine type I collagen matrix have been developed. This material can be stabilized without displacement, like a hard sponge, which allows it to be adapted and condensed into irregular defects. BHC has been used widely for the correction of periodontal osseous defects and augmentation of resorbed alveolar ridges around dental implants [5,8,14-19], and the similarity of its porosity and microstructure to human bone provides an excellent osteoconductive environment within osseous defects. Bovine hydroxyapatite/collagen (BHC) has combined the advantages of BHC and a collagen matrix, and it can be softened to produce favorable manipulability when soaked. Several preclinical and clinical studies have indicated that a combination of BHC grafting and GTR enhances the periodontal regeneration in periodontal intrabony defects [19-22]. BHC is expected to maintain the dimensions of the defect space during the healing phase, even in the noncontaminated type, such as a one-wall intrabony defect. If the stability of the grafted material within the defect is guaranteed, this may remove the need for a barrier membrane.

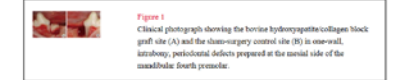
The aim of this study was to evaluate the effect of BHC grafting without a barrier membrane in one-wall periodontal intrabony defects in dogs.

MATERIALS AND METHODS

Animals
Five male beagle dogs, 15 months old and weighing about 10 to 15 kg, were used. The animals had intact dentition and a healthy periodontium. Animal selection, management, preparation, and surgical protocols followed routine procedures approved by the Animal Care and Use Committee, Yonsei Medical Center, Seoul, Korea.

Surgical procedures

The basic surgical protocol and defect site preparation with the exception of the application of the experimental biomaterial followed routine procedures established in previous studies [23]. Briefly, local infiltration anesthesia under general anesthesia was performed for the duration of the surgical procedure, which was performed under sterile conditions in an operating room. Following extraction of the mandibular third premolar, 8 weeks of healing were allowed. One-wall intrabony defects (4 mm wide and 5 mm deep) were prepared bilaterally (one on each side) using a high-speed fissure bur and a bone chisel at the mesial side of the mandibular fourth premolar. Following thorough planning of the root surface exposed within the defect, a reference notch was ditched at the mostapical junction of the root adjacent to the margin of the defect. Block-type BHC (4x5x5 mm) was placed on one side (Fig. 1). The contralateral defect area did not receive any material, and was treated as a sham-surgery control. The animals were randomly assigned to the groups. Flaps were positioned coronally and sutured (Monosyn 4.0 Glyconate Monofilament, B. Braun Melsungen AG, Tuttingen, Germany). The sutures were removed after 10 days, and a soft diet was provided throughout the study period.



Sacrifice and histological processing

After a further 12-week healing period, the dogs were sacrificed by anesthesia drug overdose. Block sections including segments with the defects were obtained and fixed in 10% neutral buffered formalin for 10 days. After rinsing in sterile water, the sections were decalcified in 5% formic acid, dehydrated in a graded series of ethanol solutions, and embedded in paraffin. Step-serial, 5-µm-thick sections were cut in a mesial-distal vertical plane at intervals of approximately 80 µm. The mesioventral sections of each defect site were selected based on the width of the root canal, and were stained with hematoxylin and eosin and subsequently used for the histological and histometric analyses.

Histological analysis

Overall healing patterns, including the presence of inflammation, soft tissue and bone healing, and attachment gains were observed under a light microscope (BX50, Olympus, Tokyo, Japan). After capturing the microscope images, histometric analysis was performed using a PC-based image analysis system (Image-Pro Plus, Media Cybernetics, Silver Spring, MD, USA). The measurements were made using a methodology established in previous studies [23]. The following parameters were measured:

- 1. Defect height (DH): distance from the cementoenamel junction (CEJ) to the apical extension of the reference notch.
2. Long junctional epithelial distance (LJE): distance from the CEJ to the apical end of the junctional epithelium.
3. Connective tissue attachment (CTA): distance from the end of the junctional epithelium to the coronal extension of the new cementum.
4. Cementum regeneration (CR): distance from the apical extension of the reference notch to the coronal extension of the new cementum or a cementum-like substance on the root surface.
5. Bone regeneration height (BR): distance from the apical extension of the reference notch to the coronal extension of the new bone along the root surface.

Statistical analysis
The means and standard deviations of the experimental and control data (n=5) were obtained from the measurements taken from the central section of each defect. The Wilcoxon signed-rank test was used to compare the experimental and control data using a statistical software program SPSS ver. 15.0 (SPSS Inc., Chicago, IL, USA) with the level of significance set at 5%.

RESULTS

Clinical findings

The dimensions of the BHC meant that it just fitted the one-wall intrabony defect without a gap. The density of the graft material can be enhanced without healing. The presence of the condensed graft materials themselves at the coronal entry of the defect can act as a barrier that can block epithelial downgrowth. Conversely, some studies have demonstrated that high-density nonresorbable bone substitute may obstruct the formation of a provisional matrix, thus slowing the overall healing and maturation [32,33]. In this context, the graft material should be placed loosely inside the defect and should be placed at the periphery facing the soft tissue. Since defects such as extraction sockets and three-wall intrabony defects have narrow and small defect entrances, the density of the graft material can be easily controlled. Class IIification defects also open on one side, surrounding the root surface and alveolar bone. Talari et al. [3] compared clinical outcomes according to the presence or absence of a barrier membrane, after treating mandibular class II furcation defects with BHC grafting. Both treatment modalities resulted in favorable attachment gain and bone fill without any statistically significant differences between the two groups. Therefore, a barrier membrane might be redundant in the case of a contained defect, and the single use of BHC would be more favorable for contained-type defects such as extraction sockets and three-wall intrabony defects. On the other hand, it is difficult to control the density of the graft material in defects with a wide or open entrance. Loosely placed particles that are not contained by a membrane can disperse and are thus unable to act as a barrier.

The present study used the mesial side of the mandibular fourth premolars as a model for a one-wall intrabony defect in dogs. Other studies found enhanced periodontal regeneration compared to the control when using the mesial side of the first molars to prepare periodontal intrabony defects [26,34]. There are large differences between the molars and the premolar with regard to the area and width of the alveolar bone surrounding the defect. A major source of regenerative precursor cells is the neighboring bony wall, including the buccal and lingual plates adjacent to the exposed root surface and the bony base of the defect [25]. Therefore, the first molar area with its larger surface of bony wall should possess more favorable regenerative potential than the fourth premolar area.

Application of the BHC alone without a barrier membrane at wide, one-wall, intrabony, periodontal defects yielded inconsistent results regarding both periodontal regeneration and the substitutivity of the graft materials. For noncontaminated-type defects, the stability of the grafted material can be maintained by applying condensed grafted material together with a barrier membrane.

Notes

No potential conflict of interest relevant to this article was reported.

ACKNOWLEDGEMENTS

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Research Article

Periodontal regenerative effect of a bovine hydroxyapatite/collagen block in one-wall intrabony defects in dogs: a histometric analysis

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Keywords: Collagen, Guided tissue regeneration, Histology

Purpose: The aim of this study was to evaluate the effect of a bovine hydroxyapatite (BHC) block in one-wall intrabony periodontal defects in dogs.

Methods: A one-wall intrabony periodontal defect (1 mm wide and 3 mm deep) was prepared bilaterally at the mesial side of the maxillary fourth premolar (P4) of the beagle dog. After thorough root scaling, 3-mm wide and 3-mm deep intrabony periodontal defects were prepared on the buccal side of the P4 of each dog. The study was a split-mouth study. Histologic analysis of the sites was performed after a 4-week healing period.

Results: Top of the antral bone level was similar without treatment of the graft material, and histological analysis revealed no evident migration of the membrane tissue. However, most of the graft material was resorbed during the 4-week healing period. The measured parameters exhibited good stability during the study, and the values did not differ significantly between experimental and non-treatment sites.

Conclusions: The application of BHC alone without a barrier membrane to treat one-wall intrabony periodontal defects yielded moderate results regarding both membrane regeneration and stabilization of the graft material. Thus, the use of a barrier membrane for one-wall intrabony defects is recommended to improve the stability of the graft material, and to stabilize it.

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Zhang P Han, Y Xiao - Journal of Materials Chemistry B, 2013 - pubs.rsc.org
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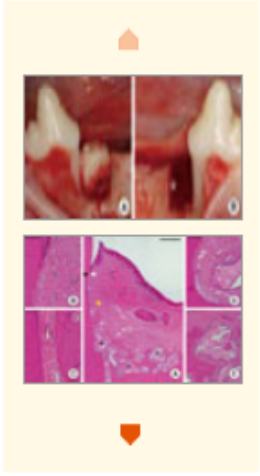
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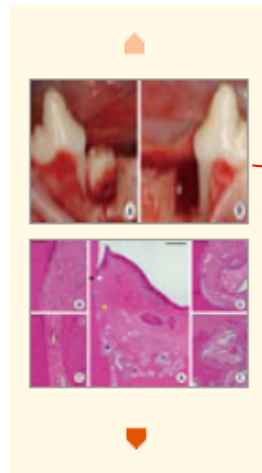
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LJE	1.53±0.68	1.24±0.42	0.43
CTA	0.27±0.60	0.64±0.68	0.50
CR	3.09±1.18	3.08±0.85	0.43
BR	1.50±0.96	1.27±0.42	0.35
DH	4.88±0.27	4.96±0.22	0.69

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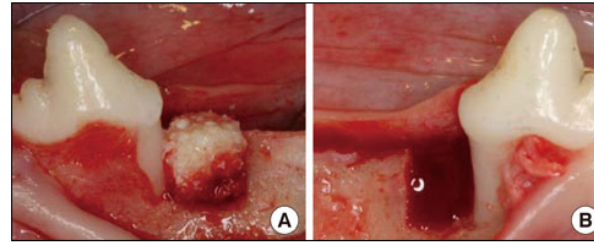


Figure 1

Clinical photograph showing the bovine hydroxyapatite/collagen block graft site (A) and the sham-surgery control site (B) in one-wall, intrabony, periodontal defects prepared at the mesial side of the mandibular fourth premolar.

J Periodontal Implant Sci. 2011 Dec;41(6):285-292. <http://dx.doi.org/10.5051/jpis.2011.41.6.285>

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Table 1

Histometric analysis of the measured parameters in the experimental (application of bovine hydroxyapatite/collagen groups (n=5; mean±standard values; mm).

	Experimental	Control	P-value
LJE	1.53±0.68	1.24±0.42	0.43
CTA	0.27±0.60	0.64±0.68	0.50
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LJE, long junctional epithelium; CTA, connective tissue attachment; CR, cementum regeneration; BR, bone regeneration; DH, defect height.

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Periodontal regenerative effect of a bovine hydroxyapatite/collagen block

In one-wall
Ui-Won Jung, Jung-Seok Lee, Seong-Ho Choi, Kim, Kyoo-Sung
Department of Periodontology, Seoul National University Dental Hospital, Seoul, Korea

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Periodontal regenerative effect of a bovine hydroxyapatite/collagen block in one-wall intrabony defects in dogs: a histometric analysis

Jung UW, Lee JS, Park WY, Cha JK, Hwang JW, Park JC, Kim CS, Cho KS, Chai JK, Choi SH.

Department of Periodontology, Seoul National University Dental Hospital, Seoul, Korea. shchoi726@yuh.ac.kr

Abstract
PURPOSE: The aim of this study was to evaluate the regenerative effect of a bovine hydroxyapatite/collagen block in one-wall intrabony defects in dogs. METHODS: A one-wall intrabony defect (4 mm wide) was placed on the mesial side of the mandibular fourth premolar in five beagle dogs. The contralateral side was used as a control. The sites were analyzed histometrically. RESULTS: Two of five samples showed excellent regeneration. The mean values of the regenerated bone were significantly higher than those of the control group. CONCLUSIONS: The application of a bovine hydroxyapatite/collagen block in one-wall intrabony defects in dogs yielded excellent results. Thus, the use of this block is recommended for the treatment of one-wall intrabony defects in dogs.

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Periodontal regenerative effect of a bovine hydroxyapatite/collagen block in one-wall intrabony defects in dogs: a histometric analysis.

Jung UW¹, Lee JS, Park WY, Cha JK, Hwang JW, Park JC, Kim CS, Cho KS, Chai JK, Choi SH.

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Keywords: Collagen, Guided Tissue Regeneration, Membranes, Regeneration, Root Planning, Transplants

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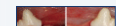
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Clinical Characteristics and Outcomes of Acute Hepatitis A in Korea: A Nationwide Multicenter Study

So Young Kwon,¹ Sang Hoon Park,² Jong Eun Yeon,³ Seok Hyang Jeong,⁴ Oh Sang Kwon,⁵ Jin Woo Jung,⁶ Myung Seok Lee,⁷ Yeon Seok Seo,⁸ Young Seok Kim,⁹ Joo Hyun Sohn,¹⁰ Hyung Joon Yim,¹¹ Jong Young Choi,¹² Myung Seok Lee,⁷ Young On Kwon,¹³ Jase Youn Cheong,¹⁴ Haek Cheol Kim,¹⁵ Haeun Ju Lee,¹⁶ Soon Koo Park,¹⁷ Hyonjin An,¹⁸ and Kwan Soo Byun¹⁹

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The aim of this study was to investigate the clinical characteristics of acute hepatitis A during a recent outbreak in Korea. Data of patients diagnosed with acute hepatitis A from 2007 to 2009 were collected from 21 tertiary hospitals retrospectively. Their demographic, clinical, and serological characteristics and their clinical outcomes were analyzed. A total of 4,218 patients (mean age 33.3 yr) were included. The median duration of admission was 9 days. The mean of the highest ALT level was 2,363 U/L, total bilirubin was 7.3 mg/dL, prothrombin time INR was 1.3, HBeAg was positive in 3.7%, and anti-HCV positive in 0.7%. Renal insufficiency occurred in 2.7%, hepatic failure in 0.9%, relapsing hepatitis in 1.7%, and cholestatic hepatitis in 1.9% of the patients; nineteen patients (0.45%) died or were transplanted. Complications of renal failure or prolonged cholestasis were more frequent in patients older than 30 yr. In conclusion, most patients with acute hepatitis A recover uneventfully; however, complication rates are higher in patients older than 30 yr than younger patients. Preventive strategies including universal vaccination in infants and active immunization of hepatitis A to a adult population should be considered to prevent of community-wide outbreaks of hepatitis A in Korea.

Graphical Abstract

Outcomes	Frequency (case/total)
Death or transplantation	0.47 (19/4,024)
Acute renal failure	2.73 (108/3,949)
Hepatic failure	0.91 (36/3,949)
Cholestatic hepatitis	1.92 (74/3,855)
Relapsing hepatitis	0.65 (25/3,860)

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Clinical Characteristics and Outcomes of Acute Hepatitis A in Korea: A Nationwide Multicenter Study

So Young Kwon,¹ Sang Hoon Park,² Jong Eun Yeon,³ Sook Hyang Jeong,⁴ Oh Sang Kwon,⁵ Jin Woo Lee,⁶ Hong Soo Kim,⁷ Yeon Seok Seo,⁸ Young Seok Kim,⁹ Joo Hyun Sohn,¹⁰ Hyung Joon Yim,¹¹ Jong Young Choi,¹² Myung Seok Lee,⁷ Young Oh Kweon,¹³ Jae Youn Cheong,¹⁴ Haak Cheoul Kim,¹⁵ Heon Ju Lee,¹⁶ Soon Ko Baik,¹⁷ Hyongjin An,¹⁸ and Kwan Soo Byun²

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The aim of this study was to investigate the clinical course during a recent outbreak in Korea. Data of patients from 2007 to 2009 were collected from 21 tertiary hospitals. Clinical, and serological characteristics and their clinical course were investigated. A total of 4,218 patients (mean age 33.3 yr) were included. The mean of the highest ALT level was 2,963 IU/L. The mean of the highest INR level was 1.3. HbsAg was positive in 0.7%. Renal insufficiency occurred in 2.7%, hepatic encephalopathy in 0.7%, and cholestatic hepatitis in 1.9% of the patients who were transplanted. Complications of renal failure or hepatic encephalopathy were frequent in patients older than 30 yr. In conclusion, the clinical course of acute hepatitis A in Korea is similar to that in other countries. However, complication rates are higher than in younger patients. Preventive strategies including active immunization of hepatitis A to adult population and control of community-wide outbreaks of hepatitis A in Korea are needed.

Keywords: Hepatitis A; Morbidity; Mortality

INTRODUCTION

The seroprevalence of hepatitis A differs by region and environmental hygiene. Hepatitis A was endemic in Korea. Hepatitis A was endemic in Korea since early childhood with lifelong asymptomaticity. The prevalence of hepatitis A has been decreasing over time. The socio-economic status and general health status of hepatitis A virus (HAV) infection in young adults have improved. Individuals who have been naturally immunized and the adult population at-risk for acquiring the disease are decreasing. Outbreaks of hepatitis A have been reported during which patients develop self-limiting acute illness followed by a prolonged course. In adults, a prolonged course can lead to serious complications. Complications of hepatitis A, such as cholestatic hepatitis, prolonged course, and acute renal failure are not uncommon in adults (1-15). Symptomatic hepatitis A is increasing in Korea. Data from Korea Centers for Disease Control (KCDC) show that hepatitis A patients were rapidly increasing, as an acute hepatitis from 2007 to 2009 (16).

The aims of this study were to investigate the clinical course of acute hepatitis A during the recent outbreak

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DISCLOSURE

All authors have no conflicts of interest to disclose.

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Periodontal regeneration with nano-hydroxyapatite-coated silk scaffolds in dogs

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Abstract

Purpose

In this study, we investigated the effect of conjugated nano-hydroxyapatite (nHA) or (PDLcs) or dental pulp cells (DPCs) onto

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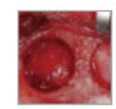
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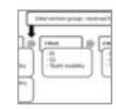
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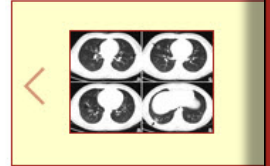
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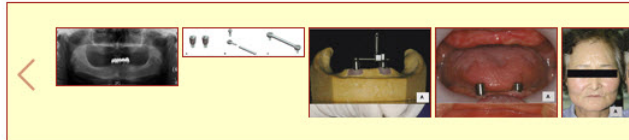
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Department of Dentistry, Ajou University School of Medicine, Suwon, Korea; Department of Prosthodontics, Ajou University School of Dentistry, School of Dentistry, Seoul, Republic of Korea

Abstract
Implant-retained mandibular overdenture has been used for the past 30 years. However, it has been reported that overdentures have a higher water retention rate than complete dentures. There are several reasons for this. First, there are errors in the fabrication of the overdenture. Second, there are errors in the attachment of the overdenture to the implant. Third, there are errors in the design of the overdenture. In this study, we report on the design of a prefabricated bar attachment system for implant-retained mandibular overdentures. The design of the bar was based on the principle of inter-implant distance. The bar was designed to be positioned beneath the new denture. This report describes two-implant-retained overdenture systems in a mandibular edentulous patient.

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both mechanical strength and cell occlusiveness [2,3]. However, the frequent occurrence of wound dehiscence associated with their use can produce an adverse effect [4]. The necessity of a second operation to remove the membrane is another drawback of the nonresorbable-type membrane. In contrast, resorbable membranes, such as the double-layered porcine type I collagen membrane, exhibit relatively good properties and can be resorbed over a reasonable period, negating the need for a second surgical intervention [5]. However, these membranes are vulnerable to infection due to their low mechanical stability. It is thus recommended that they be used by combining them with bone graft material [6].

The use of membranes increases the cost and extends the operation time, but bone grafting without a barrier membrane has been attempted as an alternative treatment modality. Tight filling of the bone substitute particles themselves at the intrabony defect reportedly protects the epithelial cells from migration without the need for a barrier membrane [7,8], and it seems that bone grafting alone can act as both a barrier and a scaffold if the grafted materials are well localized and maintained in the defect. However, a meta-analysis found that the use of a membrane in the treatment of intrabony defects might enhance clinical parameters compared to a bone graft alone [9,10].

Preclinical studies found no distinctive differences between the aforementioned treatment modalities (i.e., bone graft alone versus a combination of barrier membrane and bone graft) [6,11,12]. It appears to be difficult to localize a particulated bone graft in the defect without the aid of a barrier membrane [13], especially when there are soft tissue walls surrounding the osseous defect, which is a critical factor in the determination of regenerative potential. Favorable results would be expected even

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Without L-NAME treatment, not in animals treated with L-NAME. By administration through a coronary catheter, using non-selective NOS inhibitors such as N-nitro-L-arginine (L-NNA) in normal dogs an increment in the coronary blood flow was shown.²⁹⁾ In contrast, Bivier et al.²⁸⁾ demonstrated that long-term L-NAME-treated rats had not only a decrease in CO and SW but also a decrease in coronary blood flow, which potentially caused cardiac dysfunction. Therefore, it is a point of concern that using PEs in hemodilution with a stage of NOS impairment can lead to an attenuation of the cardiac compensatory mechanism.

The use of a non-selective NOS inhibitor, L-NNA, resulted in an increase in myocardium oxygen consumption in normal un-anesthetized dogs, whereas using L-NAME in anesthetized open-chest dogs did not present this.²⁹⁾, ³⁰⁾ In the present study, after hemodilution with HVPE, animals treated with L-NAME presented a lower SW and $\text{d}P/\text{d}t_{\text{max}}$ than animals without L-NAME treatment. This indicates an attenuation of energy to pump out blood from the chamber. However, this attenuation of energy related to a decrease in SV and a smaller PV loop area. Therefore, it can be pointed out that an impairment of NOS significantly affects cardiac load-dependent indices after hemodilution. Also the heart seems to be less able to adjust to the change of reduced Hct content in animals treated with L-NAME.

The analogs of L-arginine were used to treat some patient's conditions such as hypotension during septic shock. As a result of the presented study, it was demonstrated that the cardiac compensatory mechanism attenuated by L-NAME responded to hemodilution. Therefore, it might not be beneficial to administer L-NAME in patients with low Hct and septic shock or with a required hemodilution regarding to the modalities of sepsis treatment. On the other hand, for septic patients with L-NAME administration a high viscosity PE might not be suitable for volume replacement. However, in the present study L-NAME administration was performed as a short-term treatment and therefore it is necessary to look at longterm treatment effects on a hemodiluted condition. Furthermore, the study had several limiting issues such as a small number of animals in each group, only two dosages of L-NAME, no oxygen delivery assessment and the effects of anesthetics (sodium pentobarbital) as a cardiac depressor.

In conclusion, it was shown that eNOS inhibition prevents the normal cardiac adaptive response after anemic states. Using high viscogenic PE in isovolemic hemodilution to elevate plasma viscosity provided a positive cardiac adaptation to the lowered oxygen carrying capacity of blood, but eNOS inhibition reflected negative effects on load dependent cardiac indices.

Notes

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The authors have no financial conflicts of interest.

Acknowledgments

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without L-NAME treatment, not in animals treated with L-NAME. By administration through a coronary catheter, using non-selective NOS inhibitors such as N-nitro-L-arginine (L-NNA) in normal dogs an increment in the coronary blood flow was shown.²⁹⁾ In contrast, Bivier et al.²⁸⁾ demonstrated that long-term L-NAME-treated rats had not only a decrease in CO and SW but also a decrease in coronary blood flow, which potentially caused cardiac dysfunction. Therefore, it is a point of concern that using PEs in hemodilution with a stage of NOS impairment can lead to an attenuation of the cardiac compensatory mechanism.

Vascular wall shear stress (WSS) is modulated by blood flow and blood viscosity. A previous study in the cremaster muscles of hamsters using dextran with different molecular weights as an exchange solution showed that elevated plasma viscosity increased WSS and produced vasodilation.¹⁰⁾ Similarly, Tsai et al.¹¹⁾ demonstrated that elevated plasma viscosity increased perivascular NO production in concert with the increased aortic eNOS protein expression during extreme hemodilution. Studies in awake animals treated with high viscosity plasma expanders (HVPEs) showed advantageous effects in the microvascular function in both hemorrhagic shock-resuscitation and acute extreme hemodilution models.¹²⁾, ¹³⁾, ¹⁴⁾ These studies revealed that an elevated plasma viscosity positively correlates with increased WSS and NOS. The vascular network connected with the heart is a complex biological coupling. Therefore, the effects of increased plasma viscosity by plasma expanders (PEs) on the circulatory system are being continually investigated in order to gain a better understanding related to novel PE development. Recently, using a miniaturized pressure-volume (PV) conductance catheter in an acute hemodilution, it was found that HVPE provides better effects on cardiac function compared with low viscosity plasma expanders (LVPE).¹⁵⁾ Furthermore, a recent study has demonstrated that animals hemodiluted with LVPE combined with a proper amount of NO donor had positive effects on cardiac function, which could not be observed in animals hemodiluted with LVPE only.¹⁶⁾ The aim of this study was to assess the response of cardiac function to NOS inhibitors during an elevated plasma viscosity but with low Hct level.

Materials and Methods

Go to:

Animal preparation

The experiments were carried out in anesthetized male Golden Syrian hamsters with a weight between 60 and 70 g (Charles River Laboratories; Boston, MA, USA). The animal handling and care followed the NIH Guideline for Care and Use of Laboratory Animals. The experimental study was approved by the animal care committee of the University of California, San Diego. Animal surgery was performed following an intraperitoneal (i.p.) administration of sodium pentobarbital (50 mg/kg). The left jugular vein was cannulated to allow infusion fluid and the left femoral artery was catheterized for systemic blood pressure monitoring and blood withdrawal and sampling. In addition, a tracheotomy was conducted and the animal was cannulated with a polyethylene-90 tube to facilitate spontaneous breathing. The body core temperature was maintained at around 37°C by being placed in the supine position on a heating pad. During the experiment, if the animals responded to a toe pinching, a small bolus of sodium pentobarbital (10.15 mg/kg, i.p.) was administered for maintaining an anesthesia condition.

Inclusion criteria

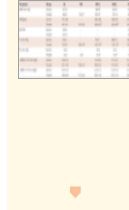
Animals under anesthesia were included in the experiments if they had no signs of bleeding and their systemic parameters were within the normal range: 1) mean arterial pressure (MAP) above 80 mm Hg, 2) heart rate (HR) above 320 beats/minute, and 3) systemic Hct level above 45%.

Moderate isovolemic hemodilution protocol

An isovolemic hemodilution was performed using PE consisting of a solution of Dextran 6% T2000 (Pharmacosmos, Holbaek, Denmark) in 0.9% sodium chloride mixed with 10% human serum albumin. This procedure has been reported elsewhere, briefly, forty percent (40%) of the animals blood volume (BV) estimated as 7% of body weight was withdrawn from the femoral artery catheter using a dual syringe pump (33 syringe pump, Harvard Apparatus, Holliston, MA, USA) at a rate of 100 $\mu\text{L}/\text{min}$.¹⁷⁾ Simultaneously, PE was administered into the jugular vein catheter at the same rate to lower the systemic Hct to about 20%. The experimental protocol is schematically shown in Fig. 1. The animals were monitored for 1 hour after the completion of the hemodilution. At the end of experiment, blood samples were collected to measure plasma viscosity, plasma colloid osmotic pressure (COP) and blood conductance. The PE solution had a viscosity of 6.3 cP and 43 mm Hg in COP.



Fig. 1



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Original Article Open Access

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MeSH Terms: Adult, Bilirubin, Cholelithiasis, Disease Outbreaks, Hepatitis A, Hepatitis B Surface Antigens, Hepatitis, Humans, Infant, International Normalized Ratio, Korea, Liver Failure, Mortality, Prothrombin Time, Renal Insufficiency, Retrospective Studies, Tertiary Care Centers, Vaccination

Substances: Bilirubin, Hepatitis B Surface Antigens, Universal

Cited by: K-MCI (1), Google Scholar

Figures: 2

Tables: 2

Abstract

Graphical Abstract

Outcomes	Frequency (case/total)
Death or transplantation	0.47 (19/4,024)
Acute renal failure	2.73 (108/3,949)
Hepatic failure	0.91 (36/3,949)
Cholestatic hepatitis	1.92 (74/3,855)
Relapsing hepatitis	0.65 (25/3,860)

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Erratum

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ABSTRACT ARTICLE PDF PUBREADER FIGURES+TABLES REFERENCES

Korean Circ J. 2014 May;44(3):203-203. English.
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Erratum to: Effect of High Dose Rosuvastatin Loading before Primary Percutaneous Coronary Intervention on Infarct Size in Patients with ST-Segment Elevation Myocardial Infarction

Ji Won Kim, MD, Kyeong Ho Yun, MD, Eun Kyoung Kim, MD, Yong Cheol Kim, MD, Dai-Yeol Lee, MD, Jum Suk Ko, MD, Sang Jae Rhee, MD, Eun Mi Lee, MD, Nam Jin Yoo, MD, Nam-Ho Kim, Oh, MD and Jin-Won Jeong, MD

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▶ This corrects the article "Effect of High Dose Rosuvastatin Loading before Primary Percutaneous Coronary Intervention on Infarct Size in Patients with ST-Segment Elevation Myocardial Infarction" in volume 44 on page 76



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Effect of High Dose Rosuvastatin Loading before Primary Percutaneous Coronary Intervention on Infarct Size in Pat ST-Segment Elevation Myocardial Infarction

Ji Won Kim, MD, Kyeong Ho Yun, MD, Eun Kyoung Kim, MD, Yong Cheol Kim, MD, Da Jum Suk Ko, MD, Sang Jae Rhee, MD, Eun Mi Lee, MD, Nam Jin Yoo, MD, Nam-Ho Kim Oh, MD and Jin-Won Jeong, MD

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Nitric Oxide Synthase Inhibition Attenuates Cardiac Hemodilution with Viscogenic Plasma Expander

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Abstract

Background and Objectives

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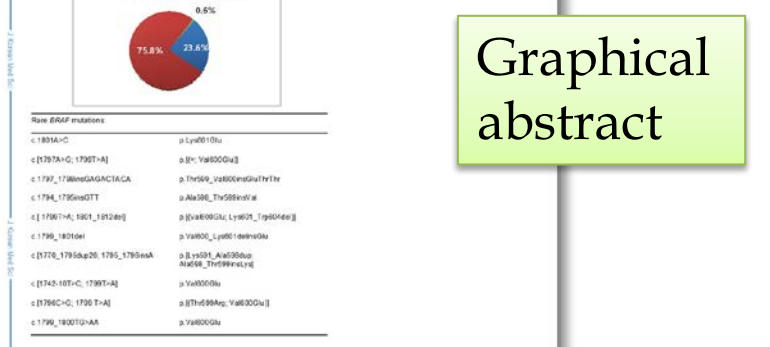
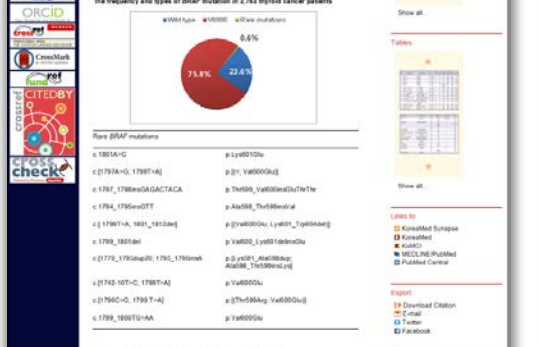
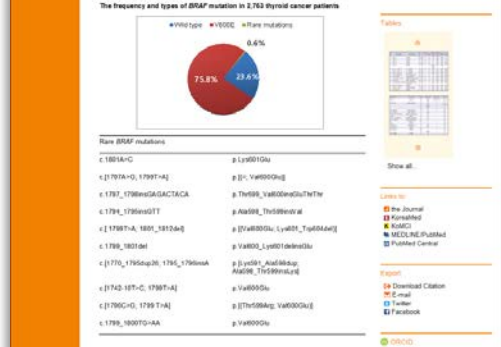
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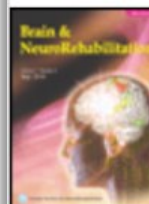
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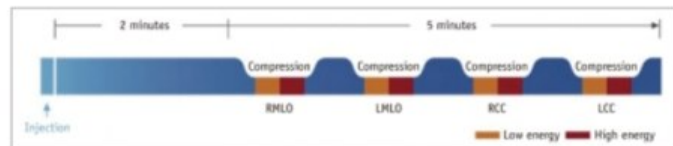
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Volume 15(6); Nov-Dec 2014

Breast Imaging

Contrast-Enhanced Spectral Mammography: Comparison with Conventional Mammography and Histopathology in 152 Women

Luczyńska E, Heinze-Paluchowsk...



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Breast Imaging

Percutaneous Ultrasound-Guided Vacuum-Assisted Removal versus Surgery for Breast Lesions Showing Imaging-Histology Discordance after Ultrasound-



Contrast-Enhanced Spectral Mammography: Comparison with Conventional Mammography and Histopathology in 152 Women

Elżbieta Luczyńska, MD, PhD,¹ Sylwia Hejzce-Paluchowska, PhD,¹ Sonia Dyrnak, MD, PhD,¹ Paweł Blecharz, MD, PhD,² Janusz Rys, MD, PhD,³ and Marian Reindus, MD, PhD⁴

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Abstract

Objective

The goal of the study was to compare conventional mammography (MG) and contrast-enhanced spectral mammography (CESM) in preoperative women.

Materials and Methods

The study was approved by the local Ethics Committee and all participants provided informed consent. The study included 152 consecutive patients with 173 breast lesions diagnosed on MG or CESM. All MG examinations and consults were conducted in one oncology centre. Non-ionic contrast agent, at a total dose of 1.5 mL/kg body weight, was injected intravenously. Subsequently, CESM exams were performed with a mammography device, allowing dual-energy acquisitions. The entire procedure was done within the oncology centre. Images from low and high energy exposures were processed together and the combination provided an "iodine" image which outlined contrast up-take in the breast.

Results

MG detected 157 lesions in 150 patients, including 92 infiltrating cancers, 12 non-infiltrating cancers, and 53 benign lesions. CESM detected 149 lesions in 128 patients, including 101 infiltrating cancers, 13 non-infiltrating cancers, and 35 benign lesions. CESM sensitivity was 100% (vs. 91% for MG), specificity was 41% (vs. 15% for MG), area under the receiver operating characteristic curve was 0.86 (vs. 0.67 for MG), and accuracy was 80% (vs. 65% for MG) for the diagnosis of breast cancer. Both MG and CESM overestimated lesion sizes compared to histopathology ($p < 0.001$).

Conclusion

CESM may provide higher sensitivity for breast cancer detection and greater diagnostic accuracy than conventional mammography.

Keywords: breast cancer, Contrast enhanced spectral mammography, Mammography.

INTRODUCTION

Mammography is the only breast imaging examination shown to reduce breast cancer mortality, with a population-based sensitivity of 75% to 80% (1). The sensitivity of mammography detection of breast cancer ranges from 65% to 98% (2,3) and has been reported to be as low as 30-48% in the dense breasts (4,5).

Full-field digital mammography (FFDM) has almost entirely replaced analog (screen-film) mammography (6). FFDM enables high-quality breast imaging with higher contrast resolution, improved dynamic range, and rapid processing of data and images compared to screen-film mammography; however, overall sensitivity remains the same as analog, and more than half of the cases go undetected (1,7,8). Applications like stress mammography, breast tomosynthesis and contrast-enhanced digital mammography are under investigation. Such advances in technology may provide improved diagnostic information and reduce the effect of overlapping structures (9). Contrast-enhanced digital mammography with injection of an iodinated contrast agent is one such diagnostic tool.



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General Search Results - Full Record

Periodontal regenerative effect of a bovine hydroxyapatite/collagen block in one-wall intrabony defects in dogs: a histometric analysis

Jung UW, Lee JS, Park WY, Cha JK, Hwang JW, Park JC, Kim CS, Cho KS, Chai JK, Choi SH.

J Periodontal Implant Sci. 2011 Dec 41(6):285-292. English.
<http://dx.doi.org/10.5051/jpis.2011.41.6.285>

Total References:34 **Cited Korean References:**0 **Times Cited:**1



PURPOSE: The aim of this study was to elucidate the effect of a bovine hydroxyapatite/collagen (BHC) block in one-wall intrabony periodontal defects in dogs. **METHODS:** A one-wall intrabony periodontal defect (4 mm wide and 5 mm deep) was prepared bilaterally at the mesial side of the mandibular fourth premolar in five beagle dogs. After thorough root planing, block-type BHC (4x5x5 mm) was placed on one side. The contralateral defect area did not receive any material as a sham-surgery control. Histological analysis of the sites was performed after an 8-week healing period. **RESULTS:** Two of five samples in the experimental group healed well without dissipation of the graft materials, and histological analysis revealed excellent regeneration of the periodontal tissues. However, most of the grafted materials had been displaced in the other three samples, leaving only a small portion of the graft. The measured parameters exhibited large standard deviations, and the mean values did not differ significantly between the experimental and sham-surgery control sides. **CONCLUSIONS:** The application of BHC alone-without a barrier membrane-to wide, one-wall intrabony periodontal defects yielded inconsistent results regarding both periodontal regeneration and substantivity of the graft materials. Thus, the use of a barrier membrane for noncontained-type defects is recommended to improve the stability of the grafted material, and to condense it.

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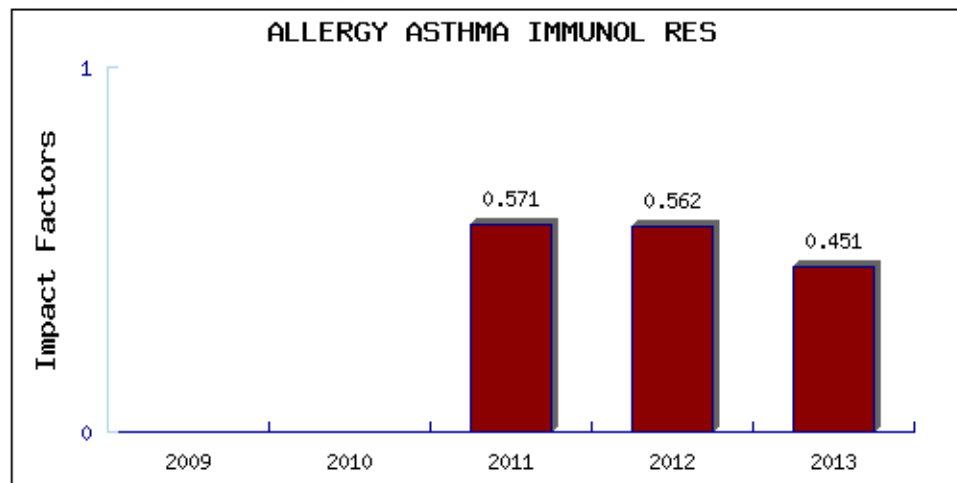
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3	J Bacteriol Virol	1598-2467	43	90	4.039	50.46	60.00	0.581	0.163	2.652	3.000
4	Asian Oncol Nurs	2287-2434	37	93	5.859	21.97	64.51	0.554	0.176	3.269	5.640
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7	J Korean Diet Assoc	1225-9861	29	166	6.967	16.49	39.15	0.455	0.182	6.500	7.586
8	Allergy Asthma Immunol Res	2092-7355	69	87	1.744	36.53	43.67	0.451	0.265	2.187	3.618
9	Ann Clin Microbiol	2288-0585	31	76	4.940	27.73	43.42	0.439	0.298	3.846	6.063
10	J Korean Acad Nurs Adm	1225-9330	61	226	9.936	35.11	75.66	0.432	0.125	5.305	6.033
11	Korean J Parasitol	0023-4001	120	326	6.978	74.03	64.72	0.427	0.133	6.308	7.778
12	Korean J Med Mycol	1226-4709	17	83	17.42	44.24	60.24	0.425	0.150	8.584	10.15
13	J Korean Soc Clin Toxicol	1738-1320	20	59	6.166	46.00	38.98	0.417	0.222	4.833	7.778
14	Clin Mol Hepatol	2287-2728	55	145	2.395	52.12	33.79	0.378	0.252	4.450	5.059
15	Child Health Nurs Res	2287-9110	31	152	10.06	27.24	53.94	0.365	0.206	6.263	6.371
16	Korean J Pain	2005-9159	74	105	4.870	71.71	67.61	0.358	0.042	3.542	3.500
17	Diabetes Metab J	2233-6079	73	129	2.151	67.56	38.76	0.357	0.196	2.716	2.452
18	Korean J Physiol Pharmacol	1226-4512	75	78	2.312	58.82	89.74	0.354	0.039	2.545	3.318
19	Korean J Pediatr	1738-1061	95	422	1.646	34.67	10.19	0.343	0.297	6.486	5.615
20	J Korean Med Assoc	1975-8456	131	267	2.168	17.09	25.09	0.331	0.247	3.500	4.293

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Cites in 2013 to articles published in:	2012 = 27 2011 = 24 Sum = 51	Number of articles published in: 2012 = 64 2011 = 49 Sum = 113
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Calculation: $\frac{\text{Cites to recent articles}}{\text{Number of recent articles}} = \frac{51}{113} = 0.451$

2012 IF: Impact Factor

Cites in 2012 to articles published in:	2011 = 29 2010 = 21	Number of articles published in: 2011 = 49 2010 = 40
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Journal Title: Journal of Periodontal & Implant Science
Journal Abbreviation: J Periodontal Implant Sci
Acronym: JPIS
Publication Date: Vol. 40, no. 1 (2010) -
Frequency: Bimonthly
Publisher : Korean Academy of Periodontology
Language : English
pISSN: 2093-2278
eISSN: 2093-2286
DOI Prefix: 10.5051/jpis
Continues: Journal of Korean Academy of Periodontology = 대한치주과학회지



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Journal Title: Journal of Korean Academy of Periodontology
Journal Abbreviation: J Korean Acad Periodontol
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Publication Date: Vol. 1, no. 1 (1971) - Vol. 39, no. 4 (2009)
Frequency: Quarterly
Publisher : Korean Academy of Periodontology
Language : Korean
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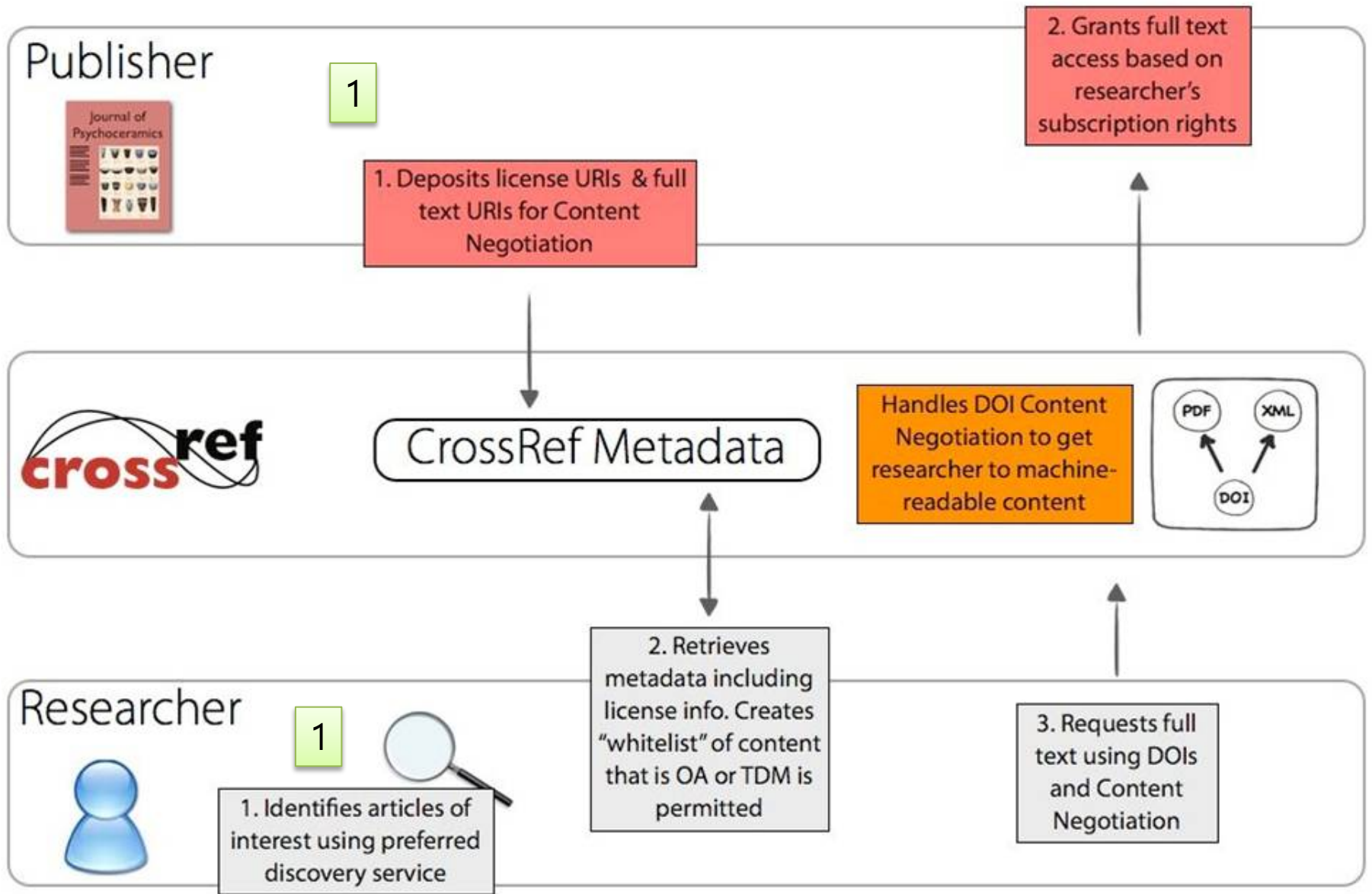
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