

Morphogenesis of hyaline cartilage of the knee joint against the background of intra-articular injection of platelet-rich autologous plasma

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Abstract. *The objective of the work* was to evaluate the morphological changes in the structure of hyaline cartilage in experimental osteoarthritis after intra-articular injection of PRP and/or HA. *Material and methods.* The authors used 50 adult rats of Wistar line, weighing $250 \pm 2,2$ g., distributed into five groups of 10 animals (two control and three experimental groups). An experimental gonarthrosis was simulated on four groups of animals. Animals of the first experimental group received intra-articular injection of PRP, the second group – HA, the third – both PRP and HA. *Results.* No morphological signs of degenerative and inflammatory changes in the first control group were identified. Following osteoarthritis simulation the articular cartilage thinned to $121 \pm 20,4$ microns ($p < 0,05$) and the volume fraction of chondrocyte decreased to $1,2 \pm 0,6\%$ ($p < 0,05$).

Keywords: autologous platelet-rich plasma, articular cartilage, inflammation.

Introduction

Introduction.

Osteoarthritis (OA) is a chronic progressive degenerative joint disease characterized by degradation of the articular cartilage followed by changes in the subchondral bone and the development of marginal osteophytes. These changes lead to the loss of cartilage and concomitant damage to other components of the joint (synovium, ligaments). OA is the most common form of joint pathology. X-ray signs of the disease are observed in the majority of people over 65 years old and in more than 80% of people over the age of 75 years [2, 4, 6, 8, 9, 18, 21].

Hyaline cartilage contains a relatively small number of cells surrounded by a large amount of extracellular matrix. Chondrocytes are involved in the regulation of the synthesis and degradation of the components of the cartilage matrix, and normally

these processes are in equilibrium [22, 23, 25, 26]. Under the influence of many factors, the balance of degradation and repair processes is disturbed, which subsequently causes the development of osteoarthritis, manifested by degenerative-dystrophic changes in the structure of hyaline cartilage and subchondral bone, inflammation in the surrounding soft tissues, disruption of the physicochemical properties of synovial fluid [28, 30, 32, 33, 34, 35, 38, 42, 46, 48, 51, 53, 57, 60].

Deforming osteoarthritis is a heterogeneous group of joint diseases of various etiologies, but with identical biological, morphological and clinical signs and outcomes associated with the loss of hyaline cartilage and concomitant damage to other anatomical structures and tissues of the joint (subchondral bone, synovium, ligaments, joint capsule, periarticular and muscles) [1, 3, 5, 7, 10, 16, 17, 20, 24, 27, 29, 31, 36].

Exogenous hyaluronic acid promotes the formation of its own hyaluronic acid, acts on the CD44 receptors and stimulates the synthesis of proteoglycans by chondrocytes. It has been shown experimentally that blocking CD44 receptors in normal cartilage leads to irreparable loss of proteoglycans by the articular cartilage [13, 14, 44, 45, 47, 49, 50, 52]. It is assumed that medium-molecular forms of hyaluronates stimulate the production of their own hyaluronic acid to a greater extent [19, 54, 55, 60]. However, in a number of recent studies, significant differences in the chondroprotective effect of HA, depending on its molecular weight, have not been identified [11, 56, 58, 59]. Among the few successfully implemented modern approaches to the treatment of osteoarthritis, intra-articular administration of hyaluronic acid (HA) preparations should be noted, which help to reduce dystrophic changes in cartilage tissue, manifestations of the inflammatory process in the joint and normalize its synovial environment [11, 15, 29, 31, 36, 37, 39, 40, 41, 43, 61].

The aim of the study was to assess morphological changes in the structure of the hyaline cartilage of the knee joint in experimental osteoarthritis after intra-articular administration of PRP and / or GC.

Material and methods

The material for the experimental study was 50 sexually mature Wistar rats weighing 250 ± 2.2 g.

Laboratory animals were divided into 5 groups of 10 animals each (2 experimental and 3 basic) (Table 1). All manipulations were performed under general anesthesia using the "Rometar" preparation according to the method described by the manufacturer.

In the second experimental and three main groups, osteoarthritis was modeled by intra-articular injection of 0.2 ml of 10% suspension of sterile talc [2].

Thirty days after modeling of osteoarthritis, the animals of the first main group underwent two intra-articular injection of 0.2 ml of PRP with a frequency of once every 21 days [8]. The animals of the second main group were injected three times intra-articularly with 0.2 ml of HA (1.6% sodium hyaluronate with an average molecular weight of 3600 kDa) with a frequency of once every 7 days [19]. The animals of the third main group were sequentially injected with PRP and HA: first, 0.2 ml of PRP intra-articularly, and after 7, 14 days - 0.2 ml of HA.

The animals of the first experimental group received a single intra-articular injection of 0.2 ml of 0.9% NaCl solution.

All intra-articular injections were performed from a standard anteroposterior approach to the left knee joint. The preparation of PRP began with taking 1.2 ml of whole blood from the femoral vein into a syringe with a pre-drawn 0.4 ml of 5% sodium citrate solution, following a standard access to it. The resulting blood was poured into a hermetically sealed sterile glass semitransparent container and placed in a RotoFix 32 centrifuge (Hettich, Germany) with an appropriate counterweight.

The first centrifugation was carried out for 5 minutes at a speed of 1500 rpm, then 0.8 ml of the supernatant was taken and placed in another similar sterile container.

After the second centrifugation at 1000 rpm for 5 minutes, 0.6 ml of the supernatant was removed and the precipitated formed elements were dissolved in the remaining plasma. The PRP was removed with a syringe and 0.1 ml of 10% calcium chloride solution was added to it in order to activate platelets. The platelet count was $800 \pm 40 \times 10^9 / L$.

One month after the last intra-articular injection of the preparations, the animals were withdrawn from the experiment by injecting a lethal dose of Rometar, and the left femur was dissected out for further morphological examination.

Cartilage tissue with subchondral bone was fixed in a 10% solution of neutral buffered formalin (pH 7.4) for 24 hours. An acid-free decalcification was carried out in a solution of sodium ethylenediaminetetraacetate of standard concentration. After complete removal of the mineral component from the bone tissue, standard histological tracing was performed using alcohols of increasing concentrations and the preparations were embedded in paraffin, after which sections with a thickness of 6–8 microns were cut, stained with hematoxylin-eosin and Mallory's method.

Photorecording of microscopic changes was performed using a complex including an Axio Scope microscope (Carl Zeiss, Germany) and a Power Shot digital camera (Canon, Japan). Morphometric analysis was performed using the Video TestMorfo-4 computer program (Microsoft, USA). To assess morphological parameters, the thickness of the articular cartilage (L, μm) and the volume fraction of chondrocytes in relation to the matrix (OD,%) were determined.

The experimental results were processed by methods of basic statistical analysis using the Video TestMorfo-4 (Microsoft, USA) and Statistica 6.0 (Stat Soft Inc., USA) programs. The analysis of parameters with a normal distribution of values was carried out using the Student's t test, the analysis of nonparametric quantitative features - using the Mann - Whitney test. The χ^2 and Fisher tests were used to compare qualitative features. Differences were considered significant if the error probability did not exceed $p < 0.05$.

Results

The study showed that in the experimental group of animals No. 1 (without arthrosis), the articular hyaline cartilage had a thickness of $330 \pm 17.3 \mu\text{m}$ and a characteristic histological structure. Superficial chondrocytes were characterized by a flattened shape and were located singly in the cartilaginous matrix. Chondrocytes of the transitional and basal zones had a rounded shape and were located in isogenic groups in rows oriented perpendicular to the articular surface. The volume fraction of chondrocytes was $13.7 \pm 1.1\%$. Morphological signs of degenerative-dystrophic processes were not visualized. Mallory's histochemical reaction revealed a uniform arrangement of collagen fibers, the absence of foci of ossification.

After modeling osteoarthritis, the thickness of the articular cartilage decreased to $121 \pm 20.4 \mu\text{m}$ ($p < 0.05$) and the volume fraction of chondrocytes decreased to $1.2 \pm 0.6\%$ ($p < 0.05$). In all zones, multiple "empty gaps" and chondrocytes with karyopycnosis were noted, extensive areas of destruction of the articular surface with proliferation of connective tissue, in the thickness of which granulomatous inflammation was determined with pronounced histiocyte infiltration and giant multinucleated cells of the type of foreign bodies, plethora of glacial blood substances

After the introduction of PRP against the background of experimental osteoarthritis, an increase in the thickness of the articular cartilage to $275 \pm 18.9 \mu\text{m}$ ($p < 0.05$) and the volume fraction of chondrocytes to $18.4 \pm 2.0\%$ ($p < 0.05$) was found morphometrically. As well as after HA administration, three zones delimited from each other were distinguished with degenerative changes typical for osteoarthritis, but less pronounced. In the superficial zone, the contours of the articular surface looked even. Despite the presence of "empty" lacunae and chondrocytes with signs of decay and the formation of apoptotic bodies, an increase in the number of both separately located chondrocytes and their isogenic groups in all zones was determined. In the intermediate zone, focal ossification of the intercellular substance

occurred, which was especially noticeable when staining according to Mallory. The uniformity of the distribution of collagen fibers and the tinctorial properties of the cartilage matrix were preserved in all zones.

After sequential administration of PRP and GC against the background of experimental osteoarthritis, an increase in the thickness of cartilage to $268 \pm 15.3 \mu\text{m}$ ($p < 0.05$) and the volume fraction of chondrocytes to $12.7 \pm 0.9\%$ ($p < 0.05$) were noted. In the surface zone of the preparations, attention was drawn to areas of destruction of the articular surface, in all zones - signs of disorganization and dissociation of collagen fibers of cartilaginous tissue. The interbeam spaces of the subchondral bone were filled with vascular-rich fibrous connective tissue. Deposits of osteoid, newly formed, but not yet mineralized, bone tissue, were determined on the surface of the bone beams surrounded by connective tissue and in the interbeam spaces. In the intermediate zone, focal ossification of the intercellular substance took place. The tinctorial properties of the cartilage matrix were completely preserved, only the basal zone was characterized by focal uneven coloration of collagen fibers.

Conclusions

When modeling osteoarthritis in the knee joint in sexually mature Wistar rats, gross structural changes in the articular cartilage occur, up to its complete destruction, accompanied by vascular proliferation and granulomatous inflammation. The introduction of PRP, GC, and also PRP in combination with GC against the background of developed osteoarthritis is accompanied by a decrease in the severity of degenerative-dystrophic changes, an improvement in the indicators of tinctorial properties of the articular cartilage matrix. The use of PRP alone or the sequential administration of PRP and HA to a greater extent has a positive effect on the reparative process in the cartilaginous tissue as compared with the intra-articular administration of HA.

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