



DIPARTIMENTO MUSCOLO SCHELETRICO

U.O. CHIRURGIA DELLA MANO

direttore f.f. dr. Margherita Giorgetti

***AN AUTOLOGOUSLY GENERATED PLATELET-RICH PLASMA
MEMBRANE MAY ENHANCE PERIPHERAL NERVE REGENERATION
our experience since 2010***

Peripheral nerve surgery aims to restore structural and functional integrity of damaged neurons.

Despite both surgical techniques and the understanding of nerve regeneration progressed a lot, in the last decades, severe lesions of major nerve trunks *still impair functionality* even after surgical neurorraphy.

NERVOUS TISSUE

SCARCE REGENERATIVE CAPACITY

ONE OF THE SLOWEST REGENERATIVE PROCESS IN THE BODY

THE SCAR FORMATION IS AN INEVITABLE RESULT OF SURGERY, RESPONSIBLE FOR INCOMPLETE RECOVERY

EPINEURAL CONNECTIVE MAY AFFECT A MECHANICAL BARRIER TO AXONAL REGENERATION

EXTRANEURAL SCARRING MAY LEAD TO THE ADESION OF NERVES TO ADJACENT TISSUE

THEREFORE

REDUCING EPINEURAL AND EXTRANEURAL SCAR FORMATION MAY IMPROVE THE OUTCOME AFTER NERVE INJURY

A SURGICAL REPAIR ASSOCIATED WITH THE USE OF BIOACTIVE FACTORS, REGULATING THE CONNECTIVE PROLIFERATION, CAN PERFORM AXOPLASMIC MIGRATION INTO THE DISTAL STUMP

PRP

PLATELET-RICH PLASMA (PRP) IS DEFINED AN "AUTOLOGOUS" CONCENTRATION OF PLATELETS IN A SMALL VOLUME OF PLASMA

THE BIOACTIVE PROTEINS FOUND IN PLATELETS AND PLASMA CONTROL THE NERVE HEALING REDUCING THE SCAR FORMATIO AND SUPPORTING FIBER NERVE REMYELINATION

RELEASING

LARGE QUANTITIES OF GROWTH FACTORS (PRGs)

FRAGMENT COULD POLYMERIZE INTO PLATELET-RICH GEL WITH SCAFFOLDING EFFECT

OUR EXPERIENCE

MEMBRANE DIRECTLY IN CONTACT WITH THE NERVE

SEVERE COMPRESSION OF MEDIAN NERVE – VDC INEVOCABLE E/O THENAR ATROPHY

MEMBRANE SUTURED AROUND THE NERVE NEURORRAPHY AS "A GUIDE"

MEDIAN NERVE –ULNAR NERVE LESIONS IN HUMANS

MEMBRANE SUTURED AROUND IN A RAT SCIATIC NERVE MODEL.

SEVERE COMPRESSION OF MEDIAN NERVE



PREOPERATIVE CLINICAL APPEARANCE



PRP MEMBRANE



INTRAOPERATIVE MEDIAN NERVE APPEARANCE



PRP MEMBRANE POSITIONING



30 DAYS AFTER SURGERY

ESAME DI CONDUZIONE NERVOSA								
<i>Prof. Gabriele Siciliano</i>								
	MOTORIA				SENSITIVA			
	Ampiezza polso (mV)	Latenza distale (ms)		Ampiezza polso (µV)	VdC (m/s)			
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
PRP	2,6	3,5	8,07	5,74	0,42	5,85	1,65	24,08
	Var. 32%		Var. 29%		Var.		Var.	
No PRP	3,93	5,12	6,06	5,45	1,04	6,4	3,38	21,06
	Var. 30%		Var. 10%		Var.		Var.	
Significatività valori postop.	P = 0,39		P = 0,8		P = 0,79		P = 0,3	
Significatività valori pre/post operatori	Prp P=0,46		Prp P=0,15		Prp P=0,0006		Prp P<0,0001	
	NO Prp P=0,57		NO Prp P=0,63		NO Prp P=0,01		NO Prp P=0,0032	

ULNAR NERVE LESION



PREOPERATIVE CLINICAL APPEARANCE



INTRAOPERATIVE ULNAR NERVE APPEARANCE

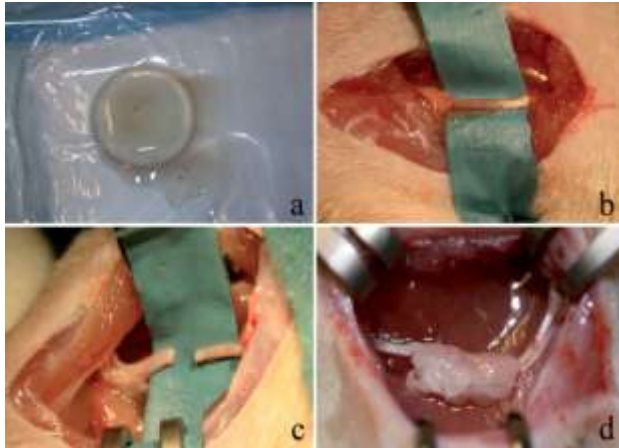


INTRAOPERATIVE ULNAR NERVE APPEARANCE

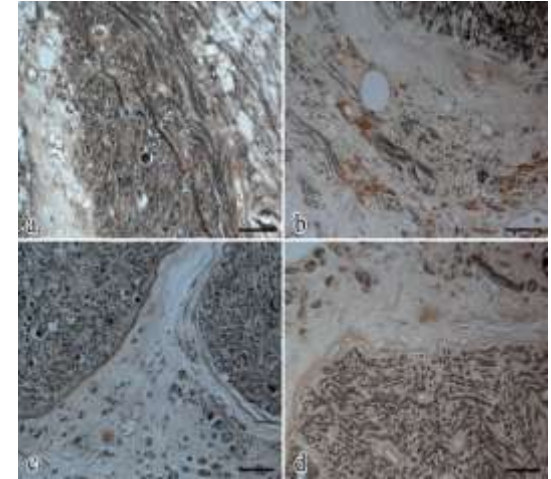
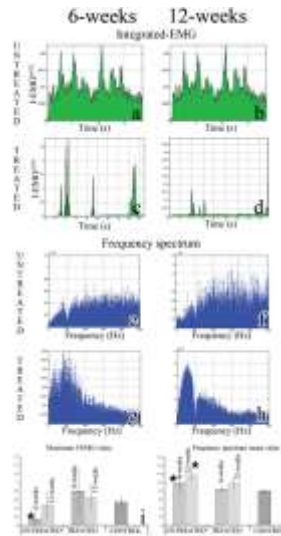


6 MONTHS AFTER SURGERY

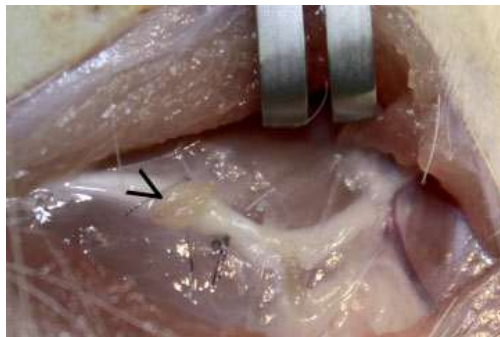
RAT SCIATIC NERVE MODEL



(a) Macroscopic appearance of the suturable platelet-rich plasma membrane; (b) exposed sciatic nerve; (c) sciatic nerve cross sectioned (d) appearance of the treated sciatic nerve



Histological appearance of the surgical area; (a) untreated nerve at 6 weeks; (b) untreated nerve at 12 weeks; (c) treated nerve at 6 weeks; and (d) treated nerve at 12 weeks. Osmium tetroxide impregnation, scale bar 50 μ m.



Macroscopic appearance of the rat sciatic nerve at necropsy 6 weeks postsurgery from a treated animal. **Still evident** (arrowhead) the presence of platelet-rich plasma membrane residue.

Elisabetta Giannessi, DVM1 Alessandra Coli, DVM, PhD1 Maria Rita Stornelli, DVM1 Vincenzo Miragliotta, DVM, PhD1 Andrea Pirone, MSc(Biol), PhD1 Carla Lenzi, MSc(Biol), PhD1 Silvia Burchielli, DVM2 Giovanni Vozzi, PhD3 Carmelo De Maria, PhD3 Margherita Giorgetti, MD4 Department of Veterinary Sciences, University of Pisa, Pisa, Italy Gabriele Monasterio Foundation, Institute of Clinical Physiology, National Research Council, Pisa, Italy Department of Information Engineering, Center "E. Piaggio," University of Pisa, Pisa, Italy Department of Musculoskeletal and Skin Diseases, and Hand Surgery, Azienda Ospedaliera Universitaria Pisana, Pisa, Italy

THE DAY AFTER

The mechanisms whereby PRP might improve tissue healing/ regeneration are still unclear, however

Our data in humans and in a rat sciatic nerve model show that the application of a PRP fibrin membrane around the neurorrhaphy improves the nerve regeneration process.

The use of PRP as a suturable or contact membrane could perform an action not only as a source of bioactive proteins but also as a nerve guide to hold the scar reaction and thus improve axonal regeneration.

We should use PRP immediately , but it is difficult

Thank for your attention