SUCCESSFUL ISOLATION OF VIABLE STEM CELLS FROM CRYOPRESERVED MICROFRAGMENTED HUMAN ABDOMINAL ADIPOSE TISSUE FROM PATIENTS WITH KNEE OSTEOARTHRITIS

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Introduction Treatment of knee osteoarthritis with stem cells from microfragmented adipose tissue (AT) has shown promising results. Cryopreservation and biobanking of stem cells are important for research, treatment of aged patients, and for repetitive treatments. Our aim was, therefore, to investigate if viable stem cells could be isolated and expanded from cryopreserved microfragmented AT by two different isolation methods.

Materials and Methods Microfragmented abdominal AT from knee osteoarthritis patients was cryopreserved at -80°C in cryoprotectant-medium containing 10% dimethyl sulfoxide. The samples were thawed for stem cell isolation by tissue explant culture (TEC) and enzymatic digestion (ED), respectively. Viability, population doublings, and doubling time were assessed by trypan blue staining. Cell type was investigated using flow cytometry. Osteogenic and adipogenic differentiation was assessed quantitatively by Alizarin-Red-S and Oil-Red-O staining, respectively. Statistical analysis was performed using paired t-tests. p-values <0.05 were considered statistically significant.

Results Microfragmented AT from 7 patients was cryopreserved for a period of 46–150 days (mean (SD) 115.9 days (44.3 days)). Viable stem cells were successfully recovered and expanded from all patients using both isolation methods with no significant difference in viable population doublings or doubling time from passage 1 to 3 (p>0.05). Stemness was verified by surface markers and osteogenic and adipogenic differentiation. More pericytes were present when using TEC (25% (24%)) compared to ED (2% (2%)) at passage 4 (p=0.04).

Conclusion Viable stem cells can be isolated and expanded from cryopreserved microfragmented AT using both TEC and ED. TEC provides more clinically relevant pericytes than ED.
when adolescents were instructed to modify sports participation. Data was only included if they had a valid week which consisted of at least 4 days with 10 hours of wear-time. Time spent in consecutive sedentary bouts of ≥10 minutes was used to calculate the average daily sedentary time.

Results Baseline sedentary time for adolescents with PFP and OSD were 344 (±74) and 349 (±39) min/day, respectively. For adolescents with PFP the mean change in sedentary time was 14 min/day (95% CI, -3 to 30min) and 8 min/day (95% CI, -7 to 24) for OSD during activity modification.

Conclusion A management strategy focusing on activity modification, education, and exercises was associated with none or only small changes in sedentary time.

Good short-term effect of self-management rehabilitation is associated with long-term successful outcome in adolescents with patellofemoral pain and osgood-schlatter

Introduction Short-term self-reported changes may be more strongly associated with long-term prognosis as they describe a disease trajectory and not a state. This study aimed to investigate the association between Global Rating of Change (GROC) after 4 weeks and the outcome after 12 months among adolescents with non-traumatic knee pain (Patellofemoral Pain (PFP) or Osgood-Schlatter (OSD)).

Material and Methods We included data from two prospective clinical trials including adolescents (aged 10–14 years) with PFP (N=151) or OSD (N=51) who underwent a self-management rehabilitation programme including education and exercise. Primary outcome was a 7-point GROC ranging from 1 (worse) to 7 (much improved) after 4 weeks and the outcome after 12 months. Among those with a successful outcome after 4 weeks (42% of all adolescents), 94% had a successful outcome after 12 months. Among adolescents with an unsuccessful outcome after 4 weeks (58% of all adolescents), 78% had a successful outcome after 12 months. Among those with a successful outcome after 4 weeks (42% of all adolescents), 94% had a successful outcome after 12 months. Having a successful outcome after 4 weeks increased the relative risk of a successful outcome after 12 months (relative risk 1.21 (95%CI: 1.07–1.38) and absolute risk difference: 16%).

Conclusion Self-reported improvement after 4-weeks of treatment is associated with better outcomes after 12 months. Importantly, despite no improvement after 4 weeks, a large proportion of adolescents between 10 and 14 years of age will report improvement after 12 months. This highlights the importance of following the rehabilitation programme irrespective of short-term improvements.

10-year prognosis of adolescent knee pain – a prospective population-based cohort study

Introduction Knee pain affects one in three adolescents. No studies have prospectively evaluated the long-term impact of knee pain in later life. The Adolescent Pain in Aalborg (APA...