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 osteoarthritic 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.

CONCUSSION INCIDENCE AMONGST YOUTH HANDBALL PLAYERS PARTICIPATING IN THE HEALTH AND PERFORMANCE PROMOTION IN YOUTH SPORT (HAPPY) RANDOMIZED CONTROLLED TRIAL

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Introduction Knowledge of concussion in handball is limited. The aim of this study is to determine the incidence of concussion in Danish youth community handball.

Materials and Methods 758 players aged 11–17 years were followed prospectively as a part of a randomized controlled trial. Handball playing hours and head traumas were monitored weekly by the Oslo Sport Trauma Research Center Health questionnaire (OSTRC-H2) and a concussion specific question over 21 weeks using the app Athlete Monitoring. Players reporting a head injury via the OSTRC-H2 questionnaire or answering yes to the concussion specific question underwent a standardized 5–10-Minute telephone interview within 1 week.

Cases of concussion was defined according to the Consensus in Sport Group. Handball playing hours was defined as time spend in handball training and match. Incidence is reported as cases per 1000 playing hours.

Results 44 cases of concussion were identified. Overall incidence of concussion was 0.94 per 1000 hours [95% CI; 0.68–1.26]. Female athletes sustained twice as many concussions than male athletes (incidence rate ratio (IRR) 2.20 [95% CI; 1.09–4.84]). Concussion happened 9 times more often during match compared to training (9.09 [95% CI; 4.72–18.25]). No statistically significant difference in IRR between age groups (U13/U15 vs. U17; IRR 1.48 [95% CI; 0.59–3.24]) was found.

Conclusion This is the first study reporting concussion incidence in youth handball. Incidence was higher amongst female handball players compared to males and in match versus training. No difference in concussion incidence was found between age groups.
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.

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 (much improved) to 7 (much worse). Adolescents were considered to have a successful outcome if they reported being “much improved” or “improved”. Outcomes were collected after 4 weeks and 12 months.

Results 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.