THE BEST DURATION OF LOW INTENSITY PULSED ULTRASOUND FOR ACCELERATING FRACTURED-RADIAL BONE REPAIR

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ABSTRACT

We have already shown that low intensity pulsed ultrasonic treatment increases rabbit radial fracture healing. The present experiment was undertaken to find out the best duration for treatment. A complete transverse fracture was made in the right radial bones of 21 adult male rabbits by a Stanley knife. The animals were divided into 4 groups: group 1, control; groups 2, 3, and 4, experimental groups, which received ultrasound (0.5 W/cm², 1MHz, 2 msec on-8 msec off) for durations of 5, 10, and 15 min/day, respectively, from the day after surgery until complete fusion was observed. Radiological studies indicated that mean duration of healing was longer and rate of healing was lower in the control compared with those of the experimental groups (p<0.05). However, group 3 showed the least mean healing duration and group 2 and 3 showed the highest healing rate. Our results revealed no deleterious effects of ultrasound on treated and untreated ipsilateral and contralateral bones during the experiment or one month after complete fusion of the bones, at which time ultrasound treatment was terminated.

Keywords: Ultrasound, Different duration, Healing, Fractured bone.

INTRODUCTION

Ultrasound is used as a therapeutic agent primarily because it stimulates the repair of soft tissues. The repair of bone and soft tissues has many aspects in common. These processes show similar overlapping phases in inflammation, proliferation and remodeling in both types of tissues. Furthermore, similar cells are actively involved in the early stages of repair in both tissues. These and other similarities suggest that it could be possible to use therapeutic levels of ultrasound in order to stimulate bone repair. We have already shown that low intensity pulsed ultrasound accelerates healing of fractured radial bones in rabbits, which was examined histologically and radiologically as well as through evaluation of mineral composition of the bones, using a stereoelectron microscope. Mortimer and Dyson also studied the effect of therapeutic ultrasound on calcium uptake by embryonic chick fibroblasts using calcium-45 radiotracer techniques, and found that Ca uptake was elevated with increasing exposure time. The main object of the present study was to determine the optimum exposure time of therapeutic ultrasound for accelerated healing of fractured bone. Another aim was to study the possible side effects of ultrasound treatment with different exposure times on the ipsilateral and contralateral bones during ultrasonic treatment and one month after its termination and complete bone healing.

MATERIAL AND METHODS

White rabbits, weighing between 1.5-2.2 kg, were obtained from the animal center of Shiraz Medical School. Each rabbit was caged individually and given free access to food and water. A total of 21 rabbits were
ulnar bones. Our results are in good agreement with other reports which demonstrated that ultrasonic treatment at a frequency of 0.5-1.5 MHz was completely safe.\textsuperscript{12-15}

In the present experiment ipsilateral fractured and intact bones and contralateral intact bones were examined radiologically one month after termination of ultrasound treatment (complete healing). However there was no sign of abnormality in the above mentioned bones and they were completely normal. In group 3, histological examination was also done and confirmed our radiological results.

In summary, it seems that ultrasound at an intensity of 0.5 W/cm\textsuperscript{2}, repeating at 1 MHz, pulsed 2 msec on and 8 msec off, for durations of 5, 10 and 15 min/day, can all accelerate bone healing without having any deleterious effect on the treated fractured and intact bones during healing and even one month after complete healing. Thus ultrasound treatment can be recommended for direct stimulation of the fracture site and have a possible application in clinical therapy.

ACKNOWLEDGEMENT

The authors are to acknowledge the Research Council of Shiraz University of Medical Sciences for financial support of this work under project no. 74-183. We are also to thank Dr. Arshadi, Dept of Radiology, for reporting the radiographs and Dr. P.V.N. Kumar, Dept. of Pathology, for checking the histological preparations.

REFERENCES