



Centre de Biologie et Médecine du Sport de Pau



Traumatic muscle injury PRP or not PRP in 2014 ? Current state of knowledge

*The author had no conflict of interest concerning
the data of the communication*



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the “tree anatomy” of skeletal muscle helps us understand the pathophysiology of trauma and natural evolution

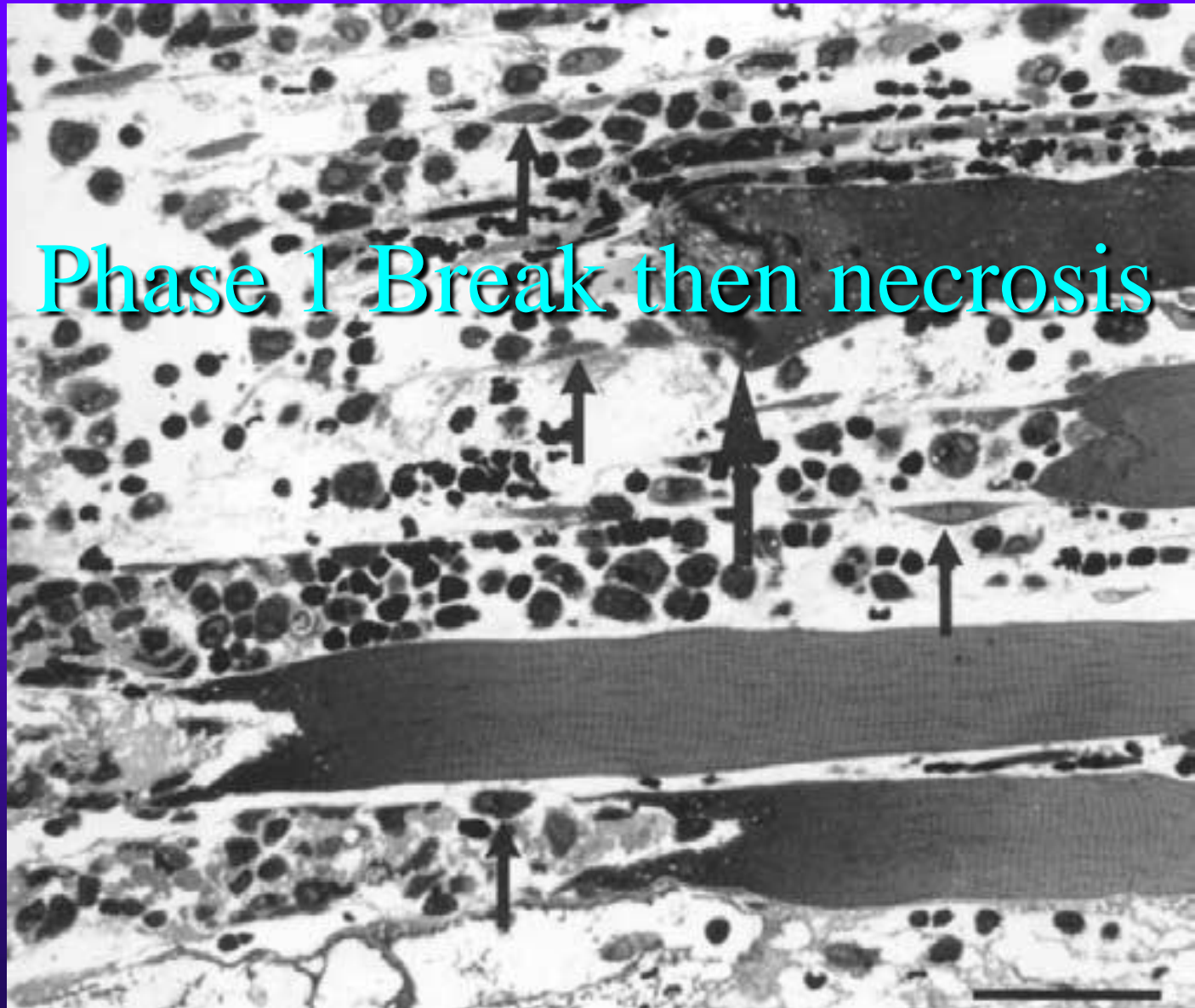


- ◆ Several million muscular injuries every year (OMS 2003)
- ◆ Until 34 % of recurrence (Orchard Am.J.Sports Med 2001)



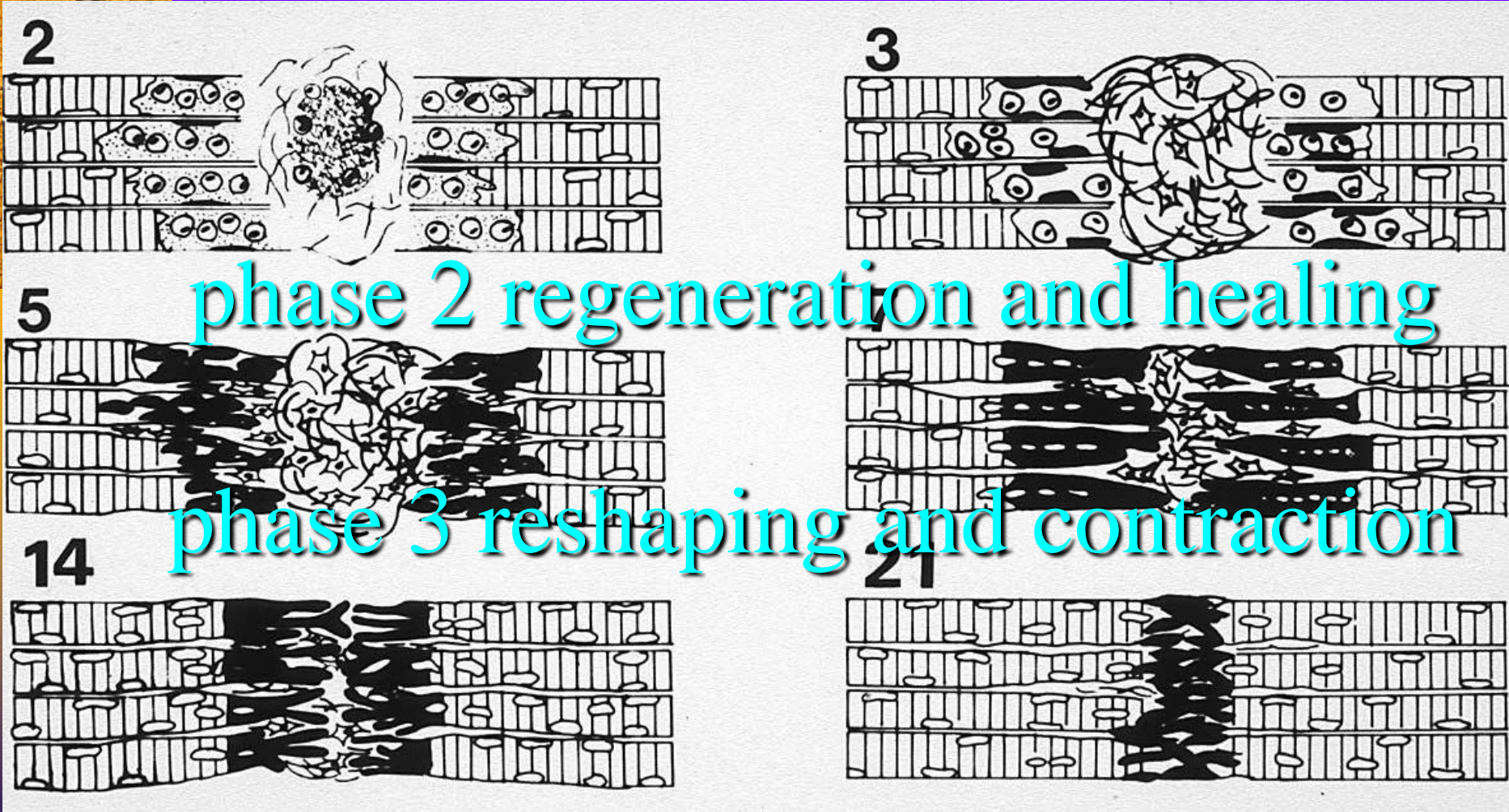
Natural evolution of the lesion

Järvinen 2007



Natural evolution of the lesion

The muscle regenerates
the connective tissue heals



Effects of the PRP in Vitro and animal studies

In vitro

↑ The proliferation and the differentiation of the satellite cells(units) and muscular stem cells. Activate the angiogenesis and regulate the staff turnover of the collagen

(Borrione 2010, Harmon 2010, Redler 2011, Harris 2012, Menetrey 2000, Matsui 2012, Li H. Poddar M., Chen CW. And coll. Plos One 2013, McLure MJ, Garg K. and coll. 2013)

Animal studies

Improvement and acceleration of the repair of muscular injuries to the rat, the mouse and the sheep in particular

(Andia 2003, Borrione 2010, Hammond 2009, Lefaucher 1996, Wrigt-Carpenter 2004, Gigante 2012, Terada 2013)



What about clinical trials ?



Clinical Trials

author	date	level of evidence	N	type	results
Loo	2009	4	1	p-prp	?
Frey	2009	4	2	L-prp	?
Hamilton	2010	4	1	L-prp	return J17
Wright-Carpenter	2004	3	18	sérum	return J16 vs 22
Sanchez	2005	4 poster	21	P-prp	return/2
Cugat	2005	4 poster	16	?	return/2
Bénézis	2010	4	25	P-prp	?
Jaadouni	2012	4	48	P-prp	return j12vs37 return/3 si <j9 (j12vs45) harmstring gastrocn. = 3 x add. Quad (j31vs10)
Wetzel	2013	4	12	?	?
Bermuzzi	2013	4	53	P-prp	return j20-30 1 relapse > 1 year
Bubnov	2013	1	30	P-prp	return early force higher



Clinical Trials

Bubnov R, Yevseenko V, Semenov I.

Ultrasound guided injections of Platelets Rich Plasma for muscle injury in professional athletes. Comparative study.

Med Ultrason. 2013 Jun;15(2):101-5.

30 men (mean age 24 years old) professional athletes
acute muscle injury with US (18 thigh injury)

randomly 2 groups: group A PRP (US guidance)+ conservative treatment
group B conventional conservative treatment only

pain visual analogue scale (0 to 10), resisted flexion or strength, and range of motion.

evaluated in the days 1, 7, 14, 21, and 28 after treatment starting+ US

RESULTS: pain relief > in group A (93%) vs B (80%) day 28
($p > 0.05$)

significant changes in strength ($p < 0.05$) and range of motion ($p < 0.05$) for PRP treatment group was observed.

the range of movement improved > group A vs group B ($p < 0.05$).

After 28 days no significant differences between groups for pain on resisted flexion and strength ($p > 0.05$)



Clinical Trials

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Subjective global function scores improved significantly in group A compared with group B on the 28th day ($p < 0.05$).

ability to practice sport was 10 ± 1.2 days in group A vs 22 ± 1.5 days in group B.

CONCLUSIONS: Injections of PRP under ultrasound guidance had a significantly higher level of pain relief, physical recovery, and faster regeneration compared with conventional conservative treatment in acute muscle trauma in professional athletes.





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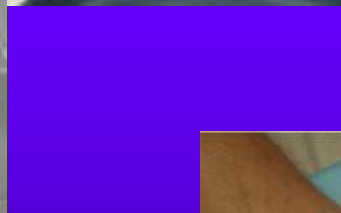
« PRP » - About what do we speak ?





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PRP, What is not !



TAKE HOME MESSAGES

- 1) Lack of clinical studies of high level of evidence
- 2) Lack of standardization of production of PRP (without erythrocytes, and leucocytes)
- 3) Strict aseptic #operating room
Extemporaneous, autologous
- 4) Ultrasound-guided injections
No Anesthetic (Reurink G. Sports Med.21014)
- 5) Objective : Get a cure \neq reduce the time to return to competition
- 6) Reasonable indications in 2014 :
 - Recurrent lesions
 - \geq grade 2 lesions including hamstrings and triceps surae





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