

THE EFFECTIVENESS OF PLATELET-RICH PLASMA ON LIPID PROFILE CHANGES IN STREPTOZOTOCIN-INDUCED DIABETIC RATS

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ABSTRACT

Diabetes mellitus is a metabolic disease caused by pancreas inability to produce insulin. Platelet Rich Plasma is widely used to treat various disease as it contains many growth factors (GFs) which are useful for triggering cell growth and regeneration. This study was conducted to determine the effectiveness of PRP at doses of 0.5, 1.0, and 1.5 ml/kg BW on lipid profiles The PRP went through two improvement. centrifugation processes before given to the subjects. The PRP was given to each group twice a week for three weeks. Shapiro-Wilk test was used for normally distributed data, followed by the Kruskal- Wallis and Mann-Whitney test. The tests results a significant value of P < 0.05, showing that there was an effect of PRP administration on lipid profiles improvement. Dose of 0.5 ml/kg BW of PRP is effective in increasing the lipid profile except the HDL levels, thus a higher dose of PRP is needed to significantly increase the HDL levels.

Keywords: Diabetes Mellitus, Platelet Rich Plasma, Lipid Profile.

INTRODUCTION

Diabetes mellitus (DM) is a metabolic disorder in the body characterized by hyperglycemia and insulin secretion abnormality. WHO predicts the prevalence of diabetes in Indonesia will increase from 8.4 million in 2000 to 21.3 million in 2030, while IDF estimates that the prevalence of diabetes will increase from 7.0 million in 2009 to 12 million in 2030. Platelet Rich-Plasma (PRP) is a product produced from fresh whole blood which contains components of red blood cells, white blood cells, platelets, and plasma. The plasma itself contains organic and inorganic molecules and ions.

METHODS

PRP PREPARATION

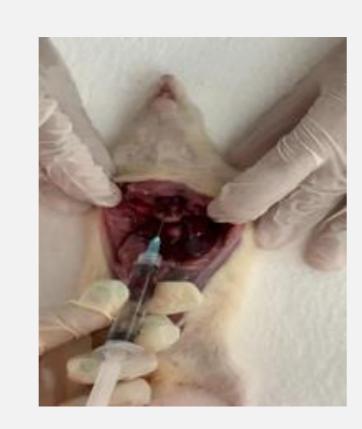
- I. Sedate healthy rats with chloroform, collect the blood from the puncture on the heart.
- 2. Inject 3 ml of the blood into a tube with EDTA anticoagulant.
- 3. Perform the first centrifugation at 1600 rpm for 10 minutes, until it results in 3 compartments: erythrocytes, buffy coat layer, and plasma.
- 4. Take out the plasma from the tube without touching the buffycoat.
- 5. Perform another centrifugation at 2000 rpm for 10 minutes, until forming 2 compartments: PPP and PRP.
- 6. Take out the PRP, mix with CaCl₂.
- 7. Discard the CaCl₂ precipitations.
- 8. Store the remaining PRP in the freezer for later use.

PRP ADMINISTRATION

- I. Mix the PRP with Phosfate-Buffer Saline with a ratio of I: I to activate the growth factors in the PRP.
- 2. Inject the activated PRP subcutaneously to the subjects.

SERUM MAKING

- 1. Sedate subjects with chloroform and collect subjects' blood using a syringe through a puncture in the heart.
- 2. Inject the blood to a tube without anticoagulant, centrifuge at speed of 1600 rpm for 10 minutes.
- 3. Take out the serum on the upper part of the tube, inject to the microtube.







RESULTS

DISCUSSION

The body uses fat as a source of energy. People with abnormal blood lipid levels are at risk for various diseases, such as cardiovascular disease, pancreatitis, diabetes, and other health problems. Based on the results of this study, it is proven that the administration of PRP at a dose of 1.5 ml / kg BW is more effective in decreasing lipid profiles levels because the components of the growth factors in PRP perform tissue regeneration in the pancreas, restoring its function. The results of this study are in line with research by El Tahawyet al., in 2017 using PRP against Streptozotocin induction. Subcutaneous injection of 0.5ml PRP twice a week for there weeks is proven to regenerate and stimulate ductal cells, acinar and exocrine glands in the pancreas.

CONCLUSION

PRP of dose 0.5 ml / kg BW dose had a significant effect on improving lipid profiles except HDL levels compared with the control group and did not show a significant difference when compared to other groups. However, a higher PRP dose was required to significantly increase HDL levels compared to the control group.

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Treatment	Tryglyceride Level		Total Cholesterol		HDL		LDL	
Groups	Median	Range	Median	Range	Mean	SD	Median	Range
Normal	76.00°	44.00	138.00°	31.00	69.60°	9.76	51.00°	26.00
Standard	88.00c	57.00	129.00 ^c	13.00	70.60°	1.67	42.00°	51.00
Control	125.00ab	19.00	198.00ab	53.00	34.20^{ab}	2.59	129.00ab	21.00
PRP 0.5 ml/kgBW	81.00°	31.00	118.00°	34.00	46.00^{ab}	7.48	60.00°	27.00
PRP 1.0 ml/kgBW	83.00°	44.00	135.00°	35.00	67.40°	19.51	65.00°	36.00
PRP 1.5 ml/kgBW	82.00°	58.00	130.00°	15.00	67.00°	17.00	63.00°	43.00
P Value	0.027		0.013		< 0.05		0.009	

Note: a there is a significant difference with the normal group; b there is a significant difference with the standard group; c there is a significant difference with the control group.







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