

ORTHOPAEDIC SURGERY





Volumetric Muscle Loss

David B. Weiss, MD Trauma Division Head Dept. Orthopaedic Surgery





 Research Supported by KeraNetics and through AFIRM (Armed Forces Institute of Regenerative Medicine)











- The Problem
 - Severe musculoskeletal injuries often associated with loss of muscle
 - Surrounding muscle can hypertrophy but does not fully compensate
 - If complete loss of muscle unit- limited options to recover function





- The Problem
 - Reconstruction of bony defects (meta-diaphyseal) can be routinely accomplished.
 - Soft tissue coverage reliably closes wounds
 - Continued muscular functional deficits
 - Long term- atrophy/ joint contractures
 - Cosmetic defects







淵道

www.Stripes.com







- <u>Volumetric muscle loss leads to permanent disability</u> <u>following extremity trauma</u>
- <u>Corona BT1, Rivera JC, Owens JG, Wenke JC, Rathbone CR.</u>
- J Rehabil Res Dev. 2015;52(7):785-92
- Evaluated medically retired servicemembers from recent conflicts
 - 65% retired for orthopaedic reasons had muscle injury
 - 92% of orthopaedic conditions involved muscle injury in those retired for non-orthopaedic reasons





• Current treatment options

- Bracing
 - AFO
 - IDEO



13/2



IDEO

University of Virginia

Orthopaedic Surgery

Source: Curr Orthop Pract © 2013 Lippincott Williams







From Bobwoodruffinfoundation org website University of Virginia Orthopaedic Surgery





- Physical Therapy
 - Compensatory gait training
 - Activity modification
 - Strengthening (limited efficacy in large VML)





- Surgical options
 - Tendon transfers
 - Need nearby functional tendon (which can be "borrowed"
 - Lose 1 muscle grade of power
 - Often out of phase
 - Limited in size/scope





- Maybe the lost muscle can be regrown?
- Functional and Cellular Analysis of Engineered Skeletal Muscle Units following 28 days In Vivo Keith W. VanDusen, M.S., Brian C. Syverud, M.S., Jonah D. Lee, Ph.D., Lisa M. Larkin, Ph.D..
- University of Michigan, Ann Arbor, MI, USA.
- ORS 2015-Described nerve/muscle unit grown from cells.
- Very small scale currently





- Is there a way to replace lost muscle with scaffold to allow regeneration of new/functional muscle?
- Numerous Studies
 - Extracellular matrix (ECM) as scaffold
 - Porcine mucosa
 - Porcine Bladder
 - De-cellularized muscle
 - Other variations
 - Variable results- most show some improvement and increased muscle cells
 - Goal is decreased scarring and environment conducive to new growth

Tissue Engineered Muscle Repair (TEMR)



TEMR Creation Process







- Is there a way to replace lost muscle with scaffold to allow regeneration of new/functional muscle?
- KeraNetics is an advanced biomaterials company focused on creating keratin-based products for therapeutic and regenerative medical applications.(from their website)
- Developed Keratin Gel scaffold which can serve as void filler and potentially as carrier for molecules to assist with muscle growth





• Keratin Gel

- Basic Science work ongoing
- Animal study (rat TA) ongoing
- Clinical trial next

Treatment variety is necessary for diversity of Sheet-Like VML injuries

Cell delivery capable biomaterials Tunable degradation rates Drug delivery capable Solid geometry Space filling Sheet Silk Sponge Fibrin **TEMR** Keratin Hydrogel





- Previous studies
 - Evaluated strength- Biodex
 - Muscle Mass- CT/MRI
 - Functional scores
 - Pain scores





• Keratin Gel

- 1st step- 5 healthy volunteers

- Evaluate processes
- Set baselines
- Establish testing parameters
 - Biodex MRI/CT
 - Treadmill US
 - Plyometric





Minimally invasive high-speed imaging of sarcomere contractile dynamics in mice and humans

Michael E. Llewellyn¹, Robert P. J. Barretto¹, Scott L. Delp¹ & Mark J. Schnitzer¹

- Zebrascope
 - Allows visualization of sarcomeres
 - Previous studies unable to quantify contribution of scaffold to overall function
 - Will be able to sample any area of interest
 - Similar to needle biopsy of soft tissue







Limited clinical data- most studies in animals

- Big issue in Wounded Warriors
 - ? VA involvement
- Clinical trial
 - Utilized data from UVA studies on muscle to form materials/methods
 - Plan for 5 patient trial
 - 25-30 cc VML in anterior tibialis after injury
 - Fill defect with Keratin gel
 - Plain gel now to test safety
 - Next trial with additives

What about Polytrauma?

• Tissue Damage

- functional nerve signal, no contraction
- Nerve damage
 - Perceived tissue
 damage
 exaggerated
 - Important model consideration

Polytrauma



Combination://www.sivabio.50webs.com/mus.htm







Summary

 Identified as significant problem in military and civilian population
 Several areas of ongoing research but no clear path forward yet

UVA with several trials in works to look at Keratin Gel efficacy as a tool for regeneration of skeletal muscle cells.