

# Injectable autologous platelet-rich plasma for regenerative medicine in donkeys

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## Abstract

A step-by-step procedure for autologous platelet-rich plasma production was developed for topical percutaneous injection in donkeys.

This protocol was used in the following publication:

Faillace V, Tambella AM, Fratini M, Paggi E, Dini F, Laus F. Use of autologous platelet-rich plasma for a delayed consolidation of a tibial fracture in a young donkey. *The Journal of Veterinary Medical Science*, 79(3), 2017: 618-622. (ISSN: 0916-7250) (DOI: 10.1292/jvms.16-0400)

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## Protocol

### Background

#### Step 1.

The use of non-transfusional hemocomponents for tissue healing has gained increasing popularity for the treatment of musculoskeletal lesions in human and veterinary medicine [1]. Several non-transfusional hemocomponents are available for intralesional injection, including platelet-rich plasma (PRP), plasma rich in growth factors, platelet rich fibrin, platelet lysate, autologous conditioned serum, autologous blood preparations and autologous protein concentrate [2-4]. PRP is a good adjunctive therapy for the treatment of orthopedic and soft tissue conditions [5-11]. Non-unions, bone defects, tendinosis and cartilage defects are among musculoskeletal conditions lacking effective treatment modalities, and regenerative medicine may play an important role. Platelet rich plasma contains a variety of growth factors released from platelets, which increase vascular growth and have mitogenic effects on mesenchymal stem cells [12-16]. Clinical research on donkeys needs to be in continual development, since donkeys have different reactions in many conditions when compared to horses [17]. To our knowledge, PRP production and application is not commonly performed in donkeys, despite the high therapeutic potential of PRP application in this species.

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## Autologous whole blood collection

### Step 2.

Collect autologous whole blood (50 ml) from the jugular vein into a 60mL syringe.

Add acid citrate dextrose solution (ACD-A) at a ratio of 1:9 achieving anticoagulation. ACD-A solution contains sodium citrate bihydrate 22.0 g/L, citric acid monohydrate 8.0 g/L, glucose monohydrate 24.5 g/L in sterile water for injection.

Additionally, collect 10.5 ml whole blood in sodium citrate tubes (3.8%) to extract thrombin.

## Complete blood count

### Step 3.

Use a small aliquot of whole blood for complete blood cell count.

## First centrifugation

### Step 4.

For density separation of blood components, transfer the 50 ml specimen to a Falcon tube and spin at 350 units of gravitational force ( $\times g$ ) for 20 min.

## First separation of blood components

### Step 5.

Separate plasma and buffy coat layer and transfer in a Falcon tube under aseptic conditions in a laminar flow cabinet.

## Second centrifugation

### Step 6.

Spin the plasma and the buffy coat again at 900  $\times g$  for 15 min to separate the platelet pellet, in the bottom layer, from the platelet poor plasma (PPP) in the supernatant layer.

## Second separation of blood components

### Step 7.

Discard part of the PPP, leaving in the tube 10mL volume.

## Re-suspension of the solution

### Step 8.

Resuspend the platelet pellet in the PPP to obtain 10 ml of PRP.

#### PRP cell count

##### **Step 9.**

Perform cellular count from PRP automatically.

Compare the mean platelet concentration in the PRP and in the whole blood.

#### Autologous thrombin preparation

##### **Step 10.**

To obtain the thrombin, mix the autologous plasma fraction and 10% calcium gluconate (446 mEq/l of calcium), at a ratio of 5:1, and incubate at 37°C for 30 min, in an air-jacketed CO<sub>2</sub> incubator.

Squash the clot obtained and collect the final supernatant, the thrombin-rich solution.

#### PRP activation

##### **Step 11.**

Activate the PRP by mixing the PRP and the thrombin-rich solution (volumetric ratio 8:1) in a Falcon tube and gently rotate the tube.

#### Recommendations for laboratory conditions during the production phases

##### **Step 12.**

Perform these laboratory procedures under aseptic conditions in a laminar flow cabinet following Good Laboratory Practice.

#### Sterility assay of the PRP product

##### **Step 13.**

Evaluate aerobic, anaerobic and fungal contaminations by bacteriological and mycological exams of the PRP product.

#### Topical application of the PRP

##### **Step 14.**

Inject the PRP percutaneously in the target site, after application of routine aseptic skin preparation procedure. When necessary, the use of a guidance technique (e.g. diagnostic imaging) is recommended to accurately reach the appropriate injection site or the site of injury.

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