



Liver Repair in Rabbits Using 532 nm Nd:YAG Laser; *In Vivo* Study

Saba Y. Tanno and Ali S. Mahmood

Institute of Laser for Postgraduate Studies, University of Baghdad, Baghdad, Iraq.

(Received 1 March 2011; accepted 7 August 2011)

Abstract: The main goal of this *in vivo* study was to evaluate the effect of 532nm Q-switched Nd: YAG Laser in combination with Human Serum Albumin 20% concentration (as a welding aid) on the liver tissue repair clinically, and histologically. The animals used in this study were 21 male rabbits divided into three main groups: control group (3 rabbits), conventionally treated group (9 rabbits) and Laser treated group (9 rabbits). Each two main groups (conventional and laser treated) consist of three sub-groups depending on the response evaluation at three different periods. The Laser group was treated using 532nm Q-switched Nd: YAG laser after adding human serum albumin immediately on the incised liver's tissue. The energy of was 460mJ, and 4Hz frequency and 60-90 second exposure time. Both groups were compared with the control group. The clinical findings emphasized an effective laser technique in treating the incised liver tissues. The histopathological studies showed a marked regenerative capacity followed by a peak of mitosis. From this work it was concluded that this laser soldering technique has great promise, and could potentially reduce morbidity and mortality associated with liver injury.

Introduction

The *liver* is the second-largest organ of the body after the skin (Jun Queira and Carneiro, 2003) and the largest vital gland in the body, weighing about 3.4% of the body weight (Jones, *et al.*, 1986). This organ has a soft parenchyma richly interspersed with vasculature and thinly protected by a delicate fibrous capsule with limited internal fibrous support. This makes them prone to injury and lacerated with blunt abdominal trauma (Yasmin, *et al.*, 2000).

Hemorrhage is life-threatening in liver injury, as the liver is highly vascular organ, and injuries of it are frequently accompanied by hypothermia and iatrogenic hemodilution compromising native coagulation (Prahl, 2009). Laser tissue soldering has been shown to provide safe and effective tissue closure by creating an immediate leak-free anastomosis with minimal scar formation (Andrew, *et al.*, 2001) and Lauto *et al.*, 2006). Closure of

surgical incisions and excisions using a rapid, simple, scarless technique remain a goal in surgery (Kamegaya, *et al.*, 2005).

Laser repair of liver using albumin is a promising method for treating liver trauma (Scott, *et al.*, 2001).

Laser tissue welding is the process of uniting or fusing two pieces of tissue with a laser. Upon cooling, a bond is established between tissue edges (Joie, *et al.*, 1995).

Chromophores are light-absorbing substances within tissue. Absorption is a function of wavelength and chromophore. In the visible (blue, green and yellow), absorption is principally due to hemoglobin and melanin (ECFLDP., 1999-2001 and P.R., *et al.*, 2009). The technique seems to enable faster procedures, less scarring, and possibly fewer infections, since it seals openings completely and leaves no gap through which bacteria can penetrate (Kochevar and Redmond, 2009) and (Meyer, and Haverkamp, 1982)

The purpose of this *in vivo* study was to evaluate the effect of 532nm Q-switched Nd:YAG Laser in combination with Human Serum Albumin 20% concentration (as a welding aid) on the liver tissue repair, clinically and histologically.

Materials and Methods

Twenty-one Local-breed *Oryctolagus cuniculus* male rabbits were used in this study, their weights were in between 1.5-1.8 kg and their ages were in between 9-11 months. All animals were weighed to calculate the dose of anesthetic (combelen 0.5mg/kg intramuscularly) with mixture of ketamine 50mg/kg and xylazins 20mg/kg) intramuscularly and antibiotic (a combination of streptomycin and penicillin 0.25ml/kg and Ivermectin 0.25ml/kg) which would be given.

The laser device used in this experiment was Q-switched Nd-YAG (maximum energy: 800 mJ, frequency 1-5Hz, pulse width; ≤ 10 ns, (diamond beauty) GUANG ZHOU HUA FEITONGDA CO., LTD, MADE IN CHINA)

The rabbits were divided into three groups:-

- Group A (control group); consists of three rabbits.
- Group B (conventional group); contains nine rabbits.
- Group C (lased group) (9 rabbits); Group C; also contains nine rabbits treated with 532 nm Q-switched Nd:YAG laser of output 460mJ, 4Hz. (3.68 J/cm^2 energy density) with exposure time between 60-90s and spot size of 0.199cm and contact of hand piece with liver tissue.

The liver wound (incision and segmentectomy) was repaired using conventional (Surgicel) and laser soldering repair, both of the treated injuries were evaluated: clinically and histologically. Liver specimens were collected postoperatively, after four, eight, and twenty days for each group. The animals were observed and checked for normal activities, with daily medical follow-up.

Results

Clinical Observations

Laser Soldering Treated Groups

- All laser-soldering experiments yielded uniformly positive results, with no evidence of

dehiscence and with minimal blood loss as shown in Figures 1 and 2.

- All animals recovered from the procedure without complications.
- There was no evidence of hepatic venous thrombosis or abscess formation.
- Early healing.

Conventional Treated Group

- In the early stages, signs like; arched back (due to pain); Pyrexia rising slightly at night, and anorexia were monitored due to inflammation. Figures 3 and 4.
- Loss of appetite.
- Weight loss.

Histopathological Tests

For control group

Slight congestion of central vein and sinusoids which is normally exists due to anesthesia as shown in Figure 5.

The laser repaired groups

The histological appearance of repaired liver, generally confirmed the acceleration of liver regeneration process by increasing the mitotic activity as shown in Figures 6 and 7. Quiescent hepatocytes become proliferative and restore liver functional capacity as shown in Figures 8 and 9. Thermally denatured albumin near the surface of the incised surface was clear in the early stages of treatment as shown in Figure 10. In the later stages, the repaired area of the liver is completely covered with early fibrous tissue and some residual denatured albumin is present in the outer surface that was being removed by phagocytes with infiltration of fibroblasts in the soldered site, finally the soldered liver surface had healed, covered by a layer of mature fibrous tissue and an outer capsule of dark elastic fibers walled off the entire region as shown in Figures 11, 12, and 13. The liver has a marked regenerative capacity; regeneration is mainly a result of hyperplasia and has a rapid onset. The onset of hepatocytes synthesis occurs 12-16 hours post-operatively, followed by a peak of mitosis at 32-34 hours; the mass of liver is restored within 8-20 days as shown in Figure 14.

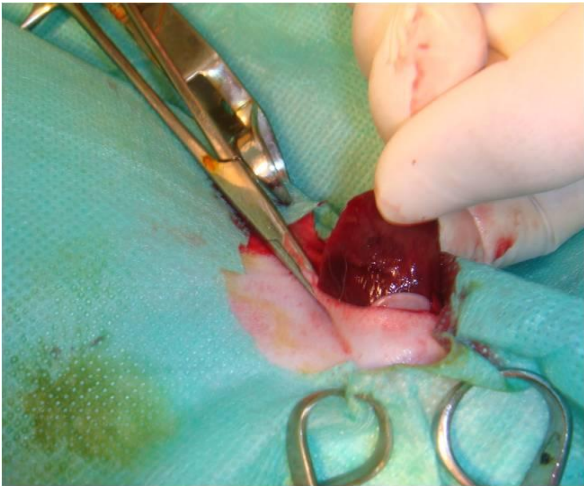


Fig. (1): Welded site immediately post laser exposure

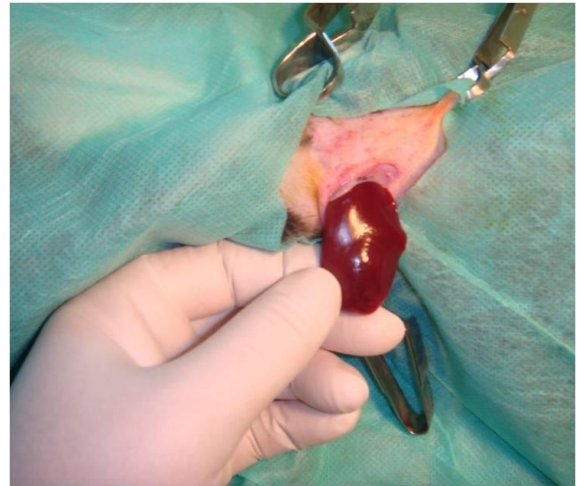


Fig. (2): Examination of the welded site 20 day post operative



Fig. (3): Treated incision with surgicel across the operation



Fig. (4): Treated Incision with surgicel, 20 days post-operation

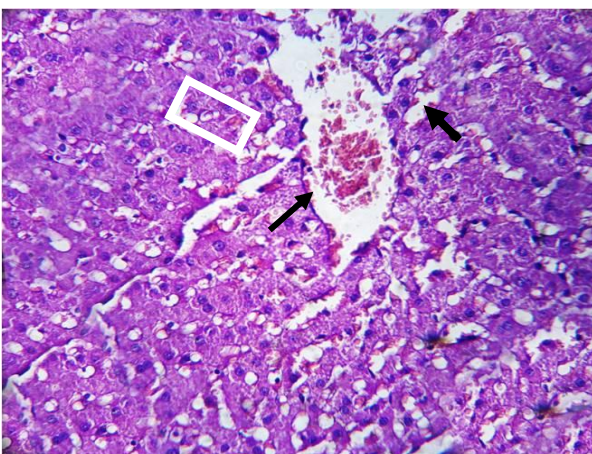


Fig. (5): Histopathological section in liver of rabbit showing slight congestion of central vein (→) and Sinusoids (●→) of group A (control group) (H & E \X 400).

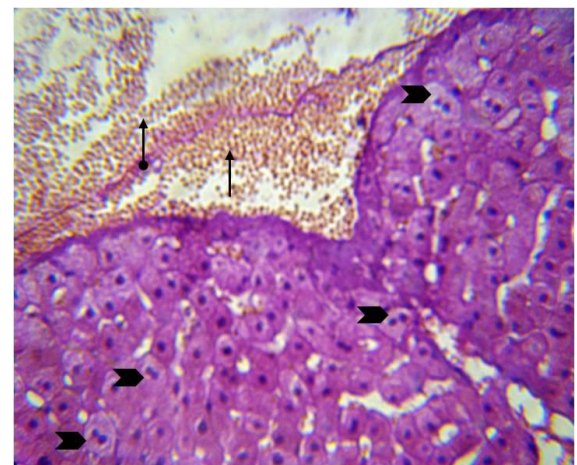


Fig. (6): Histopathological section in liver of rabbit showing the albumin fusing the two edges of the incision with red blood cells at the base of albumin (●→) On the outer area (→) with increase in mitosis of hepatocytes (➤) (4 days post-operation of group C (H & E \X400)

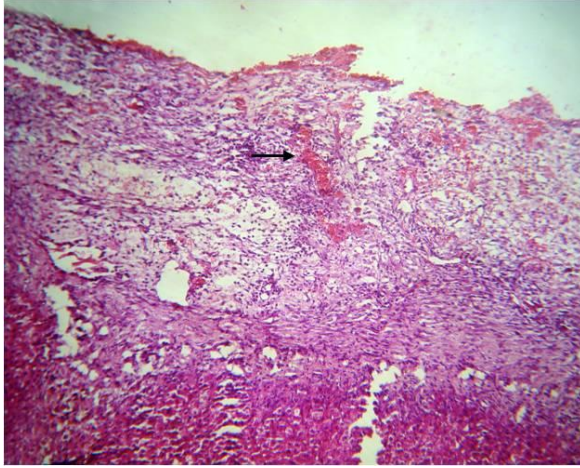


Fig. (7): Histopathological section in liver of rabbit showing proliferation of granulation tissue containing large number of congested blood capillaries (→) (8 days post-operation of group C (H & E \ X 100)

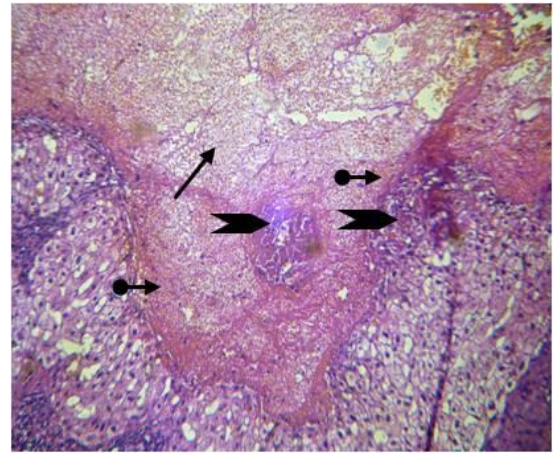


Fig. (8): Histopathological section in liver of rabbit showing presence of fibrous exudate (→) and hemorrhage (●→) with infiltration of Neutrophils forming microabscess (➤) (4 days post-operation of group B (conventionally treated group)) (H & E \ X00).

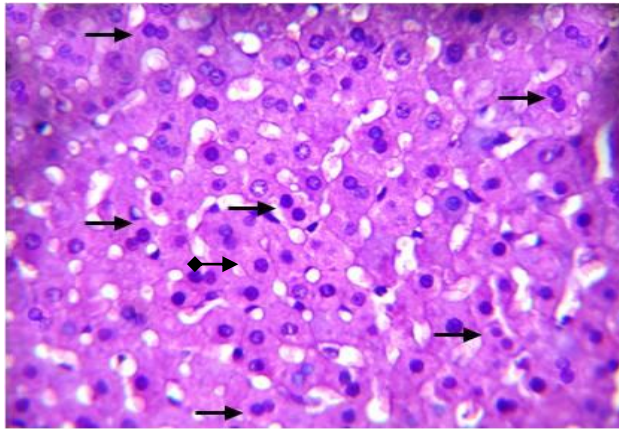


Fig. (9): Histopathological section in liver of rabbit showing increase in mitosis of hepatocytes, large number of mitotic figure and enlargement of hepatocytes (→) with congested sinusoids (↔) (4 days post-operation of group C) (H & E \ X 400)

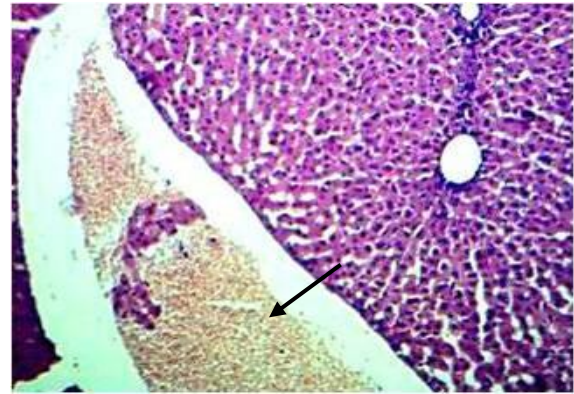


Fig. (10): Histopathological section in liver of rabbit showing liver sections appears nearly as control with area of hemorrhages up on the surface (←) (20 days post-operation of group B (conventionally treated group) (H & E \ X 100).

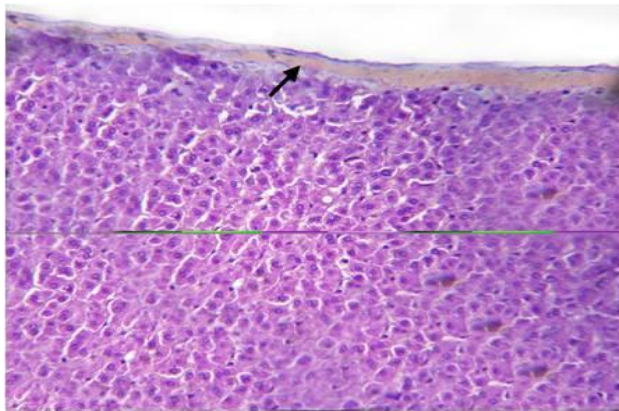


Fig. (11): Histopathological section in liver of rabbit showing the liver parenchyma appears like the control with slight subcapsular hemorrhage (→) (20 days post-operation of group C (H & E \ X 100)

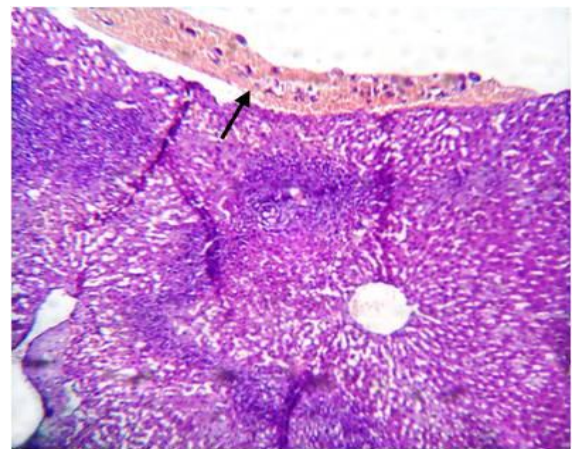


Fig. (12): Histopathological section in liver of rabbit showing a thick layer hemorrhage on the capsule (→) (4 days post-operation of group C (H & E \ X100)

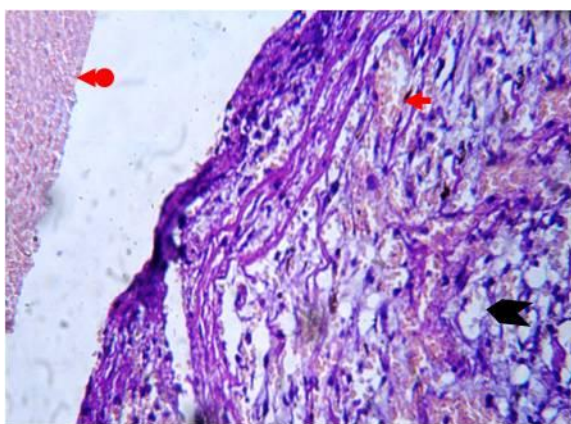


Fig. (13): Histopathological section in liver of rabbit showing proliferation of granulation tissue containing large numbers of congested sinusoids () the surface is covered with hemorrhage (). Vacuolar degeneration of hepatocytes () (8 days post-operation of group C (H & E \ X400)

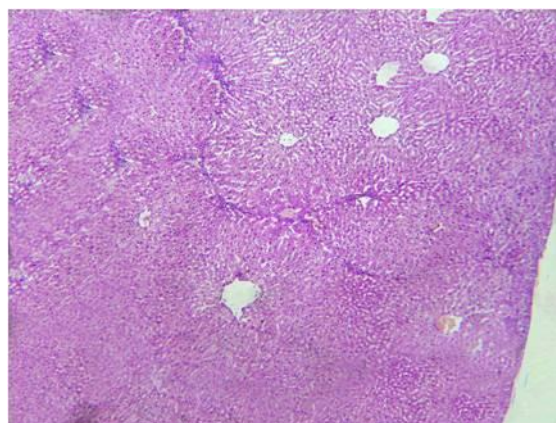


Fig. (14): Histopathological section in liver of rabbit showing that the liver appear like control (20 days post-operation of group C (H & E \ X 100)

Discussion and Conclusions

Results confirm that Q-Switched Nd:YAG laser with wavelength 532nm , 3.68 J/cm² and 4Hz with 20% Human Serum Albumin Soldering, can produce better welding process on the incised liver tissue, with increase in mitosis of hepatocytes in compare with conventional treated group. This wavelength is readily absorbed by hemoglobin with deeper tissue penetration and thereby displays greater hemostatic capability (Yasmin, et al., 2000 and Kamegaya, et al., 2005).

In the present study the histopathological examination findings confirm that the laser irradiated group shows the fusing of the two edges of incision filled with red blood cells between the closely approximated cut surface of the liver, and Increase in mitosis of hepatocyte & Proliferation of granulation tissue containing large numbers of congested blood capillaries appear clearly after 72 hours post-operation without ischemic changes. After 20 days the liver appears like the control Group (A).

Quiescent hepatocytes become proliferative and restore liver functional capacity. Thermally denatured albumin near the surface of the incised surface was clear in the early stages of treatment. In the later stages, the repaired area of the liver is completely covered with early fibrous tissue and some residual denatured albumin is present in the outer surface that was being removed by phagocytes with infiltration of fibroblasts in the soldered site, finally the soldered liver surface had healed, covered by a

layer of mature fibrous tissue and an outer capsule of dark elastic fibers walled off the entire region. The liver has a marked regenerative capacity; regeneration is mainly a result of hyperplasia and has a rapid onset. The onset of hepatocytes synthesis occurs 12-16 hours post-operatively, followed by a peak of mitosis at 32-34 hrs; the mass of liver is restored within 8-20 days. If laser soldering can indeed reduce the morbidity and mortality associated with bleeding, biliary leakage and sepsis following liver surgery, then it may be possible to resect directly invading tumors, and primary hepatomas buried deep within the parenchyma, because the raw liver surfaces could be soldered with the laser. As a conclusion from this work it can be said that this laser soldering technique has great promise, and could potentially reduce morbidity and mortality associated with liver injury.

References

- Brent D. Jones, D.V.M., William D. Liska, D.V.M. (1986) Canine and Feline Gastroenterology textbook. SAUNDERS COMPANY. 345-376.
- Elaine Naomi La Joie (1995): Tissue welding studies of pulsed diode laser interaction with ICG Stained Porcine Aorta and Elastin-Based Biomaterial. *M.Sc.Thesis, B. S. San Jose State University.*
- European Community within the framework of the Leonardo da vinci programmed (1999-

- 2001): Interaction of the laser beam with living tissue. *J. Leonardo da Vinci*.
- Irene Kochevar, Robert Redmond (2009): "Nano suturing" uses laser light –but not heat- to close wounds. *Wellman Center for Photomedicine at Massachusetts General Hospital (Boston, MA), BioOptics World*. **13**: 34-44.
- Kirch J. Andrew, Cooper S. Christopher, Gatti S. John, Scherz C. Hal, Douglas A. Canning, Stephen A. Zeric and Howard M. Snyder, III. (2001): Laser Tissue Soldering for Hypospadias repair: results of a controlled prospective clinical trail, *J. American Urological Association, Inc*. **165**: 574-577.
- Lauto A., Stoodley M., Marcel H., Avolio A., Sarris M., McKenzie G., Sampson D.D., and Foster L.J.R. (2006): In vitro and in vivo tissue repair with Laser-Activated chitosan adhesive. *J. Lasers in Surgery and Medicine* **39**:19-27.
- Luiz Carlos Junqueira, Jose Carneiro (2003) Basic Histology Text and Atlas, tenth edition. LANGE, Wolter Kluwer, Lippincott Williams and wilkins. Ch.16: 332-344.
- Meyer H. J., and Haverkamp K., (1982): Experimental Study of Partial Liver Resection with a combined CO₂ and Nd:YAG Laser, *Laser in surgery and medicine*. **2**: 149-154.
- Pini R., Rossi F., Matteini P., and Ratto F. (2009): Laser tissue welding in minimally invasive surgery and microsurgery. *Washington University School of Medicine National Cancer Institute*. **15**: 12-16.
- Prahl A.Scott, Denison T., LaJoie E. (2001): Laser repair of Liver. *Oregon Medical Laser Center, 9205 SW Barnes Rd, Portland, OR 97225. Anderson et al. Ed., Proc. SPIE*. **4244**: 215-219.
- Scott. A. Prahl (2009) Project Laser Tissue Repair. *J Biomed Mater*. **63**:722-728.
- Wadia Yasmin, Hua Xie, Michio Kajitani, and Kenton Gregory, Scott Prahl (2000): Liver repair and hemorrhage control using laser soldering of liquid albumin in a porcine model. *Proceedings of SPIE*. **3907**.
- Yoko Kamegaya, MD, William A. Fainelli, BA, Agustina V. Vila Echague, MD, Hirotaka Akita, MD, Jamie Gallagher, BA, Thomas J. Flotte, MD, R. Rox Anderson, MD, Robert W. Redmond, PhD, and Irene E. Kochevar, PhD (2005): Evaluation of photochemical tissue bonding for closure of skin incisions and excisions. *Wiley-Liss, Inc. J.lasers in surgery and medicine* **37**:264-270.

أصلاح الكبد في الأرانب باستخدام ليزر النيديميوم ياك بطول موجي 532 نانومتر : دراسة في الجسم الحي

علي شكر محمود

صبا يوسف تنو

معهد الليزر للدراسات العليا، جامعة بغداد، بغداد، العراق

الخلاصة
إن الغرض من هذه الدراسة هو التقييم السريري والنسجي لتأثير استخدام أشعة الليزر من نوع النيديميوم ياك و بطول موجي 532 نانومتر مع استخدام مصل الألومين البشري بتركيز 20% (كعامل مساعد في عملية اللحام) على أنسجة الكبد الحي. وقد استخدم في هذه الدراسة 21 أرنباً "ذكراً" بعد أن تم تقسيمهم إلى ثلاث مجاميع رئيسية هي : مجموعة السيطرة ، مجموعة العلاج باستخدام الطرق التقليدية و مجموعة العلاج باستخدام أشعة الليزر . إن كلا من المجموعتين التي تمت معالجتها بالطريقة التقليدية وباستخدام الليزر احتوت على ثلاث مجاميع فرعية تم تقييمها بالإعتماد على مدى سرعة الاستجابة والتقبل للعلاج وخلال ثلاث فترات زمنية حددت حسب المتطلبات العلمية . أما مجموعة السيطرة فتركت بدون إجراء أي علاج عليها لغرض الحصول على القيم الطبيعية للفحوصات على الأرانب المحلية . وكذلك تم إجراء دراسة نظرية أولية على كبد الأرانب باستخدام قيم مختلفة الطاقة من أشعة الليزر للوصول إلى وتقييم أفضل إستجابة لعملية لحام أنسجة الكبد . إن مجاميع العلاج بالليزر استخدم فيها الليزر من نوع (Q-switched Nd:YAG) بطول موجي قدره 532 نانومتر بعد إضافة مصل الألومين البشري على الجرح الذي عمل في خلايا الكبد باستخدام شعاع و بكثافة طاقة 3.68 جول/سم² و بتردد 4 هرتز ومدة تشعيع بين 60-90 ثانية بوضع نهاية مباشر لقطعة اليد على الكبد . أما العلاج بالطريقة التقليدية فتم باستخدام (surgciel) . وقد تمت متابعة المجاميع كافة وسريريا و أخذت نماذج من الكبد خلال ثلاث أوقات زمنية بعد إجراء العمليات على الحيوانات المعالجة ، حيث كانت الأوقات بعد أربعة أيام ، ثمانية أيام وعشرون يوماً من إجراء العملية لكل منها. وقورنت نتائج كلا المجموعتين الرئيسيتين المعالجتين بنتائج مجموعة السيطرة . بينت النتائج السريرية على سلامة وتوق تقني استخدام الليزر في علاج الجرح الذي تم إحداثه في الكبد . أما إختبارات تحليل الأمراض النسجي أظهرت مؤشرات لقابلية توليد كبيرة في الإنقسام الاعتيادي .