Ultrasound tissue characterization - to measure matrix integrity and to quantify regenerative processes in equine tendons and ligaments

Caracterización tisular ultrasonográfica - para medir integridad de la matriz y cuantificar los procesos regenerativos en tendones y ligamentos equinos

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Abstract

Tendon injuries often threaten the athletic career of performance horses. There may be single overloading but frequently the injury is the result of a gradual matrix degradation, initially without clinical signs, which may lead to impaired regenerative capacity. Another complicating factor is the lack of uniform pathology; frequently multiple stages of matrix integrity can be found and, therefore, there is no cure-all treatment. Ultrasound Tissue Characterization (UTC) is designed for tomographic visualization and quantification of 3-D matrix integrity. UTC is based on standardized compilation of ultrasound-data by means of an ultrasound probe that moves automatically along the tendon's long axis, collecting transverse images every 0.2 mm, generating a 3-D volume. UTC-algorithms can discriminate 4 different echo-types, related to size and integrity of structures in the matrix (van Schie *et al.* 2003):

- Echo-type I, generated by intact and aligned fascicles with axial diameter \geq spatial resolution.
- Echo-type II, generated by discontinuous, waving and/or swollen fascicles with axial diameter ≥ spatial resolution.
- Echo-type III, generated by a matrix mainly consisting of fibrils with axial diameter < spatial resolution.
- Echo-type IV, generated by a mainly amorphous matrix and fluid.

Fundamental research with isolated tendons revealed that the ratios of these 4 echo-types are highly correlated with tendon matrix integrity, showing the discriminative power of UTC for tissue characterization (van Schie *et al.* 2009).

Normal superficial digital flexor tendons in young mature horses are characterized by 80-90% type I, 10-15% type II and barely any type III and/or IV echoes. Loss of integrity is characterized by significant changes like decrease of type I, increase of type II (remodeling or inferior repair) and increase of type III (fibrillar) and/or IV (amorphous). Intra- and inter- observer reliability appeared to have intra-class correlations (ICC) ranging 0.92-0.98, indicative for excellent reproducibility. Clinical research revealed that UTC is sensitive and reliable to: • Monitor load-effects and detect matrix degradation (Plevin *et*

al. 2019). Stage lesions for selection of appropriate intervention. • Quantify regenerative processes for objective evaluation of therapy and guided rehabilitation (Bosch *et al.* 2011).

References

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