



Fig. 3. Lateral hind paw radiographs of a rat of the CIA group (A) and another of the CIA + NTx group (B) at 6 weeks after the initial sensitization. Proliferation of radioreistant tissue and bone destruction in the ankle and subtalar joints (arrows) is less prominent in the CIA+NTx group than the CIA group. CIA, collagen sensitization; NTx, sciatic neurectomy.

BMD was significantly lower in the CIA, NTx and CIA + NTx groups than in the sham group at 4 and 8 weeks after the initial sensitization, but there was no significant difference among the NTx, CIA + NTx and CIA groups (Fig. 4B). The cortical BMD gradually increased in the sham group but gradually decreased in the NTx and CIA + NTx groups. It was significantly lower in the NTx and CIA + NTx groups than in the sham group at 4 and 8 weeks, and in the CIA+NTx group than in the CIA group at 4 weeks after the initial sensitization (Fig. 4C).

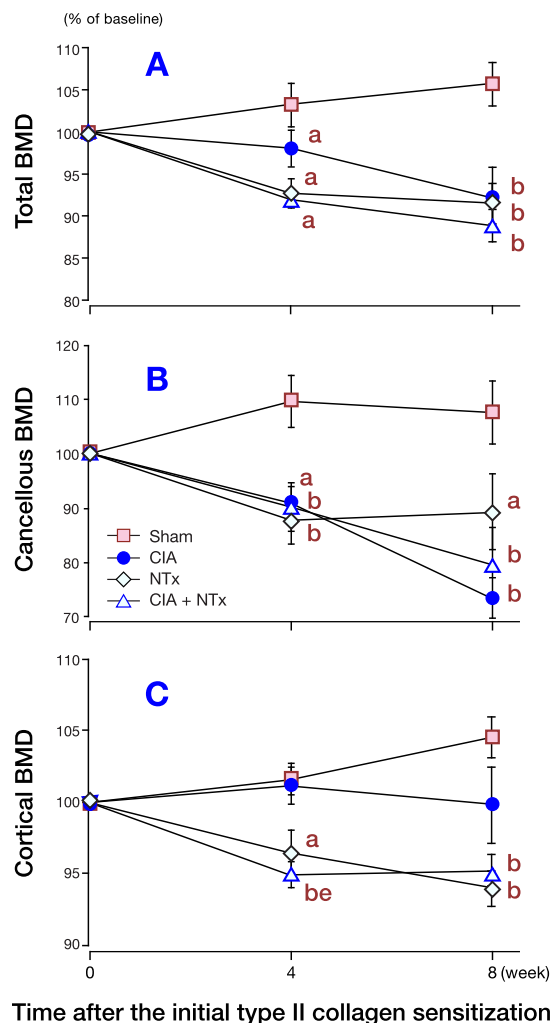


Fig. 4. Changes in total BMD (A), cancellous BMD (B) and cortical BMD (C) of tibial metaphysis. ^a*P* < 0.05 and ^b*P* < 0.01 compared with sham rats (Dunnnett's test). ^e*P* < 0.05 compared with CIA rats (Dunn's test). Values expressed as mean ± SE. BMD, bone mineral density; CIA, collagen sensitization; NTx, sciatic neurectomy.

Discussion

Several studies have been reported on arthritis and periarticular bone loss in animal models of RA (Hanyu et al., 1999; Enokida et al., 2001; Hoshino et al., 2001; Yamasaki et al., 2001), but few on arthritis and paralysis. It has been shown that sciatic neurectomy causes bone loss in the lower limbs of the animal models (Okumura et al., 1987; Murakami et al., 1994; Iwamoto et al.,

2003). Okumura et al. (1987) have reported a reduction in the BMD of ovariectomized rats, which deteriorated after sciatic neurectomy. We assumed in the present study that periarticular bone loss deteriorated in CIA + NTx rats as well. To evaluate this hypothesis, we examined the effects of sciatic neurectomy on arthritis and the BMD in CIA and CIA+NTx rats.

Kozina et al. (1977) have reported the effects of peripheral nerve and spinal lesions on arthritis in adjuvant arthritis rats. They found that peripheral nerve and spinal lesions suppressed hind paw swelling and suggested that the effect was due to hind paw paralysis. In our study, sciatic neurectomy reduced hind paw swelling and ankle and subtalar joint destruction in CIA rats. Many reports have described that paralysis suppressed RA, osteoarthritis and arthritis and radiological joint destruction caused by gout in humans (Coste et al., 1935; Bland et al., 1968; Patrick et al., 1984). Bland et al. (1968) and Patrick et al. (1984) stated that the restriction of movement due to paralysis may reduce mechanical stress, resulting in the suppression of arthritis. In many cases of osteoarthritis and RA, arthritis is severer in the dominant hands than in the non-dominant hands, suggesting that exercise stress has a significant effect on the severity of arthritis.

The occurrence of periarticular bone loss in arthritis is suggested to be related to synovitis associated with arthritis (Suzuki et al., 1995) and bone marrow lesions in the peripheral bones (Fujimoto et al., 1992; Enokida et al., 2001). In immobilized tibia after sciatic neurectomy in mice, a temporary increase in bone resorption and a continuing decrease in bone formation caused rapid cancellous bone loss (Sakai A et al., 1996). We assumed that immobilization due to sciatic neurectomy might deteriorate cancellous bone loss in the CIA+NTx group; however, there was no significant difference in the degree of cancellous bone loss between the CIA and the CIA+NTx groups. The reason for this may be that arthritis was suppressed by sciatic neurectomy in the CIA+NTx group, which reduced the degree of synovitis due to arthritis.

Enokida et al. (2001) have reported that the decreased proximal tibial cortical BMD in adult CIA rats might be related to changes of the periosteal bone surface and the intracortical bone. Hayashida et al. (1993) have histologically examined the cortical bone adjacent to the affected joint in adjuvant arthritis rats, and reported that both the bone resorption and inflammatory cell infiltration were increased around the intracortical blood vessels, which was similar to histological findings of juxtaarticular osteoporosis in patients with RA. The immobilization-related decrease in the cortical BMD is considered to be associated with a disorder of periosteal modeling-dependent bone gain and an enhancement of endocortical and intracortical bone remodeling-dependent bone loss (Li et al., 1991; Jee et al., 1992; Maeda et al., 1993). Yonezu et al. (2004) have reported that sciatic neurectomy decreased mechanical stress on the bone around paralyzed muscles and reduced periosteal bone formation, thus causing the decrease in the cortical BMD. Since the cortical bone loss mechanism in CIA rats may be different from that linked to immobilization, it is speculated that the cortical bone loss in the CIA+NTx group was greater than in the CIA group.

In summary, the present study revealed that sciatic neurectomy reduced the severity of arthritis, but did not affect the cancellous bone loss in adult CIA rats. It is speculated that limitations of movement due to paralysis reduces exercise stress, which thus ultimately suppresses arthritis.

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Corresponding author: Toru Okano, MD