تأثير بعض الهيد وكورتيزونات والأنزيمات المذيدة للبروتينات في علاج اصابات مفاصل الخيسسول

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تم حقب ثلاثون حصانا وسع وعشرون حمارا مصابة بالالتهابات المفصلية بجرعات مختلفه من:

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۲ الانزيمات المذيدة للبروتينات مثل التربسين أو الكيموتربسين أو كلاعما يوم بعد يوم ٠

وقد تم سحب السائل المنزلق من كل اصابة قبل هدد العلاج لمعرفة مدى تأثير العـــلاج في شفاء المرض.

ولقد اتضع التأثير العلاجى الاكلينيكى في الحالات المرضية بازالة الألم وانخفاض نسسبة الألتهاب الى جانب استعادة الحركة الطبيعية للحيوان •

ولقد وجد أن الأنزيمات المذيدة للبروتينات ذات فعالية علاجيه ممتازة في حالات وجــــود دم في المفصل أو مرصّ النقرس بينما اليهيد روكورتيزونات ذات تأثير عالى في الألتهابات المفصليدة الأخرى • Dept. of Surgery,
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THE EFFECT OF SOME HYDROCORTISONS AND PROTEOLYTIC ENZYMES
IN THE TREATMENT OF EQUINE JOINT DISORDERS
(With 4 Tables)

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SUMMARY

Thirty horses and twenty six donkeys affected with a variety of arthritides were injected varying amounts of (1) Hydrocortisone acetate or Hydrocortisone sodium hemisuccinate every 4-5 days or (2) Proteclytic enzymes, Trypsin and Chymotrypsin or both together day by day. The synovial fluid was aspirated from each condition before and after treatment to reveal the tendoncy for such effusion to their normal properties as well as the best drug used for such affections.

Clinical response, in all cases, was indicated by relief of pain, reduction of inflammation and the gait returned to the normal.

It was found that proteolytic enzymes have a more therapeutic effect in haemarthrosis and gout affections, while Hydrocortisons were effective in other forms of arthritides.

INTRODUCTION

Joints, tendon sheaths and bursal disorders are the most common diseases affecting equines. Aspiration of joints and synovial spaces has been performed for several years, as a diagnostic procedure (BAUER et al., 1940 and DRIKSEN, 1964).

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In veterinary practice, diseases of the articular, ligamentous or synovial structures of limbs had commonly been subjected to blistering agents and firing. Many believe that these aids are of little value. The only advantage is that they cause the animal to be rested because of the trauma induced (WHEAT, 1955). In 1951, HOLLANDER et al. demonstrated that introduction of cortisone or hydrocortisone into the synovial cavities frequently produced marked reduction in both inflammation and pain in certain types of arthritis.

In 1952, INNERFIELD et al. recorded that trypsin therapy had a dramatic subsidence of all signs and symptoms of acute inflammation in 94.3% of the patients.

This investigation was carried to ascertain the clinical response of intra-articular, intra-bursal and intra-thecal injections of both adreno-corticosteroids and some proteolytic enzymes (Trypsin and Chymotrypsin), in equines affected with a variety of inflammatory conditions.

MATERIAL AND METHODS

The study includes 56 patients, 30 horses and 26 donkeys, affected with various affections of joints, tendon sheaths and bursae. Aspiration of the synovial fluid from the affected synovial structures were followed by injection with one of the following drugs:

- l- Aquous solution of hydrocortisone sodium hemisuccinate, 50
 mg/ml. (Flebocortid, Richter).
- 2- Suspension of hydrocortisone acetate, 25 mg/ml. (Hydrocortisone, Roussel).

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- 3- a-chymotrypsin, 5 mg/ml. (Alfapsin, Choay).
- 4- Aquous solution of a mixture from a-chymotrypsin and trypsin, 2½ mg of each/ml. (Ambezim, Richter).

The first two drugs were injected every 4-5 days, while the other two were injected day by day. All drugs used were injected in combination with crystalline Penicillin at a dose varied from 500,000 - 1,000,000 I.U. according to the size of the synovial structure.

The conditions treated, number of injections, the dosage and type of treatment are shown in Table 1.

Another synovial fluid samples were collected just before the next injection of the drugs to evaluate the joint responses as determine by synovial fluid analysis.

All samples were transferred from the aspirating syring immediatly to screw-capped vials containing dried dipotassium ethylene diamine tetra-acetate (EDTA) in a concentration of 2 mg/ml of synovial fluid effusions.

Gross appearance, reaction and total volume of the synovial effusions were recorded at the time sample collection. A portion from each sample was diluted (1:10) in a standard white cell pipette with normal saline solution tinged with methyl violet to determine the total erythrocyte and leucocyte counts (modified by BOLBOL, 1975).

Samples were then centrifuged at 3000 r.p.m. for 30 minutes to obtain a supernatent fluid free from cellular materials and debris.

Mucin clot quality test was carried out after VAN PELT and CONNER (1963). The method was conducted to determine the mean

degree of polysaccharide polymerization (hyaluronic acid). The mucin clot quality was graded as follows: Normal (4); a tight ropey clump in a clear solution, Fair (3); a soft mass in a very slightly turbid solution, Poor (2) and a small friable mass in a turbid solution, Very poor(1), a few fleckes in a turbid solution.

Synovial fluid alkaline phosphatase (AP) activity was determined by the micromethod described by SOMMER (1954). The transaminases glutamic oxalacetic (GOT) and glutamic pyruvic (GPT) were estimated according to the method of REITMAN and FRANKEL(1957). Total proteins were determined by a micromethod after BIURET method (HENRY,1964) and glucose determination was made by the method of BENEDICT (1931). Total lipids was estimated by a micromethod of ZOLLNER and KIRSCH (1962), urea, chloride, creatinine and inorganic phosphorus were determined by methods of GENTZKOW (1942), SCHALES and SCHALES (1941), FOLIN and WU (1919) and FISKE and SUBBAROW (1925), respectively.

RESULTS

Carpal, tarsal and stifle joints are frequenatly the sites of traumatic injuries in horses and donkeys. Such injuries lead to impaired function, swelling, distention of joint capsule and blemishes which called "wind puffs or wind galls", " bog spavin", "carpitis or popped knee", etc....

Synovial fluid from all joints, tendon sheaths and bursae was analysed immediatly after its aspiration from the affected structures. The results of synovial fluid of carpal joints, in some cases, were recorded in Tables 2 and 3, representing the different therapeutic effect of the drugs used.

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Pre-injection analysis of synovial fluid were compared with post-injection analysis as a mean for evaluating joint responses to the intra-articular injection of Flebocortid in donkeys and Hydrocortisone in horses (Table 2), Alfapsin and Ambezim in horses (Table 3).

It was found that corticosteroids as well as proteolytic enzymes were effective in renormalization of the physical picture and biochemical constituents of the synovial effusions to a varying degree.

The effect of the drugs used in the treatment of the different cases are recorded in Table 4.

DISCUSSION

Affection of the locomotor system constitutes the major disorders affecting equines. The acute pathological response of a joint to an aseptic injury is an acute inflammation of the synovial membrane with increases production of the synovial fluid that is deficient in hyaluronate (ROONEY, 1959).

The use of anti-inflammatory agents, corticosteroids and prteolytic enzymes, are now well established in Veterinary medicine.

The various quantities of drugs employed for intra-articular, intra-thecal and intra-bursal injections in this investigation were tolerated and provided excellent results in the majority of cases.

In general, the intra-synovial use of hydrocortisone produce a highly successful results in disorders involving synovial structures. These results were in accordance to those of

MURDOCH and WILL (1959); VAN PELT and RILEY (1968) and BOLBOL (1979). As with all drugs, certain limitations to its useful-lness exist (CYRIAX and TROISER, 1953).

The anti-inflammatory action of cortecoids, following intra-articular injection are ner only to provide not only a relief from cerain existing disorders but also acts to produce a penificial changes in the synovial fluid as well as to prevent the reformation of synovial effusions. This opinion was also suggested by Van PELT(1963) and Van PELT & RILEY (1968).BOLBOL (1979) adviced that the treatment of synivial structures hydrecortisons exerts a strong anti-inflammatory action with reduction of the synovial effusions and its contituents rapidly returened to normal levels.

Reduction of synovial fluid volume was augmented by the use of pressure bandage. ADAMS (1974) reported that elastic material such as a rubber impregnated bandage is the most value in producing this effect:

The use of proteolytic enzymes, trypsin and chymotrypsin, gave good results in various affections of joints and tendon sheaths.

With cases of haemarthrosis and gout, such enzymes gave excellent results which attributed to their fibrinolytic and anti-coagulant action besides their anti-inflammatory effect. Moreover, the action of these enzymes on gout was not known and may be due to digestion of the crystals present by enzyme. CETRULO and NEWARK (1953) attributed the rapid healing of wounds treated with trypsin to many factors from which the digestive action of trypsin and the opening up of humoral channels of supply and excretion in the devitalized area.

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Many authors used successfully proteolytic enzymes in the treatment of several affections and diseases (INNERTIELD et al 1953; LAUFMAN and ROACH, 1953 and SHITOV and SEMENOV, 1979).

INNERFIELD et al. (1953) recorded that anti-coagulant, fibrinogenolytic and fibrinolytic effect of trypsin was apparent. It was found that trypsin activates the blood proteolytic enzyme system (LEWIS and FERGUSON, 1952). It is entirely possible that the almost immediate therapeutic response of patients with rhaumatoid arthritis to trypsin is based on lysis of intra-capillary and lymphatic thrombi in areas undergoing such types of tissue reaction (STENSON, 1951).

As a conclusion, the treatment of joints, tendon sheaths and bursae with corticosteroids and proteolytic enzymes exerts a strong anti-inflammatory action. In addition, the later drugs had a good digestive and fibrinolytic action which was apparent in the treatment of haemarthrosis and gout.

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Table 1

The conditions, number of injections,
the dosage and type of treatment in horses and donkeys.

Condition	No. of cases	No. of injection	Treatment	Dose	
	H_C	RSES			
Traumatic carpitis	2	5	Hydrocortisone	50	mg
Traumatic carpitis	1	4	Flebocortid	50	mg
Capped knee	2	4	Hydrocortisone	75	mg
Carpal gout	1	5	Ambezim	15	mg
ti ii	1	3	Flebocortid	50	mg
Tendovaginitis	3	5	Hydrocortisone	125	mg
Wind galls	4	3	Flebocortid	50	mg
Bog spavin	3	4	Flebocortid	100	mg
11 11	2	6	Ambezim	10	mg
H H	4	5	Alfapsin	10	mg
Carpal haemarthrosis	3	4	Alfapsin		mg
11 11	2	5	Hydrocortisone		mg
Gonitis	2	7	Flebocortid	100	
	30				
	D C	NKEYS			
Praumatic carpitis	4	4	Flebocortid	50	mg
Capped knee	3	5	Hydrocortisone	75	mg
Tendovaginitis	4	4	Hydrocortisone	125	mg
11	2	6	Ambezim	10	mg
Bog spavin	2	4	Flebocortid	100	mg
Carpal haemarthrosis	3	5	Flebocortid	50	mg
Gonitis	5	4	Flebocortid	100	mg
Bursitis at fetlock	2	6	Alfapsin	15	1000
11 11	- 1	3	Flebocortid	50	mg
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Table (2)

Physical and biochemical changes in synovial fluid samples following injection of hydrocortisone in carpal joints.

Test	Flebocortid		Hydroc	Hydrocortisone	
1000	Pre-injec.	Post-injec.	Pre-injec.	Post-injec.	
Volume / ml	5	3	12	8	
Colour	Bloody	red (sero- sanguenus)	red	reddish	
Reaction (pH)	6,6	6.9	6.7	7.1	
Mucin clot	1.0	2.5	2.0	3.0	
RBCs (mil./cmm)	1.72	1.11	Un-counted*	2.10	
WBCs (cmm)	831	650	17 11	7530	
Total protein g	5% 4,21	3.66	7.71	4.67	
Glucose mg	% 168.1	143.3	150.0	109.80	
Total lipids mg	% 96.20	52.80	181.82	120.00	
Inor. phos. mg	% 4.42	3.65	3.95	2.62	
Creatinine mg	3.35	1.85	2.60	2.10	
Urea mg	% 23.18	16.48	14.97	11.10	
Chlorides mg	% 443.75	413.24	399.38	340.68	
A P mu	/L 12.20	8.70	22.00	9.00	
G O T mu	/L 19.80	11.30	95.00	37.00	
G P T mu	/L 3.7	1.90	50.00	31.00	

^{*} Difficult to count due to presence of mucin shreds.

Inor. phos. : Inorganic phosphorous.
A P : Alkaline phosphatase.

G O T : Glutamic oxalacetic transaminase.

G P T : Glutamic pyruvic transaminase.

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Table (3)

Physical and biochemical changes in syn vial fluid samples following injection of proteolytic enzymes in carpal joints.

Test	Alfapsin		Ambezim	
	Pre-injec	. Post-injec.	Pre-injec.	Post-injec.
Volume / ml	11	5	7	4
Colour	Reddish	dark yellow	pale yellow	strew yellow
Reaction (pH)	6.8	7.3	6.3	6.9
Mucin clot	1.0	3.0	2.5	3.0
RBCs (Th ./cmm)	1,73	6.59	0.540	0.323
WBC's (cmm.)	1347	1018	895	630
Total protein g%	4.32	3.67	3.67	2.34
Glucose mg%	206.00	115.00	88.70	54.70
Total lipids mg%	185.40	60.61	10.80	4.40
Inor. phos. mg%	5.32	2.99	4.42	4.06
Creatinine mg%	2.60	2.10	2.35	2.00
Urea mg%	11.11	9.83	51.51	24.21
Chlorides mg%	382.73	361,25	465.94	389.65
A P mu/L	11.90	8.60	12.20	7.10
GOT mu/L	83.00	43.00	72.00	44.00
GPT mu/L	5.20	3.20	8.00	2.00

Inor. phos. : Inorganic phosphorous.

A P : Alkaline phosphatase.

G O T : Glutamic oxalacetic transaminase.

G P T : Glutamic pyruvic transaminase.

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Table (4)

Effect of the drugs used
in the treatment of different joint cases.

Joint cases	Treatment	Marked relief of local inflammation with diminution of the swellings Relief of inflammation, no improvement, the animal lame. Relief of inflammation, crystals disappeared in synovial fluid. Relief of inflammation, but swelling still pre-		
Traumatic carpitis Capped knee Gonitis Carpal gout Carpal gout Carpal hemarthrosis	Hydrocortisone """ """ Ambezim Hydrocortisone			
Carpal hemarthrosis	Alfapsin	sent, lameness occur & synovial fluid bloody. Relief of pain and inf- lammation, swelling sub sided, synovial fluid is normal.		
Bog spavin Tendovaginitis Bursitis at fetlock	All types of treatment	Pathological signs disappeared, the animal of normal gait. Hydrocortisone was more superior than others.		