

Tendinopathies chroniques et Plasma Riche en Plaquettes

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Introduction

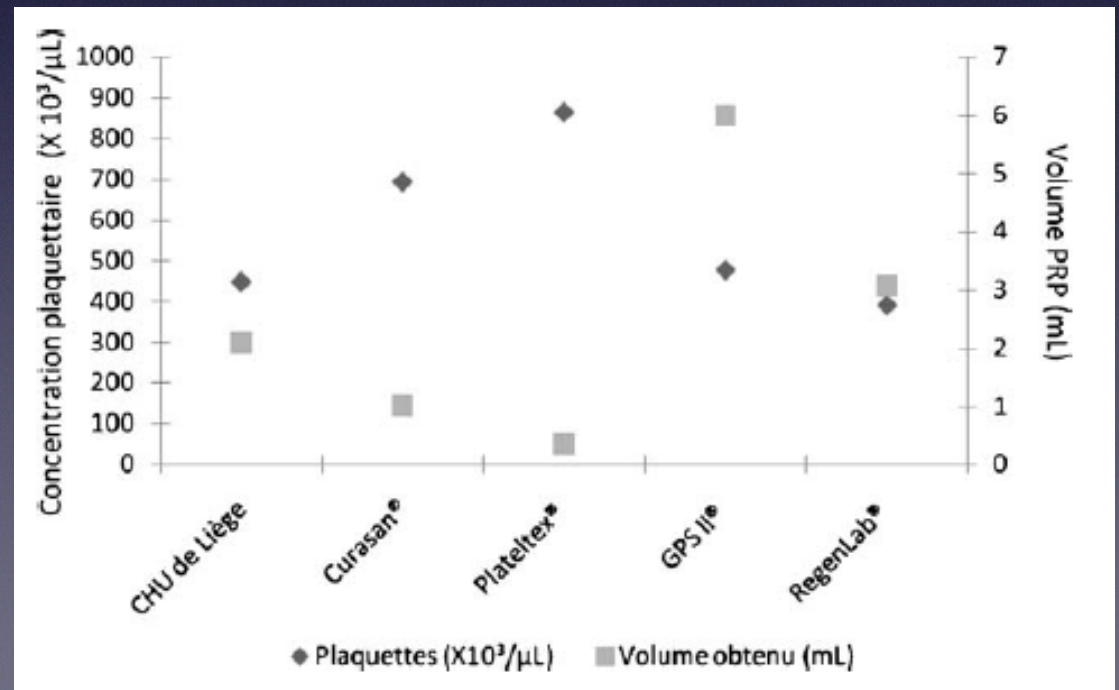
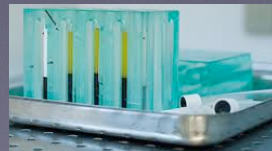
- Tendon = faible métabolisme
- Tendinopathie = pathologie d'hyperutilisation
- Chronicité
- Intérêt de développer de nouvelles thérapeutiques

PRP

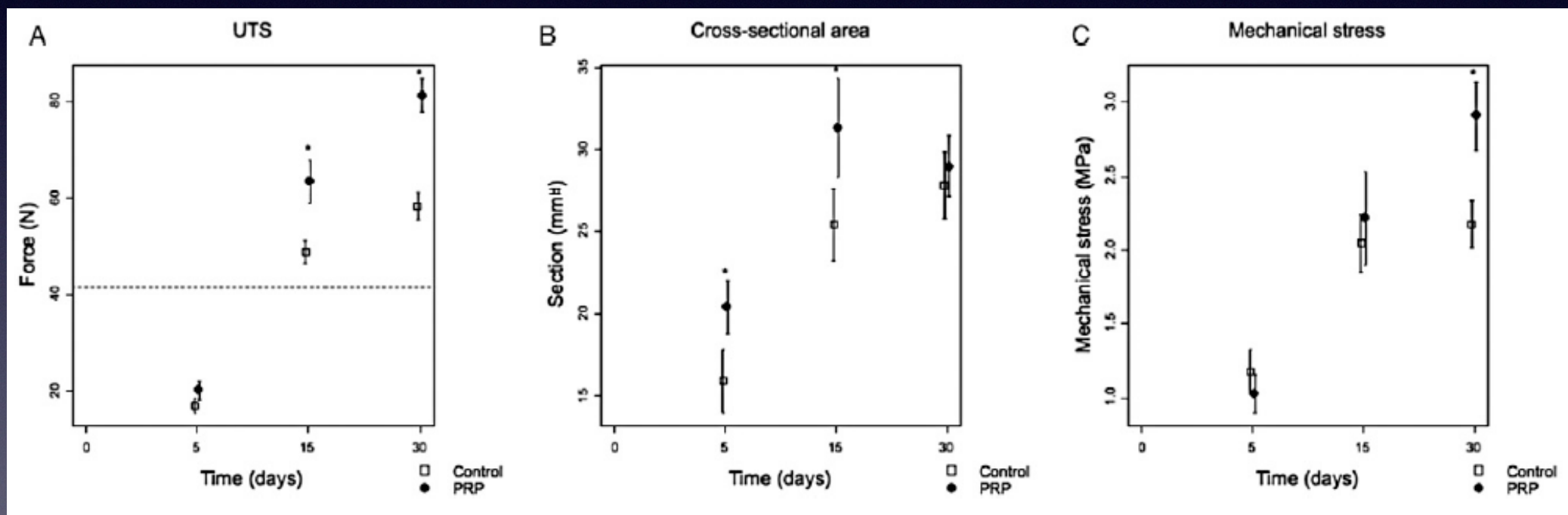
- = plasma riche en plaquettes ou platelet-rich plasma
- Plaquettes → facteurs de croissance → stimulation cicatrisation

Méthodes de préparation

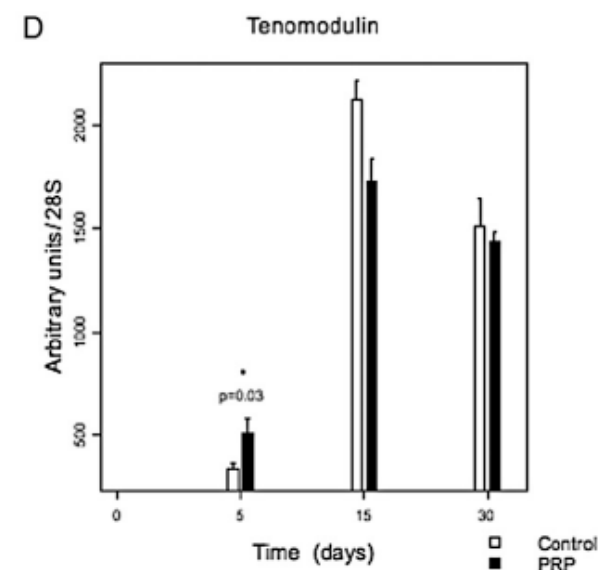
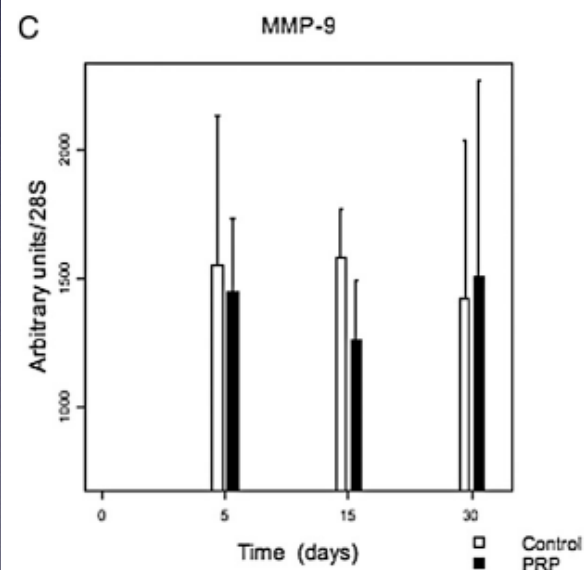
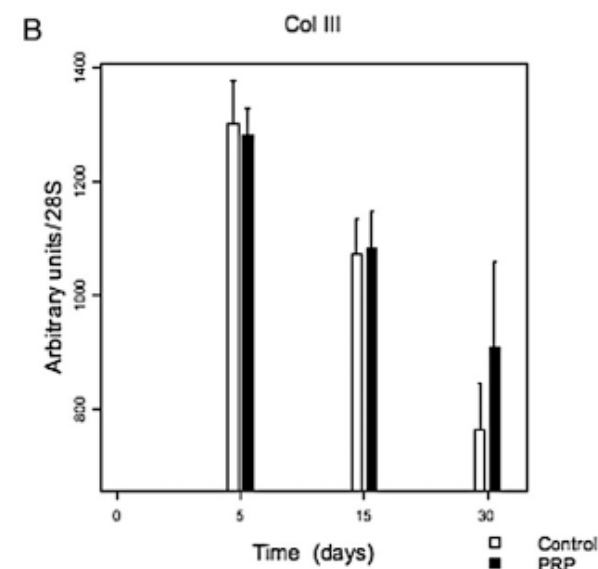
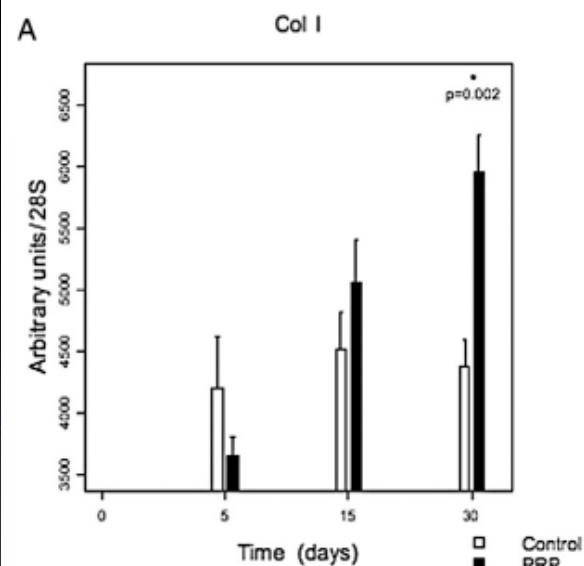
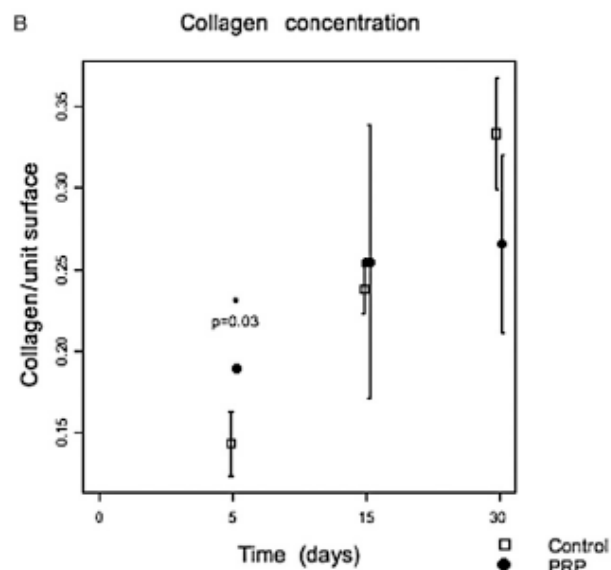
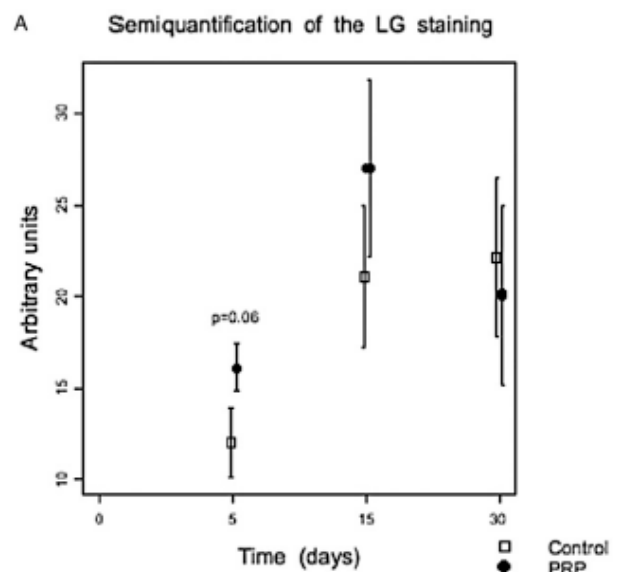
- Différentes techniques → différents PRP
- Concentration plaquettaire
- Leucocytes
- Erythrocytes



Expérimentation animale PRP



Expérimentation animale PRP



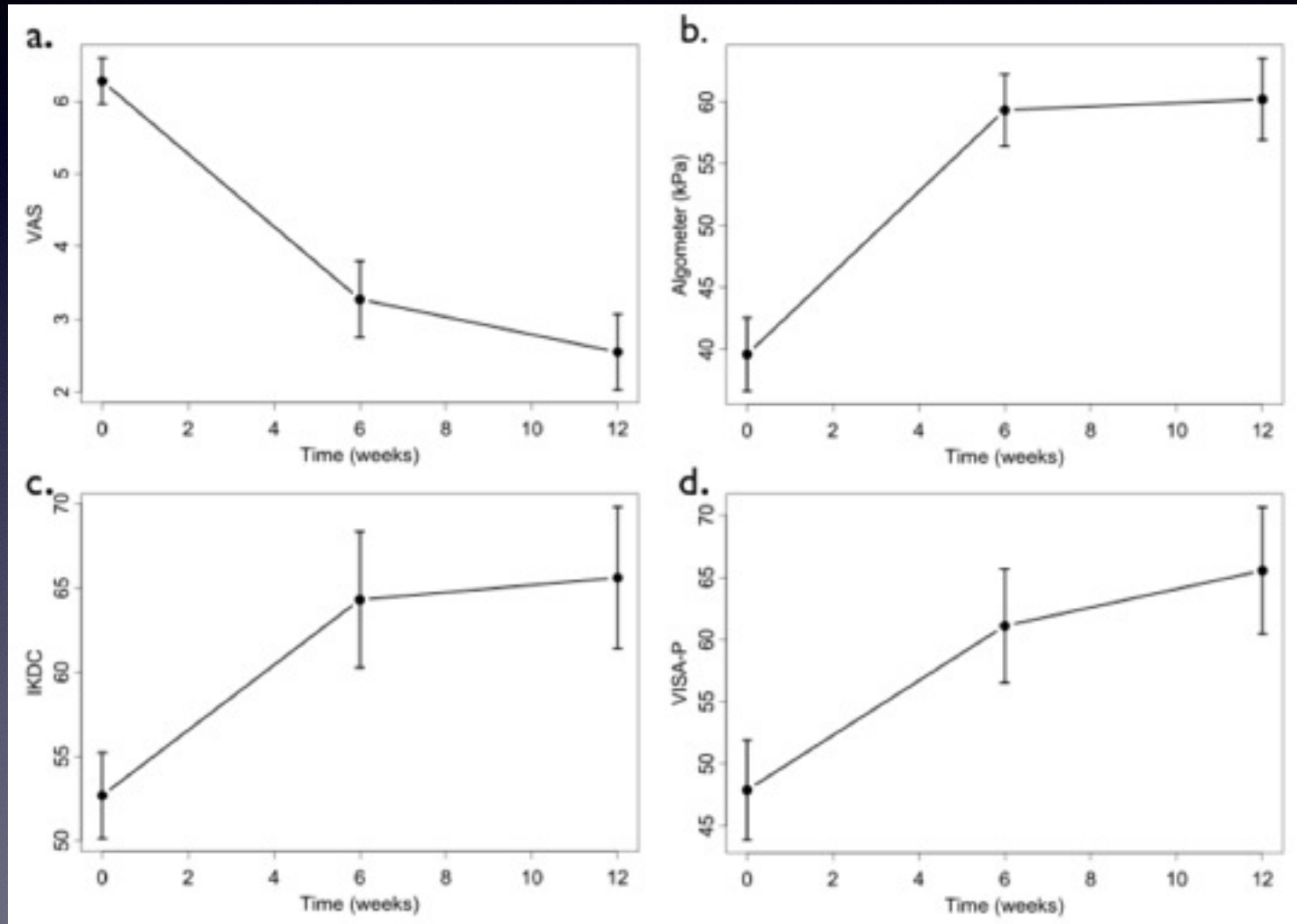
Expérimentation animale excentrique

Table 1. Results Showing the Weights of the Rats, the Cross-Sectional Area of the Tendons (*A*), the Force Needed to Rupture the Tendons (*F*) and the Ratio Between the Force and the Cross-Sectional Area (*F/A*)

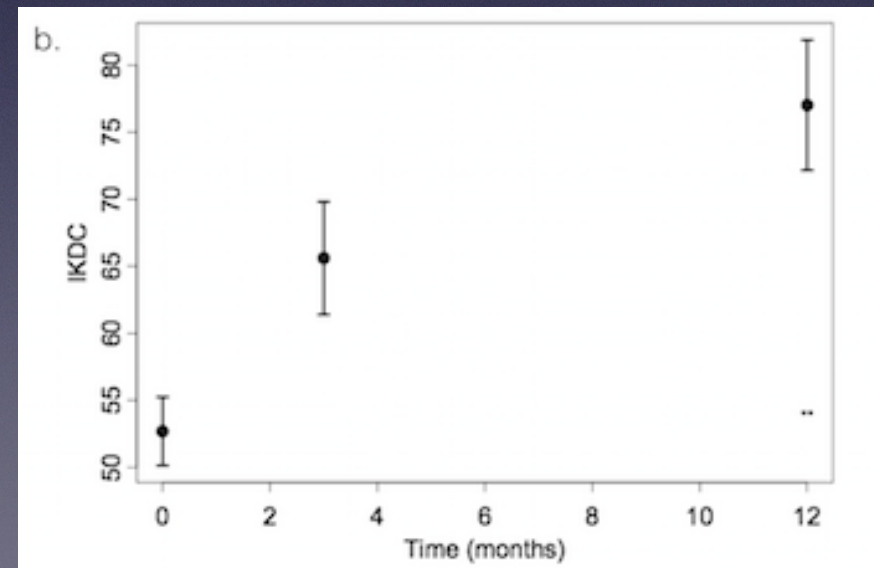
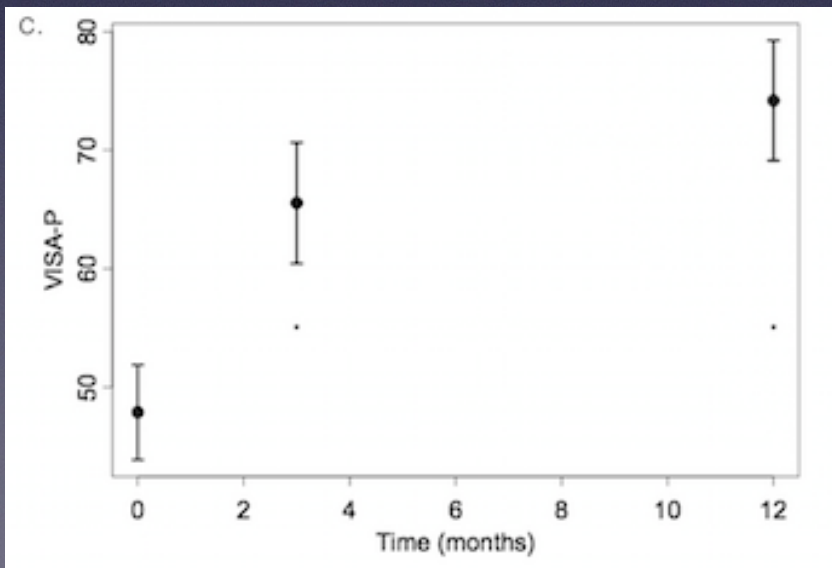
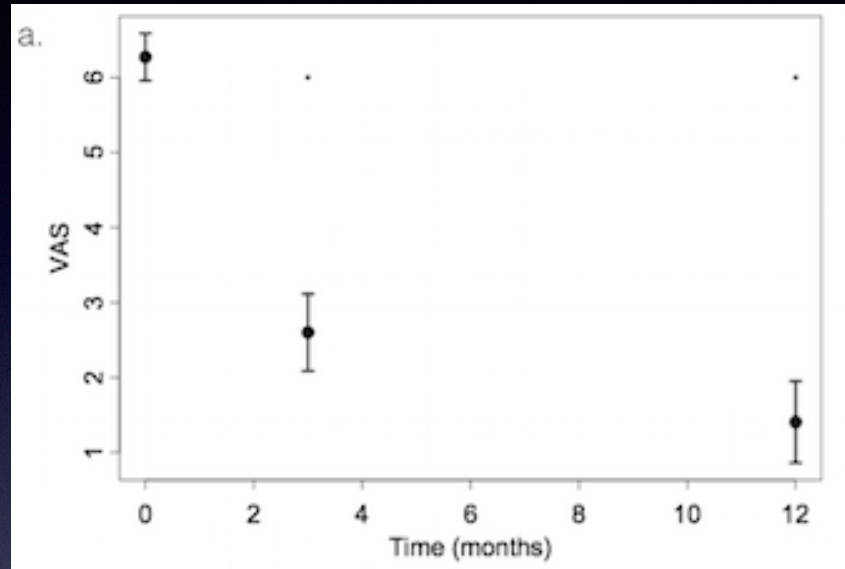
	Tendons	<i>U</i>	<i>C</i>	<i>E</i>
Pre-training weight (g; average \pm standard deviations [SD])		338.2 \pm 2.1	356.4 \pm 10.7	363.0 \pm 5.7
Weight after 5 weeks of training (g; average \pm SD)		424.4 \pm 14.57	441.6 \pm 3.3	467.0 \pm 19.8
<i>A</i> (mm ² ; average \pm SD)	Achilles	27.1 \pm 10.9	19.4 \pm 3.8	25.7 \pm 9.5
	Patellar	48.5 \pm 11.5	36.8 \pm 15.4	36.6 \pm 6.8
	Tricipital	45.5 \pm 17.9	74.8 \pm 16.4	79.1 \pm 20.2
<i>F</i> (N; average \pm SD)	Achilles	61.7 \pm 8.5	66.4 \pm 8.9	71.5 \pm 13.1
	Patellar	61.2 \pm 8.3	75.3 \pm 10.3	79.3 \pm 11.3
	Tricipital	28.6 \pm 9.9	36.5 \pm 7.0	44.6 \pm 7.6
<i>F/A</i> (MPa; average \pm SD)	Achilles	2.38 \pm 1.28	3.58 \pm 0.82	3.43 \pm 1.61
	Patellar	1.44 \pm 0.47	2.40 \pm 1.21	2.66 \pm 0.33
	Tricipital	0.38 \pm 0.11	0.54 \pm 0.20	0.63 \pm 0.07

P* < 0.05. *P* = 0.051.

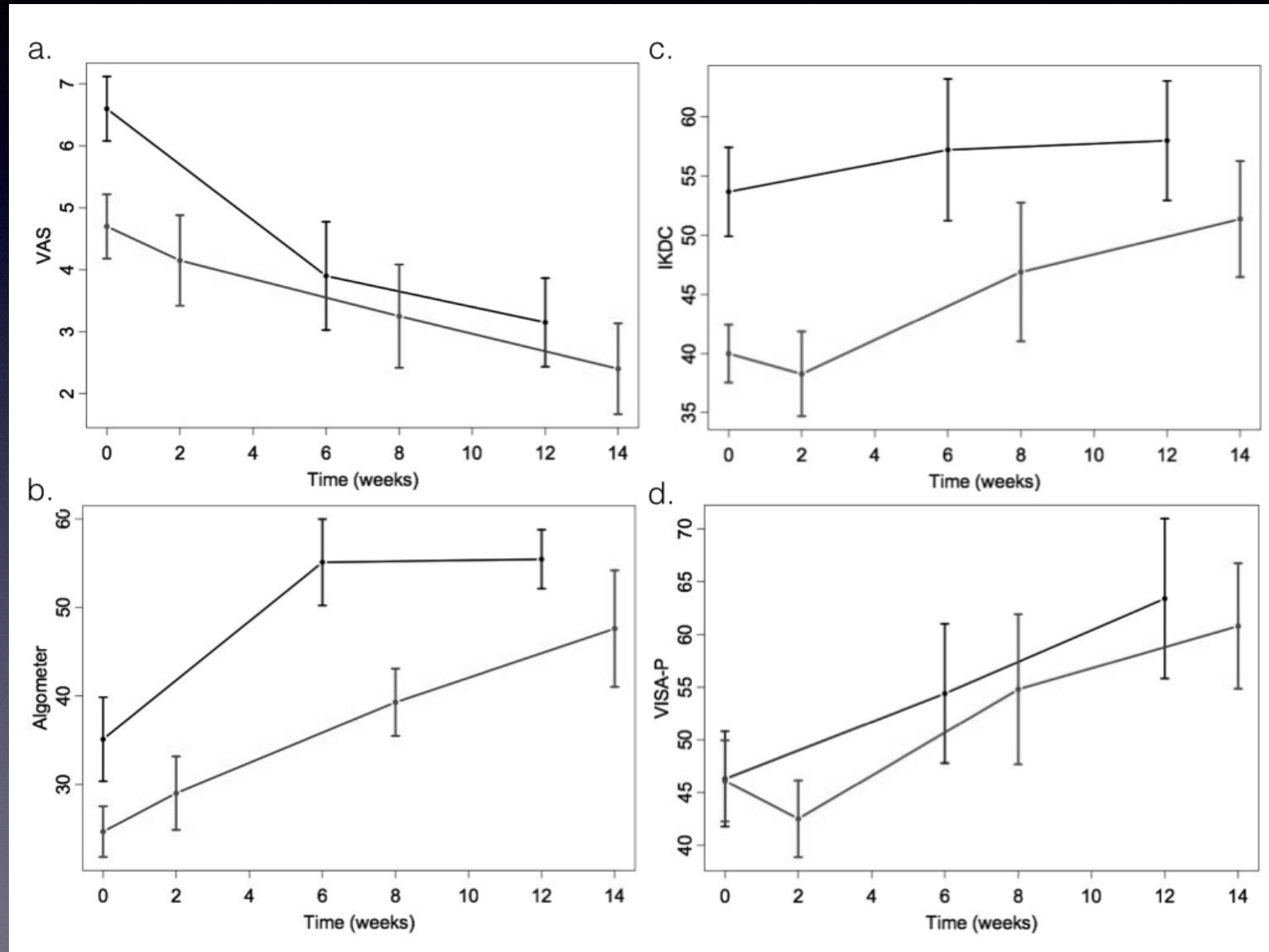
Expérimentation humaine



Expérimentation humaine



Expérimentation humaine



Conclusion

- Travail expérimental préclinique et clinique - PRP
- Option thérapeutique tendinopathie chronique sûre et efficace
- Nécessité standardiser PRP et protocoles rééducatifs post-infiltration

Merci de votre attention !

Lien ORBI : <http://hdl.handle.net/2268/166025>

Merci au

