# The Evaluation Of The Role Of Hyperbaric Oxygen Therapy In Preventing The Ischemia-Reperfusion Injury Following Experimental Testicular Torsion

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### Abstract

Testicular torsion is a urologic emergency where the injury is in form of ischemia-reperfusion and methods to lessen the morbidity should be used even after a successful detorsion procedure. In order to test the effect of hyperbaric oxygen therapy (HBO) treatment to reduce the testicular tissue damage and testicular function loss, we used rat testis models and compared the efficacy of a single session HBO treatment with repeated sessions. Young Sprague-Downey rats were used in this study and 4 experimental groups were instituted; 1) Sham: Testicles dissected, 2) Control: 720 degree torsion applied during 4

hours than detorsionned. 3) HBO-1: 4 hour torsion than one session HBO, and 4) HBO-7: 4-hour torsion than 7 sessions HBO. All testicles were removed one week later and germinal changes were evaluated. HBO treatment groups showed significantly high maturation rates when compared to the control group (p<0,05). Germinal epithelial necrosis was seen in all the rats of the control group. The rate of germinal epithelial necrosis was 1/9 in HBO-1 group and 6/9 in HBO-7 group. A decrease in the number of multinuclear bizarre cells and apoptotic cells was found significant only in HBO-1 group. HBO treatment was not found to have affected the number of seminiferous tubules having germinal cells with nuclear vacuolization. Although HBO treatment was found effective in preventing the damage from ischemia-reperfusion injury in rat testis; no significant difference was noted between a single and multiple sessions of HBO treatment.

# INTRODUCTION

Testicular torsion is a urologic emergency, which may cause gonadal loss, due to the ischemia-reperfusion injury. The ischemic injury level is proportional to the arterial compression and time spent since the beginning of symptoms. If not treated in 4 to 6 hours, testicular necrosis may ensue. Although the testicular salvage rate following immediate detorsion is reported high up to 90 percent  $(_3)$ , these patients develop 67 percent of testicular atrophy and subfertility (2, 4), which is probably due to ischemiareperfusion injury (5). It was shown that ischemiareperfusion injury is significantly reduced with treatment of hyperbaric oxygen therapy, on studies done with animal skin flap and skeletal muscle models  $(_6, _7)$ . The purpose of this study was to investigate the protective effect of a single and multiple (seven) sessions of HBO following detorsion of rat testicle.

## MATERIAL AND METHODS

Young male Sprague-Dawley rats weighing 250 to 300 g were used. All experiments were done in accordance with the regulations of the Animal Ethical Committee of Kowa Co. Ltd. Forty rats were divided in 5 groups as normal morphology (n=5), sham (n=5), control (n=10), HBO-1 (n=10), and HBO-7 (n=10). The animals were anesthetized with single dose 25 mg intramuscular Ketamin hydrochloride. The testicles were exposed by a 2 cm long bilateral vertical incision. In the sham group, 4 hours after testicular exploration, the wound was closed. In the control group, the testicles were rotated 7200 and fixed to the scrotum with chromic sutures. Four hours later, the testicles were detorsionned and the wound closed. For both HBOgroup-rats the testicles were torsionned for 4 hours and detorsionned. Then, one (HBO-1 group) or seven (HBO-7 group) sessions of HBO treatment was applied.

All rats were orchidectomized 7 days after the procedure and

testicles were fixed in Bouin's solution for 24 hours. Each testis was dissected along the long axis in 5 mm's. Two entire sections form each rat were blocked in paraffin. Two five- m-thick sections of each block (total 4 sections for each testis) were stained with Hematoxylen-Eosin (HE) for microscopic evaluation. Normal testis morphology was set after evaluating testicles of the normal morphology group rats. Testicular morphology was evaluated in two groups of parameters, namely germ cell maturation and germ cell changes (Table-1). 50 seminiferous tubular sections from each testis were randomly selected, then examined. The presence of spermatogonia, spermatocyte, and spermatid together in any of these 50 seminiferous tubular sections was taken as the proof of complete maturation. Absence of maturation up to spermatid level was classified as incomplete germ cell maturation. In the presence of germinal epithelium necrosis, the extent of necrotic germ cells within the seminiferous tubules was set partial (if germ cell necrosis was less then one-fourth of a seminiferous tubular section, even in continuum or patchy), or extended (if germ cell necrosis was more then one-fourth of a seminiferous tubular section). The numbers of seminiferous tubules containing any of the multinuclear bizarre germ cell(s) and/or germ cell(s) showing nuclear vacuole(s) and/or apoptotic cell(s) were also taken in account. Previously described HE criteria for apoptosis were applied to detect apoptotic cells in seminiferous tubules (<sub>8</sub>).

Presence or absence of set parameters in the study for evaluating testicular morphology and its extent in presence, were compared by paired-samples T test to evaluate the efficacy of short-term and long-term HBO treatment for testicular torsion model causing ischemia-reperfusion injury in rats.

# RESULTS

Microscopic parameters used in the study for evaluating testicular morphology were found within normal limits in both sham and normal group of rats.

Germ cell maturation was found gradually increased in both hyperbaric oxygen treated groups compared to control group rats. Complete to incomplete ratio of germ cell maturation (maturation ratio) was 0.05, 0.53, and 0.27 in the control group, and HBO-1 and HBO-7 groups respectively. The HBO treatment groups showed significantly high maturation rates when compared to the control group (p<0.05).

Germinal epithelial necrosis was seen in all rats of the

control group in different rates (mean 47.4 %). The necrosis was extended type in 69.9 % and was partial type in 30.1 % of affected seminiferous tubules.

In the HBO-1 group, only 2 rats revealed necrosis, one with partial in 20 of the total of 500 tubules, and the other with total necrosis due to the accidental main testicular artery severance for which it was excluded from the study. Out of these 2 rats, germinal epithelial necrosis was not seen in the HBO-1 group rats.

In the HBO-7 group, 7 of 10 rats were found with germinal epithelial necrosis. Only 2 of them were associated with extensive necrosis, and in the remaining rats germinal epithelial necrosis was only partial. While the frequency of germinal epithelial necrosis was 1/9 in the HBO-1 group, the HBO-7 group showed a 6/9-necrosis rate.

Multinuclear bizarre cells and apoptosis were both seen in all three groups of rats in different ratios. Statistical differences in decrease in the number of seminiferous tubules containing multinuclear bizarre cells, and in the number of seminiferous tubules containing apoptotic cells were found significant only in the HBO-1 group (p<0.05). However, the difference between HBO-1 and HBO-7 groups as to the number of multinuclear bizarre cells and apoptotic cells in seminiferous tubules, was statistically significant, denoting the inverse effect of prolonged HBO treatment (p<0.05).

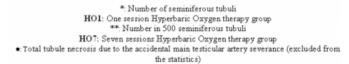
Hyperbaric oxygen treatment was not found to have affected the number of seminiferous tubules having germinal cells with nuclear vacuolization since there was no significance for each of 3 groups (p>0.05).

All the results were summarized in Table1.

## Figure 1

Table 1: HBO effect on germ cell maturation and germinal cells

			Rat		Germ cell maturation										
					Complete			e* Incon			npiete *				
					: 1	HO1	HO7	C	HO	01 H	107				
			1	10	6	71	0	171	4	29 :	29.5				
			2	0	1	118	118	317	37	12 :	372				
			3	8		269	9	303	21	11	460				
			4	0	1	288	164	150	21		336				
			5	0		203	0	289	29		398				
			6	0		220	148	83			352				
			7 8 9	5	-	236	94	322 333 231	264 477 0		376				
				3		23	182				297 320				
				0		0	180								
		_	10	17	_	118 546	88	297	37	_	402				
	Sum Frequency		<u></u>			983	2496			608					
		Free	uency			0,309	0,196	0,499			721				
					(	Jern	ı cell	chan	ges	:					
Germinal epithelial necrosis						Multinuclear And					**		Nuclear		
Extensive *				Partial *			zarre	ells **		- 11	Apoptosis **		vacuolization **		
		110.7	C	HO1	110.2	C					110.4	110.72	~	HO1	1177
С	HO1	HO7	U.	HOT	HO7	10	HC	01 H	27	С	HO1	HO7	C	HOI	H/
C 202	HO1 0	115	111	0	90	17			07 8	C 217	205	313	91	137	
202 137	0	115 0	111 46	0	90 0	17	1 3	9 6 8 2	8 45	217 247	205 117	313 127	91 158	137 156	68 166
202 137 98	0 0 0	115 0 0	111 46 91	0 0 20	90 0 31	17 15 17	1 3 8 7 8 20	9 6 8 2 15 1	8 45 28	217 247 237	205 117 254	313 127 353	91 158 217	137 156 68	68 166 138
202 137 98 266	0 0 0 0 0 0	115 0 0 0	111 46 91 84	0 0 20 0	90 0 31 0	17 15 17 13	1 3 8 7 8 20 8 6	9 6 8 2 15 12 8 9	8 45 28	217 247 237 138	205 117 254 137	313 127 353 310	91 158 217 128	137 156 68 98	68 166 138
202 137 98 266 149	0 0 0 0 0 0 0 0	115 0 0 0 25	111 46 91 84 62	0 0 20 0 0 0	90 0 31 0 77	17 15 17 13 28	1 3 8 7 8 20 8 6 4 2	9 6 8 2 15 11 8 9 9 11	8 45 28 9	217 247 237 138 225	205 117 254 137 78	313 127 353 310 211	91 158 217 128 205	137 156 68 98 245	68 166 138 196 39
202 137 98 266 149 380	0 0 0 0 0 0 0 0 0 0 0	115 0 0 0 25 0	1111 46 91 84 62 37	0 0 20 0 0	90 0 31 0 77 0	17 15 17 13 28 11	1 3 8 7 8 20 8 6 4 2 7 6	9 6 8 2 15 12 8 9 11 8 12	8 45 28 0 17 76	217 247 237 138 225 39	205 117 254 137 78 68	313 127 353 310 211 215	91 158 217 128 205 88	137 156 68 98 245 284	68 166 138 196 39
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202 137 98 266 149 380 94 70	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	11.5 0 0 25 0 0 0	111 46 91 84 62 37 28 62	0 20 0 0 0 0 0 0	90 0 31 0 77 0 30 21	17 15 17 13 28 11 10 20	1 3 8 7 8 20 8 6 4 3 7 6 7 5 5 28	9 6 8 2 15 12 8 9 10 8 17 9 11 8 17 9 2 14 17	8 45 28 9 17 76 35 77	217 247 237 138 225 39 372 294	205 117 254 137 78 68 147 411	313 127 353 310 211 215 30 22	91 158 217 128 205 88 172 176	137 156 68 98 245 284 205 91	68 166 138 196 39 147 274 128
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# DISCUSSION

Even when testes are detorsionned in the first 4 hours, some testicular injury develops (1, 2, 4). Studies show that the first 60-90 minutes of the reperfusion is critical for reperfusion injury, since the free oxygen radicals originating from neutrophils and parenchymal cells (10).

A previous study shows the positive effect of treating the subject with HBO during reperfusion (10). In our study, following 4-hour-long testicular torsion, spermatogenesis was found significantly disturbed and germinal epithelial necrosis developed in more than half of the seminiferous tubules. But, when the same animals were treated with HBO this epithelial necrosis was only rare. In his study, Kolski evaluated the effect of HBO on rat testis following detorsion, by measuring the thicknesses of germinal epithelium (<sub>9</sub>). A thicker epithelium was the sign of an effective treatment. We have observed that, even in the same testis, germinal epithelium thicknesses may show variations and concluded that this criterion may not be reliable. That's why we have preferred to evaluate the germ cell maturation and germinal epithelium necrosis, in order to set objective data on the vitality and functions of the testis.

We have also observed more apoptotic changes on testis treated with 7 sessions of HBO. Probably, apoptosis is an irreversible process, which is impossible to prevent with HBO treatment.

Studies have done on skeletal muscles have shown a beneficial effect of multiple sessions of HBO ( $_{11}$ ). Although the results we obtained with 7 sessions of HBO treatment seemed better, the difference was not shown to be statistically significant.

Finally, although HBO treatment was found effective in preventing the damage from ischemia-reperfusion injury in rat testis, no significant difference was noted between a single and multiple sessions of HBO treatment.

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### References

1. Al Mufti RA, Ogedegbe AK, Laffery K (1995) The use of Doppler ultrasound in the clinical management of acute testicular pain. Br J Urol 76:625-27 2. Barada JH, Weingarten JL, Cromie WJ (1989) Testicular salvage and age-related delay in the presentation of testicular torsion. J Urol 142:746-48 3. Burks DD (1990) Suspected testicular torsion and ischemia. Evaluation with color doppler sonography. Radiology 175:815-19 4. Card JM, Roy RS (1982) The pathophysiology of super oxide: Roles in inflammation and ischemia. Can J Physiol Pharmacol 60:1346-52 5. Cass AS, Cass BP, Verraraghaven K (1980) Immediate exploration of the unilateral acute scrotum in young male subjects. J Urol 124:829-31 6. Čattolica EV (1982) High testicular salvage rate in torsion of the spermatic cord. J Urol 128:66-68 7. Cerasaro TS, Nachtsheim DA, Otero F (1984) The effect of testicular torsion on contrlateral testis and the production of anti sperm antibodies in rabbits. J Urol 132:577-79 8. Cotran RS, Kumar V, Collins T (1999) Cellular pathology I: Cell injury and cell death. Robbins Pathologic Basis of Disease, Sixth edition, WB Saunders, Philadelphia, Pennsylvania, pp1-30 9. Kolski JM, Mazolewski PT, Stephenson LL, Texter J,

Grigoriev VE, Zamboni WA (1998) Effect of hyperbaric oxygen therapy on testicular ischemia-reperfusion injury. J Urol 160:601-04

10. Prillaman HM, Turner TT (1997) Rescue of testicular function after acute experimental torsion. J Urol 157:340-45 11. Zamboni WA (1995) The microcirculation and ischemiareperfusion injury: Basic mechanisms of hyperbaric oxygen. In: Kindwall EP (ed) Hyperbaric Medicine Practice, Best Publishing, Arizona, pp 552-63.

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