Fatty Acid Composition in Bone Fluid from Knee Osteoarthritis Patients

Saida Benhmida^{*}, Hedi Trabelsi

Received: 01 March 2024 / Received in revised form: 26 April 2024, Accepted: 06 May 2024, Published online: 15 May 2024

Abstract

Recently, the use of bone grafts increased in medical practice. Some bone grafts may have different mechanical and biological properties of natural bone. To improve bone grafts we need to record our knowledge about bone. In this work, we are interested in determining the chemical composition of bone fluid in the knee joint as it is a lipid-predominant fluid. Bone samples were obtained from knee cancellous bone. Samples were used of women aged 60 years old with osteoarthritis. Sample preparation is essential to guarantee the quality and dependability of the analysis results. Bone fluid was centrifuged for 15 minutes at 3000 rpm to eliminate the blood and debris. The supernatant was then gathered and filtered. Extraction of total lipids from the bone fluid according to the method of Bligh and Dyer (1959) with modification. The bone fluid of a fresh human cancellous bone was extracted by mechanical compression tests. It consists of 90% lipids. The fatty acid composition of the bone fluid was determined by gas chromatography. Methyl oleate is the most abundant.

Keywords: Bone grafting, Bone fluid, Fatty acid, Gas chromatography

Introduction

In recent years, the use of bone grafts has increased in medical practice (Miron & Zhang, 2018; Henry *et al.*, 2019; Tu *et al.*, 2019; Khoury, 2020; Tavares & Sheikh, 2022). It is used in trauma surgery to replace bone damage and repair bone fractures, defects, orthopedic disorders, and arthrodesis (Nandi *et al.*, 2010; Zimmermann & Moghaddam, 2011; Lobb *et al.*, 2019; Brink, 2021; Nazrul & Fareed, 2023). Some bone grafts may have different mechanical and biological properties of natural bone, which causes poor compatibility between bone and bone graft

Saida Benhmida*

Hedi Trabelsi

Laboratory of Biophysics and Medical Technologies, Higher Institute of Medical Technologies of Tunis, University of Tunis El Manar, Tunisia.

*E-mail: benhmidasaida@gmail.com



(Woodard et al., 2007; Schwarz & Herten, 2015; Kim et al., 2019; Chan et al., 2020; Böstman et al., 2021). In addition, immune reactions may occur in some individuals. Research continues to improve bone grafts by enhancing their biomechanical properties, biocompatibility, and ability to stimulate bone regeneration. There are many varieties of bone grafting, including autograft, allograft, and bone graft substitutes (Nazrul & Fareed, 2023). Cancellous autografts may be harvested from the proximal tibia, femur, calcaneum, olecranon, and distal radius (Schmidt, 2021). To improve bone grafts we need to record our knowledge about bone. In this study, we focus on characterizing the chemical composition of fluid inside the trabeculae of cancellous bone. This fluid participates in the response of the bone following mechanical loads. It is involved in the mechanical transduction of bone remodeling and transmitting information between bone cells (Jacobs et al., 1998; Qiu et al., 2002; Chen et al., 2003; Weatherholt et al., 2013; Lin et al., 2015; O'Carroll et al., 2018; Liu et al., 2019; Mi et al., 2019; Luo et al., 2020; Rubin & Rubin, 2020). The fluid movement and bone microcracks act as a stimulus to initiate bone remodeling and locally activate osteocytes (Smith et al., 2019), which transform the mechanical stimulus into a biochemical or electrical signal by secreting molecules (nitric oxide, osteopontin) or by increasing their concentration of intracellular calcium (Burr et al., 2002; Sato & Enomoto-Iwamoto, 2017; Vardakis et al., 2017). Authors found that the bone fluid has a composition similar to yellow bone marrow or blood plasma (Bakker et al., 2003; Ambrogini et al., 2010; Sansalone et al., 2013; Gómez-Barrena et al., 2015; Burger & Klein-Nulend, 2017; Lu & Qin, 2018; Allen & Burr, 2019; Senel et al., 2019; Garnero et al., 2020; Aghaloo & Moy, 2021; Matsuoka et al., 2021; Stewart et al., 2021; Zhang et al., 2021). In this work, we are interested in determining the chemical composition of the knee joint bone fluid as it is a lipid-predominant fluid.

Materials and Methods

Samples Collection and Preparation

Bone samples were obtained from knee cancellous bone. Samples were used of women aged 60 years old with osteoarthritis. Samples were recruited following the Guidelines of the Declaration of Helsinki following a protocol approved by the Ethics Committee of Rabta Hospital of Tunisia. The bone fluid inside the trabecular was obtained by mechanical compression test with the "LLOYd EZ50" machine. Then, the fluid was centrifuged at 3000 rpm for 15 minutes at 37°C. The supernatant was collected, filtered, and distributed in tubes. The samples are kept by freezing at -20°C until used.

Laboratory of Biophysics and Medical Technologies, Higher Institute of Medical Technologies of Tunis, University of Tunis El Manar, Tunisia.

Laboratory of Valorization of Useful Materials, National Center for Research in Materials Science, Technologic Park of Borj Cedria, BP73, 8028 Soliman, Tunisia.

Extraction of total lipids from the bone fluid according to the method of Bligh and Dyer (1959) (Breil *et al.*, 2017) with modification. The bone fluid was mixed with the extraction solvent consisting of a mixture of chloroform-methanol-distilled water (1: 1 : 1, v / v/v). Then, the lipid extract was used to methylation the fatty acid.

Chemicals and Reagents

Chemical reagents were used in the total lipids' extraction (Chloroform CHCl3 and Methanol CH3OH). Chemical reagents were used for GC derivatization (CH3OH (0.5 M), 14% BF3, and petroleum ether (vapor pressure 7.99 psi at 20 °C).

GC Analysis

The GC used in this work was the Agilent 7890B gas chromatography. It consists of an Agilent CP6173 chromatography column (50 m * 250 μ m * 0.2 μ m). The flow rate was 1 ml/min. The initial oven temperature was 50 °C and held for 1 min. Then it rose to 210 °C for 10 min. The injector as standard. The injector volume was 1 μ l, and the temperature was 280°C. The detector temperature was 300°C, and the flow rate was 30 ml/min.

The injector makes it possible to return the sample to the vapor state and drag it into the mobile phase at the entrance of the column. The gas phase passes through the column. The different molecules of the sample will separate according to the affinity of the stationary phase with these molecules and then pass through the detector that will measure the signal emitted by the sample compounds to be analyzed

Results and Discussion

Total lipid extraction allows us to determine the percentage of lipids in a bone fluid sample. It is constituted by 90% of lipids (Figure 2). The result of a GC analysis is a chromatogram which is a diagram showing the evolution of the detector signal (with respect to the solute concentration) as a function of the election time. The chromatogram provides qualitative analysis by identifying compounds by peak position and quantitative analysis by determining compound concentration by measuring peak area (Figure 1). The lipid composition of the human bone fluid shows the presence of saturated fatty acids such as myristic acid (C14:0), stearic acid (C18:0), palmitic acid (C16:0), arachidic acid (C20:0), and methyl heptadecanoid (C17:0). Unsaturated fatty acids such as the oleic acid (C18:1), gadoleic acid (C20:1), linoleic acid (C18:2), linolenic acid (C18:3) and palmitoleic acid (C16:1) (Table 1).



Figure 1. chromatogram of the knee bone fluid (60-year-old woman)





Т	ab	le	1.	Lipi	d bor	ie flui	d com	position	by gas	s chromatograp	ohy

-			
No.	RT	Area	%
1	15.84	3.13854	0.19034
2	16.39	392.87674	23.82673
3	16.77	8.69672	0.52743
4	17.08	3.98513	0.24169
5	17.58	13.84467	0.83964
6	18.15	670.40521	40.65795
7	18.74	364.18152	22.08645

 Table 2. Distribution of fatty acids in human bone fluid (Descriptive statistics)

No.	Name	Mean (%)	Standard deviation
1	Myristic acid C14:0	0.66	0.76
2	Palmitic acid C16:0	21.49	2.04
3	C16:1 palmetoleic acid	0.87	0.98
4	Heptadecanoic acid C17:0	0.23	0.01
5	C18 stearic acid: 0	3.85	2.75
6	C18 oleic acid: 1	43.11	5.72
7	Linoleic acid C18:2	21.47	1.13
8	Linolenic acid C18:3	0.77	0.05
9	Arachidic acid C20:0	0.44	0.46
10	11-eicosenoic acid C20:1	0.43	0.39

A descriptive statistical study was done using SPSS software to determine the average value of each fatty acid and the standard deviation between the different samples studied (**Table 2**). The majority of compounds are oleic acid (43.1%), palmitic acid (21.48%), and linoleic acid (21.46%). Other compounds identified have lower percentages, citing stress acid (3.85%), acid myristic (0.66%), palmitoleic acid (0.87%), heptadecanoic acid (0.23%), acid arachidic acid (0.44%), 11-eicosanoid acid (0.43%) and - linoleic acid (0.77%).

Conclusion

The bone fluid of a fresh human cancellous bone was extracted by mechanical compression tests. It consists of 90% lipids. The fatty acid composition of the bone fluid was determined by gas chromatography. Methyl oleate is the most abundant. The future of bone grafting appears promising, with studies evaluating the composition of different bone tissues such as the fluid inside the trabeculae. To augment bony healing we use material similar to that of bone.

Acknowledgments: The authors would like to thank the invaluable staff of the Olivier Biotechnology Laboratory LBO, the Biotechnology Center of Borj Cédria (Dr. Issam Nouairi and Mrs. Salma Nait Mohamed), and the crew of the National Laboratory for the Control of Drugs, especially Mr. Adel Hajri.

Conflict of interest: None

Financial support: None

Ethics statement: Samples were recruited following the Guidelines of the Declaration of Helsinki following a protocol approved by the Ethics Committee of Rabta Hospital of Tunisia.

References

Aghaloo, T., & Moy, P. K. (2021). Which bone graft is best for

cleft alveolar bone grafting? *Journal of Oral and Maxillofacial Surgery*, 68(5), 1111-1113.

- Allen, M. R., & Burr, D. B. (2019). The pathogenesis of bisphosphonate-related osteonecrosis of the jaw: So many hypotheses, So few data. *Journal of Oral and Maxillofacial Surgery*, 77(8), 1481-1488.
- Ambrogini, E., Almeida, M., Martin-Millan, M., Paik, J. H., Depinho, R. A., Han, L., Goellner, J., Weinstein, R. S., Jilka, R. L., O'Brien, C. A., et al. (2010). FoxO-mediated defense against oxidative stress in osteoblasts is indispensable for skeletal homeostasis in mice. *Cell Metabolism*, 11(2), 136-146.
- Bakker, A. D., Klein-Nulend, J., & Burger, E. H. (2003). Mechanotransduction in bone cells proceeds via activation of COX-2, but not COX-1. *Biochemical and Biophysical Research Communications*, 305(3), 677-683.
- Böstman, O., Pihlajamäki, H., & Partio, E. K. (2021). Can bone graft remodelling be enhanced by using a collagen sponge as a delivery system. *International Orthopaedics*, 45(4), 929-935.
- Breil, C., Abert Vian, M., Zemb, T., Kunz, W., & Chemat, F. (2017). "Bligh and dyer" and folch methods for solid-liquidliquid extraction of lipids from microorganisms. Comprehension of Solvatation Mechanisms and towards Substitution with Alternative Solvents. *International Journal of Molecular Sciences*, 18(4), 708.
- Brink, O. (2021). The choice between allograft or demineralized bone matrix is not unambiguous in trauma surgery. *Injury*, 52, S23-S28.
- Burger, E. H., & Klein-Nulend, J. (2017). Mechanotransduction in bone-role of the lacunocanalicular network. *FASEB Journal*, 31(12), 431-438.
- Burr, D. B., Robling, A. G., & Turner, C. H. (2017). Effects of biomechanical stress on bones in animals. Bone Mechanics Handbook. 2nd ed. CRC Press, 13-32.
- Chan, A. K., Soliman, S., & Aldekhayel, S. (2020). Bone graft substitutes in orthopaedic surgery: From basic science to clinical practice. *International Orthopaedics*, 44(12), 2397-2406.
- Chen, C. T., Bhargava, M., Lin, P. P., & Torzilli, P. A. (2003). Time and frequency-dependent stiffness of the extracellular matrix increases with maturation in chondrocyte-seeded agarose constructs. *Annals of Biomedical Engineering*, 31(8), 1057-1066.
- Garnero, P., Delmas, P. D., & Malaval, L. (2020). Bone turnover markers. *Current Opinion in Rheumatology*, 12(5), 477-483.
- Gómez-Barrena, E., Rosset, P., Lozano, D., Stanovici, J., Ermthaller, C., & Gerbhard, F. (2015). Bone fracture healing: cell therapy in delayed unions and nonunions. *Bone*, 70(1), 93-101.
- Henry, S., Germain, S., & Dumont, C. (2019). Synthetic bone grafts: A substitute or a stimulus for bone healing. *Journal* of *Tissue Engineering*, 10, 204173141988691.
- Jacobs, C. R., Yellowley, C. E., Davis, B. R., Zhou, Z., Cimbala, J. M., & Donahue, H. J. (1998). Differential effect of steady versus oscillating flow on bone cells. *Journal of Biomechanics*, 31(11), 969-976.

- Khoury, F. (2020). Bone graft substitutes: Past, present, future. *Journal of Biomaterials Applications*, 35(3), 257-281.
- Kim, H., Kim, J. W., Hwang, J. Y., & Park, C. (2019). Novel biphasic bone graft substitute using a poly (lactic-coglycolic acid)/hydroxyapatite composite scaffold with a collagen sponge. *International Journal of Molecular Sciences*, 20(17), 4131.
- Lin, Z., Willers, C., Xu, J., Zheng, M. H., & Chong, S. Y. (2015). Differentiation of osteoblasts from human bone marrow stromal cells under cyclic tensile strain: Modulation of the BMP-2 receptor (BMPR-IB). *Molecular and Cellular Biochemistry*, 398(1–2), 11-22.
- Liu, X., Jia, S., Zhou, Y., & Zhao, X. (2019). Mechanical signals regulate alveolar bone remodeling. *Chinese Journal of Dental Research*, 22(4), 219-225.
- Lobb, D. C., DeGeorge Jr, B. R., & Chhabra, A. B. (2019). Bone graft substitutes: Current concepts and future expectations. *The Journal of Hand Surgery*, 44(6), 497-505.
- Lu, Y., & Qin, Y. X. (2018). X-ray imaging of mechanically loaded mouse tibiae for bone strength prediction. *Journal of Visualized Experiments*, 132, 56905.
- Luo, G., Ducy, P., & McKee, M. D. (2020). Pinning down the multifaceted roles of phosphate in bone homeostasis. *Bone Research*, 8(1), 12.
- Matsuoka, Y., Nakamura, K., & Nakayama, T. (2021). Dynamic simulation of physiological joint contact mechanics in the patellofemoral joint. *Journal of the Mechanical Behavior of Biomedical Materials*, 116, 104279.
- Mi, L., Xue, H., Liang, C., Zhang, M., Liu, L., Zhang, X., & Li, J. (2019). Mechanical environment regulation of bone healing. *Journal of Orthopaedic Translation*, 21, 15-25.
- Miron, R. J., & Zhang, Y. (2018). Autologous liquid platelet rich fibrin: A novel drug delivery system. Acta Biomaterialia, 75, 35-51.
- Nandi, S. K., Roy, S., Mukherjee, P., Kundu, B., De, D. K., & Basu, D. (2010). Orthopaedic applications of bone graft & graft substitutes: A review. *Indian Journal of Medical Research*, 132(1), 15-30.
- Nazrul, N., & Fareed, H. Y. K. (2023). Current concepts of bone grafting in trauma surgery. *Journal of Clinical Orthopaedics and Trauma*, 43, 102231.
- O'Carroll, D. C., Middendorf, J. M., & Prossnitz, E. R. (2018). Bone remodeling: Mechanotransduction in bone healing. *The Virtual Mentor*, 20(10), 889-896.
- Qiu, S., Rao, D. S., Palnitkar, S., & Parfitt, A. M. (2002). The heterogeneity of bone tissue and its effects on mechanisms of bone remodeling. *Bone*, 30(5), 582-588.
- Rubin, J., & Rubin, C. (2020). Mechanotransduction in skeletal muscle and bone and its clinical applications. *Journal of Clinical Investigation*, 130(5), 2139-2149.
- Sansalone, V., Kaiser, J., Naili, S., & Lemaire, T. (2013). Interstitial fluid flow within bone canaliculi and electrochemo-mechanical features of the canalicular milieu: A multi-parametric sensitivity analysis. *Biomechanics and*

Modeling in Mechanobiology, 12(3), 533-553.

- Sato, M., & Enomoto-Iwamoto, M. (2017). Osteocytes regulate orthodontic tooth movement by producing receptor activator of nuclear factor κB ligand (RANKL) and osteoprotegerin (OPG). Annals of Anatomy, 211, 132-137.
- Schmidt, A. H. (2021). Autologous bone graft: Is it still the gold standard? *Injury*, 52(Supplement 2), S18-S22.
- Schwarz, F., & Herten, M. (2015). Sintered and non-sintered bone substitutes induce different temporospatial patterns of bone regeneration. *Clinical Oral Implants Research*, 26(4), 374-379.
- Senel, K., Baykul, T., Senel, F. C., Huseyinoglu, U., Koca, M. E., Kuzgun, U., & Aktekin, C. N. (2019). Evaluation of regional anesthetic techniques with respect to serum procalcitonin levels in total knee arthroplasty. *Medical Science Monitor*, 25, 2764-2770.
- Smith, S. M., Zwart, S. R., Heer, M., Lee, S. M., & Baecker, N. (2019). Dietary acid load and bone turnover during longduration spaceflight and bed rest. *American Journal of Clinical Nutrition*, 110(2), 410-415.
- Stewart, K. C., Tenenbaum, H. C., & Gordon, C. R. (2021). Bone tissue engineering. *Clinics in Plastic Surgery*, 48(4), 545-557.
- Tavares, S., & Sheikh, Z. (2022). Bone graft substitutes in orthopaedic surgery: A review. *The Bone & Joint Journal*, 104B(1), 17-24.
- Tu, Y. K., Yen, Y. M., Lin, Y. C., & Su, W. Y. (2019). A comparison of clinical outcomes between bone grafting and bone transport for reconstruction of long bone defects after traumatic bone loss. *Journal of Orthopaedic Surgery and Research*, 14(1), 78.
- Vardakis, J. C., Zervakis, M., & Damilakis, J. (2017). An in silico study of the mechanical and physiological stimuli in osteocyte microenvironment using a computational fluid dynamics model. *Annals of Biomedical Engineering*, 45(8), 1861-1873.
- Weatherholt, A. M., Fuchs, R. K., & Warden, S. J. (2013). Specialized connective tissue: Bone, the structural framework of the upper extremity. *Journal of Hand Therapy*, 26(2), 91-104.
- Woodard, J. R., Hilldore, A. J., Lan, S. K., Park, C. J., Morgan, A. W., Eurell, J. A., Clark, S. G., Wheeler, M. B., Jamison, R. D., & Wagoner Johnson, A. J. (2007). The mechanical properties and osteoconductivity of hydroxyapatite bone scaffolds with multi-scale porosity. *Biomaterials*, 28(1), 45-54.
- Zhang, X., Li, C., Gong, Y., Xu, Q., Zhang, Y., Huang, C., & Lin, Y. (2021). Development of a novel β-TCP/PLLA hybrid scaffold for bone tissue engineering. *Journal of Biomaterials Applications*, 35(1), 37-45.
- Zimmermann, G., & Moghaddam, A. (2011). Allograft bone matrix versus synthetic bone graft substitutes. *Injury*, 42, S16-S21.