


The Effect of Kefir on the Healing of Colonic Anastomosis in Rabbits

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Summary

The present study was investigated the effect of kefir on anastomosis healing and bacterial translocation in rabbits with colonic anastomosis following colon preparation with laxative and antibiotic (AB) use. For this aim, 16 rabbits were divided into two groups each having 8 rabbits. All rabbits had prepared for surgery and received preoperative antibiotics. Control group received standard rabbit diet and water. The experimental group received 30 ml/kg kefir per day in addition to standard feeding, for 5 days before and after the operation. Right colonic resection and end-to-end anastomosis were done in both groups. Anastomosis bursting pressure and bacterial translocation were investigated on the fifth day after the operation. Also, histopathological evaluation was done. No bacterial growth was observed in blood cultures. However, mesenteric lymph node samples showed bacterial growth in two rabbits (one from each group). Mean anastomosis bursting pressure was 85.0 ± 17.5 mmHg and 133.75 ± 25.03 mmHg in the control and experimental group, respectively, with a statistically significant difference ($P < 0.01$). Histopathological examination of the sections from the anastomosis sites revealed similar findings in both groups such as increased connective tissue proliferation and vascularisation. The increased bursting pressure in the experimental group particularly suggests that kefir may contribute to the healing of colonic anastomosis.

Keywords: Rabbit, Colonic anastomosis, Kefir, Bursting pressure, Bacterial translocation, Healing

Kolon Anastomozu Yapılan Tavşanlarda Kefirin İyileşme Üzerine Etkisi

Özet

Bu çalışmada, deneysel olarak kolon anastomozu yapılan tavşanlarda kefirin iyileşme üzerine etkisi araştırıldı. Bu amaçla gerekli ön hazırlıkları yapılan ve ameliyat öncesi antibiyotik (AB) verilen toplam 16 tavşan, 8'erli iki gruba ayrıldı. Kontrol grubuna standart tavşan yemi ve su verilirken deney grubuna ameliyat öncesi ve sonrası beşer gün 30 ml/kg kefir standart yeme eklendi. Her iki grupta da assendens kolon rezeksiyonu ve uç uca anastomoz yapıldı. Ameliyat sonrası 5. gün anastomoz patlama basıncı ve bakteri translokasyonuna bakıldı. Ayrıca, histopatolojik olarak değerlendirildi. Araştırma gruplarından alınan kan örneklerinde bakteri üremesi görülmezken hem deney hem kontrol grubunda birer tavşanda mezenter lenf bezinde bakteri üremesi tespit edildi. Deney grubunda anastomoz patlama basıncı ortalaması 133.75 ± 25.03 mmHg, kontrol grubunda ise 85.0 ± 17.5 mmHg olarak belirlenmiş ve gruplar arasındaki fark istatistiki olarak önemli bulundu ($P < 0.01$). Anastomoz bölgesi bağırsak kesitlerinin histopatolojik incelemelerinde her iki grupta, bağ dokusu proliferasyonu ve damarlaşmada artış gibi benzer bulgular gözlemlendi. Deney grubunda özellikle patlama basıncı ortalamasının daha yüksek düzeyde saptanması, kefirin kolon anastomozu iyileşmesine katkı sağladığını düşündürülebilir.

Anahtar sözcükler: Tavşan, Kolon anastomozu, Kefir, Patlama basıncı, Bakteri translokasyonu, İyileşme

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INTRODUCTION

Among the surgical procedures of the gastrointestinal system, colon anastomoses are more challenging than the anastomoses of stomach and small intestine ¹⁻³. Up to 30% leakage rates have been reported for colon anastomoses ⁴. Several measures are important for the prevention of anastomosis leakage, mainly avoidance of tension and provision of adequate blood supply. Changes in colon flora also affect the healing of anastomosis. Early postoperative enteral nutrition, supplementation with glutamine, and use of tyrosylol, misoprostol, zinc or non-steroid anti-inflammatory drugs have already been investigated for their role in supporting the healing process of the anastomosis and reducing postoperative risks ⁵⁻⁹.

Beneficial effects of prebiotics on intestines, the largest organ involved in immune processes, are already known ¹⁰. Prebiotics decreases the tendency for infection by reducing bacterial translocation. In addition, they promote nutrition and healing of colon mucosa through an increased production of short chain fatty acids. Kefir is a fermented dairy product rich in probiotics. It results from the fermentation of milk lactose by lactic acid bacteria and yeast ¹¹.

Colon preparation is frequently done before elective colon resections ². In colon preparation, in addition to emptying the colon content by laxatives and enema, antibiotics are also used. Mechanical preparation, antibiotic use and low fiber diet impair short chain fatty acid production by decreasing bacterial content of the colon, which unfavorably effects mucosal healing. Antibiotic use is known to increase the tendency for infections and delay wound healing due to the suppression of immunity ¹².

The present study was investigated the effect of kefir on anastomosis healing and bacterial translocation in rabbits with right colonic anastomosis following colon preparation with laxative and antibiotic use.

MATERIAL and METHODS

Animals: The present study was done at Laboratory of Experimental Animals, Veterinary Faculty of Kafkas University, using 16 male New

Zealand rabbits (average weight: 3 kg, range: 2.7 to 3.2). Study was approved by Ethical Commity of Kafkas University (Code: 2008/06).

Pre-operative procedure: Adequate intake of standard rabbit food and water was provided in all animals for 10 days. Then, rabbits were divided into the experimental and control groups each having 8 animals. For the next five days, kefir was added to the diet of the experimental group (30 ml/kg per day), whereas the control group continued to receive the same standard food. In both groups, colon preparation was done by inducing diarrhea using 1 ml/kg of anthraquinone one day before the operation.

Surgical procedure: All rabbits received anesthesia with xylazine HCl (Rompun 2% - Bayer) 5 mg/kg and ketamine HCl (Pfizer, Turkey) 30 mg/kg, and all received a single dose of antibiotic (40 mg/kg, ceftriaxone disodium IM, FAKO, Turkey). Abdominal hair was removed and surgical site was cleansed using povidone iodine. Under aseptic conditions, the abdomen was opened through a midline incision and 2 cm of the ascending colon was resected. The ends of the colon was anastomosed using two layers of sutures (single stitches of 3/0 Vicryl® and 3/0 silk). Peritoneum and fascia was closed with continuous sutures using 3/0 Vicryl® and abdominal skin was sutured continuously with 3/0 silk.

Post-operative procedure: After the operation, animals continued to receive their diets (standard diet in controls versus standard diet plus daily 30 ml/kg of kefir in the control group). All rabbits were re-operated on the fifth postoperative day. Blood samples were obtained from the portal vein for the determination of bacterial translocation. In addition, mesenteric lymph nodes were sampled at the site of anastomosis. Ex vivo measurements were done for the determination of bursting pressure ¹².

Bursting pressure measurements: The removed part of right colon was tied 3 cm distal to the anastomosis. Air pump and pressure meter connections were made through a tube placed 3 cm proximal to the anastomosis. The part of colon was slowly filled with air under water. The highest intraluminal pressure reached before bursting of the anastomosis was recorded in mmHg.

Histopathological examinations: Samples of

the anastomosed intestines were fixed in 10% formaldehyde and embedded in paraffin blocks. Cross-sections of 5 µm thickness were obtained from each paraffin blocks and stained with Hematoxylin&Eosin (HE) for histopathological examination ¹³, and the sections were examined under light microscope. For histomorphological examination, 10 area were rated as mild (+), moderate (++) and severe (+++) ¹⁴.

Microbiological examinations: Appropriately obtained blood and lymph node samples were inoculated on 7% sheep blood agar (Blood Agar Base Opsoid) and incubated for 24 to 48 hours at 37°C under aerobic conditions. Bacterial growth was defined using routine criteria.

Statistical analysis: SPSS was used for the statistical analysis of data (SPSS, 10.0 Inc. Chicago, IL, USA). Due to the small sample size, Mann-Whitney U test was used for the comparison of bursting pressure measurements among groups ¹⁵. A p value <0.05 was considered significant.

RESULTS

One rabbit from the control group died at the third postoperative day, therefore it was excluded from the study.

Microbiological findings: None of the blood cultures showed bacterial growth. Microbiological examination of the mesenteric lymph nodes from anastomosis sites revealed the presence of bacterial growth in one sample from each group. In the control group, gram positive diplococci and gram negative rods were found, where the experimental group had gram negative coccoids and rare gram positive rods.

Bursting pressure measurements: The mean bursting pressure values were 133.75±25.03 mmHg and 85.0±17.5 mmHg in the experimental group and the control group, respectively. The difference was significant (P<0.01) (Table 1).

Histopathological findings: Pathological changes of varying degrees were observed in both groups and they are summarized in Table 2 by their severity. Moderate degree of mononuclear cell (MNC - mainly lymphocytes) and polymorphonuclear cell (PMNC - mainly eosinophile

Table 1. Mean and median anastomosis bursting pressure values of the groups

Tabo 1. Gruplardaki anastomoz patlama basıncı ortalama ve median değerleri

Groups	n	X	S	Median	P<0.01
Experimental group	8	133.7500	25.03569	120.00	P<0.01
Control group	7	85.0000	17.55942	80.00	

Table 2. Histopathological findings observed in the groups by severity

Tablo 2. Lezyonların şiddetine göre çalışma gruplarındaki histopatolojik bulgular

Histopathological findings	Experimental group	Control group
Lamina propria		
Lamina propria	+	++/+++
PMNH infiltration (mainly eosinophile leucocytes)	+ /+++	+
Edema	+	+
Hemorrhage	+ /++	+
Submucosa		
MNC infiltration	-	+++
PMNC infiltration (mainly eosinophile leucocytes)	++/+++	+ /+++
Edema	++/+++	+
Hemorrhage	+ /++/+++	+
Connective tissue proliferation	++/+++	+ /++
Increased vascularization	++/+++	++/+++
Enlargement of lymphatics	+ /++	-
Tunica muscularis		
PMNC infiltration	+++	+++
Necrose	+++	+++
Hyalinization	+	+
Microbial aggregation	+	+
Hemorrhage	+++	+
Degenerative changes in the vessel walls	++	-

leukocytes) cell infiltrations with areas of edema and hemorrhage were observed at lamina propria (Figure 1). Similar changes were also present in the submucosa with a mild to moderate severity. In addition to the changes, the experimental group exhibited a moderate degree of connective tissue proliferation (Figure 2), increased vascularization (Figure 3) and mild to moderate enlargement of the lymphatics. In all animals, severe neutrophile infiltrations in tunica muscularis with necrosis (Figure 2) and hyaline degeneration of muscle fibers was observed.

Fig 1. Edema (E) and MNC infiltrations in lamina propria, and PMNC infiltrations in submucosa. Experimental group, HEx100

Şekil 1. Lamina propriada ödem (E), MNH infiltrasyonları, ve submukozada PMNH infiltrasyonları, I. Grup, HEx100

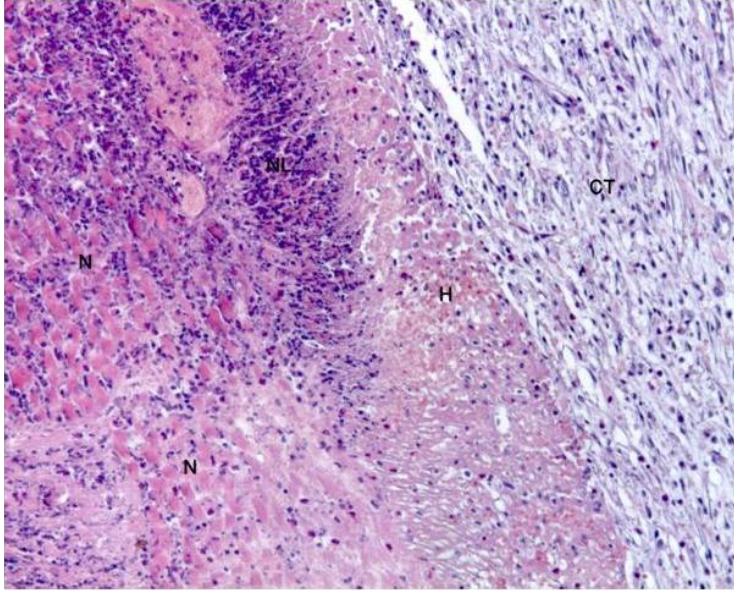
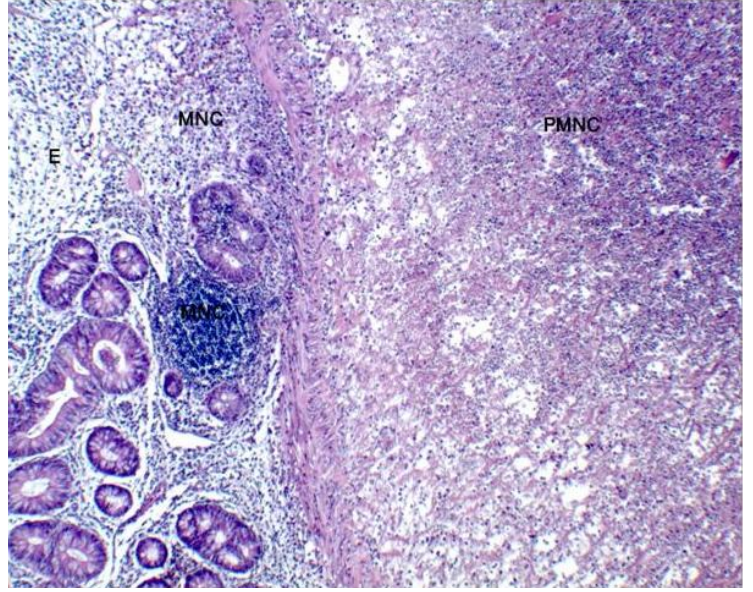
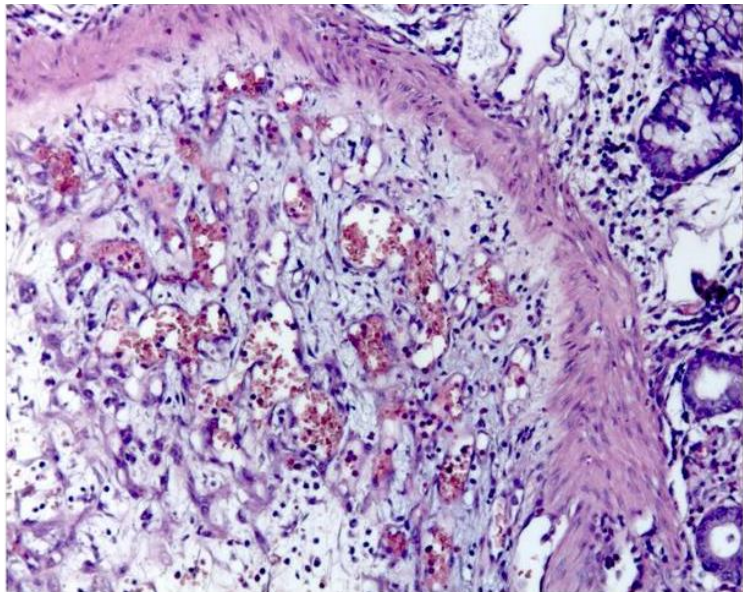


Fig 2. Connective tissue proliferation (CT) and hemorrhage (H) in submucosa; neutrophil leukocyte infiltration (NL) in tunica muscularis and necrose in muscle fibers (N) Experimental group, HE x 40

Şekil 2. Submukozada bağdoku proliferasyonu (CT) ve kanama (H), tunika muskulariste nötrofil lökosit infiltrasyonları (NL) ve kas demetlerinde nekroz (N), I. Grup, HE x40

Fig 3. Increased vascularization in submucosa. Experimental group, HE x100

Şekil 3. Submukozada damarlaşma, I. Grup, HE x100



DISCUSSION

The increasing side effects of antibiotics and resistance of microorganisms to antibiotics prompted a recent interest in probiotics and prebiotics. Intestinal flora needs modulation when its content or activity is impaired. When pathogenic bacteria are prominent, antibiotics used against them unfavorably affect intestinal flora. In these conditions, substances capable of regulating intestinal flora such as prebiotics and probiotics are required¹⁶. Kefir is an important source of probiotics with antibacterial and antifungal effects, in addition to its immunostimulant properties. Kefir microflora consists of lactic acid bacteria, acetic acid bacteria and yeast¹⁷.

Intestines constitute the largest organ of the immune system and several beneficial effects of probiotics on intestines have been identified¹⁰. Probiotics have also a role in the prevention of bacterial translocation. The role of changes at three distinct sites has been emphasized in the development of translocation: (1) bacterial growth at intestinal lumen due to impaired intestinal motility, (2) injury of intestinal epithelium and (3) suppression of the immune system. Many studies were demonstrated the benefits of probiotics through their effects on the mechanisms^{10,11,16,18}. They have a favorable contribution to the prevention of translocation through inhibition of pathogenic bacteria in the intestinal lumen^{19,20}, prevention of bacterial attachment to the epithelium, regulation of epithelial permeability and by inhibition of local pro-inflammatory reaction in enterocytes^{21,22}. They also have a favorable effect on the immune system by decreasing proinflammatory interleukin 6 production and increasing anti-inflammatory interleukin 10 production^{23,24}.

Seehofer et al.²⁵ found a high rate of bacterial translocation in mesenteric lymph nodes of rats after colonic anastomosis. In another study, bacterial growth was demonstrated in the cultures from mesenteric lymph nodes of rats with induced colitis²⁶. In the present study, the blood cultures had no bacterial growth; however one of mesenteric lymph node samples from each group had growth. Strict aseptic practices exercised during the operation and preoperative antibiotic use may account for the low bacteria translocation rate observed in the present study.

In the study of Seehofer et al.²⁵, no increase was found in anastomosis bursting pressure, however in several experimental studies using prebiotics and probiotics, significant increases in anastomosis bursting pressure was demonstrated²⁷. In the present study, anastomosis bursting pressure was significantly increased in the experimental group, compared to controls (P=0.01).

Probiotics have been reported to promote healing by increasing collagen accumulation and revascularisation^{17,25,27}. In the present study, similar pathological changes were seen in the two groups. This may be attributed to the low sample size and too many parameters used. In addition, various degrees of inflammatory changes and microbial aggregations observed in the groups were attributed to possible postoperative complications. However, presence of eosinophile leucocytes both in the experimental and control group was interesting and may be due to an allergic reaction (e.g. against suture material).

The effects of different methods, nutritional patterns and medications on the prevention of leakage from colonic anastomosis have been evaluated. The present study suggests that kefir may have a role in the reduction of anastomosis leakages as evidenced by the significantly increased bursting pressure values observed in the experimental group. However, further studies with a lot sample are warranted to draw firm conclusions.

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