Introduction

Growth hormone (GH) is one of the important anabolic hormones involved in regulation of longitudinal bone growth\(^1\) by causing chondrocyte proliferation at the epiphyseal cartilage in the growth plate region. Acromegaly is a disease with abnormal skeletal tissue and organ growth\(^2\). It is caused by excessive GH expression after puberty\(^2\). Acromegaly patients have higher prevalence of vertebral fractures despite having normal bone mineral density (BMD), suggesting that BMD alone in not a sufficient indicator of fracture risk. The cause of this high incidence of fracture remains ill-defined.

Aims

1. To evaluate the skeletal changes in giant bovine GH overexpressing transgenic mice (bGH).
2. To establish the usefulness of bGH mice as a mouse model for the study of skeletal changes in acromegaly.

Methods

Micro-CT analysis of tibia of bGH and Wild Type (WT) mice:

5-month-old male bGH and WT mice (n=7/group) were provided by Prof. John Kopchick (Ohio University, USA). Tibias were scanned with high resolution (5μm pixel size) micro-CT. Bone histomorphometric analyses were performed by SkyScan software (CT-Analyser v1.5.1.3). Trabecular bone parameters determined included bone volume (BV)/tissue volume (TV) percentage (BV/TV), \(\%\), trabecular thickness (Tb. Th), trabecular bone pattern factor (TBP). Cortical bone parameters determined included tissue perimeter (T. Pm), cross-sectional thickness (Cs. Th) and medullary area.

Measurement of BMD:

BMD analysis was performed in lumbar vertebrae (L4) using SkyScan software.

Mechanical testing:

Three-point bending tests on femora of WT and bGH mice were performed by as previously described\(^2\). Calculations of bone mechanical properties including Young’s modulus and ultimate stress.

Histological analysis of osteoclast activity:

Tibia from bGH and WT mice were fixed in 4% formaldehyde and decalcified. 5-μm-thick sections were stained for tartrate-resistant acid phosphatase (TRAP), a marker of osteoclast activity and counterstained with haematoxylin solution. TRAP staining was quantified using ImageJ software. Osteoclast activity was expressed as % TRAP positive stain.

Statistical analysis:

Statistical analyses were performed using unpaired (two-tailed) t test with GraphPad software, using \(p<0.05\) as significant.

Results

bGH mice have increased body weights and bone lengths

![Fig 1. Weights of bGH and WT mice. Values are mean ± SD of n=7 mice/group. *p<0.001.](image1)

![Fig 2. Lengths of bones (tibia, femur and vertebra) measured using micro-CT. Values are mean ± SD of n=7 mice/group. **p<0.001.](image2)

Bone architecture of bGH transgenic mice

![Fig 3. Trabecular and cortical microarchitecture in WT and bGH transgenic mice. (A,B,C,D) BV/TV (A), Tb.Th (B), Tb.N (C) and Tb.P (D) were measured in the proximal metaphysis of WT and bGH mice. (E,F,G) T. Pm (E), Cs. Th (F) and medullary area (G) were measured in the mid-diaphysis cortical bone of WT and bGH mice.](image3)

Bone mineral density

![Fig 4. BMD in WT and bGH transgenic mice. BMD was measured in trabecular bone (A) and cortical bone (B) in L4 vertebral body of WT and bGH mice. Bars represent mean ± SD of n=7 mice/group. *p<0.05.](image4)

Mechanical testing

![Fig 5. Mechanical testing of femora from WT and bGH mice. (A) Ultimate stress. (B) Young’s Modulus. Bars represent mean ± SD of n=6 mice/group. *p<0.05. **p<0.001](image5)

Osteoclast activity

![Fig 6. Percentage of TRAP staining in WT and bGH mice. Values are mean ± SD of n=3 mice/group.](image6)

References

4. Young’s Modulus
5. Ultimate stress
6. % TRAP Positive Stain
7. L4 cortical BMD was significantly reduced in bGH mice compared to WT mice. Mechanical testing of femora confirmed that bGH femora have decreased intrinsic mechanical properties compared to WT mice. Osteoclast activity is increased in bGH tibia compared to controls.

Conclusion

High serum GH levels negatively affect bone architecture and quality. bGH transgenic mice are a useful model to understand the mechanisms involved in the skeletal changes observed in acromegaly patients.