

POSTER PRESENTATION

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0589. Pravastatin exerts opposite effects on splanchnic microcirculatory oxygenation during sham or septic conditions in an animal model of polymicrobial sepsis

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Introduction

In addition to lipid-lowering effects HMG-CoA reductase inhibitors like pravastatin also modulate the microcirculation [1]. The exact mechanisms are yet unknown and results are heterogeneous, with both positive and negative effects on endothelial microvascular function [2,3] being reported.

Objectives

The aim of this study was to evaluate the effects of pravastatin on the microcirculatory oxygenation of the colon in a rodent model of polymicrobial sepsis.

Methods

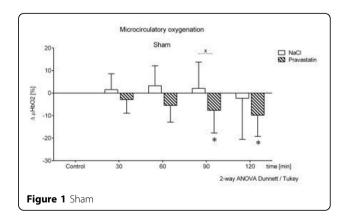
The data derive from a total of 40 experiments on rats studied with approval of the local animal care and use committee. Pravastatin (0.2 mg/kg) or NaCl were injected subcutaneously 18 h prior to sepsis induction (colon ascendens stent peritonitis) or sham operation. 24 h after induction of sepsis the animals were re-laparotomized under general anaesthesia and received ongoing fluid replacement and pressure-limited ventilation for 120 min. Macrohemodynamic variables were recorded and microcirculatory oxygen supply (μ DO₂) and post-capillary oxygen saturation (μ HbO₂) of the colon were measured simultaneously via laser Doppler and tissue reflectance spectrophotometry, respectively. Data are presented as means \pm SD, 2-way ANOVA followed by Dunnett (vs. baseline) or Tukey (between groups).

Results

- 1.) In pravastatin pre-treated sham animals the microcirculatory oxygenation μHbO_2 declined by 9.8 \pm 9.4% with no change in the NaCl group. Figure 1.
- 2.) During sepsis pravastatin pre-treatment ameliorated the deterioration of μHbO_2 (-5.5 \pm 8.2%), compared to a significant decrease in the NaCl group (-8.4 \pm 8.7%). Figure 2.
- **3.)** Macrohaemodynamic variables and microcirculatory oxygen supply of the colon did not differ between the groups.

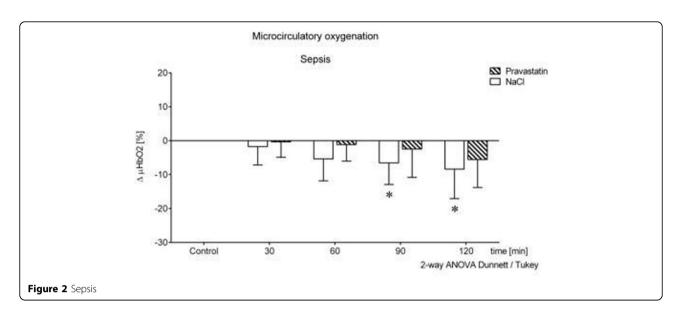
Conclusion

Pravastatin has opposite effects on splanchnic microcirculatory oxygenation depending on septic or non-septic conditions. These effects are independent of the macrocirculation or microcirculatory oxygen supply.



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