

Supplementary article data

Role of Wnt/ β -catenin and RANKL/OPG in bone healing of diabetic Charcot arthropathy patients

A prospective study in 24 patients followed for 2 years

Agnetha FOLESTAD¹, Martin ÅLUND², Susanne ASTEBERG², Jesper FOWELIN³, Ylva AURELL⁴, Jan GÖTHLIN⁴, and Jean CASSUTO⁵

¹ Department of Orthopedic Surgery, Capiolundby Hospital, Göteborg; ² Department of Orthopedic Surgery, Sahlgrenska University Hospital, Mölndal; ³ Diabetes Care Unit, Department of Medicine, Frölunda Specialist Hospital, Västra Frölunda; ⁴ Department of Radiology, Sahlgrenska University Hospital, Mölndal; ⁵ Orthopedic Research Unit, Sahlgrenska University Hospital/Mölndal and Göteborg University, Göteborg, Sweden.
Correspondence: jean.cassuto@aniv.gu.se
Submitted 2014-09-01. Accepted 2015-02-08.

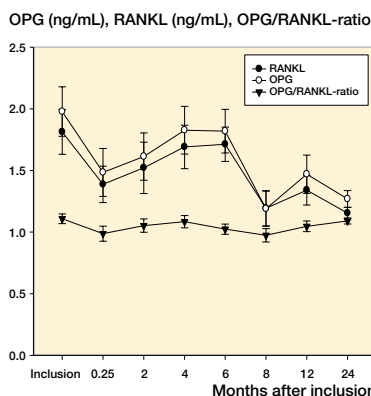


Figure 4. Plasma OPG (ng/mL), RANKL (ng/mL), and OPG-RANKL ratio in Charcot patients (n = 24) measured repeatedly from inclusion until 2 years after inclusion. Mean (SEM).

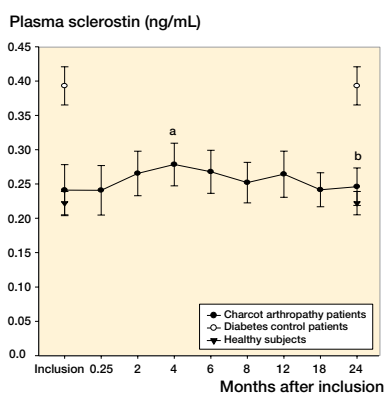


Figure 5. C. Trajectory of plasma sclerostin (ng/mL) in Charcot patients throughout the observation period of 2 years, based on repeated sampling over time and relative to diabetic controls and healthy subjects. Mean (SEM). ^a p = 0.1 for Charcot patients at 4 months vs. Charcot patients at inclusion; ^b p = 0.2 for Charcot patients at 2 years vs. Charcot patients at inclusion, as analyzed by Mann-Whitney rank sum test.

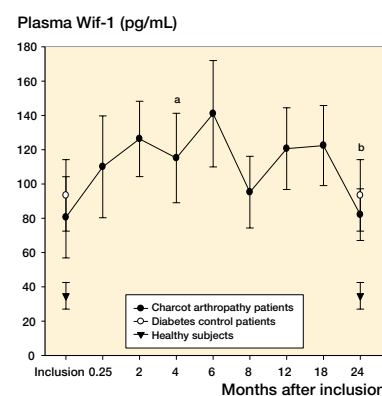


Figure 8. C. Trajectory of plasma Wnt inhibitory factor-1 (Wif-1, pg/mL) in Charcot patients throughout the observation period of 2 years, based on repeated sampling over time and relative to diabetic controls and healthy subjects. Mean (SEM). ^a p = 0.5 for Charcot patients at 4 months versus Charcot patients at inclusion; ^b p = 0.6 for Charcot patients at 2 years vs. Charcot patients at inclusion, as analyzed by Mann-Whitney rank sum test.