

# Effects of Hyperbaric Oxygen on Proliferation and Differentiation of Osteoblasts from Human Alveolar Bone

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**In view of the controversy of the clinical use of hyperbaric oxygen (HBO) treatment to stimulate fracture healing and bone regeneration, we have analyzed the effects of daily exposure to HBO on the proliferation and differentiation of human osteoblasts *in vitro*. HBO stimulated proliferation when osteoblasts were cultured in 10% fetal calf serum (FCS), whereas an inhibitory effect of HBO was observed when cultures were supplemented with 2% FCS. On the other hand, HBO enhanced biomineralization with an increase in bone nodule formation, calcium deposition, and alkaline phosphatase activity, whereas no cytotoxic effect was detected using a lactate dehydrogenase activity assay. The data suggest that the exposure of osteoblasts to HBO enhances differentiation toward the osteogenic phenotype, providing cellular evidence of the potential application of HBO in fracture healing and bone regeneration.**

**Keywords** Differentiation, Hyperbaric oxygen, Osteoblast, Proliferation

## INTRODUCTION

The healing of bony fractures is a complex and multifaceted process. However, extensive trauma, bone loss, unstable fixation, premature mobilization, infection, extensive osteonecrosis and ageing are factors that may delay or even stop the healing [1].

The re-establishment of the structural integrity of the fractures is then a major challenge for surgeons worldwide.

Besides standard methods for treating delayed and nonunion bone fractures such as bone grafting, internal and external fixation, and electrical stimulation [1], hyperbaric oxygen (HBO) therapy, which typically involves the administration of 100% oxygen at atmospheric pressures greater than one atmosphere absolute (ATA), has been proposed as an adjunctive therapy to improve the outcomes of patients suffering from bone fractures [2–4], osteoradionecrosis [5–7], distraction osteogenesis [8, 9], as well as of patients with bone grafts [2, 10] and dental implants [11]. Even though animal studies showed that HBO can be used to treat delayed fracture healing [12–14] or an established nonunion of a bony fracture [12, 15, 16], the clinical application of HBO is still subject to debate [12, 17–19] due to the lack of *in vitro* studies and large randomized controlled trials to demonstrate its effect on osteoblast activity [20].

The effects of HBO on different cell types have been reported previously. To evaluate the potential role of HBO in skin wound healing, its effects on human dermal fibroblasts have been investigated and a stimulatory effects of HBO were reported [21, 22]. Rat hepatocytes have been used to study HBO treatment on primary liver nonfunction [23], and benign and malignant mammary epithelial cells have been investigated to elucidate the inhibitory role of HBO in tumor growth [24]. To understand the cellular mechanisms of the observed therapeutic effects of HBO on fracture healing, our study investigated the effects of HBO on the proliferation and differentiation of human osteoblasts *in vitro* using a laboratory-scale hyperbaric unit.

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## MATERIALS AND METHODS

### Isolation and Culture of Osteoblast from Human Alveolar Bone

Human osteoblasts were isolated from alveolar bone as described previously [25, 26]. Briefly, normal human alveolar bone specimens, obtained from consenting healthy young orthodontic patients (13–19 years old) with institutional ethics committee approval, were used as explants for establishment of cell cultures. The cells obtained were cultured in Dulbecco's Modified Eagle's Medium (DMEM, Invitrogen Corporation, Melbourne, Australia) supplemented with 10% fetal calf serum (FCS, HyClone, Logan, UT, USA) and 1% penicillin/streptomycin (GIBCO, Invitrogen Corporation, Melbourne, Australia) in a standard humidified incubator at 37°C containing 5% CO<sub>2</sub>/95% atmospheric air. The cells were subcultured and characterized by morphological and functional criteria of osteogenic differentiation potential. Fourth to sixth generation cultures were used in this study.

### Hyperbaric Oxygen Treatments

Osteoblast cultures were treated daily for up to 10 days in a temperature and humidity controlled custom-made 7-L hyperbaric unit (Fink Engineering, Cheltenham, VIC, Australia). The metal chamber was sealed and flushed for 2 min with oxygen and the pressure was subsequently increased to 1.5 or 2.4 atmosphere absolute (ATA). The pressure was maintained for either 30 or 90 min, after which the chamber was slowly de-pressurized over 5 min.

### Proliferation Assay

Osteoblasts, prepared from human alveolar bone as described above, were seeded in 24-well plates (2500 cells/well) in 1 ml of culture medium supplemented with either 2% or 10% FCS. After the cells were allowed to adhere for 24 hr, plates were treated daily in the hyperbaric chamber with 100% oxygen at 2.4 ATA for 90 (2.4A90M) or 30 min (2.4A30M) or at 1.5 ATA for 90 min (1.5A90M) or 30 min (1.5A30M) for up to 10 days. Control samples were incubated in a standard humidified incubator at 37°C containing 5% CO<sub>2</sub> and 95% atmospheric air. Proliferation over the 10 days of culture was evaluated by WST-1 assay (Roche Applied Science, Penzberg, Germany) [27]. Briefly, 10 hr after HBO treatment, 100 μl of WST-1 reagent was added to each well containing 1 ml of culture media and incubated for 4 hr at 37°C and 5% CO<sub>2</sub>. The color reaction was measured at 440 nm using a plate reader. The reference wavelength for the absorbance was set at 600 nm. A standard curve was used to calculate the actual cell numbers.

### Evaluation of Differentiation

Osteoblasts were cultured for 3 days in 96-well plates (seeding density:  $1 \times 10^4$  cells/well), after which the culture medium was changed to osteogenic medium (DMEM supplemented

with 10% FCS, 1% penicillin/streptomycin, 50 μg/ml ascorbic acid (Sigma-Aldrich, USA), 10 mM β-glycerophosphate (Sigma-Aldrich), and 10 μM dexamethasone (Sigma-Aldrich). Subsequently, cultures were exposed daily to HBO (2.4A90M or 1.5A90M) for up to 13 days. To evaluate calcium deposition, cultures were washed 3 times with PBS without calcium and magnesium, treated with 0.6 N HCl (200 μl per well), and 10 μl of sample was added into 300 μl calcium reaction buffer (Sigma Diagnostic Calcium Procedure, Sigma, USA) in a 96-well plate. The color reaction was measured using an ELISA plate reader at a wavelength of 575 nm after 5 min of incubation.

Alkaline phosphatase activity (ALP) was measured at days 5, 7, and 13 following the manufacturer's instructions (Sigma Diagnostic ALP Procedure, Sigma). Briefly, 200 μl of prewarmed (30°C) ALP reagent was added to a 20 μl sample, mixed and incubated for 30 sec. The color reaction was measured for the initial absorbance at 405 nm. After continuing incubation at 30°C for another 2 min following the initial reading, the sample was measured for the final reading. ALP activity was determined by measuring the changes of the absorbance at 405 nm over 2 min.

Mineralization also was monitored using von Kossa staining. Briefly, cell culture plates were washed with distilled water and flooded with 5% silver nitrate solution. The plates were placed in bright light for 60 min. Subsequently, the plates were rinsed 3 times with distilled water and 5% sodium thiosulphate was added. After an incubation of 5 min at room temperature, the plates were washed with distilled water. The cultures were finally photographed using a digital camera (Nikon Coolpix 4500; Maxwell Optical, Lidcombe, NSW, Australia) mounted on a microscope.

### Cell Membrane Integrity Assay

To evaluate the cytotoxicity of the exposure to HBO (2.4A90M or 1.5A90M), cells were cultured in 24-well plates at a cell density of 2500 cells/well in medium supplemented with either 10% FCS or 2% FCS. Membrane integrity of cells after HBO treatment was measured by the amount of lactate dehydrogenase (LDH) leakage into the medium using LDH based *in vitro* toxicology assay kit (Sigma, St. Louis, MO, USA). Briefly, 200 μl of cell supernatant was transferred to a clean flat-bottom plate and 100 μl of LDH assay mix was added. The plate was covered with aluminium foil and incubated for 20–30 min. The reaction was stopped by adding 30 μl of 1N HCl and the absorbance was measured at a wavelength of 490 nm.

### Statistics

Data are shown as mean ± standard deviation. To compare the differences between HBO-treated and control samples multiway ANOVA and a Student-Newman-Keuls posthoc test was performed using the statistical package SPSS v14 (Chicago, IL, USA). The level of significance was set at  $p \leq 0.05$ .

## RESULTS

### Proliferation of Osteoblasts in 10% FCS

To assess the effect of HBO on cell proliferation, osteoblasts were cultured in 10% FCS for 24 hr, and then treated with HBO using four treatment conditions; 2.4 ATA for 90 min (2.4A90M), 2.4 ATA for 30 min (2.4A30M); 1.5 ATA for 90 min (1.5A90M), or 1.5 ATA for 30 min (1.5A30M). Cell proliferation was evaluated daily by a WST-1 assay for 10 consecutive days (Figure 1a). Cell number was significantly higher ( $p = 0.031$ ) for all HBO-treated cultures compared with the untreated controls at day 3. Similarly, at day 4, cell number was significantly higher for all HBO treated cultures (except the 1.5A30M group) compared with the control ( $p = 0.002$ ). However, at day 6, only the cell number for the 2.4A30M and 1.5A90M HBO treated groups were significantly higher than the controls ( $p = 0.024$ ). Finally, at days 8 and 10, cultures reached confluence and no difference in cell number was noted between the treated and untreated groups.

Without oxygen, air pressure at either 1.5A90M or 2.4A90M did not induce any significant change in cell number compared with control cultures (Figure 1b). To assess whether the HBO treatments applied in our experiments induced any cytotoxic effect, cell membrane integrity was studied using LDH leakage assay before and after HBO treatment. No significant increase of extracellular LDH activities was detected after HBO treatments. This indicated no change in cell membrane integrity before or after HBO treatments in all treatment groups supplemented with 10% FCS (Figure 1c).

### Proliferation of Osteoblasts in 2% FCS

To evaluate the influence of serum factors on the HBO-mediated proliferation, proliferation experiments were carried out using culture medium supplemented with 2% FCS. A decrease in cell number was observed after HBO treatment (Figure 2a). At days 3 and 4, HBO groups 2.4A90M and 1.5A90M had significantly lower cell numbers compared with the untreated controls ( $p = 0.0089$ ), while at days 6, 8, and 10, all HBO-treated groups showed a significantly lower cell number compared with the control group ( $p = 0.017$ ) (Figure 2a). Interestingly, hyperbaric air also induced a significant decrease in cell number from day 5 onward in 2% FCS culture condition ( $p = 0.032$ ) (Figure 2b). The cell membrane integrity study indicated that no significant increase in LDH activity was noted after HBO treatment in 2% FCS cell culture condition. This indicated the inhibitory effect of HBO on proliferation in 2% FCS-supplemented culture medium could not directly be related to cytotoxicity of the HBO treatment (Figure 2c).

To further demonstrate that the upregulation of osteoblast proliferation after HBO treatment in 10% FCS and downregulation of cell proliferation after HBO treatment in 2% FCS, the results of the HBO treatment (1.5A90M) in 10% and 2% FCS are shown in Figure 3. Compared with control groups, cell proliferation was significantly higher in 10% FCS than 2%

FCS after 3 days ( $p = 0.015$ ). Interestingly, cell proliferation observed in 10% FCS cultures after HBO treatment was highest, whereas the lowest cell growth rate was observed in 2% FCS cultures after exposure to HBO.

### Early Osteogenic Differentiation

Under osteogenic conditions, the level of calcium deposition was significantly higher for HBO-treated cultures after 3 days compared with the untreated controls ( $p < 0.001$ ) (Figure 4a). Calcium deposition was not detectable within the control cultures until 6 days of differentiation culture. In contrast, significant calcium deposition was observed after 3 days of HBO treatments and the calcium deposited was consistently higher in HBO treatments as was evaluated for up to 19 days. No difference was detected in the amount of calcium deposition between the treatments of hyperbaric air and the untreated control group (Figure 4b), indicating that pressure alone (hyperbaric air) did not enhance osteogenetic mineralization (Figure 4b). In addition, ALP activity, a biomarker for osteogenic differentiation, also was significantly increased within the HBO-treated cultures (Figure 5).

The effect of HBO on osteogenetic differentiation of osteoblasts also was assessed by bone nodule formation using von Kossa staining. Bone nodules were observed after 7 days of HBO treatment, whereas in the nontreated cultures no clear bone nodule could be detected until day 12. Overall, increased numbers of nodules as well as increased nodule size were found present within the HBO-treated cultures compared with the untreated controls (Figure 6).

## DISCUSSION

In the present study, osteoblasts derived from alveolar bone were used to study the effects of the exposure to HBO on cell proliferation and osteogenic differentiation *in vitro*. The results showed that HBO treatment stimulated cellular proliferation when osteoblasts were cultured in the presence of 10% FCS. However, when the concentration of FCS was lowered to 2%, an inhibitory effect of HBO on proliferation was observed. Nevertheless, no direct cytotoxic effects were detected by means of LDH activity assay. Furthermore, the results demonstrated that HBO enhanced differentiation, which was associated with increased bone nodule formation, calcium deposition, and alkaline phosphatase activity.

Previously, variable effects of HBO on cell proliferation have been reported. For example, whereas a stimulatory effect of HBO has been reported for the growth of human skin fibroblasts [21, 22] hepatocytes [23], and endothelial cells [28, 29], an inhibitory effect has been described for lymphocytes [30], promyelocytic leukemic HL60 cells [31], and benign and malignant mammary epithelial cells [24]. Our results demonstrated an initial significant stimulatory effect of daily HBO treatments on osteoblast proliferation after 3 days of

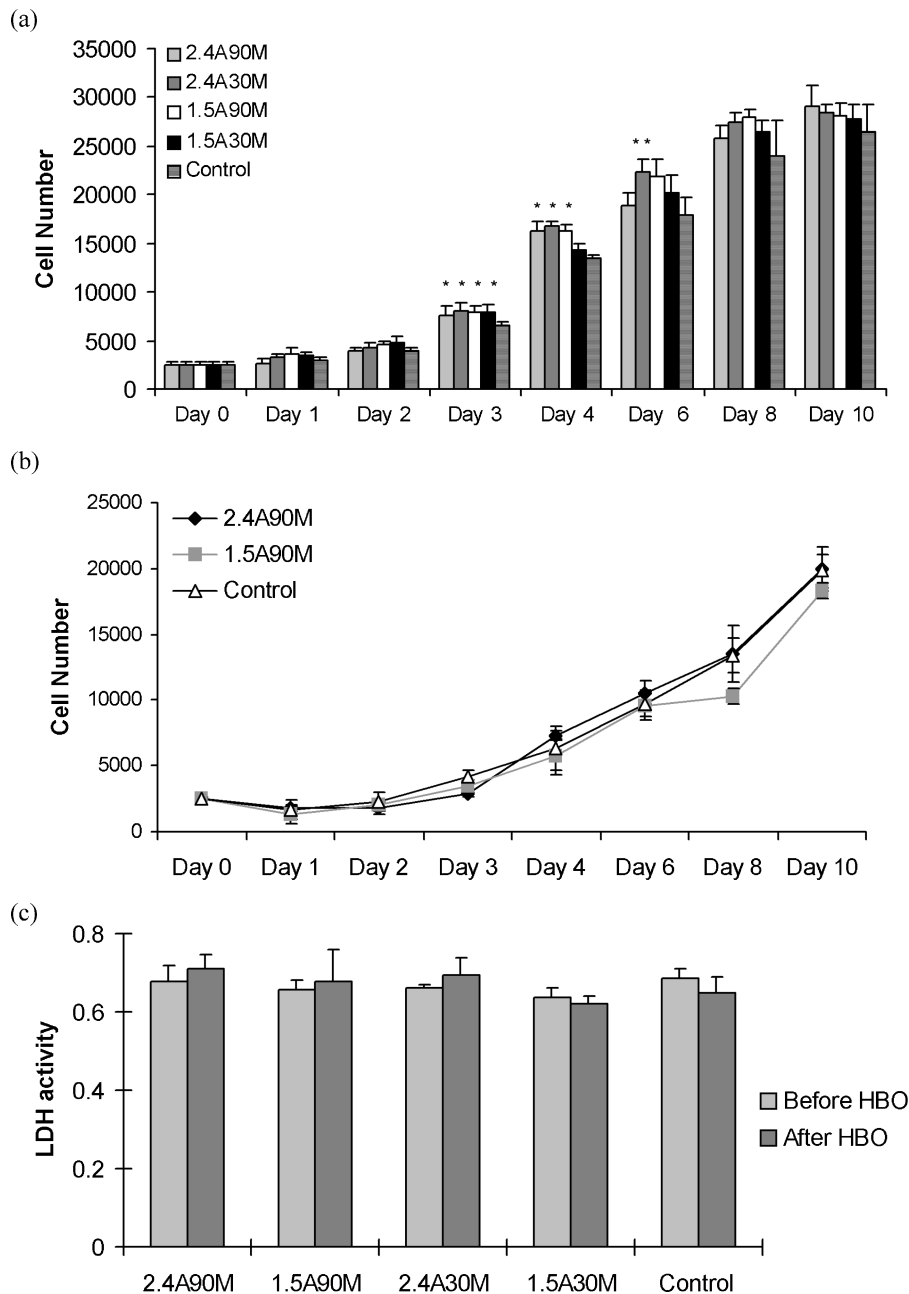


FIG. 1. Effect of elevated oxygen levels and pressure on proliferation of osteoblasts cultured in 10% FCS. Human osteoblasts derived from alveolar bone were cultured in 10% FCS for 24 hr and subsequently treated with (a) HBO (2.4A90M, 2.4A30M, 1.5A90M, or 1.5A30M) or with (b) pressure (2.4A90M or 1.5A90M). Compared with the untreated control group, cell number was significantly increased under HBO treatment. When cultures were treated with pressure alone, there was no significant effect on cell proliferation. (c) Extracellular LDH activity before and after HBO treatment was not significantly affected. \*Significantly different from control ( $p < 0.05$ ).

culture. Interestingly, an inhibitory effect of HBO on cell proliferation was noted, which appeared to be dose-dependent, when the FCS concentration was lowered to 2%.

Although the exact role of FCS in the cellular response to HBO is not clear, its protective role from the oxidative environment has been previously described [32]. In addition, the fact that cells are more sensitive to environmental changes in

low serum conditions may have contributed to these responses. Moreover, this underlines the need of careful selection of culture system and conditions when evaluating the effects of HBO *in vitro*, because it will have an impact on the final observations [33].

LDH assay has been used to assess cytotoxic effect by measuring the cell membrane integrity [34]. LDH activity of the

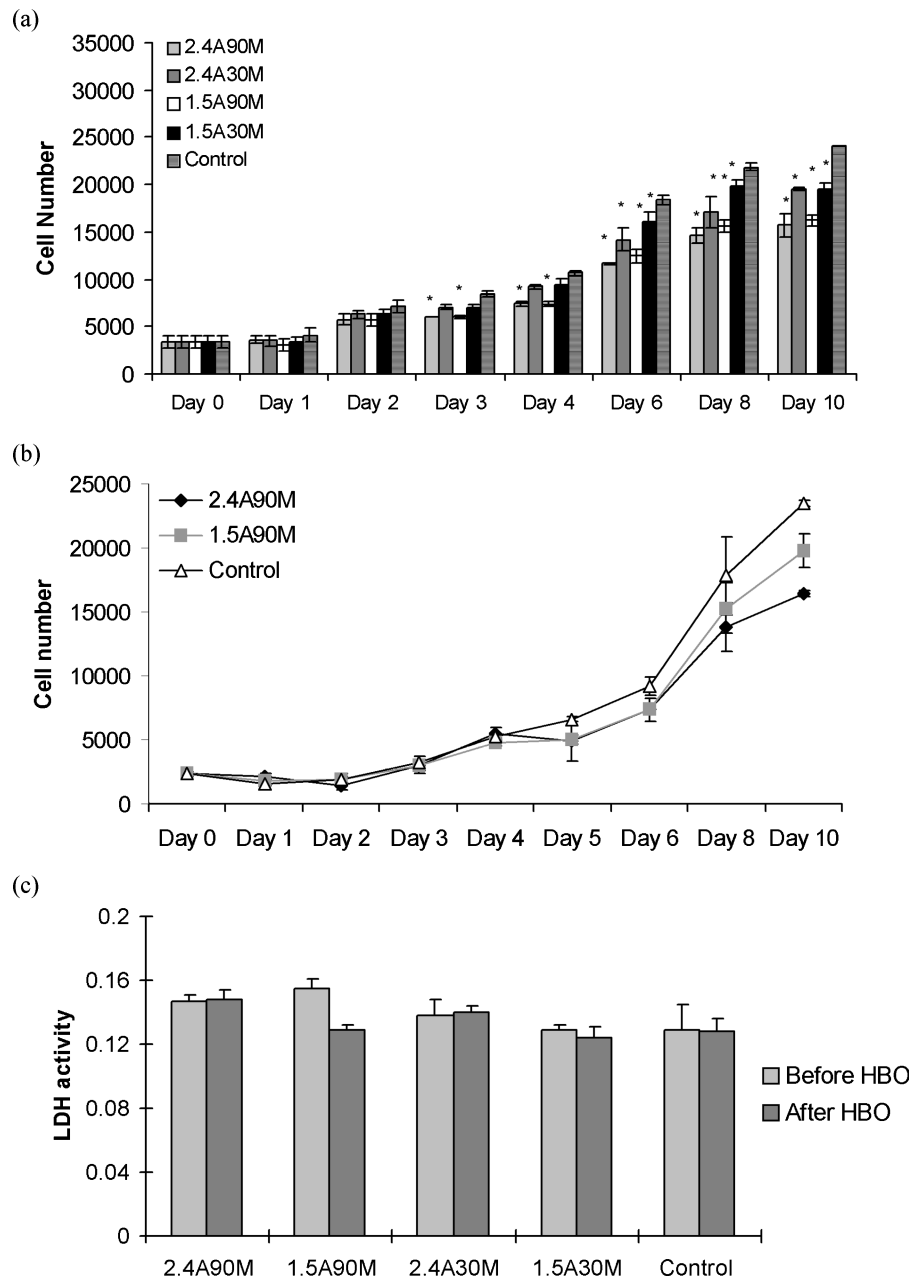


FIG. 2. Effect of elevated oxygen levels and pressure on proliferation of osteoblasts cultured in 2% FCS. Human osteoblasts derived from alveolar bone were cultured in 2% FCS for 24 hr and subsequently treated with (a) HBO (2.4A90M, 2.4A30M, 1.5A90M, or 1.5A30M) or with (b) pressure (2.4A90M or 1.5A90M). Compared with the untreated control group, cell number was significantly decreased under HBO treatment. When cultures were treated with pressure alone, an inhibition of cellular proliferation was observed. (c) Extracellular LDH activity before and after HBO treatment was not significantly affected. \*Significantly different from control ( $p < 0.05$ ).

culture media did not reveal cytotoxic effects of HBO regardless of the culture condition. However, a prolonged exposure to HBO at 2.5 ATA decreases cell proliferation as a result of increased apoptosis [22, 35]. It remains unclear, however, whether in the 2% FCS culture condition, the inhibitory effect of HBO on osteoblasts proliferation is due to an increased cell damage or a decrease in DNA and protein synthesis.

Early studies demonstrated the relationship between the oxygen concentration and bone formation in the 1960s [36]. It also was observed that low oxygen culture conditions (5% oxygen) or hypoxia conditions resulted in cartilaginous matrix synthesis, and high oxygen conditions (35% oxygen) induced mesenchymal tissue differentiation toward bone. Additional studies also have demonstrated the regulating role of oxygen in

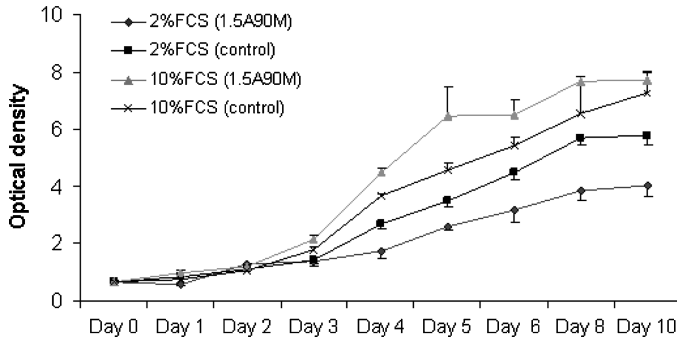


FIG. 3. Comparison of the effect of elevated oxygen level and pressure on proliferation of osteoblasts cultured in 2% and 10% FCS. Human osteoblasts derived from alveolar bone were cultured for 24 hr and subsequently treated with HBO (1.5A90M).

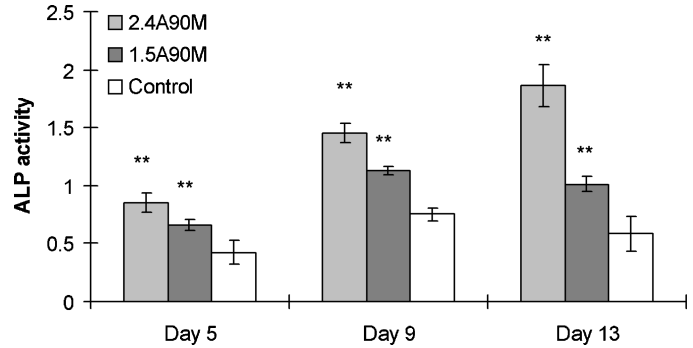


FIG. 5. Effect of the exposure to HBO on the expression of ALP in osteoblasts. Osteoblasts cultured under osteogenic conditions were treated with HBO and the extracellular ALP activity was measured at days 5, 9, and 12. Significant increase in ALP activity was detected as a result of HBO treatment compared with the untreated control group. \*Significantly different from control ( $p < 0.05$ ).

bone remodelling by directly affecting collagen synthesis, ALP activity, and the production of transforming growth factor-beta (TGF-beta) in fracture sites [37, 38]. Our study demonstrated daily exposure to HBO promoted osteogenic differentiation in

cellular level, which was associated with an increase in bone nodule formation, calcium deposition, and ALP activity.

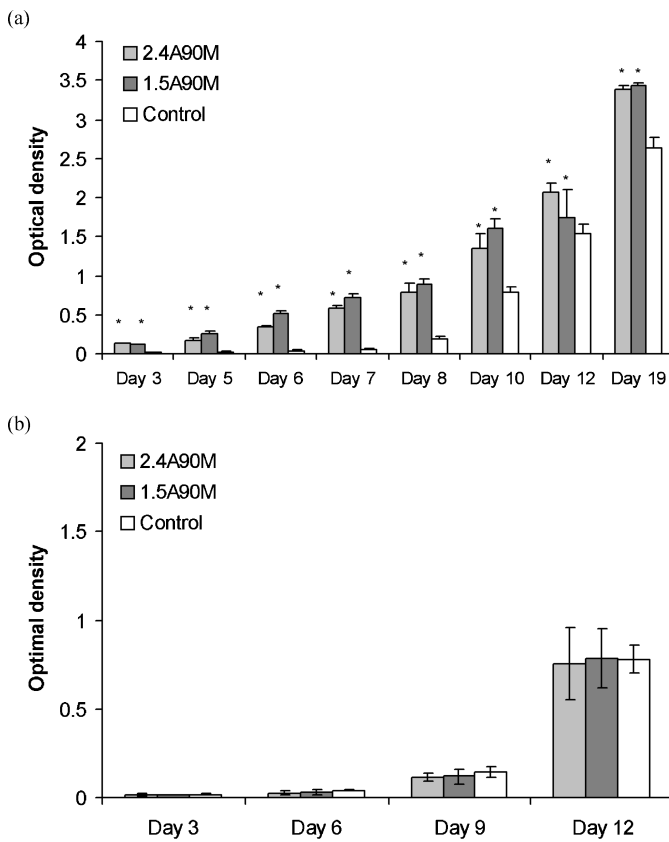


FIG. 4. Effect of elevated oxygen levels and pressure on calcium deposition by osteoblast cultured under osteogenic conditions. Osteoblasts were treated with (a) HBO (2.4A90M or 1.5A90M) or with (b) pressure (2.4A90M or 1.5A90M). Significant increase in calcium deposition was detected under HBO treatment compared with the untreated control group, whereas pressure alone did not have any significant effects on calcium deposition. \*Significantly different from control ( $p < 0.05$ ).

Although the responses of osteoblasts to hypoxia have been well documented [37–40], the direct effects of HBO on human osteoblasts have, to the best of our knowledge, not been investigated previously, despite the indications that HBO can improve fracture healing [3, 7, 41, 42]. A considerable number of studies have, on the other hand, shown enhanced osteogenic activity as a result of HBO treatment. For example, accelerated levels of bone morphogenetic proteins [43], earlier union of autologous bone grafts [10], and improved bone formation in titanium implants [44] were observed *in vivo* after exposure to HBO. This requirement for oxygen during healing is the rationale underlying HBO therapy, and generally it is assumed that HBO stimulates the ingrowth of blood vessels, resulting in increased blood supply and consequently enhanced bone formation [45]. Our study indicates that HBO also stimulates initial proliferation and directly enhances osteogenic differentiation of osteoblasts, as was assessed by calcium deposition, bone nodule formation, and ALP activity.

The pathophysiological mechanisms underlying the mitogenic and differentiative effects of HBO remain to be elucidated, hampering the full exploitation of the therapeutic potential of HBO therapy. Enhanced autocrine production of growth factors, including vascular endothelial growth factor (VEGF), basic fibroblast growth factor (bFGF), and TGF-beta1, as a result of exposure to HBO [21], has been proposed as a reason for observed mitogenic effects. The mechanism of oxygen tension on cell differentiation has been proposed to be related with Smad and p38 MAPK pathway and through the regulation of transcriptional activities of Sox9 and Runx2 [46]. Furthermore, the nitric oxide levels in tissues and the bone marrow have been increased in HBO treatment due to the stimulation of nitric oxide synthesis [29], which has been demonstrated to in turn mobilize stem/progenitor cells and endothelial progenitors [29, 47].

Despite the limitations of two-dimensional cell culture models, including the unnatural geometric and mechanical

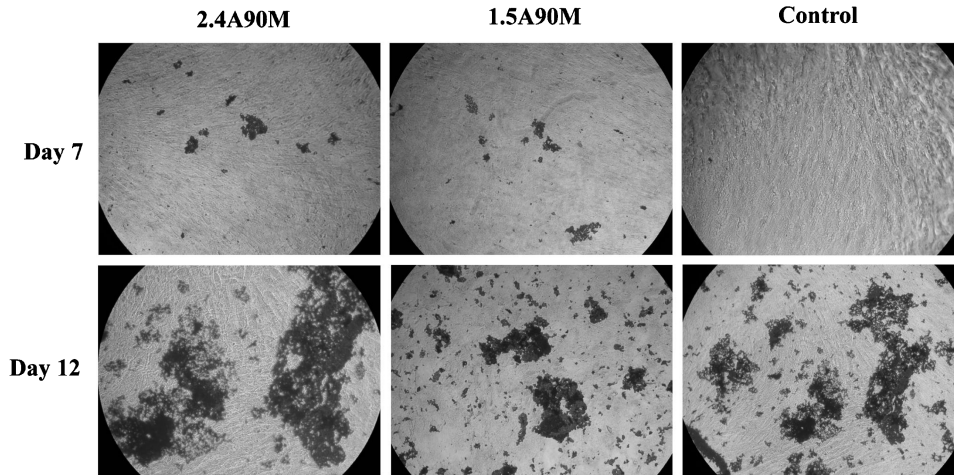


FIG. 6. Effect of the exposure to HBO on bone nodule formation. Osteoblasts cultured under osteogenic conditions were treated with HBO and bone nodule formation was assessed by von Kossa staining at days 7 and 12. At day 7 bone nodules were only detectable in HBO-treated cultures. At day 12 bone nodules were obvious in all cultures; however, they appeared larger in the HBO-treated cultures.

constraints imposed on cells [48], they have demonstrated to be a valuable research tool for investigating the responses of osteoblasts to the exposure to HBO. However, future studies will employ three-dimensional models to further elucidate the effects in a more physiological environment and to identify potential beneficial effects for the development of tissue-engineered grafts.

## SUMMARY

The results from our current study provide direct cellular evidence of the effects of HBO on osteogenesis, further supporting its use as an adjunctive clinical treatment to promote bone fracture healing and bone regeneration. However, the underlying mechanism of the stimulatory responses to HBO and the potential benefit for the development of tissue-engineered bone grafts require additional investigation.

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## REFERENCES

- Soucacos, P.N., Dailiana, Z., Beris, A.E., and Johnson, E.O. (2006). Vascularised bone grafts for the management of non-union. *Injury*, 37(Suppl 1), S41–50.
- Kerwin, S.C., Lewis, D.D., Elkins, A.D., Oliver, J.L., Hosgood, G., Pechman, R.D. Jr., Dial, S.L., and Strain, G.M. (2000). Effect of hyperbaric oxygen treatment on incorporation of an autogenous cancellous bone graft in a nonunion diaphyseal ulnar defect in cats. *Am. J. Vet. Res.*, 61, 691–698.
- Wray, J.B., and Rogers, L.S. (1968). Effect of hyperbaric oxygenation upon fracture healing in the rat. *J. Surg. Res.*, 8, 373–378.
- Yablon, I.G., and Cruess, R.L. (1968). The effect of hyperbaric oxygen on fracture healing in rats. *J. Trauma.*, 8, 186–202.
- Lentrod, S., and Lentrod, J. (2006). [Effects of hyperbaric oxygen therapy (HBO) during treatment of infected free bone transplants. A case report.]. *Mund Kiefer Gesichtschir*, 10, 263–8.
- Donovan, D.J., Huynh, T.V., Purdom, E.B., Johnson, R.E., and Sniezek, J.C. (2005). Osteoradionecrosis of the cervical spine resulting from radiotherapy for primary head and neck malignancies: operative and nonoperative management. Case report. *J. Neurosurg. Spine*, 3, 159–64.
- David, L.A., Sandor, G.K., Evans, A.W., and Brown, D.H. (2001). Hyperbaric oxygen therapy and mandibular osteoradionecrosis: a retrospective study and analysis of treatment outcomes. *J. Can. Dent. Assoc.*, 67, 384.
- Clark, C.L., Strider, J., Hall, C., Ferguson, H.W., Armstrong, K.L., Runner, R.R., and Baur, D.A. (2006). Distraction osteogenesis in irradiated rabbit mandibles with adjunctive hyperbaric oxygen therapy. *J. Oral. Maxillofac. Surg.*, 64, 589–593.
- Wang, I.C., Yuan, L.J., Tu, Y.K., Lin, S.S., Wang, C.R., Tai, C.L., and Wang, K.C. (2005). Early administration of hyperbaric oxygen therapy in distraction osteogenesis—a quantitative study in New Zealand rabbits. *J. Trauma.*, 58, 1230–1235.
- Sawai, T., Niimi, A., Takahashi, H., and Ueda, M. (1996). Histologic study of the effect of hyperbaric oxygen therapy on autogenous free bone grafts. *J. Oral. Maxillofac. Surg.*, 54, 975–981.
- Granstrom, G., Tjellstrom, A., and Branemark, P.I. (1999). Osseointegrated implants in irradiated bone: a case-controlled study using adjunctive hyperbaric oxygen therapy. *J. Oral Maxillofac. Surg.*, 57, 493–499.
- Bennett, M.H., Stanford, R., and Turner, R. (2005). Hyperbaric oxygen therapy for promoting fracture healing and treating fracture non-union. *Cochrane Database Syst. Rev.* CD004712
- Ueng, S.W., Lee, S.S., Lin, S.S., Wang, C.R., Liu, S.J., Tai, C.L., and Shih, C.H. (1999). Hyperbaric oxygen therapy mitigates the adverse effect of cigarette smoking on the bone healing of tibial lengthening: an experimental study on rabbits. *J. Trauma.*, 47, 752–759.
- Urayama, H., Takemura, H., Kasajima, F., Tsuchida, K., Katada, S., and Watanabe, Y. (1992). [Hyperbaric oxygenation therapy for chronic occlusive arterial diseases of the extremities]. *Nippon Geka Gakkai Zasshi*, 93, 429–433.
- Ang, E., Black, C., Irish, J., Brown, D.H., Gullane, P., O’Sullivan, B., and Neligan, P.C. (2003). Reconstructive options in the treatment of

- osteonecrosis of the craniomaxillofacial skeleton. *Br. J. Plast. Surg.*, 56, 92–99.
16. Braune, C., Hamm, J., Bohmer, D., Scale, D., and Zichner, L. (2002). Hyperbaric oxygenation as a successful therapeutic approach in oral wound dehiscence after operative stabilization of an unstable post-traumatic odontoid non-union. *Arch. Orthop. Trauma. Surg.*, 122, 115–119.
  17. Ueng, S.W., Lee, S.S., Lin, S.S., Wang, C.R., Liu, S.J., Yang, H.F., Tai, C.L., and Shih, C.H. (1998). Bone healing of tibial lengthening is enhanced by hyperbaric oxygen therapy: a study of bone mineral density and torsional strength on rabbits. *J. Trauma.*, 44, 676–681.
  18. Annane, D., Depondt, J., Aubert, P., Villart, M., Gehanno, P., Gajdos, P., and Chevret, S. (2004). Hyperbaric oxygen therapy for radionecrosis of the jaw: a randomized, placebo-controlled, double-blind trial from the ORN96 study group. *J. Clin. Oncol.*, 22, 4893–4900.
  19. Laden, G. (2005). Hyperbaric oxygen therapy for radionecrosis: clear advice from confusing data. *J. Clin. Oncol.*, 23, 4465. author reply 4466–4468.
  20. Esposito, M., Grusovin, M.G., Worthington, H.V., and Coulthard, P. (2006). Interventions for replacing missing teeth: bone augmentation techniques for dental implant treatment. *Cochrane Database Syst. Rev.* CD003607
  21. Kang, T.S., Gorti, G.K., Quan, S.Y., Ho, M., and Koch, R.J. (2004). Effect of hyperbaric oxygen on the growth factor profile of fibroblasts. *Arch. Facial Plast. Surg.*, 6, 31–35.
  22. Conconi, M.T., Baiguera, S., Guidolin, D., Furlan, C., Menti, A.M., Vigolo, S., Belloni, A.S., Parnigotto, P.P., and Nussdorfer, G.G. (2003). Effects of hyperbaric oxygen on proliferative and apoptotic activities and reactive oxygen species generation in mouse fibroblast 3T3/J2 cell line. *J. Invest. Med.*, 51, 227–232.
  23. Mizuguchi, T., Oshima, H., Imaizumi, H., Kohara, H., Kawamoto, M., Nobuoka, T., Kawasaki, H., Harada, K., Masuda, Y., Kikkawa, Y., Mitaka, T., Asai, Y., and Hirata, K. (2005). Hyperbaric oxygen stimulates cell proliferation and normalizes multidrug resistance protein-2 protein localization in primary rat hepatocytes. *Wound Repair Regen.*, 13, 551–557.
  24. Granowitz, E.V., Tonomura, N., Benson, R.M., Katz, D.M., Band, V., Makari-Judson, G.P., and Osborne, B.A. (2005). Hyperbaric oxygen inhibits benign and malignant human mammary epithelial cell proliferation. *Anticancer Res.*, 25, 3833–3842.
  25. Worapamorn, W., Li, H., Haas, H.R., Pujic, Z., Girjes, A.A., and Bartold, P.M. (2000). Cell surface proteoglycan expression by human periodontal cells. *Connect Tissue Res.*, 41, 57–68.
  26. Bouvier, M., Couble, M.L., Hartmann, D.J., and Magloire, H. (1991). Isolation and characterization of rat alveolar bone cells. *Cell Mol. Biol.*, 37, 509–517.
  27. Berridge, M.V., Herst, P.M., and Tan, A.S. (2005). Tetrazolium dyes as tools in cell biology: new insights into their cellular reduction. *Biotechnol. Annu. Rev.*, 11, 127–52.
  28. Tompach, P.C., Lew, D., and Stoll, J.L. (1997). Cell response to hyperbaric oxygen treatment. *Int. J. Oral Maxillofac. Surg.*, 26, 82–86.
  29. Goldstein, L.J., Gallagher, K.A., Bauer, S.M., Bauer, R.J., Baireddy, V., Liu, Z.J., Buerk, D.G., Thom, S.R., and Velazquez, O.C. (2006). Endothelial progenitor cell release into circulation is triggered by hyperoxia-induced increases in bone marrow nitric oxide. *Stem Cells*, 24, 2309–2318.
  30. Gadd, M.A., McClellan, D.S., Neuman, T.S., and Hansbrough, J.F. (1990). Effect of hyperbaric oxygen on murine neutrophil and T-lymphocyte functions. *Crit. Care Med.*, 18, 974–979.
  31. McIntyre, K.M., Dixon, P.S., Krock, L.P., and Piepmeier, E.H. Jr. (1997). The influence of hyperbaric oxygenation on leukocyte viability and surface protein expression. *Aviat. Space Environ. Med.*, 68, 1129–1133.
  32. Burdon, R.H., Gill, V., and Rice-Evans, C. (1990). Oxidative stress and tumour cell proliferation. *Free. Radic. Res. Commun.*, 11, 65–76.
  33. Malda, J., Dawson, R.A., Kairuz, E., Topping, G., Long, R., and Upton, Z. (2007). In vitro models for evaluation of hyperbaric oxygen therapy in wound healing: a review. *Diving Hyperbaric Med.* in press (accepted 1 Jan 2007)
  34. Hawkins, D.H., and Abrahamse, H. (2006). The role of laser fluence in cell viability, proliferation, and membrane integrity of wounded human skin fibroblasts following helium-neon laser irradiation. *Lasers Surg. Med.*, 38, 74–83.
  35. Ganguly, B.J., Tonomura, N., Benson, R.M., Osborne, B.A., and Granowitz, E.V. (2002). Hyperbaric oxygen enhances apoptosis in hematopoietic cells. *Apoptosis*, 7, 499–510.
  36. Bassett, C.A., and Herrmann, I. (1961). Influence of oxygen concentration and mechanical factors on differentiation of connective tissues in vitro. *Nature*, 190, 460–461.
  37. Tuncay, O.C., Ho, D., and Barker, M.K. (1994). Oxygen tension regulates osteoblast function. *Am. J. Orthod. Dentofacial. Orthop.*, 105, 457–463.
  38. Warren, S.M., Steinbrech, D.S., Mehrara, B.J., Saadeh, P.B., Greenwald, J.A., Spector, J.A., Bouletreau, P.J., and Longaker, M.T. (2001). Hypoxia regulates osteoblast gene expression. *J. Surg. Res.*, 99, 147–155.
  39. Steinbrech, D.S., Mehrara, B.J., Saadeh, P.B., Greenwald, J.A., Spector, J.A., Gittes, G.K., and Longaker, M.T. (2000). Hypoxia increases insulin-like growth factor gene expression in rat osteoblasts. *Ann. Plast. Surg.*, 44, 529–534; discussion 534–535.
  40. Steinbrech, D.S., Mehrara, B.J., Saadeh, P.B., Chin, G., Dudziak, M.E., Gerrets, R.P., Gittes, G.K., and Longaker, M.T. (1999). Hypoxia regulates VEGF expression and cellular proliferation by osteoblasts in vitro. *Plast. Reconstr. Surg.*, 104, 738–747.
  41. Dayoydkin, N.F. (1977). [Healing of a closed fracture with the use of hyperbaric oxygenation]. *Ortop. Travmatol. Protez.*, 7–9.
  42. Penttinen, R., Niinikoski, J., and Kulonen, E. (1972). Hyperbaric oxygenation and fracture healing. A biochemical study with rats. *Acta. Chir. Scand.*, 138, 39–44.
  43. Okubo, Y., Bessho, K., Fujimura, K., Kusumoto, K., Ogawa, Y., and Iizuka, T. (2001). Effect of hyperbaric oxygenation on bone induced by recombinant human bone morphogenetic protein-2. *Br. J. Oral Maxillofac. Surg.*, 39, 91–95.
  44. Johnsson, A.A., Sawai, T., Jacobsson, M., Granstrom, G., and Turesson, I. (1999). A histomorphometric study of bone reactions to titanium implants in irradiated bone and the effect of hyperbaric oxygen treatment. *Int. J. Oral Maxillofac. Implants*, 14, 699–706.
  45. Yeh, W.L., Lin, S.S., Yuan, L.J., Lee, K.F., Lee, M.Y., and Ueng, S.W. (2007). Effects of hyperbaric oxygen treatment on tendon graft and tendon-bone integration in bone tunnel: biochemical and histological analysis in rabbits. *J. Orthop. Res.*, 25, 636–645.
  46. Hirao, M., Tamai, N., Tsumaki, N., Yoshikawa, H., and Myoui, A. (2006). Oxygen tension regulates chondrocyte differentiation and function during endochondral ossification. *J. Biol. Chem.*, 281, 31079–31092.
  47. Thom, S.R., Bhopale, V.M., Velazquez, O.C., Goldstein, L.J., and Thom, L.H. (2006). Stem cell mobilization by hyperbaric oxygen. *Am. J. Physiol. Heart Circ. Physiol.*, 290, H1378–H1386.
  48. Sun, T., Jackson, S., Haycock, J.W., and MacNeil, S. (2006). Culture of skin cells in 3D rather than 2D improves their ability to survive exposure to cytotoxic agents. *J. Biotechnol.*, 122, 372–381.