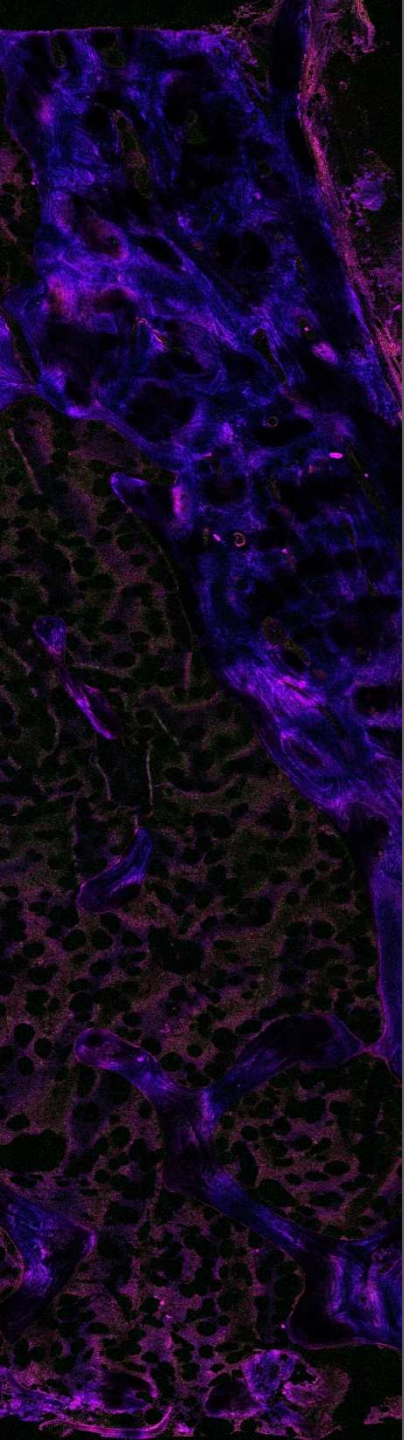




Use of Laser Scanning Confocal Microscopy to Detect Diagenetic Changes in Bone

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12 April 2018, American Association of Physical Anthropologists

Austin, TX

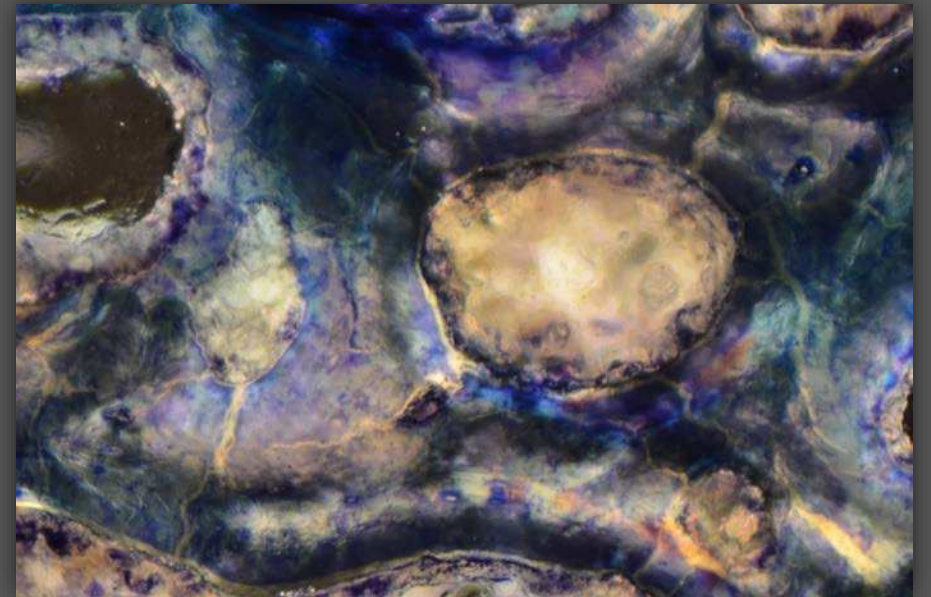


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MISSISSAUGA



Diagenesis

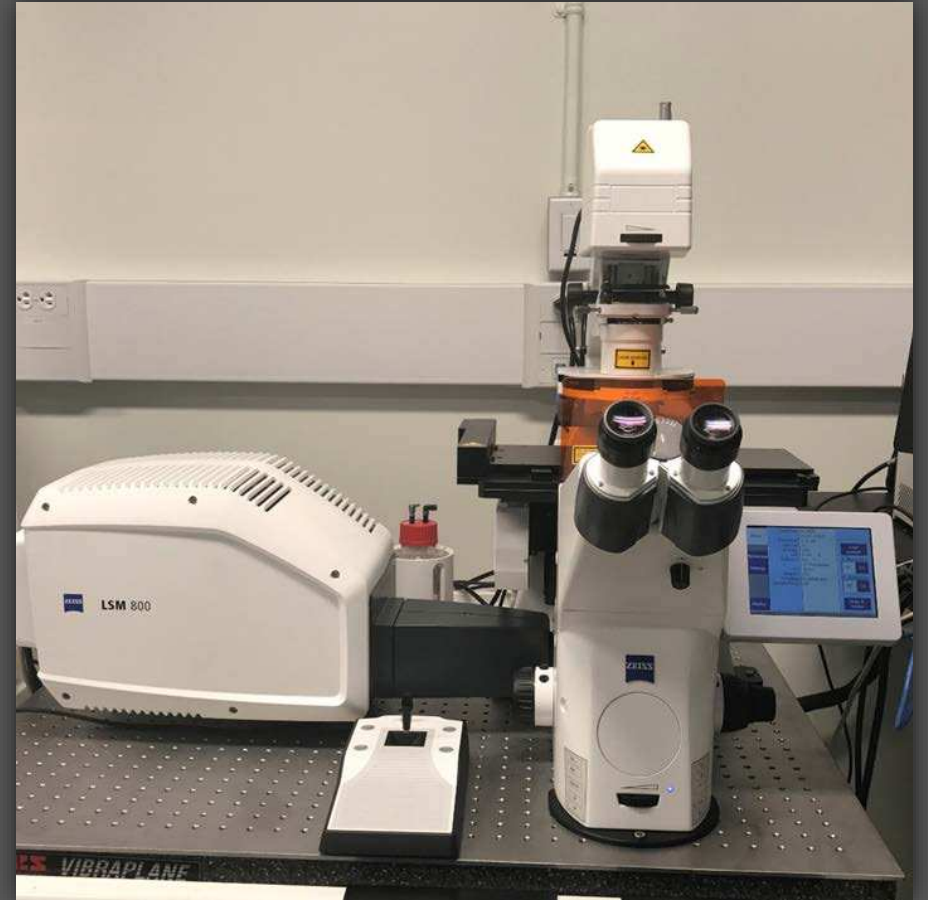
- ❖ Histological postmortem alteration of bone
- ❖ Mineral and Biological origin
 - ❖ Often seen as destruction or mineral changes
- ❖ Need to isolate diagenetic alterations from ante mortem bone formations
- ❖ Allows for recovery of usable sections of diagenetically altered bone



Apollo nian rib sample 5th – 2nd Century BCE

Laser Scanning Confocal Microscopy

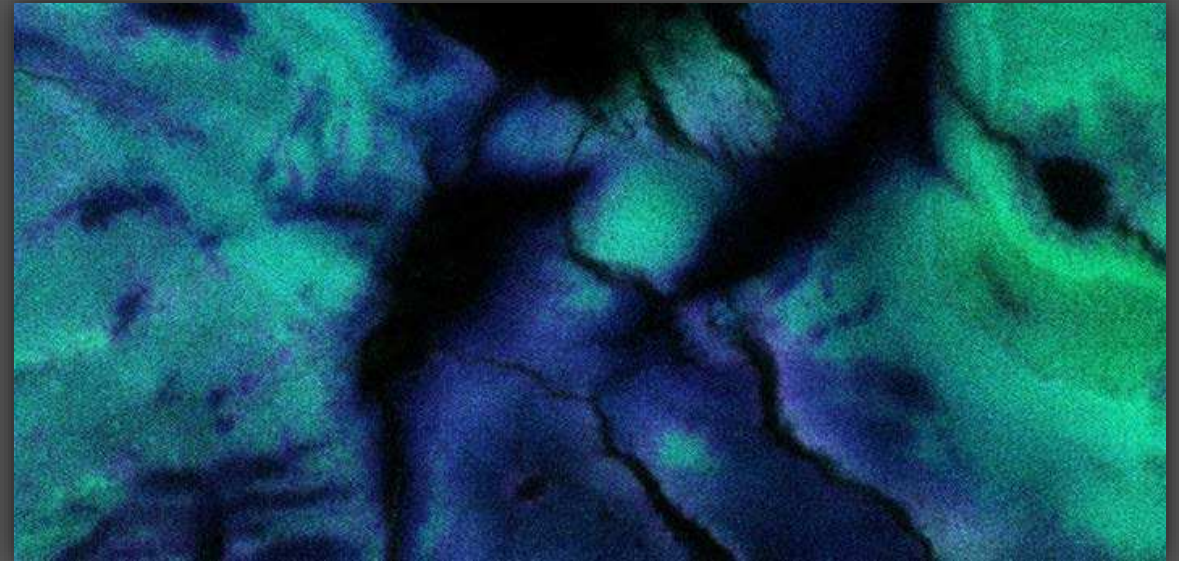
- ❖ Principles of Light & SEM
- ❖ Laser light
 - ❖ Specific excitation & emission wavelengths (λ)
 - ❖ 405nm, 488nm, 543nm, 633nm λ
- ❖ Targeting of specific materials
 - ❖ Quantification
- ❖ High-resolution, high-magnification images
- ❖ Images can be taken in multiple slices along the Z-Axis
 - ❖ Allows for 3D microscopy



LSM 800 (University of Toronto)

Impetus for the Project

- ❖ Accident
- ❖ Demonstrating power of LSCM
- ❖ History of using clinical samples
- ❖ Diagenetically altered sample
- ❖ Discovered anomaly



Diagenetically altered rib (5th – 3rd C BCE Apollonia),
LSCM & Toluidine Blue, 64x Mag

Methodology

❖ $N=27$

❖ Clinical samples $n=16$
(Iliac)

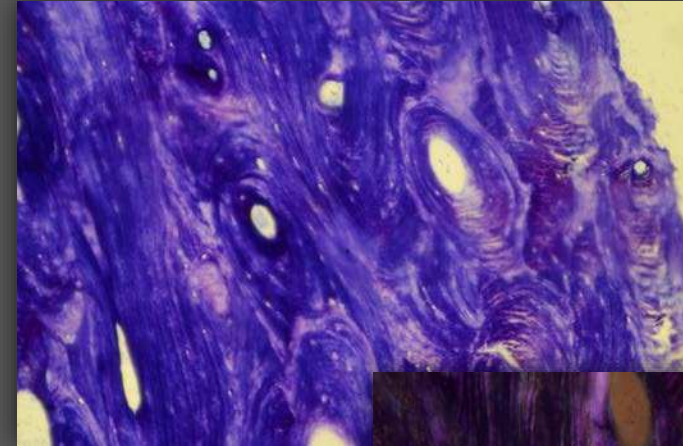
❖ Apollonian samples
 $n=11$

❖ 5th – 2nd Century BCE
(Rib)

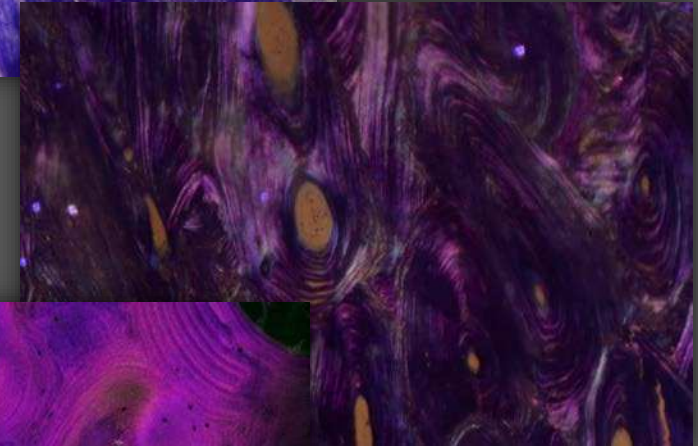
❖ Stained with toluidine
blue

❖ Acid etched with
formic acid for stain
penetration

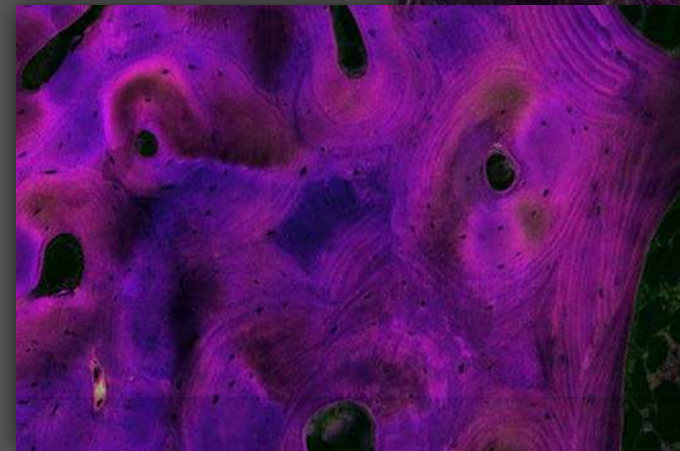
❖ Clinical samples pre-
stained by CHUM



Non-polarized
Clinical



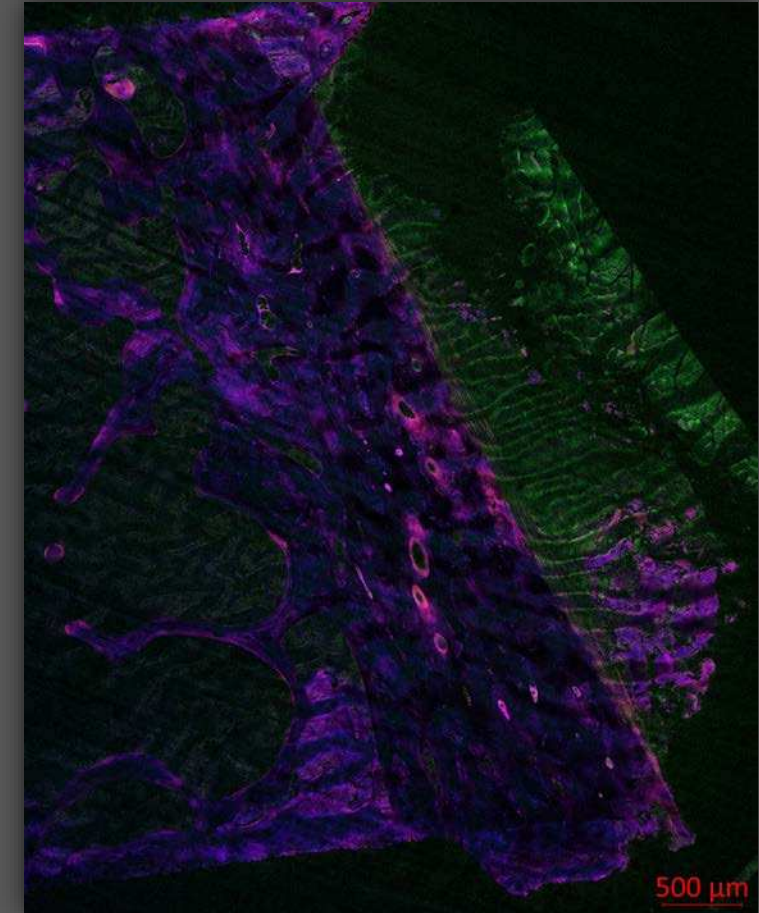
Polarized Clinical



LSCM Clinical

Methodology

- ❖ Imaged using Carl ZeissTM LSM 800 with an Observer.Z1 inverted scope
- ❖ Pinhole set to 1AU
 - ❖ Pixelization set at 2661px x 2661px
 - ❖ Scanning speed of 7
- ❖ Tile set
 - ❖ 40x – 63x Magnification
 - ❖ Section of cortical bone
 - ❖ Random
- ❖ Comparisons taken on Nikon Eclipse E200 & Keyence VHX2000 Digital Microscope



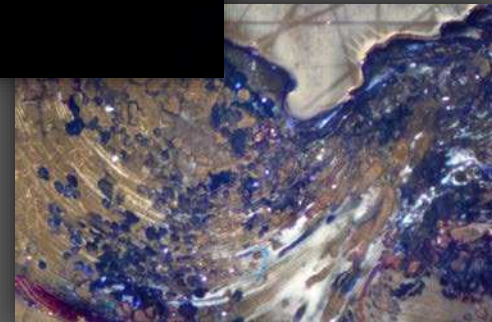
Tile set of clinical sample at 40x
Mag

Results

- ❖ All samples registered on the 543nm & 633nm λ
- ❖ Clinical samples
 - ❖ 543nm > 633nm
- ❖ Apollonian samples
 - ❖ 543nm < 633nm
 - ❖ **Localized registration** 405nm & 488nm λ at cortical margins & Haversian canals
 - ❖ “Thicker” mineralization surrounding Haversian canals

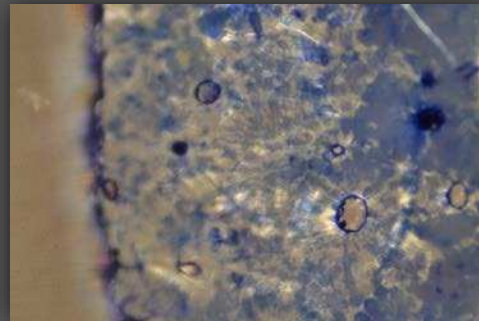
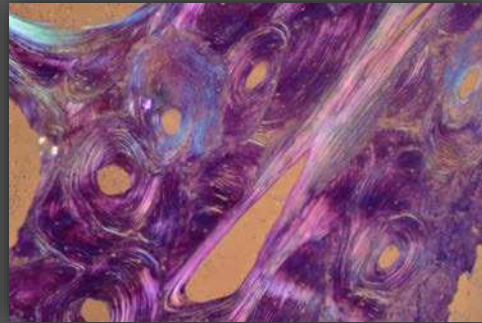
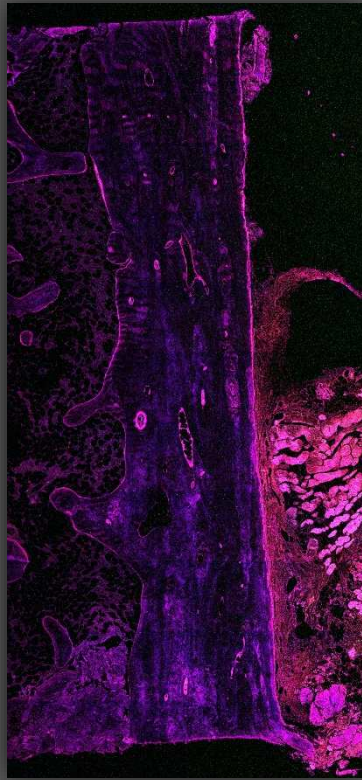


Diagenetically altered sample under LSCM and polarized light

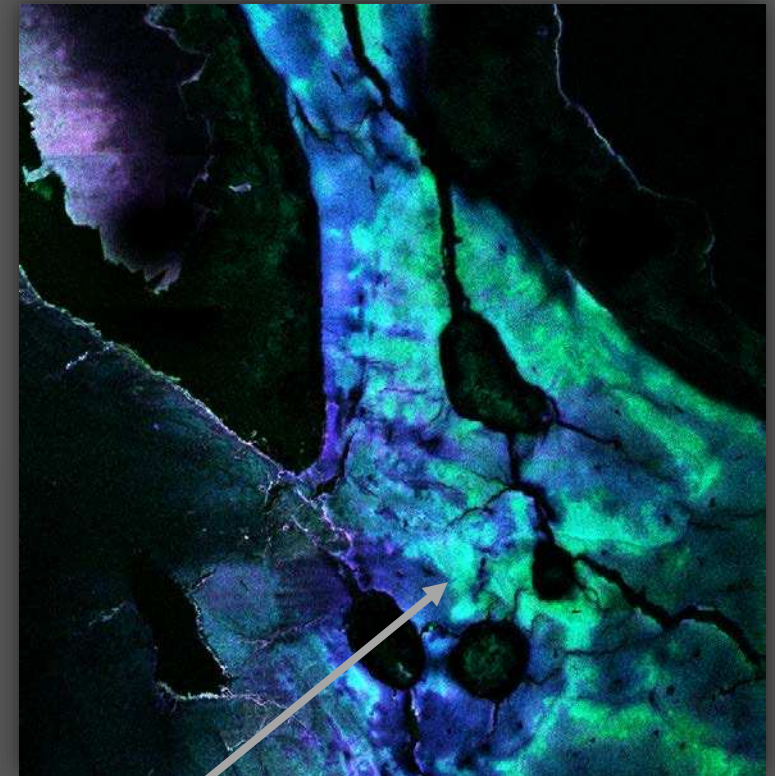


Results

Clinical Ilia c Sample



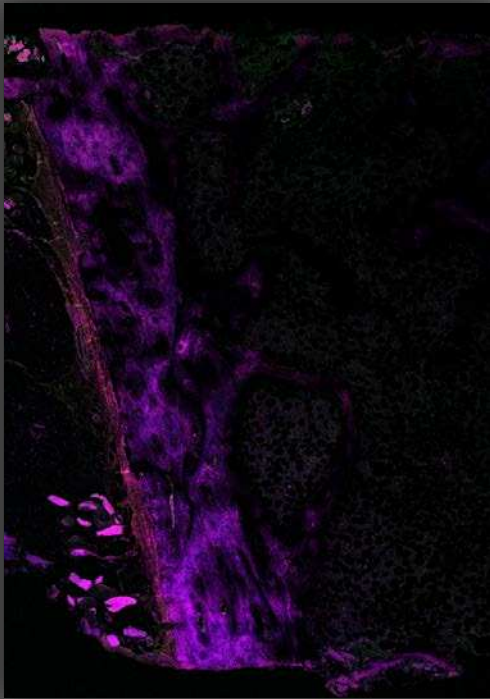
Genetically Altered Rib



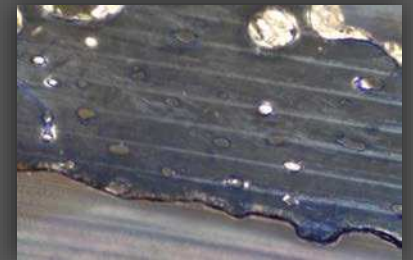
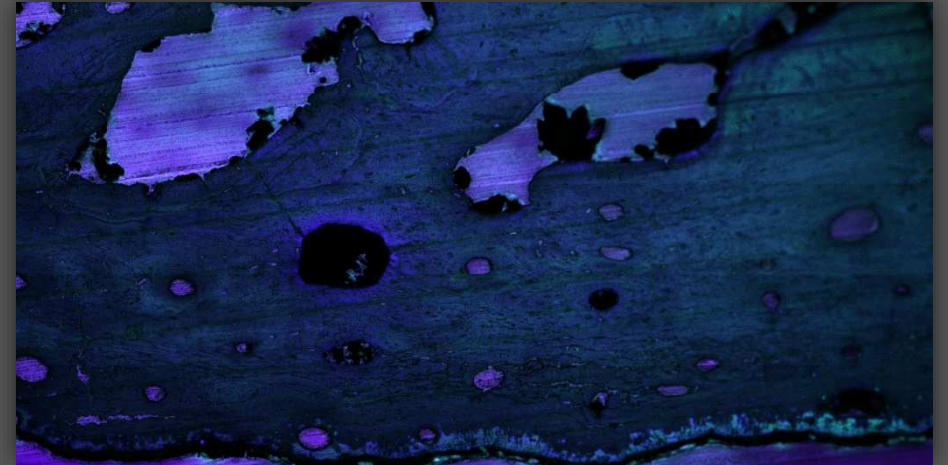
405nm/488 nm

Results

Clinical Sample

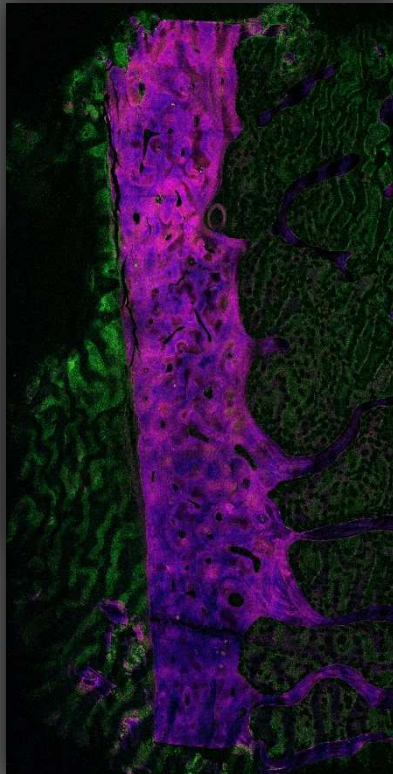
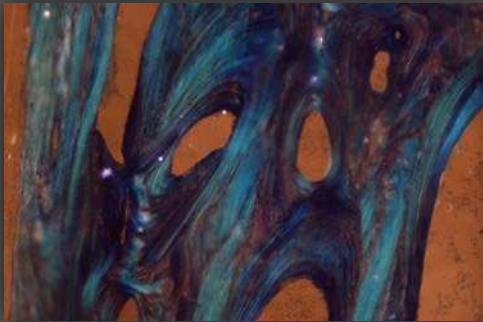


Diagnostically Altered

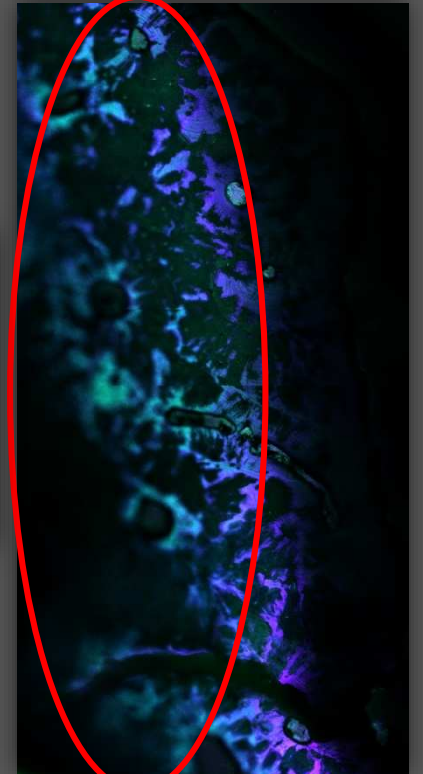
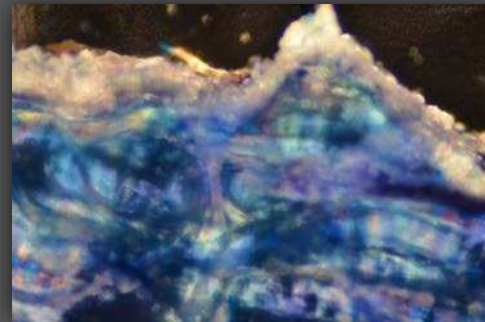


Results

Clinical Sample

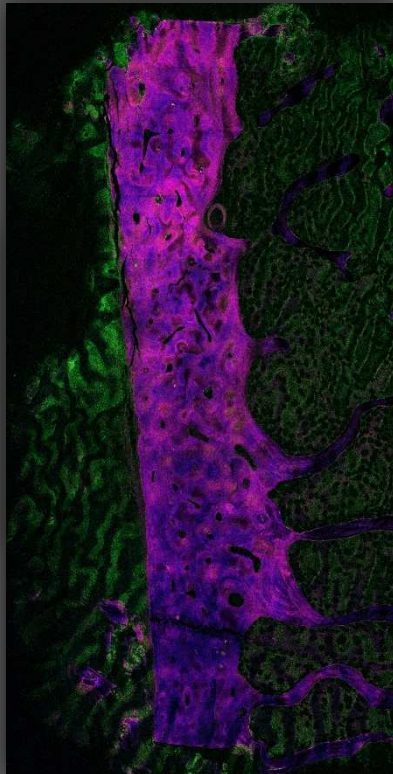
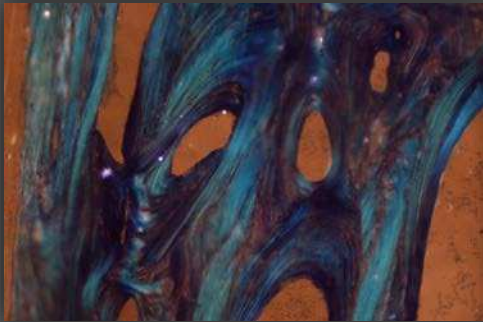


Genetically Altered

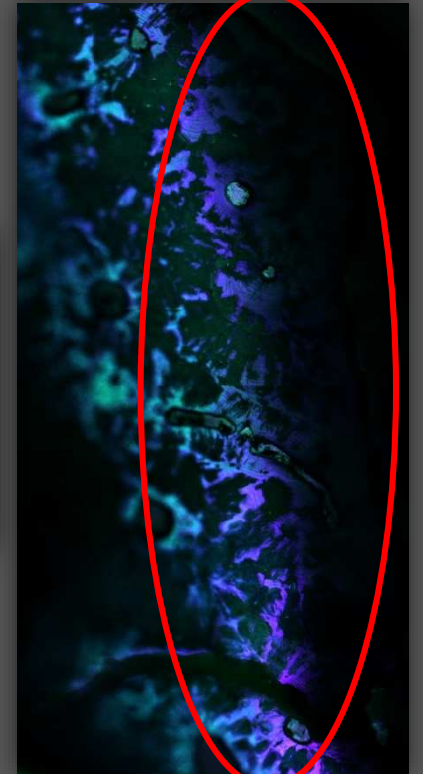
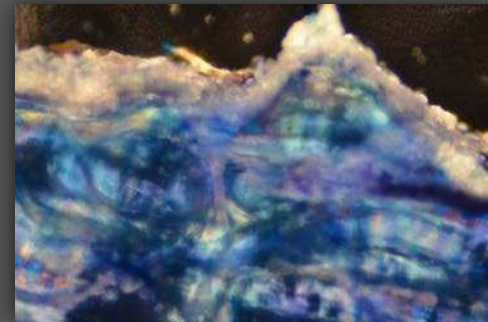


Results

Clinical Sample

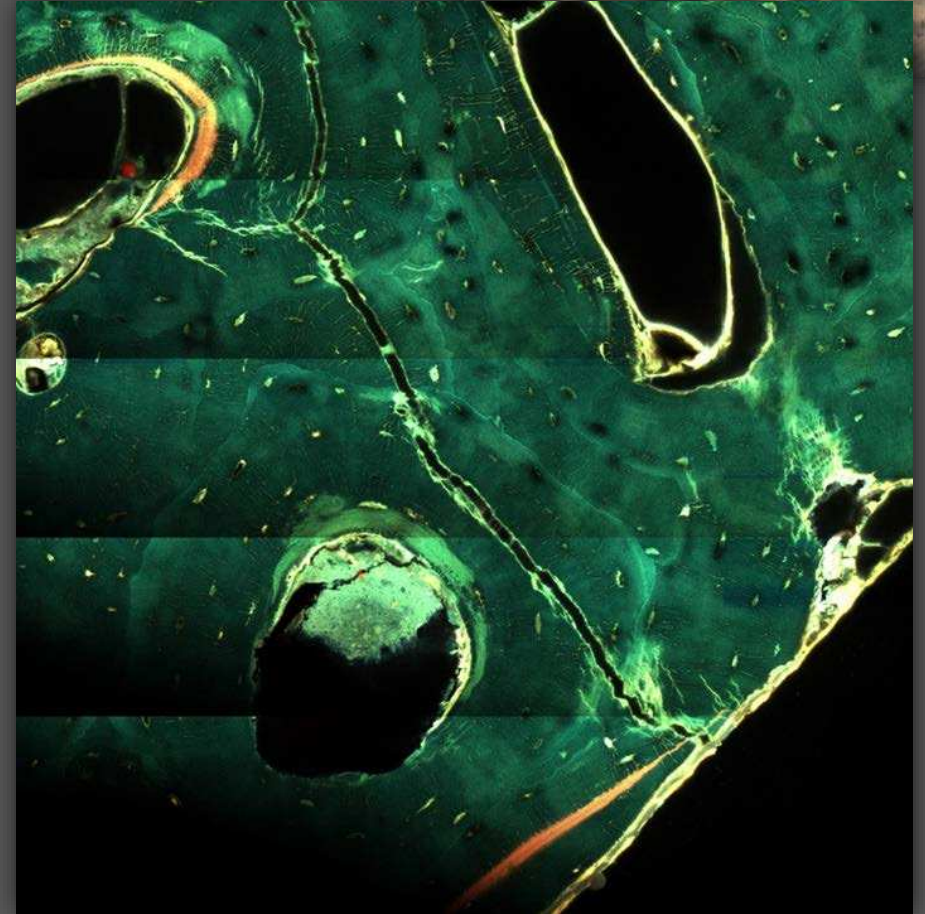
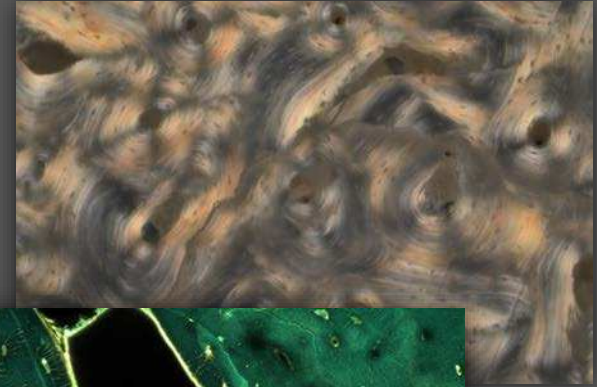


Genetically Altered



Unstained Bone

- ❖ Eliminate areas of less staining
- ❖ Unstained bone registers on 405nm and 488nm λ
- ❖ Toluidine Blue registers on 543nm and 633nm λ
- ❖ Areas of diagenetic alteration registering mainly on 405nm and 633nm λ

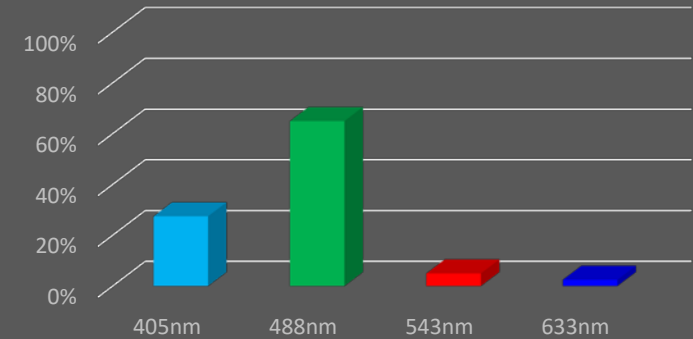


Unstained femur, 64x Mag. (PLM at 40xMag)

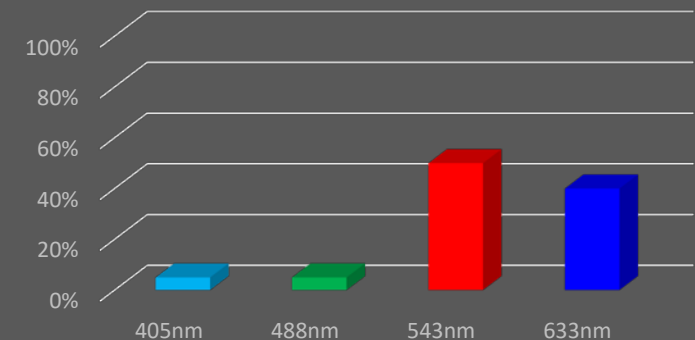
Unstained bone

- ❖ Not just the registration
 - ❖ Ratio of registration
- ❖ Unstained higher on 488nm
- ❖ Toluidine Blue clinical 543nm
- ❖ Diagenetic bone 405nm and 633nm
- ❖ Can eliminate poor staining

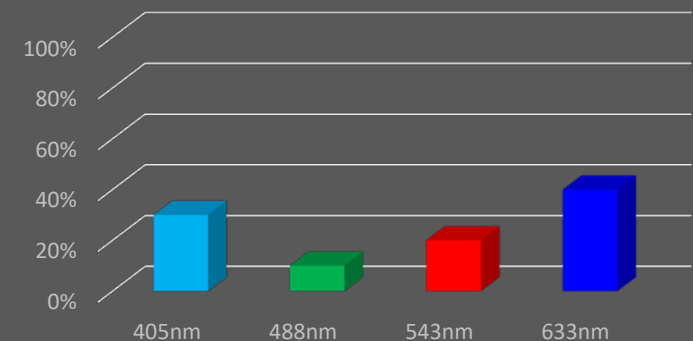
Unstained Bone



Clinical Sample

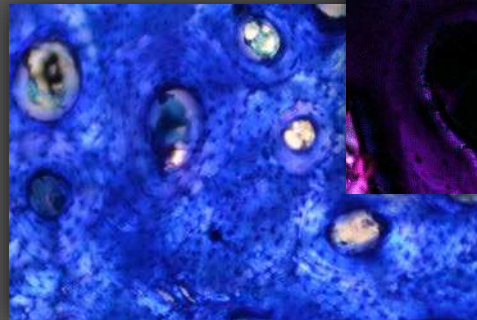
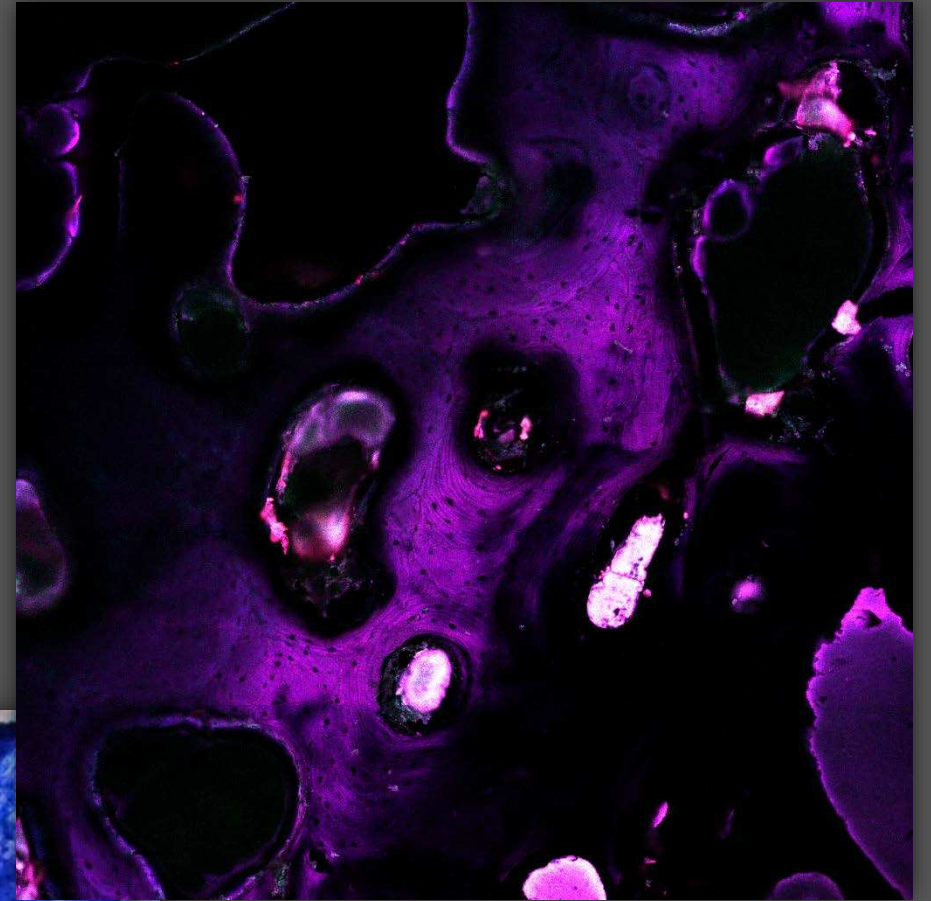


Diagenetic Sample



Bone Differences

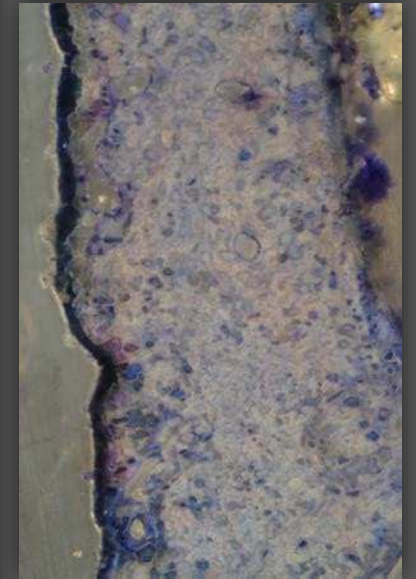
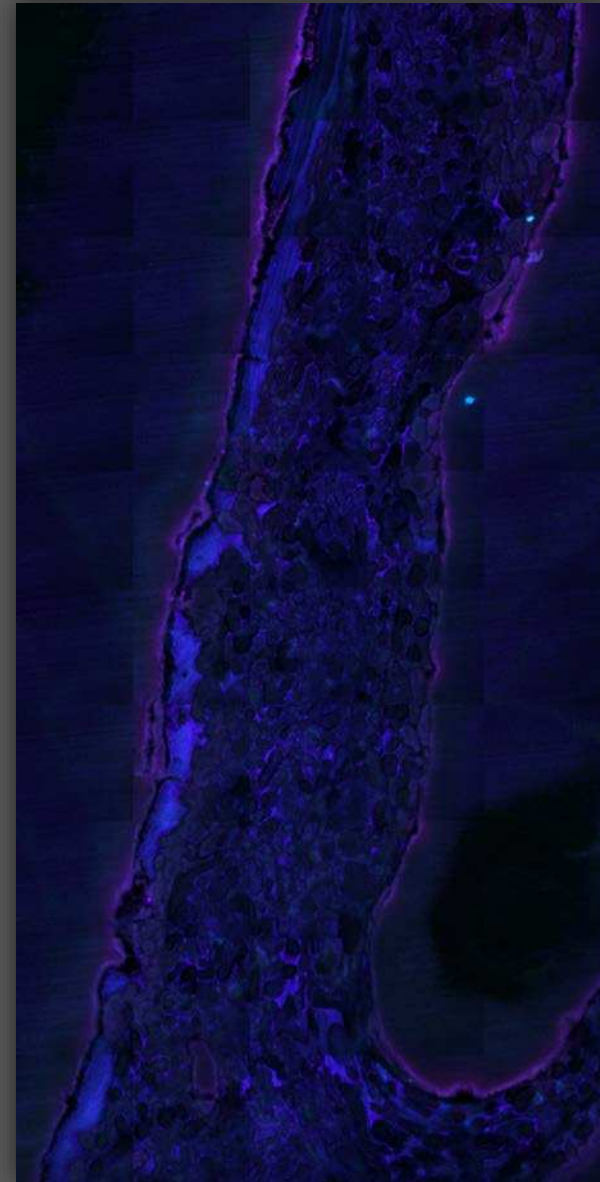
- ❖ Different bones may stain differently
- ❖ Femoral control
 - ❖ Anatomical Sample
- ❖ Image d similar to clinical iliac samples
- ❖ No differential staining

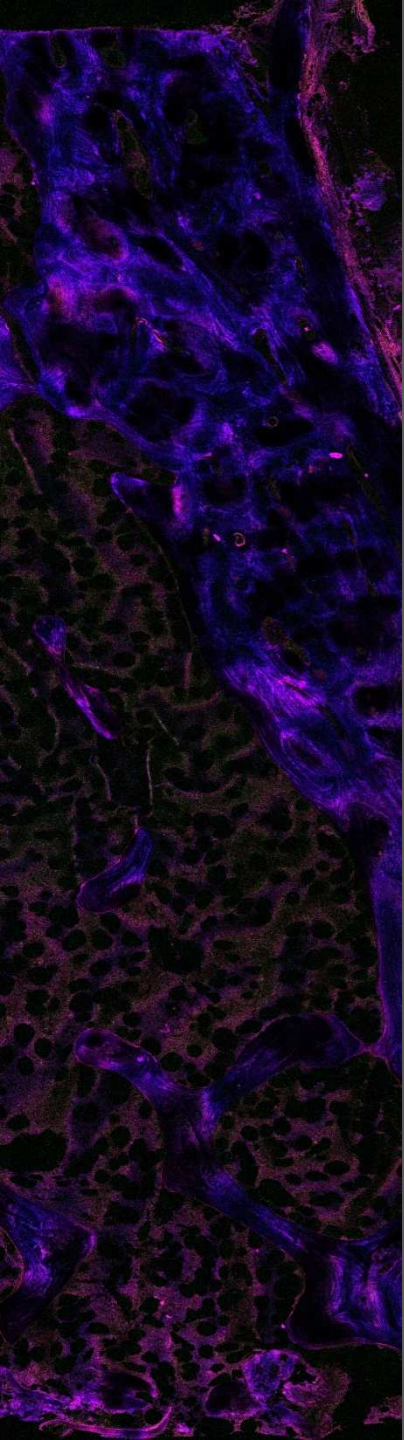


Toluidine blue stained femur

Conclusions

- ❖ Diagenetic alterations can be detected using LSCM
- ❖ We see diagenetic incursions into cortices and Haversian canals
- ❖ Cannot determine if mineral or biological
 - ❖ Differential staining should aid
- ❖ LSCM good tool in histo-osteological studies





Thank You

- ❖ Dr. Tracy Rogers, University of Toronto at Mississauga
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- ❖ Vanessa Rossi & Alex Saly, University of Toronto at Mississauga

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