

# 1989 FASEB ABSTRACT FORM

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2. 774-1 Peripheral Circulation
3. 659-Y Ischemic Injury

Is first author graduate student? ☐ Yes ☒ No

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A METHOD FOR PRODUCING REGIONAL MICROVASCULAR ISCHEMIA.  
J. Moore, E.A. Sorrentino, H.N. Mayrovitz Miami Heart  
Institute, Miami Beach, FL 33140 and University of Miami

Effecting flow stasis in the microvasculature via  
occlusion of feeding arteries is often unsuccessful because  
of collateral pathways supplying the microvascular region  
to be studied. Reperfusion deficits in low flow ischemic  
regions, as compared with zero flow states, may be quite  
different. To study and compare differences in severely  
ischemic microvasculature with non-ischemic tissue in the  
same microvascular bed, we developed a procedure whereby  
non-compressional regional ischemia is produced in the ear  
microvasculature of the hairless mouse. After anesthesia,  
the ear vasculature is examined in toto with a surgical  
microscope and a decision made as to risk (RZ) and non-risk  
(NRZ) zones, dependent on the particular vascular supply.  
Using a high power microscope, capillary loops within each  
zone are video recorded for baseline data. Then, under low  
power, the central artery, a lateral artery (either  
anterior or posterior) and primary inter-anastomosing  
branches are reversibly ligated using microsurgical  
technique. The presence of complete stasis is confirmed  
(75% of cases) using high-power microscopy while video data  
is acquired. If stasis is incomplete, a removable hemo-clip  
is placed slightly above the central artery. Reperfusion is  
produced by removal of the suture ligatures. With this  
technique the mice are fully recoverable for chronic study.  
Supported by American Heart Association, Florida Affiliate.

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fonanilide hydrochloride.

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