https://www.jkimsu.com/

ISSN 2231-4261



JKIMSU

JOURNAL OF KRISHNA INSTITUTE OF MEDICAL SCIENCES UNIVERSITY

Official Publication of Krishna Institute of Medical Sciences "Deemed To Be University", Karad

About Journal | Editorial Board | Editorial Policies | Guidelines for Authors | Manuscript Status | Indexing Status | Submit Manuscript Archives | Current Issue | Advertisement and Subscription | Contact Us

Vol. 10, No. 3, July-Sep 2021

The Journal of Krishna Institute of Medical Sciences University (JKIMSU), (ISSN 2231-4261) is peer reviewed, open access journal published quarterly (January to March, Aprilto June, July to September and October to December) Vol. 11, No. 2, April June 2, 22 Vol. 11, No. 1, Jan-Mar 2022

Vol. 11, No. 2, Ap.M. June 2, 22 Vol. 10, No. 4, Oct-Dec 2021 Indexing Status:

Vol. 10, No. 2, April-June 2021

Vol. 10, No. 1, Jan-Mar 2021

Indexed in Indian Science Abstract, (CSIR), Government of India, Index Copernicus, Scop

Krishna Institute of Medical Sciences "Deemed to be University" Malkapur, Karad (Dist.Satara) 415 539 Maharashtra, India. Phone: (02164) 241555/6/7/8

shh li



JKIMSU

JOURNAL OF KRISHNA INSTITUTE OF MEDICAL SCIENCES UNIVERSITY

Official Publication of Krishna Institute of Medical Sciences "Deemed To Be University", Karad

About Journal | Editorial Board | Editorial Policies | Guidelines for Authors | Manuscript Status | Indexing Status | Submit Manuscript Archives | Current Issue | Advertisement and Subscription | Contact Us

EditorialBoard

Editorial Governing Body:

Chief Patron Hon'ble Dr. Suresh J. Bhosale Chairman and Managing Trustee Chancellor, Krishna Institute of Medical Sciences "Deemed to be Karad-415539, Maharashtra, India University" Karad-415 539, Maharashtra, India.

Patron

Hon'ble, Dr. Praveen Shingare Pro- Chancellor. Krishna Institute of Medical Sciences "Deemed To Be University" Karad-415539, (Maharashtra), India

Hon'ble, Dr. Vedprakash Mishra Chief Advisor to Chancellor Krishna Institute of Medical Sciences "Deemed to be (Faculty of Nursing Sciences) University" Karad-415539, (Maharashtra), India

Hon'ble Dr. (Mrs.) Neelam Mishra Vice Chancellor Krishna Institute of Medical Sciences "Deemed to be (Faculty of Allied Sciences) University" Karad-415539, (Maharashtra), India

Editor in Chief

Dr. Arun R. Risbud Director of Research, Krishna Institute of Medical Sciences "Deemed to be University", Karad-415539, Maharashtra, India. Email: editorinchief@jkimsu.com

Executive Editor

Dr. Supriya S. Patil Dean (Academics), KIMS, Assoc. Prof., Department of Community Medicine, Krishna Institute of Medical Sciences "Deemed to be University", Karad-415539, Maharashtra, India Email: executiveeditor@jkimsu.com

Assistant Editor

Dr. Rohan S. Phatak Junior Research Officer, Directorate of Research, Krishna Institute of Medical Sciences "Deemed to be University", Karad-415539, Maharashtra, India

Editorial Advisors

Prof. Kusal K. Das (Physiology) BLDEU's Shri. B. M. Patil Medical College, Bijapur - 586108, Karnataka, India Email: kusaldas@yahoo.com

Dr. Sharda G. Sabnis (Nephropathology)

Armed Forces Institute of Pathology, Washington, USA Email: shardasabnis@yahoo.com

Dr. Megha G. Joshi (Pathology)

Director of Laboratories, Lawrence General Hospital, Lawrence, MA USA Email: meghascarff@yahoo.com

Dr. Prema Ramachandran,

Director, Nutrition Foundation of India, New Delhi Email: premaramachandran@gmail.com

Editorial Board Members

Dr. Siddhartha Chatterjee (Obstetrics & Gynecology) Calcutta Fertility Mission, 102C Ballygunge Place, Kolkata-700019, West Bengal, India. Email: sidchat54@gmail.com

Publisher Dr. M. V. Ghorpade, Registrar, Krishna Institute of Medical Sciences "Deemed to be University",

Research Executive Members of KIMSU, Karad Dr. A. Y. Kshirsagar (Medical Director of Krishna Hospital and Medical Research Centre)

Dr. S. T. Mohite, Dean (Faculty of Medical Sciences)

Dr. Shashikiran N.D, Dean (Faculty of Dental Sciences)

Mrs. V. R. Mohite, Dean

Dr. G. Varadharaiulu, Dean (Faculty of Physiotherapy)

Dr. S. C. Kale, Dean

Dr. Madhusudan Pal (Ergonomics/Biomedical Engineering) Defence Institute of Physiology and Allied Sciences DRDO, Lucknow Road, Timarpur, Delhi - 110054, India Email: madhusudanpal@rediffmail.com

Prof. Jaydeb Ray (Pediatrics)

Institute of Child Health. West Bengal University of Health Sciences 11, Dr. Biresh Guha Street, Kolkata-700017, West Bengal, India Email: jaydeb_ray@hotmail.com

Dr. Vishal Bansal (Physiology) In charge-Cardio-Pulmonary Rehabilitation, V. P. Chest Institute, University of Delhi, Delhi -110007, India. Email: drvishalbansal@hotmail.com

Dr. (Mrs). Ranu Roy Biswas (Pathology) School of Tropical Medicine

108, Chittaranjan Avenue, Kolkata-700073, West Bengal, India Email: ranuroybiswas1968@gmail.com

Dr. Ranabir Pal (Community and Family Medicine) All India Institute of Medical Sciences Jodhpur-342005, Rajasthan, India Email: ranabirmon@gmail.com

Prof. B. D. Banerjee (Medical Biochemistry) University College of Medical Sciences &

Guru Tegh Bahadur Hospital, University of Delhi Delhi-110095, India Email: banerjeebd@hotmail.com

Dr. (Mrs). Aparna Gomes (Biotechnology & Drug Development) Scientist – F, Indian Institute of Chemical Biology (CSIR) Raja S. C. Mullick Road, Jadavpur,

Kolkata- 700 032, West Bengal, India Email: gomes_aparna@yahoo.com

Dr. Sandeep B. Bavdekar (Pediatrics) TN Medical College and BYL Nair Hospital,

Mumbai Central, 400 008, Maharashtra, India Email: sandeep.bavdekar@gmail.com

Dr. Tony Cecil Badrick (Biochemistry/ Pathology) Bond University, Gold Coast, QLD, Australia - 4229 Email: tony.badrick@rcpaqap.com.au

Dr. Shivaprasad S Goudar (Physiology)

Dept of Medical Education, Research Coordinator, JNMC-UMKC Women's and Children's Health Research Unit, J N Medical College, Belgaum- 590010, Karnataka, India Email: sgoudar@jnmc.edu

Dr. Thuppil Venkatesh (Biochemistry) Principal Advisor, Quality Council of India (QCI) and National Referral Centre for Lead Poisoning in India (NRCLPI) St. John's Medical College, Bangalore -34, Karnataka, India Email: venkatesh.thuppil@gmail.com

Dr. Prakash V. Patil (Pathology)

Jawahar Medical Foundation's Annasaheb Chudaman Patil Memorial Medical College, Dhule 42401 Maharashtra, India Email: docpvpatil@gmail.com , drprakash_patil@yahoo.co.in

Dr. V. Balasubramanyam (Anatomy) Multimedia Educationist and Domain Consultant: Medical E- learning, President – Bangalore Chapter of the Indian Association of Medical Informatics, St. John's Medical College, Bangalore-34, Karnataka, India Email: baluvbs@yahoo.com , drbaluvbs@gmail.com

Dr. Pragna Rao (Biochemistry)

Kasturba Medical College, Manipal,- 576104, Karnataka, India Email: pragna.rao@manipal.edu ; drpragnarao@gmail.com

Dr. Gaya Prasad Pal (Anatomy) Modern Dental College & Research Centre, Indore, (MP), India Email: gp_pal50@rediffmail.com

Dr. Tangirala Malati (Biochemistry) Scientific Advisor, Dept Genetics and Molecular Medicine, Vasavi Medical & Research Centre, Vasavi Hospital, Khairatabad, Hyderabad, Andhra Pradesh, India Email: malatitoupta@gmail.com

Dr. R. Selvakumar (Clinical Biochemistry) Christian Medical College, Vellore- 632004, Tamil Nadu, India

Email: Selva cmc@hotmail.com

Dr. M. L. Kulkarni (Pediatrics) J. J. M. Medical College, Davangere, Karnataka, India

Email: kulkarniml@yahoo.com

Dr. Vithal K. Dhulkhed (Anaesthesia) Krishna Institute of Medical Sciences "Deemed to be University", Karad, Maharashtra, India Email: drvithalk@hotmail.com

Dr. Prashant E. Natekar (Anatomy) Goa Medical College, Goa, India Email: drpenatekar@hotmail.com

Dr. Lanjewar D. N (Pathology) Sir J.J. Hospital, Byculla, Mumbai-400008, Maharashtra, India Email: dnlanjewar2011@gmail.com

Dr. Shripad A. Patil (Microbiology) National Institute of Mental Health and Neurosciences Bangalore, Karnataka, India Email: spatil@nimhans.kar.nic.in

Dr. Maiya Arun G (Physiotherapy) Manipal University, Manipal, Karnataka India Email: <u>arun.maiya@manipal.edu</u> , <u>ajmaiya@yahoo.com</u>

Dr. Anilkumar I. Bhoweer (Oral Medicine & Dental Radiology) Mumbai, Maharashtra, India Email: <u>banil42@yahoo.co.in</u>

Dr. Nitin M. Gangane (Pathology) Mahatma Gandhi Institute of Medical Sciences, Sevagram. Dist. Wardha, Maharashtra, India Email: <u>nitingangane@rediffmail.com</u>

Dr. Ashok Kumar Jaryal (Physiology) All India Institute of Medical Sciences, New Delhi, India Email: <u>ashok.jaryal@gmail.com</u>

Dr. Sanjay K. Agarwal (Nephrology) All India Institute of Medical Sciences, New Delhi, India Email: <u>Skagarwal58@yahoo.co.in</u>

Dr. Sarman Singh (Clinical Microbiology) All India Institute of Medical Sciences, New Delhi, India Email: <u>Sarman_singh@yahoo.com</u>, <u>ssingh56@hotmail.com</u>

Dr. Renu Saxena (Hematology) All India Institute of Medical Sciences, New Delhi, India Email: <u>renusax@hotmail.com</u>

Dr. Umesh Kapil (Nutrition) All India Institute of Medical Sciences, New Delhi, India Email: <u>umeshkapil@yahoo.com</u>

Dr. Aparna Palit (Dermatology, Venereology & Leprosy) BLDEAU, Shri. B. M. Patil Medical College, Bijapur, Karnataka, India Email: <u>aparnapalit@rediffmail.com</u>

Dr. Om P. Kharbanda (Orthodontics and Dentofacial Deformities), Center for Dental Education and Research All India Institute of Medical Sciences, New Delhi, India Email: <u>opk15@hotmail.com</u>

Dr. T. D, Dogra (Forensic Medicine & Toxicology) All India Institute of Medical Sciences, New Delhi, India Email: tddogra@hotmail.com

Dr. Veena Sargoor R. (Epidemiologist) Holdsworth Memorial Hospital, Mandi Mohalla, Mysore, Karnataka, India Email: <u>veenasr@gmail.com</u>

Dr. Samir Malhotra (Pharmacology) Postgraduate Institute of Medical Education and Research, Chandigarh, Haryana, India Email: <u>samirmalhotra345@yahoo.com</u>

Dr. Rama Jayasundar (NMR) All India Institute of Medical Sciences, New Delhi, India Email: ramajayasundar@hotmail.com

Dr. Akshay Anand (Neurology) Postgraduate Institute of Medical Education and Research, Chandigarh, India Email: <u>akshay2anand@gmail.com</u>, <u>akshay1anand@rediffmail.com</u>

Prof. Dr. Ram Samujh (Pediatric Surgery) Postgraduate Institute of Medical Education and Research, Chandigarh, Haryana, India

Dr. Sandeep Aggarwal (Surgical Disciplines) All India Institute of Medical Sciences, New Delhi, India Email: sandeep_aiims@yahoo.co.in , sandeep_aiims@aiims.ac.in

Dr. Sarat Chandra (Neurosurgery) All India Institute of Medical Sciences, New Delhi, India Email: <u>saratpchandra1@gmail.com</u>

Email: rsamujh@yahoo.com

Dr. S. K Sharma (Medicine) All India Institute of Medical Sciences, New Delhi, India Email: <u>sksharma.aiims@gmail.com</u>, <u>SKSharma.aiims@yahoo.com</u>

Dr. Sanjay Wadhwa (Physical Medicine and Rehabilitation) All India Institute of Medical Sciences, New Delhi, India Email: dr_wadhwa@rediffmail.com

Dr Sandeep Mahajan (Nephrology) All India Institute of Medical Sciences, New Delhi, India Email: <u>mahajansn@yahoo.com</u>

Dr. Sumeeta Khurana (Parasitology) Postgraduate Institute of Medical Education and Research, Chandigarh, Haryana, India Email: <u>sumeetakhurana@hotmail.com</u>

Dr. Neelam Marwaha (Transfusion Medicine) Postgraduate Institute of Medical Education and Research, Chandigarh, Haryana, India Email: <u>neelam2918@yahoo.com</u>

Dr. D. Nagaraja (Neurology, Biostatistics and Neuromicrobiology) National Institute of Mental Health and Neurosciences Bangalore, Karnataka, India Email: <u>dnn@nimhans.kar.nic.in</u>

Dr. Chand Prabhat Kumar (Psychiatry) Consultant, Centre for Addiction Medicine National Institute of Mental Health and Neurosciences Bangalore, Karnataka, India Email: chand@nimhans.kar.nic.in

Dr. B. S Nagoba (Microbiology) Maharashtra Institute of Medical Sciences & Research, Latur, Maharashtra, India Email: dr_bsnagoba@yahoo.com Dr. Chakrabarti Subho (Psychiatry) Postgraduate Institute of Medical Education and Research, Chandigarh, Haryana, India Email: subhochd@yahoo.com

Dr. Prashant A. Jani (Surgical Pathologist), Thunder Bay Regional Health Sciences Centre

Northern Ontario School of Medicine Thunder Bay, Ontario, Canada

Email: dr.prashant.jani@gmail.com

Dr. B. S. Shankaranarayana Rao (Neurophysiology) National Institute of Mental Health and NeuroSciences. Bangalore, Karnataka, India

Email: bssrao.nimhans@gmail

Dr. Y. K. Gupta (Pharmacology) All India Institute of Medical Sciences, New Delhi, India Email: vk.vkgupta@gmail.com

Dr. Rajesh Malhotra (Orthopedic) All India Institute of Medical Sciences, New Delhi, India Email: rmalhotra62@hotmail.com

Dr. Surya Seshan (Pathology)

Weill Cornell Medical College, New York, United States Email: svs2002@med.cornell.edu

Dr. Seema Tyagi (Hematology) All India Institute of Medical Sciences, New Delhi, India

Email: drseematyagi@hotmail.com

Dr. Ravi Mittal (Orthopedic) All India Institute of Medical Sciences, New Delhi, India

Email: ravimittal66@hotmail.com

Dr. Sanjay P. Govindwar (Biochemistry & Biotechnology) Shivaji University, Kolhapur, Maharashtra, India Email: <u>spgovindwar@rediffmail.com</u>

Dr. S. L Hoti

Director & Senior Scientist at Vector Control Research Center, Dept. of Health Research (ICMR), Pondicherry, India Email: slhoti@yahoo.com

Dr. Lilly L Ganju (Physiology and Allied Sciences)

Professor of Defence Institute of Physiology and Allied Sciences, Immunomodulation Laboratory, New Delhi, India Email: Iganju@rediffmail.com

Dr. (Mrs). Madhu C. Mohanty

Scientist - C, Enterovirus Research Center, Indian Council of Medical Research, Haffkine Institute Compound, AD marg, Parel, Mumbai-12, Maharashtra, India Email: Mohantymc@icmr.org.in

Dr. Jerry M. E. Kovoor (Radiology)

University of Iowa Carver College of Medicine, Iowa City, lowa, USA

Email: jerrymek@yahoo.com

Dr. Alka Saxena, (Molecular Genetics) University of Western Australia Perth Email: alka@gsc.riken.jp

Dr. D.V. Gokhale Senior Principal Scientist

NCIM Resource Center, National Chemical Laboratory, Pune, India Email: dvgokhale@ncl.res.in

Ext. Lieut. Sudha Annasaheb Raddi (OBG Nursing) KLEU's Institute of Nursing Sciences, Belgaum, Karnataka, India Email: srdrishti@gmail.com

Prof. Sanjay P. Zodpey (Community Medicine) Public Health Education, Public Health Foundation of India (PHFI), New Delhi, India Email: spzodpey@yahoo.com

Dr. Sanjay Madhav Mehendale (Community of Medicine) Director & Scientist G, National Institute of Epidemiology, Chennai, Tamil Nadu, India Email: sanjaymehendale@icmr.org.in

Dr. Mrs. Aparna Nishikant Shrotri (Ob / Gyn) Rt. Professor, B. J. Medical College, Pune Consultant Practioner of Ob / Gyn, Pune, Maharashtra, India Email: shrotriaparna@gmail.com, shrotriaparna@gmail.com, shrotriaparna@gmail.com, shrotriaparna@gmail.com, shrotriaparna@gmail.com, <a href="mailto:shrotriaparna@gmailto:shrotriaparna

Dr. Hirachand S. Mutagi (Anaesthetics and Pain Medicine) Medical Services Head for Pain Medicine,

Dudley Group of Hospitals NHS Trust, West Midlands, United Kingdom Email: muhiru@yahoo.com

Dr. K. Lalitha (Mental Health Nursing) National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore, Karnataka, India Email: Lalithakrishnasamy@gmail.com

Dr. Deo Madhav Gajanan

Director, Moving Academy of Medicine and Biomedicine, Pune, Maharashtra, India Email: Deo.madhav@gmail.com

Dr. Srinivas V. Kaveri (Immunology)

Equipe 16 - INSERM - U 872 Centre de Recherche des Cordeliers 15. Rue de l'Ecole de Médecine 75006 Paris, France Email: srini.kaveri@crc.jussieu.fr

Dr. Rajan Dewar (Pathology)

Division of Laboratory Medicine, Yamins 309 Beth Israel Deaconess Medical Center 330 Brookline Avenue

Boston, MA 02215 Email: rdewar@bidmc.harvard.edu

Dr. Shashi Bala Singh

Director, Defence Institute of Physiology & Allied Sciences, Ministry of Defence, Lucknow Road, Timarpur, Delhi, India Email: drshashisingh@gmail.com

Dr. Sundeep Santosh Salvi (Respiratory Medicine) Director, Chest Research Foundation, Pune, Maharashtra, India Email: <u>ssalvi@crfindia.com</u>, <u>sundeepsalvi@yahoo.com</u>

Dr. Gopal C. Kundu (Molecular Biology) Scientist F, National Center for Cell Science, Pune, Maharashtra, India Email: gopalkundu@hotmail.com

Dr. Vinod R. Bhagwat (Biochemistry) SBH Govt. Medical College Dhule (India) Email: bhagwatvr@gmail.com

Dr. Sachin Kadam (Biosciences) Amity Institute of Biotechnology, Amity University, Panvel, Mumbai-410206 Maharashtra, India Email:kadamsachin@gmail.com

Dr. M. Balasubramanyam Dean of Research Studies & Senior Scientist Madras Diabetes Research Foundation (MDRF) Gopalapuarm, Chennai - 600 086, India Email: balusignal@gmail.com

Dr Dinesh Kumar Srinivasan (Anatomy)

Mational University of Singapore MD 10, 4 Medical Drive Singapore - 117594 Email: <u>drsdineshkumar@gmail.com</u>

Dr. Gerald V.Quinnan

Emmes Corporation, Rockville, MD-20850, USA Email: gquinnan@emmes.com

Prof. Dr. Gustavo Zubieta-Calleja Director, High Altitude Pulmonary and Pathology Institute (IPPA), Bolivia Email: gzubietajr@gmail.com

Copyright and Permission

PDF

PDF

PDF



JOURNAL OF KRISHNA INSTITUTE OF MEDICAL SCIENCES UNIVERSITY

Official Publication of Krishna Institute of Medical Sciences "Deemed To Be University", Karad

Home | About Journal | Editorial Board | Guidelines for Authors | Manuscript Status | Indexing Status | Submit Manuscript | Advertisement and Subscription | Current Issue | Contact Us | Copyright and Permission

Current Issue

JKIMSU, Vol. 7, No. 4, October-December, 2018

Table of Contents

A ORIGINAL ARTICLE :

1. Rat Cerebellar Microanatomy and Neural Oxidative Redox Differentially Affected by Black Mustard Seeds Extract. Bernard U. Enaibe, Tolulope T. Arogundade, Oluwaseun O. Adigun, Foyeke M. Adigun, Ismail T. Gbadamosi, Emmanuel O. Yawson (page no.1-11)

2. Role of Melatonin in Down-regulation of Receptor Activator of Nuclear Factor kappa-B Ligand: Osteoprotegerin Ratio in Rat Bone-Marrow Mesenchymal Stem Cells

Adya Pramusita, Gondo Mastutik, Suhartono Taat Putra (page no.12-21)

JKIMSU

3. Correlation of Serum Nitric Oxide, High Sensitivity C-reactive Protein and Lipid Parameters in Diabetics with and without Coronary Artery Disease

Kavitha M.M, J.G Ambekar, S.V Kashinakunti, Nilima Dongre (page no. 22-31)

4. Antibacterial Susceptibility Pattern of Uropathogenic Enterobacter Species from a Tertiary Care Hospital. Sujatha Bhat, Shobha K.L. Amita Shobha Rao, Gowrish S, Rao (page no. 32-37)

5. Supratrochlear Foramen of Humerus-A Morphometric Study with Surgical and Radiological Relevance. Gyanaranjan Nayak, Biswa Bhusan Mohanty, Niranjan Sahoo, Saurjya Ranjan Das, Sitansu Kumar Panda, Prafulla K. Chinara (page no.38-44)

6. Mucin Histochemistry Study of the Prostate in Normal and Malignant Lesions. Manoj P. Ambali, Megha A. Doshi, Pratibha P. Patil, Shweta H. Chavan (page no. 45-53)

7. Association of Genetic Variants in XPC and XPG Genes with Cervical Cancer Risk in a Rural Population: A Hospital Based Case Control Study. Madhavi N. Patil, Kailas D. Datkhile, Pratik P. Durgawale, Nitin S. Kshirsagar, Sujata S. Kanitkar, Satish V. Kakade (page no. 54-64)

8. Rouviere's Sulcus as an Anatomical Landmark for Safe Laparoscopic Cholecystectomy. Siddharth P. Dubhashi, Ratnesh Jenaw, Shireesh Gupta (page no. 65-69)

9. High Resolution Melting Curve Analysis Method for Detection of Carbapenemaseses Producing Pseudomonas aeruginosa. Hamed Tahmasebi, Sanaz Dehbashi, Mohammad Reza Arabestani (page no. 70-77)

10. Comparative Study of Single Dose Per-operative Metronidazole versus Multiple Doses Postoperative Metronidazole in Acute Non-Complicated Appendicitis: A View on Postoperative Complications. Ebtisam K. Salih, Sawsen A. Ibrahem, Ahmed F. Jarullah, Qays A. Hassan (page no. 78-84)

11. Skin Manifestations of Neurocutaneous Syndromes, Among Sudanese Children Attending Outpatient Clinic of Soba University Hospital. Mohammed A. M. Oshi, Ahlam A. Alrhman, Tarig G. Mardi (page no. 85-92)

B CASE REPORT :

1. Anaesthesia Management in a Case of Large Ventricular Septal Defect with Eisenmengerisation Undergoing Caesarean Section. Kirti A. Kundalwal, Surekha Shinde, Prajakta M. Tayade (page no. 93-95)

2. Recurrent Severe Hypocromic Microcytic Anaemia Multiple Blood Transfusions and Skin Lesions: Blue Rubber Bleb Nevus Syndrome. Anirban Chatterjee, Subham Bhattacharya (page no. 96-100)

3. Trigger Hallux: A Rare Case of Stenosing Tenosynovitis of Flexor Hallucis Longus in a Ballet Dancer (Hallux Saltans). Mohd Fadhli Miskon, Mohd Yazid Bajuri, Abdul Muhaimin Ali, Azammuddin Alias, Srijit Das (page no.101-104)

4. A Case Report of Atypical Presentation of Multiple Myeloma on Serum Protein Electrophoresis. Pooja P. Padasali, Anil Malleshappa (page no. 105-108)

^C CASE SERIES

1.Phaeohyphomycosis Masquerading as Epidermal Cyst – A Diagnostic Dilemma in Immunocompetent Hosts and Review of Literature. Surekha Ú. Arakéri, Mamatha Kariyappa, Savitri M. Nerune, Sachin Š. Kapse, Divya P. Yerraguntla(page no.109-112)

2. Human Salmonellosis Caused by Rare Salmonella Serotypes- Report of Two Cases. Sunayana. M. Jangla, Susan Cherian, Sofia C. Patel (page no.113-116)

ORIGINAL ARTICLE

Role of Melatonin in Down-regulation of Receptor Activator of Nuclear Factor kappa-B Ligand : Osteoprotegerin Ratio in Rat - Bone-Marrow Mesenchymal Stem Cells

Adya Pramusita¹, Gondo Mastutik^{2*}, Suhartono Taat Putra² ¹Basic Medical Science Magister Program, Faculty of Medicine, Universitas Airlangga, ²Departement of Anatomic Pathology, Faculty of Medicine, Universitas Airlangga, Jalan Mayjen Prof. Dr. Moestopo 47 Surabaya 60132, Indonesia

Abstract:

Background: Recent studies have reported that melatonin inhibits bone resorption through the regulation of Receptor Activator of Nuclear Factor Kappa-B Ligand (RANKL): Osteoprotegerin (OPG) ratio in osteoblast. However, the role of melatonin in osteoblast derived from MSCs is unclear. Aim and Objectives: To determine the down-regulation of RANKL:OPG ratio by melatonin supplementation in osteoblast culture in osteogenic medium derived from rat Bone-Marrow Mesenchymal Stem Cells (BM-MSCs). Material and Methods: This research was an experimental research conducted in a laboratory in vitro making use of rat BM-MSCs in osteogenic medium with or without melatonin for a duration of 21 days. Characteristics of MSCs were explored with the use of immunocytochemistry staining (CD45 and CD105). Results: After 15 days, mineralisation assay was carried out by means of Alizarin Red staining and at 21 days the RANKL and OPG levels were assessed with the use of sandwich ELISA. Conclusion: 150 nM or higher concentrations of melatonin could reduce RANKL levels; the supplementation of melatonin had no influence on OPG levels, and melatonin could reduce the RANKL:OPG ratio. The results of this study summarise that melatonin could reduce the RANKL:OPG ratio in the osteoblast culture originated from rat BM-MSCs.

Keywords: Melatonin, Osteoprotegerin, Receptor Activator of Nuclear Factor kappa-B Ligand, Bone Marrow Mesenchymal Stem Cells

Introduction:

Receptor Activator of Nuclear Factor Kappa-B Ligand (RANKL) and Osteoprotegerin (OPG) are both essential regulators in the formation and activation of osteoclasts [1]. The increase in RANKL:OPG ratio correlates with an increase in the pathological bone resorption such as osteoporosis [2]. Osteoporosis in the field of dentistry has consequences on the condition of the teeth and oral cavity, and such consequences could include: an increase in alveolar bone resorption, decrease in mandibular cortical thickness, increase in risk of periodontal diseases, and tooth mobility up to tooth loss [3]. Mesenchymal Stem Cells (MSCs) are identical cells which play a part in the maintenance, repairing and regeneration of some body tissues, as well as bones [4]. Preceding studies have suggested that melatonin inhibits the process of bone resorption by decreasing the ratio of RANKL:OPG in osteoblasts as adult cells [5, 6]. However, it has not been well established as to whether melatonin possesses the same potential for decreasing the ratio of RANKL:OPG in osteoblasts culture derived from MSCs.

Melatonin is a neuroendocrine hormone and serves to improve bone health through the mechanism of bone remodeling as a target. Insufficient melatonin levels discovered in postmenopausal women is known to disrupt bone remodeling and to increase the occurrence of osteoporosis [1]. This condition has received a reasonable level of attention from the field of dentistry due to the rising number of women with osteoporosis in Indonesia, which is directly proportional to the increase in life expectancy. Osteoporosis occurs not only at the lumbar spine, femur, and radius but also at the jaw bone [7]. Several studies have indicated that a fall in mandibular bone density came about in women experiencing osteoporosis [8, 9]. Another study also revealed a positive correlation between an alveolar bone height in the edentulous area and osteoporosis [10, 11]. It therefore calls for special attention from the field of dentistry.

Ostrowska *et al.* [12] indicated that downregulation of plasma melatonin levels in post menopause women resulted in disruptions of bone metabolism and amplified the risk of osteoporosis. Melatonin enhanced healthy bones through the inhibition of bone resorption by regulating the RANKL:OPG ratio [5, 6]. This signifies that the relationship between the RANKL:OPG ratio and melatonin can be applied as a basis to conduct a research on the use of melatonin as an alternative therapy for diseases which heightens bone resorption.

This study was conducted to ascertain the downregulation of RANKL:OPG ratio in osteoblast cells culture obtained from rat BM-MSCs which have been exposed to melatonin with various doses of osteogenic medium.

Material and Methods:

This study was conducted with the approval of the ethical committee of Faculty of Dental Medicine, Universitas Airlangga with certificate number 25/KKEPK.FKG/II/2016.

Isolation, Culture, and Expansion of Rat BM-MSCs

Rat BM-MSCs were extracted from two femurs of a 6 weeks-old male Wistar rat of the Albino strain. The rat was put into an anesthesia chamber and was sacrificed using ketamine and diazepam. The femurs were collected under sterile conditions, and then all the femurs were cut at both ends. The bone marrow from each bone was collected by flushing the interior of the bone with 3 ml minimum essential Medium-α Modification (αMEM). After filtering, the cells were centrifuged at 1600 rpm for 10 min and the cell pellets were resuspended in 6 ml α -MEM. The purified cells were then plated in a 5 cm petridish and finally expanded in growth medium containing aMEM, 10% fetal bovine serum, 100 units/ml of penicillin G, and 100 µg/ml of streptomycin. The MSCs were incubated at a temperature of 37°C in a humidified atmosphere of 5% CO₂. Non-adherent cells were removed by changing culture media after 24 h. The complete medium was replaced every 3 days. Cell viability was verified by a continuous cell division, and the cells were subcultured using 3 ml of 0.05% trypsin/EDTA when cells reached about 80% confluence [13]. Cells of fifth passage were utilised for the purpose of studies.

Characterisation of Rat BM-MSCs

For the identification of cell characteristics after the growth in culture, identical MSCs were subjected to immunocytochemistry staining. Two surface markers of BM-MSCs at passage 5 were assayed. Samples were trypsinised, embedded in -20°C acetone for duration of 10 mins, blocked using fetal calf serum 1%, and left to dry. After further Phosphate Buffer Solution (PBS) washes, cells were incubated for 45mins at 37°C with the primary antibodies (CD45). After washing the cells with PBS, cells were incubated with secondary

antibodies (CD105) for another 45 min at 37°C. Incubations were followed by washing with PBS and FITC treatment labeled with conjugate Fab IgG. The mounted cells were scrutinised under a fluorescence microscope with a green color filter [13].

Induction of Osteogenic Differentiation

Cells collected from passage 5 were then seeded onto 24-well plates in Osteogenic (OS) medium, which contains growth medium supplemented with 0.17 mM ascorbate, 10 mM β -glycerophosphate, and 0.1 mM dexamethasone [14]. Cells were preserved with the addition of fresh osteogenic medium every 3 days for 21 successive days [15], with a final volume of 1ml in each well.

Treatment Groups

Eight treatment groups [OS+M-, OS+M+(25 nM, 50 nM, 100 nM, 150 nM, 500 nM, 1000 nM, and 5000 nM)] were put to use all through this study. The groups were exposed to OS+ in the absence (OS+M-) or presence (OS+M+) of melatonin to stimulate osteoblasts differentiation. These studies were conducted for a total of 21 days.

Alizarin Red Staining

After osteogenic induction for 15 days, mineral deposition was evaluated by staining with Alizarin red. Briefly, excess medium on cells were shaken off with PBS, embedded in 10% (v/v) formaldehyde, and then left to dry completely. After 15 min, cells were stained with 2% alizarin red solution (pH 4.1-4.3), incubated for 20mins at room temperature, and then followed by rinsing with distilled water [15]. The plate was visualised with the use of a light microscope.

Determination of OPG and RANKL Expression

On day 21, the concentration of OPG and RANKL were assayed using a commercial ELISA

(Elabscience) in accordance with the manufacturer's protocol. For the establishment of OPG expression, cell culture supernatant was harvested from cultured cells, centrifuged to remove debris, and stored at -20° C pending the time of use. Moreover, for the establishment of RANKL expression, cell was harvested from each well on the 21st day, supplemented with RIPA buffer, and stored at -20° C pending the time of use [16]. The OPG and RANKL concentrations were ascertained by comparison to a standard curve.

Statistical Analysis

All experiments were repeatedly conducted for a minimum of six times. The results are recorded as the mean \pm SD. All statistical analyses were performed using SPSS 17.0. Shapiro-Wilk tests and Levene test were employed for analysing the distribution and homogeneity of data. Non-parametric statistical analyses were conducted by Kruskal-Wallis test due to the variables did not showing a regular distribution and/or homogeneity, and this was then followed by Mann-Whitney test. p < 0.05 was considered to be significant.

Results:

Rat BM-MSCs Culture

Bone marrow was extracted from the femurs of a rat and plated into a 5 cm culture dish. Non-adherent cells were cautiously removed after 24 hours and 1.5 ml fresh medium was replaced. The adherent cells were then washed with PBS, and fresh medium was added time after time with an interval of 3 days. On day 1 after isolation, majority of the cells were hematopoietic cells and MSCs were hardly seen. After 5 days of initiation culture, it was observed a dramatic decrease in hematopoietic stem cell lineages and some spindle-shaped/fibroblast-like cells appeared.

During the second week of culture, the number of spindle-shaped/fibroblast-like cells became more confluent, grew out from a dense cell nodule, and reached about 90% confluence (Fig. 1).

Confirmation of Phenotype and Osteogenic Differentiation Assay of Rat BM-MSCs

The fifth passage cells were analyzed for cell surface antigens. Figure 2 illustrated that the

established cells were strongly positive for CD105 and less positive for CD45. The osteogenic differentiation capacities of BM-MSCs were obtained with the use of Alizarin red staining. And as illustrated in Figure 3, the cells were stained positively after 15 days for extracellular mineralisation in all groups.

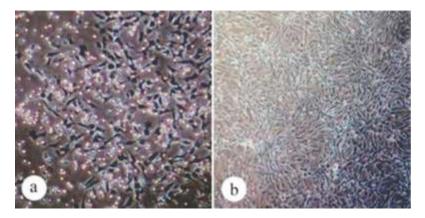


Fig. 1: Representative of Rat BM-MSCs Culture. a. After 5 Days, Most of MSCs were Adherent to Dish, showing Spindle-shape or Fibroblast-like Cell Morphology. b MSC showed More Dense and has Reached Confluence.

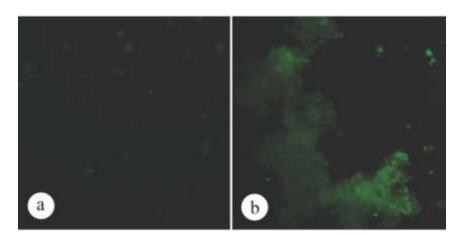


Fig. 2: Representative Immunocytochemistry Staining of rat BM-MSCs. a Rat BM-MSCs Less Expressed CD45. b Rat BM-MSCs Strongly Expressed CD105.

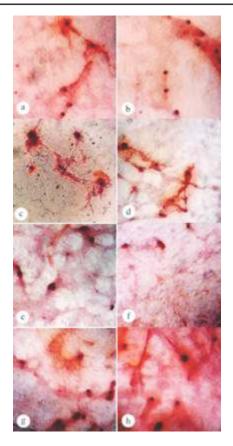


Fig. 3: Representative Alizarin Red Staining, Bright Red Appearance Found in All Groups indicating the Presence of Extracellular Mineral Deposit. in Presence of Melatonin 5000 nM (a) 1000 nM (b), 500 nM (c), 150 nM (d), 100 nM (e), 50 nM (f), 25 nM (g), and Control (h).

Protein Expression Analysis

At 3 weeks, we examined the effects of melatonin has on RANKL and OPG expression in osteoblast obtained from rat BM-MSCs using ELISA. The result demonstrated that the expression of RANKL was relatively lesser when compared with controls (p < 0.05). Melatonin decreased RANKL level in a dose-dependent manner and that significant reduction was observed in 150 nM or higher concentrations of melatonin. Melatonin supplementation had no influence on OPG expression. There was no significant difference perceived between the groups (p > 0.05).

RANKL:OPG Ratio

RANKL:OPG ratios were significantly lower when compared to those with controls (p < 0.05). Melatonin reduced RANKL:OPG ratios in a dosedependent manner and its lowest doses (25 nM) or higher concentrations markedly reduced RANKL:OPG ratios.

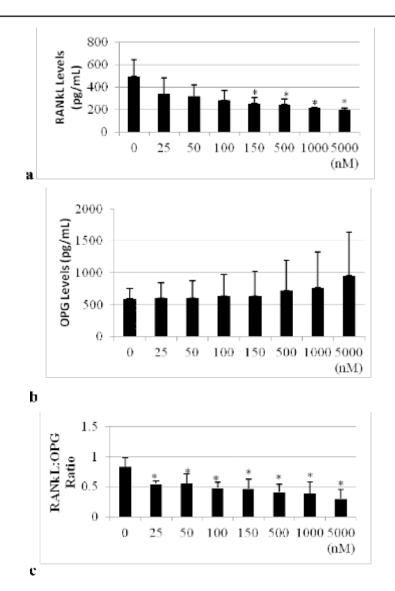


Fig. 4: Effect of Melatonin in RANKL Levels, OPG Levels, and RANKL:OPG Ratio in Osteoblast Cell Culture Derived from Rat BM-MSCs Exposed to Osteogenic Medium. Experiments were Conducted Repeatedly at least 6 times, and Data were Presented as mean \pm SD. Rat BM-MSCs were Exposed to Various Concentrations of Melatonin for 21 Days and then RANKL and OPG levels were Quantified. A RANKL Inhibition by Melatonin. The RANKL Levels when the Rat BM-MSCs were Not Exposed to Melatonin (0nM) were Employed as Control. *p < 0.05. b OPG Levels Induction by Melatonin. RANKL Levels When the Rat BM-MSCs were Not Exposed to Melatonin (0nM) were Employed as Control. *p < 0.05. c RANKL:OPG Ratio Inhibition by Melatonin. The RANKL:OPG ratio When the Rat BM-MSCs were Not Exposed to Melatonin (0nM) was Employed as Control. *p < 0.05.

Discussion:

In this study, we have isolated and characterized a population of rat BM-MSCs. The isolation protocols made use of the Laboratory of Stem Cell, Institute of Tropical Disease, Airlangga University protocol. The morphology of the isolated cells was consistent with the characteristics of MSCs which have been stated by various studies in the literature. They were spindle-shaped/fibroblast-like cells adhered to the petridish. It was conducted a characterization process using immunocytochemistry. Cultured rat BM-MSCs are uniformly and solidly positive for CD105, CD90, and CD73, regardless of their passage or time spent in culture, and on the other hand, failed to express CD45, CD31, and CD 34 [17]. CD105 is MSCs marker, and potentially plays a role in TGF-beta signaling in the course of MSC chondrogenic differentiation; on the contrary, CD45 is hematopoetic markers [18]. The obtained result signified that CD105 was highly expressed. It was also considerably similar to those of previous studies which have demonstrated rat BM-MSC characterization. They found positive CD73, CD90 and CD105 expression on passage one [19]. Preceding studies also established that positive expression of CD73, CD105, and Stro-1 reached the highest expression on passages 3-6 [20]. Wang et al. [21] also derived at a similar result, depicting positive expression of CD29, CD105, CD166, and VLA-4 on the fourth passage. It also indicated positive expression of CD45, though it seemed as weak. One of the criteria put in consideration for the characterization of MSC is the negative expression of CD45 [22]. This condition may arise as a result of the immunocytochemistry technique is not being a quantitative test, which means it is not capable of accurately determining the amount of CD45 [23].

Passage also affects the expression of markers of MSCs. Study conducted by Harting *et al.* [20] discovered positive expressions of CD11b and CD45 on passage 3, which was decreasing with the number of passages [20]. Another explanation that may arise is the possibility of MSC colonies for not being completely separated from hematopoietic stem cells [23].

Alizarin Red staining was carried out to detect osteogenic differentiation in cultures of rat BM-MSCs. Osteogenic differentiation is characterized by extracellular mineralisation indicated by a red color on Alizarin Red inspection. Stained osteoblasts appear bright red in colour, whereas undifferentiated MSCs do not [24]. In the course of this study, all groups displayed a noticeable amount of red-stained cell clusters, indicating that the rat BM-MSCs collected were differentiated towards the osteoblast lineage.

In the current study, we tested the hypothesis that melatonin affects the RANKL:OPG ratio on osteoblast generated from rat BM-MSCs. Under regular physiologic conditions, there is a balance between bone resorption and bone formation. This balance enhances bone homeostasis. In certain inflammatory bone conditions, the balance is altered to enhance the occurrence of excessive bone resorption, as that observed in osteoporosis. Accordingly, a relative decrease in the concentrations of OPG or an increase in RANKL expression may result in a net increase in RANKL and pathologic bone resorption, which is also known as an increase in the RANKL:OPG ratio [2, 25]. RANKL is a type II transmembrane protein located on the surface of expressing cells as a proteolytically released soluble form. Its expression through osteoblasts coordinates bone remodelling by means of stimulating bone resorption via local osteoclasts, which in turn stimulate bone synthesis by closely adjacent osteoblasts through a process known as 'coupling' [25, 26]. OPG therefore serves as a decoy receptor by blocking RANKL binding to its cellular receptor RANK. Expression of RANKL and OPG is therefore coordinated to regulate bone resorption and density both positively and negatively by controlling the activation state of RANK on osteoclasts [25].

In the current study, RANKL:OPG ratios were relatively lower when compared with controls. They were reduced by melatonin in a dosedependent manner and this evident reduction was a result of either the lowest doses of melatonin at 25 nM or higher concentrations. It was also caused by melatonin supplementation reducing the RANKL level in a dose-dependent manner and that significant reduction was observed with 150 nM or higher concentrations of melatonin. Koyama et al. [6] stated that melatonin addition for 5 hours in MC3T3-E1 cells enhanced bone mineral density by inhibiting bone resorption trough down-regulation of RANKL transcript level in a dose-dependent manner with significant reduction in 10 µM or higher concentrations of melatonin. A previous study by Histing et al. [5] similarly indicated that the supplementation of melatonin 50 mg/kg body weight i.p. daily in the course of the entire 2 weeks in mice could impair fracture healing by suppressing bone resorption through downregulation of RANKL-mediated osteoclast activation Melatonin could downregulate RANKL levels in

osteoblast derived rat BM-MSCs which have been exposed to osteogenic medium as a result of Wnt signaling activation. Wnt signaling has potential roles to play in bone remodeling in both physiological and pathological conditions. It suppresses bone resorption by regulating RANKL levels through the β -catenin dependent canonical pathway [27]. In this research, the activation of Wnt signalling with 20mM LiCl exposure for 24 hours led to the downregulation of RANKL, mRNA and protein expressions, as well as the overexpression of full length β -catenin. Melatonin activated Wnt signalling [28]. Other studies showed that 50nM melatonin supplementation for 30-240 minutes activated Wnt 5a/b and β -catenin, while it attenuated phosphorylation of glycogen synthase kinase-3 β (GSK-3 β) in MC3T3-E1 cells [29].

The addition of melatonin on MSCs cultured exposed to osteogenic medium, binds with MT2R to directly activate and phosphorylate MAPK (ERK 1/2) [1, 29-30]. Up-regulation of ERK 1/2 activity increased transcriptional activity of Runx2 and OSX, in order for it to induce MSCs differentiation into mature osteoblasts. Supplementation of melatonin has been found to activate Wnt pathway which leads to an increase in the transcriptional activity of Runx2 and OPG gene, as well as an inhibition of RANKL gene transcriptional activity [27]. An increased activity of osteoblastic specific gene through ERK 1/2 pathway and Wnt pathway would trigger the differentiation of MSCs into mature osteoblasts cells, which secrete OPG in higher quantities and RANKL in relatively lower quantities. The results indicated a fall in the ratio of RANKL:OPG obtained in all groups, with diminished levels of RANKL, but there were no differences in OPG levels in all groups due to very low melatonin doses.

Conclusion:

About 150 nM or higher concentrations of melatonin could reduce RANKL levels, its supplementation had no effect on OPG levels, and it is capable of reducing the RANKL:OPG ratio.

1. Maria S, Witt-Enderby PA. Melatonin effects on bone: potential use for the prevention and treatment for osteopenia, osteoporosis, and periodontal disease and for use in bone-grafting procedures. *J Pineal Res* 2014; 56(2):115-25.

- Cochran DL. Inflammation and bone loss in periodontal disease. *J Periodontol* 2008; 79(Suppl 8):1569-76.
- 3. Wactawski-Wende J. Periodontal diseases and osteoporosis: association and mechanism. *Ann Periodontol* 2001; 6(1):197-208.
- 4. Maruyama T, Jeong J, Sheu TJ, Hsu W. Stem cells of the suture mesenchyme in craniofacial bone development, repair, and regeneration. *Nat Commun* 2016; 7:1-11.
- Histing T, Anton C, Scheuer C, Garcia P, Holstein JH, Klein M, *et al.* Melatonin impairs fracture healing by suppressing RANKL-mediated bone remodeling. J Surg Res 2012; 173(1): 83-90.
- Koyama H, Nakade O, Takada Y, Kaku T, Lau K-HW. Melatonin at pharmacologic doses increases bone mass by suppressing resorption through down-regulation of the RANKL-mediated osteoclast formation and activation. *J Bone Miner Res* 2002; 17(7):1219-29.
- 7. Barunawati SB. Pengaruh osteoporosis terhadap tulang alveolar. *Majalah CERIL* 2006; 18:1-9.
- Kribbs PJ, Chesnut CH, Ott SM, Kilcoyne RF. Relationship between mandibular and skeletal bone in an osteoporotic population. *J Prosthet Dent* 1989; 63(6): 218-22.
- Taguchi A, Tanimoto K, Suei Y, Otani K, Wada T. Oral signs as indicators of possible osteoporosis in elderly women. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 1995; 80(5):612-6.
- Hirai T, Ishijima T, Hashikawa Y, Yajima T. Osteoporosis and reduction of residual ridge in edentulous patients. *JProsthet Dent* 1993; 69(1):49-56.
- 11. Postic SD. Changes in jaw dimensions and bone density in patients with osteoporosis. *Serbian Dent J* 2009; 56:15-22.

The results of this study summarise that melatonin is capable of reducing the RANKL:OPG ratio in osteoblast culture obtained from rat BM-MSCs.

References

- Ostrowska Z, Ziora K, Kos-Kudla B, Świętochowska E, Oświęcimska J, Dyduch A, *et al.* Melatonin, the RANKL/RANK/OPG system, and bone metabolism in girls with anorexia nervosa. *Endokrynol Pol* 2010; 6:1187-123.
- 13. Rantam FA, Ferdiansyah, Purwati, editors. Stem cell mesenchymal, hematopoetik, dan model aplikasi, 2ed, Surabaya: Airlangga University Press 2014: 88.
- Sudo K, Kanno M, Miharada K, Ogawa S, Hiroyama T, Saijo K, *et al.* Mesenchymal progenitors able to differentiate into osteogenic, chondrogenic, and/or adipogenic cells in vitro are present in most primary fibroblast-like cell populations. *Stem Cells* 2007; 25(7):1610-7.
- 15. Zaminy A, Kashani IR, Barbarestani M, Hedayatpour A, Mahmoudi R, Farzaneh NA. Osteogenic differentiation of rat mesenchymal stem cells from adipose tissue in comparison with bone marrow mesenchymal stem cells: melatonin as a differentiation factor. *Iran Biomed J* 2008; 12(3):133-41.
- Skovronsky DM, Doms RW, Lee VMY. Detection of a novel intraneuronal pool of insoluble amyloid β Protein that accumulates with time in culture. *J Cell Biol* 1998; 141(4):1031-9.
- 17. Boxall SA, Jones E. Markers for characterization of bone marrow multipotential stromal cells. *Stem Cells Int* 2012; 2012: 975871.
- Karaoz E, Aksoy A, Ayhan S, Sariboyaci AE, Kaymaz F, Kasap M. Characterization of mesenchymal stem cells from rat bone marrow: ultrastructural properties, differentiation potential and immunophenotypic markers. *Histochem Cell Biol* 2009; 132(5):533–46.
- 19. Asumda FZ, Chase PB. Age-related changes in rat bone-marrow mesenchymal stem cell plasticity. *BMC Cell Biol* 2011:12-44.
- Harting MT, Jimenez F, Pati S, Baumgartner J, Cox CS. Immunophenotype characterization of rat mesenchymal stromal cells. *Cytotherapy* 2008; 10(3): 243-53.

- 21. Wang C, Xu Y, Song WG, Chang WS. Isolation and culturation, phenotype detection of rat bone marrow mesenchymal stem cells. *Xi Bao Yu Fen Zi Mian Yi Xue Za Zhi*. 2007; 23(5): 466-8.
- 22. Sarvandi SS, Joghataei MT, Parivar K, Khosravi M, Sarveazad A, Sanadgol L. In vitro differentiation of rat mesenchymal stem cells to hepatocyte lineage. *Iran J Basic Med Sci* 2015; 18(1):89-97.
- 23. Hendrijantini N, Kresnoadi U, Salim S, Agustono B, Retnowati E, Iwan S, *et al.* Study biocompatibility and osteogenic differentiation potential of human umbilical cord mesenchymal stem cells (hUCMSCs) with gelatin solvent. *J Biomed Sci Engineer* 2015; 8:420-8.
- 24. Gregory C, Gunn W, Peister A, Prockop D. An alizarin red-based assay of mineralization by adherent cells in culture: comparison with cetylpyridinium chloride extraction. *Anal Biochem* 2004; 329(1):77-84.
- 25. Boyle WJ, Simone S, Lacey DL. Osteoclast differentiation and activation. *Nature* 2003; 423: 337-42.

- 26. Patil VA, Desai MH. Biology of receptor activator of nuclear factor kappa-b ligand (RAN κ L) and osteoprotegerin (OPG) in periodontal health and disease-a review. *PJSR* 2013; 7:58-63.
- 27. Kobayashi Y, Maeda K., Takahashi N. Roles of wnt signaling in bone formation and resorption. *Jpn Dent Sci Rev* 2008; 44(1):76-82.
- Spencer GJ, Utting JC, Etheridge SL, Arneet TR, Genever PG. Wnt signalling in osteoblasts regulates expression of the receptor activator of NF K B ligand and inhibits osteoclastogenesis in vitro. *J Cell Sci* 2005; 119:1283-96.
- 29. Park KH, Kang JW, Lee E-M, Kim JK, Rhee YH, Kim M, *et al.* Melatonin promotes osteoblastic differentiation through the BMP/ERK/Wnt signaling pathways. *J Pineal Res* 2011; 51(2):187-94.
- Zhang W, Liu HT. MAPK signal pathways in the regulation of cell proliferation in mammalian cells. *Cell Res* 2002; 12(1): 9-18.

*Author for Correspondence: Gondo Mastutik, Department of Anatomic Pathology, Faculty of Medicine, Universitas Airlangga, Jl. Mayjen Prof. Dr, Moestopo 47, Surabaya, Indonesia, 60131, phone. 62-31-5020251, ext 151, Email: gondomastutik@gmail.com



Source details

Journal of Krishna Institute of Medical Sciences University Scopus coverage years: from 2012 to Present	CiteScore 2021 0.9	(j
Publisher: Krishna Institute of Medical Sciences University ISSN: 2231-4261 Subject area: Medicine: General Medicine	sjr 2021 0.191	Ū
Source type: Journal View all documents > Set document alert Save to source list Source Homepage	SNIP 2021 0.313	Ū

CiteScore CiteScore rank & trend Scopus content coverage

× Improved CiteScore methodology i CiteScore 2021 counts the citations received in 2018-2021 to articles, reviews, conference papers, book chapters and data papers published in 2018-2021, and divides this by the number of publications published in 2018-2021. Learn more >

CiteScore 2021 \sim 197 Citations 2018 - 2021 0.9 231 Documents 2018 - 2021 Calculated on 05 May, 2022

CiteScoreTracker 2022 ①

163 Citations to date

0.9 =180 Documents to date

Last updated on 05 September, 2022 • Updated monthly

CiteScore rank 2021 ①

General Medicine

Rank Percentile Category Medicine #529/826 36th

View CiteScore methodology > CiteScore FAQ > Add CiteScore to your site \mathscr{P}

Q

About Scopus

What is Scopus Content coverage Scopus blog Scopus API Privacy matters

Language

Customer Service

Help Tutorials Contact us

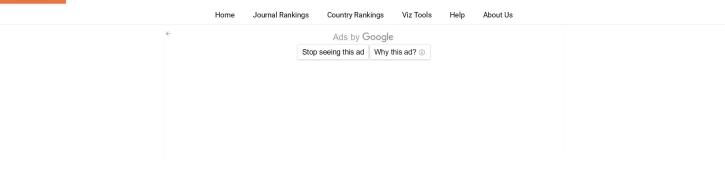
ELSEVIER

Terms and conditions $\nearrow \quad {\sf Privacy policy} \sqsupseteq$

 $\label{eq:copyright} \textcircled{Copyright} \textcircled{Copyright} \textcircled{Copyright} \textcircled{Copyright} \textcircled{Copyright} @ Elsevier B.V. \\ We use cookies to help provide and enhance our service and tailor content. By continuing, you agree to the use of cookies <math>\neg$.

RELX

Enter Journal Title, ISSN or Publisher Nam	e
--	---



Journal of Krishna Institute of Medical Sciences University 8

COUNTRY	SUBJECT AREA AND CATEGORY	PUBLISHER	H-INDEX
India Universities and research institutions in India	Medicine Medicine (miscellaneous)	Krishna Institute of Medical Sciences University Krishna Institute of Medical Sciences University in Scimago Institutions Rankings	11
PUBLICATION TYPE	ISSN	COVERAGE	INFORMATION
Journals	22314261	2012-2021	Homepage
			How to publish in this journal
			editorinchief@jkimsu.com

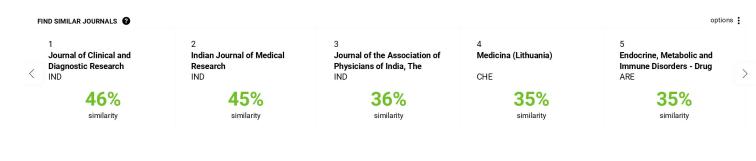
SCOPE

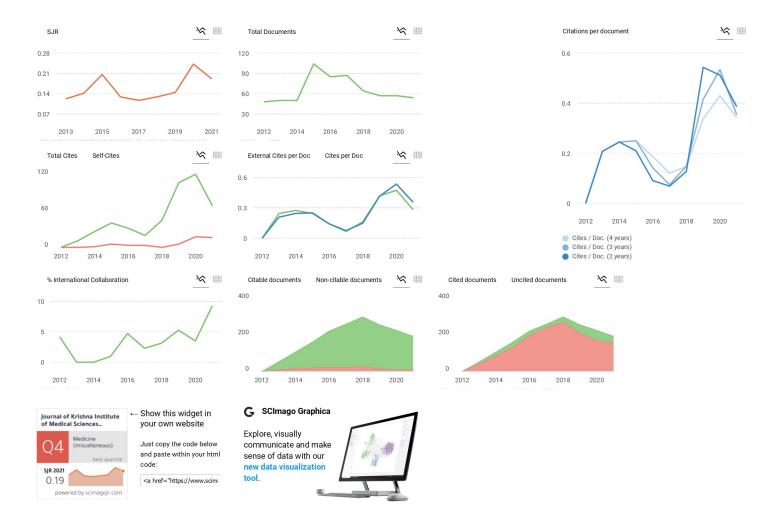
The Journal of Krishna Institute of Medical Sciences University (JKIMSU), (ISSN 2231-4261) is peer reviewed, open access journal published quarterly (January to March, April to June, July to September and October to December) in two formats; printed and online (epub- ahead of print). The main aims of this journal are to publish novel and interesting observations and advance scientific knowledge in all the branches of medicine and allied sciences. The JKIMSU provides an international and interdisciplinary forum for the dissemination of peer-reviewed review articles, original articles, case reports, short communication, letters to the editor and book reviews in the field of all branches of medical sciences. The advisory board and editorial board of JKIMSU include well known eminent scientists from India and abroad in all the branches of medicine to produce a high quality scientific journal an impact on researchers and practitioners.

 \bigcirc Join the conversation about this journal

Quartiles

<u>`</u> ||





Metrics based on Scopus® data as of April 2022

S S.Ramya 2 years ago

I want to publish a research article, i just need a clarification whether the journal is scopus indexed for 2020?

reply



Melanie Ortiz 2 years ago

SCImago Team

Dear Ramya, thank you very much for your comment, unfortunately we cannot help you with your request. We suggest you to consult the Scopus database directly. Keep in mind that the SJR is a static image (the update is made one time per year) of a database (Scopus) which is changing every day. Best Regards, SCImago Team

Leave a comment

Name

Email (will not be published)



KOMISI KELAIKAN ETIK PENELITIAN KESEHATAN (KKEPK) FAKULTAS KEDOKTERAN GIGI UNIVERSITAS AIRLANGGA

KETERANGAN KELAIKAN ETIK ("ETHICAL CLEARANCE")

Nomor: 25/KKEPK.FKG/II/2016

Komisi Kelaikan Etik Penelitian Kesehatan (KKEPK) Fakultas Kedokteran Gigi Universitas Airlangga, telah mengkaji secara seksama rancangan penelitian yang diusulkan, maka dengan ini menyatakan bahwa penelitian berjudul :

" PENGARUH PEMBERIAN MELATONIN TERHADAP RASIO RANKL: OPG PADA BIAKAN RAT BONE MARROW-MESENCHYMAL STEM CELLS (BM-MSCS)"

Peneliti Utama

: Adya Pramusita Unit / Lembaga/ Tempat Penelitian : - Lab.Stem Cell Institute of Tropical Disease Universitas Airlangga Surabaya.

DINYATAKAN LAIK ETIK

Surabaya, 10 Pebruari 2016 Ketua, rof Dr.M.Rubianto, drg., MS., Sp.Perio (K) NFP.195009081978021001 UNINE