study, the tibiae were evaluated with X-ray microtomography (μ CT). Serum PTH levels (pg/mL) at the end of the study were 4.6±1.2a; 11.3±2.3b; 16.4±0.7c; 17.9±0.8c and 19.1±0.5c, respectively, P1NP levels (pg/L) at the end of the study were 2.24±0.24a; 2.63±0.16c; 2.54±0.37c; 2.43±0.41b; 2.48±0.45b; respectively. Preliminary μ CT results showed: G1 no bone defect repair; G2: poor repair; G3: repair; G4: overgrowth of bone tissue around the bone callus and G5: repair without bone overgrowth. Our findings showed that the addition of TPT to SBM mixture accelerated the bone repair process while the daily injection did not produce any additional improvement in the bone regeneration exerted by SBM.

660. (268) EFFECTS OF THE ADDITION OF TERIPARATIDE TO A BOVINE BONE GRAFTING MATERIAL ON THE REPAIR OF CRITICAL-SIZED BONE DEFECTS IN RATS. PRELIMINARY RESULTS

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We previously determined the osteoconductive effect of a bovine bone graft manufactured in Argentina [Synergy Bone Matrix, Odontit Implant Systems, Argentina (SBM)], on the bone healing process in an experimental model in rats. Several studies have shown that intermittently administered PTH has an anabolic effect on cancellous and cortical bone. On these bases, we hypothesized that the addition of the synthetic PTH analog, Teriparatide (TPT), to SBM could accelerate bone regeneration. The aim of the present experimental study was to evaluate if the addition of TPT to SBM presents any additional beneficial effect versus the use of SBM alone. Thirty adult male Wistar rats of 333±39.22 (n=6/group) and a critical-size bone defect (CSD) was created in the medial aspect of both tibiae. All CSDs received one of the following treatments for 30 days: G1: control without treatment; G2: SBM (Lot No: E11121216); G3: SBM mixed with 20 µg of T (Osteofortil, BioSidus, Argentina); G4: injection of 0.125 µg/day of TPT and G5: SBM mixed with 20 µg of TPT and SC injection of 0.125 μ g/day of the same drug. The animals were sacrificed 45 days after the beginning of the experiment. We analyzed serum PTH, P1NP and CTX (ELISA). At the end of the