

Validation of Musculoskeletal Ultrasound to Assess Muscle Glycogen Content. A Novel Approach

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ABSTRACT: Glycogen storage is essential for exercise performance. The capacity to assess muscle glycogen levels should confer an important advantage for performance. However, skeletal muscle glycogen assessment has only been available and validated through muscle biopsy. We have developed a new methodology using high frequency ultrasound to assess skeletal muscle glycogen content in rapid, portable and non-invasive way using MuscleSound® technology. **PURPOSE.** To validate the utilization of high frequency musculoskeletal ultrasound for muscle glycogen assessment and correlate it with histochemical glycogen quantification through muscle biopsy. **METHODS.** Twenty two male competitive cyclists (Cat 1-4) (183.7 ± 4.9 cm, 76.8 ± 7.8 kg) performed a steady state test on a cycle ergometer for 90 minutes at a moderate-high exercise intensity eliciting a carbohydrate oxidation (CHO_{ox}) of $2-3 \text{ g}\cdot\text{min}^{-1}$ and a blood lactate concentration ($[\text{La}^-]_b$) of 2-3mM. pre- and post-exercise glycogen content from rectus femoris muscle was measured using histochemical analysis through muscle biopsy and through high frequency ultrasound scans using MuscleSound® technology to measure glycogen content. **RESULTS.** Correlations between muscle biopsy glycogen histochemical quantification ($\text{mmol}\cdot\text{kg}^{-1}$) and high-frequency ultrasound methodology through MuscleSound® technology were $r=0.93$, $p<0.0001$ pre-exercise and $r=0.94$, $p<0.0001$ post-exercise. The correlation between muscle biopsy glycogen quantification and high-frequency ultrasound methodology for the change in glycogen from pre- and post-exercise was $r=0.81$, $p<0.0001$. **CONCLUSIONS.** These results show that the use of high-frequency ultrasound through MuscleSound® technology is a reliable way to measure skeletal muscle glycogen in a fast and non-invasive way.

BACKGROUND: Carbohydrates and proper glycogen stores are a key element in athletic performance. Glycogen assessment has only been possible through muscle biopsy technique and to a limited extent, nuclear magnetic resonance spectroscopy (NMRS). These methodologies are either invasive and aggressive or very expensive, therefore, making them impractical for athletes to monitor performance and nutrition. We propose a novel methodology to assess muscle glycogen through high frequency musculoskeletal ultrasound which is fast and non-invasive. When a muscle is full of glycogen, the ultrasound image is generally hypoechoic (dark) due to water associated with glycogen. As a molecule of glycogen leaves the skeletal muscle it takes 3-4 molecules of water with it. The depleted glycogen stores result in a hyperechoic muscle image (bright). The qualitative picture is then processed pixel by pixel to give a quantitative value of the skeletal muscle glycogen content.

PURPOSE: The purpose of this study is to validate the methodology we have developed through high-frequency ultrasound to assess skeletal muscle glycogen with the traditional muscle biopsy methodology, which has long been the gold standard. Through this validation we propose a new, more practical and non-invasive methodology to measure muscle glycogen content through high-frequency ultrasound.

METHODS: Twenty two (N=22) male competitive cyclists (Professional and Amateurs, Categories 1-4, 183.7 ± 4.9 cm, 76.8 ± 7.8 kg) performed a steady state test on a cyclergometer for 90 minutes at a moderate-high exercise intensity eliciting a carbohydrate oxidation (CHO_{ox}) of $2-3 \text{ g}\cdot\text{min}^{-1}$ and a blood lactate concentration ($[\text{La}^-]_b$) of 2-3mM. pre-and post-exercise glycogen content from rectus femoris muscle was measured using histochemical analysis through muscle biopsy and through high frequency ultrasound scans using MuscleSound® technology to measure glycogen content. Muscle biopsy samples and high frequency ultrasound scans were obtained from rectus femoris muscle pre-and post-exercise. An ultrasound-guided muscle micro-biopsy technique was developed *ad hoc* in order to access rectus femoris without compromising major vascular structures. Muscle scans were performed with a 12 MHz linear transducer and a standard diagnostic high resolution ultrasound machine, GE LOGIQe (GE Healthcare, Milwaukee, WI). Software developed by MuscleSound® processed images to isolate the muscle fibers under analysis (center crop within muscle section 25 mm from the top of the muscle, using feature extraction to subtract the skin, fat, connective tissue and blood vessels), with the mean pixel intensity of the muscle averaged from the eight scans (both long and short axis) then scaled (0 to 100 scale) to create the glycogen score.

RESULTS Correlations between rectus femoris biopsy glycogen histochemical quantification ($\text{mmol}\cdot\text{kg}^{-1}$) and high-frequency ultrasound methodology through MuscleSound® technology were $r=0.93$, $p<0.0001$ pre-exercise and $r=0.94$, $p<0.0001$ post-exercise (Fig-1 and Fig-2).

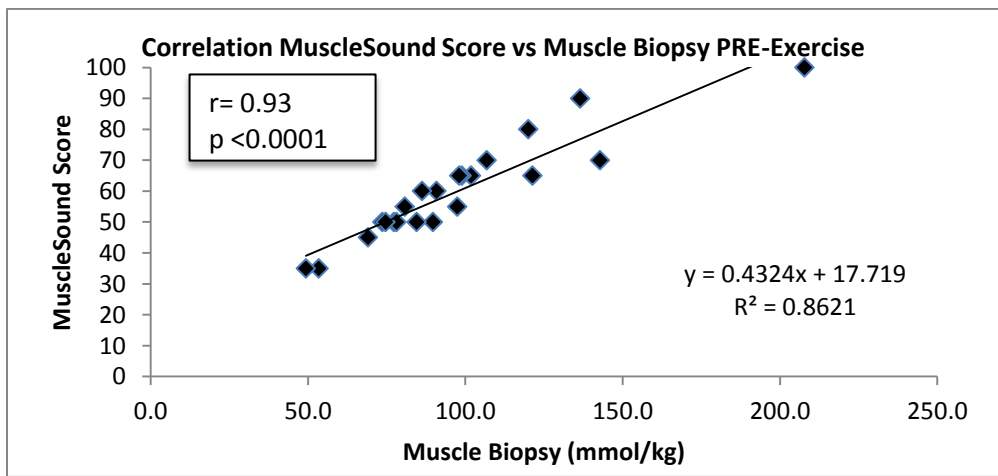


Fig-1

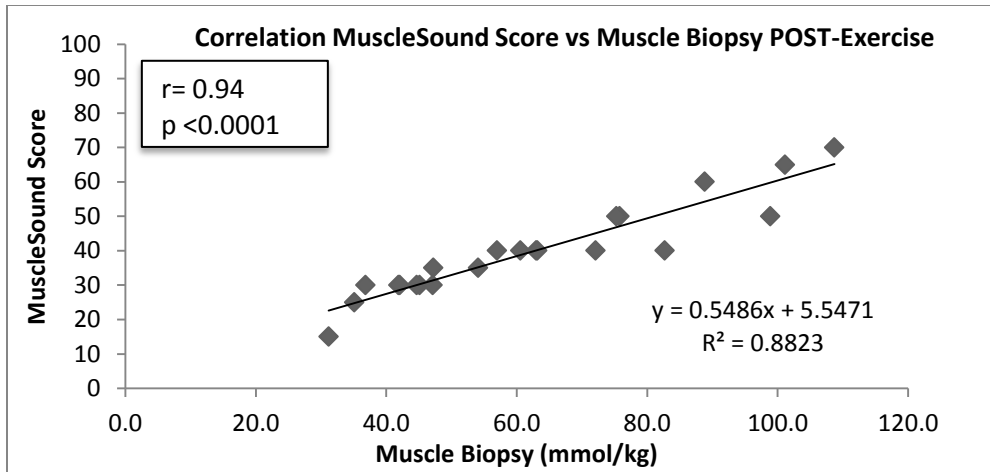


Fig-2

The correlation between muscle biopsy glycogen quantification and high-frequency ultrasound methodology for the change in glycogen from pre- and post-exercise was $r=0.81$, $p<0.0001$ (Fig-3)

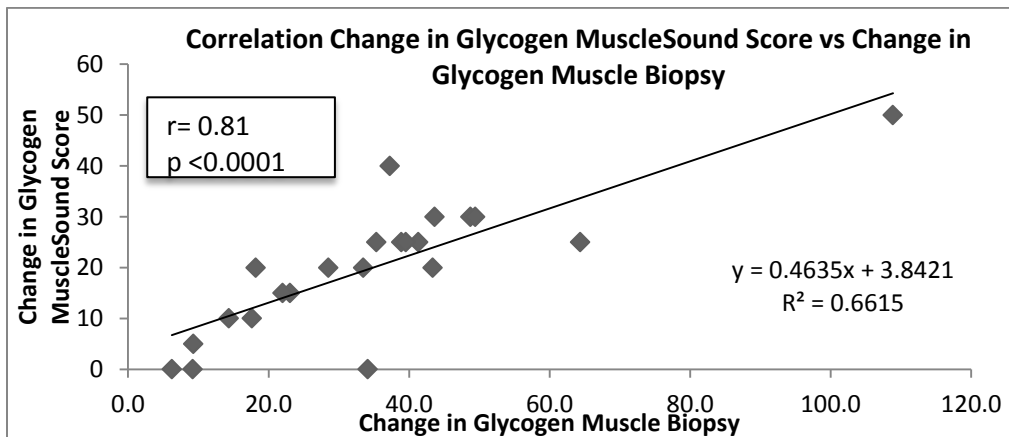


Fig-3

The absolute change in muscle glycogen varied substantially between subjects (109 to 6 mmol/kg), (Fig-4). The absolute change in the MuscleSound score also varied substantially between subjects (50 to 0), (Fig-5), but followed the same individual trends as did the muscle glycogen content as evidenced by the correlation in change $r = 0.81$.

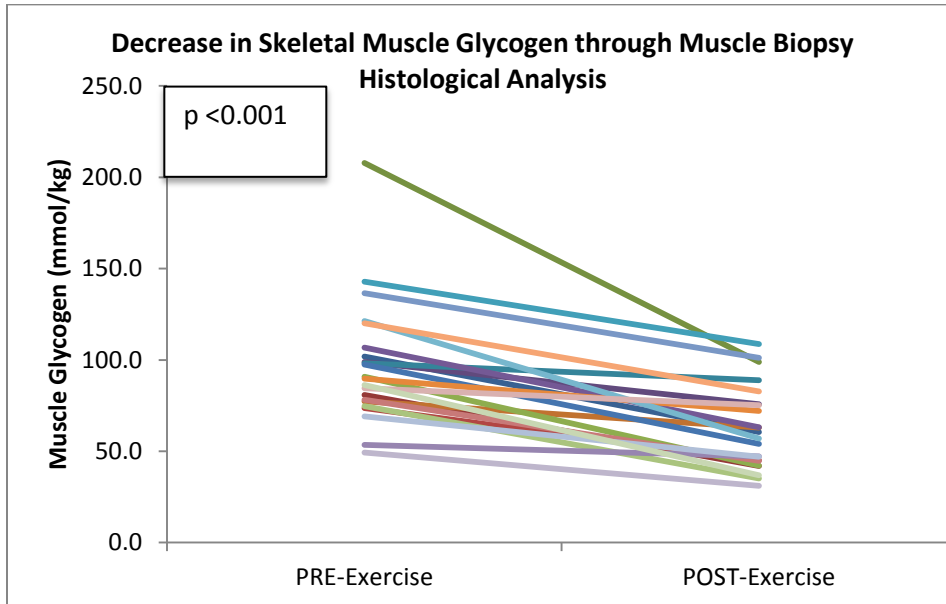


Fig-4

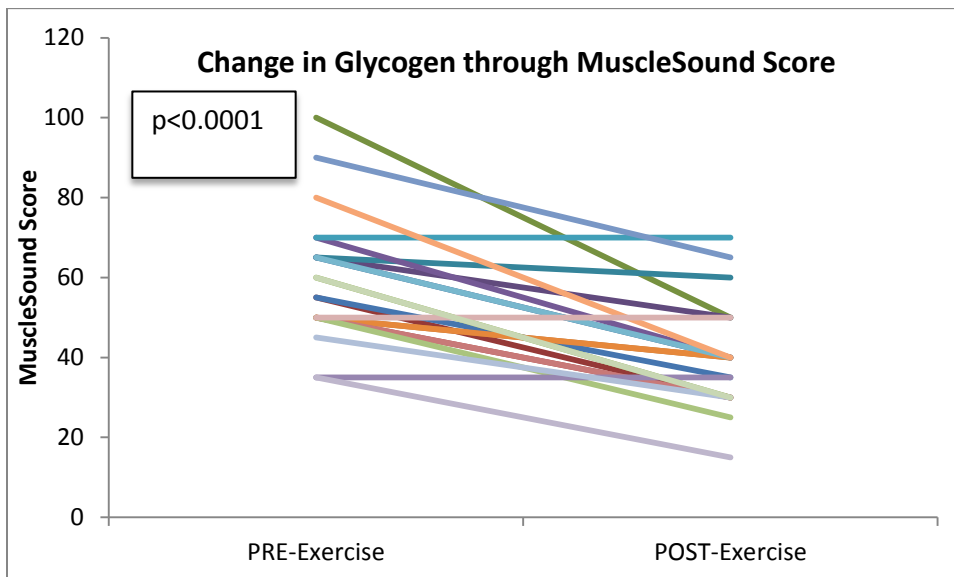


Fig-5

Correlations between rectus femoris muscle and vastus lateralis muscle through MuscleSound® technology were $r=0.93$, $p<0.0001$ pre-exercise and $r=0.91$, $p<0.0001$ post-exercise (Fig 6 and Fig 7)

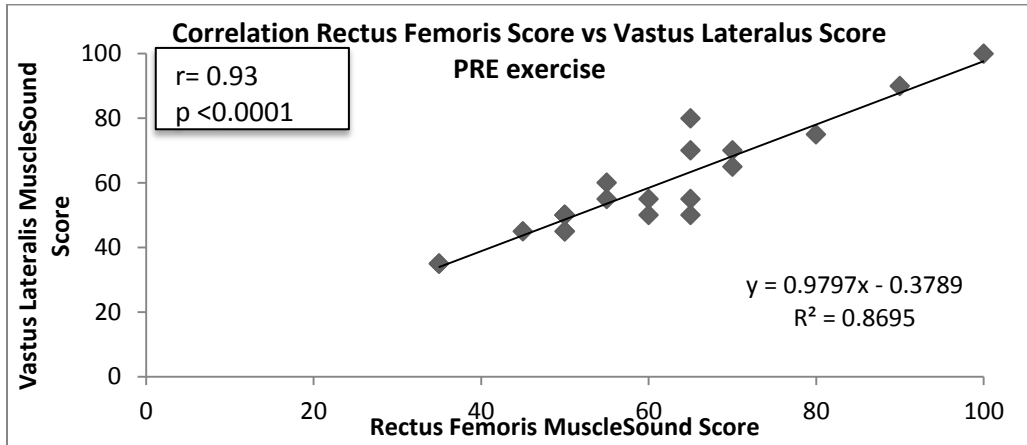


Fig-6

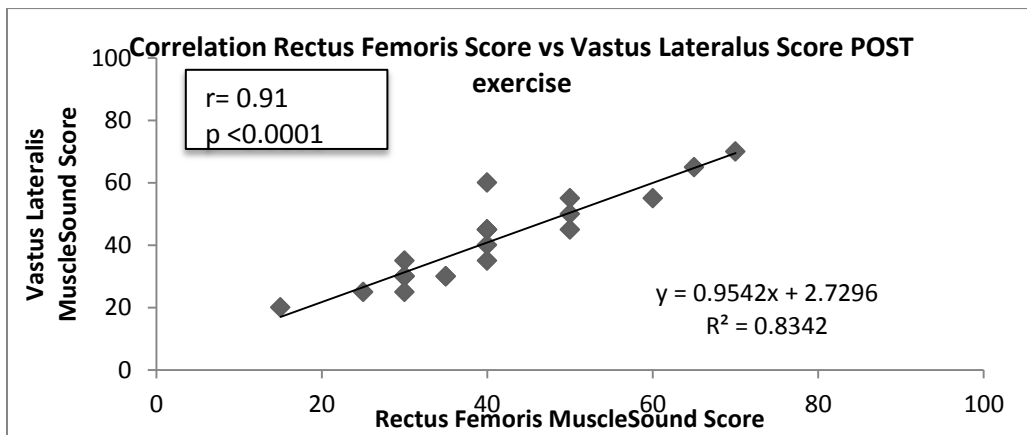


Fig-7

Finally, the correlation between rectus femoris and vastus lateralis muscles for the change in glycogen from pre- and post-exercise through MuscleSound® technology was $r=0.76$, $p<0.0001$ (Fig-8).

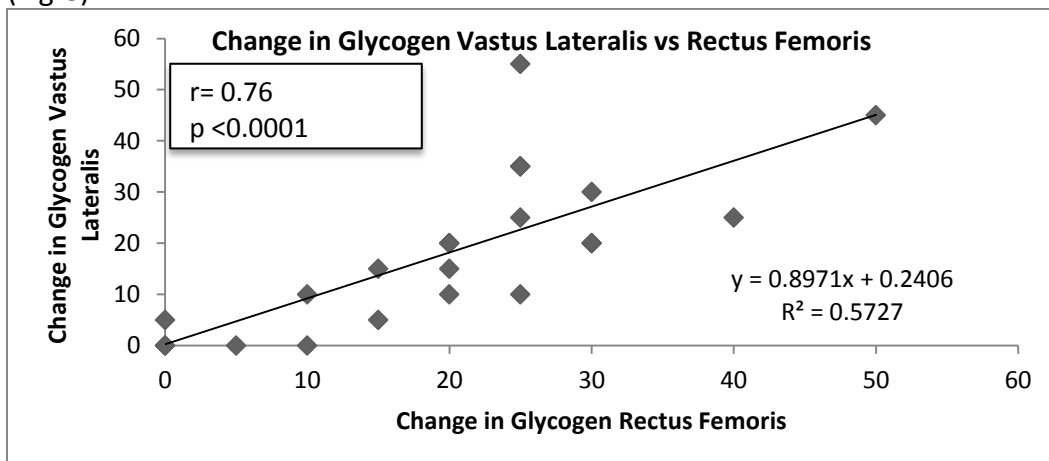


Fig-8

CONCLUSIONS: Pre- and post-exercise ultrasound scans using MuscleSound® technology were highly correlated with histochemical glycogen assessment through muscle biopsy. Changes in glycogen content from pre- and post-exercise were also highly correlated between MuscleSound® technology and muscle biopsy histochemical analysis. These results show that the use of high-frequency ultrasound through MuscleSound® technology is an accurate and reliable method to measure skeletal muscle glycogen in a practical, rapid and non-invasive way.

REFERENCES:

1. Ahlborg G, Felig P, Hagenfeldt L, Hendler R, Wahren J. Substrate turnover during prolonged exercise in man. Splanchnic and leg metabolism of glucose, free fatty acids, and amino acids. *J Clin Invest.* 1974 April; 53(4): 1080–1090
2. Bangsbo J, Graham TE, Kiens B & Saltin B (1992). Elevated muscle glycogen and anaerobic energy-production during exhaustive exercise in man. *J Physiol* 451,205–227
3. Bergström J, Hermansen L, Hultman E & Saltin B (1967). Diet muscle glycogen and physical performance. *Acta Physiol Scand* 71, 140–150
4. Bergstrom J. Muscle electrolytes in man. *Scand J Clin Lab Invest* 1962;14(suppl. 68).
5. Charriere M, Duchenne GB. Emporte piece histologique. *Bull Acad Med* 1865;30:1050-1.
6. Chin ER, Balnave CD & Allen DG (1997). Role of intracellular calcium and metabolites in low-frequency fatigue of mouse skeletal muscle. *Am J Physiol* 272, C550–C559
7. Chin ER, Allen DG.. Effects of reduced muscle glycogen concentration on force, Ca²⁺ release and contractile protein function in intact mouse skeletal muscle. *J Physiol.* 1997 Jan 1;498 (Pt 1):17-29.
8. Coggan AR, Coyle EF. Reversal of fatigue during prolonged exercise by carbohydrate infusion or ingestion. *J Appl Physiol.* 1987 Dec;63(6):2388-95.
9. Costill DL, Hargreaves M. Carbohydrate nutrition and fatigue. *Sports Med.* 1992 Feb;13(2):86-92.
10. Costill DL, Pascoe DD, Fink WJ, Robergs RA, Barr SI, Pearson D. Impaired muscle glycogen resynthesis after eccentric exercise. *J Appl Physiol,* 1990; 69: 46-50.
11. Coyle EF, Coggan AR, Hemmert MK, Ivy JL. Muscle glycogen utilization during prolonged strenuous exercise when fed carbohydrate. *J Appl Physiol.* 1986 Jul;61(1):165-72.
12. Coyle EF, Hagberg JM, Hurley BF, Martin WH, Ehsani AA, Holloszy JO. Carbohydrate feeding during prolonged strenuous exercise can delay fatigue. *J Appl Physiol.* 1983 Jul;55(1 Pt 1):230-5. diagnostic and assessment tool. *J Rheumatol* 2001 Jul;28(7):1591-9.
13. Dietrichson P, Coakley J, Smith PE, Griffiths RD, Helliwell TR, Edwards RH. Conchotome and needle percutaneous biopsy of skeletal muscle. *J Neurol Neurosurg Psychiatry* 1987 Nov;50(11):1461-7.
14. Dorph C, Nennesmo I, Lundberg IE. Percutaneous conchotome muscle biopsy. A useful
15. Frayn KN. Calculation of substrate oxidation rates in vivo from gaseous exchange. *J Appl Physiol.* 1983 Aug;55(2):628-34.
16. Goodman, MN. Amino acid and protein metabolism. *In Exercise, nutrition and energy metabolism, eds. E.S. Horton, R.L. Tertujn,* 89-99. New York: Macmillan.
17. Hargreaves M, Meredith I, Jennings GL. Muscle glycogen and glucose uptake during exercise in humans. *Exp Physiol.* 1992 Jul;77(4):641-4.
18. Helander I, Westerblad H & Katz A (2002). Effects of glucose on contractile function, [Ca²⁺]_i, and glycogen in isolated mouse skeletal muscle. *Am J Physiol Cell Physiol* 282, C1306–C1312
19. Hennessey JV, Chromiak JA, Della VS, Guertin J, MacLean DB. Increase in percutaneous muscle biopsy yield with a suction-enhancement technique. *J Appl Physiol* 1997 Jun;82(6):1739-42.
20. Hermansen L, Hultman E, Saltin B. Muscle glycogen during prolonged severe exercise. *Acta Physiol Scand.* 1967 Oct-Nov;71(2):129-39.
21. J Bergstrom. Percutaneous needle biopsy of skeletal muscle in physiological and clinical research. *Scand J Clin Lab Invest.* 1975 Nov;35(7):609-16

22. Jeukendrup AE, Wallis GA. Measurement of substrate oxidation during exercise by means of gas exchange measurements. *Int J Sports Med* 26Suppl, 2005; 1: S28–S37.
23. Kabbara AA, Nguyen LT, Stephenson GMM & Allen DG (2000). Intracellular calcium during fatigue of cane toad skeletal muscle in the absence of glucose. *J Muscle Res Cell Motil* 21, 481–489
24. Katz A, Broberg S, Sahlin K, Wahren J. Leg glucose uptake during maximal dynamic exercise in humans. *Am J Physiol.* 1986 Jul;251(1 Pt 1):E65-70.
25. Katz A, Sahlin K, Broberg S. Regulation of glucose utilization in human skeletal muscle during moderate dynamic exercise. *Am J Physiol.* 1991 Mar;260(3 Pt 1):E411-5.
26. Kjaer M, Kiens B, Hargreaves M, Richter EA. Influence of active muscle mass on glucose homeostasis during exercise in humans. *J Appl Physiol.* 1991 Aug;71(2):552-7.
27. Lo S, Russell JC, Taylor AW. Determination of glycogen in small tissue samples. *J Appl Physiol.* 1970 Feb;28(2):234-6.
28. McConell G, Snow RJ, Proietto J, Hargreaves M. Muscle metabolism during prolonged exercise in humans: influence of carbohydrate availability. *J Appl Physiol.* 1999 Sep;87(3):1083-6.
29. Olsson KE, Saltin B. Variations in total body water with muscle glycogen changes in man. *Acts Physiol Scand* 1970;80:1 1-8.
30. O'Reilly KP, Warhol MJ, Fielding RA, Frontera WR, Meredith CN, Evans WJ. Eccentric exercise-induced muscle damage impairs muscle glycogen repletion. *J Appl Physiol*, 1987; 63: 252-256
31. O'Rourke KS, Ike RW. Muscle biopsy. *Curr Opin Rheumatol* 1995 Nov;7(6):462-8.
32. Ørtenblad N, Nielsen J, Saltin B & Holmberg HC (2011). Role of glycogen availability in sarcoplasmic reticulum Ca²⁺ kinetics in human skeletal muscle. *J Physiol* 589, 711–725
33. Ørtenblad N¹, Westerblad H, Nielsen J. Muscle glycogen stores and fatigue. *J Physiol.* 2013 Sep 15;591(Pt 18):4405-13
34. Poulsen MB, Bojsen-Moller M, Jakobsen J, Andersen H. Percutaneous conchotome biopsy of the deltoid and quadriceps muscles in the diagnosis of neuromuscular disorders. *J Clin Neuromuscul Dis* 2005 Sep;7(1):36-41.
35. Price TB, Rothman DL, Taylor R, Avison MJ, Shulman GI, Shulman RG. Human muscle glycogen resynthesis after exercise: insulin- dependent and -independent phases. *J Appl Physiol*, 1994;76:104–11.
36. Sahlin K, Katz A, Broberg S. Tricarboxylic acid cycle intermediates in human muscle during prolonged exercise. *Am J Physiol.* 1990 Nov;259(5 Pt 1):C834-41.
37. San Millán I, González-Haro C, Hill J. Indirect assessment of glycogen status in competitive athletes. *Med Sci Sports Exerc*, 2011; 43: S48
38. Segal, SS and Brooks, GA. Effects of glycogen depletion and work load on postexercise O₂ consumption and blood lactate. *J. Appl. Physiol.: Respirat. Environ. Physiol.* 1979; 47: 514-521.
39. Sherman WM, Wimer GS. Insufficient dietary carbohydrate during training: does it impair athletic performance?. *Int J Sport Nutr.* 1991 Mar;1(1):28-44.
40. Sherman WM. Metabolism of sugars and physical performance. *Am J Clin Nutr.* 1995 Jul;62(1 Suppl):228S-241S.
41. Shulman RG, Bloch G, Rothman DL. In vivo regulation of muscle glycogen synthase and the control of glycogen synthesis. *Proc Natl Acad Sci U S A*, 1995;92:8535–42.
42. Snyder AC, Kuipers H, Cheng B, Servais R, Franssen E. Overtraining following intensified training with normal muscle glycogen. *Med Sci Sports Exerc.* 1995 Jul;27(7):1063-70.
43. Taylor R, Price TB, Rothman DL, Shulman RG, Shulman GI. Validation of ¹³C NMR measurement of human skeletal muscle glycogen by direct biochemical assay of needle biopsy samples. *Magn Reson Med*, 1992;27:13–20
44. van den Bergh AJ, Houtman S, Heerschap A, Rehrer NJ, van den Boogert HJ, Oeseburg B et al. Muscle glycogen recovery after exercise during glucose and fructose intake monitored by ¹³C-NMR. *J Appl Physiol*, 1996;81:1495–500
45. Wahren J, Felig P, Ahlborg G, Jorfeldt L. Glucose metabolism during leg exercise in man. *J Clin Invest.* 1971 Dec;50(12):2715-25.