



Eurasia Specialized Veterinary Publication

**International Journal of Veterinary Research and Allied Science**  
ISSN:3062-357X

2021, Volume 1, Issue 1, Page No: 76-83

Copyright CC BY-NC-SA 4.0

Available online at: [www.esvpub.com/](http://www.esvpub.com/)

## **Percutaneous *Cutibacterium acnes* Inoculation in Sheep IVDs: Safe Delivery and Variable Bacterial Clearance at 1–6 Months**

**Benjamin Moser<sup>1\*</sup>**

<sup>1</sup>Division of Infectious Diseases and Hospital Epidemiology, University Hospital, University of Zurich, Zurich, Switzerland.

\*E-mail ✉ [benjamin.moser@yahoo.com](mailto:benjamin.moser@yahoo.com)

### **ABSTRACT**

The anaerobic microorganism *Cutibacterium acnes* has been increasingly associated with the onset and progression of degenerative disc disease (DDD), though a direct causal link has yet to be confirmed. To clarify the potential pathogenic role of this bacterium, animal models that more accurately reflect human intervertebral disc (IVD) anatomy, physiology, and biomechanics are needed. In this proof-of-concept experiment, we aimed to demonstrate for the first time that *C. acnes* can be percutaneously injected into sheep IVDs under controlled conditions. Following our established protocol, two sheep received inoculations with a *C. acnes* strain ( $8.3 \times 10^6$  CFU/disc) originally isolated from a human degenerated disc. No adverse clinical signs were detected. After one month, all three infected discs from the first animal yielded *C. acnes* growth, although at a reduced bacterial burden ( $5.12 \times 10^4$  to  $6.67 \times 10^4$  CFU/disc). At six months, cultures from the second animal were negative, suggesting bacterial clearance. These findings confirm that safe, image-guided percutaneous inoculation of *C. acnes* into ovine IVDs is feasible. Future studies using this model should focus on evaluating whether *C. acnes* contributes to disc degeneration or associated pathological alterations.

**Keywords:** *Cutibacterium acnes*, Ovine model, Intervertebral disc, Percutaneous injection, Bacterial infection

**Received:** 03 February 2020

**Revised:** 14 April 2021

**Accepted:** 17 April 2021

**How to Cite This Article:** Moser B. Evaluation of Sexual Satisfaction in Percutaneous *Cutibacterium acnes* Inoculation in Sheep IVDs: Safe Delivery and Variable Bacterial Clearance at 1–6 Months. *Int J Vet Res Allied Sci.* 2021;1(1):76-83. <https://doi.org/10.51847/nWmfVw0D0F>

### **Introduction**

The 2017 Global Burden of Disease report identified low back pain (LBP) as the foremost cause of disability worldwide [1]. In the United States, approximately 80% of individuals are expected to experience LBP during their lifetime—a figure projected to rise with aging populations and risk factors such as sedentary behavior and obesity [2]. Although multiple factors contribute to LBP, degeneration of the intervertebral disc (IVD) is strongly implicated [3]. There is currently no curative treatment for degenerative disc disease (DDD), largely because its underlying mechanisms—including nutritional deficiencies, inflammatory mediators, biomechanical stress, and genetic susceptibility—are incompletely understood.

Over the past two decades, a growing body of evidence has suggested that microbial infection, particularly by the anaerobic bacterium *Cutibacterium acnes* (formerly *Propionibacterium acnes*), could play a role in the pathogenesis of DDD and discogenic pain [4–14]. *C. acnes* is a common commensal organism of human skin and is best known for its involvement in acne vulgaris [15]. Beyond dermatologic disease, it is also implicated in osteomyelitis, ocular and dental infections, prosthetic device-related infections, and has been linked to conditions such as prostate disorders and sarcoidosis [16–22]. Within degenerated human discs, *C. acnes* has been detected in a biofilm-like arrangement, indicating that its presence is unlikely due to surgical contamination [23, 24]. Discs colonized by *C. acnes* often exhibit type I Modic changes (MCs) in vertebral endplates on MRI scans [25–27]. In

animal models, infection of rabbit discs with *C. acnes* has been shown to induce endplate inflammation and degenerative alterations consistent with MCs [28, 29]. Despite these findings, the bacterium's etiological contribution to DDD remains debated, emphasizing the need for further in vivo research using physiologically relevant models. Accurate animal models would not only clarify causal mechanisms but also support preclinical testing of new therapeutic approaches [30].

A variety of animal species—such as rabbits, dogs, and sheep, as well as rat and bovine caudal discs—have been employed in IVD research. However, several of these models (e.g., rats, pigs, rabbits, and cattle) exhibit limitations because their lumbar discs differ from those of humans in cellular composition, dimensions, and biomechanical loading [31]. Many animals, including rats, pigs, cats, rabbits, and some dogs, retain notochordal cells into adulthood, which aid disc maintenance [32]. By contrast, humans and certain canine breeds lose these cells after birth, leading to a higher predisposition to spontaneous DDD [32].

Sheep, however, share notable similarities with humans in disc size, mechanical environment, and the early postnatal loss of notochordal cells [30–34]. They also recover effectively from surgical interventions and can be maintained long term, making them ideal for chronic experimental studies [30]. Consequently, sheep have been extensively used for DDD modeling, device testing, and cell-based therapeutic research [30]. Moreover, the use of larger animals minimizes scaling discrepancies when translating findings to human clinical trials [34].

Given these anatomical and physiological advantages, establishing a sheep model for *C. acnes* IVD infection would be invaluable for exploring its pathogenic potential in disc degeneration. Therefore, this study aimed to provide the first experimental evidence that *C. acnes* can be introduced safely and effectively into sheep intervertebral discs via percutaneous inoculation, allowing for both acute and chronic infection modeling.

## Materials and Methods

### *Animals*

Two adult Dorset cross ewes, approximately 2.5 years old and weighing around 60 kg, were selected for the trial. Each animal was permanently marked with a USDA identification tag to eliminate mix-ups (#1283 and #1286). They were kept separately in 5 × 5 ft pens, fed grass hay twice daily, and received no additional supplements. All animal handling procedures followed Purdue University IACUC approval and complied with established animal welfare guidelines.

### *Anesthesia*

A uniform sedation and anesthetic plan was followed for MRI imaging and disc injection. Sheep were pre-sedated with xylazine (AnaSed; Akorn, IL, USA; 0.03 mg/kg IV) and butorphanol (Torbugesic; Zoetis, MI, USA; 0.01 mg/kg IV). Induction was achieved with ketamine (VetaKet; Akorn; 2.2 mg/kg IV) and diazepam (Hospira; IL, USA; 0.06 mg/kg IV). To ease intubation, a few drops of 2% lidocaine (AnaSed; Akorn) were applied to the vocal folds. Anesthesia maintenance used isoflurane, and each animal received lactated Ringer's solution (10 mL/kg/hr) during the procedure. For postoperative analgesia, buprenorphine (Par Pharmaceutical, NY, USA; 0.005 mg/kg IV) and flunixin meglumine (Merck & Co., NJ, USA; 1.1 mg/kg IM) were administered.

### *MRI*

All imaging was conducted using a 1.5 Tesla GE Signa LX scanner (General Electric, Milwaukee, WI, USA) with animals positioned in dorsal recumbency. Scans were independently reviewed by three board-certified radiologists. A baseline MRI was obtained under general anesthesia before performing targeted intradiscal injections by a certified neuroradiologist (BH). Subsequent monthly MRIs were carried out under the same anesthetic conditions. Due to severe cold weather, scans were omitted at months 3 and 5 for sheep #1286.

### *Bacterial injectate*

The inoculum used was *Cutibacterium acnes* type IA1 (subsp. *acnes*) strain PD271, originally isolated from a human degenerated disc and supplied by the Central European Institute of Technology (Brno, Czech Republic; OS). Cultivation took place anaerobically in brain heart infusion broth at 37 °C until the logarithmic phase. After harvesting, bacterial pellets were washed and re-suspended in phosphate-buffered saline (PBS) (Fisher Scientific, Waltham, MA, USA). Colony counts were confirmed using modified Clostridial Reinforced Agar (CRA) (Becton,

Dickinson and Co., Cockeysville, MD, USA). Each disc received ~0.1 mL of suspension containing approximately  $8 \times 10^7$  CFU/mL, matching bacterial loads used in previous rabbit infection models [28, 29].

#### *Injection protocol*

The injection method, derived from earlier rabbit studies [28, 29, 35], was first practiced on an unrelated sheep using Omnipaque 180 Iohexol contrast medium (GE Healthcare/McKesson, MA, USA) to verify needle positioning by computed tomography (GE VCT 64 slice, General Electric).

Animals were anesthetized, and the lumbar region was clipped, cleaned with chlorhexidine, and covered with sterile drapes. While in prone position, five 6-inch 25/20-gauge Quincke coaxial spinal needles (#183109; Halyard Health, Alpharetta, GA, USA) were guided into selected discs using fluoroscopy (GE OEC 9900 Elite, GE OEC Medical Systems, UT, USA). The 20-gauge introducer was inserted about 5.5 cm from the midline at a 30° medial angle, ending at the outer annulus fibrosus. A 25-gauge needle was advanced through the introducer to the nucleus pulposus. A 1 mL Hamilton Gastight syringe (#81301; Hamilton Company, Reno, NV, USA) held the anaerobically maintained inoculum. Discs L2–3, L4–5, and L6–7 were injected with *C. acnes*, L3–4 served as the needle-only control, and L5–6 received 0.12 mL of sterile saline.

#### *Euthanasia and post-mortem procedures*

Euthanasia followed AVMA 2020 guidelines [36], performed with sodium pentobarbital (Euthanasia Solution, MWI, ID, USA, or Euthasol, Virbac AH, TX, USA; 390 mg/mL, 15 mL IV). To evaluate short-term infection, sheep #1283 was euthanized 1 month post-inoculation; sheep #1286 was euthanized at 6 months to assess persistence or clearance. Immediately following euthanasia, the lumbar spine was dissected, soft tissues were removed, and discs were aseptically extracted in full.

#### *Disc tissue sampling*

Recovered discs were homogenized in sterile PBS under anaerobic conditions using an Omni Tissue Homogenizer (Omni International, Kennesaw, GA, USA). Serial dilutions were prepared in PBS, and 4 µL from each dilution was plated on CRA agar for anaerobic incubation at 37 °C over an extended period for enumeration. Additionally, Gram staining was performed on samples from sheep #1286 after 6 months.

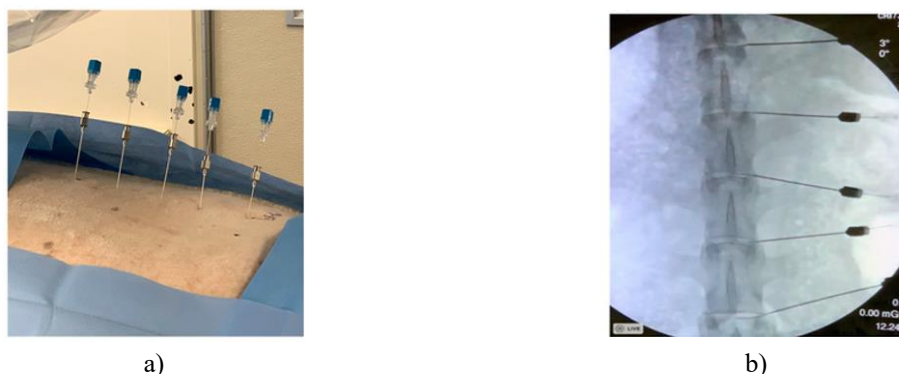
#### *Statistical analysis*

Data analysis employed the Wilcoxon matched-pairs signed-rank test (two-tailed) for evaluating differences between groups.

## **Results and Discussion**

#### *Fluoroscopically guided Percutaneous delivery of *C. acnes* into sheep IVDs*

Using fluoroscopic imaging, six-inch 25/20-gauge coaxial spinal needles were precisely advanced percutaneously into the nucleus pulposus of the sheep lumbar intervertebral discs prior to Hamilton syringe-mediated inoculation with *C. acnes* (**Figure 1**). When performed by an experienced neuroradiologist, the procedure was technically straightforward and clearly visualized under biplanar C-arm fluoroscopy (**Figure 1b**).



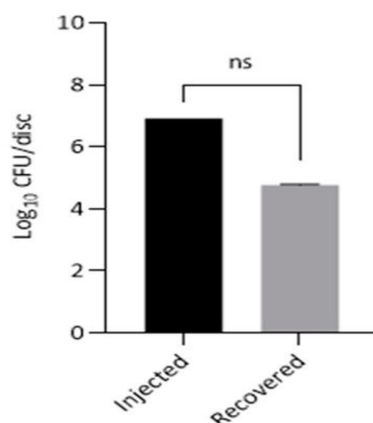
**Figure 1.** a) 25-gauge needles positioned within 20-gauge introducer needles, sequentially placed in lumbar discs. b) Fluoroscopic AP image confirming correct needle alignment.

### Animal health and welfare

Neither animal exhibited adverse responses following intradiscal administration, and general anesthesia as well as MRI examinations were completed without incident. Both sheep resumed normal activity and feeding shortly after recovery, with no evidence of restricted movement. In the sheep euthanized at one month post-inoculation (USDA#1283), a “softening” sensation was noted during injection into the L5–6 disc that received sterile saline, likely indicating a minor acute annular fissure.

### Detection of early *C. acnes* colonization

The animal terminated at one month (USDA#1283) exhibited *C. acnes* growth from all three treated discs following CRA agar culture. The recovered bacterial counts ( $5.12 \times 10^4$ – $6.67 \times 10^4$  CFU per disc) were below the initial inoculum ( $8 \times 10^6$  CFU per disc), but the difference was not statistically significant (**Figure 2**).

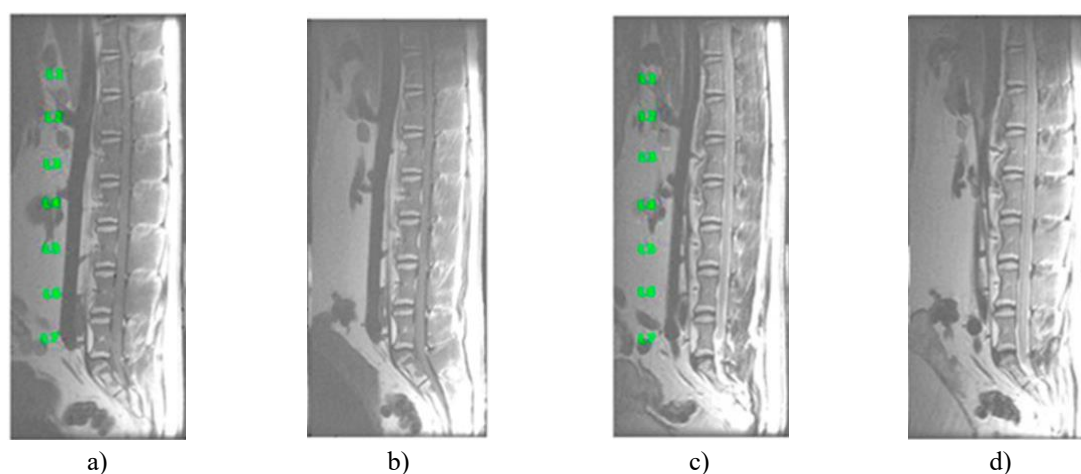


**Figure 2.** Growth of *C. acnes* colonies from the three lumbar discs of sheep USDA#1283, four weeks post-inoculation. Data represent mean ± SEM (log<sub>10</sub> CFU/disc). Statistical tests were conducted on paired observations.

In contrast, in the second animal euthanized six months post-inoculation (USDA#1286), *C. acnes* was undetectable in all treated discs using aerobic/anaerobic cultures and Gram staining. For both subjects, discs injected with saline or subjected only to needle puncture remained culture-negative.

### MRI

MRI performed one month after inoculation for the first animal revealed no radiographic differences relative to baseline (**Figure 3**).



**Figure 3.** MRI scans of sheep USDA#1283: (a) baseline T1-weighted, (b) 1-month T1-weighted, (c) baseline T2-weighted FS, and (d) 1-month T2-weighted FS images.

Similarly, the six-month MRI series from the second sheep (USDA#1286) demonstrated no detectable alterations in either disc morphology or adjacent vertebral structures at 1, 2, 4, and 6 months post-injection (data not shown).

### Discussion

This preliminary investigation aimed to determine the safety and practicality of introducing *C. acnes* directly into ovine lumbar intervertebral discs via a percutaneous approach. The results confirmed the method's feasibility and absence of adverse clinical effects. Given that this was a pilot trial involving large animal models, only two sheep were utilized—each representing a single endpoint—to comply with ethical principles and minimize animal use, consistent with the 3Rs framework (Replacement, Reduction, Refinement). Although this limits the dataset to one biological subject per time point, inoculating three discs per animal provided triplicate technical observations, balancing ethical considerations with experimental reproducibility.

Our technique for reaching the nucleus pulposus aligns with the observations of Elliott *et al.* [37], who reported minimal annular disruption when needle diameter/disc height ratios remained below 40%, with negligible yet nonsignificant effects between 25–40%. The 25-gauge needle employed here offered sufficient rigidity to traverse skin, fascia, and muscle while maintaining disc integrity. In Elliott's ovine model, 27-gauge needles caused no discernible damage; although 25-gauge needles were not directly assessed, their 0.455 mm diameter relative to a mean disc height of 3.93 mm yields a ratio of approximately 12% ( $0.455/3.93$ )—well below the 40% threshold. Therefore, we anticipated negligible mechanical harm, which was corroborated by our MRI scans showing no post-puncture abnormalities.

For future studies, the 25-gauge system appears optimal—being flexible yet sufficiently firm to penetrate the annulus fibrosus of sheep with minimal structural disruption.

### Persistence of *C. acnes* within Ovine IVDs

Beyond confirming that *C. acnes* could be effectively delivered into sheep intervertebral discs without inducing major tissue damage, our findings also indicated that the organism remained viable within the disc matrix for at least one month, though with a reduction in bacterial count over this period. By the six-month evaluation point, no viable bacteria were detected through culture or Gram staining, suggesting that *C. acnes* had been eliminated from the disc tissue.

While false-negative cultures may sometimes occur due to inadequate homogenization of tissue containing intracellular or biofilm-embedded bacteria, this is unlikely here, since all samples were thoroughly homogenized before plating. The lack of detectable bacteria at six months may instead reflect the limited sample size, as only one animal was analyzed at that stage. It remains plausible that other subjects—or exposure to a different *C. acnes* strain—could produce divergent outcomes.

Earlier studies employing *C. acnes* in rabbit and rat disc models across extended periods did not assess bacterial persistence following initial inoculation [28, 29, 38], making it uncertain whether the bacteria survived through the experiment's end. Based on our observations and these prior reports, it is conceivable that degenerative disc disease (DDD) in humans may arise from recurrent infection cycles, alternating between clearance and reinfection in structurally compromised discs, or that a transient infection might trigger a sustained inflammatory cascade even after bacterial disappearance.

Supporting this hypothesis, a murine model of *C. acnes*-induced prostatitis demonstrated bacterial presence in the dorsal prostate at weeks 1 and 2, but no detectable organisms by week 8, despite persistent chronic inflammation on histologic examination [39]. Similarly, a rat model of prostatic infection revealed a progressive decline in *C. acnes* counts over time, reaching minimal levels at six months [40]. These prior small-animal findings, though in a different organ system, are consistent with the decline in bacterial numbers observed in our six-month ovine samples.

Future investigations would benefit from shorter, sequential sampling intervals—for instance, monthly assessments—to monitor bacterial dynamics, tissue response, and potential development of biofilm or inflammatory remodeling.

### Conclusion

This proof-of-concept investigation confirms that sheep lumbar discs can be safely inoculated with *C. acnes* for in vivo experimental modeling. Subsequent studies employing larger animal cohorts and expanded analytical



endpoints are now necessary to better define the replication pattern, persistence, and pathogenic mechanisms of *C. acnes* within the ovine intervertebral environment. Establishing this model will enable detailed evaluation of the microbial contribution to disc degeneration and facilitate preclinical testing of antibiotic regimens and novel therapeutic strategies relevant to human DDD.

**Acknowledgments:** None

**Conflict of Interest:** None

**Financial Support:** None

**Ethics Statement:** None

## References

1. Institute for Health Metrics and Evaluation. Findings from the global burden of disease study. Seattle (WA): IHME; 2018.
2. Urban J, Roberts S. Degeneration of the intervertebral disc. *Arthritis Res.* 2003;5(3):120-30.
3. Luoma K, Riihimäki H, Luukkainen R, Raininko R, Viikari-Juntura E, Lamminen A. Low back pain in relation to lumbar disc degeneration. *Spine (Phila Pa 1976)*. 2000;25(4):487-92.
4. Stirling A, Worthington T, Rafiq M, Lambert PA, Elliot TS. Association between sciatica and *Propionibacterium acnes*. *Lancet*. 2001;357(9273):2024-5.
5. Coscia M, Denys G, Wack M. *Propionibacterium acnes*, coagulase-negative staphylococcus, and the “biofilm-like” intervertebral disc. *Spine (Phila Pa 1976)*. 2016;41(24):1860-5.
6. Salehpour F, Aghazadeh J, Mirzaei F, Ziaei E, Alavi SAN. *Propionibacterium acnes* infection in disc material and different antibiotic susceptibility in patients with lumbar disc herniation. *Int J Spine Surg.* 2019;13(2):146-52.
7. Rajasekaran S, Tangavel C, Aiyer SN, Nayagam SM, Raveendran M, Demonte NL, et al. ISSLS prize in clinical science 2017: is infection the possible initiator of disc disease? An insight from proteomic analysis. *Eur Spine J.* 2017;26(5):1384-400.
8. Bivona LJ, Camacho JE, Usmani F, Nash A, Bruckner JJ, Hughes M, et al. The prevalence of bacterial infection in patients undergoing elective ACDF for degenerative cervical spine conditions: a prospective cohort study with contaminant control. *Glob Spine J.* 2021;11(1):13-20.
9. Lin Y, Jiao Y, Yuan Y, Zhou Z, Zheng Y, Xiao J, et al. *Propionibacterium acnes* induces intervertebral disc degeneration by promoting nucleus pulposus cell apoptosis via the TLR2/JNK/mitochondrial-mediated pathway. *Emerg Microbes Infect.* 2018;7(1):1.
10. Yuan Y, Chen Y, Zhou Z, Jiao Y, Li C, Zheng Y, et al. Association between chronic inflammation and latent infection of *Propionibacterium acnes* in non-pyogenic degenerated intervertebral discs: a pilot study. *Eur Spine J.* 2018;27(10):2506-17.
11. Tang G, Wang Z, Chen J, Zhang Z, Qian H, Chen Y. Latent infection of low-virulence anaerobic bacteria in degenerated lumbar intervertebral discs. *BMC Musculoskelet Disord.* 2018;19:445.
12. Rollason J, McDowell A, Albert HB, Barnard E, Worthington T, Hilton AC, et al. Genotypic and antimicrobial characterization of *Propionibacterium acnes* isolates from surgically excised lumbar disc herniations. *Biomed Res Int.* 2013;2013:530382.
13. Tang G, Chen Y, Chen J, Wang Z, Jiang W. Higher proportion of low-virulence anaerobic bacterial infection in young patients with intervertebral disc herniation. *Exp Ther Med.* 2019;18(4):3085-9.
14. Dudli S, Liebenberg E, Magnitsky S, Miller S, Demir-Deviren S, Lotz JC. *Propionibacterium acnes* infected intervertebral discs cause vertebral bone marrow lesions consistent with modic changes. *J Orthop Res.* 2016;34(8):1447-55.
15. McLaughlin J, Watterson S, Layton AM, Bjourson AJ, Barnard E, McDowell A. *Propionibacterium acnes* and *acne vulgaris*: new insights from the integration of population genetic, multi-omic, biochemical and host-microbe studies. *Microorganisms.* 2019;7(5):128.

16. Cole KA, Banerjee A, Dipreta JA. *Propionibacterium acnes* osteomyelitis after intraosseous cannulation in a child. *Case Rep Orthop*. 2019;2019:7170154.
17. Ely AL, Neely K. *Propionibacterium acnes* endophthalmitis following Baerveldt glaucoma device implantation. *J Glaucoma*. 2020;29(7):e71-e3.
18. Niazi SA, Clarke D, Do T, Gilbert SC, Mannocci F, Beighton D. *Propionibacterium acnes* and *Staphylococcus epidermidis* isolated from refractory endodontic lesions are opportunistic pathogens. *J Clin Microbiol*. 2010;48(11):3859-69.
19. Piper KE, Jacobson MJ, Cofield RH, Sperling JW, Sanchez-Sotelo J, Osmon DR, et al. Microbiologic diagnosis of prosthetic shoulder infection by use of implant sonication. *J Clin Microbiol*. 2009;47(6):1878-84.
20. Beaver M, Lagundzin D, Thapa I, Lee J, Ali H, Kielian T, et al. *C. acnes* central nervous system catheter infection induces long-term changes in the CSF proteome. *Infect Immun*. 2020;88(9):IAI.00531-20.
21. Cohen RJ, Shannon BA, McNeal JE, Shannon T, Garrett KL. *Propionibacterium acnes* associated with inflammation in radical prostatectomy specimens: a possible link to cancer evolution? *J Urol*. 2005;173(6):1969-74.
22. Eishi Y. Etiologic link between sarcoidosis and *Propionibacterium acnes*. *Respir Investig*. 2013;51(2):56-68.
23. Capoor MN, Ruzicka F, Schmitz JE, James GA, Machackova T, Jancalek R, et al. *Propionibacterium acnes* biofilm is present in intervertebral discs of patients undergoing microdiscectomy. *PLoS ONE*. 2017;12(4):e0174518.
24. Ohrt-Nissen S, Fritz BG, Walbom J, Kragh KN, Bjarnsholt T, Dahl B, et al. Bacterial biofilms: a possible mechanism for chronic infection in patients with lumbar disc herniation—a prospective proof-of-concept study using fluorescence in situ hybridization. *APMIS*. 2018;126(5):440-7.
25. Georgy MM, Vaida F, Stern M, Murphy K. Association between type I modic changes and *Propionibacterium acnes* infection in the cervical spine: an observational study. *AJNR Am J Neuroradiol*. 2018;39(9):1764-67.
26. Albert HB, Lambert P, Rollason J, Sorensen JS, Worthington T, Pedersen MB, et al. Does nuclear tissue infected with bacteria following disc herniations lead to modic changes in the adjacent vertebrae? *Eur Spine J*. 2013;22(4):690-6.
27. Aghazadeh J, Salehpour F, Ziaei E, Javanshir N, Samadi A, Sadeghi J, et al. Modic changes in the adjacent vertebrae due to disc material infection with *Propionibacterium acnes* in patients with lumbar disc herniation. *Eur Spine J*. 2017;26(12):3129-34.
28. Shan Z, Zhang X, Li S, Yu T, Liu J, Zhao F. *Propionibacterium acnes* incubation in the discs can result in time-dependent modic changes: a long-term rabbit model. *Spine (Phila Pa 1976)*. 2017;42(21):1595-603.
29. Chen Z, Zheng Y, Yuan Y, Jiao Y, Xiao J, Zhou Z, et al. Modic changes and disc degeneration caused by inoculation of *Propionibacterium acnes* inside intervertebral discs of rabbits: a pilot study. *Biomed Res Int*. 2016;2016:9612437.
30. Daly C, Ghosh P, Jenkin G, Oehme D, Goldschlager T. A review of animal models of intervertebral disc degeneration: pathophysiology, regeneration, and translation to the clinic. *Biomed Res Int*. 2016;2016:5952165.
31. O'Connell GD, Vresilovic EJ, Elliott DM. Comparison of animals used in disc research to human lumbar disc geometry. *Spine (Phila Pa 1976)*. 2007;32(3):328-33.
32. Cappello R, Bird JL, Pfeiffer D, Bayliss MT, Dudhia J. Notochordal cell produce and assemble extracellular matrix in a distinct manner, which may be responsible for the maintenance of healthy nucleus pulposus. *Spine (Phila Pa 1976)*. 2006;31(8):873-82.
33. Jin L, Balian G, Li XJ. Animal models for disc degeneration-an update. *Histol Histopathol*. 2018;33(6):543-54.
34. Wilke HJ, Kettler A, Wenger KH, Claes LE. Anatomy of the sheep spine and its comparison to the human spine. *Anat Rec*. 1997;247(4):542-55.
35. Lipp C, Kirker K, Agostinho A, James G, Stewart P. Testing wound dressings using an in vitro wound model. *J Wound Care*. 2010;19(6):220-6.

36. American Veterinary Medical Association. AVMA guidelines for the euthanasia of animals: 2020 edition [Internet]. Schaumburg (IL): AVMA; 2020 [cited 2025 Nov 12]. Available from: <https://www.avma.org/KB/Policies/Documents/euthanasia.pdf>
37. Elliott DM, Yerramalli CS, Beckstein JC, Boxberger JI, Johannessen W, Vresilovic EJ. The effect of relative needle diameter in puncture and sham injection animal models of degeneration. *Spine (Phila Pa 1976)*. 2008;33(6):588-96.
38. Zamora T, Palma J, Andia M, Garcia P, Wozniak A, Solar A, et al. Effect of *Propionibacterium acnes* (PA) injection on intervertebral disc degeneration in a rat model: does it mimic modic changes? *Orthop Traumatol Surg Res*. 2017;103(5):795-9.
39. Shinohara DB, Vaghasia AM, Yu SH, Mak TN, Brüggemann H, Nelson WG, et al. A mouse model of chronic prostatic inflammation using a human prostate cancer-derived isolate of *Propionibacterium acnes*. *Prostate*. 2013;73(10):1007-15.
40. Olsson J, Drott JB, Laurantzon L, Laurantzon O, Bergh A, Elgh F. Chronic prostatic infection and inflammation by *Propionibacterium acnes* in a rat prostate infection model. *PLoS ONE*. 2012;7(12):e51434. Erratum in: *PLoS ONE*. 2013;8(6).