The 5th Forum (Hong Kong) on the Development of Chinese Medicine cum
The 11th Annual Meeting of Global University Network of Traditional Medicine

Abstract submission form

Guidelines for Submission of Abstract

- Abstract Submission is now open.
- Abstracts accepted will be published in the Abstract e-Book of the conference.
- Research contributions related to below topics are welcome:
  - innovative findings on TCM
  - the role and contribution of TCM in the healthcare system
- All abstracts must be submitted in doc- or docx-format to scm@hkbu.edu.hk no later than 15 May 2019. Please note that abstracts sent by fax or in pdf format will not be accepted.
- Your abstract should be prepared according to the instructions set out in the abstract form (abstracts not following the format will not be considered for publication).

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Abstract Form

Abstract title (Arial /12 pt/bold/single line spacing/maximum 2 lines)
Title continued (if necessary)

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Author A\textsuperscript{a}, Author B\textsuperscript{b}, Author C\textsuperscript{a} (Arial 11 pt/presenting author underlined)
\textsuperscript{a} Institution corresponding to author(s) a, address, postal code, country; \textsuperscript{b} Institution corresponding to author(s)b, address, postal code, country (Arial /9 pt/single line spacing)

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Correspondence: name and e-mail of corresponding author (Arial /9 pt/single line spacing)

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Introduction (includes the aim of the study)…. 
Materials and Methods:…. 
Results:…. 
Conclusions:…. 
Text of the abstract including figures, tables and references [1,2,3,...]. (Arial /11 pt/normal/single line spacing/left and right justification).

Abstracts should have a maximum size of 17.0 cm (width) x 12.0 cm (height), including figures, tables and references. The maximum length of the body text must not exceed 250 words (or 2000 characters including spaces).

If published elsewhere or in press please provide citation information

Template for abstract submission:

Paeanol improves lipopolysaccharide-induced microcirculatory disturbance in rat mesentery

Lei Dong \textsuperscript{a,c}, Ang Li \textsuperscript{a,c}, Mei-Li Duan \textsuperscript{a}, Kai Sun \textsuperscript{b,c,d,e}, Yu-Ying Liu \textsuperscript{c,d,e}, Ming-Xia Wang \textsuperscript{c,d,e}, Chuan-She Wang \textsuperscript{b,c,d,e}, Jing-Yu Fan \textsuperscript{e} and Jing-Yan Han \textsuperscript{b,c,d,e}

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Objective: To investigate the effect of paeonol on lipopolysaccharide (LPS)-induced rat mesenteric microcirculatory dysfunctions. Methods: Male Wistar rats were randomly distributed into 5 groups (n=6 in each): Sham group, LPS group, paeonol group, paeonol+LPS group, and LPS+paeonol group. Endotoximia model was conducted by continuous LPS infusion. Changes in mesenteric microcirculatory variables, including diameter of venule, velocity of red blood cells in venule, leukocyte adhesion, free radicals produced in venule and albumin leakage from venule, were observed through an inverted intravital microscope. Meanwhile, the expression of myeloperoxidase (MPO), CD18, intercellular adhesion molecule-1 (ICAM-1), toll-like receptor 4 (TLR4), nuclear factor-kappa B p65 subunit (NF-κB p65), activator protein-1 (AP-1), and Jun N-terminal kinase (JNK) was assessed by Western blot. Results: After infusion of LPS, the number of leukocytes adherent to venular wall, the intensity of dihydrorhodamine 123 (DHR) fluorescence in the venular walls, and albumin leakage from venules were significantly increased, whereas the red blood cell velocity in venule was decreased. All the manifestations were significantly reduced by pre-treatment and post-treatment with paeonol. Moreover, paeonol significantly attenuated the expression of MPO, CD18, ICAM-1, TLR4, NF-κB p65, AP-1 and JNK in rat mesentery after LPS. Conclusions: The results demonstrated that paeonol could protect from and ameliorate the microcirculation disturbance induced by LPS.