

FIGURE 1. Correlation between PET intensity and BMD or microdamage histomorphology (Cr.Le, Cr.Dn and Cr.S.Dn) or Ot.Dn in loaded limbs. **(A)** Correlation between PET intensity and femoral BMD (n=12, $P<0.05$); **(B)** Correlation between PET intensity and lumbar BMD (n=12, $P<0.05$); **(C)** Correlation between PET intensity and Cr.Le (n=12, $P<0.05$); **(D)** Correlation between PET intensity and Cr.Dn (n=12, $P<0.05$); **(E)** Correlation between PET intensity and Cr.S.Dn (n=12, $P<0.05$); **(F)** Correlation between PET intensity and

Ot.Dn (n=12, P<0.05)

Cr.Le: microcrack length; Cr.Dn: microcrack density; Cr.S.Dn: microcrack surface density; Ot.Dn: osteocyte lacunar density

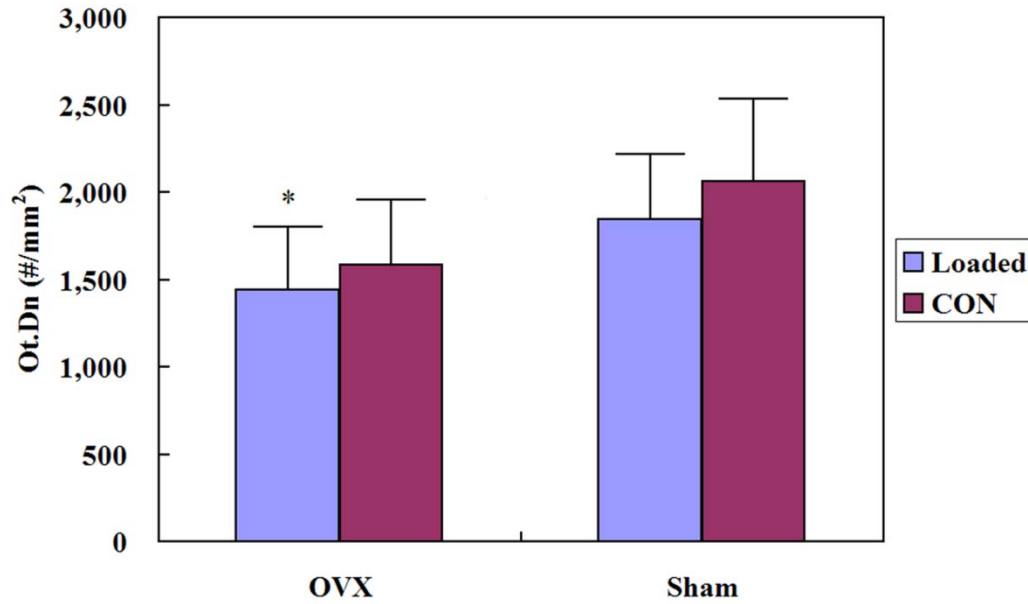


FIGURE 2. Ot.Dn was significantly lower ($P < 0.05$) in loaded tibiae of the OVX group than those in the loaded tibiae of the Sham group. Data were expressed as means \pm SD (n=6 in each group)

* $P < 0.05$, Δ Ot.Dn in OVX vs. Δ Ot.Dn in Sham

Ot.Dn: osteocyte lacunar density