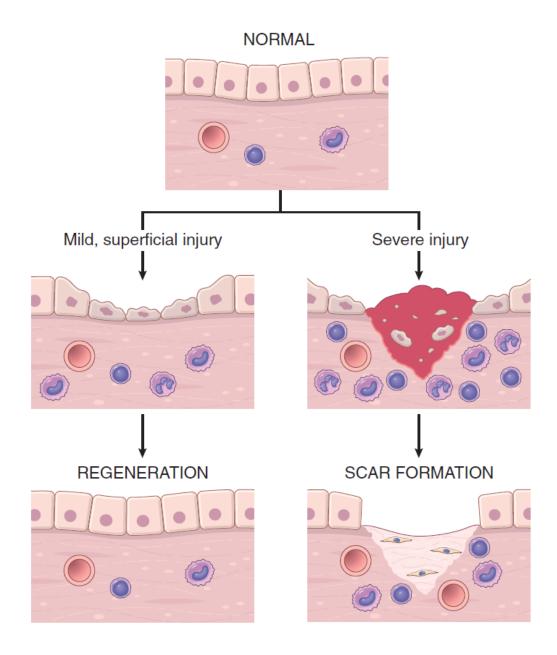


Doctor: Mazen Al-Salhi



Designed by: Majida Al-Foqara'

Tissue Repair



Repair/Healing

Restoration of tissue architecture & function

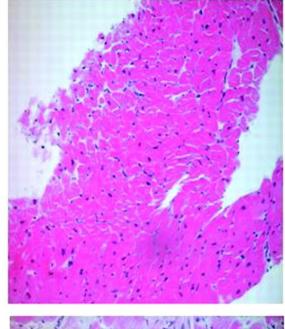
Regeneration:

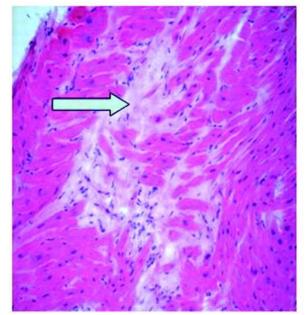
- Same cell replacement
- Proliferative ability
- Function maintained
- Architecture restored

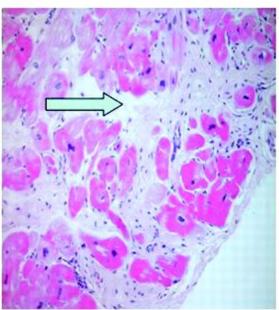
Scar formation:

- Fibrous tissue (CT) replacement
- Potential loss of function
- Architecture somewhat restored

Cardiac biopsies showing fibrosis







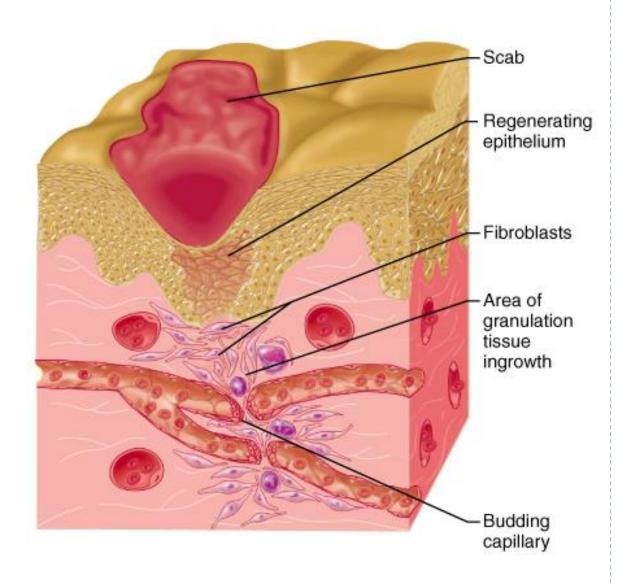
Fibrosis

Extensive deposition of collagen in organs (e.g. liver, lung, kidney, heart)

- Idiopathic
- Chronic inflammation
- MI

Deposition in a tissue space containing inflammatory exudate = organization



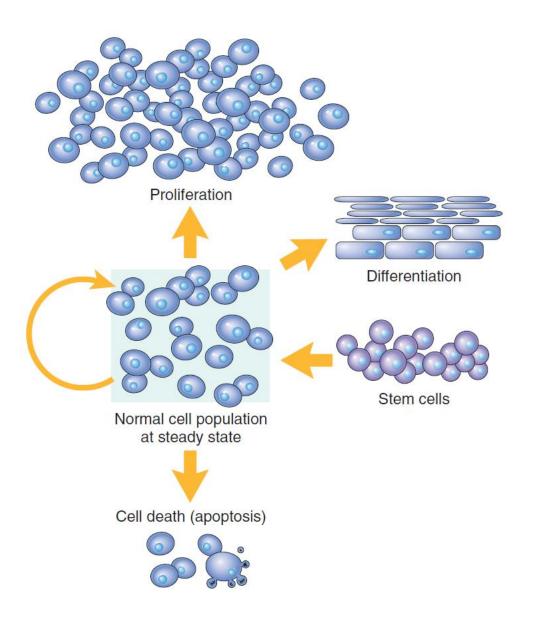


Requirements

- 1. Cell proliferation
- Interaction with the ECM



Cell proliferation



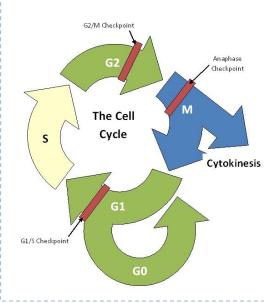
Proliferation control

Cell cycle control

Response to growth factors

Differentiation

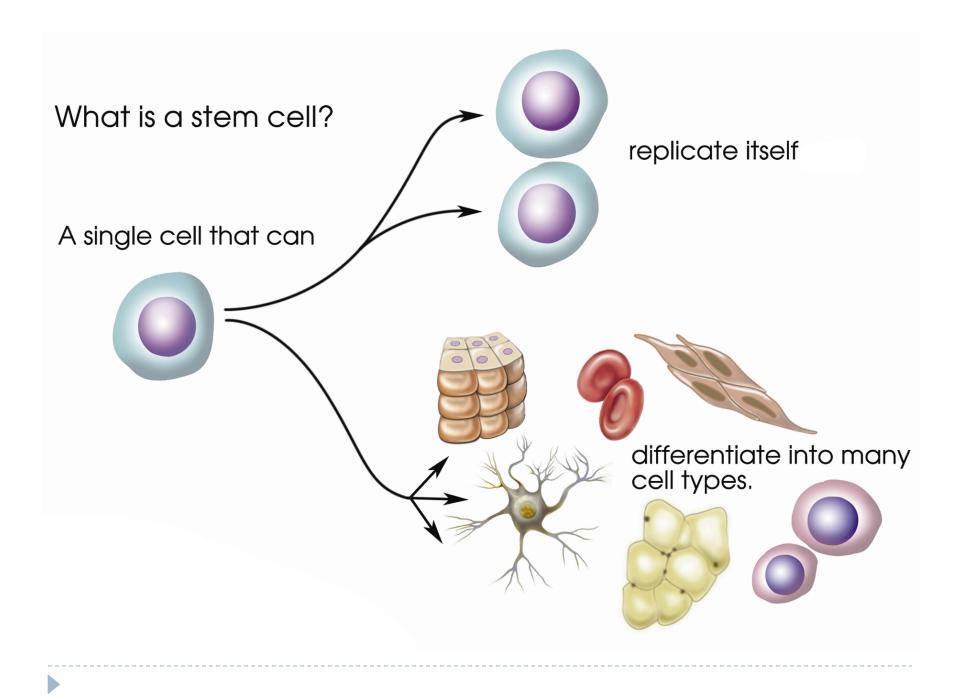
Apoptosis



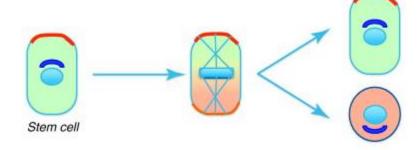
Proliferation capacity

Tissue	Characteristics	Examples	%distribution
Labile	 Continuously dividing mature & stem cells Can regenerate if stem cells are intact 	BMSurface epithelia	
Stable	 Quiescent Minimal replicative activity normally Capable of proliferating if/when needed Limited regeneration capacity* 	 Solid tissue parenchyma* Endothelium Fibroblasts Smooth Muscles 	
Permanent	 Terminally differentiated and non-proliferative Limited stem cell replication and differentiation = no regeneration 	NeuronsCardiac & skeletal muscle	

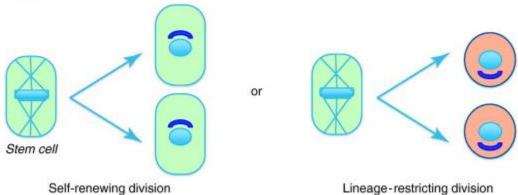




(a) Asymmetric division



(b) Symmetric division



Lineage-restricting division

Stem cells

- Self Renewal
- Asymmetric replication

2 types:

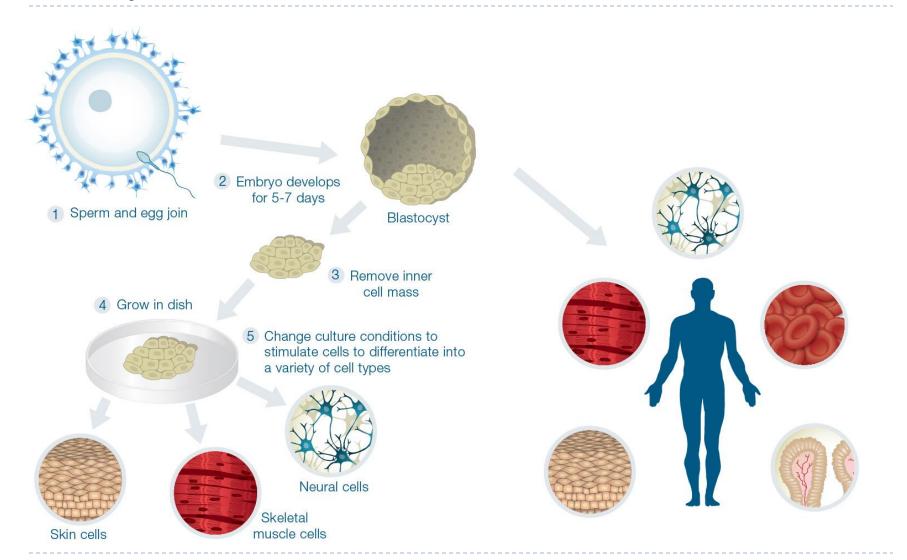
Embryonic

- Self renewal
- Unlimited differentiation
- Organism creation

Adult/Tissue

- Limited self renewal
- Limited differentiation
- Tissue homeostasis

Embryonic stem cells



Pitfalls & Ethics of ES use

Graft rejection

Embryo destruction

Creating ES cells through therapeutic cloning (somatic cell nuclear transfer) 1 Isolate cells from patient 2 Remove nucleus from an egg cell 3 Transfer nucleus (contains DNA) from the patient's cells to the egg 6 Isolate the inner cell 5 Stimulate the cell to begin 4 Egg cell "reprograms" dividing; let develop to the mass from the blastocyst the patient's DNA and grow it in a dish blastocyst stage

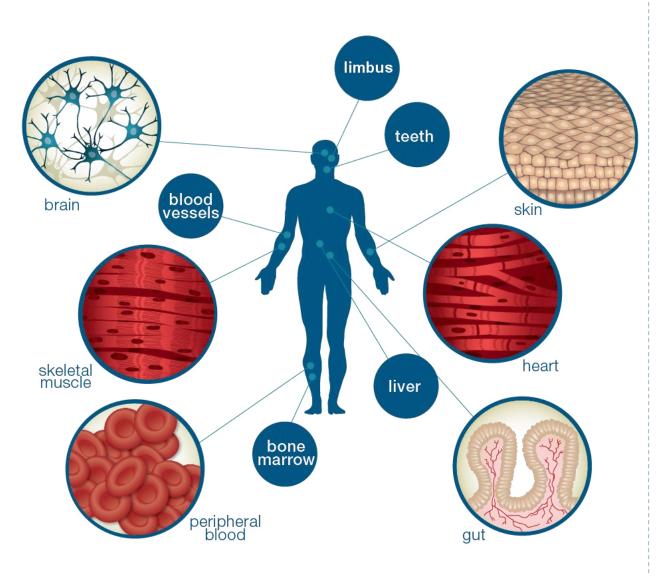
Therapeutic cloning

No graft rejection

Time consuming, inefficient, and expensive

Achieved in 2013

Ethical considerations?



Tissue stem cells

Therapeutic potential without graft rejection

Rare and very difficult to isolate to purity

Bone marrow hematopoietic stem cells although rare can be purified and are used in certain leukemias, lymphomas

Bone marrow mesenchymal stem cells differentiate Into chondroblasts, osteoblasts, and myoblasts

Creating iPS cells

1 Isolate cells from patient (skin or fibroblasts); Oct3/4, Sox-2, c-Myc, grow in a dish Klf4, Nanog



2 Treat cells with "reprogramming" factors

3 Wait a few weeks

4 Pluripotent stem cells





Blood cells





Cardiac muscle cells

Gut cells

Regenerative medicine

Reprogramming factors = genes critical for "stem-cell-ness"

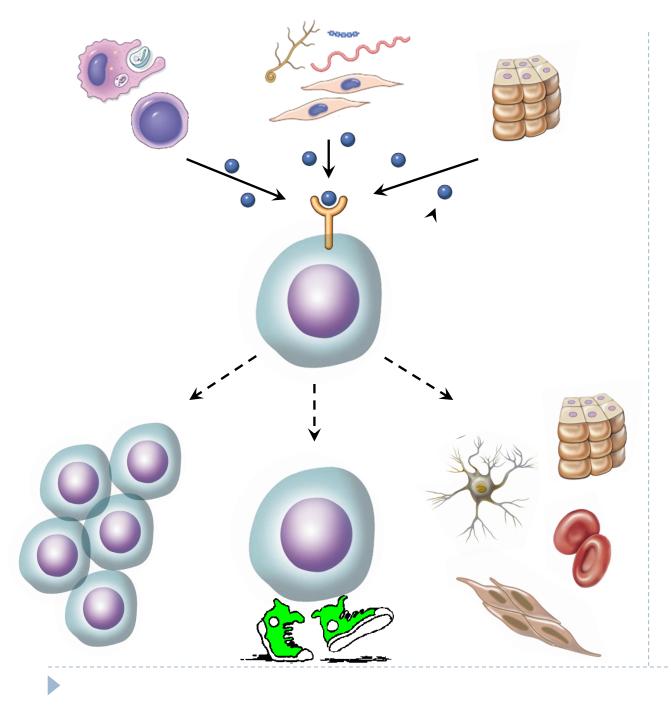
No graft rejection

Cheaper and quicker than therapeutic cloning

Due to the genetic modifications during reprogramming the safety of using iPS cells in patients is uncertain

Still in research

Cell proliferation - Growth factors



Growth factors

Mostly proteins from:

- Lymphocytes
- Macrophage
- Stromal cells
- Parenchymal cells

Induce cells to:

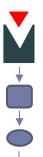
- Survive/Proliferate
- Migrate
- Differentiate

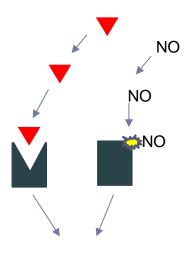
Induce proliferation through gene expression:

- Promote cell cycle entry
- Relieve cell cycle blocks
- Inhibit apoptosis
- Protein production ↑

Autocrine signalling Extracellular signal Y Receptor Target sites on same cell Paracrine signalling Secretory cell Adjacent target cell **Endocrine signalling** Blood vessel Homone secretion into blood by endocrine gland

Distant target cells





Cell signalling types

Stimulation or repression of gene expression can occur

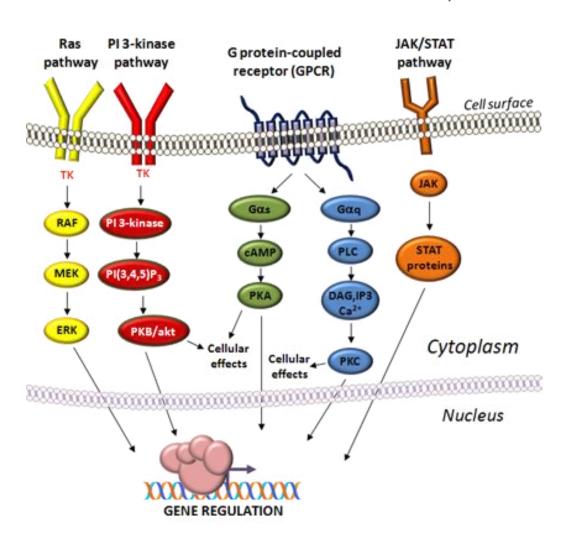
3 types based on origin and termination of signalling molecule

2 types based on location of receptor



EGF, VEGF, FGF, HGF Inflammatory mediators, hormones, chemokines

Cytokines including interferons, GH, CSFs, EPO



Plasma membrane receptors

3 types based on type of signal transduction:

- Kinase receptors
- GPCR
- No intrinsic enzyme activity