

List of Abbreviations

ACS	: American cancer society
AKI	: Acute kidney injury
ATG	: Antithymocyte globulin
BFGF	: Basic fibroblast Growth factor
B-GAL	: B-galactosidase
B2M:	: B2-microglobulin
BU	: Busulfan
CBBs	: Cord blood derived embryonic like stem cell
CR	: Clinical remission
CY	: Cyclophosphamide
DC	: Dyskeratosis congenital
DLI	: Donor lymphocyte infusion
DMARD	: Disease modifying antirheumatic drug
DFS	: Disease free survival
EBV	: Epstein Barr virus
ECP	: Extracorporeal photochemotherapy
EDSS	: Extended disability status score
EPC	: Endothelial progenitor cell
EFS	: Event free survival
EBMT	: European Group for Blood and Marrow Transplantation
ES	: Embryonic stem cell
ESRD	: End stage renal disease
EULAR	: The European League against Rheumatism
FA	: Fanconi anaemia
FAH	: Fumaryl acetoacetatehydrolase
FISH	: Fluorescent in situ hybridization
FL	: Follicular lymphoma
G-CSF	: Granulocyte colony-stimulating factor
GD	: Gaucher's disease
GFP	: Green fluorescent protein
GH	: Growth hormone
GM-CSF	: Granulocyte macrophage- colony stimulating factor

List of Abbreviations (Cont.)

GPI	: Glycosylphosphatidylinositol
GVHD	: Graft versus host disease
GVL	: Graft versus leukaemia
GVT	: Graft versus tumour
HbS	: HaemoglobinS
HCT	: Hematopoietic cell transplantation
HD	: Hodgkin's disease
HDIT	: High dose immunosuppressive therapy
HESC	: Human embryonic stem cell
HLA	: Human leukocyte antigens
HDC	: High dose chemotherapy
HSCs	: Haematopoietic stem cells
HSCT	: Haematopoietic stem cells transplantation
HSV	: Herpes simplex virus
HU	: Hydroxyurea
IBMR	: International Bone Marrow Registry
ICM	: Inner cell mass
Ig	: immunoglobulin
IgA	: Immunoglobulin A
IgG	: Immunoglobulin G
IgM	: Immunoglobulin M
IHC	: Immuno histochemistry
INF	: Interferon
IPI	: International Prognostic Index
IPSC	: Inducible pluripotent stem cell
IS	: immunosuppressive
ITP	: Immune thrombocytopenic purpura
IV Ig	: Intravenous immunoglobulin
JIA	: Juvenile idiopathic arthritis
KIRs	: killer immunoglobulin-like receptors
LDH	: Lactate dehydrogenase
LIF	: Leukemia inhibitory factor
LVL	: Large volume leukapheresis

List of Abbreviations (Cont.)

MAPCS	: Multipotent Adult progenitor cells
MDP	: Marrow donor program
MDS	: Myelodysplastic syndromes
MEFs	: Mouse embryonic fibroblasts
MES	: Mouse embryonic stem cell
MHC	: Major histocompatibility complex
MLD	: Metachromatic leukodystrophy
MM	: Metanephric mesenchyme
MMF	: Mycophenolate mofetil
MRI	: Magnetic resonance imaging
MS	: Multiple sclerosis
MSC	: Mesenchymal stem cell
MTX	: Methotrexate
MUD	: Matched unrelated donor
NCCN	: National comprehensive cancer net work
NCI	: National cancer Institute
NHL	: Non-Hodgkin's lymphomas
NHLBI	: National heart, lung, blood, institute
MPS	: Mucopolysaccharidoses
NK cells	: Natural killer cells
NOD\SCID	: Non obese diabetic severe combined immunodeficient
OS	: Overall survival
PBPCs	: Peripheral blood progenitor cells
PBSCs	: Peripheral blood stem cells
PCP	: Pneumocystis carinii pneumonia
PFS	: Progression free survival
PNH	: Paroxysmal nocturnal hemoglobinuria
PTLD	: Posttransplant lymphoproliferative disorders
RA	: Rheumatoid arthritis
RAD	: Renal tubules Assist device
RF	: Rheumatoid factor
RPTCS	: Renal proximal tubule cells

RSV	: Respiratory syncytial virus
SAA	: Severe aplastic anemia
SCID	: Sever combined immune deficiencies
SCN	: Sever congenital neutropenia
SCT	: Stem cell transplantation
SDF-1	: Stromal cell derived factor-1
SLE	: Systemic lupus erythrematosus
Sp cells	: Side population cells
SSc	: Systemic Sclerosis
TBI	: Total body irradiation
TBV	: Total blood volume
TCD	: T cell depletion
TCR	: T cell receptors
TGF-B	: Transforming growth factor B
TNF-alpha	: Tumour necrosis factor
TOPGARE	: Transplantation procenitor cells and regeneration Enhancement
TRM	: Transplantation related mortality
UCB	: Umbilical cord blood
UB	: Ureteric bud
VEGF	: Vascular endothelial growth factor
VHL	: Von hippel lindau
VOCs	: Veno-occlusive crisiss
VOD	: Veno-occlusive disease
VZV	: Varicella zoster virus
WAS	: Wiskott-Aldrich syndrome

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Diseases

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الجديد فى استخدام الخلية الجزعية لعلاج أمراض الكلى

رسالة توطئة للحصول على درجة الماجستير
فى أمراض الباطنة العامة

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الملخص العربي

بدأت أبحاث العلماء بعد نهاية الحرب العالمية الثانية فى البحث عن الآثار المترتبة على التعرض للإشعاع الذرى وأساليب الوقاية منها، ووجدوا لعلماء من خلال التجارب على الفئران إن نقل نخاع العظمي من فأر سليم إلى فأر مصاب بالإشعاع يؤدي إلى شفائه، فبدأوا التجارب على الإنسان بنفس الطريقة لعلاج سرطانات الدم.

ويمكن الحصول على الخلايا الأولية من نخاع العظمي أو من الدم بعد استعمال منشطات الخلايا الأولية للدم،

أو من الحبل السرى الذي يحتوي على عدد كبير من الخلايا الأولية للدم، وقد يكون المتبرع هو المريض نفسه أو من شخص آخر سليم أو التوائم المتطابقة.

ولقد أوضحت العديد من الدراسات العديدة فى مجال الكلى أن تجديد وتطوير أنسجة الكلى عن طريق الخلايا الجذعية فقط لا يعطينا الفرصة لمعرفة طريقة تجديد وبناء خلايا الكلى ولكن أيضا لتوضيح استخدام الخلايا الجذعية لعلاج أمراض الكلى المتعددة.

وفي مجال الكلى فإن العلاج بالخلية الجذعية فتح أفق واسعة النطاق لعلاج أمراض التهاب كبيبات الكلى، اعتلال الكلى، نخر الأنابيب الخلوية الحاد، الفشل الكلوي الحاد والمزمن.

ويعتبر استخدام الخلية الجذعية المستمدة من خلايا نخاع العظام والخلايا الليمفاوية من الركائز الأساسية لعلاج أورام الكلى الخبيثة

المستعصية الواسعة الانتشار وذلك من خلال تطبيق استخدامها على ما يقرب من تسعة عشر مريضاً بالمركز الدولي لأمراض القلب والرئتين والدم، حيث تم علاج ما يقرب من ٨٥-٩٠% من المرضى المصابون بورم Wilms باستخدام الخلايا الجذعية.

ولقد أفادت العديد من الدراسات مؤخراً أن استخدام الخلايا الجذعية المستمدة من نخاع العظام يؤدي إلى تجمع الخلايا الليفية العضلية بداخل العديد من الأنسجة المختلفة وأنسجة الكلى أيضاً وبذلك لابد من توظيف استخدامها بشكل جيد حتى لا تؤدي إلى تليف أنسجة الكلى مما قد يؤثر على دورها في علاج أمراض الكلى المختلفة واعتلال الكلى.

وقد تبين أن العلاج التحضيرى ما قبل زرع النخاع له مضاعفات تؤثر على نجاح عمليات زرع النخاع، وهذه المضاعفات تشمل الأمراض المعدية، وأمراض الكبد، والرئة، والغدد، والجهاز الهضمي، كما تؤدي إلى زيادة نسبة السرطانات الناشئة عن التعرض للعلاجات التحضيرية، ومن أهم المضاعفات الناشئة عن نقل النخاع من المتبرعين هو مهاجمة الخلايا المزروعة لجسم الإنسان المريض بواسطة الخلايا اليمفاوية (تي). ويعد التوافق النسيجي بين المتبرع والمريض هو السبب الرئيسي للمرض يليه مدى شدة العلاجات التحضيرية



Introduction

One of the fields of medicine that has raised the most expectation in recent years is cell therapy with stem cell (**Ilar, 2007**).

Stem cell is derived from adult tissue cells like bone marrow cells and embryonic stem cell which is obtained from inner cell mass of blastocyst (**Sell, 2004**).

First embryonic stem cell was isolated in 1998 and scientists and clinicians as well as the general public have followed the development of this field with great attention (**Da Silva, et al., 2006**).

The use of stem cell in different therapeutic modalities is increasing everyday. In addition to the already documented present uses for stem cell researches are anticipating their uses in treatment for such wide ranging diseases as diabetes, heart diseases, stroke, parkinsonism and Rheumatoid arthritis (**Krause, 2006**).

In the field of nephrology stem cell transplantation has opened new and unexpected therapeutic prospects for management of glomerulonephritis, nephropathies, acute and chronic renal failure (**Nippon Rinsho, 2008**).

The using of stem cell transplantation shows substantial and occasionally complete regression of widespread tumors was observed in the majority of 19 patients with treatment resistant metastatic renal cell carcinoma who were treated at the National Heart, Lung, and Blood Institute (NHLBI) Stem Cell Transplant unit and approximately 85-90% of patients suffering from Wilms' tumor are now cured with stem cell therapy (**Conrad R, et al., 2008**).



Aim of work

To review recent applications of stem cell in management of patient with renal diseases.

What are Stem Cells?

Stem cells are unspecialized cells that have two defining properties: the ability to differentiate into other cells and the ability to self-regenerate. (*Sell, S. 2004*).

Stem cells are cells found in most, if not all, multi-cellular organisms. They are characterized by the ability to renew themselves through mitotic cell division and differentiating into a diverse range of specialized cell types. Research in the stem cell field grew out of findings by Canadian scientists Ernest A. McCulloch and James E. Till in the 1960s (*Becker AJ, et al., 2003*).

The two broad types of mammalian stem cells are: embryonic stem cells that are isolated from the inner cell mass of blastocysts, and adult stem cells that are found in adult tissues. In a developing embryo, stem cells can differentiate into all of the specialized embryonic tissues. In adult organisms, stem cells and progenitor cells act as a repair system for the body, replenishing specialized cells, but also maintain the normal turnover of regenerative organs, such as blood, skin or intestinal tissues(*Gallacher, et al., 2005*).

Stem cells can now be grown and transformed into specialized cells with characteristics consistent with cells of various tissues such as muscles or nerves through cell culture. Highly plastic adult stem cells from a variety of sources, including umbilical cord blood and bone marrow, are routinely used in medical therapies. Embryonic cell lines and autologous embryonic stem cells generated through therapeutic cloning have also been proposed as promising candidates for future therapies. (*Tush be, et al., 2006*).