

# **Stem Cell Transplantation in Liver Diseases**

*Essay*

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# زراعة الخلايا الجذعية فى أمراض الكبد

مقالة مقدمة من

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# List of Abbreviations

<b>2-AAF</b>	: 2-acetylaminofluorene
<b>AA</b>	: Allyl alcohol
<b>AAT</b>	: Alpha 1- antitrypsin deficiency
<b>ABMI</b>	: Autologous bone marrow cell infusion
<b>AECs</b>	: Amniotic epithelial cells
<b>AFP</b>	: Alpha-fetoprotein
<b>AGPR</b>	: Asialoglycoprotein receptor
<b>ALD</b>	: Alcoholic liver disease
<b>ALL</b>	: Acute lymphoblastic leukemia
<b>allo-HCT</b>	: Allogeneic hematopoietic cell transplantation
<b>ALS</b>	: Amyotrophic lateral sclerosis
<b>ALT</b>	: Alanine aminotransferase
<b>AML</b>	: Acute myeloid leukemia
<b>APC</b>	: Activated protein C
<b>APS</b>	: Anti phospholipid syndrome
<b>ASCs</b>	: Adult Stem Cells
<b>AST</b>	: Aspartate aminotransferase
<b>ATG</b>	: Anti-thymocyte globulin
<b>AVN</b>	: Avascular necrosis of bone
<b>BAL</b>	: Bio-artificial liver
<b>BAL</b>	: Bronchoalveolar lavage
<b>Bcl-2</b>	: Prototype for a family of mammalian genes and the proteins they produce multidrug resistant gene MDRI
<b>BMC</b>	: Bone marrow-derived cells
<b>BMCs</b>	: Bone marrow cells
<b>BMD</b>	: Bone mineral density
<b>BMMSCs</b>	: Bone marrow mesenchymal stem cells
<b>CB</b>	: Cord blood
<b>CCl4</b>	: Carbon tetrachloride
<b>CD</b>	: Crohn's disease
<b>CIMF</b>	: Chronic idiopathic myelofibrosis
<b>CLL</b>	: Chronic lymphocytic leukemia
<b>CML</b>	: Chronic myeloid leukemia
<b>CR1</b>	: First clinical remission
<b>CR2</b>	: Second clinical remission
<b>CSA</b>	: Cyclosporine
<b>DAH</b>	: Diffuse alveolar haemorrhage
<b>DDP IV+</b>	: Dipeptidyl peptidase IV-positive
<b>DFS</b>	: Disease free survival

<b>DMARDs</b>	: Disease-modifying antirheumatic drugs
<b>EBMT</b>	: European Group for Blood and Marrow Transplantation
<b>ECM</b>	: Extracellular matrix
<b>ESCs</b>	: Embryonic stem cells
<b>EULAR</b>	: European League against Rheumatism
<b>F344</b>	: Nagase analbuminemic rat
<b>FAH</b>	: Fumarylacetoacetate hydrolase
<b>FBS</b>	: Fetal bovine serum
<b>FISH</b>	: Fluorescence in situ hybridization
<b>FL</b>	: Follicular lymphoma
<b>FLRV</b>	: Future liver remnant volume
<b>FSCs</b>	: Fetal stem cells
<b>GFP</b>	: Green fluorescence protein
<b>GFR</b>	: Glomerular filtration rate
<b>GGT</b>	: Gamma-glutamyl transpeptidase
<b>GVHD</b>	: Graft-versus-host disease
<b>HD</b>	: Hodgkin's disease
<b>HGF</b>	: Hepatocyte growth factor
<b>HHV-6</b>	: Human herpes virus-6
<b>HLA</b>	: Human leukocyte antigen
<b>HSCs</b>	: Hematopoietic stem cells
<b>HSCT</b>	: Hematopoietic stem cell transplantation
<b>ICMs</b>	: Inner cell masses
<b>IHBC</b>	: Intermediate hepatobiliary cells
<b>IL-11</b>	: Interleukin-11
<b>ISEMFs</b>	: Intestinal subepithelial myofibroblasts
<b>LCT</b>	: Liver cell transplantation
<b>LVEF</b>	: Left ventricular ejection fraction
<b>MACS</b>	: Magnetic cell sorting
<b>MDS</b>	: Myelodysplastic syndromes
<b>MELD</b>	: Model of End-Stage Liver Disease
<b>MHC</b>	: Major histocompatibility complex
<b>MIBE</b>	: Measles inclusion body encephalitis
<b>MMP-9</b>	: Matrix metalloproteinase 9
<b>MNCs</b>	: Mononuclear cells
<b>MOH</b>	: Ministry of Health
<b>MPB</b>	: Mobilized peripheral blood
<b>MRI</b>	: Magnetic resonance imaging
<b>MS</b>	: Multiple sclerosis
<b>MSCs</b>	: Mesenchymal stem cells
<b>MUD</b>	: Matched unrelated donors
<b>NARs</b>	: Nagase analbuminemic rats
<b>NASH</b>	: Non-alcoholic steatohepatitis
<b>NHL</b>	: Non-Hodgkin lymphoma

<b>OLT</b>	: Orthotopic liver transplantation
<b>P450</b>	: Phenobarbital-inducible cytochrome-P450
<b>PCNA</b>	: Proliferating cell nuclear antigen
<b>PDSCs</b>	: Placenta-derived stem cells
<b>PVE</b>	: Portal vein embolization
<b>RA</b>	: Rheumatoid arthritis
<b>REPAIR-AMI</b>	: Reinfusion of Enriched progenitor cells and Infarct Remodeling in Acute Myocardial Infarction
<b>RSV</b>	: Respiratory syncytial virus
<b>RT-PCR</b>	: Reverse Transcription-Polymerase Chain Reaction
<b>Sca-1</b>	: Stem cell antigen-1
<b>SCF</b>	: Stem cell factor
<b>SCs</b>	: Stem cells
<b>SCT</b>	: Stem cell transplantation
<b>SDF-1</b>	: Stromal cell-derived factor-1
<b>SDF-1 alpha</b>	: Stromal cell-derived factor-1 alpha
<b>SEC</b>	: Sinusoidal endothelial cells
<b>SS</b>	: Systemic sclerosis
<b>STZ</b>	: Streptozotocin
<b>TBI</b>	: Total body irradiation
<b>TPO</b>	: Thrombopoietin
<b>TRM</b>	: Transplant-related mortality
<b>UC</b>	: Ulcerative colitis
<b>UCB</b>	: Umbilical cord blood
<b>VOD</b>	: Veno-occlusive disease
<b><math>\alpha</math>-MEM</b>	: $\alpha$ minimal essential medium

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# Introduction

Transplantation is an accepted treatment today for many people suffering from organ failure. More and more patients are referred for transplant surgery, and the waiting lists are growing longer because not enough organs and tissues are donated for transplantation. This has led to several potentially viable alternatives being considered, including bio-artificial support devices, the transplantation of mature cells or stem/progenitor cells and the potential transplantation of xenogenic organs and cells (*Burra et al., 2004*).

Orthotopic liver transplantation (OLT) is the gold standard treatment for end-stage liver failure and for numerous liver based inborn errors of metabolism. However, organ shortage remains a major limiting factor and alternative solutions are being examined in the liver therapy field. Liver cell transplantation (LCT) is emerging with heartening success, but is still limited by cell viability, modest engraftment and limited tissue availability (*Stephennie et al., 2006*). Increasing interest is carried to stem cells regarding the recent demonstration of their plasticity (*Verfaillie et al., 2002*).

A stem cell is an undifferentiated cell capable of renewing itself throughout its life and of generating one or more types of differentiated cells. While embryonic stem cells (ESCs) are the only ones to be totipotent, adult tissues with high cellular turnover (e.g. skin, gut mucosa and bone marrow) retain a population of stem cells with restricted differentiation potential that constantly supply the tissue with new cells (*Heidelbaugh and Bruderly, 2006*).

## *Introduction*

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The two broad types of mammalian stem cells are: embryonic stem cells that are found in 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. As stem cells can be grown and transformed into specialized cells with characteristics consistent with cells of various tissues such as muscles or nerves through cell culture, their use in medical therapies has been proposed. In particular, embryonic cell lines, autologous embryonic stem cells generated through therapeutic cloning, and highly plastic adult stem cells from the umbilical cord blood or bone marrow are touted as promising candidates (*Tuch, 2006*).

The discovery of the pluripotent stem cells made the prospect of cell therapy and tissue regeneration a clinical reality that hold a great promise to repair, restore, replace affected organs (*Levicar et al., 2007*).

Bone marrow derived stem cells represents a candidates for liver directed gene therapy and tool for the regenerative medicine (*Idilman et al., 2007*).

## **Aim of the Essay**

The aim of the essay is to review the subject of stem cell transplantation and to highlight its role in management of various liver diseases.

# Stem Cell

## Stem cell definition:

Stem cells are unspecialized cells that have two defining properties: the ability to differentiate into other cells and the ability to self regenerate (*Piscalgia et al., 2008*).

## Properties of stem cells

The classical definition of a stem cell requires that it possess two properties:

- Self-renewal - the ability to go through numerous cycles of cell division while maintaining the undifferentiated state.
- Potency - the capacity to differentiate into specialized cell types. In the strictest sense, this requires stem cells to be either totipotent or pluripotent - to be able to give rise to any mature cell type, although multipotent or unipotent progenitor cells are sometimes referred to as stem cells (*Takahashi and Yamanaka, 2006*).

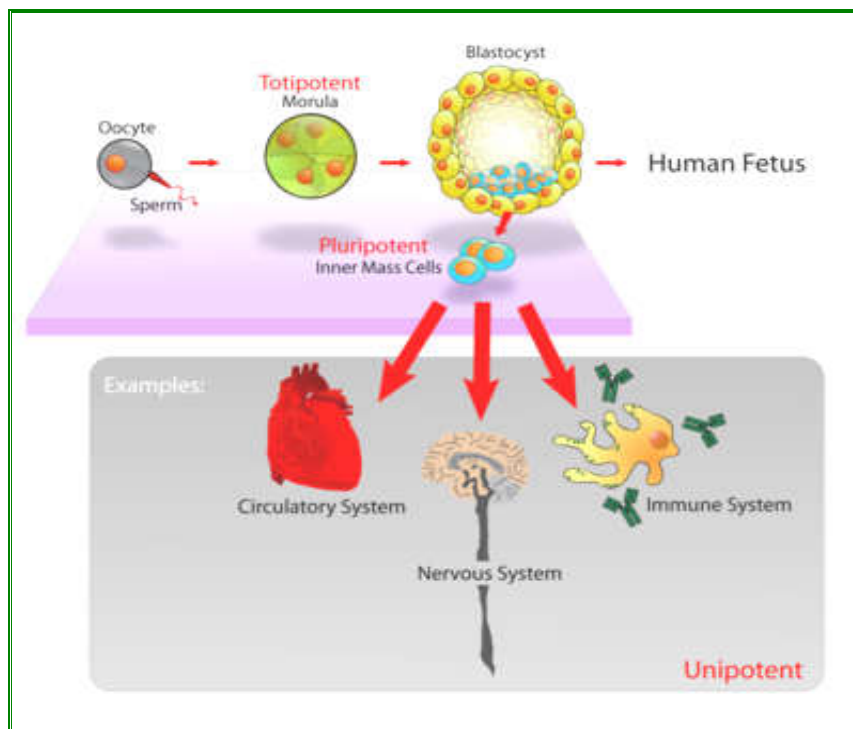
Potency specifies the differentiation potential (the potential to differentiate into different cell types) of the stem cell.

Totipotent stem cells are produced from the fusion of an egg and sperm cell. Cells produced by the first few divisions of the fertilized egg are also totipotent. These cells can differentiate into embryonic and extraembryonic cell types.

Pluripotent stem cells are the descendants of totipotent cells and can differentiate into cells derived from any of the three germ layers.

Multipotent stem cells can produce only cells of a closely related family of cells (e.g. hematopoietic stem cells differentiate into red blood cells, white blood cells, platelets, etc.).

Unipotent cells can produce only one cell type, but have the property of self-renewal which distinguishes them from non-stem cells (e.g. muscle stem cells) (Yu et al., 2007).



**Fig. (1):** Pluripotent, embryonic stem cells originate as inner mass cells within a blastocyst. The stem cells can become any tissue in the body, excluding a placenta. Only the morula's cells are totipotent, able to become all tissues and a placenta (Jaenisch, 2004).

## **History of stem cell**

Hematopoietic stem-cell transplantation was originally conceived more than 50 years ago as a treatment for injury from irradiation and, later, for cancer, associated problems needed to be solved before the procedure could be used clinically. Bone marrow, the source of hematopoietic stem cells, is not a solid organ but is rather diffuse and not directly accessible.

Studies from the mid-20th century demonstrated that massive total-body irradiation causes fatal damage to the gastrointestinal and central nervous systems. Lower doses lead to delayed death from hemorrhage and infection. In animal models, the transplantation of genetically identical (syngeneic) marrow or the animal's own (autologous) stored marrow averted death. Grafts from histocompatible littermates also permitted survival. The transplantation of marrow that was not genetically identical (allogeneic) to that of the recipient resulted in an immunologic reaction by the donor lymphocytes against the recipient, causing inflammation of the target tissues, termed graft-versus-host disease (GVHD). Treatment with methotrexate suppressed GVHD. As an alternative to total-body irradiation, cyclophosphamide as a preparative regimen also permitted the engraftment of allogeneic marrow.

Thomas was a pioneer in applying the results from early studies in animals to the treatment of leukemia in people. In 1959, he and his colleagues reported that a patient with end-stage leukemia who was treated with total-body irradiation, followed by infusion of her identical twin's marrow, had a three-month remission (*Thomas et al., 1959*).