

بسم الله الرحمن الرحيم





شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



جامعة عين شمس

التوثيق الإلكتروني والميكرو فيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
على هذه الأقراص المدمجة قد أعدت دون أية تغييرات



يجب أن

تحتفظ هذه الأقراص المدمجة بعيدا عن الغبار



**A Comparative Histological Study on the Role of
Umbilical Cord Mesenchymal Stem Cells Versus
Their Conditioned Medium on the Pancreatic Beta
Cells in Experimentally Induced Diabetes Mellitus in
Albino Rat**

**Histological study
Thesis**

Submitted for Partial fulfillment of
M.Sc. Degree in Histology and Cell Biology

By

Nermeen Hamed Abd El Kader

*Demonstrator of Histology and Cell Biology
Faculty of Medicine, Ain Shams University*

Under Supervision of

Prof. Dr. Mohamed Abd ElRahman Ahmed Mekawy

*Professor of Histology and Cell Biology
Faculty of Medicine, Ain Shams University*

Prof. Dr. Mona Hussien Raafat Ahmed

*Professor of Histology and Cell Biology
Faculty of Medicine, Ain Shams University*

Dr. Asmaa Abd ElMonem Mohamed Abo Zeid

*Assistant Professor of Histology and Cell Biology
Faculty of Medicine, Ain Shams University*

**Faculty of Medicine
Ain Shams University
2021**

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



صدق الله العظيم

سورة التوبة آية (105)



Acknowledgement

*First, thanks are all due to **Allah** for Blessing this work until it has reached its end, as a part of his generous help throughout our life.*

*I would like to express my respectful thanks and profound gratitude to **Professor Dr. Mohamed Abd ElRahman Mekawy**, Professor of Histology and Cell Biology - Faculty of Medicine- Ain Shams University for his keen guidance, kind supervision, valuable advice and continuous encouragement, which made the completion of this work possible.*

*I am also delighted to express my deepest gratitude and thanks to **Professor Dr, Mona Hussien Raafat** Professor of Histology and Cell Biology, Faculty of Medicine, Ain Shams University, for her kind care, continuous supervision, valuable instructions, constant help and great assistance throughout this work,*

*I wish to introduce my deep respect and thanks to **Dr. Asmaa Abd ElMonem Abo Zeid**, Assistant Professor of Histology and Cell Biology, Faculty of Medicine, Ain Shams University, for her encouragement, kindness, supervision and cooperation in this work,*

I would like to express my thanks to my friends and colleagues at the Histology department, Faculty of Medicine- Ain Shams University for their support till this work was completed.



Nermeen Hamed Abd El Kader



Dedication

To:

My parents

for their endless love, support, and continuous care

My Husband & My Family

- *To my sons, to my friends*
- *To my professors*

Thank you all



List of Contents

| Title | Page No. |
|------------------------------------|----------|
| List of Abbreviations | i |
| List of Tables | iii |
| List of Histogram | iv |
| Abstract | v |
| Introduction | 1 |
| Aim of the Work | 3 |
| Review of Literature | 4 |
| Materials and Methods..... | 26 |
| Results | 40 |
| Discussion | 140 |
| Summary | 151 |
| Conclusion & Recommendations | 156 |
| References..... | 157 |
| Arabic Summary | — |

List of Abbreviations

| <i>Abb.:</i> | <i>Full term</i> |
|---------------------|---|
| AD-MSCs | : Adipose derived mesenchymal stem cells |
| ADSC-CM | : Adipose derived stem cells- conditioned medium |
| BDNF | : Brain derived neurotrophic factor |
| BM | : Bone marrow |
| BM-MSCs | : Bone marrow derived mesenchymal stem cells |
| CD | : Cluster of differentiation |
| CM | : Conditioned Medium |
| DM | ; Diabetes Mellitus |
| DMEM | : Dulbecco's modified Eagle's medium |
| EDTA | : Ethylene diamine tetraacetic acid |
| EGF | : Epidermal growth factor |
| EV | : Extracellular vesicles |
| FBS | : Fetal bovine serum |
| FGF-2/Bfgf | : Fibroblast growth factor 2/basic fibroblast growth factor |
| GLUT2 | : Glucose transporter type 2 |
| GLUT4 | : Glucose transporter type 4 |
| HEGF | : Heparin binding epidermal growth factor |
| HGF | : Hepatocyte growth factor |
| hUCB-MSCs | : Human umbilical cord blood derived mesenchymal stem cells |
| hUC-MSCs | : Human umbilical cord derived mesenchymal stem cells |
| IGF-I | : Insulin derived growth factor I |
| IGF-II | : Insulin derived growth factor II |

List of Abbreviations (Cont.)

| <i>Abb.:</i> | <i>Full term</i> |
|---------------------|--|
| KGF/FGF-7 | : Keratinocyte growth factor/ fibroblast growth factor 7 |
| MHC-II | : Major histocompatibility complex II |
| MNCs | : Mononuclear cells |
| MODY | : Maturity onset diabetes of the young |
| MSCs | : Mesenchymal stem cells |
| MSCs-CM | : Mesenchymal stem cells-conditioned medium |
| NGF | : Neural growth factor |
| NPH-insulin | : Neutral protamine Hagedorn insulin |
| PARP | : Poly (adenosine-diphosphate-ribose) polymerase |
| PBS | : Phosphate buffered Saline |
| PDEGF | : Platelet derived endothelial cell growth factor |
| PDGF | : Platelet derived growth factor |
| PDX1 | : Pancreatic/Duodenal homeobox factor 1 |
| PIGF | : Placenta growth factor |
| SPSS | : Statistical Package for the Social Sciences |
| STZ | : Streptozotocin |
| T1DM | : Type 1 Diabetes Mellitus |
| T2DM | : Type 2 Diabetes Mellitus |
| UCB-MSCs | : Umbilical cord blood derived mesenchymal stem cells |
| UC-MSCs | : Umbilical cord derived mesenchymal stem cells |
| VEGF | : Vascular endothelial growth factor |

List of Tables

| Table | Title | Page |
|-------|--|------|
| 1 | Showing changes in the mean of body weight in different groups. | 120 |
| 2 | Showing changes in the mean of blood glucose level in different groups. | 123 |
| 3 | Showing changes in the serum insulin level in different groups. | 125 |
| 4 | Showing changes in the serum C-peptide level in different groups. | 129 |
| 5 | Showing changes in the mean surface area of islets of Langerhans in different groups. | 132 |
| 6 | Showing changes in the mean area percentage of insulin immune-positive cells in different groups. | 135 |
| 7 | Showing changes in the mean area percentage of caspase-3 positive immune reaction in different groups. | 138 |

List of Histogram

| No. | Title | Page |
|-----|--|------|
| 1 | The mean values of the body weight among the different study groups. | 121 |
| 2 | The mean values of the blood glucose level among the different study groups. | 124 |
| 3 | The mean values of the serum insulin level among the different study groups. | 127 |
| 4 | The mean values of the serum C-peptide level among the different study groups. | 130 |
| 5 | The mean values of the surface area of islets of Langerhans among the different study groups. | 133 |
| 6 | The mean area percentage of insulin immune-positive cells among the different study groups. | 136 |
| 7 | The mean area percentage of caspase-3 positive immune reaction among the different study groups. | 139 |

ABSTRACT

Background: Diabetes Mellitus (D.M.) is a major health problem affecting more than 200 million worldwide. Type I diabetes mellitus (T1DM) is an autoimmune disease mediated by the destruction of β cells in the pancreas that has no definitive cure till present. Currently, regenerative medicine using umbilical cord blood derived mesenchymal stem cells (UCB-MSCs) offers promising treatment. Meanwhile, Conditioned medium (CM) shows effectiveness for medication of various diseases.

Aim of the work is to compare the role of UCB-MSCs versus their CM alone on pancreatic beta cells in a rat model of Streptozotocin (STZ)-induced type I diabetes Mellitus.

Material and Methods: Forty adult male albino rats were divided randomly into 4 groups; **Group I (control group)**, **Group II (Diabetic group)** which were injected (I.P) by a single dose of 1ml of STZ 35 mg/kg body weight and subdivided equally into **Subgroup IIA and Subgroup IIB** in which rats were sacrificed after 2 and 4 weeks respectively. **Group III (Diabetic + UCB-MSCs)** which were given STZ as in group II and each rat was injected with 1×10^6 cells/ml of UC-MSCs into tail vein and subdivided equally into **Subgroup IIIA and Subgroup IIIB** in which rats were sacrificed after 2 and 4 weeks respectively. **Group IV (Diabetic + CM)** which were given STZ as in group II and the rats received a dose of 0.5 ml of CM that was injected intramuscularly once per week and subdivided equally into **Subgroup IVA and Subgroup IVB** in which rats were sacrificed after 2 and 4 weeks respectively. Pancreatic specimens were prepared for histological and immune-histochemical techniques. Morphometrical and statistical studies were done.

Results: **Group II (Diabetic group)** stained by H& E showed distortion of the architecture of islets of Langerhans and multiple injuries in cells of the islets including vacuolations in the cytoplasm and small and darkly stained nuclei. In addition, it resulted in decrease size of islets and appearance of many empty spaces within it. There was significant decrease in body weight, serum insulin and C-peptide level and also, in insulin immunohistochemical stained positive cells. Moreover, significant increase in blood glucose and in caspase-3 immunohistochemical stained positive cells was found. **Group III (Diabetic + UCB-MSCs)** and **Group IV (Diabetic + CM)** both showed an obvious histological and biochemical improvement when compared to **Group II (Diabetic group)**.

Conclusion: UCB-MSCs injection was more effective than injection of CM in the treatment of type I diabetes mellitus. However, CM represent a new modality of cell free therapies with broad application which need more investigations.

Keywords: Type I Diabetes mellitus, Umbilical cord blood derived mesenchymal stem cells, conditioned medium.

Introduction

Diabetes Mellitus (DM) type I known as Insulin-dependent Diabetes became very frequent chronic health condition in young adolescent population (**Praveen et al., 2016**). This disease can present long -term complications and the cause of high morbidity and mortality with impact on the quality of life. Patient with type I DM faces daily challenges in maintaining adequate blood glucose levels (**Guay et al., 2013**). The number of hospitalized patients due to onset of serious complications such as diabetic ketoacidosis and severe hypoglycemia has been increased (**Seth et al., 2015**). Type I Diabetes Mellitus is characterized by absolute insulin deficiency secondary to T cell mediated autoimmune destruction of pancreatic Beta cells (**Ilonen et al., 2019**).

Streptozotocin (STZ) is a widely used chemical for experimental induction of Diabetes Mellitus in animals (**Furman et al., 2015**).

Mesenchymal stem cells are multipotent stem cells that can be isolated from bone marrow, adipose tissue, umbilical cord and many other tissues. They could be used in regenerative medicine as they have the ability to renew themselves, differentiate into a wide range of cells and have high potentiality to expand in culture (**Fu et al., 2019**). In addition, they have angiogenic, anti-apoptotic, anti-inflammatory, and immunomodulatory effects (**Xie et al., 2020**).

Umbilical cord was previously considered as biological waste; however, it has become an accepted source of human stem cells like those found in peripheral blood and bone marrow.

Umbilical cord stem cells possess many advantages over bone marrow stem cells for transplants. First, Umbilical cord stem cells processing, and collection is much easier and simpler. Indeed, the cord blood harvesting is quick and easy (**Alatyyat et al., 2020**).

Stem cells was found to repair tissues through paracrine mechanisms by expressing trophic and immunomodulatory factors. These trophic factors such as growth factors, anti-apoptotic, immunomodulatory and angiogenic factors would be capable to regenerate the injured tissues even if the stem cells didn't home in them. Another mechanism of repair was through their homing and differentiation into cells of damaged organ (**Omar et al., 2017**).

However, studies on stem cells-derived secreted growth factors showed that these factors alone without stem cells may repair tissues in various conditions of damage (**Timmers et al., 2011**). Stem cells secreted these growth factors in the culture medium, so it was called conditioned medium (CM) (**Kim et al., 2013**).

The CM has many advantages compared to the use of stem cells as it can be manufactured, freeze dried packaged and transported more easily. Moreover, it is devoid of cells, so there's no need to match the donor and the recipient to avoid rejection problems (**Bogatcheva et al., 2019**).