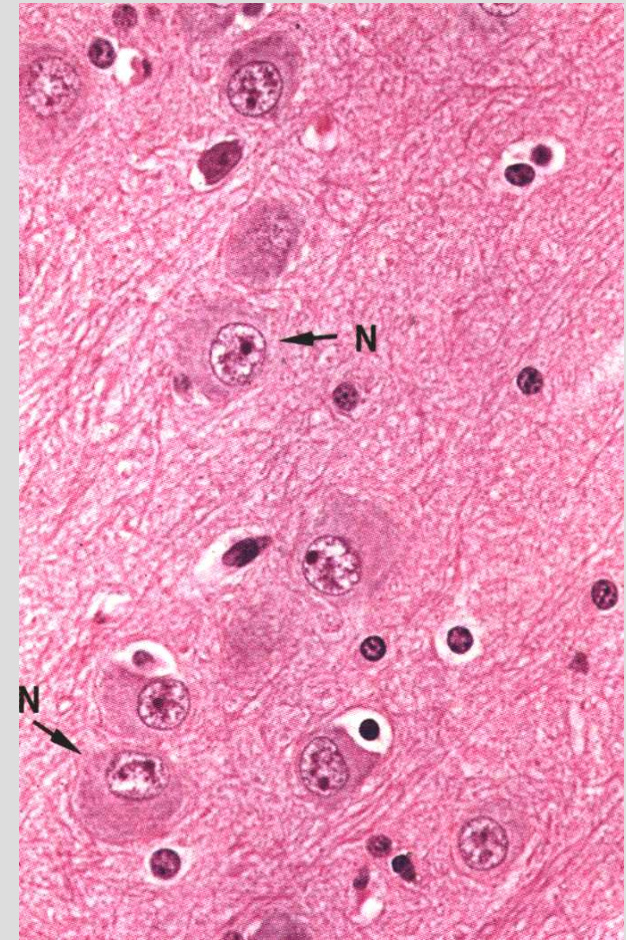
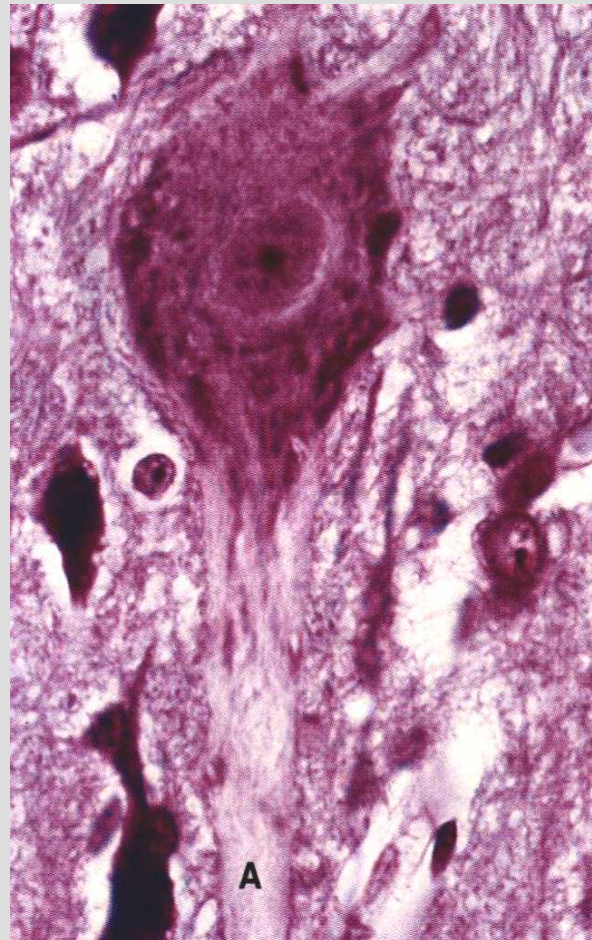
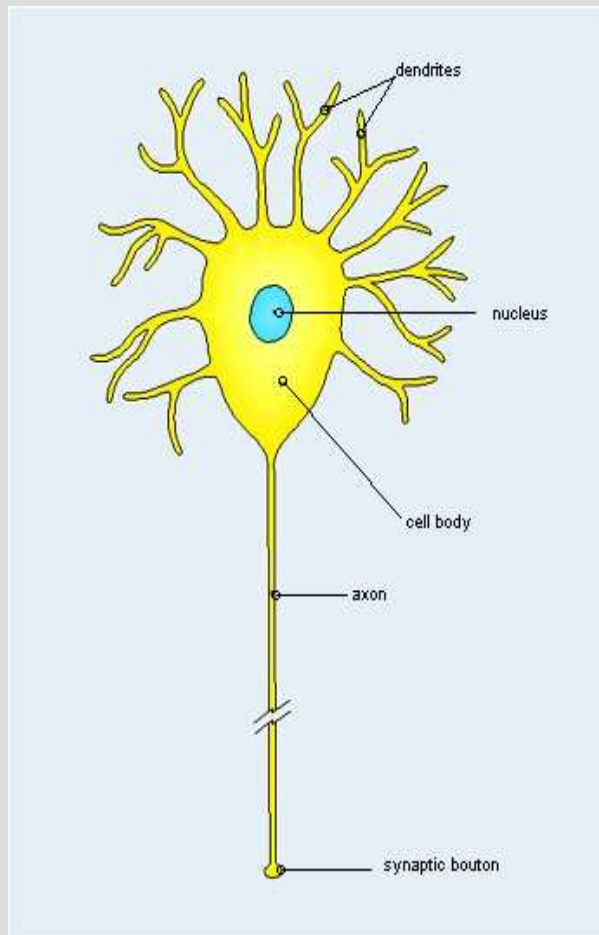


TE nervous system

Il sistema nervoso

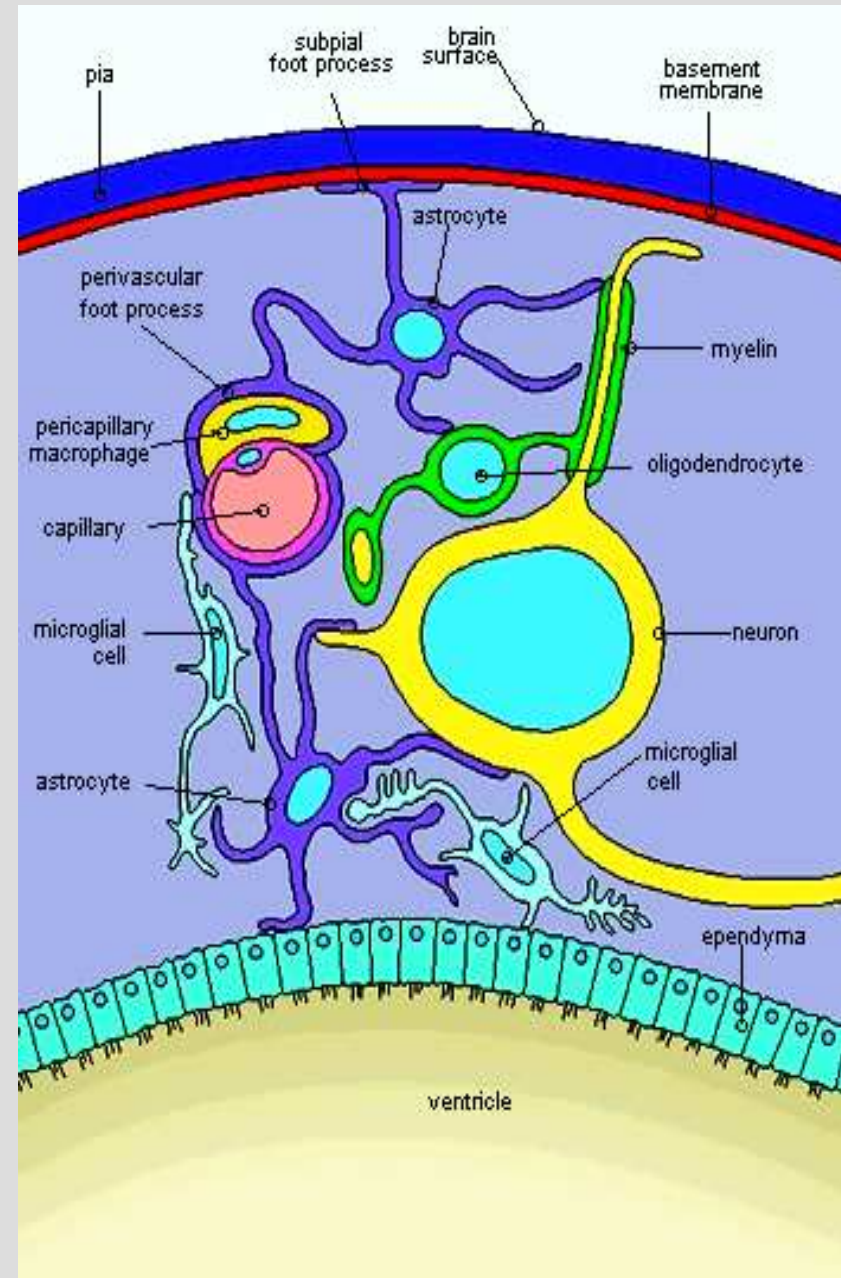
- Centrale
 - Encefalo, midollo spinale
- Periferico
 - Nervi, gangli
- Vie afferenti
- Vie efferenti

Il neurone



La glia (SNC)

- 4 tipi cellulari:
oligodendrociti
astrociti
microglia
ependima



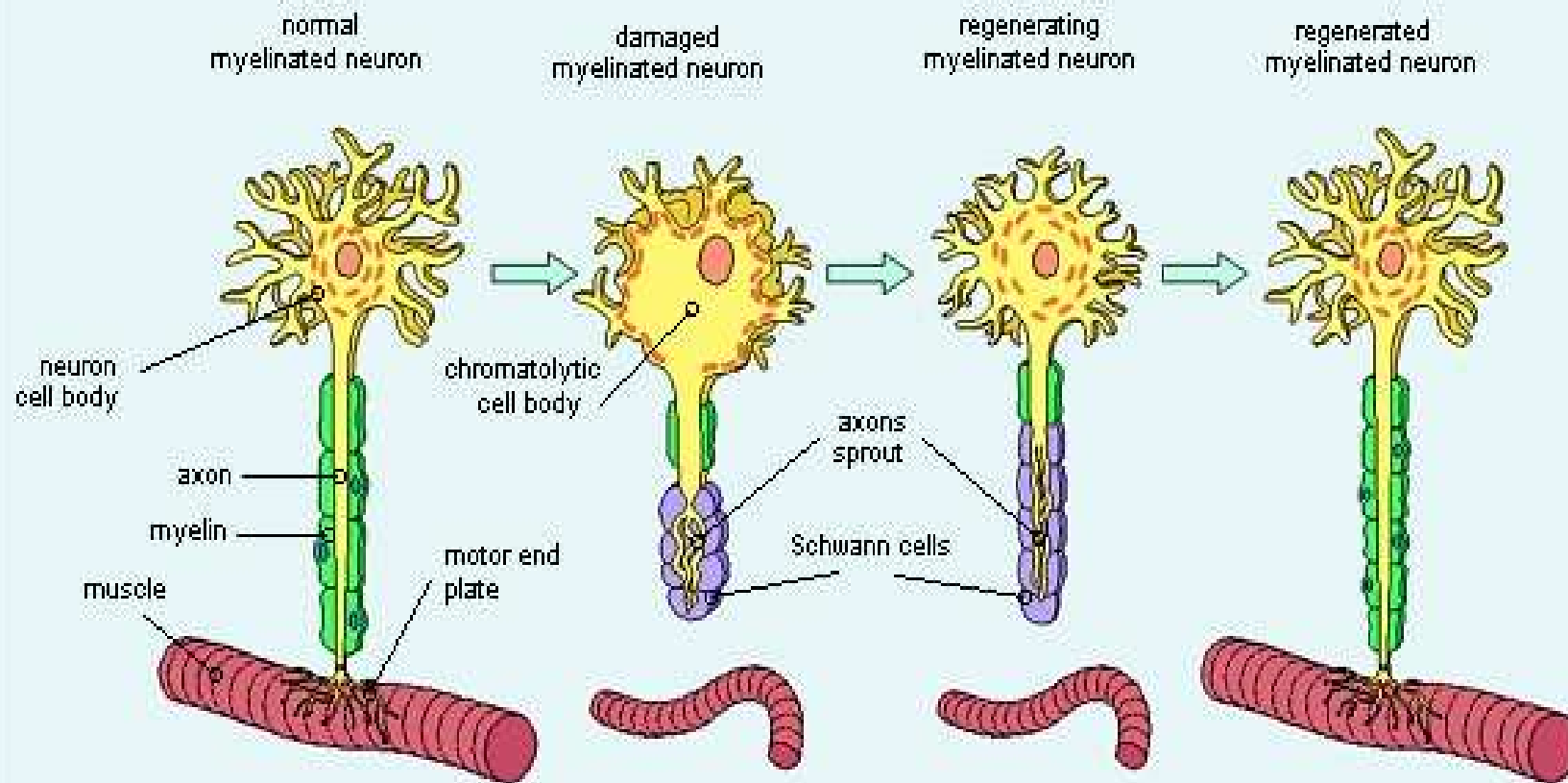
Peripheral nerve regeneration

- challenging scientific field with relevant clinical implications since nerve injuries are much more frequent than spinal cord injuries.
- Peripheral nerve lesions are common and serious injuries affecting 2.8% of **trauma** patients annually
- may result in **loss of motor function and sensory function** that generally lead to lifelong disability
- Peripheral nerve lesions are caused primarily by traumatic accidents, tumour resection, or iatrogenic side effects of various types of surgery, including orthopaedic intervention, intravenous aspiration, and cosmetic facial surgery

repair of peripheral nerve lesions

- attempted in many different ways, which have in common the goal of directing the regenerating nerve fibers into the proper distal endoneurial tubes.
- 2 strategies
 - bridging, which includes grafting and tubulization techniques (autologous nerve graft with its Schwann cells (SCs) and its basal lamina → GFs & adhesion Fs. Possibly with artificial conduits for reconstruction of nerve gaps.
 - end-to-end suturing of the nerve stumps.

Ruolo delle cellule di Schwann nella rigenerazione di un nervo lesso



Artificial nerve guidance channels (NGCs)

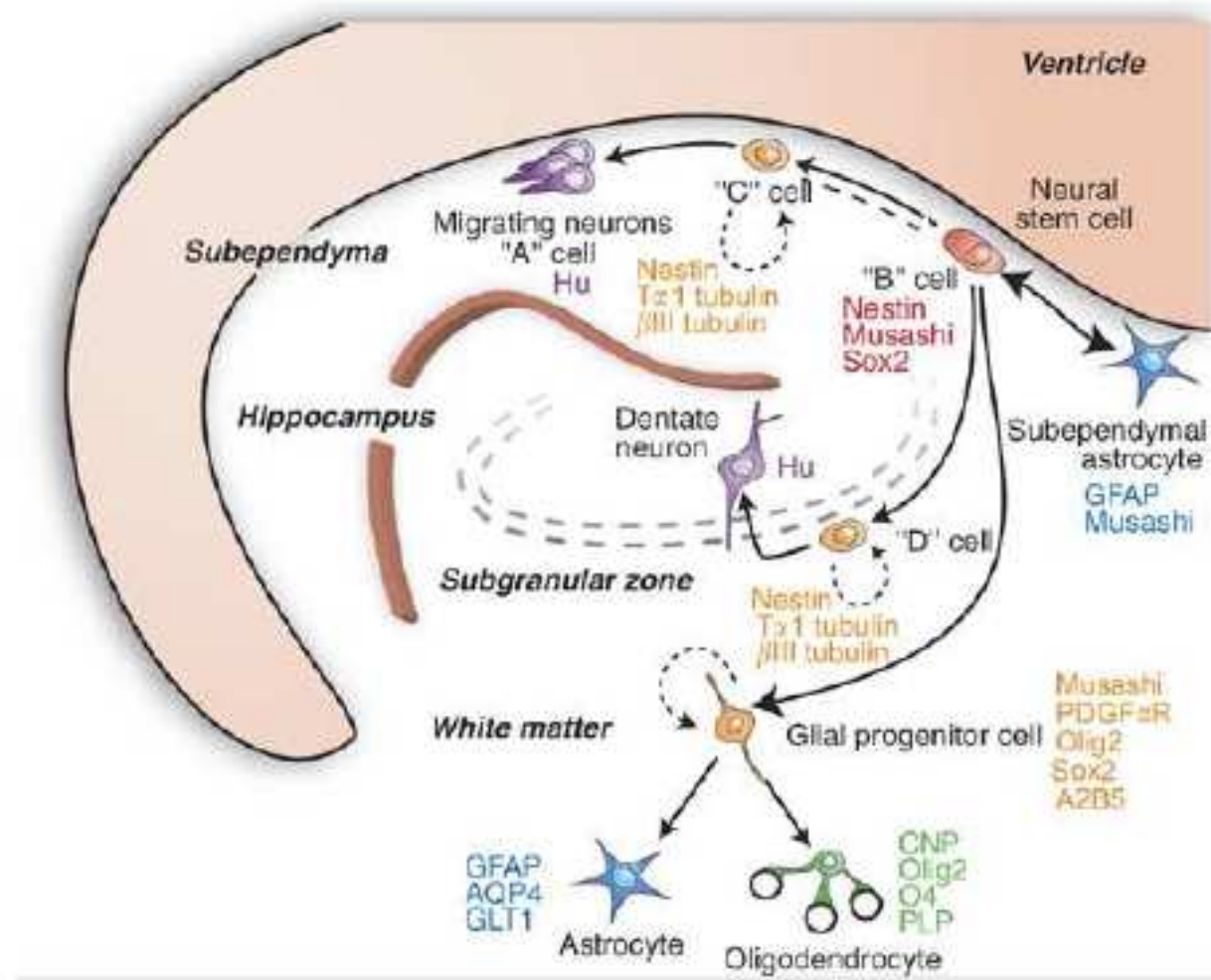
- No sacrifice of a healthy nerve and supports
- guides the axons during their growth
- avoids scar tissue infiltration in the gap
- Can be functionalized
- should ideally be biocompatible, sufficiently mechanically stable, flexible (to prevent compression of the regenerating nerve), porous to ensure supply of nutrients, degrade into nontoxic products to prevent long-term irritation
- Various materials: ...possibly functionalized

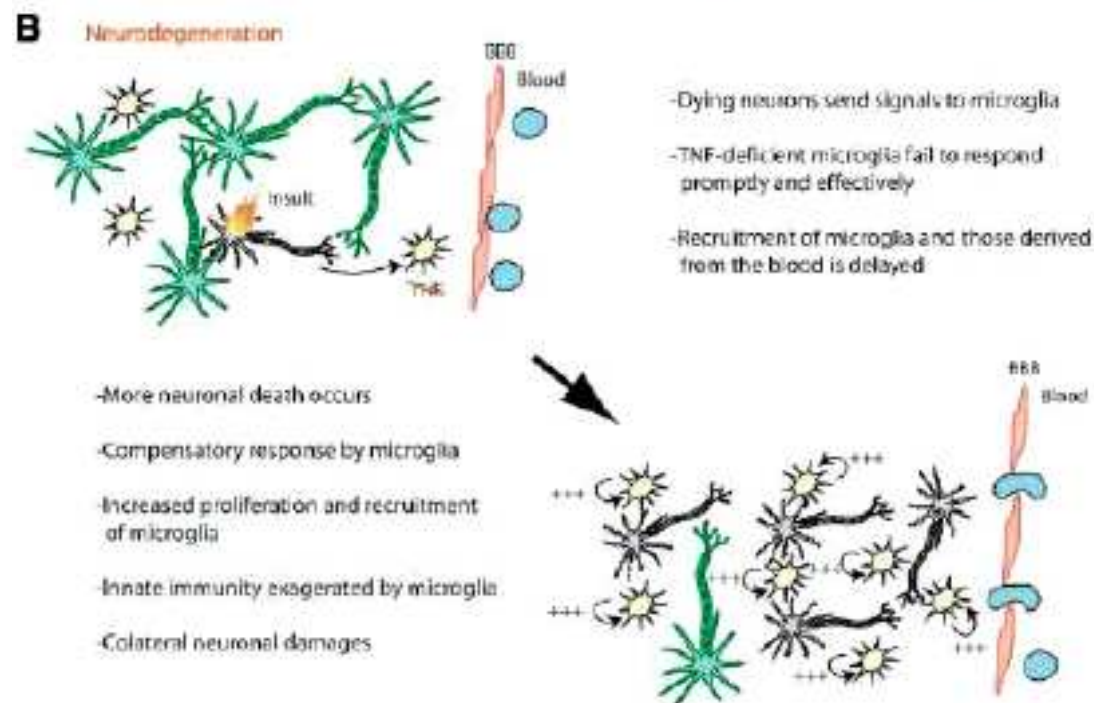
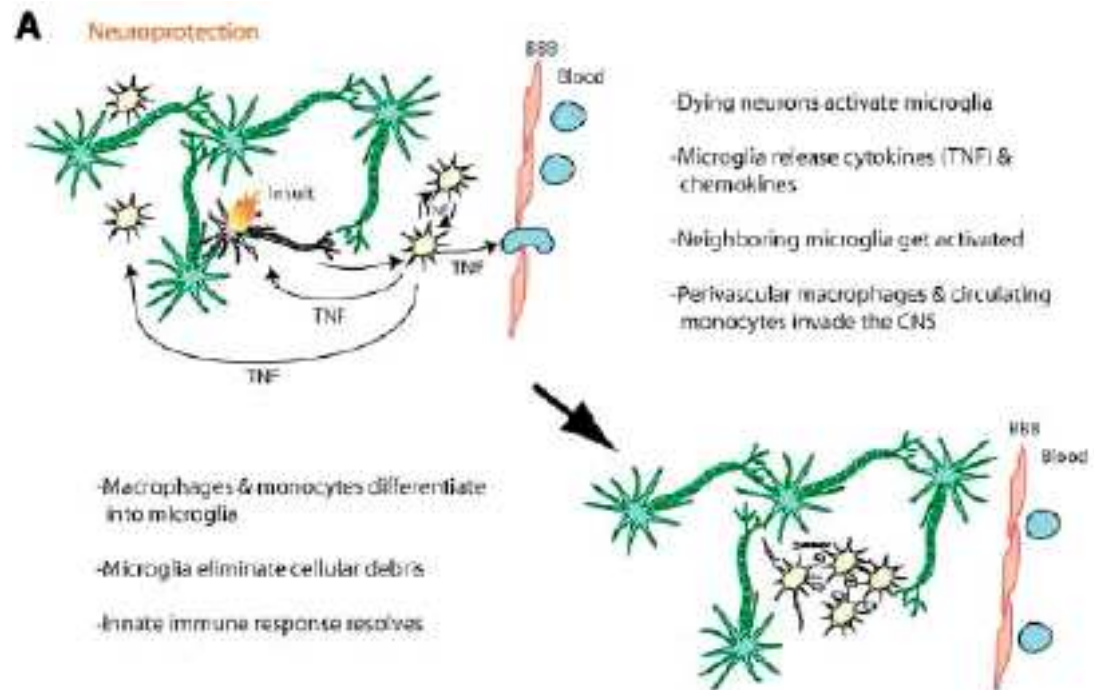
Cues in the NS

- Haptotactic = molecules in direct contact
 - Molecules mediating adhesion (laminin,...)
- Chemotactic molecules & GFs
 - NGF, GDNF, NT family
 - Spatially and temporally regulated
 - GF therapy is a difficult task due to the high biological activity, pleiotrophic effects, short biological half-life

Delivery of GFs

Stem and progenitor cells of the adult human brain





Trophic mechanism of tissue repair

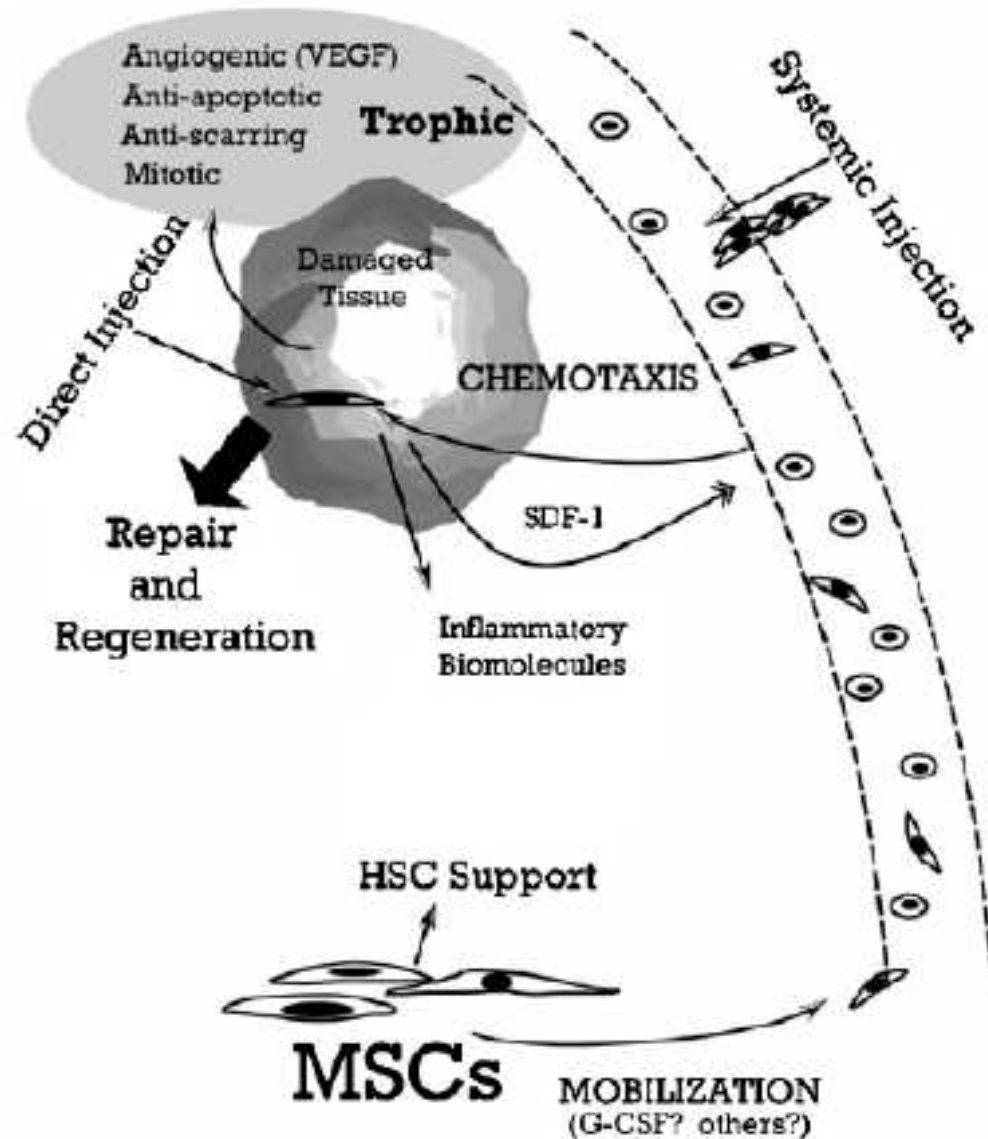


Table 1 | Biological effects of MSCs in preclinical models of disease

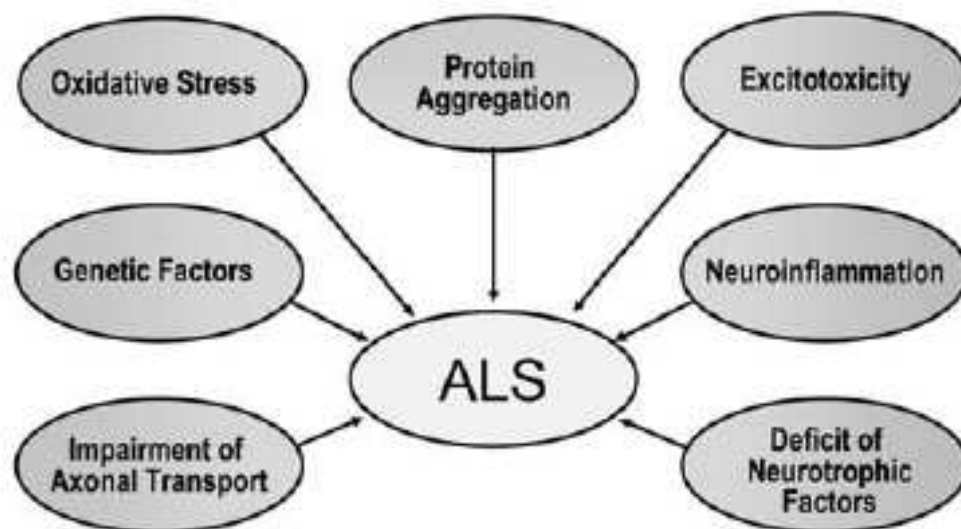
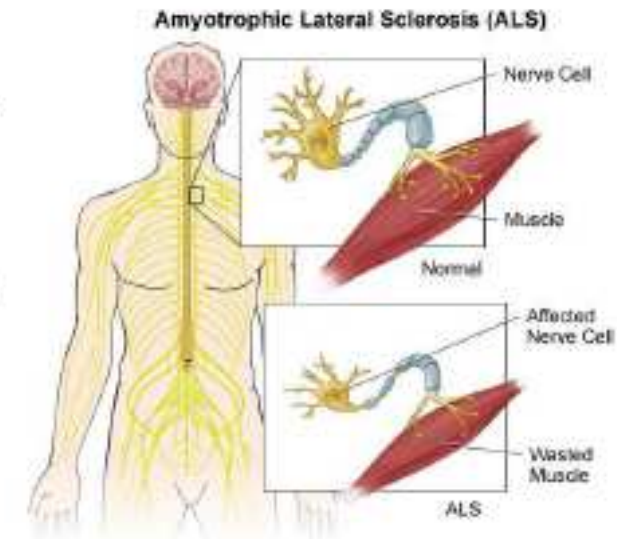
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| Retinal degeneration | Rat | Eye | Decreased retinal degeneration through anti-apoptotic and trophic molecules | Local | 117 |
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CNS, central nervous system; EAE, experimental autoimmune encephalomyelitis; HSC, haematopoietic stem cell; IGF1, insulin-like growth factor 1; IL, interleukin; MSC, mesenchymal stem cell; SFRP2, secreted frizzled-related protein 2.

SLA

AMYOTROPHIC LATERAL SCLEROSIS

- Progressive late-onset motoneuron disease
- Degeneration and death of upper and lower motoneurons
- Weakness, muscle atrophy, fasciculations, spasticity
- Death caused by respiratory failure

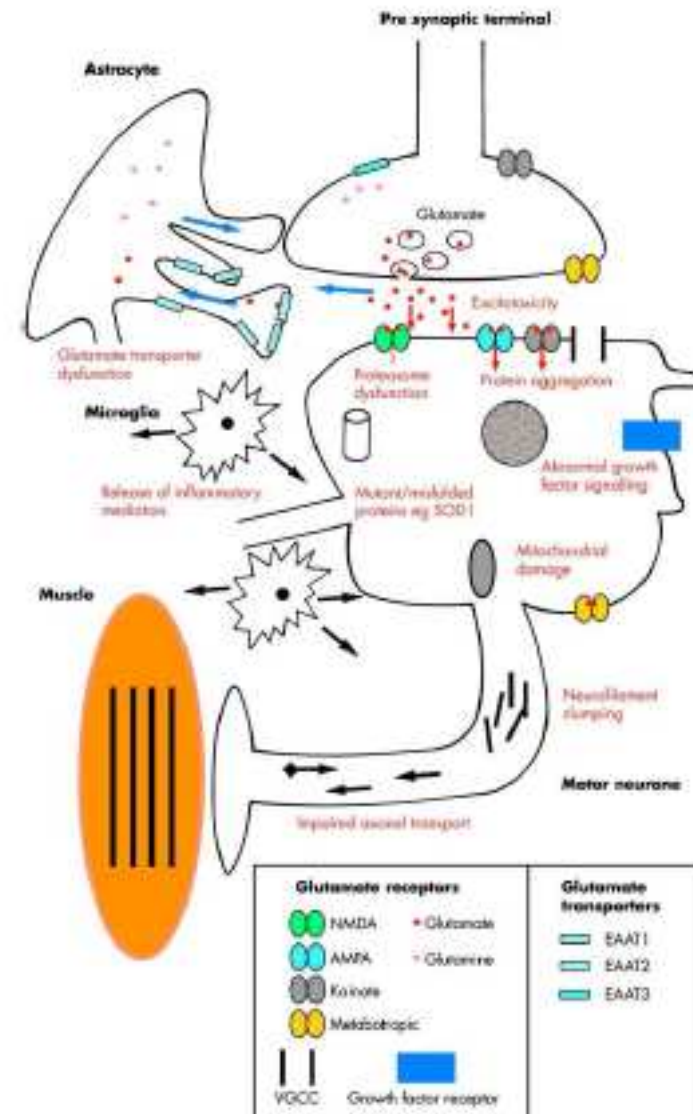
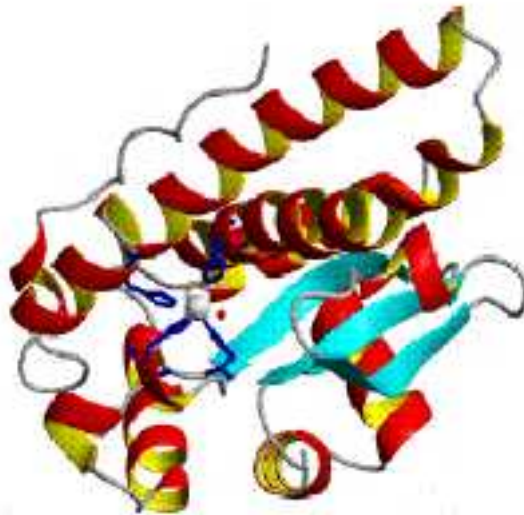


- ALS is a multifactorial disease

AMYOTROPHIC LATERAL SCLEROSIS

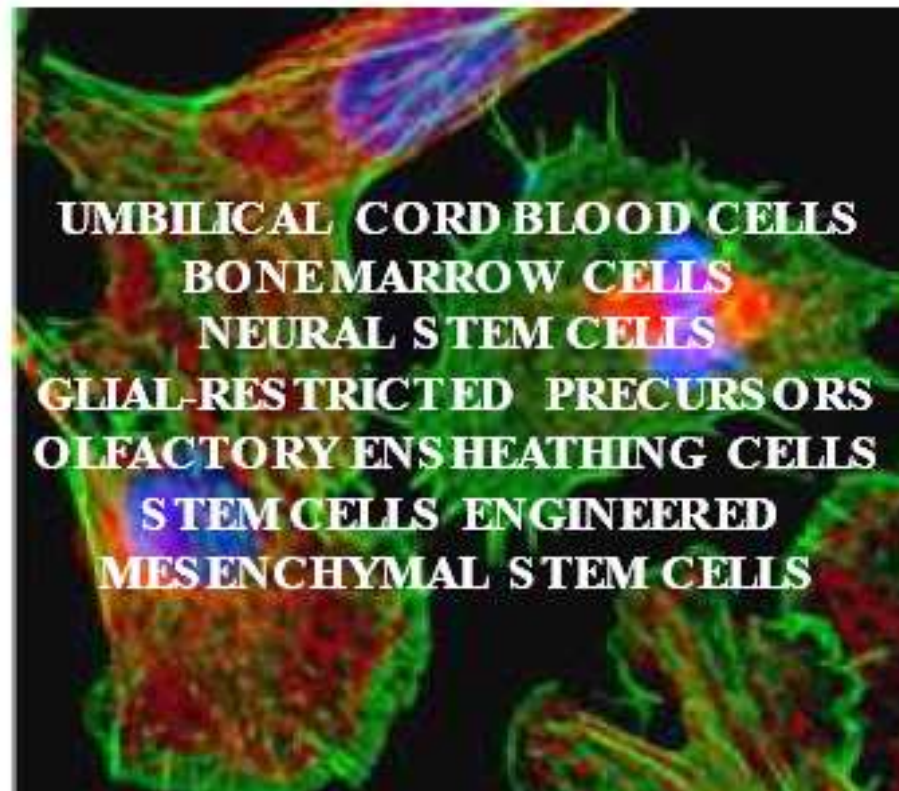
Forms of ALS:

- Familial - 5 to 10%
- Sporadic - 90 to 95%
- Mutations in the gene coding for Cu/Zn superoxide dismutase (SOD1)

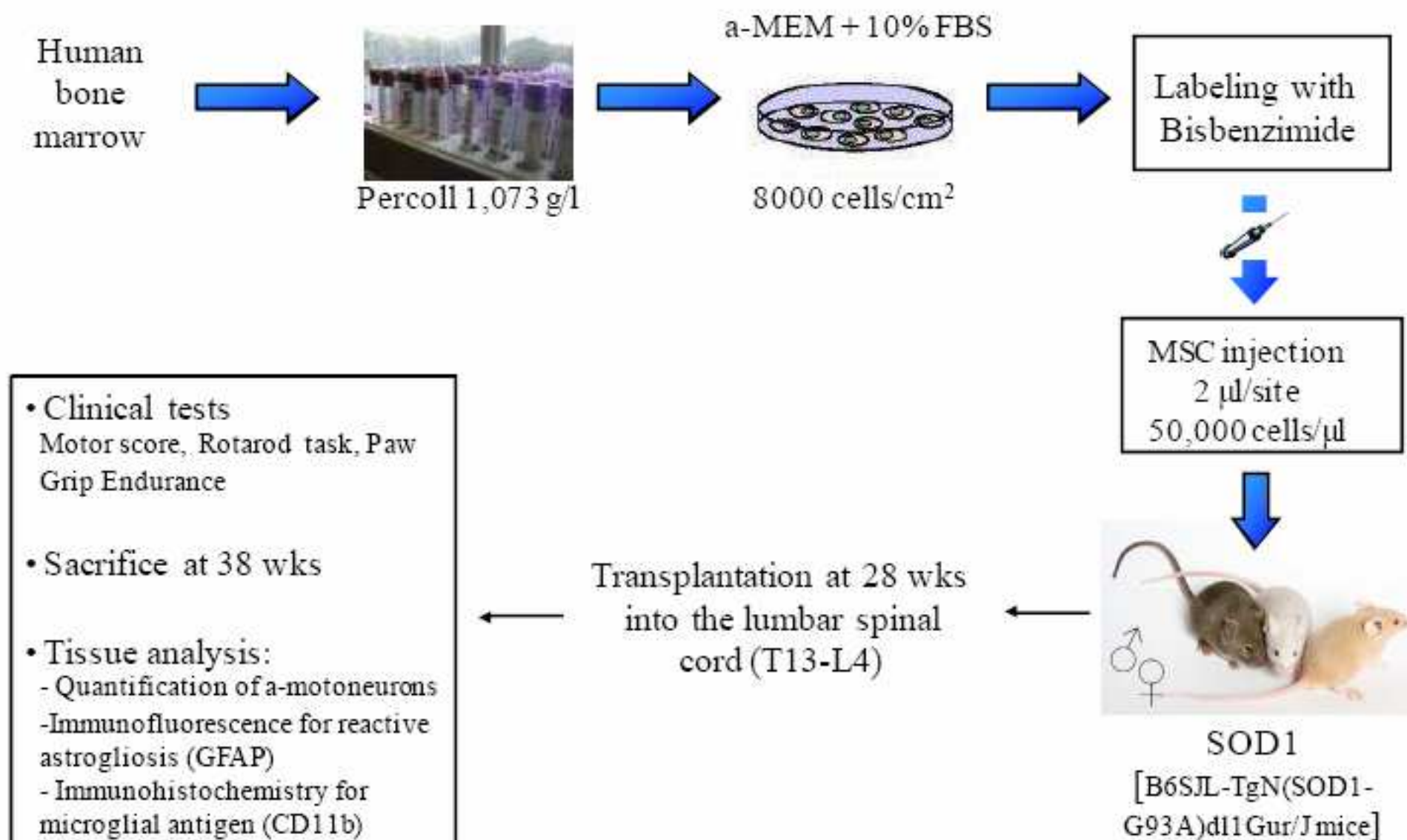


THERAPEUTIC APPROACHES IN ALS

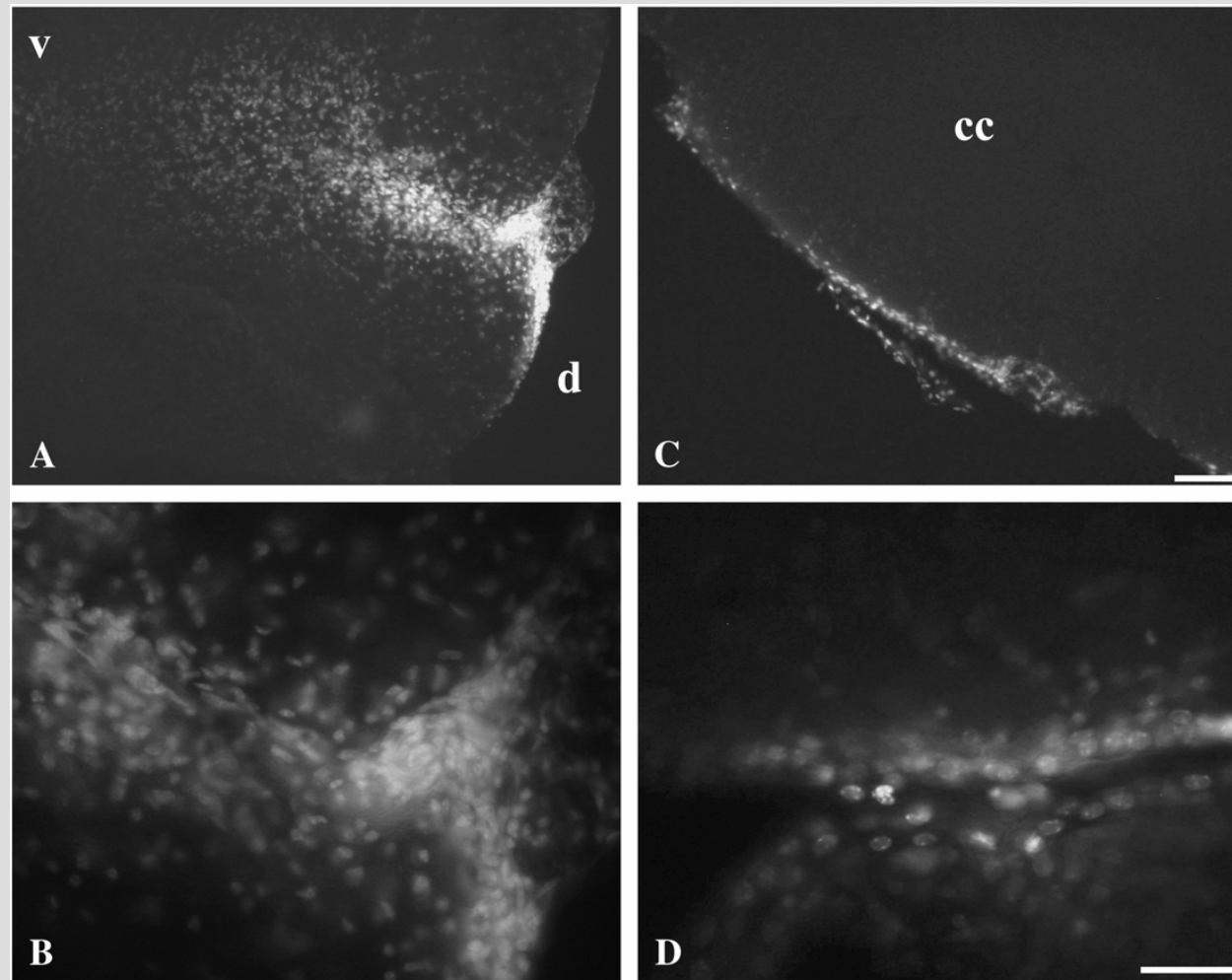
- Pharmacologic therapies (antioxidants, antiapoptotics, antiinflammatories, antiexcitotoxic)
- Growth factor therapies (VEGF, CNTF, GH, thyrotropin-releasing hormone, IGF-1, BDNF)
- Gene therapies in ALS (silencing toxic genes, delivering trophic factors)
- Stem cell therapies



hMSCs TRANSPLANTATION IN SOD1 MICE



Localization of transplanted hMSCs (Bisbenzimidide-stained nuclei)

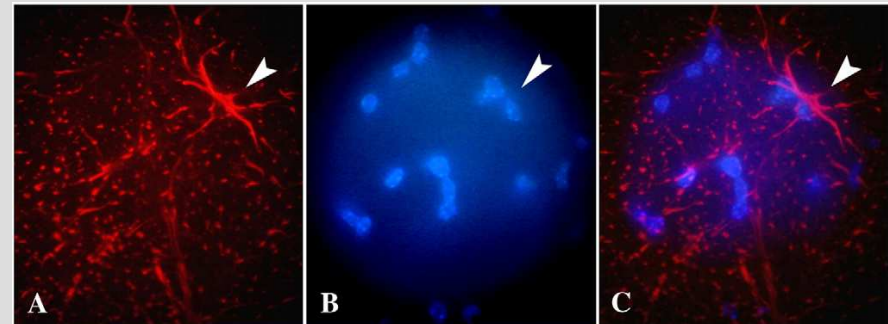


lumbar spinal cord

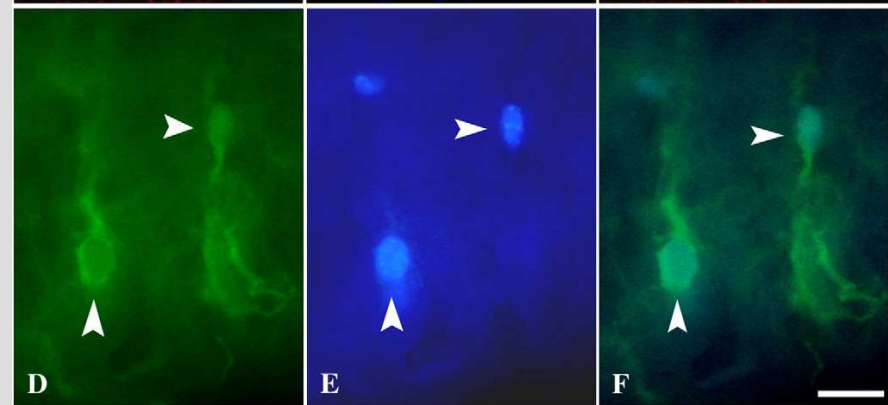
cerebral cortex

Expression of neural markers by transplanted hMSCs (bisbenzidimide)

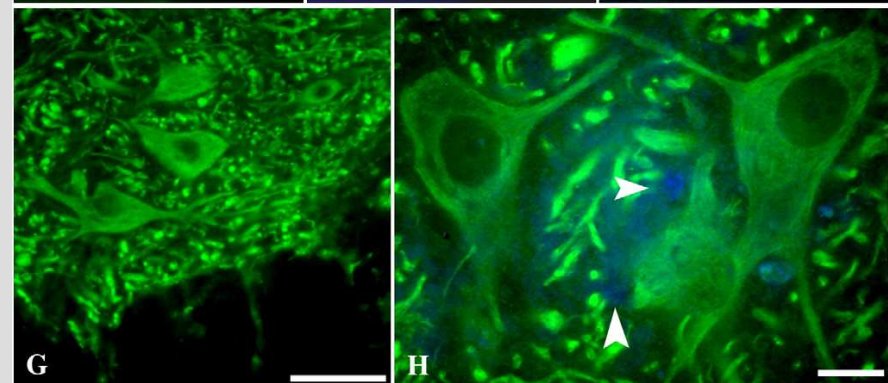
GFAP



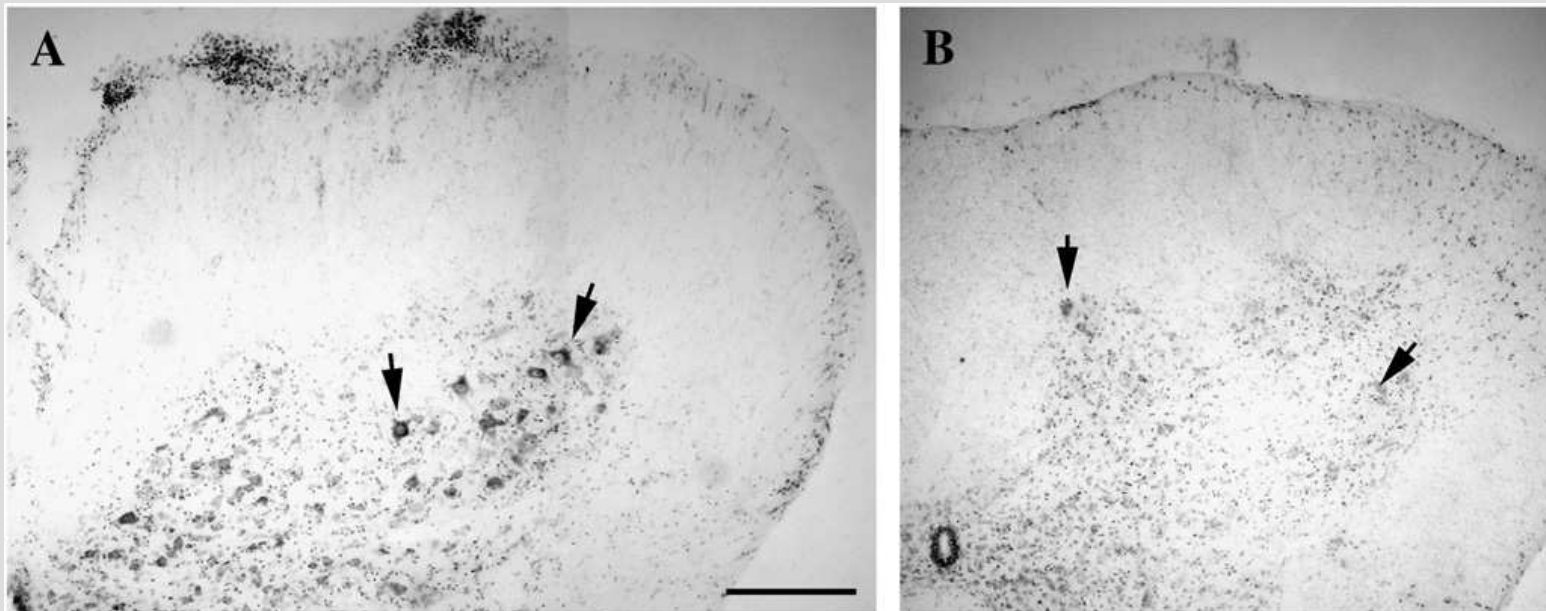
MAP-2



Localization close
to motoneurons



Motoneurons in the lumbar spinal cord (Transverse sections)

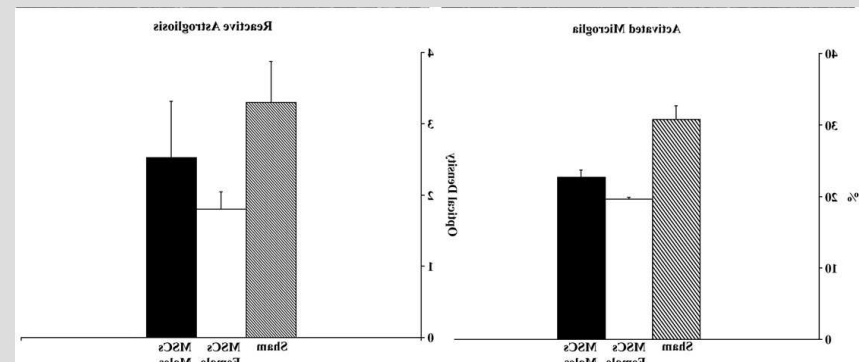
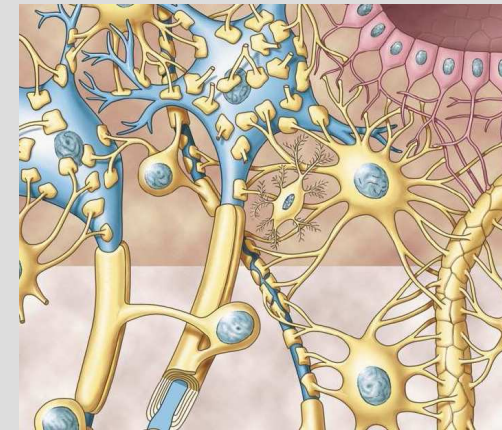
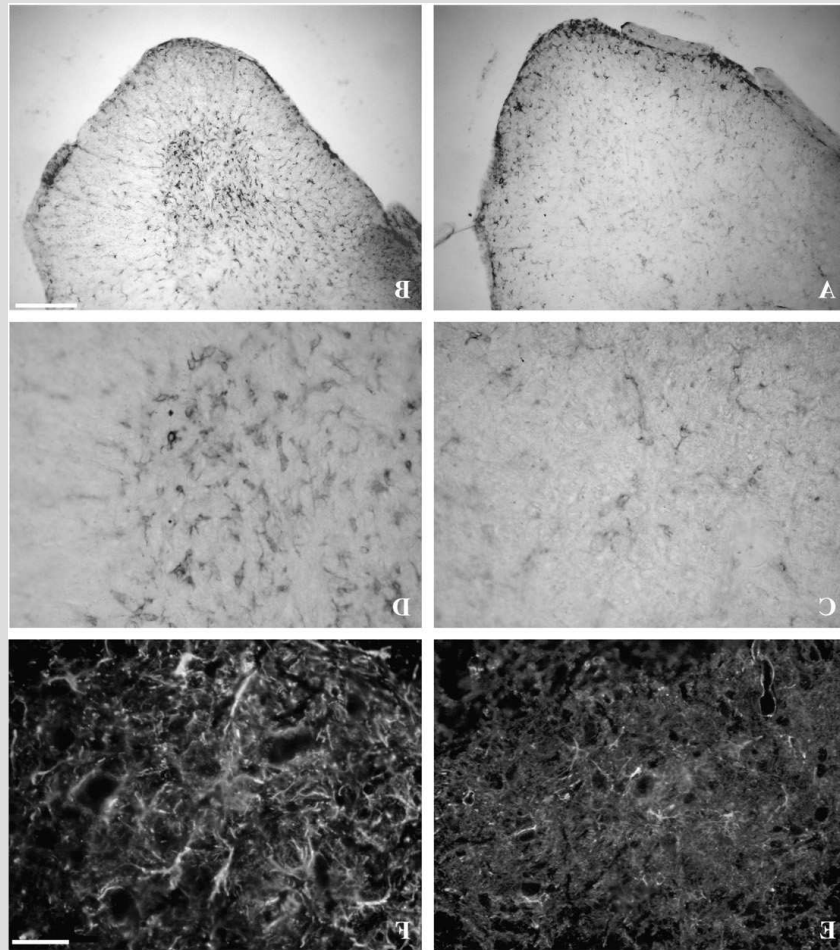


(A) and sham-operated (B) female SOD1G93A mice at 38 weeks of age

NUMBER OF MOTONEURONS

| | | |
|----------------------|---|-----------------------|
| Transplanted females | • | Sham-operated females |
| 5458 ± 682 | | 3549 ± 607 |
| Transplanted males | • | Sham-operated males |
| 3766 ± 980 | | 1489 ± 446 |

Quantification of microglial activation and of reactive astrogliosis.

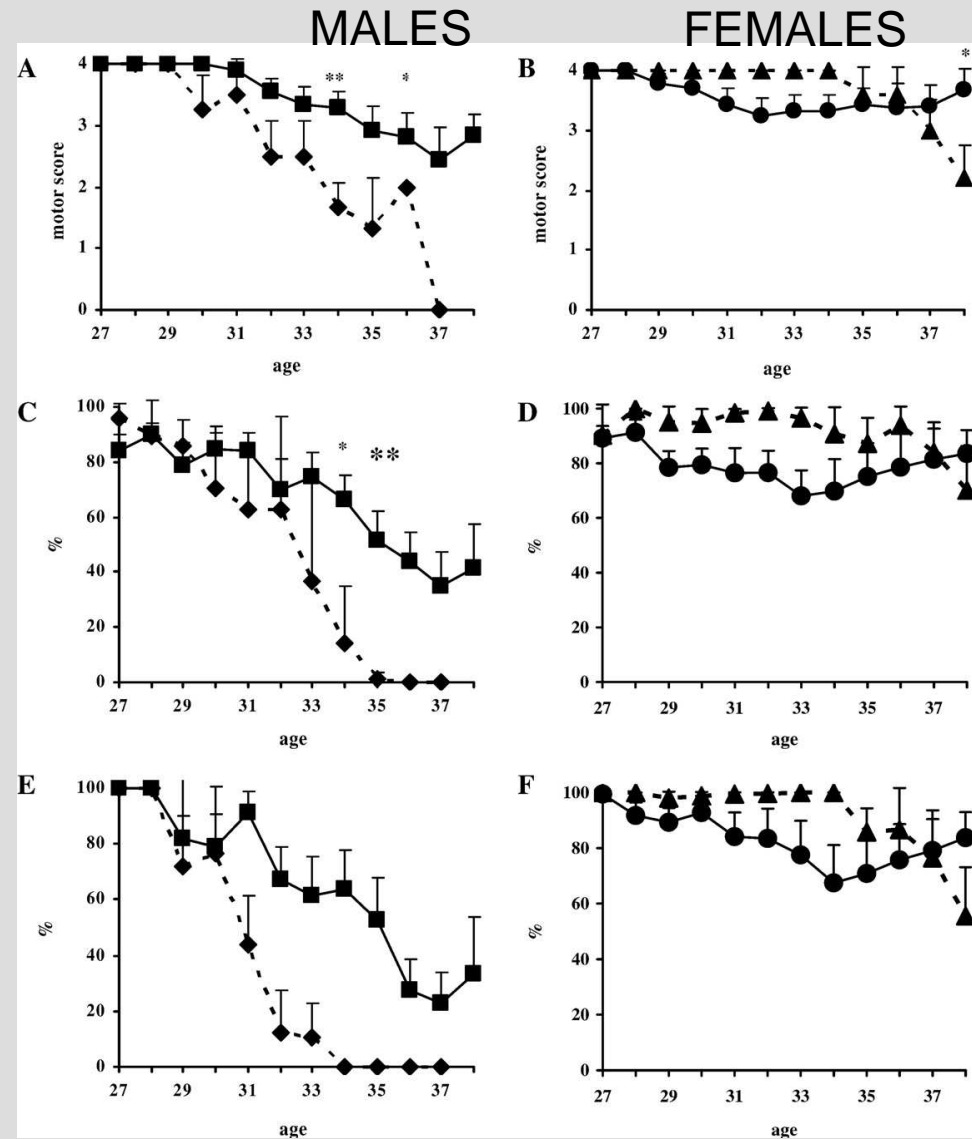


Behavioral tests

neurologic

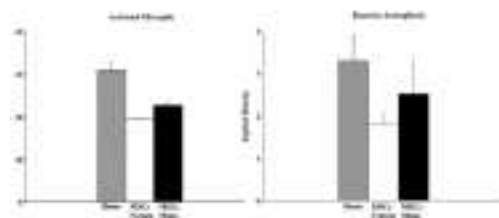
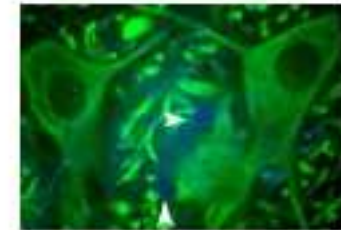
Rotarod test

PaGE



CONCLUSIONS

- hMSCs were found in the spinal cord 10 weeks after, sometimes close to motoneurons and were rarely GFAP- or MAP2-positive.



- Astrogliosis and microglial activation were reduced and motoneuron counts were higher following transplantation.

- Motor tests (Rotarod, Paw Grip Endurance, neurological examination) were significantly improved in transplanted mice.



- Differences in our results between males and females suggested a more rapid progression of the disease in males: it is known that estrogen represents a neuroprotectant in both the adult and the aging brain, both in vitro and in vivo.

- hMSCs are good candidates for ALS cell therapy.



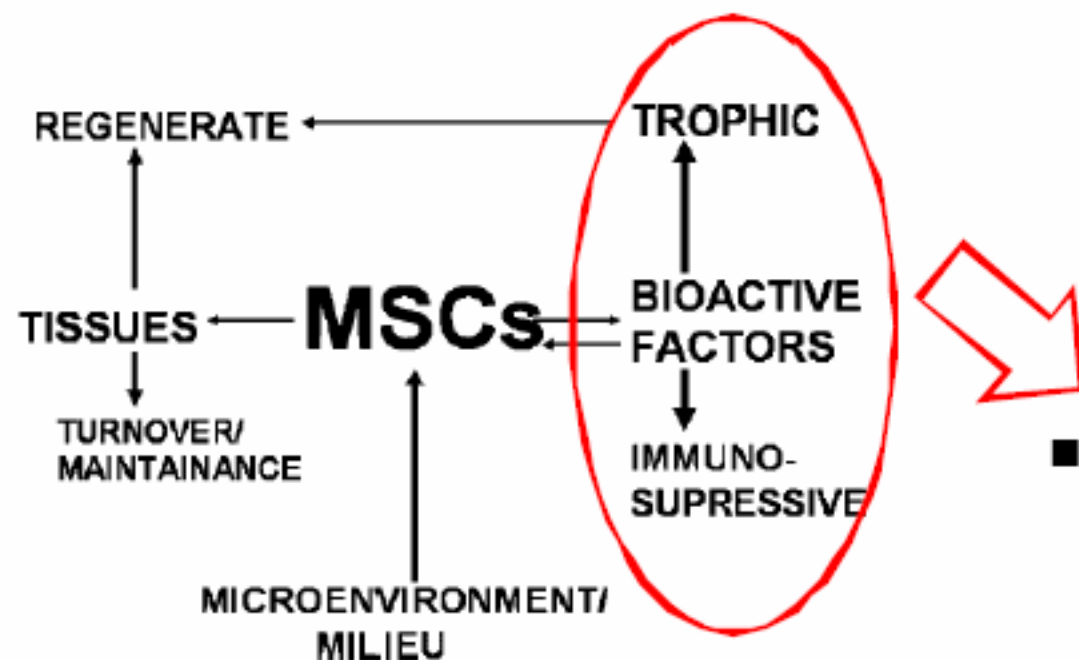


MSCs can be considered as *biologic minipumps* migrating close to motoneurons affected by the disease, delivering *trophic factors* and *immunomodulatory molecules*.

MSC therapy could be exploited by inserting genes coding for specific neurotrophic factors or immunomodulatory molecules.



MSCs AS TROPHIC MEDIATORS



- MSCs produce VEGF (Caplan and Dennis, 2006) and BDNF (Crigler, 2006)
- Immunosuppressive role in multiple sclerosis (Uccelli *et al.*, 2006)
- MSCs produce GDNF (Suzuki *et al.*, 2008)

BYSTANDER EFFECTS

- MSCs can rescue neurons and oligodendrocytes from apoptosis through the release of trophic and anti-apoptotic molecules.
- MSCs can have anti-inflammatory and anti-proliferative effects on microglial cells and astrocytes, determining a neuroprotective microenvironment.
- MSCs can promote the proliferation and maturation of local neural precursor cells, leading to their differentiation into mature neurons and oligodendrocytes.

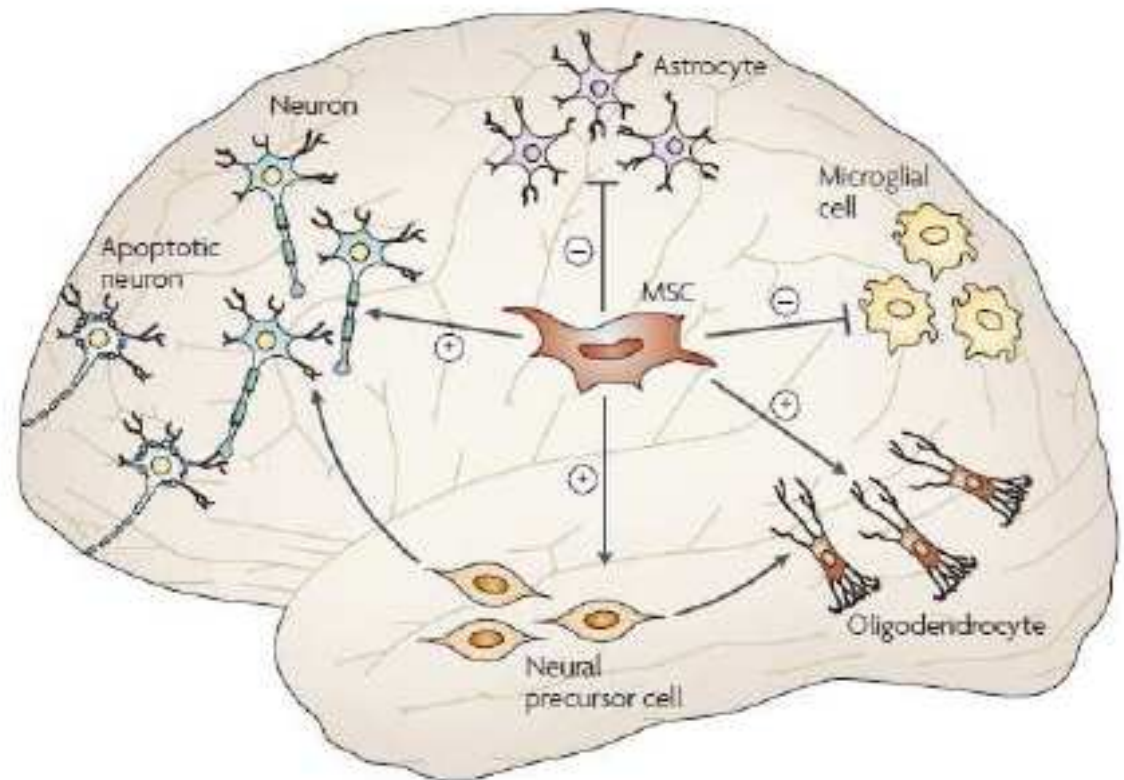


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CNS, central nervous system; EAE, experimental autoimmune encephalomyelitis; HSC, haematopoietic stem cell; IGF1, insulin-like growth factor 1; IL, interleukin; MSC, mesenchymal stem cell; SFRP2, secreted frizzled-related protein 2.

EAE = modello sperimentale di Sclerosi Multipla

Injection of adult neurospheres induces
recovery in a chronic model of multiple
sclerosis

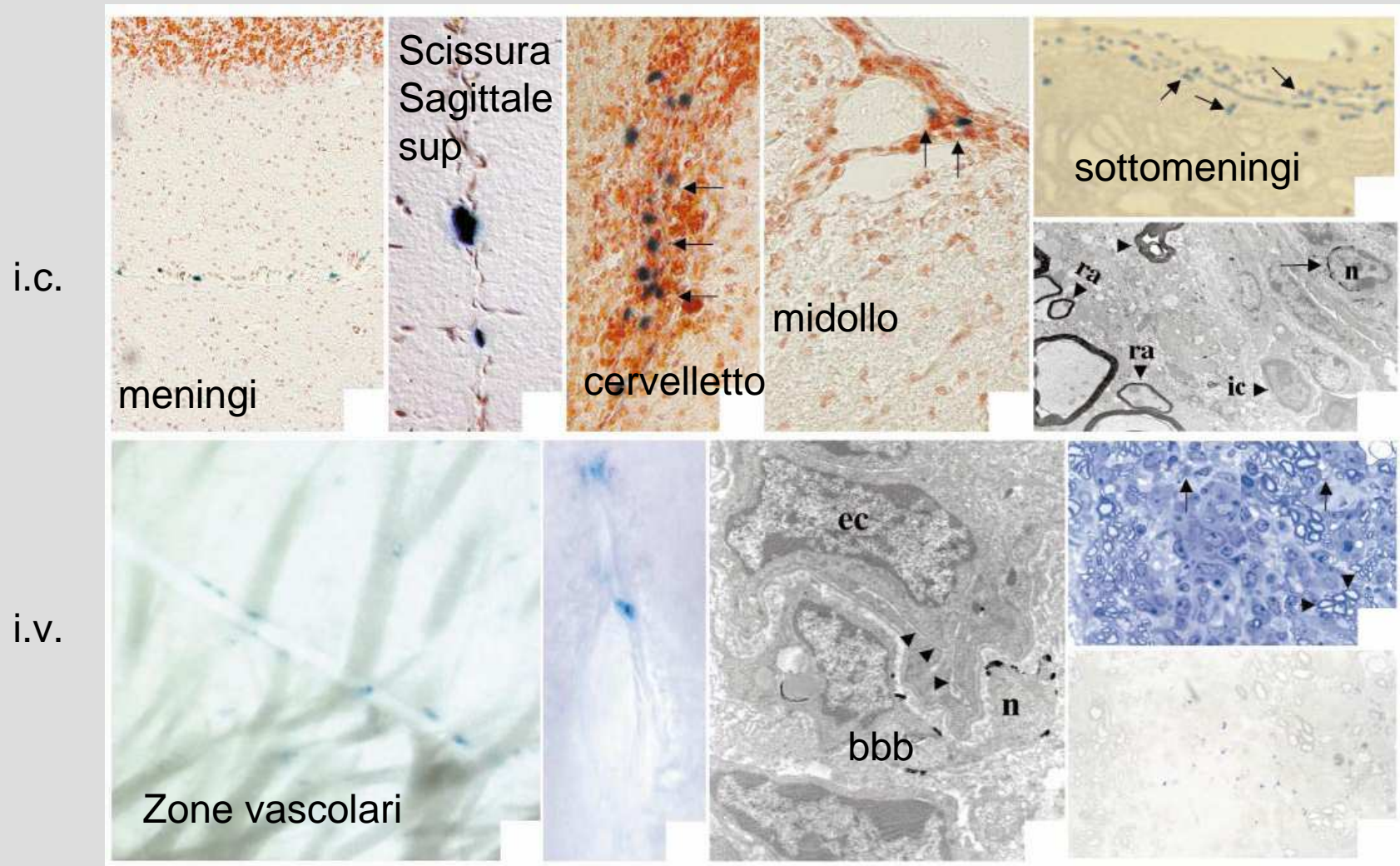
NATURE | 2003; 422: 688-

- Multiple sclerosis = Widespread demyelination and axonal loss
- syngenic adult neural stem cell cultures and injected them into an animal model of multiple sclerosis—experimental autoimmune encephalomyelitis (EAE) in the mouse—either intravenously or intracerebroventricularly

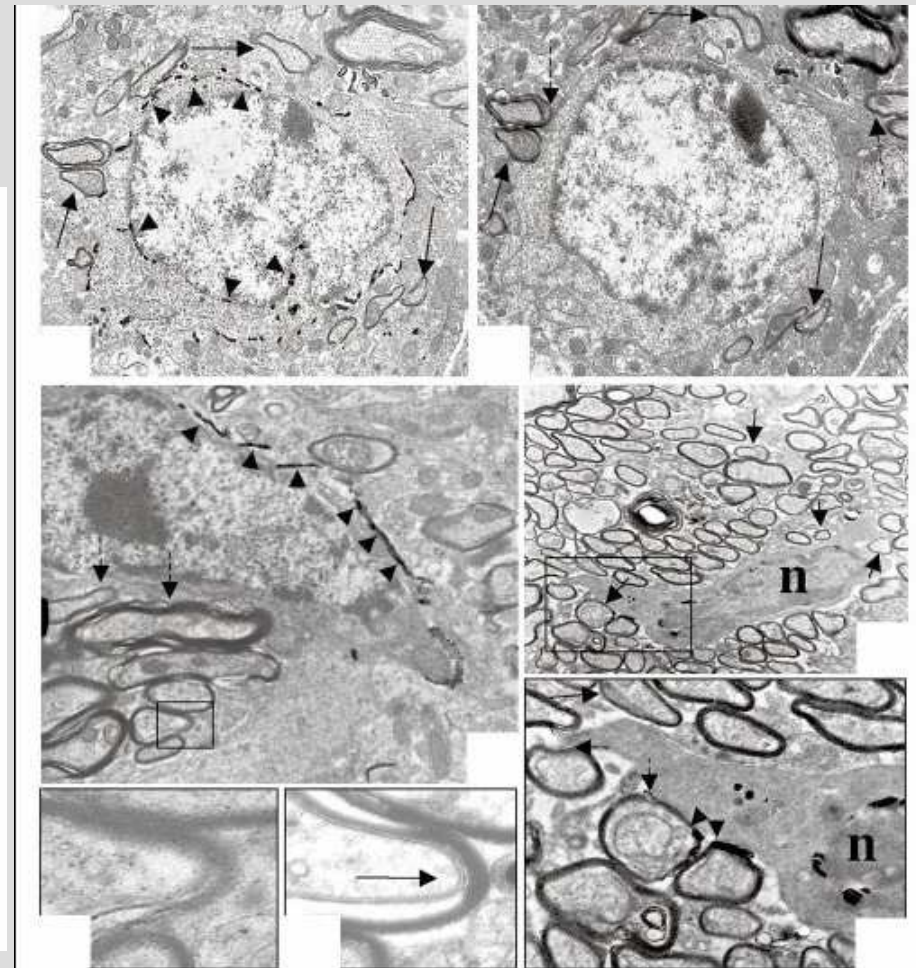
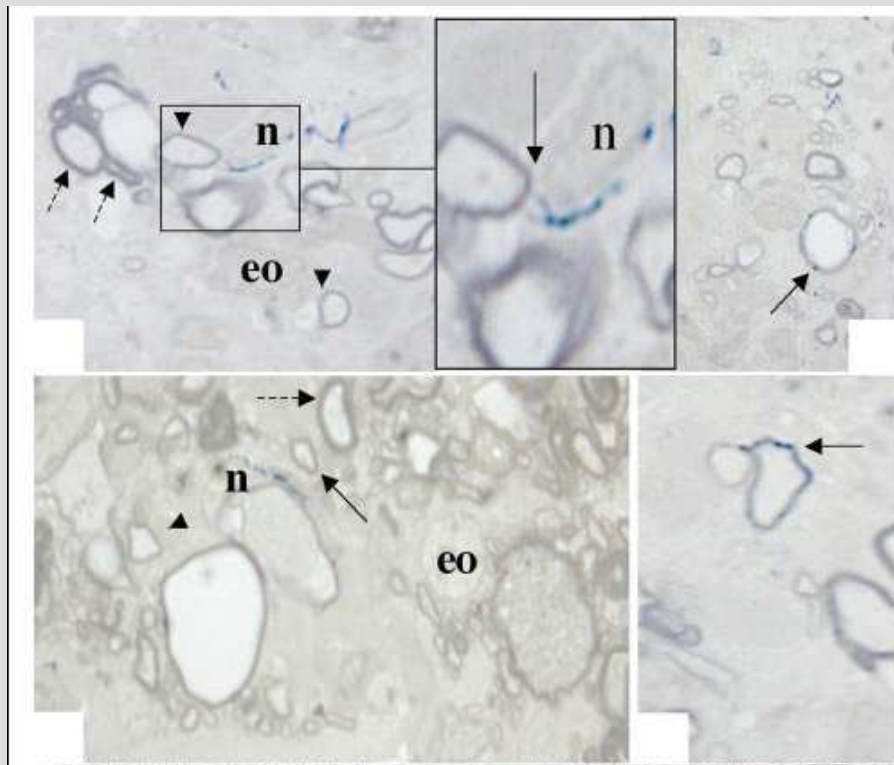
- donor cells entered into demyelinating areas of the central nervous system and differentiated into mature brain cells
- oligodendrocyte progenitors markedly increased, with many of them being of donor origin and actively remyelinating axons
- reduction of astrogliosis and a marked decrease in the extent of demyelination and axonal loss in transplanted animals.

- functional impairment caused by EAE was almost abolished in transplanted mice, both clinically and neurophysiologically
- → adult neural precursor cells promote multifocal remyelination and functional recovery after intravenous or intrathecal injection in a chronic model of multiple sclerosis.

Distribution of nls-lacZ-labelled, syngenic neural precursors (BBB forced)

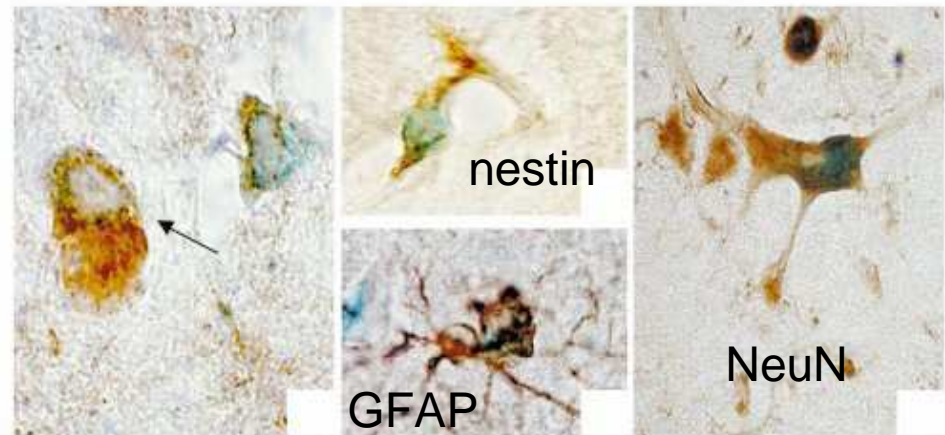


Neural precursors contribute to remyelination of demyelinated axons in EAE mice

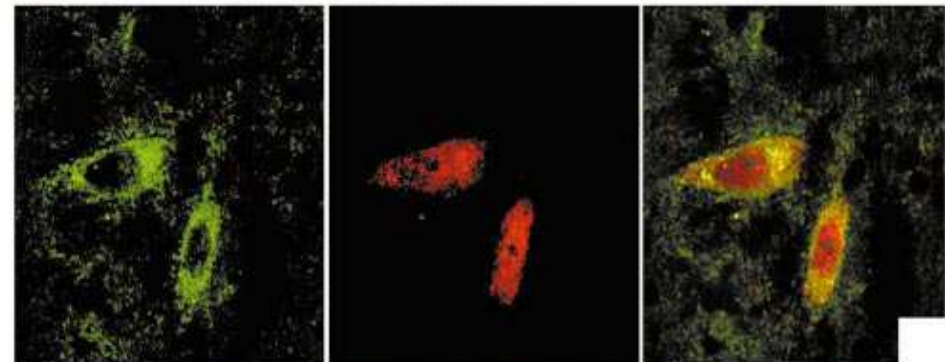


Differentiation of engrafted NP into mature neural cells in EAE mice

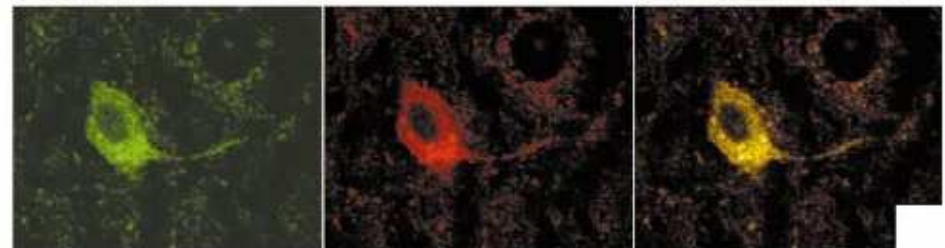
PDGFa receptor



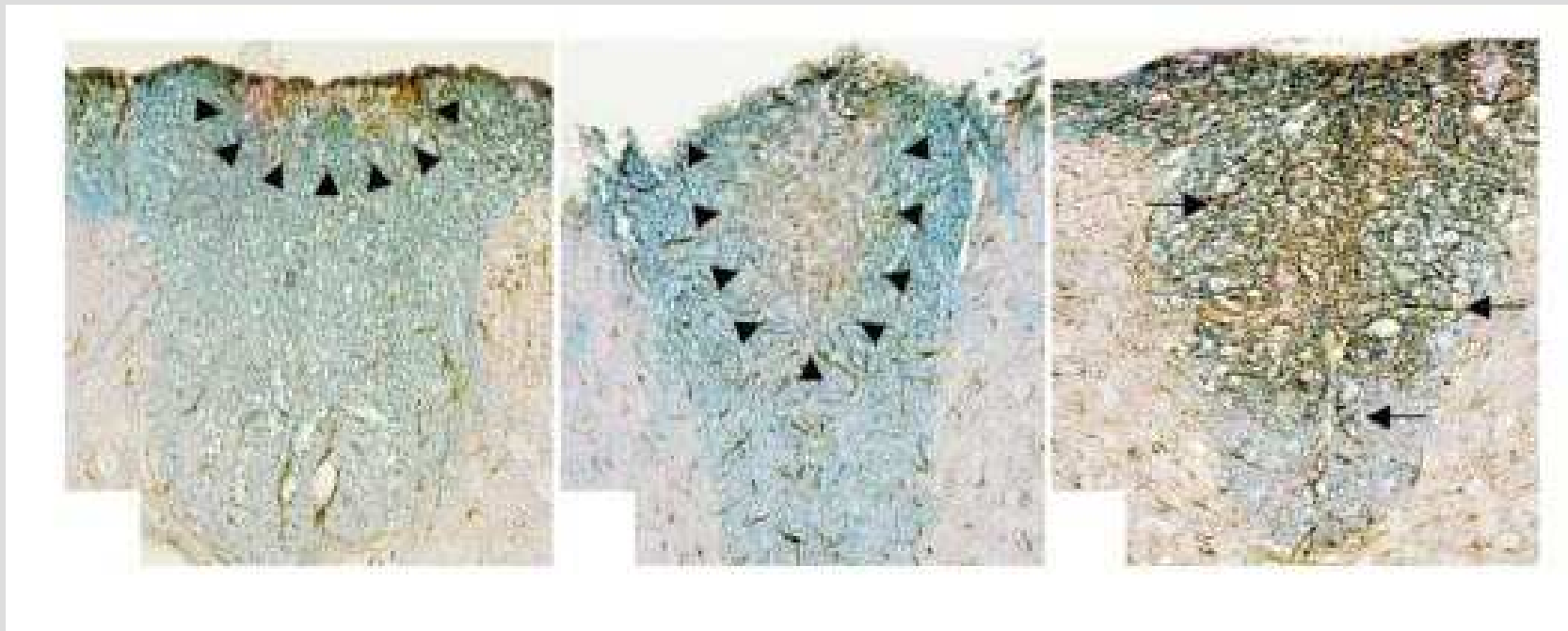
eGFP (green) / the neuronal marker NeuN



PDGF-a-R (green) / neuronal marker NeuN



I.c. or i.v. injection of NP reduces glia scarring within the CNS.

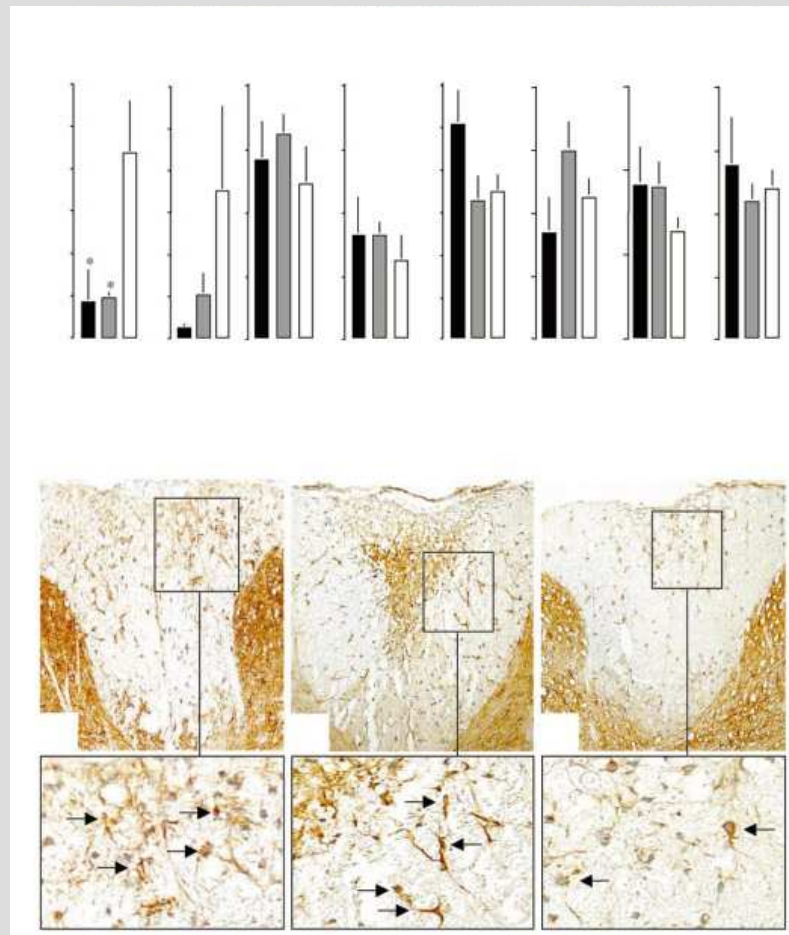


i.c. or i.v. injection of NP modulates neurotrophic growth factor mRNA expression within the CNS.

FGF-II
TGF- β
CNTF
NT-3
GDNF
BDNF
LIF

Black = i.c.
Grey = i.v.
White = control

Increase in PDGF α receptor expressing oligodendrocyte progenitors (brown stain) within the posterior columns of the spinal cord of EAE mice transplanted with neural precursors either by i.c. or i.v. injection, as compared with sham-treated animals



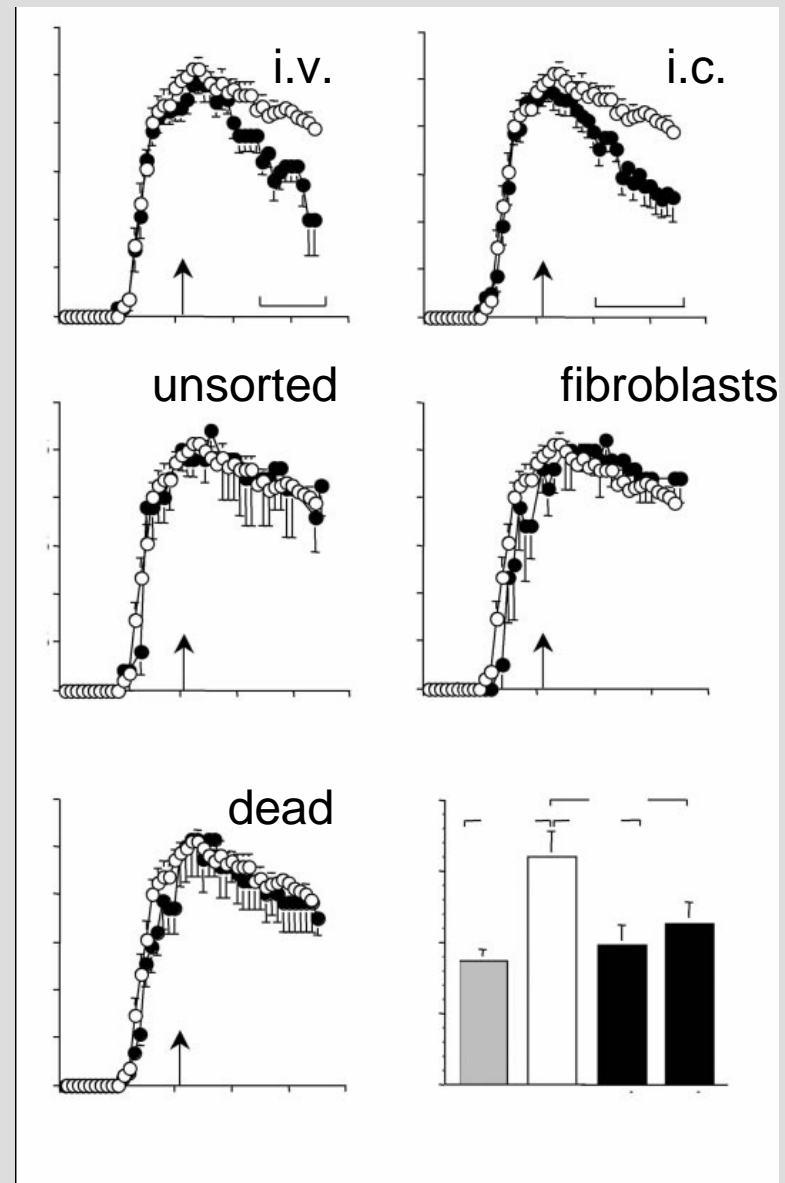
i.v. and i.c. injection of neural precursors after disease onset (arrow) significantly improves clinical features (movement) in EAE mice

myelin conduction velocity

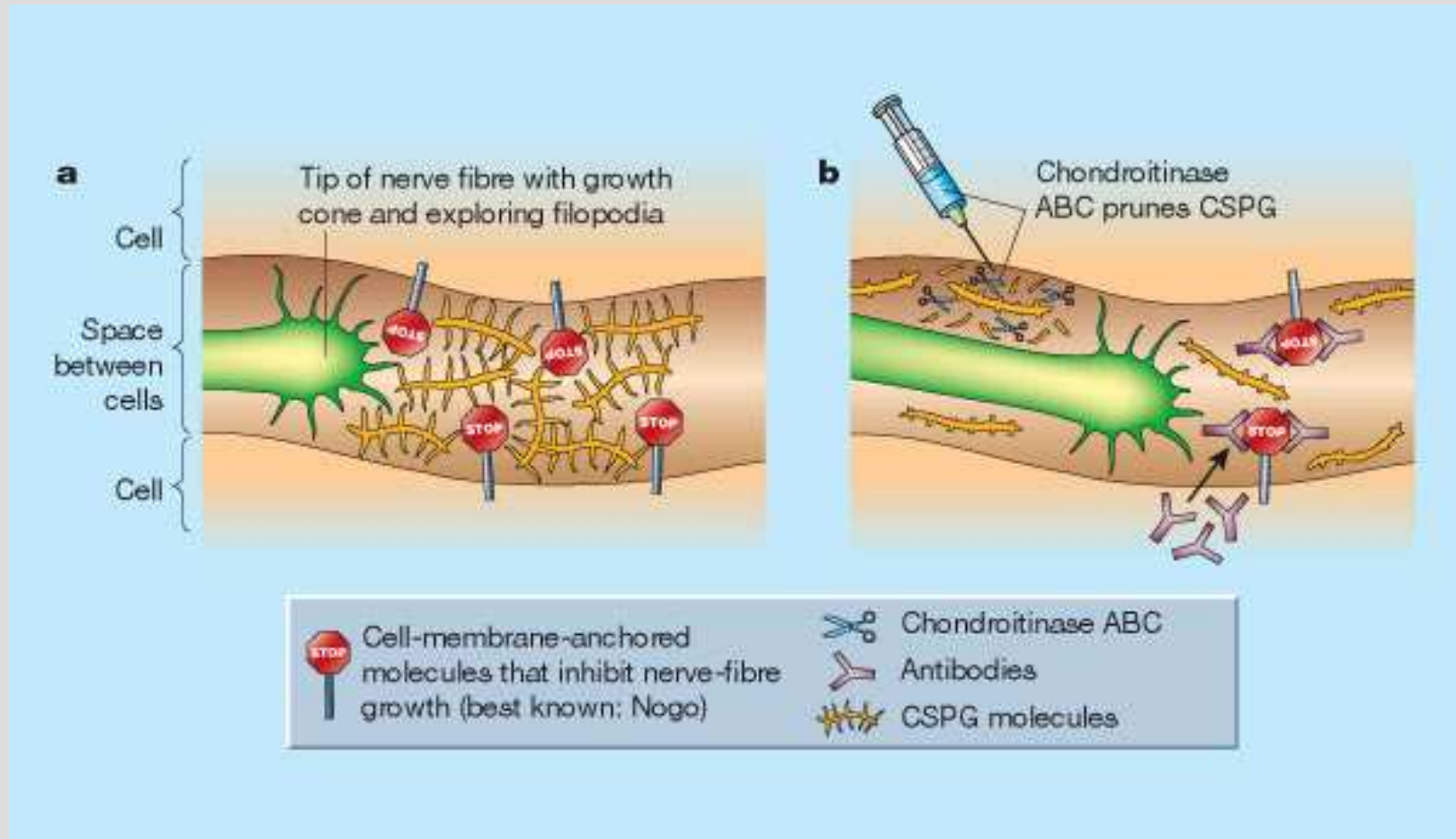
Grey = naive

White = EAE

Black = i.v. or i.c. PN injected



Condroitinasi ABC promuove il ricupero di midollo spinale lesionato

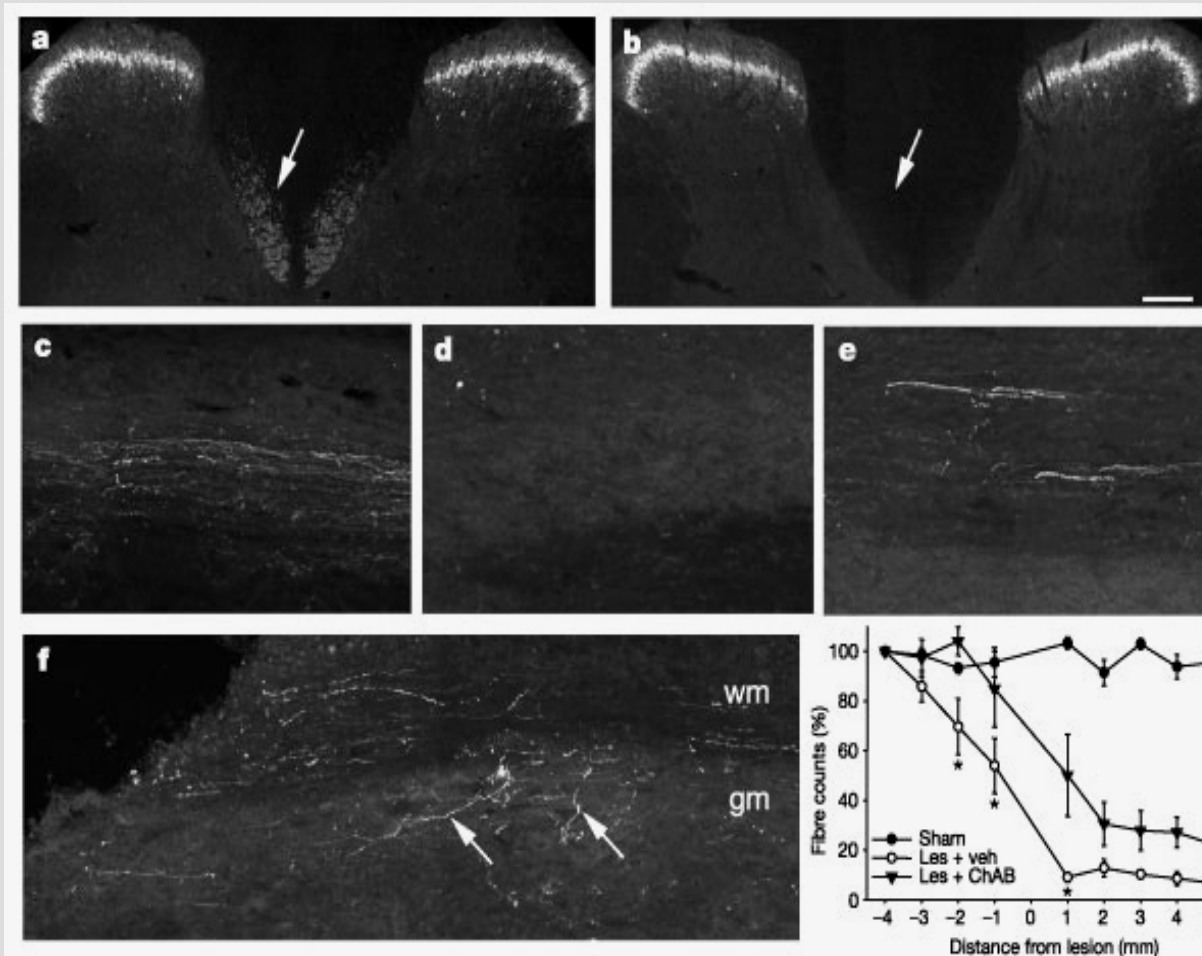


Nature, apr 11, 2002

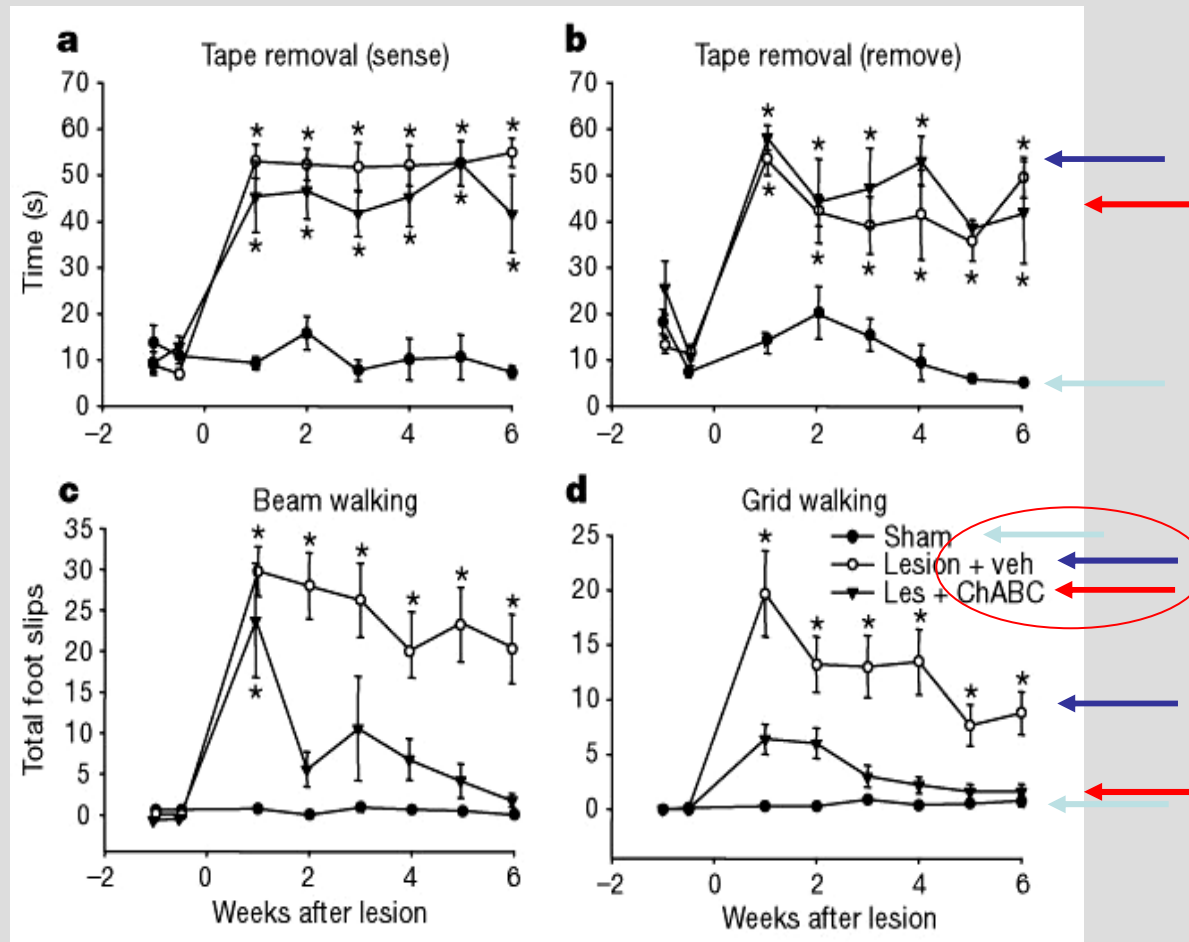
Condroitinasi ABC promuove il recupero di midollo spinale lesionato

- Fibre nervose delle colonne dorsali (via afferente sensitiva e via efferente motoria) compresse fino al taglio
- Trattamento intratecale con condroitinasi ABC
- Rigenerazione del nervo/fibra (4 mm)
- Ricupero motorio (riscontro elettrofisiologico e comportamentale)
- Non gran recupero della sensibilità

Trattamento con condroitinasi induce rigenerazione degli assoni del tratto cortico-spinale



Condroitinasi induce recupero funzionale motorio, ma non sensitivo



Nuove strategie per il riparo di midollo nervoso lesionato

- Nessuno dei trattamenti da solo funziona pienamente
- → usare una combinazione di trattamenti:
- Neutralizzare proteine inibitorie della mielina
- Somministrare fattori di crescita (meglio 2-4 settimane dopo il taglio, che non subito!!!)
- Trapiantare cellule nervose o cellule che producano fattori

SCARTI

endogenous stem cells
(recruitment, proliferation & differentiation)

