



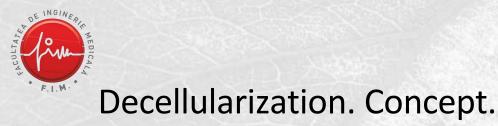
TISSUE ENGINEERING

Obtaining scaffolds through decellularization techniques



21 - COP-0017

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Decellularization is the complete removal of all cellular components from a tissue, while preserving the extracellular matrix, including vascularization.

Decellularization is defined as the chemical or physical removal of the cellular phase from living tissues, creating an acellular scaffold of the original tissue, which can be subsequently used in the artificial regeneration of organs and tissues.

The decellularization process aims to eliminate all cellular and nuclear matter, minimizing any adverse effects on the composition, biological activity, and mechanical integrity of the remaining ECM for the development of new tissue.

Decellularization is the process of harvesting an organ, either from a human donor or an animal model, and sterilizing it until all components outside the collagen network are removed; the cell-depleted tissue remaining is classified as a natural scaffold.





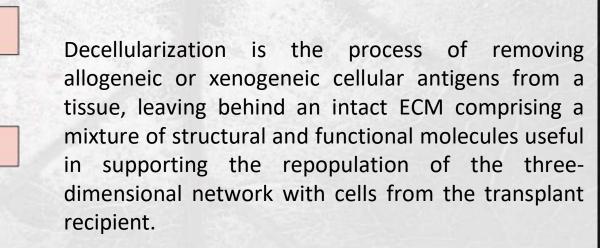
Decellularization. Concept..

Autograft

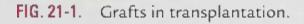
Syngeneic graft

Allograft

Xenograft



<u>Comprehensive</u> <u>Biomaterials II</u>, 2017



Same individual

Identical twins

Nonidentical

individuals

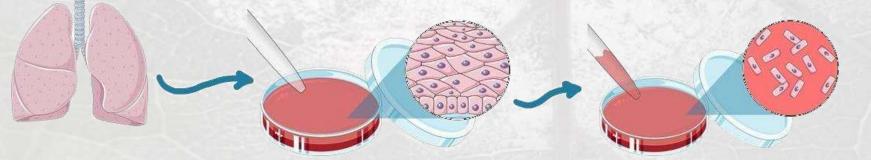
Different species

https://www.brainkart.com/article/Transplant-Immunology-and-Types-of-Transplants_17989/



Decellularization is NOT a method for obtaining cell lines used in in vitro studies..

Primary cell culture is the first culture obtained directly from animal tissue through mechanical and chemical disintegration or enzymatic methods (proteolytic enzymes) of the ECM, consisting of slowly growing cells that retain all characteristics of the original tissue or cells.



Secondary cell cultures are obtained after primary cell cultures are subsequently subcultured over a period of time in fresh culture media. The cells in secondary cell cultures have a longer lifespan due to the availability of proper nutrients at regular intervals, allowing them to survive through numerous passages. Cell lines typically exhibit functional characteristics that are close to primary cells, but the genotype and phenotype of the cells may be altered.





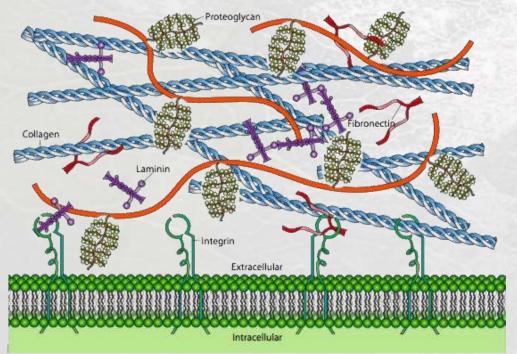


THE OBJECTIVES OF THE METHOD

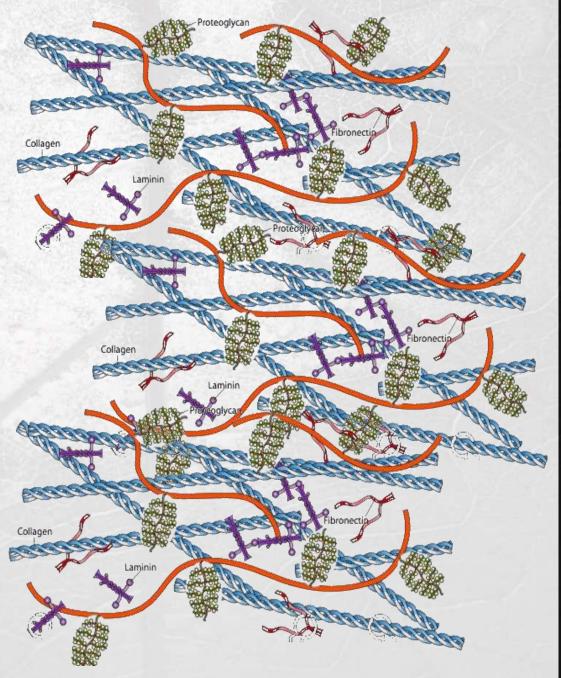


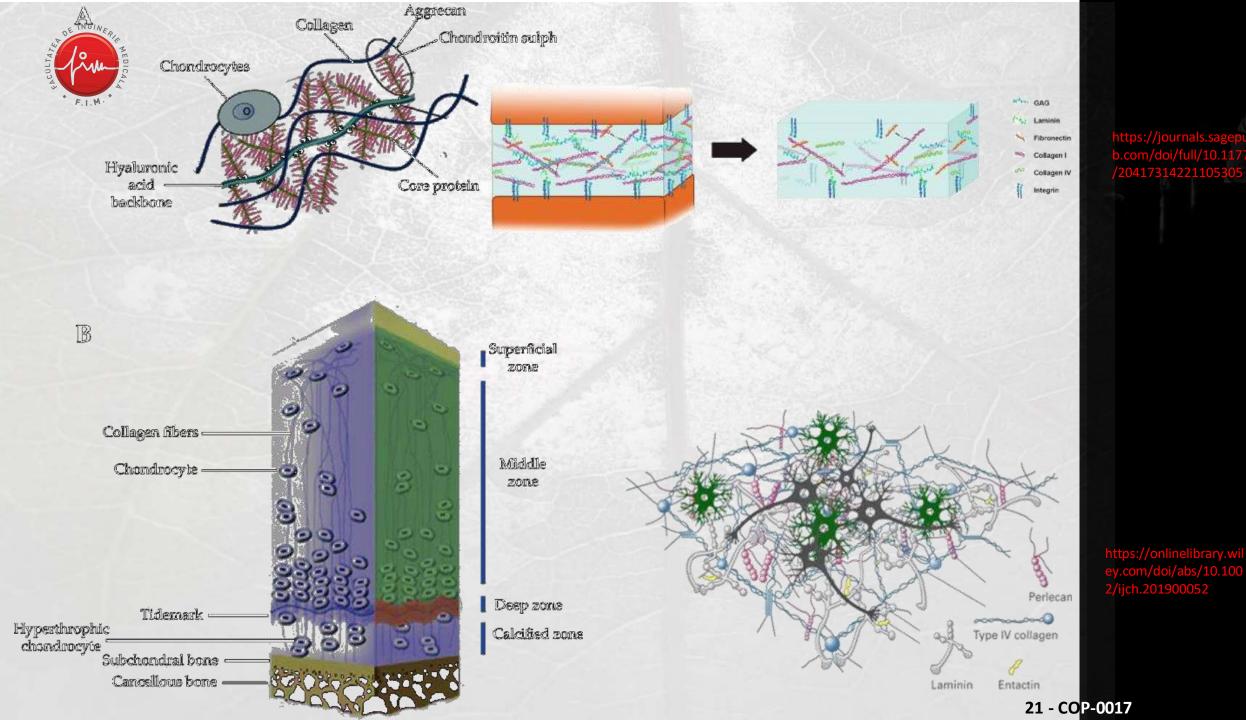


Obtaining a complex material with the structural characteristics of ECM is one of the main advantages of decellularization.

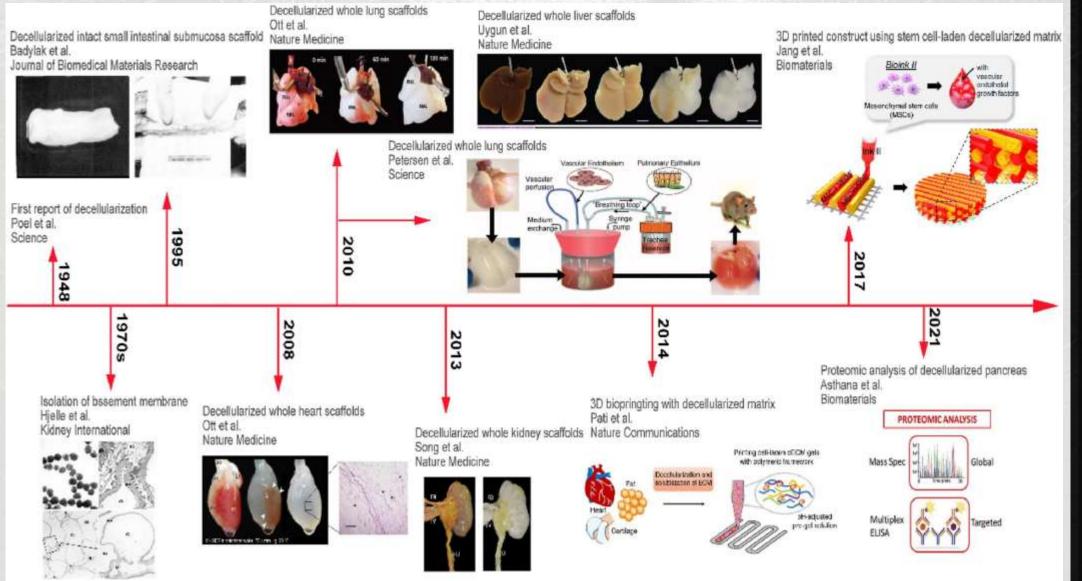






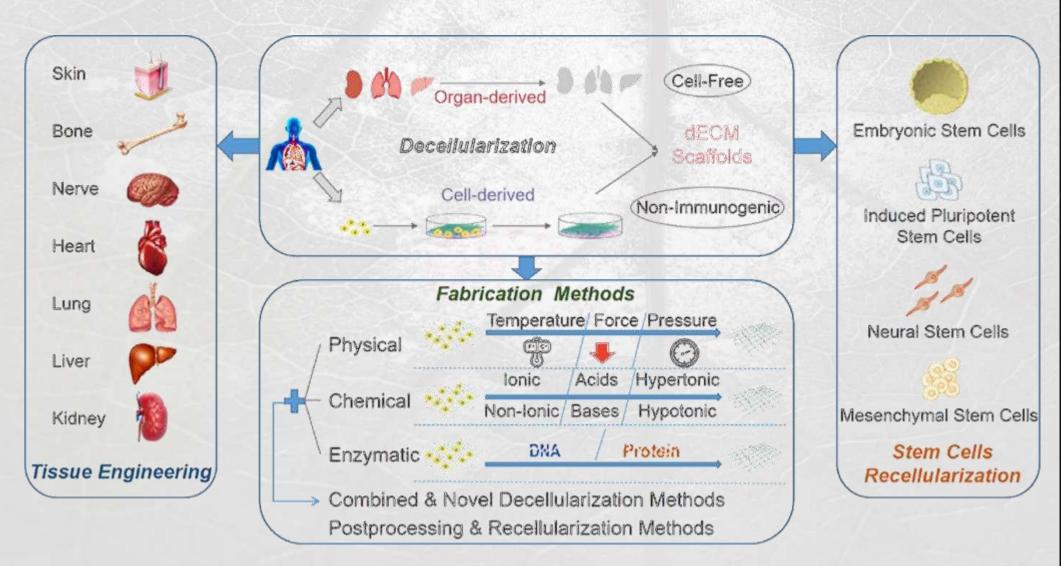








TRIAD: INITIAL ECM MATRIX - TECHNIQUE - CELL LINE

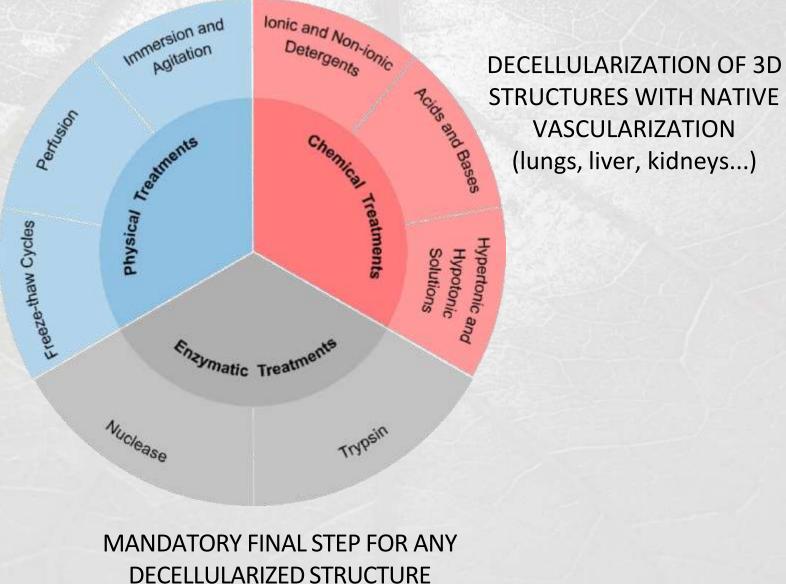


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There is no standardized protocol for any type of tissue/organ, however, certain techniques have been observed to be more suitable for specific geometries of the initial samples.

DECELLULARIZATION **FLAT STRUCTURES** (epithelia, endothelia)

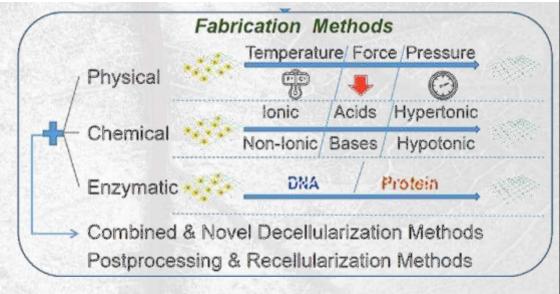


STRUCTURES WITH NATIVE VASCULARIZATION (lungs, liver, kidneys...)





DECELLULARIZATION TECHNIQUES AND AGENTS



1. CHEMICAL METHODS	2.PHYSICAL METHODS	3. ENZYMATIC METHODS	
surfactants	freeze/thaw cycles		
*anionic, cationic, zwitterionic	ultrasonication	trypsin	
		lipase	
acidic/basic treatment	mechanical stress	nucleases (DNase, RNase)	

HYBRID METHODS: combinations of 1/2/3

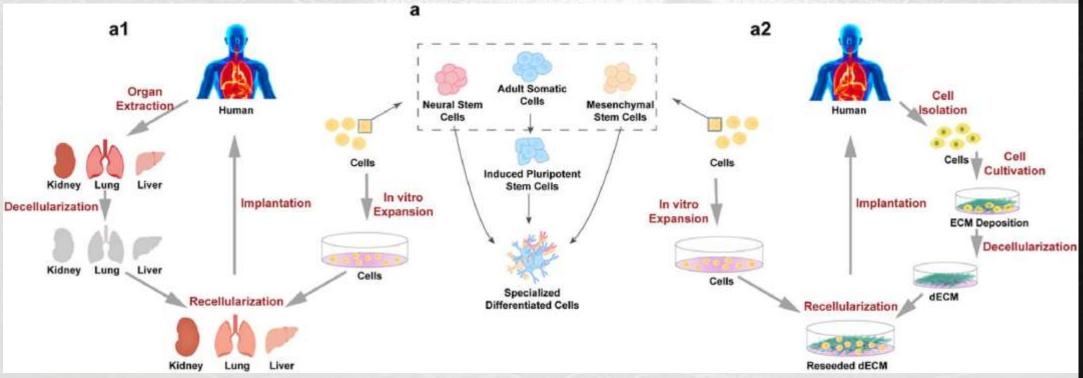
(Very) VARIABLE PARAMETERS

a. working temperature b. concentration of active agent or intensity of physical stimuli c. exposure duration



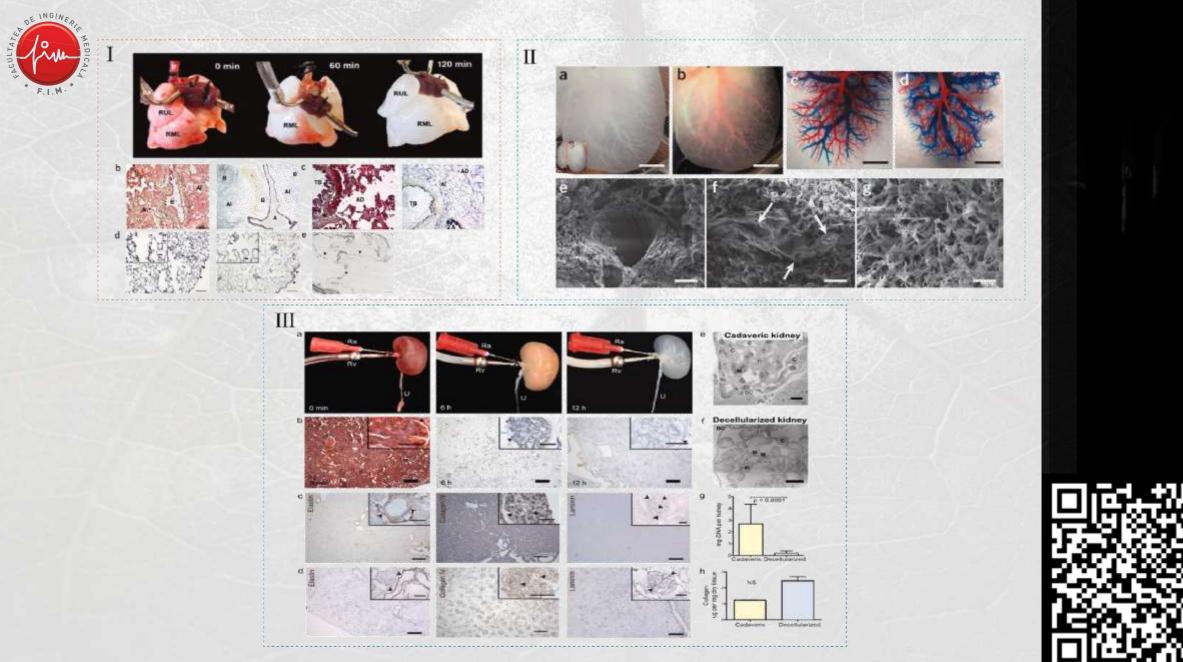


DECELLULARIZATION OF ORGANS / DECELLULARIZATION OF CELL CULTURES





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Decellularized ECM for pulmonary, hepatic, and renal tissue engineering

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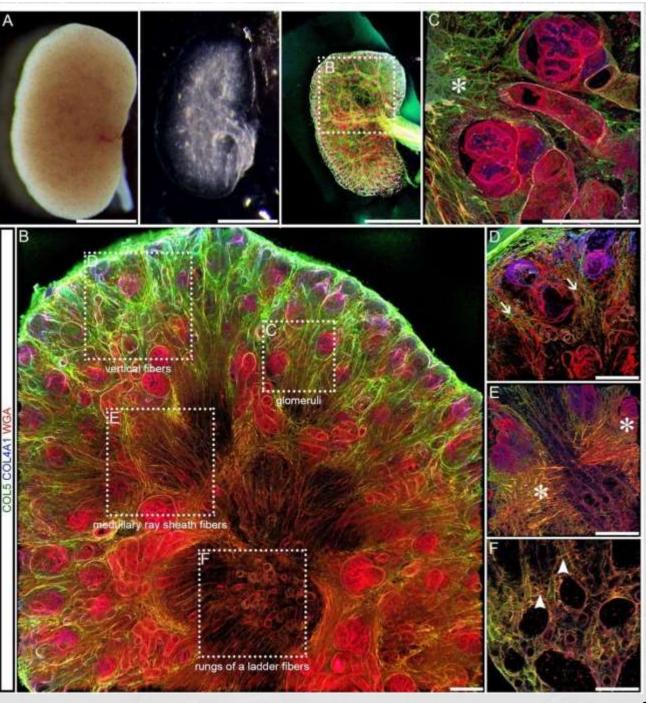
Decellularization helps highlight the ECM structure (kidney model).

(A) Kidneys decellularized in
DSS. Colorimetrically labeled
matrix for various ECM
components: green = COL5; blue =
COL4A1; red = WGA
(proteoglycans).

(B) Fibers from glomeruli,cortex, and corticomedullaryjunction are visualized in 3D.

(C-F) Representative confocalimages from different kidneyareas.

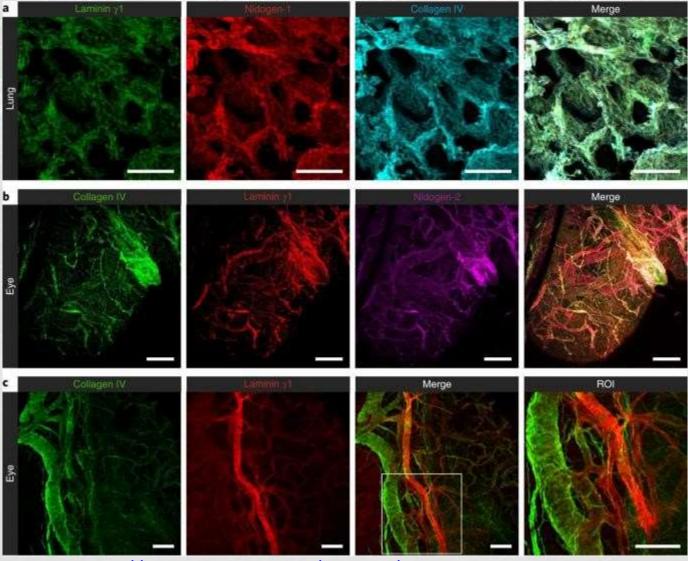
Scale bar: 100 μ m.







VALIDATION OF THE PROTOCOL THROUGH STAINING TECHNIQUES



https://www.nature.com/articles/s41596-019-0225-8



DECELLULARIZATION CLINICAL STUDIES

Tanta	Failurings	Type at Mathida	Recipiential	future-up	Findings/Complications	Reference
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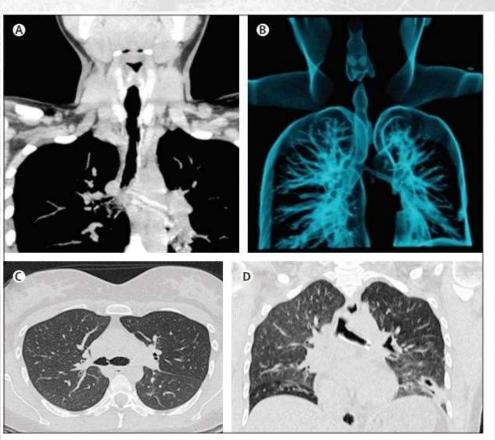
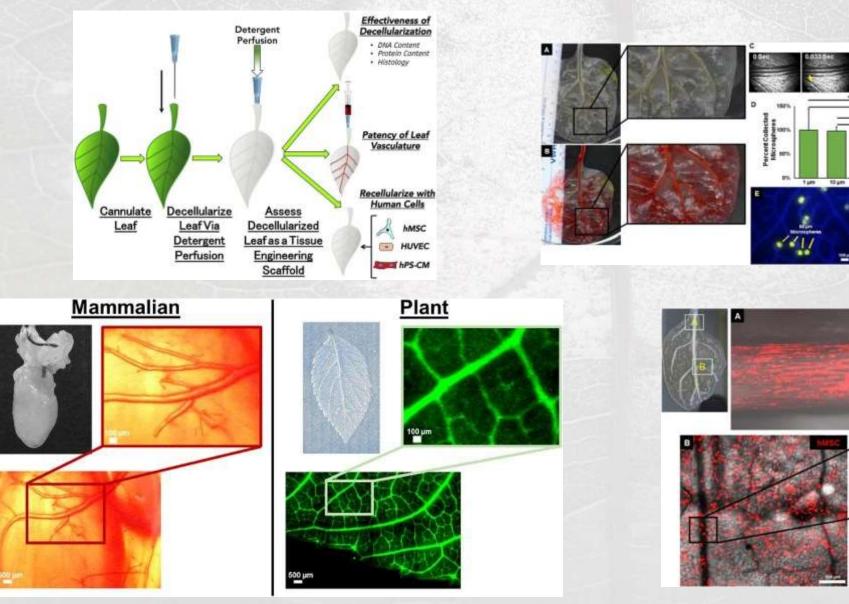


Figure 1: Imaging findings at 3 years after transplantation

(A) Multidetector CT scan (June 2011) showing a subtotal cicatricial stenosis of the origin of the left main bronchus, at the level of the proximal anastomosis. (B) 3D reconstruction of the whole graft; distal to the proximal anastomosis, the graft and the distal anastomosis are viable. Axial view (C) and coronal view (D) multidetector CT scan (November, 2011) showing the graft with a metallic Ultraflex stent. Gonfiotti, Alessandro, et al. "The first tissueengineered airway transplantati on: 5-year follow-up results." Th е Lancet 383. 9913 (2014): 238-244.



Decellularization. Plant models



Gershlak, Joshua R., et al. "Crossing kingdoms: Using decellularized plants as perfusable tissue engineering scaffolds." Bi omaterials 12 5 (2017): 13-22.



Click here for video // Spinach Leaf Hearts | The Henry Ford's Innovation Nation

Iceland Relation in the formula in the solution of the solutio

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