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# In vitro models for adhesion research

ESHRE Campus Symposium  
4-5th September 2009

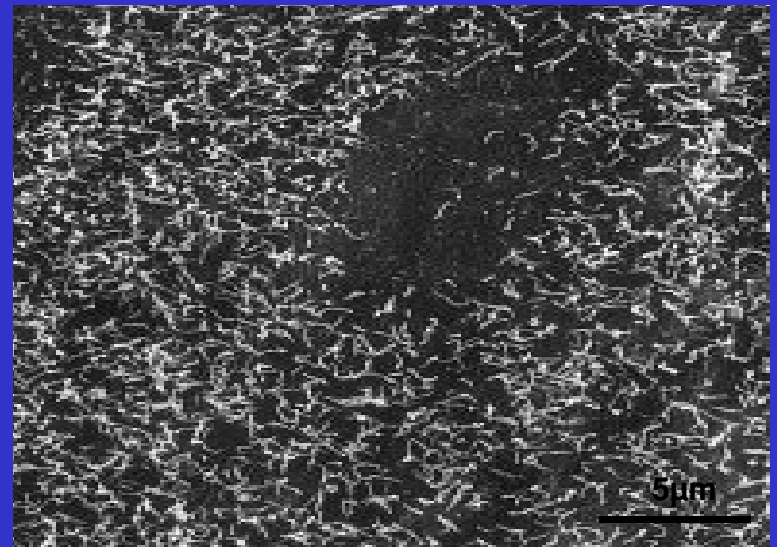
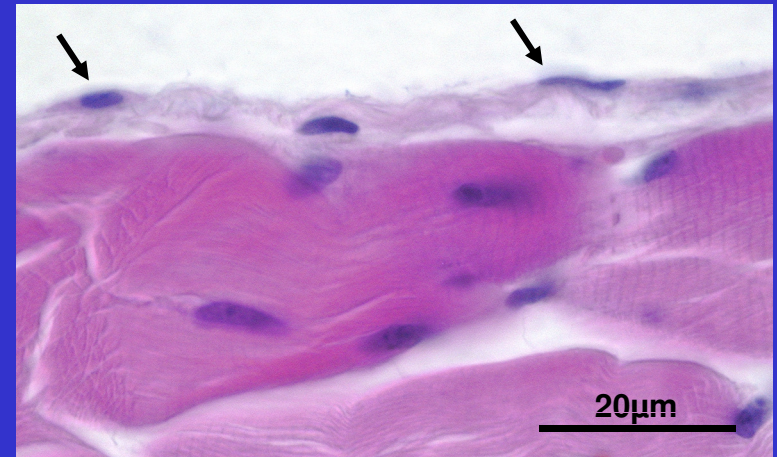
**Sarah Herrick**

**University of Manchester, UK**



# Peritoneum

- Mesothelium
  - single layer of squamous epithelium
  - mesodermally derived
  - all three serosal cavities
- Subserosal connective tissue
- Peritoneal fluid
- Functions
  - Non-adhesive barrier- surfactant and microvilli
  - Solute and fluid transport
  - Immune function
- Pathology

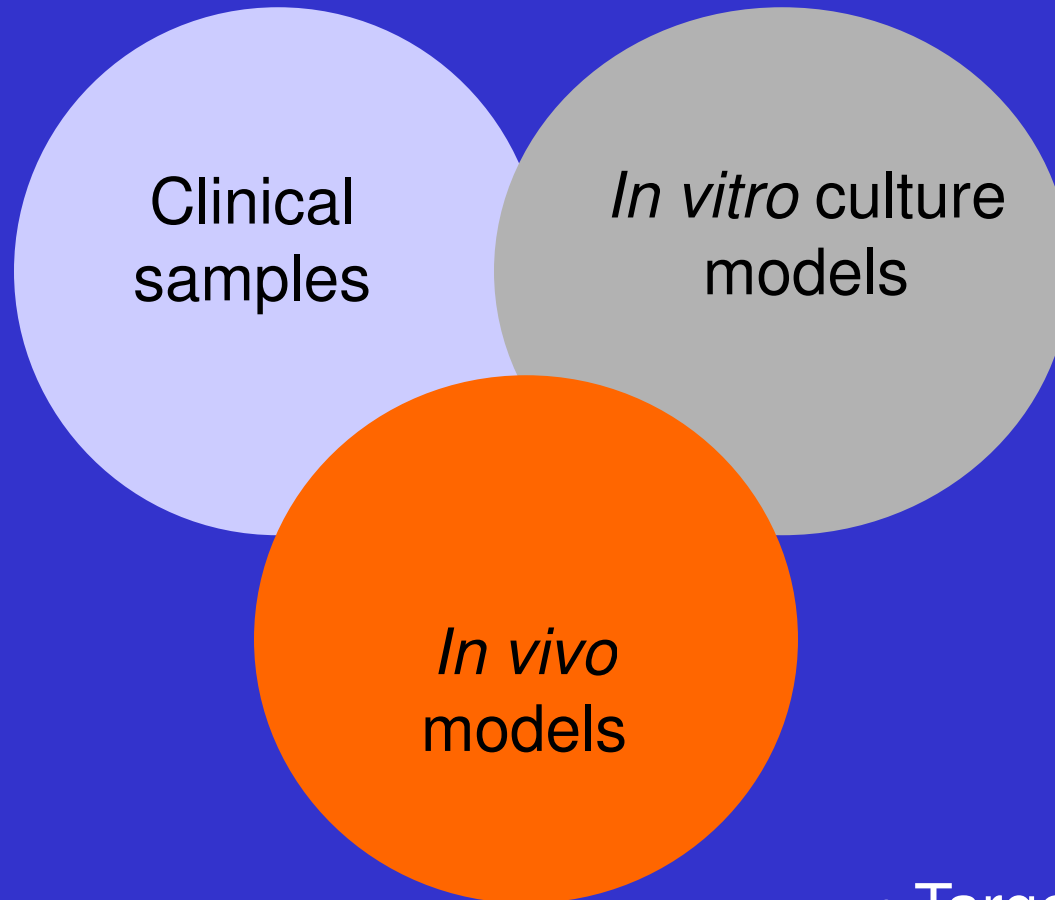


# Peritoneal repair often leads to adhesion formation



- Form after peritoneal insult
- Often involve the omentum
- Complications :
  - intestinal obstruction
  - infertility in women
  - difficulty in repeat surgery
  - chronic pelvic pain?
- Costs NHS £569 million over 10 year period- SCAR study
- Reform after surgical adhesiolysis
- No adequate treatment – barrier devices

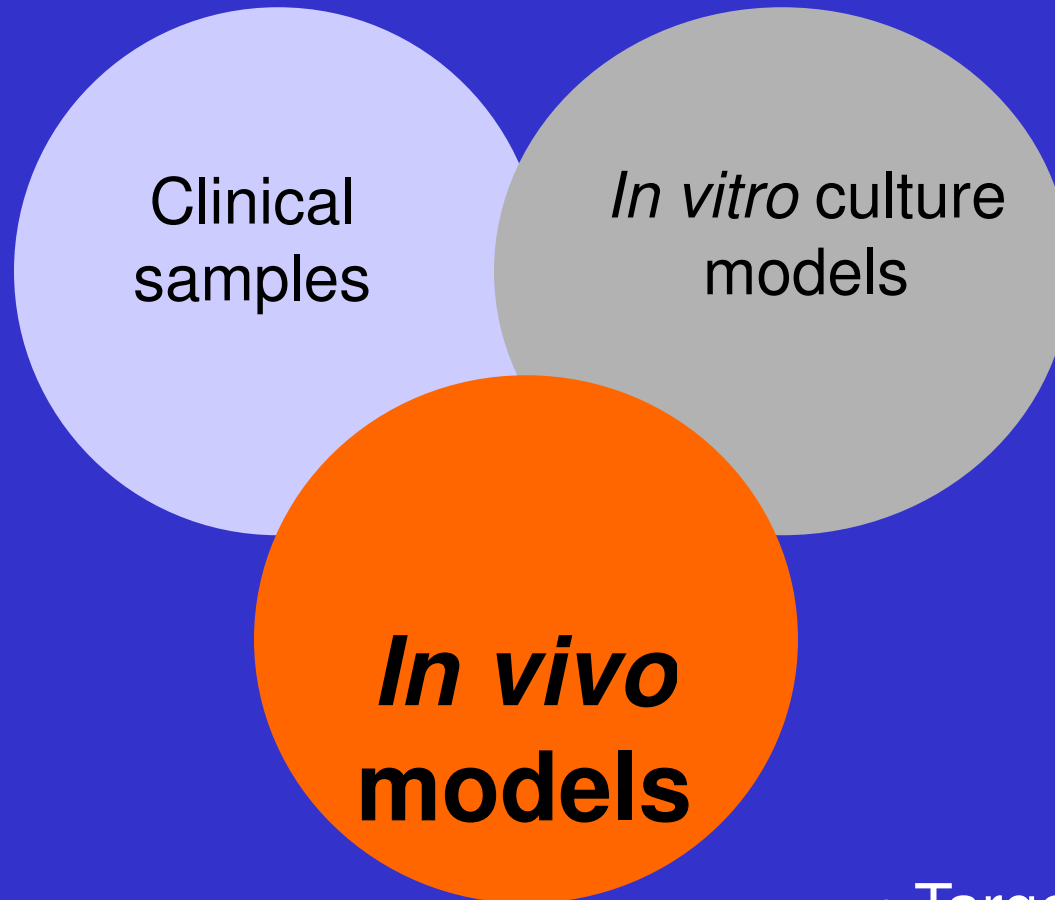
# Tools used to understand adhesion pathogenesis



- Target identification
- Target validation



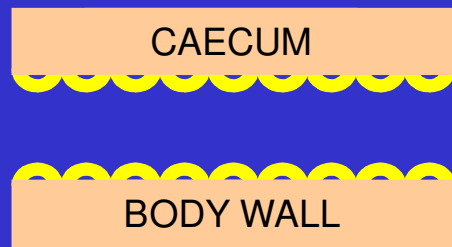
# Tools used to understand adhesion pathogenesis



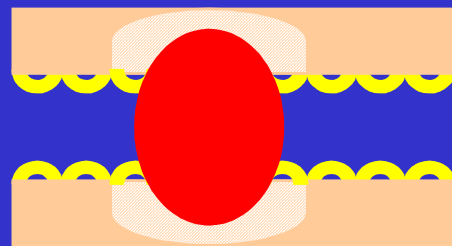
- Target identification
- Target validation

# Pathogenesis of adhesion formation

**Injury**



*Close opposition of peritoneal surfaces*



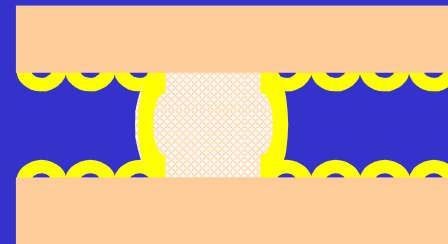
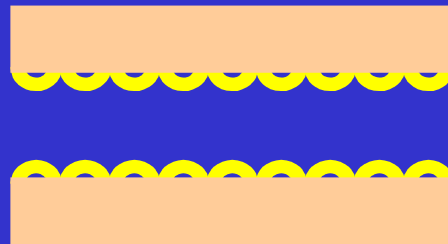
*Tissue repair*

*Normal fibrinolysis*



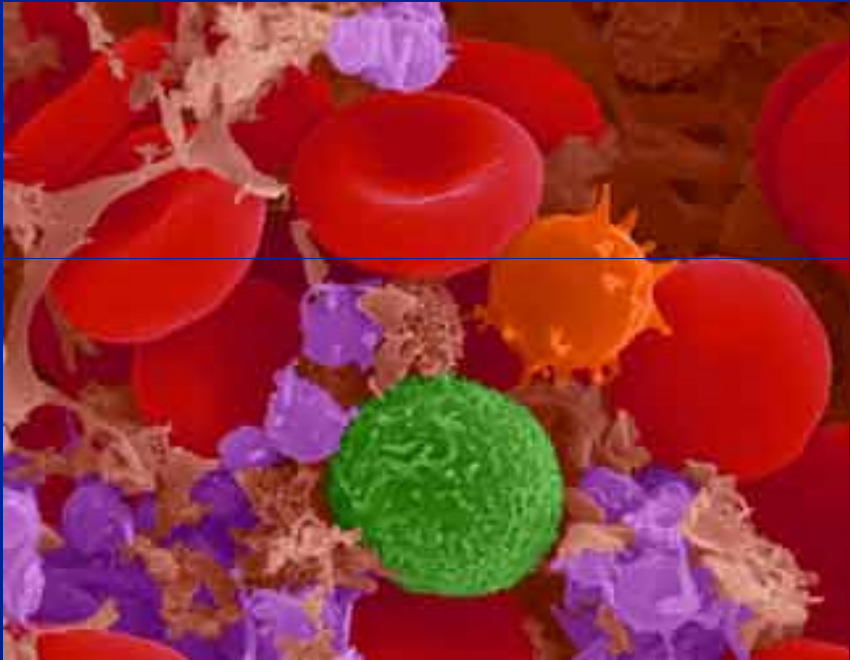
*Reduced fibrinolysis*

**Normal repair**



**Adhesion formation**

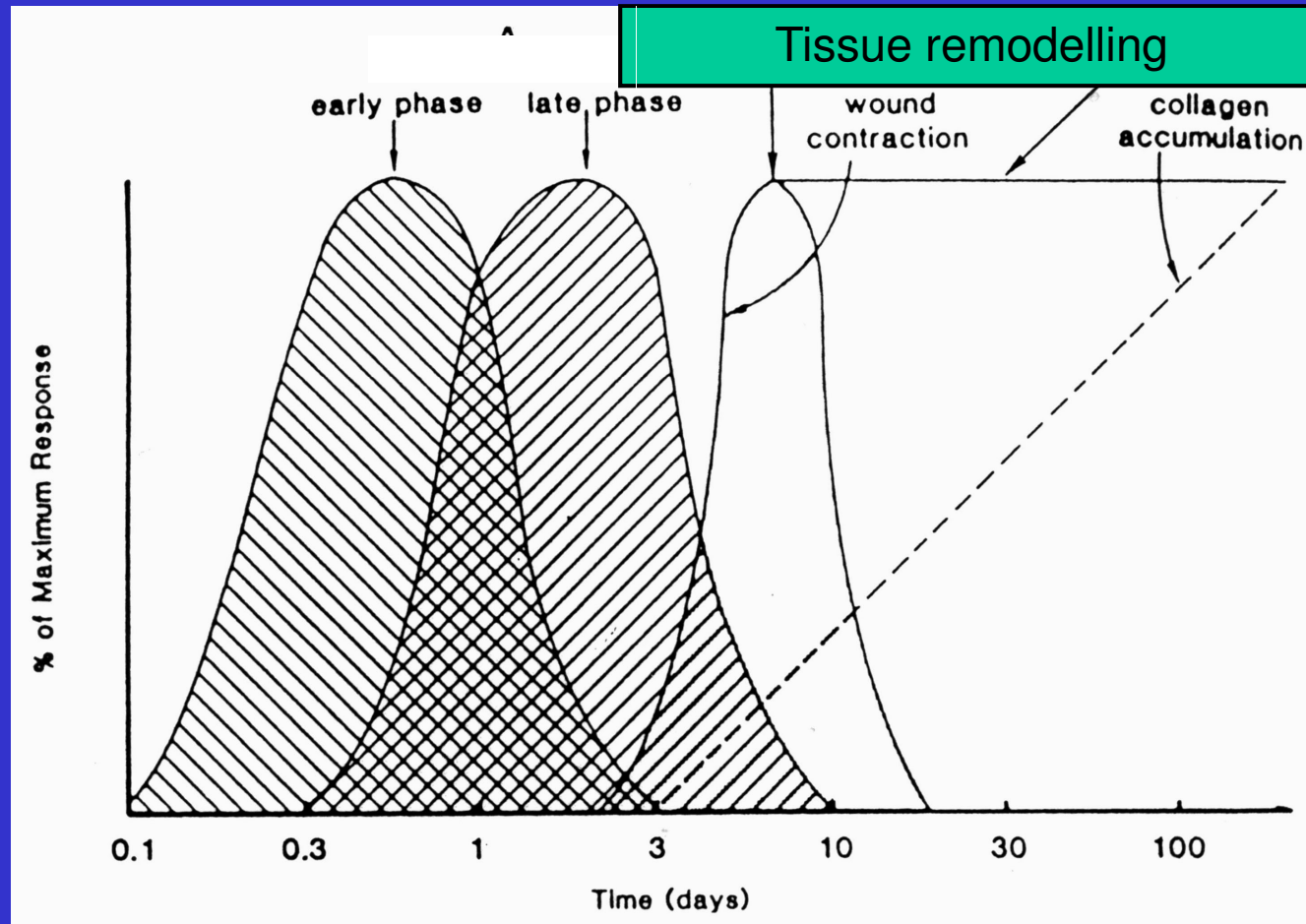
# Phases of tissue repair



- Coagulation and inflammation
- Epithelialisation
- Granulation tissue
- Tissue contraction
- Remodeling and scarring/fibrosis

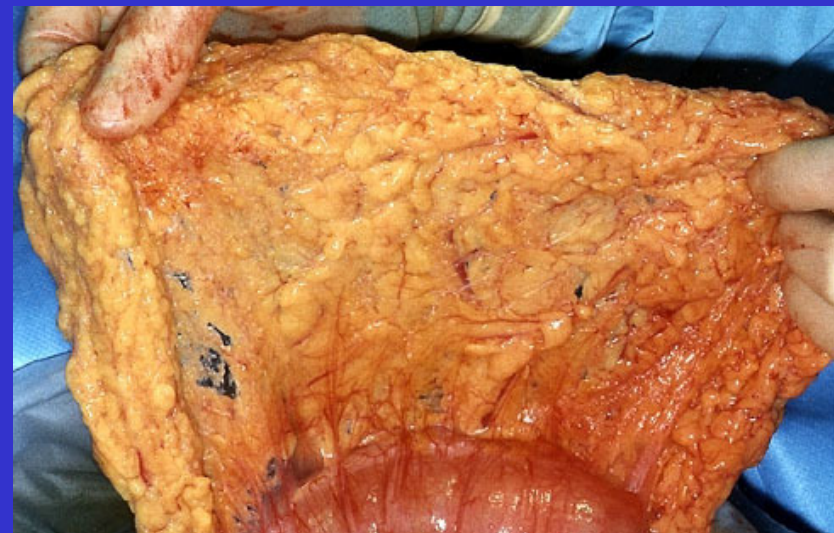
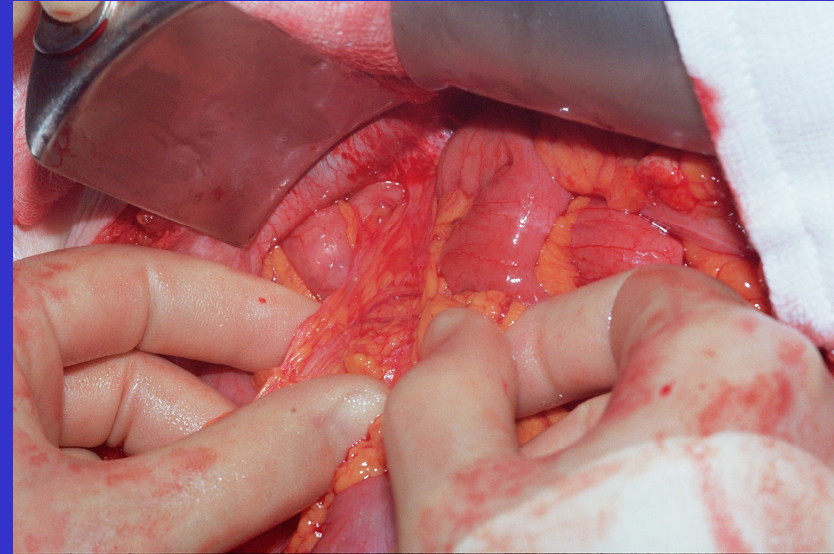


# Temporal relationship of cellular phases of tissue repair



# Understand the disease - clinical samples

- Sample collection
  - Blood/plasma
  - Peritoneal fluid/ lavage
  - Tissue (adhesion/peritoneum)
- Compare healthy/normal with adhesion samples
- Compare pre- and post- surgery
- Snap shot – set time points
- Hard to determine stage of adhesion development
- Patient variability
- Limited access and availability
- Not open to manipulation



# Peritoneal fluid analysis

Journal of Surgical Research 154, 312–316 (2009)  
doi:10.1016/j.jss.2008.05.012

## Studies of TGF- $\beta_{1,2}$ in Serosal Fluid During Abdominal Surgery and Their Effect on *In Vitro* Human Mesothelial Cell Proliferation

Peter Falk, D.Sc.,<sup>a,1</sup> Maria Bergström, Ph.D., M.D.,<sup>a</sup> Ingrid Palmgren, B.Sc.,<sup>a</sup> Lena Holmdahl, Ph.D., M.D.,<sup>a</sup> Michael E. Broimer, Ph.D., M.D.,<sup>a</sup> and Marie-Louise Ivarsson, Ph.D., M.D.<sup>†</sup>

<sup>a</sup>Department of Surgery, The Sahlgrenska Academy at the University of Gothenburg, Sahlgrenska University Hospital, Göteborg, Sweden; and <sup>†</sup>Department of Surgery, Kungälv Hospital, Kungälv, Sweden

## REPRODUCTIVE SURGERY

### Preoperative predictors of postsurgical adhesion formation and the Prevention of Adhesions with Plasminogen Activator (PAPA-study): results of a clinical pilot study

Bart W. J. Hellebrekers, M.D., Ph.D.,<sup>a,b</sup> Trudy C. M. Trimbos-Kemper, M.D., Ph.D.,<sup>b</sup> Lianne Boesten, Ph.D.,<sup>c</sup> Frank Willem Jansen, M.D., Ph.D.,<sup>b</sup> Wendela Kolkman, M.D., Ph.D.,<sup>b</sup> J. Baptist Trimbos, M.D., Ph.D.,<sup>b</sup> Rogier R. Press, Pharm.D.,<sup>d</sup> Mariette I. E. van Poelgeest, M.D., Ph.D.,<sup>b</sup> Sijf J. Emets, Ph.D.,<sup>e</sup> and Teake Kooistra, Ph.D.<sup>e</sup>

<sup>a</sup>Department of Obstetrics and Gynecology, Haga Teaching Hospital, The Hague; <sup>b</sup>Department of Gynecology, Leiden University Medical Center; <sup>c</sup>Department of Clinical Chemistry, Diaconessenhuis Leiden and Leiden University Medical Center; <sup>d</sup>Department of Clinical Pharmacy and Toxicology, Leiden University Medical Center; and <sup>e</sup>TNO Quality of Life, Department of Biosciences, Gaubius Laboratory, Leiden, The Netherlands

## REPRODUCTIVE BIOLOGY

### FERTILITY AND STERILITY\*

VOL. 79, NO. 5, MAY 2002  
Copyright ©2003 American Society for Reproductive Medicine  
Published by Elsevier Inc.  
Printed on acid-free paper in U.S.A.

### Peritoneal fluid concentrations of matrix metalloproteinase-9, tissue inhibitor of metalloproteinase-1, and transforming growth factor-beta in women with pelvic adhesions

Ying C. Cheong, M.B., B.Ch.,<sup>a,b,d</sup> Jenny B. Shelton, Ph.D.,<sup>c</sup> Susan M. Laird, Ph.D.,<sup>c</sup> Tin-Chiu Li, Ph.D., F.R.C.O.G.,<sup>b</sup> William L. Ledger, Ph.D., F.R.C.O.G.,<sup>b</sup> and Ian D. Cooke, Ph.D., F.R.C.O.G.<sup>b</sup>

<sup>a</sup>Section of Reproductive and Developmental Medicine, Central Sheffield University Hospitals, Sheffield, United Kingdom

BJOG: an International Journal of Obstetrics and Gynaecology  
September 2002, Vol. 109, pp. 1041–1049

### Differential expression of matrix metalloproteinase and tissue inhibitor of MMP in serosal tissue of intraperitoneal organs and adhesions

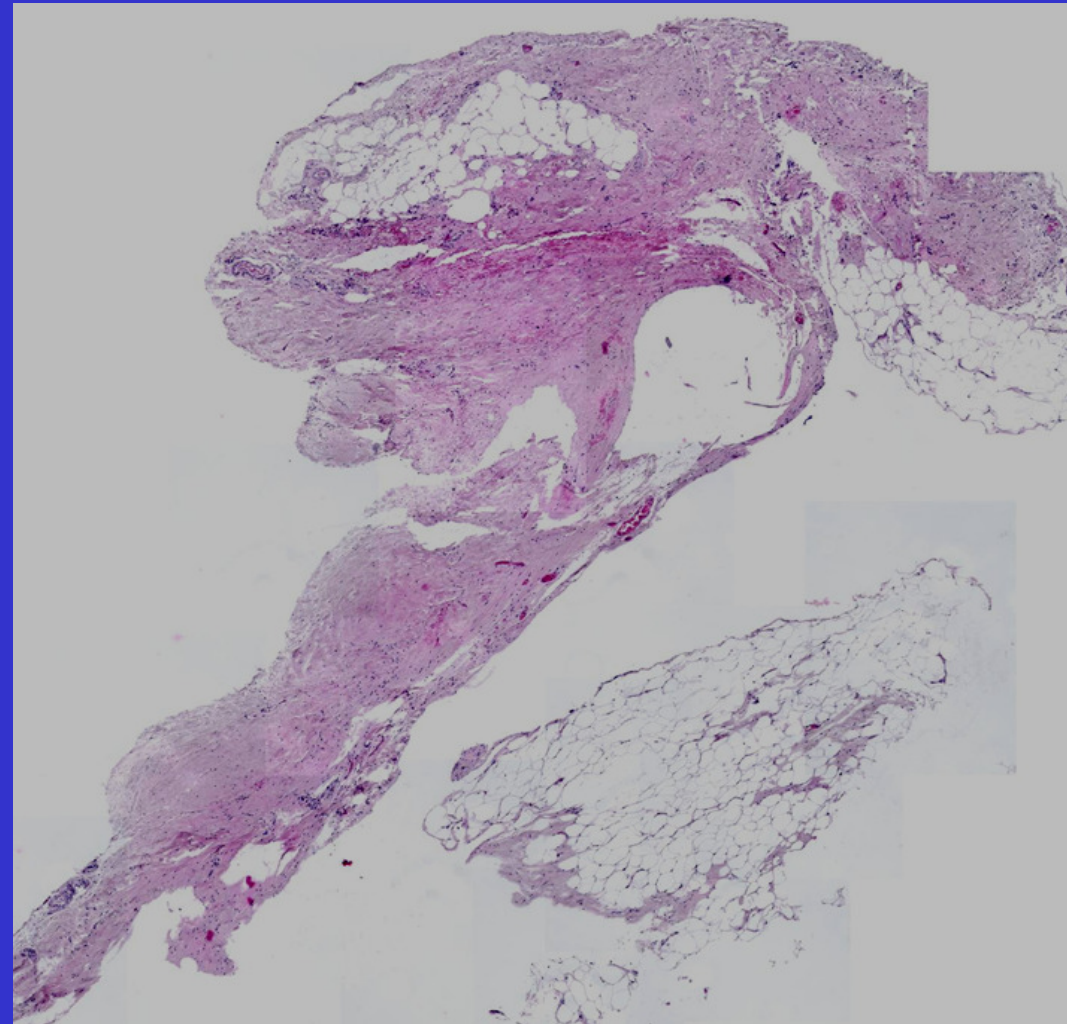
Nasser Chegini<sup>a,\*</sup>, Yong Zhao<sup>a</sup>, Kristina Kotseos<sup>a</sup>, Chunfeng Ma<sup>a</sup>, Barbara Bennett<sup>a</sup>, Michael P. Diamond<sup>b</sup>, Lena Holmdahl<sup>c</sup>, Kevin Skinner<sup>d</sup>

Members of the The Peritoneal Healing and Adhesion Multi University Study (PHAMUS)

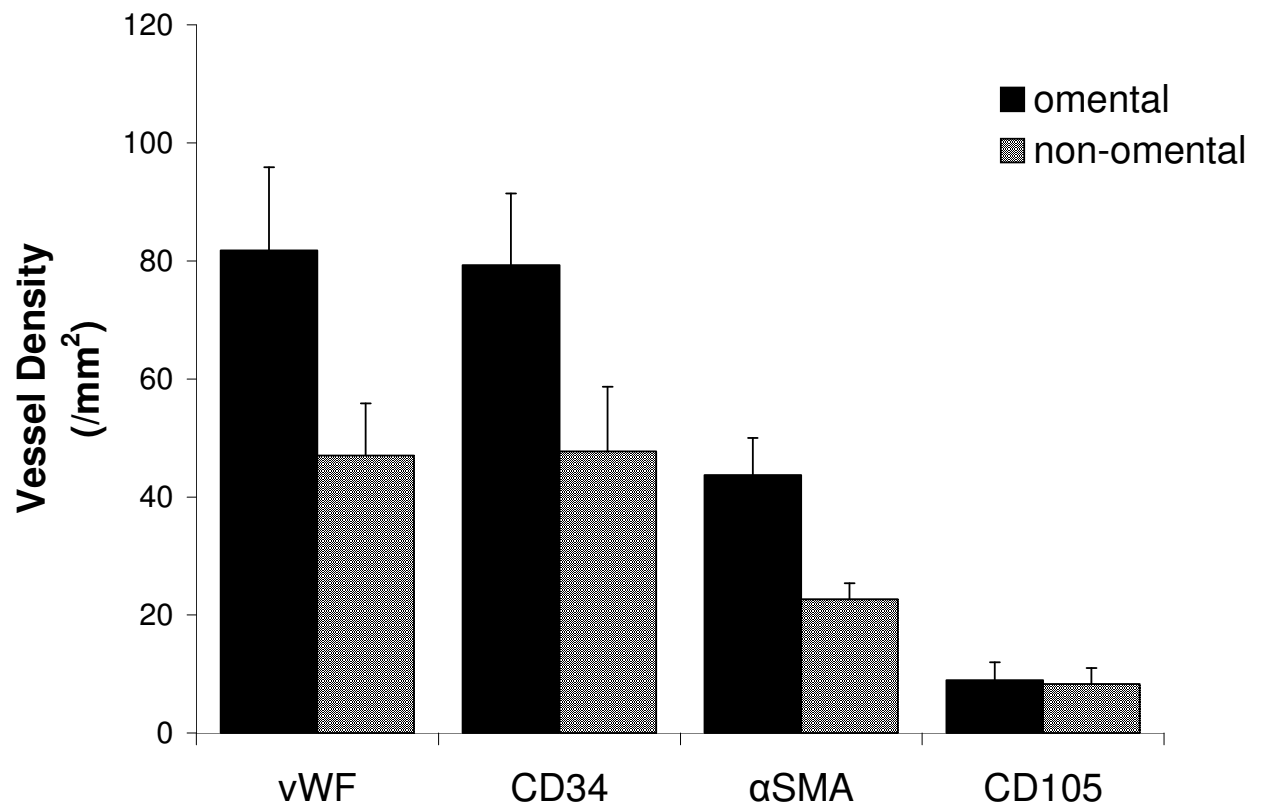
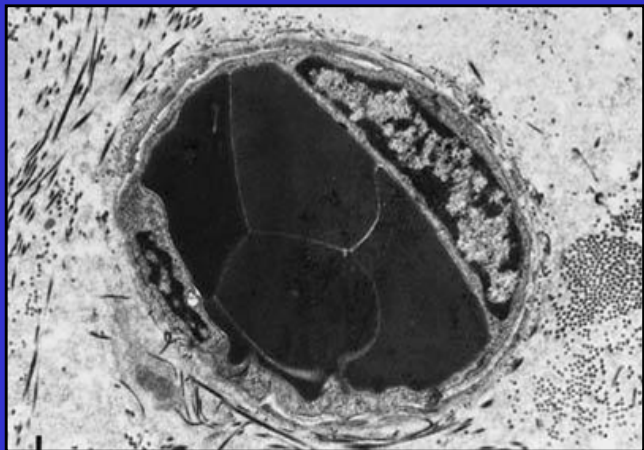
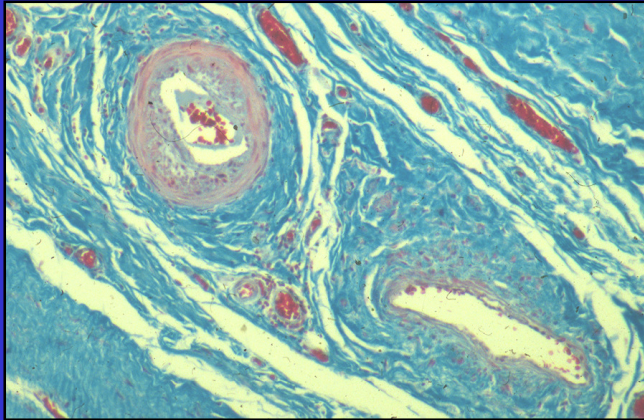


# Do human peritoneal adhesions resemble scar tissue?

- Samples of adhesion and peritoneal tissue taken during abdominal surgery
- Location, size, type and number of adhesions recorded
  - visual record if possible
- Patient history recorded
- Tissue samples divided and processed:
  - histology
  - immunocytochemistry
  - electron microscopy

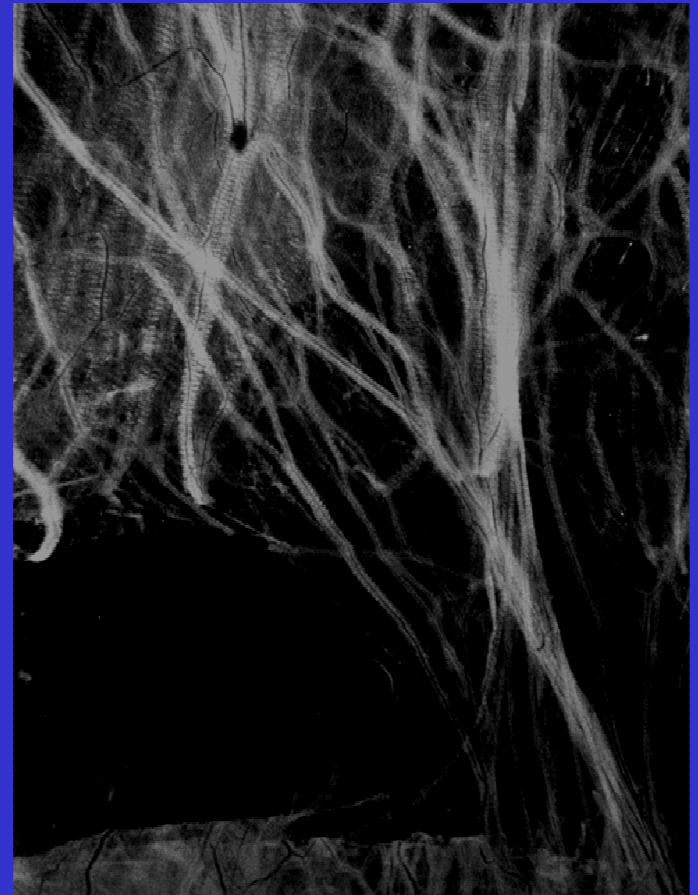
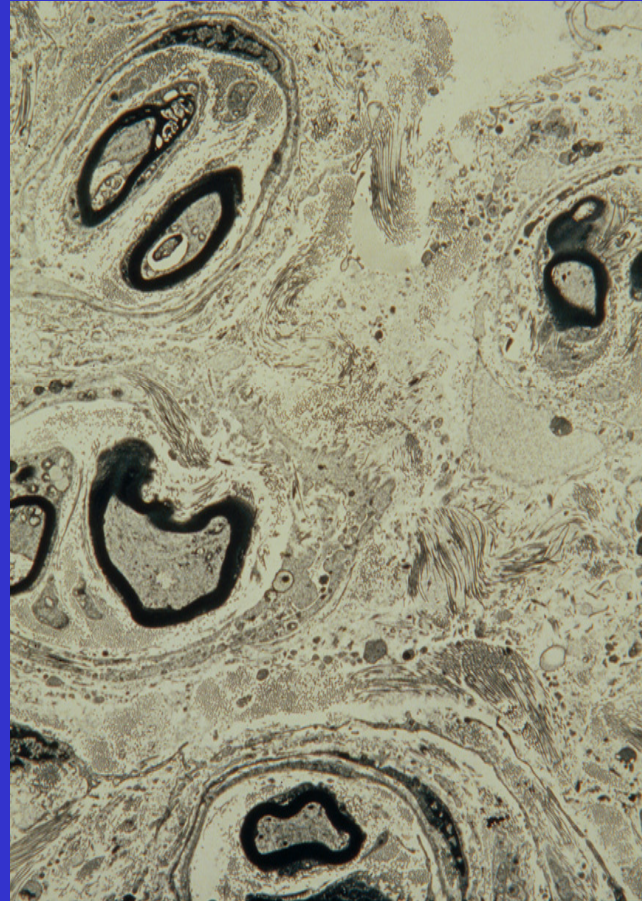
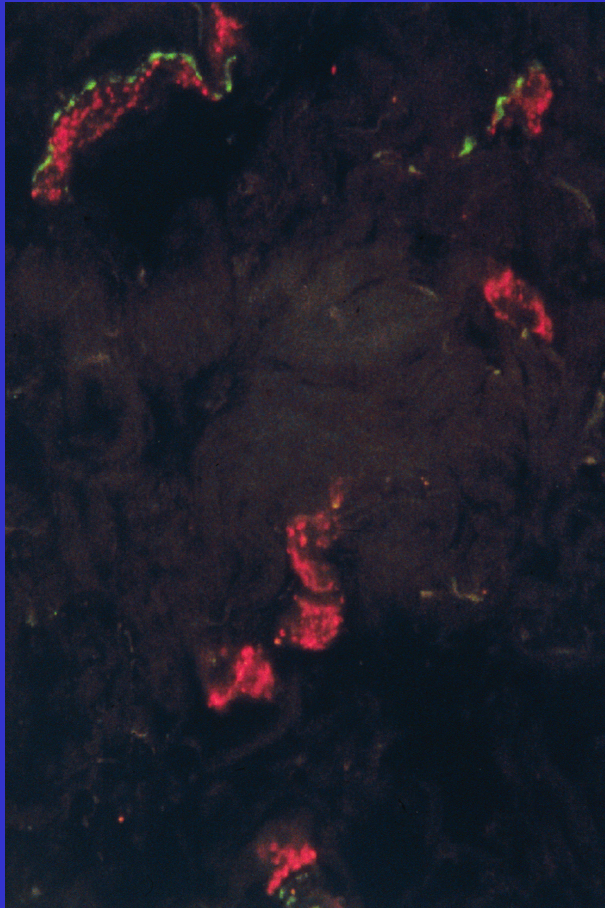


# Human peritoneal adhesions are well vascularised



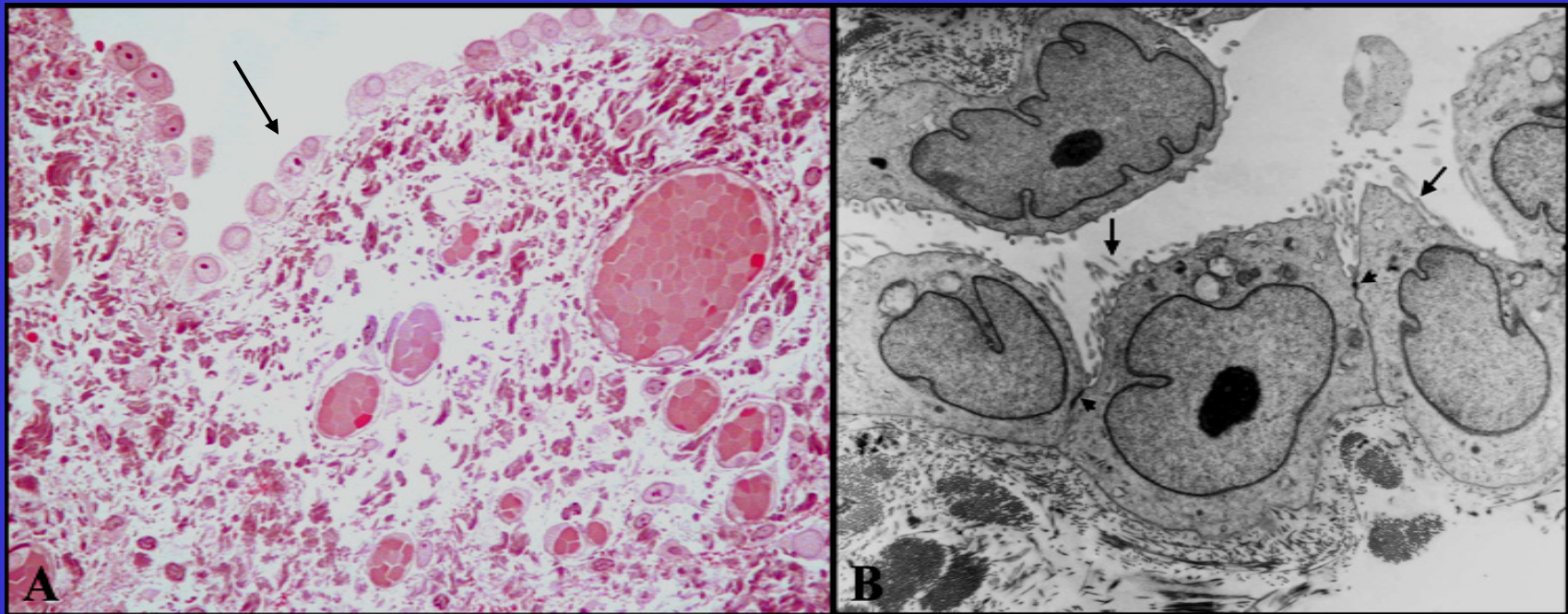


# Human adhesions contain sensory nerves - relationship with pelvic pain?

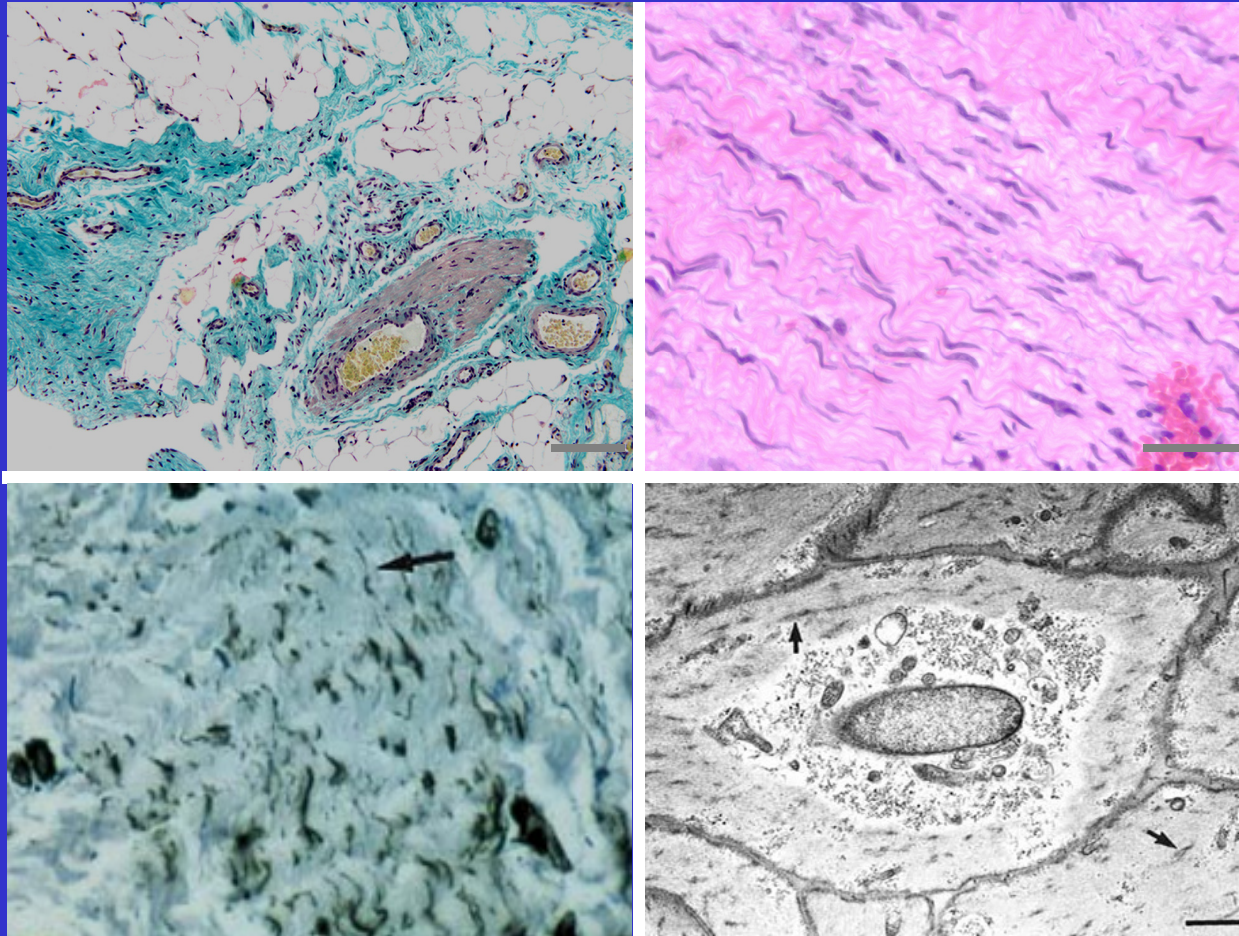




# Mesothelial lining

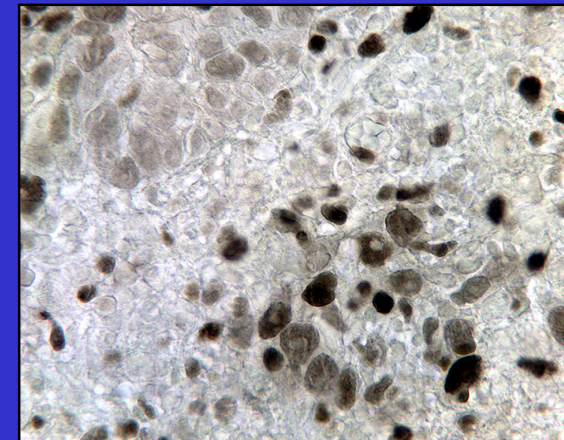
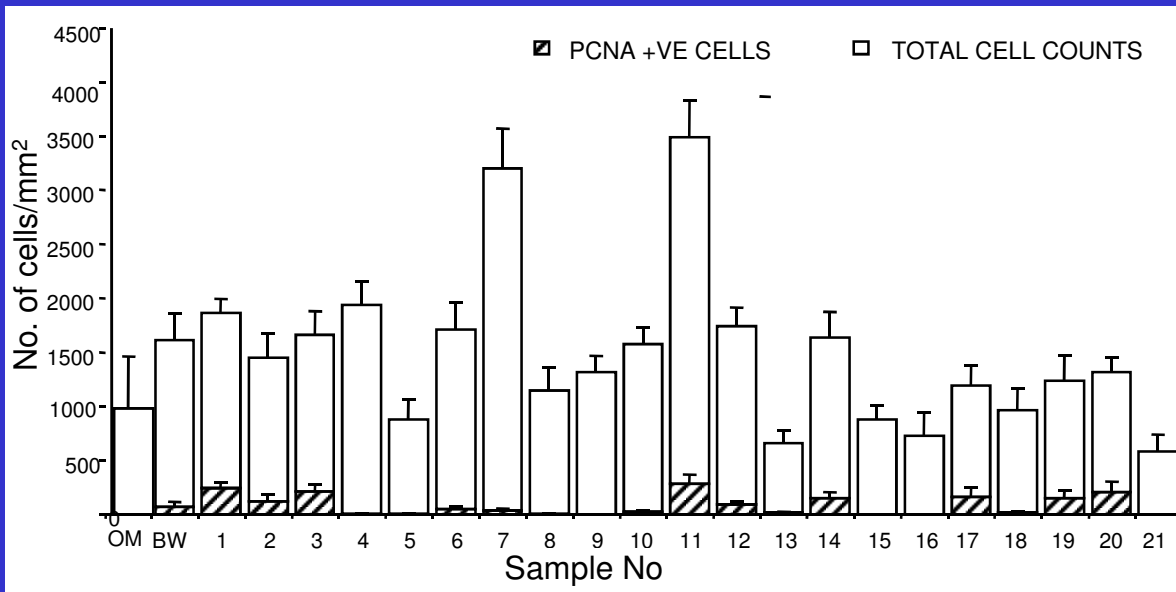


# Human adhesions show the presence of $\alpha$ -smooth muscle actin-positive cells

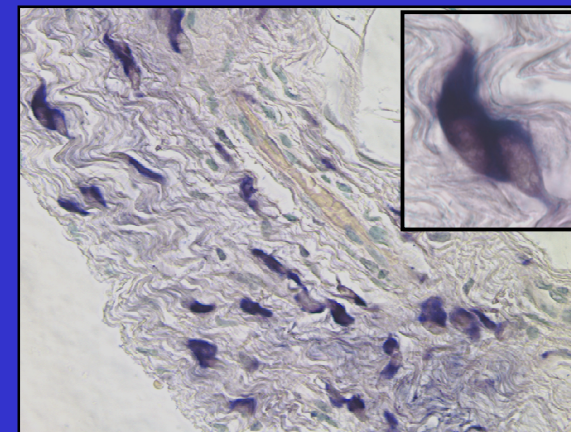
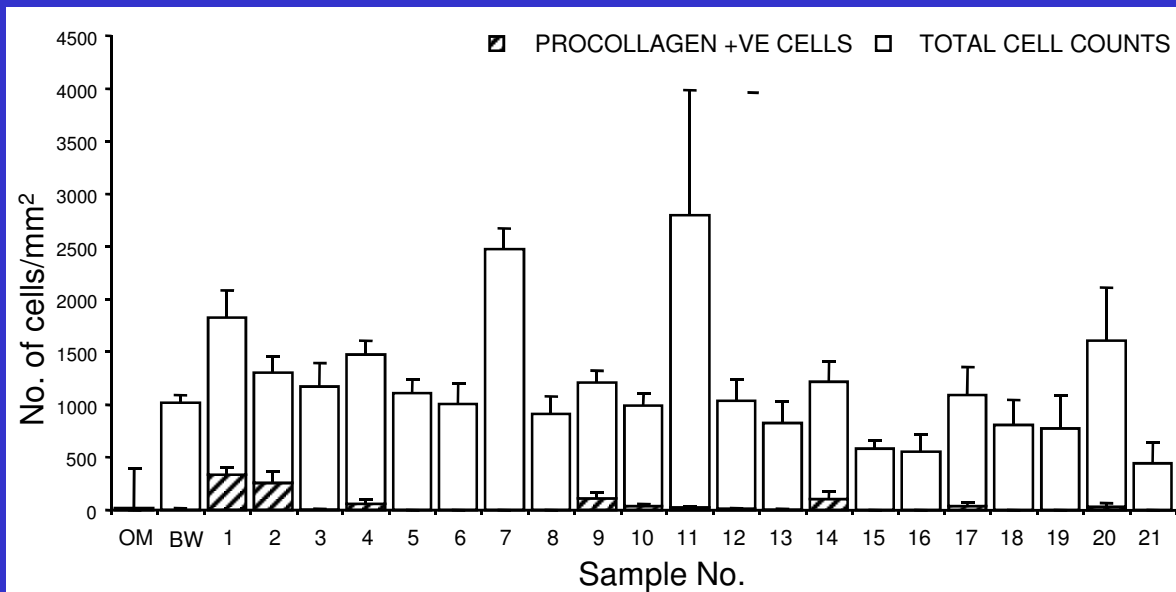




# Long-term remodelling of human adhesions



Cell proliferation



Pro-collagen type 1 gene expression



# In vitro evidence for a difference between peritoneal and adhesion fibroblasts

- Increased  $\alpha$ -smooth muscle cell actin in adhesion fibroblasts compared with peritoneal fibroblasts (Saed et al., 2004, Fertil Steril)
- Decreased apoptosis and increased proliferation of adhesion fibroblasts compared with peritoneal fibroblasts under hypoxia (Saed et al., 2002, Fertil Steril)
- Increased production of TGF- $\beta$ 1 and ECM by adhesion fibroblasts compared with peritoneal fibroblasts (Saed et al., 2001, Fertil Steril)

# Pathogenesis of adhesion formation

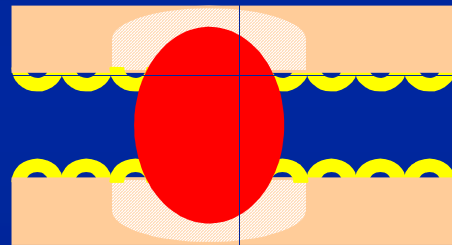
**Injury**



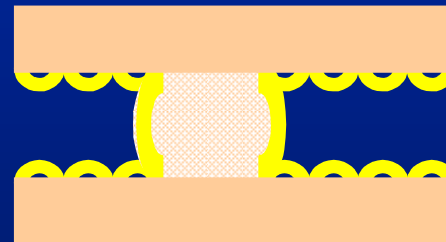
CAECUM

BODY WALL

*Close opposition of peritoneal surfaces*

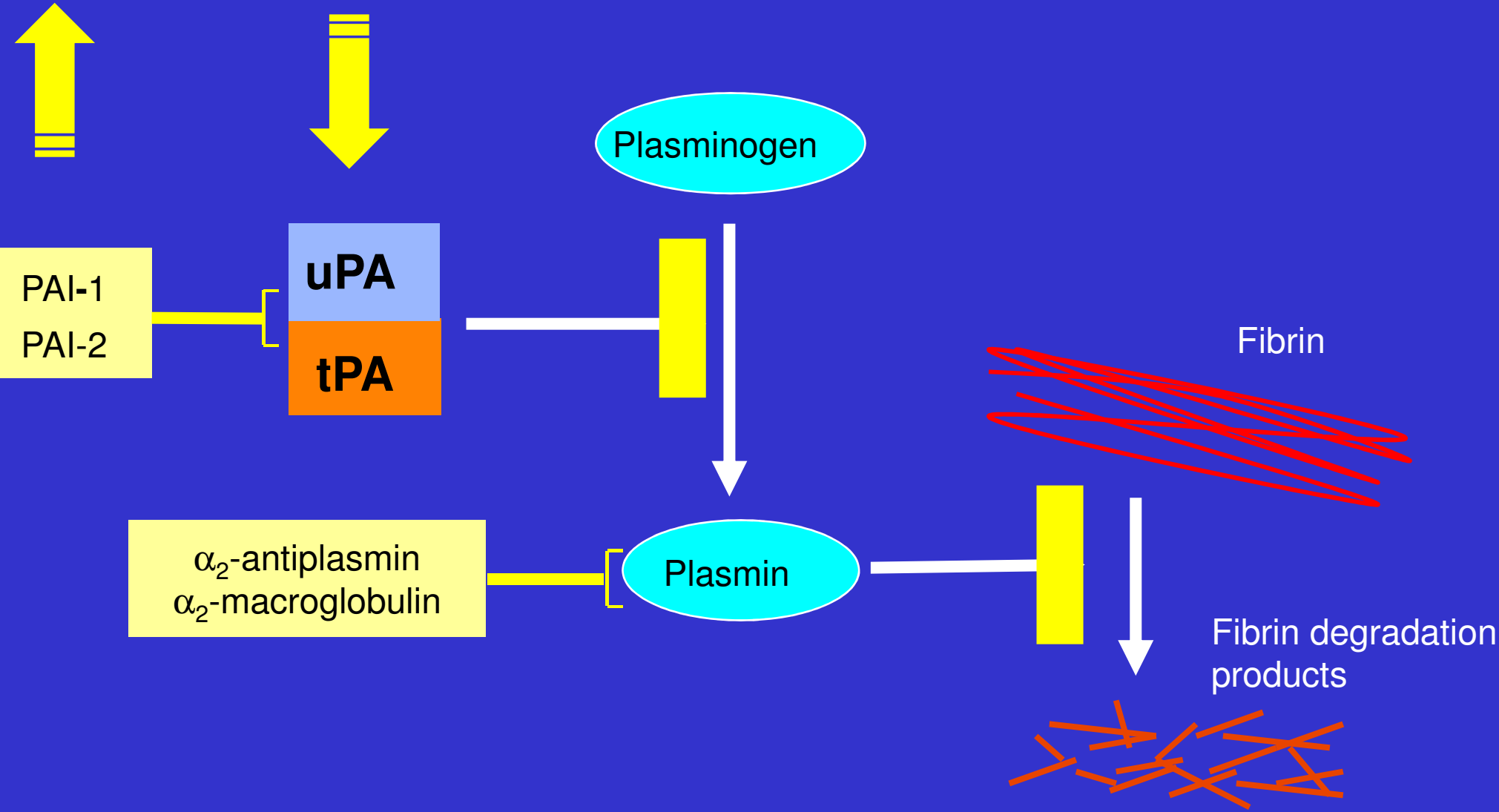


*Reduced fibrinolysis*

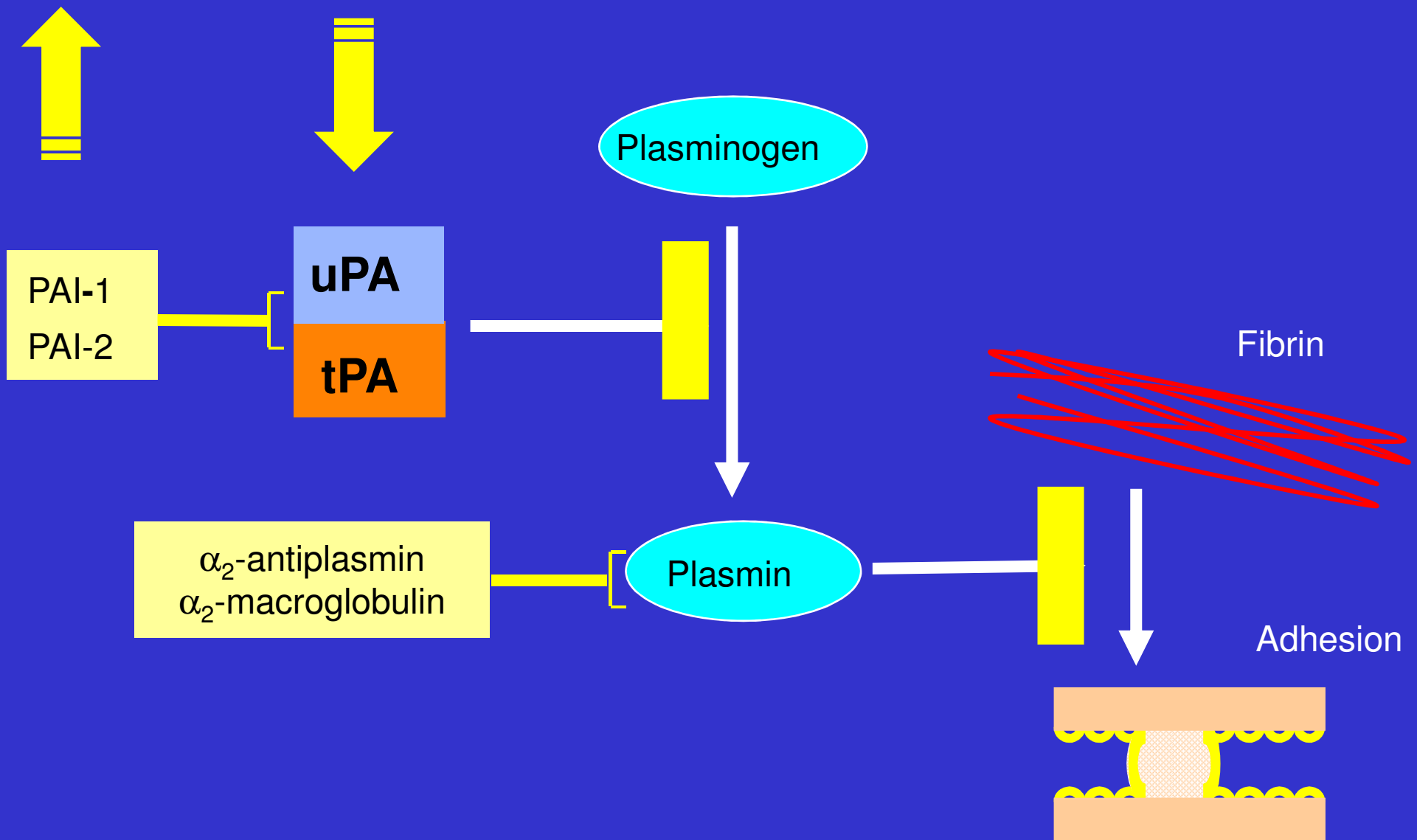


**Adhesion formation**

# Fibrinolytic system

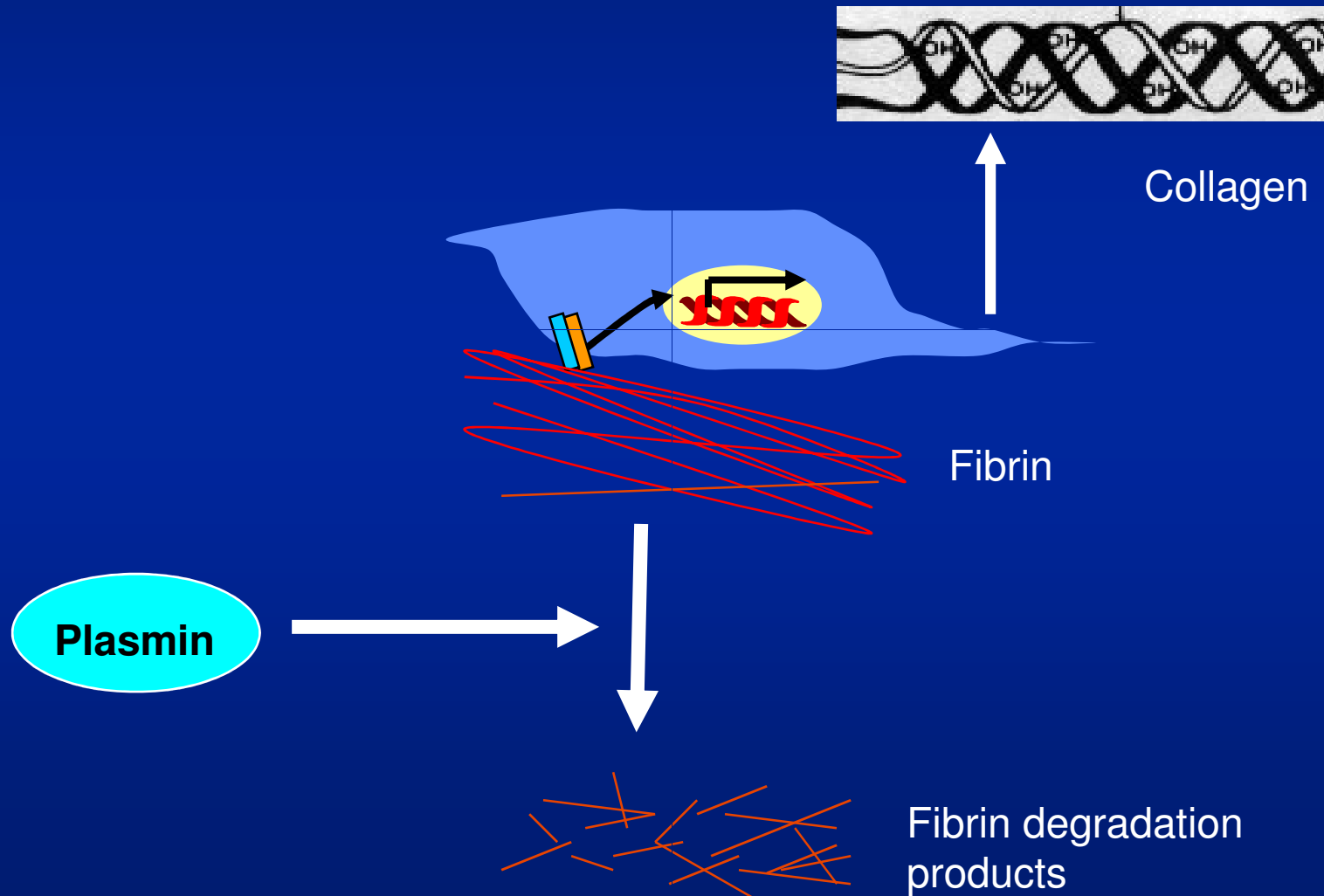


# Reduced fibrinolytic system induces adhesion formation?



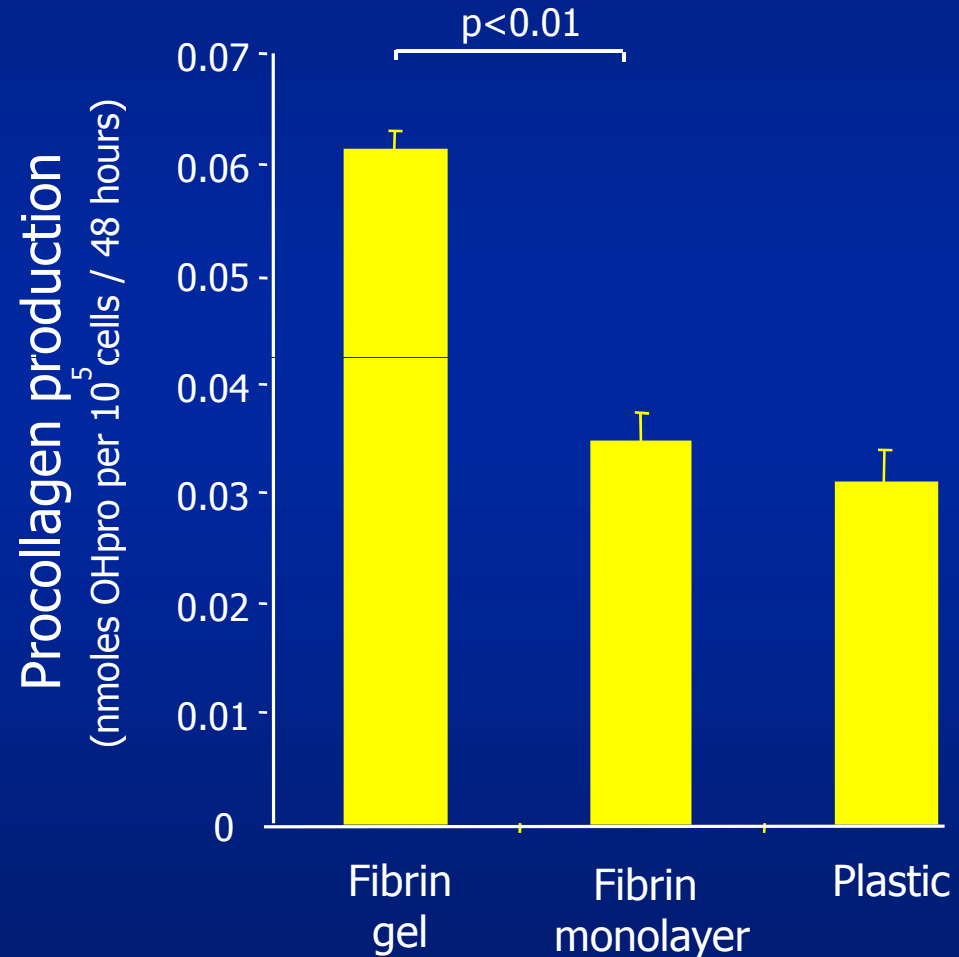


# Role of fibrin matrix in adhesion formation

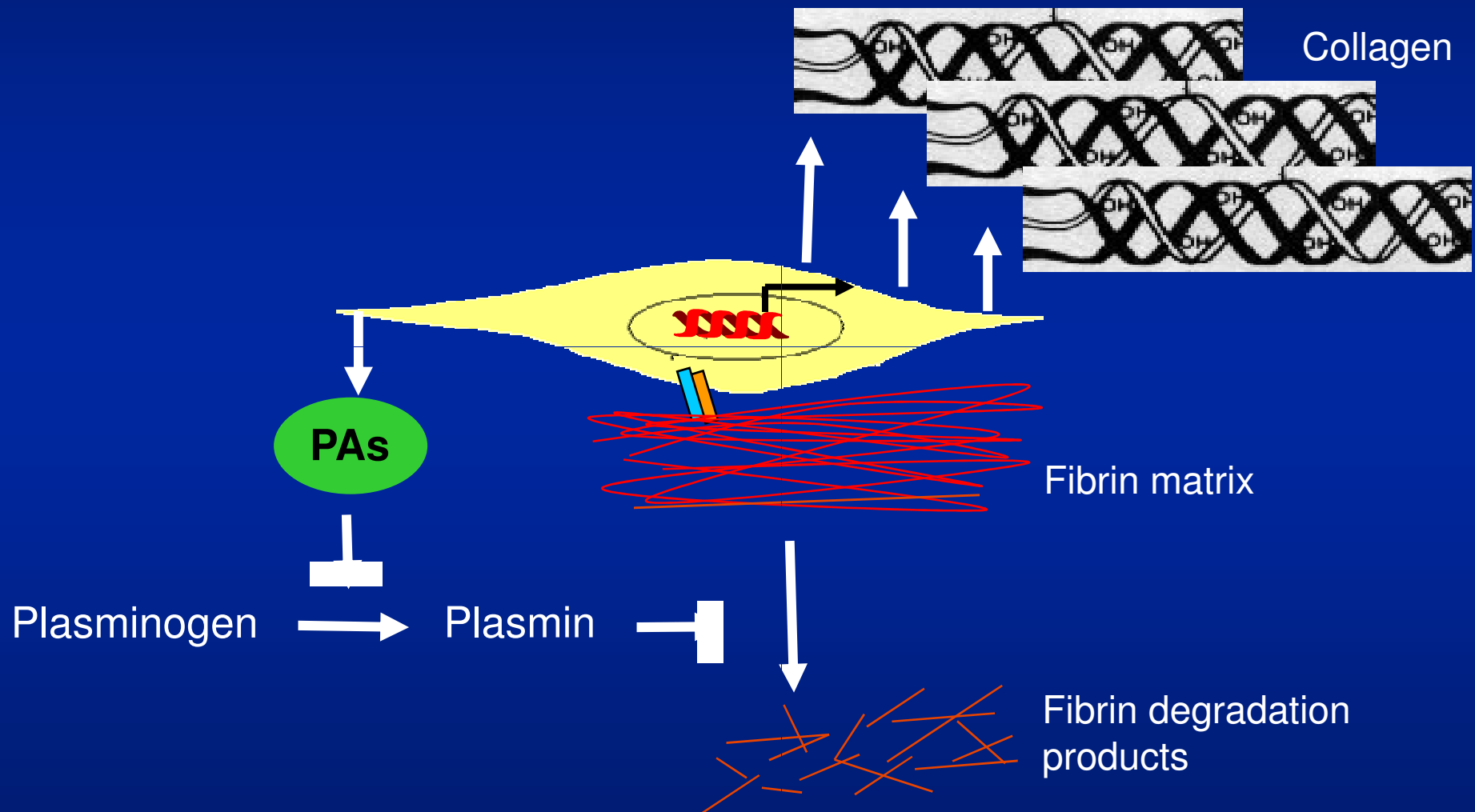


# Increased collagen production by fibroblasts in fibrin gel

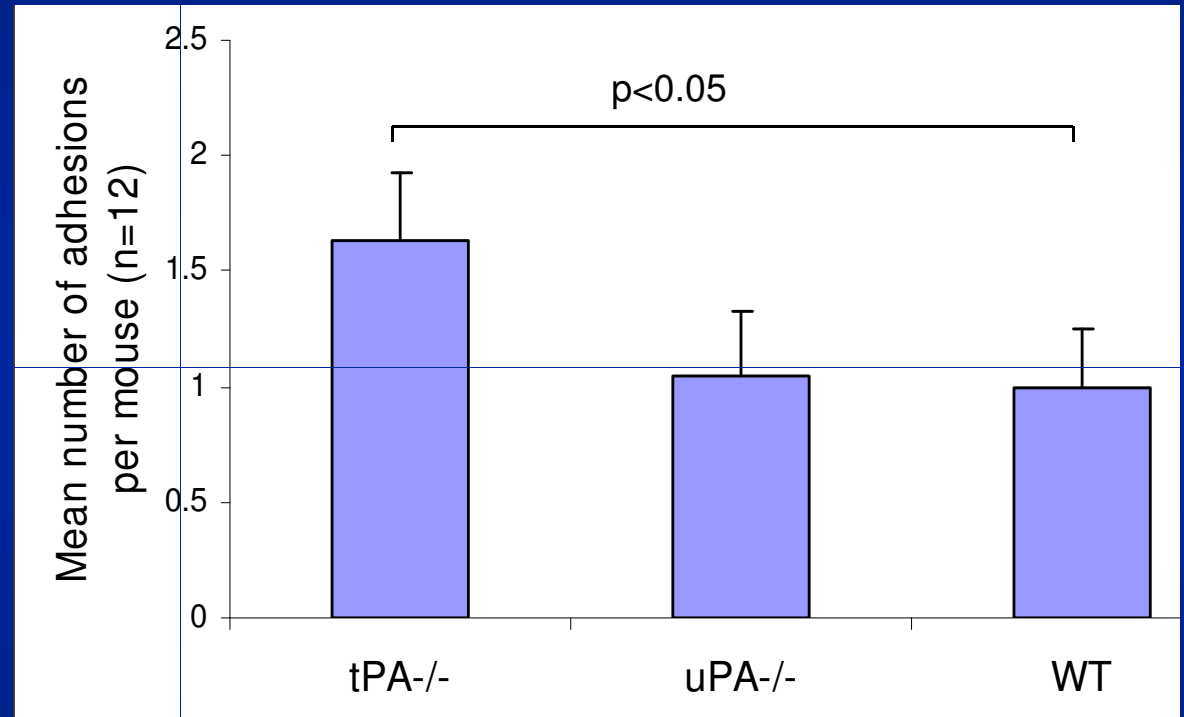
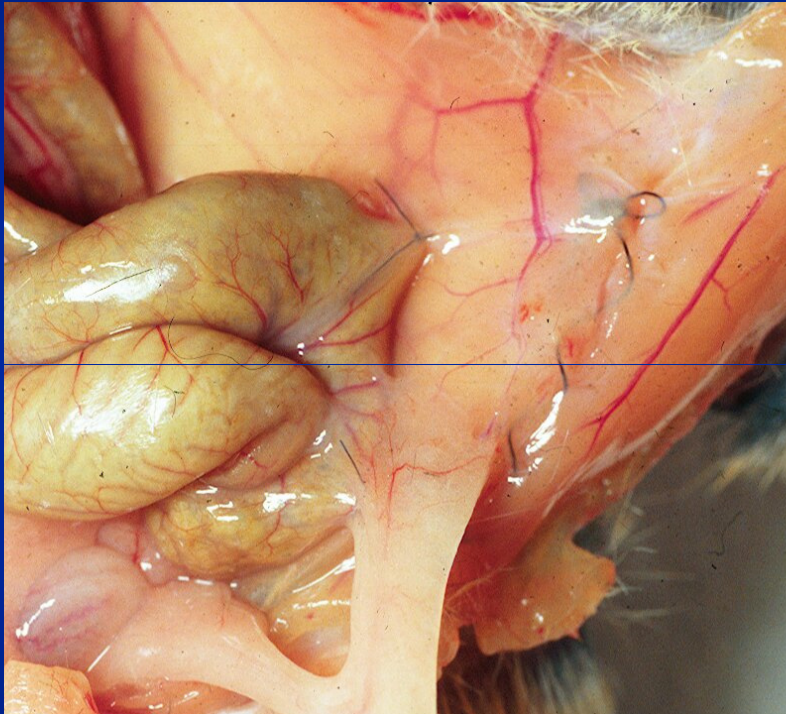
- Fibroblast isolation from tissue
  - Collagenase digestion
  - Explant culture
- Combine cultured fibroblasts with fibrinogen solution
- Add thrombin and culture +/- fibrinolytic inhibitors
- Analyse fibroblast proliferation and collagen turnover



# Reduced fibrinolysis and fibrin persistence enhance collagen deposition in vitro



# tPA-deficient mice show increased adhesion formation

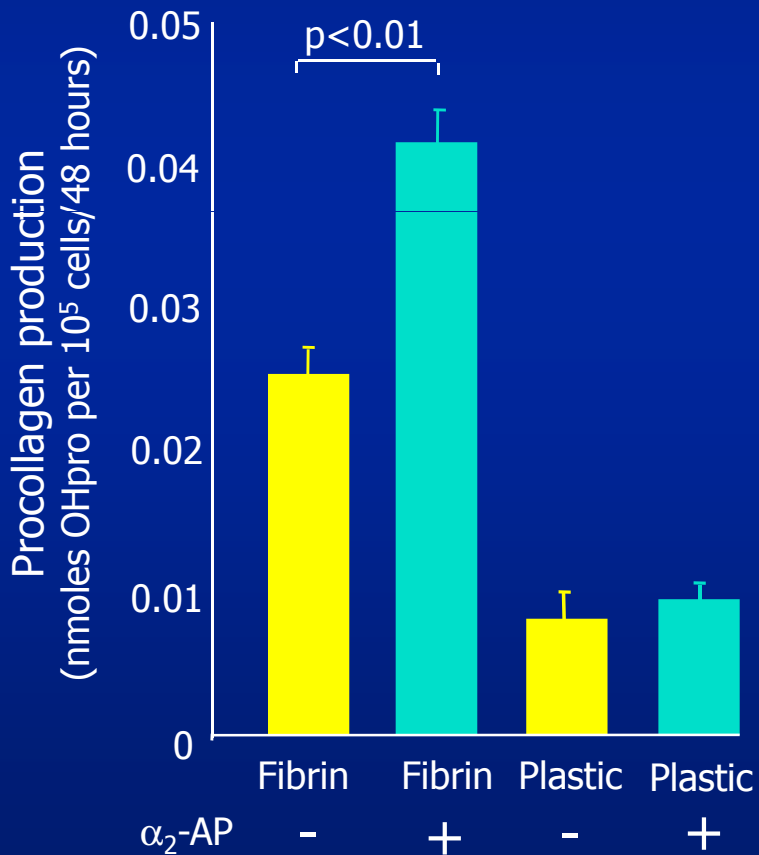


- tPA-deficient mice are more susceptible to adhesion formation following a surgical or chronic inflammatory episode

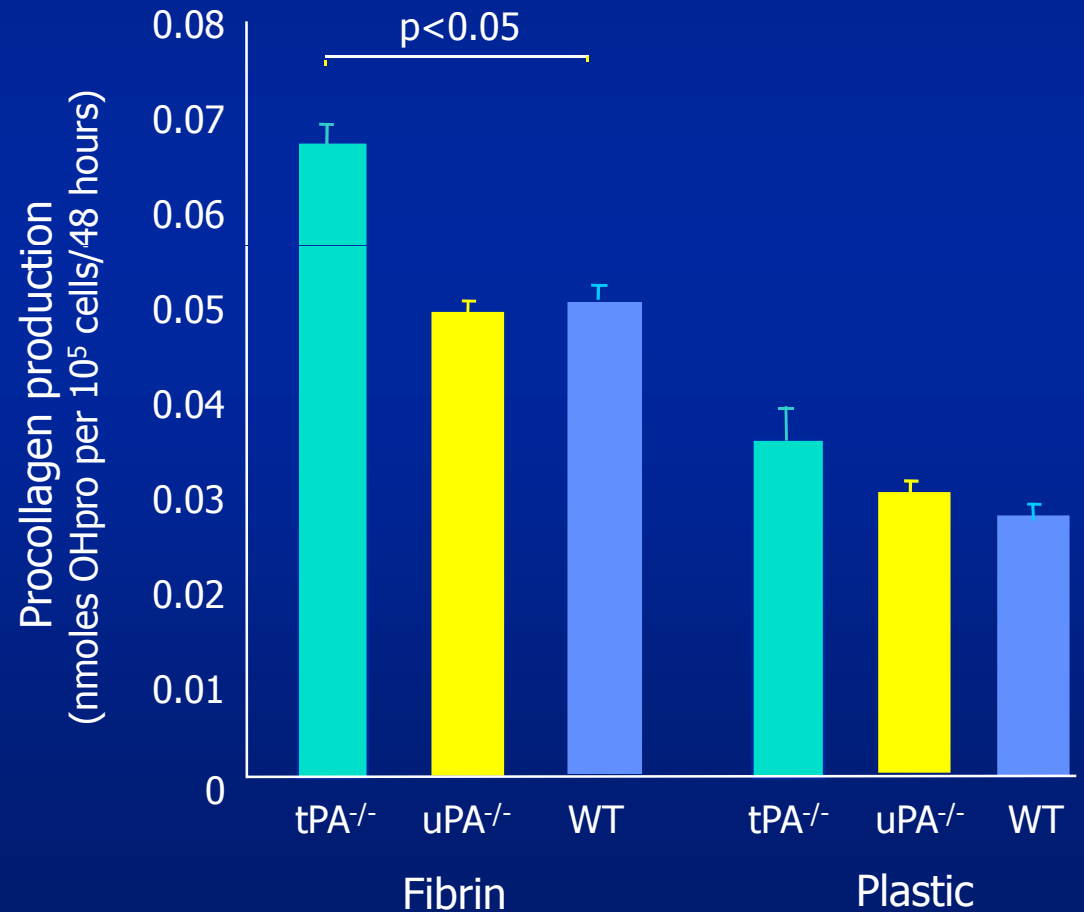


# Increased collagen production by fibroblasts in fibrin gels with reduced fibrinolysis

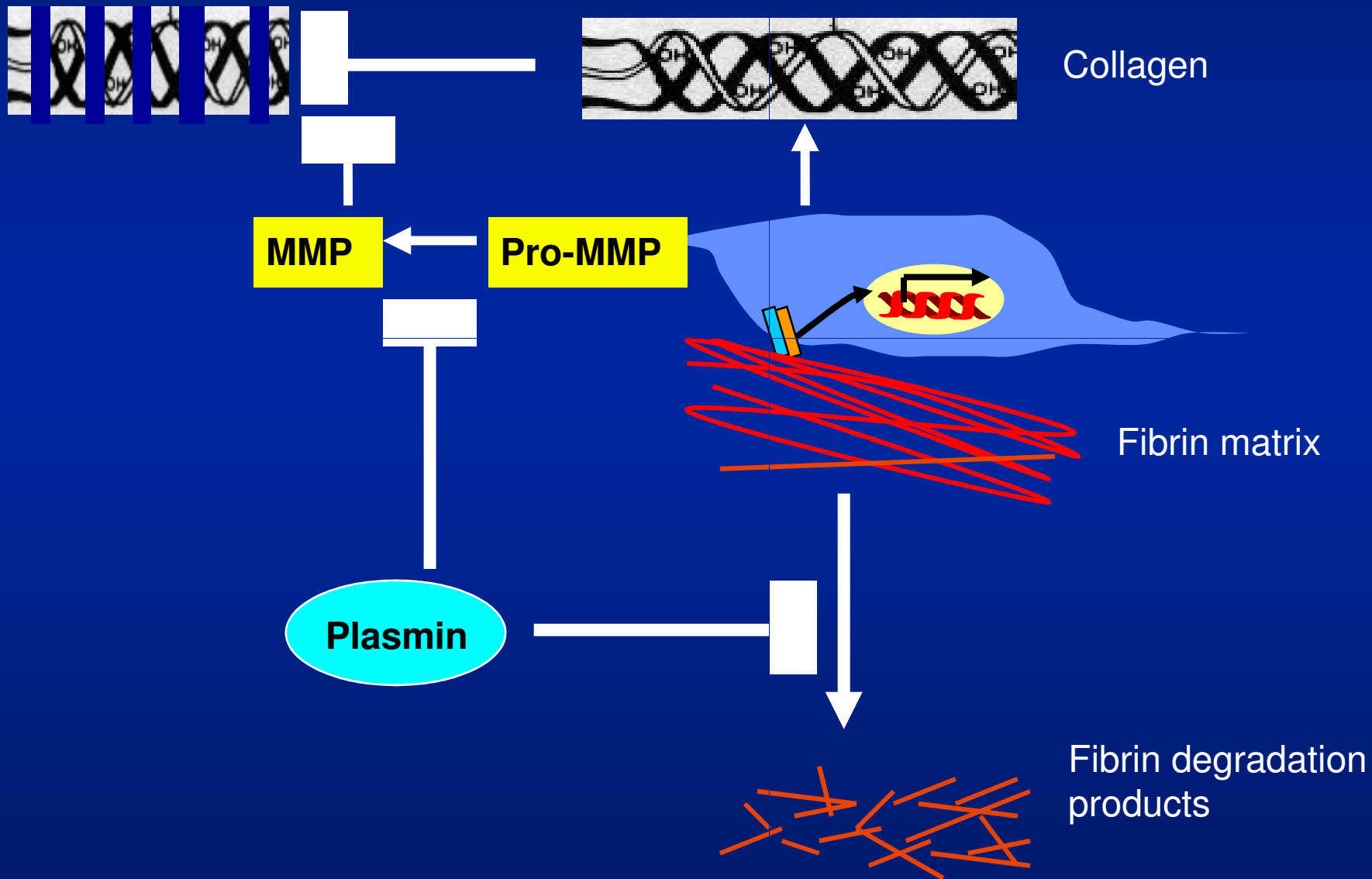
## Plasmin inhibitor



## PA-deficient murine cells

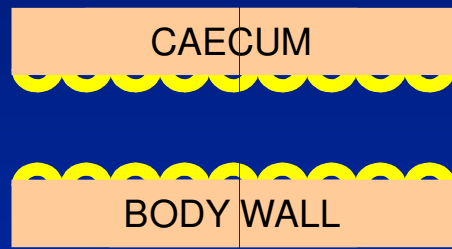


# Both increased collagen gene expression and decreased degradation involved



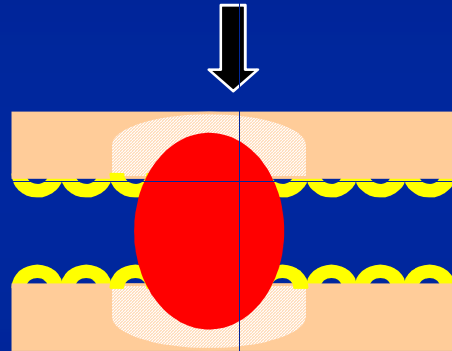
# Pathogenesis of adhesion formation

**Injury**



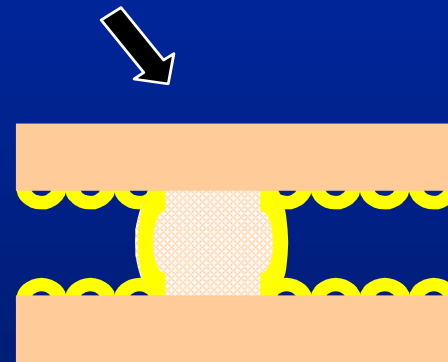
*Close opposition of peritoneal surfaces*

Inward migration of cells



*Reduced fibrinolysis*

Enhanced collagen deposition



**Adhesion formation**



# Pathogenesis of adhesion formation

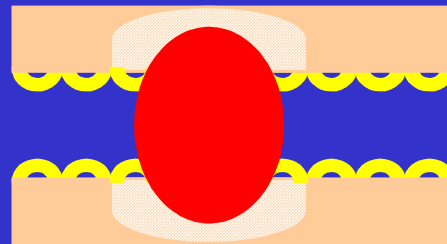
**Injury**



CAECUM

BODY WALL

*Close opposition of peritoneal surfaces*

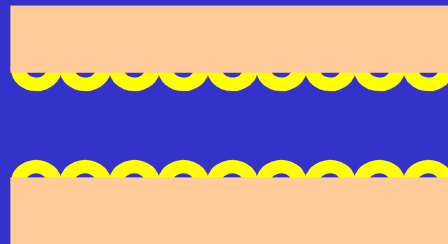


*Tissue repair*

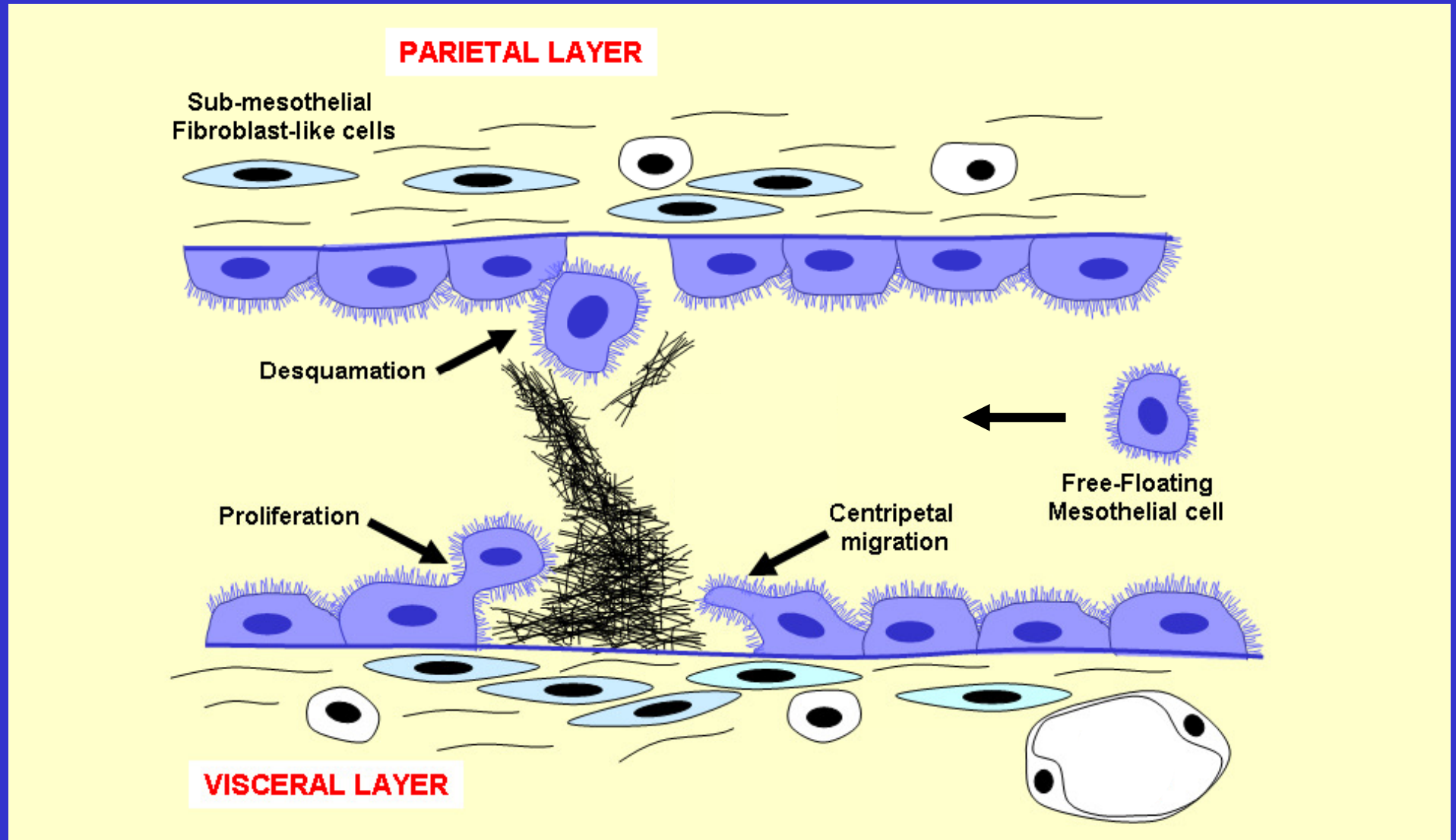
*Normal fibrinolysis*



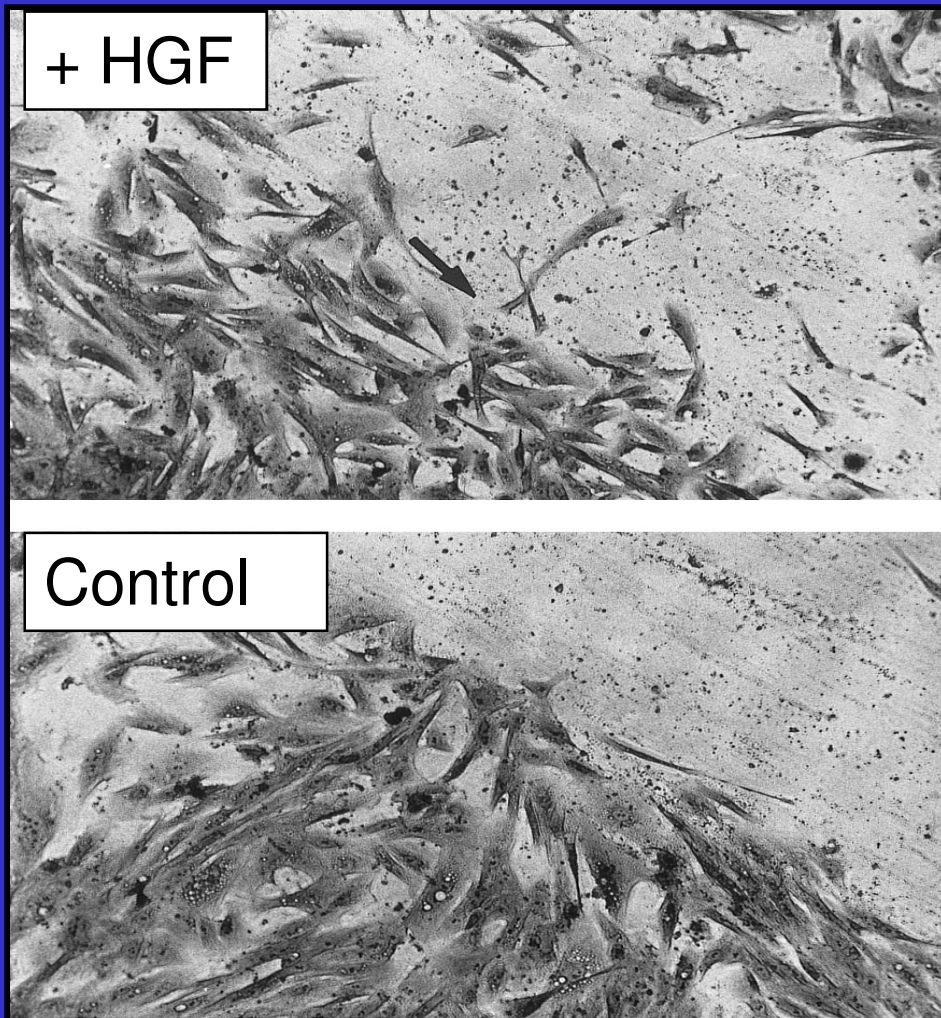
**Normal repair**



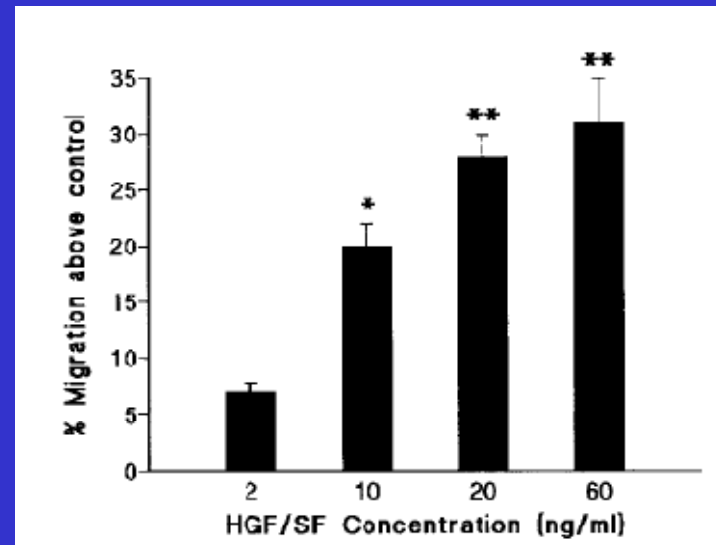
# Proposed scheme of mesothelial regeneration



# Hepatocyte growth factor (HGF) increases mesothelial regeneration in a scratch wound model



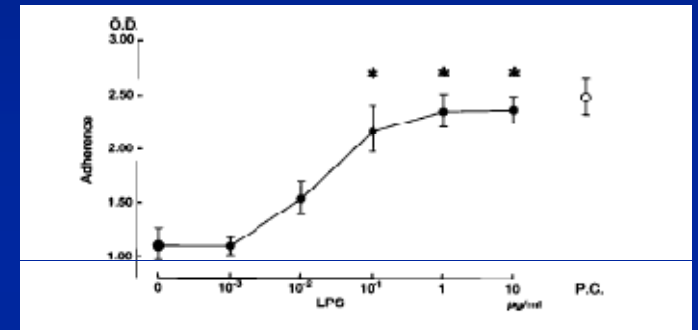
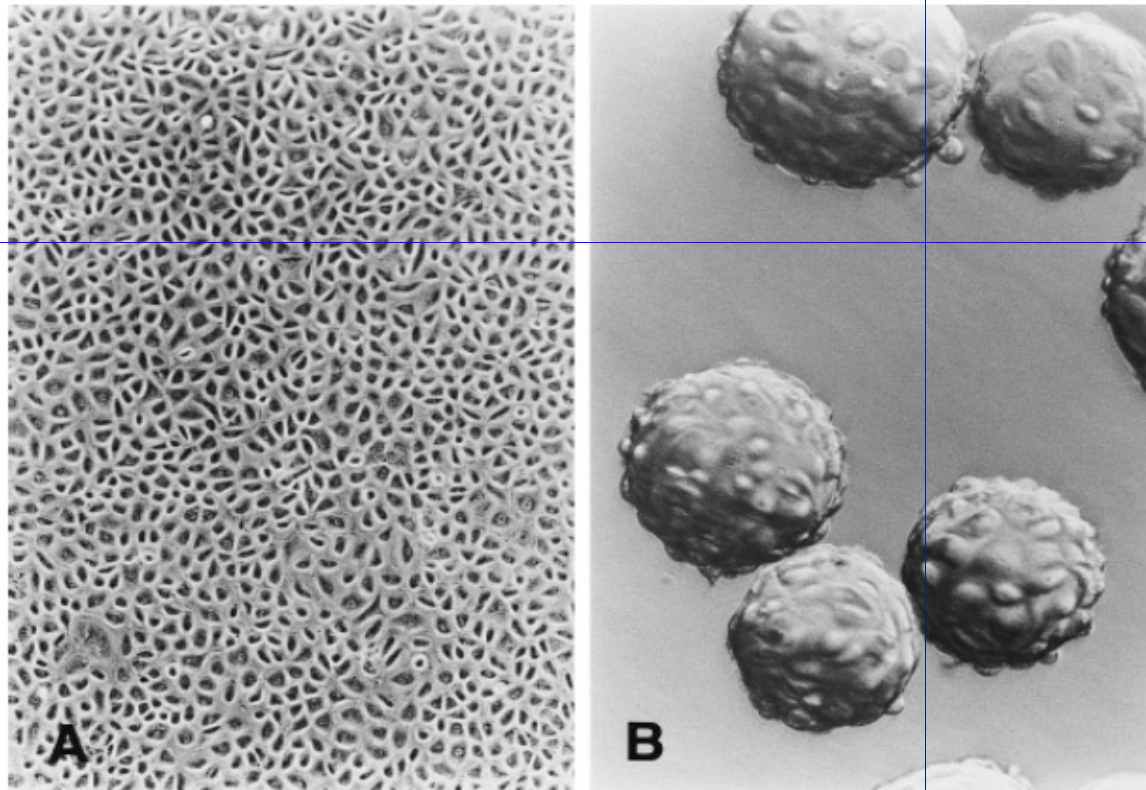
- Mesothelial cells isolated from omentum by trypsin digestion
- Subjected to scratch wound when confluent monolayer
- +/- HGF (dose response)
- Analyse cell migration and proliferation



## *In Vitro* Analysis of Peritoneal Adhesions in Peritonitis

HIROTO TOH, M.D.,\* MOTOMICHI TORISU, M.D.,† HIDEO SHIMURA, M.D.,† HISAO KITSUKI, M.D.,†  
AKIHIKO UCHIYAMA, M.D.,† HIDEAKI ITOH, M.D.,\*<sup>1</sup> AND KEIICHI OHSATO, M.D.\*

\*First Department of Surgery, The University of Occupational and Environmental Health School of Medicine, Kitakyushu, Japan; and  
†The Division of Clinical Immunology, First Department of Surgery, Kyushu University School of Medicine, Fukuoka, Japan



LPS increases bead adhesion

### <sup>125</sup>I-Albumin Permeability of Mesothelial Monolayers

	<sup>125</sup> I albumin permeability (mean ± SEM %)
Control	3.95 ± 0.26
LPS pretreated (1.0 μg/ml, 24 hr)	8.23 ± 0.56*

LPS increases permeability to  
<sup>125</sup>I Albumen



## Remodeling of Peritoneal-like Structures by Mesothelial Cells: Its Role in Peritoneal Healing

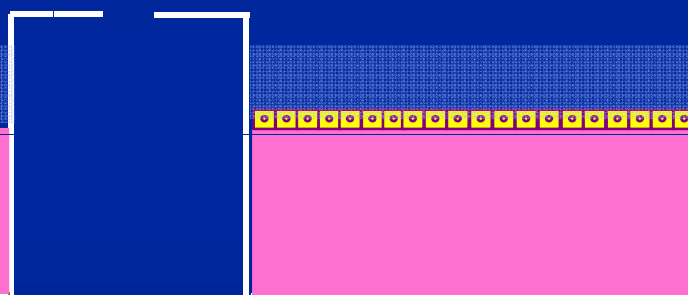
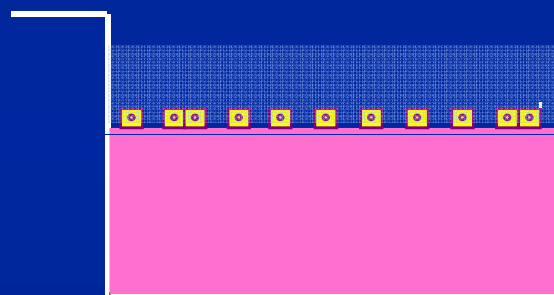
Fernando Bittinger,<sup>\*,†</sup> Caroline Schepp,\* Christoph Brochhausen,\* Hans Anton Lehr,\* Mike Otto,\*  
Holger Köhler,\* Carsten Skarke,\* Siegfried Walgenbach,† and C. James Kirkpatrick\*

<sup>\*</sup>Department of Pathology, and <sup>†</sup>Department of Surgery, Johannes Gutenberg University, Mainz, Federal Republic of Germany

30 mins

14 days

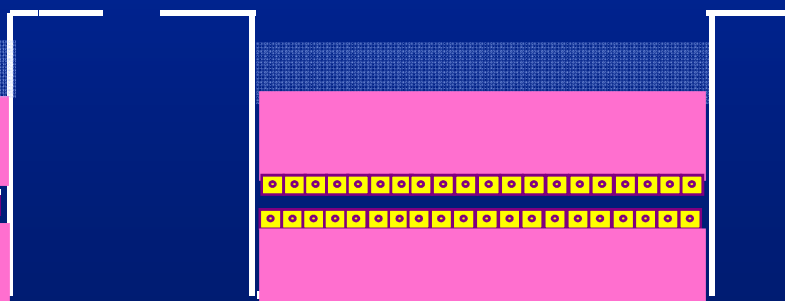
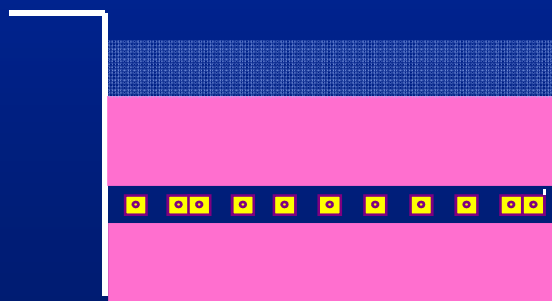
On gel



← Mesothelial cells

← Collagen gel

Between  
gels

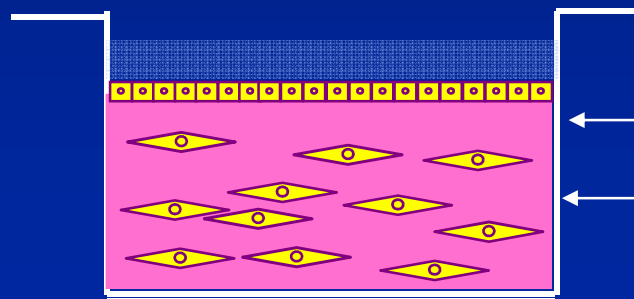
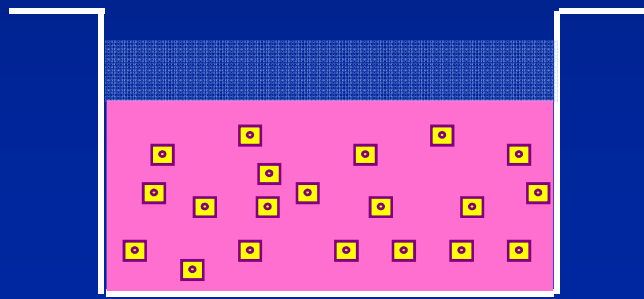


# Epithelial or mesenchymal?

30 mins

14 days

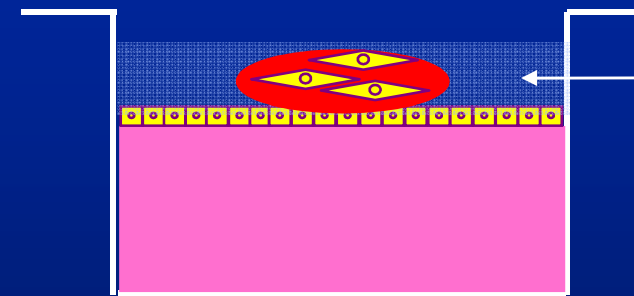
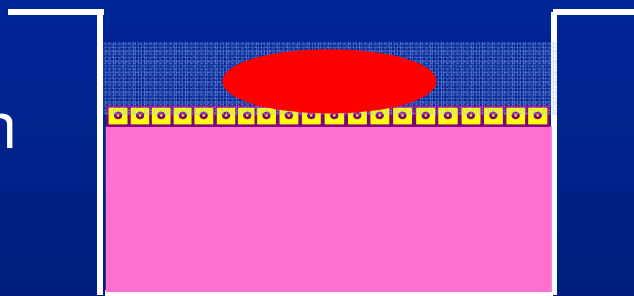
In gel



← Mesothelial cells

← Collagen gel with mesothelial cells

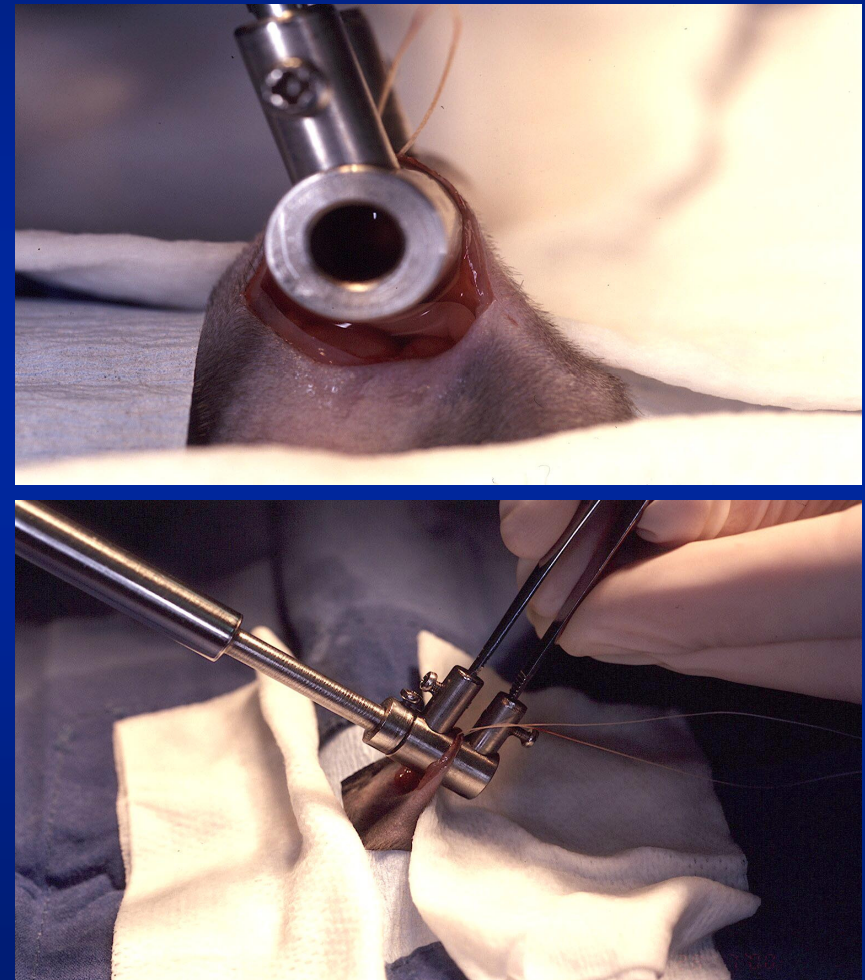
On gel with blood clot



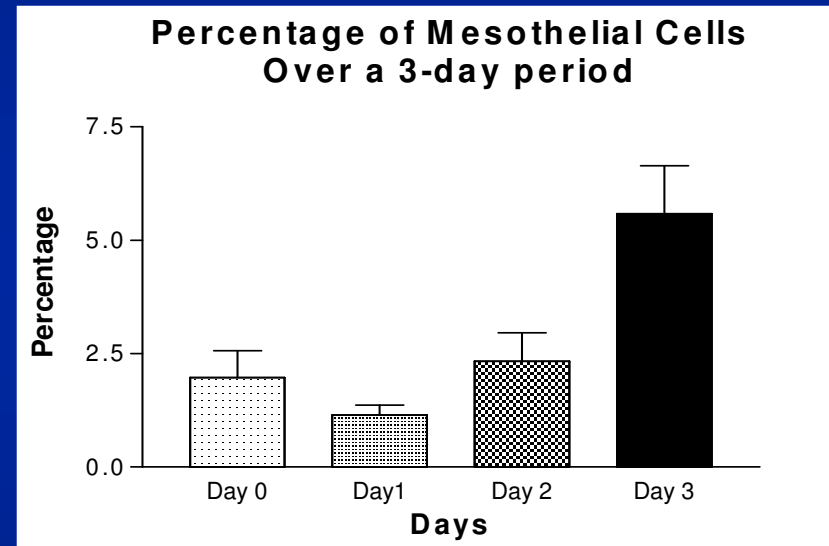
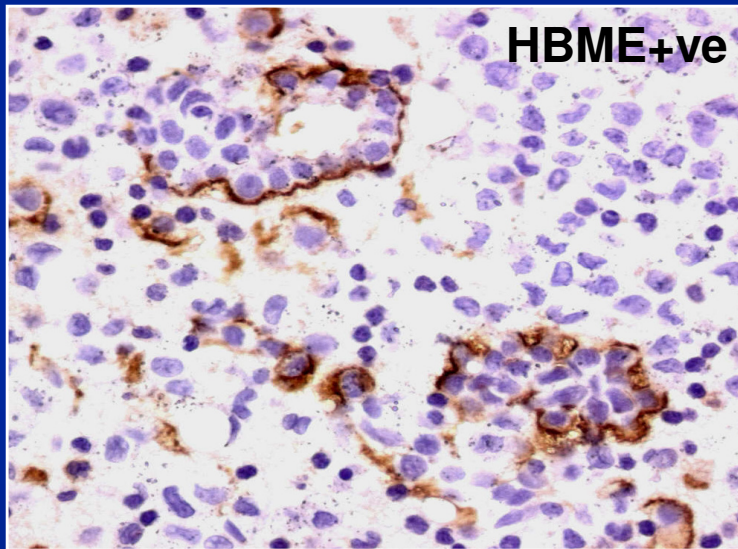
← Blood clot

# Rodent model of peritoneal repair

- Male Lewis rats (7-10 wk)
- Laparotomy and peritoneal abrasion injury
- Peritoneal injection of fluorescent labelled rat cells:
  - Cultured mesothelial cells
  - Cultured lung fibroblasts
  - Peritoneal lavage cells
  - Peritoneal macrophages
- Distribution of fluorescent cells assessed on wound imprints at set time points post-injury



# Mesothelial cells in serosal fluid increase after injury in rats

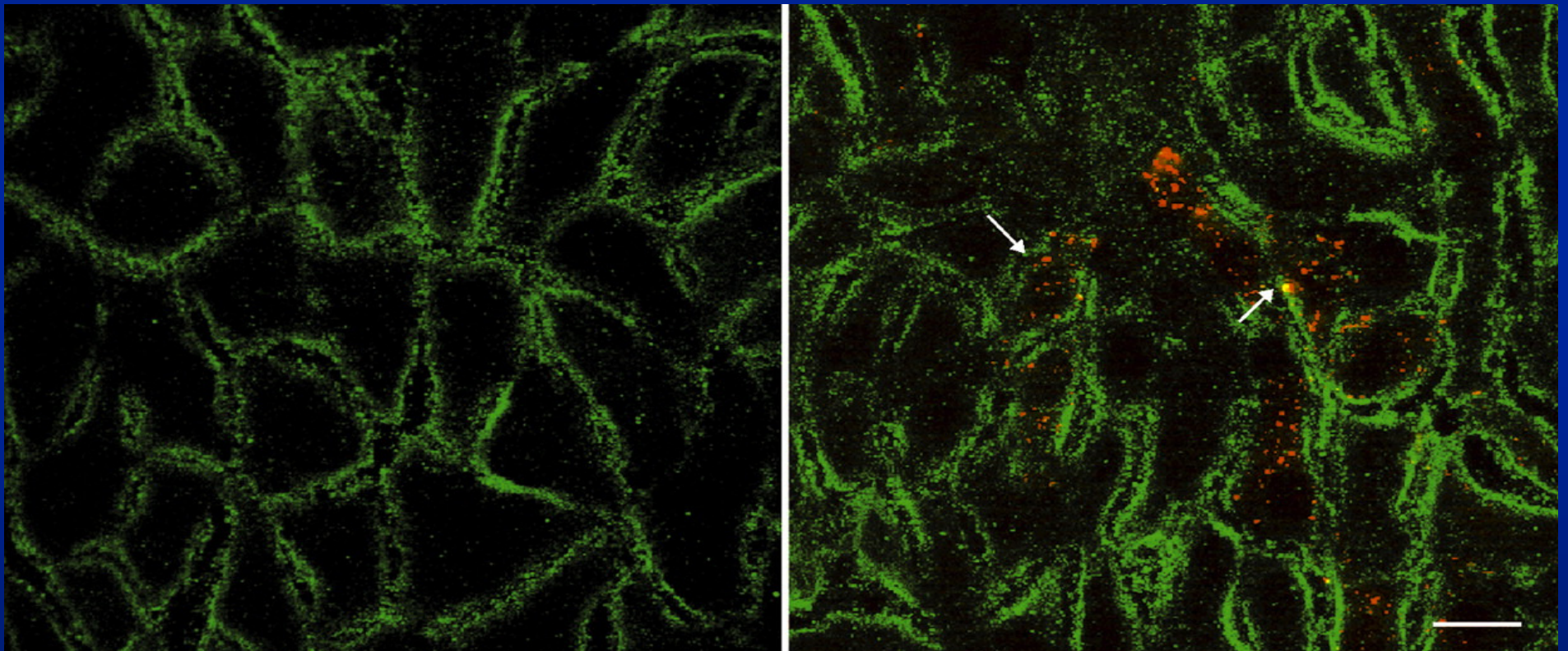




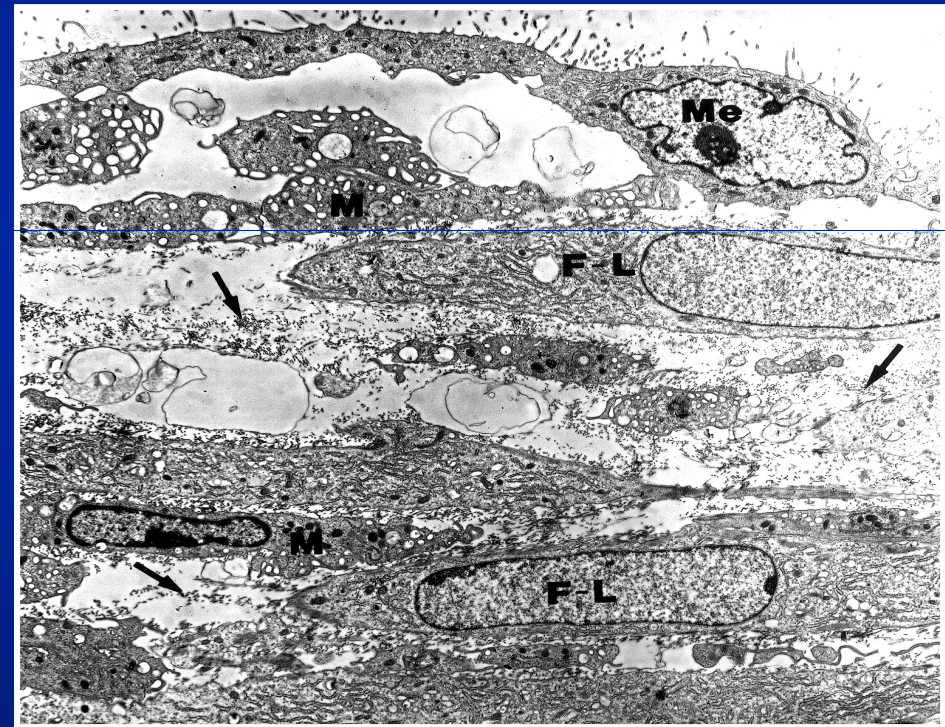
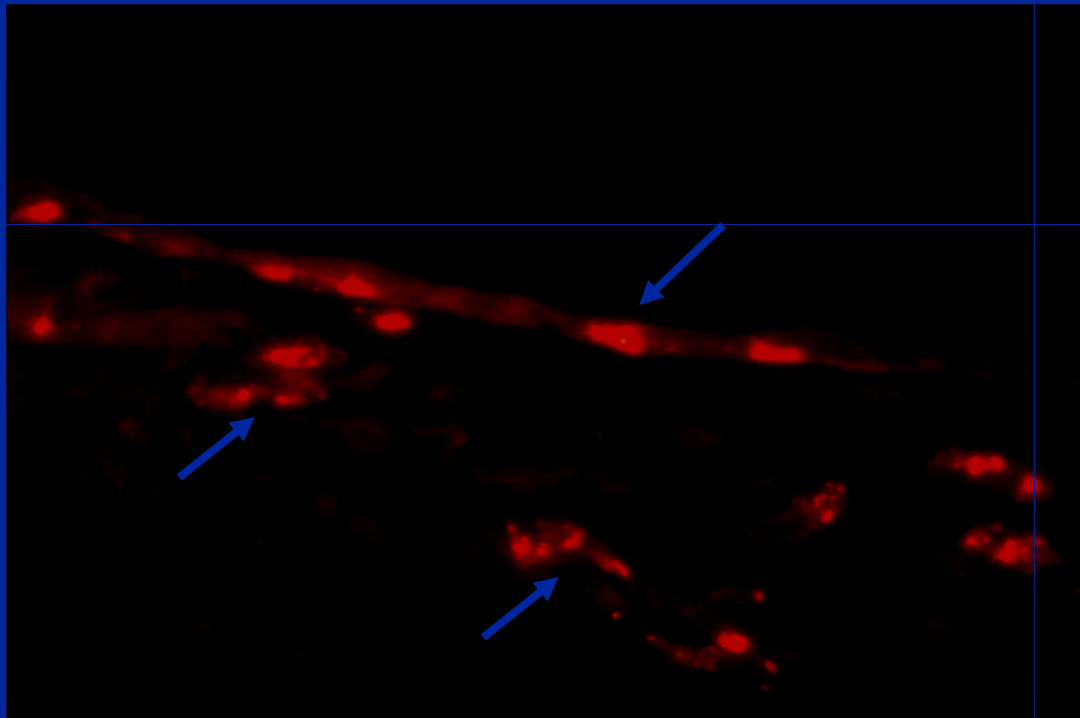
# Incorporation of isolated free-floating mesothelial cells on denuded surface

Dil-fibroblasts 8 days

Dil-mesothelial cells 8 days



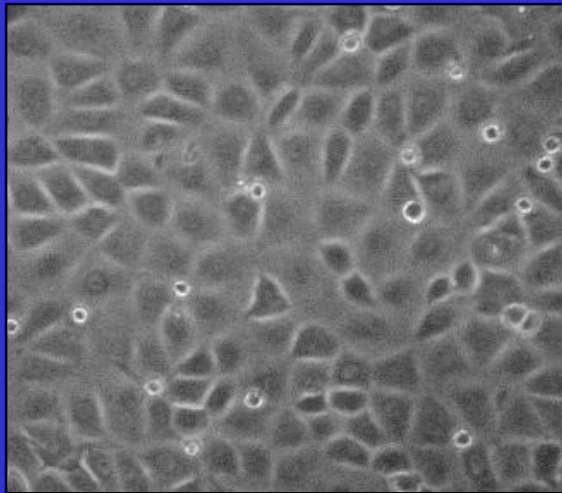
# Di-I labelled mesothelial cells incorporate into multiple layers





# Epithelial-mesenchymal transdifferentiation (EMT) of mesothelial cells *in vitro*

Epithelial

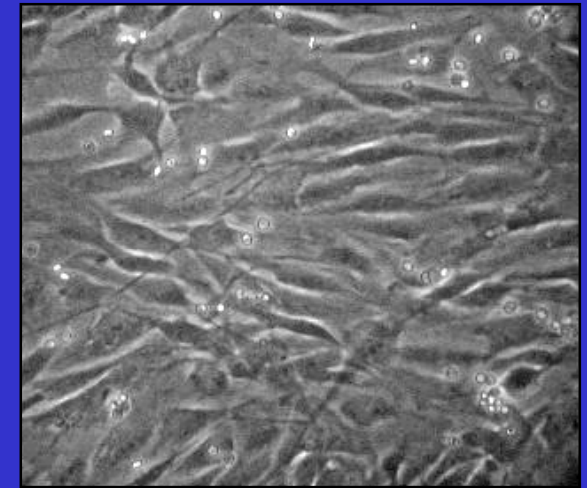


HGF/TGF- $\beta$ 1  
Sub-culture  
Fibrin/Collagen gel  
Menstrual effluent



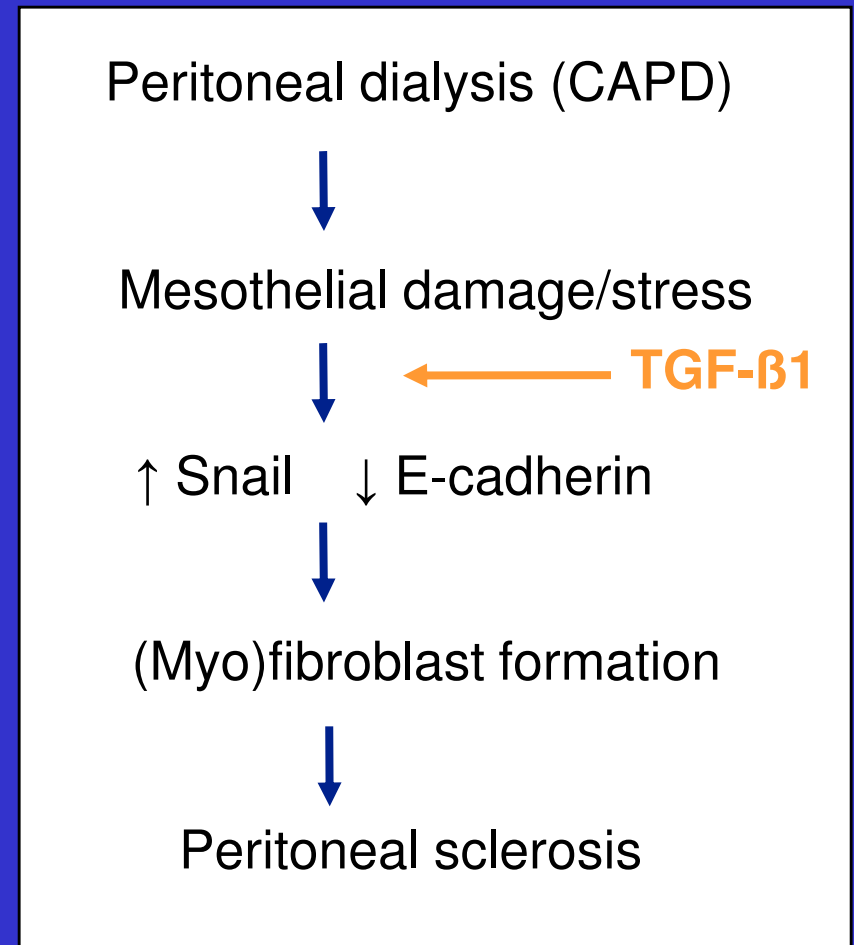
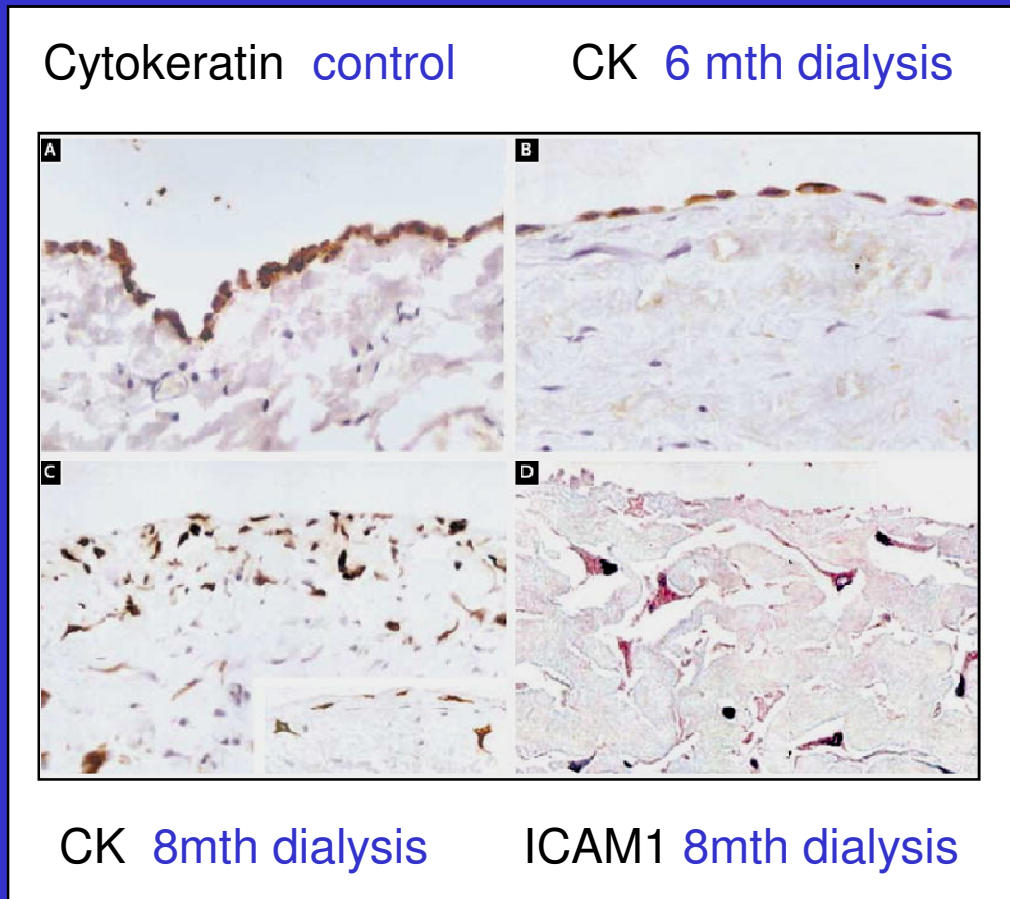
EMT

Mesenchymal



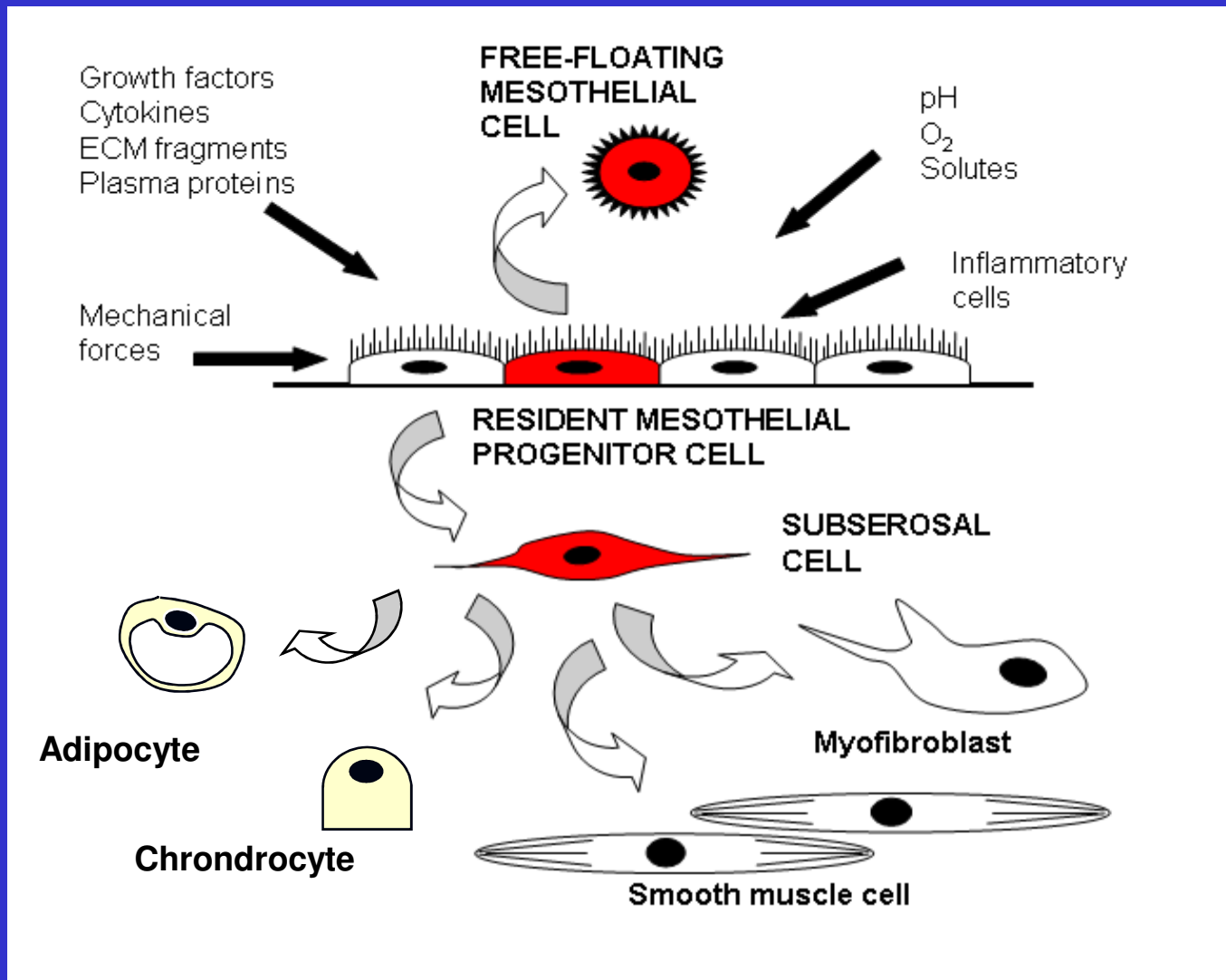
- Loss of intracellular junctions
- Change in intermediate filament expression
- Change in cell morphology
- Increase in myofibroblast and smooth muscle-like phenotype

# EMT of mesothelial cells *in vivo*





# Possible role of a mesothelial progenitor cell in adhesion formation?



# Acknowledgements

## **Manchester University**

- Sylwia Wilkosz
- Dylan Gorvy
- Grenham Ireland
- Jonathan Epstein

## **UCL**

- Hassan Sulaiman
- Adam Foley-Comer
- Alex deGiorgio-Miller
- Paul Boulos

## **Christie Hospital**

- Malcolm Wilson

## **PathWest Perth, Australia**

- Steve Mutsaers

## **VIB, KU Leuven**

- Peter Carmeliet

## **Funding**

- MRC, BBSRC