

用骨髓基质干细胞分化的内皮细胞体外构建组织工程心脏瓣膜

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[摘要] **目的:**探讨用骨髓基质干细胞(BMSCs)诱导分化产生的内皮细胞和去细胞异种天然瓣膜支架体外构建组织工程心脏瓣膜(TEHV)的可行性。**方法:**以含 EGF、bFGF、IGF 和肝素的 M199 培养液培养绵羊原代 BMSCs, 并以 VEGF 诱导 BMSCs 向内皮细胞分化。采用去污剂和酶消化法制作去细胞猪主动脉瓣支架, 通过静态种植方法构建 TEHV。经 H-E 染色、免疫组化、扫描电镜及透射电镜检查观察 TEHV 的组织学和超微结构。**结果:**诱导分化产生的内皮细胞在去细胞瓣叶支架及整体瓣膜支架上呈单层生长, 形成完整的内皮细胞单层。瓣叶表面细胞呈梭形, CD34 及 VIII 因子相关抗原免疫组化染色阳性。**结论:**BMSCs 诱导分化产生的内皮细胞具有与成熟内皮细胞相同的生物学特性。采用 BMSCs 诱导分化内皮细胞构建 TEHV 更为简便可行。

[关键词] 骨髓基质干细胞; 细胞分化; 内皮细胞; 组织工程; 心脏瓣膜

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In vitro construction of tissue-engineered heart valves with endothelial cells differentiated from bone marrow mesenchymal stem cells

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[ABSTRACT] **Objective:** To investigate the feasibility of constructing a tissue-engineered heart valve (TEHV) with endothelial cells differentiated from bone marrow mesenchymal stem cells (BMSCs) and acellular porcine aortic valve matrices. **Methods:** Primary ovine BMSCs were cultured in M199 medium supplemented with basic fibroblast growth factor (bFGF), epidermal growth factor (EGF), insulin like growth factor (IGF) and heparin, and were induced to differentiate into endothelial cells with vascular endothelial growth factor (VEGF). Decellularized valve matrices were developed from porcine aortic valves treated with detergent and enzymatic procedure. TEHV was constructed by seeding differentiated endothelial cells onto acellular matrices. Morphological characteristics of TEHV were evaluated by histological and electron microscopic observations. **Results:** H-E staining, scanning electron microscopy (SEM) and transmission electron microscopy (TEM) demonstrated that the surface of tissue-engineered valve leaflets and the inner surface of tissue-engineered valve conduits were confluent, covered with a monolayer of spindle-shaped cells positive of CD34 and factor VIII related antigen. **Conclusion:** Endothelial cells differentiated from BMSCs have the same biological characteristics as mature endothelial cells. Development of TEHV with differentiated endothelial cells (induced by BMSCs) is feasible and simple.

[KEY WORDS] bone marrow mesenchymal stem cells; cell differentiation; endothelial cells; tissue engineering; heart valve

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组织工程心脏瓣膜(tissue-engineering heart valve, TEHV)具有自我改建和生长能力, 可望克服现有人造心脏瓣膜的不足。内皮细胞可为组织工程心脏瓣膜提供完整而光滑的表面, 并具有抗炎、抗氧化和防止血栓形成作用, 是构建组织工程心脏瓣膜重要的种子细胞。已有研究表明骨髓基质干细胞(bone marrow mesenchymal stem cells, BMSCs)在特定培养条件下能够诱导分化为内皮细胞^[1,2], 从而为心血管组织工程提供了新的种子细胞来源。本研究探讨用 BMSCs 诱导分化产生的内皮细胞和异种去细胞瓣膜支架体外构建 TEHV 的可行性。

1 材料和方法

1.1 动物和试剂 雄性成年绵羊 1 只, 第二军医大

学实验动物中心提供, 新鲜猪主动脉瓣取自上海市大场肉联场。胰蛋白酶、RNA 酶、DNA 酶 I、EGF 购自美国 Sigma 公司; Triton X-100, EDTA 购自美国 Amresco 公司; M199 培养基, 胎牛血清(FCS)购自 Gibco 公司; 鼠抗人 CD34 抗体, 兔抗人 VIII 因子相关抗原抗体, 羊抗鼠、羊抗兔二抗购自 DAKO (Carpinteria, CA)公司; rhVEGF 购自 Pepro Tech EC 公司, bFGF、IGF 购自 R&D 公司; M199 全培养液含 10% FCS, 青霉素 80 U/ml, 链霉素 100 U/ml,

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肝素 10 U/ml;诱导分化培养加入细胞因子 VEGF (10 ng/ml)、EGF(10 ng/ml)、bFGF(2 ng/ml)、IGF (2 ng/ml)。

1.2 骨髓采集及单个核细胞的分离 以 2.5%戊巴比妥钠静脉注射麻醉动物,备皮,无菌条件下于髂后上棘穿刺抽取骨髓液 5 ml,注射器内预置 10 ml 肝素盐水(100 U/ml)。分别沿管壁注入 2 支含 5 ml Ficoll 分离液的离心管内,立即 $400\times g$ 离心 30 min;抽取界面处细胞悬液 $400\times g$ 离心 5~10 min,弃上清,制成细胞悬液。

1.3 BMSCs 的纯化及诱导分化培养 将单个核细胞悬液接种于 2 个 75 cm^2 培养瓶中,加入含 VEGF、EGF、bFGF 和 IGF 的 M199 全培养液(使细胞密度为 $1\times 10^4\sim 5\times 10^4/\text{cm}^2$),置于 5% CO_2 37℃ 恒温保湿培养箱中培养。分别于 24、72 h 换液,去除未贴壁细胞以纯化 BMSCs。此后,每 3 d 换液 1 次,相差倒置显微镜观察细胞形态,当细胞达 90% 融合时以 0.25% Trypsin/0.02% EDTA 消化传代,取第 3 代以后的细胞进行瓣膜种植实验。

1.4 去细胞猪主动脉瓣支架的制作 在猪宰杀后 20 min 内清洁条件下取出心脏,生理盐水冲洗,将主动脉瓣连同瓣上 2 cm 升主动脉一并取出。置入 4℃ Hank's 平衡液中带回实验室,无菌条件下清除主动脉外膜,仔细修剪瓣下肌肉组织,制备整体主动脉瓣。75%乙醇消毒 2 min,PBS 液冲洗后放入含抗生素的 Hank's 液中 30 kGy γ 射线照射消毒。主动脉瓣叶则于切取后 PBS 液冲洗,直接采用 75%的乙醇溶液消毒 2 min。将消毒瓣叶及整体主动脉瓣加入含 0.05%胰蛋白酶/0.02%EDTA、核酸酶及 1% Triton X-100 的 PBS 液 37℃ 持续震荡 48 h,制备猪去细胞主动脉瓣叶及整体瓣膜支架^[3]。PBS 液反复冲洗后放入 M199 全培养液中 4℃ 保存备用。

1.5 TEHV 瓣叶的构建 将去细胞瓣叶放入 12 孔板中,Fibronectin 涂布处理 3 h 后接种 $2\times 10^5/\text{cm}^2$ 绵羊 BMSCs 诱导分化产生的内皮细胞(以下简称诱导分化内皮细胞)悬液,贴壁 1 h 后加入适量含 VEGF、EGF、bFGF 和 IGF 的 M199 全培养液。第 3 天将瓣叶翻转,以同样方式再次接种,加入培养液继续培养 5~7 d。

1.6 整体 TEHV 的构建 将在抗生素液中保存的整体去细胞主动脉瓣支架放入特制的培养杯中,含 10% FCS 的 M199 全培养液浸泡 10~12 h,吸除培养液,Fibronectin 涂布处理 3 h,接种诱导分化内皮细胞悬液 2 ml($1\times 10^6/\text{ml}$),37℃、5% CO_2 培养箱中

贴附 1~2 h 后,缓慢加入含 VEGF、EGF、bFGF 和 IGF 的 M199 全培养液至瓣膜完全浸入,培养 24 h 后吸除培养液,再次行细胞种植。此后每天换液 1 次,继续培养 5 d。

1.7 组织学及超微结构观察 取出 TEHV 瓣叶及整体瓣膜,PBS 液轻轻冲洗后分别以中性甲醛溶液和 4%多聚甲醛溶液固定,常规行石蜡包埋切片 H-E 染色,CD34 和 VIII 因子相关抗原免疫组化染色,扫描及透射电镜检查。

2 结果

2.1 光镜观察 猪主动脉瓣叶支架细胞去除完全,经二次细胞种植体外培养 1 周后,种植细胞能够完全覆盖瓣叶表面,在去细胞瓣叶支架上形成完整的内皮细胞单层(图 1A)。高倍镜下细胞呈扁平状,紧密排列(图 1B、1C),CD34 及 VIII 因子相关抗原免疫组化染色阳性(图 2A、2B)。诱导分化内皮细胞在去细胞整体瓣膜支架上也呈单层生长,整体瓣膜的瓣叶、主动脉和瓣膜交界处、主动脉管道及瓣下肌肉内面均有细胞分布,管道外部及瓣叶的心室面无细胞生长(图 3A、3B)。

2.2 电镜观察 扫描电镜见诱导分化内皮细胞在去细胞瓣叶支架上呈单层生长,在瓣叶表面形成完整的细胞单层。细胞呈梭形,排列有序,细胞间无明显纤维连接(图 4A),正常主动脉瓣叶表面内皮细胞呈卵圆形或短梭形(图 4B)。透射电镜观察见瓣膜支架细胞去除完全,瓣叶表面为单层细胞覆盖,细胞呈梭形,胞质内粗面内质网及分泌小泡较少(图 5)。

3 讨论

内皮细胞可为 TEHV 提供完整而光滑的表面,并具有抗炎、抗氧化和防止血栓形成作用,是构建 TEHV 的重要种子细胞。体外预种内皮细胞可以加速 TEHV 的在体改建,防止 TEHV 发生钙化和衰坏。BMSCs 是一含有多种干细胞成分的异质体,其中的内皮祖细胞(EPC)和成体多能祖细胞(MAPC)均可分化为内皮细胞,从而为心血管组织工程提供了新的种子细胞来源^[4~6]。作者前期研究采用含 VEGF 和 EGF、bFGF、IGF 的内皮细胞诱导分化培养基将常规分离的混合原代 BMSCs 诱导分化为内皮细胞,较单纯由 EPC 诱导分化为内皮细胞简化了分离程序,提高了分化效率(90%~94%)^[2]。本研究考察诱导分化内皮细胞在去细胞异种瓣膜支架上生长的生物学行为及构建 TEHV 的组织学特点。

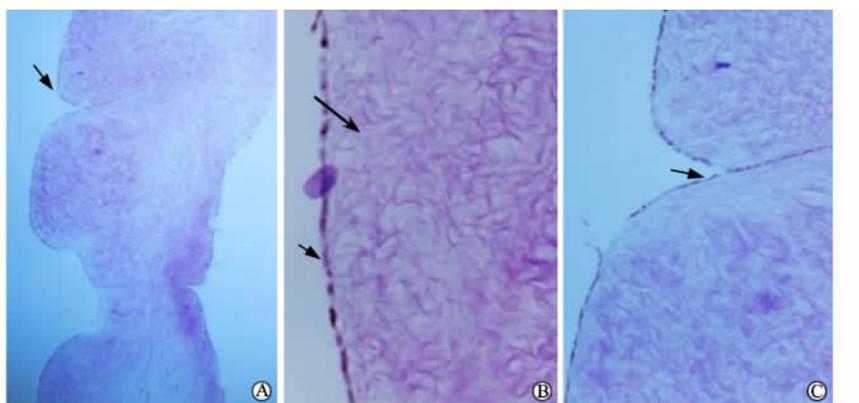


图 1 BMSCs 诱导分化的内皮细胞种植瓣叶的 H-E 染色

Fig 1 H-E staining of TEHV leaflet repopulated with differentiated endothelial cells

A: In lower magnification, $\times 40$; B: In higher magnification, $\times 200$; C: Site of fissuring on the TEHV leaflet, $\times 100$. Short arrows: Differentiated endothelial cells; Long arrow: Decellularized valve matrix

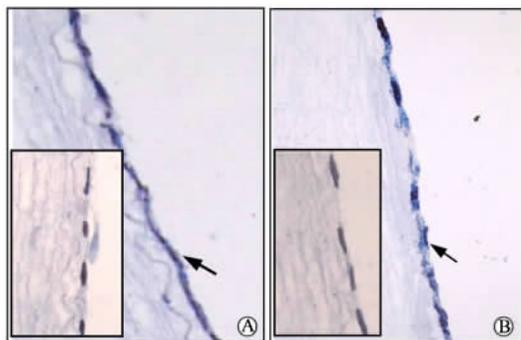


图 2 BMSCs 诱导分化的内皮细胞种植瓣叶的免疫组化染色

Fig 2 Immunohistochemical staining of TEHV leaflet repopulated with differentiated endothelial cells ($\times 200$)

Repopulated cells were positive for CD34(A) and factor VIII related antigen(B). Arrows: Differentiated endothelial cells; Pictures at the left lower corner: Negative controls

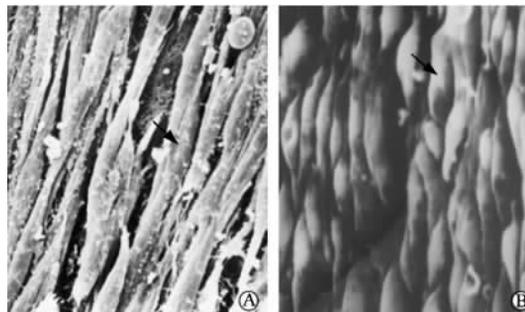


图 4 BMSCs 诱导分化的内皮细胞种植瓣叶(A)及正常主动脉瓣叶(B)扫描电镜所见

Fig 4 Scanning electron microscopy of TEHV leaflet repopulated with differentiated endothelial cells(A, $\times 1\ 000$) and normal aortic valve leaflet(B, $\times 1\ 000$)

Arrows: Lining endothelial cells

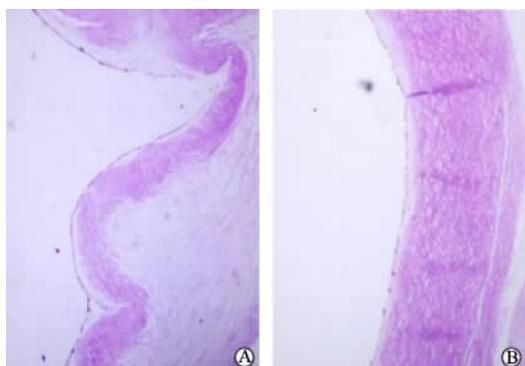


图 3 BMSCs 诱导分化的内皮细胞种植于整体瓣膜的 H-E 染色

Fig 3 H-E staining of TEHV conduit repopulated with differentiated endothelial cells

A: Leaflet of the aortic valve conduit, $\times 100$; B: Inner surface of the conduit wall, $\times 40$

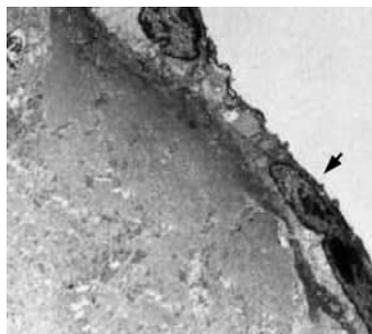


图 5 BMSCs 诱导分化的内皮细胞种植去细胞瓣叶的透射电镜

Fig 5 Transmission electron microscopy of TEHV leaflet repopulated with differentiated endothelial cells($\times 7\ 000$)

Arrow: Differentiated endothelial cells

结果表明:诱导分化的内皮细胞表现出与成熟内皮细胞相同的生物学行为,在去细胞瓣膜支架表面成单层生长,形成完整的单细胞层。细胞表面光滑,细胞间无明显纤维连接。整体瓣膜支架细胞种植实验表明,诱导分化内皮细胞能够在管道内表面及瓣叶主动脉面生长,并形成完整的单细胞层。但BMSCs分化产生的内皮细胞仍然保持了基质干细胞的形态学特点,没能形成成熟内皮细胞的铺路石状外观,这可能与BMSCs的非同质性及体外培养条件有关。其形态学分化还有待于进一步研究。

由BMSCs诱导分化产生的内皮细胞与单纯扩增培养的BMSCs在去细胞瓣膜支架上生长的生物学行为不同,后者在去细胞瓣膜支架表面呈复层生长,瓣膜凹陷及裂隙部位细胞层数更多,且有向基质内部生长和改建瓣膜基质变的趋势。超微结构显示细胞表面有分泌颗粒,细胞间有纤维连接,胞质内粗面内质网丰富,提示细胞分泌功能旺盛^[7]。

BMSCs获取简便,体外扩增能力强大,5 ml骨髓液体外培养扩增2周即能达到构建TEHV所需的细胞数量。用BMSCs分化的内皮细胞作为种子细胞构建THEV,取材方便,对机体创伤微小。理论上其转分化特性还可能使分化内皮细胞转分化为基质细胞,从而加速THEV的在体改建。体外构建

TEHV的在体生物学性能及改建情况尚待进一步研究。

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Overexpression/amplification of HER-2/neu is uncommon in hepatocellular carcinoma

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[ABSTRACT] **Background:** Hepatocellular carcinoma (HCC) is one of the most prevalent fatal cancers in the world. Despite advances in early diagnosis and improvements in surgical techniques, the survival of patients with HCC even after resection is poor because of the high incidence of recurrences. Therefore, the identification of prognostic factors may be helpful in the development of new treatment protocols. **Aims:** To investigate HER-2/neu status in HCC by immunohistochemistry (IHC) and fluorescence in situ hybridisation (FISH), and to explore the possibility of using trastuzumab in the treatment of HCC. **Methods:** Eight hundred and sixty eight surgical samples from patients with primary HCC were examined for their HER-2/neu status. IHC for HER-2/neu was performed with the HercepTest kit; FISH analysis was performed with the PathVysion HER-2 DNA probe kit. The correlations between HER-2/neu overexpression and clinicopathological characteristics were analysed statistically. **Results:** HER-2/neu overexpression was detected in 21 (2.42%) of the 868 primary HCCs. Only one specimen showed HER-2/neu gene amplification by FISH. No significant associations were found between HER-2/neu overexpression and the clinicopathological parameters. **Conclusions:** There is a low frequency of HER-2/neu overexpression/amplification in HCC. There appears to be no role for HER-2/neu as a prognostic marker and no benefit of anti-HER-2/neu trastuzumab treatment in patients with HCC.

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