

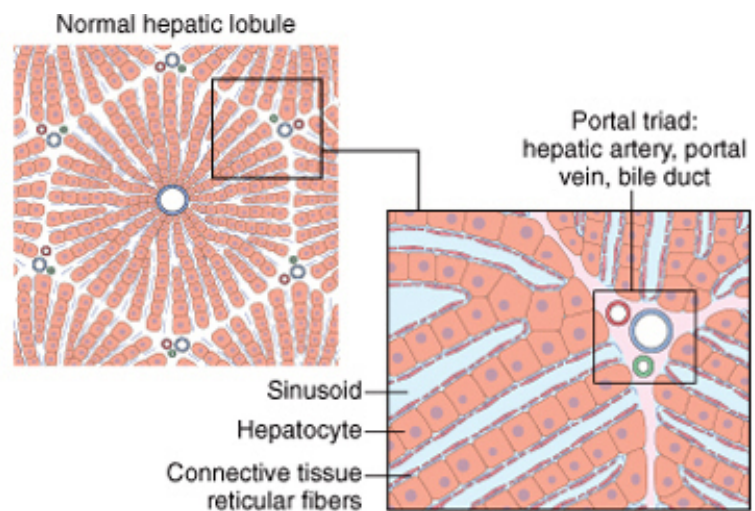


Tissue Repair

Kristine Krafts, M.D. | September 13, 2010

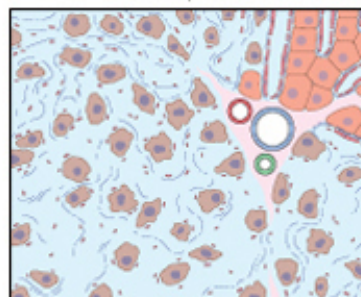
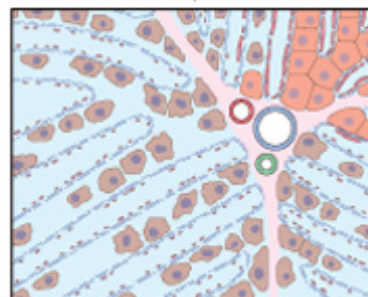
TISSUE REPAIR

- Tissue repair = restoration of tissue architecture and function after an injury
- Occurs in two ways:
 - **Regeneration** of injured tissue
 - Replacement by connective tissue (**scarring**)
- Usually, tissue repair involves both processes
- Involves cell proliferation, and interaction between cells and extracellular matrix



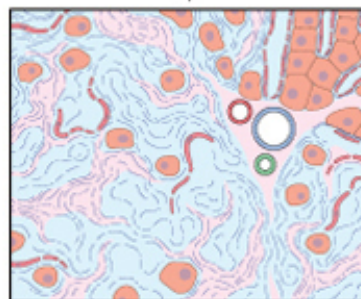
Injury to cells

Injury to cells and matrix



Proliferation of residual cells
within intact matrix

Deposition of connective tissue;
proliferation of residual cells
within disrupted matrix



REGENERATION

REPAIR BY SCARRING

LECTURE OVERVIEW

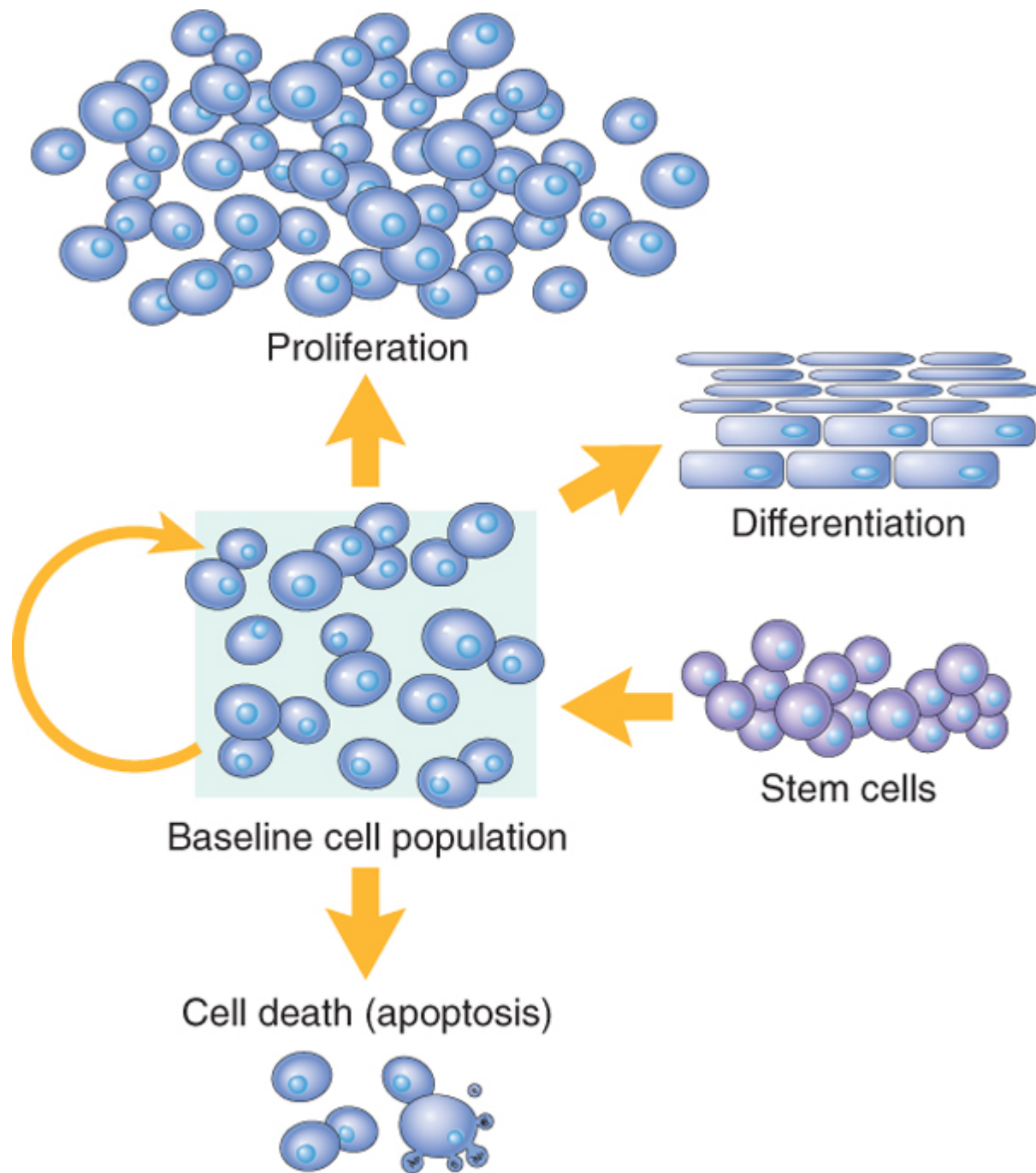
- Important background facts
 - cellular proliferation
 - growth factors
 - the extracellular matrix
- The process of tissue repair
 - regeneration
 - scarring
 - an illustration: skin wound healing
 - why do good wounds go bad?

LECTURE OVERVIEW

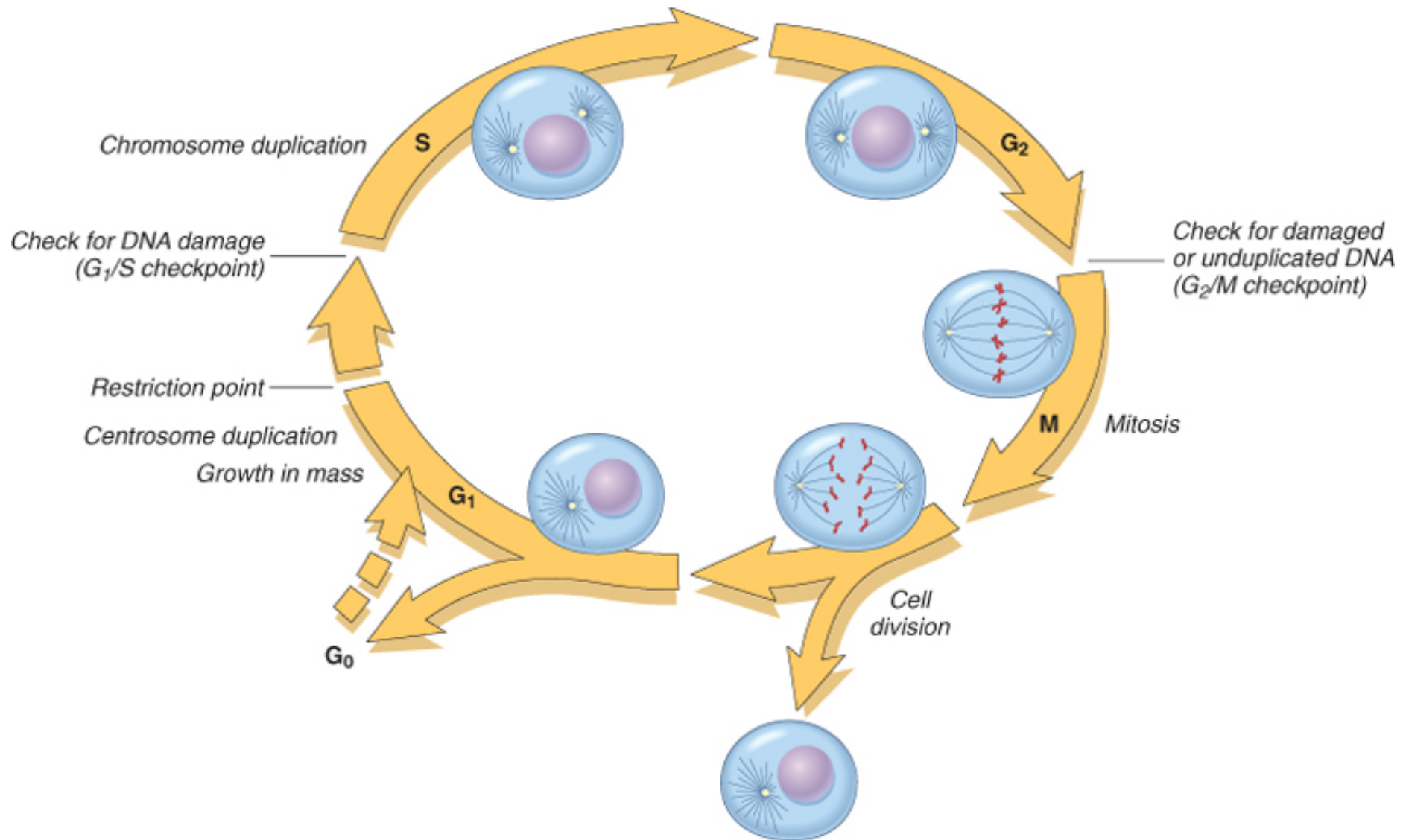
- Important background facts
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CELLULAR PROLIFERATION

- Lots of cells proliferate during tissue repair:
 - injured tissue remnants
 - vascular endothelial cells
 - fibroblasts
- You need to know a few things about:
 - the cell cycle
 - the proliferative capacities of different tissues
 - stem cells
 - growth factors
 - the extracellular matrix



The Cell Cycle



CELLULAR PROLIFERATION

Tissues of the body are divided into three groups:

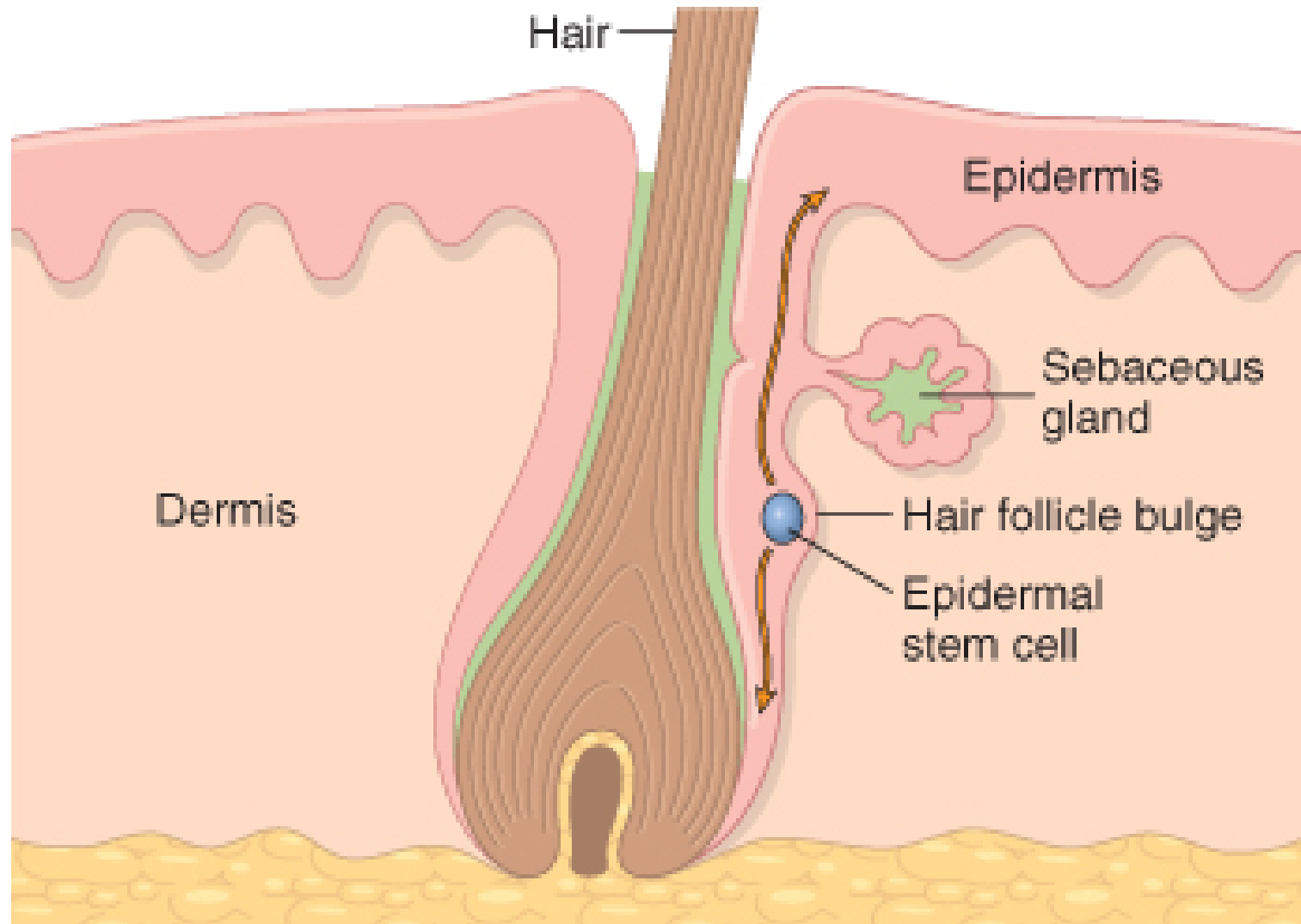
- Continuously dividing (labile) tissues
- Stable tissues
- Permanent tissues

CELLULAR PROLIFERATION

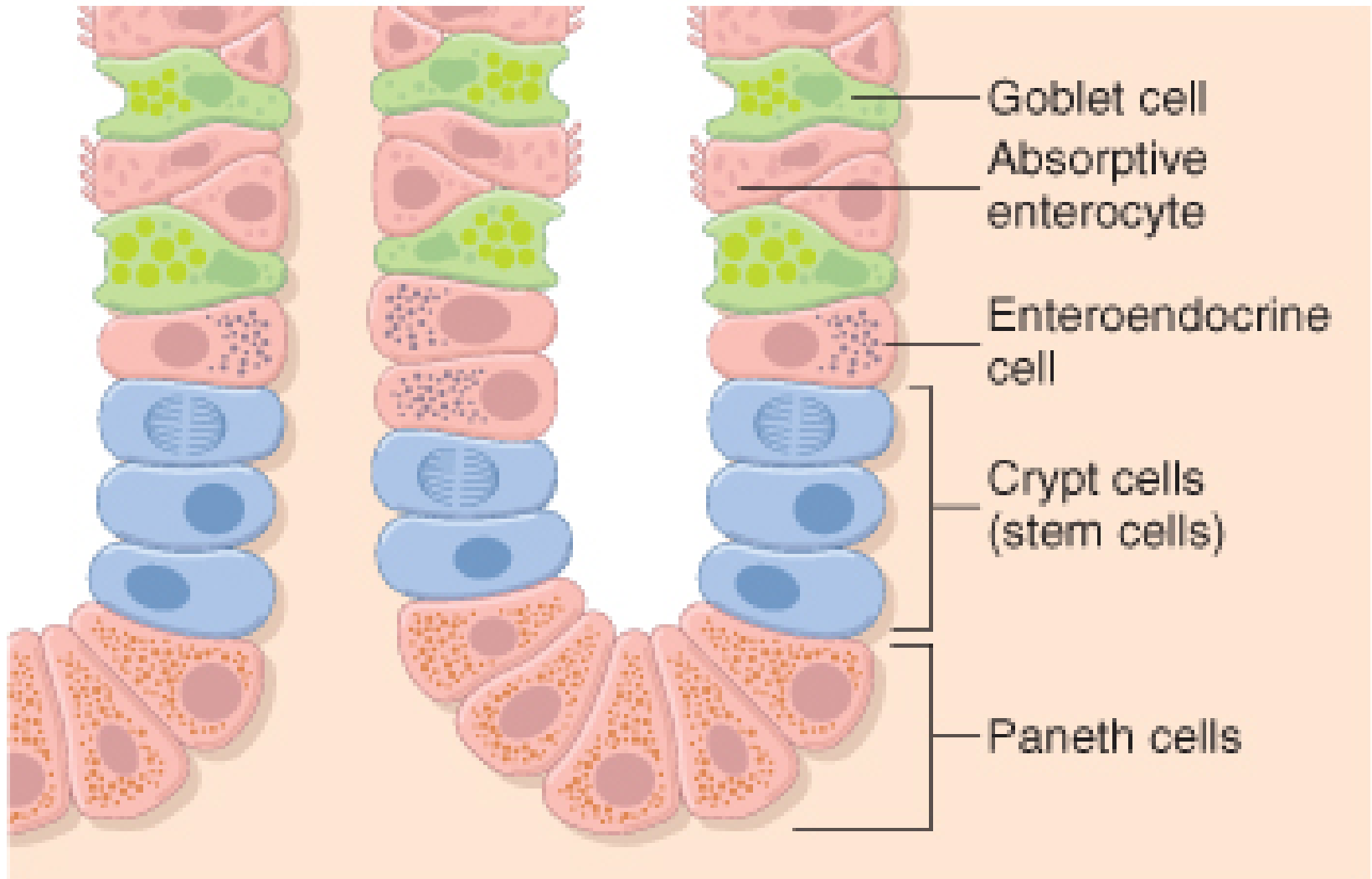
Tissues of the body are divided into three groups:

- **Continuously dividing (labile) tissues**
 - cells are continuously proliferating
 - can easily regenerate after injury
 - contain a pool of stem cells
 - examples: bone marrow, skin, GI epithelium

Stem cells in skin



Stem cells in GI epithelium



CELLULAR PROLIFERATION

Tissues of the body are divided into three groups:

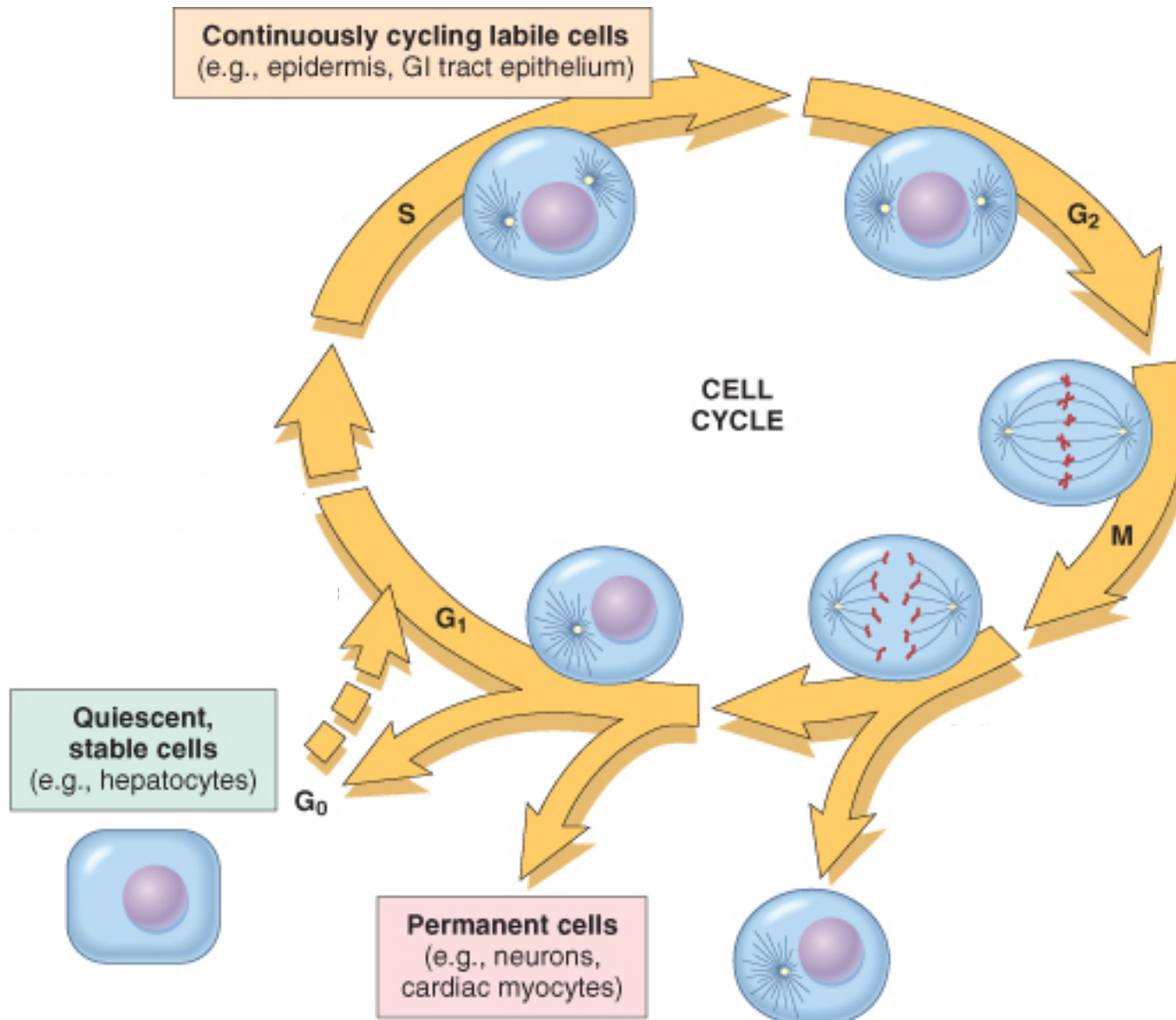
- Continuously dividing (labile) tissues
- **Stable tissues**
 - cells have limited ability to proliferate
 - limited ability to regenerate (except liver!)
 - normally in G_0 , but can proliferate if injured
 - examples: liver, kidney, pancreas

CELLULAR PROLIFERATION

Tissues of the body are divided into three groups:

- Continuously dividing (labile) tissues
- Stable tissues
- **Permanent tissues**
 - cells can't proliferate
 - can't regenerate (so injury always leads to scar)
 - examples: neurons, cardiac muscle

The Cell Cycle and Different Cell Populations

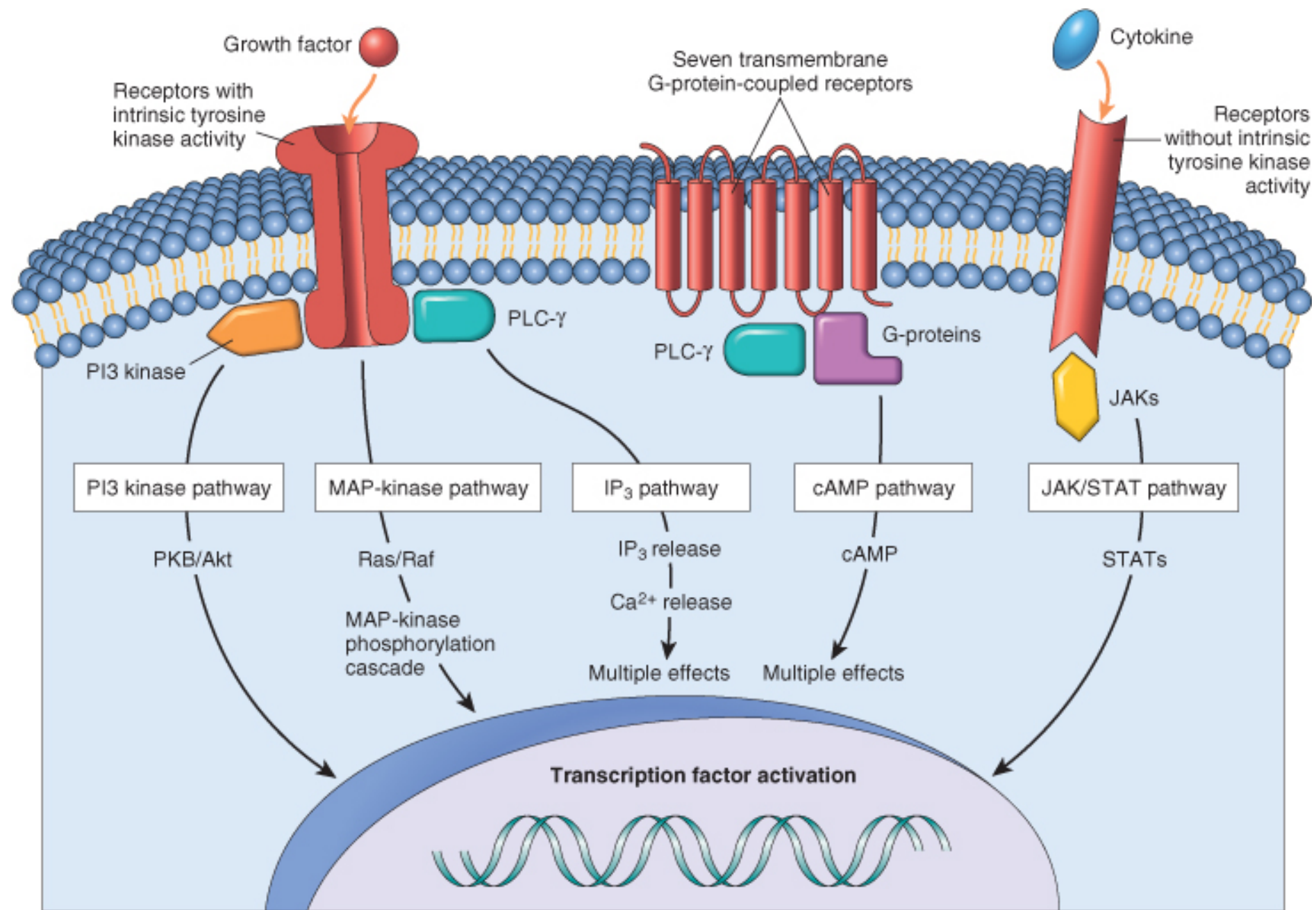


LECTURE OVERVIEW

- Important background facts
 - cellular proliferation
 - growth factors

GROWTH FACTORS

- Very important in tissue repair.
- Actions:
 - stimulate cell division and proliferation
 - promote cell survival
- Huge list! Usually have “GF” in name:
 - EGF
 - TGF
 - PDGF



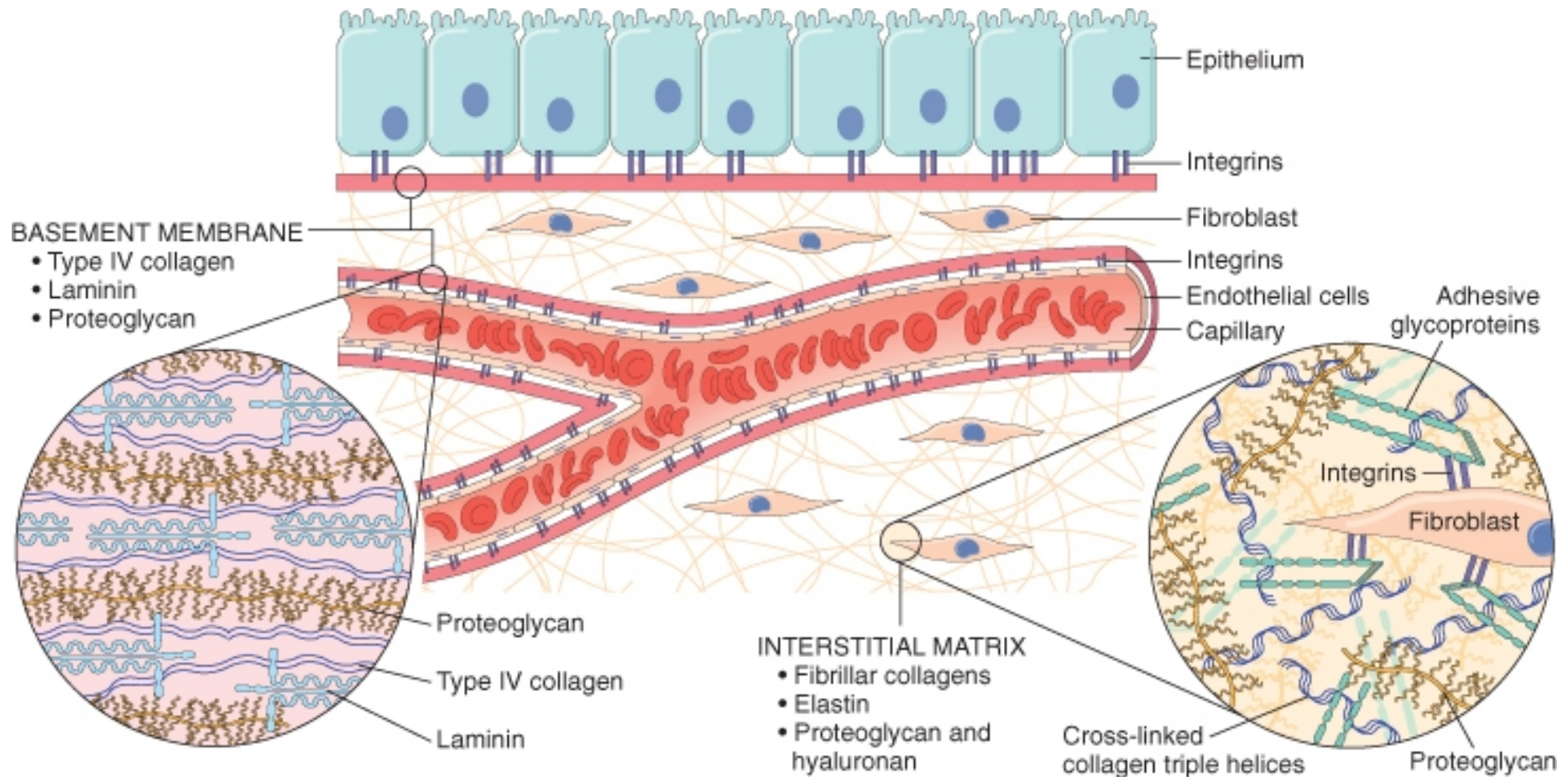
LECTURE OVERVIEW

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THE EXTRACELLULAR MATRIX

- ECM is the network that surrounds cells
- Two forms: interstitial matrix and basement membrane
- Does lots of things!
 - Sequesters water and minerals
 - Gives cells a scaffold to adhere to
 - Stores growth factors

The Extracellular Matrix



THE EXTRACELLULAR MATRIX

- Bottom line: ECM regulates proliferation, movement, and differentiation of the cells living in it.
- If you screw up your ECM, you can't regenerate! You'll form a scar instead.

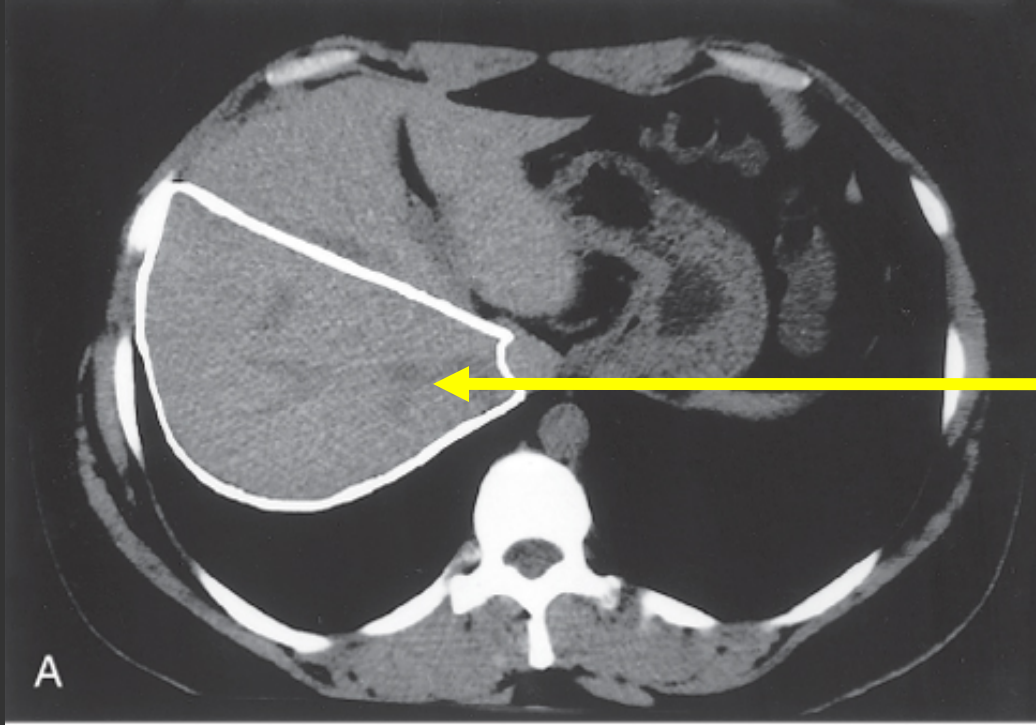
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- The process of tissue repair
 - regeneration

REGENERATION

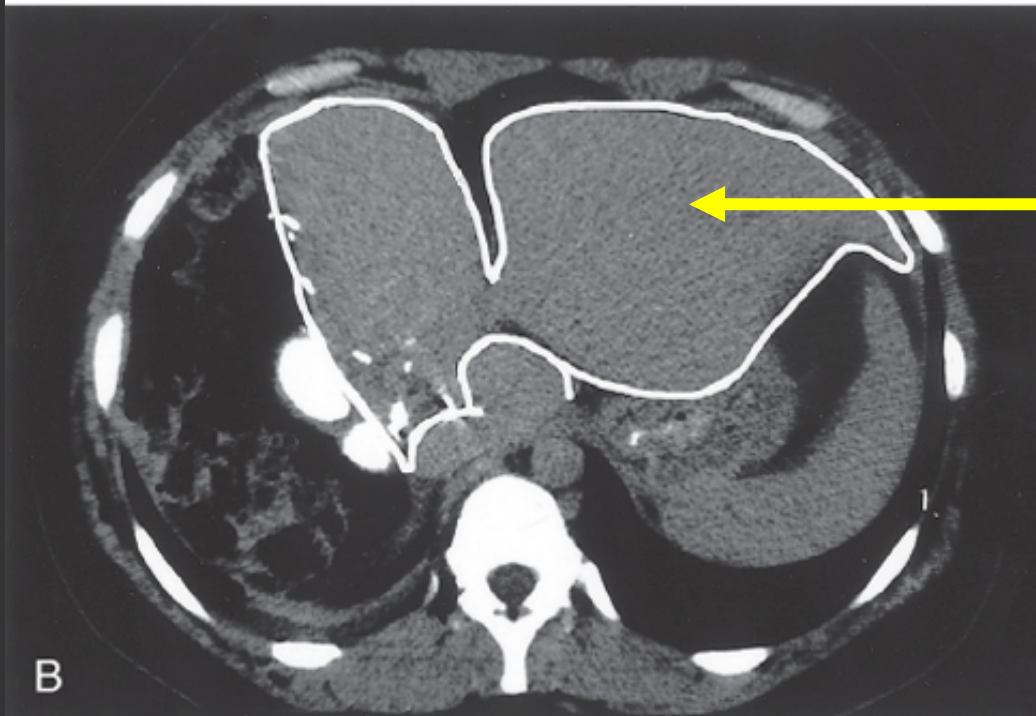
- Occurs all the time in labile tissues
 - Cells are constantly being lost and replaced
 - If demand increases, supply increases easily
- Occurs in limited form in stable tissues
 - Remove one kidney: the other one undergoes hypertrophy and hyperplasia
 - Remove half of the liver: it will grow back
- Only occurs if residual tissue is intact!

Liver
before
resection



right lobe
to be
resected

Liver
1 week
after
resection



left lobe
now
enlarged

LECTURE OVERVIEW

- Important background facts
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 - scarring

SCARRING

- If injury is severe, regeneration can't happen
- So, fibrosis (a scar) replaces the injured tissue
- Four components to this process:
 - new vessel formation (angiogenesis)
 - fibroblast proliferation
 - synthesis of collagen (scar formation)
 - remodeling of scar

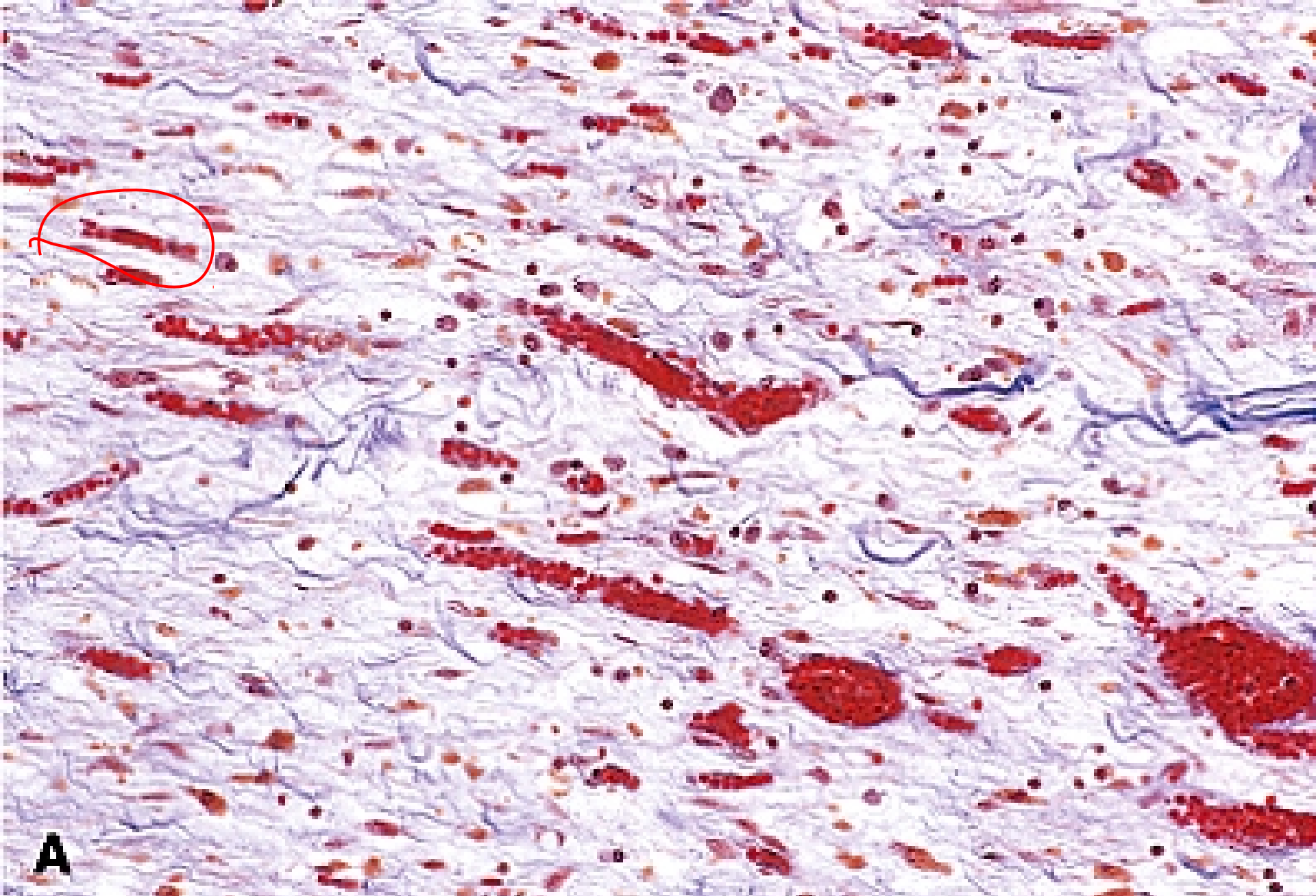
SCARRING

- By 24 hours:
 - Endothelial cells start proliferating
 - Fibroblasts emigrate
- By 3-5 days:
 - granulation tissue present
- Weeks later:
 - dense fibrosis (scar)
 - scar is remodeled over time

SCARRING

Summary:

1. make granulation tissue
2. turn it into a chunk of collagen



A

Granulation tissue



Scar

LECTURE OVERVIEW

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 - an illustration: skin wound healing

SKIN WOUND HEALING

- First intention
- Second intention



first intention healing



second intention healing

SKIN WOUND HEALING

Healing by First Intention

- Occurs in small wounds that close easily
- Epithelial regeneration predominates over fibrosis
- Healing is fast, with minimal scarring/infection
- Examples:
 - Paper cuts
 - Well-approximated surgical incisions
 - Replaced periodontal flaps

SKIN WOUND HEALING

Healing by First Intention: Timeline

- By 24 hours
- By 3-7 days
- Weeks later

SKIN WOUND HEALING

Healing by First Intention: Timeline

- By 24 hours
 - clot forms
 - neutrophils come in
 - epithelium begins to regenerate

SKIN WOUND HEALING

Healing by First Intention: Timeline

- By 24 hours
- By 3-7 days
 - macrophages come in
 - granulation tissue is formed
 - new blood vessels
 - fibroblasts
 - collagen begins to bridge incision
 - epithelium increases in thickness

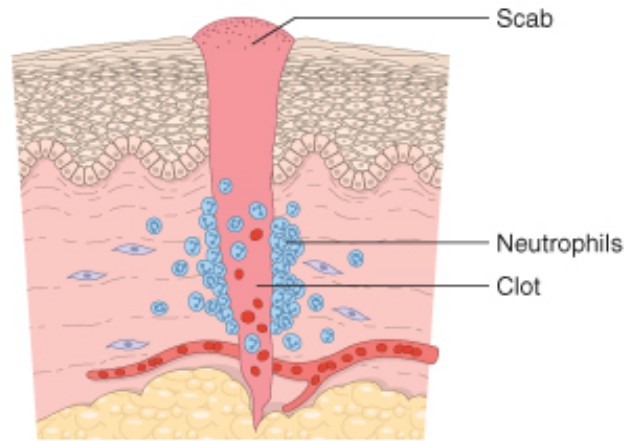
SKIN WOUND HEALING

Healing by First Intention: Timeline

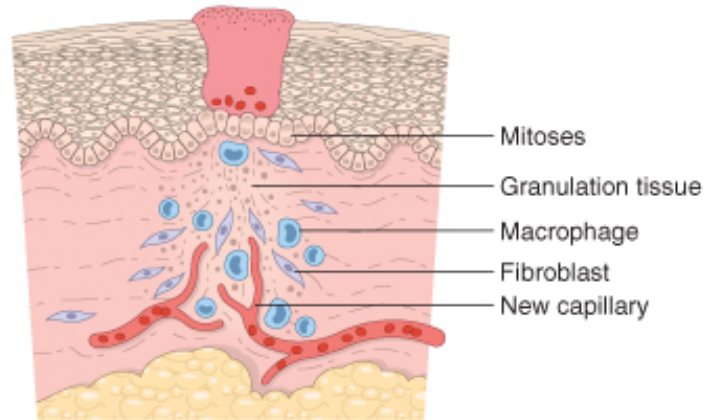
- By 24 hours
- By 3-7 days
- **Weeks later**
 - granulation tissue gone
 - collagen is remodeled
 - epidermis full, mature
(but without dermal appendages!)
 - eventually, scar forms

HEALING BY FIRST INTENTION

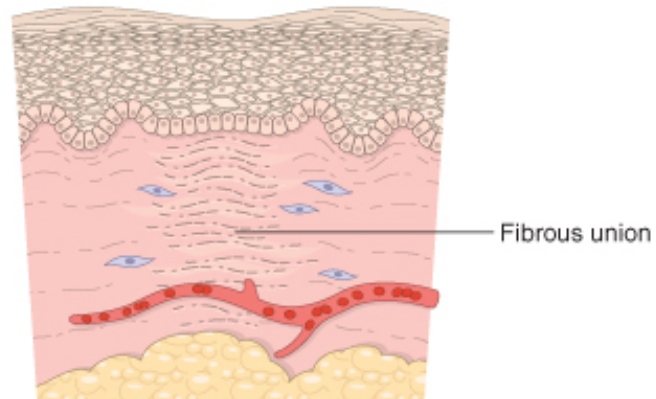
24 hours



3 to 7 days

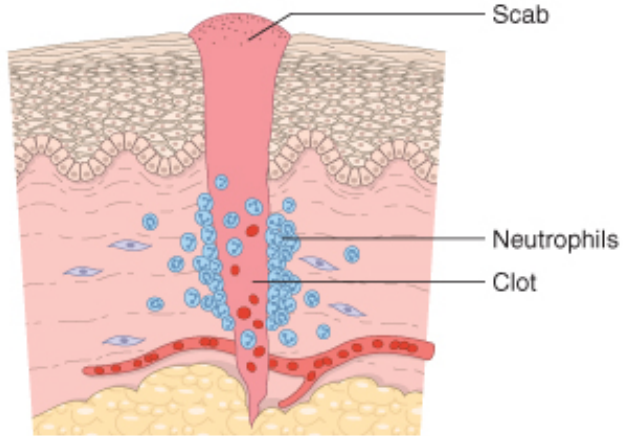


Weeks

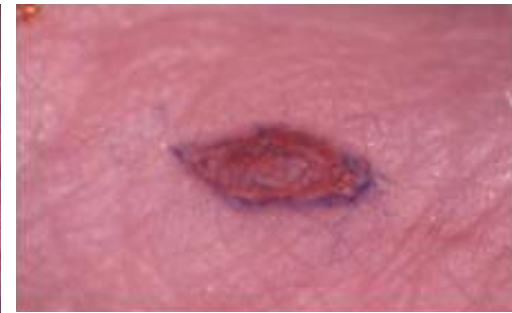


HEALING BY FIRST INTENTION

24 hours

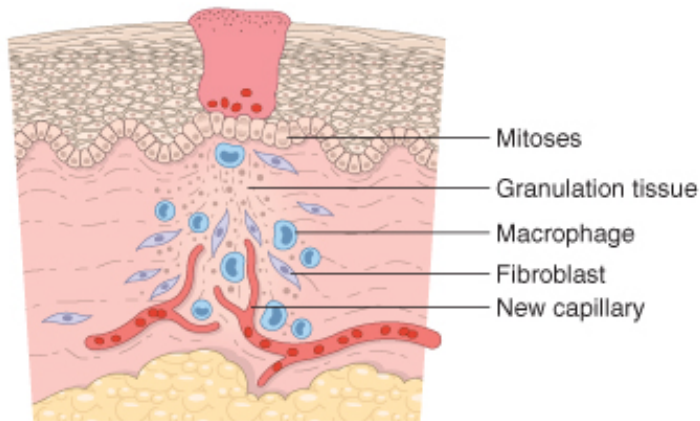


6 hours



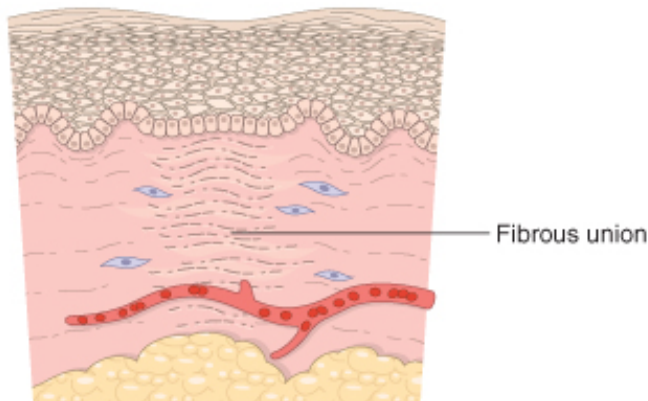
24 hours

3 to 7 days



2 days

Weeks



1 week

SKIN WOUND HEALING

Healing by Second Intention

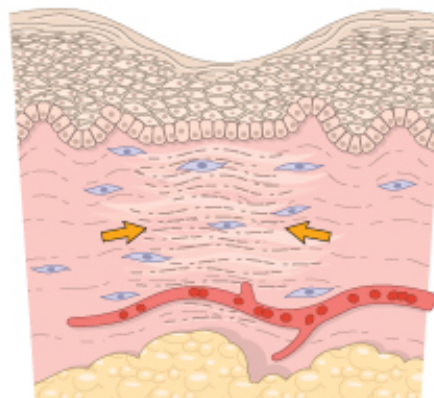
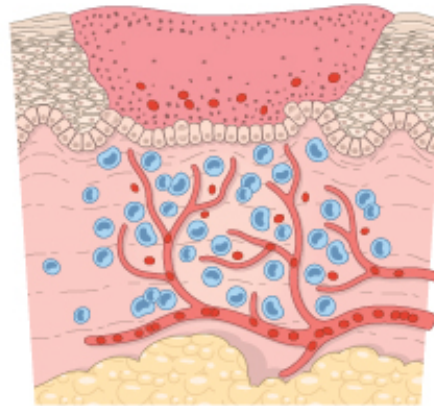
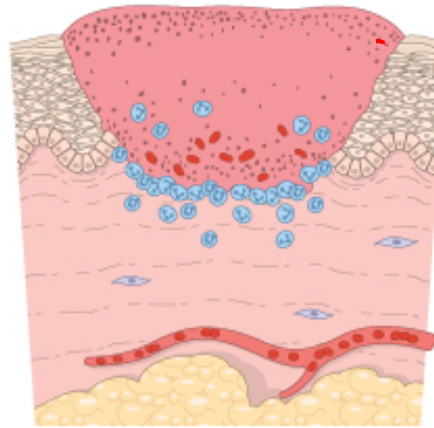
- Occurs in larger wounds that have gaps between wound margins
- Fibrosis predominates over epithelial regeneration
- Healing is slower, with more inflammation and granulation tissue formation, and more scarring
- Examples:
 - Infarction
 - Large burns and ulcers
 - Extraction sockets
 - External-bevel gingivectomies

SKIN WOUND HEALING

Second intention healing has:

- More inflammation
- More granulation tissue
- Wound contraction

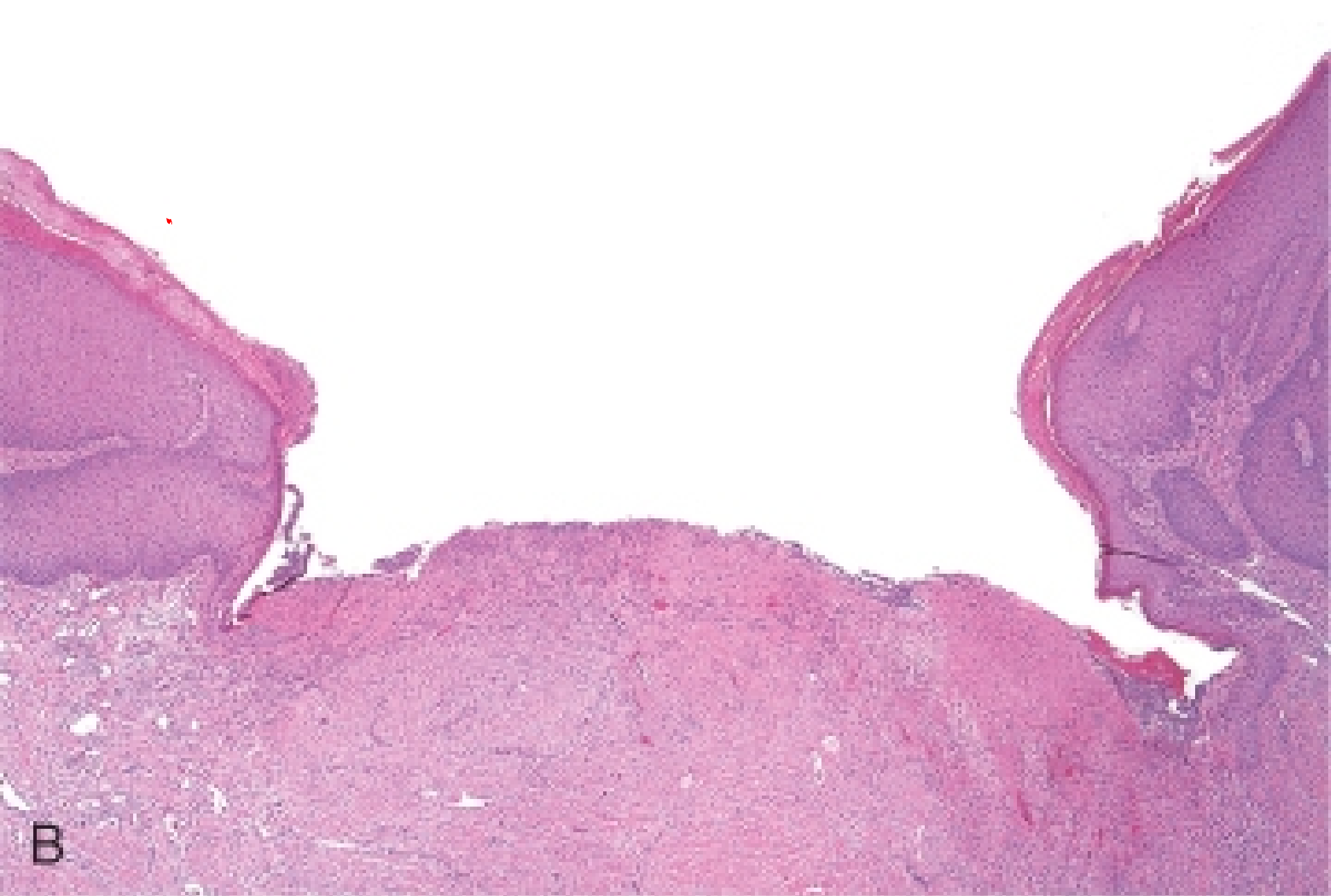
HEALING BY SECOND INTENTION



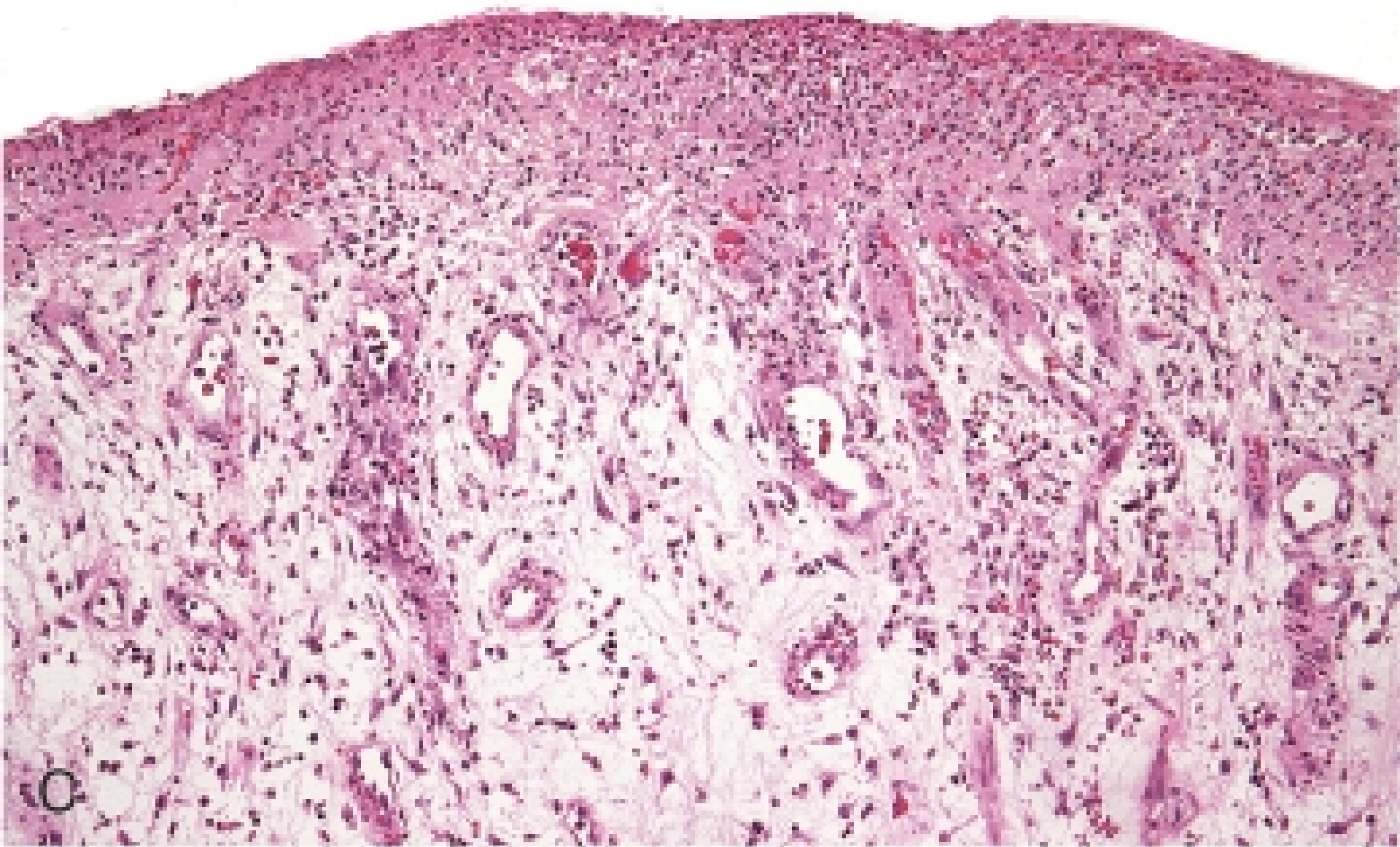
Wound
contraction



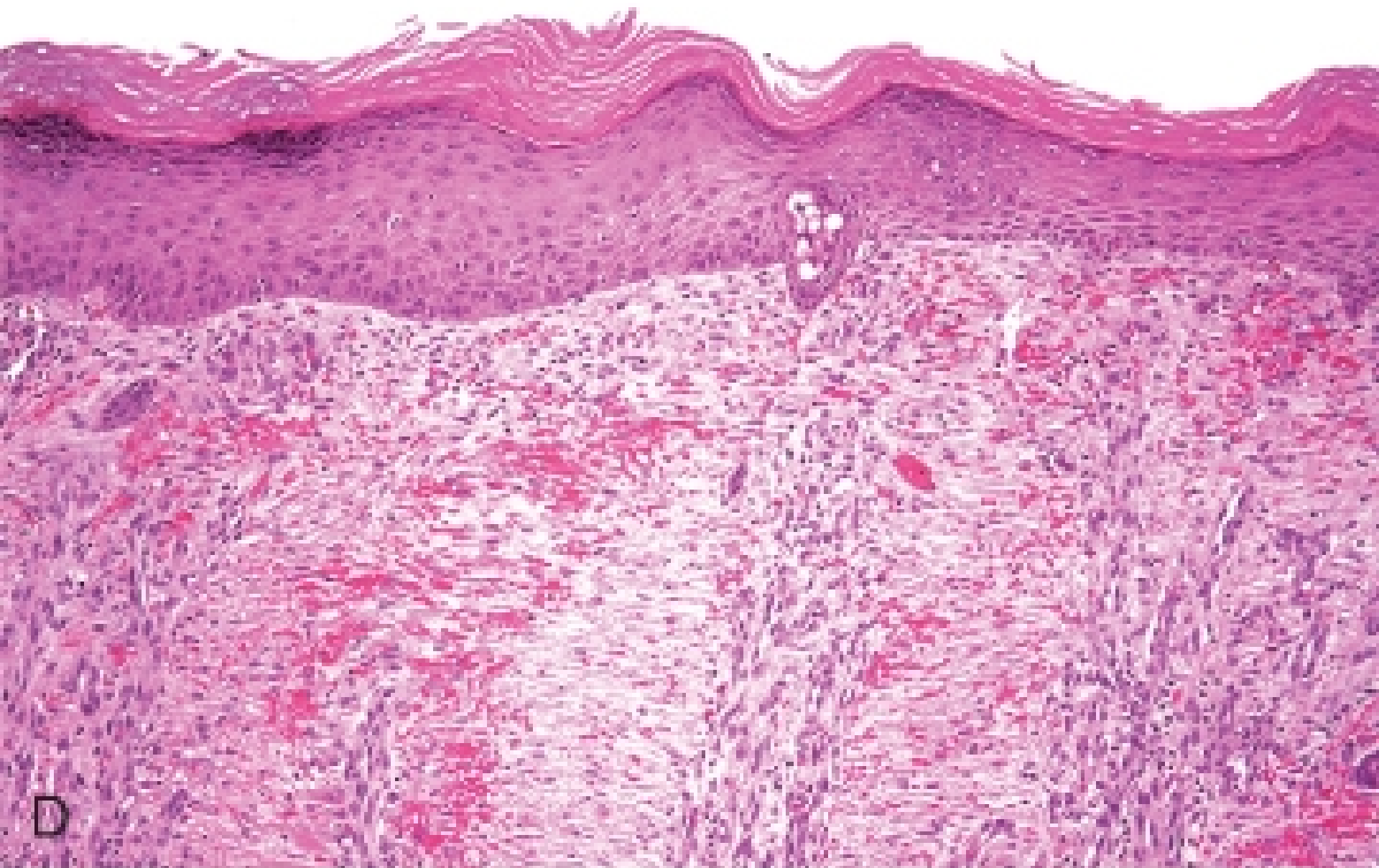
Pressure ulcer of skin



Skin ulcer: large gap between edges



Skin ulcer: granulation tissue



Skin ulcer: re-epithelialization

SKIN WOUND HEALING

Wound Strength

- At suture removal: 10%
- Rapid increase over next 4 weeks
- At third month: 70-80%

LECTURE OVERVIEW

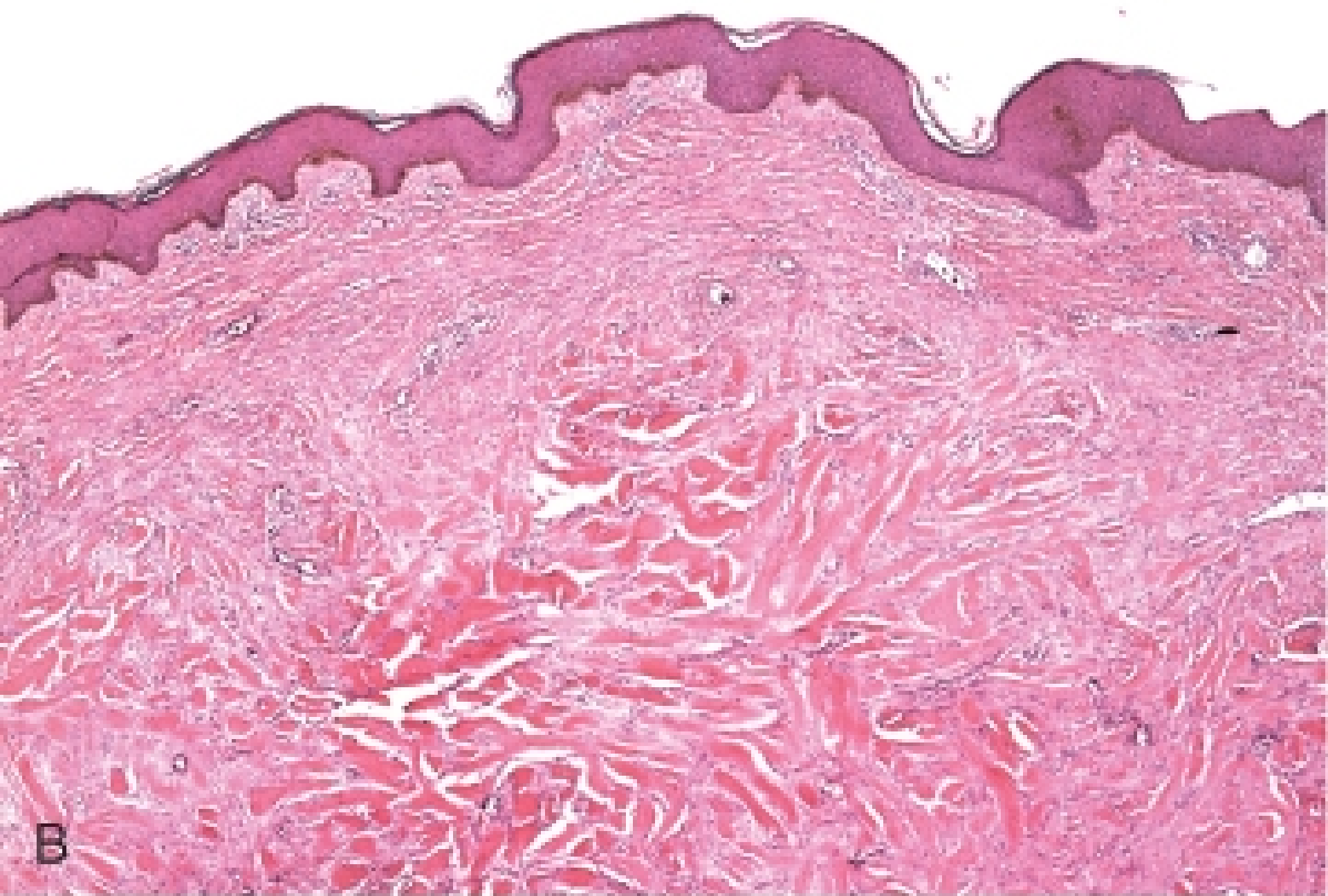
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WHY DO GOOD WOUNDS GO BAD?

- Extrinsic factors
 - Infection
 - Diabetes
 - Steroids
- Type of tissue injured (labile vs. permanent)
- Aberrant cell growth or ECM production
 - Keloid scars
 - Proud flesh



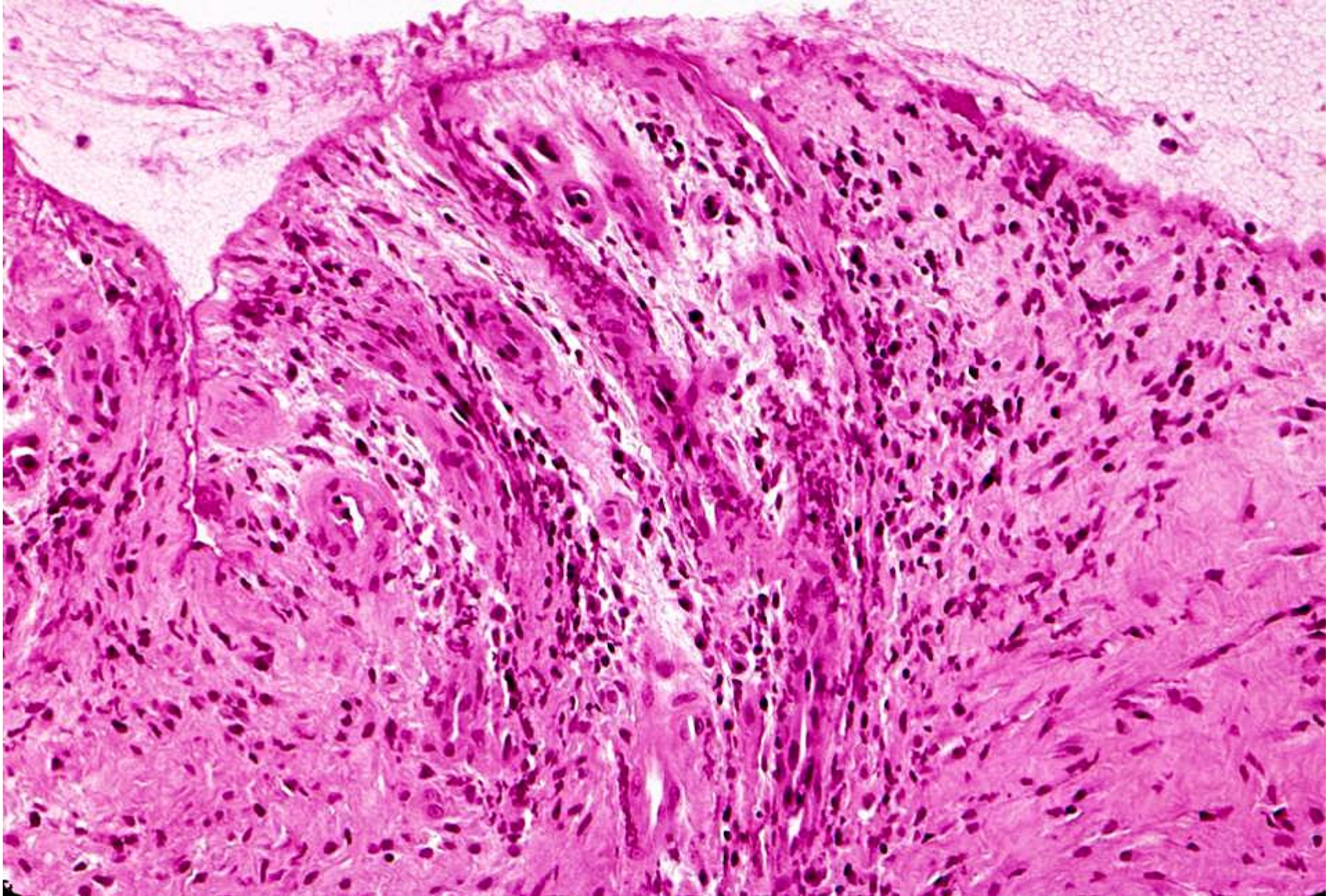
Keloid scar



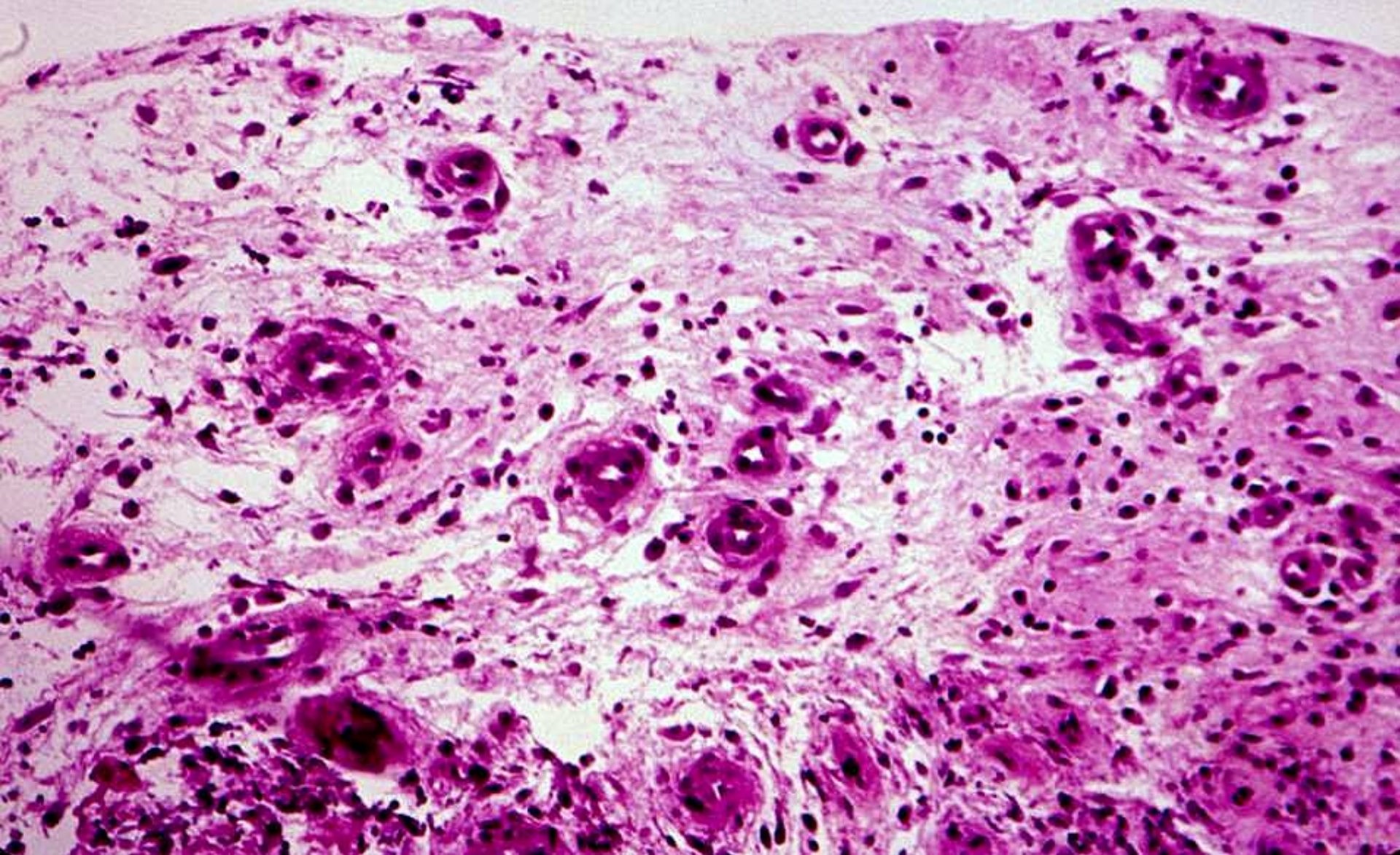
Keloid scar



Proud flesh



Proud flesh



Proud flesh

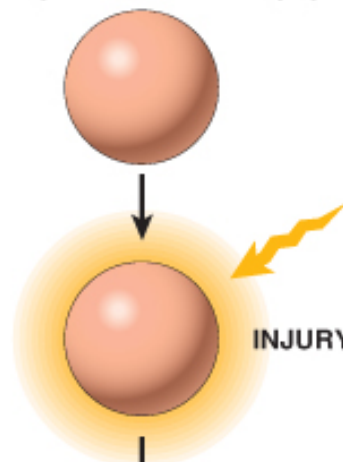
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TISSUE REPAIR SUMMARY

- Not all injuries result in permanent damage; some are resolved almost completely
- More often, there is some degree of scarring
- Scar is usually good (provides a resilient patch) but occasionally bad (can cause permanent dysfunction)

NORMAL HOMEOSTASIS
(balance of proliferation and apoptosis)



REGENERATION

HEALING

Renewing tissues

Stable tissues

Wound

Chronic inflammation

Epidermis, GI
tract epithelium,
hematopoietic system

Compensatory growth
of liver and kidney

Wound healing,
scar formation

Fibrosis

