

# **Extracellular matrix Repair, regeneration Wound healing**

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# EXTRACELLULAR MATRIX

Complex macromolecules underlying the epithelial cells  
and filling the intercellular space

collagens

basement membranes

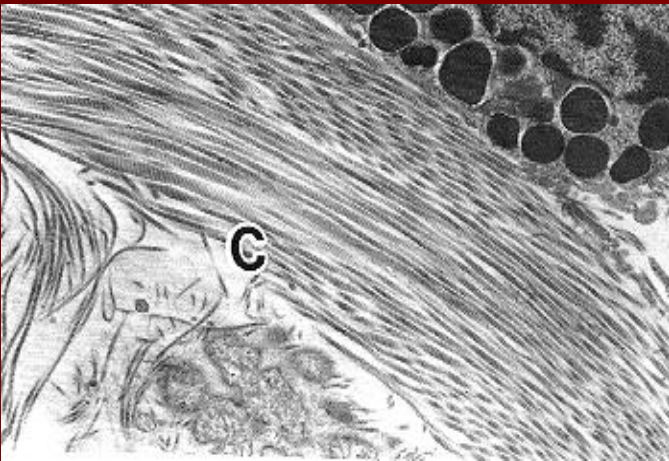
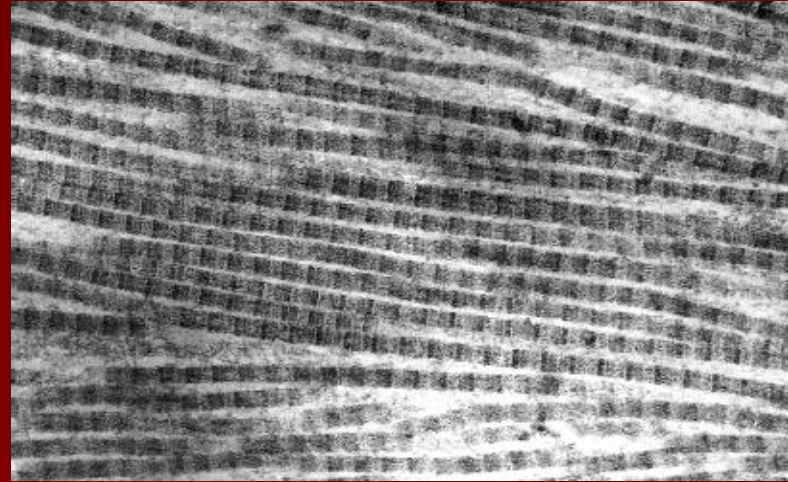
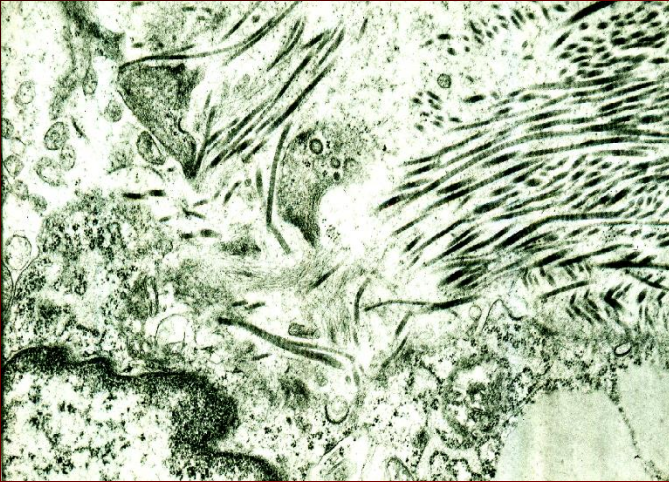
elastic fibers

fibronectin

proteoglycans



# COLLAGENS



- provide physical support where tissue strength is needed
- products of fibroblasts
- cannot be stretched



# **COLLAGEN FAMILY**

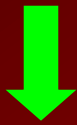
**(I – X)**

<b>Type I</b>	<b>bone matrix</b>
<b>Type II</b>	<b>cartilage matrix</b>
<b>Type IV</b>	<b>basement membrane</b>
<b>Type VI</b>	<b>most interstitial tissues</b>

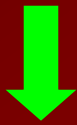


# COLLAGEN BIOSYNTHESIS

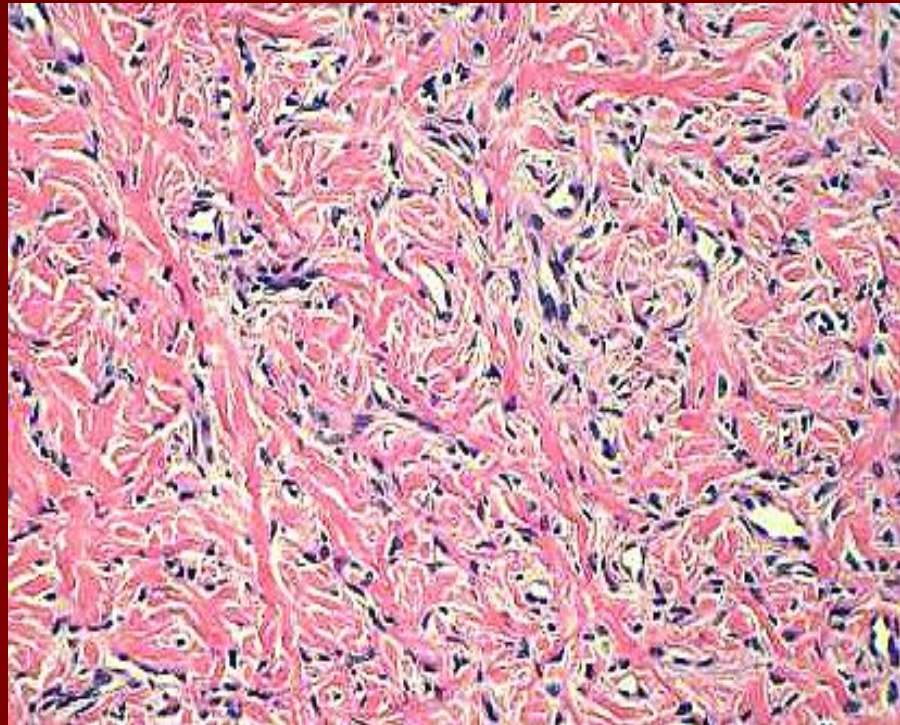
collagen fibrils



collagen fibers



collagen bundles



Hydroxylation requires vitamin C!



# DEGRADATION OF THE COLLAGENS

Specific collagenases

(MMPs – matrix metalloproteases)

Source: fibroblasts, macrophages, neutrophils,  
endothel cells...



# BASEMENT MEMBRANES

Separate cells and stroma

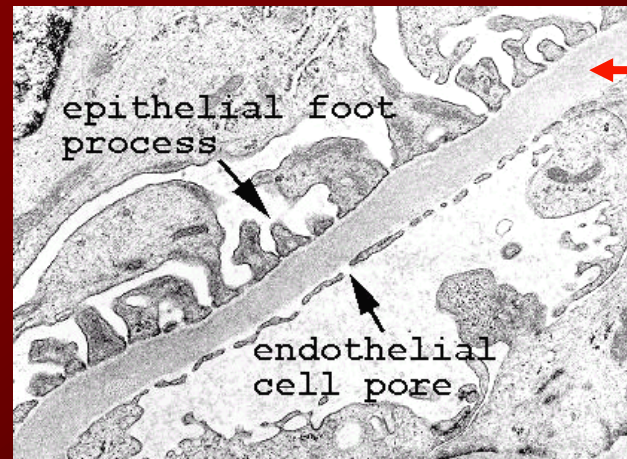
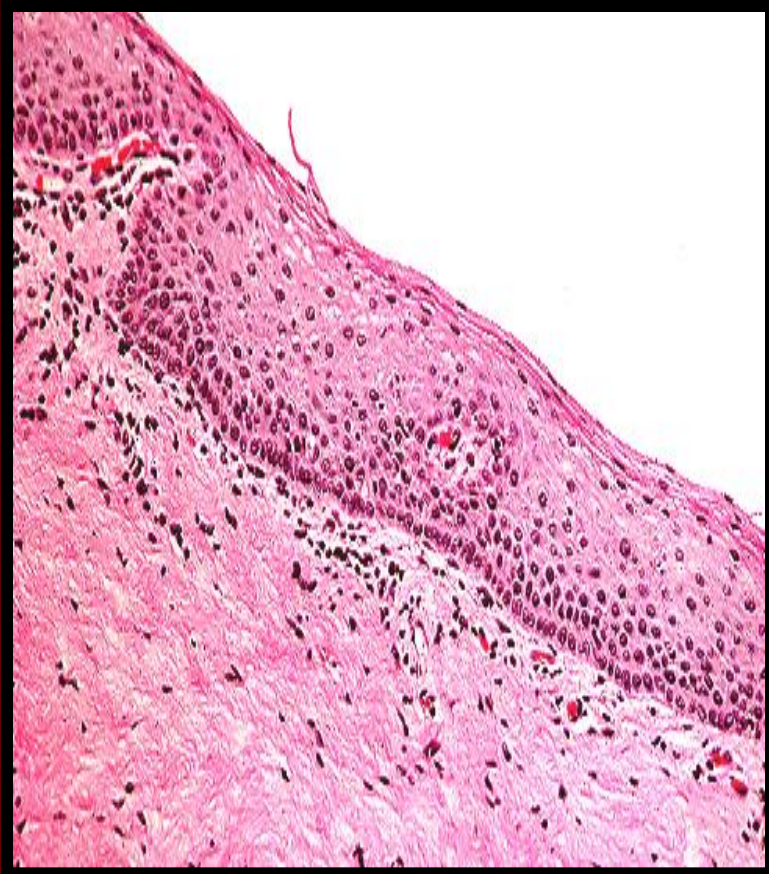
All epithelial cells have them

(except: liver!)

Collagen IV + laminin

PAS-positive staining reaction

In kidneys: primary filters



**BM**



# **FUNCTIONS OF THE BASEMENT MEMBRANES**

- **physical support**
- **sites for cell attachment**
- **in some organs: filtering function**





## **ELASTIC FIBERS**

- Provide the elasticity of the tissues and organs

## **FIBRONECTIN**

- found in plasma and in the tissues
- multifunctional binding site for various cell components
- first primitive matrix deposited in the stroma

## **PROTEOGLYCANS**



# CELL TYPES ACCORDING TO THEIR REGENERATIVE CAPACITY

## Labile cells:

divide continuously

stem cells (germinal layer, crypt cells,

hemopoietic stem cells)

## Stable cells:

capable of dividing after proper stimuli (cell loss)

liver, tubules of the kidney

Result: regeneration

## Permanent cells:

unable of dividing

neurons, cardiac and striated muscle, lens

Result: repair



# WOUND HEALING

## STEP 1 (hemostatic stage):

filling the gap with blood

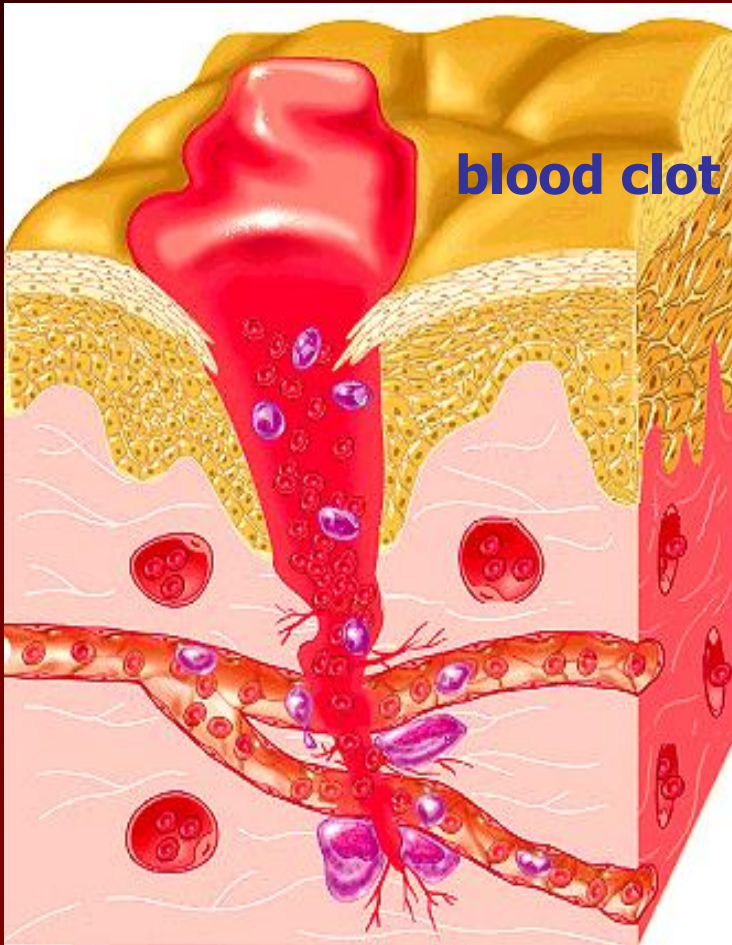
fibrinogen → fibrin

plasma fibronectin deposition

(crosslinking)



**early stabilization  
of the edges**



# WOUND HEALING

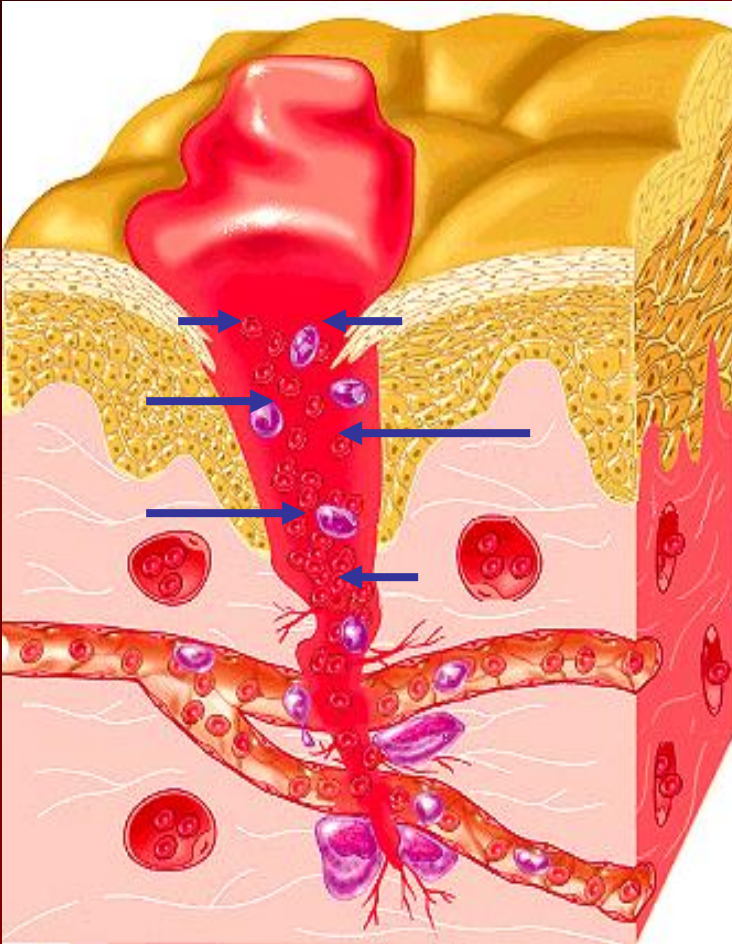
## Step 2 (inflammatory stage):

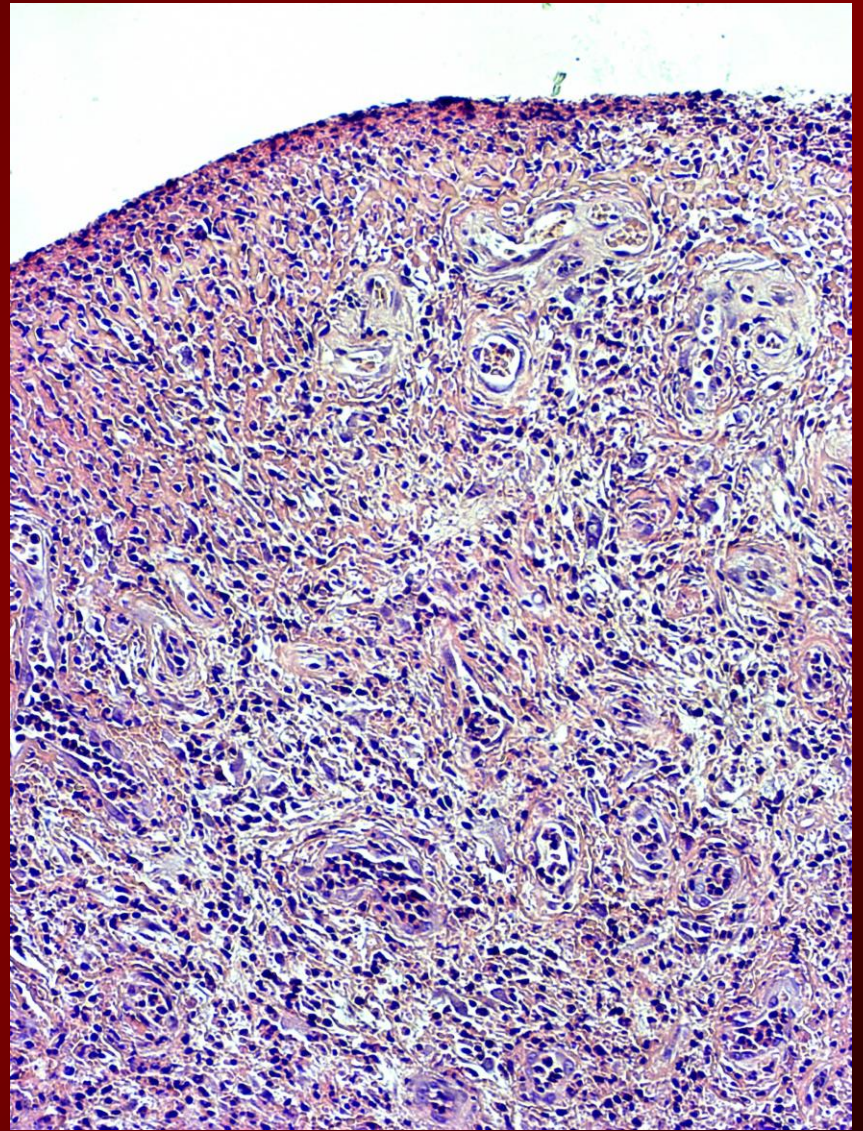
Migration of cellular elements

Formation of granulation tissue

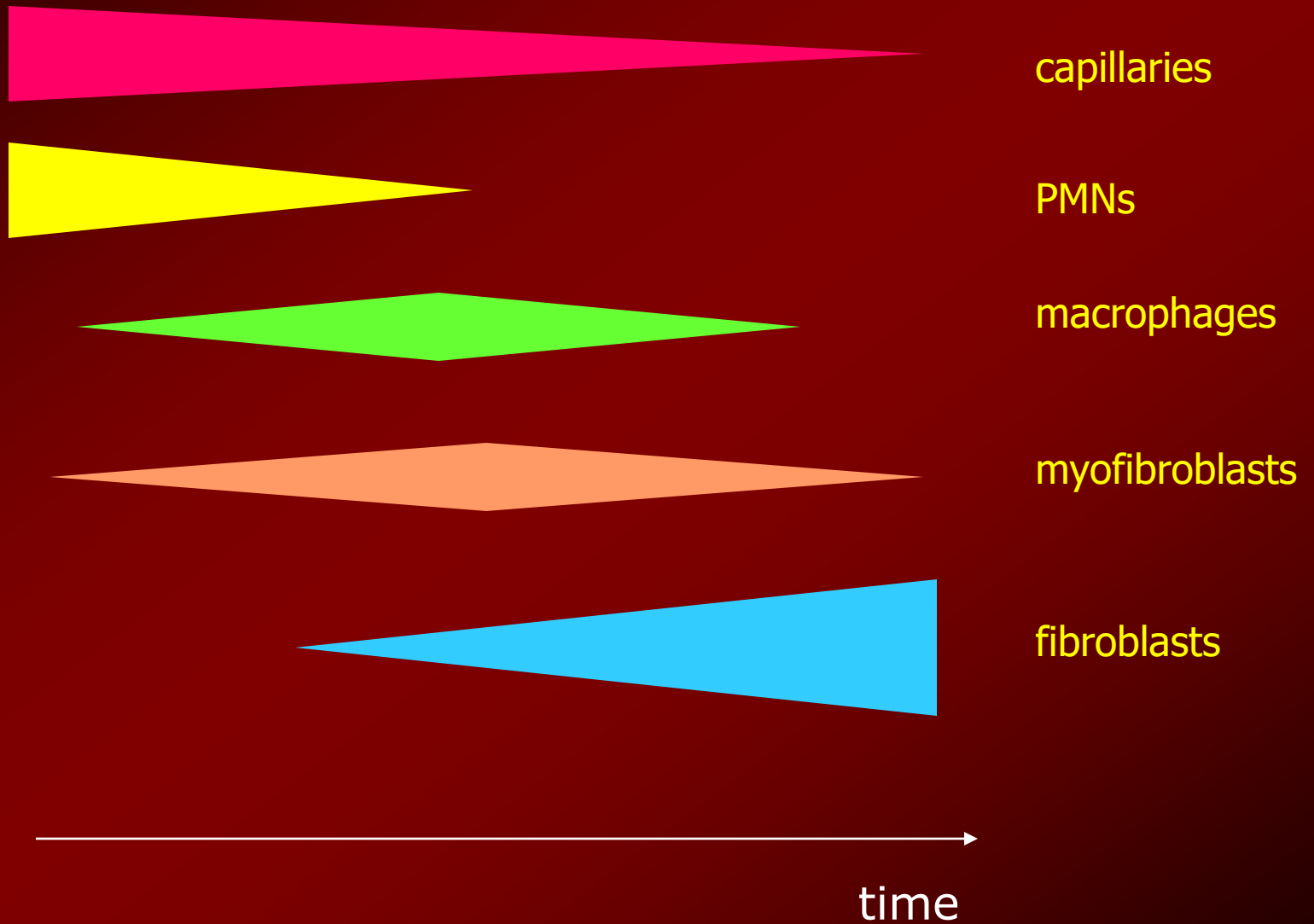
- numerous newly formed capillary buds
- PMNs (later on: histiocytes)

Progressive maturation of the granulation tissue

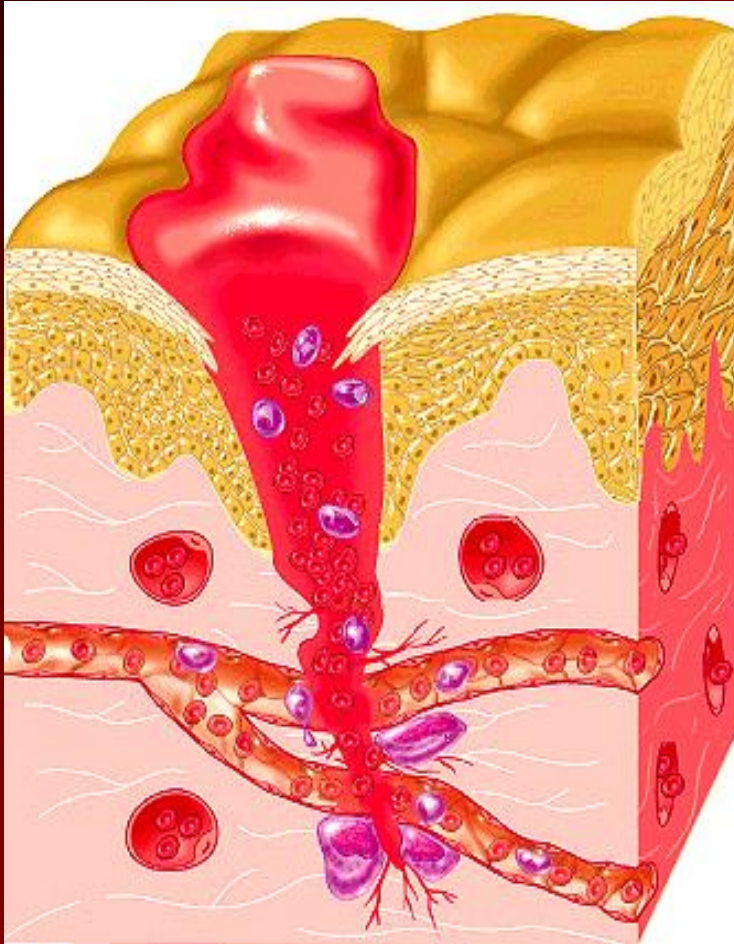




# MATURATION OF THE GRANULATION TISSUE



# WOUND HEALING



## Step 3 (proliferative stage):

synthesis of the extracellular matrix

## Step 4 (stabilization):

collagen deposition

scar formation

hyalinization

4-6 weeks



# PRINCIPAL FORMS OF THE WOUND HEALING

## Healing by primary intention

sterile (surgical) wounds

closely apposed edges

minimal tissue loss



**fine, delicate scar**



## Healing by secondary intention

infected wounds

great distance between the edges



**irregular, deforming scar**





# IMPAIRED OR DELAYED WOUND HEALING

## SYSTEMIC CAUSES

- diabetes mellitus
- hypoproteinemia
- vitamin C deficiency
- malignant tumors
- glycocorticosteroids

## LOCAL CAUSES

- mechanical stress (stretching)
- inadequate blood supply
- superinfection
- foreign materials



**Predispose to wound dehiscence!**



# ABNORMAL SCAR FORMATION



## KELOID

Rough, hypertrophic  
scar

Especially black people



# Stone formation



Stone (calculus): hard concretion of mineral salts  
in lumina lined by mucosa

Gallbladder: cholelithiasis

Common bile duct: choledocholithiasis

Kidney: urolithiasis / nephrolithiasis

Salivary duct: sialolithiasis

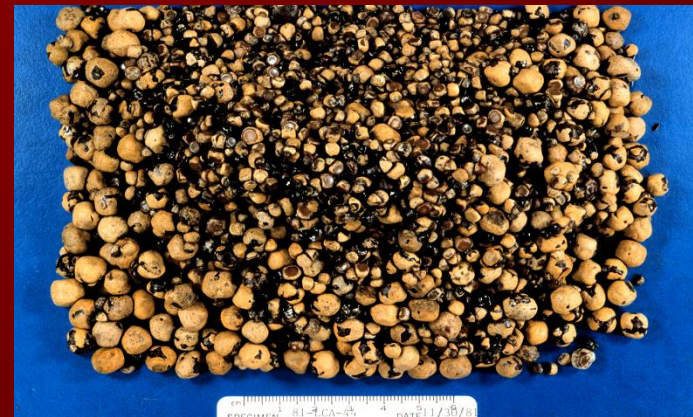
Pancreas: pancreaticolithiasis

Causes: precipitation of minerals that are  
otherwise in solution

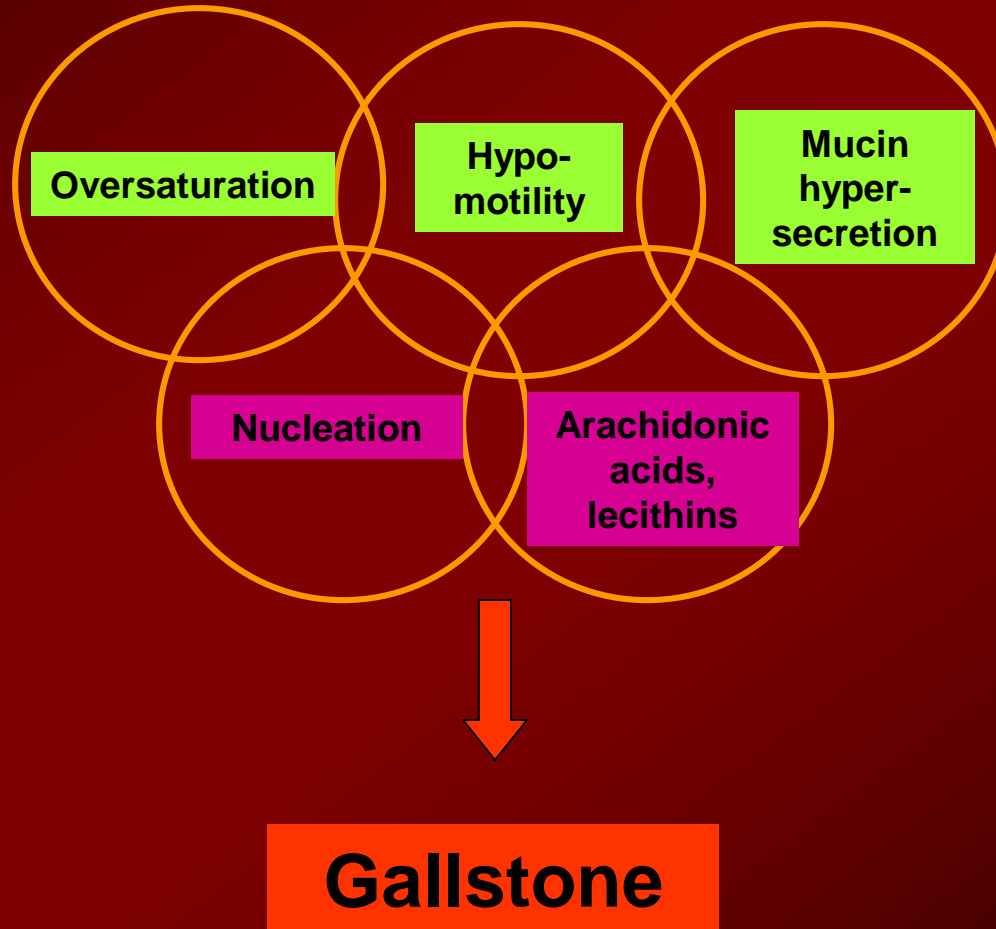


# FORMS OF THE BILIARY STONES

- Pure stones  
(cholesterol, bilirubin)
- Mixed stones
- Combined stones

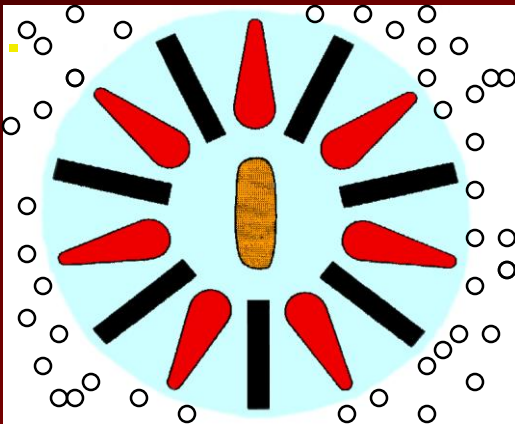


# ETIOPATHOGENETIC FACTORS OF THE CHOLESTEROL STONES



# MICELLA FORMATION

Cholesterol is kept in solution by means of bile acid salts and phospholipids



Bile stone formation:

Cholesterol concentration ↑

Bile acid salts concentration ↓

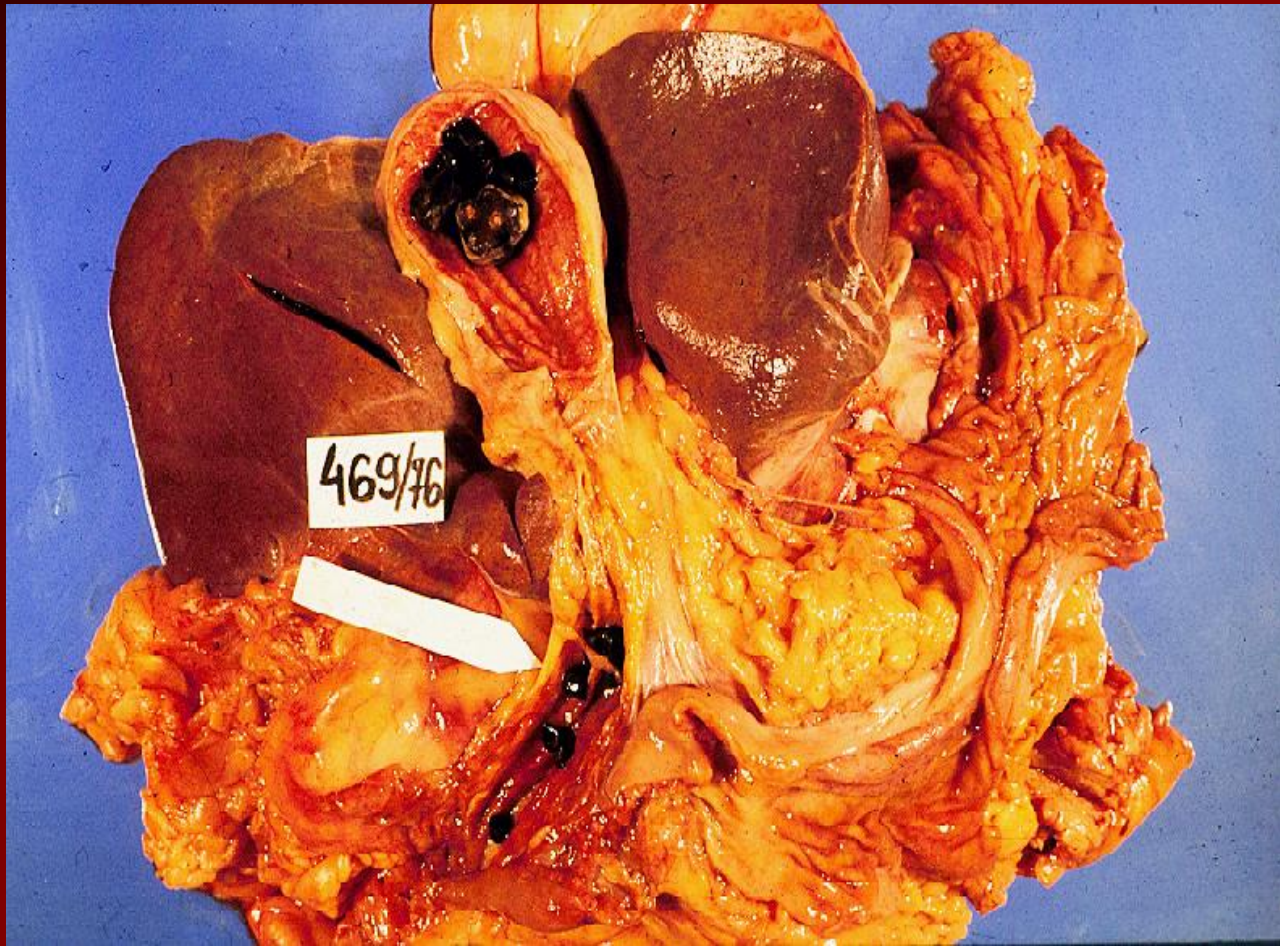
 bile acid salts (1 : 7)

 phospholipids

 cholesterol

 water molecules

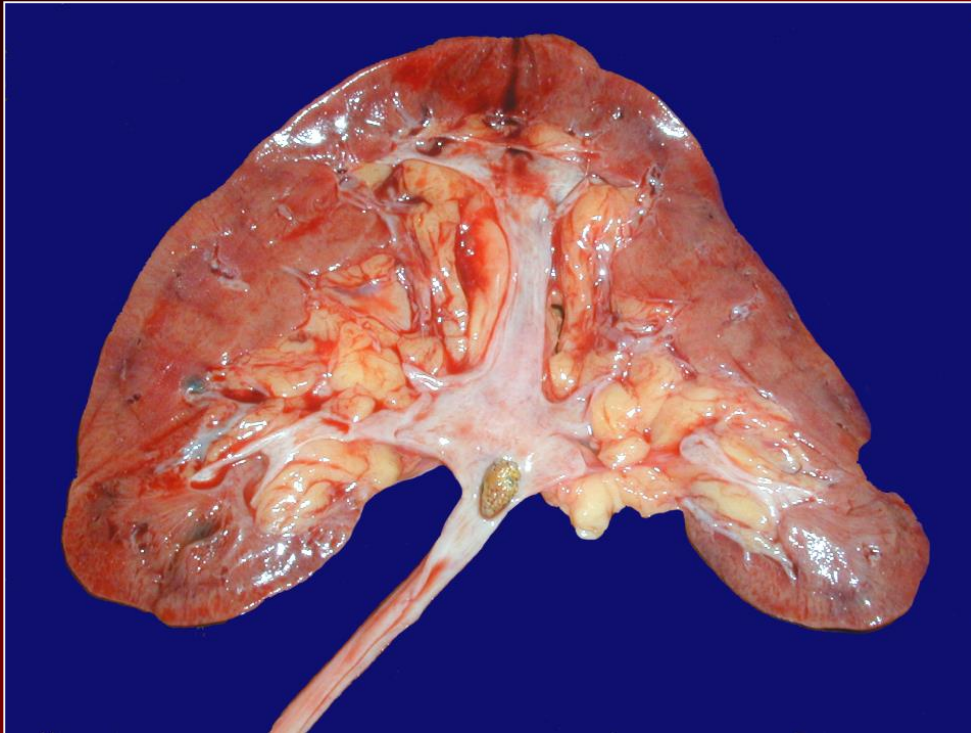




Chole - et choledocholithiasis







## Urolithiasis (nephrolithiasis)

- Oversaturation
- Outflow block
- pH shift
- bacterial infection



1.



oxalate stone

(frequent in strict vegetarians)

2.



urate stone (gout)

3.



struvit (staghorn) stone (infection)

hematuria

radiating pain

hydronephrosis

bacterial infection  
(pyelonephritis)



