



BHARATHIDASAN UNIVERSITY

**Tiruchirappalli- 620024,
Tamil Nadu, India**

Programme: M.Sc., Biomedical science

**Course Title : Stem Cell Biology & Tissue
Engineering**

Course Code : 18BMS48C14

Unit-IV

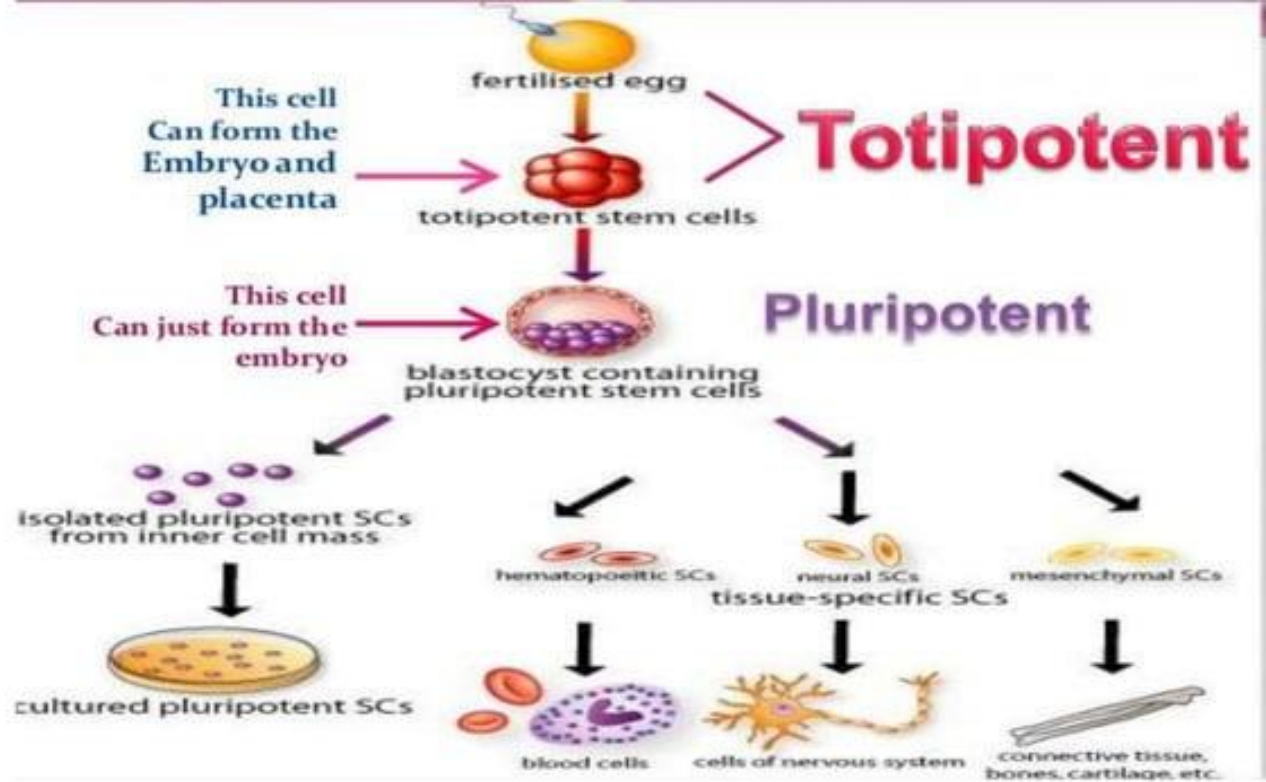
TOPIC: Embryonic stem cell

Dr. A. S. VIJAYAKUMAR

Guest lecturer

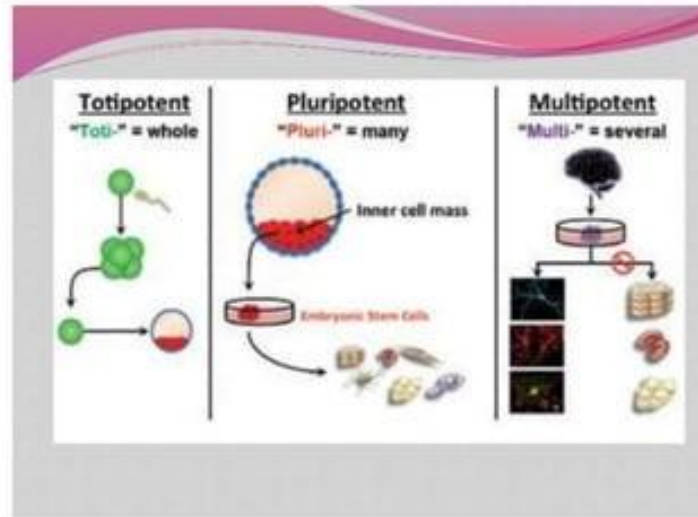
Department of Biomedical Science

Embryonic stem cell

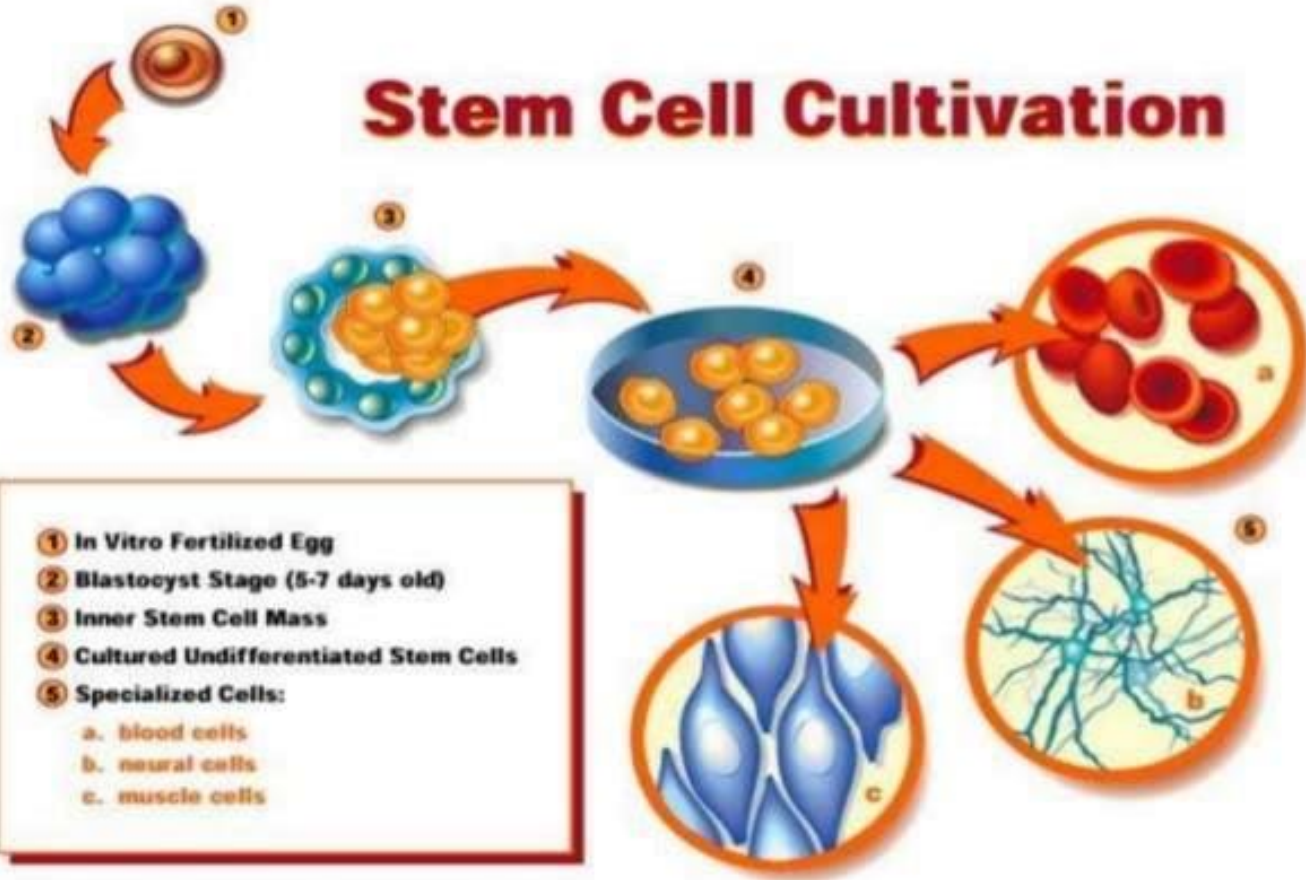


OVERALL VIEW OF THE EMRYONIC DEVELOPMENT :

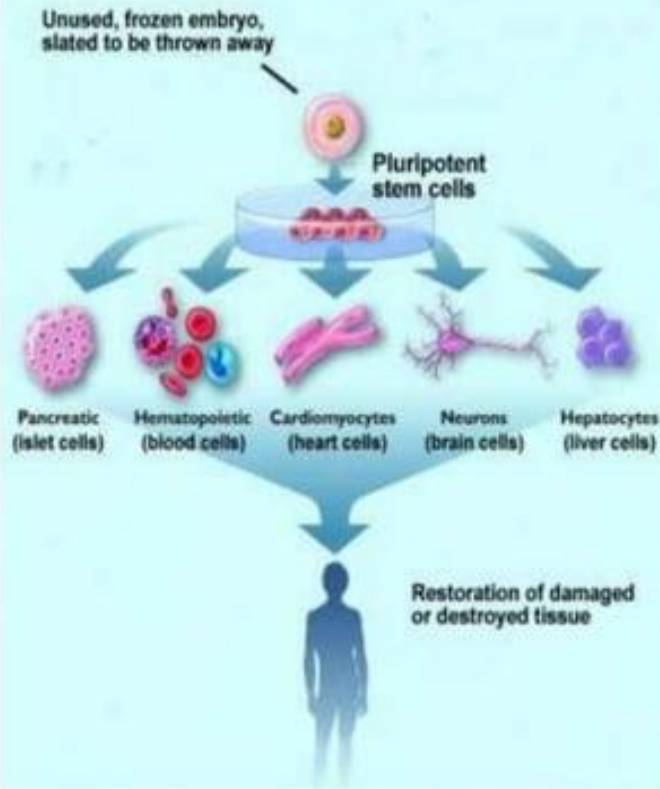
TYPES AND ORIGIN OF STEM CELLS



Stem Cell Cultivation



Stem Cells From In Vitro Fertilization (IVF)

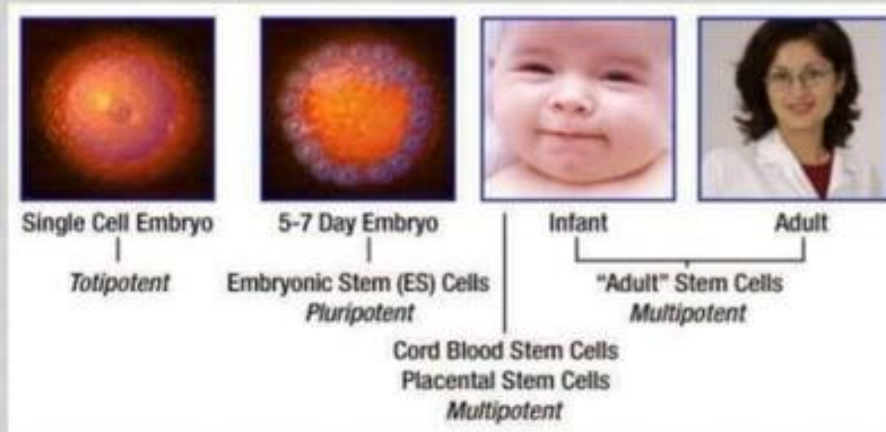


- Tens of thousands of frozen embryos are routinely destroyed when couples finish their treatment.

- These surplus embryos can be used to produce stem cells.

- Regenerative medical research aims to develop these cells into

Stem cell timeline



SINGLE CELL TO AN ADULT

SOURCE AND SIGNIFICANCE



Significance – eliminate infection by viruses or other mouse molecules

- ES cells are removed gently and plated into several different culture plates before crowding occurs

Cord Blood

- Umbilical cord blood is also known as placental blood.
- It is the blood that flows in the circulation of the developing fetus in the womb.
- After the baby's birth, the left over blood in the umbilical cord and placenta is called cord blood.
- This blood is a rich source of stem

HOW TO COLLECT STEM CELLS

Collecting cord blood stem cells

- This blood is collected by the physician after the baby is born and the cord is cut.
- It takes less than 5 minutes and there is no pain, harm or risk to mother or newborn.
- This cord blood containing the stem cells, is sent to a "Cord Blood Bank" either private or public where it is processed and the stem cells are preserved in liquid nitrogen.

○ Second method involves collecting the cord blood while the placenta is still in the mother's womb.

This method has theoretically two advantages

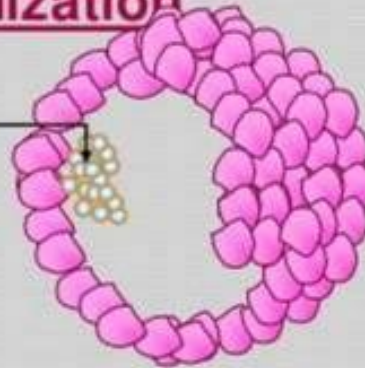
- ✓ collection begins earlier before the blood has a chance to clot.
- ✓ It uses the contraction of the uterus to enhance the blood drainage in addition to the gravity.

Disadvantage: It is more intrusive and has the potential to interfere with after-delivery care for the mother and infant.

A primer on Human Embryonic Stem Cells

Blastocyst - from In Vitro Fertilization Clinic

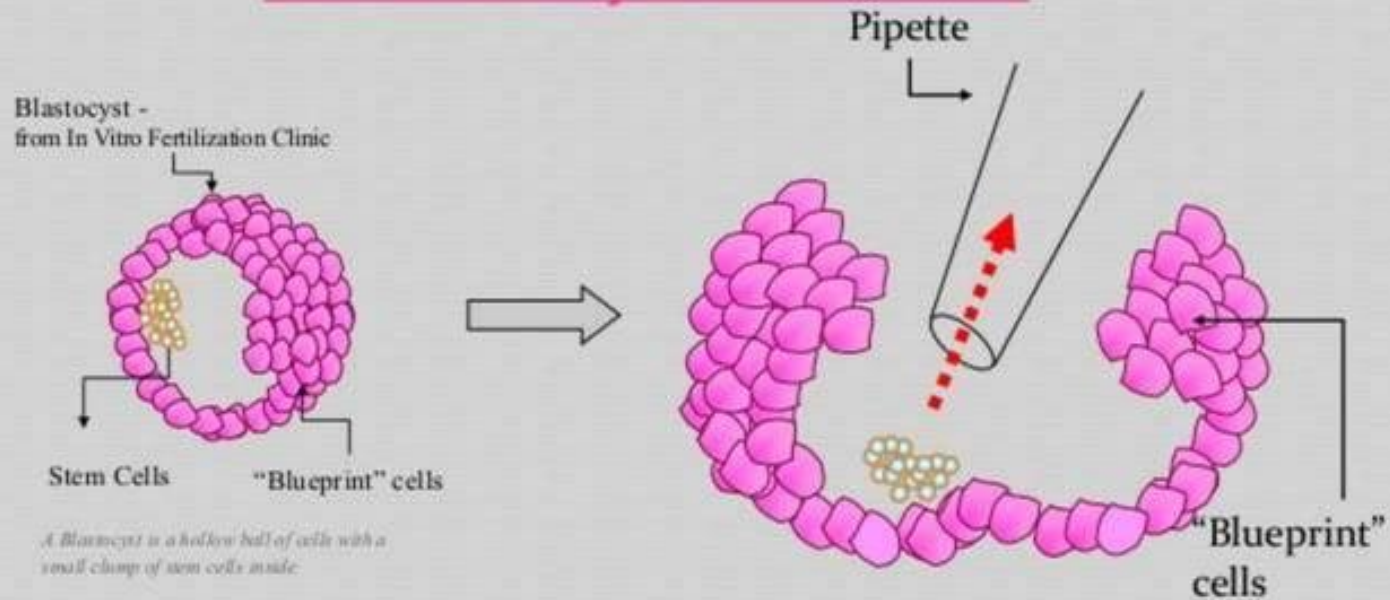
Inner Cell Mass
(Stem Cells)



“Blueprint” cell

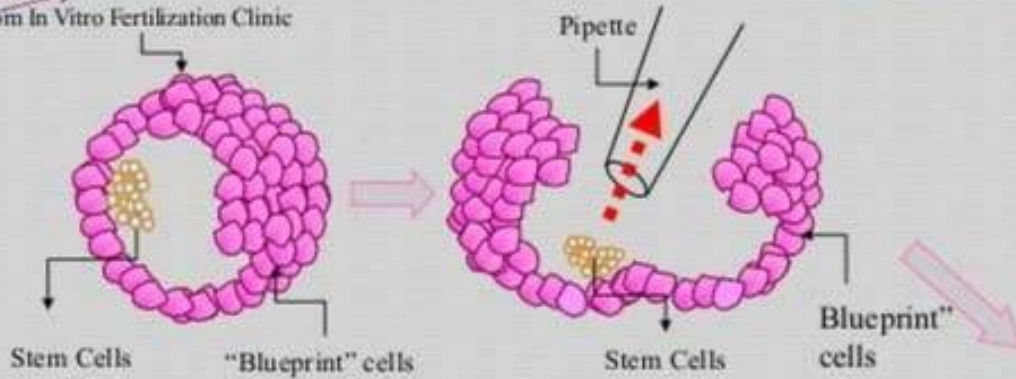
A Blastocyst is a hollow ball of cells with a small clump of stem cells inside

Human Embryonic Stem Cells



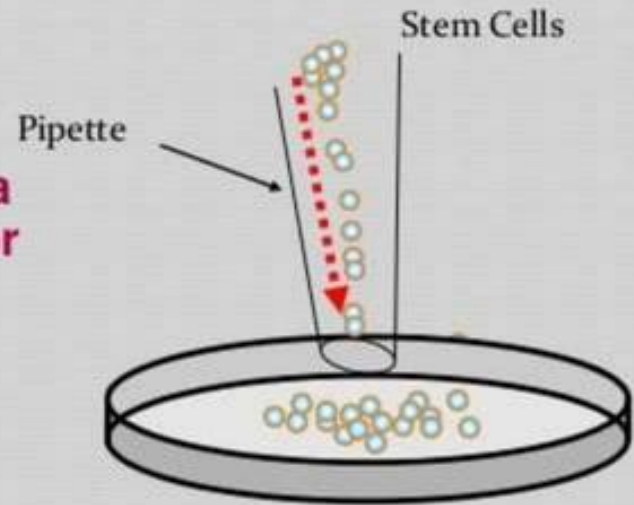
To remove the stem cells, the Blastocyst is opened and the stem cells removed with a pipette

Blastocyst -
from In Vitro Fertilization Clinic



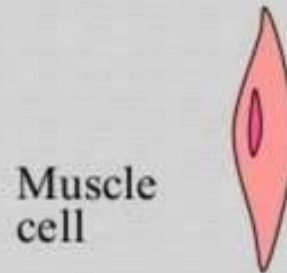
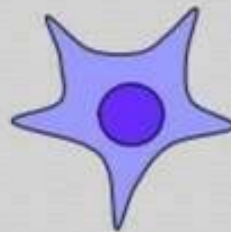
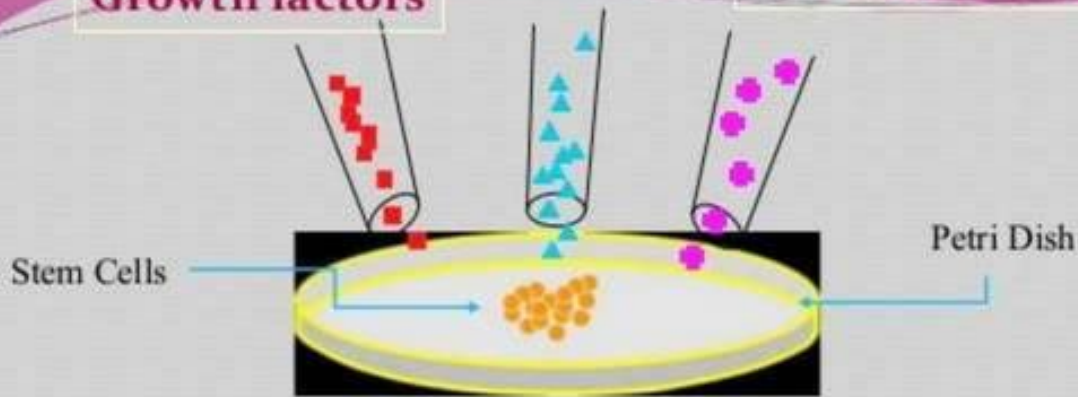
A Blastocyst is a hollow ball of cells with a small clump of stem cells inside

The stem cells are placed in a dish and are fed and cared for (each blastocyst = 1 stem cell line)



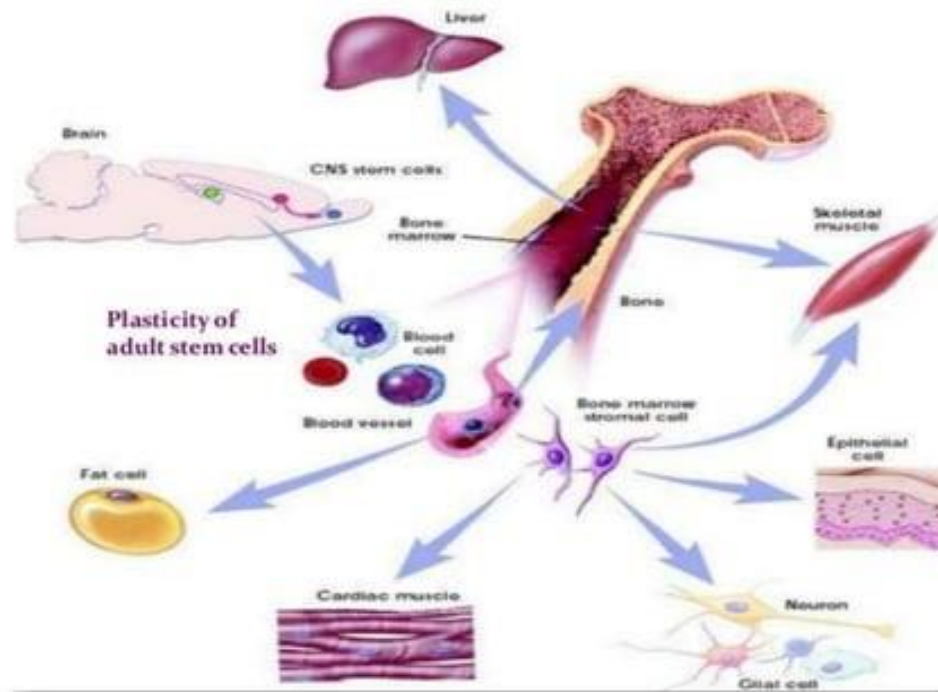
Growth factors

Chemical cues



Different chemicals / molecules are added to the stem cells to make them become

ORIGIN OF STEM CELLS TO TARGET SITE



Type I Diabetes

- Pancreatic cells do not produce insulin.
- Basic research focused on understanding how embryonic stem cells might be trained to become pancreatic islets cells needed to secrete insulin.



Cord Blood Collection



COLLECTION

AND USES

Tissue Repair

- Regenerate spinal cord, heart tissue or any other major tissue in the body.



Heart Disease

- Adult bone marrow stem cells injected into the heart's arteries are believed to improve cardiac function in victims of heart failure or heart attack.



HOW STEM CELLS AND GENE THERAPY MIGHT WORK TOGETHER



1. A sample of bone marrow is removed.
2. Stem cells are isolated and allowed to multiply in culture.
3. Cells are treated with a modified virus containing a therapeutic gene

GENETICS AND STEM CELLS

HARVEST AND TECHNIQUE

How are embryonic stem cells harvested?

- Growing cells in the laboratory is called as **cell culture**.
- Human ES cells are derived from 4-5 day old blastocyst
- Blastocyst structures include:
 - **Trophoblast**: outer layer of cells that surrounds the blastocyst & forms the placenta
 - **Blastocoel**: ("blastoseel") the hollow cavity inside the blastocyst that will form body cavity
 - **Inner cell mass**: a group of approx. 30 cells at one end of the blastocoel:

Form a germ layer that form all embryonic

Cell Culture Techniques for ESC

- Isolate & transfer of inner cell mass into plastic culture dish that contains culture medium
- Cells divide and spread over the dish
Inner surface of culture dish is typically coated with mouse embryonic skin cells that have been treated so they will not divide
- This coating is called a FEEDER LAYER
 - Feeder cells provide ES cells with a sticky surface for attachment
 - Feeder cells release nutrients
- Recent discovery: methods for growing embryonic stem cells without mouse feeder cells

TYPES AND FUNCTION

Umbilical cord stem cells

Three important functions:

1. **Plasticity:** Potential to change into other cell types like nerve cells
2. **Homing:** To travel to the site of tissue damage
3. **Engraftment:** To unite with other tissues

Two types of pluripotent stem cells have been found -

•**Embryonic Stem (ES) Cells**. These can be isolated from the **inner cell mass (ICM)** of the blastocyst — the stage of embryonic development when implantation occurs. For humans, excess embryos produced during [in vitro fertilization](#) (IVF) procedures are used.

•**Embryonic Germ (EG) Cells**. are derived from the part of a human embryo or foetus

Embryonic vs. Adult Stem Cells

- **Totipotent**
 - **Differentiation into ANY cell type**
 - **Known Source**
 - **Large numbers can be harvested from embryos**
 - **May cause immune rejection**
 - **Rejection of**
- **Multi or pluripotent**
 - Differentiation into some cell types, limited outcomes
 - **Unknown source**
 - **Limited numbers, more difficult to isolate**
 - **Less likely to cause immune rejection, since the patient's own cells can be used**

RISKS AND DISORDERS

Indication for HSCT

- **Neoplastic disorders**
 - Hematological malignancies
 - Lymphomas (Hodgkin and non-Hodgkin)
 - Leukemias (acute and chronic)
 - Multiple myeloma
 - MDS
 - Solid tumors
- **Non-neoplastic disorders**
 - Aplastic anemia
 - Autoimmune diseases
 - Immunodeficiency
 - Inborn errors of metabolism

Clinical characteristics with various sources of stem cells

Cellular characteristic	Peripheral blood	Bone marrow	Cord blood
HLA Matching	Close matching required	Close matching required	Less restrictive than other
Engraftment	Fastest	Intermediate	Slowest
Risk of acute GVHD	Same as in bone marrow	Same as in peripheral blood	Lowest
Risk of chronic GVHD	Highest	Lower than peripheral blood	Lowest

REFERENCE:

- **Mountford JC. Human embryonic stem cells: origins, characteristics and potential for regenerative therapy. Transfus Med. 2008;18:1–12. doi: 10.1111/j.1365-3148.2007.00807.x.**
- **Mountford JC. Human embryonic stem cells: origins, characteristics and potential for regenerative therapy. Transfus Med. 2008;18:1–12. doi: 10.1111/j.1365-3148.2007.00807.x.**
- **Rippon HJ, Bishop AE. Embryonic stem cells. Cell Prolif. 2004;37:23–34. doi: 10.1111/j.1365-2184.2004.00298.x.**

**THANK
YOU**