

Compatibility of Porous chitosan scaffold with isolated mesenchymal stem cell *in vitro*



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Background

Tissue adhesive films developed from chitosan can be used for photochemical tissue bonding (PTB) when prepared in solution with rose bengal dyes. Work performed in the Lauto labs has shown that oligomeric chitosan can be freeze dried to create porous chitosan patches that can be used in PTB in conjunction with rose bengal dyes (see figure 1). These adhesive chitosan patches have similar mechanical properties to other non-porous adhesive films whilst providing a bio-favorable porous scaffold that mimics the natural ECM of many tissues. Human mesenchymal stem cells (hMSCs) have shown beneficial effects on ventricular function and infarct remodeling through paracrine effects when immobilized in chitosan patches¹. These patches have also been shown to improve retention and viability of hMSCs When compared to intramyocardial injections². In this study, human mesenchymal stem cells (hMSCs) were tested to observe the culturing effects of these oligomeric chitosan patches on hMSC viability and stemness to evaluate their potential as cell carrying cardiac patches.

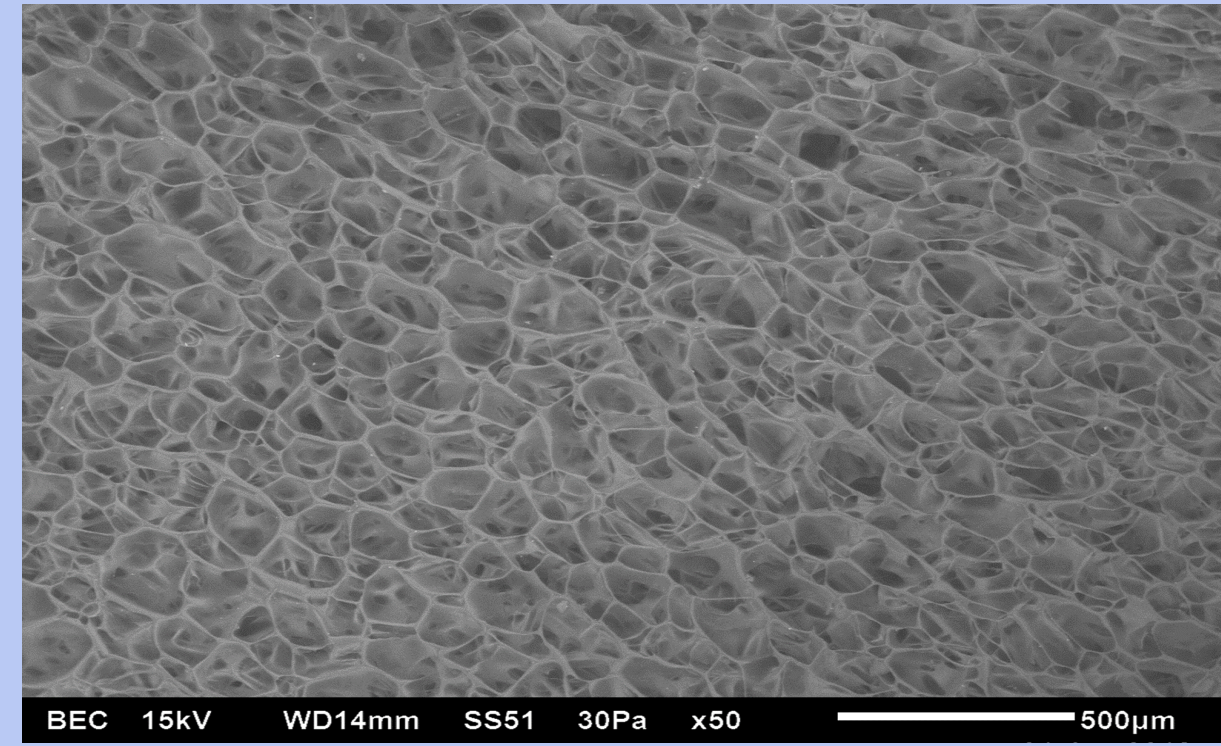
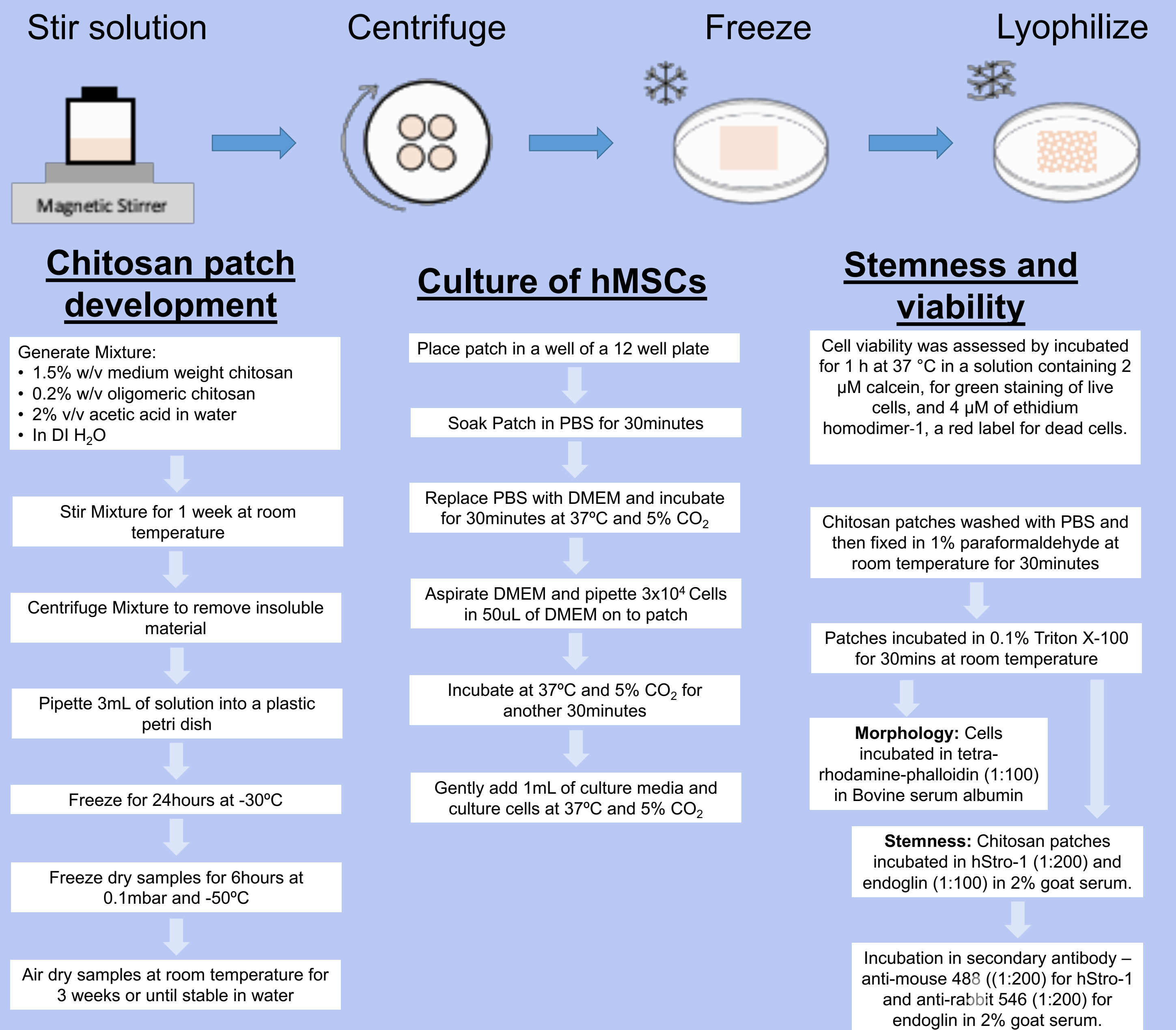


Figure 1: SEM image of 10% oligomeric chitosan patch pours.

Materials and methods



Project Aims

1. Production of a porous biocompatible patch to retain hMSCs
2. Assessment of stemness of hMSCs cultured in chitosan patches.

Results

Mechanical results

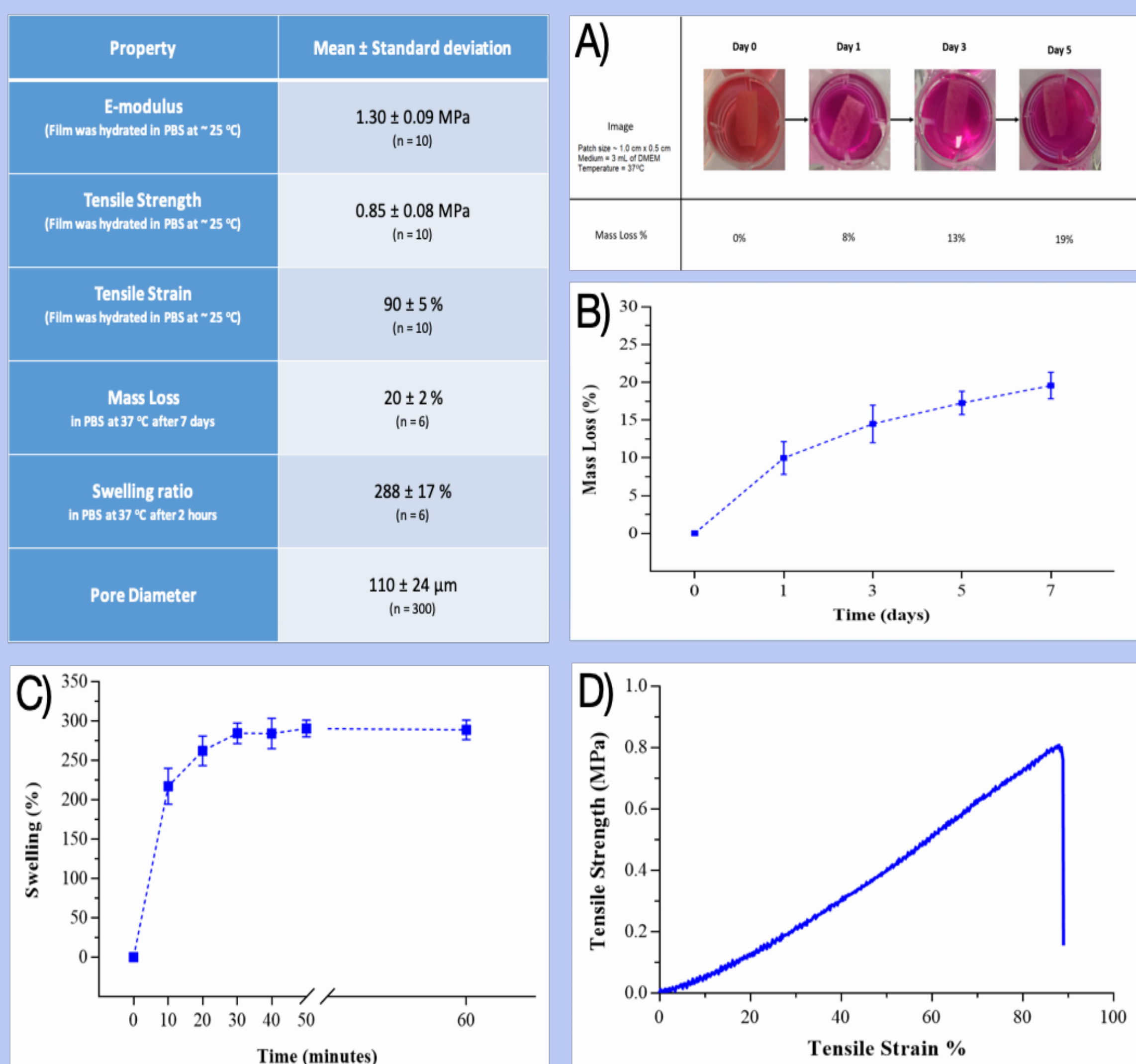


Figure 2: Summary of mechanical properties of a 10% oligomeric chitosan patch. The table summarizes the results A,B) solubility and mass loss over 7 days at 37C C) the percentage of swelling within the first two hours soaking in PBS at 37C D) the E-modulus curve as a relationship between tensile strength and tensile strain.

Cell culture results

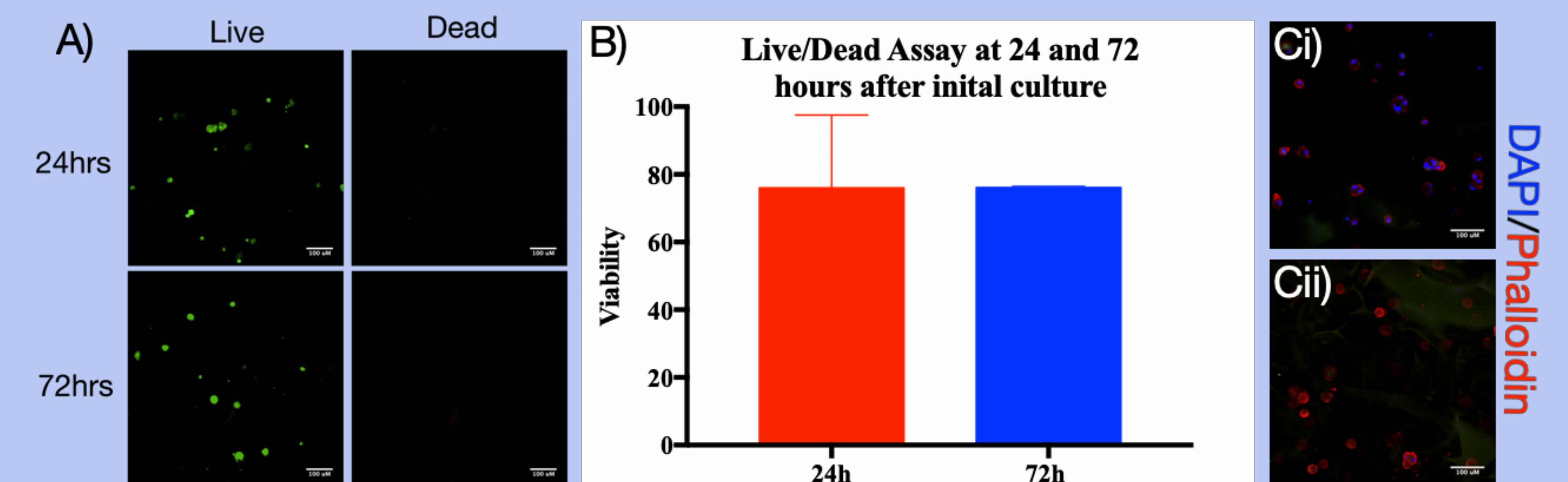


Figure 3: Viability and morphology of hMSCs cultured in a chitosan patch. Cell viability was assessed with calcein and ethidium bromide staining A) Green staining reveals live cells while red staining reveals dead cells B) A quantification of live and dead cells shows a maintained viability between days 1 and 3 with viability of 76.14 ± 10.78% and 76.03 ± 30.40% respectively. C) Cell morphology was assessed by rhodamine phalloidin (red) and DAPI (blue) staining's after 1day (Ci) and 5 days (Cii).

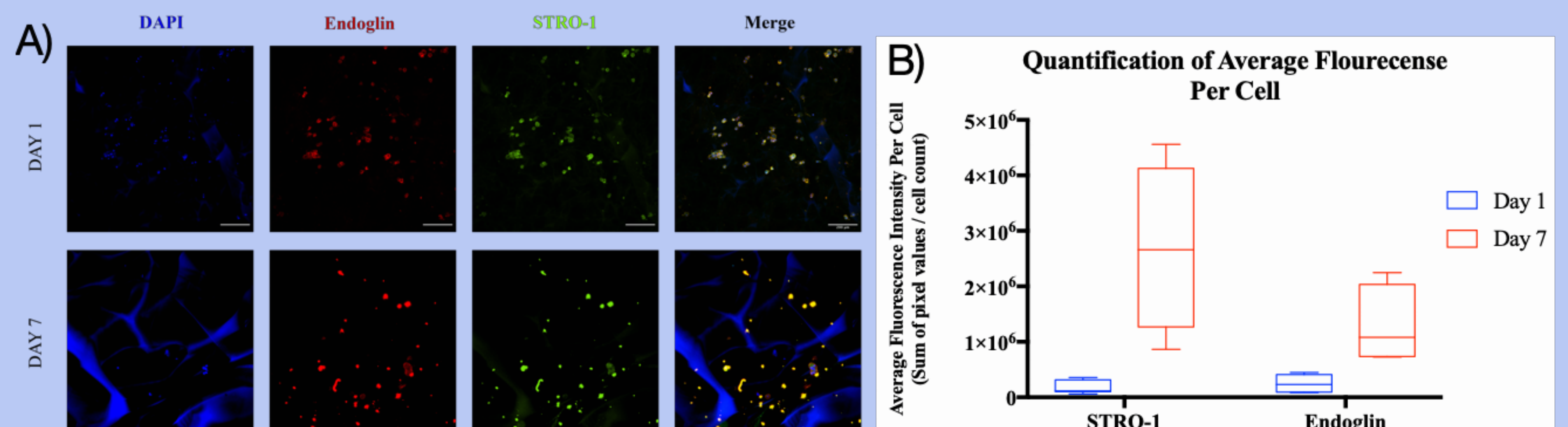


Figure 4: Immunohistochemistry staining of CD34 and CD105: Stemness markers expression analysis. (A) hMSC cultured on porous chitosan patches were analysed for the expression of STRO-1 (green) and endoglin (red). (B) Quantification of average fluorescence per cell. There was a significant increase in the expression of STRO-1 and Endoglin between days 1 and 7 (STRO-1: p = 0.0013, multiple T-tests, n = 7-4, Endoglin: p = 0.0039, multiple t-tests, n = 7-4). For images in (A) day 1, scale bar = 200 μm and for images in (A) day 7, scale bar = 100 μm.

Conclusion

In the present study, a novel biocompatible chitosan patch has been developed that can uphold tissue bonding strengths and degrade to allow tissue migration and prevent scar bound engraftment. These patches also support hMSCs *in vitro* while promotes stemness markers hStro-1 and Endoglin. This study suggests that these chitosan patches can promote functional survival of engrafted hMSCs to be used as a restraint to ventricular remodeling post-MI.



3D Rendering of cells within a chitosan patch

Observe a 3D reconstruction of hMSCs isolated within a porous chitosan patch containing 10% oligomeric chitosan. Cells are stained for stem cell markers CD34 and CD105.

Sources

1. Chen, J., Zhan, Y., Wang, Y., Han, D., Tao, B., Luo, Z., ... Cao, F. (2018). Chitosan/silk fibroin modified nanofibrous patches with mesenchymal stem cells prevent heart remodeling post-myocardial infarction in rats. *Acta Biomaterialia*, 80, 154–168.
2. Shake, J. G., Gruber, P. J., Baumgartner, W. A., Senechal, G., Meyers, J., Redmond, J. M., ... Martin, B. J. (2002). Mesenchymal stem cell implantation in a swine myocardial infarct model: engraftment and functional effects. *The Annals of Thoracic Surgery*, 73(6), 1919–1925; discussion 1926.

About the author

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