

Synthetic Polymer

27/09/22

Polyglycolic acid (PGA) →

Poly lactic acid (PLA) →

Poly (lactic-co-glycolic acid) PLGA →

Poly caprolactone (PCL) →

Normally they give rise to natural degradation products. High/Low

eg., PLA → LA $\xrightarrow{\text{fast}}$ lactic acid \rightarrow other effects
accumulate
pH ↓

Natural polymers :-

Natural Biomaterials

Extracellular matrix (ECM)

Calcium phosphate ✓

Proteins

Polysaccharides

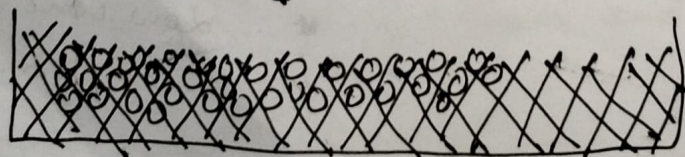
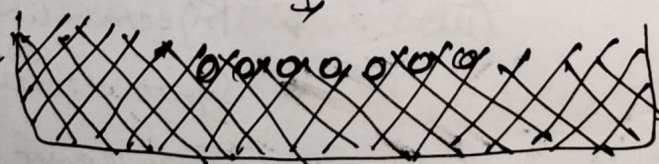
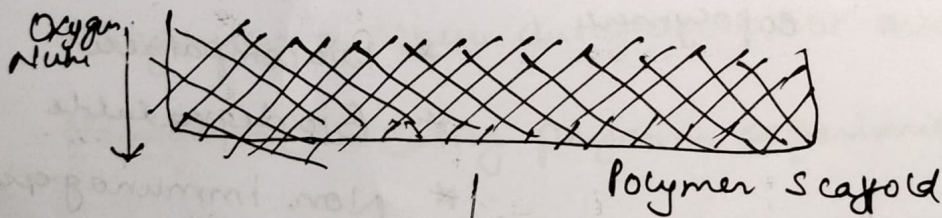
Lipids

Collagen

Glycoaminoglycans

Hyaluronic acid

* Lacks physical & mechanical stability



** Angiopoietin - 1

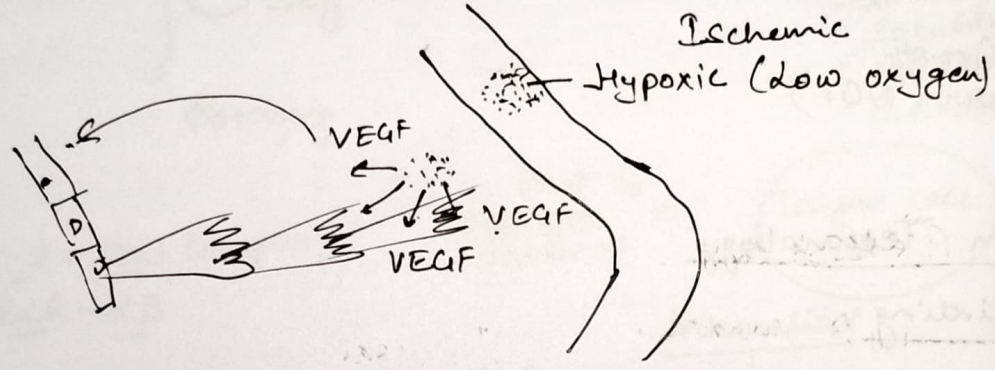
Vascular Growth factor.
Embryonic & postnatal
Angiogenesis → formⁿ of
new blood vessels from
existing ones

Blood vessel
form?
maturⁿ &
Stability

Angiopoietin - 2
VEGF
Vascular Endothelial
Growth factor.

VEGF

Stabilization
dissociation
migration &
proliferation.



FGF
Fibroblast growth
factor
Embryonic stage → Later
Stages
Pleiotropic GF

Family of
GFs; Angiogenesis;
wound healing
Embryonic growth

migⁿ of blood
vessel; bone;
skin; spine;
nerve; muscle;

PDGF
Platelet derived
Growth factor

Cell growth
& division

development
of muscle,
bone, cartilage
Skin
Blood vessel
migration,
proliferation

BMP
Bone morphogenetic
protein

formⁿ of bone &
cartilage
BMP-2 very potent
GF

Bone & cartilage
different?
migⁿ of osteoblast

TGF-β
Transforming Growth
factor - β

prolifⁿ & Differentⁿ of
many cell types

Remodelling bone
& cartilage

IGF-1
Insulin like
growth factor

Somatostatin C
Imp. in childhood growth.
Anabolic effects in
Adults

Has proliferative
effects on many cells
& inhibits cell
apoptosis.

EGF
Epidermal Growth
factor

Epidermal cell growth
"Proifer" & diff.

Erythropoietic
(EPO)

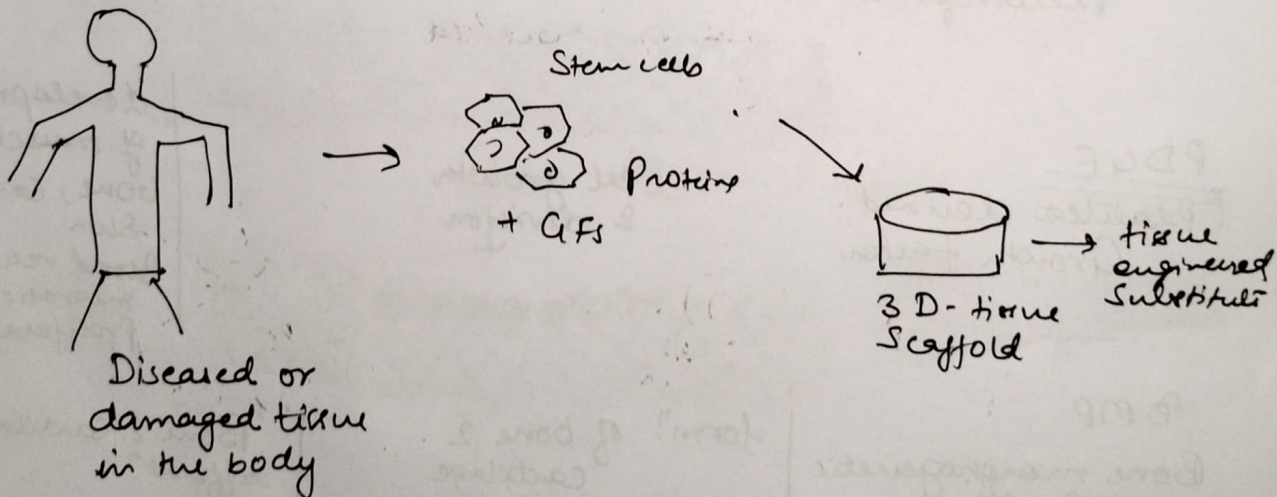
Erythropoietin
RBC.

Nerve Growth
factor (NGF)

Fabrication Technology

3-D Printing

Applications of Stem Cell Engineering



Alloderm

Apligraf

Cartilage

Surgisite

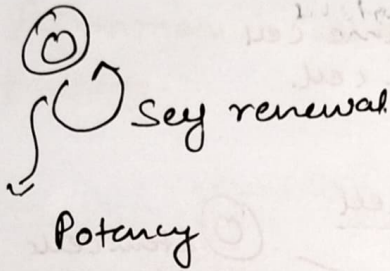
Acellular dermal matrix

Living Keratinocytes & fibroblast cells
(diabetic foot ulcer & ulcer)

Chondrocyte for cartilage.

Xenogenic graft for dermal wound

Signal Transduction Pathway

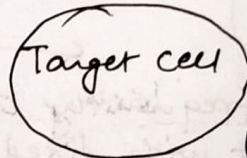


Ligand

- Extracellular molecule
- Soluble mol.
- attached to another cell
- Environmental trigger

TCR - CD3 complex
BCR - $\alpha\beta$

Part of Receptor is retained



Internalised

Receptor

Extracellular

Tm

Intracellular

- Signal \rightarrow Endocrine
- long distt
 - low
 - sp. target cell
 - blood

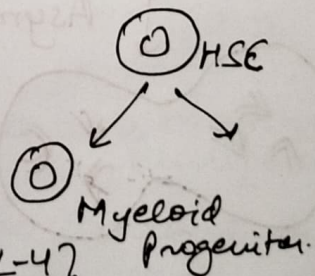
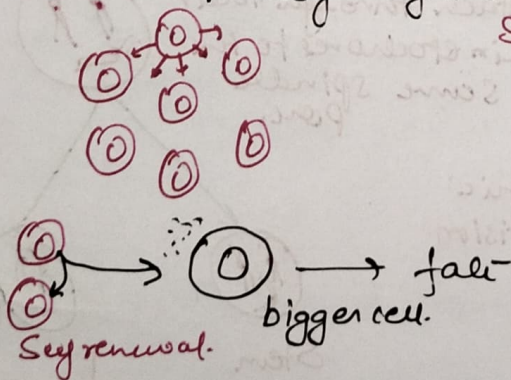
mediati
sp. functions.

GPCRs

G protein coupled receptor

Paracrine - close vicinity
- nearby target cell

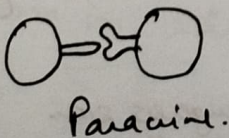
Signal does not travel far
Inhibitors/proteins.



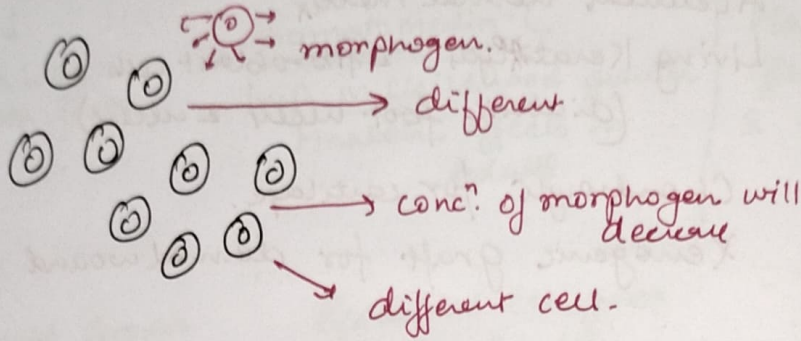
Paracrine Signalling assume

{IL-4}
{IL-7}

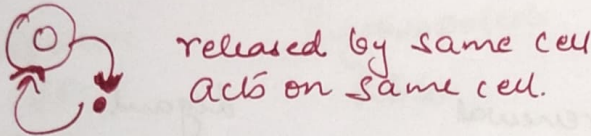
Monocyte



Cell is residing



Autocrine

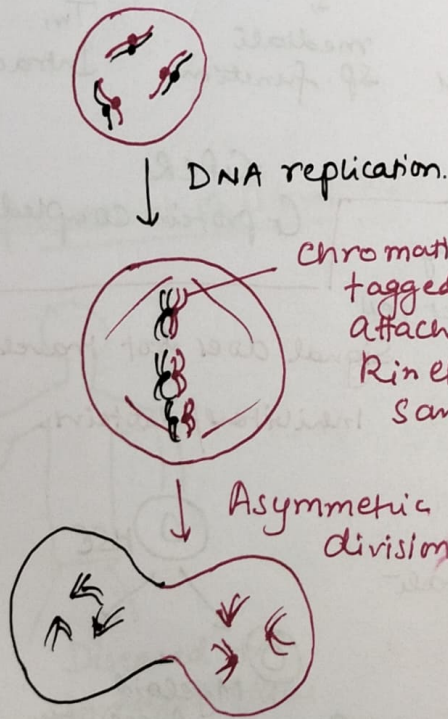


Transit Amplifying Cell

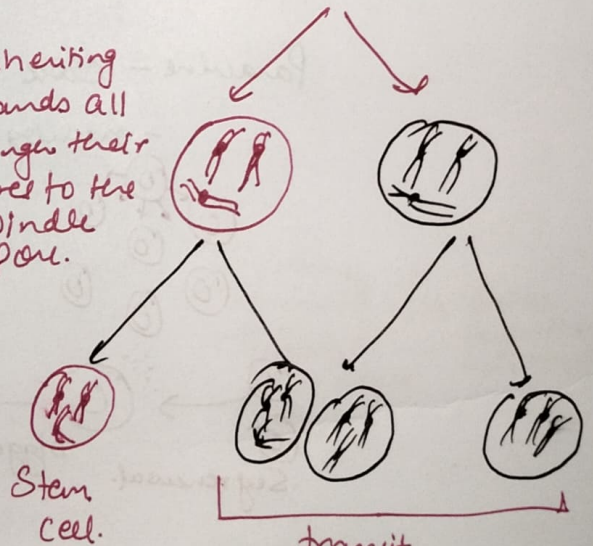
○ frequently divide.
but with fixed lifespan.

○ Stem cells divide upon signal

○ Stem cells proliferation very fast.



Stem cell
Immortal tagged DNA strand



* label retaining cells.

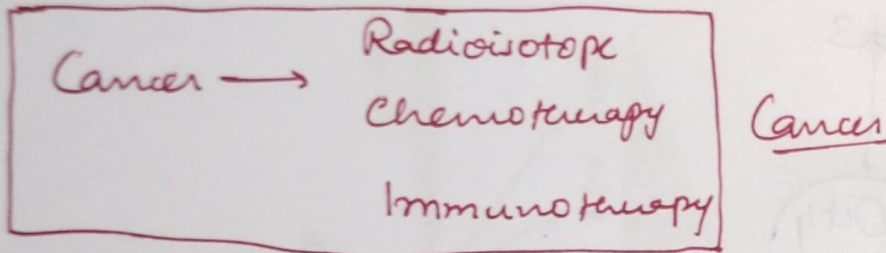
* segregating their DNA strands asymmetrically

* Original label strand → daughter stem cells.

→ freshly synthesized strand → Potency

* Old Labeled Strand → retained in stem cell generations after generation.

↓
* 'Immortal Strand'



- * Stem cells maintain/retain labeled DNA indefinitely
- * Asymmetric cell division is fundamental stem cell property.

Stem Cell Signaling

→ self renewal and differentiation potential

→ Yamanaka factors - Sox-2, Oct 4, Klf-4, & c-Myc.

i) Octamer binding transcription factor-4 (Oct 4)

ii) Sex determining region 4 box-2

iii) Kruppel-like factor-4. (Klf-4)

iv) c-mycelotomosis (c-Myc)

plays key role in maintenance of pluripotency.

