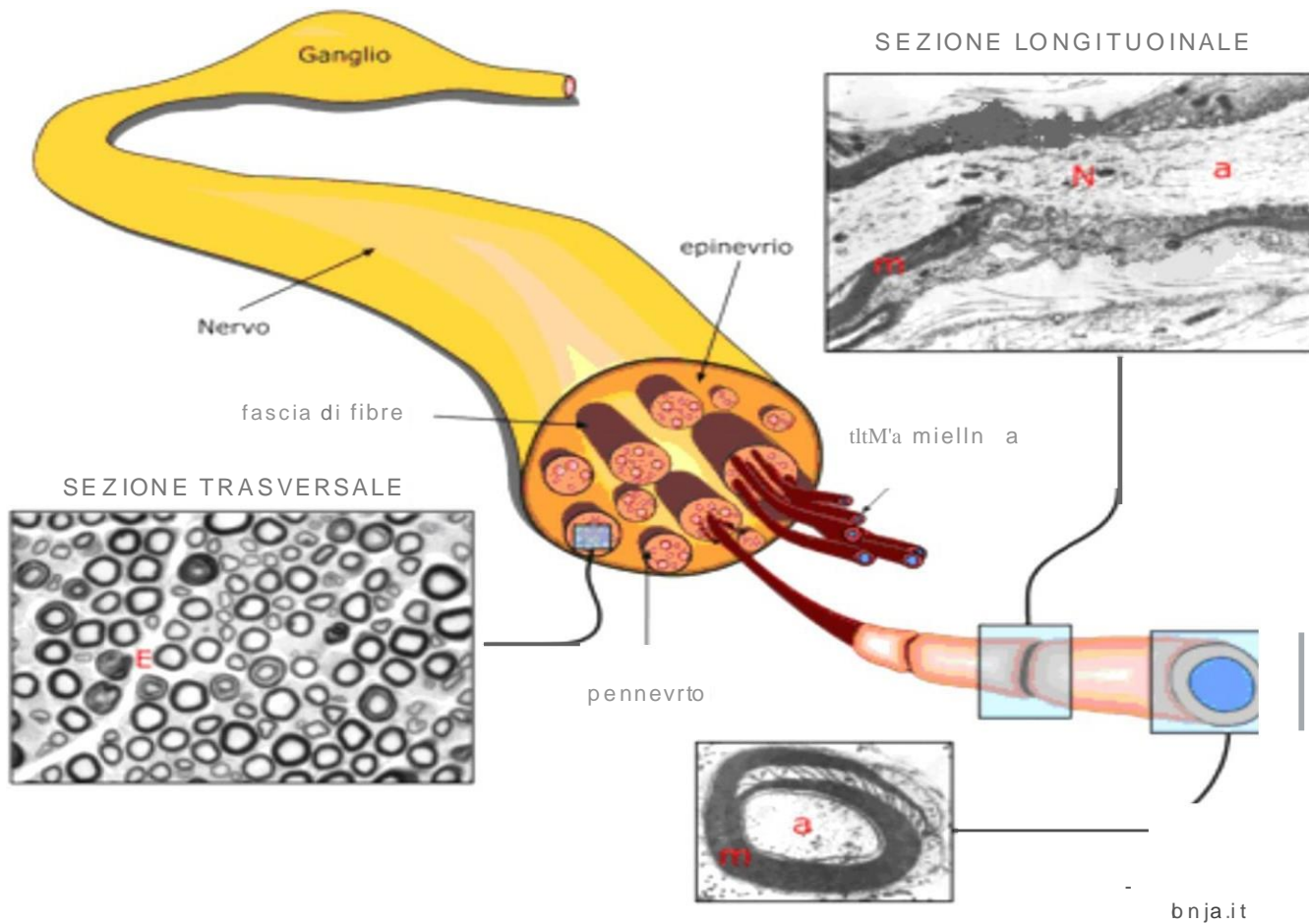
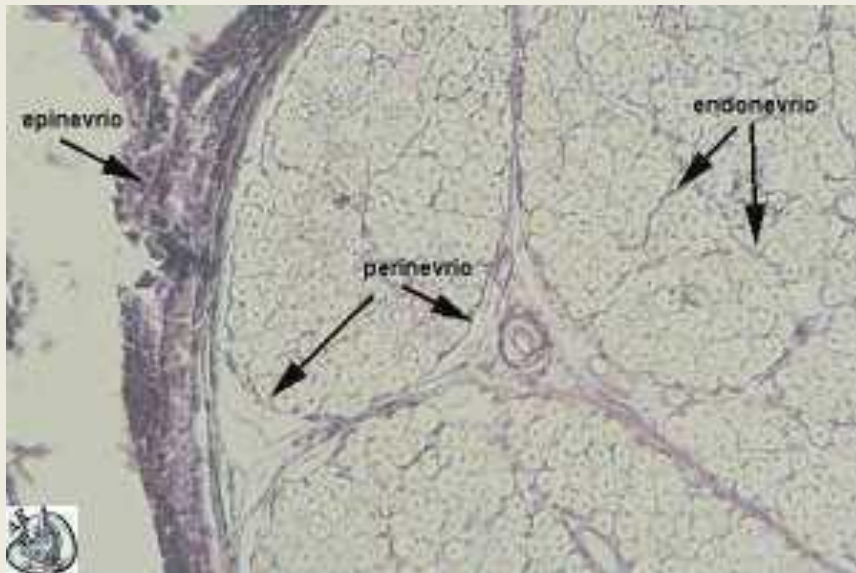
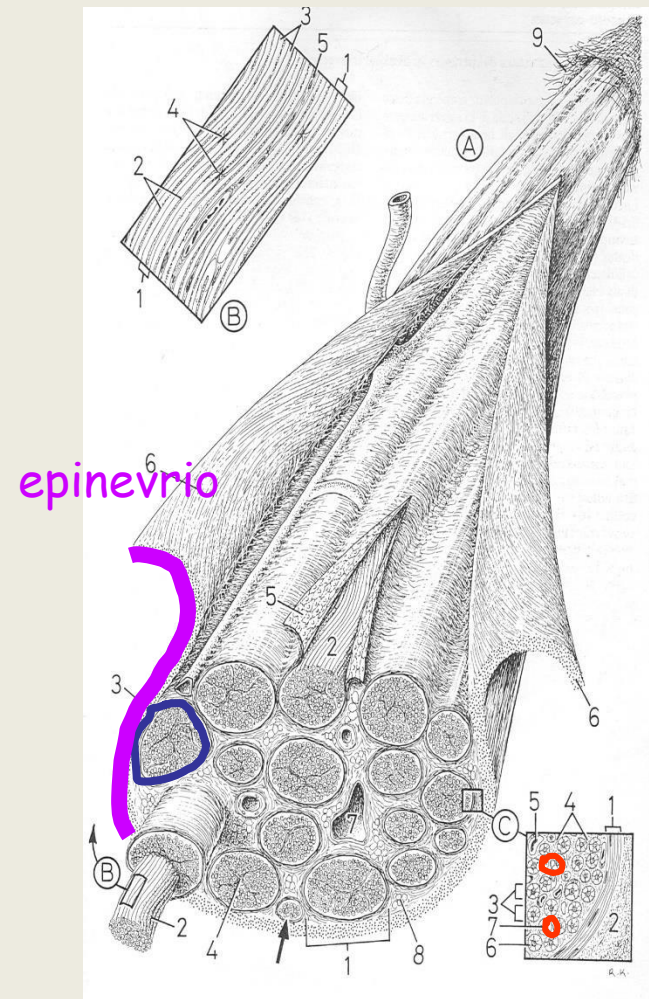
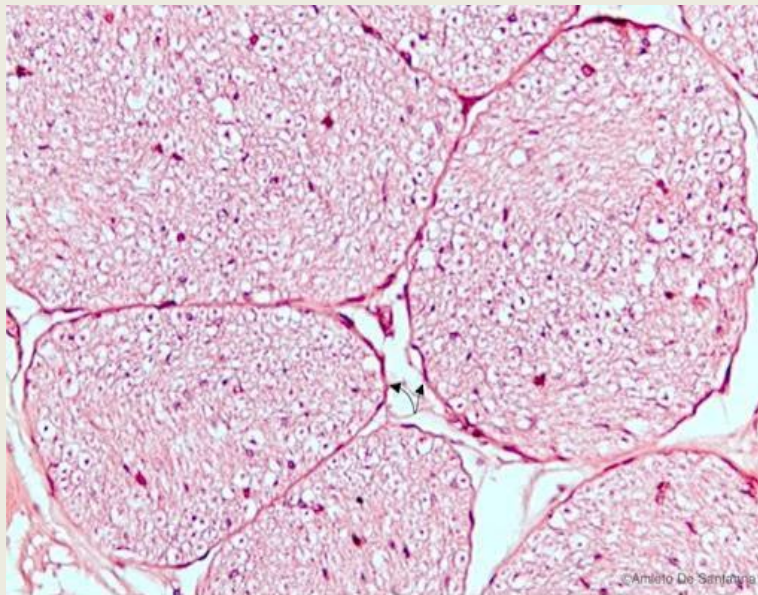


Rigenerazione Nervosa Periferica

Organizzazione di un nervo periferico





Epinevrio: connettivo di sostegno che racchiude l'intero fascicolo

Perinevrio: costituito da cellule perineurali che racchiudono un singolo fascicolo

Endonevrio: collagene, fibroblasti, macrofagi, interno al fascicolo e circonda le singole fibre

Neuropatie periferiche

- Neuropatie Ereditarie → causate da alterazioni genetiche.
- Neuropatie Acquisite → causate da malattie acquisite nel corso della vita (diabete, abuso di alcool,.....).

Le neuropatie periferiche possono essere classificate in diversi modi:

- Piano clinico → **motorie, sensitive e autonome.**
- Distribuzione → **mononeuropatie, mononeuropatie multifocali, polineuropatie.**

Lesioni periferiche

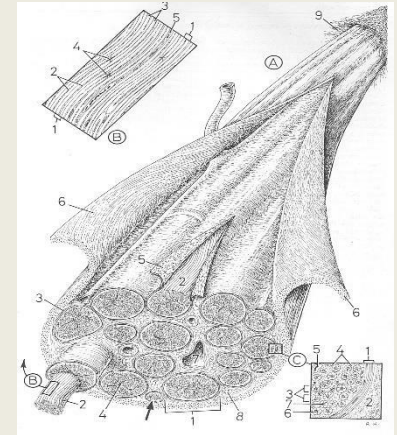
Tipi di danno:

1. Patologie non traumatiche (da intrappolamento)
2. Patologie traumatiche (taglio, strappo, stiramento)
3. Patologie tumorali (da compressione; es. neurofibromatosi)



Compromissione della funzione sensoriale o motoria

Classificazione delle lesioni



- Neuroprassia (blocco della conduzione nervosa senza perdere continuità assonale)
- Assonotmesi (perdita della continuità assonale senza compromissione delle cellule adiacenti)
- Assonotmesi con perdita dell'endonevrio
- Assonotmesi con perdita di endonevrio e perinevrio (lesione del fascicolo)
- Neurotmesi (completa resezione del nervo)

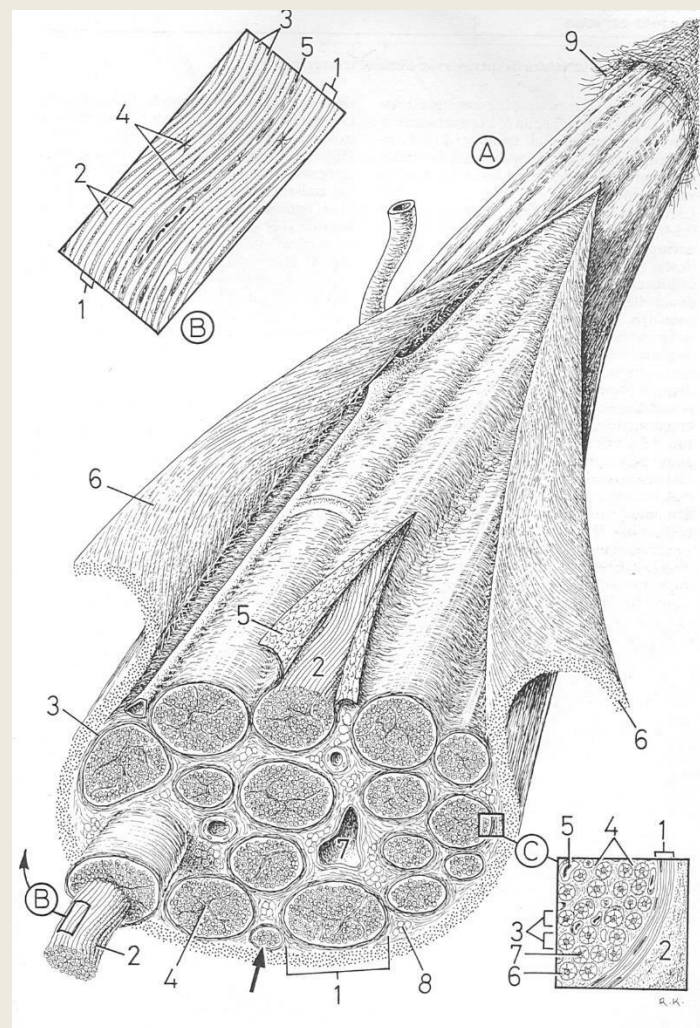
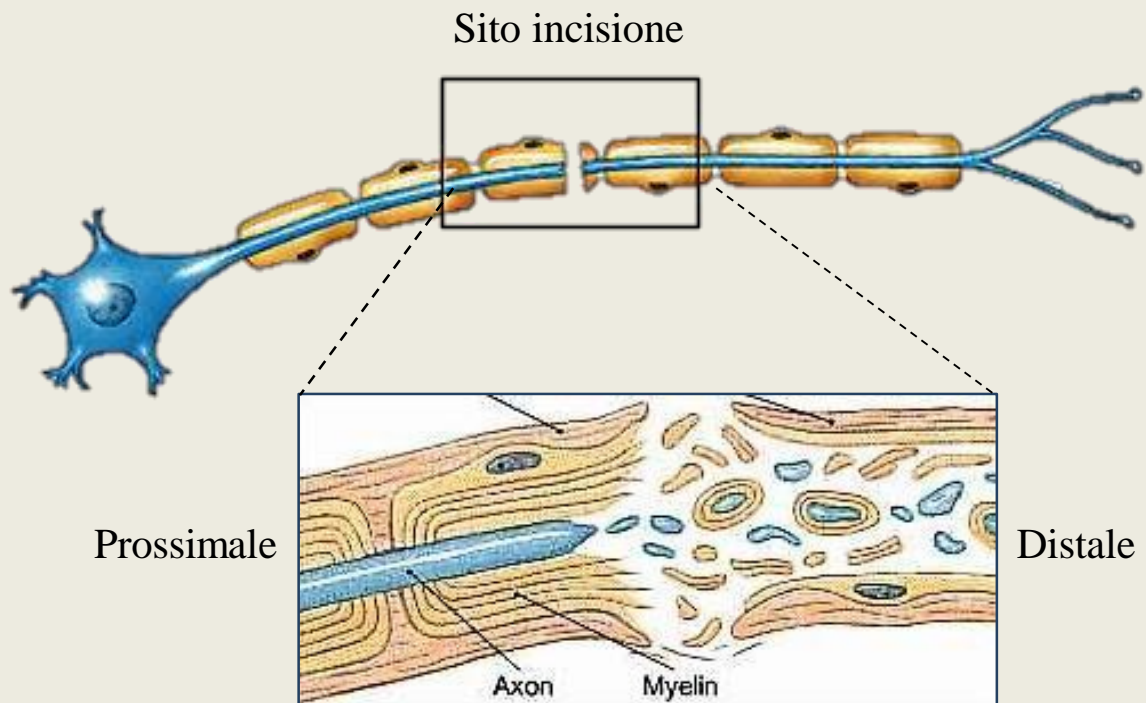
Assonotmesi

Ulteriormente suddivisa:

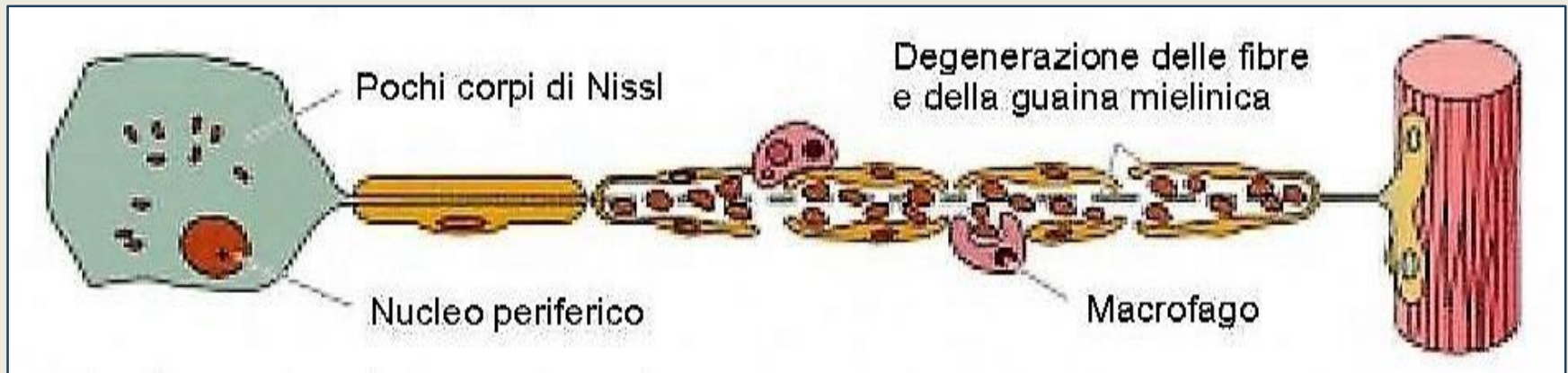
3° grado → Lesione endonevrio

4° grado → Lesione endonevrio e perinevrio

5° grado → Lesione totale (Neurotmesi)



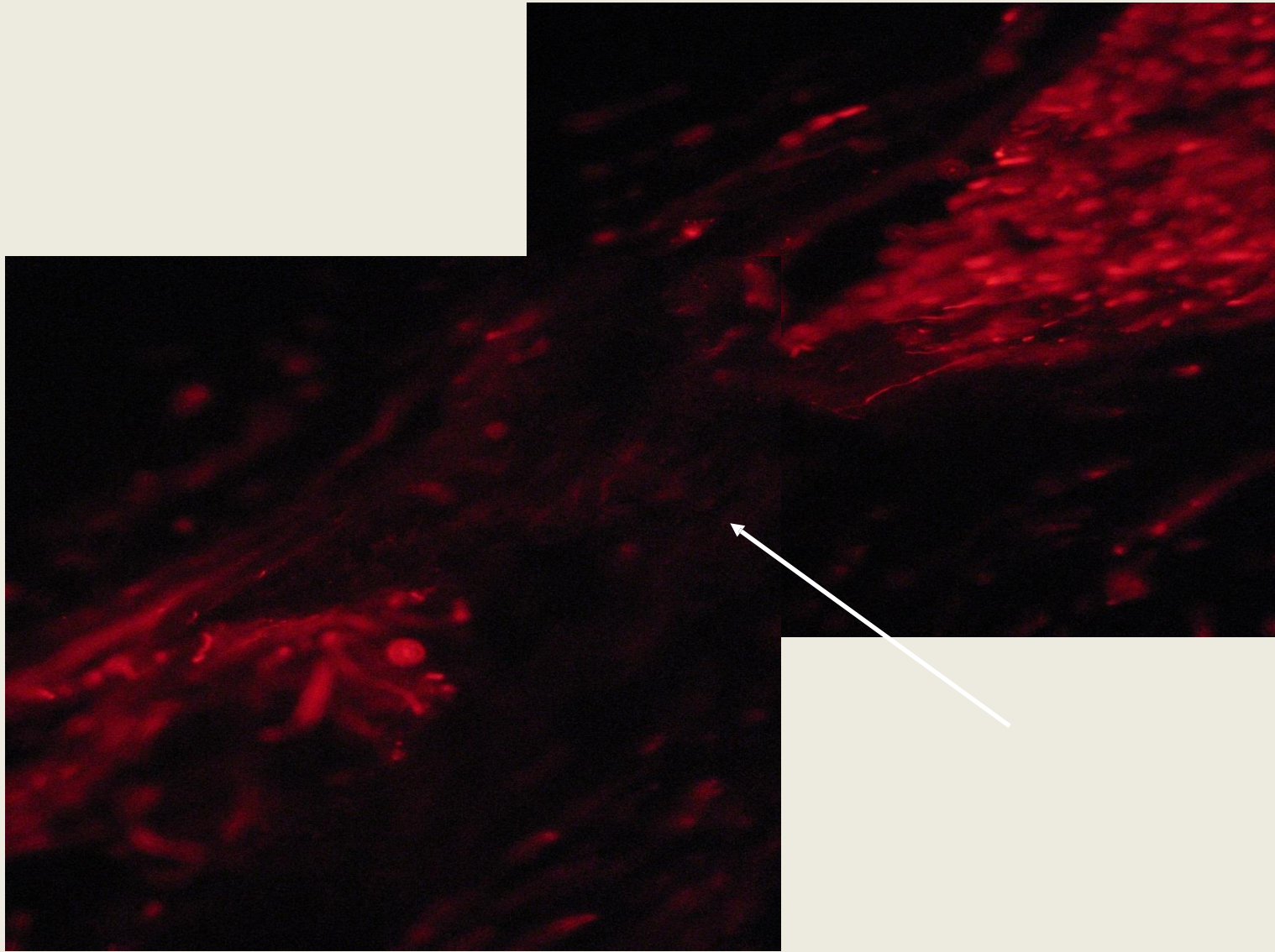
Degenerazione della fibra danneggiata



- Il moncone prossimale al corpo cellulare sopravvive
- Il moncone distale inizia a degenerare

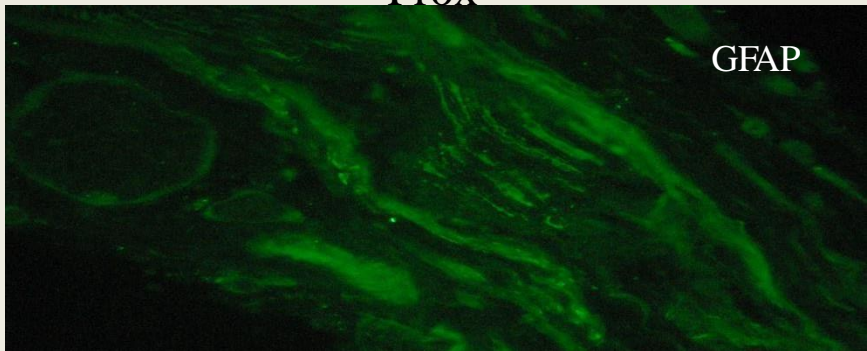
Degenerazione Walleriana

- Collasso e scomparsa degli assoni
- Degradazione della mielina
- Reclutamento dei macrofagi
- Ripresa della proliferazione delle cellule di Schwann
- Fibroblasti invadono la lesione (tessuto cicatriziale)
- Produzione di collagene
- Alterazioni del neurone (cromatolisi)



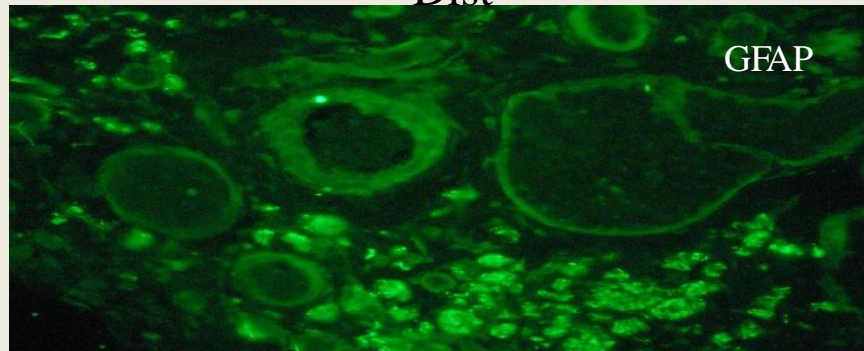
Prox

GFAP

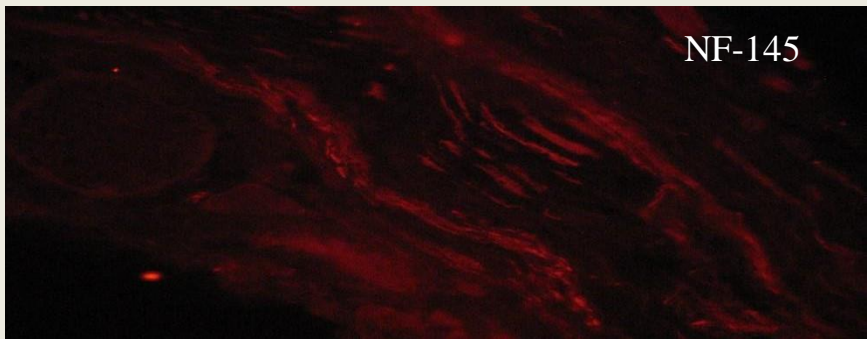


Dist

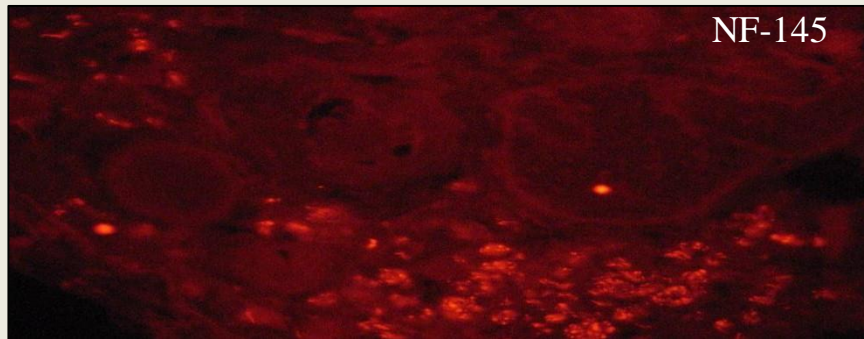
GFAP



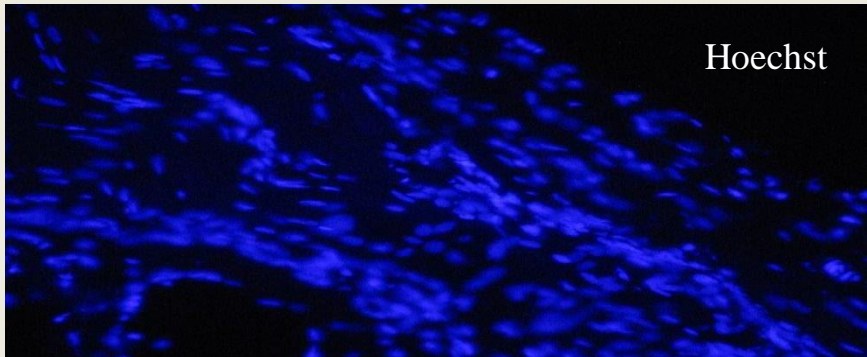
NF-145



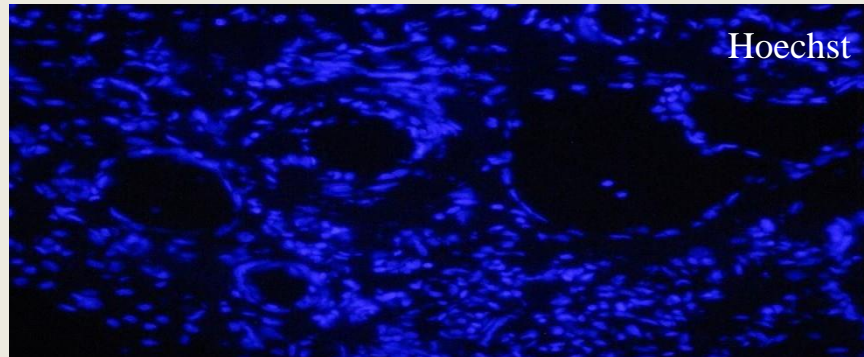
NF-145

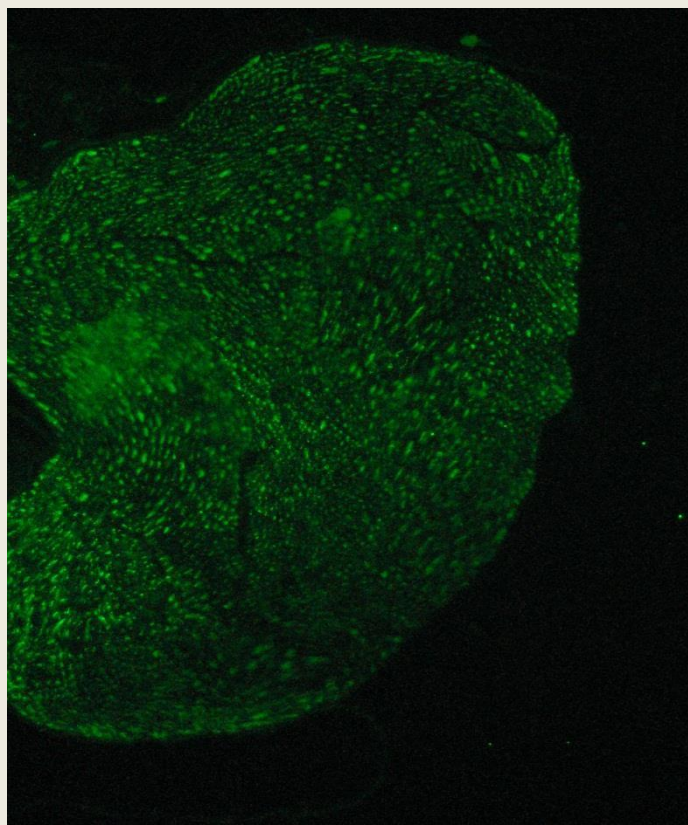


Hoechst

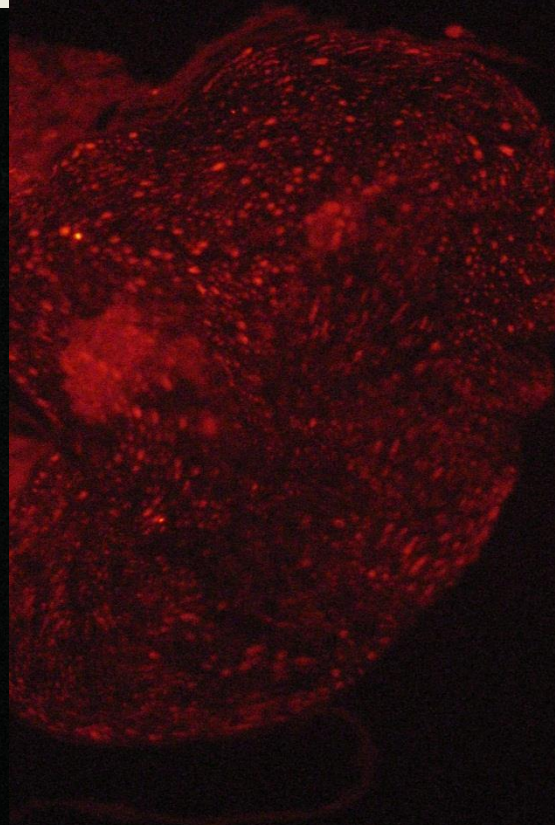


Hoechst

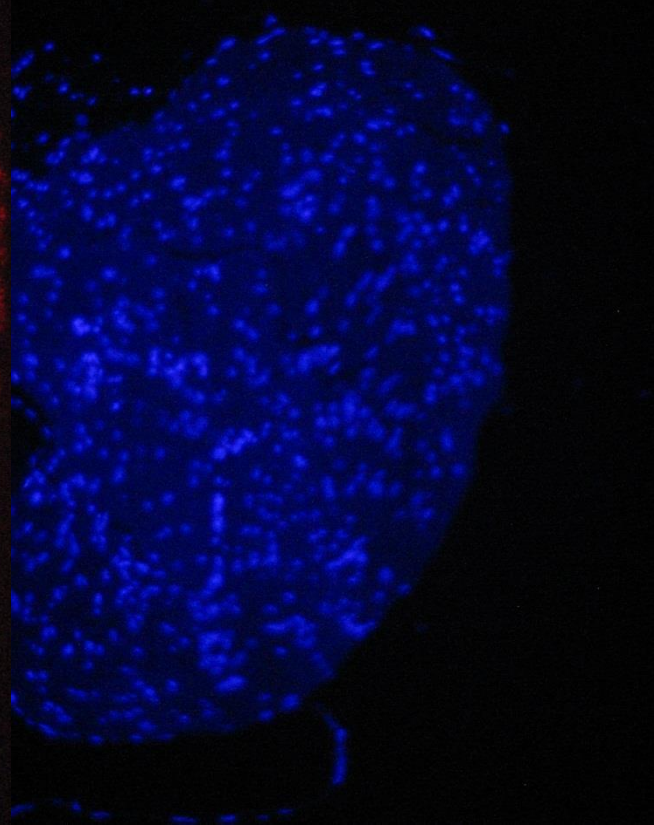




Anti- GFAP



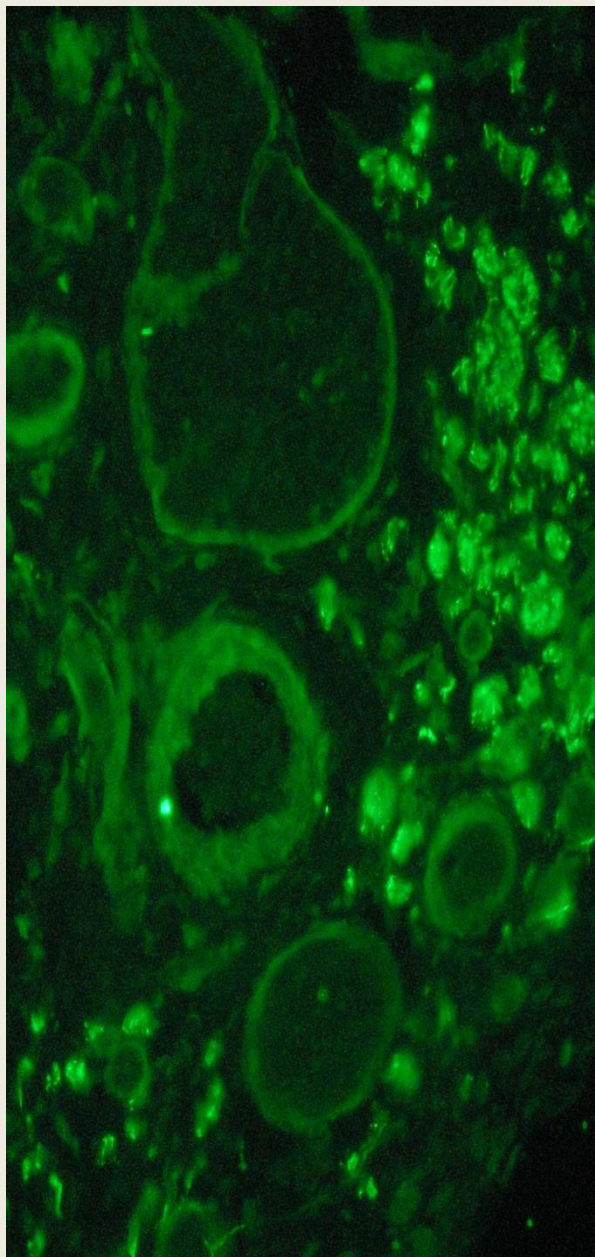
Anti-NF145



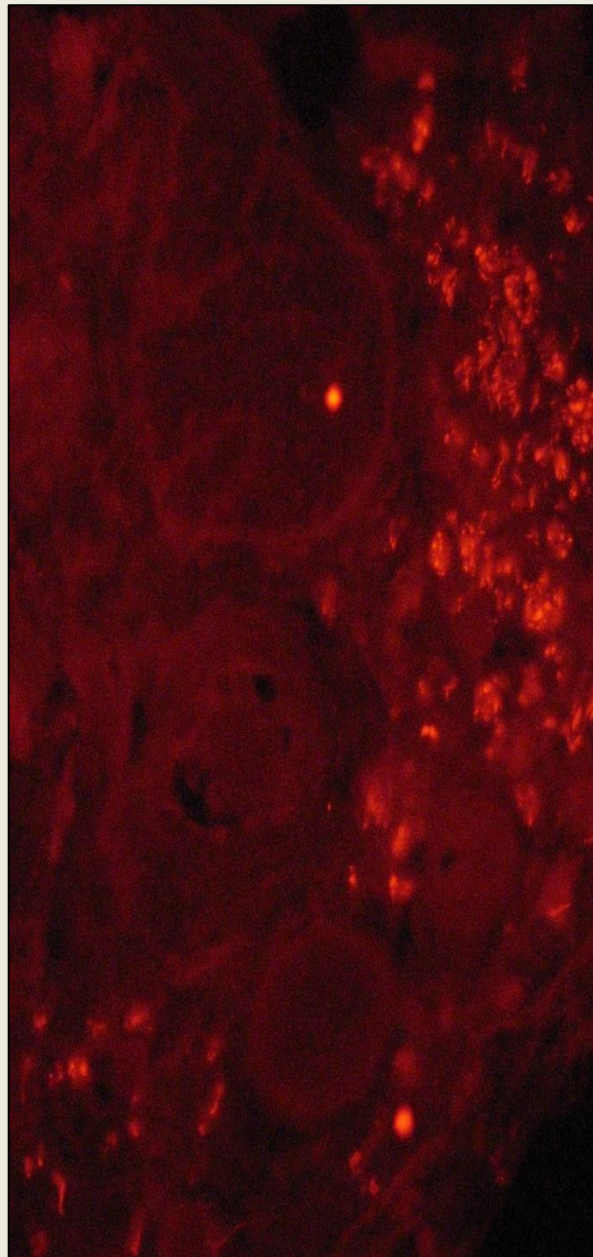
Dapi

ZONA PROSSIMALE

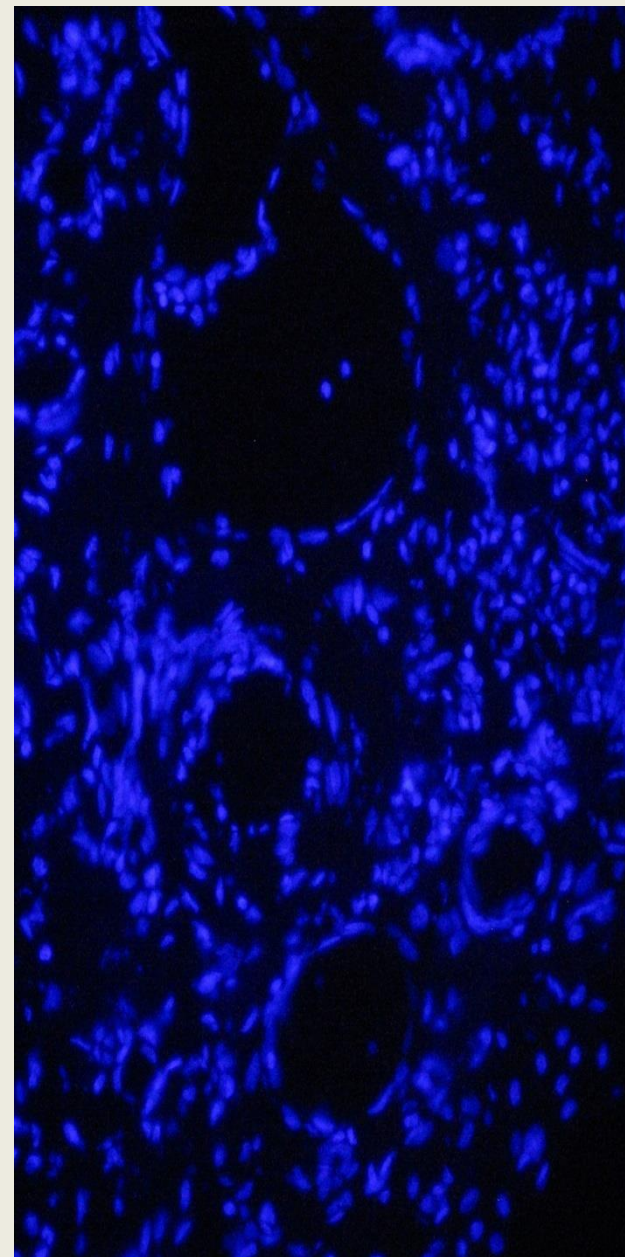
ZONA DISTALE



Anti -GFAP

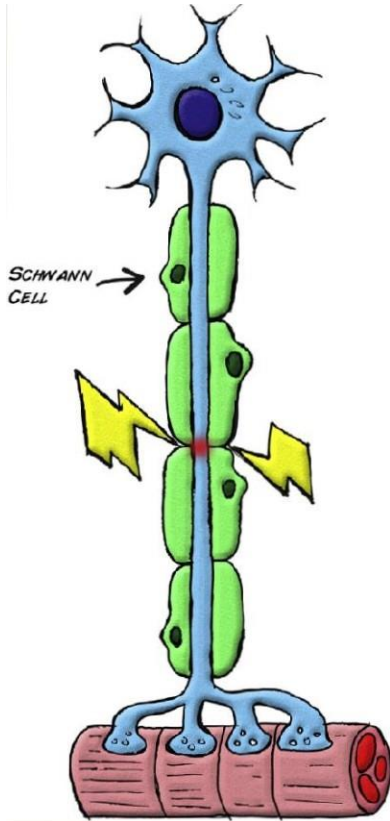


Anti-NF145

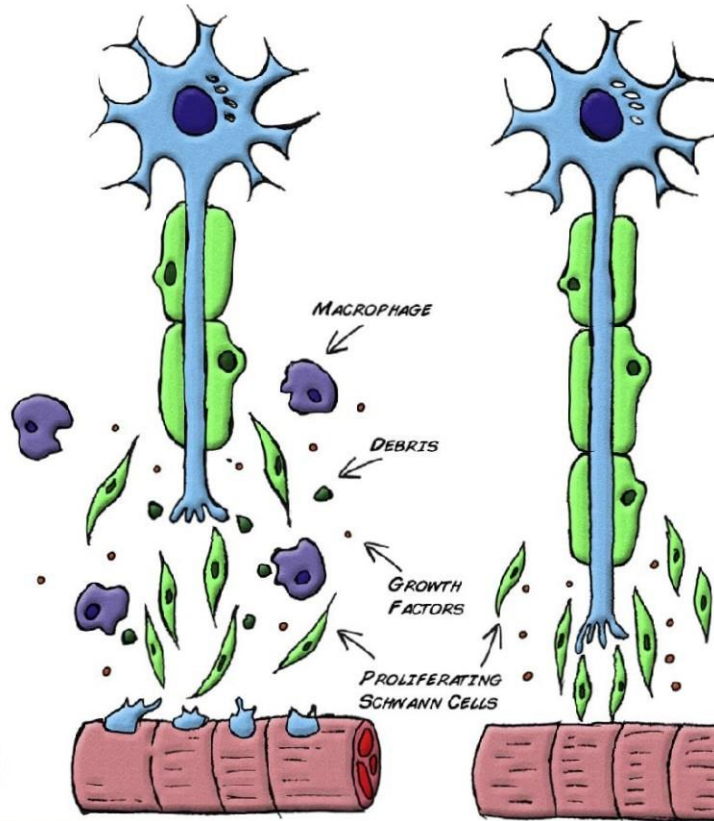


Dapi

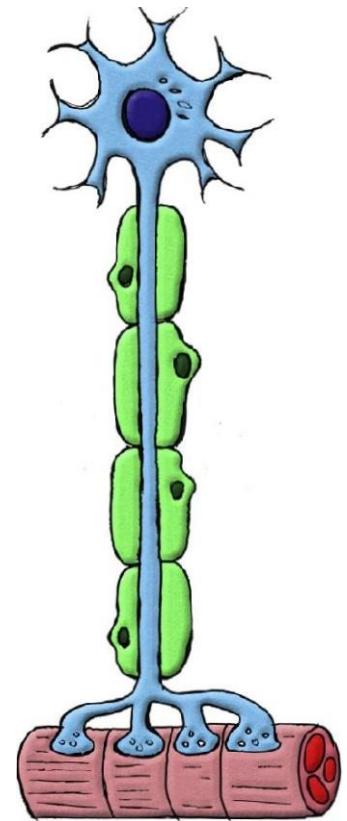
INJURY

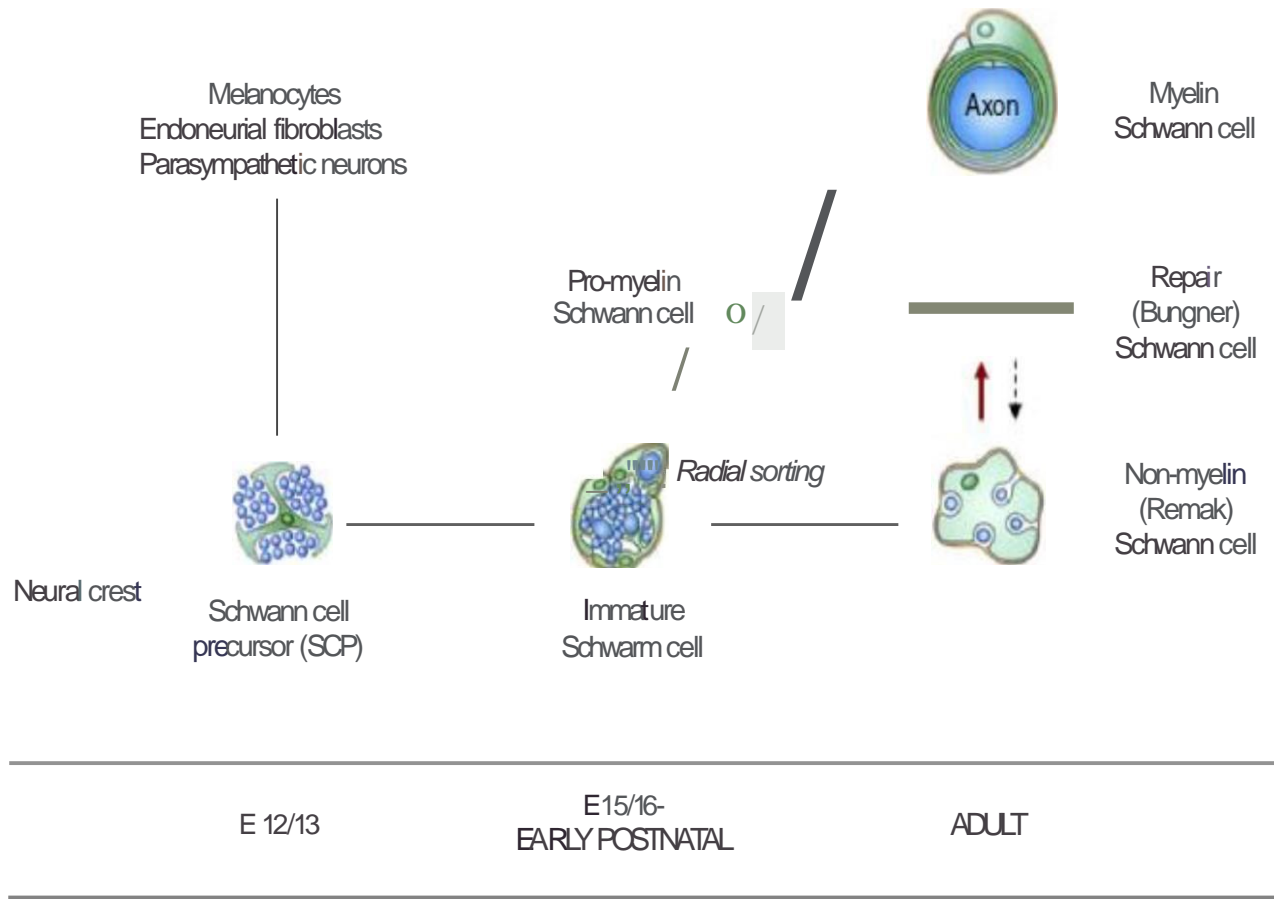


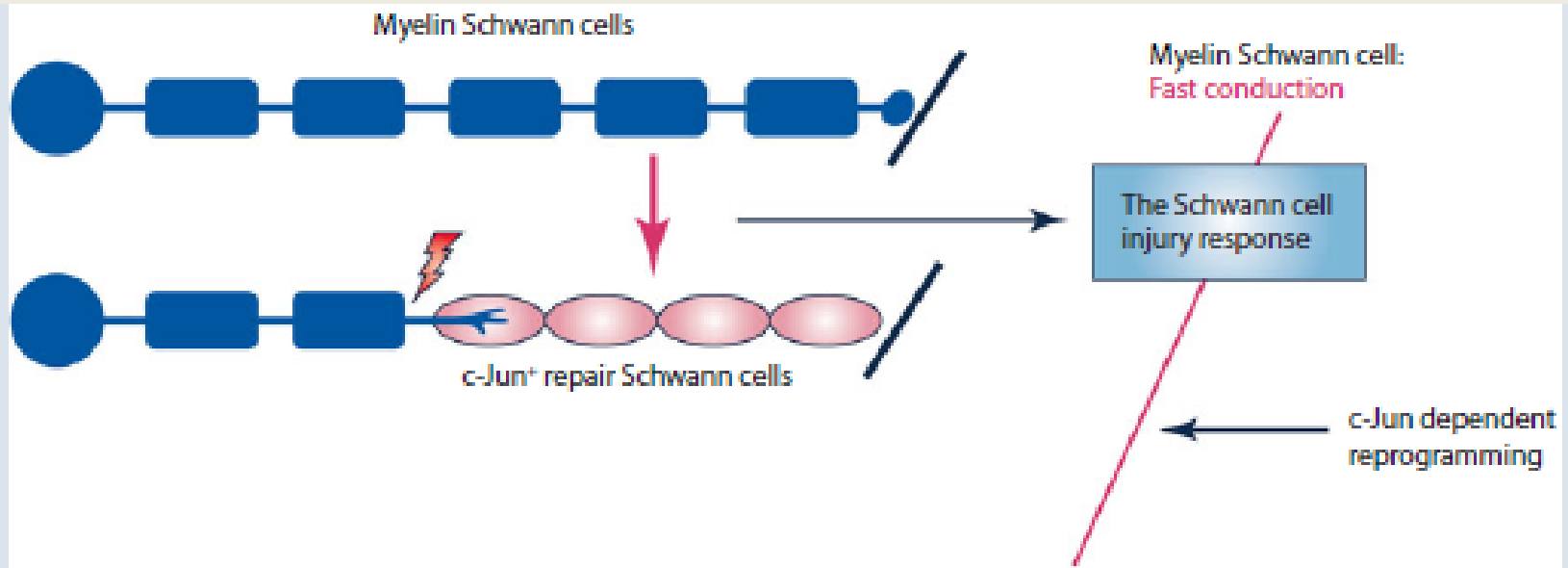
DEGENERATION



REGENERATION







**Suppression of myelin differentiation
(de-differentiation)**

Downregulation of myelin genes

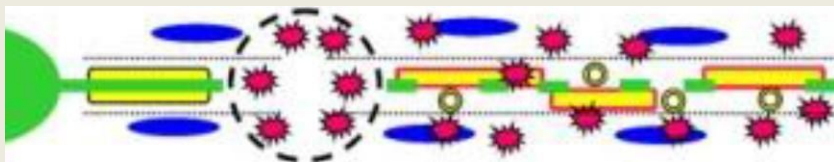
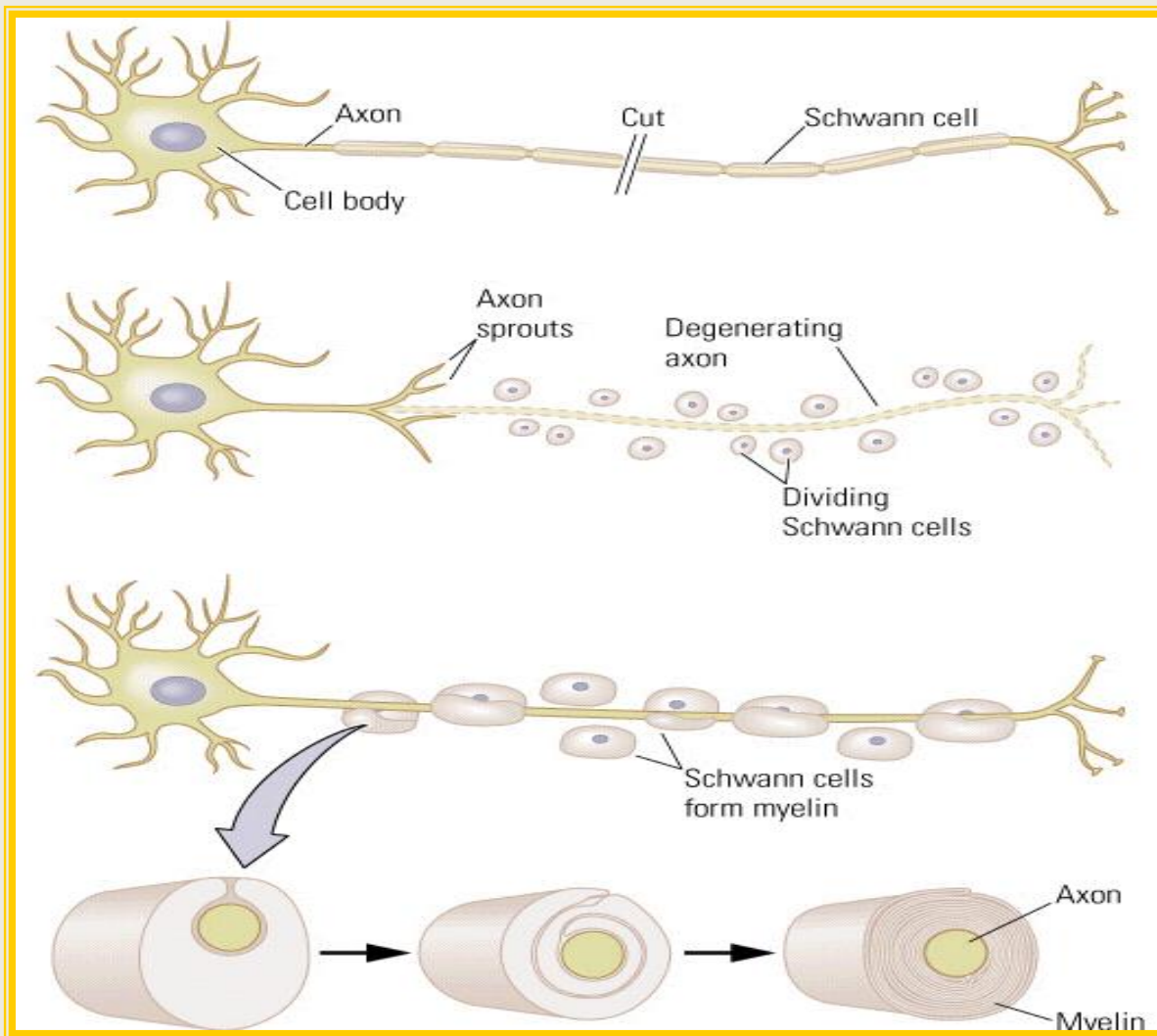
Upregulation of markers of immature Schwann cells

**Activation of repair phenotypes
(alternative differentiation)**

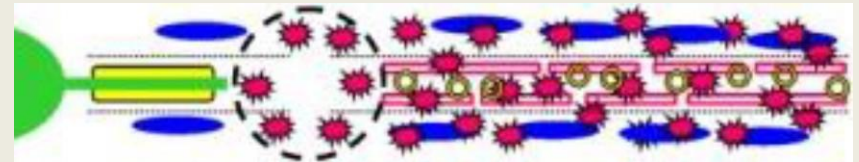
Activation of trophic factors and surface proteins providing support for injured neurons and substrate for growth cones

Formation of regeneration tracks (Bungner bands) for axon guidance

Activation of cytokines and autophagy for myelin breakdown directly, and by macrophages

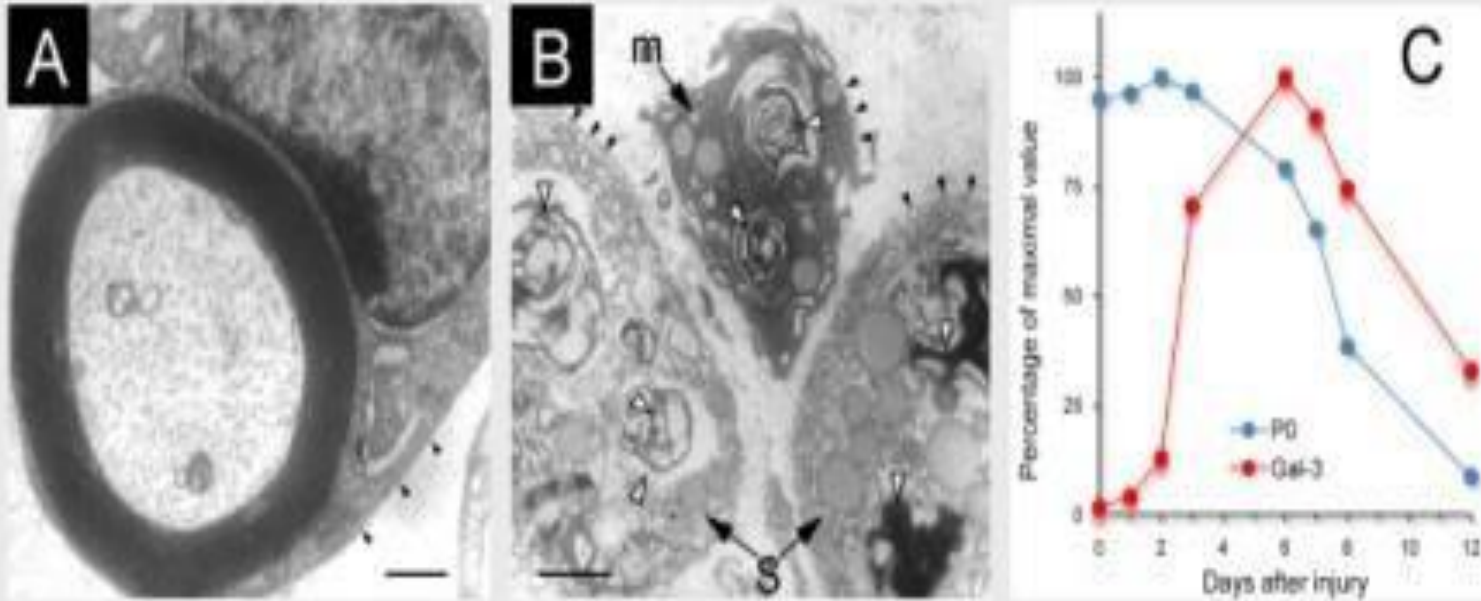


72h post danno



3-7 gg post danno

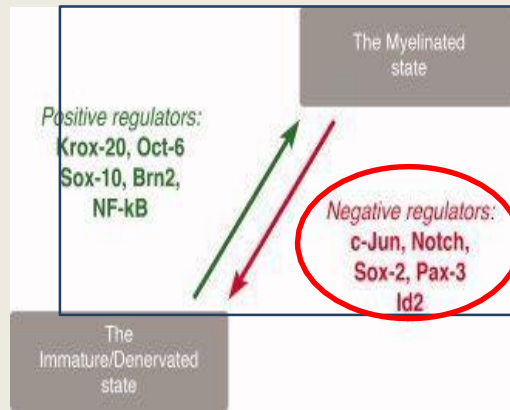
Degenerazione



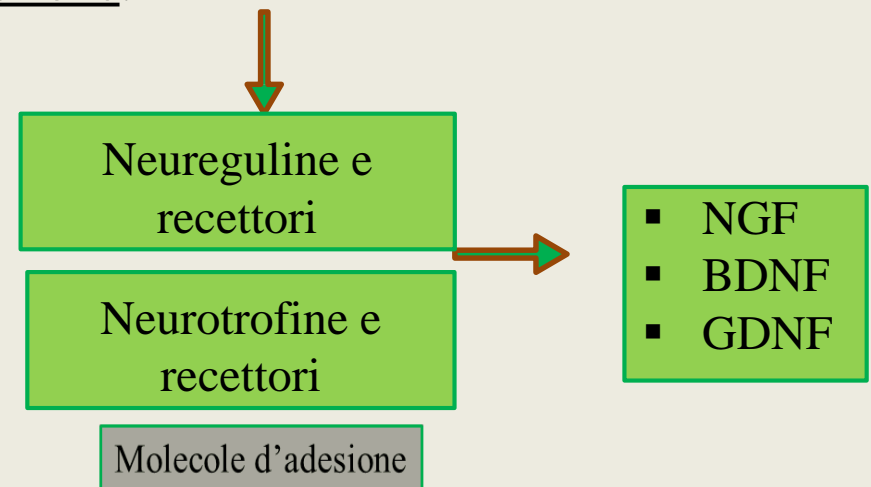
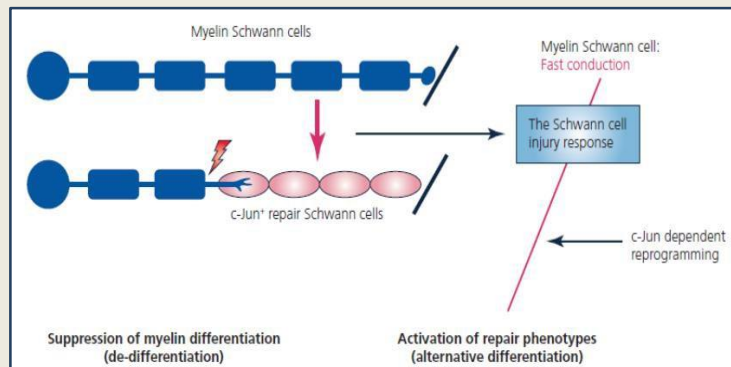
Molecole coinvolte nella rigenerazione

- Molecole di adesione (N-CAM, Ng-CAM, Caderine)
- Matrice extracellulare (proteoglicani, fibronectina, laminina)
- Fattori diffusibili (neurotrofine, FGF, TGF-beta)
- Molecole pro- e anti- infiammatorie

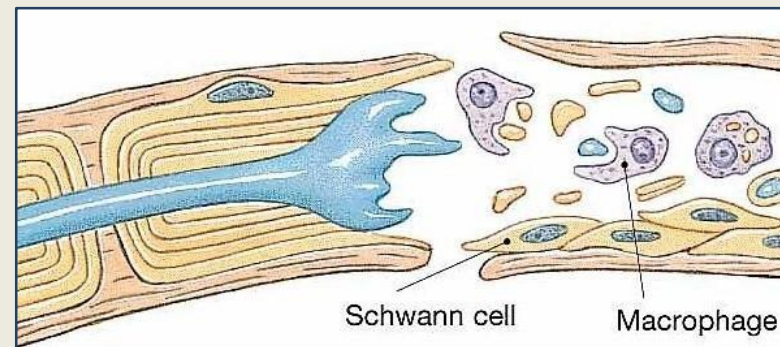
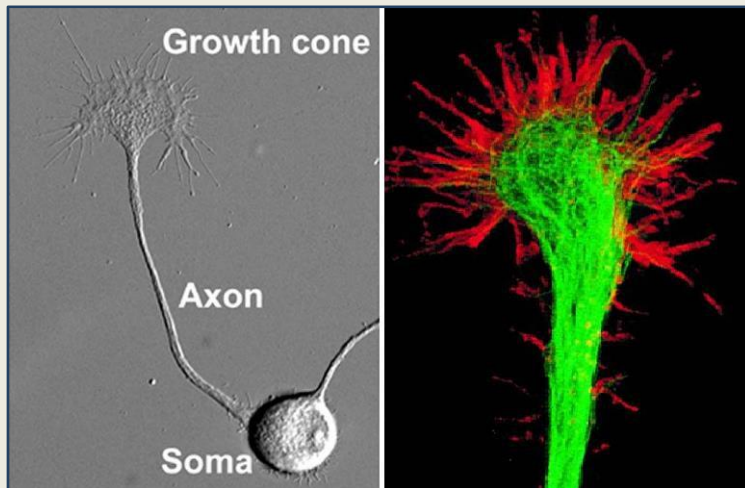
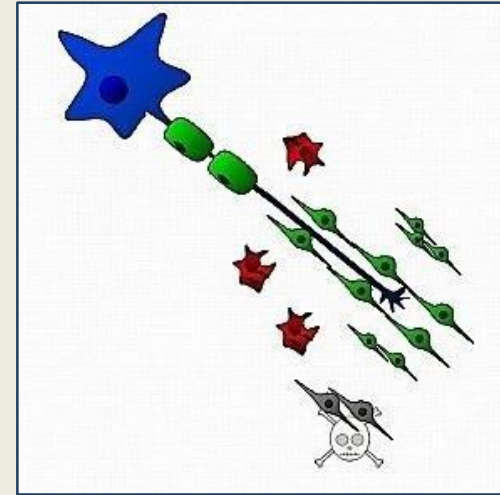
- Degenerazione dell'assoplasma e dell'assolemma.
- Disgregazione granulare del citoscheletro.
- Variazione nell'espressione genica delle cellule di Schwann:



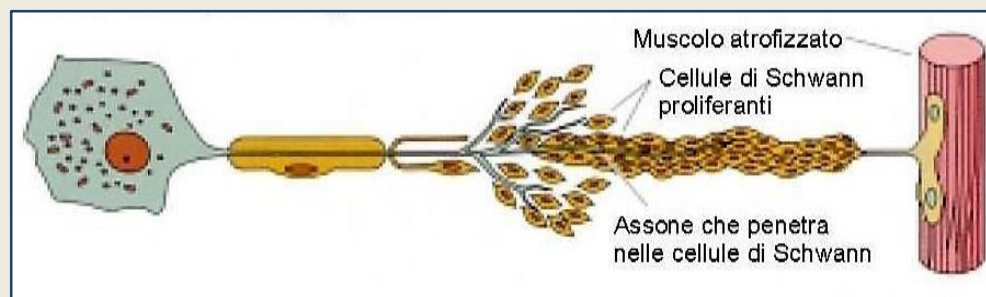
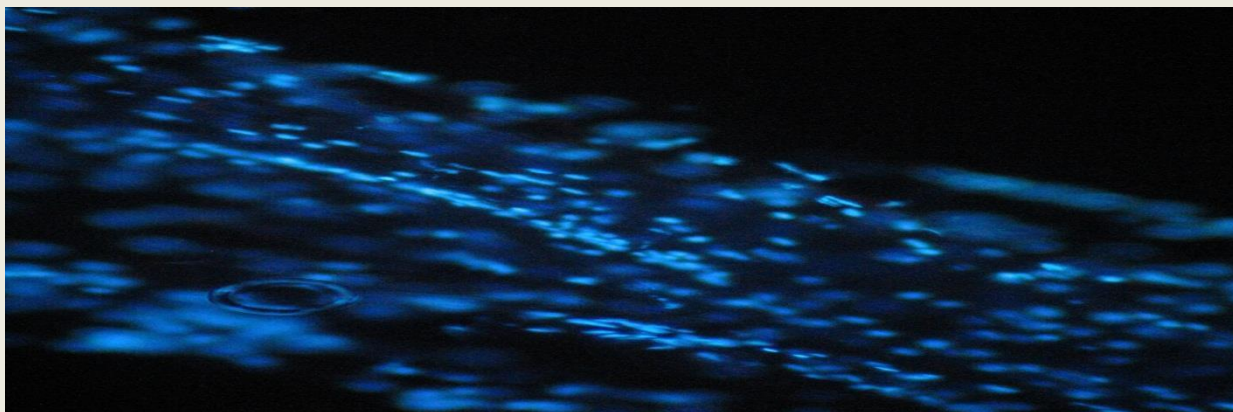
- *Down*-regolazione di geni delle proteine associate alla mielina, con attivazione di **regolatori negativi** della mielinizzazione.
- *Up*-regolazione di geni per citochine (risposta immunitaria).
- *Up*-regolazione di geni associati alla rigenerazione.



- Le bande di Büngner rappresentano una guida fisica e chemiotattica per la ricrescita assonale.
- Produzione di abbondante materiale per rimpiazzare le parti lesionate.
- Dal moncone prossimale dell'assone emergono delle "gemme assonali" che si allungano distalmente.
- L'estremità in crescita di un assone rigenerante si comporta come il cono di crescita di un assone in fase di sviluppo.



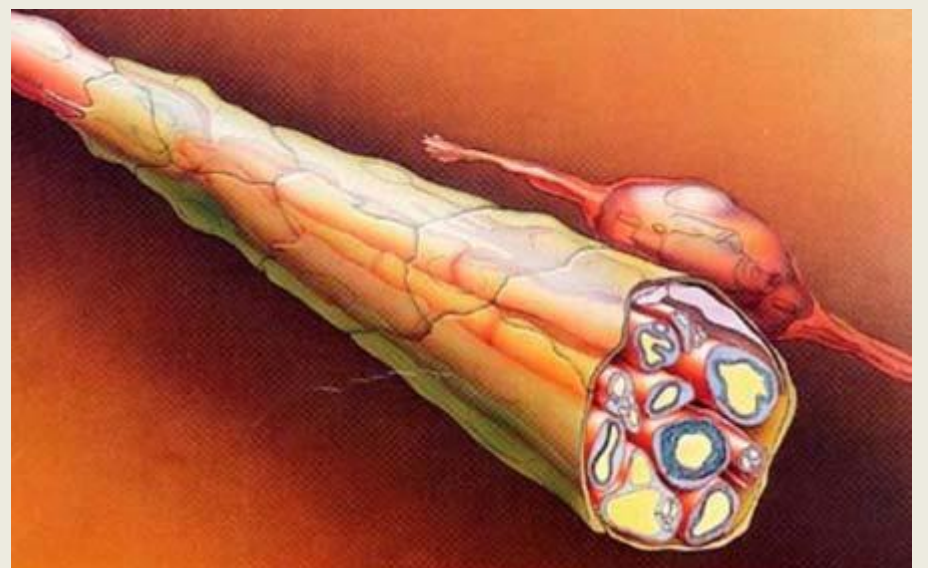
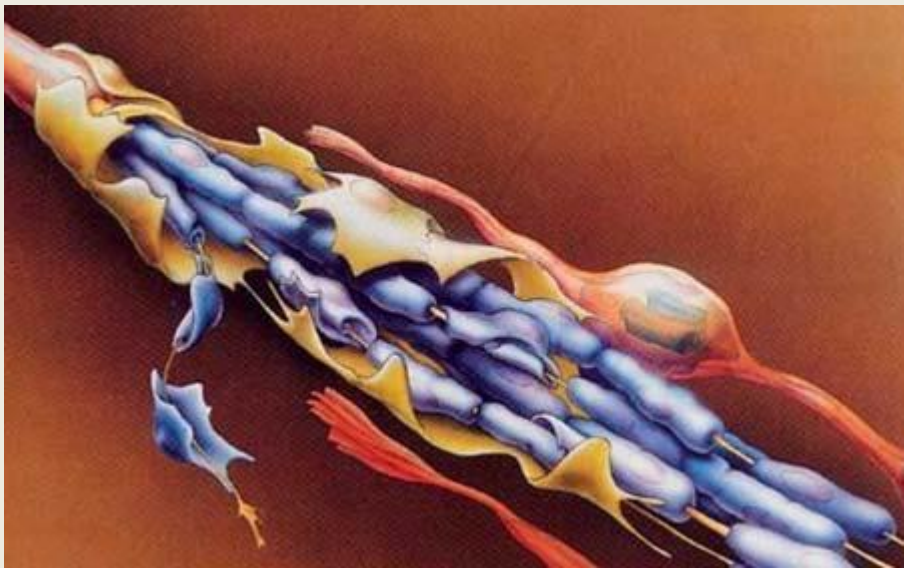
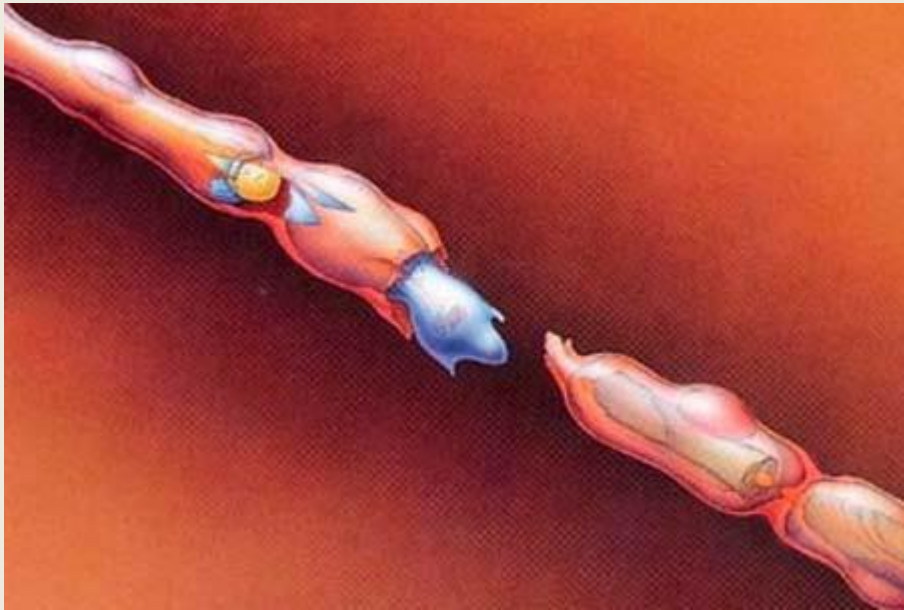
Bande di Bungner



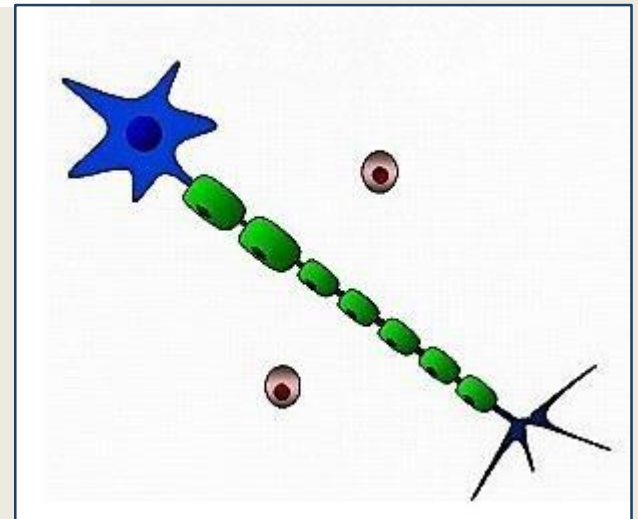
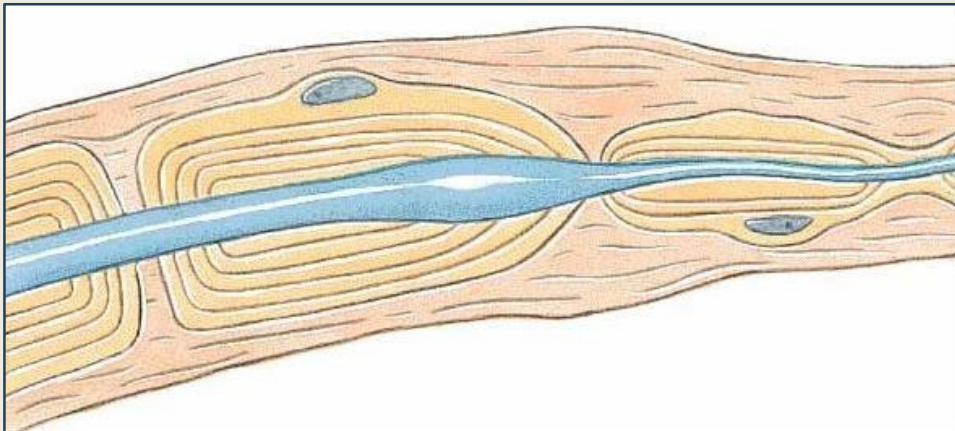
Bande di Bungner: allineamento delle cellule di Schwann.
Consentono la ricrescita assonale e fanno da guida al germoglio assonale
Rimodellamento della matrice extracellulare

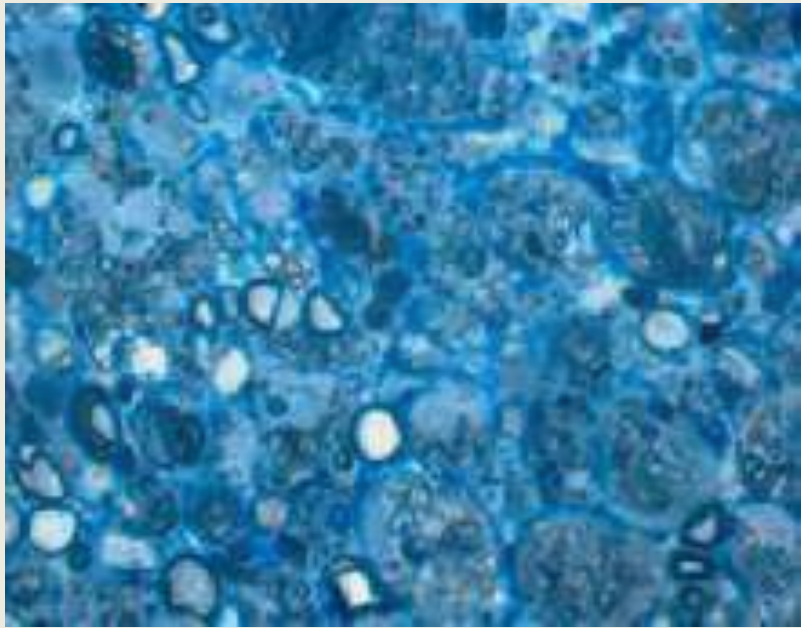
Rigenerazione spontanea

- Formazione di germogli
- Crescita fino al raggiungimento della lesione (zona interstump)
- Superamento della lesione
- Crescita all'interno delle bande di Büngner
- Formazione di minifascicoli (compartimentazione)
- Fibra rigenerante ha internodi più brevi, mielina sottile e un piccolo diametro assonale
- Dolore neuropatico

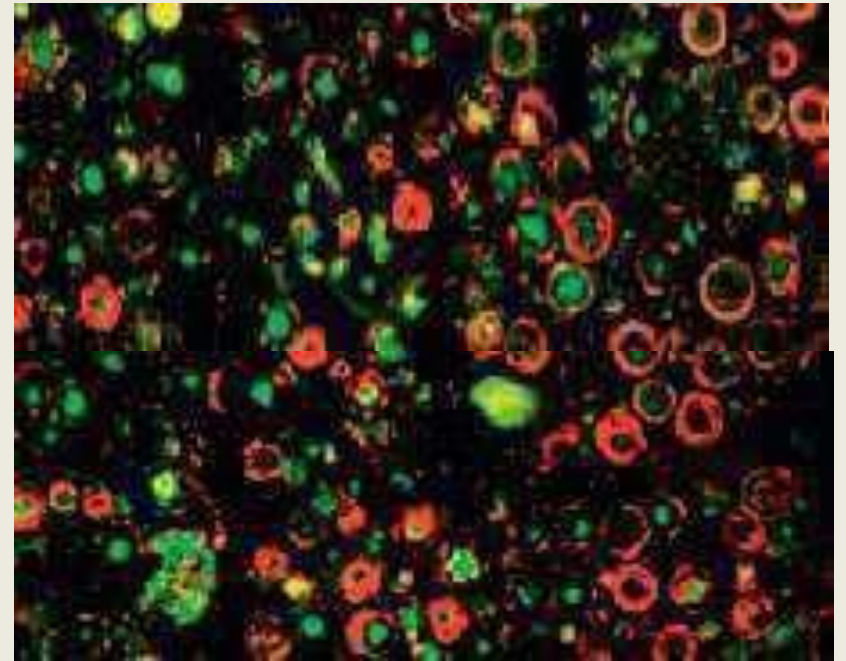


- I prolungamenti si allungano verso il bersaglio periferico crescendo di circa 3-4 mm al giorno.
- Il recupero funzionale può avvenire anche dopo mesi.
- Il diametro delle fibre rigenerate è significativamente inferiore rispetto al normale.
- La mielina presenta nodi di Ranvier più ravvicinati.
- Si possono verificare errori nelle riconessioni e il recupero funzionale è estremamente variabile.

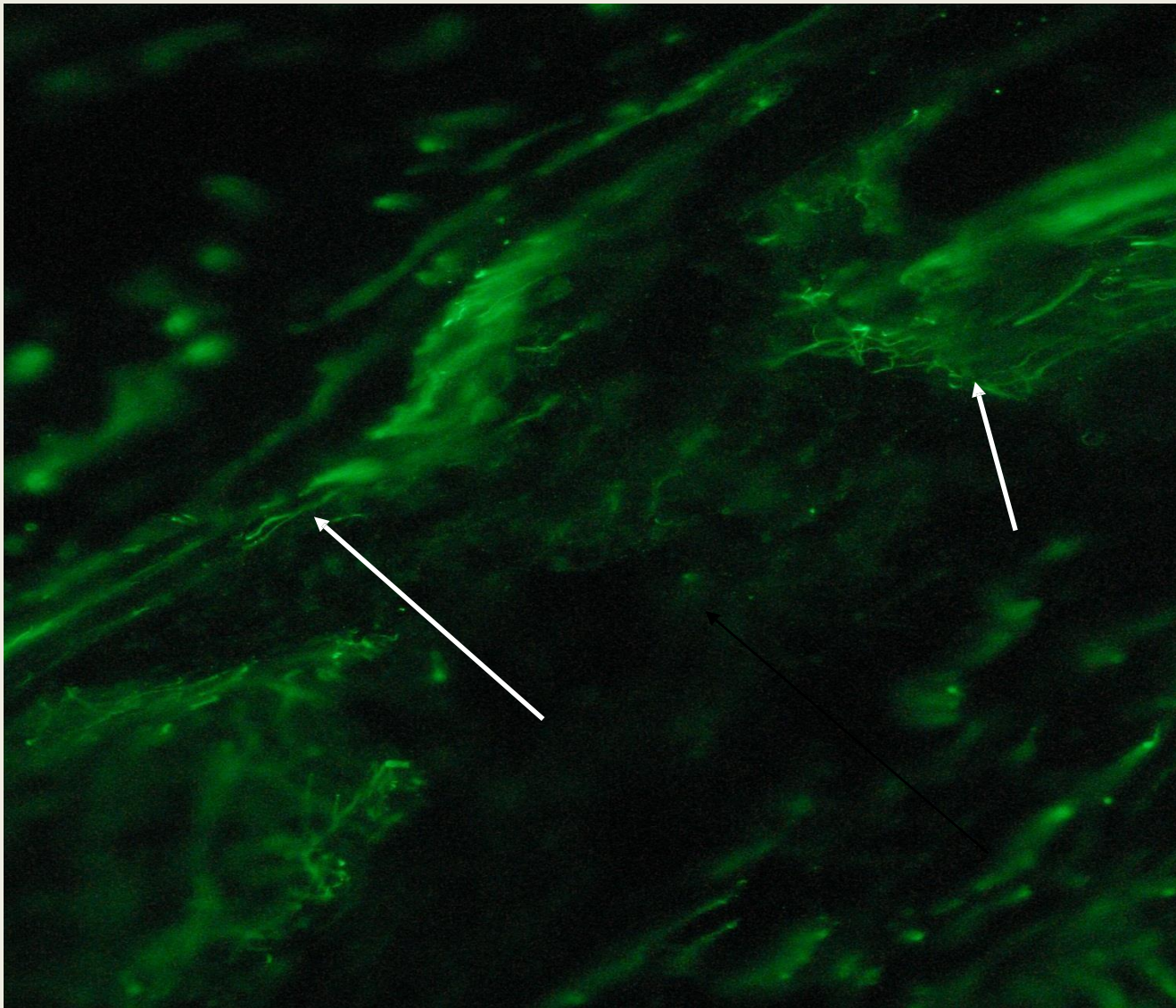




Degenerazione Walleriana

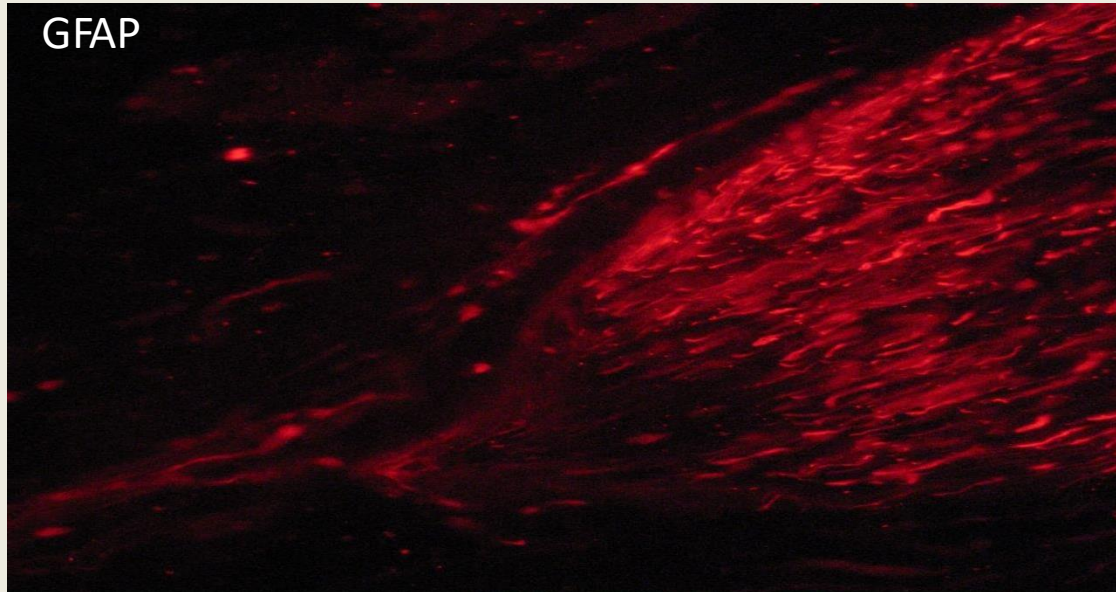


Assoni rigeneranti

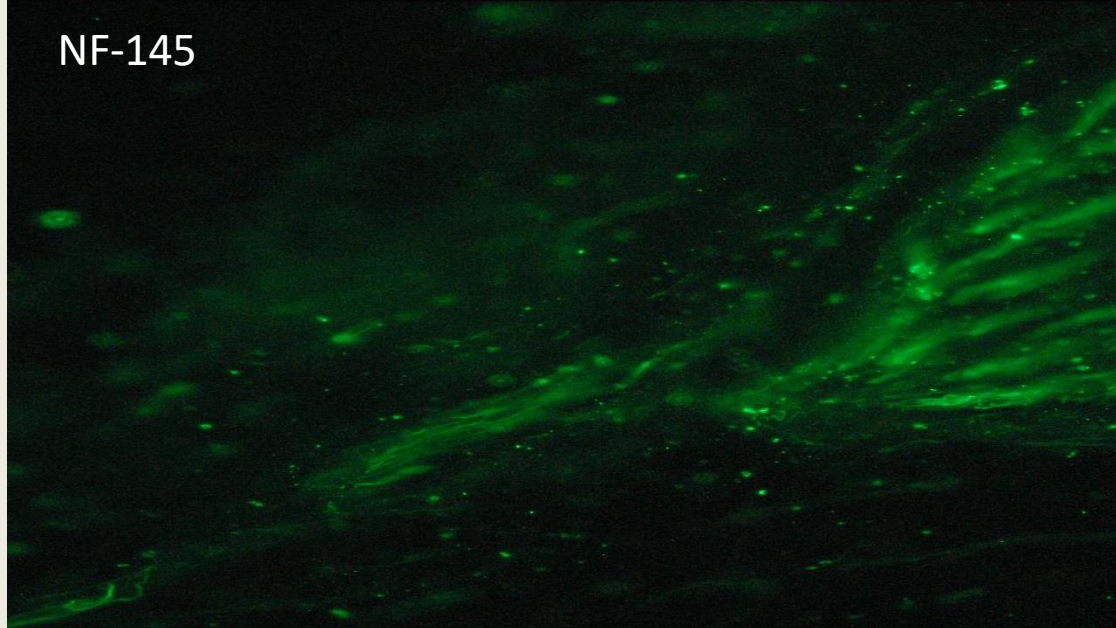


Laddove presente, la marcatura evidenzia la presenza di glia che accompagna le piccole fibre in ricrescita

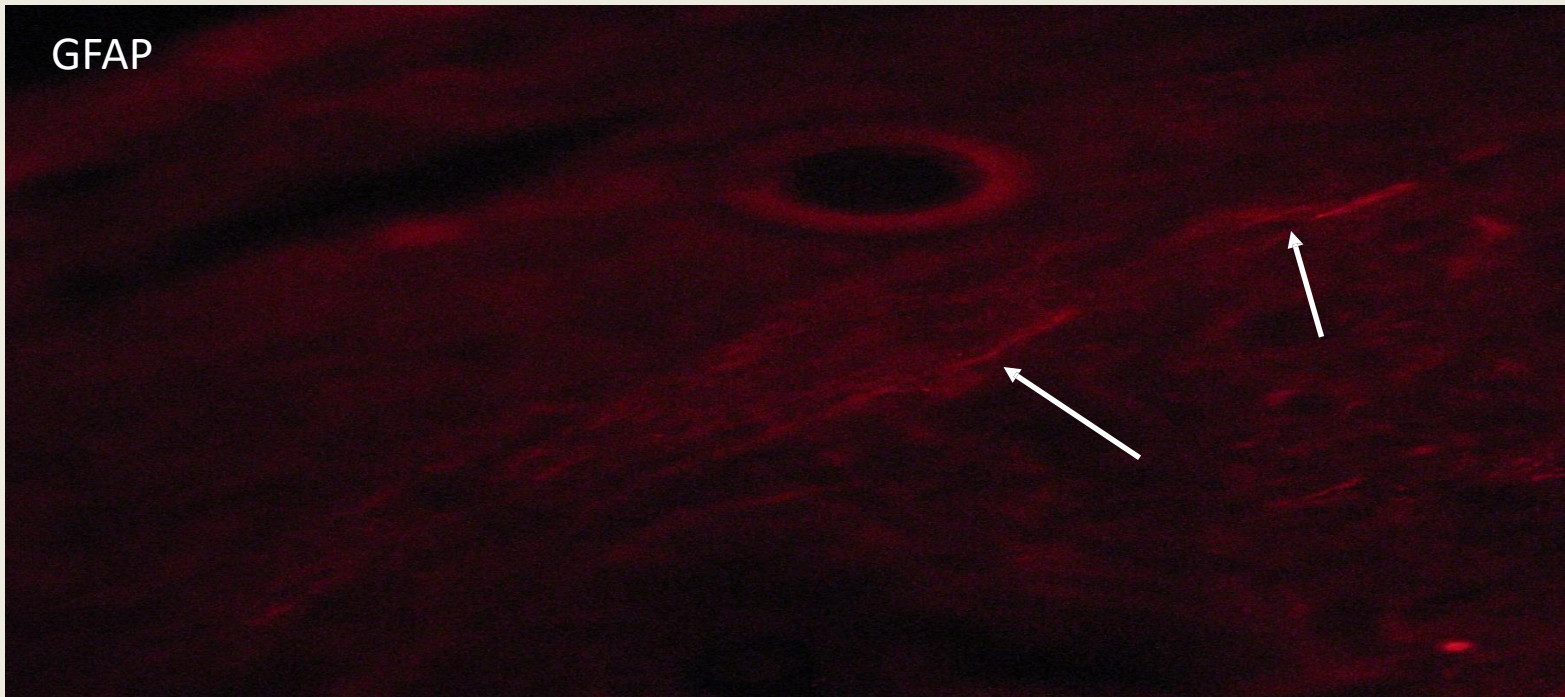
GFAP



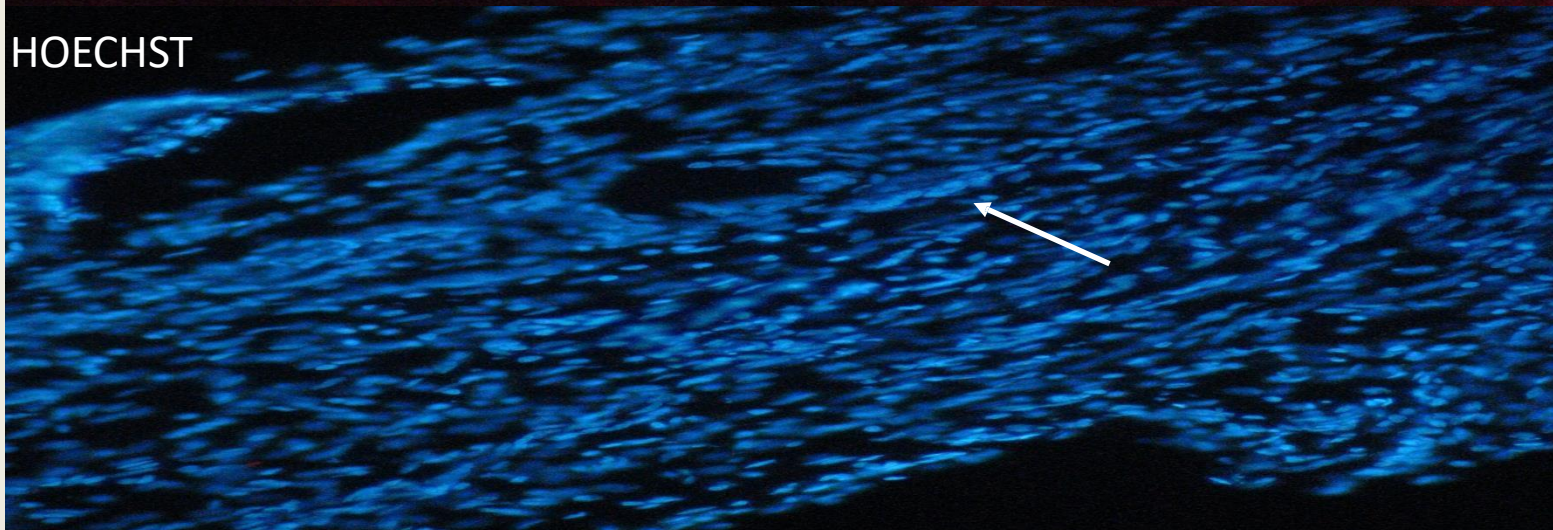
NF-145



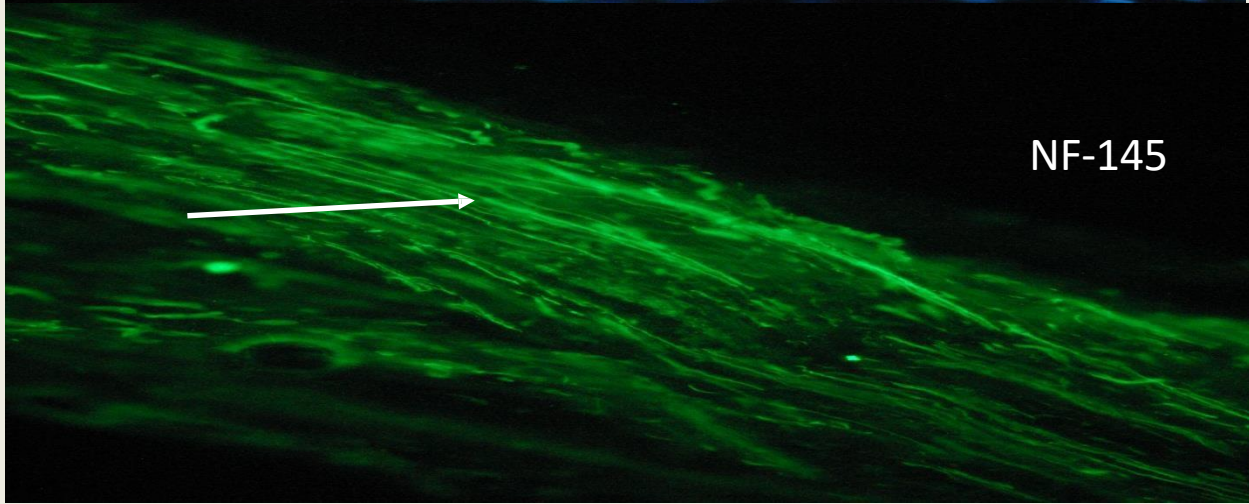
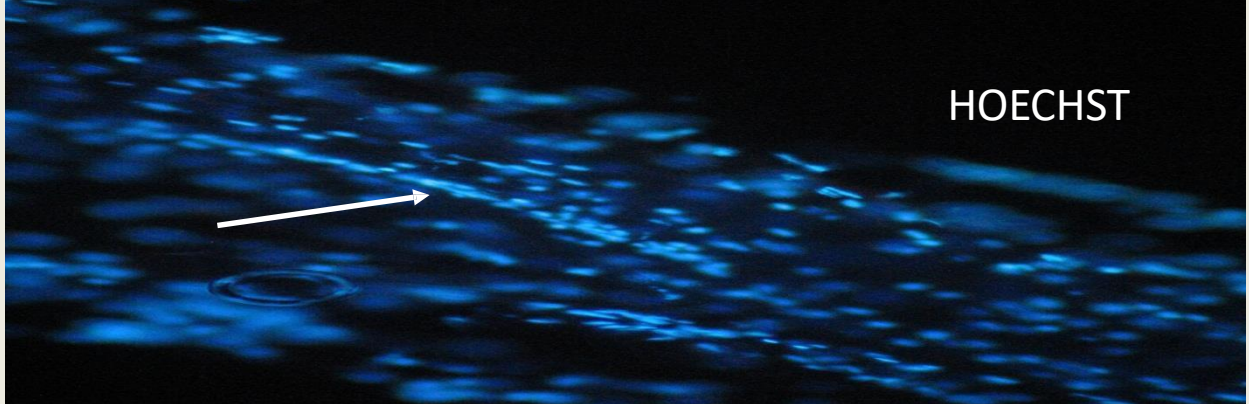
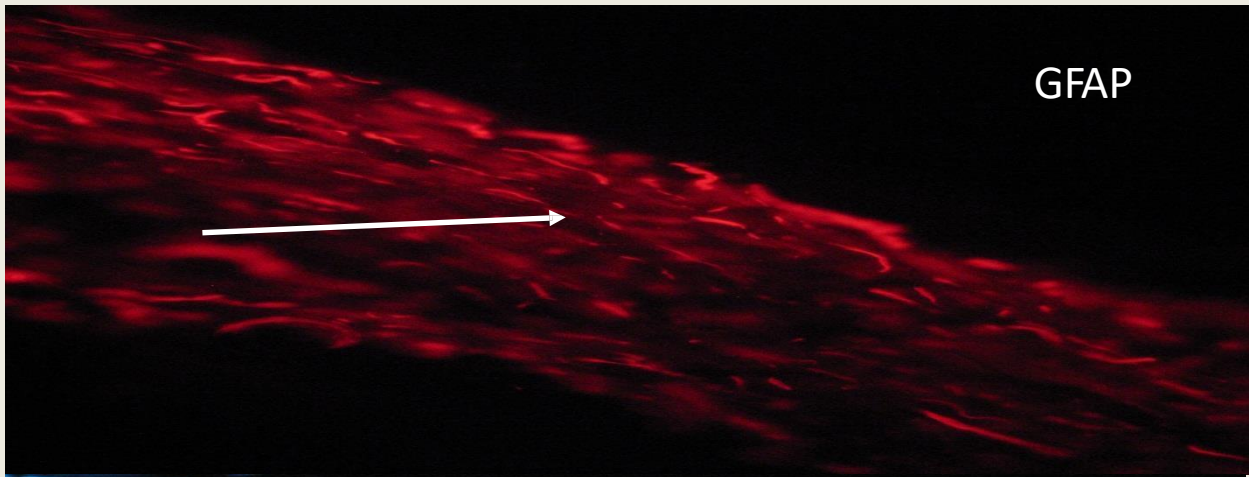
GFAP



HOECHST



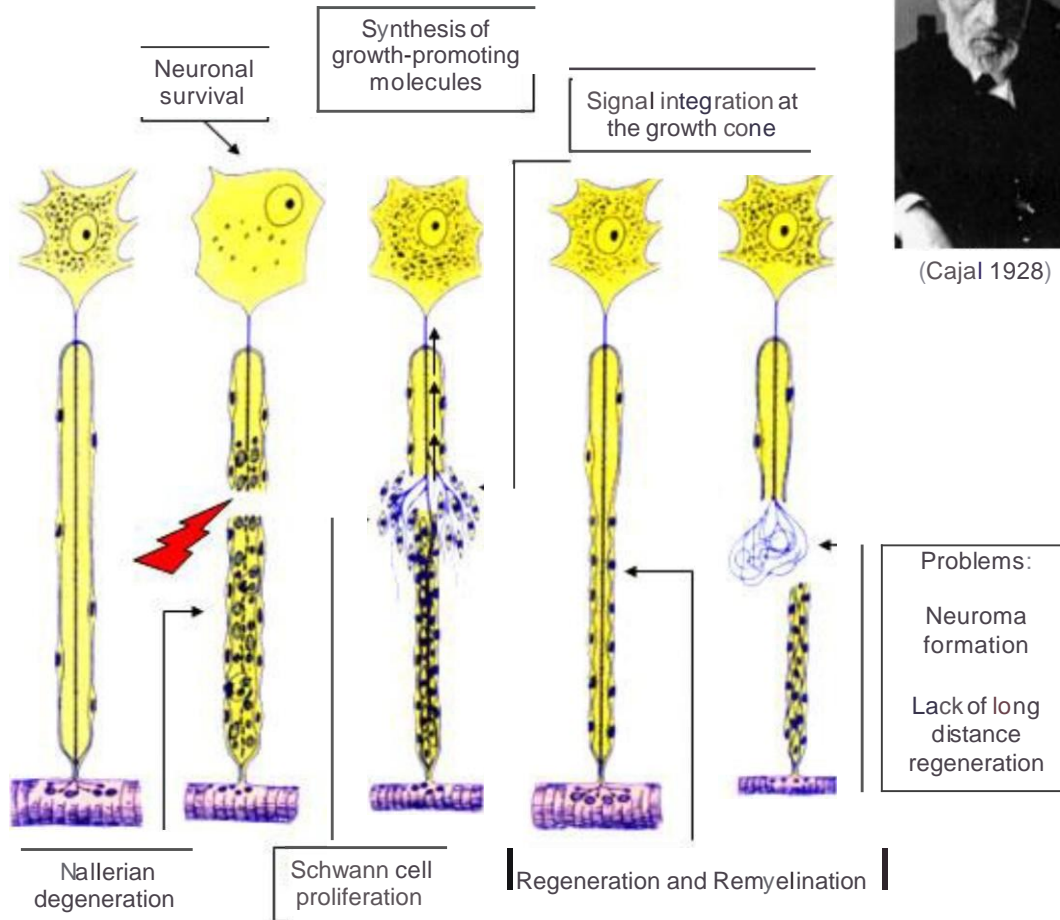
La freccia indica una fibra sottilissima con cellule gliali allineate (vedi Hoechst)



LIMITI DELLA RIGENERAZIONE E DEL RECUPERO FUNZIONALE:

- ✓ Sito di lesione
- ✓ Dimensione del *gap* nervoso (< 6mm)
- ✓ Formazione di tessuto cicatriziale
- ✓ Formazione di neuroma
- ✓ Tempo di rigenerazione

Peripheral nerve regeneration

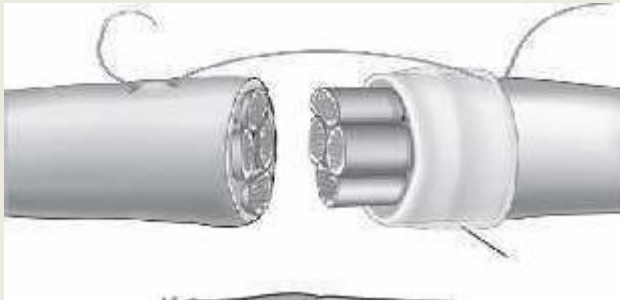
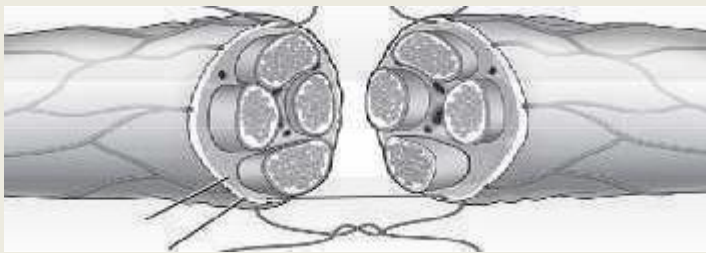


(Cajal 1928)

APPROCCIO CHIRURGICO

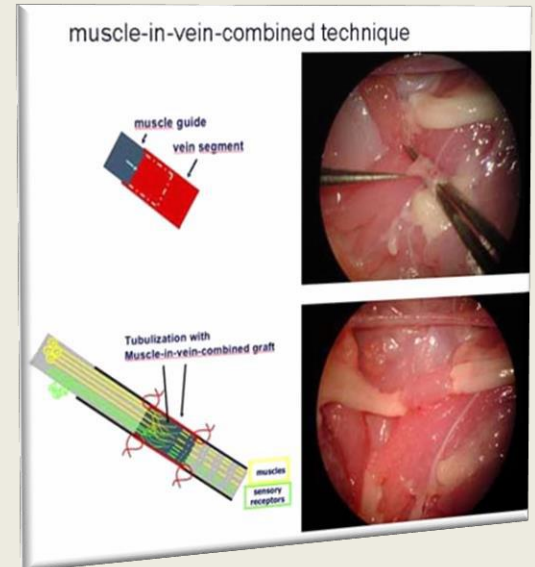
RIPARAZIONE DIRETTA

- End – to – end repair
- Epineural sleeve repair
- End – to – side neurorrhaphy (TLN)

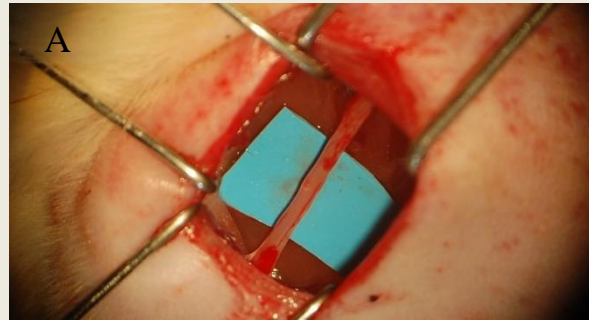


INNESTI NERVOSI

- Innesto autologo
- Innesto allogenico

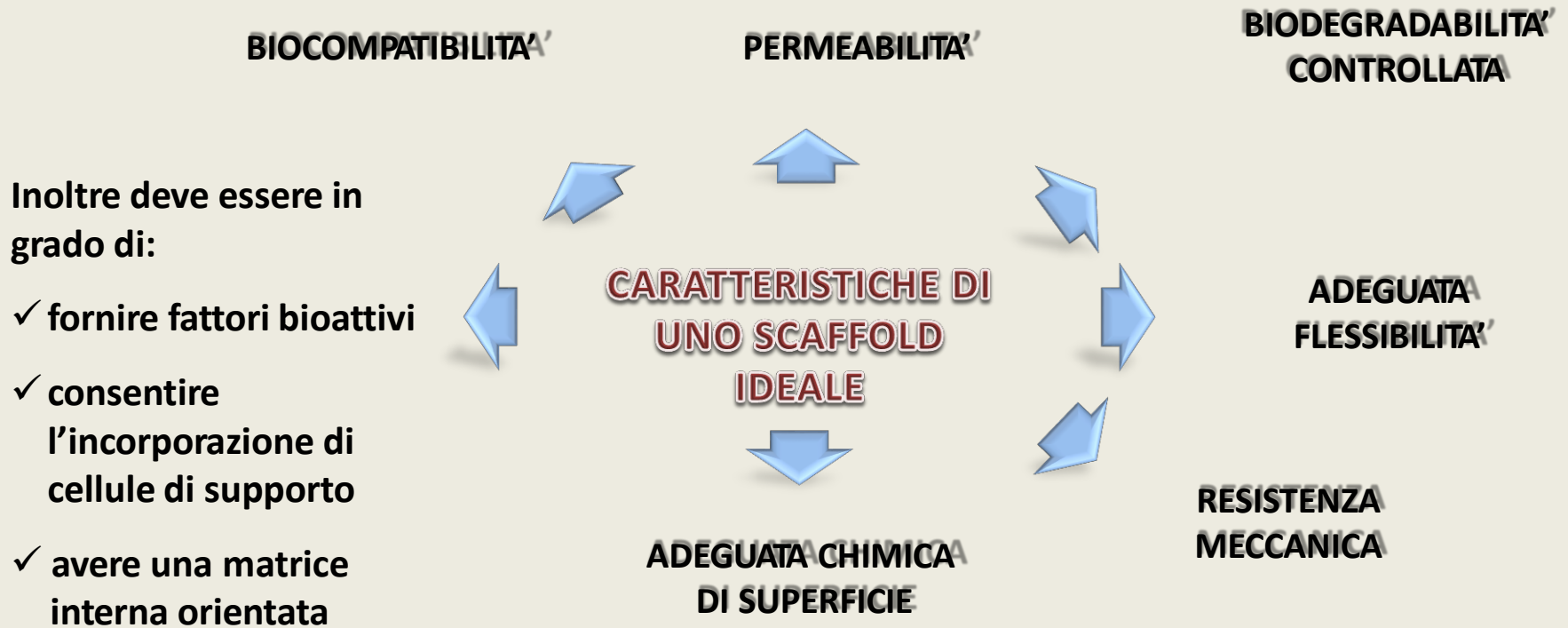


End to end repair

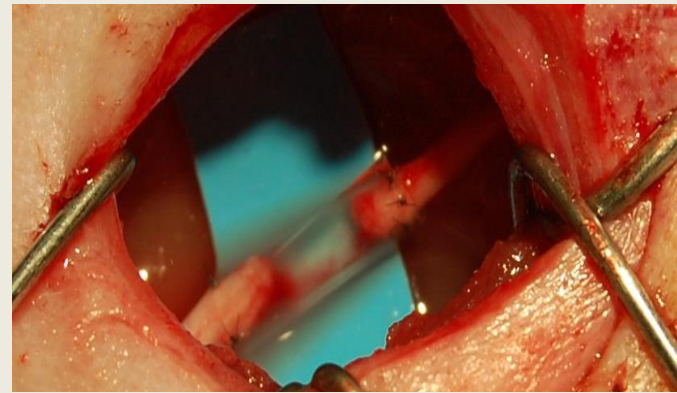
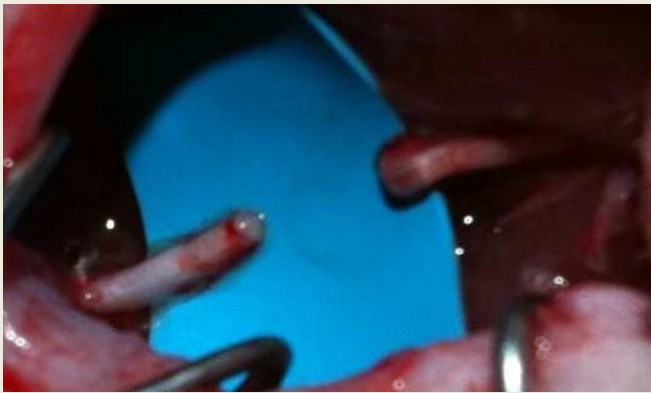


INGEGNERIA TISSUTALE

Realizzazione di condotti biologici che possano aiutare la rigenerazione nervosa



Condotti di acido ialuronico



Terapie a supporto delle rigenerazione

TERAPIA CELLULARE

- ❑ Trapianto autologo di cellule di Schwann (SC) o cellule di rivestimento olfattive (OEC)
- ❑ Trapianto di cellule staminali indotte, in vitro, a differenziare in cellule gliali (ES, NSC, MSC, iPS, hfPS)

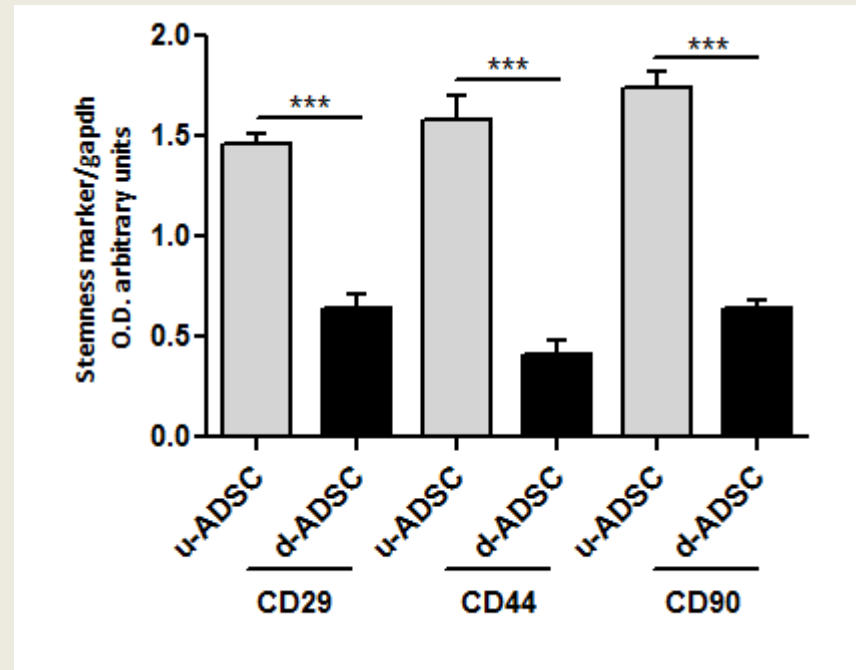
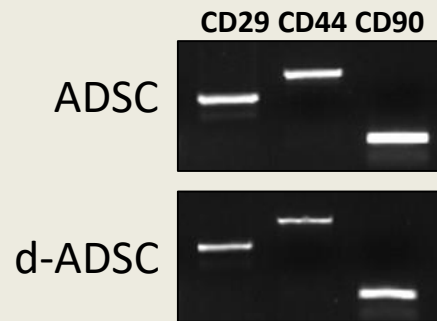
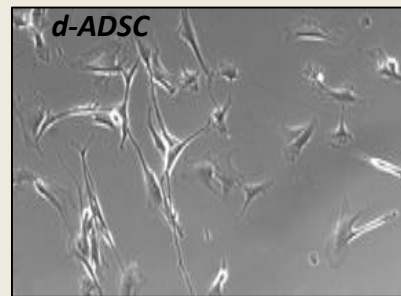
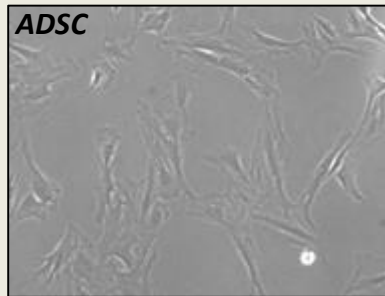
TERAPIA FARMACOLOGICA

- ❑ Somministrazione per via sistemica di fattori neurotrofici e fattori di crescita
- ❑ Modulazione farmacologica delle cellule di Schwann (utilizzo di agonisti/antagonisti di neurotrasmettitori e neurormoni)

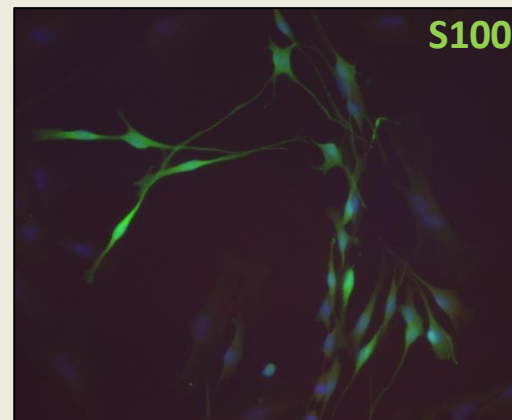
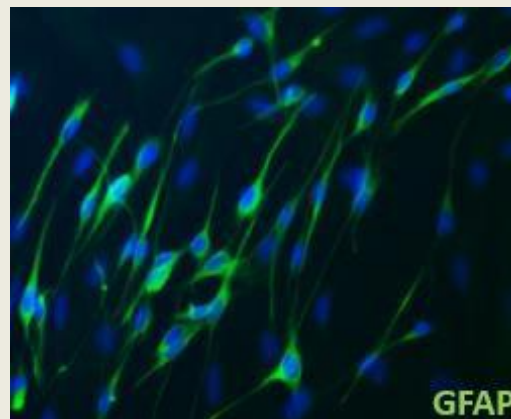
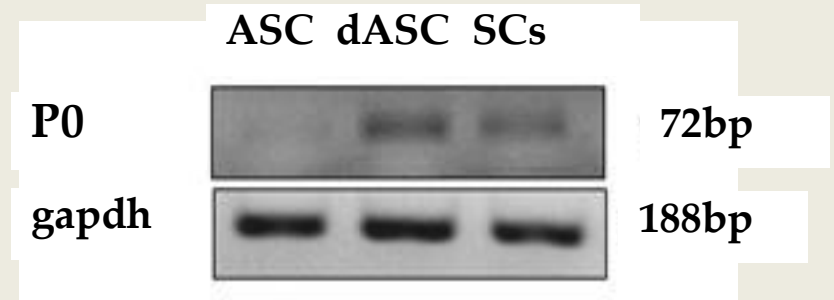
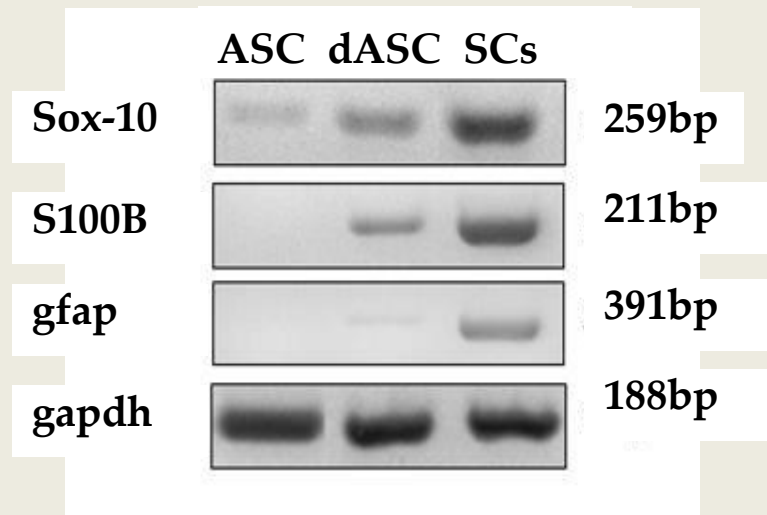
TERAPIA GENICA

- ❑ Vettori virali per il trasferimento genico (espressione locale di fattori neurotrofici)

d-ADSC in nerve regeneration



Differentiation: Molecular changes



Test

https://docs.google.com/forms/d/1CMqS6zEyoQuSpEdOKP3gMtBWiCyyzk1JEs09_akk9Fg/preview

- <https://forms.gle/932qdnvkdUkGqWpm6>

Buone feste

