Tissue repair		
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کے بھتھاں شن بن استمابة الأفرار سل متصدن بن علية اجس حدم باخر بر مر 1. Regeneration by proliferation of residual (uninjured)		
cells and maturation of tissue stem cells.	NOF	IMAL
2. Deposition of connective tissue to form a scar	0	
	Mild, supericial injury	Severe injury
نشوف الموضوع كله لجتمر على المنسير يلي حل ددم م فر	REGENERATION	SCAR FORMATION

Proliferation of cells that survive the injury and retain the capacity to proliferate leading to restoration of damaged tissues, may seen in:

1. Rapidly dividing epithelia of the skin and intestines.

2. Some parenchymal organs, notably the liver.

3. Tissue stem cells.

B. CONNECTIVE TISSUE DEPOSITION (SCAR FORMATION) \rightarrow Repair occurs by the laying down of connective (fibrous) tissue, a process that may result in formation of a scar, it occur in:

1. Injured tissues are incapable of complete restitution.

2. If the supporting structures of the tissue are severely damaged

(is fibRowscar , ver ing ques clin) PROVIDES Enough structural Stability > The tissue will still fuctioning le ile, legis en que ver Chronic inflammation_ m/p1 IBROSis

Fibrosis \rightarrow Extensive deposition of collagen that occurs in: A. Lungs, liver, kidney, and other organs as a consequence of chronic inflammation. B. In the myocardium after extensive ischemic necrosis (infarction). The ability of tissues to repair themselves is determined, in part, by their intrinsic proliferative capacity. 4 ex uner the unp als 1 (36) تعتسم بناء عل قدرت ع الا Cells are constantly being lost and must be continually replaced by new cells that are derived from tissue stem cells and rapidly proliferating immature progenitors. Made up of cells that are normally in the G0 stage of the cell cycle and hence not proliferating, but they are capable of dividing in Stable response to injury or loss of tissue mass. Consist of terminally differentiated nonproliferative cells, enan such as the majority of neurons and cardiac muscle cells. Injury to these tissues is irreversible and results in a scar, because the cells cannot regenerate. Labile tissues: Stable tissues Made up of cells that are normally in the G0 stage of the cell cycle and hence Cells are constantly being lost and must be continually replaced by new cells not proliferating, but they are capable of dividing in response to injury or loss that are derived from tissue stem cells and rapidly proliferating immature of tissue mass. progenitors. Skin Epidermis arotid glan intestine Vill mall In the process of regeneration, proliferation of residual cells is supplemented by development of mature cells from stem cells

2. Repopulation from progenitor cell, -> (Single Single Si - Restoration of normal tissue architecture can occur only if the residual tissue is structurally intact. - If the entire tissue is damaged, regeneration is incomplete and is accompanied by scarring.

1. Proliferation of hepatocytes following partial hepatectomy.

• In humans, resection of up to 90% of the liver can be corrected by proliferation of the residual hepatocytes.

• This process is driven by:

A. Cytokines such as IL-6 produced by Kupffer cells.

B. Hepatocyte growth factor (HGF) produced by many cell types.

2. Liver regeneration from progenitor cells.

• In situations in which the proliferative capacity of hepatocytes is impaired,

progenitor cells in the liver contribute to repopulation, such as:

- A. After chronic liver injury.
- **B. Inflammation.**

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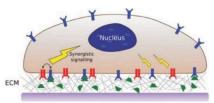
If repair cannot be accomplished by regeneration alone, it occurs by: ✓ Replacement of the injured cells with connective tissue, leading to the formation of a scar,

 \checkmark Or by a combination of regeneration of some residual cells and scar formation.

The term scar is most used in connection to wound healing in the skin.
Replacement of parenchymal cells in any tissue by collagen, as in the heart after myocardial infarction.

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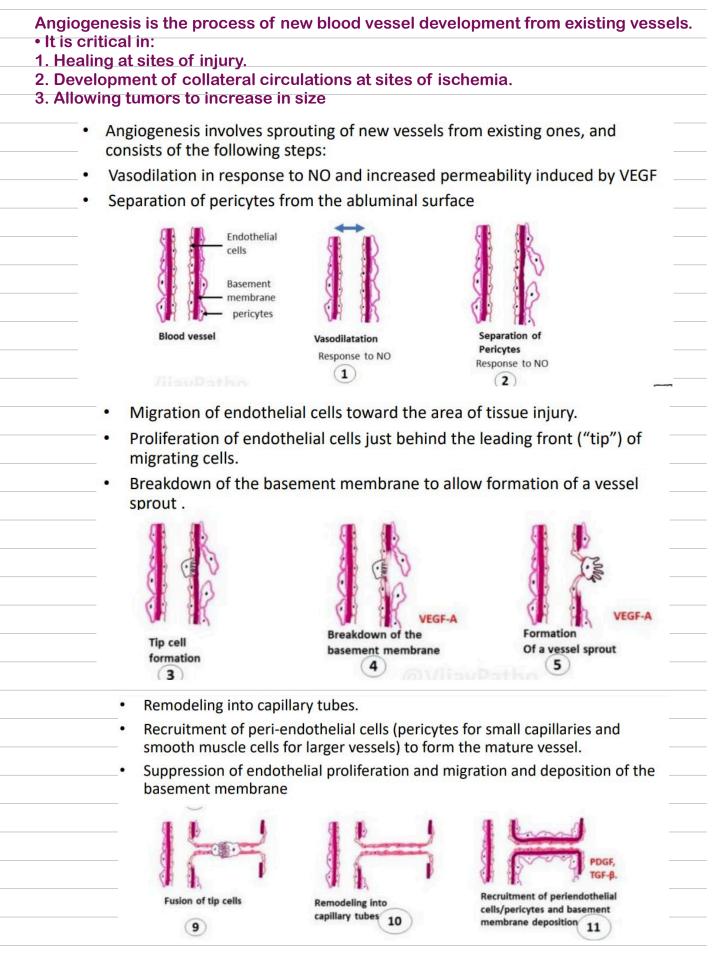
لاما في زمينة يغي بي) منع مرج Stop Bleeding Clot Within minutes after injury, a hemostatic plug comprised of platelets is formed: ✓ Stops bleeding. ✓ Provides a scaffold for infiltrating inflammatory cells. 9. Viv lo ligo lyjum (3 (Clp Inflammation Inflammation: Include acute and chronic inflammatory responses. • The inflammatory cells aimed to: ✓ Eliminate the offending agents ✓ Clear the debris Macrophages are the central cellular players in the repair process: 1. M1 macrophages: ✓ Clear microbes and necrotic tissue and promote inflammation. 2. M2 macrophages: Produce growth factors that stimulate the proliferation of many cell types in the next stage of repair. ip is caile raile soil 2 in **Cell proliferation.** ✓ In the next stage, which takes up to 10 days, several cell types migrate to close the now-clean wound, including: A. Epithelial cells: migrate over the wound to cover it. B. Endothelial and other vascular cells: proliferate to form new blood vessels, a process known as angiogenesis C. Fibroblasts: proliferate and migrate into the site of injury and lay down collagen fibers that form the scar. Cell proliferation is driven by signals provided by growth factors and from the extracellular matrix.



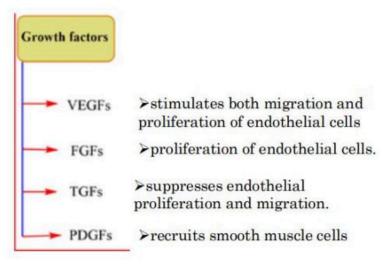
Granulation tissue The combination of proliferating fibroblasts, loose connective tissue, new blood vessels and scattered chronic inflammatory cells, forms a granulation tissue. **REMODELING.** The connective tissue that has been deposited by fibroblasts is reorganized to produce the stable fibrous scar. This process begins 2 to 3 weeks after injury and may continue for months or years 3. Proliferative 4. Remodeling Healing of skin wounds can be classified into healing by : • A. First intention (primary union). B. Second intention (secondary union). Fine s Primary Inte Secondary Intention and scar

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- The process of angiogenesis involves several signaling pathways, cell–cell interactions, ECM proteins, and tissue enzymes:
- 1. Growth factors:



- So PDGF and TGF-B participate in the stabilization process
- 2. Notch signaling:
- Regulates the sprouting and branching of new vessels.
- 3. ECM proteins:
- Participate in the process of vessel sprouting in angiogenesis, through interactions with integrin receptors.
- Enzymes in the ECM, notably the matrix metalloproteinases (MMPs), degrade the ECM to permit remodeling and extension of the vascular tube.