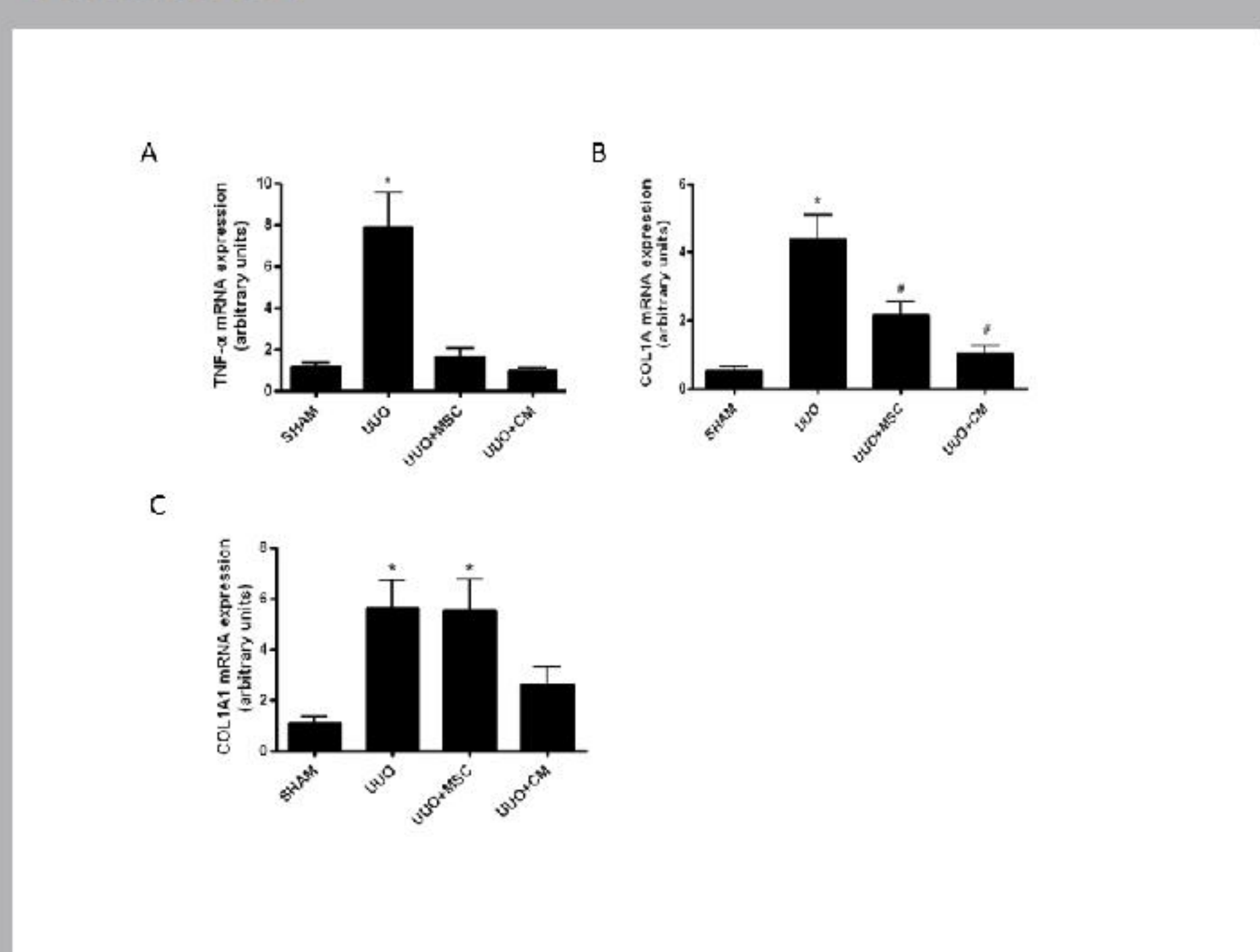


# Bone Marrow-Derived Mesenchymal Stem Cells (MSC) and Its Conditioned Medium (CM) Attenuate Fibrosis in an Irreversible Model of Unilateral Ureteral Obstruction.

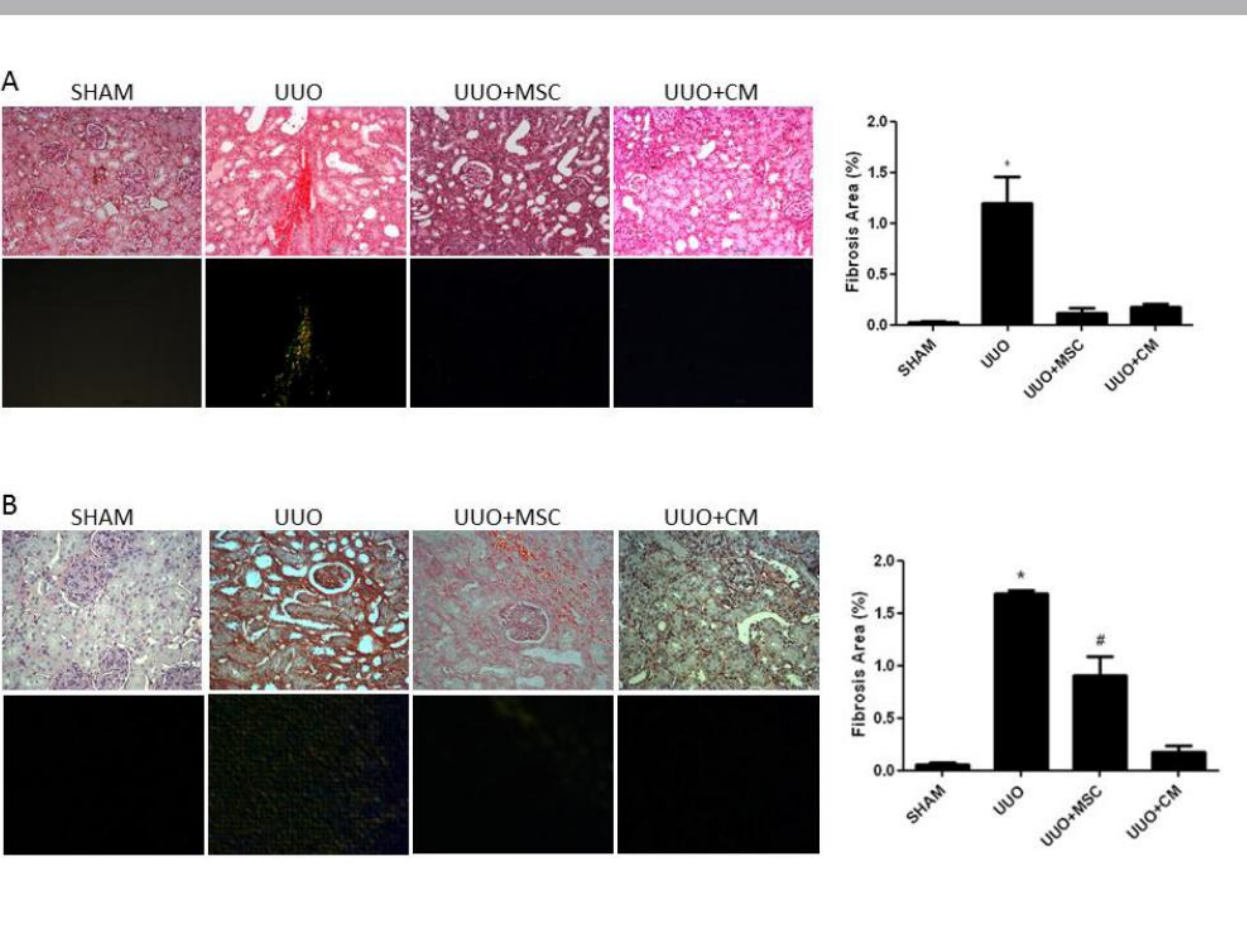
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**Introduction and aim:** The therapeutic potential of MSCs and its conditioned medium is an important target of recent researches. It is known about their ability to repair tissue and reduce local inflammation. A renal tubule interstitial inflammation can lead to develop a chronic damage, resulting in kidney fibrosis. In this study we evaluated factors influenced by the administration of MSC or its CM.

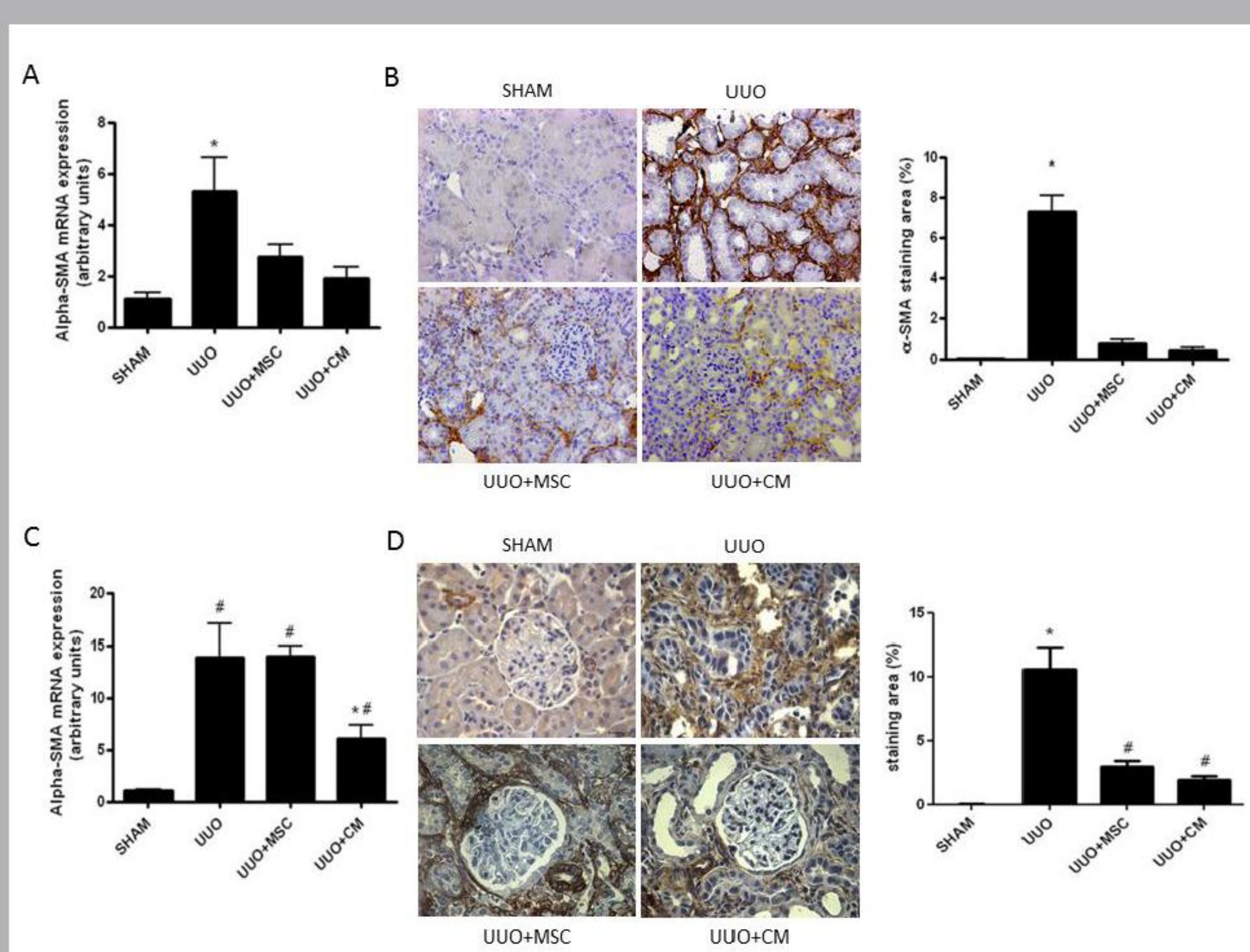
## Results:



**Figure 1. Real-Time PCR for *TNF-α* and *Col1A1* mRNA expression.** A) *TNF-α* gene expression after 7 days of UUU. \* vs all groups,  $p \leq 0.05$ . B) *Col1A1* gene expression after 7 days of UUU. \* vs all groups, # vs UUU,  $p \leq 0.05$ . C) *Col1A1* gene expression of 14 days of UUU. \* vs SHAM,  $p \leq 0.05$ .

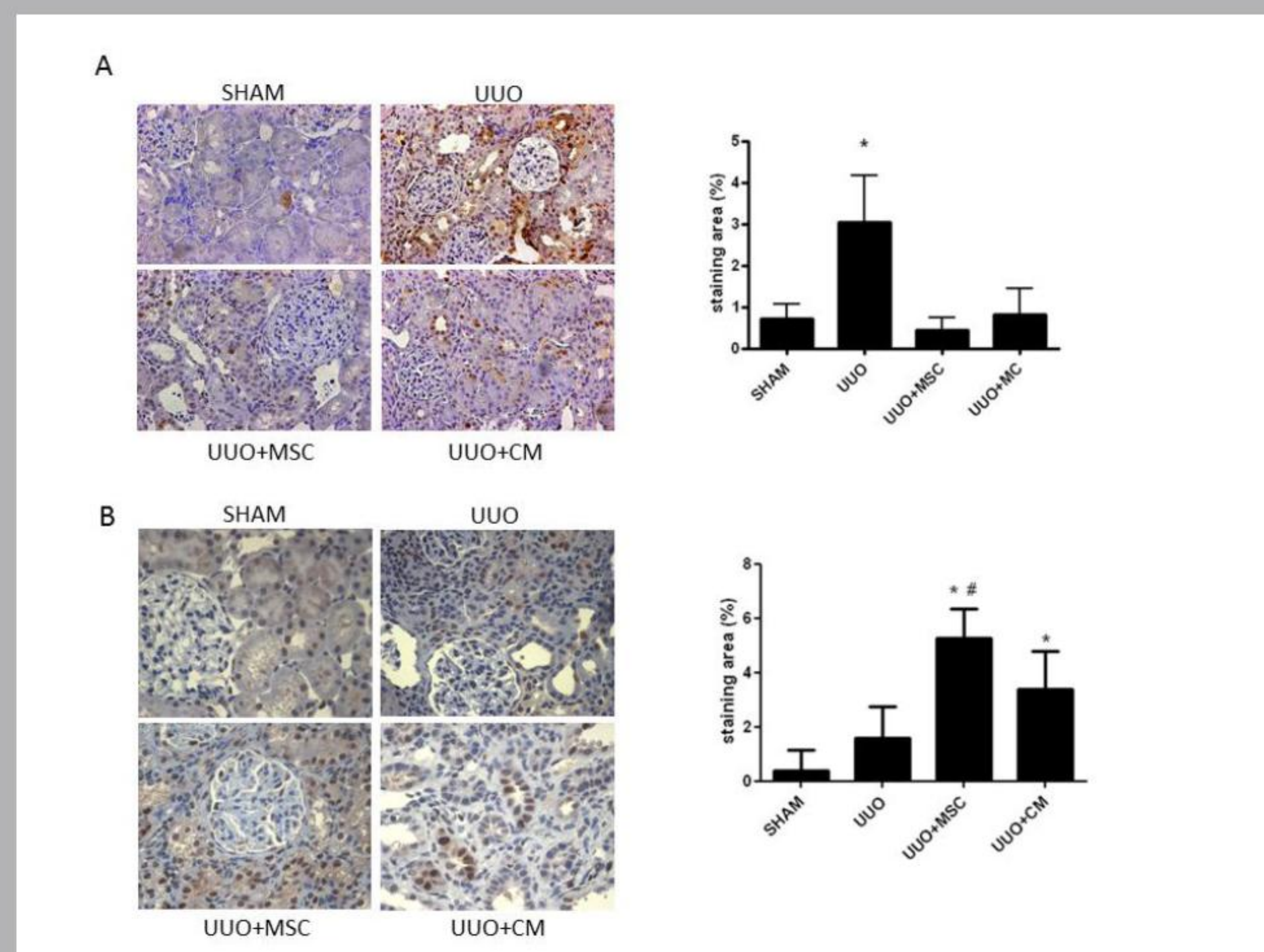


**Figure 2. Sirius Red staining (collagen I and III).** A) Representative photographs of renal tissues staining with Sirius Red after 7 days of UUU and respective quantification. \* vs all groups,  $p \leq 0.05$ . B) Representative photographs of renal tissue staining with Sirius Red after 14 days of UUU and respective quantification. \* vs all groups, # vs UUU+MSC vs UUU+CM,  $p \leq 0.05$ .

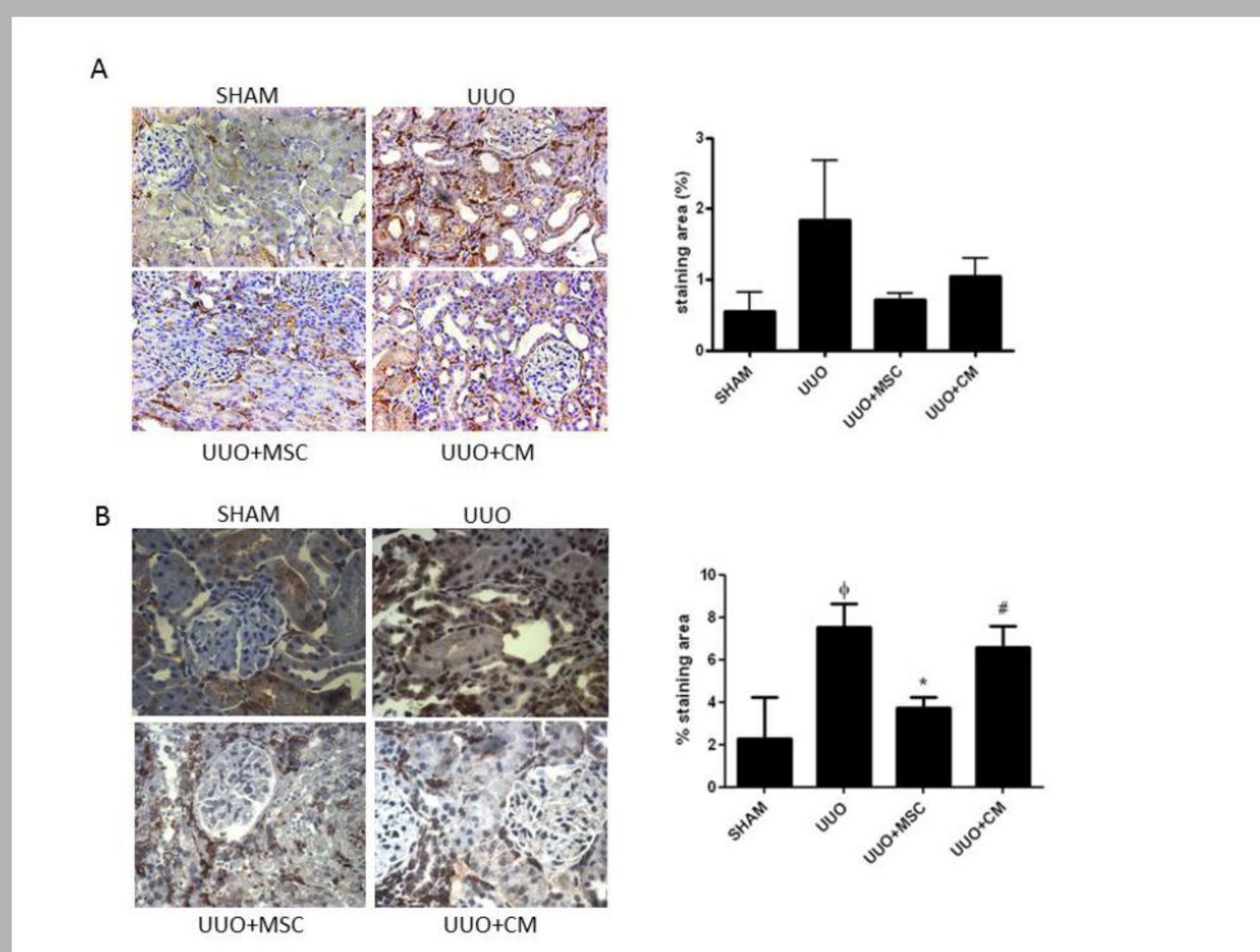


**Figure 3. Real-time PCR and immunohistochemistry for  $\alpha$ -SMA.** A) mRNA expression levels of  $\alpha$ -SMA after 7 days of UUU. \* vs all groups,  $p \leq 0.05$ . B) Representative photographs of renal tissue staining with  $\alpha$ -SMA antibody after 7 days of UUU and respective quantification. \* vs all groups,  $p \leq 0.05$ . C) mRNA expression levels of  $\alpha$ -SMA after 14 days of UUU. \* vs UUU, # vs SHAM,  $p \leq 0.05$ . D) Representative photographs of renal tissue staining with  $\alpha$ -SMA antibody after 14 days of UUU and respective quantification. \* vs all groups, # vs SHAM,  $p \leq 0.05$ .

**Methods:** MSC extracted from male rat's bone marrow were cultivated *in vitro* and characterized by flow cytometry and by cellular differentiation. Eight groups of female rats were used in *in vivo* experiments ( $n=7$ ): SHAM, UUU, UUU+MSC and UUU+CM. The MSC or its CM were administered via abdominal vena cava after total ligation of the left ureter. After 7 and 14 days rats were sacrificed and their obstructed kidney collected. Collagen deposition and mRNA expression of different molecules were analyzed by real-time PCR. We also analyzed the amount of different proteins involved in Epithelial-Mesenchymal Transition (EMT), cell proliferation and apoptosis by immunohistochemical assays.



**Figure 4. Immunohistochemistry for PCNA.** A) Representative photographs of renal tissue staining with PCNA antibody after 7 days of UUU and respective quantification. \* vs all groups,  $p \leq 0.05$ . B) Representative photographs of renal tissue staining with PCNA antibody after 14 days of UUU and respective quantification. \* vs UUU, # vs UUU+CM,  $p \leq 0.05$ .



**Figure 5. Immunohistochemistry for activated caspase-3.** A) Representative photographs of renal tissue staining with activated caspase-3 antibody after 7 days of UUU and respective quantification. Non-significant,  $p > 0.05$ . B) Representative photographs of renal tissue staining with activated caspase-3 antibody after 14 days of UUU and respective quantification. \* vs UUU, # vs UUU+MSC,  $\phi$  vs SHAM,  $p \leq 0.05$ .

**Conclusions:** Results suggest that the i.v. administration of MSCs or its CM improve fibrosis progression and modulate factors involved in apoptosis, inflammation, cell proliferation and Epithelial-Mesenchymal Transition (EMT) in Wistar rats subjected to UUU. These results indicate a potential treatment of this pathophysiological progressing and help us understand the mechanism of action of the MSCs.

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