

## Intervertebral Disc Regeneration Using Human Umbilical Cord Blood Stem Cell Therapy

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#### Introduction

Degenerative Disc Disease (DDD) is a major cause of chronic back pain. There is currently no biological cure for this debilitating disease. In DDD, the intervertebral disc (IVD) comprised of a fibrous outer ring (annulus fibrosus) and inner hydrated gel matrix (nucleus pulposus), becomes dry, fibrotic, and cracked as it degenerates. Human Umbilical Cord Blood (HCB) stem cell mediated therapy has the potential to restore the biological integrity of degenerated IVD (Fig 1). The effectiveness of HCB mesenchymal stem cells or chondroprogenitors for IVD regeneration has not been tested extensively.

#### Methods

An in-vivo rabbit model (n=20) of disc degeneration in the lumbar spine was created by flouroscopic guided needle puncture of the annulus fibrosis at the L2-3 and L4-5 level. The intervening L3-4 level acted as a control. At two weeks post puncture either the L2-3 or L4-5 laboratory created degenerated disc was subject to implantation of 1 million in 20ul i) undifferentiated human cord blood (HCB) mesenchymal stem cells or ii) differentiated HCB chondroprogenitor cells. Magnetic resonance imaging (MRI) was performed preoperative, after inducing disc degeneration and 6 weeks post-implantation of stem cells. At 8 weeks post-implantation, rabbits were euthanized and control and experimental discs analyzed with haematoxylin and eosin (H & E) staining and immunohistochemical analysis (Fig 2). Biochemical analysis determined proteoglycan and glycosaminoglycan (GAG) content, and expression of specific markers to identify implanted cell viability (Fig 3).









Fig. 6. Immunochemical analysis of

nucleus pulposus markers.

Comparison of immunocytochemical analysis of IVD

injected cells

# Results

Successful extraction and culture of mesenchymal stem cells from the umbilical cord was confirmed by specific surface antigen markers (CD90, 73, 29, 105, and 44, Fig 4). The cells that were differentiated into chondroprenitor cells were found capable of producing GAG by alcian blue staining (Fig 5). MRI imaging demonstrated degeneration in punctured discs vaildating our model. H & E staining showed significantly more viable cell and extracellular matrix density in chondroprogenitor cell implanted degenerated disc. This was further shown with immuno-histochemical analysis of collagen type two content, implanted cell viability and disc rehydration (Fig 6).

### Conclusions

i) HCB derived mesenchymal stem cells and chondroprogenitor cells appear to be effective in disc regeneration.
ii) Differentiated chondroprogenitor cells appear better suited for restoration of cellular and extracellular matrix within the nucleus pulposus.

**iii)** Percutaneous disc puncture is a safe reproducible method for inducing IVD degeneration.

## References

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