



ORGANIZA:



¿Qué debe saber el clínico de la fisiopatología del trasplante hepático?

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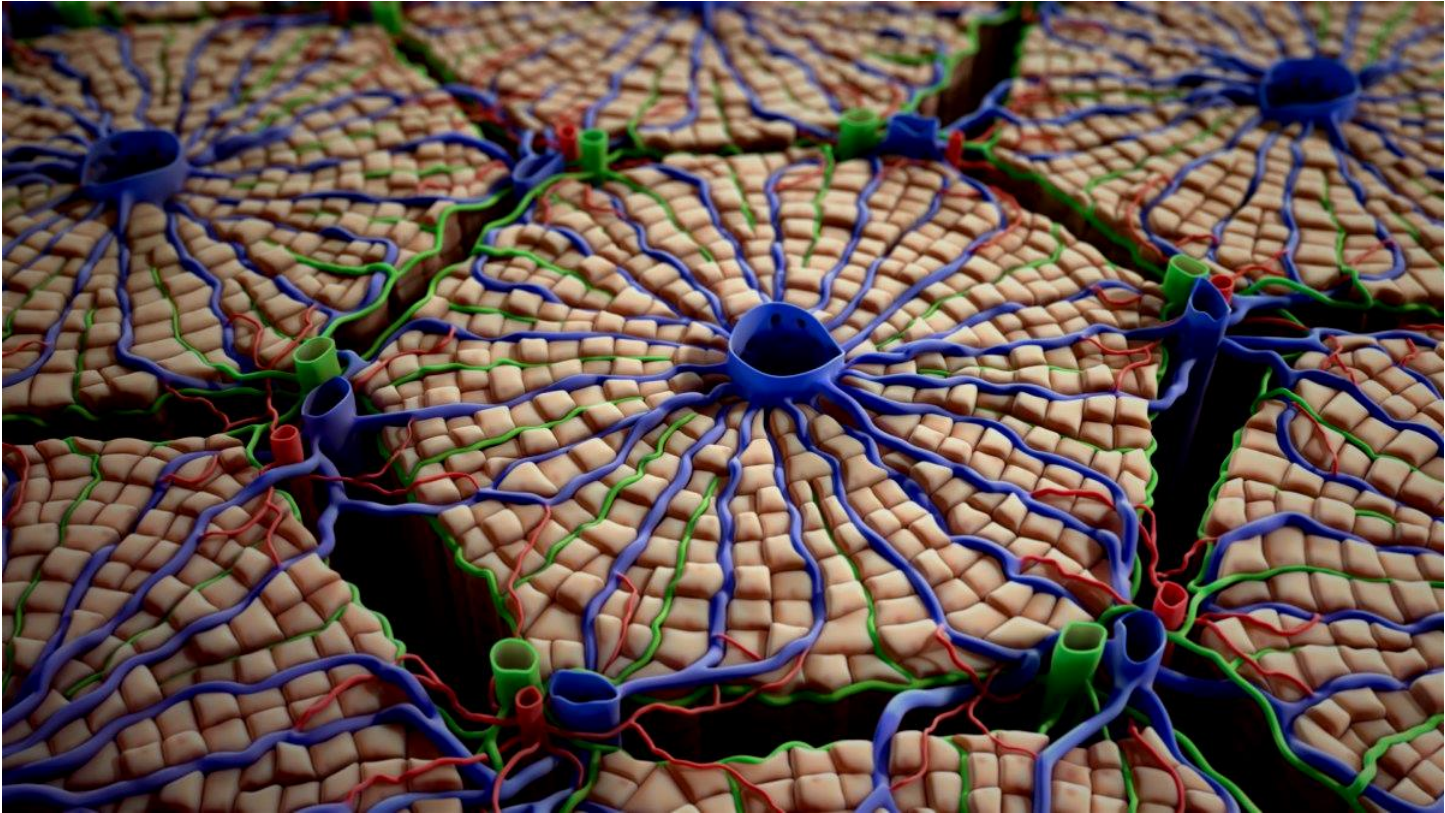
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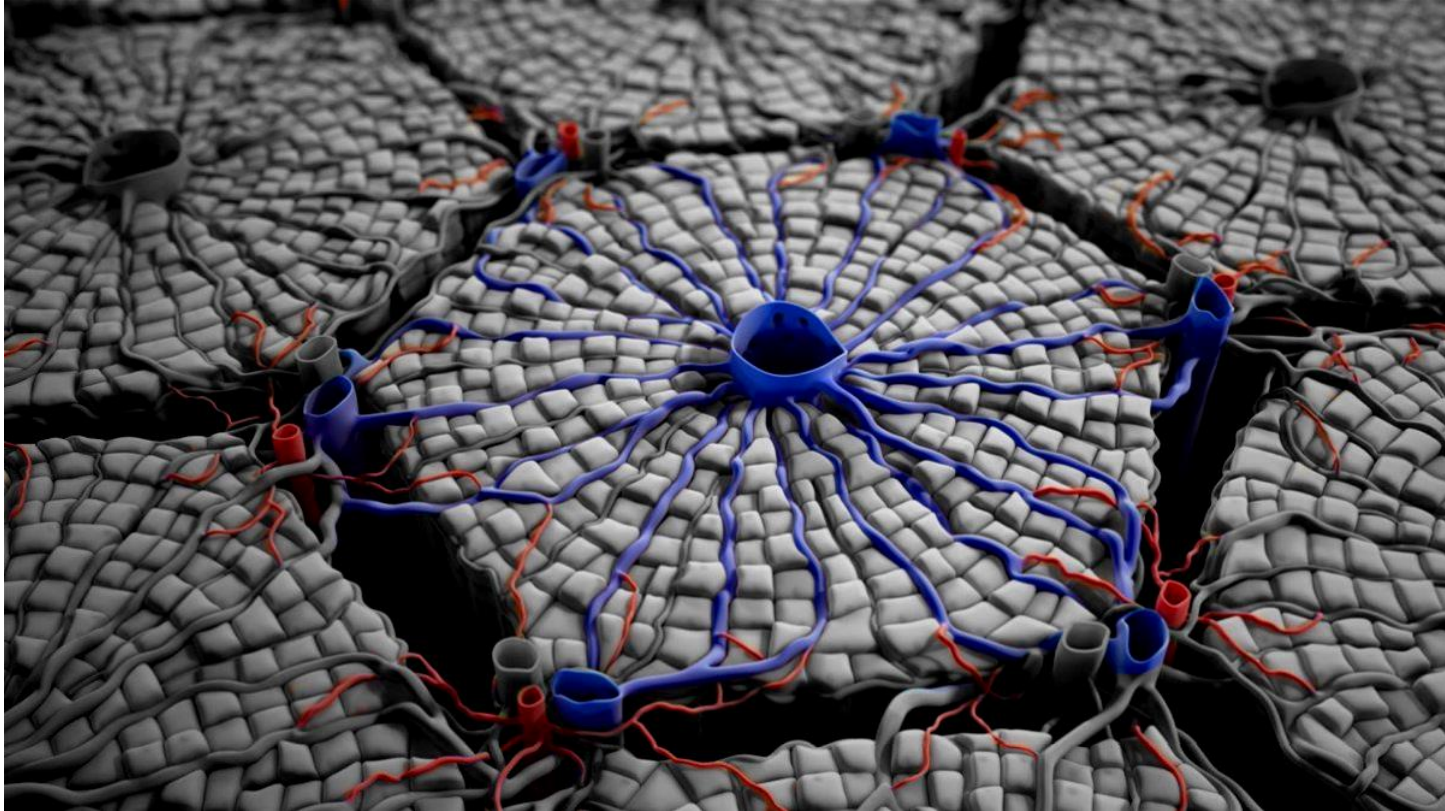
[@jsgracia](https://twitter.com/jsgracia)

- The liver & its microcirculation
- Ischemia/Reperfusion Injury (IRI) during liver transplantation
- Therapeutics to improve hepatic IRI
- An overview on liver regeneration

The Liver & its Microcirculation



The Liver & its Microcirculation



Liver cells



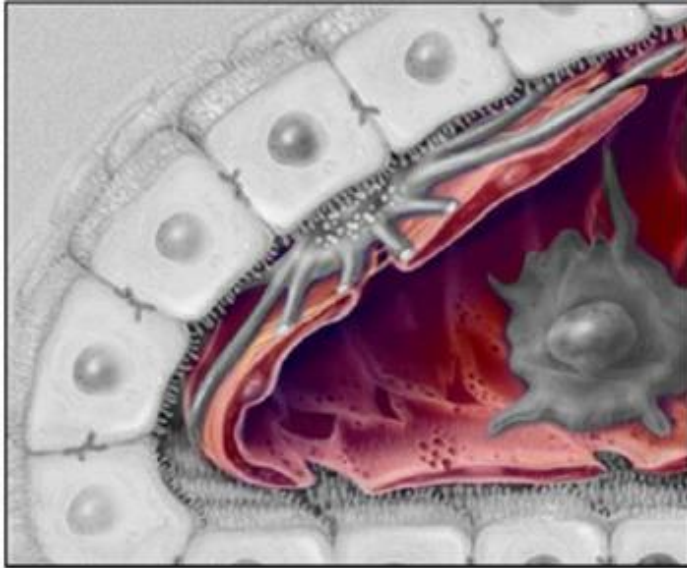
Friedman SL. *Nat Clin Pract Gastroenterol Hepatol* 2004

Gracia-Sancho J et al, *Nature Reviews Gastro & Hepatol* 2021
Tsuchida & Friedman, *Nature Reviews Gastro & Hepatol* 2017
Tacke F. *Journal of Hepatology* 2017



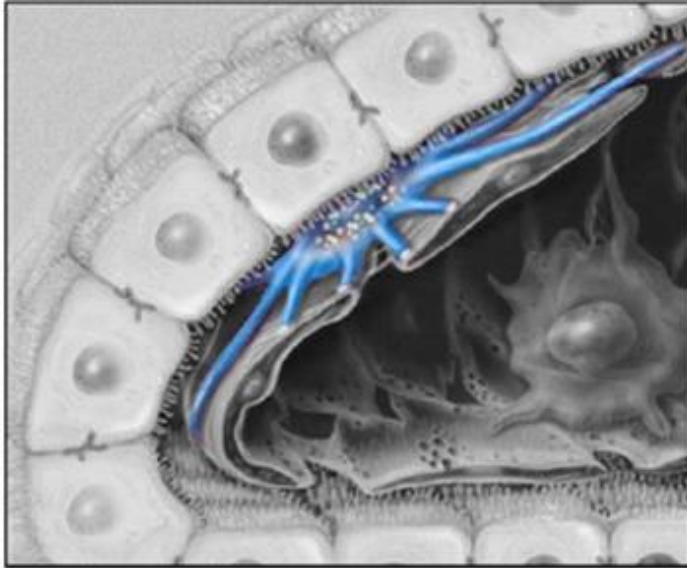
Hepatocytes

- Main cell type of the liver.
- Synthesis of proteins, metabolism of molecules, detoxification.



Liver Sinusoidal Endothelial Cells (LSEC)

- Discontinuous (fenestrae, lack of basal membrane).
- Haemostasis, inflammation, toxicants clearance and regulation of vascular tone.

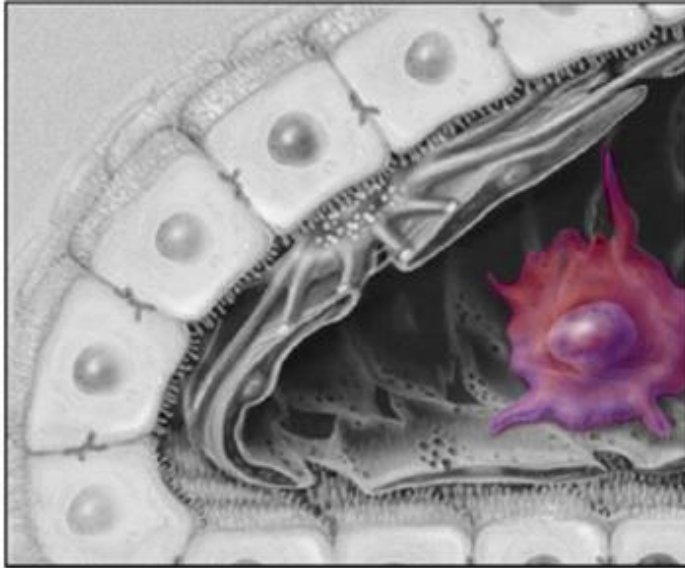


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Hepatic Stellate Cells (HSC)

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- Vitamin A storage



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Kupffer Cells (KC)

- Resident macrophages: defense, inflammation, tissue remodelling.

Ischemia & Reperfusion Injury

Ischemia



Biomechanical injury

Hypoxia injury

↓ Shear stress

↓ KLF2

↓ eNOS, TM, Nrf2

↓ O₂

↓ ATP

↑ Lactate

Reperfusion



ROS injury

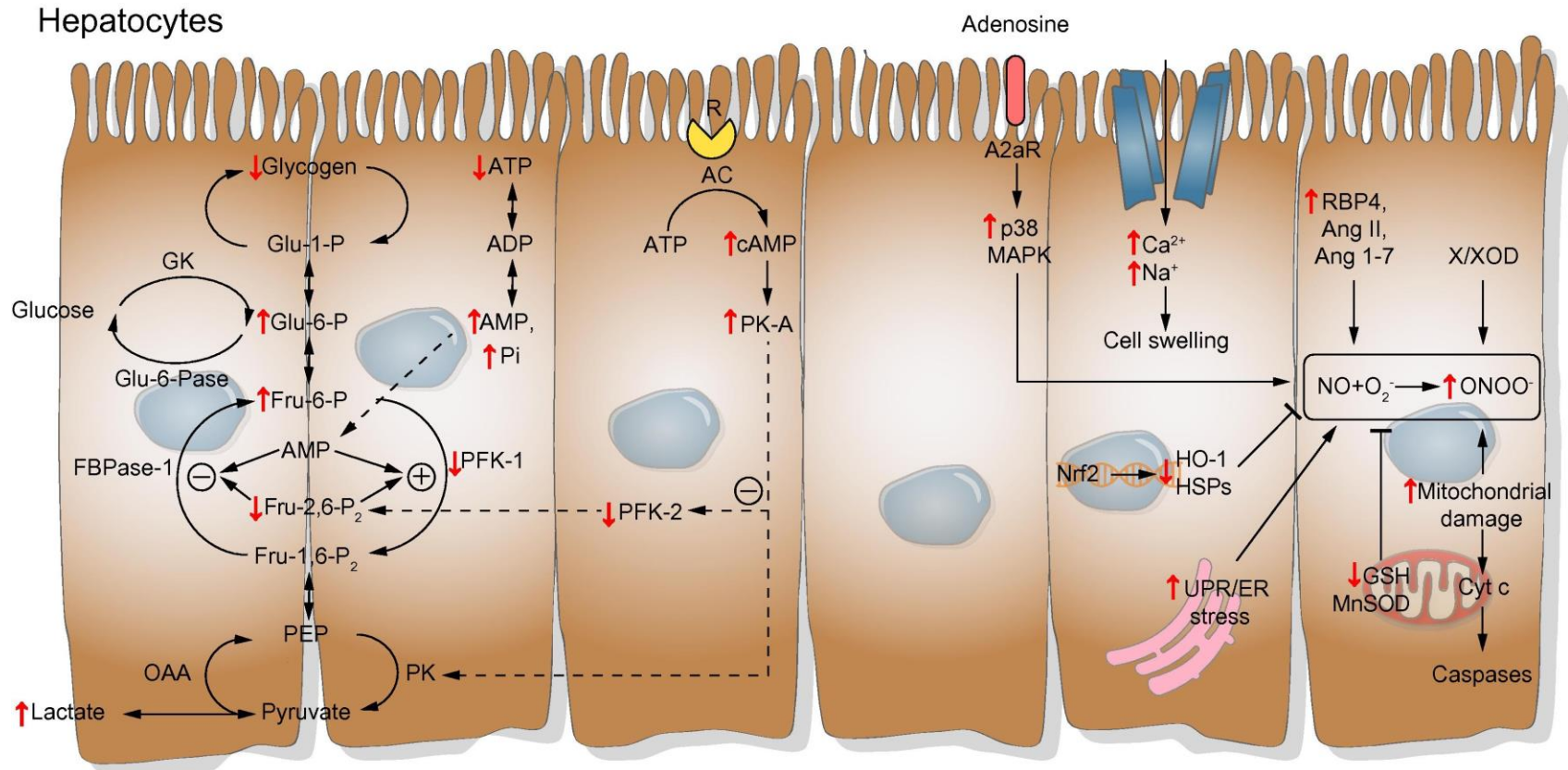
↑ O₂

↑ ROS

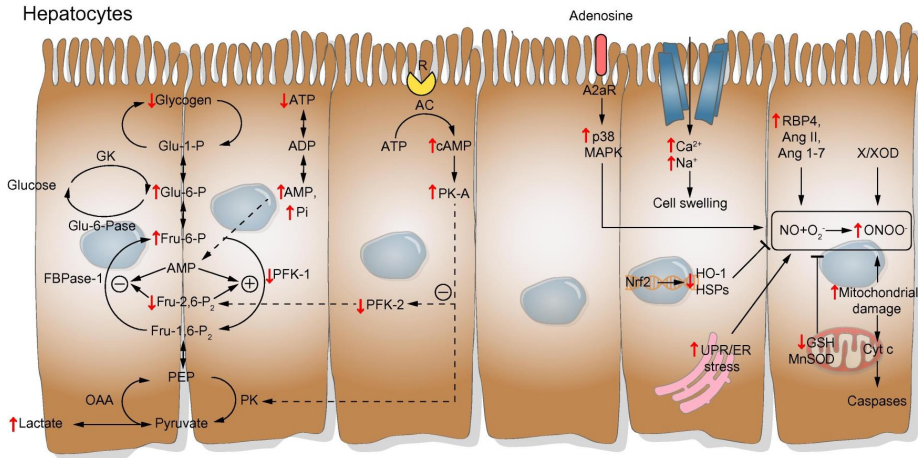
↑ Cell death

Immune Response → therapeutics
M Rodríguez-Perálvarez

Ischemia & Reperfusion Injury – Effects in the parenchyma



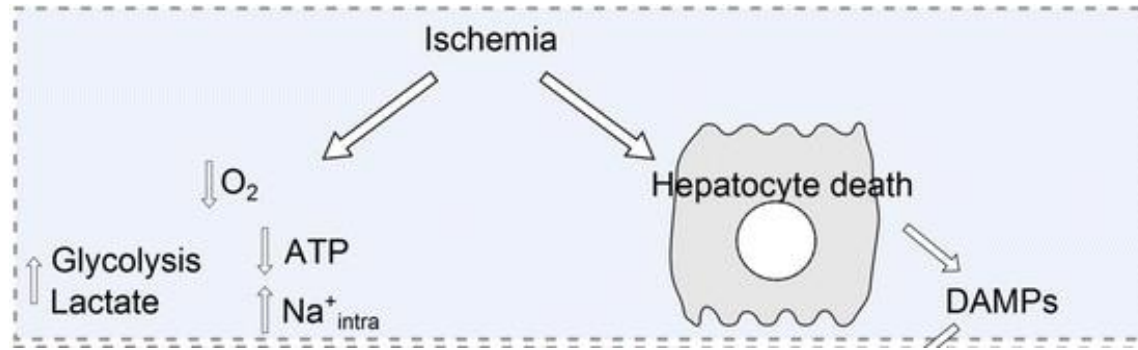
Ischemia & Reperfusion Injury – Effects in the parenchyma



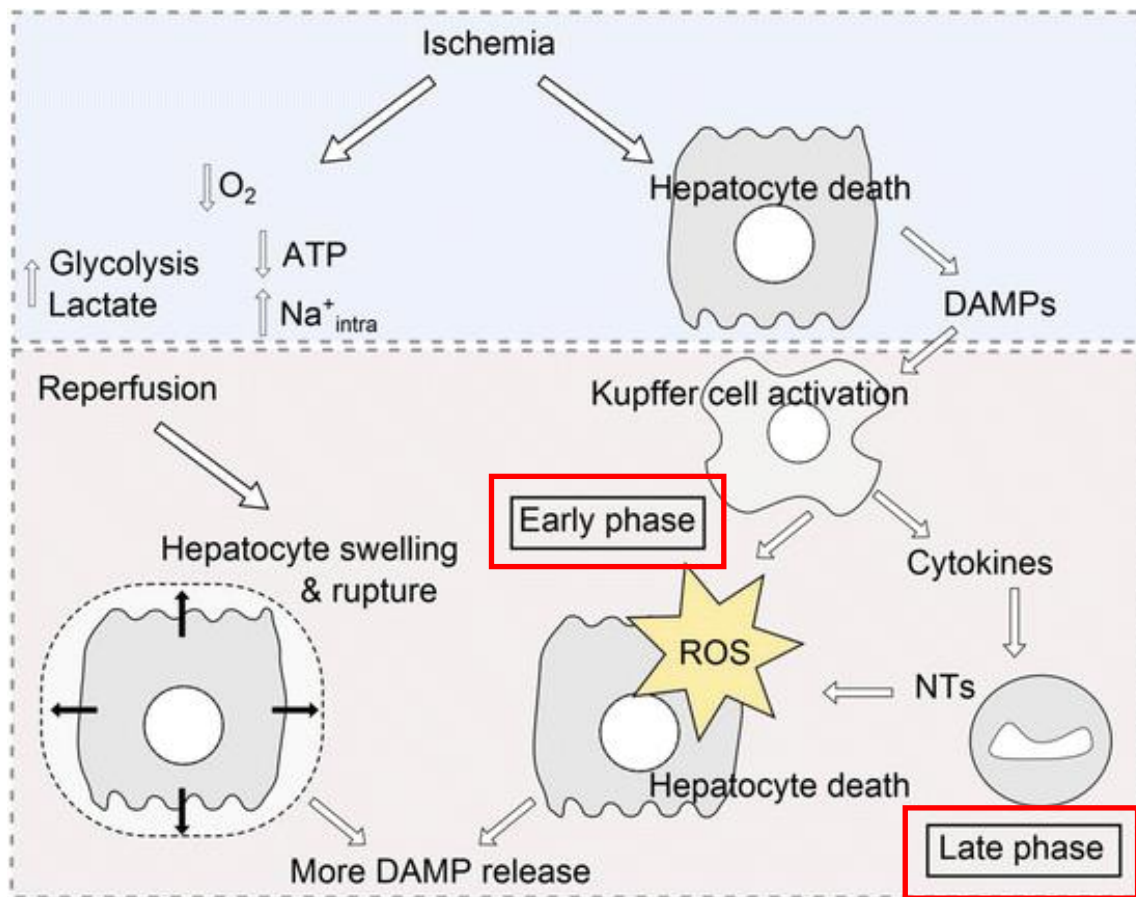
Major consequences:

- Acute inflammatory response
- Burst in oxidative stress
- Liver cell dysfunction & death

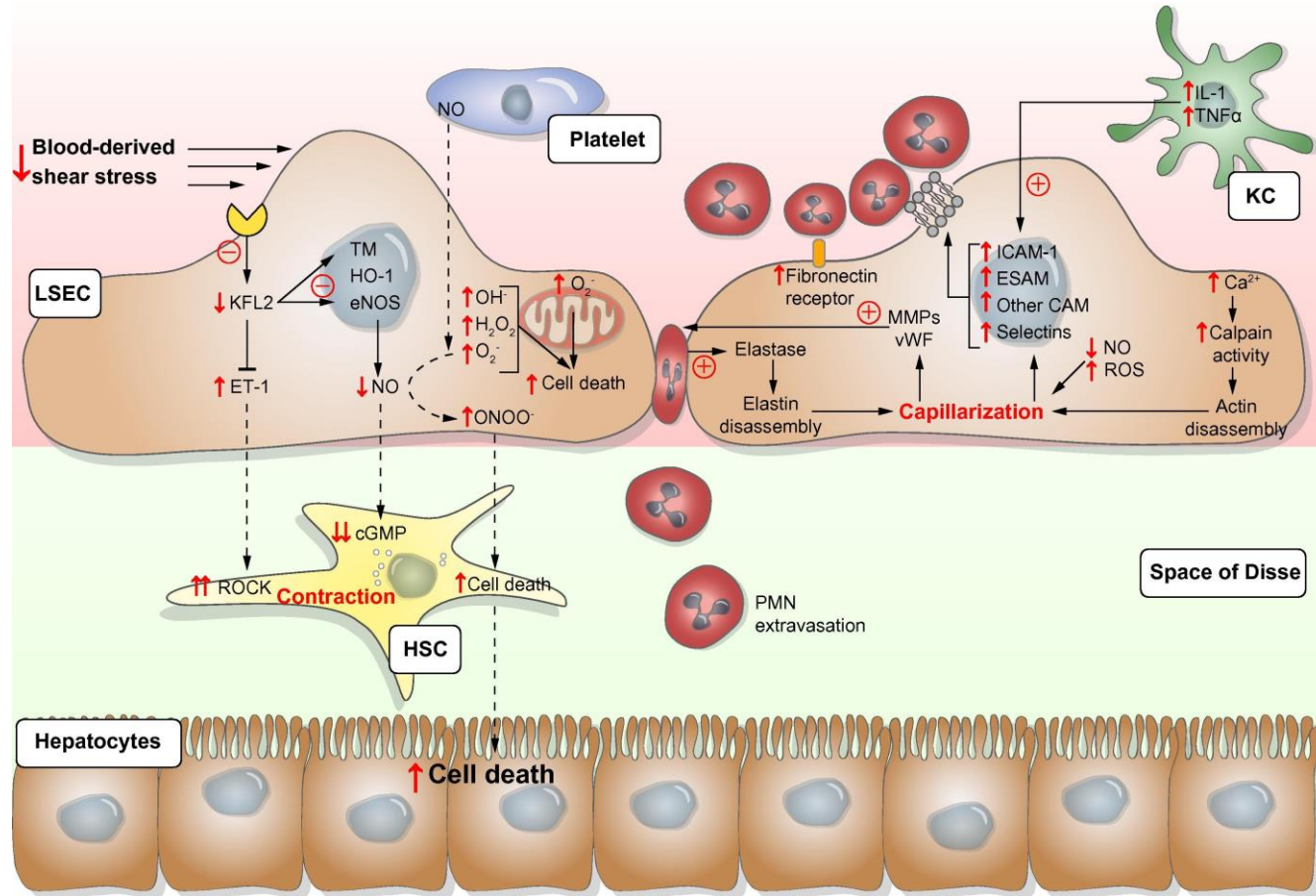
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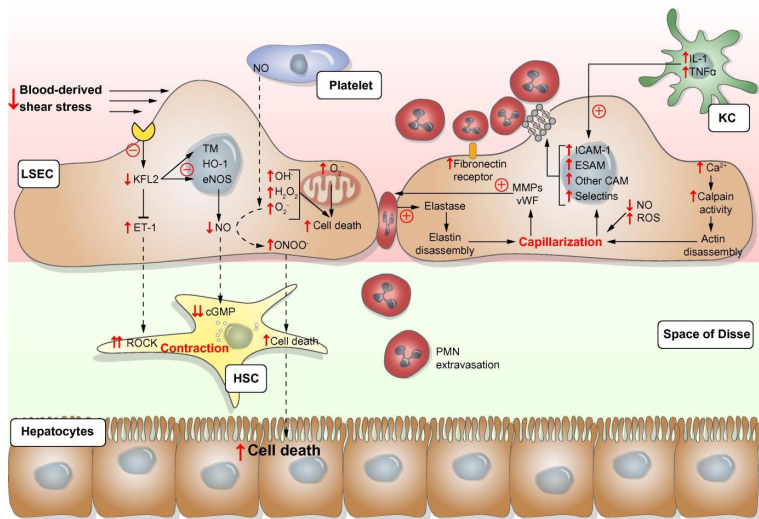
Ischemia & Reperfusion Injury – Effects in the parenchyma



Ischemia & Reperfusion Injury – Effects in the sinusoid



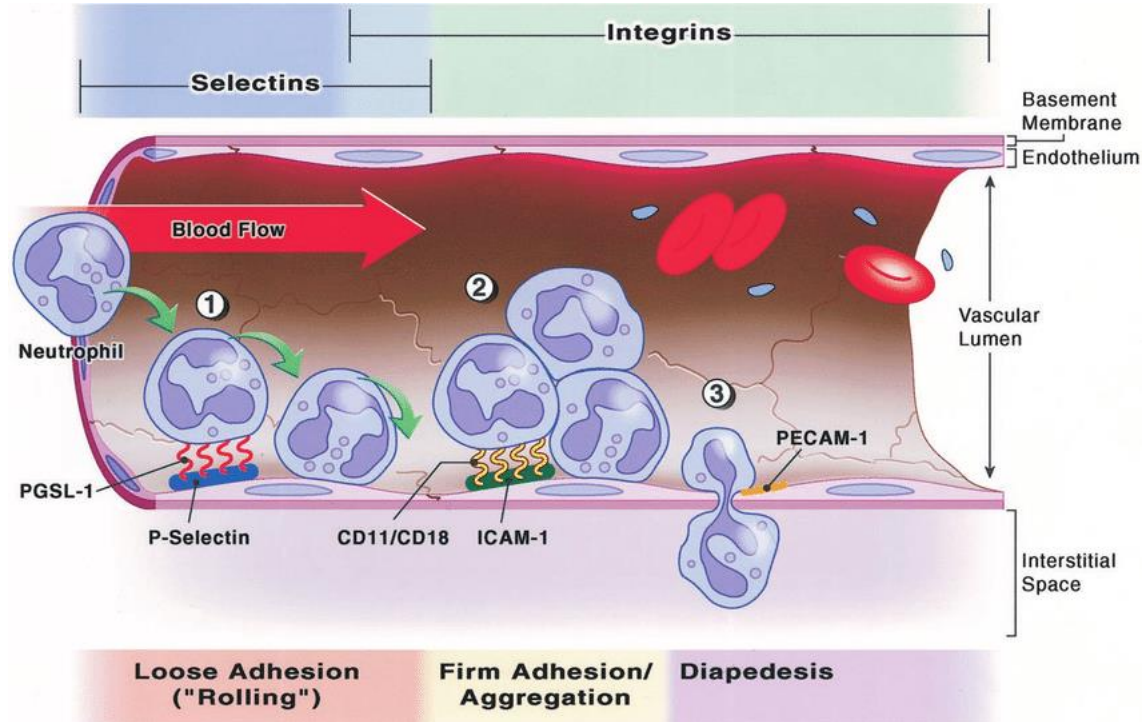
Ischemia & Reperfusion Injury – Effects in the sinusoid



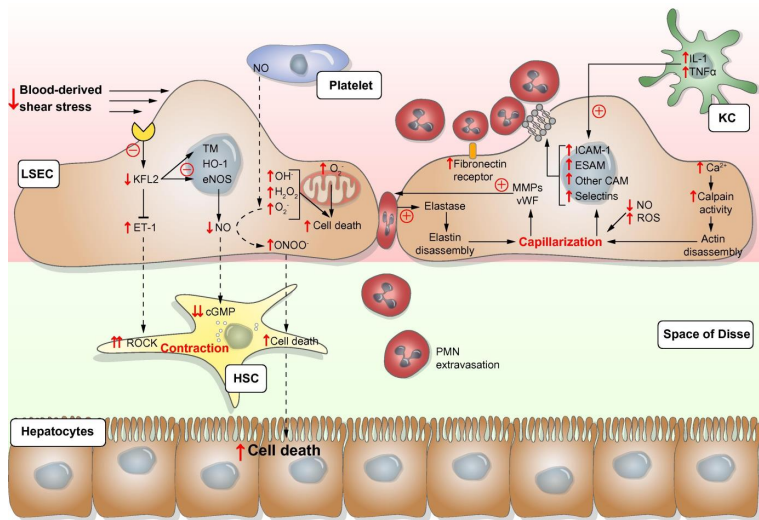
Major consequences:

- Acute endothelial dysfunction + inflammatory cells recruitment
- Increase in hepatic vascular resistance
- Reduced parenchymal perfusion
- Portal Hypertension
- Splanchnic congestion

Ischemia & Reperfusion Injury – Effects in the sinusoid – Inflammatory cells recruitment



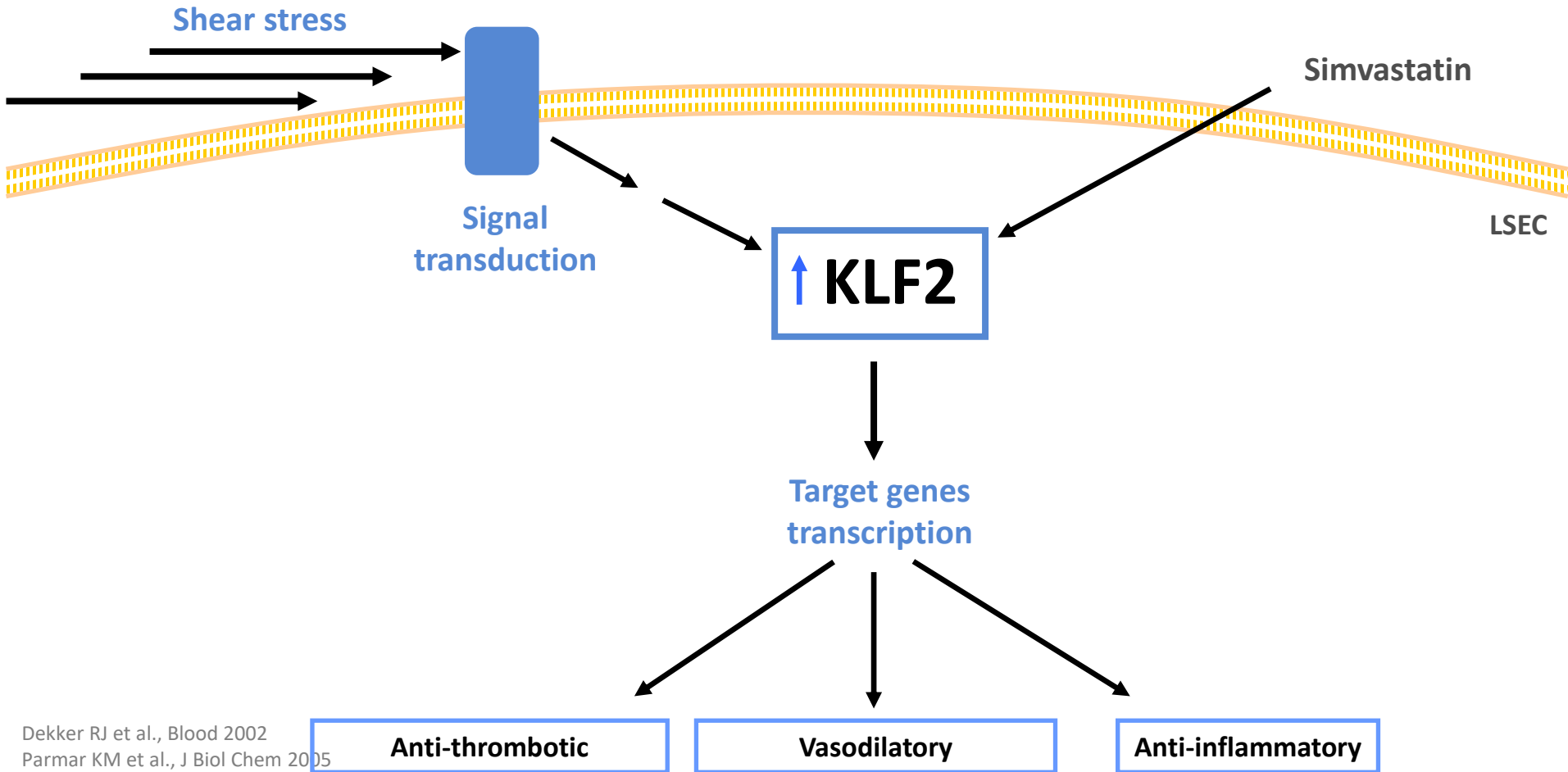
Ischemia & Reperfusion Injury – Effects in the sinusoid



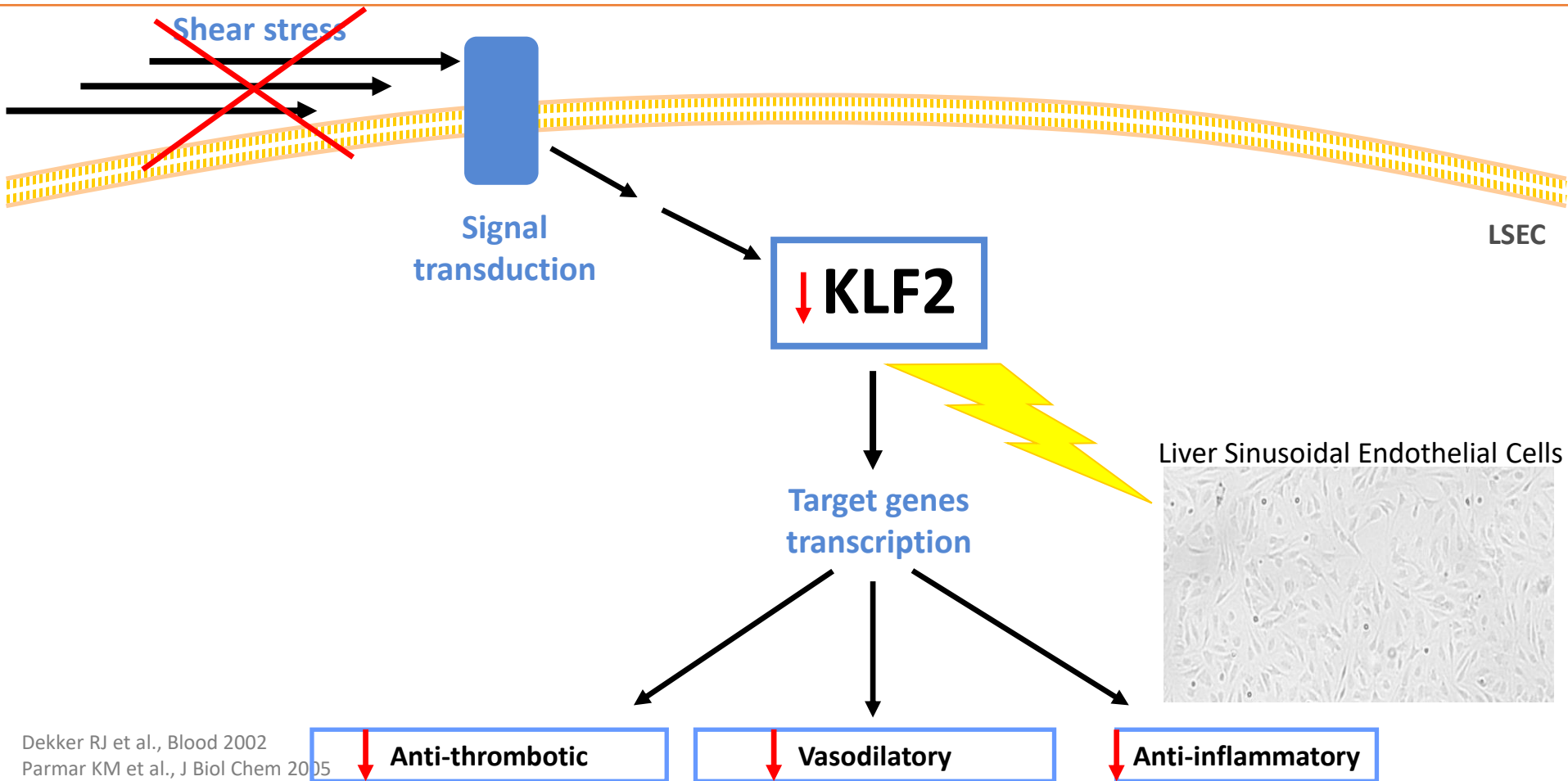
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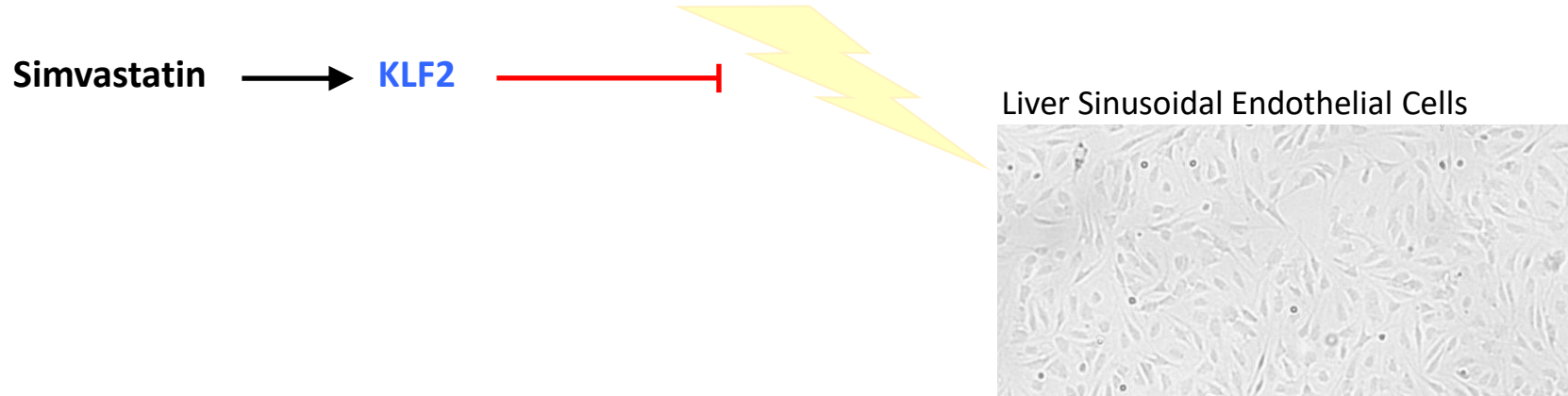
Ischemia & Reperfusion Injury – Effects in the sinusoid



Ischemia & Reperfusion Injury – Effects in the sinusoid

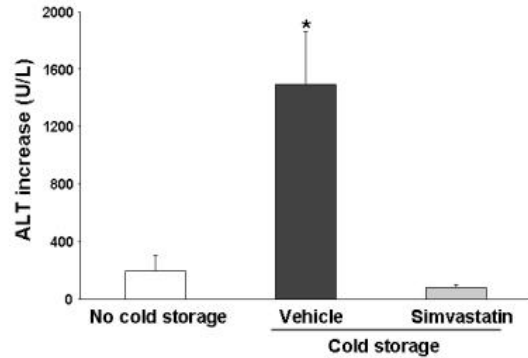


Ischemia & Reperfusion Injury – Effects in the sinusoid – Pharmacological strategy

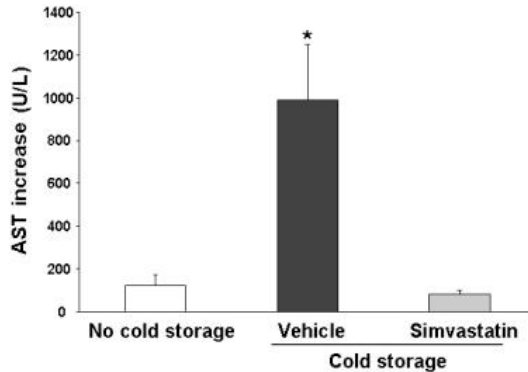
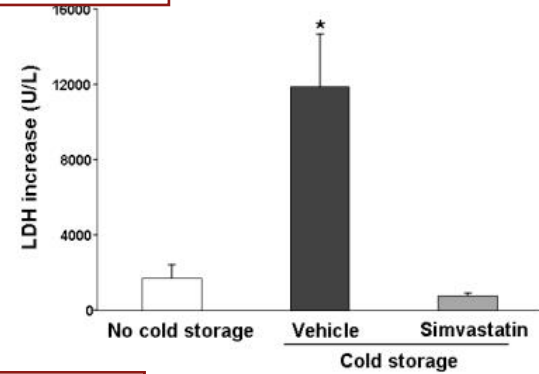


Ischemia & Reperfusion Injury – Effects in the sinusoid – Pharmacological strategy

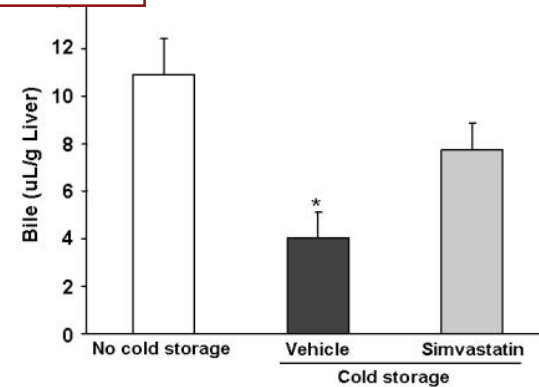
ALT/AST



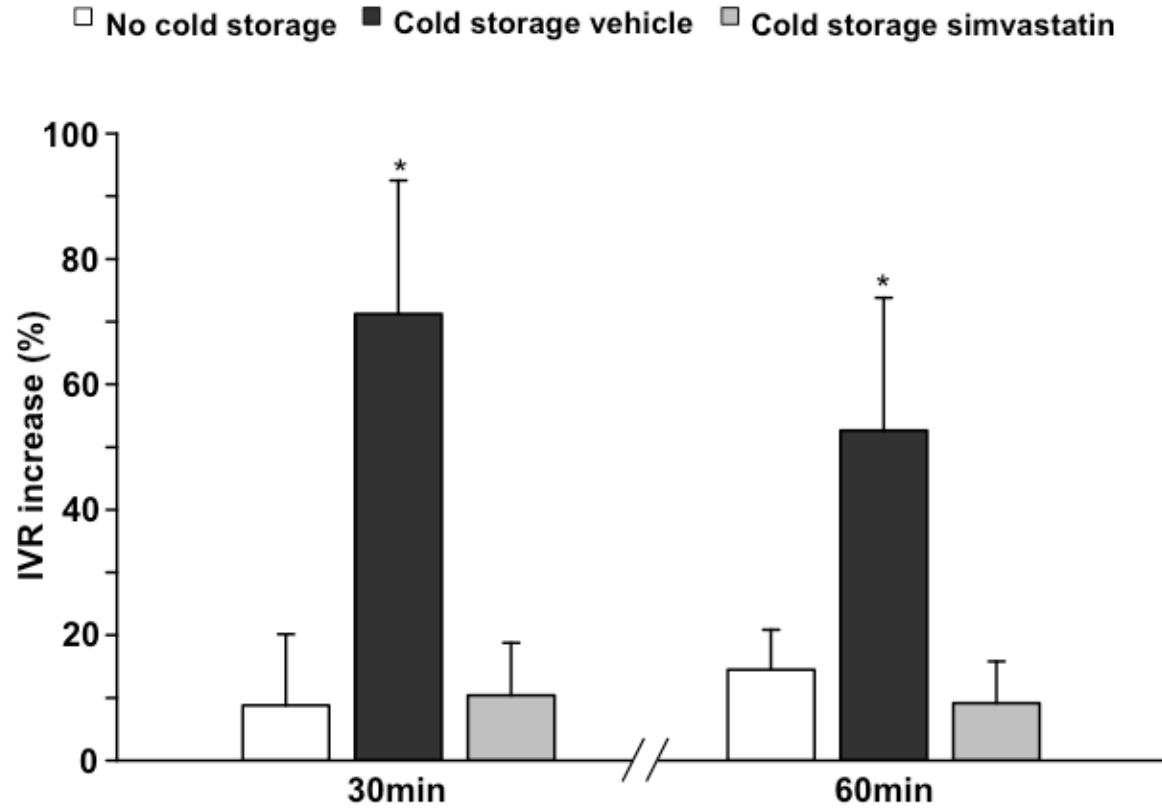
LDH



Bile



Ischemia & Reperfusion Injury – Effects in the sinusoid – Pharmacological strategy



Ischemia & Reperfusion Injury – Effects in the sinusoid – Pharmacological strategy

		Acute liver injury		Evidence of statins-derived protection in:	
		ischemia/reperfusion 24h - 3days	infection 24h - 3days		
LIVER PATHOBIOLOGY	type of injury treatment length				
	Molecular pathways	KLF2-eNOS-NO KLF2-Nrf2-Aox KLF2-Autophagy	KLF2-eNOS-M KLF2-CAMs		
	Targeted cell type	LSEC +++ HM +			
	Underlying mechanisms	Oxidative stress Inflammation Vascular function	Oxidative stress Inflammation Vascular function ECM	HM ++ Neutrophils +	
	Improved pathologic events	Cell death Liver dysfunction Microvascular dysfunction	Cell death Liver dysfunction Microvascular dysfunction Portal hypertension Fibrosis	Cell death Liver dysfunction Kidney injury Microvascular dysfunction Portal hypertension Survival	
EVIDENCE	Pre-clinical models	Cold preservation lean & steatotic grafts - simvastatin - Warm ischemia young & aged animals - simvastatin - Haemorrhagic shock healthy & cirrhotic animals - simvastatin -	acute LPS healthy animals - simvastatin -	chronic CCl ₄ chronic TAA BDL - simvastatin - - atorvastatin -	chronic CCl ₄ aged animals BDL - simvastatin - chronic CCl ₄ + LPS chronic TAA + LPS compensated & decompensated cirrhosis BDL + LPS - simvastatin -
	Clinical evidence	Observational studies - diverse statins -		Observational studies - diverse statins - Proof of concept RCTs - simvastatin - RCT with clinical endpoints - simvastatin -	Ongoing phase III RCT - simvastatin -

Evidence of statins-derived protection in:

Renal Tx
Heart Tx
Lung Tx
Liver Tx (ongoing study)

Ischemia & Reperfusion Injury

Ischemia



Biomechanical injury

Hypoxia injury

↓ Shear stress

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↓ O₂

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Reperfusion



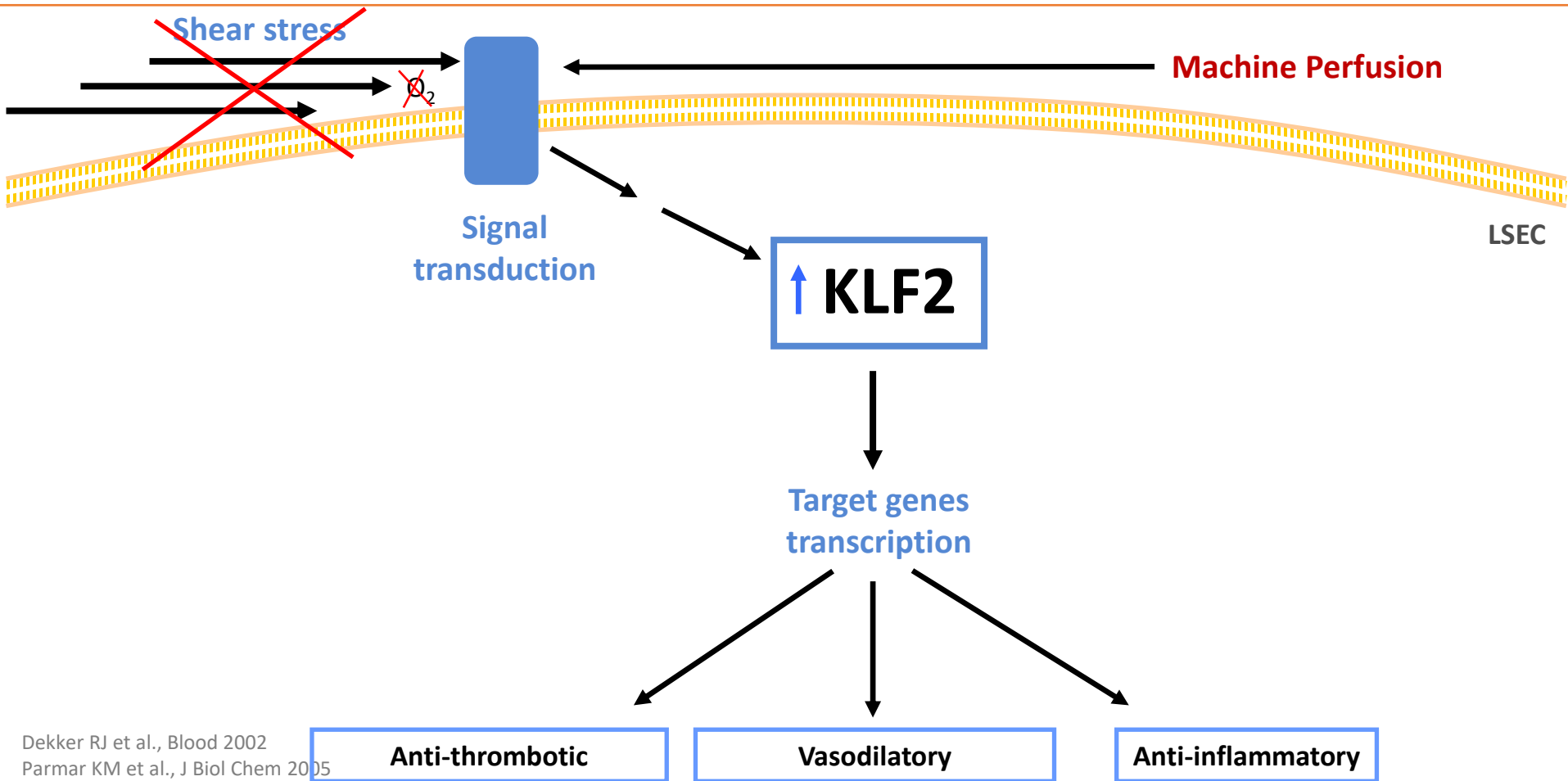
ROS injury

↑ O₂

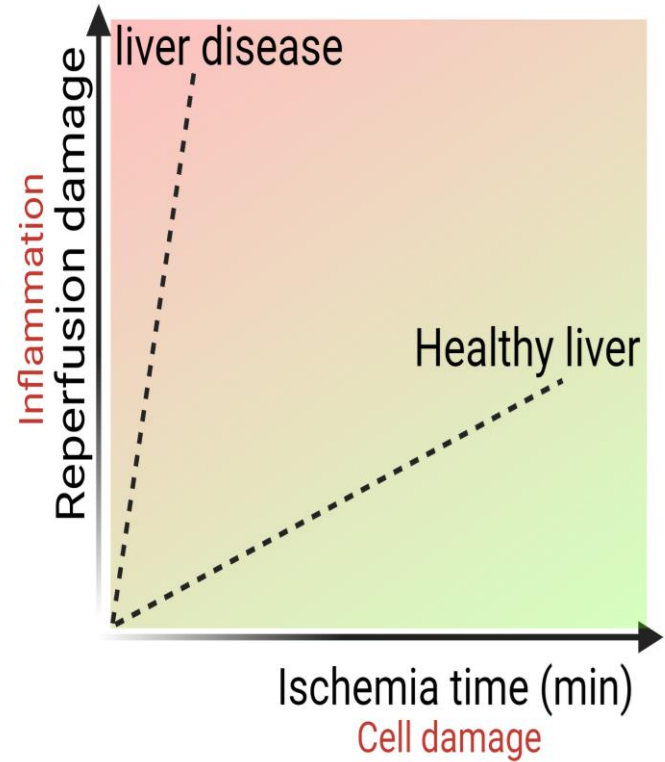
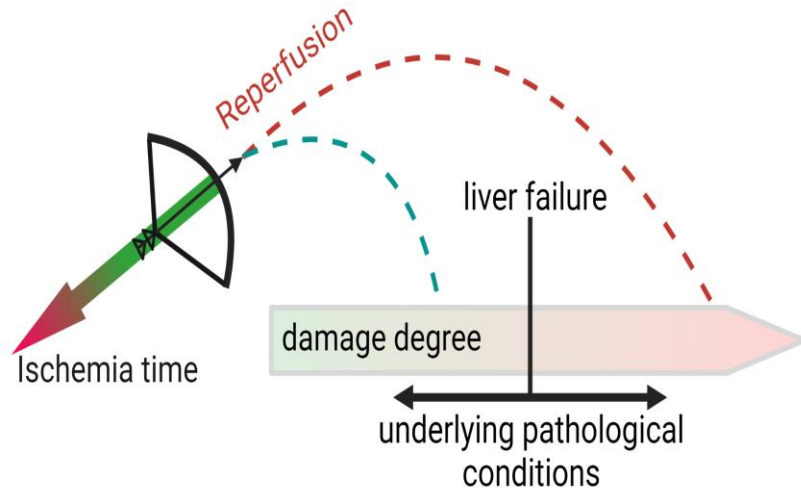
↑ ROS

↑ Cell death

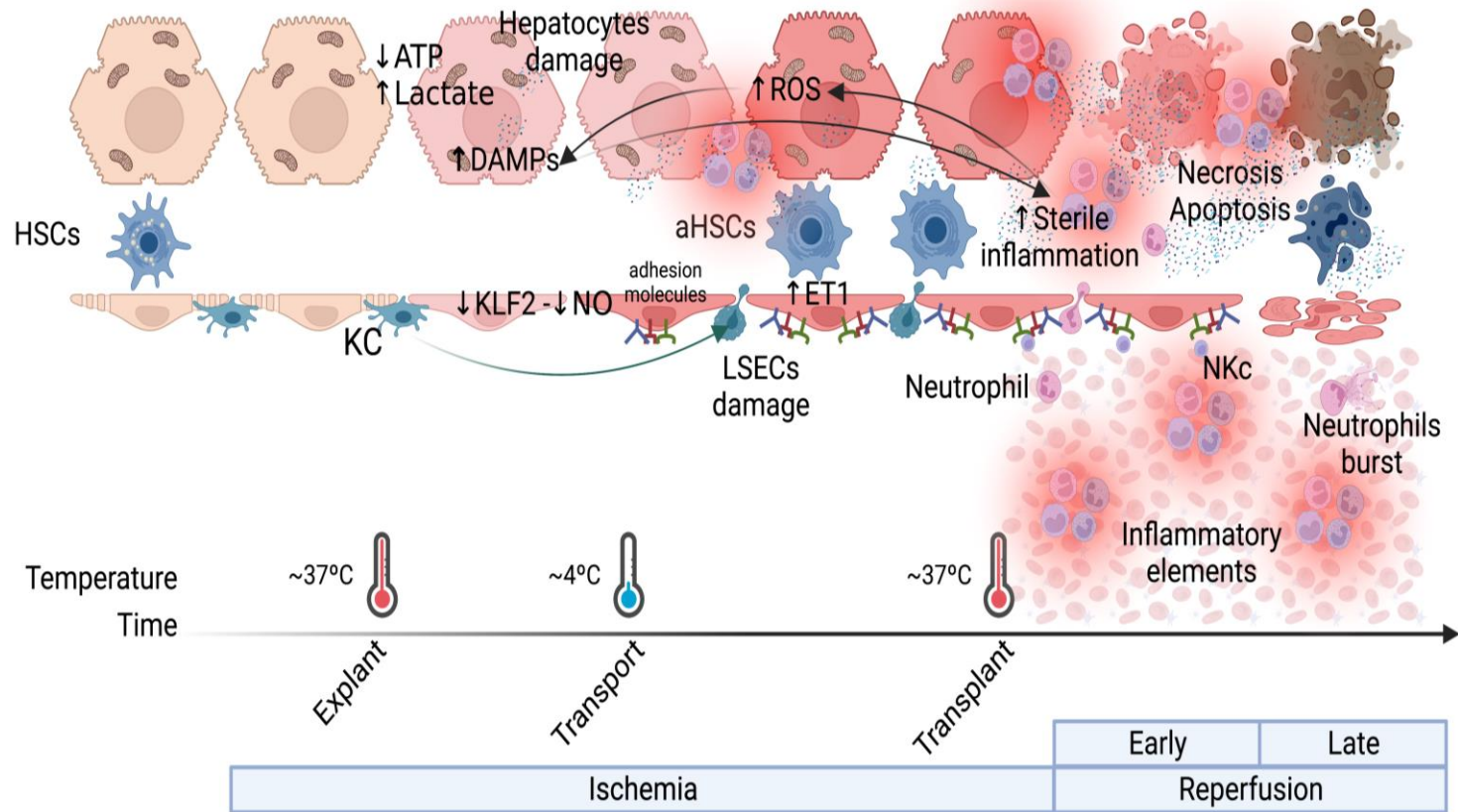
Ischemia & Reperfusion Injury – Effects in the sinusoid



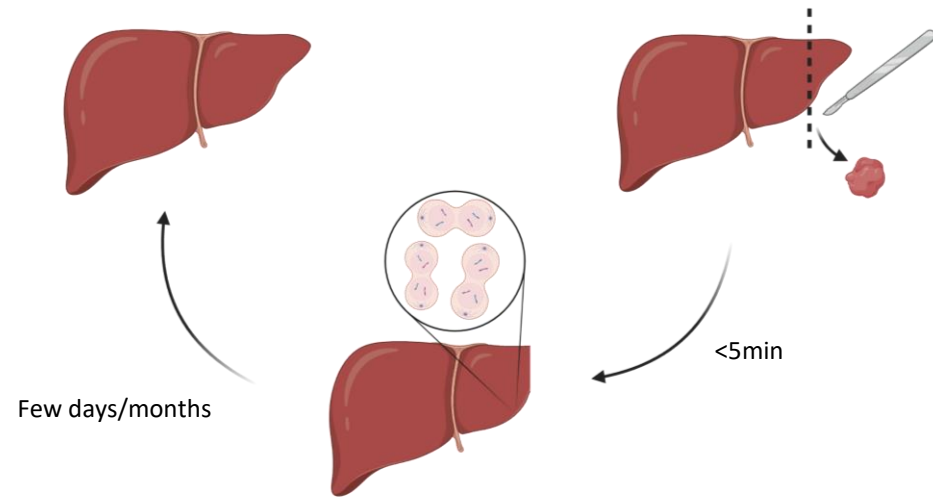
Take home messages (I)



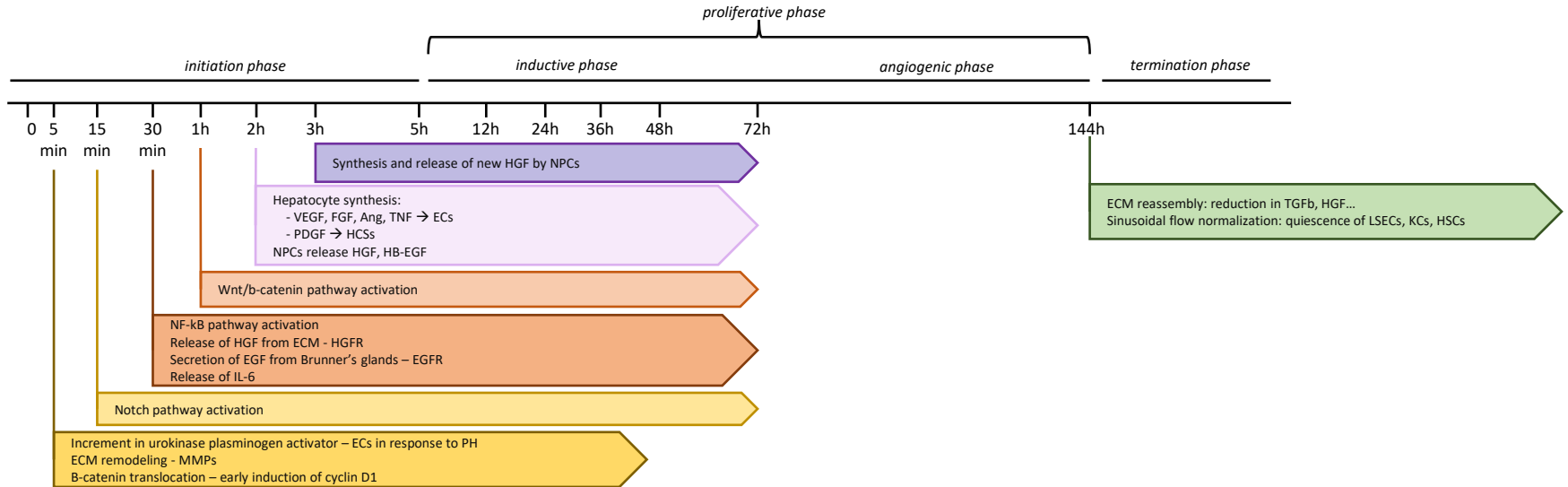
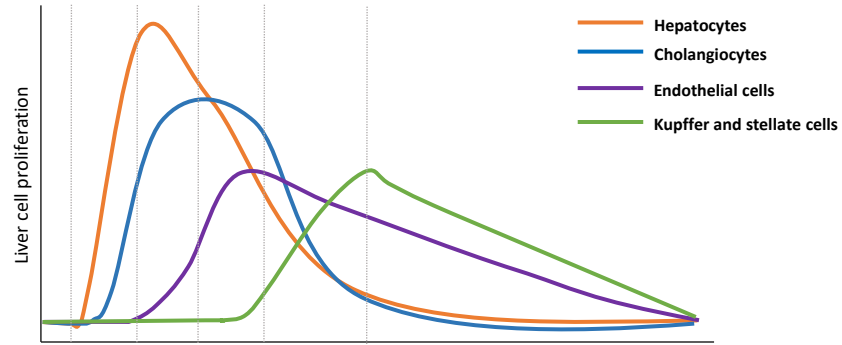
Take home messages (II)



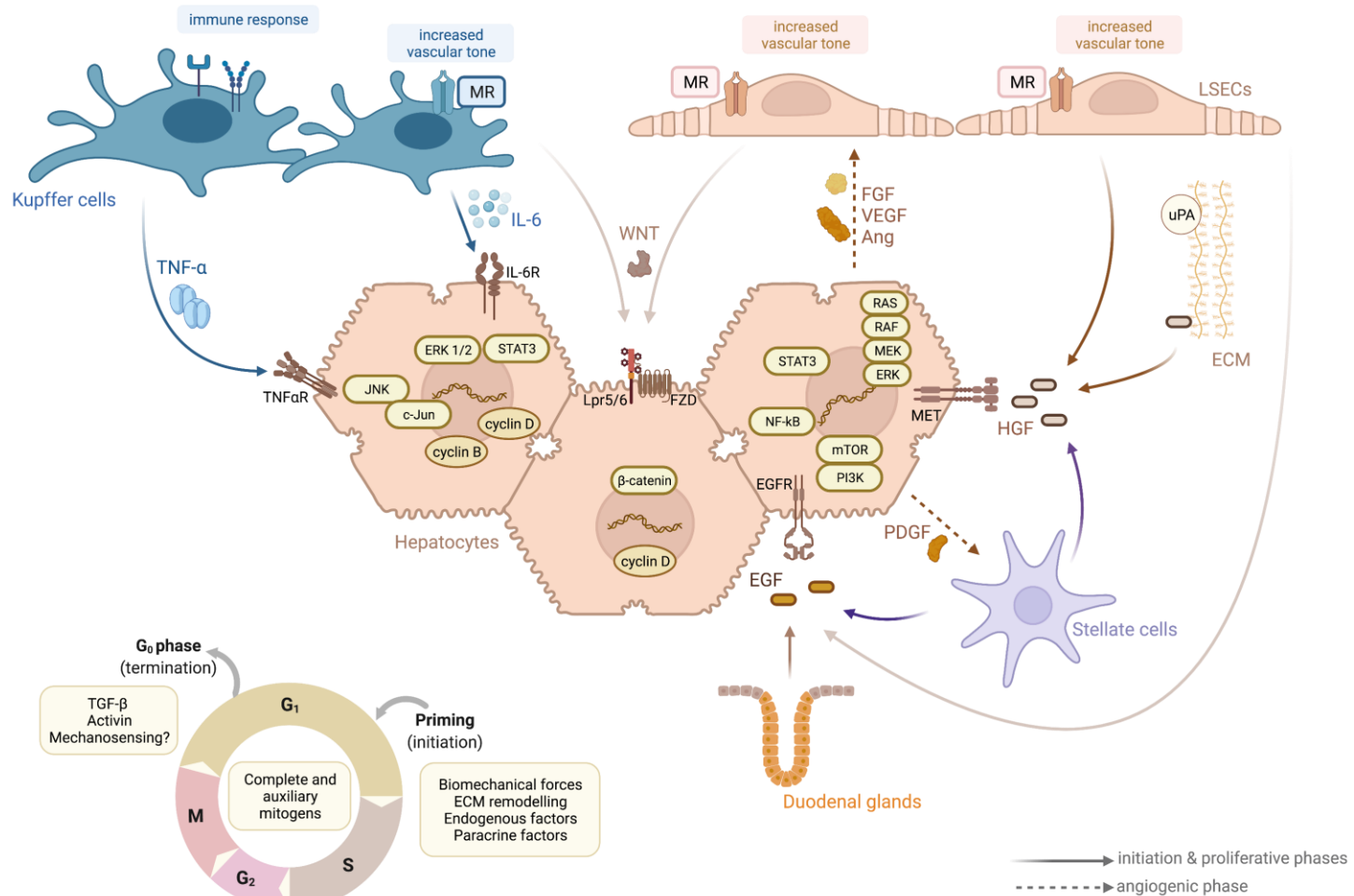
Liver regeneration



Liver regeneration phases



Liver regeneration – molecular pathways



Liver regeneration – take home messages

- The liver is the unique visceral organ able to regenerate (hepatocytes increase in size and number)
- Extremely well defined process, involving all liver cells and ECM
- After few days – months of PHx the liver recovers its original size (but not anatomical structure)
- Liver regeneration also takes place in response to liver injury
- Different factors may influence regenerative capacity (insults, immunosuppression, steatosis, age...)
- Hepatic progenitor cells also participate in liver regenerative capacity (still not well understood)