

# Therapeutic Potential of Mesenchymal Stem Cell Therapy in Liver Regeneration

### Shelley Graeme<sup>\*</sup>

Department of Gastroenterology and Hepatology, University of Sydney, Camperdown, Australia

## DESCRIPTION

The liver, a vital organ responsible for metabolic functions, is susceptible to damage from various insults, including toxins, infections, and metabolic disorders. While the liver possesses remarkable regenerative capabilities, extensive damage can strain its natural healing mechanisms, leading to chronic liver diseases such as cirrhosis and liver failure [1]. Traditional treatments for these conditions often fall short in providing effective solutions, emphasizing the need for innovative therapeutic approaches. One such potential avenue is the use of Mesenchymal Stem Cell (MSC) therapy in liver regeneration. MSCs, multipotent cells found in various tissues including bone marrow, adipose tissue, and umbilical cord blood, possess unique properties that make them ideal candidates for regenerative medicine [2-5]. These cells exhibit self-renewal capacity and can differentiate into different cell types, including hepatocytes, the primary functional cells of the liver. Moreover, MSCs possess potent immunomodulatory and anti-inflammatory properties, further enhancing their therapeutic potential. In liver regeneration, MSCs exert their beneficial effects through multiple mechanisms. Firstly, MSCs can directly differentiate into hepatocyte-like cells, replacing damaged tissue and restoring liver function. Additionally, MSCs secrete a plethora of growth factors, cytokines, and extracellular vesicles that promote tissue repair, angiogenesis, and modulate the immune response. Furthermore, MSCs have been shown to suppress hepatic stellate cell activation, thereby preventing liver fibrosis, a characteristic of chronic liver diseases [6-8]. Preclinical studies in animal models have provided compelling evidence supporting the efficacy of MSC therapy in liver regeneration. These studies have demonstrated improved liver function, reduced fibrosis, and enhanced survival rates following MSC administration. Moreover, clinical trials in patients with liver cirrhosis and acute liver failure have shown promising results, with improvements in liver function tests, quality of life, and survival outcomes observed in treated individuals.

Despite the remarkable progress in MSC therapy for liver regeneration, several challenges remain to be addressed. These include optimizing MSC isolation, expansion, and delivery methods to enhance their therapeutic efficacy [9]. Furthermore, the long-term safety and efficacy of MSC therapy need to be rigorously evaluated through large-scale clinical trials. Additionally, the heterogeneity of MSC populations and variability in patient responses underscore the importance of personalized treatment approaches. Recent advancements in stem cell technology, such as the generation of Induced Pluripotent Stem Cells (iPSCs) and the development of tissueengineered scaffolds, hold promise for enhancing the therapeutic potential of MSCs in liver regeneration. Furthermore, the advent of gene editing technologies, such as CRISPR-Cas9, offers opportunities for enhancing the regenerative capacity of MSCs and addressing genetic abnormalities associated with liver diseases. As with any emerging therapy, ethical considerations surrounding the use of MSCs in liver regeneration warrant careful examination [10]. Ethical guidelines should be established to ensure the responsible and ethical conduct of research involving MSCs, including informed consent, patient confidentiality, and transparency in reporting outcomes.

### CONCLUSION

Mesenchymal stem cell therapy holds immense potential for promoting liver regeneration and treating a wide range of liver diseases. Through their regenerative, immunomodulatory, and anti-fibrotic properties, MSCs offer a novel approach to addressing the clinical needs in liver medicine. Continued research efforts, coupled with advancements in stem cell technology and regulatory frameworks, are essential for realizing the full therapeutic potential of MSC therapy in liver regeneration and improving patient outcomes. Moreover, regulatory agencies play a important role in overseeing the development and commercialization of MSC-based therapies, ensuring their safety, efficacy, and quality standards.

#### REFERENCES

 Fox NC, Crum WR, Scahill RI, Stevens JM, Janssen JC, Rossor MN. Imaging of onset and progression of Alzheimer's disease with

Correspondence to: Shelley Graeme, Department of Gastroenterology and Hepatology, University of Sydney, Camperdown, Australia, E-mail: gra@slcm.com

Received: 01-Mar-2024, Manuscript No. JLR-24-25409; Editor assigned: 04-Mar-2024, Pre QC No. JLR-24-25409 (PQ);Reviewed: 25-Mar-2024, QC No JLR-24-25409; Revised: 01-Apr-2024, Manuscript No. JLR-24-25409 (R); Published: 08-Apr-2024, DOI: 10.35248/2167-0889.24.13.220.

Citation: Graeme S (2024) Therapeutic Potential of Mesenchymal Stem Cell Therapy in Liver Regeneration. J Liver. 13:220.

**Copyright:** © 2024 Graeme S. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

voxel-compression mapping of serial magnetic resonance images. Lancet. 2001; 358(9277): 201-205.

- Kaye JA, Swihart T, Howieson D, Dame A, Moore MM, Karnos T, et al. Volume loss of the hippocampus and temporal lobe in healthy elderly persons destined to develop dementia. Neurology. 1997; 48(5): 1297-1304.
- 3. Meyer MA. Drug therapy in Alzheimer's disease. N Engl J Med. 2004; 351(18): 1911-1913.
- 4. Sheikh N. Advanced stages of Alzheimer's: Understanding the stages. Altoida. 2022.
- Kametani F, Hasegawa M. Reconsideration of amyloid hypothesis and tau hypothesis in Alzheimer's disease. Front Neurosci. 2018; 12: 25.
- Castellani RJ, Plascencia-Villa G, Perry G. The amyloid cascade and Alzheimer's disease therapeutics: Theory versus observation. Lab Invest. 2019; 99(7): 958-970.

- Contestabile A. The history of the cholinergic hypothesis. Behav Brain Res. 2011; 221(2): 334-340.
- Padurariu M, Ciobica A, Lefter R, Serban IL, Stefanescu C, Chirita R. The oxidative stress hypothesis in Alzheimer's disease. Psychiatr Danub. 2013; 25(4): 401-409.
- 9. Arnsten AF, Datta D, Tredici KD, Braak H. Hypothesis: Tau pathology is an initiating factor in sporadic Alzheimer's disease. Alzheimers Dement. 2021; 17(1): 115-124.
- Medeiros R, Baglietto-Vargas D, LaFerla FM. The role of tau in Alzheimer's disease and related disorders. CNS Neurosci Ther. 2011; 17(5): 514-524.