

# Effects of exudate physical, chemical and thermal conditions on collective migration of tissue-repairing cells: Mechanobiological studies

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# Mechanisms of cell migration as related to wound healing

(i) Extension of a leading edge protrusion - lamellipodium

(ii) Establishment of new adhesion sites at the front

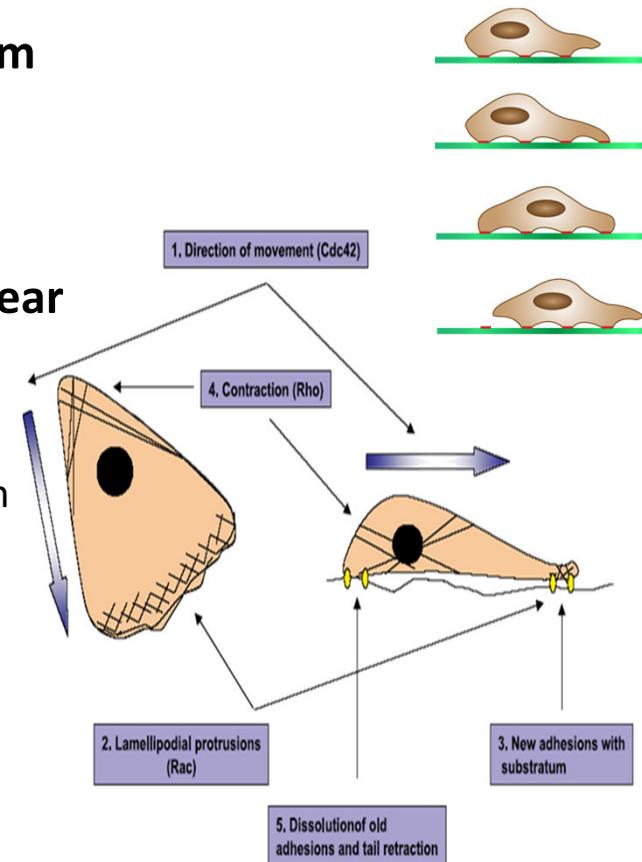
(iii) Contraction & detachment of adhesions at the cell rear

*Proteins which control the cytoskeleton:*

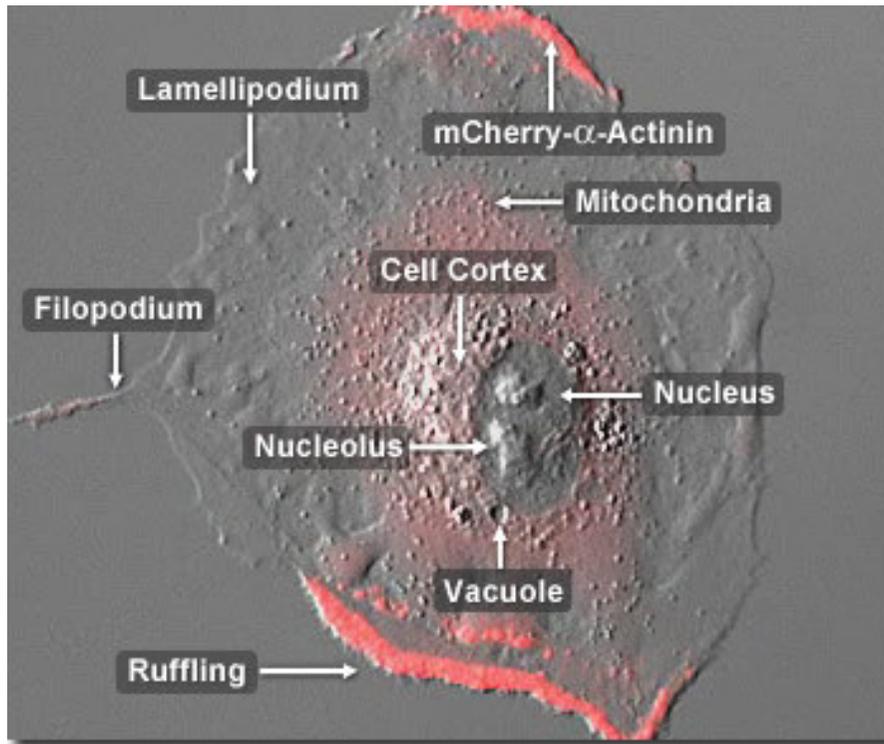
- **Rac**: Promotes formation of actin polymers at the lamellipodium
- **Rho**: Controls formation of actin-based cytoskeletal structures
- **Cdc42**: Controls cell polarity & migration direction in wounds

\* Migration control balances activation of

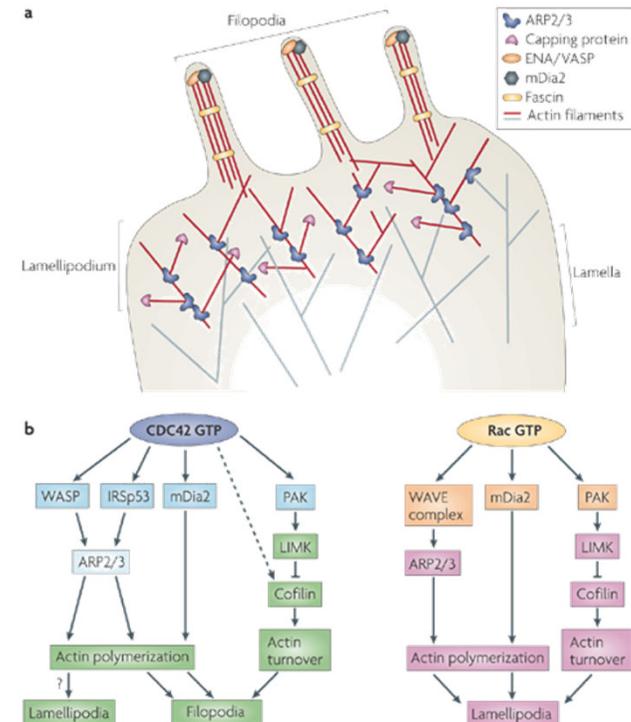
**Rac**  $\longleftrightarrow$  **Rho**  
*stimulates cell spreading/migration*      *cell contractility and adhesion*



# Cell movement versus probing functions



<http://www.olympusmicro.com>



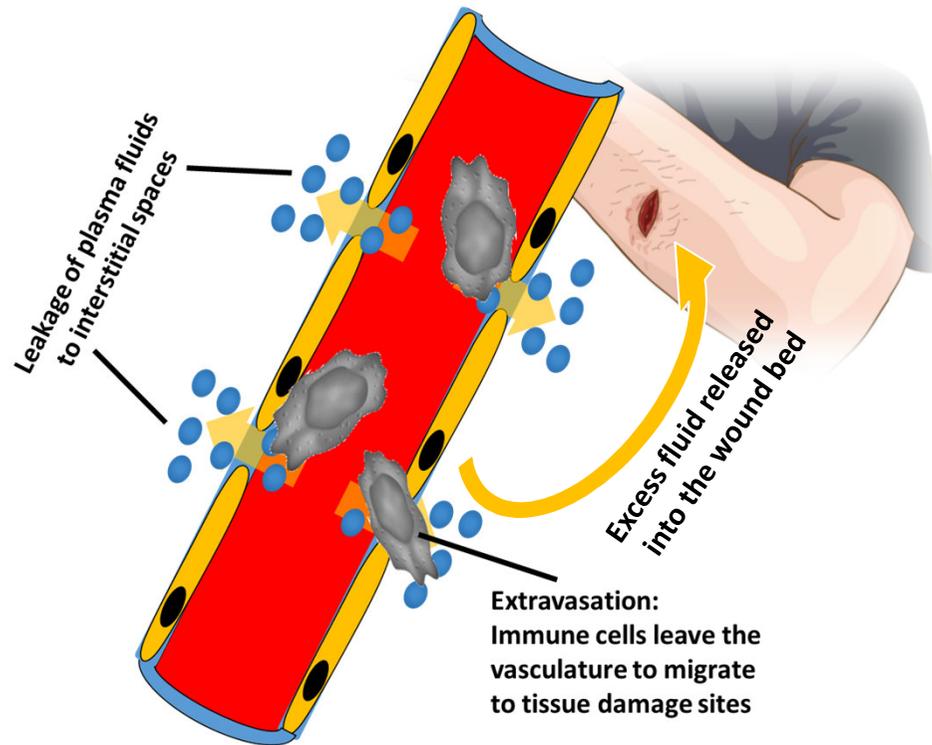
Nature Reviews | Molecular Cell Biology

Heasman and Ridley *Nature Reviews Molecular Cell Biology*, 2008

- Lamellipodia are broad sheet-like protrusions controlled by Rac that contain a branched network of short actin filaments
- Filopodia are long, thin protrusions regulated by Rho/Cdc42 that emerge from the plasma membrane and allow cells to probe

# The exudate is the environment in which cells migrate in the wound bed

Source of exudate fluids:  
Leaky vessels due to inflammation



Gefen *Med Eng Phys*, 2019 (under review)

Compositions & properties of  
wound exudates vary considerably

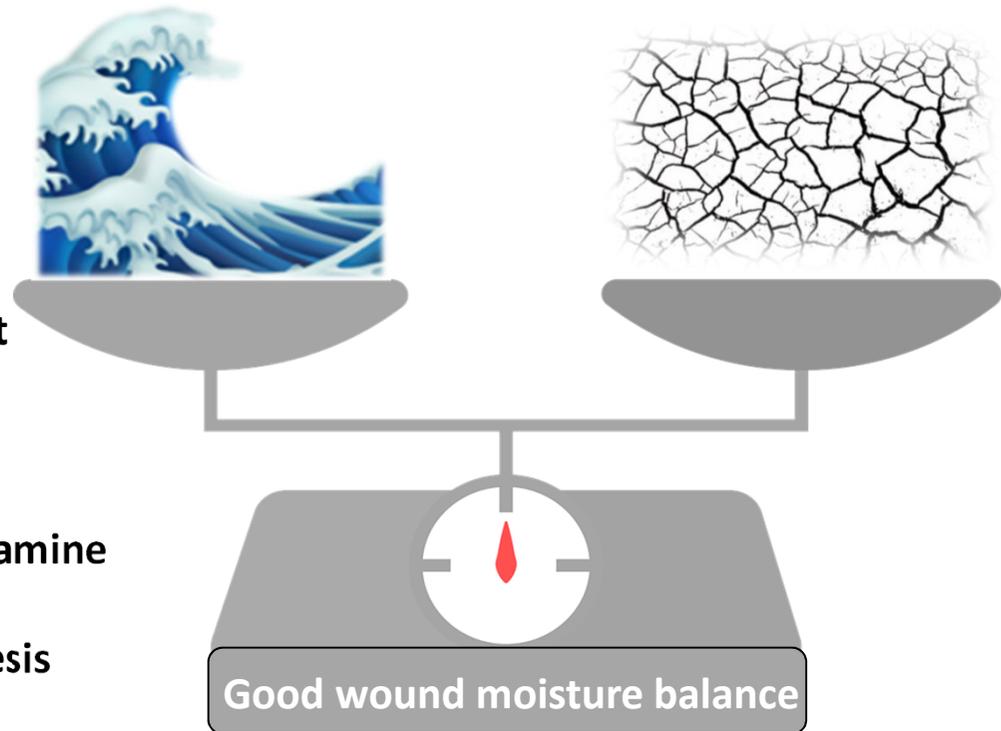


Vowden et al. *Wounds UK* 2015

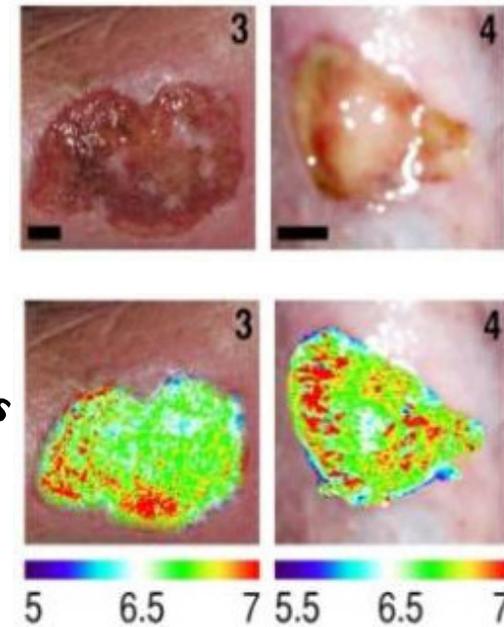
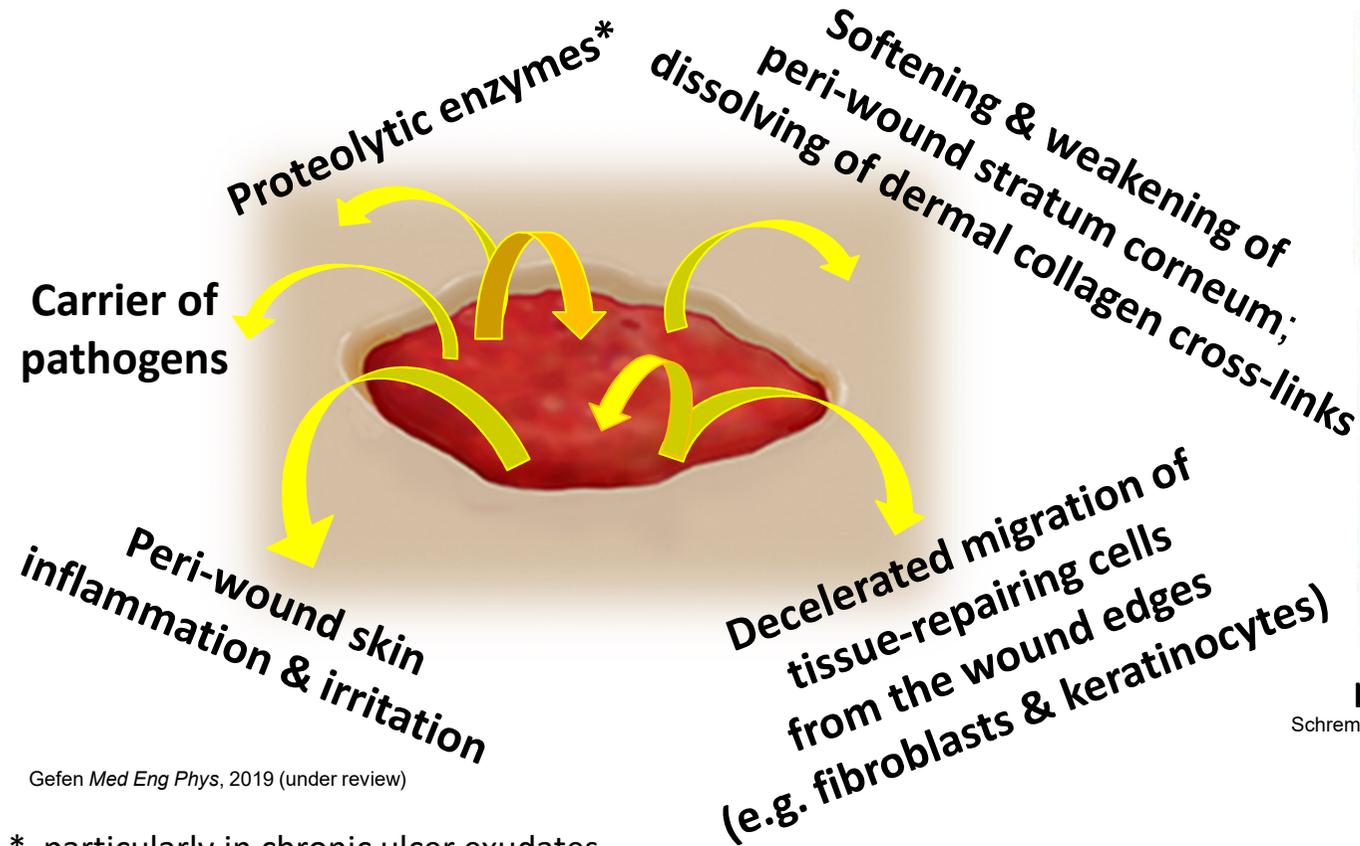
# The roles of exudate in wound healing

**Moisture (presence of exudate) in the wound bed is critical for:**

- Preventing the wound bed from drying out
- Nutrient diffusion to cells
- Inflammatory mediator diffusion, e.g. histamine
- Growth factor diffusion, e.g. for angiogenesis
- Allowing immune cell migration → reduce bacterial burden
- **Ultimately, allowing migration of tissue-repairing cells, e.g. fibroblasts**



# Hostile-to-cells wound exudates can hinder cell migration & repair



**pH of exudates tends to be acidic**

Schreml, *European Journal of Molecular & Clinical Medicine* 2015

Gefen *Med Eng Phys*, 2019 (under review)

\* particularly in chronic ulcer exudates

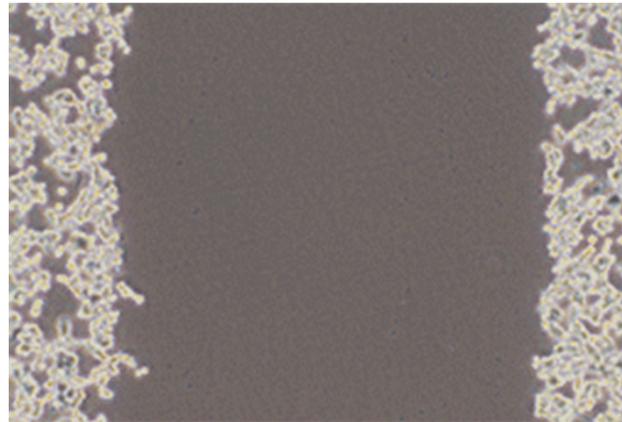
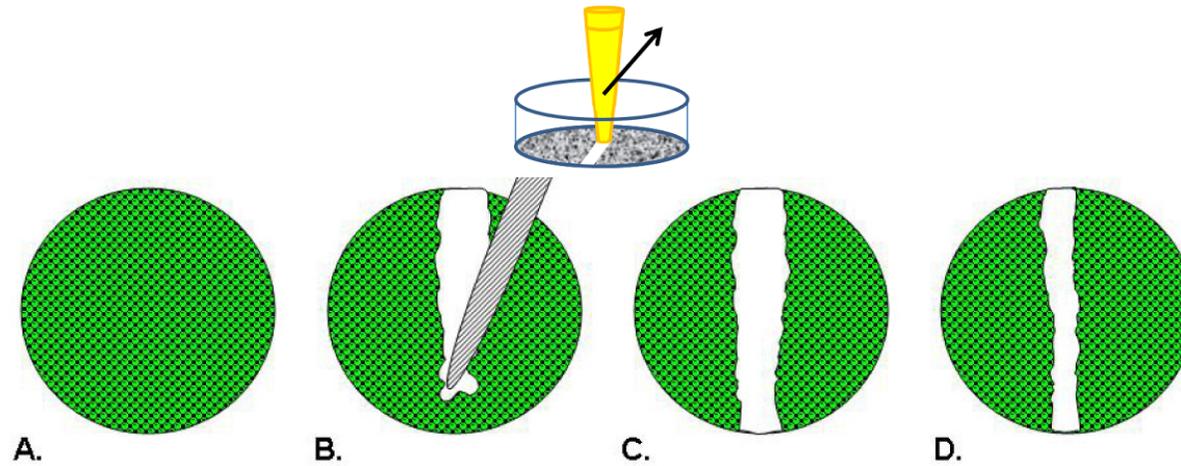
Palolahti et al. *Exp Dermatol*. 1993

Gefen *Journal of Tissue Viability* 2011  
 Topman, Gefen et al. *Ann Biomed Eng*. 2012  
 Woo et al. *Advances in Skin & Wound Care* 2017  
 Kottner, Gefen et al. *Clin Biomech*. 2018  
 Schwartz, Gefen et al. *Int Wound Journal* 2018

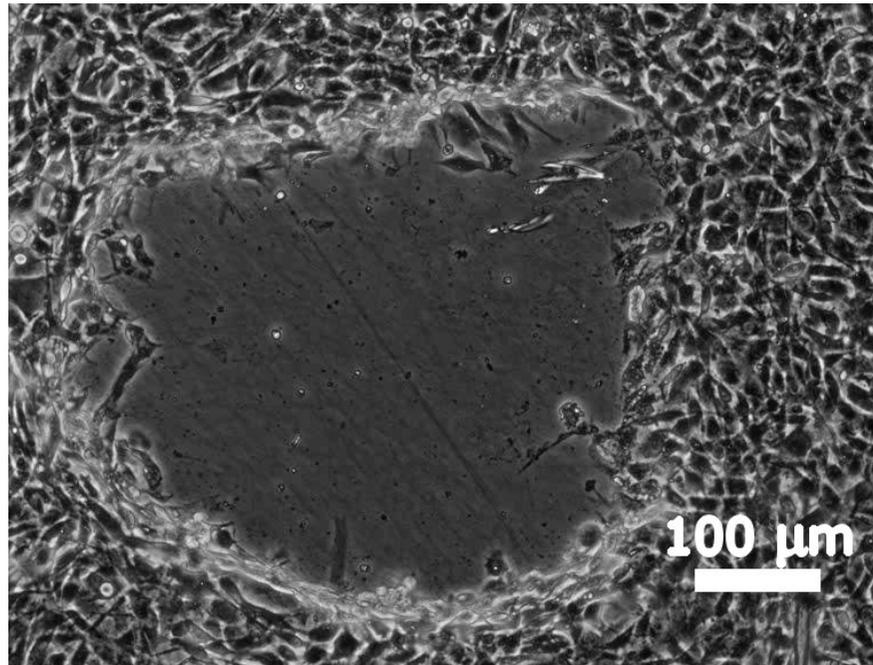


# **Studies of the impact of the chemical and physical exudate environment on collective cell migration**

# Measuring collective cell migration: Traditional scratch assays



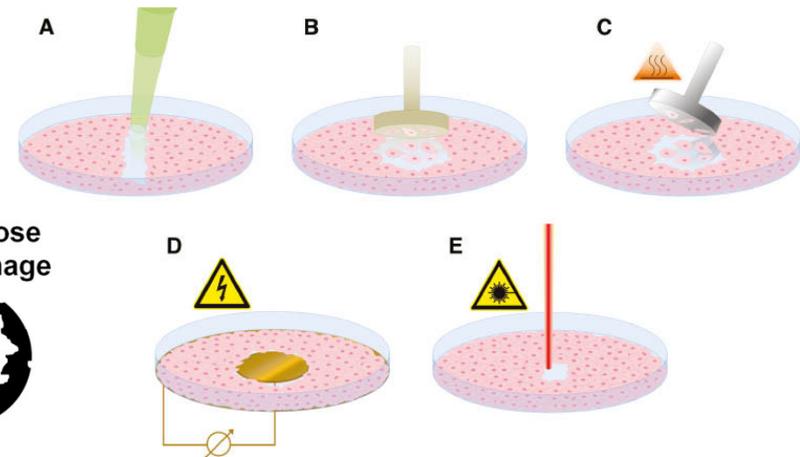
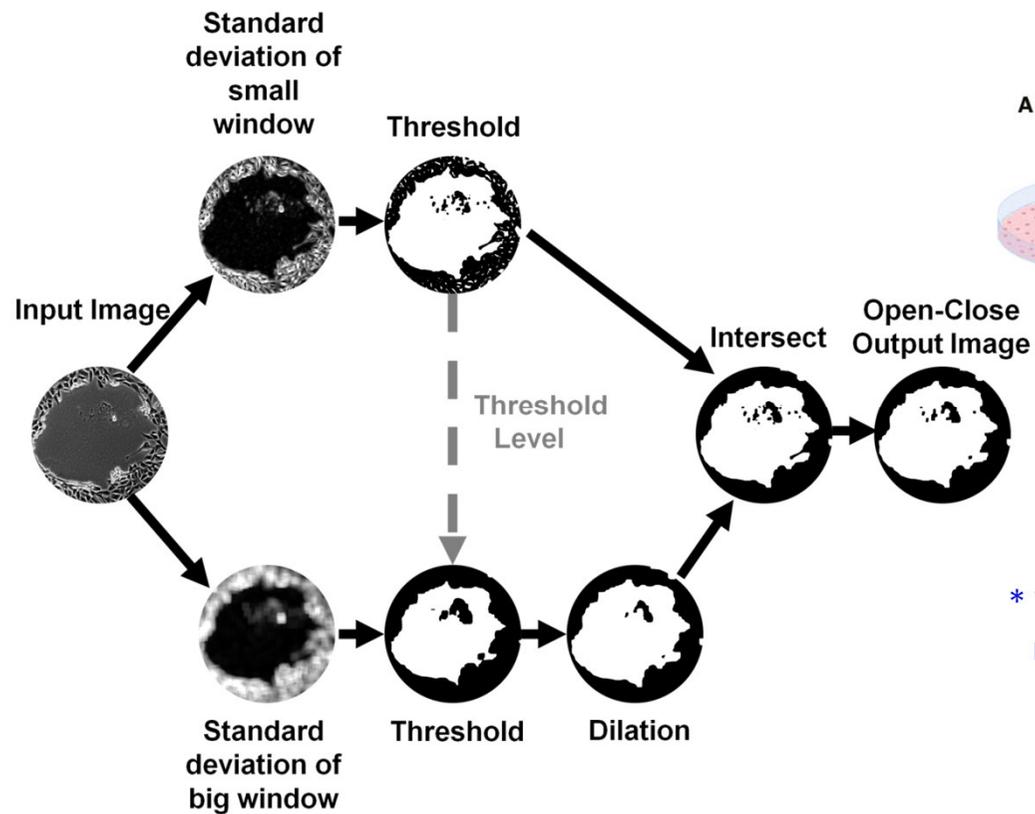
## Measuring collective cell migration: Assay automation (I)



- The “wound” area has a more homogenous localized image texture
- Standard deviation of pixel intensities in a window is a texture homogeneity measure

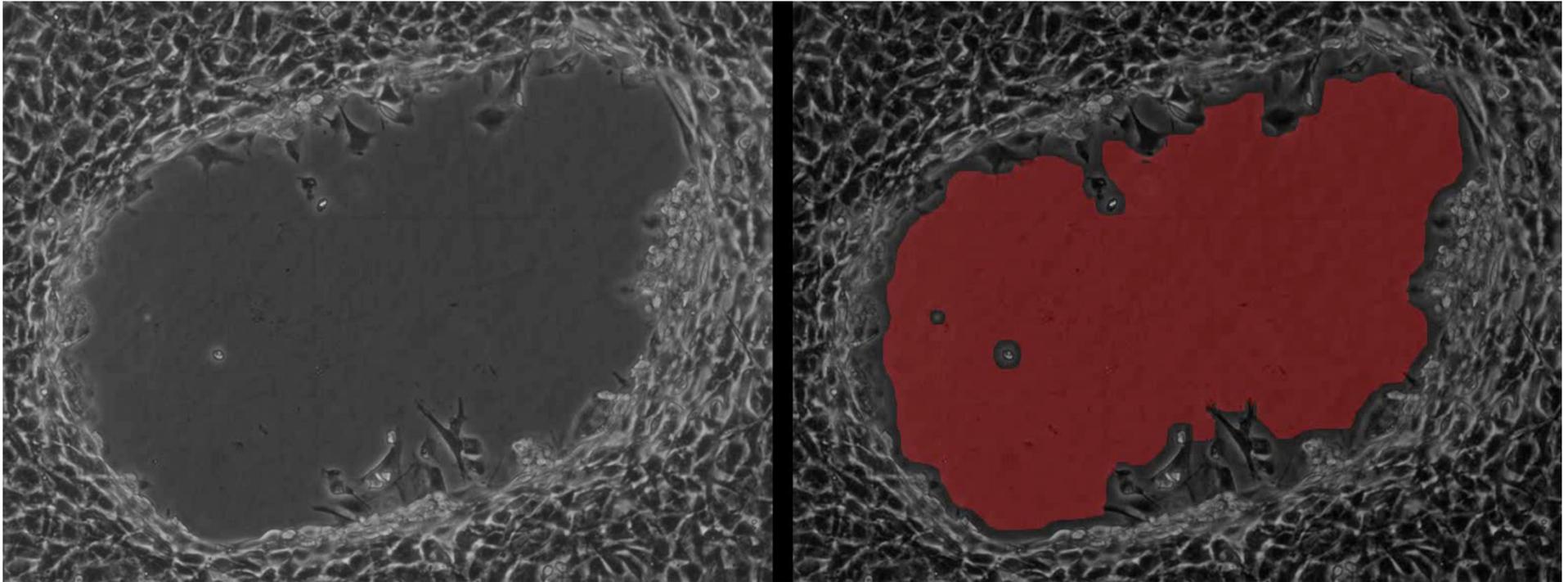
# Measuring collective cell migration: Assay automation (II)

Schematics of the wound area detection algorithm:



\* The algorithm is generic and will function regardless of how damage has been inflicted

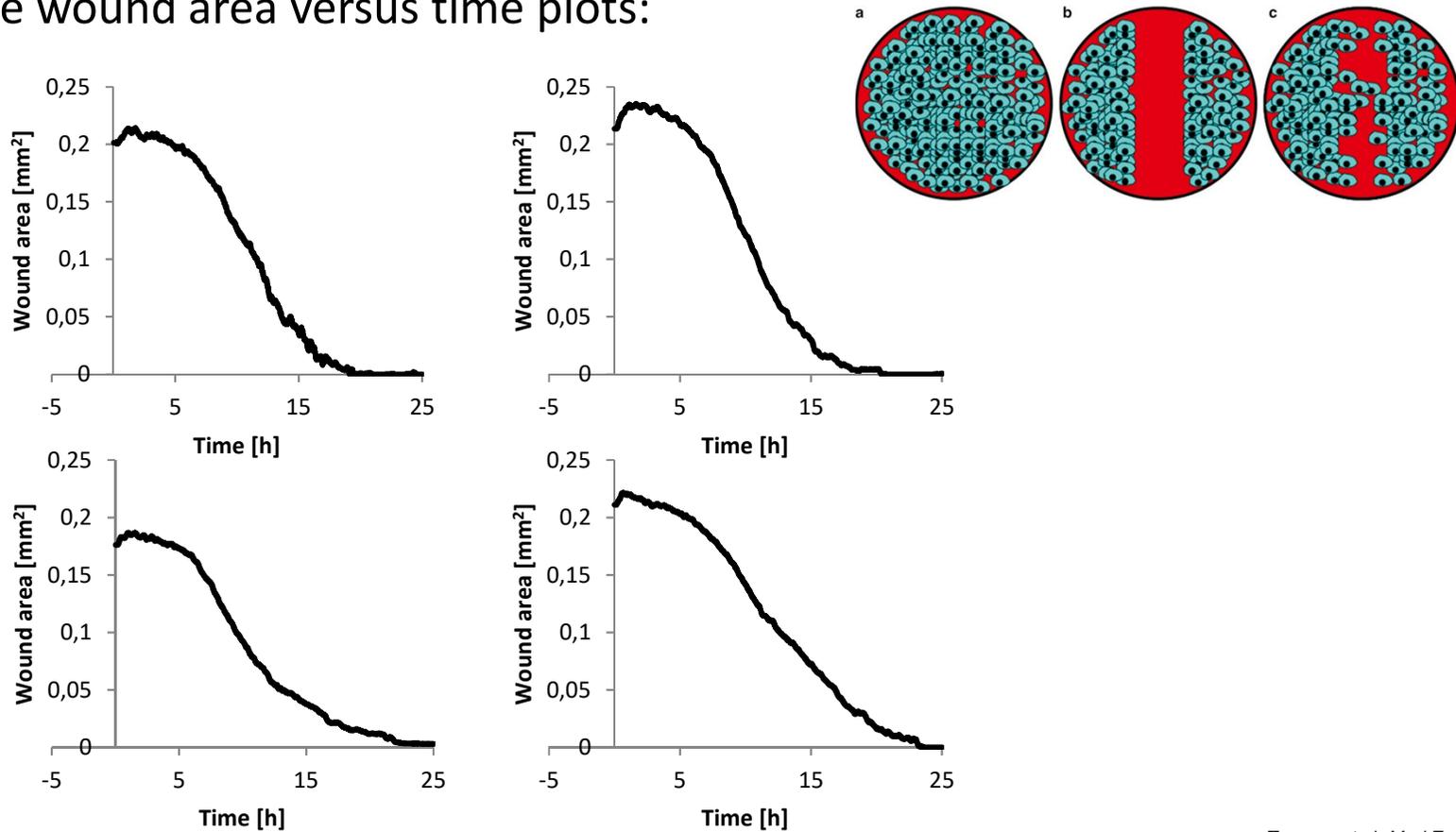
## Measuring collective cell migration: Automated assays (I)



**Analysis over a time course**

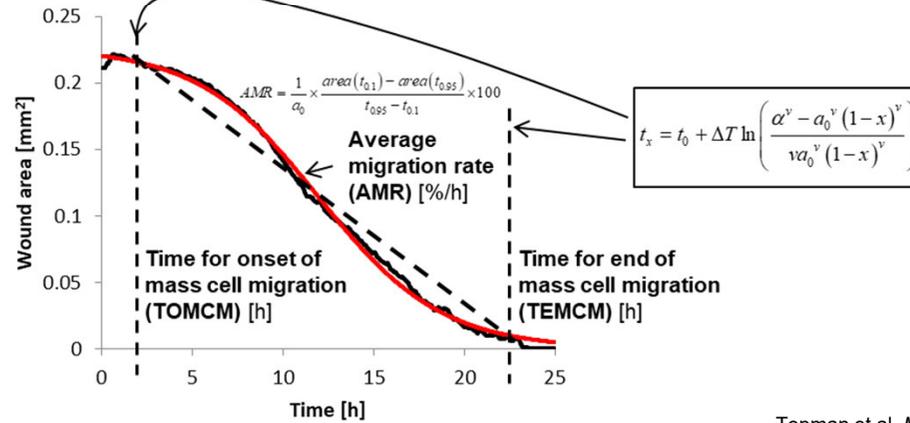
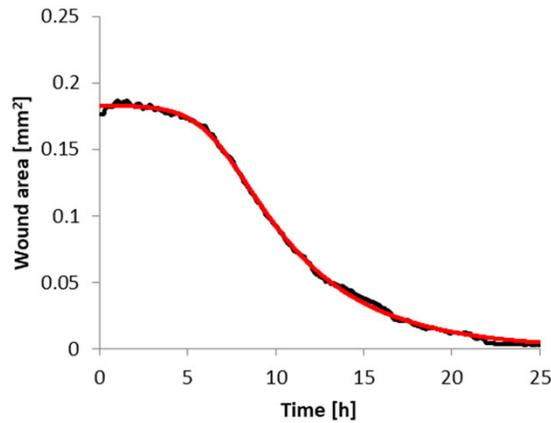
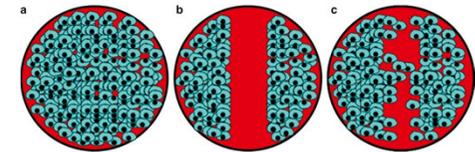
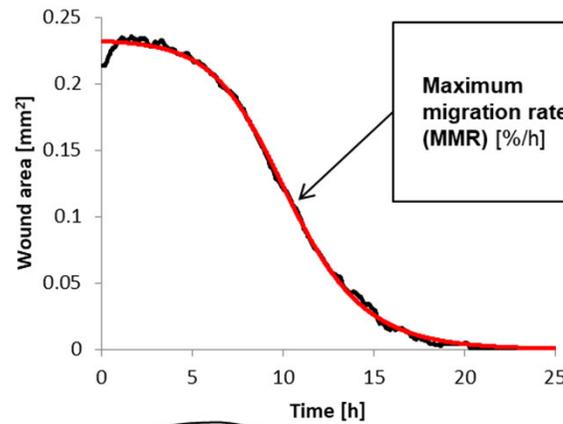
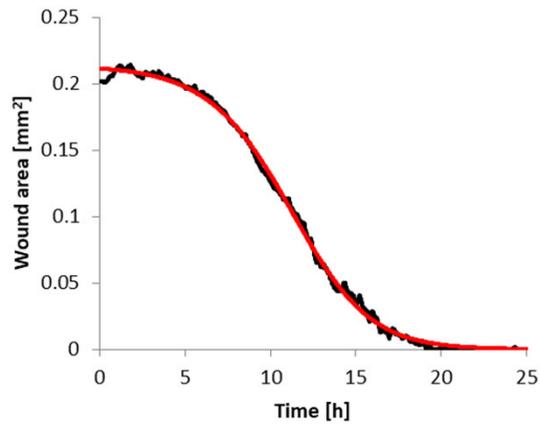
# Measuring collective cell migration: Automated assays (II)

Example wound area versus time plots:



# Measuring collective cell migration: Automated assays (III)

Automated fitting of Richard's function:

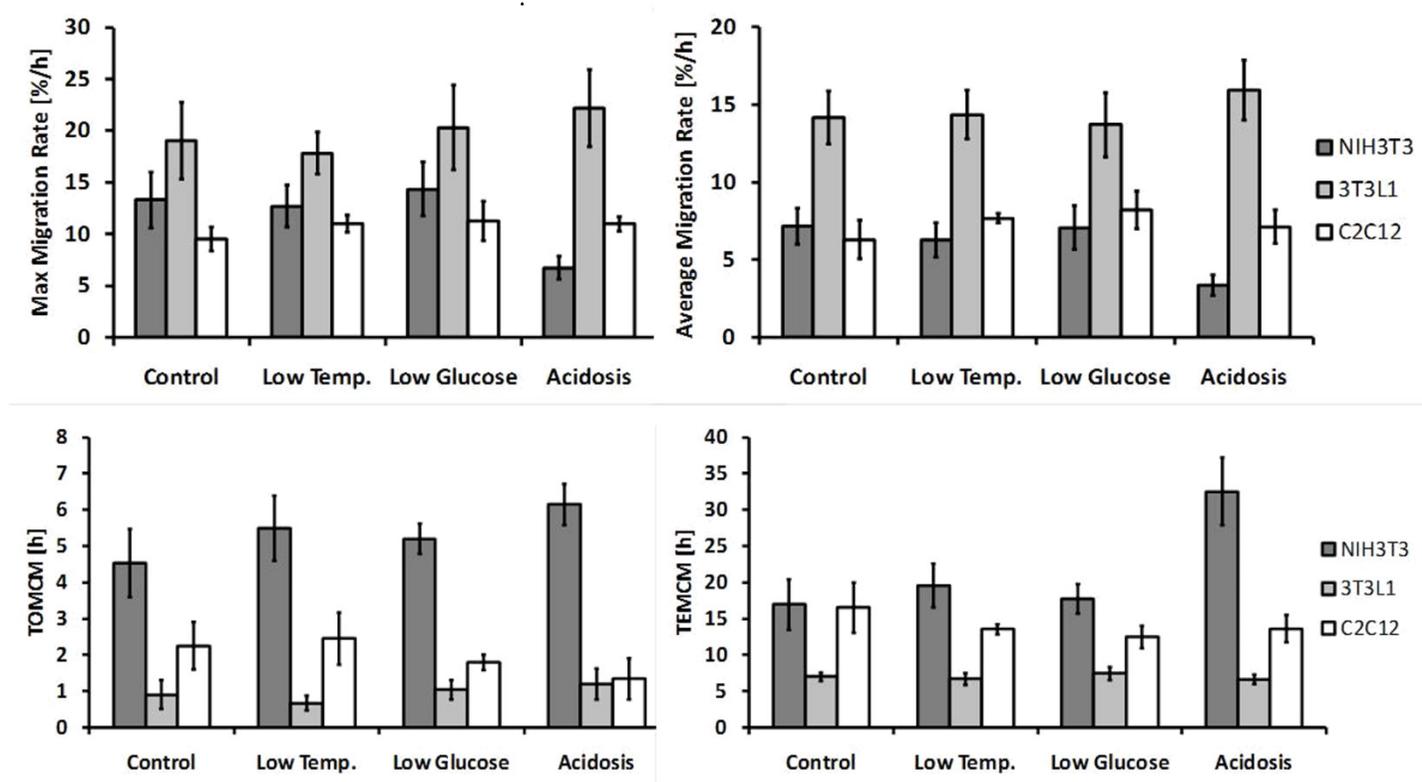


## Effects of simulated exudate conditions on collective migration (I)

Condition \ Factor	Control	Low Glucose	Low Temperature	Acidosis
Glucose [g/l]	4.5	1.0	4.5	4.5
Temperature [°C]	37	37	35	37
pH	7.6	7.6	7.6	6.7

\* Migration rate measurements were repeated 6 times (in different cultures) per each experimental condition

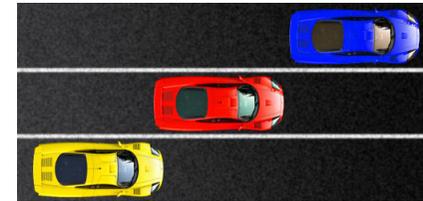
# Effects of simulated exudate conditions on collective migration (II)



\* TOMCM= time of onset of mass cell migration; TEMCM= time of end of mass cell migration

## Effects of simulated exudate conditions on collective migration (III)

- Different cell types migrate at different velocities – some are faster than others



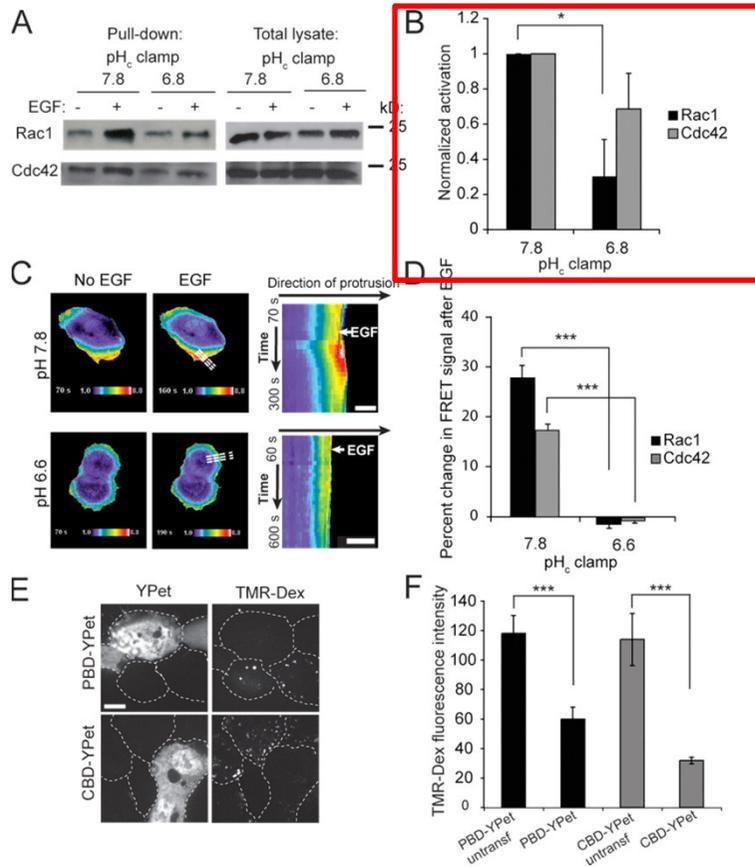
- Acidosis hindered migration of NIH3T3 fibroblasts in monolayers

- *Clinical relevance:*

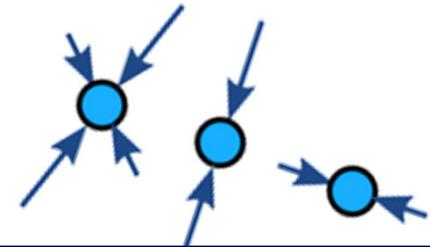
Aerobic bacteria lower exudate pH, reducing cell motility & slowing healing



# Biological mechanisms for the suppressing effect of low pH on migration



There is experimental evidence that Rac/Cdc42 activation – essential for lamellipodia formation – is impaired by decreased cytosolic pH

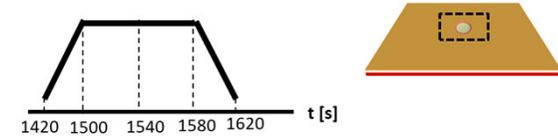


**Studies of the impact of the mechanical environment of the wound bed (combined with exudate conditions) on collective migration**

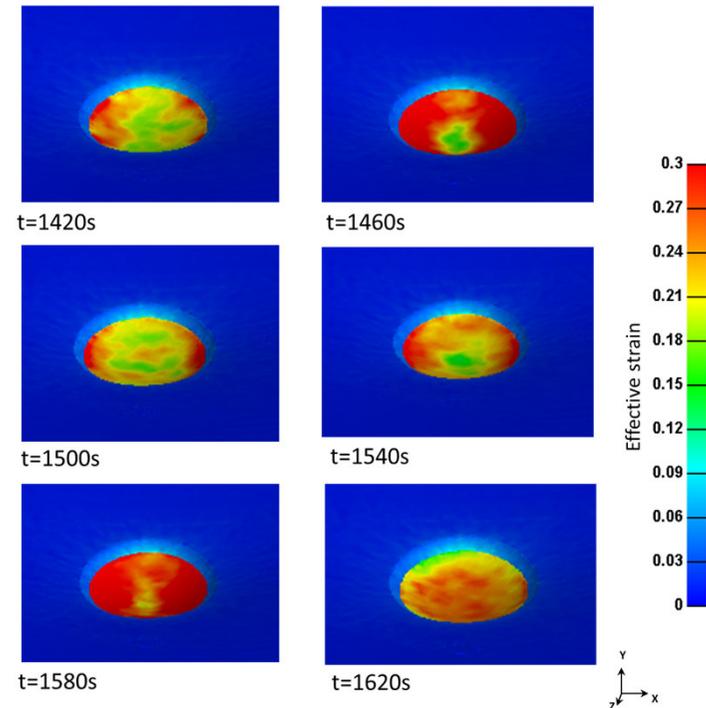
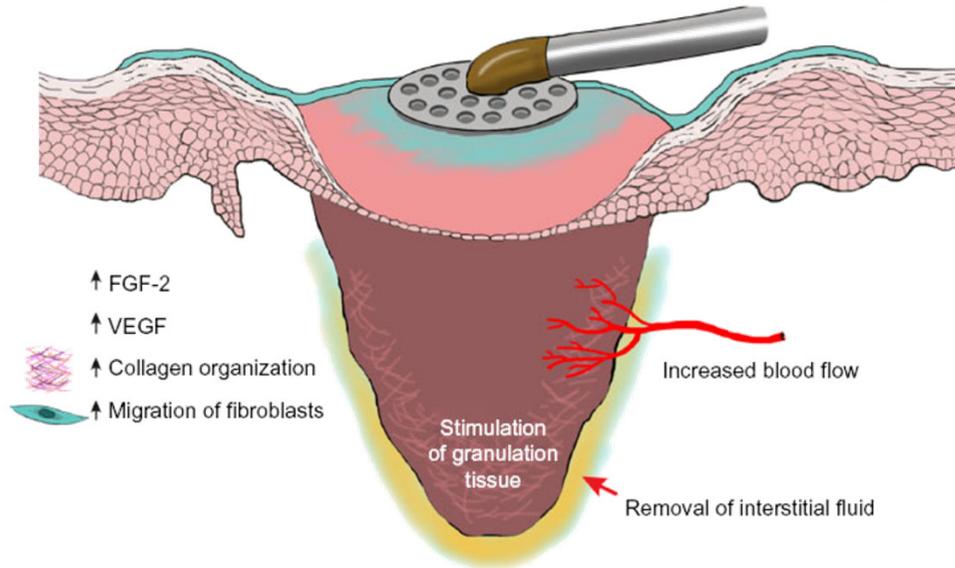
# The mechanical environment induced in tissues by NPWT systems



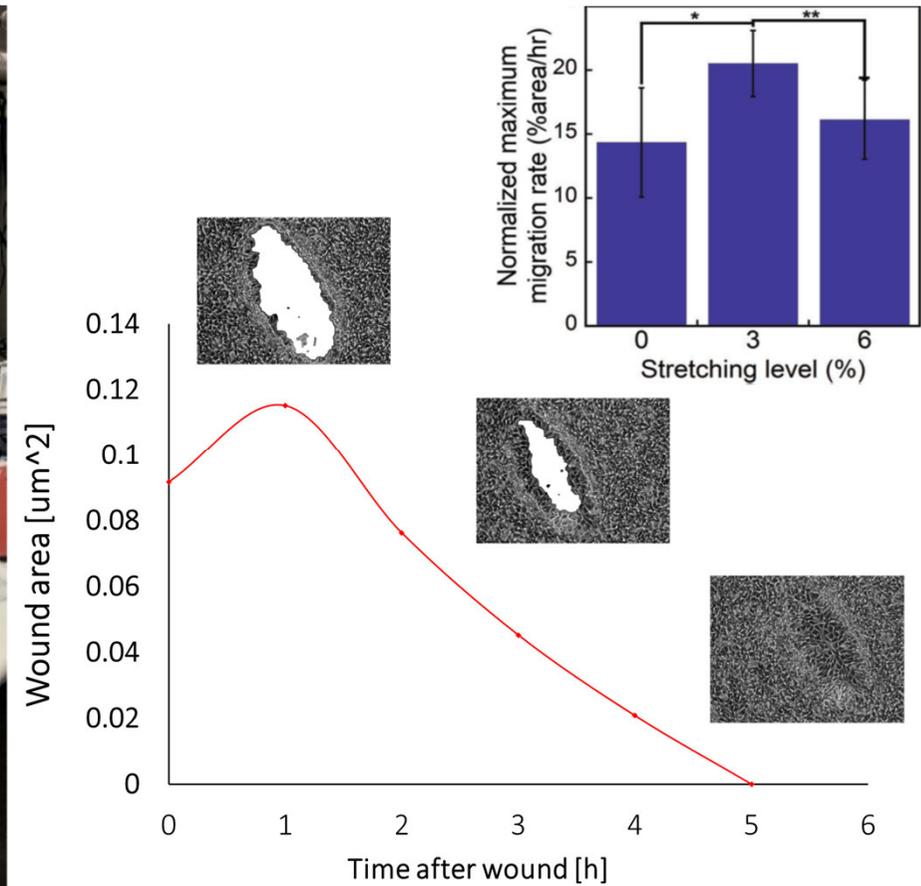
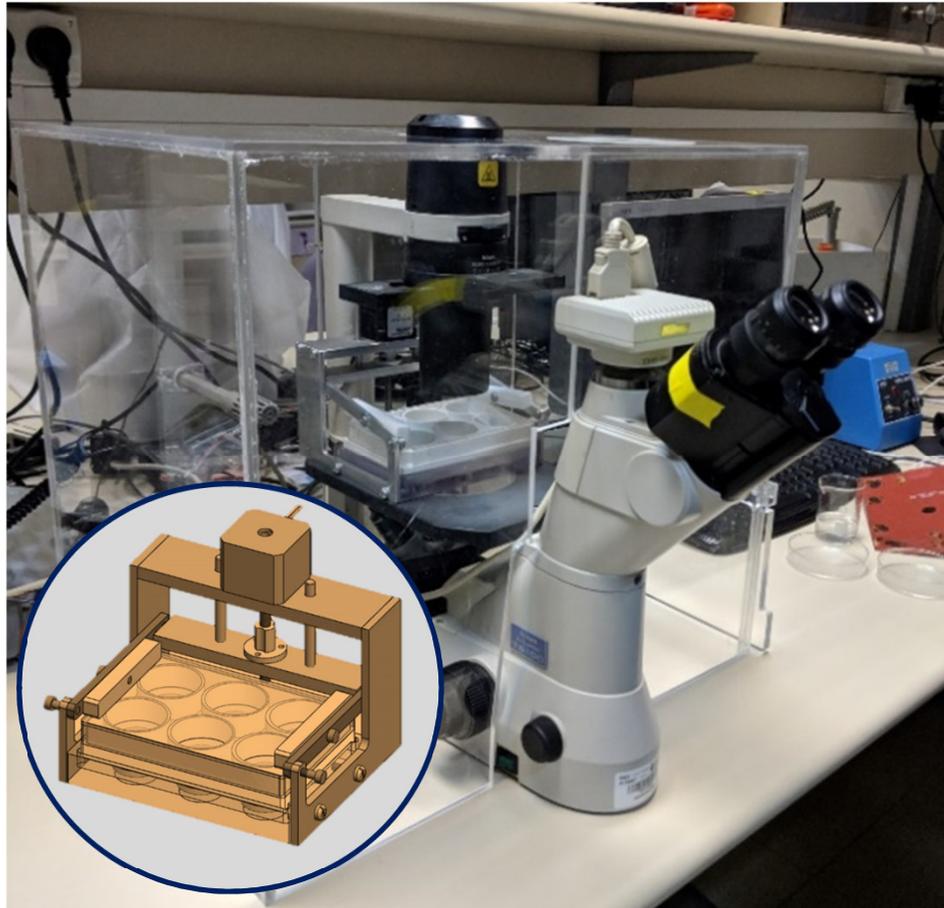
Finite element simulations of the effects of pressure wave shapes on tissue deformations



Pressure gradient results in wound deformation which stimulates tissue remodeling



# Simulating NPWT-induced mechanical environments at the cell level



## Discussion & conclusions

- Wound exudate should not be seen as merely a clinical management problem
- The exudate composition and properties influence migration of tissue-repairing cells
- The mechanical environment of the wound bed also affects proliferation & migration
- Mechanobiology indicates which specific exudate properties are conducive to healing
- Future dressings may actively tune these exudate properties



# Collaborators and graduate students over the years

## Collaborators

<b>Prof. Dan Bader</b>	University of Southampton
<b>Prof. Joyce Black</b>	University of Omaha
<b>Prof. David Brienza</b>	University of Pittsburgh
<b>Prof. Mandy Fader</b>	University of Southampton
<b>Prof. Susan Margulies</b>	Georgia Institute of Technology
<b>Dr. Jan Kottner</b>	Charite Medical University Berlin
<b>Prof. Jane Nixon</b>	University of Leeds
<b>Prof. Cees Oomens</b>	Eindhoven University of Technology
<b>Prof. Yohan Payan</b>	Joseph Fourier University Grenoble
<b>Prof. Nick Santamaria</b>	The University of Melbourne
<b>Dr. Nogah Shabshin</b>	Hospital of the University of Pennsylvania
<b>Prof. Fred Vermolen</b>	Delft University of Technology
<b>Prof. Daphne Weihs</b>	Technion – Israel Institute of Technology
<b>Prof. Fiona Coyer</b>	Queensland University of Technology
<b>Dr. Michelle Barakat-Johnson</b>	University of Sydney



## Graduate students

<b>Dr. Eran Linder-Ganz</b>	<b>Mr. Gilad Yarnitzky</b>	<b>Ms. Efrat Leopold</b>
<b>Dr. Jonathan Elsner</b>	<b>Ms. Limor Agam</b>	<b>Ms. Ayelet Levy</b>
<b>Dr. Sigal Portnoy</b>	<b>Ms. Yael Ruschkewitz</b>	<b>Ms. Rona Katzungold</b>
<b>Dr. Noa Slomka</b>	<b>Ms. Malka Shilo</b>	<b>Ms. Lea Peko-Cohen</b>
<b>Dr. Naama Shoham</b>	<b>Mr. Samer Toume</b>	<b>Ms. Maayan Lustig</b>
<b>Dr. Ran Sopher</b>	<b>Mr. Eran Atlas</b>	<b>Ms. Dafna Schwartz</b>
	<b>Mr. Gil Topman, deceased</b>	<b>Ms. Golan Amrani</b>
	<b>Mr. Tal Zeevi</b>	<b>Ms. Adi Lustig</b>

