Liver sinusoidal endothelial cells in disease – And for therapy?

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COMMENTARY ON:


Abstract: Background & Aims: Capillarization, characterized by loss of differentiation of liver sinusoidal endothelial cells (LSECs), precedes the onset of hepatic fibrosis. We investigated whether restoration of LSEC differentiation would normalize crosstalk with activated hepatic stellate cells (HSC) and thereby promote quiescence of HSC and regression of fibrosis. Methods: Rat LSECs were cultured with inhibitors and/or agonists and examined by scanning electron microscopy for fenestrae in sieve plates. Cirrhosis was induced in rats using thioacetamide, followed by administration of BAY 60-2770, an activator of soluble guanylate cyclase (sGC). Fibrosis was assessed by Sirius red staining; expression of α-smooth muscle actin was measured by immunoblot analysis. Results: Maintenance of LSEC differentiation requires vascular endothelial growth factor-A stimulation of nitric oxide-dependent signaling (via sGC and cyclic guanosine monophosphate) and nitric oxide-independent signaling. In rats with thioacetamide-induced cirrhosis, BAY 60-2770 accelerated the complete reversal of capillarization (restored differentiation of LSECs) without directly affecting HSCs or fibrosis. Restoration of differentiation to LSECs led to quiescence of HSCs and regression of fibrosis in the absence of further exposure to BAY 60-2770. Activation of sGC with BAY 60-2770 prevented progression of cirrhosis, despite continued administration of thioacetamide. Conclusions: The state of LSEC differentiation plays a pivotal role in HSC activation and the fibrotic process.

Keyword: LSECs.

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The non-parenchymal cells of the liver have been receiving greater prominence in the setting of injury and regeneration. Hepatic stellate cells (HSCs) are the archetypal scar forming cells of the liver but are also known for their pro-regenerative capabilities and are able to secrete hepatocyte growth factor (HGF) and promote liver regeneration [1]. Activated HSCs, myofibroblasts can also promote biliary regeneration from hepatic progenitor...
cells (HPCs) in chronic liver injury through the secretion of Notch ligands [2]. Likewise hepatic macrophages are now recognized to have an important role in both the promotion and regression of liver fibrosis [3]. In liver regeneration following partial hepatectomy, macrophages facilitate regeneration through the secretion of IL-6 [4] and in chronic liver injury promote the formation of hepatocytes from HPCs through Wnt secretion [2]. In development, endothelial cells have a role in organogenesis [5] and so it is not surprising that liver sinusoidal endothelial cells (LSECs) also have a role in liver regeneration. This was confirmed in an elegant paper from the group of Rafii who showed that LSECs are essential for efficient liver regeneration in a manner dependent upon the DNA binding protein inhibitor Id1 in endothelial progenitor cells [6]. Two recent interesting papers from the group of Deleve have examined the role of LSECs and their precursors in liver fibrosis [7] and regeneration [8]. Pathological observations in both humans and rodents have shown so called LSEC capillarization in response to injury. This change occurs prior to the development of fibrosis and is characterized by loss of LSEC fenestrations and the formation of a basement membrane. Xie et al. demonstrate that maintenance of LSEC phenotype is dependent upon vascular endothelial growth factor A (VEGF) driving both nitric oxide-dependent signaling (via soluble guanylate cyclase (sGC)) and nitric oxide-independent signaling [7]. The in vivo relevance of these findings was shown in the thioacetamide model of liver fibrosis where the capillarization was reversed through the use of a compound which activated sGC. This prevented progression of fibrosis despite on-going injury and accelerated fibrosis regression in recovery. This important study adds to the collection of cells in the liver directly implicated in the formation of liver fibrosis and provides a further cellular target for antifibrotic strategies, although, as this is a new area, it may be worth considering whether capillarization has any positive roles. Whilst morphological changes in LSECs are undoubtedly important in the formation of liver fibrosis, there are likely to be a wealth of further signaling mechanisms at play also between LSECs, HSCs, and even macrophages (Fig. 1).

Another feature of LSECs is that they respond to partial hepatectomy by proliferating and secreting the hepatocyte mitogen HGF. However, mature LSECs are typically low in HGF, while high levels of HGF are seen in the more generic endothelial progenitor cell and bone marrow-derived LSEC progenitors [8]. In the second paper, the group use a rat model of partial hepatectomy to demonstrate that LSEC progenitor cells arise from both the liver and bone marrow (BM) to contribute to the regenerative response [8]. These mobilized BM LSEC progenitors engrafted in the liver, proliferated and were the highest secretors of HGF. At a functional level, blocking BM LSEC progenitor mobilization by limb irradiation reduced the rate of liver regeneration. This could be reversed by injecting intravenously BM and liver-derived LSEC progenitor cells, which could engraft the liver and form fenestrated LSECs. It is worth speculating whether this mobilization of LSEC progenitors is related to the increased HGF expression seen in lung, kidney, and spleen, contemporaneous to that in the liver following partial hepatectomy. Whilst the HGF secreting role of LSECs is indeed important, there are again likely to be many other mechanisms to this pro-regenerative function.

These two studies open up a number of interesting, clinically relevant questions, and possibilities. In the clinical setting, can failure of effective liver regeneration result from hepatic LSEC dysfunction or from a failure of mobilization of BM LSECs? Could future liver remnant volume be enhanced in the context of portal...
vein embolization or following extended hepatectomy? Chemotherapy can injure LSECs, risking sinusoidal obstructive syndrome and impaired regeneration following resection of hepatic metastases [9]. Could modulation of intrahepatic LSECs promote liver regeneration in this context? Nakamura et al. have tested endothelial progenitor cells (EPCs) as a cellular therapy for fibrosis. Injections of syngeneic EPCs in a rat model of liver cirrhosis reduced stellate cell activation, MMPs were increased and fibrosis was reduced, along with a stimulation of hepatocyte proliferation [10]. Whilst promising, the clinical development of such cell therapies may yet be challenging. If an autologous approach were taken, it is not clear if therapeutically relevant numbers of LSEC progenitors could be mobilized or isolated from patients with clinically significant liver dysfunction and indeed whether they would be functionally competent. Whilst logistical hurdles remain, the recent publications certainly suggest an area worthy of further study.

Financial support

Sir Jules Thorn Trust, MRC, CRUK, Wellcome Trust, Scottish Enterprise.

Conflict of interest

The authors declared that they do not have anything to disclose regarding funding or conflict of interest with respect to this manuscript.

References