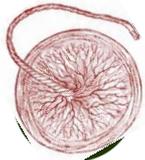
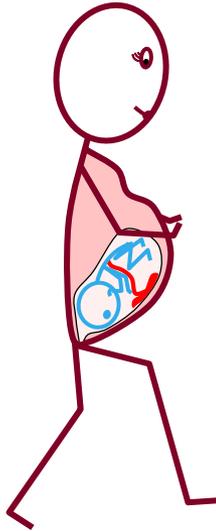


Current methods for assessing placental development and function, and their limitations



Yoel Sadovsky, MD
 Magee-Womens Research Institute
 Department of OBGYN and Reproductive Sciences, and
 Microbiology and Molecular Genetics
 University of Pittsburgh School of Medicine



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Posted: Wed May 21, 2014 3:13PM; Updated: Wed May 21, 2014 3:13PM

Atletico Madrid turns to horse placenta for Diego Costa's treatment

TEXT SIZE



Atletico Madrid star Diego Costa, center, is in a race against time to be fit for Saturday's Champions League final.

EXPERIENCE THE UNREAL AT 7

BBC

NEWS

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News Sport Weather Capital TV Radio

Page last updated at 13:33 GMT, Tuesday, 17 November 2009

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The new miracle cure for injuries?

By Nick Trigg
BBC News health reporter

Arsenal striker Robin Van Persie has flown to Serbia for a novel form of treatment - placenta fluid is to be dripped on his injured ankle. Why is he doing this and will it work?

It is not unusual for sports stars to look for super cures for their injuries.

England footballer Wayne Rooney used an oxygen tent prior to the 2006 World Cup to help him recover from a broken foot and six years ago runner Paula Radcliffe rubbed oil from the belly of an emu to ease injuries sustained in a collision with a cyclist.



Van Persie has been a key player for Arsenal this season

News Front Page

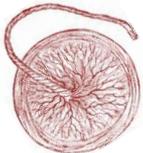


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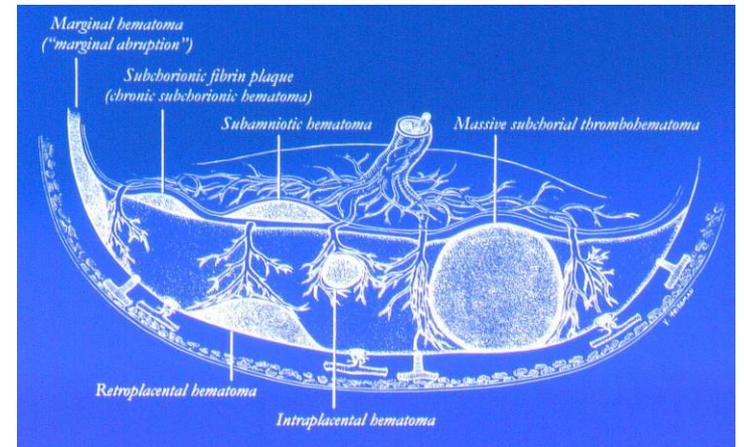
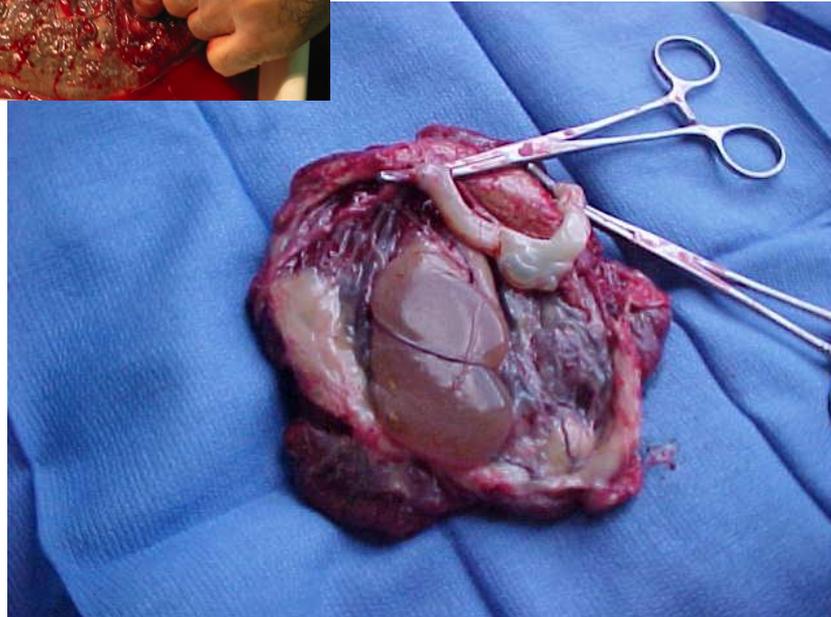


Disclaimers

- This is a general review, not a detailed analysis
- Minimal discussion of limitations or risk
- Common, but not all technologies are reviewed
- No conflict of interest



Placental macroscopic analysis



Placental shape and disease

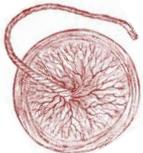


Reduced placenta width is associated with adult diseases

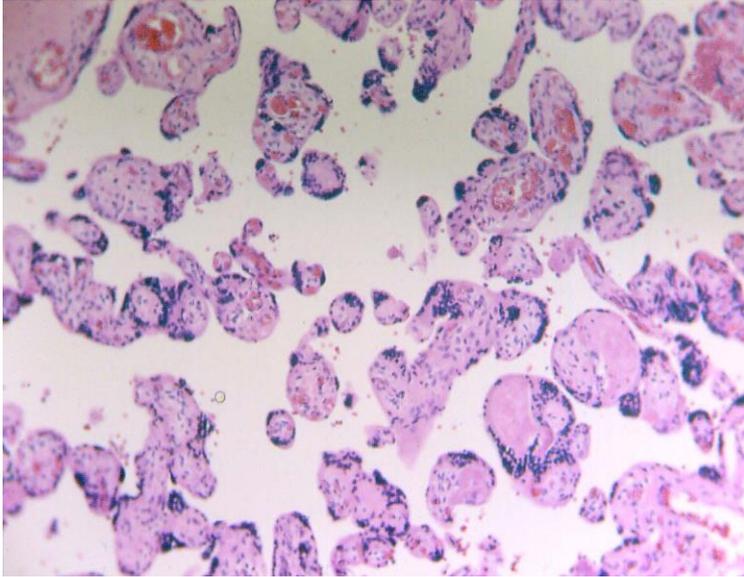
Placental width as a fetal nutrient sensor

Placental thinness associated with cardiac death

Higher cotyledon number and cardiac death

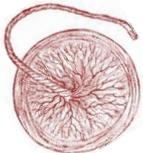


Placental histopathology



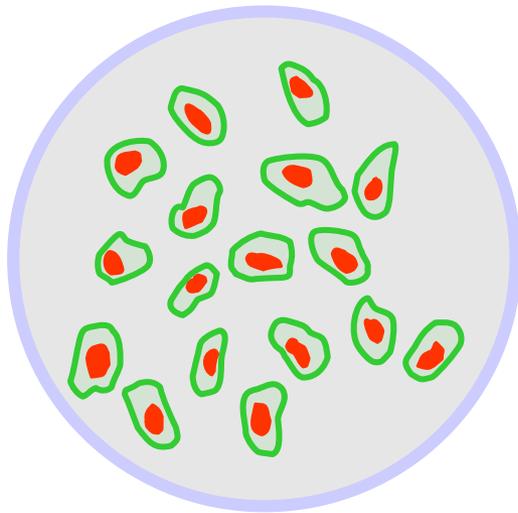
Not “real time”
Limited data

Benirschke, Pathology of Human Placenta 2000
Castellucci, Frontiers Gynecol Obstet Invest 1993



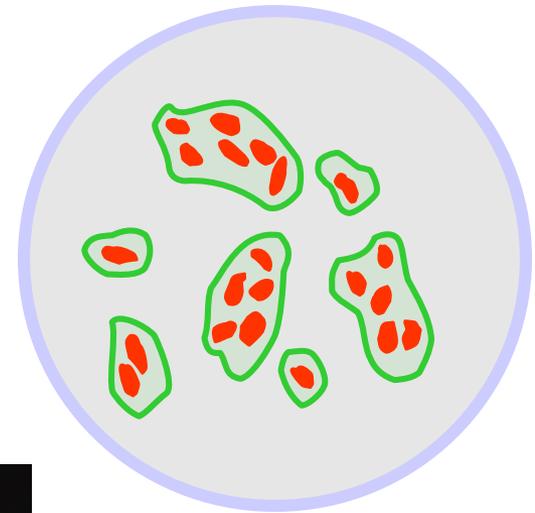
Culture of primary human trophoblasts

cytotrophoblast

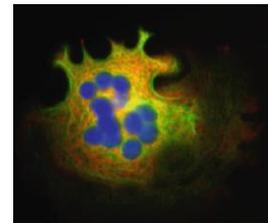
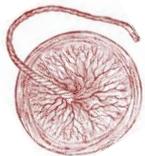


LOW

syncytiotrophoblast



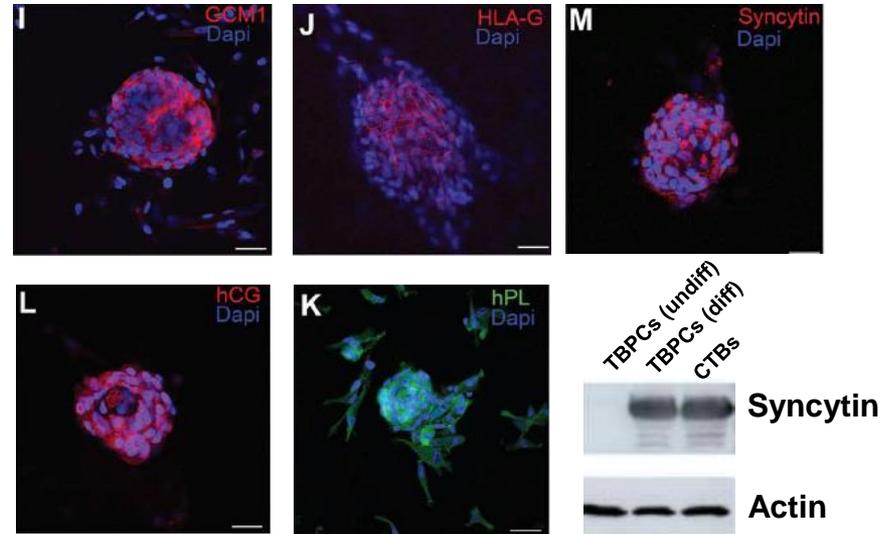
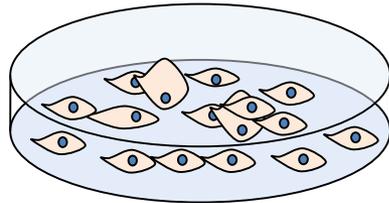
hCG HIGH



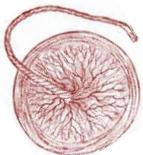
Human trophoblast cell lines and progenitor cells: Model for normal or diseased trophoblasts

Cell lines:

BeWo
JEG3
JAR
HTR-8/SvNeo

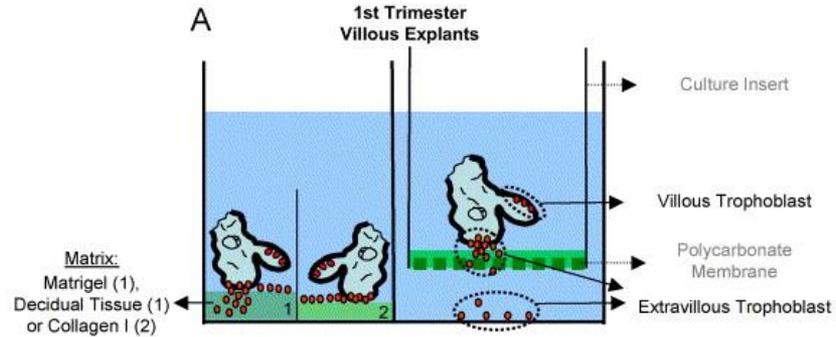


Not "real time"
Tissue context

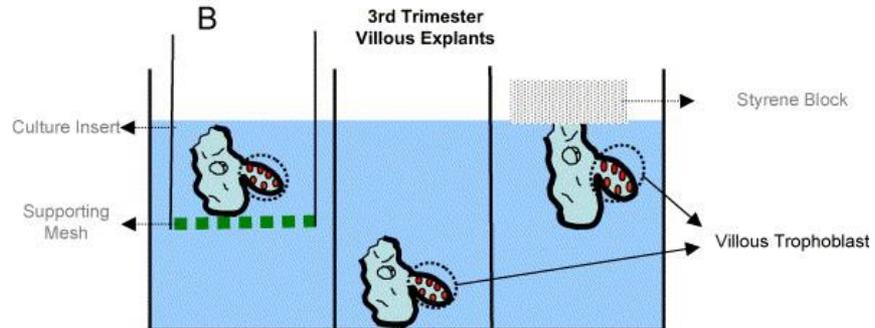


Placental explants

1st trimester explants
on plate, matrix

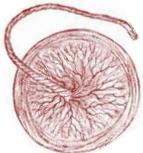


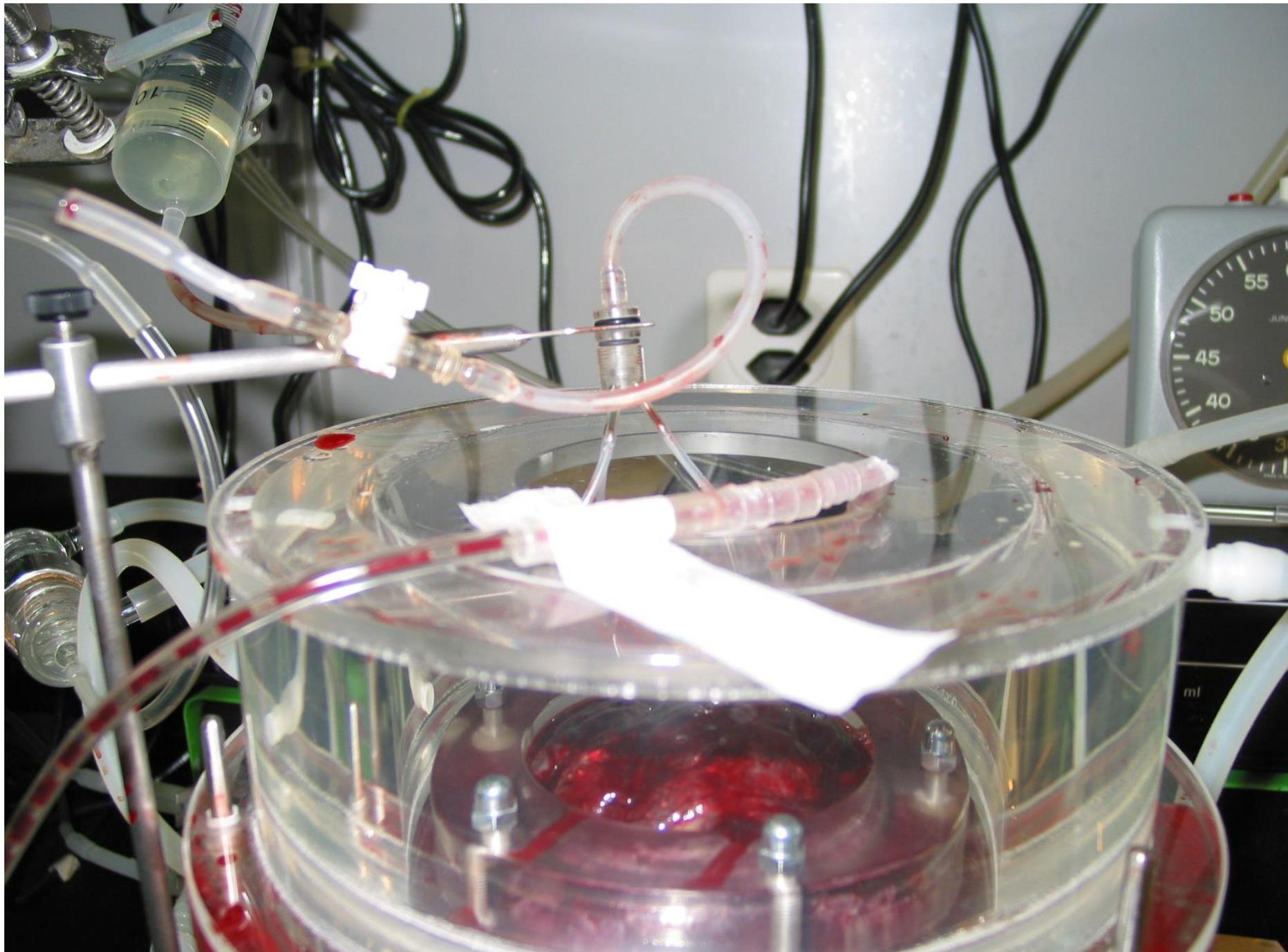
3rd trimester explants
on mesh, plate



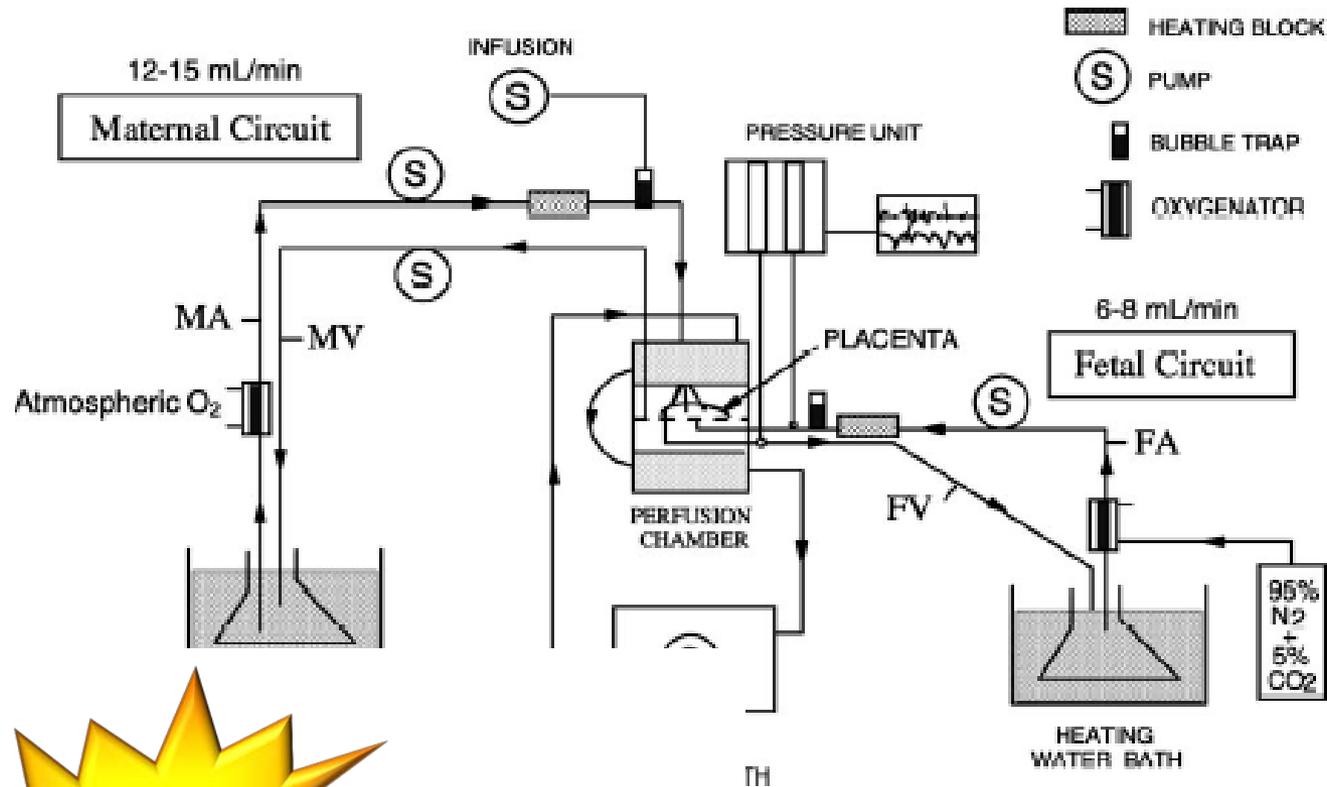
Limitations

Not “real time”
Explant architecture





Schematic diagram of the human placenta perfusion system

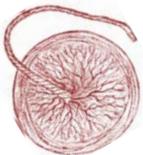


Limitations

Not "real time"
Complexity

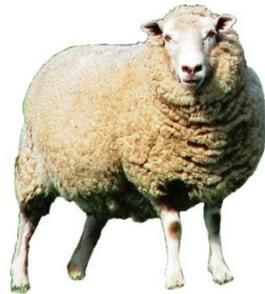
FA: fetal artery; FV: fetal vein; MA: maternal artery; MV: maternal vein

Schneider H, In vitro Perfusion of Human Placental Tissue, 1984



Animal models for research

Sheep



Mice



Rats

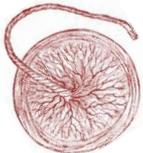


Guinea pigs



Limitations

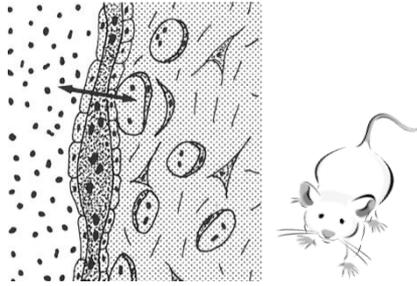
**Not human
Not “real time”**



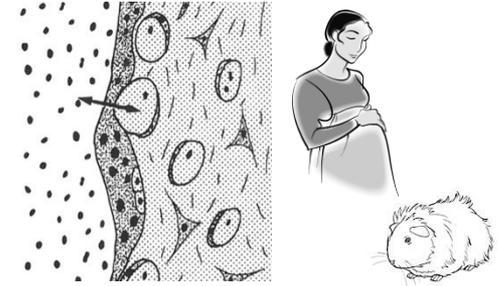
The human (villous) and mouse labyrinthine placenta



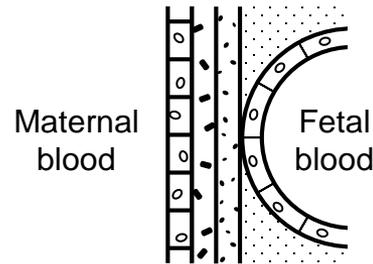
Placenta discoidalis:
rodents, humans



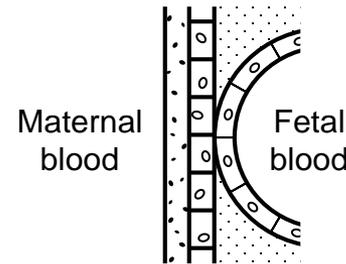
Hemo-trichorial:
Mice



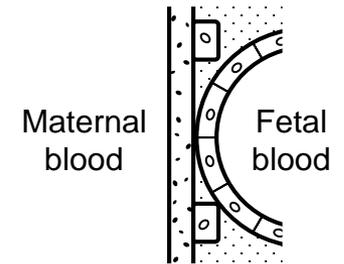
Hemo-monochorial:
Guinea pigs 3rd Δ



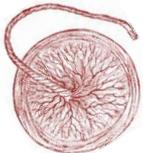
Hemo-trichorial



Hemo-dichorial

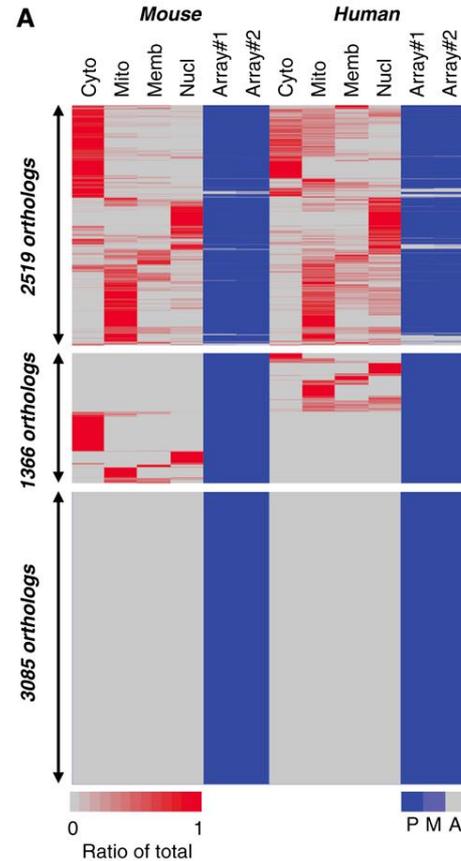
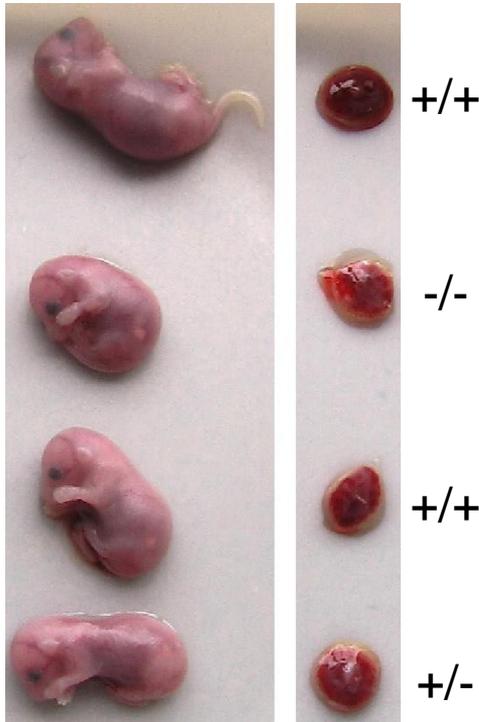


Hemo-monochorial

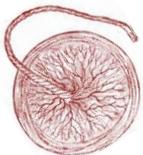
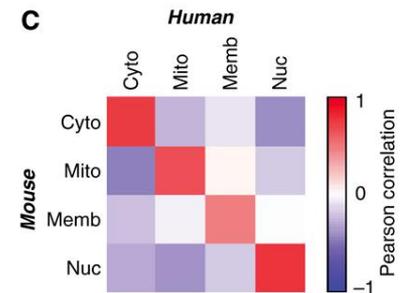


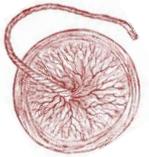
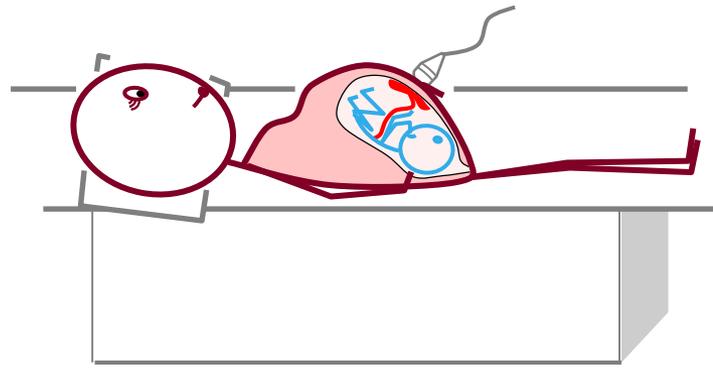
Modified from Benirschke & Kaufmann, Pathology of the Human Placenta

Similarity between protein and mRNA ortholog expression in human and mouse



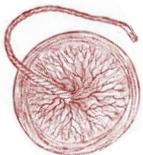
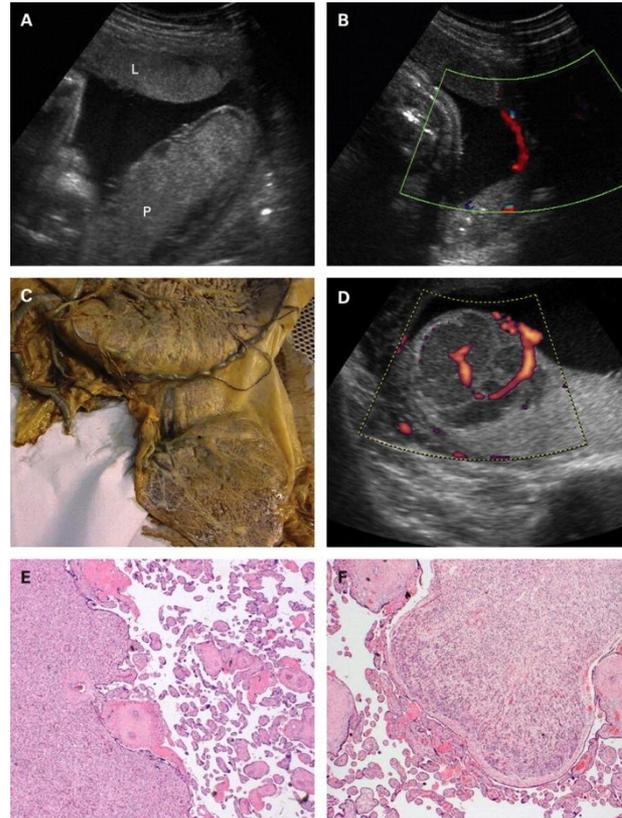
- B**
- Significant GO-terms
(P -value ≤ 0.01 ; E -value ≥ 2)
- Cytosol (117)
 - Proteasome complex (20)
 - Nucleus (310)
 - Spliceosome (51)
 - Plasma membrane (50)
 - Golgi apparatus (15)
 - Mitochondrion (321)
 - Mitochondrial membrane (147)





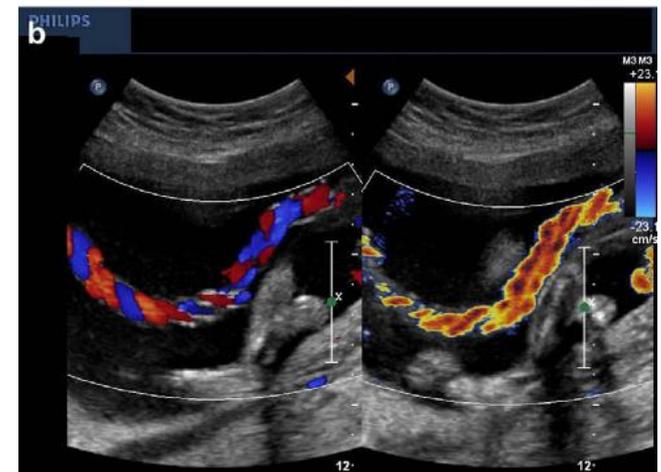
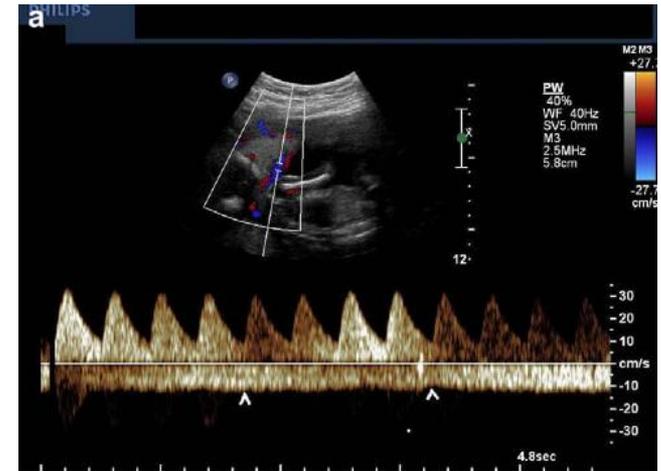
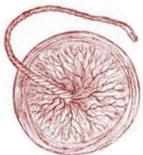
US is the mainstay in placenta imaging

Sonographic appearance of a placenta with a succenturiate lobe

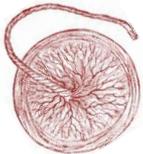
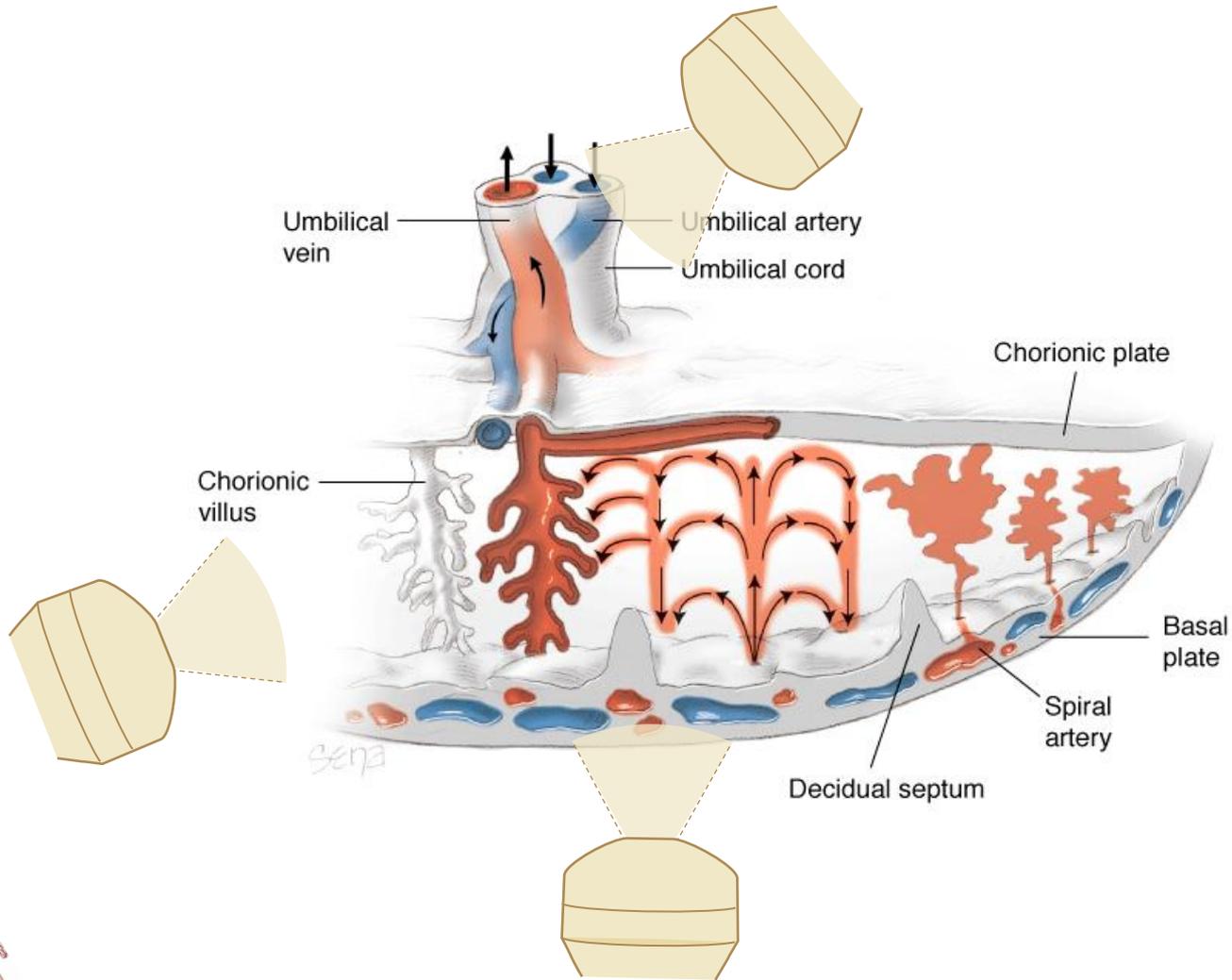


Placental perfusion

- 25% of the maternal cardiac output is directed to the placenta
- 30% of the fetal cardiac output is directed to the placenta
- Blood flow analysis:
 - Uterine artery
 - Umbilical artery
 - Umbilical vein
 - Intervillous space

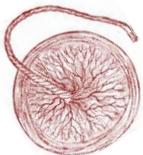
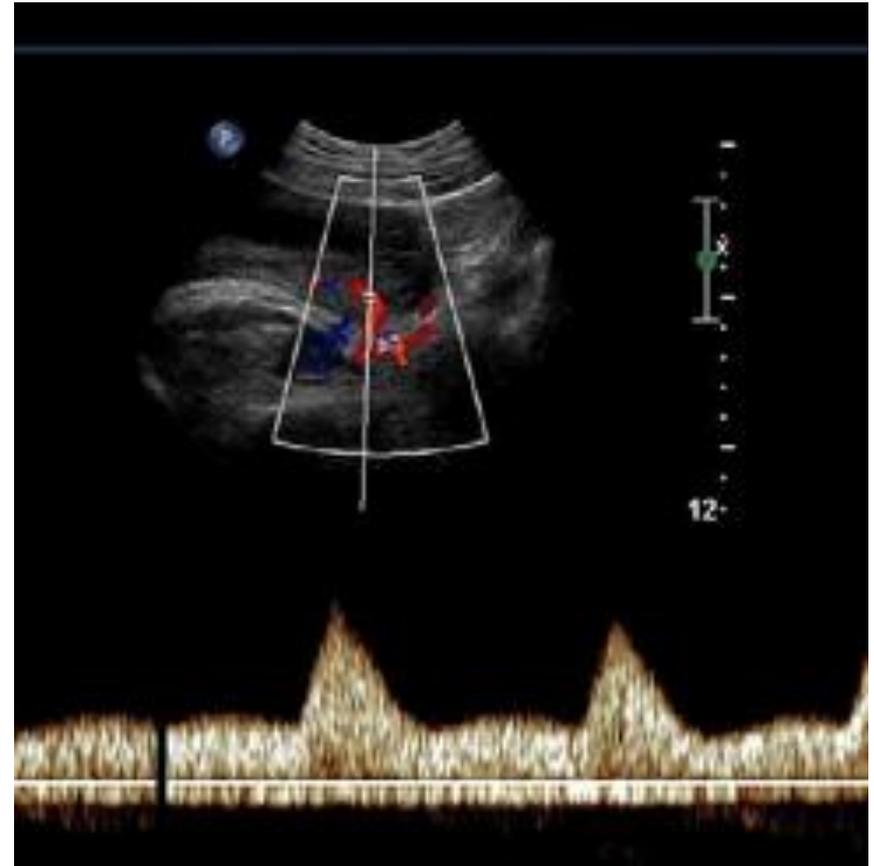


Human placental blood flow

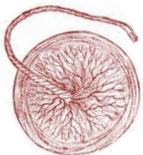
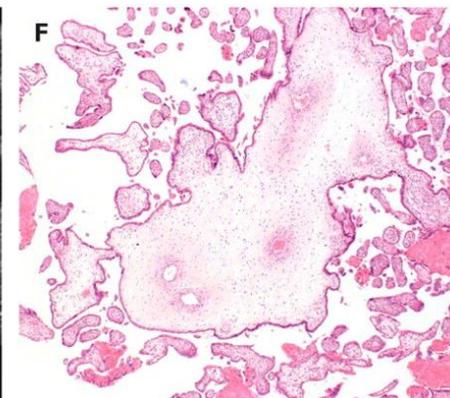
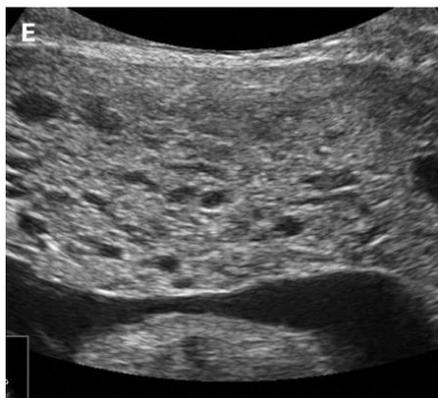
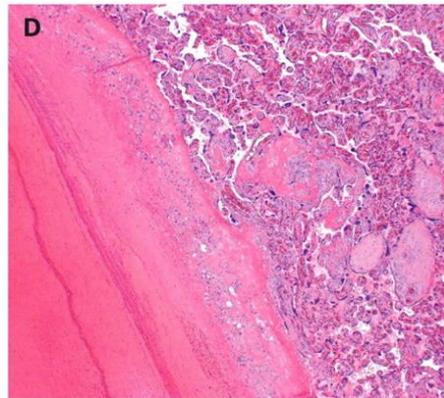
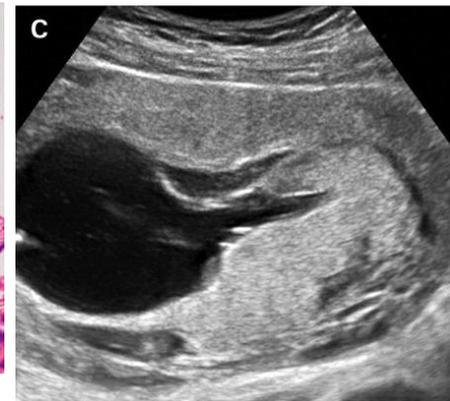
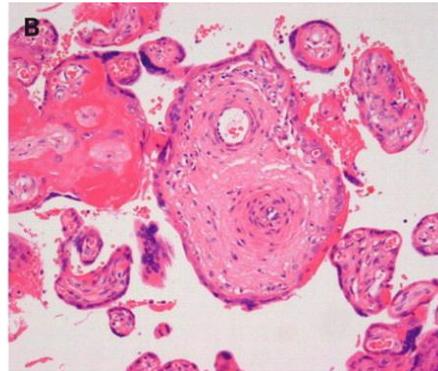
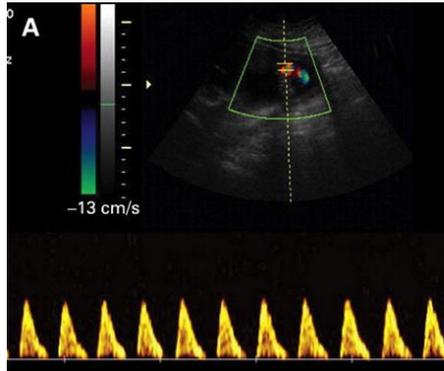


Uterine artery flow

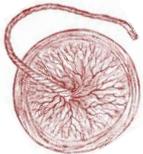
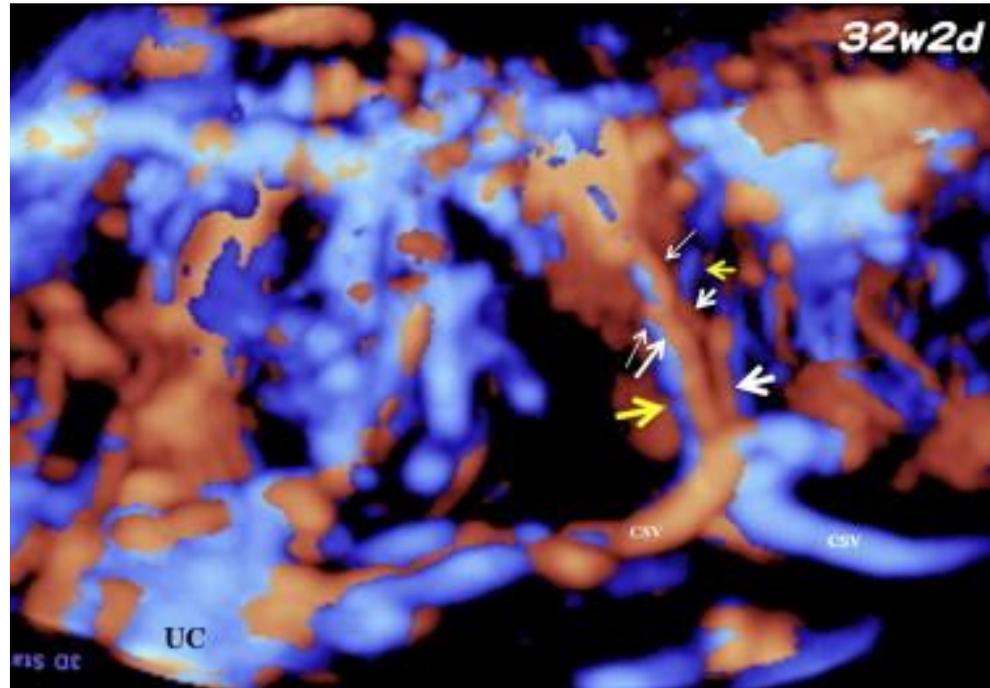
- Reflects invasion of uterine arteries and their conversion to dilated vessels
- Notch representing impedance to flow



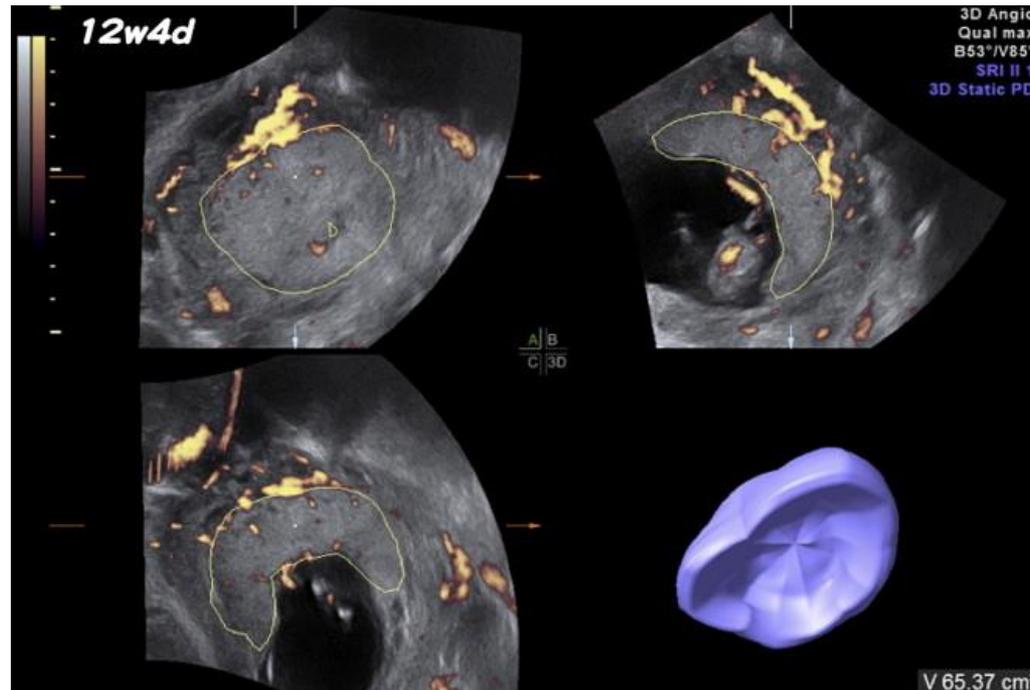
Abnormal umbilical artery Doppler flow velocity waveforms with an absent end-diastolic component, associated with growth restriction and fetal hypoxia



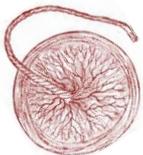
Placental intervillous space: 3D high definition US (32 weeks)

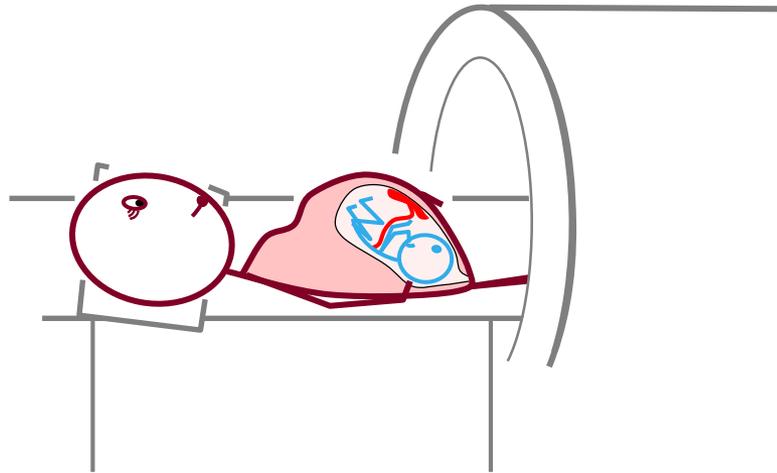


Placental volume: Virtual organ computer-aided analysis (VOCAL), 12.5 wks



Resolution
Placental function

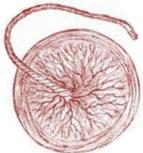
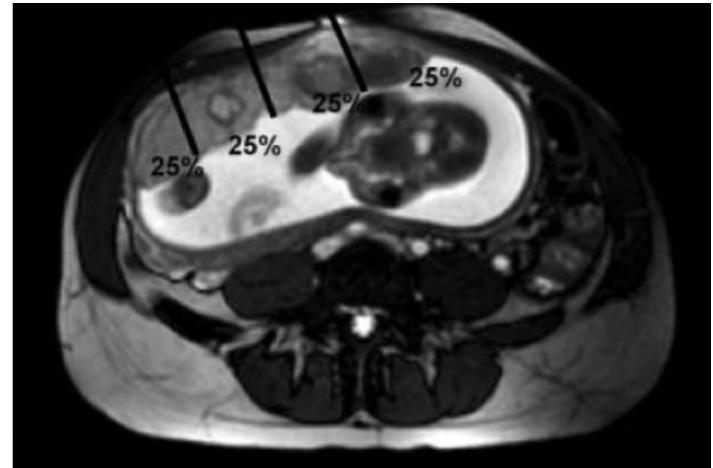
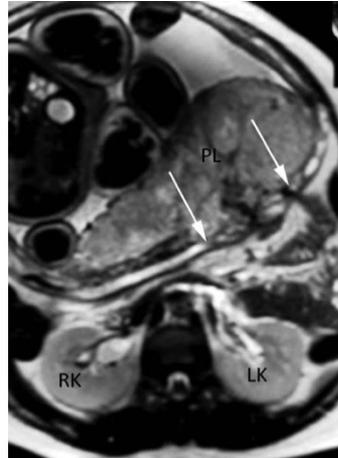




Cost
Accessibility
Placental function
Safety

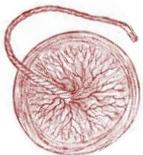
Placental MRI: Main indications

- Placental location (e.g., placental previa)
- Depth of invasion (e.g., placenta accreta)
- Placental volume (and fetal growth)
- Placental morphology in obese patients

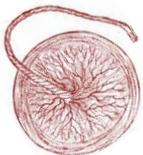
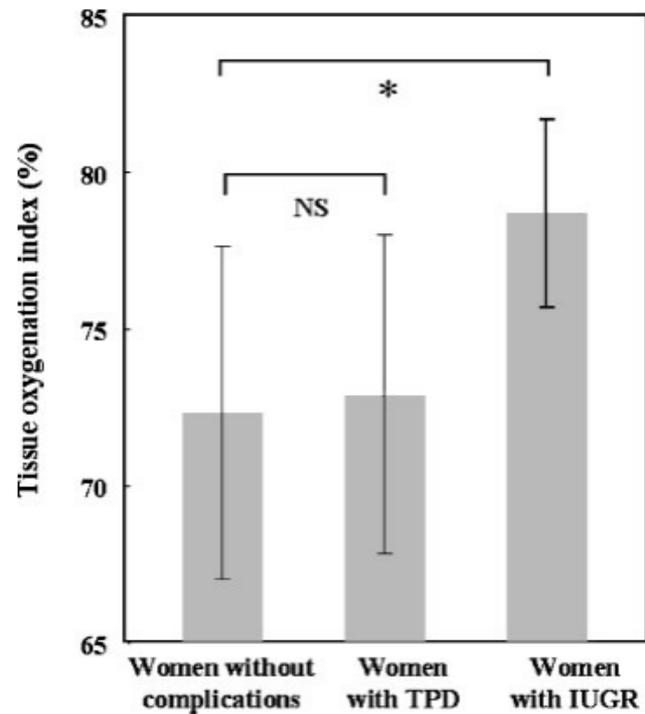


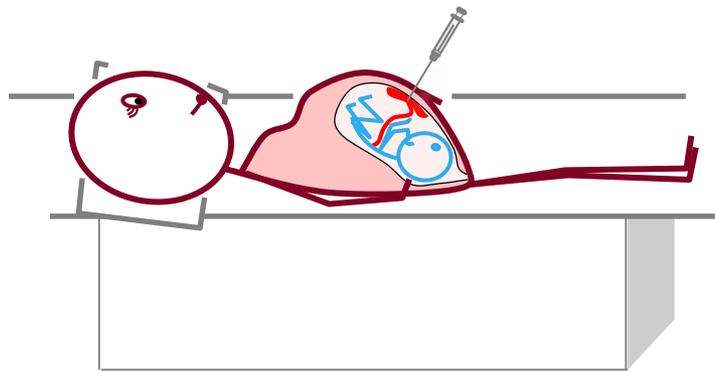
Placental MRI: Functional perfusion analysis

- Arterial Spin Labeling (flow-sensitive alternating inversion recovery (FAIR))
 - Non invasive arterial blood labeling
- Intravoxel incoherent motion (IVIM)
 - A pulse field gradient- diffusion independent contrast
- Fast:
 - Echo planar imaging
 - Single shot fast spin echo imaging
- Blood oxygen level-dependent (BOLD) MRI:
 - Signals depend on hemoglobin-deoxyhemoglobin



Near Infrared Spectroscopy



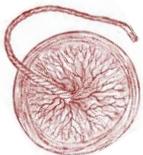
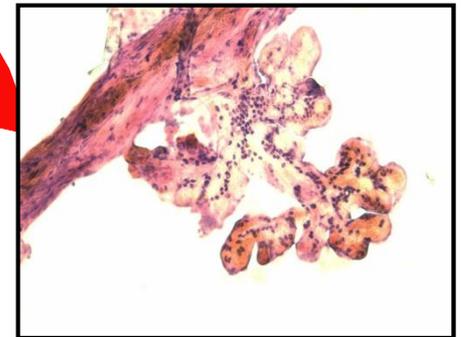
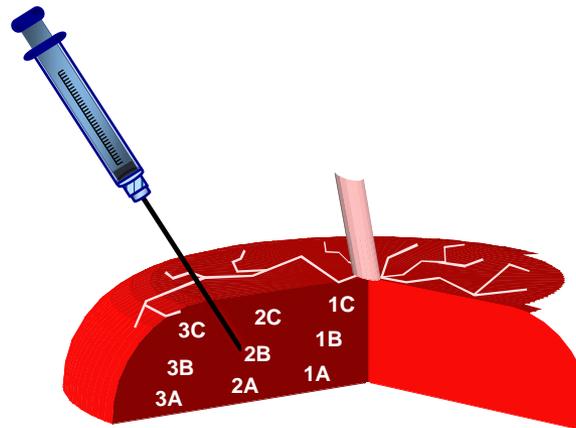


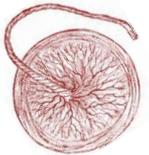
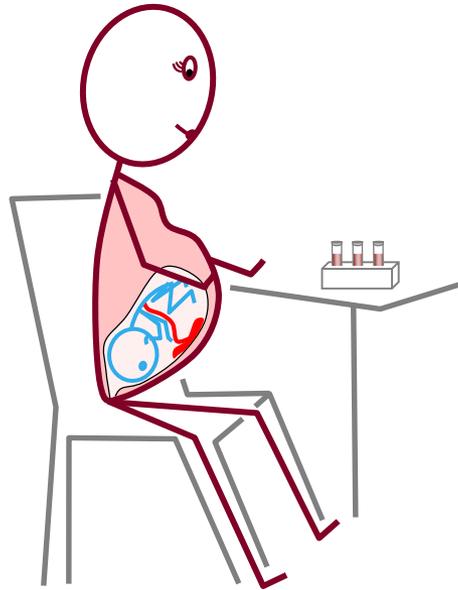
Safety
Real time assessment

Placental needle biopsy

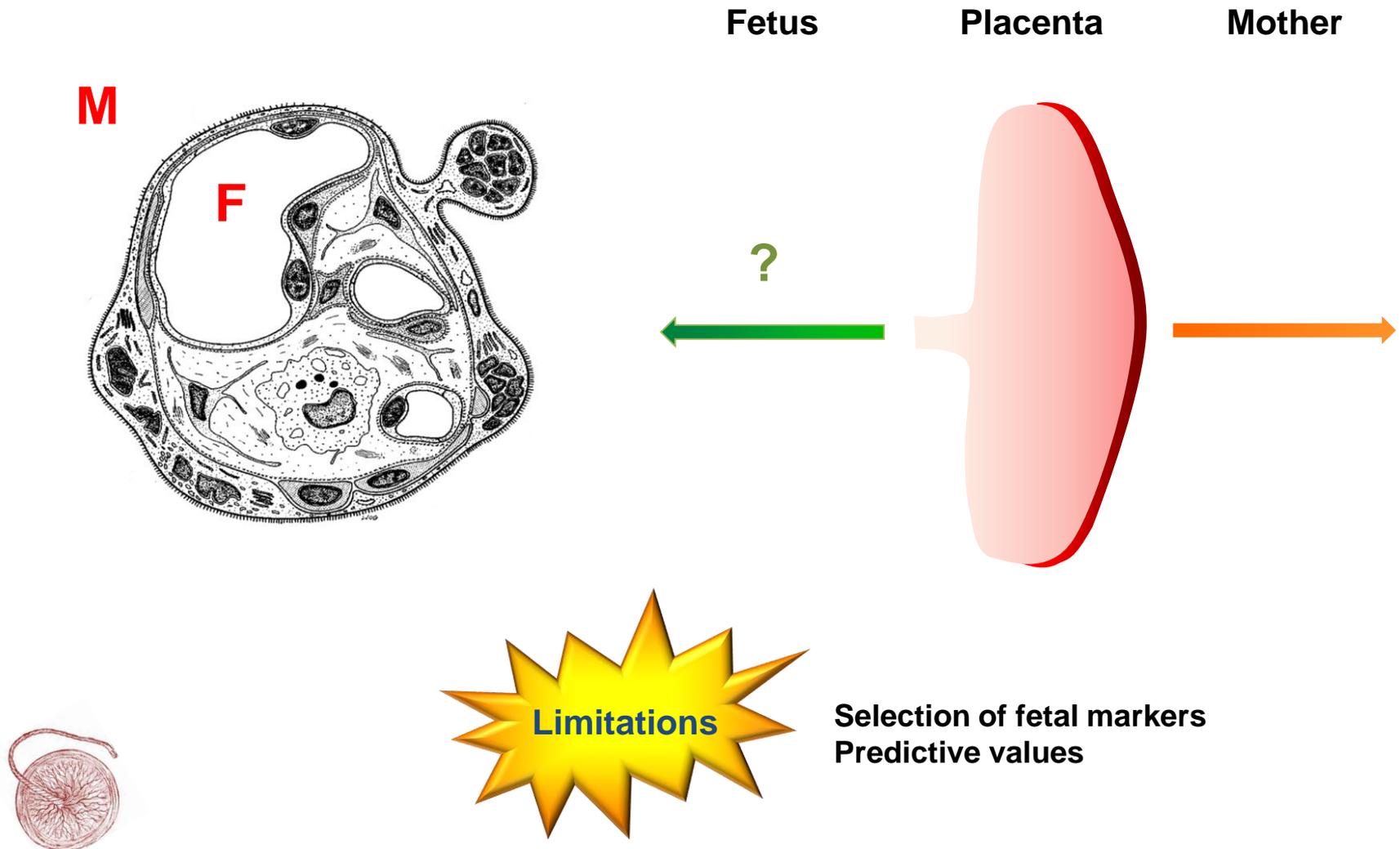
- Histopathology
- Genome
- Epigenome
- Transcriptome
- Proteome
- Metabolome
- Lipidome
- Microbiome

- Single cells analysis?





Placental communication: shedding molecules and nucleic acids



Microvesicle

Proteins

Exosome

Apoptotic bodies
cell fragments

Maternal
blood

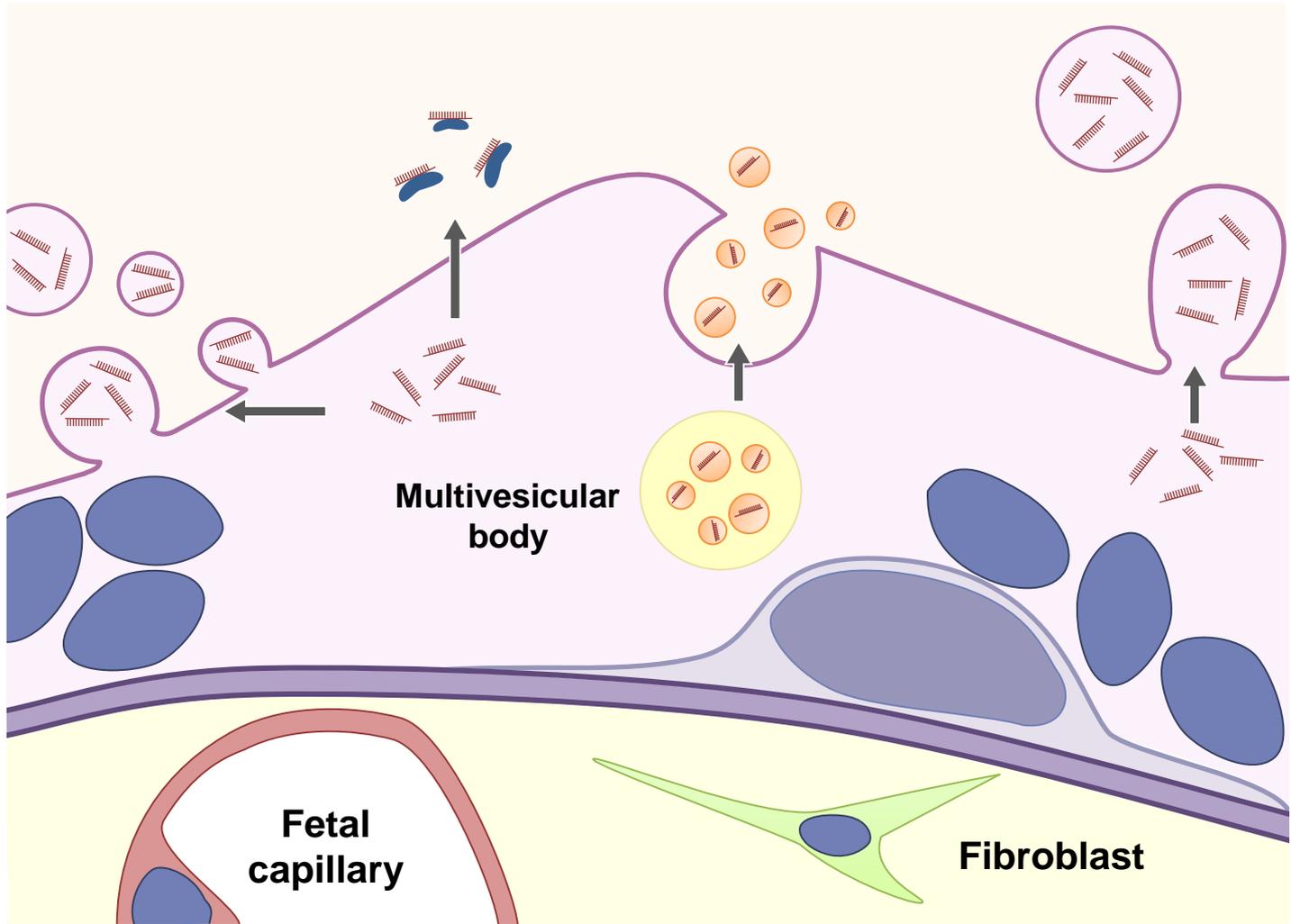
Trophoblast

Basement
membrane

Fetal
capillary

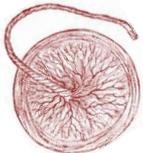
Fibroblast

Multivesicular
body



Blood protein markers of placental function

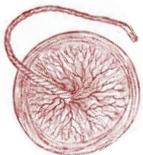
- MSAFP
- hCG
- Estriol E₃
(urinary estriol and pregnanediol)
- Activin-A and inhibin-A
- hPL
- sFlt/PIGF ratio
- sEndoglin
- PLF
- PTX3
- P-selectin
- PAPP-A
- PP13



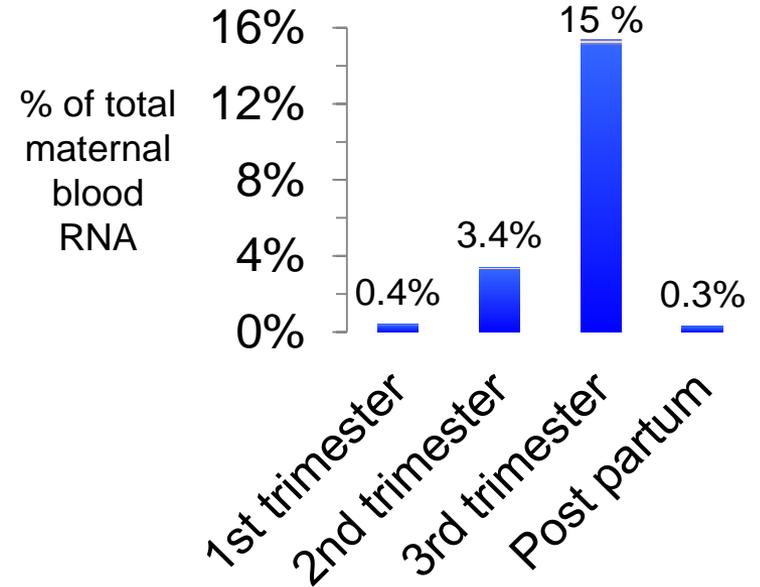
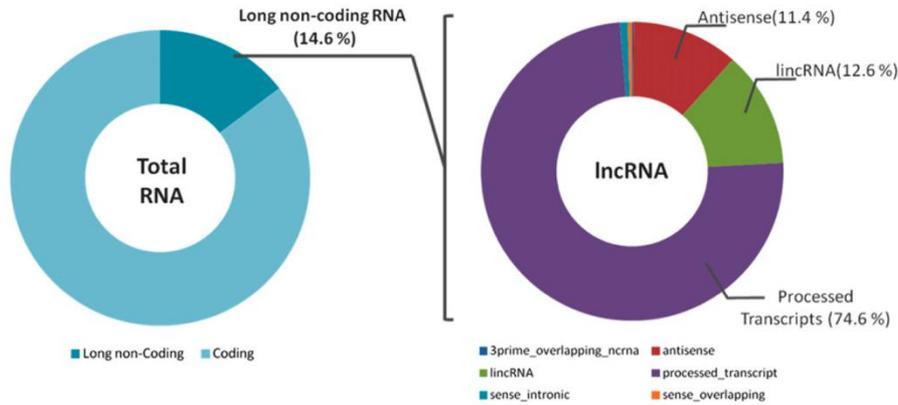
Blood biomarkers - fetal DNA

Free feto-placental nucleic acids (Quantity? Type?)

- SRY gene (pree, FGR)
- DYS-14 sequence (on Y-chromosome, Pree, FGR)
- DYS-1 sequence (Pree, FGR)
- Hypermethylated RASSF1A (Pree, FGR)
- Total extracellular DNA
 - Ubiquitous beta-globin (GLO gene, Pree, FGR)
 - GAPDH gene (Pree)



Cell free fetal RNA in maternal circulation

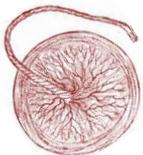


Different expression in different trimesters

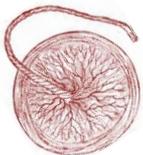
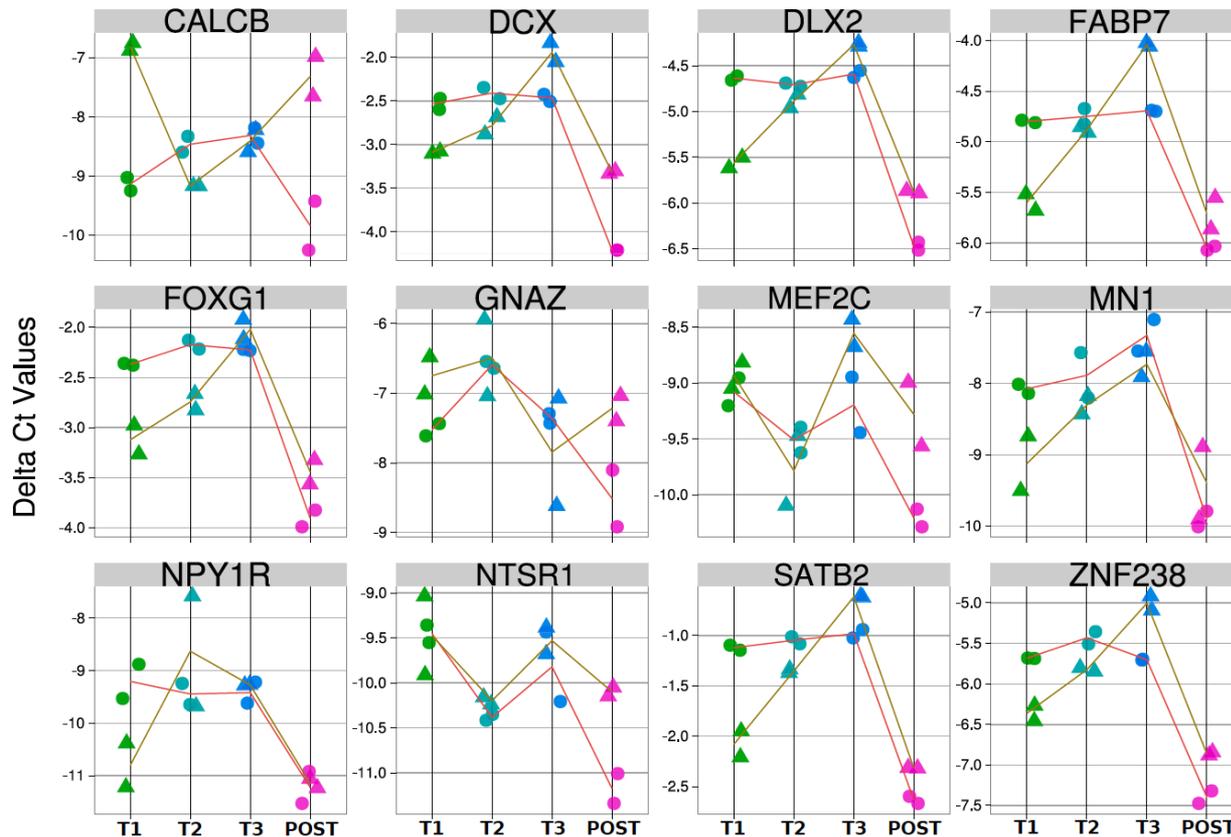
CRH (pree, FGR)
 GCM1 (Pree)
 PLAC1 (Pree)
 hPL (Pree, FGR)
 PAPP-(Pree, FGR)

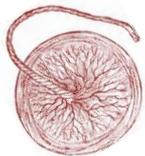
VEGF (Pree)
 Inhibin A (Pree, FGR)
 KiSS-1 (Pree, FGR)
 P-selectin (Pree, FGR)

miRNAs



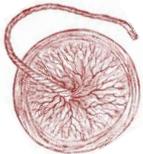
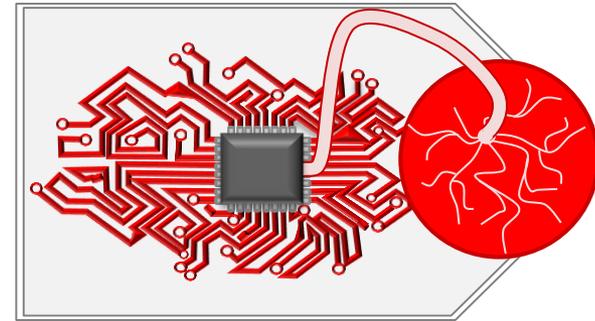
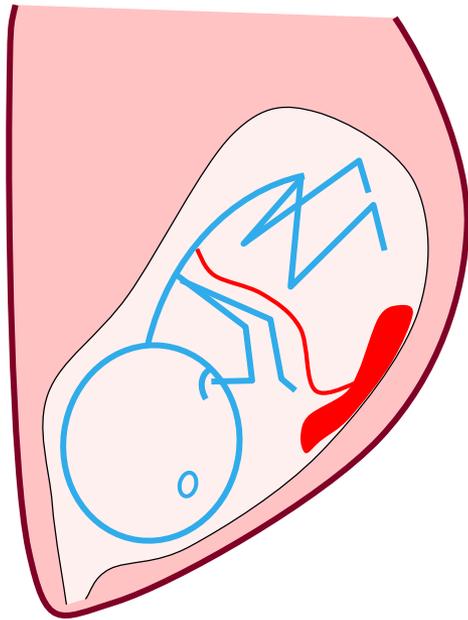
Cell free fetal brain-specific genes in the maternal circulation



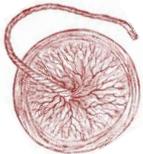
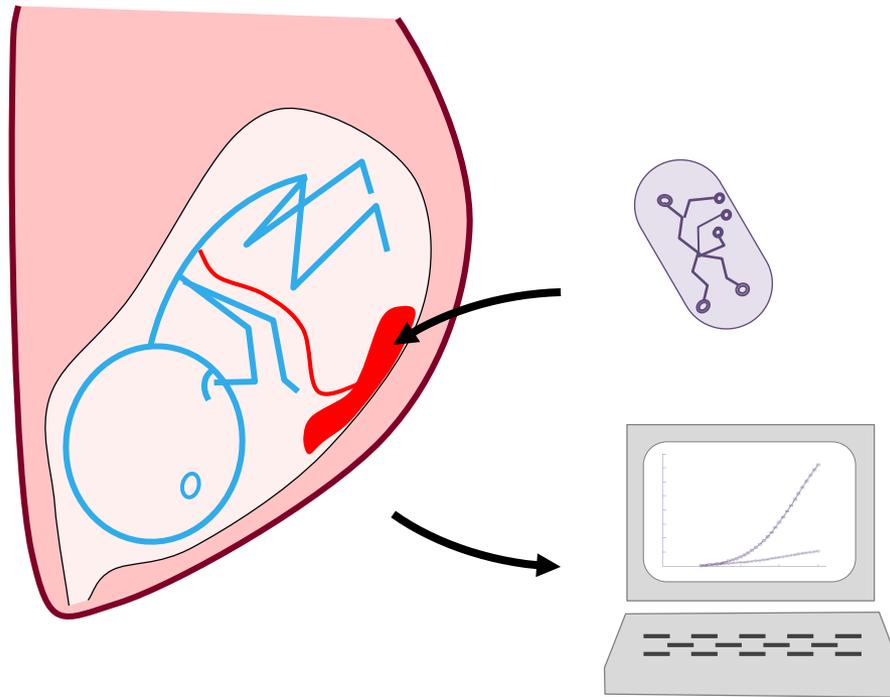


**It is tough to make predictions,
especially about the future—Yogi Berra**

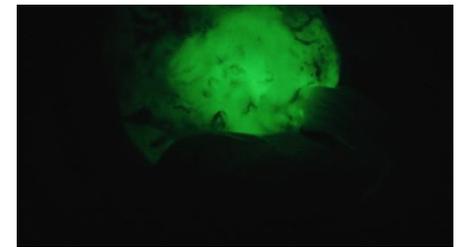
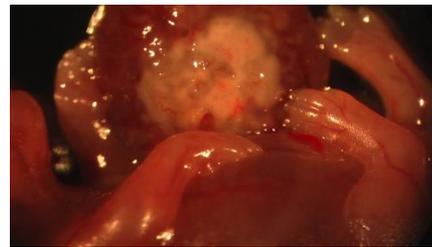
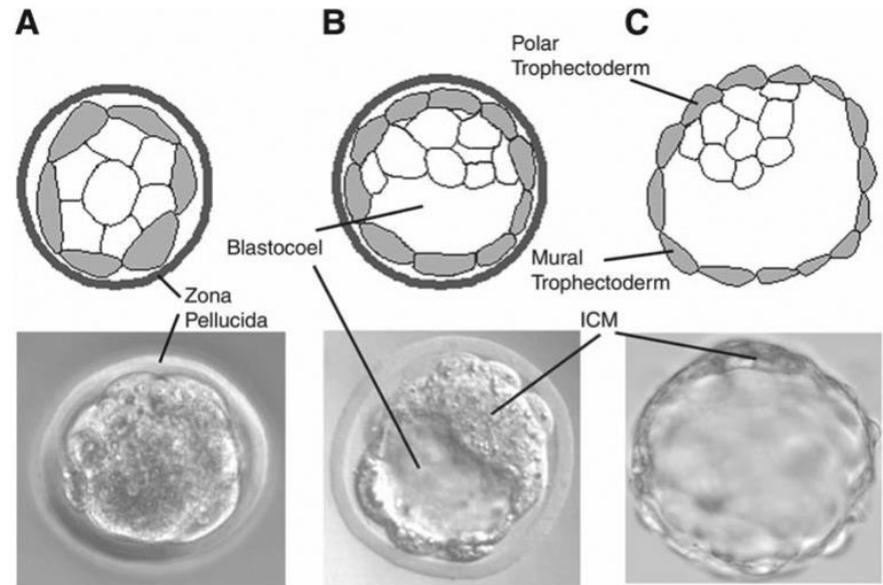
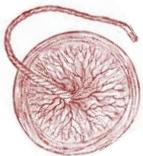
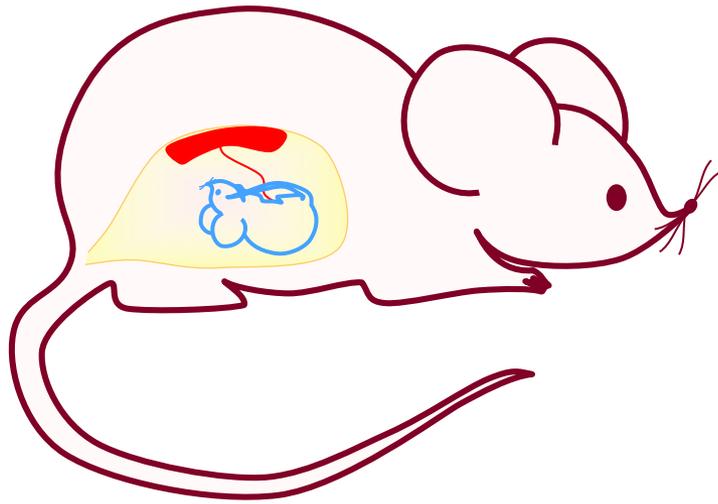
Future technologies: Placenta on a chip



Future technologies: Nano-plac



Lentivirus-mediated placental transduction



Mishima and Sadovsky, in preparation

Future technologies: Gestometer

