

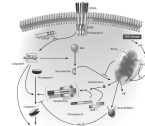
Trophoblast physiology

“Live et Let Die”

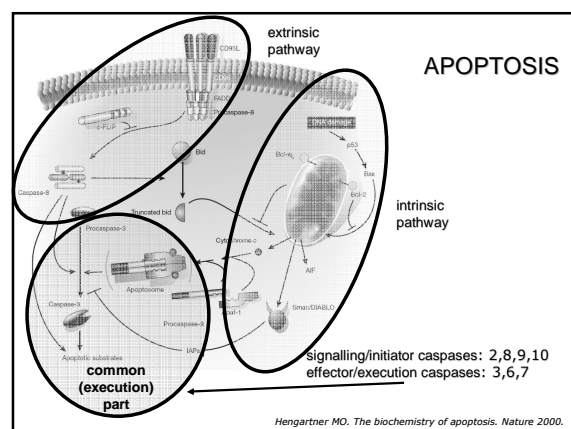
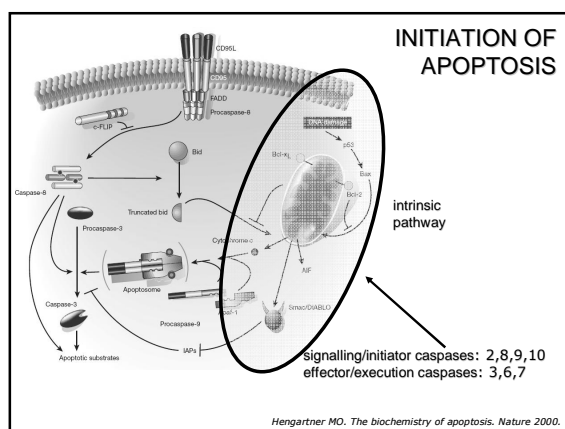
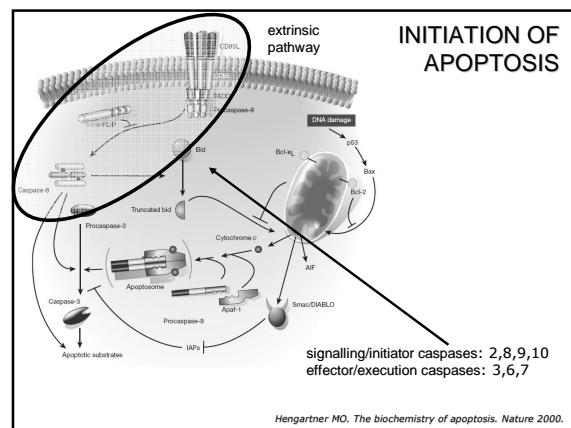
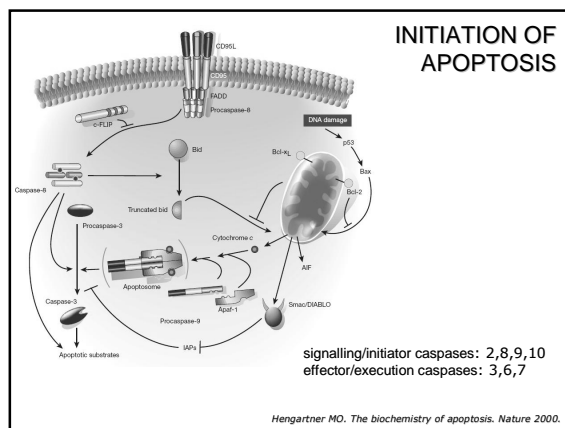
prof. Damir Roje

Apoptosis in a few words

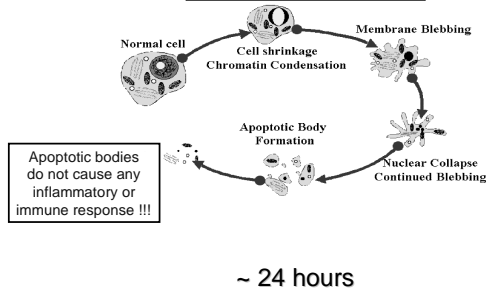
- programmed cell death - energy utilization process
- organised and precisely designed irreversible process mediated by cascade like activation of the caspase enzymes that leads cell (step by step) into death
- final product - apoptotic body - absence of inflammatory or immune local or systemic reactions !!!!



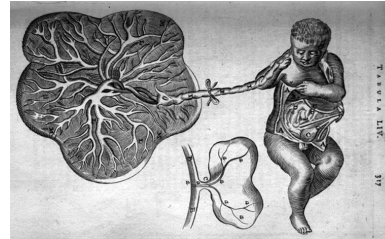
Cell dies by exactly planned protocol for the "higher interests".



APOPTOSIS

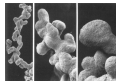


PLACENTA



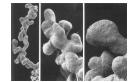
Thomas Bartholin (1616-1680): *Anatome ex omnium veterum recentiorumque observationibus*, 1673.

TROPHOBLAST / PLACENTA:

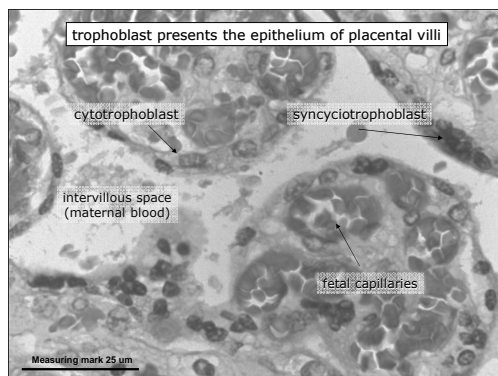
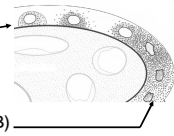


- trophoblast presents the epithelium of placental villi

TROPHOBLAST / PLACENTA:



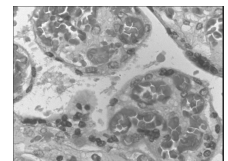
- trophoblast presents the epithelium of placental villi
- trophoblast has two layers
 - single cell layer (basal membrane): cytotrophoblast (CTB)
 - multinuclear layer: syncytiotrophoblast (STB) (in direct contact with maternal blood)



Trophoblast as the epithelium



- each epithelium releases aged and/or dead cells over time
- IMPORTANT: in the trophoblast case, that means releasing cells into intervillous space (maternal circulation!)



- _____

The figure consists of two diagrams. The left diagram is a schematic representation of the cell cycle clock, showing a circular flow of components including DNA, RNA, and proteins, with arrows indicating the progression of the cycle. The right diagram is a schematic representation of the cell cycle, showing a cell in various phases: G1, S, G2, and M, with arrows indicating the progression of the cycle.

Syncytiotrophoblast is apoptotic tissue generated from cytotrophoblast

- [illegible]

The diagram illustrates the stages of syncytial fusion and apoptosis in the placenta, showing the progression from undifferentiated stem cells to syncytial knots and their elimination.

Stages of Syncytial Fusion:

- undifferentiated stem cell**
- cytotrophoblast (CTB) proliferation**
- structural signs of syncytial degeneration**
- initiation stages of apoptosis in CTB**
- initiation stages of CTB apoptosis induce syncytial fusion**

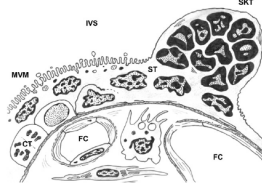
Stages of Syncytial Apoptosis:

- Bcl-2 & mcl-1 temporarily inhibits progression of syncytial apoptosis**
- later progression of syncytial apoptosis**
- initiation stages of CTB apoptosis in preparation of next fusion**
- extrusion of accumulated apoptotic nuclei (syncytial knots)**

Syncytial knots are released to the maternal venous circulation, where they are eliminated by pulmonary macrophages.

Huppertz B, i sur. Apoptosis and its role in the trophoblast. Am J Obstet Gynecol 2006.

The diagram illustrates the role of caspases in T cell apoptosis. It shows two pathways starting from a differentiating T cell (left) and a T cell (right). In the differentiating T cell, the active form of caspase-8 leads to the active form of caspase-3, which inhibits the active form of caspase-3. This results in an inactive form of caspase-3, which leads to an inactive form of caspase-6. This results in a T cell that is M30-positive and cytokeratin 14+, indicating survival. In the T cell, the active form of caspase-8 leads to the active form of caspase-3, which leads to an active form of caspase-6. This results in a T cell that is M30-negative and cytokeratin 14-, indicating apoptosis.



-
- The diagram illustrates the internal structure of a cell. The nucleus is centrally located and contains nucleoli. Surrounding it is the rough endoplasmic reticulum, characterized by ribosomes. The smooth endoplasmic reticulum is shown without ribosomes. The Golgi apparatus is depicted as a series of stacked sacs. Lysosomes and peroxisomes are shown as small, membrane-bound organelles. Mitochondria are shown with internal folds (cristae). The cytoplasm is the fluid-filled space within the cell. A legend at the bottom identifies the symbols used for each organelle.

Apoptotic bodies do not cause any inflammatory or immune response !!!

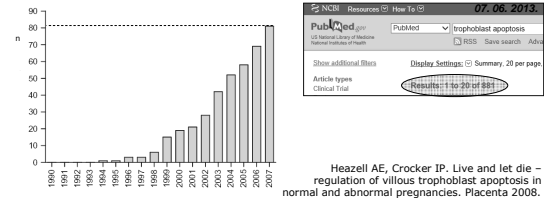
Trophoblast life cycle presents slow apoptotic process lasting for few weeks instead ~24 hours

... dies for living

... lives through dying



No. of published papers (PubMed – key words: trophoblast, apoptosis)



TERM "APOPTOSIS" FOR THE FIRST TIME IN THE LITERATURE: Kerr JF, I sur. Apoptosis: a basic biological phenomenon with wide-ranging implications in tissue kinetics. Br J Cancer 1972.

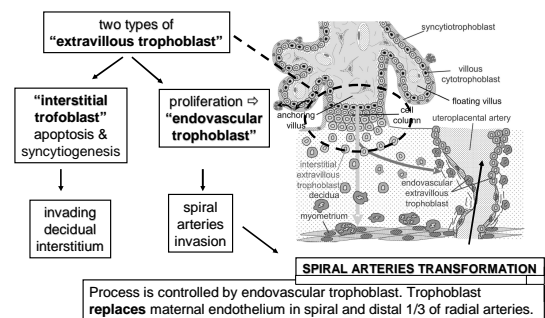
TERM "TROPHOBLAST APOPTOSIS" FOR THE FIRST TIME IN THE LITERATURE : Sakuragi N, I sur. Differentiation-dependent expression of the BCL-2 proto-oncogene in the human trophoblast lineage. J Soc Gynecol Investig. 1994.

Trophoblast apoptosis:



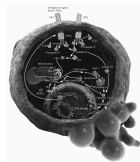
- spiral arteries remodeling (by trophoblast invasion)
- preeclampsia and/or HELLP syndrome
- IUGR
- Antiphospholipid syndrome

Extravillous trophoblast invasion and apoptosis



Huppertz B et al. AJOG 2006.

☐ Preeclampsia & HELLP syndrome trophoblast apoptosis

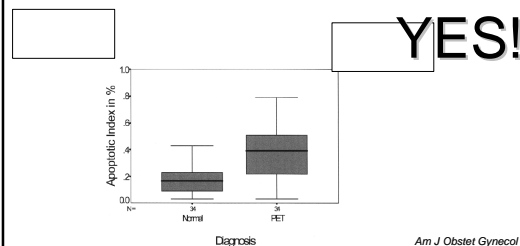


Increased placental apoptosis in pregnancies complicated by preeclampsia

Danny N. Leung, MD,* Stephen C. Smith, DM,* K.F. To, PhD,* Daljit S. Sahota, PhD,* and Philip N. Baker, DMP*
Hong Kong, China, and Nottingham, United Kingdom

Placentas were obtained at delivery from 34 pregnancies complicated by preeclampsia and from 34 uncomplicated pregnancies. This incidence of apoptotic nuclei was significantly greater ($P < .01$) in the placentas from the pregnancies complicated by preeclampsia. (Am J Obstet Gynecol 2001;184:1249-50.)

Key words: Placenta, apoptosis, preeclampsia



Am J Obstet Gynecol 2001.

Inappropriate trophoblast apoptosis vs. preeclampsia & HELLP syndrome

- DIRECT CAUSE (I. & II. trimester - extravillous trophoblast):**
 impaired placentation resulting in hypoxic, mechanical, and ? trophoblast damage
- INDIRECT CAUSE (II. & III. trimester - villous trophoblast):**
 enhanced, accelerated and incomplete trophoblast apoptosis:
 ⇒ “aponecrosis” ⇒ release of biologically “non inert” material in the intervillous space (mothers bloodstream) ⇒
 ⇒ systemic inflammatory and immune response ⇒
 ⇒ preeclampsia, HELLP syndrome, eclampsia,

Kaufmann P et al. Biology of Reproduction 2003.

Inappropriate trophoblast apoptosis vs. preeclampsia & HELLP syndrome

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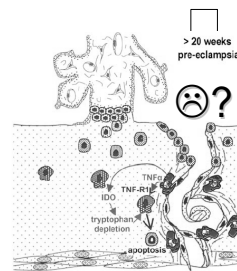
Kaufmann P et al. Biology of Reproduction 2003.

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Kaufmann P et al. Biology of Reproduction 2003.

TNF-α is one of the factors that can initiate apoptosis by extrinsic pathway



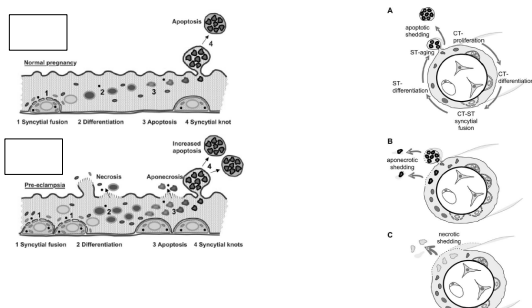
WHO IS TO BLAME?

Is the specificity of mother's inflammatory response real cause of the spiral arteries transformation efficacy that consequently determines the incidence of pre-eclampsia? (Genetic factor of preeclampsia?)

Macrophages from the spiral arteries walls (through TNF-α) encourage trophoblast apoptosis reducing its activity

Kaufmann P et al. Biology of Reproduction 2003.

Inappropriate trophoblast apoptosis vs. preeclampsia & HELLP syndrome ⇒ INDIRECT CONSEQUENCE



Huppertz B et al. AJOG 2006.

Inappropriate trophoblast apoptosis vs. preeclampsia & HELLP syndrome ⇒ INDIRECT CONSEQUENCE

Physiology:

- 150-000 syncytial knots / day
- 3,1g trophoblast
- 3,4% of total trophoblast mass (90g in average term placenta)

Preeclampsia:

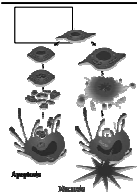
- ↑ syncytiotrophoblast microparticles in mothers bloodstream
- ↑ free fetal DNA in mothers bloodstream
- changes macrophages activity in the mothers lungs in promotion of immune tolerance
- strongly encourages mothers systemic inflammatory response

Basic structure of the Villous Trees. U: Benirschke K, Kaufmann P, Baergen R. (Ur): Pathology of the Human Placenta. New York. Springer. 2006:50-120.

Inappropriate trophoblast apoptosis vs. preeclampsia & HELLP syndrome ⇒ INDIRECT CONSEQUENCE

Physiology:

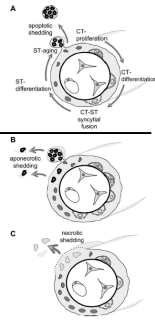
- 150-000 syncytial knots / day
- 3,1g trophoblast
- 3,4% of total trophoblast mass
(90g in average term placenta)



physiology : preeclampsia

trophoblast apoptosis trophoblast necrosis (aponecrosis)

Basic structure of the Villous Trees. U: Benirschke K, Kaufmann P, Baergen R. (Ur): Pathology of the Human Placenta. New York: Springer, 2006:50-120.



MAIN RESEARCH ARTICLE

Apoptosis, proliferation and Fas ligand expression in placental trophoblast from pregnancies complicated by HELLP syndrome or pre-eclampsia

IVANA KUZMIR PRUSAC¹, SANDRA ZEKIC TOMAS² & DAMIR ROJE³

¹Department of Pathology, Forensic Medicine and Cytology, Clinical Hospital Centre Split, Split, Croatia

²Department of Obstetrics and Gynecology, Clinical Hospital Centre Split, Split, Croatia

HELLP syndrome : preeclampsia

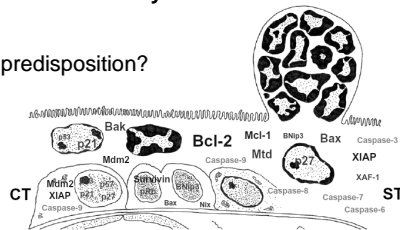
Conclusion:

- increased trophoblast apoptosis
- increased cytotrophoblast proliferation
- reduced FasL expression in trophoblast
- ... could be involved in pathophysiological mechanisms of preeclampsia.

Acta Obstet Gynecol Scand 2011.

Inappropriate trophoblast apoptosis vs. preeclampsia & HELLP syndrome

Genetic predisposition?



- blue – antiapoptotic factors
- red – proapoptotic factors

Bigger letters mean higher impact!!

Heazell AEP et al, Placenta 2009.

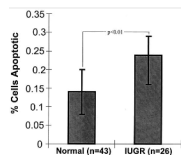
Trophoblast apoptosis and IUGR



Increased placental apoptosis in intrauterine growth restriction

Stephen C. Smith, MB, ChB, Philip N. Baker, DM, E. Malcolm Symmonds, MD

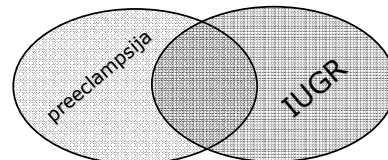
Wellington, United Kingdom



Yes!

Am J Obstet Gynecol 1997.

TROPHOBLAST APOPTOSIS PREECLAMPSIA AND/OR IUGR



Trophoblast apoptosis preeclampsia and/or IUGR

- increased apoptotic index value in trophoblast in placentas from pregnancies complicated by preeclampsia / IUGR
(0,12%-4,2%) : (0,06% – 0,74%)

Smith SC, i sur Am J Obstet Gynecol 1997.
Axt R, Kordina AC, i sur. Clin Exp Obstet Gynecol 1999.
Alfaro AD, i sur. Obstet Gynecol 2000.
Leung DW, i sur. Am J Obstet Gynecol 2001.

Erel CT, i sur. Int J Gynaecol Obstet 2001.
Levy R, i sur. Am J Obstet Gynecol 2002.
Ishihara N, i sur. Am J Obstet Gynecol 2002.
Austgulen R, i sur. J Reprod Immunol 2004.
Barrio E, i sur. J Pediatr Endocrinol Metab 2004

Trophoblast apoptosis – IUGR

- As IUGR and preeclampsia frequently coincide, most studies have not considered them in separate way, but investigated them as a unit.

Barrio E, et al. Intrauterine growth retardation: study of placental apoptosis. J Pediatr Endocrinol Metab 2004.
Ishihara N, et al. Increased apoptosis in the syncytiotrophoblast in human term placentas complicated by either preeclampsia or intrauterine growth retardation. Am J Obstet Gynecol 2002.
Endo H, et al. Frequent apoptosis in placental villi from pregnancies complicated with intrauterine growth restriction and without maternal symptoms. Int J Mol Med 2005.

Trophoblast apoptosis – idiopathic IUGR

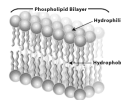
- The proliferative and apoptotic events in the trophoblast of placentas with idiopathic IUGR do not differ from physiologic ones.

Rojas D, et al. Trophoblast apoptosis in human term placentas from pregnancies complicated with idiopathic intrauterine growth retardation. J Matern Fetal Neonatal Med. 2011.

“Urbi et orbi”



- After the initiation of apoptosis, cells announce to the others that a process started
- One of the most important signs is a change in the membrane structure ...
- ... **negatively charged phospholipids are moved to the outside of the membrane and are "exposed" (phosphatidyl serine)**



What about heparin in this situation?

Midwifery Human Reproduction Vol. 12, No. 4, pp. 237-245, 2006

doi:10.1016/j.mh.2006.03.001

Heparin prevents programmed cell death in human trophoblast

Frank A. Hills^{1,2}, Vikki M. Abraham², Belen Gonzalez-Timon², Julia Francis¹, Brianna Cloke¹, Larry Hinkson², Raj Raj², Gal Mar², Lesley Regan², Mark Sullivan², Erik W.-F. Lam² and Jan J. Brosens²

¹Institute of Reproductive and Developmental Biology, Wolfson & Weston Research Centre for Family Health, Imperial College London, Hammersmith Hospital, London, UK; ²Department of Obstetrics, Gynaecology and Reproductive Sciences, Yale University School of Medicine, New Haven, CT, USA; ³Cancer Research UK, Department of Oncology, Imperial College London, Hammersmith Hospital, London; ⁴National Department of Obstetrics and Gynaecology, Imperial College London, St Mary's Hospital, London; and ⁵Biomedical Sciences, Institute of Health and Social Research, School of Health and Social Sciences, Middlesex University, London, UK

*To whom correspondence should be addressed at: Institute of Reproductive and Developmental Biology, Imperial College London, Hammersmith Campus, London W12 0NN, UK. E-mail: j.brosens@imperial.ac.uk

Heparin is used clinically for the prevention of pregnancy complications associated with thrombotic disorders, especially antiphospholipid antibody syndrome. Recent studies have suggested that heparin may exert direct effects on placental trophoblast, independently of its anticoagulant activity. We now demonstrate that heparin abrogates apoptosis of primary first trimester villous trophoblast in response to treatment with the pro-inflammatory cytokines interferon (IFN)- γ and tumour necrosis factor (TNF)- α . This antithrombotic glycosaminoglycan also inhibited apoptosis induced by other agents, including staurosporine, broad-spectrum kinase inhibitor and thapsigargin. Furthermore, heparin attenuated caspase-3 activity, a hallmark of apoptosis, in human first trimester villous and extravillous trophoblast cell lines treated with staurosporine, a FcR γ receptor-2 agonist isolated from *Staphylococcus aureus*. The ability of heparin to antagonize cell death induced by such diverse apoptotic signals suggested that it acts as a survival factor for human trophoblast. We demonstrate that heparin, the quaternary growth factor (EGF) and heparin-binding EGF (HBE-EGF), elicits phosphorylation of the EGF receptor and activation of the phosphatidylinositol 3-kinase (PI3K), the intracellular signal-related kinase (I κ B) and the c-Jun N-terminal kinase (JNK)-signal transduction pathways in primary villous trophoblast. In summary, we have demonstrated that heparin activates multiple anti-apoptotic pathways in human trophoblast. Our results suggest that heparin may be useful in the management of at-risk patients, even in the absence of an identifiable thrombotic disorder.

Key words: heparin/trophoblast/survival

Hills FA, i sur. Heparin prevents programmed cell death in human trophoblast. Mol Hum Repr 2006.

Heparin – apoptosis – anticoagulant?

- Heparin in vitro prevents apoptosis induction by trophoblast antiphospholipid antibodies and increases trophoblasts invasiveness

Bose P, i sur. Adverse effects of lupus antikoagulant positive blood sera on placental viability can be prevented by heparin in vitro. Am J Obstet Gynecol 2004.

- Although the same anticoagulant effect of similar anticoagulant drugs (hirudin and fondaparin) only heparin reduces the risk of spontaneous abortion in mice,

Girardi G, i sur. Heparin prevents antiphospholipid antibody-induced fetal loss by inhibiting complement activation. Nat Med 2004.

“Other” anti-inflammatory and immunomodulatory biological heparin effects:

- NK (natural killer) cells suppression
- cutting down neutrophils adhesion ability
- antagonistic effect on the interferon gamma signaling effect
- heparin inhibits complement activation
- heparin amplifies the effect of several growth factors (hepatocyte growth factor, epidermal growth factor, heparin binding and fibroblast growth factor) that have significant role in the invasiveness of trophoblast

Hills FA, i sur. Heparin prevents programmed cell death in human trophoblast. Mol Hum Repr 2006.

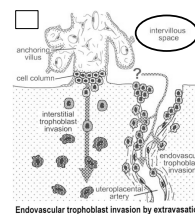
Apoptosis in the peri-implantation period

- **apposition:** inhibited apoptotic activity of the endometrium around embryo \Rightarrow embryo secretes antiapoptotic factors
- **adhesion (*vice versa*):** amplification of endometrial apoptotic activity around \Rightarrow embryo secretes proapoptotic factors

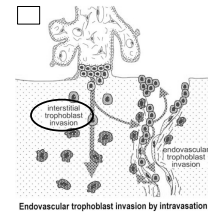
Modulating the secretion of pro and anti apoptotic factors
embryo controls decidual apoptotic activity at the paracrine level

Straszewski-Chavez SL et al. *Endocrine Reviews* 2005.

Where from endovascular trophoblast comes in the spiral arteries lumen?



Possibly



Probably

Kaufmann P et al. *Biology of Reproduction* 2003.

Connection between apoptosis and antiphospholipid syndrome

- apoptotic cells **as antigen** for existing antiphospholipid antibodies
- apoptotic cells **as immunogen** for the development of antiphospholipid syndrome



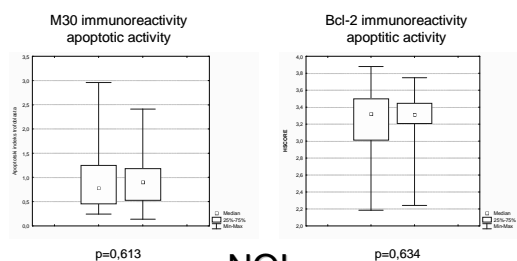
Rauch J I sur. Apoptosis and the Antiphospholipid syndrome. *Journal of Autoimmunity* 2000.

Trophoblast apoptosis – preeclampsia and/or IUGR

- Numerous studies have shown that the trophoblast apoptotic activity is more pronounced in the placentas from:
 - preeclampsia
 - and/or
 - IUGR

Allaire AD, et al. *Placental apoptosis in preeclampsia*. *Obstet Gynecol* 2000.
Erel CT et al. *Apoptosis in the placenta of pregnancies complicated with IUGR*. *Int J Gynaecol Obstet* 2001.
Austgulen Ret et al. *Pre-eclampsia associated with increased syncytial apoptosis when the infant is small-for-gestational age*. *J Reprod Immunol* 2004.
Leung DN, et al. *Increased placental apoptosis in pregnancies complicated by preeclampsia*. *Am J Obstet Gynecol* 2001.

Trophoblast apoptosis and idiopathic IUGR



Roje D, et al. *J Matern Fetal Neonatal Med* 2011.

Trophoblast apoptosis and idiopathic IUGR

Excess Syncytiotrophoblast Microparticle Shedding is a Feature of Early-onset Pre-eclampsia, but not Normotensive Intrauterine Growth Restriction

D. Goswami^a, D. S. Tannetta^b, L. A. Magee^{c,d}, A. Fuchisawa^a, C. W. G. Redman^b, I. L. Sargent^b and P. von Dadelszen^{b,d,*}

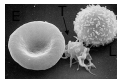
Placenta 2006.

How does aspirin works?

- Aspirin inhibits nitrogen (II) oxide (NO) synthesis
- Because oxidative stress is the initiator and promoter of trophoblast apoptosis, ...
... mechanism of aspirin action is probably in the regulation of redox processes associated with placental apoptosis.

Aspirin action is not exclusively related to platelet activity! ...

... although activated platelet changes the structure of its membrane the same way as the apoptotic cell does.



Bose P et al. Heparin and aspirin attenuate placental apoptosis in vitro: implications for early pregnancy failure. Am J Obstet Gynecol 2005.