



**UNIVERSITI PUTRA MALAYSIA**

***REPLACEMENT OF DEGRADED ARTICULAR CARTILAGE USING  
STEM CELL-BASED THERAPY IN RABBIT MODEL OF  
OSTEOARTHRITIS***

**MARWAN TAHER M. ABOFILA**

**FPV 2012 14**

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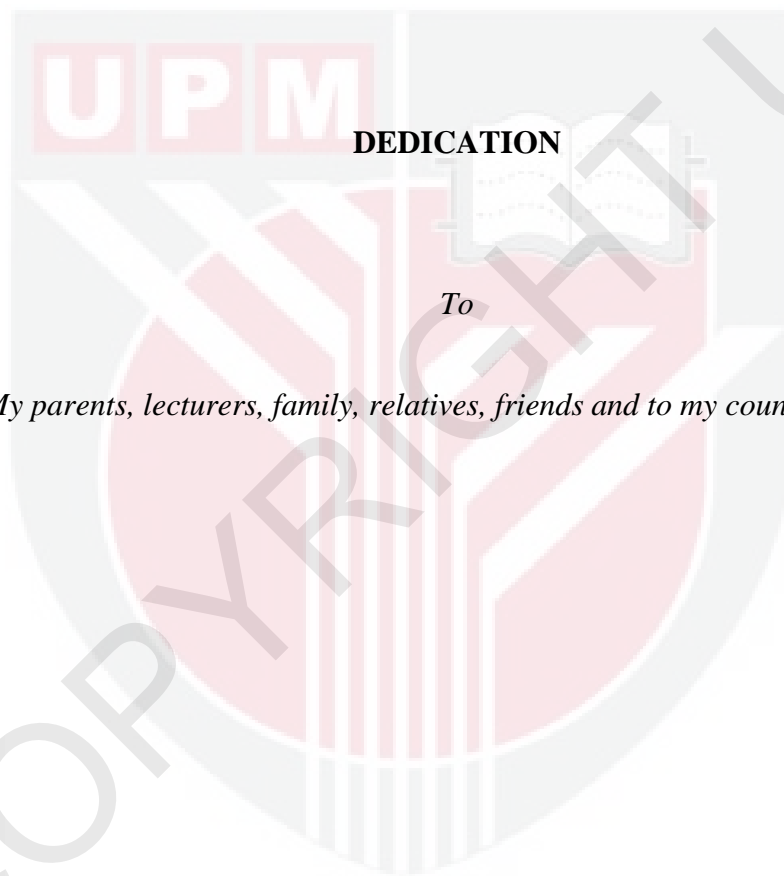
**By**

**MARWAN TAHER M. ABOFILA**

**Thesis Submitted to the School of Graduate Studies, Universiti Putra Malaysia,  
in Fulfillment of the Requirements for the Degree of Master of Veterinary  
Science**

**October 2012**

*In the name of Allah, Most Gracious, Most Merciful*



**DEDICATION**

*To*

*My parents, lecturers, family, relatives, friends and to my country at large*

Abstract of thesis presented to the Senate of Universiti Putra Malaysia  
in Fulfillment of the Requirement for the Degree of Master of Veterinary Science

**REPLACEMENT OF DEGRADED ARTICULAR CARTILAGE USING  
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**October 2012**

**Chairman: Associate Professor Shanthi Ganabadi, PhD**

**Faculty : Veterinary Medicine**

Osteoarthritis (OA) is a degenerative disease of the joint characterized by the degradation of articular cartilage, with loss of matrix, and cyst and osteophyte formation. Osteoarthritis is the most common form of arthritis, and mostly results in physical disability. Treatments of osteoarthritis with stem cells appear to be a practical and effective, resulting in enhanced repair of damaged tissues. *In vivo* systems, the ability of autologous mesenchymal stem cells, in both humans and animals, to regenerate lost articular cartilage in OA has clearly been proven.

The general aim of this study was to evaluate the effectiveness of rabbit bone marrow-derived stem cell (allogeneic stem cells) and human umbilical cord-derived stem cell (xenogeneic stem cell) therapies in comparison with sodium hyaluronate, as potential replacements for degraded articular cartilage in monosodium iodoacetate-induced osteoarthritic rabbit models. Assessment parameters included

clinical signs, radiographic and histopathological evaluation of affected joints, gross assessment of muscle and joints, and cytokine levels (IL-1, IL-4, IL-10 and TNF $\alpha$ ) in plasma and serum.

Thirty male New Zealand white rabbits were used in this study. OA was induced by a single intra-articular injection of 2.5 mg of monosodium iodoacetate (MIA) / 0.3 ml normal saline (NS). Five milliliters of bone marrow were aspirated from the rabbit's iliac crest and cultured in vitro. The rabbits were divided into five groups (n=6); 1. Human stem cell-treated group (HSTG), 2. Rabbit stem cell-treated group (RSTG), 3. Sodium hyaluronate-treated group (SHTG), 4. Media stem cell-treated group (MSTG), and 5. Normal saline-treated group (NSTG).

The results showed that there were significant differences ( $P < 0.05$ ) in body weights, voluntary movement and size of joints among all groups at week 20 post OA induction (16 weeks post injection treatments). In terms of clinical outcomes, treatment with rabbit bone marrow-derived stem cells (allogeneic stem cells) and human umbilical cord-derived stem cells (xenogeneic stem cells) produced better outcomes, and treatment with sodium hyaluronate was not as effective. Treatments with the media and normal saline were the least effective in this regard. There was significant suppression of catabolic cytokines in the RSTG ( $P < 0.05$ ) compared to other groups, which showed no significant differences ( $P > 0.05$ ), at 12, 16 and 20 weeks. Furthermore, there were significant differences ( $P < 0.05$ ) among all groups in the radiological scoring of affected stifle joints of rabbits at week 20. Results of radiographical scoring for the treated stifle joint were best in the RSTG and HSTG, which showed healing and a reversal to normal appearance. That of the SHTG revealed slow OA progression, while MSTG and NSTG scored the worst. There

were significant differences ( $P < 0.05$ ) among all groups in the grading of gross lesions in the OA stifle joints of rabbits at week 20. The degree of OA grading was best for the RSTG, which revealed normal (no change) to mild changes in stifle joint structures while the HSTG showed mild to moderate changes in the joint structures. The SHTG on the other hand showed moderate changes and the MSTG and NSTG had the most severe gross lesions as demonstrated by severe to very severe pathological changes in joint structures. The differences in sizes and masses of the quadriceps femoris muscles between treated and untreated contra-lateral joints were significantly different ( $P < 0.05$ ) among all groups at week 20. Disuse atrophy of the affected joints was obvious in the MSTG and NSTG, while only slight atrophy was noted in SHTG, and no atrophy was noted in both the RSTG and HSTG. Histopathological scoring on the stifle joints at week 20 showed significant differences ( $P < 0.05$ ) between all the groups. The RSTG showed the best histopathological scoring, followed by the HSTG and SHTG, while the MSTG and NSTG showed the worst scores. In conclusion, single intra-articular injection of rabbit bone marrow-derived stem cells (allogeneic stem cells) or human umbilical cord-derived stem cells (xenogeneic stem cells) could promote the regeneration of damaged articular cartilage in OA as evidenced by improved radiological and pathological outcomes, with resultant improvements in general mobility, and relief of symptoms and pain.

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia  
sebagai memenuhi keperluan untuk ijazah Master Sains Veterinar

**PENGGANTIAN RAWAN ARTIKULAR YANG ROSAK DENGAN  
MENGUNAKAN TERAPI BERASASKAN SEL STEM DALAM MODEL  
OSTEOARTRITIS PADA ARNAB**

Oleh

**MARWAN TAHER M. ABOFILA**

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Osteoarthritis (OA) adalah penyakit degeneratif di mana tulang rawan akan kehilangan tisu matriks, bersama dengan pembentukan sista dan osteofit. Osteoarthritis merupakan penyakit arthritis yang paling kerap dijumpai dan ianya mengakibatkan kehilangan keupayaan fizikal. Rawatan OA dengan sel stem didapati adalah efektif kerana ianya dapat membaikpulih kerosakan tisu. Secara in vivo, keupayaan sel stem autologous (sel daripada pesakit sendiri) untuk membaikpulih tulang rawan artikular yang rosak telah terbukti bagi kedua dua haiwan dan manusia.

Kajian ini bertujuan menguji keberkesanan terapi menggunakan sel stem dari pada arnab (sel stem alogenik) dan sel stem manusia daripada tali pusat (sel stem xenogenik) berbanding dengan terapi menggunakan sodium hyaluronate bagi membaikpulih tulang rawan artikular yang rosak, dalam model OA pada arnab yang diaruh oleh monosodium iodoacetate (MIA). Parameter yang dikaji termasuk

petanda klinikal, pemerhatian secara radiografik dan histopatologikal atas sendi, pemerhatian kasar ke atas sendi dan otot, serta tahap sitokin (IL-1, IL-4, IL-10 and TNF $\alpha$ ) dalam plasma dan serum.

Sebanyak tiga puluh arnab New Zealand White jantan telah digunakan dalam kajian ini. Osteoarthritis adalah diaruh dengan satu injeksi “monosodium iodoacetate” (MIA) dengan kepekatan 2.5 mg / 0.3 ml larutan garam 0.9% sodium klorida (NaCl). Sebanyak lima milliliter sum-sum tulang disedut daripada tulang pinggung arnab dan seterusnya dikultur secara in vitro. Arnab kajian dibahagi kepada lima kumpulan dengan enam sekumpulan (n=6) iaitu; 1. Kumpulan dengan rawatan sel stem manusia (HSTG), 2. Kumpulan dengan rawatan sel stem arnab (RSTG), 3. Kumpulan dengan rawatan sodium hyaluronate (SHTG), 4. Kumpulan dengan rawatan media dari kultur sel stem (MSTG), dan 5. Kumpulan dengan rawatan larutan garam 0.9% sodium klorida (NaCl).

Keputusan kajian kami menunjukkan bahawa terdapat perbezaan yang signifikan dalam berat badan, pergerakan sukarela serta dan saiz sendi antara kumpulan pada minggu ke-20 selepas aruhan OA (iaitu 16 minggu selepas rawatan) ( $P < 0.05$ ). Dari segi petanda klinikal, keputusan HSTG dan RSTG adalah paling baik diikuti oleh SHTG, MSTG dan akhirnya NSTG. Tahap antagonis bagi sitokin katabolic dalam RSTG naik secara signifikan berbanding dengan kumpulan lain pada minggu 12, 16 dan ke-20 ( $P < 0.05$ ), manakala tiada perbezaan dalam tahap sitokin katabolic antara kumpulan dikesan ( $P > 0.05$ ). Terdapat perbezaan yang signifikan antara kumpulan dalam skor radiografik atas sendi arnab yang dirawat pada minggu ke-20 ( $P < 0.05$ ). Skor radiografik adalah paling baik bagi RSTG dan HSTG di mana pemulihan sepenuh atau hampir sepenuh dicapai, dan diikuti oleh SHTG di mana OA berlaku



dengan lebih lambat. MSTG dan NSTG pula menunjukkan skor radiografik yang paling teruk. Perbezaan yang signifikan antara kumpulan juga dikesan bagi gred OA atas sendi arnab yang dirawat pada minggu ke-20 ( $P < 0.05$ ). Gred OA adalah paling baik bagi RSTG di mana tiada atau sedikit perubahan dikesani pada struktur sendi. HSTG menunjukkan perubahan struktur sendi yang sedikit atau sederhana. SHTG pula menunjukkan perubahan yang sederhana dan akhirnya, MSTG dan NSTG menunjukkan kerosakan tisu yang paling teruk di mana terdapatnya perubahan yang amat besar dalam struktur sendi. Perbezaan saiz dan berat otot paha antara kaki yang dirawat dengan kaki kontralateral yang normal adalah berbeza secara signifikan antara kumpulan pada minggu ke-20 ( $P < 0.05$ ). Kehilangan otot pada otot yang dirawat adalah ketara bagi MSTG dan NSTG manakala ini tidak dapat dikesani dalam RSTG dan HSTG. Kehilangan otot yang sedikit telah dikesani bagi SHTG. Pemerhatian histopatologi ke atas sendi yang dirawat pada minggu ke-20 mempamerkan perbezaan yang signifikan antara kumpulan ( $P < 0.05$ ). RSTG menunjukkan skor histopatologi yang paling baik, diikuti oleh HSTG, kemudiannya SHTG, manakala MSTG dan NSTG menunjukkan skor yang paling teruk. Secara rumusan, satu injeksi sel stem arnab (sel stem alogenik) mahupun manusia (sel stem xenogenik) secara intra-artikular dapat membaikpulih tulang rawan rosak yang disebabkan oleh OA dan membaikkan dari segi pergerakan, pemerhatian radiografik dan patologi, serta petanda klinikal dan kesakitan.

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I certify that a Thesis Examination Committee has met on 18-10-2012 to conduct the final examination of Marwan Taher Moloud Abofila on his thesis entitled "Replacement of Degraded Articular Cartilage Using Stem Cell-Based Therapy in Rabbit Model of Osteoarthritis" in accordance with the Universities and University Colleges Act 1971 and the Constitution of the Universiti Putra Malaysia [P.U.(A) 106] 15 March 1998. The Committee recommends that the student be awarded the Master of Veterinary Science.

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## DECLARATION

I declare that the thesis is my original work except for quotations and citations which have been duly acknowledged. I also declare that it has not been previously, and is not concurrently, submitted for any other degree at Universiti Putra Malaysia or at any other institution.



UPM

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**MARWAN TAHER M. ABOFILA**

Date: 18 / October / 2012

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## LIST OF ABBREVIATIONS

ACL	Anterior Crucial Ligament
ACLT	Anterior Cruciate Ligament Transection
ACUC	Animal Care and Use Committee
APC	Antigen Presenting Cells
ALT	Hepatic Alanine Aminotransferase
ANOVA	Analysis of Variance
Anti-CALLA	Antibody of Common Acute Lymphoblastic Leukemia Antigen
ASCs	Adult Stem Cells
BDNF	Brain-Derived Neurotrophic Factor
bFGF	Basic Fibroblast Growth Factor
BM	Bone Marrow
BM-MSCs	Bone Marrow Mesenchymal Stem Cells
BMP-2	Bone Morphogenetic Protein 2
BMP-4	Bone Morphogenetic Protein 4
BMP-6	Bone Morphogenetic Protein 6
BMP-7	Bone Morphogenetic Protein 7
BMP-9	Bone Morphogenetic Protein 9
BMP-13	Bone Morphogenetic Protein 13
BV	Bee Venom
°C	Degree Celsius
C.C	Chondrocytes Colony
CCLT	Cranial Cruciate Ligament Transection
CD	Cluster of Differentiation = Cluster of Designation
C.F	Cyst Formation
C.L	Chondrocyte Loss = Cellular Loss

cm <sup>2</sup>	Centimeter Squared
cm <sup>3</sup>	Cubic Centimeter
CO <sub>2</sub>	Carbon Dioxide
COL	Collagenase
COL9A1	Collagen Gene IX
COX-2	Cyclooxygenase-2
C shape	Crescent Shape
CTLA4	Cytotoxic T-Lymphocyte Antigen 4
CT scan	Computed Tomography = X-ray Computed Tomography
D	Sample Dilution
DEX	Dexamethasone
DMEM	Dulbecco's Modified Eagle's Medium
DMEM F12	Dulbecco's Modified Eagle's Medium Ham's F12
DMOADs	Disease Modifying OA Drugs
DMSO	Dimethyl Sulfoxide
D.O	Chondrocytes Disorganization
ECM	Extracellular Matrix
EDTA	Ethylene Diamine Tetra-acetic Acid
EGF	Epidermal Growth Factor
ELISA	Enzyme Linked Immunosorbent Assay
ESCs	Embryonic Stem Cells
F	Fibrillation
F.F	Fibrosis Formation
FACS	Fluorescence-Activated Cell Sorting
FBS	Fetal Bovine Serum
FGF-2	Fibroblast Growth Factor 2
FGF-4	Fibroblast Growth Factor 4
FGF-8	Fibroblast Growth Factor 8
Fig	Figure

FITC	Fluorescent Isothiocyanate
FSCs	Foetal Stem Cells
FVM	Faculty of Veterinary Medicine
G	Gram
GAGs	Glycosaminoglycans
GDNF	Glial Cell-Derived Neurotrophic Factor
GM-CSF	Granulocyte Macrophage Colony-Stimulating Factor
H	Hypertrophy
HA	Hyaluronan = Hyaluronate = Hyaluronic Acid
H & E Stain	Hematoxylin and Eosin Stain
HGF	Hepatocyte Growth Factor
HSTG	Human Stem Cells Treated Group
ICM	Inner Cell Mass
ICRS	International Cartilage Repair Society
IFN- $\gamma$	Interferon-Gamma
IGF-1	Insulin-Like Growth Factor 1
IGFBP	Insulin-Like Growth Factor Binding Protein
IgG	Immunoglobulin G
IL-1	Interleukin-1
IL-1Ra	Interleukin 1 Receptor Antagonist
IL-4	Interleukin-4
IL-6	Interleukin-6
IL-7	Interleukin-7
IL-8	Interleukin-8
IL-10	Interleukin-10
IL-11	Interleukin-11
IL-12	Interleukin-12
IL-13	Interleukin-13

IL-14	Interleukin-14
IL-15	Interleukin-15
IL-17	Interleukin-17
IL-18	Interleukin-18
iNOS	Nitric Oxide Synthase
IPFP	Infra-Patellar Fat Pad
IRAP	Interleukin Receptor Antagonist Protein
KGF	Keratinocyte Growth Factor
Kg	Kilogram
LIF	Leukemia Inhibitory Factor
M	Molarity = Molar
mM	MilliMolar
$\mu$ M	Micrometer
Mg	Milligram
ml	Milliliter
ml/kg	Milliliter/kilogram
MCP	Macrophage Chemotactic Protein
M-CSF	Macrophage-Colony Stimulating Factor
MHC	Major Histocompatibility Complex
MIA	Monosodium Iodoacetate
Min	Minute
MIP-1 $\beta$	Macrophage Inflammatory Protein-1 $\beta$
MLC	Mixed Lymphocyte Culture
MMP	Matrix Metalloproteinase
MMP-13	Matrix Metalloproteinase-13 gene
MRI	Magnetic Resonance Imaging
MSCs	Mesenchymal Stem Cells = Mesenchymal Stromal Cells
MSTG	Media Stem Cells Treated Group



N	Necrosis/Degenerative
N	Number
N <sub>2</sub>	Liquid Nitrogen
Na-HA	Sodium Hyaluronate
NC	Number of Count Vital Cells
NE	Nor Epinephrine
Ng	Nanogram
ng/ml	Nanogram/Milliliter
NGF	Nerve Growth Factor
NO	Nitric Oxide
Non-ESCs	Non-Embryonic Stem Cells
NS	Normal Saline
NSAIDs	Non-Steroidal Anti-Inflammatory Drugs
NSTG	Normal Saline Treated Group
OA	Osteoarthritis
OSM	Oncostatin M
P <sub>0</sub>	Initial Passage
P <sub>1</sub>	Primary Passage
P <sub>2</sub>	Secondary Passage
P <sub>3</sub>	Third Passage
P <sub>4</sub>	Fourth Passage
P <sub>5</sub>	Fifth Passage
P α-hydroxy E	Poly Alpha-Hydroxy Esters
PBS	Phosphate Buffer Saline
PDGF	Platelet-Derived Growth Factor
PG	proteoglycan
pg/ml	Pico gram/Milliliter
Pg	Pico gram

PGA	Poly Glycolic Acid
PGE2	Prostaglandin E2
PGP 9.5	Protein Gene Product 9.5
pH	Hydrogen Ions Concentration
PLA	Poly Lactic Acid
PLc-GA	Poly Lactic Co-Glycolic Acid
PST	Plasma Separator Tube
Q	Number of Squares Used in Haemocytometer
Rpm	Revolute Per Minute
RSTG	Rabbit Stem Cells Treated Group
RT-PCR	Real Time-Polymerase Chain Reaction
SCF	Stem Cell Factor
SCs	Stem Cells
SD	Standard Deviation
SDF	Stromal Derived Factor
SEM	Standard Error of Mean
SHTG	Sodium Hyaluronate Treated Group
sIL-4R	Serum Interlukeins-4 Receptor
SPSS	Statistical Package for the Social Sciences
SST	Serum Separator Tube
Stro-1	Stromal Marker 1
T25	Tissue Culture Flask 25 Centimeter Squared
T75	Tissue Culture Flask 75 Centimeter Squared
TEC	Tissue Engineered Construct
TGF- $\beta$	Transforming Growth Factor Beta
TGF $\beta$ 1	Transforming Growth Factor Beta 1
TGF $\beta$ 2	Transforming Growth Factor Beta 2
TGF $\beta$ 3	Transforming Growth Factor Beta 3

TIMP	Tissue Inhibitor of Metalloproteinase
TNF $\alpha$	Tumor Necrosis Factor Alpha
TNFR	Tumor Necrosis Factor Receptor
TNFR-I	Tumor Necrosis Factor Receptor 1
TNFR-II	Tumor Necrosis Factor Receptor 2
TMJ	Temporomandibular Joint
UC-MSC	Umbilical Cord-Derived Mesenchymal Stem Cells
UPM	Universiti Putra Malaysia
USA	United State of America
VEGF	Vascular Endothelial Growth Factor
W	Week
WHO	World Health Organization
%	Percentage

# CHAPTER 1

## INTRODUCTION

A synovial joint is the place at which two bones or more make contact. It provides mechanical support, stability to the body during weight bearing, and allow movement (Standring and David, 2005). The normal movements of the joint are essential for performance of daily living activities (Leach, 2004). The articular cartilage, which is a crucial part of the joint, is a unique, avascular (not supplied by blood vessels) and aneural (not innervated by nervous tissue) connective tissue which provides covering for the osseous component of synovial joints (Martel-Pelletier *et al.*, 2008).

The unique properties of articular cartilage are related to the composition and structure of its extracellular matrix (ECM), and population of cells, known as chondrocytes. These cells are responsible for the synthesis and maintenance of the extracellular matrix, and are arranged in four zones with different functions (Venn, 1979). The articular cartilage allows for frictionless motion of the joint. Moreover, it serves as a load-bearing material by absorbing impact, and is capable of sustaining shearing forces. The articular cartilage may be degraded or lost due to arthritis (Martel-Pelletier *et al.*, 2008).

Arthritis refers to joint inflammation, which is an important innate defense response against injury or disease, characterized by swelling, pain, and stiffness (Percival, 1999). Arthritis is commonly used to describe a group of conditions involving damage to the joints of the body. It is the most common cause of disability in the

world, which limits human and animal capabilities by restricting their normal physical activities (Lorig *et al.*, 1987).

The incidence and prevalence of arthritis are variable. Lack of correct information limits an exact knowledge of the true incidence and prevalence, with wide variations in reported estimates from different sources (Woolf and Pfleger, 2003). The economic implications of the diseases are dire, with significant mortality and severe morbidity (Kramer *et al.*, 1983). There are over 200 different forms of arthritis, the most common form of which is osteoarthritis (OA) (Arnett *et al.*, 1988).

The word “osteoarthritis” was derived from the Greek medical term “osteo” meaning “of the bone”, “arthro” meaning “joint”, and “itis” meaning “inflammation” (Martin, 1994). OA belongs to a group of degenerative joint diseases, which encompass mechanical abnormalities entailing degradation of joints, including articular cartilage and its subchondral bone (Ehrlich, 1972). Degenerative joint disease is a more appropriate and accurate term based on the putative pathogenesis. Other common synonyms include osteoarthrosis and degenerative arthropathy (Thompson *et al.*, 2007).

Degenerative joint disease is not a specific entity, but a common sequel to various forms of joint injury and includes the interaction between biologic and mechanical factors on articular cartilage (Dumbleton, 1981). Degenerative arthropathy affects major weight bearing joints leading to pain, physical incapacity and reduced quality of life (Wolfe *et al.*, 1990). Most researchers conform to the view that the disease is primarily degenerative in nature and the inflammatory changes are secondary. There is convincing evidence that the chondrocytes of articular cartilage play an important role in the early stages of the disease development (Thompson *et al.*, 2007).

OA can be classified into primary OA and secondary OA. Primary degenerative joint disease refers to those cases, which have no apparent predisposing factor and commonly occur in older humans or animals. Secondary degenerative joint disease refers to those cases, which have an apparent predisposing factor (Thompson *et al.*, 2007). OA is multifactorial in origin and normally does not have a single cause or factor that could be used to explain why OA does not behave in the same way over the world (Farooqi, 2008). The occurrence and clinical presentation of degenerative joint disease vary between the developed and developing countries due to geo-ethnic differences in lifestyle and many other factors such as nutritional, genetic, gender, cultural and occupational. Besides that, poor health and nutritional awareness are other factors that might affect both the occurrence and clinical presentation of OA (Chopra *et al.*, 1997; Muirden, 2005).

OA affects a large number of humans and animals at different ages. It commonly affects horses, dogs, and cats. At least, 80% of joint problems are classified as degenerative joint disease (McDougall, 2006). The diagnosis of OA is made by obtaining a detailed history about the age and secondary cause or predisposing factors, and by conducting a complete physical examination with a detailed radiographic assessment of the affected joint. Radiographical features of OA include osteophytes, cyst formation, subchondral sclerosis, reduced joint space and joint misalignment (Ness, 2007). The major problem affecting the treatment of OA is the late presentation of cases and/or difficulty of diagnosis at earlier stages of the diseases. The diagnosis of the disease is normally confirmed only when the symptoms have progressed (alterations in the joints have led to pain) and radiographically detectable changes are pronounced (Lorenz and Richter, 2006).

There are several drug classes available for OA management in both humans and animals. Most of these drugs are limited to pain control, symptom alleviation, delayed progression of the disease, and improving general mobility and exercise tolerance as well as eliminating the risk factors (Felson *et al.*, 2000b). OA drug treatments include non-steroids such as diclofenac, ibuprofen, naproxen, and ketoprofen, as well as corticosteroids, narcotic as morphine and hyaluronic acid (Taylor *et al.*, 2008). The efficiency of these treatments is still controversial because unfavorable gastrointestinal complications have been reported (Papaioannou *et al.*, 2007).

Pharmacological treatment options for OA are still very limited (Baltzer *et al.*, 2009), making the search for more options worthwhile. Recently, attention has been focused on agents that could stimulate the endogenous production of cytokines that can arrest the disease and, in some cases; help rebuild the cartilage in joints that have been damaged by the disease (Selfe and Innes, 2009).

Bajada *et al.* (2008) reported that replacement of either lost or defective tissues can be achieved with the assistance of regenerative medicine when current therapies are inadequate. Regenerative medicine comprises the use of tissue engineering and stem cell technology. Specifically, stem cells are suitable and effective biological agents that can help damaged tissues to regenerate, because of their ability to grow and differentiate into all types of body tissues such as bones, heart, liver, muscles, and under the influence of growth factors, but by a process yet undefined. The two main types of stem cells depending on their sources of origin are embryonic stem cells and non-embryonic stem cells (adult stem cells).

In 2004, Joanne *et al.*, reported that autologous adult stem cells are a much better potential source of cells than mature chondrocytes, because of their better compatibility and less likelihood of provoking an immune rejection. Furthermore, mesenchymal stem cells (MSCs) have been shown to treat degenerative joint disease, influence regeneration of articular cartilage and slow the progression of the disease (Murphy *et al.*, 2003). Transplantation of MSCs to affected discs in stifle joints of rabbits showed proliferation and differentiation into cells expressing regeneration of affected joints (Daisuke *et al.*, 2005).

Thus, it is evident that previous studies on management of degenerative joint disease using autologous stem cells have shown promising results. In this study, we investigated the possibility of using allogeneic and xenogeneic stem cells as therapy for OA to study healing of the joints and articular cartilage following experimentally induced OA. Successful use of both allogeneic and xenogeneic stem cells therapies to replace degraded articular cartilage will provide an opportunity to reduce the cost, time and effort that are involved currently in the treatment of OA in humans and large animals such as sport horses, which are susceptible to joint disease.

### **Hypothesis**

The replacement of degraded articular cartilage using stem cells therapy provides a useful alternative approach in the treatment of degenerative joint disease.



## **Objectives**

### **General Objective of This Study Was:**

- ❖ To explore the potential of allogeneic and xenogeneic stem cells in the treatment of osteoarthritis.

### **Specific Objectives of This Study Were:**

1. To isolate and characterize rabbit bone marrow derived mesenchymal stem cells for the treatment of OA.
2. To evaluate the usefulness of rabbit bone marrow derived mesenchymal stem cell (allogeneic stem cell) and human umbilical cord-derived mesenchymal stem cell (xenogeneic stem cell) therapies in comparison with sodium hyaluronate in the replacement of degraded articular cartilage.

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