

# 成熟肝細胞的可塑性

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## RESEARCH ARTICLE

### Contribution of Mature Hepatocytes to Biliary Regeneration in Rats with Acute and Chronic Biliary Injury

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#### Abstract

Whether hepatocytes can convert into biliary epithelial cells (BECs) during biliary injury is much debated. To test this concept, we traced the fate of genetically labeled [dipeptidyl peptidase IV (DPPIV)-positive] hepatocytes in hepatocyte transplantation model following acute hepato-biliary injury induced by 4,4'-methylene-dianiline (DAPM) and D-galactosamine (DAPM+D-gal) and in DPPIV-chimeric liver model subjected to acute (DAPM+D-gal) or chronic biliary injury caused by DAPM and bile duct ligation (DAPM+BDL). In both models before biliary injury, BECs are uniformly DPPIV-deficient and proliferation of DPPIV-deficient hepatocytes is restricted by retrorsine. We found that mature hepatocytes underwent a stepwise conversion into BECs after biliary injury. In the hepatocyte transplantation model, DPPIV-positive hepatocytes entrapped periportally proliferated, and formed two-layered plates along portal veins. Within the two-layered plates, the hepatocytes gradually lost their hepatocytic identity, proceeded through an intermediate state, acquired a biliary phenotype, and subsequently formed bile ducts along the hilum-to-periphery axis.

In DPPIVchimeric liver model, periportal hepatocytes expressing hepatocyte nuclear factor-1 $\beta$  (HNF-1 $\beta$ ) were exclusively DPPIV-positive and were in continuity to DPPIV-positives bile ducts. Inhibition of hepatocyte proliferation by additional doses of retrorsine in DPPIV-chimeric livers prevented the appearance of DPPIV-positive BECs after biliary injury. Moreover, enriched DPPIV-positive BEC/hepatocytic oval cell transplantation produced DPPIV-positive BECs or bile ducts in unexpectedly low frequency and in mid-lobular regions. These results together suggest that mature hepatocytes but not contaminating BECs/hepatocytic oval cells are the sources of periportal DPPIV-positive BECs. We conclude that mature hepatocytes contribute to biliary regeneration in the environment of acute and chronic biliary injury through a ductal plate configuration without the need of exogenously genetic or epigenetic manipulation.

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自從2006山中伸彌教授(Shinya Yamanaka)發現成熟體細胞可被重寫成多功能幹細胞後，現今，這項技術已是全球許多大實驗室的常規技術，並已能將多種不同的成熟體細胞重寫成多功能幹細胞。受到這項技術的啟發，科學家們開始尋求將一種成熟體細胞直接重寫成另一種成熟體細胞，而不必先重寫成多功能幹細胞的技術。陳雅惠博士、陳惠玲副教授、余俊賢醫師、及張美惠教授等報告在急性或是慢性肝膽傷害時，成熟肝細胞可以轉分化為膽道細胞。這個成熟體細胞直接轉分化成為另一種成熟體細胞的發現刊登在2015年8月26日公共科學圖書館PLoS ONE期刊(*PLoS One. 2015 Aug 26;10(8):e0134327*).。

本研究先使用藥物DAPM(破壞膽道細胞) + D-galactosamine(破壞肝細胞)在DPPIV酵素缺乏的大鼠誘發急性肝膽傷害，然後利用肝細胞移植的方法，將表現DPPIV酵素的野生型肝細胞移植到DPPIV酵素缺乏的大鼠的肝臟中，追蹤具DPPIV酵素肝細胞的命運。其次，使用藥物DAPM+ D-galactosamine或是DAPM+Bile duct ligation，在具有嵌合基因表現型肝細胞的大鼠誘發急性或是慢性肝膽傷害，追蹤具DPPIV酵素肝細胞的命運。在三種動物模式中，他們均發現成熟肝細胞可以經由關閉肝細胞的特徵，逐步表現膽道細胞的特徵，轉分化成為膽道細胞。這個轉分化過程，成熟肝細胞不必被重寫成幹細胞再進行分化。

幹細胞分化至成為成熟肝細胞，必須經過許多步驟，每個步驟可能像一道門，每道門都由特異的轉譯因子控制基因的開或關。山中伸彌教授利用特定轉譯因子的組合可以將成熟體細胞重寫成多功能幹細胞，成熟肝細胞和膽道細胞在胚胎發育時系出同源，因此可能存在有特定轉譯因子，可以打開這道門，直接將成熟肝細胞轉分化成為膽道細胞或是將膽道細胞轉分化成為成熟肝細胞，不必繞遠路回到幹細胞狀態。目前仍不清楚這個(些)特定轉譯因子是否存在。此外，將成熟體細胞重寫成多功能幹細胞，仍需藉由病毒將特定轉譯因子送進成熟體細胞，在臨床運用上，仍存有危機及疑慮。本研究發現，在膽道受傷的環境下，肝門脈附近的成熟肝細胞可以直接被轉分化成為膽道細胞，代表微環境中的某些物質可能可以啟動特定的轉譯因子，或是直接打開細胞間轉分化的門。

目前仍不清楚在急性或是慢性肝膽傷害時，成熟肝細胞轉分化為膽道細胞的過程是否為成熟肝細胞避免傷害的策略或是幫助膽道細胞再生的機制或兩者皆可。成熟肝細胞可能藉由關閉肝細胞相關基因，表現膽道細胞的基因與功能，幫助排除膽汁，並避免自己被傷害。張美惠教授團隊發現成熟肝細胞轉分化為膽道細胞的現象是暫時性的，當急性肝膽傷害修復後，由成熟肝細胞轉分化的膽道細胞又轉分化為肝細胞。

張美惠教授團隊的研究結果對肝臟再生與修復機轉提供新的認知。他們所建立具有嵌合基因表現型肝細胞的動物模式是研究肝細胞與其它細胞種類(如幹細胞、膽道細胞、肝癌等)血統關係的重要平台。他們先前已運用這個動物模式成功的證實小型類肝細胞之先驅幹細胞並非源自於成熟肝細胞的去分化增生，這個結果發表在2013年的HEPATOLOGY期刊(Hepatology 2013;57:1215-24.)

**Transplanted DPPIV-positive hepatocytes convert into biliary epithelial-like cells through a ductal plate configuration in acute hepato-biliary injury**

