Effects of inflammation on stem cells: together they strive?

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Abstract

Inflammation entails a complex set of defense mechanisms acting in concert to restore the homeostatic balance in organisms after damage or pathogen invasion. This immune response consists of the activity of various immune cells in a highly complex manner. Inflammation is a double-edged sword as it is reported to have both detrimental and beneficial consequences. In this review, we discuss the effects of inflammation on stem cell activity, focusing primarily on neural stem/progenitor cells in mammals and zebrafish. We also give a brief overview of the effects of inflammation on other stem cell compartments, exemplifying the positive and negative role of inflammation on stemness. The majority of the chronic diseases involve an unremitting phase of inflammation due to improper resolution of the initial pro-inflammatory response that impinges on the stem cell behavior. Thus, understanding the mechanisms of crosstalk between the inflammatory milieu and tissue-resident stem cells is an important basis for clinical efforts. Not only is it important to understand the effect of inflammation on stem cell activity for further defining the etiology of the diseases, but also better mechanistic understanding is essential to design regenerative therapies that aim at micromanipulating the inflammatory milieu to offset the negative effects and maximize the beneficial outcomes.

Keywords disease; inflammation; neural stem cell; proliferation; regeneration

See the Glossary for abbreviations used in this article.

Introduction

Etymologically, inflammation (in + flamma) denotes a metaphoric blaze caricatured as sumptuous mythological creatures. A tale about Phoenix for instance narrates the fire devouring its body into ashes, from which a new bird arises. Thus, the state of torrid heat in the myths is both devastating and revitalizing. In biological systems, the situation may be quite similar. Inflammation in organisms points to a non-homeostatic response of the vascular tissues to various stimuli such as pathogens, injury or xenobiotics [1]. During evolution, inflammation was developed as a mechanism of self-defense and survival pertaining to both beneficial and detrimental outcomes depending on the timing, cell types involved and the severity of the insult to the tissue. Generically, the effect of inflammation on tissues is therefore closely linked to how inflammation is initiated, maintained and resolved (Fig 1).

Different phases of the inflammatory reaction are well defined [1]. Acute period is the initial phase where the earliest reactions to the insult set on with the help of resident immune cells such as macrophages and dendritic cells [2]. Secretion of pro-inflammatory cytokines such as IL-8 and TNF-α initiates a cascade of molecular events in neutrophils, fibroblasts and endothelial cells: Macrophages are recruited to the site, and the complement system is concomitantly activated [3]. Acute inflammation contains an ensuing phase of active resolution by anti-inflammatory agents such as steroids, IL-10, nitric oxide, TGF-β or regulatory T cells [3]. During the acute inflammation phase, the exudative component from the blood plasma-containing immunoglobulins or fibrins flushes into the inflamed site causing edema. This tissue swelling is relinquished by the lymphatic system where antigens are recognized by the T and B cells of the adaptive immune system, which is a recent evolutionary invention in vertebrates [4]. Acuity of the reaction can be succeeded by chronicity based on the resolution dynamics of the inflammatory response. Chronic inflammation is hazardous to tissues, as exemplified by its involvement in the onset or progression of neurodegenerative disorders, cardiovascular diseases, autoimmunity, cancer and various metabolic diseases [5]. Therefore, the regulation of inflammatory response is of utmost importance for restoration of tissue integrity and homeostasis.

In this review, we will focus specifically on the crosstalk between inflammation and stem cells. Various tissue stem cells react differently to inflammation, and the interplay between inflammation and stem cell activity is an immense research field. Here, we will mainly concentrate on the relationship between neural stem cells and inflammation, molecules known to be mediating this reciprocity and the effect of the inflammatory milieu on the ability to regenerate tissue.
Inflammation and stem cells: together they strive?

Caghan Kızıl et al

Published online: March 4, 2015

Tissue microenvironment and stem cells during inflammation

Inflammation in a tissue is profoundly affecting the homeostatic measures thereof and thus has a strong impact on nearby cells. In adult organisms, tissues contain resident niches of stem cells that are specialized to form new cells contingent with their surrounding [6]. Stem cell activity is regulated by intrinsic mechanisms and extrinsic cues that emanate from the niche environment, and inflammation is one of them. Inflammation was documented to be negatively affecting tissue restoration in various systems [7–10]. Therefore, understanding the crosstalk between inflammation and stem cells is important to elucidate the mechanisms of how stem cells respond to tissue damage. Additionally, tweaking the effects of inflammation on stem cell behavior will constitute a possible intervention point for regenerative therapies. Inflammation was shown to regulate several stem cell niches non-exhaustively including mesenchymal stem cells (MSCs), intestinal stem cells (ISSs), satellite cells or myogenic precursors of the muscle (MPCs), liver progenitor cells (LPCs), epidermal stem cells and neural stem/progenitor cells (NSPCs). In this review, we will mainly focus on NSPCs and their regulation by inflammation.

Neural stem progenitor cells

Neural stem/progenitor cells (NSPC) are multipotent cells that generate the cell types of the nervous system: neurons, glia and oligodendrocytes [11]. In vertebrate development, multipotent neuroepithelial cells progressively differentiate into cell types of the nervous system, while sparing undifferentiated cells that maintain glial identity and act as resident stem/progenitor cells of the adult nervous system [12–15]. Stem cell niches in vertebrates show diverse localizations. In adult mammalian brain, neurogenic stem cell niches are restricted to the telencephalon [13], where neural stem cells are found in the subventricular zone (SVZ) of the lateral ventricles and in the subgranular zone of the dentate gyrus in the hippocampus (SGZ) [12,16]. Non-mammalian vertebrates contain a more widespread activity and distribution of stem cells in their brains. Zebrafish, for instance, possesses sixteen different stem cell niches that are distributed along the entire rostro-caudal brain axis [17]. As a result, the regulation of the neural stem cell activity in vertebrates is a highly complex interplay between intrinsic and extrinsic cues [18–20].

Nervous system contains cells of immune system origin, called microglia—the resident macrophages [21,22]. These cells have various functions such as regulating developmental synaptogenesis [23], homeostatic surveillance of the nervous tissue throughout life [24], managing neuronal cell death [25] and eliciting an innate immunity reaction upon various forms of pathogenesis [26]. Microglia are main modulators of the inflammatory milieu in the nervous system [25,27–29]. Homeostatically, microglia are ramified in shape to fulfill its surveillance function. Upon pathogen, pathogen invasion or insults, they retract the protrusions, become amoeboid, increase their migratory behavior and secrete molecules to retract peripheral immune cells [30]. In mammals, the early phase of the inflammation entails subsequent infiltration of neutrophils, microglia/macrophages and T cells, while the later phase is an extended prevalence of various cell types and consequent resolution of inflammation over long periods of time (reviewed in [31]). In regenerating organisms such as zebrafish or newt, initial events of acute inflammation manifest similar to mammals, while prolonged inflammation response is not observed [32,33]. In regenerating organisms, neural stem/progenitor cells are also activated even in inflammation conditions and fulfill regenerative neurogenesis—as a striking difference to mammalian tissues [32,34–36]. Therefore, the mutual interaction between inflammation and neural stem cells has emerged as an important research area not only because inflammation might exert different effects on stem cells in different species, but also because a majority of neurological disorders or neurodegenerative diseases in humans involve varying levels of inflammation in the neural microenvironment [27,37]. Hypothetically, what we learn from regenerating organisms in terms of the interplay between inflammation and stem cells could help design regenerative therapies.

First studies elaborating on the instructive crosstalk of inflammation on neural stem cells showed that in a mouse model of multiple sclerosis and experimental autoimmune encephalomyelitis (EAE), transplantation of non-inflamed neurospheres ameliorated the demyelination phenotype in various regions of the brain, suggesting that inflammation impairs the neurophysiological properties of neural stem cells and their descendants, such as oligodendrocytes [38–40]. The exact role of inflammation on neural stem/progenitor cells (NSPCs) has been controversial, because both detrimental and beneficial effects have been assigned to inflammation [31,41], suggesting that the interactions between immune cells and NSPCs are context dependent. Interestingly, a recent study in adult mouse brain showed that neural stem cells can improve the neuronal survival at the host by transforming microglia from a harmful to a neuroprotective phenotype [42].

**Glossary**

CGR2 C-C chemokine receptor type-2
CNS central nervous system
Cr complement receptor
Cystin1 cysteinyl leukotriene receptor 1
EAE experimental autoimmune encephalomyelitis
FasL Fas ligand; tumor necrosis factor superfamily member 6
Gata3 GATA family zinc-finger transcription factor 3
IFN-γ interferon gamma
IGF-1 insulin growth factor-1
IKKβ nuclear factor NFκB inhibitor kinase beta
IL interleukin
JAK janus kinase
JNK c-jun N-terminal kinase
LTC4 leukotriene C4
MCP-1 monocyte chemoattractant protein-1
MSC mesenchymal stem cell
NFκB nuclear factor kappa-light-chain-enhancer of activated B cells
NSPC neural stem/progenitor cell
SOCS3 suppressor of cytokine signaling 3
STAT3 signal transducer and activator of transcription 3
TGF-β transforming growth factor beta
TLR toll-like receptor
TNF-α tumor necrosis factor alpha
Negative role of inflammation on neural stem cells

Several studies indicate that inflammation exerts a negative regulation of NSPC proliferation [43–45] (Fig 2). In fetal mouse, maternal inflammation reduces ventricular cell proliferation in developing brain [46]. In a medial cerebral arterial occlusion model of mice, chronic immunosuppression was shown to reduce the activation of macrophages, which increased the number of newborn neurons in mouse hippocampus [47]. TNFR1 null mice showed significantly elevated levels of cell proliferation in the dentate gyrus and increased number of newborn neurons in the granular zone [44], suggesting that the pro-inflammatory cytokine TNF-α hampers NPSC activity. NSPCs were shown to express the receptors for proinflammatory cytokine IFN-γ, which is secreted predominantly by cytotoxic T cells and reduces the proliferative ability of NSPCs through STAT1 signaling [48,49]. NSPCs of the hippocampus also express the complement receptor 2 (CR2) that binds to C3d and INF-α. CR2 null mouse showed increased basal neurogenesis in adult hippocampus [50], suggesting that complement system might suppress neural stem cell activity. In the adult subventricular zone (SVZ) of the mouse brain, anti-inflammatory cytokine IL-10 keeps NSPCs in undifferentiated proliferative state at the expense of neurogenic differentiation [51], an observation that could partially explain why regenerative neurogenesis does not take place after injuries in rodent brains while SVZ cells increase their proliferation as a reaction to damage [48]. Leukotrienes were implicated in suppression of NSPC activity in rodents, because blockade of cysteinyl leukotriene receptor 1 (Cystl1r1) using the antagonist montelukast enhanced NSPC proliferation in cultured rat neurospheres [52], suggesting that lipid modifiers of inflammation negatively regulate NSPCs, possibly due to post-inflammatory brain damage through upregulation of TNF-α and IL-1β [53]. Consistent with this finding, in Parkinson’s disease (PD) patients and MPTP-induced PD model in mice, CD8⁺ and CD4⁺ T cells were shown to contribute to dopaminergic toxicity through expression of FasL and exacerbate the pathology [54]. Inflammation was also suggested to cause NSPC dysfunction and lead to neurodegenerative disorders [55]. In an experimental autoimmune encephalomyelitis model, inflammation results in reduced neuroblast generation and alleviated olfactory bulb neurogenesis, a phenotype reminiscent of multiple sclerosis (MS) patients [56]. One reason of impaired neurogenesis in such an inflammatory condition was suggested to be the hampered cell cycle progression of NSPC and reduced migratory behavior of neuroblasts [57].

Positive role of inflammation on neural stem cells

Neural stem/progenitor cells were also shown to be positively affected by inflammatory conditions. In several disease models of mice, grafting efficiency of transplanted NSPCs was shown to be promoted by the inflammation milieu [58,59]. In hippocampal slice cultures, grafted NSPCs migrate to the site of injury upon presentation of cytokines in the tissue and activation of the CCR2 signal cascade [60]. In addition, monocyte chemotactic protein-1 (MCP-1) knockout mice display deficient NSPC migration in vivo and in neurosphere cultures [60,61]. NSPCs require stromal-cell-derived inflammatory chemotactic SDF1/CXCR4 signaling to migrate to the infracted area of the brain upon lesions or neurodegenerative conditions [62,63]. NSPCs also increase proliferation upon inflammation. After an immune response upon bacterial enterotoxins, adult mice increase progenitor cell proliferation in the hippocampus [64]. In postnatal rats, intrauterine infection using E. coli increases NSPC proliferation at developmental stage F7 by increasing the expression levels of BDNF, TrkB, p-Akt and survivin...
Inflammation in zebrafish nervous system

In zebrafish, several studies showed that chemokine signaling is required for activity of NSPCs at different locations of the nervous system [71–74], suggesting that an immune-neural crosstalk similar to that of mammals might exist in non-mammalian vertebrates (Fig 3). In adult zebrafish brain, acute inflammation through leukotriene C4 (LTC4) binding to its receptor Cystlr1 is sufficient and necessary for activating NSPCs and priming them for regenerative neurogenesis [32]. LTC4 seems not to be required for homeostatic NSPC function, but it is necessary for injury-activated proliferation response of the radial glial cells [32] that are the neurogenic progenitors in the adult zebrafish brain [75,76]. Upon cerebroventricular microinjection into the brain fluid [77,78], LTC4 is also sufficient to induce a regeneration-specific molecular program of zebrafish telencephalon that includes the injury-induced activity of the zinc-finger transcription factor gata3 [35]. gata3 is not expressed in the homeostatic NSPCs of the adult zebrafish telencephalon but is induced after injury and is required for regeneration of lost neurons as gata3 knockdown inhibits the reactive proliferation response of the NSPCs [35]. In case of sterile inflammation using pathogenic cell wall extract or LTC4 itself, gata3 expression can be induced [32]. Furthermore, partial immunosuppression using dexamethasone significantly reduces the reactivity of NSPCs to injury and suppresses the induction of gata3 expression in NSPCs [32].

Therefore, studies aiming to determine the correct time of intervention to inflammatory environment will provide an important insight for designing therapeutic clinical strategies which could be customized to individual stem cell niches.
demonstrating that acute inflammation is positively affecting the NSPCs in zebrafish brain and is involved in activating molecular programs that enable efficient tissue regeneration, which is poorly manifested in mammals.

**Effects of inflammation on stem cells outside the nervous system**

The binary role of inflammation in neural stem/progenitor cells also holds true for other stem cell niches. In this section, we will give brief information on the documented effects of inflammation in other stem cell niches outside the nervous system.

Mesenchymal stem cells are multipotent stromal cells that are found in a variety of tissues such as bone marrow, adipose, umbilical cord and muscle. They can differentiate into bone, cartilage and fat cells.

In vitro studies showed that MSCs react to the inflammatory milieu. IL-1β-conditioned macrophage medium converts adipose-derived MSCs to smooth muscle cells through a prostaglandin F(2a)-mediated mechanism [79]. In an experimental allergic encephalomyelitis model of CD70-transgenic mice, endogenous MSCs were shown to be mobilized dependent on IFN-γ [8]. In another study using a mouse model of liver fibrosis, the regenerative role of MSCs was revoked upon immunosuppression with the steroid dexamethasone [80]. MSCs also prevent allore cognition and impede macrophage function to modulate different immune

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**Table 1. An overview of the effects of inflammatory cues on various stem cell niches.**

<table>
<thead>
<tr>
<th>Stem cell niche</th>
<th>Model</th>
<th>Cytokine/chemokine signaling involved</th>
<th>Effect on stem cell proliferation, migration or engraftment</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neural stem/progenitor cell</td>
<td>Rodent</td>
<td>TNF-α</td>
<td>─</td>
<td>[44,114,115]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IFN-γ</td>
<td>─</td>
<td>[48,49]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C3d, IFN-α</td>
<td>─</td>
<td>[50]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LTC4</td>
<td>─</td>
<td>[52]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IL-1β</td>
<td>─</td>
<td>[53]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IL-2</td>
<td>─</td>
<td>[44,65]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CCR2</td>
<td>+</td>
<td>[80,61]</td>
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<tr>
<td></td>
<td></td>
<td>SDF1</td>
<td>+</td>
<td>[63,138]</td>
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<tr>
<td></td>
<td></td>
<td>IL-10</td>
<td>+</td>
<td>[51]</td>
</tr>
<tr>
<td>Zebrafish</td>
<td></td>
<td>LTC4</td>
<td>+</td>
<td>[32]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SDF1</td>
<td>+</td>
<td>[71]</td>
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<tr>
<td></td>
<td></td>
<td>Cxcr5</td>
<td>+</td>
<td>[72]</td>
</tr>
<tr>
<td>Satellite cells</td>
<td>Rodent</td>
<td>CX3CR1, IL-10, CCL2</td>
<td>+</td>
<td>[86]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TNF-α</td>
<td>─</td>
<td>[112,113]</td>
</tr>
<tr>
<td>Pancreatic β-cell</td>
<td>Rodent</td>
<td>IL-1β, IL-6, TNF-α, CXCL8</td>
<td>─</td>
<td>[88,139]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TGF-β</td>
<td>+</td>
<td>[93]</td>
</tr>
<tr>
<td>Intestinal stem cells</td>
<td>Rodent</td>
<td>IL-6, epimorphin</td>
<td>+</td>
<td>[94]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IL-17</td>
<td>+</td>
<td>[95,98]</td>
</tr>
<tr>
<td>Liver progenitor cell</td>
<td>Rodent</td>
<td>IL-22</td>
<td>+</td>
<td>[102]</td>
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<tr>
<td></td>
<td></td>
<td>C3, TNF-α, IL-6</td>
<td>+</td>
<td>[103,104,120,121]</td>
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<tr>
<td></td>
<td></td>
<td>IFN-γ</td>
<td>+</td>
<td>[105]</td>
</tr>
<tr>
<td>Hair stem cell</td>
<td>Rodent</td>
<td>TNF-α, MCP-1</td>
<td>─</td>
<td>[106,107]</td>
</tr>
</tbody>
</table>

**Figure 3. Inflammation promotes neurogenesis and regeneration in zebrafish.**

In zebrafish, inflammation elicited by immune cells leads to secretion of leukotriene C4 (LTC4, green circles), which bind to its receptor Cystlr1 on neural stem/progenitor cell (NSPC). LTC4/Cystlr1 signaling leads to transcriptional activation of zinc-finger transcription factor Gata3, which is a key molecule that promotes proliferation and regenerative neurogenesis. Chemokine signaling through Cxcr5 is also required for differentiation of proliferating NSPCs into neurons.
phenotypes and cell fate decisions [81], indicating that inflammation orchestrates patterning of the local tissue and its restoration. One example to this phenomenon is seen in satellite cells, which are the resident stem cells of the adult skeletal muscle and give rise to myofibers. Monocytes/macrophages play an intricate role in regulating proliferation and differentiation capacities of satellite cells in muscle tissue [9,82]. Macrophages that are co-injected with myoblasts into injured skeletal muscle led to a significantly improved survival as well as expansion and migration to the dystrophic muscle [83]. Myogenic precursor cells crosstalk with monocytes/macrophages to recruit them to the site of injury in order to elicit a chemotactic response, which in turn favors muscle growth and fiber reconstitution [84,85]. This communication is established through chemokine and growth factor signaling such as CX3CR1, IL-10, CCL2/MCP-1 and IGF-1, suggesting that satellite cell behavior is licensed by inflammatory cues secreted by monocytes/macrophages [86].

The role of the inflammatory milieu in generating a micro-patterning environment can also be observed in other organs, such as the pancreas. Elevated release of several pro-inflammatory chemokines and cytokines including IL-1β, IL-6, TNF-α and CXCL8 from the macrophages accumulated around the adipocytes results in activation of stress-induced kinases IKKβ and JNK [87,88] and initiates a signaling cascade involving NFκB and NLRP3 in β-cells [5,89]. This signaling, in turn, activates FAS ligand on the surface of β-cells, which consequently undergo apoptosis [90], suggesting a negative effect of inflammation in pancreas. Pathogen-related inflammation through TLR4/TLR9 signaling has also been shown to induce β-cell death and insulin resistance through induction of pro-inflammatory cytokines by M1 macrophages [91]. Several clinical studies aiming to block pro-inflammatory signaling have been designed to treat T2D [92], suggesting that inflammation has a profound effect on the progression of metabolic diseases. Interestingly, a recent study showed that TGF-β signaling is required for baseline β-cell proliferation by promoting the overall mass of β-cells [93], suggesting that homeostatic and pathological inflammatory state in pancreas might have different effects on progenitor cell proliferation and tissue homeostasis.

Inflammation has been described to play a crucial role in proliferation of intestinal progenitors. Upon damage, IL-6 is secreted by the intestinal myofibroblasts and dendritic cells leading to inflammation and increased proliferation of the crypt cells through epimorphin signaling [94]. IL-6 mediates STAT3 activation through SOCS3, which is required for bringing back the injury-induced crypt hyper-proliferation to constitutive levels [10]. The proliferation of crypt epithelium is also regulated by the cytokine IL-17 secreted by T-helper lymphocytes in the intestine [95]. Similar to what leukocytes and other monocytes do, paneth cells, the niche-organizing secretory epithelial cells located at the apex of the crypts [96], secrete proteolytic enzymes and cytokines such as alpha-defensin, NOD2, and TNF-α into the lumen [7], suggesting that modulation of local inflammatory milieu in the intestines is important for stem cell function. In a recent study, it was shown that after intestinal tissue damage, the soluble IL-22 receptor (IL-22BP) was downregulated and thereafter its ligand IL-22 remained in excess in the surrounding environment. For the repair of the intestine, this is a crucial step, but in uncontrolled conditions, during the recovery phase, excess of IL-22 promoted tumor development [97]. In another study, by using a mouse model of colorectal tumorigenesis, it was shown that IL-23 signaling promotes tumor growth and initiates an IL-17-dependent neoplastic response [98]. A recent study identified STAT5 as a factor mitigating the effects of inflammation, namely reduced LGR5-positive intestinal epithelial stem cell proliferation and their regenerative capacity [99], suggesting context-dependent effects of inflammation on intestinal stem cells.

A well-known example of the supportive effect of inflammation in stem cell proliferation is seen in liver, which contains resident stem cells that generate a transient niche of precursor cells called liver progenitor cells (LPC) [100]. Macrophages and inflammatory response are potent determinants of liver progenitor cell (LPC) expansion [101]. Recent findings suggest that IL-22 produced by inflammatory cells promotes LPC proliferation via STAT3 [102]. TNF-α secreted from resident macrophages upon liver damage or pathology is required for the proliferation of liver progenitor cells through binding to TNFR1 [103]. Pro-inflammatory complement system signaling is also required for LPC proliferation. C3-null mice show impaired liver regeneration due to attenuated production of TNF-α and IL-6, which induces NFκB/STAT3-dependent priming of the hepatocytes [104]. A second wave of inflammatory signaling is initiated by cytotoxic T cells that secrete IFN-γ, which induces LPC proliferation [105]. Thus, the inflammatory milieu in liver is necessary for stem cell activity during growth and regeneration.

Finally, a clear negative effect of inflammation is seen in hair follicle stem cells. Inflammation has been shown to negatively regulate epidermal stem cell activity in keratin-15/CID34-positive hair follicle cells [106]. In a mouse model of permanent hair loss, immunoprivileged hair follicle sac shows elevated levels of inflammation with increased TNF-α and MCP-1 upon macrophage and dendritic cell invasion, whereas immunosuppression rescues the normal physiology of the stem cells [107]. Several chronic inflammatory states compromise the function of the hair stem cell niche through modulation of interferon-inducible cytokine expression [108], suggesting that inflammation negatively affects epidermal stem cell activity.

Collectively, inflammation entails a plethora of factors acting in concert in a highly context-dependent manner to regulate the behavior of various stem cell compartments. One practical conclusion emanating from these studies is that besides alleviating negative effects in a given tissue, systemic modulation of inflammation will certainly have other—possibly unwanted—collateral effects in other tissues and stem cells. Given that most age-related diseases manifest concomitantly, clinical therapies aiming at certain diseases should consider either local modulation of immune response or should take into account the effects in other stem cell niches. A more thorough understanding of spatiotemporal dynamics of individual inflammatory cells and stem cell compartments is likely to improve clinical practice as well as efforts toward regenerative therapies.

**Inflammation as a regulator of stem cell activity underlying the regenerative capacity**

Regeneration is a mechanism that restores lost cells or tissues analogous to the original forms of the precedent structures [109]. The capacity of regeneration differs widely among animals. In phylogeny, regeneration capacity tends to decrease or become more
Inflammation and stem cells: together they strive?

Caghan Kızıl et al

Published online: March 4, 2015

EMBO reports

Inflammation is generally believed to be a by-product of damage or pathology, and it has been considered to impair tissue regeneration in vertebrates. For instance, TNF-α was shown to impair repair in liver [111], muscle [112,113] and nervous system [114,115]. Presence of inflammation was suggested to counteract the regenerative capacity in vertebrates [116–118]. Thus, regenerative therapies generally aimed to block inflammation for tissue restoration to take place. However, there is a growing body of evidence for positive regulation of regenerative capacity by inflammation in different tissues due to beneficial effects of the early inflammatory response. Hydrogen peroxide as a stable reactive oxygen species (ROS) is necessary for mounting a regeneration program via recruitment of leukocytes to the injured site in zebrafish [119]. TNF-α, IL-6 and complement system are required for regeneration of murine liver by the activation of liver progenitor cells [103,120,121]. Anti-inflammatory macrophages and their cytokine secretome promote muscle precursor cell proliferation and myogenesis [113] in part by CCR2 and IGF-1 signaling [122,123]. During zebrafish fin regeneration, ablation of macrophages impairs regenerative outgrowth through reduced resolution of inflammation [36,124]. After optic nerve crush, sterile inflammation enhances axonal regeneration in mice [125,126]. T-cell activity can protect nervous system from secondary damage after axotomy [127]. Acute inflammation in adult zebrafish brain through LTC4/Cystle1 signal- ing initiates reactive proliferation of NSPCs and activates injury-induced molecular programs including gata3, which enables regenerative neurogenesis [32,35].

Inflammation has also been associated with various disease conditions, such as metabolic disorders, progressive neurodegeneration and cancer [128]. In all these conditions, rampant or elevated inflammation plays a role in either exacerbating the pathophysiology or eliciting the onset of the phenotypes. Regenerative therapies to circumvent the disease state largely aim to either supply cells externally or activate the endogenous stem cells of the patient to replenish the lost cell types. In both cases, the inflammatory milieu and its crosstalk to stem cells are important parameters to consider. Several studies addressed the interaction between inflammation and disease states in different contexts.

Specifically in the nervous system, non-resolving inflammation is associated with nervous system pathologies [129,130]. Macrophages—the resident immune cells of the CNS—switch to production of pro-inflammatory cytokines and chemokines (e.g. TNF-α, IL-1β and TGF-β) following pathogen invasion or damage [55]. This acute response impinges on neuronal viability by elevating the reactive oxygen species and subsequently causing apoptosis in neurons. When the acute inflammation is resolved, anti-apoptotic factors start to be expressed leading to increased neuronal survival [55]. In neurodegenerative disorders such as Alzheimer’s disease (AD), Parkinson’s disease (PD) or amyotrophic lateral sclerosis (ALS), formation of non-physiological protein aggregates exacerbates the inflammation, which in turn leads to reduced NSPC activity despite neuronal death [55]. In AD, amyloid plaques recruit macrophages [131] and lead to elevated levels of pro-inflammatory cytokines and astrogliogenesis [132], which may lead to neuronal death [133]. In PD, microglia engulf extracellular α-synuclein aggregates and induce production of neurotoxic reactive oxygen species (ROS) [134], which potentiates the recruitment of CD4+ T cells and expression of pro-apoptotic FasL in neurons [54].

Motor neuron degeneration in ALS also involves a feed-forward loop of inflammation through pro-inflammatory cytokines TNF-α and IL-1β, recruitment of M1 macrophages and CD4+ and CD8+ T-cell accumulation, nitric oxide (NO) synthesis, expression of FasL and cell death [135,136]. Several therapeutic applications for counteracting neurodegeneration are devised to reduce inflammation [130].

Conclusion and outlook

The role of inflammation on stem cells and tissue regeneration is multi-faceted. The general belief that early pro-inflammatory signal- ing is detrimental while anti-inflammatory signaling is beneficial for stem cell activity has been challenged by findings of positive conse- quences of pro-inflammatory cytokines and negative effects of anti-inflammatory signaling for tissue recovery. In zebrafish brain, upon deployment of immune cells into the tissue, leukotriene signaling— a part of the acute inflammatory response—mounts a special crosstalk to the stem cells urging them to generate more neurons even in the absence of damage [31,32] by initiating a special regeneration program that does not prevail during homeostasis [35,74,76]. Leukotriene signaling is an evolutionarily conserved mechanism that is also present in mammals [137]. This raises the question whether the crosstalk between immune system and stem cells in the organisms that have regenerative ability could be used to learn how mammalian immune system and inflammation should be tweaked to provide the stem cells a permissive environment and coax them into re-forming the lost cells. Such an approach would have profound ramifications in treatment of chronic diseases that involve progressive degenerative conditions. By performing an in silico comparison of the epistatic targets of inflammatory pathways (e.g. leukotriene signaling and gata3) and their interaction partners in high-throughput expression datasets in mammalian and zebrafish brain, several candidate genes and pathways that could constitute the difference between the regenerative capacities of mammals and zebrafish might be identified [74]. In conclusion, as we dwell more on the effects of inflammation on stem cells in various model organ- isms and disease models, possible spatiotemporal micromanipula- tion of the inflammatory milieu may emerge as a means of reactivating or unlocking the regeneration potential of mammalian tissues and herald new possibilities for regenerative therapies.

Sidebar A: In need of answers

(i) What are the inflammatory factors affecting the stem cell activity?
(ii) What is the underlying reason why inflammation affects stem cell behavior differently in different tissues?
(iii) What are the molecular signaling cascades inflammation initiates in stem cells?
(iv) What is the relationship of inflammation with regeneration?
(v) Can regeneration be activated in mammals via immunomodulation?
(vi) What are the points of intervention to tweak the inflammation and increase the beneficial outcomes?
(vii) Can we learn from regenerating organisms how inflammation enables tissue restoration?
(viii) Can inflammation be harnessed for regenerative therapies?
Inflammation and stem cells: together they strive?

References

Inflammation and stem cells: together they strive? Caghan Kizil et al

precursor cells migrate into the inflamed white matter in response to experimental autoimmune encephalomyelitis. *Glia* 41: 73–80


regenerative neurogenesis response in the adult zebrafish brain. 
*Neural Dev* 7: 27

signaling is required for placode assembly and sensory axon pathfind-
ing in the zebrafish olfactory system. *Development* 134: 2459–2468

74. Cosacall Mi, Papadimitriou C, Kizil C (2014) Regeneration, plasticity 
and induced molecular programs in adult zebrafish brain. *BioMed Res 
Int*, Article ID 769763

aton of the adult zebrafish brain from neurogenic radial glia-type 
progenitors. *Development* 138: 4831–4841


77. Kizil C, Brand M (2011) Cerebroventricular microinjection (CVM) into 
adult zebrafish brain is an efficient misexpression method for forebrain 
ventricular cells. *PLoS ONE* 6: e27395

expression in the adult zebrafish brain using cerebroventricular micro-
injection of morpholino oligonucleotides. *J Vis Exp* 75: e50415

tiation of mesenchymal stem cells via a prostaglandin F2alpha-
mediated paracrine mechanism. *Arterioscler Thromb Vasc Biol* 32: 
2733–2740

80. Chen X, Gan Y, Li W, Su J, Zhang Y, Huang Y, Roberts AI, Han Y, Li J, 
Wang Y et al (2014) The interaction between mesenchymal stem cells 
and steroids during inflammation. *Cell Death Dis* e1009

81. Lepperdinger G (2011) Inflammation and mesenchymal stem cell aging. 
*Curr Opin Immunol* 23: 518–524

Macrophage plasticity and the role of inflammation in skeletal muscle 
repair. *Mediators Inflamm* 2013: 491497

83. Lesault PF, Theret M, Magnan M, Cuvelier S, Niu Y, Gherardi RK, 
survival, proliferation and migration of engrafted myogenic precursor 
cells into MDX skeletal muscle. *PLoS ONE* 7: e46698

84. Chazaud B, Sonnet C, Lafuste P, Bassez G, Rimanol AC, Poron F, Authier 
and use macrophages as a support to escape apoptosis and enhance muscle 

85. Sun D, Martinez CO, Ochoa O, Ruiz-Willhite L, Bonilla JR, Centonze VE, 
marrow-derived cell regulation of skeletal muscle regeneration. *FASEB J* 
23: 382–395

injured skeletal muscle: a perpetuum mobile causing and limiting 
fibrosis, prompting or restricting resolution and regeneration. *Front 
Immunol* 2: 62

BM (1996) IRS-1-mediated inhibition of insulin receptor tyrosine kinase 
activity in TNF-alpha- and obesity-induced insulin resistance. *Science* 
271: 665–668

88. Baker RG, Hayden MS, Chosh S (2011) NF-kappaB, inflammation, 

89. Arkan MC, Hevener AL, Gretten FR, Maeda S, Li ZW, Long JM, 
inflammation to obesity-induced insulin resistance. *Nat Med* 11: 
191–198

90. Schumann DM, Maedler K, Franklin I, Konrad D, Stirling J, 
Boni-Schnetzler M, Gjinovci A, Kurrer MO, Gauthier BR, Bosco D et al 
(2007) The Fas pathway is involved in pancreatic beta cell secretory 
function. *Proc Natl Acad Sci USA* 104: 2861–2866

Metab* 17: 883–894

92. Donath MY, Shoelson SE (2011) Type 2 diabetes as an inflammatory 

Shiota C, Gittes GK (2013) TGFbeta receptor signaling is essential for 
inflammation-induced but not beta-cell workload-induced beta-cell 
proliferation. *Diabetes* 62: 1217–1226

94. Shaker A, Swietlicki EA, Wang L, Jiang S, Onal B, Bala S, DeSchryver K, 
protects mice from inflammation-induced colon carcinogenesis and 
alters stem cell niche myofibroblast secretion. *J Clin Invest* 120: 
2081–2093

testinal subepithelial myofibroblasts in inflammation and regenera-

96. Sato T, van Es JH, Snippert HJ, Stange DE, Vries RG, van den Born M, 
constitute the niche for lgr5 stem cells in intestinal crypts. *Nature* 469: 
415–418

by the inflammasome and modulates tumorigenesis in the intestine. 
*Nature* 491: 259–263

98. Grivennikov Si, Wang K, Mucida D, Stewart CA, Schnabl B, Jauch D, 
linked barrier defects and microbial products drive IL-23/IL-17-

resistance to intestinal injury by increasing intestinal stem cell prolifera-

100. Fausto N, Campbell JS (2008) The role of hepatocytes and oval cells in 
 liver regeneration and repopulation. *Mech Dev* 120: 117–130

101. Tirmfz-Parker J, Viebahn CS, Jakubowski A, Klocpnic BR, Olynyk JK, 
Yeoh GC, Knight B (2010) Tumor necrosis factor-like weak inducer of 
apoptosis is a mitogen for liver progenitor cells. *Hepatology* 52: 
291–302

B (2012) Interleukin-22 promotes proliferation of liver stem/progenitor 
cells in mice and patients with chronic hepatitis B virus infection. 
*Gastroenterology* 143: 188–198.e7

growth by tumor necrosis factor: deficient liver regeneration in mice 
lacking type I tumor necrosis factor receptor. *Proc Natl Acad Sci USA* 
94: 1441–1446

104. Markiewski MM, Mastelllos D, Tudoran R, DeAngelis RA, Strely CW, 
activation products of the third component of complement (C3) are 
critical for normal liver recovery after toxic injury. *J Immunol* 173: 
747–754

regulation of rodent hepatocyte and oval cell proliferation by inter-
feron gamma. *Hepatology* 41: 906–915
Inflammation and stem cells: together they strive? 

Caghan Kozil et al


