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Original Research Article

Stem Cells Biology: An Updated Review

Melav Musa Ibrahim¹, Isra Dilshad Rostum¹, Wan Mand Dizayee^{2*}

¹Department of Orthodontics, Faculty of Dentistry, Tishk International University, Erbil, Iraq ²Department of Prosthodontics, Faculty of Dentistry, Tishk International University, Erbil, Iraq

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*Corresponding author: Wan Mand Dizayee

Department of Prosthodontics, Faculty of Dentistry, Tishk International University, Erbil, Iraq

Abstract

Stem cells are partially differentiated cells in multicellular organisms that can change into various types of cells and increase indefinitely to produce more of the same stem cell which is considered as the earliest type of cell in a cell lineage. Treatment with those cells is regarded as an innovative approach in regenerative medicine, offering promising capabilities for healing and restoring damaged tissues and organs. Mesenchymal stem cells, derived from different sources like bone marrow, fat, and dental pulp, are highlighted for their self-renewal, immune-modulation, and regenerative abilities. Regenerative medicine is one of the more recent fields or methodologies that revolutionizes the path for upgrading human health and quality of life, relying on the use of stem cells. The process of using stem cells indicates marvelous capabilities for healing and restoring damaged tissues and organs. The current overview examines the science or biology of stem cells, showing their various sources, and their potential applications across a wide range of medical fields, carried by discussing multiple studies exploring the stem cells. The review further explores the potential of stem cell therapy for treating neurological disorders, autoimmune diseases, cardiovascular conditions, liver diseases, ophthalmic conditions, bone injuries, kidney disorders, and dental issues.

Keywords: Stem cells, Regenerative medicine, Mesenchymal stem cell, Cell therapy, Dental stem cell, Apical papilla cell.

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1. INTRODUCTION

Regenerative medicine is a new multidisciplinary methodology that aims to revolutionize the way to improve human health and quality of life by preserving, sustaining, or improving tissue and organ functions (Akhtar, 2024; Atala, Lanza, Mikos, & Nerem, 2018). Since most human tissues and organs do not regenerate on their own, stem cell therapy has become a popular tissue and organ repair technique (Aziz, Yusop, & Ahmad, 2020; Balistreri *et al.*, 2020).

Stem cell therapy is commonly viewed as a key twenty-first-century breakthrough technology capable of treating a vast range of biologically incurable diseases (Ahmed *et al.*, 2024; Ranjit, Varma, Maddela, & Reddy, 2021). These cells have great potential in cell replacement therapy for diseases including Parkinson's, cardiovascular disease, and diabetes, as well as tissue engineering as a stable cell source for grafts to restore and rebuild diseased tissues (Abusalah, Abd Rahman, & Choudhary, 2024; Parmar, Grealish, & Henchcliffe, 2020).

Stem cells have received a lot of attention in recent decades due to their potential use in medicine

because they can differentiate between osteogenic, adipogenic, and chondrogenic lineages allowing them to be used in therapeutic regimens of cartilage and bone regeneration (Hussain, Tebyaniyan, & Khayatan, 2022; Robert, Marcon, Dallagiovanna, & Shigunov, 2020).

Human stem cells are unspecialized cells that can be found in the body and have the capacity to differentiate into each cell in an organism in addition to the ability to self-renew which can be found in both embryonic and adult cells (Chowdhury & Ghosh, 2021; Shlush & Feldman, 2021). Stem cell therapy has been a very important and advanced biomedical research topic in recent years and the advancement of therapeutic techniques has sparked high hopes (Kandula & Wake, 2022; Skoracka, Bajewska, Kulawik, Suchorska, & Kulcenty, 2024).

While we have made considerable strides in our understanding of stem cell biology, our understanding of these cells is still constrained due to their complexity and dynamics, all of these necessitate more extensive researche to be done in this area to be a part of this new evolution in medical sciences, since advances in our understanding of these vital cells would have a major impact on our understanding of tissue regeneration and diseases curing (Ntege, Sunami, & Shimizu, 2020; Shang *et al.*, 2021).

Therefore, the goal of this review is to present, review, and discuss the studies done on stem cells. Discussing the origins and the biology of stem cells as well as the applications of stem cells in medicine.

2. LITERATURE REVIEW

2.1 History

More than 30 years earlier, mesenchymal stem cells (MSCs) were formally identified to represent a population of cells derived from the bone marrow and periosteum of human and mammalians that could be separated and extended in culture while retaining their ability to be stimulated to form several mesodermal phenotypes and tissues in laboratory (J. Li *et al.*, 2023; Zupan & Stražar, 2024).

In the 1990s, the ability to shape bone, cartilage, fat, and other tissues in vitro became an experiment for distinguishing this type of multipotent cells, and many companies sprung up to medically harness MSCs' regenerative abilities, the idea that a multipotent progenitor or "stem cell" persisted in adult's bone marrow was previously not just questioned, but aggressively dismissed, especially by the orthopedic industry (Caplan, 2017; Wakitani, Mera, Nakamura, & Gobbi, 2024).

Previously known as bone marrow mesenchymal stem cells or mesenchymal stromal cells, the name skeletal stem cells has newly been used to characterize cells in the bone marrow (Arora & Robey, 2022; Triffitt, 2021).

2.2 Stem Cell Biology

A blastocyst is formed after the sperm and ovum are fertilized, embryonic stem cells, which are short-lived stem cells, make up the inner lining, a blastocyst is made up of two cell types: the inner cell mass (ICM), which forms epiblasts and leads to the development of a fetus, and the trophectoderm (Sutharshan, Privadharshini, & Sinduja, 2022; Toyooka, 2020). Blastocysts are in charge of managing the microenvironment inside the ICM, the blastocyst begins to develop and develops the extraembryonic support structures needed for the embryo's successful origin, such as the placenta. As the blastocyst begins to form a specialized support system, the ICM cells remain undifferentiated, pluripotent, and proliferative (Aguila, Osycka-Salut, Treulen, & Felmer, 2022; Thowfeequ & Srinivas, 2022; Zakrzewski, Dobrzyński, Szymonowicz, & Rybak, 2019).

Pluripotency is the tendency of stem cells to develop into different kinds of cells, the ICM is a research and development center for human embryonic stem cells (hESCs), cells form endoderm, mesoderm, and ectoderm groupings through embryogenesis, which give rise to specific cells and tissues in the fetus and, eventually, the adult body, when human embryonic stem cells (hESCs) divide into one of the germ layers, they are becoming multipotent stem cells with the potential restricted to that germ layer's cells, human growth is happening at a breakneck pace (Rebuzzini, Zuccotti, & Garagna, 2021; Zakrzewski *et al.*, 2019).

Thereafter, pluripotent stem cells appear as undifferentiated cells in the body, and their primary functions are replication through the development of new stem cells and division into specialized cells under certain physiological conditions (Mohammadi *et al.*, 2022; Siddiqui & Saba, 2020).

External signals, such as physical interaction between cells or chemical secretion by surrounding tissue, and internal signals, which are mediated by genes in DNA, affect the stem cell specialization mechanism (Kong *et al.*, 2021).

Stem cells also serve as the body's internal healing mechanism, as long as an organism is living, it may replenish and shape new cells indefinitely, while the Stem cell function varies depending on the organ; for example, in bone marrow, division is permanent, while in organs like the pancreas, division happens only under special physiological conditions (Fazeli & Ahanjan, 2022; Mummery, Van de Stolpe, Roelen, & Clevers, 2021).

2.3 Categorization

The three groups of stem cells are induced pluripotent stem cells, embryonic stem cells, and adult stem cells (de Figueiredo Pessôa, Bressan, & Freude, 2019). Adult stem cells, also defined as mesenchymal stem cells, may come from both human and animal sources. Human MSCs (hMSCs) are nonhematopoietic multipotent stem cells that can differentiate into chondrocytes, mesodermal lineages such as adipocytes, and osteocytes, as well as ectodermal and endodermal lineages (Ebrahimi *et al.*, 2023).

hMSCs were discovered for the first time in bone marrow, and since then they have been extracted from a variety of tissues, such as amniotic fluid, adipose tissue, dental tissues, endometrium, and umbilical cord, that contain possible MSCs. Kangari, Talaei-Khozani, Razeghian-Jahromi, and Razmkhah (2020) hMSCs have indeed been cultured in specific media for a long time with no significant anomalies (Zhao *et al.*, 2024). MSCs also have immunomodulatory effects, have immune receptors that control the host tissue's microenvironment, and secret cytokines (Wong, Lenzini, Giovanni, Knowles, & Shin, 2021).

2.4 Isolation and Initial Culturing

Different procedures for MSC isolation, identification, and development have been published previously, but all mesenchymal stem cells regardless of

protocol meet the minimum requirements proposed by the International Society for Cellular Therapy (Naji *et al.*, 2019).

The tendency of mesenchymal stem cells to bind to a plastic surface was used to separate them, but this process resulted in the creation of heterogeneous cells (mesenchymal stem cells plus progenitor cells) (Wilson, Webster, & Genever, 2019). Stem cells that originate from bone marrow are considered the most appropriate cell origin and are used as a benchmark for comparing MSCs from other origins (Snowden *et al.*, 2020).

Stem cells from other tissues, unlike bone marrow, can be collected conveniently using noninvasive methods and their proliferation can be preserved over several passages (Chu *et al.*, 2020). MSCs are extracted from bone marrow, synovial fluid, and peripheral blood, and seeded onto culture plates using the FicoII density gradient configuration with minor modifications (Han *et al.*, 2020). Few hematopoietic cells bind to the plastic plate when isolating stem cells from bone marrow, and yet these cells are flushed away upon sub-culturing, keeping only adherent fibroblast-like cells (Bhat, Viswanathan, Chandanala, Prasanna, & Seetharam, 2021; Binsila *et al.*, 2019).

Recently, a new marrow filter system was used to investigate an effective approach for isolating bone marrow mesenchymal stem cells that is less timeintensive and eliminates the possibility of external contamination (Banu *et al.*, 2024).

Mesenchymal stem cell growth and proliferation are influenced by oxygen accumulation in addition to culture media and supplementation. Stem cells are cultured with low glucose and growth factors including epidermal growth factor, and fibroblast growth factor (Nikolits, Nebel, Egger, Kreß, & Kasper, 2021).

2.5 Stem Cells Applications in Medicine

Stem cells can be applied in different fields of medicine including new drug testing (Ryu, Lee, & Park, 2019). Each experiment on living tissue can be safely carried out on differentiated cells derived from pluripotent stem cells. If any unfavorable side effects occur, medication formulations may be tweaked until they are effective enough (Zakrzewski *et al.*, 2019). The drug can be released into the market without causing any injury to live test subjects, when comparing the results of two medications, though, the circumstances must be comparable to measure the drugs properly. To do this, scientists must gain complete control over the differentiated cells (McQuade *et al.*, 2018; Yoshida, Miwa, Kawachi, Kume, & Takahashi, 2020).

Mesenchymal stem cells are also a promising cell source for treating degenerative diseases,

inflammatory, and autoimmune diseases because of their anti-inflammatory molecules secretion, homing capacity, multilineage capacity, and immunoregulatory impact (Marg *et al.*, 2020; Sarsenova *et al.*, 2022). Stem cells can help in treating the following diseases:

2.5.1 Neurodegenerative Diseases

Since the central nervous system regenerates neurologic impairments are frequently slowly, permanent. As a result of stem cells' regenerative potential, numerous stem cell transplantation treatments have been studied in basic science and preclinical studies, with some showing promising results (Alessandrini, Preynat-Seauve, De Bruin, & Pepper, 2019; Park, 2024). Both fundamental scientists and physicians have invested a great deal of time and money into the translation of stem cell treatments for the treatment of neurological disorders over the years (Johnson & Greene, 2021). A significant body of data supporting the effectiveness and efficacy of stem cell therapy has come from preclinical studies using disease models. Several neurological disorders, including Parkinson's disease, Alzheimer's disease, and macular degeneration, have undergone or are currently undergoing clinical trials (Namiot, Niemi, Chubarev, Tarasov, & Schiöth, 2022).

Despite these remarkable and motivating breakthroughs, big roadblocks remain in the way of translating scientific science into real-world clinical practice. Until stem cell therapy is used in the real world, these challenges must be overcome (Beetler *et al.*, 2023).

2.5.1.1 Amylotrophic Lateral Sclerosis

Mesenchymal stem cells were genetically modified to produce a Glial cell line-derived neurotrophic factor (GDNF), which enhanced the pathological phenotype and raised the number of neuromuscular attachments in a rat model study (Wang, Hu, Jiang, & Feng, 2020).

2.5.1.2 Parkinson's Disease

A progressive depletion of nigrostriatal dopaminergic neurons is a pathological characteristic of Parkinson's disease, which also results in rigidity, sluggish physical movements, tremors, and postural dysfunction (Ramesh & Arachchige, 2023).

New techniques are now being used, such as genetic modifications of mesenchymal stem cells that cause the secretion of particular factors or enhance the differentiation of dopamine cells (Ying Chen, Shen, Ke, & Gu, 2020; Mendes Filho *et al.*, 2018).

Mesenchymal Stem Cells were applied through the nose to treat neurodegenerative patients by a research team from the University Hospital of Tubingen in Germany (El-Ayoubi *et al.*, 2024). The tests were carried out on Parkinson's disease rats who were given BM-MSCs through the nose. MSCs were present in the hippocampus, cerebral cortex, olfactory lobe, brain stem, and cortex after four and half months of therapy, indicating that mesenchymal stem cells could persist and proliferate in vivo successfully (Conese *et al.*, 2019).

2.5.1.3 Alzheimer Disease

Alzheimer's disease is also a major health problem in today's world and there is no solution. Neural loss and Chronic neuroinflammation are the hallmarks of this disease (Passeri *et al.*, 2022).

Alzheimer's disease is difficult to treat with commercially available pharmaceuticals due to the multifaceted nature of AD anatomy and our inadequate knowledge of its etiology (Srivastava, Ahmad, & Khare, 2021).

Alzheimer's disease is difficult to handle with today's pharmaceuticals, although stem cell treatment that can be targeted to repair neuronal dysfunction in Alzheimer's patients may be able to fill this gap (L. Kumar, 2021). Although Alzheimer's disease stem cell therapy is still in development, it has a wide variety of potential uses, ranging from substitution therapy to disease modeling and drug production. The current effectiveness of stem cells in animal model trials suggests that they could one day be used to treat Alzheimer's disease (Götz, Bodea, & Goedert, 2018; Liu, Yang, & Zhao, 2020).

2.5.2 Autoimmune Disease

Mesenchymal stem cells (MSC) have a variety of immunomodulatory characteristics that are mediated by soluble mediators and direct cell–cell interaction (Song, Scholtemeijer, & Shah, 2020). The safety and therapeutic effectiveness of MSC therapy have been studied in a variety of autoimmune disorders due to these immune regulatory properties (Leyendecker Jr, Pinheiro, Amano, & Bueno, 2018).

2.5.2.1 Crohn's Disease

In genetically prone individuals, Crohn's disease (is a debilitating persistent enteropathy caused by a toxic T-cell reaction to antigens of the gut microbiota (Baer, 2023). Growing research supports the use of mesenchymal stem cells as a new therapeutic option for this disease, highlighting their protection and potential efficacy (Gabriel *et al.*, 2023; Wainstein *et al.*, 2018). Via a diverse paracrine and cell-cell contact-mediated action, mesenchymal stem cells have potent immunomodulatory effects on antigen-specific T cells in Crohn's disease, which could be used for widespread therapeutic application (Queckbörner, 2020).

2.5.2.2 Systemic Lupus Erythematosus

Systemic lupus erythematosus is a multisystemic, polymorphic, autoimmune disorder that involves multiorgan destruction and is characterized by the presence of autoantibodies directed toward autoantigen development in cellular communication (Accapezzato et al., 2023; Zhou, Li, Liao, Lin, & Lin, 2020).

While some patients respond well to presently offered medications, others are resistant to them.

Mesenchymal stem cells are a suitable choice for curing Systemic Lupus Erythematous because of their immunomodulatory and tissue regeneration properties (Karimi *et al.*, 2024).

2.5.2.3 Rheumatoid Arthritis

Rheumatoid arthritis is an inflammatory disorder affecting the joints due to a lack of immune selftolerance. Mesenchymal stem cells are shown to be effective in disease treatment and disease development reducing in preclinical trials on animal models (Pignatti, Maccaferri, Pisciotta, Carnevale, & Salvarani, 2024). The infusion of human mesenchymal stem cells into animal models resulted in an increase in the animal's inflammatory response (MacDonald & Barrett, 2020). They also showed that after injecting MSCs, antigenspecific cells expanded, lowering the levels of cytokines and chemokines while inflammatory increasing IL-10 secretion (Shephard, Merkhan, & Forsyth, 2022).

2.5.2.4 Type I Diabetes

Diabetes is a metabolic illness that affects hundreds of millions of people all over the world (R. Kumar *et al.*, 2020). Type 1 diabetes is described by the absence of pancreatic cells that have been killed by an autoimmune reaction (Kamal & Kassem, 2020). As a result, in type I Diabetes patients, substitution therapy with functional cells originating from extrinsic sources could be a better choice than insulin treatment. Unfortunately, owing to a lack of donors, only a small percentage of diabetic patients will benefit from entire pancreas or pancreatic islet transplantation (Langlois, Pinget, Kessler, & Bouzakri, 2024).

Significant numbers of human β -like cells derived from human embryonic stem cells (hESCs) or human induced pluripotent stem cells have been produced to treat type I Diabetes thanks to the rapid progress of cell reprogramming technologies (hiPSCs) (Amirruddin, Low, Lee, Tai, & Teo, 2020; Cierpka-Kmiec, Wronska, & Kmiec, 2019).

2.5.3 Cardiovascular Disease

Cardiac cell transplantation is a novel technique for myocardial reconstruction that is currently being tested in animal models (Guo *et al.*, 2020). MSCs are thought to be an excellent source of cardiomyocyte specialization(Sun, Lu, Yin, & Liu, 2020). Even so, cardiomyocyte differentiation in vivo is very unlikely, and in vitro, differentiation works best with young cell origins (Rowton, Guzzetta, Rydeen, & Moskowitz, 2021). While MSCs represent one of the most important cell types for effective cell therapy, it has become increasingly clear that no single cell type will achieve complete myocardial regeneration (Tripathi *et al.*, 2023). MSC therapy may have a bright future as the primary sustaining, trophic, and orchestrating cell type in a cell therapy that combines various cell types to take advantage of their distinct characteristics and benefits (Bagno, Hatzistergos, Balkan, & Hare, 2018; Hoang *et al.*, 2022).

New blood vessels are created by the mechanisms of vasculogenesis and angiogenesis. Vasculogenesis is the process of endothelial precursor cells, or angioblasts, transforming into endothelial cells and forming a primitive vascular network from scratch (Amoupour *et al.*, 2022). Angiogenesis corresponds to the sprouting or intussusception of new capillaries from previously existing blood vessels (Nitzsche *et al.*, 2022).

Neovascularization is a critical stage in active adipose tissue engineering, co-implantation of adiposederived stem cells (ASCs) with endothelial cells to facilitate the development of a vascular network is one possible cellular solution to address this restriction (Simunovic & Finkenzeller, 2021).

2.5.4 Liver Disease

The use of mesenchymal stem cells (MSCs) as a liver disease treatment has a lot of potential. MSCs can divide into hepatocytes, which can help mitigate liver inflammation, stimulate hepatic regeneration, and secrete protective cytokines (Wu *et al.*, 2022).

In vivo, the differentiation of transplanted MSCs into liver cells has been shown in several experiments (Al-Dhamin *et al.*, 2020; Wang *et al.*, 2020). The survival rate of acute hepatic necrosis rats caused by carbon tetrachloride is greatly improved by the transplantation of human Mesenchymal Stem Cells (Khalil *et al.*, 2021). The underlying pathways could include human MSCs transdifferentiating into liver cells and migrating to damaged sites in the liver (Kiseleva *et al.*, 2021).

2.5.5 Regenerative Ocular Therapy

The corneal epithelium's consistency and regular operation are critical for ensuring the cornea's clarity and vision (Gómez-Fernández *et al.*, 2024). The presence of a progenitor cell population in the limbus ensures a dynamic of continuous epithelial repair and regeneration (Yam, Pi, Du, & Mehta, 2023). Currently, cell-based bio-replacement approaches for limbal stem cell deficiency (LSCD) and vision restoration—cultured limbal epithelial transplantation (CLET) and cultured oral mucosal epithelial transplantation (COMET)—show promising clinical performance (Lee, Yong, & Manotosh, 2023).

Obtaining and introducing human progenitor cells from various sources in conjunction with tissue engineering approaches is another new therapeutic technique (Ntege *et al.*, 2020). The advancement of cellmediated therapies based on stem cells, such as human adult mesenchymal or induced pluripotent stem cells (IPSCs), represents a major milestone in the treatment of some eye diseases, providing a more rational, less invasive, and better clinical treatment alternative in ocular surface regenerative medicine (Cehajic-Kapetanovic, Singh, Zrenner, & MacLaren, 2023).

2.5.6 Bone Tissue Engineering

Bone, unlike many other postnatal tissues, has the ability to repair and regenerate itself; moreover, this ability can be used (Salhotra, Shah, Levi, & Longaker, 2020). Traditionally, autologous, allogeneic, and prosthetic components have been used in surgical reconstructive techniques (Pu, Zhang, Wang, Liu, & Shao, 2021). The best choice, autologous bone, is in short supply and requires an extra surgical operation. There are many concerns to consider in the development of a viable, implantable replacement tissue in regenerative tissue engineering (Battafarano *et al.*, 2021).

In comparison to other stem cell outlets (adult stem cell populations or pluripotent embryonic stem cells), the apparent accessibility of an autologous osteoprogenitor population has propelled the use of skeletal stem cell therapy for orthopedic applications (Ambrosi, Longaker, & Chan, 2019; X. Li *et al.*, 2022).

2.5.7 Kidney Disease

Kidney disease is a major health condition that impacts people all over the world (Kovesdy, 2022). Renal dysfunction manifests itself in a variety of ways, like acute and chronic kidney complications (Kellum *et al.*, 2021). Acute kidney injury (AKI) can contribute to chronic kidney disease (CKD), which can probably result in end-stage renal disease (ESRD), which has a high mortality rate. (Yeh, Tu, Wang, & Chen, 2024) Dialysis and kidney transplantation are the only medical options currently available; furthermore, issues such as donor organ shortages, graft loss, and various complications continue to be a problem (Bastani, 2020).

2.6 Dental Stem Cell

The pulp of the tooth is close to the marrow of the bone in several ways, both are mineral-encased, heavily vascularized, and innervated soft tissues (Schmalz, Widbiller, & Galler, 2020). MSCs can differentiate into mineral-generating cells in both bone marrow and dental pulp. This work is performed by osteoblasts in bone marrow, while odontoblasts, which are produced from dental pulp stem cells, perform it in teeth (DPSCs) (Aydin & Şahin, 2019; Koh *et al.*, 2021).

2.7 Sources of Dental Stem Cell 2.7.1 Dental Pulp Stem Cell

The Pulp tissue of the tooth is a connective tissue that is in direct contact with the dentin of the tooth (Farci & Soni, 2021). The dental pulp is surrounded by dentin, a porous bone-like structure (Azaryan, Emadian Razavi, Hanafi-Bojd, Alemzadeh, & Naseri, 2023). The dentin-pulp complex is represented by both tissues. Odontoblasts, the mineralizing cells of the dental pulp, trigger dentinogenesis, they can repair mild tooth decayrelated hard tissue destruction, they are made up of undifferentiated cells in the dental pulp, and dental pulp stem cells (DPSCs) have also been derived from postnatal and the natal teeth which is very rarely found (Aspinall, Parker, & Khutoryanskiy, 2021; Tsutsui, 2020; Yuan, Yang, Zhang, Tian, & Yang, 2022). Various forms of somatic stem cells with varying differentiation potentials are likely to be found in the dental pulp Zawadzka-Knefel, & Skośkiewicz-(Staniowski, Malinowska, 2021). Bar, Lis-Nawara, and Grelewski (2021) isolated a subpopulation of activated dental pulp stem cells DPSCs, the granulocyte colony-stimulating factor (G-CSF) is responsible for DPSC migration. A basic cell migration assay may thus be used to enrich MDPSCs. In an ectopic tooth transplantation assay, these migrating cells exhibited more angiogenic/neurotrophic factors than DPSCs, and their ability to regenerate the dental pulp was higher (Staniowski et al., 2021; Yamada, Nakamura-Yamada, Kusano, & Baba, 2019).

2.7.2 Periodontal Ligament Stem Cell

Stem cells derived from mature periodontal ligaments have stem cell properties identical to MSCs (Iwayama, Sakashita, Takedachi, & Murakami, 2022). PDLSCs express MSC surface markers (CD105, CD90, and CD73) (Banavar *et al.*, 2021), but lack expression of CD45, CD34, and CD14, as well as CD11b, CD79a, and CD19 (Abbasi, Iqbal, Bano, Siddiqui, & Muthiah, 2021). Furthermore, PDLSCs in the perivascular wall of periodontal ligaments have morphology, differentiation capacity, cell phenotype (expression of pericyte-associated markers CD146, neural/glial antigen-2, and CD140B), and the ability to shape capillary-like structures in vitro that are similar to pericytes (Batra *et al.*, 2021).

A study by Campagna *et al.*, (2024) in a metaanalysis study on tissue engineering using mesenchymal stem cells, including those originating from bone marrow and periodontal ligaments mesenchymal cells, found that the use of bone marrow-derived stem cells for cell therapy had inconsistent results, although PDLSCs consistently advocated periodontal regeneration. Yuanting Chen *et al.*, (2022) concluded that PDLSCs are the best kind of mesenchymal stem cell for periodontal tissue engineering.

2.7.3 Apical Papilla Cell

Dental mesodermal tooth germ tissues, which can be derived from impacted third molars, are accessible

in comparison to the human enamel organ, they may also be used to separate stem cells (Gan *et al.*, 2020). The dental apical papilla, also known as the apical pad-like tissue, is one such tissue (Camassari, de Sousa, Cogo-Müller, & Puppin-Rontani, 2023). This tissue adheres to the apex of an impacted third molar's developing premature tooth base, which is regularly removed from juvenile patients for orthodontic purposes. Since the apical papilla is rich in proteoglycans, it can be histologically distinguished from the dental pulp and can proliferate and differentiate into different cell types (Al Madhoun *et al.*, 2021; T. Lei, Zhang, Chen, Li, & Du, 2021).

2.7.4 Inflamed Peri-apical Cysts and Dental Follicle Stem Cell

Hertwig's epithelial root sheath is developed as an extension of the enamel organ for the initiation of tooth root growth (Rathee & Jain, 2020). A second dental mesenchymal tooth-germ tissue is separated from the dental mesenchymal pulp/dentin complex by this thin cell-sheath (Morsczeck & Reichert, 2018). The dental sac, also known as the dent follicle, is the tissue that protects the tooth germ. The dental follicle is essential for both tooth eruption and tooth root growth (G. Kumar, 2023).

The dental follicle contains multipotent ectomesenchyme stem cells, which are also known as dental follicle precursor cells, dental follicle stem cells, or dental follicle cells (Zhou *et al.*, 2020).

Clinical Applications of Dental Stem Cells are:

(1) Restoration of Tooth Pulp (Xie *et al.*, 2021),
(2) Craniofacial Skeletal Repair (Amoupour *et al.*, 2022),
(3) Periodontal Tissues Regeneration (Bartold & Ivanovski, 2022),
(4) Immune Modulation (P. Li, Ou, Shi, & Shao, 2023),
(5) Mineral Formation (G. Lei *et al.*, 2020),
(6) Whole Tooth Regeneration (Zhang & Yelick, 2021).

3. CONCLUSION

Stem cell technology is proving to be a major game changer in medicine. The capabilities of stem cells increase with each experiment, but there are still many obstacles to tackle. In the not-too-distant future, stem cell therapy might be able to heal many incurable diseases.

4. RECOMMENDATION

Tissue bank establishments are recommended to save children's primary teeth and any other possible stem cell-containing tissues for future needs.

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