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Placenta Perfusion System: a Human ex vivo Model System to Study the Maternal – Fetal Barrier Capacity for Nanosized Materials

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Exposure to NP

- wood fire
- volcano

. . .

- combustion derived (e.g. diesel exhaust)
- engineered particles
- medical applications (injected) SPIONs
 Imaging agents
 NP drug delivery systems
 NP vaccines



Aim of the study

- Determination of the barrier capacity of placental tissue for nanoparticles (model particles: fluorescent polystyrene)
- Localization of the PS beads
- Analysis of histological and ultra structural changes of the tissue after perfusion
- Determination of the influence on viability and functionality of placental tissue after perfusion





Function and physiology of the human Placenta

function:

- exchange of oxygen / carbon dioxide
- exchange of nutrients and waste products
- exchange surface 5 12 m²
- separating the two individual blood systems
- suppression of rejection





Function and physiology of the human Placenta

physiology:

- placenta is an embryonic tissue
- maternal blood flow open circuit
- unique for humans
- animal model such as mice and rats not comparable with human placenta
- four types of transport across placenta
 - diffusion
 - active transport
 - biotransformation through metabolic enzymes
 - phago- and pinocytosis





Placental morphology before perfusion



endothelial cell fetal capillary Hofbauer cell intervillous space **mEC** maternal erythrocyte syncytiothrophoblast stroma of the villus

EMPA

Hämalaun / Eosin staining

Re-circulating placenta perfusion model





Human placenta shortly after delivery



Master Thesis C. Obrist, 2007

Fetal surface with umbilical cord

Maternal surface with decidua basalis

Intact placenta were obtained from uncomplicated term pregnancies either after vaginal or cesarean delivery and has to be cannulated within minutes







Work procedure for placenta perfusion assay





Quality criteria for a successful perfusion

Visual control:

intact membranes, no lesions, no disruption of the placenta **Measurable control:**

Leakage of fetal circuit < 4 ml / h ¹⁴C-antipyrine values



Fluorescent PS beads used for perfusion assay



Scale bar 200nm

Advantages:

- easy to detect (detection limit ~1 µg / ml with ELISA plate reader)
- spherical, reduced agglomeration
- known as biocompatible
- uncharged
- commercially available in different sizes
- used: 50, 80, 240 and 500 nm



Perfusion data of 80 nm polystyrene beads



Perfusion data of 500 nm polystyrene beads



Barrier capacity of the placenta is size dependent



(at least n=4; mean \pm S.E.M.)





Intervillious space (maternal side)



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In syncytiothrophoblast



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Stroma, PS bead crossed syncytiotrophoblast (1st barrier)





Fibroblast or cytothrophoblast, close to fetal capillary



Detection of PS beads in fetal circuit





Viability and functionality of the placenta after perfusion



0

ctrl

50 nm

80 nm

240 nm

500 nm

Neither the viability (glucose consumption / lactate production) nor the function of the placenta (hCG / leptin) were affected after the perfusion with polystyrene beads. (at least n=4; mean \pm S.E.M.)



Summary

- Placenta ex vivo model useful for (nano-) toxicological as well as pharmacological studies
- Polystyrene beads < 240 nm were able to cross placenta</p>
- Polystyrene beads found in syncytiothrophoblast, stroma and detected in the fetal circuit
- No morphological changes in placenta tissue observed after perfusion of PS beads
- Viability and functionality of placenta was not affected after perfusion
- This suggests that most nanomaterials have the potential for transplacental transfer and underlines the need for further nanotoxicological studies on this important organ system.







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Material characterization prior to use!



Contamination of smaller (around 250 nm) polystyrene beads within the 500 nm beads





Placental morphology after 6h perfusion with 240 nm beads



Hämalaun / Eosin staining

Fluorescence microscopy





Hofbaur cell (macrophage) in Stroma



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Placenta cotyledon after 6h of perfusion

