

Liver fibrosis and cirrhosis mutations can be treated with stem cells therapy followed by circulating innate immune cells transfusion

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Abstract

Patients with keratin gene mutation have fibrous deposits in their livers than individual without the mutations. These deposits impair liver function, leading to liver cirrhosis. In individual with an associated keratin gene mutation, the risk of developing cryptogenic cirrhosis appears to have an autosomal dominant pattern of inheritance means that one copy of an altered gene in each cell is sufficient to increase the risk of developing cryptogenic cirrhosis. In these families, people inherit an increased risk of cryptogenic cirrhosis, not the disease itself. A gene mutation has been found to contribute to non-alcoholic fatty liver disease (NAFLD), a form of liver disease closely linked to obesity, in normal weight patients. Carriers of the PNPLA3 mutant genotype were found to be a greater risk for NAFLD and health problems compared to non-carriers even when the carrier was not obese. This influence of weight status on the interaction between the mutant gene and NAFLD was clarified. Stem Cells Therapy is a suggestive procedure to substitute up to certain extent of the mutation. Meanwhile Circulating Innate Immune Cells can be transfused to increase the immunity of the effected patients.

Keywords: Liver Cirrhosis, Cryptogenetic Cirrhosis, Mutations, Stem Cells Therapy, Circulating Innate Immune Cell Transfusion

Introduction

Liver fibrosis or cirrhosis formed from a wound healing response to chronic injury, that carries to excessive matrix. This excessive matrix tissue restrict blood flow due to concentration of the effected organ, which leads to progressive liver damage and cause cirrhosis (end stage of fibrosis), complicated by liver failure, portal hypertension or hepatocellular carcinoma. Fibrosis or cirrhosis I prominent in chronic liver diseases, including viral hepatitis, alcoholic and non-alcoholic steatohepatitis, toxic liver injury, autoimmune disease and several genetic disease. There have been three major priorities for therapy reduce fibrosis or cirrhosis.

1. To identify fibrosis or cirrhosis mutations
2. Stem cells therapy
3. Transfusion of circulating innate immune cells

This review study will focus on the contribution of high throughput genomic and proteomic approaches of fibrogenesis and fibrosis or cirrhosis progression, concentrating on the most prevalent human chronic liver diseases.¹⁻³⁰

Materials and Methods

As this is a review study a total number of 25 suspected patients of alcoholic and non alcoholic with fatty or non fatty liver for any age group with either sex and a total number of 50 healthy controls are compared. Once they are identified for fibrosis or cirrhosis, they can go for PCR and locate exact for mutations and point mutations. At the same time cultured stem cells (in born hepatocytes) from liver of still birth babies can be transfused in to the peritoneum for exact tagging of mutated hepatocytes. Meanwhile kept ready the circulating innate immune cells for transfusion. The entire procedure is in follow up phenomenon under complete hygienic and in

sterile condition. Basic requirements are very much needed to establish treatments for the diseases that lead to liver fibrosis or cirrhosis.³¹⁻⁷⁰

Discussion

Most chronic liver disease lead to fibrosis and cirrhosis in a significant subset of patient. While many common pathways that drive fibrogenesis in all these diseases, there are also disease-specific pathways that contribute to fibrosis.⁷¹⁻¹¹⁷ An increasing number of studies are comparing the transcriptome and proteome of the patients with different types of chronic liver injury to unearth disease-specific abnormalities in gene or protein expression.

Conclusion

Hence liver fibrosis or cirrhosis mutations or point mutations can be treated with stem cells therapy followed by circulating innate immune cells transfusion.

Source of Funding

None.

Conflict of Interest

None.

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