

https://doi.org/10.59298/ROJPHM/2024/434751

# The Role of the Immune System in Tissue Repair and Regeneration: A Comprehensive Review

# Nabuuma Ruth Nambi

Faculty of Pharmacy Kampala International University Uganda

#### Email: nambi.nabuuma@studwc.kiu.ac.ug

#### ABSTRACT

Tissue repair and regeneration are crucial biological processes that restore the structure and function of damaged tissues. While traditionally viewed as a system primarily responsible for defending against pathogens, the immune system plays a pivotal role in mediating tissue repair and regeneration. Immune cells, including macrophages, neutrophils, T cells, and mast cells, coordinate the complex stages of healing, from the initial inflammatory response to tissue remodeling. These immune cells interact with resident tissue cells and secrete cytokines and growth factors that regulate cellular proliferation, angiogenesis, and scar formation. Macrophages, in particular, are versatile, shifting between pro-inflammatory (M1) and anti-inflammatory (M2) states to support different phases of healing. Dysregulation of immune responses can lead to chronic inflammation or excessive fibrosis, impairing proper tissue repair. Recent advancements in understanding the immune mechanisms involved in tissue regeneration have opened new therapeutic avenues for enhancing healing in cases of chronic wounds, heart damage, and other conditions with limited regenerative capacity. This review explores the roles of immune cells and signaling molecules in tissue repair, highlighting their potential as targets for therapies that promote regeneration and reduce fibrosis. Additionally, it discusses the challenges and future directions in the field of regenerative medicine, including personalized immune modulation and biomaterials that enhance immune-mediated healing.

Keywords: Tissue regeneration, Immune system, Macrophages, Cytokines, Inflammation

#### INTRODUCTION

Tissue repair and regeneration are fundamental processes essential for maintaining the structural and functional integrity of organisms following injury. While repair involves the restoration of tissue through fibrosis and scar formation, regeneration refers to the complete reconstitution of the original tissue without scarring, allowing for the recovery of both form and function [1, 2]. These two processes are intricately regulated by various cellular and molecular mechanisms that govern inflammation, tissue proliferation, and remodeling. Traditionally, the immune system has been studied in the context of its role in defending the body against foreign pathogens such as bacteria, viruses, and other harmful agents [3]. However, over the past few decades, there has been a growing appreciation of the immune system's critical involvement in non-pathogen-related processes, particularly in tissue repair and regeneration. Far from being a mere responder to injury, the immune system actively participates in orchestrating tissue recovery through complex, dynamic interactions between immune cells, cytokines, growth factors, and tissue-resident cells [4]. The immune response to injury follows a well-coordinated sequence of events, beginning with the rapid recruitment of immune cells to the site of damage. Neutrophils and macrophages, for example, arrive at the wound early, performing tasks such as clearing cellular debris and preventing infection [5]. Macrophages, known for their plasticity, can switch between pro-inflammatory (M1) and anti-inflammatory (M2) phenotypes to support different stages of healing, from inflammation to tissue remodeling [6]. Other immune cells, including T cells, dendritic cells, and mast cells, also play significant roles by regulating inflammation, promoting cellular proliferation, and influencing scar formation. In addition to these cellular

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Page | 47

players, the immune system orchestrates tissue repair through a host of signaling molecules, including proinflammatory cytokines like IL-1 and TNF- $\alpha$ , as well as anti-inflammatory cytokines like IL-10 and TGF- $\beta$  [7]. These molecules not only modulate the immune response but also stimulate the activity of fibroblasts, endothelial cells, and stem cells to promote wound healing and tissue regeneration. Understanding the dual role of the immune system in both promoting and regulating tissue repair is critical for developing therapies aimed at improving regenerative outcomes. In this review, we explore the complex interactions between immune cells, signaling molecules, and tissue-resident cells, and discuss how the modulation of the immune response could Page | 48 enhance tissue repair and regeneration, particularly in contexts where healing is impaired or incomplete.

# 1. Overview of Tissue Repair and Regeneration

Tissue repair is the process by which damaged tissues are replaced by scar tissue or fibrotic tissue. In contrast, regeneration refers to the complete restoration of the original tissue architecture and function, often without scarring [8]. Tissue repair typically involves three phases: inflammation, proliferation, and remodeling. Inflammation: Immediately after injury, the body initiates an inflammatory response to remove dead or damaged cells, prevent infection, and prepare the tissue for repair. Proliferation: During this phase, cells such as fibroblasts, endothelial cells, and keratinocytes proliferate to rebuild the damaged tissue. Remodeling: This final phase involves the maturation and reorganization of the newly formed tissue to achieve functional recovery [9]. In regeneration, the process is often more complex and involves stem cell activation, which can recreate the lost tissue without scarring. Both processes are heavily influenced by the immune system.

# 2. Key Immune Cells in Tissue Repair and Regeneration

#### 2.1 Macrophages

Macrophages are among the most versatile immune cells in tissue repair and regeneration. These cells exhibit remarkable plasticity, transitioning between different functional states (M1 and M2 macrophages) depending on the signals they receive from their environment.

M1 Macrophages: These are pro-inflammatory and play a role in the initial phases of injury response by secreting pro-inflammatory cytokines such as IL-1, IL-6, and TNF- $\alpha$ . They help clear pathogens, debris, and damaged cells [7].

M2 Macrophages: In later stages of repair, macrophages shift to an anti-inflammatory (M2) phenotype, promoting tissue repair and regeneration by releasing growth factors like TGF- $\beta$  and VEGF. These cells also facilitate the resolution of inflammation, a critical step in preventing chronic inflammation and fibrosis [10].

#### 2.2 Neutrophils

Neutrophils are the first immune cells to arrive at the site of injury. Their primary role is to eliminate pathogens and clear damaged tissue through phagocytosis [11]. They also release proteases and reactive oxygen species (ROS), which help in tissue clearance. However, excessive neutrophil activity can contribute to tissue damage  $\lceil 12 \rceil$ , so their timely resolution is critical for proper healing.

#### 2.3 T Cells

T cells, particularly regulatory T cells (Tregs), modulate the immune response during tissue repair. Tregs suppress excessive inflammation and promote tissue repair by interacting with macrophages and other immune cells [13]. Studies have shown that depletion of Tregs impairs wound healing, while their presence enhances tissue regeneration.

#### 2.4 Dendritic Cells

Dendritic cells (DCs) are antigen-presenting cells that bridge the innate and adaptive immune responses. While traditionally viewed as immune sentinels, they also contribute to tissue repair by interacting with other immune cells and secreting cytokines that promote angiogenesis and tissue remodeling [14].

### 2.5 Mast Cells

Mast cells are involved in both the inflammatory and proliferative phases of tissue repair. They release histamine and other mediators that increase vascular permeability and recruit other immune cells to the injury site. Mast cells also contribute to fibrosis and scarring by secreting fibrogenic cytokines [15].

#### 3. Cytokines and Growth Factors in Tissue Repair and Regeneration

Cytokines and growth factors are crucial signaling molecules that mediate immune responses and tissue repair. These molecules orchestrate the activities of immune cells, fibroblasts, endothelial cells, and stem cells to ensure efficient tissue repair.

Pro-inflammatory cytokines such as IL-1, IL-6, and TNF- $\alpha$  initiate the repair process by promoting inflammation and recruiting immune cells to the injury site  $\lceil 16 \rceil$ .

Anti-inflammatory cytokines like IL-10 and TGF- $\beta$  are essential for resolving inflammation and promoting tissue remodeling. TGF- $\beta$ , in particular, is critical for collagen deposition and scar formation [17].

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Growth factors such as vascular endothelial growth factor (VEGF), platelet-derived growth factor (PDGF), and epidermal growth factor (EGF) stimulate angiogenesis, cellular proliferation, and tissue remodeling [18].

# 4. Immune System in Specific Types of Tissue Repair and Regeneration

## 4.1 Skin Repair and Wound Healing

Skin repair is one of the most studied models of tissue regeneration. Immune cells like macrophages, neutrophils, and T cells play critical roles in clearing infection, stimulating re-epithelialization, and remodeling the extracellular matrix (ECM) [19]. In chronic wounds, such as diabetic ulcers, dysregulated immune responses lead Page | 49 to persistent inflammation and impaired healing  $\lceil 20 \rceil$ .

# 4.2 Cardiac Tissue Regeneration

Following myocardial infarction (heart attack), the immune system mediates the clearance of dead cells and promotes scar formation [21]. However, the adult mammalian heart has limited regenerative capacity. Modulation of immune cells, particularly macrophages and Tregs, is being investigated as a means to enhance cardiac regeneration.

#### 4.3 Skeletal Muscle Regeneration

Skeletal muscle has a high regenerative capacity, largely due to the activity of satellite cells (muscle stem cells). Macrophages play an essential role in muscle regeneration by transitioning from an inflammatory (M1) to a reparative (M2) phenotype, which supports satellite cell activation and muscle fiber repair  $\lceil 22 \rceil$ .

#### 4.4 Nervous System Repair

In contrast to other tissues, the central nervous system (CNS) has limited regenerative capacity. Following injury, such as spinal cord injury, immune responses can exacerbate damage through chronic inflammation. However, certain immune cells, like microglia (the CNS-resident macrophages), can promote axonal growth and neurogenesis under specific conditions [23].

# 5. Immune Modulation in Tissue Regeneration Therapies

Given the pivotal role of the immune system in tissue repair, strategies to modulate immune responses are being explored in regenerative medicine. These include:

1. Immune-suppressive therapies to reduce chronic inflammation and prevent fibrosis [24].

2. Immune-enhancing therapies to promote the recruitment of pro-regenerative immune cells.

Biologics such as cytokines, growth factors, and cell-based therapies (e.g., mesenchymal stem cells) to modulate the immune response and improve tissue repair outcomes [25]. Researchers are also investigating the potential of bioengineering approaches, such as biomaterials that can locally modulate the immune response to enhance tissue regeneration.

#### 6. Challenges and Future Directions

While significant progress has been made in understanding the role of the immune system in tissue repair and regeneration, several challenges remain. These include:

Understanding the balance between pro-inflammatory and anti-inflammatory responses that promote optimal healing without excessive scarring. Individual variability: The immune response to injury can vary greatly between individuals due to factors such as age, genetics, and underlying health conditions  $\lceil 26 \rceil$ .

Chronic diseases: Conditions like diabetes and chronic infections alter the immune response, leading to impaired healing and excessive fibrosis [27]. Future research is likely to focus on identifying specific immune targets for therapeutic interventions, developing personalized regenerative therapies, and improving our understanding of how immune cells interact with other components of the tissue microenvironment.

#### CONCLUSION

The immune system is a key regulator of tissue repair and regeneration. Immune cells, cytokines, and growth factors orchestrate the processes of inflammation, tissue remodeling, and regeneration. While the immune response is essential for clearing damaged tissue and promoting repair, dysregulated or excessive immune activity can lead to chronic inflammation and fibrosis. Therapeutic strategies that modulate the immune response hold great promise for enhancing tissue repair and regeneration, particularly in chronic or non-healing injuries. Continued research into the immune mechanisms underlying tissue repair will provide valuable insights into developing effective regenerative therapies.

#### REFERENCES

- 1. El Ayadi A, Jay JW, Prasai A. Current approaches targeting the wound healing phases to attenuate fibrosis and scarring. International journal of molecular sciences. 2020 Feb 7;21(3):1105.
- 2. Iismaa SE, Kaidonis X, Nicks AM, Bogush N, Kikuchi K, Naqvi N, Harvey RP, Husain A, Graham RM. Comparative regenerative mechanisms across different mammalian tissues. NPJ Regenerative medicine. 2018 Feb 23;3(1):6.

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

- 3. Ahmad HI, Jabbar A, Mushtaq N, Javed Z, Hayyat MU, Bashir J, Naseeb I, Abideen ZU, Ahmad N, Chen J. Immune tolerance vs. immune resistance: the interaction between host and pathogens in infectious diseases. Frontiers in Veterinary Science. 2022 Mar 29;9:827407.
- 4. Knecht RS, Bucher CH, Van Linthout S, Tschöpe C, Schmidt-Bleek K, Duda GN. Mechanobiological principles influence the immune response in regeneration: implications for bone healing. Frontiers in Bioengineering and Biotechnology. 2021 Feb 12;9:614508.
- Bouchery T, Harris N. Neutrophil–macrophage cooperation and its impact on tissue repair. Immunology Page | 50 5.and cell biology. 2019 Mar;97(3):289-98.
- Krzyszczyk P, Schloss R, Palmer A, Berthiaume F. The role of macrophages in acute and chronic wound 6. healing and interventions to promote pro-wound healing phenotypes. Frontiers in physiology. 2018 May 1;9:419.
- Yu Y, Yue Z, Xu M, Zhang M, Shen X, Ma Z, Li J, Xie X. Macrophages play a key role in tissue repair 7. and regeneration. PeerJ. 2022 Sep 29;10:e14053.
- Gurtner GC, Werner S, Barrandon Y, Longaker MT. Wound repair and regeneration. Nature. 2008 8. May;453(7193):314-21.
- Čoma M, Fröhlichová L, Urban L, Zajíček R, Urban T, Szabo P, Novák Š, Fetissov V, Dvořánková B, 9. Smetana Jr K, Gál P. Molecular changes underlying hypertrophic scarring following burns involve specific deregulations at all wound healing stages (inflammation, proliferation and maturation). International Journal of Molecular Sciences. 2021 Jan 18;22(2):897.
- 10. Yan L, Wang J, Cai X, Liou YC, Shen HM, Hao J, Huang C, Luo G, He W. Macrophage plasticity: signaling pathways, tissue repair, and regeneration. MedComm. 2024 Aug;5(8):e658.
- 11. Singhal A, Kumar S. Neutrophil and remnant clearance in immunity and inflammation. Immunology. 2022 Jan;165(1):22-43.
- 12. Németh T, Sperandio M, Mócsai A. Neutrophils as emerging therapeutic targets. Nature reviews Drug discovery. 2020 Apr;19(4):253-75.
- 13. Shen P, Chen Y, Luo S, Fan Z, Wang J, Chang J, Deng J. Applications of biomaterials for immunosuppression in tissue repair and regeneration. Acta Biomaterialia. 2021 May 1;126:31-44.
- 14. Liu J, Zhang X, Cheng Y, Cao X. Dendritic cell migration in inflammation and immunity. Cellular & molecular immunology. 2021 Nov;18(11):2461-71.
- 15. Guth C, Limjunyawong N, Pundir P. The evolving role of mast cells in wound healing: insights from recent research and diverse models. Immunology and Cell Biology. 2024 Jan 1.
- 16. Mahmoud NN, Hamad K, Al Shibitini A, Juma S, Sharifi S, Gould L, Mahmoudi M. Investigating inflammatory markers in wound healing: Understanding implications and identifying artifacts. ACS Pharmacology & Translational Science. 2024 Jan 3;7(1):18-27.
- 17. Singampalli KL, Balaji S, Wang X, Parikh UM, Kaul A, Gilley J, Birla RK, Bollyky PL, Keswani SG. The role of an IL-10/hyaluronan axis in dermal wound healing. Frontiers in cell and developmental biology. 2020 Jul 17;8:636.
- 18. Grismaldo A, Sobrevia L, Morales L. Role of platelet-derived growth factor c on endothelial dysfunction in cardiovascular diseases. Biochimica et Biophysica Acta (BBA)-General Subjects. 2022 Oct 1;1866(10):130188.
- 19. Jakovija A, Chtanova T. Skin immunity in wound healing and cancer. Frontiers in Immunology. 2023 Jun 16;14:1060258.
- 20. Raziyeva K, Kim Y, Zharkinbekov Z, Kassymbek K, Jimi S, Saparov A. Immunology of acute and chronic wound healing. Biomolecules. 2021 May 8;11(5):700.
- 21. Hume RD, Chong JJ. The cardiac injury immune response as a target for regenerative and cellular therapies. Clinical Therapeutics. 2020 Oct 1;42(10):1923-43.
- 22. Wang X, Zhou L. The many roles of macrophages in skeletal muscle injury and repair. Frontiers in Cell and Developmental Biology. 2022 Jul 11;10:952249.
- 23. Prinz M, Masuda T, Wheeler MA, Quintana FJ. Microglia and central nervous system-associated macrophages-from origin to disease modulation. Annual review of immunology. 2021 Apr 26;39(1):251-77.
- 24. van Geffen C, Deißler A, Quante M, Renz H, Hartl D, Kolahian S. Regulatory immune cells in idiopathic pulmonary fibrosis: friends or foes?. Frontiers in immunology. 2021 Apr 22;12:663203.
- 25. Song N, Scholtemeijer M, Shah K. Mesenchymal stem cell immunomodulation: mechanisms and therapeutic potential. Trends in pharmacological sciences. 2020 Sep 1;41(9):653-64.

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

- Kline EM, Houser MC, Herrick MK, Seibler P, Klein C, West A, Tansey MG. Genetic and Environmental Factors in P arkinson's Disease Converge on Immune Function and Inflammation. Movement Disorders. 2021 Jan;36(1):25-36.
- 27. Rodríguez-Rodríguez N, Martínez-Jiménez I, García-Ojalvo A, Mendoza-Mari Y, Guillén-Nieto G, Armstrong DG, Berlanga-Acosta J. Wound chronicity, impaired immunity and infection in diabetic patients. MEDICC review. 2022 Jul 6;24:44-58.

Page | 51

CITE AS: Nabuuma Ruth Nambi. (2024). The Role of the Immune System in Tissue Repair and Regeneration: A Comprehensive Review. Research Output Journal of Public Health and Medicine 4(3):47-51. <u>https://doi.org/10.59298/ROJPHM/2024/434751</u>

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.