

# MMP's and Their Role in the Wound

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Associate Professor

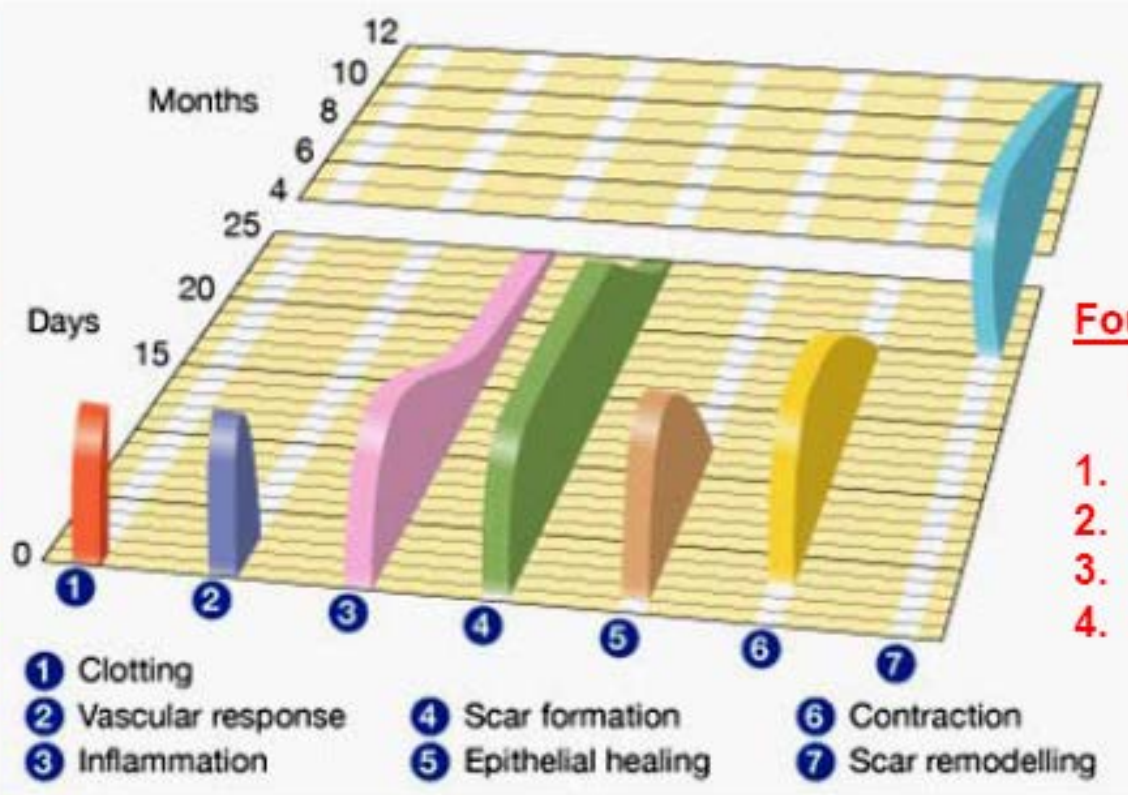
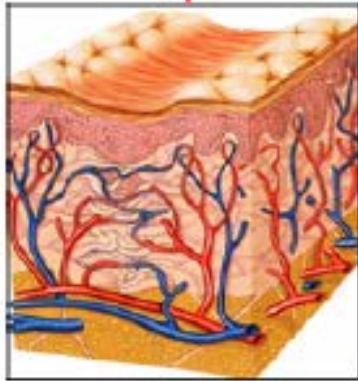
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# Sequence of Molecular and Cellular Events in Healing Wounds



## Four Phases of Healing

1. Hemostasis
2. Inflammation
3. Repair
4. Remodeling

- 1 Clotting
- 2 Vascular response
- 3 Inflammation
- 4 Scar formation
- 5 Epithelial healing
- 6 Contraction
- 7 Scar remodelling

1

Clotting



2

Vascular Response



3

Inflammation



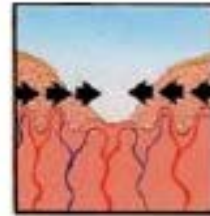
4

Scar Formation



5

Epithelial Healing



6

Contraction



7

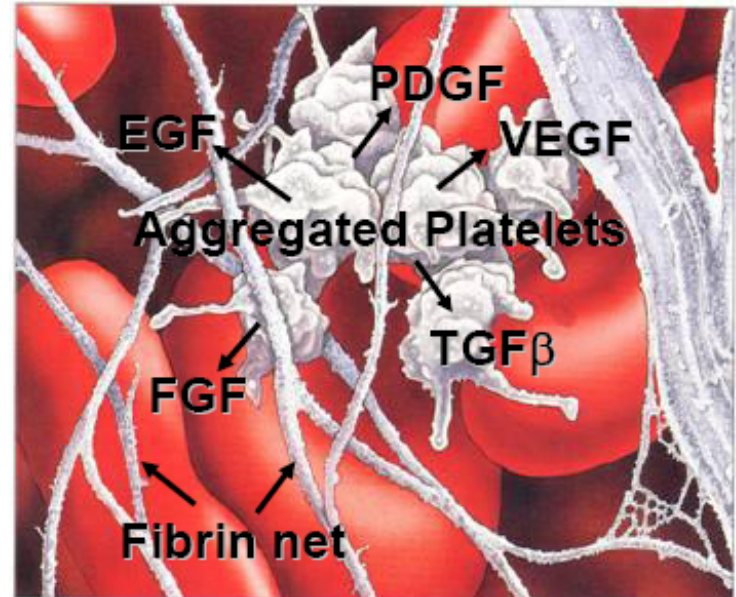
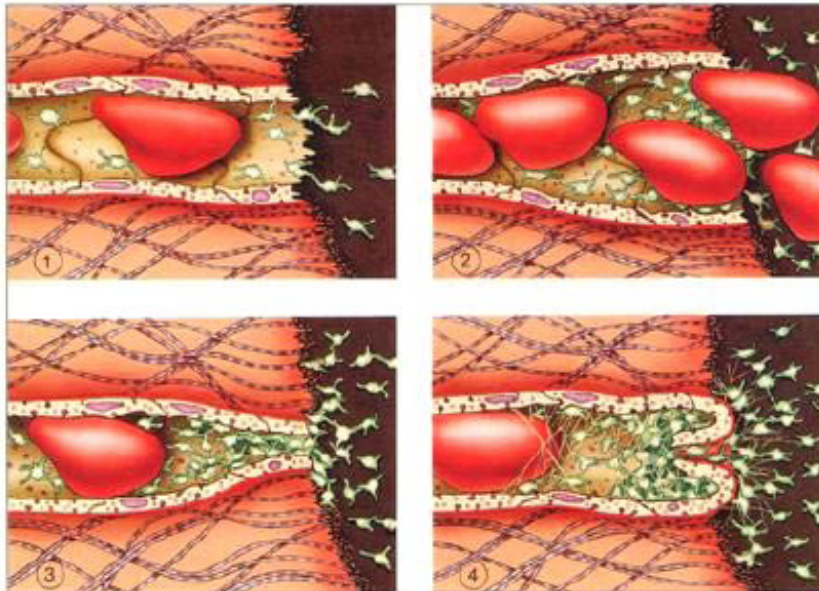
Scar Remodeling



# Hemostasis

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# Hemostasis: Vascular Response, Blood Clotting, and Platelet Release of Growth Factors



## Key Points

1. Fibrin clot forms a provisional wound matrix that promotes coagulation and migration of fibroblasts, vascular endothelial cells
2. Platelets release growth factors that initiate healing by ↑chemotaxis, proliferation, and matrix synthesis

## MAJOR FAMILIES OF GROWTH FACTORS

GROWTH FACTOR FAMILY	CELL SOURCE	ACTIONS
<u>Transforming Growth Factor <math>\beta</math></u> TGF- $\beta$ 1 TGF- $\beta$ 2  TGF- $\beta$ 3	Platelets Fibroblasts Macrophages	Chemotatic for Fibroblast Promotes Extracellular Matrix Formation ↑ Collagen and TIMP Synthesis ↓ MMP Synthesis Reduces Scarring ↓ Collagen    ↓ Fibronectin
<u>Platelet Derived Growth Factor</u> PDGF-AA, PDGF-BB VEGF	Platelets Macrophages Keratinocytes Fibroblasts	Activates Immune Cells and Fibroblasts Promotes ECM Formation ↑ Collagen and TIMP Synthesis ↓ MMP Synthesis ↑ Angiogenesis
<u>Fibroblast Growth Factor</u> Acidic FGF, Basic FGF KGF	Macrophages Endothelial Cells Fibroblasts	↑ Angiogenesis ↑ Keratinocyte Proliferation and Migration ↑ ECM Deposition
<u>Insulin-like Growth Factor</u> IGF-I, IGF-II Insulin	Liver Skeletal Muscle Fibroblasts Macrophages Neutrophils	↑ Keratinocyte & Fibroblast Proliferation ↑ Angiogenesis ↑ Collagen Synthesis ↑ ECM Formation ↑ Cell Metabolism
<u>Epidermal Growth Factor</u> EGF, HB-EGF, TGF- $\alpha$ , Amphiregulin, Betacellulin	Keratinocytes Macrophages	↑ Keratinocyte Proliferation and Migration ↑ ECM Formation
<u>Connective Tissue Growth Factor</u> CTGF	Fibroblasts Endothelial Cells Epithelial Cells	↑ Collagen Synthesis Mediates Action of TGF- $\beta$ s on collagen synthesis

# MMPs and Growth Factors

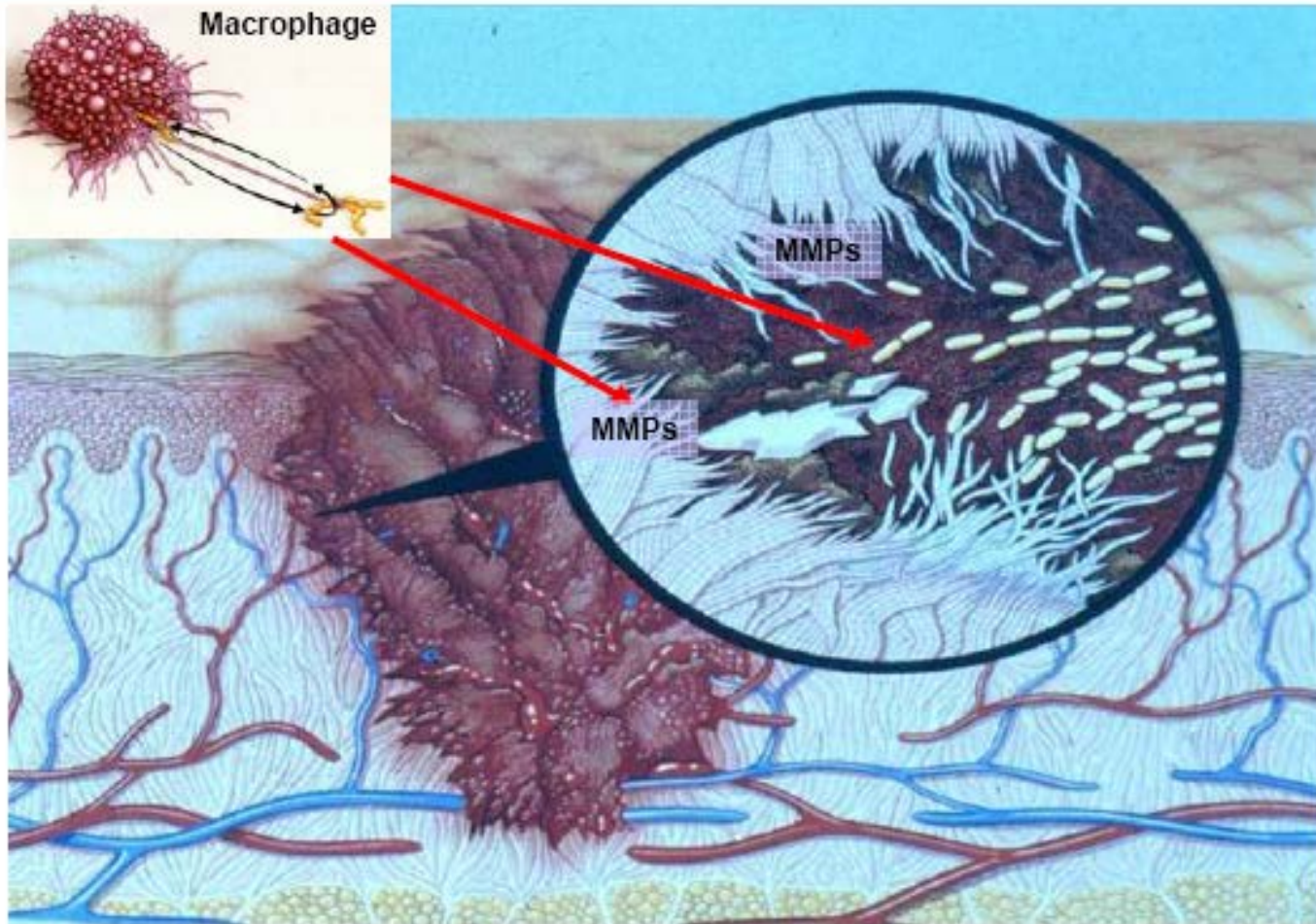
- Pathological dysregulation of MMP activity results in excessive breakdown of the extracellular matrix (ECM) and loss of growth factors, involved in normal healing, that are stored in the ECM.
- Growth factors such as PDGF-BB, TGF- $\beta$  and VEGF are found in decreased amounts in chronic wounds, presumably due to the increase in MMPs (Loot et al., 2002; Lerman et al., 2003; Robson et al., 2004).

# Inflammation

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# Controlled Wound Inflammation Is Beneficial

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Inflammatory cells kill microorganisms and release proteases (MMPs, elastase) that remove denatured ECM components and permit wound healing to proceed. Wounds that are contaminated by bacteria and fungus must not be closed.



# Major Cytokines Involved in Wound Healing

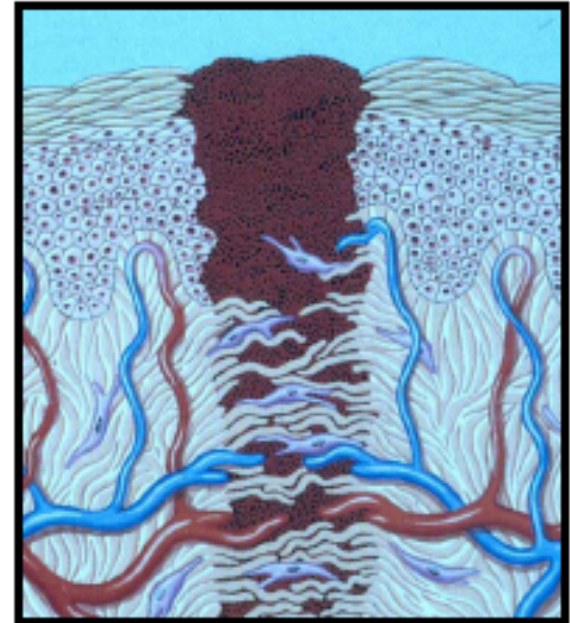
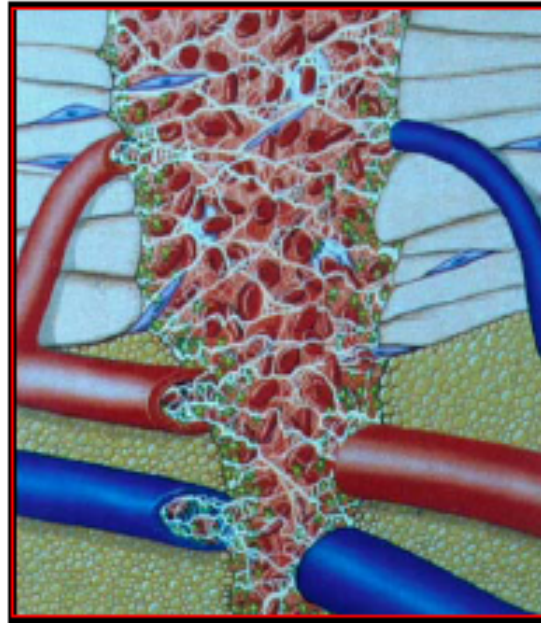
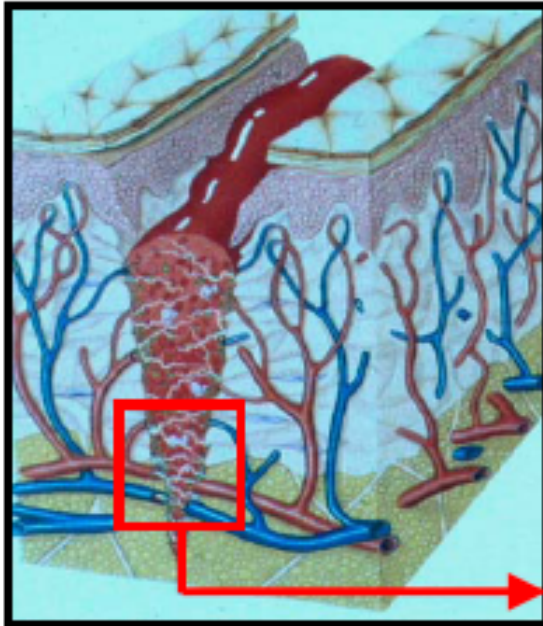
CYTOKINE	CELL SOURCE	BIOLOGICAL ACTIVITY
PRO-INFLAMMATORY CYTOKINES		
Tumor Necrosis Factor (TNF- $\alpha$ )	macrophages	<ul style="list-style-type: none"> <li>↑ PMN margination and cytotoxicity</li> <li>↑ MMP synthesis</li> </ul>
Interleukin-1 (IL-1)	macrophages, keratinocytes	<ul style="list-style-type: none"> <li>↑ fibroblast and keratinocyte chemotaxis,</li> <li>↑ MMP synthesis</li> </ul>
Interleukin-6 (IL-6)	macrophages, keratinocytes, PMNs	↑ fibroblast proliferation
Interleukin-8 (IL-8)	macrophages, fibroblasts	<ul style="list-style-type: none"> <li>↑ macrophage and PMN chemotaxis</li> <li>↓ collagen synthesis</li> </ul>
Interferon- $\gamma$ (INF- $\gamma$ )	macrophages, T-lymphocytes	<ul style="list-style-type: none"> <li>↑ macrophage and PMN activation</li> <li>↓ collagen synthesis</li> <li>↑ MMP synthesis</li> </ul>
ANTI-INFLAMMATORY CYTOKINES		
Interleukin-4 (IL-4)	T-lymphocytes, basophils, mast cells	<ul style="list-style-type: none"> <li>↓ TNF-<math>\alpha</math>, IL-1, IL-6 synthesis</li> <li>↑ fibroblast proliferation, collagen synthesis</li> </ul>
Interleukin-10 (IL-10)	T-lymphocytes, macrophages, keratinocytes	<ul style="list-style-type: none"> <li>↓ TNF-<math>\alpha</math>, IL-1, IL-6 synthesis</li> <li>↓ macrophage and PMN activation</li> </ul>

# Repair



# Provisional Wound Matrix is Replaced by Scar Tissue

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Fibroblasts adjacent to the wound respond to chemotactic factors released by platelets, migrate into the provisional wound matrix (fibrin, fibronectin, and laminin). As healing proceeds, growth factors stimulate fibroblasts to synthesize new collagen, elastin and glycoproteins that replace the provisional wound and form the scar.

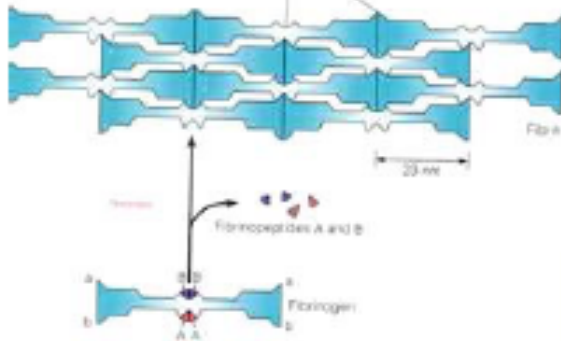
# Fibrin, Fibronectin, and Laminin



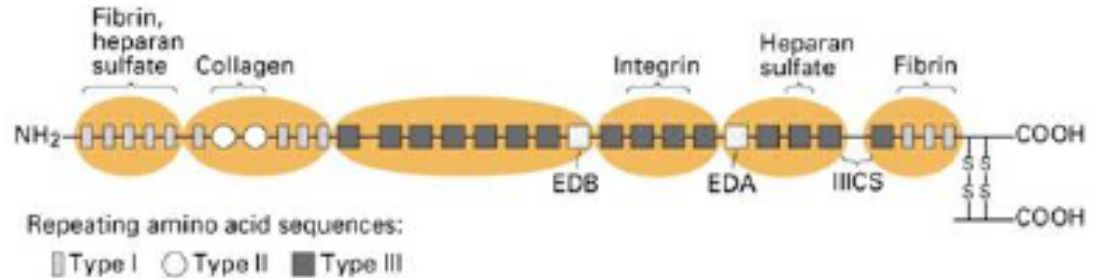
40x



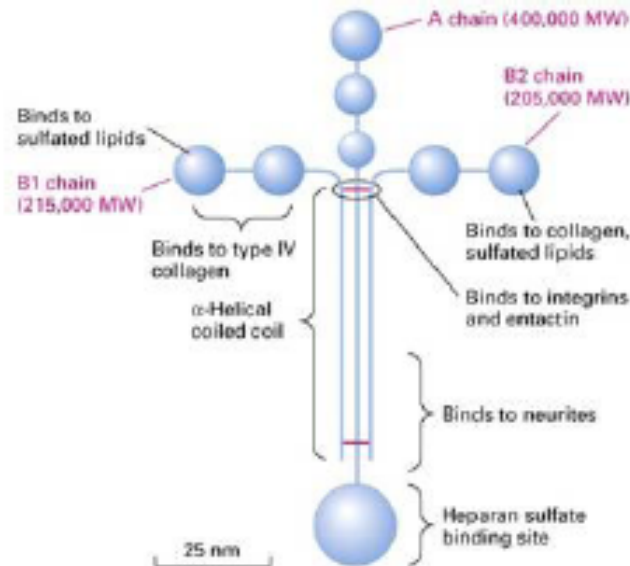
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Fibrin self associates into long fibers after thrombin cleaves off peptides



Fibronectin dimers have multiple binding sites for ECM components and integrin receptors on cells



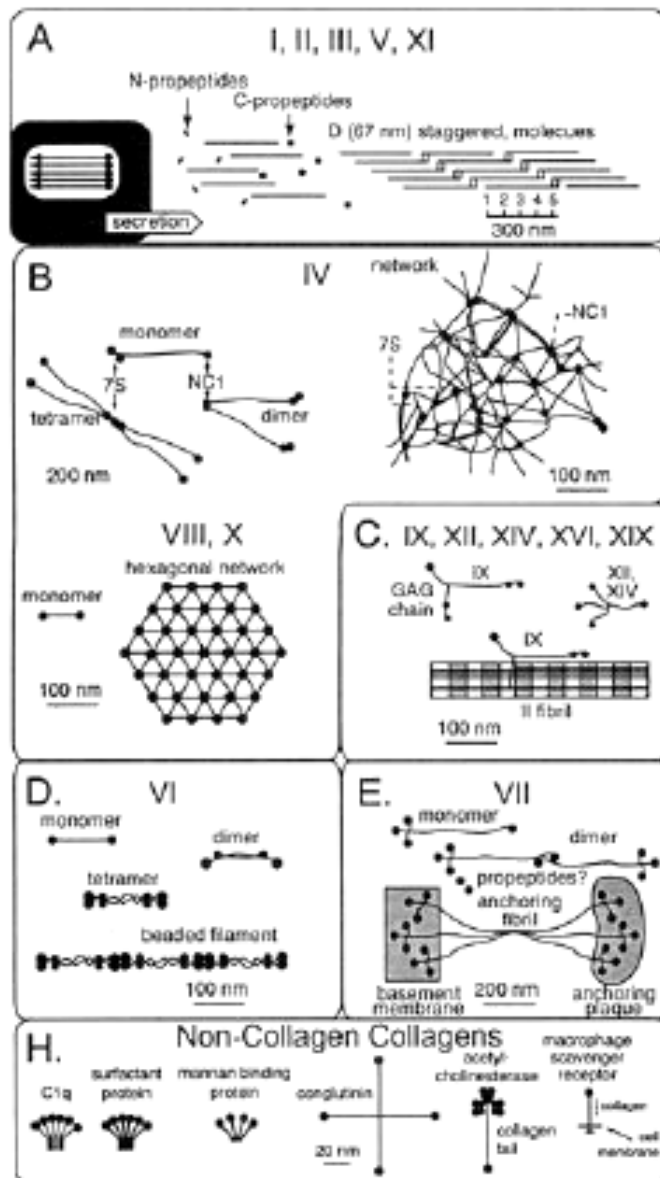
Laminin forms a cross with arms that bind ECM components and integrin receptors on cells

# Proteins of the Initial Scar Stimulate Cell Migration and Binding

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- **Collagen molecules**
  - Type III fibrillar collagen expressed early in scar formation
- **Glycosaminoglycans**
  - Linear chains of 20-100 sulfated disaccharides one of which is either N-acetylglucosamine or N-acetylgalactosamine
  - All are acidic and contain either sulfate or carboxylate groups
  - Heparin, heparan sulfate, dermatan sulfate, chondroitin sulfate
  - Hyaluronic acid is not covalently linked to a core protein
  - All bind large amounts of water and provide resilience and lubrication
- **Proteoglycans**
  - Multiple glycosaminoglycan chains that branch from a linear protein core. Extracellular PGs are large hydrated molecules that cushion cells and cell-surface proteoglycans (syndecan) bind growth factors (FGF, TGF $\beta$ )
  - Perlecan (basal lamina), Syndecan (cell membranes) Aggrecan (cartilage)

# Different Types of Collagen Proteins



A. Fibrillar collagens (form rods)

B. Network-forming collagens

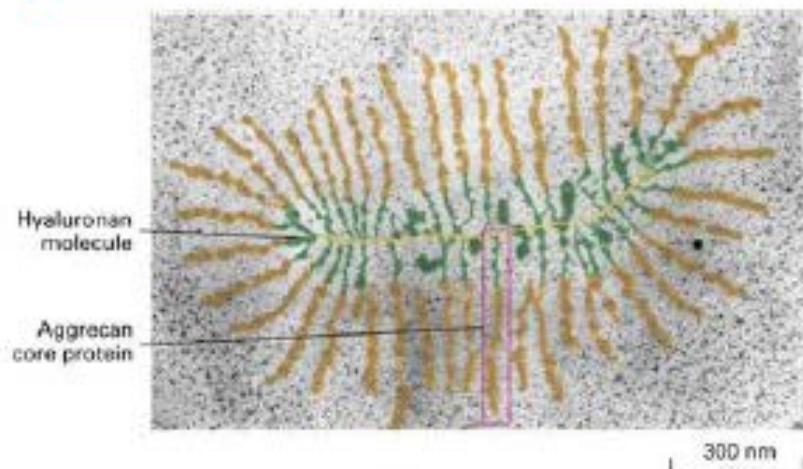
C. Fibril-associated collagens with interrupted triple helices (FACITs)

D. Beaded filament-forming collagens

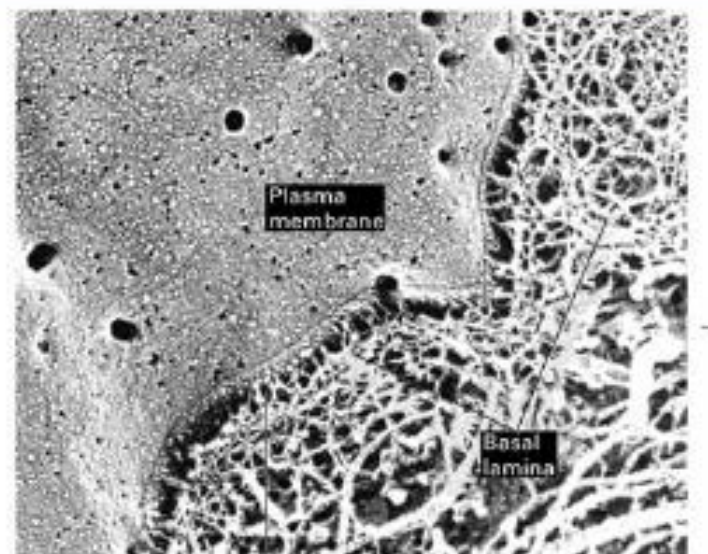
E. Membrane anchoring collagens

H. Non-collagen proteins containing collagen-like sequences

# Glycosaminoglycans, Proteoglycans, and Basement Membranes

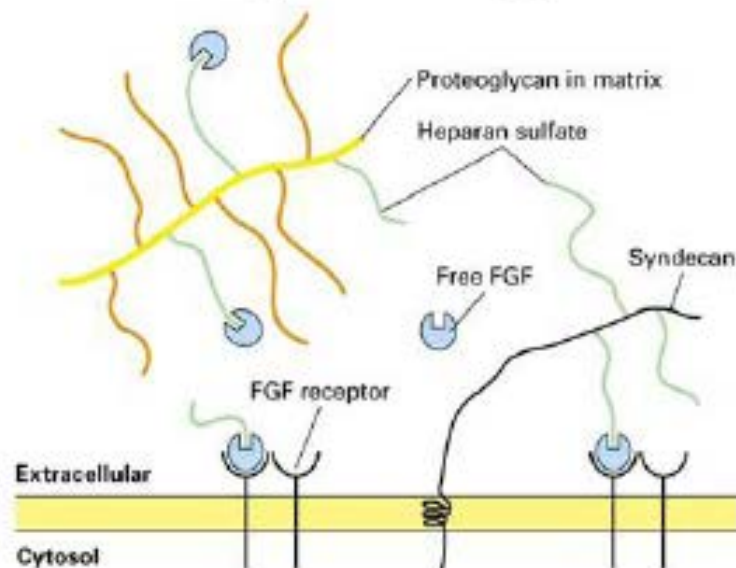


**Glycosaminoglycans**

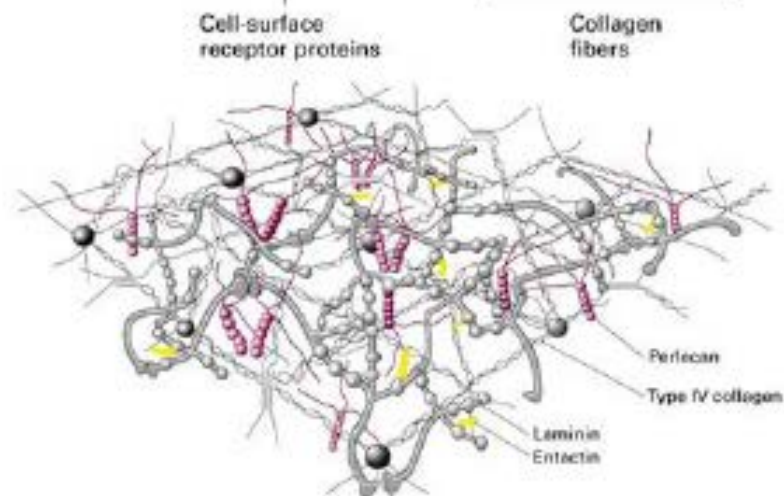


Cell-surface receptor proteins

Collagen fibers



**Proteoglycans**



**Basement membranes**

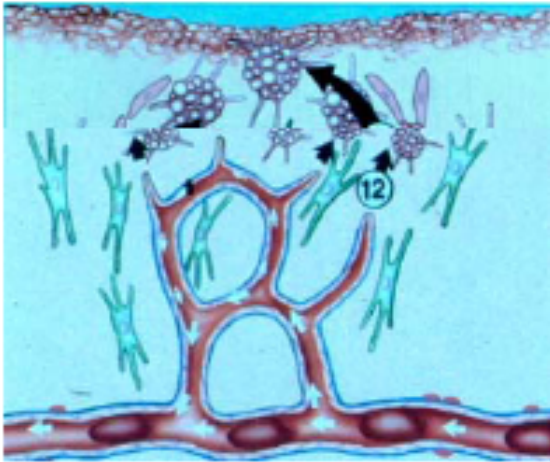
# Matrix Metalloproteinases and their Substrates

MMP	Synonyms	EC Classification	Latent M.W. (kDa)	Active M.W. (kDa)	Substrates
MMP-1	Interstitial Collagenase	3.4.24.7	55	45	Fibrillar collagens, casein, gelatin, proteoglycan
MMP-2	Gelatinase A, 72 kDa Type IV Collagenase	3.4.24.24	72	66	Denatured collagens, collagens IV, V, VII, X, gelatin
MMP-3	Stromelysin-1	3.4.24.17	57	45	Proteoglycan, collagens X, XI, procollagens, gelatin, laminin, collagenase, gelatinase B
MMP-7	Matrilysin ; PUMP	3.4.24.23	28	19	As stromelysin 1, elastin
MMP-8	Neutrophil collagenase	3.4.24.34	75	58	Fibrillar collagens, gelatin, proteoglycan
MMP-9	Gelatinase B, 92 kDa Type IV Collagenase	3.4.24.35	92	86	Denatured collagens, collagens IV, V, VII, X
MMP-10	Stromelysin 2	3.4.24.22	57	44	As Stromelysin 1
MMP-11	Stromelysin 3		62	47	Unknown
MMP-12	Macrophage metalloelastase	3.4.24.65	54	22	Elastin, gelatin, collagen IV, fibronectin, laminin, vitronectin, proteoglycan
MMP-13	Collagenase 3	--	66	48	Fibrillar collagens, gelatin, aggrecan



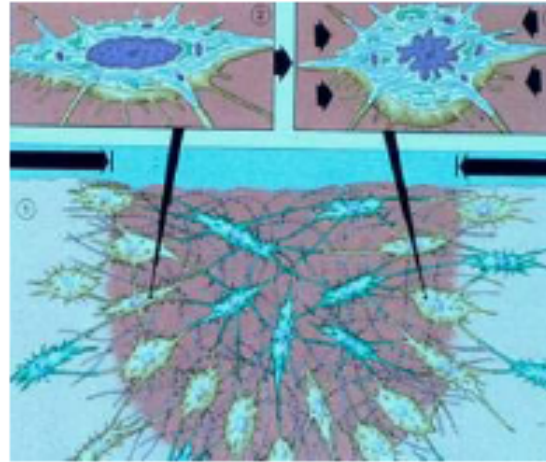
MMP	Other names
MMP-1*	Interstitial Collagenase, Fibroblast Collagenase
MMP-2	Gelatinase A, 72 kDa Gelatinase, 72 kDa Type IV Collagenase
MMP-3	Stromelysin-1, Transin
MMP-7	Matrilysin, Pump-1
MMP-8	Neutrophil Collagenase
MMP-9	Gelatinase B, 92 kDa Gelatinase, 92 kDa Type IV Collagenase
MMP-10	Stromelysin-2, Transin-2
MMP-11	Stromelysin-3
MMP-12	Metalloelastase, Macrophage Elastase (commonly confused with Neutrophil Elastase)
MMP-13	Collagenase-3
MMP-14	Membrane-type-1 MMP, MT1-MMP**
MMP-15	Membrane-type-2 MMP, MT2-MMP
MMP-16	Membrane-type-3 MMP, MT3-MMP
MMP-17	Membrane-type-4 MMP, MT4-MMP
MMP-18	<i>Xenopus</i> Collagenase
MMP-19	No trivial name assigned
MMP-20	Enamelysin
MMP-21	No trivial name assigned
MMP-22	No trivial name assigned
MMP-23	Cysteine Array MMP, CA-MMP
MMP-24	Membrane-type-5 MMP, MT5-MMP
MMP-25	Membrane-type-6 MMP, MT6-MMP
MMP-26	Matrilysin-2, Endometase
MMP-28	Epilysin

# Growth Factors, Extracellular Matrix Proteins and Matrix Metalloproteinases Are Necessary for Angiogenesis, Contraction, and Epithelial Migration



## Angiogenesis

Endothelial cells and inflammatory cells secrete angiogenic growth factors that stimulate synthesis of MMPs which degrade the basement membrane surrounding capillaries, allowing endothelial cells to proliferate and migrate toward ischemic areas.



## Contraction

Fibroblasts transform into myofibroblasts, which express contractile actin fibers and MMPs, and when myofibroblasts contract, force is applied to collagen fibers, which reduces the size of the wound.



## Epithelial Healing

Growth factors stimulate epidermal cells to proliferate and migrate over and through provisional wound matrix. Actions of MMPs are important for migration of epidermal cells.

# Remodeling

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# Remodeling of Scar Tissue

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- The high numbers of inflammatory cells, fibroblasts and vascular endothelial cells decrease through apoptosis
- The balance between deposition (replacement) of ECM and removal of ECM shifts slightly in favor of removal by proteases (MMPs, elastase)
- New collagen is deposited in the scar at a low level for a year, but slowly the matrix remodels to a structure more closely resembling normal dermis (but it is never fully regenerates the normal dermal architecture)



# What Is The Molecular Pathology Of Chronic Wounds??

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**Diabetic foot ulcer**



**Arterial ulcer**



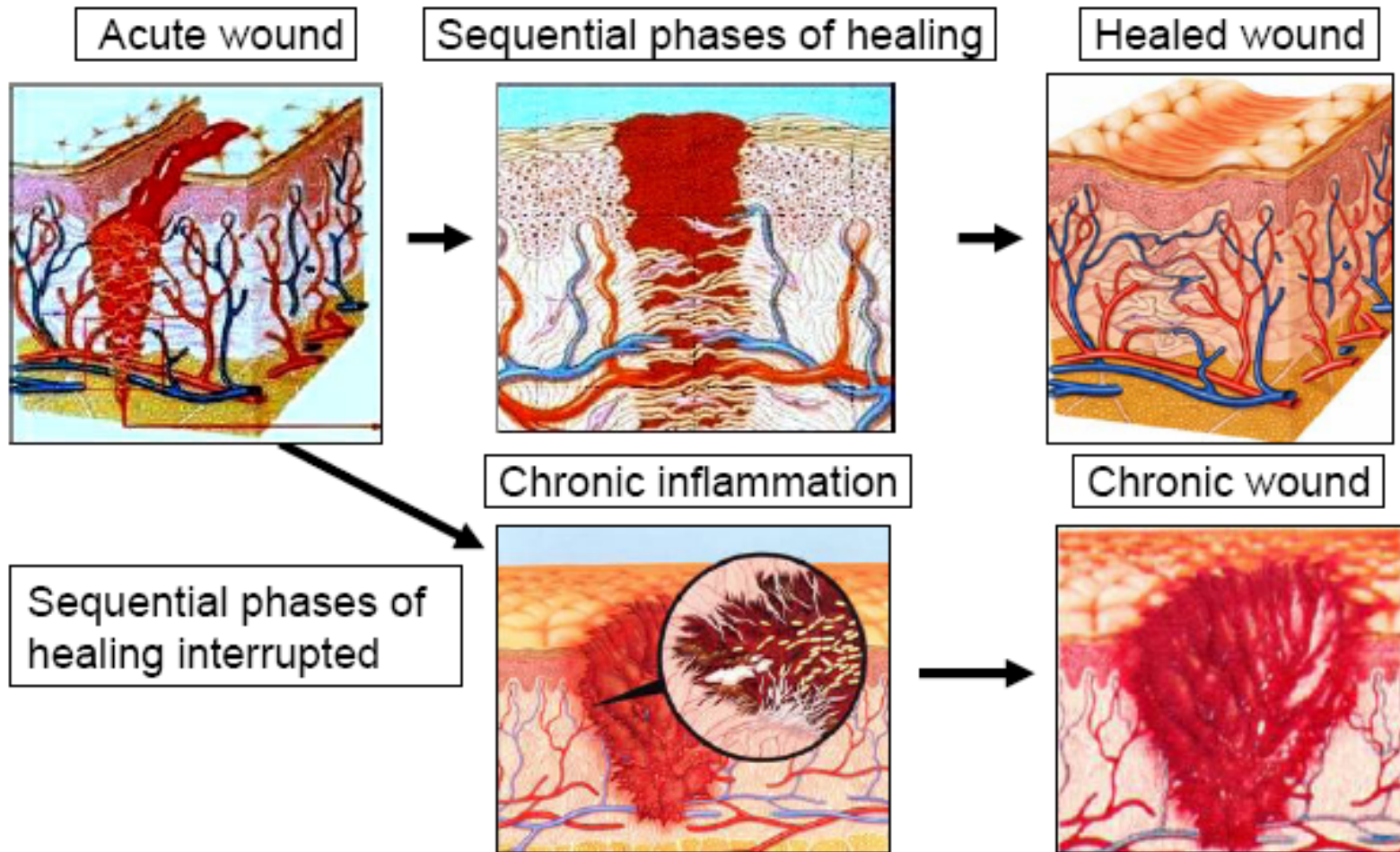
**Pressure ulcer**



**Venous ulcer**

# Chronic Wounds Do Not Follow The Normal Sequential Phases Of Wound Healing

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# Imbalanced Molecular Environments Of Healing And Chronic Wounds

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## Healing Wounds:

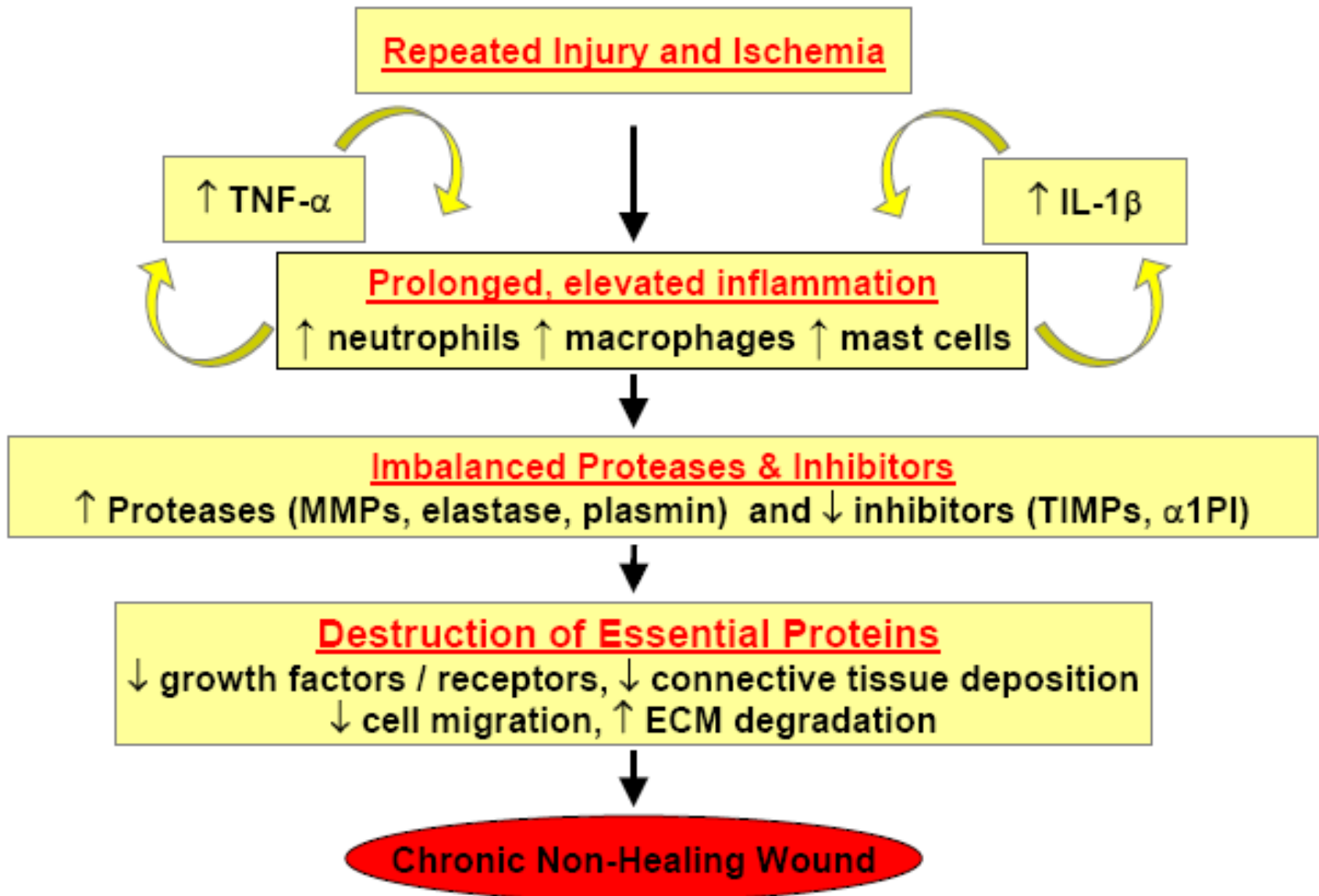
LOW INFLAMMATORY CYTOKINES  
LOW PROTEASES  
HIGH MITOGENIC ACTIVITY  
MITOTICALLY COMPETENT CELLS

## Chronic Wounds:

HIGH INFLAMMATORY CYTOKINES  
HIGH PROTEASES  
LOW MITOGENIC ACTIVITY  
SENESCENT CELLS

# Hypothesis Of Chronic Wound Pathophysiology

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## **Tissue Inhibitor of Metalloproteinases-1 Is Decreased and Activated Gelatinases Are Increased in Chronic Wounds**

Elizabeth C. Bullen, Michael T. Longaker,\* Dawn L. Updike, Richard Benton, Daniel Ladin,† Zizheng Hou,† and Eric W. Howard

Department of Pathology, University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma; \*Institute of Reconstructive Plastic Surgery, New York University Medical Center, New York, New York; and †Division of Plastic and Reconstructive Surgery, Henry Ford Hospital, Detroit, Michigan, U.S.A.

*J Invest Dermatol 104: 236–240, 1995*

## **Wound Fluids from Human Pressure Ulcers Contain Elevated Matrix Metalloproteinase Levels and Activity Compared to Surgical Wound Fluids**

Dorne R. Yager, Liang-Y. Zhang, Hui-Xiu Liang, Robert F. Diegelmann, and I. Kelman Cohen

The Wound Healing Center, Division of Plastic and Reconstructive Surgery, Department of Surgery, Medical College of Virginia, Richmond, Virginia, U.S.A.

*J Invest Dermatol 107:743–748, 1996*

Diabetologia (2002) 45:1011–1016  
DOI 10.1007/s00125-002-0868-8

**Diabetologia**

## **Expression of matrix-metalloproteinases and their inhibitors in the wounds of diabetic and non-diabetic patients**

R. Lobmann<sup>1</sup>, A. Ambrosch<sup>2</sup>, G. Schultz<sup>3</sup>, K. Waldmann<sup>1</sup>, S. Schiweck<sup>1</sup>, H. Lehnert<sup>1</sup>

<sup>1</sup>Department of Endocrinology and Metabolism, <sup>2</sup>Institute of Microbiology, University of Magdeburg, Magdeburg, Germany

<sup>3</sup>Institute of Wound Research, Department of Obstetrics and Gynecology, University of Florida, Gainesville, Florida, USA

## Enhancement of Fibroblast Collagen Synthesis by Nitric Oxide<sup>1</sup>

Maria B. Witte,\* Frank J. Thornton,† David T. Efron,† and Adrian Barbul†<sup>2</sup>

†*Department of Surgery, Sinai Hospital of Baltimore and the Johns Hopkins Medical Institutions, Baltimore, Maryland 21215; and* \**Eberhard-Karls-Universität, Tübingen, Germany*

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The American Journal of Surgery 183 (2002) 406-412

## Role of nitric oxide in wound repair

Maria B. Witte, M.D.<sup>a</sup>, Adrian Barbul, M.D.<sup>b,\*</sup>

*<sup>a</sup>Departments of Surgery, the Sinai Hospital of Baltimore, and the Johns Hopkins Medical Institutions, Baltimore, MD 21215, USA*

*<sup>b</sup>Eberhard-Karls-Universität, Tübingen, Germany*

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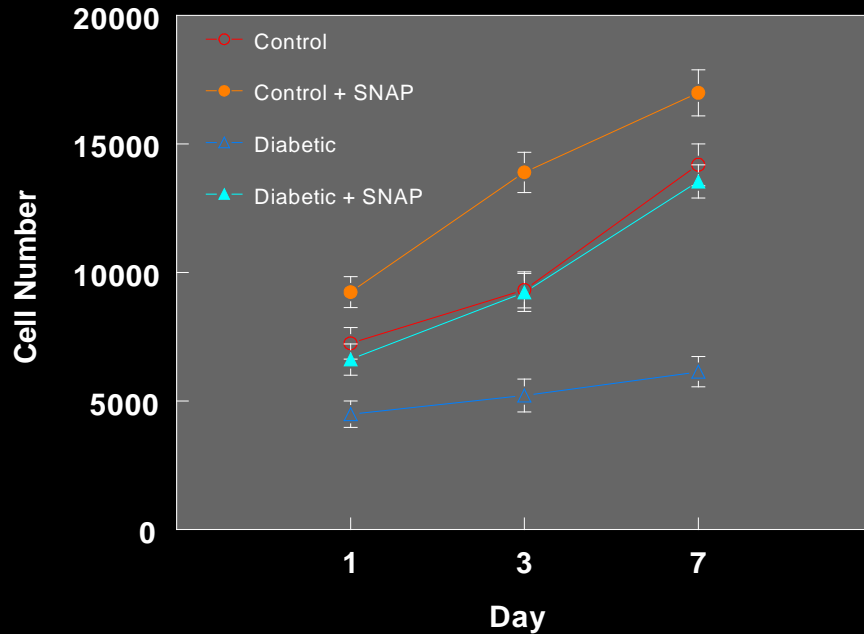
## Diabetes-impaired healing and reduced wound nitric oxide synthesis: A possible pathophysiologic correlation

Michael R. Schäffer, MD,<sup>a</sup> Udaya Tantry, PhD, Philip A. Efron, BS,  
Gretchen M. Ahrendt, MD, Francis J. Thornton, MD, and Adrian Barbul, MD, FACS,  
*Baltimore, Md.*

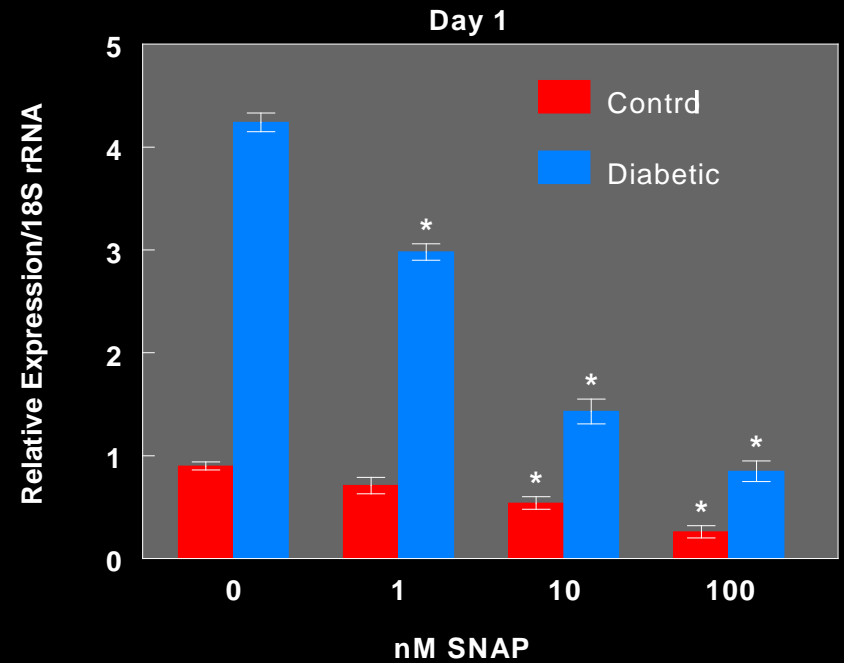
*(Surgery 1997;121:513-9.)*

# Effect of Nitric Oxide Donor SNAP on Human Skin Fibroblasts

## Effect of SNAP on Cell Number

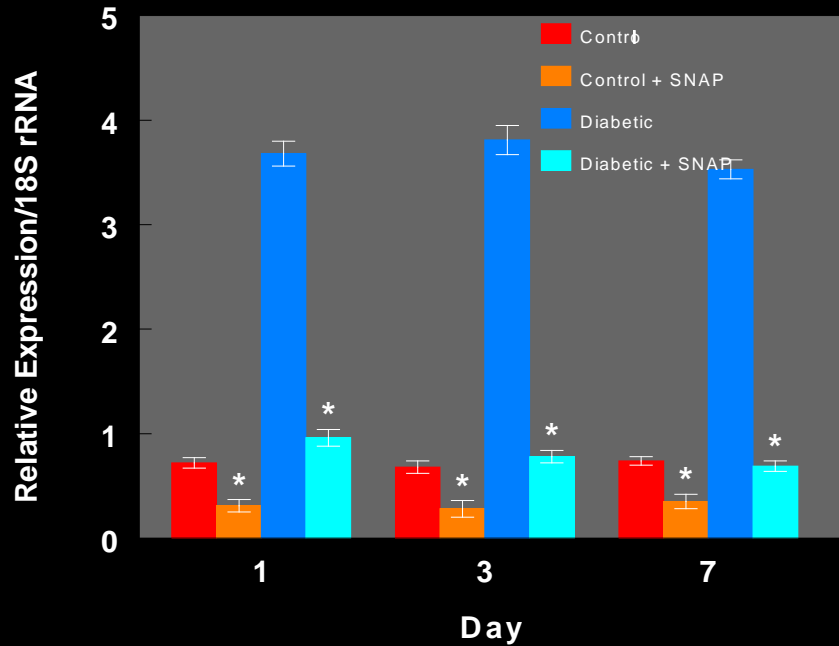


## Effect of SNAP on MMP-9 Expression

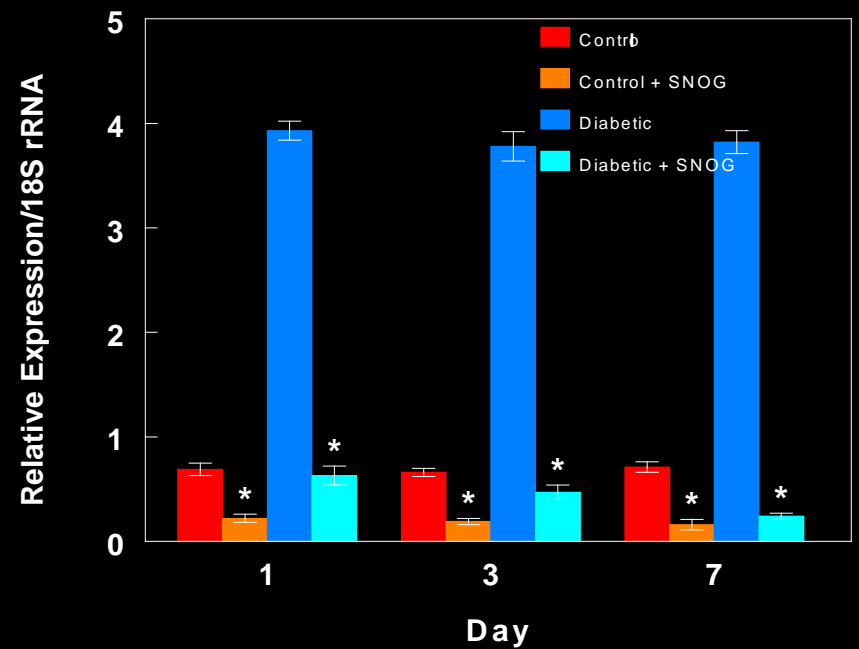


# Effect of Nitric Oxide Donors on MMP-9 Expression

## Effect of SNAP on MMP-9 Expression

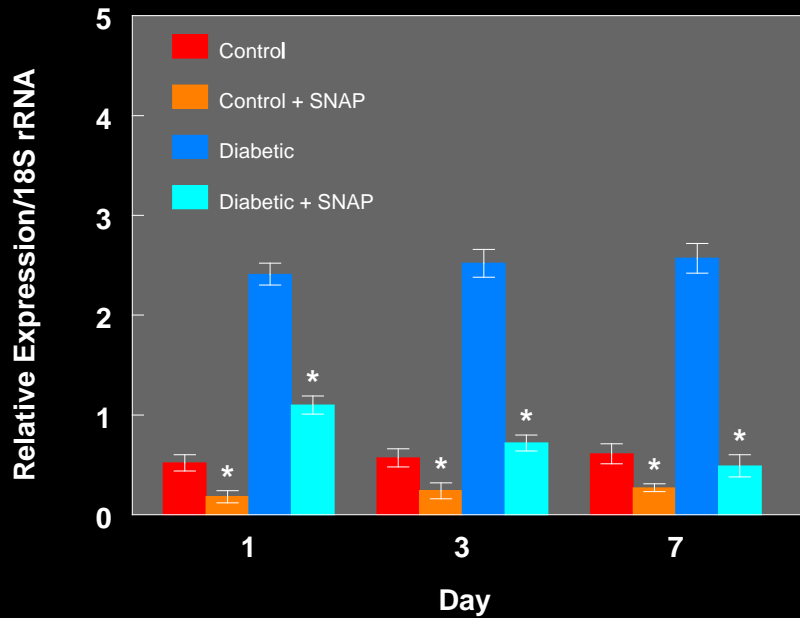


## Effect of SNOG on MMP-9 Expression

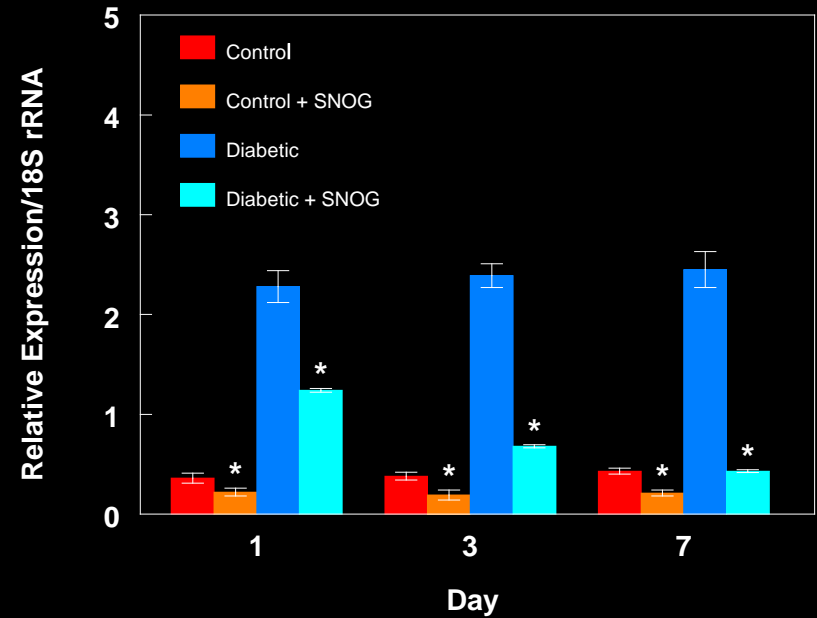


# Effect of Nitric Oxide Donors on MMP-8 Expression

## Effect of SNAP on MMP-8 Expression

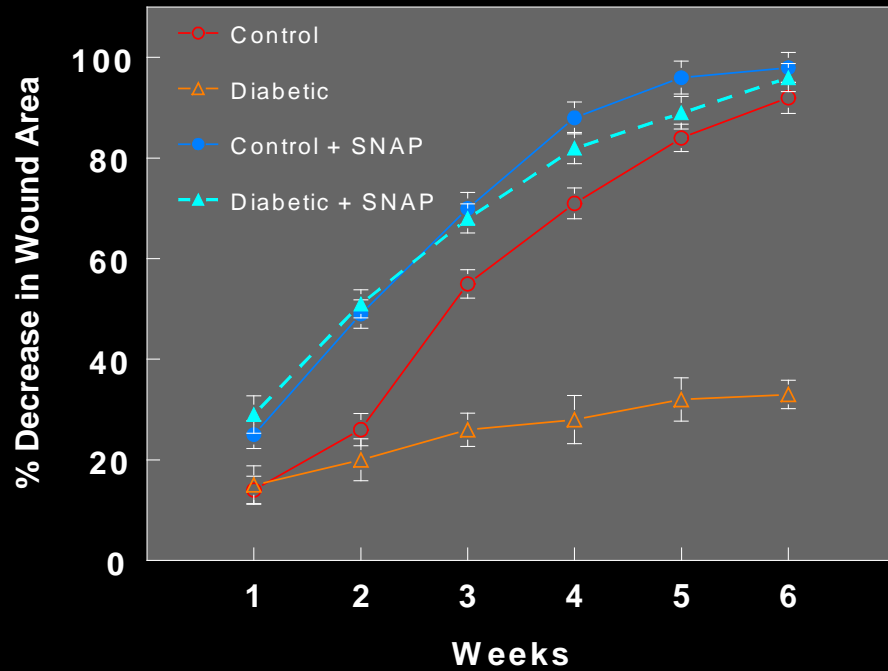


## Effect of SNOG on MMP-8 Expression

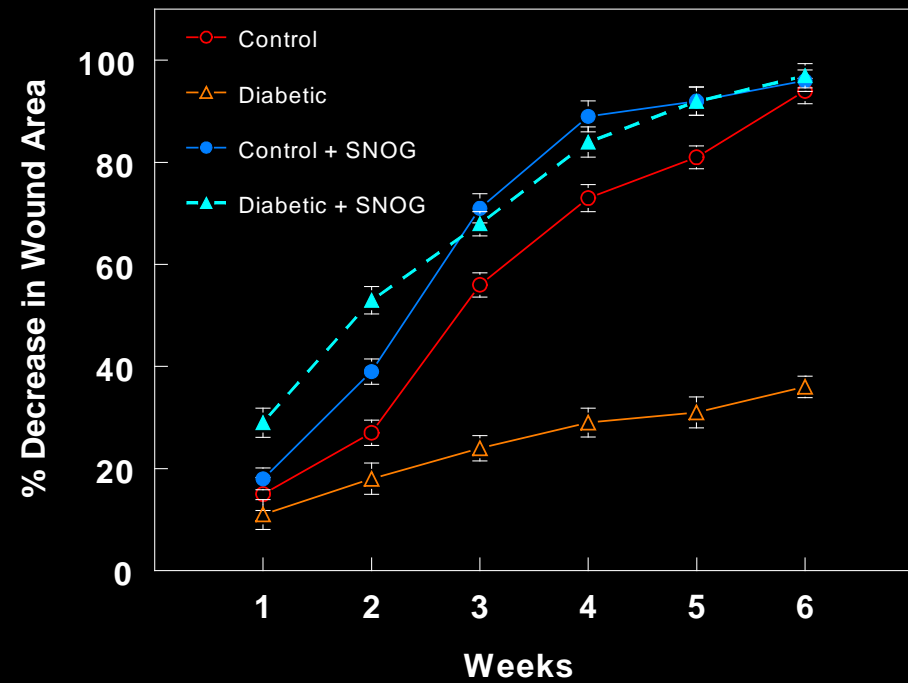


# Effect of Nitric Oxide Donors on Wound Healing

## Effect of Nitric Oxide on Wound Healing



## Effect of SNOG on Wound Healing



Questions?

# Chronic Wound Delayed Healing

**Repeated Trauma**  
**Local Tissue Ischemia**  
**Necrotic Tissue**  
**Heavy Bacterial Burden**  
**Tissue Breakdown**

**Prolonged Inflammation**  
**Stimulation of macrophage and neutrophils to wound bed**

**Activation of macrophages with release of cytokines**

**TNF $\alpha$  and IL-1 $\beta$**

**↑ Production MMPs and ↓ TIMPs**

**Degrades ECM**

- impaired cell migration
- impaired connective tissue deposition

**Degrades Growth Factors**