

# Human Dental Pulp Stem Cells as a Patient-in-a-Dish Model for Charcot-Marie-Tooth Disease Type 1A

*Commonly used acronym: DPSC-SC CMT1A*

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## Contact person

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## Organisation

**Name of the organisation** University of Hasselt (UHasselt)

**Department** BIOMED

**Specific Research Group or Service** Team FIERCE

**Country** Belgium

**Geographical Area** Flemish Region

## Partners and collaborations

University of Hasselt (UHasselt)

## SCOPE OF THE METHOD

<b>The Method relates to</b>	Human health
<b>The Method is situated in</b>	Basic Research, Translational - Applied Research
<b>Type of method</b>	In vitro - Ex vivo
<b>Specify the type of cells/tissues/organs</b>	Dental pulp stem cells

## DESCRIPTION

## **Method keywords**

Disease modeling  
mesenchymal stem cell  
Peripheral neuropathy  
Lentiviral transduction  
CRISPR-Cas9  
cellular differentiation  
Patient-derived

## **Scientific area keywords**

Charcot-Marie-Tooth disease type 1A  
demyelination  
basic research  
Schwann cells  
adult stem cells  
Human Stem cells

## **Method description**

Dental pulp stem cells (DPSC) are mesenchymal stem cells residing within the inner mucoid core (dental pulp) of teeth, responsible for tissue turnover and regeneration. Since third molars, or wisdom teeth, are frequently extracted for orthodontic reasons, DPSC are a highly accessible stem cell source. DPSC exhibit high proliferation rates and can be cryopreserved for long periods, rendering them suitable for biobanking. In addition, DPSC are embryonically derived from the neural crest lineage, sharing their origin with myelinating Schwann cells. Hence, we have developed a protocol to differentiate human DPSC towards functional Schwann cells called DPSC-SC. Furthermore, we have implemented these DPSC-SC as a novel research model for Charcot-Marie-Tooth disease type 1A (CMT1A). CMT1A is the most common demyelinating peripheral neuropathy. Previous research has evidenced that CMT1A animal models lack translatability and that human models are necessary to bridge the gap between preclinical and clinical research. We are using human DPSC-SC for CMT1A modeling by mimicking the disease using lentiviral transduction and CRISPR-Cas9 while also building a biobank of patient-derived DPSC-

SC.

### **Lab equipment**

Laminar Flow Cabinet, Incubator, Centrifuge

### **Method status**

Still in development

History of use

Internally validated

Published in peer reviewed journal

## **PROS, CONS & FUTURE POTENTIAL**

### **Advantages**

- Human disease model,
- Highly accessible,
- Cost-effective,
- Unique DPSC differentiation potential allows for derivation of more mature Schwann cells,
- Possibility of genetically engineering cells,
- Novel patient-derived biobank representing the heterogeneity of the disease,
- Drug screening.

### **Future & Other applications**

DPSC are currently being used for multiple regenerative applications in many fields of science including dentistry, oncology, and cardiology. DPSC-SC have potential in all research fields related to peripheral neuropathies. Our CMT1A model will undergo further optimization and will be used for generating 3D co-cultures with neuronal cells to investigate myelination defects.

## **REFERENCES, ASSOCIATED DOCUMENTS AND OTHER INFORMATION**

### **References**

Martens W, Sanen K, Georgiou M, et al. Human dental pulp stem cells can differentiate into Schwann cells and promote and guide neurite outgrowth in an

aligned tissue-engineered collagen construct in vitro. FASEB J. 2014;28(4):1634-1643.  
doi:10.1096/fj.13-243980

### **Associated documents**

[The FASEB Journal - 2013 - Martens - Human dental pulp stem cells can differentiate into Schwann cells and promote and \(2\).pdf](#)

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