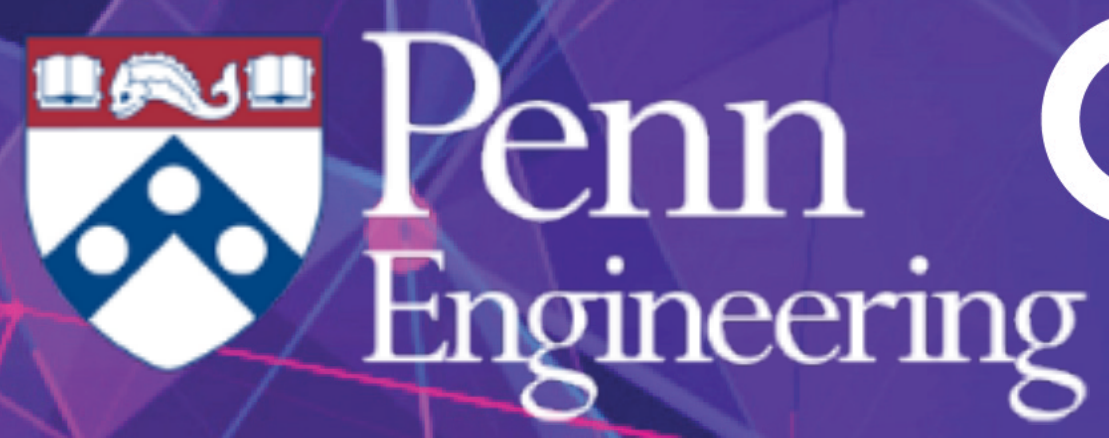


# Decellularized Meniscus Scaffolds for Laryngotracheal Reconstruction in a Porcine Model

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## MOTIVATION

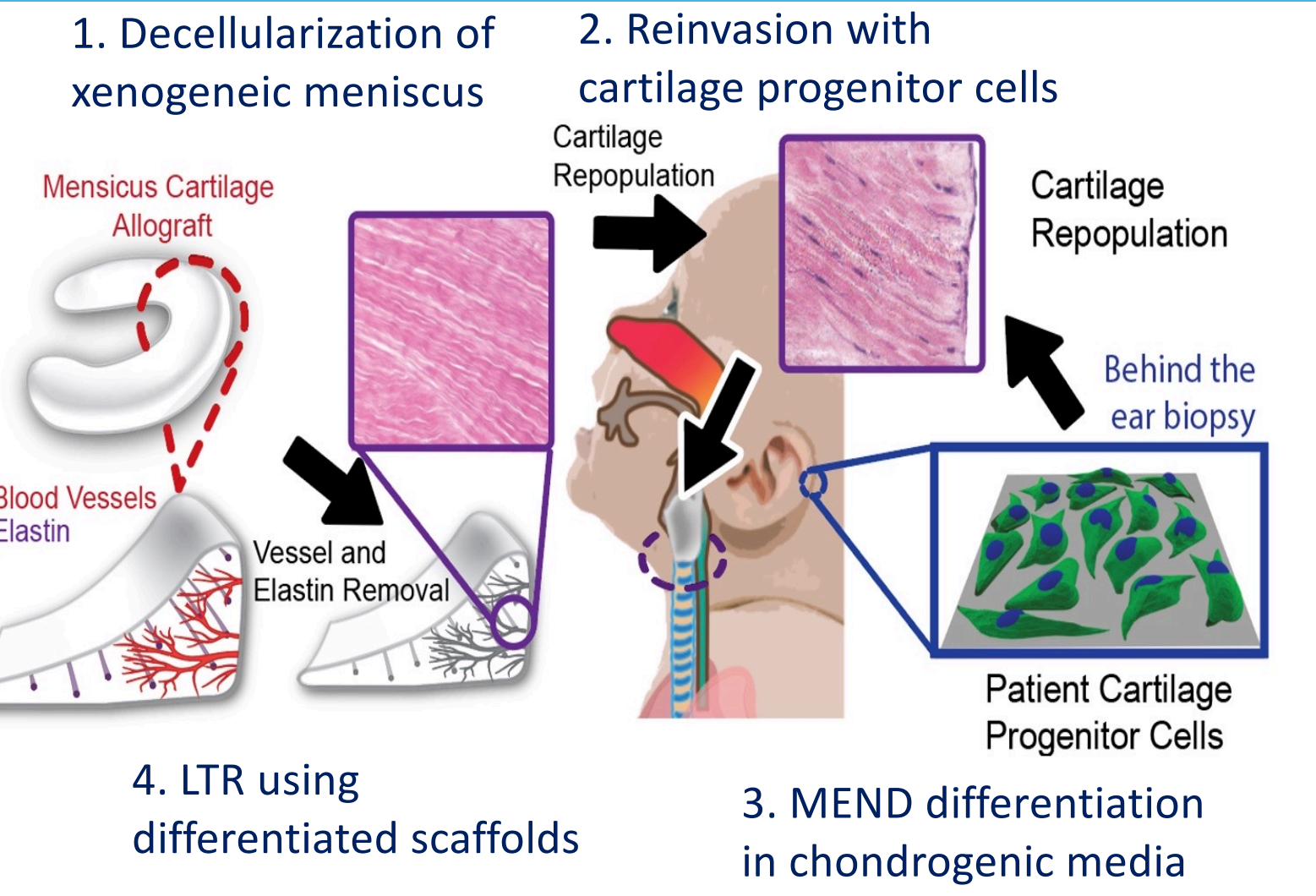
**Subglottic stenosis (SGS)** is the narrowing of the airway caused by scar tissue build-up leading to difficulty breathing

In **pediatric patients** each day of intubation increases the risk of SGS by 50%. Particularly prevalent issue in the NICU.

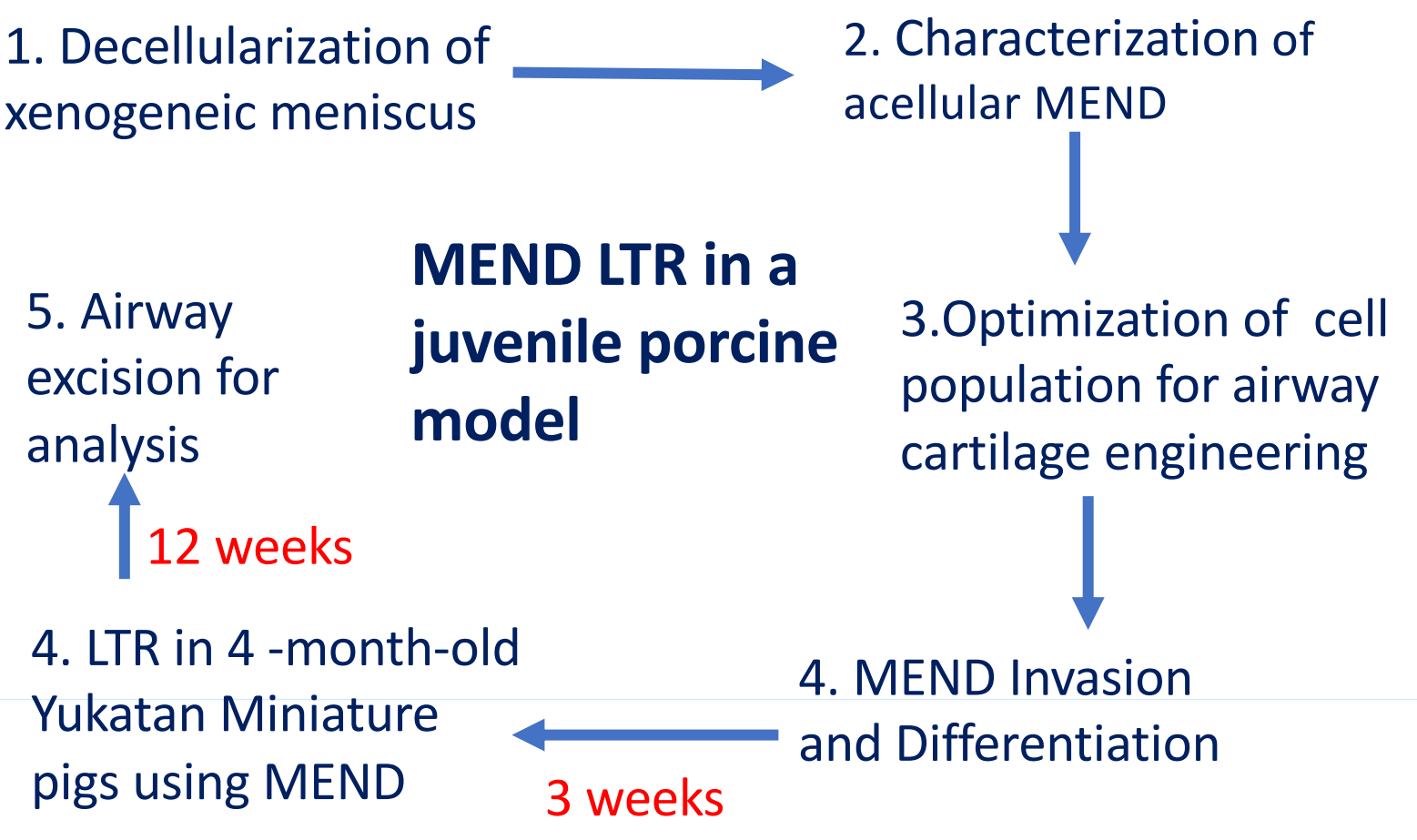
**Standard of care** for severe SGS is laryngotracheal reconstruction (LTR) using autologous cartilage. Drawbacks of this approach include donor site morbidity and limited size of available cartilage.

These shortcomings can be averted by the creation of a **decellularized meniscus scaffold (MEND)** for LTR

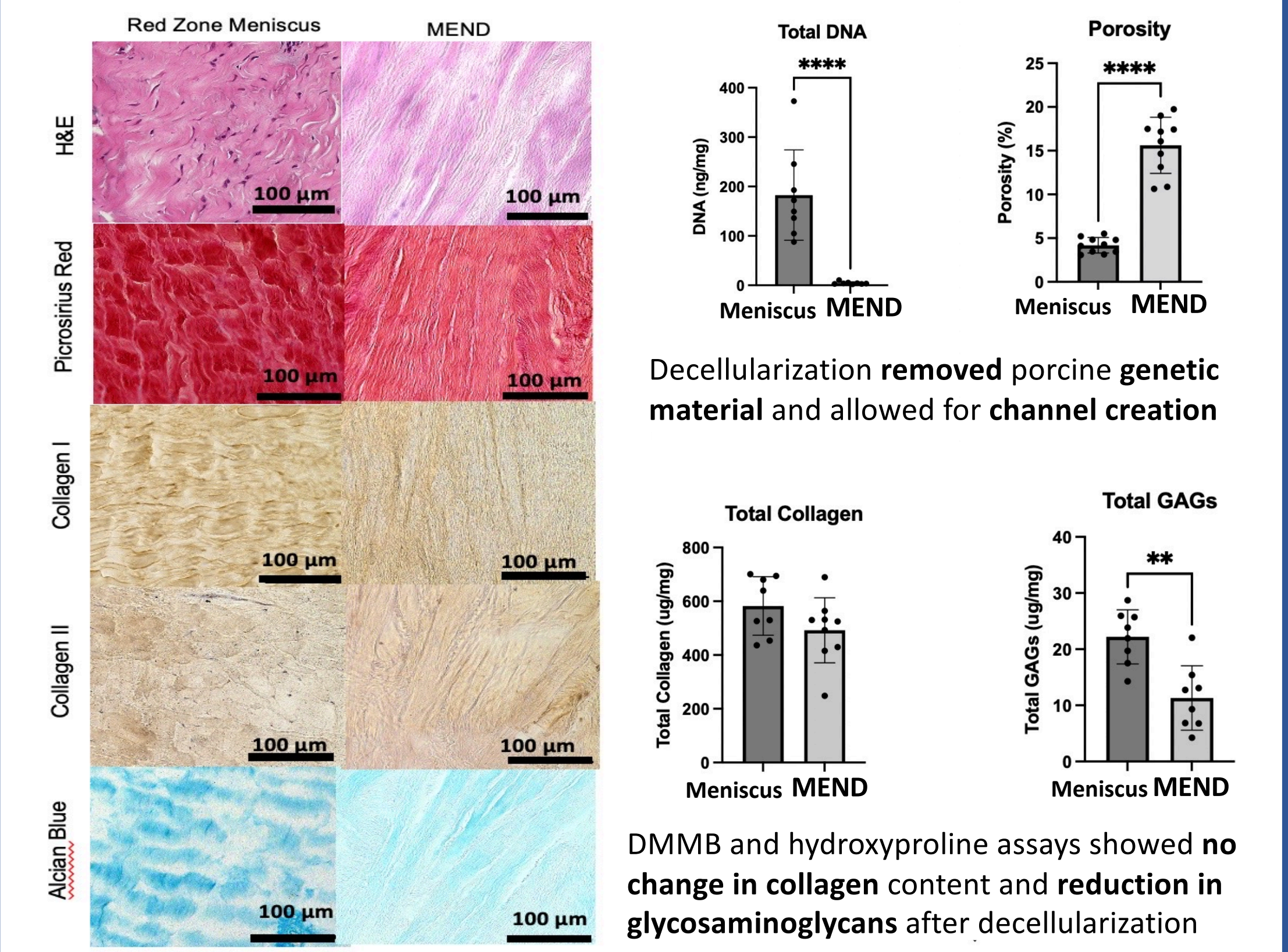
## APPROACH



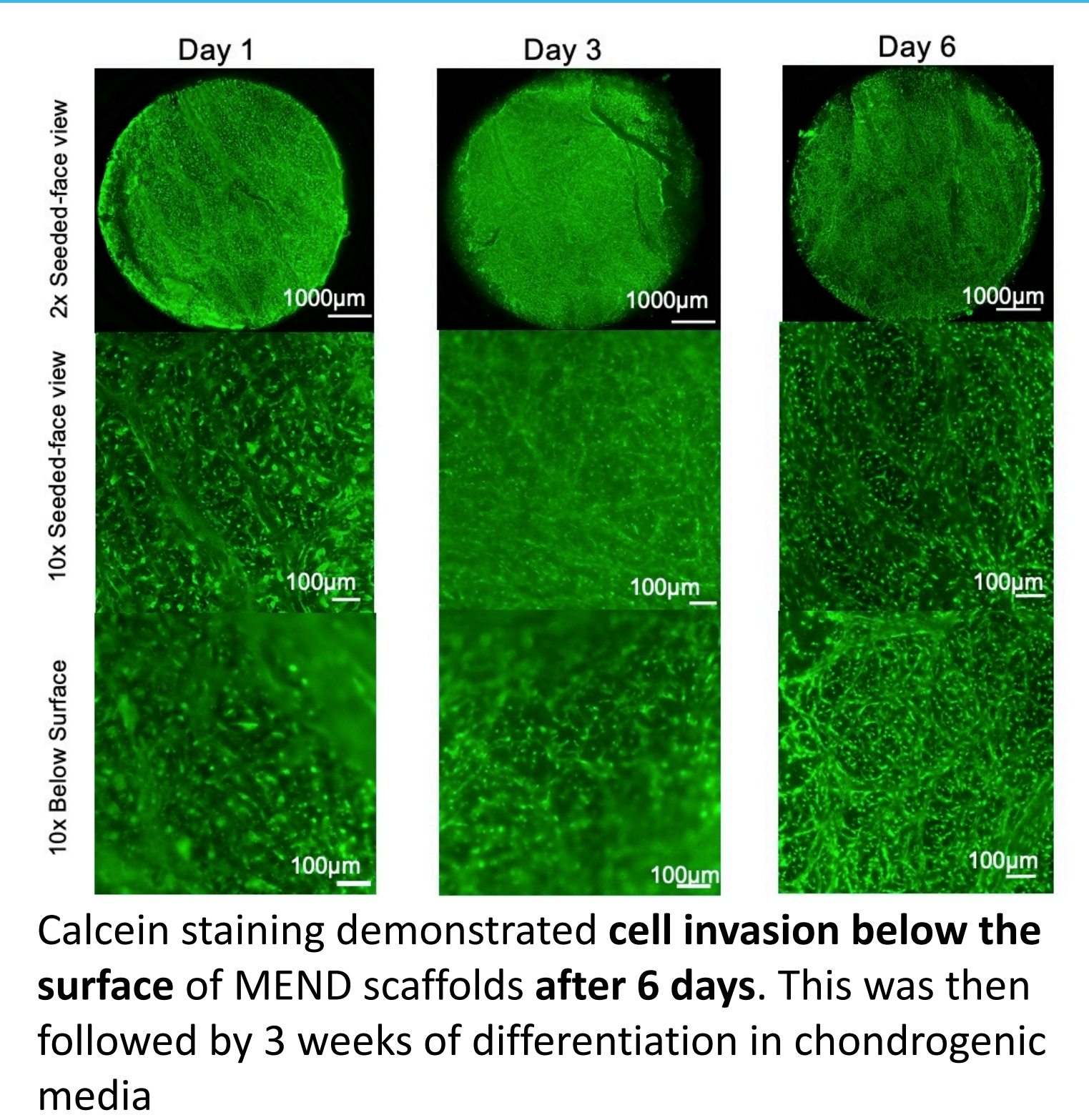
## EXPERIMENTAL PLAN



## MENISCUS DECELLULARIZATION



## IN VITRO MEND CHARACTERIZATION



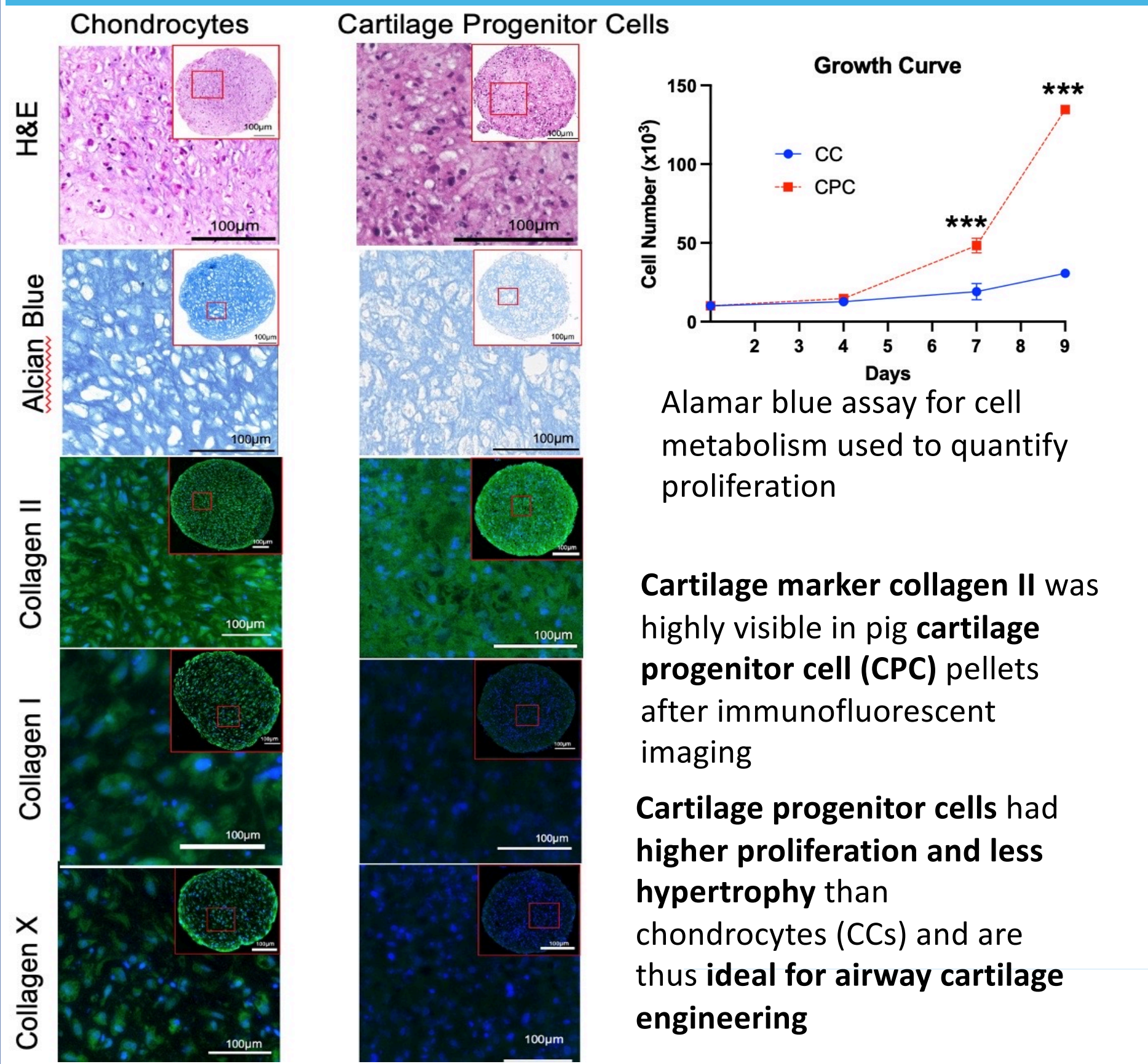
## CONCLUSIONS

Meniscus decellularization increased porosity and successfully removed all genetic material whilst mostly maintaining meniscal biochemical properties. Due to their lack of hypertrophic markers and rapid growth CPCs are an optimal cell type for cartilage engineering. MEND is fully penetrated by CPCs 6 days after invasion. MEND used in pig LTR demonstrated integration with native cricoid as well as neocartilage formation.

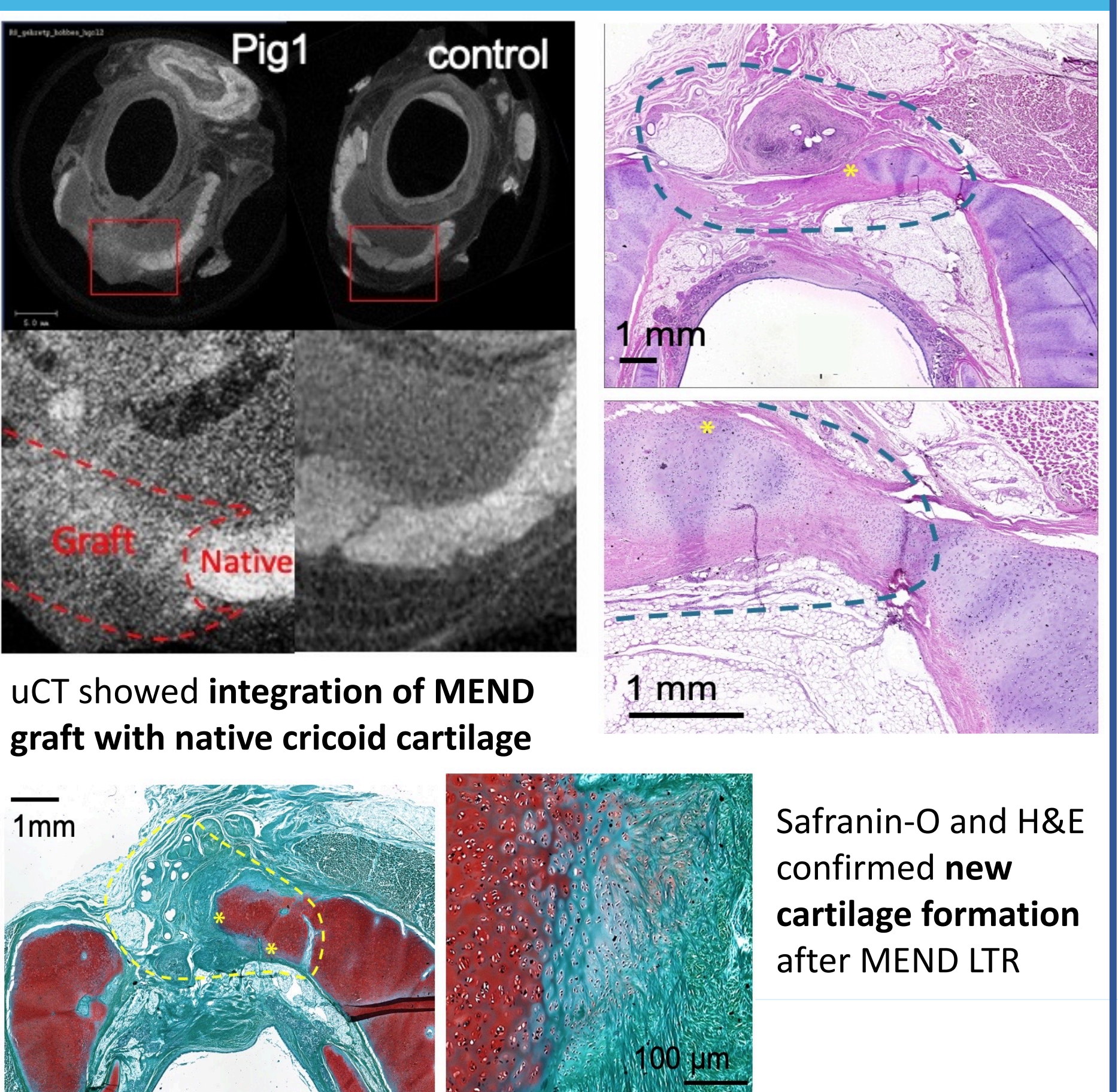
## NEXT STEPS

- Remaining work:**
- PCR validation of CPC and CC pellet findings
  - Histological analyses of native airway
  - Mechanical testing of MEND after *in vivo* study
- Future studies:**
- Understanding which cells in native airway integrate into MEND (*in vivo*)
  - Investigation of immune response following MEND implantation

## OPTIMIZING CELL POPULATION FOR CARTILAGE ENGINEERING



## MEND LTR



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## REFERENCES

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