Telocytes in Human Embryonic Development: A Preliminary Microscopic Anatomy Study

SUMMARY: Telocytes are a cell population described in 2011 with a multitude of functions such as tissue support, regulation of stem cell niches or intercellular signal transmission. However, there are no studies about their embryonic origin, their function in development, or their moment of appearance. The objective of this work is to try to answer these questions through histological and immunofluorescence studies with samples from the embryological collection of the Department of Anatomy of the University of Granada. In the results obtained, as demonstrated by immunofluorescence for CD34, the presence of these cells can be seen in the fourth week of embryonic development in the perinotochordal region. Its presence is evident from the sixth week of development in a multitude of organs such as the heart, skeletal muscle tissue and supporting tissue of various organs such as the kidney, brain or pericardium. Its function seems to be when the embryonic histological images are analyzed in an evolutionary way, to act as a scaffold or scaffold for the subsequent population by mature tissue elements. In conclusion, telocytes appear at a very early stage of embryonic development and would have a fundamental role in it as scaffolding and directors of organ and tissue growth.

KEY WORDS: Telocytes; Human embryonic development; Microscopic anatomy; CD34; Scaffold.

INTRODUCTION

Telocytes, a cell population discovered by (Popescu & Faussone-Pellegrini, 2010), have been described in the most diverse tissues from the point of view of ontogeny such as heart, skin or colon, both in different animals and humans (Awad & Ghanem, 2018; Liu et al., 2019; Gandahi et al., 2020; Zurzu et al., 2021). In addition, these cell types have also been detected in tumor tissues (Varga et al., 2019; Aleksandrovych & Gil, 2021; Díaz-Flores et al., 2023). Morphologically, telocytes are elongated and nucleated cells that are connected by extensions known as telopods (Yang et al., 2023). They are characterized by expressing CD34, CD117 and PDGFR-a, although some authors define them with a single marker as stromal-CD34 positive (Popescu & Faussone-Pellegrini, 2010; Xu et al., 2019; Díaz-Flores et al., 2021). Various functions such as regulation of tissue stem cell niche, tissue support or transmission of biochemical and electrical signals have been attributed to telocytes (Babadag & Çelebi-Saltik, 2022). Some studies suggested a role in injury repair, vascular regeneration, and cell communication (Díaz-Flores et al., 2016; Bernier-Latmani et al., 2022). The presence of telocytes in human testicles has been related to blood-testis barrier and angiogenesis process (Marini et al., 2018). In addition, it has been shown that these cells could have their origin in the gastrointestinal stromal tumors (GISTs) and that they would be related to the Cajal interstitial cells that develop nervous functions as constituents of the intestinal myenteric plexus (Rusu et al., 2015; Varga et al., 2019). However, little information is known about the role of telocytes in human embryonic development including organs in which they may be located, time of appearance and functions (Sander, 2002; Medvinsky et al., 2011; Som et al., 2014).
Therefore, the objective of this article was to carry out a preliminary study of the presence of telocytes during human embryonic development, their embryological origin and their function.

MATERIAL AND METHOD

Histological sections of human embryos. Histological sections of human embryos were obtained from the embryo histological collection of the Department of Human Anatomy and Embryology (University of Granada) with prior authorization. A detailed study of hematoxylin-eosin stained histological sections of different embryos and stages (Table I) was carried out using a Leica microscope (Wetzlar, Germany).

Immunofluorescence studies. An immunofluorescence study to determine the expression of CD34 was carried out to corroborate the presence of telocytes. In sections, which was exposed to in xylol (5 days) to detach coverslips, were rinsed with PBS, permeabilized with 0.3 % Triton X100 for 15 min and blocked with goat serum for 1 h at room temperature. The sections were incubated with antibodies FITC-conjugated anti-human CD34 (1:100) (BD Biosciences, San Jose, CA, USA; AbCam, Cambridge, UK) for 1 h at room temperature. Finally, after wash with PBS, the nuclei were counterstained using DAPI (Santa Cruz, USA) for 5 min at room temperature. The images were obtained with a photographic microscope (Nikon Eclipse Ni, Melville, USA).

RESULTS

In order to determine the presence of telocytes in human embryos we carried out an immunofluorescence staining in NOG-1 section (4 weeks) showing the existence of a CD34 positive cell populations (CD34 stromal cells/telocytes) distributed homogeneously in the perinotochordal region and in the surrounding regions of the neural tube (Fig.1). This observation was strongly supported by the analysis of the

Table I. Embryos and stages.

<table>
<thead>
<tr>
<th>Code</th>
<th>Weeks</th>
<th>Days</th>
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<tbody>
<tr>
<td>NOG-1</td>
<td>4</td>
<td>28</td>
</tr>
<tr>
<td>SG-1</td>
<td>6</td>
<td>44</td>
</tr>
<tr>
<td>EA-3</td>
<td>7</td>
<td>54</td>
</tr>
<tr>
<td>AM-1</td>
<td>10</td>
<td>72</td>
</tr>
<tr>
<td>X-8</td>
<td>11</td>
<td>79</td>
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Fig. 1. Telocytes in human embryo. Telocytes in human embryo. A. Human embryo section (NOG-1 section) at the fourth week of development. Scale bar, 500 µm; B. CD34 immunofluorescence staining (NOG-1 section) showing a positive and homogeneous telocytes population throughout the perinotochordal region and surrounding neural tube. Scale bar, 200 µm. C. Hematoxylin and eosin images of human embryo (SG-1 section) at the sixth week of embryonic development showing the presence of telocytes as elongated cells attached to each other (arrows). Scale bar, 500 µm. Detail of the image (right) Scale bar, 100 µm.
hematoxylin-eosin images at the sixth week of embryonic development showing cells morphologically compatible with telocytes with an elongated morphology and extensions compatible with telopods. Interestingly, these cells were observed in the perinotochordal region next to the neural tube (Fig. 1C).

In the weeks after, telocytes appeared in different regions. In fact, in the seventh week they were observed in the perirenal, pericardial and periencephalic tissue, in the perivertebral region and in the hand subcutaneous tissue (Fig. 2). In the eleventh week of development, telocytes were observed for the first time in the myocardial and endocardial region (Fig. 2F).

Interestingly, the embryonic supporting tissues with telocytes were populated in the following weeks by other cell types. For example, the perivertebral telocytes observed at the seventh week of development (Fig. 3) were replaced by striated muscle cells that were clearly visible at the tenth week.
DISCUSSION

Morphologically, the cells detected in the histological analyzes presented are telocytes since they present elongated morphology and extensions compatible with telopods. In fact, articles published by Bani et al., (2010) and Rusu et al. (2015) show cells in the embryonic heart between 6-8 weeks morphologically similar to those we described that are positive for CD34, which would reinforce that they are telocytes or CD34 positive stromal cells.

In our study, telocytes were clearly visible from the sixth week of embryonic development in different human embryonic tissues. For example, in the sixth-seventh week of development they were observed in different regions such as perinotochordal or supporting tissues. In the heart of morphological form they were observed in the eleventh week of human embryonic development.

Another remarkable phenomenon to describe is that the supporting tissues at the embryonic level that present telocytes were populated in the subsequent weeks by other cell types. For example, by the seventh week of development, perivertebral telocytes were seen, which were replaced by striated muscle cells by the tenth week. This seems to indicate that telocytes act as a kind of scaffolding during embryonic development that allows the direction and anchoring of other cell populations, thus allowing tissue growth. In tissue engineering, it is usually referred to scaffolds, which are nothing more than biological or synthetic scaffolds where cells settle when artificial tissues are developed (Rahmati et al., 2018; Eltom et al., 2019). In this discipline, the use of scaffolds is essential for the growth and development of these tissues in vitro or in bioreactors from stem cells. It is very likely that telocytes are the natural scaffold that embryonic tissues present and that allows development and growth during this stage. If so, it is possible that these cells in coculture with stem cells could promote the regeneration of damaged organs by helping to direct their growth, development, and regeneration. They could be something like the “Holy Grail of Regenerative Medicine”.

These cells appear very early in embryonic development. When performing immunofluorescence studies with CD34, we observed positivity in human embryos at 4 weeks of development in the perinotochordal region and surrounding neural tube. Undifferentiated embryonic cells do not usually express CD34 but rather other markers such as Nanog, OCT4 or SOX2; while hematopoietic stem cells are not found in this region of the embryo but in the primitive yolk sac or lecytocele (Takahashi & Yamanaka, 2006). For all these reasons, this cellular positivity suggests that they are telocytes or CD34 positive stromal cells. Our hypothesis, taking into account their place of appearance, is that they are mixed cells between ectoderm and mesoderm arising from Hensen’s node or primitive pit and that move perinotochordally populating the embryonic tissues progressively (Fig. 4). In addition, to reinforce all this, it should be noted that in the sixth week of development, cells morphologically compatible with telocytes were observed in the perinotochordal region, as shown in the hematoxylin-eosin images.

The biological importance of telocytes in embryonic development is confirmed by the fact that they have been found in lower animals such as the leech or the bee (De
If we take into account Ernest Haeckel’s phrase “ontogeny is a recapitulation of phylogeny”, the presence of these cells in lower animals would justify their presence in early stages of development, which shows that the function of these cells is very likely essential for embryonic development (Pulze et al., 2017).

Finally, in view of our preliminary results, telocytes appear very early in embryonic development at the perinotochordal region and the surrounding neural tube and are replaced by other cell types throughout development. These data allow us to hypothesize that telocytes could be cells between the ectoderm and the mesoderm that arise from Hensen’s node or primitive fossa and that move perinotochordally, progressively populating the embryonic tissues (Fig. 4).

**CONCLUSION**

Telocytes appear very early in human embryonic development (3rd week of development) and are present in a wide variety of tissues, indicating a basic and essential function that could be related to their action as scaffolds and regulators of embryonic stem cells. Most likely, they will be a crucial element in the coming times in the development of disciplines such as tissue engineering and regenerative medicine.

**ACKNOWLEDGEMENTS.** The authors are grateful to María Dubus Martos for the design of Figure 4.
REFERENCES


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