

Células Satélites e seu papel no músculo esquelético

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Conteúdo

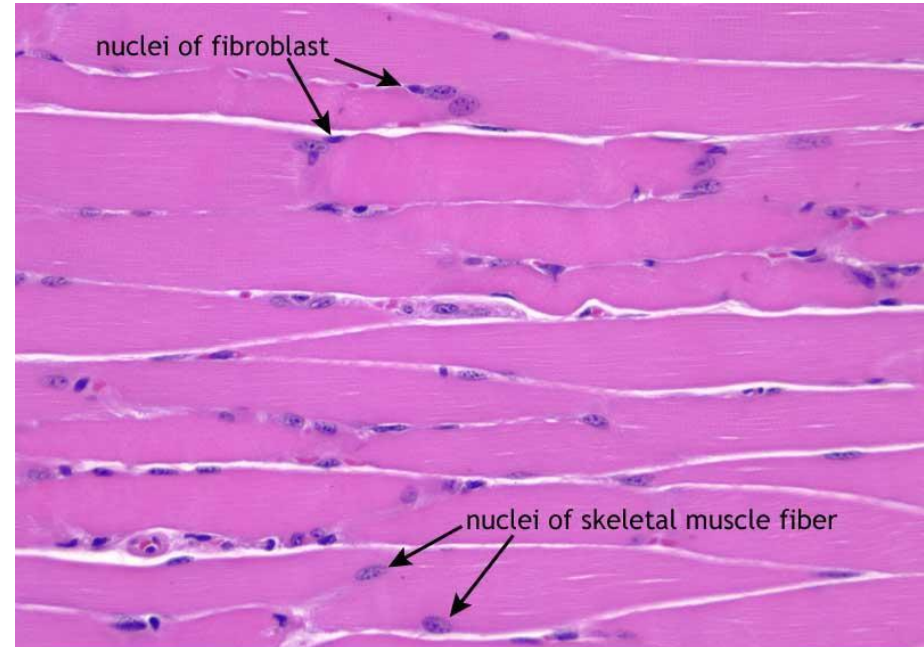
- Músculo esquelético e capacidade adaptativa
- Hipertrofia: conceito e caracterização
- Processos envolvidos na hipertrofia muscular
- Células Satélites e seu envolvimento no processo de hipertrofia/hiperplasia

Músculo Esquelético

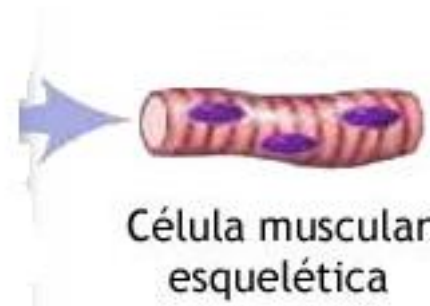
- Muito estudado

-Células maduras com formato cilíndrico e alongado contendo de dezenas a milhares de mionúcleos periféricos

- Tecido altamente plástico que altera suas características funcionais, morfológicas e metabólicas em respostas à mudanças na quantidade e/ou no padrão da atividade neuromuscular



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(Allen et al., 1999)

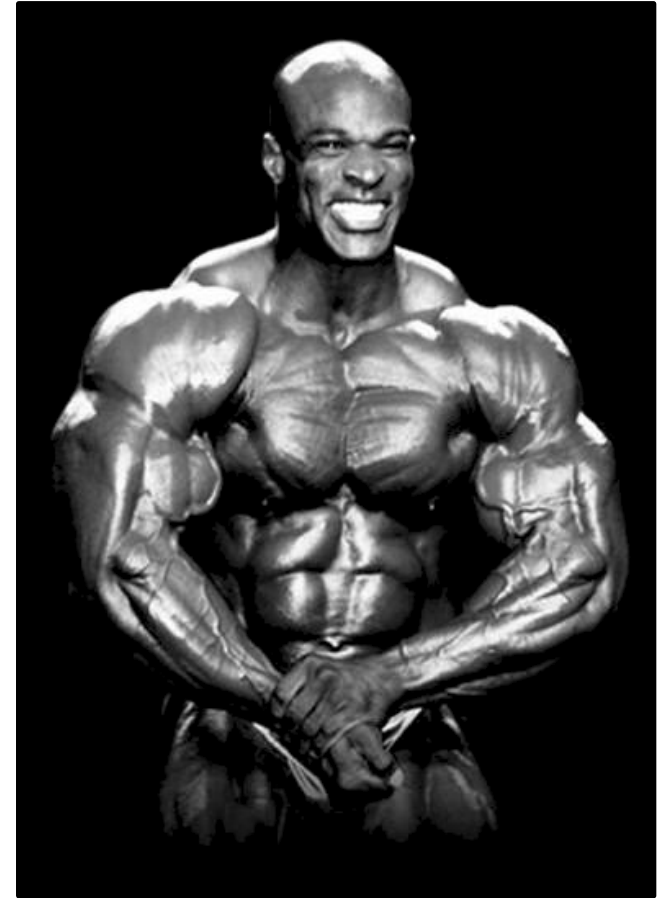
Demanda para adaptação:

- Número de ativações musculares
- Carga/resistência imposta para sua execução

Hipertrofia

**O que é hipertrofia
muscular??**

Hipertrofia Muscular

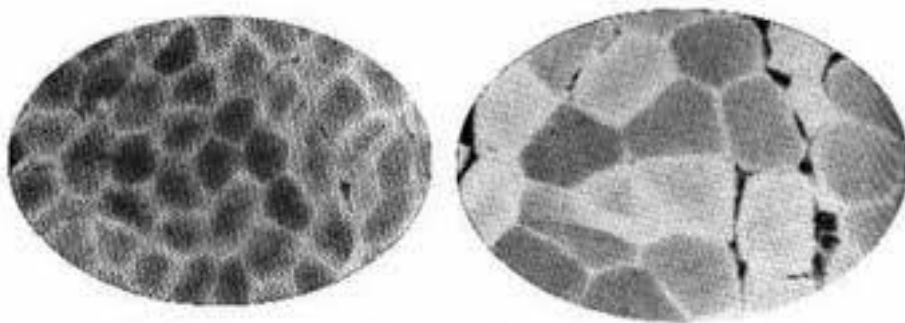


Trofismo = Volume

Processo de remodelamento onde ocorre um aumento da massa muscular esquelética.

(FRY, 2004)

Aumento na área de secção transversa do músculo que envolve biossíntese de novas estruturas envolvidas na contração muscular



(GLASS, 2003).

Com a hipertrofia, observa-se um aumento no tamanho das células

Hipertrofia Muscular

Tipos de hipertrofia muscular

- Transitória
- Crônica



➤ Transitória

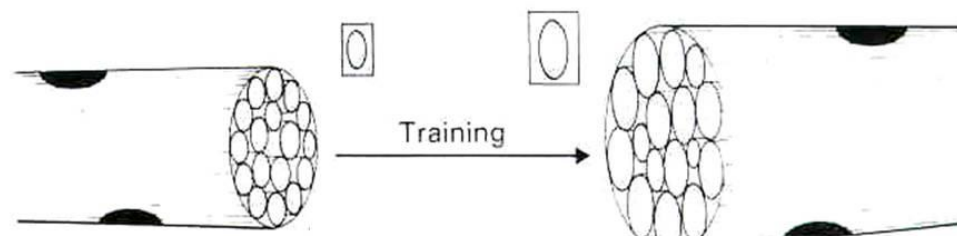
- Aumento do volume do músculo que ocorre durante a sessão de exercício.
- Edema intersticial e intracelular
- Curto período de tempo (poucas horas após a sessão)



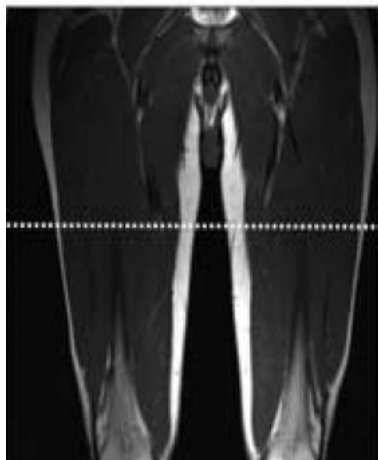
Hipertrofia Muscular

Tipos de hipertrofia muscular

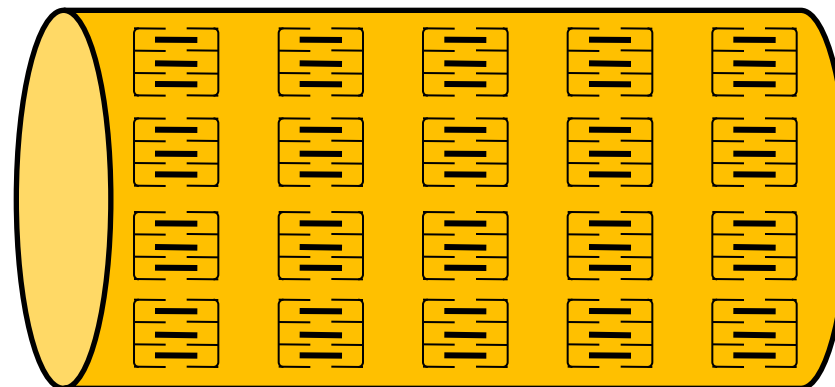
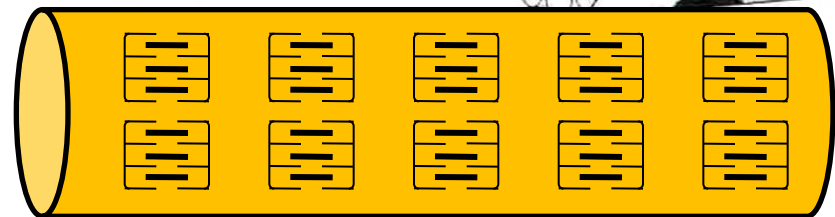
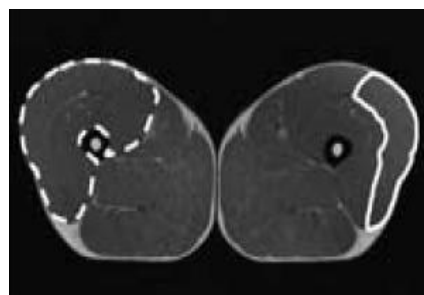
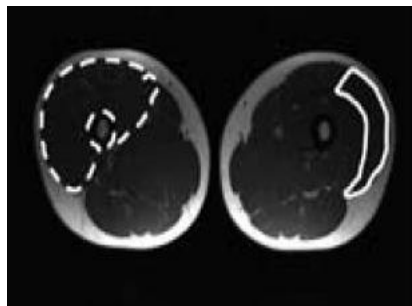
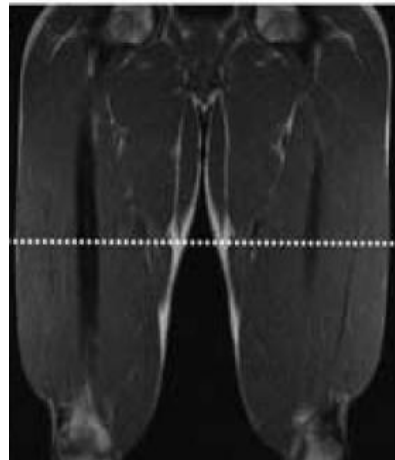
➤ Crônica



Controle



Body builder

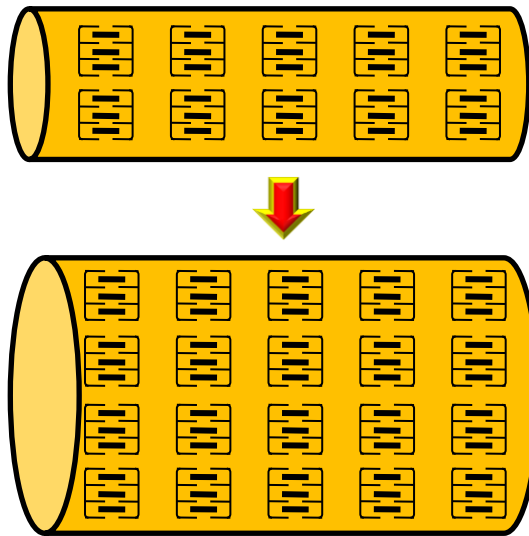


Aumento no número de sarcômeros em paralelo

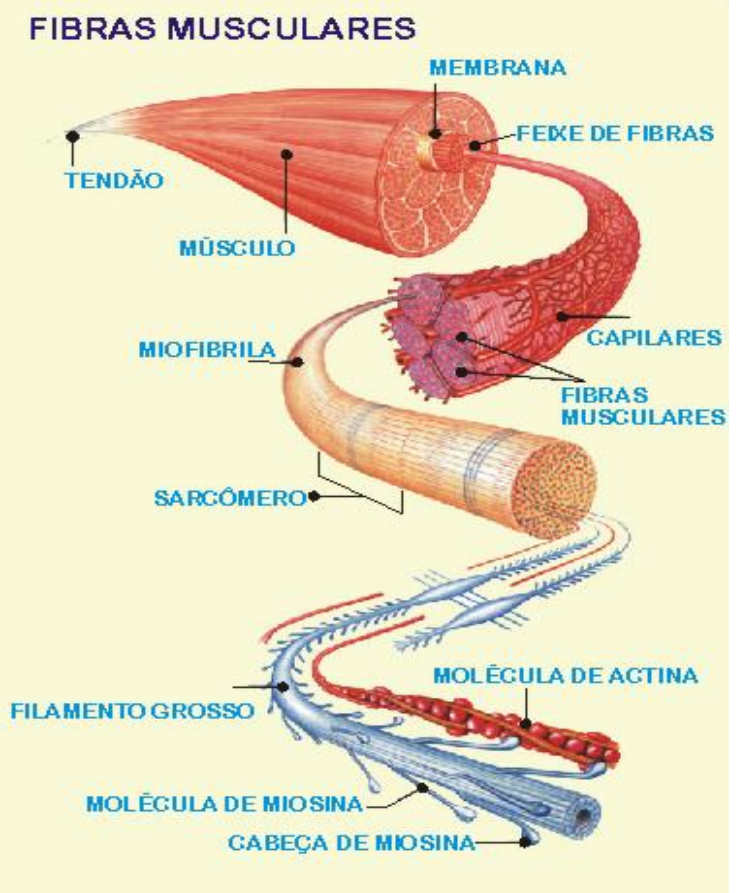
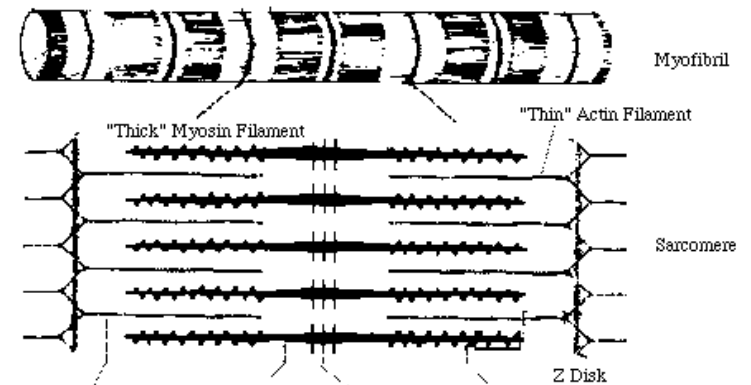
Hipertrofia Muscular

Tipos de hipertrofia muscular

➤ Crônica



**Aumento no número
de sarcômeros em
paralelo**



Hipertrofia Muscular

Principais estímulos

- Mecânico
- Metabólico
- Hormonal



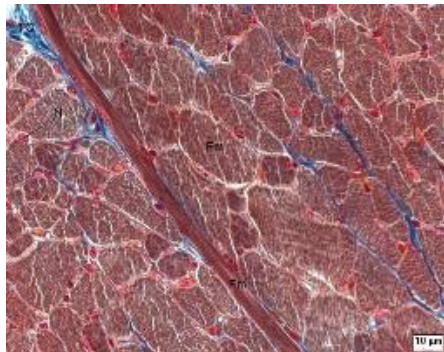
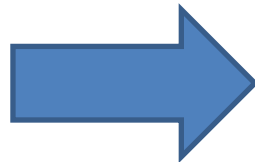
Hipertrofia Muscular

Processos envolvidos na hipertrofia muscular

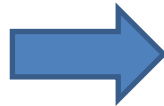
- Acréscimo de proteínas contráteis
- Ativação e proliferação de células satélites

**COMO OCORRE O ACRÉSCIMO DE PROTEÍNAS
CONTRÁTEIS À FIBRA MUSCULAR ESQUELÉTICA??**

Acréscimo de Proteínas Contráteis - Síntese Protéica



Microlesões



Transcrição do filamento molde



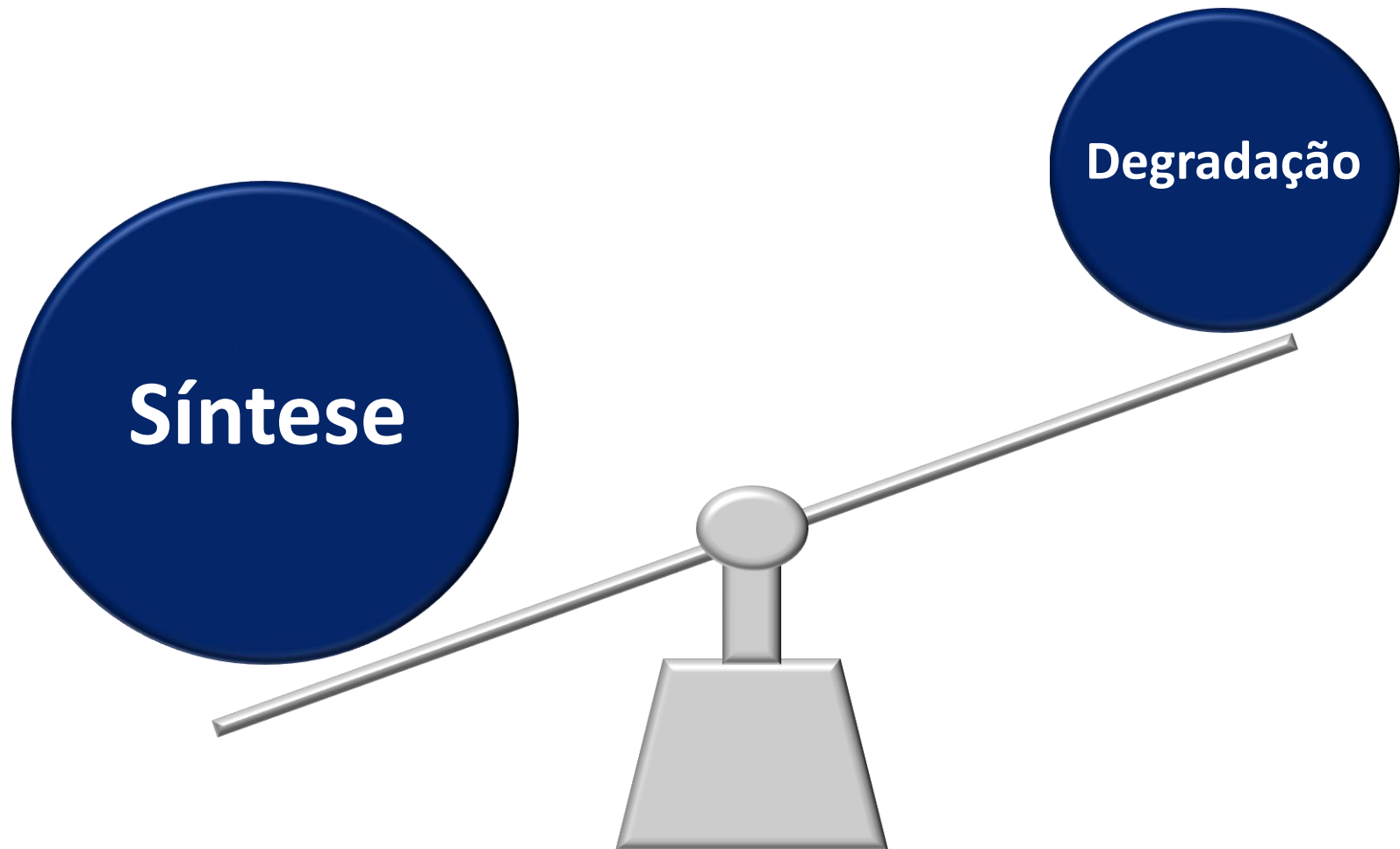
Tradução



Adaptado de: Brown, T. A. *GENÉTICA um enfoque molecular.*

Hipertrofia Muscular

Acréscimo de proteínas contráteis

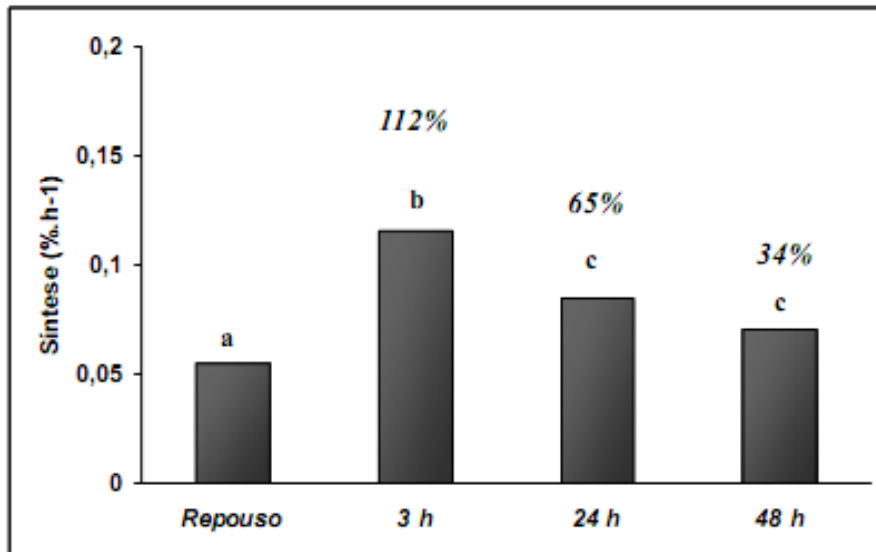


Hipertrofia Muscular

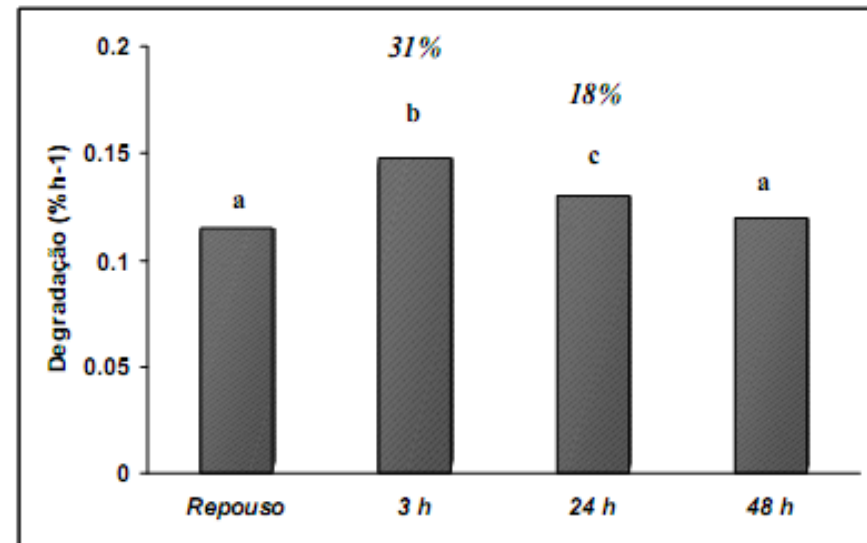
Acréscimo de proteínas contráteis

◆ Phillips e col. (1997)

- 4 mulheres, 4 homens
- extensão de joelho 80% 1RM
- 8 séries x 8 reps



Phillips et al. (1997)



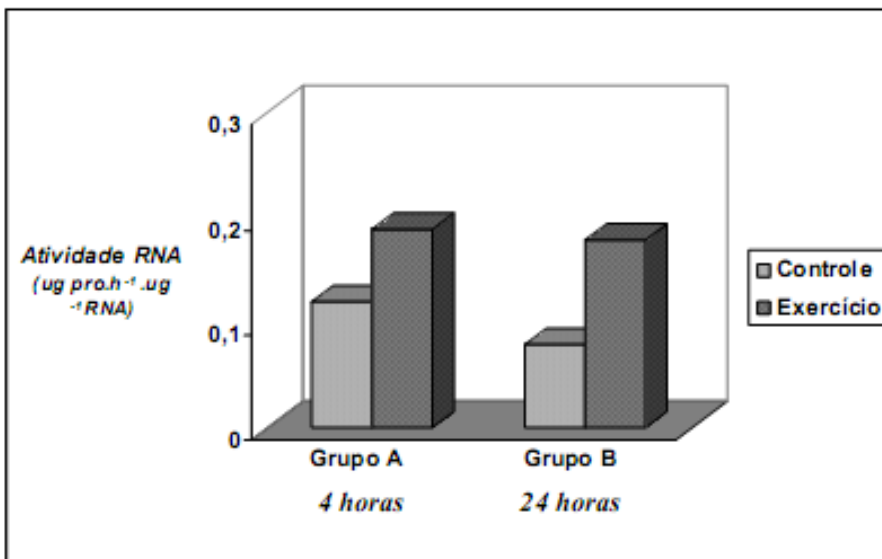
Phillips et al. (1997)

Hipertrofia Muscular

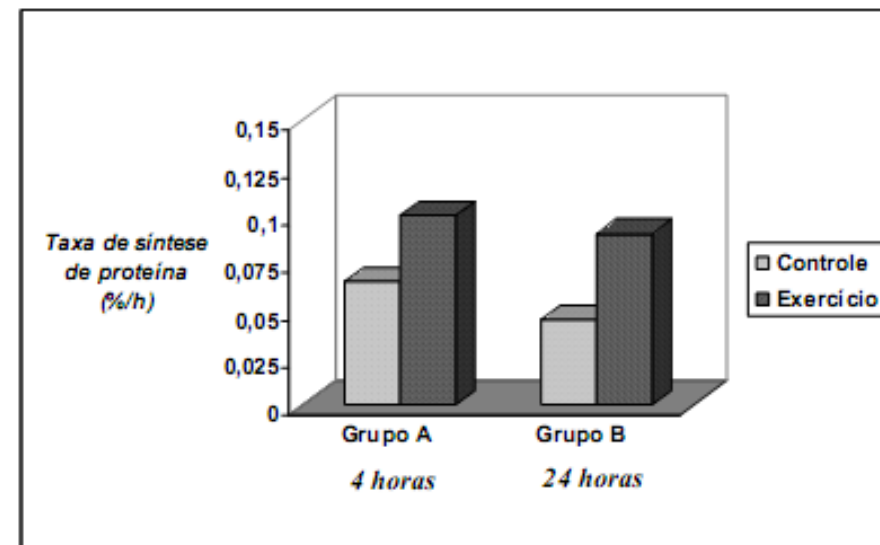
Acréscimo de proteínas contráteis

◆ Chesley e col. (1992)

- 12 homens, 2 grupos
- flexão de cotovelo unilateral 80% 1RM
- 4 séries x 6-12 reps



Chesley et al. (1992)

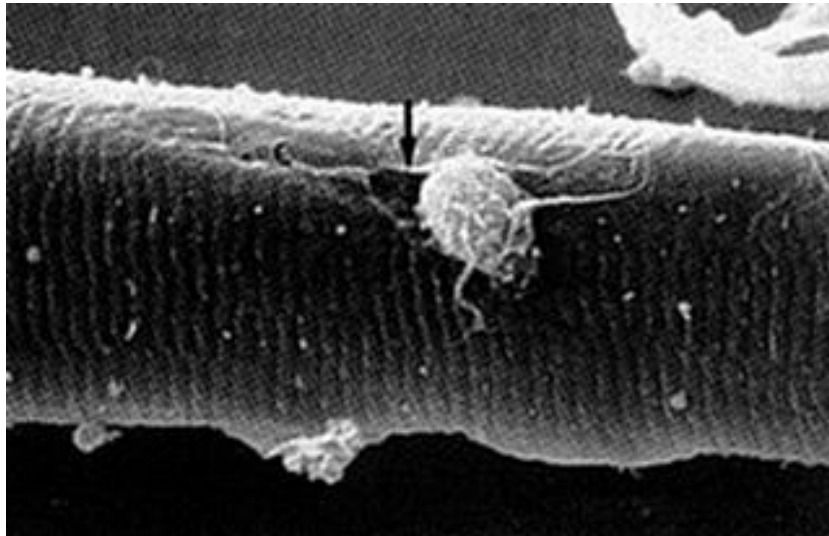


Chesley et al. (1992)

Ativação e proliferação de células satélites

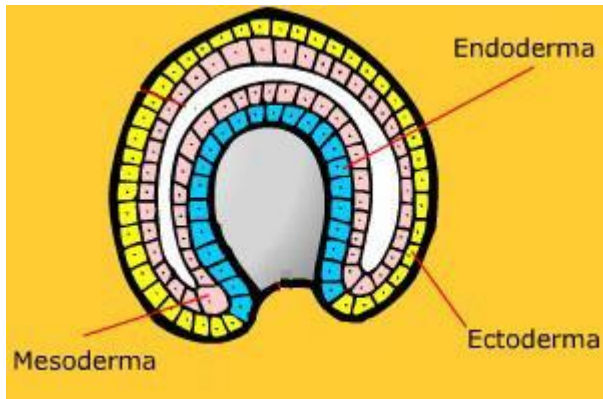
Células Satélites

Células precursoras de tecido muscular esquelético, quiescentes, com alto potencial mitótico, indiferenciadas e mononucleadas localizadas na periferia das fibras maduras em íntima conexão com sua membrana basal.

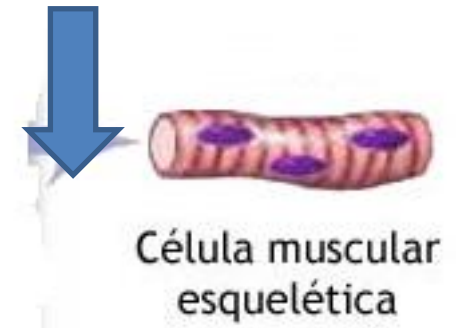
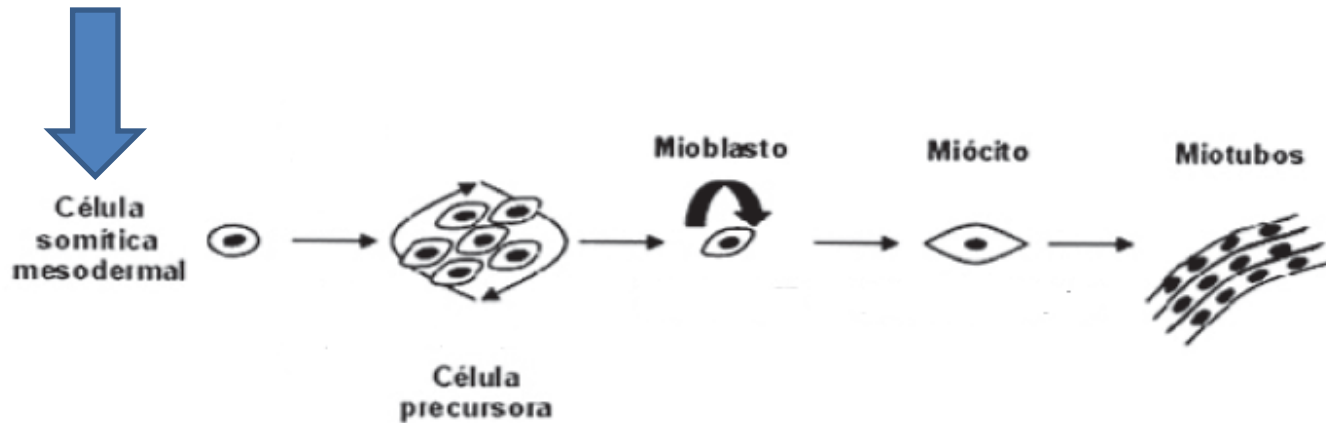


(Foschini et al, 2004)

Origem – Formação Embrionária



Folhetos germinativos de células precursoras que dão origem aos tecidos humanos



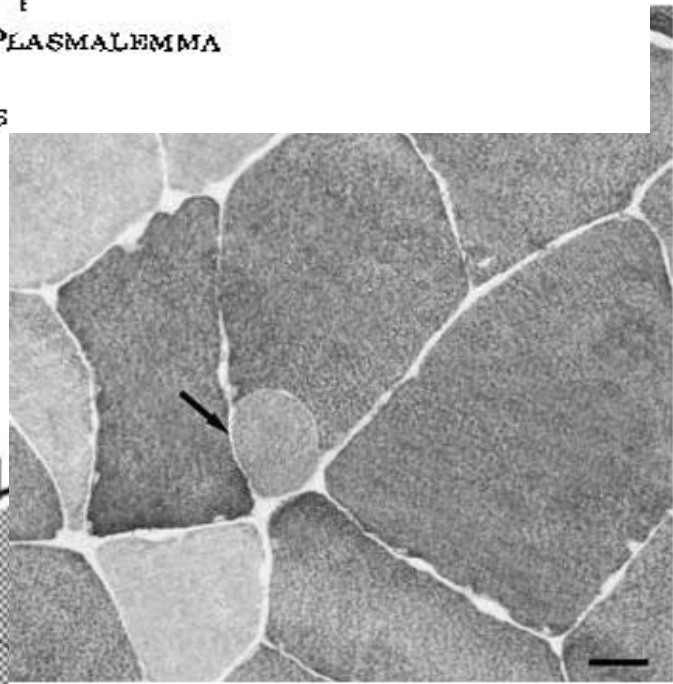
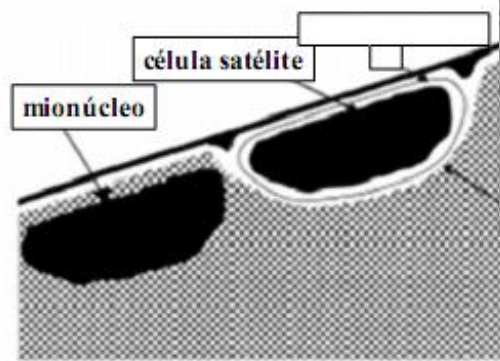
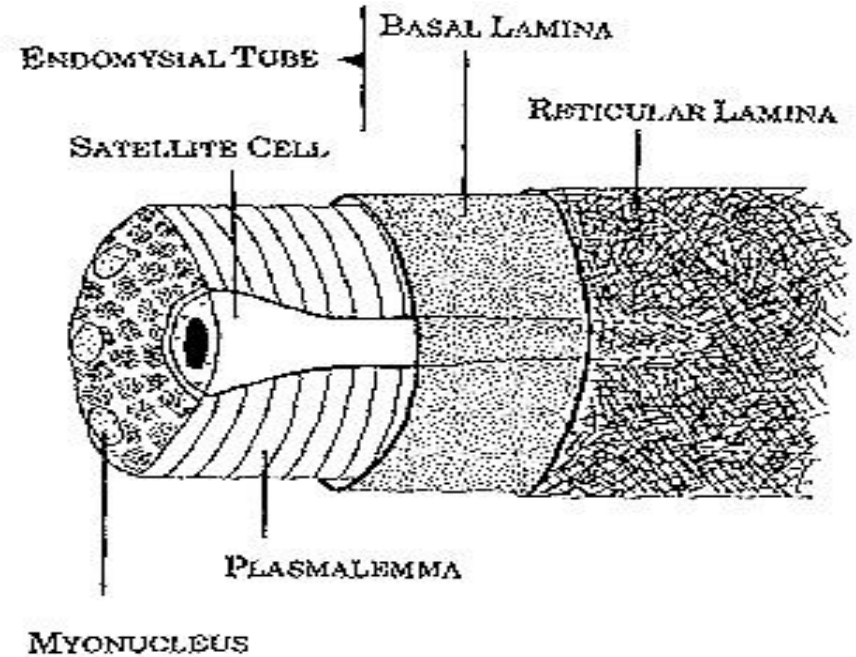
Caracterização da Célula Satélite:

Periferia da fibra, se confunde com os mionúcleos ao microscópio ótico

Fina camada de citoplasma em relação ao núcleo

Compartilha membrana basal com fibra madura adjacente

Membrana justaposta à membrana da fibra madura



(Mauro, 1961)

Quantidade e Distribuição das Células Satélites

Table 2. *Satellite cell content in skeletal muscle*

Model	Muscle	Age and Protocol	%SC	SC#/muscle	Reference
Rat	TA	7–9 wk	4		161
	Soleus	7–9 wk	11		161
	Diaphragm	7–9 wk	8		161
Rat	LD	adult	4.5		2
Rat	Soleus	1 mo	9.6	5.2×10^5	66
	Soleus	1 yr	6.6	7.3×10^5	66
	Soleus	2 yr	4.7	5.4×10^5	66
	EDL	1 mo	7.0	3.1×10^5	66
	EDL	1 yr	2.9	2.1×10^5	66
	EDL	2 yr	1.9	1.3×10^5	66
Rat	EDL	4 mo	3.8		146
	EDL	Hypothyroid	3.8		146
	EDL	Hypothyroid; chronic stimulation	7.9–13.8		146
Rat	Levator ani	4 mo	1.9		135
	Levator ani	32 mo	1.2		135
Mouse	Soleus	8 mo	4.6		176
	Soleus	30 mo	2.4		176
Mouse	Gastroc	7–10 days	25		169
	Gastroc	Pax 7–/–	0		169
Quail	LD	6 wk	15.6		198
	LD	Stretched	16.7		198
Human		Control patients	15		190
		DMD patients	25		190
Human	Trapezius	Control (38 yr)	3.7		94
	Trapezius	Resistance trained	5.4		94
Human	Biceps brachii	<30 mo	8.4		158
	Biceps brachii	Werdnig-Hoffman infants	14.4		158
Pig	Sartorius	64 wk	1.1		21
	PL	64 wk	4.3		21
Lizard	Tail	Lygosoma species	7.5		95
	Tail	Anolis species	4.8		95

Satellite cell (SC) content in various species under varying physiological and pathological conditions. TA, tibialis anterior; LD, latissimus dorsi; Gastroc, gastrocnemius; EDL, extensor digitorum longus; PL, peroneus longus; DMD, Duchenne muscular dystrophy.

Espécies

Tipo Fibra

Idade

Treinamento resistido

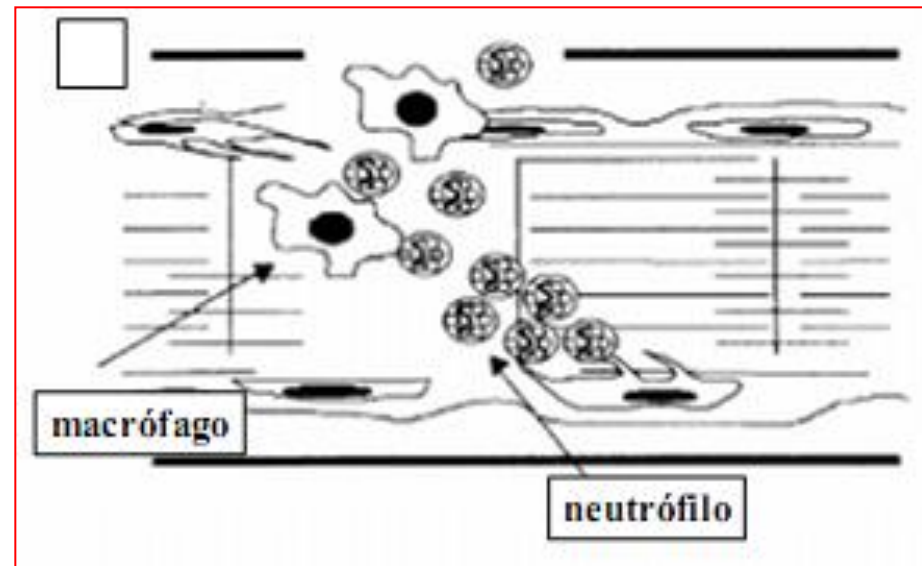
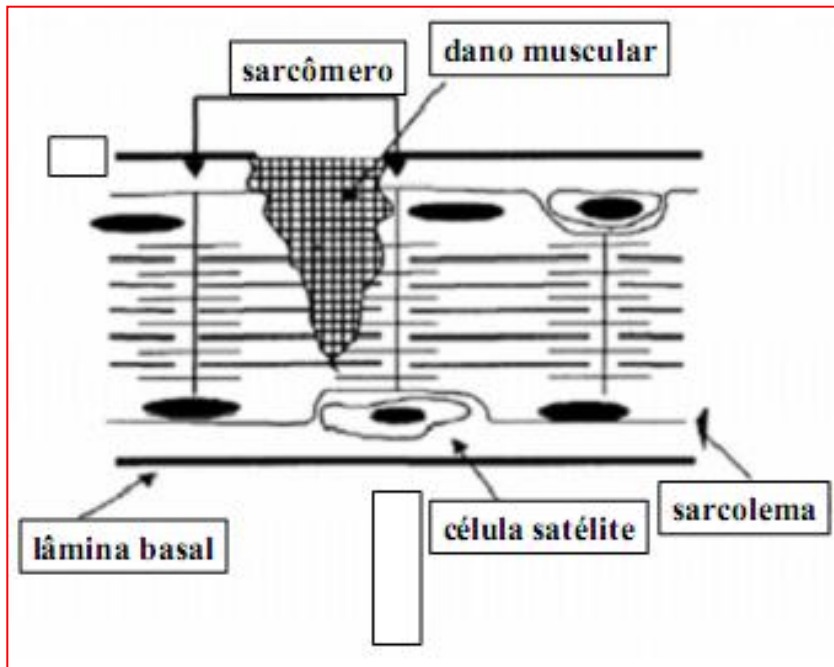
(Hawke & Garry, 2001)

**QUAL O PAPEL DAS CÉLULAS
SATÉLITES NA HIPERTROFIA
MUSCULAR?**

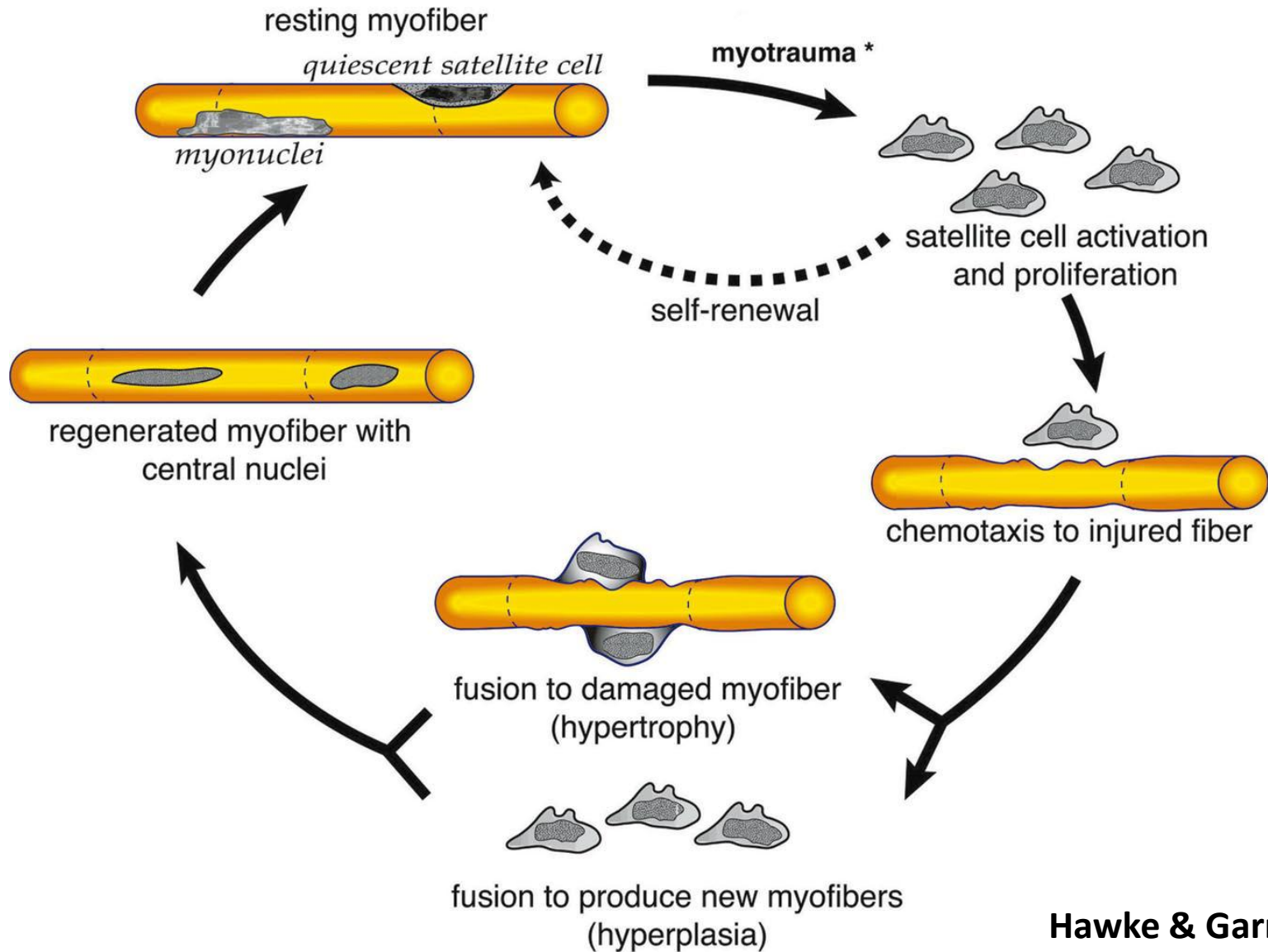
Hipertrofia Muscular

Mecanismo - Qual o papel das células satélites no ME?

REGENERAÇÃO



Mecanismo Regenerativo



Ativação



Proliferação



Migração

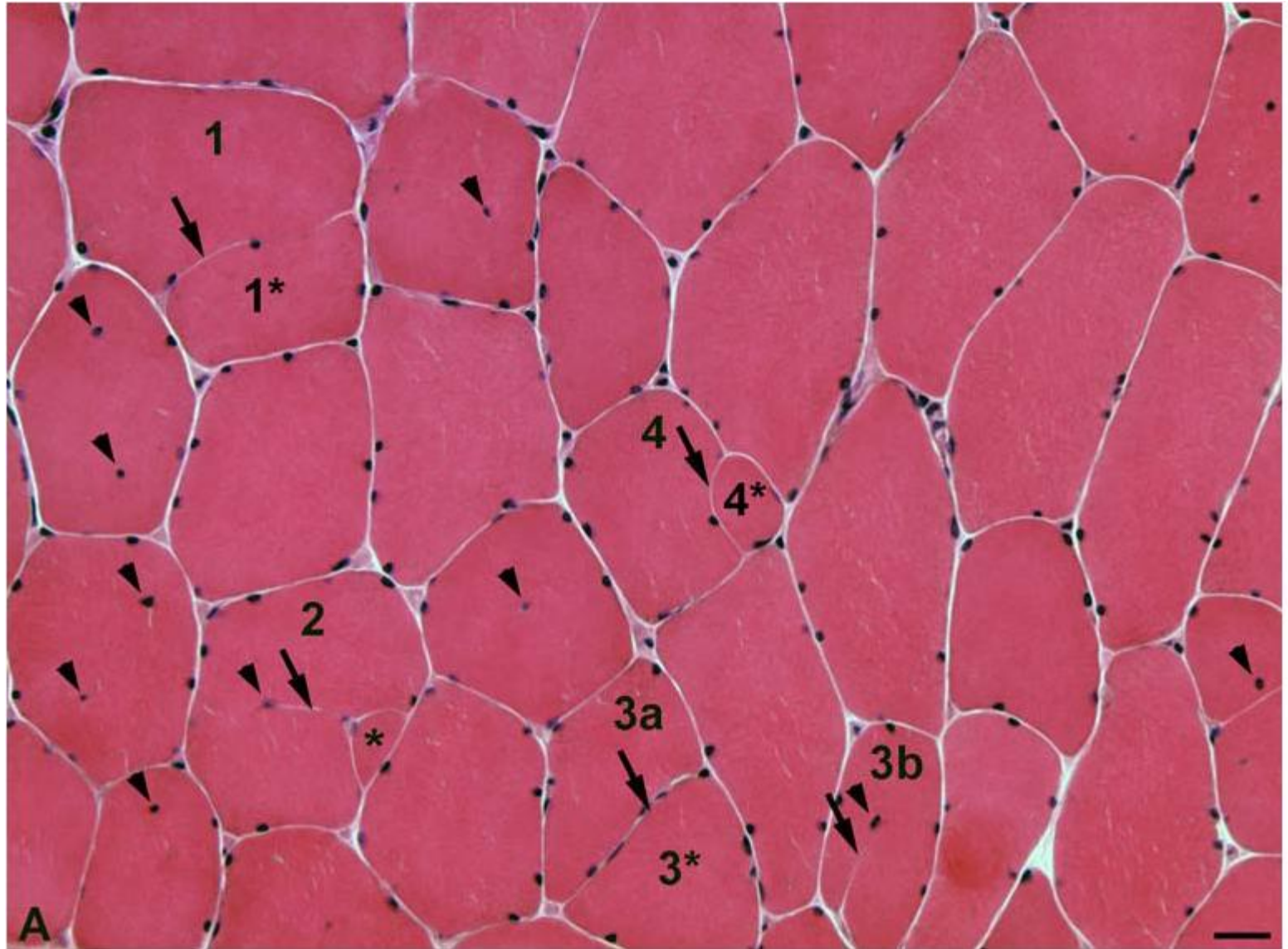


Fusão



Fibra Regenerada



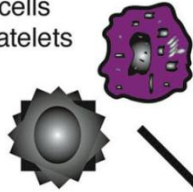


Tempo para Ativação e Regeneração

- 2 dias – Pico de Ativação dos Macrófagos e Neutrófilos
- 3 a 7 dias – aumento na atividade proliferativa e migração das CS para os locais com microlesão
- 2 a 4 semanas – diminuição no número de CS ao nível controle e Leve aumento no número de mionúcleos

Immune Response

macrophages
neutrophils
T-cells
platelets



LIF
IL-6
PDGF
cytokines
IGF-I
IGF-II
FGF
HGF
TGF- β

Other Factors

testosterone
nitric oxide

Motor Neuron

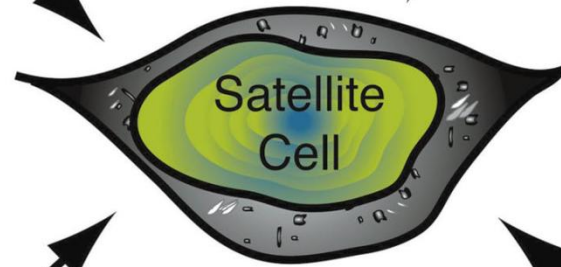


neurotransmitters
neurotrophic factors

EGF
PDGF
IGF-I
IGF-II
FGF
HGF



Vasculature



Satellite
Cell

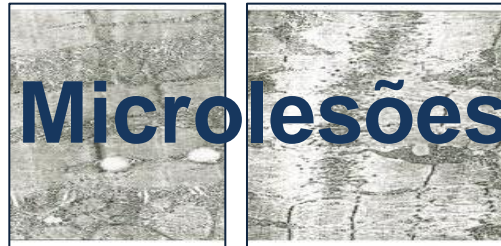
IGF-I
IGF-II
FGF
HGF
TGF- β

Autocrine Factors

Hipertrofia Muscular

E qual o papel das células satélites na hipertrofia do ME?

Ativação e proliferação de células satélites



Tipo de contração

Estado de treinamento

Intensidade da contração

Hipertrofia Muscular

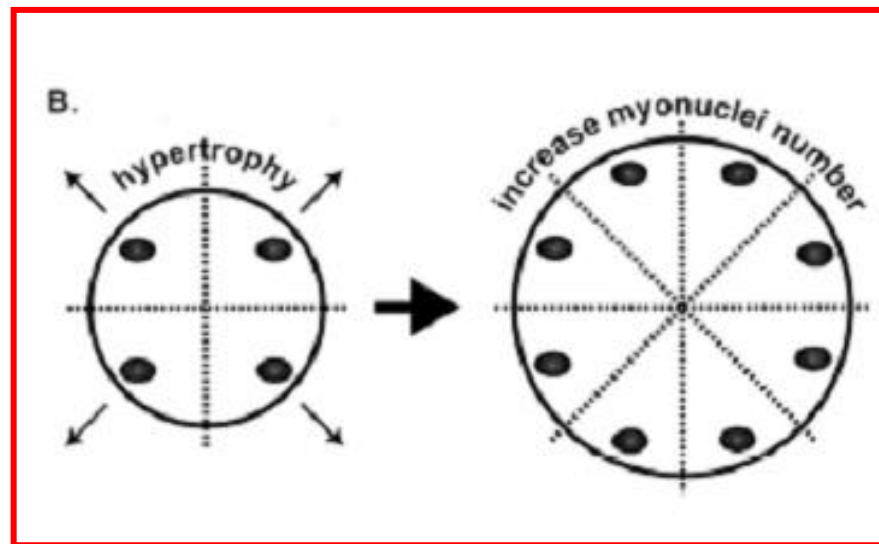
Ativação e proliferação de células satélites

- Conceitos sobre células satélites e hipertrofia
 - Unidade DNA ou Domínio mionuclear
 - Reserva mionuclear

Hipertrofia Muscular

Unidade DNA ou Domínio mionuclear

Cada mionúcleo é responsável por uma parcela da fibra muscular



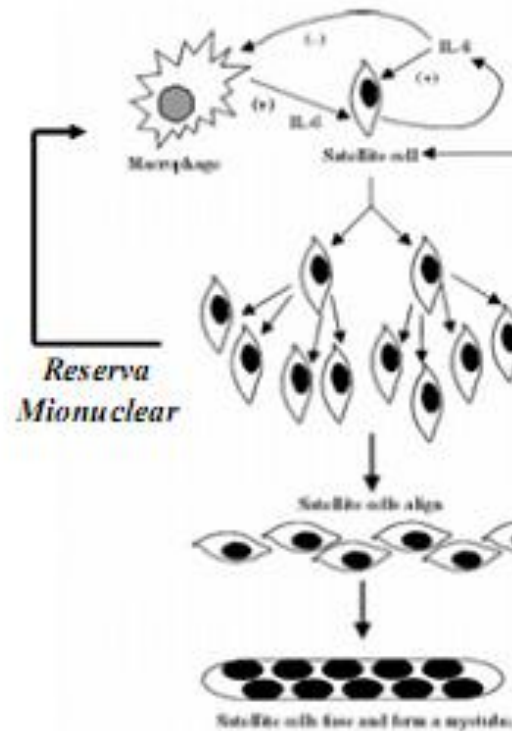
Hipertrofia Muscular

Ativação e proliferação de células satélites

- Teorias/conceitos sobre células satélites e hipertrofia
 - Unidade DNA ou Domínio mionuclear
 - Reserva mionuclear

Hipertrofia Muscular

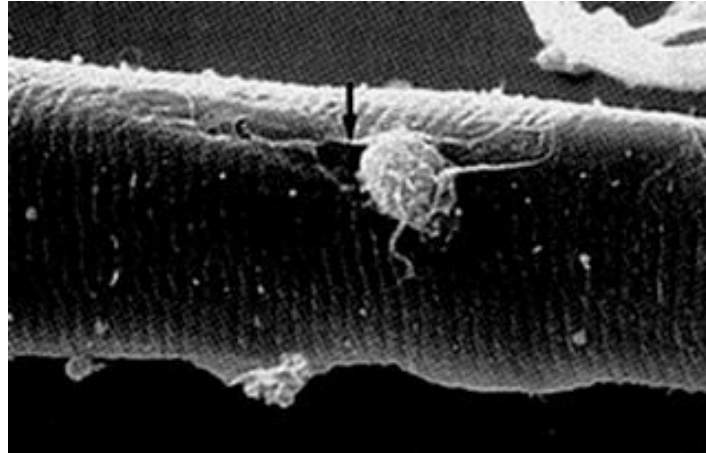
Reserva Mionuclear



Qual é a vantagem?

Hipertrofia Muscular

Além disso...



...as células satélites são apontadas como tendo papel na

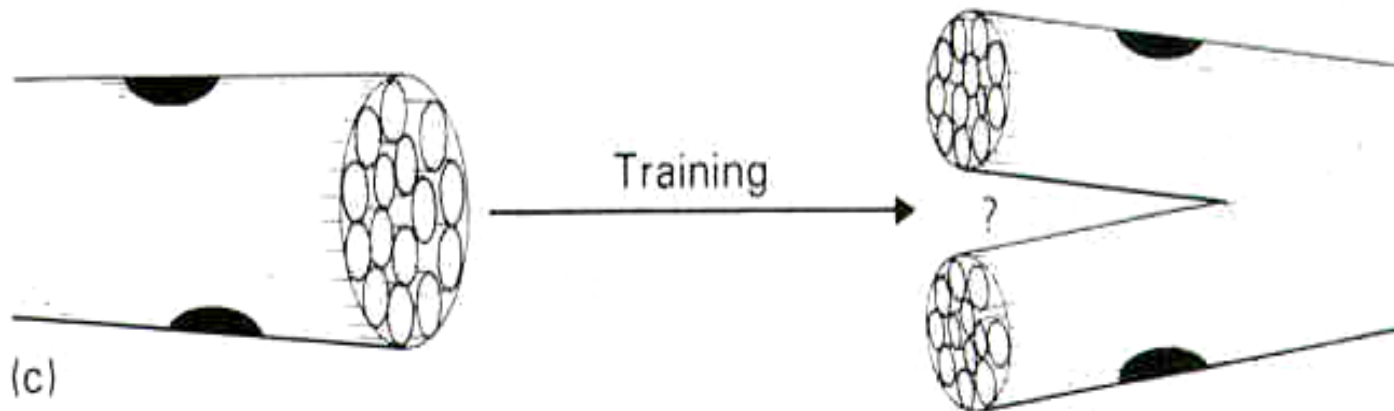
hiperplasia!!!

**O que é hiperplasia
muscular??**

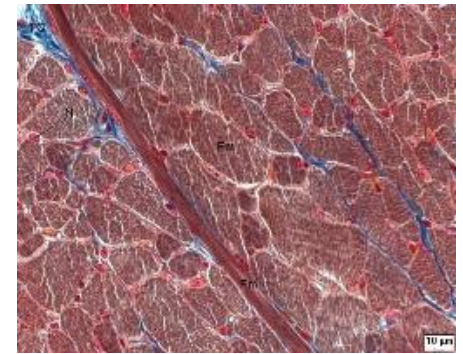
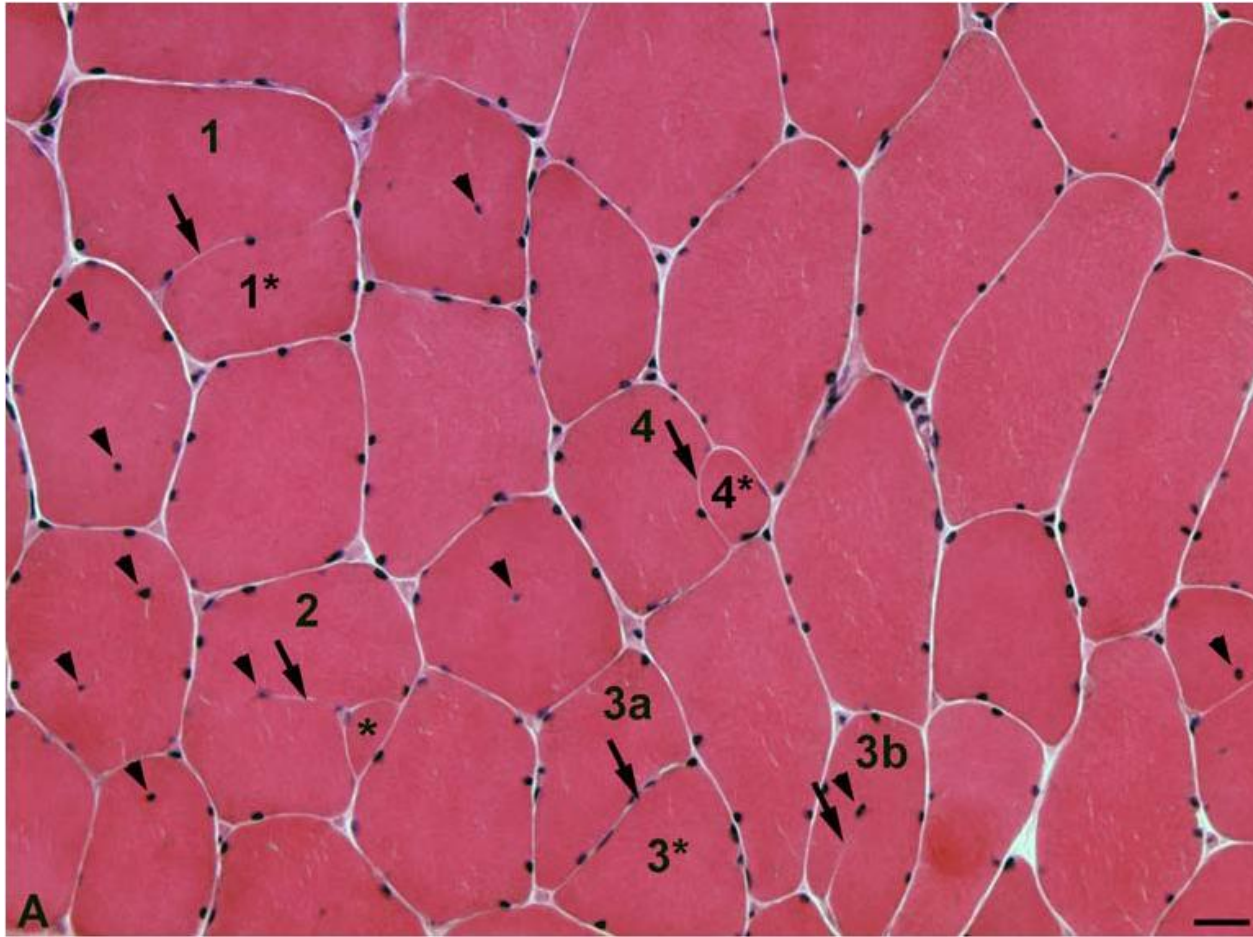
**Hiperplasia = aumento do
número de células num órgão
ou tecido**

Hiperplasia Muscular

A hiperplasia tem como objetivo a substituição de fibras musculares mortas (necrose).



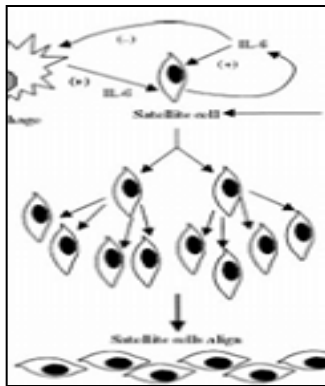
E o como as células satélites participam disso?



Necrose

(Eriksson et al. 2006)

Hiperplasia Muscular



Fibra muscular

Microlesão

Ativação e Proliferação de cél. satélites

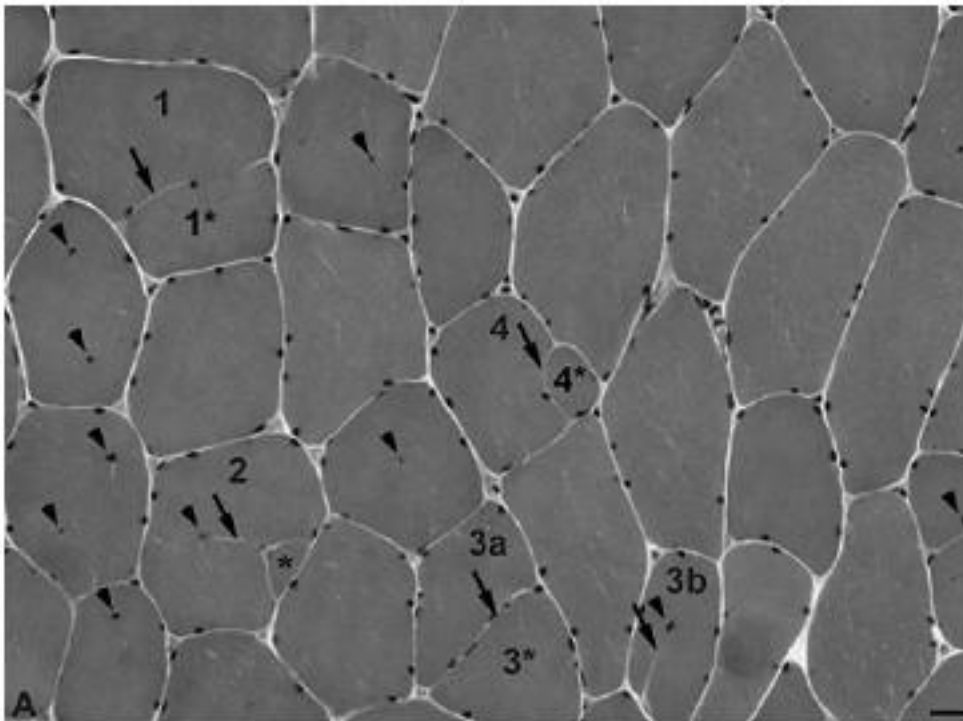
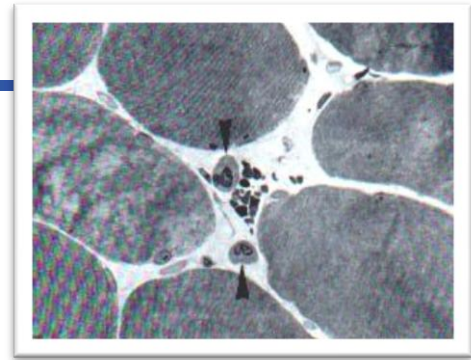
Fusão dessas cél. Satélites



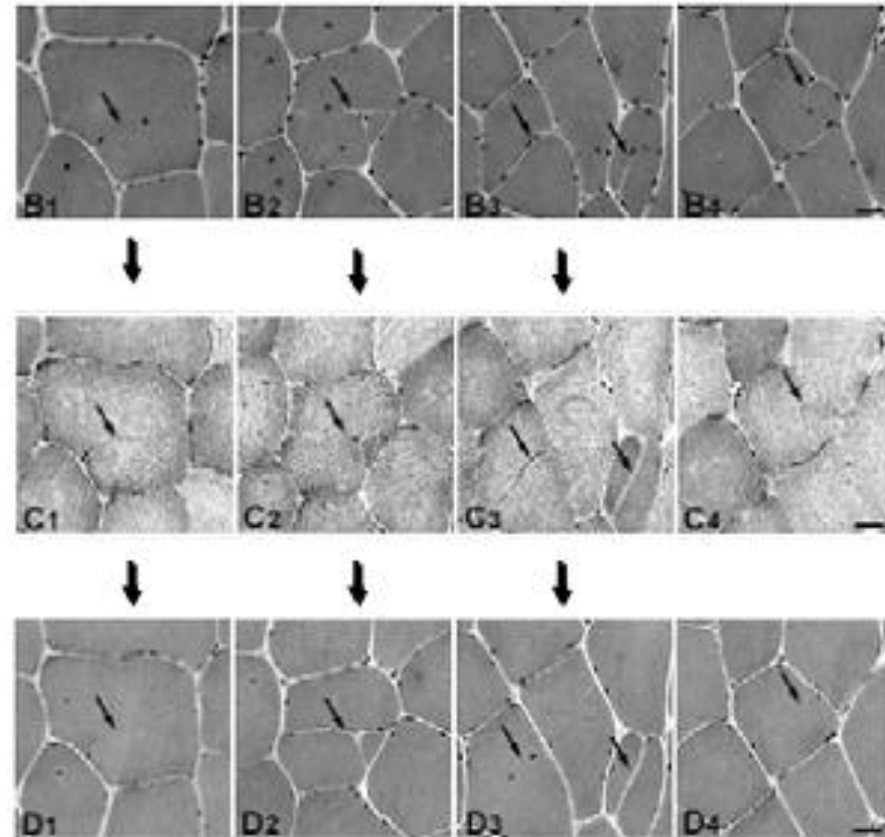
Fibra muscular

Hiperplasia Muscular

Ocorre em humanos?
Quais as condições para isso?
Evidências?

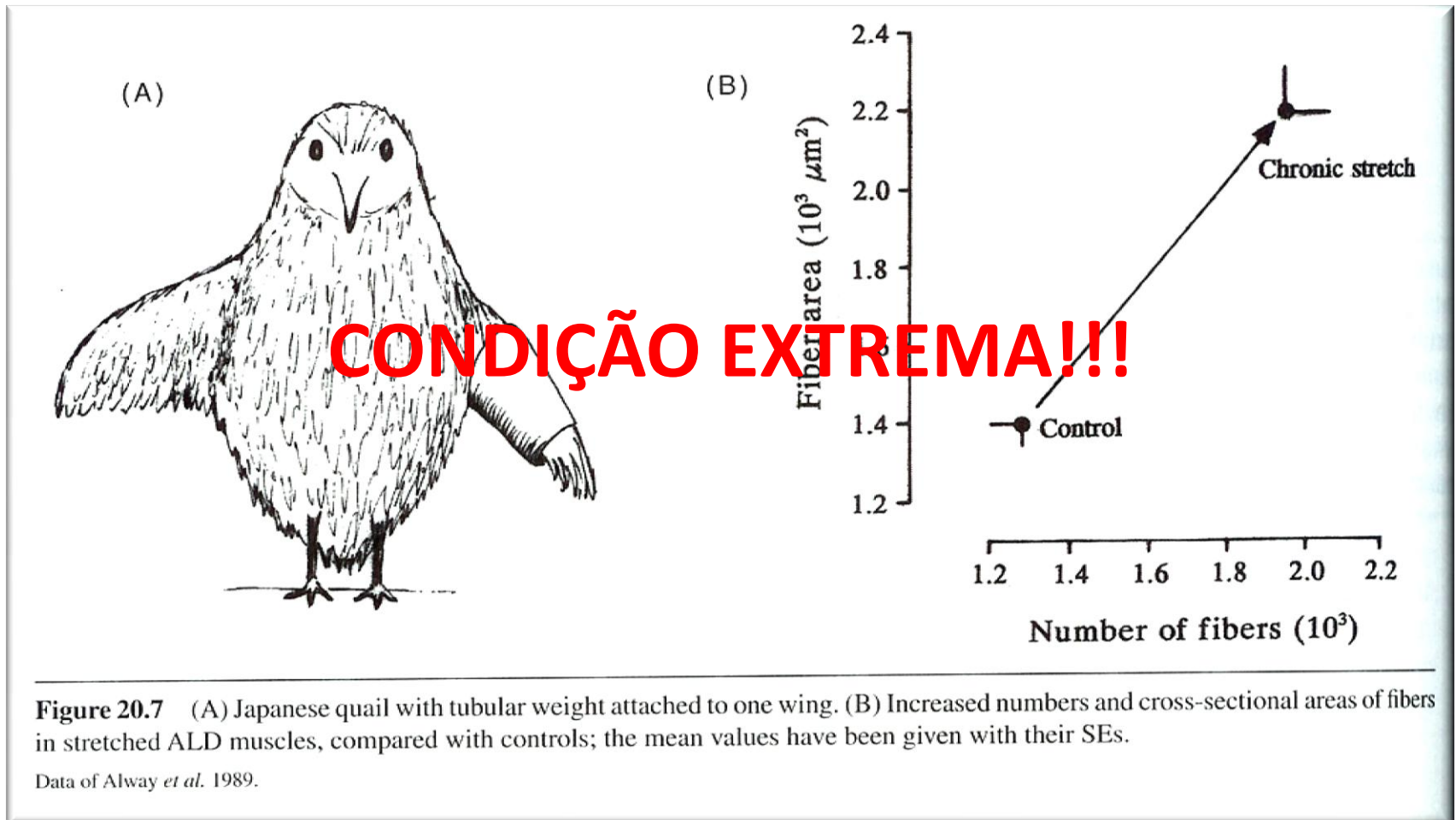


(Eriksson et al. 2006)



Hiperplasia Muscular

Modelos experimentais (aves): modelo de estiramento por 5 semanas



Hiperplasia Muscular

Evidências: Condições extremas de tamanho muscular e carga de treinamento

Paralela ao processo de
Hipertrofia

Anos de treino pesado

Uso de anabolizantes

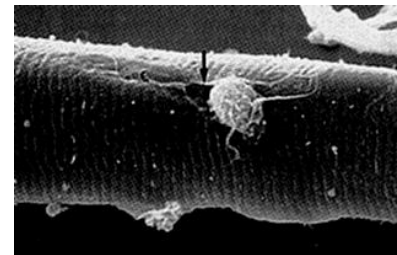
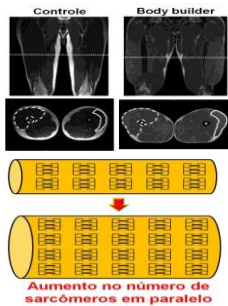
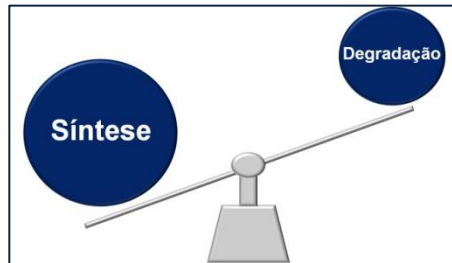
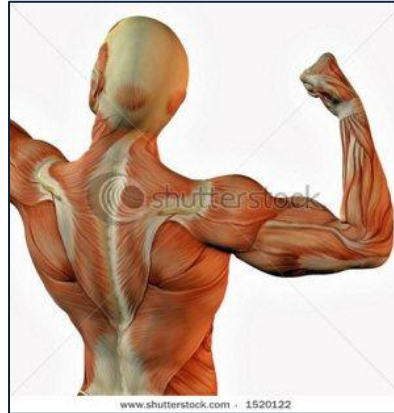


Sumário

Estímulo Mecânico

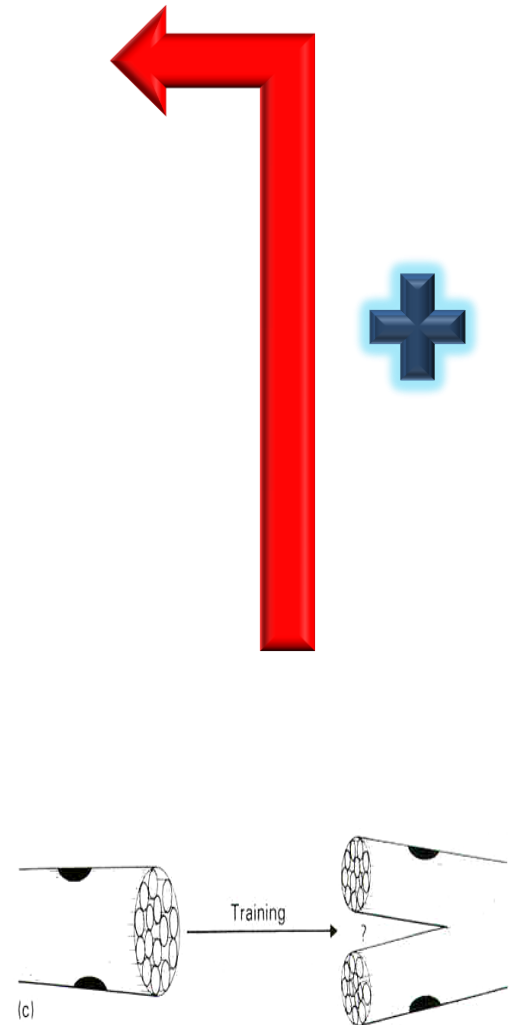


Hipertrofia Muscular



Células Satélites

Hipertrofia/Hiperplasia





Fim!
OBRIGADA!

Referências Bibliográficas

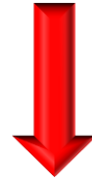
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Alterações no tipo de fibra muscular

I ← IC ← IIC ← IIAC ← IIA ← IIAb ← IIAB ← IIaB ← IIB

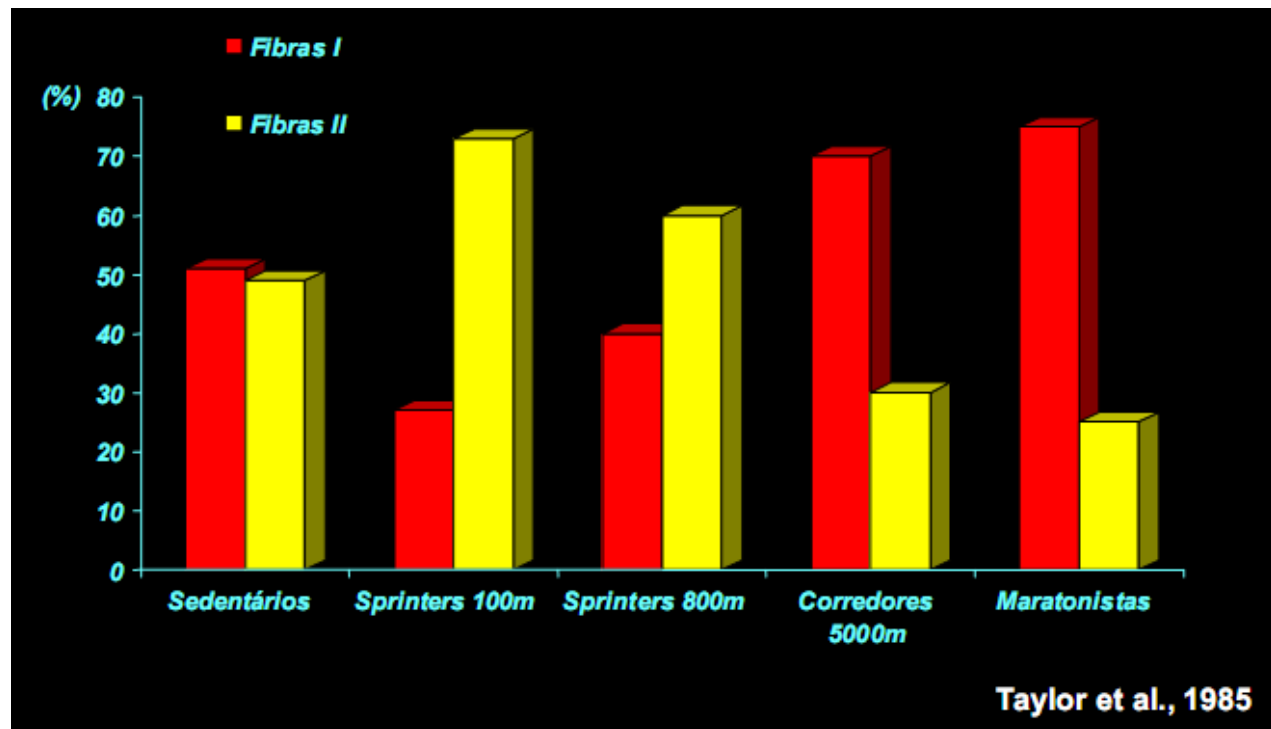


Treinamento
aeróbio



Treinamento
de força

progressão do treino



Alterações no tipo de fibra muscular

Table 4. Fiber type percentage before and after training for strength, power, and control groups (mean \pm SEM). The values in parentheses refer to the number of fibers analyzed

	Strength		Power		Control	
	Pre	Post	Pre	Post	Pre	Post
Type I	33.9 \pm 4.6 (76 + 51)	38.6 \pm 4.5 (70 + 46)	41.3 \pm 3.8 (54 + 30)	35.1 \pm 4.3 (54 + 45)	42.6 \pm 4.1 (75 \pm 23)	48.5 \pm 2.1 (88 \pm 30)
Type IIa	45.4 \pm 4.5 (97 + 48)	53.2 \pm 3.8 (94 + 46)	38.7 \pm 4.4 (56 + 32)	51.4 \pm 4.1 (73 + 33)	48.5 \pm 2.5 (89 \pm 37)	42.7 \pm 2.4 (77 \pm 23)
Type IIb [†]	20.7 \pm 2.1 (41 \pm 19)	8.2 \pm 2.0 (14 \pm 3)	20.0 \pm 3.2 (22 \pm 9)	13.5 \pm 4.3 (21 \pm 9)	8.9 \pm 2.9 (19 \pm 10)	8.8 \pm 2.8 (20 \pm 15)

[†]Post-test values smaller than pre-test values (time main effect, $P < 0.05$).

Percent of Fast Myosin Iix

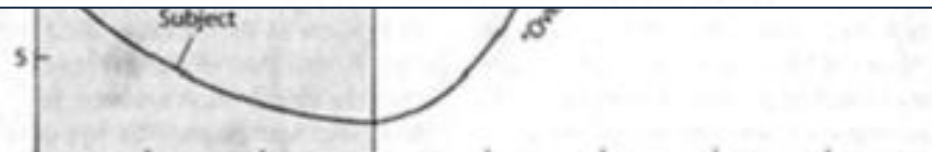


Table 5. Fiber types cross sectional area (μm^2) before and after training for strength, power, and control groups (mean \pm SEM)

	Strength training		Power training		Control	
	Pre	Post	Pre	Post	Pre	Post
Type I [†]	5186.4 \pm 444.0	5968.1 \pm 516.4	5358.4 \pm 454.9	5063.4 \pm 456.4	5567.7 \pm 521.5	5330.6 \pm 572.0
Type IIa [*]	5753.2 \pm 379.4	6820.1 \pm 373.3	5605.2 \pm 402.1	6463.0 \pm 394.7	5911.6 \pm 521.2	6159.8 \pm 462.1
Type IIb [*]	4647.9 \pm 343.8	6569.6 \pm 364.5	5509.2 \pm 453.1	6579.6 \pm 418.8	4946.0 \pm 465.3	5388.8 \pm 424.7

[†]Post-test values greater than pre-test values (time main effect, $P < 0.05$).

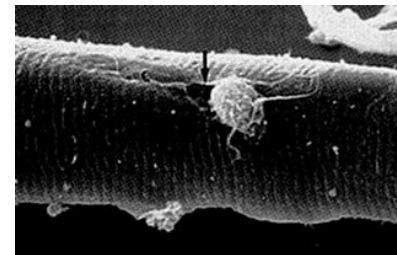
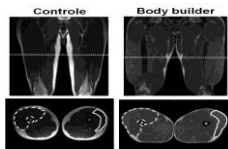
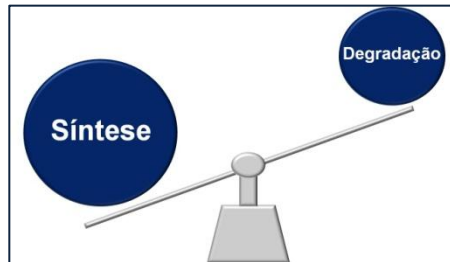
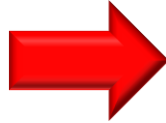
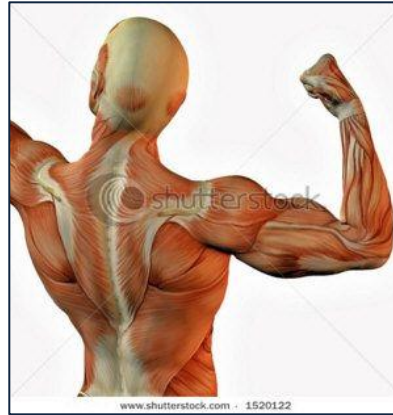
^{*}Post-test values greater than pre-test values (time main effect, $P < 0.0001$).

Sumário

Estímulo Mecânico



Hipertrofia Muscular



Células Satélites



HIPERPLASIA

