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# Annexin A3-Expressing Cellular Phenotypes Emerge from Necrotic Lesion in the Pericentral Area in 2-Acetylaminofluoren/Carbon Tetrachloride-Treated Rat Livers

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**Recently we found a small hepatocyte-specific protein, annexin A3 (AnxA3), in fractionated adult rat hepatocytes. Here we describe the results of an *in vivo* demonstration of AnxA3-expressing cellular phenotypes in the liver with 2-acetylaminofluoren (2-AAF)/carbon tetrachloride ($CCl_4$)-injury. In association with an elevation of alanine amino transferase (ALT) and aspartic acid amino transferase (AST) activities, hepatic AnxA3 mRNA increased markedly. AnxA3-positive cells were detected in clustered cells present in or emerging from the pericentral region. These albumin-expressed cells were histologically similar to cells expressing CD34, a hematopoietic cell marker protein. The number of clusters decreased in the days following $CCl_4$ treatment, and annexin-negative, but albumin-positive, oval cells appeared. We concluded that the agent-induced liver defect initially recruits bone marrow-derived cells, and that it promotes differentiation of these cells into AnxA3-positive cells, followed by emergence of the oval cells, which might have a role in the restitution of the damaged liver.**

**Key words:** small hepatocyte; oval cell; annexin A3; liver regeneration; 2-acetylaminofluoren

The liver plays central roles in the metabolism of nutrients, production of plasma proteins, detoxification of xenobiotics and so on. The liver precisely maintains its mass when it receives surgical resection of hepatic lobes or undergoes loss of hepatocytes by viral infection or by cytotoxic chemicals. Regeneration of the liver is performed by the extraordinarily high replicative potency of parenchymal hepatocytes and biliary epithelial cells,[1,2] but in some pathological livers that suffer suppressed hepatocyte proliferation, other participants arise either from inside or outside the liver contributing to immediate rebuilding of the organ.[3–7] Of these participants, oval cells are known to emerge from a locus in the canal of Hering following chronic liver injury,[8] and they work as a kind of stem cells with their bipotential capacity to become either hepatocytes or biliary ducts.[9–11] On the other hand, small hepatocytes, a hepatic cell fraction of smaller size (approximately 17 μm in diameter) and, with higher proliferating potential than the majority of hepatocytes, are assumed to be another candidate for hepatocyte progenitor.[12,13] The origin of small hepatocytes, however, remains controversial. In cell culture experiments using human and animal hepatocytes, researchers isolate small hepatocyte-like progenitor cells in these isolated hepatocytes,[12,14] whereas in *in vivo* experiments using anti-mitotic or anti-replicative agents such as 2-AAF or retrorsine, they observe oval cells as a progenitor of small hepatocytes.[15,16] There is an old finding that both oval cells and small hepatocytes can be generated from duct cells,[9] but there is no substantial evidence on the lineages connecting oval cells and small hepatocytes.

Recently we identified AnxA3 as a small hepatocytes-specific protein,[17] and determined its expression profile in primary cultured hepatocytes.[17–19] AnxA3 was detected in primary cultures of hepatocytes at 48 h, but not in those cells at very beginning as early as 2.5 h, suggesting that AnxA3 is expressed by hepatocytes when they are reprimed to proliferate in culture. Any growth-promoting condition, *e.g.*, addition of epidermal growth factor (EGF) or hepatocyte growth factor (HGF)

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*Abbreviations*: 2-AAF, 2-acetylaminofluoren; ALT, alanine amino transferase; AnxA3, annexin A3; AST, aspartic acid amino transferase; $CCl_4$, carbon tetrachloride; EGF, epidermal growth factor; HGF, hepatocyte growth factor; GAPDH, glyceraldehyde-3-phosphate dehydrogenase; siRNA, small-interfering RNA

to the culture medium, or inoculation of parenchymal cells with less population, enhances AnxA3 expression of hepatocytes. Conversely, suppression of AnxA3 gene expression with small-interfering RNA (siRNA) markedly inhibits growth of the transfected parenchymal hepatocytes.[18] As described above, we identified AnxA3 from isolated cultured small hepatocytes, and later we detected it in unfractionated hepatocytes cultured for 2 d. Thus the expression of AnxA3 might not be confined to small hepatocytes, and it might be implemented in cells that acquire growth potential or ones that recover dedifferentiating properties.[17]

Similar circumstances may occur *in vivo*, but little evidence has been obtained for the expression profile and pathophysiological role of AnxA3 in the liver *in vivo*. Hence we produced hepatic lesions in rats using 2-acetylaminofluoren/carbon tetrachloride (2-AAF/$CCl_4$), which is known to stimulate strongly the *in situ* emergence of hepatic progenitor cells, mainly ductular cells involving oval cells, in pericentral necrotic lesion and in periportal arborized ductular zones.[16,20]

In associating with hepatocyte damage in the pericentral area 2 d after 2-AAF/$CCl_4$ treatment, clustered cells expressed both AnxA3 and albumin emerge in the area, followed by disappearance of these cells and appearance of albumin/OV-6-positive oval cells. OV-6 is a specific marker for the oval cells.[21] Given the emergence of such unusual clusters, it is highly probable that the lesional reaction strongly elicited blood components including hematopoietic stem cells, macrophages and Kupffer cells, which closely relate to the emergence of clustered cells. The results of this investigation performed in an acute phase of liver failure failed to demonstrate the fate of AnxA3-positive cells. If these unusual cells have the potential to become mature hepatocytes, their differentiation is hampered in the presence of a hepatocyte-specific antimitotic agent, 2-AAF, so that one must discontinue this agent in order to determine the further fate of such cells. Since no one has demonstrated a substantial relationship between oval cells and small hepatocytes, we do not know yet whether the cells in clusters were progeny of oval cells. Hence we conclude that with agent-induced inflammation in the liver, AnxA3-positive cells emerge from the pericentral area, especially in the most necrotic zone, zone 3. Because these AnxA3-positive cells coexpressed albumin, they must have been a hepatocyte progenitor.

## Materials and Methods

*Induction of acute liver injury.* All animal experiments were performed in accordance with the Guidelines for Animal Experiments of the College of Bioresource Sciences of Nihon University. Female F344 rats, 9 weeks old, purchased from Japan SLC (Shizuoka, Japan), were maintained on a standard diet, CE-2 (Clea Japan, Tokyo, Japan) and were allowed access to the diet and water freely. For the experimental onset of acute hepatic failure, rats were administered 2-AAF (Sigma-Aldrich, St. Louis, MO, USA) by oral gavage at a dose of 10 mg/kg body weight/d for up to 9 d. On the 5th day of 2-AAF administration, $CCl_4$ (Wako Pure Chemical Industries, Osaka, Japan) diluted 5 times with corn oil was given to rats as a bolus ($CCl_4$, 60 µl = 90 mg/100 g b.w., per os). Liver and blood samples were obtained from rats under anesthesia with Nembutal before and after treatment with $CCl_4$. To estimate the damage to the liver, serum levels of alanine amino transferase (ALT) and aspartic acid amino transferase (AST) were assayed using commercial kits (Wako).

*RNA isolation and RT-PCR.* Total RNA was extracted from the liver samples by the single-step method.[22] Real-time RT-PCR was performed with a rapid thermal cycler system, LightCycler (Roche Diganostics, Lewes, UK) as described elsewhere.[23] The primers for AnxA3 for PCR were as follows: 5′-CAA ATT CAC CGA GAT CCT GT-3′ and 5′-AGC AGC AGG TCT TCA AAA TG-3′. These primers were designed by referring to the gene sequences officially presented to the public by GenBank (AnxA3 = M012823), and synthesis was rendered to Nihon Gene Research Laboratories (Miyagi, Japan).

*Immunohistochemical examination.* Serial liver sections each cut 3 µm thick were prepared from paraformaldehyde-fixed paraffin-embedded blocks. The deparaffinated and rehydrated sections were heated for 5 min at 100 °C in 10 mM citrate buffer (pH 6.0), and treated with either 10% mouse serum (for counterstaining of albumin and AnxA3) or 10% bovine serum albumin (for other forms of staining) for 1 h. After they were washed with PBS, sections were incubated for 1 h with an specific antibody to each antigen. The antibodies used were anti-rat albumin goat IgG (MP Biomedicals, Aurora, OH, USA), diluted 1:800 before use, and anti-human AnxA3 rabbit IgG (1:200), a gift from Dr. F. Russo-Marie and Dr. C. Ragueness-Nicol. The fluorescence-labeled secondary antibodies were Cy3-labeld anti-goat murine IgG, 1:200 (Chemicon International, Temecula, CA, USA) and FITC-labeled anti-rabbit sheep IgG, 1:200 (MP Biomedicals). For observation of CD-34, tissue sections were incubated for 18 h at 4 °C with the primary antibody, anti-mouse CD34 rabbit IgG (1:200) (Santa Cruz Biotechnology, Santa Cruz, CA, USA), followed by incubation with secondary antibody, FITC-conjugated sheep anti-rabbit IgG, 1:100 (MP Biomedicals). To stain OV-6, deparaffinated sliced sections were incubated with primary monoclonal anti-human/rat OV-6 antibody (R&D Systems, Minneapolis, MN, USA), and treated with Histofine Simplestain Max PO (Nichirei, Tokyo, Japan). Then peroxidase activity on the secondary antibody was detected with 3,3′-diaminobenzidine (Merck, Tokyo, Japan).

Each liver section thus treated was mounted on a

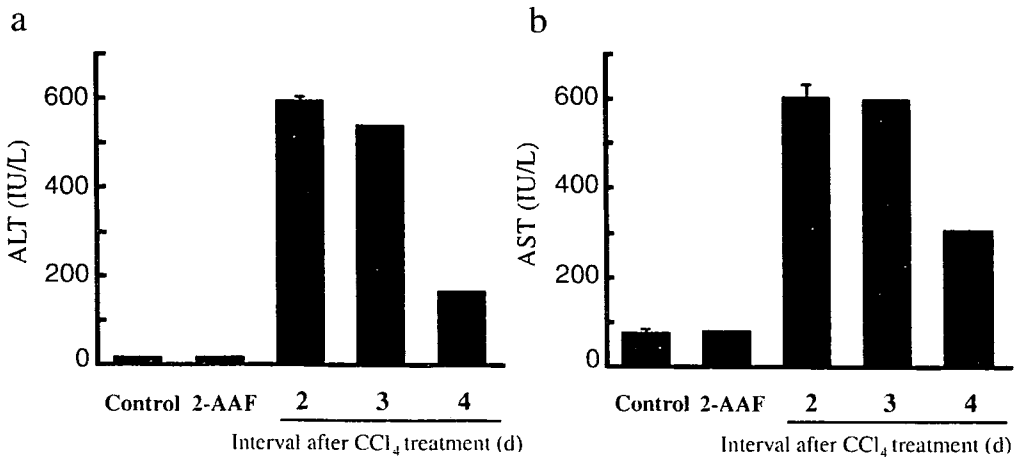


**Fig. 1.** Serum ALT and AST Activities of Normal Rats, and 2-AAF and 2-AAF/$CCl_4$-Treated Rats.

Serum ALT (a) and AST (b) activities were measured with commercial kits. There was no leakage of ALT or AST in rats treated with or without 2-AAF. However, $CCl_4$ treatment in the course of 2-AFF administration caused severe inflammation to the livers in several days, but, as shown by the ALT and AST values, these rats on the 4th day tended to recover from the inflammation. Bars represent the mean ± S.E. for 3 rats (control, 2-AAF, 2nd day), and the mean for 2 rats (3rd day and 4th day).

cover glass with a mounting medium, Vectashield (Vector Laboratories, Burlingame, CA, USA), and subjected to observation with a fluorescent microscope, Axioplan 2 (Carl Zeiss MicroImaging, Oberkochen, Germany).

*Cryosection and Oil red O staining.* Cryosections prepared from rat liver were stained with Oil red O and hematoxylin. Briefly, the liver tissues were fixed with paraformaldehyde and embedded in OCT compound (Sakura Finetek Japan, Tokyo, Japan), and then cut 8 μm thick to give serial sections. The tissue sections were dried by air, followed by immersion into 50% (v/v) aqueous isopropanol. Staining with a 60% Oil red O solution (Muto Pure Chemicals, Tokyo, Japan) was performed for 30 min at 37 °C, and sections were washed briefly with 50% aqueous isopropanol and distilled water. For morphologic observation of tissues and cellular nuclei, the sections were counterstained for 7 min with Mayer's hematoxylin (Wako). After they were washed with water, the sections were mounted with an aqueous mounting medium, Mount-Quick Aqueous (Daido Sangyo, Tokyo, Japan), and observed under a fluorescent microscope, Axioplan 2, with devised filter sets.

## Results

*Liver injury caused by 2-AAF/$CCl_4$*

The rats treated by oral gavage of 2-AAF for 5 d did not show any marked increase in serum ALT or AST values (Fig. 1a and b), whereas, those that underwent a single treatment with $CCl_4$ and 2-AAF administration (the 2-AAF/$CCl_4$-treated rats) showed much higher levels of ALT and AST activities than untreated control or 2-AAF-treated alone. Each level of activity was highest in 2 d, and then decreased at 4 d after $CCl_4$ treatment. Thus our present protocol for intoxication of liver produced the acute hepatic lesions that healed to some extent within 4 d of injury; the recovery rate at this moment was estimated to be approximately 70% of the most serious lesion at 2 d in respect to the enzyme activities measured. The mode of ALT and AST elevation in our 2-AAF/$CCl_4$-treated rat model was quite similar to that of Sigala *et al.*,[24] although the maximum levels of ALT and AST in our model were 8 times and 3 times higher than those of Sigala *et al.*,[24] respectively, because we used $CCl_4$, 60 μl (approximately 90 mg)/100 g body weight, 1,000 more than that of Sigala *et al.*,[24] at 0.066 mg/100 g body weight.

The histological examination of the livers from 2-AAF/$CCl_4$-treated rats revealed that on the 2nd day after $CCl_4$ treatment there were large numbers of cell clusters stained densely with hematoxylin and eosin (H&E) in acinus zone 3 (Fig. 2a, arrowheads), the closest area to central vein (CV). In this area, there was also infiltration of inflammatory cells (Fig. 2a, thin arrows). Even the hepatocytes located in acinus zones 1 and 2 were abnormally distended by fat droplets (Fig. 2a, thick arrows, and b, Oil red O/hematoxylin stain).

On the 4th day after $CCl_4$ treatment, such steatotic livers with many clusters decreased markedly in number (Fig. 2c, Oil red O/hematoxylin stain), and necrotic image was alleviated in consistently with the restoration of chemical indications as shown in Fig. 1. The hepatocytes at this restored stage had microvesicular fat accumulation, if any fat accumulation (Fig. 2c, arrows).

*Annexin A3 expression of intoxicated rat livers*

The levels of AnxA3 mRNA expressed in the livers were measured quantitatively by RT-PCR. Since mRNA normalizers such as glyceraldehyde-3-phosphate dehy-

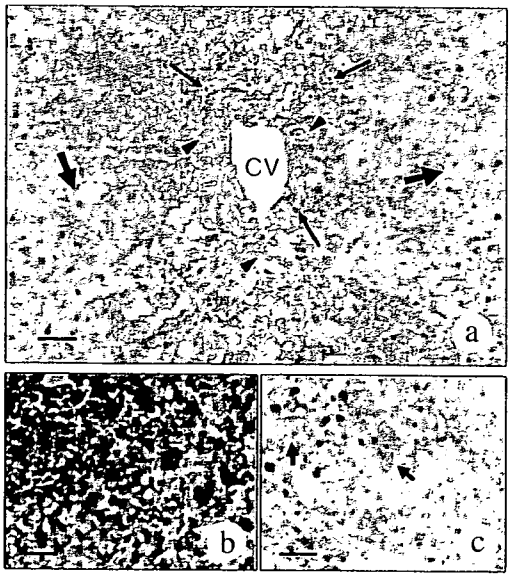


**Fig. 2.** Histological Examination of 2-AAF/$CCl_4$-Treated Rat Liver.
Inflammatory liver sections prepared from rats 2 d and 4 d after $CCl_4$ treatment were stained with H&E (a) or Oil red O/hematoxylin (b and c). In (a), H&E staining of the liver section showed characteristic red-colored clustered cells (arrowheads) immediately around the central vein (CV), corresponding to acinus zone 3. Surrounding these cells there were vacuoles, and on the outer boundary of the picture (a), distended hepatocytes with fat droplets can be seen (thick arrows). There were inflammatory cells in this area (thin arrows). As the lower panels show large fat droplets observed in the liver section at 2 d after 2-AAF/$CCl_4$ treatment (b) were mostly absorbed by hepatocytes (arrows in c). Scale bars = 50 μm.

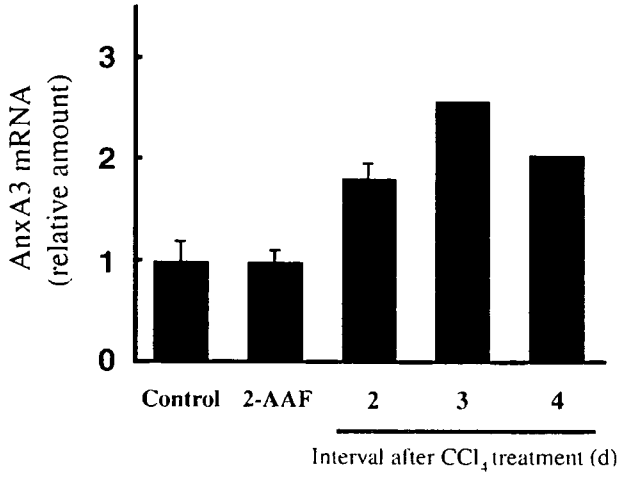


**Fig. 3.** AnxA3 Expression in 2-AAF/$CCl_4$-Treated Rat Livers.
Total liver RNA isolated was analyzed quantitatively by real-time PCR method using AnxA3-specific primers. Because of the heterogeneous expression of housekeeping genes, the data were not normalized with these genes. The ordinate shows the amounts of mRNA in the livers relative to that of control assumed to be 1.0. Bars represent the mean ± S.E. for three rats (control, 2AAF, 2nd d), and the mean for two rats (3rd d and 4th day).

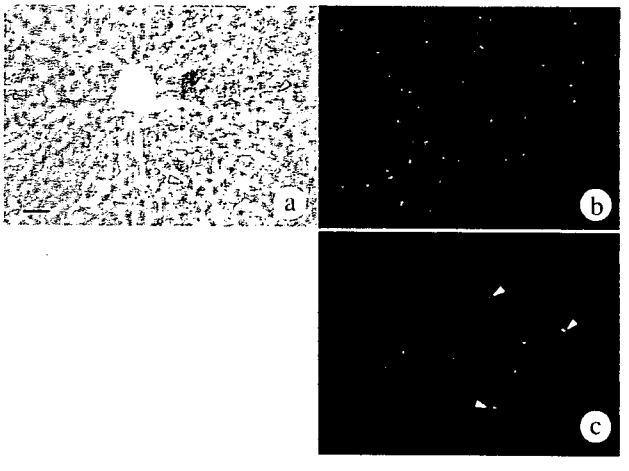


**Fig. 4.** Immunohistochemical Examination of AnxA3-Positive Cells in Normal Rat.
Serial liver sections prepared from normal control rats were stained with H&E (a), anti-rat albumin (b) and anti-human AnxA3 (c). The radial line up of hepatocyte architecture (a, H&E stain) was composed of albumin-producing parenchymal cells, as can be seen in the staining with anti-albumin/Cy3-antibodies (b). The AnxA3-producing nonparenchymal cells were slightly stained by anti-AnxA3/FITC-antibodies (arrowheads in c), and the positive cells can be seen on the H&E-stained section, apparently consistently with the forms of mononuclear cells (arrowheads in a). Scale bars = 50 μm.

drogenase (GAPDH) and β-actin were not constantly expressed in the livers of our 2-AAF/$CCl_4$-administered rat model as has been reported elsewhere,[25] the AnxA3 mRNA was normalized with total RNA extracted from the liver samples according to Bustin's recommendations.[25] Administration of 2-AAF alone to rats by oral gavage for 9–10 d hardly caused any change in their hepatic morphologies (data not shown). The AnxA3 mRNA levels of the livers from 2-AAF-treated rats were almost equal to those from control rats (Fig. 3), but in 2-AAF/$CCl_4$-treated rat livers, the AnxA3 levels were 2–2.5 times higher than those of untreated control rats (Fig. 3, see the bar at 3 d). The elevated level of AnxA3 lasted for 4 d after $CCl_4$ treatment, indicating that the AnxA3-positive cells are resistant to 2-AAF. A trace but certain level of AnxA3 mRNA in control rats (Fig. 3, left bar) can be explained by the presence of a small number of AnxA3-producing cells, which as described in Fig. 4 were determined histologically to be non-parenchymal cells in the liver.

The tissue section from the control rat liver (Fig. 4a, H&E stain) and its serial sections stained by fluorescence for albumin and AnxA3 (Fig. 4b and c) represent a typical hepatic cord with parenchymal cells expressing albumin (b). Although it was difficult to identify AnxA3-positive cells in the counterstained section, the fluorescence of AnxA3 disclosed that there was a trace population of AnxA3-positive cells (arrowheads in panel c), and these cells are determined to be mononuclear non-parenchymal cells (Fig. 4c, arrowheads indicate AnxA3-positive cells, and the serially prepared section-stained nuclei by H&E, Fig. 4a).

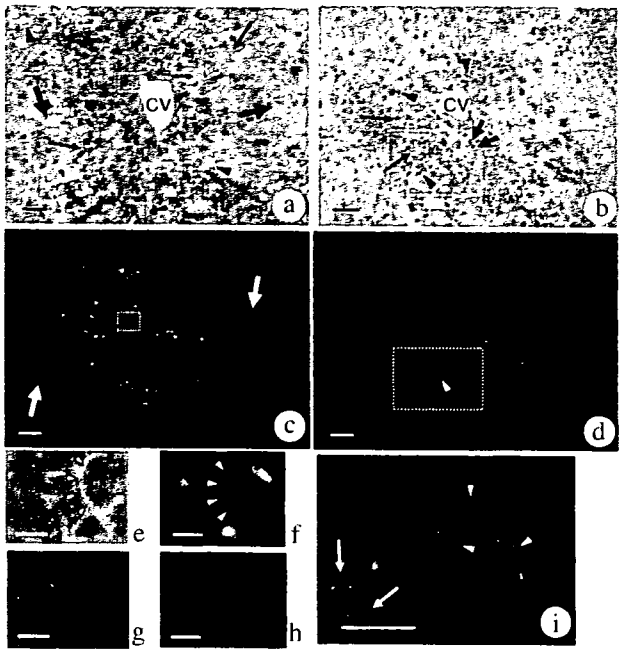


**Fig. 5.** Histological and Immunohistochemical Examinations of the Serially Prepared Liver Sections Prepared from 2-AAF/$CCl_4$-Treated Rats.

Figures 5a and b are H&E-stained sections of rat livers from 2 d (a) and 4 d (b) after $CCl_4$ treatment of rats, which had been administered 2-AAF by oral gavage for 5 d. Note the drastic changes caused around the pericentral region. One can see around the central vein (CV) newly formed clusters with a clear boundary between them (box in a), hepatocytes distended by lipid droplets (thick arrows), erythrocytes (thin arrows), and vacuoles formed after steatosis (arrowheads). The less-populated clusters remained at the lower left side of CV (b, thin arrows), with infiltrated inflammatory cells (arrowheads) and newly appearing ductular structures with many epithelial cells, indicating neo-angiogenetic reaction (thick arrows). Panels (c) and (d) are immunohistochemical observations of the serial liver sections from (a) and (b) respectively. A number of cells in the cluster were albumin as well as AnxA3-positive (c, see also higher magnitude e and f, in which the cells formed a cluster are encircled by arrowheads). The hepatocytes around the pericentral area were albumin-negative (arrows in c). Figure 5d and its higher magnitude (i) represent the appearance of oval cells in zone 2 in which oval cells strongly expressing albumin and the clusters expressing AnxA3 can be seen. Figure 5g shows CD34-positive cells in some places near CV in Fig. 5a. Figure 5h shows faintly-stained CD34 positive cells in some places in panel b. Scale bars in panels a–d and i = 50 μm; in panels e–h = 10 μm.

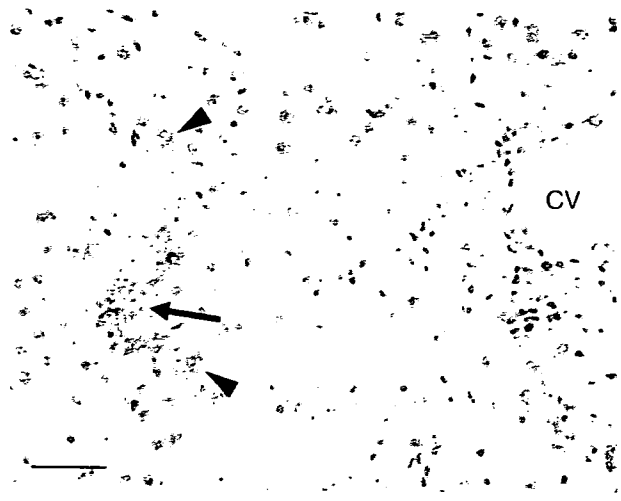


**Fig. 6.** The Occurrence of OV-6-Positive Cells in Zone2 4 Days after 2-AAF/$CCl_4$ Treatment.

OV-6-positive cells were localized either single (arrowheads) or in ductular form (arrow) around the CV, where clustering structures remained. Scale bar = 50 μm.

*Appearance of annexin-positive and albumin-positive cells in the hepatic lesion*

The serial sections prepared from the livers of 2-AAF/$CCl_4$-treated rats were subjected to immunohistochemical examination using antibodies specific to albumin and AnxA3 (Fig. 5). In H&E-stained sections, a striking drastic change in the rat liver was observed 2 d after $CCl_4$ treatment (Fig. 5a, see also Fig. 2a above). At this stage there were traces of necrosis with some bleeding in acinus zone 3 (Fig. 5a, thin arrows indicate erythrocytes among the clustered cells), and large numbers of clusters stained more clearly than other cells by hematoxylin were localized around the central vein (CV). The outer zone beyond the assembled line of vacuoles (Fig. 5a, arrowheads) was paved with hepatocytes, but these cells were abnormally extended by fat droplets to 30–40 μm diameter, and were closely attached each other (Fig. 5a, thick arrows).

Two days later, on the 4th day from 2-AAF/$CCl_4$-injury, the clusters were mostly replaced by a large number of epithelial-like cells with small nucleus and

**Table 1.** Summary of Changes in Cellular Phenotypes in Hepatic Lesions Caused by 2-AAF/$CCl_4$-Treatment

| | Interval after $CCl_4$ treatment (d) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 0 | | | 2 | | | 4 | | |
| Marker \ Shape | ● | ● | ●● | ● | ● | ●● | ● | ● | ●● |
| Annexin A3 | | | − | +++ | | − | +/− | − | +/− |
| Albumin | | | ++ | +++ | | − | +/− | +++ | +/− |
| CD34 | | | − | +++ | | − | +/− | − | − |
| OV-6 | | | − | − | | − | − | +++ | − |

●, Clustered cells including blood corpuscle-like small cells; ●●, Hepatocytes; ●, Oval cells

Fluorescence intensity: −, not stained; +/−, faintly stained; +, weakly stained; ++, moderately stained; +++, strongly stained

The blank boxes under each cell shape represent absence of the cell type to be stained in the microscopic fields examined.

scant cytosol (Fig. 5b, thick arrows). Some clusters remaining at this stage can be seen in the box in Fig. 5b.

Immunohistochemical examination with fluorescence to albumin and AnxA3 was performed for identification of the cells emerging from the hepatic lesion. At 2 d after $CCl_4$ treatment, the pericentral region of the liver was stained positively with both fluorescences (Fig. 5c). The AnxA3-positive cells were localized in places where small cell-including clusters were present (Fig. 5a, H&E stain). The panels enlarged from the box in (c) make clear what cells were AnxA3-positive. One of the clusters (see the H&E-stained clusters in e, arrowheads) has a few fragments with fluorescence, and those might have been derived from different cells in the cluster. In addition, the yellow fluorescence shows that they merged with antigenicities of albumin and AnxA3 (f). The hepatocytes surrounding the pericentral area were not stained by fluorescence (c, white arrows).

On 4th day from 2-AAF/$CCl_4$ treatment, epithelial-like small cells appeared in the pericentral region (b, thick arrows), and these cells were determined to be immunologically negative to albumin and AnxA3 (Fig. 5d, serial section after b), but as shown in the boxed area in (d) and the magnified panel (i), there were oval cells with typical oval-shaped nuclei of albumin-positive immunologic phenotype in zone2 (h, arrowheads). The previously observed clusters that expressed albumin and AnxA3 at 2 d after treatment can be seen on the left side of the panel (i, arrows).

Figure 5g shows the presence of CD34-positive blood corpuscle-like cells among the clusters that appeared 2 d after 2-AAF/$CCl_4$-injury. Some of the albumin and AnxA3-positive clustered cells were also CD-34 positive cells.

As shown in Fig. 6, immunohistochemical examination of oval cells disclosed that these OV-6-positive cells existed in zone 2 either as a single cells (arrowheads) or as cells likely to form a ductular structure (arrow).

Our observations are summarized in Table 1. The liver intoxicated by the carcinogenic and inflammatory agents, 2-AAF/$CCl_4$, fell into acute liver failure in 2 d, and judged by chemical and histological analyses, it proceeded to the recovery stage 4 d after $CCl_4$ treatment. During the period of these 4 d, the cells that appeared or disappeared from the lesion changed strikingly. The clustered cells including several AnxA3 and albumin-positive small cells, which originated from blood corpuscle-like cells with CD34 antigen, appeared on day 2 and disappeared thereafter, and, in turn, oval cells emerged on day 4 from the ruins in zone 2 surrounding post-necrotic pericentral zone 3. The clustered cells and following oval cells are likely to have had independent progenies, since they emerged from different zones at different times. AnxA3 must be a protein expressed by the immature growing hepatocytes, which in this study did not differentiate further in the presence of 2-AAF.

## Discussion

It is generally accepted that replication of lost cells or tissues of the liver can be done by the major hepatic residents, parenchymal hepatocytes, and that no other cells are required.[1,2,7,26,27] However, if proliferation of hepatocytes is blocked experimentally, bone marrow-derived hematopoietic stem cells, origin-unknown oval cells (stem-like cells) or proliferative small hepatocytes emerge from circulatory blood or from inside the liver.[4,5,28–32]

We identified AnxA3 as a protein expressed by smaller proliferative hepatocytes, that is, by cells with lower gravity, but not by differentiated mature parenchymal cells having higher gravity.[17] We also found that transfection of AnxA3-targeted siRNAs to primary cultured hepatocytes greatly suppressed DNA synthesis, and made DNA synthesis enhanced with either HGF or EGF invalid.[18] Thus we were able to demonstrate for the first time that AnxA3 plays a pivotal role in the multiplication of hepatocytes. Although the molecular function of hepatic AnxA3 is not yet known, it may be similar to that of microglia or neutorophils, in which AnxA3 works as a bridge to bind phospholipids and proteins, and granule to granule *via* $Ca^{2+}$.[33–36]

Hence study of growth-related AnxA3 in hepatocytes and related phenotypes, if any, during hepatic regeneration might help to determine how such cells acquire growth potential and differentiate into hepatocytes and hepatic ductular cells. To detect AnxA3 in an animal liver, we employed a 2-AAF/$CCl_4$-induced acute liver failure program, in which 2-AAF specifically inhibited hepatocyte mitosis and prevented cell proliferation and $CCl_4$ gave rise to hepatic injury through its reactive metabolite, trichloromethyl radical, generated in the first phase detoxification mechanism in hepatocytes.[37–39]

The combined use of these cytotoxic agents is known to cause hepatocyte damage specifically in the pericentral region, and strongly to stimulate restitution of the liver either by recruiting hematopoietic stem cells or by calling together endogenous cells, those which are 2-AAF resistant (primarily the oval-like cells).[9,40] Our present 2-AAF/$CCl_4$-injure program produced severe damage in pericentral zone3 2–3 d after treatment, and restored the lesion some 30% in 4 d (Fig. 1). In this model, the pericentral cellular phenotypes changed strikingly; *e.g.*, the typical hepatic cords made of albumin-producing hepatocytes with a trace population of AnxA3-positive non-parenchymal cells (Fig. 4) changed into severe lesions with newly appearing cell clusters including small hepatocyte-like cells. There was also infiltration of blood cells, erythrocytes and macrophages as well as the bone marrow-derived hematopoietic cells as has been demonstrated by Yin, *et al.*[39] (Figs. 2 and 5). Immunohistochemical examination showed that some of the cells in a cluster coexpressed AnxA3 and albumin, and also expressed CD34 (Fig. 5). Therefore, some of these cells appeared to have been

derived from the bone marrow, and then committed to become hepatocytes. For this commitment, several factors are required, *e.g.*, a serum factor occurring in rodents with severe liver damage.[41]

In respect to the striking changes in cellular phenotypes observed in the lesion, it is most plausible to think that in our animal model the damaged hepatocytes with 2-AAF/$CCl_4$ were replaced by agent-resistant hematopoietic stem cells, and that, receiving strong stimulative pressure for restitution, these new dwellers had to form a cluster to live under the agent (2-AAF)-induced antiproliferative condition. Nevertheless, they broke up the cluster in 2 d, for the following reasons: i) the AnxA3-positive cells did not become mature hepatocytes, because hepatocytes are 2-AAF-susceptible and ii) the AnxA3-positive cells do not have sufficient longevity to live longer, so that they were scavenged by macrophages or Kupffer cells or disappeared by apoptosis. As has been reported by many investigators, oval cells scattered around the central vein (Figs. 5h and 6) can differentiate further into hepatocytes *via* the massive emergence of small hepatocytes, if 2-AAF is withdrawn from the animal.[39,42–44]

In the present study, we observed under pathological conditions with 2-AAF/$CCl_4$-injury a striking change in cellular phenotypes that might work for rebuilding of the damaged liver, because the rats remaining without sacrifice were able to survive. This is the first report of the appearance of AnxA3-expressing small cell clusters in an acute hepatic lesion. Since AnxA3 is expressed when hepatocytes acquire growth potential,[17] its expression by cells coexpressed with albumin in hepatic lesions should be a trigger for parenchymal cell generation. The fate of AnxA3-producing cells in relation to the restitution of the entire liver involving periportal zone1 remains to be elucidated.

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