

# Fibroblasts as tissue-specific mesenchymal stem cells: A re-evaluation

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## ABSTRACT

This letter explores the evolving concept of fibroblasts as tissue-resident mesenchymal stem cells, challenging their classical definition by highlighting their phenotypic plasticity, multipotent capacity, and role in tissue homeostasis and regeneration.

**Key words:** Fibroblasts, Mesenchymal Stem Cells, Tissue Niche, Plasticity, Regeneration, Differentiation

## Dear Editor

The traditional dichotomy between fibroblasts as simple stromal cells and mesenchymal stem cells (MSCs) as defined multipotent progenitors is increasingly difficult to sustain. We propose a paradigm shift: viewing fibroblasts not as terminally differentiated cells, but as a diverse population of tissue-specific MSCs that are primed by their unique microenvironment.

## Phenotypic and Functional Overlap

The International Society for Cellular Therapy (ISCT) criteria for MSCs—plastic adherence, tri-lineage differentiation, and expression of specific surface markers (CD73, CD90, CD105)<sup>1</sup>—are remarkably met by numerous fibroblast populations<sup>2</sup>. Dermal, gingival, and cardiac fibroblasts, among others, have demonstrated the ability to differentiate into adipogenic, chondrogenic, and osteogenic lineages under appropriate conditions *in vitro*<sup>3–5</sup>. Furthermore, their shared immunomodulatory functions, particularly the suppression of T-cell proliferation, blur the functional distinctions between the two cell types<sup>6</sup>. This suggests that the standard ISCT criteria may be insufficient to delineate a true MSC from a multipotent fibroblast.

## The Tissue-Specific Niche Defines Function

The critical factor that may define a fibroblast as a tissue-specific MSC is its niche. Fibroblasts from different anatomical locations exhibit distinct transcriptional profiles, largely governed by developmental HOX code expression. This "positional mem-

ory" dictates their specific role in tissue homeostasis and repair. A dermal fibroblast is specialized for skin repair and ECM remodeling, while a periodontal ligament fibroblast is primed for cementogenic and osteogenic tasks. Rather than being a separate entity, the classical bone marrow MSC can be viewed as one specific, and perhaps more primitive, member of a broader family of mesenchymal progenitor cells, with fibroblasts representing their specialized, tissue-committed counterparts.

## A Spectrum of Plasticity

The relationship is best described as a dynamic spectrum. Upon tissue injury, resident fibroblasts can be "re-activated" or "de-differentiated," acquiring a more primitive, MSC-like state with enhanced proliferative and multipotent capabilities. This plasticity is a key regenerative mechanism. The converse is also true; MSCs introduced into a specific tissue niche can adopt a fibroblastic phenotype and function. This bidirectional interconversion strongly argues against a rigid classification.

## Unresolved Questions and Future Directions

Key questions remain. If fibroblasts are indeed tissue-specific MSCs, what are the definitive markers that confirm their stemness versus a terminally differentiated state? Are the observed differences in differentiation potency merely a reflection of their degree of niche-specific commitment? Resolving these questions requires single-cell transcriptomic and epigenetic analyses of fibroblast populations across tissues to identify subpopulations with true stem cell properties.

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ABBREVIATIONS

ECM: Extracellular Matrix, MSC: Mesenchymal Stem/Stromal Cell, ISCT: International Society for Cellular Therapy

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COMPETING INTERESTS

The authors declare that they have no competing interests.

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