New Insights and Implications for Regenerative Medicine from Cardiomyocyte Maturation

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Introduction

The ea i made f m ce ce (ca di m c e), ic ma e e ma i f e ea ma and gene a e i m ing f ce. O e ce e (fib ba , ac a end e ia ce , and ac a m m ce ce) and e e ace a ma i a , a im an e in ca diac f nc i n in b ea and di ea e. The e ec ica ac i a i n f ca di m c e i in ed ce a c n ac i n ia e c i a i n c n ac i n c ing. Ca ci m i an im an ec nd me enge in ce ; i en in e ce ca e addi na ca ci m e ea e f m e ac a mic e ic m, ic ac i a e e c n ac i e mac ine. The be en dec ea e in ca ci m c ncen a i n ca e ca diac ea a i n, c i e ed f e ea e-fi . Ca ci m a eg a e e c ica ce e in e ea , c a gene an c i n and ene g ma c ing [1].

C ange in in fi amen c e ind ced b Ca2+ binding in and be en b c -b idge binding eg a e f e b c -b idge a ac men , f ce de e men , and de endence f f ce n egmen eng in e ea and m ce. Va ia i n in ac i a i n e ie acc n f ef a ia i n be een e e m ce a ie ie .

On enc n e ing a abe - ge , e g d e a faced 2 c ice : ee defend in e f. E e a eg needed eed ac i a i n f e ea m ce and ad men f e e f mance f m ce e end b d a i ed m c a e [2]. Th g abe - ed ge n n e i , i gica need a en an e ngen f a ing ica ab , ee ing im

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Received December 10, 2021; **Accepted** December 24, 2021; **Published** December 31, 2021

Citation: Sirker A (2021) New Insights and Implications for Regenerative Medicine from Cardiomyocyte Maturation. Biochem Physiol 10: 353.