

Getting small blood cells through small gaps; what could go wrong?

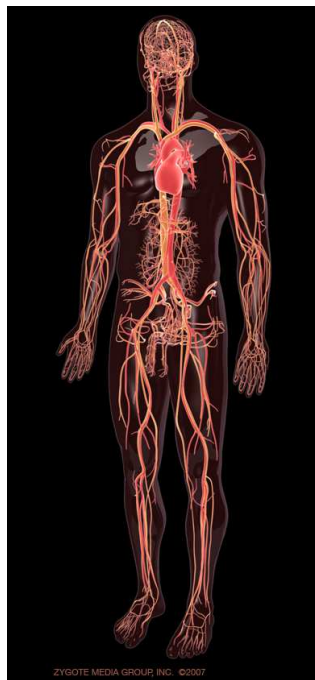
Gerard Nash

Centre for Cardiovascular Sciences

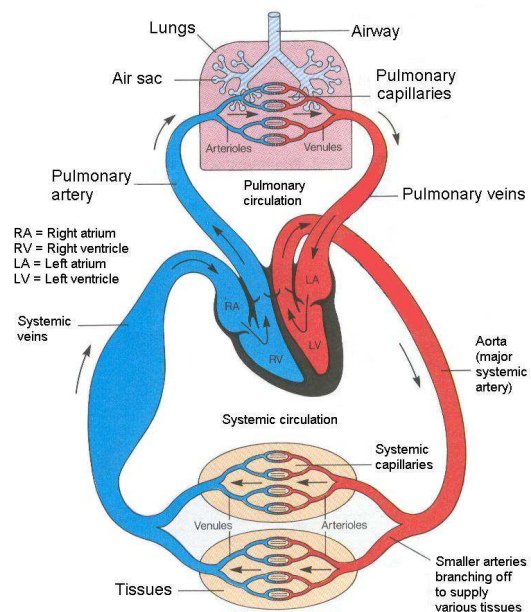
The Medical School, University of Birmingham, UK

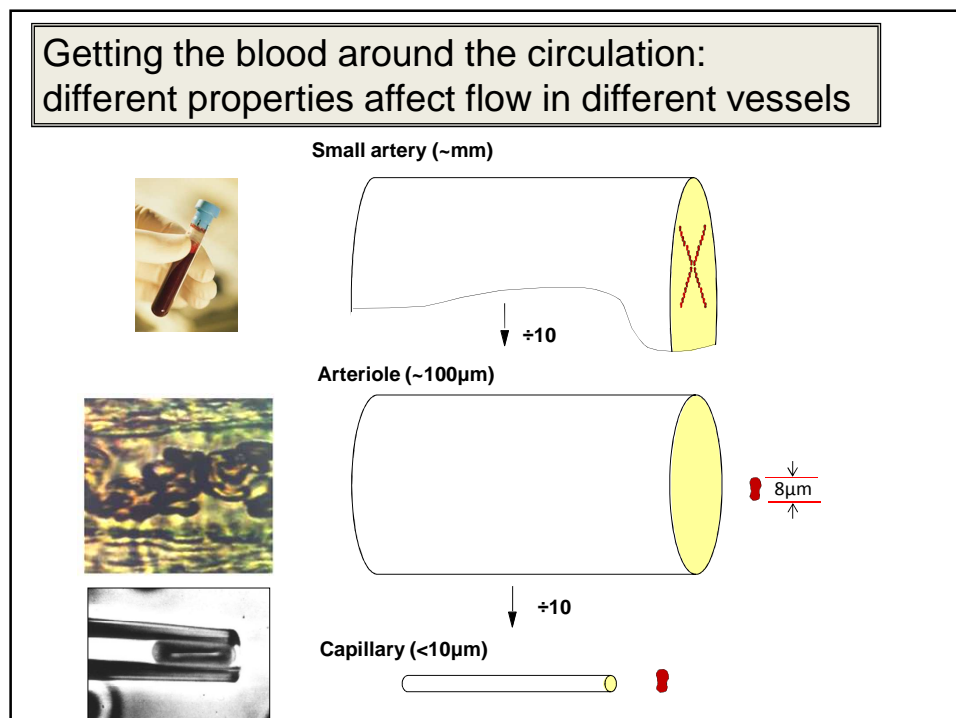
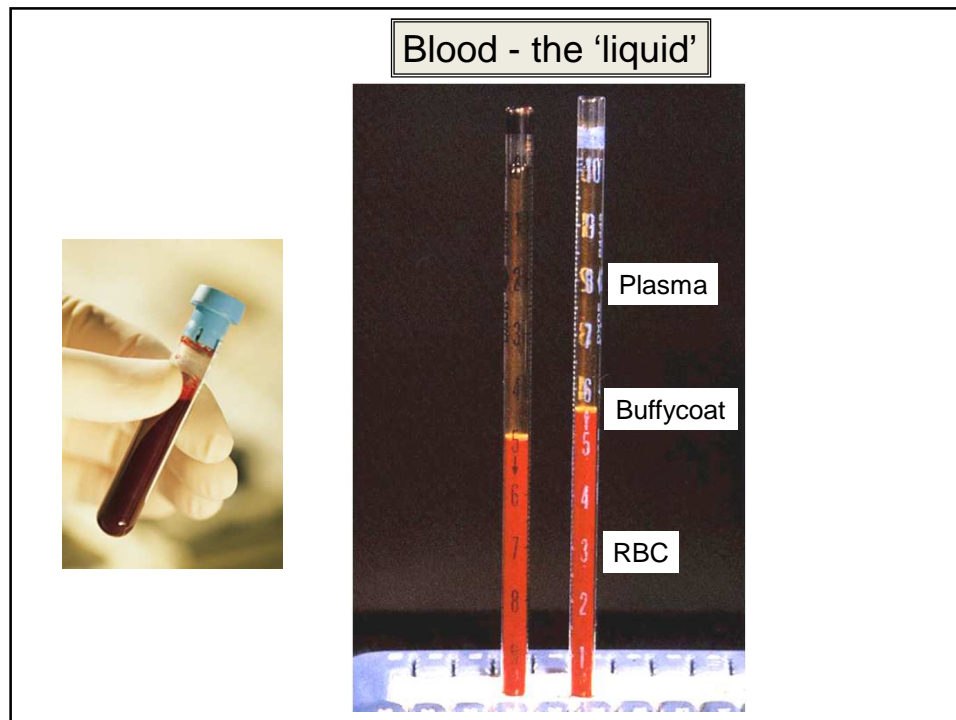


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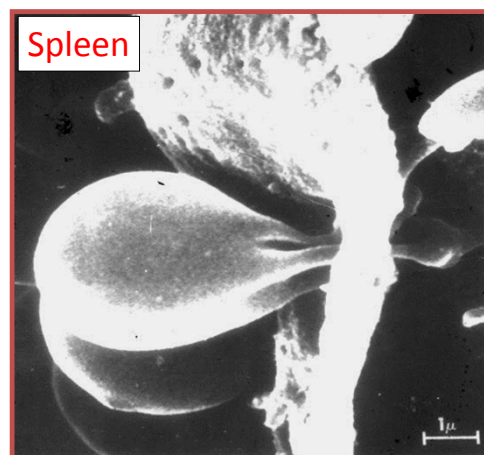
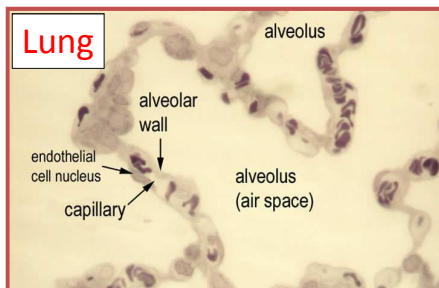
The pumping (dual circuit)

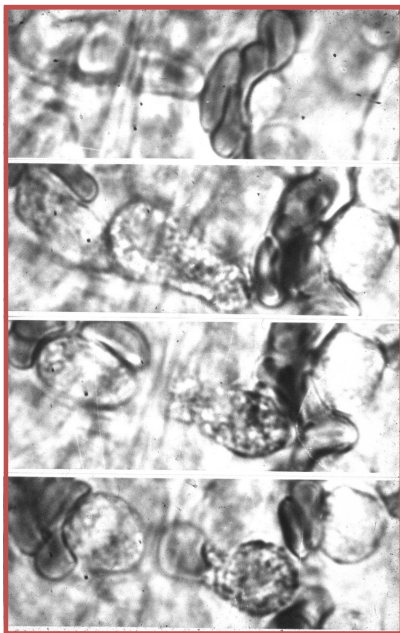




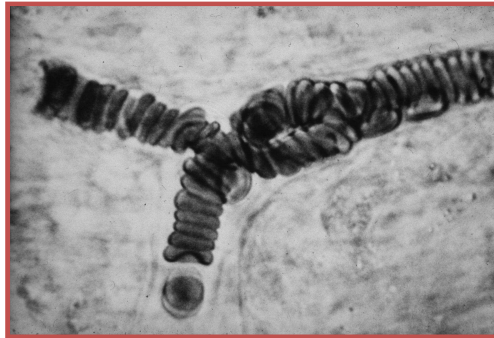


..... getting small cells through small gaps

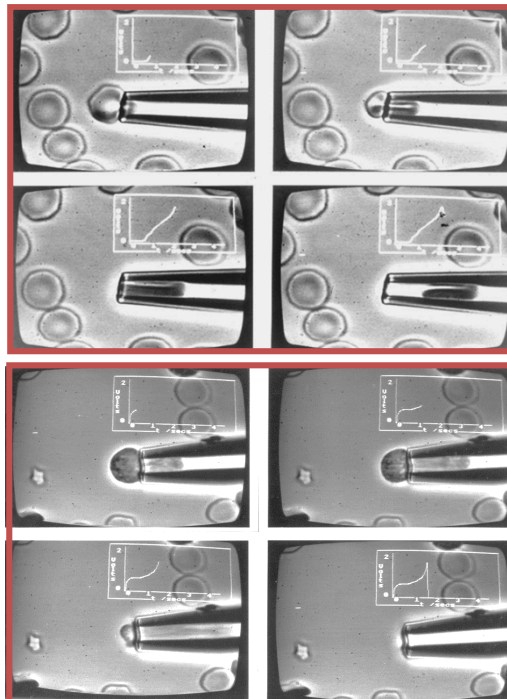


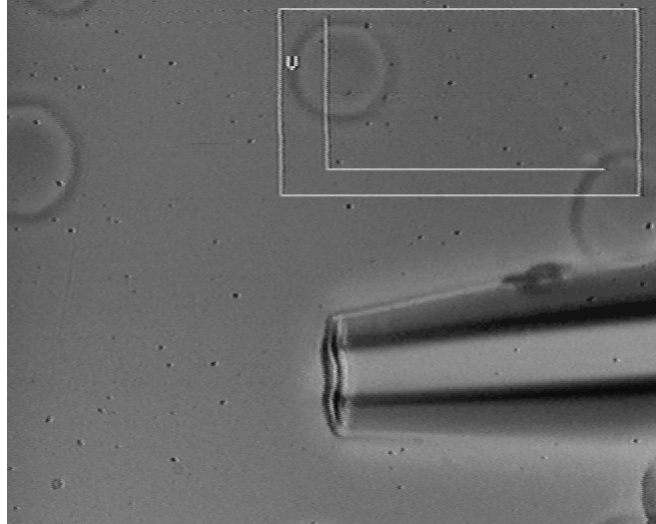


Its not just red blood cells



Ulf Bagge, PhD Thesis, Goteborg 1975

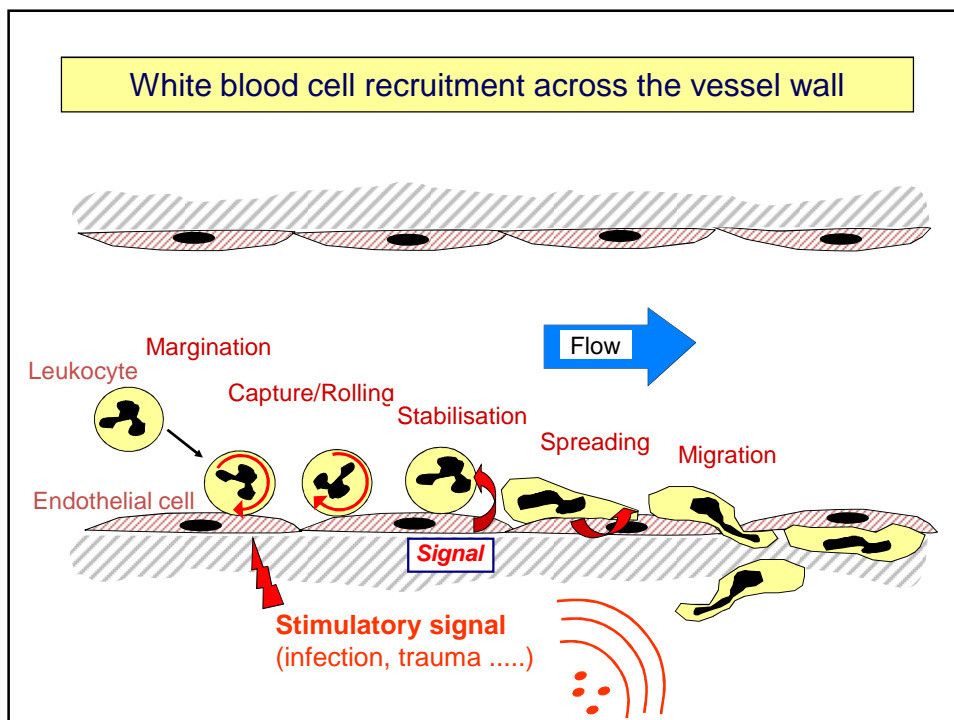
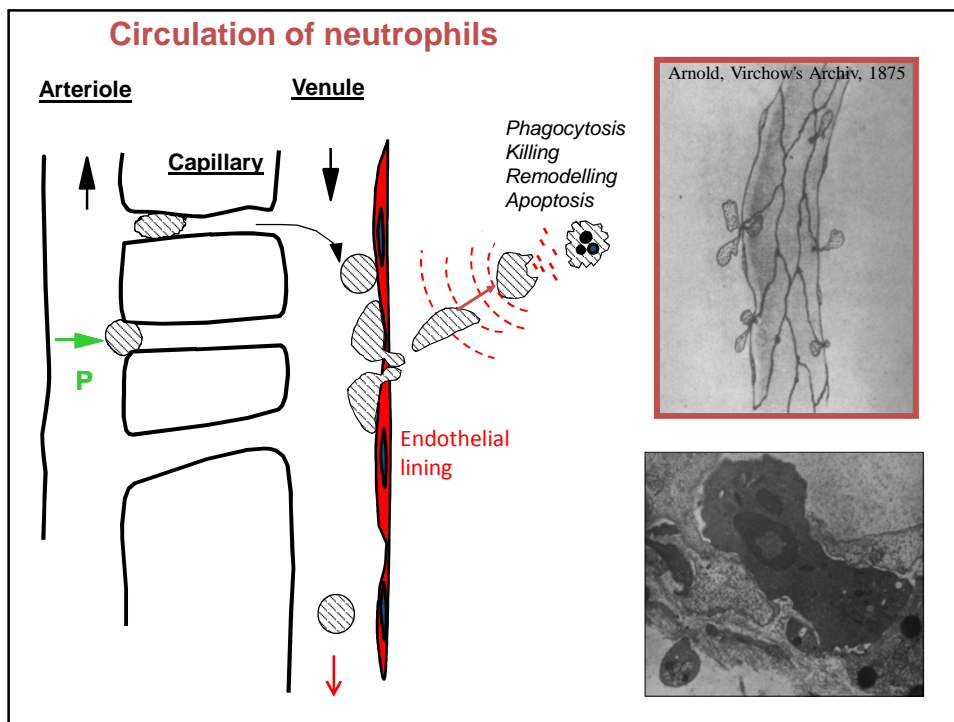


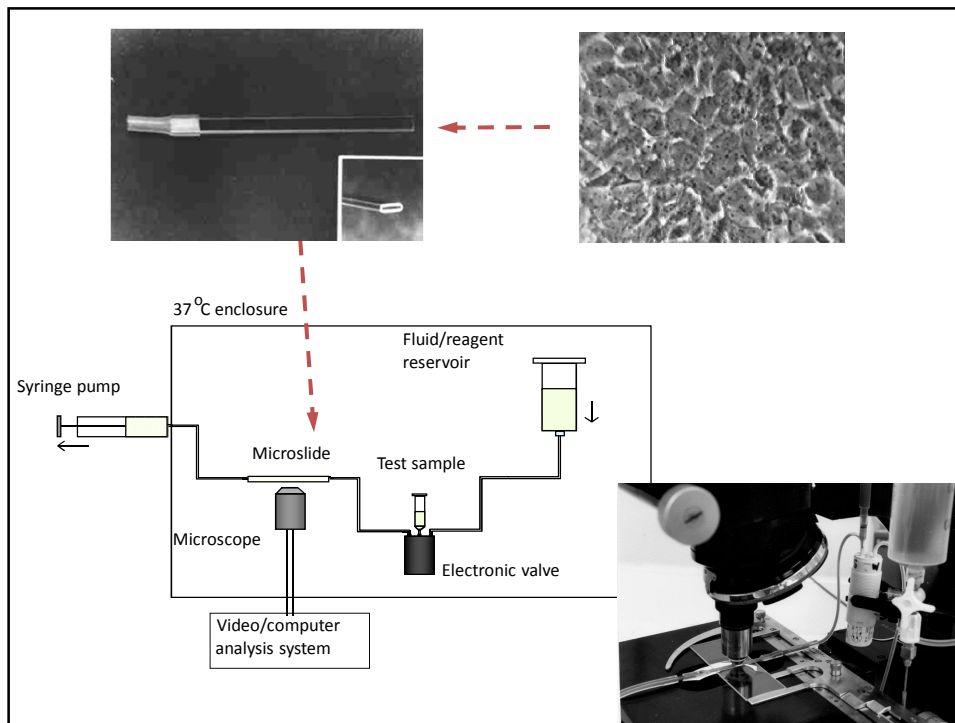


Its not just squeezing through vessels

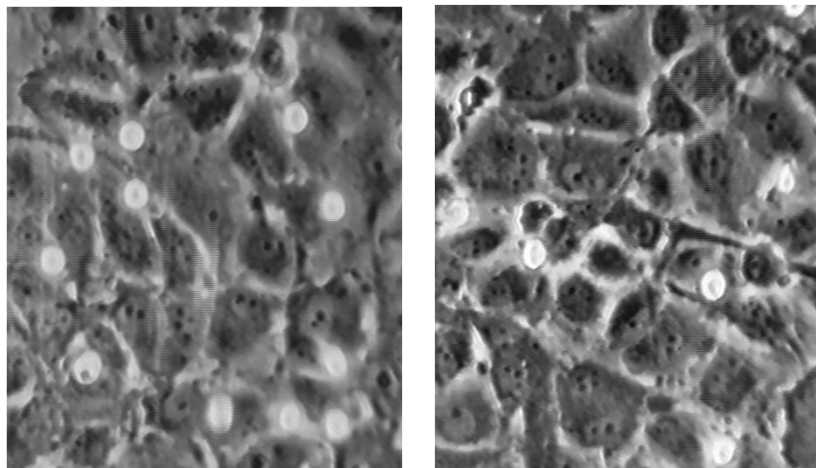


..... its sticking and crawling out





Neutrophils rolling or migrating on 'inflamed' endothelium



Low dose

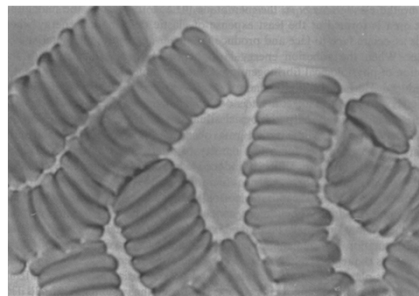
High dose

Tumour necrosis factor

Getting small blood cells through small gaps;
what could go wrong?

'Clinical blood cell rheology'

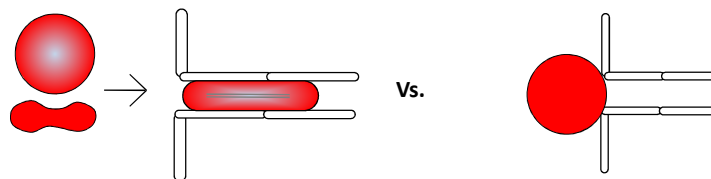
Red blood cells: mechanics



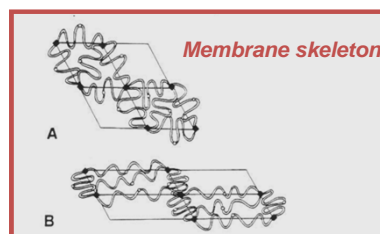
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Cellular mechanical factors affecting deformation

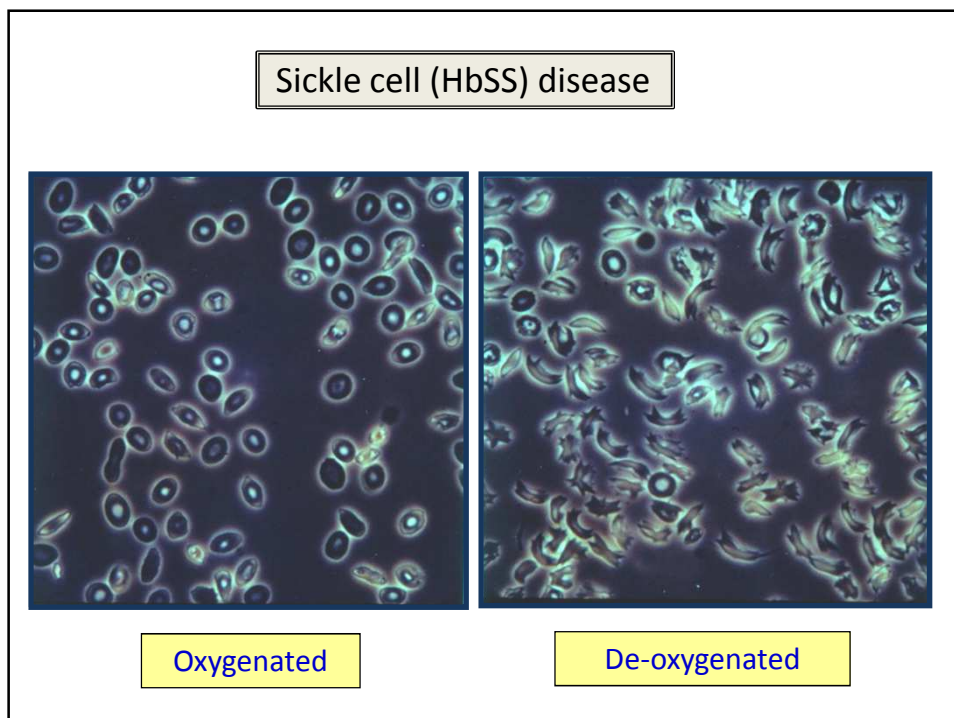
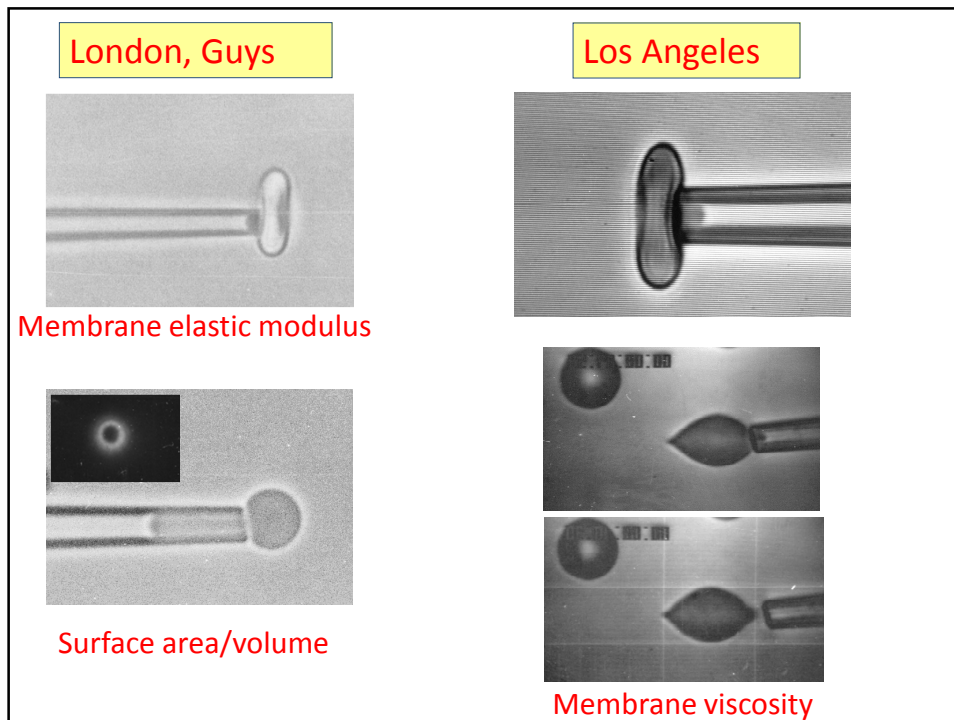
CELL GEOMETRY Surface area:volume ratio → ability to adapt shape

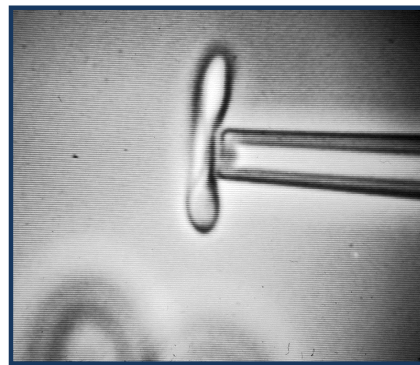
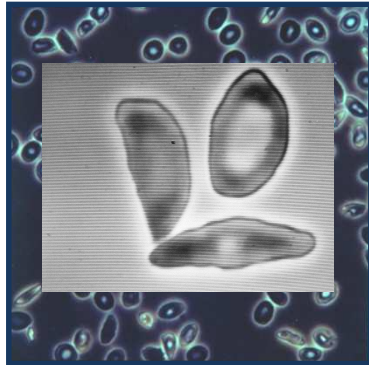


MEMBRANE (rigidity)



CYTOPLASM (concentrated haemoglobin solution)



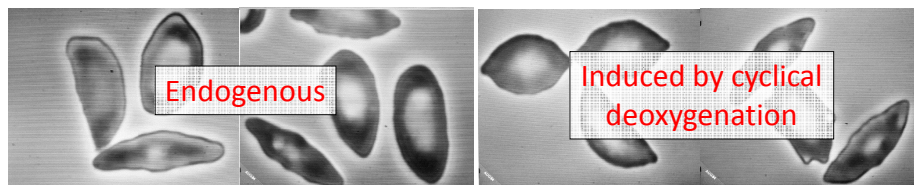


Irreversibly Sickled Cells:

Surface area/volume (Shrunk) $\uparrow \times 1.25$

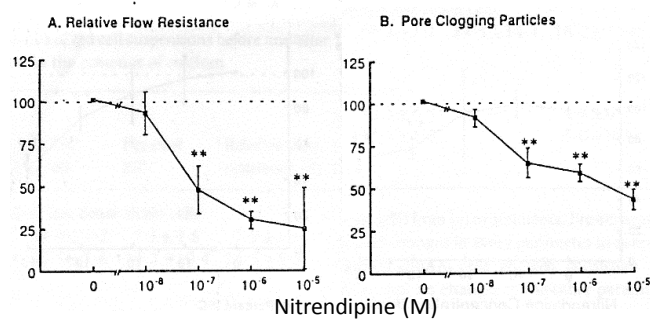
Membrane rigidity $\uparrow \times 2$

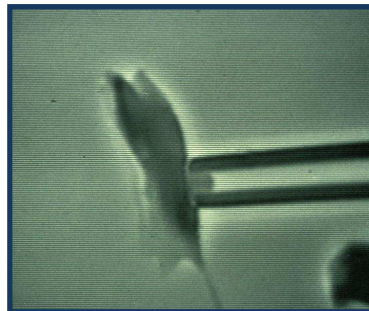
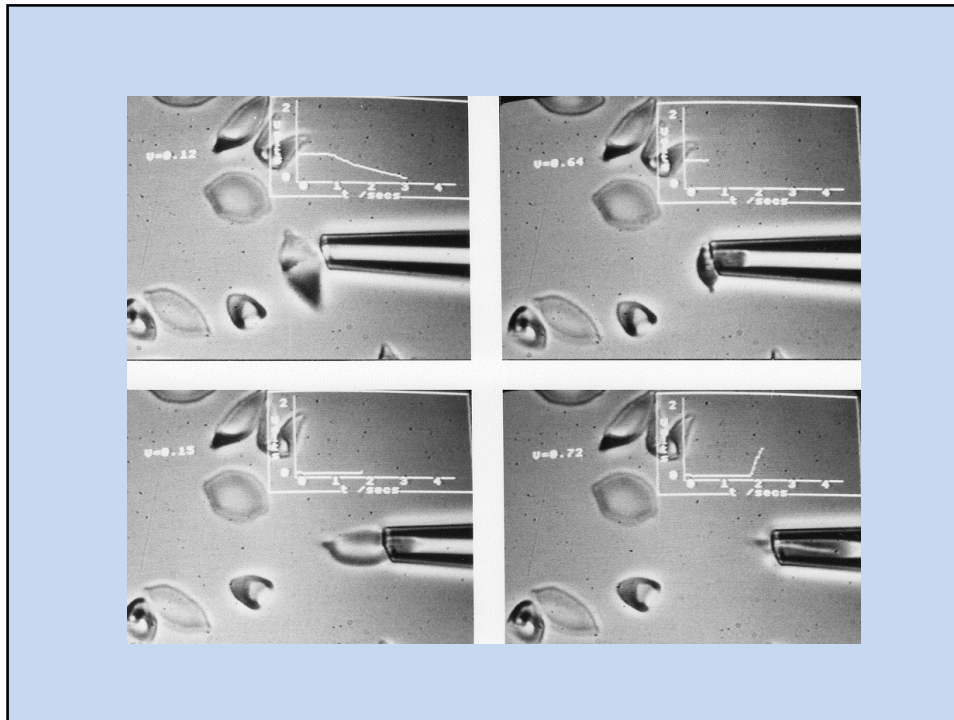
Membrane viscosity $\uparrow \times 2.5$



Ca^{++} -dependent K^+ efflux (Gardos effect)

Protection by Ca^{++} -channel blocker Nitrendipine

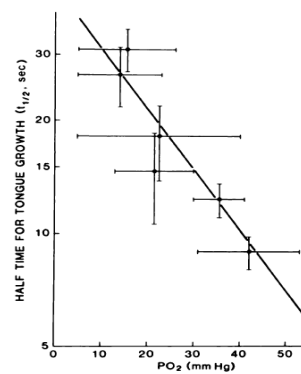
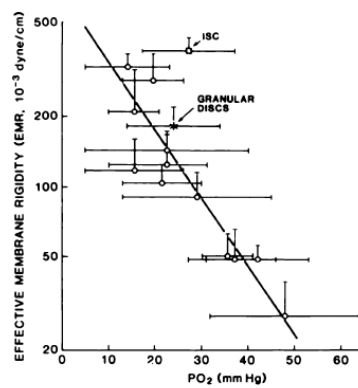


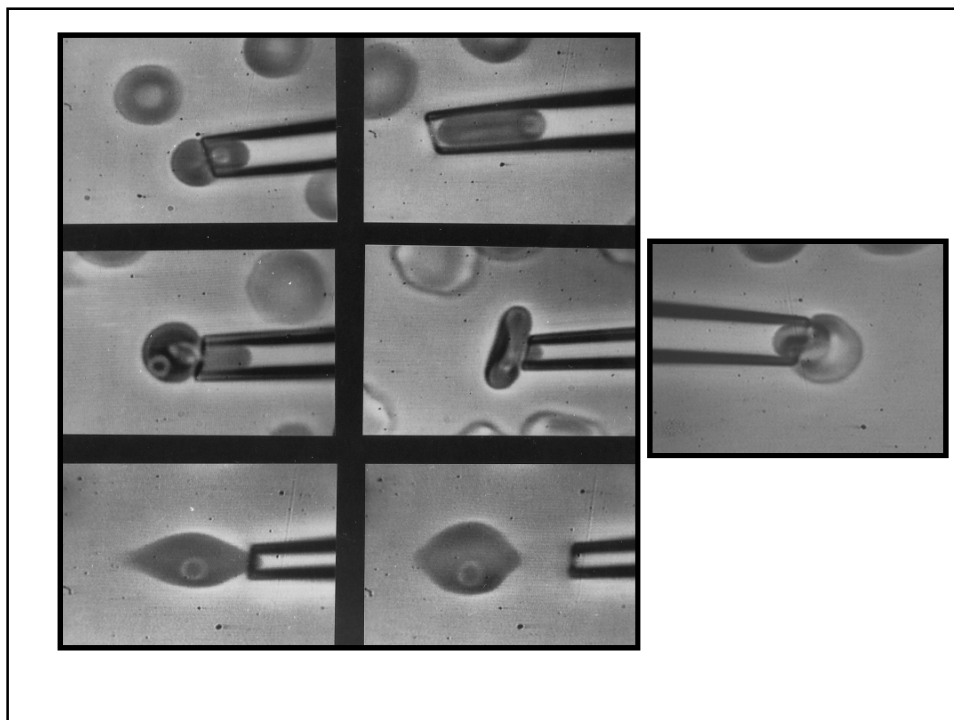
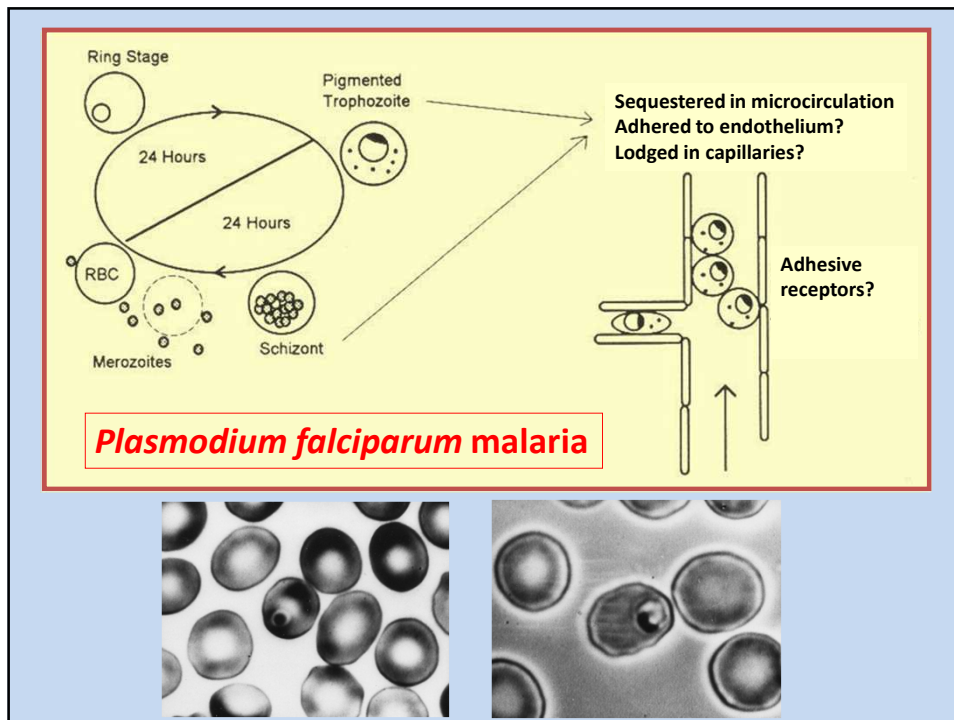


Decreasing oxygen tension
(HbS polymerisation/sickling)

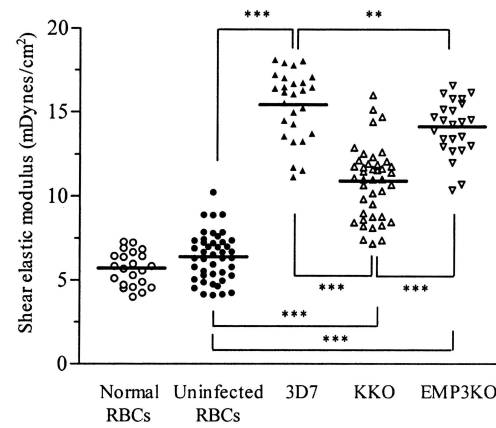
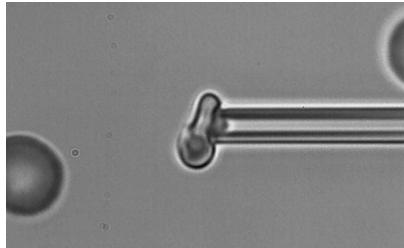
Rigidity $\uparrow \times 5-100$

Deformation rate $\downarrow \times 50-200$





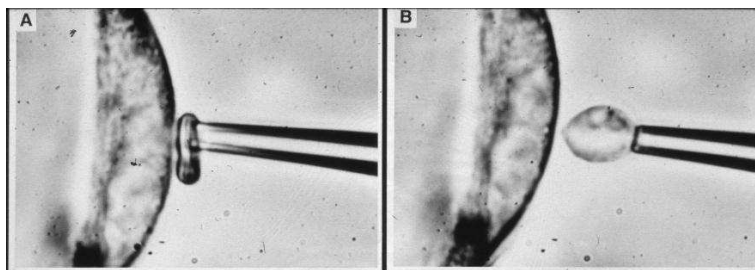
Effect of proteins inserted into the red cell membrane revealed by genetic manipulation of the parasite



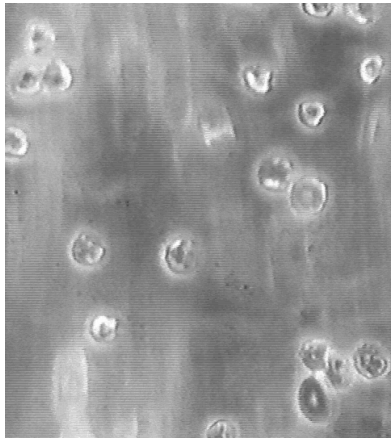
Glenister F K et al. Blood 2002;99:1060-1063

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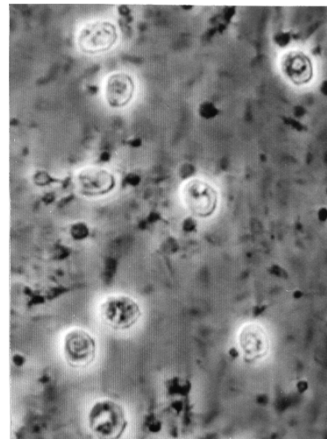
Red blood cells: adhesion



Parasitised red cells can mimic ability of white cells to roll and stop on endothelium



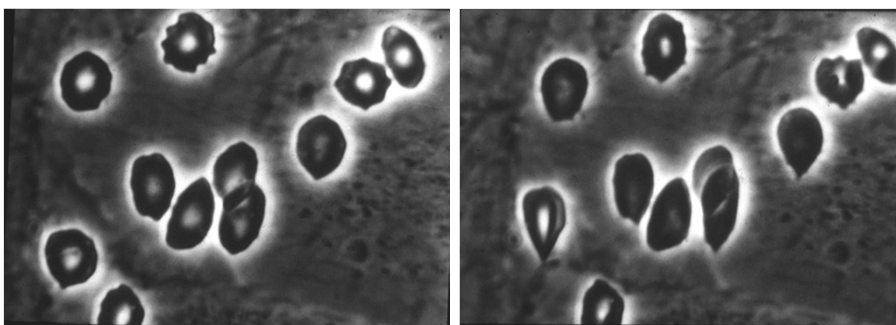
Endothelial cells



Platelets

Sequestration in blood capillaries key to pathogenesis?

Sickle cells can also adhere to endothelium from flow



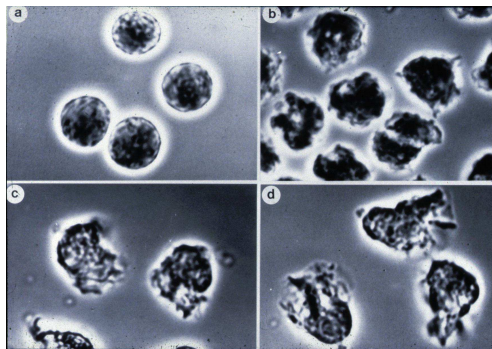
Adhesion may delay sickle cells in microvessels

Along with dehydration this allows sickling

Outcome – log-jam of rigid cells causing occlusion

Getting small blood cells through small gaps;
what could go wrong?

White blood cells: mechanics

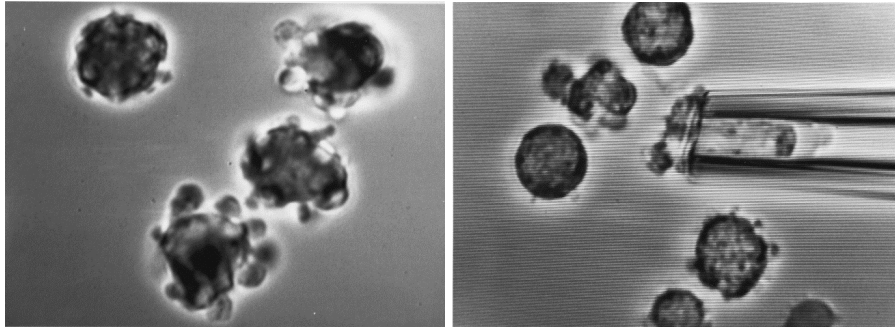


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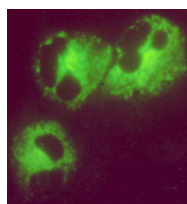
'Activated' neutrophils



Effect of exposure to cigarette smoke

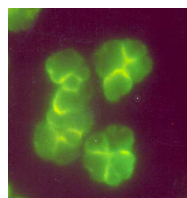


Small vessel inflammation (vasculitis) associated with anti-neutrophil cytoplasm antibodies (ANCA)



Cytoplasmic (c-) ANCA:

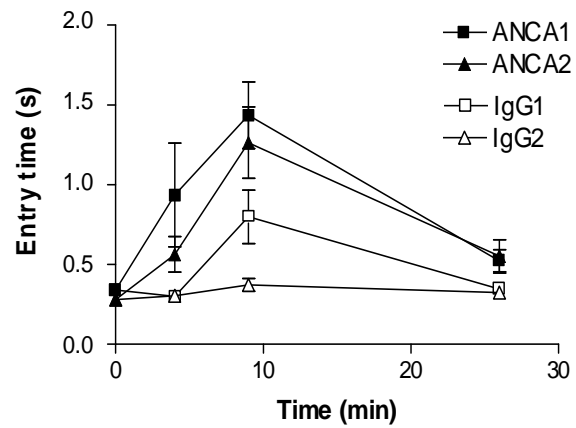
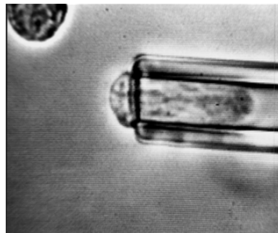
- Coarse granular staining
- Specificity for proteinase 3 (PR3)
- Most commonly associated with Wegener's granulomatosis



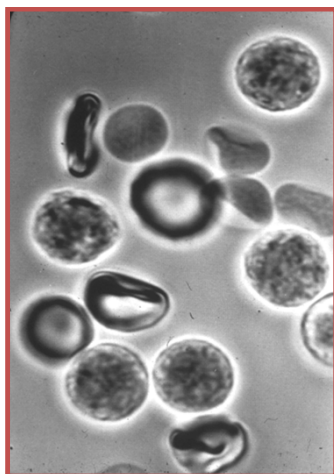
Perinuclear (p-) ANCA:

- Staining restricted to sites around the nucleus
- Specificity for myeloperoxidase (MPO)
- Most commonly associated with microscopic polyarteritis

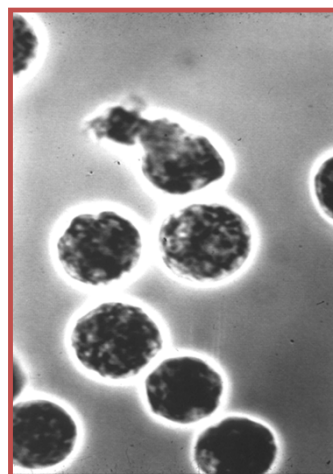
ANCA derived from plasma of patients with vasculitis causes rigidification of neutrophils



Effect of surgical interruption of blood flow (ischaemia and reperfusion)

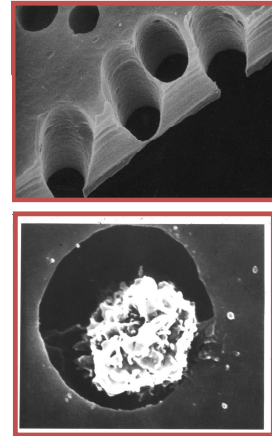
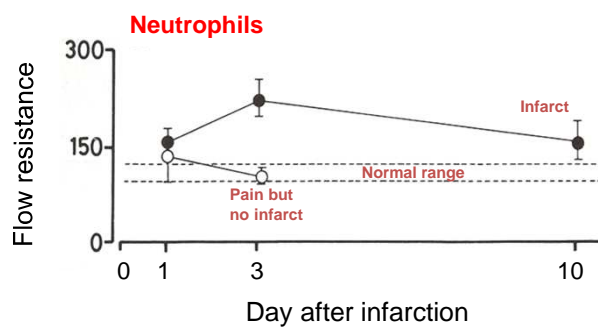


Healthy control



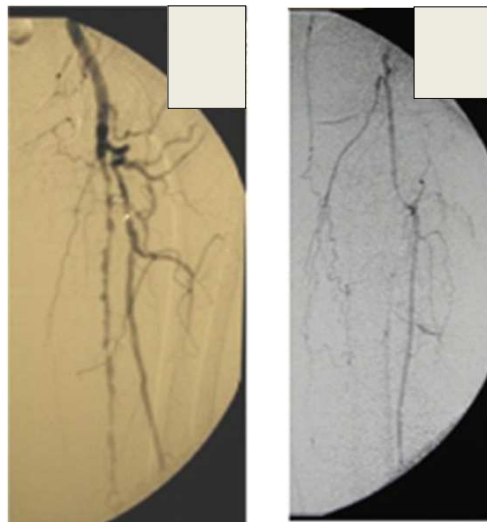
After repair of aortic aneurysm

Flow resistance of neutrophils after acute myocardial infarction



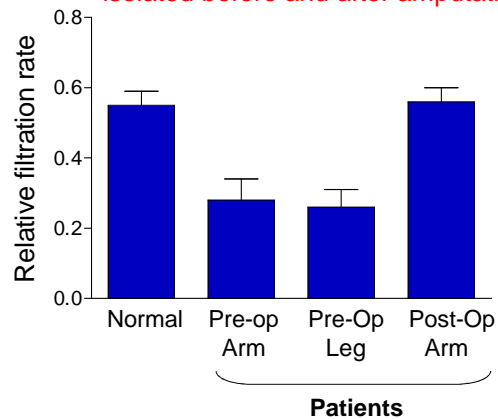
Peripheral vascular disease - chronic ischaemia of the leg

X-ray - Angiograms



Critical leg ischaemia: Flow resistance of neutrophils

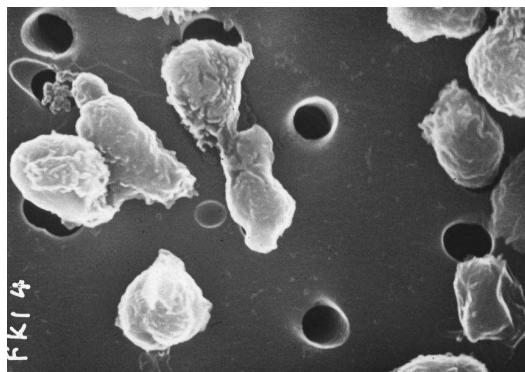
Filtration rate of neutrophils:
isolated before and after amputation

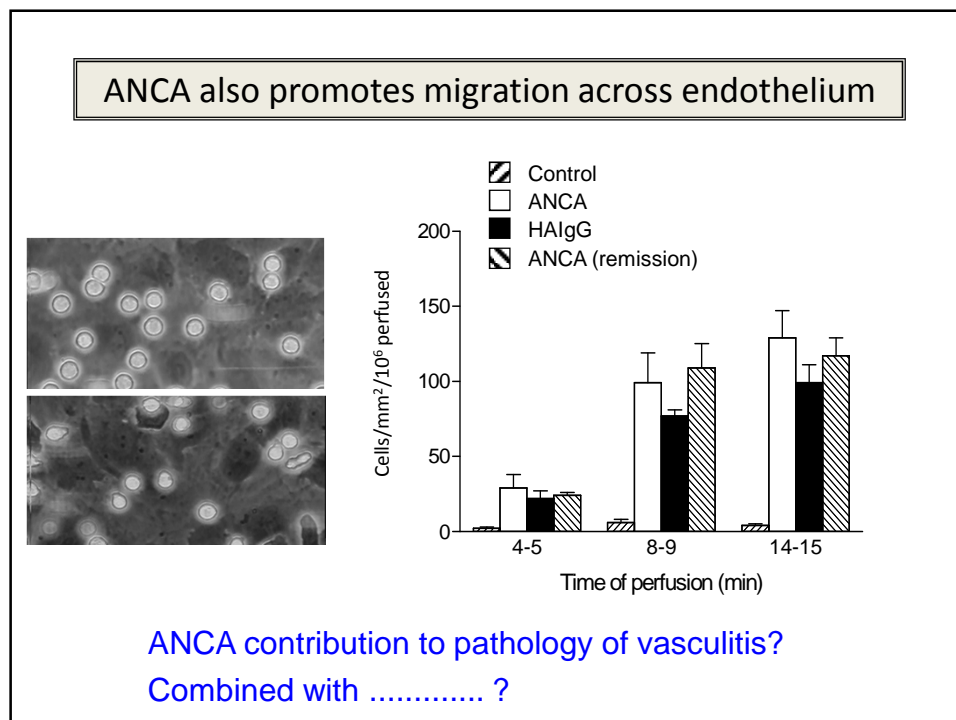
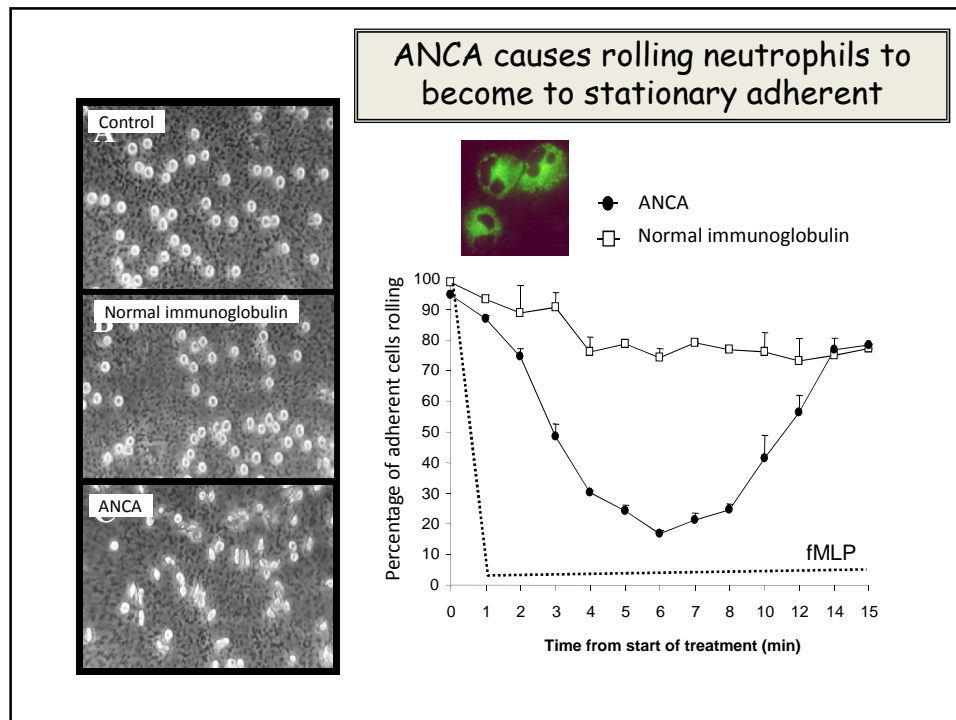


Activation of neutrophils may cause problems systemically
as well as in affected ischaemic tissue

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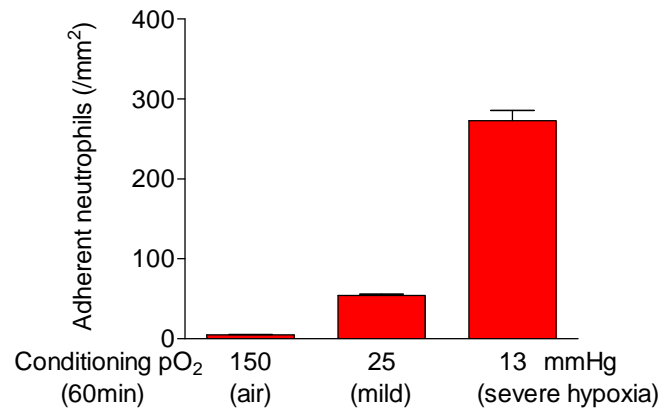
White blood cells: adhesion and migration
(at the wrong time/wrong place)





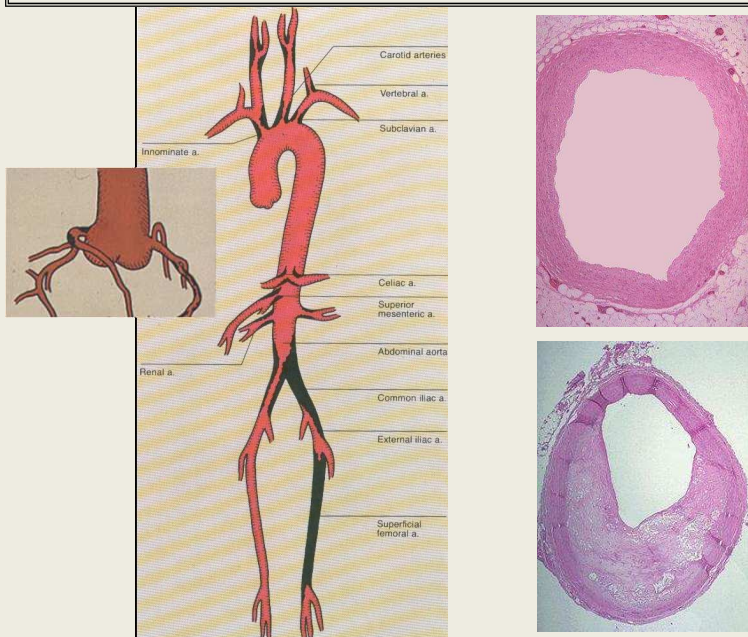
Exposure of endothelial cells to hypoxia and re-oxygenation

→ adhesion of flowing neutrophils on return of oxygen



Hypoxia/reoxygenation one driver of neutrophil infiltration

Atherosclerosis - vicious cycle of leukocyte activation?



Clinical blood cell rheology - therapeutic lessons?

Sickle cell disease

*Shrinking as a key factor in flow impairment
(deformability, polymerisation, adhesion)*

Malaria

Inhibit sequestration to attack the parasite life-cycle

Leukocytes and vascular disease :

*Don't let them get too excited
Quieten them down
Stop them sticking*

Guy's Hospital Medical School

University of Southern California, Medical School

St. George's Hospital Medical School

University of Birmingham Medical School



The Leverhulme Trust

