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HIGH LEVELS OF CELL-FREE HEMOGLOBIN AND IRON IN CLOTS OF STROKE PATIENTS: NOVEL MECHANISM ASSOCIATED WITH THE SAR-COV2 INDUCED PROTHROMBOTIC STATE







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BACKGROUND



ARTICLE

Neurologic manifestations in hospitalized patients with COVID-19

The ALBACOVID registry

Results

Of 841 patients hospitalized with COVID-19 (mean age 66.4 years, 56.2% men), 57.4% developed some form of neurologic symptom. Nonspecific symptoms such as myalgias (17.2%), headache (14.1%), and dizziness (6.1%) were present mostly in the early stages of infection. Anosmia (4.9%) and dysgeusia (6.2%) tended to occur early (60% as the first clinical manifestation) and were more frequent in less severe cases. Disorders of consciousness occurred commonly (19.6%), mostly in older patients and in severe and advanced COVID-19 stages. Myopathy (3.1%), dysautonomia (2.5%), cerebrovascular diseases (1.7%), seizures (0.7%), movement disorders (0.7%), encephalitis (n = 1), Guillain-Barré syndrome (n = 1), and optic neuritis (n = 1) were also reported, but less frequent. Neurologic complications were the main cause of death in 4.1% of all deceased study participants.

Extrapulmonary manifestations of COVID-19

BACKGROUND



OBJETIVES AND METHODS

OBJETIVES

To analyse the histological and ultrastructural characteristics as well as the protein expression and metal composition of clots retrieved during mechanical thrombectomy from COVID-19 infected and non-infected stroke patients

METHODS

• Data collection: Demographics, vascular risk factors, TOAST classification, neurological scales, imaging findings, treatment strategies, outcome and laboratory findings

- Histological examination: Hematoxylin & eosin and Gomori trichrome staining
- Immunohistochemistry: Expression of CD68 (Macrophage marker), CD61 (platelet marker), MPO (Neutrophil and NET marker)
- Ultraestructural analysis: Transmission Electron Microscopy (negative staining)

• Quantitative proteomic analysis: Tandem mass spectrometry coupled to liquid chromatography (LC-MS/MS) using SWATH data-independent acquisition

Hybrid quadrupole-TOF mass spectrometer TripleTOF[®] 6600

- Data Analysis: Peptide and protein identifications were performed using ProteinPilot[™] Software V 5.0 (Sciex) and the Paragon algorithm

• TXRF evaluation : Total reflection X-Ray fluorescence for detection of 13 metals

I. Clinical, radiological and laboratory characteristics

	COVID-19, N=6	CONTROL, N=6
Demographics		
Age (years, mean ± SD)	60 ± 16,4	61 ± 4,7
Female (n, %)	2 (33,3)	3 (50)
Vascular risk factors		
Atrial fibrillation (n, %)	1 (16,6)	1 (16,6)
Arterial hypertension (n, %)	2 (33,3)	2 (33,3)
Diabetes mellitus (n, %)	2 (33,3)	2 (33,3)
Dyslipidemia (n, %)	0 (0,0)	3 (50)
Smoking (n, %)	2 (33,3)	2 (33,3)
Medications		
Prior antiplatelet therapy (n, %)	0 (0,0)	1 (16,6)
Prior anticoagulant therapy (n, %)	0 (0,0)	0 (0,0)
Oxygen saturation at admission		
Sat O2 <92% (n, %)	3 (50)	1 (16,6)

	COVID-19, N=6	CONTROL, N=6
Index ischemic event		
ASPECTS (median [IQR])	9 (1,3)	9,5 (1,5)
NIHSS score on admission (median [IQR])	17,5 (10,6)	12 (7,9)
NIHSS score after 24 hours (median [IQR])	12 (12,5)	2,5 (5,2)
Occlusion site		
BA (n, %)	1 (16,6)	0 (0,0)
TICA (n, %)	1 (16,6)	1 (16,6)
MCA (n, %)	4 (66,6)	5 (83,3)
Tandem occlusion (n, %)	1 (16,6)	1 (16,6)
TOAST classification		
Cardioembolism (n,%)	2 (33,3)	2 (33,3)
Undetermined etiology (n, %)	3 (50)	4 (66,6)
Other determined etiology (n, %)	1 (16,6)	0 (0,0)
Modified Rankin scale		
90-day mRS > 2 (n, %)	5 (83,3)	1 (16,6)
Acute treatment		
Intravenous Alteplase	4 (66,6)	2 (33,3)

I. Clinical, radiological and laboratory characteristics

	COVID-19, N=6	CONTROL, N=6
Laboratory findings		
Leukocytes (x103/ μ L) (mean ± SD)	10,72 ± 2,546	12,5 ± 3,927
Neutrophils (x103/ μ L) (mean ± SD)	8,64 ± 2,456	10,5 ± 3,7
Lymphocytes (x103/ μ L) (mean ± SD)	1,37 ± 0,565	1,32 ± 0,396
Monocytes (x10 ³ /µL) (mean ± SD)	0,5 1± 0,189	0,3 ± 0,075
Erythrocyte (x10 ⁶ / μ L) (mean ± SD)	4,67 ± 0,384	4,65 ± 0,417
Hemoglobin (g/dL) (mean ± SD)	14,2 ± 1,147	13,83 ± 1,823
Hematocrit (%)	41,66 ± 3,012	41,28 ± 4,985
Platelet count (x10 ³ / μ L) (mean ± SD)	309,33 ± 192,850	257,66 ± 48,726
Ferritin (ng/mL) (mean ± SD)	398,75 ± 259,732	NA
C-reactive protein (CRP) (mg/L) (mean ± SD)	31,68 ± 32,271	NA
Lactate dehydrogenase, U/L (mean ± SD)	261 ± 82,793	226,83 ± 80,273
Activated partial thromboplastin time (s)	25,83 ± 3,116	29,35 ± 3,024
International normalized ratio (INR) (mean ± SD)	1,27 ± 0,120	1,12 ± 0,084
D-Dimer (μg/mL) (median [IQR])	29399,6 ± 36728,676	997 ± 149,906
Fibrinogen (mg/dL) (mean ± SD)	369,16 ± 149,359	318,83 ± 64,235

II. Macroscopical apperance and histological/ultrastructural features





III. Immunohistochemical characterization





IV. Quantitative Proteomic analysis (LC-MS/MS in SWATH mode)











RESULTS: OVERVIEW



Minor role

- → Higher levels of redox signaling enzymes in COVID clots
 → Proteasome, ODC proteins, complements found only in COVID
- \rightarrow No differences in macrophage, neutrophil and NETs density
- \rightarrow Lower levels of platelet proteins
- → Proteins of degranulation pathway Not found in COVID
- \rightarrow Decreased platelet density
- \rightarrow Random distribution of fibrin

Inflammatory conditions: Presence of hyperactivated macrophage (M1) and classical complement cascade



Cerebral thrombus formation during SARS-Cov-2 infection

RESULTS: OVERVIEW

\rightarrow Higher levels of <u>Hemoglobin subunits</u> and <u>Fe</u> in COVID clots



Gracias por su atención