# Vascular morphology of Alveolar Capillary Dysplasia revisited: report of a case, literature review and a morphometric approach to assess cases of atypical clinical presentation

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atypical clinical presentation = late onset (5-28 weeks) = longer survival (12-250 weeks)

**SOFFOET September 2018** 

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### Cardiovascular Pathology

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### Original Article

Histopathologic features of alveolar capillary dysplasia with misalignment of pulmonary veins with atypical clinical presentation \*\*,\*\*\*



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### Histopathologic and Genetic Features of Alveolar Capillary Dysplasia with Atypical Late Presentation and Prolonged Survival

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# Quantitative analysis of capillary morphology in Alveolar Capillary Dysplasia (ACD): a pilot study on two cases and an age-matched control

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**SOFFOET March 2021** 

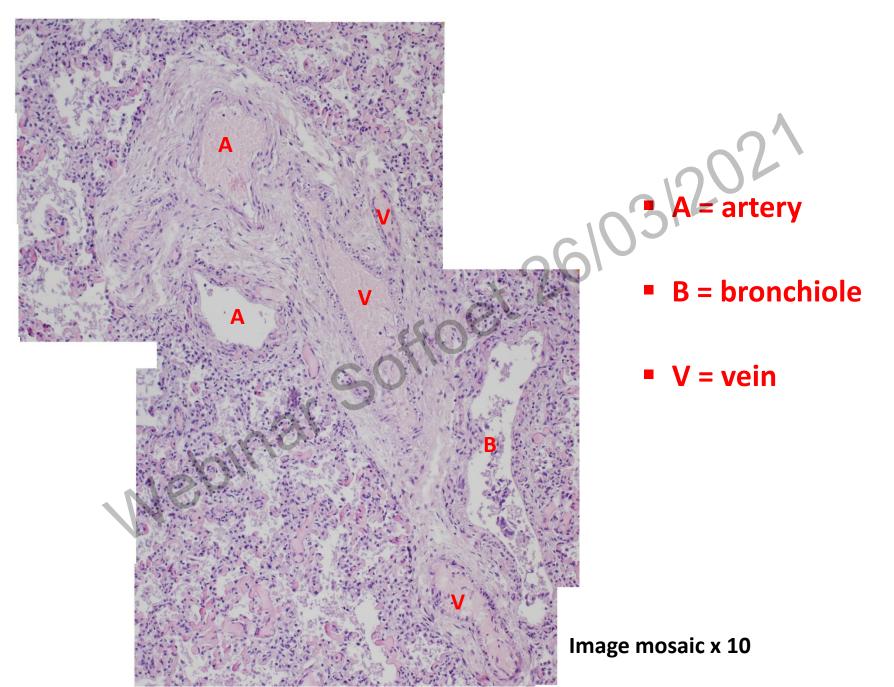
<sup>&</sup>lt;sup>2</sup>Laboratoire de Pathologie Fœtale et Placentaire, Maternité Régionale, CHU Nancy

<sup>&</sup>lt;sup>3</sup>INSERM U1256 Nutrition, génétique, exposition aux risques environmenntaux

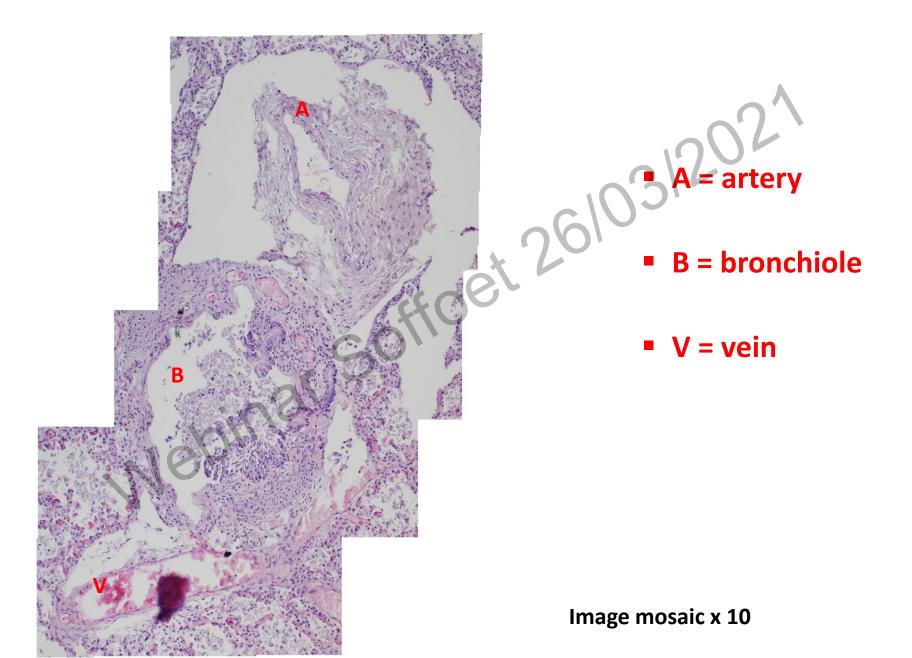
### Main histopathological features

- large abnormal veins accompany arteries and bronchi (aka misaligned pulmonary veins)
- loose thickened mesenchyme in the interstitium
- muscularization of alveolar walls arterioles and hypertrophy of media of small arteries
- capillaries not in contact with alveoli (blood-air barrier reduction)
- reduced number of capillaries

### Abnormally situated vein accompanies artery and bronchiole (1)



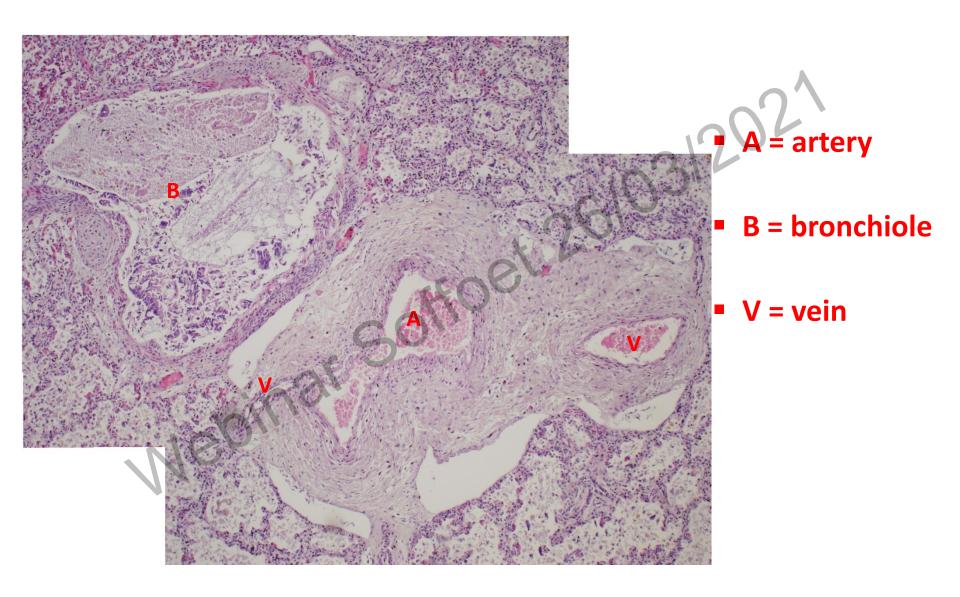
### Abnormally situated vein accompanies artery and bronchiole (2)



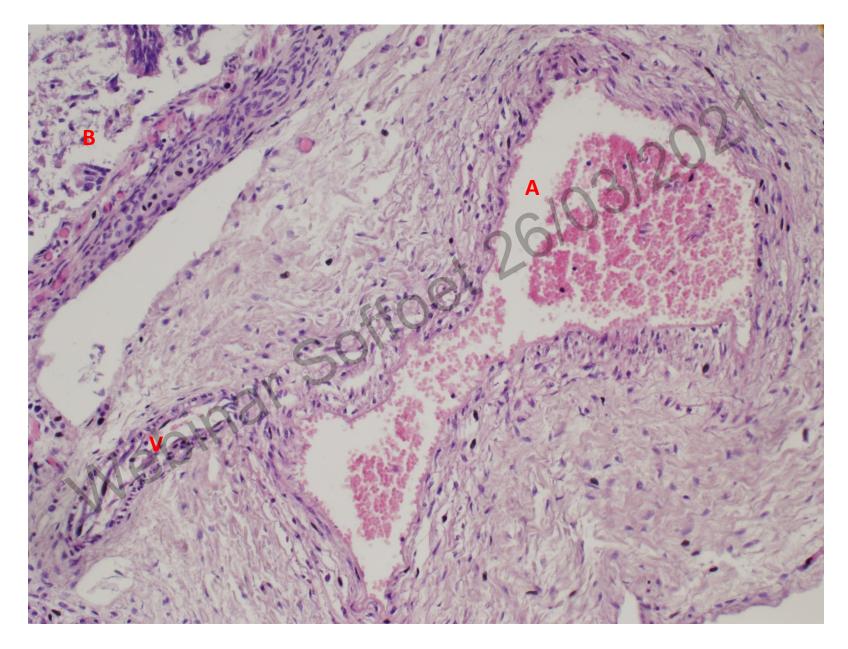
### Abnormally situated vein accompanies artery and bronchiole (3)



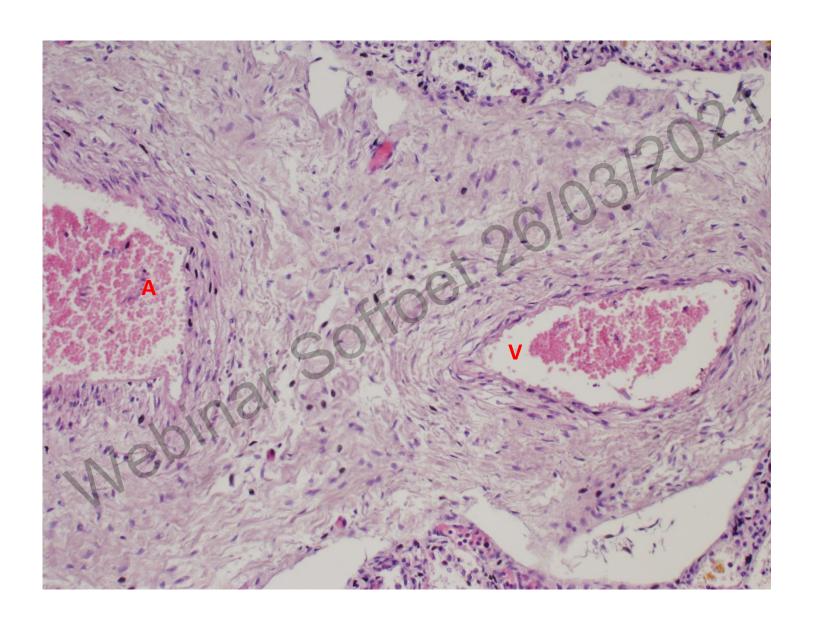
### Abnormally situated vein accompanies artery and bronchiole (4)



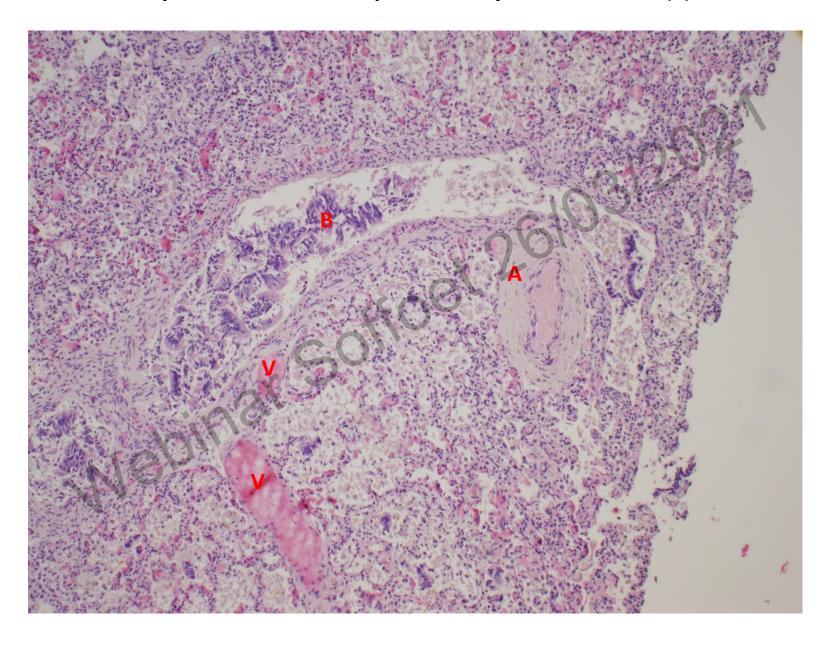
### Abnormally situated vein accompanies artery and bronchiole (4): detail



### Abnormally situated vein accompanies artery and bronchiole (4): detail

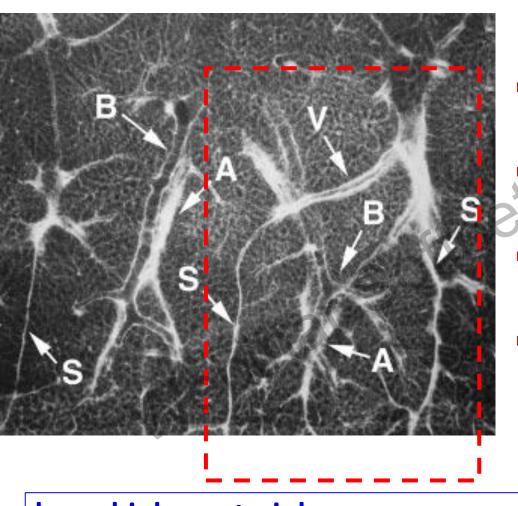


### Abnormally situated vein accompanies artery and bronchiole (5)



### CT: secondary pulmonary lobule

Webb WR. Thin-Section CT of the Secondary Pulmonary Lobule: Anatomy and the Image. The 2004 Fleischner Lecture. *Radiology 2006; 239: 322-38.* 



■ B = bronchiole

A = arteriole

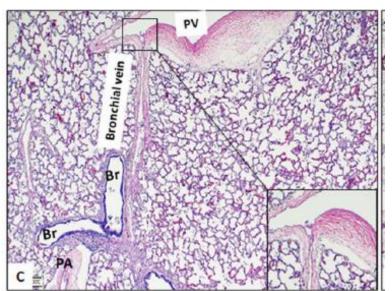
V = vein

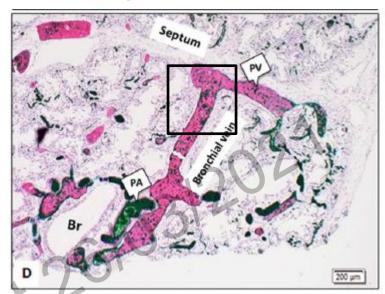
**■ S** = septum

bronchiole + arteriole in central position

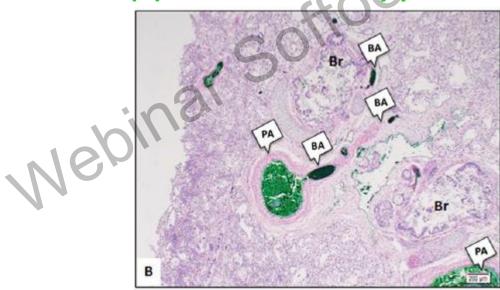
vein in delimiting septa

### Shunts (1): bronchial vein pulmonary vein





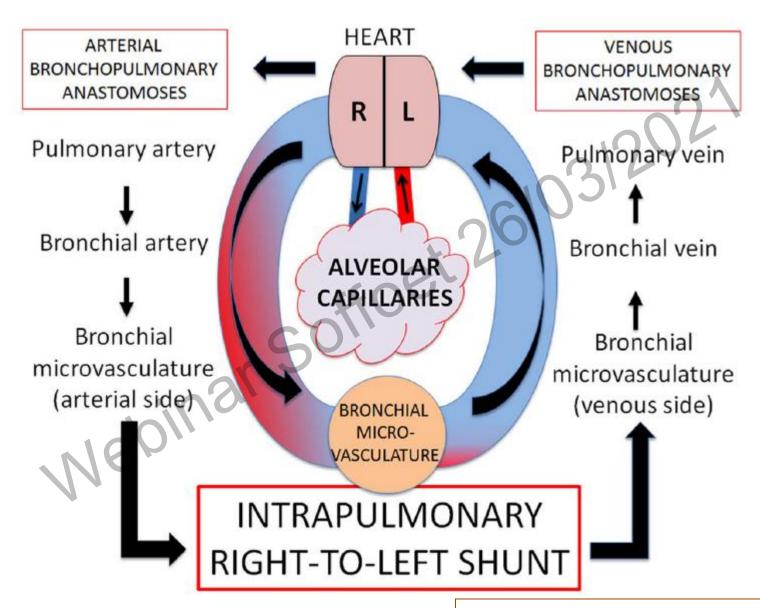
Shunts (2): bronchial artery pulmonary artery



**Galambos et al. Thorax. 2015;70:84-5**.

Galambos et al. J Pediatr. 2014;164:192-5.

### Shunts (2): general scheme



**Galambos et al. Thorax. 2015;70:84-5** 

### A terminology shift

Alveolar Capillary Dysplasia Associated With Misalignment of Pulmonary Veins (ACDM-MPV)

Popler et al. CHEST 2012; 142: 774-80

Alveolar Capillary—Congenital Acinar Dysplasia (ACD—CAD) spectrum due to a dysmaturation of the fetal pulmonary vasculature

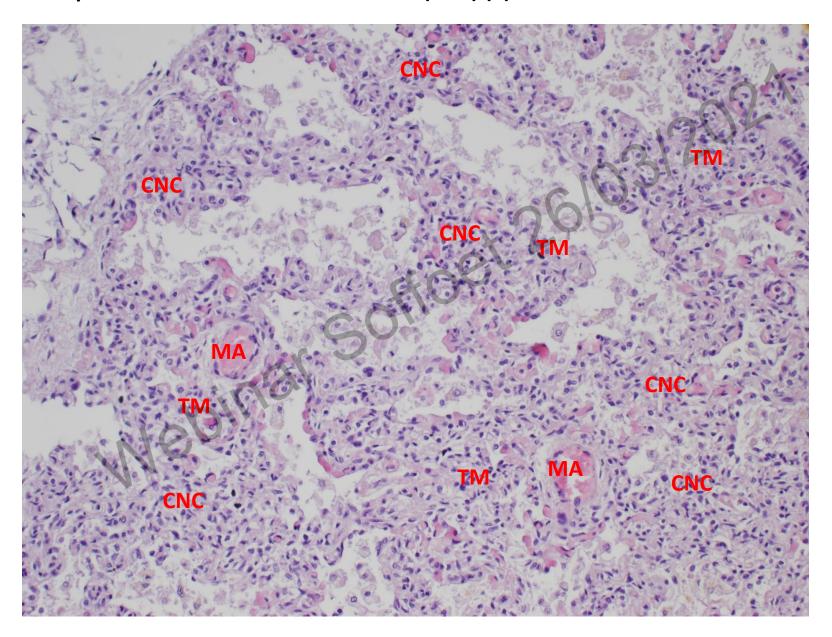
Bush et al. Paediatric Respiratory Reviews 2019; 30: 65–71 Edwards et al. J Pediatr. 2019; 210: 214–219

The so-called misaligned pulmonary veins have been shown to be dilated bronchial veins by detailed morphometric reconstructions

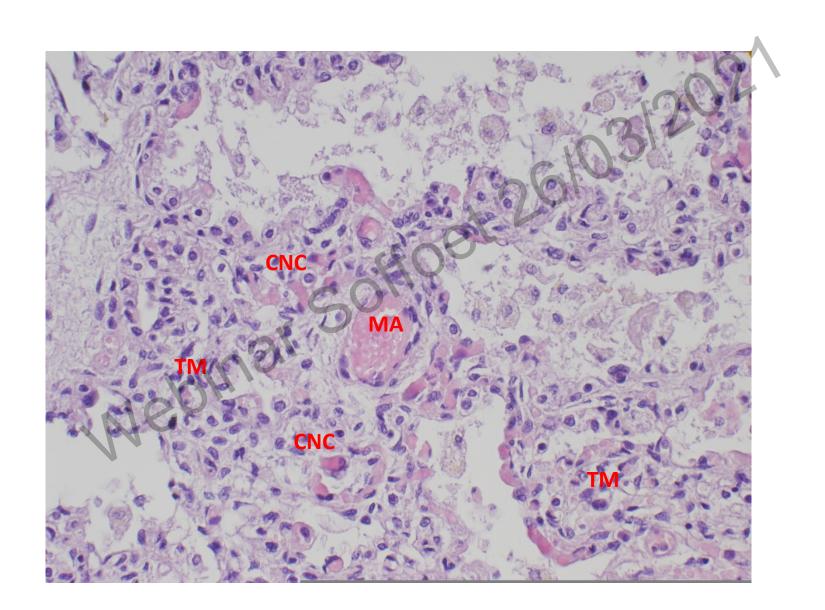
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- capillaries not in contact with alveoli (blood-air barrier reduction)
- reduced number of capillaries

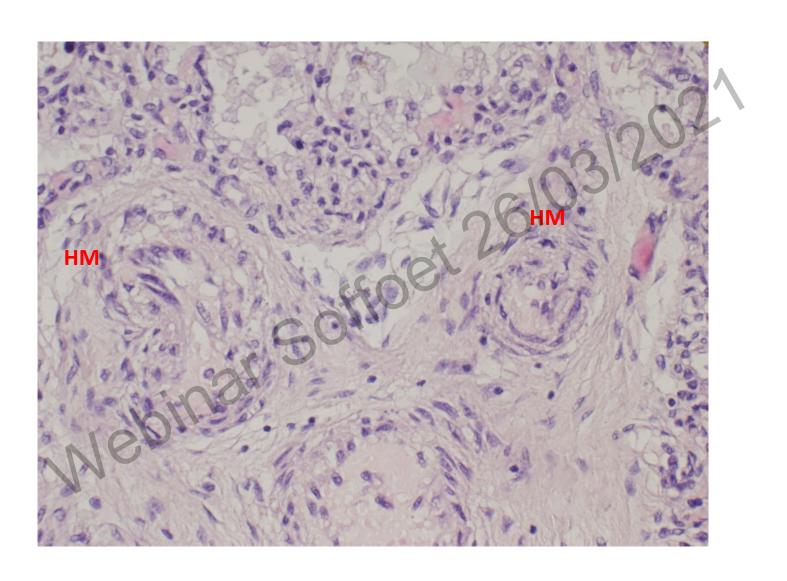
Thickened mesenchyme (TM) in alveolar walls, muscularized arterioles (MA), capillaries not in contact with alveoli (CNC) (1)



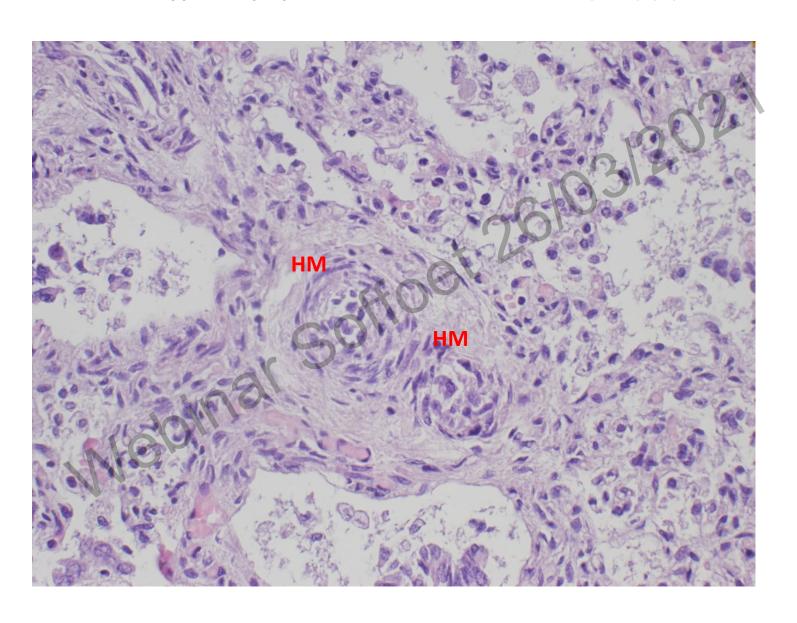
Thickened mesenchyme (TM) in alveolar walls, muscularized arteriole (MA), capillaries not in contact with alveoli (CNC) (2)



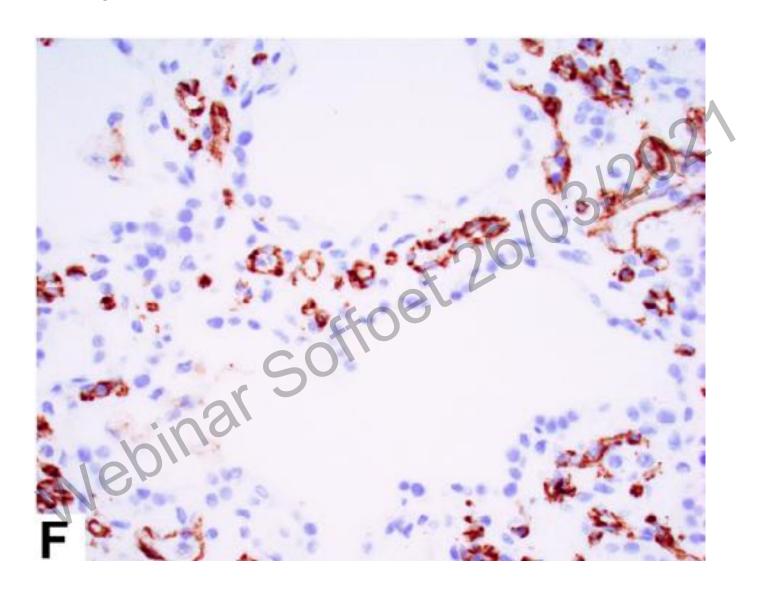
### Hypertrophy of media of small arteries (HM) (1)



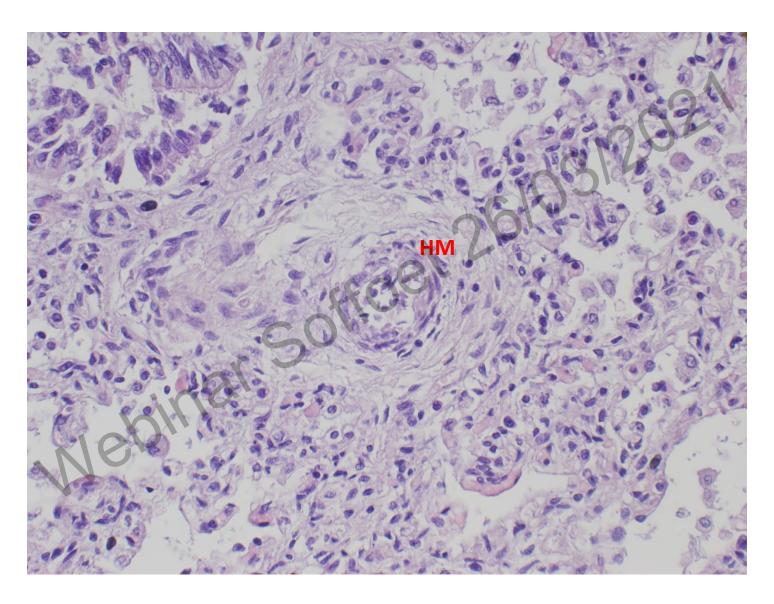
### Hypertrophy of media of small arteries (HM) (2)



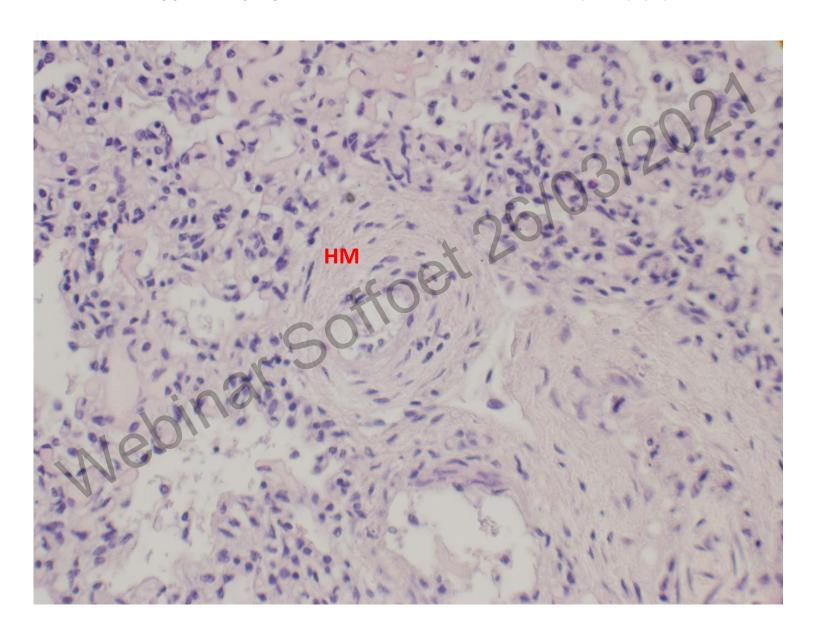
### **CD31 ACD patient**



### Hypertrophy of media of small arteries (HM) (3)

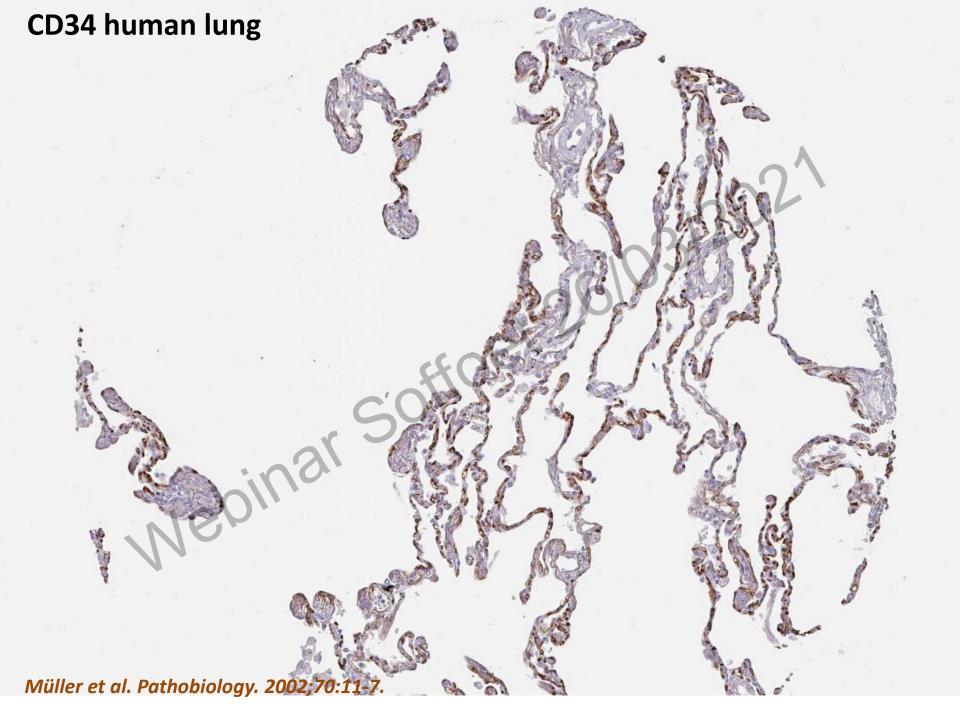


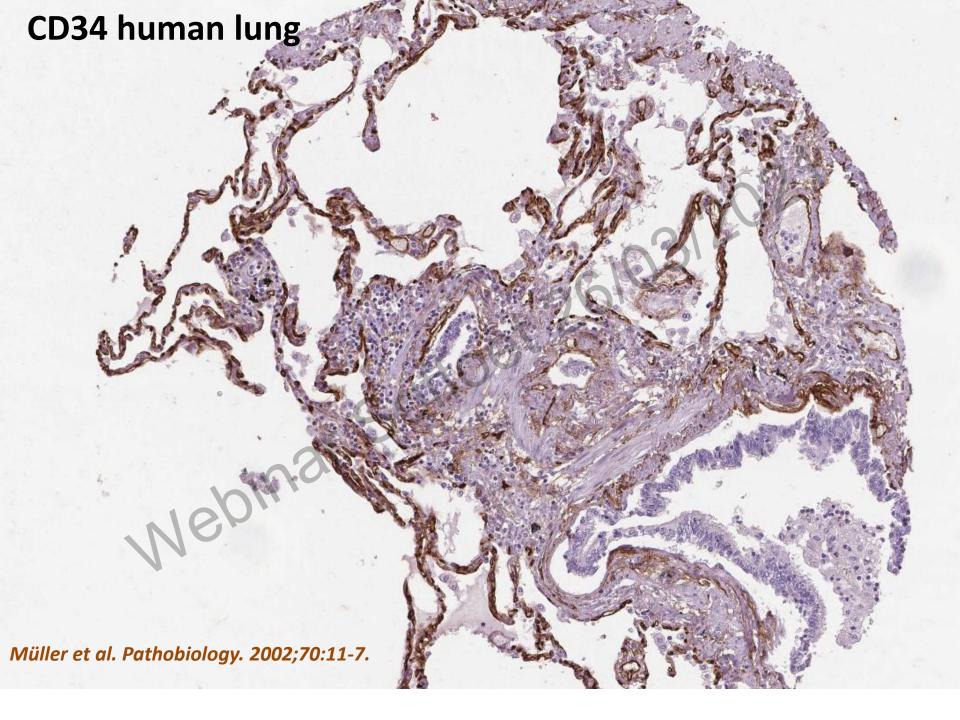
### Hypertrophy of media of small arteries (HM) (3)



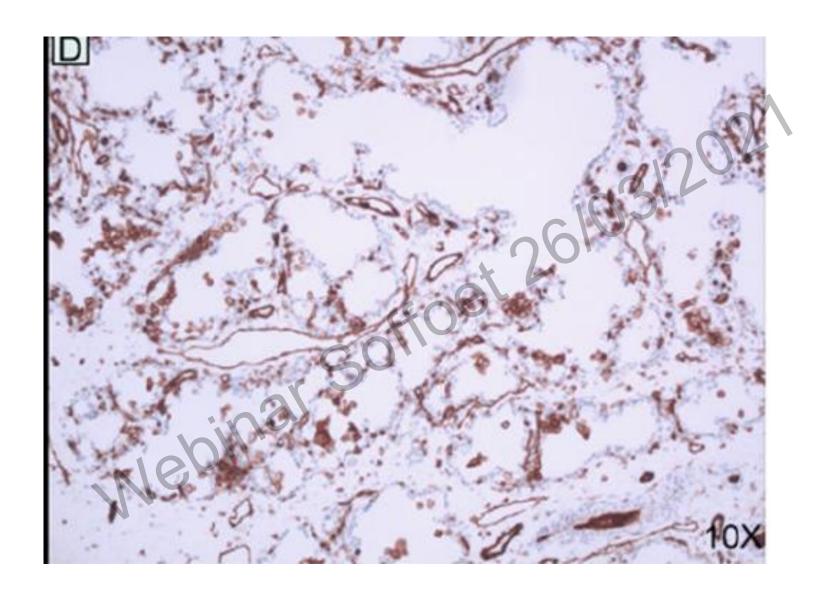
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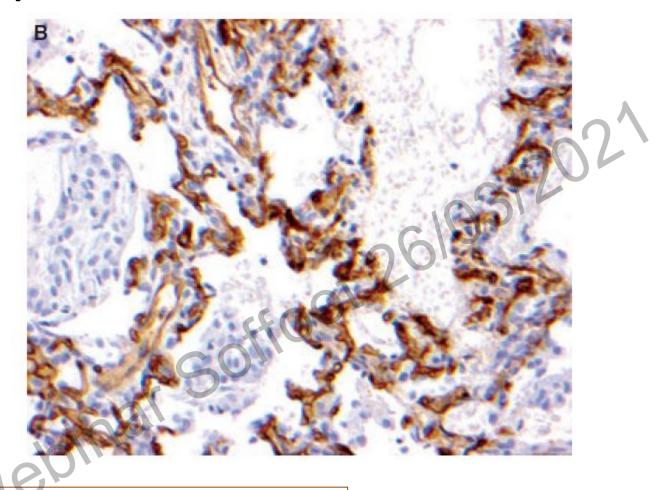




### **CD34 ACD patient**



### **CD34 ACD patient**



Melly et al. Histopathology 2008, 53, 450–57

Counting vessels in this context is simply not feasible

# Quantitative analysis of capillary morphology in Alveolar Capillary Dysplasia (ACD): a pilot study on two cases and one age-matched control

Emmeline Lauria<sup>1</sup>, Jean-Pierre Masutti<sup>1,2</sup>, Romain Toussaint<sup>2</sup>, Didier Menzies<sup>2</sup>, Christo Christov<sup>2,3</sup>

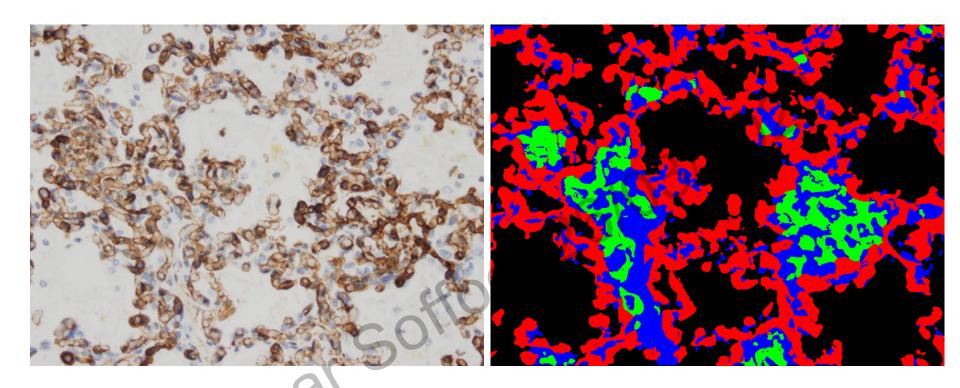
<sup>1</sup>Service de néonatologie, Maternité Régionale, CHU Nancy

**SOFFOET March 2021** 

<sup>&</sup>lt;sup>2</sup>Laboratoire de Pathologie Fœtale et Placentaire, Maternité Régionale, CHU Nancy

<sup>&</sup>lt;sup>3</sup>INSERM U1256 Nutrition, génétique, exposition aux risques environmenntaux

### CD34 in this report



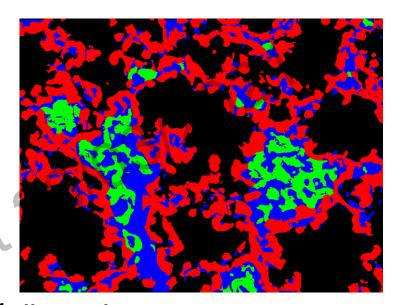
Interstitium/airspaces = 0.91

**Vessels/interstitium (%) = 94** 

**Vessels not in contact (%) = 19** 

### Measured parameters

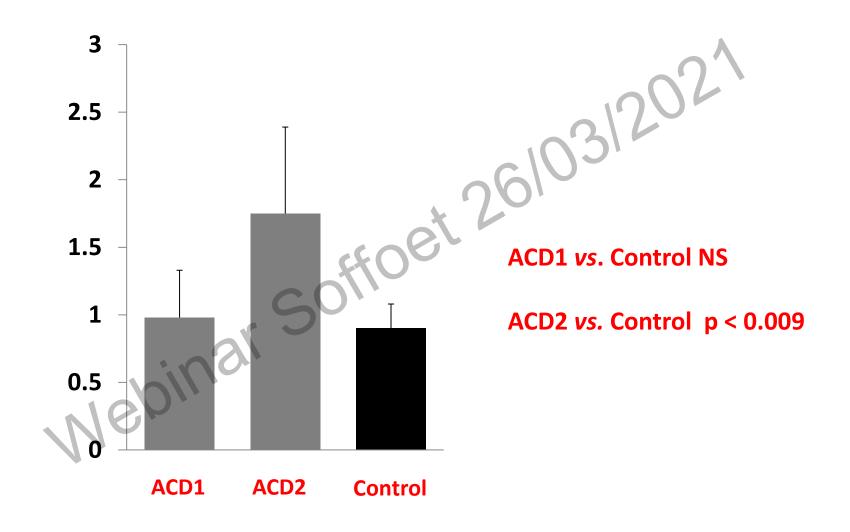
- interstitium / airspaces ratio:all that is not black / black
- vessel area / interstitial area %:red + green / red + green + blue (%)



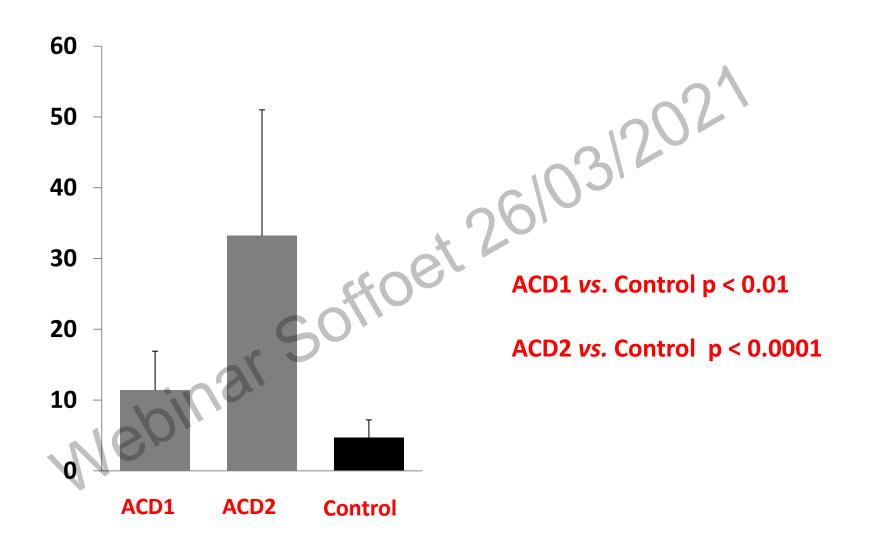
- vessel area not in contact with airspaces / all vessel area %:green / red + green (%)

Mann & Whitney U test, units of measurement are microscopic fields x 20 (control n = 7, ACD1 n = 10, ACD2 n = 8)

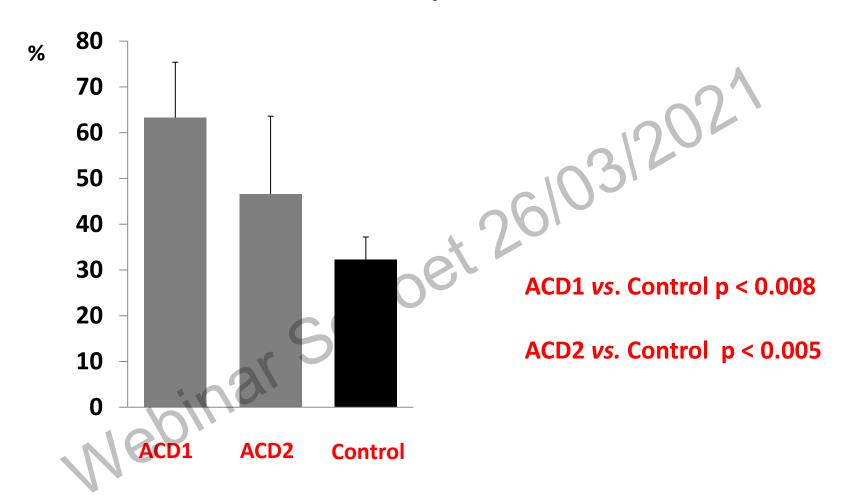
### Results 1: interstitium / airspaces ratio



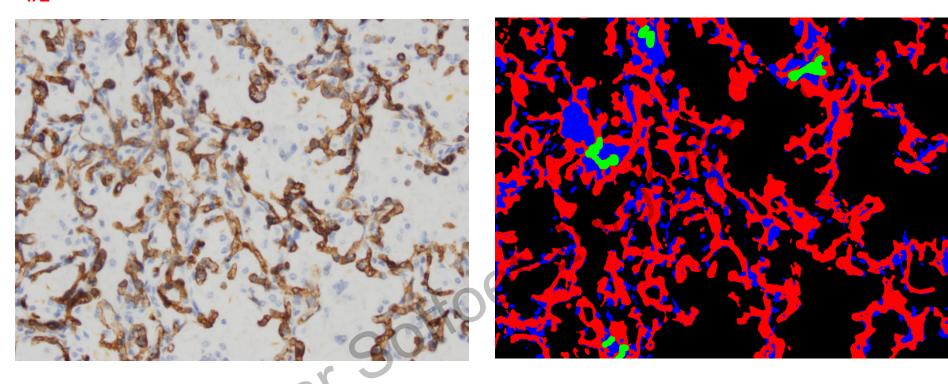
Results 2: vessel area not in contact with airspaces / all vessel area %



### Results 3: vessel area / interstitial area %



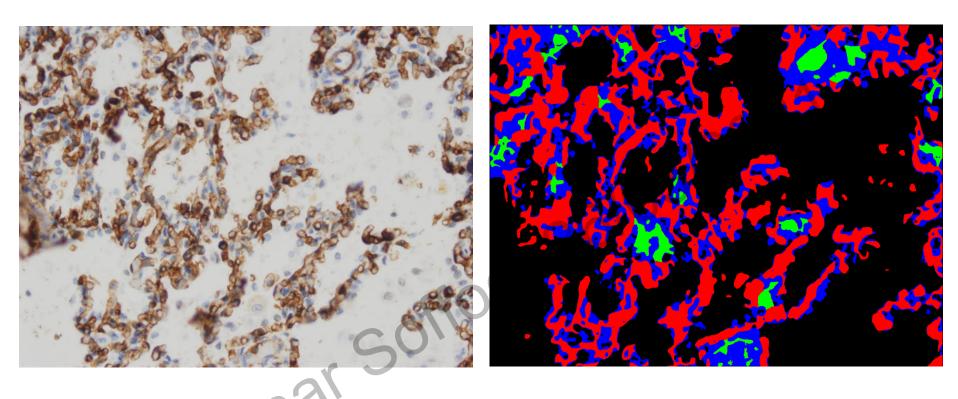
# ACD1 2610312021 Webinar Soffoet



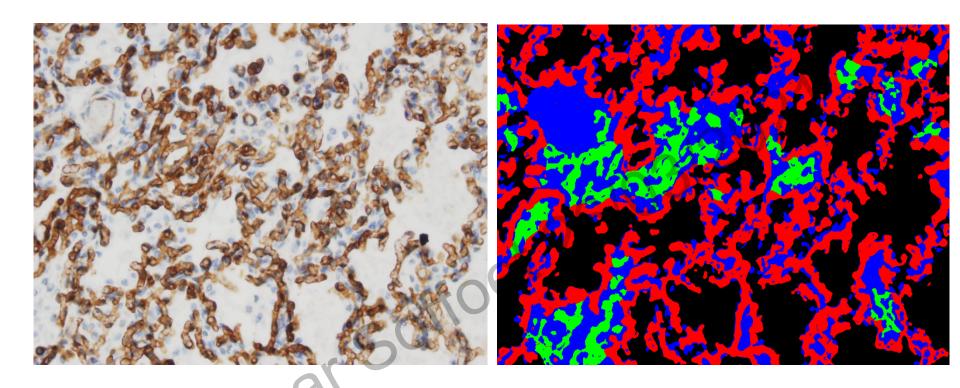
Interstitium/airspaces = 0.78

Vessels/interstitium (%) = 68

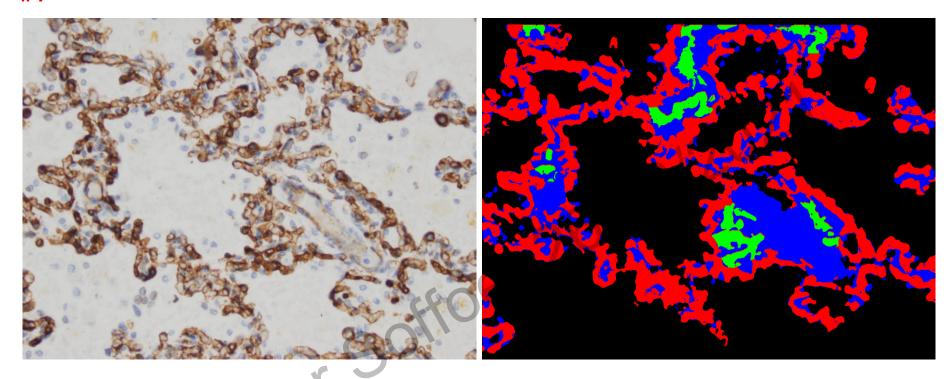
**Vessels not in contact (%) = 3** 



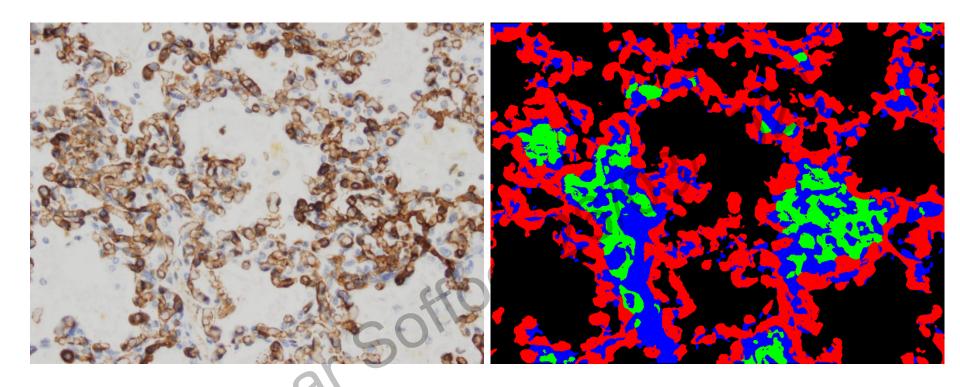
Vessels/interstitium (%) = 54



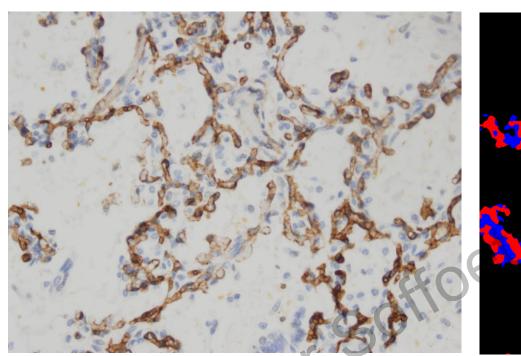
Vessels/interstitium (%) = 60

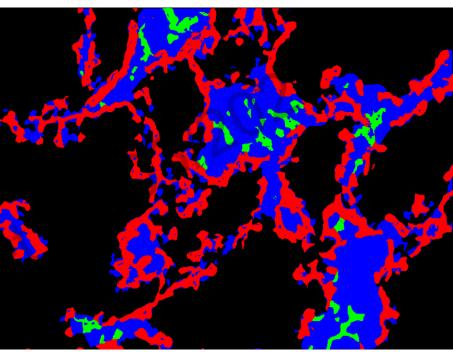


Vessels/interstitium (%) = 54

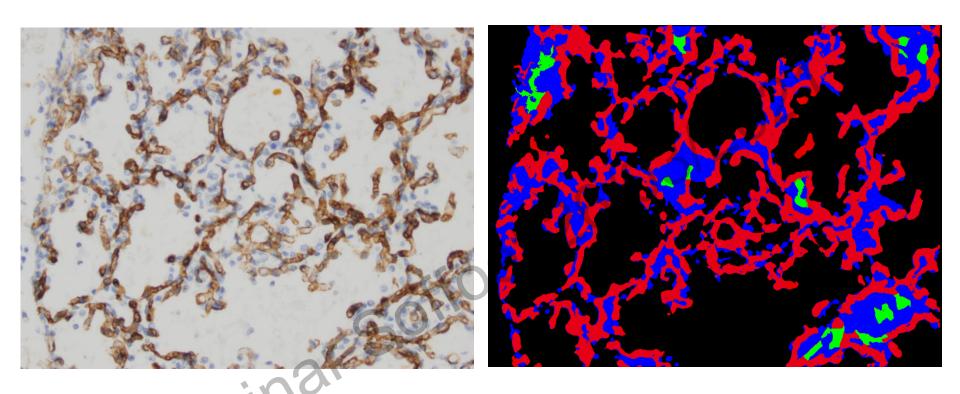


Vessels/interstitium (%) = 94

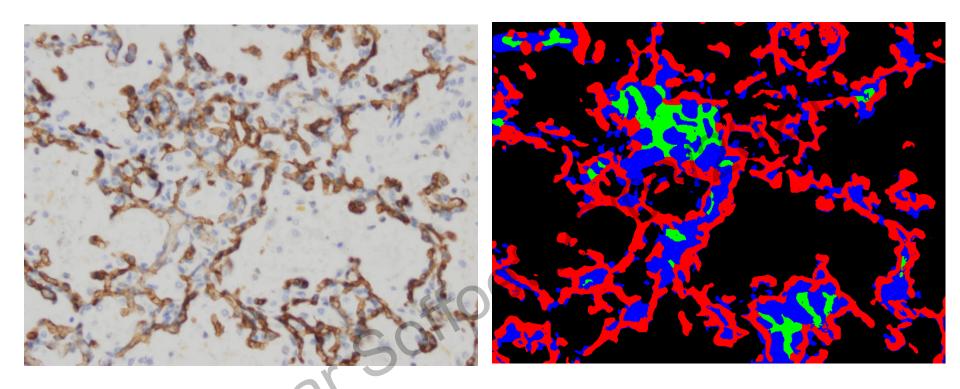




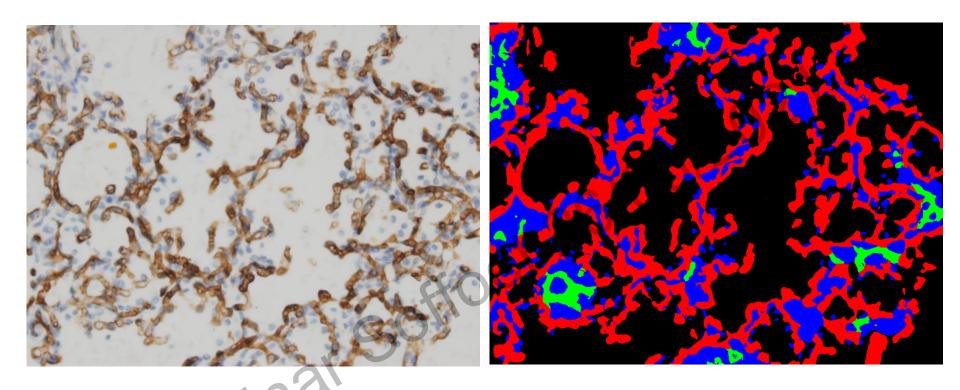
Vessels/interstitium (%) = 52



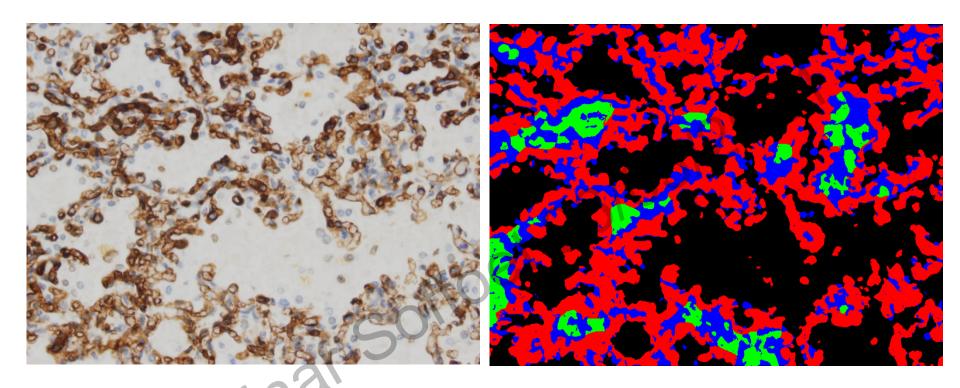
Interstitium/airspaces = 0.84



Vessels/interstitium (%) = 61

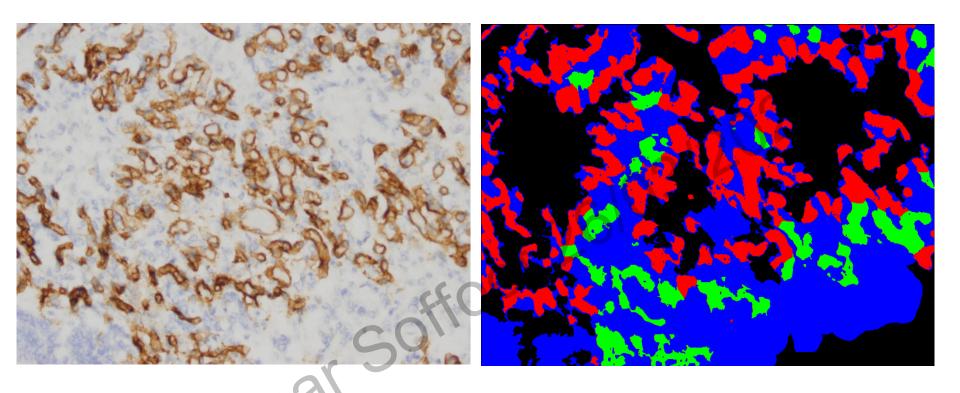


Vessels/interstitium (%) = 64

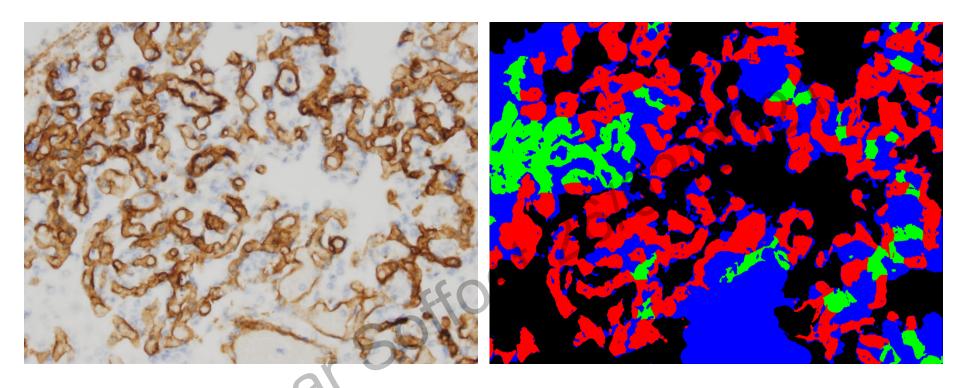


Vessels/interstitium (%) = 69

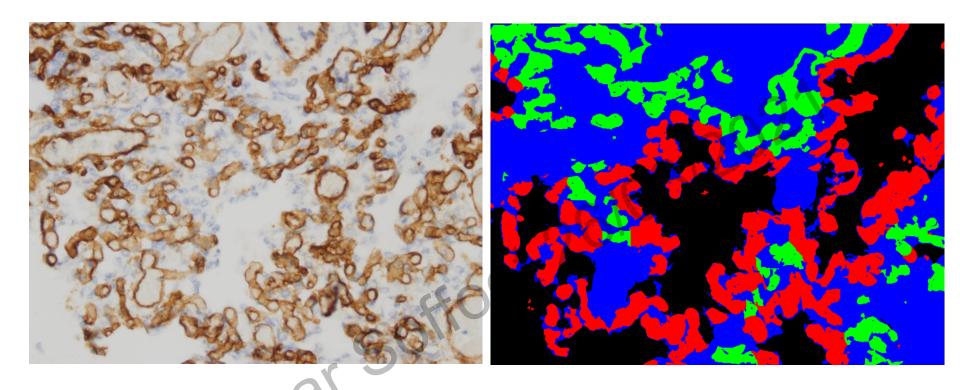
# ACD2 2610312021 Webinar Soffoet



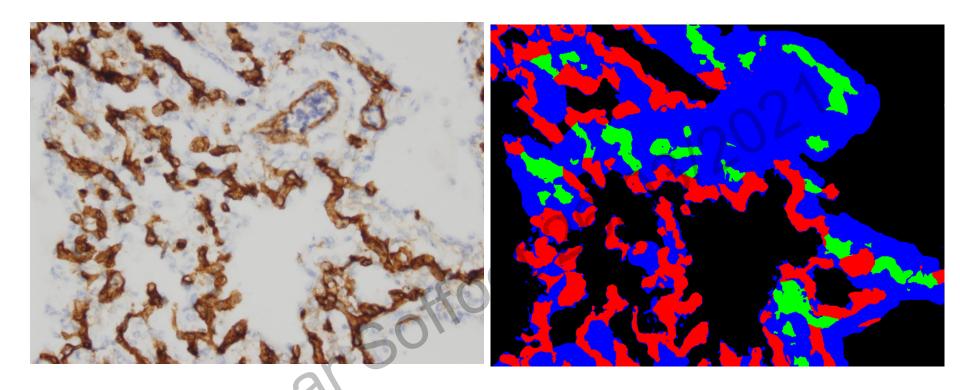
Vessels/interstitium (%) = 41



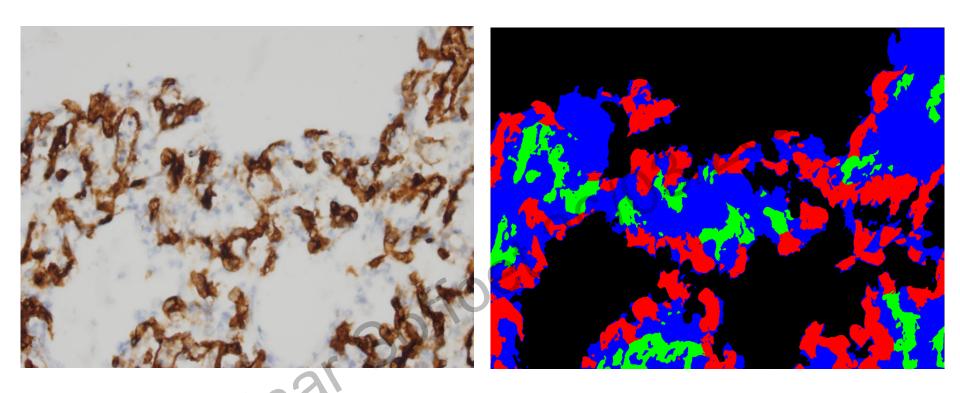
Interstitium/airspaces = 2.1



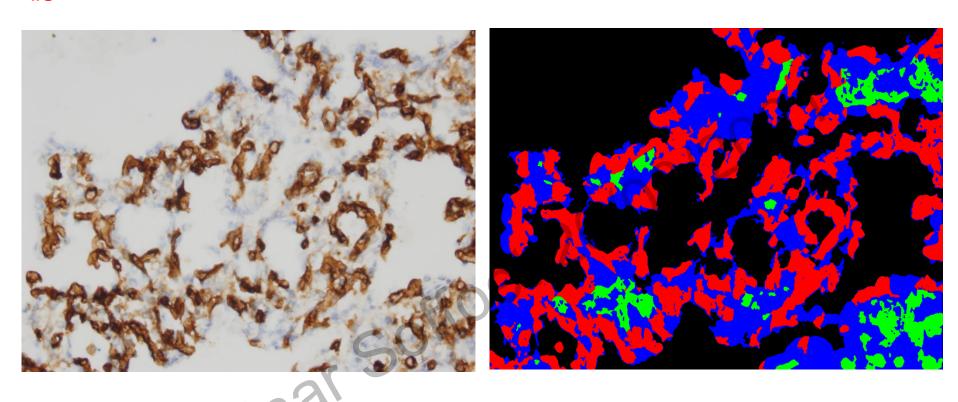
Vessels/interstitium (%) = 45



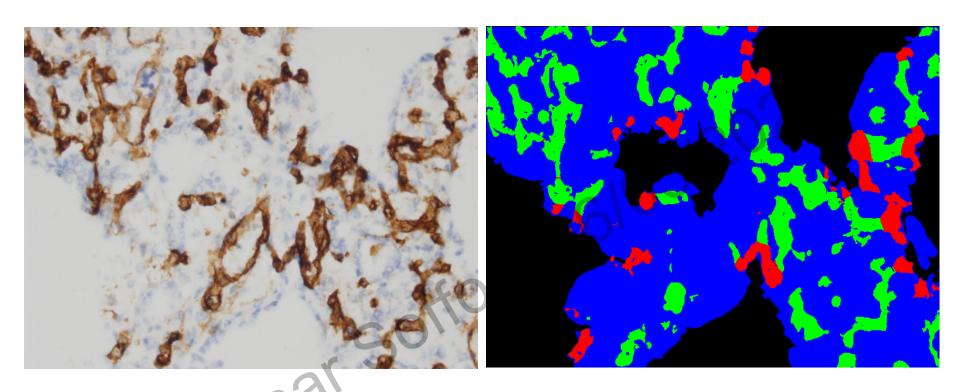
Interstitium/airspaces = 1.3



Interstitium/airspaces = 1.1

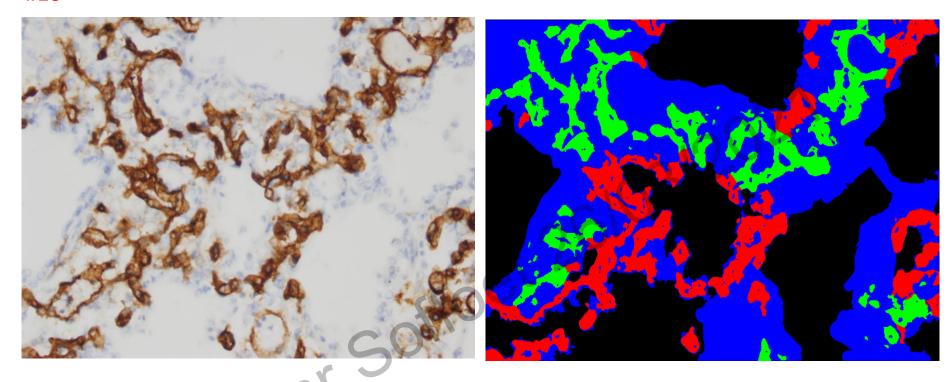


Interstitium/airspaces = 1.2



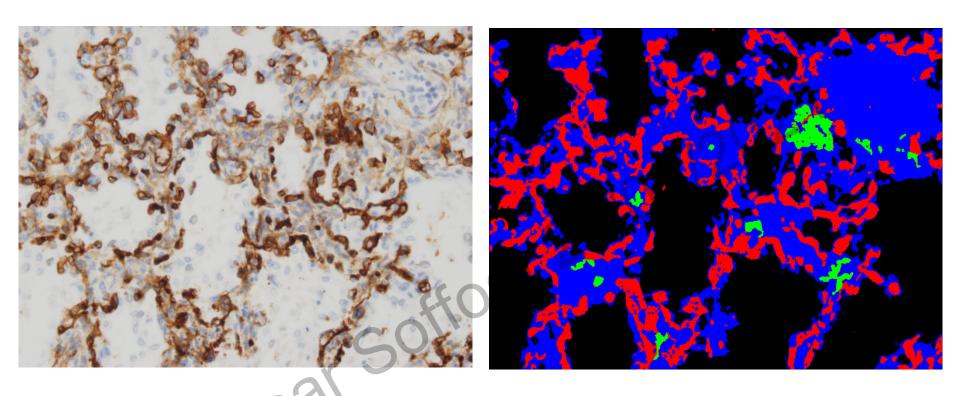
Vessels/interstitium (%) = 23

#10

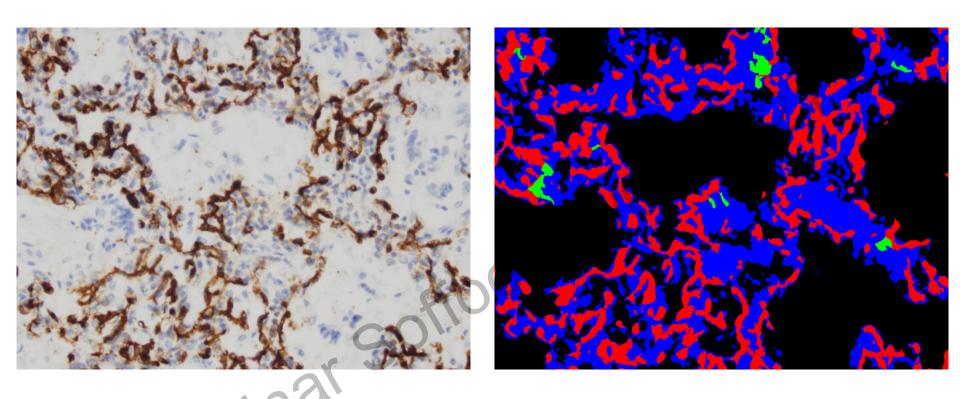


Vessels/interstitium (%) = 35

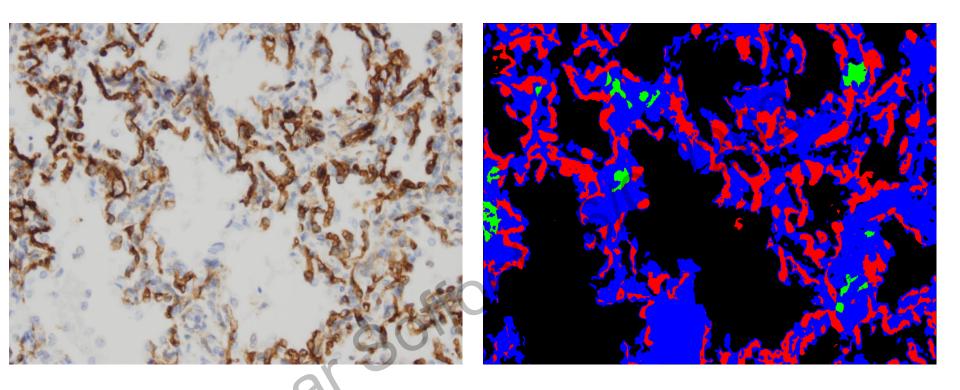
# Control<sub>2</sub>610312021 Webinar Soffoet



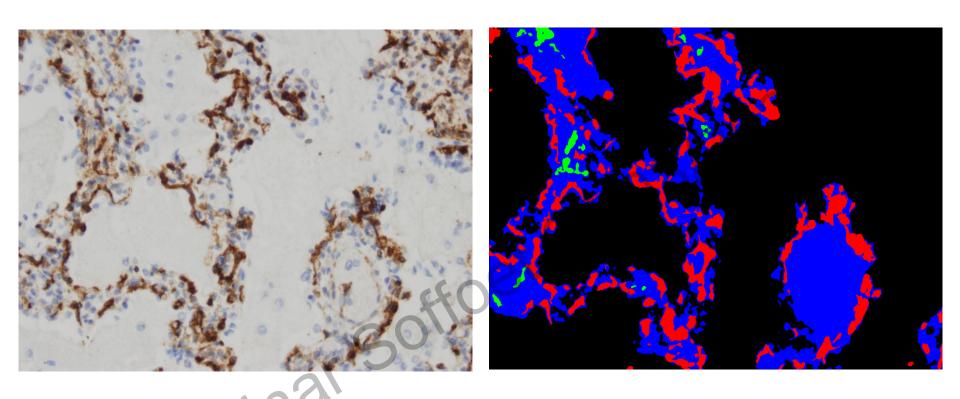
Vessels/interstitium (%) = 33



Vessels/interstitium (%) = 35

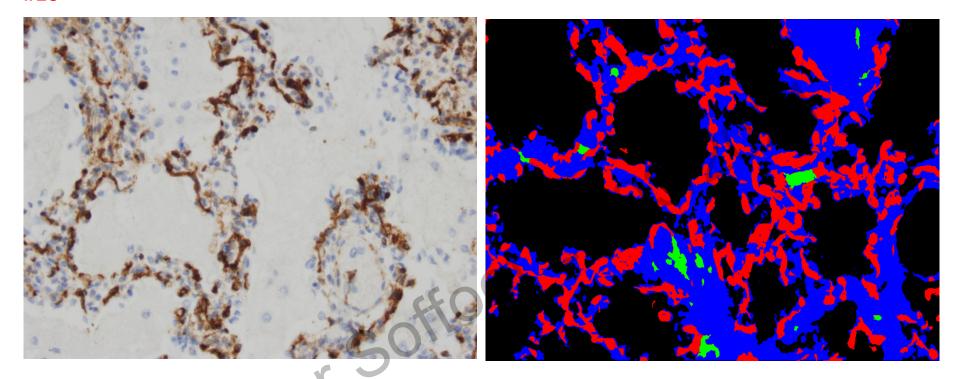


Vessels/interstitium (%) = 31

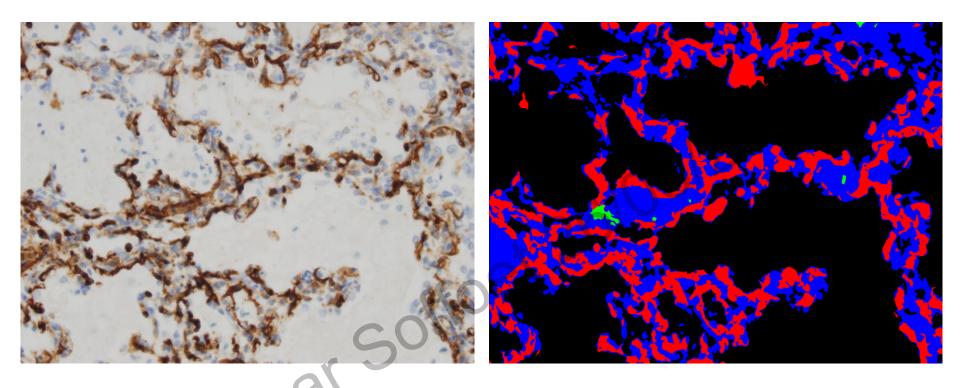


Interstitium/airspaces = 0.6

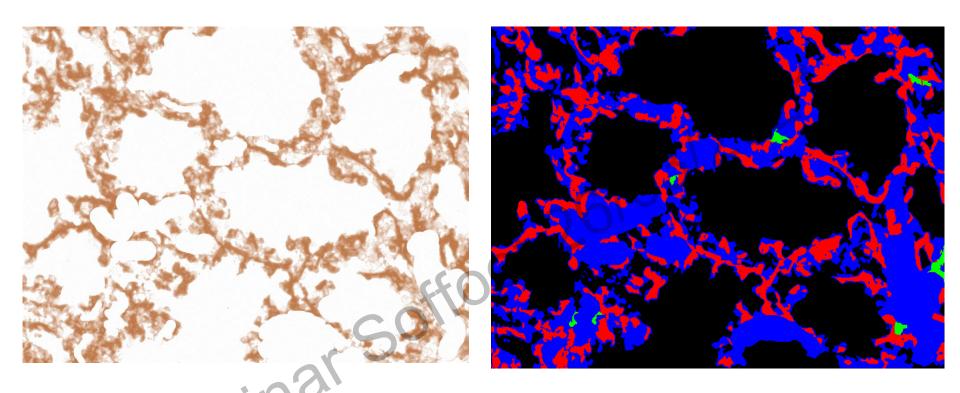
#10



Vessels/interstitium (%) = 35



Vessels/interstitium (%) = 38



Vessels/interstitium (%) = 31

## Just how strong is the proof that capillary depletion in ADC exists?

The statement that capillary depletion in ADC exists is often repeated but is actually (very) weak

### Several statements about capillary morphology in ACD

- Towe et al. J Pediatr. 2018;194: 158–64
  - abnormal (but not diminished) capillarization
- Kitano et al. Diagnostic Pathology 2020; 15: 48
  - diminution of capillary numbers "not remarkable"
  - unusual glomeruloid endothelial proliferation
- Alturkustani et al. Cardiovasc Pathol. 2021; 50: 107289.
  - 15 out of 16 cases showed a variable degree of aberrant alveolar septal microvascular proliferation.
- Hull J, Forton J, Thomson A. Paediatric Respiratory Medicine. Oxford University Press, 2015.
  - paucity of capillaries adjacent to alveolar epithelial cells (but not of capillaries in general)

## Capillary apposition and density in the diagnosis of alveolar capillary dysplasia n = 6

L Melly, N J Sebire, <sup>1</sup> M Malone <sup>1</sup> & A G Nicholson <sup>2</sup>
Departments of Histopathology, Royal Free Hospital, <sup>1</sup>Great Ormond Street Hospital and <sup>2</sup>Royal Brompton Hospital, London, UK

Table 1.	Histological	parameters	scored in a	semiquantita	ative
fashion		-		-	

Misalignment of veins: present (2), probably present (1), absent (0)

Septal development: normal/abnormal

Presence of clear cells in interstitium [0 (absent)–6 (abundant)]

Presence of type 2 cell hyperplasia [0 (absent)-6 (marked)]

Evidence of PAH in preacinar arteries [0 (absent)-6 (marked)]

Evidence of PAH in intra-acinar arteries [0 (absent)-6 (marked)]

Capillary density [0 (absent)-6 (normal)]

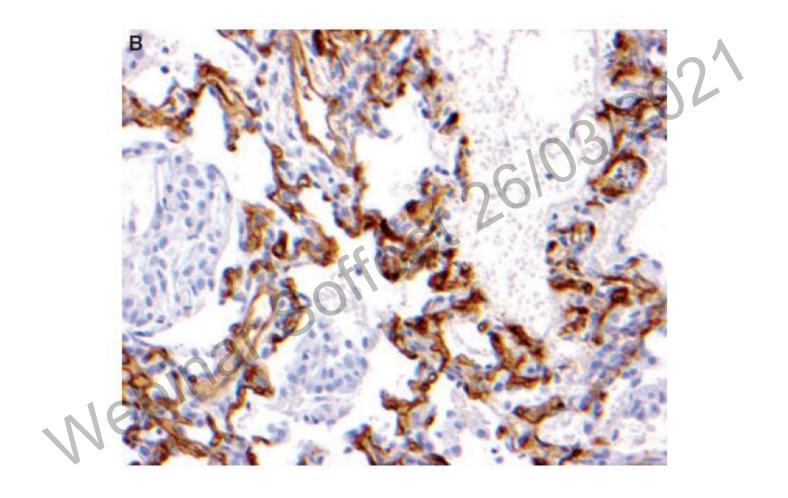
Capillary apposition [0 (absent)-6 (normal)]

Weak proof:

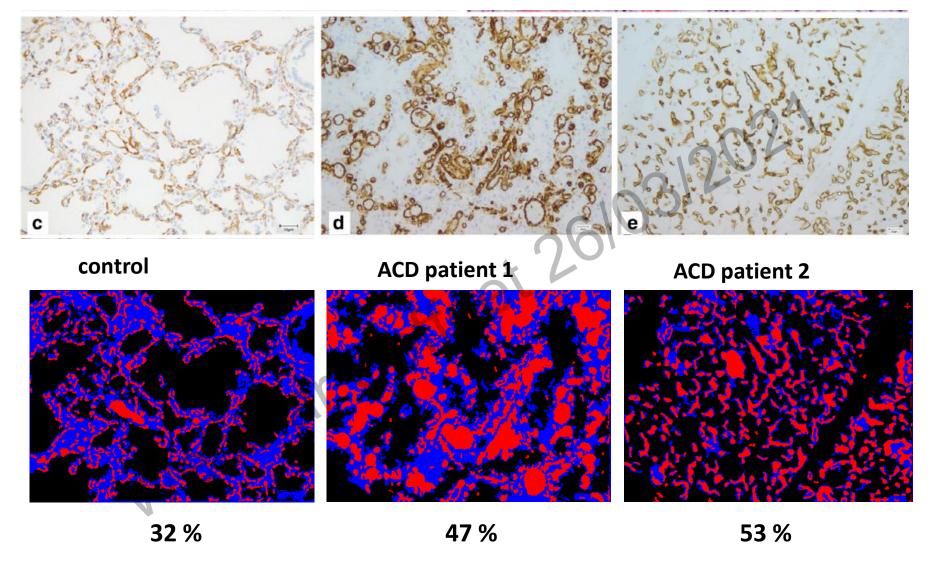
No controls!

Using semiquantitative scores is clumsy

## How does one assess capillary density (counts) in images like this?

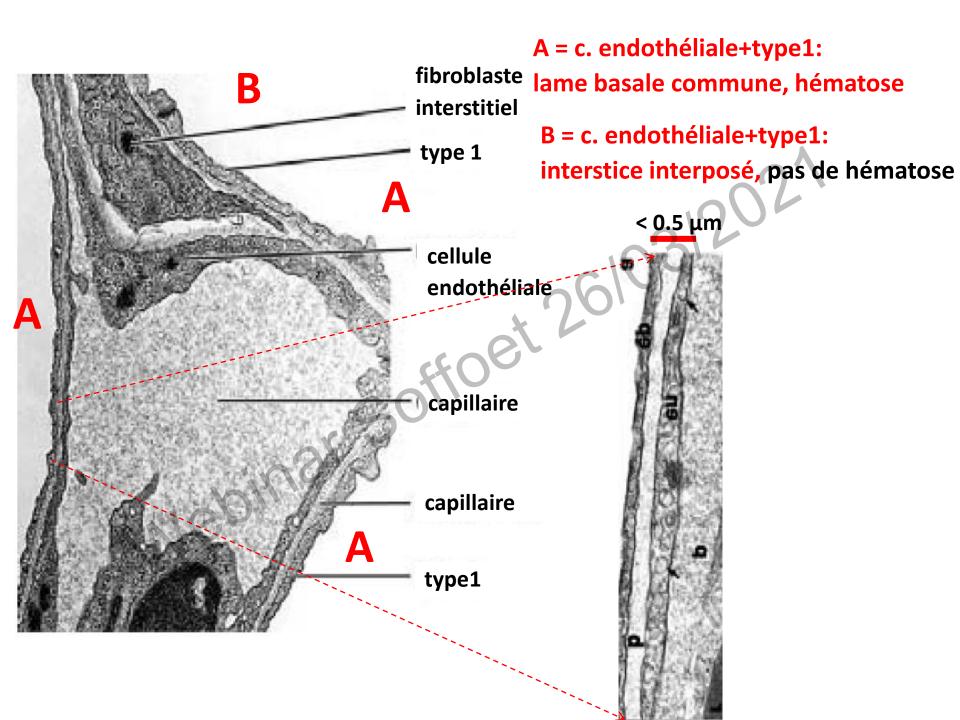


## vessel area / interstitial area %

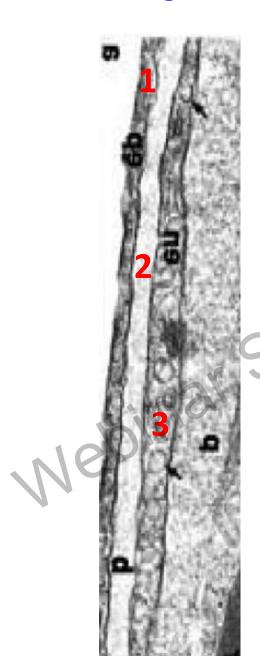


## Conclusions (weak:) only 2 cases

- the compromised air / blood barrier seems to be the most prominent histological feature of ADC; as a reminder, see next 2 slides: normally, it is < 500 nm thick</li>
- capillary density seems to be augmented rather than diminished
- and is more compatible with dysplasia rather than with hypoplasia
- 1st ever detailed morphometric study of interstitial lesions in ACD



## La barrière air/sang a 3 composantes qui permettent l'hématose



1 type 1 pneumocyte

2 common basal membrane

3 endothelial cell cytoplasm