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Le plasma de patients COVID : impact sur les cellules endothéliales

Sophie Susen

Hémostase et Transfusion
Inserm U1011, CHU Lille



Disclosures for SUSEN

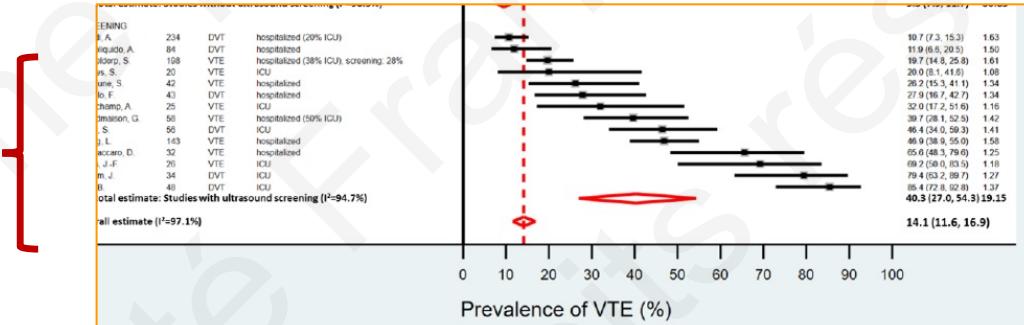
Research Support/P.I.	Carmat, CorWave, Roche-Chugai, Stago Investigator for: Biomarin, Bioverativ, CSL Behring, LFB, Pfizer, Roche-Chugai, Sanofi, Shire/Takeda, Siemens Healthiners and Sobi
Employee	Lille University
Major Stockholder	Laelaps Therapeutics (Co-owner/founder)
Honoraria	No relevant conflicts of interest to declare
Scientific Advisory Board	Biomarin, LFB, Roche, Sanofi, Sobi, Takeda

All fees go to Lille University

COVID-19 and coagulopathy : high prevalence of venous thromboembolism events

Up to 40% (95%CI 27-54)

DVT screening



Despite the use of thromboprophylaxis

Nopp S et al *Res Pract Thromb Haemost*. 2020

Circulation

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RESEARCH LETTER

Pulmonary Embolism in Patients With COVID-19

Awareness of an Increased Prevalence



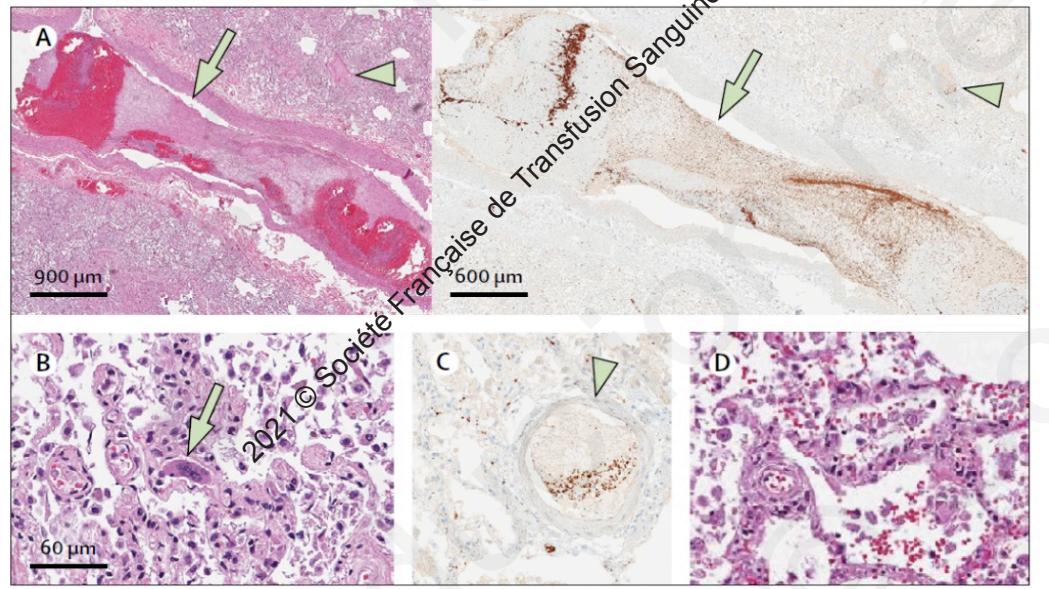
American
Heart
Association®

J Poissy, J Goutay, M Caplan, E Parmentier, T Dubuisson, F Lassalle, E Jeanpierre, A Rauch, J Labreuche, S Susen, For the Lille Haemostasis COVID-19 Group

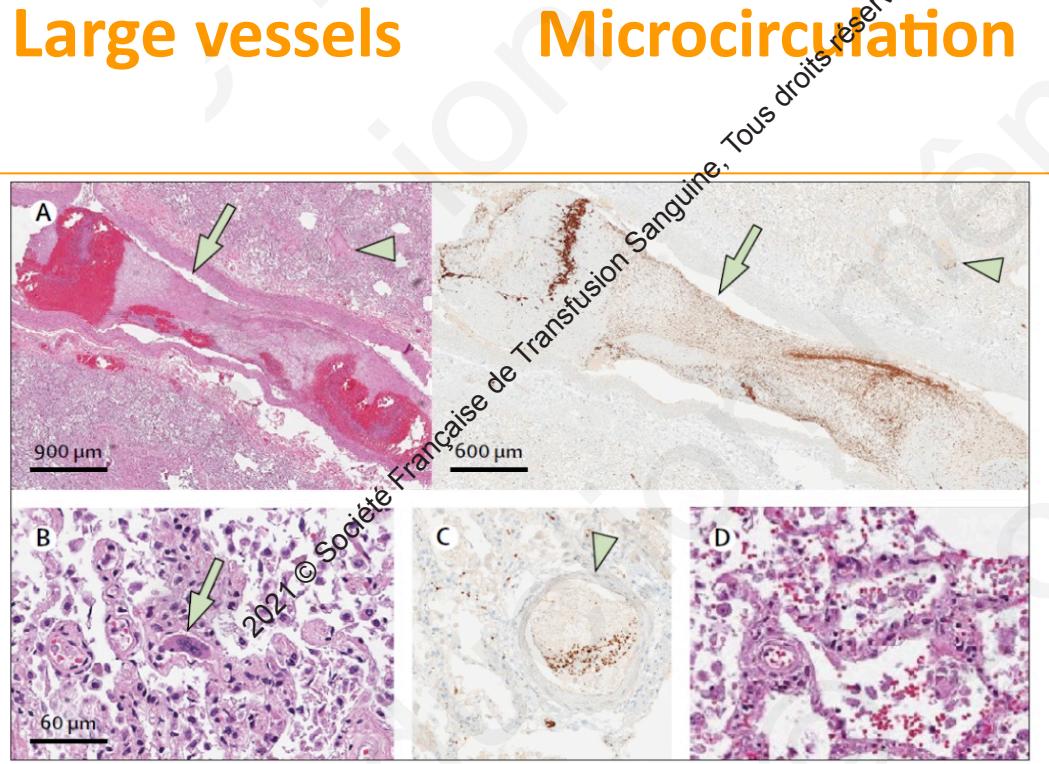
Thrombotic risk in intensive care unit COVID-19/ non COVID-19 $\simeq x 3$

COVID-19 coagulopathy: autopsy studies

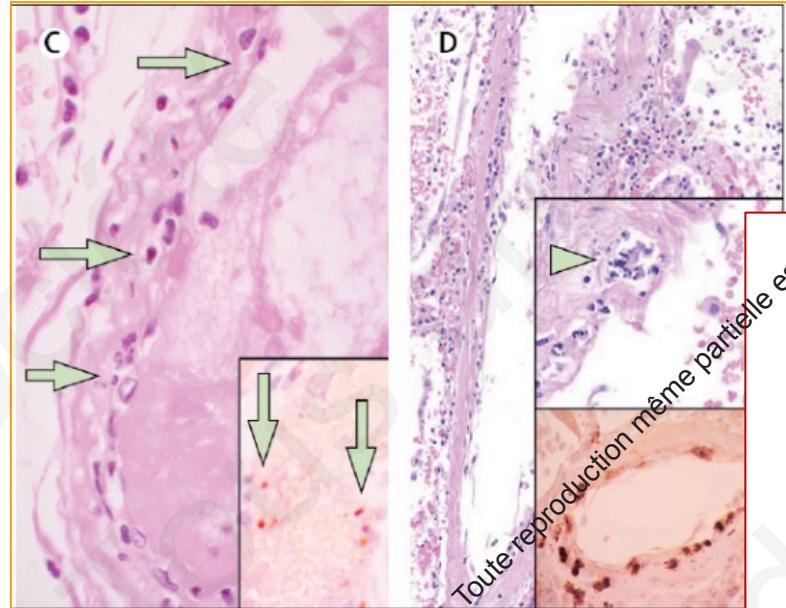
Large vessels



Microcirculation



Severe endothelial cell damages

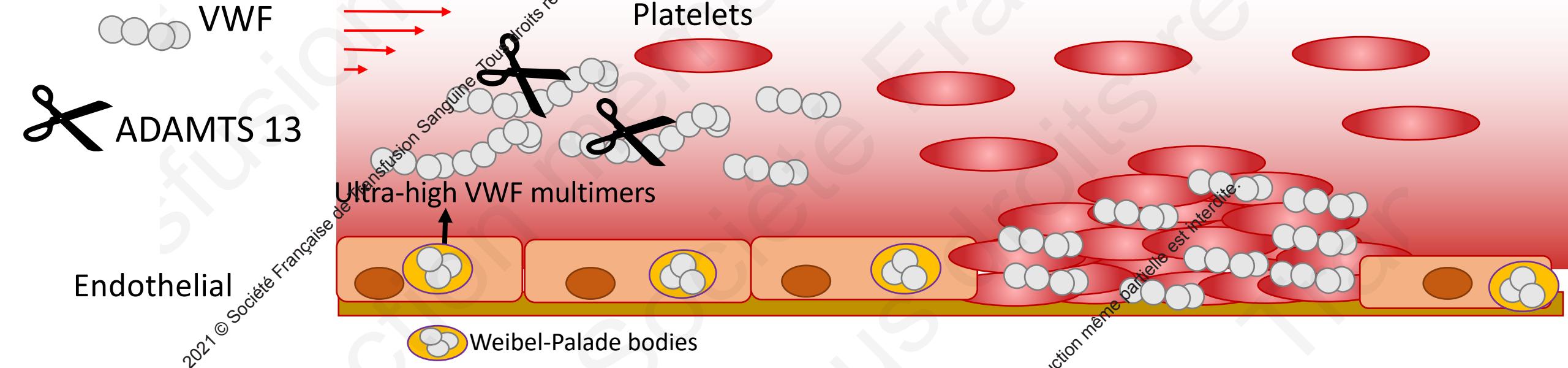


- Apoptosis
- Loss of tight junctions
- Separation from basement membranes

Fox SE et al, *Lancet respir med*. 2020,
Ackermann M et al, *N Engl J Med*, 2020,
Nicolaï, L et al *J Thromb Haemost*. 2020

Diffuse endotheliopathy
trigger thrombi formation

Von Willebrand factor (VWF)



► Important role in haemostasis, particularly within microvasculature



Contribution to COVID-19-associated thrombi formation ?

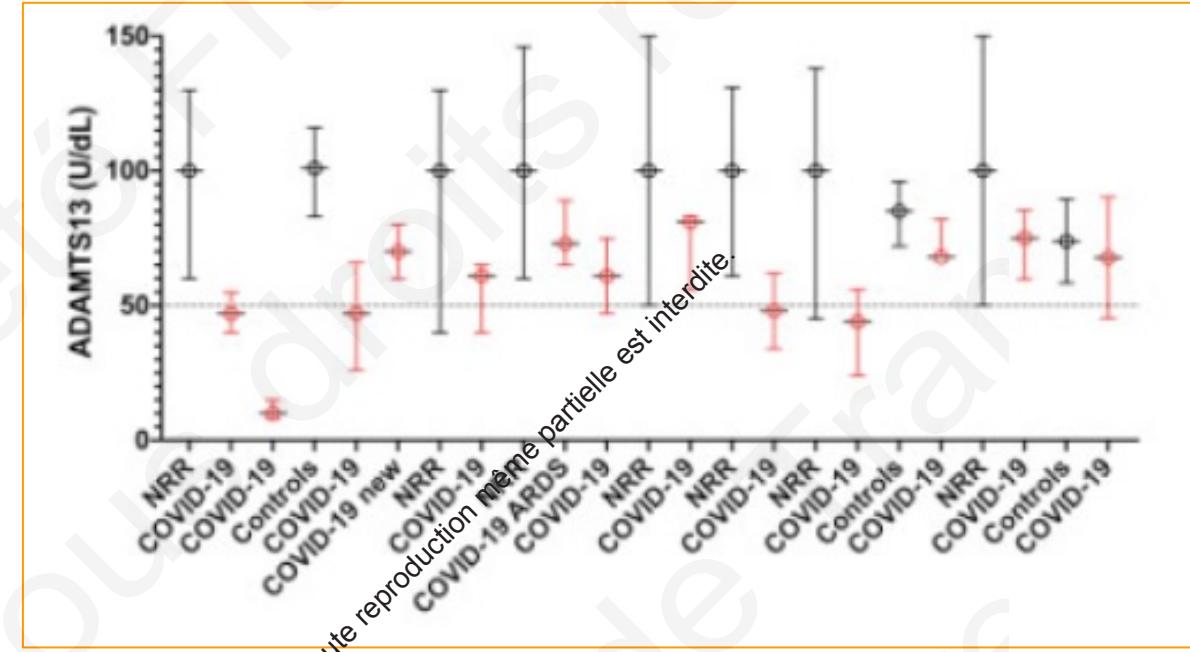
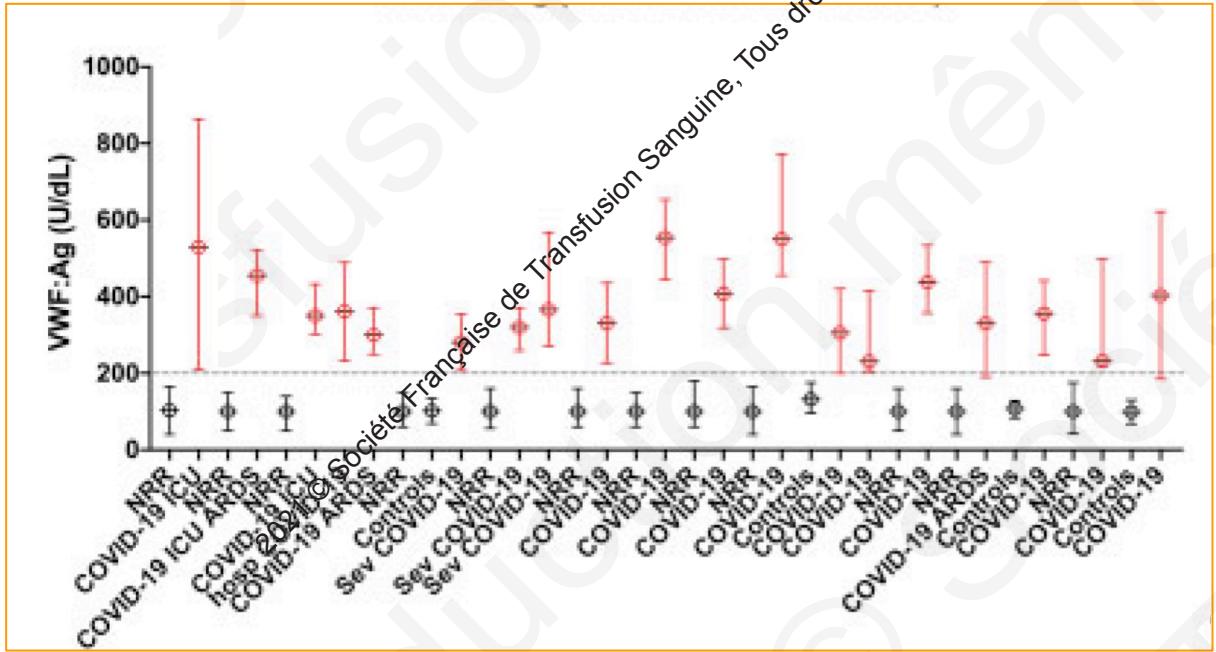
COVID-19 : high VWF/ADAMTS 13 ratio

VWF

COVID-19

Controls

ADAMTS 13



Favaloro EJ et al, *Semin Thromb Hemost*, 2021

Markedly ↑ VWF and mild to moderate ADAMTS 13 deficiency

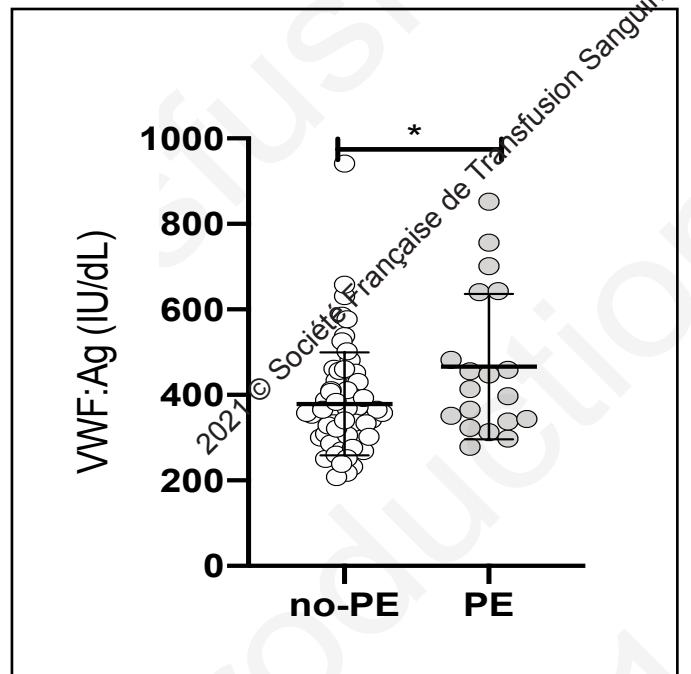
Hypercoagulable state – high risk of thrombus formation



VWF levels and severity of COVID-19

Pulmonary embolism (PE)

107 intensive care unit COVID-19 patients

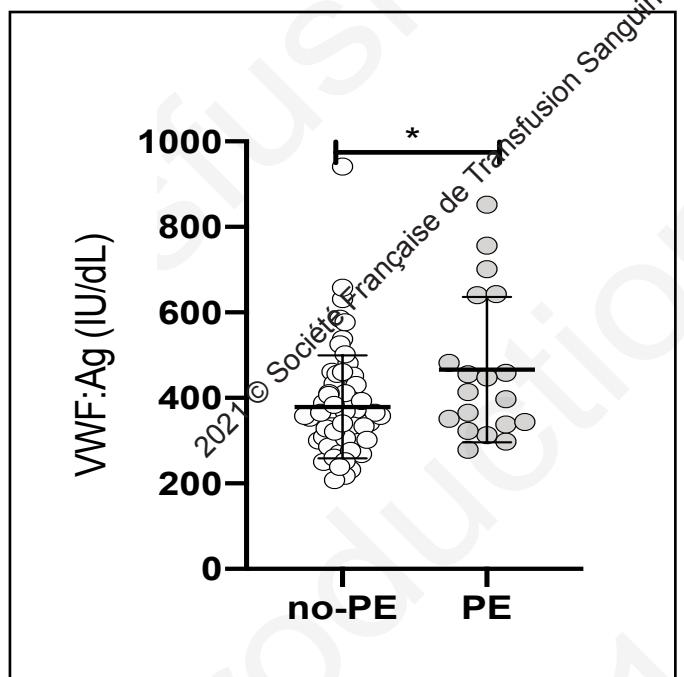


Poissy J et al, *Circulation*, 2020

VWF levels and severity of COVID-19

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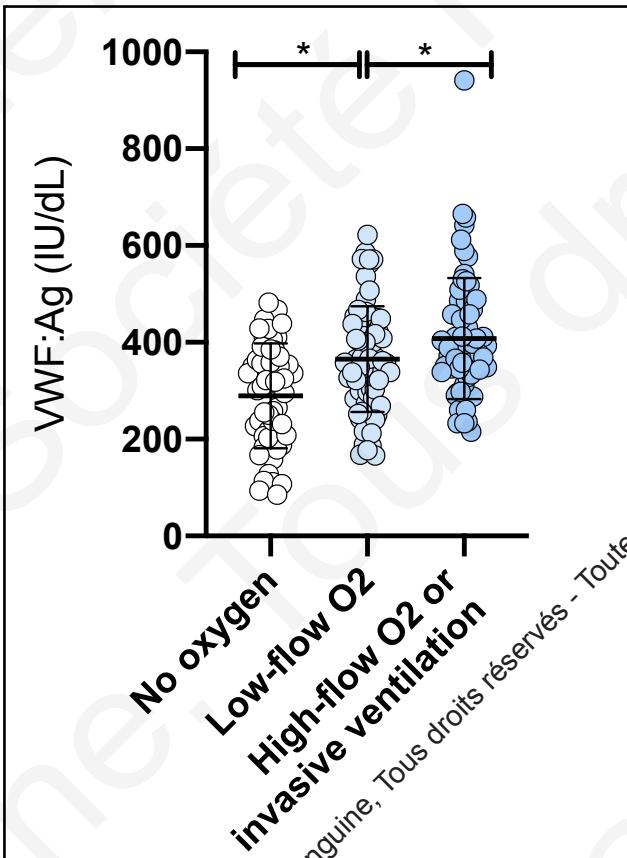
107 intensive care unit COVID-19 patients



Poissy J et al, *Circulation*, 2020

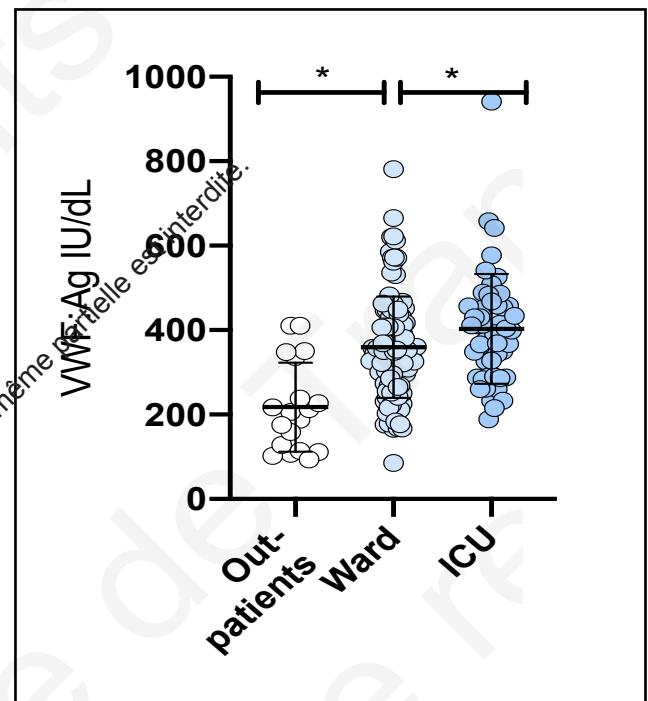
Oxygen requirements

243 COVID-19 patients



Rauch A et al, *J Thromb Haemost*, 2020

Care intensity



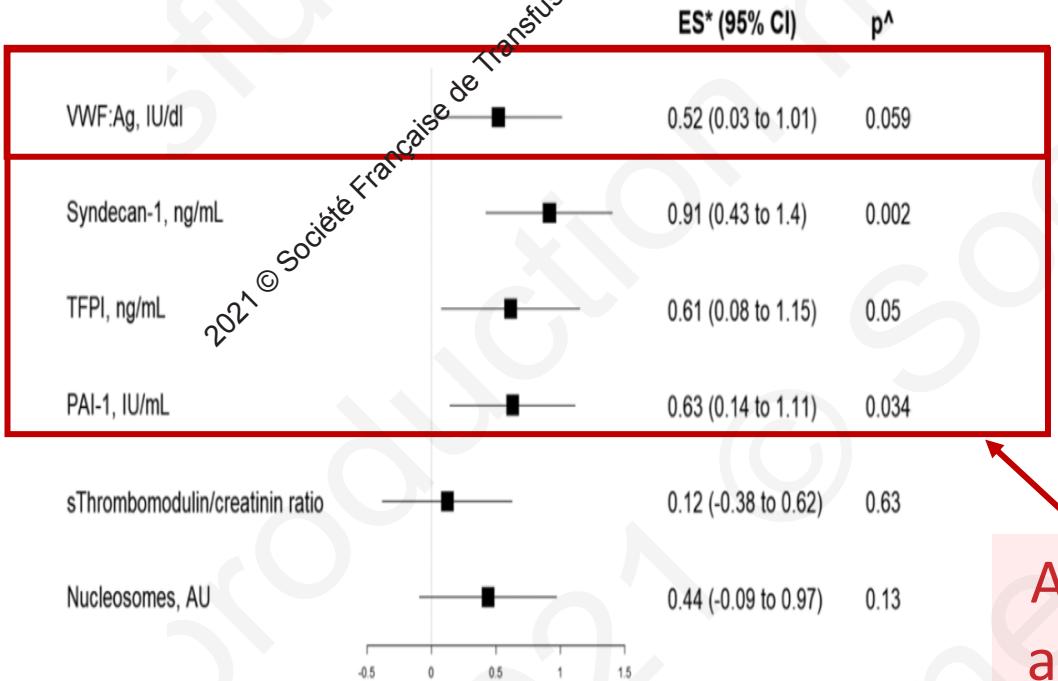
VWF levels and severity of COVID-19

Respiratory failure

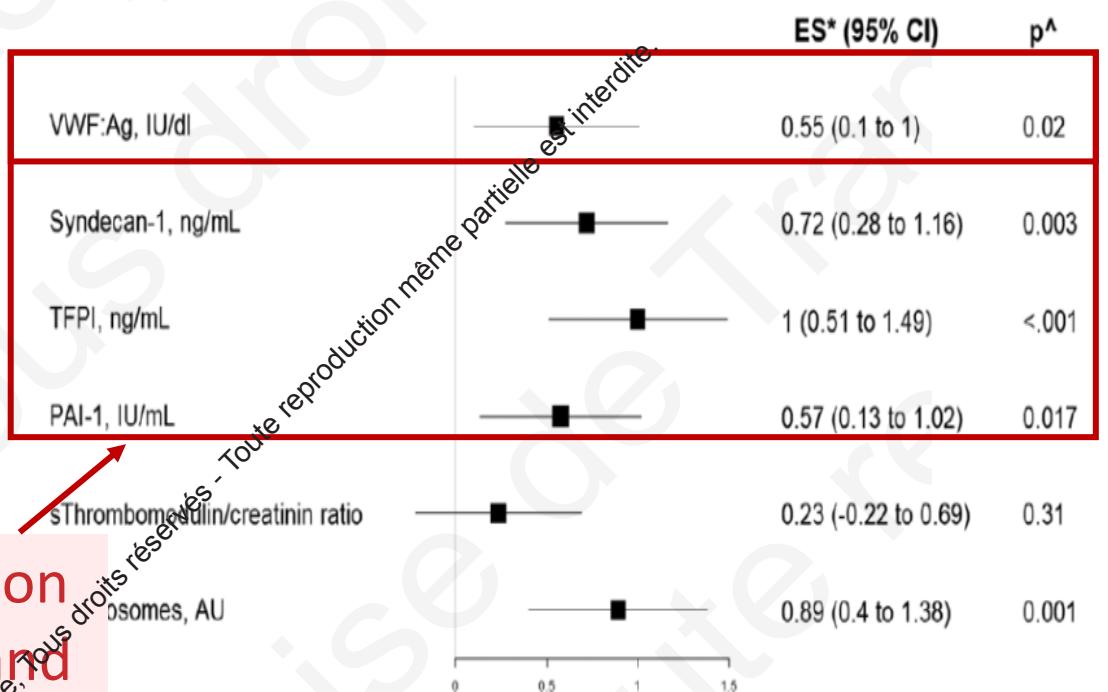
Liver injury

82 ICU COVID-19 patients – occurrence within 14 day of ICU admission

Respiratory failure



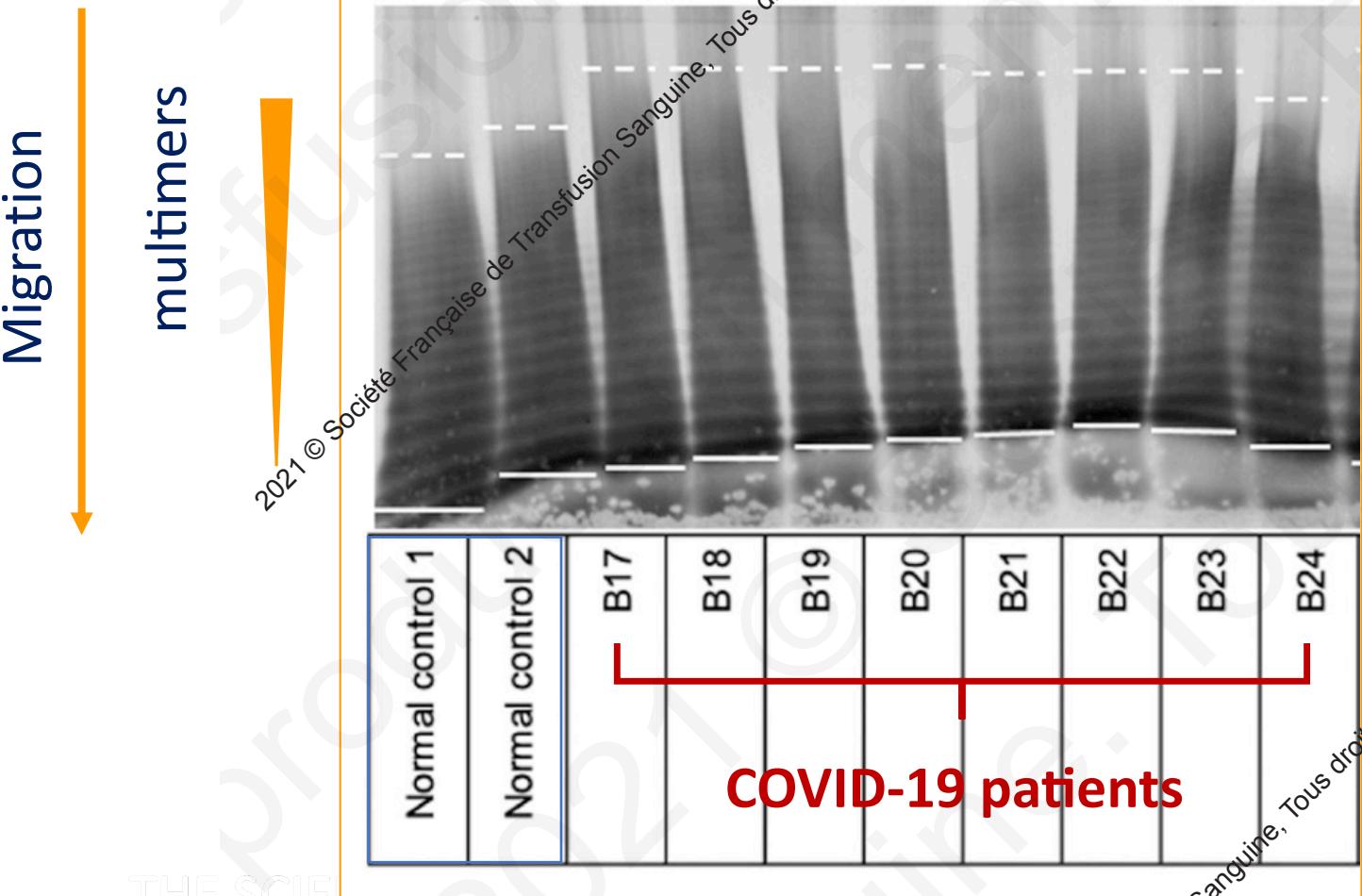
Liver injury



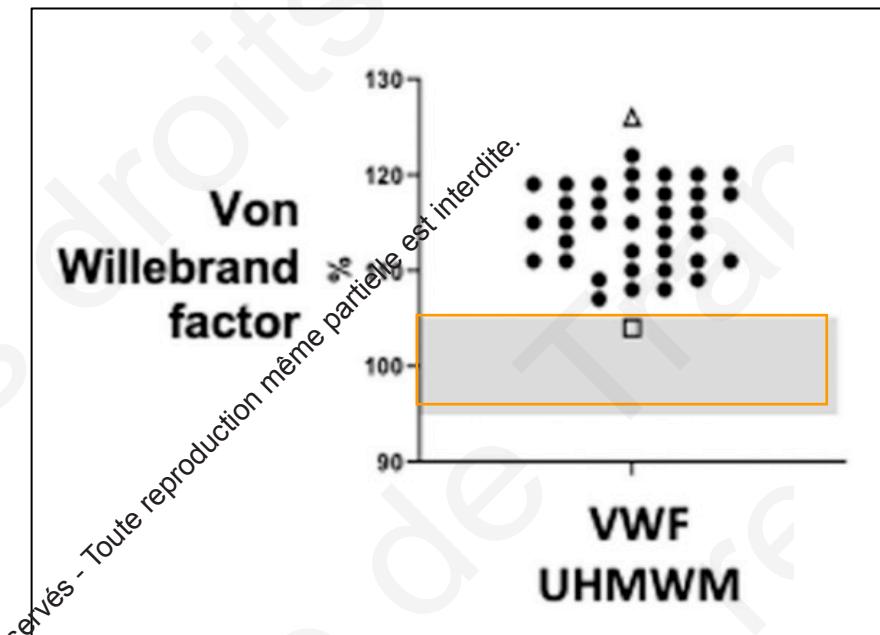
Adjusted on
age, sex and
BMI

Presence of ultra-high molecular weight VWF multimers in COVID-19 patients plasma

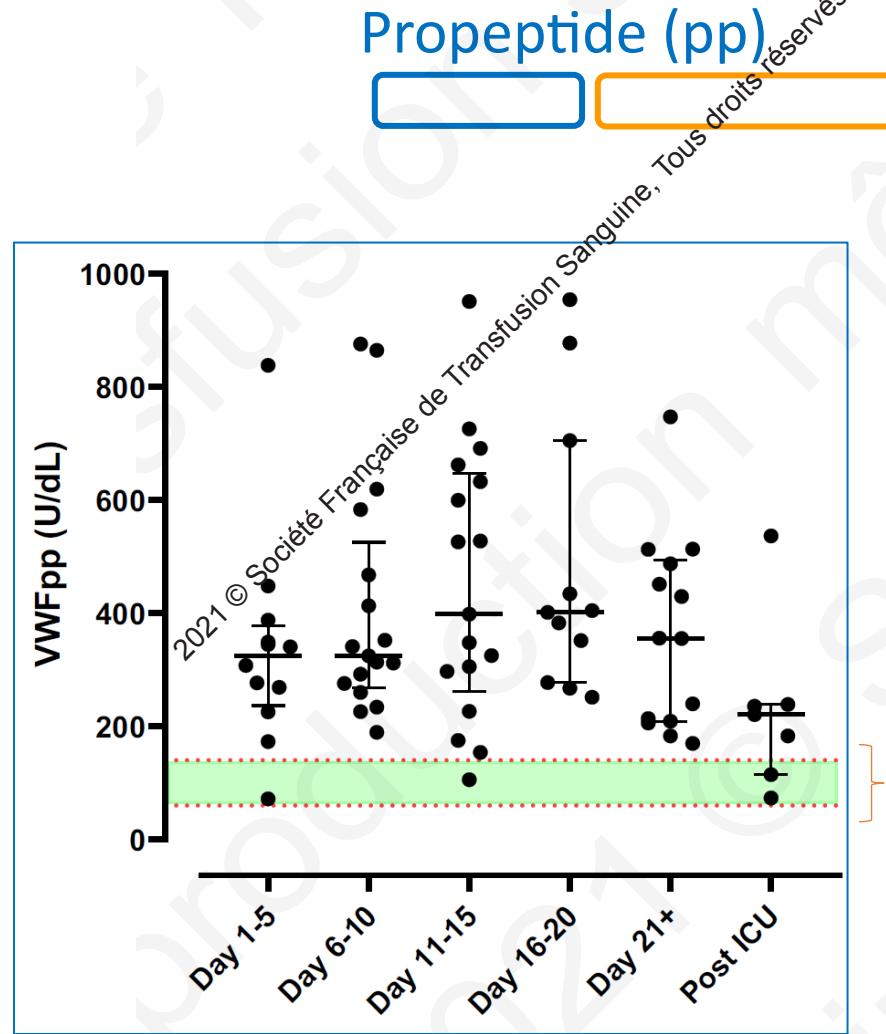
Agarose gel electrophoresis + anti VWF antibody



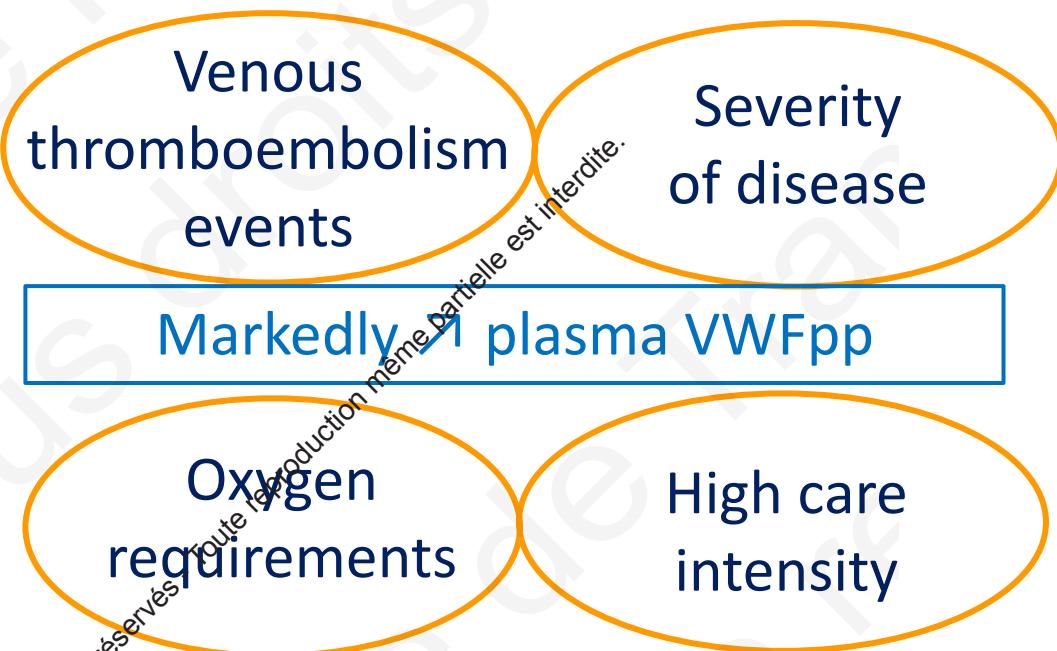
36 severe COVID-19 patients



VWF propeptide (VWFpp) and severity of COVID-19

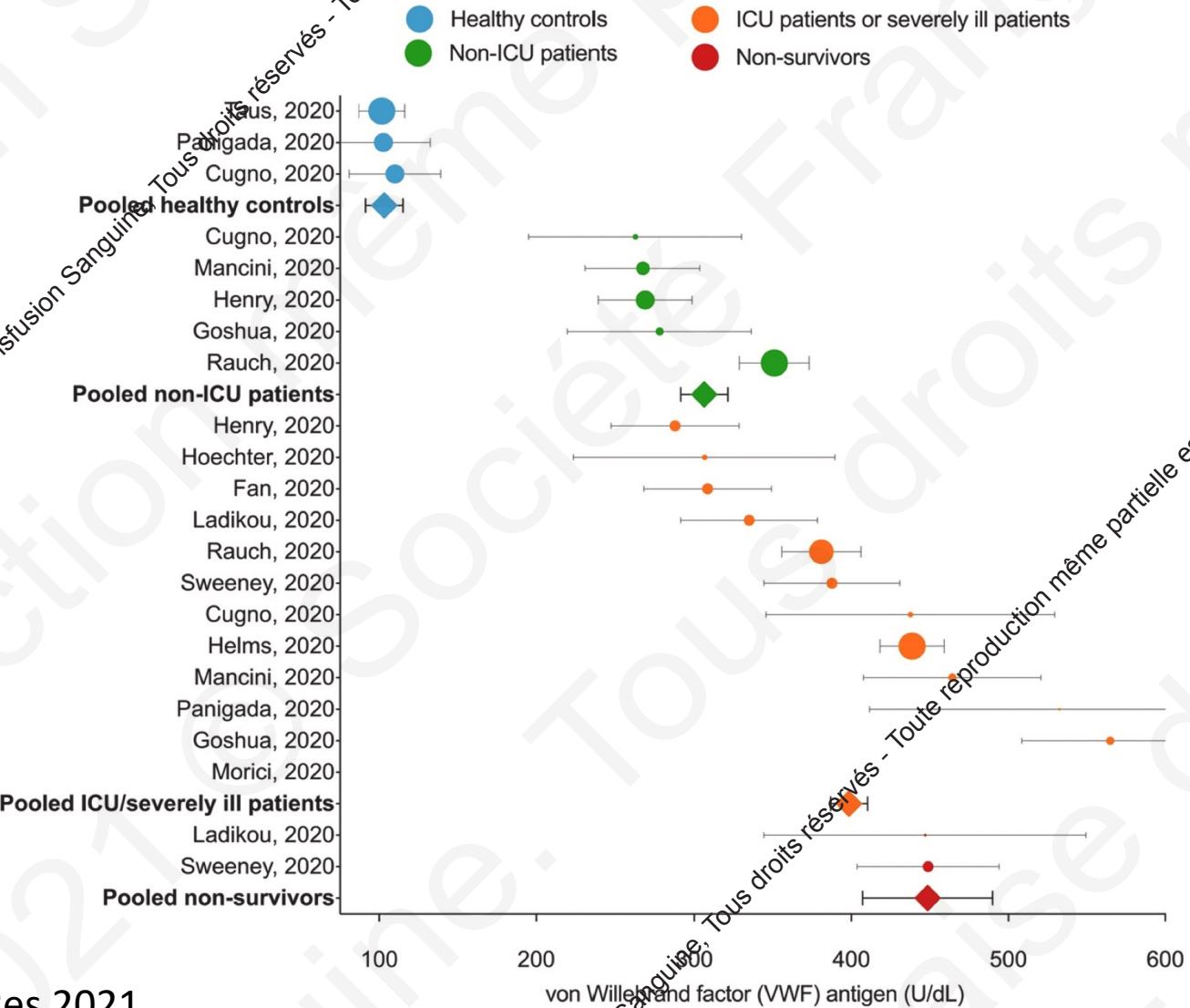


Ward SE et al, *Br J Haematol*, 2021, Mancini I et al, *J Thromb Haemost*, 2021



Meta-analysis of VWF and outcome in COVID-19

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VWF propeptide (VWFpp) and severity of COVID-19

Presence of UHMV VWF multimers in plasma

Markedly ↑ plasma VWFpp

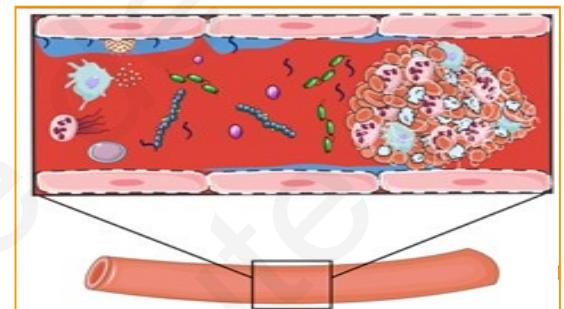


Substantial endothelial cell damages

High plasma VWF levels

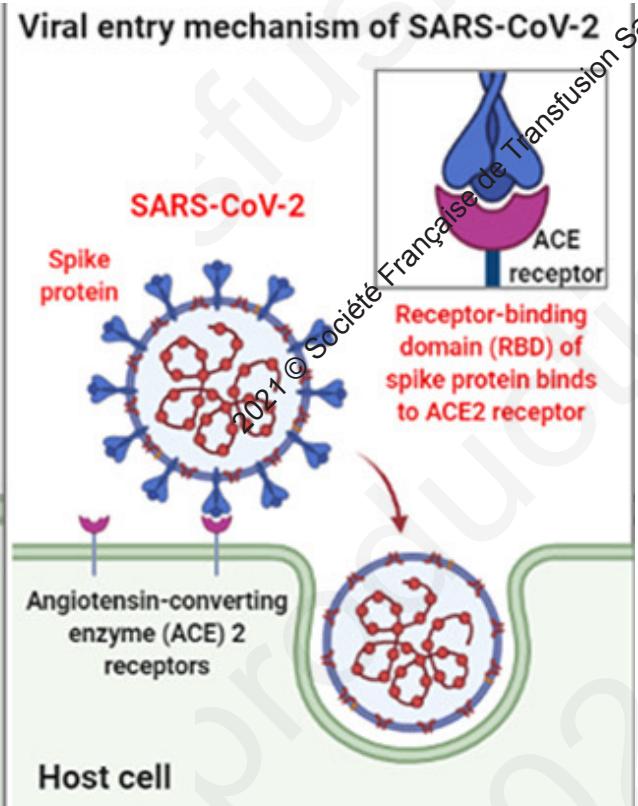
Hypercoagulable state

Thrombosis



Endothelial cell damages and COVID-19

Direct viral infection ?

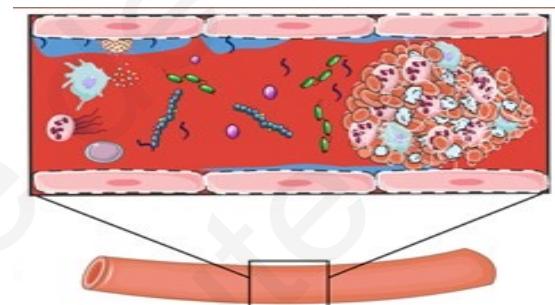


Substantial endothelial cell damages

High plasma VWF levels

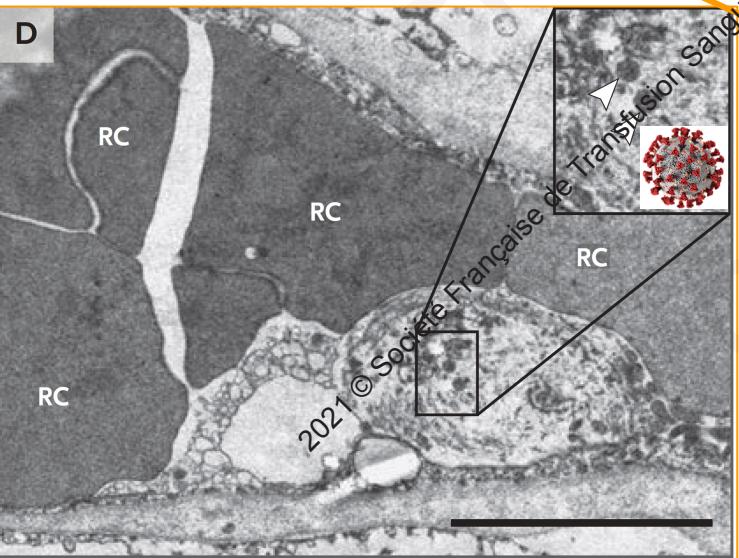
Hypercoagulable state

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Endothelial cell damages and COVID-19

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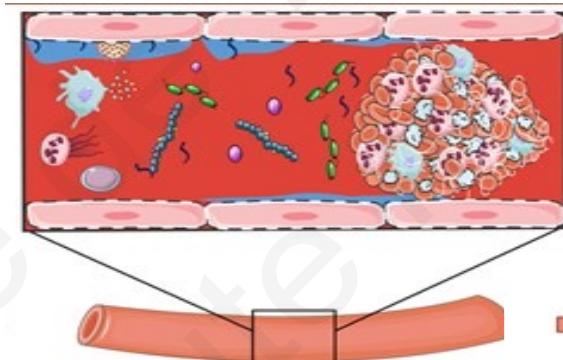
Post-mortem studies

Substantial endothelial cell damages

High plasma VWF levels

Hypercoagulable state

Thrombosis

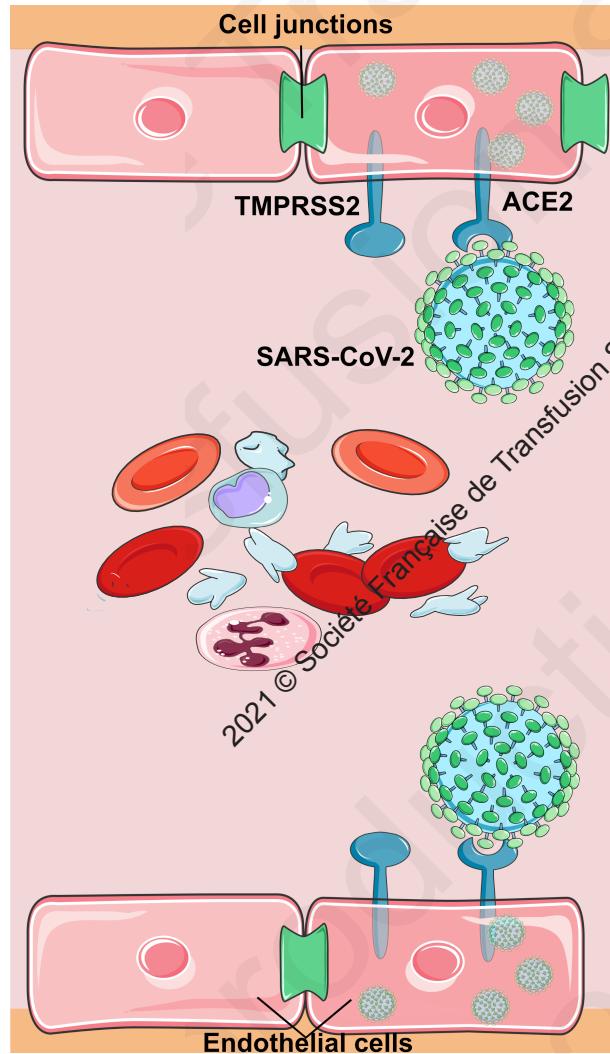


Varga Z et al, Lancet, 2020

Ackermann M et al, N Engl J Med., 2020,

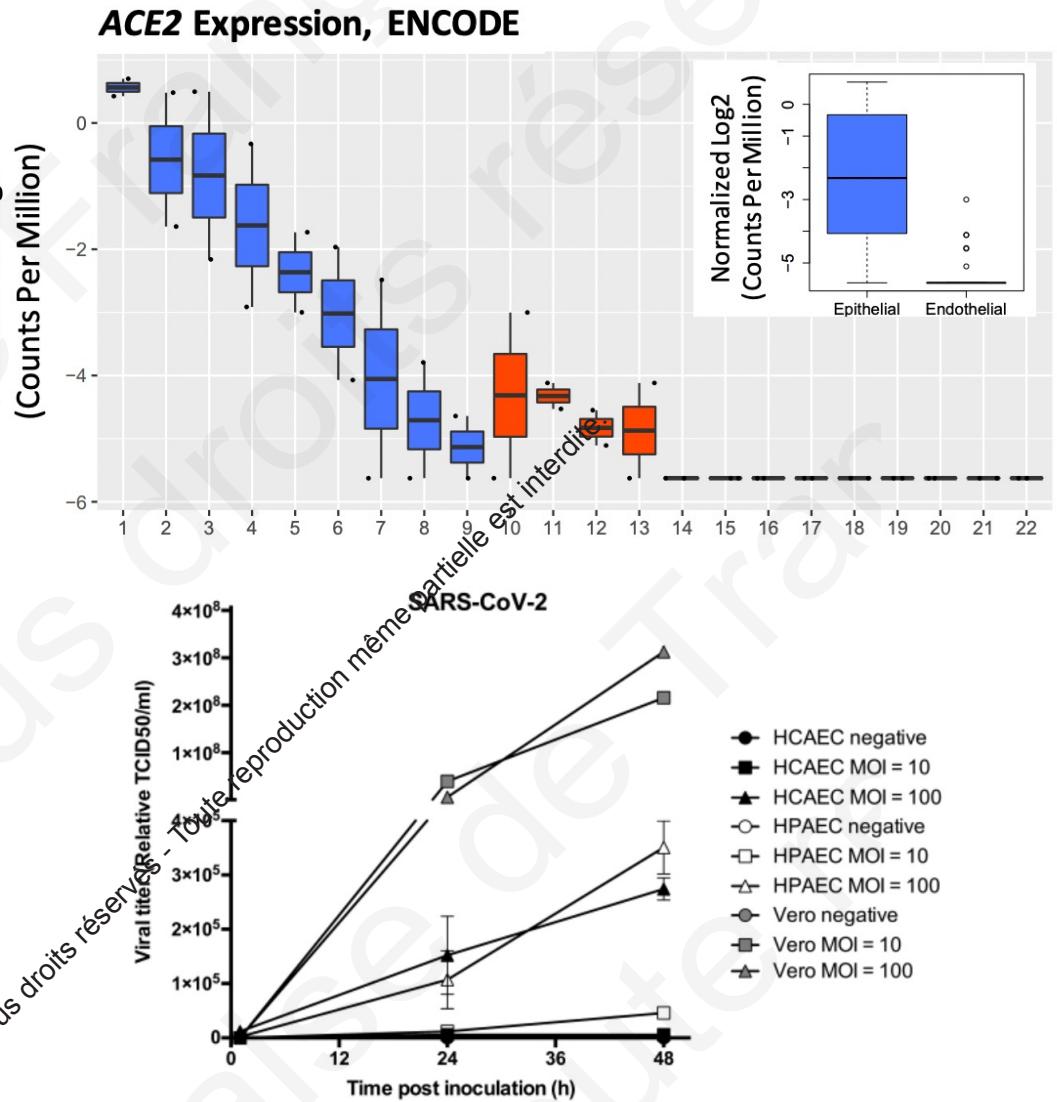
Fox SE et al, Lancet respir med, 2020

COVID-19 endotheliopathy : 1/No direct viral infection



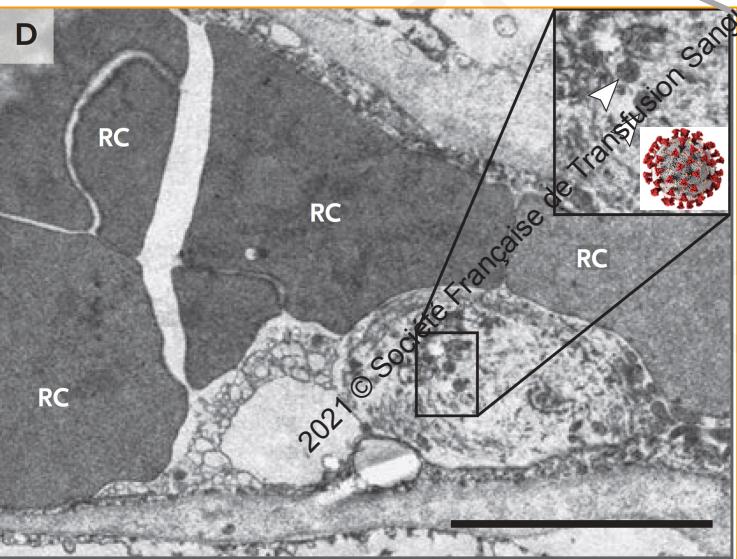
McCracken et al. Circulation 2021

Lack of Evidence of ACE2 Expression and Replicative Infection by SARS-CoV-2 in Human Endothelial Cells



Endothelial cell damages and COVID-19

Direct viral infection ?



Post-mortem studies

Varga Z et al, *Lancet*, 2020

Ackermann M et al, *N Engl J Med*, 2020,

Fox SE et al, *Lancet respir med*, 2020

Circulation

RESEARCH LETTER

Lack of Evidence of Angiotensin-Converting Enzyme 2 Expression and Replicative Infection by SARS-CoV-2 in Human Endothelial Cells

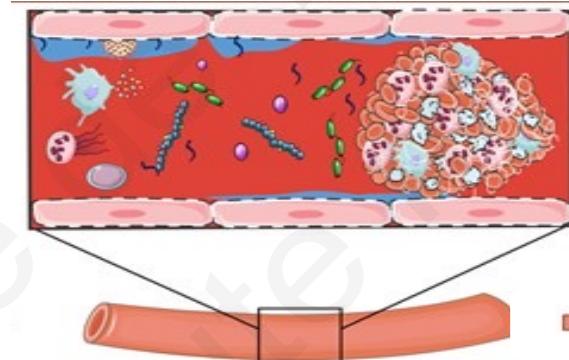
McCracken IR, *Circulation*, 2021

Substantial endothelial cell damages

High plasma VWF levels

Hypercoagulable state

Thrombosis



Endothelial cell damages and COVID-19

Direct viral infection ?

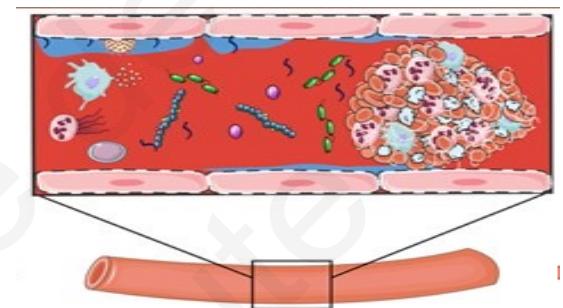
Indirect via circulating mediators ?

**Substantial endothelial cell
damages**

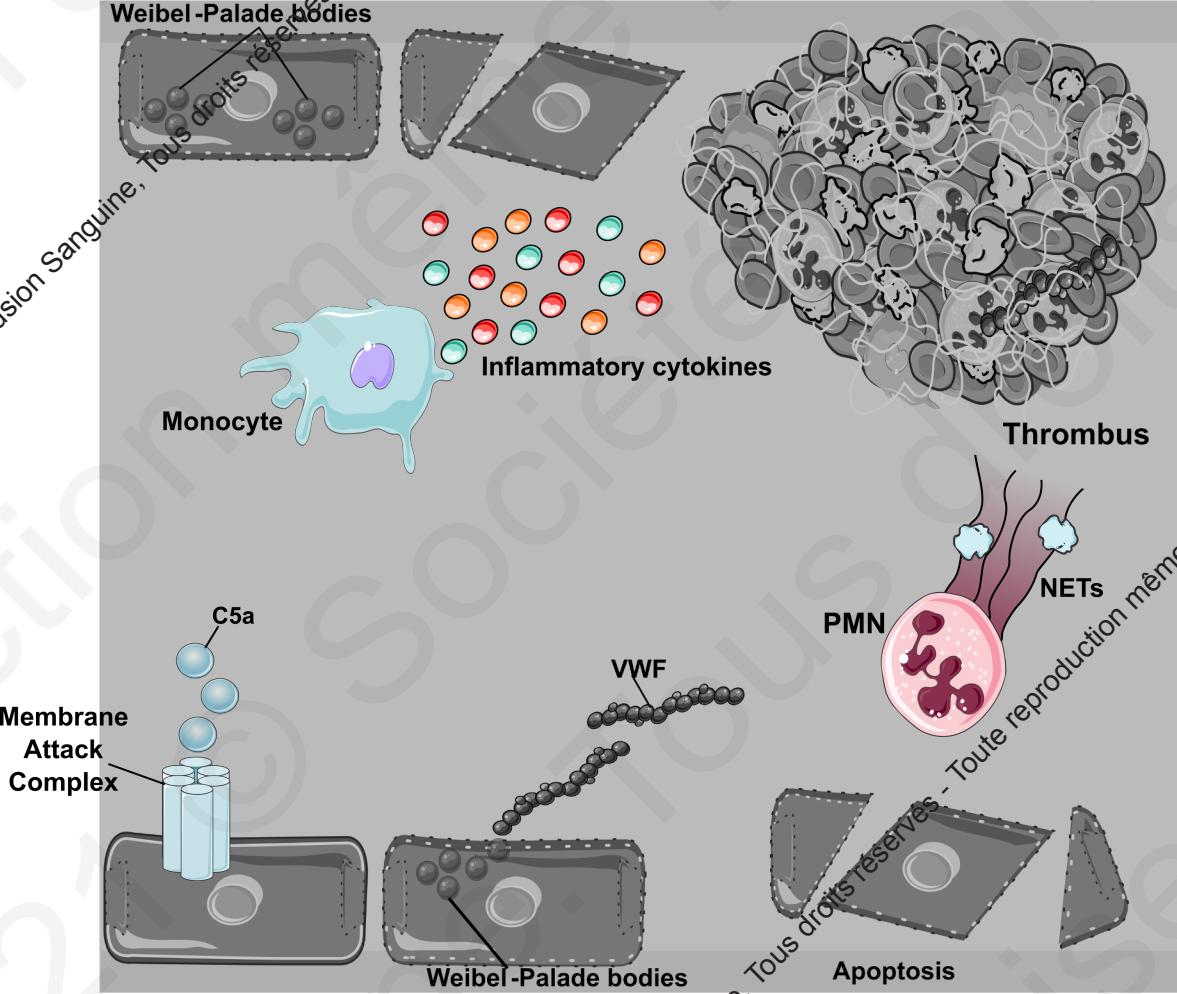
High plasma VWF levels

Hypercoagulable state

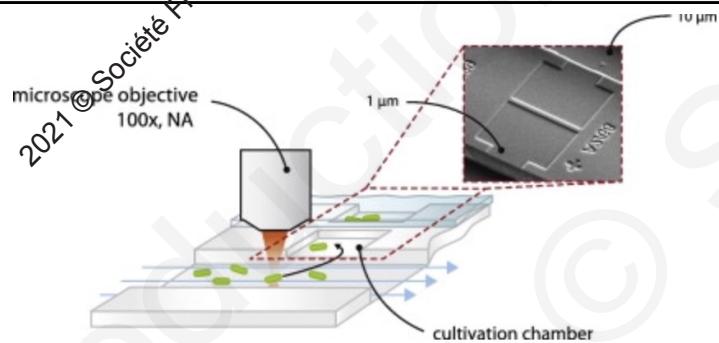
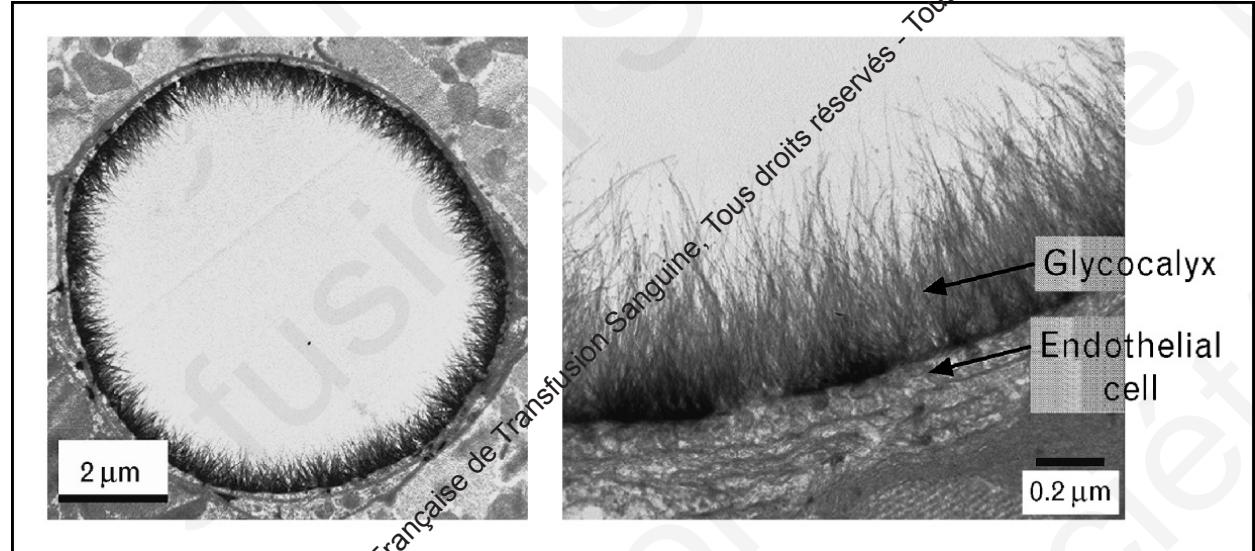
Thrombosis



Endothelial cell damages and COVID-19: Direct inflammatory cytotoxicity?

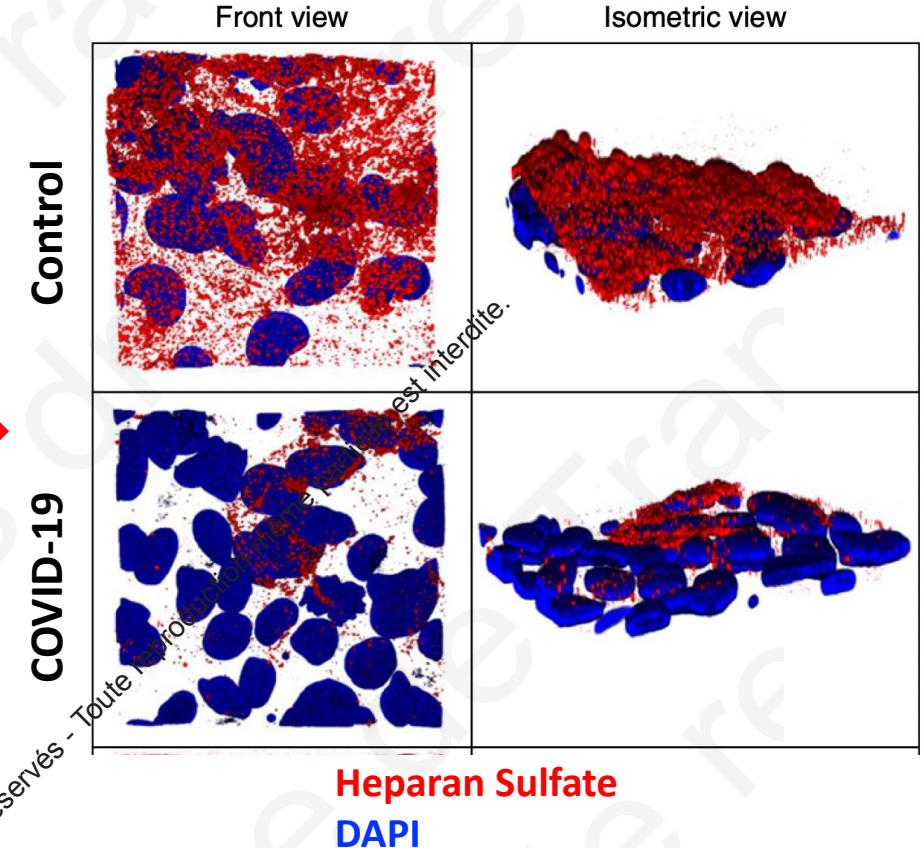


Endothelial cell damages and COVID-19: Direct inflammatory cytotoxicity?



Microfluidic chamber with cultured endothelial cells
perfusion with serum

Injury to glycocalyx in severe COVID-19



Endothelial cell damages and COVID-19: role of plasma

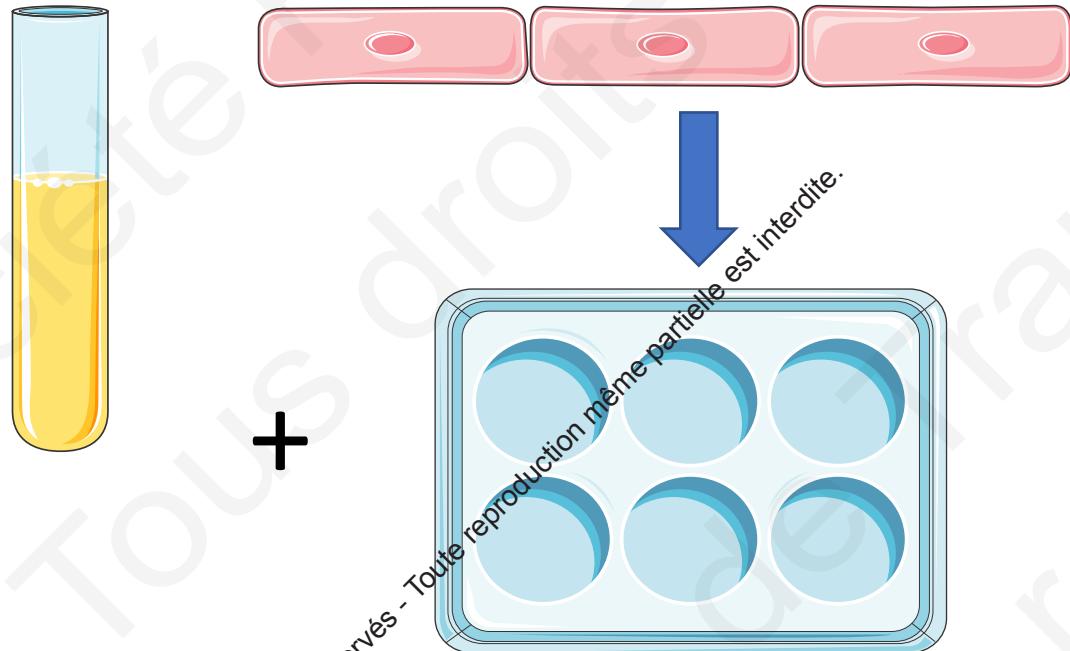
- Plasma sampled on admission from 28 consecutive patients (non-ICU, n=16; ICU, n=12)
- In convalescent patients (n=6 from the 12 patients in the ICU) sampled after ICU discharge (mean \pm SD, 21 \pm 7 days)
- Control healthy donors (n=8)
- Positive control = shigatoxin



Endothelial cell damages and COVID-19: role of plasma

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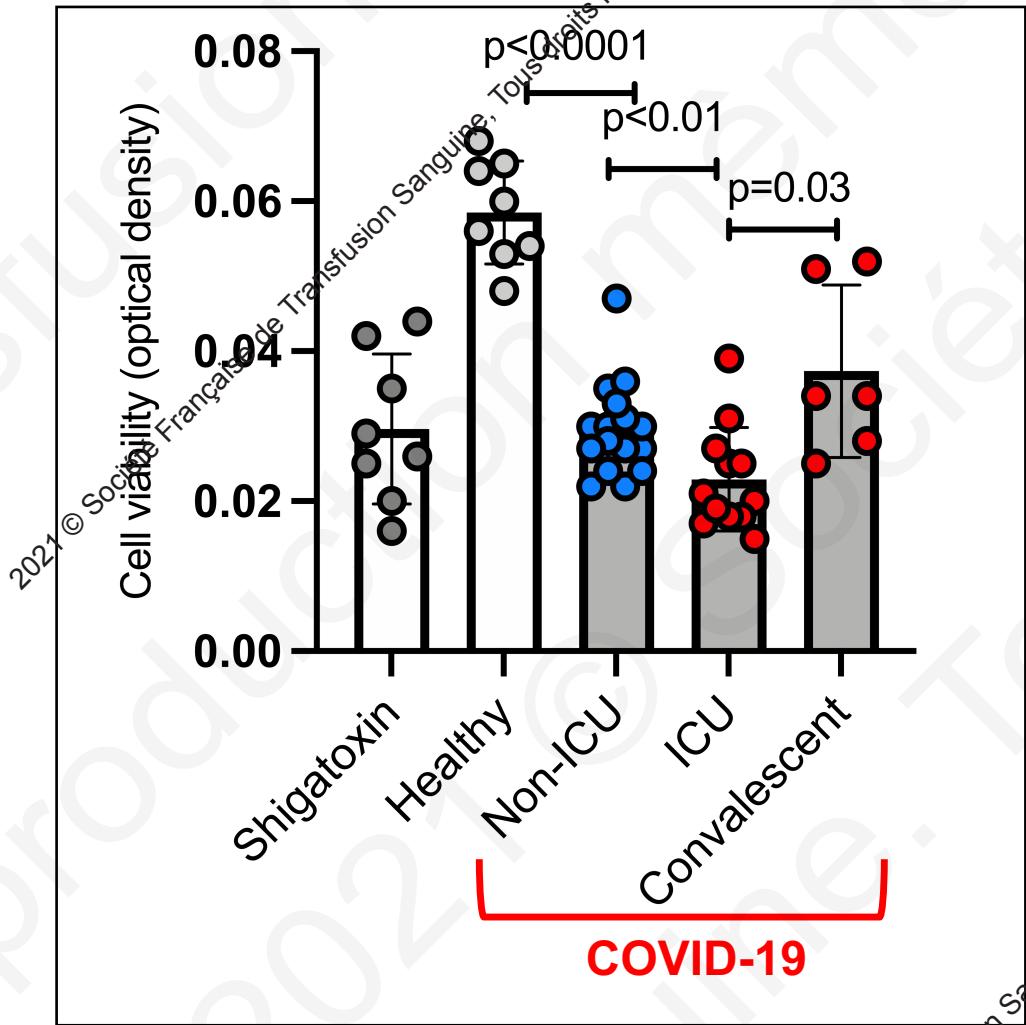
Human pulmonary microvascular endothelial cells



mitochondrial activity (WST-1 test)
1 hour after incubation of cells with plasma

Endothelial cell damages and COVID-19: role of plasma

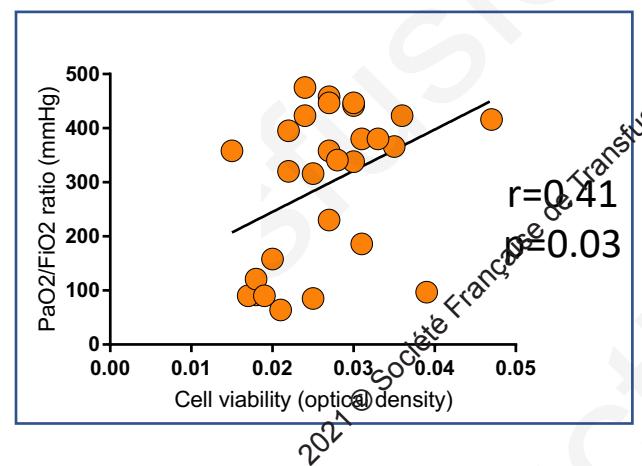
Human pulmonary microvascular endothelial cells viability after exposure to plasma (1 hour)



Rapidity of the effect
excludes a direct cytopathic effect
by SARS-CoV-2

HPMVEC viability and COVID-19

Partial pressure of oxygen /Fraction of inspired oxygen

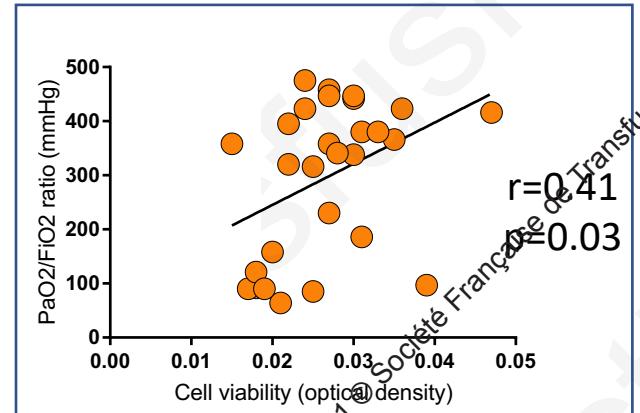


r = Spearman correlation coefficient

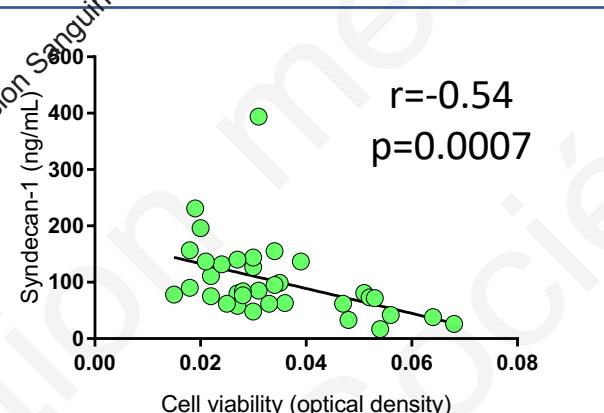
Rauch A, Dupont A et al, *Circulation*, 2020

HPMVEC viability and COVID-19

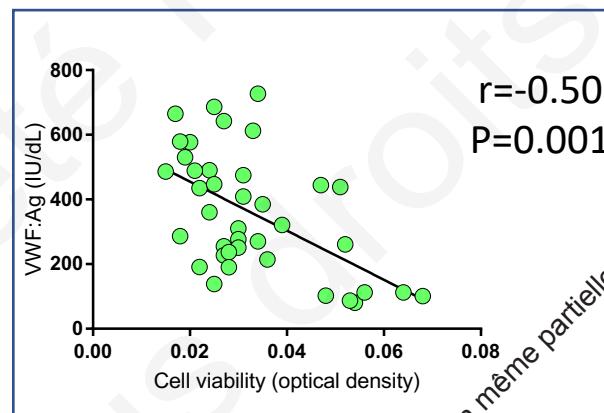
PaO₂/FIO₂



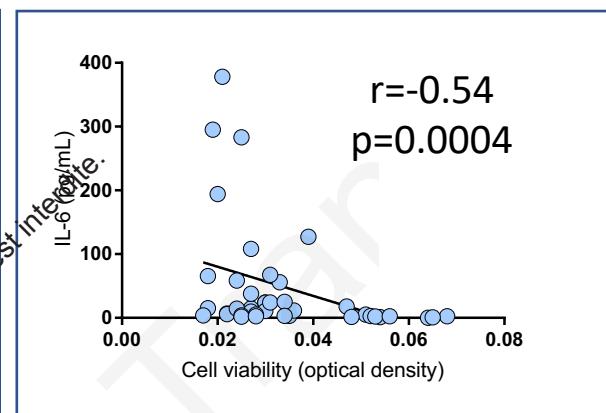
Syndecan



VWF



IL-6



r = Spearman correlation coefficient

Cell viability (Human Pulmonary MicroVascular Endothelial Cells)

Rauch A, Dupont A et al, *Circulation*, 2020

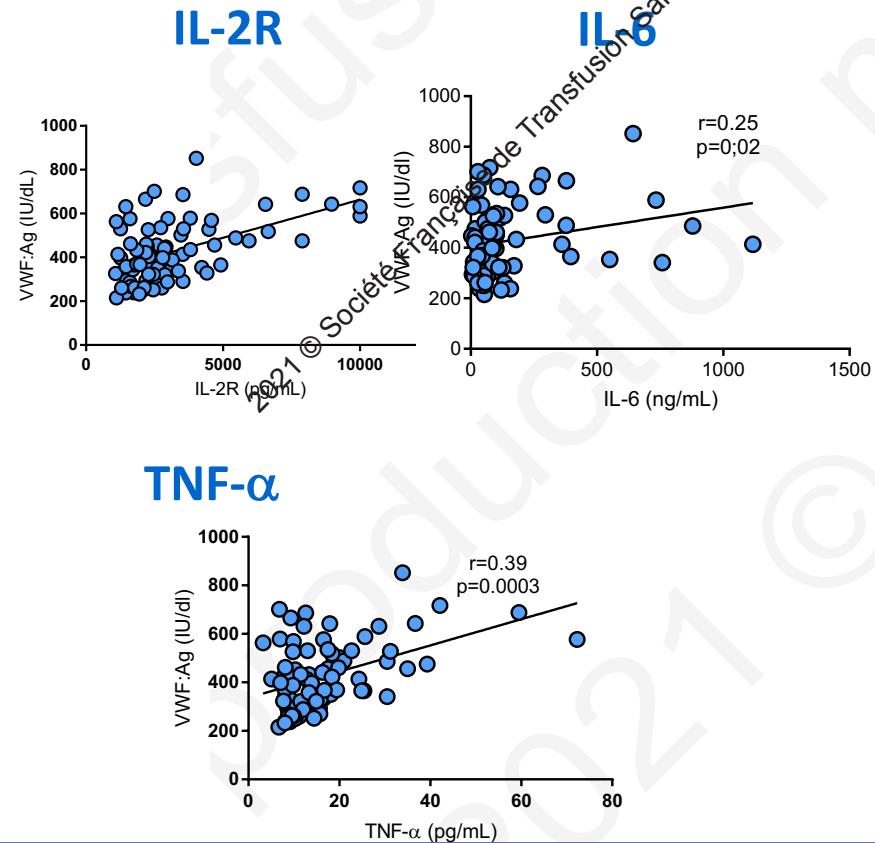


Direct effect of dysregulation of immune response on endothelial damage

VWF, dysregulated immune response and COVID-19

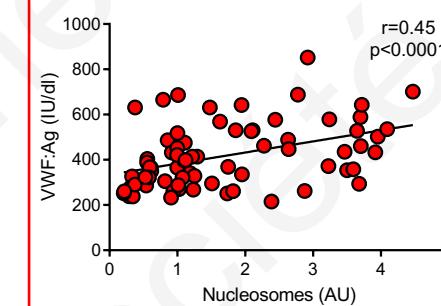
82 ICU COVID-19 patients

Inflammatory cytokines

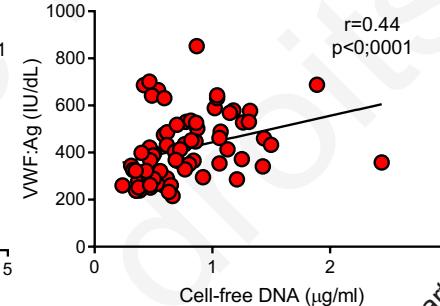


Neutrophil extracellular traps (NETs)

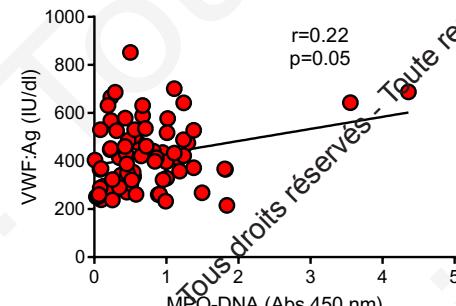
Nucleosomes



Cell-free DNA

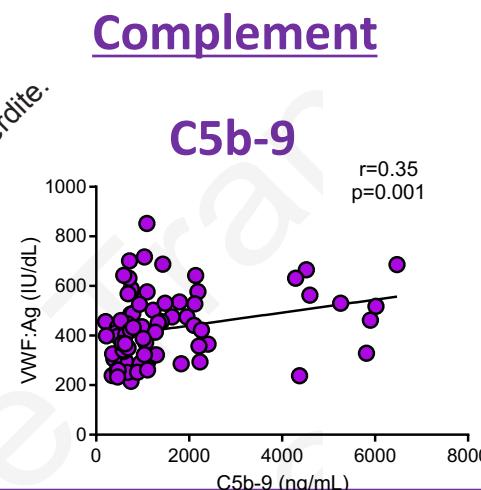


Myeloperoxidase-DNA



Complement

C5b-9



Analysis of Thrombi retrieved from venovenous ECMO circuits

Non COVID

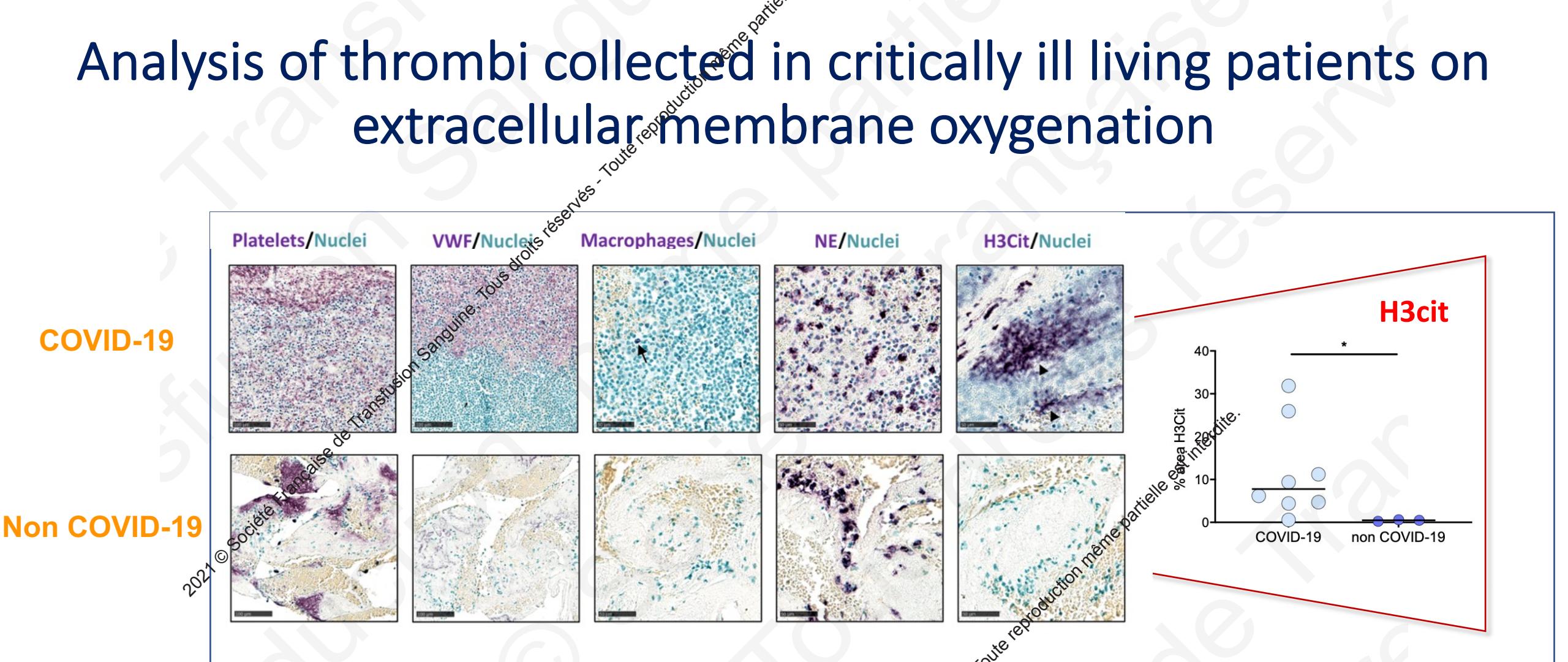


Red blood cells
Fibrin

COVID



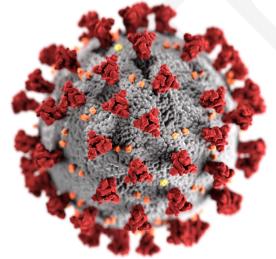
Analysis of thrombi collected in critically ill living patients on extracellular membrane oxygenation



Accumulation of VWF, macrophages, neutrophils and NETs when compared to non-COVID-19 thrombi

Immune response and endotheliopathy promote immunothrombosis

Summary



SARS-CoV-2 infection

Inflammatory cytokines

NETs

Complement cascade

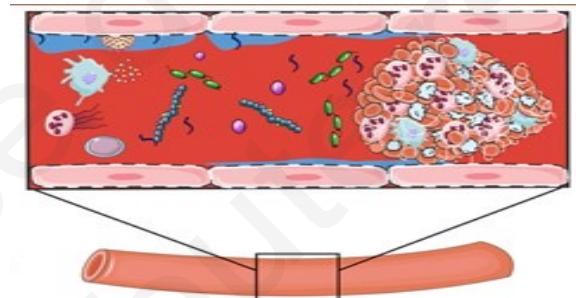
Dysregulation of immune response

Endothelial cell damages

↗↗↗ VWF plasma levels

Hypercoagulable state

High risk of immunothrombosis

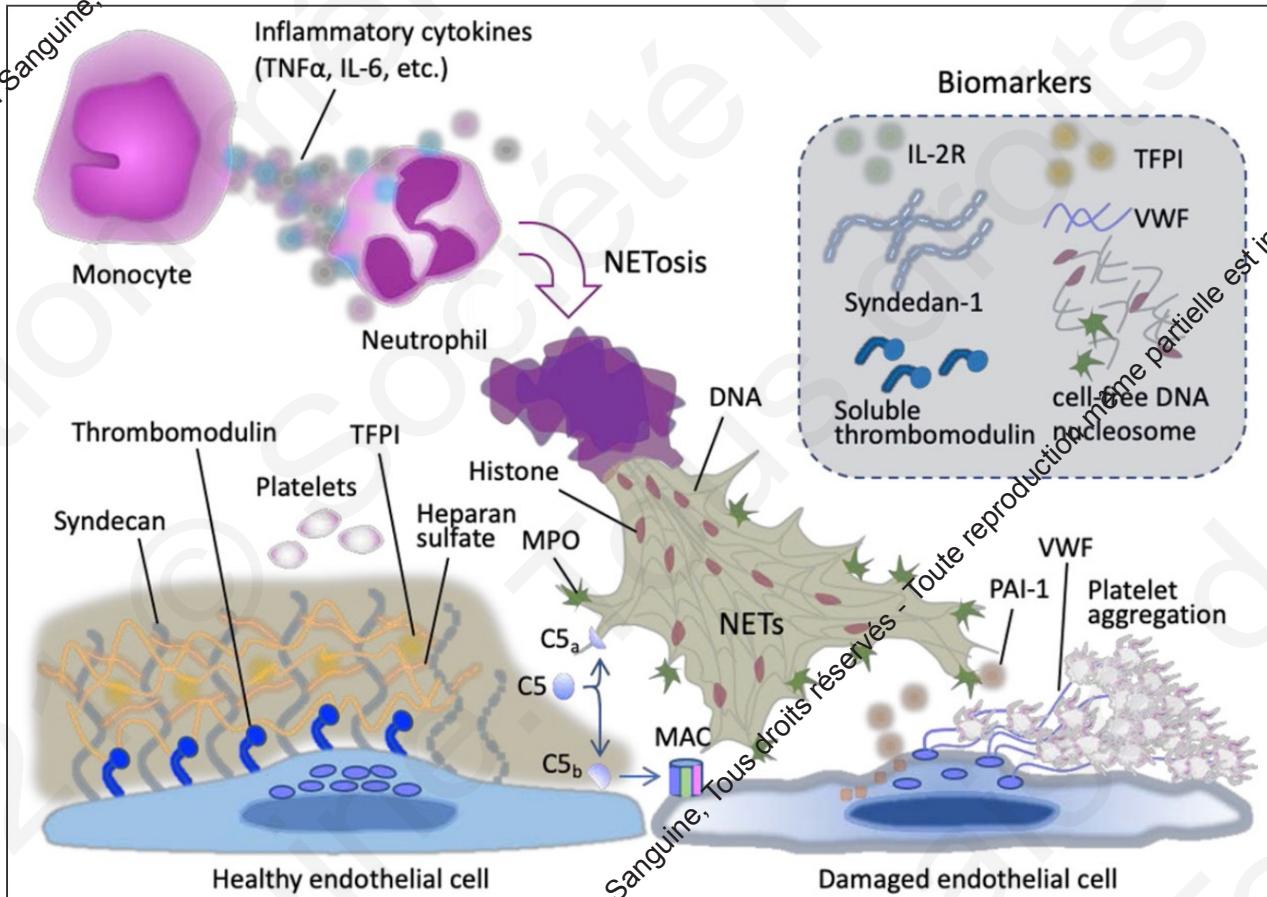


Endothelial Injury in COVID-19 and Acute Infections

Putting the Pieces of the Puzzle Together

See accompanying article on page 1750

Jerrold H. Levy , Toshiaki Iba , and Elizabeth E. Gardner 



Future investigations

- Evaluate in prospective studies the possibility of routinely measuring circulating levels of VWF as prognostic predictive markers of severe COVID-19
- Assess whether these mechanisms could be translated to pneumonia related to other viruses (Sars, Mers or Influenza),
- Determine whether therapeutic interventions targeting VWF may have an impact on patient's prognosis recombinant ADAMTS-13, caplacizumab
- Impact of viral mutations on endothelial damage

Acknowledgments

Team 2 UMR Inserm 1011

A Dupont
D Corseaux
E Jeanpierre
M Rosa
A Rauch
B Staels

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ICU teams

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J Poissy

Emergency department

D Garrigue

- all the clinical research associates, biologists and technicians of the Haemostasis department
- Lille CORonavirus NEtwork (LICORNE)



Biostatistics

A Duhamel
J Labreuche



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