

Diseases of the aorta

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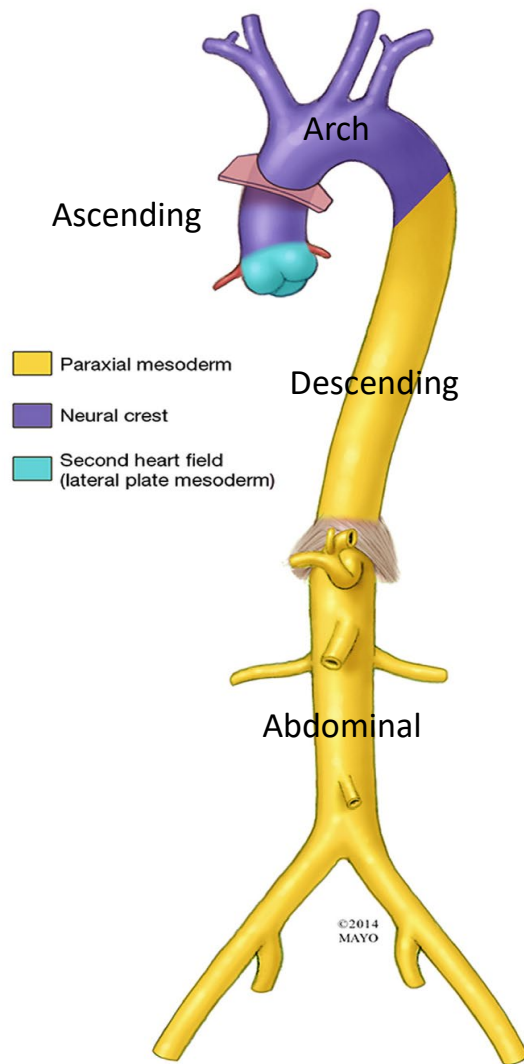
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Dr. Gerardo Salas Garrido- Departamento de Patologia



Regional Heterogeneity within the Aorta



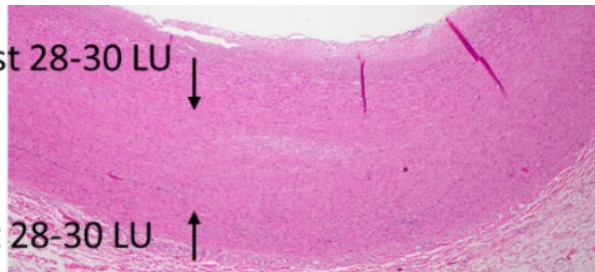
J Thorac Cardiovasc Surg. 2015.

Variable	Thoracic Aorta	Abdominal Aorta
Embryology	Derived from neural crest	Derived from mesoderm
Structure	Vascular outer media 55-60 lamellar units Grows by synthesizing additional lamellar units Greater elastin & collagen content	Avascular medial layer 28-32 lamellar units Grows by increasing lamellar unit thickness Lower elastin & collagen content
Mechanics	Greater distensibility	Increased stiffness
Atherosclerosis	Low likelihood of lesion progression from fatty streak to atheroma	Site of most severe atherosclerosis High likelihood of lesion progression from fatty streak to atheroma
Matrix Metalloproteinases (MMPs)	Inconsistent role for MMP-2 MMP-9 produced by synthetically active SMCs and fibroblasts Lack of MMP-9 attenuated aneurysm development	Early aneurysm growth driven by MMP-2 MMP-9 produced by macrophages MMP-9 proportional to aneurysm diameter Lack of MMP-9 prevented aneurysm development
TGF- β Response	Increased signaling contributes to aneurysm disease	Overexpression attenuated proteolytic state

J Thorac Cardiovasc Surg. 2008.

Avascular zone: First 28-30 LU

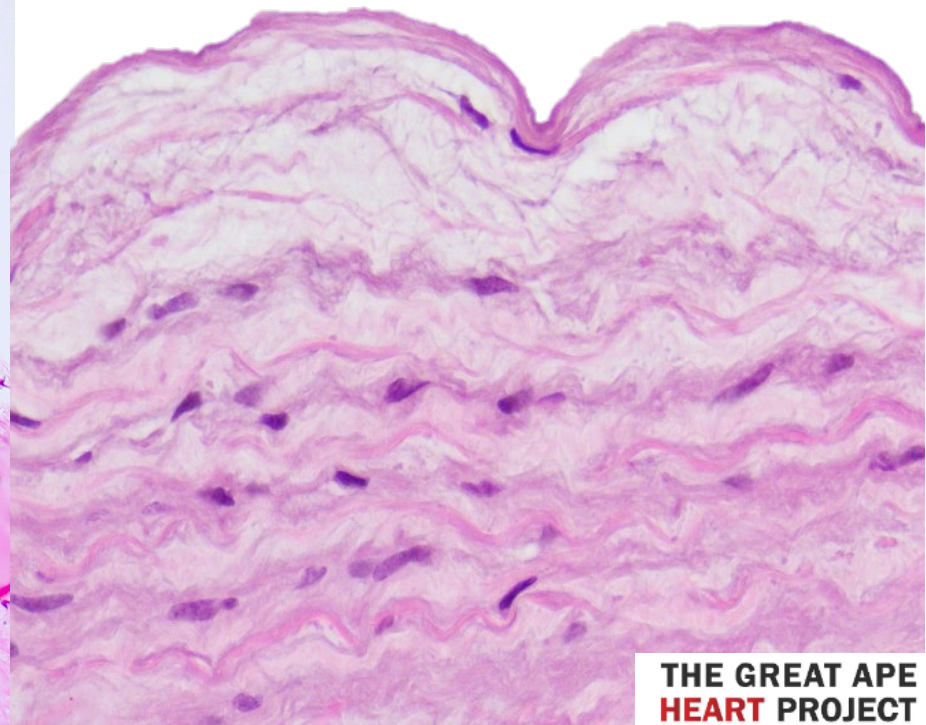
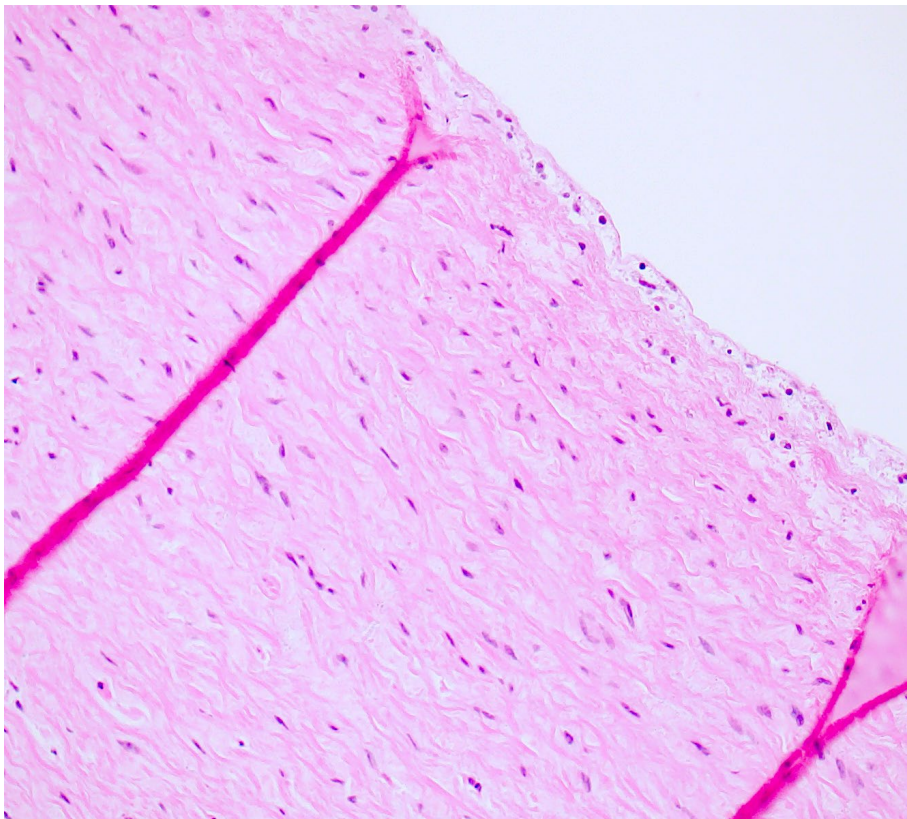
Vascular zone: First 28-30 LU



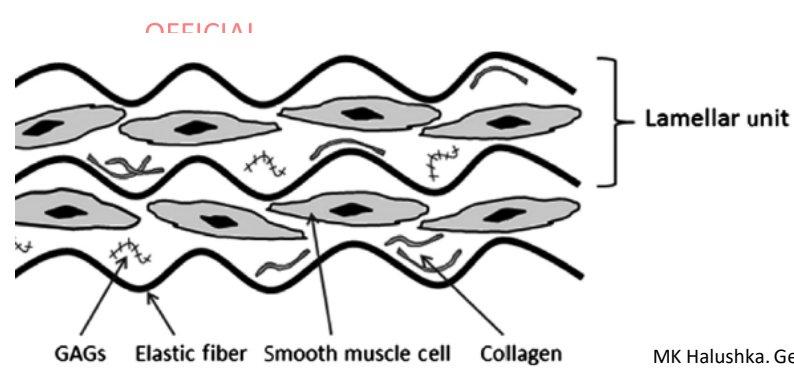
Aorta

INTIMA

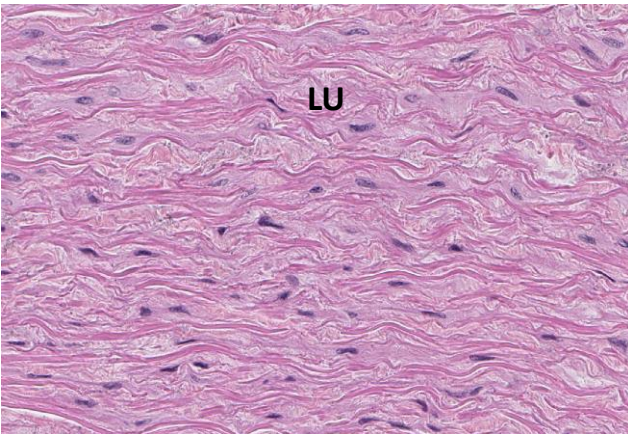
- ♥ Single layer of ECs
- ♥ Basement membrane (ECM: laminin, collagen IV, fibronectin, perlecan, heparan sulfate PGs)
- ♥ Internal elastic lamina



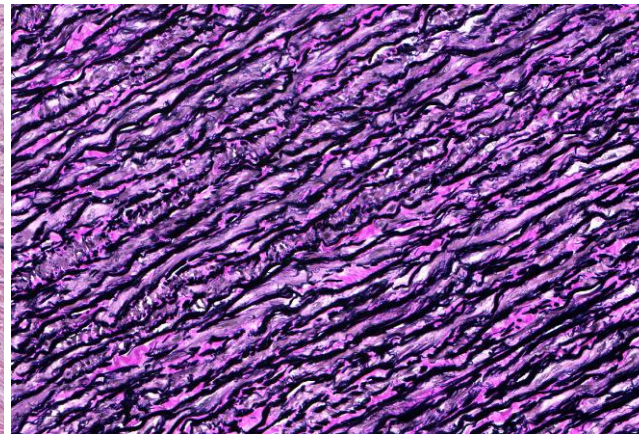
MEDIA



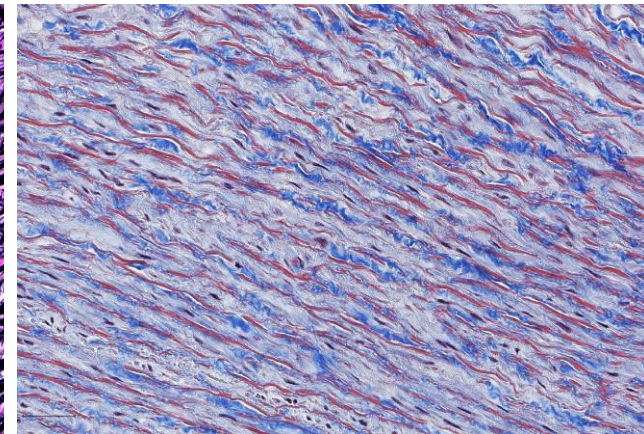
MK Halushka. Genetic Diseases of the Aorta. 2014.



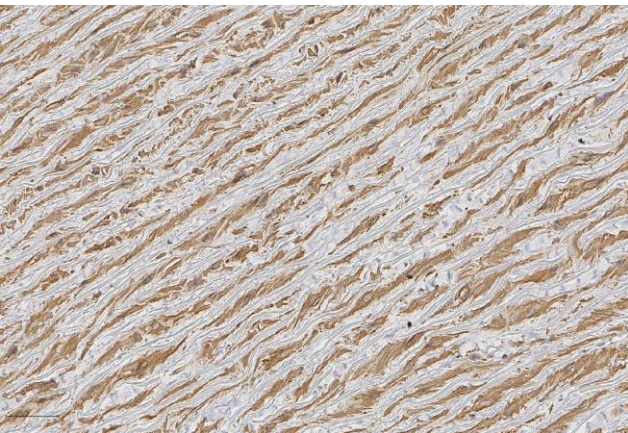
H&E



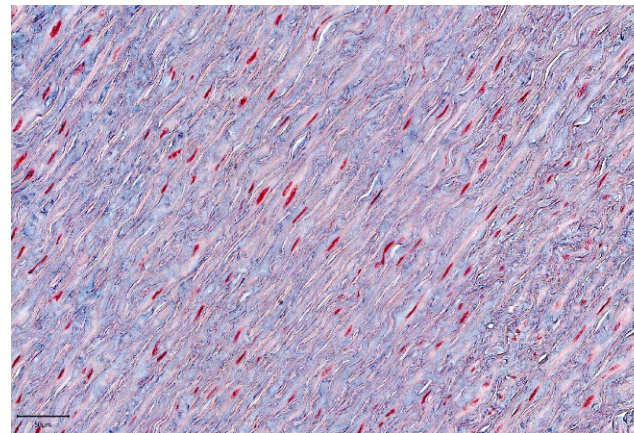
Van Gieson's stain



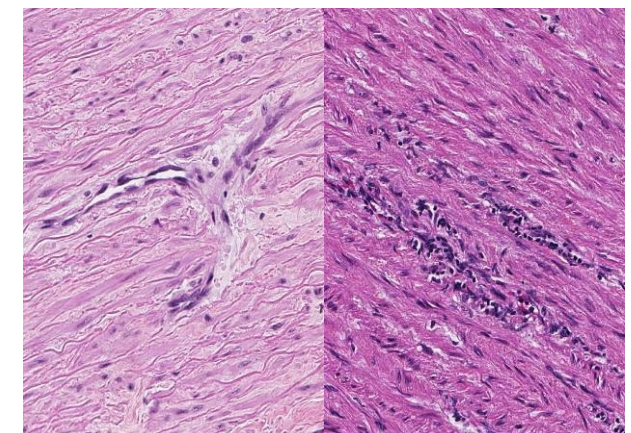
Trichrome



SMA



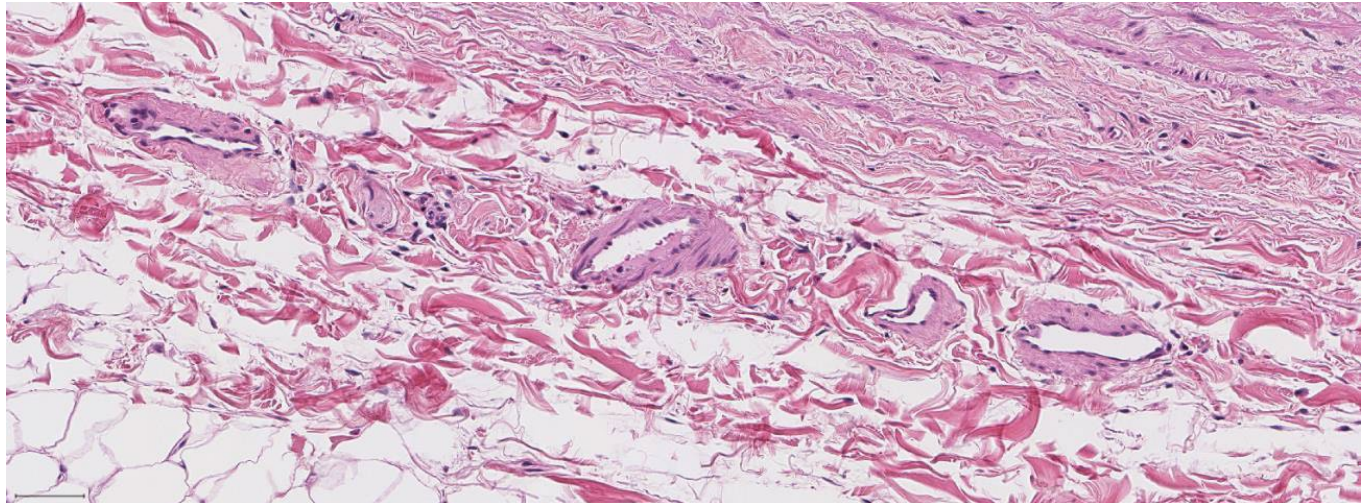
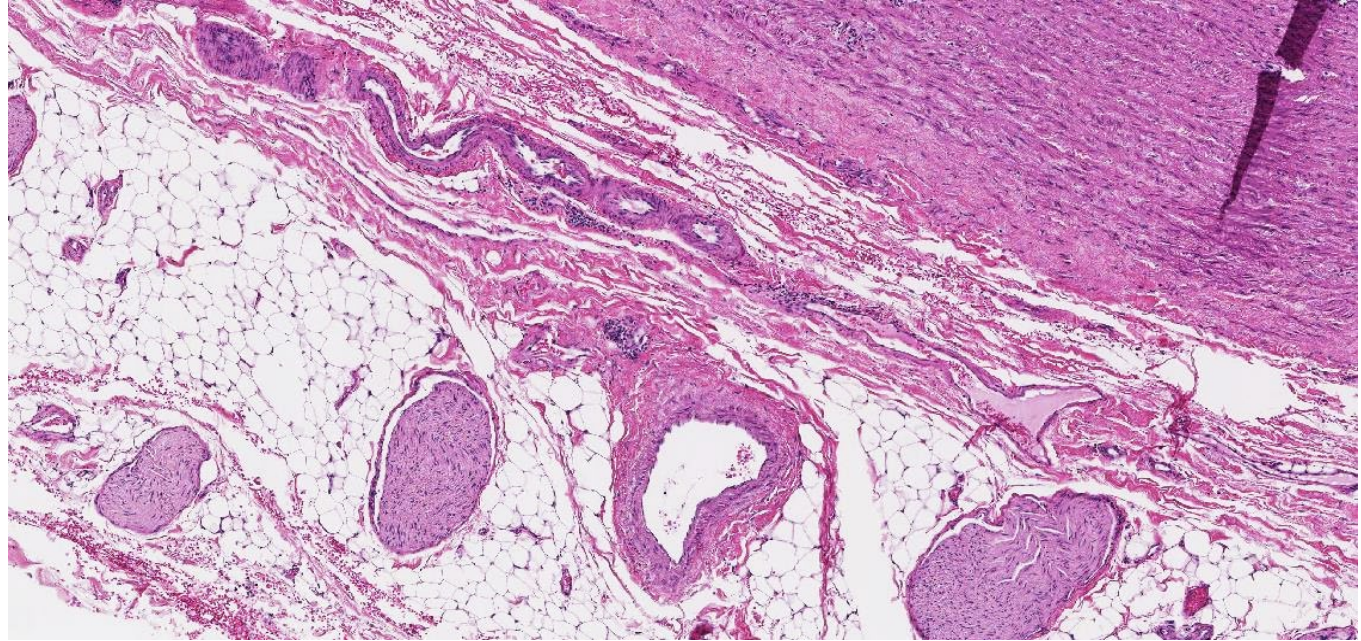
Alcian blue
OFFICIAL



H&E

ADVENTITIA

- ♥ Vasa vasorum
- ♥ Nerves
- ♥ Loose/dense connective tissue
- ♥ Adipocytes
- ♥ Fibroblasts
- ♥ Pericytes
- ♥ Progenitor cells
- ♥ Lymphatics
- ♥ Lymphocytes
- ♥ Macrophages

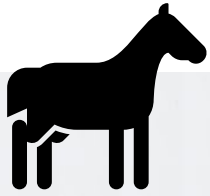




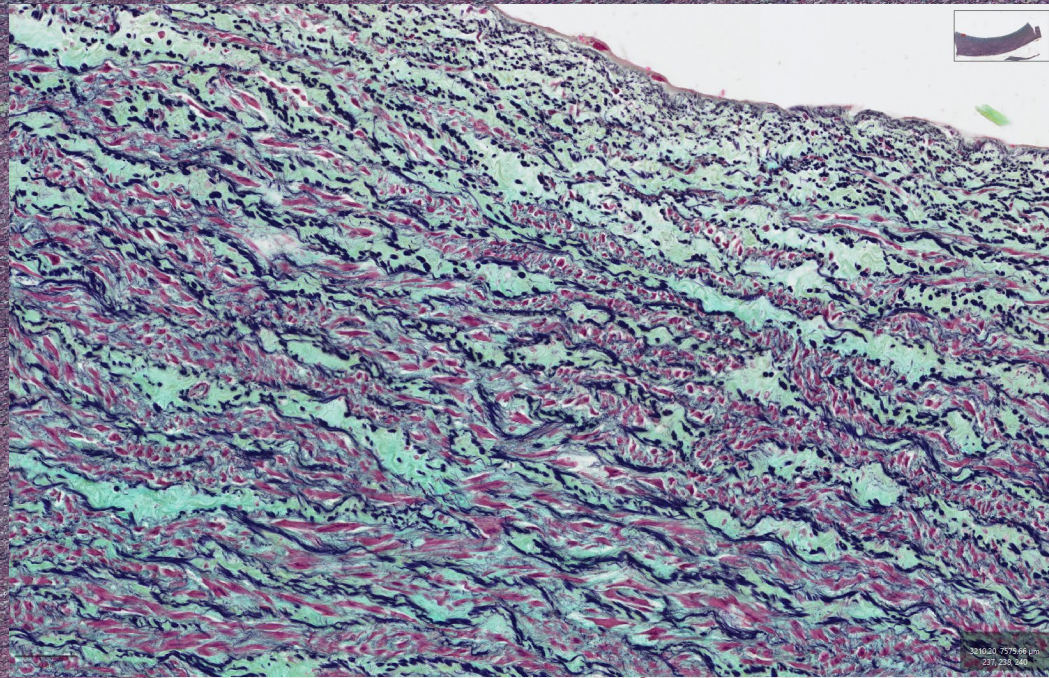
intima

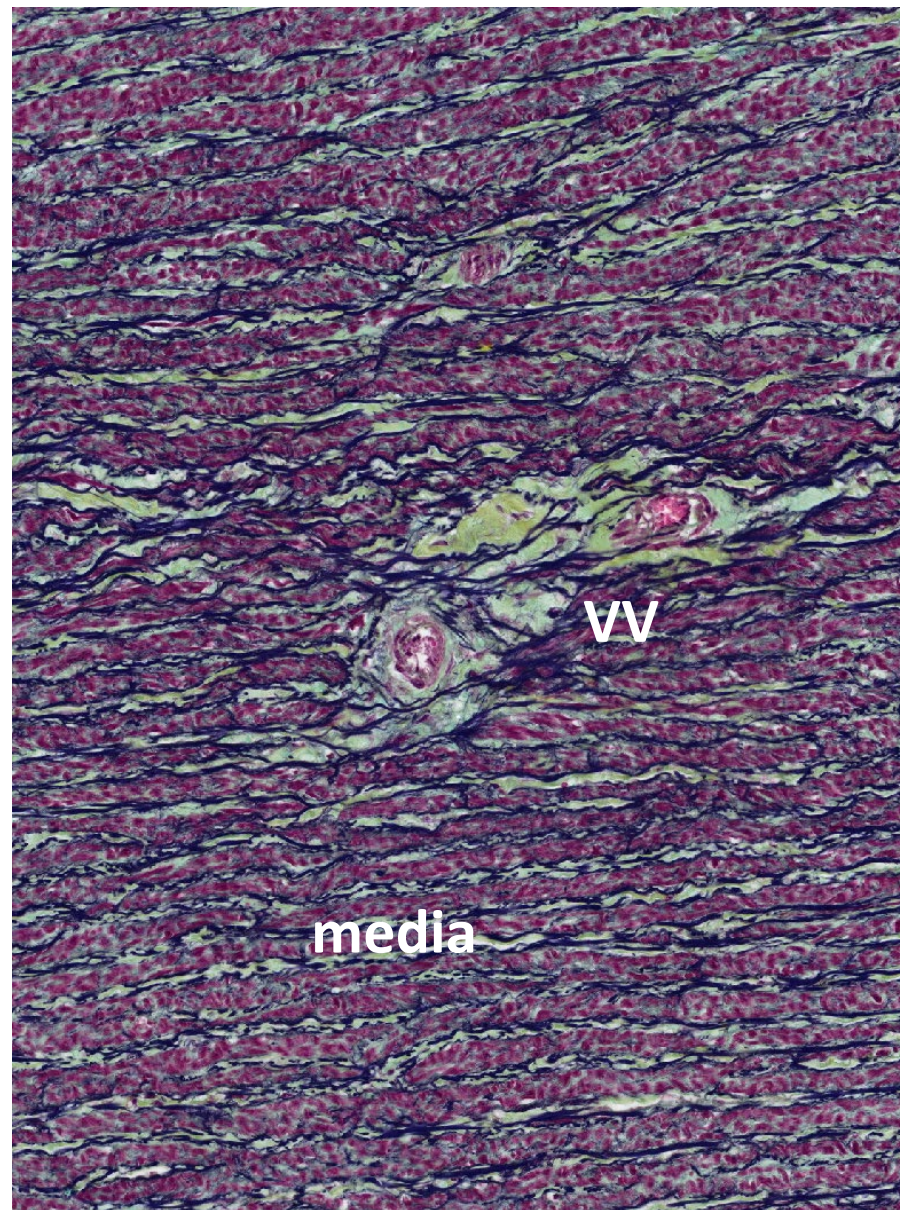
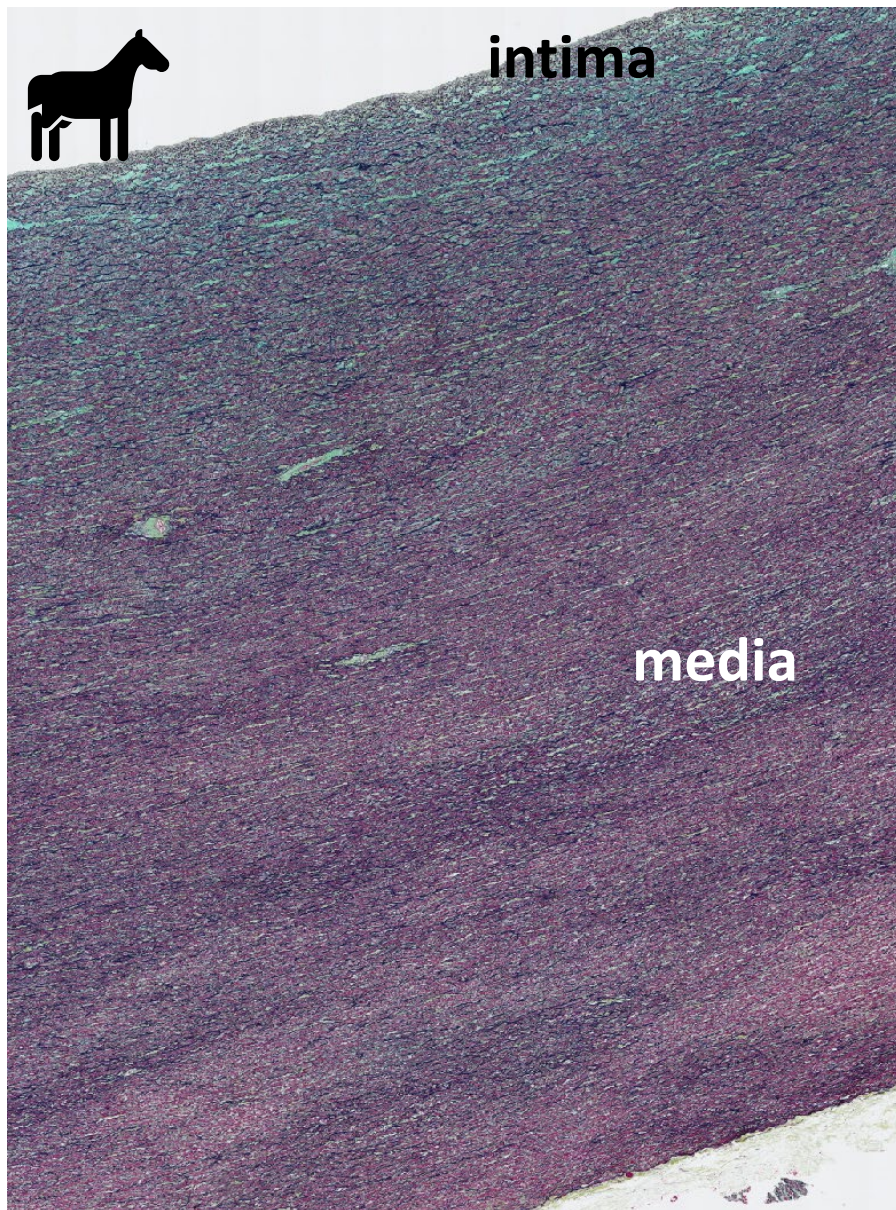
media

adventitia



intima





Pentachrome stain

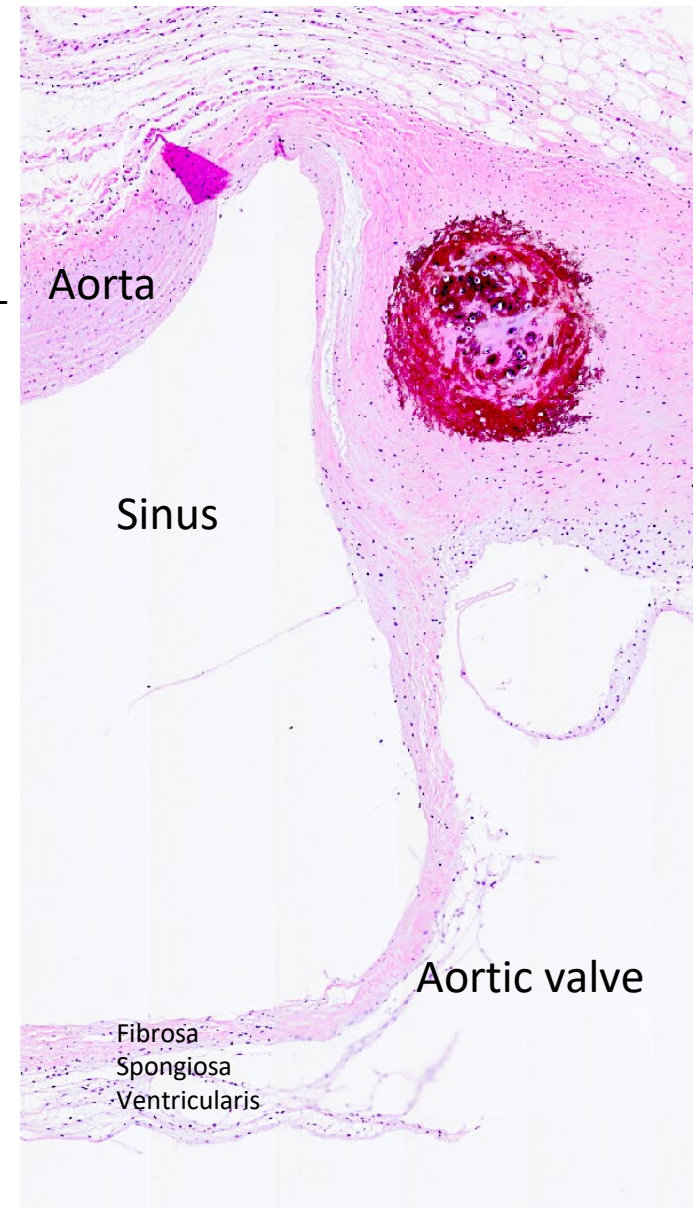
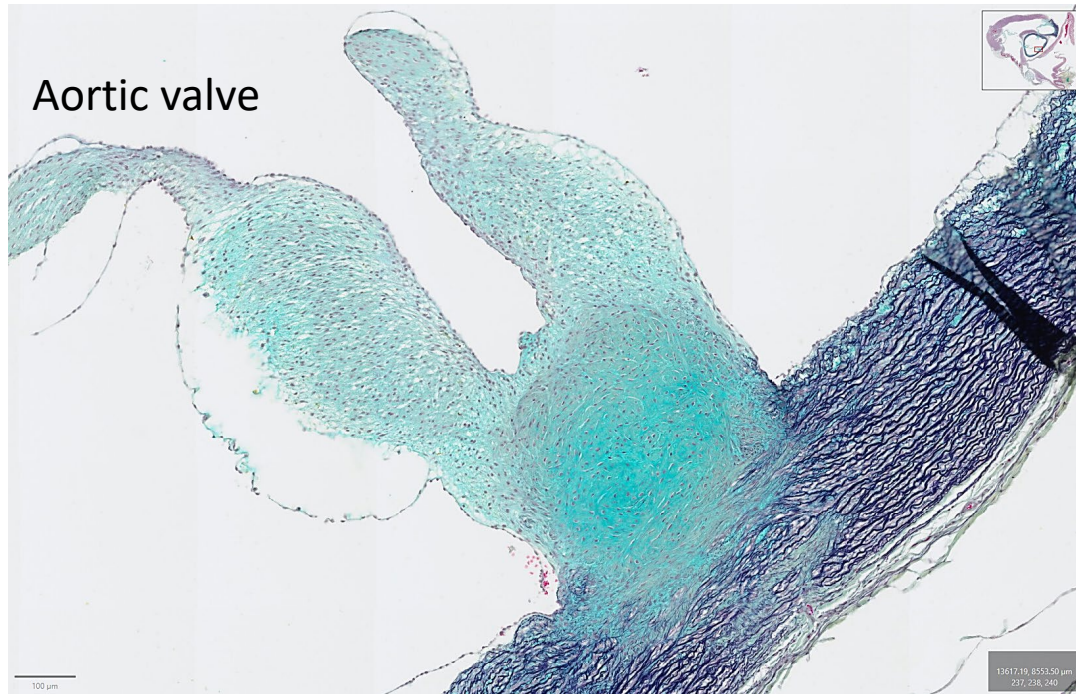
Aortic valve

Core of connective tissue of three layers:

- Ventricularis: elastic fibers and collagen
- Spongiosa: proteoglycans, glycosaminoglycans
- Fibrosa: collagen and interstitial cells

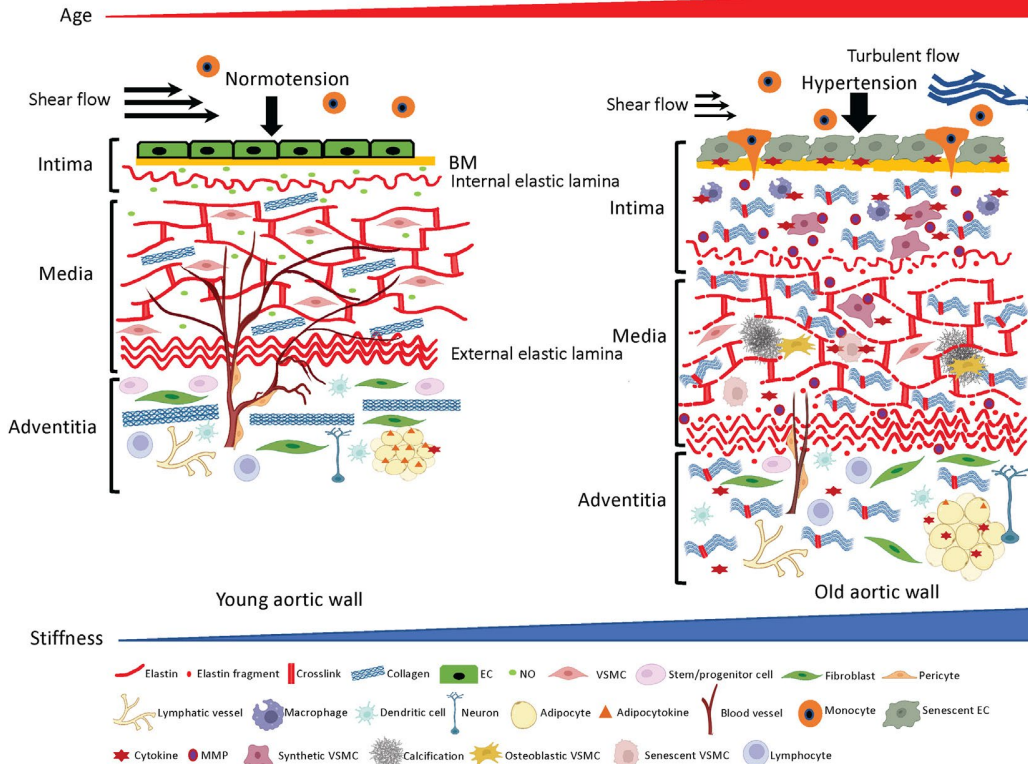
ALL THREE LAYERS ARE POPULATED WITH VALVE INTERSTITIAL CELLS

Core is covered by endothelium



Remodeling of the Extracellular matrix

Front Cell Dev Biol. 2022.



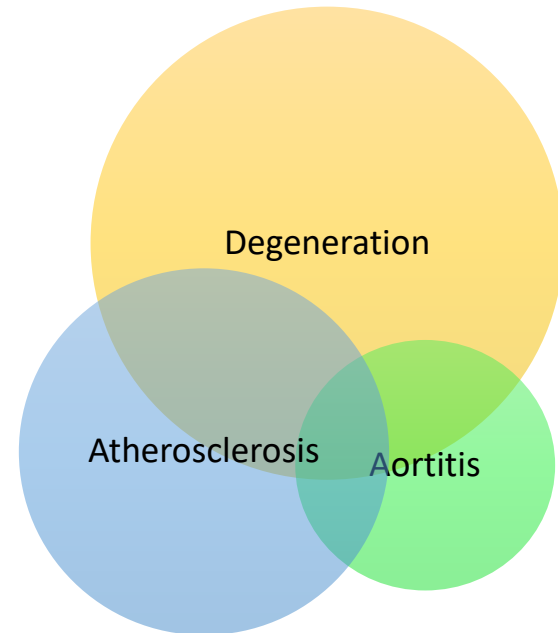
Intima	Media	Adventitia
Endothelial apoptosis	Proliferation VSMC	Calcification
Endothelial senescence	Migration of VSMC	Myofibroblasts
ECM production	Increase MMPs	Fibroblasts
Collagen deposition	Collagen deposition	Modified ECM
Deposition VSMCs infiltrate into the subendothelial space	Elastin fragmentation	
	Calcification	
	Increased inflammatory cells	
	Collagen/elastin ratio increased	

New Approaches to Aortic Diseases from Valve to Abdominal Bifurcation. Chapter 1. 2018.

Histopathologic changes to the aorta

Overlapping changes

- Atherosclerotic plaques
 - Cause of aortic aneurysm
- Inflammation
 - Granulomatous (giant cells)
 - Lymphoplasmacytic
 - Mixed
 - Suppurative
- Medial degeneration
 - Aging
 - Abnormal post-valvular hemodynamics
 - Connective tissue disorders



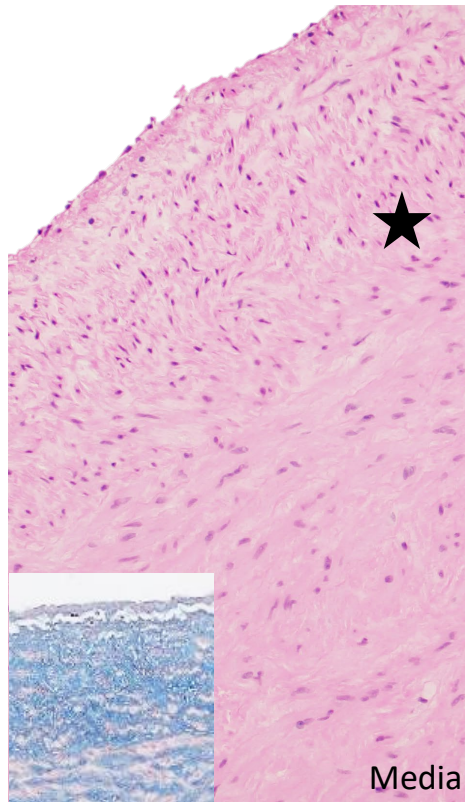
Aortic histopathology

MEDIA	INTIMA	ADVENTITIA
<ul style="list-style-type: none">• Muroid extracellular matrix accumulation• Elastic fiber fragmentation/loss• Elastic fiber thinning• Elastic fiber disorganization• Smooth muscle cell nuclei loss• Laminar medial collapse• Smooth muscle cell disorganization• Medial fibrosis• Calcification	<ul style="list-style-type: none">• Intimal thickening• Intimal fibrosis• Atherosclerosis	<ul style="list-style-type: none">• Perivascular lymphocytes• Medial hypertrophy VV

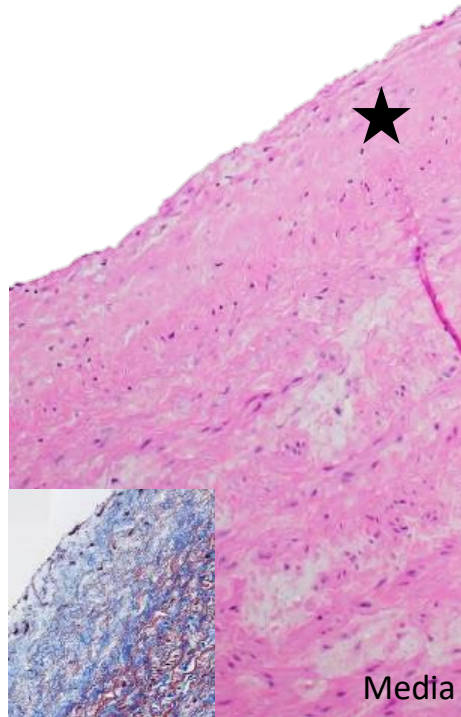
Cardiovascular Pathology. 2016. Vol 25-3, 247-257.

HISTOLOGIC CHANGES IN THE ASCENDING AORTA/INTIMA

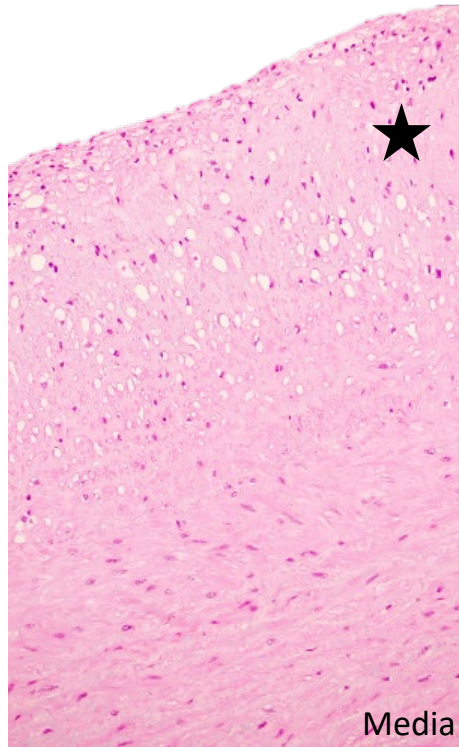
Intimal thickening



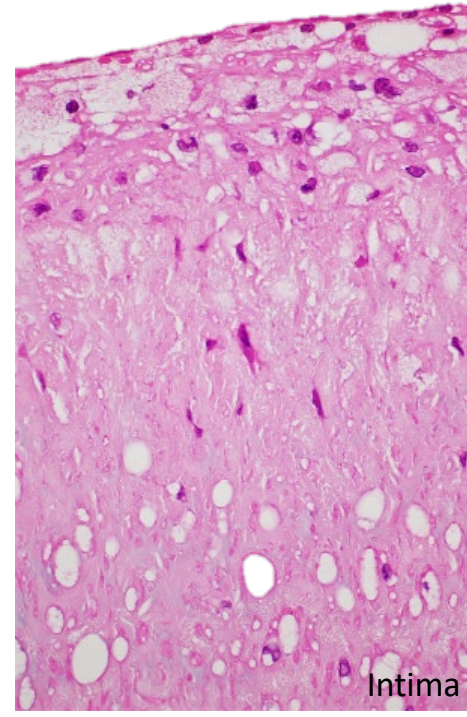
Intimal fibrosis



Atherosclerosis

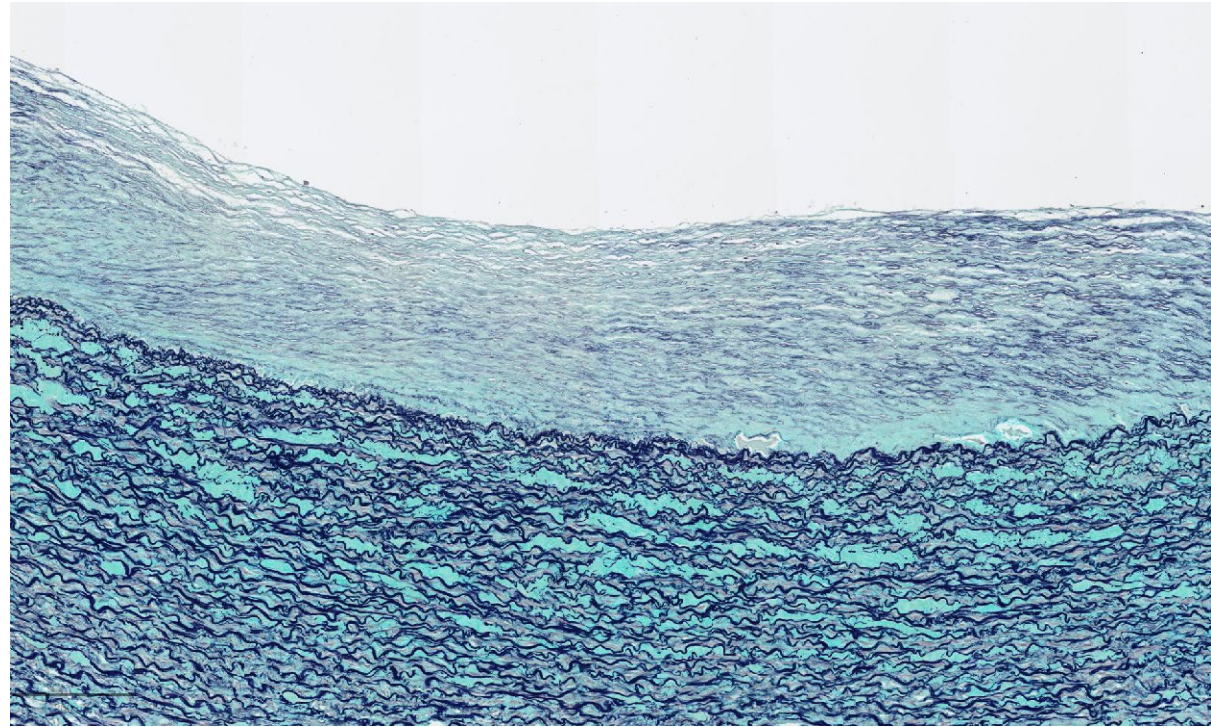
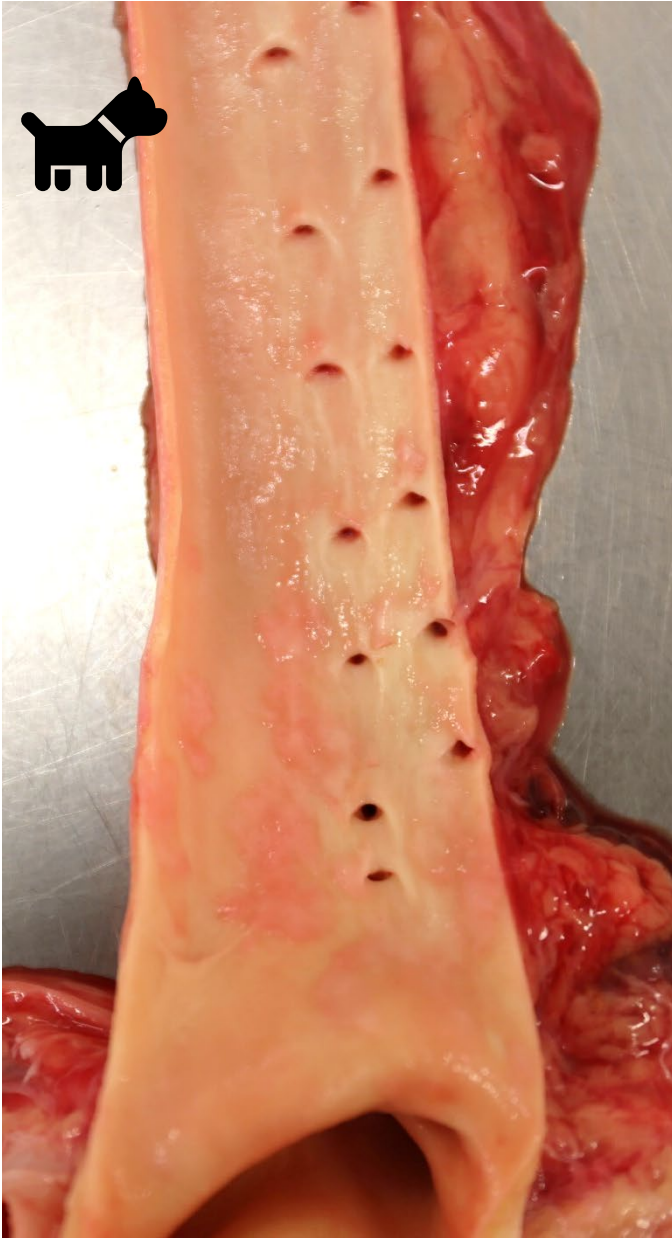


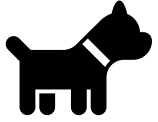
Atherosclerosis



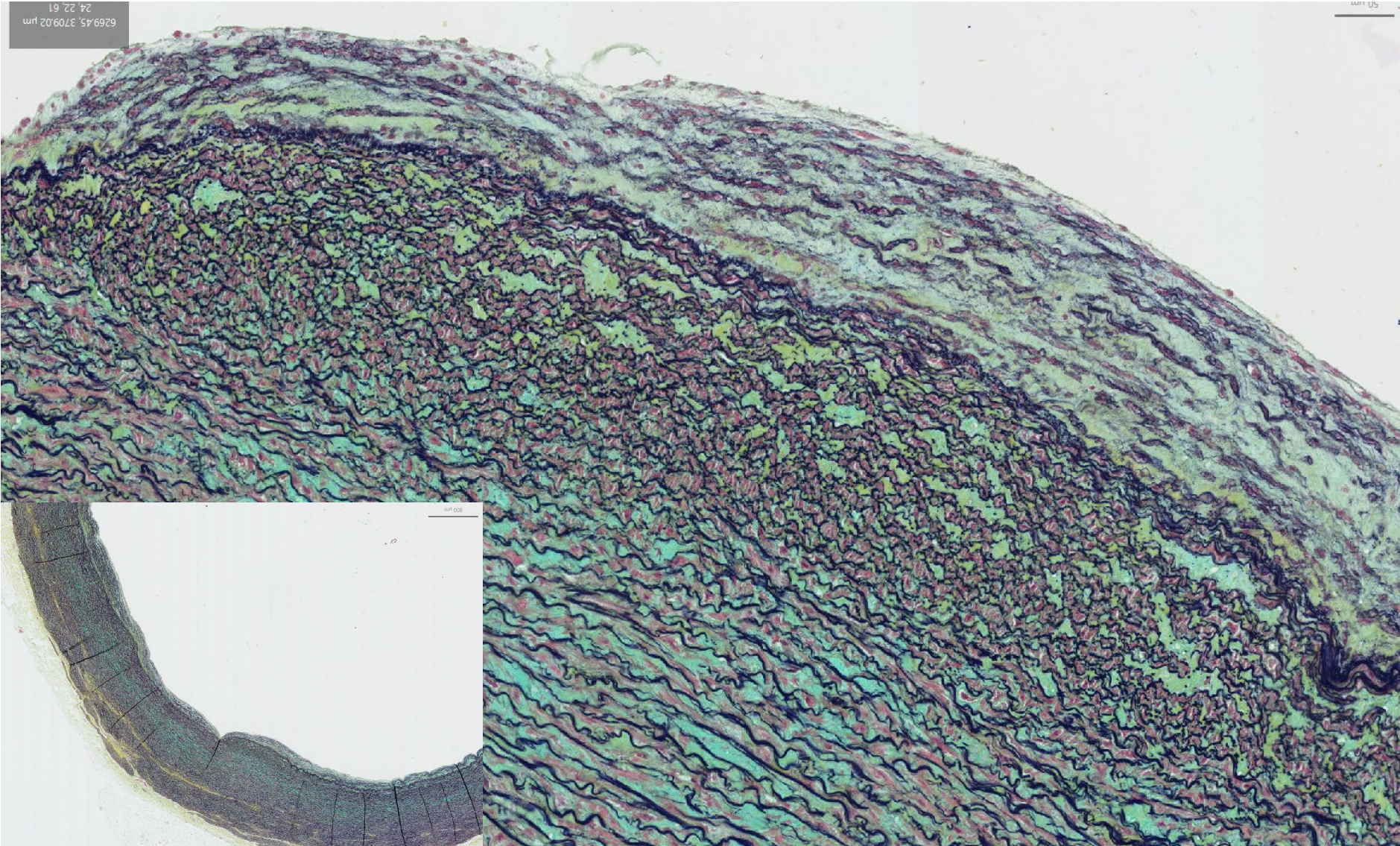


Intimal thickening



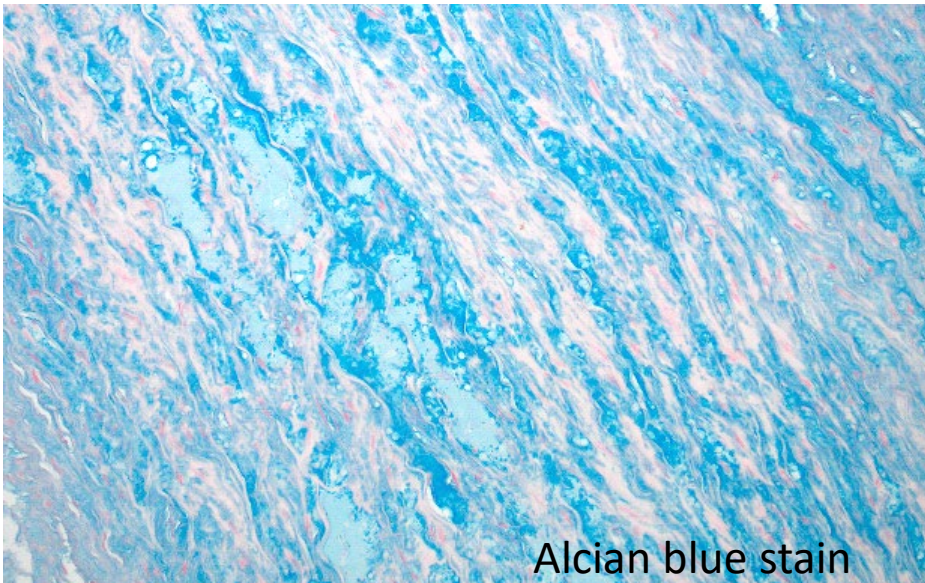


Intimal thickening

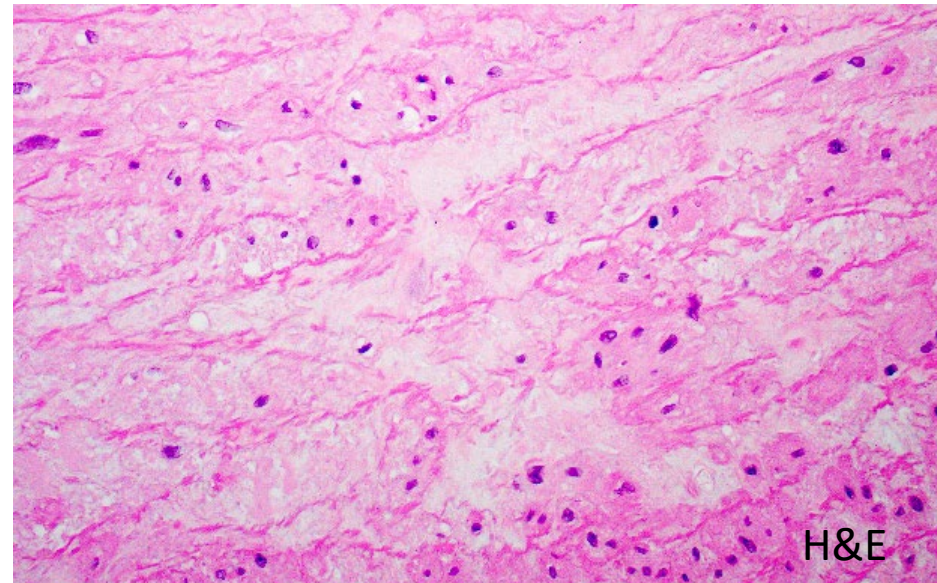


HISTOLOGIC CHANGES IN THE ASCENDING AORTA/MEDIA

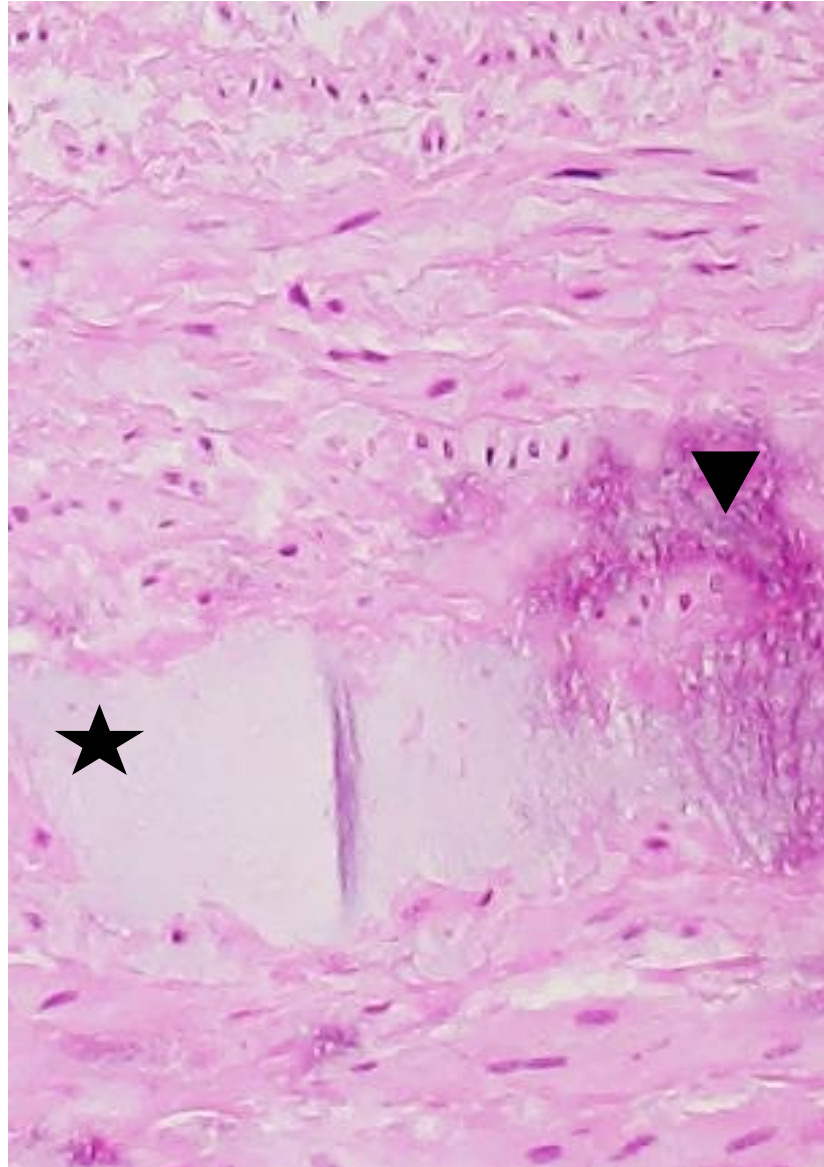
Intralamellar mucoid extracellular
matrix accumulation



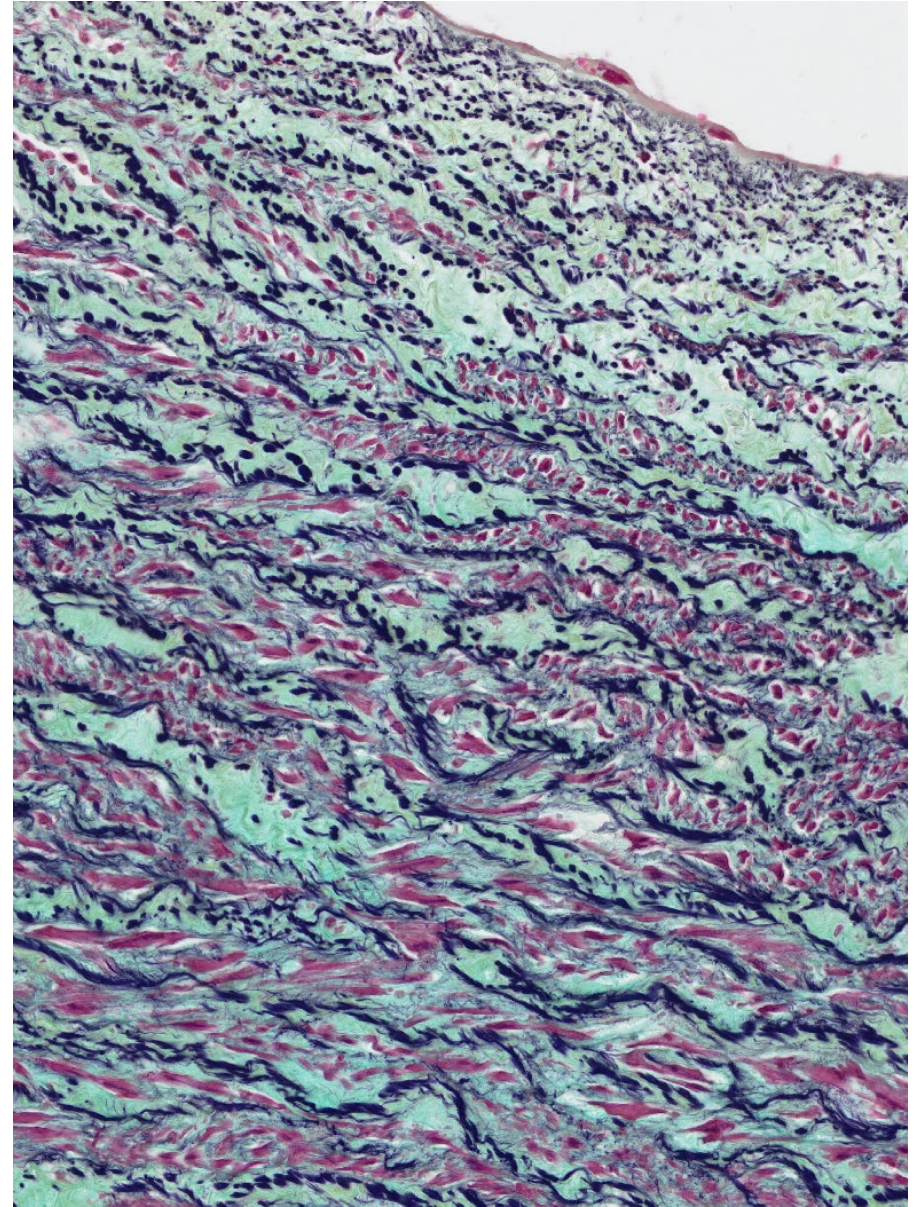
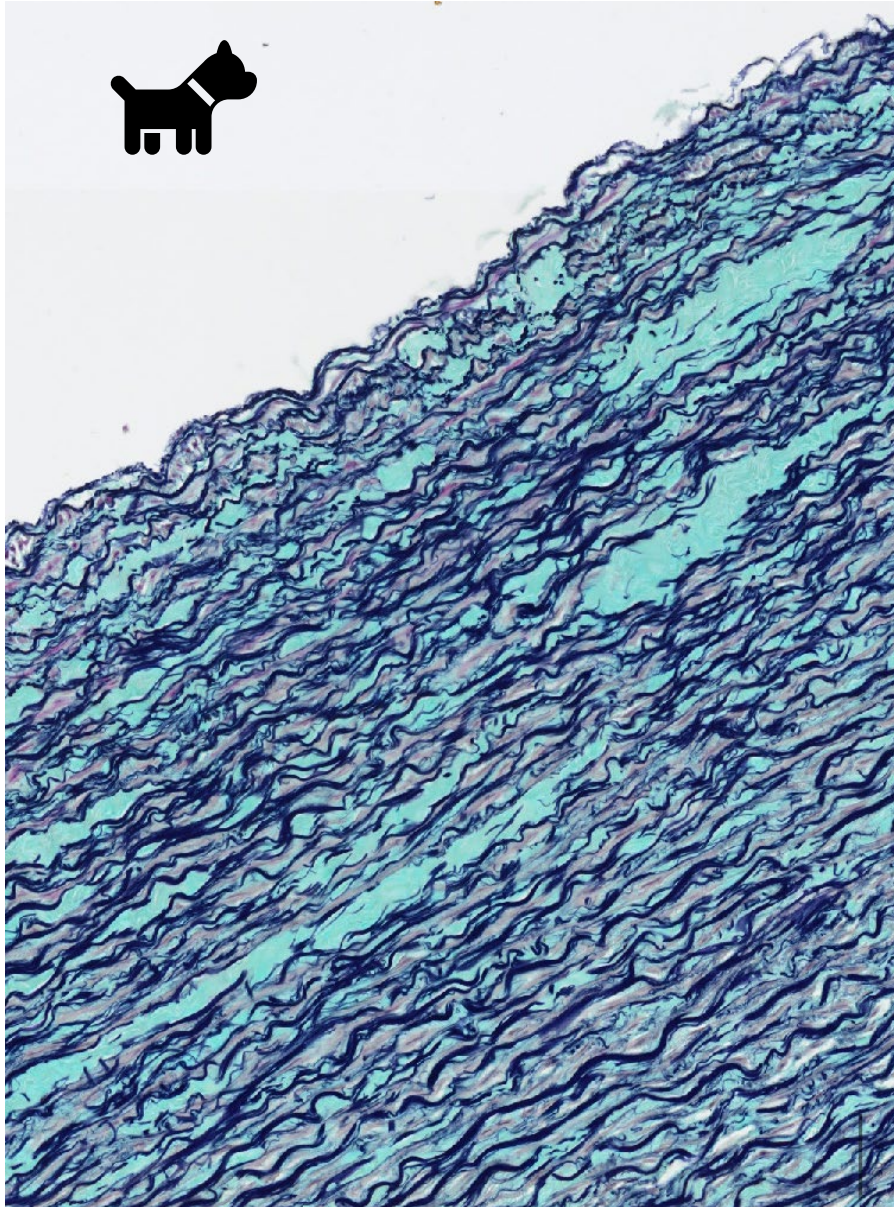
Translamellar mucoid extracellular matrix
accumulation



Intralamellar mucoid extracellular matrix
accumulation and mineralization



Intralamellar MEMA



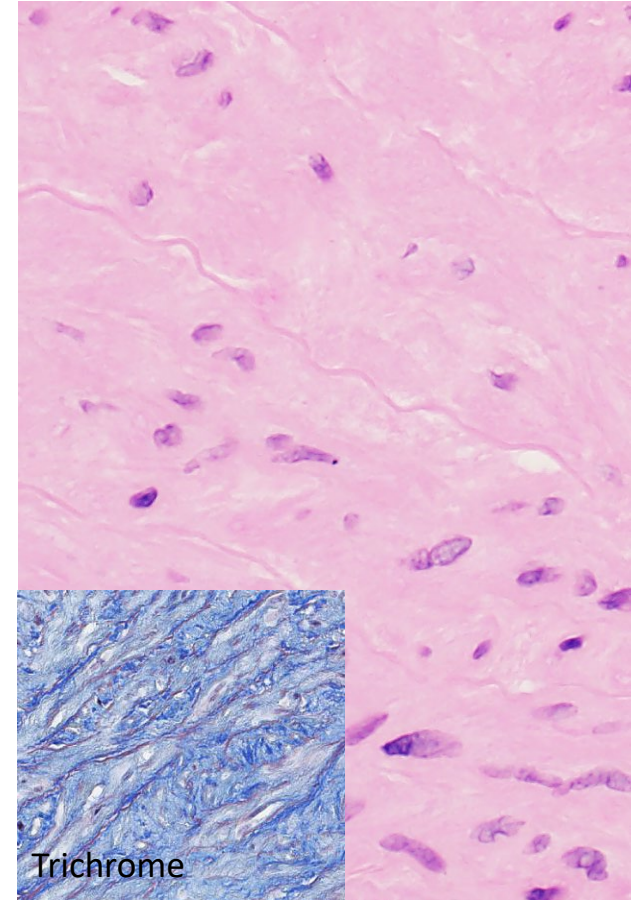
Pentachrome stain

HISTOLOGIC CHANGES IN THE ASCENDING AORTA/MEDIA

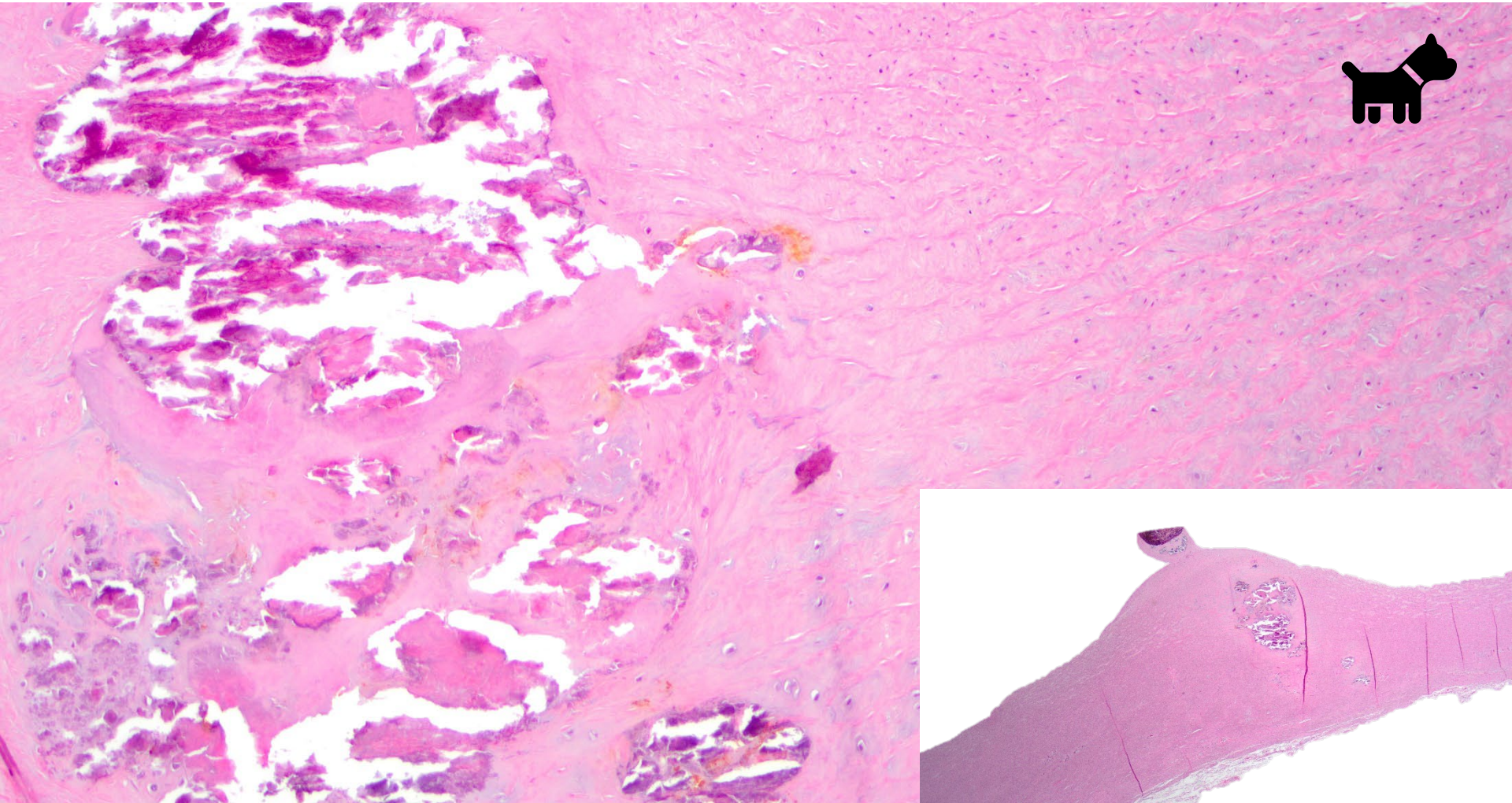
Smooth muscle cell nuclei loss



Fibrosis



Medial calcification



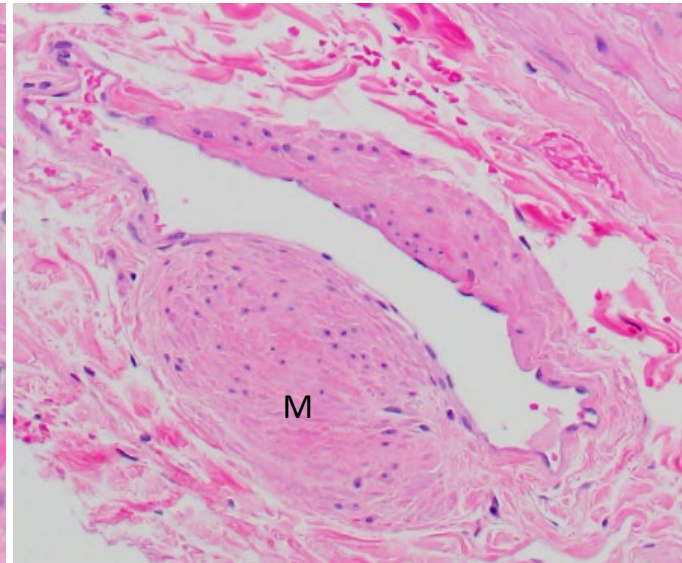
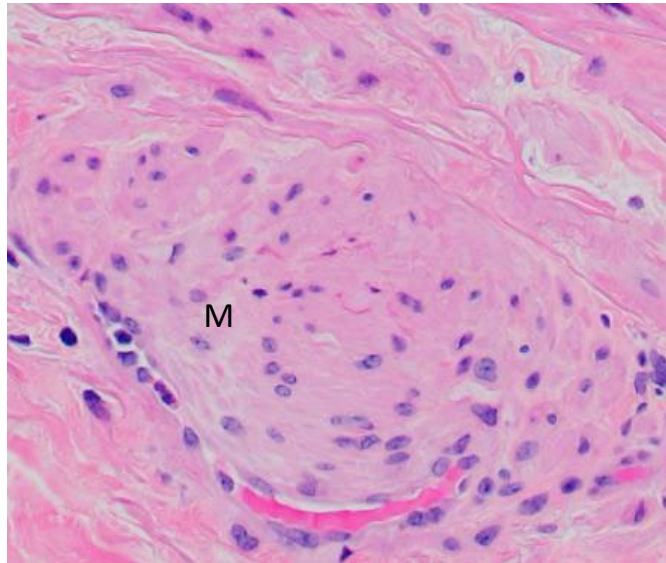
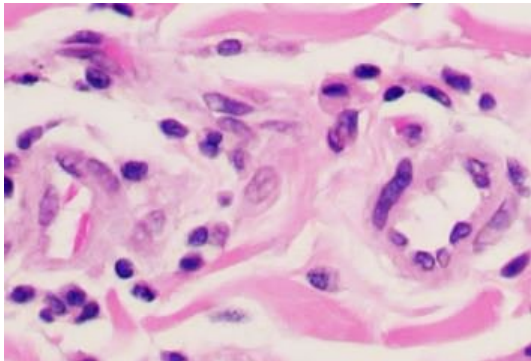
HISTOLOGIC CHANGES IN THE ASCENDING AORTA/ADVENTITIA (*vasa vasorum*)

Hypertension

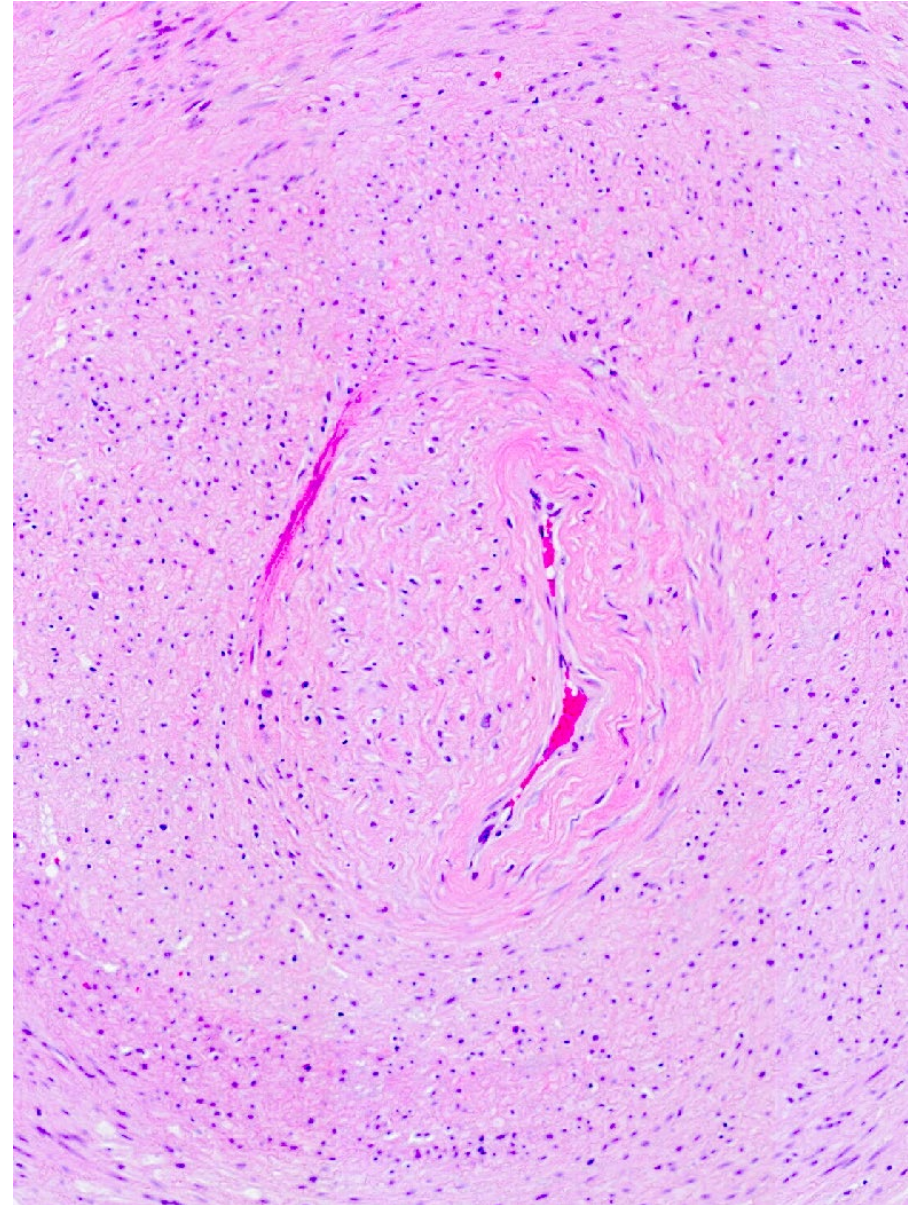
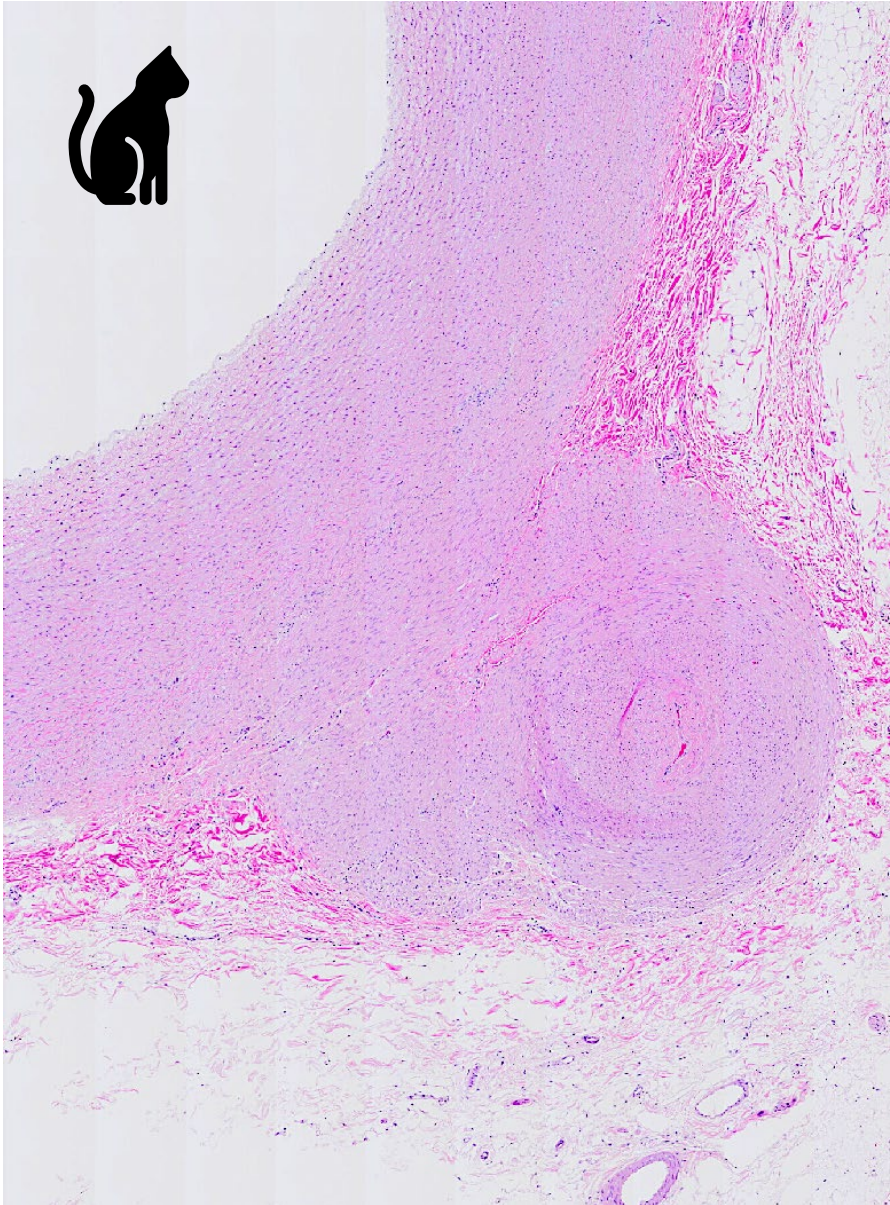
Vasa vasorum with medial hypertrophy/complete occlusion

Vasa vasorum with medial hypertrophy/partial occlusion

Normal *vasa vasorum*



Vasa vasorum with medial hypertrophy



AORTITIS

Non-infectious (human)

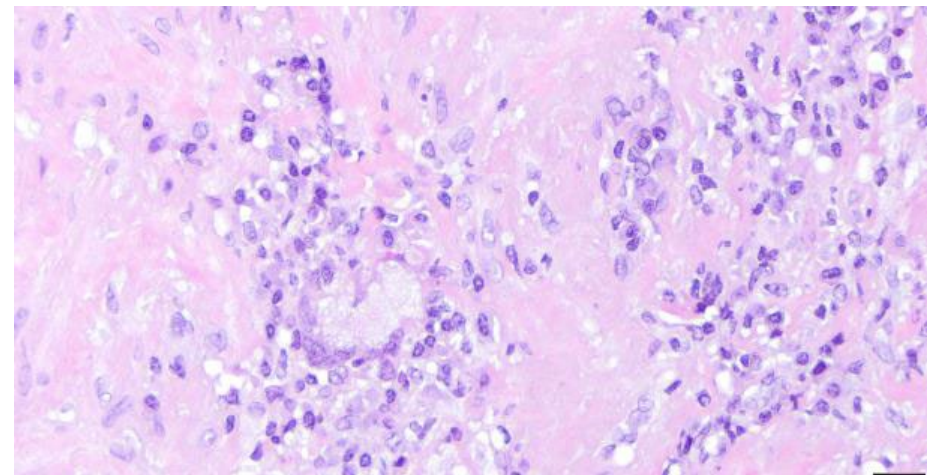
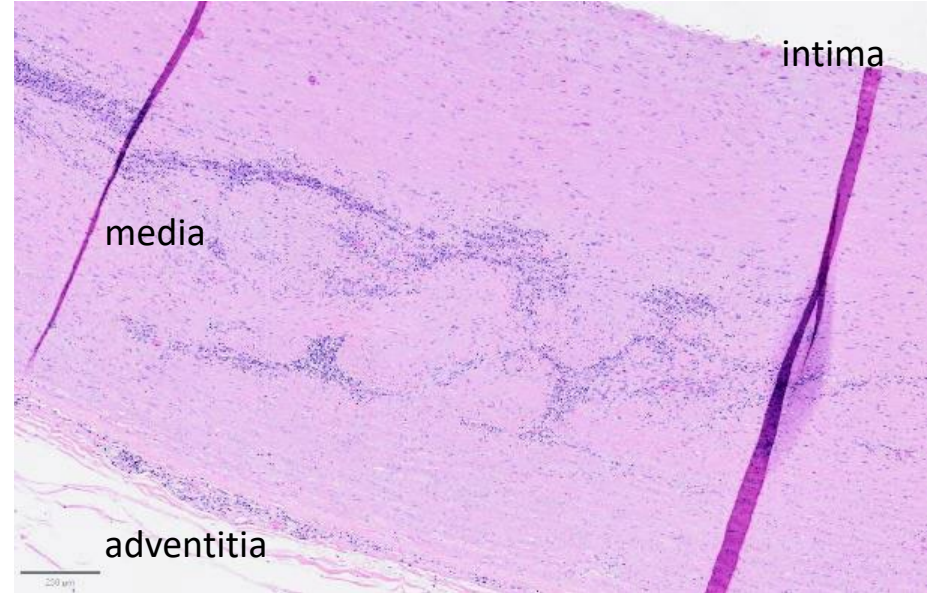
- Giant cell arteritis
- Takayasu arteritis
- IgG4-related disease
- etc....

Infectious

- Fungi
- *M. tuberculosis*

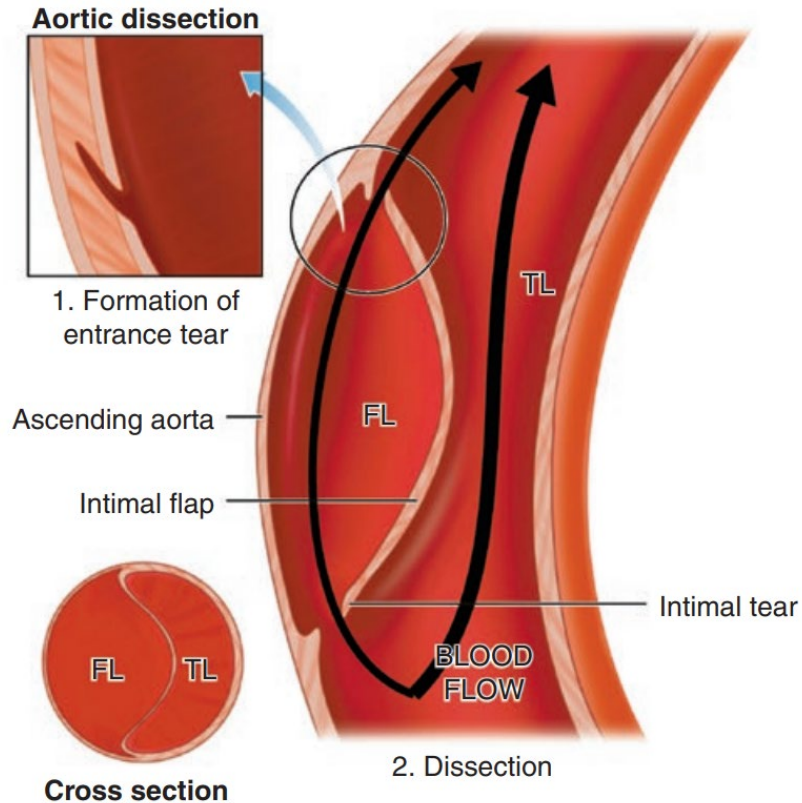


tree-bark appearance



Great ape

Aortic dissection



Risk factors

- Hypertension
- Abrupt/transient/severe increase in blood pressure
- Genetic diseases
- Congenital diseases
- Pre-existing aortic aneurysm
- Atherosclerosis
- Family history
- Trauma, blunt, or iatrogenic
- Inflammatory/infectious diseases
- Pregnancy

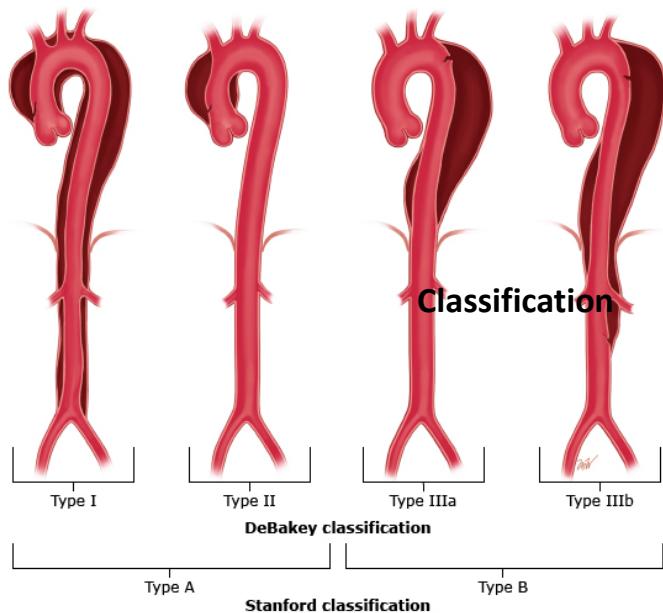
Classification of aortic dissection

DeBakey classification

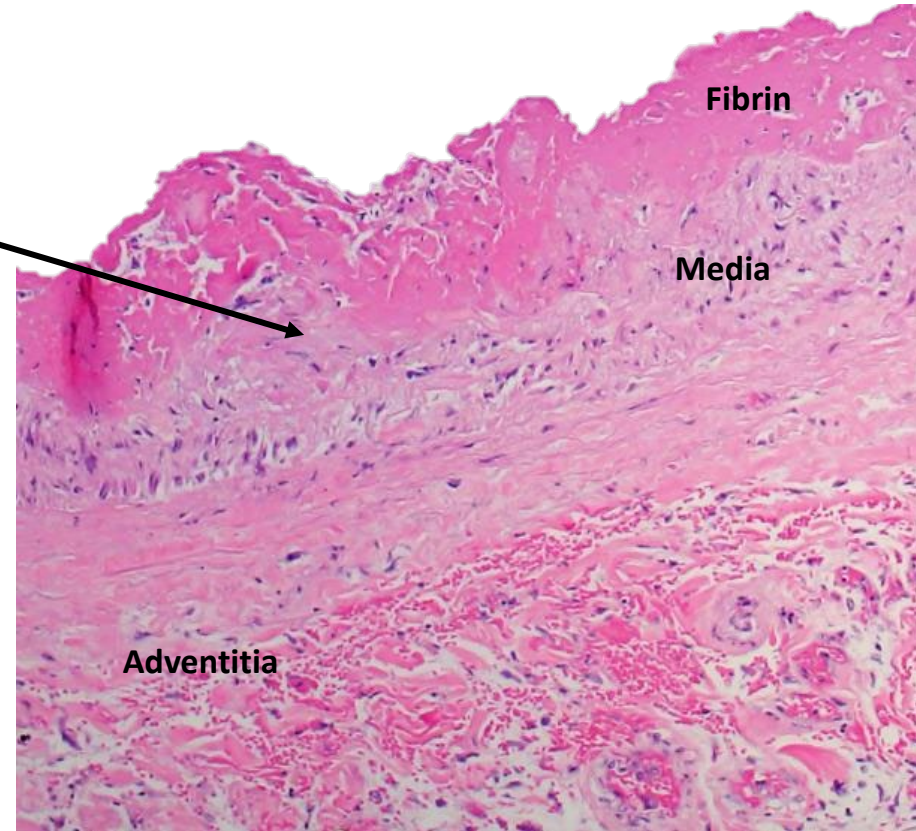
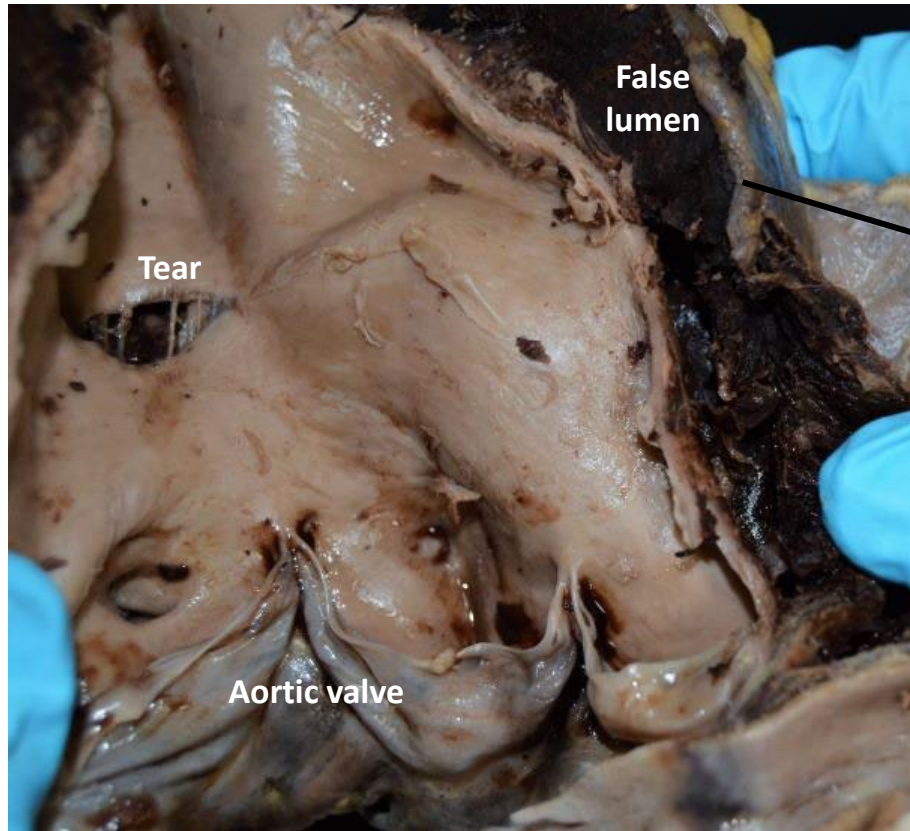
- Type I: ascending aorta/arch/descending thoracic aorta/ progress to involve the abdominal aorta
- Type II: ascending aorta
- Type IIIa: descending thoracic aorta distal to the left subclavian artery and proximal to the celiac artery
- Type IIIb: thoracic and abdominal aorta distal to the left subclavian artery

Stanford classification

- Type A: ascending aorta/may progress to involve the arch and thoracoabdominal aorta
- Type B: descending thoracic or thoracoabdominal aorta distal to the left subclavian artery without involvement of ascending aorta



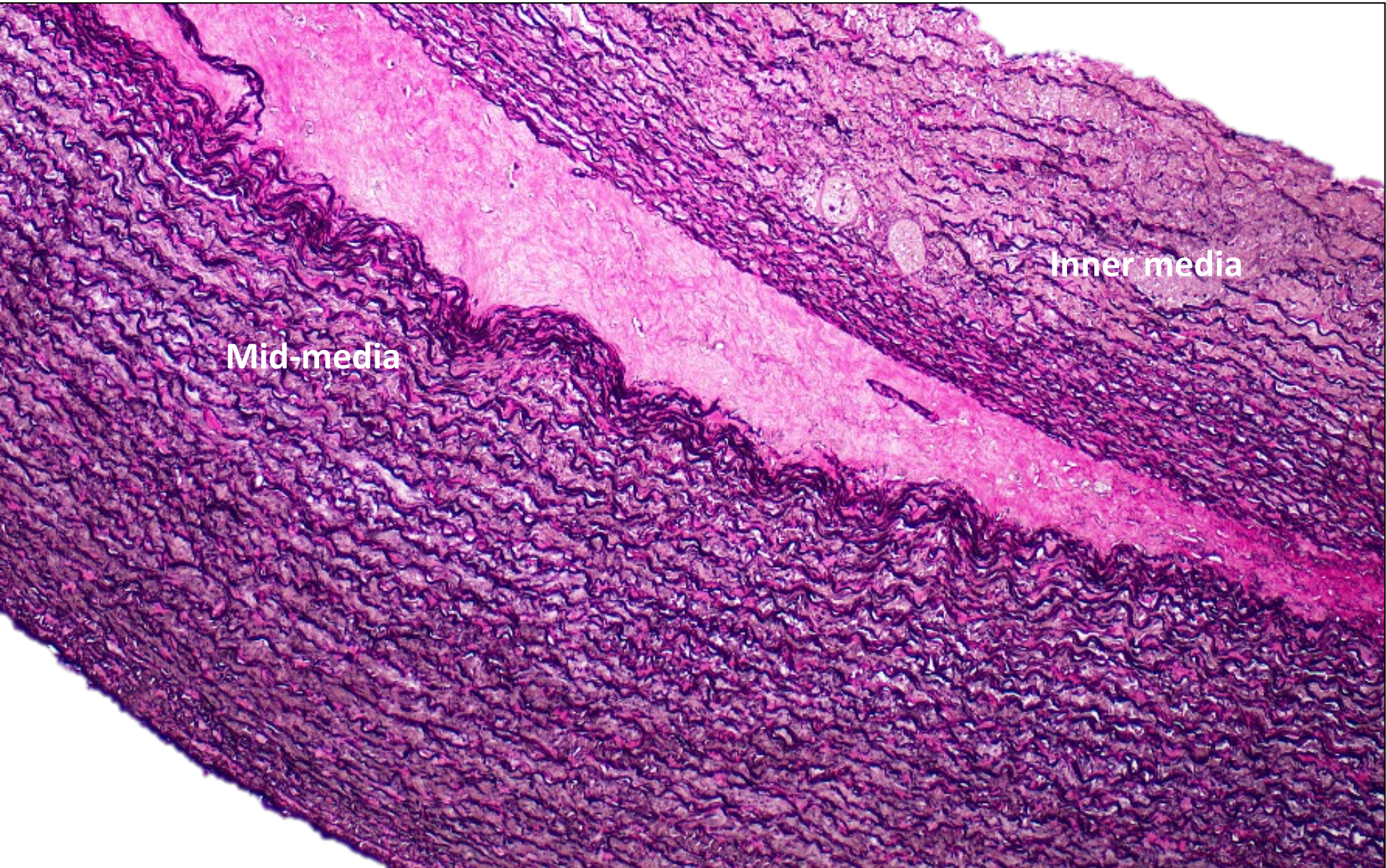
AORTIC DISSECTION



Great ape

OFFICIAL
AORTIC DISSECTION

THE GREAT APE
HEART PROJECT



Van Gieson stain

OFFICIAL

AORTIC DISSECTION

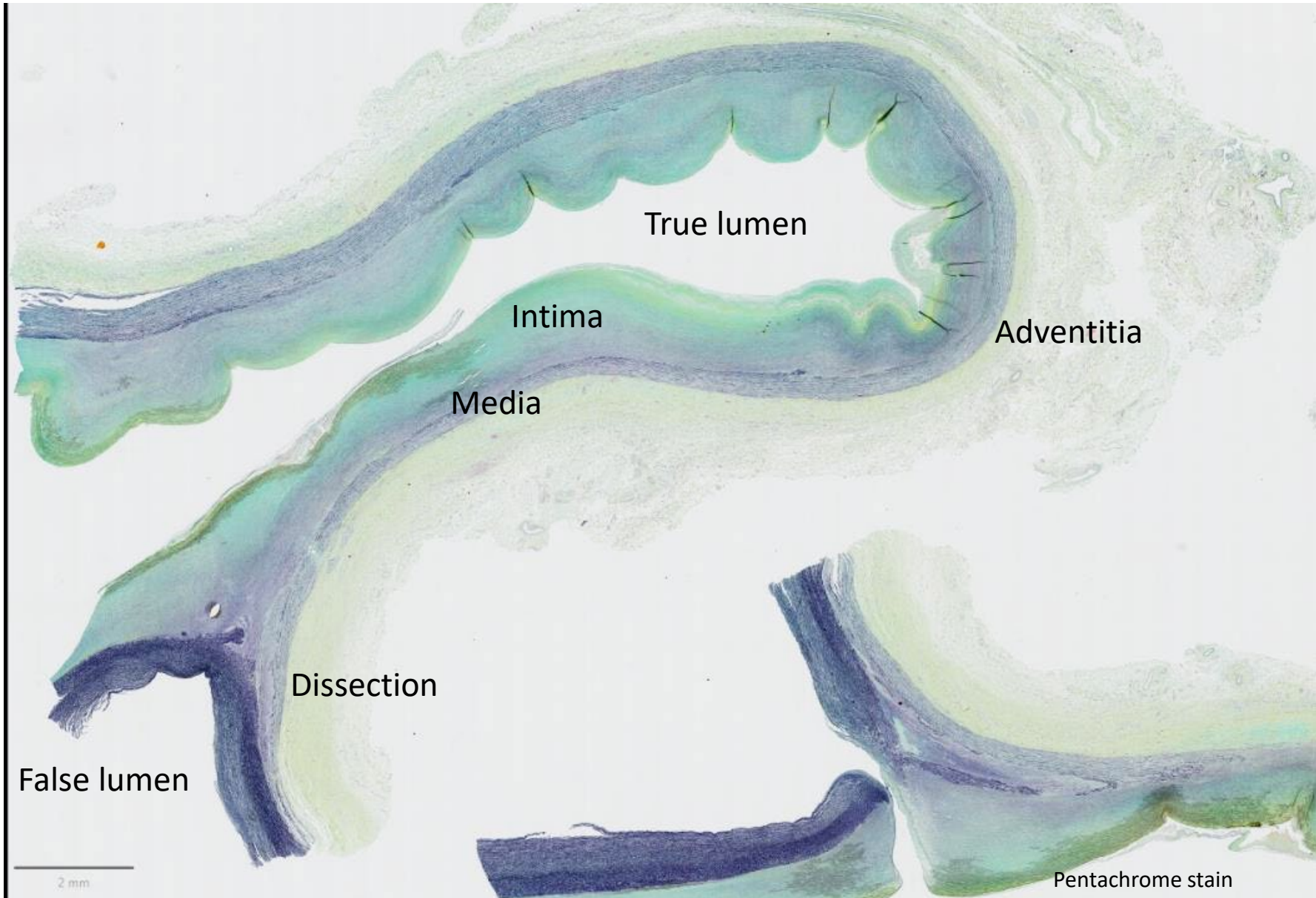
THE GREAT APE
HEART PROJECT



Great ape

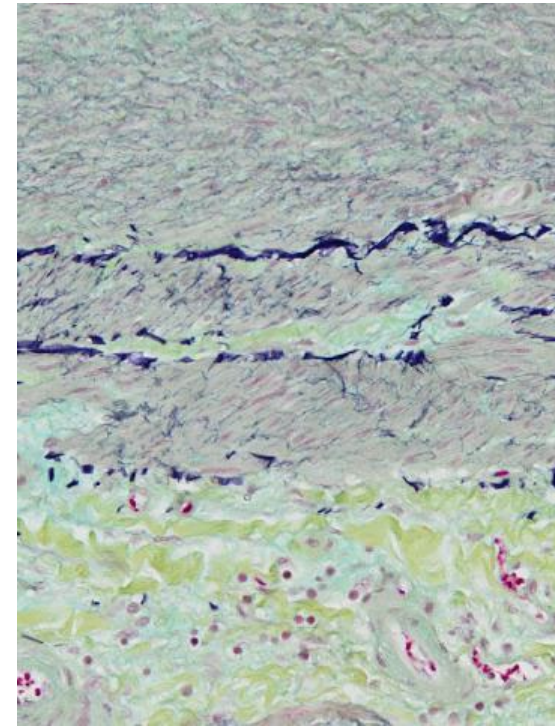
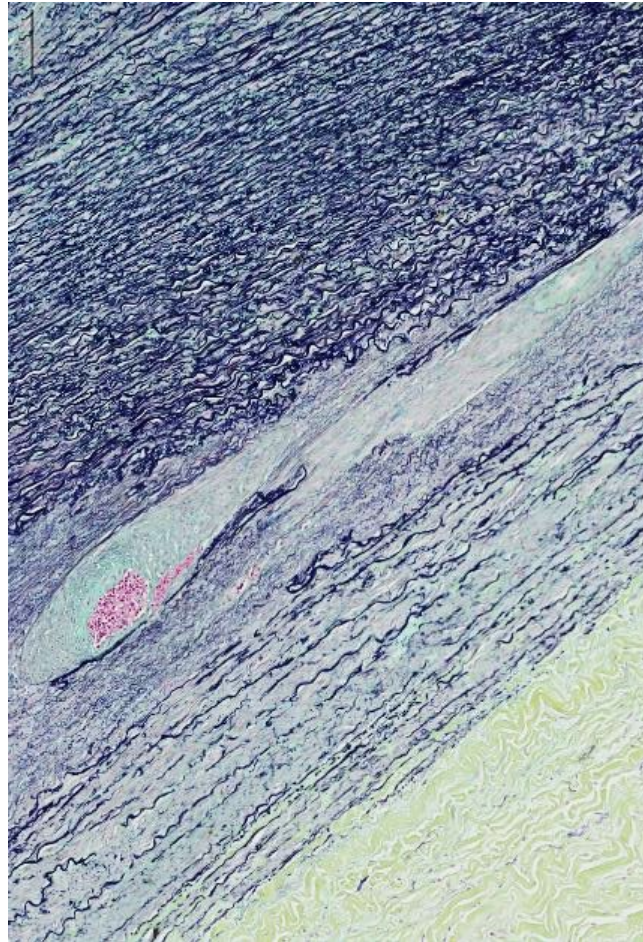
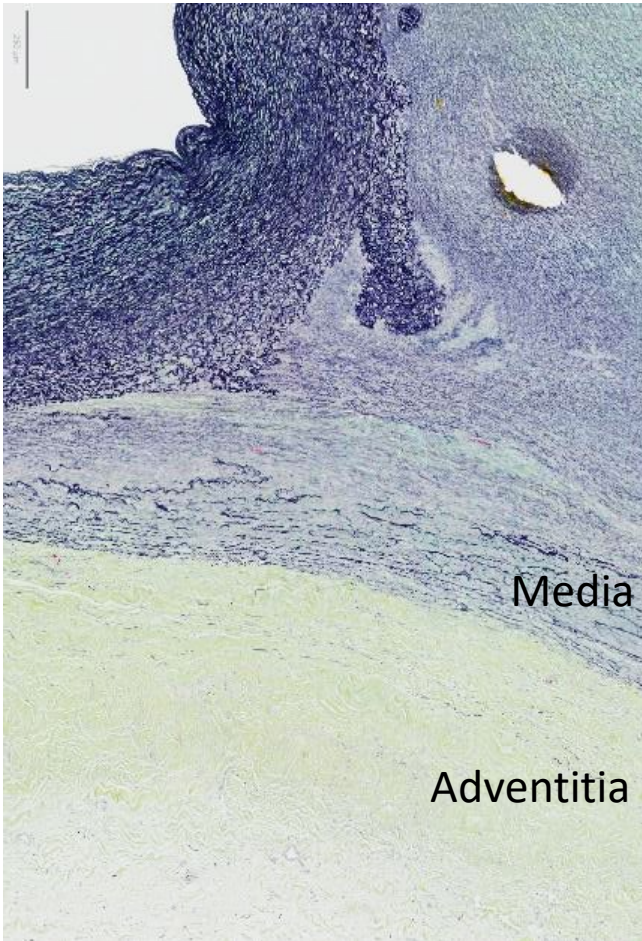
OFFICIAL
AORTIC DISSECTION

THE GREAT APE
HEART PROJECT



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AORTIC DISSECTION



Pentachrome stain

Great ape

Descending aorta



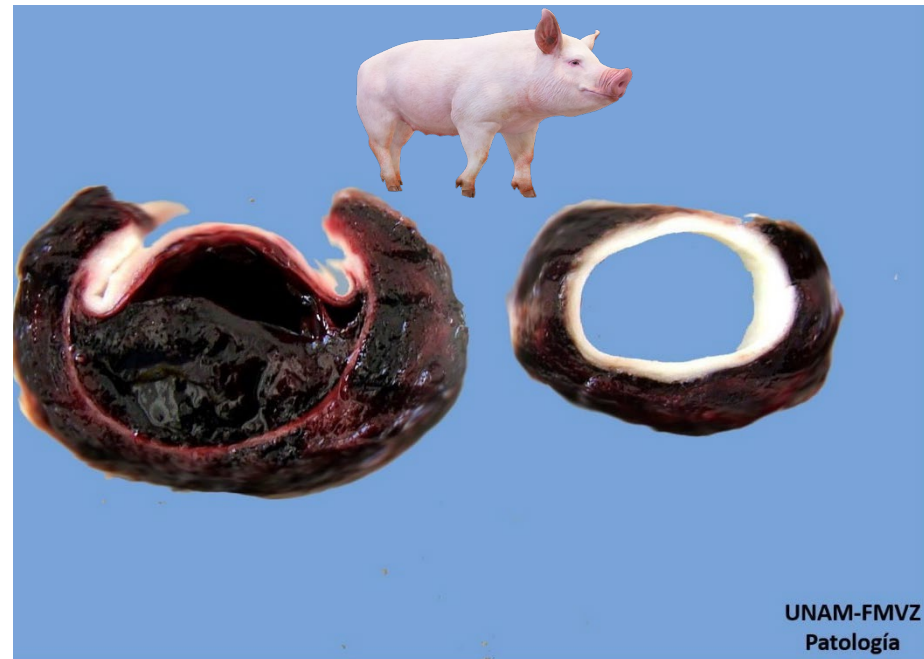
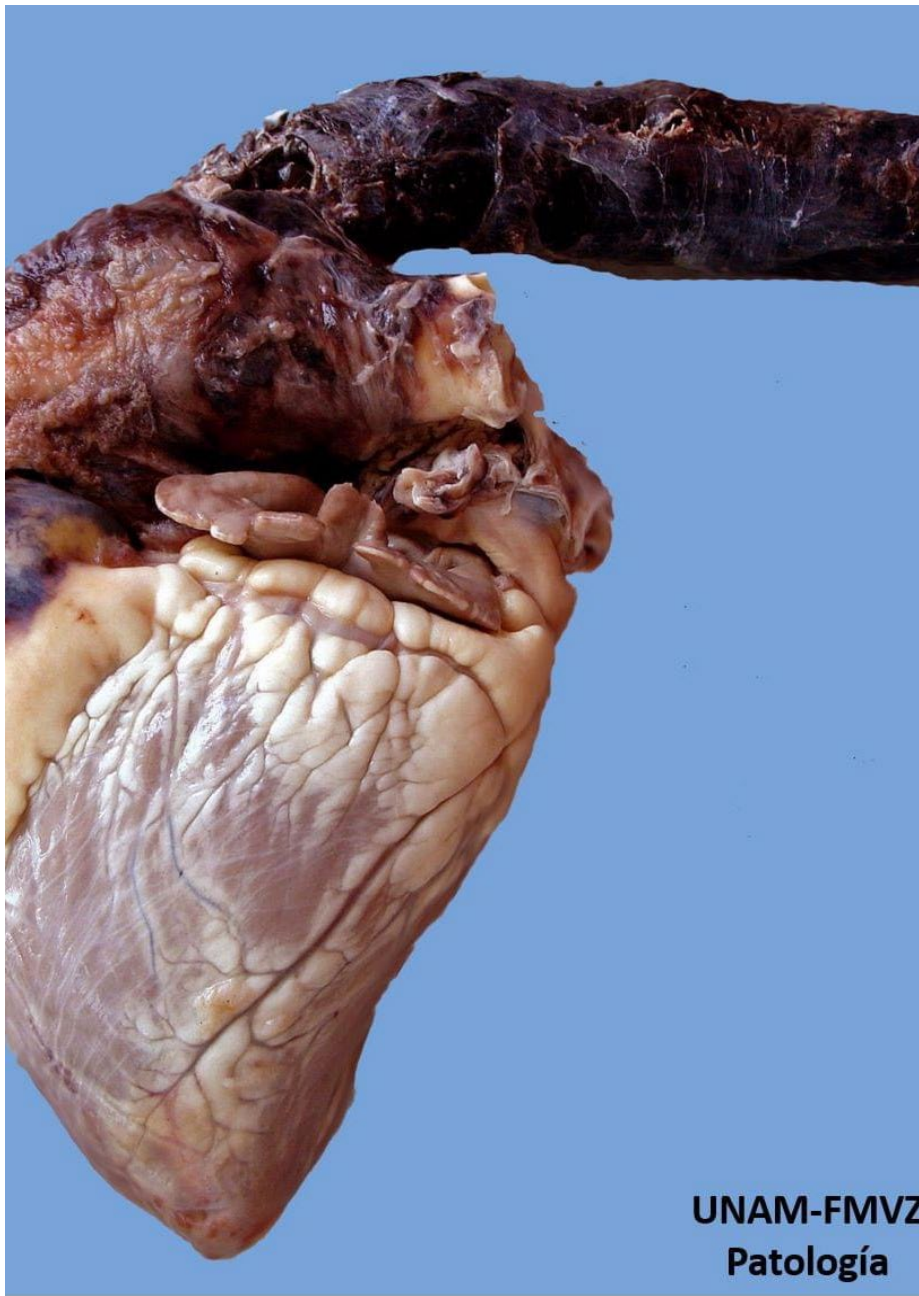
intima

media

dissection

media

adventitia



Aortic dissection

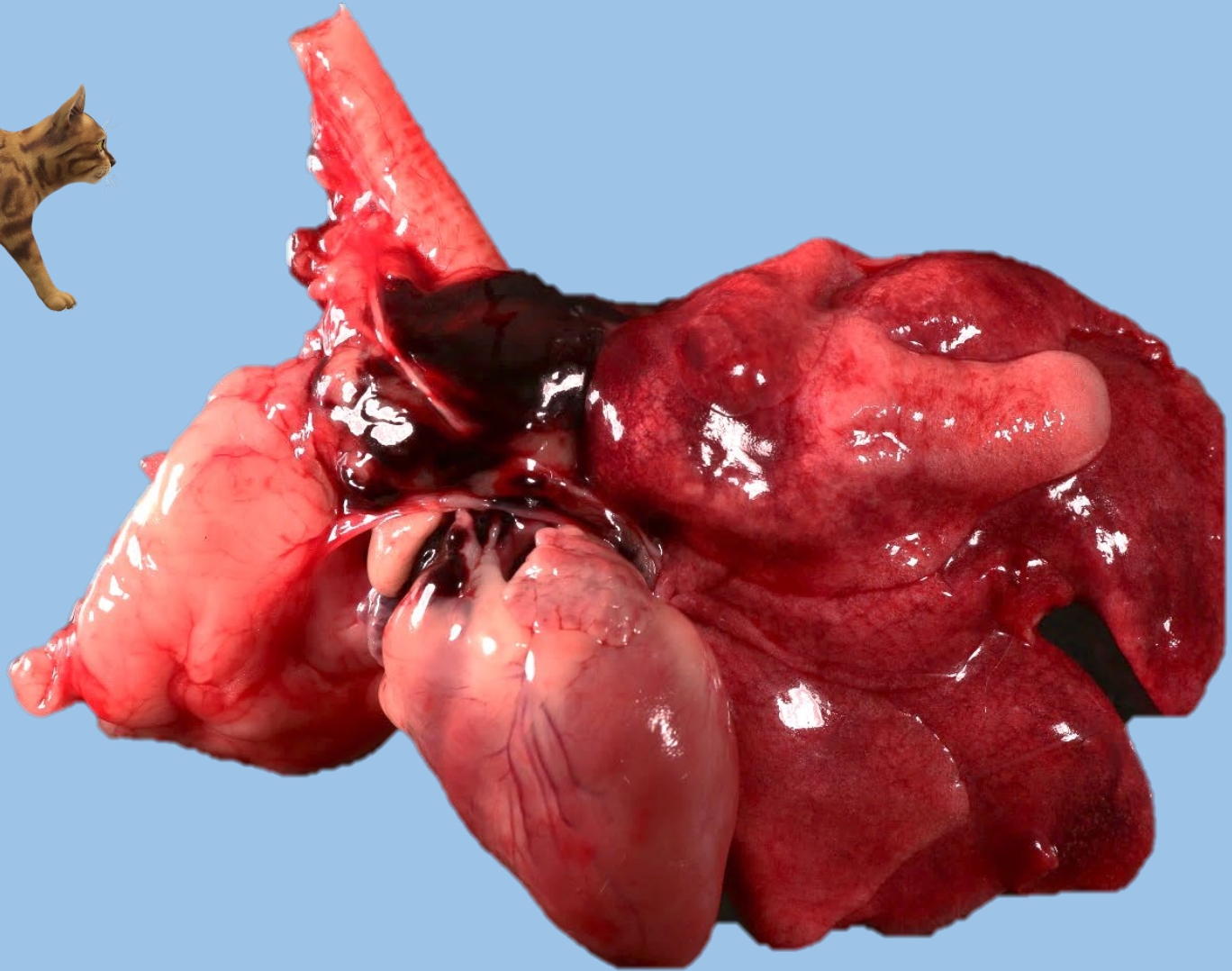


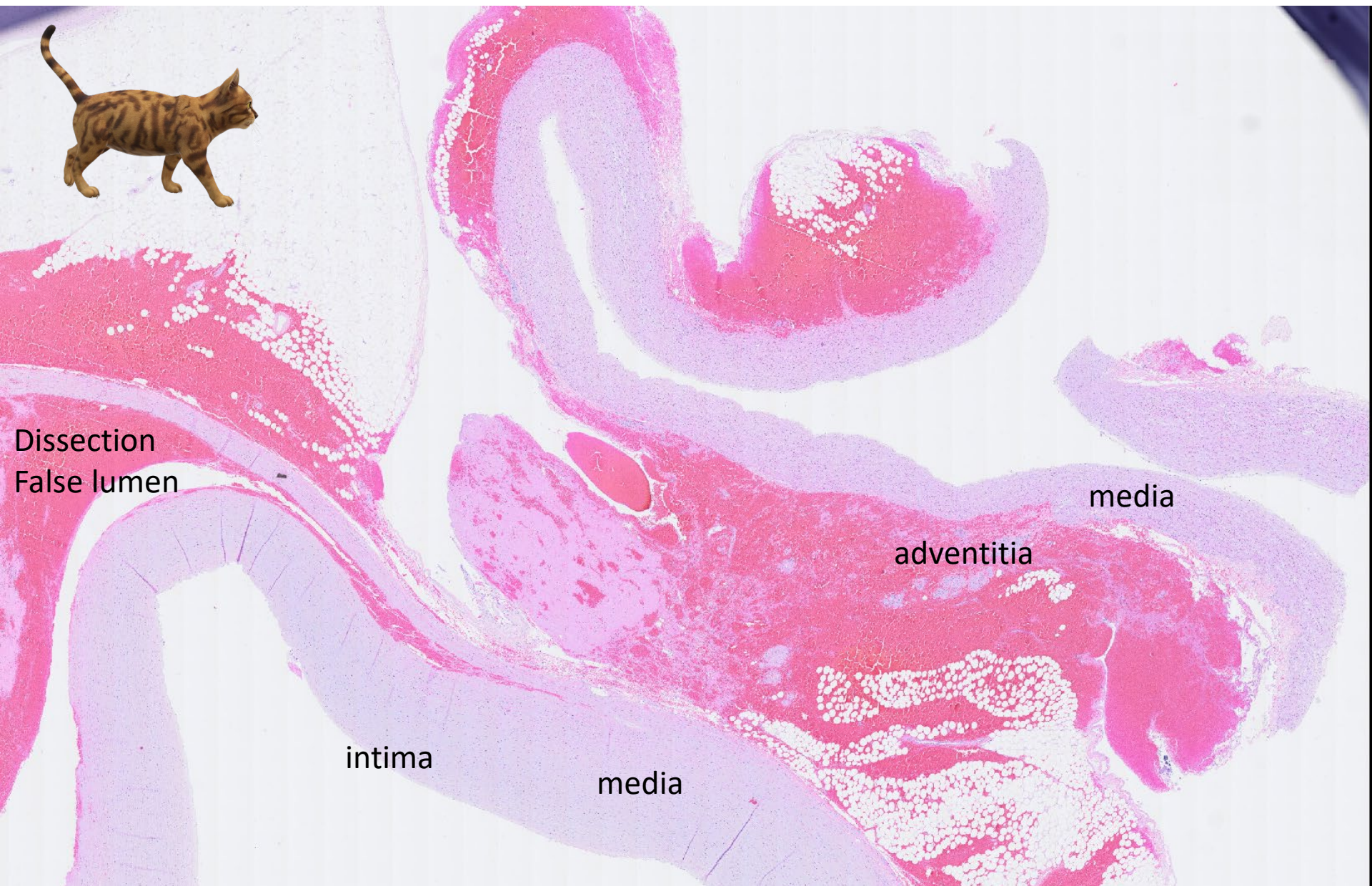
unam-fmvz
patología

OFFICIAL

OFFICIAL

Aortic dissection





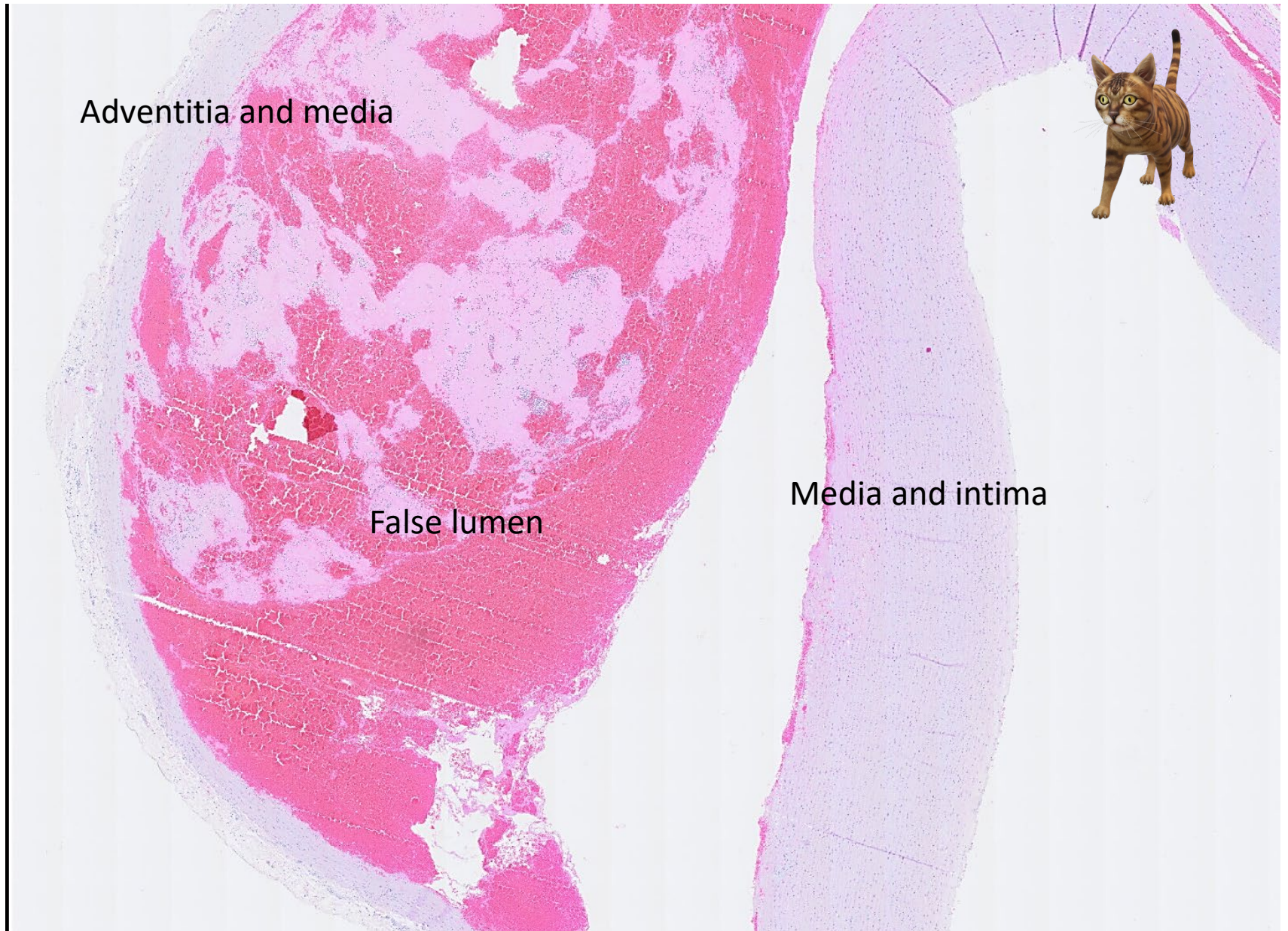
Dissection
False lumen

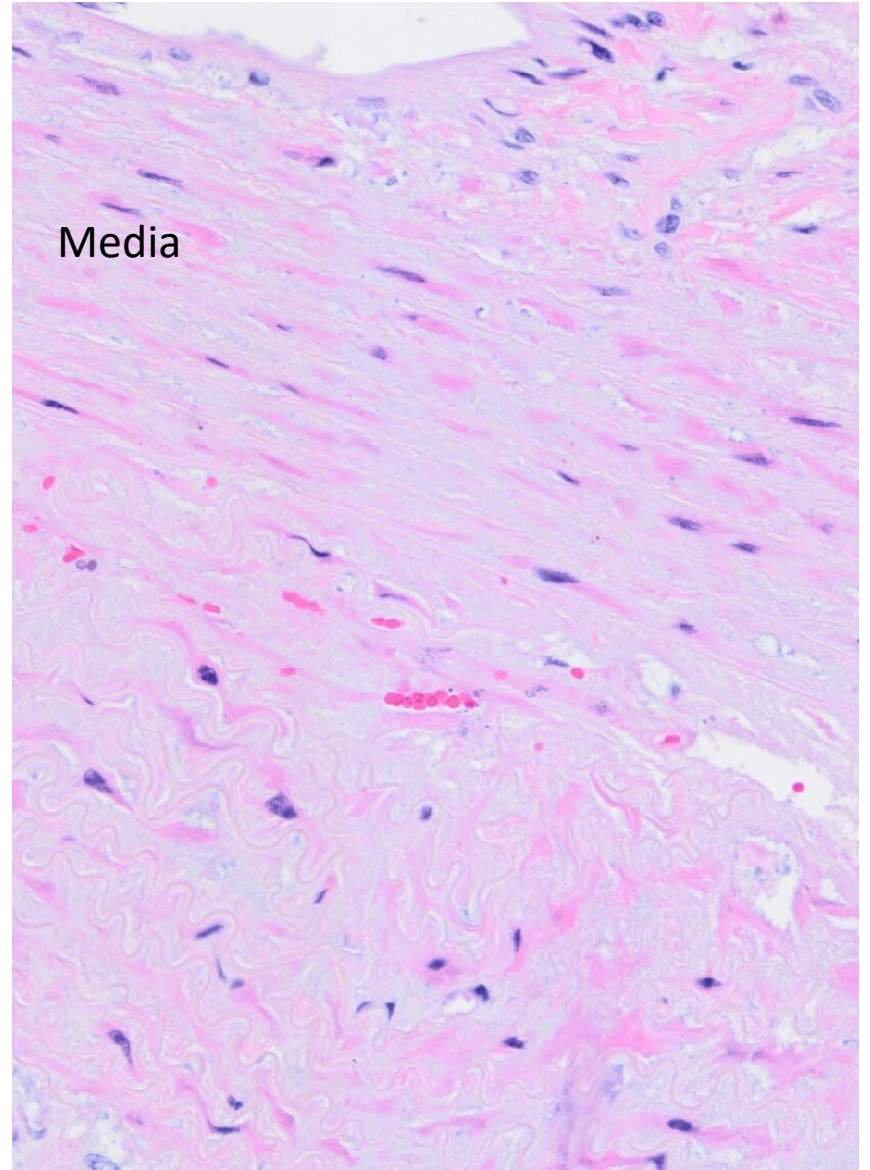
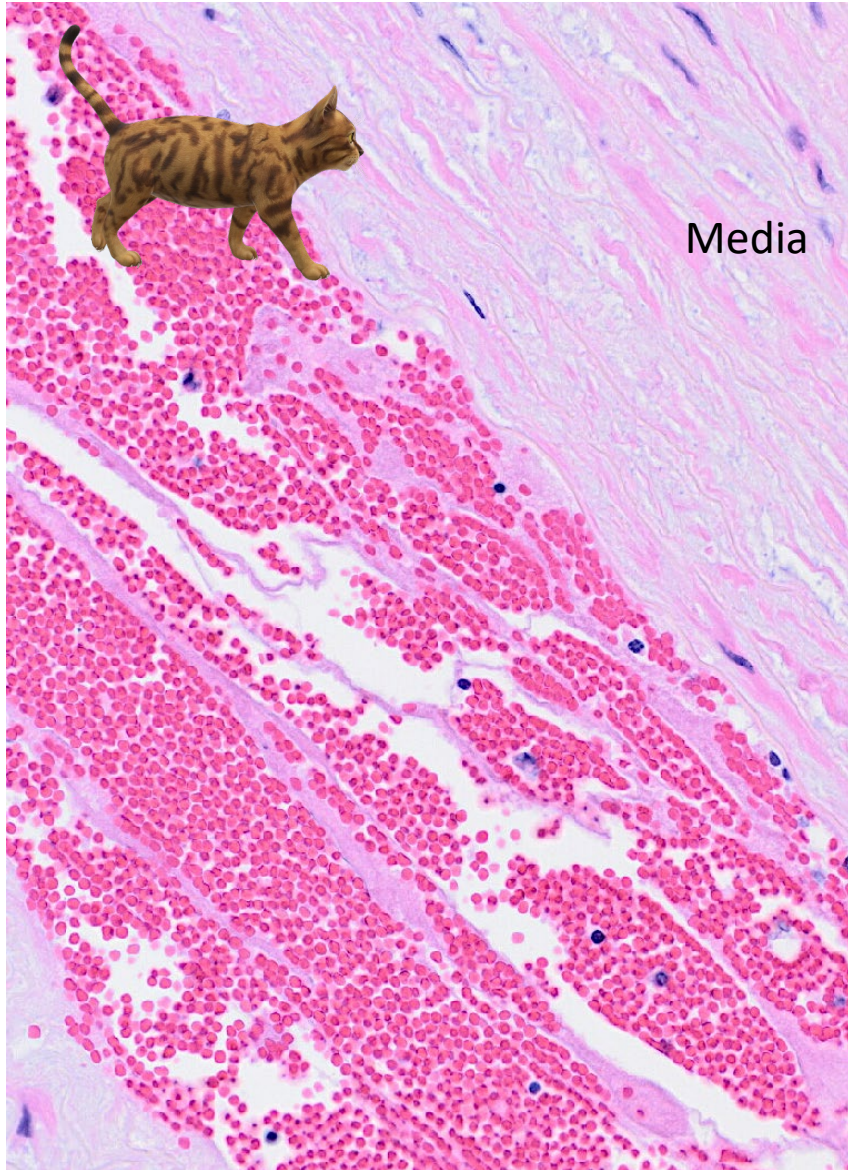
media

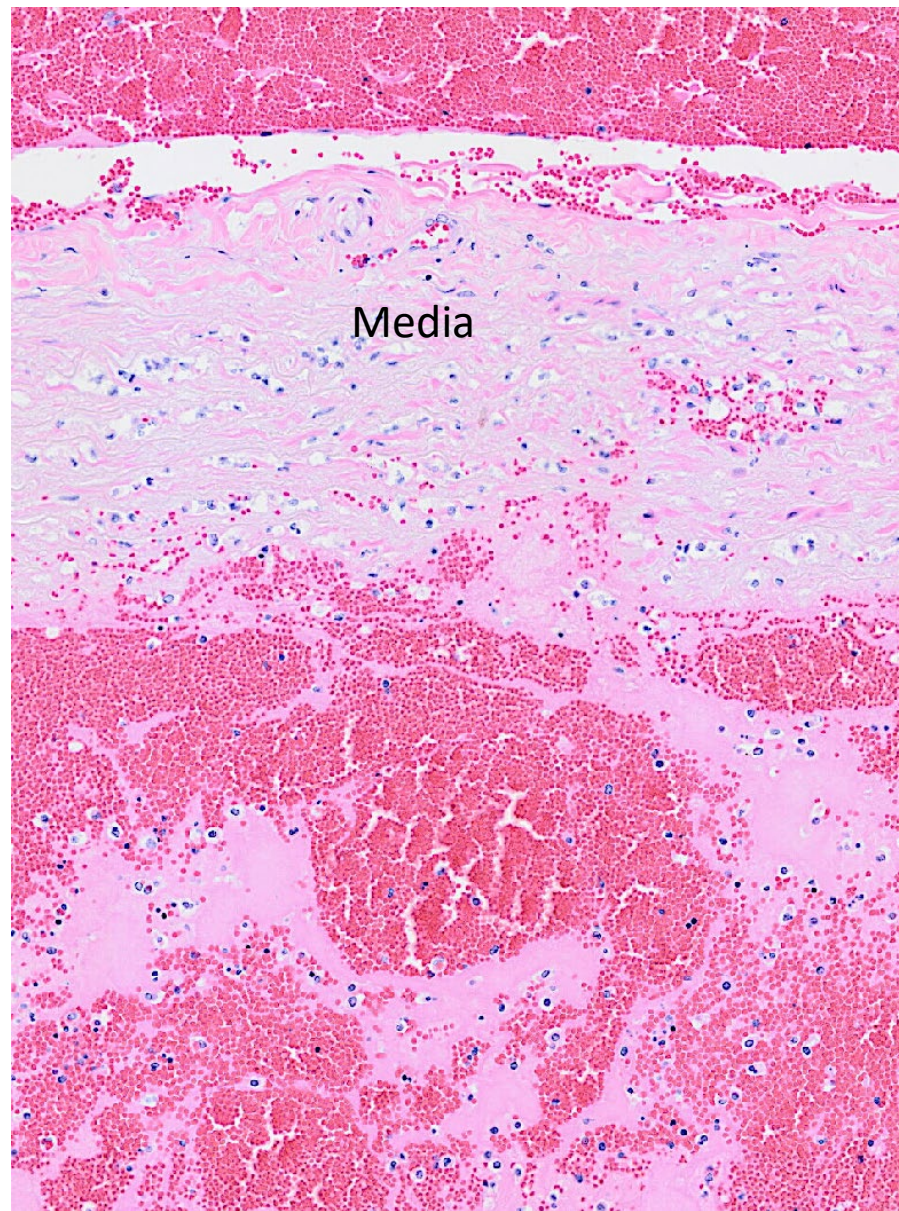
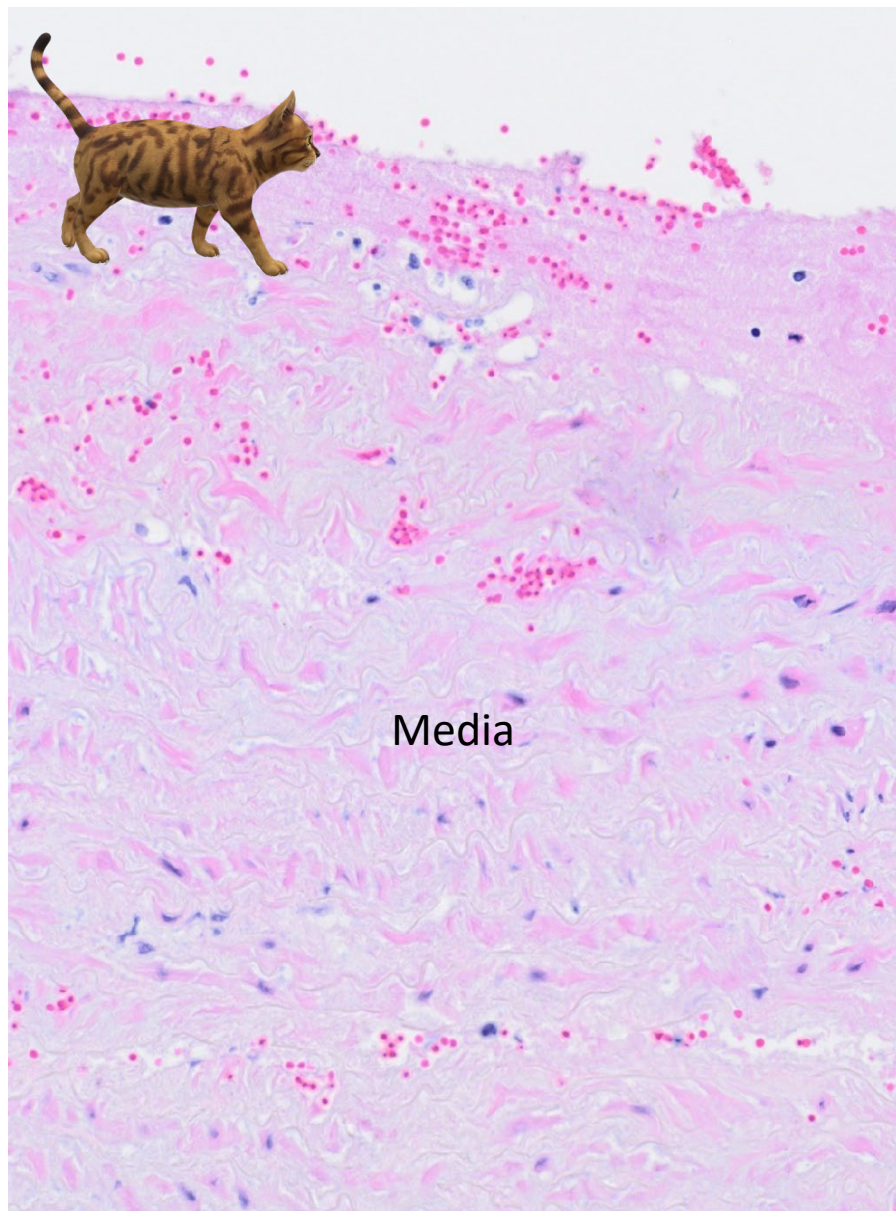
adventitia

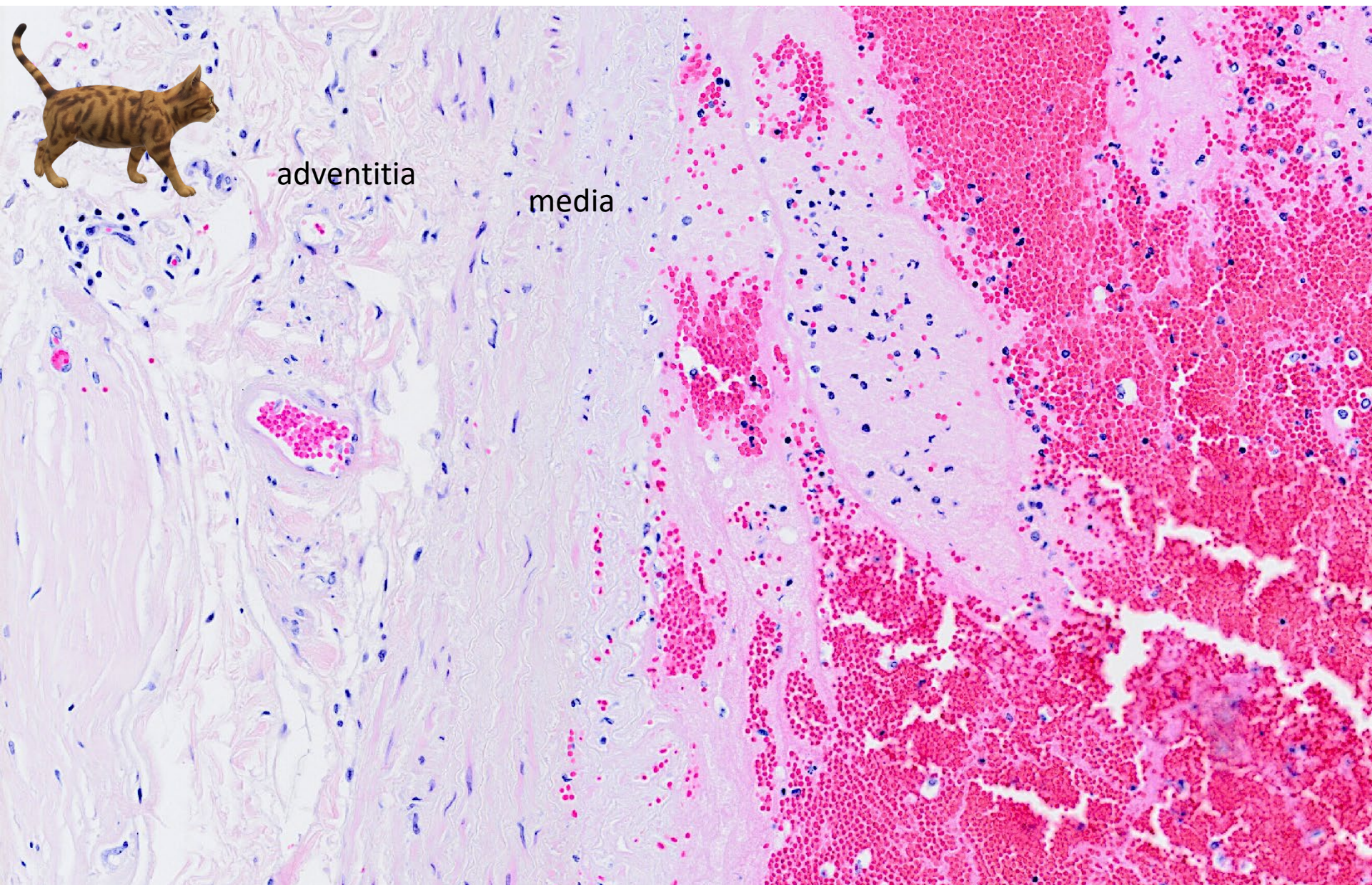
intima

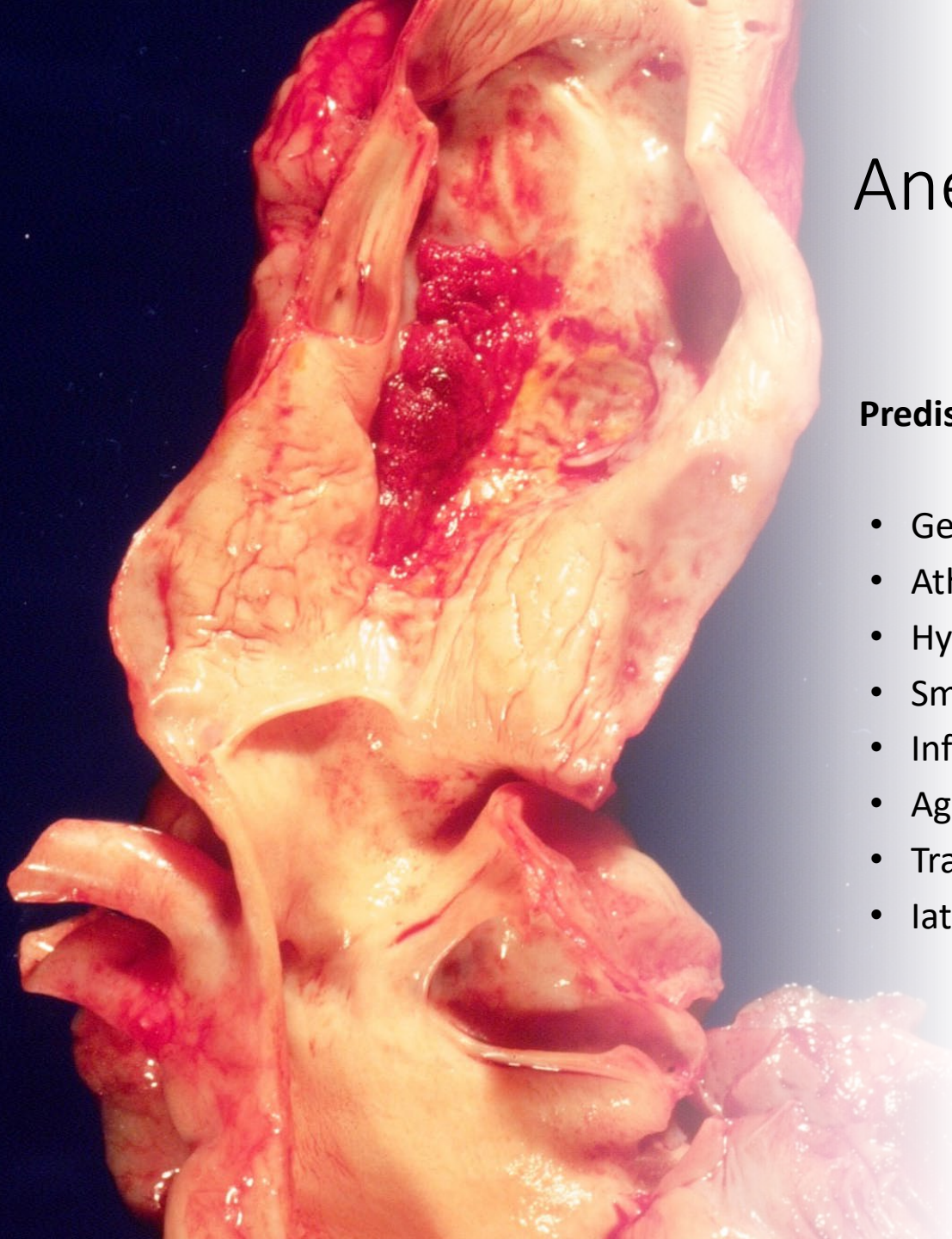
media











Aneurysm

Predisposing factors

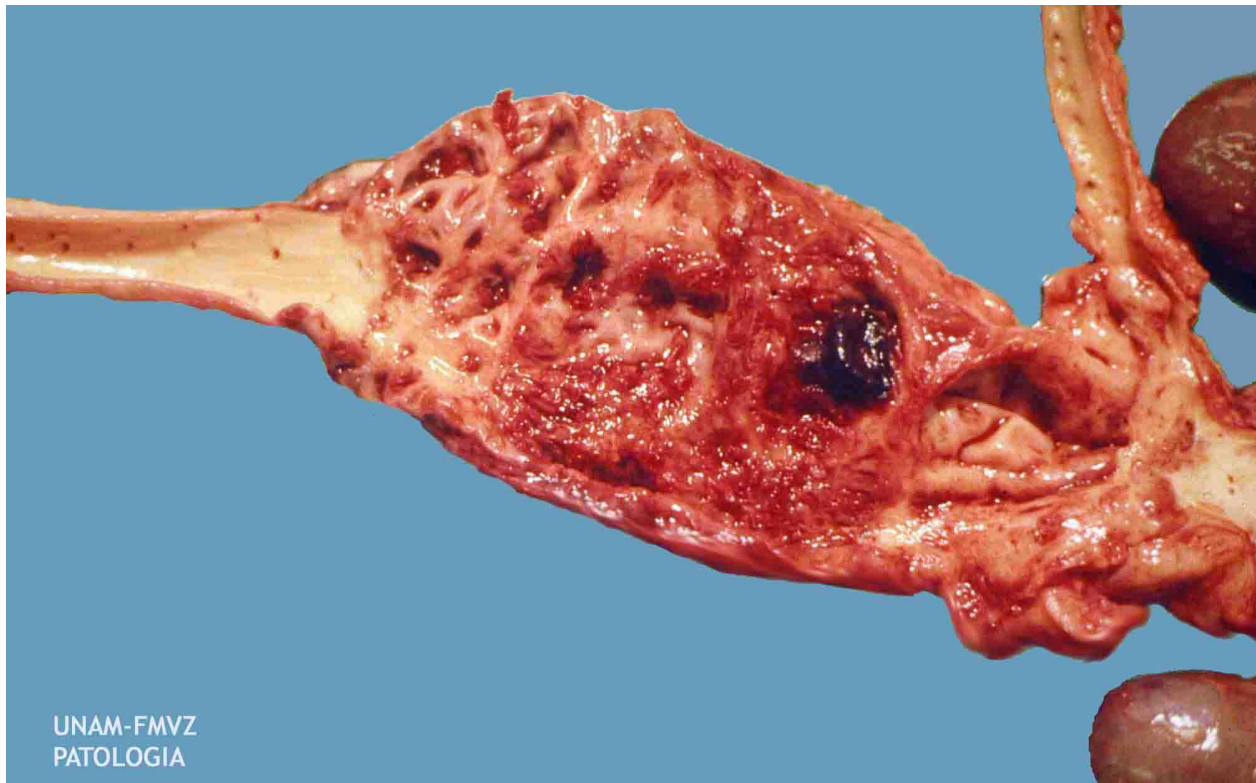
- Genetic
- Atherosclerosis
- Hypertension
- Smoking
- Infections
- Age
- Traumatic
- Iatrogenic



Aneurysm

Spirocerca lupi

- Nematode parasitizes dogs and other carnivores
- Beetles are the intermediate hosts
- Parasitic granulomas in the thoracic aorta and esophagus



Aortitis necrotizing
Aneurysm
Aortic rupture

OFFICIAL
Aneurysm
Spirocerca lupi



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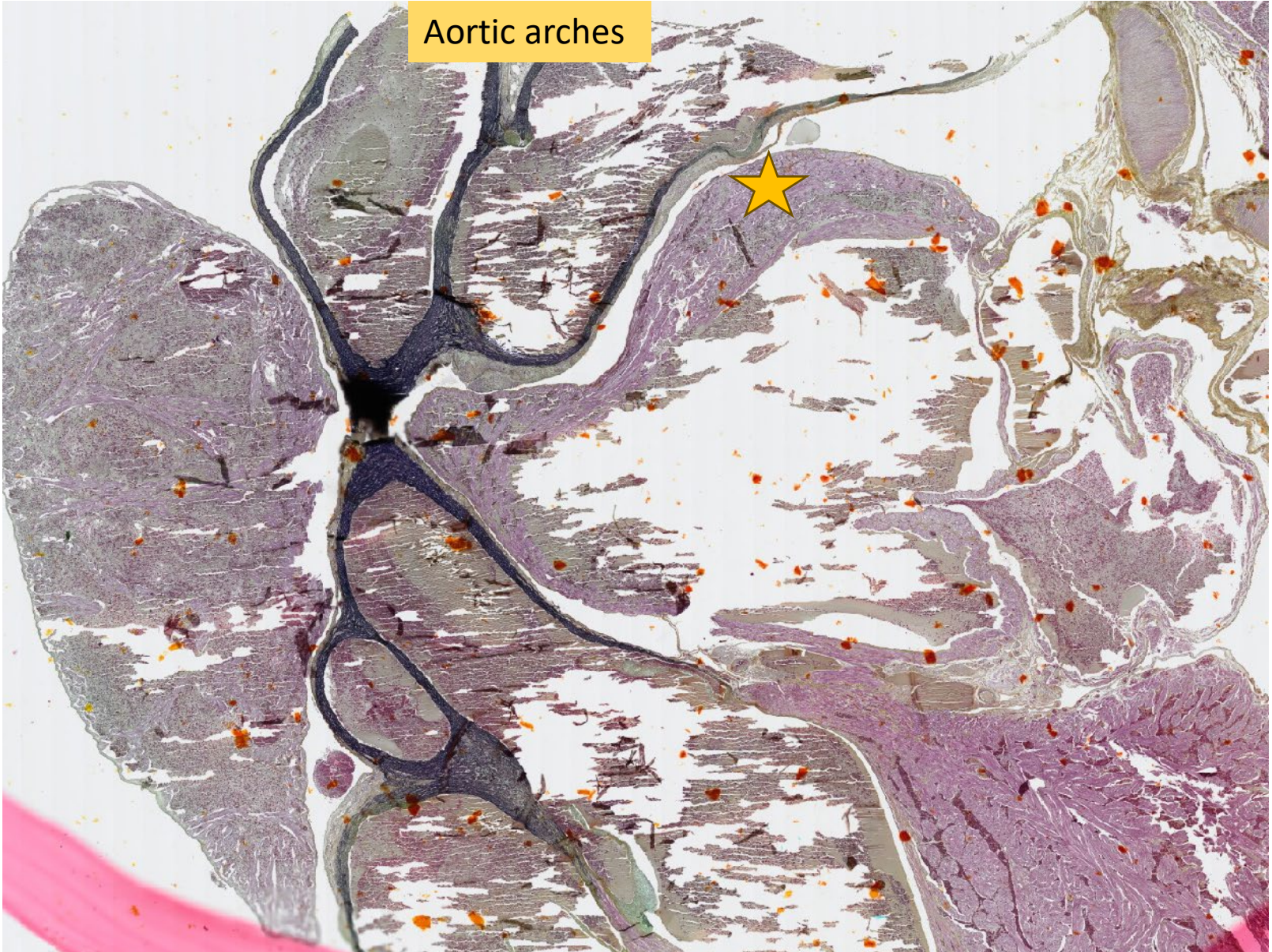
UNAM-FMVZ
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Aortitis
Spirocerca lupi



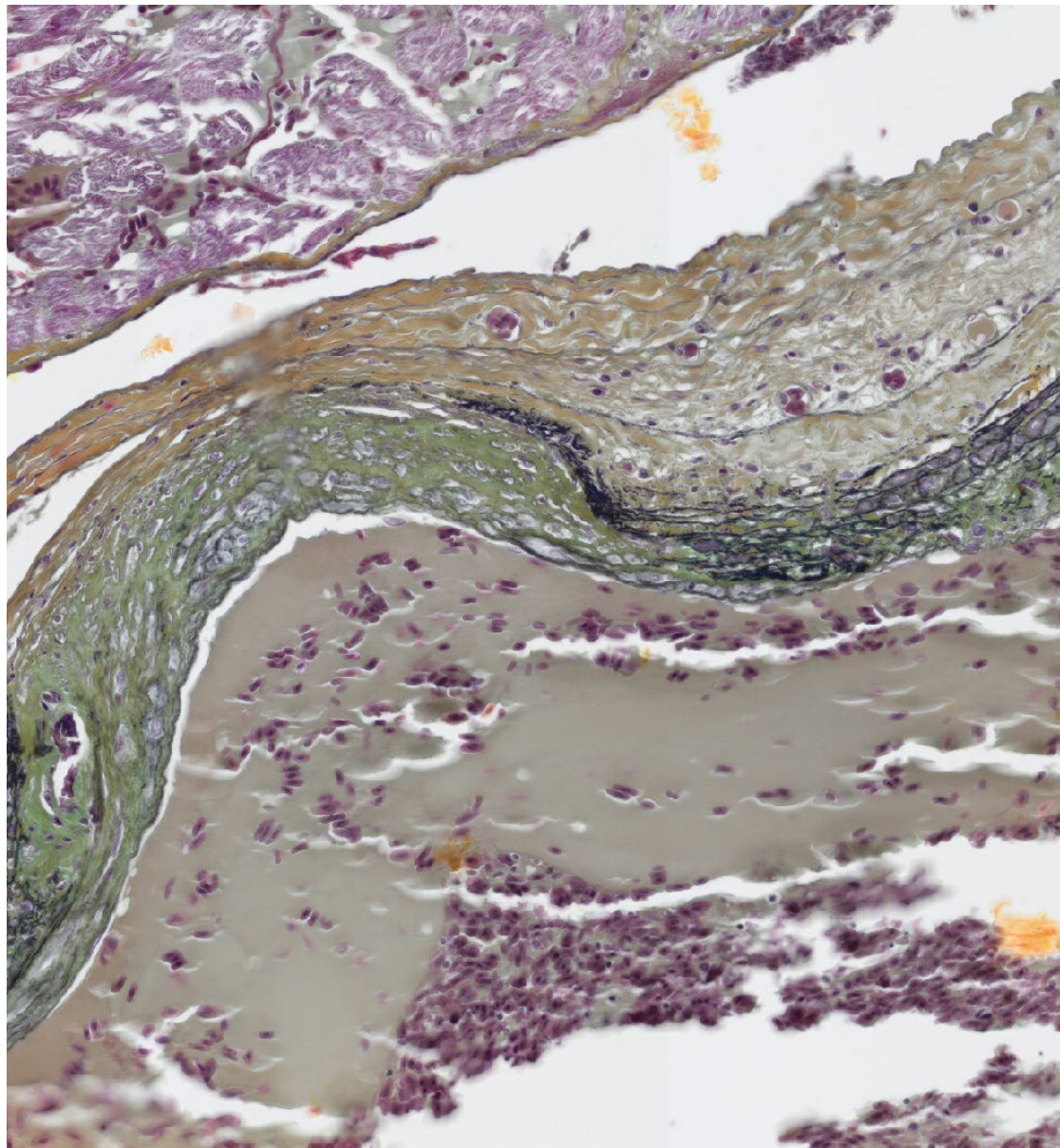
Bearded dragon
Aortic aneurysm

Aortic arches

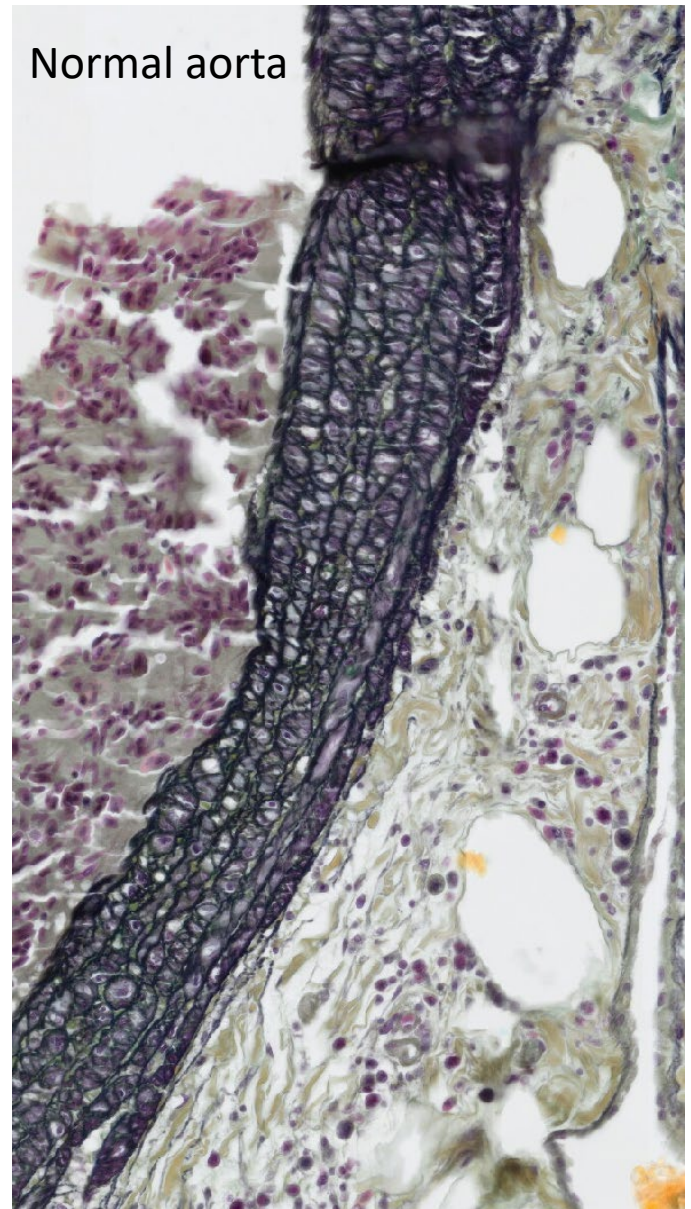


OFFICIAL

Aorta with loss and fragmentation of the elastic fibers and medial fibrosis



Normal aorta

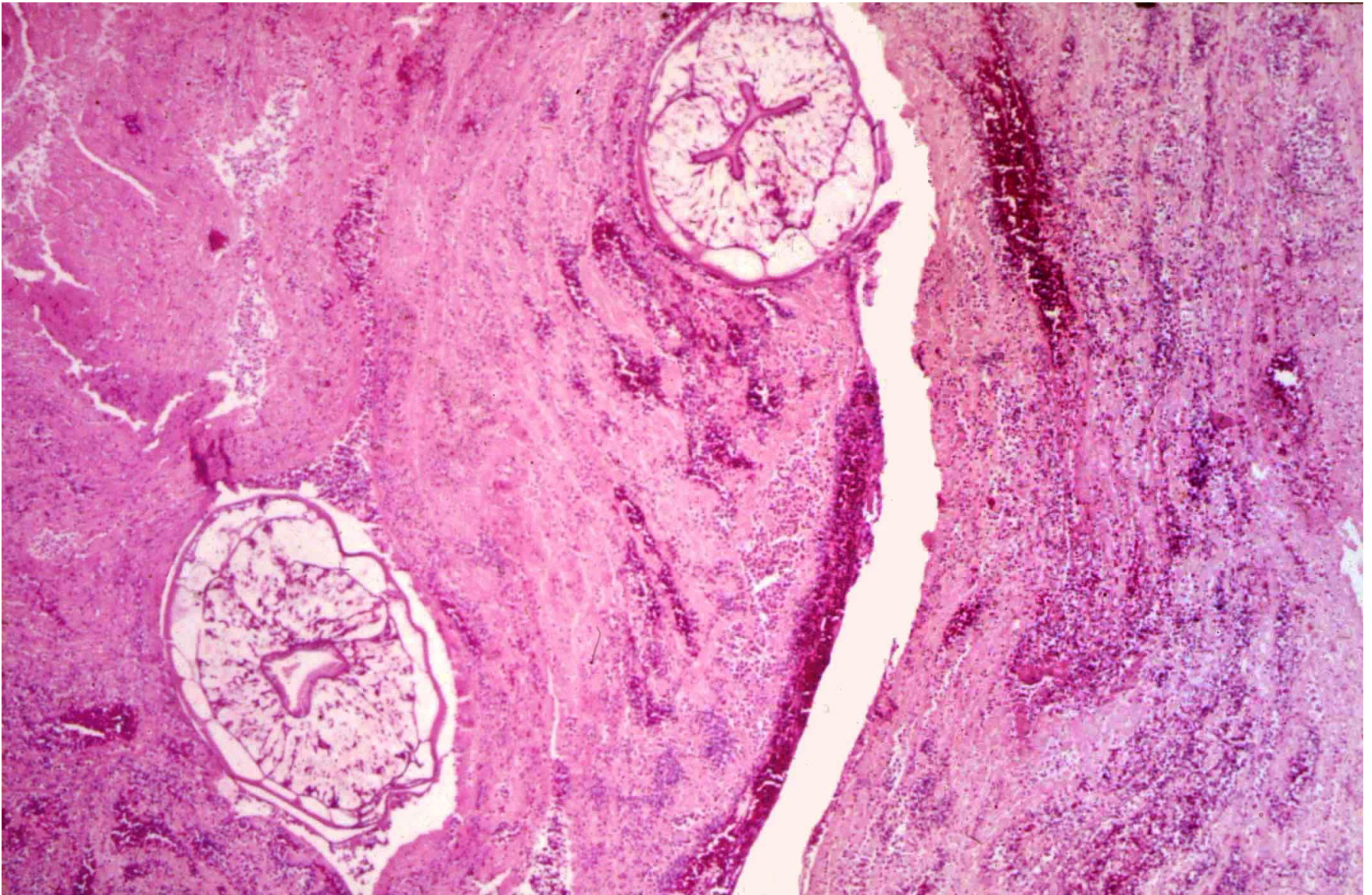


OFFICIAL
Aneurysm with thrombosis/*Strongylus vulgaris*



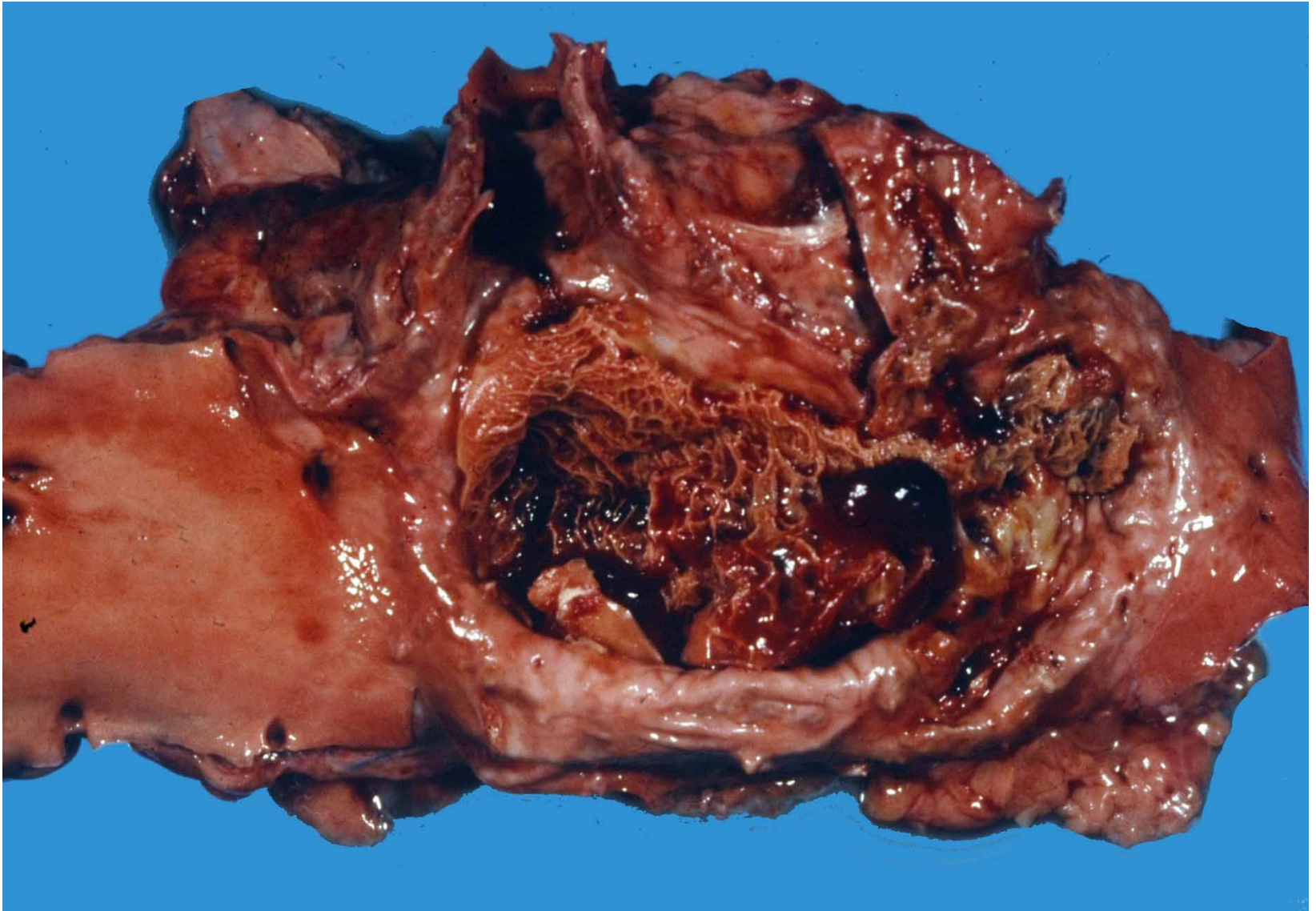
anterior mesentery artery

This is a gross pathology photograph showing a section of the anterior mesentery. A large, irregular, and highly vascularized mass is visible, which is an aneurysm of the anterior mesenteric artery. The mass is filled with dark red, clotted blood (thrombosis). The surrounding tissue is pale and fibrous. The aneurysm is located in the center of the image, with the artery lumen visible on the left side. The overall appearance is that of a large, blood-filled sac.

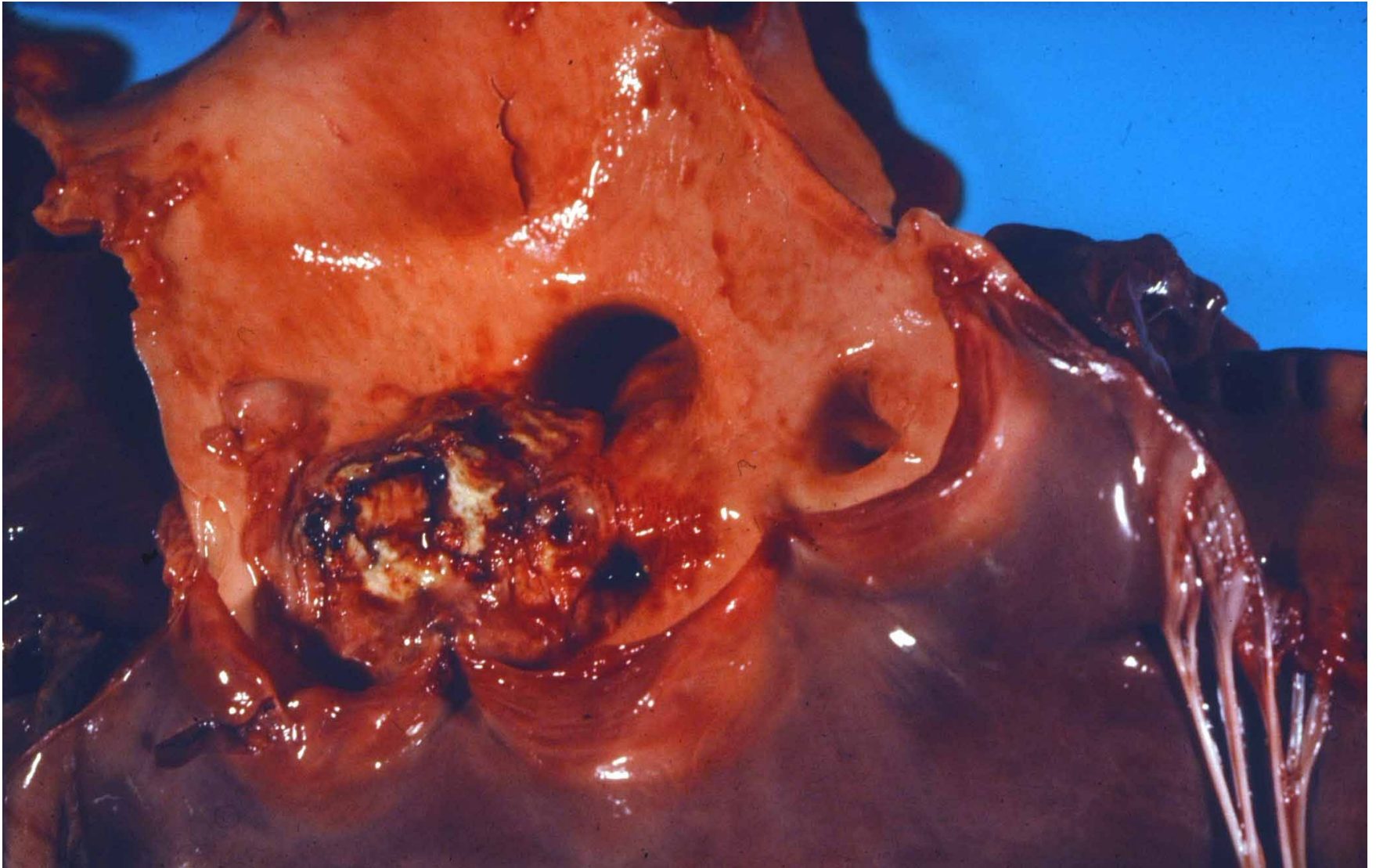


Larval nematodes: thick cuticle, a pseudocoelom, platymyarian-coelomyarian musculature, and a large intestine with multinucleate columnar epithelial cells

Aneurysm with thrombosis/*Strongylus vulgaris*



Granulomatous aortitis/*Strongylus vulgaris*

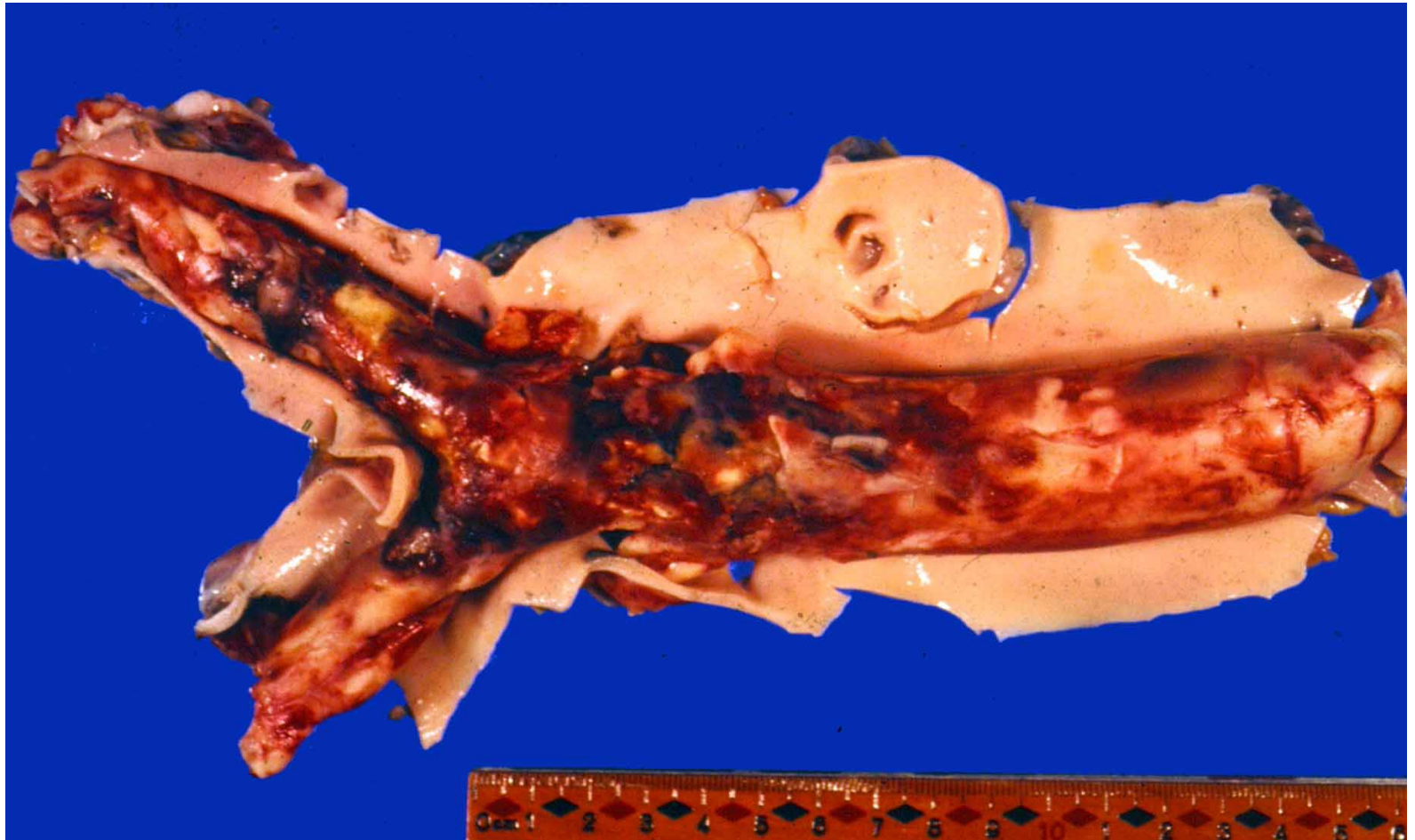


Aortoiliac thrombosis in horses

Strongyle-related thromboembolism with organization of thrombi and their incorporation into the arterial wall

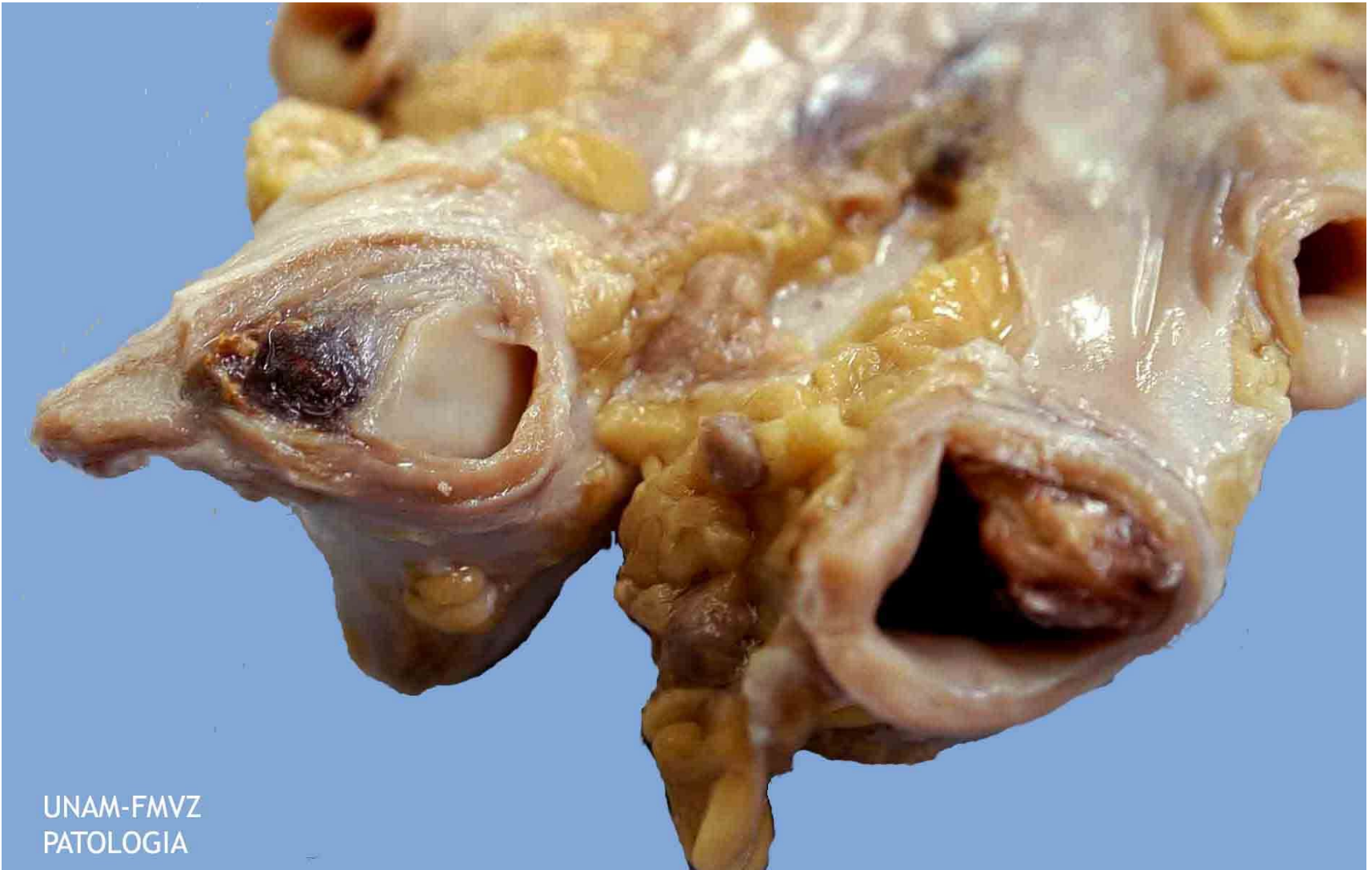
or

Spontaneous degeneration of the aorta of unknown etiology, resulting in thrombosis



Iliac thrombosis

- The exact cause of the thrombus is unknown
- This condition was previously associated with migrating strongyle larvae; however, it can still occur in horses that have been dewormed.



Aortic mineralization

Vitamin D toxicity:

Cattle, horses, pigs, birds, reptiles, rabbits

Oversupplementation of vitamin D

Ingestion of plants:

Solanum glaucophyllum

Solanum torvum

Trisetum flavescens

Cestrum diurnum

Toxic principle: 1,25-dihydroxycholecalciferol-glycoside

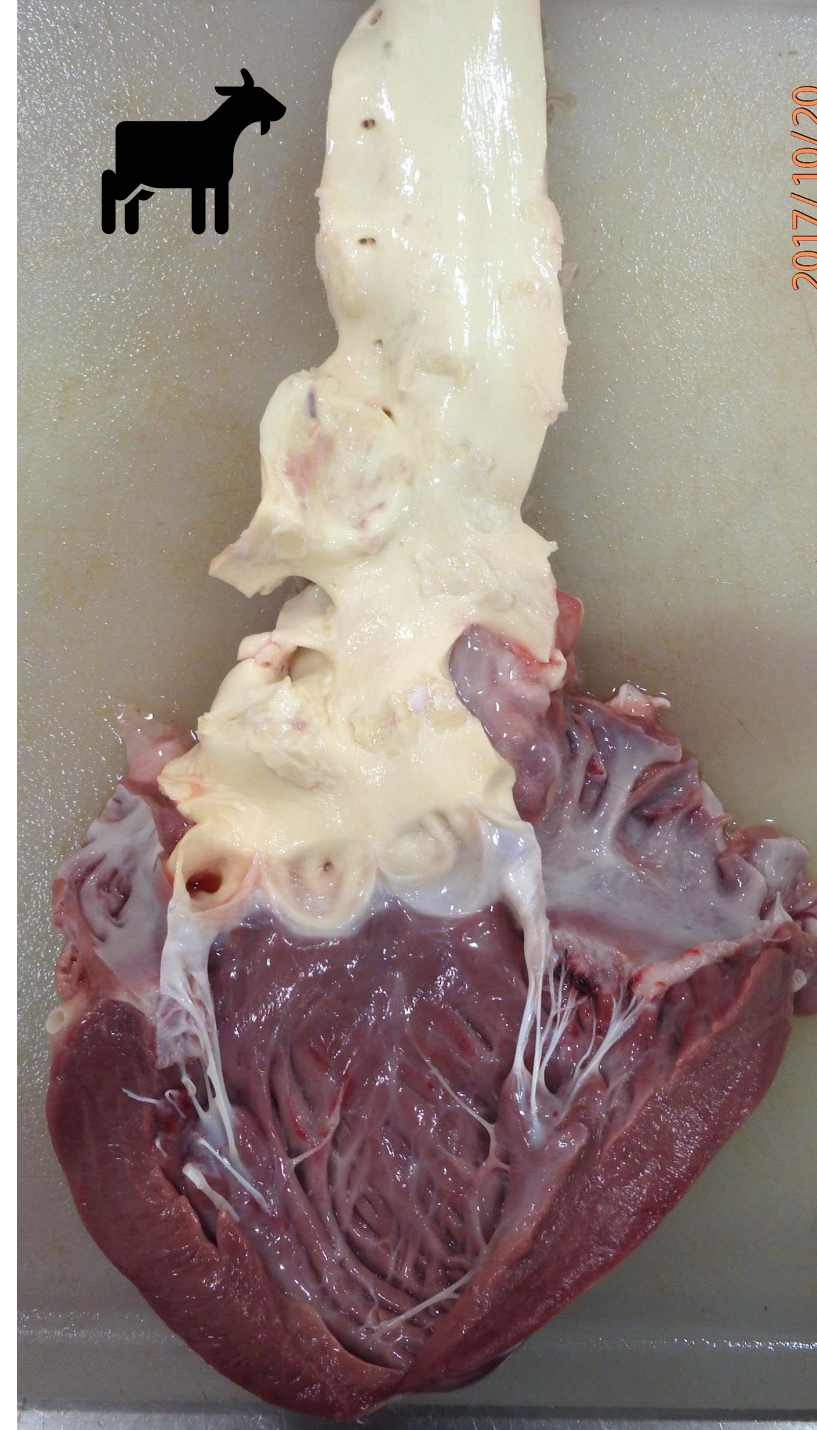
Dog and cat: rodenticides

Chronic debilitating diseases (granulomatous inflammation)

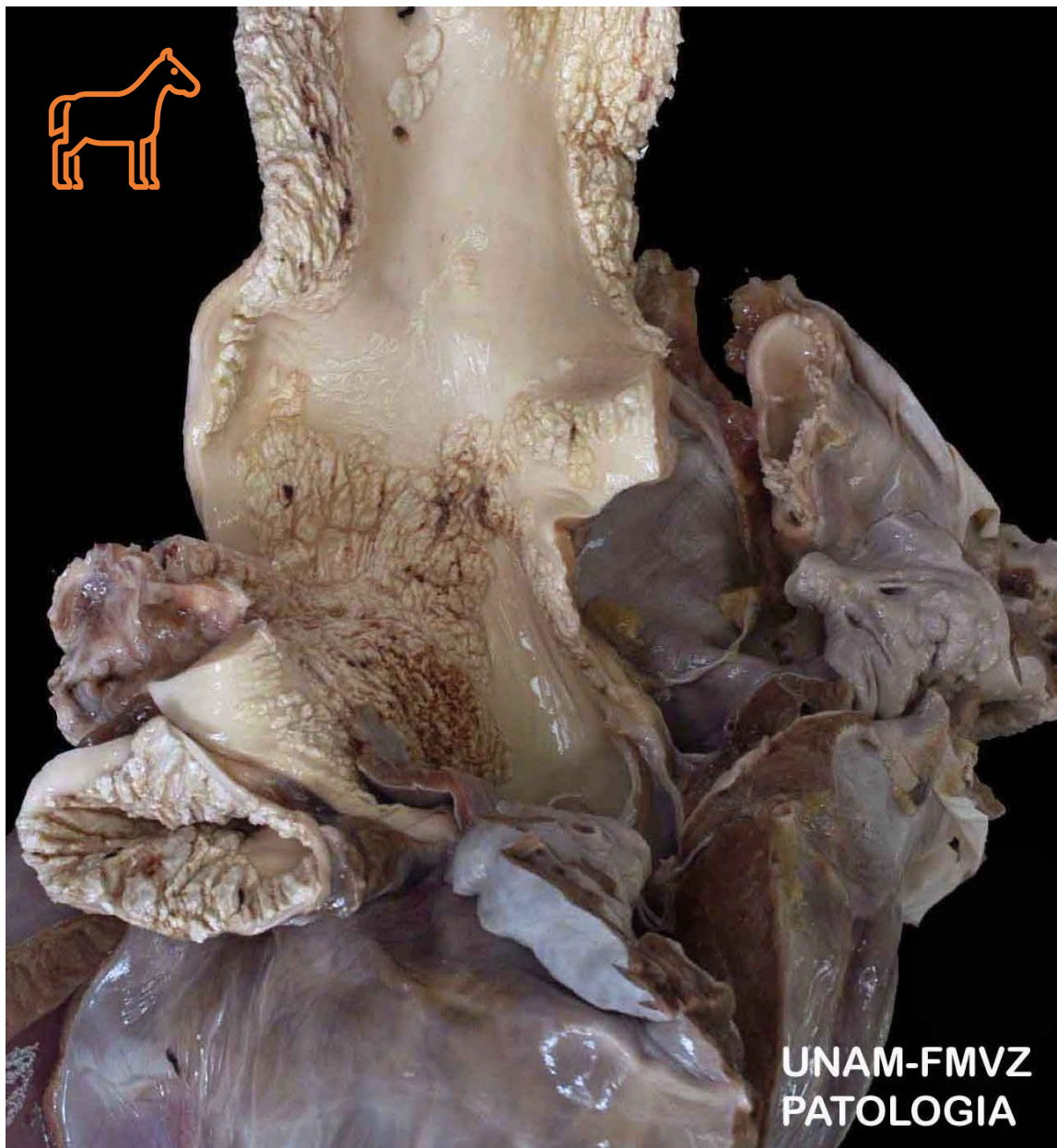
Paraneoplastic syndrome: lymphoma, apocrine gland adenocarcinoma (PTH-related protein)

Advanced age

Unknown



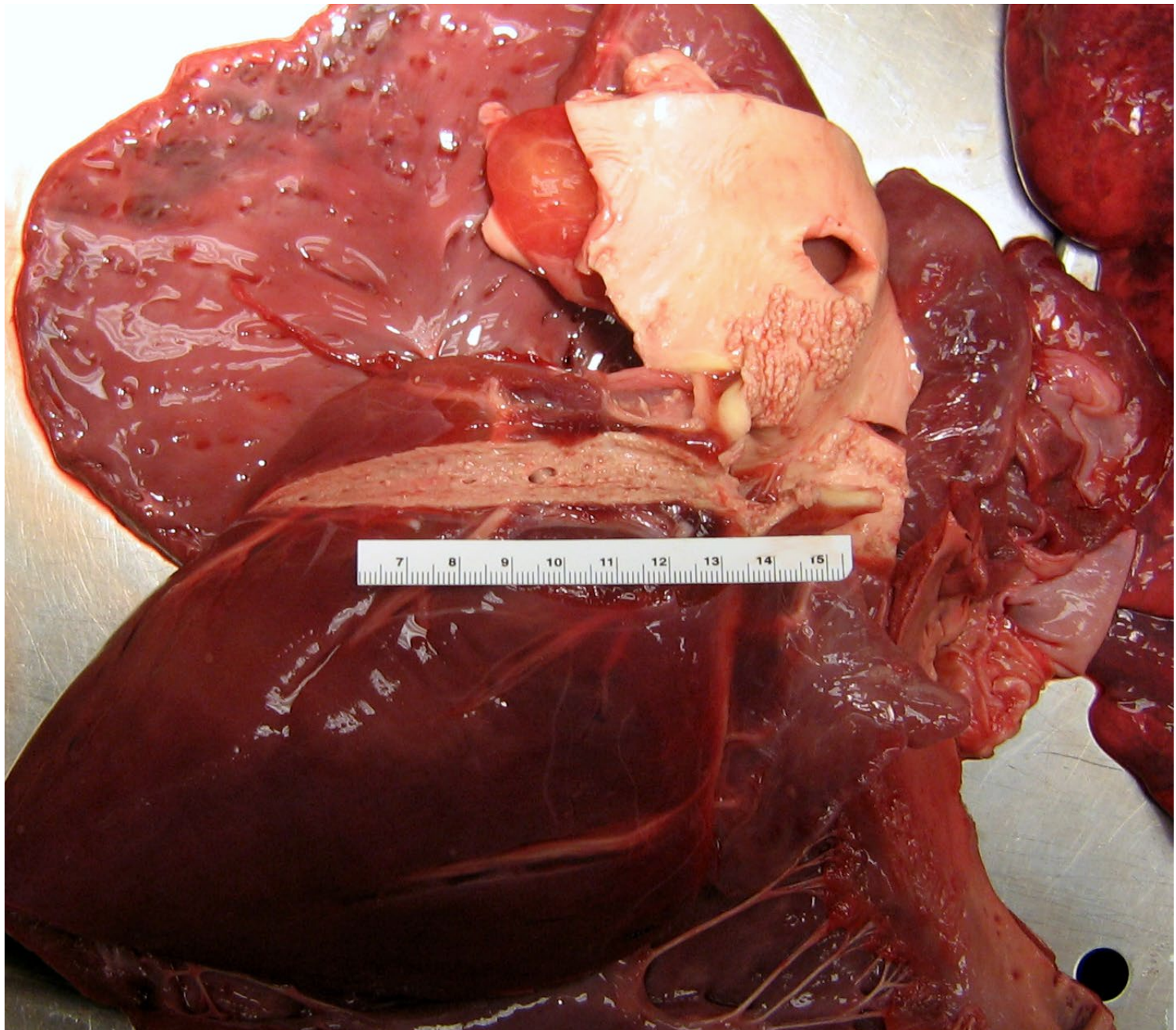
Aortic mineralization



Bovine/lymphoma



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Aortic rupture

- Trauma
 - Spontaneous
 - *Spirocerca lupi*-aneurysm
-
- Well-known in horses: periods of excitement and activity (racing or in stallions while breeding)
 - Predisposing aortic lesion has not been identified
 - Elastic fragmentation and accumulation of mucoid material- histologic findings

Tears: valvular annulus to brachiocephalic trunk

Hemopericardium

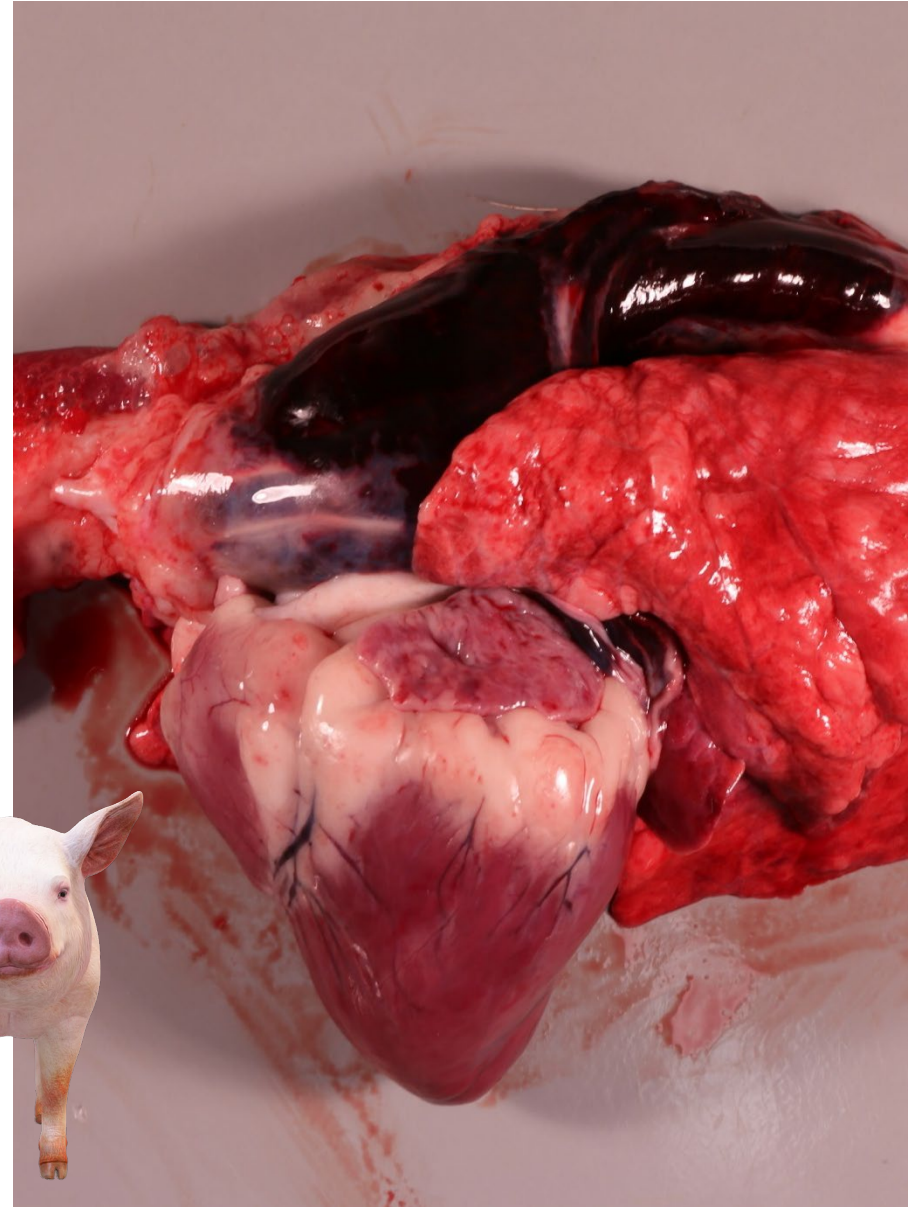
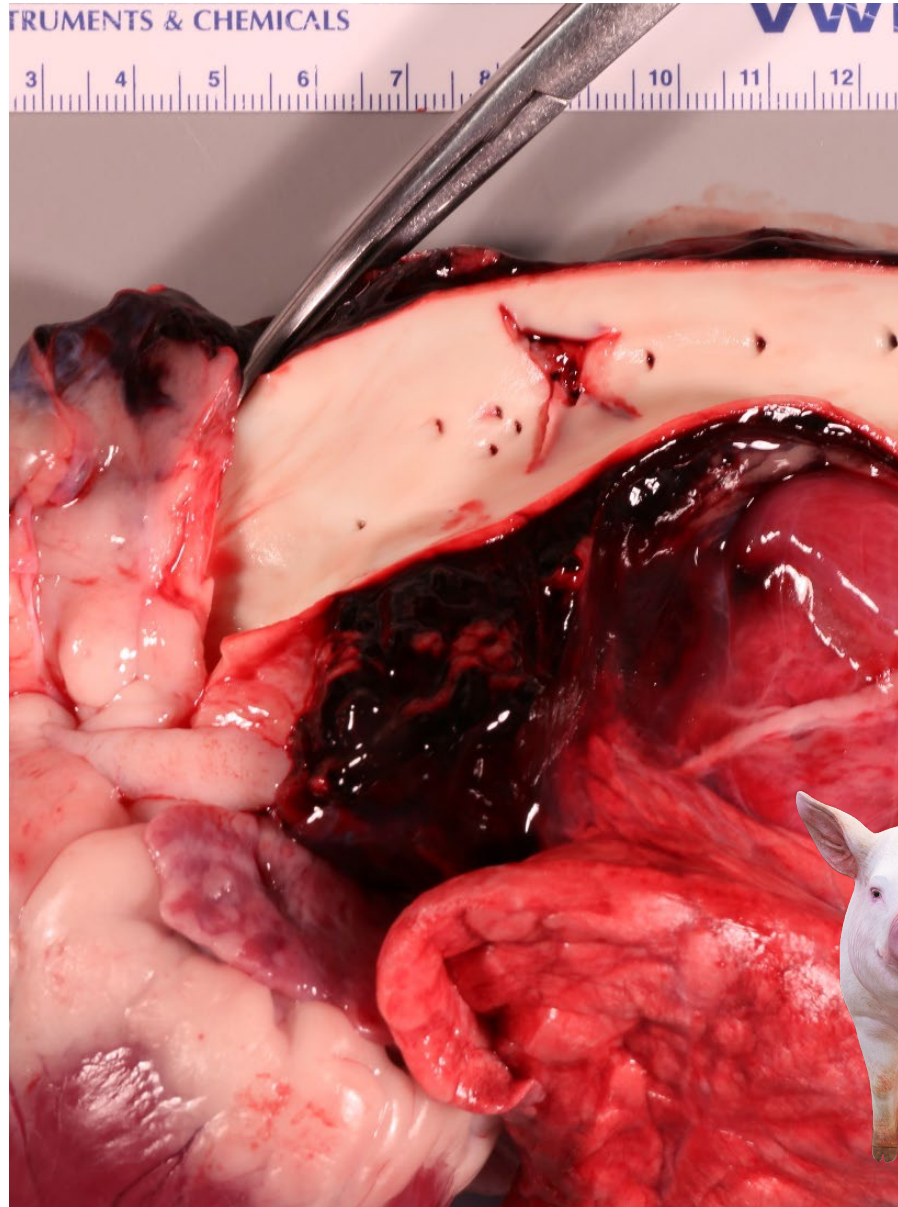
Hemorrhage extends into the AV node or bundle of His

Experimental: copper-deficient pigs

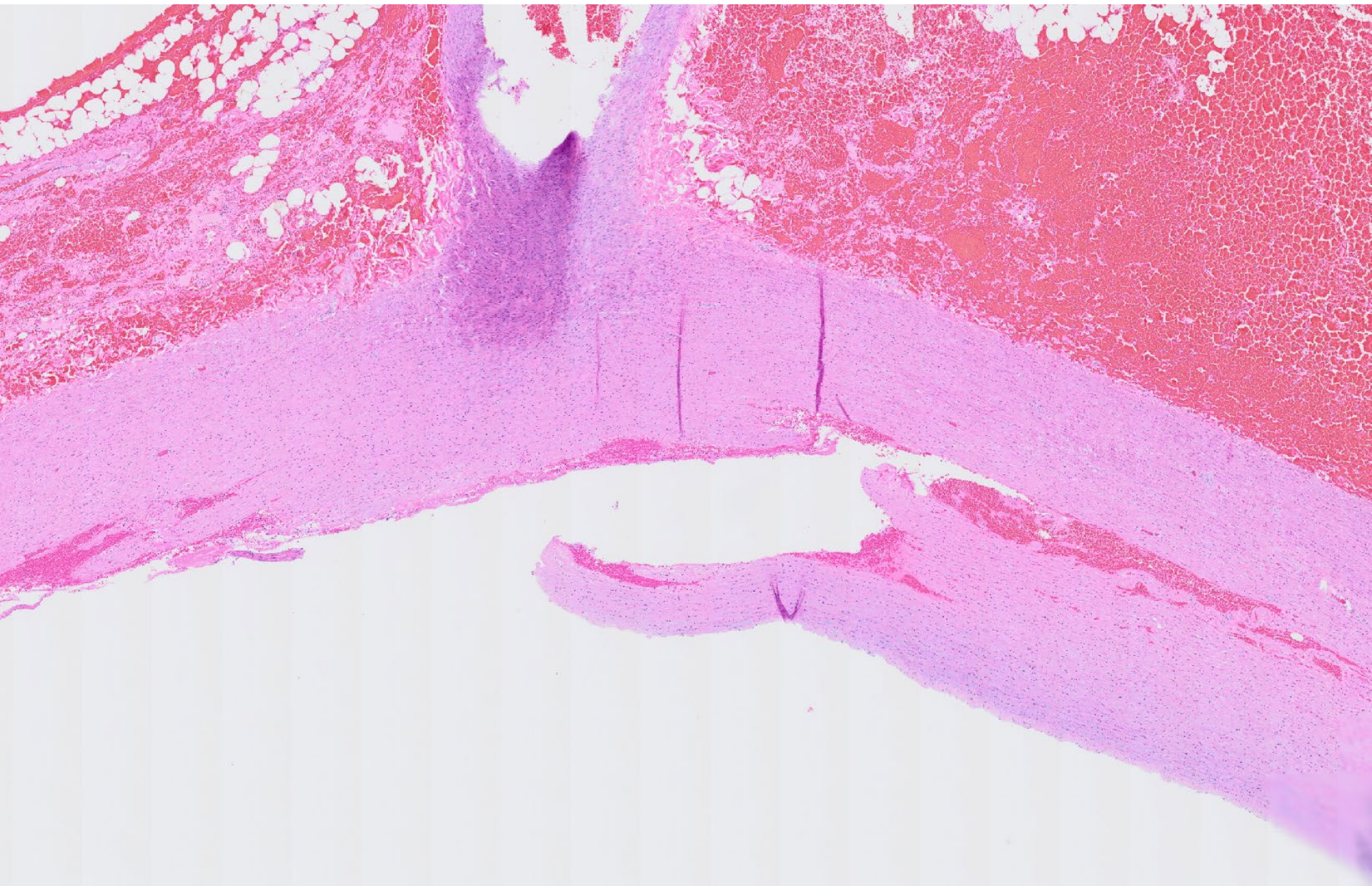
Deficiency of lysyl oxidase, a copper-containing enzyme responsible for cross-linking of collagen and elastin

In the majority of animals, the cause is unknown.

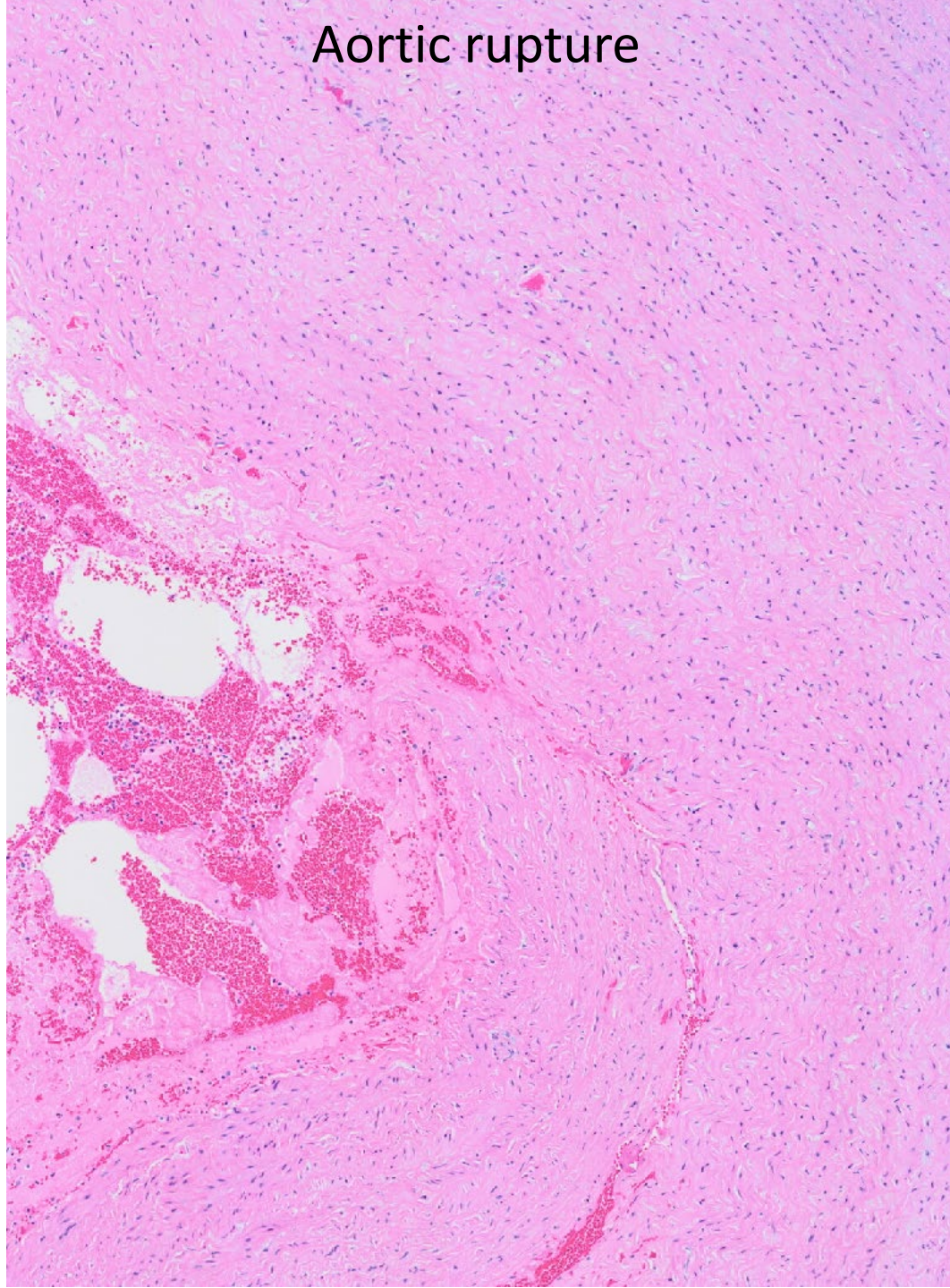
Aortic rupture



Aortic rupture

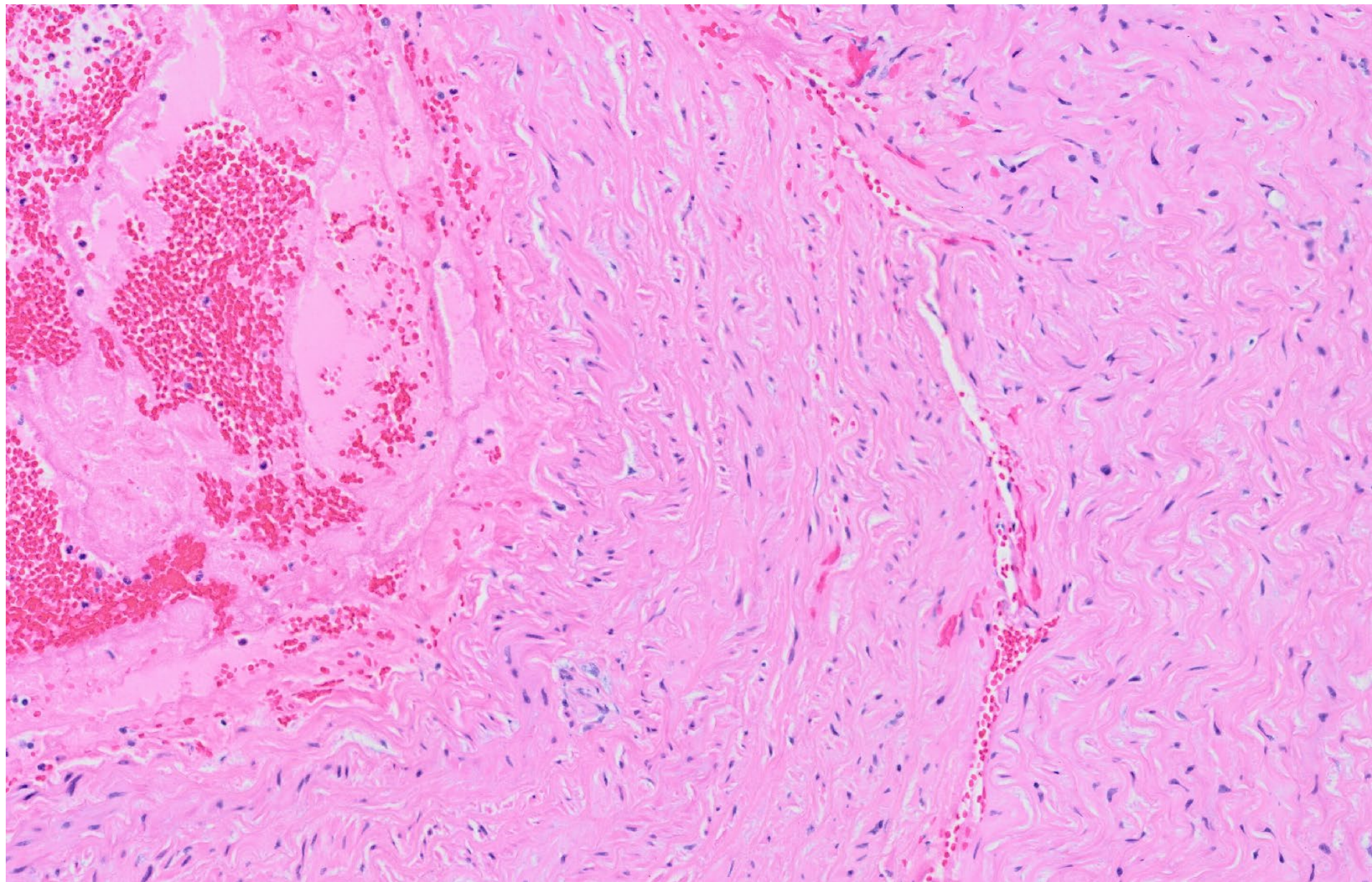


Aortic rupture



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Aortic rupture

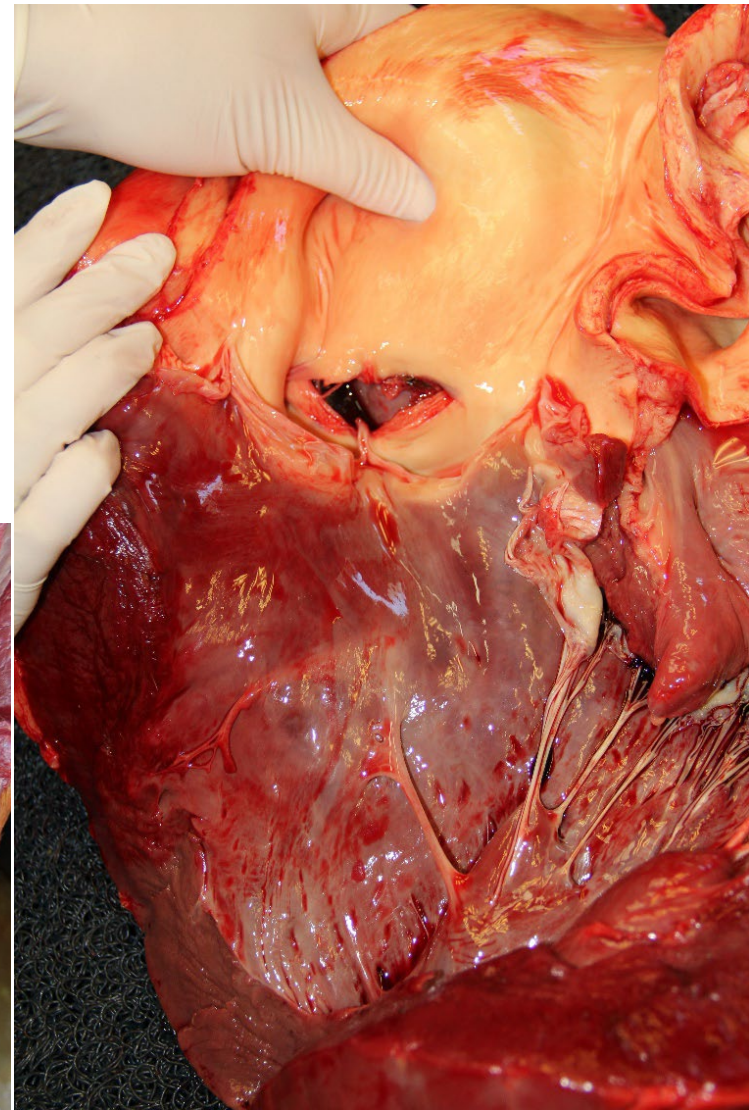
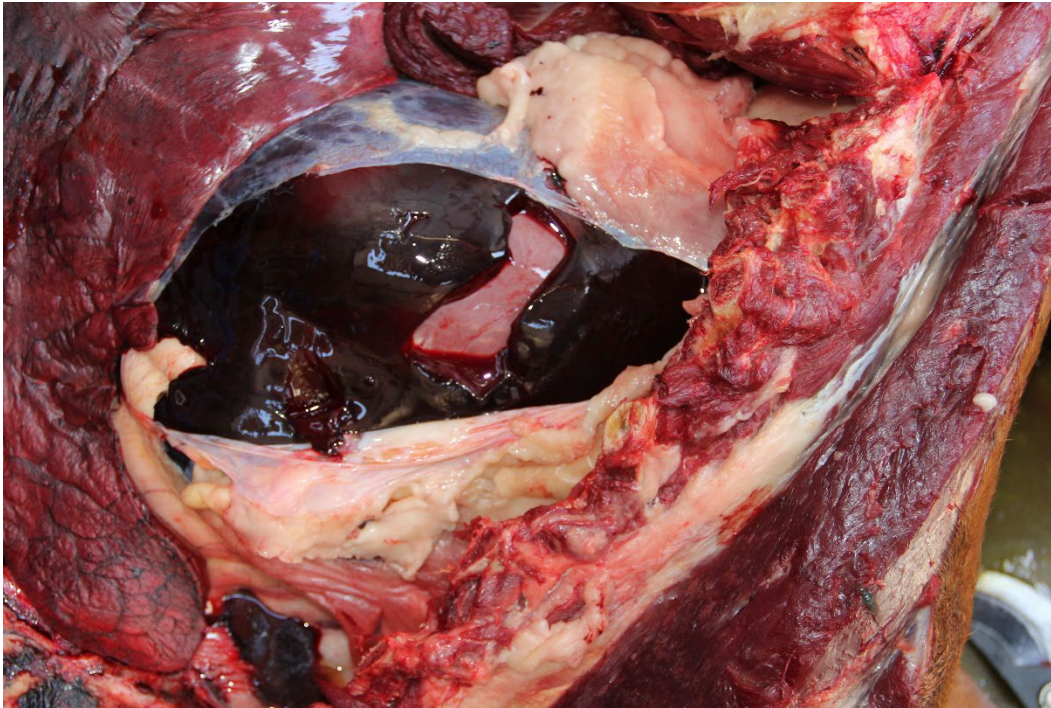


Aortic rupture

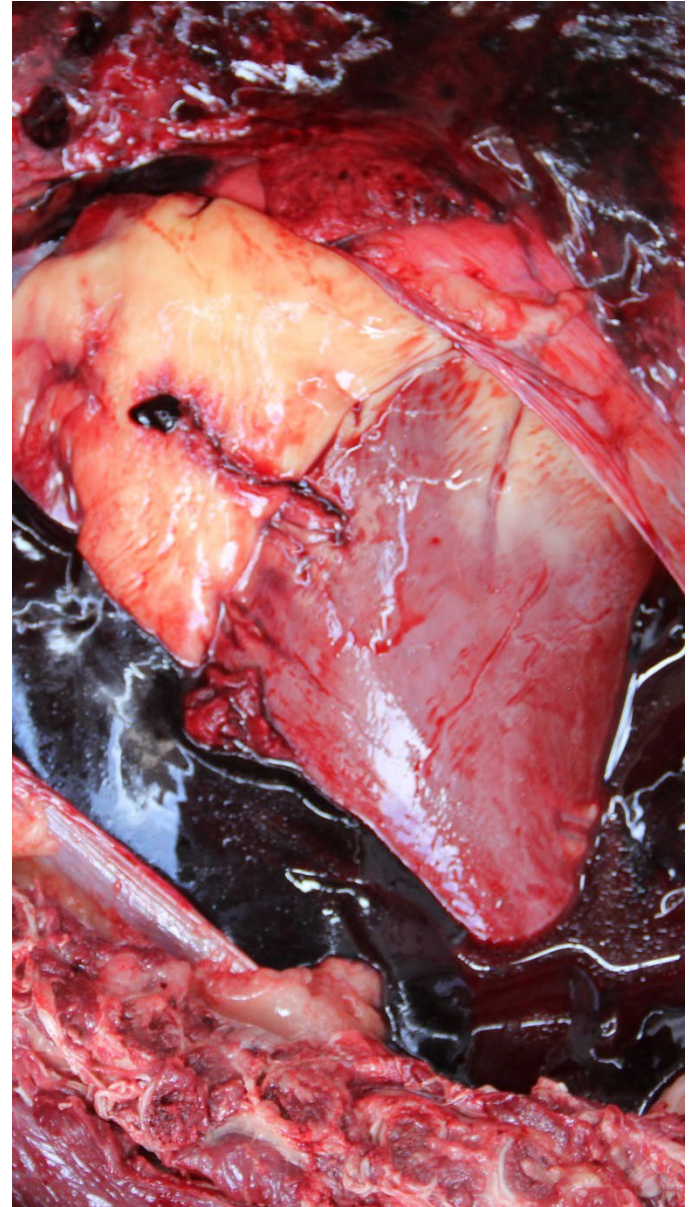


Horse

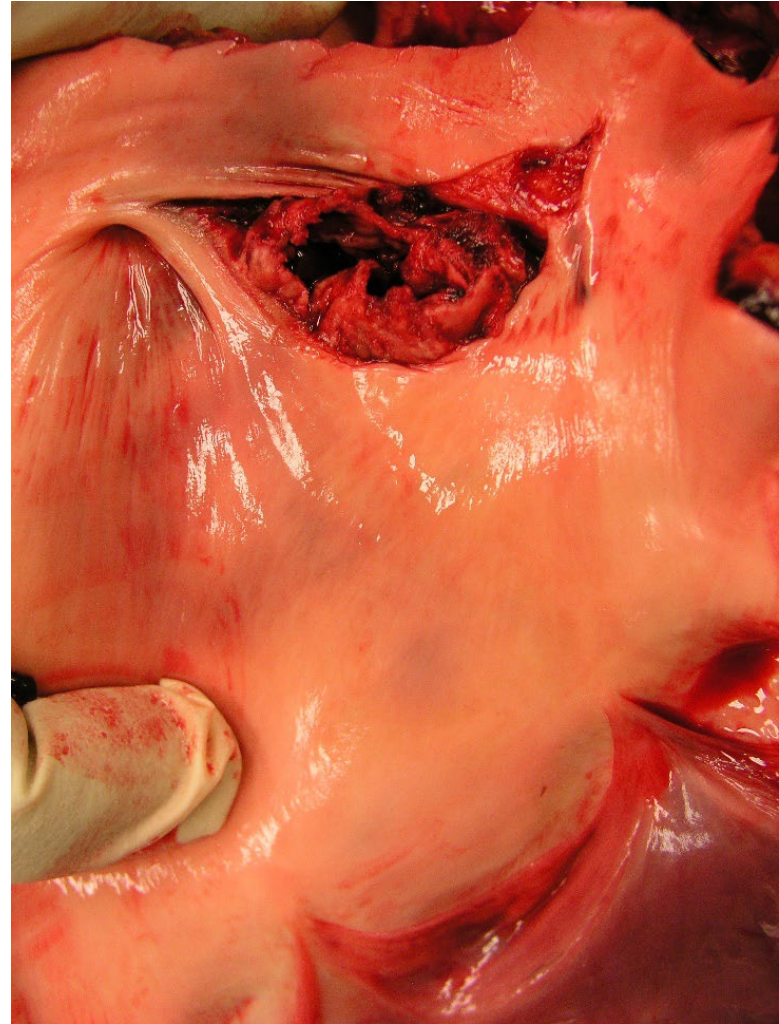
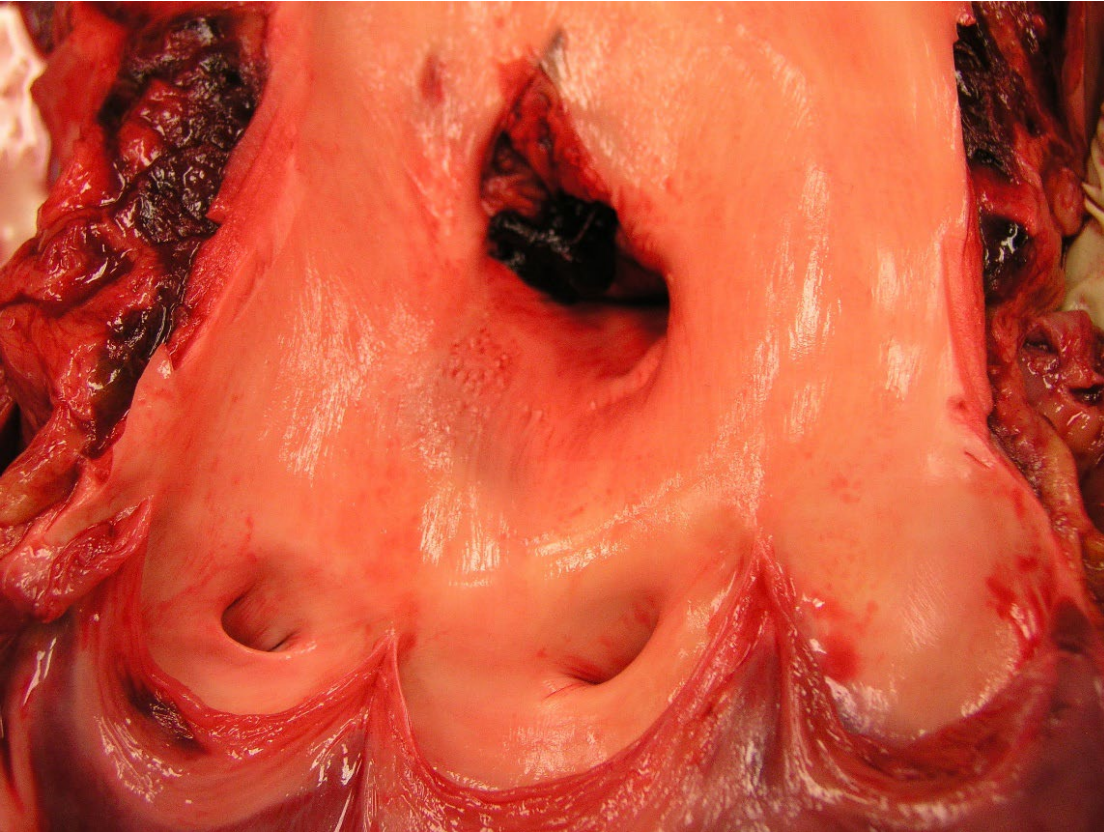
- High prevalence of aortic rupture in young Friesian horses
- Aortic rupture: root or aortic arch
- Aortic arch near the ligamentum arteriosum can lead to aortopulmonary fistulation
- Acute-chronic



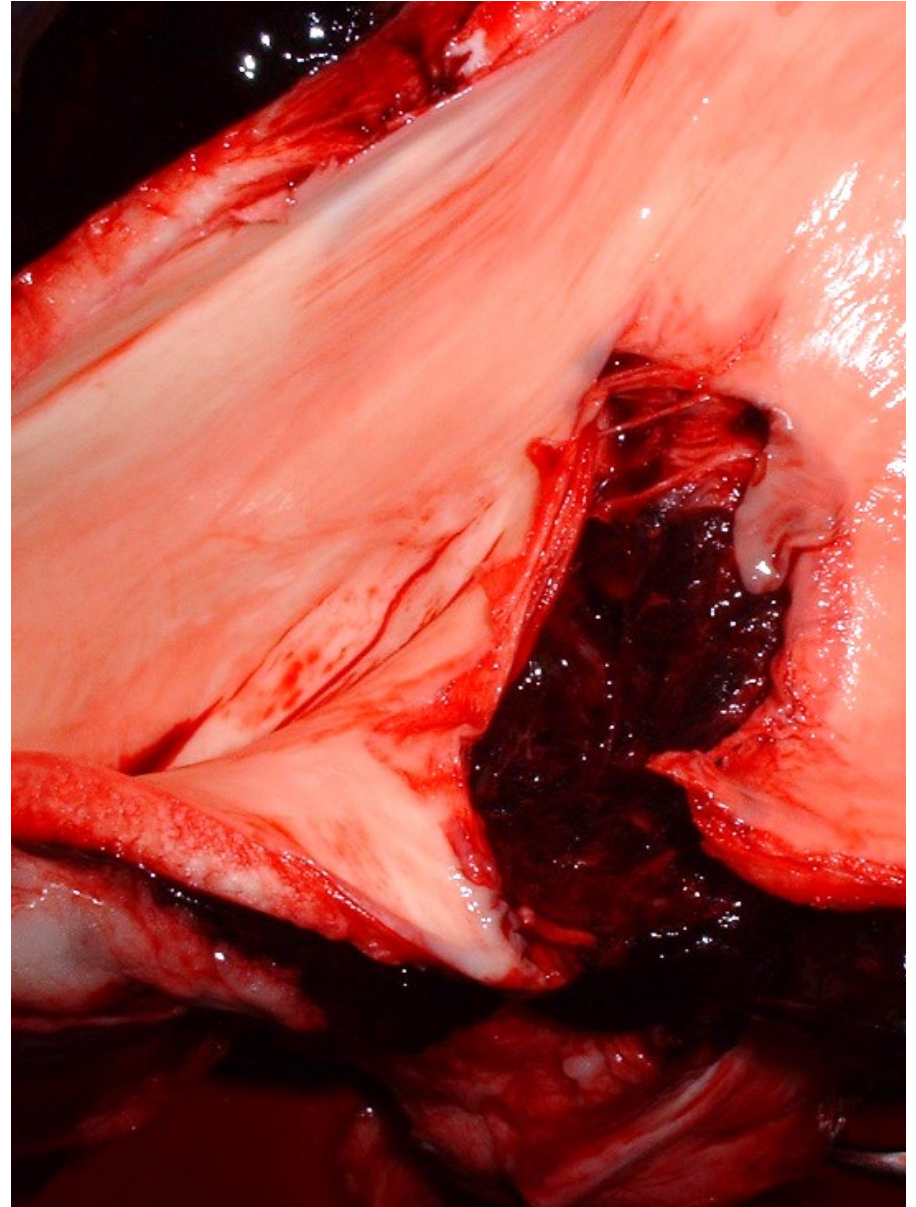
Aortic rupture



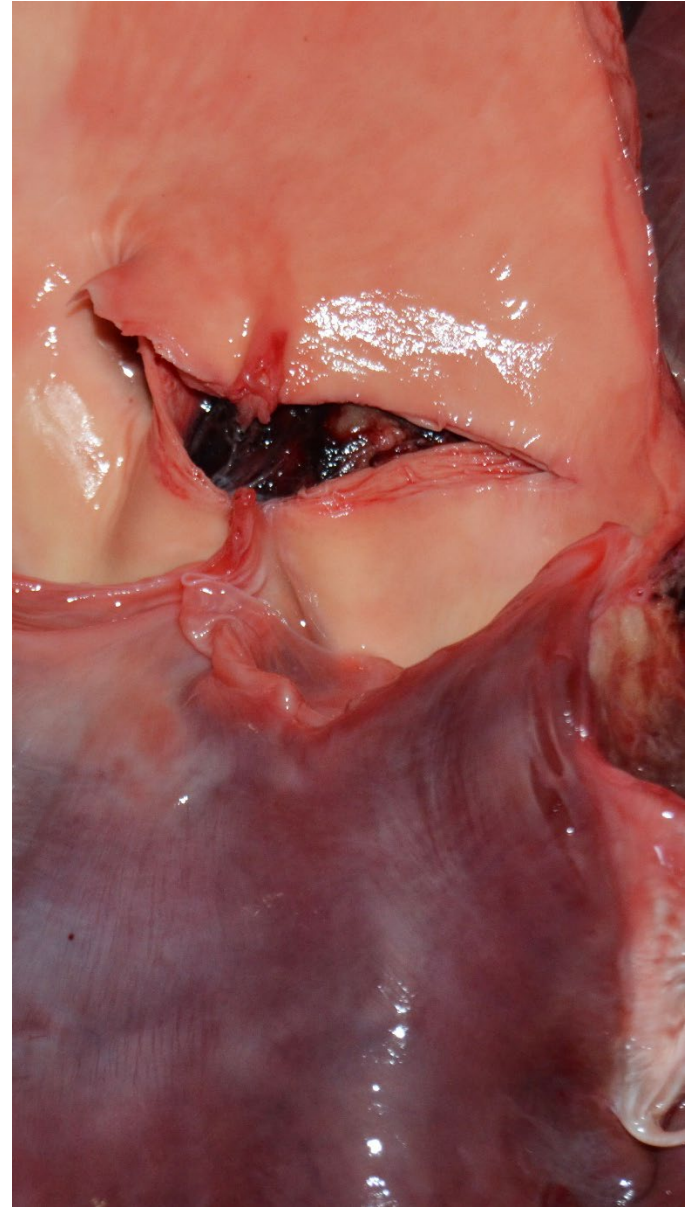
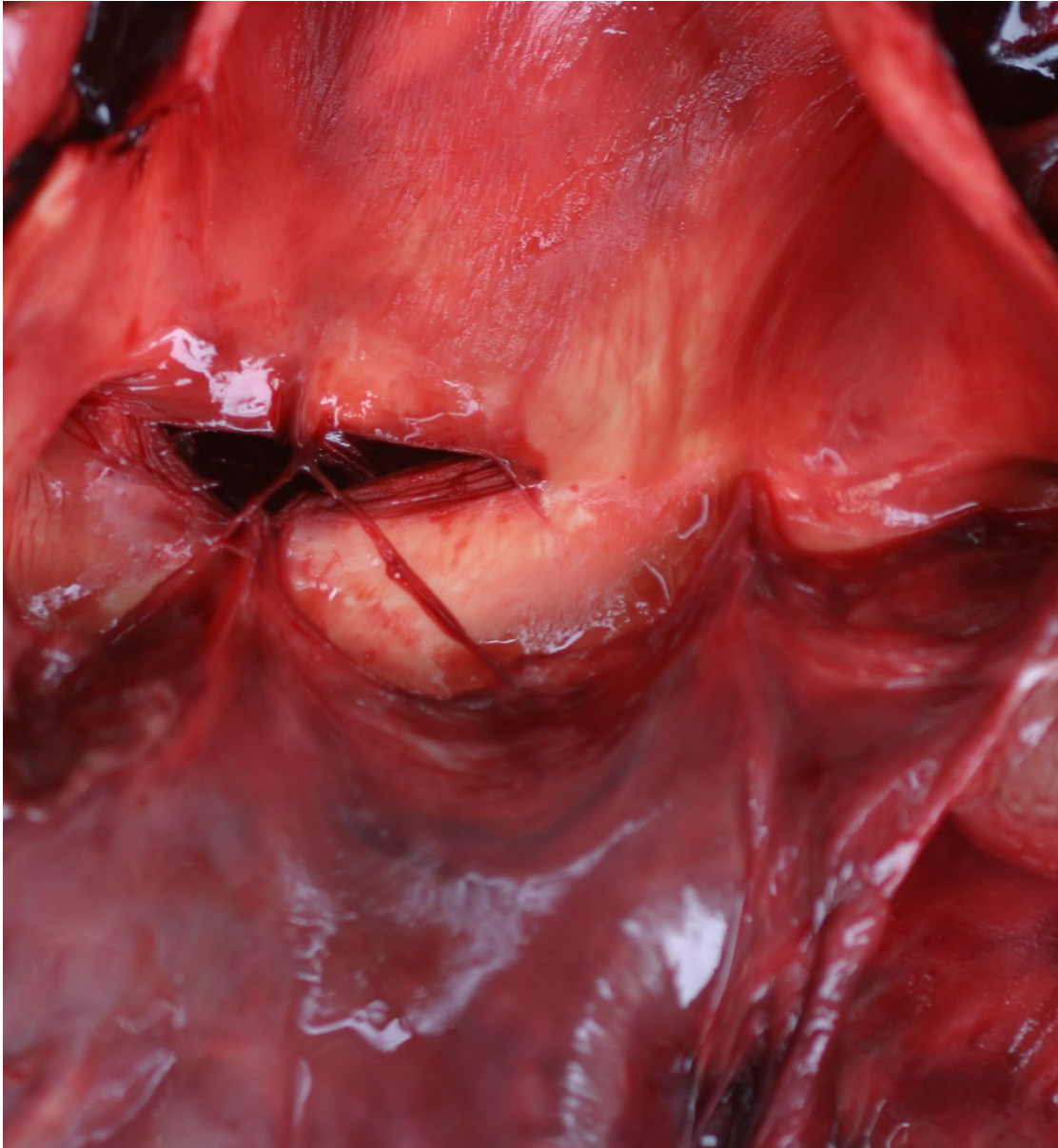
Aortic rupture

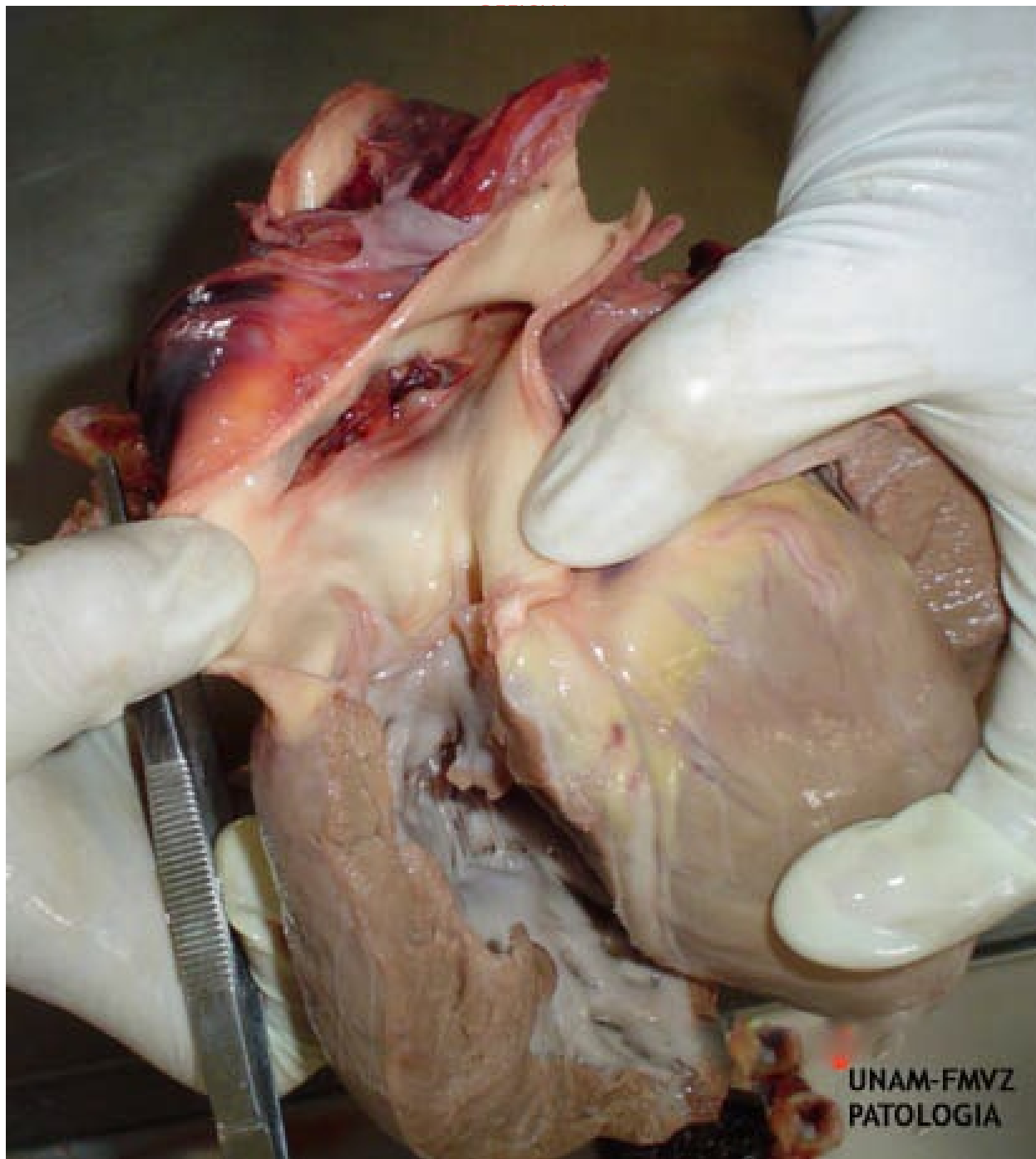


Aortic rupture



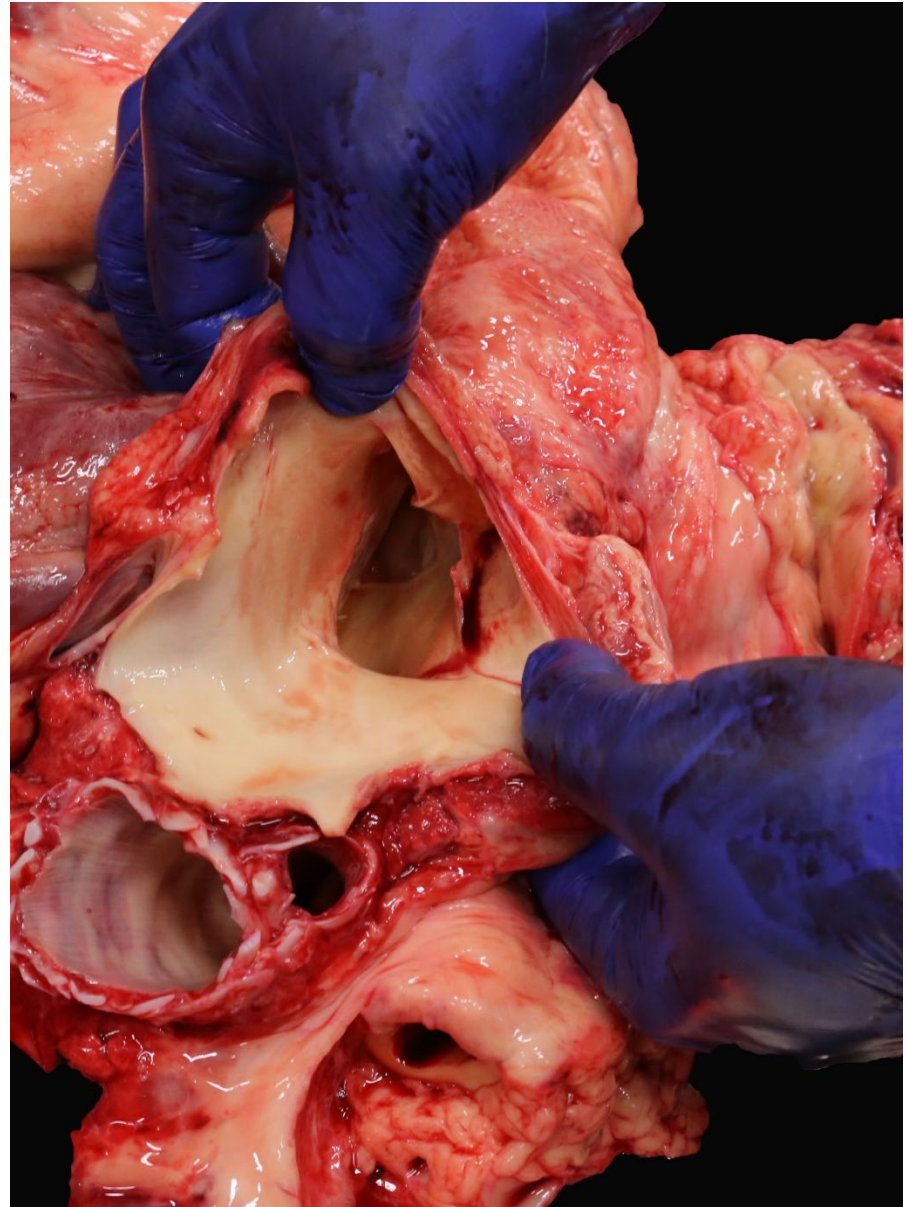
Aortic rupture

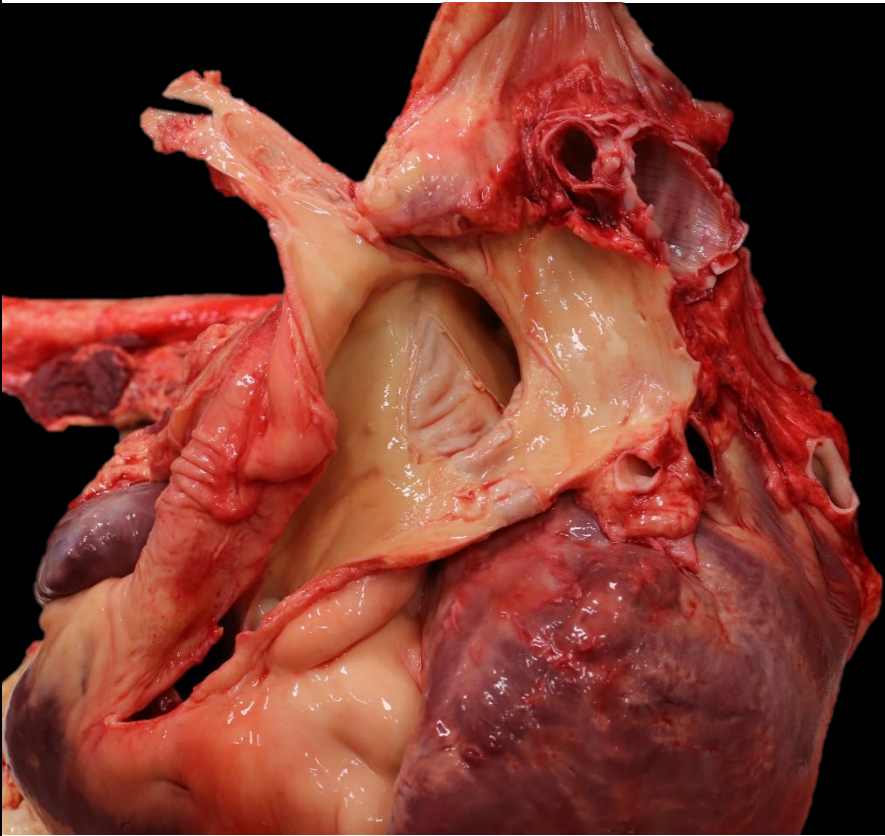
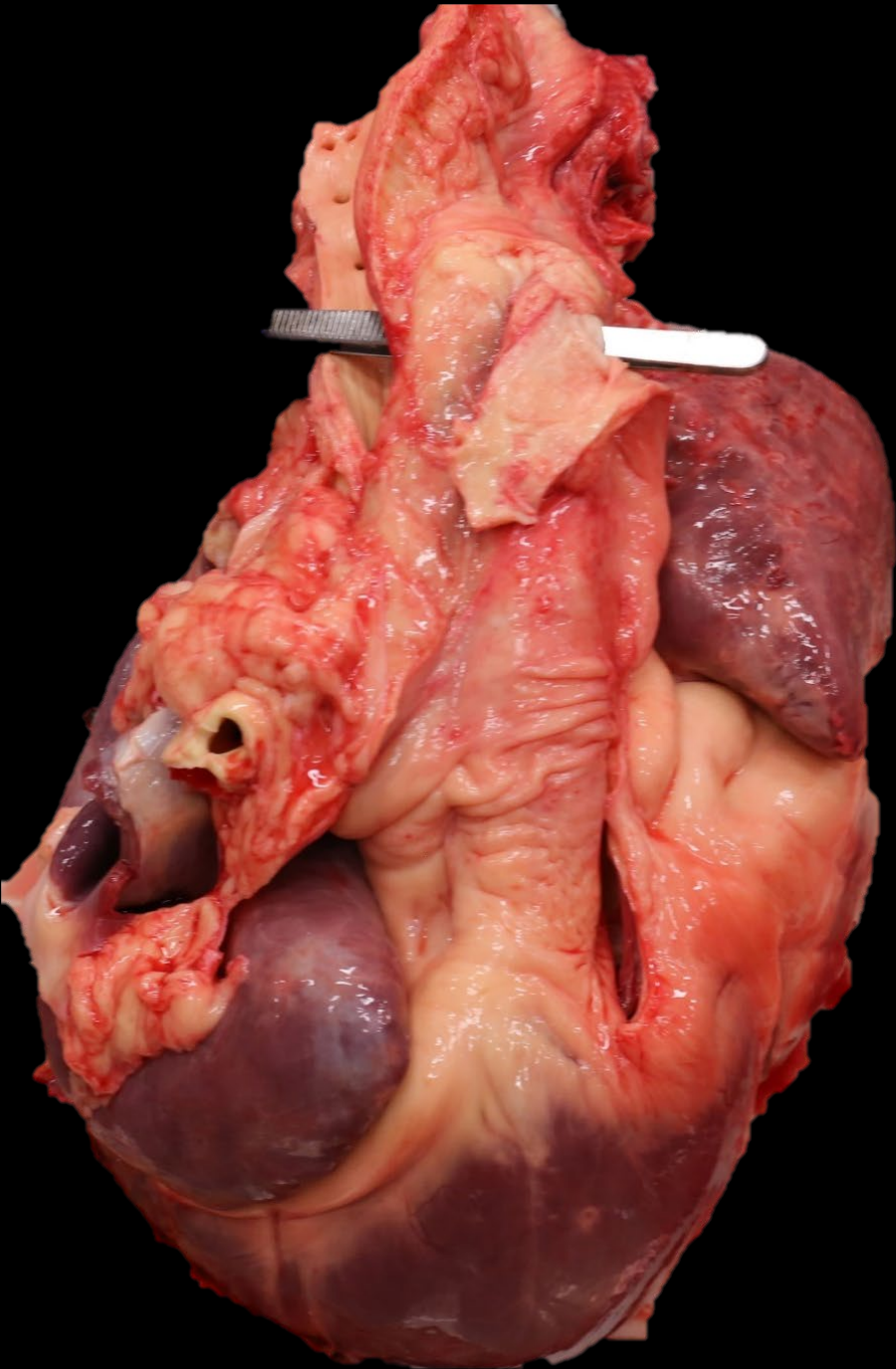


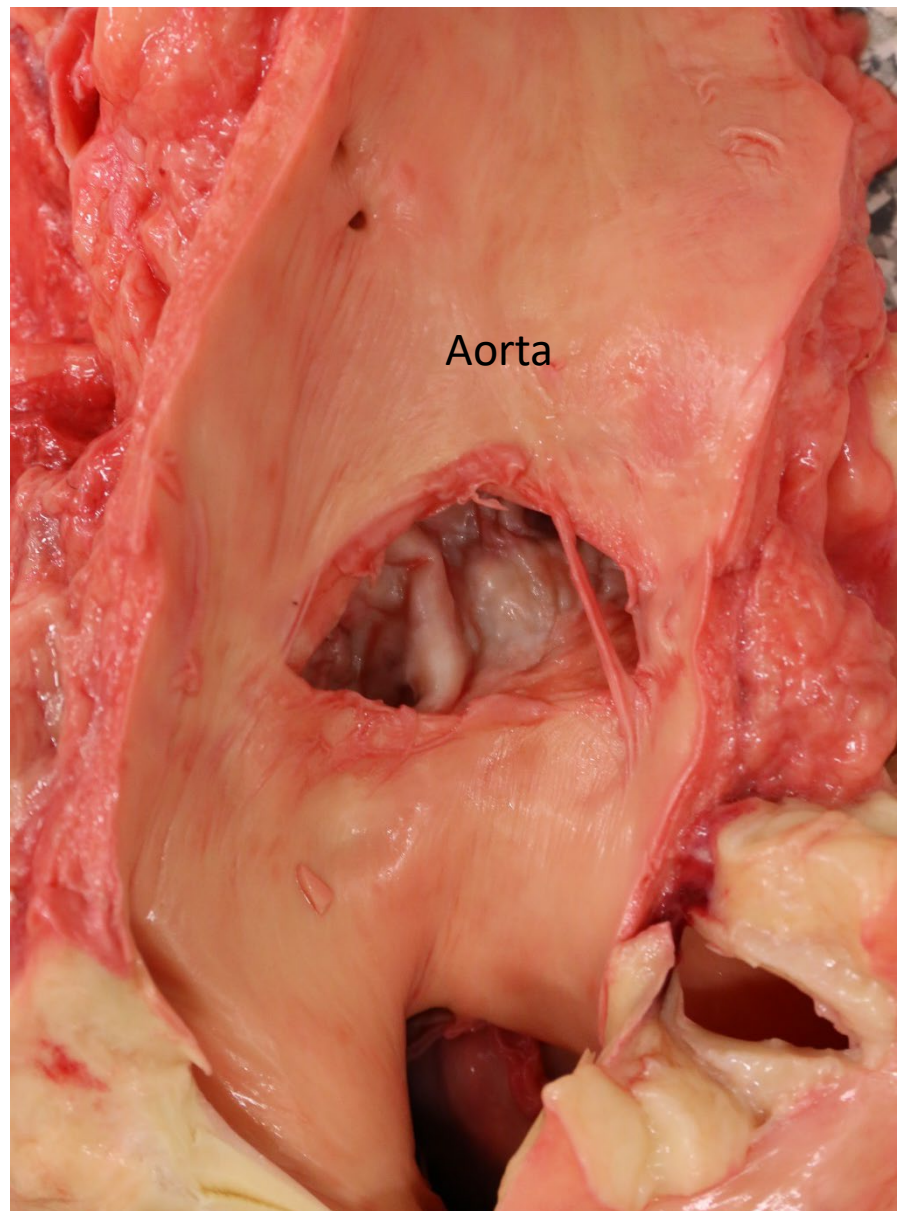
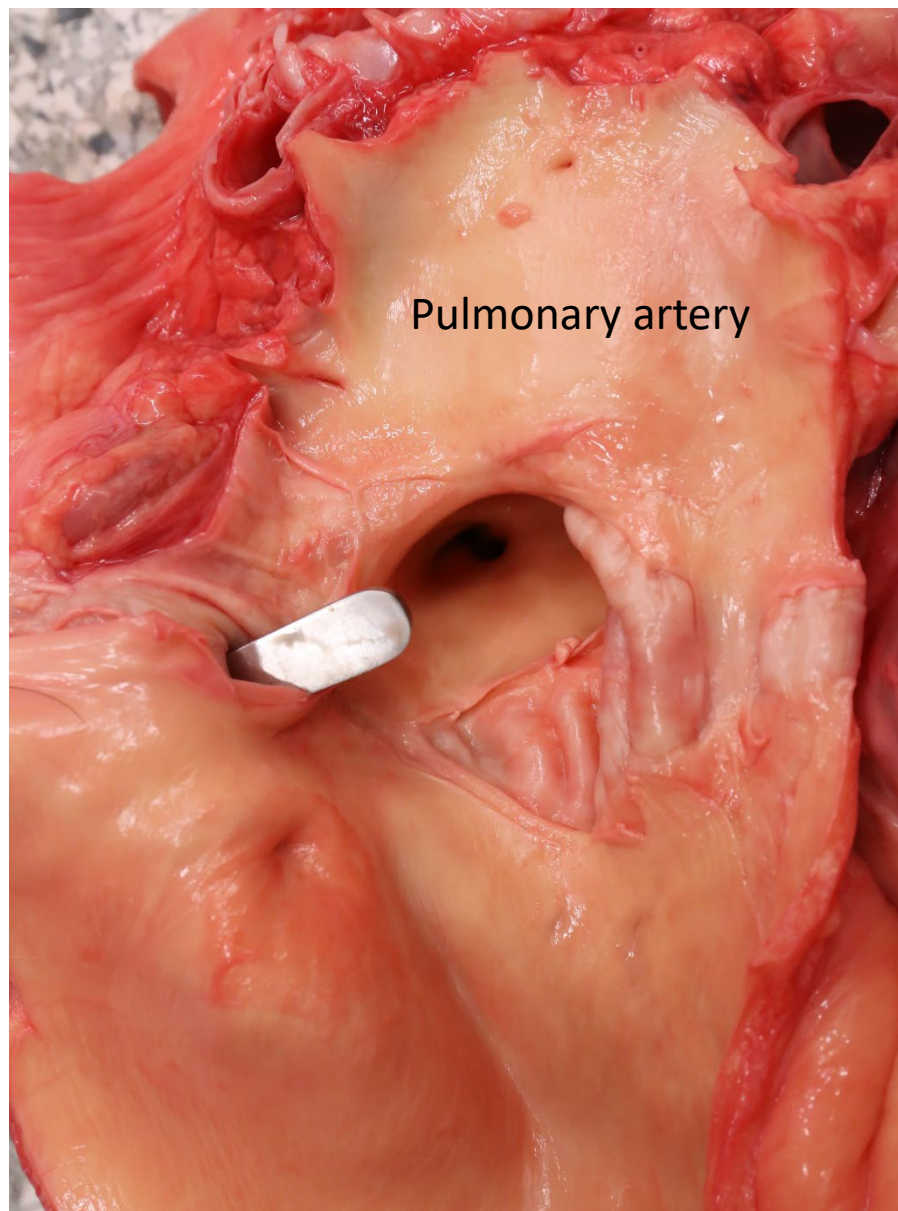


UNAM-FMVZ
PATOLOGIA

Aortopulmonary fistulation







Dilation of the ascending aorta

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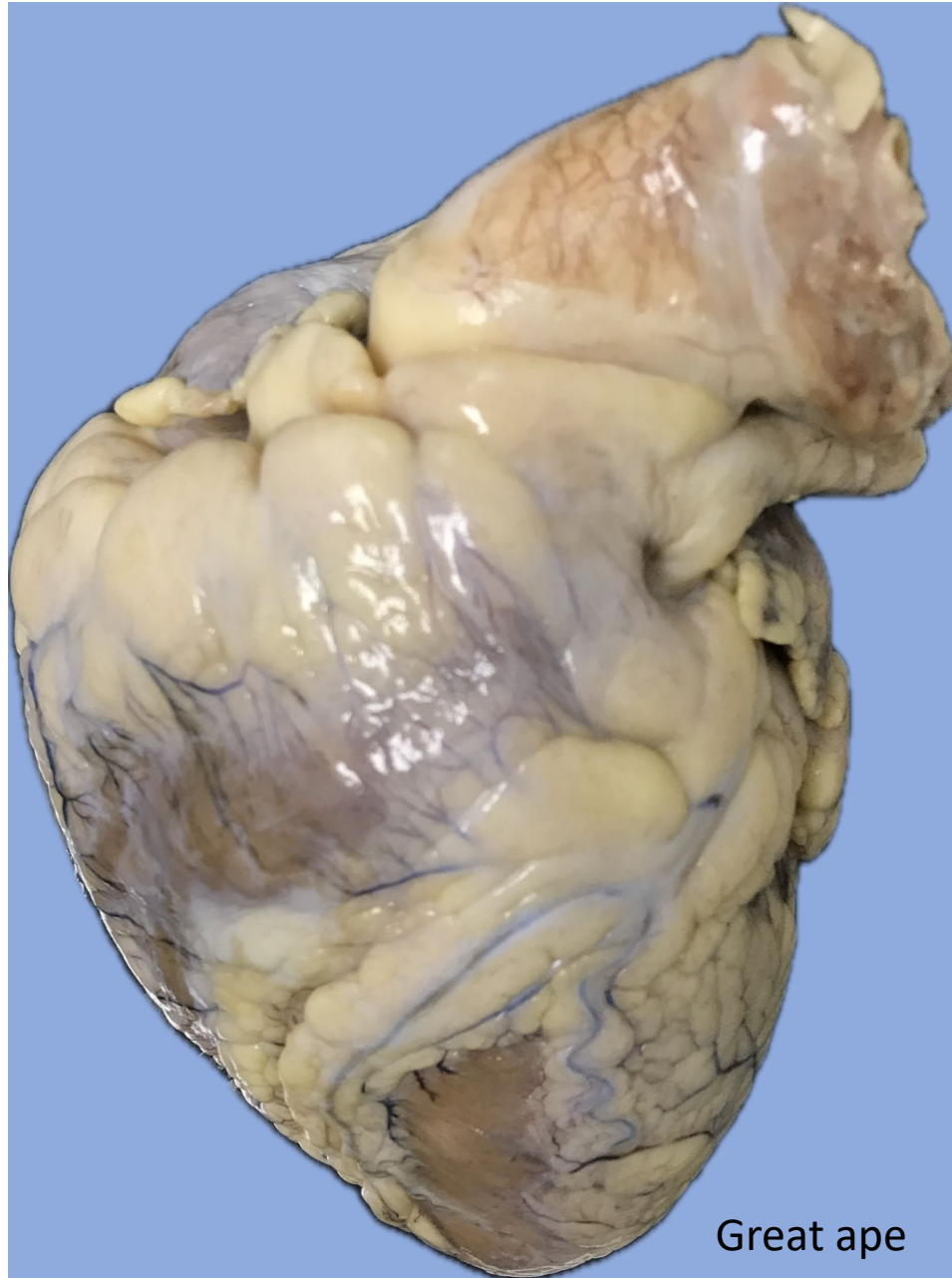
THE GREAT APE
HEART PROJECT

Causes:

- Hypertension
- Age-related

High risk for:

- Aneurysm
- Rupture

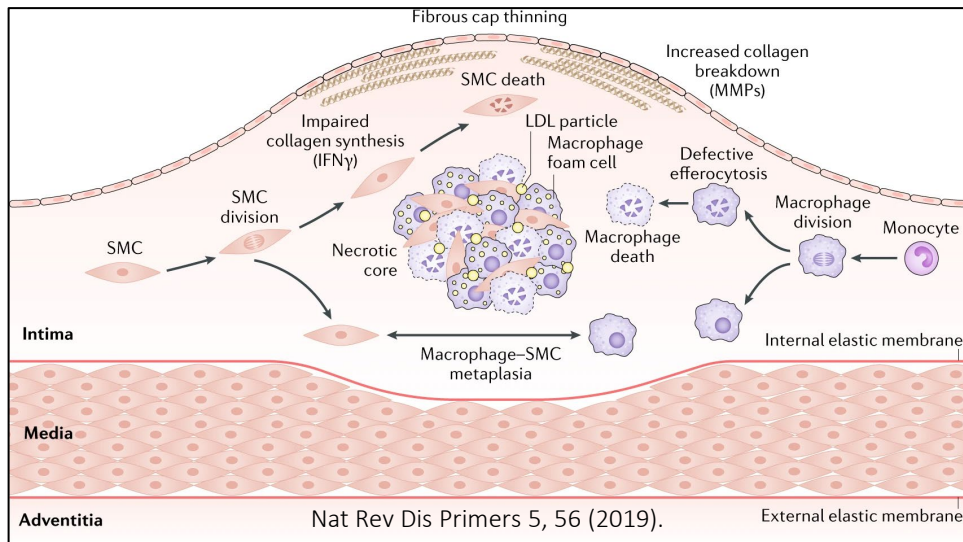


Great ape

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Atherosclerosis

Thickening and loss of elasticity of the walls of arteries that is associated with the formation of fibrofatty lesions within the arterial intima.

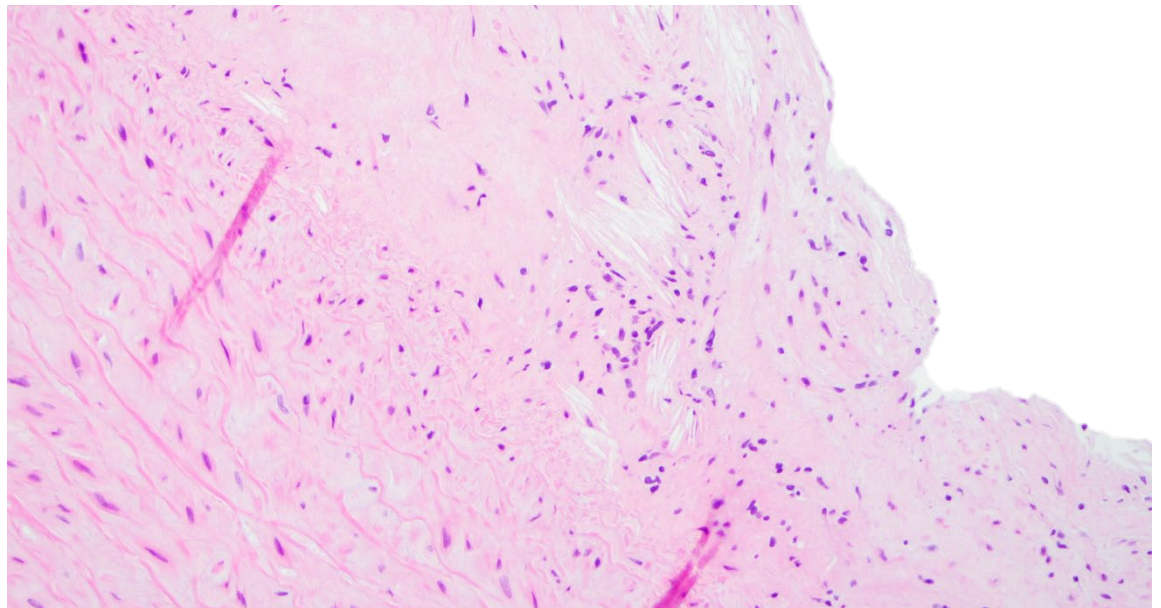
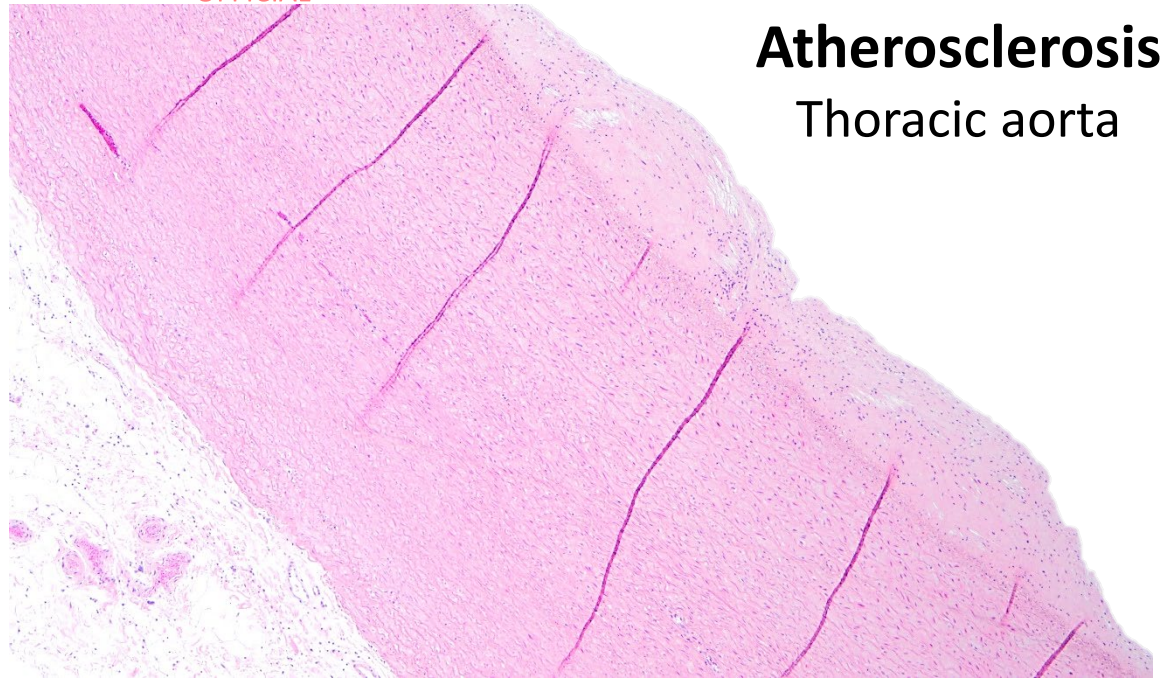




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Atherosclerosis

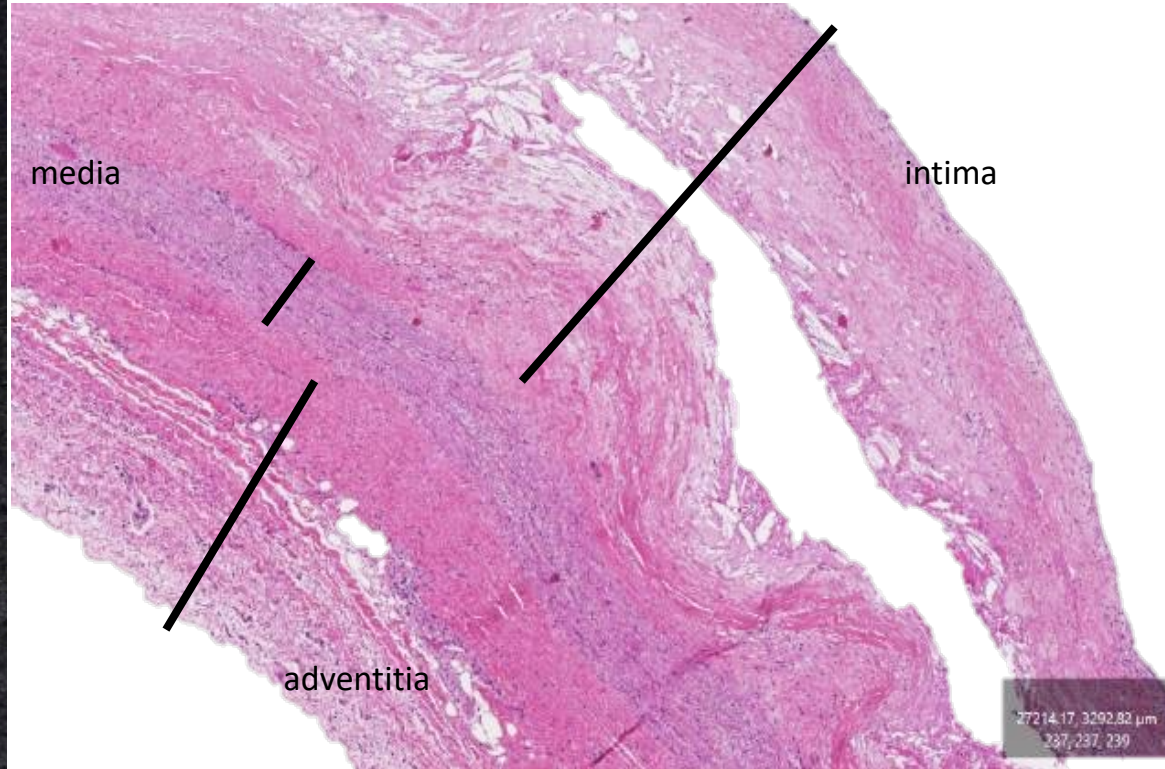
Thoracic aorta



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ATHEROSCLEROSIS

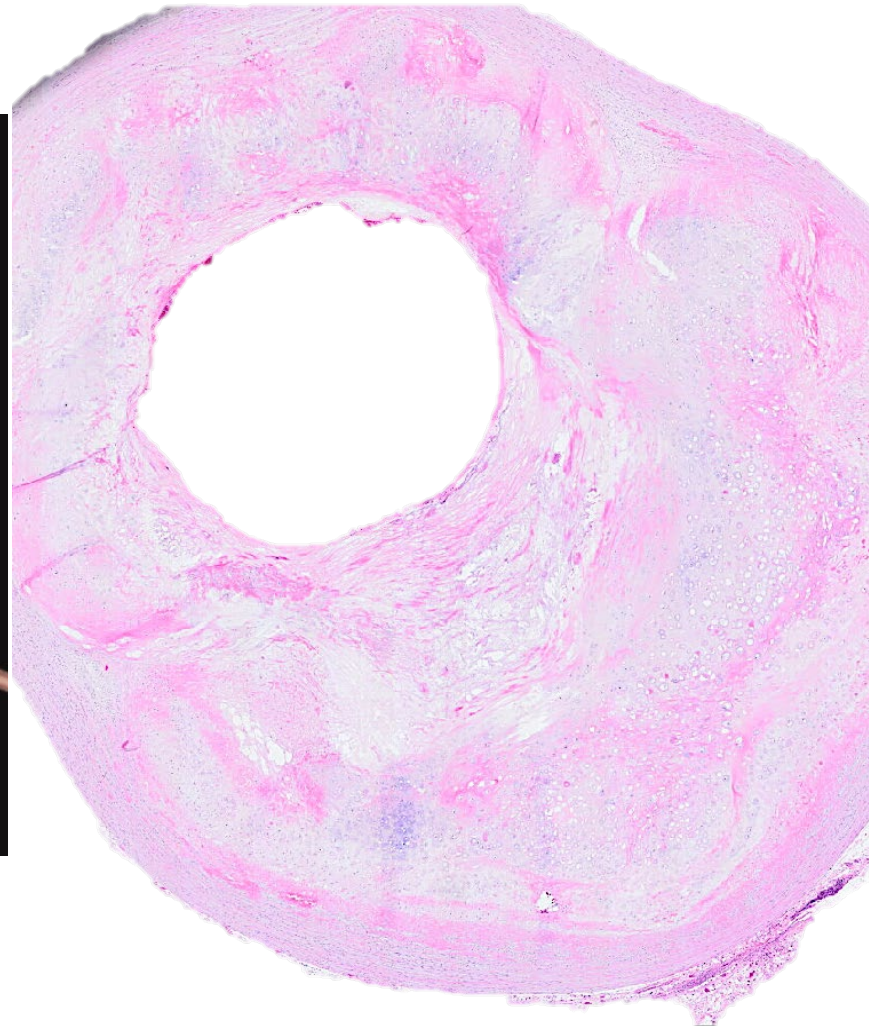
Abdominal aorta



Great ape

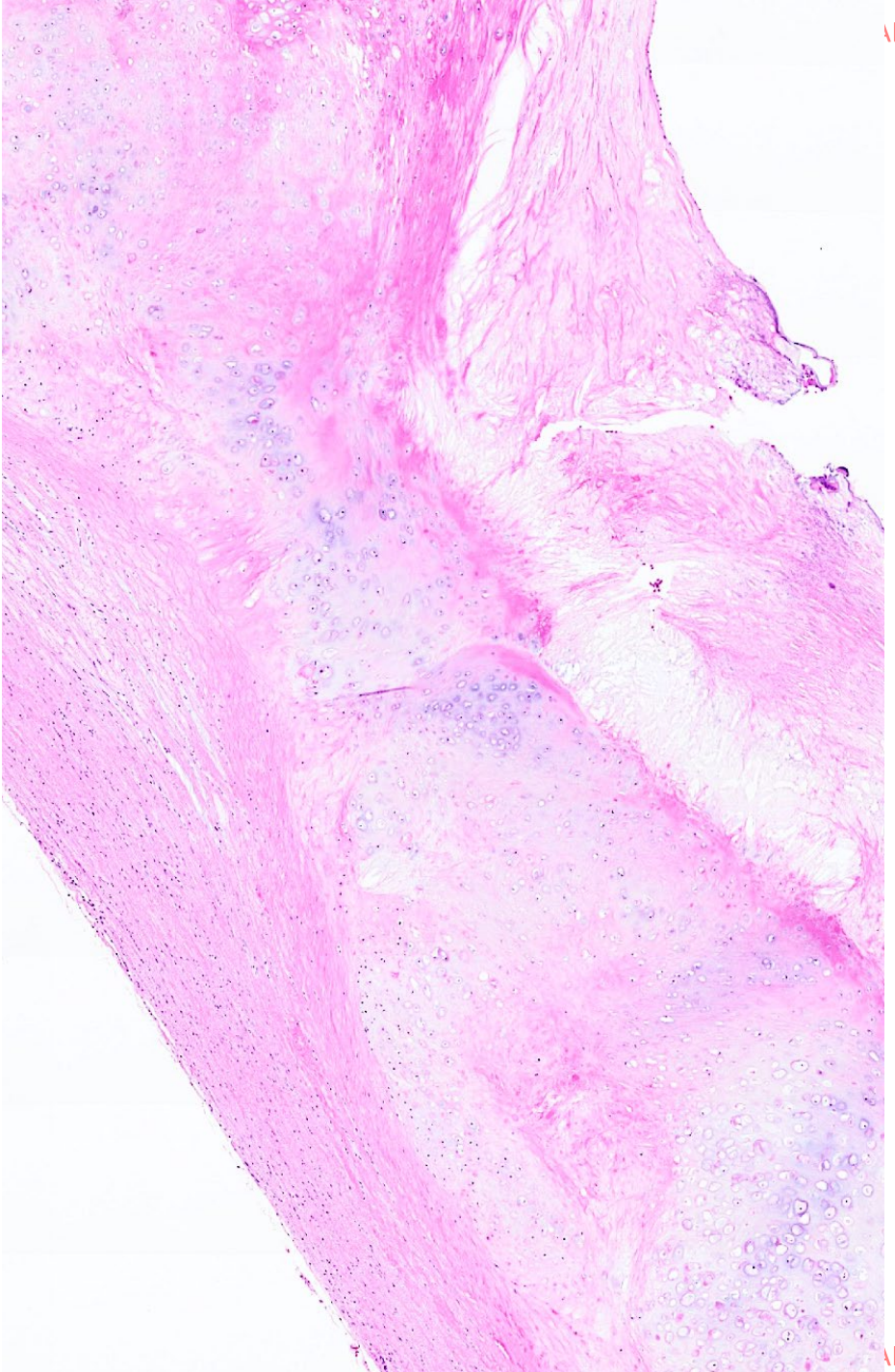
Atherosclerosis

Aorta



- Described in almost all orders of birds.
- Most lesions occurred in the major arteries, but also in the carotid and coronary arteries.
- Risk factors: elevated plasma cholesterol level, diet composition, social stress and inactivity





Atherosensitive species:
rabbits, guinea pigs, birds, and
pigs

Atheroresistant species: dogs,
cats, cattle, goats

Metabolism of HDL and LDL

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Acknowledgments

Thank you for all the photos!

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