

Introduction to atherosclerosis

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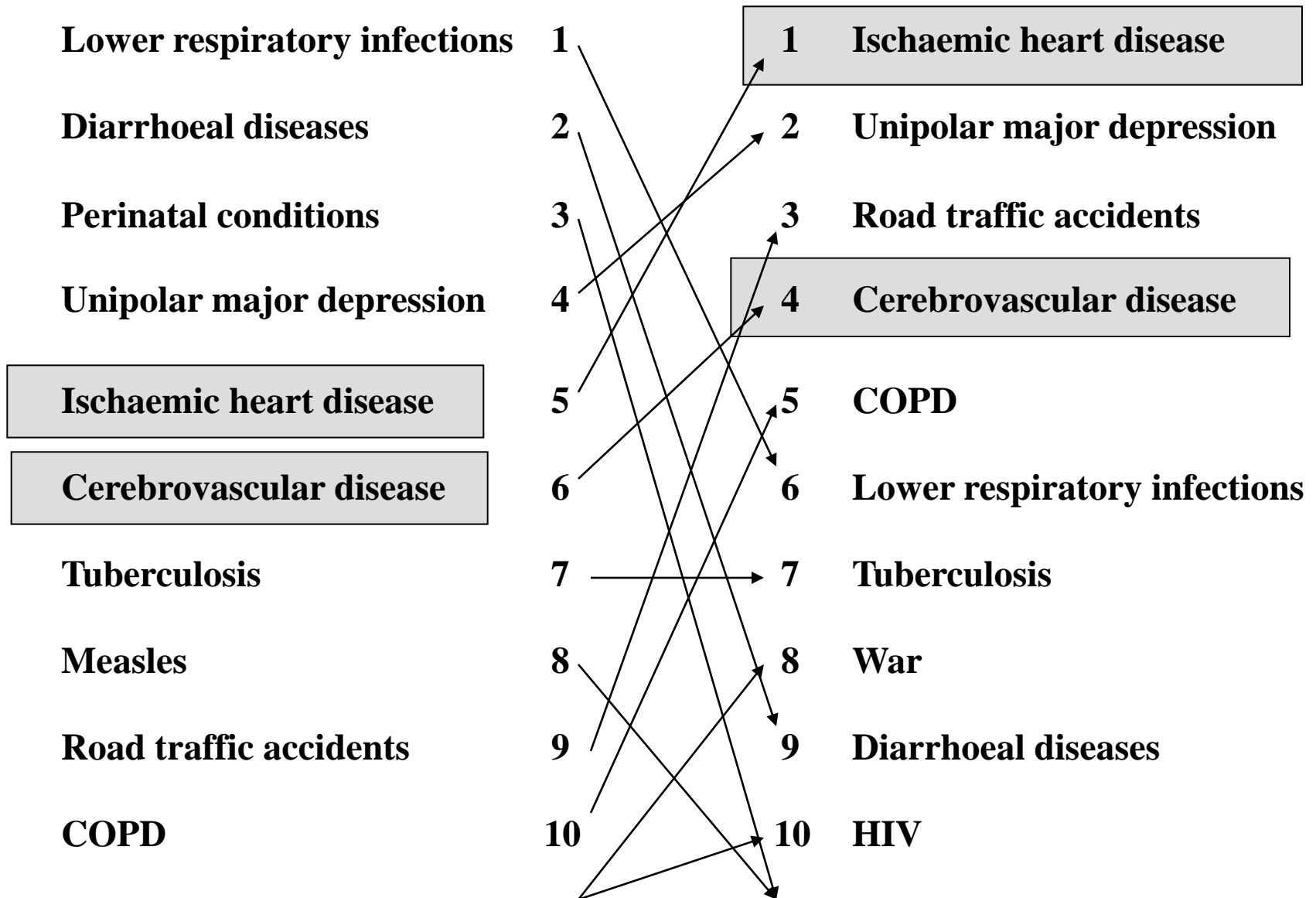
Atherosclerosis – plan of talk/learning objectives

- Importance of atherosclerosis to human health
- Cellular pathology of atherosclerosis
- Link between cholesterol and inflammation
- Importance of blood flow
- Investigating molecular mechanisms

World disease burden

1990

2020



Adapted from Lopez and Murray (1998) Nature Med 4: 1241

*The DEATHS preceding were caused by Diseases and Casualties
as follows, viz.*

Abscesses	-	-	1	Hernia, or Rupture	-	3
Aneurism	-	-	1	Jaundice	-	10
Apoplexy	-	-	13	Inflammation of the bowels	-	1
Burns or Scalds	-	-	6	----- of the stomach	-	1
Cancer	-	-	5	Killed by lightning	-	1
Casualties	-	-	15	Insanity	-	1
Childbed	-	-	14	Intemperance	-	2
Cholera Morbus	-	-	6	Locked jaw	-	2
Colic	-	-	2	Mortification	-	11
Consumption	-	-	221	Old Age	-	26
Convulsions	-	-	36	Palsy	-	12
Cramp in the stomach	-	-	2	Pleurisy	-	8
Croup	-	-	1	Quinsy	-	15
Debility	-	-	28	Rheumatism	-	1
Decay	-	-	20	Rupture of blood vessels	-	1
Diarrhœa	-	-	15	Small-Pox, (at Rainsford's Island)	-	2
Drinking cold water	-	-	2	Sore throat	-	1
Dropsy	-	-	21	Spasms	-	2
----- in the head	-	-	23	Stillborn	-	49
Drowned	-	-	13	Suicide	-	1
Dysentery	-	-	14	Sudden death	-	25
Dispepsia or Indigestion	-	-	15	Syphilis	-	12
Fever, bilious	-	-	7	Teething	-	15
----- pulmonic	-	-	46	Worms	-	11
----- inflammatory	-	-	24	Whooping Cough	-	14
----- putrid	-	-	6	White swelling	-	2
----- typhus	-	-	33	Diseases not mentioned	-	48
Flux infantile	-	-	57			
Gout	-	-	3			
Hoemorrhage	-	-	4			
				Total,		942

Causes of Death in 1811. Abstract of the Bill of Mortality for the Town of Boston.



atherosclerosis

Sign in

Search

About 1,740,000 results (0.22 seconds)

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By subject

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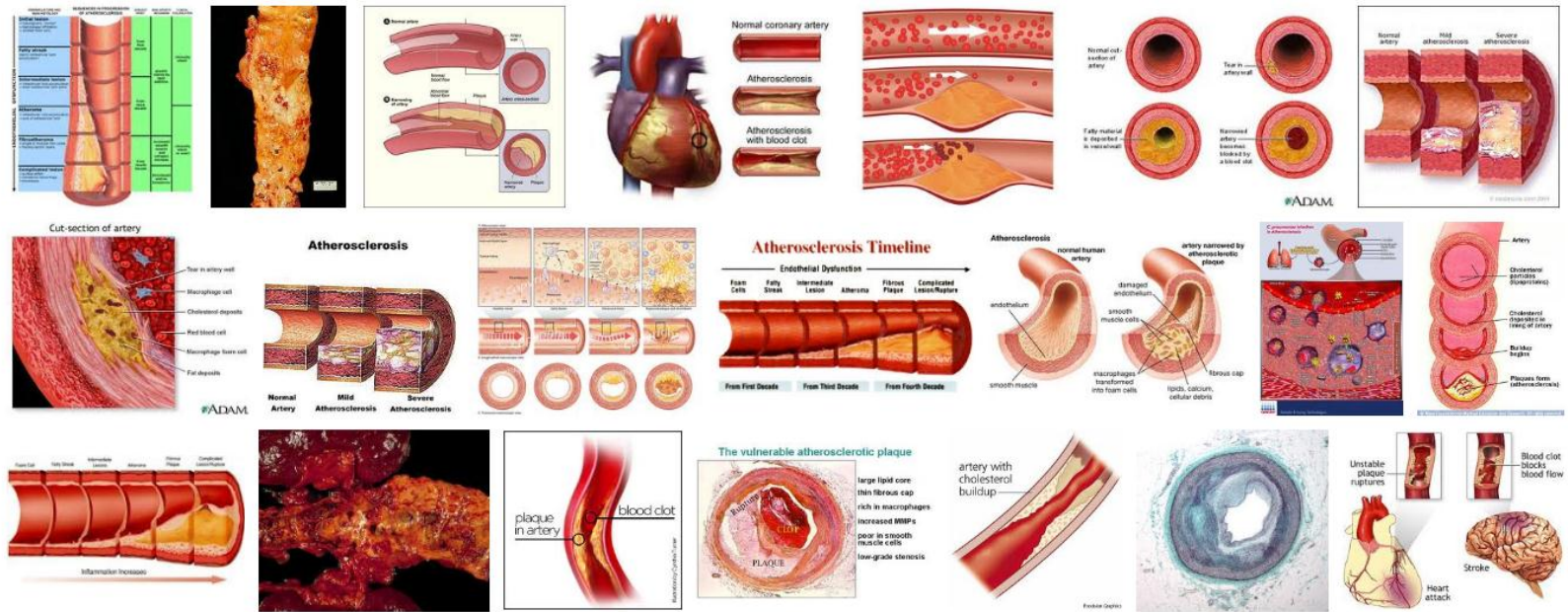
Large

Medium

Icon

Larger than...

Exactly...



Risk Factors

Modifiable

dyslipidaemia
smoking
hypertension
diabetes mellitus
visceral obesity
lack of exercise
raised homocysteine

Not modifiable

Age
Sex
Genetics



PATHOLOGY





fatty streaks



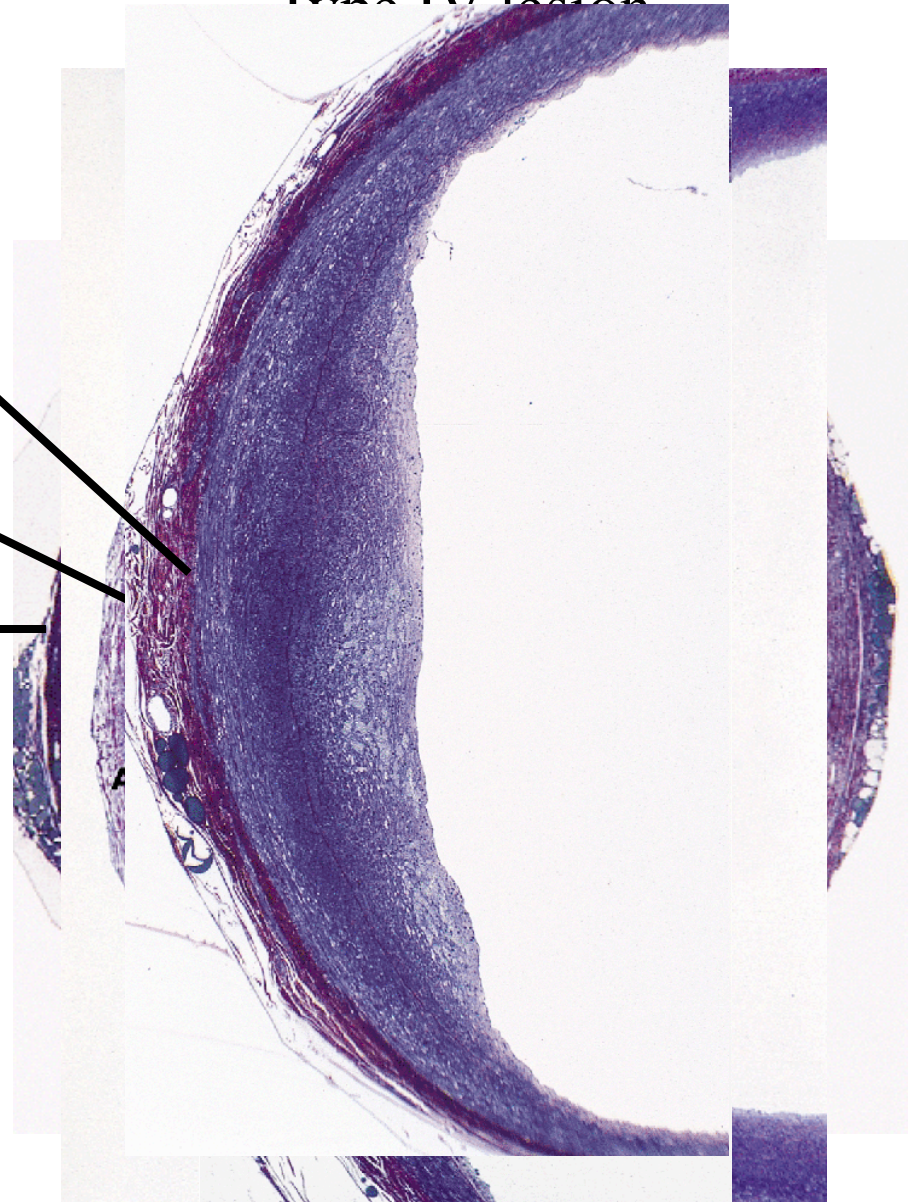
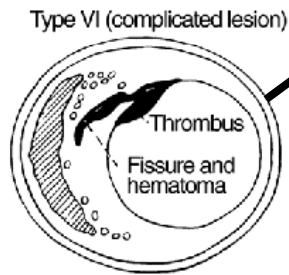
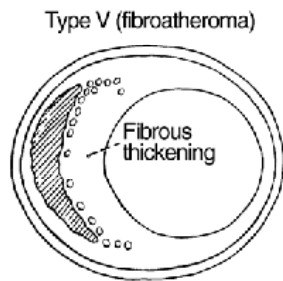
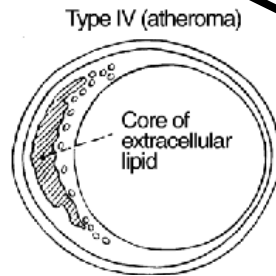
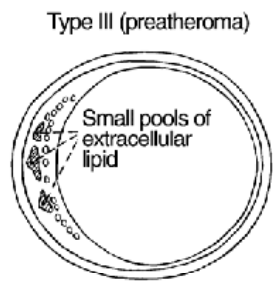
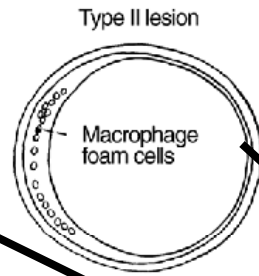
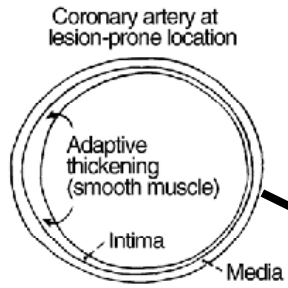
intermediate lesion



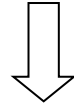
ulcerated plaque

Type II lesion

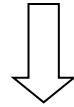
Type IV lesion



Debris (eg modified lipoproteins, apoptotic cells)

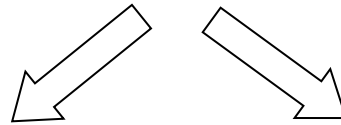


Reversible fatty lesions

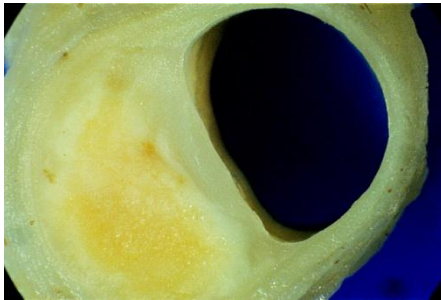


Irreversible remodelling

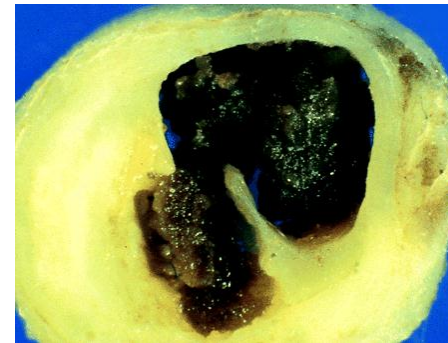
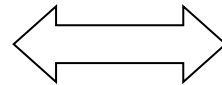
wound healing
Stable plaques



inflammation/thrombosis
Unstable plaques



Ischaemia



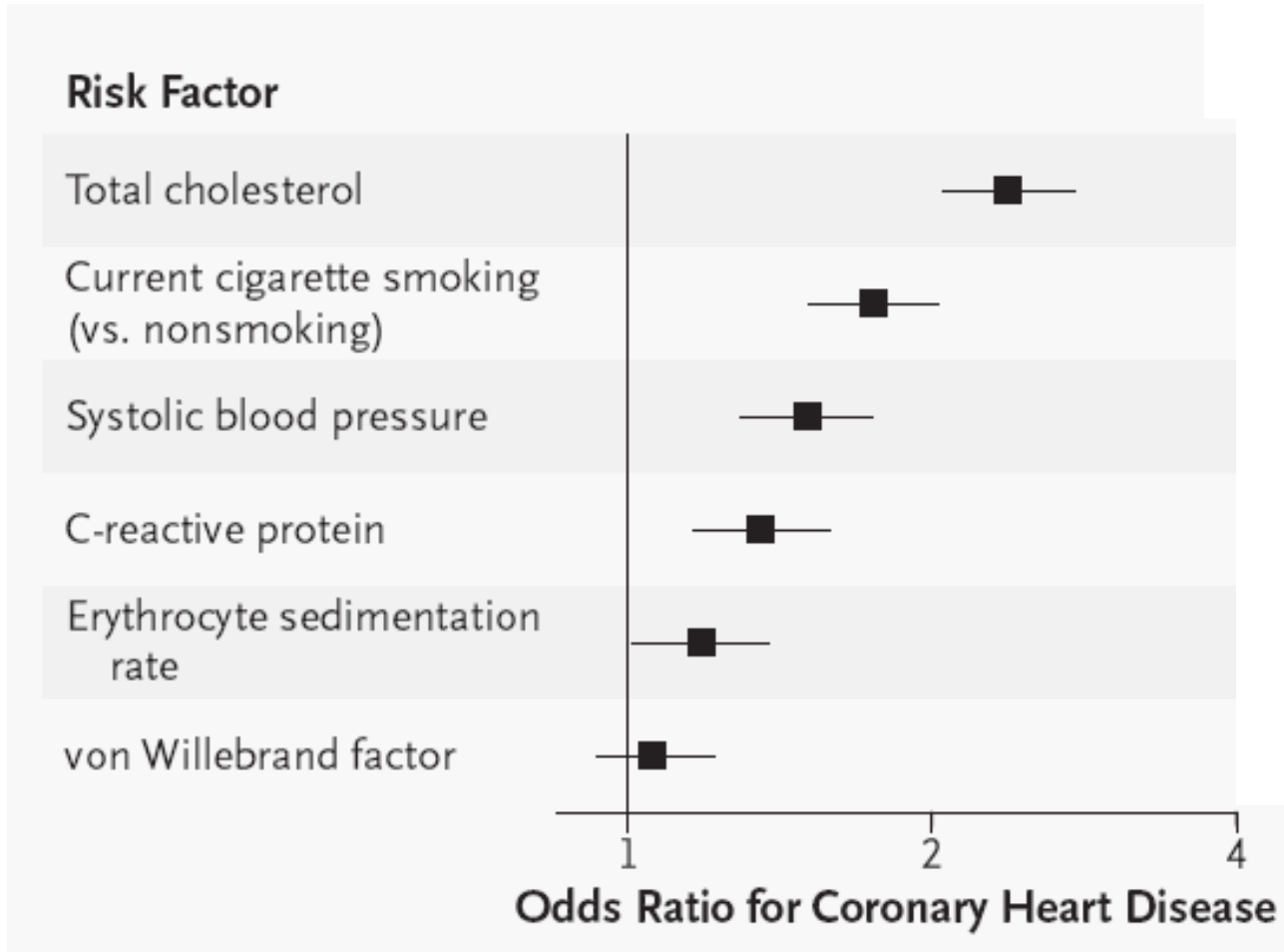
Thrombosis and infarction

Angina
Intermittant claudication

Acute coronary syndromes
Stroke
Peripheral gangrene

CHOLESTEROL AND INFLAMMATION

Relative importance of risk factors

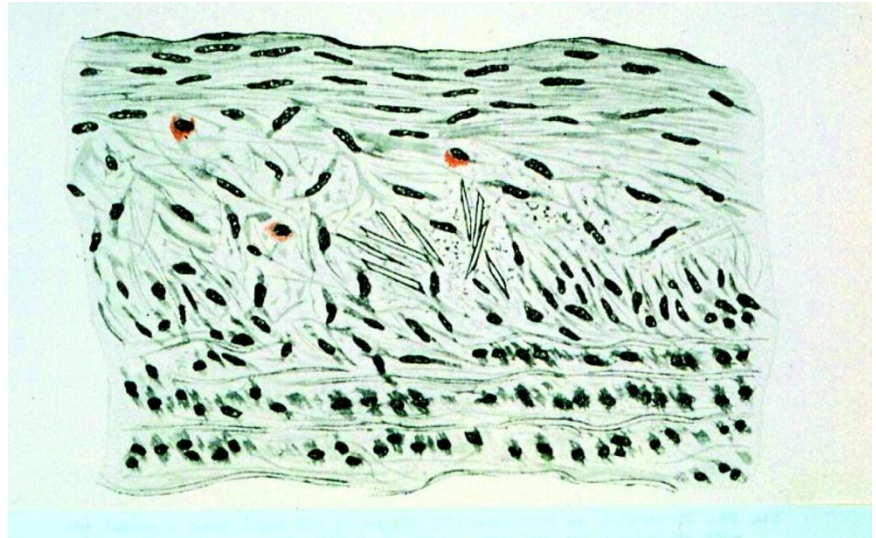


Danesh et al 2004 N Engl J Med 350:1387

History – the cholesterol hypothesis

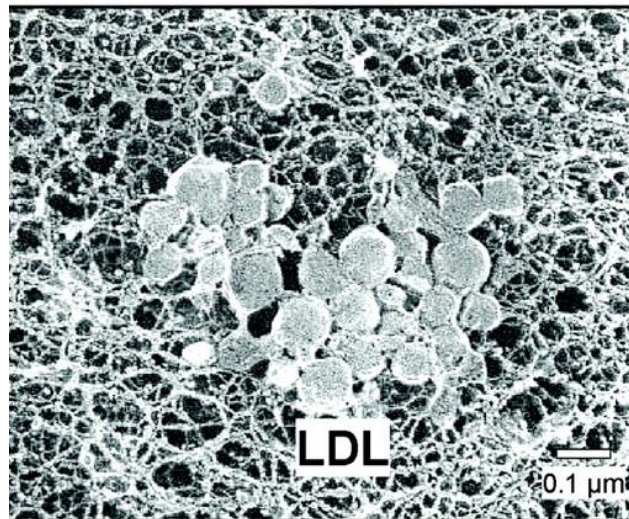
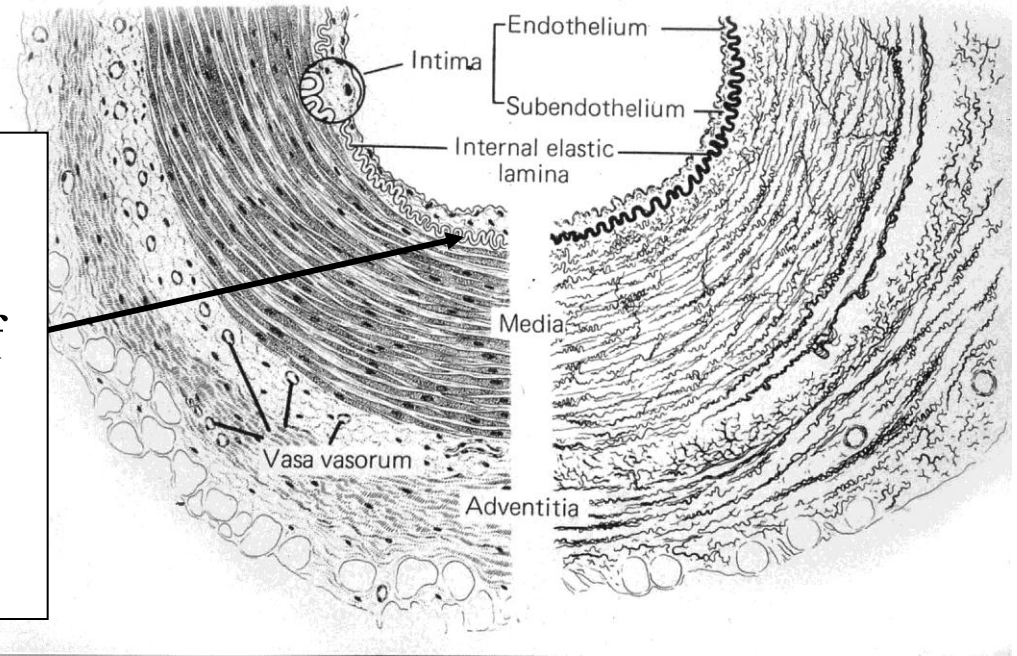


N. N. Anitschkow
Military Medical Academy of St Petersburg
(circa 1904)

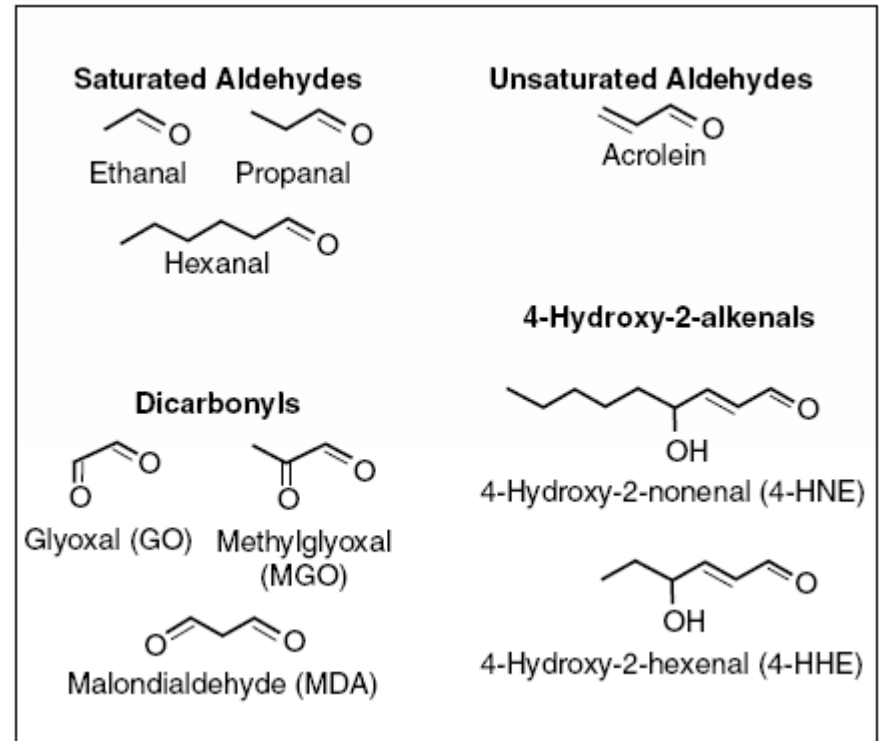
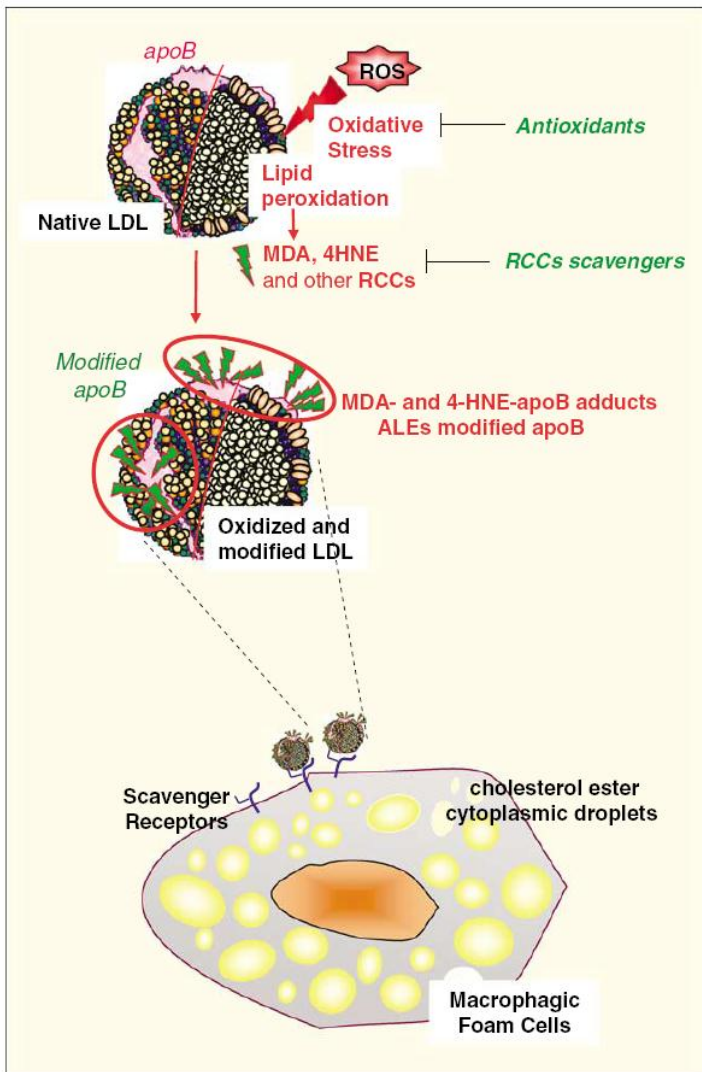


Plaque from a rabbit fed
cholesterol for 106 days and
then chow for >2 years

Low density lipoproteins (LDL) deposit in the subintimal space at sites of low/complex flow, and bind to matrix proteoglycans

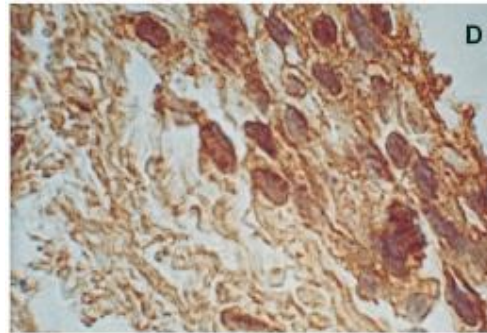


From: Tabas, I. et al. *Circulation* 2007;116:1832-1844



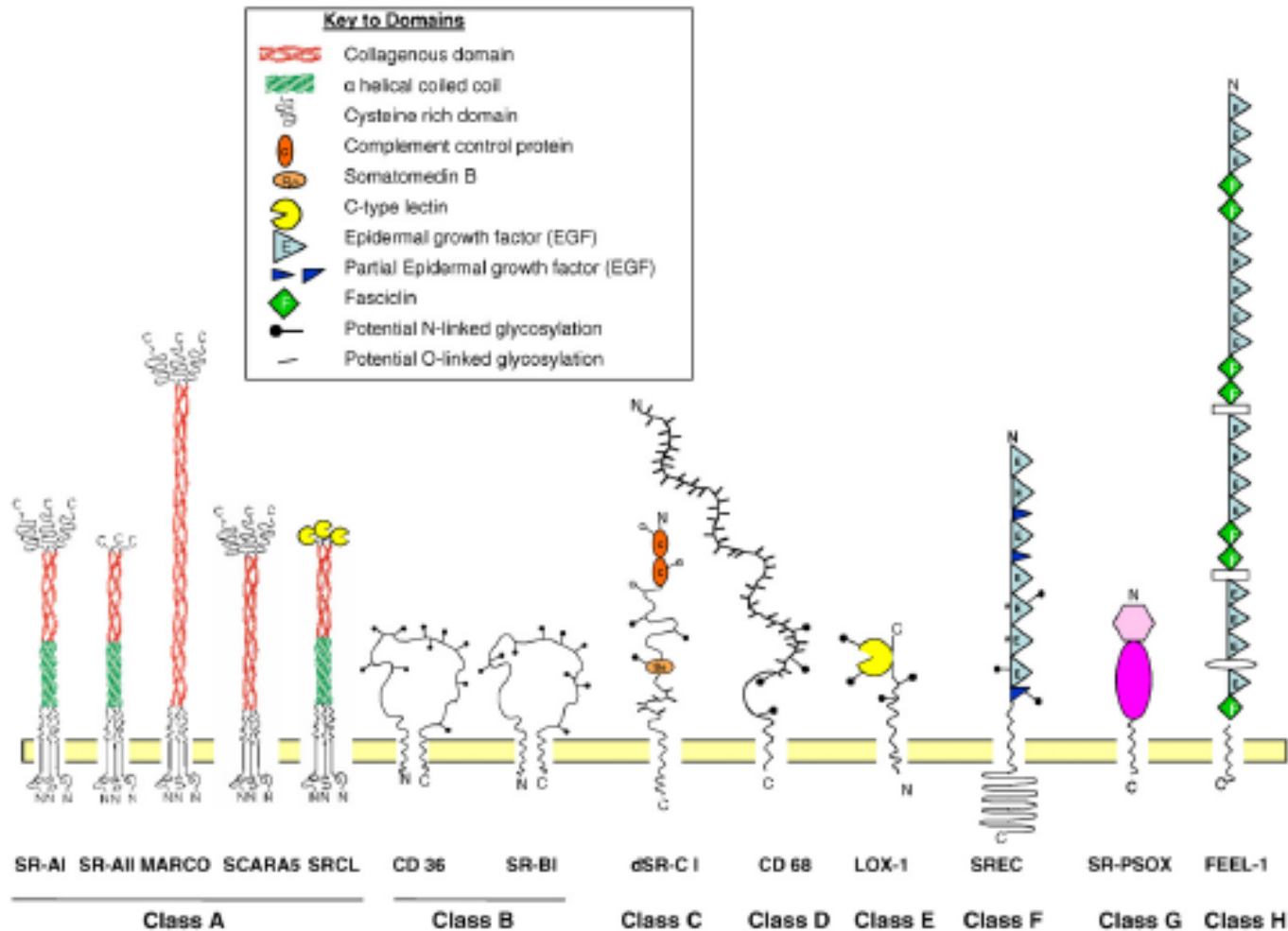
LDL modification in the arterial wall happens before macrophage infiltration

MDA-lysine
(oxidised LDL)



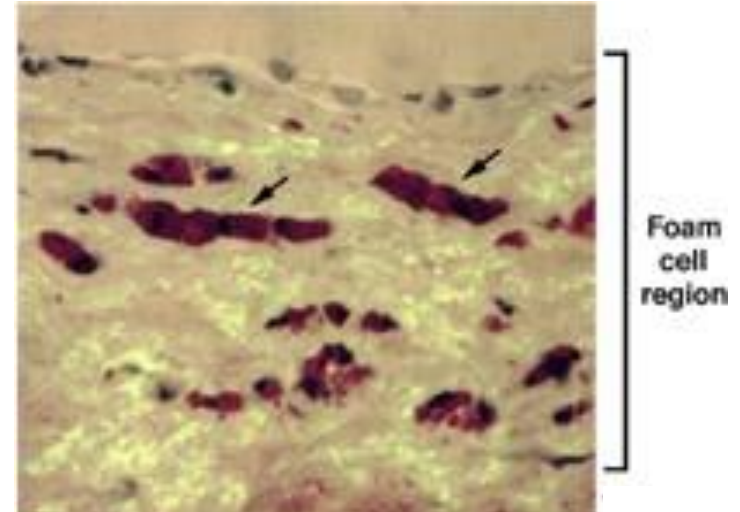
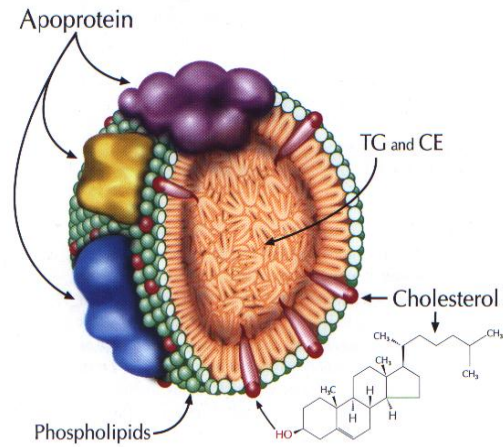
monocyte/mø

Macrophage scavenger receptors

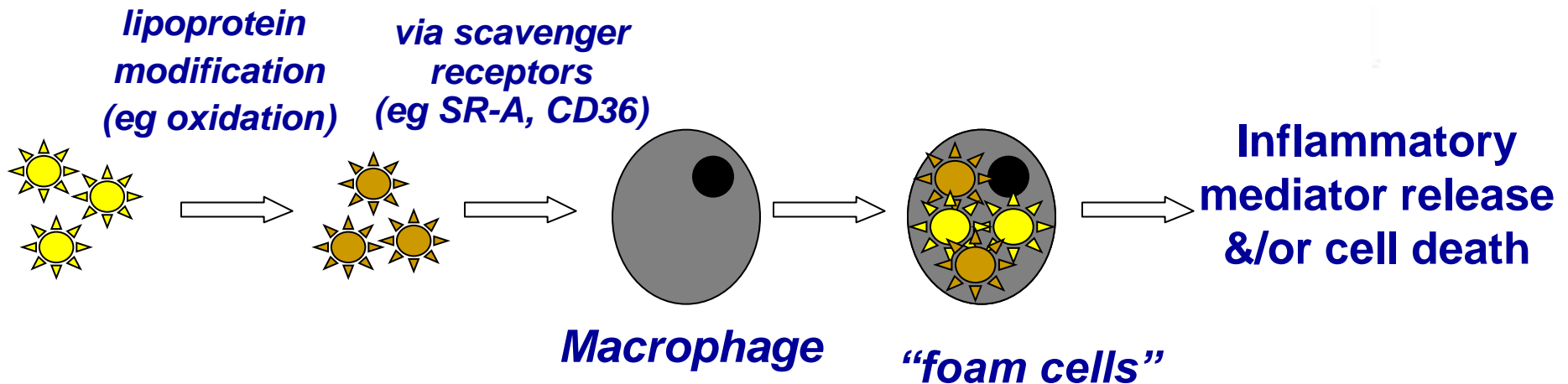


from Pluddemann et al (2007) Methods 43:207

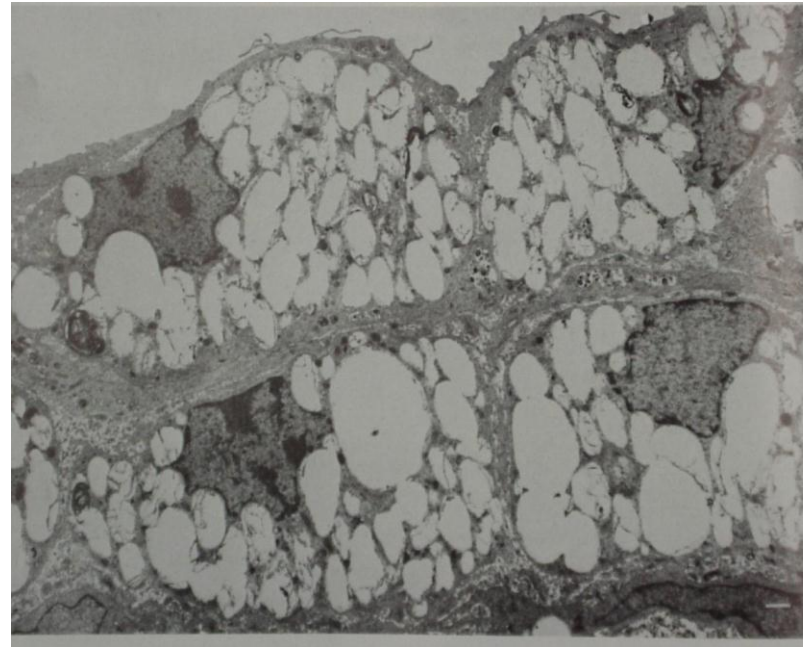
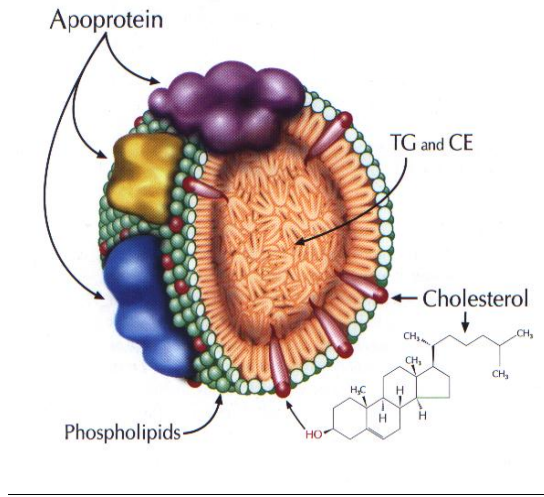
Foam cells



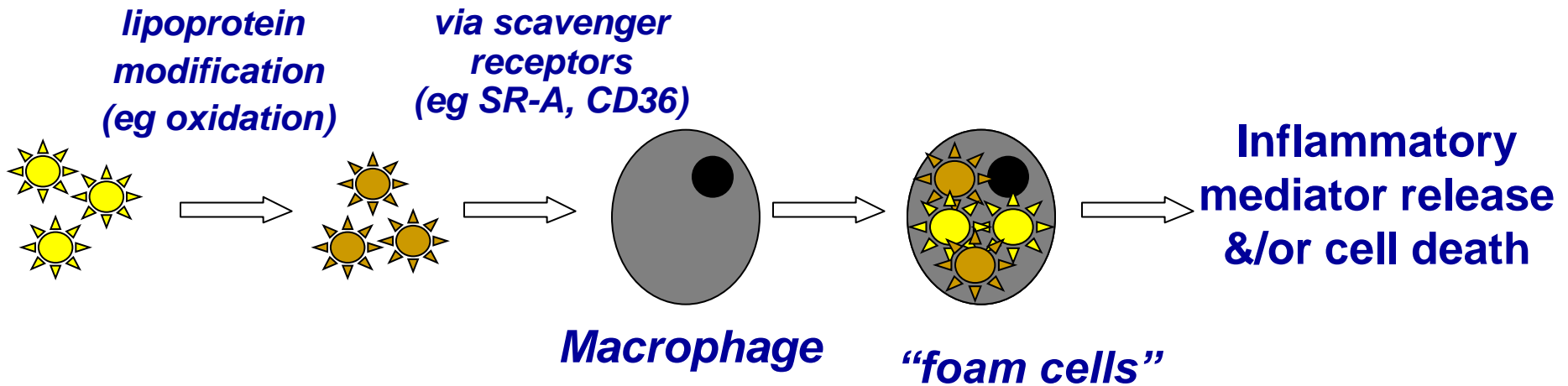
from Dr Howard K



Foam cells

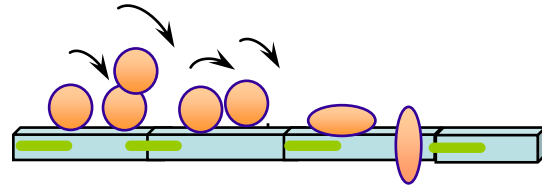


Faggiotto et al 1984 Arteriosclerosis 4:323



Homeostatic debris disposal

monocyte adhesion to endothelium



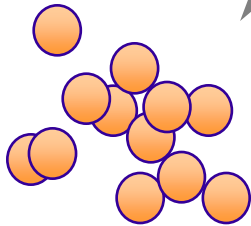
adhesion molecules

cytokines

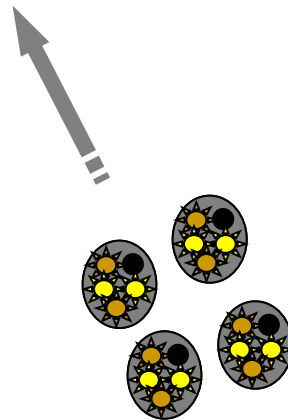
chemokines

oxidised phospholipids

monocyte
recruitment

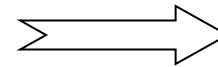


modified LDL



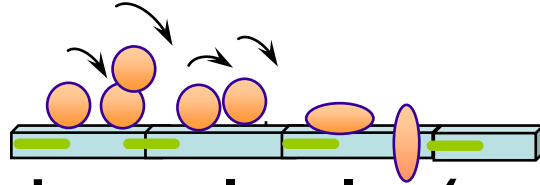
activated
macrophages
(foam cells)

DISPOSAL
(via blood or
lymph)



Inflammatory basis of atherosclerosis

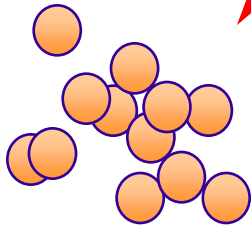
monocyte adhesion to endothelium



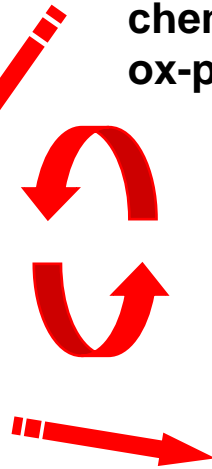
adhesion molecules (eg VCAM-1)

cytokines
chemokines
ox-phospholipids

monocyte
recruitment



modified LDL



activated
macrophages
(foam cells)

free radicals

proteases

VSMC growth
factors

angiogenic
factors

apoptosis

Macrophage uptake of LDL

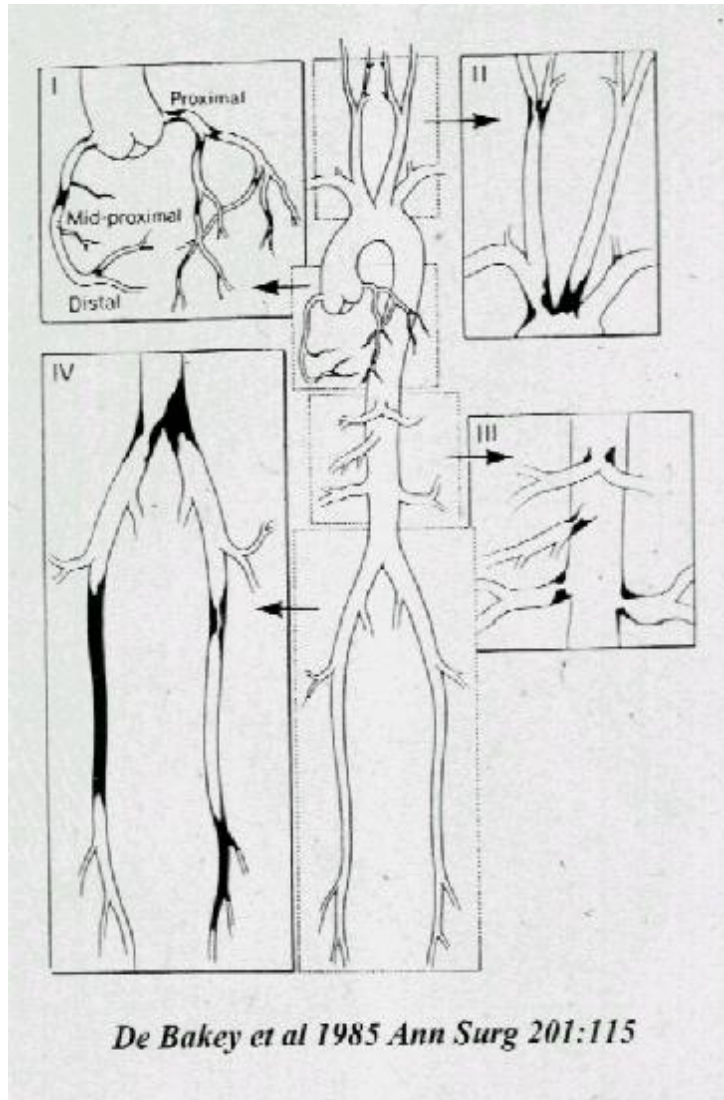
- Physiological uptake of LDL via LDL controlled by receptor down-regulation
- Uptake of oxidised LDL by scavenger receptors is not regulated and results in “foam cell” formation.
- Cholesterol-laden macrophages die by apoptosis or necrosis and release proinflammatory cytokines and growth factors.

Main cellular players

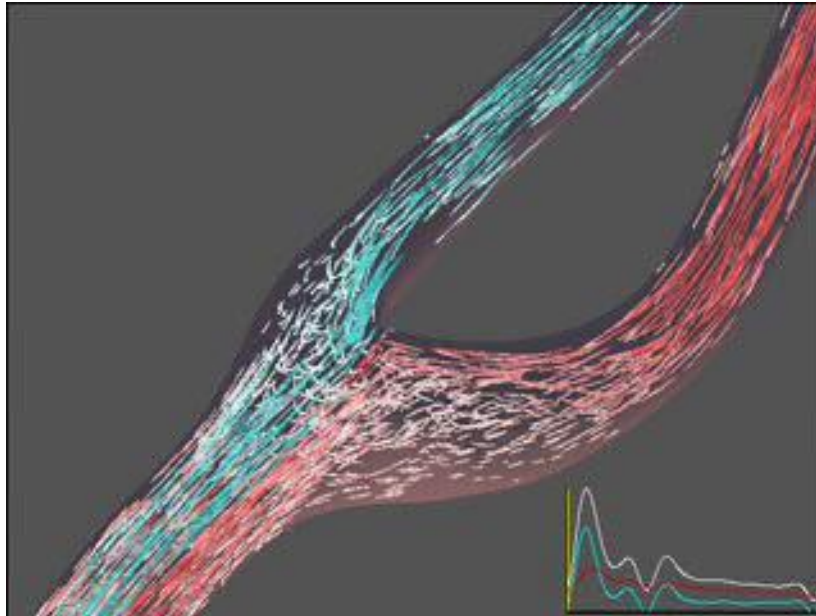
- **Vascular endothelial cells**
 - Barrier function (eg to lipoproteins)
 - Leukocyte recruitment
- **Platelets**
 - Thrombus generation
 - Cytokine and growth factor release
- **Monocyte-macrophages**
 - Foam cell formation
 - Cytokine and growth factor release
 - Major source of free radicals
 - Metalloproteinases
- **T lymphocytes**
 - Macrophage activation
- **Vascular smooth muscle cells**
 - Migration and proliferation
 - Collagen synthesis
 - Remodelling and fibrous cap formation

IMPORTANCE OF BLOOD FLOW

Flow-related susceptibility of branch points and curvatures

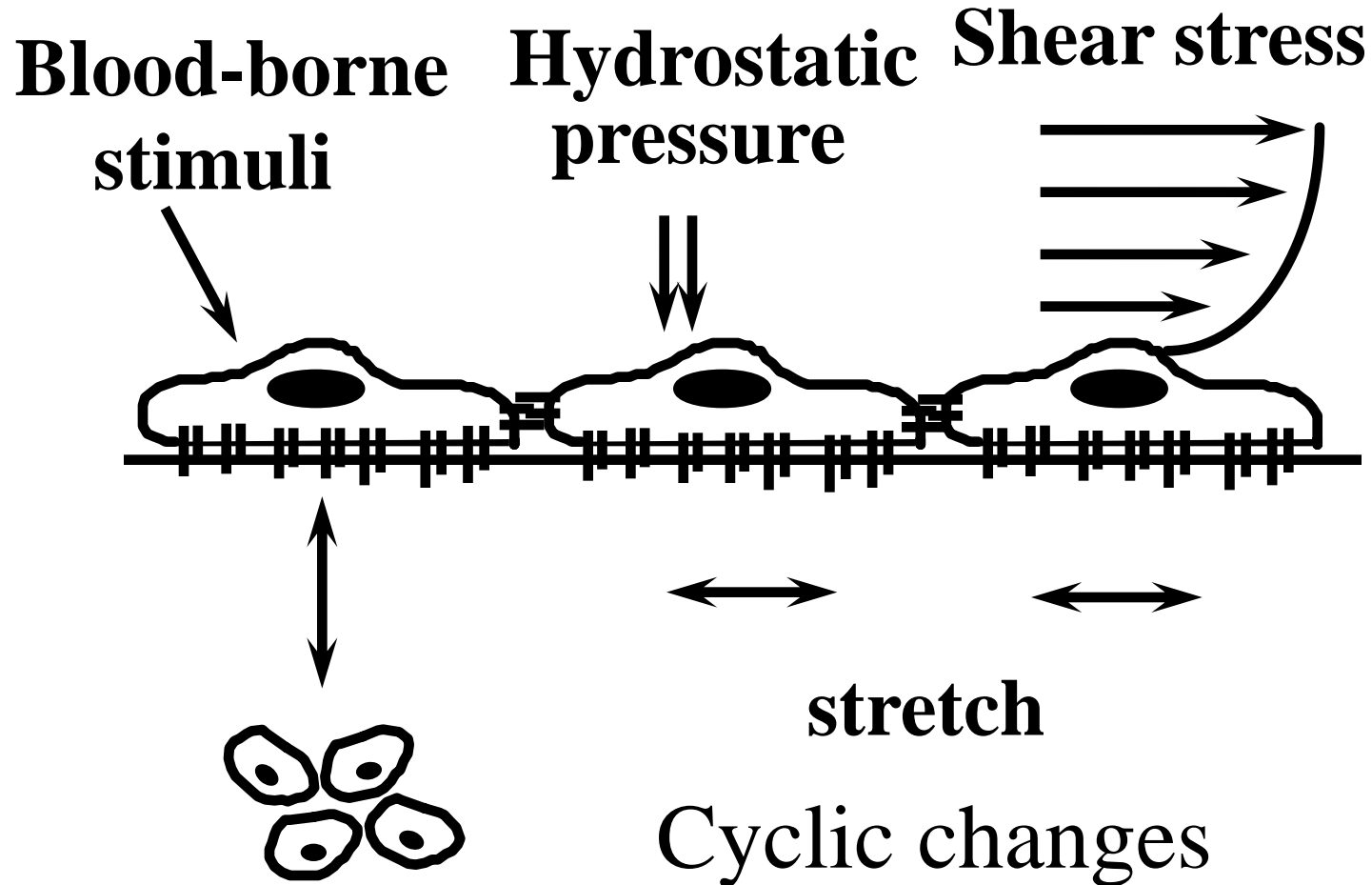


Risk factors are general but
atherosclerosis is focal

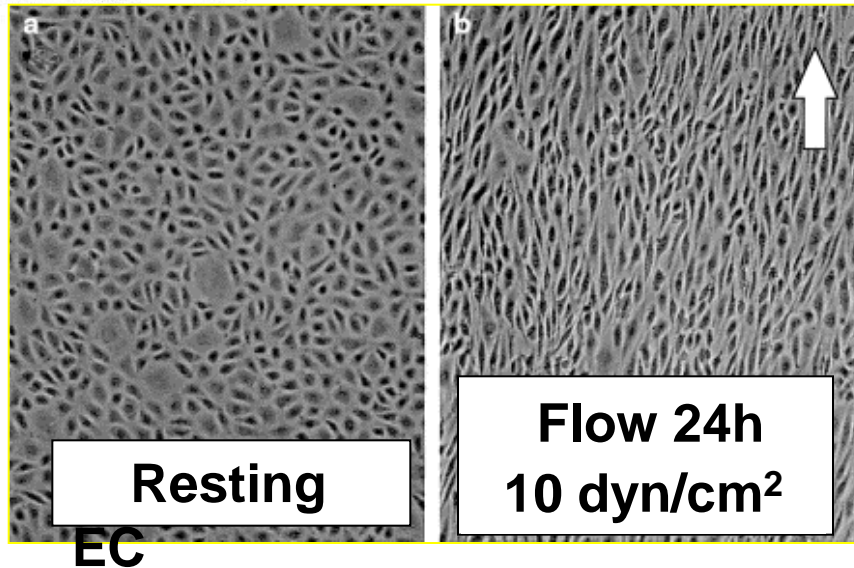
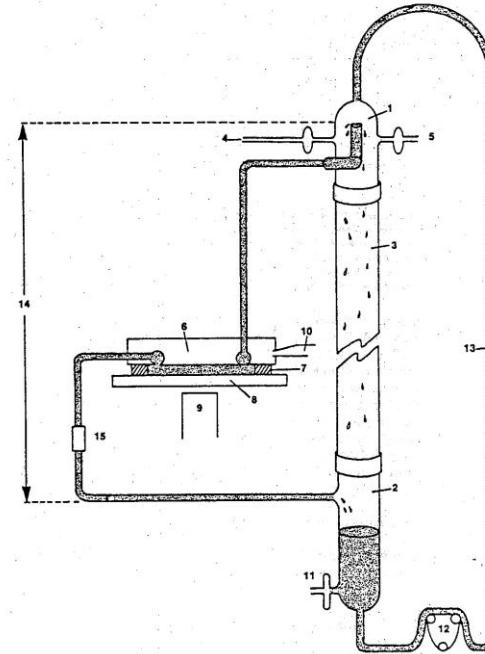
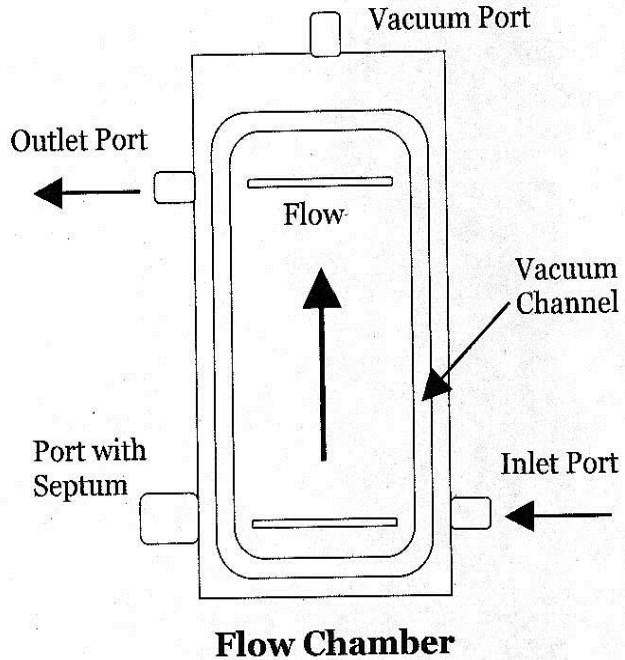


Courtesy of David Steinman
University of Western Ontario

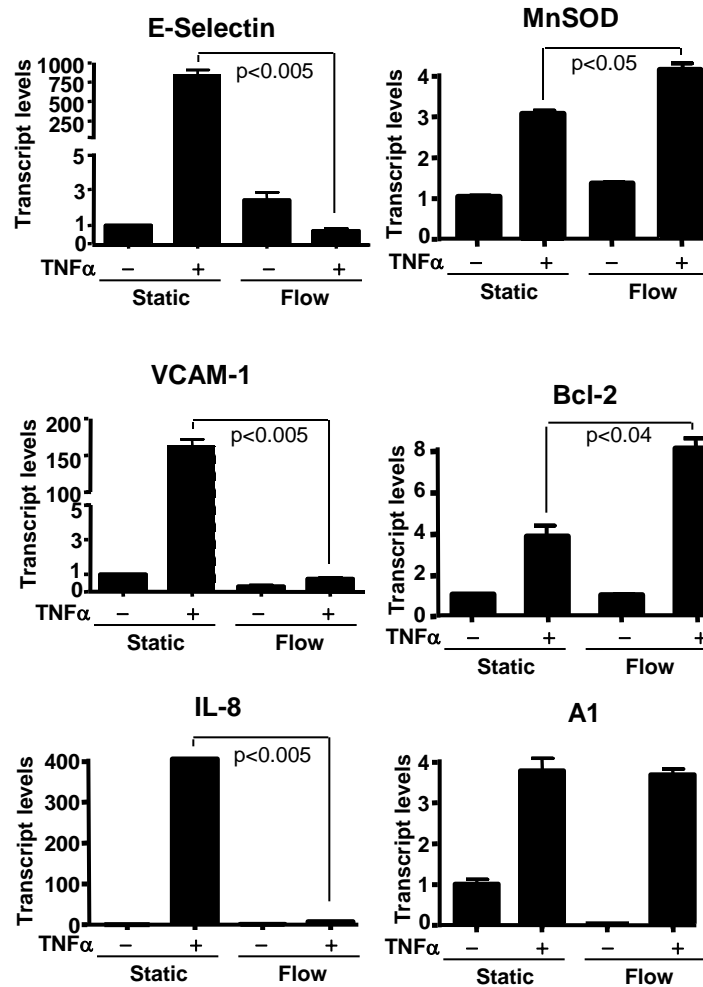
Effects of mechanical forces on endothelial function



Use of parallel plate flow chamber for studying endothelial cells under flow



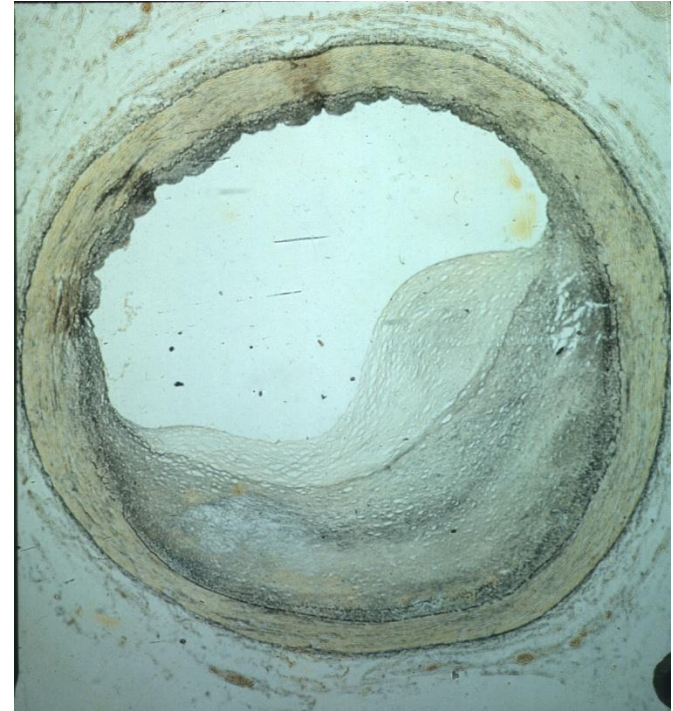
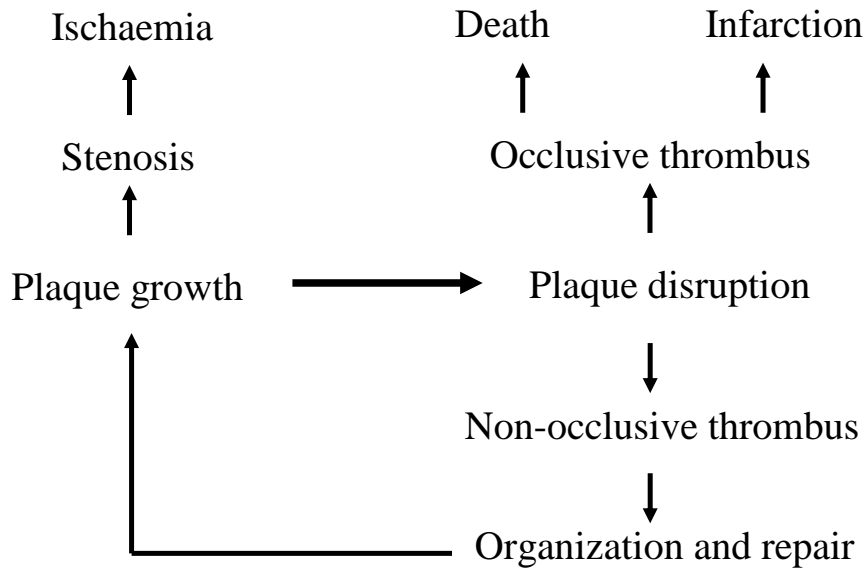
Laminar flow suppresses proinflammatory gene expression but sustains cytoprotective responses in response to $TNF\alpha$



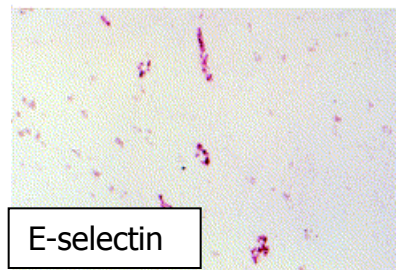
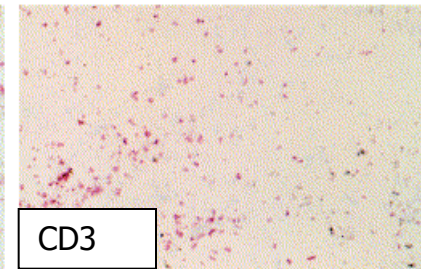
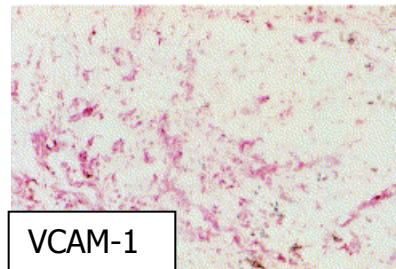
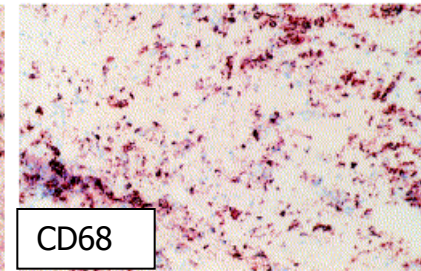
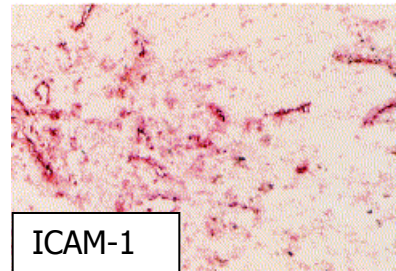
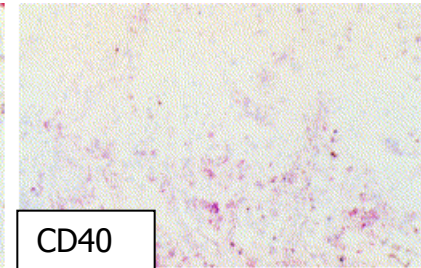
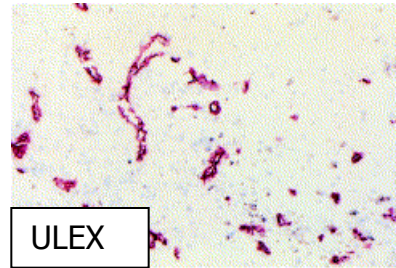
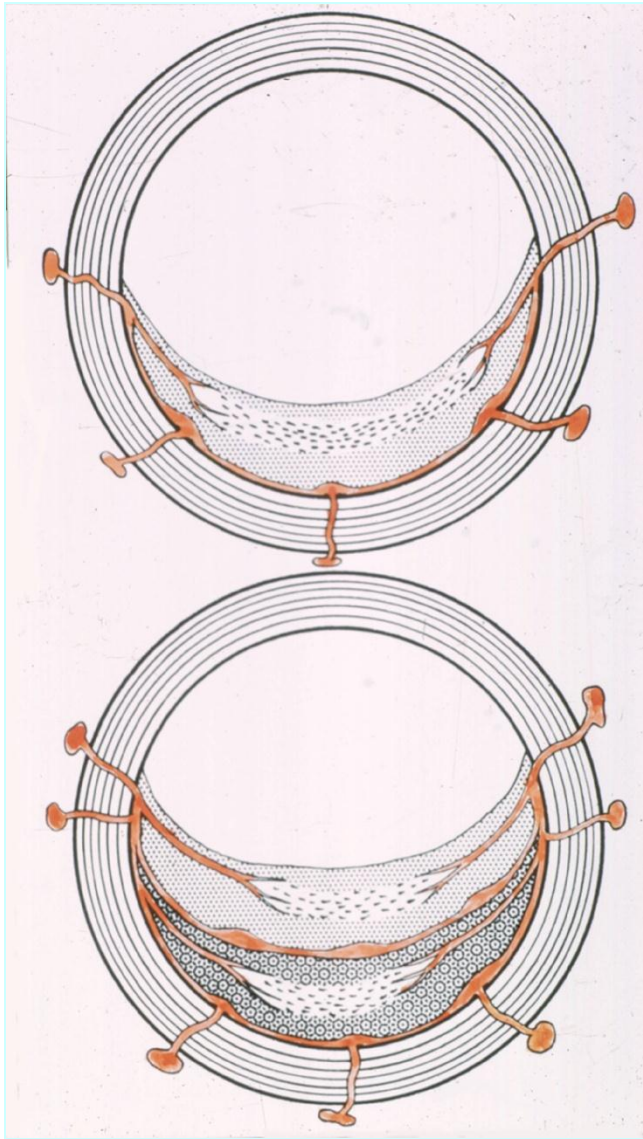
proinflammatory genes cytoprotective genes

PLAQUE DEVELOPMENT AND ANGIOGENESIS

Step-wise progression of atherosclerotic plaques

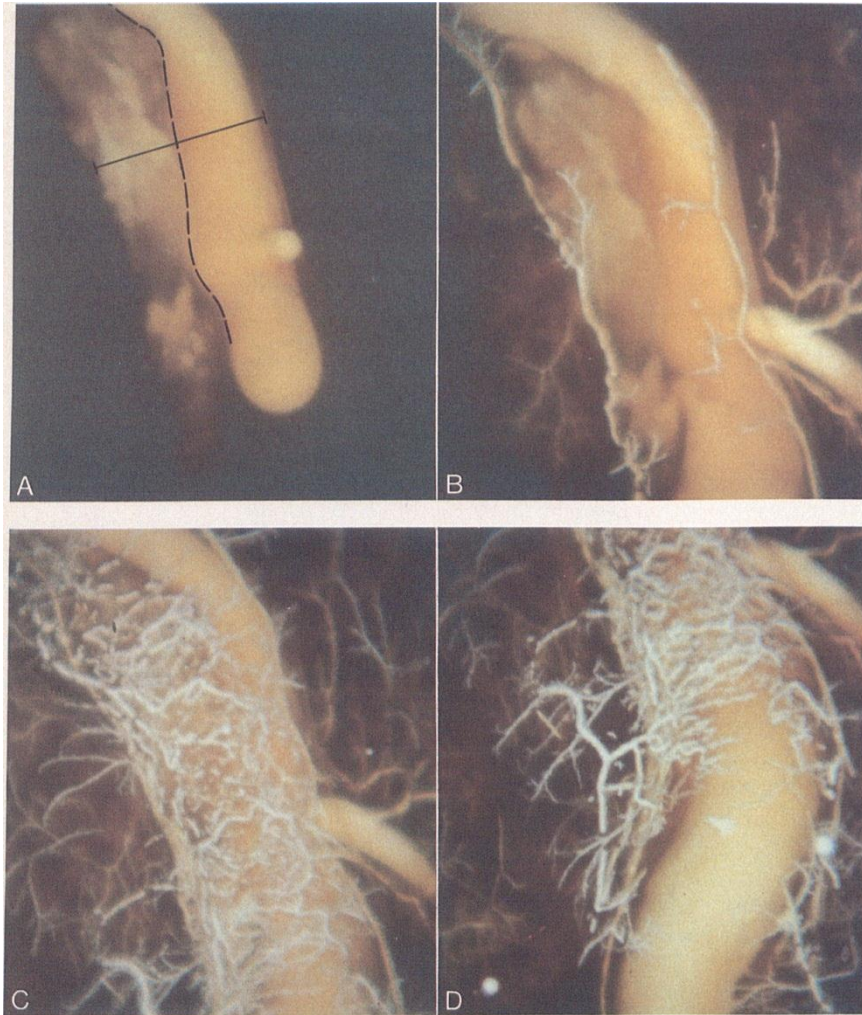


Vasa vasorum are the back-door for leukocyte recruitment



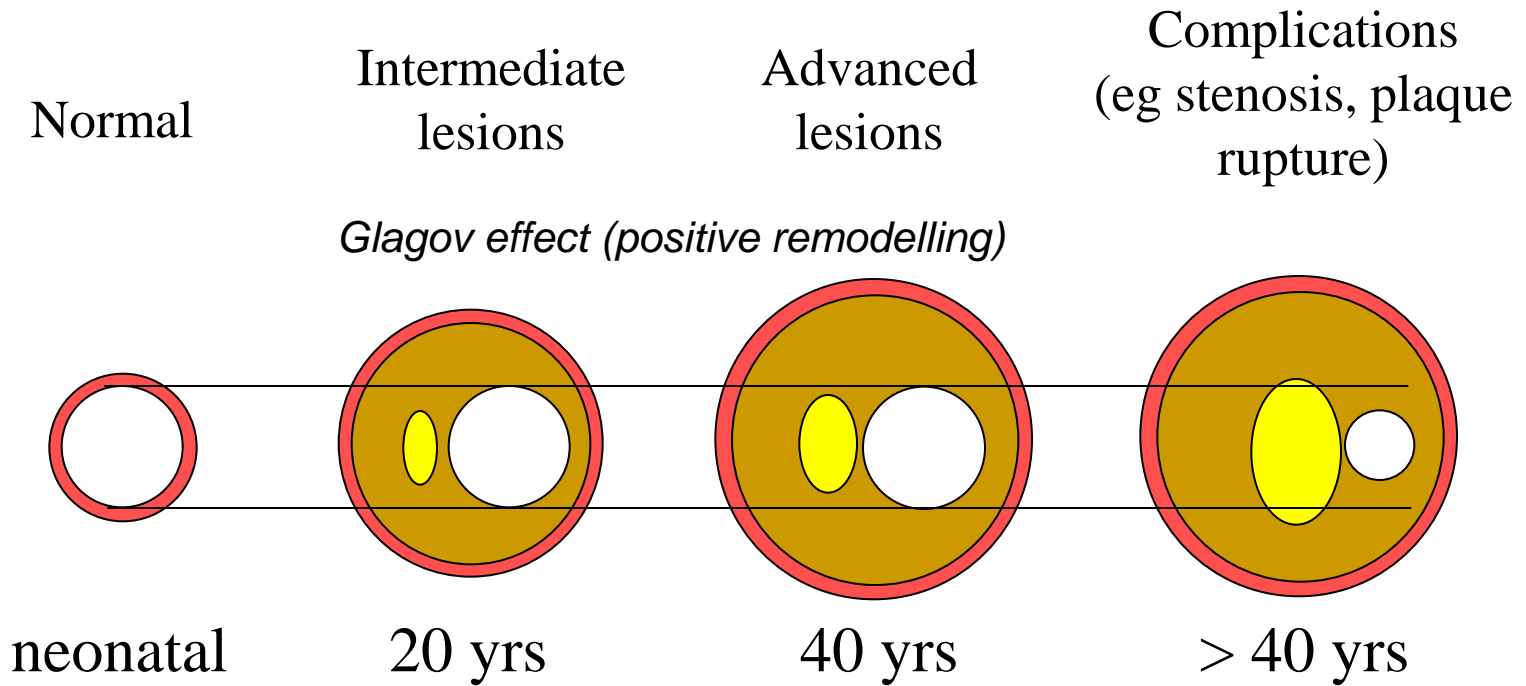
De Boer et al (1999) Cardiovasc Res 41:443.

Intra-plaque haemorrhage and lesion progression



- poorly formed vessels with inadequate pericyte and basement membrane support
- intraplaque haemorrhage linked to acute events – due to physical disruption
- extravasated erythrocytes provides a dual metabolic challenge –lipid from erythrocyte membranes and iron from heme

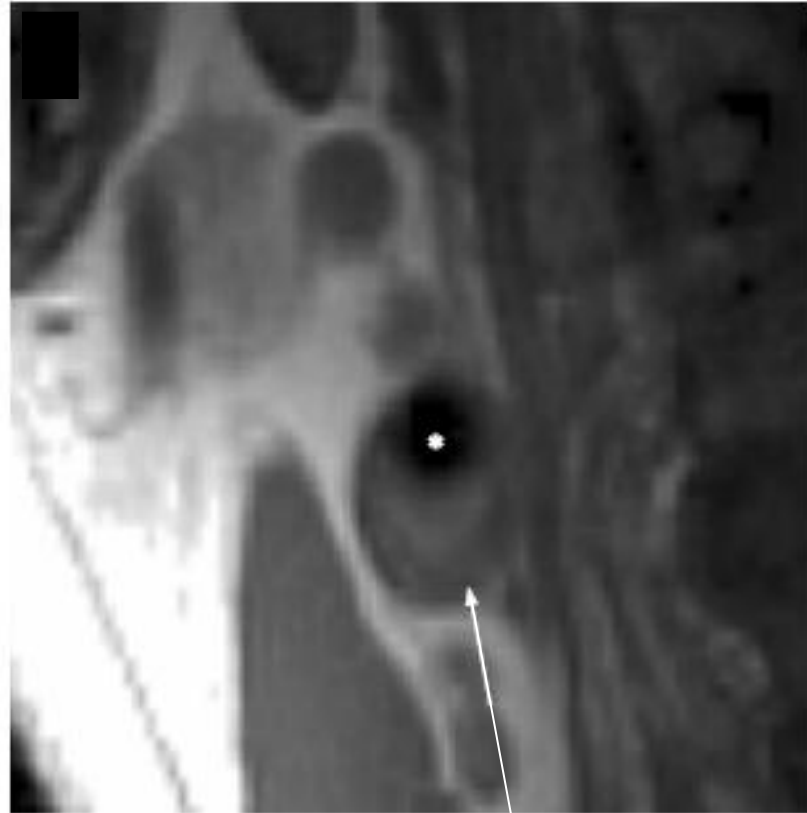
Natural history of atherosclerosis



Seymour Glagov et al (1987) New Engl J Med 316:1371



Minor (~30%) stenosis of
R internal carotid artery

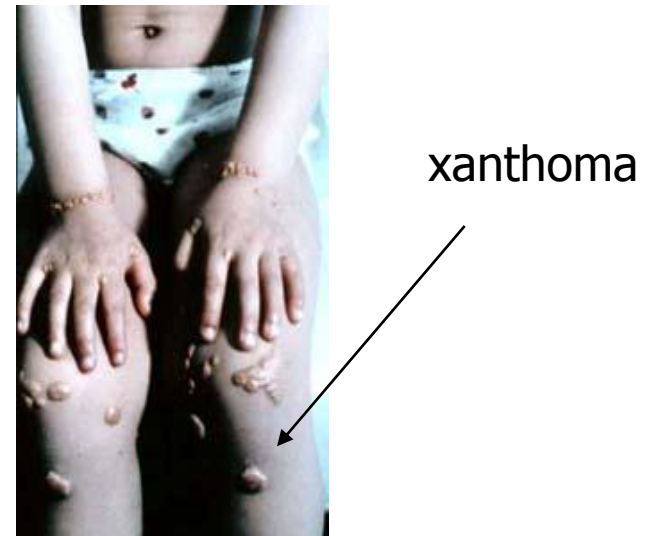
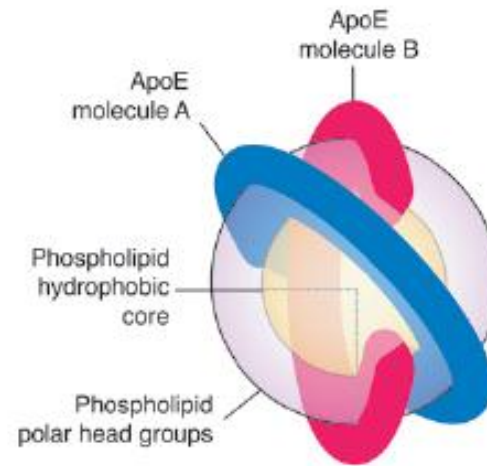


Atherosclerotic plaque occupying
~80% of arterial cross-section

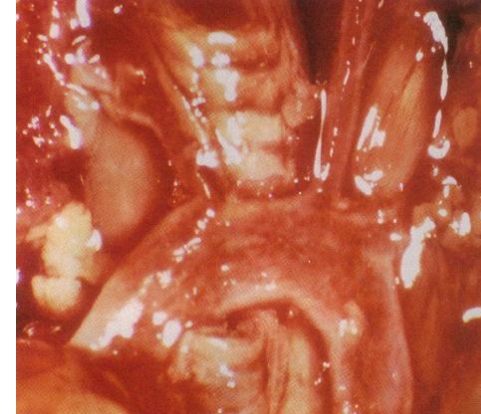
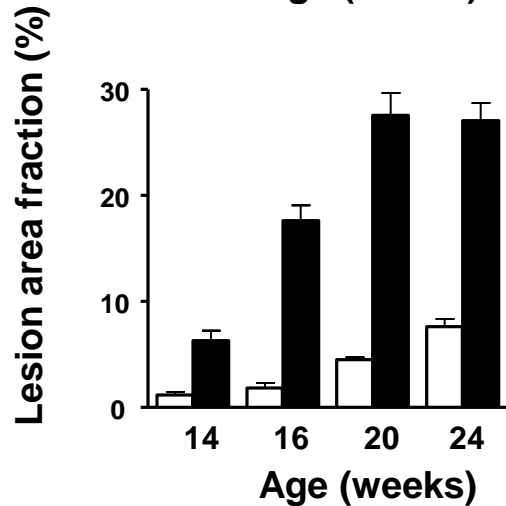
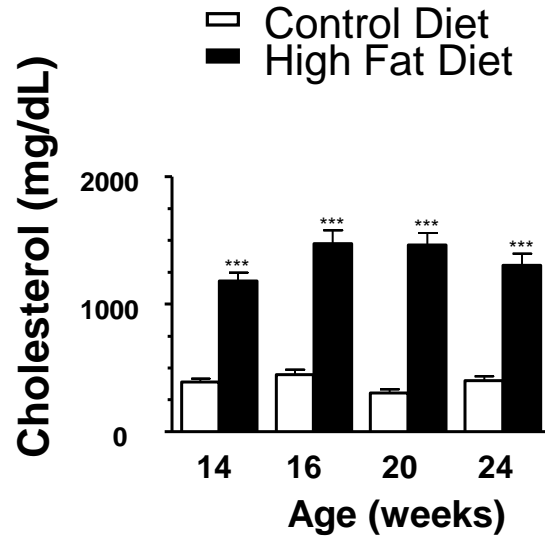
INVESTIGATING MOLECULAR MECHANISMS

Mouse models of atherosclerosis

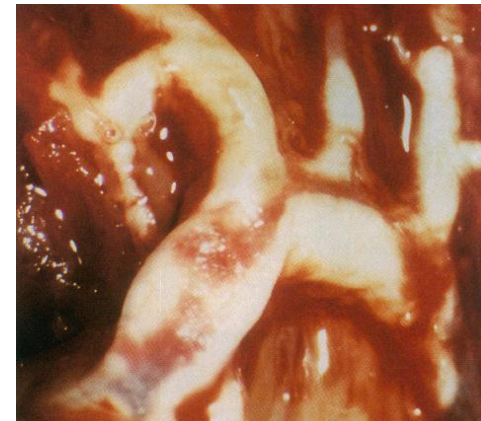
- **ApoE^{-/-}**
 - 34kd component of VLDL and chylomicrons
 - ligand for LDL receptor
- **LDL receptor ^{-/-}**
 - Mutations in familial hypercholesterolaemia



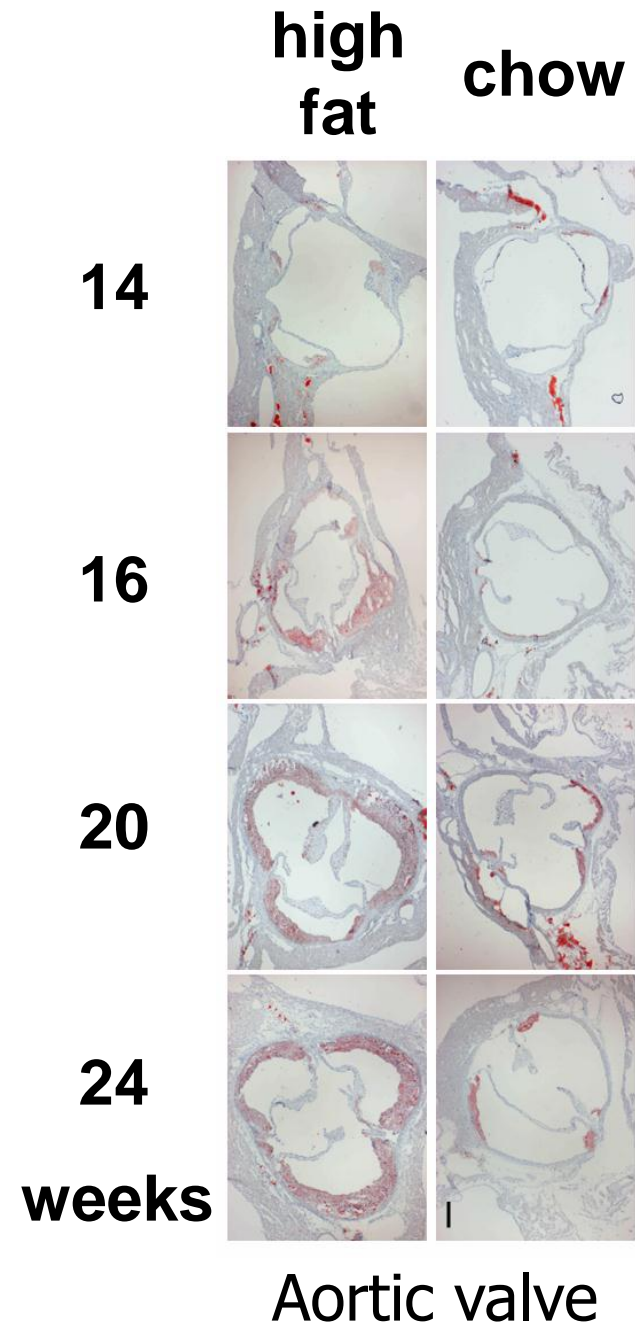
Atherosclerosis in *Ldlr*^{-/-} mice



wild-type



Ldlr^{-/-} high fat 13
mo
Ishibashi et al 1994 JCI 93:1885



Influence of adhesion molecules, chemokines and cytokines on mouse atherosclerosis

Accelerators

Adhesion molecules

P-selectin
E-selectin
ICAM-1
VCAM-1

Chemokines & receptors

MCP-1
CCR2
CXCR2
CX3CR1

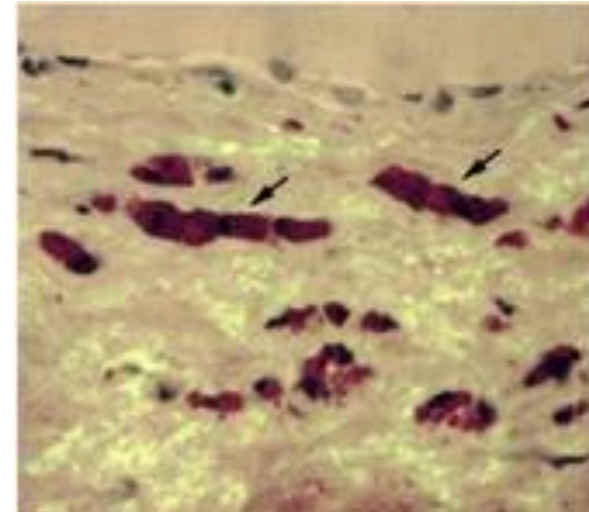
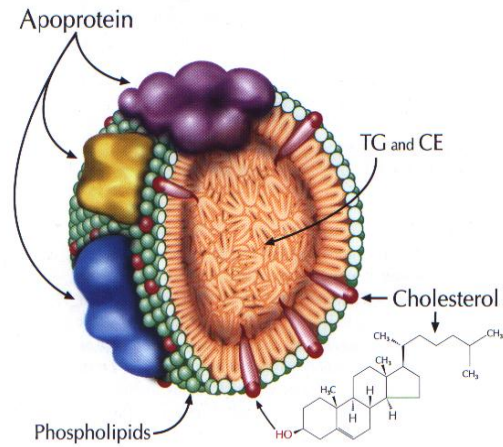
Cytokines

IL-1
TNF α
IL-4
IL-6
IL-12
IL-18
IFN γ

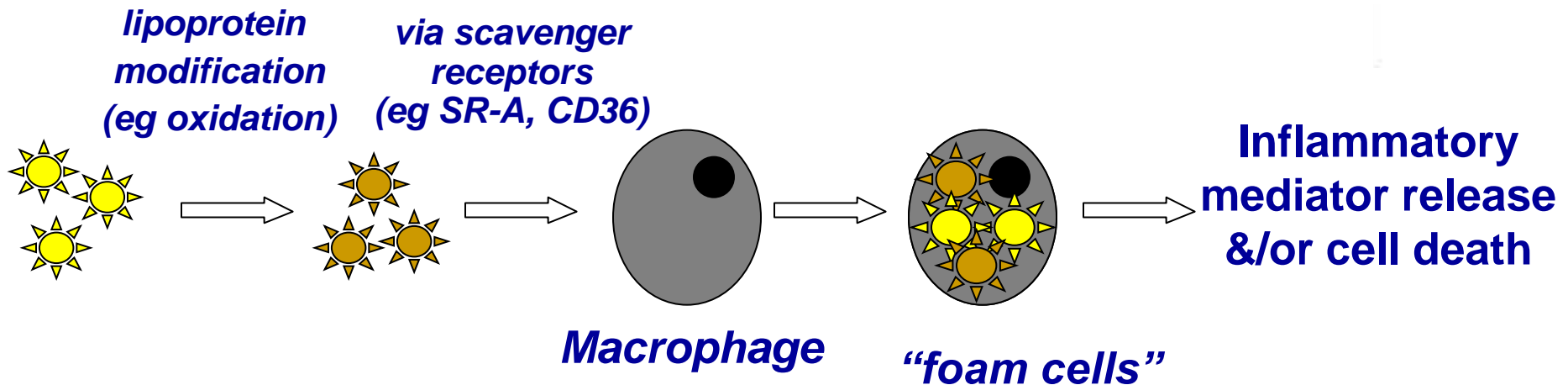
Decelerators

IL1RA
TGF β
IL-10

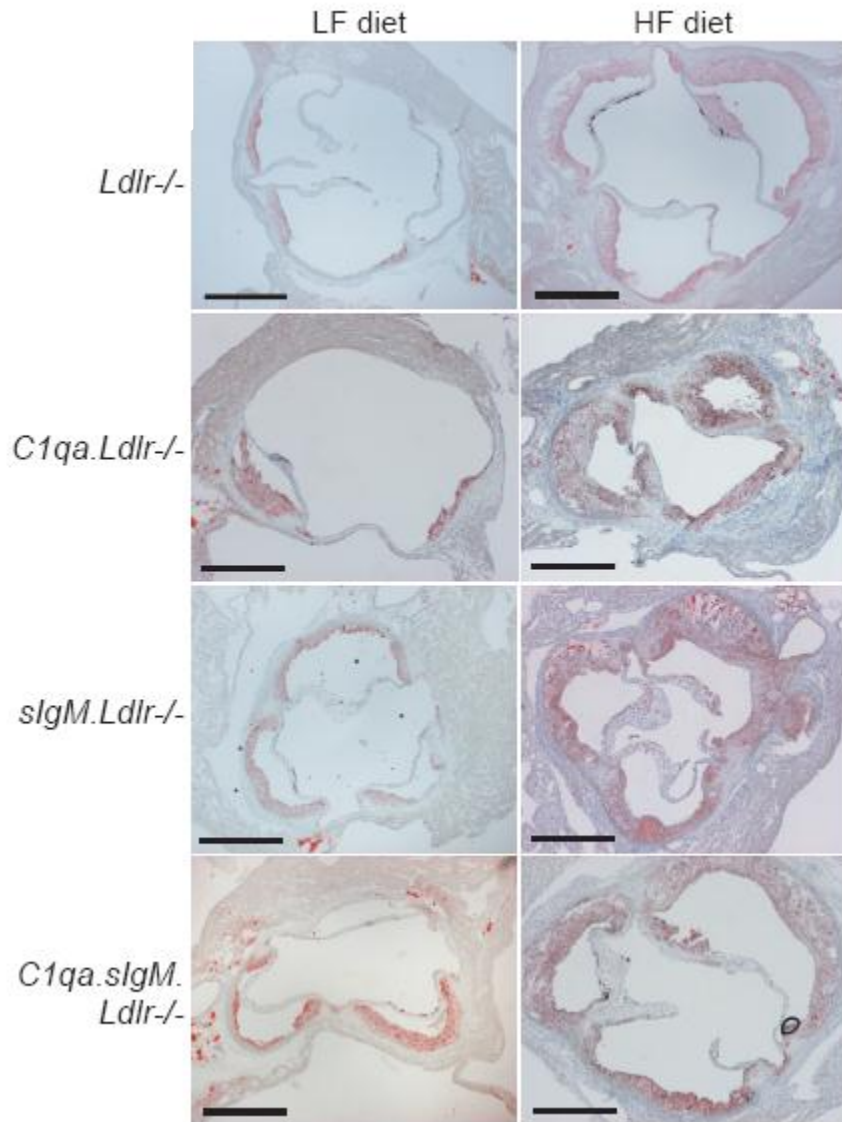
Foam cells



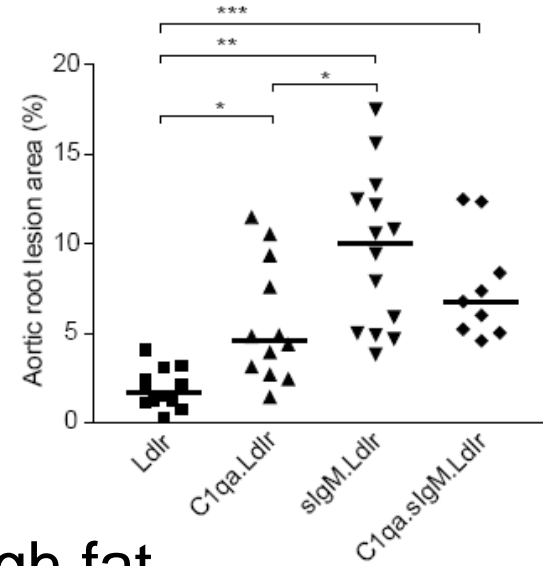
from Dr Howard K



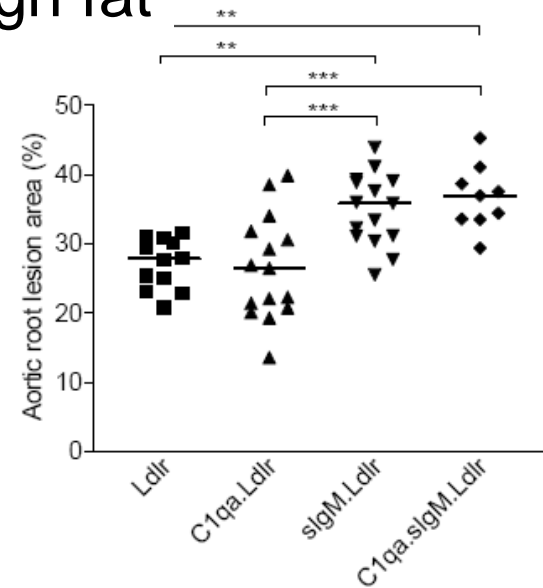
IgM and complement C1q deficiencies accelerate atherosclerosis



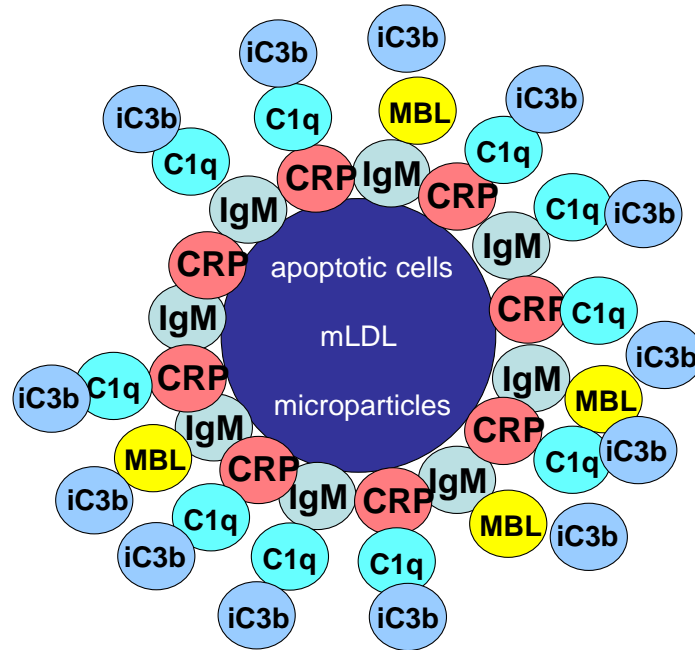
Low fat



High fat



Hypothetical model of the role of complement and IgM natural antibodies in atherosclerosis



Homeostatic clearance

Summary

- Atherosclerosis can be viewed as a dynamic chronic inflammatory disease of arteries
- The innate immune system regulates the safe disposal of lipoproteins and other debris from the arterial wall and is intrinsically protective
- Overdrive of the innate immune system leads to irreversible remodelling, and this may be accelerated by adaptive immune mechanisms
- The interplay between proinflammatory and wound healing pathways governs plaque stability