Evidence for protein oedema, neutrophil influx, and enhanced collagen production in lungs of patients with systemic sclerosis

N K Harrison, R J McAnulty, P L Haslam, C M Black, G J Laurent

Abstract
Bronchoalveolar lavage fluid from patients with systemic sclerosis was analysed for evidence of pulmonary vascular leakage, inflammatory cell influx, and enhanced type III collagen synthesis. Eighteen patients with systemic sclerosis and computed tomographic evidence of fibrosing alveolitis were compared with 16 patients with a normal scan. The albumin concentration in lavage fluid was higher in all patients than in normal volunteers. Patients with an abnormal computed tomogram as a group had increased proportions of all inflammatory cell types, whereas those with a normal scan had increased neutrophils only. Increased lavage type III procollagen peptides were found in all patients with an abnormal computed tomogram and eight of those with a normal scan. These results suggest that pulmonary vascular leakage and neutrophil influx may be early pathological features of lung disease in systemic sclerosis and frequently associated with enhanced collagen production. Thus lavage of patients with systemic sclerosis may identify lung inflammation and altered collagen metabolism early in the evolution of fibrosing alveolitis.

Systemic sclerosis is characterised by a vascular disorder and excessive deposition of collagen and other matrix proteins in the skin and internal organs. Symptoms and signs of lung disease are rare when patients first present, yet up to 80% have abnormal lungs at necropsy. The histological appearances are identical to those of cryptogenic fibrosing alveolitis. The investigation of patients with systemic sclerosis offers an opportunity therefore to study fibrosing alveolitis from the earliest stages of its evolution.

Symptomless patients with collagen vascular disorders, including a few with systemic sclerosis, have evidence of subclinical alveolitis. There are, however, currently no data to indicate whether this alveolitis is associated with other pathological processes, such as pulmonary vascular leakage of plasma proteins or altered lung collagen metabolism.

The aim of this study was to examine the lower respiratory tract of patients with systemic sclerosis for evidence of pulmonary vascular leakage, inflammatory cell infiltration, and enhanced lung collagen metabolism.

Methods
Patients
We investigated 34 patients fulfilling the American Rheumatism Association's preliminary criteria for the diagnosis of systemic sclerosis. All underwent clinical evaluation, including chest radiography, lung function tests, thin (3 mm) section thoracic computed tomography, and liver and renal function tests. The clinical data are summarised in table 1. Patients were divided into those with and those without computed tomographic evidence of fibrosing alveolitis. Each scan was assessed by a radiologist who was unaware of the patient's clinical condition.

Bronchoalveolar lavage
All patients underwent fibroptic bronchoscopy and bronchoalveolar lavage. Lavage fluid was collected in a siliconised container on ice, and all subsequent manipulations were performed at 4°C to minimise protein degradation during processing. Lavage was also performed on 10 healthy, non-smoking volunteers who acted as controls. The median age of the control group was 29 (range 21-36) years.

Lavage fluid was centrifuged at 300 g for five minutes, and the supernatant stored at -40°C. The cell pellet was resuspended and the total and differential cell count determined immediately. Blood was collected from all subjects at the time of bronchoscopy and serum stored at -40°C. Albumin concentrations were measured calorimetrically in 20 µl aliquots of serum and 1 ml aliquots of unconcentrated lavage fluid, the Bromocresol Green binding reaction being used (Sigma Chemical Company, Poole, Dorset).

Type III procollagen N peptide assay
Bronchoalveolar lavage fluid was concentrated by dialysing it extensively against an aqueous solution of 0-02 M ammonium bicarbonate at 4°C with a molecular weight cut off of 2000 (Sigma Chemical Company). Known volumes (1-25-2-5 ml) were then lyophilised in 3-5 ml polystyrene test tubes (Sarstedt, West Germany) and redissolved in phosphate buffered saline containing 0-4 g/l Tween 20 to give 50-100 fold concentrates. Duplicate samples of concentrated lavage fluids and 25 µl
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Table 1 Clinical, radiographic, and physiological characteristics of 34 patients with systemic sclerosis (medians and ranges unless otherwise specified)

<table>
<thead>
<tr>
<th>Group</th>
<th>Age (y)</th>
<th>Duration (y) of systemic sclerosis</th>
<th>Smoking habit (NS:S)</th>
<th>Radiograph (N:Abn)</th>
<th>Lung function tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT abnormal</td>
<td>47 (24-62)</td>
<td>7 (1-16)</td>
<td>18:0</td>
<td>4:14</td>
<td>FVC (% pred)</td>
</tr>
<tr>
<td>CT normal</td>
<td>49-5 (31-64)</td>
<td>3* (1-16)</td>
<td>13:3</td>
<td>16:0</td>
<td>75 (47-106)</td>
</tr>
</tbody>
</table>

*p < 0.05; **p < 0.01.
CT—computed tomogram; NS:S—non-smokers:smokers; N:Abn—normal:abnormal; FVC—forced vital capacity; TLco—carbon monoxide transfer factor; A-aDo2—alveolar-arterial oxygen tension difference.

Table 2 Characteristics of lavage fluid from patients with scleroderma

<table>
<thead>
<tr>
<th>Group (n = 10)</th>
<th>Lavage fluid (% recovered)</th>
<th>Albumin (mg/ml)</th>
<th>BALF:serum albumin ratio</th>
<th>Total cells (×10³)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controls</td>
<td>63 (32-79)</td>
<td>0.04 (0.027-0.09)</td>
<td>1.45 (0.6-1.37)</td>
<td>12.2 (4.4-21.7)</td>
</tr>
<tr>
<td>Patients:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CT abnormal</td>
<td>42 (19-56)</td>
<td>0.23* (0.1-0.36)</td>
<td>7.3* (2.9-11.6)</td>
<td>17.7 (6.2-48)</td>
</tr>
<tr>
<td>CT normal</td>
<td>40 (25-52)</td>
<td>0.19* (0.1-0.32)</td>
<td>5.75* (2.8-9.1)</td>
<td>11.5 (3.0-39)</td>
</tr>
</tbody>
</table>

*p < 0.01 in the comparison with controls.
CT—computed tomogram; BALF—bronchoalveolar lavage fluid.

Aliquots of serum were assayed for antigens related to type III procollagen N terminal peptide by a commercially available radioimmunoassay (Hoechst, West Germany), which uses Fab fragments of antibody to the peptide. Serial dilutions of an unlabelled procollagen N peptide standard were assayed in triplicate and used to construct an inhibition curve. The Fab fragments have equal affinity for the different antigenic forms of the peptide that occur in biological fluids, and therefore inhibition curves generated by serial dilutions of such fluids parallel those generated by dilutions of the standard.

Statistics
Group data of non-parametric variables are expressed as medians with ranges and compared by the Mann-Whitney U test. Correlations were assessed with Kendall’s rank correlation coefficient.

Results
Lavage fluid albumin and cellularity
The albumin concentrations in both groups of patients with systemic sclerosis were significantly greater than those from control subjects, when values were expressed both as absolute amounts and as lavage fluid: serum ratios (table 2). The total number of cells recovered from each subject varied considerably and no differences between the groups were observed (table 2). The differential cell counts show that patients with an abnormal computed tomogram had higher proportions of...

Figure 1 Inflammatory cell profiles (% total cell count) in patients with systemic sclerosis. CT—computed tomogram.
neutrophils (p < 0.01), eosinophils (p < 0.01), and lymphocytes (p < 0.001) than did normal volunteers (fig 1).

The patients with a normal scan had increased proportions of neutrophils (p < 0.01), which remained significant (p < 0.02) when the three smokers were excluded from the analysis. Eosinophils and lymphocytes were not significantly increased, though 11 of the 16 patients in this group had an increased proportion of at least one inflammatory cell type.

Lavage fluid from the seven patients with a normal scan and impaired carbon monoxide transfer factor (TLCO < 75%, predicted) did not differ significantly in albumin concentration or proportion of neutrophils from that of the remainder of the group.

TYPE III PROCOLLAGEN PEPTIDES IN SERUM AND LAVAGE FLUID

The serum concentrations of procollagen N peptide related antigenic material in patients were significantly greater than those seen in the normal volunteers, though there was considerable overlap (fig 2). The assay did not distinguish the patients with systemic sclerosis who had computed tomographic evidence of fibrosing alveolitis from those with a normal scan.

Procollagen peptides were undetectable in lavage fluid from normal subjects but were detected in all patients with systemic sclerosis who had an abnormal scan and in eight of the patients with a normal scan. In those with a normal scan there was no statistical difference in procollagen N peptide concentrations in lavage fluid between those with impaired car-}

Discussion

Raised concentrations of albumin were found in the lavage fluid from all patients, irrespective of whether there was clinical evidence of pulmonary fibrosis. This suggests that increased pulmonary vascular leakage may be one of the earliest abnormalities of lung disease in systemic sclerosis and can be detected by bronchoalveolar lavage. This observation is consistent with findings from studies in experimental animals, where vascular leakage is detectable many days before pulmonary fibrosis is apparent biochemically or histologically. The relevance of increased vascular permeability to the pathogenesis of pulmonary fibrosis is uncertain, but could indicate loss of endothelial integrity, allowing leakage of circulating blood proteins, inflammatory cells, or platelets from the circulation into the lung interstitium. These could provide a rich source of mediators capable of promoting lung collagen production by stimulating either fibroblast proliferation or collagen production by individual fibroblasts.

Lavage fluid cell counts in our study showed that patients with systemic sclerosis and evidence of fibrosing alveolitis as a group had higher proportions of neutrophils, eosinophils, and lymphocytes than control subjects, confirming earlier reports. Patients without evidence of fibrosing alveolitis had increased proportions of neutrophils alone, even when the smokers were excluded. This agrees with an earlier report of increased neutrophils in the lavage fluid of six of 10 patients with systemic sclerosis and normal chest radiograph and normal lung function. These observations suggest that neutrophil alveolitis is an early event in the pathogenesis of lung disease in systemic sclerosis, though analysis of lavage fluid may not reflect changes in the interstitium, where infiltration by other inflammatory cells, such as lymphocytes, may occur.

There is currently no direct information on in vivo collagen production by the human lung, though several indirect techniques have been applied to the study of patients with fibrotic lung disorders. In general, these have been either measurements of post-translational
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This study suggests that increased pulmonary vascular leakage and neutrophil alveolitis may be early features of interstitial lung disease in systemic sclerosis and that these abnormalities are frequently associated with evidence of enhanced lung type III collagen synthesis. Possibly these inflammatory changes could resolve in some patients without the development of lung fibrosis. These findings are likely to be relevant to the early clinical diagnosis of pulmonary fibrosis and to investigators interested in understanding its pathogenesis.

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