



Webinar – 12 July 2022

‘Importance of autopsies in leukodystrophies’

by Marianna Bugiani,

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Amsterdam leukodystrophy center**

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Speaker

Marianna Bugiani

- Training: child neurologist, pathologist
- Current position: child pathologist and neuropathologist
- Research: leukodystrophies, children brain tumors, developmental disorders

Nothing to disclose

Learning objectives

By the end of this webinar you will be able to:

Articulate the current definition of leukodystrophy

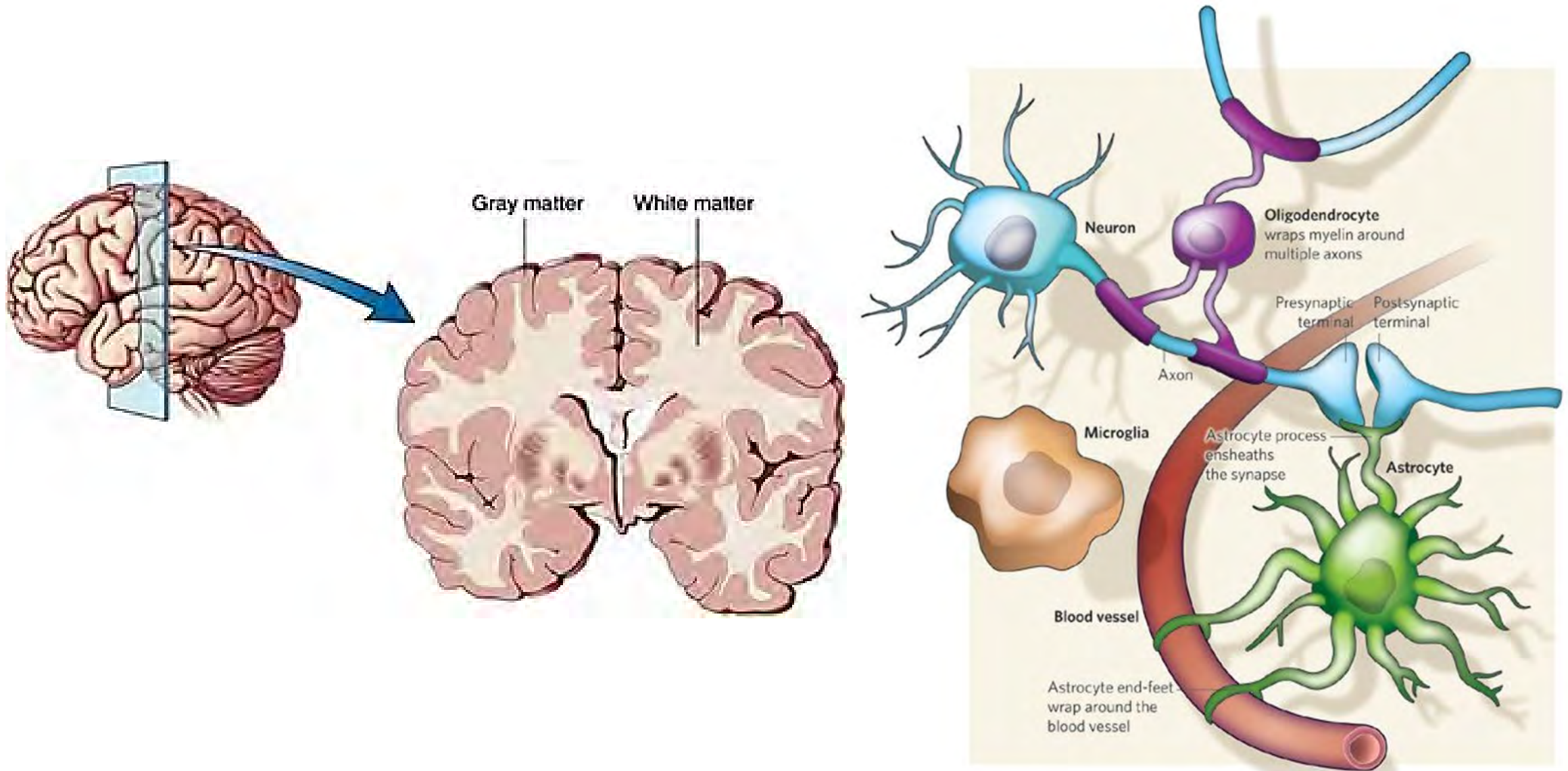
Summarize the multicellular involvement as related to leukodystrophy disease mechanisms

Explain how neuropathology can unravel the effects of current treatments for leukodystrophies

Webinar outline

- Introduction: what is a leukodystrophy?
- Evolution of the concept over time: the impact of basic research and NGS
- How neuropathology helps evaluating the effects of treatment
- How neuropathology explains disease mechanism
- Conclusions
- Acknowledgements

The brain white matter



What is a leukodystrophy?

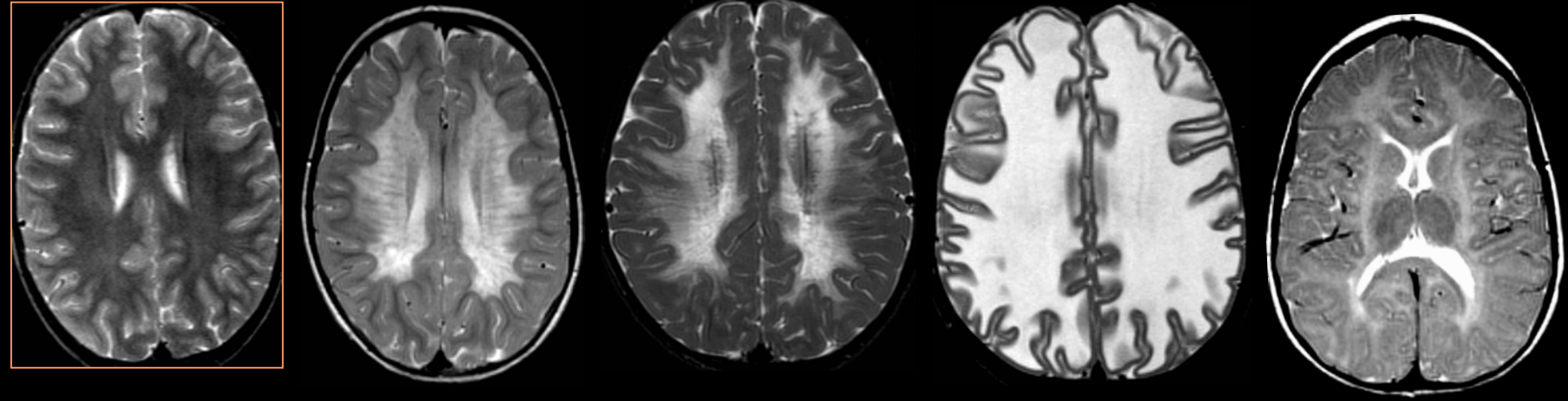
- 1980's
- genetic, progressive disorders primarily affecting myelin (myelin loss or insufficient myelination), either directly or through oligodendrocytes

Morell & Wiesmann, Neuropediatrics 1984; 15 (suppl): 62
Seitelberger, Neuropediatrics 1984; 15 (suppl): 53

- No known gene defects
- MRI had not entered clinical practice
- Data available from pathology, biochemical analyses of brain tissue and knowledge of several metabolic and enzymatic defects
- Curative treatment focused on stopping myelin loss and on remyelination

1980's: introduction of MRI

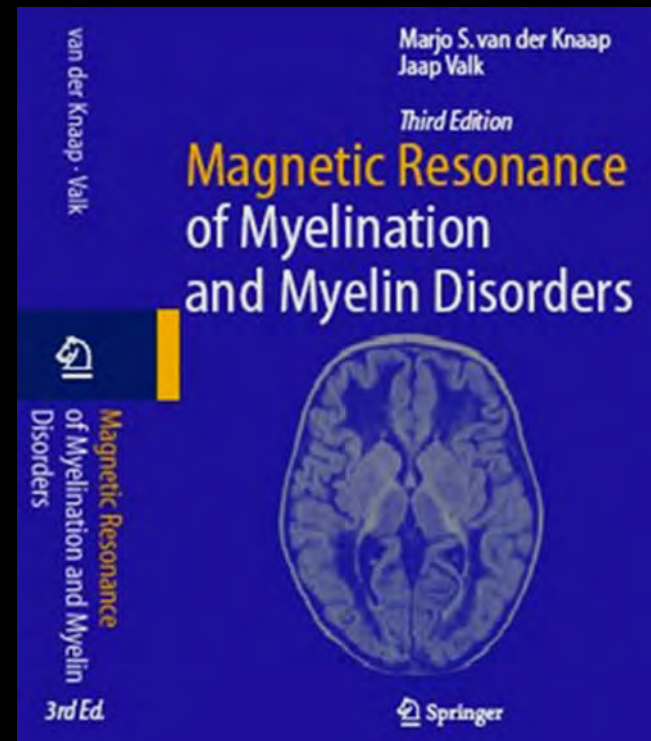
- Very high sensitivity for white matter abnormalities
- Replaced neuropathology



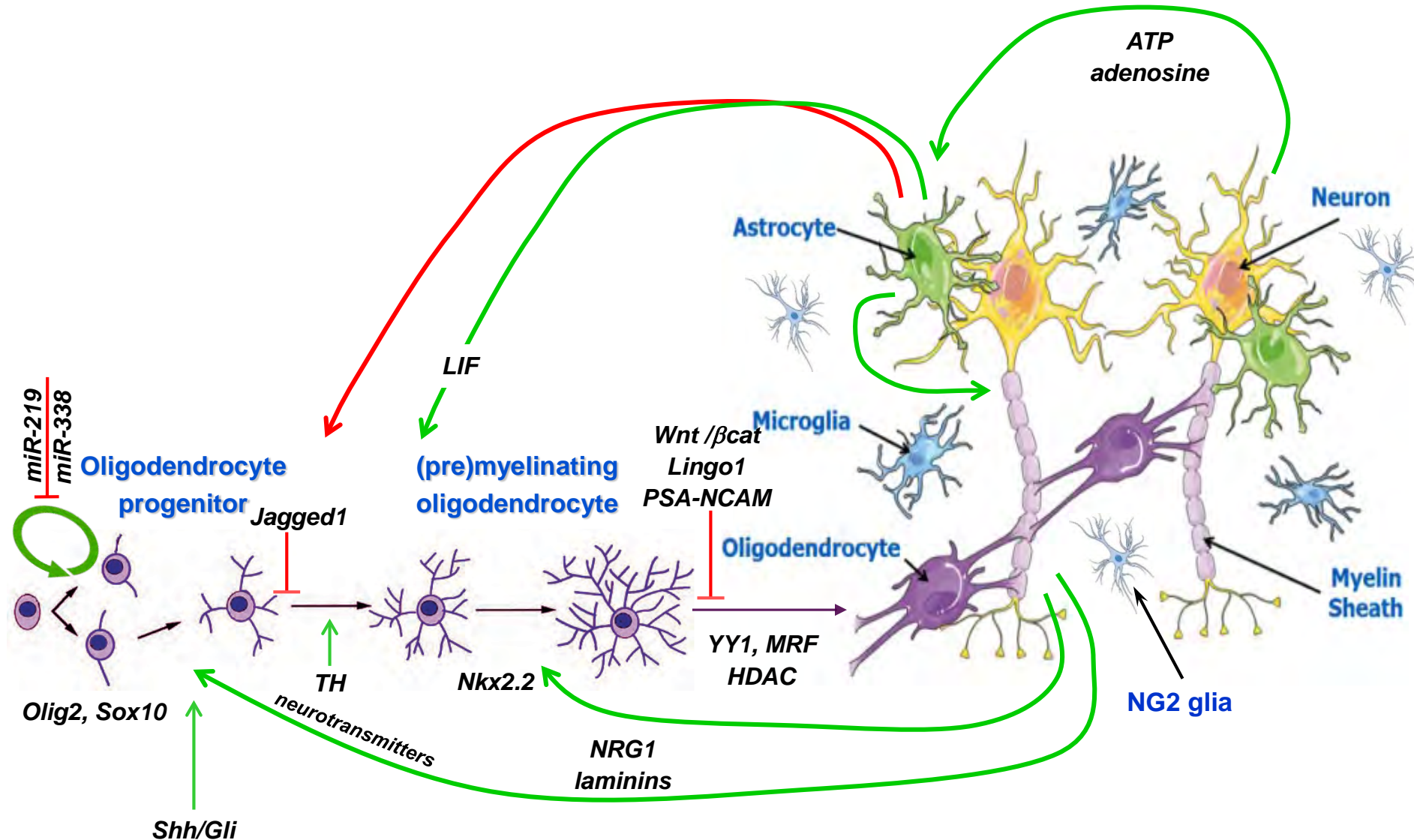
MRI pattern recognition

Next generation sequencing

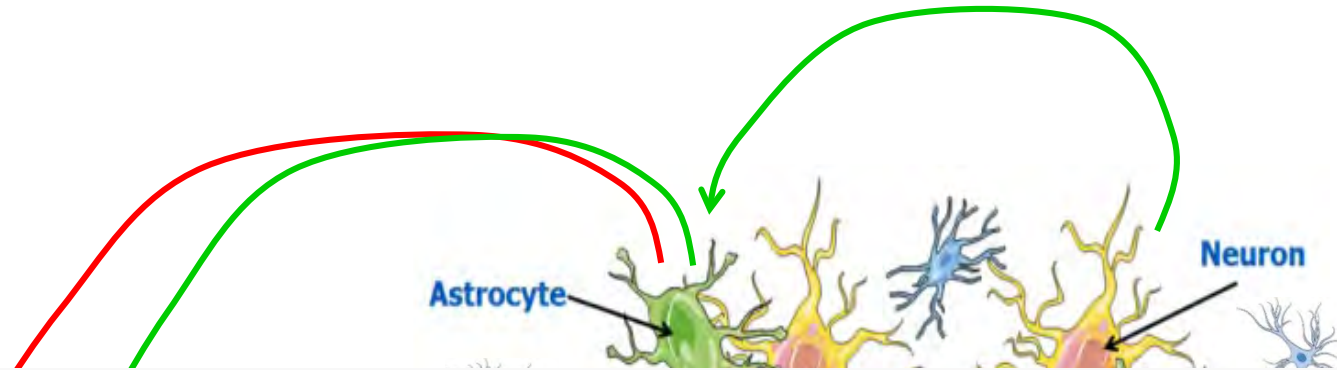
Most leukodystrophies are due to defects in gene encoding proteins specific for cell types other than the oligodendrocytes



Oligodendrocyte development, myelination, myelin maintenance and regeneration: teamwork required

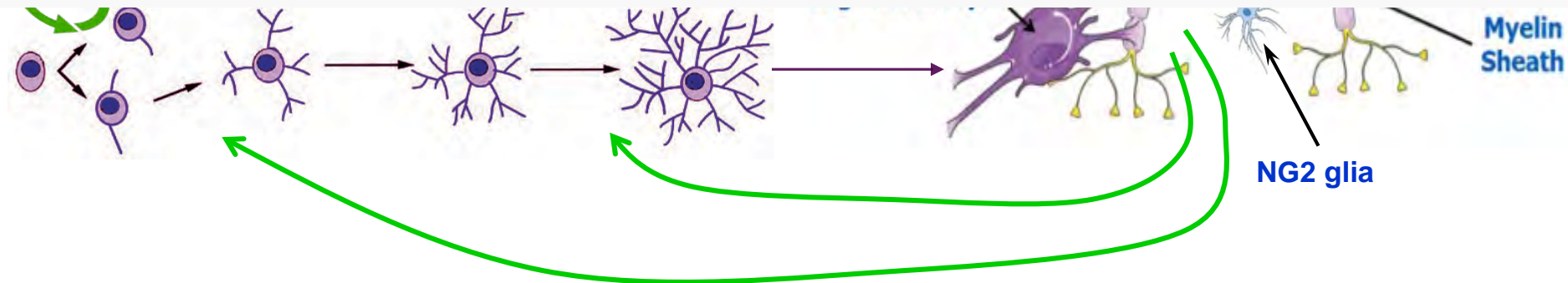


Oligodendrocyte development, myelination, myelin maintenance and regeneration: teamwork required



New definition of leukodystrophy:

genetic white matter disorder due to a defect in any of the white matter structural components



A new classification of leukodystrophies

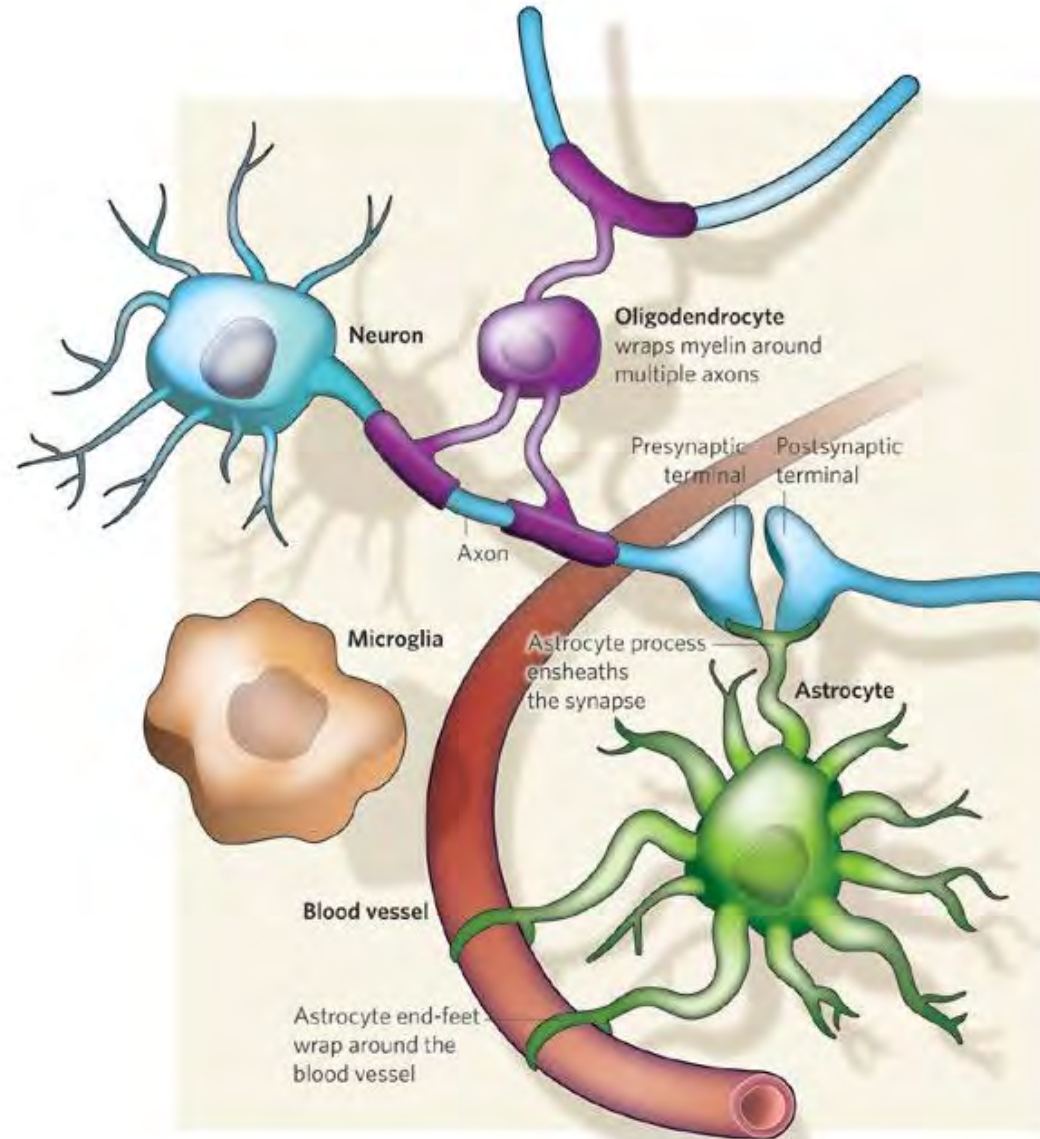
Myelin disorders

Astrocytopathies

Leuko-axonopathies

Leuko-microgliopathies

Leukovasculopathies

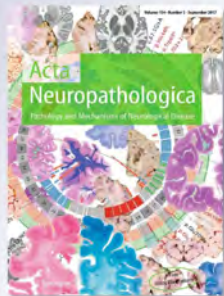


Leukodystrophies: a proposed classification system based on pathological changes and pathogenetic mechanisms

Marjo S. van der Knaap & Marianna Bugiani

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Number 3

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What is a leukodystrophy?

1. A genetic disease of the brain white matter due to defects in any of its structural components
2. A disease of the myelin only
3. A disease of the oligodendrocytes only
4. A disease of the neurons only

Metachromatic leukodystrophy

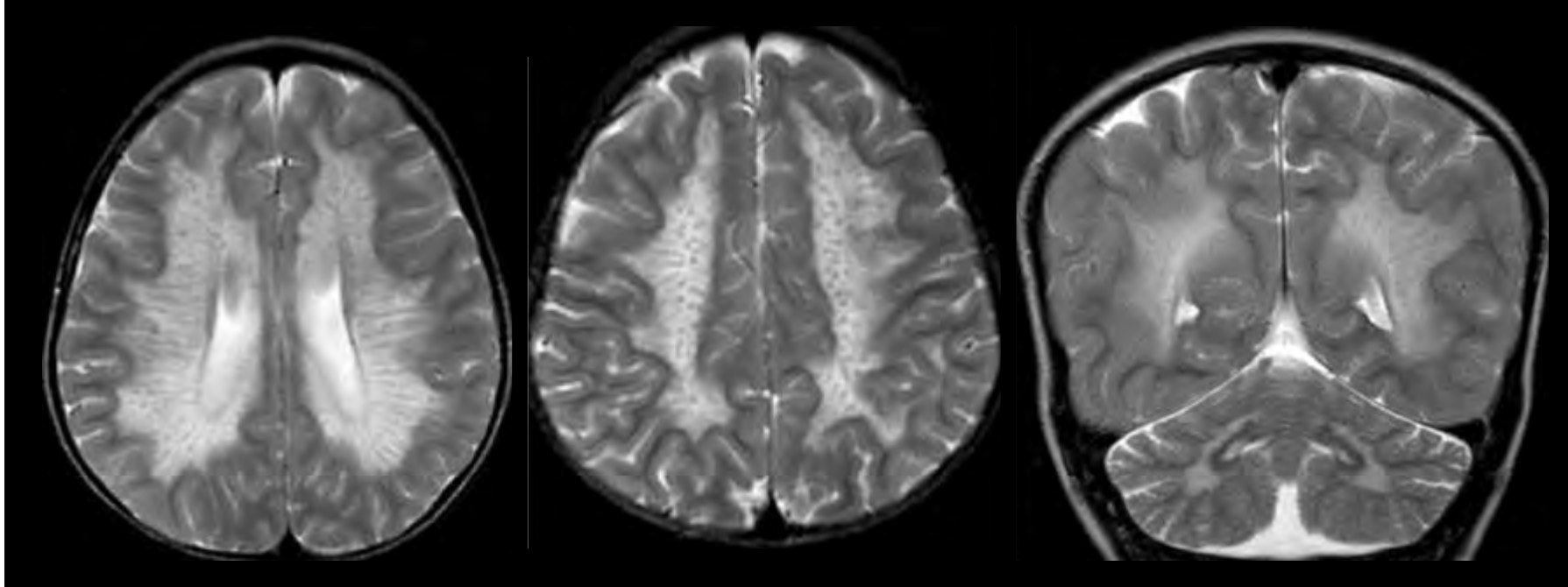
Autosomal recessive

ARSA (ASA defect, sulfatide storage), *PSAP* (sphingolipid activator protein saposin B)

Three subtypes: late infantile, juvenile, adult

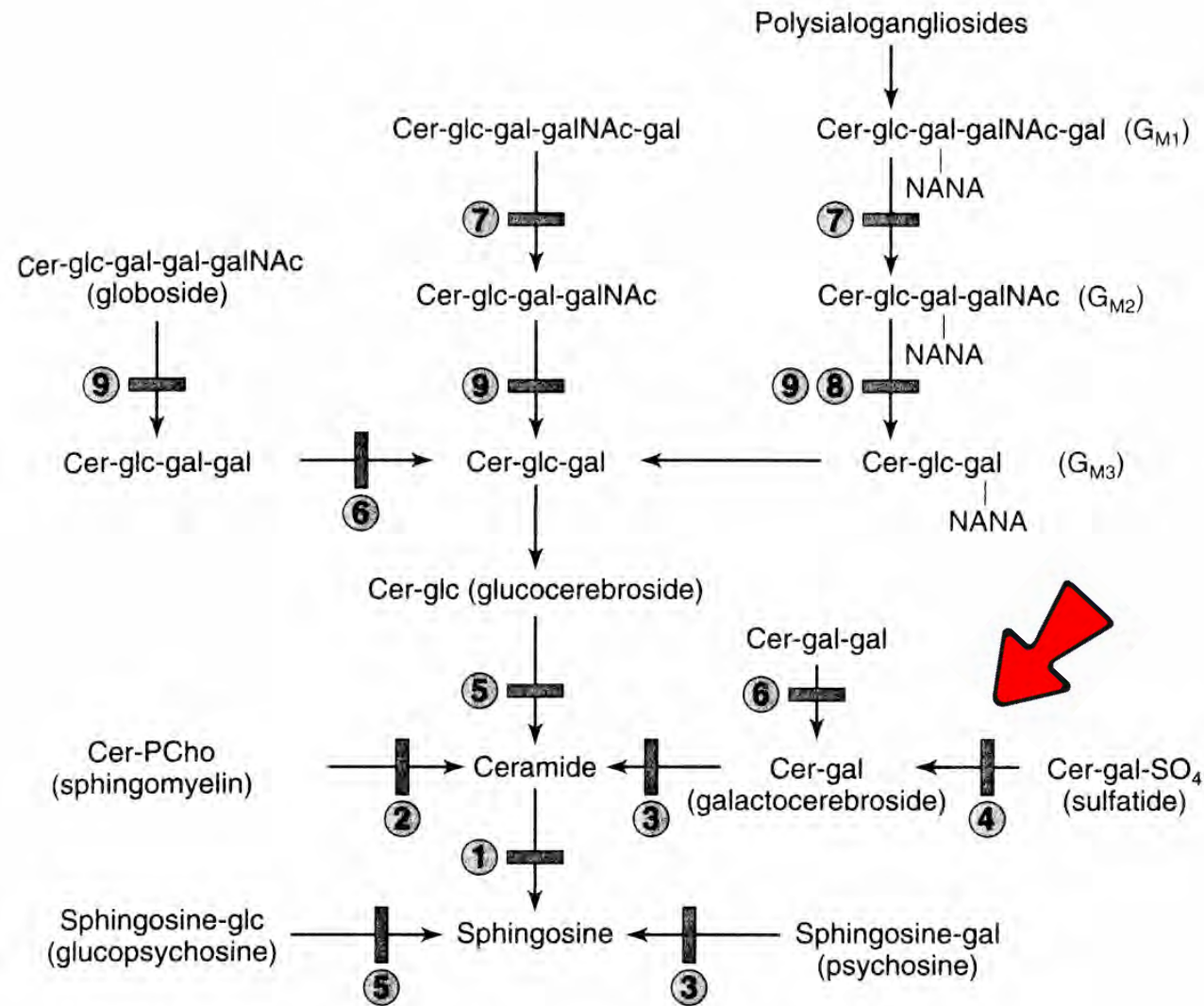
Ethnic and private mutations; reduced or abolished enzyme activity

Some degree of genotype-phenotype correlation (e.g., homozygous null = late infantile)



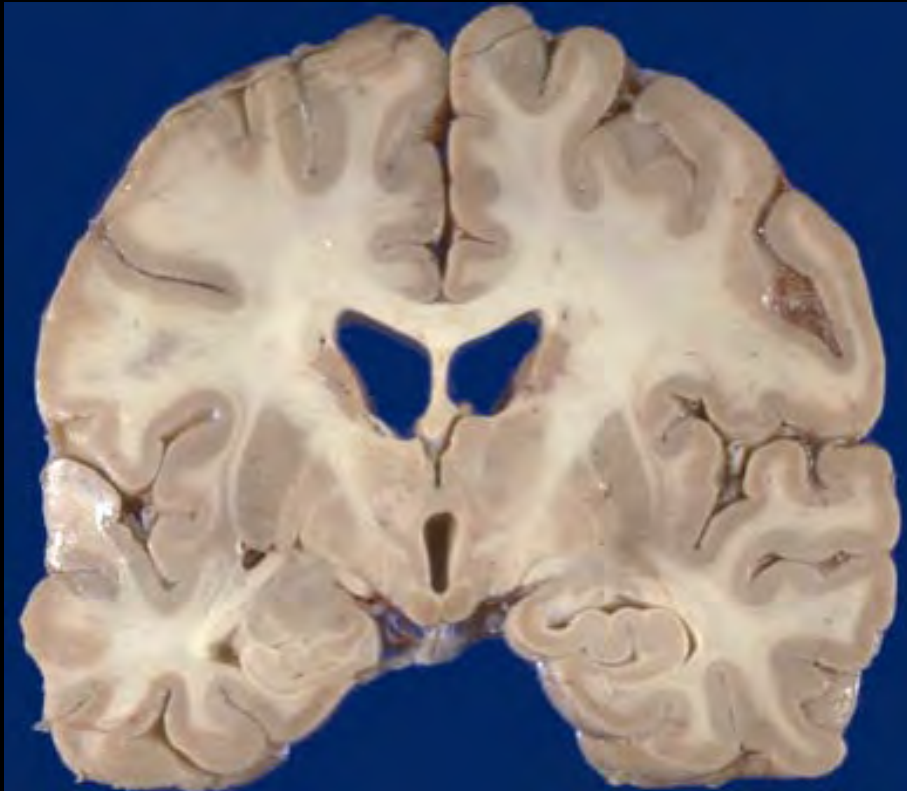
Lysosomal disorders:

enzymatic defect → storage material → cell death

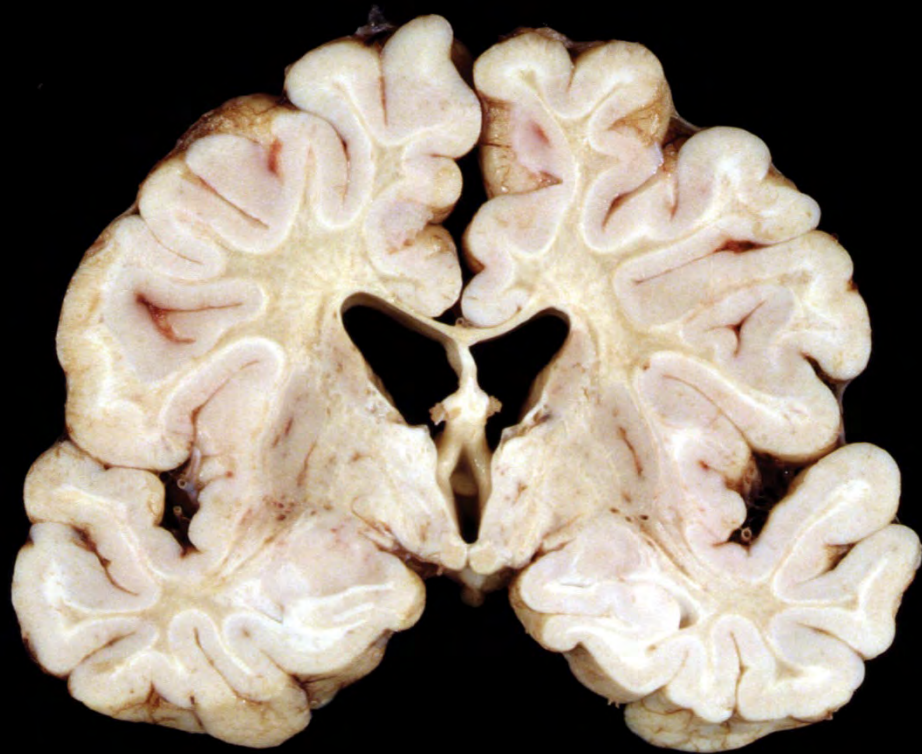


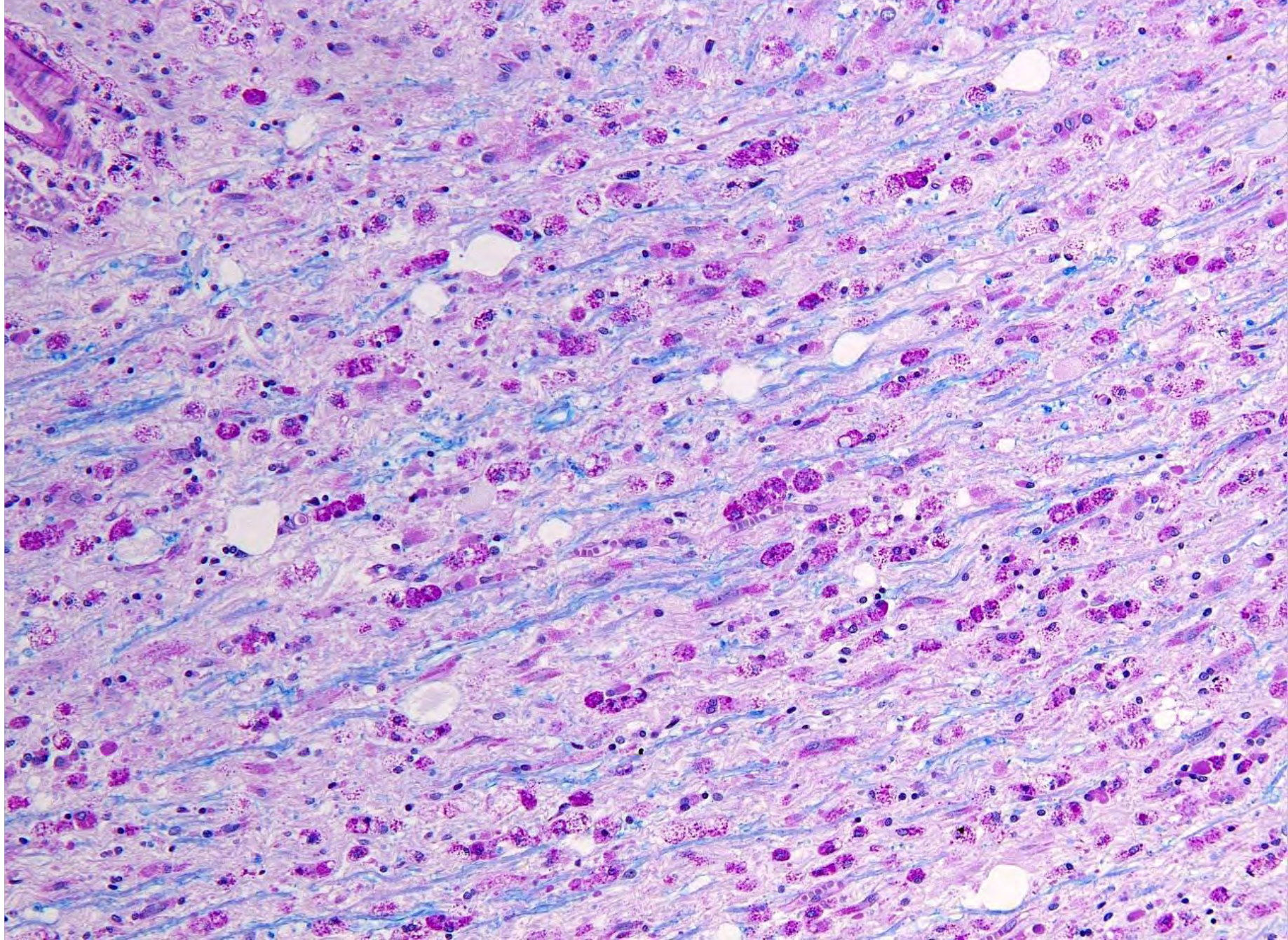
Metachromatic leukodystrophy (MLD)

normal brain



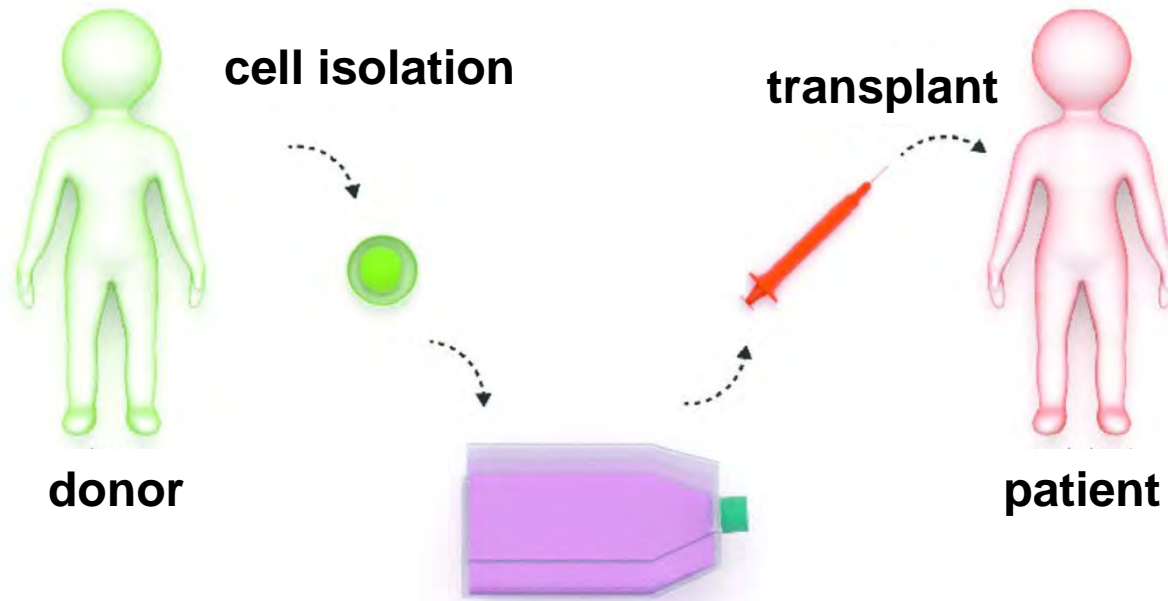
MLD brain



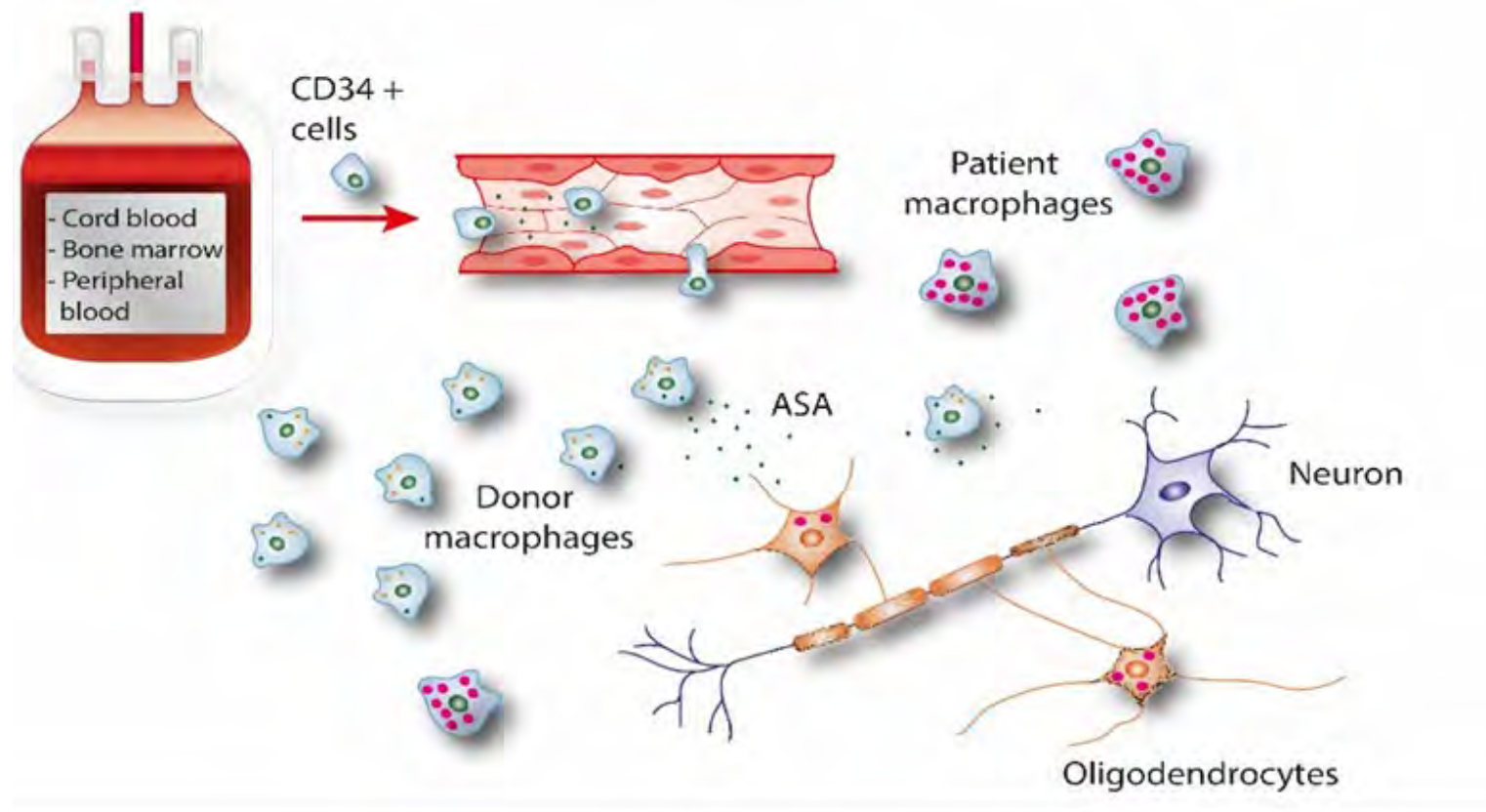


Myelin stain Macrophages full of storage

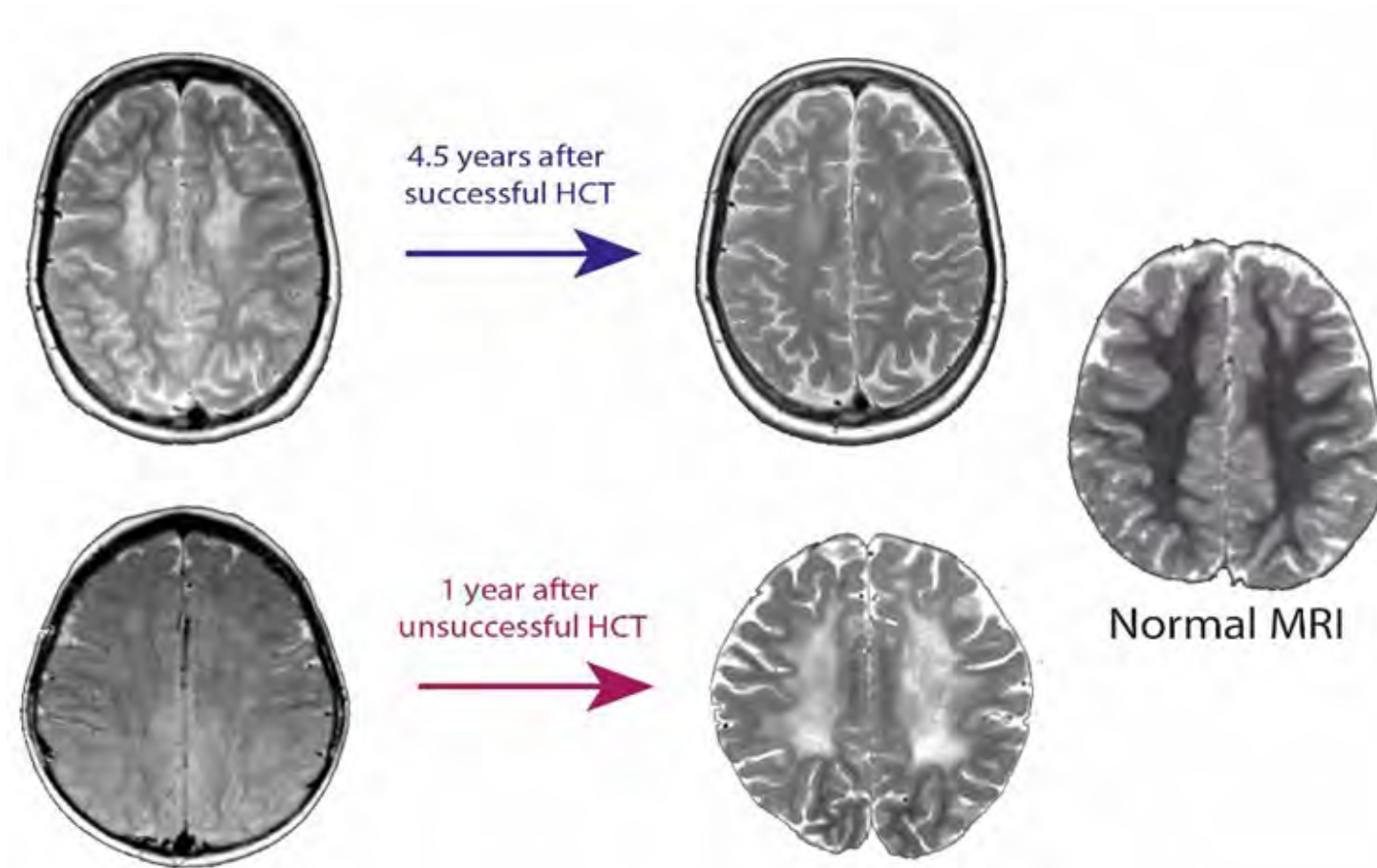
Metachromatic leukodystrophy: hematopoietic stem cell transplantation



Metachromatic leukodystrophy and hematopoietic stem cell transplantation: supposed mechanism of action

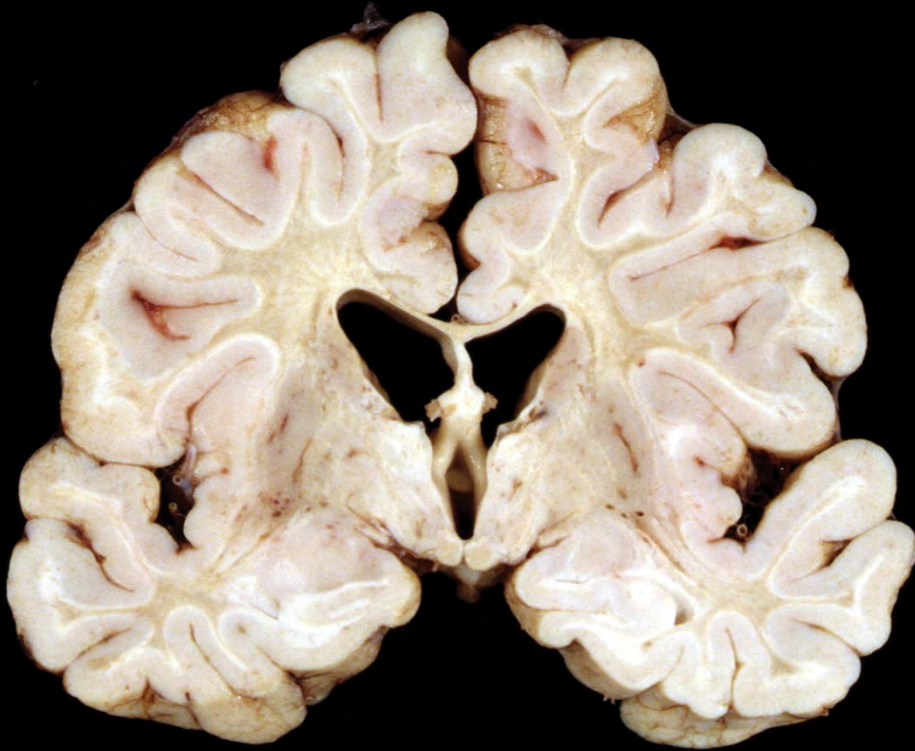


Metachromatic leukodystrophy and hematopoietic stem cell transplantation: clinical evolution



Metachromatic leukodystrophy

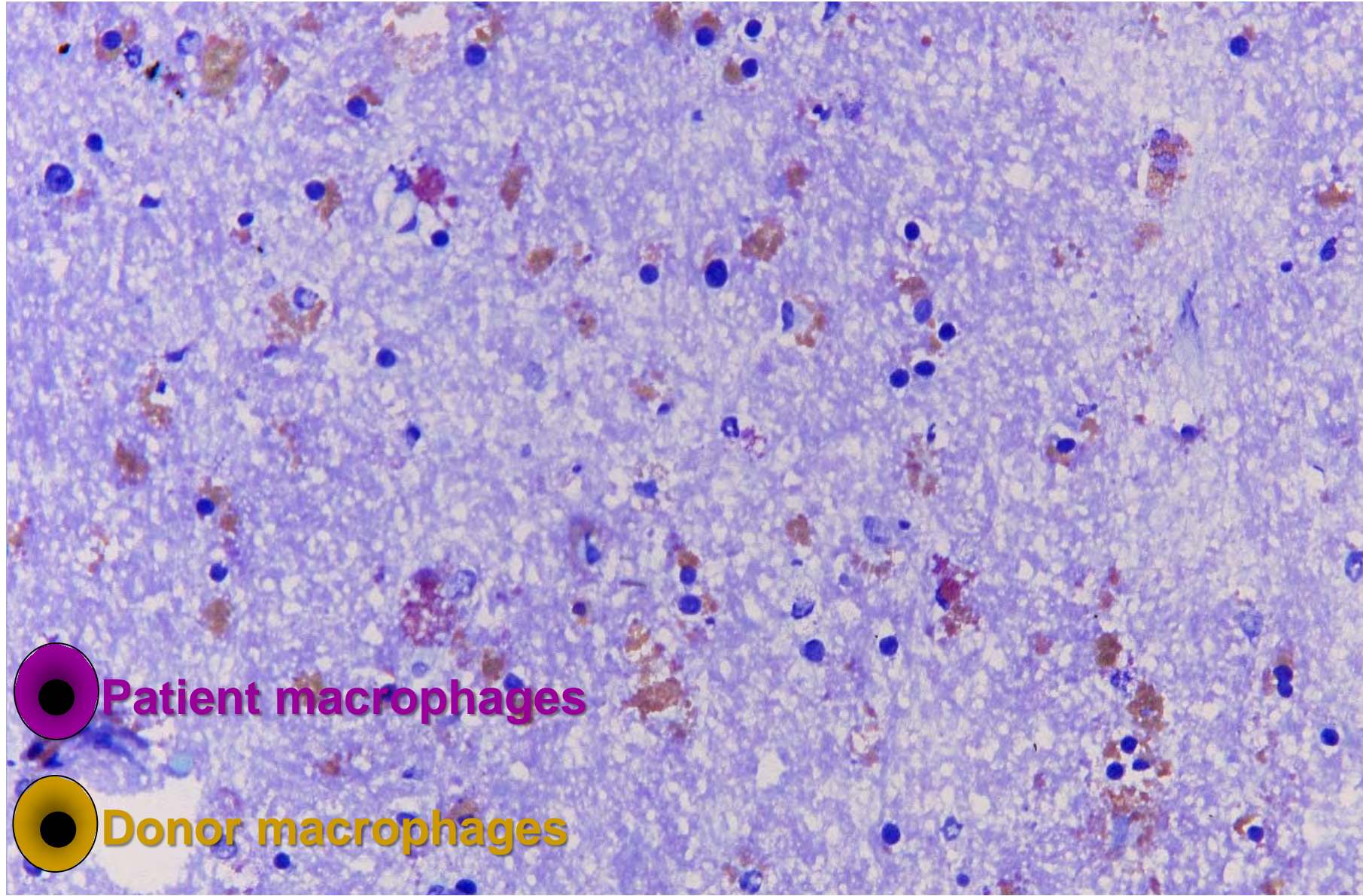
no transplantation



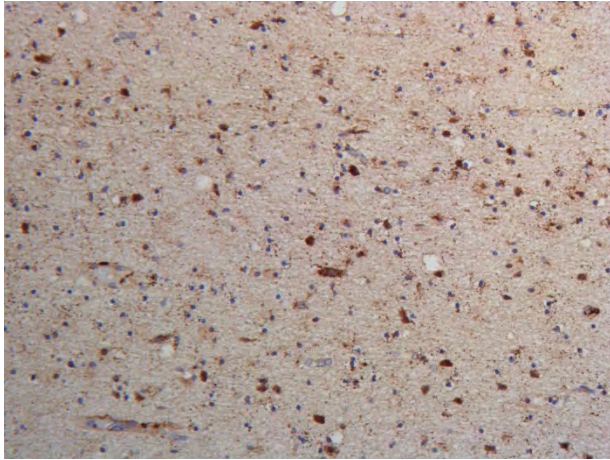
after transplantation



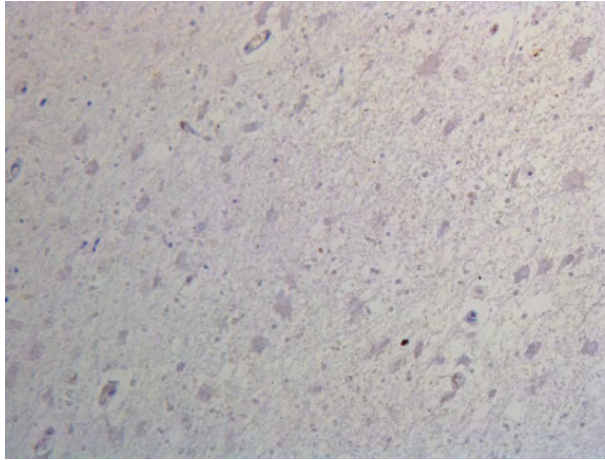
**Donor cells reach the brain of transplanted MLD patients,
carry the enzyme and digest the storage material**



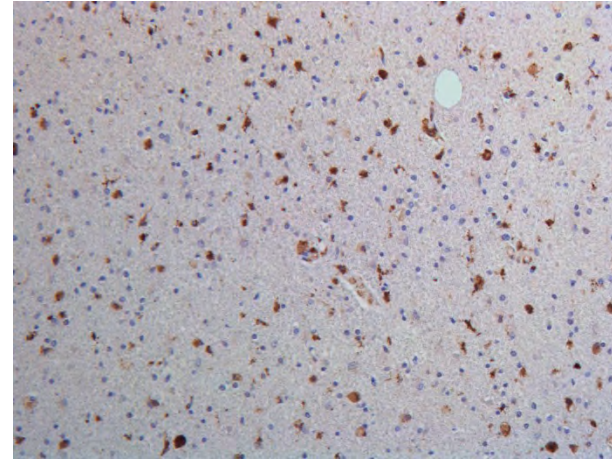
ASA Immunopositivity in the frontal white matter



Control

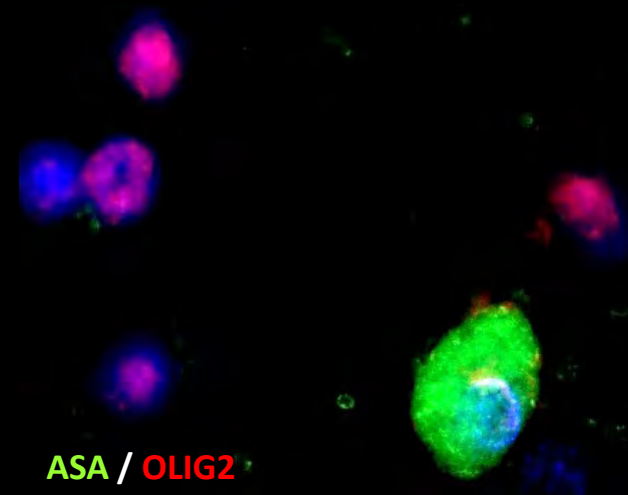
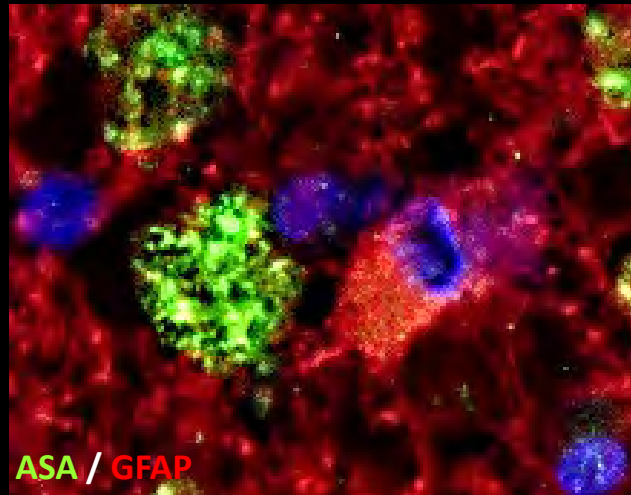
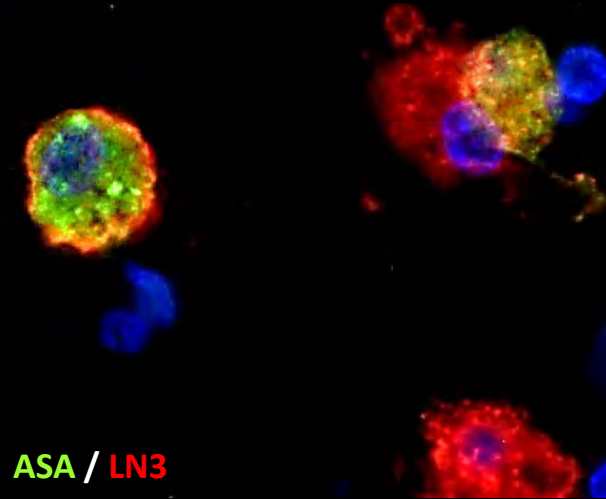


Non Transplanted



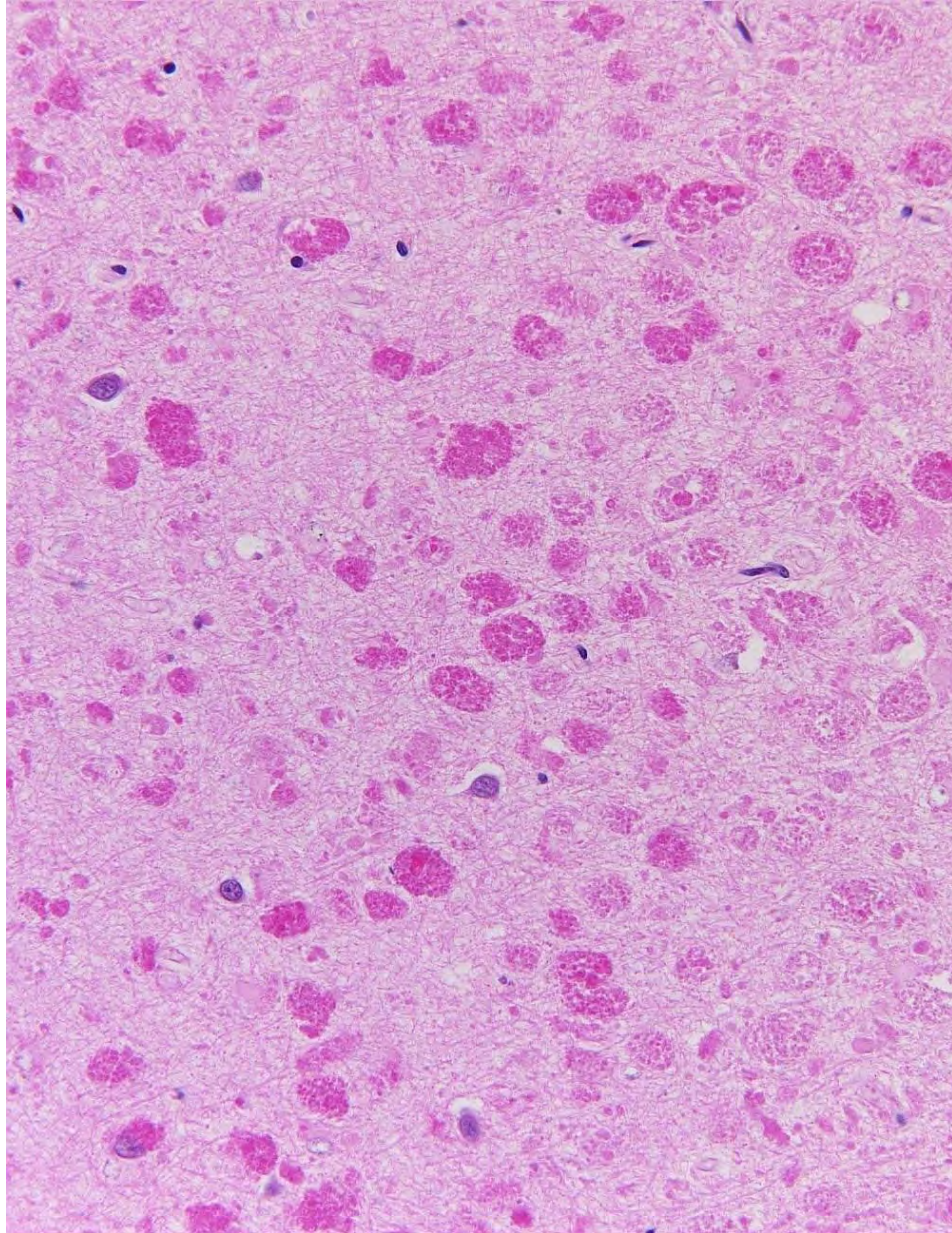
Transplanted

NO enzymatic cross correction from donor macrophages to resident (neural) cells

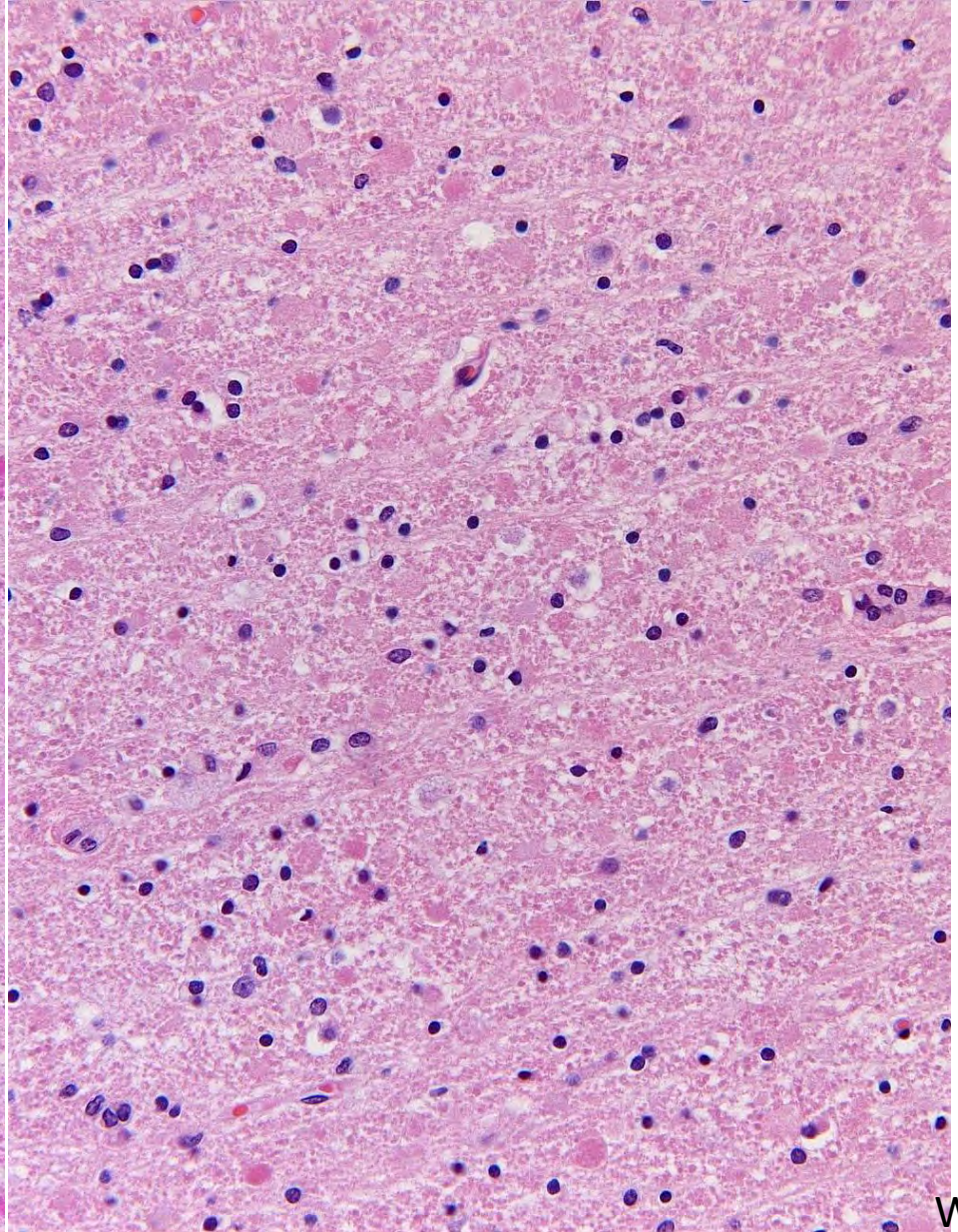


Transplantation promotes survival of the oligodendrocytes

no transplantation

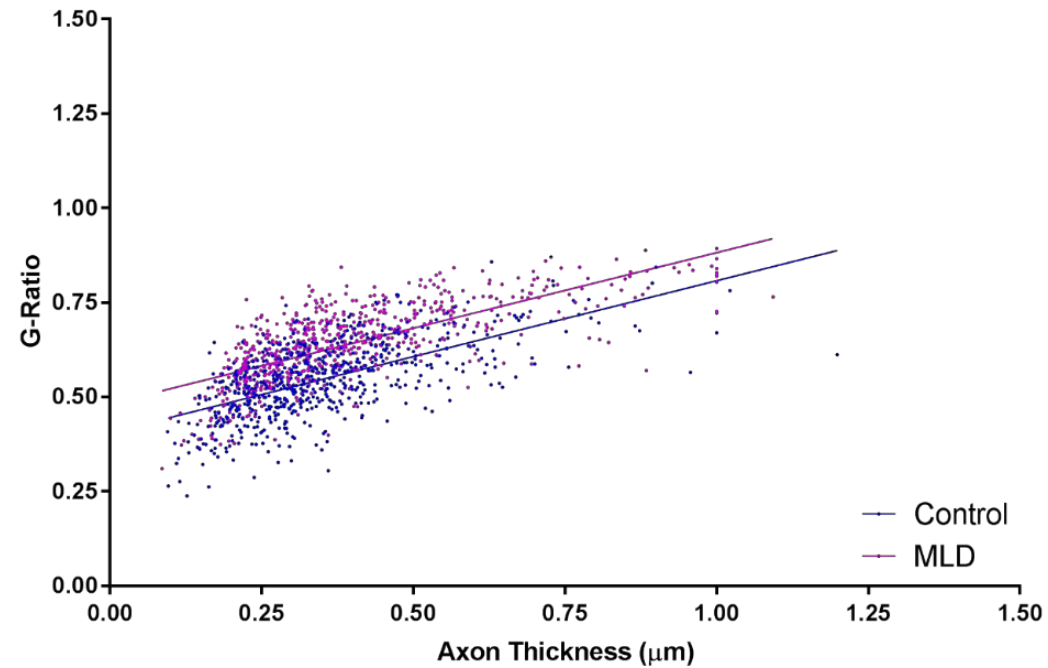
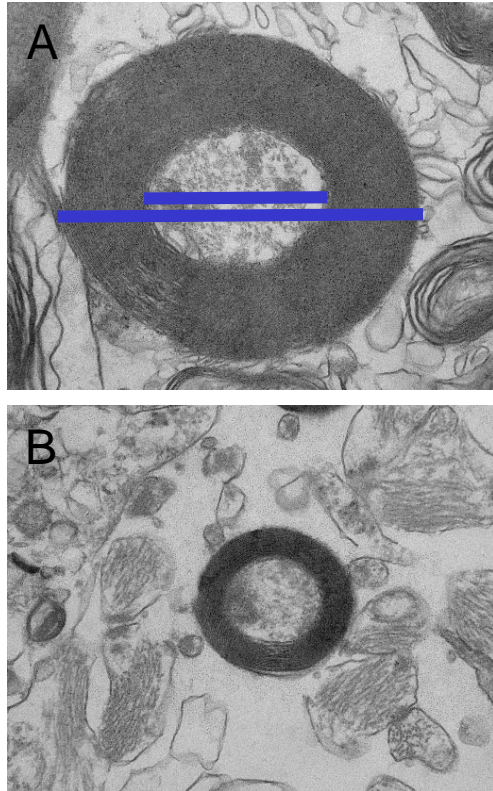


after transplantation



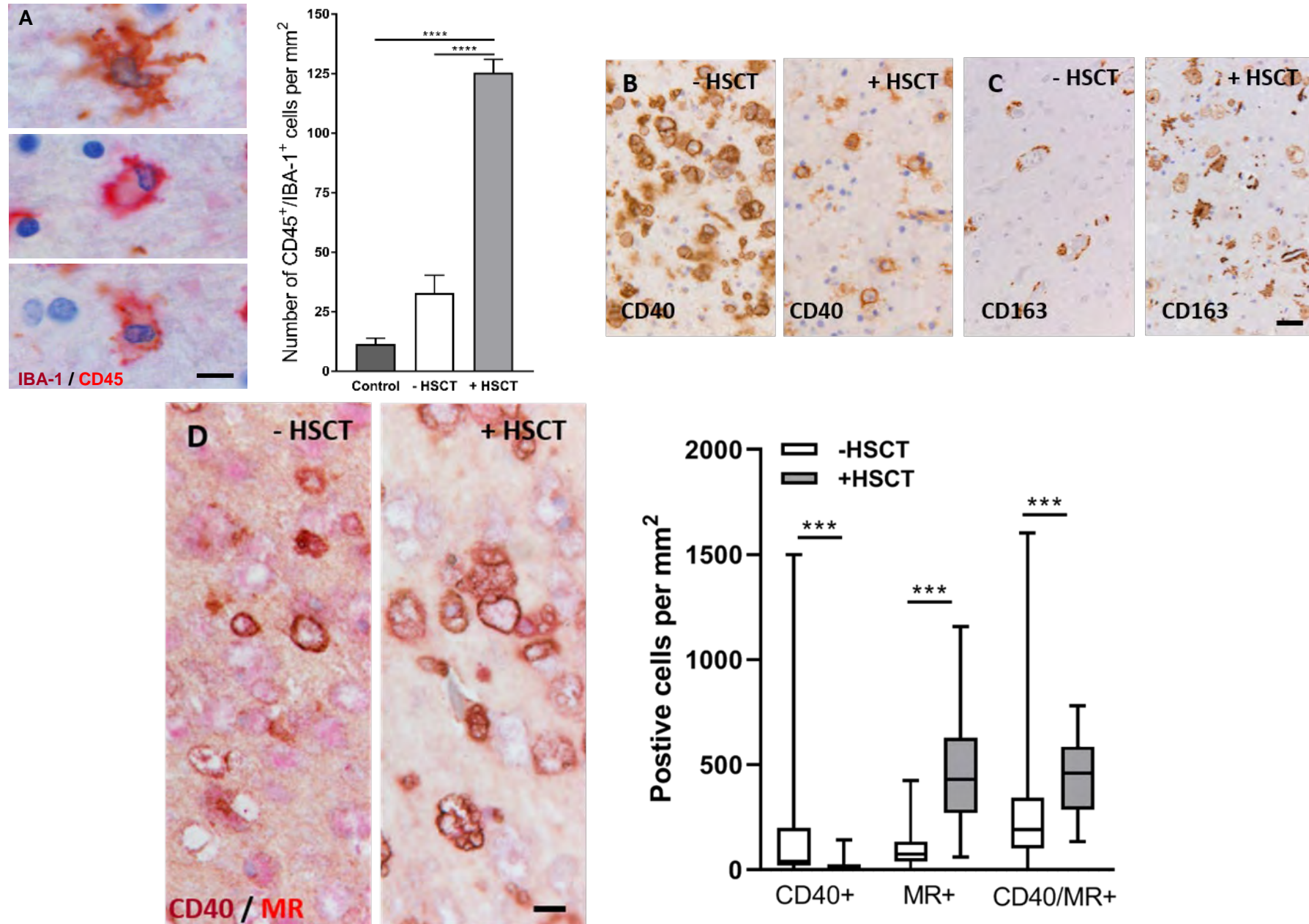
Transplantation is associated with remyelination

(“normalization” of white matter signal changes on MRI)

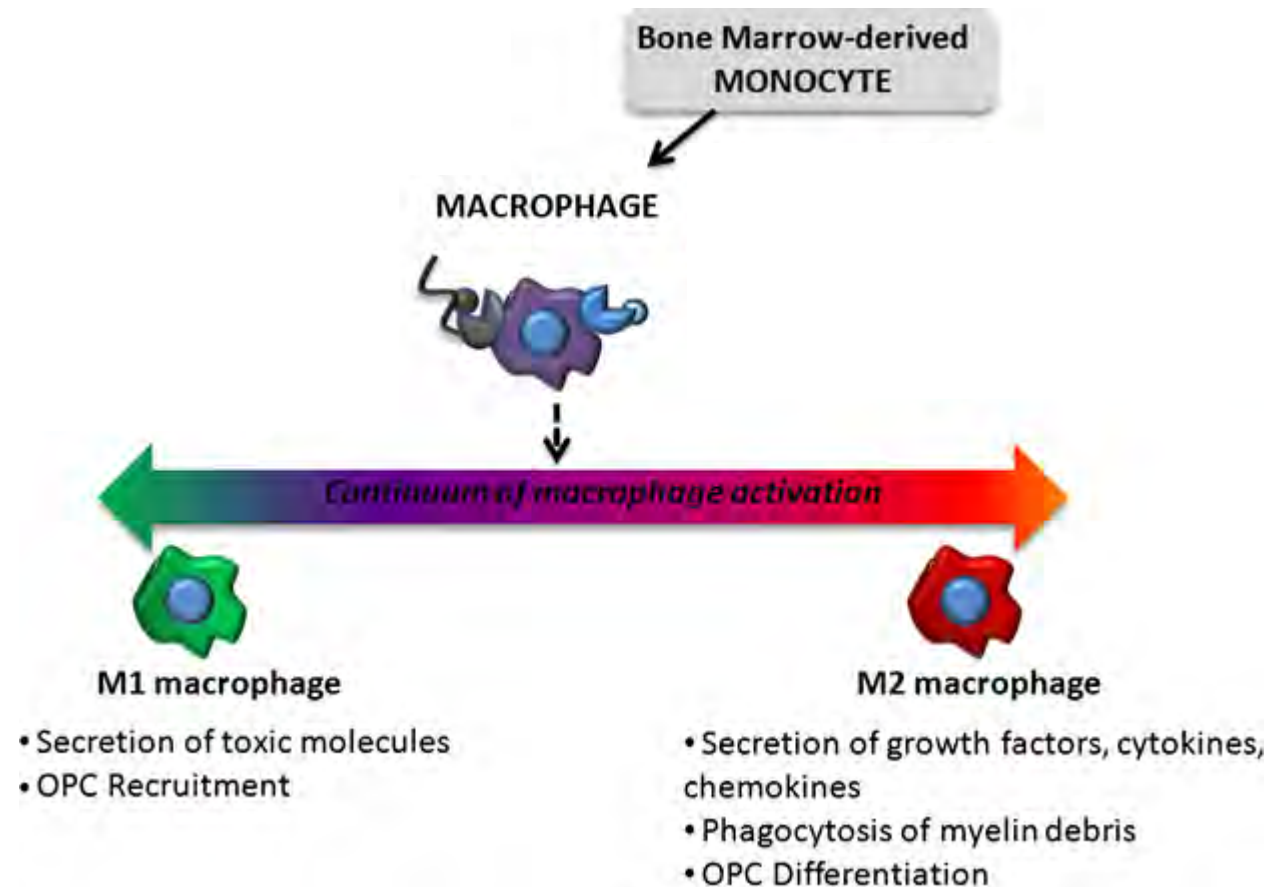


G-Ratio = The ratio of the inner axonal diameter to the total outer diameter

Transplantation modulates microglia activation status



Transplantation skews the macrophages towards an anti-inflammatory phenotype that supports remyelination

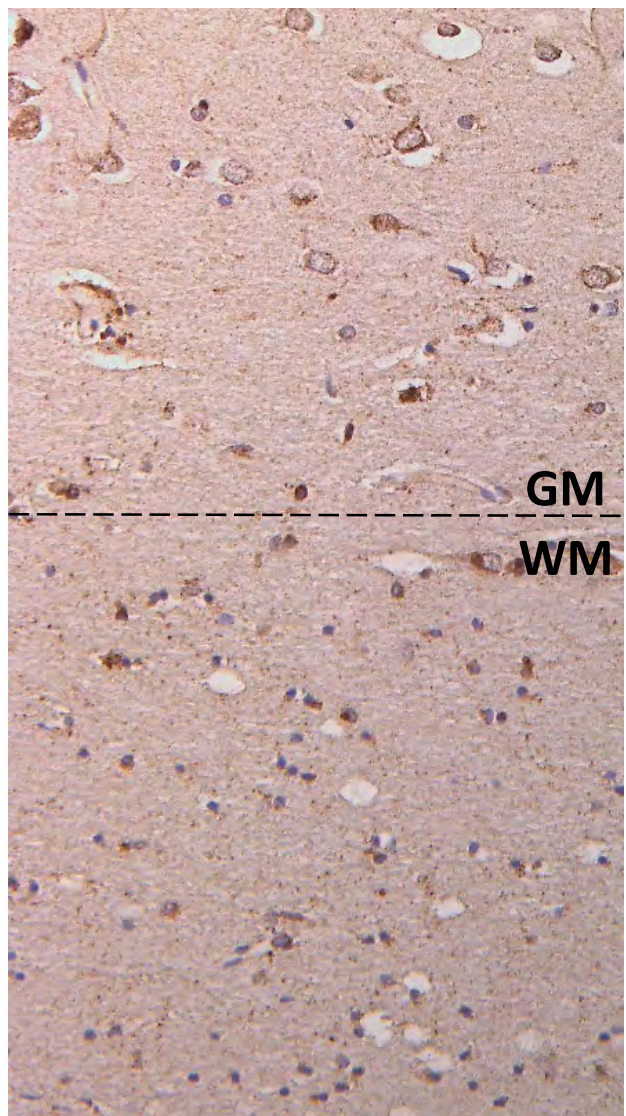


**Hematopoietic stem cell transplantation
may repair the leukodystrophy.**

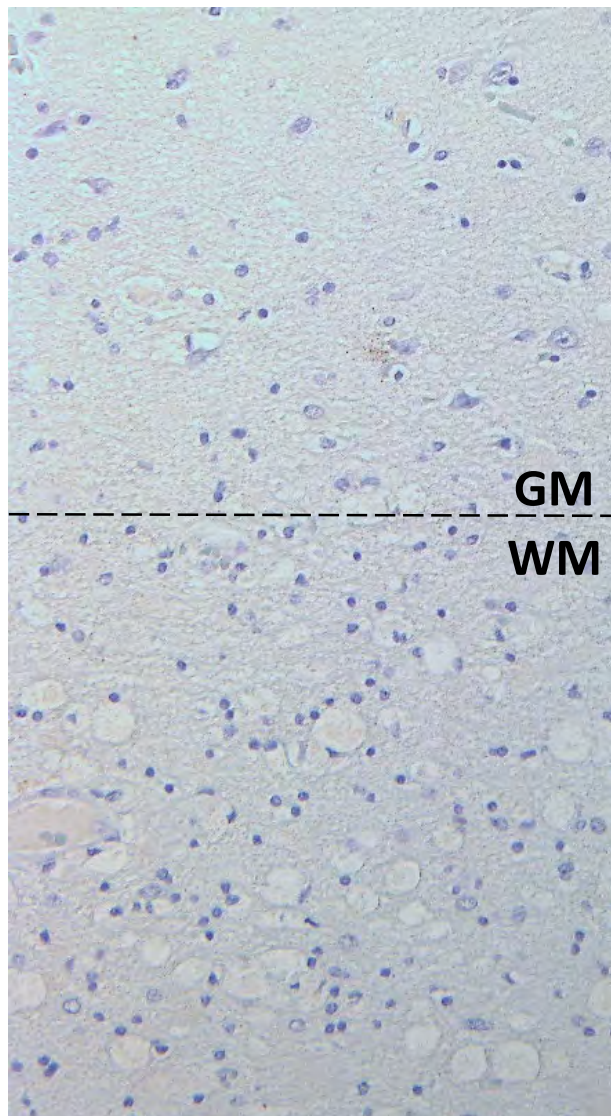
But, why do patients may become demented afterwards?

Donor macrophages do NOT reach the grey matter

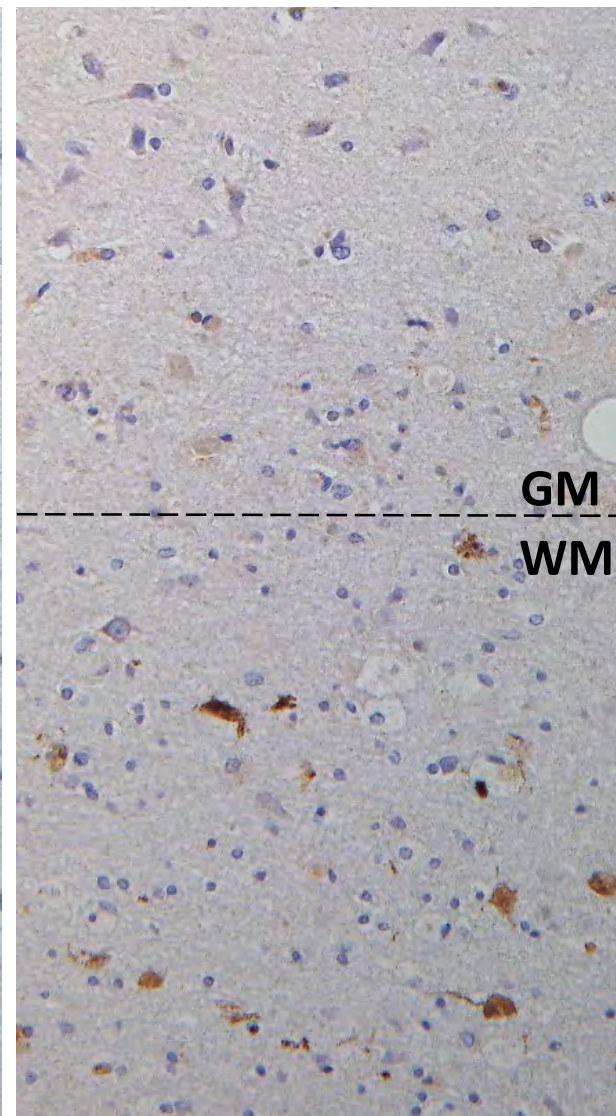
healthy control



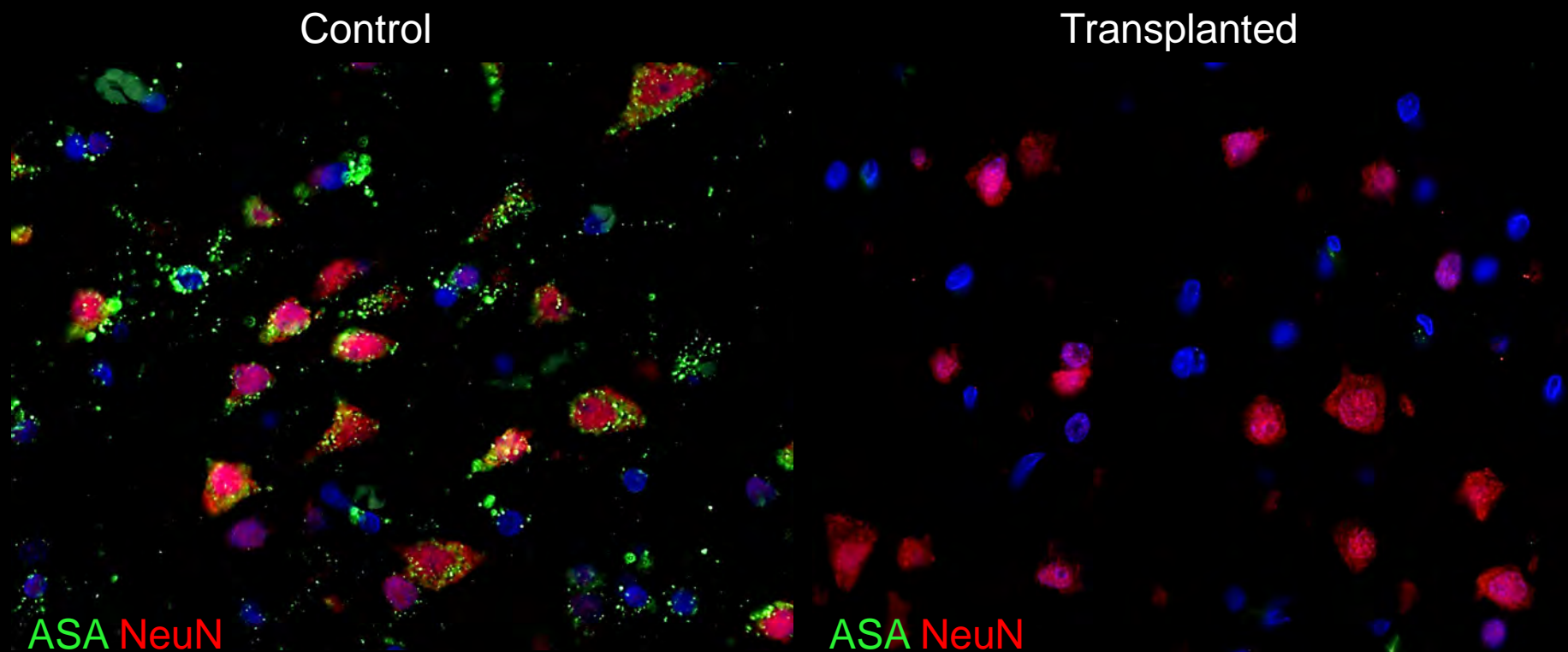
no transplantation



after transplantation



**Donor macrophages do NOT reach the grey matter:
and the neuronal pathology goes on...**



Does hematopoietic stem cell transplantation always work in metachromatic leukodystrophy?

1. Never, it has no effects
2. Seldom, only in advanced cases
3. Sometimes, and often only on the white matter pathology
4. Always

A new classification of leukodystrophies

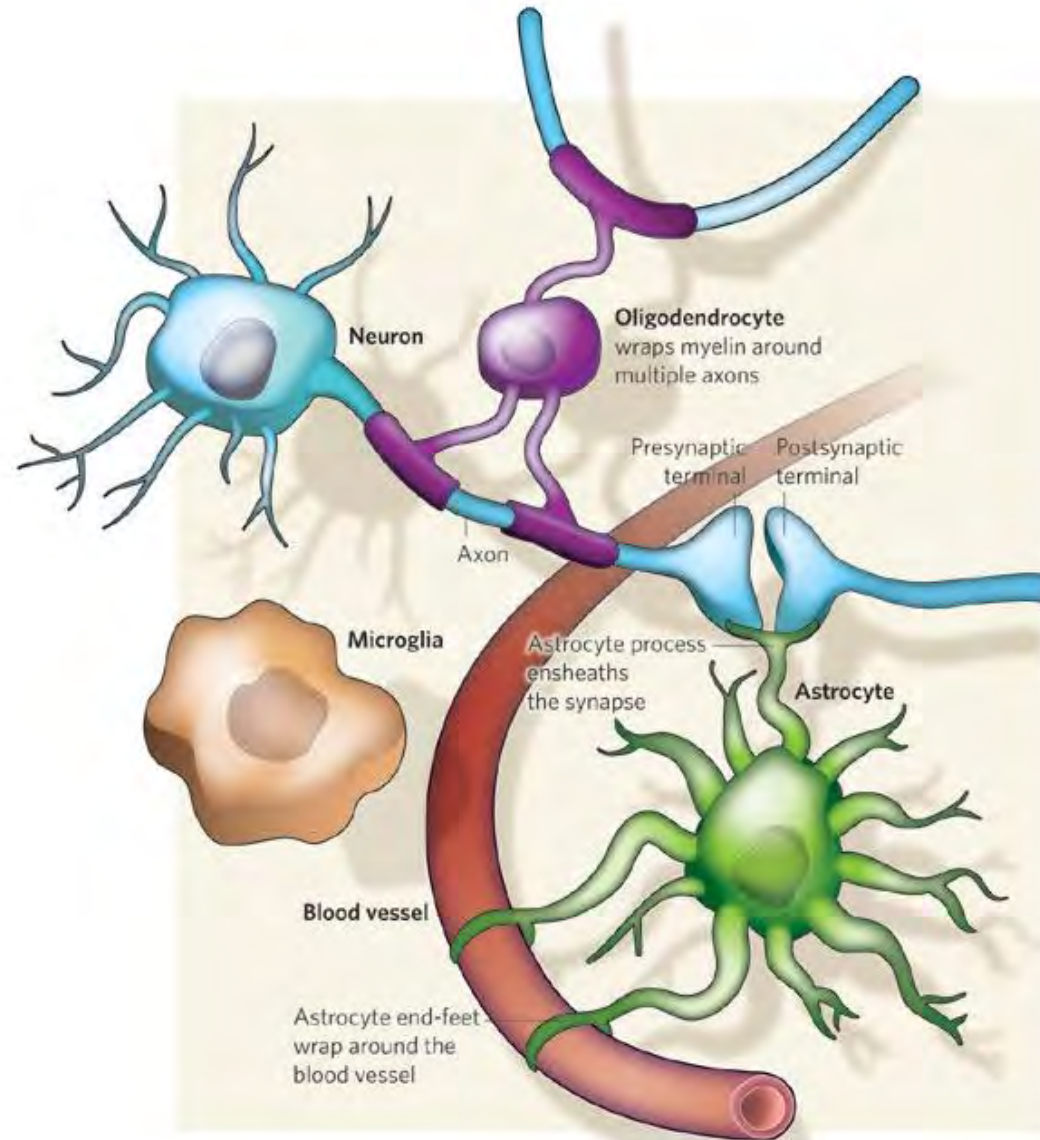
Myelin disorders

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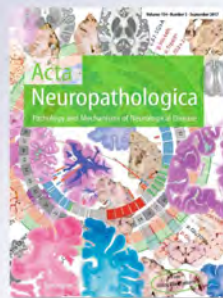


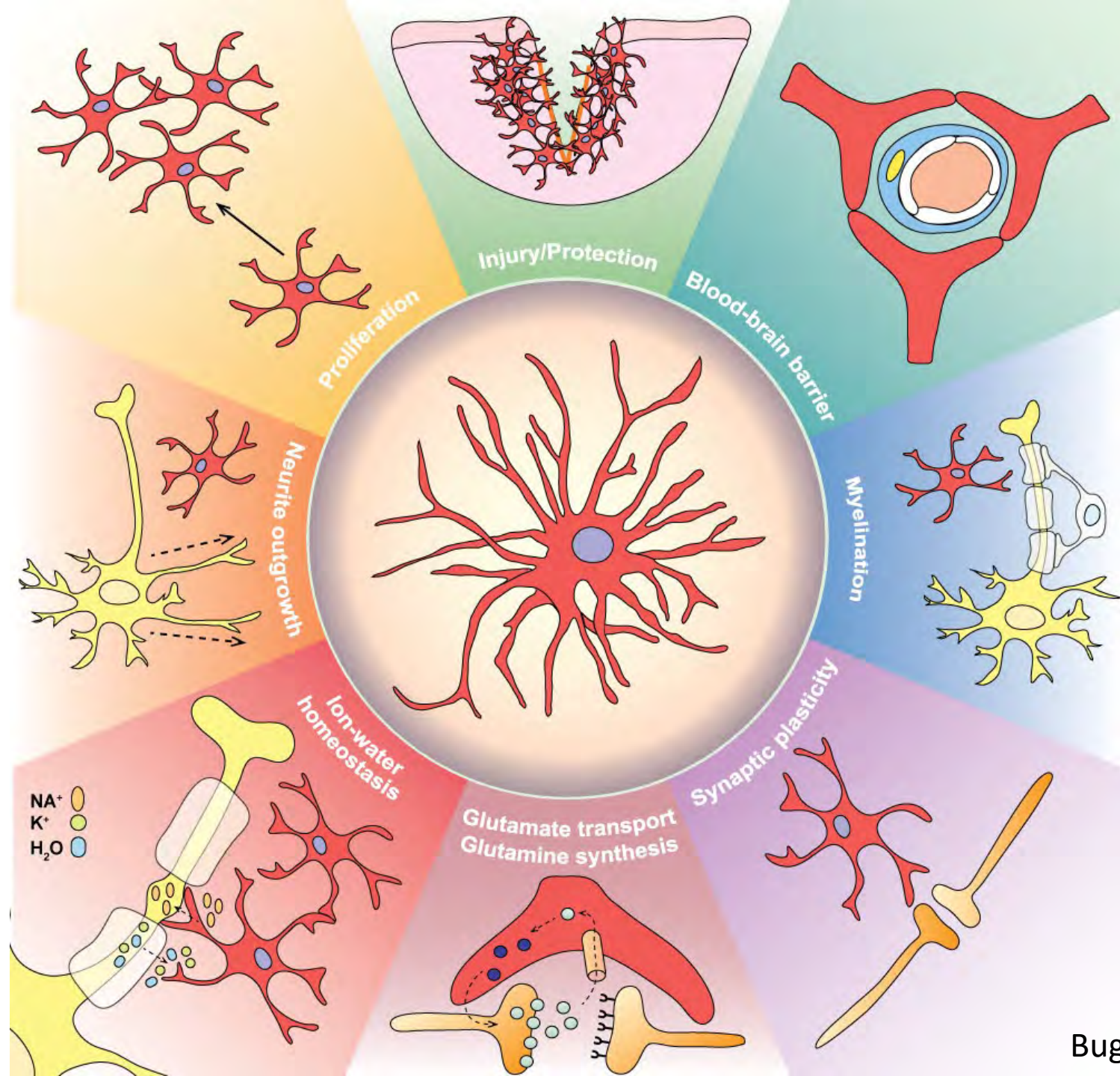
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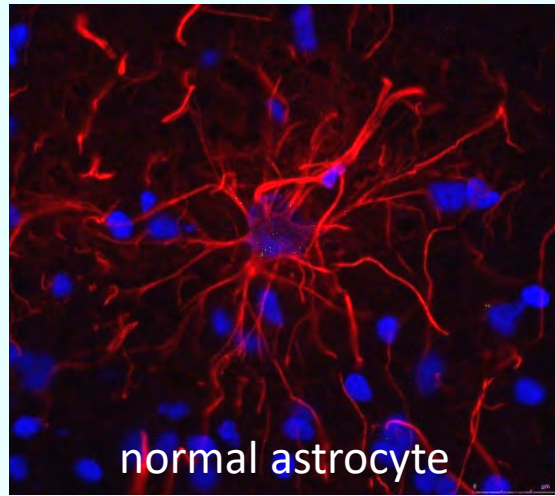
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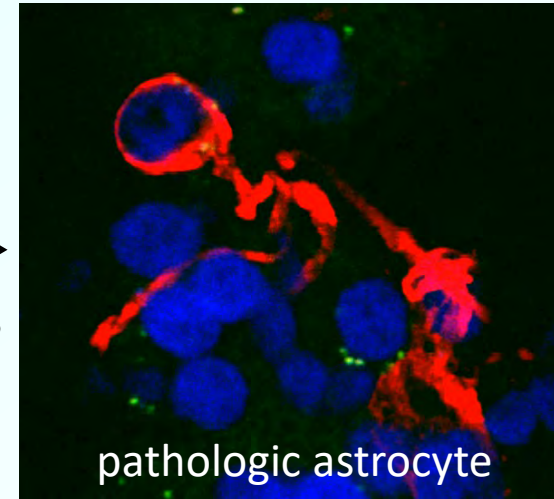






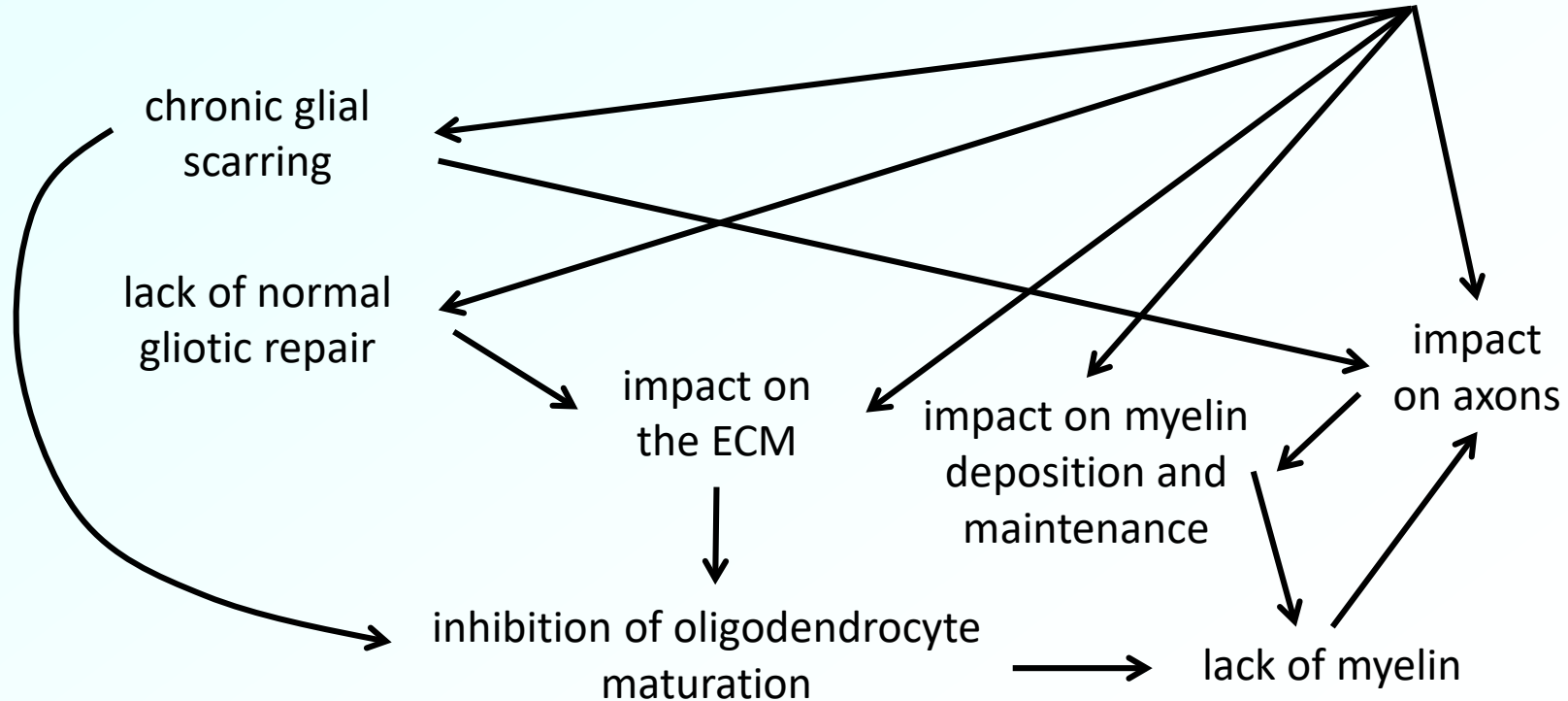
DISEASE

↑ and ↓ of specific proteins



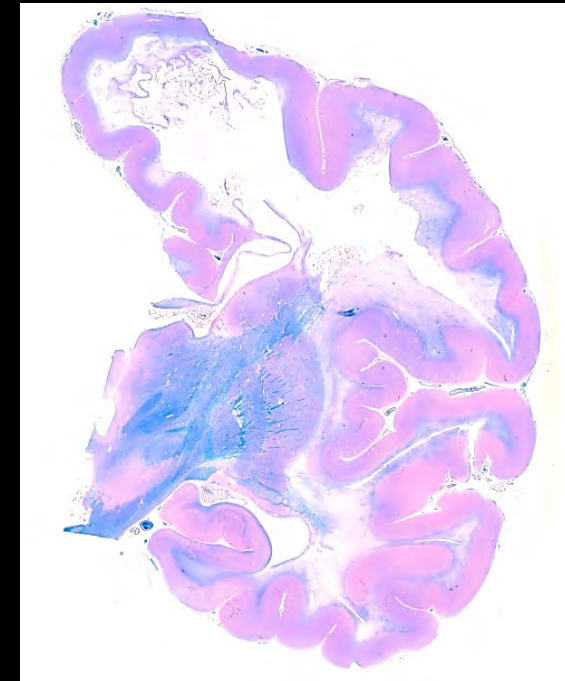
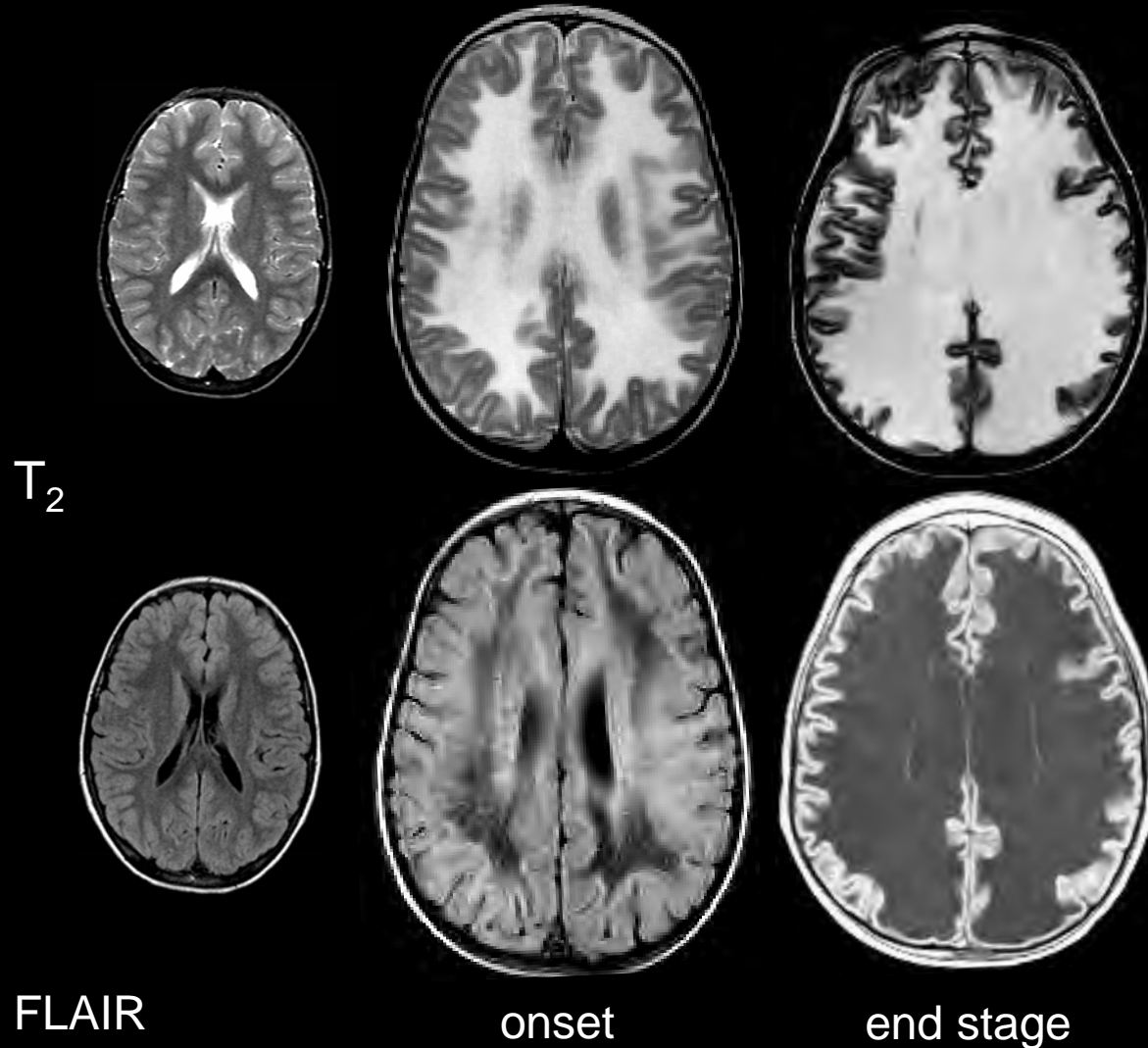
LOSS OF PHYSIOLOGIC FUNCTIONS

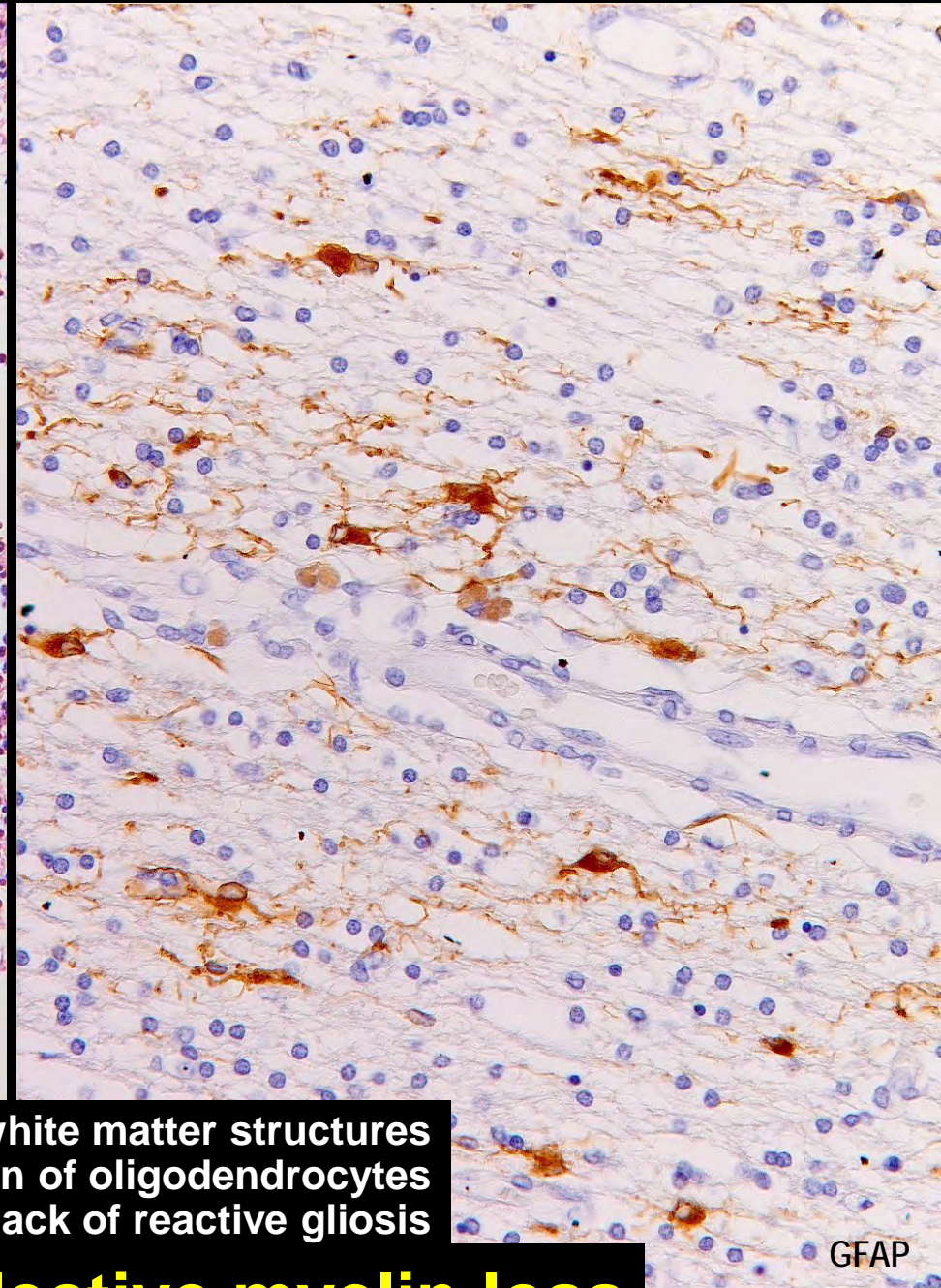
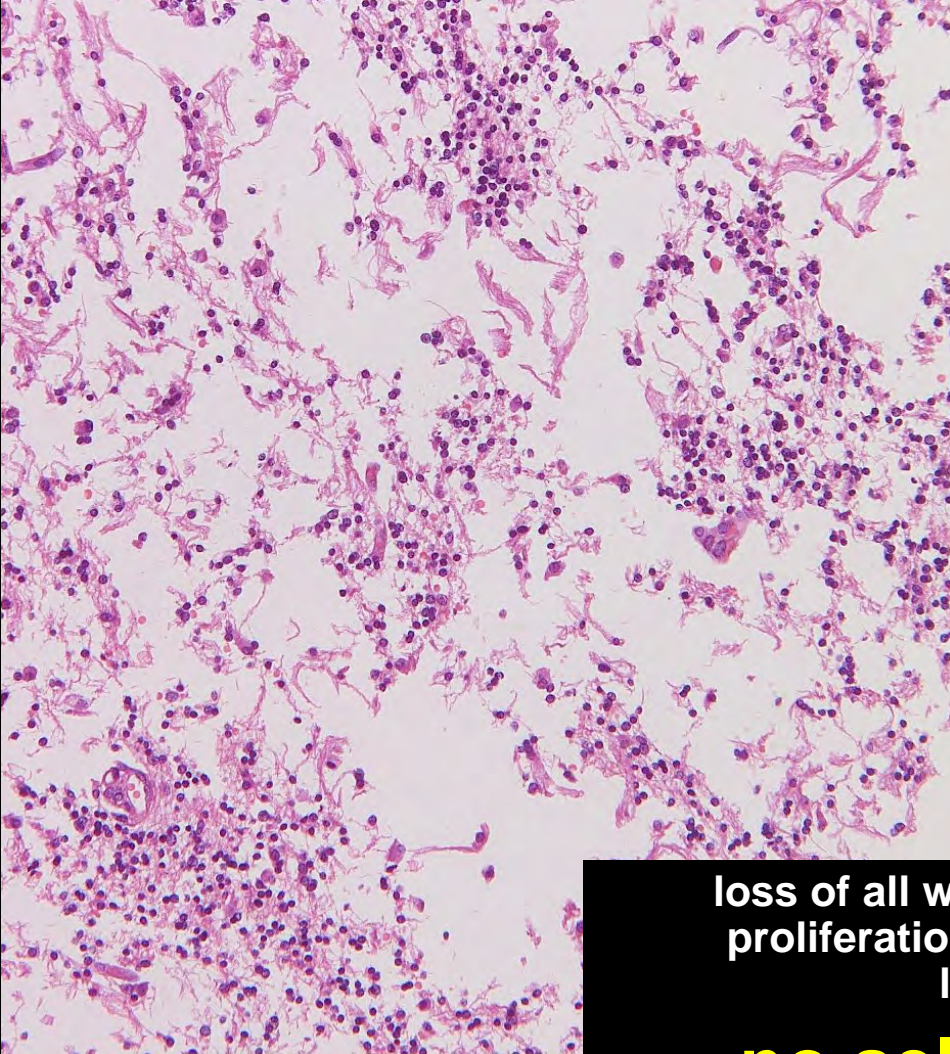
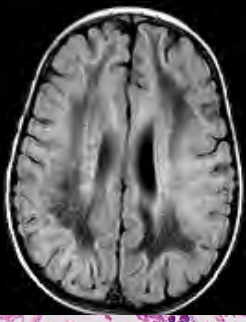
GAIN OF PATHOLOGIC FUNCTIONS



Vanishing White Matter

- Mutations in *EIF2B1-5*, encoding the 5 eIF2B subunits
- eIF2B: initiation of translation of all mRNAs
regulation of general mRNA translation rate
- Disease mechanisms? Altered expression of specific proteins?



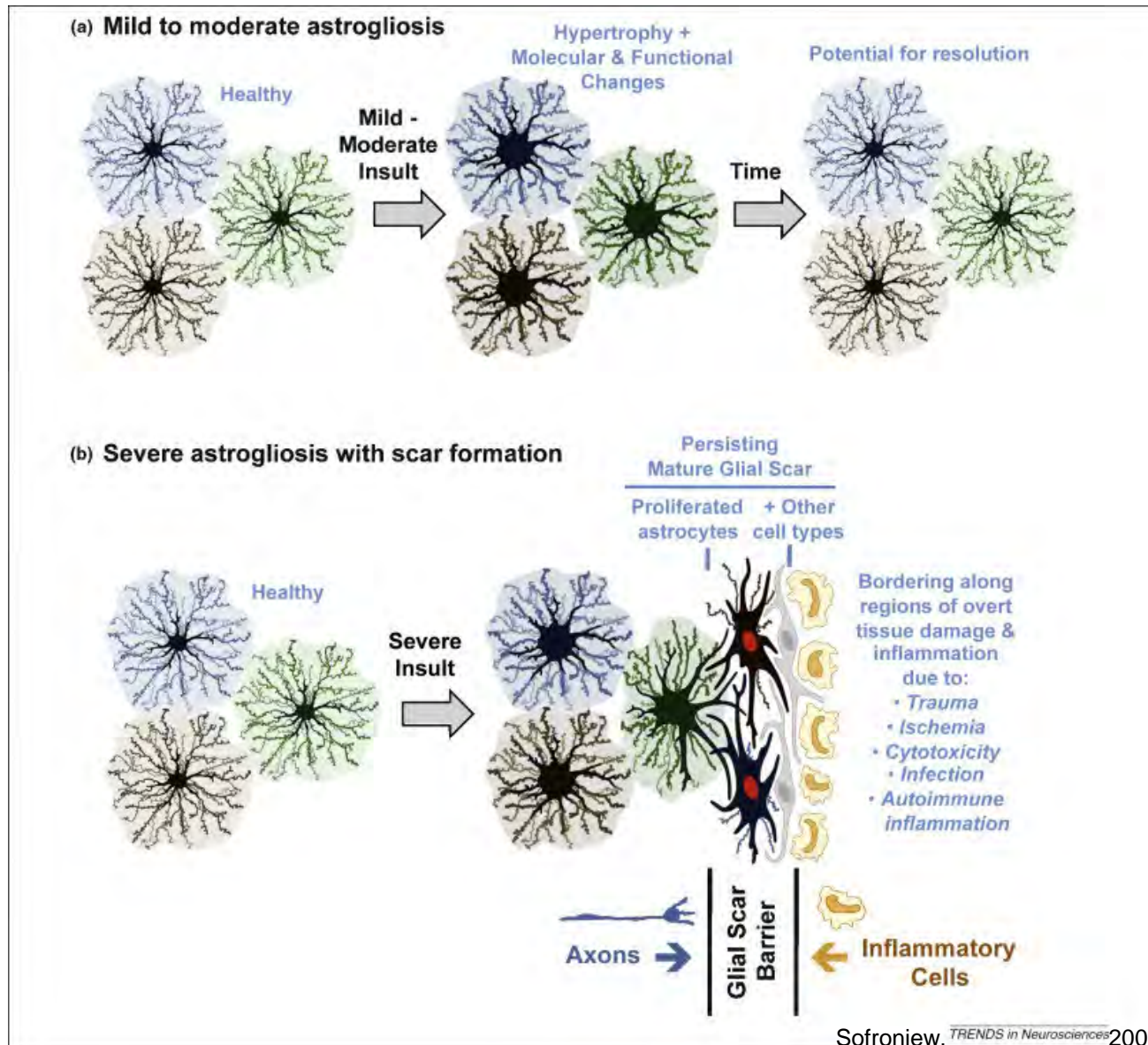


loss of all white matter structures
proliferation of oligodendrocytes
lack of reactive gliosis

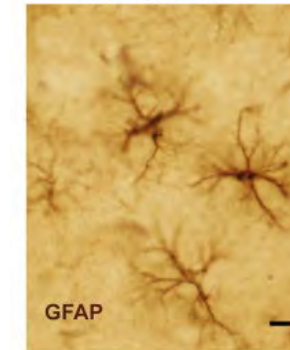
no selective myelin loss

GFAP

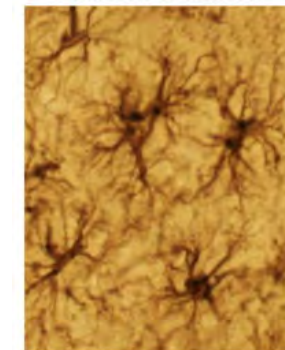
Reactive gliosis



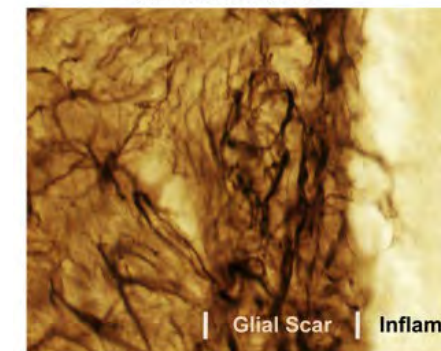
(a) Healthy tissue



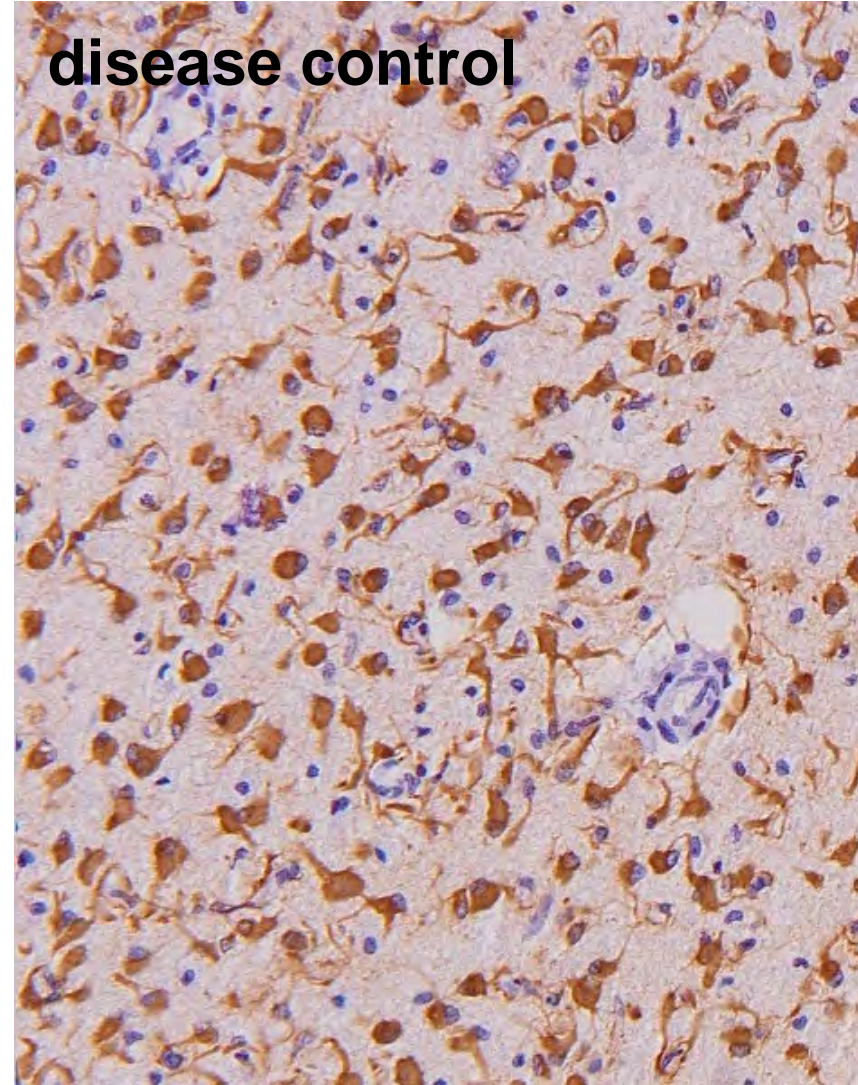
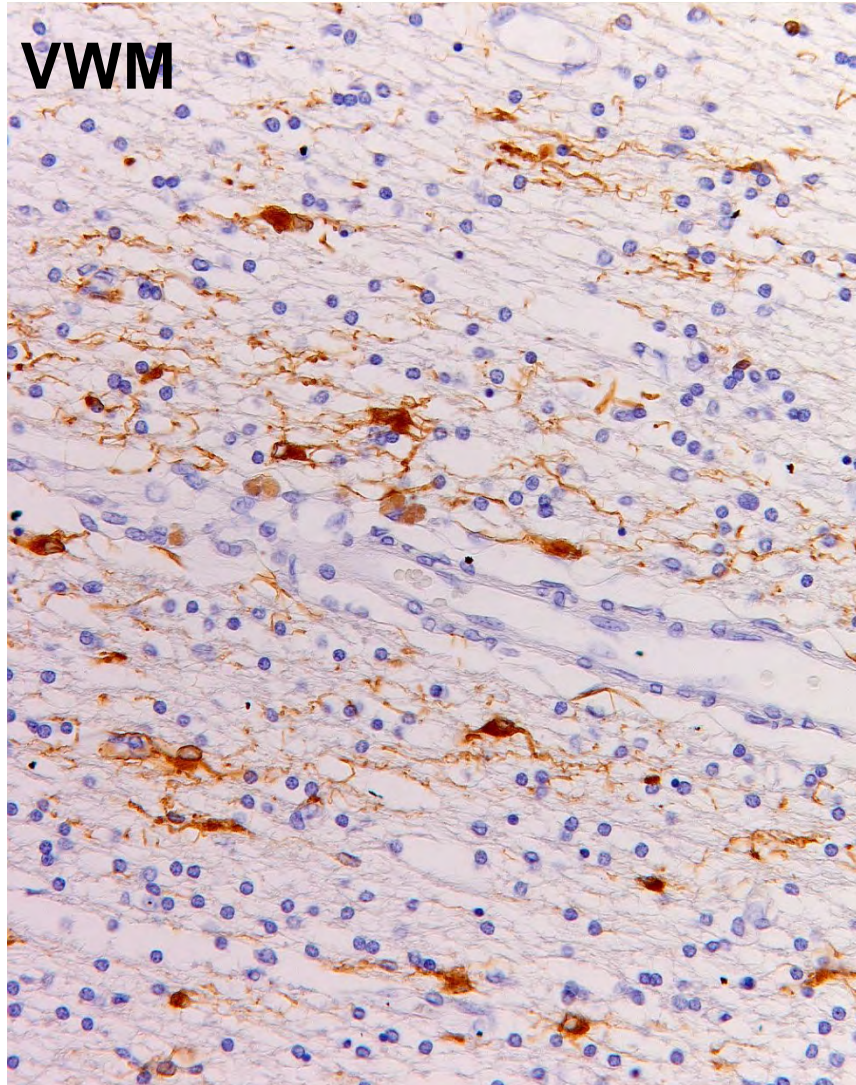
(b) Moderate astrogliosis



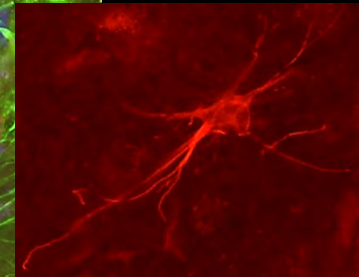
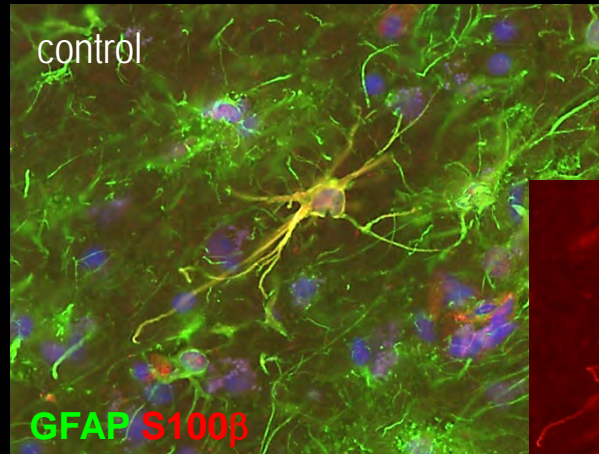
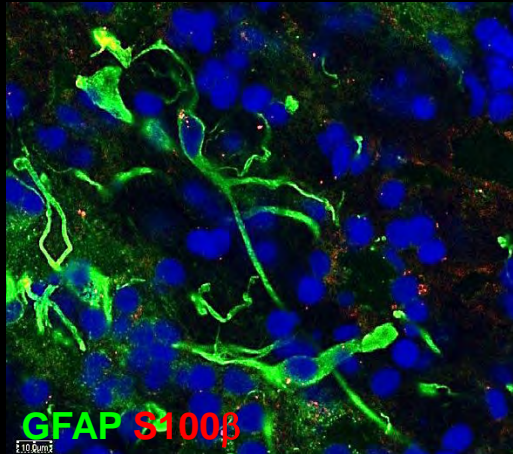
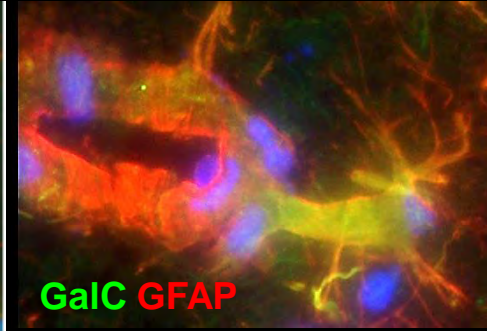
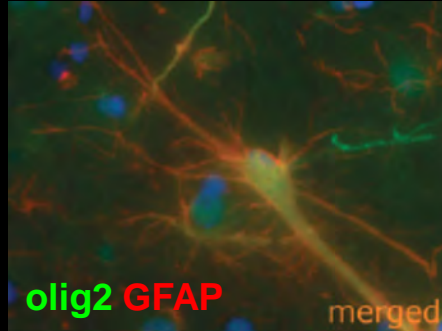
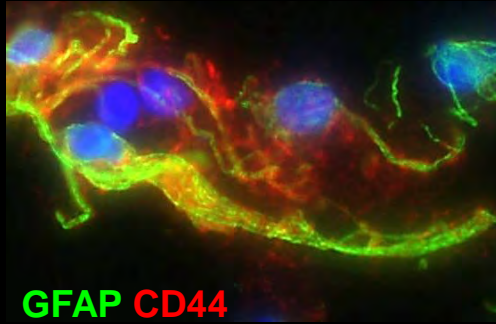
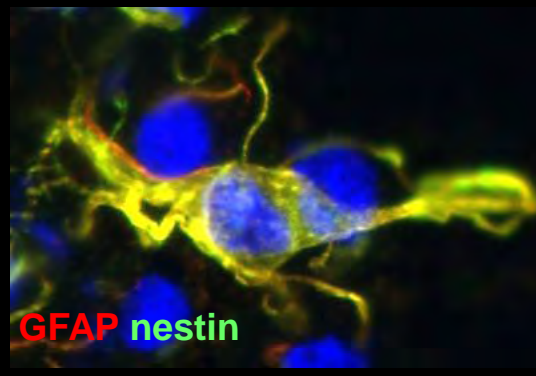
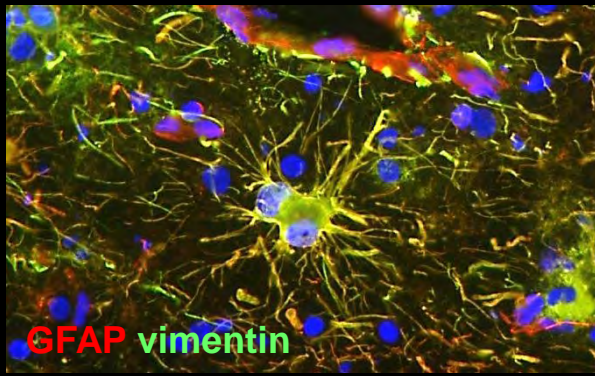
(c) Severe astrogliosis



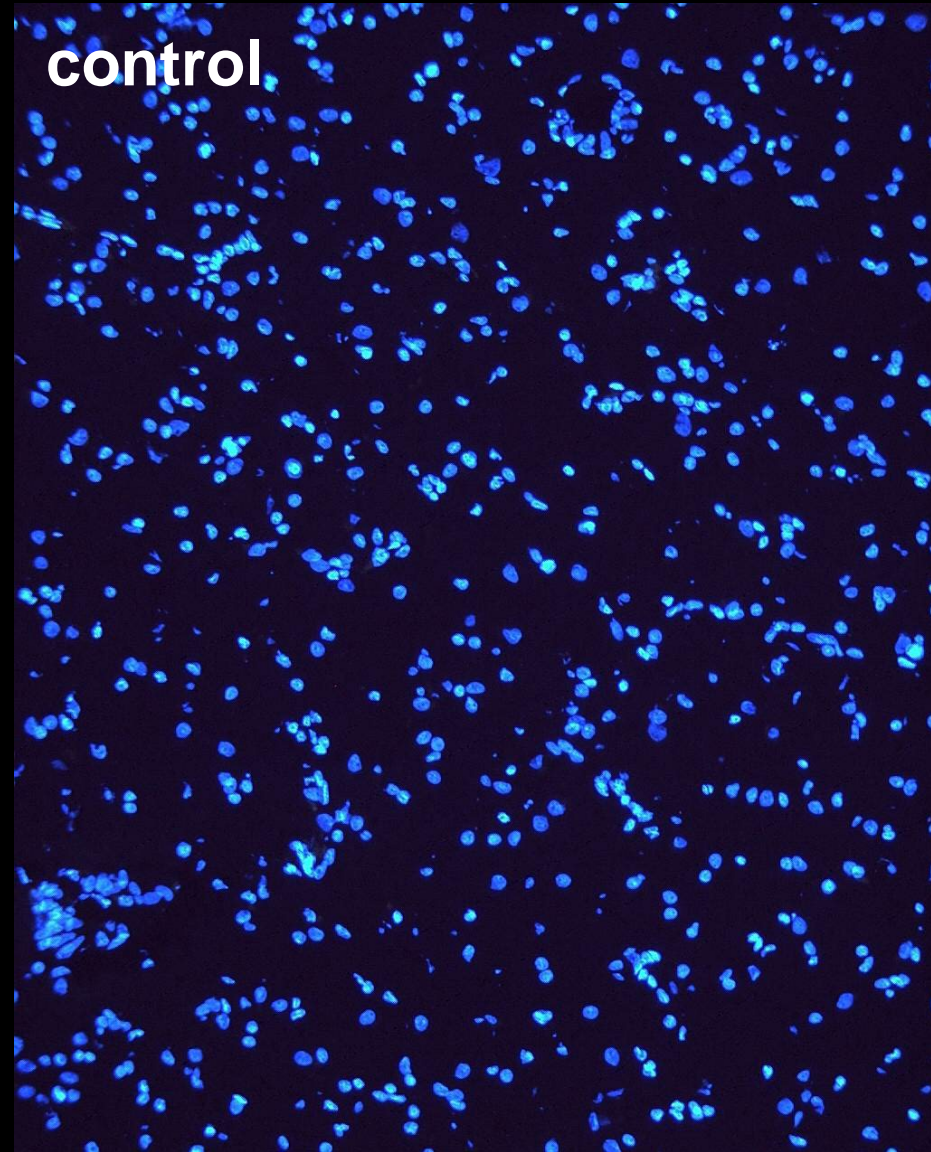
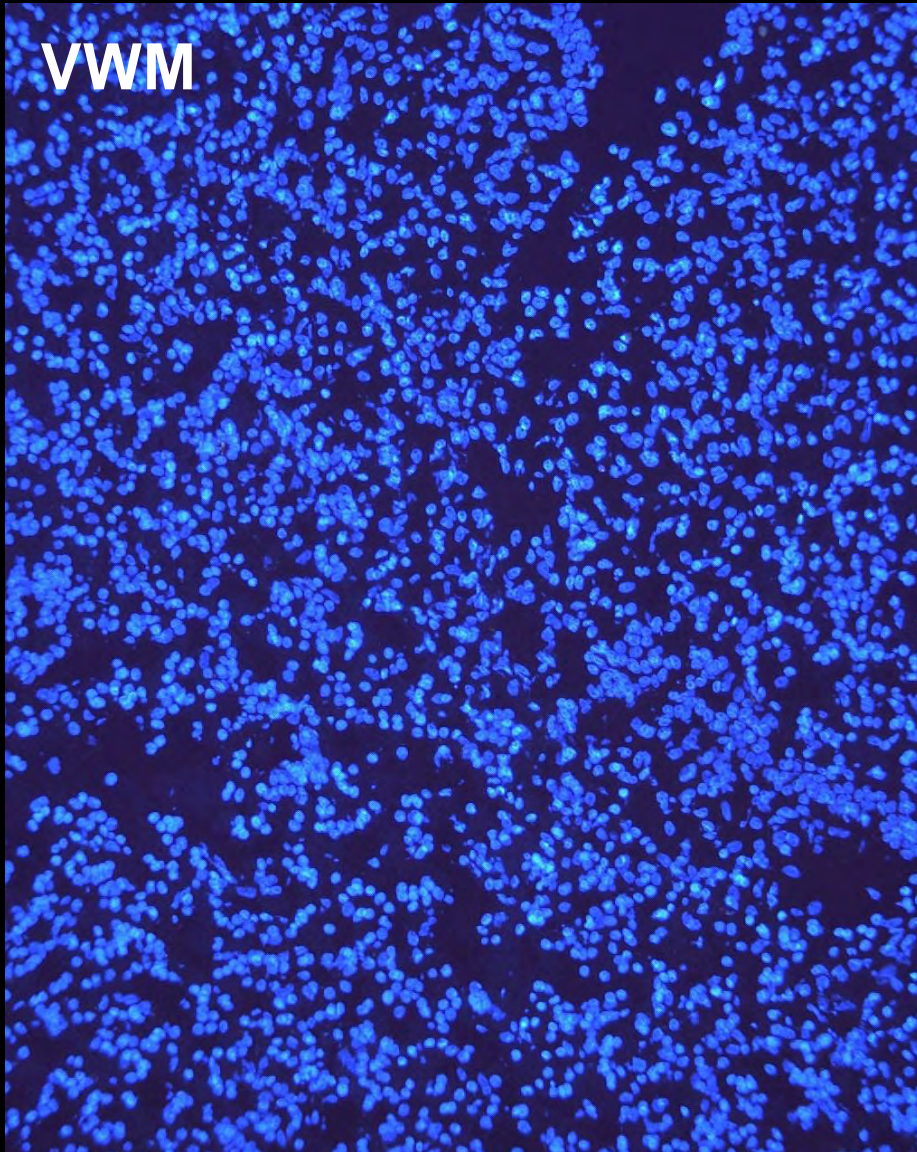
VWM white matter astrocytes proliferate, remain immature and lack mature function (e.g. astrogliotic scar tissue formation)



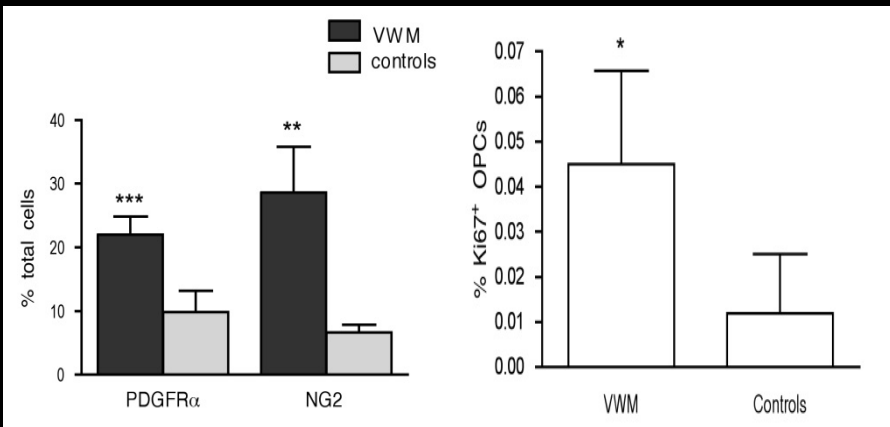
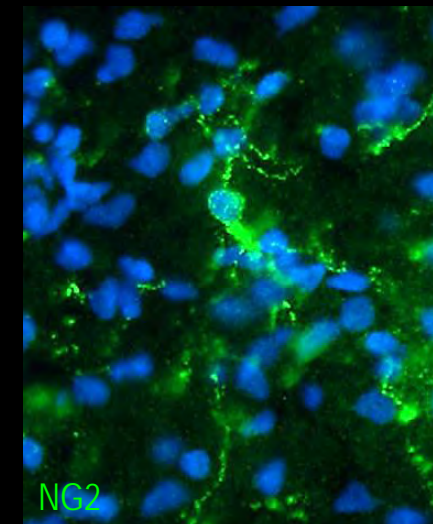
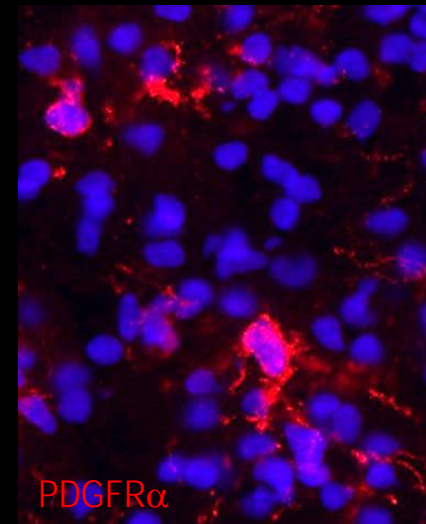
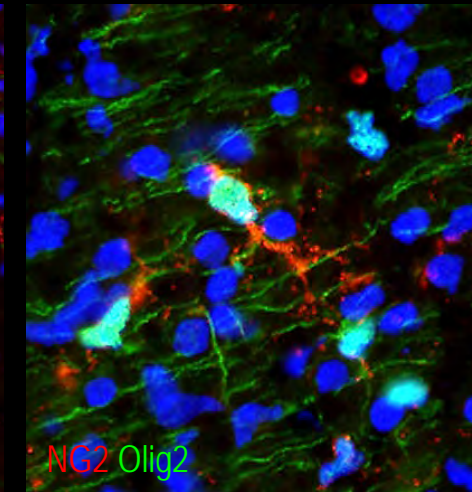
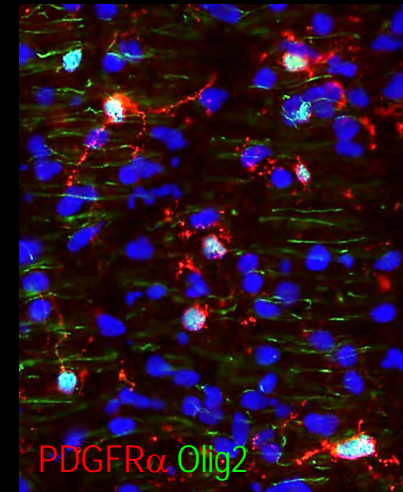
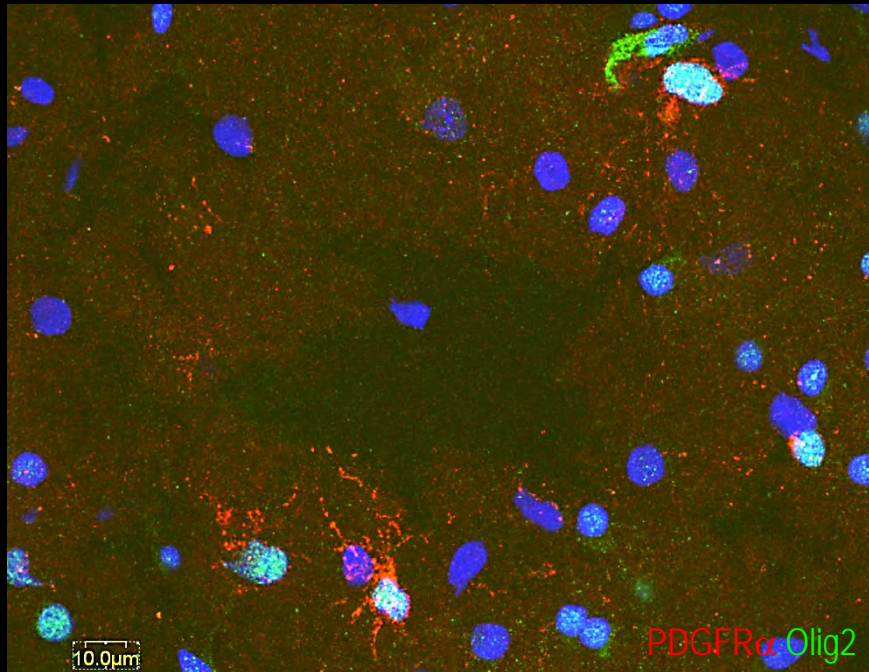
VWM white matter astrocytes remain immature



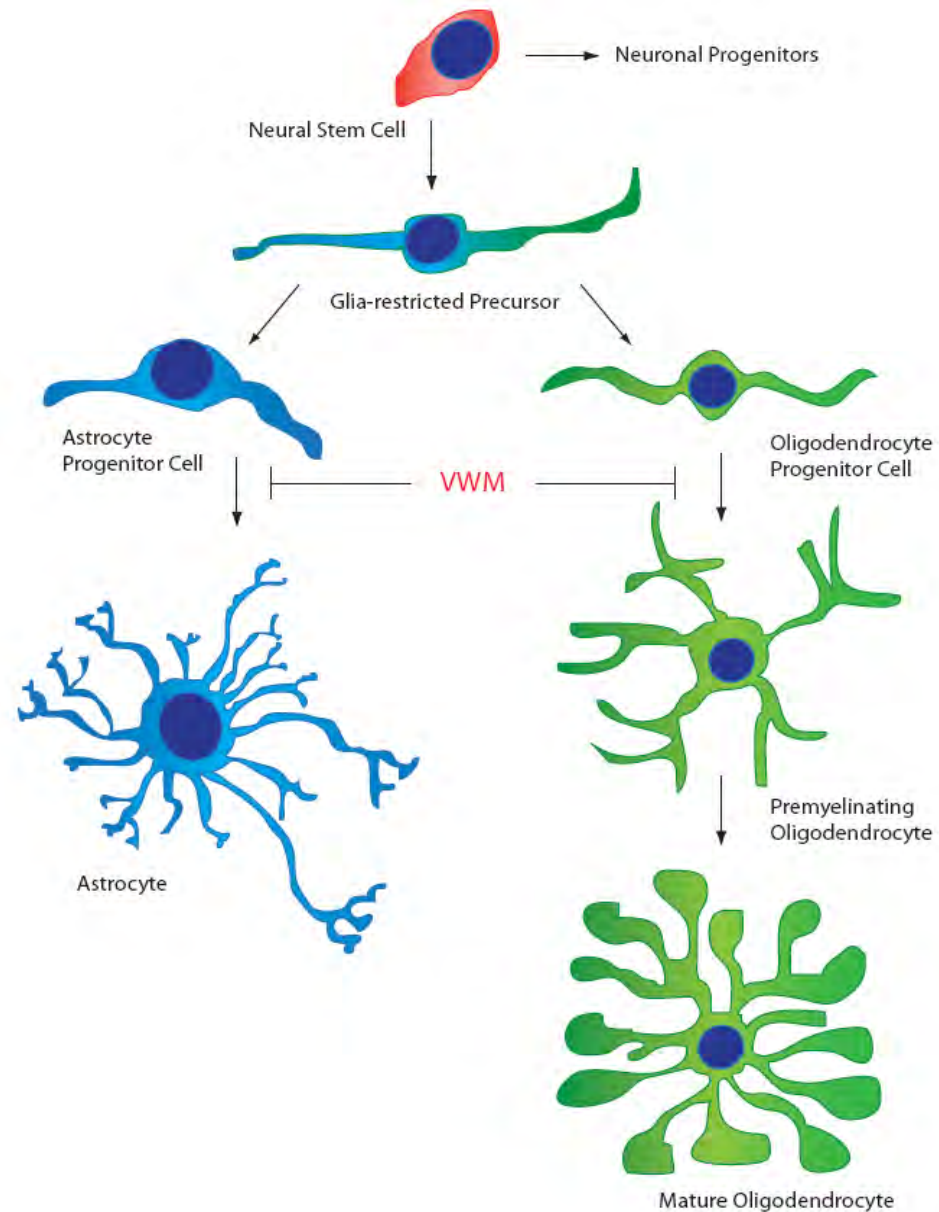
VWM white matter:
lack of myelin, but too many oligodendrocytes



Oligodendrocytes proliferate and are increased in number, but they remain immature and lack of mature myelination function

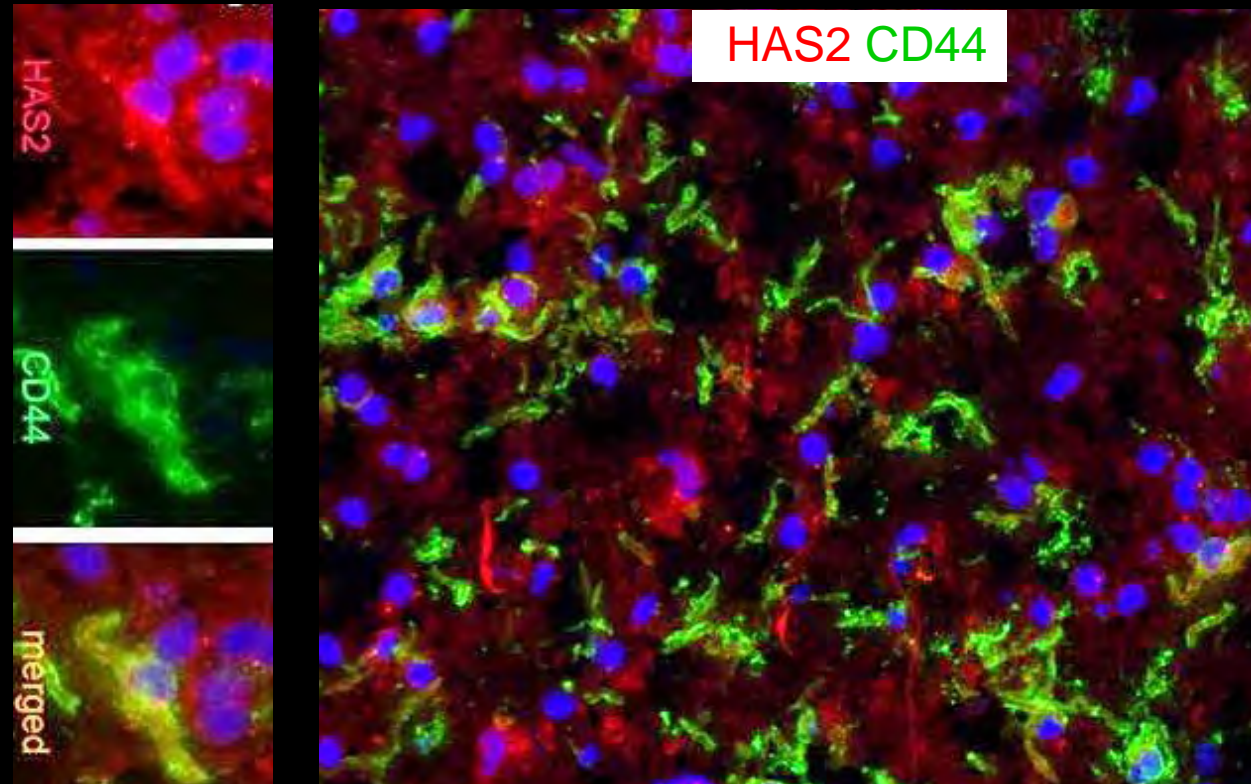
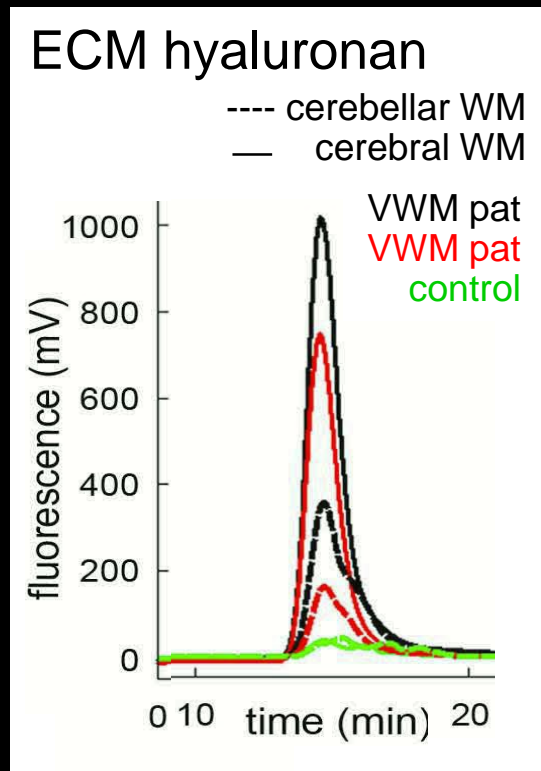


Deficient maturation of macroglial cells in VWM white matter driven by astrocytic dysfunction



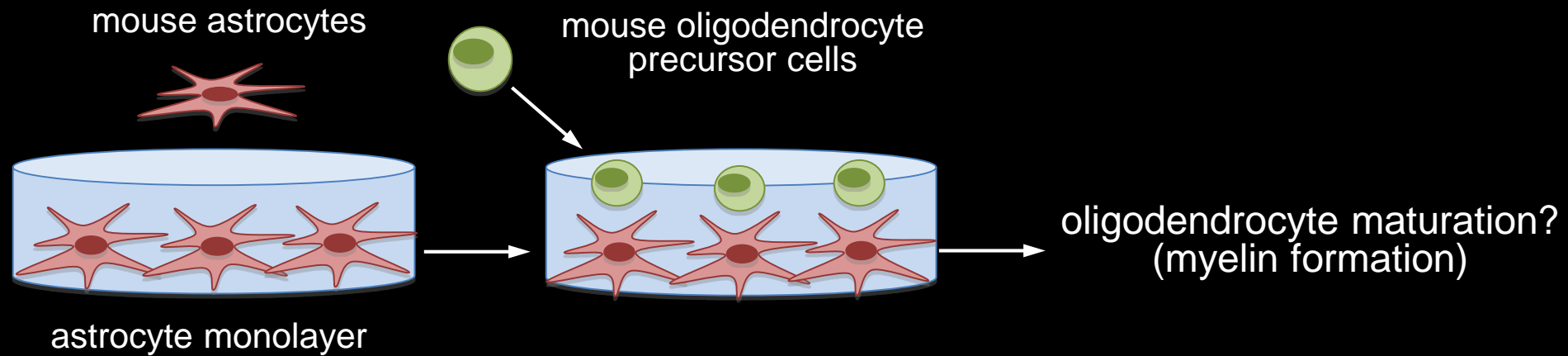
Highly elevated high molecular weight hyaluronan in VWM white matter

- Produced by astrocytes
- Known to inhibit oligodendrocyte precursor maturation
- Its level correlates with the severity of white matter abnormality
- Hyaluronan synthase2 (HAS2) increased in immature (CD44⁺) white matter astrocytes



Does the VWM defect impact oligodendrocytes and astrocytes at the same time or is one causing the dysfunction of the other?

Studies in cocultures, using VWM mouse cells



VWM astrocytes have a negative impact on both WT and VWM oligodendrocytes, but VWM oligodendrocytes display normal myelin production with WT astrocytes

WT OPCs

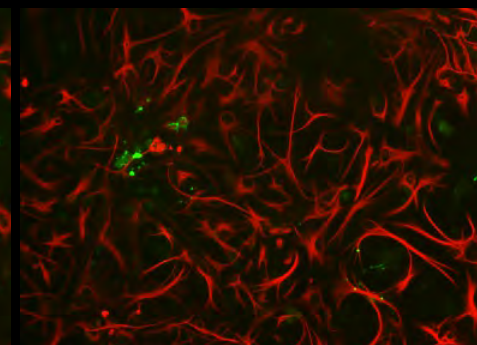
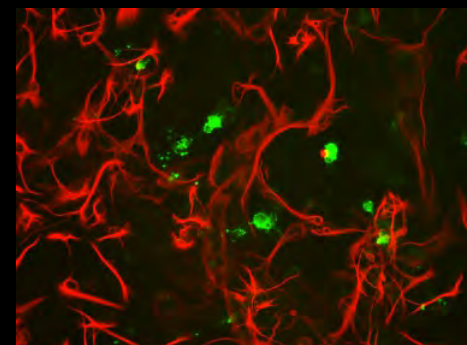
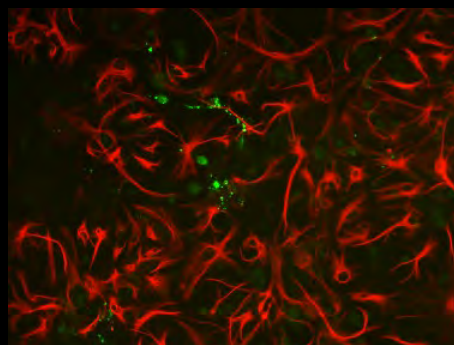
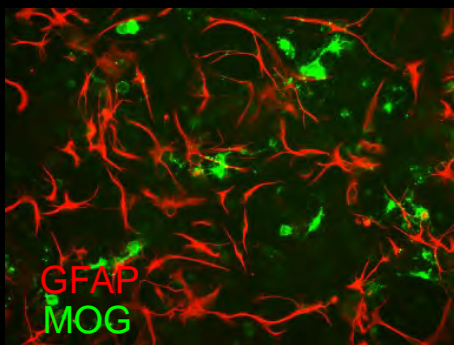
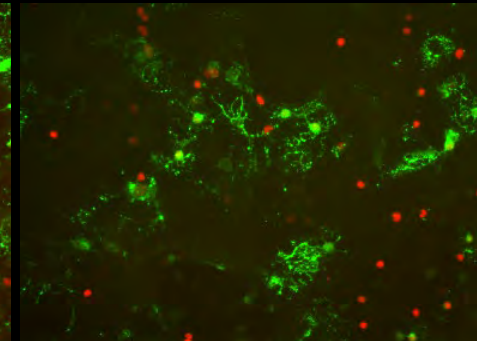
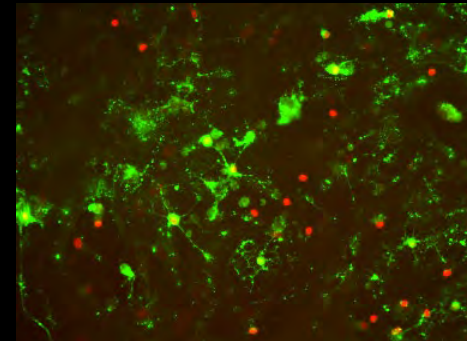
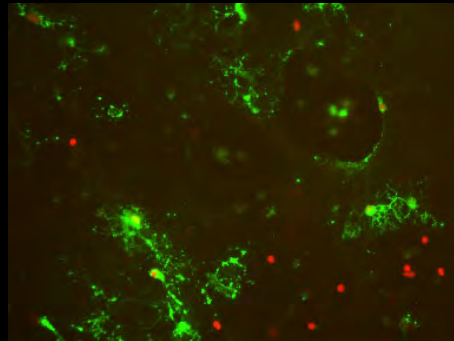
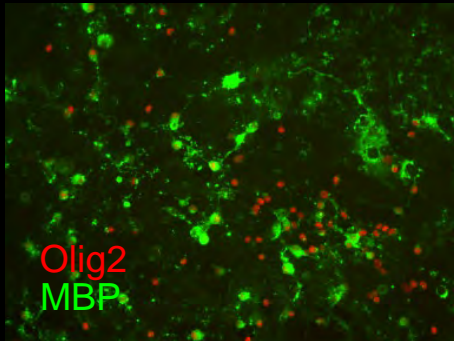
VWM OPCs

WT astrocytes

VWM astrocytes

WT astrocytes

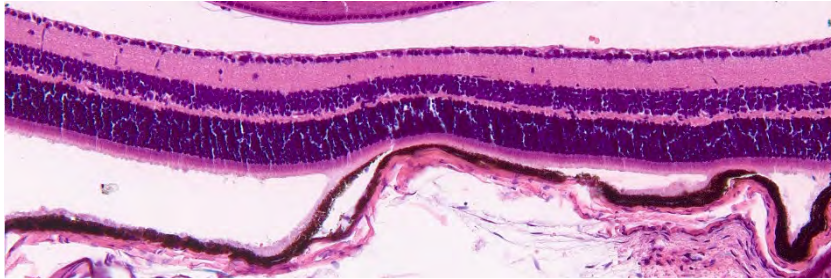
VWM astrocytes



- So, VWM OPCs do not have an intrinsic problem

VWM mice: the eye pathology

Wild-type



VWM mice

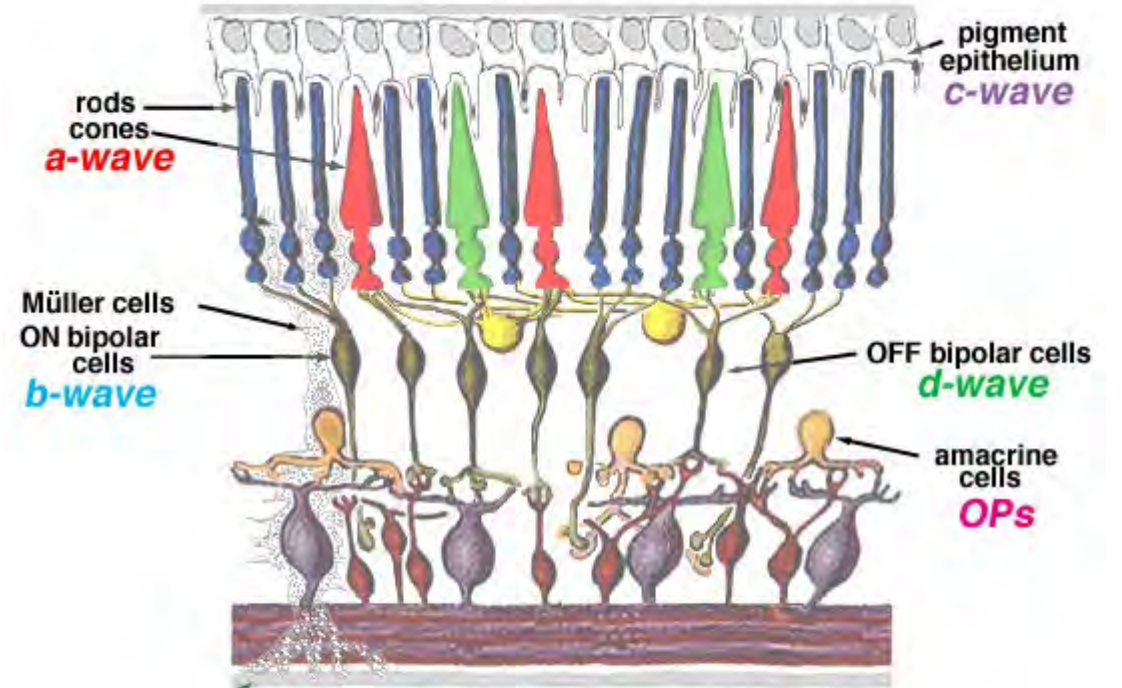
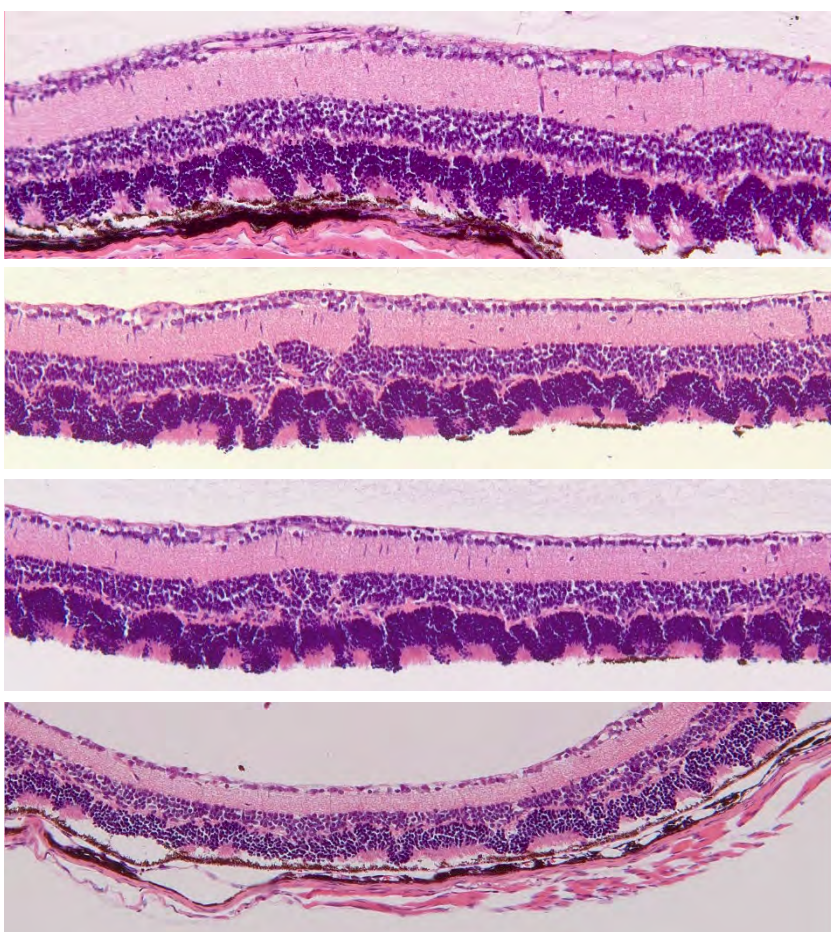


Fig.3 Cartoon of the retina to show where the major components of the ERG originate.

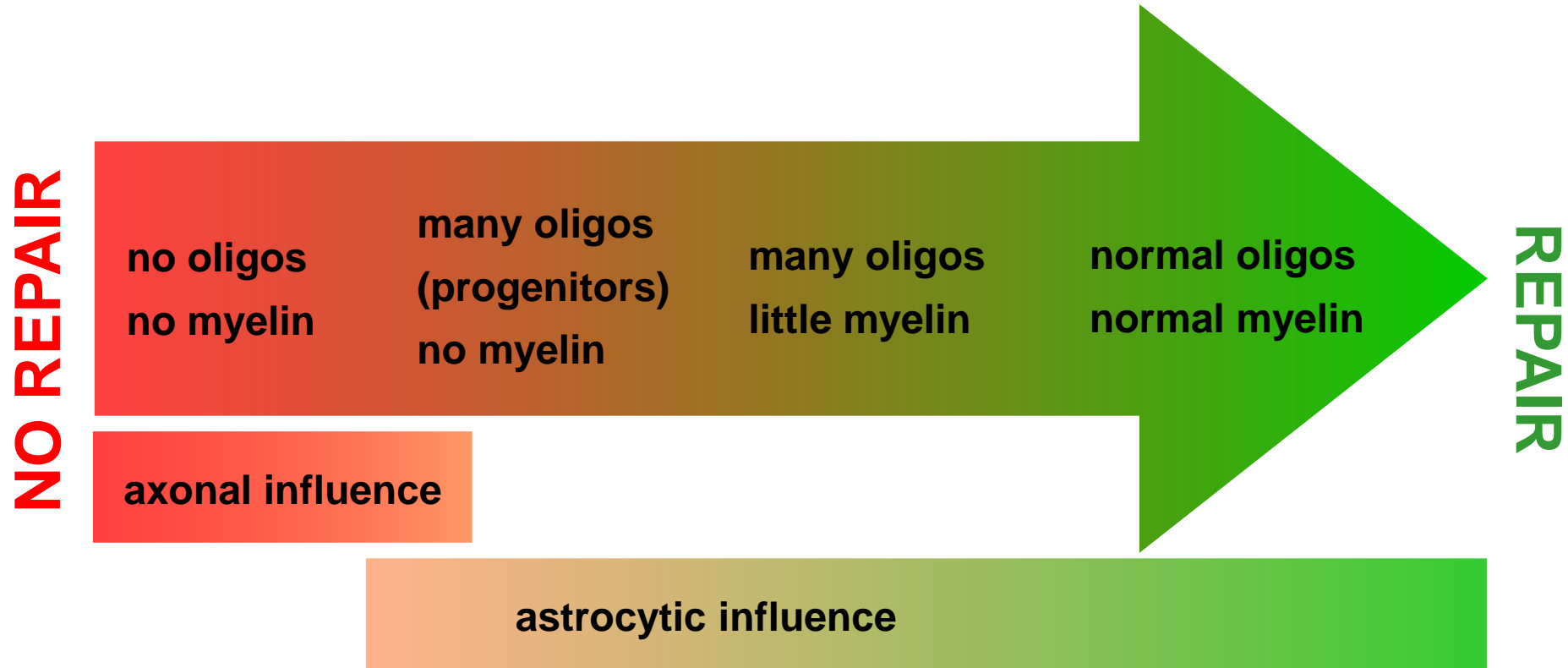
Vanishing white matter is?

1. A disease of the oligodendrocytes, the myelin-forming cells
2. A disease of the astrocytes
3. A disease of the microglia, the brain immune cells
4. Not a brain disease

Key conclusions

- The definition of leukodystrophies had to be revised
- Genetic disorders in which any white matter structural component is primarily affected
- Better understanding of the complexity of the brain white matter
- When treating patients with leukodystrophies, we need to repair more than myelin alone

The intrinsic repair potential of leukodystrophies



Does neuropathology help in unraveling the leukodystrophies disease mechanisms and the effects of treatment?

1. Absolutely not, autopsies are useless
2. Often, autopsies however are too much of a burden for families and doctors
3. Always, autopsies should always be performed
4. I don't care...

Amsterdam Leukodystrophy Centre



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