

Lymphatic Vasculature

Biology, Form and Function



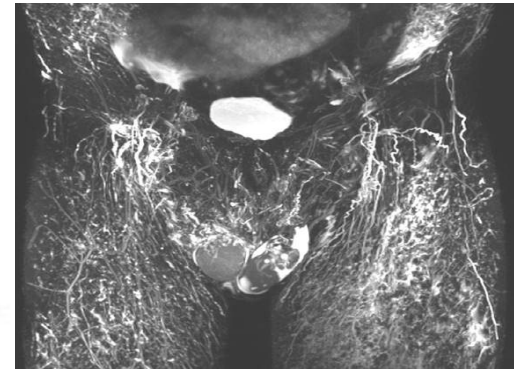
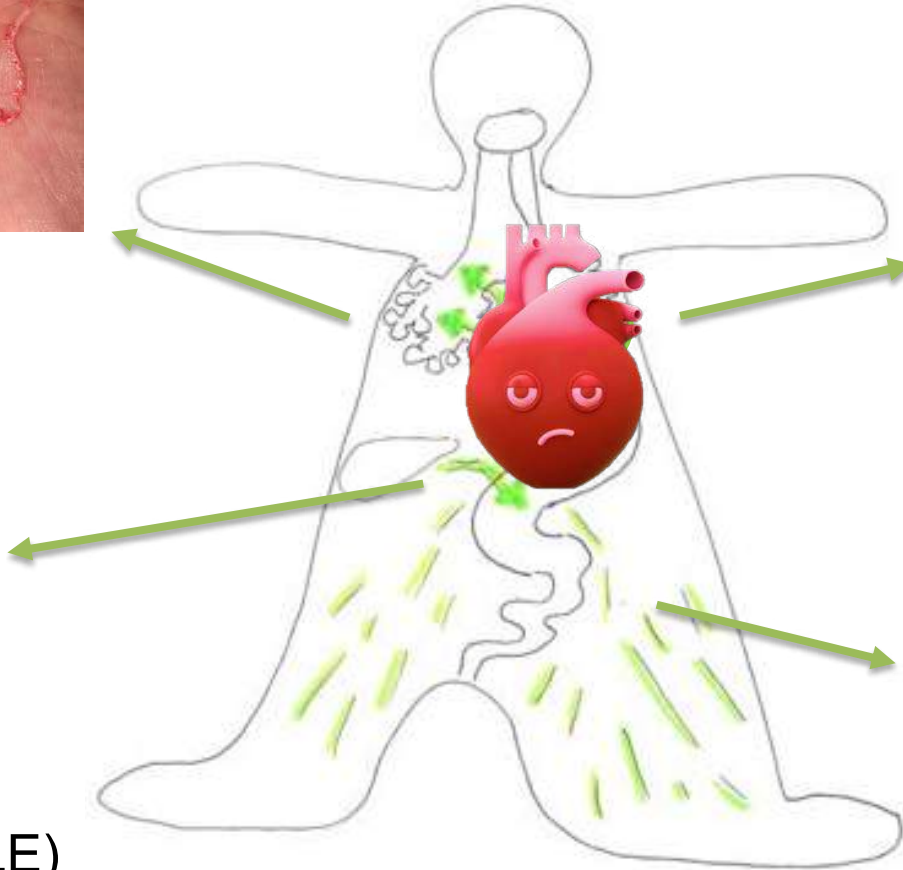
Plastic Bronchitis



Chylo-thorax



Protein Losing Enteropathy (PLE)



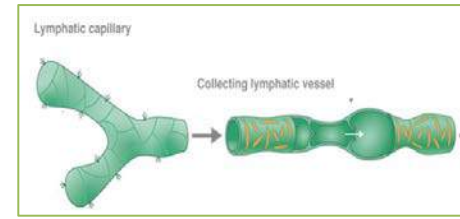
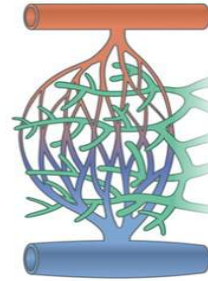
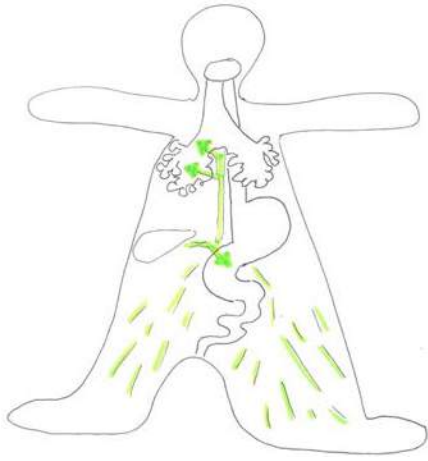
Lymphangiogenesis & Edema

Conflict of interest: No

Disclosures: No

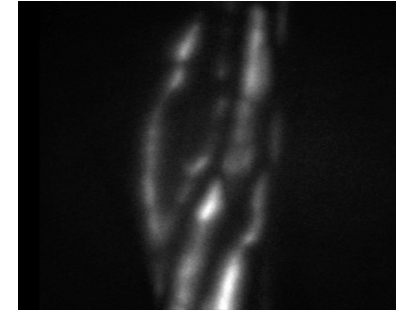
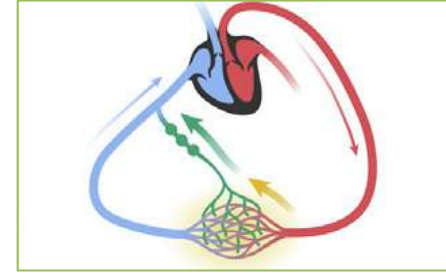
I wish I had developed a drug that improves lymphatic transport

Vibeke Hjortdal MD, PhD, DMSc
Professor CHD surgery
Copenhagen, Denmark



Lymphatic System

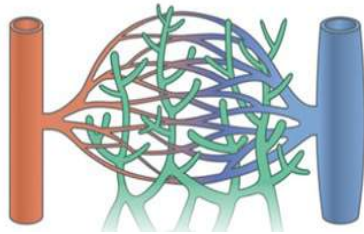
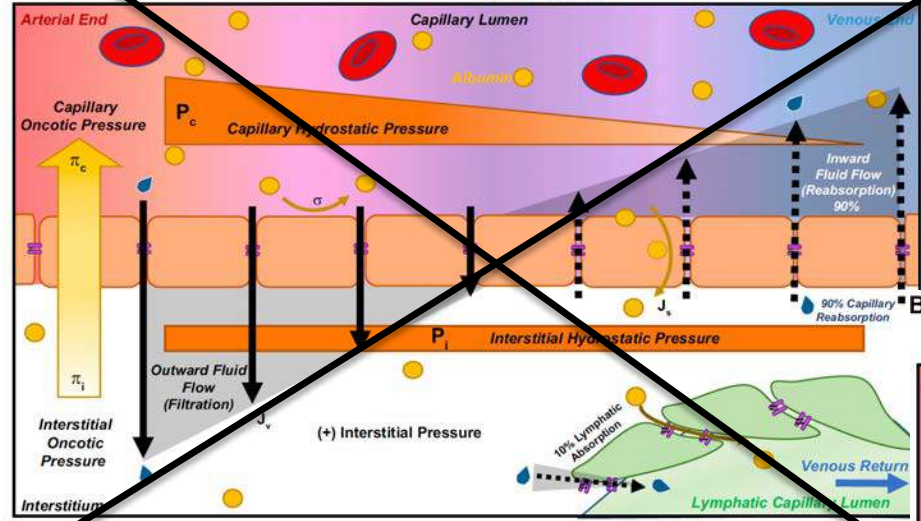
Biology, Form and Function



A

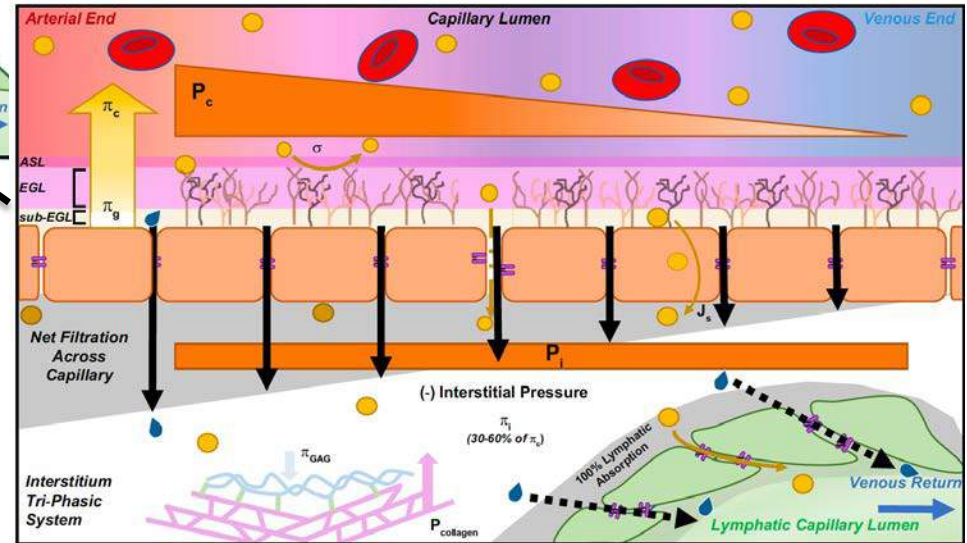
Classical Starling Forces at Steady State

$$\text{Filtration Force} = (P_c - P_i) - \sigma(\pi_c - \pi_i)$$

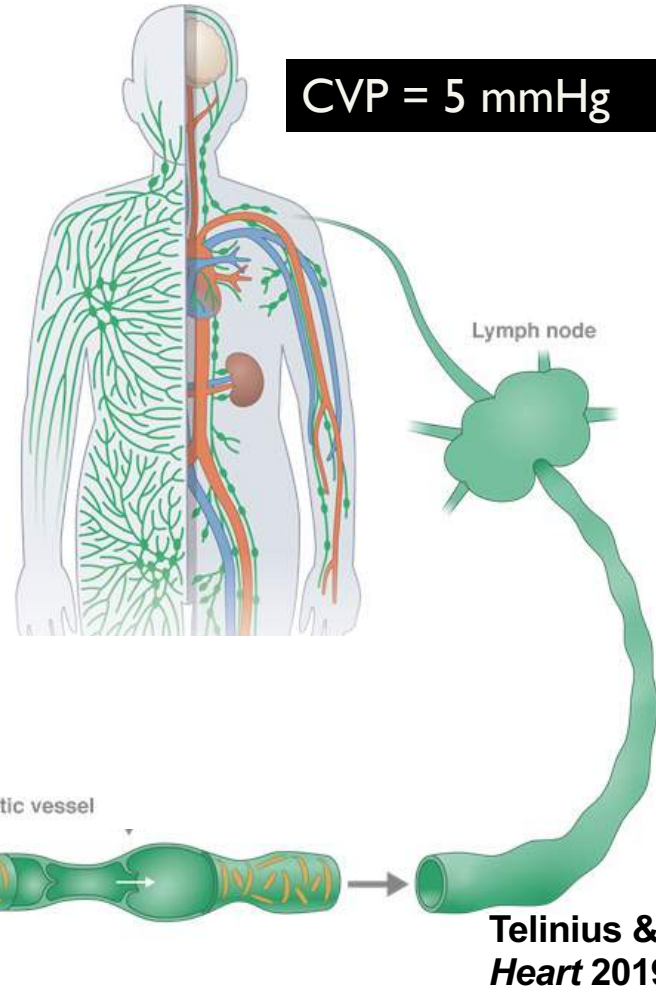


Revised Starling Forces at Steady State

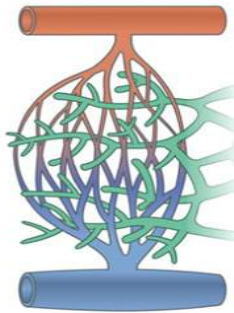
$$\text{Filtration Force} = (P_c - P_i) - \sigma(\pi_c - \pi_g)$$



CVP = 5 mmHg

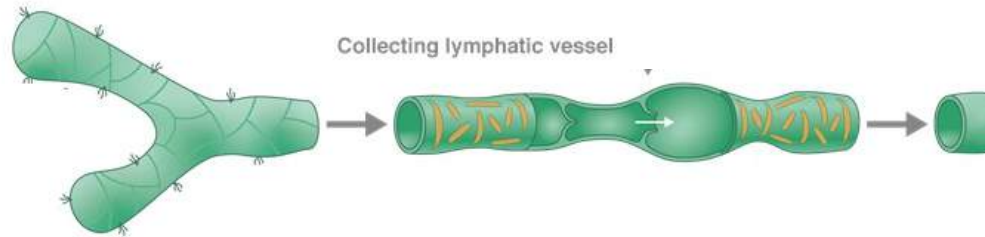


Lymph node



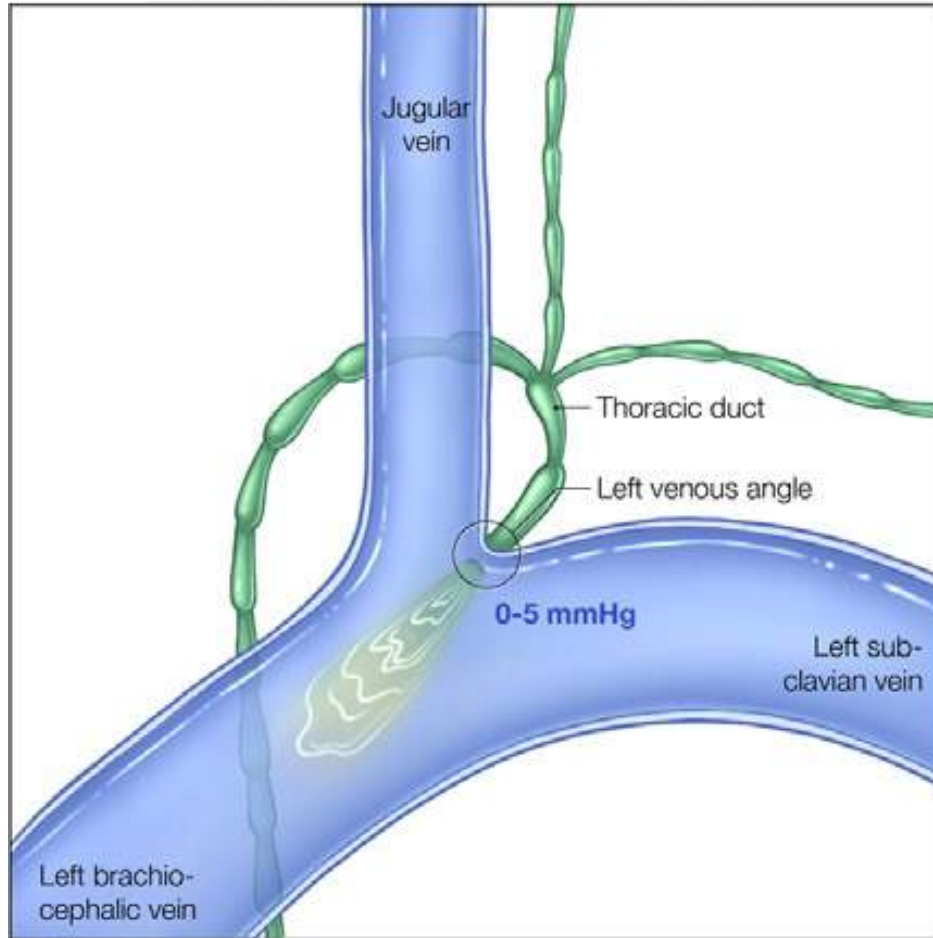
Lymphatic capillary

Collecting lymphatic vessel

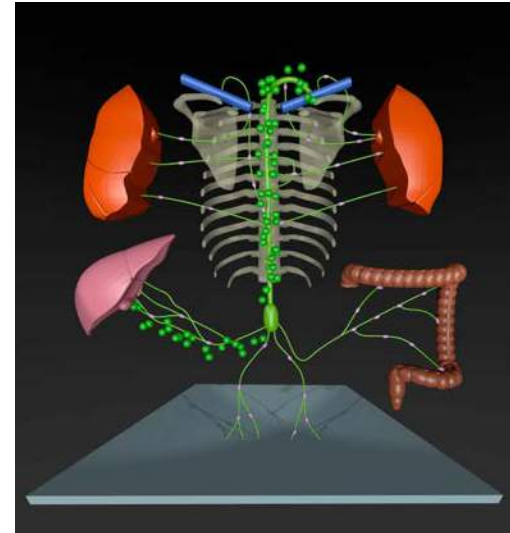


Telinus & Hjortdal.
Heart 2019;105:1777-84

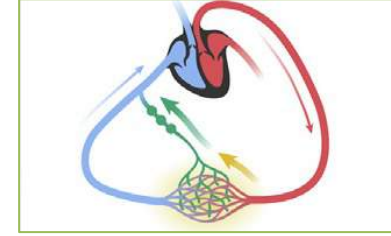
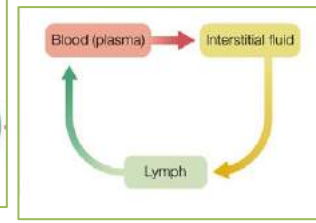
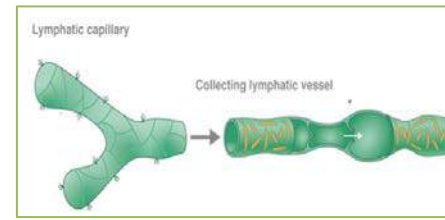
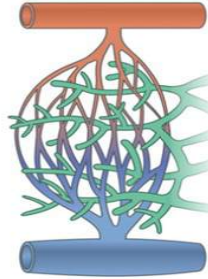
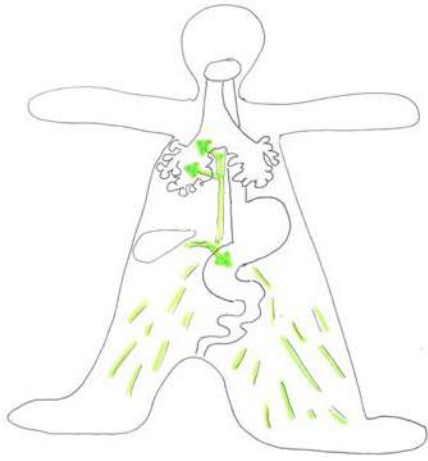
Normal: Thoracic Duct Function



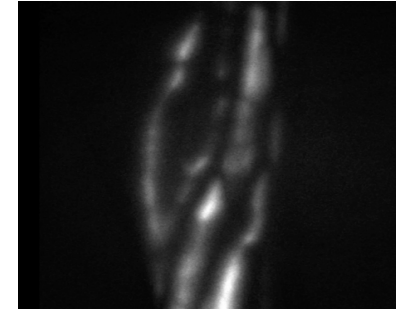
8-12 litres/day



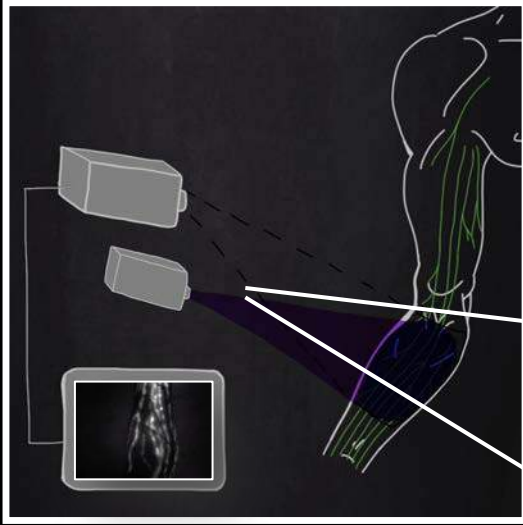
Courtesy of Dr Dori



Lymphatic System



Near-infrared fluorescence



Injection sequence. Speed x4

Lymph vessel

Contraction Rate
Lymph Velocity
and
Max Pressure

Contraction Frequency before and after intervention

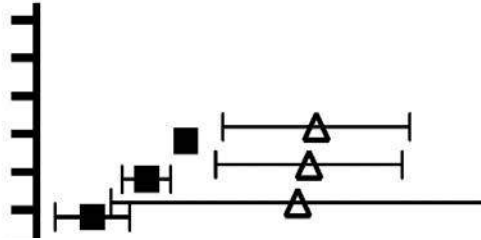


HYPERTHERMIA

Lopera 2017

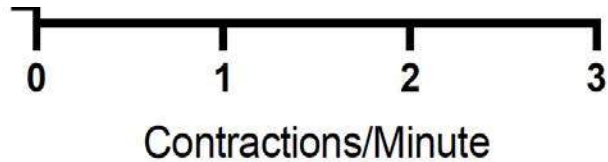
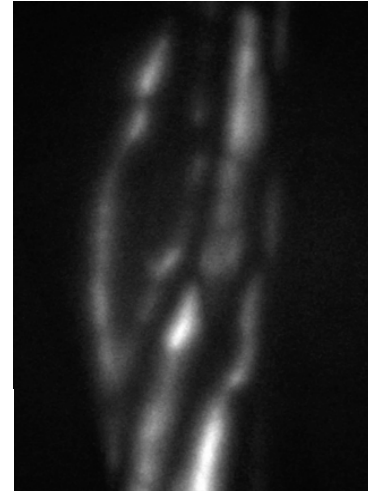
Groenlund 2017

Mohanakumar 2021



■ Baseline

△ Intervention



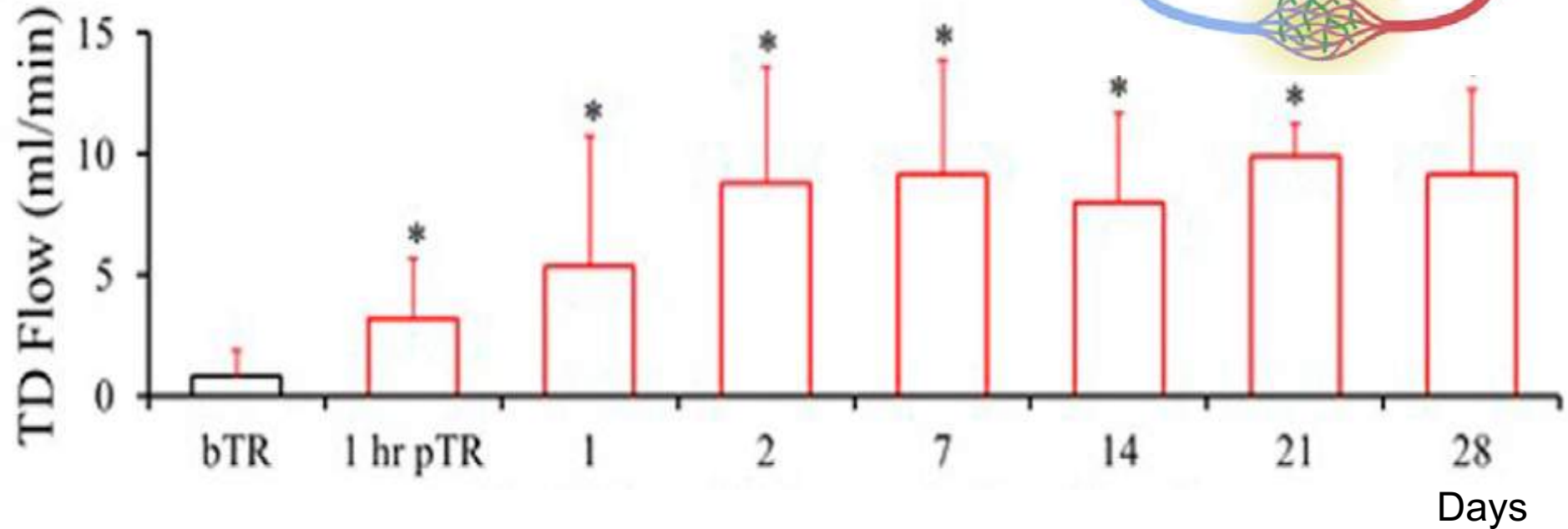
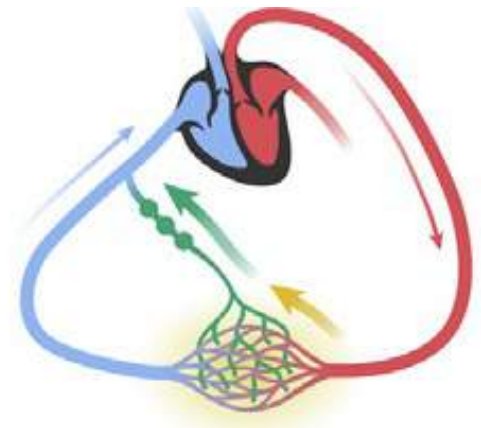
Lymphatic dysfunction



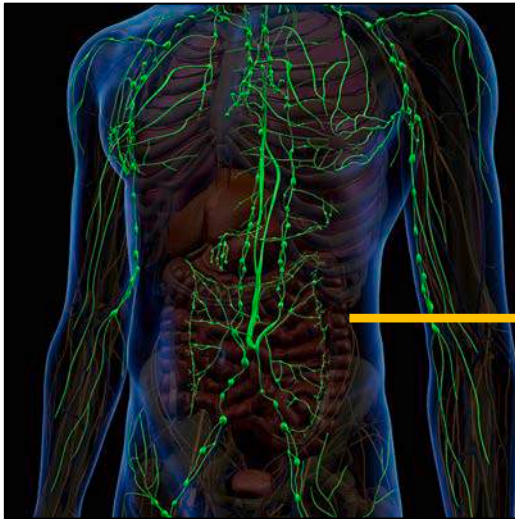


Acute Tricuspid Regurgitation

CVP increase from 4 to 10 mmHg

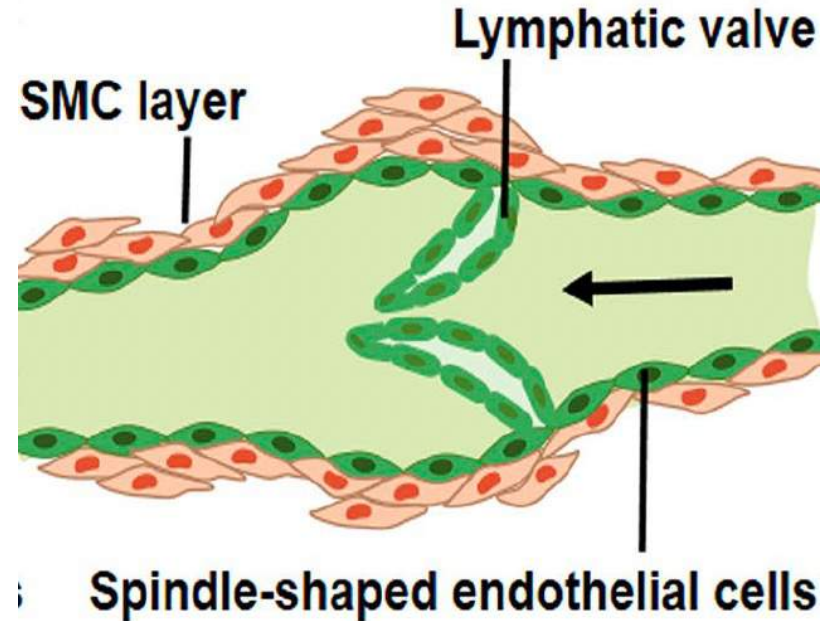


Human lymph vessel exposed to acute volume / pressure overload



Chronic = 28 days:
Lymphatic vessel dilatation and
Smooth muscle cell hypertrophy

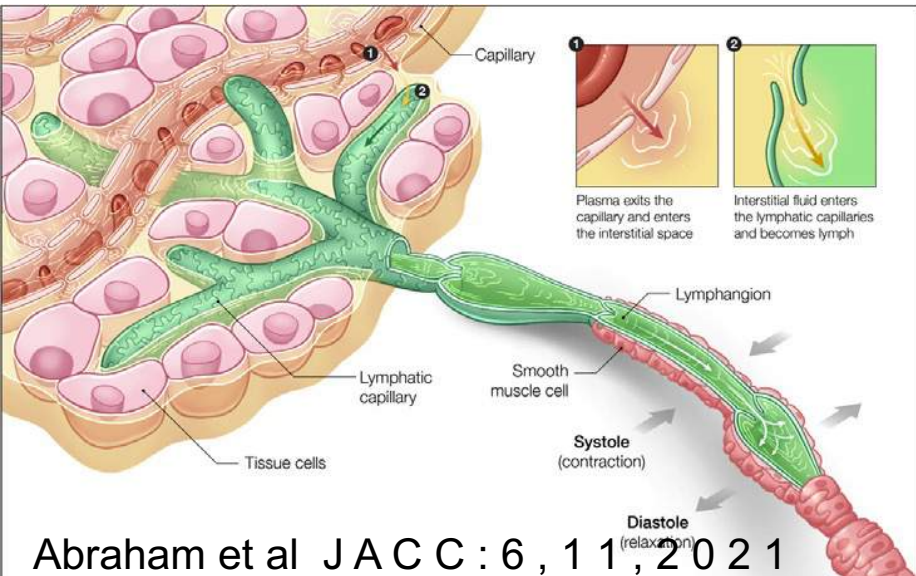
	Diameter (mm)	Wall Thickness (mm)
Control	3.4	0.1
28 d s/p TR	4.3	0.3





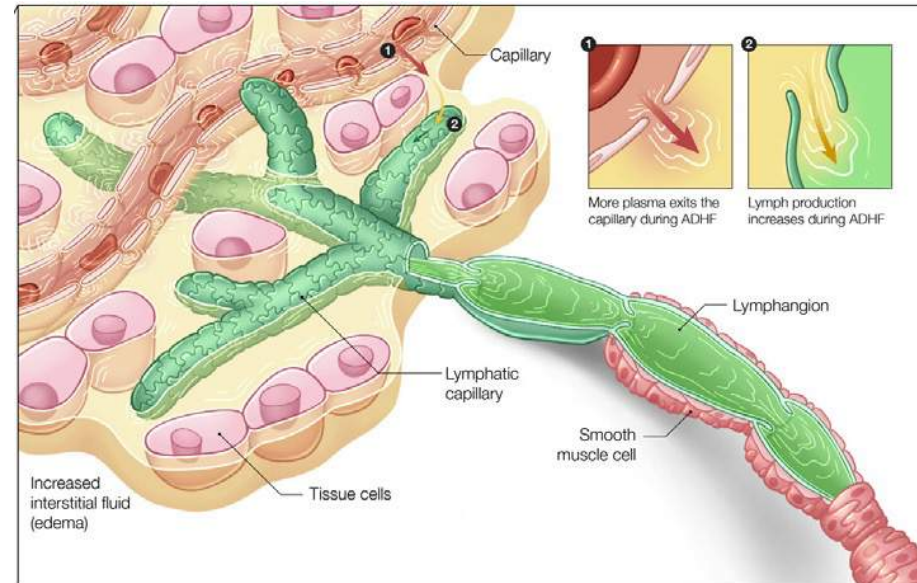
Acute Heart Failure

Normal

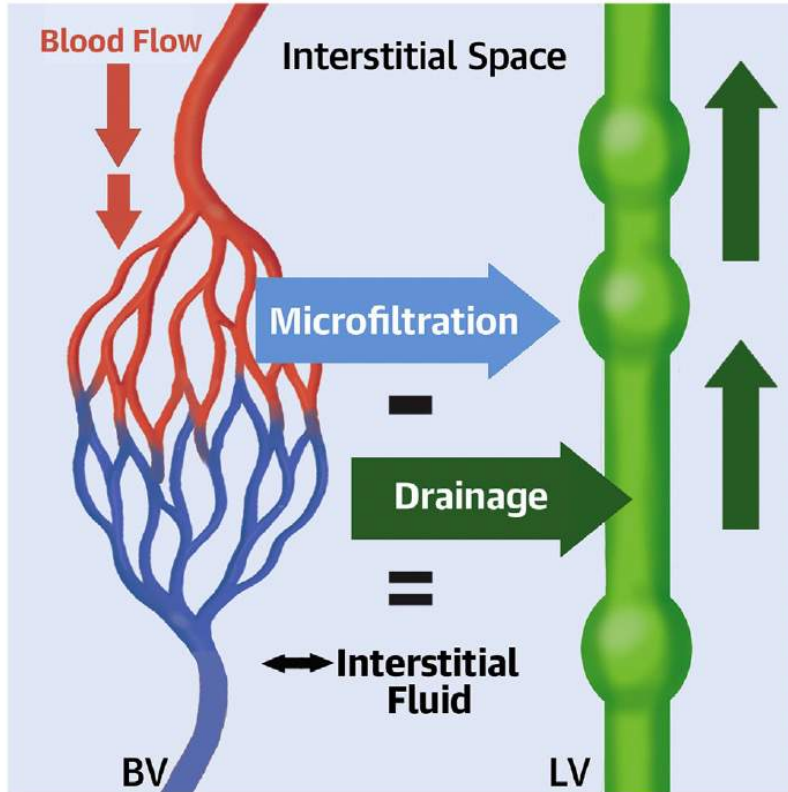


Abraham et al J A C C : 6 , 1 1 , 2 0 2 1

Vascular congestion
Excess extracellular fluid
Elevated CVP opposes drainage



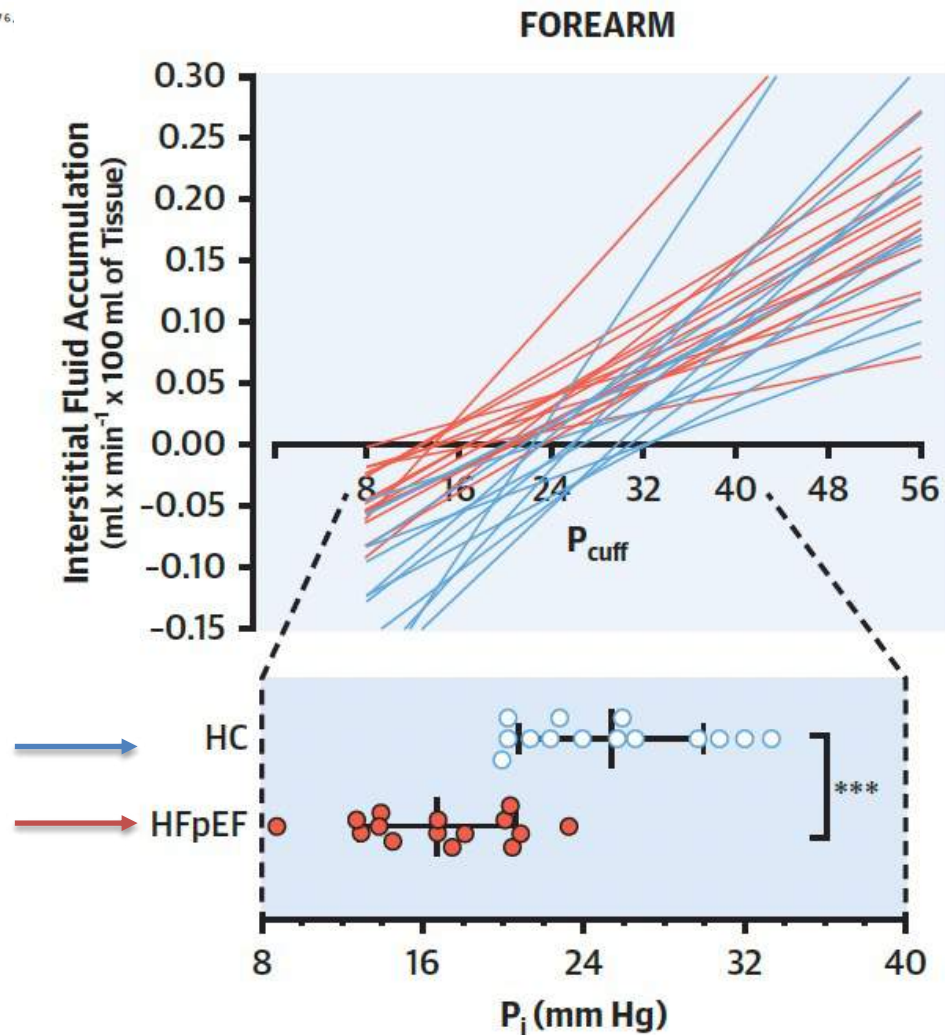
Healthy



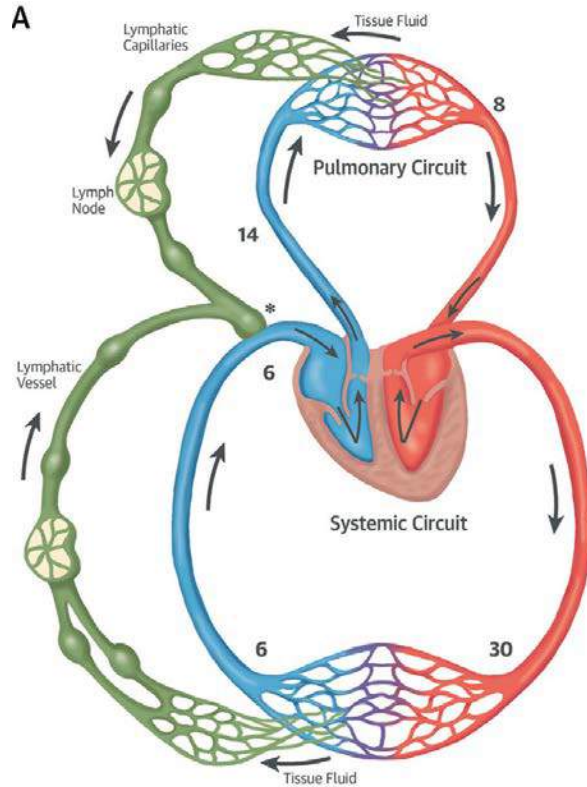
Reduced Lymphatic Reserve in Heart Failure With Preserved Ejection Fraction

Giacomo Rossitto, MD,^{a,b} Sheon Mary, PhD,^a Christine McAllister,^c Karla Bianca Neves, PhD,^a Laura Haddow, BSc (Hons),^a John Paul Rocchiccioli, MBChB,^d Ninian Nicholas Lang, MBChB, PhD,^a Clare Louise Murphy, MD,^e Rhian Merry Touyz, MBChB, PhD,^a Mark Colquhoun Petrie, MBChB,^{a,d} Christian Delles, MD^a

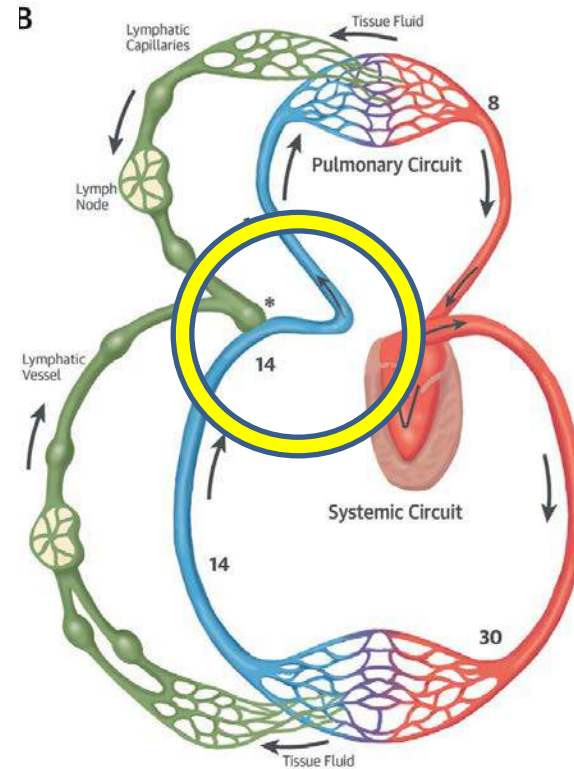
Threshold above which interstitial fluid accumulation starts (isovolumetric)



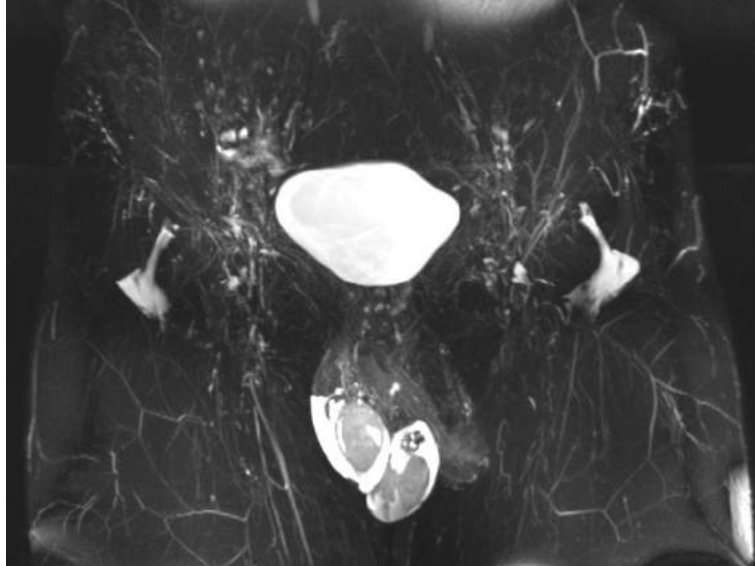
Normal



Fontan



Lymph-angiogenesis in Fontan



Healthy

Circulation CVI 2019 12(4)

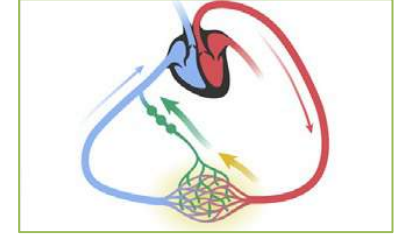
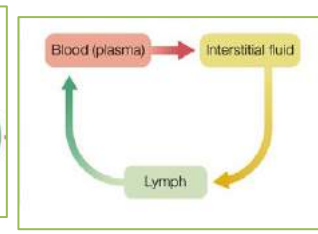
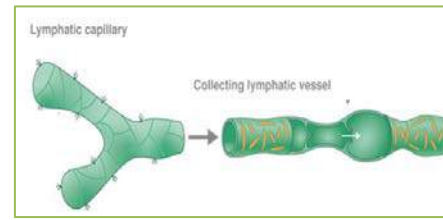
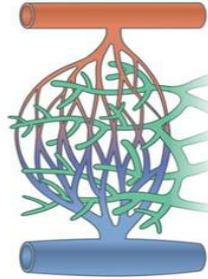
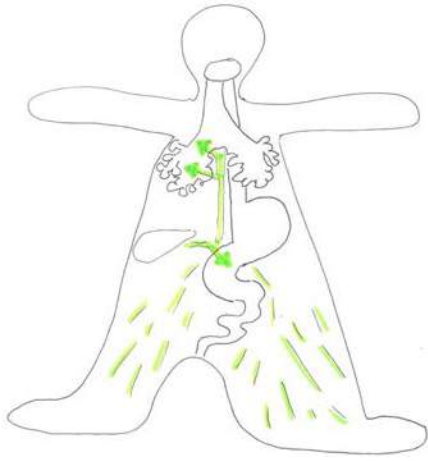


**Fontan w/ peripheral edema
and lymphangiogenesis**

Fontan response to Heat test

37-40°C, 5 min

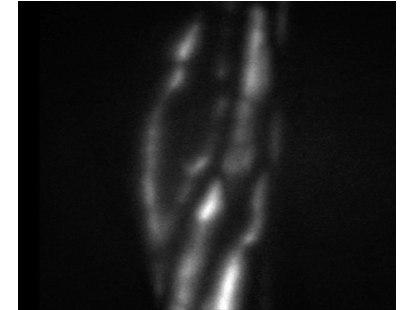




Lymphatic System



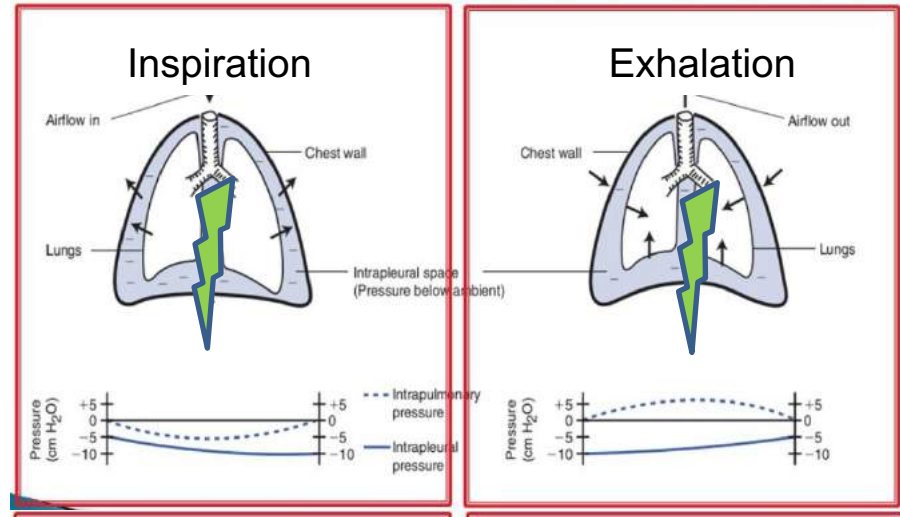
HF, Fontan



Respiration and ventilation



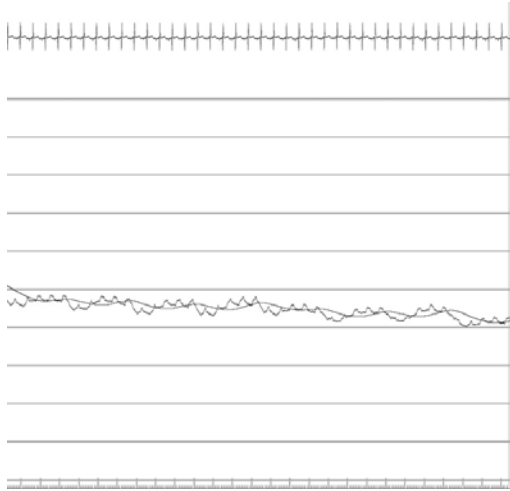
Spontaneous breathing



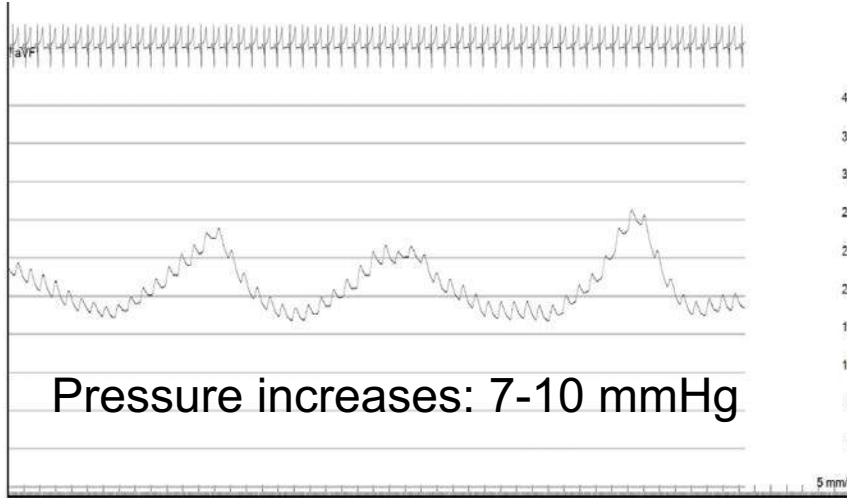
Thoracic duct pressures in Fontans



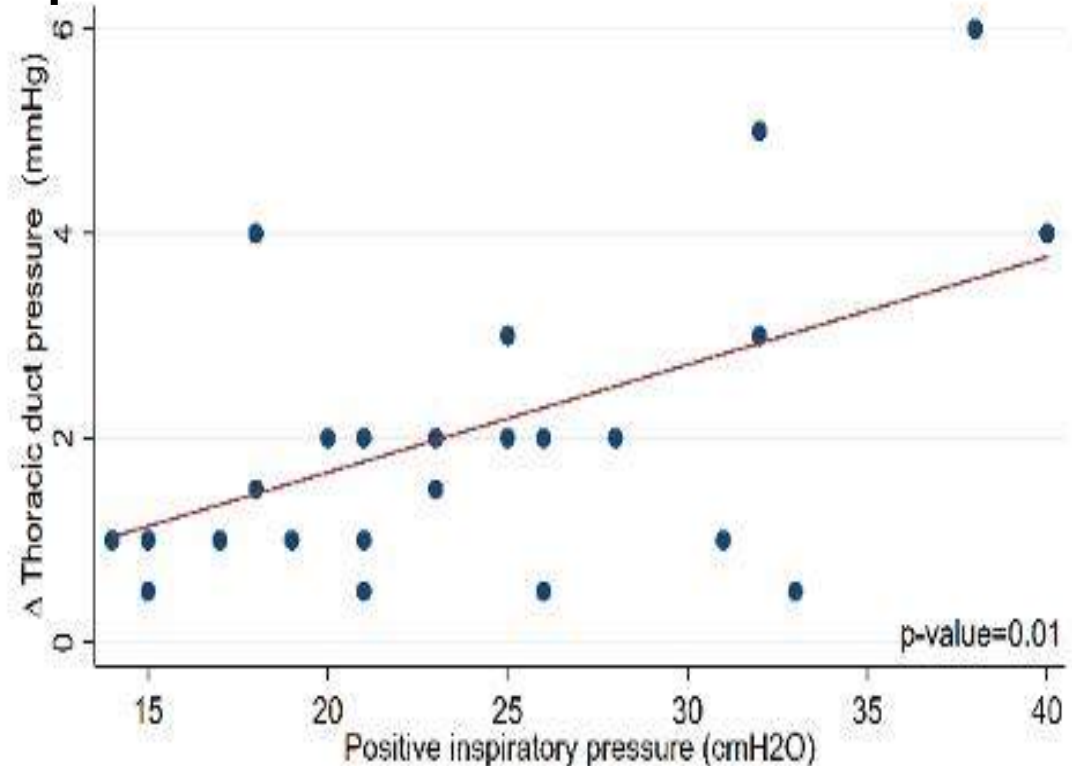
Mechanical ventilation



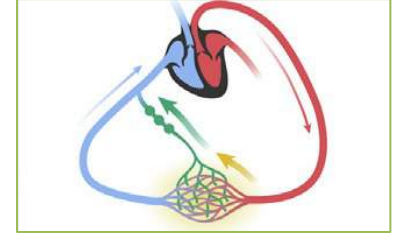
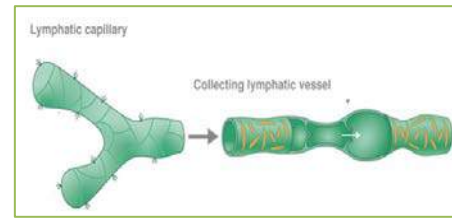
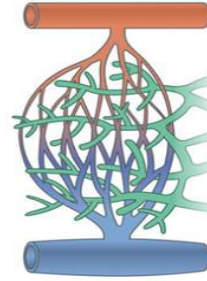
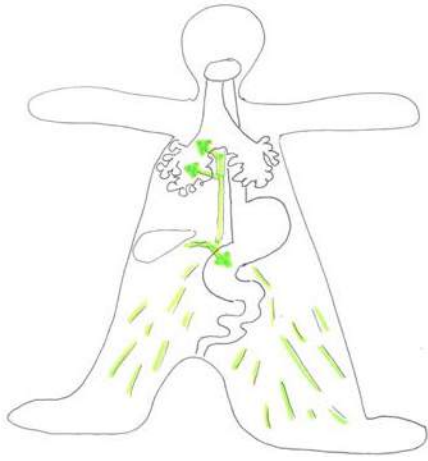
Ventilator disconnected



Mechanical ventilation and increase in Thoracic Duct pressure



Kelly, ...Dori, Hjortdal
Physiol Rep 2022



Lymphatic System



HF, Fontan

