

MANCHESTER
1824

The University
of Manchester

*11th Southampton
Course for
Therapists and
Surgeons*

Pathophysiology of Stiffness

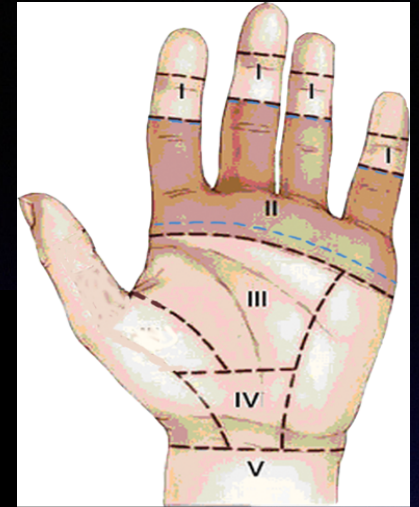
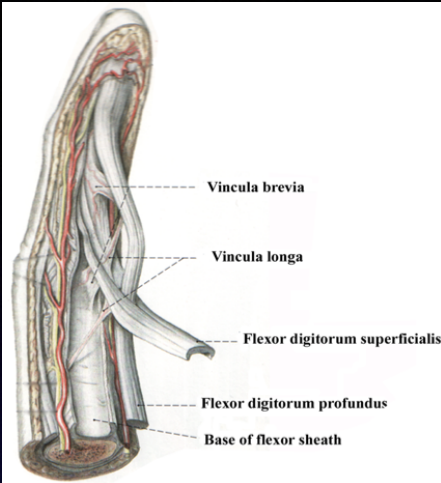
Speaker: Mr Jason Wong

Academic Consultant in Plastic Surgery

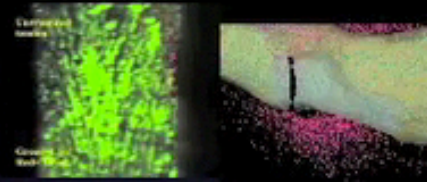
*Plastic Surgery Research Group, Blond McIndoe
Laboratories, University of Manchester, UK*

My interests

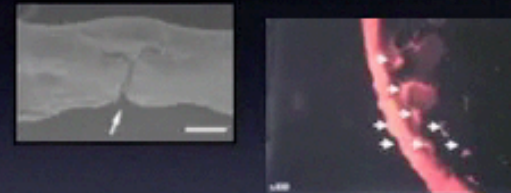
Using the hand as a model...



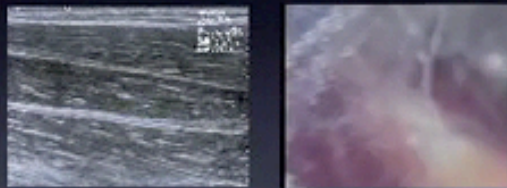
Tissue injury



Tissue healing



Tissue dynamics



My interests

Tissue Engineering



Tissue Regeneration

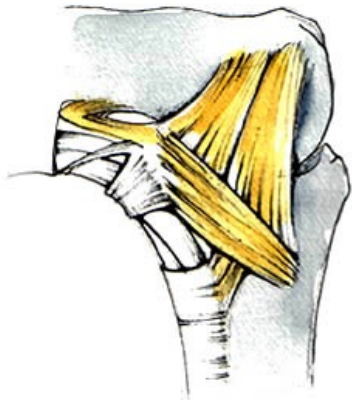
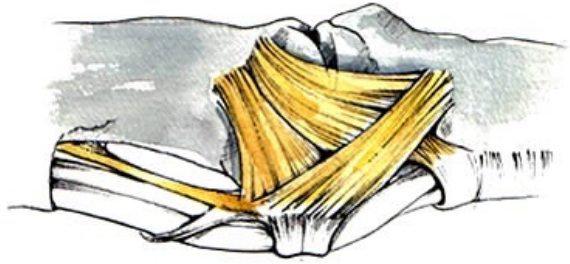


Definitions

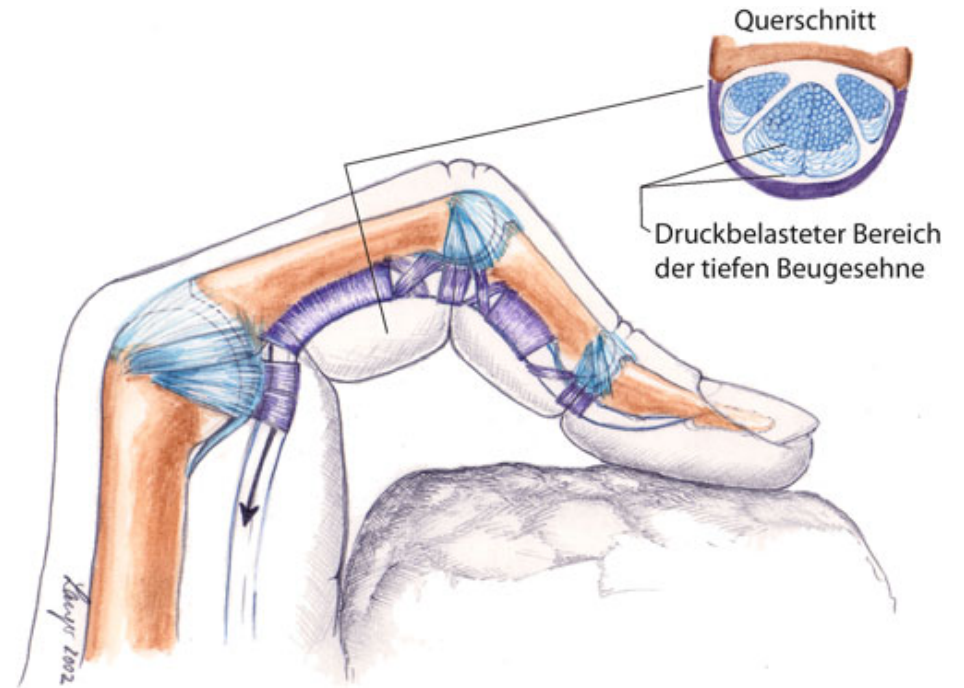
Stiffness is the rigidity of an object — the extent to which it resists **deformation** in response to an applied **force**.

The complementary concept is **flexibility** or pliability: the more flexible an object is, the less stiff it is.

Joint problem



Tendon problem



Skin problem



Joint stiffness may be either the **symptom** of pain on moving a joint, the **symptom** of loss of range of motion or the **physical sign** of reduced range of motion.

- **Pain on movement** is commonly caused by **osteoarthritis**, often in quite minor degrees, and other forms of arthritis. It may also be caused by injury or overuse and rarely by more complex causes of pain such as infection or neoplasm. The range of motion may be normal or limited by pain. "Morning stiffness" pain which eases up after the joint has been used, is characteristic of **rheumatoid arthritis**.
- **Loss of motion (symptom)**: the patient notices that the joint (or many joints) do not move as far as they used to or need to. Loss of motion is a feature of more advanced stages of arthritis including **osteoarthritis**, **rheumatoid arthritis** and **ankylosing spondylitis**.

Stiffness in upper limb

- Tendons/ ligaments
- Skin
- Joints
- Fascia
- Muscle
- Neurological



Rheumatoid arthritis

Infection

Surgery

Trauma

Gout

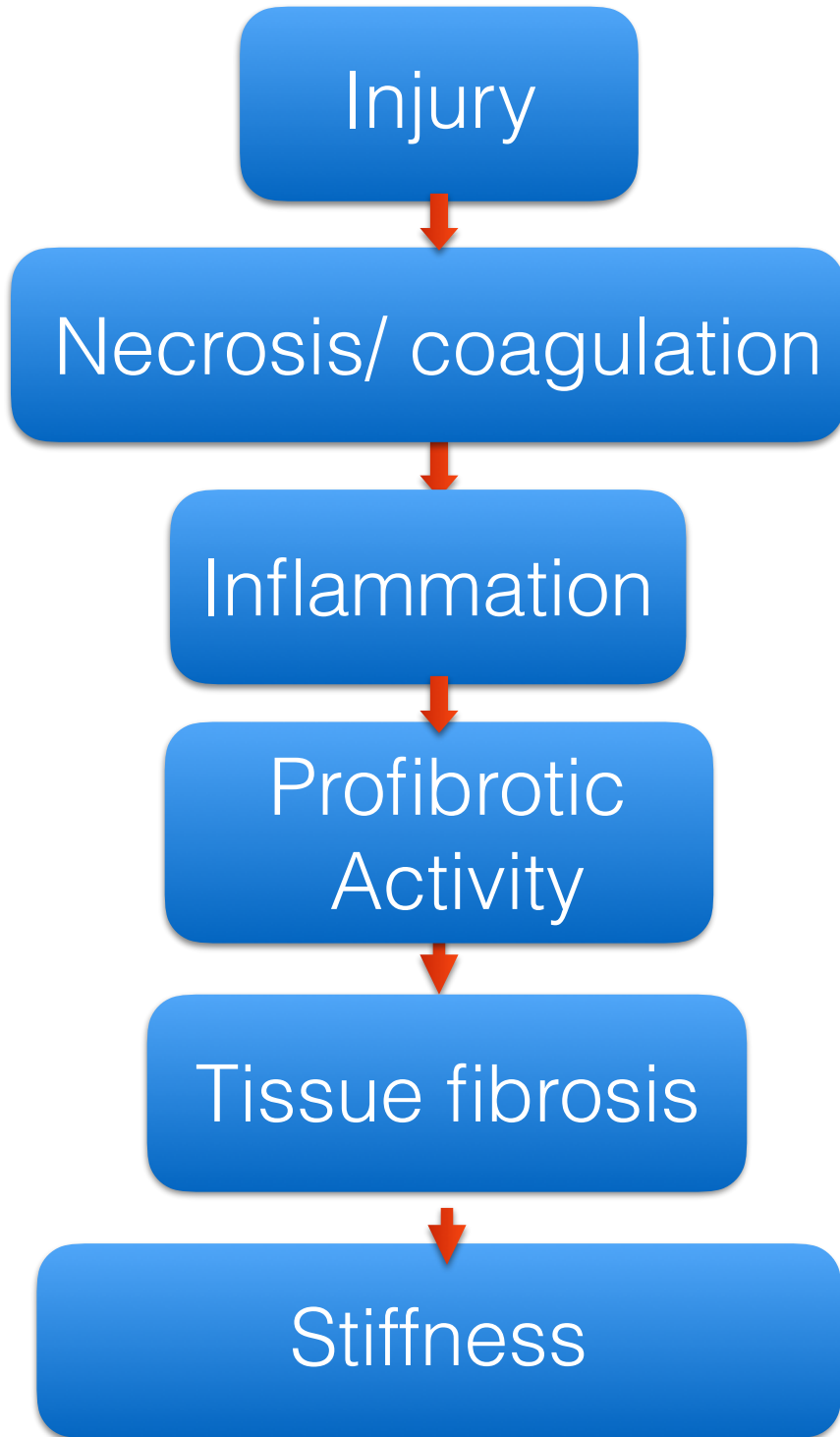
Psoriatic arthritis

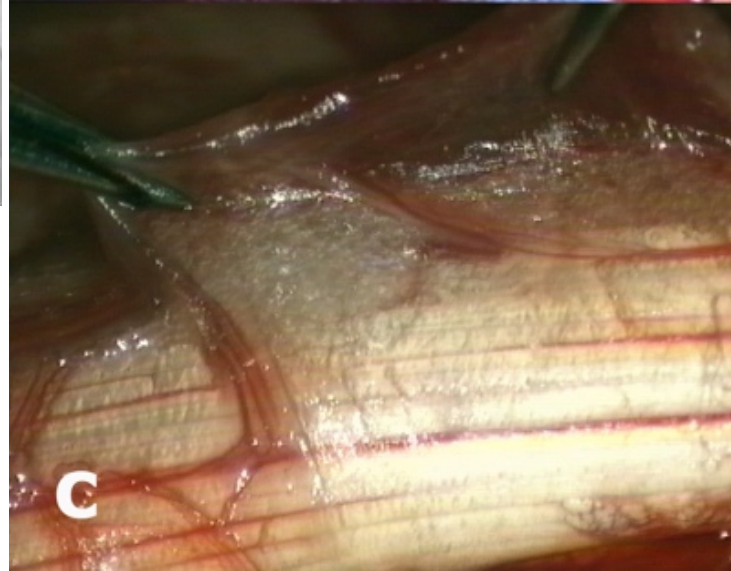
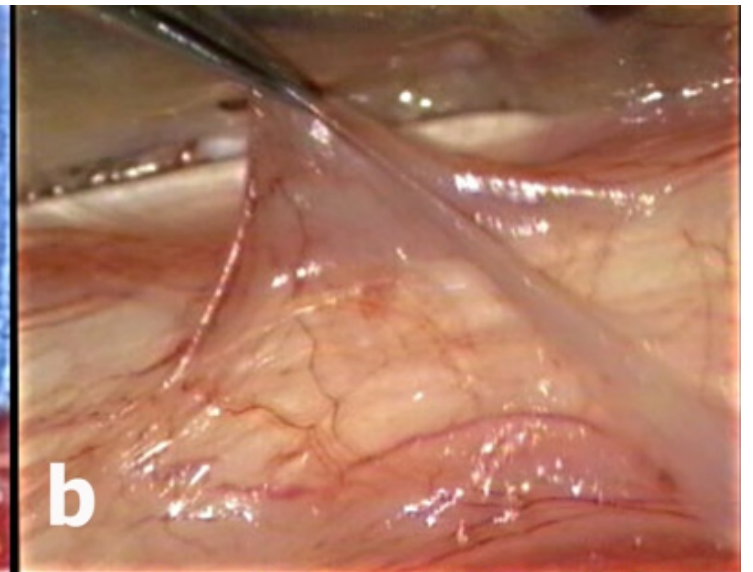
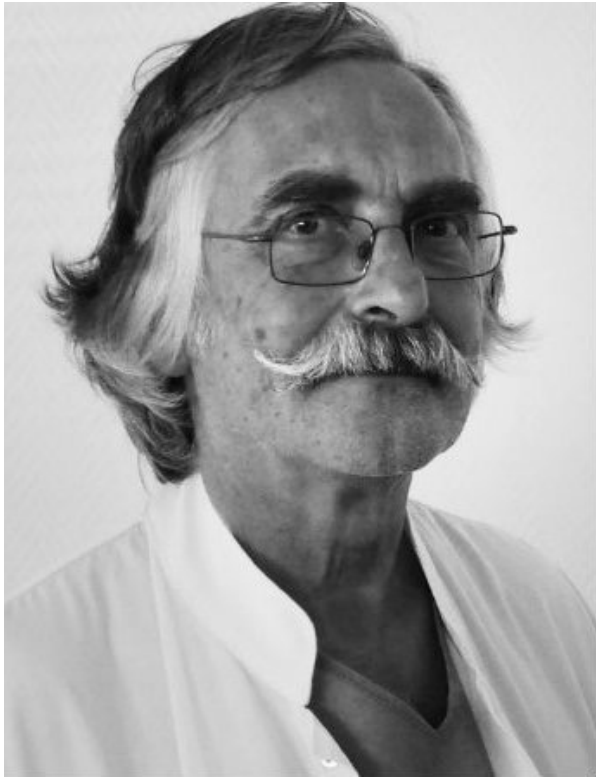
Compartment Syndrome

Scleroderma

Osteoarthritis

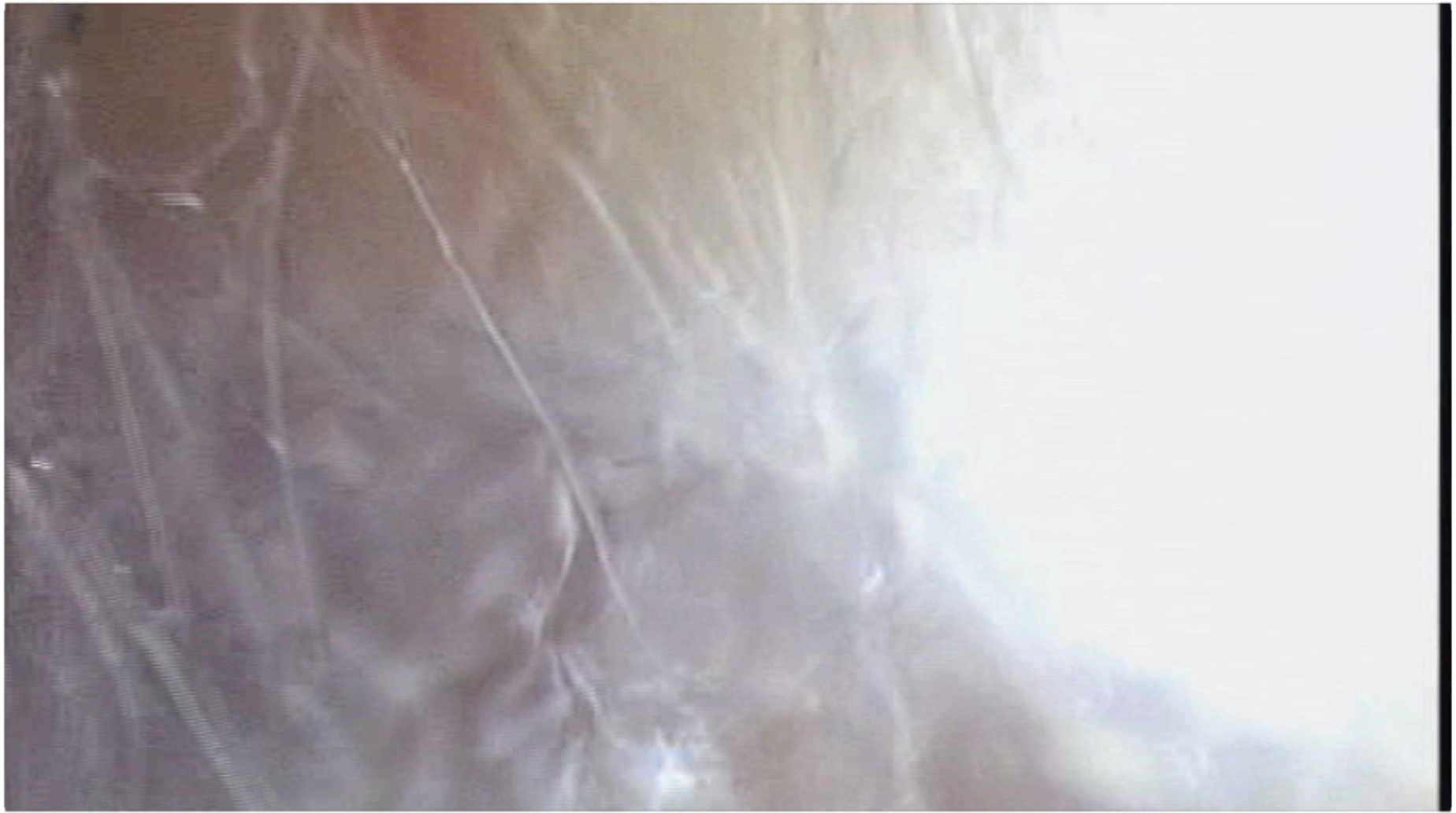
What is the unifying
pathogenesis?





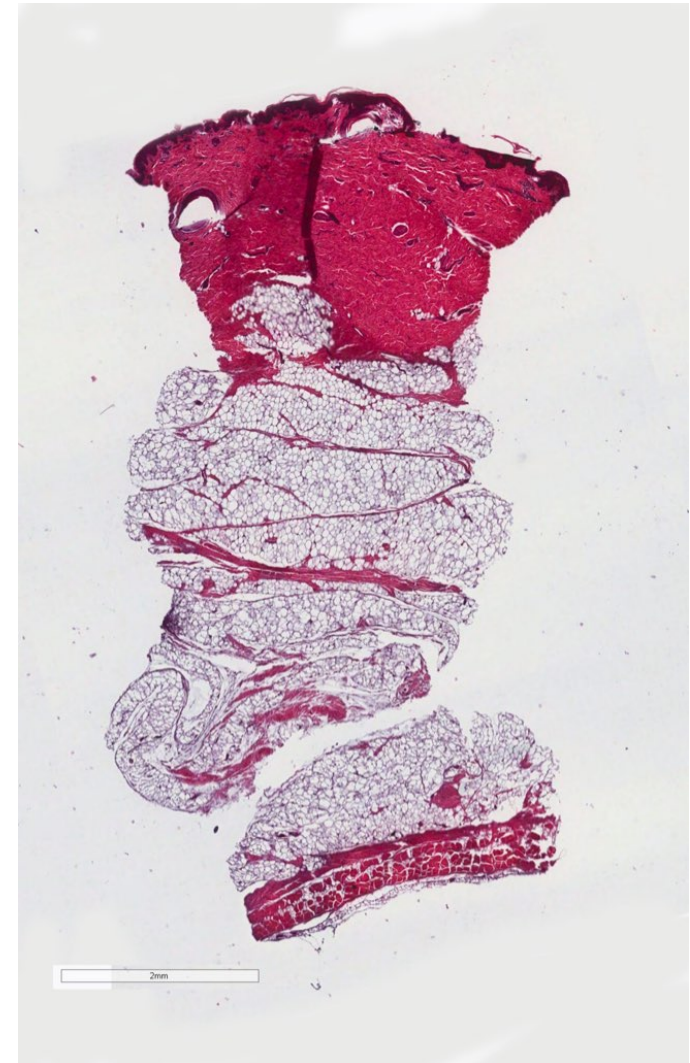
Guimberteau et al 2010

The neglected tissue

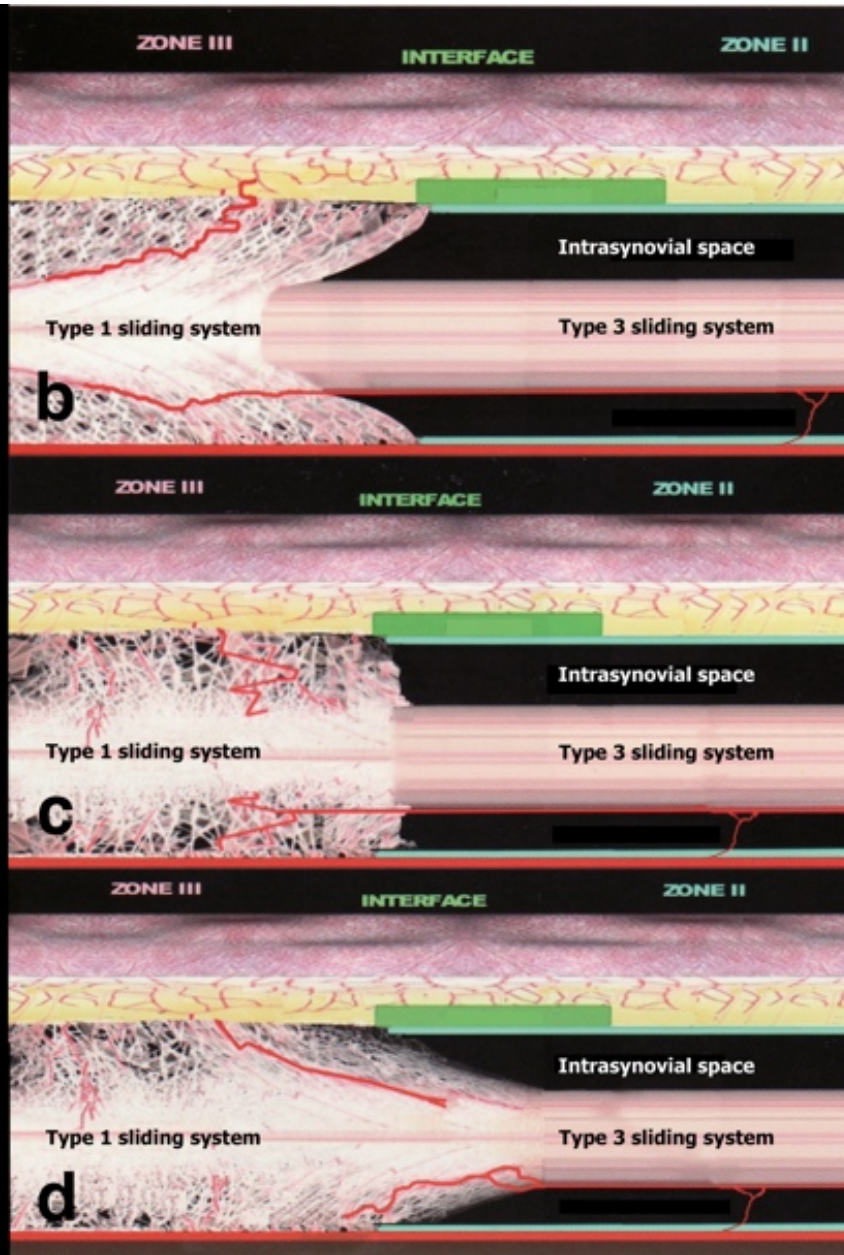
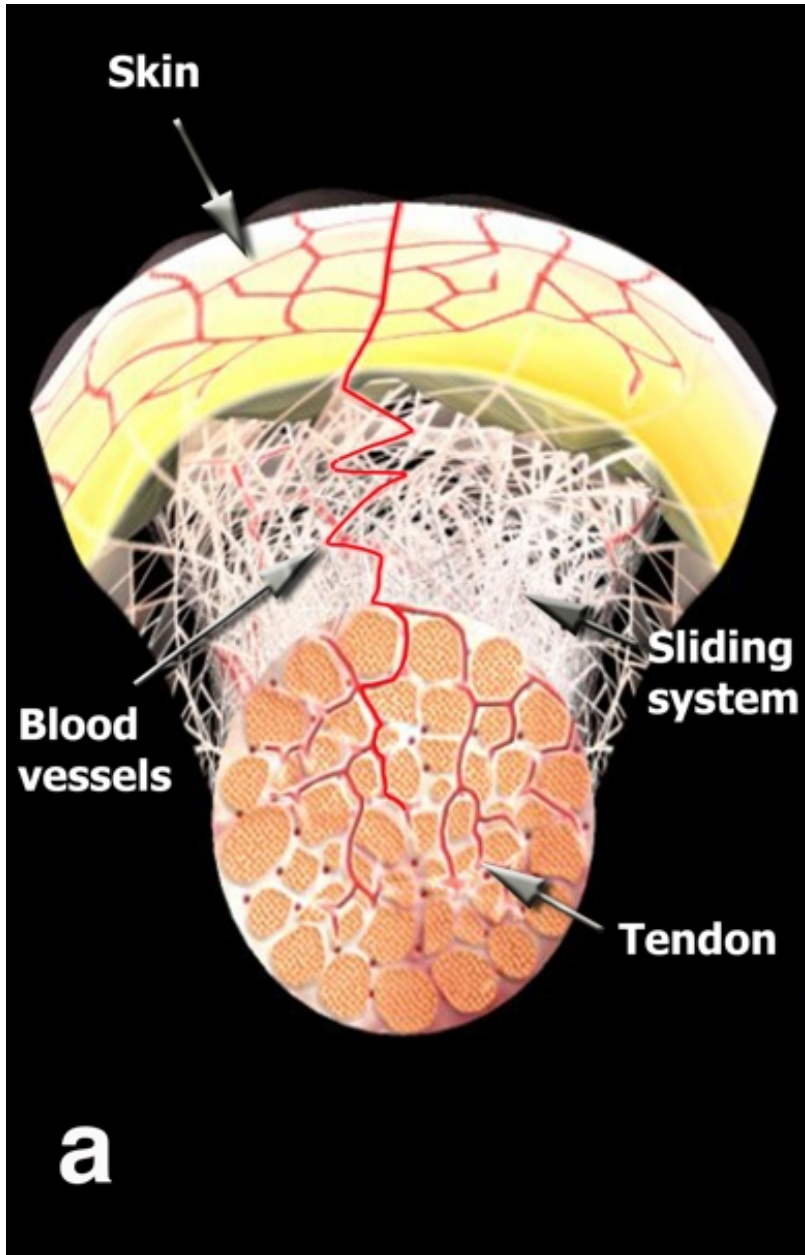


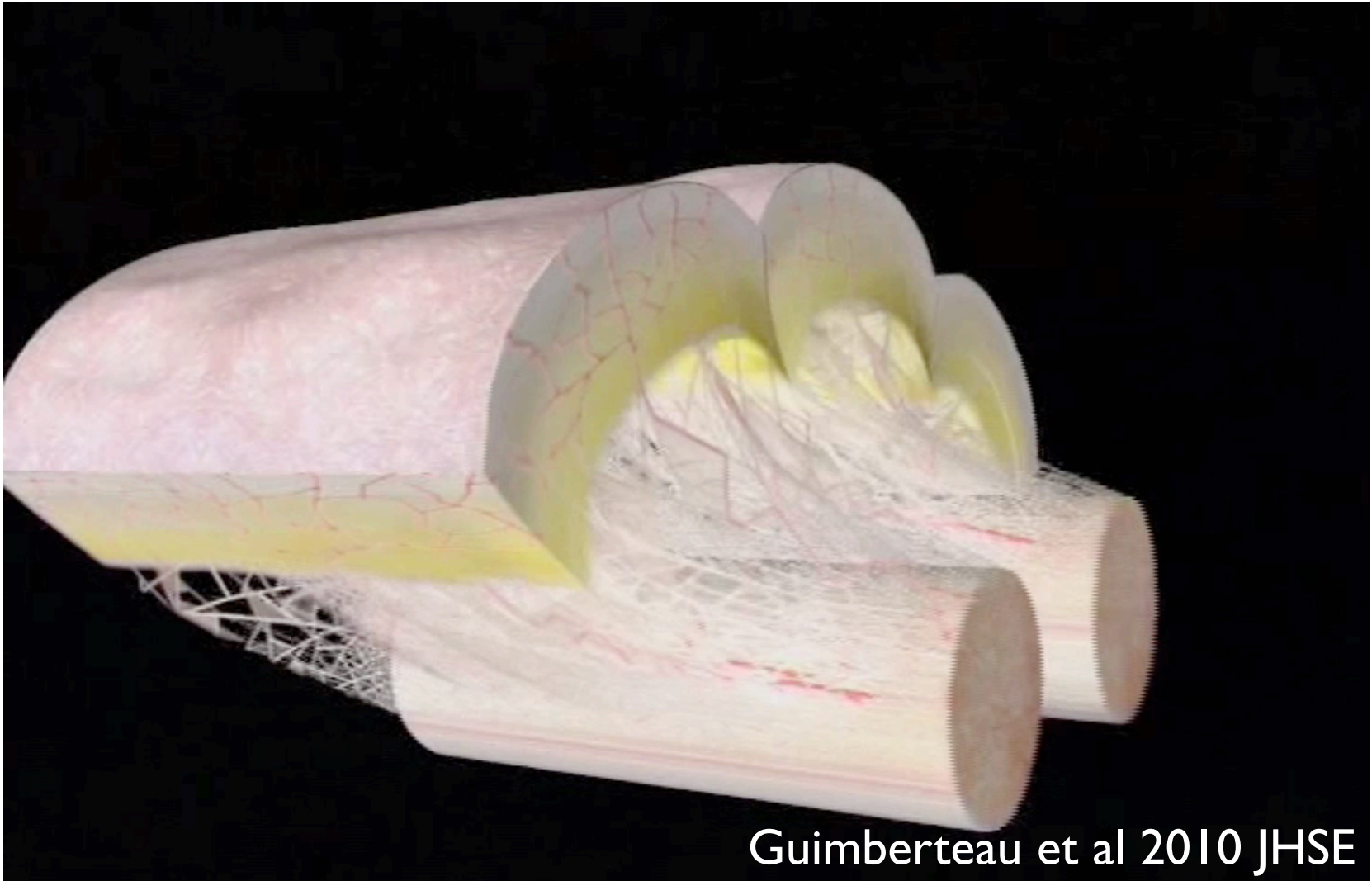
Microvacuolar system

- AKA Areolar tissue, superficial fascia, reticular tissue, loose connective tissue
- Microvacuolar system surrounds all moving structures within the body providing **dynamic structural support and glide**

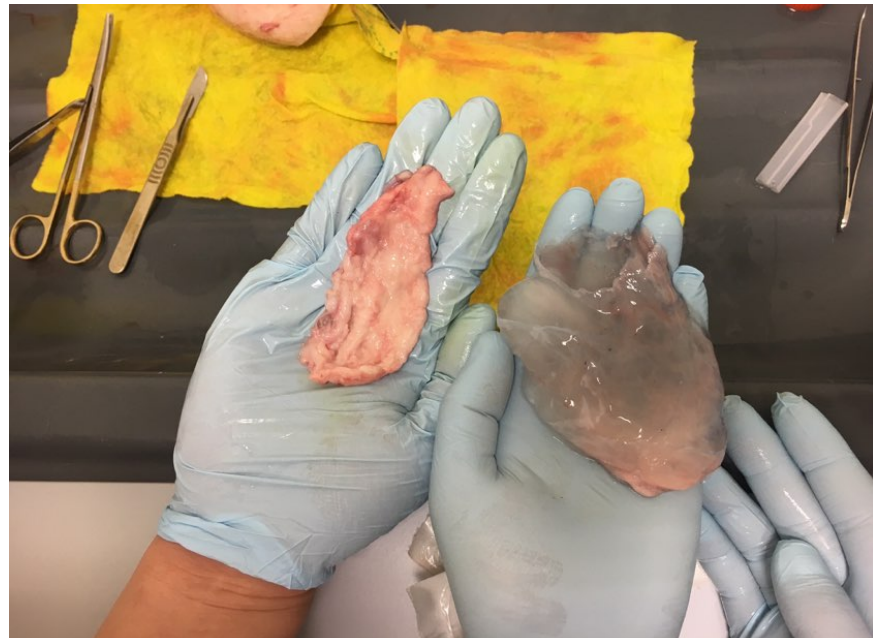








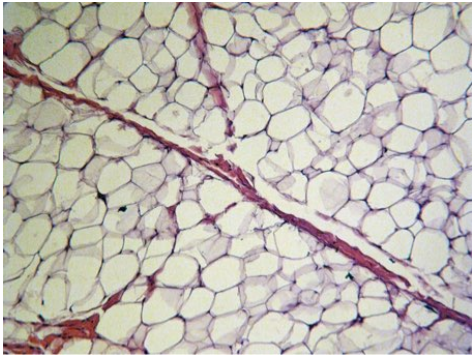
Guimberteau et al 2010 JHSE



Highly hydrophilic
High GAG content

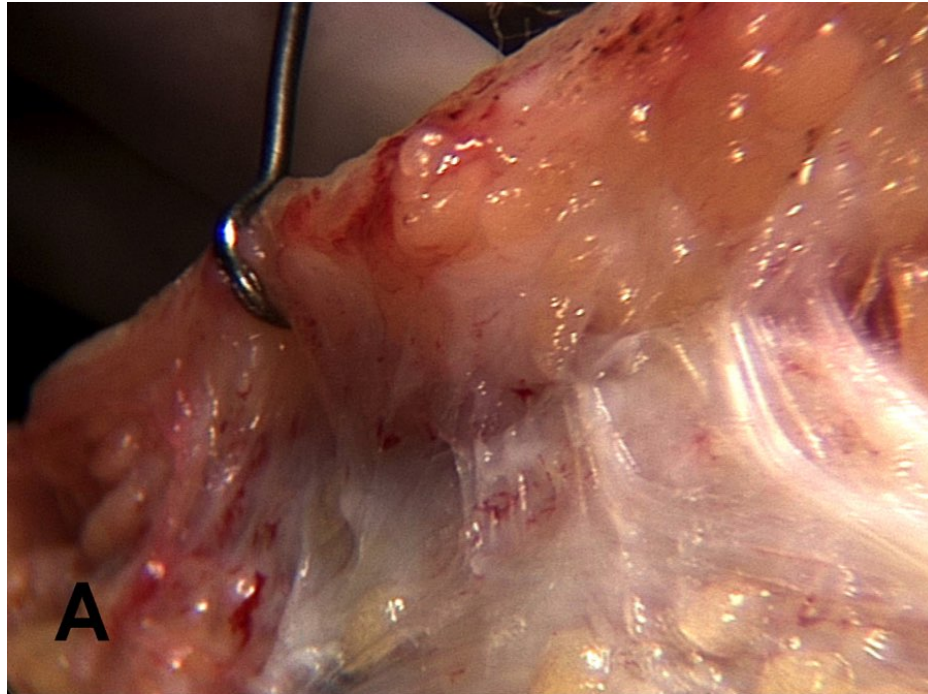
Triggers for fibrosis

- Injury- Trauma, Surgical, Thermal
- Infection
- Immunological causes
- Ischaemia/ infarction/ Reperfusion
- Drugs



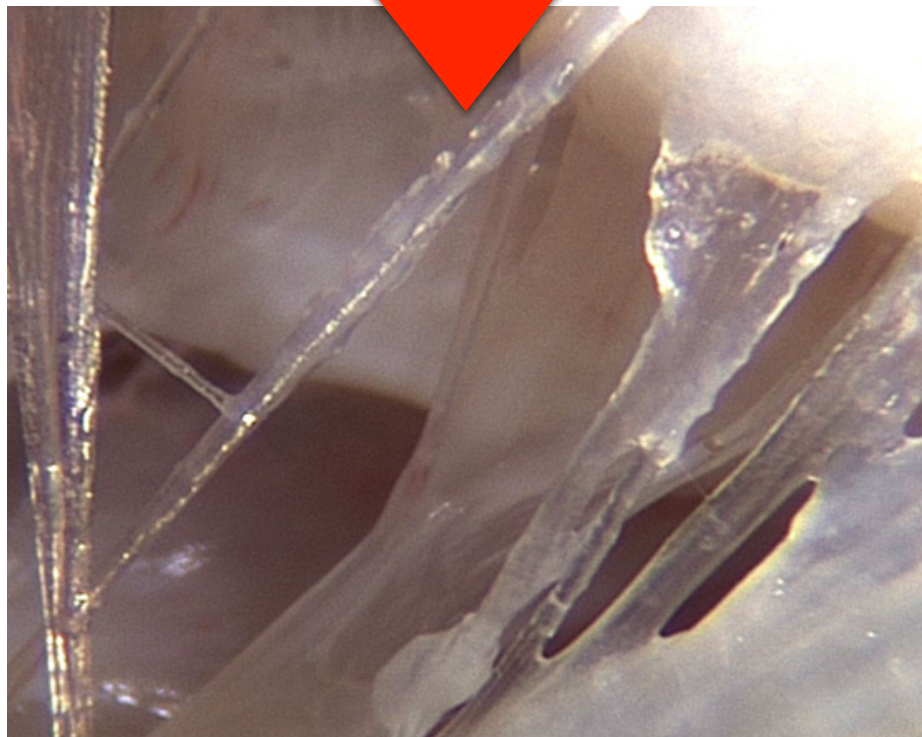
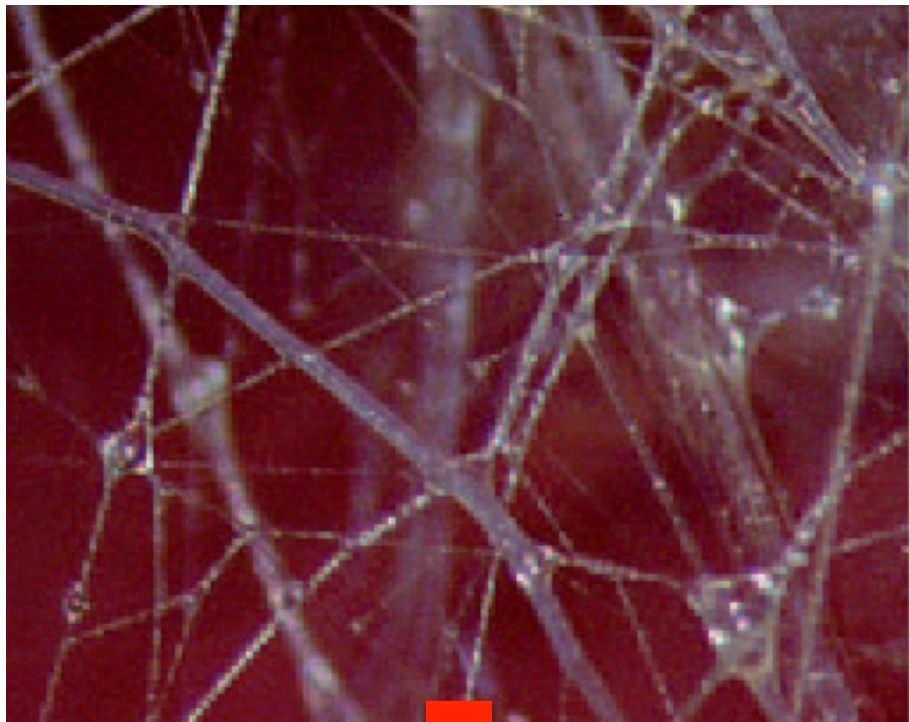
Fibrosis

- The microvacuolar tissue is **highly susceptible to damage during inflammation** from the increased vascular permeability, but also its **sponge-like** composition
- The tissue acts as an active reservoir for interstitial fluid and becomes waterlogged
- Oedema and overall injury to the microvacuolar tissue causes **scarring**, fibrosis and adhesions and the tissue becomes **inelastic, swollen** and more vulnerable to further trauma



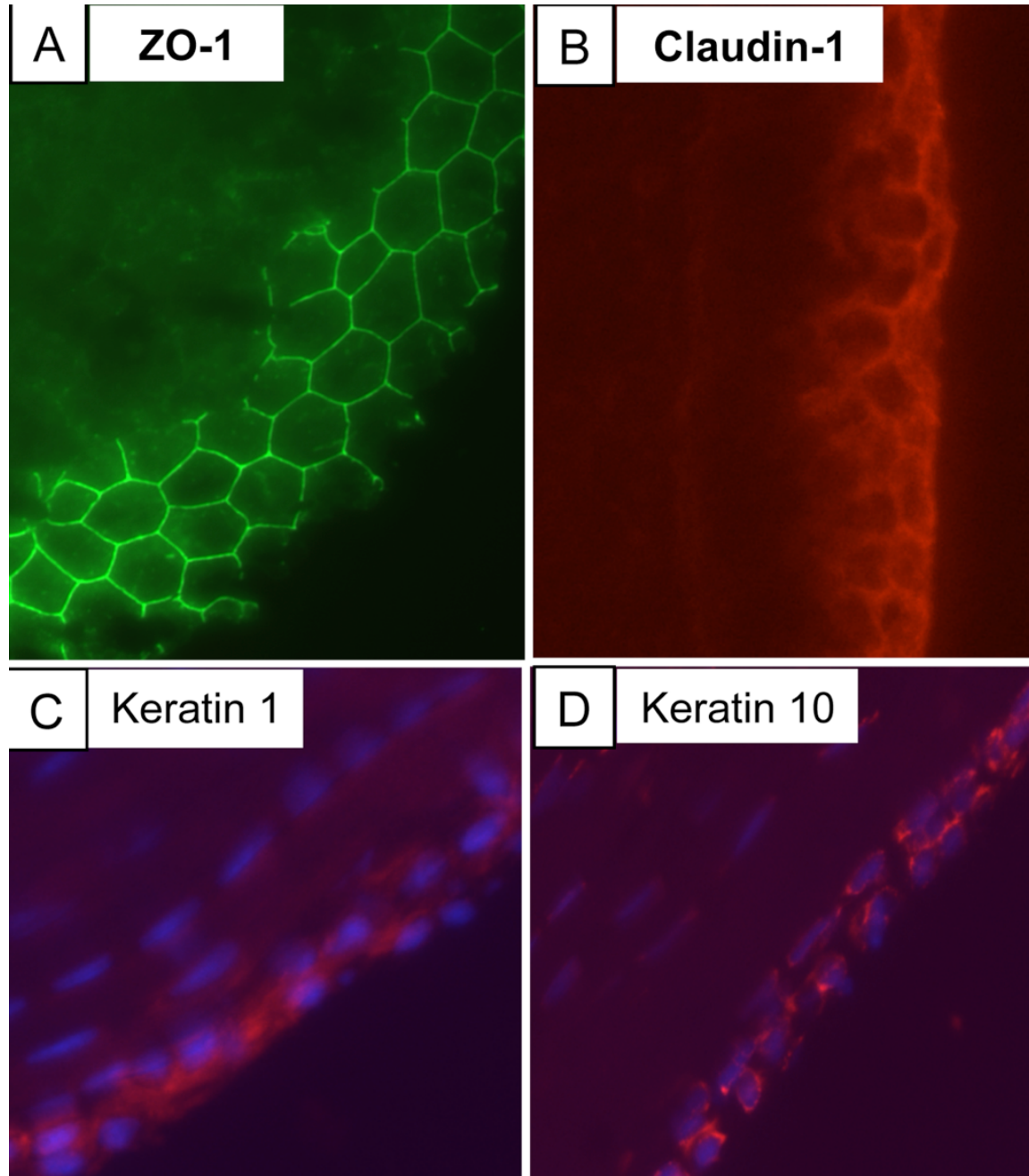
When the
microvacuolar
becomes fibrosed

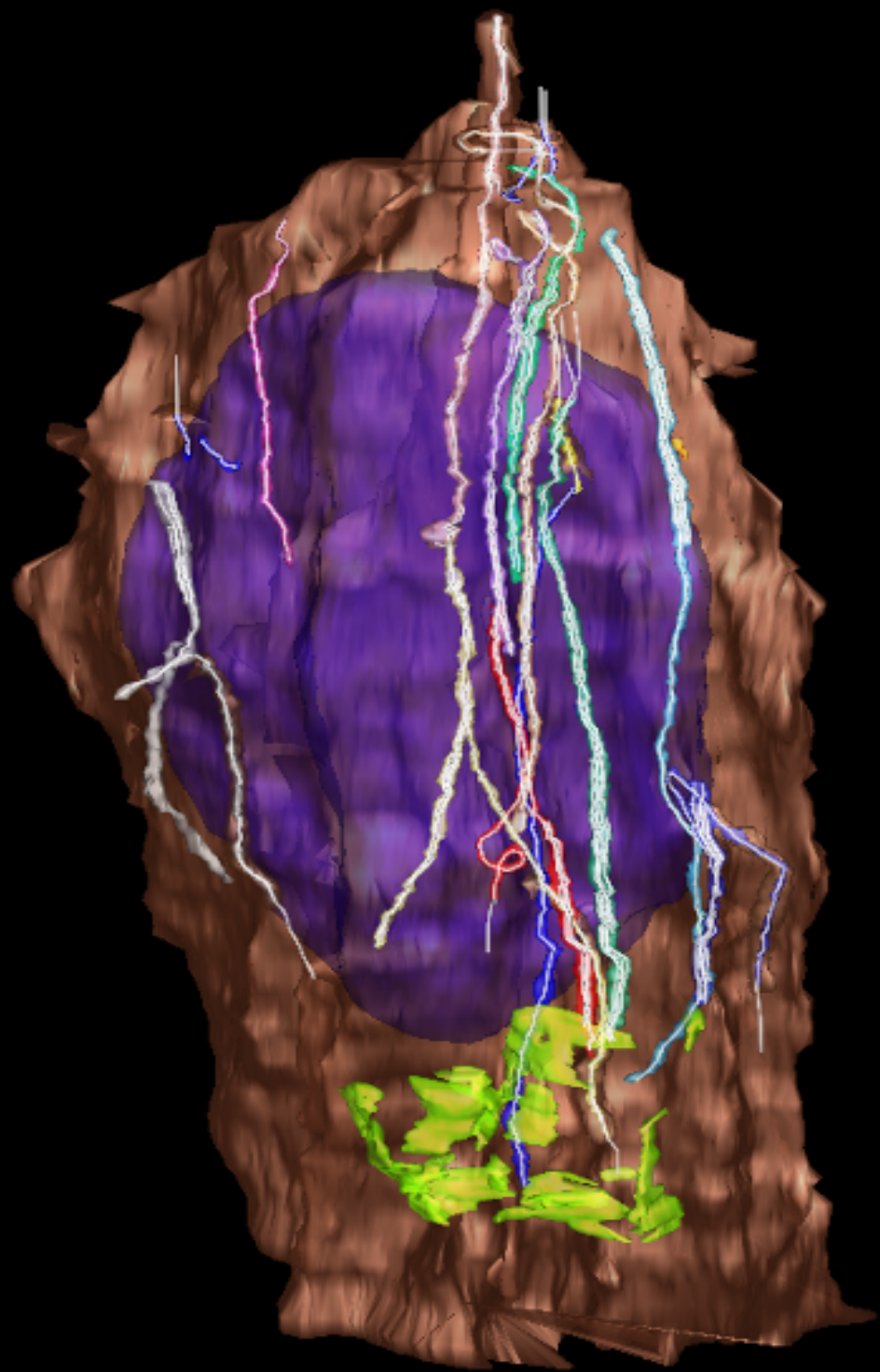
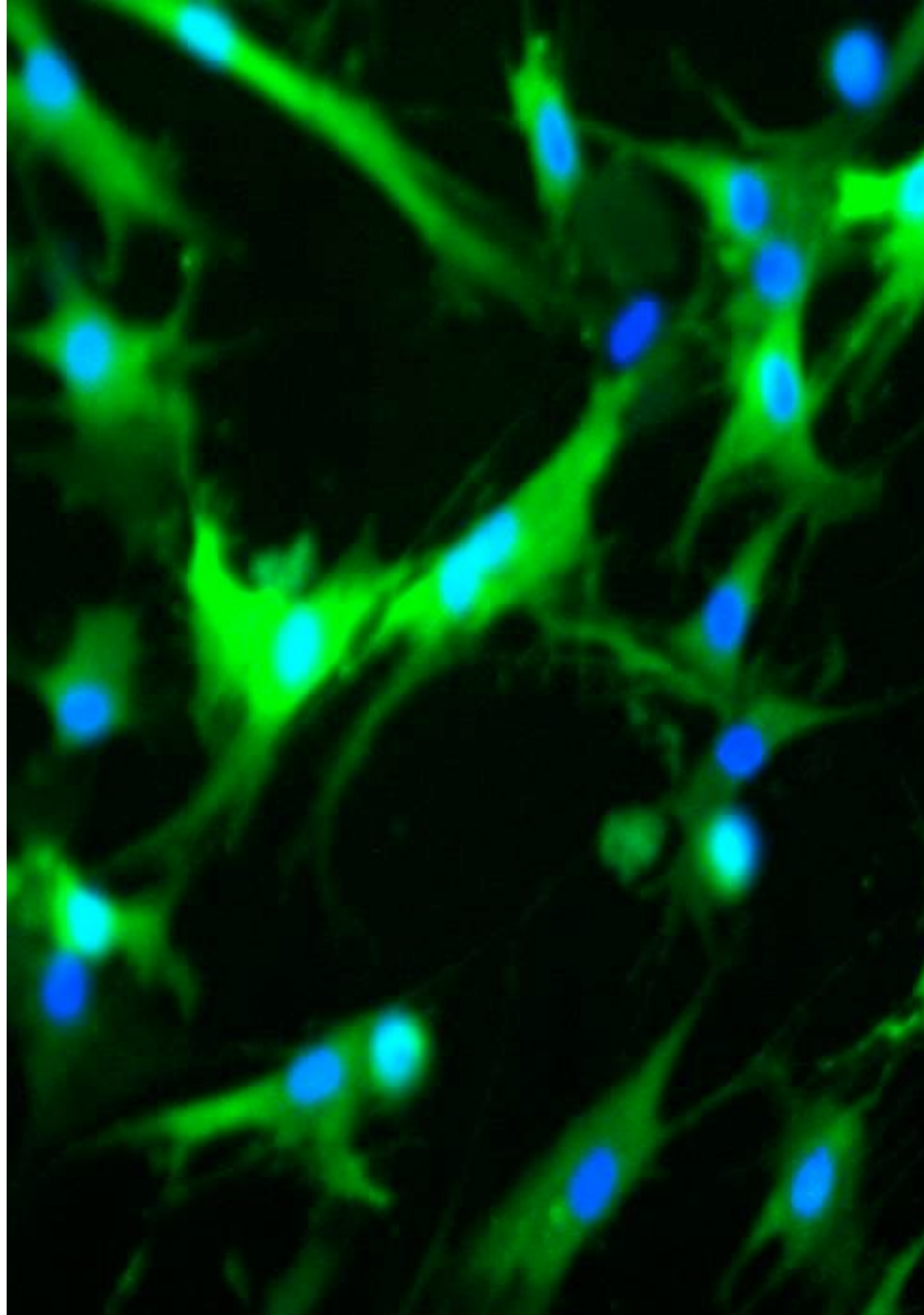
- Gliding planes become scarred
- Stiff fibrotic tissue surrounding everything that moves



Key ingredients to
fibrosis

All tissues have a skin

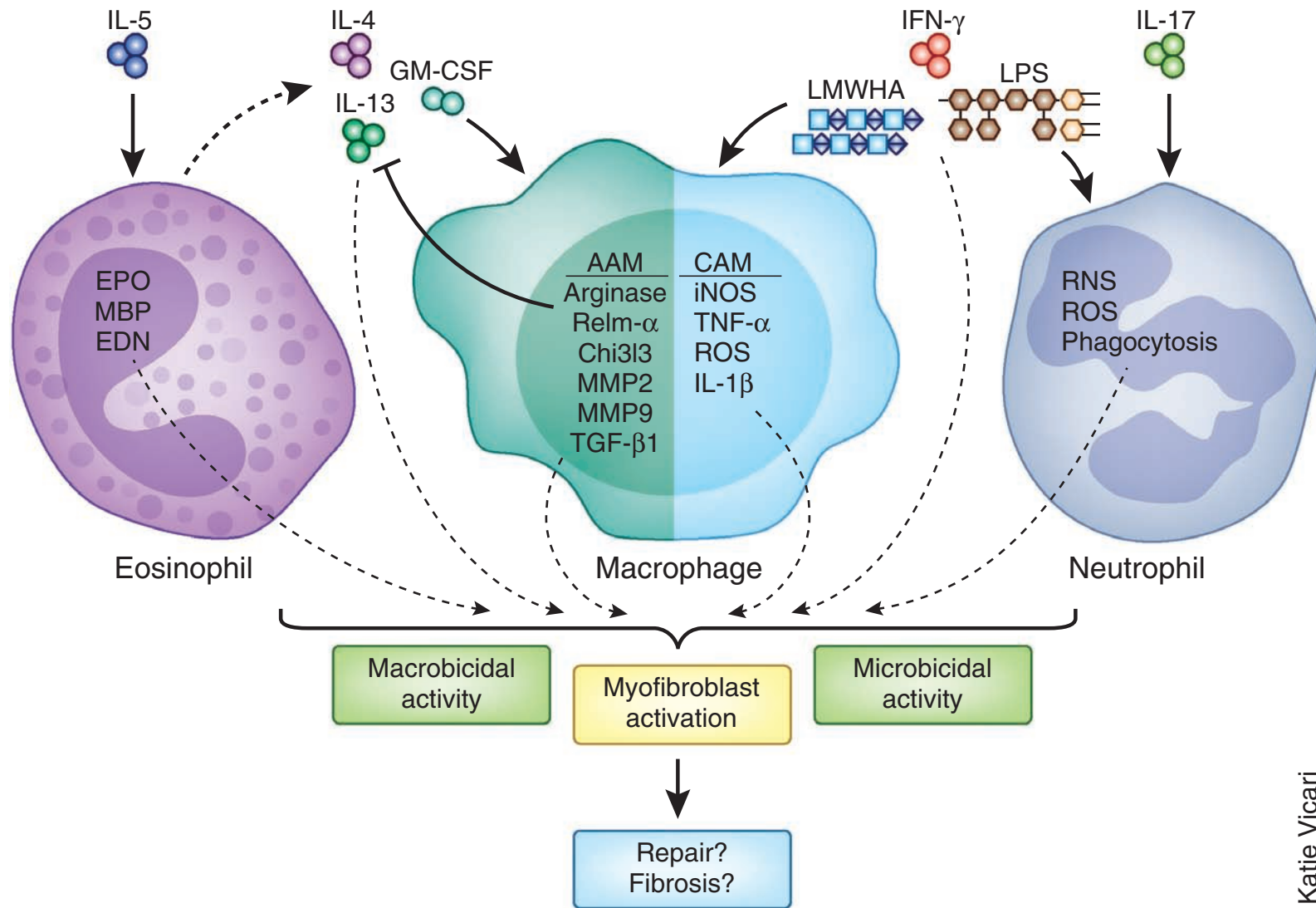






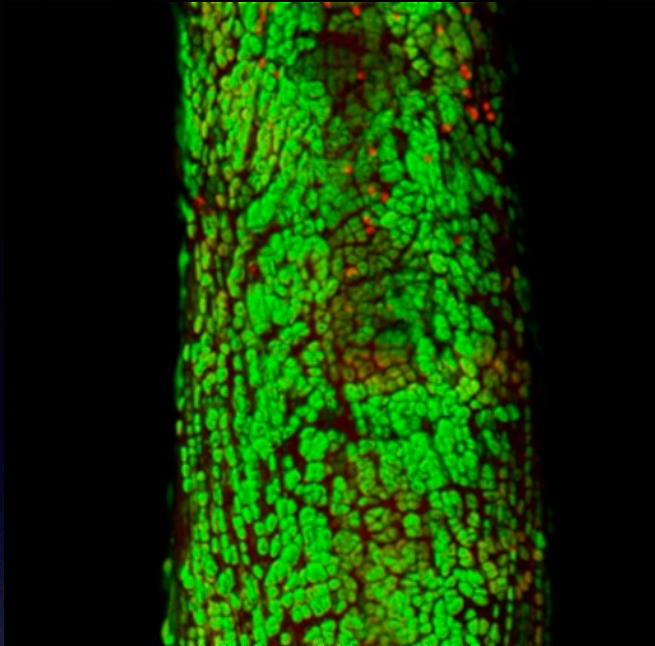
Gunter Von Hagen

Inflammatory cells

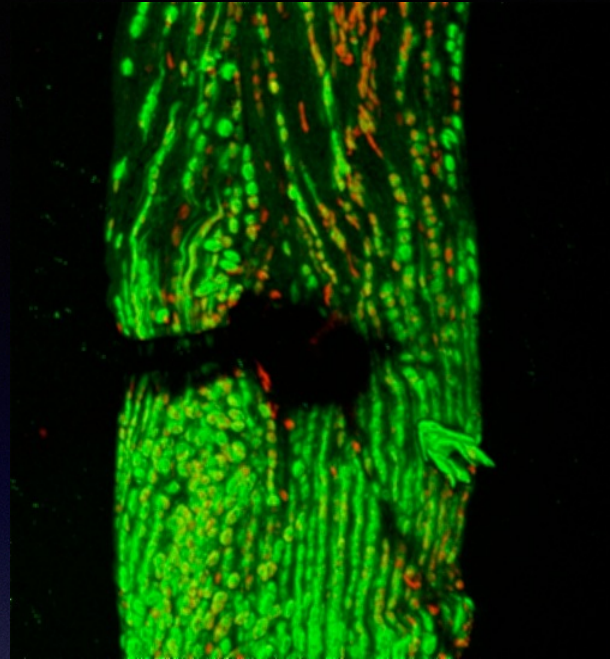


Katie Vicari

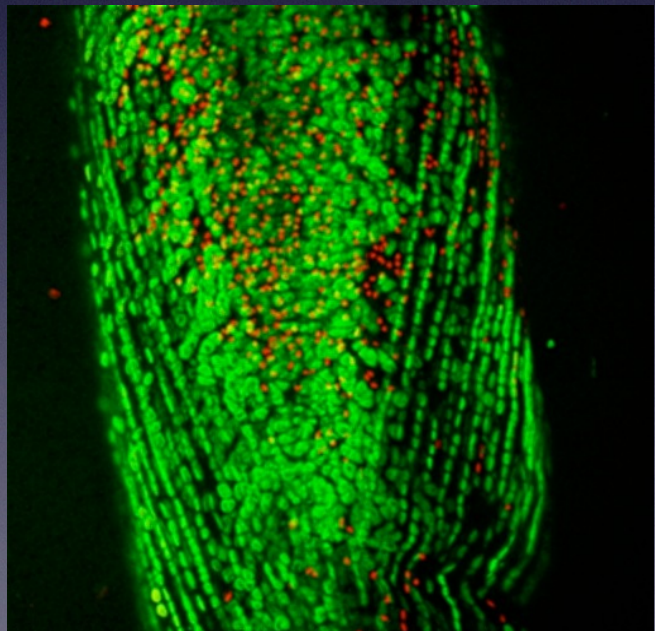
Injury Response



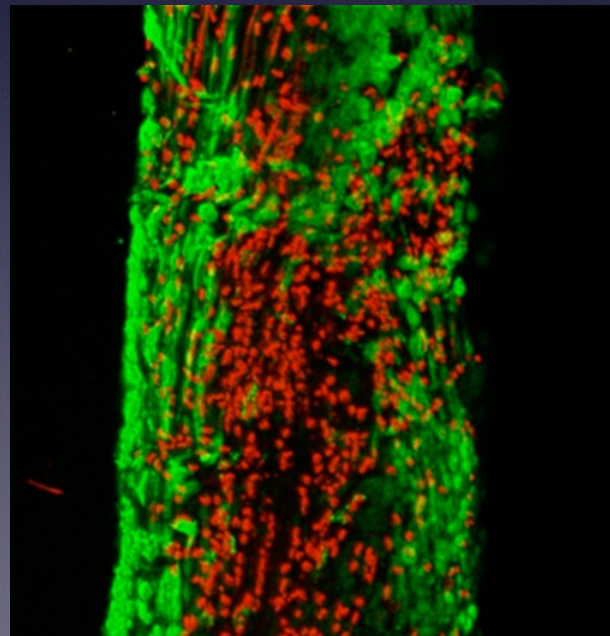
Normal



Sutured

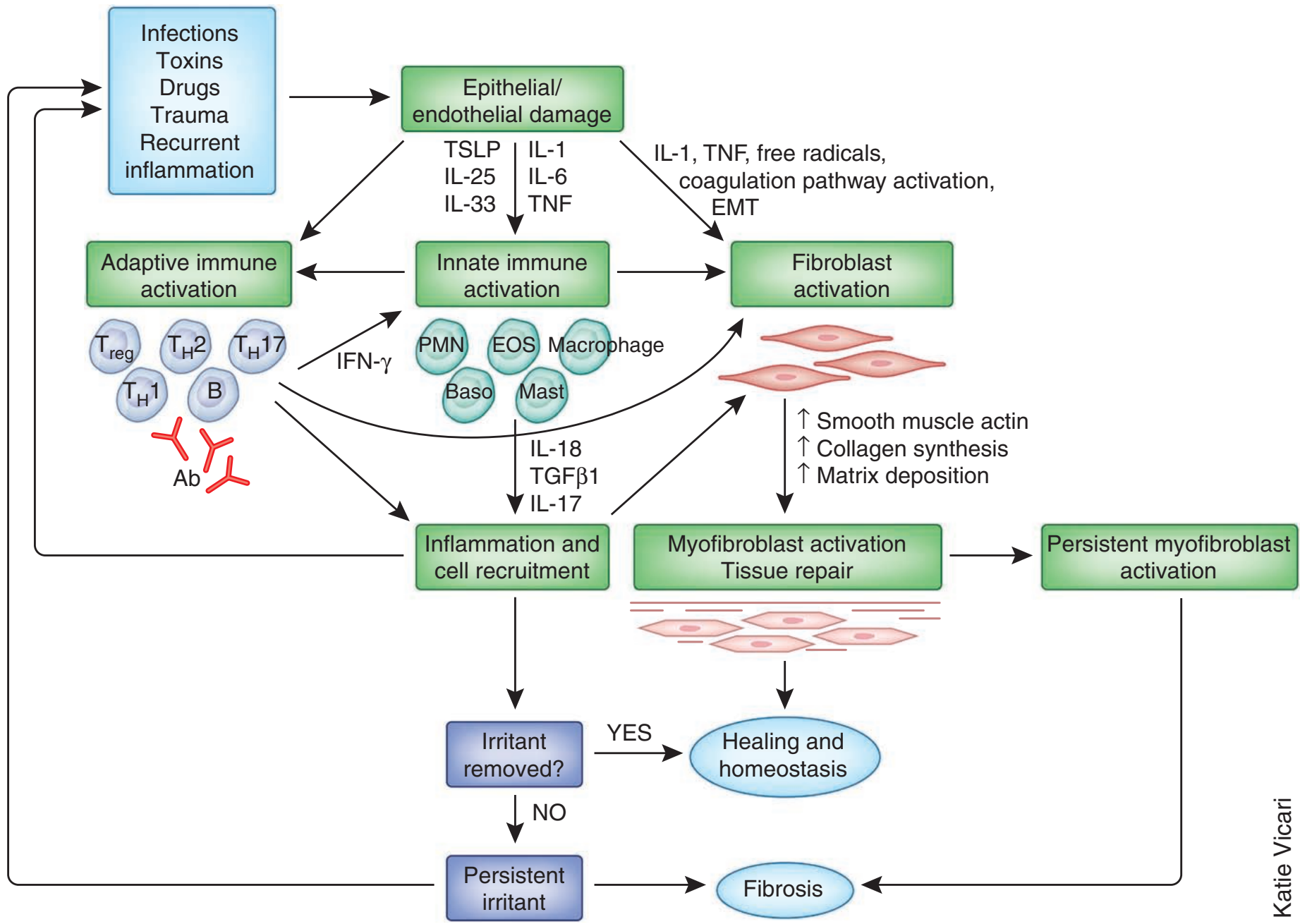


Abrasion

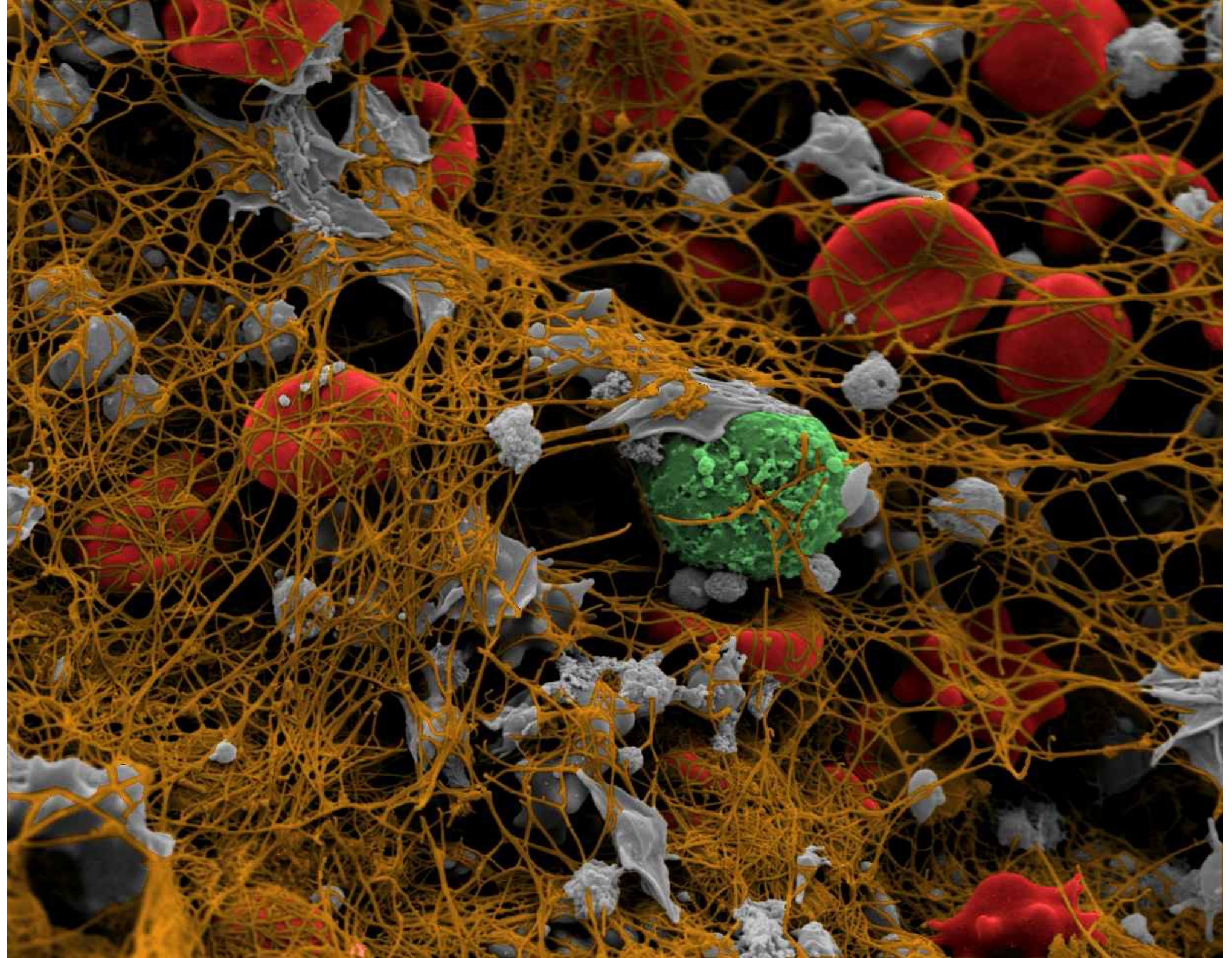


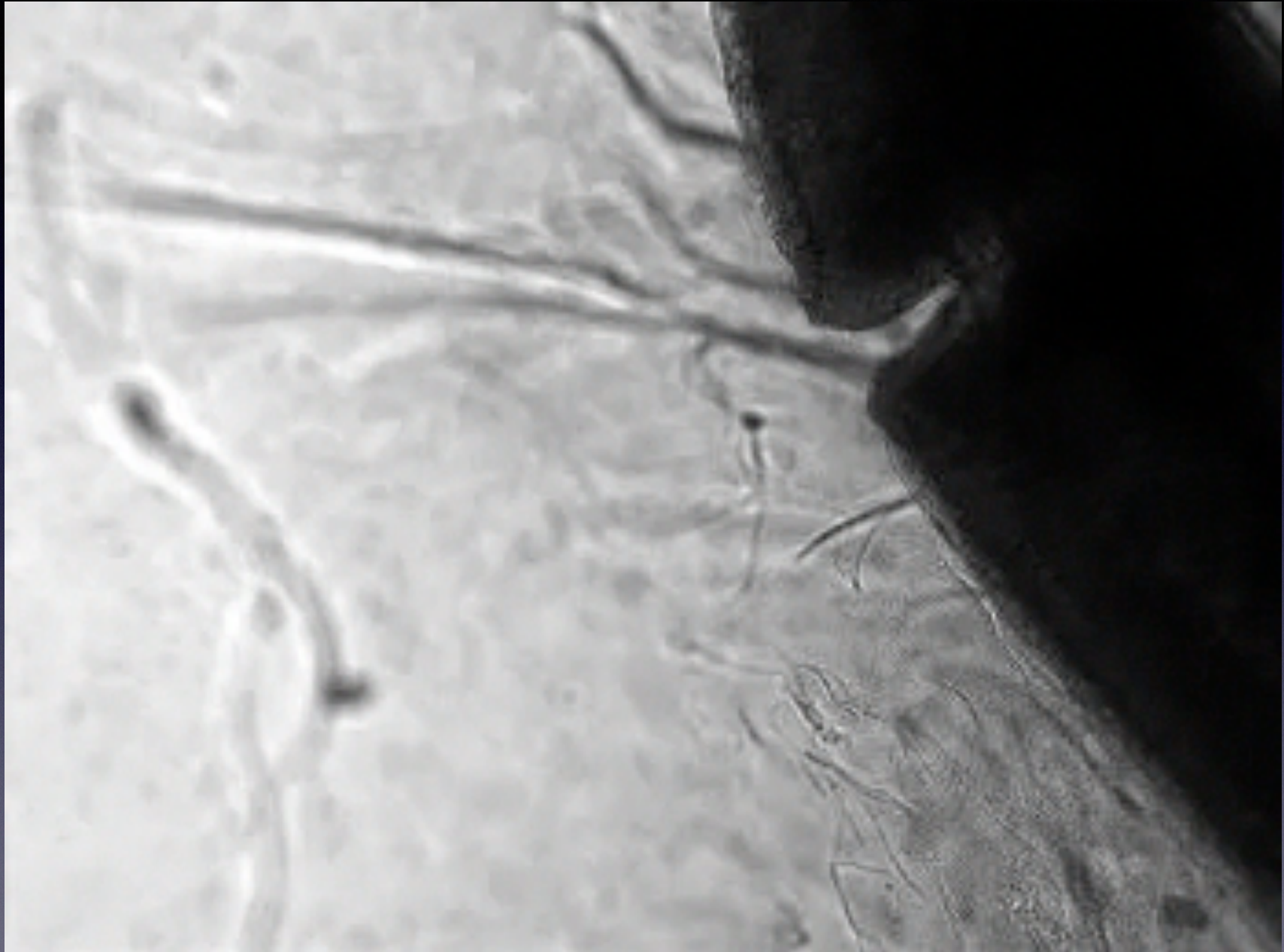
Avulsed
Wong et al 2010 Matrix Bio

Live Dead Staining
Green = Living
Red = Dead



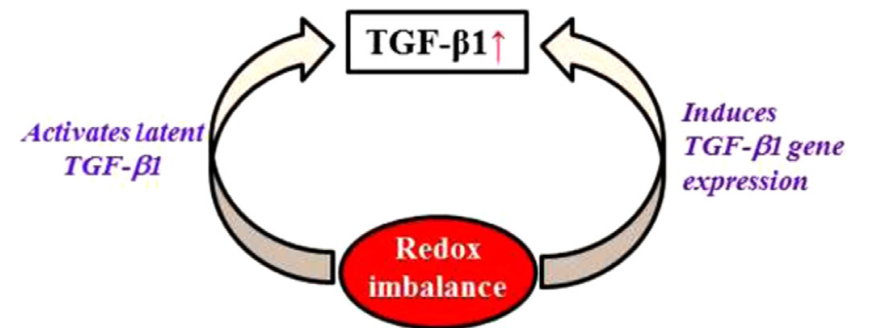
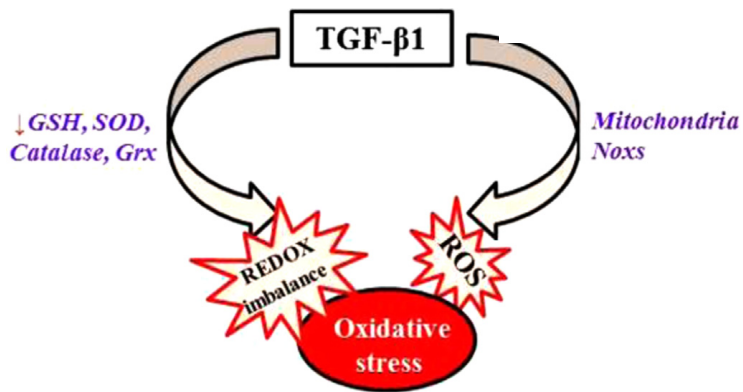
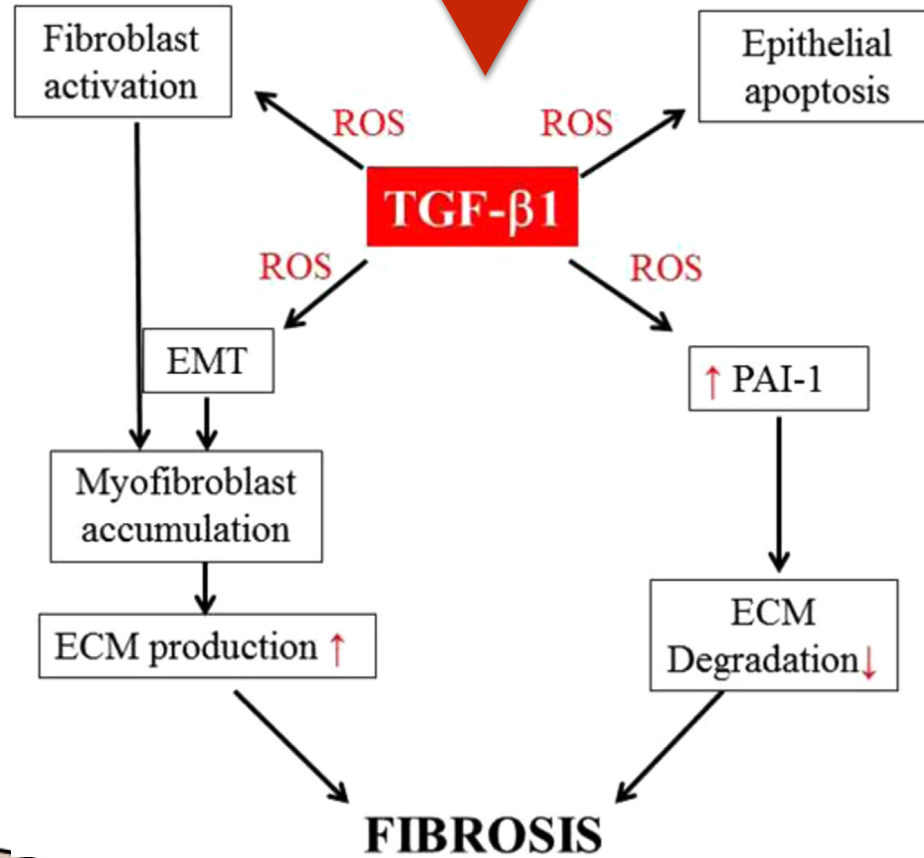
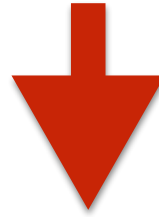
Katie Vicari



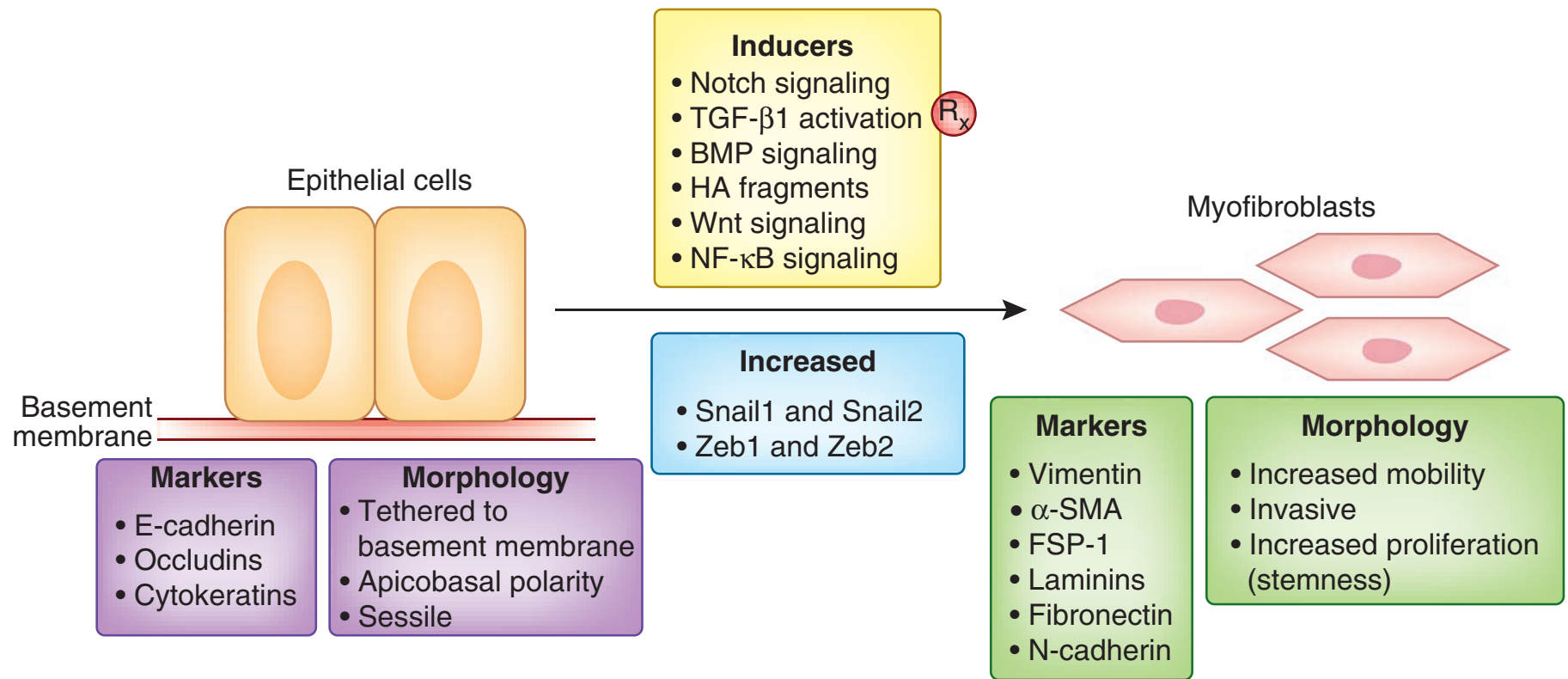


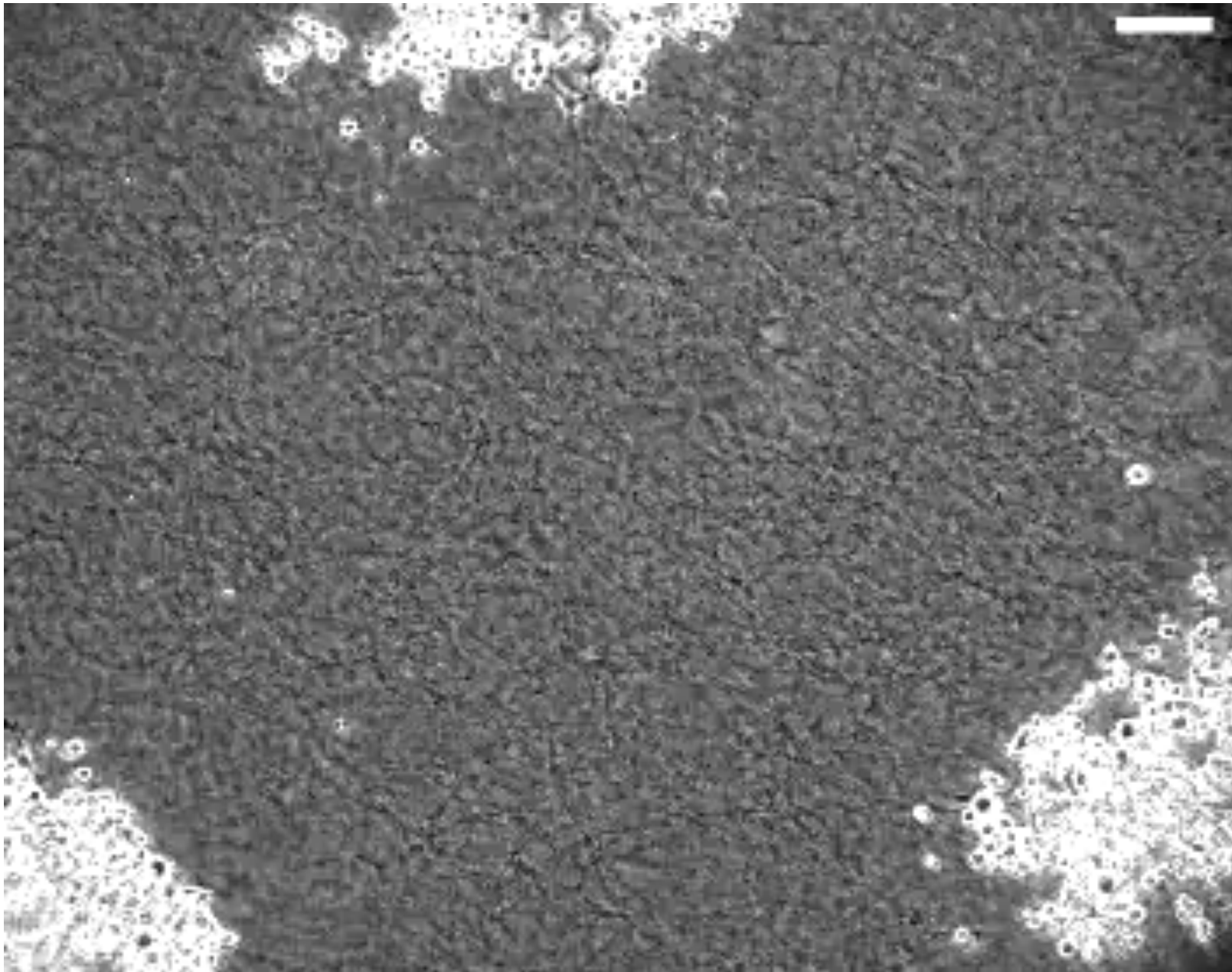
Wong and Peck 2014 PRS

Tissue Injury

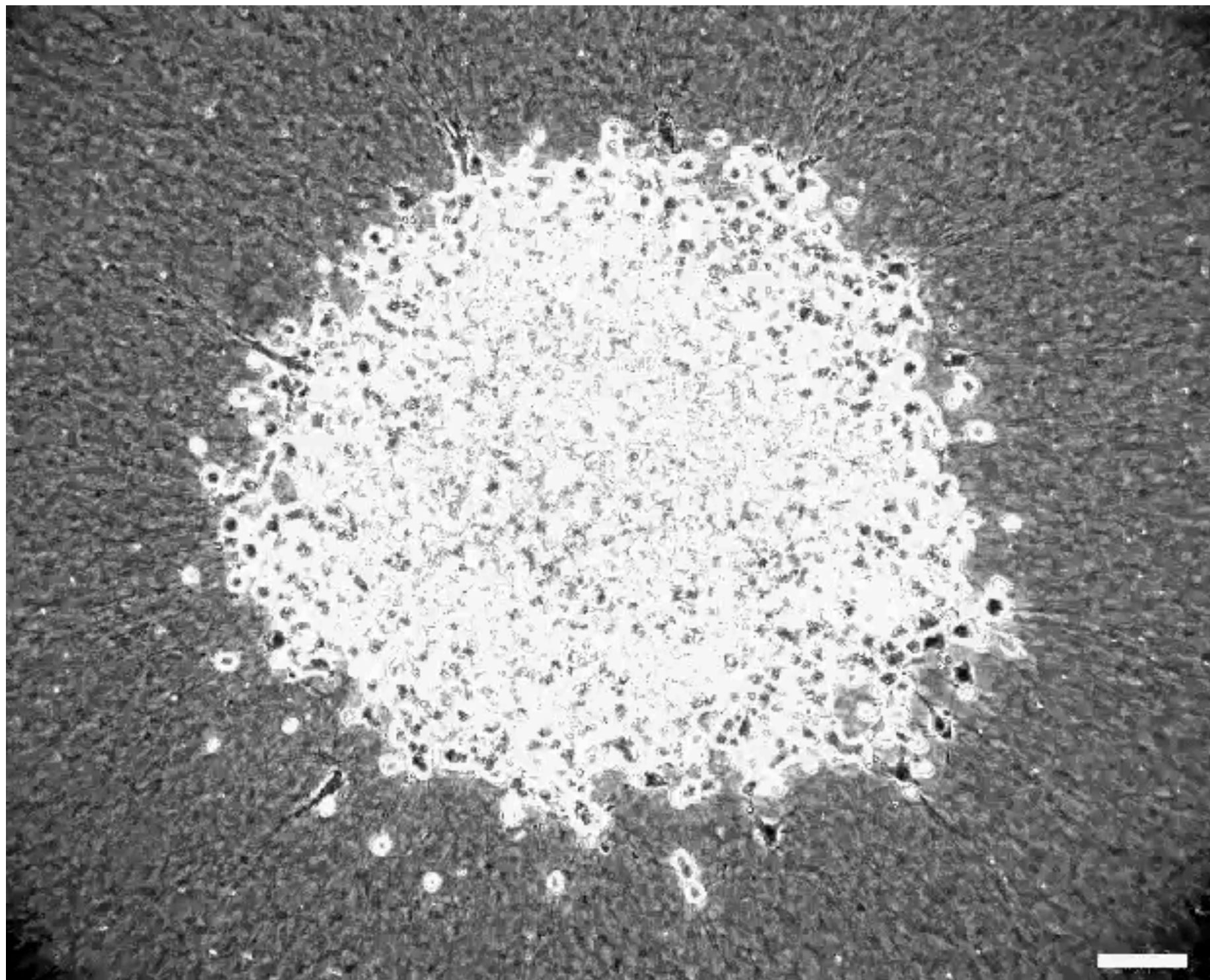


Epithelial to mesenchymal transformation



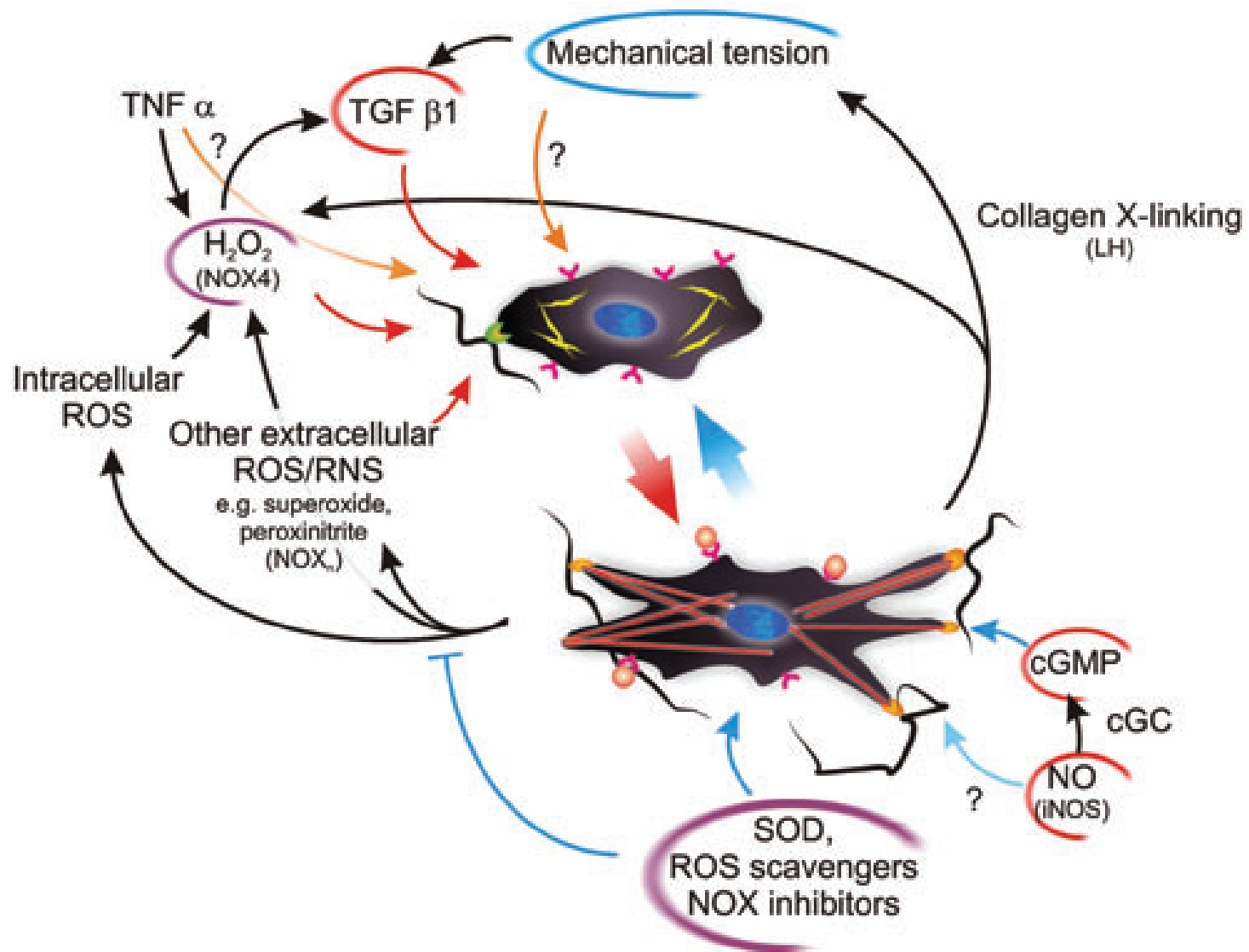


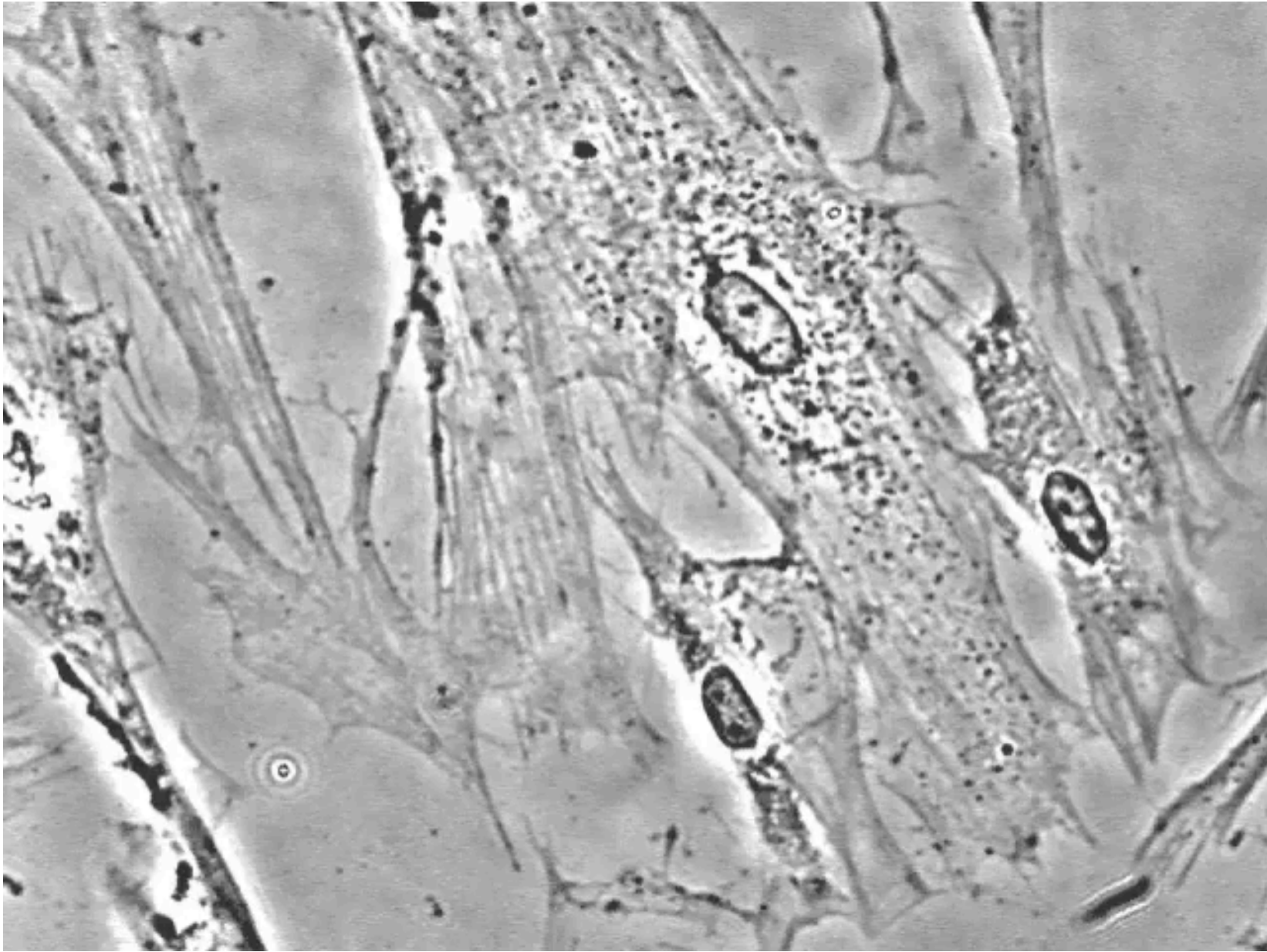
Fibroblasts on a fibrin gel

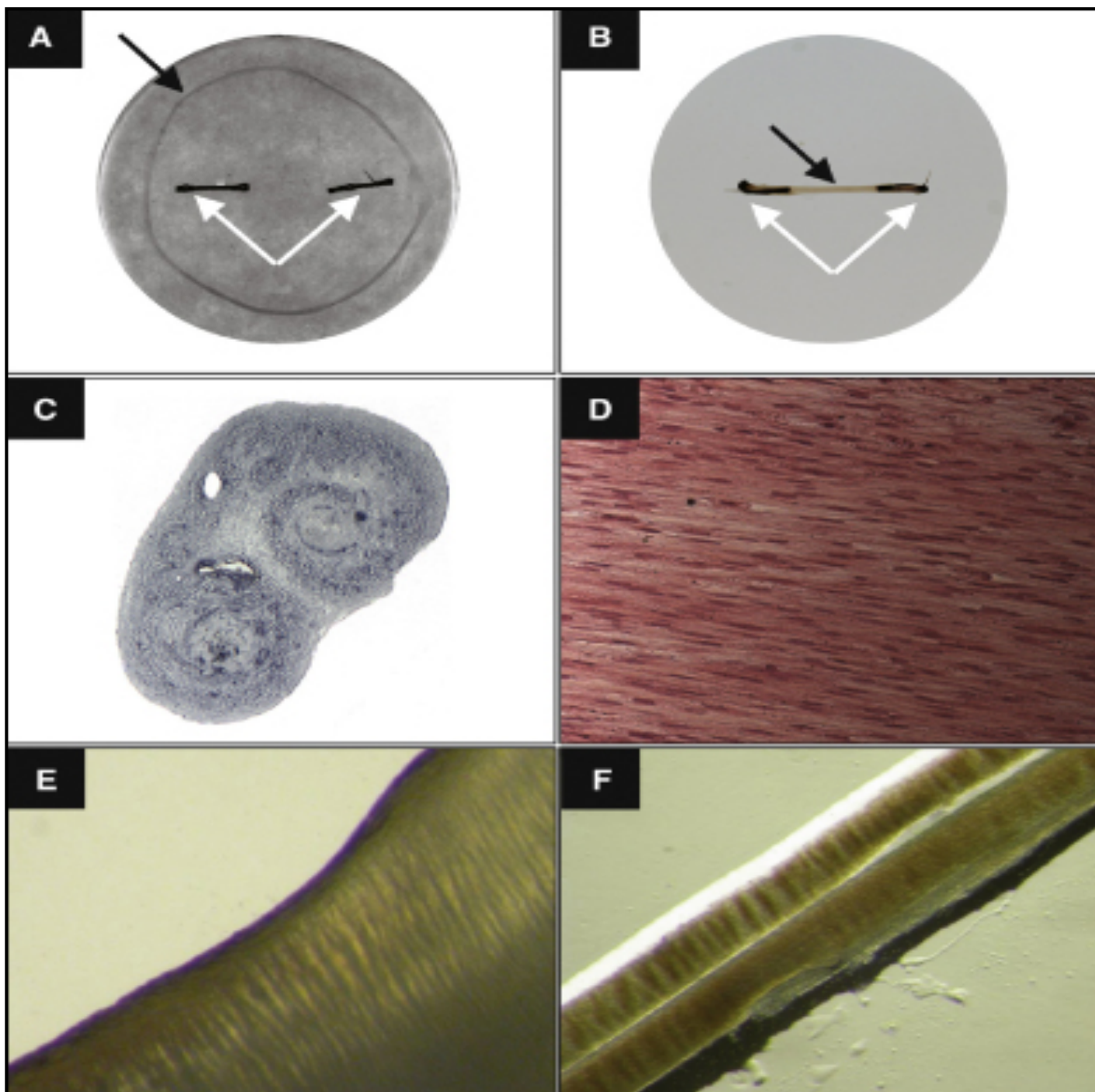


Collagen Assembly

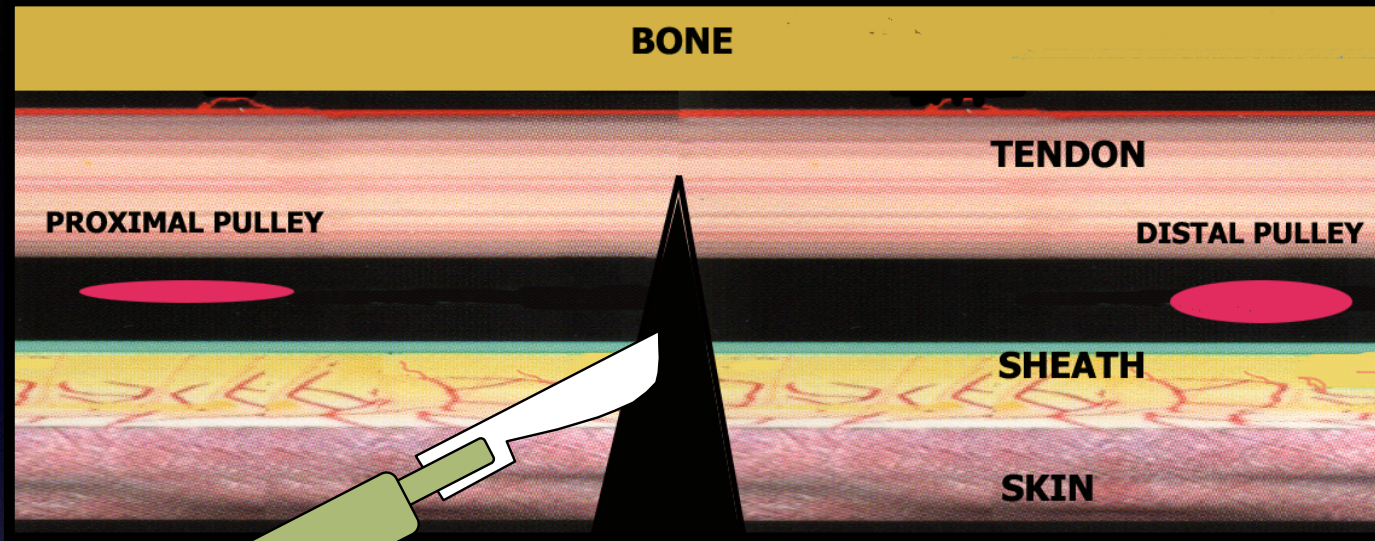




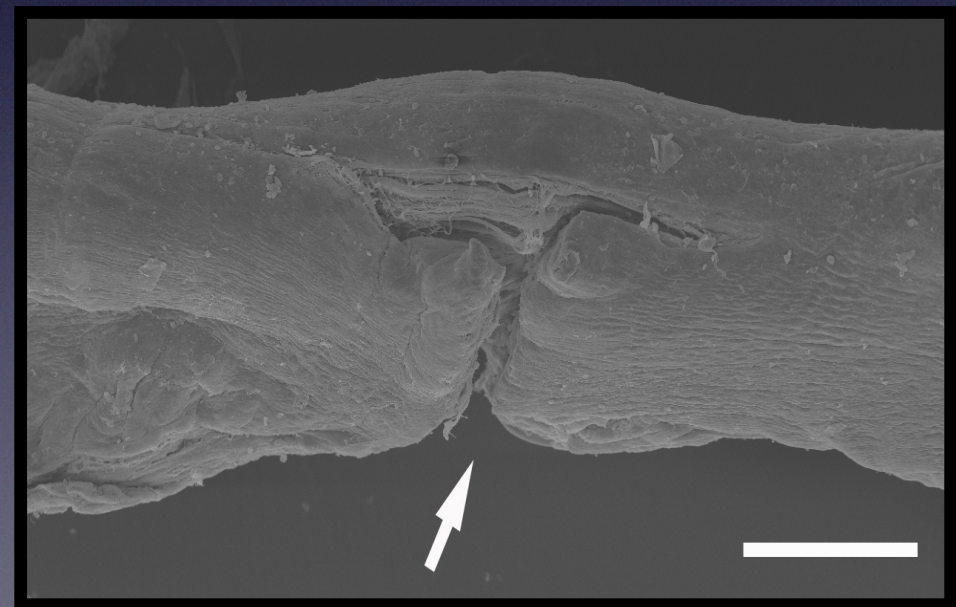




What about the
systemic response?

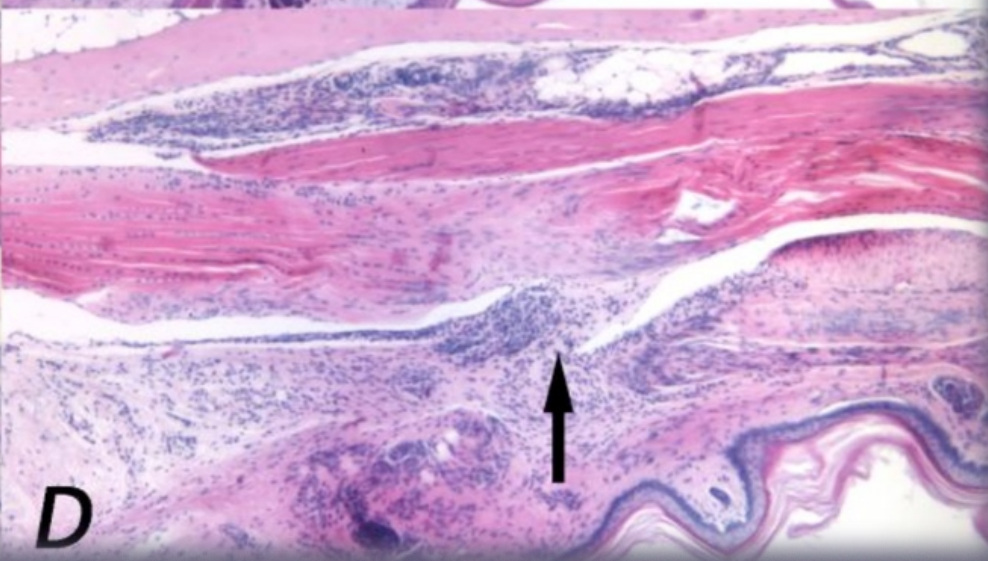
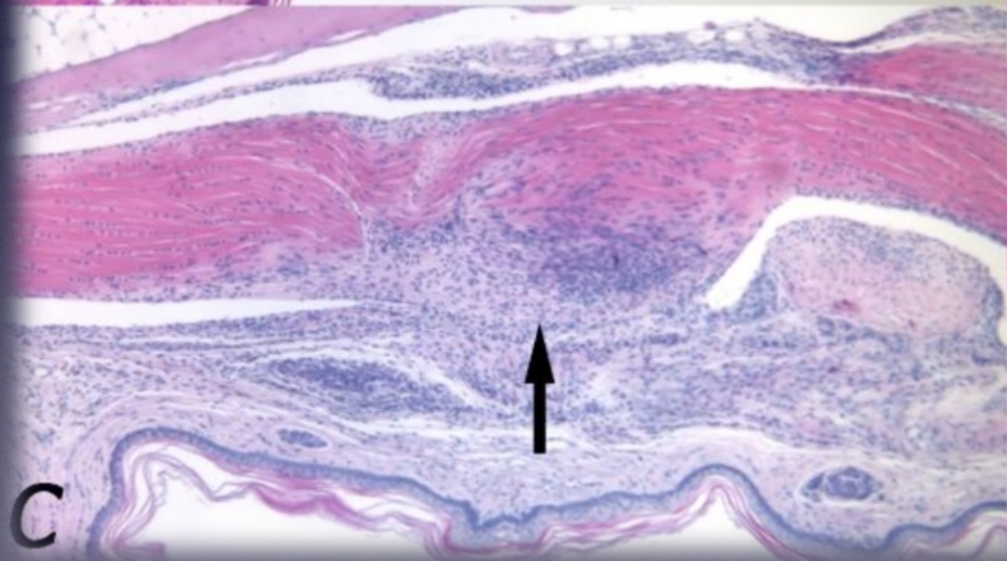
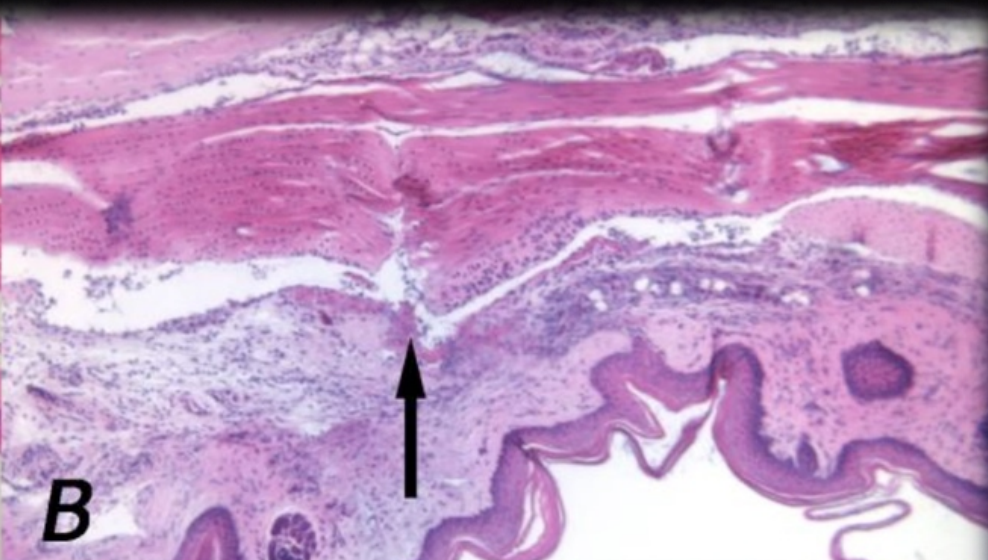
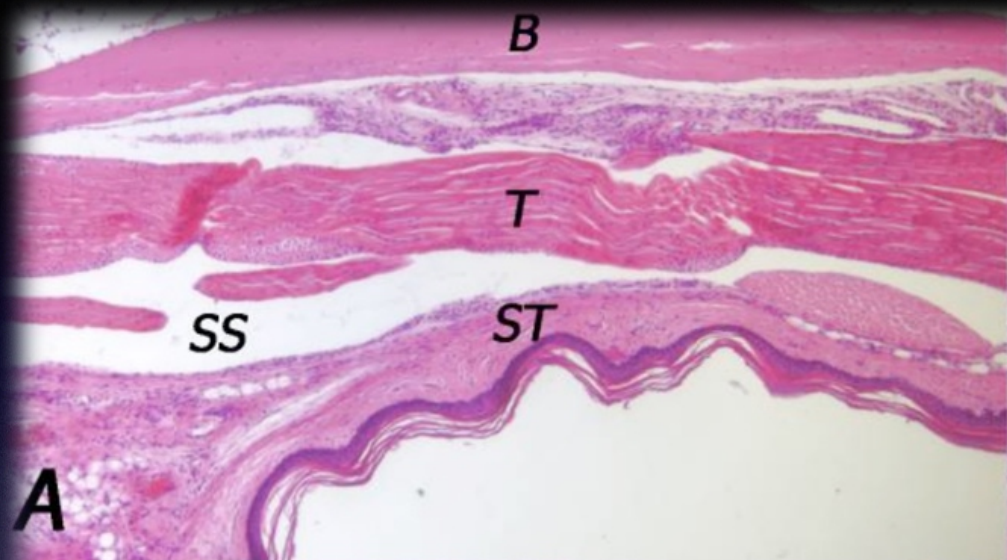


Scanning electron microscopy of the injured tendon. A simple partial laceration through 50% of the tendons diameter under operating microscope guidance. This was used as a model for healing.



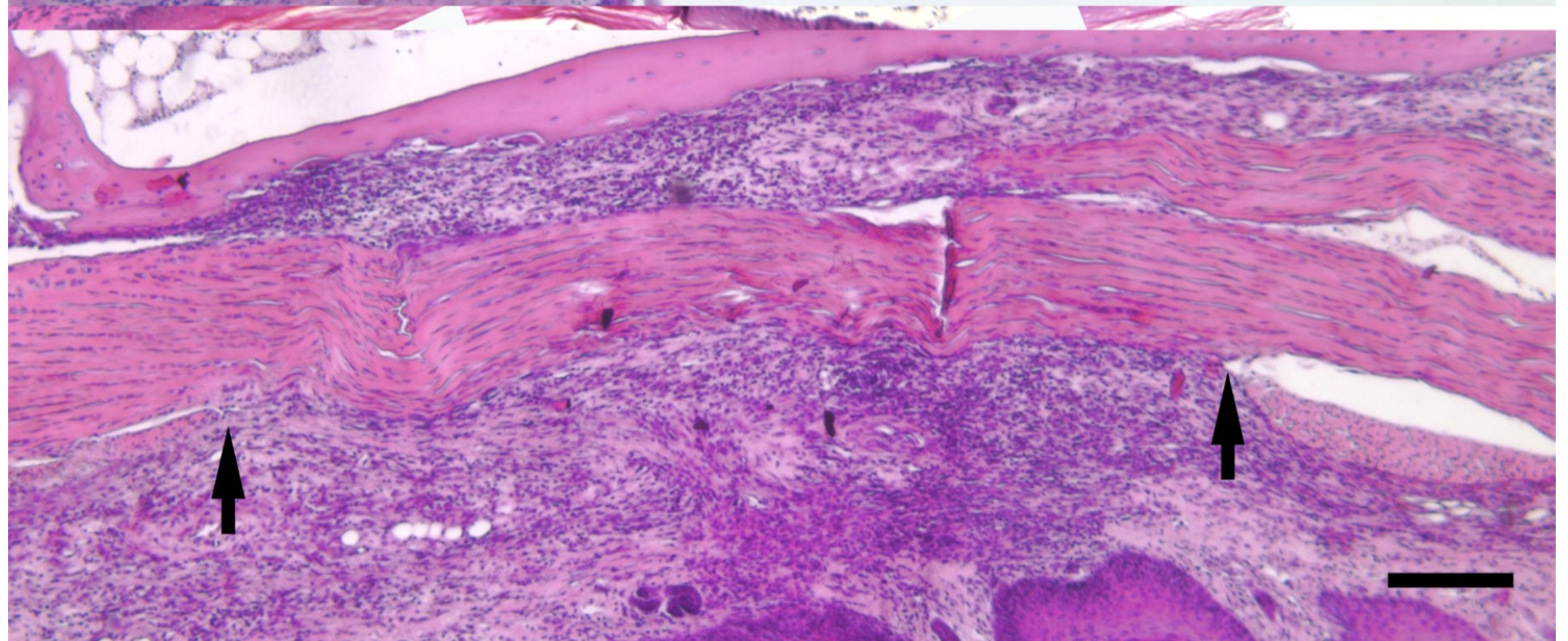
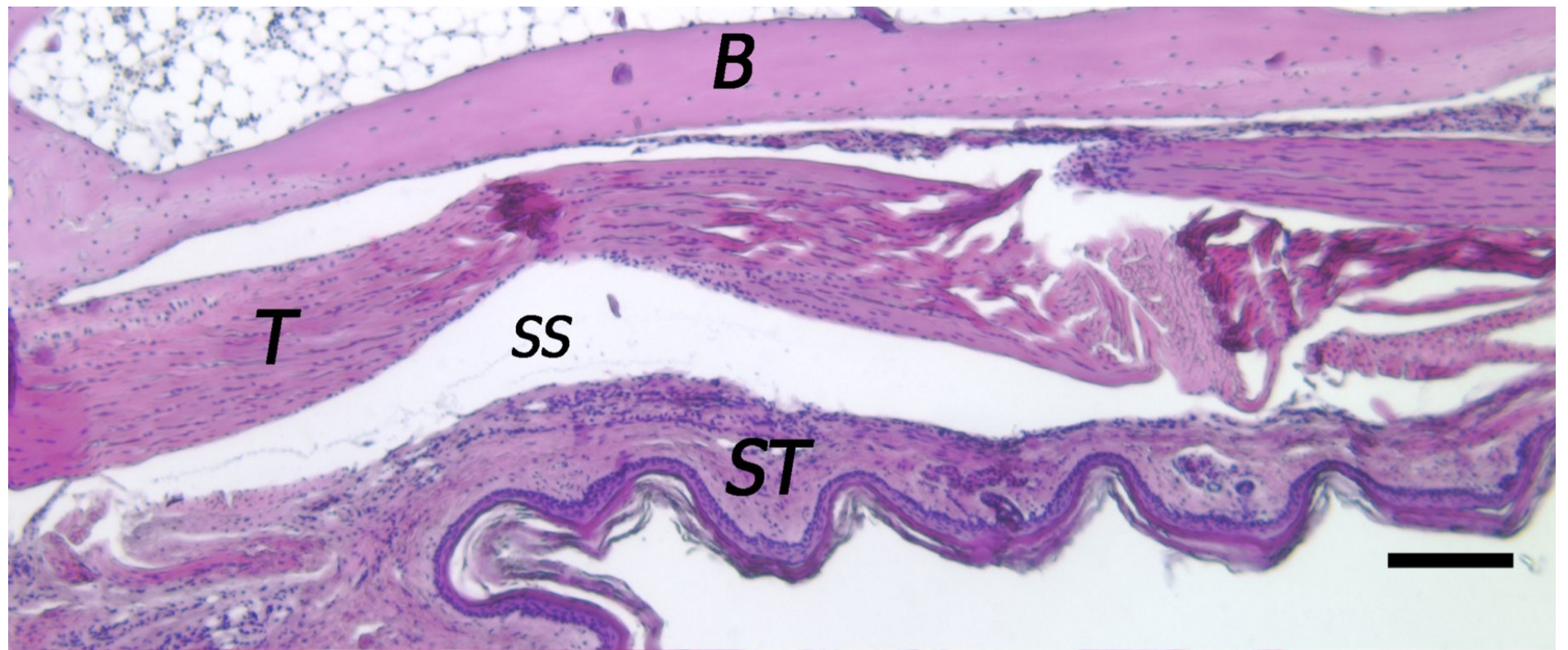
Control

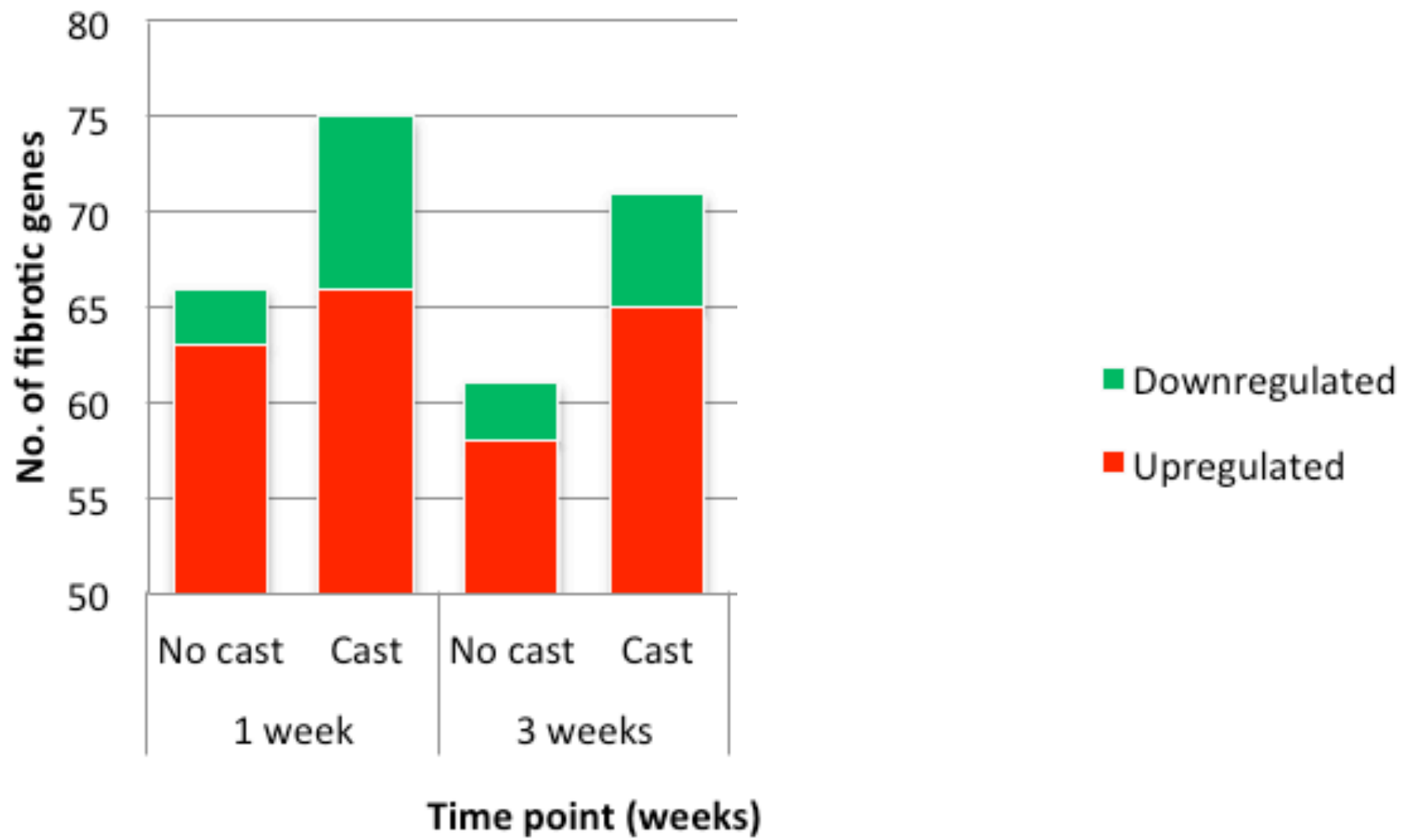
Day 1



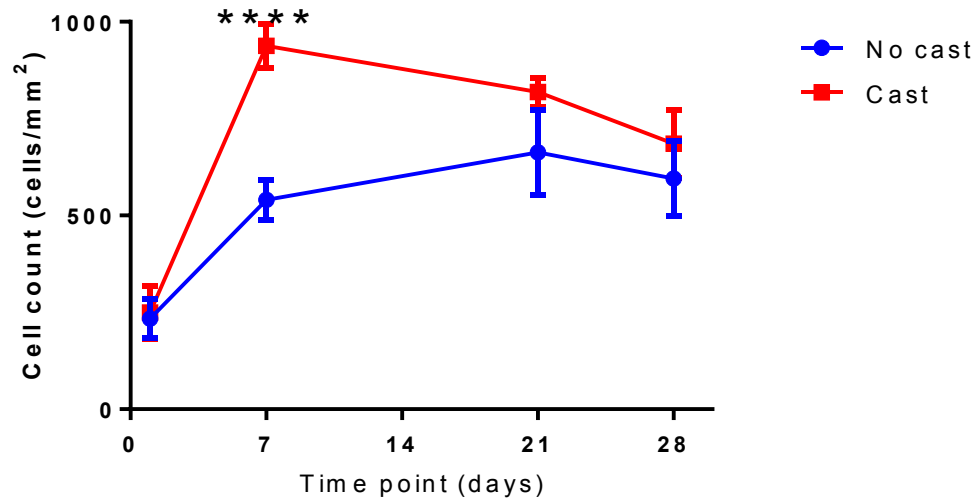
Day 21

Day 112

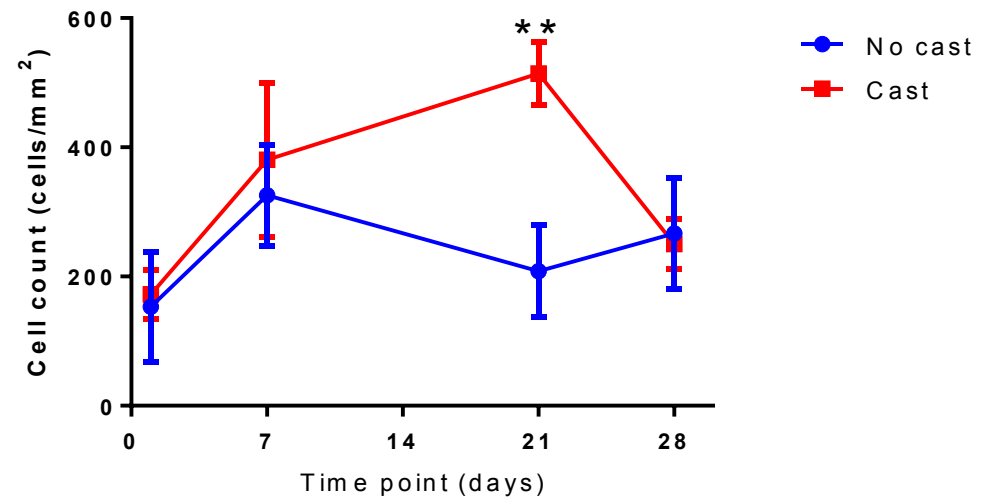




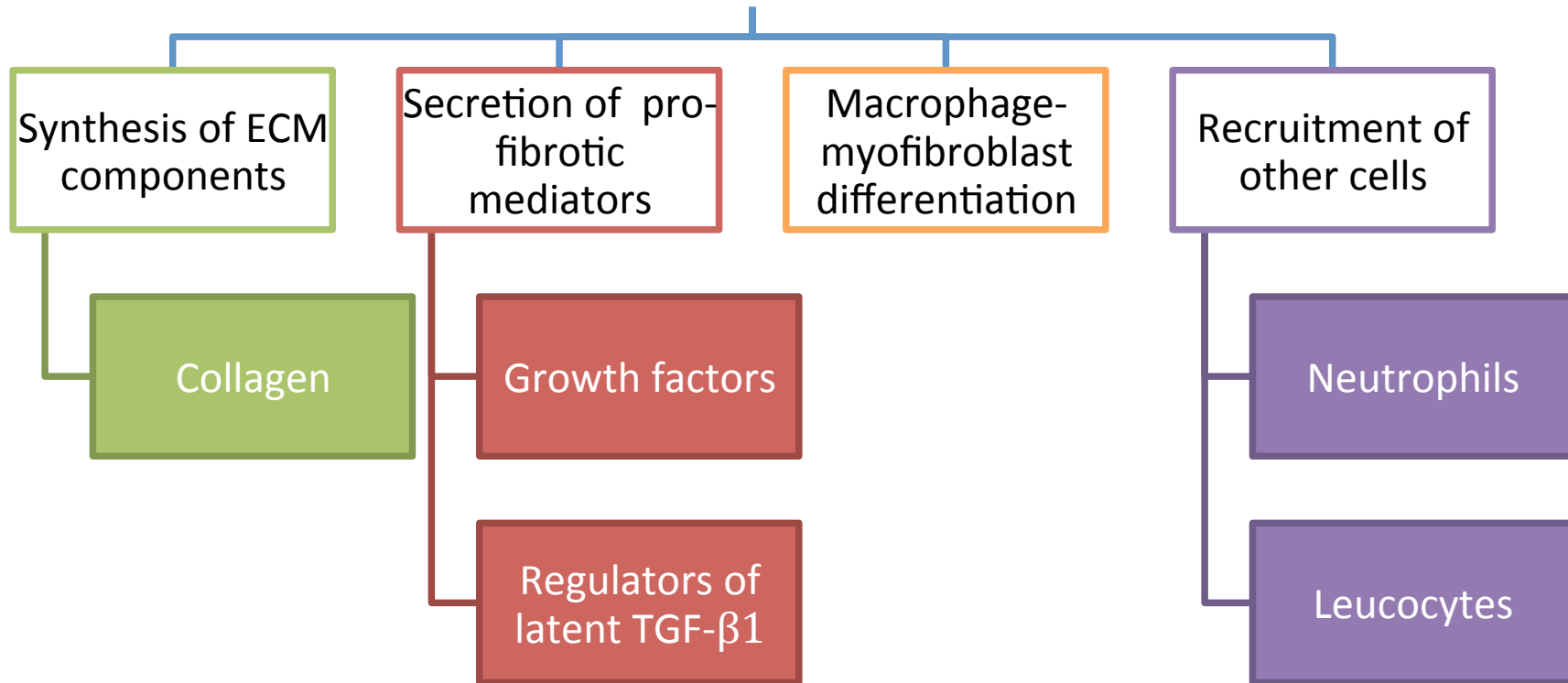
Macrophages

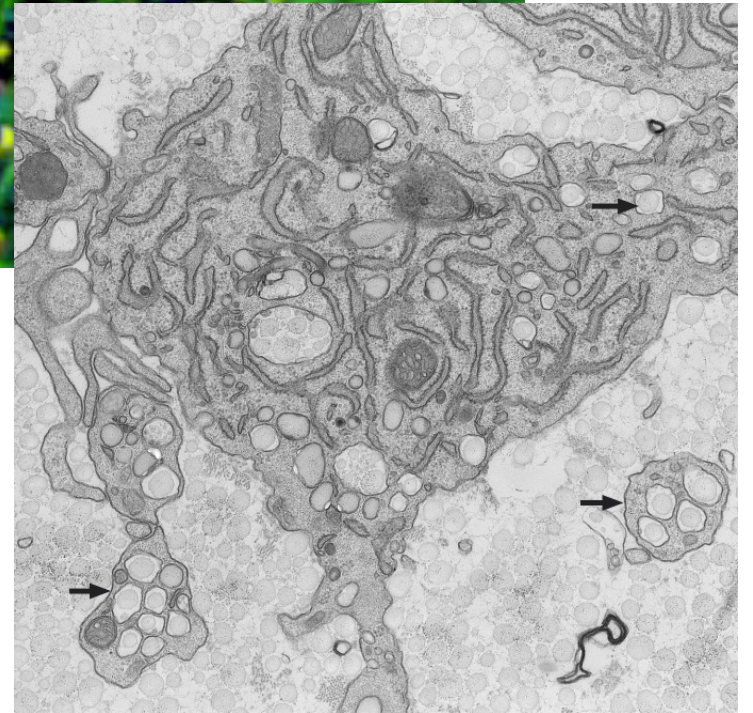
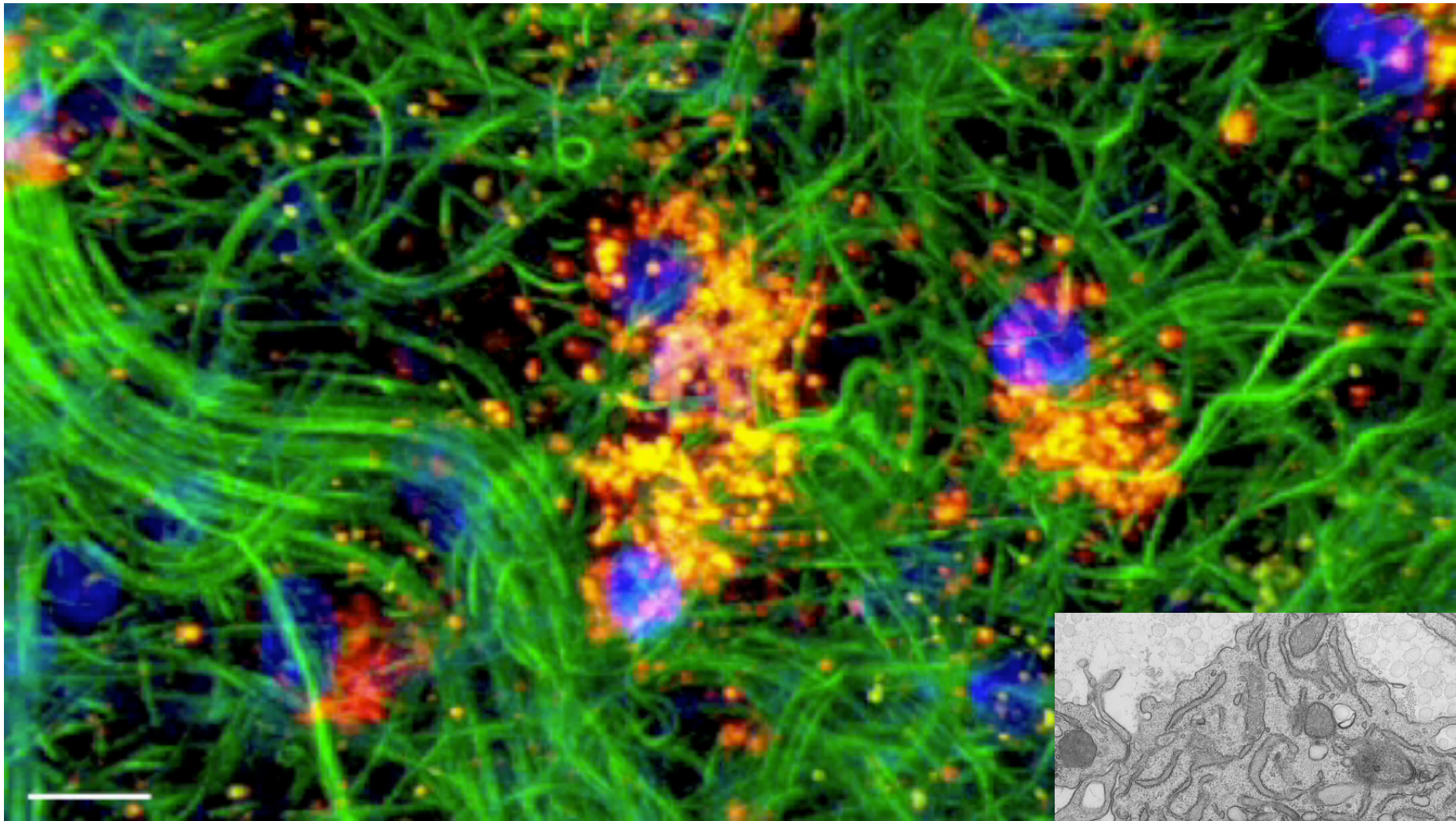


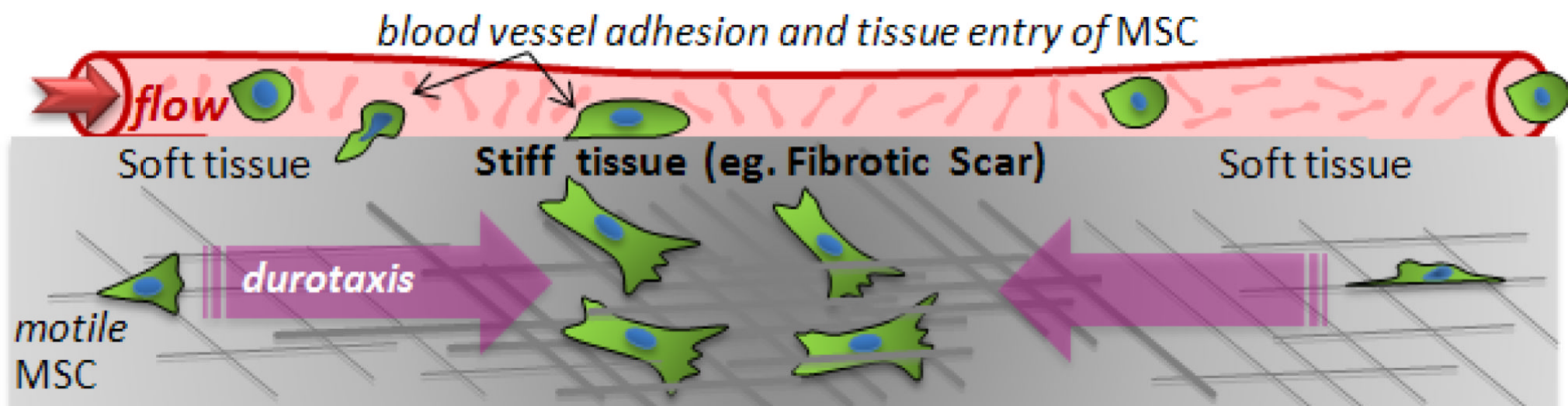
Myofibroblasts



Macrophages in tissue fibrosis

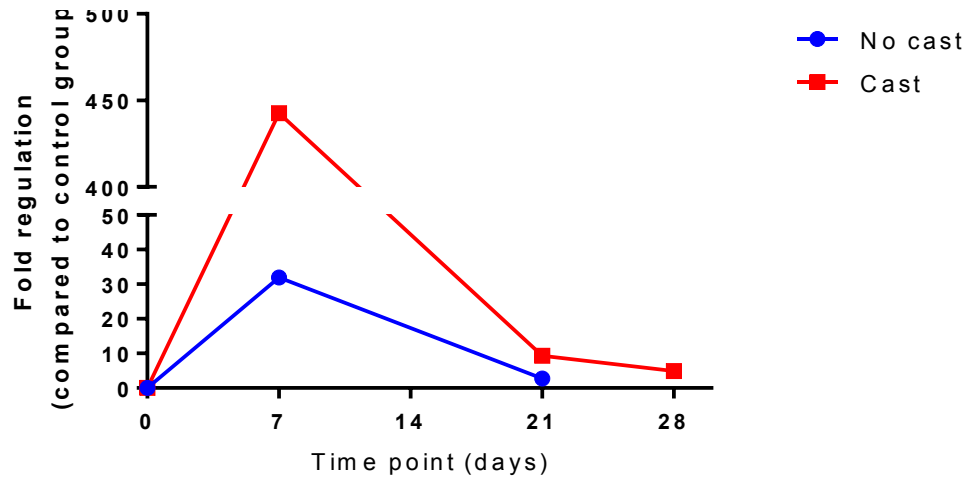




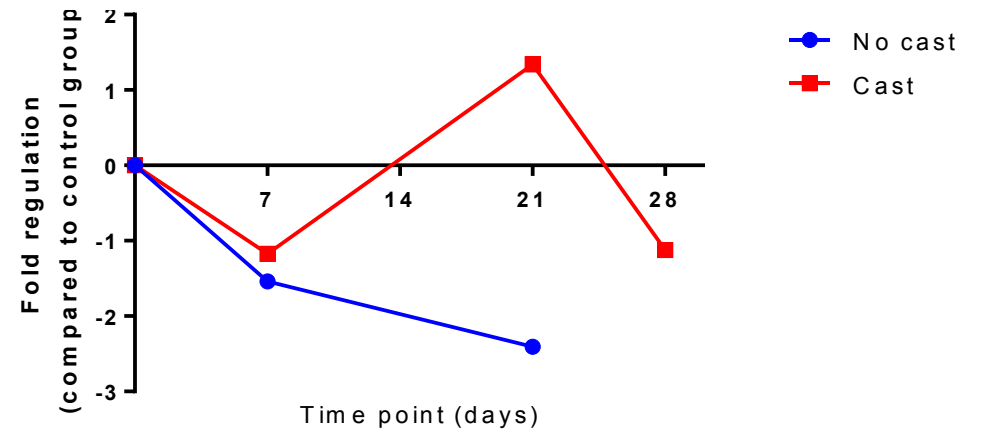


Gene expression

Collagen type 1



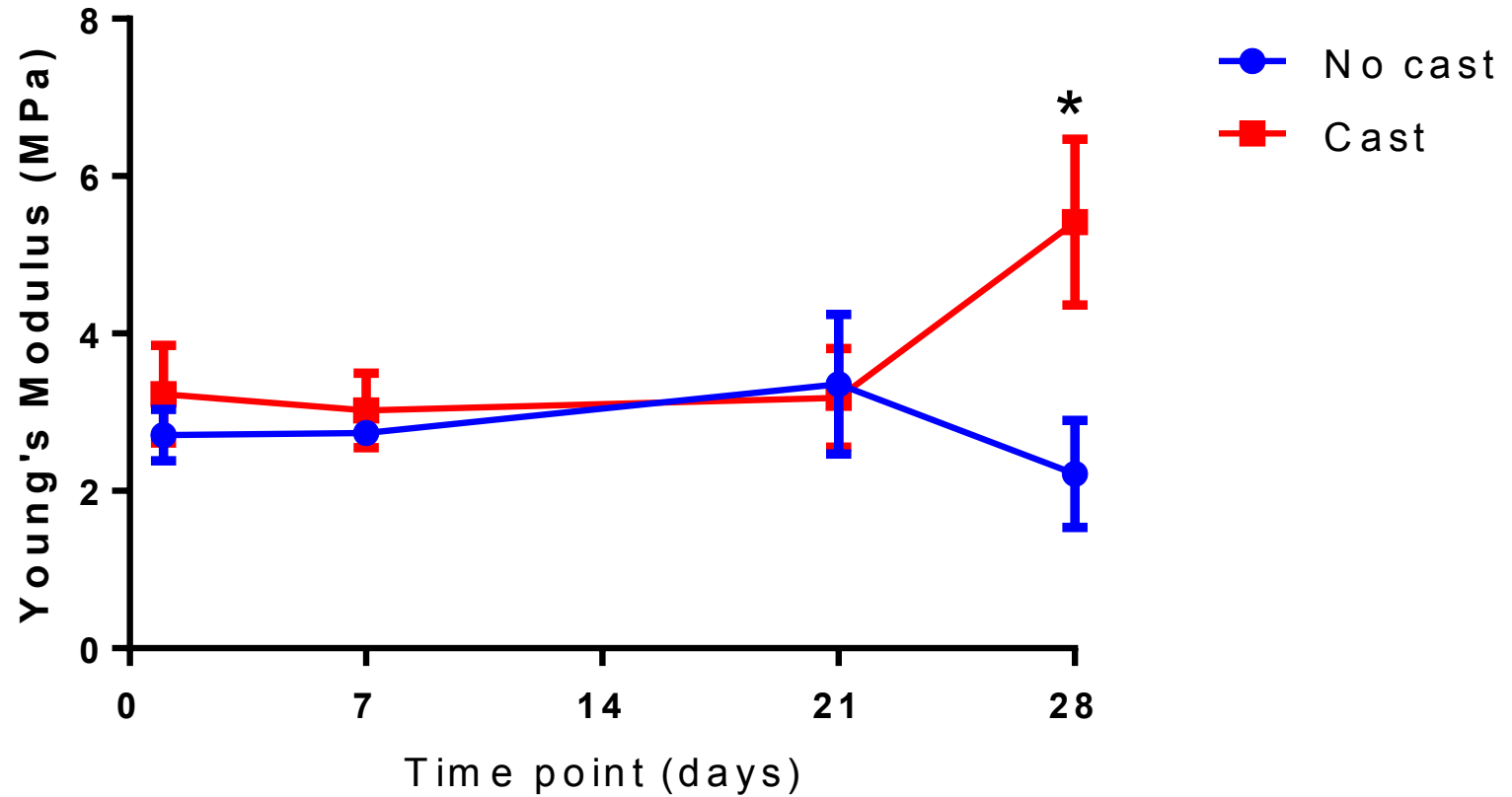
Collagen type 3



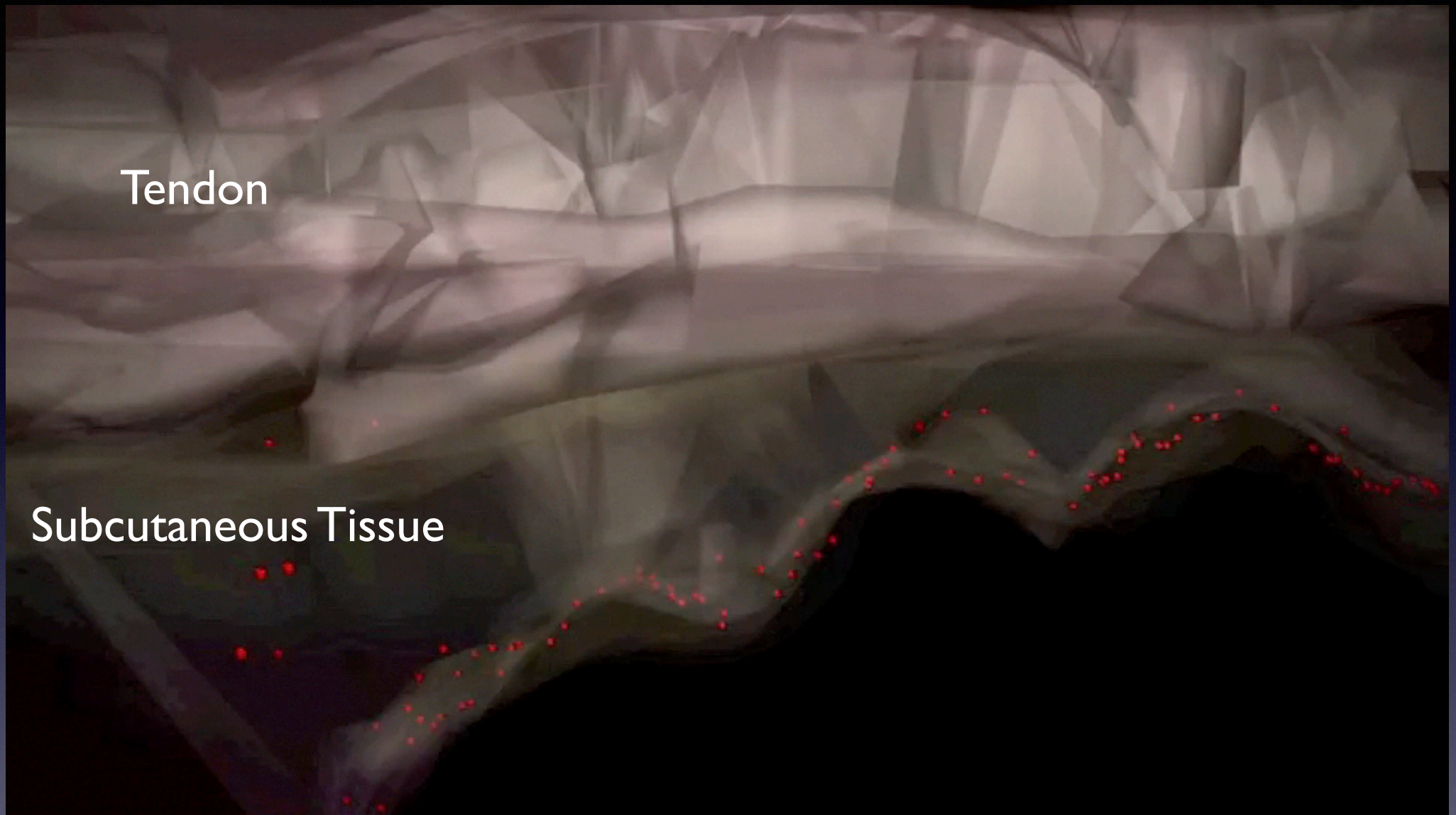
Atomic force Microscopy

Nanoindentation

Subcutaneous Tissue



So how does fibrosis /
adhesions form?



Tendon

Subcutaneous Tissue



Inflammatory cells



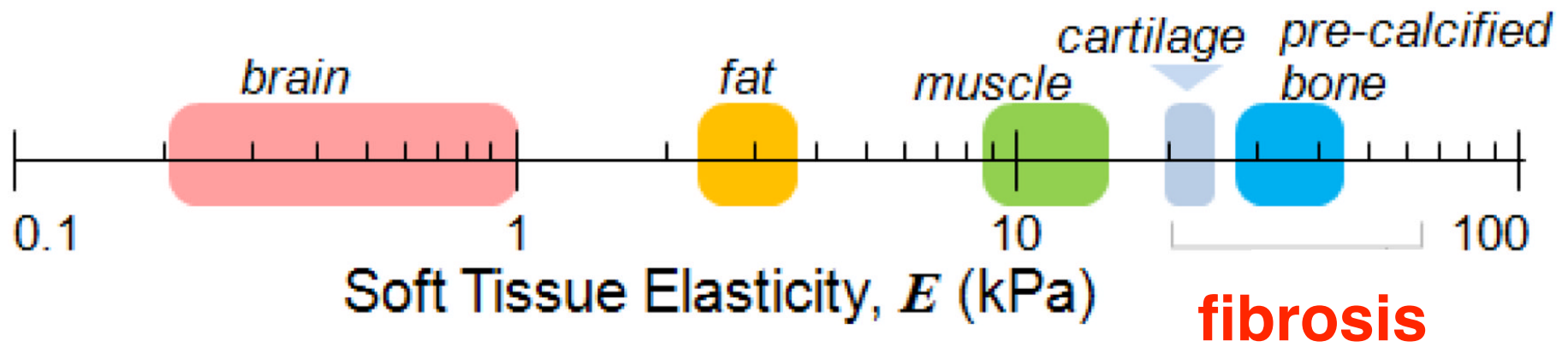
Adhesion

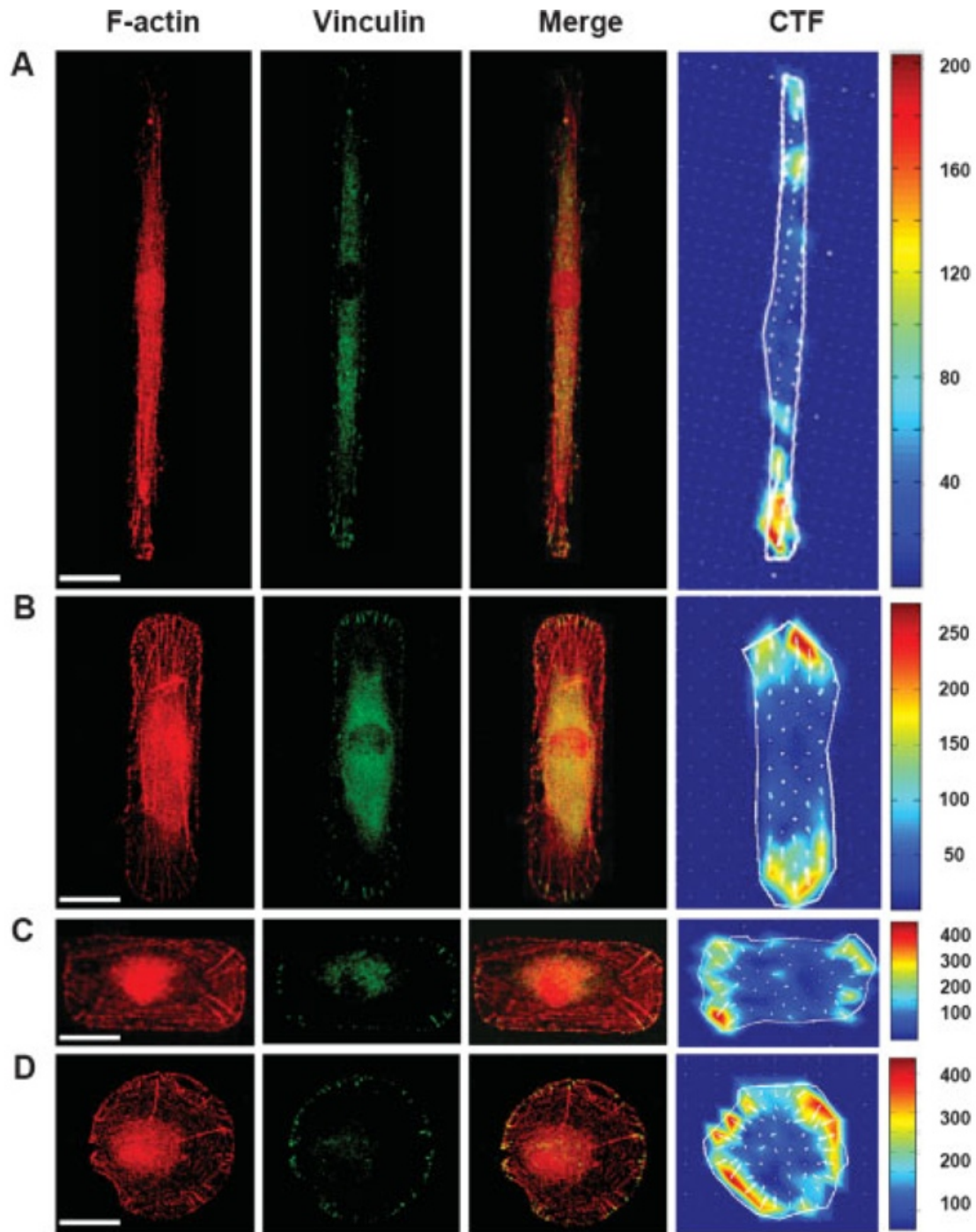


Macrophages



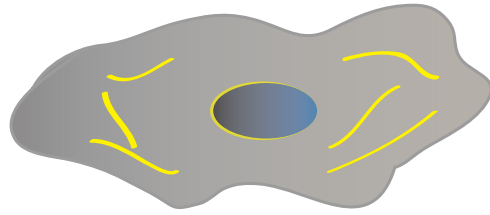
Fibroblasts



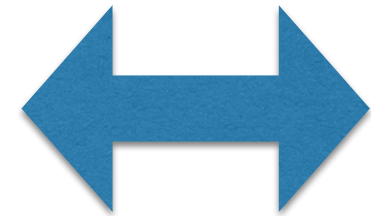
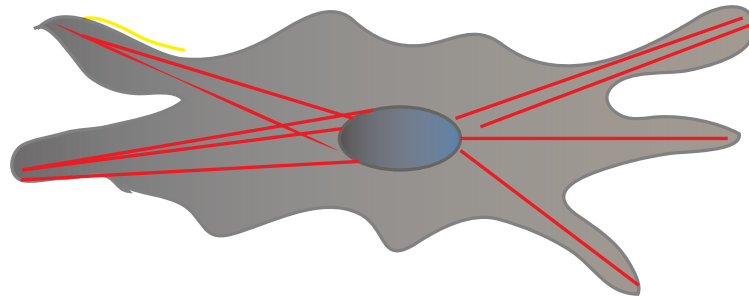
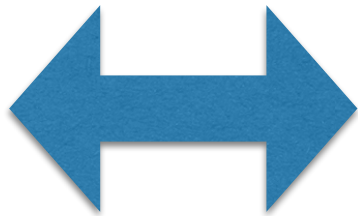


Cells under tension express Coll1

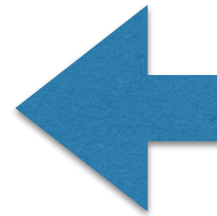
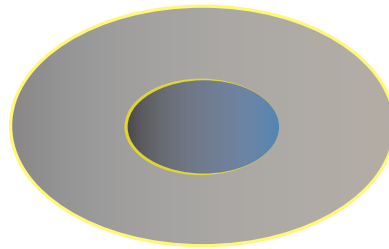
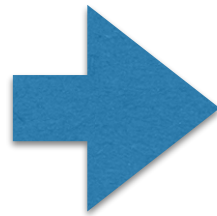
Cells under compression express MMP1



cyclic load



compression



Current Work

Ex vivo perfusion

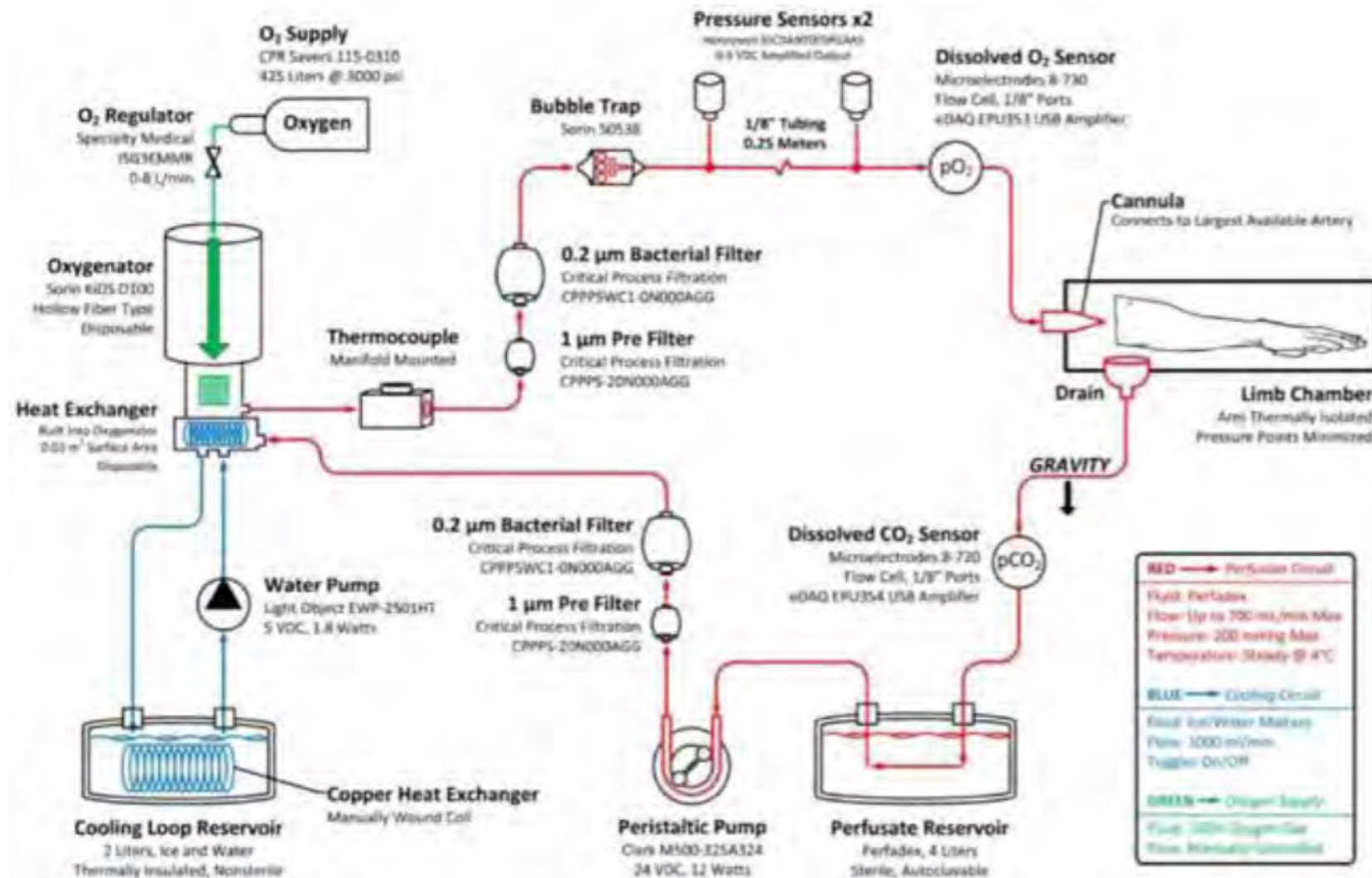
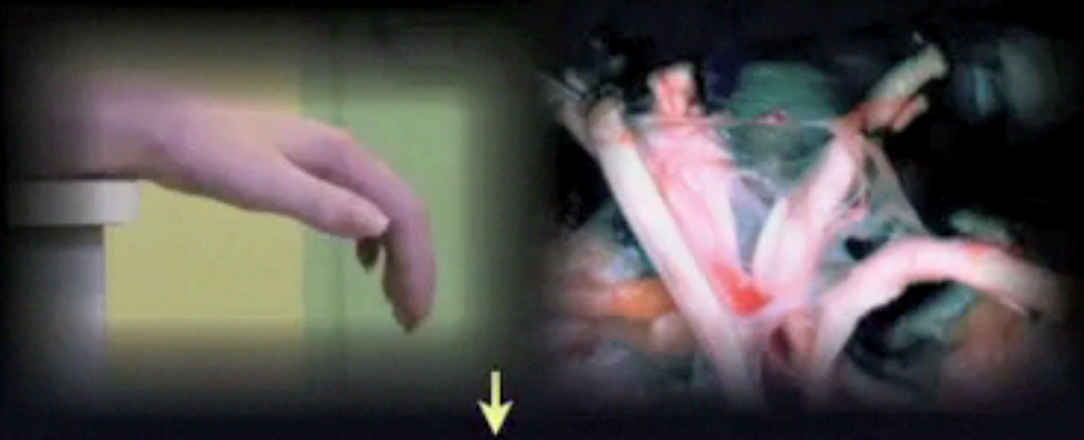


Figure 1. Schematic of the upper extremity perfusion device used in the planning stages of development.

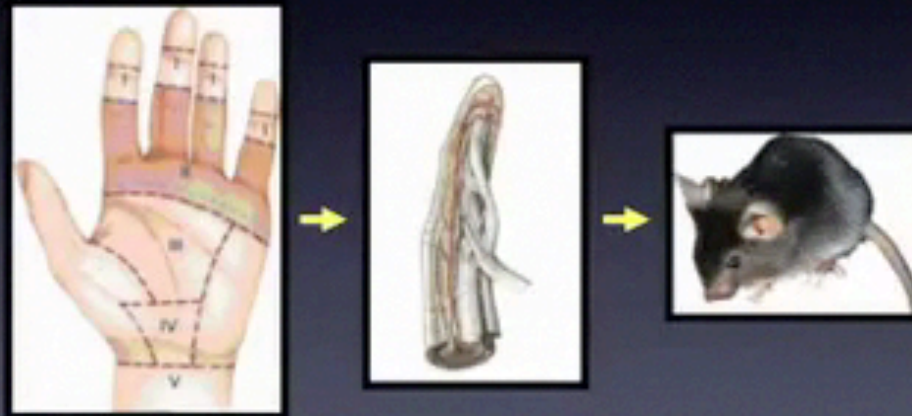
Clinical observations

IDEAS



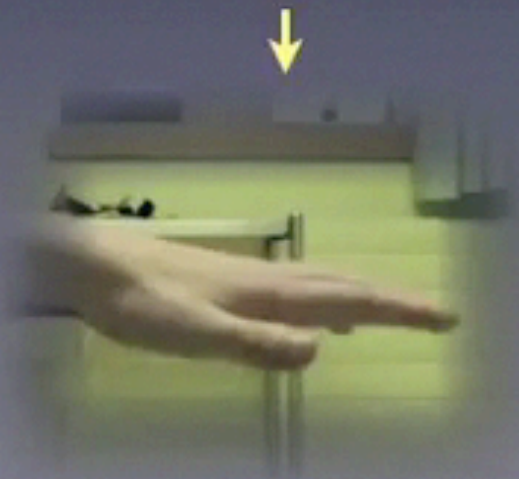
Take observation to the lab

MODELS



Take it back to the patient

RAPID or
Traditional
TRANSLATION



Acknowledgments

Fibrosis Work

Richard Wong
Parviz Sorooshian
Chandy Chhina

Tendon Work

Karl Kadler

Funding
UHSM
MRC DPFS
Wellcome Trust
Academy of Medical Sciences
Royal College of Surgeons
Kuwait Government
ESPRC/MRC CDT

Limb Perfusion

James Fildes
Kavit Amin

