Effects of Hemorrhagic Shock on Vascular Permeability to Red Blood Cells

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The studies of Drinker have indicated that red blood cells or extrinsic particulate material may appear in the lymph without morphological changes of the small blood vessels. More recently, Bigelow, Furth, Woods, and Storey showed that the number of red blood cells in the lymph increases during thrombocytopenia induced by x-irradiation as a result of increased permeability of the small blood and lymph vessels to red blood cells. Lymph duct cannulation techniques were subsequently applied to the study of thrombocytopenic hemorrhage and of the hemorrhagic tendency associated with the use of anticoagulants.

Spontaneous intestinal hemorrhages are frequently observed in advanced stages of shock. In the present studies, the permeability of blood vessels to red cells, as determined by changes of the output of red blood cells in lymph, was investigated in dogs in hemorrhagic shock.

Methods

Healthy mongrel dogs (10 to 16 Kg. body weight) were used. The thoracic lymph duct was cannulated under Nembutal anesthesia (45 mg./Kg.) according to the technique of Brown and Hardenbergh. Following administration of Heparin (2 mg./Kg. body weight), hemorrhagic shock was induced, as described by Fine et al. The mean blood pressure (femoral artery) was maintained at 30 mm. Hg.

In a number of experiments, the administration of heparin was repeated at intervals of three hours. The blood which had been withdrawn was reinfused when more than 40 per cent of the original volume had returned from the attached reservoir to the circulation in order to maintain the blood pressure at 30 mm. Hg or after six hours of hypotension, whichever was shorter.

Lymph was collected at regular intervals for periods of five minutes. During the intervals, the flow of the lymph from the left thoracic duct into the jugular vein was restored by connecting the corresponding plastic cannulae.

Results

In control studies on five dogs, 2 mg. of Heparin per Kg. of body weight were administered intravenously every three hours. The output of red blood cells in the lymph collected from the thoracic lymph duct during periods of six and one-half to 11 hours remained normal on all occasions (i.e., $10^6$ to $10^7$ red cells per minute).

Hemorrhagic shock was induced in 10 animals. In three dogs, hypotension was maintained for periods of one to two hours only. In two animals (dogs, nos. 45 and 136 B), the lymph remained unchanged during the hypotension and following its termination by transfusion. On both occasions, the minimal blood pressure was successfully maintained at 30 mm. Hg (fig. 1). The third animal (dog no. 129), however, experienced a sudden and unexplained drop of the blood pressure to zero, which was corrected by rapid transfusion. Moderate increase of the output of red cells in the lymph was observed five hours later (table 1).

Seven additional animals were bled and kept hypotensive for a maximum of six hours, or until more than 40 per cent of the blood...
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removed had to be reinfused in order to maintain the mean arterial blood pressure at 30 mm Hg. The output of red blood cells in all animals in this group increased markedly following the restoration of the blood pressure to normal by transfusion of the blood remaining in the reservoir (figs. 2 and 3, table 1). It should be noted that on three occasions (in dogs no. 159, 126, and 210), the lymph became moderately bloody prior to the reinfusion. One animal (dog no. 140) was rendered hypotensive on two consecutive occasions. Bleeding into the lymph occurred only after the second hypotensive phase during which more than 40 per cent of the shed blood had reentered the circulation (fig. 4).

The lymph flow was reduced during the period of hypotension in six experiments and remained relatively unchanged in one. In six of the seven experiments, the lymph flow after reinfusion of the shed blood was greater than prior to induction of hypotension. On two occasions (in dogs no. 108 and 119), the platelet counts after restoration of the blood volume were moderately decreased (~34 per cent and ~36 per cent). In the majority of animals studied, however, significant changes of platelet levels were not observed.

Postmortem examination carried out eight hours following induction of hypotension (in dogs no. 119, 108, and 140) failed to reveal gross hemorrhages on the surface, in the lumen of the intestines, or on the peritoneum or the mesentery. Animals no. 159 and 126, which died after 12 and 17 hours, respectively, showed bloody peritoneal fluid and multiple petechiae and ecchymoses in the above structures.

Discussion

Hypotension in dogs, due to blood loss, was followed by increased output of red blood cells in the lymph collected from the thoracic lymph duct. In these experiments, bleeding into the lymph occurred after prolonged hypotension (six hours) or following spontaneous return ("uptake") of more than 40 per cent of the withdrawn blood. These criteria have previously been found to correlate with the induction of irreversible shock.8 Further studies are necessary, however, to determine whether the irreversibility of hemorrhagic shock is associated with a widespread vascular damage manifested also by an increased permeability of the small blood and lymph vessels to red blood cells.

The changes of lymph composition reported above are comparable to those in thrombocytopenia, characteristically associated with an increased output of red blood cells in the lymph.2 The mechanisms responsible for the increased output of red blood cells into the lymph of dogs with hemorrhagic shock are however not clear. Wide-spread thrombosis of small blood vessels has been observed in shock and was suggested to account for hemorrhages10 found in dogs dying from irreversible hemorrhagic shock. In the studies presented here, the use of Heparin in single or repeated doses reduces the likelihood of intravascular clotting. The amount of Heparin (2 mg. Kg.)
FIGURE 3
Lympb samples from a dog during and after hemorrhagic shock.

TABLE 1
Output of Red Blood Cells in the Lymph of Dogs in Hemorrhagic Shock

<table>
<thead>
<tr>
<th>Dog no.</th>
<th>Duration of hypotension</th>
<th>Amount of blood withdrawn (cc.)</th>
<th>Amount of blood infused (cc.)</th>
<th>RBC output just prior to reinfusion X 10^8</th>
<th>Maximum RBC output X 10^8</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>2 hours</td>
<td>450</td>
<td>450</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>136 B</td>
<td>1</td>
<td>835</td>
<td>835</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>700</td>
<td>700</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>129†</td>
<td>1½</td>
<td>420</td>
<td>420</td>
<td>8</td>
<td>2751</td>
</tr>
<tr>
<td>140</td>
<td>3</td>
<td>545</td>
<td>330</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>126</td>
<td>4</td>
<td>600</td>
<td>360</td>
<td>75</td>
<td>2,700</td>
</tr>
<tr>
<td>119</td>
<td>3</td>
<td>635</td>
<td>380</td>
<td>5</td>
<td>1,600</td>
</tr>
<tr>
<td>108</td>
<td>3</td>
<td>640</td>
<td>385</td>
<td>12</td>
<td>590</td>
</tr>
<tr>
<td>159</td>
<td>6</td>
<td>360</td>
<td>220</td>
<td>50</td>
<td>1,000</td>
</tr>
<tr>
<td>127</td>
<td>5½/4</td>
<td>500</td>
<td>300</td>
<td>0</td>
<td>2,300</td>
</tr>
<tr>
<td>210</td>
<td>51/4</td>
<td>660</td>
<td>396</td>
<td>20</td>
<td>1,200</td>
</tr>
</tbody>
</table>

* Two episodes of hypotension of short duration were induced successively in this dog.
† Sudden fall of blood pressure to zero during hypotensive phase.

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volume and of blood pressure were investigated in dogs no. 45, 136 B, and 129. Hypotension of short duration in these animals had no effect on the output of red blood cells in the lymph in dogs no. 45 and 136 B, while a slight increase occurred in dog no. 129. The last animal, however, differed from the others by experiencing a sudden and unexplained drop of the blood pressure to zero.

Although on two occasions some decrease of the levels of circulating platelets was observed (dogs no. 108 and 119) increased output of red blood cells occurred also without significant changes of platelet levels.

Erythrophagocytosis could also be considered to account for the appearance of red cells in the lymph, especially in view of the temporary extravasation of large amounts of blood and its storage in a glass reservoir. It should be noted in this regard, that at least in three (dogs no. 126, 159, and 210) of the seven animals subjected to conditions known to result in irreversible shock, slight but definitely abnormal increase of the output of red blood cells in the lymph was observed prior to transfusion of the blood initially removed. In addition, the red cells in the lymph were free and in good condition. It may also be difficult to explain hematocrits of the lymph as high as 20 per cent to 25 per cent (dogs no. 126 and 127) on the basis of erythrophagocytosis alone. It is very likely, therefore, that the bleeding into the lymph reported above may be associated with endothelial damage analogous, although perhaps not identical, to that observed by Bigelow, Furth, Woods, and Storey in animals exposed to x-irradiation.

The need for adequate intravascular pressure for diapedesis of red cells across normal or damaged by thrombocytopenia vessels (unpublished observations) probably accounts for the delay of severe bleeding in our experiments until normal or near-normal blood pressure had been re-established.

The role of anemic anoxia or of changes in blood pressure levels in the portal system, in blood coagulation, and in the fibrinolytic system, cannot be assessed at this time on the basis of the observations described. The possible effects of bacterial invasion or of increased absorption of bacterial endotoxins from the intestines should also be considered in this respect. Further studies on the mechanisms responsible for the changes of lymph composition during hemorrhagic shock may therefore be warranted.

Summary

The lymph collected from the left thoracic lymph duct of dogs in severe shock due to blood loss becomes grossly hemorrhagic. Reversible hemorrhagic shock is not accompanied by changes in lymph appearance or content of red blood cells. The increased levels of red cells in the lymph was observed prior to the appearance of the characteristic gross intestinal and peritoneal hemorrhages.

References
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