

# Introduction

Sickle cell disease (SCD) is a life-threatening genetic disease whose patients suffer from chronic anemia, hemolysis, vascular damage, and impaired cerebral blood flow that lead to early and cumulative neurological insults.<sup>1,2</sup> Patients with SCD have increased cerebral blood flow to compensate for their anemia but nevertheless exhibit regional cerebral hypoperfusion and neurocognitive decline.<sup>1,3,4</sup> Silent strokes and white matter atrophy are common in patients with sickle cell anemia, but the mechanism is unknown. We have previously shown that resting blood flow is increased in these patients such that oxygen delivery is preserved under unstressed conditions.<sup>5</sup> However, resting hyperemia results in blunted vasodilatory reserve, potentially leaving patients at risk for cerebral ischemia in response to desaturation events, acute anemia, or increased metabolic demands.

# Subjects

**3D T1-weighted MR images (TE =3.8ms TR =8.3ms; resolution =** 1mm<sup>3</sup>) were acquired on a 3T Philips Achieva (v.3.2.1) using an 8channel head coil on 33 clinically asymptomatic SCD patients (age=21.3 ± 7.8; F=18, M=15) and 32 ethnically matched control subjects (age=24.4 ± 7.5; F=22, M=10) were recruited as part of a study on Sickle Cell Disease. All patients were recruited with informed consent or assent; the study was approved by the Institutional **Review Board at Children's Hospital Los Angeles (CCI#11-00083). Exclusion criteria included pregnancy, previous overt stroke, acute** chest or pain crisis hospitalization within one month.

	SCD	Control	p
Ν	33	32	
Age	21.3 ± 7.8	24.4 ± 7.5	Ν
Male:Female	15:18	10:22	Ν
WM Volume (cm <sup>3</sup> )	470.8 ± 40.0	$510.1 \pm 46.1$	0
GM Volume (cm <sup>3</sup> )	600.6 ± 47.7	615.0 ± 44.5	Ν
Hemoglobin	9.7 ± 1.6	$13.5 \pm 1.4$	<
Mean Platelet Volume	$10.0 \pm 0.7$	$10.6 \pm 0.9$	О

# Discussion

Hemoglobin's relationship to brain volume and morphology suggests global white matter shrinkage due to anemia. The association is strongest in the phylogenetically younger portions of the brain and co-localizes with brain regions impacted by silent stroke. MPV was an unexpectedly strong predictor of cortical volumes in both SCD and control subjects. MPV is an indicator of platelet activation and is associated with ischemic stroke, hypertension, obstructive sleep apnea, and coronary artery syndromes in the general population, similar to C-reactive protein. However, the broad association of MPV and grey matter volumes in both SCD patients and controls, independently, suggests a developmental interplay between brain maturation and inflammatory signaling that requires further study.

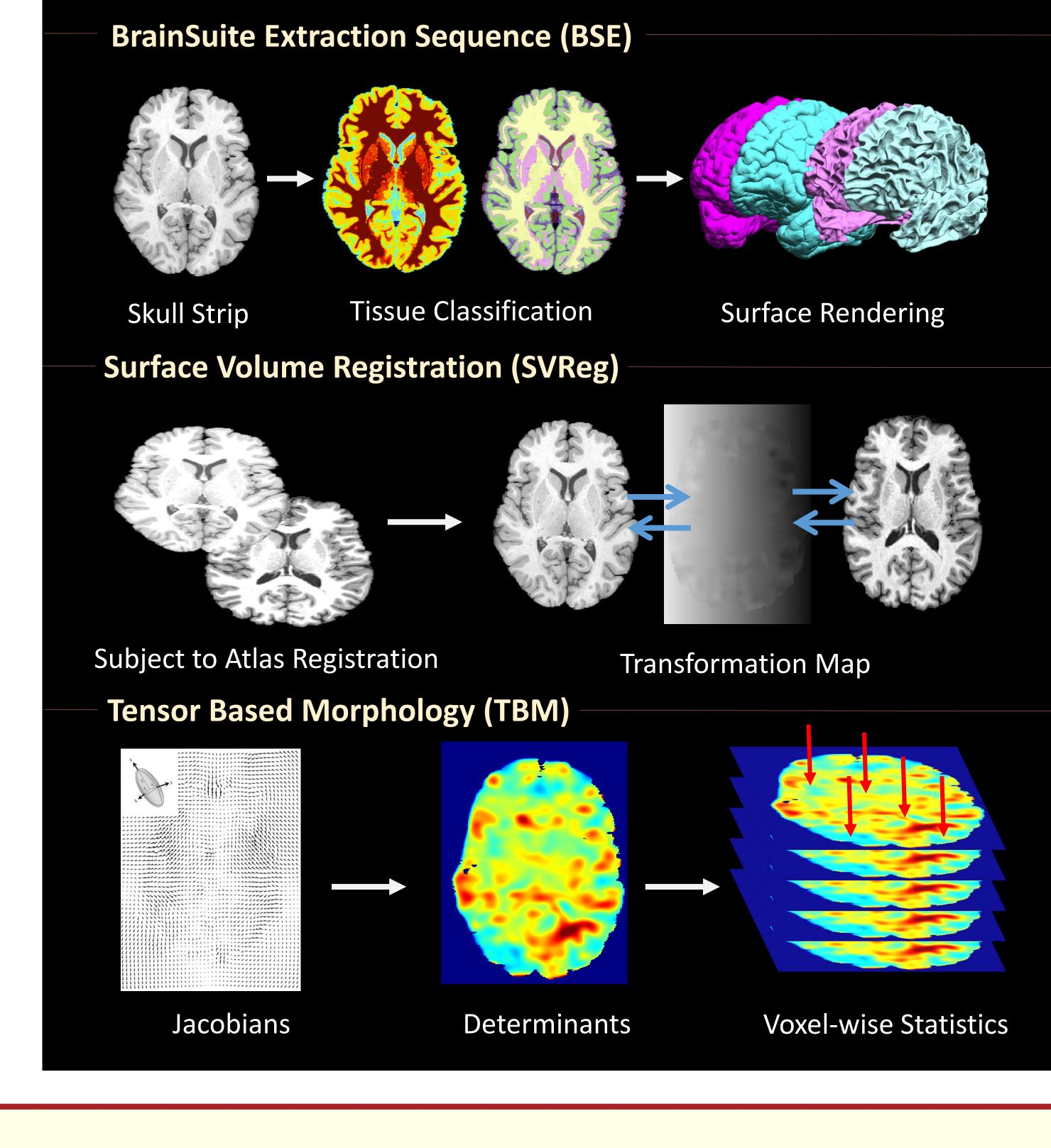
# Hemoglobin Level and Platelet Size Predicts Grey and White Matter Volume Loss Measured By Tensor Based Morphology in Sickle Cell Disease Soyoung Choi<sup>1,2</sup>, Adam Bush<sup>3</sup>, Matt Borzage<sup>2</sup>, Anand Joshi<sup>4</sup>, Thomas D Coates<sup>2</sup>, Richard M Leahy<sup>4</sup>, and John C Wood<sup>2</sup>

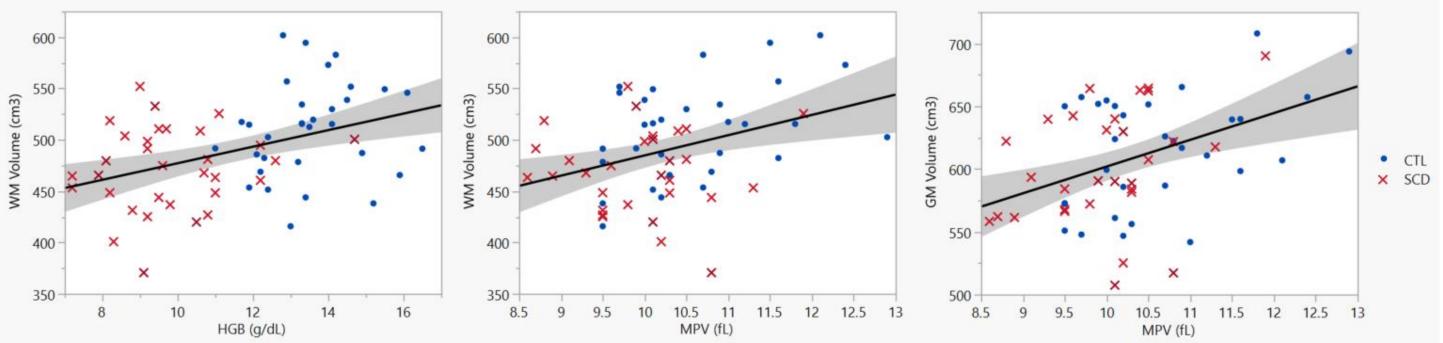
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- p-value
- NS 0.0005 NS <.0001 0.0029

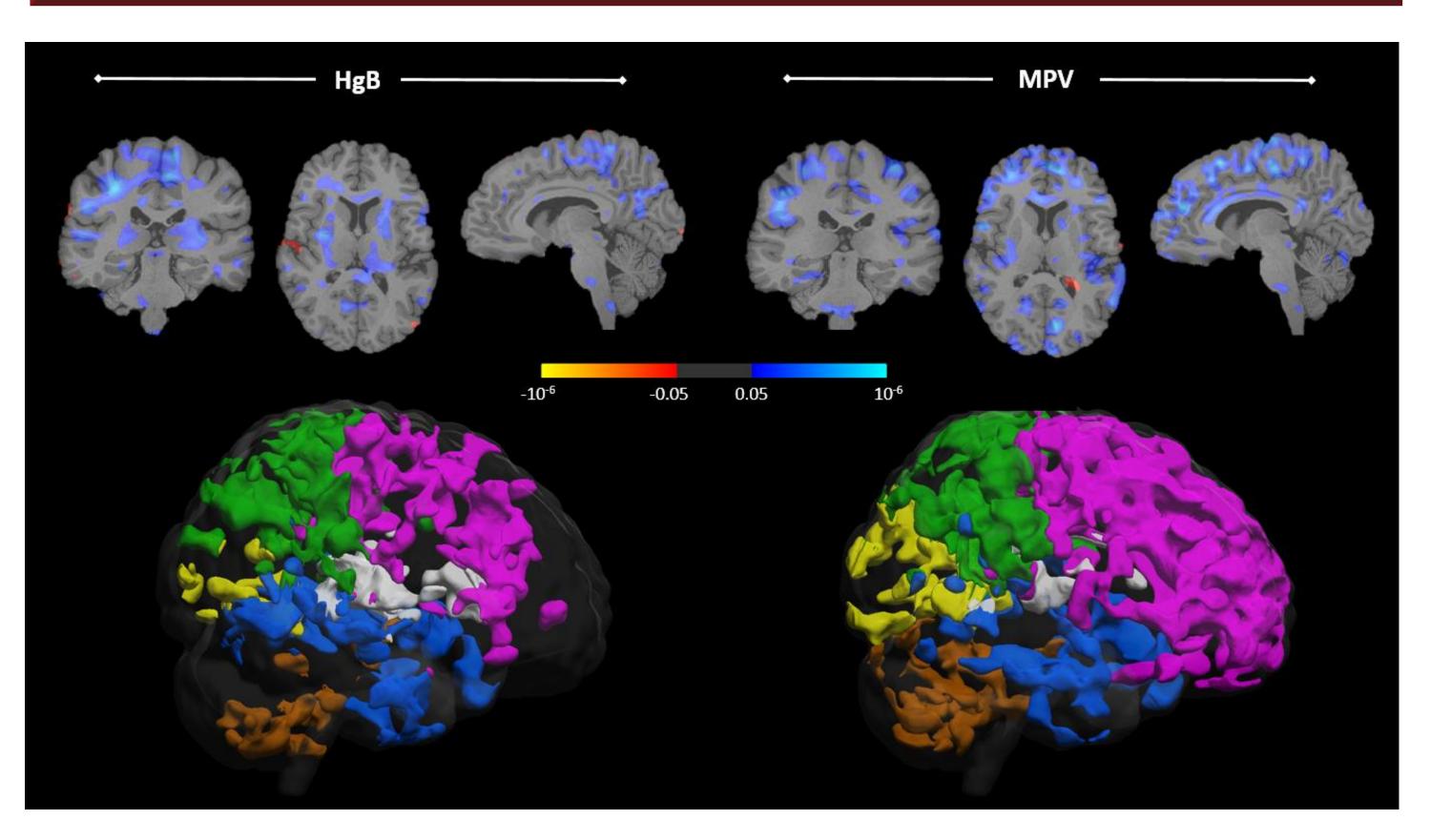
# Methods

T1 images were processed using BrainSuite (brainsuite.org) in a semiautomated fashion. Stepwise multivariate regression analysis was run on whole brain GM and WM volume against laboratory data and vital signs to find predictors of total brain volume. Laboratory data probed including complete blood counts and indices, quantitative hemoglobin electrophoresis, and markers of hemolysis (LDH, reticulocyte count, cell free hemoglobin). After correcting for age and sex, the remaining predictors of grey and white matter volume were used to probe for voxel-wise changes in brain volume through tensor based morphometry (Brain Suite Statistics Toolbox).





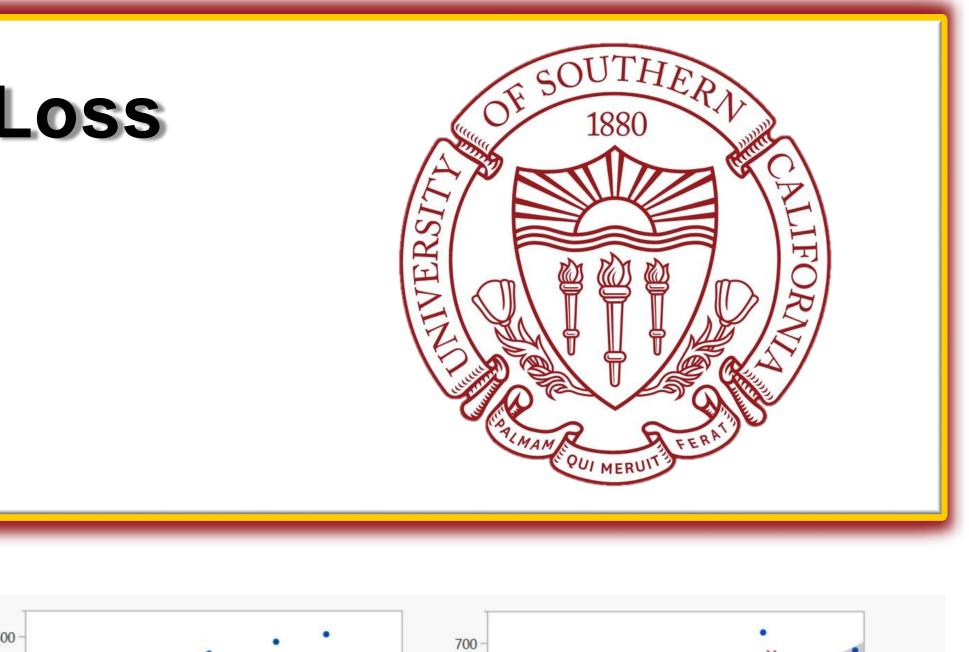
**Results: Hematological Predictors of Brain Volume** White matter, but not grey matter, was diffusely smaller in SCD patients. Sex, age (log transformed) and mean platelet volume (MPV) were the parameters retained in the multivariate model to predict GMV (r<sup>2</sup>=0.65; F ratio=28.9) where MPV had a positive correlation to GMV. (right panel) Hemoglobin, sex, and MPV were found as predictors of WMV (r<sup>2</sup>=0.43; F ratio = 11.8) where both hemoglobin and MPV had a positive correlation to WMV. (left and middle panel)



**Results: Voxel-wise Correlations** Using tensor based morphometry (TBM), both hemoglobin (left panel) and MPV (right panel) were positively associated with brain volume changes diffusely in the frontal, parietal, and temporal cortices. Hemoglobin had a strong localized effect on the subcortex (white matter and basal ganglia) suggesting that anemia was associated with volume loss in these areas. MPV overall was found to have a strong effect on cortical morphology diffusely.

### References

1. Platt OS, Brambilla DJ, Rosse WF, et al. Mortality in sickle cell disease. Life expectancy and risk factors for early death. N Engl J Med. 1994:330(23):1639-44. doi:10.1056/NEJM199406093302303. 2. DeBaun MR, Armstrong FD, McKinstry RC, Ware RE, Vichinsky E, Kirkham FJ. Silent cerebral infarcts: a reviewon a prevalent and progressive cause of neurologic injury in sickle cell anemia. *Blood*. 2012;119(20):4587-96. doi:10.1182/blood-2011-02-272682. 3. Schatz J, Finke RL, Kellett JM, Kramer JH. Cognitive functioning in children with sickle cell disease: a meta-analysis. J Pediatr Psychol. 2002;27(8):739-48. doi:10.1093/jpepsy/27.8.739. 4. Rodgers GP, Clark CM, Larson SM, Rapoport SI, Nienhuis AW, Schechter AN. Brain glucose metabolism in neurologically normal patients with sickle cell disease. Regional alterations. Arch Neurol. 1988;45(1):78-82. doi:10.1001/archneur.1988.00520250084025 5. Bush AM, Borzage MT, Choi S, et al. Determinants of resting cerebral blood flow in sickle cell disease. Am J Hematol. 2016;9(91):912-917. doi: 10.1002/ajh.24441



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