

Feline bronchorrhea: histopathological, histochemical, and immunohistochemical investigation of a lobectomized specimen to determine the cause of watery hypersecretion



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Introduction

- Human bronchorrhea is defined by an excessive sputum production (>100 ml/day) with neoplasms being the most frequent underlying cause.
- ☐ Shiroshita and colleagues at the 2019 ACVIM, reported clinical features of 18 cats with rattling sounds and airway watery hypersecretion and coined the term feline bronchorrhea (FB) for the syndrome.
- Lobectomized samples from 5 FB cats revealed histologic features consistent with idiopathic pulmonary fibrosis (IPF), a human lung disease of unknown etiology with poor prognosis.
- A minority of human IPF patients with hypersecretion have a worse prognosis but the mechanism of hypersecretion is unknown.

Objective

To determine the cause/source of FB hypersecretion.

Materials and methods

The patient is a 10-year-old castrated male Scottish Fold Histopathology histochemistry and

Fold. Histopathology, histochemistry, and									
immunohistochemistry were performed for the									
lobectomized left caudal lobe.									
Table 1. Clinical information of the patient.									
Timeline	Description								
-3 month	> Intermittent rattle (observed by the owner).								
-1 month									
(regional									
veterinarian)	Symptomatic therapy ineffective.								
Day 0 (veterinary respiratory specialist, the same applies hereafter)	Physical exam: tachypnea, labored breathing,								
	coarse crackles.								
	➤ Blood gas: hypoxemia (PaO ₂ 73mmHg).								
	> X-ray: diffuse patchy infiltrates in both caudal								
	Nobes.								
	Bronchoscopy: excessive clear watery fluid. BAL: formy macrophages and poutrophile. No								
	➤ BAL: foamy macrophages and neutrophils. No bacteria were cultured.								
	 PCR of laryngeal swab: negative for FHV-1, FCV, 								
	H1N1 Influenza, <i>Chlamydophila felis</i> ,								
	Mycoplasma felis, Bordetella bronchiseptica.								
Day 7	Radiographic abnormality diminished by								
	prednisolone (1mg/kg).								
Day 36	> CT: irregular reticular pattern in both caudal								
	lobes.								
Day 44	> Right caudal lobe surgically excised and showed								
	histologic features of IPF.								
	Significant clinical improvement achieved.								
Day 118	The left caudal lobe was surgically excised (the								
	present specimen). The cat's condition remains stable								
Day 709	The cat's condition remains stable.								

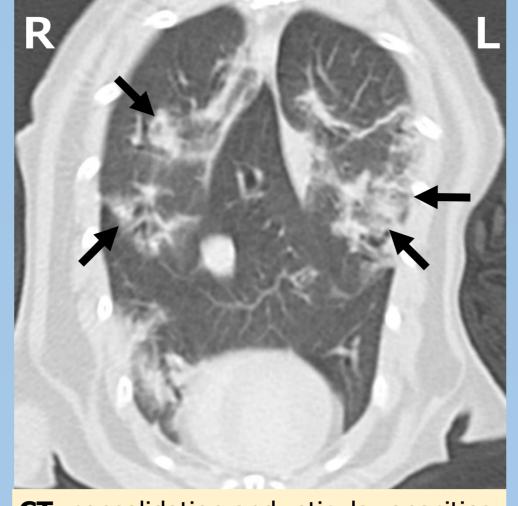


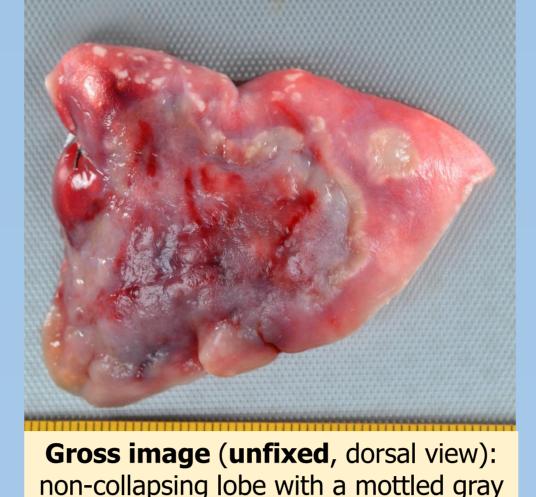
distribution of lesions

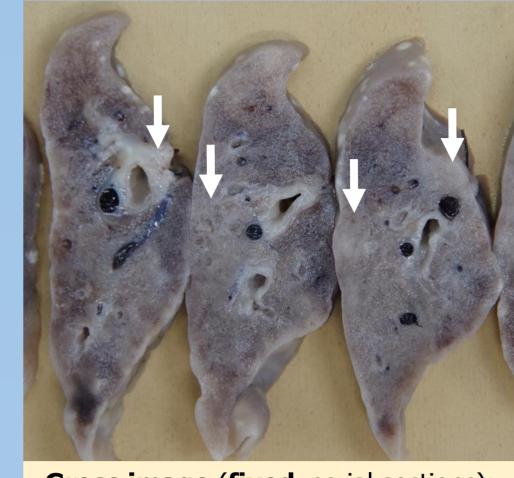
No significant change in

bronchial and bronchial

glandular epithelial cells

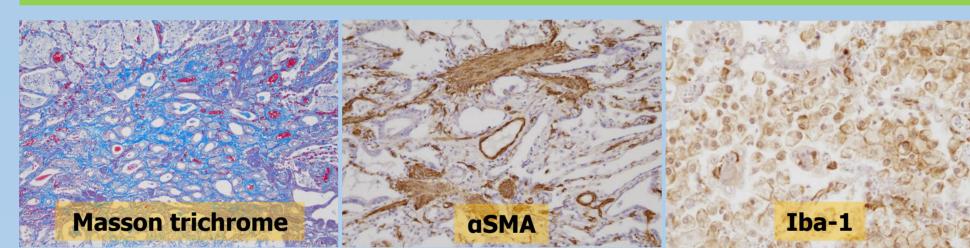






Gross image (fixed, serial sections):

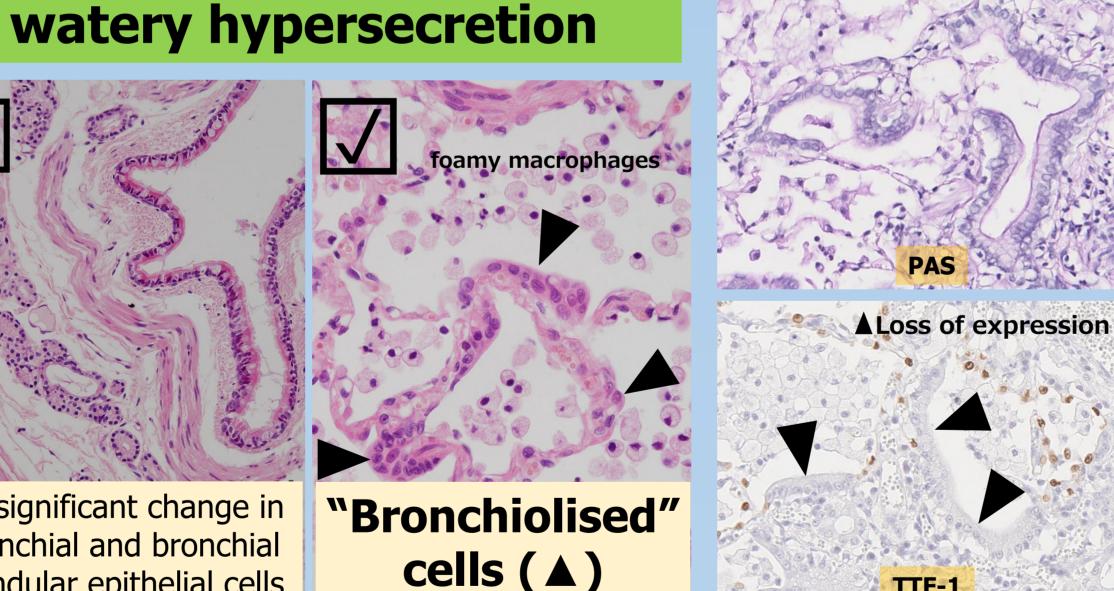
Histologic features are consistent with human/feline idiopathic pulmonary fibrosis.

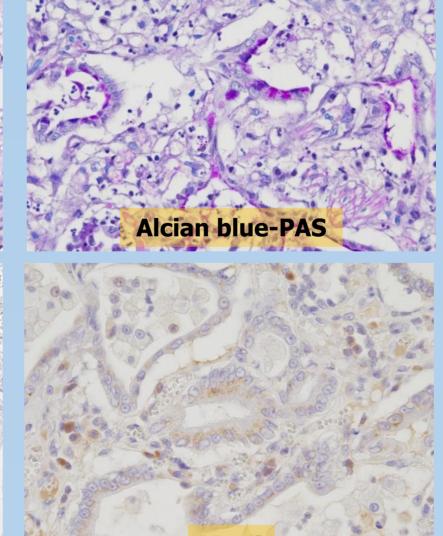


Cause/source of excessive

- Metaplasia (tall columnar, non-ciliated), "honeycombing", or "bronchiolisation": distal airways (terminal/respiratory bronchioles,
- Alveolar filling by serous fluid and many foamy macrophages.
- Interstitial fibrosis with mild pleocellular (mixed) inflammation.
- Smooth muscle hyperplasia/hypertrophy.

Histochemical/immunohistochemical properties of bronchiolised epithelial cells





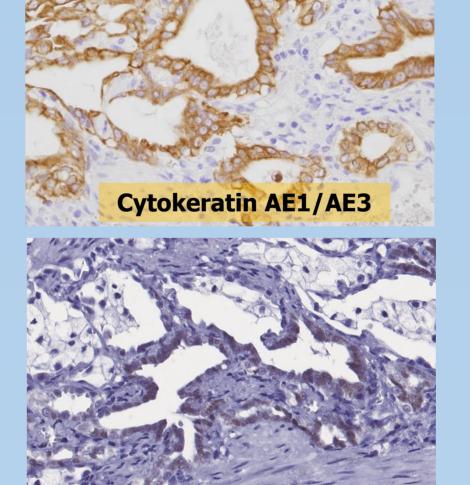


Table 2. Summary of the results of histochemistry and immunohistochemistry.

	Histochemistry			Immunohistochemistry			
	PAS	AB pH2.5	AB/PAS	CK AE1/AE3	TTF-1	Muc6†	Sox-2‡
Bronchial NC-EC*	+ (mainly GC)	+ (GC only)	+ (GC only)	+	+	±	+
Bronchial gland EC*	±		±	+	+	±	+
Bronchiolar NC-EC*	+ (mainly GC)	+ (GC only)	+ (GC only)	+	+	±	+
Metaplastic ("bronchiolised") EC	±		+	+	Often –	Often +	+
Alveolar EC*	_	_	_	+	+	±	_

NC: non-ciliated, EC: epithelial cell, GC: goblet cell

*: internal control (cells in the unaffected part of the patient's lung).

- †: IHC for Muc1, Muc2, and Muc5AC yielded equivocal results likely due to lack of antibodies' cross reactivity to feline tissues.
- ‡: Sox-2: transcription factor expressed selectively in conducting airway epithelial cells but not in alveoli.

Bronchorrhea Trigger and mechanism of bronchiolisation No mucus Distal airway **Fibroplasia**

Results

No hyperplastic or hypersecretory changes were observed in the bronchial epithelium or submucosal glands. Instead, metaplastic distal airway epithelial cells showed active secretion of acid mucin demonstrated by Alcian blue-PAS stain with subsequent macrophage engulfment. The metaplastic cells showed loss of typical airway epithelial cell marker (TTF-1). Reaction to Muc-6, which is secreted by gastric mucosa in humans, was detected by IHC in the metaplastic cells.

Discussion

Abnormal programming of airway epithelial cells has been suggested for minority of human IPF cases with mucus hypersecretion. The seemingly analogous correlation between human and feline bronchorrhea and IPF lesions can be clarified by further detailed clinicopathological and genotypic investigation of FB cohorts. Cats could be a useful model for the investigation of human bronchorrhea and IPF.

Conclusion

Metaplastic ("bronchiolised") distal airway epithelial cells are the cause of watery hypersecretion in FB.

Acknowledgments

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- Canine-Lab. Inc. (Tokyo, Japan) for PCR.

Selected references

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