

The Role of Bcl-2 in Pediatric Functional Bowel Obstruction Cases with Ganglionated Specimens

Thesis

Submitted for Partial Fulfillment of M.D. Degree in Pathology

By

Lobna Abd El Fattah Mohamed Hasan Attia

M.B.B.Ch, M.SC

Under Supervision of

Prof. Nedal Ahmed Hegazy

Professor of Pathology

Faculty of Medicine-Ain Shams University

Prof. Faten Abd El Aziz Ghazal

Professor and Head of Pathology Department

Faculty of Medicine-Ain Shams University

Prof. Ahmed Mohy El Din Zaki

Professor of Pathology

Faculty of Medicine-Ain Shams University

Asst. Prof. Sarah Adel Hakim

Assistant Professor of Pathology

Faculty of Medicine-Ain Shams University

Asst. Prof. Ahmed Bassiouny Arafa

Assistant Professor of Pediatric Surgery

Faculty of Medicine-Ain Shams University

**Faculty of Medicine
Ain Shams University**

2020

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قالوا

سببنا أنك لا تعلم لنا
إلا ما علمتنا أنك أنت
العليم العظيم

صدق الله العظيم

سورة البقرة الآية: ٣٢

Acknowledgment

*First of all, Thanks are all to **ALLAH**, by the grace of whom, this work was possible.*

I am greatly indebted to all my supervisors for their great effort, advice and support throughout the preparation of this work.

*I would like to express my unlimited gratitude and appreciation to my **Prof. Dr. Medat Ahmed Hegazy**, Professor of Pathology, Faculty of Medicine, Ain Shams University, for her valuable comments, continuous guidance and tremendous effort during this work.*

*My deep appreciation and thanks to **Prof. Dr. Faten Abd El Aziz Ghazal**, Professor of Pathology, Faculty of Medicine, Ain Shams University, for her valuable advice, encouragement and support throughout this work.*

*My greatest thanks and gratitude to **Prof. Dr. Ahmed Mohy El Din Zaki**, Professor of Pathology, Faculty of Medicine, Ain Shams University, for his supervision, great care and helpful ideas during this work.*

*I am profoundly grateful to **Ass. Prof. Dr. Sarah Adel Hakim**, Assistant Professor of Pathology, Faculty of Medicine, Ain Shams University, for her faithful guidance and meticulous revision.*

*My warmest thanks are expressed to **Ass. Prof. Dr. Ahmed Bassiouny Arafa**, Assistant Professor of Pediatric Surgery, Faculty of Medicine, Ain Shams University, for his help, and valuable comments.*

Finally, I am truly grateful to my family and colleagues who helped and supported me to complete this work.

Lobna Abd El Fattah Mohamed Hasan Attia

List of Contents

Title	Page No.
List of Tables	5
List of Figures	7
List of Abbreviations.....	12
Introduction	1
Aim of the Work.....	3
Review of Literature	
▪ Anatomy and Histology of the Colon.....	4
▪ Hirschsprung's Disease and Hirschsprung Related Disorders	13
▪ Histopathological Diagnosis	39
▪ Molecular Aspects	46
▪ Bcl-2 (B-cell lymphoma/leukemia-2) gene	52
Material and Methods	66
Results	73
Illustrative Cases	94
Discussion	113
Summary	128
Conclusion	132
Recommendations	133
References	135
Arabic Summary	

List of Tables

Table No.	Title	Page No.
Table (1):	Classification of Neuromuscular Disorders	19
Table (2):	The Bcl-2 family proteins.....	56
Table (3):	Stages of nervous system development with corresponding age of mice, along with their key features and correlation with key changes in expression levels of pro-survival BCL-2 family members.....	61
Table (4):	Demographic data	73
Table (5):	Provisional clinical diagnosis	74
Table (6):	Type of specimen	74
Table (7):	Clinical data	75
Table (8):	Surgical procedures	76
Table (9):	Ganglion cell number	76
Table (10):	Immature ganglion cells by H&E.....	77
Table (11):	Type of ganglia.....	77
Table (12):	Nerve bundle hypertrophy	78
Table (13):	Inflammation	78
Table (14):	Final diagnosis of IND	79
Table (15):	Bcl-2 status	79
Table (16):	Relation between Bcl-2 status and demographic data.....	80
Table (17):	Relation between Bcl-2 status and Type of specimen.....	81
Table (18):	Relation between Bcl-2 status and Ganglion cell number	82
Table (19):	Relation between Bcl-2 status and immature ganglion cells by H&E	83
Table (20):	Relation between Bcl2 status and Nerve bundle hypertrophy	84
Table (21):	Relation between Bcl2 status and final diagnosis of IND	85
Table (22):	Relation between Bcl2 status and diagnosis of IND, Post HD cases.....	86

List of Tables (cont...)

Table No.	Title	Page No.
Table (23):	Relation between IND and age, inflammation.....	88
Table (24):	Relation between ganglion cell number and sex.....	89
Table (25):	Relation between Ganglion cell number and Provisional diagnosis	90
Table (26):	Relation between ganglion cell number and immature ganglion cells by H&E	91
Table (27):	Relation between ganglion cell number and Nerve bundle hypertrophy	92
Table (28):	Relation between immature ganglion cells and age, type of specimen and nerve bundle hypertrophy	93

List of Figures

Fig. No.	Title	Page No.
Figure (1):	General organisation of the colonic wall.....	7
Figure (2):	Low power haematoxylin and eosin (H&E) view of colonic wall	7
Figure (3):	Colonic crypts with numerous goblet cells and columnar absorptive cells on the surface	9
Figure (4):	Normal ganglion cells.....	11
Figure (5):	Myenteric plexus (Auerbach's plexus).....	12
Figure (6):	Gross specimen of Hirschsprung disease.....	15
Figure (7):	Markedly reduced numbers of ganglion cells in the myenteric plexus, representing hypoganglionosis.....	21
Figure (8):	Giant ganglia in the submucosa	26
Figure (9):	Normal ganglion cells Immature ganglion cells.....	33
Figure (10):	Diagnostic approach to a suction mucosal biopsy for the workup of Hirschsprung disease and related disorders	44
Figure (11):	Schematic representation of apoptotic pathway	55
Figure (12):	Role of Bcl-2 family of proteins in development	60
Figure (13):	Specimen from distended segment of HSD newborn patient showing Bcl-2 immunoreactivity in small ganglion cells in the submucosal plexus	65
Figure (14):	Bcl-2 status.....	80
Figure (15):	Relation between Bcl-2 status and ganglion cell number	82
Figure (16):	Relation between Bcl2 status and Final diagnosis of IND	85

List of Figures (cont...)

Fig. No.	Title	Page No.
Figure (17):	Relation between Bcl2 and diagnosis of IND, Post HD cases	87
Figure (18):	Relation between Ganglion cell number and Nerve bundle hypertrophy	92
Figure (19):	Intestinal Neuronal Dysplasia case showing giant ganglia and hypertrophied nerve bundles (H&E X200).	94
Figure (20):	Giant ganglia showing >10 ganglion cells with hypertrophied nerve plexus (H&E X200).	94
Figure (21):	High magnification for the giant ganglia with numerous ganglion cells (H&E X400).	95
Figure (22):	Mature ganglion cells show negative or weak staining for Bcl-2 while immature ganglion cells show strong positivity in a case of IND, score 3+ (IHC, DABX200).	95
Figure (23):	Higher magnification showing that mature ganglion cells are negative for Bcl-2 in contrast to the positivity of immature ganglion cells (IHC, DABX400).	96
Figure (24):	Ectopic ganglion cells in the lamina propria showing positive staining for Bcl-2 (IHC, DABX100).	96
Figure (25):	Strong positivity for Bcl-2 in >6 ganglion cells in the submucosal nerve plexus, Score 3+ (IHC, DABX400).	97
Figure (26):	Submucosal nerve plexus showing strongly positive ganglion cells for Bcl-2, score 3+ (IHC, DABX400).	97

List of Figures (cont...)

Fig. No.	Title	Page No.
Figure (27):	Mononuclear inflammatory cellular infiltrate with lymphoid follicle formation in a case of Intestinal Neuronal Dysplasia (H&EX200).	98
Figure (28):	High power view showing neutrophils as well as mononuclear inflammatory cells infiltrating the nerve bundles (H&EX400).	98
Figure (29):	A case of hypoganglionosis showing markedly reduced number of ganglion cells with degenerated ones (H&E X200).	99
Figure (30):	Higher magnification showing hypoganglionosis with immature ganglion cells (H&E X400).	99
Figure (31):	Two ganglion cells showing weak staining for Bcl-2, score1+ (IHC, DABX400).	100
Figure (32):	Post Hirschsprung's Disease case with hypoganglionic specimen showing negative staining for Bcl-2, score 0 (IHC, DABX400).	100
Figure (33):	Negative Bcl-2 staining in ganglion cells, Score 0 (IHC, DABX400).	101
Figure (34):	A case of Post Hirschsprung's Disease showing adequate number of ganglion cells (H&E X200).	101
Figure (35):	A higher magnification showing more than two mature ganglion cells with hypertrophied myenteric nerve plexus (H&E X400).	102
Figure (36):	Ganglionated submucosal nerve plexus in a Post Hirschsprung's Disease case (H&Ex200).	102

List of Figures (cont...)

Fig. No.	Title	Page No.
Figure (37):	A case of Post Hirschsprung's Disease with adequate number of ganglion cells showing weakly positive Bcl-2 staining, score 1+ (IHC, DABX200).	103
Figure (38):	High power view showing positivity for Bcl-2 in one ganglion cell among non specific faint staining of the others, score 1+ (IHC, DABX400).	103
Figure (39):	A case of Post Hirschsprung's Disease showing weak positivity in one ganglion cell, score 1+ (IHC, DABX400).	104
Figure (40):	A case of clinically query Hirschsprung's Disease showing adequate number of ganglion cells and hypertrophied nerve bundles (H&E X400).	104
Figure (41):	Moderate Bcl-2 positive staining of ~ 5 ganglion cells, score 2+ (IHC, DABX400).	105
Figure (42):	Bcl-2 strong positivity in the myenteric ganglion cells in an adequately ganglionic specimen, score 3+ (IHC, DABx200)	105
Figure (43):	Higher magnification showing strong Bcl-2 positivity of >6 ganglion cells, Score 3+ (IHC, DABX 400).	106
Figure (44):	Submucosal ganglion cells showing positive staining for Bcl-2 in a case of clinically query Hirschsprung's Disease with adequately ganglionic specimen, score 2+ (IHC, DABX400).	106
Figure (45):	Myenteric nerve plexus including immature ganglion cells with a high nuclear-cytoplasmic ratio and inconspicuous nucleoli (H&E X400).	107

List of Figures (cont...)

Fig. No.	Title	Page No.
Figure (46):	High power view of myenteric plexus showing immature ganglion cells with dark nuclei and inconspicuous nucleoli (H&E X400).	107
Figure (47):	Myenteric plexus displaying immature ganglion cells showing positivity for Bcl-2 (IHC, DABX200).	108
Figure (48):	Higher magnification showing moderate Bcl-2 positivity in ~ 5 ganglion cells, Score 2+ (IHC, DABX400).	108
Figure (49):	Moderate staining for Bcl-2 in the immature ganglion cells with negative staining of mature ganglion cells, score 2+ (IHC, DABX400).	109
Figure (50):	High power view of myenteric nerve plexus showing Bcl-2 negativity in mature ganglion cells while the immature ones are positively stained (IHC, DABX400).	109
Figure (51):	Bcl-2 strong positivity in the myenteric ganglion cells, score 3+ (IHC, DABx100).	110
Figure (52):	Higher magnification showing Bcl-2 strong positivity in >6 ganglion cells, score 3+ (IHC, DABx200).	110
Figure (53):	High power view showing strong positive staining of the immature ganglion cells with Bcl-2, score 3+ (IHC, DABx400).	111
Figure (54):	Mantle zone of lymphoid follicles positively stained with Bcl-2 while the germinal centers are negatively stained, used as a control (IHC, DABX100).	111
Figure (55):	Normal colonic mucosa positively stained for Bcl-2, used as a control (IHC, DABX200).	112

List of Abbreviations

Abb.	Full term
<i>AChE</i>	<i>Acetylcholinestrase</i>
<i>ADHD</i>	<i>Allied Disorders of Hirschsprung's Disease</i>
<i>Bad</i>	<i>Bcl-2-associated death protein</i>
<i>Bak</i>	<i>Bcl-2 homologous antagonist killer</i>
<i>Bax</i>	<i>Bcl-2-associated X protein</i>
<i>BCL-2</i>	<i>B-cell lymphoma / leukemia-2</i>
<i>Bcl-xL</i>	<i>B-cell lymphoma-extra large</i>
<i>BH</i>	<i>Bcl-2 homology</i>
<i>Bid</i>	<i>BH3-interacting domain death agonist</i>
<i>BIK</i>	<i>BCL2 Interacting Killer</i>
<i>Bim</i>	<i>Bcl-2-interacting mediator of cell death</i>
<i>BMF</i>	<i>Bcl2 Modifying Factor</i>
<i>BMP</i>	<i>Bone morphogenetic proteins</i>
<i>BMPRIA</i>	<i>Bone morphogenetic protein receptor IA</i>
<i>Caspases</i>	<i>Cysteine-aspartic proteases</i>
<i>CD</i>	<i>Cluster of Differentiation</i>
<i>CLMP</i>	<i>Coxsackie and adenovirus receptor-like membrane protein</i>
<i>CMV</i>	<i>Cytomegalovirus</i>
<i>CNS</i>	<i>Central nervous system</i>
<i>CR</i>	<i>Calretinin</i>
<i>DAB</i>	<i>Diaminobenzidine</i>
<i>DNA</i>	<i>Deoxyribonucleic acid</i>
<i>EDNRB</i>	<i>Endothelin Receptor Type B</i>
<i>ENS</i>	<i>Enteric nervous system</i>
<i>ER</i>	<i>Endoplasmic reticulum</i>
<i>GC</i>	<i>Ganglion cell</i>
<i>GDNF</i>	<i>Glial cell-derived neurotrophic factor</i>
<i>GIT</i>	<i>Gastrointestinal tract</i>
<i>H&E</i>	<i>Haematoxylin and Eosin</i>
<i>HAND2</i>	<i>Heart and Neural Crest Derivatives Expressed 2</i>
<i>HD</i>	<i>Hirschsprung's disease</i>
<i>HG</i>	<i>Hypoganglionosis</i>

List of Abbreviations (Cont...)

Abb.	Full term
<i>HRK</i>	<i>Harakiri BCL2 Interacting Protein</i>
<i>IND</i>	<i>Intestinal Neuronal Dysplasia</i>
<i>Kg</i>	<i>Kilogram</i>
<i>LP</i>	<i>Lamina propria</i>
<i>MAP</i>	<i>Microtubule associated protein</i>
<i>Mash1</i>	<i>Mammalian achaete-scute homolog 1</i>
<i>MBR</i>	<i>Membrane-bound region</i>
<i>Mcl-1</i>	<i>Myeloid cell leukemia 1</i>
<i>MOMP</i>	<i>Mitochondrial outer membrane permeabilization</i>
<i>NADPH-d</i>	<i>Nicotinamide adenine dinucleotide phosphate diaphorase</i>
<i>NCAM</i>	<i>Neural cell adhesion molecule</i>
<i>Neu N</i>	<i>Neuronal nuclear protein</i>
<i>NID</i>	<i>Neuronal Intestinal Dysplasia</i>
<i>NOCD</i>	<i>Naturally occurring neuronal cell death</i>
<i>NOM</i>	<i>Nuclear outer membrane</i>
<i>NSE</i>	<i>Neuron-specific enolase</i>
<i>PBS</i>	<i>Phosphate buffer solution</i>
<i>PGP9.5</i>	<i>Protein gene product 9.5</i>
<i>PHOX2B</i>	<i>Paired-like homeobox 2b</i>
<i>PIPO</i>	<i>Paediatric intestinal pseudo-obstruction</i>
<i>PNS</i>	<i>Peripheral nervous system</i>
<i>PTEN</i>	<i>Phosphatase and tensin homolog</i>
<i>PUMA</i>	<i>p53 upregulated modulator of apoptosis</i>
<i>RET</i>	<i>Rearranged during transfection</i>
<i>Sox</i>	<i>Sry-related HMG box</i>
<i>SPRY2</i>	<i>Sprouty homolog 2</i>
<i>TAU</i>	<i>Tubulin associated unit</i>
<i>tBid</i>	<i>Truncated Bid</i>
<i>VIP</i>	<i>Vasoactive intestinal polypeptide</i>

INTRODUCTION

Pediatric motility disorders constitute a complex array of clinicopathologic disturbances (*Feichter et al., 2010*).

Intestinal pseudo-obstruction is a disorder characterised by the inability of the gastrointestinal tract to propel its contents mimicking mechanical obstruction, in the absence of any lesion occluding the gut (*Thapar et al., 2018*). It may affect various components of the bowel neuromuscular apparatus (*Jain, 2015*). It is a rare disease with scant epidemiological data (*Thapar et al., 2018*).

Congenital intestinal neuronal abnormalities have been classified as aganglionosis (Hirschsprung's disease), hyperganglionosis, hypoganglionosis, ganglion cell immaturity, combined forms and certain unclassifiable forms (*Henna et al., 2011*).

Of all the variations of the enteric nervous system, hyperganglionosis is the most discussed and open to controversy largely because of its association with the diagnosis of intestinal neuronal dysplasia (IND type B) (*Torre et al., 2002*).

IND-B can be regarded as a phenotype of relative enteric neural immaturity that may only be recognized with confidence after age of one year and often disappears spontaneously by age of 4 years (*Kapur and Reyes-Mugica, 2019*). It is rarely

reported in adult patients (*Masuda et al., 2017*). It is characterized by hyperplasia of the myenteric nerves accompanied by giant ganglia (*Goldblum, 2018*).

IND remains surrounded by controversies related to its definition, etiopathogenesis, diagnostic criteria and therapeutic possibilities (*Lourencao et al., 2016*).

Immature ganglion cell is known for its relationship with intestinal motility and its impact on postoperative functional outcomes of Hirschsprung's disease (*Yang et al., 2013*).

The recognition of immature ganglion cells is not always easy. They have a smaller, darker nucleus without a recognizable nucleolus. Special staining methods may be necessary to clarify the ganglion cell morphology and identify immature cells (*Moore, 2017*).

The BCL-2 gene, an acronym for B-cell lymphoma/leukemia-2 gene, was first identified in B-cell follicular lymphomas (*Tsujimoto et al., 1985*). Bcl-2, acts as an important regulator of cell death (*Ujval and Prehn, 2014*).

It can also provide a much more efficacious way in finding the dysplastic (immature) ganglion cells since previous studies showed that it was specifically expressed in them with a positive immunoreactivity in the degenerative and immature ganglion cells but not the mature ganglion cells (*Wang et al., 2016*).