Effects of Hemoglobin Concentration on Deformability of Individual Sickle Cells After Deoxygenation

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To assess the role of intracellular hemoglobin concentration in the deformability of sickle (HbSS) cells after deoxygenation, rheologic coefficients (static rigidity \( E \) and dynamic rigidity \( \eta \)) of density-fractionated individual sickle erythrocytes (SS cells) were determined as a function of oxygen tension (\( pO_2 \)) using the micropipette technique in a newly developed experimental chamber. With stepwise deoxygenation, \( E \) and \( \eta \) values showed no significant increase before morphologic sickling but rose sharply after sickling. In denser cells, continued deoxygenation led to steep rises of \( E \) and \( \eta \) toward infinity, as the cell behaved as a solid. The \( pO_2 \) levels at which rheologic and morphologic changes occurred for individual SS cells during deoxygenation varied directly with the cell density. The extent of recovery in \( E \) and \( \eta \) during reoxygenation varied inversely with the cell density. These results provide direct evidence that the intracellular sickle hemoglobin (HbS) concentration of SS cells plays an important role in their rheologic heterogeneity in deoxygenation and reoxygenation. The elevations of \( \eta \) during \( pO_2 \) alteration were greater than those of \( E \), especially for the denser cells, suggesting the importance of the elevated dynamic rigidity in initiating microcirculatory disturbances in sickle cell disease.

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MATERIALS AND METHODS

Preparation of blood samples. Blood was collected from nine patients with homozygous HbSS disease, with the approval of the Institutional Review Board, Health Sciences, Columbia University (New York, NY). Excluded from the study were patients in sickle cell crisis and those who had undergone transfusion therapy within the preceding 3 months. Fresh blood samples (8 to 10 mL) were drawn via venipuncture and centrifuged at 1,000g for 10 minutes, and the plasma and buffy coat were removed by aspiration. The red cells were washed three times in a buffered saline containing potassium and glucose (BSKG; prepared by dissolving 7.808 g NaCl, 0.373 g KCl, 0.194 g NaH₂PO₄·H₂O, 1.220 g Na₂HPO₄, and 2.0 g glucose in 1,000 mL distilled water, pH 7.4, 290 mOsm/KgH₂O) with the addition of bovine serum albumin (0.2%). Normal AA blood was drawn from healthy volunteers and prepared in a similar manner. AA cells, however, were not fractionated and used for comparison with SS cells in the oxygenated state.

Discontinuous density fractionation was performed with solutions of arabinogalactan polysaccharide (Larex-L.O.; Larex International, Tacoma, WA). The Larex solutions, with discrete densities ranging from 1.077 to 1.153 g/mL in 0.015-g/mL increments, were prepared by diluting a stock Larex solution (adjusted to pH 7.4 and...
290 mOsm/Kg (H2O) with the BSKG solution. Densities of the solution were measured by using a digital densitometer (DMA 35; Anton Paar, K.G., Graz, Austria) at 20°C. Separation was achieved by 60 minutes of centrifugation at 28,000g and 20°C in a refrigerated superspeed centrifuge.

The fractionated populations trapped between the interfaces of successive layers of the Larex solutions were collected by a puncture method. The five fractions, each of which covered the range of the 0.015-g/mL increment, had mean densities (g/mL) of 1.086, 1.190, 1.115, 1.130, and 1.146; they were referred to as fractions I, II, III, IV, and V, respectively. The mean corpuscular hemoglobin concentration (MCHC) of the density-fractionated erythrocytes was calculated from the cell density by using the linear correlation of Noguchi et al. The resultant MCHC values (g/dL) were 26.6, 35.1, 38.1, 44.0, and 51.6 for fractions I through V, respectively. Each fraction was washed three times with an excess volume of the BSKG-albumin solution and resuspended in the same solution that had been equilibrated with a gas mixture (O2, 20%; CO2, 5%; N2, balance). The preparations and subsequent micropipette aspirations were completed within 12 hours of blood withdrawal. Furthermore, blood samples and prepared cell suspensions were stored at 5°C until shortly before use to avoid metabolic depletion of the cells, which is known to affect their deformability.18

Micropipette aspiration tests under controlled pO2. The system for micropipette aspiration, pO2 alteration, and temperature control has been reported in detail elsewhere. Briefly, a red cell suspension was loaded in a chamber of the experimental system containing a track a single cell without losing the cell or interrupting the microscopic observation. Micropipettes with internal radii of 0.5 to 0.7 μm were prepared by the use of a micropipette puller. The micropipette was filled with the BSKG-albumin solution and connected hydraulically to a pressure control system. The micropipette tip was manipulated with the BSKG-albumin solution and connected hydraulically to a dynamic rigidity (E) and the dynamic rigidity (η) are defined for both the initial rapid deformation phase (phase I) and the subsequent slow phase (phase II). However, because changes in the dynamic rigidity for phase II were similar to those in phase I, as reported for unfractionated SS cells,13 only η in phase I was subjected to detailed analysis and is reported.

RESULTS

In the five fractions with defined densities, 24 cells were studied by micropipette aspiration. All cells exhibited morphologic sickling when deoxygenated below some critical pO2 level. With further deoxygenation, some cells became so rigid that they did not respond to the maximal aspiration pressure (350 mm Hg) and behaved like solid bodies. In this state, the SS cell showed the characteristic roughened surface and granulated cytoplasm. In nonsickled SS cells, the aspiration pressure was applied for 20 seconds. In sickled SS cells, however, the duration of the micropipette aspiration varied from 60 to 120 seconds, depending on the extent of cellular hardening. When the cell could not be aspirated at all under the maximal negative pressure, we considered E and η as infinity, and the pO2 level at which this first occurred is referred to as the solid-transition pO2.

Rheologic properties in the control state. The static rigidity (E) and the dynamic rigidity (η) of the SS cells before
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Fig 1. Rheologic properties of SS cells in the control, fully oxygenated state (before deoxygenation) as a function of cell fraction density. The static and dynamic rigidity ratios and the dynamic rigidity ratio are plotted against fraction density. The values for unfractionated AA cells (open circles) are shown for comparison. Values are mean ± SD. *P < .05 (v AA cells).

deoxygenation are shown in Fig 1 for each fraction, together with those of the normal AA erythrocytes. In AA cells, the micropipette aspiration was performed on their rim to be more analogous to the site of aspiration for SS cells. The average E value of 3.02 (±0.74 SD; n = 30) × 10^{-3} dyn/cm for our AA cells was slightly lower than those reported for dimple aspiration,19,20 and this reflects the influence of the aspiration site.21 Both E and η of SS cells increased with the rise in cell density (ie, MCHC). The E and η of fractions III to V of the oxygenated SS cells were significantly higher when compared with the control values in the AA cells (P < .05).

The rheologic properties of the individual SS cells under oxygenated state showed marked heterogeneity (Fig 1), which is characteristic for sickle cell disease,5,14 and the variance is considerable even in a given fraction. Therefore, the rheologic coefficients obtained during deoxygenation and reoxygenation for each SS cell were normalized by its own control values in the fully oxygenated state and are denoted as a static rigidity ratio or dynamic rigidity ratio. These normalized values are used for data presentation unless otherwise stated.

Rheologic history of individual SS cells. Figures 2 through 4 show the rheologic data of individual SS cells during deoxygenation and reoxygenation. The static rigidity ratio (E) and the dynamic rigidity ratio (η) were tracked as a function of pO_2. To simplify the graphic presentation, only two typical examples from fractions I, III, and V are shown in each figure, but similar changes were observed for all of the cells studied. Each of the values for E and η at the initial stage and at the final stage was the mean of three to five measurements, and the measurements were highly reproducible, with coefficients of variation less than 5%.

In the least dense fraction I (Fig 2), the static rigidity ratio and the dynamic rigidity ratio did not show any significant change after deoxygenation, as long as the cells stayed unsickled. After the occurrence of sickling at the critical pO_2, however, the rheologic coefficients rose suddenly (10- to 20-fold for static rigidity ratio and 10- to 50-fold for dynamic rigidity ratio), and they continued to increase with further reductions in pO_2. These ratios gradually decreased with reoxygenation, but the values obtained after full reoxygenation were still 2 to 4 times higher than those in the initial oxygenated state. In this fraction, the cells resumed their smooth discocytic shape after full reoxygenation, but the static and dynamic rigidities did not completely recover to their control levels.

In the case of the moderately dense cells in fraction III, one cell (cell 2 in Fig 3) behaved like those in fraction I, except that the transition occurred at a higher critical pO_2 (approximately 95 mm Hg) and that the magnitude of the increase was greater (280-fold for static rigidity ratio and 1,600-fold for dynamic rigidity ratio). The other cell in Fig 3 (cell 1) stayed unsickled until the pO_2 was reduced to a critical level of 68 mm Hg, and then it assumed a solid-like state shortly after the sickling. With reoxygenation, the static and dynamic rigidity ratios decreased gradually, but they did not attain the control values. The morphology of these cells showed a partial recovery after reoxygenation, but they did not return to the round discoid shape.

The rheologic changes were more prominent in the densest fraction V. The cells shown in Fig 4 were easily sickled at critical pO_2 values of approximately 100 mm Hg or even higher, and both cells behaved as a solid body with only small decreases in pO_2. Thus, for this densest fraction, a hyperrigid state occurred at a higher pO_2 level than for the less dense fractions. When reoxygenated, the cells had markedly higher rheologic coefficients at a given pO_2 than those obtained during deoxygenation; the extent of this hysteresis was more prominent in these densest cells. The morphology of the densest cells also showed relatively little recovery during the period of observation after reoxygenation.

Relation of morphologic and rheologic changes to MCHC. The above-mentioned results indicate that the rheologic rigidification of individual SS cells is closely related to their morphologic change, and both alterations occur at the same levels of critical pO_2. Comparison of the results obtained from different fractions shows that the critical pO_2 varies with the cell density above 1.100 g/mL, or MCHC above 32.1 g/dL (Fig 5). While the cells in the densest fraction were easily sickled at rather high pO_2 values (approximately 100 mm Hg), cells from the least dense fractions were not sickled until deoxygenated to approximately 50 mm Hg (Fig 5A). The pO_2 level for solid-transition shows a similar rela-
tion to MCHC (Fig 5B) as the critical pO₂ for morphologic sickling (Fig 5A).

The static and dynamic rigidities after full reoxygenation often did not recover completely to the values obtained in the initial oxygenated state. The degree of incomplete recovery, or the rheologic hysteresis, was quantified by calculating a reoxygenation hysteresis index, which is the ratio of E or \( \eta \) at the final reoxygenation stage to the corresponding values at the initial oxygenated stage. This index for both E (Fig 6A) and \( \eta \) (Fig 6B) remained relatively constant for fractions I and II. For denser fractions, however, the recoverability became progressively poorer, and the reoxygenation hysteresis index rose to approximately 30 for E and approximately 70 for \( \eta \) in fraction V.

**Interrelation between E and \( \eta \).** A crossplot between the static rigidity ratio and the dynamic rigidity ratio for all fractions under varying pO₂ (Fig 7A) shows the relative changes of these two rheologic parameters during the modification of pO₂. When the values for both ratios were below approximately 10, the changes in static and dynamic rigidity ratios were essentially equal to each other. For larger changes, however, the increase in dynamic rigidity ratio became increasingly greater.

Because the changes in E and \( \eta \) with deoxygenation are functions of MCHC and there is a rheologic hysteresis, the crossplot has also been made for three fractions (I, III, and V) to show the paths of deoxygenation and reoxygenation (Fig 7B). The data for E and \( \eta \) from the least dense fraction I (dashed line) showed essentially the same relative changes with deoxygenation and reoxygenation: with deoxygenation to a pO₂ of 40 mm Hg and then reoxygenation, the dynamic and static rigidity ratios rose to similar peak values and then returned along a path of reoxygenation very close to that of deoxygenation. In the heaviest fraction V (solid line), E and \( \eta \) increased beyond the turning points of the less dense fractions, and the increase of dynamic rigidity ratio became
progressively greater than that of static rigidity ratio. At a pO$_2$ of approximately 90 mm Hg, these rheologic parameters rose sharply toward infinity. With progressive reoxygenation, E and η resumed finite measurable values at a pO$_2$ approximately 90 mm Hg, but the data points stayed much higher than the identity line, indicating relatively greater changes in η than E. After full reoxygenation, the data settled to the (E, η) point of (35, 70), which was far from the origin (1, 1) and from the final points of the less dense fractions, eg, (4, 5) for fraction I. The results from fraction III (dotted-dashed line) showed an intermediary profile between fractions I and V.

DISCUSSION

In a previous study on the effect of deoxygenation on unfractionated SS cells, we found a sudden onset of rheologic alteration of individual SS cells with the occurrence of sickling. This sharp reduction in deformability with deoxygenation has been reconfirmed in the present study using density-fractionated SS cells (Figs 2 to 4). One factor that could be responsible for this phenomenon is the shift in the relative contributions of the cell membrane and the intracellular fluid to the overall cell rheology. The rheologic coefficients of individual cells determined by the micropipette technique before sickling represent primarily those of the cell membrane. When the pO$_2$ was reduced below a critical level, however, the extent of polymerization increased steeply, such that the rigidified intracellular fluid dominated the rheologic properties of the entire cell. Although plots of HbS polymer fraction against O$_2$ saturation yield smooth curves with gradual changes, the plot of polymer fraction against pO$_2$ shows a much steeper rise with deoxygenation because of the S-shaped relation between O$_2$ saturation and pO$_2$. With a few exceptions, alterations in rheologic properties for both HbS solutions and SS erythrocyte suspensions
have generally been reported to follow a continuously smooth curve, rather than a sudden transition. The continuous changes seen in SS cell suspension, in contrast to the sudden onset of rheologic changes of the individual SS cell at a critical pO2, can be explained by the difference in critical pO2 values for individual SS cells in the population, as shown in the present study. Hence, a progressive reduction in pO2 leads to the increasing recruitment of SS cells, with lower intracellular Hb concentrations into the subpopulation that exhibits sickling and rheologic alteration, thus resulting in a continuous, smooth change in rheologic properties of SS cell suspensions.

With progressive deoxygenation below the critical level, some cells (mainly those from the denser fractions) exhibited a solid-like property as first reported in our previous study. Such changes in the rheologic coefficients after deoxygenation are much greater than those reported by other investigators. During and after reoxygenation, SS cell rheology showed hysteretic behavior, the degree of which was density-dependent. Our data indicate that the rheologic coefficients of SS cells in fully oxygenated state, the critical pO2, and the solid-transition pO2 all show positive correlations with the cell density for fractions II through V (Figs 1, 5, and 6), but the influence of cell density on SS cell rheology is not demonstrable between fractions I and II. Thus, intracellular Hb concentrations above 32 g/dL assume increasing importance in determining the rheologic behavior of SS cells after deoxygenation.

A comparison of the relative changes in the coefficients E and η after deoxygenation (Fig 7) showed that these two parameters rise in parallel when the changes are small (less than approximately 10-fold). When the changes are large, the rise in η is much steeper and becomes nearly 100-fold greater than the rise in E (Fig 7A). Furthermore, the SS cell rheology after reoxygenation exhibited a hysteretic behavior, especially for η of the denser fractions (Fig 6). It seems
Fig 5. (A) Relationship between the critical $pO_2$ and MCHC in SS cells. The critical $pO_2$ is defined as the $pO_2$ level at which sickling occurred in the cell observed under the aspiration test. Open rectangles denote the mean value for each fraction. There is a positive correlation between the critical $pO_2$ and MCHC for fractions II through V. (B) Relationship between the solid-transition $pO_2$ and MCHC in SS cells. The solid-transition $pO_2$ is defined as the $pO_2$ level at which the rheologic coefficients of the SS cell became nonmeasurable for the first time during the deoxygenation process. Because not all of the cells underwent the solid transition, the number of data points in B is fewer than in A. Open rectangles indicate the mean value for each fraction. There is a positive correlation between the solid-transition $pO_2$ and MCHC for fractions II through V.

Fig 6. Relationship between the reoxygenation hysteresis index and MCHC in SS cells. The index, which gives an estimate of incomplete rheologic recoverability after reoxygenation, was calculated as the ratio of $E$ (A) and $g$ (B) at the final reoxygenation stage to their respective values in the initial oxygenated stage. Open rectangles represent the mean value in each fraction. The recoverability became progressively poorer with an increase in MCHC from fraction II to fraction V.

unlikely that this incomplete rheologic recovery is simply due to insufficient time allowed for reoxygenation of Hbs. At the final state of reoxygenation, we exposed SS cells to 20% oxygen medium for a sufficiently long period of time to ensure equilibration. However, because we reoxygenated only to a $pO_2$ level of 142 mm Hg, there is the possibility of the persistence of some polymerized HbS fibers. If very fine crystals or fibers of HbS persist and interact with the endosurface of the cell membrane, 24-26 they may increase the cellular rigidity. Another possible mechanism responsible for this is that physical stress of repetitive pipette aspirations might lead to a cumulative derangement of the cytoskeleton protein organizations of SS cell membrane, 27 which might then cause the plasticity in the deformation and affect the measured rheologic coefficients of the tested cells. To assess or omit the possible effects of these factors, sickled SS cells must be subjected to repeated aspirations under rapid depolymerization, eg, by the use of carbon monoxide to assure complete melting of HbS polymers; this deserves future studies.

Rheologic behavior and morphologic characteristics of deoxygenated SS cells are dependent on the rate of deoxygenation. 28-29 The method used in the present study for altering $pO_2$ in the experimental chamber did not allow us to complete deoxygenation and reoxygenation within a short period comparable with the mean circulation time in humans (less than 1 minute). Thus, red cells in vivo undergo more rapid cycles of deoxygenation and reoxygenation than the time course of the present study. Studies on the kinetics of HbS polymerization have suggested that most SS cells are not...
Fig 7. (A) Interrelation between static rigidity ratio \(E\) and dynamic rigidity ratio \(\eta\) of SS cells during deoxygenation and reoxygenation. \(E\) and \(\eta\) were normalized by their initial values before deoxygenation. The origin \((1, 1)\) denotes the control (fully oxygenated) state. The diagonal dashed line denotes equal changes in the two ratios. (B) The average behavior of three fractions of SS cells during \(pO_2\) modification, showing the relationship between the static rigidity ratio \(E\) and the dynamic rigidity ratio \(\eta\). The lines were drawn to fit the data points in A for fractions I (dashed line), III (dotted-dashed line), and V (solid line). The dotted lines connected to the solid lines for fraction V are drawn by extrapolation, where the rheologic coefficients could not be determined. The data points from the least dense fraction I showed linear changes up and down between the initial oxygenated state and a low \(pO_2\) of 40 mm Hg. In contrast, the data points from the densest fraction V exhibited a marked deviation from such a linear relation, and the terminal point after full reoxygenation was markedly higher than the origin. The data points from fraction III showed an intermediary pattern.

sickled in the steady-state circulation, mainly due to the shorter capillary transit time than the delay time before the onset of polymerization.\(^{22}\) On the other hand, when deoxygenated very slowly, HbS polymerization can occur at \(pO_2\) levels higher than those in arterial blood.\(^{23}\) Therefore, in consideration of the time factors involved in microcirculatory dynamics, our findings cannot be extrapolated directly to in vivo situations. Recently, there are several reports showing SS cell adhesion to microvascular endothelium.\(^{30-34}\) Animal experiments using human red cells have suggested that the less dense SS cells are more adhesive than the denser SS cells.\(^{32,34}\) Once any cellular adhesion has occurred, the microcirculation would inevitably be compromised, and local hypoxia would be worsened. This would cause more SS cells, irrespective of being adhered or not, to be exposed to lowered \(pO_2\) for a longer period of time and, hence, undergo rigidifications similar to those observed in this study. This would retard the deformational passage of SS cells through narrow vessels\(^{35,36}\) and may cause vasoocclusive episodes.

In summary, we have shown that the rheologic properties of individual SS cells are strongly dependent on HbS concentration. The critical \(pO_2\) for morphologic sickling and the \(pO_2\) for solid transition can be directly correlated with the HbS concentration above 32 g/dL. The hysteresis of rheologic coefficients during reoxygenation may play a pathophysiologic role in that, once rigidified under given conditions, some SS cells may still be rigid even when reoxygenated on the arterial side of the circulation.

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