Collagen Type III in the Bone Marrow of Normal Individuals

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Summary:

**Background:** The reticulin stroma forms an integral component of any given marrow proliferation, and may often be increased in amount, sometimes normal, and occasionally decreased. Silver impregnation technique (Gomori's stain) is used to demonstrate collagen type III (reticulin) fibers. The present study was undertaken, in an attempt to establish specific histologic criteria for the quantitative measurement of bone marrow reticulin fibers in normal individuals to enable the pathologist and hematologist to early detect myelosclerotic processes.

**Method:** Twenty two bone marrow biopsy specimens from hematologically normal patients were examined histologically and the reticulin content quantitated utilizing a scoring system.

**Result:** Reticulin content was evaluated and correlated with patient age, sex, and anatomic site.

**Conclusion:** The overall normal range is considered to be 0-2+. Scores of 3+ or 4+ are considered sclerotic in any situation.

**Keywords:** Bone marrow, Collagen type III, Normal content.

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**Introduction**

Evaluation of bone marrow type III collagen (Reticulin) is a useful procedure for determining the degree of bone marrow fibrosis in various diseases, particularly those of the myeloproliferative type. These disorders often terminate as myelofibrosis, and it is the histochemical demonstration of reticulin fiber proliferation that allows early detection of this process. However such a diagnosis must be based on thorough understanding of normal values, and although a lot has been published regarding the histology of the bone marrow reticulin in abnormal state, no adequate discussion of the normal spectrum is available.

**Materials and methods**

The present study was carried out in the Medical City Teaching Hospital in Baghdad.

Twenty two bone marrow biopsy cores were obtained, thirteen of them from the sternum (open biopsy) from patients undergoing open heart surgery, and nine iliac bone marrow biopsies from patients from patients with normal peripheral blood picture and had no hematological disease. The criteria used to define normal values were:

1. Hemoglobin levels between 12.0 and 16.0 g/dL.
2. Leukocyte count between 5.0-10.0 x10^9/L.
3. Leukocyte differential counts within the usual range of normal.
4. The absence of abnormal leukocytes or erythrocytes in the circulating blood demonstrated by peripheral smears.
5. Total circulating platelet numbers between 200,000 and 400,000 / mm^3.

Clinical data from patients included age and sex, as well as the site of the biopsy. Cores less than 0.5x0.5mm were not included, three histological sections, each 5 μ thick were prepared from paraffin blocks of each specimen and were stained with hematoxylin and eosin, and for cytological detail, Gomori's stain for reticulin fibers and VanGieson's method for collagen fibers were used. All preparations were examined by light microscopy and each section was evaluated purely on a histological basis. Bone marrow reticulin was quantitated using the following scoring system, which is a modification of those described by Kundel etal, Roberts and Bauer: (ref. needed)

0 - No reticulin fibers demonstrable.
N - Occasional fine individual fibers only.
1+ - Occasional fine individual fibers, plus foci of fine fiber network.
2+ - Fine fiber network throughout most of the section; no coarse fibers demonstrated.
3+ - Diffuse, fiber network with scattered thick, coarse fibers but no true collagen {negative VanGieson's stain}.
4+ - Diffuse, often coarse, fiber network with areas of collagenization {positive VanGieson's stain}.

Reticulin scores were correlated with the clinical information previously outlined.

**Results**

Of the 22 normal bone marrow specimens studied, 13 (59%) demonstrated reticulin scores of N. to 1+, 9 additional cases were classified as 2+; none of the specimens was in the 3+ or 4+ categories.

The reticulin fibers were infrequent and occurred mainly perivascularly, [Fig.1, 2, 3, and 4] the reticulin network rarely appeared to be complete in any section, and there were fairly marked variations between one microscopic field and another in the same section.
Age: The normal control ranged in age from 3.5-51 years, with a mean of 29.9 years, the majority of patients were mature adults more than 20 years old. Table 1 demonstrated the reticulin scores and age distribution in the normal bone marrows.

Table 1: The reticulin scores and age distribution in normal bone marrows. Note: no 3+ or 4+ scores were encountered.

<table>
<thead>
<tr>
<th>Ages(years)</th>
<th>Total (22patients)</th>
<th>0</th>
<th>1+</th>
<th>2+</th>
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<tbody>
<tr>
<td>0-9 years</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>10-19 years</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>20-29 years</td>
<td>8</td>
<td>-</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>30-39 years</td>
<td>7</td>
<td>-</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>40-49 years</td>
<td>2</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>50-59 years</td>
<td>2</td>
<td>-</td>
<td>2</td>
<td>-</td>
</tr>
</tbody>
</table>

Fig.1 Occasional fine reticular fiber in a normal bone marrow specimen with a reticulin score of N. Gomorireticulin method x 100.

Fig.2 Fine network of reticulin fibers which is scored 1+ when focal & 2+ when diffuse. Gomorireticulin method x 400.

Fig.3 Coarse perivascular reticulin fibers in a normal bone marrow specimen. Similar fibers often surround bone spicules. [Such a pattern should not be confused with focal sclerosis]. Gomori retienlin method x 400.

Fig.4 Histotopography of normal haemotoipoiesis in the bone marrow. Hematoxylin and eosin x 250.
Table 2: The reticulin scores and sex distribution in normal bone marrows.

<table>
<thead>
<tr>
<th>Sex</th>
<th>Total (22patient)</th>
<th>0</th>
<th>N</th>
<th>1+</th>
<th>2+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>15</td>
<td>4</td>
<td>6</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>7</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

Statistically there is no significant difference between age and the content of fibrous tissue in the control group.

Sex: Normal control included 15 males (M) and 7 females (F). Table 2 demonstrated the reticulin scores and sex distribution in normal bone marrows.

There was no significant difference between the content of fibrous tissue in the bone marrow biopsy and patient's sex (X²=0.98).

Anatomic site: 13 of the normal marrows were of sternal origin, only nine being from the posterior iliac spine region. Statistically there was no significant difference.

Discussion and conclusions:

The histochmical demonstration of bone marrow reticulin is frequently utilized to evaluate the degree of marrow sclerosis. In the advanced form of this process, the diagnosis usually is obvious, however in the border line situation, a thorough understanding of the normal is essential for proper interpretation.

The basic normal histological structure of bone marrow consists of reticulin fibers arranged in networks mostly concentrated around blood vessels and bone specules, with fine branching, filaments extending into the adjacent marrow.

Utilizing the histologic criteria previously outlined, the overall normal range for bone marrow reticulin appear to be 0 – 2+. Specimens scored as 3 or 4+ considered definitely sclerotic. One should be aware of reticulin fibers that are normally concentrated around blood vessels and bone specules. These areas should be disregarded when evaluating the overall reticulin pattern. Needle biopsy may result in crush artifacts and hematoxylin and eosin sections may suggest possible sclerosis; however the reticulin stain will usually demonstrate lack of true sclerosis.

Awareness of these basic principles coupled with the previously described specific quantitative criteria should provide a firm base line for the histological evaluation of bone marrow reticulin.

Acknowledgement

I am so grateful to Prof. Hammed El-Ani, cardiothoracic surgeon in the Medical City Teaching Hospital, for performing the sternal bone marrow biopsies.

References:
7. Lennert K, Schwarze B.W. Pathoanatomical features of the bone marrow. Clinic in Haematology (1975) 4, 331-351