Distribution of anionic sites in glomerular basement membranes: Their possible role in filtration and attachment

Lysozyme binding site/epithelial attachment/glomerular filtration

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ABSTRACT
Lysozyme (pI = 11) has been used to identify anionic sites in the glomerular capillary wall. A solution of 1–3% lysozyme was perfused into the left kidney at varying rates. After perfusion, the kidney was fixed in situ and processed for electron microscopy. Lysozyme was seen as an electron-dense deposit which was not present when succinylated lysozyme (pI = 4.5) or myoglobin (pI = 6.9) was perfused instead of native lysozyme. First, the epithelial cell plasma membrane was outlined by a 300–400 Å electron-dense layer. Second, there were discrete dense deposits in the subepithelial portions (lamina rara externa) of the basement membrane, in normal section, extended from the epithelial cell membrane to the lamina densa and, in grazing section, formed a continuous reticular pattern. The discrete binding sites in the lamina rara externa were also found in glomeruli that had been prefixed and then perfused with lysozyme and in isolated glomeruli incubated with lysozyme. Third, the lamina densa itself showed a homogeneous increase in density. Fourth, similar discrete dense areas were seen in the subendothelial light layer of the basement membrane, between Bowman’s capsule and the parietal epithelium, and between the endothelium of peritubular capillaries and its basement membrane. The experiments show that, in addition to their location on the epithelial surface, anionic sites are present throughout the basement membrane and are distributed in a discrete reticular pattern in the lamina rara externa.

This paper is an outgrowth of work published previously (1, 2) in which dextrans were used as tracers to investigate glomerular capillary permeability. Initially dextran was injected into rats in vivo. Later on these studies were extended to include in vitro perfusions of dextran in protein solutions. The first protein used for this purpose was lysozyme (pI = 11; molecular weight = 14,000). When lysozyme was present in such perfusates, a dense layer—presumed to consist of bound lysozyme—was observed on the outer surface of the plasma membrane of the glomerular epithelial cell, and, in addition, patchy dense areas were found in the glomerular basement membrane (3). This distribution was so striking that it was decided to investigate the presumptive lysozyme binding further on the assumption that it may reveal anionic sites in the glomerular capillary wall.

MATERIALS AND METHODS
Dextran T-70 (molecular weight = 70,000) was obtained from Pharmacia Fine Chemicals, Piscataway, N.J. Egg white lysozyme (Grade I) and equine skeletal muscle myoglobin were obtained from Sigma Chemical Co., St. Louis, Mo. Succinylated lysozyme was prepared using a modification of the procedure of Habeeb and Atassi (4). The isoelectric point (pI) of the succinylated lysozyme was determined on an LKB-Ampholine column using standard techniques (5).

Lysozyme Perfusion Experiments. The basic design of these experiments was to isolate the vasculature of the left kidney from the systemic circulation with clamps as previously described (6) and then to perfuse the kidney retrograde through the aorta with buffer followed by the lysozyme test solution. Ten Sprague-Dawley rats weighing between 140 and 300 g were used, and perfusion was carried out with a Harvard Infusion pump at rates varying from 0.97 to 5.0 ml/min. Rats were perfused with 2–3 ml of Krebs-Ringer’s-bicarbonate, pH 7.4, followed by 20 ml of a solution consisting of 1–3% lysozyme and 4% Dextran T-70 in Krebs-Ringer’s-carbonate. In addition, the following controls or variations of this procedure were carried out: (i) 3% myoglobin was substituted for lysozyme; (ii) 2% succinylated lysozyme was substituted for lysozyme; (iii) 15 ml of Karnovsky’s aldehyde fixative (7) was perfused before the lysozyme-dextran solution; and (iv) 10 ml of Krebs-Ringer’s-bicarbonate was perfused after the lysozyme-dextran solution.

Experiments with Isolated Glomeruli. Glomeruli were isolated from three rats weighing 180–365 g using a variation of the technique of Greenspon and Krakower (8). Glomeruli were separated from minced renal cortex by passing them through a 100 mesh stainless steel screen; they were subsequently collected on a 150 or 200 mesh screen. The isolated glomeruli were incubated in 2 ml of 2% lysozyme in Krebs-Ringer’s-bicarbonate for 30 min at 25°C. In two experiments the glomeruli were fixed immediately after incubation with lysozyme, and in two other experiments they were washed with Krebs-Ringer’s-bicarbonate before fixation.

Tissue Processing. Most kidneys perfused with lysozyme-dextran or myoglobin-dextran were fixed by injection in situ as previously described (1) using the fixative mixture of Simionescu et al. (9) (which contains 1.5% formaldehyde, 2.5% glutaraldehyde, 0.66% OsO4, and 2–3% lead citrate in 0.1 M arsenate buffer, pH 7.4) required for the demonstration of dextrans. Blocks of these tissues were dehydrated and embedded in Epon without further treatment (1). In a few cases, e.g., those perfused with lysozyme-dextran and those prefixed by aldehyde perfusion before lysozyme, kidneys were fixed in situ with Karnovsky’s aldehyde fixative (7) (consisting of 1% formaldehyde and 3% glutaraldehyde in 0.1 M cacodylate buffer, pH 7.4, with 4.4 mM CaCl2). Blocks from these kidneys were postfixed in 1% OsO4 in acetate-veronal buffer (pH 7.2) and stained in block with uranyl acetate (10) before dehydration. Isolated glomeruli were fixed in suspension in aldehyde fixative (7), pelleted, postfixed in OsO4, and stained with uranyl in block. Techniques for sectioning and microscopy were the same as given previously (1).

RESULTS
The normal glomerular capillary wall is composed of three layers: (i) a fenestrated endothelium facing the capillary lumen, (ii) a continuous basement membrane, and (iii) an elaborate epithelial layer that covers the basement membrane with interdigitating projections known as foot processes which are separated by 250 Å gaps—the so-called filtration slits. The
basement membrane itself consists of three distinct layers of differing electron density—a thin layer of low density adjoining the endothelium (lamina rara interna), a thicker, central dense layer (lamina densa), and a second thin layer of low density adjoining the epithelium (lamina rara externa) (Fig. 1).

Lysozyme experiments

The glomerular capillary wall from animals perfused with native lysozyme (pI = 11) and dextran either before or after fixation differed from the normal in the occurrence of dense deposits in several places (Figs. 2–4). Since they were not seen in animals perfused with dextran alone or with succinylated lysozyme or myoglobin (see below), these deposits were presumed to be due to the binding of lysozyme to components of the capillary wall. First, the entire epithelial cell membrane—both those portions surrounding the foot processes and those portions surrounding the epithelial cell bodies—appeared outlined by a uniform 300–400 Å dense-staining layer (Figs. 2 and 3). The only exception was at the base of the foot processes, where the layer was noticeably thinner (Fig. 2). At the level of the slits the two opposing layers were thick enough to completely fill the slits. Second, in the lamina rara externa there were dense deposits consisting of discrete areas of increased electron density which sometimes exhibited a regular pattern, particularly in partially flushed glomeruli. In normal sections through the capillary wall (Figs. 2 and 4), these deposits appeared to extend from the lamina densa to the epithelial cell membrane. They were typically located at the base of the foot processes and were absent along the filtration slits. When cut in grazing section, the densities were seen to form an apparently continuous reticular pattern (Fig. 3). Third, the lamina densa showed a slight but definite homogeneous increase in electron density (Fig. 3). Some deposits were seen in other components of the capillary wall, but in these locations the binding of lysozyme was less striking. Areas of increased density were also seen in the lamina rara interna and mesangium, but the pattern was less regular (Figs. 2 and 4). The luminal surface of the endothelium was also covered by a continuous layer in some capillary loops but not in others.

Outside the glomerulus similar discrete dense areas due to

FIG. 2. Capillary wall from a rat perfused with native lysozyme. Note the binding of the lysozyme to the cell coat of the foot processes (fp) where it forms a continuous layer 300–400 Å thick except at the base of the foot processes where it is considerably less. Discrete electron densities are also seen in both the lamina rara externa and interna (arrows). The lamina densa (B) also shows a slight but definite general increase in density. En = endothelial cell. Tissue fixed in situ with formaldehyde-glutaraldehyde (7), postfixed in OsO₄, and stained in block with uranyl acetate. X43,000.
lysozyme binding were seen between the tubular epithelium and its basement membrane, between Bowman's capsule and the parietal epithelium, and between the endothelium of peritubular capillaries and its basement membrane. A continuous dense layer was also seen along the luminal plasma membrane of parts of the tubule epithelium in the cortex and on the blood front of arterial and capillary endothelia. Lysozyme also bound to collagen fibrils in a periodic pattern.

In isolated glomeruli incubated in lysozyme, binding was seen in the lamina rara externa as described in perfused glomeruli, but little or no binding was seen on the cell coat.

**Controls**

When myoglobin (pI = 6.9; molecular weight = 17,000) (11) or succinylated lysozyme (pI = 4.5) was substituted for native lysozyme in the perfusate, dextran was seen in both the capillary lumen and the urinary spaces, indicating that the perfusate had reached and penetrated the capillary wall; however, no areas of increased density, indicating binding of lysozyme, were seen anywhere in the glomerulus or elsewhere in the examined regions of the kidney, and all the elements of the glomerular capillary wall in these animals had the usual or "normal" appearance (Fig. 1).

**DISCUSSION**

The results of these experiments leave little doubt that the cationic protein, lysozyme, binds to components of the glomerular capillary by interaction with anionic groups. That lysozyme binds because of its high, positive net charge (pI = 11) is indicated by the failure of myoglobin (pI = 6.9) to bind as well as by the fact no lysozyme binding occurred when the net charge on the molecule was made negative (pI = 4.5) by succinylation. Apparently the lysozyme is acting as a "stain" for anionic groups, and what is demonstrated by this binding is the
The assumption of a dual role in filtration and attachment for anionic sites in the glomerular basement membrane is supported by observations made on aminonucleoside-nephrotic rats in which loss or absence of anionic sites [as determined by loss of colloidal iron (23) and lysozyme binding (J. P. Caulfield and M. G. Farquhar, unpublished findings)] is associated with proteinuria as well as a progressive loosening of the epithelial cell-basement membrane attachment (6).

Finally, the existence of fixed negative charges in the basement membrane raises the question of what their role is in the trapping of antigen–antibody complexes which occurs in immune complex disease. In this regard it is of interest to note that in certain types of immune complex-induced glomerulonephritis, occurring in man or experimental animals, which are characterized by the deposition of soluble immune complexes in glomeruli, the deposits typically occur in the lamina rara externa (27–30).

Note Added in Proof. Since submitting this manuscript we have found that lysozyme that had been catalytically inactivated with 2-merthoxy-5-nitrobenzyl bromide according to the technique of Feix and Lakton (1975) Bio-Org. Chem. 4, 1–25) binds to glomerular components in the same manner as native lysozyme. This shows that the catalytic site is not involved in lysozyme binding.

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15. Wallenius, G. (1954) "Renal clearance of dextran as a measure


