

Regulation of Na,K-ATPase during acute lung injury

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Abstract A hallmark of acute lung injury is the accumulation of a protein rich edema which impairs gas exchange and leads to hypoxemia. The resolution of lung edema is effected by active sodium transport, mostly contributed by apical Na^+ channels and the basolateral located Na,K-ATPase. It has been reported that the decrease of Na,K-ATPase function seen during lung injury is due to its endocytosis from the cell plasma membrane into intracellular pools. In alveolar epithelial cells exposed to severe hypoxia, we have reported that increased production of mitochondrial reactive oxygen species leads to Na,K-ATPase endocytosis and degradation. We found that this regulated process follows what is referred as the *Phosphorylation–Ubiquitination–Recognition–Endocytosis–Degradation* (PURED) pathway. Cells exposed to hypoxia generate reactive oxygen species which activate PKC ζ which in turn phosphorylates the Na,K-ATPase at the Ser18 residue in the N-terminus of the α 1-subunit leading the ubiquitination of any of the four lysines (K16, K17, K19, K20) adjacent to the Ser18 residue. This process promotes the α 1-subunit recognition by the μ 2 subunit of the adaptor protein-2 and its endocytosis through a clathrin dependent mechanism. Finally, the ubiquitinated Na,K-ATPase undergoes degradation via a lysosome/proteasome dependent mechanism.

Keywords Acute lung injury · Na,K-ATPase · Alveolar epithelium

The Na,K-ATPase in the alveolar epithelium

The alveolar epithelium is covered by a thin layer of fluid for maintenance of surface tension and host defense which allows normal O_2 and CO_2 exchange (Weibel 1973). The lining fluid is thought to reflect the balance between the passive movement of fluid and solutes across the alveolar–capillary barrier and the active transport of electrolytes (Ware and Matthay 2000; Ng et al. 2004; Mutlu and Sznajder 2005). Active vectorial Na^+ transport in alveolar epithelial cells is mediated by apical Na^+ channels and basolateral Na,K-ATPases resulting in alveolar fluid clearance (Mason et al. 1982; Schneeberger and McCarthy 1986; Matalon et al. 1991; Matalon and O’Brodivich 1999; Vadász et al. 2007). The alveolar epithelium is composed of small, cuboidal type II cells and large, elongated type I cells. Type I cells accounts for about 95%, while type II cells for ~ 5%, of the alveolar surface area (Albertine et al. 2005). Although the two cell types have very different functions, both contribute to alveolar fluid reabsorption (Borok et al. 2002; Johnson et al. 2002; Ridge et al. 2003). Two isoforms of the Na,K-ATPase α -subunit (α 1 and α 2) and one isoform of the β -subunit (β 1) are expressed in alveolar epithelial cells, with the α 1-subunit being expressed in both cell types, while the α 2-subunit appears to be restricted to alveolar epithelial type I cells (Schneeberger and McCarthy 1986; Ridge et al. 1997; Zhang et al. 1997; Ridge et al. 2003).

Effects of acute lung injury on the Na,K-ATPase

Edema accumulation and impaired gas exchange are hallmarks of acute lung injury (ALI) and the acute respiratory distress syndrome (ARDS) (Ware and Matthay 2000).

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Edema accumulates due to changes in hydrostatic and oncotic pressures as well as changes in the filtration and reflection coefficient for proteins (Staub 1974). Many models of ALI, hydrostatic pulmonary edema and patients with ALI/ARDS are characterized by a decreased ability of the lungs to clear edema (Ware and Matthay 2001; Mutlu and Sznajder 2005; Vadász et al. 2007). Commonly in models of ALI and increased left atrial pressures there is an impairment of Na,K-ATPase function.

As such, it has been shown that in models of increased left atrial pressures, alveolar fluid reabsorption is decreased in parallel with a downregulation of Na,K-ATPase function (Campbell et al. 1999; Azzam et al. 2001; Saldias et al. 2001). Other models of ALI where there is a decreased function of Na,K-ATPase activity include hyperoxia-, ventilation-, endotoxin-, oleic acid- and alcohol-induced lung injury (Olivera et al. 1995; Carter et al. 1997; Lecuona et al. 1999; Adir et al. 2003; Koksel et al. 2005; Vadasz et al. 2005; Aytacoglu et al. 2006; Koksel et al. 2006; Hirsch et al. 2007; Mutlu et al. 2007).

This down-regulation of the Na,K-ATPase plays a key role in lung injury models, as the decreased alveolar fluid reabsorption can be over-come by increasing Na,K-ATPase activity. This increase can be accomplished by pharmacological means (i.e. catecholamines such as adrenergic or dopaminergic agonists) (Saldias et al. 1999; Saldias et al. 2000; Azzam et al. 2001; Saldias et al. 2002; Sartori et al. 2002) or Na,K-ATPase over-expression by adenoviral or electroporation over-expression (Azzam et al. 2002; Adir et al. 2003; Mutlu et al. 2007).

Although, as stated above, impairment of Na,K-ATPase activity has been found in a variety of acute lung injury models, the mechanism by which this downregulation occurs has not been fully elucidated. It is well established that the Na,K-ATPase is subjected to both short- and long-term regulation (Therien and Blostein 2000; Dunbar and Caplan 2001; Clausen 2003; Dada et al. 2003). Short-term

regulation involves either 1) direct effects on the kinetics of the enzyme, or 2) translocation of Na,K-ATPases between the plasma membrane and intracellular stores (Ewart and Klip 1995; Therien and Blostein 2000; Teixeira et al. 2003; Bertorello and Sznajder 2005), while long term regulation involves the transcription/translation pathways (Ewart and Klip 1995; Clausen 2003).

The Na,K-ATPase is regulated by the phosphorylation–ubiquitination–recognition–endocytosis–degradation (PURED) mechanism in alveolar epithelial cells

Alveolar hypoxia occurs during ascent to high altitudes and in patients with ALI/ARDS (Sartori et al. 2002; Jain and Sznajder 2005) and it is associated with decreased alveolar fluid reabsorption and impaired Na,K-ATPase function (Mairbaurl et al. 1997; Vivona et al. 2001; Litvan et al. 2006).

Studies exploring the mechanism of short-term Na,K-ATPase regulation after hypoxia has been reported in alveolar epithelial cells. Dada et al. described that alveolar epithelial cells exposed to hypoxia (1.5% O₂ for 1 h) have decreased Na,K-ATPase activity due to a concomitant reduction of the Na, K-ATPase protein present at the plasma membrane, without changes in the total amount of Na,K-ATPase protein, suggesting that endocytosis has occurred (Dada et al. 2003). Further studies lead to propose that regulation of the Na,K-ATPase under hypoxia followed what is called as the Phosphorylation–Ubiquitination–Recognition–Endocytosis–Degradation or PURED pathways. As depicted in Fig. 1, PURED reflects a general pathway for the internalization and degradation of cell surface proteins that emerged from studies in yeast, involving a series of events where phosphorylation acts as a signal for ubiquitination, which leads to the endocytosis

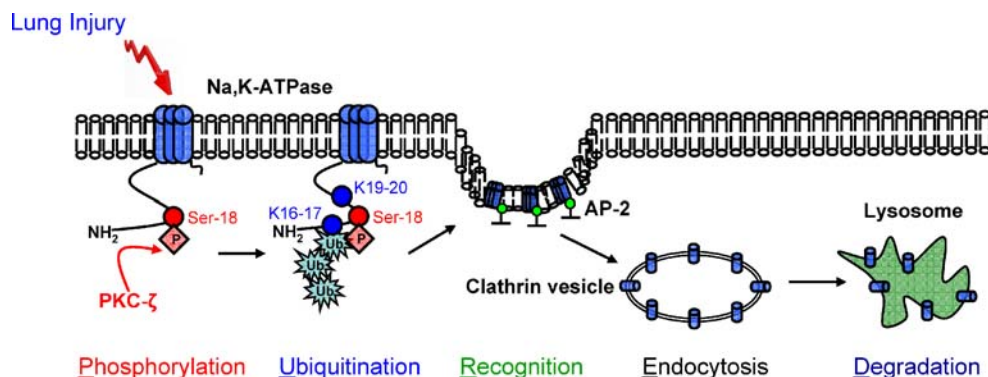


Fig. 1 PURED pathway. The Na,K-ATPase follows the PURED pathway under hypoxia conditions. PKC ζ Phosphorylates the Na,K-ATPase α 1-subunit at the Ser18 with consequent Ubiquitination on any of the four lysines surrounding this serine. This process makes

the protein available for Recognition by the adaptor protein-2 and its Endocytosis via a clathrin-dependent mechanism that will lead to the traffic of the protein to the lysosome for Degradation

and degradation of the membrane protein (Hicke 1997; Roth et al. 1998; Terrell et al. 1998; Kelm et al. 2004). The same chain of events has been shown to be true in mammalian membrane protein as well (Dada et al. 2003; Haglund et al. 2003; Hicke and Dunn 2003; Comellas et al. 2006; Leithe and Rivedal 2007).

Phosphorylation The Na,K-ATPase α 1-subunit has several consensus phosphorylation sites (Beguin et al. 1994) and phosphorylation/dephosphorylation has been proposed in the regulation of the Na,K-ATPase trafficking between intracellular compartments (Pedemonte et al. 2005). In particular, phosphorylation at the Ser18 in the N-terminus domain of the Na,K-ATPase α 1-subunit has been shown to modulate its endocytosis (Chibalin et al. 1998; Chibalin et al. 1999). In alveolar epithelial cells exposed to hypoxia (1.5% O₂ for 1 h), endocytosis of the Na,K-ATPase was associated with phosphorylation in the Ser18 residue by the atypical PKC ζ , which was shown to be activated by hypoxia generated reactive oxygen species (ROS) (Dada et al. 2003).

Ubiquitination Ubiquitination is a dynamic and reversible process, where proteins are tagged by the 76-amino acid globular protein ubiquitin. Tagging results in covalent conjugation of ubiquitin to the target protein and it is essential for the proteolysis of most proteins, during both constitutive degradation and degradation as a result of changes in the cellular environment (Glickman and Ciechanover 2002). Conjugation of ubiquitin to a protein can also regulate its activity or location (Hicke 1997; Glickman and Ciechanover 2002; Haglund et al. 2003). A role for ubiquitination of the Na,K-ATPase α 1-subunit in its endocytosis and degradation was proposed by Coppi and Guidotti (1997), although first direct evidence was provided in the hypoxia-induced Na,K-ATPase system (Comellas et al. 2006; Dada et al. 2007). In these reports it was shown that alveolar epithelial cells exposed to 1.5% O₂ have increased Na,K-ATPase-ubiquitin conjugates at the plasma membrane and by mutating four lysines at the N-terminus of the Na,K-ATPase α 1-subunit (K16-17-19-20), they demonstrated the requirement of ubiquitination in the hypoxia-induced endocytosis and degradation. More importantly, phosphorylation of Ser18 was demonstrated to be necessary for ubiquitination to occur, demonstrating that this is a sequential process part of the PURED system.

Recognition and endocytosis The traffic from different intracellular compartments of eukaryotic cells involves the self-assembly of multilayered cytosolic coat scaffolds (Stagg et al. 2007). These scaffolds include clathrin, coat protein complex I (COPI) and coat protein complex II (COPII). Adaptor protein (AP) complexes link different

types of cargo with these proteins that can self-assemble as a lattice to form a scaffold that collects and concentrates AP-cargo complexes into membrane patches (Stagg et al. 2007). The endocytosis of the Na,K-ATPase is a clathrin-coated mediated mechanism, dependent on the phosphorylation of the Ser18 residue and binding of the μ 2-subunit of adaptor protein 2 (AP-2) to the Y⁵³⁷LEL motif of the Na,K-ATPase α 1-subunit (Done et al. 2002). This mechanism of recognition is shared by the hypoxia-induced Na,K-ATPase endocytosis, as alveolar epithelial cells expressing a Na,K-ATPase α 1-subunit mutation in the AP-2 recognition binding site (Y537A) failed to undergo endocytosis (Chen et al. 2006).

Degradation Lysosome and proteasome are the organelles where the degradation of proteins occurs (Reinstein and Ciechanover 2006). Plasma membrane proteins, such as the Na,K-ATPase are thought to be degraded by the lysosome with ubiquitination playing a role in the endocytotic pathway (Piper and Luzio 2007). Inhibitors of both, lysosome and proteasome, prevented the degradation of the plasma membrane associated Na,K-ATPase in alveolar epithelial cells during hypoxia (Comellas et al. 2006), which suggests that ubiquitination of the Na,K-ATPase is necessary for its endocytosis and traffic to the lysosome where it is degraded.

Conclusions

In summary, during acute lung injury, alveolar fluid reabsorption is impaired in part due to inhibition of Na,K-ATPase activity via its regulated endocytosis. In hypoxia induced alveolar epithelial cell dysfunction we propose a model (Fig. 1) where activation of atypical PKC ζ induces the phosphorylation of the Na,K-ATPase α 1-subunit at the Ser18 with consequent ubiquitination on any of the four lysines surrounding this residue (Ser18). This process makes the protein available for recognition by the adaptor protein-2 and its endocytosis via a clathrin-dependent mechanism that will lead to the traffic of the protein to the lysosome for degradation.

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