

## Physiological roles of zinc in the plasma membrane of mammalian cells

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**The precise role of zinc (Zn) is unknown and the lesions of the Zn deficient animal have been imperfectly related to the levels of total Zn, or of Zn-dependent enzymes, in the relevant tissues.<sup>1</sup>**

E.J. Underwood, 1962

### Introduction

Ten years ago<sup>2</sup> we proposed that Zn exerts a critical physiological role in the structure and function of biomembranes. We described a possible sequence of events that leads to the development of Zn deficiency pathology in experimental animals and hypothesized that loss of Zn ions from critical components in cell plasma membranes triggers a multitude of biochemical abnormalities. Since 1981 there has been a dramatic increase in research on Zn in many disciplines. It is now widely accepted that Zn has a variety of essential functions that are not readily explained by its role as a prosthetic group of metalloenzymes or as an effector of water-soluble, allosteric enzymes.<sup>3-6</sup> The purpose of this review is to describe new research that supports the hypothesis that there is a critical physiological role of Zn in cell plasma membranes and to propose how recently discovered biochemical functions of Zn in cell plasma membranes may explain the pathology of dietary Zn deficiency.

### Biochemistry and metabolism of zinc

The biochemistry of Zn has been reviewed extensively.<sup>4,7</sup> Zn<sup>2+</sup> is a IIb metal ion that, in physiological salt solutions at pH 7.4, tends to form phosphates, carbonates, and hydroxides of low solubility. In biological fluids Zn is solubilized by complexation with the oxygen, nitrogen, and sulfur ligands of hydrophilic

organic molecules. Zn is a "borderline" Lewis acid under the Hard-Soft, Acid-Base Principle.<sup>4,8</sup> It preferentially forms coordination complexes with four ligands in a tetrahedral array, but readily accepts other coordination numbers and geometries. Zn complexes, while capable of a high level of thermodynamic stability, are generally characterized by kinetic lability and, thus, readily undergo <sup>65</sup>Zn-Zn exchange. In both blood plasma and intracellular fluid Zn is largely bound to protein. In metalloproteins Zn is bound with high affinity via three or four cysteine, histidine, glutamate, and/or aspartate residues.<sup>5</sup> It should be recognized that posttranslational modification of protein can create or largely eliminate a potential Zn binding ligand; for example, the phosphorylation of a serine or threonine residue effectively creates a potential Zn binding residue while the fatty acylation of a cysteine residue considerably reduces its Zn binding potential.

The metabolism of Zn in mammals is dominated by the lack of a highly selective carrier for Zn in blood and by the existence of metallothioneins, a family of intracellular Zn-binding proteins.<sup>9-11</sup> The normal Zn content of blood plasma is 16–20 μmol/L in rats and 12–16 μmol/L in humans. Zn in plasma is bound predominantly to α<sub>2</sub>-macroglobulin and albumin; a small percentage (≈0.2–2.0%) of the Zn in human plasma is bound to low molecular weight substances.<sup>12-15</sup> A large percentage of the low molecular weight Zn fraction of plasma is believed to be bound to free amino acids, principally as ternary complexes with cysteine and histidine.<sup>16</sup> The concentration of Zn as the free aqueous ion, as a soluble hydroxide, or as a complex with low molecular weight monodentate ligands is believed to be very low (10<sup>-10</sup>–10<sup>-9</sup> M).<sup>17,18</sup> In most cell types, a portion of intracellular Zn exists in the form of a Zn metallothionein complex. Metallothionein gene expression is induced by Zn, glucocorticoids, glucagon, interleukin 1, and other substances;<sup>11</sup> metallothionein has been proposed to have a role in the control of whole body Zn metabolism via its action in the liver and intestine.<sup>9,19-21</sup> Zn binds tightly to metallothionein, but the half-life of Zn metallothionein is relatively short (hrs), suggesting that Zn metallothionein may

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form a reactive pool of intracellular Zn. Zn metallo-thionein has been shown to donate Zn to apometalloenzymes<sup>22</sup>; conversely, apometallothionein has been shown to remove Zn from Zn metalloproteins.<sup>23,24</sup> However, the intracellular "labile pool" of Zn, the pool used to support essential physiological functions, is undefined. The location, size and speciation of Zn in this pool are unknown.

Experimentally determined biochemical functions of Zn are listed in *Table 1*. Several investigators<sup>4,5,25</sup> have pointed out that there may be additional, as yet undiscovered, biochemical functions of Zn; we concur with this assessment.

## Zinc deficiency pathology

The pathological signs of dietary Zn deficiency in humans and animals depend on the length and severity of the deficiency, the age, sex, and species of the animal, the environmental conditions and the presence or absence of iatrogenic factors.<sup>26</sup> The most widely utilized model to investigate the biochemical basis for Zn deficiency pathology is the short-term, severely

deficient rat. The dietary regimen and the description of the resultant pathological signs of Zn deficiency were described clearly by Swenerton and Hurley<sup>27</sup> in 1968.

Weanling rats fed ad libitum otherwise nutritionally complete, semi-purified diets containing less than 1 mg Zn/kg diet exhibit a precipitous fall in plasma Zn concentration within the first 12–24 hours (16.8 to 6.12  $\mu\text{mol/L}$ ). Remarkably, though there is some cycling of plasma Zn levels depending on the pattern of food intake, plasma Zn remains depressed for the duration of a 3-week experimental period. The cardinal feature of short-term, severe Zn deficiency in young rats is that the fall in plasma Zn concentration does not lead to a decreased Zn concentration in tissues, except bone, pancreas, and intestinal mucosa, compared to pair-fed and/or ad libitum-fed control rats.<sup>28–30</sup> Zn deprivation is characterized by rapid development of pathological signs and rapid reversibility of the signs by Zn supplementation. After consuming a Zn deficient diet for 2–4 days, young rats voluntarily decrease their food intake. Shortly thereafter, there are functional abnormalities in platelets, t-lymphocytes, and keratinocytes. The implicit basis of dietary Zn deficiency pathology is that most, if not all, cell types are rapidly and adversely affected by the decreased extracellular Zn concentration. A list of some of the pathological signs of Zn deficiency are given in *Table 2* along with a time scale for the development and reversal of each sign. A full description of Zn deficiency pathology has been presented in several reviews.<sup>31–33</sup>

There are three prominent theories for the biochemical basis of Zn deficiency pathology. They are: (1) a decrease in Zn metalloenzyme activity, (2) altered gene expression, and (3) altered structure and function of cell plasma membranes. The diversity of Zn deficiency signs and the pattern of temporal development suggest that no single theory adequately explains all signs of Zn deficiency. Thus, it may prove useful to explore the potential "essential biochemical functions" of Zn from the perspective of each theory.

The effect of dietary Zn deficiency on the activities of known Zn metalloenzymes has been studied in some depth with variable results.<sup>34–36</sup> Short-term, severely Zn-deficient rats exhibit decreased activity of a few Zn metalloenzymes in some tissues. The variable effect of dietary Zn deficiency on the activity of Zn metalloenzymes has been explained by (1) different Zn metalloenzymes have different Zn binding affinities, (2) the size and the rate of depletion of the "labile pool of Zn" differs with each tissue, (3) Zn metalloenzymes turnover at different rates in different tissues, and (4) other metals can substitute for Zn in some Zn metalloenzymes without loss of enzymatic activity.<sup>34,35</sup> However, Zn metalloenzymes by definition<sup>7</sup> have tightly bound Zn, and one would expect that they would be the last molecules to lose Zn during dietary Zn deprivation.<sup>7,37</sup> Moreover, some Zn metalloenzyme activities (alkaline phosphatases, DNA polymerase, RNA polymerase, poly ADP-ribose polymerase) are decreased by other physiological conditions (i.e., feed

**Table 1** Biochemical functions of zinc

I. Catalytic functions:	
a)	Zn as a co-factor in Zn metalloenzymes
1)	Oxidoreductase
2)	Transferase
3)	Hydrolase
4)	Lyase
5)	Isomerase
6)	Ligase
b)	Zn as an effector of enzyme, transporter and membrane channel activity
1)	Allosteric
2)	Protein translocation
c)	Zn as an effector of gene expression
1)	Zn-modulated trans acting factors in DNA
2)	Direct Zn binding to DNA, RNA, ribosome
d)	Zn as a non-enzymatic catalyst
1)	Lewis acid
2)	Protein aggregating agent and precipitant
3)	Site-specific antioxidant
II. Structural functions:	
a)	Structural roles of Zn in metalloproteins
1)	Zn fingers
2)	Zn clusters
3)	Zn twists
4)	Zn acidic clusters
5)	Zn in histidine-rich domains
6)	Conformation-dependent sites
b)	Structural role in peptide hormones
1)	Prohormone storage and release
2)	Function and metabolism of hormones
c)	Stabilizer of supramolecular structures
1)	Membranes/membrane skeleton/organelles
2)	Cytoskeleton
3)	Ribosomes
4)	Chromatin

**Table 2** Rates of development and remission of zinc deficiency signs in young rodents

Sign*	Development after dietary deprivation	Remission after dietary repletion	Reference no.
Low plasma Zn (R)†	12 hr	1 day or less; 2 hr‡	52, 79, 243
Decreased food intake (R)	3–4 days	4–5 hr	244
Slowed weight gain (R)	4 days	1 day	52, 245
Depressed hemostasis (R)	4 days	4 hr‡	79
Impaired platelet aggregation (R)	7 days	>3, <7 days	80, 81
Hyperkeratotic skin lesions (R)	10–14 days	Improvement 2–3 days	27
Depressed immune function (M)	12 days	4 days	246, 247
Erythrocyte osmotic fragility (R)	21 days	1 day	52, 54, 244
Peripheral neuropathy and hyperalgesia (GP)	25 days	4 days	104, 265

\*The time periods are the first reported appearance or disappearance of the deficiency sign but not necessarily its first occurrence.

†The species in which the sign was observed is indicated in parenthesis, R for rat, M for mouse, and GP for guinea pig.

‡The remission was the result of intragastric Zn therapy rather than dietary Zn.

restriction, stress, infection) that do not result in Zn deficiency pathology.<sup>31</sup> The search continues for metalloenzymes whose changes in activity parallel the loss of Zn in discrete intracellular compartments and directly cause observable pathology.

The role of Zn in gene expression is undeniable. Zn is a cofactor for a variety of Zn metalloenzymes that are involved with nucleic acid metabolism and Zn is a structural component of DNA-binding proteins that contain Zn fingers, clusters, and twists.<sup>38–40</sup> Zn deprivation, in vivo and in vitro, blocks and/or alters the cell cycle, impairs cellular differentiation, and disrupts normal patterns of protein synthesis.<sup>31,41</sup> Zn has been reported to be re compartmentalized after signal reception, and it has been postulated to function as a second messenger, activating such intracellular signal transducers as protein kinase C<sup>42</sup> and adenosine(5')tetraphospho(5')-adenosine hydrolase<sup>43</sup> and permitting the biosynthesis of enzymes required for DNA synthesis.<sup>44</sup> However, it remains to be proven that the altered gene expression observed in Zn-deficient rats is due to a lack of Zn in Zn metalloproteins involved with transcription and/or translation.

The previously stated hypothesis,<sup>2</sup> that dietary Zn deficiency pathology is caused principally by a loss of Zn from the cell plasma membrane, follows. Cellular structures that are in physical contact with the extracellular Zn pool will be the first to lose Zn in dietary Zn deficiency. The loss of Zn from specific proteins in cell plasma membranes leads to altered membrane structure and function. The biochemical abnormalities of cells from Zn-deficient animals are a cellular response to the decreased integrity of the plasma membrane. Substantial depletion of the intracellular concentration of "functional Zn" in mammalian cells would rapidly lead to cell death; note the abnormal metabolism seen in *Euglena gracilis* cultured in Zn-deficient media,<sup>45</sup> the apoptosis and necrosis observed in mammalian cells cultured in media treated with pyridine-2,6-dicarboxylic acid,<sup>46</sup> and the necrotic lesions in fetuses from Zn-deficient dams.<sup>47</sup>

## Experiments on the role of zinc in cell plasma membranes

### *The effect of Zn deficiency on cell plasma membranes*

Two models exist to study the effect of low extracellular Zn concentration on the function of mammalian cells. The first model involves the production of short-term, severe dietary Zn deficiency in an appropriate experimental animal. This model is described in the section that follows on the effect of added Zn on biomembranes. The second model involves the incubation of mammalian cells in vitro with chelating agents to remove and/or withhold Zn from cells. This latter model has been used to describe an essential role of Zn in cell division.<sup>48,49</sup> However, the low selectivity of chelators for Zn and their potential for direct chemical interactions with the cell plasma membrane, the cell surface, and/or the interior of the cell (i.e., by receptor-mediated endocytosis) are major drawbacks to interpretation of such in vitro research. Chelators remove Zn from mammalian cells to a variable degree,<sup>50</sup> and the in vitro production of Zn deficiency by the use of chelating agents has not, to date, proven useful in defining the role of Zn in cell plasma membranes.<sup>51</sup>

**Erythrocytes.** Dietary Zn deficiency causes an abnormality in the erythrocyte membrane. Erythrocytes from Zn-deficient rats have increased osmotic fragility that is rapidly (1 day) reversed by dietary Zn supplementation, but not by in vitro addition of Zn.<sup>52</sup> This defect has been reported to be sensitive to diet composition, including sulfur amino acid concentration, protein source, lipid content, and lipid type.<sup>52–54</sup> Erythrocytes from Zn-deficient rats also have increased sensitivity to hemolysis by sodium dodecyl sulfate, sodium dodecyl n-sarcosine, and melittin, and decreased sensitivity to hemolysis by dimethyl sulfoxide.<sup>55</sup> However, they have a normal response to many hemolysins.<sup>55</sup> Erythrocytes from Zn-deficient rats have normal rates

of filterability in the presence and absence of diamide, compared with those of pair-fed controls,<sup>56</sup> but have decreased levels of maximal deformability as measured by ektacytometry.<sup>57</sup> Erythrocytes from Zn-deficient rats have a similar size and shape compared with those from Zn-adequate, pair-fed controls.<sup>58,59</sup> Erythrocytes from rats deficient in both Zn and vitamin E have increased peroxidative fragility compared with vitamin E-deficient controls.<sup>60,61</sup> However, erythrocytes from Zn-deficient rats have a normal lifespan when injected into the blood of Zn-adequate rats,<sup>58</sup> and have normal mechanical fragility and heat-induced fragility.<sup>62</sup> Erythrocytes from Zn-deficient rats have been reported to have increased fluidity of the lipid bilayer as measured by the mobility of 5-doxy stearate spin probe and increased mobility of a spin probe covalently bound to sialic acid residues on the cell surface.<sup>63</sup> There are conflicting reports that the mobility of a covalently bound maleimide spin probe is changed; one states that probe mobility is increased<sup>62</sup> and another that it is unaltered<sup>64</sup> in erythrocyte membranes from Zn-deficient rats.

The biochemical changes responsible for the altered functional and physical properties of the erythrocyte membrane in Zn-deficient rats are unknown; however, it is clear that the erythrocyte membrane, but not the erythrocyte cytosol, has a depressed Zn concentration.<sup>65</sup> In addition, erythrocytes from Zn-deficient rats have significantly decreased concentrations of ATP and 2,3-diphosphoglycerate,<sup>66</sup> spermidine,<sup>67</sup> basic amino acids,<sup>68</sup> and phosphatidylinositol-bis-phosphate<sup>69</sup> relative to Zn adequate ad libitum-fed, but not pair-fed, controls. The erythrocyte membranes<sup>70,71</sup> and erythrocyte membrane Triton-shells<sup>72</sup> have changes in lipid composition that are characterized by altered cholesterol:phospholipid ratio, phospholipid composition, and/or phospholipid fatty acid composition. There is a greater extent of dephosphorylation of spectrin and actin in isolated erythrocyte membranes from Zn-deficient rats than in controls,<sup>56</sup> and there is an altered protein composition of the membrane skeleton extracted in a low ionic strength buffer.<sup>73</sup> Ca<sup>2+</sup> ATPase and 5'-nucleotidase activities in erythrocytes from both Zn-deficient rats and pigs are lower than controls.<sup>74</sup> Erythrocytes from Zn-deficient rats have enhanced uptake of <sup>65</sup>Zn in vitro.<sup>75</sup> There is increased <sup>65</sup>Zn-Zn exchange in vivo in erythrocytes from human patients with Zn deficiency<sup>76</sup> and decreased alkaline phosphatase activity in erythrocyte membranes from young men fed marginally deficient diets.<sup>77</sup>

**Platelets.** Both breeder females and immature male rats fed low zinc diets exhibit prolonged bleeding times.<sup>78,79</sup> Dietary Zn deprivation causes impairment of platelet aggregation in rats,<sup>80,81</sup> guinea pigs<sup>82</sup> and humans.<sup>83</sup> Platelets in platelet-rich plasma show an impaired secondary phase of aggregation with a reduced response to such aggregating agents as ADP, collagen, and arachidonic acid.<sup>80,81</sup> Washed platelets are also less responsive to ADP.<sup>81</sup> Their uptake of external Ca<sup>2+</sup> in response to ADP is impaired, while

the release of internal Ca<sup>2+</sup> is unchanged.<sup>84</sup> Normal platelets also show impairment of the secondary phase of aggregation when they are treated with the calcium channel blocker, verapamil.<sup>85</sup> Based on these observations, it has been proposed that the platelet pathology in Zn deficiency involves a defective calcium channel or signal transduction mechanism.<sup>84</sup> Platelets from Zn-deficient rats have a decreased number of PGE<sub>1</sub> receptors, but the receptors have an enhanced affinity for PGE<sub>1</sub>.<sup>86</sup>

**Leukocytes and other blood cells.** Dietary Zn deficiency has detrimental effects on other blood cells that may be related to alterations in the properties of plasma membranes. Zn deficiency in rodents causes an involution of the thymus, a reduction in the mass of the spleen, and a decrease in circulating lymphocyte number, suggesting impaired proliferation of lymphocytes.<sup>87</sup> Whether there is an alteration in the T lymphocyte subsets in vivo, secondary to decreased total lymphocyte number, is currently being debated.<sup>88-90</sup> The proliferative response of lymphocytes isolated from spleen appears to depend on the age of the experimental animal, the length and severity of Zn deficiency, and the mitogen used to stimulate proliferation.<sup>91-94</sup> However, incubation of isolated lymphocytes with chelators, EDTA, or o-phenanthroline suppresses the proliferative response to mitogens, an effect that appears reversible by incubation with Zn in vitro.<sup>95,96</sup> Macrophage function is depressed in Zn-deficient animals<sup>93,97</sup> and there is impaired neutrophil chemotaxis in Zn-deficient rats,<sup>98</sup> rhesus monkeys,<sup>99</sup> and in human patients with acrodermatitis enteropathica.<sup>100,101</sup> Zn deficiency in rats leads to a reduced vasodilation in response to bradykinin and prostacyclin.<sup>102</sup> Monolayers of capillary endothelial cells, made Zn deficient in vitro, show decreased barrier function as regards albumin movement.<sup>103</sup> For each cell type there is an apparent reduced responsiveness to external signals.

**Neurons.** There are altered functions of brain and the peripheral nervous system in dietary Zn deficiency. Zn-deficient guinea pigs<sup>104</sup> and chicks<sup>105</sup> have decreased rates of action potential propagation in the sciatic nerve. In Zn-deficient rats there is an increased binding of naloxone to opiate receptors, due to an increased number of binding sites; however, the binding of glutamate and aspartate to their receptors in hippocampal synaptosomes is unaltered.<sup>106,107</sup> Abnormal synaptic field potentials occur in response to low frequency stimulation of hippocampal mossy fiber axons in Zn-deficient rats,<sup>108</sup> and in Zn deficient guinea pigs there is impaired glutamate-dependent Ca<sup>2+</sup> uptake in isolated brain synaptosomes.<sup>109</sup> There is a decreased in vitro polymerization rate of brain tubulin in Zn-deficient rats<sup>110-113</sup> and pigs,<sup>110</sup> but the effect in rats is largely the result of depressed food intake.<sup>112,113</sup> In chicks and guinea pigs, species that are most susceptible to Zn deficiency neuropathy, Zn status has no effect on the rate of tubulin polymerization.<sup>113</sup>

**Lipoproteins.** Dietary Zn deficiency has been associated with altered lipid metabolism and altered susceptibility to lipid peroxidation in many tissues and in lipoproteins. These topics have been reviewed recently<sup>25,114,115</sup> and will not be updated here. The contribution of compositional changes in plasma membrane lipids and of oxidative and peroxidative stress to the etiology of Zn deficiency pathology is unknown.

### Zinc in cell plasma membranes

Zinc is found at remarkably high concentrations in many cell membrane fractions; some concentrations are given in Table 3. Unfortunately, few plasma membranes have been analyzed for Zn concentration. In spite of obvious concerns for redistribution of physiological levels of Zn during tissue disruption and the possibility of net Zn loss or gain during the isolation process, it appears that the relative Zn concentration in various cell fractions is of biological significance. High concentrations of Zn in cell plasma membranes suggest critical physiological functions for Zn in this organelle.<sup>6,116,117</sup>

More important than the question of the total Zn concentration in cell plasma membranes is the location of Zn within the membrane *in vivo*. The precise location and speciation of the labile pool of Zn in cell plasma membranes are unknown, but are critical to our understanding of function. To aid in understanding location and speciation of Zn in cell plasma membranes, consider the Zn concentration in four zones of

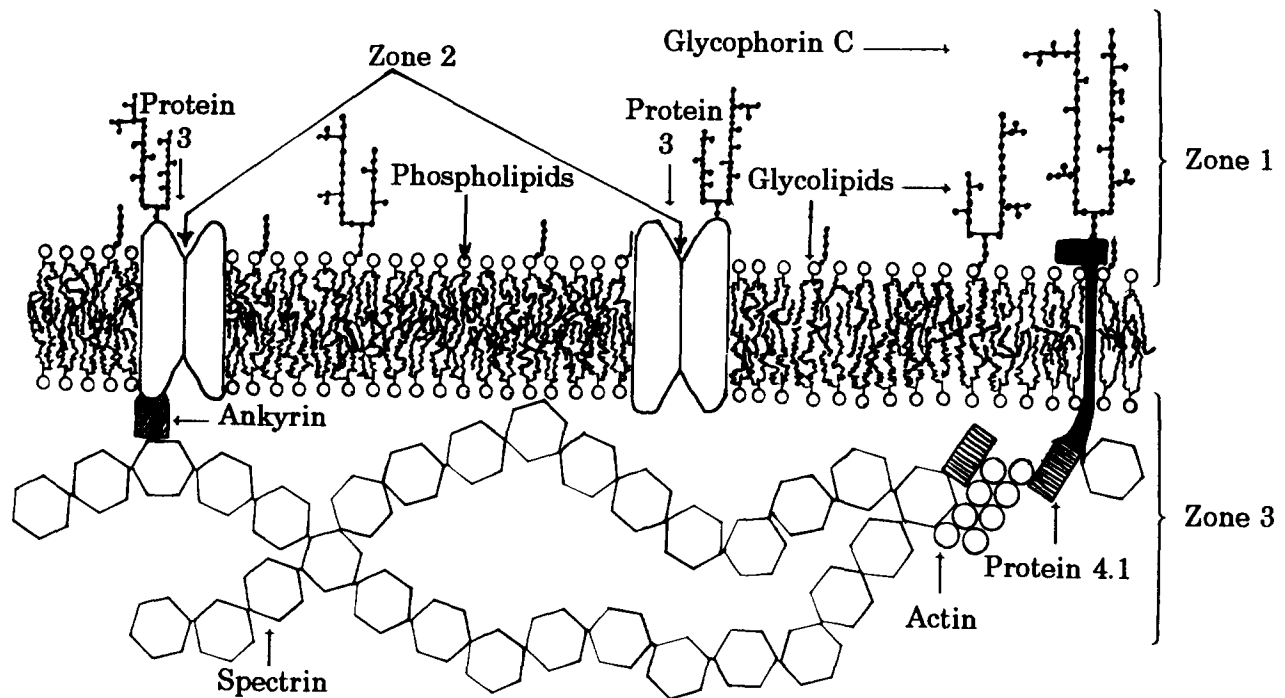
the cell plasma membrane: (1) the outer cell surface, (2) the aqueous domain of pores and channels within the membranes, (3) the inner surface of the cell plasma membrane, and (4) specialized membrane structures. A diagram of Zn binding zones 1–3, based on the structure of the human erythrocyte membrane, is shown in Figure 1. No Zn is considered to be present within the lipid phase of the membrane bilayer unless it is bound to a lipid-soluble Zn chelator such as protoporphyrin IX. Zone 3 includes all proteins of the membrane skeleton. Not shown in Figure 1 are specialized membrane structures that include tight junctions, gap junctions, membrane caps, and endocytotic coated pits.

Some of the Zn in cell plasma membranes is present as Zn metalloproteins. These proteins may include the following enzymes: alkaline phosphatase,<sup>118</sup> ecto 5'-nucleotidase,<sup>119</sup> Zn endopeptidases,<sup>120</sup> carbonic anhydrase,<sup>121</sup> Cu,Zn superoxide dismutase,<sup>122</sup> and possibly, some phospholipases.<sup>123</sup>

In addition to Zn in metalloenzymes, some Zn in cell plasma membranes *in vivo* is "in transit" across cell plasma membrane. The precise mechanisms by which Zn crosses cell plasma membranes of mammalian cells is unknown; however, multiple passive transport systems appear to be involved.<sup>124,125</sup> The rate and the route of Zn transport is largely dependent on the chemical forms of Zn presented to the cell.<sup>126–128</sup> It is generally believed that the pores, channels, and carriers involved in Zn transport are not highly selective. The Zn that is continuously present in these structures may be significant in terms of Zn mass and regulatory function in ion transport systems.<sup>125,129–131</sup>

**Table 3** The concentration of zinc in membrane fractions of eucaryotic cells

Membrane or fraction	Species	Zn concentration μg/g protein	Reference no.
Erythrocyte plasma membrane	rat	61 ± 4	65
		31 ± 2	71
	humans	20 ± 2	249
		32 ± 4	250
		195 ± 126	232, 251
	Taste bud mixed membranes	pig	56 ± 2
dog		163 ± 57	253
trout		105 ± 8	254
Kidney microsomes	bovine	826 ± 22	255
Testis microsomes	bovine	107 ± 12	256
Pancreas β-cell microsomes	monkey	4,360 ± 1430	257
Brain myelin	mouse	235 ± 209	258
Cerebellum myelin	rat	930 ± 460	259
	rat	53 ± 8	260
Hippocampus myelin	rat	140 ± 10	259
Cerebral cortex myelin	rat	85 ± 3	260
	rat	53 ± 3	260
Uterus microsomes	rat	290 ± 40	259
Myometrium microsomes	rat	700 ± 130	261
Liver microsomes	rat	770 ± 50	261
	rat	92 ± 3	262
	rat	224 ± 45	116
	rat	104 ± 14	263
Lung microsomes	rat	139 ± 7	262
Skeletal muscle (red) microsomes	rat	70 ± 2	264
Skeletal muscle (white) microsomes	rat	39 ± 2	264



**Figure 1** This diagram of a cross-section of the human erythrocyte membrane illustrates the types of structures that are present typically in zinc binding zones 1, 2, and 3.

### Effect of added Zn on biomembranes

Since Warren et al.<sup>132</sup> described the use of Zn *in vitro* to isolate plasma membranes, Zn has been considered to be a potential stabilizer of cell plasma membranes and other intracellular, membrane-encapsulated organelles. Zn has been used to stabilize nuclei,<sup>133</sup> lysosomes,<sup>134-136</sup> cell cytoskeletons,<sup>137-140</sup> myelin membranes,<sup>141,142</sup> brush border membrane vesicles,<sup>143</sup> erythrocyte membranes,<sup>144,145</sup> sperm outer membranes,<sup>146</sup> and the plasma membranes of a variety of cells.<sup>145,147-149</sup>

Explanation of the molecular basis for the "membrane-stabilizing" effect of Zn has focused on five major areas: (1) promotion of membrane skeletal and cytoskeletal protein associations,<sup>150-165</sup> (2) blockage of membrane channels caused by viruses, microbial toxins, and amphipathic molecules,<sup>145,147,166-173</sup> (3) antioxidant and protection against the disrupting effects of lipid peroxidation and protein oxidation,<sup>25,174</sup> (4) antagonism of the adverse effects of  $Ca^{2+}$ ,<sup>145,175-182</sup> and (5) direct alteration of the physical state of membrane lipid.<sup>183-188</sup> Though there are reports that Zn does not act as a stabilizer of cell plasma membranes in some experimental systems,<sup>189-192</sup> most data suggest that Zn, if present at sufficient concentration, is a highly effective stabilizer of cells and cell membranes.

In addition to its role as a membrane stabilizer, Zn has been described as a modulator of cell signaling.<sup>193</sup> Mechanisms suggested for this modulation fall into three categories: (1) blockage of receptor-gated and voltage-gated ion channels,<sup>194-207</sup> (2) regulation of protein and phosphatidylinositol phosphorylation and dephosphorylation,<sup>37,208-222</sup> and (3) regulation of hormone binding to cell surface receptors.<sup>223-235</sup>

Do studies that define pharmacological actions of Zn on cell plasma membranes provide information about the physiological functions of Zn? A lack of Zn in cell plasma membranes, whether achieved by dietary Zn deficiency *in vivo* or by Zn chelators *in vitro*, does not necessarily lead to biochemical abnormalities that are the opposite of those seen with added Zn. For example, Zn has been shown to protect erythrocyte membranes against lipid peroxidation and peroxidative damage<sup>236</sup>; however, dietary Zn deficiency does not cause increased lipid peroxidation or increased peroxidative fragility in erythrocytes.<sup>61</sup> Similarly, dietary Zn deficiency causes an increased osmotic fragility in erythrocytes,<sup>52</sup> but added Zn does not affect erythrocyte osmotic fragility except at concentrations that cause the precipitation of intracellular hemoglobin.<sup>189</sup> The primary value of *in vitro* studies related to the biochemical mechanisms by which Zn exerts its effect on cell plasma membranes is that they describe events that are sensitive to changes in Zn concentration. In addition, pharmacological studies can identify sites on specific proteins that bind Zn and alter membrane function. However, each *in vitro* effect of Zn on the function of a membrane protein must be examined for its sensitivity to alterations of physiological Zn concentrations *in vivo*.

### Mechanisms for the physiological roles of zinc in the cell plasma membrane

The multitude of effects of added Zn on cell plasma membranes reflects the diverse biochemical functions of the Zn atom and the chemical complexity and dy-

namic nature of cell plasma membranes. As defined earlier and illustrated in *Figure 1*, molecular mechanisms exist for Zn function in cell plasma membrane zones 1, 2, and 3. On the outer cell surface (zone 1, *Figure 1*), Zn promotes the binding of the water-soluble peptide growth hormone to the cell surface prolactin receptor.<sup>227</sup> In the plane of the lipid bilayer (zone 2), Zn has been shown to bind deep within the pores of a voltage-gated Na channel in the brain<sup>197</sup> and within a Ca channel in myotubes.<sup>198</sup> Zinc has been reported to induce aggregation of band 3, the anion channel, in the erythrocyte membrane.<sup>237</sup> On the inner surface of the cell plasma membrane (zone 3), Zn promotes the binding of protein kinase C to receptor sequences on membrane skeleton proteins.<sup>210</sup> In spite of our rapidly expanding knowledge of the effects of added Zn on cell membranes *in vitro*, the biochemical roles of Zn in cell plasma membranes *in vivo* are unknown. We suggest that the critical physiological roles of Zn in cell plasma membranes involve the same mechanisms that have been elucidated by *in vitro* addition of Zn to membrane proteins: (1) direct allosteric-like effect on the conformation of individual proteins and (2) direct effect on protein-protein interactions (ternary complexes of Zn and two separate proteins). The identity of proteins that are sensitive to a decrease in physiological Zn concentrations is unknown, but the proteins are likely to include cell surface receptors to hormone-like substances, ion and water channels, and enzyme/protein "receptors" on the inner surface of cell plasma membrane.

The original Zn-membrane hypothesis<sup>2</sup> considered Zn primarily as a stabilizer of biomembranes and postulated that its absence causes a loss of plasma membrane integrity. Many of the biochemical changes found in cells from Zn-deficient animals were proposed to be compensatory to membrane destabilization.<sup>2</sup> Now the effect of dietary Zn deficiency on cell plasma membranes can be described in functional terms: (1) a slight increase in sensitivity to non-specific stressors of the intact membrane, including: (a) low osmotic pressure, (b) peroxidative stress, (c) membrane-expanding hemolysins, (d) temperature, and/or (e) mechanical/shear stress; (2) and a pronounced decrease in sensitivity to a large subset of normal physiological signals, as defined earlier. We now suggest that Zn at physiological concentrations is a permissive factor that is essential for normal signal transduction by cell plasma membranes. A lack of Zn in cell plasma membranes desensitizes the membranes to signal molecules and causes the cell to be anesthetized to normal external stimuli rather than to be destabilized. In terms of Zn deficiency pathology at the cellular level, an insensitivity of the membrane to external stimuli may be the basis for decreased platelet Ca<sup>2+</sup> uptake and aggregation (impaired response to ADP, collagen, and arachidonic acid), decreased lymphocyte mitogenicity (impaired response to some lectins), decreased neutrophil chemotaxis (impaired response to FMLP), decreased macrophage phagocytosis (impaired response to opsonins), decreased capillary endothelial cell control of vasodi-

lation (impaired response to bradykinin, angiotensin), and decreased Ca<sup>2+</sup> uptake by synaptosomes (impaired responsiveness to glutamate). A lack of Zn in cell plasma membranes apparently causes a heterologous desensitization<sup>238-241</sup> of receptors to signal molecules that is uniquely expressed by each cell type. It is important to note that the membrane defect characteristic of short-term, severe dietary Zn deficiency is principally one of dose/response to external signalling molecules; the cell from a Zn-deficient animal has a diminished response to a given dose of agonist.

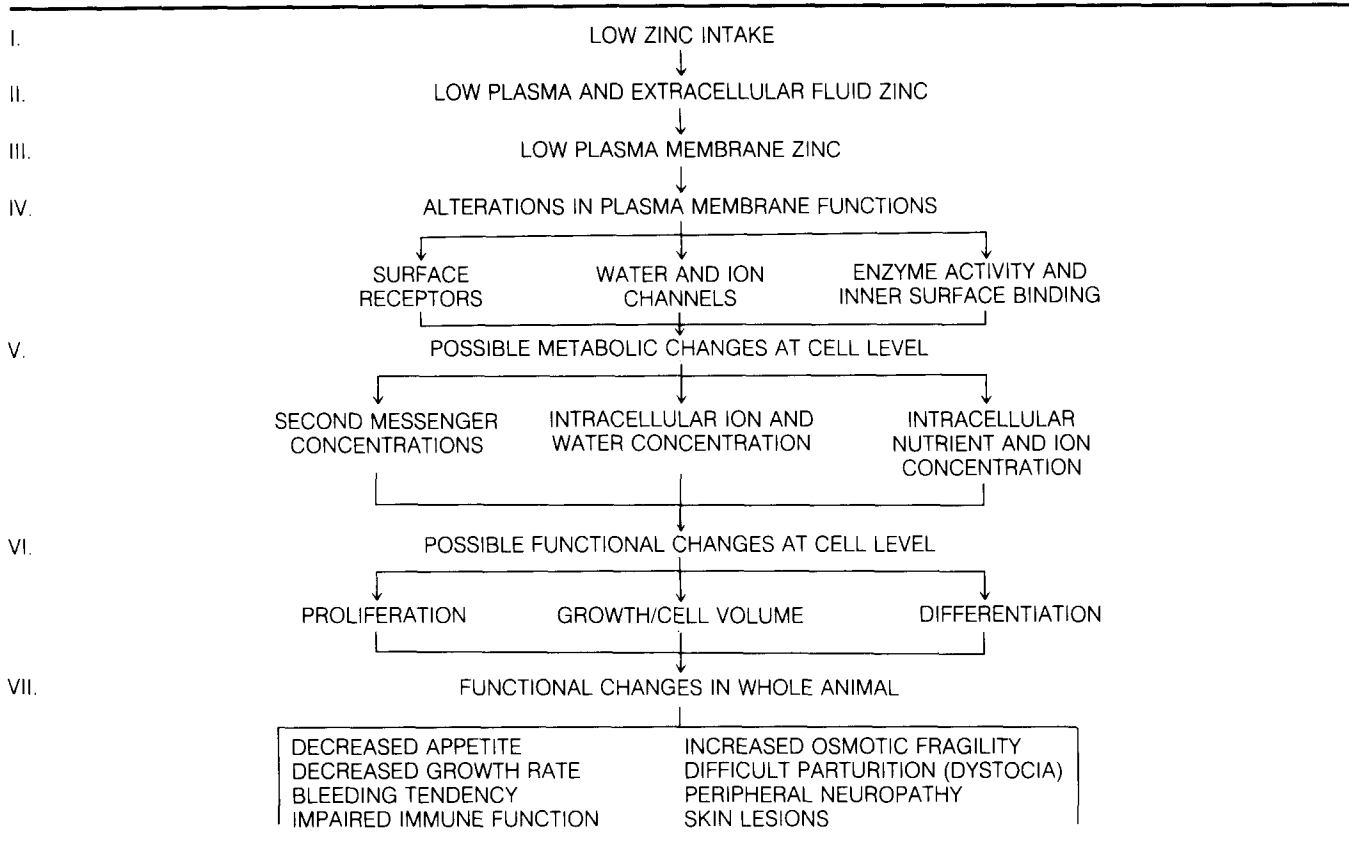
### Possible sequence of events during the development of zinc deficiency pathology

Speculation as to the mechanism by which Zn deficiency produces pathology in animals seems appropriate. Dietary deprivation of Zn rapidly leads to a low concentration of Zn in plasma and other extracellular fluids. This is followed by a decreased Zn concentration in the cell plasma membrane although no change in the total cell Zn is detectable. The specific locations of the Zn binding sites in the plasma membrane are unknown, but binding may occur on the outer surface, within aqueous channels through the lipid bilayer, or on the inner surface of the membrane. Other cations, such as Ca<sup>2+</sup>, Mg<sup>2+</sup>, Cu<sup>2+</sup>, and Fe<sup>2+</sup>, may compete for these sites and further decrease Zn concentration. Transition metals may also catalyze the oxidation of sulfhydryl groups leading to decreased numbers of Zn binding sites.

The following scenario can be visualized. Loss of Zn from specific proteins in the plasma membrane results in alterations of surface receptors, water and ion channels, and the binding of enzymes/proteins to the inner surface of the membrane. Defects in these critical structures lead to a desensitization of the cell to external signal molecules and to functional changes at the cellular level. Consequently, the concentrations of second messengers and the activities of ion pumps change. In this regard, it is known that the number of prostaglandin binding sites on platelets is decreased, calcium uptake by platelets and cortical synaptosomes is decreased, Na,K-ATPase activity in sciatic nerve is decreased, and Ca-ATPase activity in erythrocyte membranes is decreased. Following malfunction of the plasma membrane components, one would expect a decreased rate of cell proliferation, growth, and differentiation, including lymphocyte maturation, spermatogenesis, and keratinocyte differentiation. Intra- and extra-cellular water distribution and intracellular ion concentrations change. There is a loss of appetite. Without the stimulation of growth factors, nutrient uptake by cells is impaired. These alterations of cell function may explain much of the gross pathology associated with Zn deficiency in animals.

### Summary and future research directions

The diversity of the functions of Zn in biological systems is gradually being elucidated. A new appreciation

**Table 4** Sequence of events during dietary zinc deprivation

of the vital functions of Zn in the structure and function of non-enzymic proteins has attracted scientists from many disciplines to study Zn metabolism and function. In spite of recent discoveries, the biochemical basis of Zn deficiency pathology in animals remains unelucidated. This review describes one hypothesis to explain the mechanism of Zn deficiency pathology. Cells in Zn-deficient animals lose Zn from their plasma membranes, which results in a desensitization of the membrane to signal transduction. Ultimately, overt signs of dietary Zn deficiency may be attributable to this abnormality. Though Zn may have pharmacological use as a membrane stabilizer, Zn should no longer be considered to exert a critical physiological role in the stabilization of cell plasma membranes. Alternatively, Zn should be considered a permissive factor for normal cell signalling. Zn exerts its permissive role by binding to and maintaining appropriate tertiary and/or quaternary structure in multiple cell plasma membrane proteins.

Future research on the critical physiological roles of Zn in cell plasma membranes should focus on three areas. First, the plasma membranes from many cell types should be analyzed for Zn under conditions of variable extracellular Zn. Speciation of Zn in the plasma membrane under these conditions should be examined. Second, when the identities of the plasma membrane proteins that are sensitive to a loss of Zn are estab-

lished, the roles of Zn in the structure and function of these proteins need to be defined. Finally, the effect of dietary Zn deficiency on cell plasma membranes should be compared with the effect of stress and/or infection on cell plasma membranes, because both of these conditions cause a decrease in extracellular Zn concentration.<sup>242</sup>

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