ORIGINAL ARTICLE

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Immunolocalization of extracellular matrix proteins and integrins in sarcoid lymph nodes

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Abstract To improve our understanding of the role of extracellular matrix (ECM) proteins and integrins during the processes of granuloma formation in sarcoidosis, we examined the distribution of ECM proteins and the expression of integrins in sarcoid lymph nodes by immunohistochemical methods. We also examined the expression of transforming growth factor-β1 (TGF-β1), which is one of major regulators for synthesis of ECM proteins. Most ECM proteins were detected in the periphery of the granulomas in a concentric pattern, and fibronectin was diffusely detected from an early to a regressive stage. Compared with normal lymph nodes, most β1-integrin subfamilies (α 1, α 4, α 5 and α 6) were more strongly expressed on lymphocytes around the granulomas. Epithelioid cells exhibited strong expression of the $\alpha 5$ molecule. Fibroblasts exhibited the expression of the α 2 and α 5 molecules surrounding ECM proteins. The α 5 β 1 molecule had a distribution similar to that of fibronectin. TGF-β1 was detected in epithelioid cells throughout the various evolutional stages and its expression was especially marked in mature granulomas. Interaction of fibronectin and the α5β1 molecule may have an important role in the process of formation of sarcoid granuloma. The expression of TGF-\(\beta\)1 may be involved in the regression of sarcoid granuloma by initiating fibrosis and atrophy of epithelioid cells.

Key words Adhesion molecule \cdot Extracellular matrix proteins \cdot Transforming growth factor- $\beta 1$ \cdot Granuloma formation and regression \cdot Sarcoidosis

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Introduction

Integrins are heterodimeric molecules that are composed of α and β chains, and they have important roles in cell–cell and cell–matrix interactions. In particular, most receptors for extracellular matrix (ECM) proteins belong to the integrin subfamily, and integrins have different specificities for ECM proteins such as collagen, fibronectin, and laminin [9, 14, 25]. In inflammation, it is very important for leukocytes to adhere to endothelial cells, to emigrate into inflammatory sites, and to remain at the affected sites. Both β 1-integrins on leukocytes and β 2-integrins make a large contribution to these phenomena by adhering to ECM proteins [22, 23].

In sarcoidosis, the unknown causative agent leads to the accumulation of activated CD4+ lymphocytes and macrophages and to granuloma formation [5, 12, 13]. Several investigators [4, 17, 18] have reported on the distribution of ECM proteins and integrin expression in sarcoid granuloma. However, there have been few reports on these distributions in the different evolutional stages. Transforming growth factor- β 1 (TGF- β 1) is one of the most important cytokines for the regulation of ECM protein synthesis [15] and can influence the expression of β_1 -integrins [8, 26]. Wishing to understand the role of ECM proteins and integrins in the processes of granuloma formation and regression better, we studied the distribution of ECM proteins and the expression of integrins and of TGF- β 1 in sarcoid lymph nodes in each evolutional stage.

Materials and methods

Scalene lymph nodes were obtained at surgery for diagnostic purposes from 25 untreated patients whose histological findings were consistent with sarcoidosis (non-caseating epithelioid cell granulomas). Informed consent was obtained from all patients. These patients had no evidence of mycobacterial, fungal, or parasitic infection. None had a history of exposure to organic or inorganic materials known to cause granulomatous disorders. Histological findings of sarcoid lesions in scalene lymph nodes differed according to the evolutional stage. In a previous study [1], sarcoid lymph

nodes were classified into three stages according to the histological findings: (1) early stage, consisting of sinus histiocytosis or some immature granulomas (n=5); (2) active stage, containing a lot of mature granulomas, occasionally with polynucleated giant cells (n=12); and (3) regressive stage, showing fibrosis or hyalinosis in most granulomas, with degeneration and atrophy of epithelioid cells (n=8). Control lymph nodes were obtained from 8 patients who underwent pulmonary, gastric or colic resection for cancer. The control lymph nodes showed no abnormal findings.

Large fragments of lymph nodes were fixed with 10% formalin and embedded in paraffin for routine histological examinations. Small fragments of lymph nodes were embedded in optimal cryopreserved tissue compound (Miles, Elkhart, Ind.), snap-frozen in liquid nitrogen, and stored at –80°C until cryostat sectioning.

The antibodies used in the present study are listed in Table 1. We investigated the expression of three groups of molecules: (1) ECM proteins including collagen I, collagen III, collagen IV, fibronectin, laminin, vitronectin and tenascin; (2) cell–matrix adhesion molecules: $\alpha 1$, $\alpha 2$, $\alpha 3$, $\alpha 4$, $\alpha 5$, $\alpha 6$, αv , $\beta 1$ and $\beta 4$ integrin molecules; and (3) TGF- $\beta 1$.

Table 1 Primary antibodies

Antigen	Antibody	Source [reference]
Integrins		
α1	TS2/7	Dr. M. Hemler [10]
$\alpha 2$	12F1	Dr. V. Wood [19]
α3	J134	Dr. T. Albino [7]
α4	8F2	Dr. M. Hemler [11]
α5	BIIG2	Dr. C. Damsky [27]
	SAM1	Immunotech
α6	GoH3	Dr. A. Sonnenberg [24]
αv	VRN147	Chemicon
β1	AJ2	Dr. T. Albino [3]
β4	439-9B	Dr. S.J. Kennel [16]
Extracellular mat	rix proteins	
Collagen I	Polyclonal	Chemicon
Collagen III	Polyclonal	Chemicon
Collagen IV	Polyclonal	Life Technologies
Fibronectin	Polyclonal	Dako
Laminin	Polyclonal	Chemicon
Vitronectin	M2	Iwaki
Tenascin	TN2	Life Technologies
TGF-β1	Polyclonal	King Brewing

Table 2 Distribution of ECM proteins in human sarcoid lymph nodes (*RCs* reticular cells, *CI* collagen I, *CIII* collalgen III, *Fn* fibronectin, *CIV* collagen IV, *Ln* laminin, *Vn* vitronectin, *Tn* tenas-

An indirect immunoperoxidase technique was applied for all antibodies. To stain vitronectin and integrin subunits, 5-µm sections of frozen tissue were cut with a cryostat. After being airdried at room temperature, sections were fixed in cold acetone for 10 min. After rehydration in phosphate-buffered saline (PBS), sections were preincubated with normal goat or rabbit serum for 30 min to remove nonspecific binding, and then incubated with primary antibody in an appropriate dilution for 60 min at room temperature. After being washed with PBS, the slides were sequentially incubated with biotin-conjugated goat anti-mouse or rabbit anti-rat immunoglobulin antibody for 30 min, followed by avidin-biotin-peroxidase complex (Vecter Laboratories, Berlingame, Calif.) for 30 min, with three fold washing with PBS for 5 min between each step. The sections were finally incubated with 0.03% hydrogen peroxide and 0.05% 3,3'-diaminobenzidine. Slides were then washed in running tap water, counterstained with hematoxylin, and mounted in Canadian balsam.

To stain ECM proteins, except vitronectin, αv molecule and TGF- $\beta 1$, formalin-fixed, paraffin-embedded sections were used. Before incubation with primary antibody, the sections were treated with 0.1% trypsin (Sigma, St Louis, Mo.) in 50 mM Tris-hydrogen chloride (pH 7.6) for 120 min at 37°C (for ECM protein staining) and with 1000 U/ml hyaluronidase (Worthington Biochemical, Frehold, N.J.) in 50 mM sodium acetate, 0.85% sodium chloride, for 20 min at 37°C (for TGF- $\beta 1$ staining). Immunohistochemistry of the formalin-fixed sections was performed according to the procedure mentioned above. Biotin-conjugated goat anti-rabbit or anti-mouse immunoglobulin antibody was used as the second antibody. Normal mouse, rat, or rabbit immunoglobulin was used as a negative control. No significant reaction occurred in these cases.

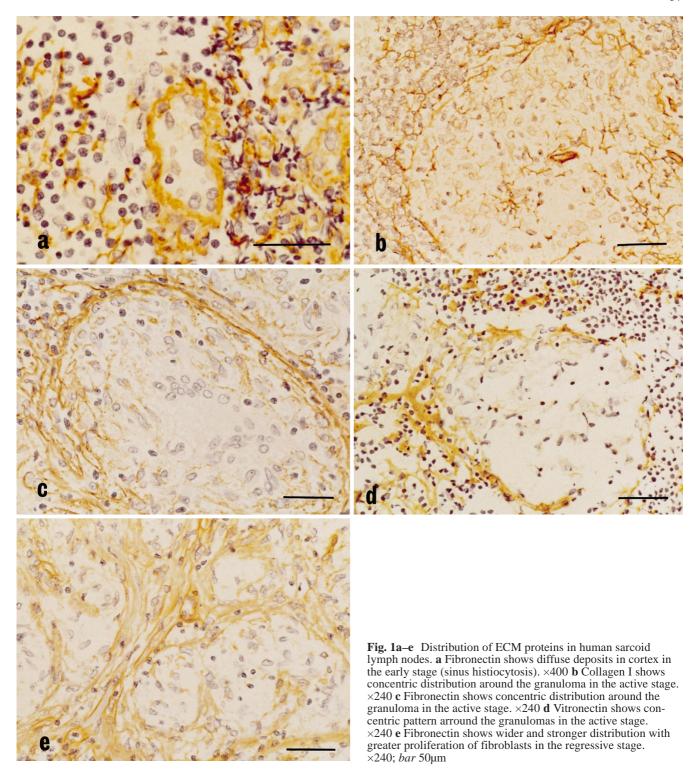
Results

Normal lymph nodes

Each of the ECM proteins was distributed at various sites (paracortex, follicle and medulla) of normal lymph nodes. Capillary vessels, including high endothelial venules (HEVs), were positive for all ECM proteins except vitronectin. In paracortex, fibroblastic reticular cells (RCs) were positive for all ECM proteins, but in medulla, RCs showed negative staining for collagen IV, laminin and vitronectin. Fibrillar collagens including collagen I and collagen III were predominantly observed in

cin; ++ strongly stained, + moderately stained, +w weakly stained, - no staining, * partial structure stained, † concentrical distribution in periphery of granuloma)

Stage	Site	CI	CIII	FN	CIV	LN	VN	TN
	Granulomas	$+w^{\dagger}$	$+w^{\dagger}$	+†	_	_	$+w^{\dagger}$	$+w^{\dagger}$
Early	Around granulomas Capillaries RCs	+w +*	+w +	++	+ +*	+	++	+++
	Granulomas	+†	+†	+†	_	_	+†	+†
Active	Around granulomas Fibroblasts Capillaries	+w +w	+w +w	++	- +	_ +	++	+* +*
	Granulomas	++†	++†	$++^{\dagger}$	_	_	++†	++†
Regressive	Around granulomas Fibroblasts Capillaries	++ +w	++ +w	++ +	- +	- +	++++	++



reticular fiber bundles. Follicular dendritic cells (FDCs) in follicles were positive only for vitronectin. Tenascin was detected in endothelial cells and some RCs.

Lymphocytes were positive for the $\beta1$ and $\alpha4$ molecules, and some of them were positive for the $\alpha5$ and $\alpha6$ molecules. No $\alpha1$, $\alpha2$, $\alpha3$, α v or $\beta4$ molecules were found in lymphocytes. The integrin expression of macro-

phages, although weak, was closely similar to that of lymphocytes. Endothelial cells, including HEVs, were positive for all integrin subunits except the α 4 molecule.

TGF- β 1 was weakly expressed in RCs and some macrophages.

Table 3 Expression of integrin subunits in human sarcoid lymph nodes (+ strongly or moderately stained, +w weakly stained, - no staining, * some of cells stained)

Site	α1	α2	α3	α4	α5	α6	αν	β1	β4
Within granuloma									
Epithelioid cells	_	_	_	$+\mathbf{w}$	+	$+\mathbf{w}$	+*	+	_
Lymphocytes	+w*	_	_	+	+	+*	_	+	_
Multinucleated giant cells	_	_	_	$+\mathbf{w}$	+	$+\mathbf{w}$	-	+	_
Without granuloma									
Lymphocytes	+*	_	$+w^*$	+	+	+*	_	+	_
Macrophages	+*	_	$+w^*$	+	+	+w*	_	+	_
Fibroblasts	_	+	_	_	+	_	+	+	_
Endothelial cells	+*	$+\mathbf{w}$	+*	_	+	+	+	+	+

Sarcoid lymph nodes

Data on the distribution of ECM proteins in sarcoid lymph nodes are summarized in Table 2. In the early stage, marked angiogenesis occurred. All ECM proteins examined in this study were found to be associated with vessels and capillaries, and also with RCs, except for laminin. Fibronectin exhibited diffuse distribution with fibrillar pattern and a focal deposit in the paracortex in sinus histiocytosis (Fig. 1a). In immature granulomas fibronectin was detected in a concentric pattern in the periphery of the granulomas.

In the active stage of sarcoid lymph nodes, all the ECM proteins except collagen IV and laminin were easily detected in a concentric pattern in the periphery of the granulomas and were seen faintly with a fibrillar pattern within and around the granulomas (Fig. 1b–d). In the regressive stage of sarcoid lymph nodes all the ECM proteins except for collagen IV and laminin were more diffusely and more strongly expressed within and around the granulomas, with a more active proliferation of fibroblasts than in the active stage (Fig. 1e).

Data on the expression of integrins in sarcoid lymph nodes are summarized in Table 3. The expression of integrins was almost the same in all the various evolutional stages. In the regressive stage, most epithelioid cells showed degeneration and atrophy. Therefore, it was very difficult to clarify whether integrin expression in epithelioid cells on frozen sections was positive or not. Almost all epithelioid cells expressed the $\alpha 5$ and $\beta 1$ molecules, while epithelioid cells in the periphery of the granulomas expressed the av molecule. Lymphocytes within and around the granulomas expressed the $\alpha 5$ and $\beta 1$ molecules, while lymphocytes around the granulomas expressed the $\alpha 4$ molecule (Fig. 2a-c). The $\alpha 5$ molecule was diffusely expressed in sarcoid lymph nodes, and its expression corresponded with the distribution of fibronectin. Expression of the αν molecule corresponded with the distribution of vitronectin. Expression of the α4 molecule was not related to the distribution of fibronectin.

In sarcoid lymph nodes, TGF- β 1 was detected in the granulomas throughout all evolutional stages. Epithelioid cells, including polynucleated giant cells in mature granulomas in the active stage, had stronger TGF- β 1 expres-

sion than those in immature granulomas (Fig. 3). In the regressive stage, degenerated and atrophic epithelioid cells had weaker expression of TGF- β 1. Fibroblasts showed positive staining.

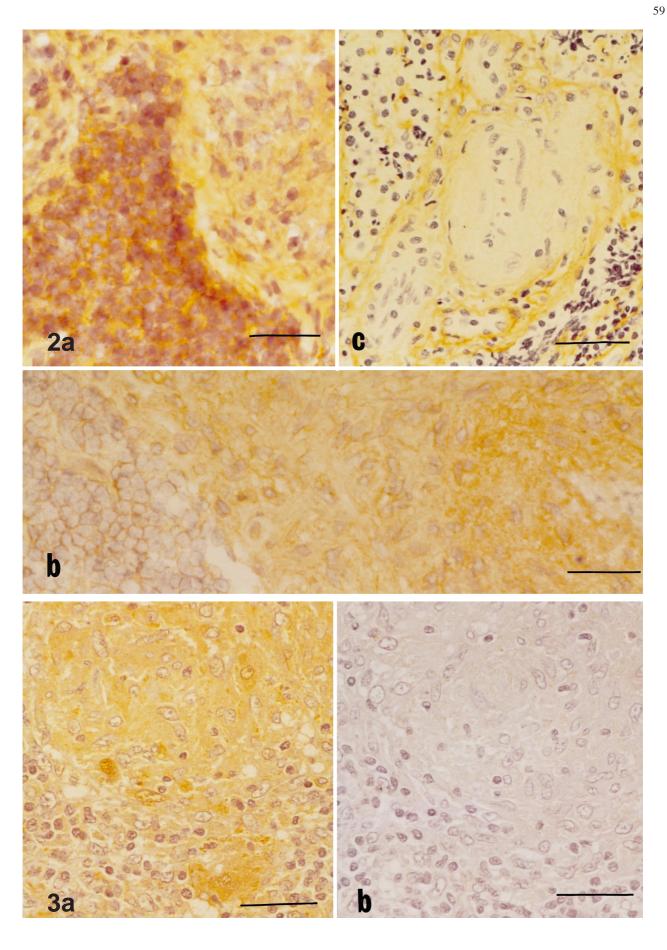
Discussion

In this study, we document the characteristic distribution of ECM proteins in sarcoid lymph nodes in each evolutional stage. Deposits of fibronectin and of vascular related collagen IV and laminin were observed at sites of angiogenesis in the early stage. Although most ECM proteins were distributed in the periphery of mature sarcoid granulomas with concentric pattern, fibronectin was most intensively stained in the active stage. In the regressive stage, most ECM proteins were diffusely distributed within and around the granulomas, with a proliferation of fibroblasts. The present results are in agreement with the results described by Peyrol et al. [18] (collagen I, III, and IV, and laminin, and fibronectin) and Chilosi et al. [4] (tenascin). To our knowledge, this is the first report on the immunohistochemical distribution of vitronectin in sarcoid granulomas.

This study demonstrates the expression of the $\alpha 5\beta 1$ molecule on lymphocytes, macrophages and epithelioid cells within granulomas and expression of the $\alpha 4\beta 1$ and $\alpha 5\beta 1$ molecules on lymphocytes and macrophages around granulomas. The $\alpha \nu$ molecule was found on epithelioid cells in the periphery of granulomas and fibroblasts around granulomas. The expression of the $\alpha 5$ and $\alpha \nu$ molecules on these cells was closely associated with the immunohistochemical distribution of fibronectin and vitronectin, respectively. The expression of the $\alpha 4\beta 1$

Fig. 2a–c Expression of integrins of human sarcoid lymph nodes. **a** The α 4 molecule is strongly positive for lymphocytes around the granulomas. ×400 **b** The α 5 molecule is positive for epithelioid cells, and positive for lymphocytes within and around the granuloma. ×400 **c** The α v molecule is positive for epithelioid cells in the periphery of the granulomas and fibroblasts. ×400; *bar* 50μm

Fig. 3a, b Expression of TGF- β 1 of human sarcoid lymph nodes. **a** Epithelioid cells are diffusely positive. ×400 **b** Negative control. ×400; *bar* 50 μm



molecule is not related to the distribution of fibronectin. In sarcoid lesions, fibronectin binds to epithelioid cells on electron-microscopic examination [18]. Limper et al. [17] have found that the $\alpha 5\beta 1$ molecule is located in a distribution similar to that of fibronectin in pulmonary sarcoidosis, and our result is in accordance with their paper. It has been reported that fibronectin increases cell spreading, migration and proliferation, and up-regulates production of cytokines through interaction between the α5β1 molecule and fibronectin [20]. Interaction of fibronectin and the α5β1 molecule on lymphocytes and macrophages may induce their proliferation and the production of cytokines, and may be one of the most important processes in the differentiation of cells from macrophages to epithelioid cells, resulting in sarcoid granuloma formation.

In sarcoid granulomas, fibrosis is observed in the periphery of granulomas even in the active stage, and it progresses into the inner area of granulomas. In the regressive stage, sarcoid granulomas finally disappear as a consequence of fibrosis and hyalinosis. The present study documents abundant expression of ECM proteins (collagen I and III, fibronectin, vitronectin and tenascin) in the regressive stage and expression of the $\alpha 2$, $\alpha 5$ and αν molecules of fibroblasts in sarcoid lymph nodes. It also demonstrates the staining of TGF-β1 throughout the various stages of sarcoid lymph nodes; intensive staining of TGF-β1 was found in mature granulomas. Fibroblasts in the regressive stage also exhibited TGF- β 1 expression. Recently, Limper et al. [17] also reported that TGF-β1 was immunohistochemically detected in sarcoid granulomas of the lung. A number of lines of evidence support a role of TGF-β1 in tissue repair and fibrosis [7, 8, 15, 26]. TGF-β1 enhances the gene expression of ECM proteins, including fibronectin and collagen, and their corresponding cell surface receptors (the $\alpha 2\beta 1$ and $\alpha 5\beta 1$ molecules, etc.) in vitro. In addition, TGF-β1 suppresses the synthesis of matrix-degrading proteinases and enhances the expression of proteinase inhibitors in cultured fibroblasts. TGF-β1 also possesses immunosuppressive effects and regulates cellular proliferation [21]. Although the mechanisms of fibrosis in sarcoidosis have not been clear, TGF-\(\beta\)1 may have an important role in fibrosis and regression of sarcoid granulomas.

A recent study has shown that β 1-integrins are involved in cell survival [2]; β 1-integrins are the major transmitters of ECM-derived signals to the cells, for regulation of apoptosis. Although speculative, there may be a possibility that the change of contact between β 1-integrins on the cells of sarcoid granulomas and ECM proteins induces apoptosis of these cells during the process of sarcoid granuloma regression.

The interaction between fibronectin and the $\alpha 5\beta 1$ molecule may be important in granuloma formation. TGF- $\beta 1$ may also be important in granuloma regression.

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