

ORIGINAL ARTICLE

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Glomerular expression of cell-cycle-regulatory proteins in human crescentic glomerulonephritis

Received: 29 January 1999 / Accepted: 1 April 1999

Abstract To elucidate the mechanism underlying crescentic formation, we assessed the phenotypic characterization and cell-cycle protein expression in human crescentic glomerulonephritis (CRGN). Kidney tissue specimens taken from CRGN patients (10 patients with pauci-immune type rapidly progressive glomerulonephritis (RPGN), 2 patients with Henoch-Schönlein purpura nephritis, and 1 patient with IgA nephropathy) were examined immunohistochemically. Most of the cellular components of the crescents expressed cytokeratin, whereas few cells expressed PHM-5. CD68-positive cells were minor components of cellular crescents, indicating that the major principal cellular component of the crescents is made up of cells with the parietal glomerular epithelial cell (PEC) phenotype. Additionally, serial section analysis revealed that Ki-67-positive cells in the crescents were frequently cyclin-A positive and Bcl-2 positive, but seldom cyclin-B₁ positive. Moreover, the expression of cyclin-dependent kinase inhibitor p27^{Kip1} was low in the cellular crescents, despite being exclusively positive in podocytes within the same section. We concluded that the major component of the cellular crescents is made up of PECs and that apparent expression of cyclins and Bcl-2 and restrained expression of p27^{Kip1} may be synergistically associated with the development of cellular crescents in human CRGN.

Key words Cellular crescents · Cyclin · p27^{Kip1} · Parietal glomerular epithelium · Proliferation · Crescentic glomerulonephritis

Introduction

Glomerular crescents are a central pathological feature of human rapidly progressive glomerulonephritis (RPGN). Crescentic glomerulonephritis (CRGN) is the counterpart of RPGN, in which glomeruli with cellular crescents result in glomerulosclerosis. It has been shown that the population of glomeruli with crescent formation in biopsy specimens correlates well with outcome [19, 36]. Elucidating the origin of the cellular components and the mechanism of cell proliferation in the cellular crescents is important for better understanding of the pathogenesis of crescent formation.

Classically, the cellular origin of crescents was believed on the basis of electron microscope studies [18], to be in the glomerular epithelial cells (GECs). In contrast, immunohistochemistry with recently established cellular markers for monocytes has indicated that monocytes/macrophages are the major component of crescents in human and experimental CRGN, as revealed by in vivo and in vitro studies [1, 8, 15, 34]. Cattell et al. [3] identified major involvement of parietal glomerular epithelial cells (PECs) in experimental crescentic glomerulonephritis in the rabbit. Yoshioka et al. [37] have used several antibodies against monocytes/macrophages for human crescentic glomerulonephritis and concluded that these inflammatory cells are minor factors in the cellular crescents. Several studies have shown that the predominant cellular component in glomerular crescents is epithelial in histogenesis, rather than having a monocytes/macrophage origin, as revealed by cytokeratin expression [7, 11, 17]. Candidates for the origin of the proliferating epithelial cells in the crescent include GECs and PECs. However, the expression of podocytic markers in glomeruli with cellular crescents has not been demonstrated.

GECs, generally referred to as podocytes, have been shown to be postmitotic cells that have a minimal capacity to proliferate [24]. Although the cell cycle of podocytes is quiescent in normal mature glomeruli, podocytes can become a component of crescents if they undergo

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proliferation. PECs are not postmitotic cells and when stimulated may undergo proliferation and contribute to crescent formation. Thus, evaluation of the phenotype to determine the cellular background of crescent formation in human CRGN may provides important data that could help us to understand the cellular features of crescents.

Cell proliferation is ultimately governed at the level of cell cycle regulatory proteins [27]. Progression of the cell cycle depends on the balance of positive and negative cell cycle regulatory proteins, namely cyclins and cyclin-dependent kinase inhibitors (CKIs) [25, 32]. The work done by Shankland et al. in nephron-reduced models [28], experimental mesangial proliferative glomerulonephritis [29] and mesangial cells in culture [30] suggests that the balance between positive and negative cell cycle regulatory proteins has an important role in mesangial cell proliferation. These observations led the authors to argue that a cell-cycle-dependent mechanism may be responsible for the cell proliferation that determines progressive glomerular injury. However, the epithelial cell cycle regulatory system and its role in progressive crescent formation have not been well characterized.

Recently, we [22] and other [4] have shown that CKIs, such as p27^{Kip1} and p57^{Kip2}, are strongly expressed in podocytes at terminal differentiation. This suggests that CKIs are among the determinants of cell cycle stability in mature podocytes. Since vigorous cell proliferation is the nature of cellular crescents, we set up the hypothesis that alteration of cell cycle regulatory proteins might provide information on the mechanism responsible for crescent formation.

The aims of the present study were to determine the cellular phenotype of human glomerular crescents in vivo and to investigate the expression of cell cycle regulatory proteins in crescent formation. Our results suggested that cellular crescents are composed of PEC phenotypic cells that show up-regulation of cyclins concurrent with restrained expression of p27^{Kip1}.

Materials and methods

The CRGN patients were 10 patients with pauci-immune type RPGN, 2 patients with Henoch-Schönlein purpura nephritis, and 1 patient with IgA nephropathy. Kidney tissue specimens were obtained from the 13 CRGN patients by percutaneous needle or wedge biopsy, fixed in 10% buffered formaldehyde for 24 h and embedded in paraffin. Six renal specimens in which no morpho-

logical abnormalities were revealed on light and immunofluorescent microscopy were used as controls; these had been obtained from patients with microscopic haematuria or kidney transplants.

The tissues were stained with periodic acid-Schiff (PAS) and periodic acid-silver methenamine (PAM). The pathological features of the glomeruli were assessed by light microscopy. The biopsy specimens were evaluated for the number of glomeruli exhibiting different types of glomerular crescents. The percentage of glomeruli exhibiting cellular, fibrocellular, and fibrous crescents on serial sections was calculated as glomeruli with crescents/total glomeruli in all sections.

The monoclonal antibodies used in this study, together with the characteristics of the antigens which they recognize and appropriate references, are listed in Table 1. The specificities of these antibodies have been well characterized in previous studies. Consistent immunoreactivity of a monoclonal antibody against CD68, which recognizes macrophages/monocytes, for kidney tissue has already been demonstrated [21]. PHM-5 is a specific monoclonal antibody, which recognizes a podocyte antigen and has been characterized as previously described [9]. LSAB staining kit was purchased from Dako, Glostrup, Denmark. The specificity of the antibodies against cyclin A, cyclin B₁ and p27^{Kip1} was previously demonstrated by Western blotting [22].

The biopsy specimens were evaluated on serial sections for immunohistochemical staining. In paraffin-embedded tissue sections, the streptavidin-biotin method was used, with a LSAB staining kit, as previously described [12, 20]. The sections were immersed in a glass container containing 10 mmol/l sodium citrate buffer pH 6.0) and processed in an autoclave for 10 min at 121°C. In the CD68 staining procedure, the sections were preincubated for 5 min with a proteinase K enzyme digestion kit in Tris-HCl solution (Dako). Incubation (4°C, overnight) with primary antibodies was followed by incubation for 30 min with biotinylated antibodies against mouse IgG (Dako), and colour was then developed by incubation with 3,3'-diaminobenzidine in phosphate-buffered saline (PBS) with 1% H₂O₂. Finally, some sections were counterstained with PAS reagent and PAM.

As negative and positive controls for immunostaining the normal kidney tissues described above were fixed by the same procedures as were applied to renal tissues and treated either with primary antibodies, normal mouse serum, or PBS alone. Positive staining with primary antibodies served as positive controls, while kidney tissues incubated with either irrelevant monoclonal antibodies or PBS alone were entirely negative for immunostaining as negative controls (data not shown).

Results

Since glomerular crescents were heterogeneous even in the same patient, we evaluated the percentage of glomeruli exhibiting cellular, fibrocellular, and fibrous crescents among all glomeruli in all the patients. The numbers of glomeruli containing different types of crescents were divided by the total number of glomeruli, and the aver-

Table 1 Characteristics of monoclonal antibodies used in this study

Designation	Class	Molecule recognized	Dilution	Commercial supplier	References
Anti-cytokeratin	IgG1/IgG2a (mixture)	Pan-cytokeratin	1:100	Sigma Chemical	[14]
PHM-5	IgG1	Podocyte antigen	1:50	Silenus Laboratories	[9]
PG-M1	IgG3	CD68	1:100	Dako	[5]
MIB-1	IgG1	Ki-67	1:100	Immunotech	[13]
Anti-Bcl-2	IgG1	GAAPAPGIFSSQPGC	1:100	Novo Castra Laboratories	[16]
H-432	IgG	Cyclin A	1:500	Santa Cruz Biotechnology	[2]
GNS1	IgG1	Cyclin B1	1:1000	Santa Cruz Biotechnology	[6]
Kip 1	IgG1	p27 ^{Kip1}	1:200	Transduction Laboratories	[26]

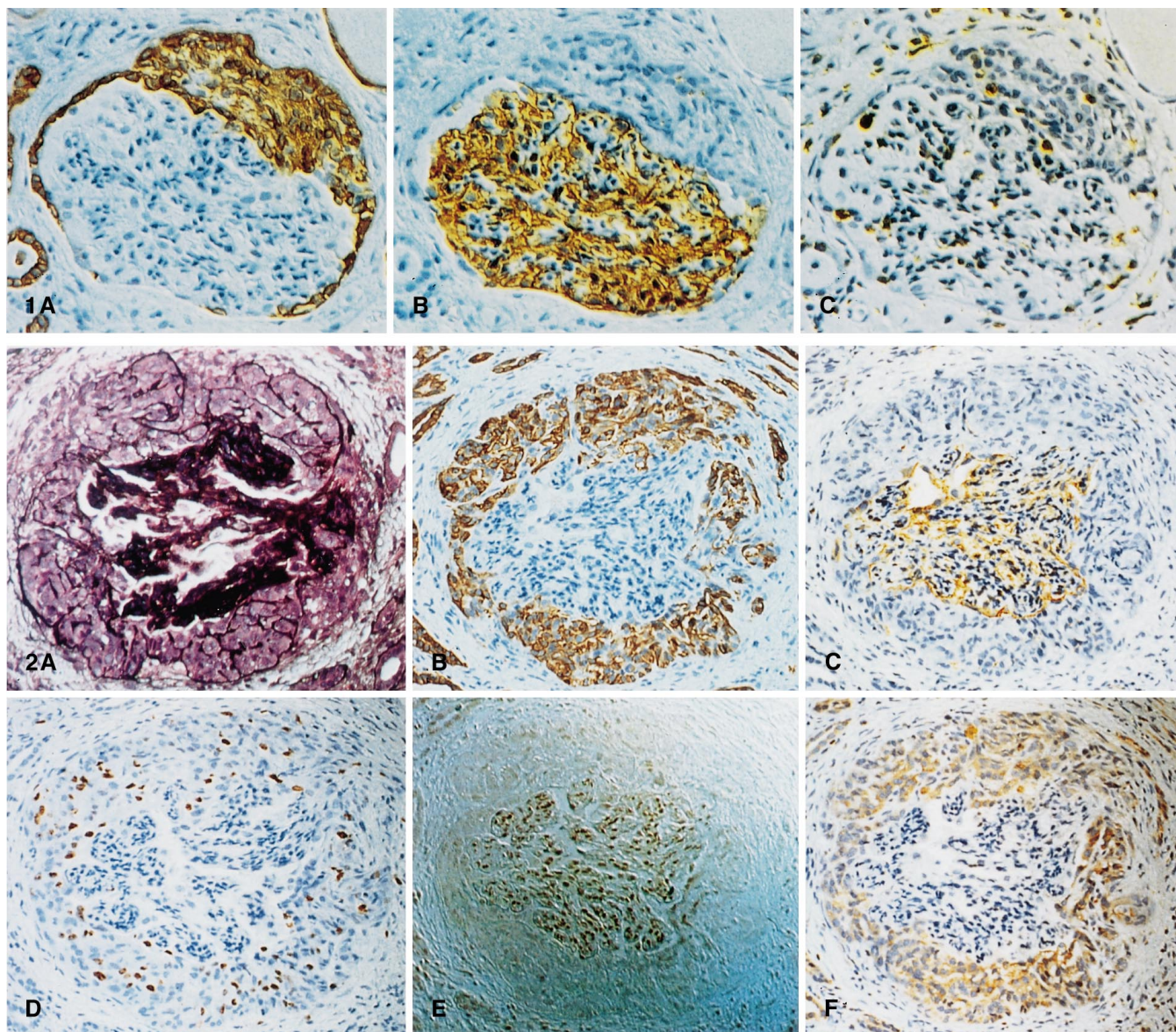


Fig. 1 Immunohistochemical localization of **A** cytokeratin, **B** PHM-5, and **C** CD68 in a glomerulus from a patient with crescentic glomerulonephritis. Cellular crescents expressed abundant cytokeratin, whereas PHM-5 immunoreactivity is abolished. Few cells in the cellular crescents expressed CD68. Magnification $\times 200$

Fig. 2 **A** PAM staining and **B** expression of cytokeratin, **C** PHM-5, **D** Ki-67, **E** p27^{Kip1} and **F** Bcl-2 in the circumferential cellular crescents of a patient with crescentic glomerulonephritis. Cellular crescents clearly express both cytokeratin and Bcl-2. Note the frequent expression of Ki-67, despite the absence of p27^{Kip1}. Podocytes in the collapsed tuft expressed p27^{Kip1}. Magnification $\times 200$

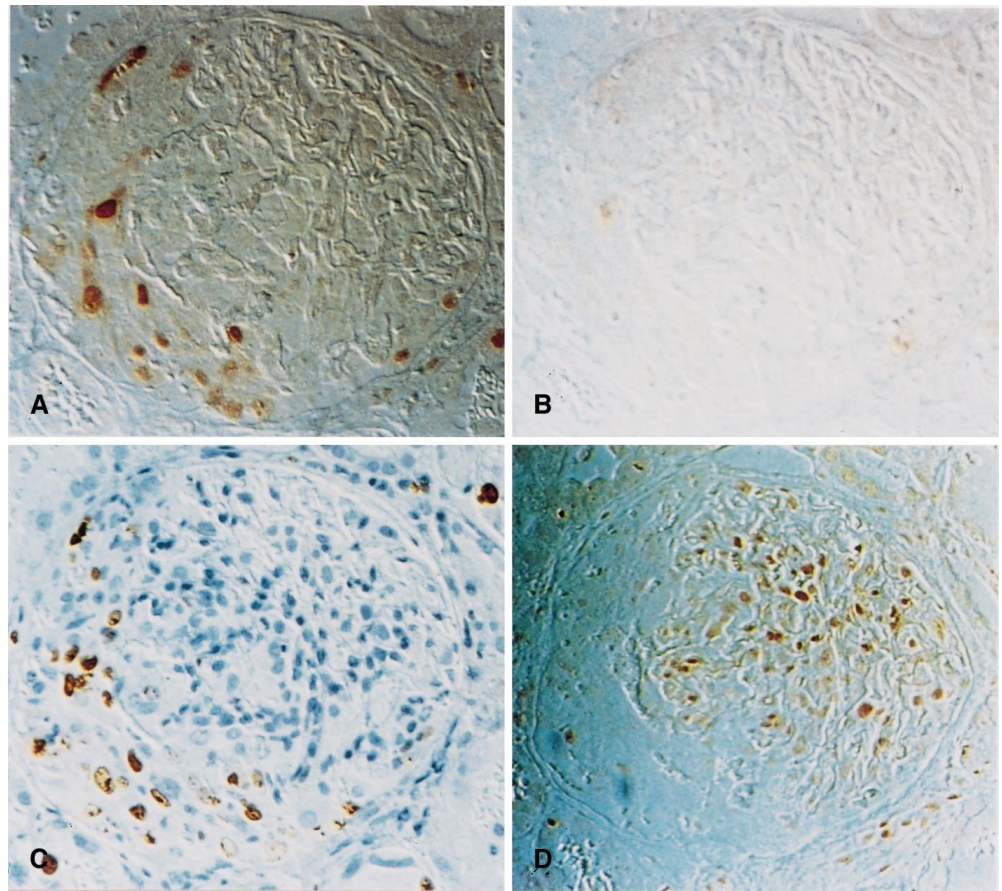
age in each patient was calculated by two investigators (K.N. and M.N.). A total number of 114 glomeruli was observed in all the patients. Fibrous crescents were present in only 9.6% of the glomeruli (11/114). Cellular crescents appeared in 47.4% of the glomeruli (54/114), while fibrocellular crescents were seen in 31.6% (36/114) of the glomeruli. Thus, the specimens included the relative-

ly early stage of crescent formation and were adequate for use in investigation of the cellular features of crescents.

As shown in Fig. 1, serial section analysis revealed that most of the cellular component of the crescents expressed cytokeratin. Only a small number of cells stained with PHM-5. Few cells expressed CD68. These results suggest that the major constituents were cells with the PEC phenotype and that macrophages/monocytes were minor components in cellular crescents. However, the contribution of the cells expressing CD68 may alter in different types of crescent in human CRGN.

The cellular component of the crescents frequently expressed Ki-67 concurrent with cytokeratin and Bcl-2 (Fig. 2). These results suggest that Bcl-2 expression in crescents may be one of the cellular responses of PECs to proliferation. P27^{Kip1} expression was low in cytokeratin-positive cells. Compared with serial sections stained with PAM, CD68-positive cells tended to increase in fi-

Fig. 3 Expression of **A** cyclin A, **B** cyclin B1, **C** Ki-67, and **D** p27^{Kip1} in a cellular crescent. Ki-67-positive cells were frequently cyclin A positive. Cyclin B1 expression was less frequent. Note that the same cells expressed cyclin A, cyclin B1, and Ki-67. The negative cell-cycle regulator p27^{Kip1} was markedly down-regulated in the cellular crescents. Magnification $\times 200$



brocellular crescents, suggesting that the contribution of the cells expressing CD68 might change during crescent maturation in human CRGN.

As shown in Fig. 3, serial section analysis in our study clearly showed that the Ki-67-positive cells in the crescents were frequently cyclin A positive and seldom cyclin B₁ positive. We found few expression of p27^{Kip1} in the cellular crescents. Compared with serial sections stained with PAM, the staining patterns of cell cycle regulatory proteins did not change significantly in the fibrocellular crescents. The frequent expression of Ki-67 and restrained expression of p27^{Kip1} appeared in the cells with the PEC phenotype. However, collapsed glomerular tufts in glomeruli with cellular crescents showed clear p27^{Kip1} expression in podocytes.

Discussion

The phenotype of cellular crescents was identified by using markers of macrophages/monocytes (CD68), epithelial cells (cytokeratin), and podocytes (PHM-5). Atkins et al. [1, 8] have emphasized that macrophages/monocytes are the major constituent of cellular crescents in human CRGN, as demonstrated by immunostaining and in vitro cell culture. In contrast, several studies [3, 7, 10, 17, 37] have shown cytokeratin expression in cellular composition in human CRGN. Our findings confirm the

latter finding: cytokeratin expressing cells are the major constituent of cellular crescents.

In addition, we tested for expression of podocyte-specific marker, PHM-5, in the cellular crescents. The results showed that PHM-5 expression was markedly decreased in the crescents and associated with abundant expression of Ki-67 and cytokeratin. Moreover, CD68-positive cells were minor components in the cellular crescents. Thus, PECs, not podocytes or monocytes/macrophages, may be the major component of cellular crescents. However, we found few PHM-positive cells in the crescents. Since PHM-5 expression has been shown in detached podocytes in urine [10], it is possible that podocytes detached by severe inflammation form some components of cellular crescents.

Our study is the first to demonstrate the expression of cell cycle regulatory proteins in cellular crescents in glomeruli. Serial-section analysis clearly showed that Ki-67-positive cells in the crescents were frequently cyclin A-positive and less frequently cyclin B₁-positive, indicating that proliferation of epithelial cells is promoted by cyclins. Importantly, we found that p27^{Kip1}, a negative cell cycle regulatory protein, was sparsely expressed in the cellular crescents immunohistochemically, whereas podocytes in collapsed glomerular tufts in the same glomeruli showed strong p27^{Kip1} expression. This last finding is supported by recent experimental work done by Shankland et al. [31]. In experimental membranous

nephropathy, these authors found abundant expression of p27^{Kip1} and p21 in podocytes. The authors state that CKIs limit proliferative activity in podocytes. Thus, p27^{Kip1} may protect podocytes from various proliferative stimuli, such as cytokines and complement activation. In contrast, we found that cytokeratin-positive components in the crescent were virtually negative for p27^{Kip1}.

Since p27^{Kip1} was clearly low in PECs after nephrogenesis [4, 22], PECs probably have a low threshold for proliferation. In this regard, a recent report by Ophascharoensuk et al. [23] clearly showed more severe renal damage in p27^{Kip1}-deficient mice than in wild type mice with crescentic glomerulonephritis. Taken together, these findings suggest that different levels of p27^{Kip1} in different kinds of glomerular cells determine the cellular reaction to glomerular damage. Furthermore, PEC proliferation has been shown to contribute to the development of tuft adhesion, and PECs may display a common pathogenic mechanism in various types of glomerular disorders based on their natural characteristics, a restrained expression of p27^{Kip1}. Further study is required to determine the cellular mechanism regulating p27^{Kip1} expression in podocytes and PECs.

In contrast, we observed up-regulation of Bcl-2 in cellular crescents. Bcl-2 expression in crescents may be one of the cellular responses of PECs for proliferation. Apoptosis has been reported to occur in the repair process of cellular crescents [33] but not in developing cellular crescents. Wang et al. [35] have recently reported that overexpression of p27^{Kip1} leads to apoptotic cell death in different types of cells, and that ectopic expression of Bcl-2 can protect HeLa cells from apoptosis mediated by p27^{Kip1} overexpression. Therefore, up-regulation of Bcl-2 concurrent with low expression of p27^{Kip1} in PECs may be a compensatory cellular mechanism to protect cells from apoptosis.

In conclusion, the present study has demonstrated for the first time that up-regulation of cyclins and Bcl-2 associated with low expression of p27^{Kip1} in PECs synergistically promotes cellular crescent formation in human RPGN.

Acknowledgements This work was supported by a Grant for Progressive Kidney Disease from Ministry of Health and Welfare and Grant from the Ministry of Education, Culture and Science. The authors thank Mr. Hideki Nakayama and Miss Mayuko Kawashima for their skillful technical assistance.

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