

A knock-in rat model unravels acute and chronic renal toxicity in glutaric aciduria type I

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Background

Glutaric aciduria type I (GA-I, OMIM # 231670) is an autosomal recessive inborn error of metabolism caused by deficiency of the mitochondrial enzyme glutaryl-CoA dehydrogenase (GCDH). The principal clinical manifestation in GA-I patients is striatal injury most often triggered by catabolic stress. Early diagnosis by newborn screening programs improved survival and reduced striatal damage in GA-I patients. However, the clinical phenotype is still evolving in the aging patient population. Evaluation of long-term outcome in GA-I patients recently identified glomerular filtration rate (GFR) decline with increasing age. We recently created the first knock-in rat model for GA-I harboring the mutation p.R411W (c.1231 C>T), corresponding to the most frequent *GCDH* human mutation p.R402W.

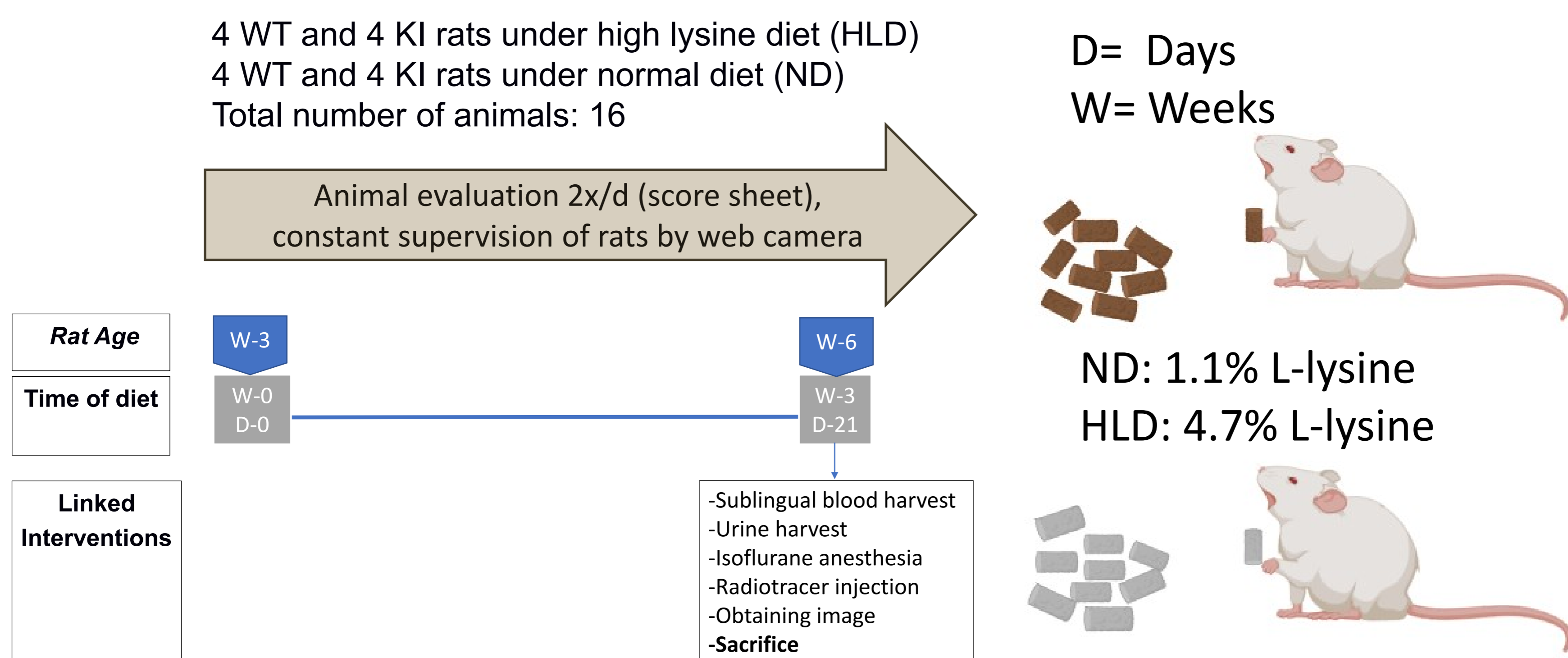
Objectives

To examine:

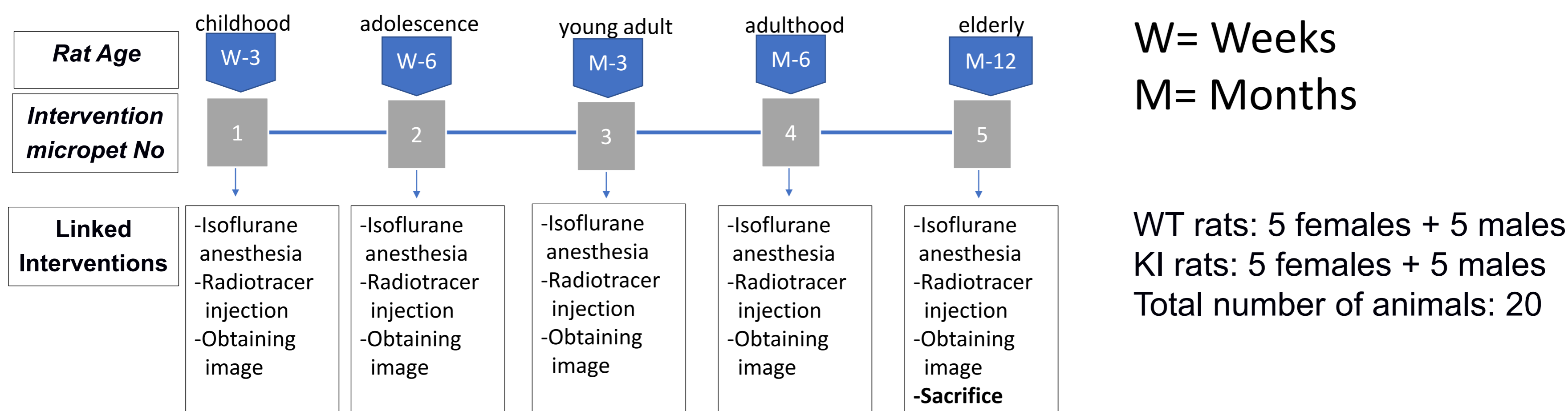
- the effect of an acute metabolic stress in form of high lysine diet (HLD) on young *Gcdh*^{ki/ki} rats
- the chronic effect of GCDH deficiency on kidney function in a longitudinal study on a cohort of *Gcdh*^{ki/ki} rats

Methods

Design for the study of acute renal toxicity in GA-I



Design for the study of chronic renal toxicity in GA-I



Results 1

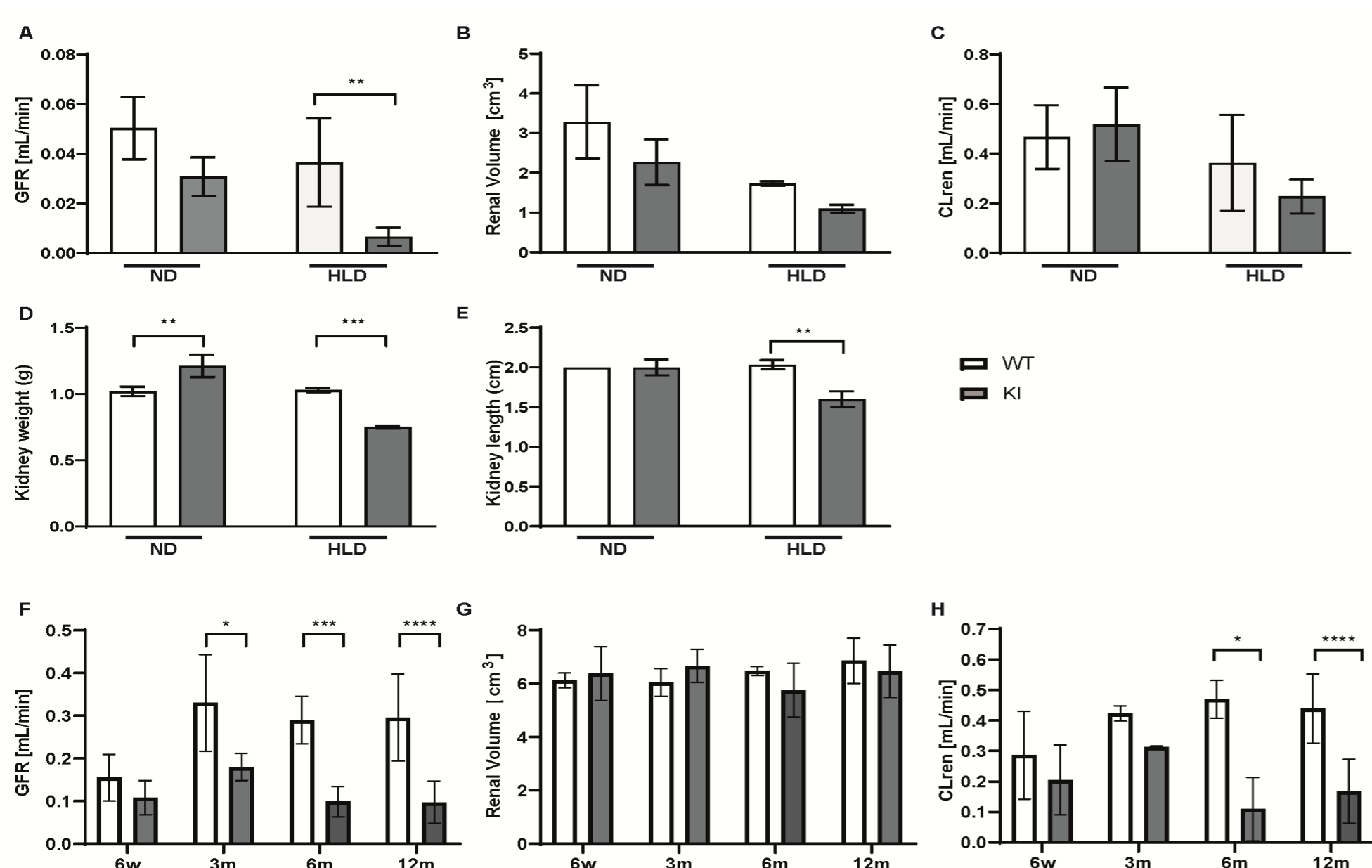


Figure 1. Decreased GFR in 6-week-old *Gcdh*^{ki/ki} rats under HLD and progressive GFR decline in aging *Gcdh*^{ki/ki} rats under ND. WT and *Gcdh*^{ki/ki} rats at the age of 6 weeks fed since 21 days with either ND or HLD and WT and *Gcdh*^{ki/ki} rats under ND at 6 weeks, 3, 6 and 12 months of age were investigated by micro-PET/CT imaging with injection of the radiotracer ⁶⁸Ga-EDTA. Dynamic reconstruction was obtained using software PMOD 3.7. Glomerular filtration rate (GFR) (A and F), renal volume (B and G) and renal clearance (CLren) (C and H) were calculated as described in the material and methods section. GFR was found to be significantly decreased in *Gcdh*^{ki/ki} rats under HLD (A). Renal volume (B) and CLren (C) did not show any significant differences, but tended to decrease in *Gcdh*^{ki/ki} rats under HLD. After dissection, kidney weight (D) and length (E) were measured. Kidney weight was significantly higher in *Gcdh*^{ki/ki} rats under ND, but significantly lower under HLD as compared to WT rats under the same diet.

(D). Kidney length was found significantly reduced in *Gcdh*^{ki/ki} rats under HLD (E). A significant decrease of GFR was observed in *Gcdh*^{ki/ki} rats under ND at the age of 3 months (F). Renal volumes did not vary significantly between WT and *Gcdh*^{ki/ki} rats under ND (G). CLren decreased significantly in *Gcdh*^{ki/ki} rats under ND after 6 months (H). Results of WT are indicated in white, results of *Gcdh*^{ki/ki} rats in grey. Data shown as mean ± SD; Tukey test or Mann Whitney after ANOVA two ways analysis or Kruskal Wallis for cross sectional analysis and Student's t-test or Mann Whitney test for longitudinal cohort analysis: **p* < 0.05, ***p* = 0.01 ****p* = 0.001 and *****p* < .0001. Min. n=3 for all conditions.

Results 2

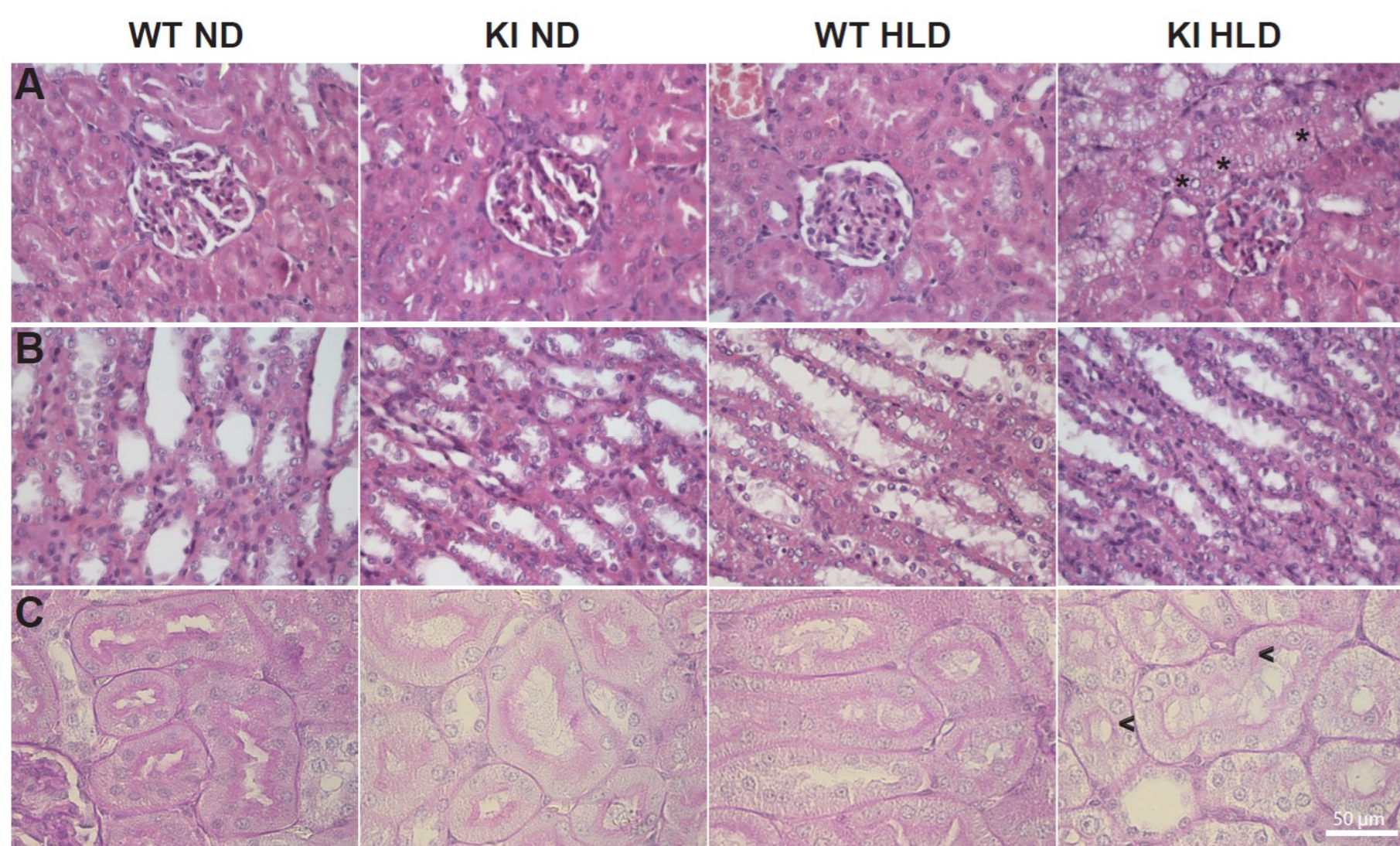


Figure 2. Vacuoles and brush border membrane thinning in 6-week-old *Gcdh*^{ki/ki} rats under HLD. Light micrographs of representative HE (A and B) and PAS (C) stained paraffin sections (4 μ m) of kidneys from 6-week-old WT and *Gcdh*^{ki/ki} rats under ND and HLD. Vacuoles (asterisks) were detected in PT cells of *Gcdh*^{ki/ki} rats under HLD (A). Glomeruli (A) and distal tubules (B) did not show any significant differences between WT and *Gcdh*^{ki/ki} rats under ND and HLD. PAS staining revealed thinning of brush border membrane in *Gcdh*^{ki/ki} rats under HLD (arrows) (C). Scale bar 50 μ m. Min. n=4 for all conditions.

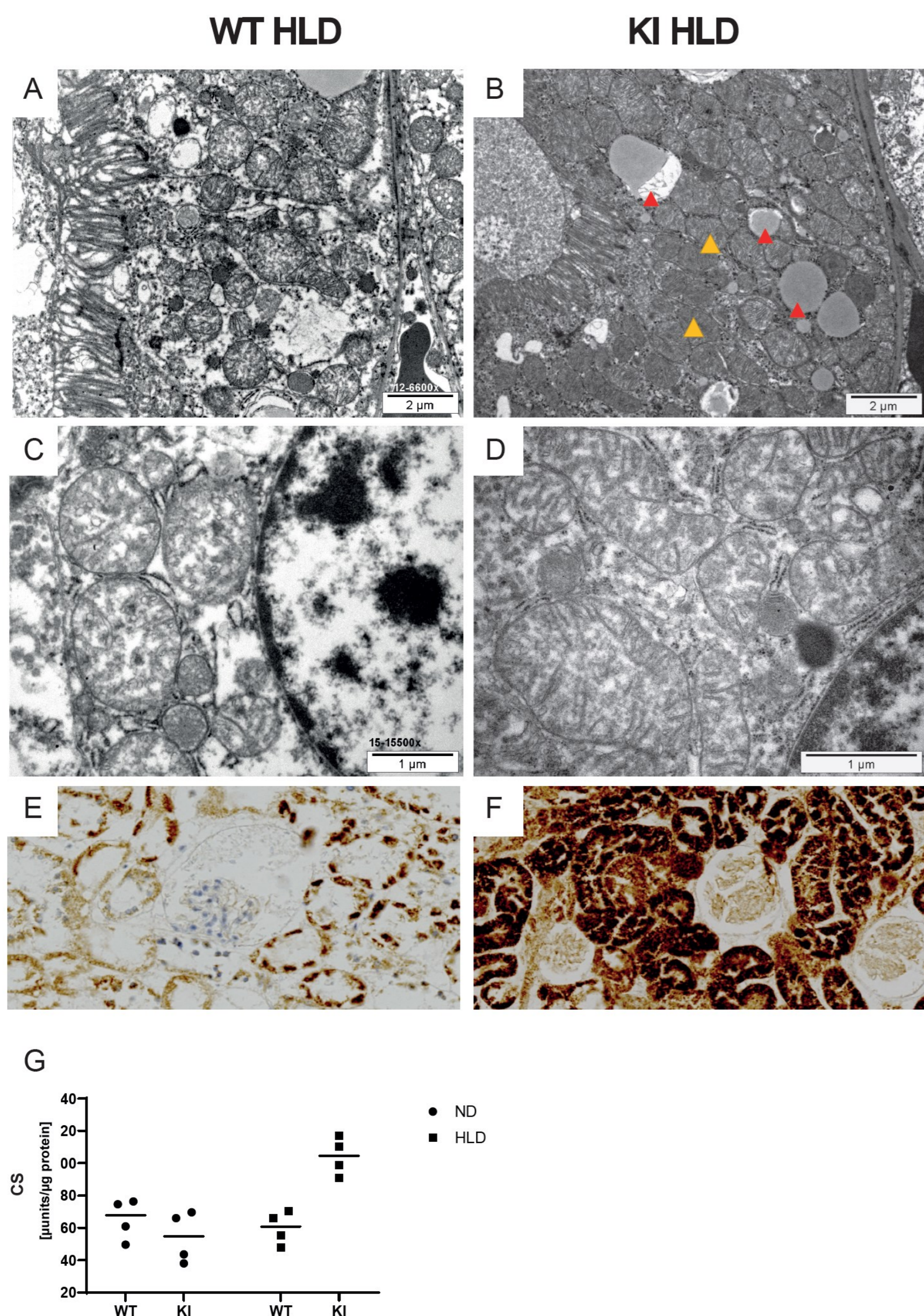


Figure 4. Vacuoles and increased numbers of mitochondria in renal PT cells of 6-week-old *Gcdh*^{ki/ki} rats under HLD. Results from 6-week-old WT (left column, A, C, E) and *Gcdh*^{ki/ki} rats (right column, B, D, F) under HLD. Transmission electron microscopy (A-D) revealed vacuoles (red triangles) and an increased number of enlarged mitochondria (yellow triangles) in the cytosol of renal PT cells in *Gcdh*^{ki/ki} rats under HLD (B, D). Immunohistochemical staining for VDAC1 was significantly increased in *Gcdh*^{ki/ki} renal PT cells (F) compared to WT PT cells (E). Scale bars A and B 2 μ m, C and D 1 μ m, E and F 50 μ m. (G) Increased citrate synthase enzymatic activity in *Gcdh*^{ki/ki} rats under HLD. Min. n=4 for all conditions.

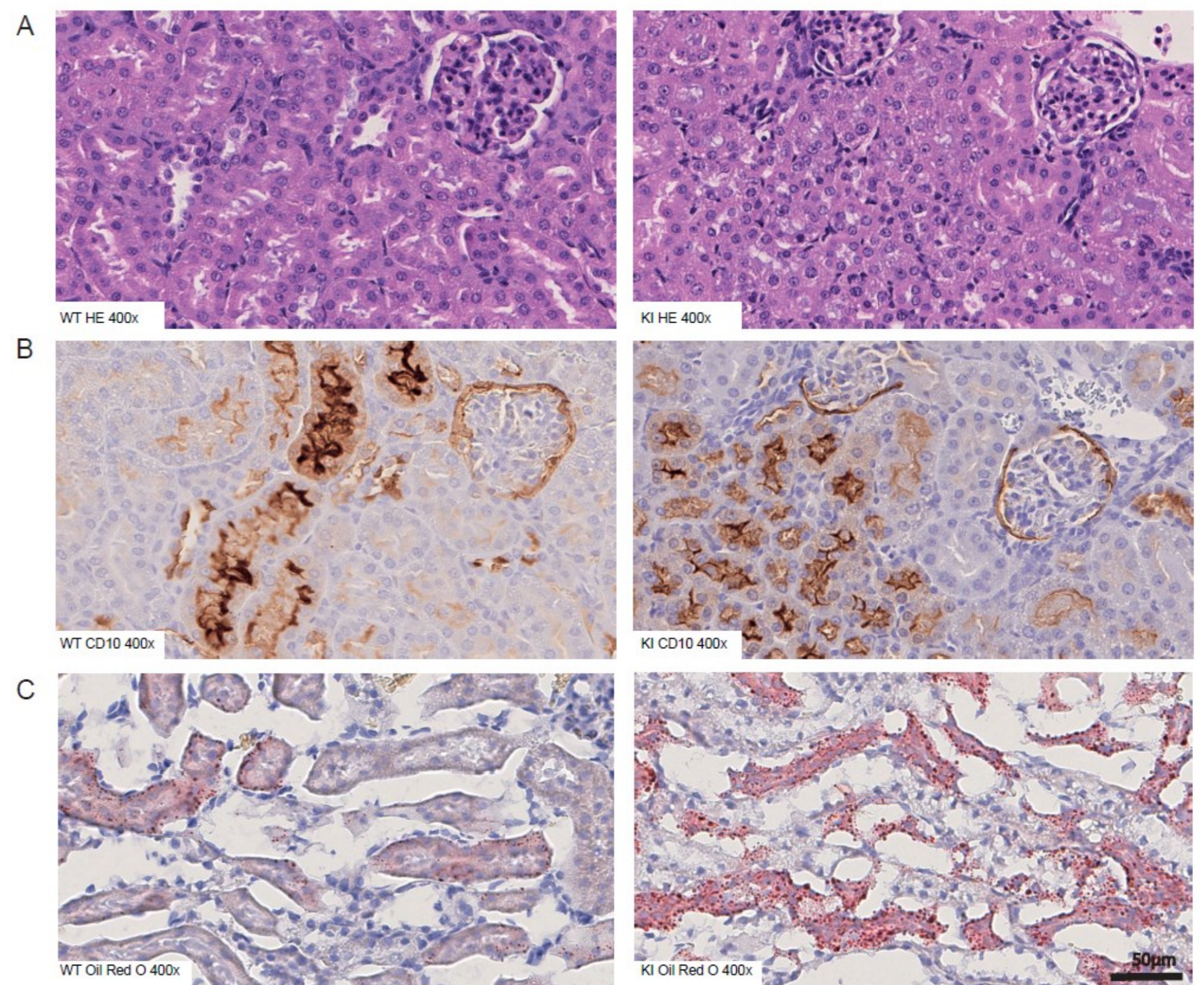


Figure 3. Vacuoles are localized in renal PT cells of 6-week-old *Gcdh*^{ki/ki} rats under HLD and have a lipophilic content. (A) HE staining on sagittal kidney sections of 6-week-old WT (left) and *Gcdh*^{ki/ki} (KI) (right) rats under HLD. (B) Immunostaining for CD10 on sagittal kidney sections of 6-week-old WT (left) and *Gcdh*^{ki/ki} (KI) (right) rats under HLD confirmed localization of vacuoles in PT cells. (C) Oil Red O staining on sagittal kidney sections of 6-week-old WT (left) and *Gcdh*^{ki/ki} (KI) (right) rats revealed a lipophilic content of vacuoles in *Gcdh*^{ki/ki} (KI) under HLD. Scale bar 50 μ m. Min. n=4 for all conditions.

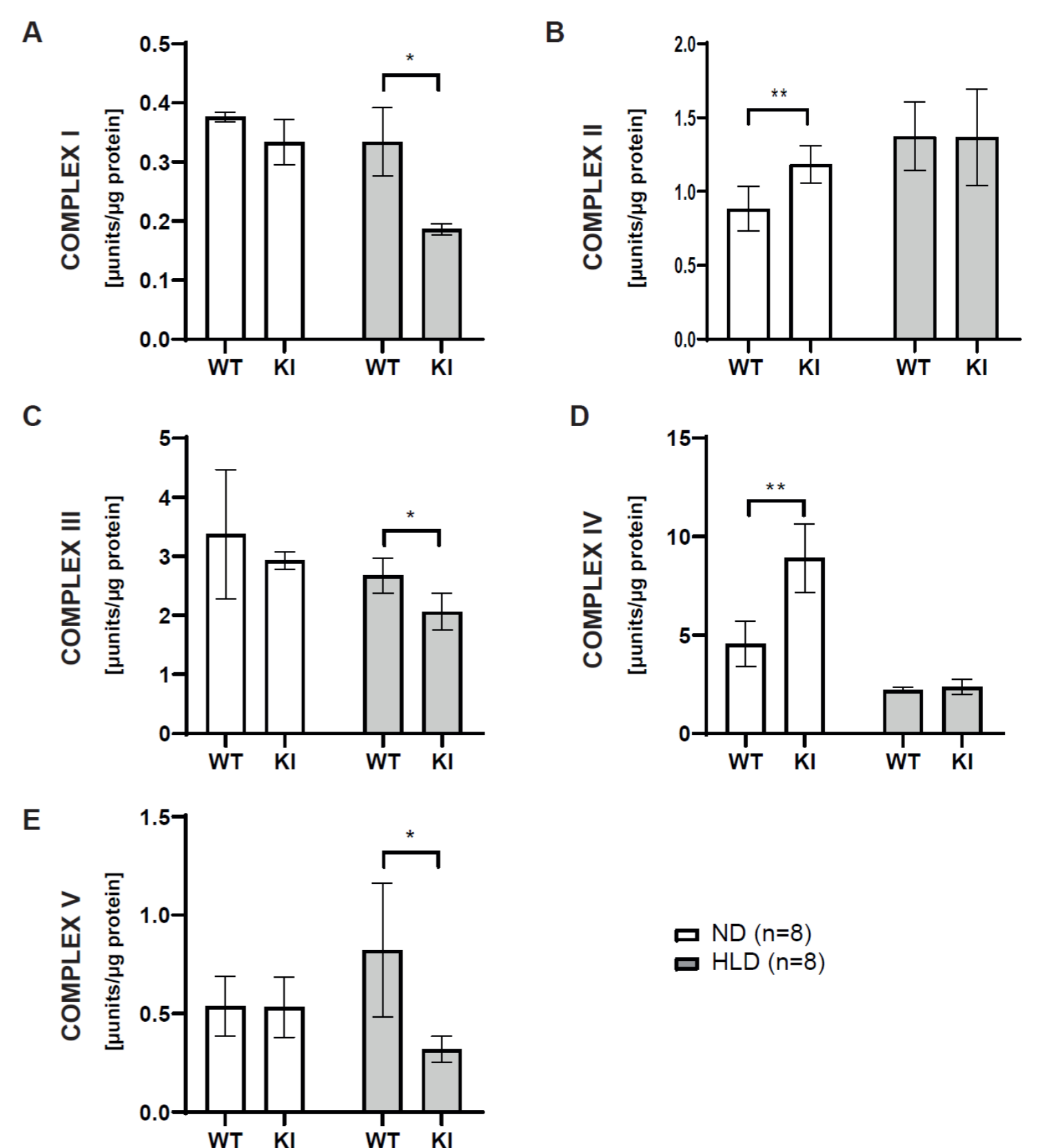


Figure 5. OXPHOS enzymatic activities in kidney of 6-week-old WT and *Gcdh*^{ki/ki} rats under ND and HLD. Quantitative analyses of the enzymatic activities of complex I (A), complex II (B), complex III (C), complex IV (D), and complex V (E) in kidneys of 6-week-old WT and *Gcdh*^{ki/ki} rats (KI) under ND and HLD (n=8 for each condition). X-axes show genotype, y-axes show μ units/ μ g protein. Data are shown as mean \pm SD; Mann Whitney multiple comparisons: * p < 0.05, ** p < 0.01, after Kruskal Wallis analysis. Enzymatic activity of complex II (Succinate dehydrogenase complex) (B), and complex IV (cytochrome c oxidase) (D) were found significantly increased in kidneys of *Gcdh*^{ki/ki} (KI) rats under ND. Under HLD, a significant decrease of enzymatic activities in kidneys of *Gcdh*^{ki/ki} (KI) rats was appreciated for complex I (NADH: ubiquinone oxidoreductase) (A), complex III (cytochrome c reductase) (C) and complex V (ATP synthase) (E). Min. n=4 for all conditions.

Results 3

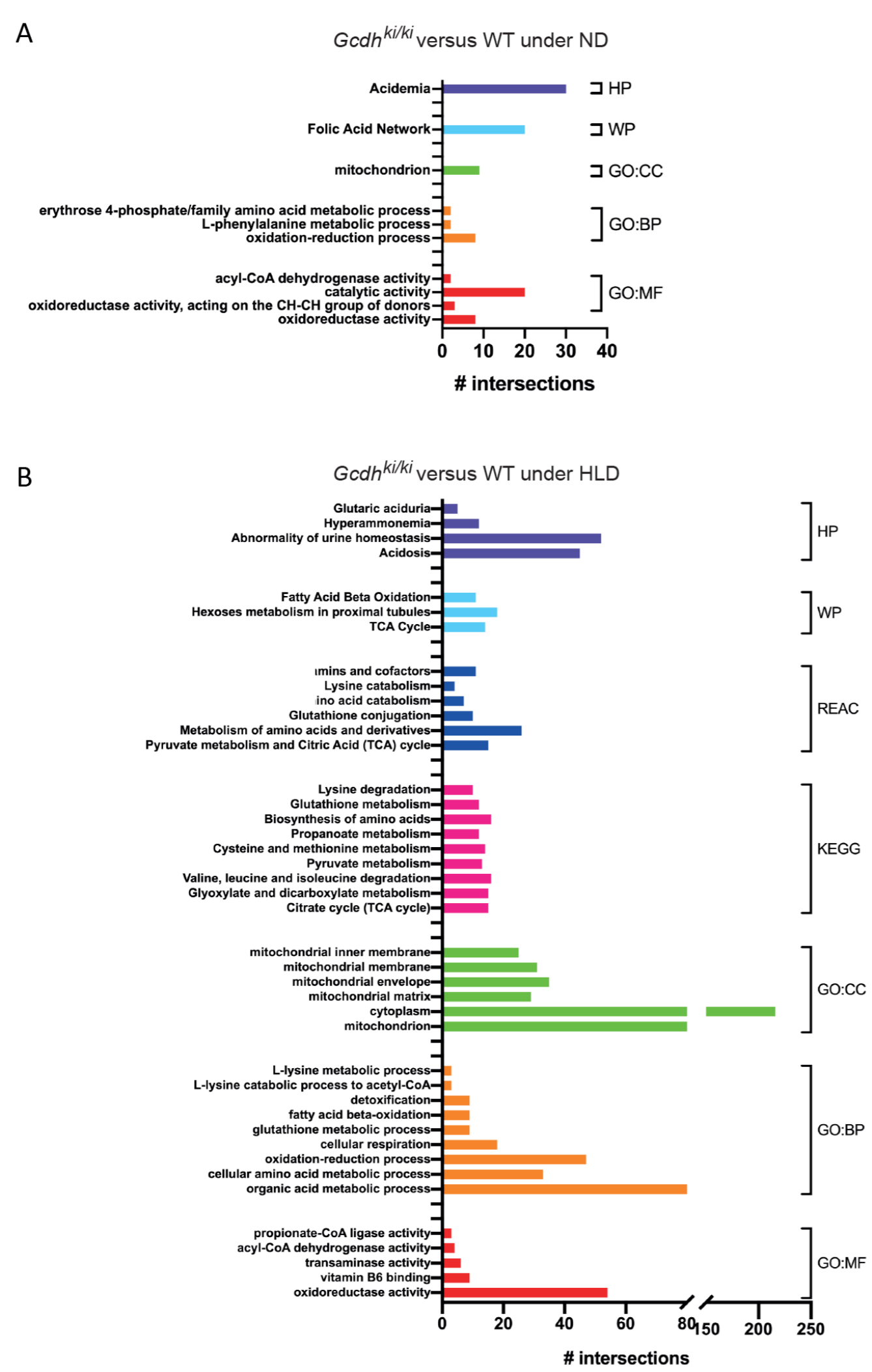


Figure 6. Functional clusterization of *Gcdh^{ki/ki}* rat quantitative differential kidney proteome. Kidney proteome profile of *Gcdh^{ki/ki}* vs WT rats under ND (A) and under HLD (B). The dysregulated kidney proteins in *Gcdh^{ki/ki}* vs WT proteomes were clustered according to HPO (Human Phenotype Ontology), WP (WikiPathways) KEGG (Kyoto Encyclopedia of Genes and Genomes), Gene Ontology (GO) CC (Cellular Component), GO BP (Biological Process) GO MF (Molecular Function) and Reac (Reactome) databases using the g:Profiler software. The pathways graphical enrichment was associated to each cellular pathway (x-axis). Enriched pathways (y-axis) were listed according to enriched values, expressed as numbers of involved proteins (n. intersections) from the *Gcdh^{ki/ki}* proteome datasets.

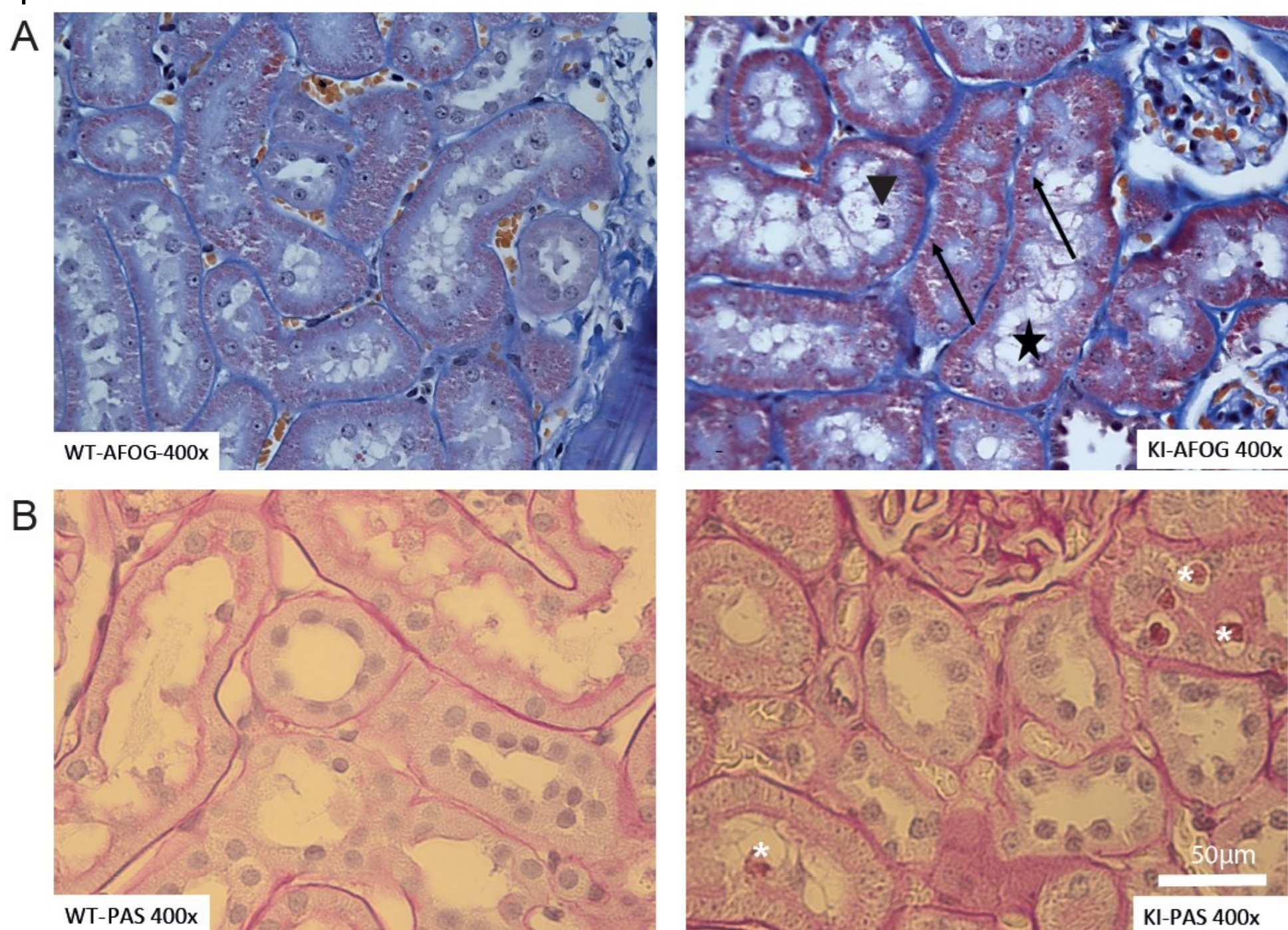


Figure 8. AFOG and PAS stained kidney sections of 12-month-old WT and *Gcdh^{ki/ki}* rats. (A) AFOG staining of sagittal kidney sections of 12-month-old WT (left) and *Gcdh^{ki/ki}* (KI) rats (right). Kidneys of *Gcdh^{ki/ki}* rats (KI) showed an increased amount of proteins (arrows) within PT cells and fragmentation of brush border membranes (star). Some nuclei of PT cells were observed to be localized in the lumen (triangle). Scale bar 50 μ m. (B) PAS staining of sagittal kidney sections of 12-month-old WT (left) and *Gcdh^{ki/ki}* (KI) rats (right). Protein accumulation (asterisks) was observed in the cytoplasm of PT cells in *Gcdh^{ki/ki}* rats. Scale bar 50 μ m. Min. n=4 for all conditions.

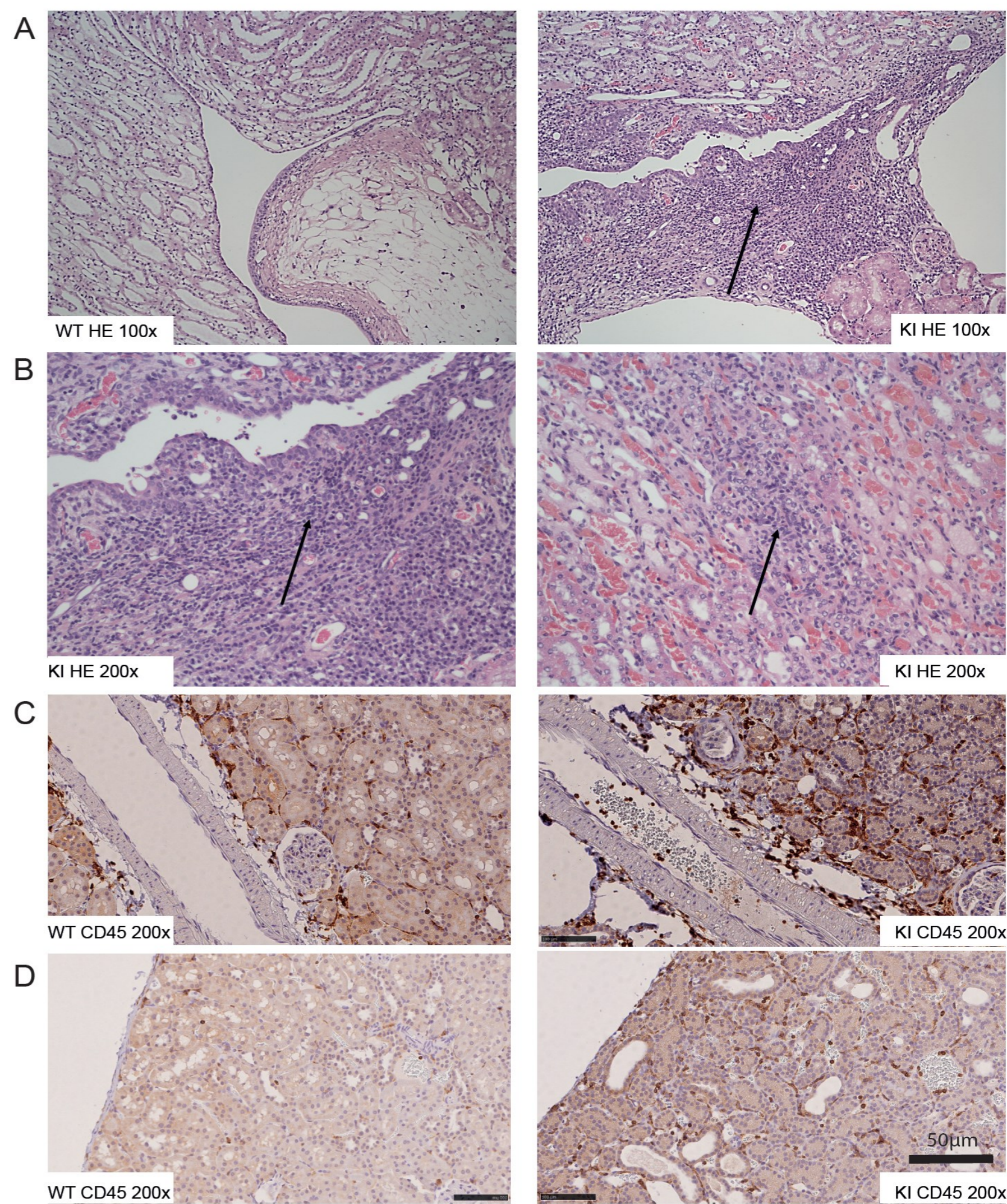


Figure 7. Mononuclear infiltrates in kidney sections of 12-month-old *Gcdh^{ki/ki}* rats. (A) HE staining of sagittal kidney sections showed infiltrates (arrow) within the renal medulla of 12-month-old *Gcdh^{ki/ki}* (KI) rats (right) that were not present in WT rats (left). (B) HE staining of sagittal kidney sections of 12-month-old *Gcdh^{ki/ki}* (KI) rats at a higher power field revealed infiltrates (arrows) in the renal cortex (left and right). (C) Immunostaining for CD45 on sagittal kidney sections showed mononuclear infiltrates in kidneys of 12-month-old *Gcdh^{ki/ki}* (KI) rats (right) around the collector tubules and in the renal cortex (D). Scale bar 50 μ m. Min. n=4 for all conditions.

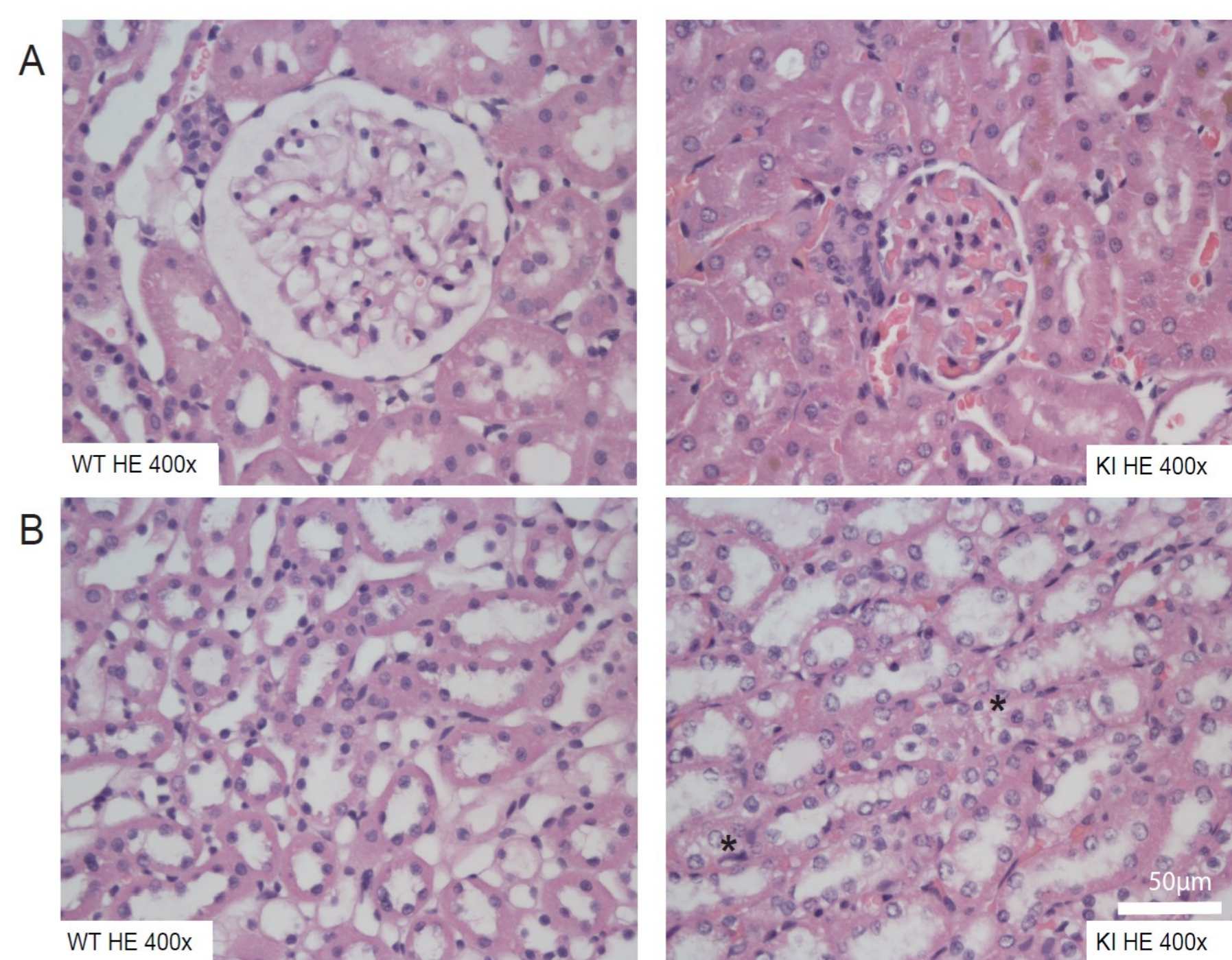


Figure 9. HE stained kidney sections of 12-month-old WT and *Gcdh^{ki/ki}* rats. (A) Glomeruli and PT cells did not show any significant changes between of WT (left) and *Gcdh^{ki/ki}* (KI) (right) rats. (B) Nuclei of distal tubules appeared to be lighter (asterisks) in *Gcdh^{ki/ki}* (KI) rats (right) compared to WT rats (left). Scale bar 50 μ m. Min. n=4 for all conditions.



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Summary

Acute renal toxicity in GA-I

In young *Gcdh*^{ki/ki} rats exposed to HLD, we observed a GFR decline and biochemical signs of a tubulopathy. Histological analyses revealed lipophilic vacuoles, thinning of apical brush border membranes and increased numbers of mitochondria in proximal tubular (PT) cells. HLD also altered OXPHOS activities and proteome in kidneys of *Gcdh*^{ki/ki} rats.

Chronic renal toxicity in GA-I

In the longitudinal cohort, we showed a progressive GFR decline in *Gcdh*^{ki/ki} rats starting at young adult age and a decline of renal clearance. Histopathological analyses in aged *Gcdh*^{ki/ki} rats revealed tubular dilatation, protein accumulation in PT cells and mononuclear infiltrations.

Conclusions

Our observations confirm that GA-I leads to acute and chronic renal damage. This raises questions on indication for follow-up on kidney function in the aging population of presymptomatically diagnosed GA-I patients and possible therapeutic interventions to avoid renal damage.

Outlook

Renal damage seems to be a late manifestation of GA-I that can significantly alter the quality of life of affected patients. Screening for renal affection in GA-I patients during acute crisis and within the long-term follow-up seems to be indicated. Renal affection is thus a potential new target for therapeutic interventions in GA-I. Future research should focus on the observed pathomechanisms, e.g. by testing antioxidant and/or anti-inflammatory treatments.

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For further details see our complete article currently in press:

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