

# Advancing Nephrology Through 2-Photon Microscopy

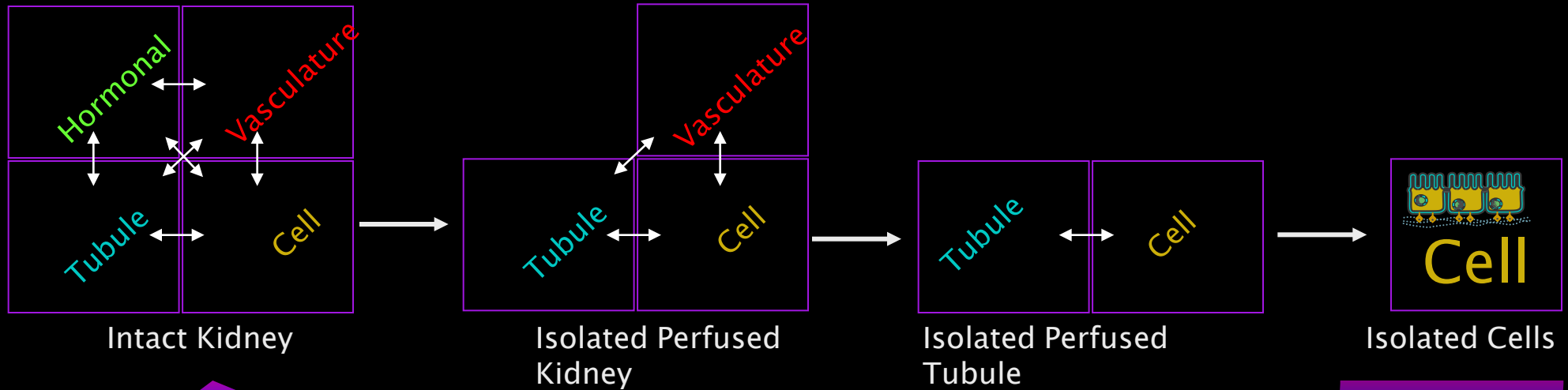
**Bruce A. Molitoris**

Department of Medicine

Indiana Center for Biological Microscopy

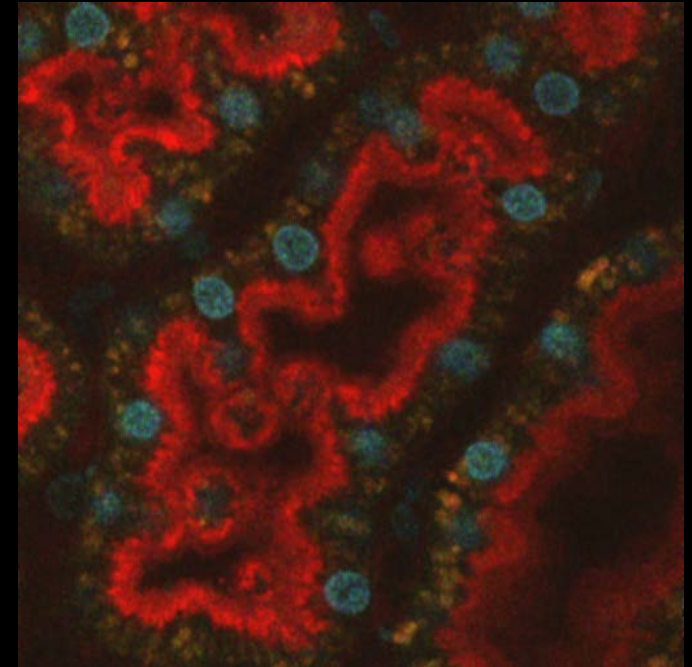
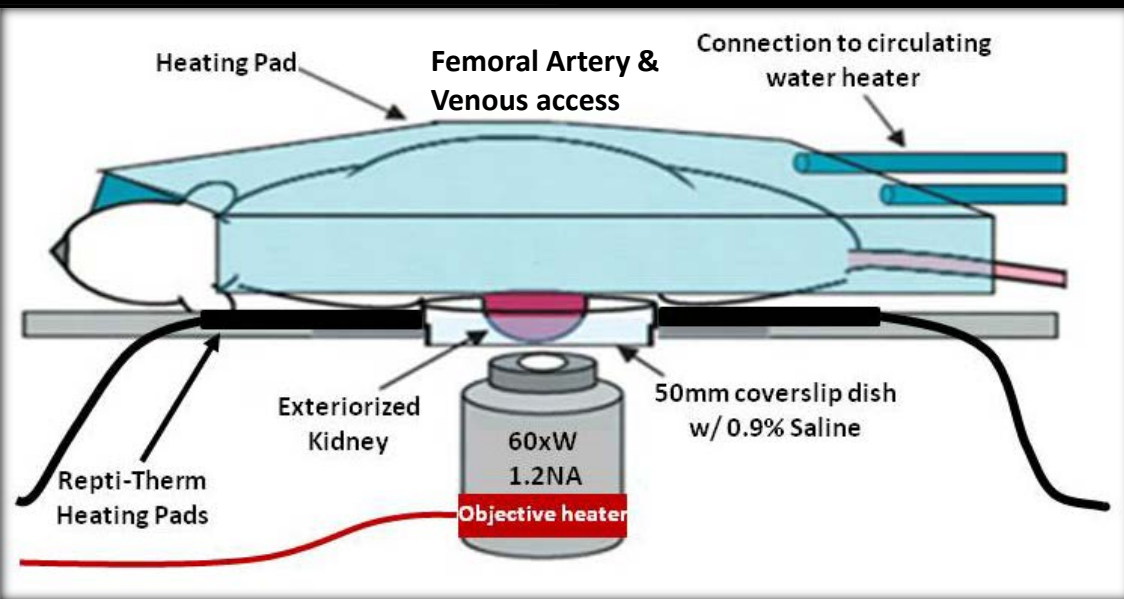
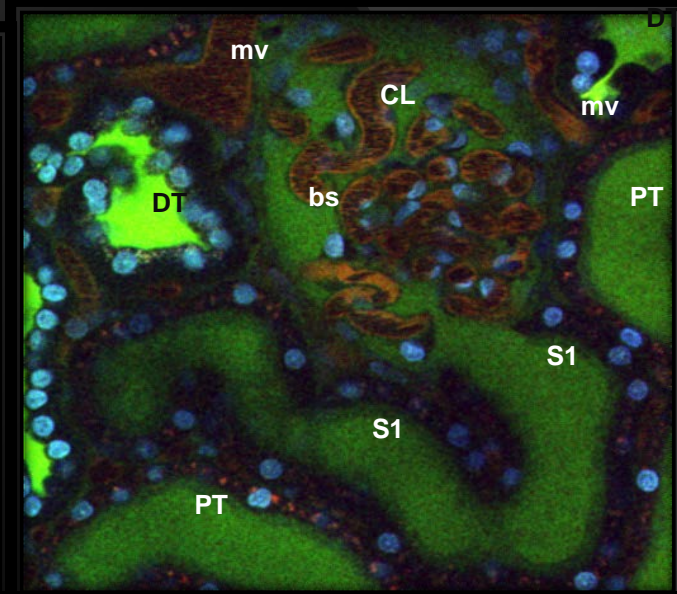
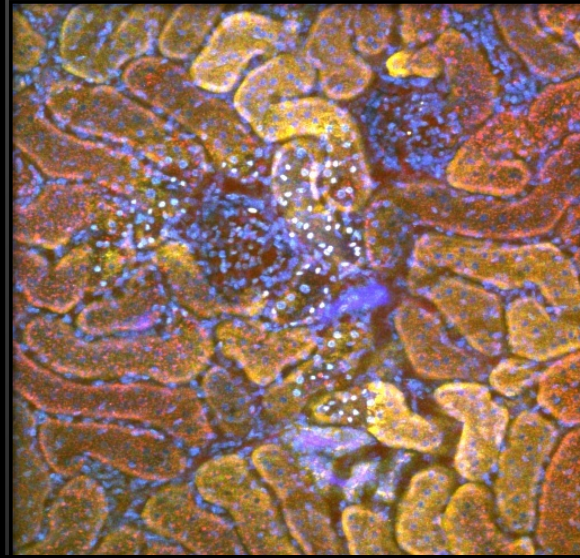
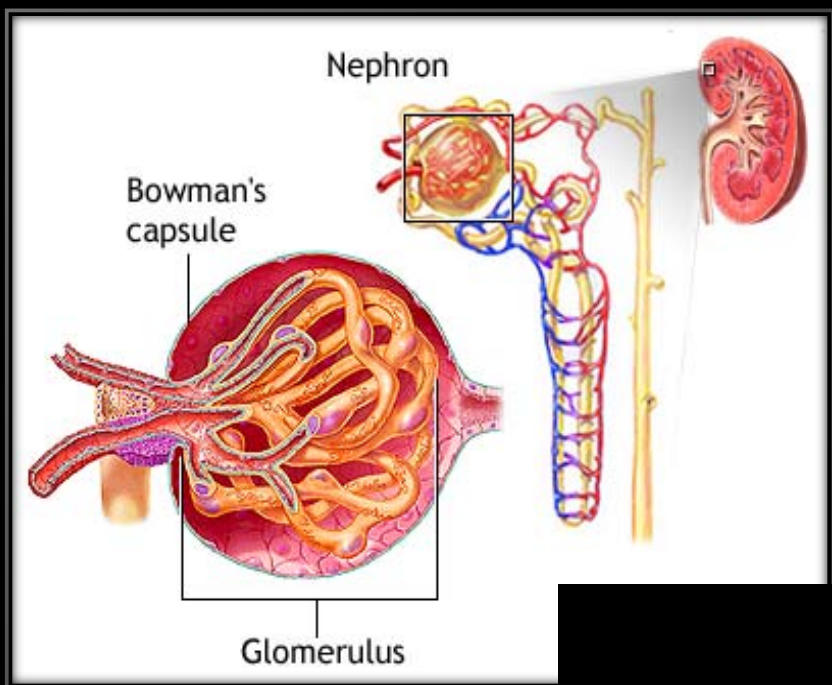
Indiana University School of Medicine

# Reversing Reductionism



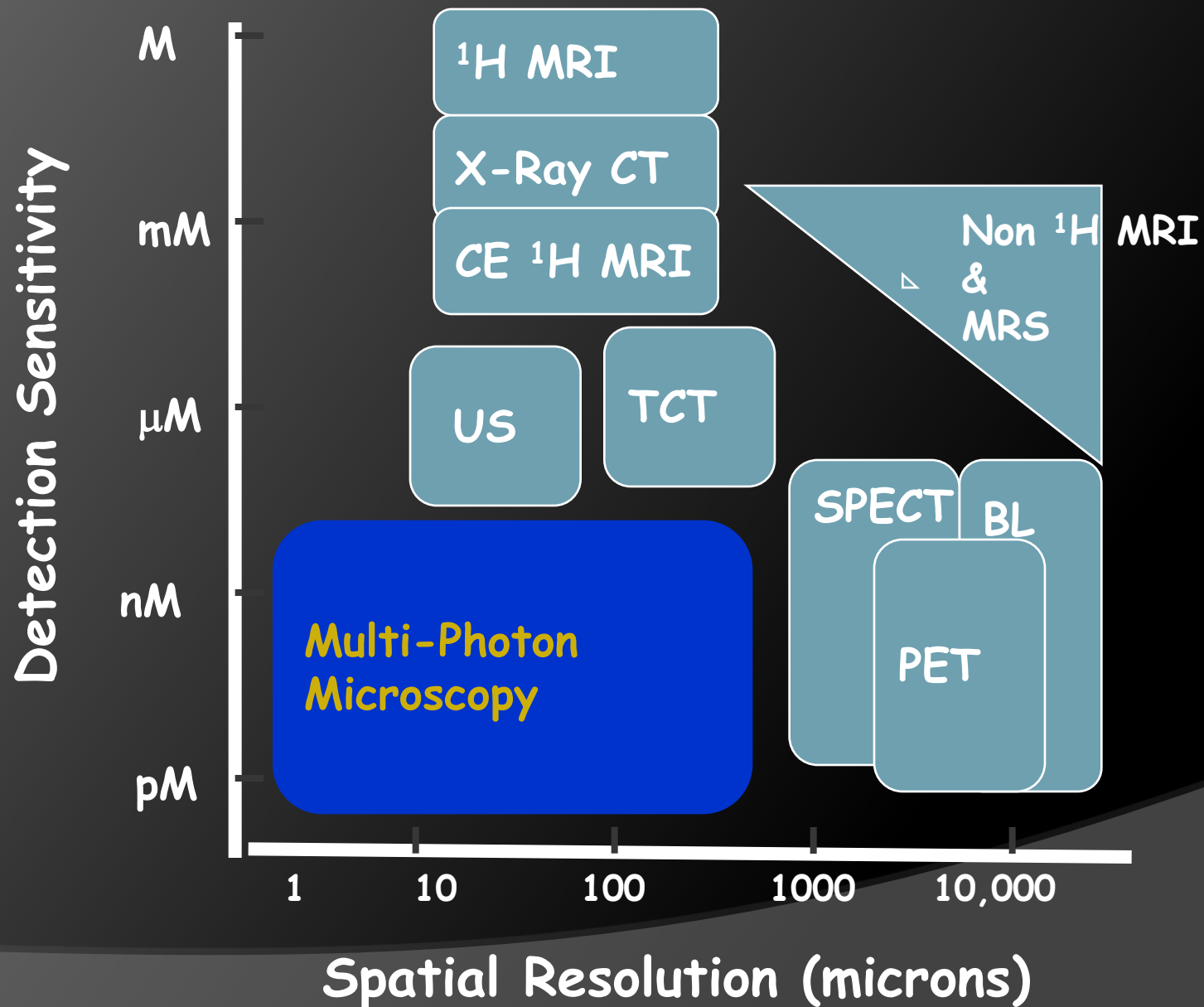
Multi-photon microscopy

# Visualizing Glomerular & Nephron Function



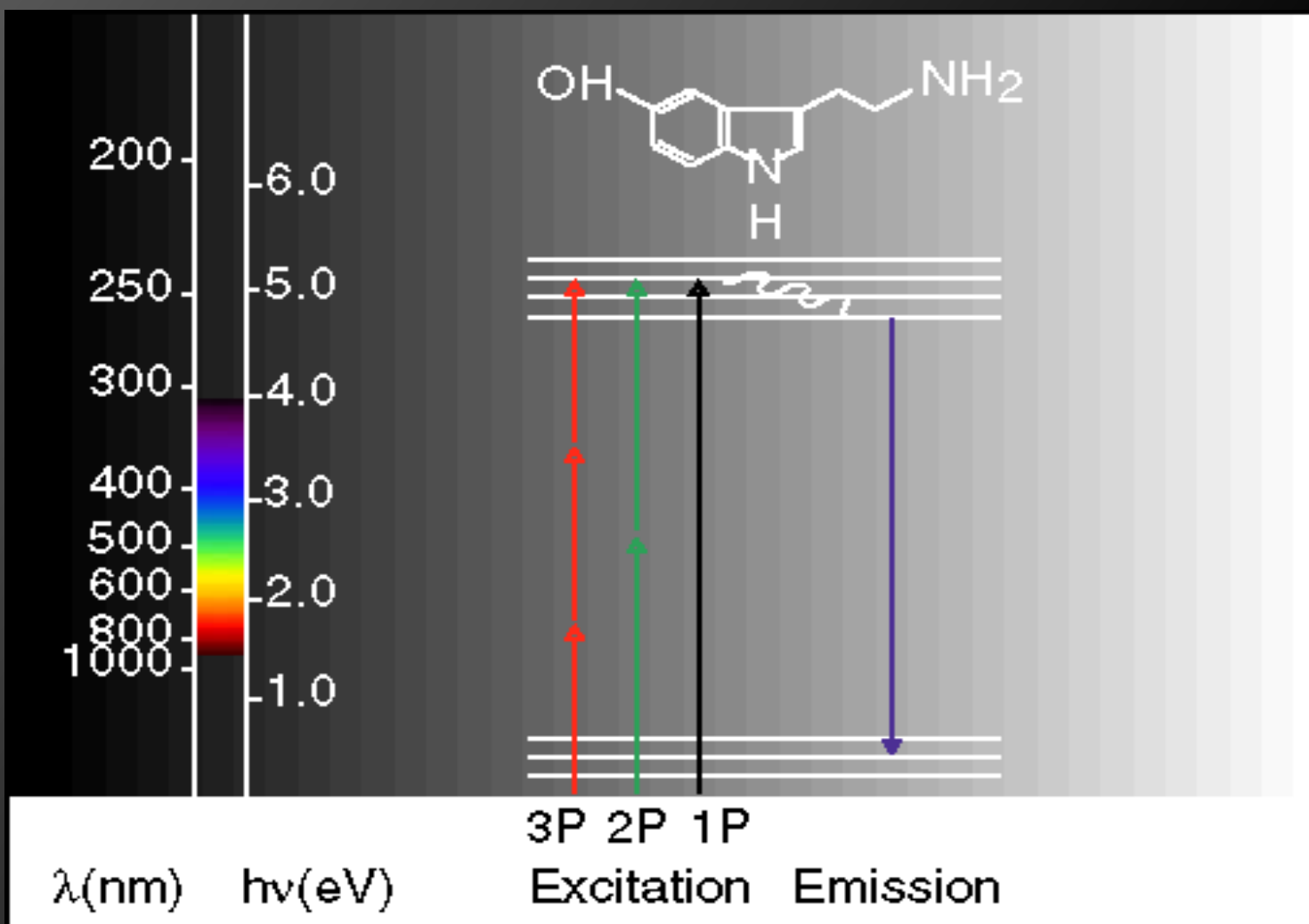


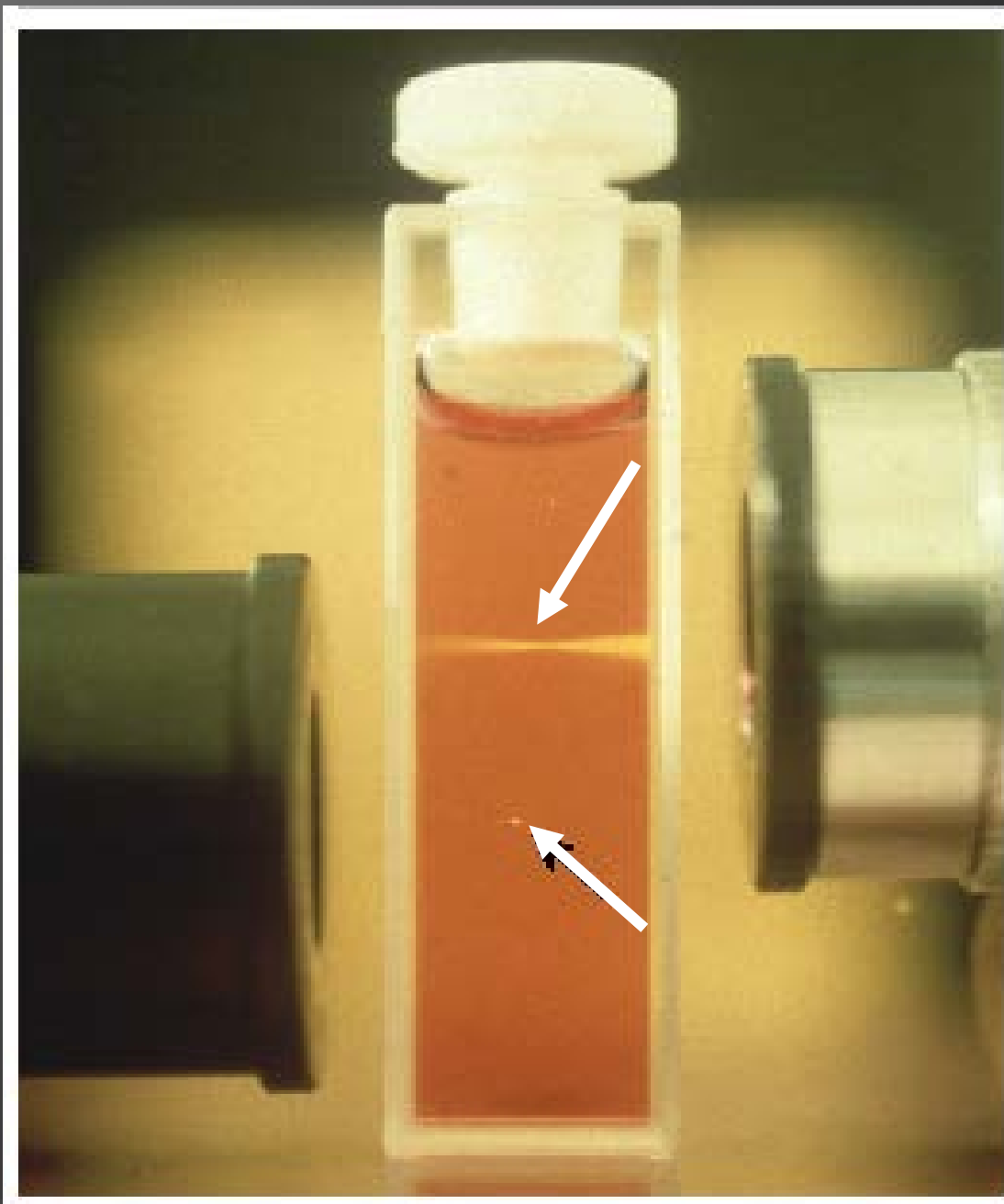
# Intra-Vital Imaging Sensitivity vs Resolution





# TWO-PHOTON MICROSCOPY PRINCIPLE:



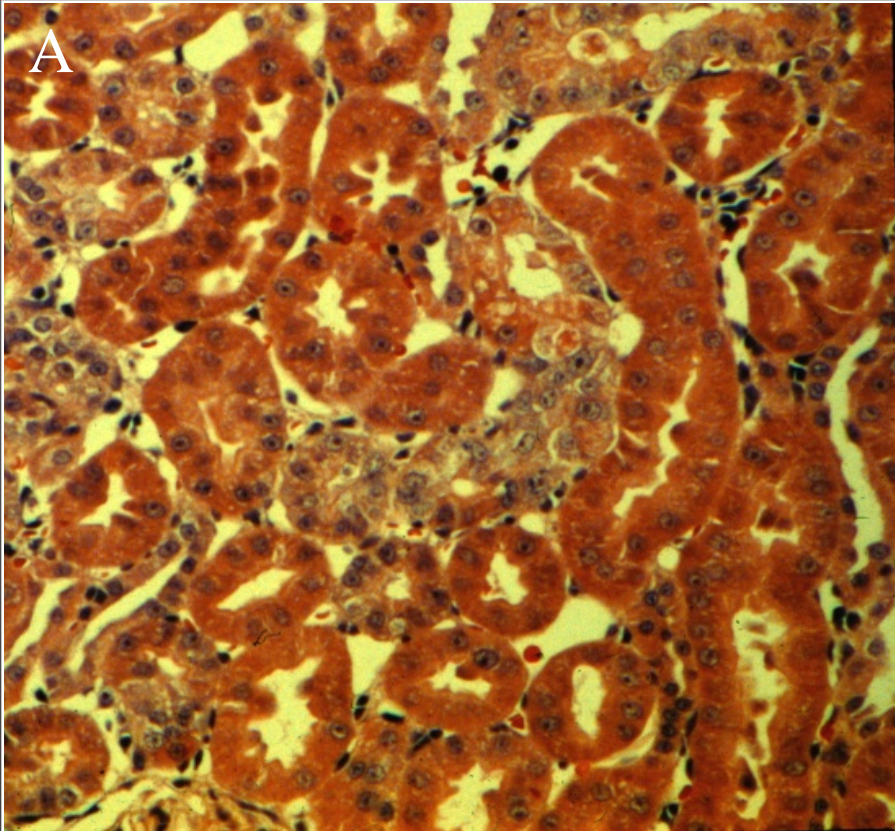


**Volume of fluorescence  
excitation –**

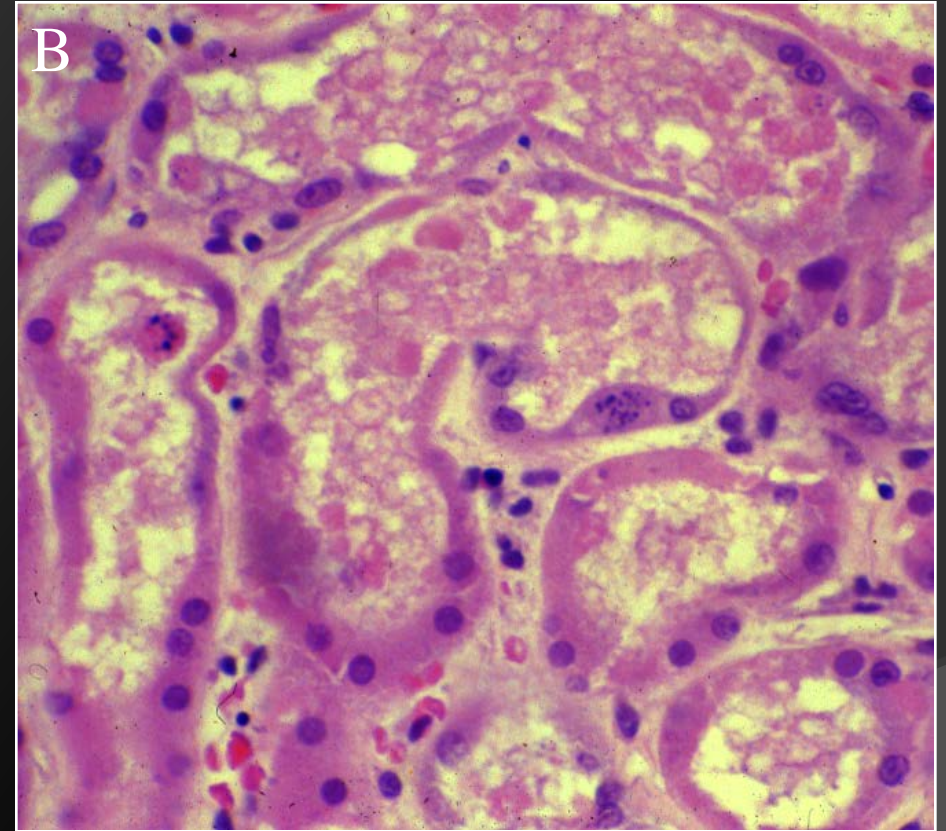
**Confocal versus 2-photon  
microscopy**

Figure courtesy of Brad Amos, MRC Laboratory

# Human Renal Ischemia



Control

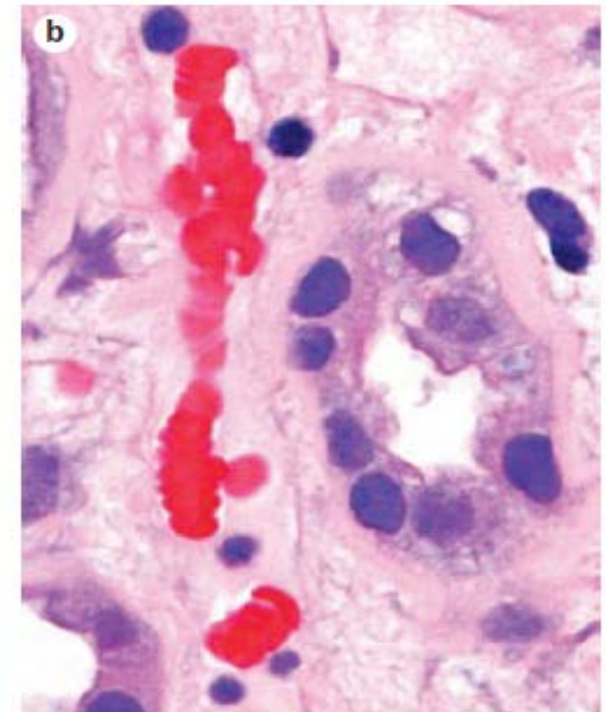
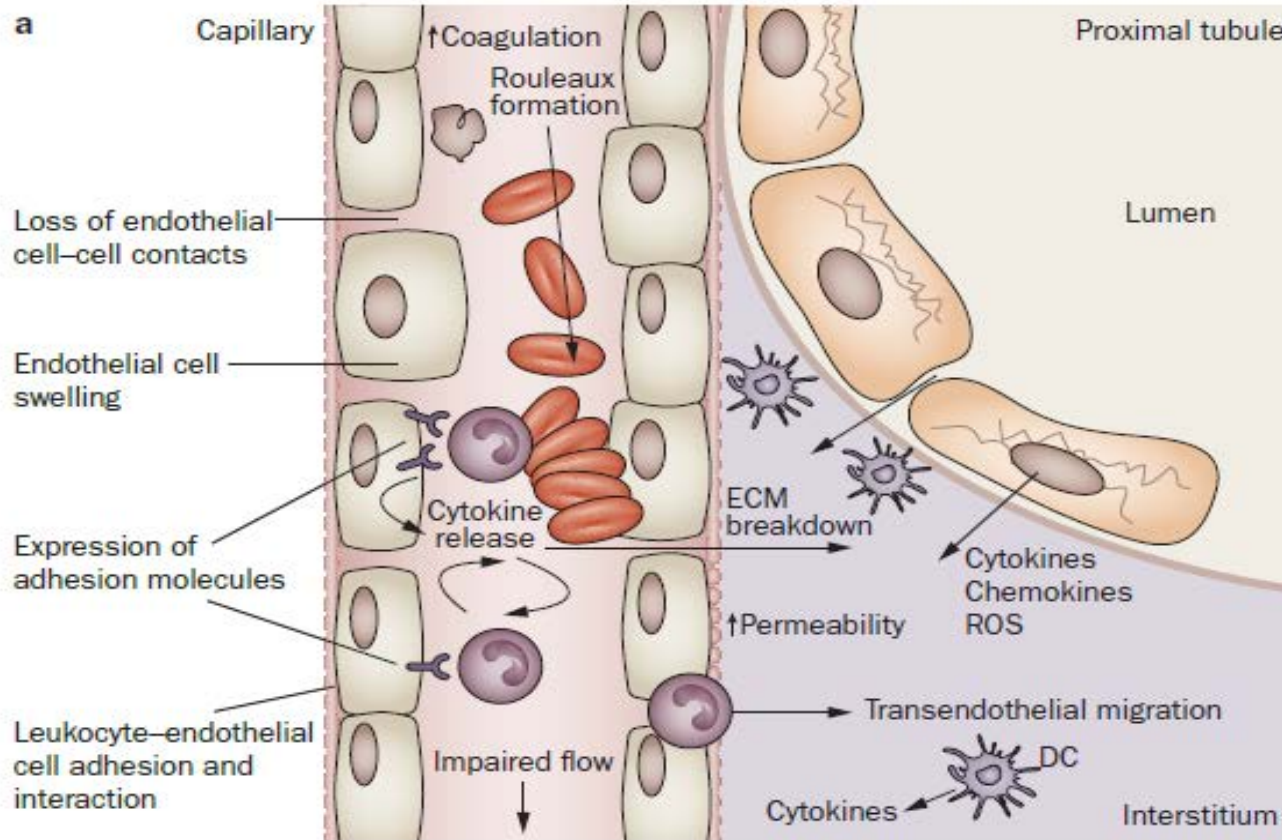


Ischemic

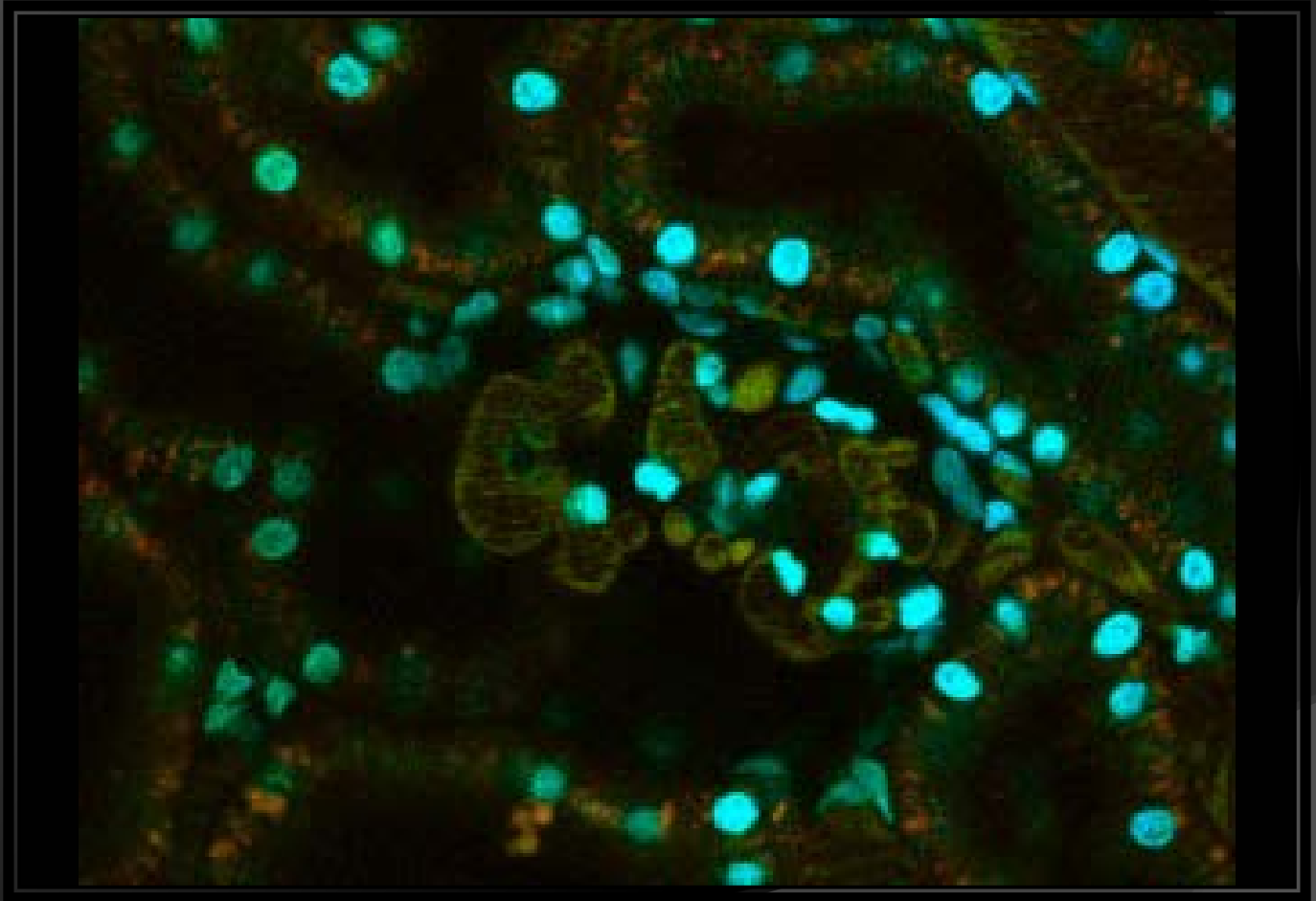
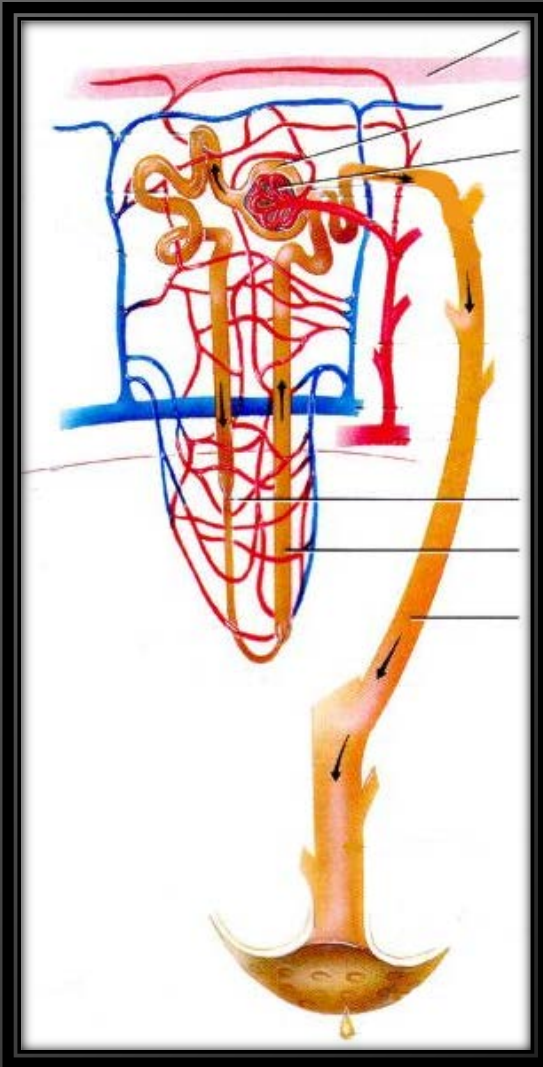
**Available Clinical Data Insufficient to Understand the Disease !**



# Endothelial Pathophysiologic Events in AKI

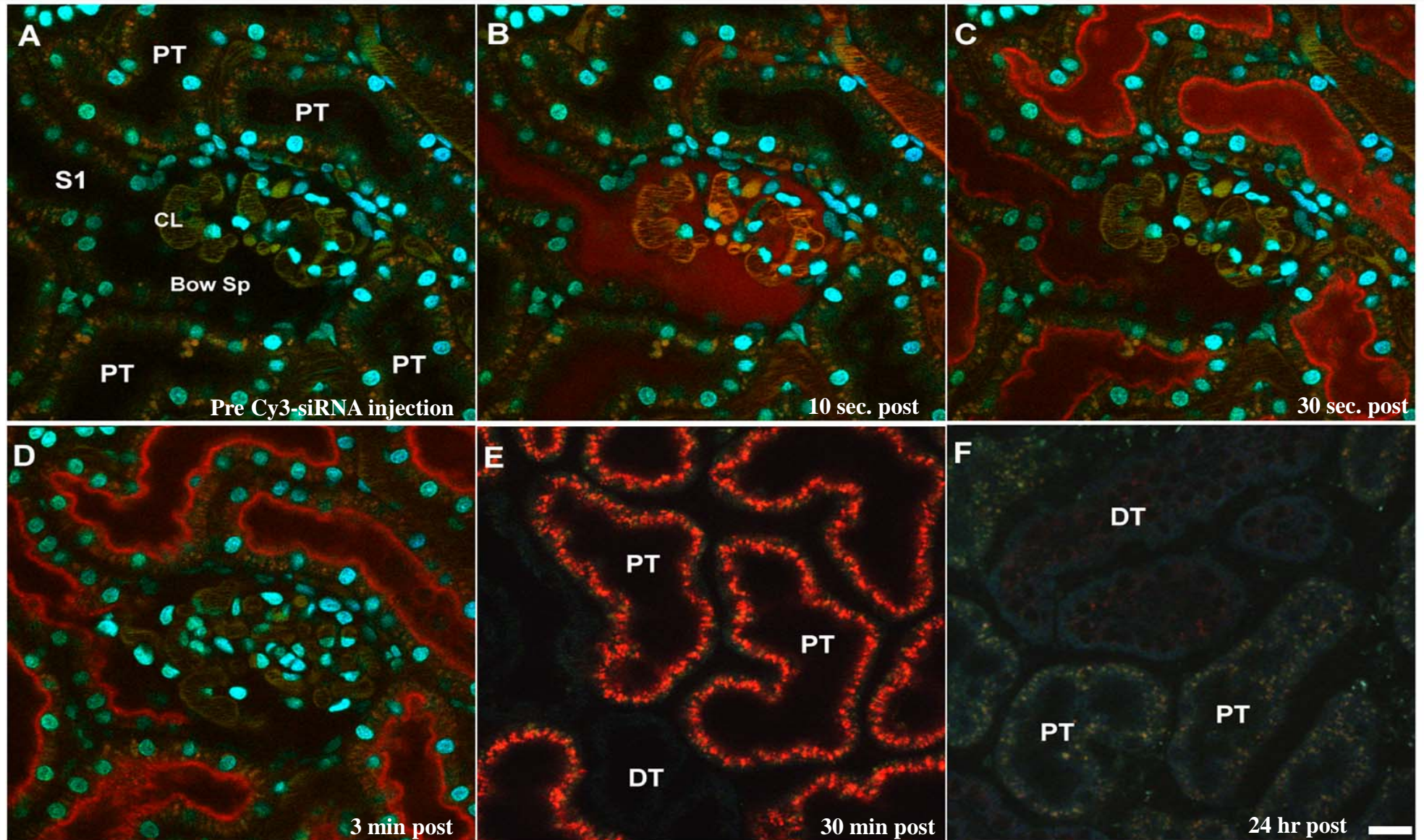


# Cy3-siRNA Filtration and Reabsorption by PTCs

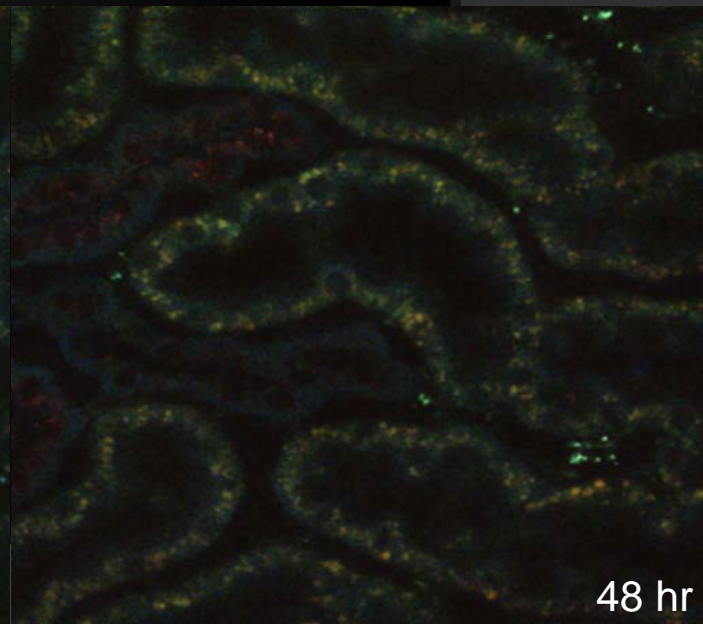
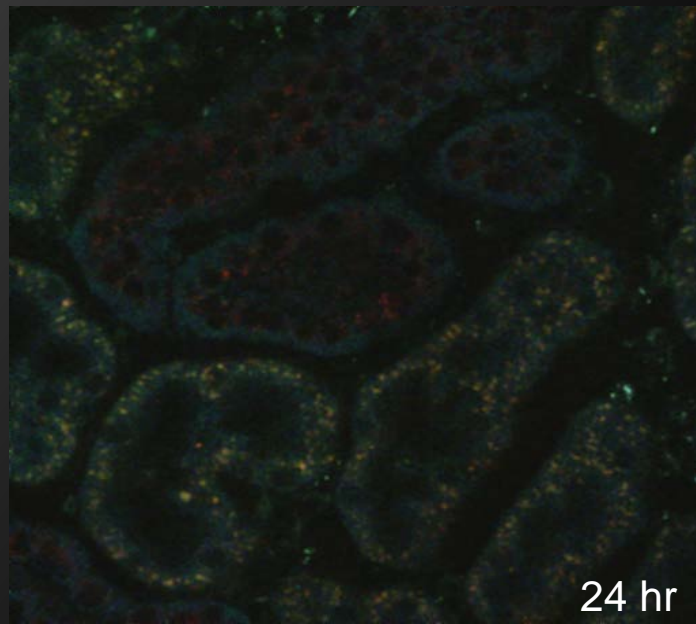
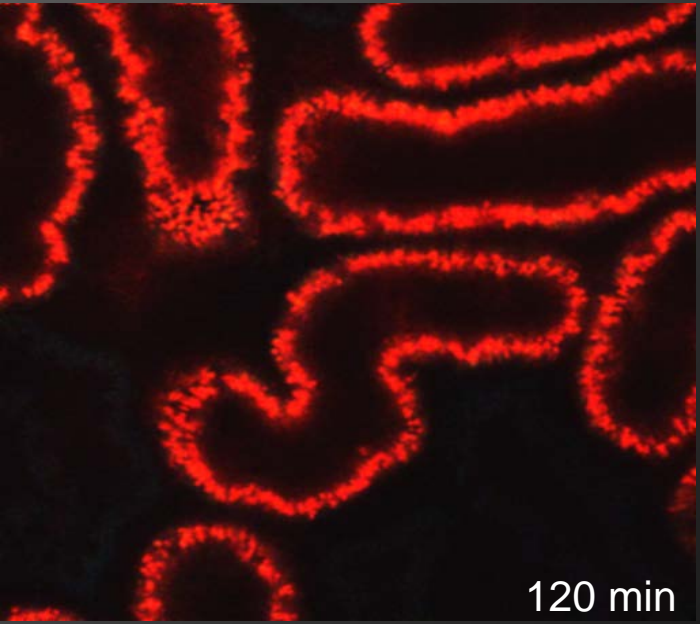
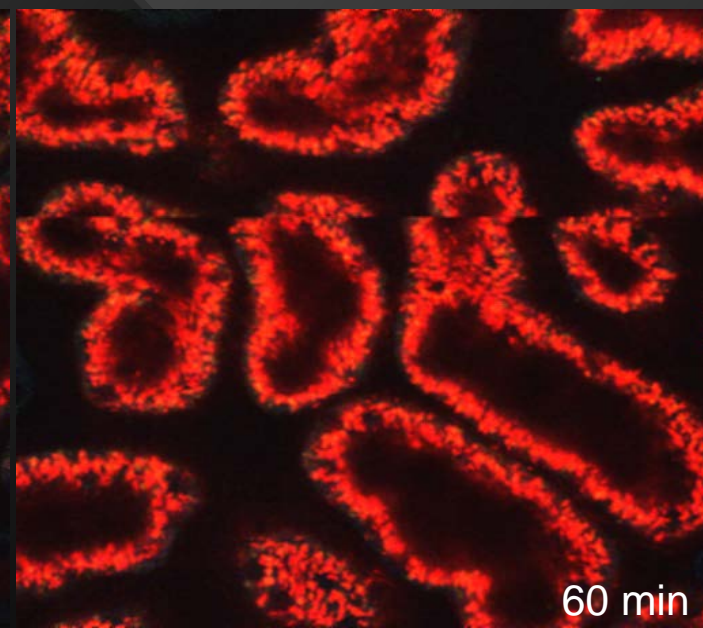
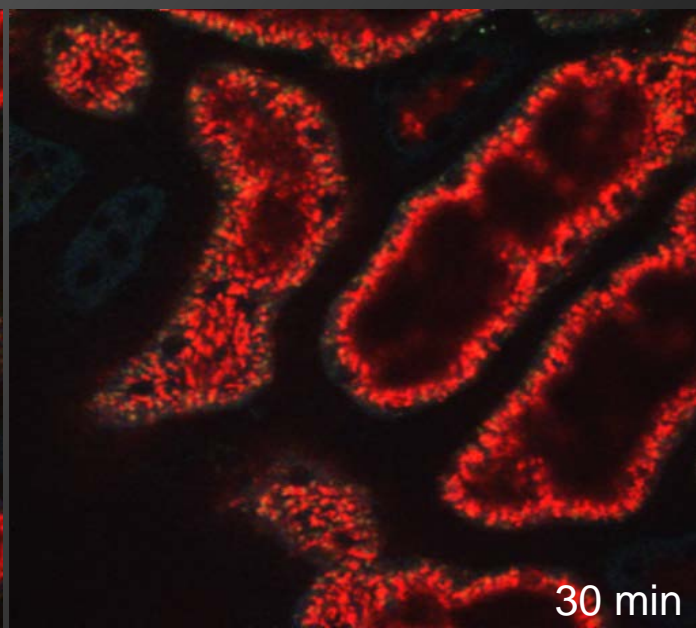
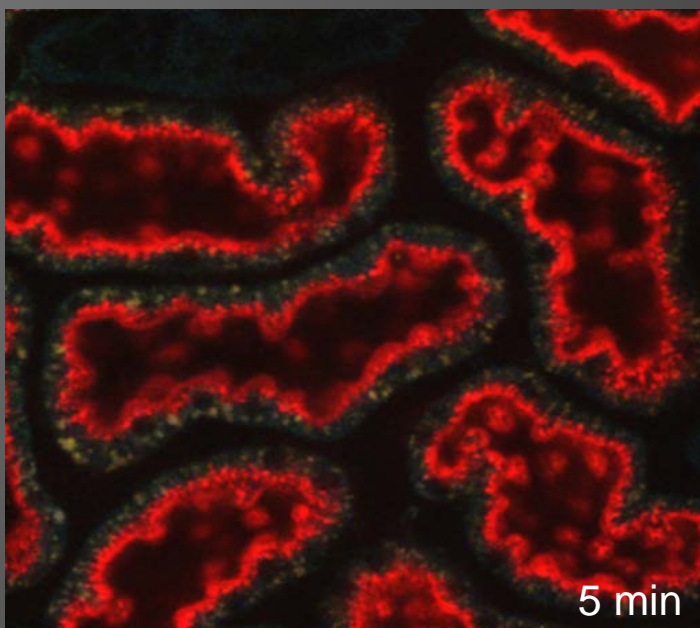




# PTC Uptake and Metabolism of Cy3-siRNA

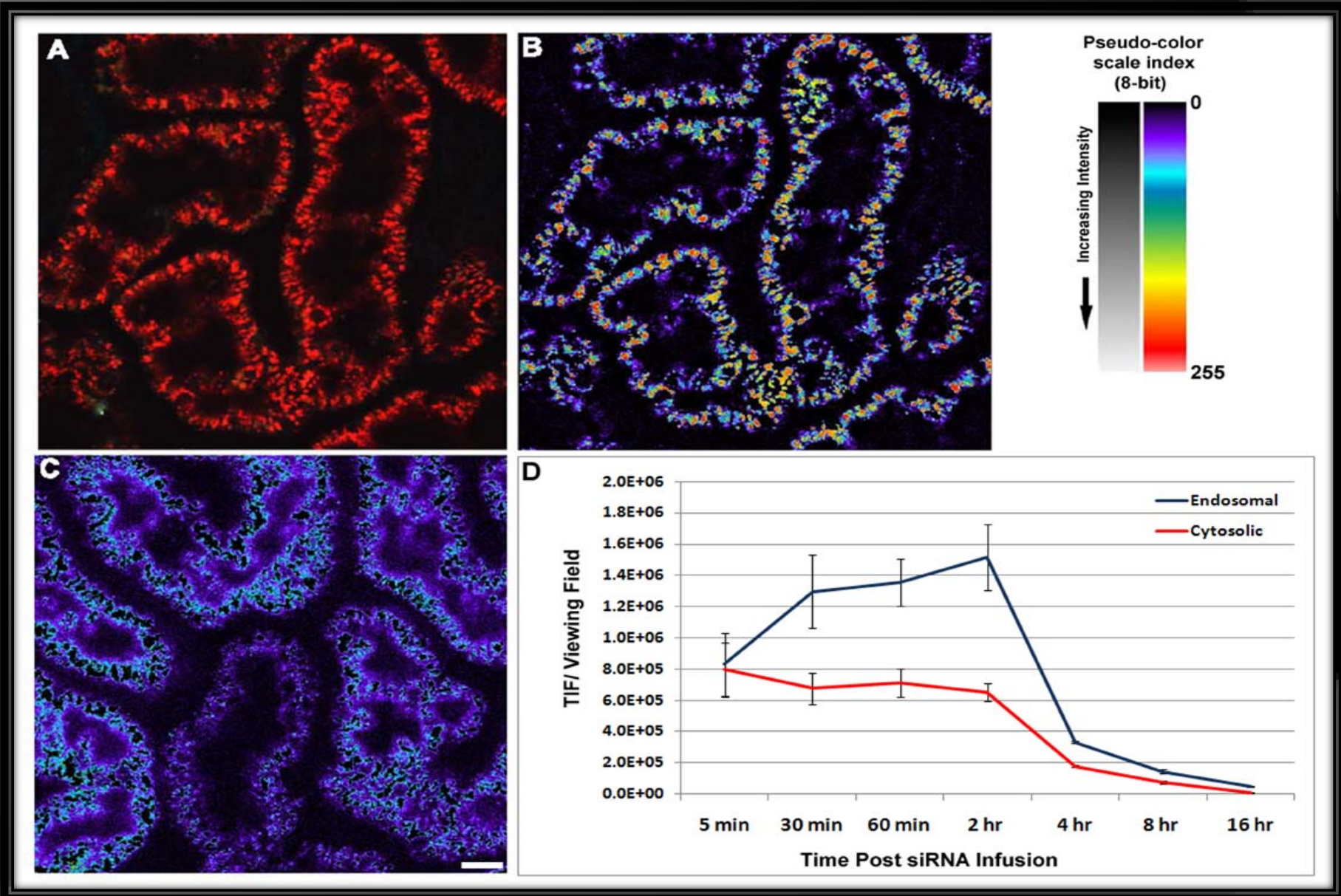






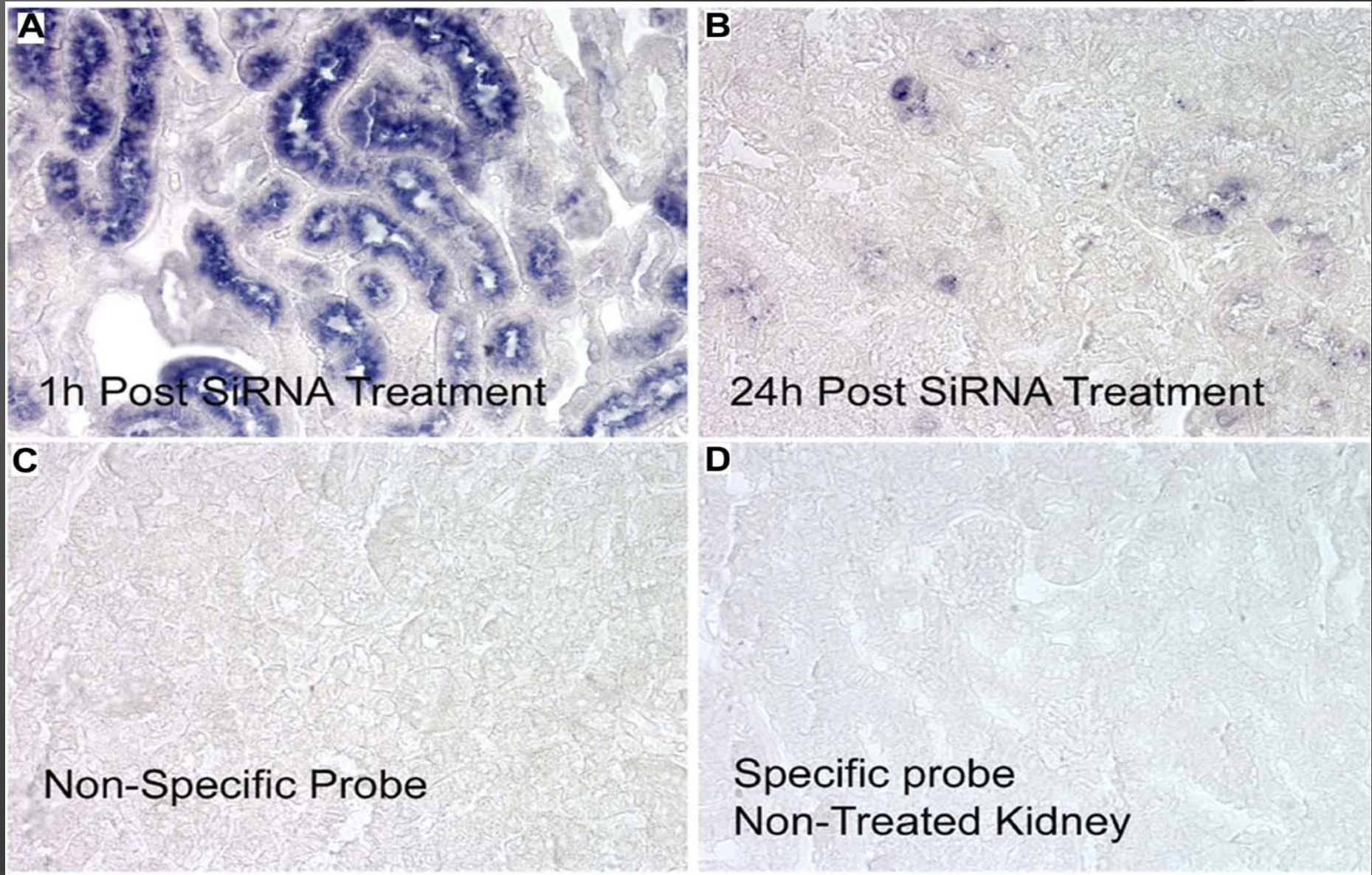


# Quantifying Vesicular vs Cytosolic Cy3-siRNA in PTCs



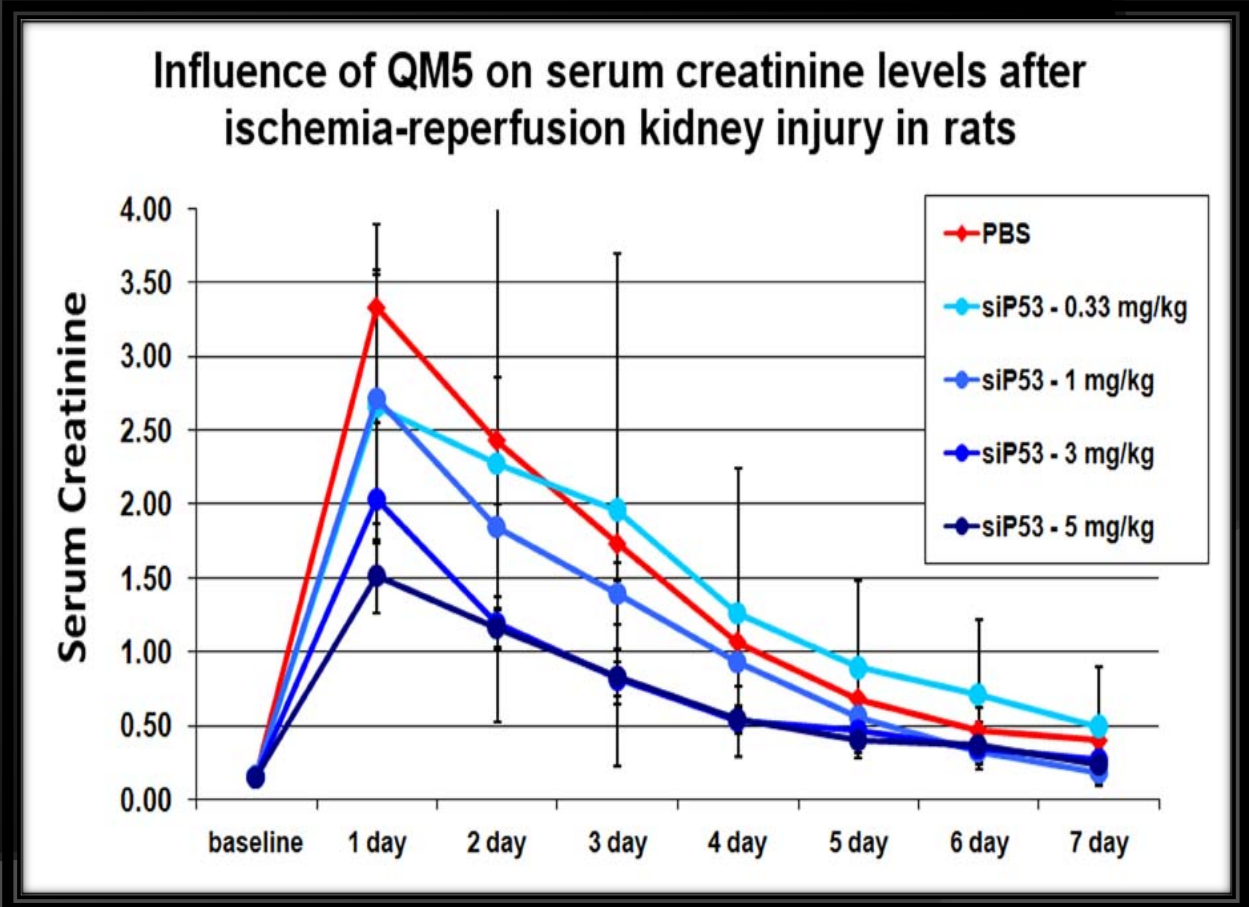
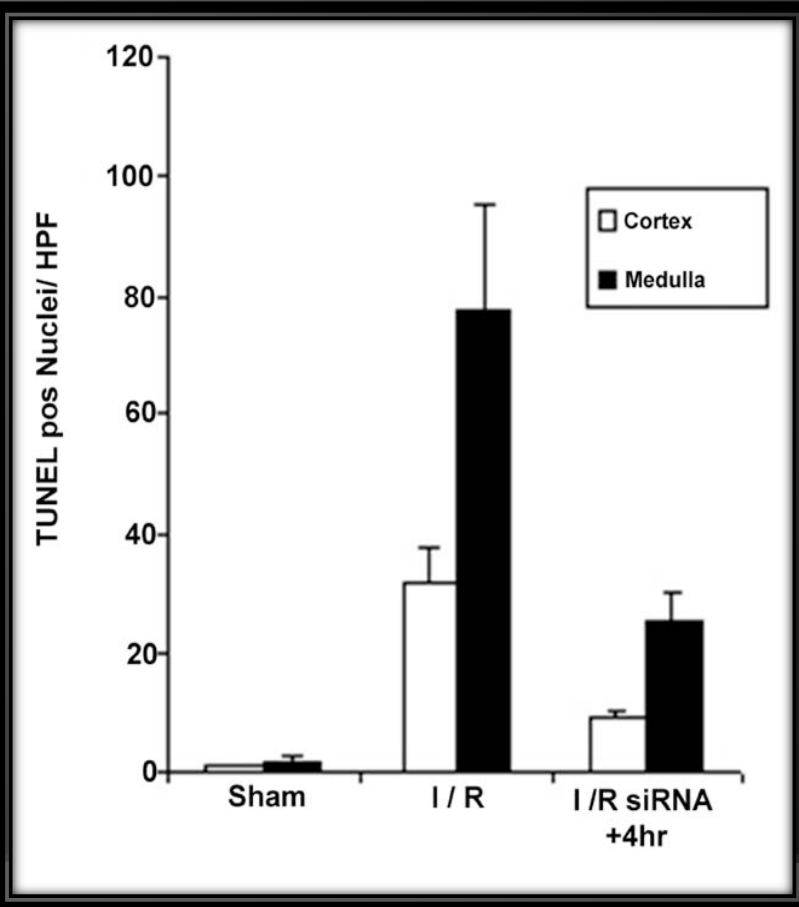
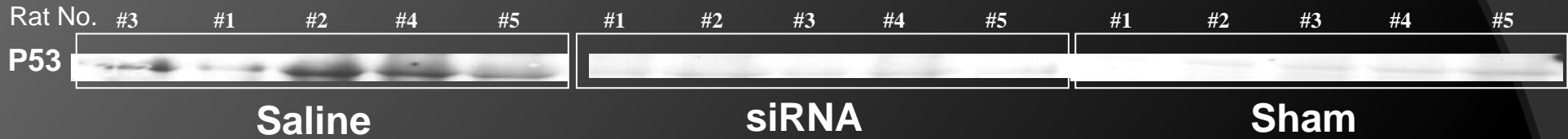


# Rapid Metabolism of siRNA in PTC by In situ Hybridization

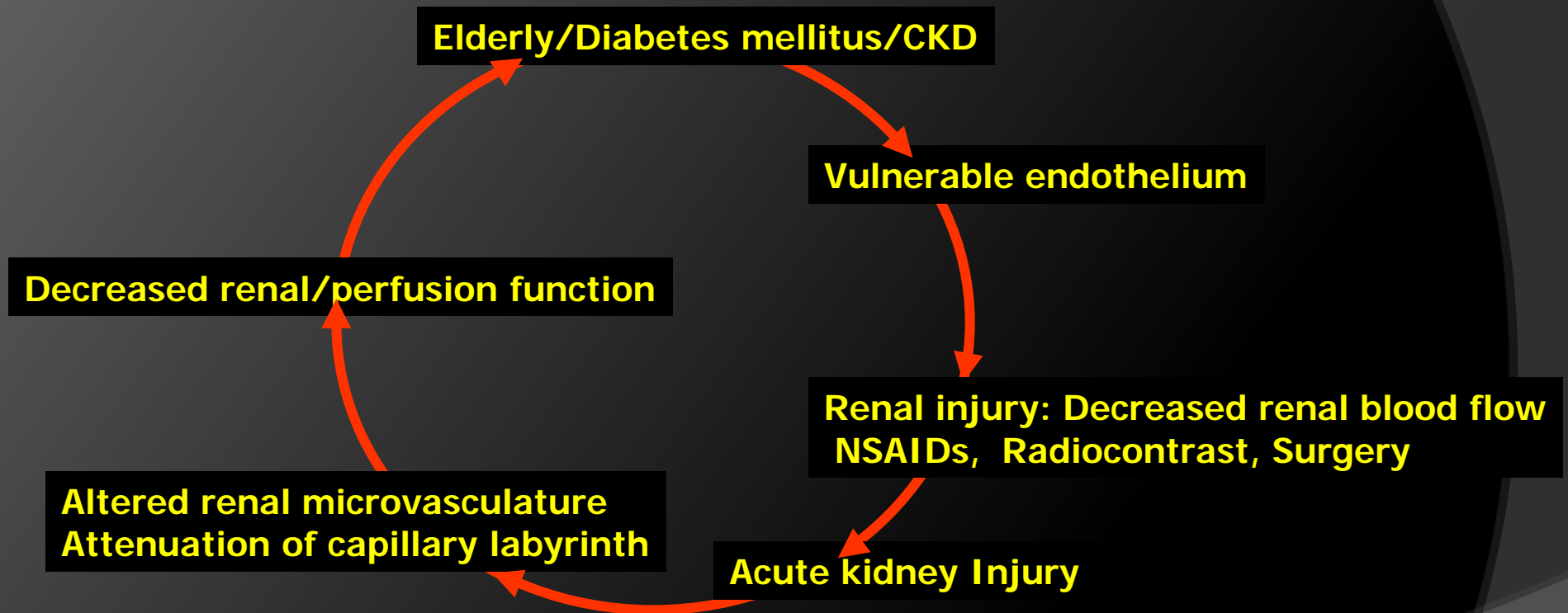




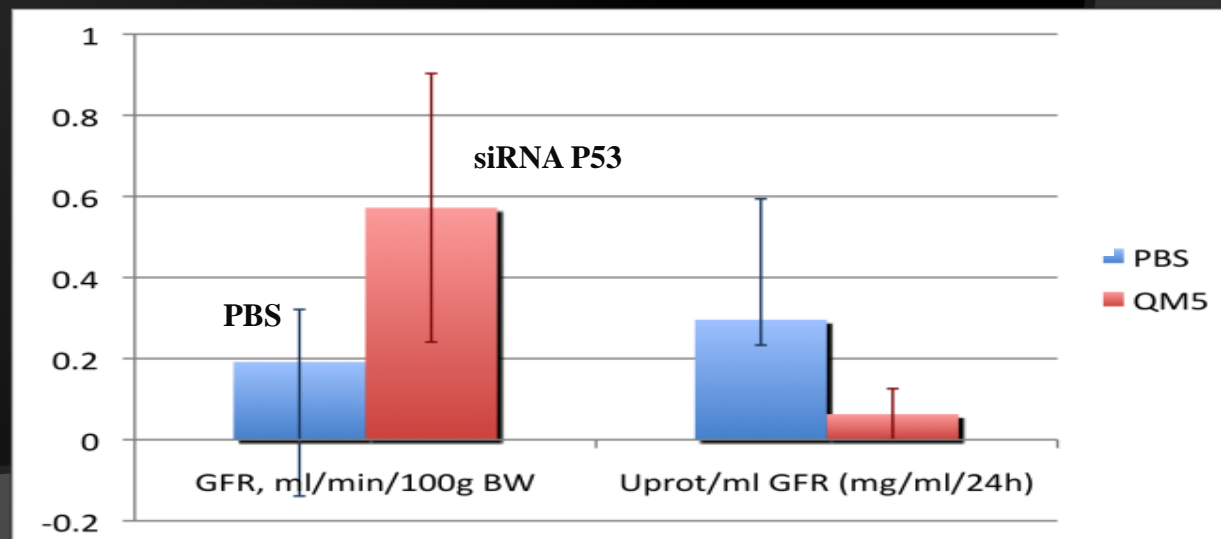
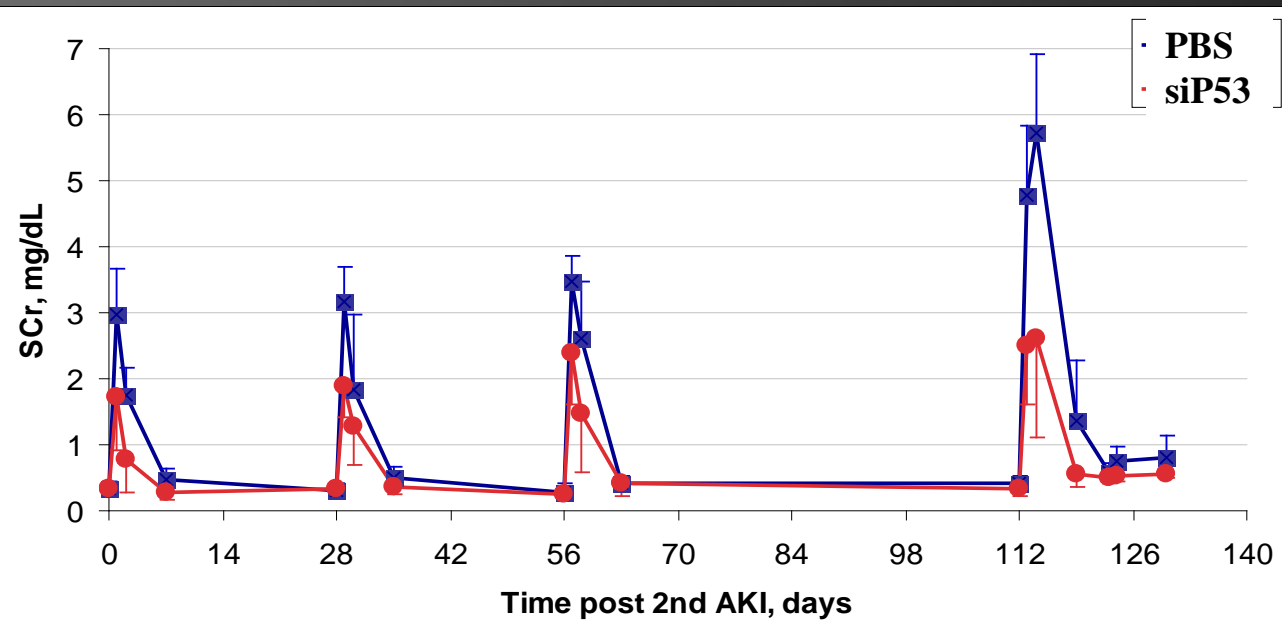
# Effect of siRNA to P53 on Expression, Apoptosis and Kidney Function



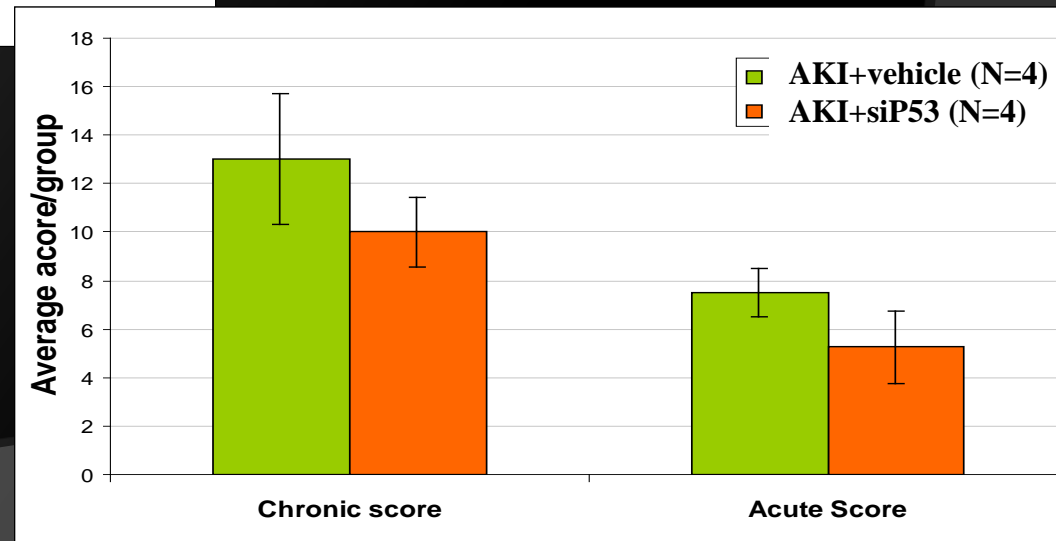
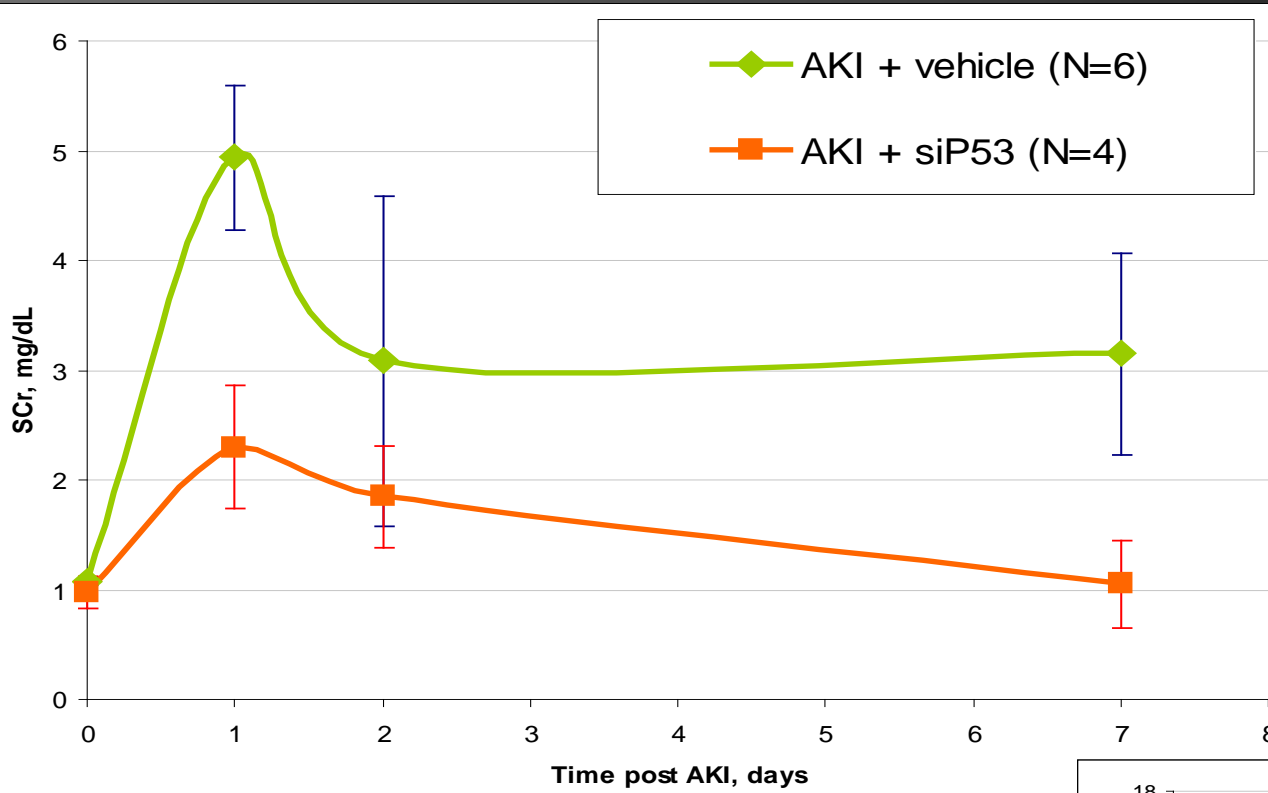
# A vicious cycle



# siP53 Protects GFR and Minimizes Proteinuria



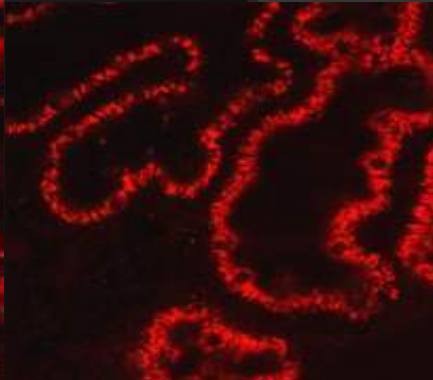
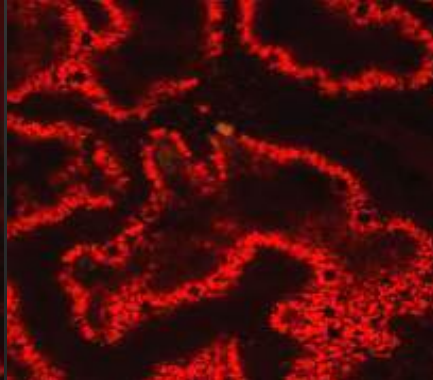
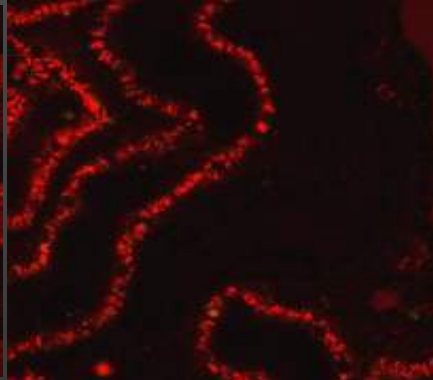
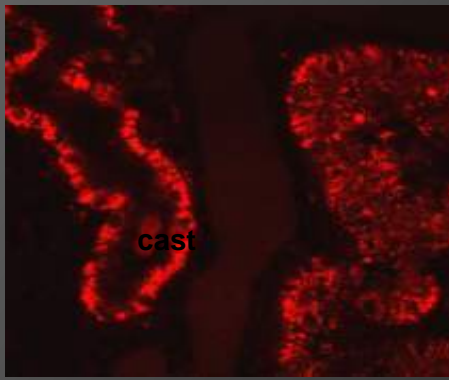
# siP53 Attenuates AKI in pre-existing CKD



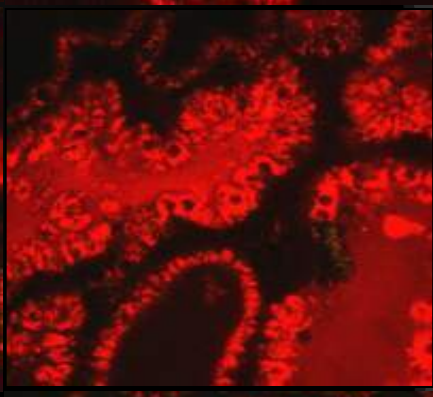
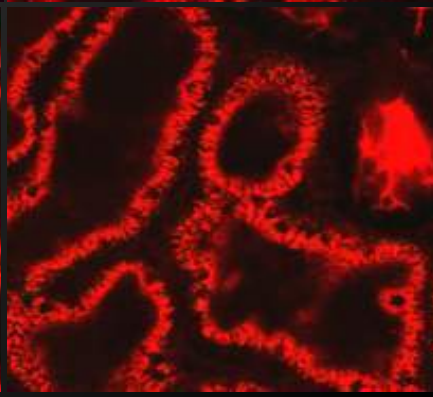
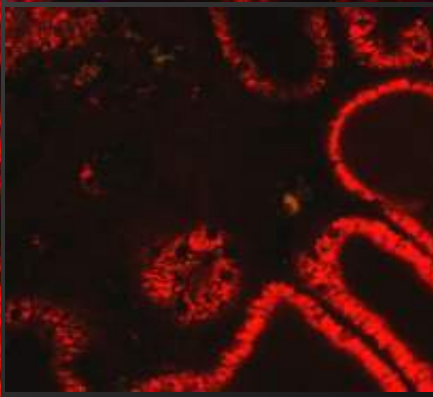
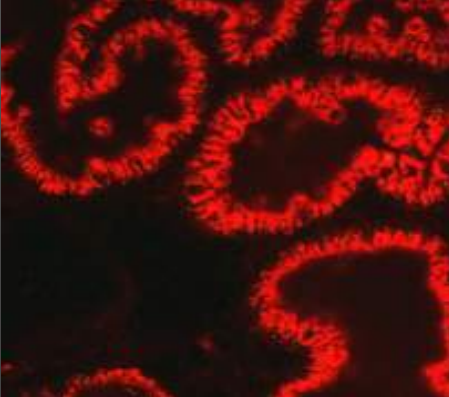


# siRNA is Reabsorbed by PTC in CKD Proteinuric Rats

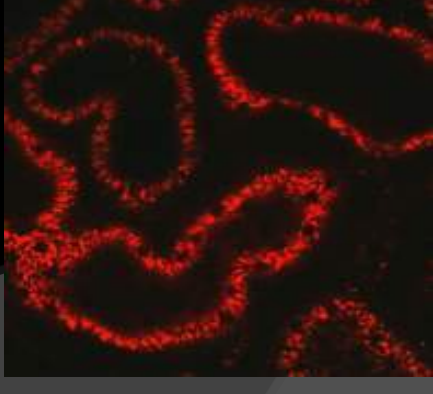
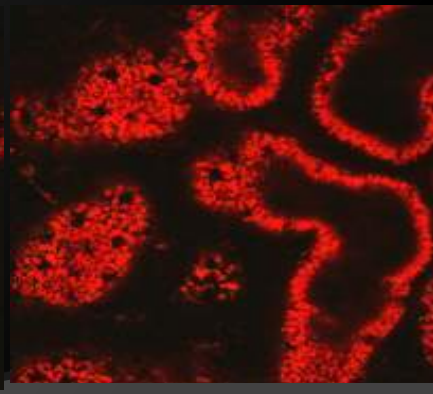
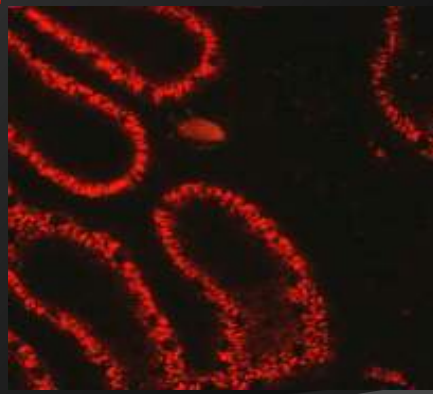
Rat1-  
Normal  
SCr 0.4  
mg/dL



Rat6-  
Group1  
SCr 1.2  
mg/dL  
Saline



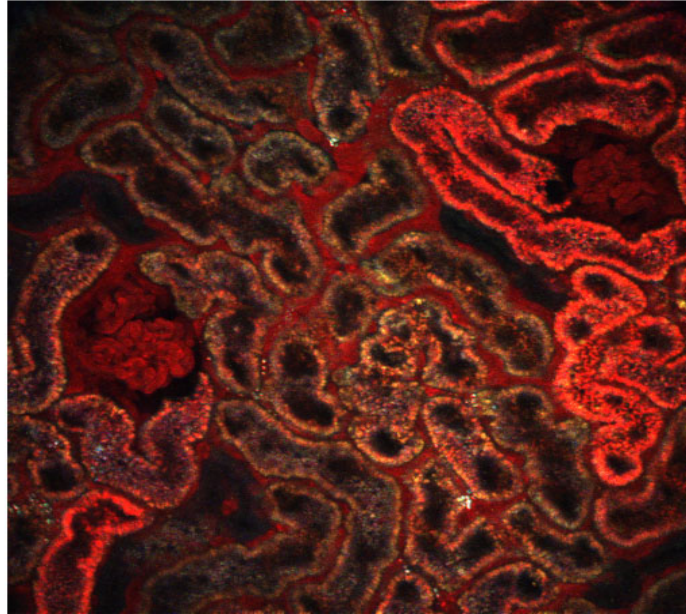
Rat7- Group2  
SCr 0.6mg/dL  
QM5



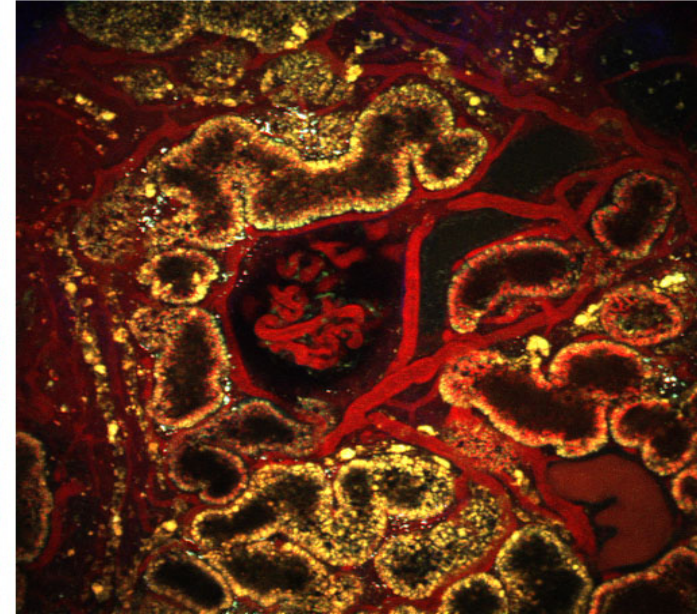
0.9mg Cy3-siRNA 1 hr post Injection Cy3-siRNA

# Proteinuric Model Post AKI and Atrophy

Untreated



CKD

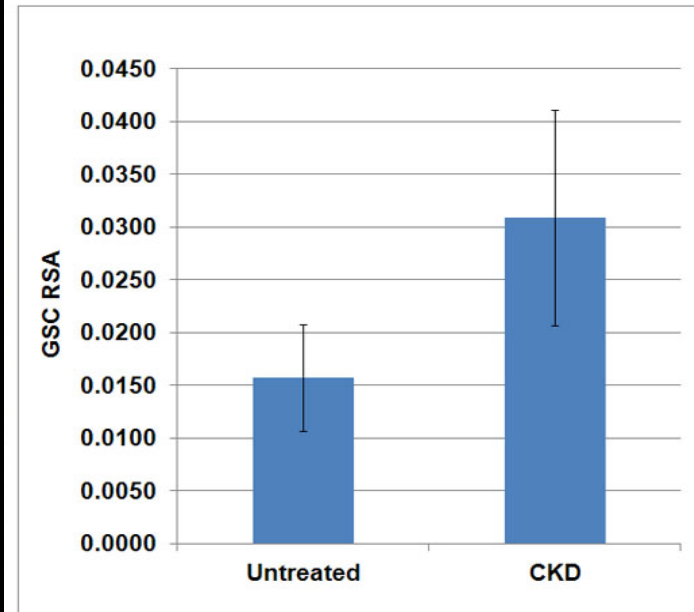


**Male MW-F CKD rats,**

**Mean SCr 1.4 (n=3)**

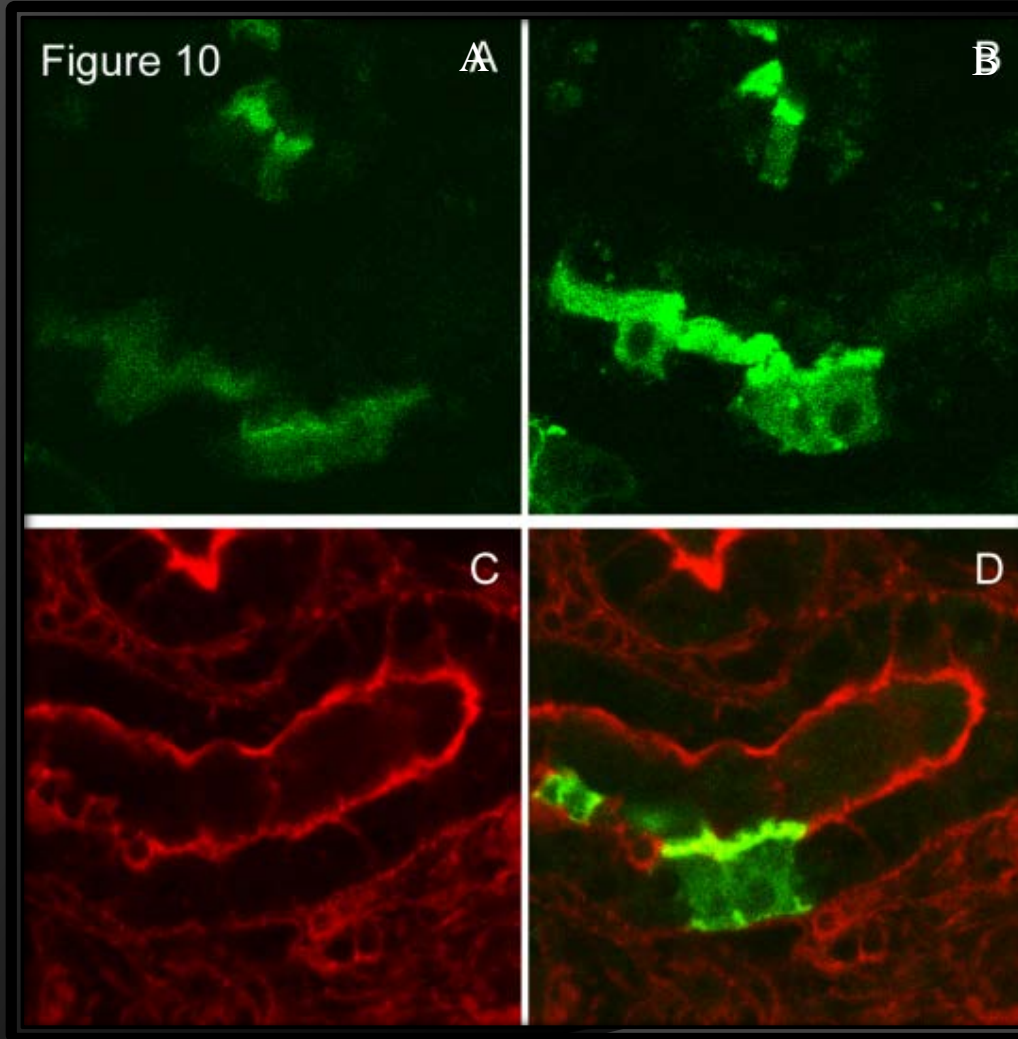
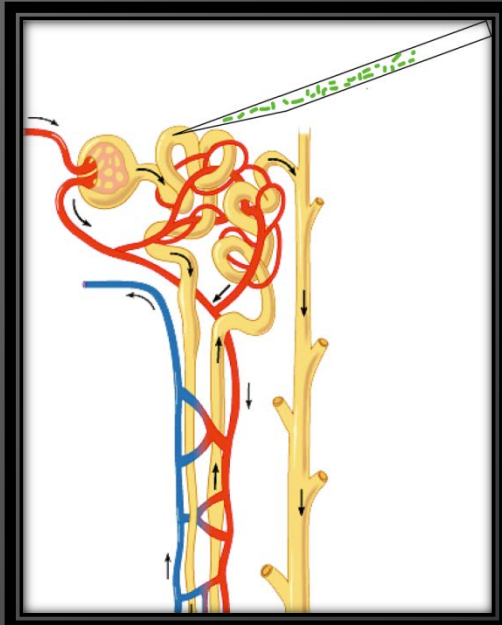
**GFR 0.18 ml/min/100g**

**Uprot 230 mg/24 hr**





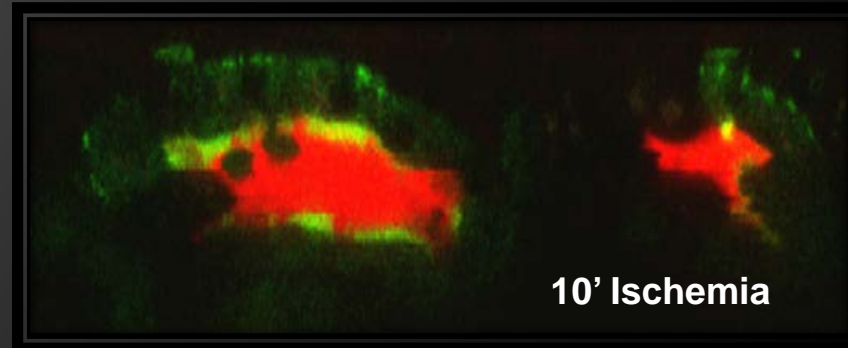
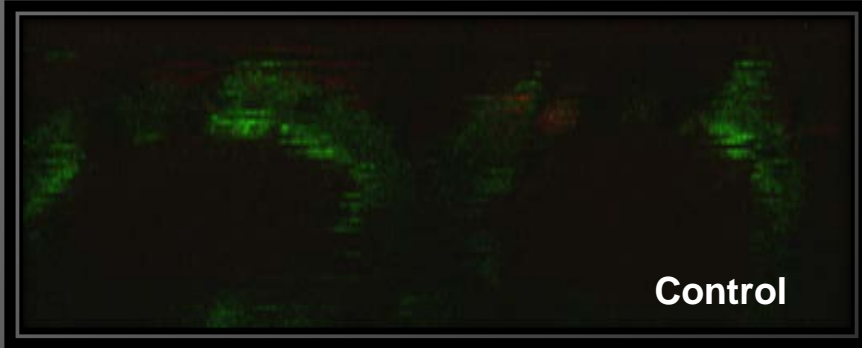
# Micropuncture Delivery of Adeno-eGFP Actin



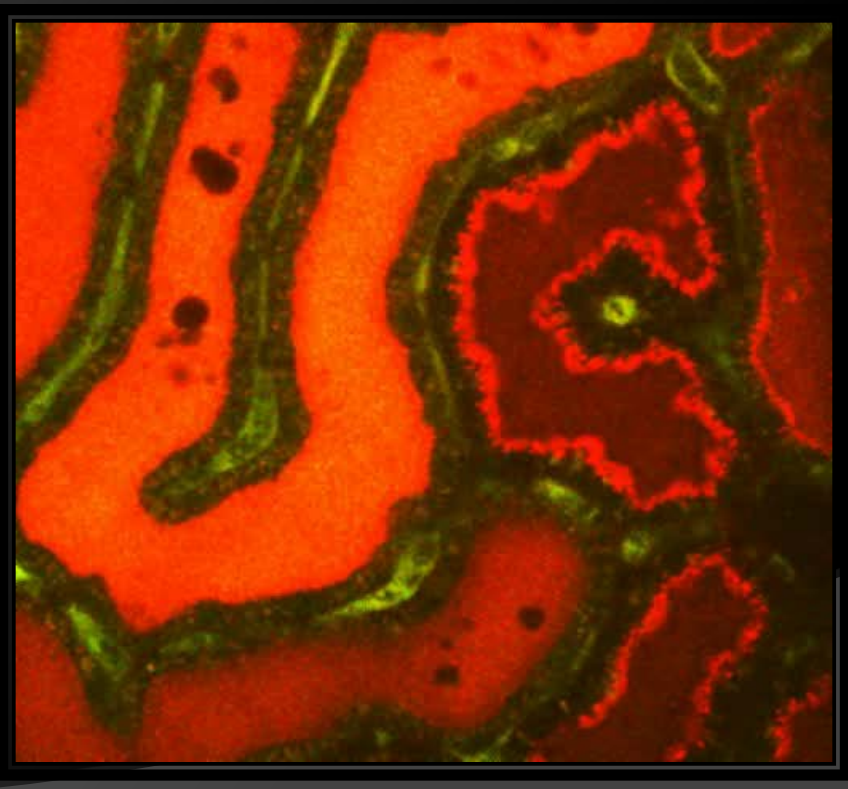
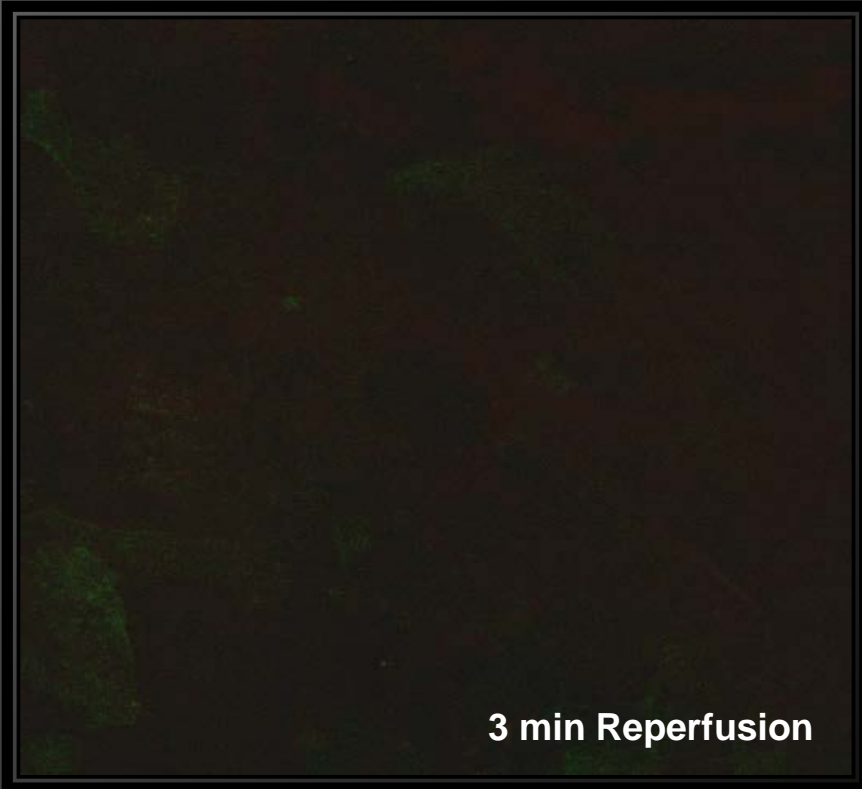
Proximal Tubules  
48 hr post Viral  
Injection

Proximal Tubules  
Post Fixation and  
rhodamine Phalloidin  
Staining;

# Apical Membrane Bleb and Tubular Cast Formation in Ischemia

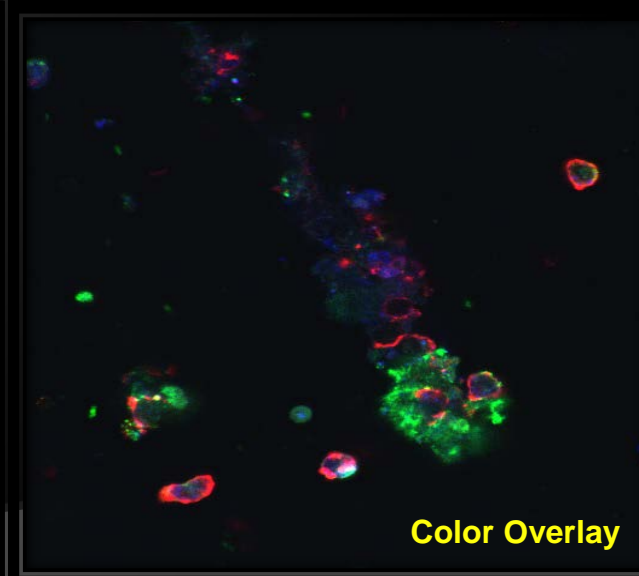
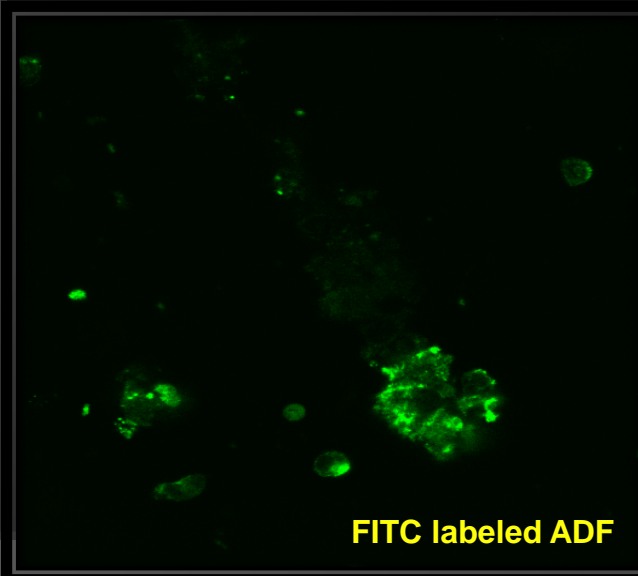
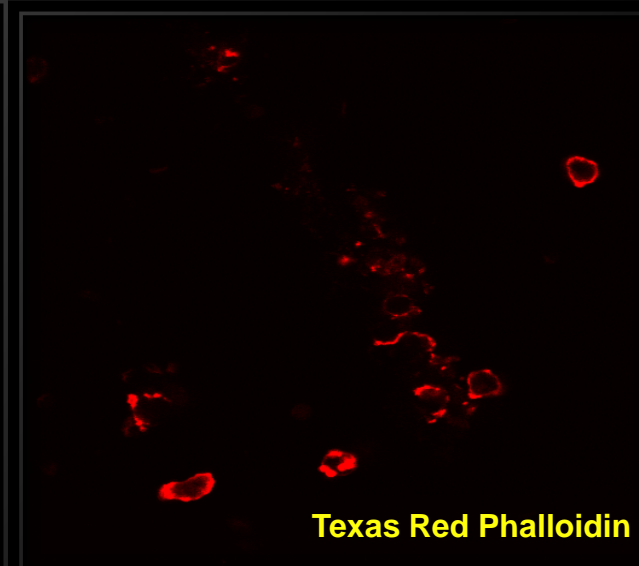
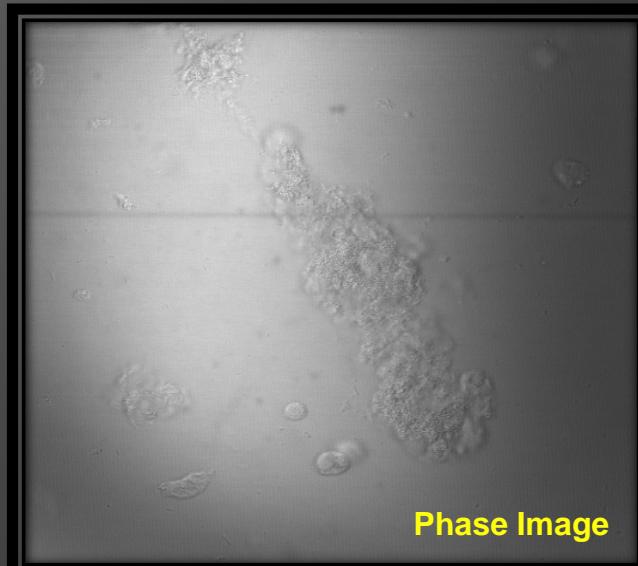


eGFP-Actin and  
3kDa TR Dextran





# Actin Components of a Urinary Cast in Acute Renal Failure



# Summary

**The Proximal Tubule cell is a long lived cell with avid endocytosis**

**Endocytosis is necessary for recycling filtered materials**

**Unfortunately, this includes toxins that accumulate and cause cell injury**

**RNAi therapy is perhaps best applied to the Proximal Tubule**

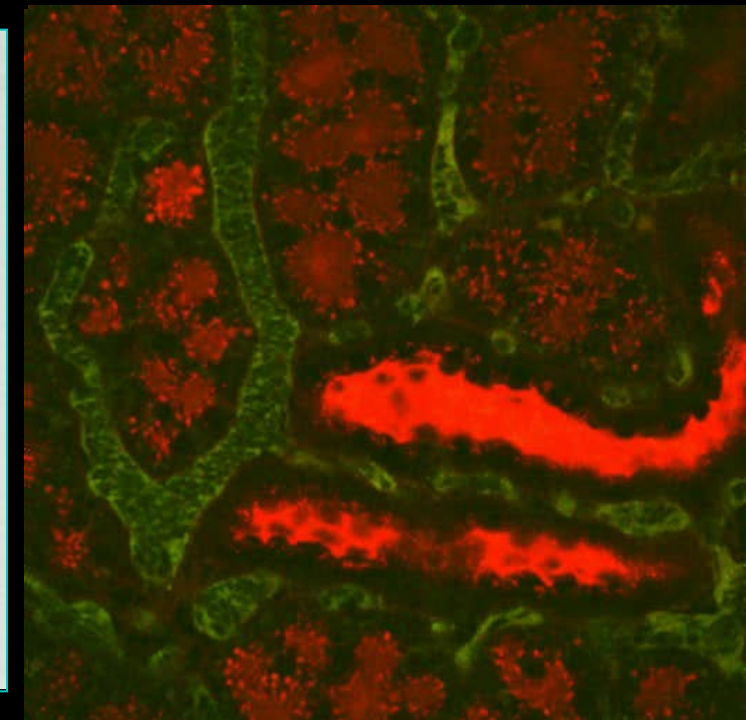
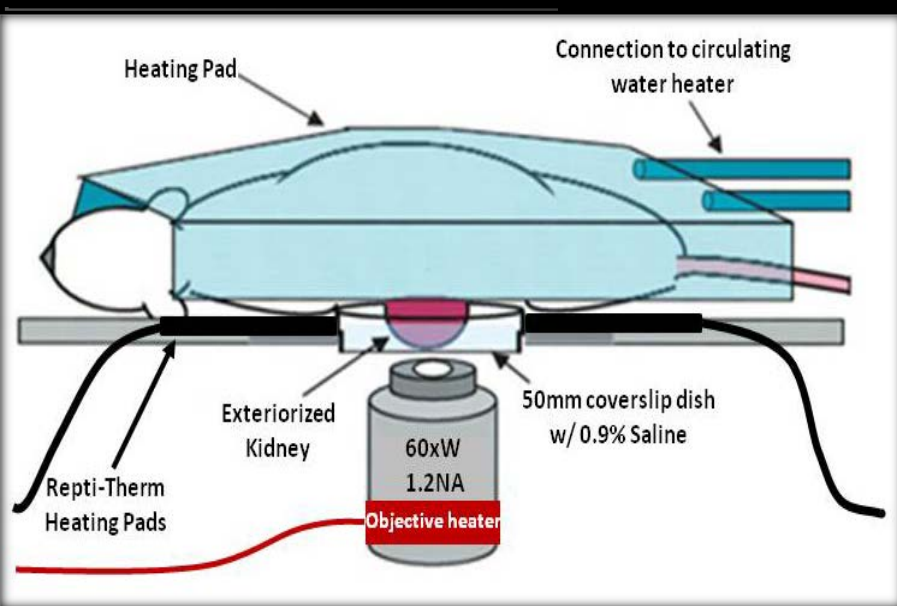
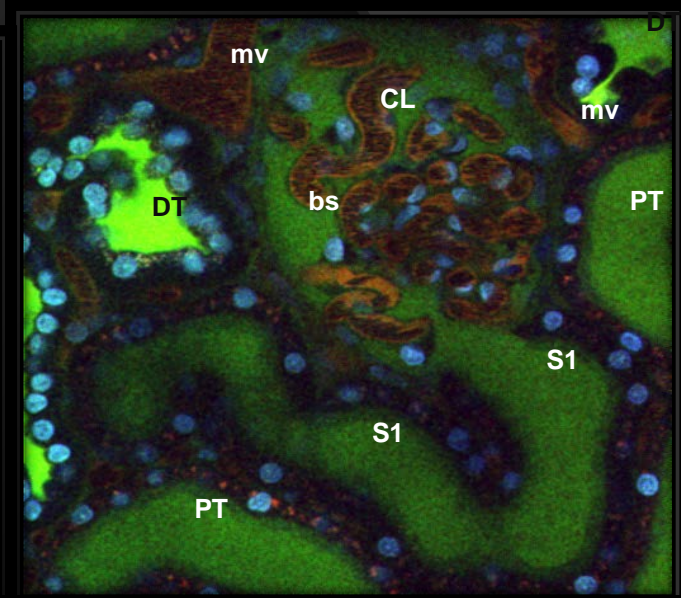
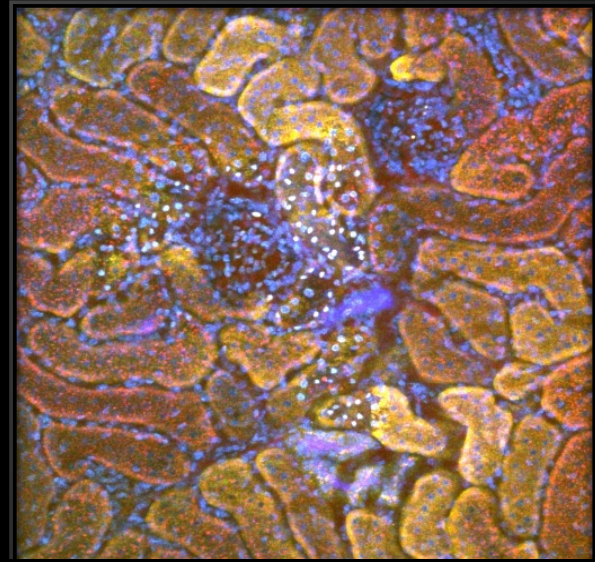
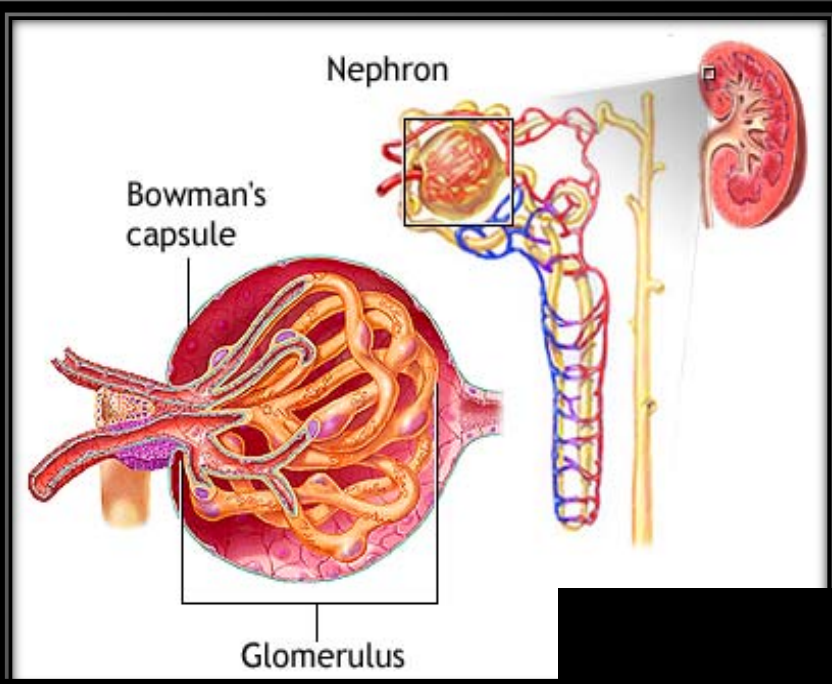
**Presently it is possible to inhibit upregulation of specific proteins**

**It is also possible to down regulate specific proteins**

**There are many untested potential targets for endocytic processes in PTCs**



# Visualizing Vascular, Glomerular & Nephron Function





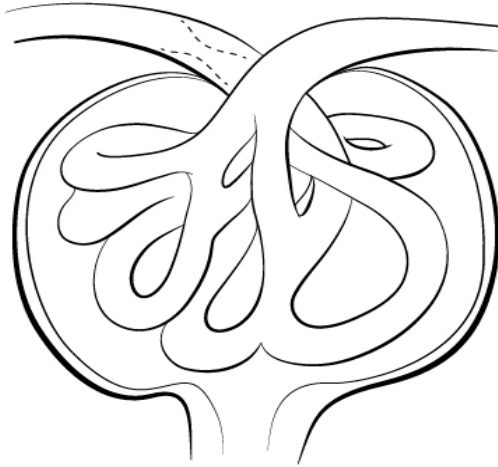
# Series and Parallel Resistors to Vascular Blood in the Kidney

**A. Macro-vasculature**



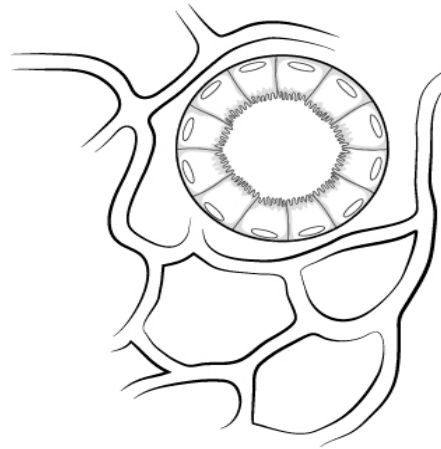
**Volume Depletion, CHF  
Liver Disease, NSAIA  
Renal Artery Stenosis  
Thrombosis, Sepsis with  
Reduced PVR**

**B. Glomerular**



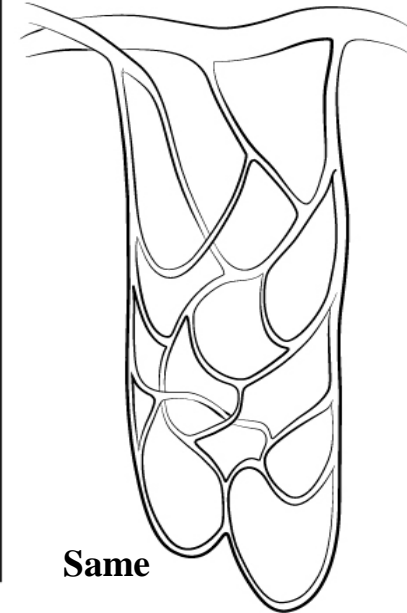
**Vasculitis, Inflammation  
Sclerosis, Fibrosis**

**C. Peritubular**



**Endothelial Dysfunction,  
Coagulopathy, Sepsis,  
Ischemia, Hyperviscosity**

**D. Vaso Recti**

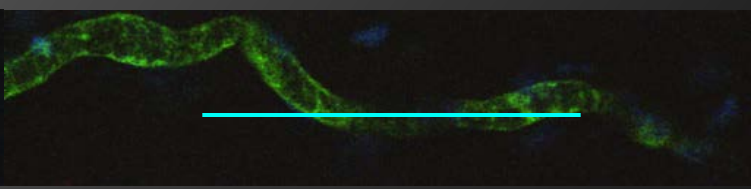
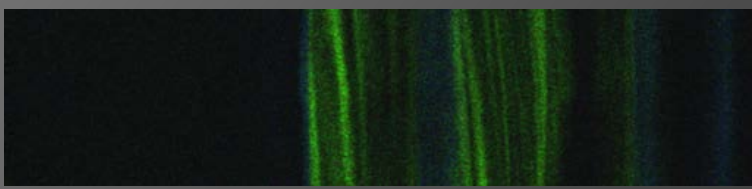


**Same**

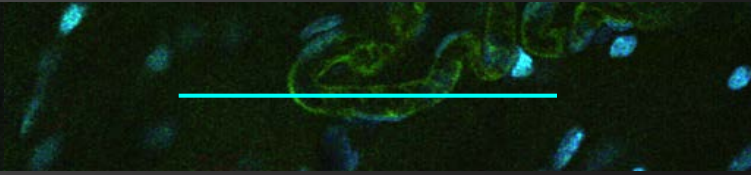
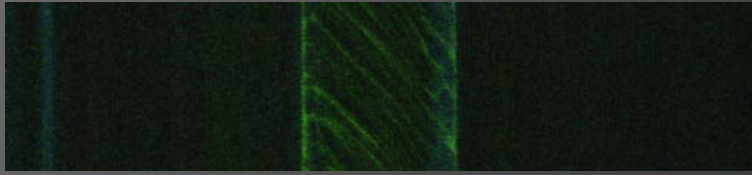
**D. Venous**



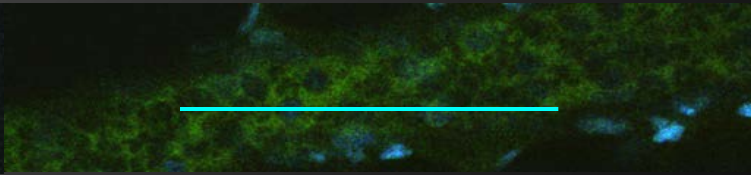
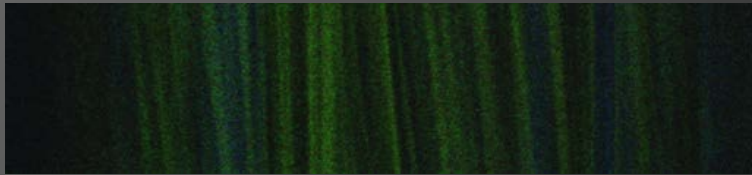
**High Venous  
Pressure  
CHF, ACS  
Thrombosis**



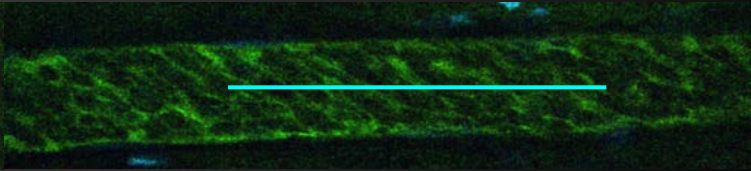
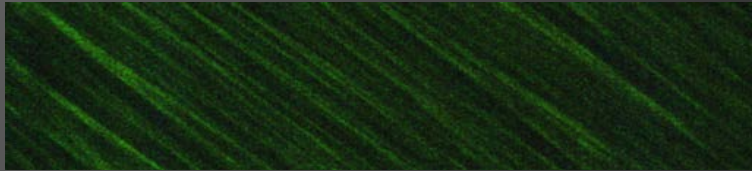
Vessel Diam.=7.5  $\mu\text{m}$   
Ave.Speed=14 $\mu\text{m}/\text{sec}$



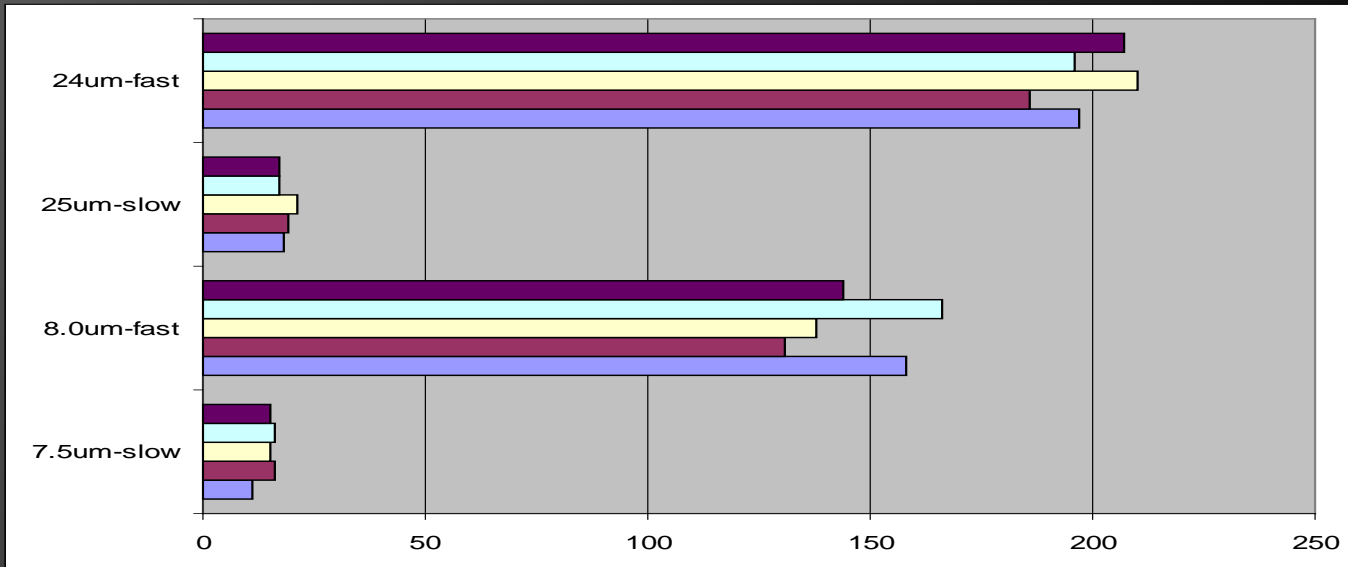
Vessel Diam.=8  $\mu\text{m}$   
Ave Speed=147 $\mu\text{m}/\text{sec}$



Vessel Diam.=23  $\mu\text{m}$   
Ave Speed=18 $\mu\text{m}/\text{sec}$



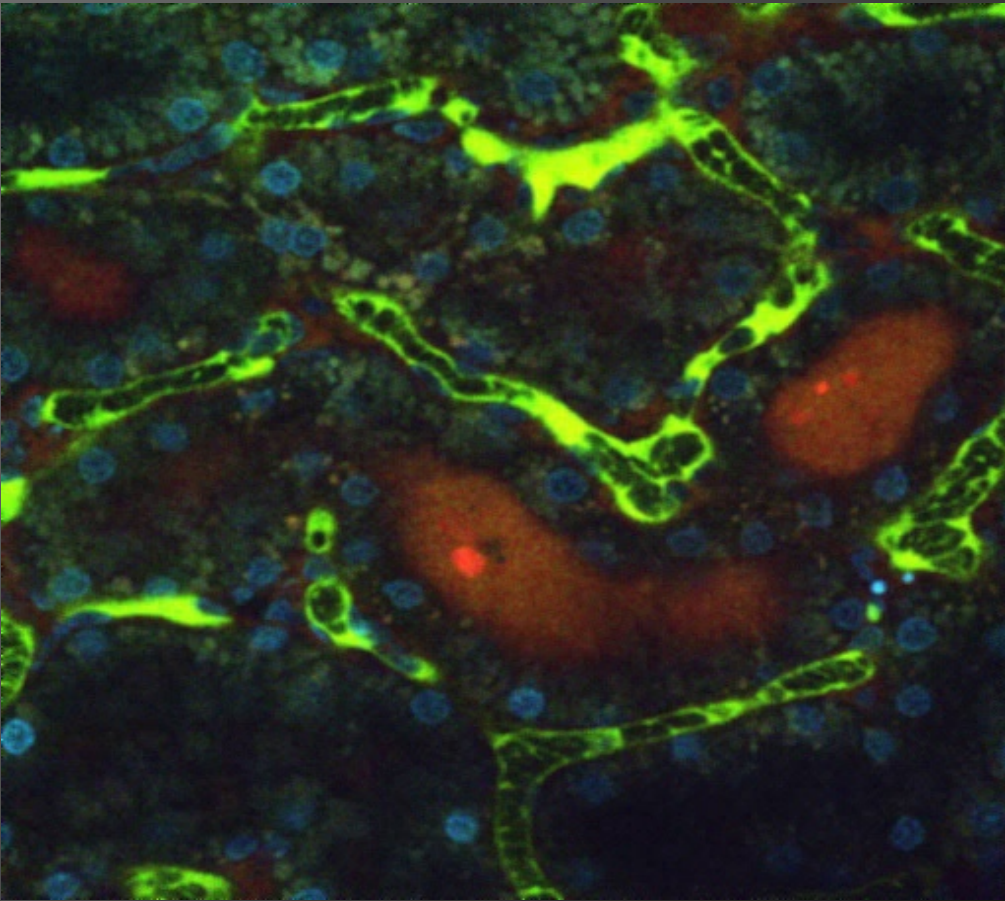
Vessel Diam.=24  $\mu\text{m}$   
Ave Speed=199 $\mu\text{m}/\text{sec}$



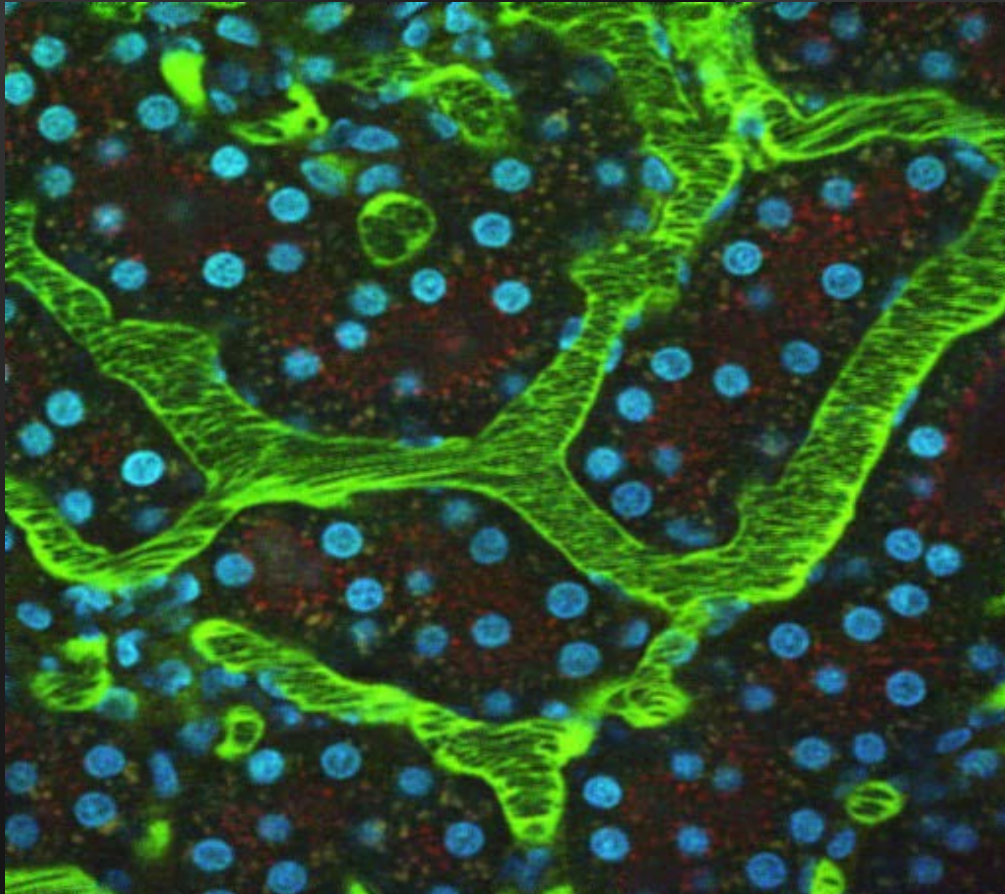
Vessel Diam.	Ave Speed	St. Dev
7.5 $\mu\text{m}$ -slow	14.6	2.07364414
8.0 $\mu\text{m}$ -fast	147.4	14.3805424
25 $\mu\text{m}$ -slow	18.4	1.67332005
24 $\mu\text{m}$ -fast	199.2	9.5760117



# Microvascular Blood Flow at 24h Post Ischemia Effect of sTM



**Saline treated**

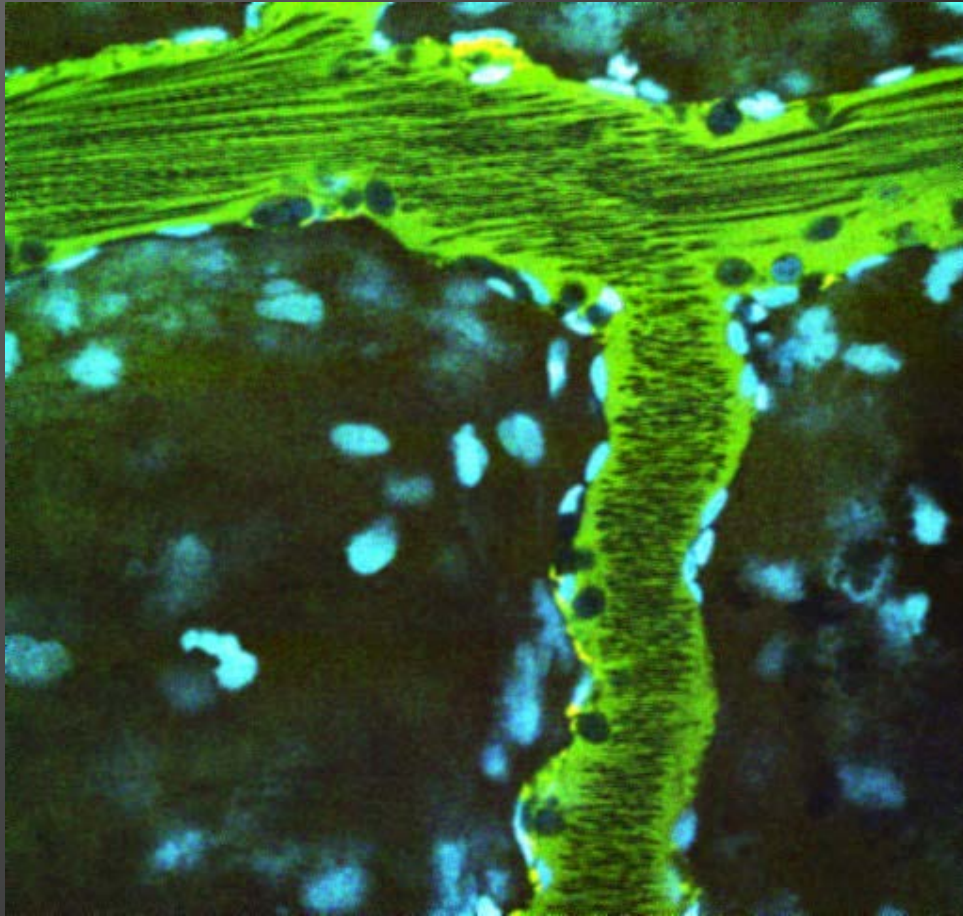


**sTM treated**

Blood Flow velocity (μm/sec)	253.36+/-95.01	786.75 +/- 280.75 * *P < 0.05
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# Leukocyte-Endothelial Interactions – Intra-Vital 2-Photon



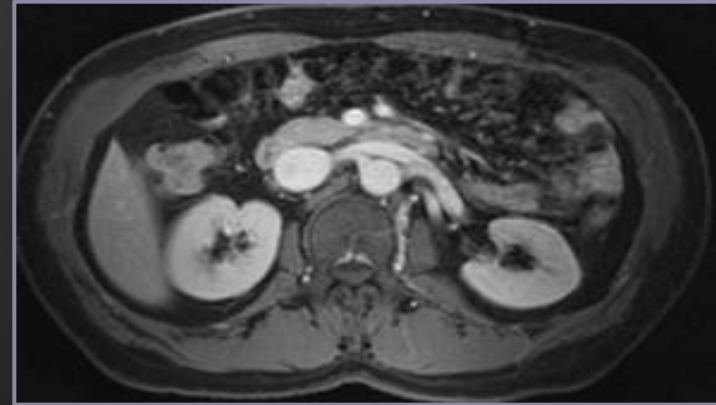
	Saline	sTM treated
Flowing (%)	69.5	88.3 *
Rolling (%)	18.2	8.3 *
Static (%)	12.9	3.3 *

\*  $p < 0.05$

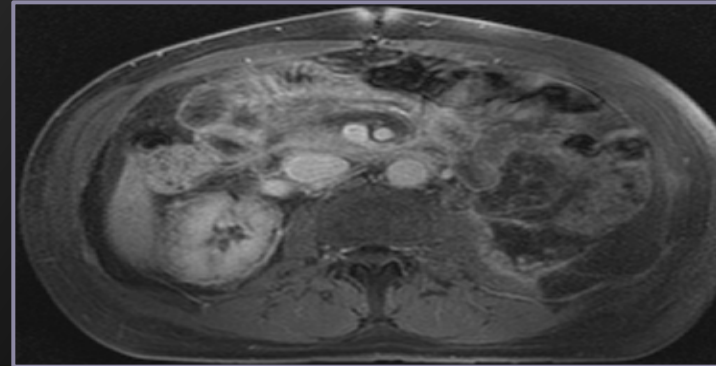
Ischemic – Saline treated rat at 24h

# Effect of sTM Therapy on Kidney Function in Acute Kidney Injury

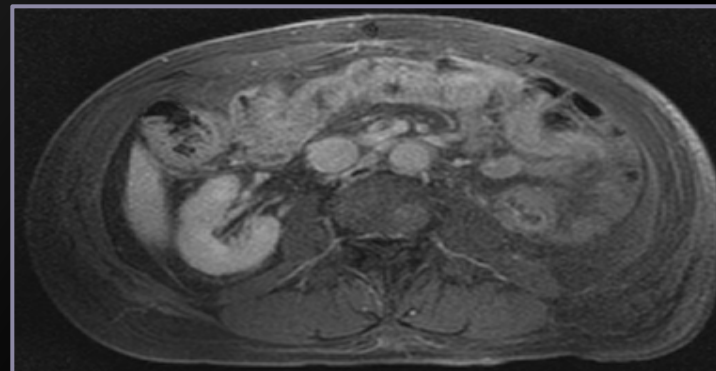
NMR Prior to Kidney Donation



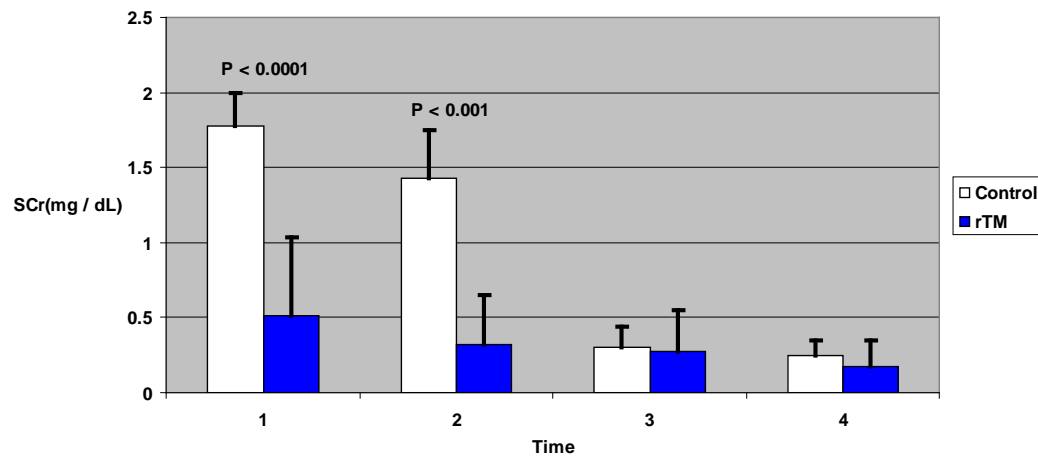
Acute Kidney Injury



Resolution of AKI



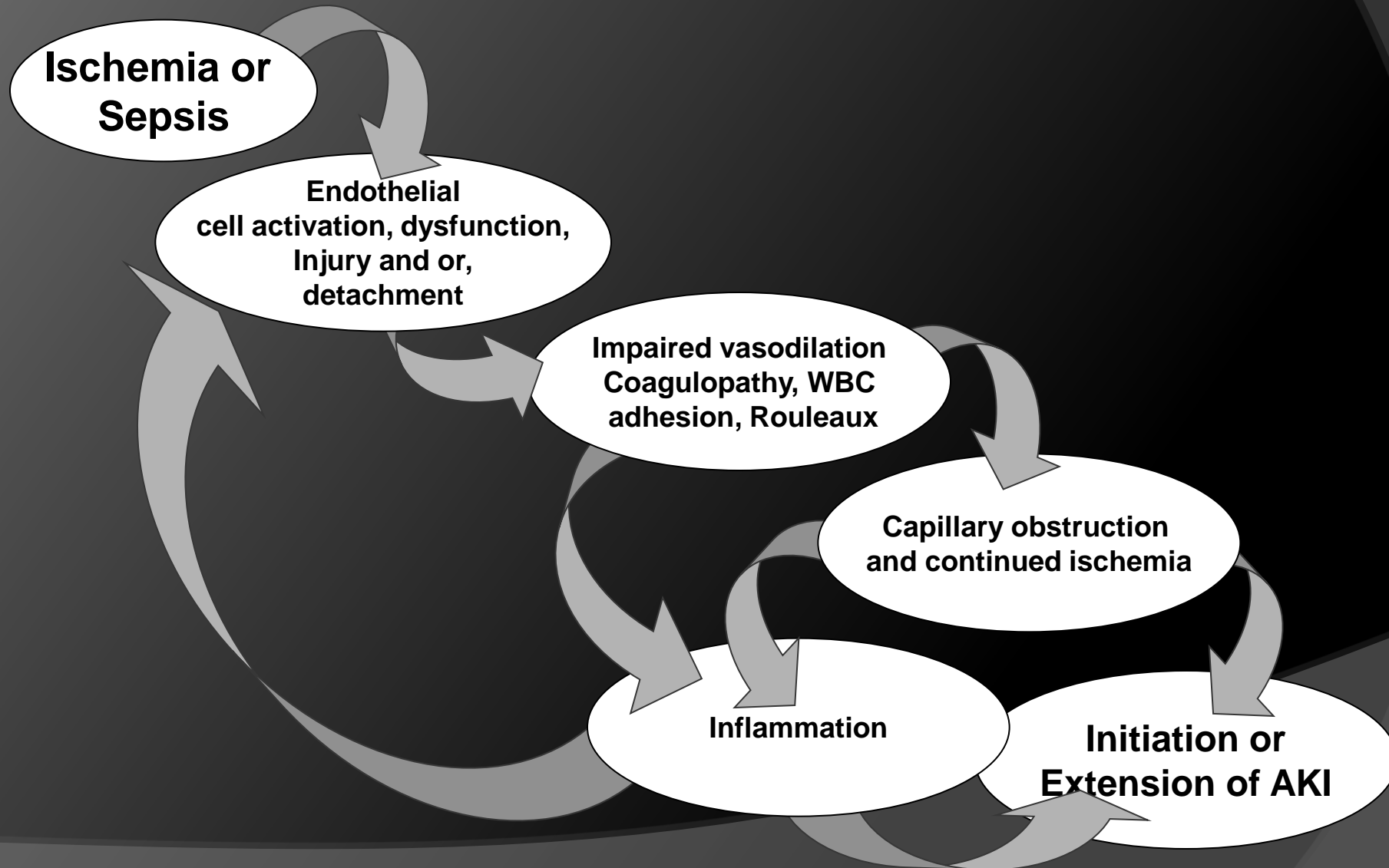
Effect of Pre-treatment with Soluble Rat Thrombomodulin on AKI



Sharfuddin et.al. JASN 2009

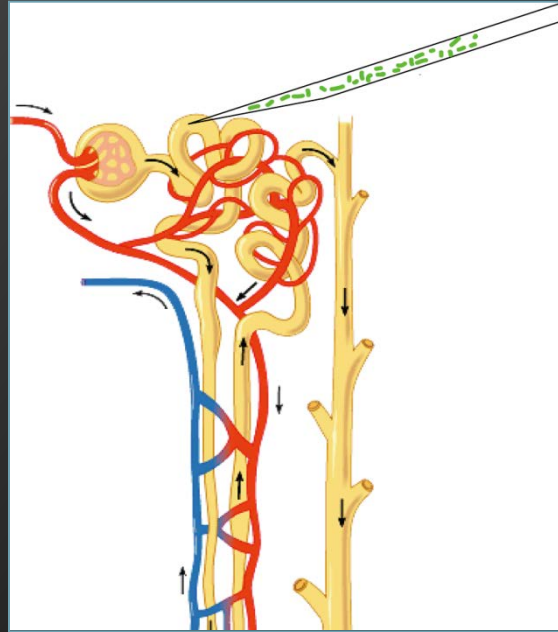
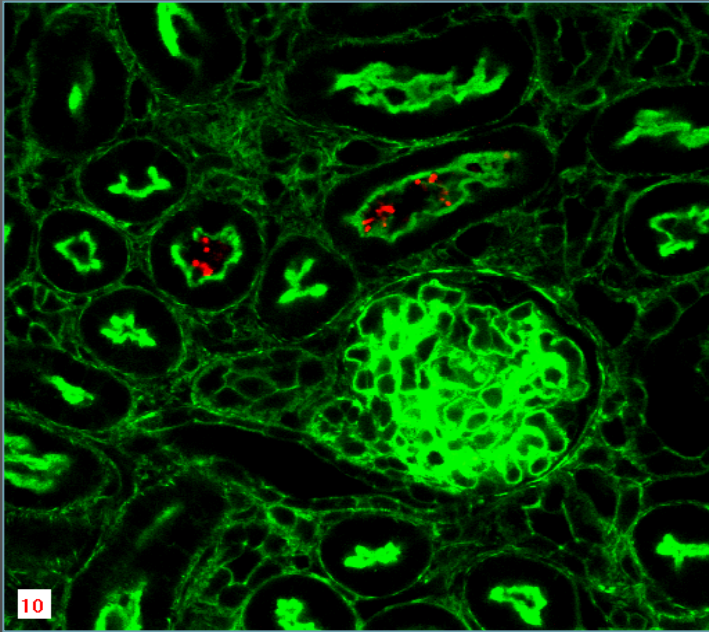
Rosenthal et.al JASN, 2003

# Small Vessel Injury in Acute Kidney Injury



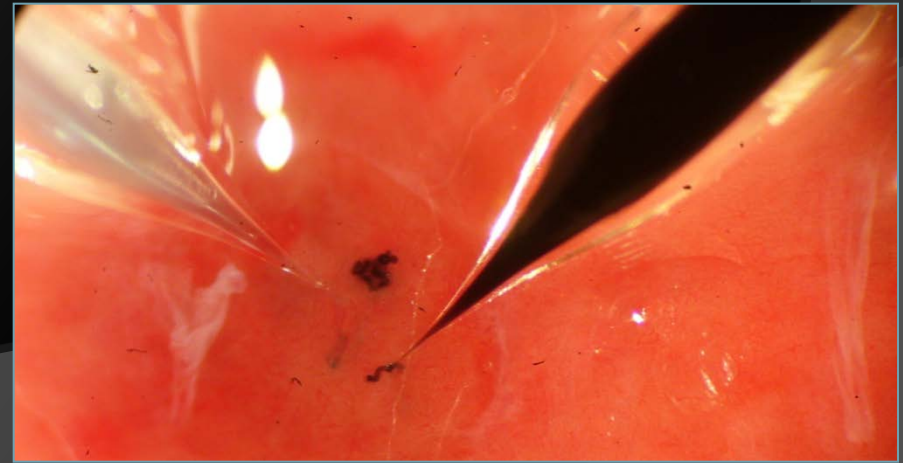
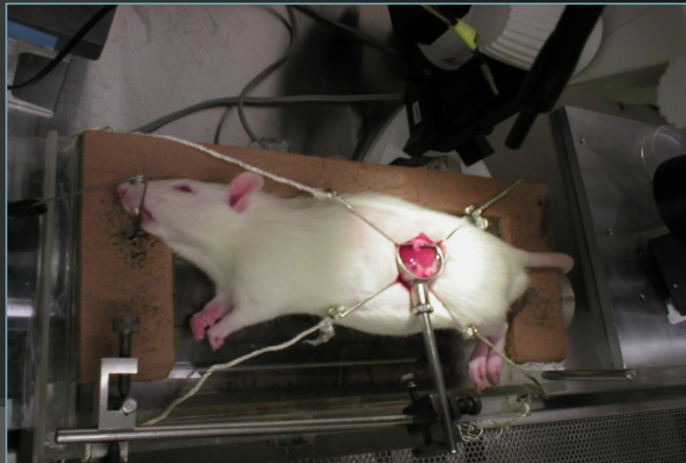


# Spatial Specificity Achieved by Micro-Infusion of Bacteria into Proximal Tubules



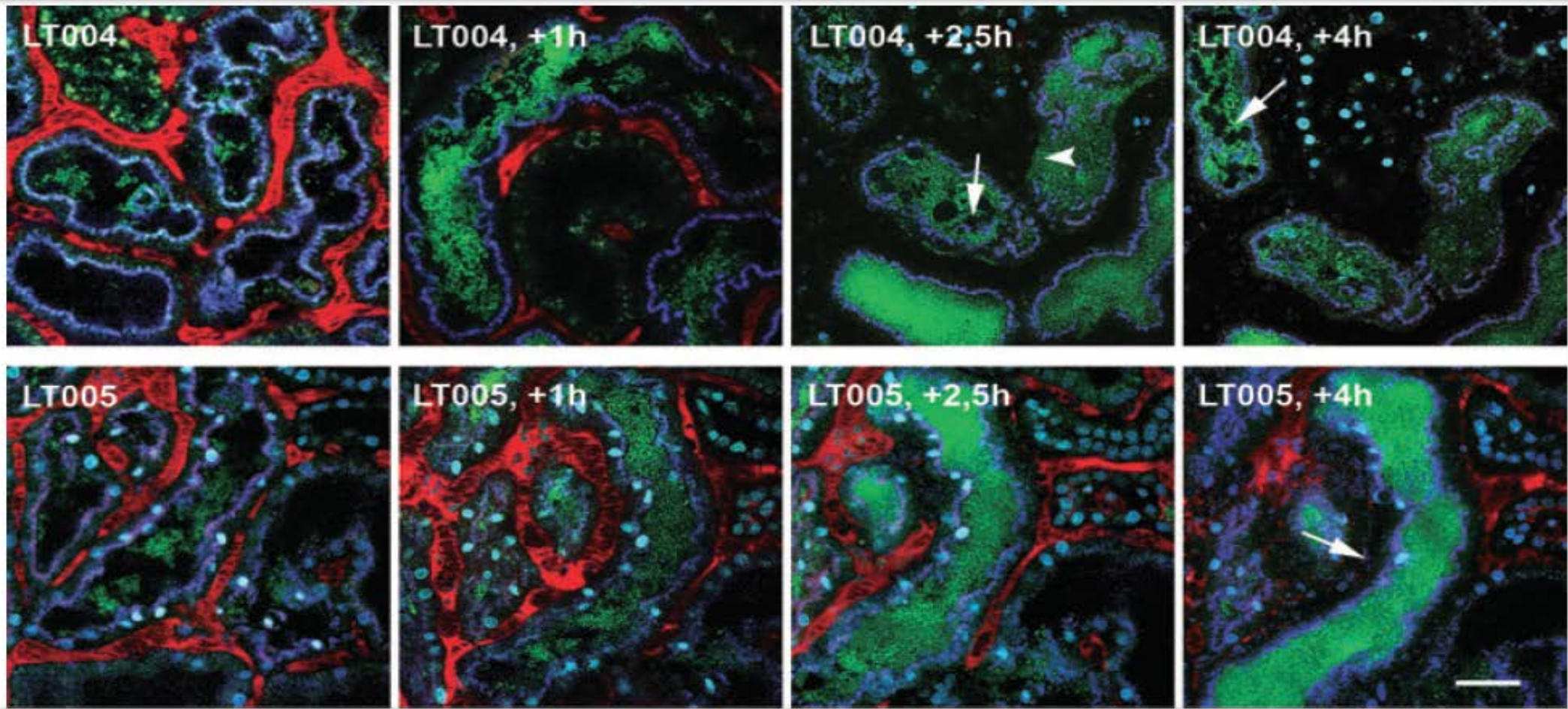
- $10^5$  cfu UPEC GFP<sup>+</sup>
- 0.1 to 0.7  $\mu$ l injected

Agneta Richter-Dahlfors,  
Lisa E. Mansson and Keira Melican  
Karolinska Institutet



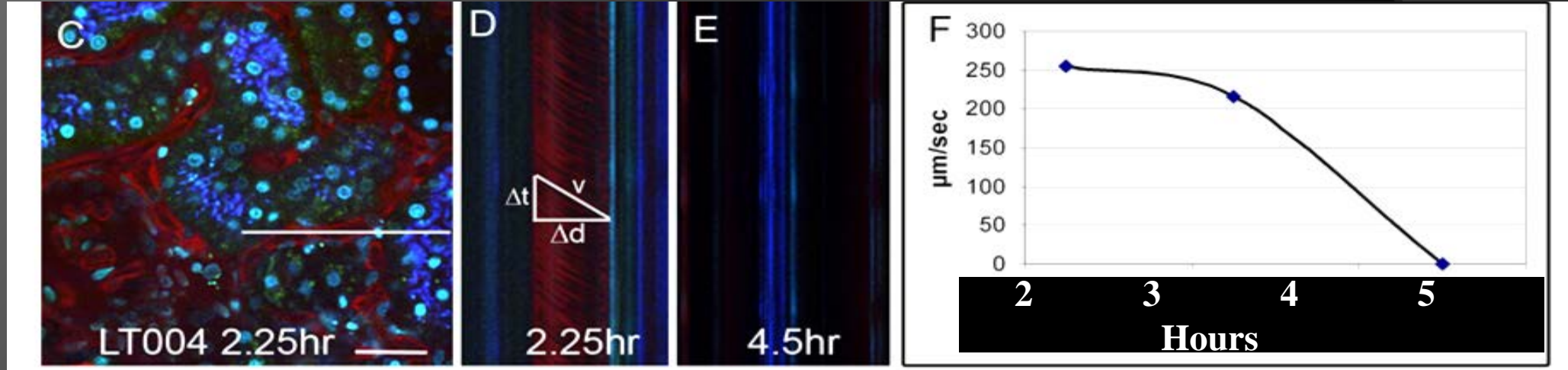


# Proximal Tubule *E. coli* Infection: Effect of Virulence Factor

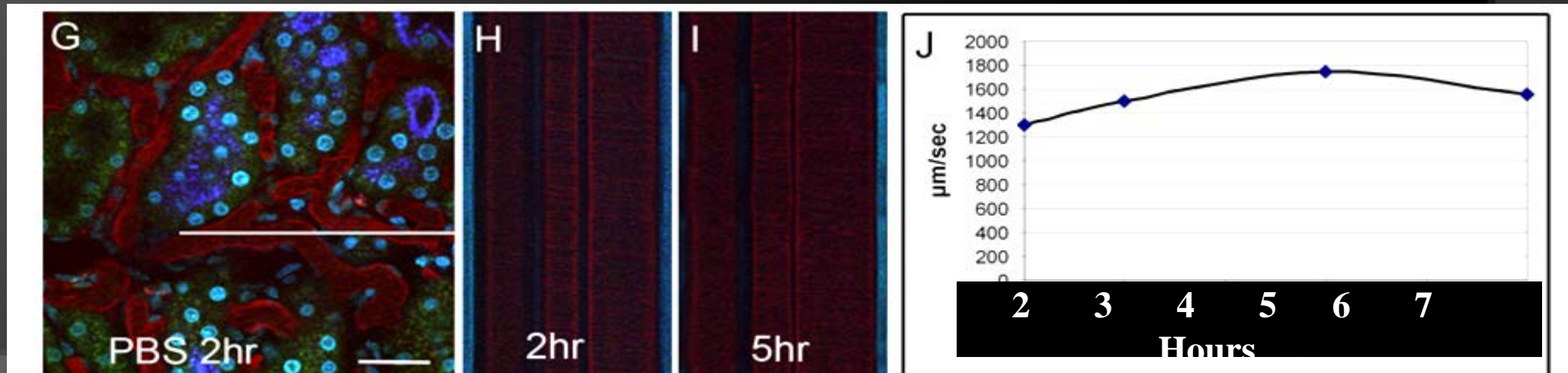


# Determining blood flow rates *in vivo*

UPEC wt

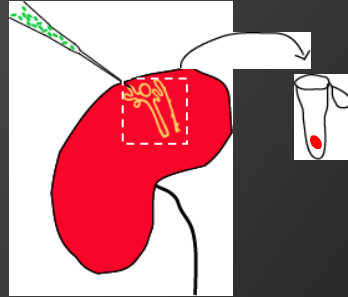
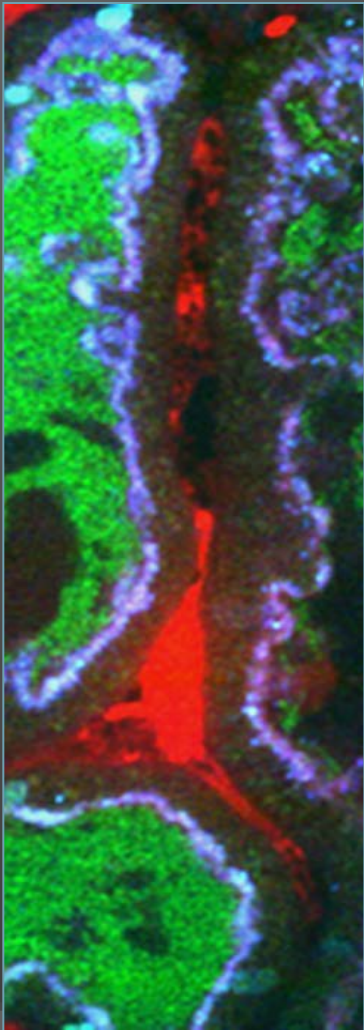


PBS

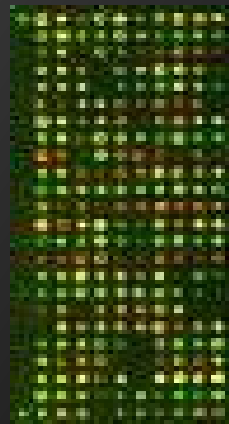




# Clotting Cascade Genes are Up-Regulated in Infected Kidneys

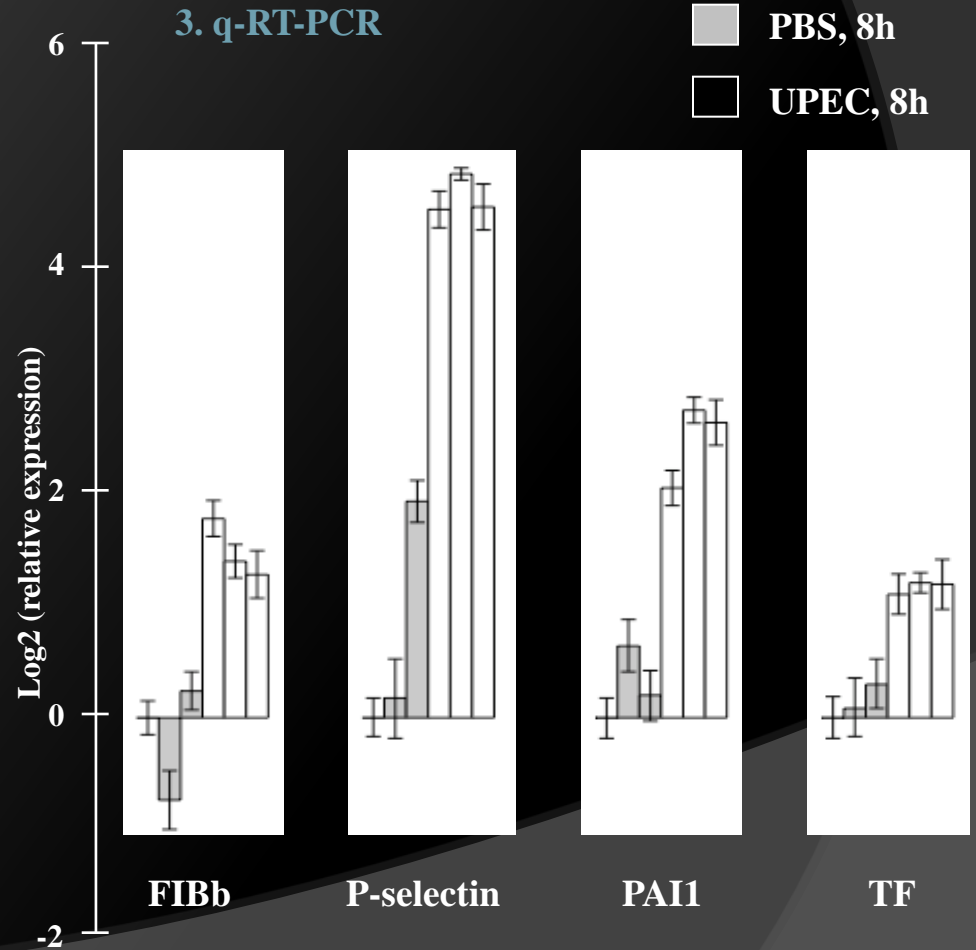


1. Precise dissection to enrich for local mRNA

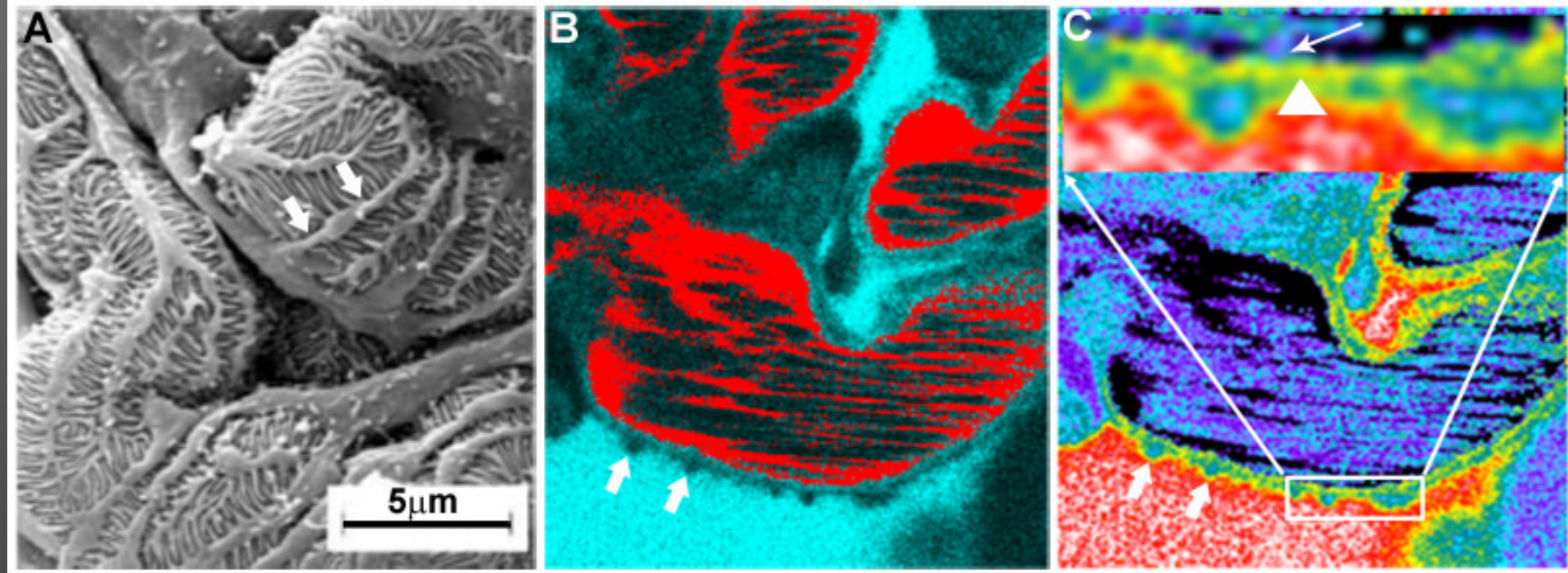


2. Gene expression array

3. q-RT-PCR

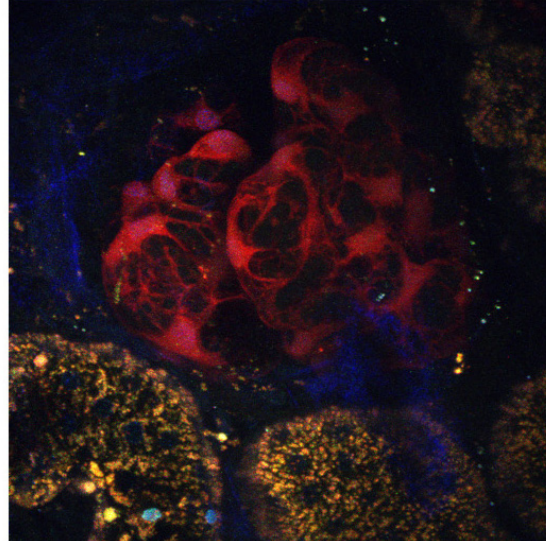


# 2-Photon Resolution of Glomerular Filtration

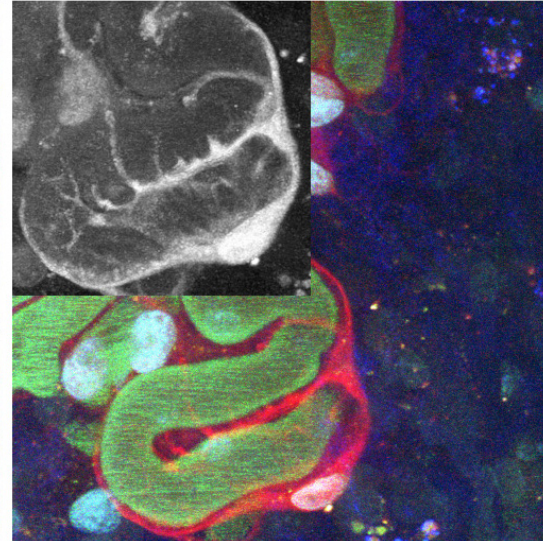




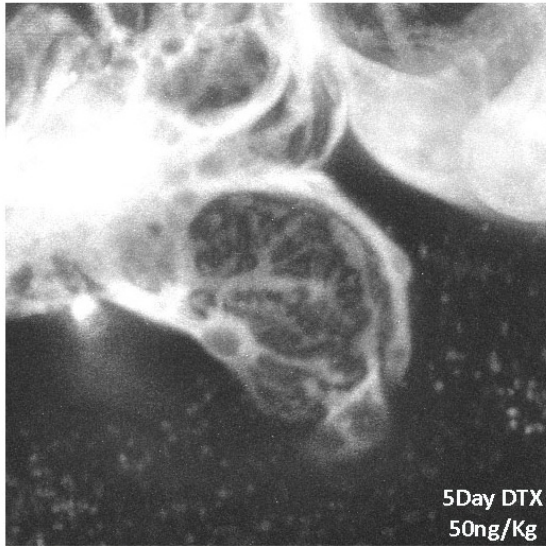
# DS Red Labeled Podocytes *in vivo*



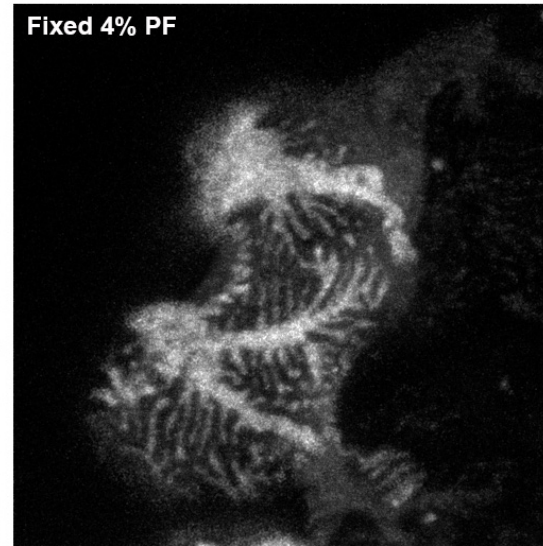
Live-860nm Hoechst, 60x Water-1x Zoom



Live-800nm, 60x water-2x  
150K FITC dextran, inset B/W podocyte



Live-860nm-100x Oil, 4.0x Zoom

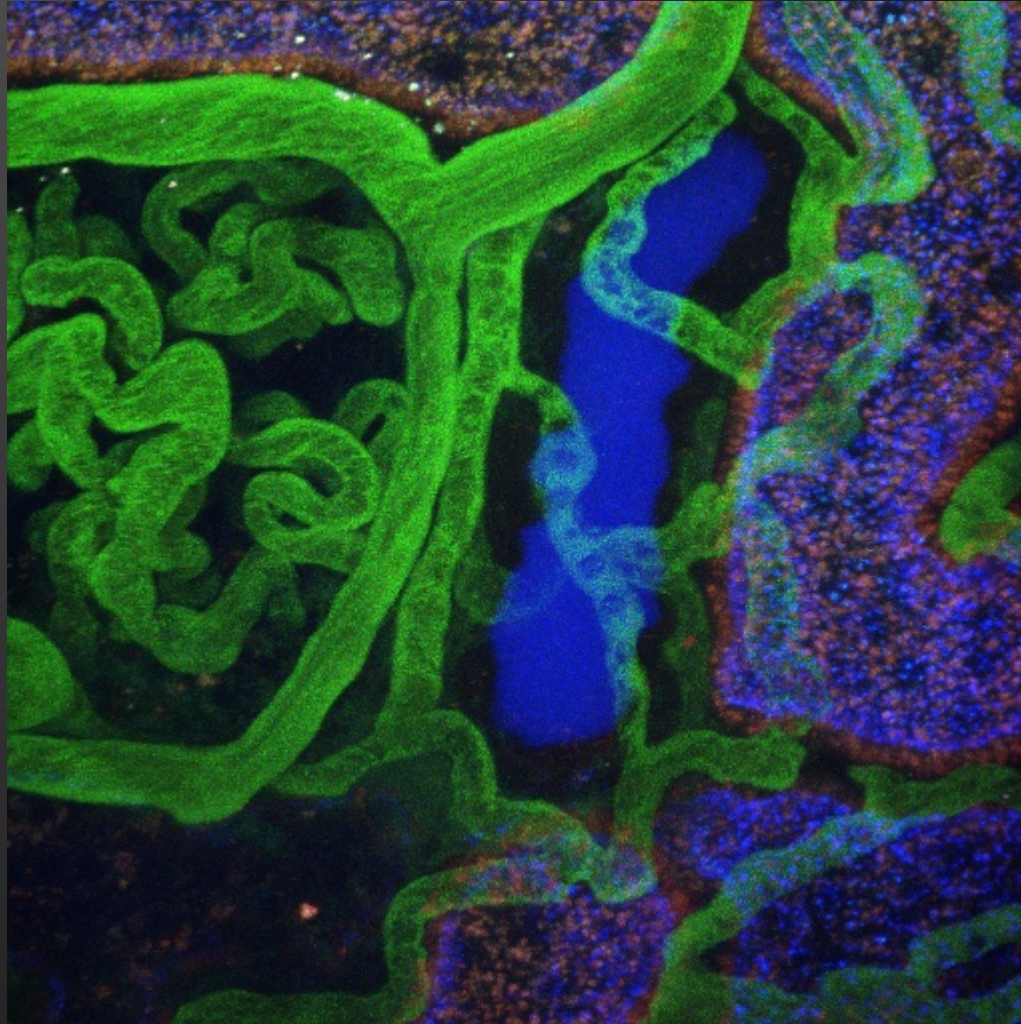


Fixed 4% PF  
100x Oil, 4.0x Zoom

5Day DTX  
50ng/Kg

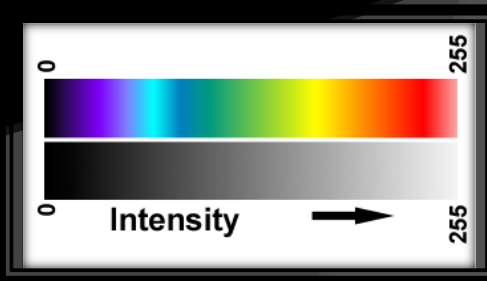
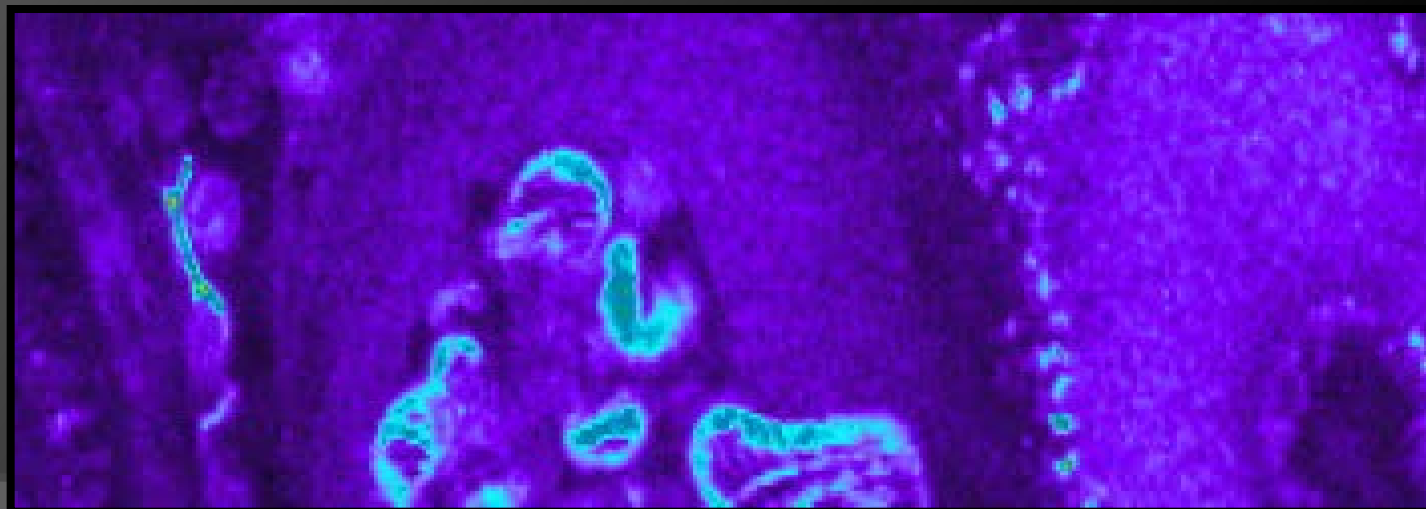
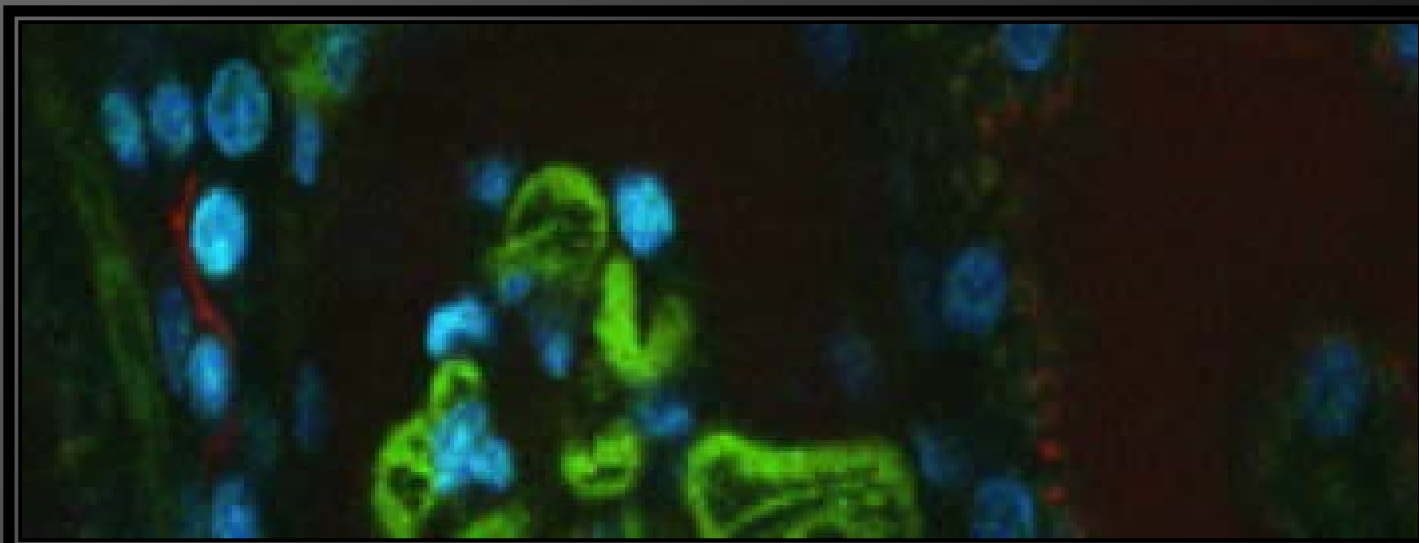


# 4-D Rat Glomerulus



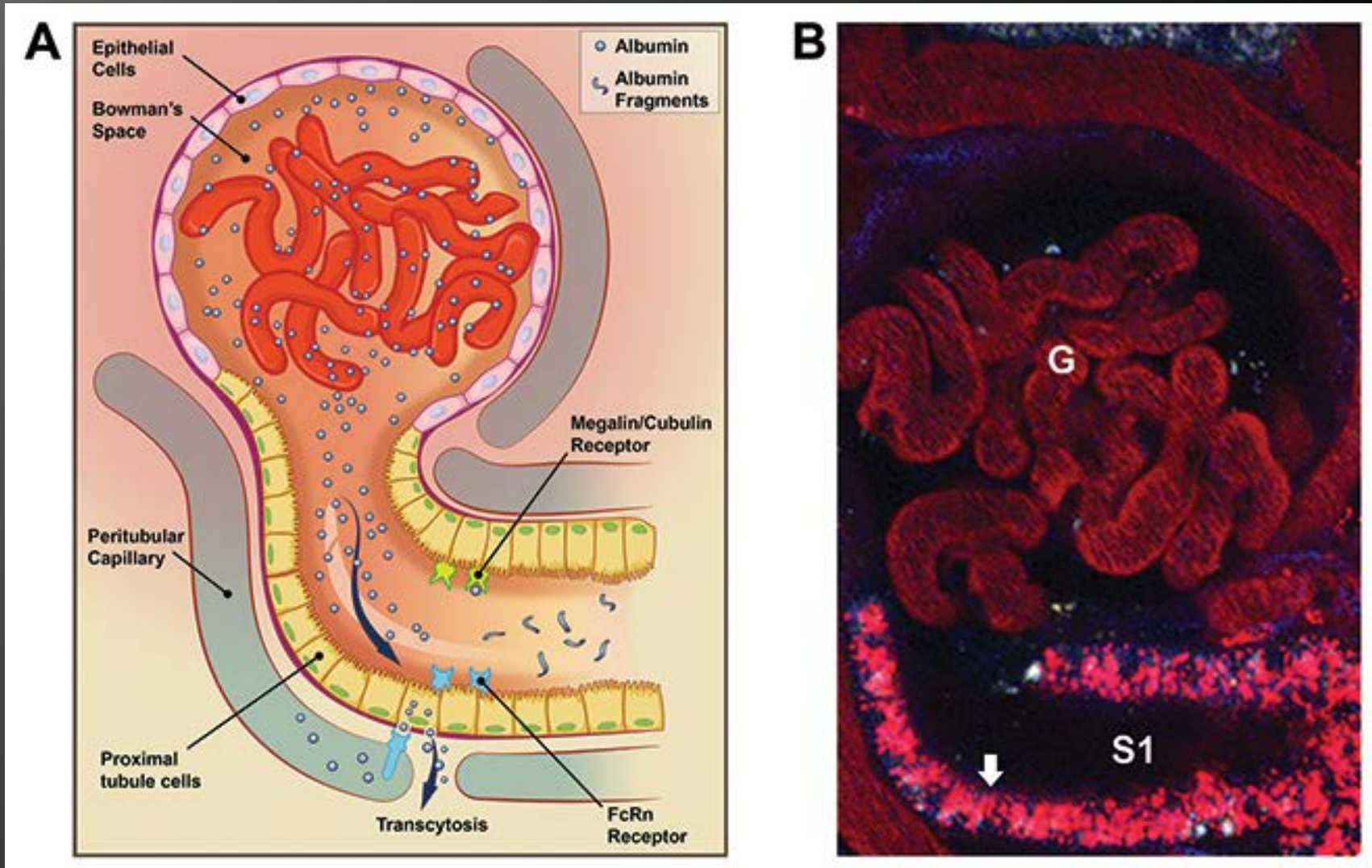
# Reducing Scan Size

5 Frames/sec  
500kDa FITC Dextran with  
3kDa TR Dextran Injection





# Renal Handling of Albumin by the PCT

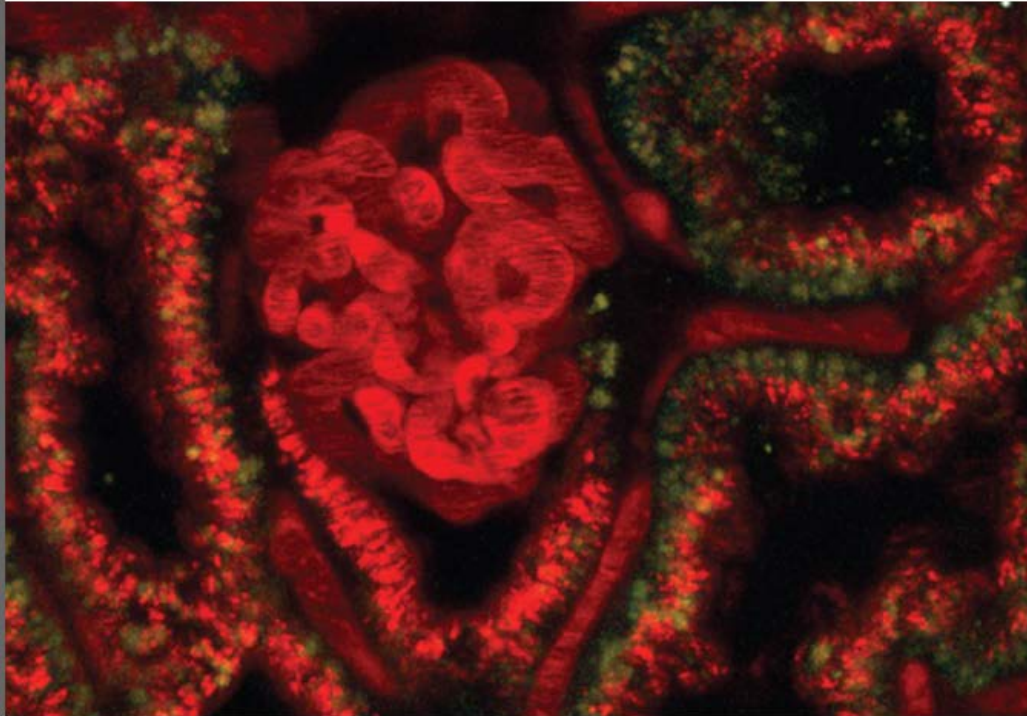






# kidney

## INTERNATIONAL



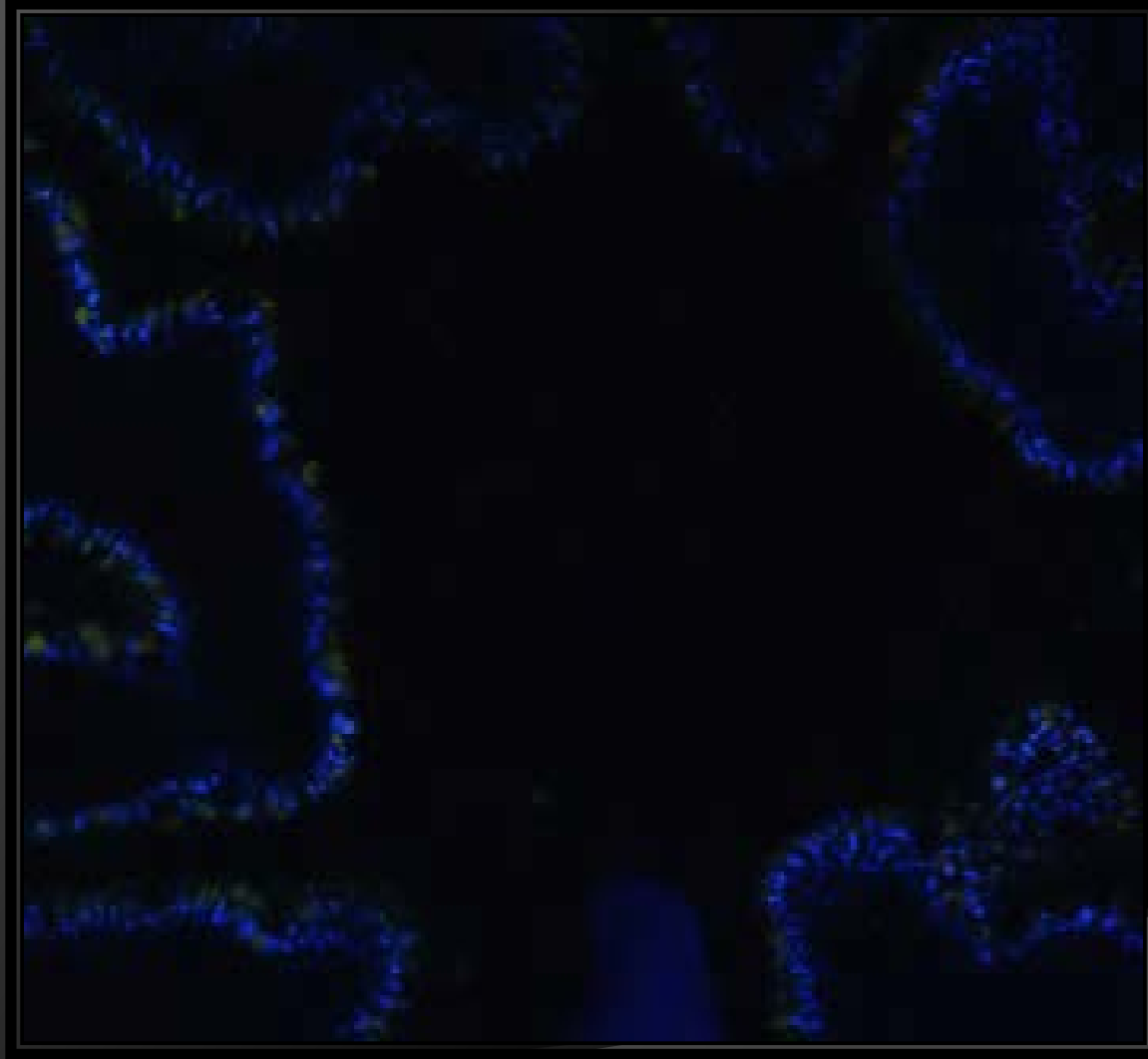
VOLUME 71 | ISSUE 6 | MARCH (2) 2007  
<http://www.kidney-international.org>

Albumin filtration  
Classification of  
lupus nephritis  
Peritoneal dialysis  
solutions

# Challenges

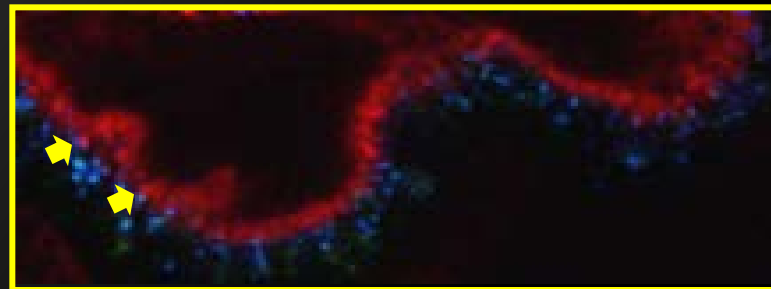
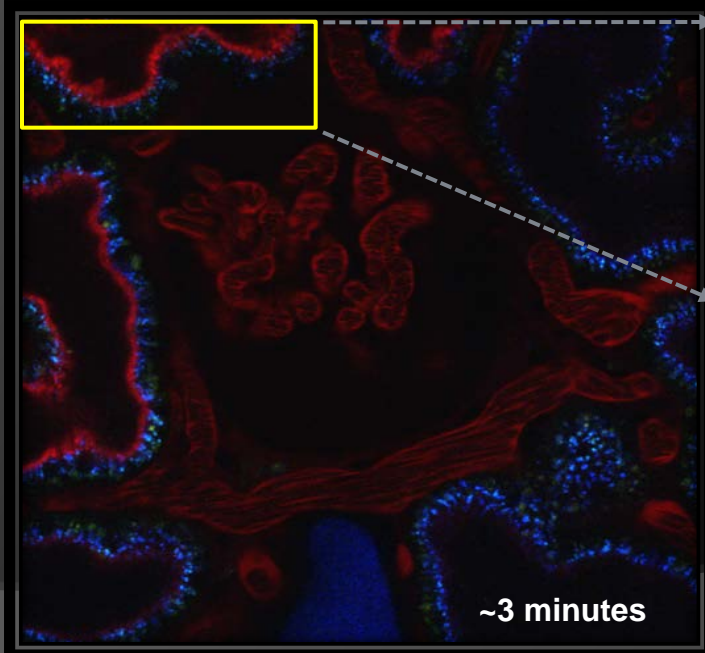
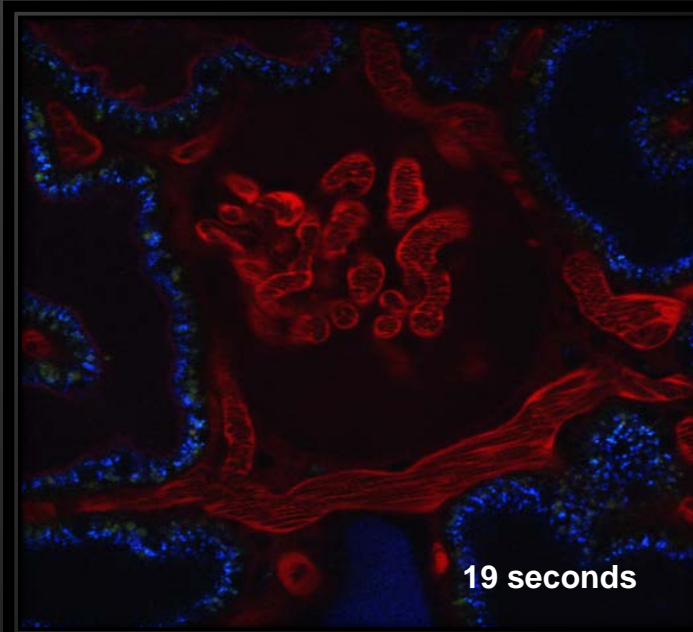
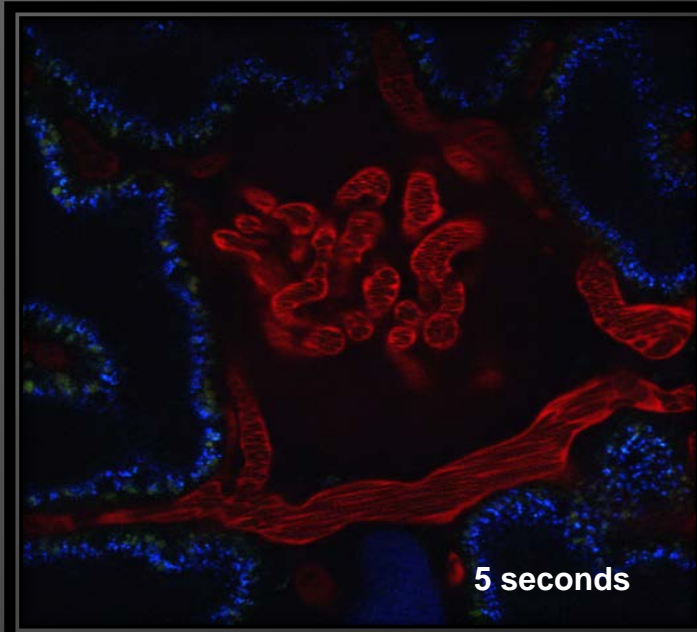
- ① 1. Dogma, Assumptions, Biology, Reagents, Sensitivity
- ② 2. Quantitative Analysis without Gold Standards
- ③ 3. You See What you are Looking For
- ④ 4. Correcting for Depth of Field
- ⑤ 5. Out of Focus Fluorescence
- ⑥ 6. Physiologic state of the rat

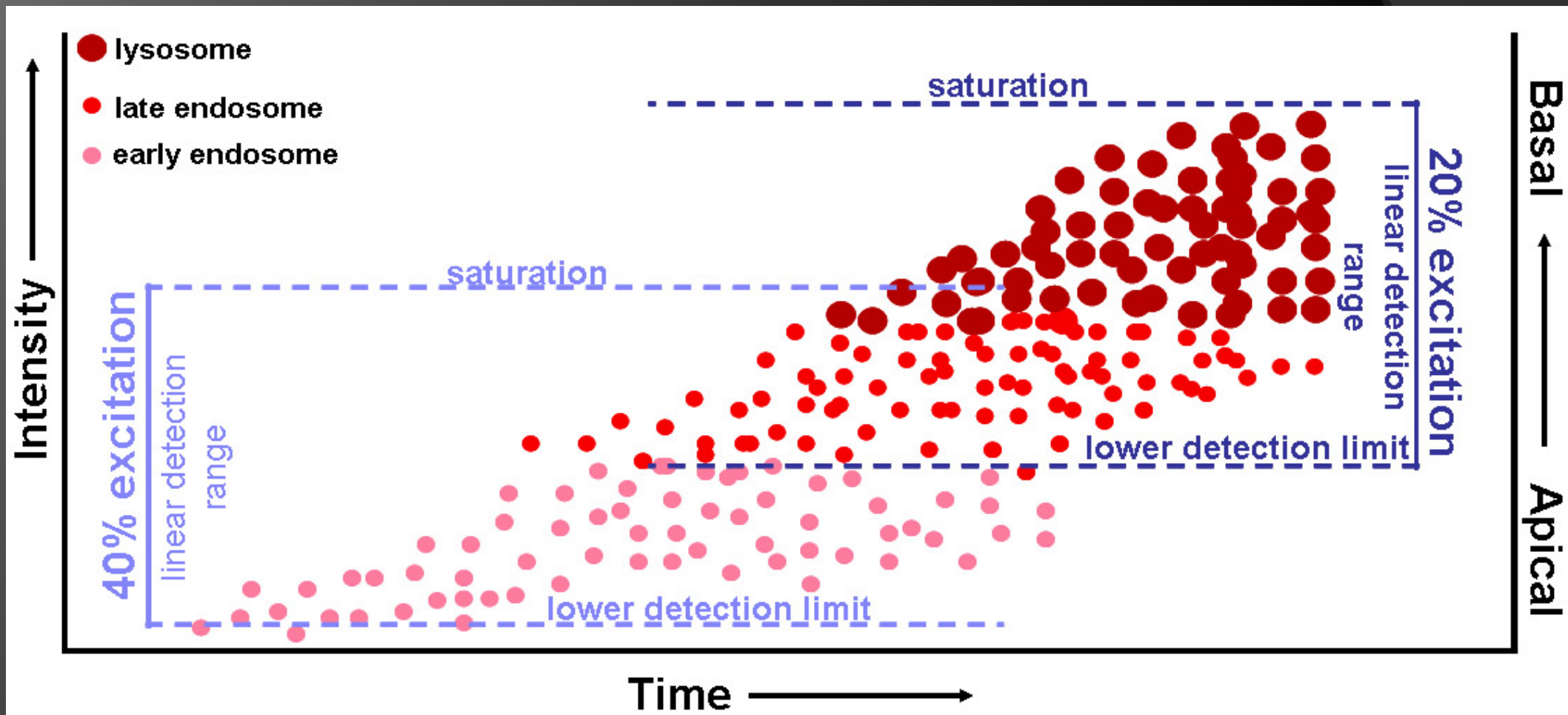
# Albumin Filtration and Reabsorption in the Rat



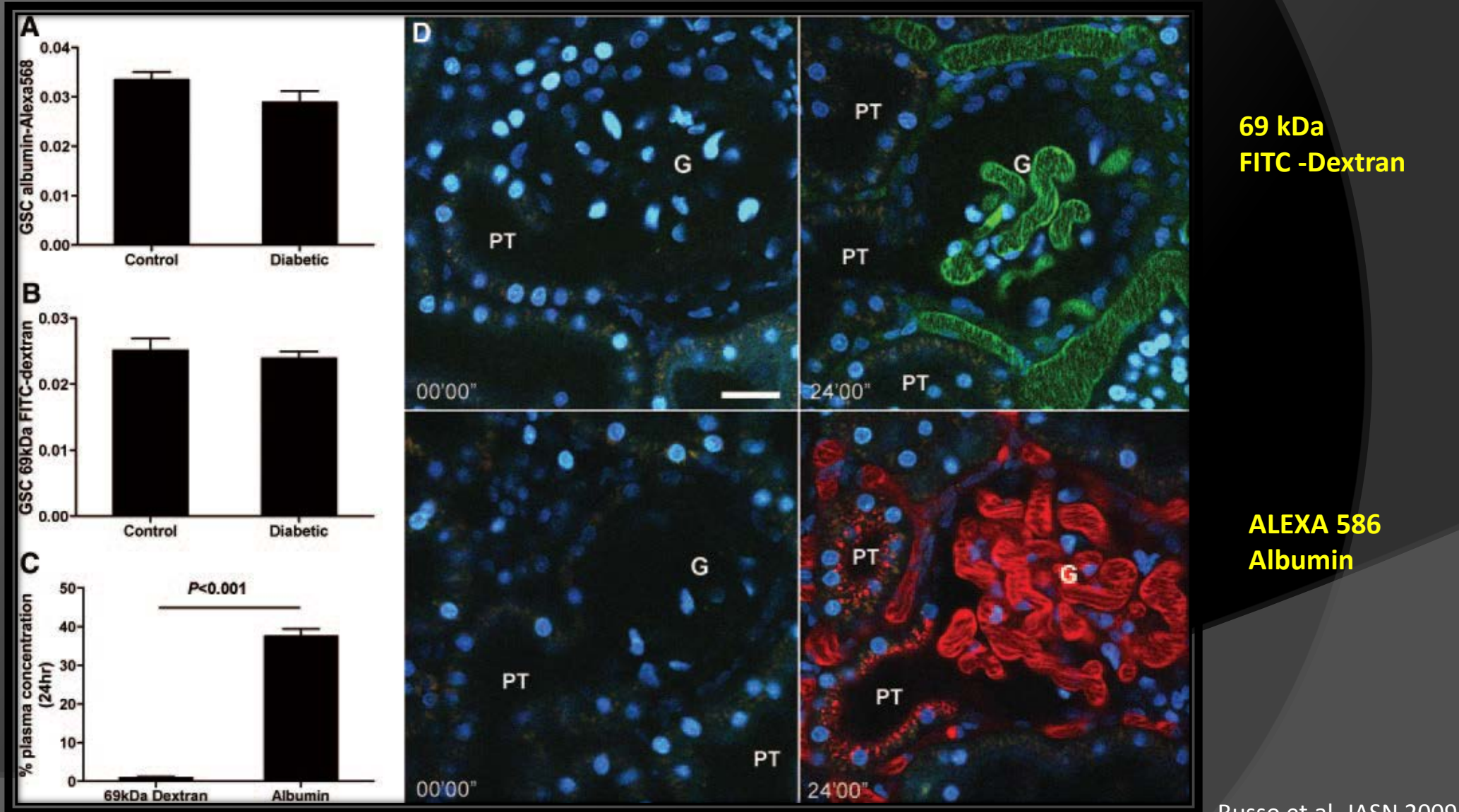


# Albumin Filtration and Reabsorption in the Rat



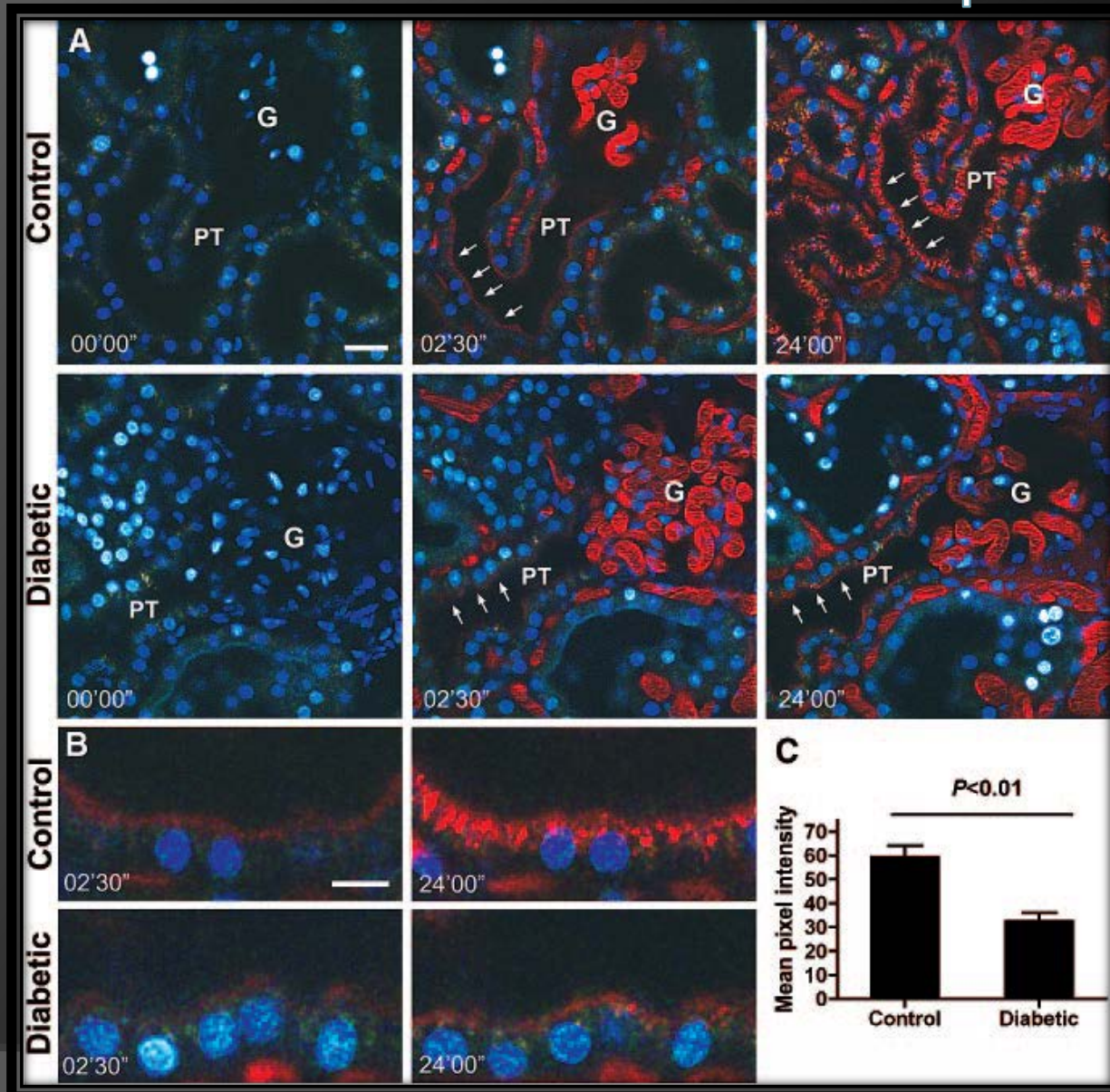


# Effect of Early Diabetes in the Rat on Albumin Filtration and Reabsorption

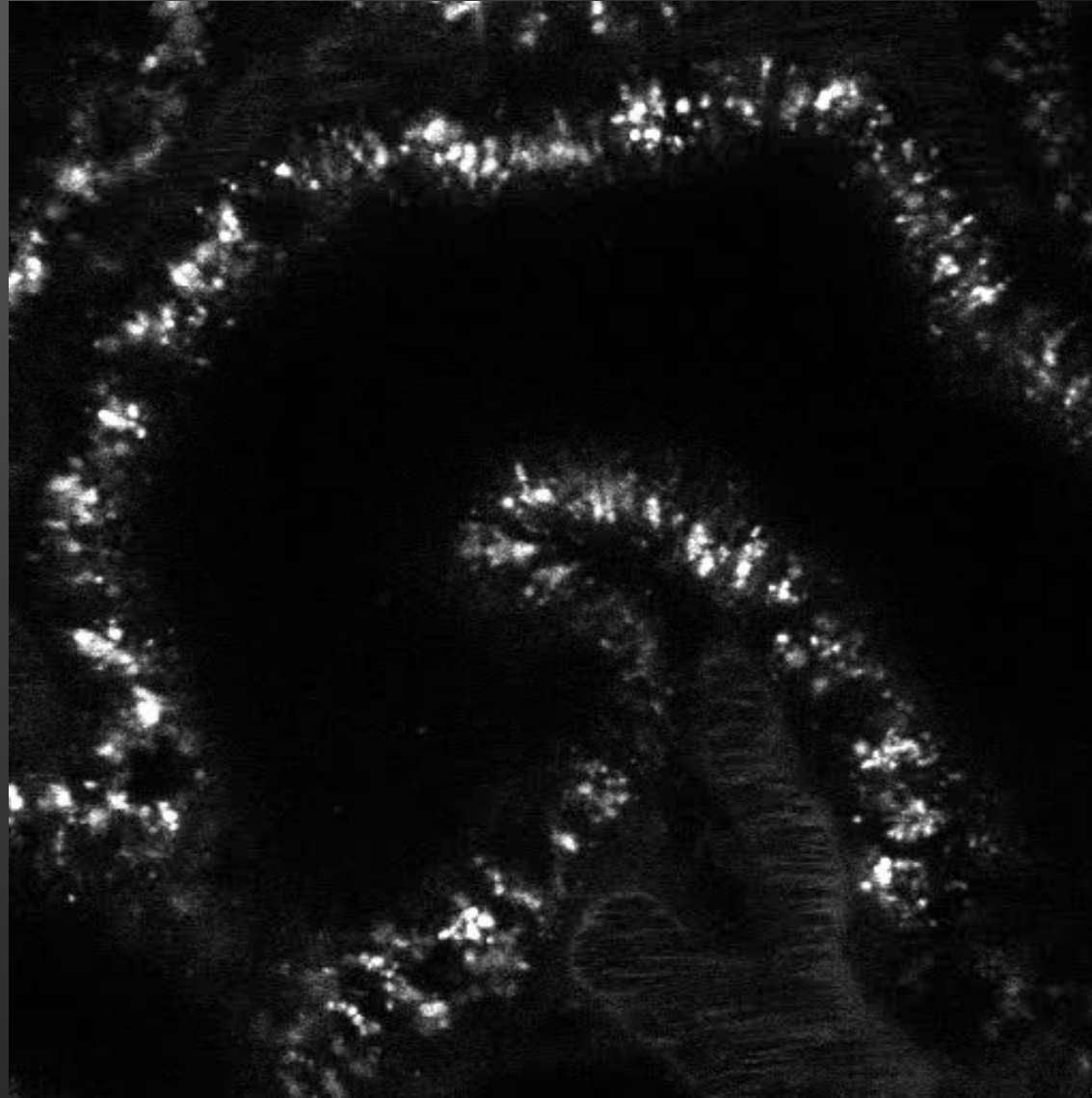




# Effect of Early Diabetes in the Rat on Albumin Filtration and Reabsorption

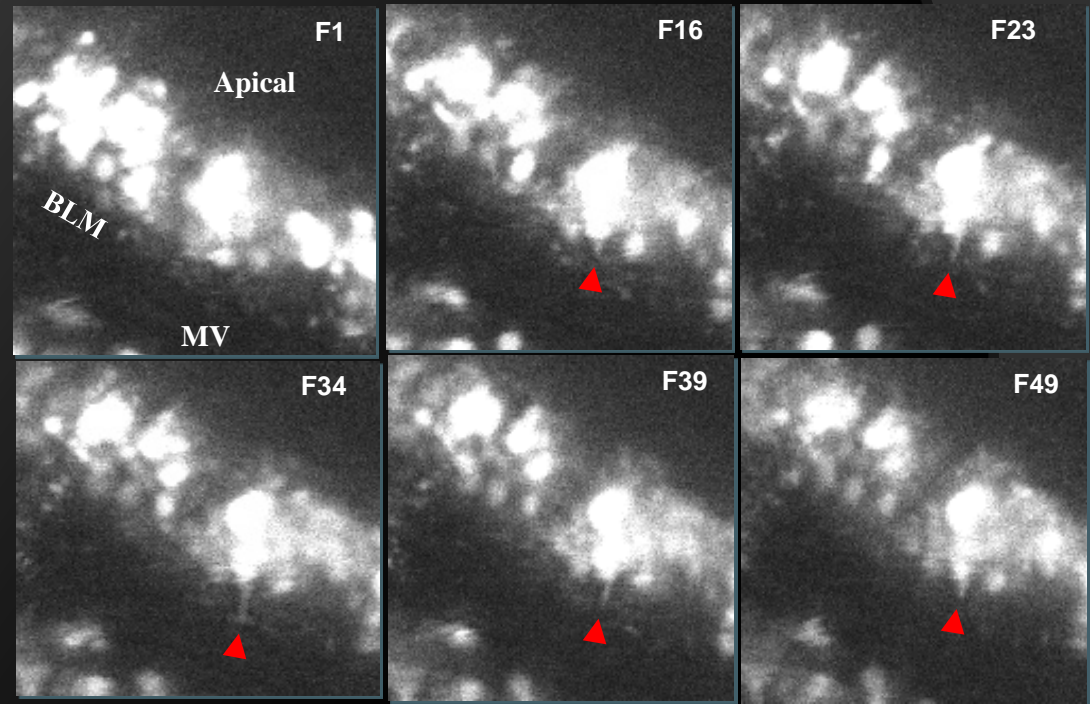
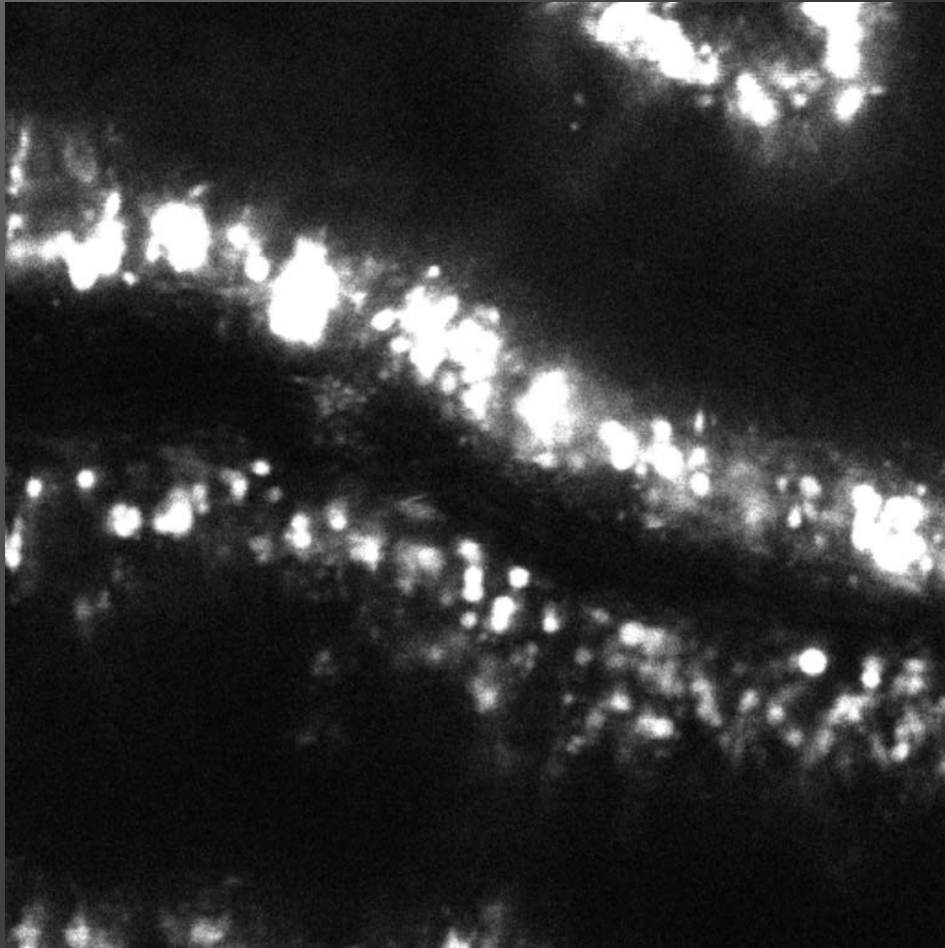


# Albumin Transcytosis



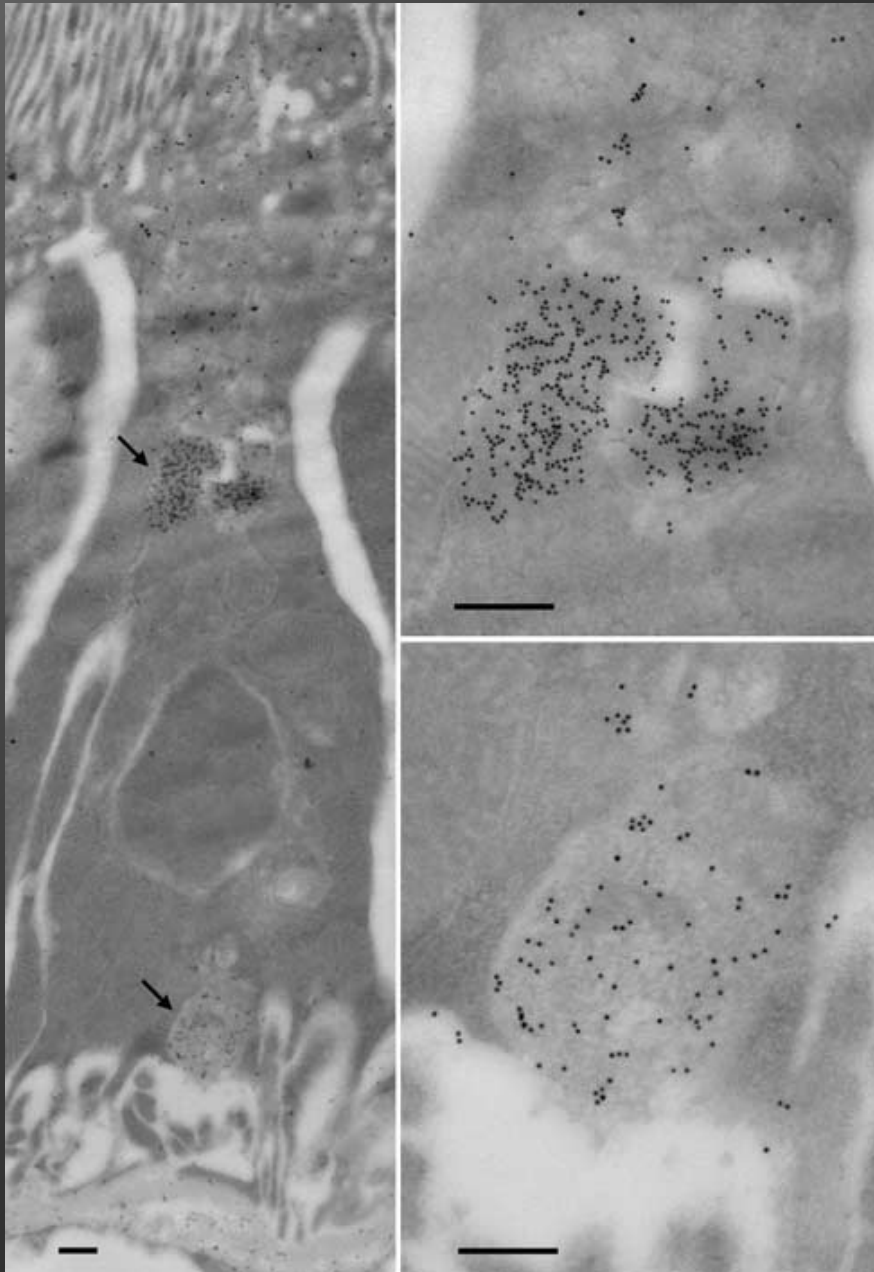


# PTC Albumin Transcytosis





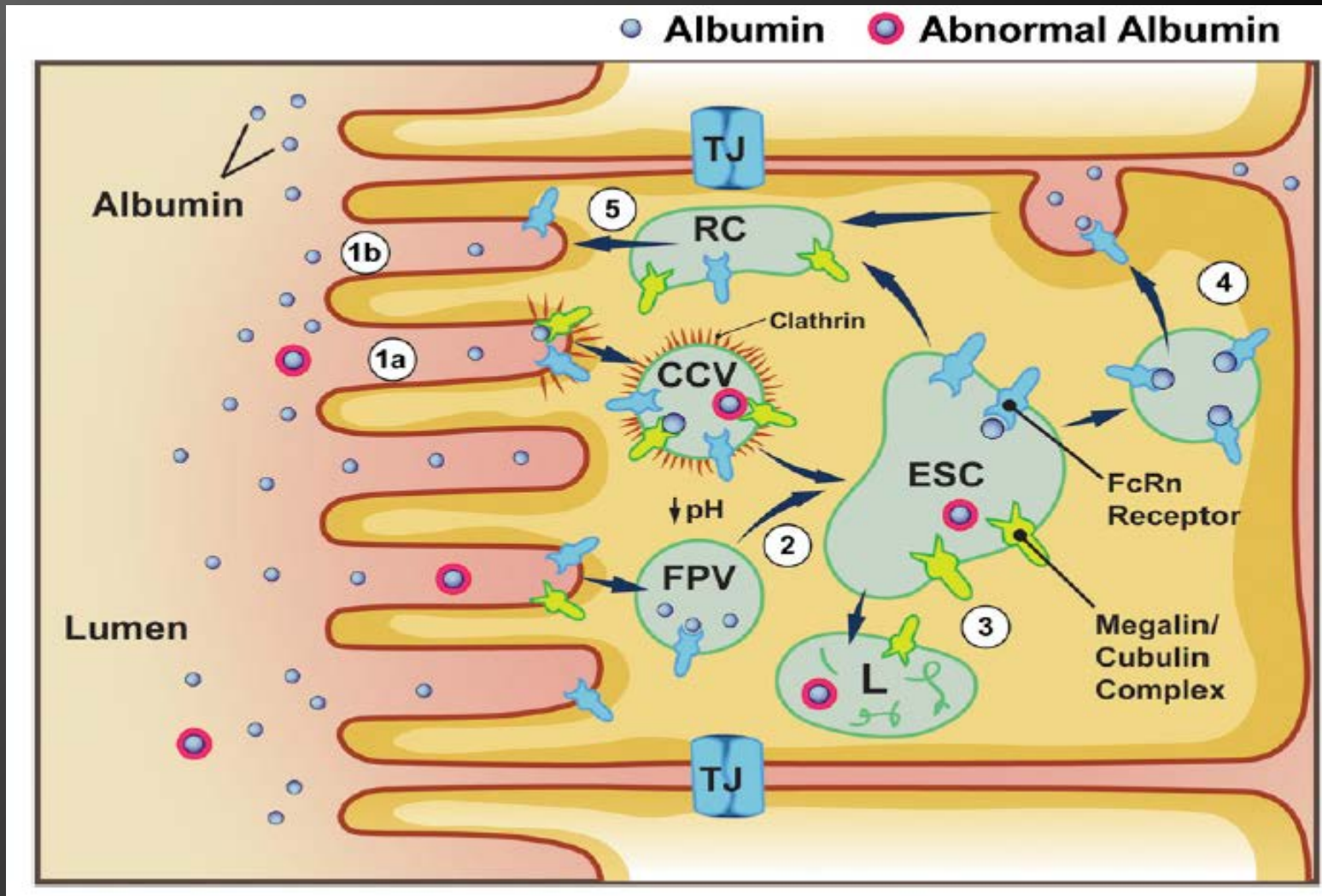
## EM Gold Visualization of RSA Endocytosis and Transcytosis in a Rat PTC



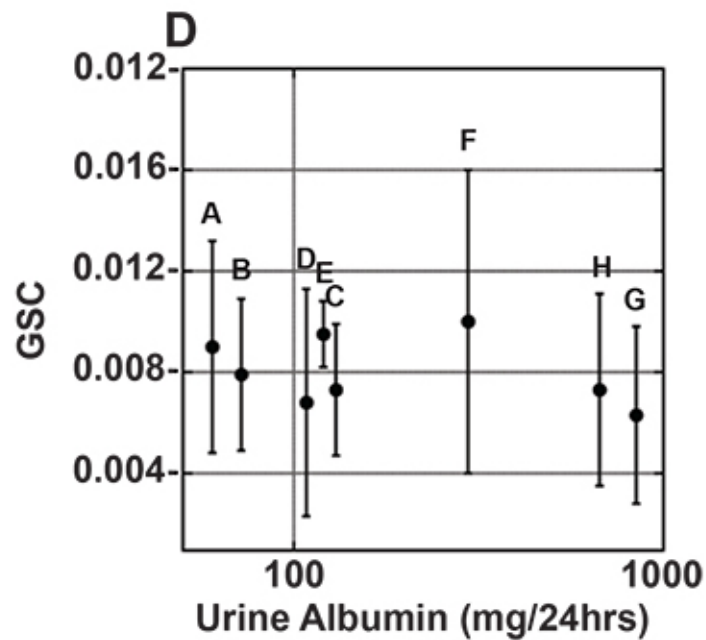
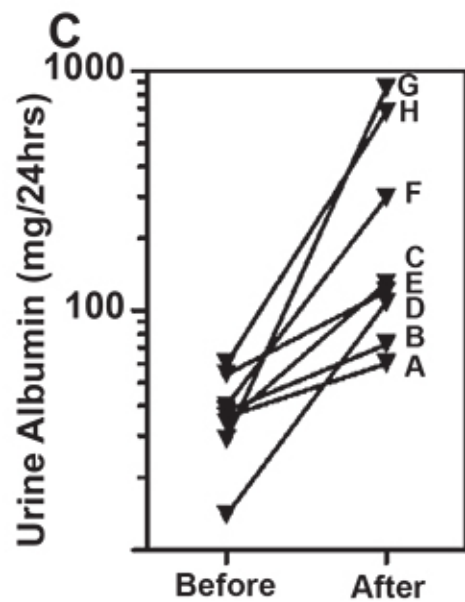
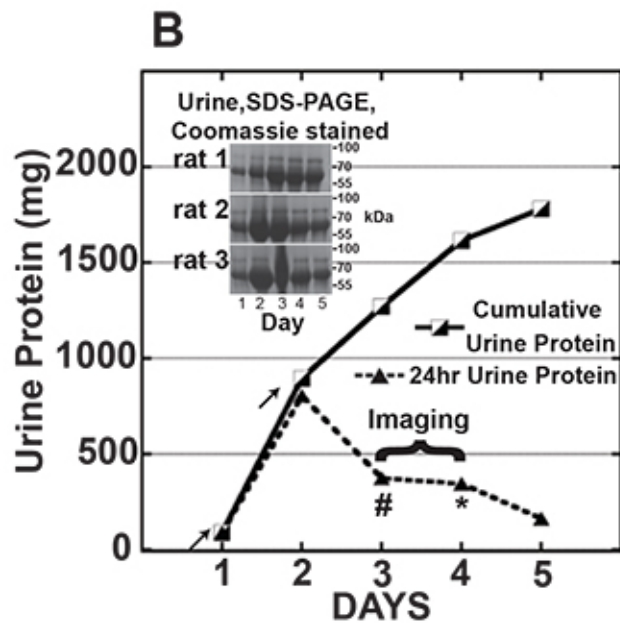
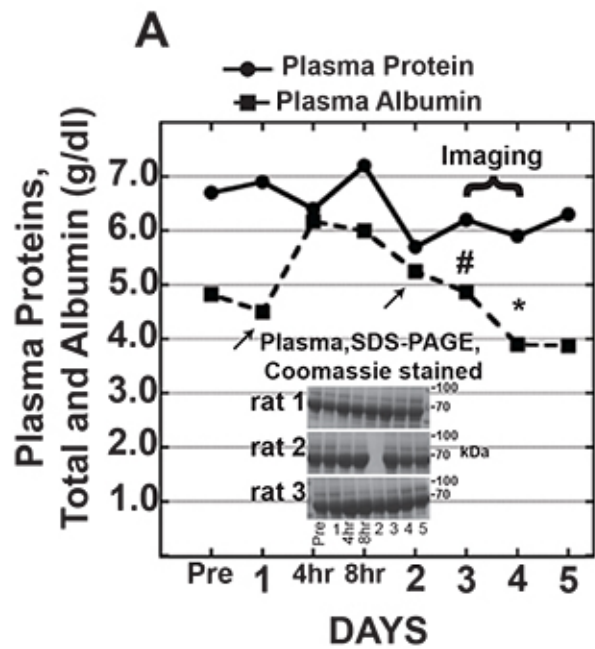
# Albumin Is Recycled from the Primary Urine by Tubular Transcytosis.

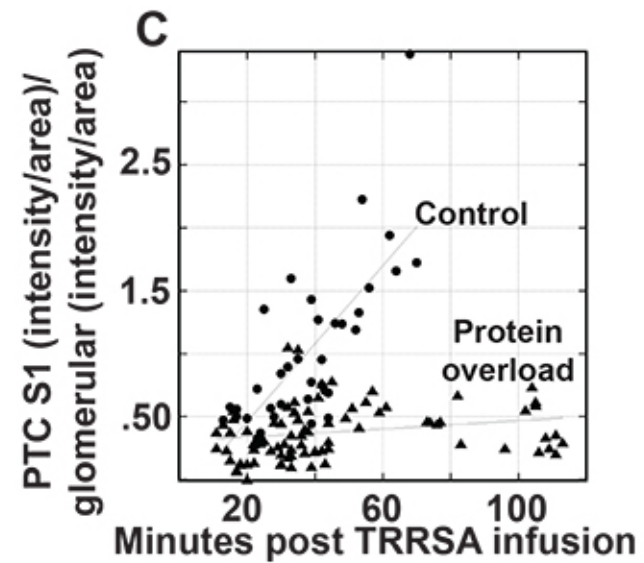
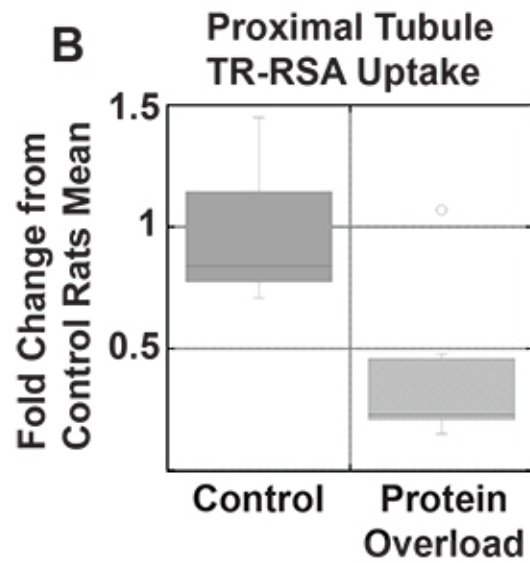
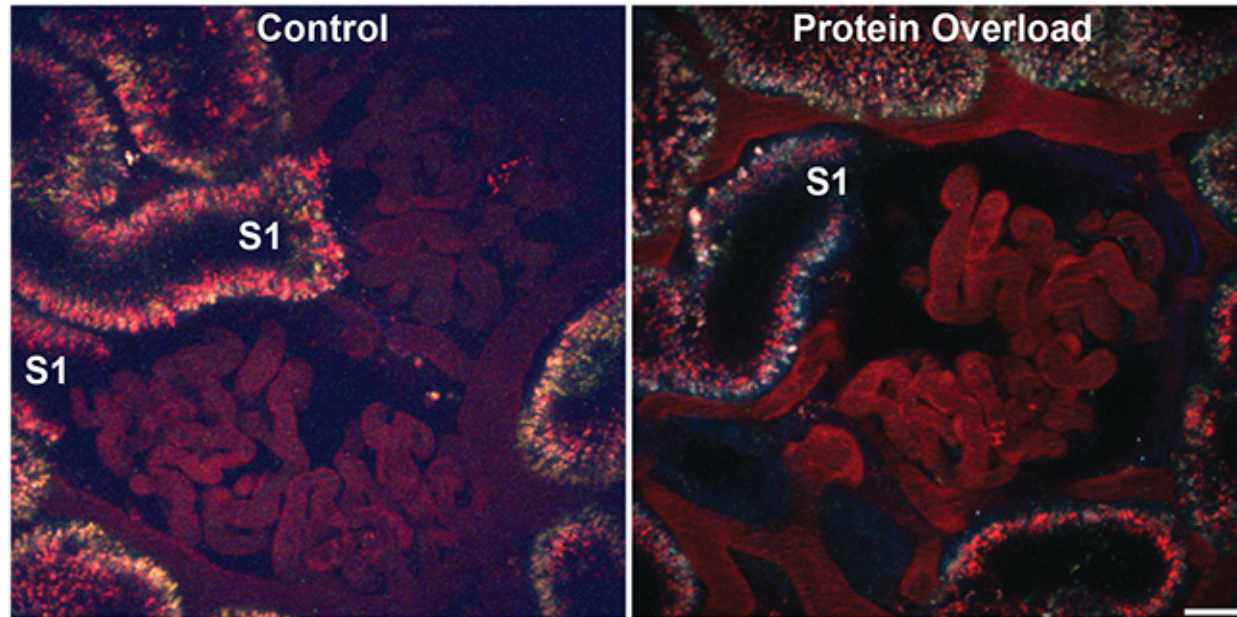
Tenten V, Menzel S, Kunter U, Sicking EM, van Roeyen CR, Sanden SK, Kaldenbach M, Boor P, Fuss A, Uhlig S, Lanzmich R, Willemsen B, Dijkman H, Grepl M, Wild K, Kriz W, Smeets B, Floege J, Moeller MJ.

J. Am. Soc. Nephrol., Aug 2013







**A**

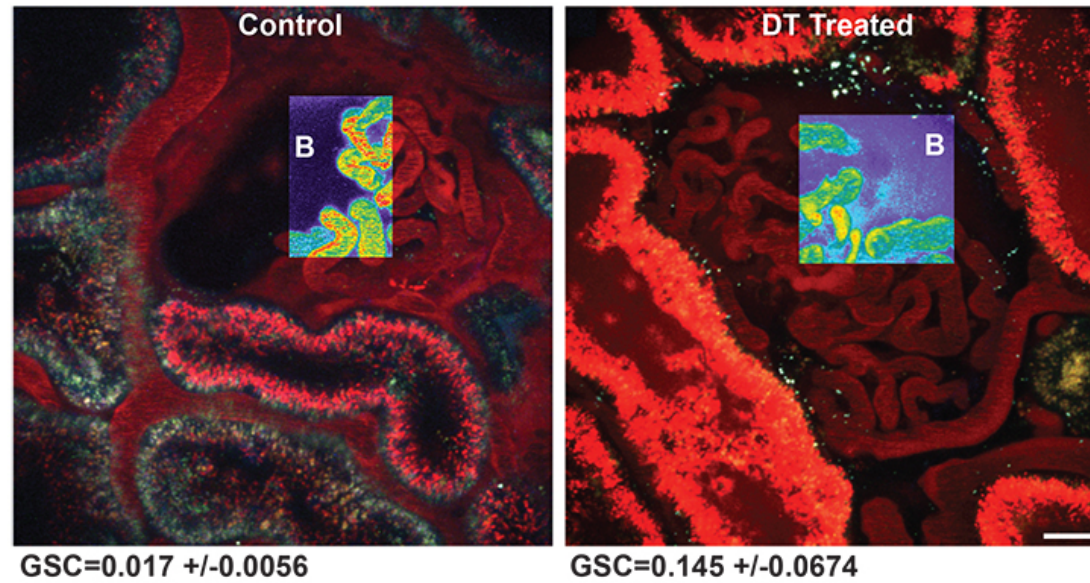
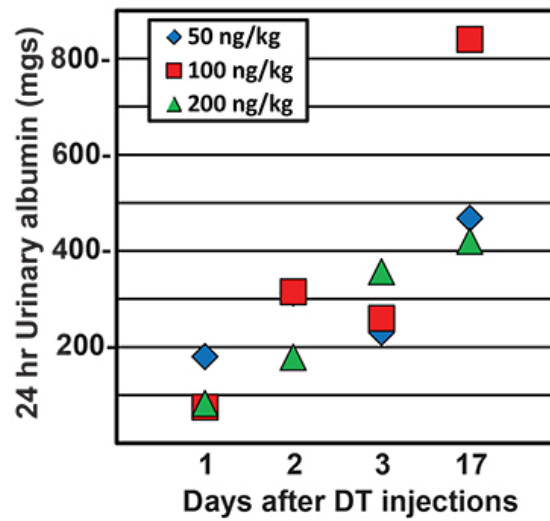
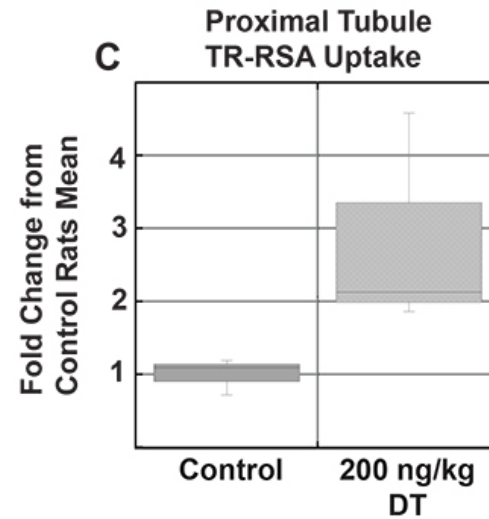
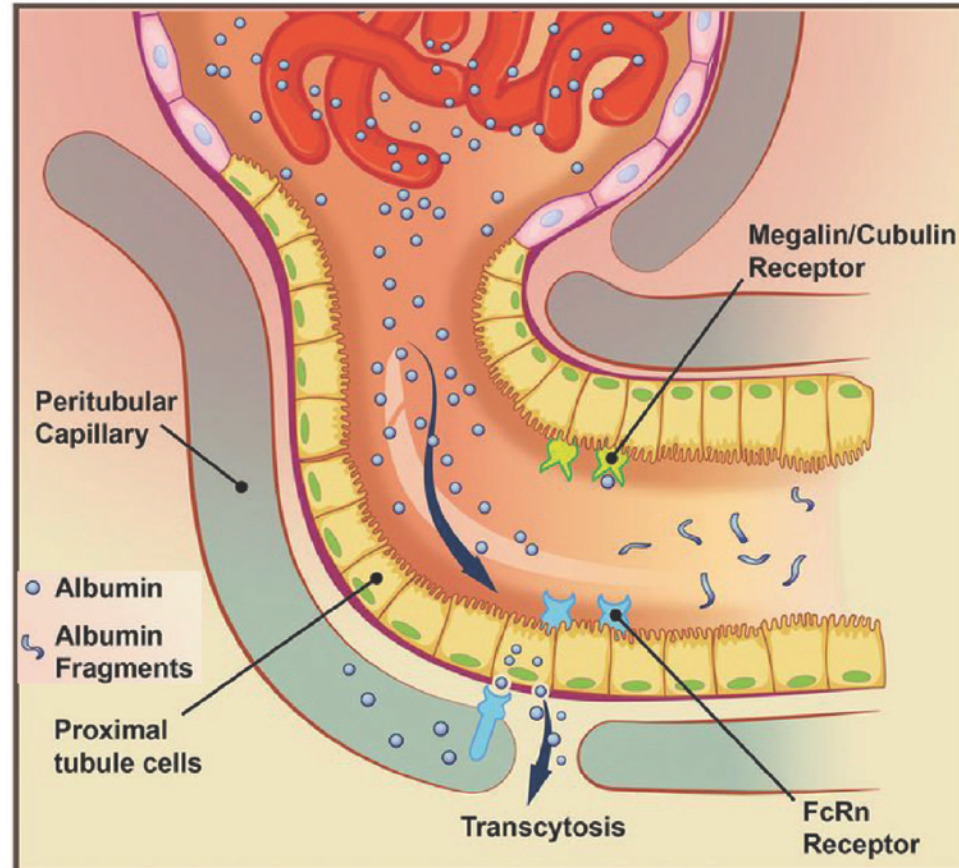
**A****B****C**

Figure 3



# Figure 5



	GFR (ml/min)	Serum Alb (mg/ml)	$GSC_A$	Albumin Filtered (mg/24hr)	PT Uptake (%)	Urine Alb Calculated (mg/24hr)	Urine Alb Observed (mg/24hr)
Control	1.4	45	0.008	725	95	X	38
Protein Overload	1.4	45	0.008	725	37	457	329



**MD**



**Cell Biologist**

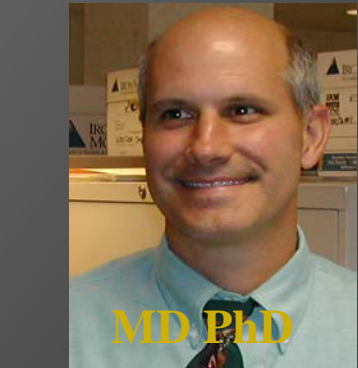


**MD**

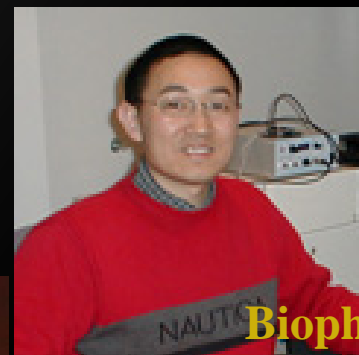


**Research Associate**

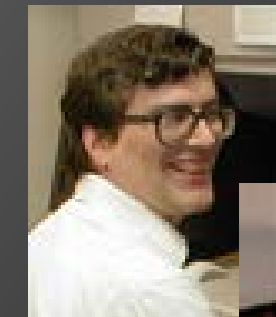
**Physiologist**



**MD PhD**



**Biophysicists**



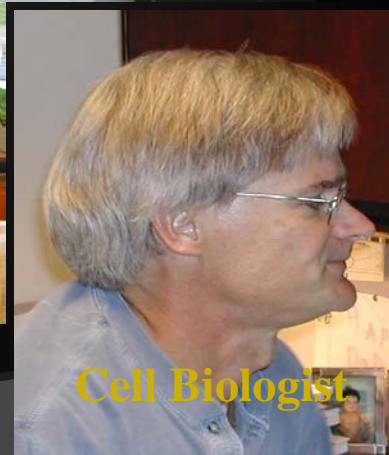
**Engineers**



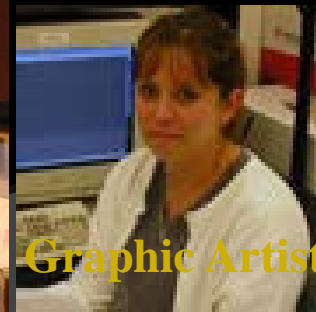
**MD**



**Molecular Biologist**



**Cell Biologist**



**Graphic Artist**



**Cell Biologist**