Susceptibility to Hepatotoxicity in Transgenic Mice That Express a Dominant-Negative Human Keratin 18 Mutant

Nam-On Ku, Sara A. Michie,* Roy M. Soetikno, Evelyn Z. Resurreccion,* Rosemary L. Broome, Robert G. Oshima,§ and M. Bishr Omary

Department of Medicine, a Pathology, and 1 Veterinary Medicine VA Palo Alto Health Care System, 111-G.I., Palo Alto, California 94304; and the Digestive Disease Center, Stanford University School of Medicine; and 1 The Burnham Institute, La Jolla, California 92037

Abstract

Keratins 8 and 18 (K8/18) are intermediate filament phosphoglycoproteins that are expressed preferentially in simple-type epithelia. We recently described transgenic mice that express point-mutant human K18 (Ku, N.-O., S. Michie, R.G. Oshima, and M.B. Omary. 1995. J. Cell Biol. 131:1303–1314) and develop chronic hepatitis and hepatocyte fragility in association with hepatocyte keratin filament disruption. Here we show that mutant K18 expressing transgenic mice are highly susceptible to hepatotoxicity after acute administration of acetaminophen (400 mg/Kg) or chronic ingestion of griseofulvin (1.25% wt/wt of diet). The predisposition to hepatotoxicity results directly from the keratin mutation since nontransgenic or transgenic mice that express normal human K18 are more resistant. Hepatotoxicity was manifested by a significant difference in lethality, liver histopathology, and biochemical serum testing. Keratin glycosylation decreased in all griseofulvin-fed mice, whereas keratin phosphorylation increased dramatically preferentially in mice expressing normal K18. The phosphorylation increase in normal K18 after griseofulvin feeding appears to involve sites that are different to those that increase after partial hepatectomy. Our results indicate that hepatocyte intermediate filament disruption renders mice highly susceptible to hepatotoxicity, and raises the possibility that K18 mutations may predispose to drug hepatotoxicity. The dramatic phosphorylation increase in nonmutant keratins could provide survival advantage to hepatocytes. (J. Clin. Invest. 1996. 98: 1034–1046.) Key words: griseofulvin • acetaminophen • glycosylation • phosphorylation • liver

Introduction

Intermediate filament (IF)1 proteins form one of the three major cytoskeletal protein groups, and are preferentially expressed in higher eukaryotes (reviewed in references 1–3). Although the cell biological function(s) of IF proteins remain poorly defined, evidence of their importance in a variety of human diseases is accumulating at a rapid pace (reviewed in references 4–7). The diversity of the IF associated human diseases reflects the diversity and tissue-specific expression of the large cytoplasmic IF protein family. Examples of the tissue-specific expression of IF proteins include keratins in epithelia, desmin in muscle, and neurofilaments in neuronal cells. To date, mutations in 11 of the more than 20 keratins (K1-K20) are known to cause human disease, as in epidermolysis bullosa simplex (EBS) (K5, K14); epidermolytic hyperkeratosis and epidermal nevi (K1/K10 and K10, respectively); epidermolytic palmoplantar keratoderma (K9); ichthyosis bullosa of Siemens (K2E); pachyonychia congenita (K6, K16, and K17); and white sponge nevus (K4 and K13) (see references 8 and 9 for K16/17 and K6, respectively; 10 and 11 for K4 and K13, respectively; and 4–7 for K5, K14, K1, K10, K9, K2 mutations). Furthermore, mutations in neurofilament-H have been identified in a small number of sporadic cases of ataxia telangiectasia.

In contrast to the above mentioned epidermal keratins, mutations in simple epithelial-type keratins have not been associated with a human disease to date. These latter keratins include K8, K18, K19, and K20, which are expressed in variable combinations in glandular tissues such as liver, exocrine pancreas, and intestine (1–3). Despite the lack of a human disease association with simple epithelial keratins, several animal models as well as the epidermal keratin diseases identified to date suggest that one or more disease are likely to be identified as simple epithelial keratin human disease(s). The relevance and importance of animal models in identifying IF related human diseases is demonstrated by the expression of a truncated K14 in transgenic mice (13) with a resultant phenotype that ultimately led to the identification of epidermolysis bullosa simplex as the first described human IF-related disease (14). In the case of simple epithelial keratin animal models, K8-null mice bleed into their livers and die at a late embryonic stage (15) or develop colitis, colon hyperplasia, and rectal prolapse (16) depending on the genetic background of the mice. Furthermore, ectopic expression of epidermal keratins in pancreatic islet cells (17) or in hepatocytes (18) results in keratin filament disruption in these cells and development of diabetes or chronic hepatitis, respectively. In addition, we recently described the generation of transgenic mice that express human K18 that is mutated at a highly conserved arginine residue (arg89 to cys) (19). This arg is conserved among many IF proteins, and is a hot mutation spot in several of the epidermal keratin associated human diseases described to date (4–7). Mice expressing the arg mutant human K18, but not wild-type

Abbreviations used in this paper: EBS, epidermolysis bullosa simplex; Empigen BB; GF, griseofulvin; IF, intermediate filament(s); K, keratin; N, normal nontransgenic mice; WT, wild type.

1. Address reprint requests to Nam-On Ku and all other correspondence to Bishr Omary, Palo Alto VA Medical Center, 3801 Miranda Avenue, 111-GI, Palo Alto, CA 94304.

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human K18 (20), develop chronic hepatitis and increased hepatocyte fragility which led us to hypothesize that mutations in human K18 may cause or predispose to chronic or acute “idiopathic” liver disease (19).

The K18 arg mutation is associated with increased basal phosphorylation and glycosylation of K8/18 in transfected cells or transgenic mice expressing the K18 mutant protein, as compared with parallel systems that express wild-type (WT) K18 (19). Alterations in normal K8/18 glycosylation and/or phosphorylation are associated with a number of cellular stresses such as heat or virus infection (21), or mitotic arrest (22). Increased phosphorylation of K8/18 also occurs during the S and G2/M phases of the cell cycle (23). In the case of K18 phosphorylation, there is a 3–4-fold increase in phospho-ser52-K18 during mitosis as determined by immunofluorescence staining of cells or immunoblotting of cell lysates using a phospho-K18 epitope-specific antibody (24). In addition, chronic administration of griseofulvin to normal nontransgenic mice results in cytoplasmic hyalin deposition (termed Mallory bodies) (25, 26) and hepatotoxicity (27, 28), with increased phosphorylation of mouse K8/18 (29, 30).

Given that many drugs are metabolized by the liver and can in some instances cause significant hepatotoxicity (reviewed in references 31–34), we compared the effect of the two hepatotoxins griseofulvin and acetaminophen in transgenic mice that express arg-mutant or wild-type human K18, or in nontransgenic mice. We also examined the relative phosphorylation and glycosylation of K8/18 in the presence or absence of griseofulvin. Here we show that transgenic mice that express arg-mutant human K18 are significantly more susceptible to griseofulvin or acetaminophen induced hepatotoxicity as compared to transgenic mice that express wild-type human K18 (at levels similar to or lower than mutant K18 levels) or nontransgenic mice. Griseofulvin results in a dramatic decrease in keratin.
tin glycosylation in all mice tested, however, it significantly increased keratin phosphorylation only in mice that express WT K18. The increase in K18 phosphorylation after griseofulvin feeding does not appear to be related to hyperproliferation, as seen for example in mitosis-induced hyperphosphorylation of K8/18 after partial hepatectomy. The potential implications of these findings are discussed.

Methods

Biochemicals and antibodies. Reagents used were: uridine diphosphate (UDP)-[4,5-3H]-galactose (Dupont-New England Nuclear, Wilmington, DE); bovine milk galactosyltransferase and griseofulvin (GF) (Sigma Chemical Co., St. Louis, MO); and acetaminophen (McNeil, Fort Washington, PA). Antibodies used were: mouse monoclonal antibody (mAb) L2A1 which recognizes human K8/18 and does not crossreact with mouse keratins (35), rat mAb Troma I (National Institute of Child Health and Human Development) which recognizes mouse K8, polyclonal rabbit antibody 8592 which was raised against human K8/18 but crossreacts with mouse keratins (19), rabbit antibody 3055 which specifically recognizes a phospho-K18 epitope that contains phospo-ser52 K18 (24), mAb PC-10 to proliferating cell nuclear antigen (PCNA) (Sigma Chemical Co.), and Texas red conjugated goat anti–rat or anti–mouse IgG (Molecular Probes, Eugene, OR). FVB/N normal (N) nontransgenic mice were purchased from Simenson Labs (Gilroy, CA).

Mice, drug administration, and partial hepatectomy. All animals were housed under strict infection control precautions. Sera from randomly chosen mice were tested monthly for several pathogens including murine viral hepatitis, without any evidence of infection noted. Three transgenic lines with FVB/N background (termed TG2, F22 and F50; see reference 19) were used which express normal human K18 (TG2) or an arg89 to cys mutant human K18 (F22 and F50) which represent two different founder lines. The relative protein ratio of K18 (TG2) or an arg89 to cyst mutant human K18 (F22 and F50 which are fed powdered Lab Diet (PMI Feeds, Inc., St. Louis, MO) with or without 1.25% wt/wt griseofulvin (8 mice/line/type of feeding). The amount of GF chosen was less than the 2.5% used in Mallory body mouse-model studies (for example see references 26, 29, and 30) since preliminary experiments showed that doses in the 2.5% range appeared to be nearly uniformly fatal within 10 d in the mutant transgenic animals (not shown). In addition, GF is used here in the context of a mouse hepatotoxin rather than a Mallory body model. Four mice/line/food-type were analyzed after 7 or 17 d of feeding. Analysis entailed euthanasia by CO2 inhalation followed by collection of 0.6–1 ml of blood by intracardiac puncture, resection and weighing of the total intact liver, then sectioning the liver for: routine hematoxylin-eosin staining after 10% formalin fixation, immunofluorescence staining or snap freezing in liquid N2 for subsequent immunoprecipitation of K8/18. Of note, keratin degradation was noted if tissues were stored at −80°C before solubilization and immunoprecipitation (not shown).

Acetaminophen administration was done as described (36). 11 mice (sex matched, ~2 mo old) from each of the N, TG2, F22, and F50 lines were deprived of solid food for 3 h followed by infusion of acetaminophen by gavage (400 mg/Kg. diluted with H2O to a final volume of 0.4–0.5 ml), then switching the water source to 5% dextrose-H2O. After 2 h, mice were allowed to feed ad lib and observed intermittently for the following 72 h, then analyzed as done for the GF-fed mice. As a control, eleven additional F22 mice (the line that manifested the highest acetaminophen toxicity) were gavaged with 0.4 ml of H2O then observed for 72 h.

Partial (65%) hepatectomy was performed essentially as described (37) by removing the lateral, and left and right median lobes. The resected liver was divided into several parts that were either snap frozen in liquid N2 or fixed in 10% formalin for paraffin embedding. Tissues were stained slides from GF-fed mice were examined by a pathologist (S.A.M.) for Grade 3 or 4 hepatocellular necrosis. The amount of GF chosen was less than the 2.5% used in Mallory body mouse-model studies (for example see references 26, 29, and 30) since preliminary experiments showed that doses in the 2.5% range appeared to be nearly uniformly fatal within 10 d in the mutant transgenic animals (not shown). In addition, GF is used here in the context of a mouse hepatotoxin rather than a Mallory body model.

Histological findings of normal and transgenic mice: The indicated number of mice (sex matched, 2 mo old) were fed a control diet with or without 1.25% griseofulvin (wt/wt) for 7 or 17 d. Mice were observed and supplemented with their corresponding diet on a daily basis. Livers were removed in total, after bleeding the mice, then immediately weighed. Histology grading was done as described in Methods. Deaths occurred on days 8, 9, and 15 (F50) and on day 14 (F22). For statistical analysis, data from mutant transgenic (F22 + F50) were pooled and compared to data from TG2 and normal mice. *P = 0.036 by Wilcoxon method for determining survival differences using Kaplan-Meier estimates of survival. P = 0.007 and P = 0.001 by nonparametric Wilcoxon method. Hepatomegaly was statistically significant for all mouse lines after 17 d of GF feeding.
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Figure 2. Histopathology of livers from transgenic and nontransgenic mice fed control or griseofulvin diet for 7 d. Nontransgenic (N) or transgenic mice expressing wild-type K18 (TG2) or arg mutant K18 (F22 and F50) were fed a regular or GF-containing diet for 7 d. Livers were then isolated, formalin fixed, paraffin embedded, sectioned and stained with hematoxylin and eosin. Identical magnification was used for all the panels. Arrows indicate portal triad areas. Note bile plug within bile duct in the F22 GF-fed mouse (f); f, fat droplets (confirmed by Oil-red O staining, not shown).

All data are expressed as means±SD. Statistical significance between means was calculated using Student’s t test, nonparametric Wilcoxon method, or logistic regression. Differences in proportions between groups were calculated using Pearson chi-square analysis. Survival analysis was performed using the Wilcoxon method for determining survival differences in Kaplan-Meier estimates of survival. All statistical analysis was performed using JMP version 3.1 (SAS Institute Inc., Cary, NC).

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Indirect immunofluorescence. Freshly resected liver pieces were immediately frozen in O.C.T. compound (Miles, Elkhart, IN), sectioned then fixed briefly in cold acetone. Sections were blocked with a blocking buffer containing phosphate buffered saline (PBS), 2.5% bovine serum albumin (BSA) and 2% normal goat serum (5 min). They were then incubated with mAb L2A1 (anti–human K18) or with TromaI (anti–mouse K8) ascites diluted (1:40) in PBS with 2.5% BSA (20 min, 22°C). After washing, sections were blocked with the blocking buffer (5 min), followed by incubation with Texas red–conjugated goat anti–rat or anti–mouse IgG (20 min, 22°C) diluted 1:100 in blocking buffer with or without 2% normal mouse serum, respectively. After washing in PBS, slides were visualized with a Nikon fluorescent microscope and photos were taken using Kodak Ektachrome 400 color slide film from which black and white pictures were generated.

Biochemical studies. K8/18 were immunoprecipitated from liver fragments that were homogenized in 1% Empigen BB (Emp) in PBS containing 5 mM EDTA, 25 µg/ml aprotinin, 10 µM leupeptin, 10 µM pepstatin, 0.1 mM phenylmethyl-sulfonyl fluoride, 0.5 µg/ml okadaic acid, 5 mM Na pyrophosphate, and 50 mM NaF (buffer A) (19, 39). Homogenized samples were allowed to solubilize for 2 h with rotation (4°C), followed by centrifugation (16,000 g; 20 min). Purified L2A1 conjugated to Sepharose beads (39), or 8592 antibody, were

Figure 3. Histopathology of livers from transgenic and nontransgenic mice fed a griseofulvin diet for 17 d or a one-time dose of acetaminophen. (A) Hematoxylin and eosin stained sections of livers (a–d) were prepared from mice identical to those in Fig. 1. Unlabeled arrows point to bile duct proliferation; f, fat droplets; n, necrotic hepatocyte. (B) Mice were given acetaminophen by gavage (400 mg/Kg) followed by processing of the livers as done for the GF-fed mice. Identical magnification was used for all the panels. Arrows labeled “v” indicate central vein. Unlabeled arrow in h indicates portal triad. Note the diffuse hemorrhage (h) in g, and the significant necrosis and hemorrhage surrounding the central vein in h.
then incubated with the clarified liver lysate (3–12 h, 4°C) followed by washing of the immunoprecipitates then analysis by SDS-PAGE (40). Duplicate K8/18 immunoprecipitates were analyzed by isoelectric focusing using a Mini-PROTEAN II apparatus (BioRad Laboratories, Cambridge, MA) then SDS-PAGE exactly as recommended by the manufacturer. Glycosylation of K8/18 was assessed by in vitro specific labeling of accessible terminal N-acetylglucosamine residues using galactosyltransferase and UDP-[3H]galactose exactly as described (35).

The amount of liver keratin solubilized by Emp-containing buffer A relative to the total keratin present in liver tissue solubilized by 2% SDS-containing sample buffer was determined by immunoblotting. For this, equivalent liver fragments (by weight) were homogenized in buffer A or in sample buffer followed by transfer of serial dilutions to an Immobilon-P membrane (Millipore Corp., Bedford, MA) and immunoblotting with anti-keratin antibodies as described (19). Immunoblotting with the 3055 anti-phospho-K18 antibody and quantitation of the increase in phosphorylation of ser52-K18, using standard serial dilutions, was done as described (24).

**Results**

**Comparison of griseofulvin-induced hepatotoxicity in transgenic and nontransgenic mice.** The hepatotoxic effect of griseofulvin (GF) in mice (27, 28) and the formation of cytoplasmic hyalin Mallory bodies (25, 26) after chronic administration (≥ 2 mo) of GF are well described. We compared the short term hepatotoxic effect of GF in two founder transgenic mouse lines (F22 and F50) that express an arg mutant human K18, to transgenic mice that express normal human K18 (TG2) and to nontransgenic mice (N) that are the same strain as the transgenic animals. Although the F22 and F50 mice develop a progressive chronic hepatitis as they age (19), we used young mice that have only mild hepatitis. Several parameters were analyzed after 7 and 17 d of GF administration including mouse mortality, liver gross appearance and histopathology, keratin filament organization, biochemical serologic testing, and liver keratin phosphorylation and glycosylation. As shown in Table I, a statistically significant number of mice from the F22 and F50 groups, exclusively, died after 17 d of GF administration. Hepatomegaly was noted in all GF-fed mice (Table I), and the mesh-like subcapsular vascular pattern in the N and TG2 groups became accentuated in association with liver hyperpigmentation (Fig. 1, compare b and d with a and c) after 17 d of GF feeding. In contrast, GF-fed F22 and F50 mice showed a relative paucity of the subcapsular vascular mesh-like markings (Fig. 1, e–h), with scattered patches (e.g., arrows in Fig. 1, f) that correspond to foci of hemorrhage and necrosis (confirmed histologically, not shown but see Fig. 3).

Livers of 7-d GF-fed N and TG2 mice showed similar histologic changes, with an intact architecture and mild enlargement of hepatocyte nuclei (Fig. 2, compare b and d with a and c). In contrast, 7-d GF-fed F22 and F50 mice showed disarray of liver architecture with hepatocyte and bile duct cell enlargement that was not seen in control-fed F22 and F50 mice (Fig. 2, compare f and h with e and g). These changes in the livers from F22 and F50 mice became significantly more dramatic after 17 d of GF feeding (Fig. 3 A, a–d). Although livers of all GF-fed mice were injured, changes of disorganization, necrosis, fatty change, bile duct swelling and cell proliferation are clearly more evident in the F22 and F50 mice than the N and TG2 mice (Fig. 3 A, a–d). Mallory bodies were not seen in any of the mouse lines after the 17 d GF feeding (not shown). The histologic changes were paralleled by a significant decrease in serum glucose, and significant increases in serum ALT, AST

### Table II. Biochemical Serologic Values of Normal and Transgenic Mice after 17 d of Feeding

<table>
<thead>
<tr>
<th>Type of mice and diet</th>
<th>Glucose (mg/dl)</th>
<th>Alkaline phosphatase (U/liter)</th>
<th>Direct bilirubin (mg/dl)</th>
<th>AST (U/liter)</th>
<th>ALT (U/liter)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control diet</td>
<td>248±37</td>
<td>141±36</td>
<td>0.1±0.2</td>
<td>87±43</td>
<td>49±14</td>
</tr>
<tr>
<td>Griseofulvin diet</td>
<td>140±56</td>
<td>2632±660</td>
<td>0.6±0.5</td>
<td>3280±903</td>
<td>6833±3097</td>
</tr>
<tr>
<td>TG2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control diet</td>
<td>219±29</td>
<td>129±25</td>
<td>0.1±0.2</td>
<td>112±4</td>
<td>37±80</td>
</tr>
<tr>
<td>Griseofulvin diet</td>
<td>96±28</td>
<td>2686±2062</td>
<td>2.9±2.2</td>
<td>2710±704</td>
<td>6230±2698</td>
</tr>
<tr>
<td>F22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control diet</td>
<td>221±26</td>
<td>160±38</td>
<td>0</td>
<td>123±14</td>
<td>124±53</td>
</tr>
<tr>
<td>Griseofulvin diet</td>
<td>49±10*</td>
<td>465±152†</td>
<td>9.4±1.9‡</td>
<td>4933±1421‡</td>
<td>16447±3335‡</td>
</tr>
<tr>
<td>F50</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control diet</td>
<td>205±35</td>
<td>157±37</td>
<td>0</td>
<td>181±53</td>
<td>129±29</td>
</tr>
<tr>
<td>Griseofulvin diet</td>
<td>36*</td>
<td>438‡</td>
<td>8.8†</td>
<td>3200†</td>
<td>10460†</td>
</tr>
</tbody>
</table>

Blood samples were collected from the 17 d group of mice that were described in Table I, then analyzed for glucose (mg/dl); alkaline phosphatase (U/liter); direct bilirubin (mg/dl); aspartate (AST), and alanine (ALT) aminotransferases (U/liter). Serum testing was also done on blood obtained from the 7 d mouse groups, and gave a similar trend but less dramatic numbers to those of the 17 d groups (not shown). For statistical analysis, logistic regression was used to test the effect of type of mice for a given diet. Data of mutant transgenics (F22 + F50) were compared to data from TG2 and normal mice. *P = 0.009 for glucose; †P = 0.025 for alkaline phosphatase; ‡P = 0.002 for bilirubin; §P = 0.040 for AST; and ¶P = 0.004 for ALT.

### Table III. Effect of Acetaminophen on Survival of Normal and Transgenic Mice

<table>
<thead>
<tr>
<th>Category</th>
<th>Normal</th>
<th>TG2</th>
<th>F22</th>
<th>F50</th>
</tr>
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<tbody>
<tr>
<td>Dead/Total</td>
<td>1/11</td>
<td>1/11</td>
<td>6/11</td>
<td>5/11</td>
</tr>
</tbody>
</table>

11 (sex matched, two months old) mice from each group were given acetaminophen (400 mg/kg) by gavage, followed by observation for 72 h. All the mice that died, independent of the group, did so within the first 36 h after acetaminophen administration. Chi-square = 8.84, P < 0.003 for the sum of mutant transgenic (F22 + F50) mice compared to TG2 plus normal mice, in terms of survival.
and bilirubin levels (Table II). Interestingly, F22 and F50 mice were not able to mount an increase in their alkaline phosphatase levels to the extent noted in TG2 and N mice (Table II). The significance of this difference in alkaline phosphatase is unclear but may reflect an inherent difference in synthesis, transport or secretion in mice expressing the arg mutant K18.

**Comparison of acetaminophen-induced hepatotoxicity in transgenic and nontransgenic mice.** We examined the effect of acute acetaminophen-induced hepatotoxicity, another well recognized hepatotoxin, in addition to the GF-induced chronic hepatotoxicity described above. We chose a gavage dose of 400 mg/Kg that was in the 300–500 mg/Kg range previously described in acetaminophen-induced hepatotoxicity in C57B16 and C3H mice (36), and which in preliminary experiments was minimally lethal in FVB/N nontransgenic mice (not shown). Mice were analyzed in a manner similar to that described for the GF experiments, 72 h after acetaminophen gavage. As shown in Table III, mortality was significantly greater in F22 and F50 mice than in TG2 and N mice. This was also supported by the dramatic difference noted after histologic analysis of the livers (Fig. 3 B, e–h). Most of the histologic changes, as manifested by necrosis and hemorrhage, occurred in areas surrounding central veins. The observed effects were not due to the gavage per se, since no mortality or hemorrhage were noted in eleven F22 mice that were gavaged with 0.4 ml of water (not shown). No significant differences were noted in ALT, AST,
bilirubin, glucose, and alkaline phosphatase between surviving mice 72 h after acetaminophen administration which is explained by their rapid near normalization in surviving mice (not shown).

Effect of GF and acetaminophen on keratin filament assembly. We examined the effect of GF and acetaminophen on hepatocyte keratin filament assembly in the transgenic (TG2, F22, F50) and nontransgenic (N) mice. As shown in Fig. 4, GF feeding of N and TG2 mice for 17 d resulted in significant alteration in the pattern of keratin staining, from an extended filamentous array (a and d) to a hazy disorganized pattern with few short filaments and scattered dots (b and e). The staining patterns for K8/18 in livers of N and TG2 mice after 7 d of GF feeding was similar but less dramatic than after 17 d of feeding (not shown). The staining patterns for K8/18 in F22 (Fig. 4, g and h) and F50 (not shown) were similar, with disruption of keratin filaments in mice fed a control diet because of the K18 mutation as described previously (19) and minimal change after GF feeding. The staining patterns of K8/18 in livers from transgenic mice using mAb L2A1 (Fig. 4, d–h) or using mAb Troma I were similar (not shown), and background nonspecific staining (Fig. 4 i) was negligible and without cross-reactivity of mAb L2A1 with mouse K8/18.

The staining patterns for liver keratins in the N and TG2
acetaminophen mouse group were somewhat different than those observed after GF administration. The effect on filament staining 1 d after acetaminophen gavage was mild (not shown). However, changes in keratin filaments became more evident 2 d (Fig. 4 f) or 3 d (Fig. 4 c) after acetaminophen gavage, with a disorganized and less extended filamentous pattern, and some loss of cytoplasmic staining. This staining pattern was heterogeneous, with areas exhibiting a normal filamentous staining pattern and other areas of necrosis (not shown). As noted after GF feeding of F22 and F50 mice, the staining pattern of K8/18 was not dramatically different in livers of surviving F22 and F50 mice before or after acetaminophen gavage (not shown).

Effect of GF on keratin phosphorylation and glycosylation. We compared the phosphorylation and glycosylation states of hepatic K8/18 in mice with or without hepatotoxin pre-exposure. This analysis was prompted by several previous observations. For example, basal phosphorylation and glycosylation of K8/18 is elevated in transgenic mice that express the arg mutant K18 as compared with mice that express normal K18 (19). In addition, keratin phosphorylation increased in normal mice after 3.5–8 mo of chronic GF feeding (29, 30). As shown in Fig. 5 A, immunoprecipitation of K8/18 from Emp detergent-solubilized livers showed that K8 and K18 migrate slower, upon one dimensional SDS-PAGE, after isolation from GF-fed normal and TG2 mice as compared with keratins isolated from the corresponding control fed mice (compare lanes b with a; and lanes i with h). In contrast, K8/18 isolated from control or GF fed F22 or F50 mice showed similar migrations (Fig. 5 A, lanes c–f).

Support for earlier findings that GF feeding in normal mice results in hyperphosphorylation of K8/18 (29, 30) was obtained by two-dimensional gel analysis. As shown in Fig. 5 B, several new isoforms of K8 and K18, that are isolated from N and TG2 mice after GF feeding, are evident. In the case of keratins isolated from GF-fed F22 and F50 mouse livers, the shift in K8 and K18 to more acidic (i.e., hyperphosphorylated) isoforms was not as prominent as for keratins isolated from N and TG2 livers (Fig. 5 B). This indicates that significant hyperphosphorylation of K8/18 occurs after chronic GF feeding of normal mice or transgenic mice that overexpress normal human K18, but much less so in mice that express mutant K18. The phos-
phorylation increase in K8/18, isolated from normal and TG2 mouse livers, was noted only in the Emp solubilized keratin fraction (~70% of the total liver keratin pool) but not in the residual post-Emp keratin fraction (not shown).

We also compared keratin glycosylation in TG2, F22, and F50 mice that were fed control or GF-containing diet. The glycosylation of K8/18 consists of O-linked single N-acetylglucosamines (35), and in the case of K18 three major glycosylation sites have been identified (ser-29, 30 and 48; reference 41). As shown in Fig. 6, K8/18 glycosylation decreased in all GF fed mice as determined by in vitro galactosylation of in vivo modified and accessible N-acetylglucosamines. This dissociation between keratin glycosylation and phosphorylation is different to other examples where increased keratin phosphorylation/glycosylation occurred in concert as in the case of heat stress or virus infection of tissue cultured cells (21) or mitotic arrest (22, 23).

Increased phosphorylation of K18 in GF-fed TG2 mice is different to mitosis-associated K18 hyperphosphorylation in partial hepatectomized mice. The increase of K8/18 phosphorylation in TG2 mouse livers after GF-feeding raises the possibility that it may be related to a compensatory hyperproliferative response. This was addressed by contrasting the phosphorylation of K18, in GF versus control diet fed mice, to the phosphorylation of K18 in resected versus post-resection regener-ated livers. In the latter case, liver generation and the associated increase in cell proliferation are well described (reviewed in 42) with early studies done in rats (43) and mice (44). K18 phosphorylation on ser52, a major K18 phosphorylation site (45), was examined by immunoblotting using antibody 3055 which specifically recognizes phospho-ser52-K18. (C) K8/18 immunoprecipitates, isolated from the 0 h and 26 h livers were analyzed by IEF (horizontal direction) then SDS-PAGE (vertical direction) followed by Coomassie staining. Small arrows highlight major K18 isoforms.

Discussion

The major findings of this study are: (a) Transgenic mice that express human K18 that is mutated at a single highly conserved arginine are significantly more susceptible to griseofulvin or acetaminophen induced hepatotoxicity than transgenic mice that express normal human K18 at levels that are near or higher than the mutant protein levels. The increased susceptibility of F22 and F50 mice to hepatotoxicity, as compared with normal and TG2 mice, was manifested by statistically significant differences in lethality (Tables I and III), histology (Figs. 2 and 3), and serologic tests (Table II). (2) Despite higher basal phosphorylation of keratins in livers that express mutant K18, these hepatocytes are unable to manifest the dramatic
K8/18 hyperphosphorylation response that is seen after GF feeding of nontransgenic mice or of mice that express normal human K18 (Fig. 5). (3) Hyperphosphorylation of K18 in GF-fed TG2 mice does not appear to be related to a hyperproliferative response as seen during liver regeneration (Fig. 7). (4) Griseofulvin administration results in decreased glycosylation of hepatic K8/18, independent of whether the hepatocytes express normal or mutant K18 (Fig. 6).

Susceptibility of transgenic mice that express mutant K18 to drug induced hepatotoxicity. Transgenic mice that express the dominant negative arg mutant human K18 develop chronic hepatitis which led us to hypothesize that some cases of human idiopathic hepatitis may be caused by mutations in human K18 (19). Identification of K18 mutations in human disease(s) may be predicted given that mutations in 11 other keratins have already been described in tissue-specific human diseases (4–11). Our study herein brings to light the additional hypothesis that mutations in K18 may, in some cases, predispose to human acute or chronic drug induced hepatotoxicity. Although the mutant K18 mice that we studied do have underlying chronic hepatitis, and as such it may be possible that their liver reserve is limited, it is likely that their predisposition to liver injury is more related to the mutation-induced keratin filament disruption than to the underlying chronic liver disease. In support of this, TG2 mice that express normal human K18 have normal keratin filament organization (19, 20) and show a similar susceptibility to liver toxicity as normal nontransgenic mice. In addition, we used young mice for our study, where the degree of chronic hepatitis is still mild (19).

Based on the well described mutations in epidermal keratins, the location of a particular mutation appears to correlate with the severity of the skin disease phenotype. For example, mutation of the highly conserved arg 125 in K14 (that corresponds to arg 89 in K18) is associated with the Dowling-Meara form of EBS (4–7), which is the most severe form of that disease. However, mutations in areas that are less critical for filament assembly are found in the mildest form of EBS namely, the Weber-Cockayne type (46). If mutations in K18 are proven to be associated with human drug induced hepatotoxicity, then a similar situation may occur in K18 in that the location of the mutation could account for the severity of the predisposition to drug-induced liver damage.

The mechanism of increased liver injury in the transgenic mice that express mutant K18 remains to be investigated. Although hepatocytes in mice expressing a dominant negative K18 mutant are fragile (19), it is unclear what factor(s) account for this increased fragility except for the association with abnormal filament organization. Environmental contributions to disease phenotype, as exemplified by the exacerbating effect of heat in patients with EBS, may be at least partially accounted for by the effect of the environmental factor on filament organization (47). Although the potential for K18 mutations to cause human disease remains to be investigated, it is also possible that K8/18 mutations may not directly cause disease but may predispose to it, as for example, a susceptibility to liver disease upon exposure to an environmental factor such as a virus or hepatotoxin. Altered filament organization and increased cell fragility may be the major factors involved in lowering the threshold for cell necrosis and toxicity, but other potential mechanisms may directly or indirectly be involved. For example, a dominant-negative K18 mutation could render hepatocytes less able to handle oxidative stress. This is particularly relevant given that hepatocytes are the major drug-metabolizing factory in the body. For example, detoxification of acetaminophen, particularly when given in high doses, involves glutathione, which when depleted results in accumulation of the electrophile and toxic compound N-acetyl-p-benzoquinoneimine (34, 48). Similarly, GF feeding of mice for 12 d decreased cytochrome P-450 content and also elevated fatty acid desaturation activity, thereby suggesting alterations in lipid peroxidation by-products (49, 50). In addition, phosphorylation of keratins may contribute by providing a protective mechanism as discussed below.

Keratin glycosylation and phosphorylation in mice expressing normal or mutant K18. Another major finding of this work was that K8/18 become significantly hyperphosphorylated after GF feeding in normal and TG2 mice, but surprisingly not to the same extent in F22 and F50 mice. The K8/18 hyperphosphorylation is dramatic and results in a migration shift of K8 and K18 on one-dimensional gels (Figs. 5–7) and generation of new isoelectric forms on two dimensional gel analysis (Fig. 5). Although shifts of mouse liver K8/18 on one dimensional gels have not been reported previously, similar changes in K8/18 phosphorylation upon two-dimensional gel analysis were noted in C3H or swiss albino mice that were fed 2.5% GF (wt/ wt) for 8 or 3.5 mo, respectively (29, 30). Hence, GF induced hyperphosphorylation of keratins in normal mice, or in mice that overexpress wild type human K18, appears to be a general phenomenon that begins as early as 17 days after GF feeding, irrespective of the mouse strain.

Hyperphosphorylation of normal keratins is emerging as a common theme that is associated with several in vitro stress models (reviewed in 51), such as heat stress or infection of cultured colonic epithelial cells with rotavirus (21), or mitotic arrest (22, 23). In the case of heat stress, hyperphosphorylation begins at a stage before cell damage becomes irreversible (21). These data, coupled with the toxicity stress model in this study, raise the question of whether keratin hyperphosphorylation is an important component of normal cellular protective responses against injury. Any survival advantage that may be imparted by stress-induced keratin hyperphosphorylation can be assessed once the specific newly phosphorylated sites are identified. To that end, the observed hyperphosphorylation of human K18 in TG2 GF-fed mice does not involve ser52 (Fig. 7). This contrasts with the 3–4-fold increase in K18 phosphorylation during the S and G2/M phases of the cell cycle in cultured colonic HT29 cells (23, 24) and the 2.4-fold increase 26 h after partial hepatectomy and subsequent liver regeneration (Fig. 7). Taken together, this suggests that the observed K8 and K18 hyperphosphorylation may occur at unique “nonconventional” sites. Further support for the uniqueness of the GF-induced phosphorylation sites is related to the observed shift of K8 and K18 on one-dimensional gels. This migration shift was not detected during the S/G2/M phases of the cell cycle when keratins become significantly hyperphosphorylated (23, 24), but was noted in K8 (with formation of a distinct hyperphosphorylated species) after heat stress (21) or mitotic arrest (22) and was coupled with generation of unique phosphopeptides.

With regard to keratin glycosylation, little is known regarding the functional significance of this modification (reviewed in references 52, 53), despite its dynamic nature (22, 35). Several in vitro systems that are associated with keratin hyperphosphorylation show either a parallel hyperglycosylation, as after mitotic arrest or heat stress (21, 22), or no change in glycosyla-
tion as noted upon virus infection or normal progression through the cell cycle (21, 23). The decrease in hepatocyte K8/18 glycosylation after GF feeding represents the first example of opposite alterations in keratin phosphorylation and glycosylation. The mechanism(s) accounting for this effect on K8/18 glycosylation remain(s) to be investigated. Potential explanations include the observed increase in K8/18 phosphorylation at “nonconventional” sites that could block normally glycosylated ser/thr’s (53), or a GF-induced keratin conformational change that renders the terminal O-GlcNAc’s of K8/18 inaccessible during the in vitro galactosylation reaction.

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