DNA end labelling (TUNEL) in a 3 year old girl with Leigh syndrome and prevalent cortical involvement

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RESULTS
Neuropathological study
At 3 years of age, neurological examination showed ophthalmoplegia, strabismus, and ataxic–spastic gait. She was only able to pronounce simple words. Relatives reported severe epilepsy with 3–4 epileptic fits per week. During hospitalisation, repeated assay of serum lactic acid revealed a persistent lactic acidosis. The child died of cardiopulmonary arrest at 3½ years of age. Her 10 year old sister is affected with the same disease. Molecular genetic analysis disclosed an mtDNA mutation (T9176G) in the ATPase 6 subunit gene.

METHODS
Detailed clinical and molecular genetic findings have been reported elsewhere. Briefly, the proband was born at term by caesarean section. She presented severe developmental delay. At 3 years of age, neurological examination showed ophthalmoplegia, strabismus, and ataxic–spastic gait. She was only able to pronounce simple words. Relatives reported severe epilepsy with 3–4 epileptic fits per week. During hospitalisation, repeated assay of serum lactic acid revealed a persistent lactic acidosis. The child died of cardiopulmonary arrest at 3½ years of age. Her 10 year old sister is affected with the same disease. Molecular genetic analysis disclosed an mtDNA mutation (T9176G) in the ATPase 6 subunit gene.

Neuropathological study
Autopsy was performed 10 hours after death, and the brain fixed in formalin for 30 days. Samples from representative areas were embedded in paraffin and stained by the following techniques: haematoxylin and eosin, Nissl, Luxol fast blue, Bodian, and PAS. We performed an immunocytochemical analysis using the peroxidase–antiperoxidase method. Colour was developed using 3, 3’-diaminobenzidine (Sigma) as chromogen. Sections were observed under a Zeiss Axiosmat Optical microscope. Paraffin sections were incubated with antibodies for MBP (Biogenex, USA), chromogranin A, synaptophysin, NSE, and GFAP (all Dakopatts, Denmark). Brain tissue from two young girls aged 6 and 9 years, who had died of extraneurological causes, was used as control.

Apoptosis study
Apoptosis and DNA fragmentation were detected in tissue sections by terminal deoxynucleotidyl transferase mediated dUTP nick end labelling (TUNEL) assay and Hoechst staining. TUNEL was also used to detect nuclear DNA fragmentation in situ. Paraffin embedded sections from cortical areas were deparaffinised, and 3’-OH terminal DNA fragments were then labelled with an In Situ Cell Death Detection POD kit (Boehringer Mannheim, Italy). For each specimen, positive (incubating a brain section for 10 minutes with DNase I before TUNEL reaction mixture) and negative (incubating a muscle section without TdT) controls were performed.

Hoechst H33258 binds to DNA and reveals nuclear condensation and fragmentation associated with apoptosis. Deparaffinised sections of cortical areas were washed with Hoechst H33258 (1 μg/ml in PBS) for 30 minutes at room temperature and examined by fluorescence microscopy. Brain tissue from patient who had died of a heart attack was used as control.

Abbreviations:
LS, Leigh syndrome; MILON, mitochondrial late onset neurodegeneration; TUNEL, terminal deoxynucleotidyl transferase mediated dUTP nick end labelling
and unrecognisable Nissl bodies (fig 1C). We observed similar findings in the right putamen. In the cerebellum, there was slight loss of Purkinje cells with some torpedos and proliferation of Bergman glia (fig 1D). The cerebellar white matter showed moderate astrocytosis. No abnormality was found in the dentate, inferior olivary nuclei, and hippocampus.

By GFAP immunocytochemistry, we observed a severe astrocytosis surrounding the cortical lesions (fig 1E). GFAP positive cells were also observed in the white matter of cerebellum, mostly subcortical, and in the brainstem. The immunocytochemical study by MBP revealed reduced staining in the areas of white matter surrounding the cortical lesions and in the cerebellum. The reaction with chromogranin A and synaptophysin gave weak staining in grey matter regions without significant difference with respect to controls and was almost absent in the affected cortex.

All representative areas (frontal and occipital cortex, cerebellum, basal ganglia, pons, and midbrain) harboured high levels (>95%) of mutant mtDNA.

**Apoptotic study**

The frontal and occipital cortical brain regions with neural loss tested for TUNEL reaction showed a greater number of TUNEL positive neurones than controls (fig 2A). The same results were obtained using Hoechst H33258 staining as a complementary method to detect apoptotic death. The control brain showed negative H33258 labelling, whereas the LS brain showed an abundance of H33258 positive fragmented nuclei (data not shown). TUNEL reaction performed in sections tissue of the cerebellum, basal ganglia, and inferior olivary nuclei showed TUNEL negative labelling (fig 2 B–D).

**DISCUSSION**

It is still unclear how and why neurones die in mitochondrial disorders. The ATP compartmentation theory proposed for pathogenic mtDNA mutation suggests that cytosolic ATP derived from glycolysis cannot substitute for mitochondrion derived oxidative ATP in affected brain areas to perform the important tasks of running channels and pumping neurotransmitters. This probably occurs because there is too little ATP or the ATP is unavailable. Because in maternally inherited diseases resulting from pathogenic mutations in mtDNA, normal functioning of the respiratory chain and OXPHOS is impaired, a causal relationship between mitochondrial dysfunction and neurodegeneration via apoptosis would be expected. Although apoptosis detected by TUNEL has been described in human brains affected by neurodegenerative diseases, no data are available on patients with Leigh syndrome or other mitochondrial encephaloneuropathies, and the relationship between apoptosis and mitochondrial diseases is still contradictory. Experimentally, in early and end stage symptomatic (age 5–6 months) mitochondrial late onset neurodegeneration (MILON) mice, enhanced presence of TUNEL reactive neuronal cells showing typical morphological features of apoptosis was recently reported in all brain areas with cell loss. The same authors showed an absence of TUNEL positive nuclei in 2, 3, and 4 month old presymptomatic MILON mice and an increase in apoptotic nuclei after kanainic acid injection suggesting that prolonged neurone chain deficiency is required for induction of neurodegeneration and that respiratory chain deficient neurones are more vulnerable to excitotoxic challenge. Our results, obtained for the first time in a brain of an LS patient, are in line with this recent experimental data, showing a large number of TUNEL positive nuclei in frontal and...
occipital cortical area of the patient. This finding showed that the apoptotic process is responsible for neuronal loss in LS patients and confirms that in neurodegenerative diseases, such as LS, a mutation in mtDNA could be linked to apoptosis in specific populations of neurones.

In the present case, we did not find the pathological features of LS in typical sites such as the brainstem, cerebellum, thalamus, and basal ganglia. Furthermore, we observed some peculiar aspects, difficult to interpret. (a) To our knowledge, the cerebral cortex has never been reported to be affected to this extent in LS;10–12 our patient showed widespread severe cortical neuronal loss. In a cohort of 21 autopsies, Cavanagh & Hardin found mild cortical neuronal loss only in one case. Necrosis of the cerebral cortex in mitochondrial diseases may be due to episodes of hypotension before death or postconvulsional damage. The present patient suffered from epileptic fits but it is difficult to determine whether they were responsible for cortical damage. With respect to classical cortical LS lesions, there were also cystic cavities and a regressive appearance of the neurones, referred to as incrustations, indicating that this type of lesion occurred some time before death. (b) Brain lesions are always symmetrical in LS, but in our case they involved the right and left hemisphere asymmetrically. (c) In reported LS cases with mutation at nt9176 of the ATPase gene, lesions have always been found in typical regions of the brain.10–12 The lesions we observed in the periacqueductal regions and putamen are rarely found in LS, but they are important for understanding the sequence of pathological events leading to classical abiotrophic lesions. Vascular congestion, which may be due to increased lactate concentrations in neutrophils, seems to be the primary event. In two different studies, Cavanagh et al11,12 hypothesised that the main involvement of the brainstem, cerebellar white matter, and basal ganglia in LS is related to their greater vulnerability to increased levels of lactic acid, irrespective of the genetic defect, and probably secondary to the type of supportive vascular supply, provided in these regions by perforant arterioles. The finding of damaged neurones in these lesions suggest that neuronal changes may be an early phenomenon in LS. This is in line with localised proton magnetic resonance spectroscopy evidence of early neuronal loss and breakdown of membrane phospholipids observed in a LS/T8993G patient.14

In conclusion, our study confirms that metabolic damage to nervous tissue observed in autopsy specimens of LS patient may not be associated with appreciable morphological changes for a long time. Indeed, the symmetrical brainstem and basal ganglia lesions, considered to be pathognomonic of this syndrome, usually occur in the last stages and are responsible for respiratory distress and death. In the present case, the very early changes in the midbrain were probably the cause of death.

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