

Disruption of the Vertical Calcium Gradient in Murine Epidermis by a Potent Vitamin D₃ Analogue, KH 1060

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The hormonal forms of vitamin D₃ (1,25-dihydroxyvitamin D₃ and synthetic vitamin D₃ analogues) are potent regulators of keratinocyte growth and stimulators of keratinocyte differentiation. Recent experiments *in vitro* on cultured keratinocytes indicate that Ca²⁺ may be a second messenger mediating the effects related to the induction of keratinocyte differentiation by the hormonal forms of vitamin D₃. In this study we employed the technique of ion capture cytochemistry to investigate the effects of a potent vitamin D₃ analogue, KH 1060 (20-epi-22-oxa-24a-homo-26,27-dimethyl-1,25-dihydroxyvitamin D₃), on the distribution of bound intracellular and extracellular calcium in murine epidermis *in vitro*. Topical treatment of the skin with KH 1060 (0.4 mmol/l) resulted in the development of epidermal hyperplasia and hyperkeratosis. We observed that epidermis treated with KH 1060 contained fewer calcium deposits in the upper epidermal strata (both intra- and extracellularly) than the control skin. This phenomenon was rapid and occurred after only a single application of KH 1060. Calcium distribution in the basal cell layer was not affected. We propose that observed reduction in the quantity of calcium deposits was caused by the release of sequestered calcium from the intracellular stores and cellular Ca²⁺ uptake, leading eventually to the increase in the intra-cellular concentration of ionized calcium. The ability of the active vitamin D₃ compounds to release Ca²⁺ may be important for their activity in psoriasis. **Key words: analogues; calcium gradient; cholecalciferols; differentiation; epidermis; proliferation.**

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1,25-dihydroxyvitamin D₃ and other vitamin D₃ compounds demonstrating hormonal activity (collectively referred to as the vitamin D compounds, VDs) are potent regulators of keratinocyte growth and stimulators of epidermal cell differentiation. VDs suppress keratinocyte growth *in vitro* (1, 2) and have been used clinically in the treatment of psoriasis, where they inhibit excessive epidermal proliferation (3–6). However, in certain situations VDs paradoxically stimulate keratinocyte growth (7–9). In our laboratory we have developed a simple model of epidermal hyperplasia in hairless mice induced by a very potent vitamin D₃ analogue, KH 1060 (10–12). Single or repeated topical applications of this compound in nano- or micromolar concentrations invariably stimulate keratinocyte proliferation and differentiation, leading to epidermal hyperplasia and hyperkeratosis. Using this model we were able to

show the involvement of the protein kinase C and the oncogene product c-fos as mediators of epidermal hyperplasia (13). Other researchers have reported activation of similar signalling pathways by VDs in cultured keratinocytes and in other cell types (14–20). These observations led to the development of the hypothesis that some of the biological effects of VDs are mediated by various second messengers (such as protein kinase C) rather than, as traditionally viewed, by the vitamin D receptor operating as a transcription factor (21).

Ionised calcium (Ca²⁺) is the most important second messenger in eukaryotic cells and an increase in the intracellular Ca²⁺ concentration is an endpoint of activation of the majority of different membrane receptors. In non-excitabile cells, such as keratinocytes, the Ca²⁺ mobilization is achieved *via* activation of the receptor-coupled phospholipases (phospholipase C β for G-protein receptors and the phospholipase C γ for receptor tyrosine kinases), generation of inositol triphosphate and calcium release from the intracellular stores (22). Additionally, keratinocytes seem to possess a membrane receptor for calcium which is activated in the presence of high extracellular calcium concentration leading to calcium release from intracellular stores followed by the capacitative entry of Ca²⁺ from the outside (23). The net result is the sustained elevation of cytoplasmic Ca²⁺ concentration, an effect which causes keratinocyte differentiation (24).

There is evidence that VD stimulates Ca²⁺ response in many cell types. For instance, 1,25-dihydroxyvitamin D₃ has been shown to cause a release of inositol triphosphate or generate calcium fluxes in myoblasts (25), skeletal muscle cells (20), pancreatic β cells (26), osteoblasts (27), or intestinal cells (28). However, the existence and role of VD-dependent calcium signalling in keratinocytes is still a matter of debate. Some authors have succeeded in demonstrating that in cultured keratinocytes VD increases the cytoplasmic Ca²⁺ concentration and argue that calcium is responsible for the VD-induced keratinocyte differentiation (29). However, other research groups have been unsuccessful in demonstrating the Ca²⁺-mobilizing activity of VD (30). To further investigate this problem we used ion-capture biochemistry to determine the effects of KH 1060 on calcium distribution in keratinocytes in murine epidermis.

MATERIAL AND METHODS

KH 1060 (20-epi-22-oxa-24a-homo-26,27-dimethyl-1,25-dihydroxyvitamin D₃) was obtained from the Chemical Research Department of Leo Pharmaceutical Products. The 0.4 mmol/l solution was prepared in the buffered isopropyl alcohol, as described (10). Female hairless C3H mice (strain hr/hr C3H/Tif Bom, Bom mice, Denmark, weight approximately 20 g) were divided into two groups of 10 animals in each, and treated topically with 50 ml of the KH 1060 solution or the vehicle, once daily. After 1, 2, 3, 5, and 14 days of treatment, two mice from the experimental and control groups were sacrificed, and two

Table I. Effects of topical KH 1060 on the intensity of cytochemical calcium labelling in murine epidermis

Structure		Days of treatment (labelling intensity) ¹					
		0 ²	1	2	3	5	14
Basal cell layer	intracellular	+	+	+	+	+	+
	extracellular	+	+	+	+	+	+
Upper spinous and granular cell layers	intracellular	3+	2+	+	+	+	+
	extracellular	2+	2+	2+	+	+	+
Cornified layers		0	0	0	0	0	0

¹0: no labelling; +: 1–20 precipitates/100 μm^2 ; 2+: 21–100 precipitates/100 μm^2 ; 3+: multiple precipitates and conglomerates.
²Control labelling in the vehicle-treated animals. The calcium staining did not differ throughout the treatment period in this group.

2 mm punch biopsies were sampled from the dorsal skin of each animal. Ion-capture cytochemistry was performed as described previously (31). Ultrastructure of the tissue prepared with this method is identical to that obtained with the conventional electron microscopy technique and calcium is visualized as electron-dense precipitates. Skin samples were fixed overnight at 4°C in 3% glutaraldehyde, 0.5% paraformaldehyde 90 mM potassium oxalate, 1.9% sucrose solution adjusted to pH 7.4 with KOH. Fixed samples were rinsed in 90 mM potassium oxalate in 1.9% sucrose, pH 7.4, post-fixed in 1% osmium tetroxide and 2% potassium pyroantimonate for 2 h at room temperature. The ultrathin sections for electron microscopy were prepared using standard procedures (12, 31) and examined with the JEOL 1200 EX electron microscope at 80 kV and magnification $\times 5,000$ –17,000. Calcium deposits were evaluated semi-quantitatively in 20 sections from each biopsy, as

described in the legend to Table I. The method was specific for calcium, since treatment with 3 mmol/l EGTA (31, 32) prevented the formation of calcium precipitates.

To measure the possible effects of the topical treatment on the skin barrier function, the transepidermal water loss was measured with the Evaporimeter (ServoMed, Stockholm, Sweden) (33). The measurements were performed in quadruplicate 2 h after the topical application of the solutions in the groups treated for 1, 2, 3, 5, and 14 days with KH 1060 or the vehicle.

RESULTS

Compared with the control skin, the epidermis of the animals treated with KH 1060 showed features of hyperkeratosis and epidermal hyperplasia, identical to those described previously (12). Epidermal hyperplasia was first evident after a 3-day treatment with KH 1060. The distribution of calcium deposits in the control, vehicle-treated skin followed the pattern described by Menon et al. (32). Calcium precipitates were rarely observed in the basal keratinocytes, and found primarily in the cytoplasm and mitochondria of these cells (Fig. 1). In the granular cell layer and also in a few upper spinous cells calcium deposits were abundant and homed to the peripheral cytoplasm and the intercellular spaces (Fig. 2). Intracellular calcium deposits were larger than those seen in the intercellular space (Fig. 2A versus 2B).

Only a few calcium precipitates were observed in the epidermis of the skin treated with KH 1060. Staining of the basal cell layer was unchanged (not shown), but a dramatic decrease in the number of calcium precipitates was seen in the suprabasal epidermal cell layers (Fig. 3 versus Fig. 2). The spinous and granular keratinocytes and the intercellular spaces in these layers were virtually devoid of the deposits. Depletion of calcium by KH 1060 was seen after a single topical treatment.

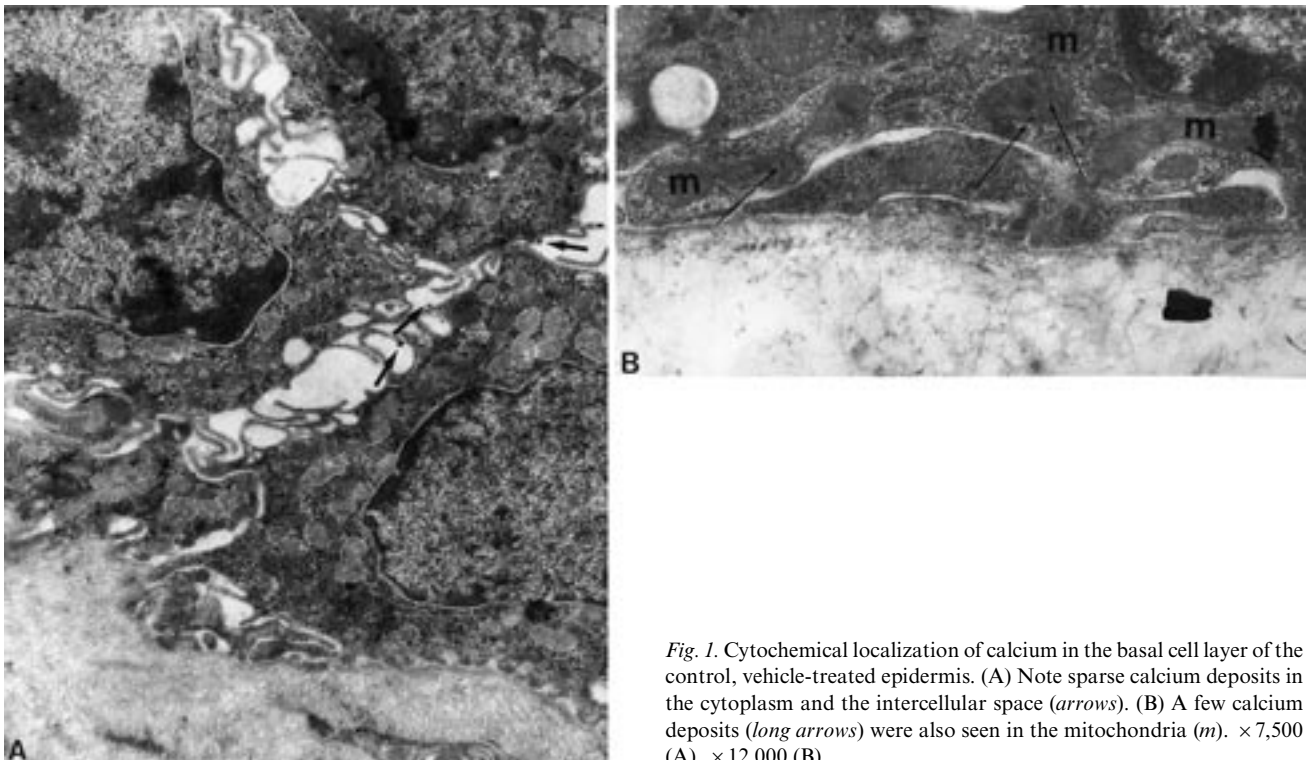


Fig. 1. Cytochemical localization of calcium in the basal cell layer of the control, vehicle-treated epidermis. (A) Note sparse calcium deposits in the cytoplasm and the intercellular space (arrows). (B) A few calcium deposits (long arrows) were also seen in the mitochondria (m). $\times 7,500$ (A), $\times 12,000$ (B).

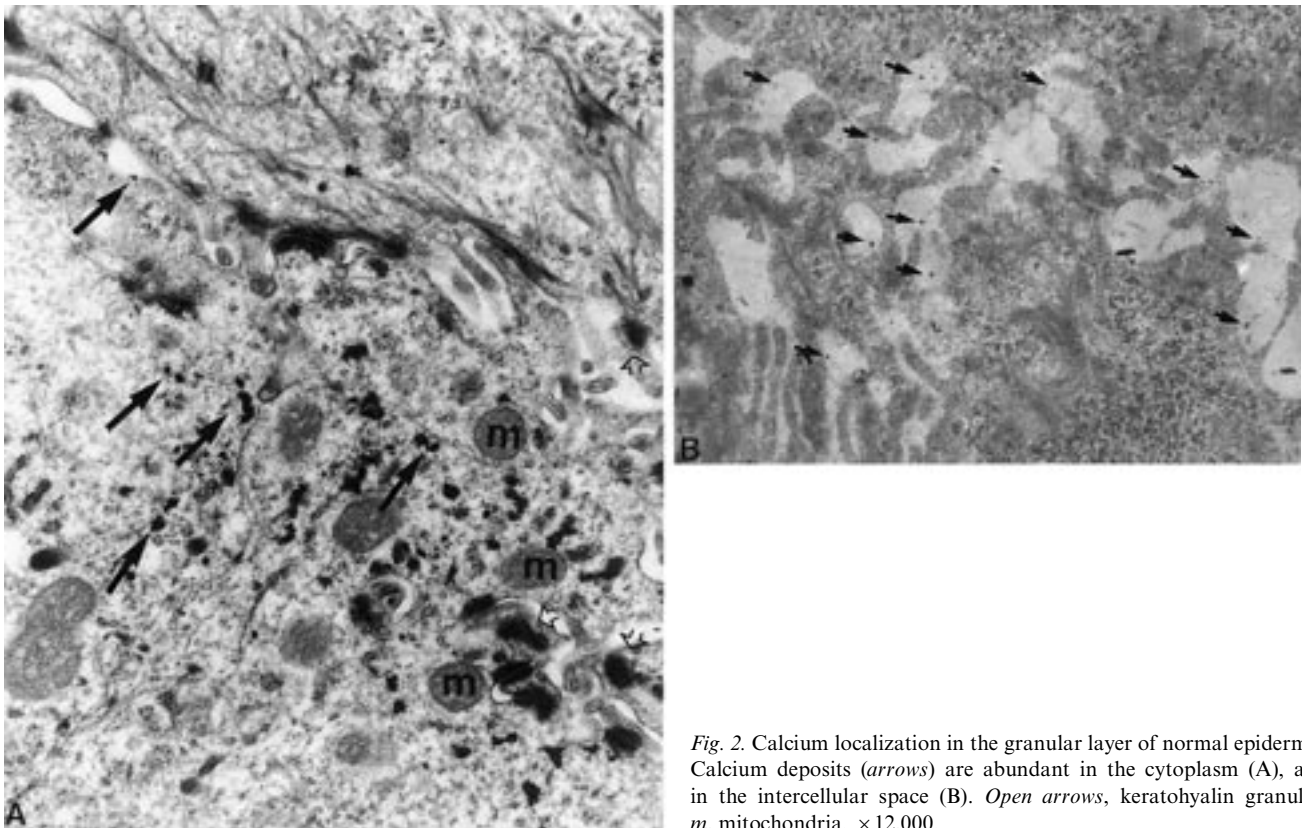


Fig. 2. Calcium localization in the granular layer of normal epidermis. Calcium deposits (arrows) are abundant in the cytoplasm (A), and in the intercellular space (B). Open arrows, keratohyalin granules; m, mitochondria. $\times 12,000$.

The fully developed effect of KH 1060 was observed after 2 days of topical application and persisted throughout the whole treatment period (Table I).

Disruption of the epidermal permeability barrier may affect calcium distribution in the cells (34). To investigate whether KH 1060 could affect the integrity of the barrier we measured the transepidermal water loss following the topical treatment with either KH 1060 or the vehicle. In all cases the transepidermal water loss in mice was minimal (pooled means of 10 animals: 2.3 ± 0.8 [standard deviation] $\text{g} \times \text{m}^{-2} \times \text{h}$ in the KH 1060-treated skin versus 2.4 ± 0.9 $\text{g} \times \text{m}^{-2} \times \text{h}$ in the control, vehicle-treated skin).

DISCUSSION

The technique of ion-capture cytochemistry is well established for investigations of cellular calcium distribution in various tissues, including the epidermis (32, 35, 36). The method is based on the precipitation of calcium by oxalate-pyromantimonate and visualization of the precipitates by electron microscopy. A vertical gradient of calcium in the epidermis has been demonstrated with this approach: the basal cells were shown to contain fewer calcium deposits than the upper keratinocyte layers (32).

The main finding of this study is the disruption of the normal epidermal calcium gradient in mice treated with KH 1060. The most striking observation was a nearly total disappearance of the intracellular and intercellular calcium precipitates in the spinous and granular cell layers. The effects of KH 1060 on calcium distribution were relatively rapid (1–2 days), matching the previously described dynamics of the induction of epidermal proliferation by this compound (11). This observation,

together with the well-known involvement of calcium signaling in the processes of cellular growth and differentiation, suggests that changes in calcium gradient by KH 1060 may have functional consequences.

A mechanistic explanation for the disappearance of calcium deposits in the KH 1060-treated skin cannot be given at present. A trivial possibility might be the disruption of the epidermal barrier by KH 1060 (34). This is very unlikely, however, in view of the results showing that KH 1060 did not affect the transepidermal water loss in mice.

It must be remembered that ion capture cytochemistry detects the sequestered, protein-bound calcium rather than the metabolically active-free ionized calcium. Therefore, the decrease in the intracellular and intercellular calcium precipitates may result from the release of bound calcium in keratinocytes and the transmembrane intracellular flux of calcium ions from the extracellular space, respectively. This hypothesis is in accordance with the results of the experiments *in vitro* showing that VD may stimulate calcium entry in keratinocytes (29) and potentiate the increase in the intracellular calcium concentration in response to known agonists, such as ATP (30). Thus, it is conceivable that the net result of the topical treatment with KH 1060 *in vivo* is an increase in the cytoplasmic Ca^{2+} concentration in the spinous and granular cells.

Although caution must be exercised when extrapolating the results of animal experiments, it is tempting to speculate that involvement of Ca^{2+} in VD signalling may be mechanistically important for the action of VD in psoriasis. Ion capture cytochemistry observations have revealed that in the lesional skin in psoriasis an excessive quantity of calcium precipitates is present in the granular cells and in the stratum corneum (35). This may imply that mobilization of calcium from the intracellular

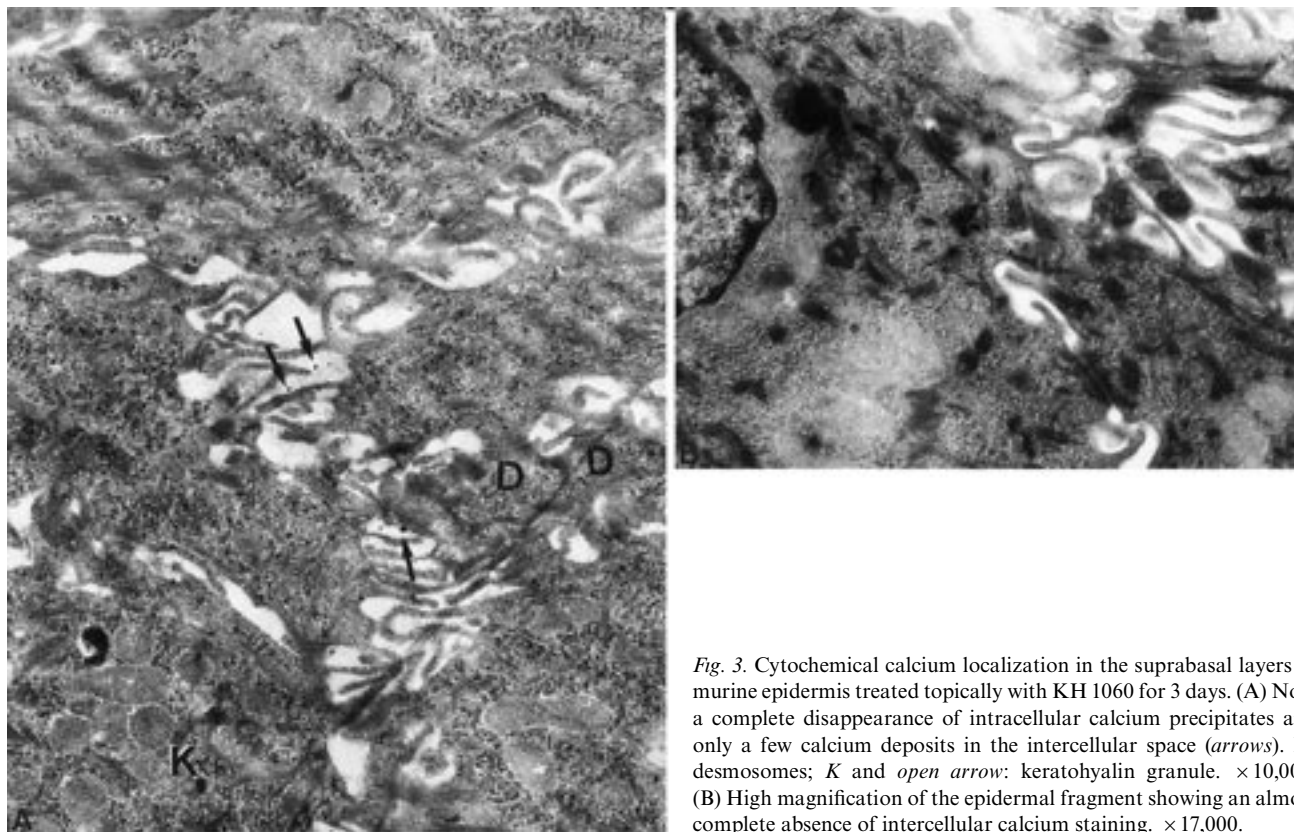


Fig. 3. Cytochemical calcium localization in the suprabasal layers of murine epidermis treated topically with KH 1060 for 3 days. (A) Note a complete disappearance of intracellular calcium precipitates and only a few calcium deposits in the intercellular space (arrows). D: desmosomes; K and open arrow: keratohyalin granule. $\times 10,000$. (B) High magnification of the epidermal fragment showing an almost complete absence of intercellular calcium staining. $\times 17,000$.

stores in these cells is deficient, which in turn may be responsible for the disturbances in epidermal differentiation and maturation. VD may correct these phenomena by stimulating calcium mobilization in the upper epidermal strata. Thus, Ca^{2+} may be an important second messenger in mediating the anti-psoriatic activity of VD.

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