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Neonatal Human Foreskin Keratinocytes Produce 1,25-Dihydroxyvitamin D₃[†]

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ABSTRACT: Primary cultures of neonatal human foreskin keratinocytes converted 25-hydroxyvitamin D in high yield to a metabolite with the chromatographic behavior of 1,25-dihydroxyvitamin D₃. The identity of this metabolite as 1,25-dihydroxyvitamin D₃ was confirmed both by its potency in displacing 1,25-dihydroxyvitamin D₃ in the chick cytosol receptor assay and by mass spectral analysis. These results suggest that 1,25-dihydroxyvitamin D₃ may be formed in the epidermis to regulate vitamin D production by the epidermis and to provide an alternative to 1,25-dihydroxyvitamin D₃ production by the kidneys.

Vitamin D₃ is produced in the epidermis from 7-dehydrocholesterol under the influence of ultraviolet irradiation (Holick et al., 1980). This process has been studied in vitro by using primary cultures of human foreskin keratinocytes (Nemanic et al., 1983b). Although the production of vitamin D₃ from 7-dehydrocholesterol is viewed as a sequence of photochemical and thermal reactions without hormonal regulation, some data suggest that 1,25-dihydroxyvitamin D₃ [1,25(OH)₂D₃],¹ the most biologically active metabolite of vitamin D₃, regulates the amount of 7-dehydrocholesterol available for conversion to vitamin D₃ (Nemanic et al., 1983a; Esvelt et al., 1980). This possibility is supported by the presence of high-affinity receptors for 1,25(OH)₂D₃ in the skin (Stumpf et al., 1979; Feldman et al., 1980). Furthermore, 1,25(OH)₂D₃ has been shown to influence differentiation of the keratinocytes (Hosomi et al., 1983).

1,25(OH)₂D₃ is produced primarily if not exclusively in the kidney under normal physiologic circumstances (Fraser et al., 1970; Reeve et al., 1983; Shultz et al., 1983; Brumbaugh et al., 1974). However, some studies suggest that 1,25(OH)₂D₃ may also be produced by human bone cells in culture (Howard et al., 1981), in melanomas (Frankel et al., 1983), in sarcoid

tissue (Barbour et al., 1981; Mason et al., 1984), and in placenta (Gray et al., 1979; Whitsett et al., 1981; Weisman et al., 1979). Furthermore, anephric humans (Lambert et al., 1982) and anephric pigs (Littledike et al., 1982) have been noted to have circulating levels of what appears to be 1,25-(OH)₂D₃ which are most readily detected after vitamin D₃ or 25-hydroxyvitamin D₃ (25OHD₃) administration, although other recent studies (Manolagas et al., 1983; Reinhardt et al., 1984) have not detected 1,25(OH)₂D₃ in anephric humans. Therefore, the possibility that other tissues produce 1,25-(OH)₂D₃ when production by the kidney is reduced needs further consideration. We tested the possibility that cells from the epidermis produce 1,25(OH)₂D₃—a mechanism that could provide a means to regulate vitamin D₃ production in the epidermis as well as an alternative source of 1,25(OH)₂D₃ production in patients with renal failure.

EXPERIMENTAL PROCEDURES

Fresh human neonatal foreskin was obtained and keratinocytes (readily distinguished by morphologic criteria) were prepared by the method of Rheinwald and Green (1975) using a mitomycin-treated 3T3 cell feeder layer and Dulbecco's modified Eagle's medium (DME-H21) containing 20% fetal calf serum. The cells were studied after one or two passages. Just prior to use, contaminating cells were removed (>95%) with 0.1% ethylenediaminetetraacetate.

To assay for 25OHD₃ metabolism, the cells were grown to confluence in plates 3 cm in diameter. The growth medium was then replaced with 1 mL of serum-free medium for 36-40 h before [³H]25OHD₃ was added to a final concentration of 7 × 10⁻¹⁰ M (0.1 μCi per well; specific activity, 148 Ci/mmol). After a defined period of incubation at 37 °C under 1 atm of 5% CO₂-air, the cells and medium were extracted by the

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¹ Abbreviations: 1,25(OH)₂D₃, 1,25-dihydroxyvitamin D₃; 25OHD₃, 25-hydroxyvitamin D₃; DME-H21, Dulbecco's modified Eagle's medium.

method of Bligh and Dyer (1959), and the chloroform extract was prepared for chromatography using a Waters high-performance liquid chromatography system containing a Dupont Zorbax Sil column (4.6 mm \times 25 cm). A nonlinear gradient from 97:3 to 90:10 hexane–2-propanol at 2 mL/min was used to elute the metabolites. Output was monitored by UV absorbance and by radioactivity with appropriate detectors. Under these conditions, up to 44% of the substrate was converted to a metabolite eluting in the 1,25(OH)₂D₃ position.

To produce adequate amounts of the presumptive 1,25-(OH)₂D₃ for structural identification, the keratinocytes were grown to confluence on twenty 10 cm diameter plates and then serum deprived for 36 h, as above. The medium was then supplemented with 1 mM isobutylmethylxanthine and 1 μ g/mL bovine parathyroid hormone-1–34 [to maximize 1,25(OH)₂D₃ production] for 4 h before [³H]25OHD₃ was added to a final concentration of 500 \times 10⁻⁹ M (specific activity, 2 Ci/mol). The incubation was continued for an additional 2 h; cells and medium were then extracted as above, and the chloroform extract was chromatographed on a 7.8 mm \times 30 cm μ Porasil column, eluted with 90:10 hexane–2-propanol. The presumptive 1,25(OH)₂D₃ peak (the major metabolite produced under these conditions) was further purified by using three chromatographic systems. The reverse-phase system used a 3.0 mm \times 30 cm μ Bondapak C₁₈ column eluted with 75:25 MeOH–H₂O. The two straight-phase systems each used a 4.6 mm \times 25 cm Zorbax Sil column eluted either with a 97:3 to 90:10 hexane–2-propanol nonlinear gradient or with a 96:4 dichloromethane–2-propanol isocratic system. Under these conditions, 5.6% of the substrate was converted to a metabolite eluting in the 1,25(OH)₂D₃ position, and 70–80% of this metabolite was recovered from each of the chromatographic steps in the same position as authentic 1,25(OH)₂D₃. With this method, nearly 2 nmol of purified material was available for structural identification.

The intestinal cytosol receptor assay for 1,25(OH)₂D₃ described by Eisman et al. (1976) was used to determine the biologic potency of the presumptive 1,25(OH)₂D₃ peak relative to authentic 1,25(OH)₂D₃, which was obtained from M. R. Uskokovic (Hoffmann-La Roche, Nutley, NJ). Mass spectrometric determinations of the presumptive 1,25(OH)₂D₃ peak were performed with a Kratos MS-12 mass spectrometer equipped with an Incos Data system using a direct insertion probe at temperatures 100–200 $^{\circ}$ C above ambient and a scan rate of 30 s/decade.

RESULTS

Figure 1 illustrates a chromatogram of the metabolites produced during a 1-h incubation of keratinocytes with 7 \times 10⁻¹⁰ M [³H]25OHD₃ (bottom panel) compared with the chromatogram of known standards (top panel). The metabolite produced in the greatest amounts (24% of original substrate) is the one eluting in the same position as 1,25(OH)₂D₃ (i.e., at 23 min in this system; this metabolite will be referred to as peak 23). The chromatographic elution pattern of the presumptive 1,25(OH)₂D₃ in two additional chromatographic systems is shown in Figures 2 and 3. Figures 2A and 3A show the elution pattern of authentic 1,25(OH)₂D₃; Figures 2B and 3B show the elution pattern of keratinocyte peak 23. The chromatographic system used to obtain the data in Figure 2 was a reverse-phase system (a μ Bondapak C₁₈ column eluted with 75:25 MeOH–H₂O). The UV and radioactivity monitor recordings are shown. Peak 23 eluted in a position identical with that of the authentic 1,25(OH)₂D₃ standard. In Figure 3, data are shown for a straight-phase system (a Zorbax Sil column eluted with 96:4 dichloromethane–2-propanol). Again,

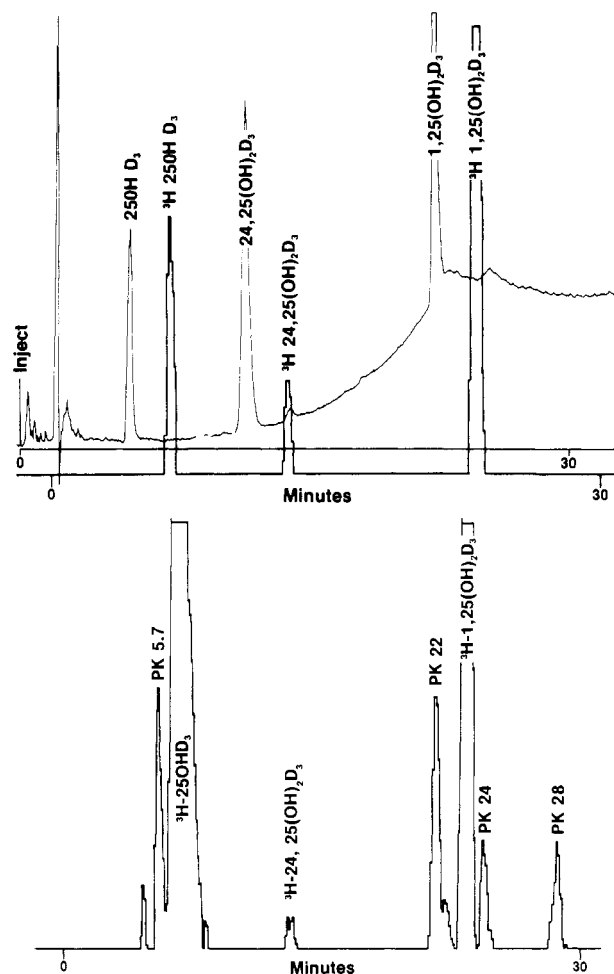


FIGURE 1: Representative chromatogram of the metabolites of 25OHD₃ produced by keratinocytes. The chromatographic system used was a 4.6 mm \times 25 cm Zorbax Sil column eluted with a 97:3 to 90:10 hexane–2-propanol nonlinear gradient at 2 mL/min with effluent monitored by UV absorbance at A_{254} (light line) and by a Radiomatics Flo One radioactivity monitor (dark line). The offset between UV absorbance and radioactivity peaks reflects the distance between pens on the recorder (note different "0" starting points), plus a small displacement due to the volume of tubing (1 mL) connecting the monitors. In the top panel, the elution patterns of radioactive and nonradioactive standards 25OHD₃, 24,25(OH)₂D₃, and 1,25(OH)₂D₃ are shown. In the bottom panel, the elution pattern of the chloroform extract from keratinocytes incubated for 1 h with 0.1 μ Ci of [³H]-25OHD₃ (specific activity, 148 Ci/mmol) is shown. Only the tracing from the radioactivity monitor is depicted. The presumptive 24,25-(OH)₂D₃ and 1,25(OH)₂D₃ peaks are indicated. The presumptive 1,25(OH)₂D₃ peak is referred to as peak 23 throughout the text.

peak 23 elutes in the same position as authentic 1,25(OH)₂D₃.

Peak 23 was then assayed for its ability to displace [³H]-1,25(OH)₂D₃ from the chick intestinal cytosol receptor. The results are shown in Figure 4. On the basis of the specific activity of the 25OHD₃ used as substrate to produce peak 23, this metabolite is as effective as authentic 1,25(OH)₂D₃ in displacing tracer 1,25(OH)₂D₃ from the receptor.

Mass spectrometric determinations of peak 23 (Figure 5B) and authentic 1,25(OH)₂D₃ (Figure 5A) were then performed. The molecular ion is seen at m/z 416, and fragment ions are seen at m/z 398, 380, and 362 (indicating losses of one, two, and three molecules of water, respectively) and m/z 383, 365, and 347 (indicating the additional loss of CH₃). Other characteristic ions in the spectrum include m/z 287, 269, and 251 (indicating a loss of the eight-membered side chain and losses of one and two water molecules, respectively) and m/z 152 and 134 (indicating fission between C₇ and C₈ and the loss of one water molecule, respectively). The latter frag-

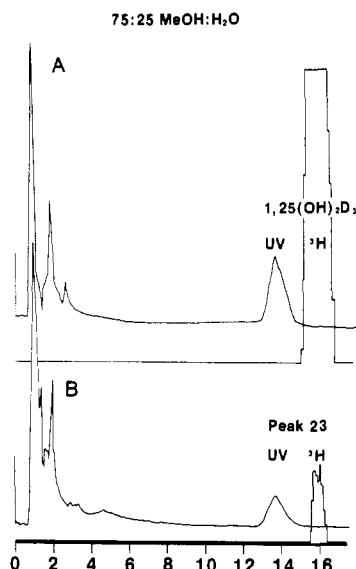


FIGURE 2: Elution pattern of radioactive and nonradioactive 1,25-(OH)₂D₃ standards (panel A) compared with that of purified peak 23 (panel B); a 3.9 mm × 30 cm μ Bondapak C₁₈ column eluted with 75:25 MeOH-H₂O at 2 mL/min was used. The presumptive 1,25-(OH)₂D₃ was generated by keratinocytes incubated with 500×10^{-9} M [³H]25OHD₃ (specific activity, 2 Ci/mol) and initially purified by using a 7.8 cm × 30 cm μ Porasil column prior to this chromatographic analysis.

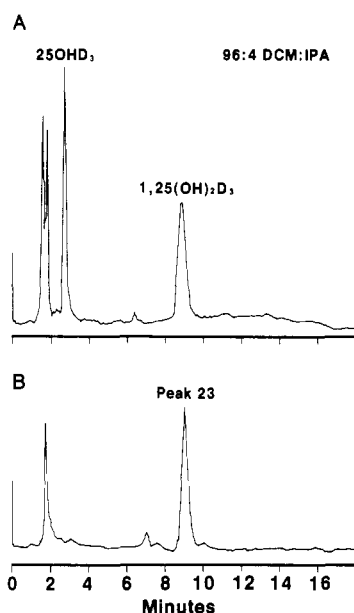


FIGURE 3: Elution pattern of 25OHD₃ and 1,25(OH)₂D₃ standards (panel A) compared with that of purified peak 23 [presumptive 1,25(OH)₂D₃] (panel B); a 4.6 mm × 25 cm Zorbax Sil column eluted with 96:4 dichloromethane-2-propanol at 2 mL/min was used. Only the UV monitor trace is shown since dichloromethane quenched the radioactivity below the limits of detection under these conditions. The presumptive 1,25(OH)₂D₃ was prepared as described in Figure 2 prior to this chromatographic analysis.

mentations are diagnostic of the intact nuclear triene system of vitamin D metabolites. The essential features of the mass spectrum of peak 23 are identical with those of the authentic 1,25(OH)₂D₃ standard that was analyzed at the same time and with those of the mass spectrum that Holick et al. (1971) used to originally identify the structure of 1,25(OH)₂D₃.

DISCUSSION

These results indicate for the first time that neonatal human foreskin keratinocytes produce a metabolite indistinguishable from authentic 1,25(OH)₂D₃. Fibroblasts isolated from the

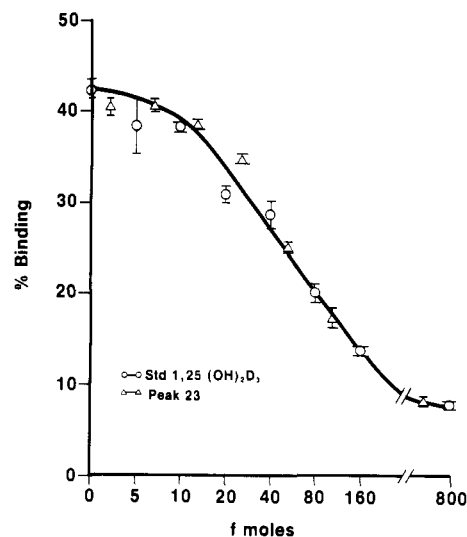


FIGURE 4: Comparison of the ability of peak 23 (Δ) and authentic 1,25(OH)₂D₃ (\circ) to displace [³H]1,25(OH)₂D₃ from the chick intestinal cytosol receptor. The amount of peak 23 that was added was determined by the specific activity of the initial substrate (25OHD₃) and the radioactivity in the final purified product (peak 23). Peak 23 and authentic 1,25(OH)₂D₃ have comparable affinity for the intestinal 1,25(OH)₂D₃ receptor. Error bars enclose mean and range of duplicate determinations.

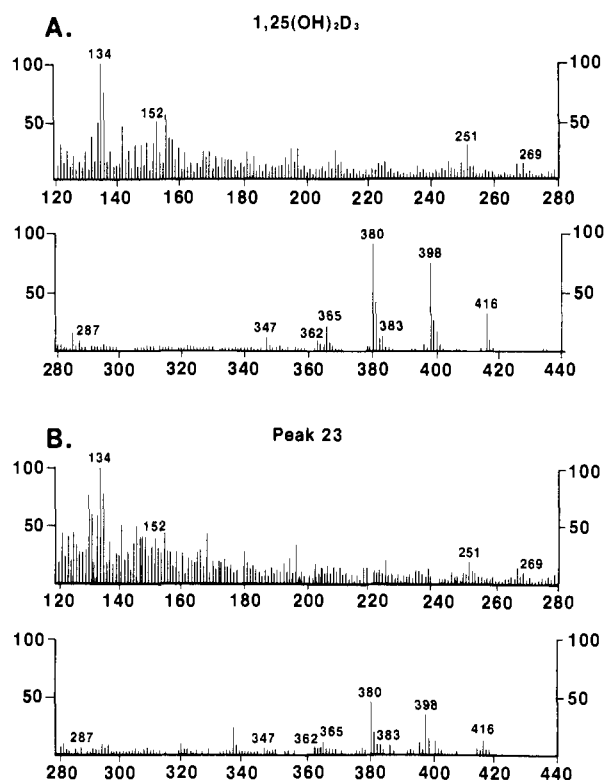


FIGURE 5: Mass spectrum determinations of authentic 1,25(OH)₂D₃ (panel A) and purified peak 23 (panel B). Fragmentations characteristic of 1,25(OH)₂D₃ are indicated and described in the text.

same tissue and assayed with [³H]25OHD₃ at 148 Ci/mmol (to maximize conversion rates) do not produce this metabolite (data not shown) under conditions in which keratinocytes convert at least 20% of the substrate to 1,25(OH)₂D₃. Because these keratinocyte preparations are primary cultures of normal epidermal cells, one might assume that the epidermis produces 1,25(OH)₂D₃ in vivo; however, this has not yet been shown. Furthermore, we cannot dismiss the possibility that keratinocytes isolated from other sites or older donors would produce less or no 1,25(OH)₂D₃. Conceivably, 1,25(OH)₂D₃ pro-

duction by the epidermis is suppressed in vivo, or if production does occur, the epidermis may produce only enough 1,25-(OH)₂D₃ for use in situ (for example, to regulate vitamin D₃ production or cellular differentiation). In either case, production of 1,25(OH)₂D₃ by the epidermis does not seem to play a major role in maintaining circulating levels of 1,25-(OH)₂D₃ under normal conditions, as evidenced by the observations that acutely nephrectomized rats fail to produce 1,25(OH)₂D₃ from 25OHD₃ (Reeve et al., 1983; Shultz et al., 1983) and anephric humans generally have undetectable levels of serum 1,25(OH)₂D₃ (Brumbaugh et al., 1974; Manolagas et al., 1983; Reinhardt et al., 1984). However, one can speculate that the epidermis may produce some or all of the 1,25(OH)₂D₃ found in anephric patients (Lambert et al., 1982) or anephric pigs (Littledike & Horst, 1982) given large amounts of vitamin D or 25OHD₃. This possibility has important therapeutic implications for patients whose renal production of 1,25(OH)₂D₃ is impaired.

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