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AN ELECTROGENIC NA*/K* PUMP IN THE CHOROID PLEXUS

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Summary

Intracellular electrical potential and potassium activity was measured by means of microelectrodes in the epithelial cells of choroid plexus from bull-frogs (Rana catesbeiana). Ouabain applied from the ventricular side caused an abrupt depolarisation of 10 mV but only a gradual loss of potassium from the cells. Readministration of potassium to the ventricular solution of plexuses which were previously depleted of potassium, caused a hyperpolarisation of about 4 mV. These two experiments are consistent with the notion of an electrogenic Na⁺/K⁺ pump situated at the ventricular membrane and which pumps potassium into the cell and sodium into the ventricle. The numerical values obtained suggest that 3 sodium ions are pumped for 2 potassium ions. The permeability coefficient for potassium exit from the cell is calculated to be 1.24 · 10⁻⁵ cm⁻¹ · s⁻¹ expressed per cm² of flat epithelium.

Sodium is actively transported across many epithelial cells and the model usually invoked to explain this phenomenon is the first proposed for the frog skin by Koefoed-Johnsen and Ussing [1]. In this model it is envisaged that sodium enters the epithelium across one face of the epithelium down its electrochemical potential gradient, and then it is pumped out across the other face of the cell by a sodium potassium exchange pump. It is proposed that this Na^*/K^* pump is similar to that found in single cells, and it performs the dual function of transepithelial sodium transport and the regulation of the intracellular sodium and potassium concentrations. Support for this hypothesis comes from observations that: (i) specific inhibitors of $(Na^* + K^*)$ -ATPases, e.g. ouabain, block active sodium transport across epithelia and eliminates the sodium and potassium concentration gradients between the intracellular and extracellular compartments [2-4]; and (ii) $(Na^* + K^*)$ -ATPases are distributed

asymmetrically between the two faces of epithelial cells [5–8]. Nevertheless, some experiments raise uncertainties about the link between net sodium transport across epithelia and the accumulation of potassium within the epithelium [3,9]. The interpretation of these experiments are complicated by the fact that in the epithelia so far studied the Na^+/K^+ pumps are not directly accessible owing to the presence of supporting tissue between the epithelium and the external bathing solutions. In the choroid plexus this problem does not arise as the $(Na^+ + K^+)$ -ATPase [10] are located on the apical or brush border surface of the epithelium and this surface of the cell is directly exposed to the external bathing medium [6,11-13]. Thus, we have been able to use direct electrophysiological techniques to study the plexus Na^+/K^+ pump, and correlate these results with tracer flux studies [4,11-13].

Choroid plexuses were removed from mature bullfrogs (Rana catesbeiana) and mounted between perspex chambers as described previously [11,12]. Double-barrelled microelectrodes [14,15], one barrel sensitive to the intracellular potential ($E_{\rm m}$) and the other to the internal potassium activity ($K_{\rm i}^{\star}$), were advanced into the epithelium from the ventricular side of the plexus. $E_{\rm m}$ was on average -44 mV (Table I) (maximum -70 mV) and was similar to values obtained by high impedance (40–100 M Ω) single barrelled electrodes. $K_{\rm i}^{\star}$ was on average 84 mM (Table I) which corresponds to an apparent intracellular K concentration of 110 mM, assuming an activity coefficient of 0.76. This is about 45 mM lower than that obtained by chemical methods [4]. The potassium equilibrium potential across the apical plasma membrane ($E_{\rm K}$ = 59 mV × log $K_{\rm i}^{\star}/K_{\rm o}^{\star}$) was 101 mV. Thus, potassium was accumulated inside the cell against an electrochemical potential difference of about 57 mV.

Ouabain (1 · 10⁻⁴ M) in the ventricular solution caused an abrupt (2.4 mV ·

TABLE I INTRACELLULAR POTENTIALS AND K^{\dagger} ACTIVITIES OF THE CHOROID PLEXUS OF BULLFROG Results are $\pm S.D.$, numbers in parenthesis are number of observations; number of potentials.

Before ouabain			
Intracellular potential $E_{\mathbf{m}}$ (mV)	-44.0 ± 2.9	(96;6)	
Chemical potential $E_{\mathbf{K}}$ (mV)	$+ 101.1 \pm 6.3$	(81;6)	
Electrochemical potential $E_{\mathbf{m}} + E_{\mathbf{K}}$ (mV)	$+56.5 \pm 7.2$	(81;6)	
K [†] activity (mM)	83.5	(81;6)	
Apparent concentration (mM)	109.9		
Effect of ouabain (1 · 10 ⁻⁴ M)			
Initial depolarisation $E_{\mathbf{m}}$ (mV)	-10.2 ± 2.5	(5;5)	
Rate of initial depolarisation (mV/s)	2.4 ± 1.1	(5;5)	
Onset of change in K _i (s) *	5.5 ± 1.8	(5;5)	
Initial rate of change in E_K (mV/s)	0.11 ± 0.038	(5;5)	
Repolarisation (mV)	3.3 ± 1.1	(4;4)	
Time of repolarisation (s)	55.2 ± 27.0	(4;4)	
Effect of readministration of K ⁺ (10 mM)			
Hyperpolarisation (mV)	4.2 ± 2.9	(24;5)	
Rate of hyperpolarisation (mV/s)	1.9 ± 1.9	(24;5)	

^{*} Calculated from the time of onset of change in $E_{\rm m}$.

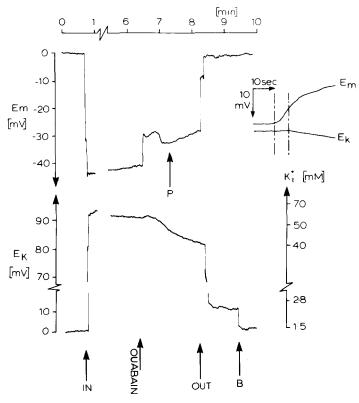


Fig. 1. A recording of the intracellular electrical potential $E_{\rm m}$, intracellular K⁺-activity (K¹₁) and the chemical potential $E_{\rm K}$. Addition of ouabain (10^{-4} M) caused an abrupt depolarisation of -10 mV in $E_{\rm m}$ complete in about 5 s and a slow decrease in $E_{\rm K}$ (or K¹₁). There was no significant decrease in K¹₁ until, on average, 5 s after the abrupt depolarisation had started. After an average of 55 s there was (in 4 out of 5 animals) a small repolarisation in $E_{\rm m}$ of an average 3.3 mV (at P). The change in K¹₁ caused by the ouabain resulted in an elevated K⁺ activity adjacent to the cells: when the electrode was retracted from the poisoned cell K⁰₀ was about 2.5 mM just outside the cell (B) compared to the 1.5 mM of the perfusion fluid. This layer was up to 600 μ m thick. The choroid plexus was mounted in a perspex chamber and bathed in (mM) 85 NaCl/2 KCl/1 MgSO₄/1 CaCl₂/25 NaHCO₃ equilibrium with 95% O₂/5% CO₂, pH 7.3. The electrode was advanced into the cells from the ventricular surface at IN and withdrawn at OUT.

s⁻¹) depolarisation of $E_{\rm m}$ of 10 mV (Fig. 1), washing away ouabain did not repolarize the cell. This was followed by a slow decline in $E_{\rm m}$ which was interrupted 55 s after the addition of the glycoside by a small transient repolarisation (P) of 3.3 mV. The reason for this repolarisation is unclear, but it was not observed in experiments with Necturus plexus. Within 15 min $E_{\rm m}$ decreased to about -12 mV and remained virtually constant for up to 80 min. K_i^* began to decrease 5.5 s after the onset of the change in $E_{\rm m}$, and even 5 s after the fast depolarisation of $E_{\rm m}$ by 10 mV was complete, K_i^* had only decreased from 84 to 82 mM. The subsequent decrease in K_i^* (during which K_i^* approached electrochemical equilibrium across the cell membrane) could be described by a double-exponential curve with time constants of 15 and 74 min. 80 min after the application of ouabain K_i^* was only about 5 mM. These experiments suggest that the Na * /K * pump in the apical membrane responsible for Na * secretion and K * accumulation is electrogenic.

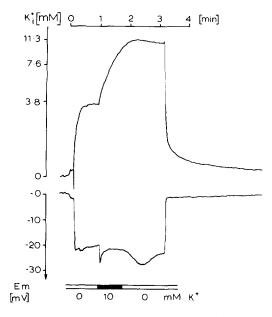


Fig. 2. The effect of readministration of K^+ to the ventricular fluid of a plexus which had been depleted of K^+ by storage for 1-2 h at 2° C in a K^+ -free solution. The horizontal bar indicates the period where the ventricular solution from containing 87 mM NaCl and 0 mM KCl was replaced by one containing 77 mM NaCl and 10 mM KCl; it was otherwise composed as in the legend to Fig. 1. The K^+ caused a rapid increase in K_1^+ accompanied by a largely transient hyperpolarisation of E_m which resulted from the rapid onset of the current flow caused by the pump and the slower depolarizing effect of the elevated K_0^+ . When K_0^+ was subsequently removed, E_m first hyperpolarized as it approached the new equilibrium potential for K^+ given by the temporarily increased K_1^+ .

In a second type of experiment the epithelium was depleted of intracellular potassium by incubation in a potassium-free saline for 1-2 h at 2° C, and $E_{\rm m}$ and $K_{\rm i}^{+}$ were monitored while potassium was restored to the ventricular fluid. Fig. 2 shows one experiment where $K_{\rm i}^{+}$ was lowered from 84 to 3.8 mM, and potassium (10 mM) was added to the ventricular solution for about 1 min. The addition of potassium caused an abrupt (1.9 mV · s⁻¹) hyperpolarisation of 4.2 mV in $E_{\rm m}$ and an increase in $K_{\rm i}^{+}$ at an initial rate of 0.3 mM · s⁻¹. This experiment confirms that potassium is actively accumulated within the epithelium by an electrogenic pump in the apical membrane.

The initial rate of fall in K_i^{\dagger} in the ouabain-treated epithelium is due to the passive leak of potassium from the intracellular K^{\dagger} pool across a membrane or membranes with an effective permeability, P_k , which may be calculated from the constant field equation knowing the electrical and chemical potentials (Table I), i.e.

$$J_{K} = -\mathrm{d}c/\mathrm{d}t \cdot H = \frac{-P_{K} \cdot E_{m} \cdot F}{RT} \cdot \frac{K_{o}^{+} - K_{i}^{+} \cdot \exp(E_{m}F/RT)}{1 - \exp(E_{m}F/RT)}$$
(1)

With a cell height of 10 μ m, an initial dc/dt of $0.46 \cdot 10^{-6} \,\mathrm{M \cdot s^{-1} \cdot cm^{-3}}$, $E_{\mathrm{m}} = -33.9 \,\mathrm{mV}$, $\mathrm{K_o^+} = 1.5 \,\mathrm{mM}$ and $\mathrm{K_i^+} = 84 \,\mathrm{mM}$, the equation yields a P_{K} value of $1.24 \cdot 10^{-5} \,\mathrm{cm^{-1} \cdot s^{-1}}$ expressed per cm² of flat epithelium. Using this estimate of P_{k} , and values of E_{m} and $\mathrm{K_i^+}$ for the unpoisoned tissue, the passive potassium

efflux, which in the steady state must equal the active influx, may be calculated. This amounts to $-0.35 \cdot 10^{-9} \text{ mol} \cdot \text{cm}^{-2} \cdot \text{s}^{-1}$ which is comparable to that obtained by radioactive tracers for the active potassium flux across the apical membrane [4,12].

It is also possible from the present experiments to assess the coupling ratio of the active Na^+/K^+ pump in the apical membrane. Due to the requirement that in the steady state any net active Na^+ and K^+ fluxes must balance the net passive Na^+ and K^+ fluxes, a link exists between (i) the maximum possible contribution of an electrogenic pump to the membrane potential (E_p) , (ii) the ratio of the passive sodium and potassium permeabilities $(P_{Na}/P_K = b)$ and (iii) the ratio of the number of sodium ions pumped to the number of potassium ions pumped (r), i.e.

$$E_{\rm p} = 59 \text{ mV } \log 1/r \cdot \frac{r K_{\rm o}^{+} + b N a_{\rm o}^{+}}{K_{\rm o}^{+} + b N a_{\rm o}}$$
 (2)

where K_0^{\dagger} and Na_0^{\dagger} are the activities of the external solutions [16,17]. If we assume that the ouabain-induced abrupt electrical depolarization is complete before the ion distributions deviate markedly from their steady-state values (which seems justified for at least K_i^+ , Fig. 1): $E_p = -10.2 \text{ mV}$ (Table I). r would then be 1.5 for b > 0.4 and 3 for b < 0.02. Inspection of the sodium and potassium unidirectional fluxes across the apical membrane [4] and the relative electrochemical driving forces for sodium and potassium (ref. 4 and the present results) show that b needs to be greater than 0.4 to accommodate a passive sodium flux of at least the same order as the potassium flux. Thus, it is likely that r = 1.5 which suggests that 3 sodium ions are pumped out across the apical surface for every 2 potassium ions pumped in across this membrane. This is in agreement with the kinetic tracer studies [13] which indicate that the Na'/K' pump has two binding sites on the external surface of the apical membrane. In the present calculations the inherent assumptions are that the constant field equation applies to the ouabain treated tissue, that Cl is passively distributed and that the choroidal epithelial cells have a uniform internal and external environment.

In summary, these electrophysiological experiments on the nature of the Na⁺/K⁺ pump on the apical surface of the choroid plexus epithelium indicate that the pump is electrogenic and are consistent with a ratio of three sodium ions pumped into the cerebrospinal fluid for every two potassium ions pumped into the epithelium. The result, together with those obtained from tracer studies [4,11–13] lead to the conclusion that the Na⁺/K⁺ pump in the apical membrane of this tissue is responsible for active sodium secretion across the epithelium and the maintenance of the high potassium and low sodium concentrations within the epithelium.

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