

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/13424960>

Mice deficient in the urea-cycle enzyme, carbamoyl phosphate synthetase I, die during the early neonatal period from hyperammonemia

ARTICLE *in* HEPATOLOGY · JANUARY 1999

Impact Factor: 11.06 · DOI: 10.1002/hep.510290112 · Source: PubMed

CITATIONS

13

READS

26

4 AUTHORS, INCLUDING:



Timothy Cox

University of Cambridge

290 PUBLICATIONS 10,280 CITATIONS

SEE PROFILE



Maki Wakamiya

University of Texas Medical Branch at Galves...

33 PUBLICATIONS 1,903 CITATIONS

SEE PROFILE

Mice Deficient in the Urea-Cycle Enzyme, Carbamoyl Phosphate Synthetase I, Die During the Early Neonatal Period From Hyperammonemia

J. PAUL SCHOFIELD,¹ TIMOTHY M. COX,¹ C. THOMAS CASKEY,² AND MAKI WAKAMIYA³

Ammonia liberated during amino acid catabolism in mammals is highly neurotoxic and is detoxified by the five enzymes of the urea cycle that are expressed within the liver. Inborn errors of each of the urea cycle enzymes occur in humans. Carbamoyl phosphate synthetase I (CPSase I; EC 6.3.4.16) is located within the inner mitochondrial matrix and catalyzes the initial rate-limiting step of the urea cycle. Unless treated, complete deficiency of CPSase I, a rare autosomal recessive disease, causes death in newborn infants. Survivors are often mentally retarded and suffer frequent hyperammonemic crises during intercurrent illness or other catabolic stresses. Biochemically, CPSase I deficiency is characterized by high levels of blood ammonia, glutamine, and alanine, with low or absent citrulline and arginine levels. As a first step toward the development of gene therapy directed to the hepatocyte, we have generated a CPSase I-deficient mouse by gene targeting. Mice with homozygous disruption of CPSase I (CPSase $[-/-]$ mice) die within 36 hours of birth with overwhelming hyperammonemia, and without significant liver pathology. This animal is a good model of human CPSase I deficiency. (HEPATOLOGY 1999;29:181-185.)

The hepatic urea cycle detoxifies ammonia liberated by the degradation of amino acids, producing urea.¹ The cycle comprises two mitochondrial enzymes, carbamoyl phosphate synthetase (CPSase I) and ornithine transcarbamylase (OTC), and three cytoplasmic enzymes: argininosuccinate lyase, and arginase.² The predominant expression of CPSase I and OTC within periportal hepatocytes effectively restricts the urea cycle to the liver.³ In

contrast, the three cytoplasmic enzymes of the urea cycle are expressed in many tissues.

Inherited defects of all of the urea cycle enzymes have been defined in humans, including a knowledge of their individual gene structures, mutations, and biochemical consequences. X-linked OTC deficiency accounts for most cases. The remaining urea cycle enzyme defects are inherited as autosomal recessive conditions. Their combined frequency is estimated to be 1 in 30,000 births, but many cases of fatal neonatal hyperammonemia escape precise diagnosis.⁴ Affected babies usually present in the first 24 to 72 hours of life with rapidly fatal hyperammonemia as a consequence of the failure to convert amino acids into urea. A second group of patients with partial gene expression have hyperammonemic crises that occur during adult life during periods of catabolic stress, e.g., surgery, childbirth, and infections.

Ammonia is a potent toxin to neurones and astrocytes within the cerebral cortex and brainstem. Rapid correction of the hyperammonemia is vital if death or brain damage and mental retardation is to be avoided in survivors. Current therapy requires prompt diagnosis, vigorous hemodialysis, ammonia scavengers (sodium phenylbutyrate and benzoate), and intravenous arginine.⁵ However, even now, about half of the affected newborn infants with urea-cycle defects die with hyperammonemic coma, and three quarters of survivors have severe mental retardation.^{6,7} Survivors require strict dietary protein restriction and lifelong oral therapy with arginine and sodium phenylbutyrate. Orthotopic liver transplantation provides a possible cure, but it has limited availability and significant long-term morbidity. The development of gene therapy for this group of metabolic disorders would have a significant impact, both in the treatment of acute hyperammonemia, and for definitive long-term metabolic correction. Here, we describe the generation of a mouse model of human CPSase I deficiency for the development and testing of gene therapy strategies.

MATERIALS AND METHODS

All animals used in these experiments received humane care under the UK Animals (Scientific Procedures) Act, 1986.

Construction of Targeting Vector (Fig. 1). The production of carbamoyl phosphate from ammonia, carbon dioxide, and water involves two partial reactions, each requiring the binding of adenosine triphosphate. To disrupt the CPSase I gene, a construct was designed to interrupt the sequences encoding the most 5' nucleotide-binding domain. The mouse CPSase I cDNA and the genomic organization was unknown, although this gene is highly conserved throughout evolution.^{8,9} We were able to predict the mouse genomic structure around the most 5' nucleotide-binding domain by the

Abbreviations: CPSase I, carbamoyl phosphate synthetase I; OTC, ornithine transcarbamylase; PCR, polymerase chain reaction; ES, embryonic stem cell.

From the ¹University of Cambridge Department of Medicine, Addenbrooke's Hospital, Hills Road, Cambridge, UK; ²Merck & Co. Inc., Department of Human Genetics, West Point, PA; and ³Department of Molecular Genetics, The University of Texas M.D. Anderson Cancer Center, Houston, TX.

Received May 29, 1998; accepted July 31, 1998.

Dr. Schofield's current address is: SmithKline-Beecham Pharmaceuticals, New Frontiers Science Park (South), Harlow, Essex, UK.

Supported by The Wellcome Trust, London, UK, and The Lister Institute of Preventive Medicine, UK (to J.P.S.). Dr. Caskey was an Investigator of The Howard Hughes Institute, Baylor College of Medicine.

Address reprint requests to: Dr. J. Paul Schofield, SmithKline-Beecham Pharmaceuticals, New Frontiers Science Park (South), Third Avenue, Harlow, Essex, CM19 5AW, UK. E-mail: Paul.J.Schofield@sbphrd.com; fax: 01279-644404.

Copyright © 1999 by the American Association for the Study of Liver Diseases. 0270-9139/99/2901-0025\$3.00/0

homology between the intron positions of the rat CPSase I gene^{8,10} and the CPSase III gene from the compressed vertebrate genome Japanese pufferfish, *Fugu rubripes*.¹¹ (Fig. 2). DNA sequence alignments were used to design oligonucleotide primers to first amplify mouse liver CPSase I cDNA encompassing the most 5' ATP-binding sequence using polymerase chain reaction (PCR). A 1.5-kb PCR product was sequenced to confirm its identity as encoding CPSase I and used as a probe to isolate genomic clones from a 129/Sv mouse genomic library. Total mouse liver RNA was prepared by the acid-phenol guanidinium thiocyanate method¹² (Trizol, GIBCO-BRL, Rockville, MD), and poly-A⁺ messenger RNA purified using oligo-dT cellulose chromatography (Pharmacia, Uppsala, Sweden). The murine CPSase I cDNA around exon 17 was isolated by reverse-transcription PCR of mouse liver messenger RNA, using

primers 5'-ATTATGGCCACTGAAGACAGG-3' (forward) and 5'-AGCACACCAATCAAATTCCAC-3' (reverse). After cloning the 1.5-kb amplified fragment into a TA cloning vector (Invitrogen, Groningen, Netherlands) and sequencing to confirm its identity, this probe was used to screen a lambda mouse genomic DNA library prepared from 129/Sv mouse DNA (Stratagene, La Jolla, CA). Three overlapping clones were identified and partially sequenced to confirm that they corresponded to the murine CPSase I gene. Based on the physical map and partial sequence data, a targeting construct was designed to insert a PGKneo^rbpA cassette into a unique Sfi I restriction site within exon 17 in the antisense orientation. Two copies of the MC1tkbpA cassette were inserted at one end of the homologous sequence to allow for enrichment of targeting events after introduction of the plasmid into embryonic stem (ES) cells.

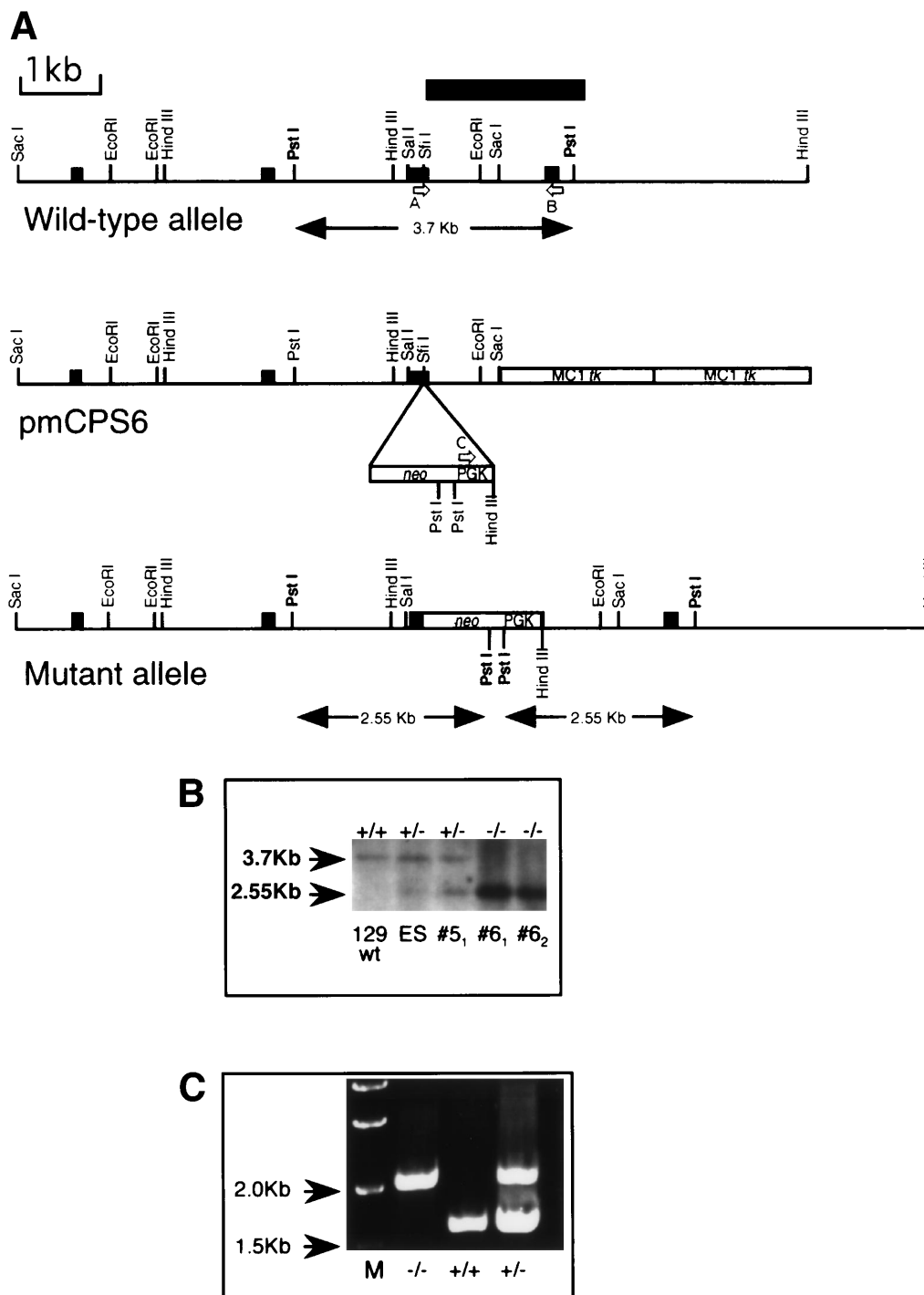


FIG. 1. Disruption of the murine CPSase I locus in ES cells and mice. (A) Schematic representation of a segment of the mouse CPSase I locus, the CPSase I targeting vector, and the targeted CPSase I locus. Filled boxes indicate predicted exons 15-18, assuming that the mouse CPSase I locus is homologous to the rat CPSase I gene. Labeled empty boxes indicate PGKneo^rbpA and MC1tkbpA selection cassettes. The targeting vector was constructed by inserting a neomycin resistance gene (neo^r) with the phosphoglycerate kinase (PGK) promoter in the antisense orientation into a unique Sfi I site of exon 17. Homologous recombination of the targeting vector, which contains 6.2 kb of sequence derived from a 129/Sv mouse CPSase I genomic clone, with the endogenous locus results in the insertion of the 1.6-kb PGKneo^rbpA cassette. The insertion of two new Pst I sites into the targeted locus allows targeted and wild-type alleles to be distinguished by Southern analysis with the indicated probe (black box). Relevant restriction enzyme sites are indicated. PCR primers A, B, and C (see Materials and Methods for DNA sequences) used for rapid genotyping of newborn mice are indicated by open arrows. (B) Detection of targeted and endogenous CPSase I alleles by Southern blot analysis of DNA obtained from wild-type (wt) 129/Sv mouse genomic DNA, a correctly targeted ES cell clone, and the offspring from heterozygous intercross matings (#5₁, #6₁, #6₂). DNA was digested with Pst I and hybridized with the probe shown in (A). The 3.7-kb Pst I fragment corresponding to the wild-type allele is reduced to two identically sized 2.55-kb fragments upon disruption of the locus by integration of the PGKneo^rbpA cassette. (C) PCR genotyping of newborn mice. Amplification between primers A and B yield a 1.6-kb band in wild-type and heterozygous mice. The insertion of the PGKneo^rbpA cassette and amplification from a PGK-specific primer, C, with primer B, results in the generation of a larger fragment of 2.1 kb in -/- and +/- animals.

Targeted Disruption of the *CPSaseI* Gene. The AB1 embryonic stem (ES) cells were cultured, electroporated, and screened by standard methods.¹³ Homologous recombination of the linearized targeting vector with the endogenous locus results in the insertion of two new *Pst* I sites into the *CPSaseI* locus, allowing the targeted and wild-type alleles to be distinguished by Southern analysis with a probe corresponding to intronic DNA just 3' to exon 17. Targeted ES cell clones were injected into C57BL/6 blastocysts to generate chimeras.¹⁴

Genotyping of ES Cells and Derived Mice. DNA was prepared from cells by a microplate method,¹⁵ and was analyzed by Southern blotting using standard procedures.¹⁶ DNA obtained from tail biopsies or liver tissue was analyzed by Southern blotting or by PCR using allele-specific primers. The primer set HPTSMEYCII (5'-CACCCCACTTCCATGGAATACTGTATCATT-3', primer A) (Fig. 1A) with TSACFEPsLD (5'-AATCCAGGCTAGGTTCTGAAGCAGGCTGAGG-3', primer B) (Fig. 1A) was used to detect the wild-type allele of 1.6 kb; and PGK (5'-ACGTGCGCTTTTGAAGC-

GTGCAGAATGCCG-3', primer C) (Fig. 1A) with TSACFEPsLD to detect the targeted allele of 2.1 kb.

***CPSaseI* Enzyme Assay.** Mouse liver was flash-frozen in liquid nitrogen and stored at -80°C until analyzed further. Samples were homogenized in 0.1% cetyltrimethylammonium bromide plus the protease inhibitors, leupeptin (2 µg/mL) and phenylmethylsulfonyl fluoride (1 mmol/L). *CPSase I* enzyme activity was measured by coupling to citrulline conversion according to established methods¹⁷ and expressed in micromoles per hour per milligram of protein. Total protein was measured by the bicinchoninic acid assay (Pierce, Chester, Cheshire, UK).

Plasma Ammonia Measurement. Mice were killed within the 6 hours of life, and blood was collected onto a 1-µL drop of 0.5 mol/L ethylenediaminetetraacetic acid on Parafilm to inhibit coagulation. The sample was immediately transferred to an eppendorf tube and briefly centrifuged before carefully removing the plasma layer from the red cells and transferred to a clean tube before flash-freezing in liquid nitrogen. Samples were stored at -80°C. Plasma ammonia was determined by an adaptation of the glutamate dehydrogenase enzymatic method.¹⁸ Briefly, 5 µL of plasma was diluted to 25 µL with sterile water and mixed with 250 µL of assay reagent in cuvette. Following incubation for 3 minutes at room temperature, the optical density at 340 nm was taken, and then 2.5 µL of glutamate dehydrogenase was added to the cuvette, mixed, and incubated again at room temperature for 5 minutes before a second OD₃₄₀ was taken. The decrease in absorbance at 340 nm is directly proportional to the plasma ammonia concentration, and is expressed in micromoles per liter.

RESULTS AND DISCUSSION

The *CPSase I* gene was disrupted by an insertional targeting vector in AB1 ES cells (Fig. 1A). Of 384 clones that were resistant to both G418 and FIAU, 24 ES cell clones were correctly targeted. Eight independent targeted clones were injected into C57BL/6 blastocysts and four clones generated chimeras that transmitted the mutation in the germline. The chimeras were bred with C57BL/6 mice, the F1 heterozygous mice intercrossed, and their offspring characterized. Mutant mice from all four cell lines had identical phenotypes.

At birth, all littermates appeared healthy and suckled normally, with an easily visible milk-filled stomach through their semitransparent abdominal wall. However, within 12 to 36 hours, one to three mice in each litter were found dead. Southern blot analysis (Fig. 1B) or a more simple PCR assay (Fig. 1C) confirmed that these animals were all homozygous for the null allele (*CPSase* [-/-]). No *CPSase* (-/-) pups survived beyond 36 hours.

To characterize the phenotype of the pups, several litters were killed within 12 hours of birth and tissues were collected for biochemical and genetic analysis. Of 86 animals studied, 24 (27%) were *CPSase* (+/+), 43 (50%) were *CPSase* (+/-), and 19 (22%) were *CPSase* (-/-).

The targeted mutation appears to be a null allele, because the mouse liver *CPSase I* enzyme activity was completely absent from *CPSase* (-/-) mice. This contention is supported by the absence of a product following reverse-transcriptase PCR using *CPSase* (-/-) total liver RNA as the substrate (data not shown). Heterozygotes had approximately half of the activity (636 ± 120 µmol/h/mg protein) of their wild-type littermates ($1,125 \pm 195$ µmol/h/mg protein) (Table 1).

The hallmark of *CPSase I* deficiency is profound hyperammonemia. Because of practical assay limitations, plasma ammonia was undetectable in *CPSase* (+/+) mice killed within 6 hours of birth. Blood ammonia concentration in

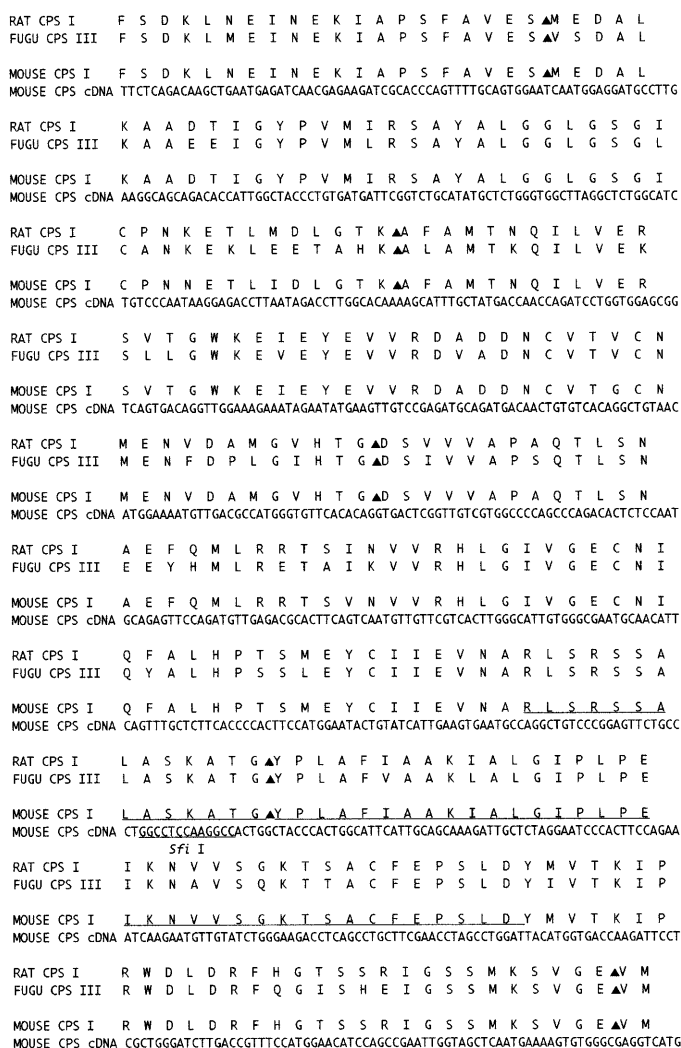


FIG. 2. Sequence alignment of rat *CPSase I*, *Fugu CPSase III*, and mouse *CPSase I*. The predicted amino acid sequence is shown together with the cDNA sequence of mouse *CPSase I* around the proposed 5' nucleotide binding domain (underlined). The conserved intron positions (▲) between the rat and *Fugu CPSase* genes correctly predicted the corresponding introns for the mouse *CPSase I* genomic locus. The amino acid similarity between rat *CPSase I* and *Fugu CPSase III* facilitated the design of PCR primers to amplify mouse *CPSase I* from liver cDNA. The PGKneo^bbpA cassette was inserted into the unique *Sfi* I site to construct the targeting vector (also see Fig. 1).

TABLE 1. Plasma Ammonia Concentration and CPSase I Enzyme Activity in Mice Within 6 Hours of Birth

	CPSase I +/+	CPSase I +/-	CPSase -/-
Plasma ammonia ($\mu\text{mol/L}$)	—	275 \pm 67 (7)	4,565 \pm 730 (4)
CPSase I enzyme activity ($\mu\text{mol}/$ h/mg protein)	1,125 \pm 195 (7)	636 \pm 120 (8)	0 (8)

NOTE. The parameters measured and the units in which they are measured are expressed in the first column. The values \pm SD are given for each genotype, with the number in parentheses indicating the number of animals analyzed.

heterozygotes was 142 to 365 $\mu\text{mol/L}$ in CPSase (+/-) and 3,616 to 5,630 $\mu\text{mol/L}$ in CPSase (-/-) mice within 6 hours of birth (Table 1). These results are consistent with plasma ammonia measurements from affected patients with complete CPSase I deficiency, reflecting the utility of this animal as a model of the human disease counterpart.

Light microscopy of liver and brain tissue obtained from CPSase (-/-), CPSase (+/-), and CPSase (+/+) mice showed no significant differences, and immunohistochemistry confirmed an absent signal from CPSase (-/-) mice hepatocytes (data not shown). Electron microscopy of liver samples taken from CPSase (+/+) and CPSase (-/-) littermates killed within 12 hours of birth showed normal mitochondrial morphology (data provided, but not shown). At the time of killing, the CPSase (-/-) mouse had an ammonia level of 4,293 $\mu\text{mol/L}$, while the ammonia was below the detectable limits for the wild-type control animal. Previous ultrastructural studies on hepatic mitochondria from patients with CPSase I and OTC urea-cycle deficiencies have revealed few pathological features.^{19,20} However, one caution that must be raised is that some patients were metabolically stable at the time of liver biopsy.¹⁹ It was proposed that mitochondrial and other subcellular pathology could be more striking during phases of acute or chronic hyperammonemia. One report has described marked ultrastructural differences between the hepatic mitochondria from two female CPSase I-deficient siblings and age-matched controls.²¹ Electron microscopy showed that the mitochondria were small and there were more mitochondria per hepatocyte than in control patients, with a concomitant increase in the total mitochondrial volume. Furthermore, the mitochondria of the metabolically stable sibling were of an intermediate size. The authors postulated that because 20% to 30% of hepatic mitochondrial matrix protein is comprised of CPSase I, its deficiency may affect mitochondrial morphogenesis. Our data do not support this observation, although there remains the possibility that this could be a result of species differences between mouse and humans.

CPSase I is unique within the urea cycle: the enzyme functions as a monomeric protein localized to the inner mitochondrial membrane.² The second enzyme of the urea cycle, OTC, is active within the mitochondrial compartment as a homotrimer, as is cytoplasmic arginase. The remaining two cytoplasmic enzymes are tetrameric.² The *sp^{ash}* mouse is a useful model of partial OTC deficiency, expressing 5% to 15% wild-type levels of active enzyme that fail to aggregate as enzymatically active trimers following mitochondrial import.²² Morsy et al.²³ reported *in vitro* and *in vivo* data for the

correction of the *sp^{ash}* mouse. The *in vitro* admixture of equimolar quantities of native and mutant OTC monomers forms heterotrimers with a 33% reduction in enzyme activity compared with control homotrimers.²⁴ Although this "spoiler" effect of mutant monomers was overcome by overexpression of the wild-type OTC protein, this creates at least theoretical difficulties for complete correction of other urea-cycle disorders caused by missense mutations affecting multimeric enzymes. When selecting human subjects with urea-cycle disorders for gene therapy, in the first instance, those with very low or absent expression of the multimeric enzyme complex would probably be most amenable to therapeutic correction. In contrast, we would predict that because CPSase I is fully active as a monomer, patients with either partial or complete CPSase I deficiency would be equally amenable to gene therapy. These considerations indicate that the CPSase I-deficient mouse reported here is ideally suited to the development of experimental gene therapy procedures directed toward the liver.

Acknowledgment: This work was initiated at Baylor College of Medicine, and the authors are grateful to the staff within the animal facility for their animal husbandry. They also thank Graham Gatward, Sian Wombwell, and Susan Howard of The University of Cambridge Department of Histopathology for their expert assistance in electron microscopy and histological preparations.

REFERENCES

- Haussinger D. Nitrogen metabolism in the liver: structural and functional and physiological relevance. *Biochem J* 1990;267:181-290.
- Brusilow SW, Horwich AL. Urea cycle enzymes. In: Scriver CR, Beaudet AL, Sly WS, Valle D, eds. *The Metabolic and Molecular Basis of Inherited Disease*. Vol 1, ed 7. New York: McGraw-Hill, 1994:1187-1232.
- Gaasbeek Janzen JW, Lamers WH, Moorman AF, de Graaf A, Los JA, and Charles R. Immunohistochemical localisation of carbamoyl-phosphate synthetase (ammonia) in adult rat liver; evidence for a heterogeneous distribution. *J Histochem Cytochem* 1984;32:557-564.
- Nagata N, Oyanagi K, Matsuda I. Estimated frequency of urea cycle enzymopathies in Japan. *Am J Med Genet* 1991;39:228-229.
- Maestri NE, Hauser ER, Bartholomew D, Brusilow SW. Prospective treatment of urea cycle disorders. *J Paediatr* 1991;119:923-928.
- Batshaw ML. Inborn errors of urea synthesis. *Ann Neurol* 1994;35:133-141.
- Msall M, Batshaw ML, Suss R, et al. Neurologic outcome in children with inborn errors of urea synthesis. *N Engl J Med* 1984;310:1500-1505.
- Schofield JP. Molecular studies on an ancient gene encoding carbamoyl-phosphate synthetase. *Clin Sci* 1993;84:119-128.
- Takiguchi M, Matsubasa T, Amaya Y, Mori M. Evolutionary aspects of urea cycle enzyme genes. *Bioessays* 1989;10:163-166.
- Van den Hoff MJ, Van de Sande LP, Dingemans MA, Das AT, Labruyere W, Moorman AF, Charles R, et al. Isolation and characterization of the rat gene for carbamoylphosphate synthetase I. *Eur J Biochem* 1995;228:351-361.
- Schofield JP, Elgar G, Greystroke J, Lye G, Deadman R, Micklem G, King A, et al. Regions of human chromosome 2 (2q32-q35) and mouse chromosome 1 show synteny with the pufferfish genome (*Fugu rubripes*). *Genomics* 1997;45:158-167.
- Chomczynski P, Sacchi N. Single-step method of RNA isolation by acid guanidinium thiocyanate-phenol-chloroform extraction. *Anal Biochem* 1987;162:156-159.
- Robertson EJ, ed. In: *Teratocarcinomas and Embryonic Stem Cells: A Practical Approach*. Oxford: IRL, 1987:71-112.
- Bradley A. In: Robertson EJ, ed. *Teratocarcinomas and Embryonic Stem Cells: A Practical Approach*. Oxford: IRL, 1987:113-151.
- Ramirez-Solis R, Rivera-Perez J, Wallace JD, Wims M, Zheng H, Bradley A. Genomic DNA microextraction: a method to screen numerous samples. *Anal Biochem* 1992;201:331-335.

16. Sambrook J, Fritsch EF, Maniatis, T. *Molecular Cloning: A Laboratory Manual*. New York: Cold Spring Harbor Laboratory Press, 1989.
17. Nuzum CT, Snodgrass PJ. In: Grisolia S, Baguena R, Mayor F, eds. *The Urea Cycle*. New York: Wiley, 1976:325-349.
18. Van Anken HC, Schiphorst ME. A kinetic determination of ammonia in plasma. *Clin Chim Acta* 1974;56:151-157.
19. Latham PS, LaBreque DR, McReynolds JW, Klatskin G. Liver ultrastructure in mitochondrial urea cycle deficiencies and comparison with Reye's syndrome. *HEPATOLOGY* 1984;4:404-407.
20. Zimmermann A, Bachmann C, Colombo J-P. Ultrastructural pathology in congenital defects of the urea cycle: ornithine transcarbamylase and carbamylphosphate synthetase deficiency. *Virch Arch [Pathol Anat]* 1981;12:212-223.
21. Zimmer KP, Naim HY, Koch HG, Colombo JP, Rossi R, Schmid KW, Deufel T, et al. Survival after early treatment for carbamyl phosphate synthetase (CPS) I deficiency associated with increase of intramitochondrial CPS I. *Lancet* 1995;346:1530-1531.
22. Hodges PE, Rosenberg LE. The *spf^{ash}* mouse: a missense mutation in the ornithine transcarbamylase gene also causes aberrant mRNA splicing. *Proc Natl Acad Sci U S A* 1989;86:4142-4146.
23. Morsy MA, Alford EA, Bett A, Graham FL, Caskey CT. Efficient adenoviral-mediated OTC expression in deficient mouse and human hepatocytes. *J Clin Invest* 1993;92:1580-1586.
24. Morsy MA, Zhao JZ, Ngo TT, Warman AW, O'Brien WE, Graham FL, Caskey CT. Patient selection may affect gene therapy success. Dominant negative effects observed for ornithine transcarbamylase in mouse and human hepatocytes. *J Clin Invest* 1996;97:826-832.