Antibodies to choroid plexus in senile dementia of Alzheimer’s type

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Abstract

Aims: To investigate whether autoantibodies to choroid plexus are present in human senile dementia.

Methods: Serum samples from 40 elderly people presenting with characteristic, diagnostic criteria of senile dementia of Alzheimer’s type and 20 age matched healthy controls were tested by indirect immunofluorescence for the presence of autoantibodies to choroid plexuses, using frozen sections of rat or human fetal brain tissue.

Results: Significant labelling of choroid plexus basement membrane was observed in 17 of the 40 samples from patients with senile dementia; in the control series one sample of rat but not human plexus labelled positively (p < 0.01).

Conclusions: The antibodies identified in this series of patients with Alzheimer’s disease suggest that autoimmune mechanisms might be responsible for some of the changes in cerebrospinal fluid production described in this disorder.

Choroid plexuses are highly vascularised structures that contain numerous capillaries surrounded by a basement membrane which separates them from overlying epithelial cells. They are active in filtration and secretion (vitamins B12, B6, C and E, thyroidin, folates, prealbumin) a process important in the production and delivery of cerebrospinal fluid into the brain. Several changes in the choroid plexus have been described in relation to age. They include a proliferation of the underlying connective tissue, flattened epithelial cells, focal stratification, and the appearance of intraepithelial lipid vacuoles, psammoma bodies, or cysts. These alterations are considered responsible for the decrease in cerebrospinal fluid production from 0.41 ml/mn at age 28 to 0.19 ml/mn at age 77. In senile dementia syndromes, mainly of Alzheimer’s type, scintisternographic studies have shown a change in cerebrospinal fluid hydraulic, suggesting that the choroid plexus could be altered in these diseases. This notion is also sustained by the lowered secretion of prealbumin reported by Rissee. Because autoantibodies increase with age, and neuron binding antibodies had been described in Alzheimer’s disease, we hypothesised that plexus related antibodies could be involved in the changes in cerebrospinal fluid production which occur in this disorder.

Methods

Two groups were tested. Group I included 40 elderly people (mean age 84-8, range 74 to 94 years) from a nursing home, presenting with characteristic features of senile dementia of Alzheimer’s type (SDAT). There were eight men and 32 women and they fulfilled the diagnostic criteria of the NINCDS-ADRDA work group. Group II was a control series of 20 age matched (mean age 81-5, range 75 to 90 years) psychologically, and neurologically normal individuals with various non-neurological disorders. All had a Folstein mini-mental status higher than 24.

Serum samples from each individual were forwarded to the immunology laboratory where aliquots were kept frozen at −30°C until tested.

Tissue Samples

Choroid plexus samples were obtained from two sources. One series was obtained by dissecting the brain of male Wistar rats. The animals had been anaesthetised with barbiturates, killed by cervical disruption, and dissected within a few minutes. Choroid plexuses were readily identified in the lateral ventricles, and were excised and immediately snap frozen in liquid nitrogen. They were then kept at −80°C until used.

Another series of tests was performed using human fetal choroid plexus. This tissue was obtained from a medical abortion product after consent of the local ethics committee had been obtained. The choroid plexus was excised and similarly snap frozen and transferred to the immunology laboratory, where it was then kept at −80°C.

Immunofluorescence Studies

A classic indirect immunofluorescence technique was used. It was applied to all serum samples, using freshly prepared, frozen cut 4 μm thick sections of choroid plexus. These sections were obtained at −30°C, collected on clean glass slides, air dried and rapidly fixed for 45 seconds in a microwave oven. The first section of each sample was checked histologically after rapid staining with toluidine blue. The epithelial and vascular structures of choroid plexus were clearly visible in all cases.
Serum samples were first diluted 1 in 16 in phosphate buffered saline (PBS), then incubated on choroid plexus sections for 30 minutes at room temperature in moist chambers. This incubation was followed by three washes in PBS. The slides were then covered for 30 minutes with fluorescein isothiocyanate (FITC)-conjugated rabbit serum to human IgG, IgA, and IgM (Biosys, Compiègne, France). This second incubation was followed by another series of three washes in PBS. The slides were then mounted on PBS/glycerol (7/3) and observed under ultraviolet microscopy within a few hours. Examination was performed blind by two different observers using microscopes equipped with Ploem systems of epi-illumination (Olympus BH2, Tokyo, Japan, and Leitz Orthoplan, Wetzlar, Germany). Results were expressed qualitatively.

CONTROLS
The serum samples were further routinely tested for the presence of other autoantibodies, using freshly prepared frozen cut sections of mouse or human tissues. This control series included mouse kidney sections for the identification of anti-nuclear, anti-mitochondrial, and anti-smooth muscle antibodies, as well as human skin, lung, kidney and normal brain.

An enzyme linked immunosorbent assay (ELISA) kit for the detection of antigens to collagen antibodies present in Goodpasture's syndrome was used to test the patients' samples (Biocarb, Lund, Sweden). In this test, ELISA microwells are coated with collagen IV fractions, and the presence of specific IgG is identified by an immunoenzymatic reaction.

The distribution of specific antibodies was compared between patients and controls using the Pearson/Yates correction of the $\chi^2$ test.

RESULTS
The figure shows the characteristic linear fluorescence pattern observed along the base-
The choroid plexus structure identified in our series also seems to be well conserved, as similar results were obtained using rat or human plexus, and it appears to be an antigen that appears early in development because the fetal brain tissue used was from a 23 week old conceptus.

Choroid plexuses are seldom involved in immunopathological disorders, but the deposition of autoantibodies or immune complexes has been reported before. An experimental model developed in the rabbit was reported by Koss et al.9: injection of bovine serum albumin and Freund’s complete adjuvant resulted in the development of acute serum sickness, and linear and/or granular deposits of IgG could be identified along the choroid plexus basement membrane. A lymphoplasmocytic infiltrate was also present in this area. Several disorders in man have been reported to involve the choroid plexus. Sisson et al described a specific labelling of the lamina rara interna in Goodpasture syndrome.10 In 75% of a series of patients with hepatosplenic schistosomiasis Pitella et al observed linear or nodular deposits of IgA, IgG, and C3, along the thickened basement membrane of choroid plexus.11 The same authors reported similar deposits in 10 out of 12 patients with liver cirrhosis,12,13 and in a post mortem study of the brain of 25 patients with hypertension, showed segmental granular deposits of immune complexes in five cases. Histological observation of these same samples also showed a periodic acid Schiff (PAS) positive homogeneous substance, located near the thickened choroid plexus basement membrane in 12 cases. These authors concluded that hypertension had increased vascular permeability, permitting the filtration of immune complexes later trapped by immunoglobulin and complement receptors. Deposited immune complexes were also described along the basement membrane between endothelial and epithelial cells in a series of patients with systemic lupus erythematosus (SLE).14 Transmission electron microscopy showed interstitial dense deposits between the two cell layers, while no lesions were seen in brain tissue. Peress and Levine hypothesised that in SLE the deposition of immunoglobulins resulted in an increased permeability of the blood-brain barrier, allowing the filtration of such macromolecules as brain specific autoantibodies which led to the frequent neuropsychiatric disorders reported in this disease.15-20 It is striking, however, that such mental anomalies do not develop in schistosomiasis or Goodpasture’s syndrome.

In SDAT several authors failed to demonstrate alterations of the blood-brain barrier.21-24 It could be that the autoantibodies we observed had not developed in such patients, or were not prominent enough to result in measurable alterations. Our hypothesis of an autoimmune component in the development of Alzheimer’s disease is supported by several reports, and, indirectly, by a recent report from McGeer et al.23 These authors described the striking absence of SDAT in patients with rheumatoid arthritis, suggesting that patients with SDAT might benefit from the immunosuppressive regimes administered in rheumatoid arthritis or Goodpasture’s syndrome.