C-Reactive Protein–Mediated Low Density Lipoprotein Uptake by Macrophages
Implications for Atherosclerosis

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Background—LDL and C-reactive protein (CRP) are important cardiovascular risk factors. Both LDL and CRP deposit in the arterial wall during atherogenesis. Stranded LDL is taken up by macrophages, causing foam cell formation. Because native LDL does not induce foam cell formation, we hypothesized that CRP may opsonize native LDL for macrophages.

Methods and Results—Monocytes were isolated from human blood and transformed into macrophages. CRP/LDL uptake was assessed by immunofluorescent labeling and the use of confocal laser scanning microscopy. Native LDL coincubated with CRP was taken up by macrophages by macropinocytosis. Uptake of the CRP/LDL coincubate was mediated by the CRP receptor CD32.

Conclusions—We conclude that foam cell formation in human atherogenesis may be caused in part by uptake of CRP-opsonized native LDL. (Circulation. 2001;103:1194-1197.)

Key Words: lipids n C-reactive protein n atherosclerosis

Several modifications of LDL (for example, acetylated LDL,1,2 oxidized LDL,3 and enzymatically modified LDL4) induce foam cell formation in vitro via so-called scavenger-receptor2–mediated pathways. However, the uptake of native LDL by macrophages in considerable amounts has never been demonstrated.

Recently, when inflammation was recognized as a major mechanism in atherosclerotic lesion formation,5 the involvement of the acute phase reactant C-reactive protein (CRP) became a matter of debate. CRP is an important cardiovascular risk factor6–9 and deposits in the arterial wall during atherogenesis, colocalizing with the terminal complement complex and foam cells.10–12 CRP upregulates adhesion molecule expression on endothelial cells.13 It both opsonizes biological particles14 and binds to apolipoprotein B–containing lipoproteins (LDL and VLDL) at their Ca2+–dependent phosphorylcholine binding sites.15–20 The major CRP-receptor on human macrophages has been identified as the low-affinity immunoglobulin receptor CD32.21 CRP-binding to CD32 is allele-specific.22

Methods

CRP

Human CRP was purchased from Sigma. Purity and physical state were examined as described previously.12 CRP preparations were tested by the Limulus endotoxin assay (Sigma).

LDL Uptake Assay

CRP at 900 mg/L was coincubated with native LDL (Sigma) at 1000 mg/dL in PBS containing CaCl2 (0.132 g/L) and MgCl2 (0.1 g/L) at room temperature for 15 minutes. The supernatant was then diluted in DMEM/10% AB-serum to a final concentration of 240 mg/L CRP and 250 mg/dL LDL. In control experiments, several lower CRP concentrations (down to 1 mg/L) were used. Before use in the LDL uptake assay, the CRP/LDL coincubate was again centrifuged at 15 000 rpm for 30 minutes to remove high molecular aggregates. A dilution with heat-inactivated 10% AB-serum (56°C for 30 minutes) was used as a control for a potential role of complement activation in our experiments. After a further 15 minutes, the coincubate was cooled to 4°C. Substitutions with PBS instead of CRP or LDL served as controls.

Monocyte Isolation

Monocytes were isolated from heparinized blood4 and adjusted with DMEM/10% human AB serum to a density of 1.0 × 106 cells/mL. Cell suspensions of 50 mL per well were applied to a 4-chamber dish. Cells were cultured for 7 days at 37°C in 5% CO2 and a medium containing 10% AB serum, which was renewed every 2 days. Macrophages were serum-starved for 12 hours, washed with PBS (4°C), and incubated with CRP/LDL coincubates or controls at 4°C for 30 minutes. The LDL uptake assay was performed by incubating cells at 37°C for stated time intervals. To block CRP-binding to CD32, control cells were incubated with aggregated IgG at 100 µg/mL.21 Aggregated IgG was prepared from human IgG (Sigma) by incubation at 63°C for 30 minutes at 10 mg/mL. The phosphotidylinositol-kinase inhibitor Wortmannin at 100 nmol/L, which is known to inhibit Fcγ receptor-dependent ingestion, was used as an additional control.
CD32 Polymorphism Analysis

For genetic analysis of CD32, genomic DNA was extracted from monocytes using QIAmp-Kit (Qiagen) and subjected to polymerase chain reaction using the following primers: sense, 5’-TTGGATAG-TACCTCTGAGACTG-3’; antisense, 5’-ACGTAGGGGCTC-CAAGCTCT-3’. Genotype was assessed by DNA-sequencing of polymerase chain reaction products.

Flow Cytometry

Cells were stained for CD32 and the macrophage marker CD14 using monoclonal FITC-conjugated anti-CD32 and R-phycocerythrin-conjugated anti-CD14, both at a 1:20-dilution (Pharmingen). Cells were incubated with Indodicarbocyanin-conjugated anti-mouse IgG (Jackson-Immuno-Research) at 15 μg/mL or with Indocarbocyanin-conjugated anti-goat antibody (Alexis) at 20 μg/mL. Some samples were incubated with anti-CD32 FITC-conjugated mouse monoclonal antibody (DAKO) at 10 μg/mL or TRITC or FITC-conjugated phalloidin (Sigma), both at 0.1 mg/mL. Finally, cells were mounted in Mowiol (Calbiochem) and visualized under confocal laser scan microscope (63X objective; Leica).

Immunofluorescent Staining and Analysis

Monocytes were fixed in 4% formaldehyde for 20 minutes and permeabilized by 0.5% Triton X-100. Nonspecific binding was blocked with PBS/2% BSA. Cells were incubated with monoclonal anti-CRP (clone 8, Sigma) at 80 μg/mL or with polyclonal goat anti-apoB-100 (Biodesign) at 10 μg/mL. Cells were incubated with Indodicarbocyanin-conjugated anti-mouse IgG (Jackson-Immuno-Research) at 15 μg/mL or with Indocarbocyanin-conjugated anti-goat antibody (Alexis) at 20 μg/mL. Some samples were incubated with anti-CD32 FITC-conjugated mouse monoclonal antibody (DAKO) at 10 μg/mL or TRITC or FITC-conjugated phalloidin (Sigma), both at 0.1 mg/mL. Finally, cells were stained for CD32 and the macrophage marker CD14 using monoclonal FITC-conjugated anti-CD32 and R-phycoerythrin-conjugated anti-CD14, both at a 1:20-dilution (Pharmingen). Cells were incubated with Indodicarbocyanin-conjugated anti-mouse IgG (Jackson-Immuno-Research) at 15 μg/mL or with Indocarbocyanin-conjugated anti-goat antibody (Alexis) at 20 μg/mL. Some samples were incubated with anti-CD32 FITC-conjugated mouse monoclonal antibody (DAKO) at 10 μg/mL or TRITC or FITC-conjugated phalloidin (Sigma), both at 0.1 mg/mL. Finally, cells were mounted in Mowiol (Calbiochem) and visualized under confocal laser scan microscope (63X objective; Leica).

Results

In this study, CRP was coincubated with native LDL in the presence of calcium, and the coincubate was offered to human macrophages expressing the heterozygous phenotype of CD32. Lipoprotein uptake was assessed by confocal laser scanning microscopy. Figure 1A shows the kinetics of LDL (apolipoprotein B-100) staining. After 30 minutes, aggregates of LDL were observed under the ruffled macrophage membrane, indicating formation of LDL-containing vesicles. After 60 minutes, LDL complexes could be observed deeper within the cytoplasm, and they appeared to be more disseminated, suggesting further internalization and processing. Parallel filamentous-actin (f-actin) staining provided evidence for cytoskeletal reorganization in the region of vesicle formation. Time course and morphology of the vesicles suggested that vesicle formation was due to macroinocytosis. In contrast, no vesicle formation was observed when cells were incubated at identical concentrations with native LDL alone or CRP alone. Incubation of cells with native LDL showed some background staining for LDL after 30 minutes (Figure 1B). Decrease in background stain after 60 minutes indicated intracellular LDL degradation.

To investigate whether CD32 is involved in vesicle formation, we analyzed CRP and CD32 staining at different time points after incubating cells with the LDL/CRP coincubate (Figure 2A). Figure 2A shows that CRP localizes with clusters of CD32 on cell surfaces after 10 minutes. This figure demonstrates extensive CRP capping on the macrophage surface, in analogy to the described interaction of CRP with Fc-receptors on lymphoid cells.

With further incubation, CRP/CD32 complexes become internalized (Figure 2A). The inset shows that CD32 is localized in the vesicle wall colocalizing with CRP to the vesicle lumen. This phenomenon does not occur after incubating cells with CRP alone (data not shown). Flow cytometric 2-color analysis of anti-CD32 and anti-CRCD14 revealed a 82.23% stain for CD32 and CD14 (with a 11.91% background stain) before incubation with CRP/LDL and a 23.63% stain for CD32 and CD14 (with a 7.82% background) after CRP/LDL incubation.

Finally, Figure 2B shows CRP and LDL staining 60 minutes after incubating cells with LDL/CRP coincubates. The figure demonstrates strict colocalization of CRP and LDL in the described vesicles. Because CRP is stained blue and LDL is stained red, vesicles containing CRP and LDL in colocalization are violet.

Further controls included heat inactivation of AB-serum and incubation in the presence of aggregated IgG or Wortmannin (data not shown). Both heat inactivation and aggregated IgG-preincubation abolished vesicle formation and CRP/LDL uptake. Wortmannin preincubation, however, markedly reduced but did not completely abolish vesicle formation. Furthermore, lower CRP concentrations (down to 1 mg/L) revealed significant reductions in but did not completely abolish vesicle formation.
CRP, CD32, and LDL in the vesicles and by flow cytometric analysis showing marked reduction of anti-CD32 binding with incubation time. FcR-dependence of vesicle formation is further supported by competitive inhibition through aggregated IgG. Because CRP influences reactive oxygen production by macrophages, CRP may also facilitate LDL oxidation in the atherosclerotic lesion. The fact that CRP accumulates in lesions suggests the presence of higher CRP concentrations in atherosclerotic tissue than in serum. However, CRP concentrations in the atherosclerotic lesion, which is the location of foam cell formation, are difficult to evaluate.

In view of the well-known property of CRP to opsonize biological particles for macrophages, our finding is in line with basic functions of the immune system. In light of the increasing evidence for CRP being an important cardiovascular risk factor, we suggest that CRP-binding to LDL in the human arterial wall may link LDL deposition to the onset of arteriosclerosis.

Acknowledgments
This work was supported by the Deutsche Forschungsgemeinschaft (SFB451/A4). We thank Dr D. Bowyer and Dr H. Fehling for critical reading of the manuscript.

References
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Circulation. 2001;103:1194-1197
doi: 10.1161/01.CIR.103.9.1194

The online version of this article, along with updated information and services, is located on the World Wide Web at:

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