Glomerular Number and Function Are Influenced by Spontaneous and Induced Low Birth Weight in Rats

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A link exists between low birth weight and diseases in adulthood, such as hypertension, cardiovascular disease, and insulin resistance. Intrauterine growth restriction (IUGR) has been used to explain this association and has been shown to lead to a nephron endowment in humans. A reduction in glomerular number has been described in animal models with induced low birth weight as well but not in animals with spontaneous low birth weight. It therefore is debatable whether the models are suitable. The effect on glomerular number and size was studied in rats with naturally occurring IUGR and experimental IUGR, induced by bilateral uterine artery ligation. Design-based stereologic methods were used. Urinary protein excretion was determined as a measure of renal damage. Results showed a decrease of approximately 20% in glomerular number in both groups of IUGR (control 35,400, naturally occurring IUGR 30,900, and experimental IUGR 28,000 glomeruli per kidney). Mean glomerular volume was increased in both IUGR groups, which was associated with an increased proteinuria. It is concluded that IUGR leads to a nephron endowment with a compensatory glomerular enlargement. This compensation is associated with more proteinuria in the long run. Uterine artery ligation in the pregnant rat is a suitable model to study the effects of IUGR on the kidney.


Low birth weight (LBW) is associated with an increased risk for chronic diseases such as hypertension, cardiovascular disease, and insulin resistance. Intrauterine growth restriction (IUGR) has been used to explain this association and has been shown to lead to a nephron endowment in humans. A reduction in glomerular number has been described in animal models with induced low birth weight as well but not in animals with spontaneous low birth weight. It therefore is debatable whether the models are suitable. The effect on glomerular number and size was studied in rats with naturally occurring IUGR and experimental IUGR, induced by bilateral uterine artery ligation. Design-based stereologic methods were used. Urinary protein excretion was determined as a measure of renal damage. Results showed a decrease of approximately 20% in glomerular number in both groups of IUGR (control 35,400, naturally occurring IUGR 30,900, and experimental IUGR 28,000 glomeruli per kidney). Mean glomerular volume was increased in both IUGR groups, which was associated with an increased proteinuria. It is concluded that IUGR leads to a nephron endowment with a compensatory glomerular enlargement. This compensation is associated with more proteinuria in the long run. Uterine artery ligation in the pregnant rat is a suitable model to study the effects of IUGR on the kidney.

Materials and Methods

Timed pregnant Wistar rats were obtained from Harlan CPB (Horst, The Netherlands) and housed in an animal room in the Clinical Animal Laboratory of the VU University Medical Center individually per plastic cage with wood chips as bedding. A 12:12-h light-dark cycle was maintained (light on at 06:00 a.m.) in the room, at constant temperature (22 ± 1°C) and relative humidity. Rats had free access to tap water and were fed a standard rodent chow (ssniff R/M-H; Bio Services, Schaijik, The Netherlands). For all experiments, approval was obtained from the Animal Welfare Committee of the VU University Medical Center. According to a modified method of Wigglesworth (25), IUGR was induced by bilateral ligation of the uterine arteries on day 17 of gesta-
tion under general anesthesia with a mixture of ketamine HCl (75 mg/kg intraperitoneally) and xylazine (5 mg/kg intraperitoneally). Sham-operated dams underwent the same procedure except for the actual ligation. At days 21 to 22 of gestation, pups were born. IUGR was defined as a birth weight < −2 SD of the mean of control pups, born from sham-operated dams. From previous experiments, we know that this corresponds to a weight on day 2 (day of birth was defined as day 1) of 5.3 g or lower. Fetal count during the operation compared with pup count on day 2 revealed a survival rate of 92.1 and 43.9% in the sham-operated and ligated litters, respectively. After uterine artery ligation in 53 dams, 44 litters were produced with a total of 275 pups, from which 64 met the criteria for IUGR (Figure 1).

Some pups (n = 10) from the sham-operated dams (a total of eight litters with 93 pups) also had a weight < −2 SD and were kept as a naturally occurring IUGR group (natIUGR). Figure 2 shows the distribution of body weights from all pups from sham-operated dams. Pups were cross-fostered, and litters were reduced to eight to 10 pups. At day 28, pups were weaned and housed two (male rats) or three (female rats) per cage.

At the age of 18 mo, rats were placed individually in a metabolic cage for collection of 24-h urine. Afterward, they were anesthetized with a mixture of ketamine HCl (75 mg/kg intraperitoneally) and xylazine (5 mg/kg intraperitoneally) and transcardially perfused with 50 ml of physiologic saline followed by 200 to 250 ml of 4% phosphate-buffered formaldehyde. Both kidneys were removed and weighed after the capsule and perihilar fat was taken off.

The left kidney was used for estimating glomerular number and stored in 4% phosphate-buffered formaldehyde until tissue preparation within 2 wk of perfusion. The kidney was cut in half, dehydrated in graded ethanol, and embedded in glycolmethacrylate (Technovit 7100; Heraeus Kulzer, Wehrheim, Germany). With the use of a Microm HM 355 microtome, each kidney was cut in 20-μm-thick sections. The first section sample was determined by a random-number table. With the use of the fractionator technique (26), every 25th section and its adjacent section were selected for estimation of glomerular number, providing a section sampling fraction (SSF) of 1/25. The sampled sections were mounted on a slide and stained with periodic acid-Schiff and Mayer's hematoxylin before examination. There were 10 section pairs on average (range 8 to 14) per kidney.

Counting was performed using an Olympus BX-50 microscope (Tokyo, Japan) at a magnification of ×113 with an automated Märzhauser Multi Control 2000 specimen stage (Märzhäuser Wetzlar GmbH, Steindorf, Germany) and a 3-CCD color video camera (JVC KY-F55B; JVC, Wayne, NY) connected to a computer (Dell Optiplex GX110; Dell, Round Rock, TX) with CAST software (version 2.1.5.8, Visiopharm, Horsholm, Denmark) to superimpose the counting frame and point-counting grid. A sampled section and its adjacent section were positioned on the specimen stage, and the region of interest was drawn around both sections. Using small vessels as landmarks in both sections and marking them as “fixpoints,” we identified corresponding areas by the CAST software. After x- and y-step lengths (3500 μm) were defined, the counting grid was randomly oriented and placed on the sections by the CAST software. Glomeruli were counted only in approximately five consecutive section pairs starting with the third because of the problem of artificial edges in the first two sections (27) and the last sections. Therefore, a sampling fraction Ps/Pf was introduced: Ps is the number of points that hit all kidney tissue, and Pf is the number of points that hit only kidney tissue used for glomerular counting.

The number of glomeruli was estimated by the physical fractionator/dicerator (26,28). This technique consists of a three-dimensional counting rule using pairs of parallel sections. The glomeruli were counted when they were present inside the two-dimensional unbiased counting frame in one section (the sampling frame) but not in the adjacent section plane (the look-up section) and vice versa. On average, 136 glomeruli (ΣQ−) were counted per kidney. The total number of glomeruli per kidney (Nglomer) was calculated using the following formula:

$$N_{glomer} = \frac{1}{SSF} \cdot \frac{1}{ASF} \cdot \frac{PS}{PF} \cdot \frac{\Sigma Q^-}{2}$$

The factor ½ was introduced because glomeruli were counted both ways in the dicerator.

Area sampling fraction (ASF) was calculated as the counting frame area divided by the step lengths in the x- and y-direction (dx × dy) of the counting frame. The coefficient of error of this technique used for counting glomeruli was estimated to be 8.8% (29).

Mean glomerular volume (\(\bar{v}_{glomer}\)) was calculated using the volume density of glomeruli in the kidney \(V_{glomer/kid} \) estimated with a random-oriented point-counting grid, divided by the numerical density of glomeruli in the kidney \(N_{glomer/kid} \):

$$V_{glomer/kid} = \frac{\Sigma P_{glomer} \cdot p_{kidney}}{\Sigma P_{kidney} \cdot p_{glomer}}$$

Figure 1. Study profile.

Figure 2. Scatter plot showing weights of all pups from sham-operated dams on day 2. ○, control pup not used for this study; ●, control pup used for this study; △, naturally occurring IUGR (natIUGR) pup not used for this study; ▲, natIUGR pup used for this study.
IUGR rats (4.8g [0.088]; Modular analytics (Roche Diagnostics, Mannheim, Germany). According to the protein assay described by Iwata and adding these scores. Urinary protein concentration was determined by the percentage of glomeruli with the same degree of injury. The ultimate score per kidney was obtained by multiplying the degree of injury by the number of glomeruli per kidney. For each glomerulus, a score was given, 50% was scored as 2, 75% was scored as 3, and 100% was scored as 4. A total of 50 glomeruli per kidney were scored by two blinded observers (M.F.S. and J.A.E.v.W.). For each glomerulus, a score was noted on the basis of consensus between the two observers. The score per glomerulus was determined by multiplying the degree of injury by the number of glomeruli per kidney. For evaluating tissue deformation, all kidneys were weighted after fixation. A weight-based volume before processing was calculated by dividing the kidney weight by 1.04 g/cm³. The volume of the kidney after processing was estimated using Cavalieri’s principle (23). There was no difference between the groups in tissue deformation. The volume of all of the kidneys before processing was on average 9.4% larger than the estimated volume of the kidneys after processing, which corresponds to a linear shrinkage of 2.1%. Glomerular volume data were not corrected for tissue deformation. During the counting procedure, the observer was blinded to the group and gender of the animal by using identification numbers.

To evaluate the kidney for focal glomerulosclerosis (FGS), we scored glomerulosclerosis semiquantitatively on a scale of 1 to 4 as described previously (30). Glomerulosclerosis was scored when mesangial cellularity, adhesion formation, and capillary obliteration were present in one segment. When 25% of the glomerulus was affected, a score of 1 was given, 50% was scored as 2, 75% was scored as 3, and 100% was scored as 4. A total of 50 glomeruli per kidney were scored by two blinded observers (M.F.S. and J.A.E.v.W.). For each glomerulus, a score was noted on the basis of consensus between the two observers. The ultimate score per kidney was obtained by multiplying the degree of change by the percentage of glomeruli with the same degree of injury and adding these scores. Urinary protein concentration was determined according to the protein assay described by Iwata et al. (31) on a Modular analytics (Roche Diagnostics, Mannheim, Germany).

**Statistical Analyses**

Results are presented as mean (coefficient of variation). Differences between groups were analyzed using ANOVA with a Student-Newman-Keuls post hoc correction. Correlations between variables were estimated by calculating the Pearson correlation coefficient. SPSS was used as statistical analysis system. P < 0.05 was considered to be statistically significant.

**Results**

For this study, 12 control (five male, seven female), nine natIUGR (four male, five female), and 13 IUGR (seven male, six female) rats were used. Body weights from day 2 until the age of 18 mo are presented in Figure 3. Birth weight was significantly reduced in natIUGR rats (5.1g [0.027]; P < 0.001) and IUGR rats (4.8g [0.088]; P < 0.001) as compared with control rats (6.2g [0.075]).

Kidney weight and relative kidney weight to body weight did not differ between groups (data not shown). Analysis showed no influence of gender on the glomerular number so data from male and female rats were combined. Figure 4A shows the significant difference in glomerular number between control (35,400 [0.080]) and natIUGR (30,900 [0.054]) and IUGR (28,000 [0.13]) rats. Figure 4B shows the distribution of glomerular number by birth weight.

The glomerular volume did differ between genders and was higher in male than in female rats. For both male and female rats, natIUGR and IUGR rats showed a significant higher mean glomerular volume than control rats (P < 0.001 for both groups; Figure 5A). Regression analysis showed a significant negative association between glomerular number and volume for both genders, as can be seen in Figure 5B.

FGS scores are presented in Figure 6. As compared with their respective female groups, IUGR and natIUGR male rats had a higher FGS score (P < 0.05). No statistical differences were found between the female groups. However, in the male groups, there was a trend toward a higher FGS score in the IUGR rats compared with control rats (P = 0.07).

Figure 7A shows the urinary protein excretion per group and gender. Because the data were not normally distributed, logarithmic data were used. Results showed a significant difference between genders and between control rats and both groups of LBW rats. The significant regression lines for male and female rats are shown in Figure 7B.

Linear regression coefficients with several models showed...
that the amount of proteinuria was associated mainly with the
gender, experimental group, and mean glomerular volume but
not with glomerular number and birth weight (Table 1). Cor-
relation analysis showed that birth weight contributed only
very little to the correlation between glomerular volume and
gender, experimental group, and glomerular number.

Discussion
This study shows that IUGR is associated with a decrease in
glomerular number and an increase in mean glomerular vol-
ume and protein excretion. Our results suggest that birth
weight determines glomerular number. This glomerular num-
ber influences glomerular volume, and the volume in itself is
associated with the amount of proteinuria.

Another finding of this study is that spontaneous LBW is
associated with the same renal sequelae as experimentally in-
duced LBW. Birth weight was lower in the IUGR rats than in
the natIUGR rats, as was the glomerular number. This shows
that there is a difference in severity of the growth restriction
between these two groups. However, the effects on glomerular
volume and number were in the same range in the two groups
of LBW rats. This indicates that the results in the IUGR rats may
have been influenced partially by the method itself but do
represent the effect of LBW on the kidney. We therefore con-
clude that our model of uterine artery ligation in the pregnant
rat is a suitable model for the study of the consequences of
IUGR on the kidney.

The number and the size of glomeruli were determined using
design-based stereologic methods. These methods allow us to
perform measurements without an assumption about the
shape, size, or orientation of the glomeruli in the kidney. Esti-
Figure 4. (A) Number of glomeruli per kidney in the three
experimental groups combining female (●) and male (○) rats.
CTRL versus natIUGR, P < 0.01; CTRL versus IUGR, P < 0.001.
(B) Scatter plot showing the distribution of glomerular number
by birth weight.

Figure 5. (A) Mean glomerular volume in the female (●) and
male (○) experimental groups. CTRL versus natIUGR, P < 0.01;
CTRL versus IUGR, P < 0.005. (B) Scatter plot showing the
distribution of mean glomerular volume by glomerular number
and the regression line for female (●; r = −0.78, P < 0.001) and
male (○; r = −0.48, P < 0.05) rats.

Figure 6. Focal segmental sclerosis (FGS) scores in the female
(●) and male (○) experimental groups.
information of glomerular volume, however, can be influenced by tissue shrinkage (32). This effect is minimized by using perfusion fixation and embedding in methacrylate (33). The average linear shrinkage was 2.1%, implicating only minor tissue deformation. Glomerular number can be influenced by a loss of glomeruli, for instance as a result from glomerulosclerosis. This sclerosis has been associated with a low glomerular number (12–14). However, examination of the sections provided no evidence of sclerotic glomeruli. Although we cannot rule out the possibility that the loss of glomeruli was not detected, we believe that our results are valid.

Nephrogenesis in the human is complete at approximately the 36th week of gestation (8). In the rat, however, new nephrons are formed until postnatal day 8 (34). IUGR in humans suggests that there is no opportunity for compensatory development of nephrons, as the growth restriction is present until the end of nephrogenesis. In our model of IUGR, the adverse environment does not last until the end and could possibly allow for postnatal catch-up formation of nephrons. However, surgical reduction of nephron mass during nephrogenesis (i.e., neonatal uninephrectomy in the rat) has been shown not to lead to extra nephron formation (35). It therefore is unlikely that IUGR does lead to formation of extra nephrons in the neonatal rat. LBW in the rat leads to a reduction of 20% in the number of glomeruli. If there had been an increase in postnatal nephrogenesis after IUGR, then the reduction in nephrons as a result of IUGR can be expected to be even more than this 20%. The effect of postnatal growth restriction on nephrogenesis in the rat could be a focus of future research.

Nephrogenesis is a highly complex process that requires an adequate supply of nutrients and various growth factors, including IGF-I (36) and an intact renin-angiotensin system (RAS) (37). IGF-I and the RAS interact, and blocking the RAS leads to an inhibition of IGF-I action (38), which is associated with a nephron deficit (39). LBW is associated with low fetal IGF-I levels (40) but an increased plasma renin activity (41). This suggests that the low IGF-I levels are the cause of the nephron endowment, with the RAS unable to compensate. This leads to an increase in apoptosis in the developing kidney, which has been shown to be associated with IUGR (16).

In total, 10 control pups of 93 had a birth weight below the mean. This number (10.8%) is higher than the expected 2.3% corresponding with the 2 SD cutoff point in normal distributed data. However, when all groups of rats that have been used in our study group in the last years are combined, only 14 (3.2%) of 432 control pups had a weight on day 2 of 5.3 g or less. This suggests that the relatively high number

Table 1. Correlation coefficients between various models and proteinuria, glomerular volume, and glomerular number

<table>
<thead>
<tr>
<th>Model Description</th>
<th>Proteinuria</th>
<th>Glomerular Volume</th>
<th>Glomerular Number</th>
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<tbody>
<tr>
<td>Group and gender</td>
<td>$r=0.885^a$</td>
<td>$r=0.768^a$</td>
<td>$r=0.762^a$</td>
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<td>Group, gender, and birth weight</td>
<td>$r=0.899^a$</td>
<td>$r=0.778^a$</td>
<td>$r=0.772^a$</td>
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<tr>
<td>Group, gender, and glomerular number</td>
<td>$r=0.887^a$</td>
<td>$r=0.824^a$</td>
<td></td>
</tr>
<tr>
<td>Group, gender, and glomerular volume</td>
<td>$r=0.913^a$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group, gender, glomerular number, and birth weight</td>
<td>$r=0.900^a$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group, gender, glomerular volume, and birth weight</td>
<td>$r=0.921^a$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group, gender, glomerular number, and birth weight</td>
<td>$r=0.922^a$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

$a^P < 0.001.$
of natural occurring IUGR in pups in the described study population was due to chance.

Most pups are delivered in the early morning. We measured body weight of the pups on day 2 in the morning, around the time that they are 24 to 30 h of age. This method was chosen to optimize survival of the pups, especially the LBW rats, during the handling and cross-fostering.

Analysis of the urinary protein excretion revealed heavy proteinuria in male rats at the age of 18 mo, as has been described previously (42), but even in this group, a significant relationship between glomerular volume and proteinuria was found, similar to the association in female rats. Although gender seems to be the main determinant of the heavy proteinuria in the adult rat, glomerular volume influences the amount of protein loss. Because the glomerular volume is related to glomerular number, which is associated with birth weight, there is an indirect link between birth weight and proteinuria. Nephron endowment and raised BP in adult life have been linked (14), and we have shown a rise in systolic BP in the described model of IUGR (43).

In summary, our study shows that both experimentally induced IUGR and naturally occurring IUGR result in a lower glomerular number. This glomerular number is associated with an increase in glomerular volume, which, in turn, is associated with an increased proteinuria. Uterine artery ligation in the pregnant rat is a suitable model to study the effects of IUGR on the kidney.

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References

26. Gundersen HJ: Stereology of arbitrary particles. A review of unbiased number and size estimators and the presenta-
tion of some new ones, in memory of William R. Thomp-
son. J Microsc 143: 3–45, 1986

27. Nyengaard JR, Bendtsen TF: A practical method to count
the number of glomeruli in the kidney as exemplified in

28. Sterio DC: The unbiased estimation of number and sizes of
136, 1984

29. Gundersen HJ, Jensen EB: The efficiency of systematic
sampling in stereology and its prediction. J Microsc 147:
229–263, 1987

30. De Boer E, Navis G, Tiebosch AT, De Jong PE, de Zeeuw D:
Systemic factors are involved in the pathogenesis of pro-	einuria-induced glomerulosclerosis in adriamycin ne-

determination of protein in cerebrospinal fluid and urine.

32. Dorph-Petersen KA, Nyengaard JR, Gundersen HJ: Tissue
shrinkage and unbiased stereological estimation of particle

33. Miller PL, Meyer TW: Effects of tissue preparation on
glomerular volume and capillary structure in the rat. Lab
Invest 63: 862–866, 1990

34. Nigam SK, Aperia AC, Brenner BM: Development and
maturation of the kidney. In: Brenner and Rector’s The Kid-
ney, 5th Ed., edited by Brenner BM, Philadelphia, W.B.

35. Larsson L, Aperia A, Wilton P: Effect of normal develop-
ment on compensatory renal growth. Kidney Int 18: 29–35,
1980

36. Rogers SA, Powell-Braxton L, Hammerman MR: Insulin-
like growth factor I regulates renal development in ro-
dents. Dev Genet 24: 293–298, 1999

37. Guron G, Friberg P: An intact renin-angiotensin system is
a prerequisite for normal renal development. J Hypertens
18: 123–137, 2000

38. Nilsson AB, Nitescu N, Chen Y, Guron GS, Marcussen N,
Matejka GL, Friberg P: IGF-I treatment attenuates renal
abnormalities induced by neonatal ACE inhibition. Am J
Physiol Regul Integr Comp Physiol 279: R1050–R1060, 2000

C, Striker GE, Gilbert T: Overexpression of human insulin-
like growth factor binding protein-1 in the mouse leads to

R, Van Assche FA: C-peptide, insulin-like growth factors I
and II, and insulin-like growth factor binding protein-1 in
umbilical cord serum: correlations with birth weight. Am J
Obstet Gynecol 169: 89–97, 1993

41. Konje JC, Bell SC, Morton JJ, de Chazal R, Taylor DJ:
Human fetal kidney morphometry during gestation and
the relationship between weight, kidney morphometry and
plasma active renin concentration at birth. Clin Sci (Lond)
91: 169–175, 1996

42. Baylis C, Cormack B: The aging kidney: Insights from ex-

43. Schreuder MF, Fodor M, Van Wijk JAE, Delemarre-
vande Waal HA: Association of birth weight with cardio-
vascular parameters in adult rats during baseline and