

Different mechanisms inferred from sequences of human mitochondrial DNA deletions in ocular myopathies

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Received November 16, 1990; Revised and Accepted January 9, 1991

ABSTRACT

We have sequenced the deletion borders of the muscle mitochondrial DNA from 24 patients with heteroplasmic deletions. The length of these deletions varies from 2.310 bp to 8.476 bp and spans from position 5.786 to 15.925 of the human mitochondrial genome preserving the heavy chain and light chain origins of replication.

12 cases are common deletions identical to the mutation already described by other workers and characterized by 13 bp repeats at the deletion boundaries, one of these repeats being retained during the deletion process. The other cases (10 out of 12) have shown deletions which have not been previously described. All these deletions are located in the H strand DNA region which is potentially single stranded during mitochondrial DNA replication.

In two cases, the retained Adenosine from repeat closed to the heavy strand origin of replication would indicate slippage mispairing. Furthermore in one patient two mt DNA molecules have been cloned and their sequences showed the difference of four nucleotides in the breakpoint of the deletion, possibly due to slippage mispairing.

Taken together our results suggest that deletions occur either by slippage mispairing or by internal recombination at the direct repeat level. They also suggest that different mechanisms account for the deletions since similarly located deletions may display different motives at the boundaries including the absence of any direct repeat.

INTRODUCTION

Mitochondrial DNA reorganization, without any apparent deleterious effects, has long been documented in eukaryotes including yeast and fungi (for a review see 1), plants (2), *Drosophila* (3), lizards (4) and mice (5).

However, the organization of the human circular mitochondrial DNA (mt DNA) of 16.569 bp (6) has been studied in mitochondrial diseases. Deletions of the mt DNA have been reported recently in myopathies (7) and neuromuscular diseases such as Kearns-Sayre syndrome (8,9) and chronic external ophthalmoplegia (10). Although these deletions differ in length and position between individuals, they are similar within different tissues of the same patient (11,12,13) suggesting early clonal events in the pleiotropic dispersion of these deleted genomes. It is notable that the normal mtDNA molecule is also present in all tissues providing general heteroplasmy. Passive or active mechanisms occurring spontaneously during embryogenesis may be responsible for the formation of the deletions which in one case have been reported to be a dominant trait without maternal transmission of the deleted genome (14).

In order to detect any common mechanism for the deletion process, the deletion boundaries of mutated mitochondrial DNA from 24 patients have been sequenced. In most of the cases direct repeats ranging from 4 to 13 bp were detected near the breakpoint following sequence comparison with the normal molecule, suggesting that recombination has occurred. However no general rule is applicable since in 2 cases no direct repeat was found at deletion boundaries.

MATERIALS AND METHODS

Mapping of deleted mitochondrial DNA

Preparation of muscle DNAs and mapping of the heteroplasmic deletions in mitochondrial DNA (mtDNA) in each patient have been previously described (11).

PCR and DNA sequencing

Based on mapping data (11), the mt DNA area encompassing a deletion was amplified by the PCR method using oligonucleotide primers corresponding to mtDNA sequences located immediately upstream and downstream of each breakpoint (11). In five cases,

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the PCR product was cloned in M13 and single stranded DNA was sequenced using sequenase (USB). In some cases direct sequencing was performed after direct asymmetric amplification (primers in a ratio of 1 pmole to 50 pmoles), in the other cases the double stranded PCR product was subjected to asymmetric amplification using primers in a ratio of 0.3 to 30 pmoles. Single-strand sequencing was performed with forward primer using dideoxynucleotide termination (Sequenase kit (USB) or T7 Polymerase Kit (Pharmacia)).

Computer analysis

The sequence searches and comparison have been made with the help of Microgenie (Beckman) and using Anderson's sequence as a reference (6).

RESULTS

We have investigated mtDNA deletions from 24 patients. The results shown on table I display new breakpoint sequences compared to those already described (16,17,18).

Table I. Classification of the different deletions mapped at the nucleotidic level in patients presenting Kearns-Sayre syndrome or progressive external ophthalmoplegia.

I	1 (deletion size : 3.512 bp)	7491	11003	TGGTTTCAAGCCAAC (CCCATGGCCTC...TGGCAAGCCAAC) GCCACTTATCCAG	tRNA ^{ser}	ND4	
	2-11 COMMON DELETION (deletion size : 4.977 bp)(10 cases)*						
		8470	8482	13447	13459	TACCACCTACCTCCCTCACCA (AAGCCCA...TTCAACTCCCTCACCA) TTGGCAGCCTA	ATPase8
	12 (deletion size : 5.261 bp)	8624	13885	CTATTGATCCCCAC (CTCCAAATATC...TAAATAAAATCCCCAC) TATGCACATTTTA	ATPase6	ND5	
	13 (deletion size : 7.031 bp)	8823	15854	ACCAACCACCAACTATCT (ATAAACCTAG...TACCAACTATCT) CCCTAATTGAAAAC	ATPase6	Cytb	
	14 (deletion size : 7.767 bp)*	7669	15436	TTTCATGATCAGGCCCTC (ATAATCA...TCAAAGCGCCCTC) GGCTTACTTCTCTTC	CoxII	Cytb	
	15 (deletion size : 2.310 bp)	12103	14413	ATTCTCTCCTPATCC (CTCAACCCCGACAT...CAAGACC) TCAACCCCTGACCCCCA	ND4	ND6	
	16 (deletion size : 4.265 bp)	10169	14434	AATCCACCCCTTAC (GAGTGGCGG...ACCCCATGCC) TCAGGATACTCCTCAATAGCCA	ND3	ND6	
	17 (deletion size : 4.417 bp)	11368	15785	ACACAATAGCTTTT (ATAGTAAAGA...TAAGCTACCTT) TTACCATCATTTGG	ND4	Cytb	
	18 and 19 (deletion size : 4.977 bp)(2 cases)	8468	13445	TACCACC (TACCTCCCTCACCAAAGC...CACTTC) AACCTCCCTCACCA TTGGCAGCCTA	ATPase8	ND5	
20 (deletion size : 5.100 bp)	9180	14280	TCACACTTAGTA (AGCCTCTA...TGAACCTGA) CCCCTCTCTTCATAAATTA	ATPase6	ND6		
21 (deletion size : 6.032 bp)	8563	14595	TTTCATTTGCCCCA (CAATCCTAGGCC...AAACCCCAATA) AATAGGAGAAGGCTTAG	ATPase6	ND6		
22 (deletion size : 8.136 bp and 8.132 bp)*	5786	13922	GAAGTGCTT (CTTCGAAATTGCAAT...CTCGGATTCTA) CCCTAGCATCACCC	tRNA ^{ser}	ND5		
23 (deletion size : 4.665 bp)*	5787	13919	GAAGTGCTTC (TTCGAAATTGCAAT...CTCGGATT) CTACCCTAGCATCACCC	tRNA ^{ser}	ND5		
24 (deletion size : 8.476 bp)*	7449	15925	CATAAAATCTAGACAAA (AAAGGAAG...CTTGTAAC) CGGAGATGAAA	CoxI	tRNA ^{ser}		

* indicates cloned amplification products. Class I refers to perfect direct repeats at the deletion boundaries, class II corresponds to imperfect repeats at deletion boundaries, class III no repeats present. Deletion boundaries of patient 23 has been previously reported in reference 15. Note the 2 sequences obtained after M13 cloning of mtDNA from patient 22.

22 out of 24 deletions present direct repeats at their boundaries. The left borders mapped between nucleotides 5.786 (patient 22) to 12.103 (patient 15) and right borders from 11.004 (patient 1) to 15.926 (patient 24). The length of the deletions varies from 2.310 bp (patient 15) to 8.476 (patient 24), more than the half of the human mitochondrial genome.

The distribution of the breakpoints occurs randomly along the 10 Kb fragment between the light and the heavy strand origins of replication (figure 1). However in 12 cases (patients 2 to 11

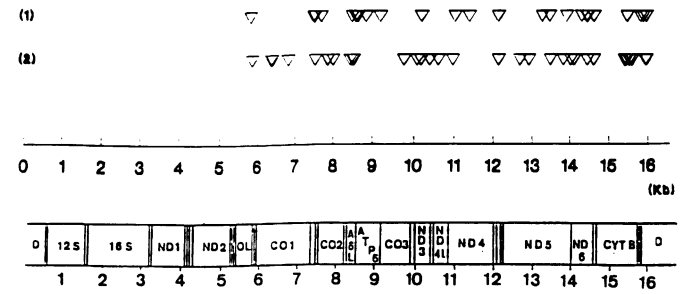


Figure 1. Repartition of deletion breakpoints in the mt DNA . Each breakpoint is indicated by a triangle.

(1) indicates the data of Mita et al.,1990. (2) shows our data.

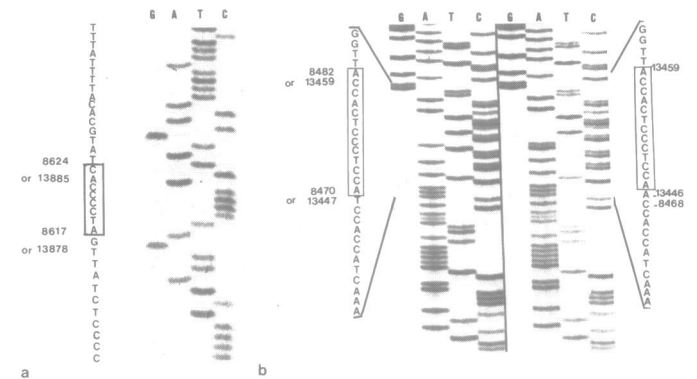


Figure 2. Autoradiogram showing the breakpoint in 3 cases: a- the sequence of deletion boundaries in patient 12 (8 bp repeat). b-comparison of the common deletion sequence (left panel) and the supplementary Adenosine at position 13.446 (right panel).

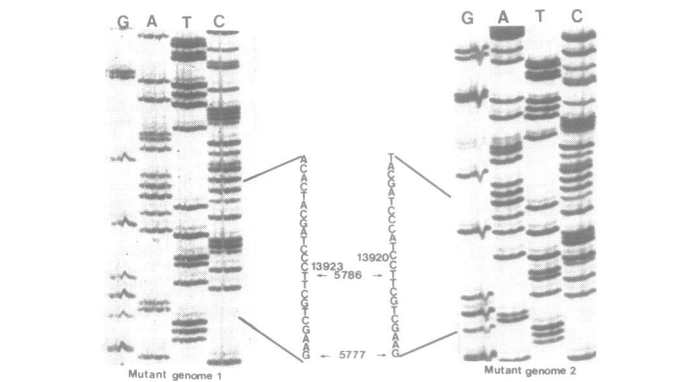


Figure 3. Autoradiogram showing the two mitochondrial genomes of patient 22 with differences in breakpoint sequences.

and patients 18 and 19) an identical sized deletion of 4.977 bp was observed. There is a 13 bp repeat in the normal molecule at the defined edges of this deletion, one of the repeats being retained during the deletion process. In 10 of these cases (patients 2 to 11) it is unsure whether the direct repeat located near the heavy strand origin of replication or that located near the light strand origin is retained during the deletion process. However in 2 of these 12 cases (cases 18 and 19) there is an additional Adenosine which flanks the first direct repeat and which is found at the deletion boundaries. Thus, in these two cases, the first direct repeat is conserved during the deletion process in agreement with the slippage mispairing mechanism as suggested in reference 18. The sequence comparison of one of these cases is shown on figure 2. Deletions showing perfect direct repeats, which can be allocated to class I as suggested in reference 16 were present in 14/24 (58%) of the cases (patients 1 to 14). 8 (33%) cases can be defined as class II with the direct repeat located within or at the proximity of the breakpoint (patients 15 to 22). The last 2 deletions fall into class III without any evident feature.

Close to the light strand origin of replication, the mtDNA from patient 22 (class II) presents 2 identical deletions in two clones (the upper in table 1) and one different in one clone at the tRNA^{Cys} level with a 4 bp repeat and left slippage of a Cytosine but retention of one Cytosine, one Thymine and one Adenine at the right border, so that both molecules differ by 4 nucleotides in length as shown on figure 3.

Deletions borders locating in tRNA genes are found in 5 breakpoint sequences. Interestingly the longest deletion reported so far of 8.476 bp is associated with tRNA genes of the light strand (tRNA^{Ser}) and of the heavy strand (tRNA^{Thr}) in patient 24. The left deletion borders are more frequently associated in 16 cases with the short ATPase 6 and 8 genes, from position 8.468 to 8.823, as well as NADH Dehydrogenase subunit 5 at the right border from position 13.237 to 13.923 in 15 cases.

DISCUSSION

The main conclusion of these studies describing mtDNA deletions in human pathologies is the confirmation of the importance of base pair repeats at the deletion boundaries, one of these repeats being eliminated during the deletion process in agreement with previous findings (16–21). This may suggest specific site recombination (for a review see 22,23) of the mtDNA molecule involving recombinases such as those isolated from *Drosophila* *Melanogaster* embryos (24), FLP recombinase of yeast (25,26), CRE bacteriophage P1 (27), Rec A protein (28) or present in human nuclei (29).

Another proposed mechanism in favor of the deletions of the mtDNA is slippage mispairing as suggested by Shoffner et al. in reference 18. This process could explain the deletions for at least 3 patients, two presenting the common deletion but with retention of an Adenosine and patient 22 which displays two mtDNA sequences different by 4 nucleotides. In these cases, the first repeat close to the H strand origin of replication would be displaced during the H strand synthesis and would base pair with the second direct repeat during the branch migration of the replication complex towards the light strand origin of replication. Degradation of the heavy displaced strand could be mediated by a single strand DNase as reported for the mouse (30). Another mitochondrial endonuclease activity, specific for UV irradiated DNA, has been recently characterized in mammalian (31).

It may be significant that all but one deletion (7) map in the region where the heavy strand DNA is displaced during H strand

replication (11) suggesting cleavage of this parental strand as proposed in the model described in reference 15.

The class of deletion where no base pair repeat is distinguishable (class III) may be explained by illegitimate recombination (for a review see 32) mediated by topoisomerases (33,34). Non-homologous DNA with protuberant single strand may be repaired by illegitimate recombination (35).

However search for homologies with cleavage sites for topoisomerases I and II revealed no such sites. In effect the transcription and the replication processes in the mammalian mitochondrial DNA are not symmetric and the heavy strand promoter is more active than the light strand. This may induce positive or negative supercoils which could be resolved with errors by topoisomerases and gyrases(36,37).

In conclusion the results reported here may provide an experimental model for studying human DNA reorganization. Presently there is no conclusive argument in favor of a somatic as opposed to a germinal deletion process. One report of maternal inheritance (38) show that the deletions differ in position between the mother and the patient. During the oocyte maturation the mitochondrial DNA may undergo 8 to 9 replication cycles (39). If we assume that only one to 2.000 DNA molecules undergoes a deletion of half of its size, then due to a simple kinetic effect, assuming that only half the time is required for the replication of the deleted molecule, at the end of the oocyte maturation the deleted molecule may be as numerous as the normal one. During partition in the different stem cells, the deleted genomes may segregate randomly or preferentially in different tissues providing the various phenotype we observed in this new class of disease.

ACKNOWLEDGEMENTS

We thank the doctors D. Duboc, B. Eymard, K. Gerbitz, and the professors M. Fardeau and J.P. Leroux for their valuable contribution in this work and C.J. Smith for reading the manuscript. The 'Association Française contre les Myopathies' (AFM) is gratefully acknowledged for supporting fellowships to F. Degoul, I. Nelson and N. Romero and research grants to Dr. Marsac and Pr. Lestienne.

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