

## CLINICAL INVESTIGATIONS

# STIM1 and SLC24A4 Are Critical for Enamel Maturation

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**Abstract:** Dental enamel formation depends upon the transcellular transport of  $\text{Ca}^{2+}$  by ameloblasts, but little is known about the molecular mechanism, or even if the same process is operative during the secretory and maturation stages of amelogenesis. Identifying mutations in genes involved in  $\text{Ca}^{2+}$  homeostasis that cause inherited enamel defects can provide insights into the molecular participants and potential mechanisms of  $\text{Ca}^{2+}$  handling by ameloblasts. Stromal Interaction Molecule 1 (STIM1) is an ER transmembrane protein that activates membrane-specific  $\text{Ca}^{2+}$  influx in response to the depletion of ER  $\text{Ca}^{2+}$  stores. Solute carrier family 24, member 4 (SLC24A4), is a  $\text{Na}^+/\text{K}^+/\text{Ca}^{2+}$  transporter that exchanges intracellular  $\text{Ca}^{2+}$  and  $\text{K}^+$  for extracellular  $\text{Na}^+$ . We identified a proband with syndromic hypomaturational enamel defects caused by a homozygous C to T transition (g.232598C>T c.1276C>T p.Arg426Cys) in STIM1, and a proband with isolated hypomaturational enamel defects caused by a homozygous C to T transition (g.124552C>T; c.437C>T; p.Ala146Val) in SLC24A4. Immunohistochemistry of developing mouse molars and incisors showed positive STIM1 and SLC24A4 signal specifically in maturation-stage ameloblasts.

We conclude that enamel maturation is dependent upon STIM1 and SLC24A4 function, and that there are important differences in the  $\text{Ca}^{2+}$  transcellular transport systems used by secretory- and maturation-stage ameloblasts.

**Key Words:** inherited diseases, mutations, tooth, calcium, amelogenesis imperfecta.

## Introduction

The thickness of the enamel layer covering the crowns of teeth is determined by appositional growth during the secretory stage of amelogenesis, which is characterized by the deposition, on the enamel surface, of mineral ribbons that elongate outward, expanding the enamel layer until it reaches its final thickness (Simmer *et al.*, 2010). The hardness of dental enamel depends upon the thickening and interlocking of adjacent crystallites, which occurs during the maturation stage, and requires the removal of matrix protein remnants and the influx and efflux of ions. More than 60% of mineral deposition takes place during enamel maturation (Smith, 1998), and disturbances in matrix removal and ion transport cause hardness defects in dental enamel.

Transcellular transport of  $\text{Ca}^{2+}$  is a critical process during amelogenesis.  $\text{Ca}^{2+}$  enters tall, columnar, polarized ameloblasts proximally at the blood supply and exits distally into the developing enamel extracellular space to form calcium hydroxyapatite. Radiolabeled calcium ( $^{45}\text{Ca}$ ) injected into the vascular system passes rapidly through both secretory- (Munhoz and Leblond, 1974) and maturation- (Reith *et al.*, 1984) stage ameloblasts and accumulates in developing enamel. The short transit times for the passage of  $^{45}\text{Ca}$  through the enamel organ during both of these stages suggested that the same mechanism for calcium transcellular transport was shared by secretory- and maturation-stage ameloblasts (Reith *et al.*, 1984).

Stromal Interaction Molecule 1 (STIM1) is a transmembrane protein with  $\text{Ca}^{2+}$  binding domains in the endoplasmic reticulum (ER) that is activated by depletion of ER  $\text{Ca}^{2+}$  stores (Feske, 2009). After store-emptying, STIM1 forms multimers that passively migrate to ER-plasma membrane junctions, where they activate the  $\text{Ca}^{2+}$  channel ORAI1 (Singaravelu *et al.*, 2011). Together, STIM1 and ORAI1 mediate store-operated calcium entry (SOCE), which is a  $\text{Ca}^{2+}$  influx pathway critical for the normal functioning of many cell types, including

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A supplemental appendix to this article is published electronically only at <http://jdr.sagepub.com/supplemental>.

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T-cells, muscle cells, and ameloblasts. Homozygous loss of function mutations in *ORAI1* (Feske *et al.*, 2006; McCarl *et al.*, 2009) and *STIM1* (Picard *et al.*, 2009) cause Immunodeficiency 9 and 10 (IMD9, #612783; IMD10, MIM #612783), respectively, which feature severe immunodeficiency, congenital myopathy, ectodermal dysplasia, and enamel defects. *STIM1* is expressed by the soft tissue overlying developing enamel and showed an 8-fold increase in tissues overlying maturation-stage relative to those overlying secretory-stage enamel (Lacruz *et al.*, 2012).

Despite the association of human *STIM1* and *ORAI1* mutations with developmental enamel defects and the importance of transcellular Ca<sup>2+</sup> transport for enamel formation, little is known about the role played by store-operated calcium entry (SOCE) in amelogenesis. *Stim1* knockout mice show 70% perinatal lethality. Surviving animals have a maximum life span of about 6 wks (Varga-Szabo *et al.*, 2008), but none of the *Stim1* knockout mouse reports commented on the dentition. There are only a few reported *STIM1* (Appendix Fig. 1) and *ORAI1* mutations, and only 2 oral photographs (one each) in the literature (McCarl *et al.*, 2009; Fuchs *et al.*, 2012) (Appendix Fig. 2).

An ion transporter involved in Ca<sup>2+</sup> efflux is also associated with enamel defects. *SLC24A4* belongs to a family of potassium-dependent sodium-calcium exchanger, which has 5 members, *SLC24A1* through *SLC24A5* (Lytton, 2007). Olfactory-specific *Slc24a4* null mice have difficulty locating an odorous source (Stephan *et al.*, 2011), while *Slc24a4* null mice display enamel malformations, and defects in human *SLC24A4* cause a hypomaturational form of autosomal-recessive amelogenesis imperfecta (AI) (Parry *et al.*, 2013). *Slc24a4* is expressed by maturation-stage ameloblasts, and the protein tends to localize along the ameloblast distal membrane adjacent to the mineral layer (Hu *et al.*, 2012).

In this study we identify novel homozygous *STIM1* and *SLC24A4* mutations that cause autosomal-recessive hypomaturational enamel malformations

and characterize the expression of *STIM1* and *SLC24A4* in developing mouse teeth. The results provide insight into a possible mechanism for calcium transport through ameloblasts during enamel maturation.

## Methods

The human study protocol and consents were reviewed and approved by the Ethics Committee at the University of Istanbul, Turkey, and by the Institutional Review Board at the University of Michigan. Study participants signed appropriate written consents after explanation and discussion of their contents. All animal procedures were approved by the University of Michigan Committee of Use and Care of Animals.

## Mutational Analysis

Genomic DNA from the *STIM1* proband was submitted to the Yale Center for Genome Analysis (YCGA, West Haven, CT, USA), and genomic DNA from the *SLC24A4* proband was submitted to Edge BioSystems (Gaithersburg, MD, USA) for whole-exome sequencing. Reads were aligned to the human reference genome hg19 by ELAND v2. Single-nucleotide variants and short insertions and deletions (indels) were called using SAMtools. The called variants were annotated with an in-house script. The annotated results were inspected for potential disease-causing sequence variations in the following candidate genes: *AMELX*, *ENAM*, *FAM83H*, *KLK4*, *MMP20*, *WDR72*, *FAM20A*, *C4orf26*, *SLC24A4*, *CNNM4*, *AMBN*, *ITGB6*, *AMTN*, *ODAM*, *SP6*, *COL17A1*, *ROGDI*, *LAMA3*, *LAMB3*, *LAMC2*, *DLX3*, *GJA1*, *AIRE*, and *ABCC6*.

Since the *STIM1* kindred reported consanguinity, recessive mutations were assumed, and 8 novel rare protein-altering homozygous variants were identified (Appendix Fig. 3). These were assessed for PhyloD score and by PolyPhen prediction. Their frequencies in the YCGA and 1000 Genomes databases and possible genetic associations in the OMIM database were taken into account. *STIM1* exon 10 and *SLC24A4* exon 5, inclusive of adjoining intron sequences,

were amplified from all recruited members of the respective kindreds and characterized by Sanger DNA sequencing.

## Immunohistochemistry

Immunohistochemistry on days 5, 11, and 14 mouse heads was carried out as described previously (Wang *et al.*, 2014), with an anti-*STIM1* antibody (1:100, HPA012123, Sigma-Aldrich, St. Louis, MO, USA) or an anti-*SLC24A4* antibody (1:100, ab136968, Abcam, Cambridge, MA, USA). In brief, we used an anti-rabbit IgG secondary antibody conjugated with Alexa Fluor 594 (Invitrogen, Carlsbad, CA, USA). Cell nuclei were stained with DAPI (Invitrogen). The sections were examined under an Olympus BX51 with fluorescence attachments and photographed with an Olympus DP71 camera with DP controller and manager software.

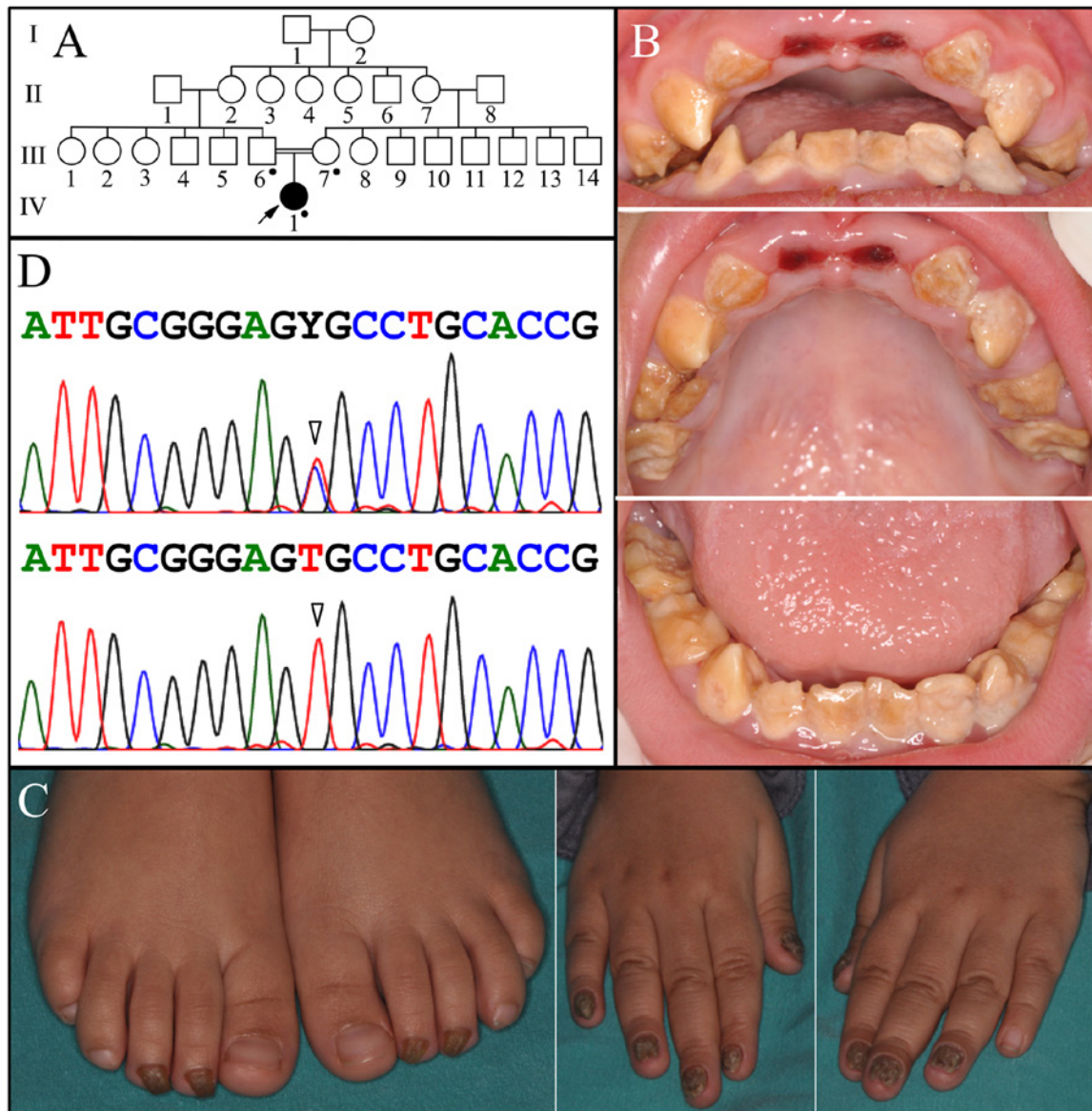
## Results

### *STIM1* Family

The proband was a 6-year-old female of Turkish decent who presented at the Department of Pedodontics at Istanbul University with a chief complaint related to her dental condition. The proband was the only affected person in the family, suggesting that the disorder was either sporadic or recessive. A pedigree was constructed based upon an interview with the parents and revealed consanguinity (Fig. 1A). The sizes and shapes of the dental crowns were within normal limits, but the enamel was creamy-brown and showed rapid attrition that had resulted in the loss of the maxillary central incisors (Fig. 1B). Both the primary and secondary dentitions were affected. Nail dysplasia was evident on the feet and hands (Fig. 1C). The proband had a history of frequent throat infections, but no immunological evaluation was performed. The family moved to another country, and contact was lost. Whole-exome analysis of the proband's genomic DNA identified a C to T transition (g.232598C>T c.1276C>T p.Arg426Cys) in both *STIM1* alleles. Sanger sequencing demonstrated that both parents were heterozygous for this

**Figure 1.**

*STIM1* family. **(A)** Pedigree. Dots mark the three persons who donated samples for DNA sequencing. **(B)** Oral photographs of the proband (IV:1) at age 6 yrs. The teeth are normal in size and shape, but are brown or cream-colored, and have undergone attrition. **(C)** Photographs of the hands and feet showing nail dysplasia. **(D)** Sequence from *STIM1* Exon 10 revealing heterozygosity for the sequence variation g.232598C>T; c.1276C>T; p.Arg426Cys that occurred in the father (III:6) and mother (III:7) (top) and homozygosity in the proband (IV:1) (bottom). The mutation designations are with respect to the *STIM1* genomic reference sequence NG\_016277.1 and cDNA reference sequence NM\_001277961.1 (for mRNA transcript variant 1). Key: arrowhead, mutation point; Y, T or C.



variation and confirmed that the proband was homozygous (Fig. 1D). The pattern of inheritance was therefore recessive.

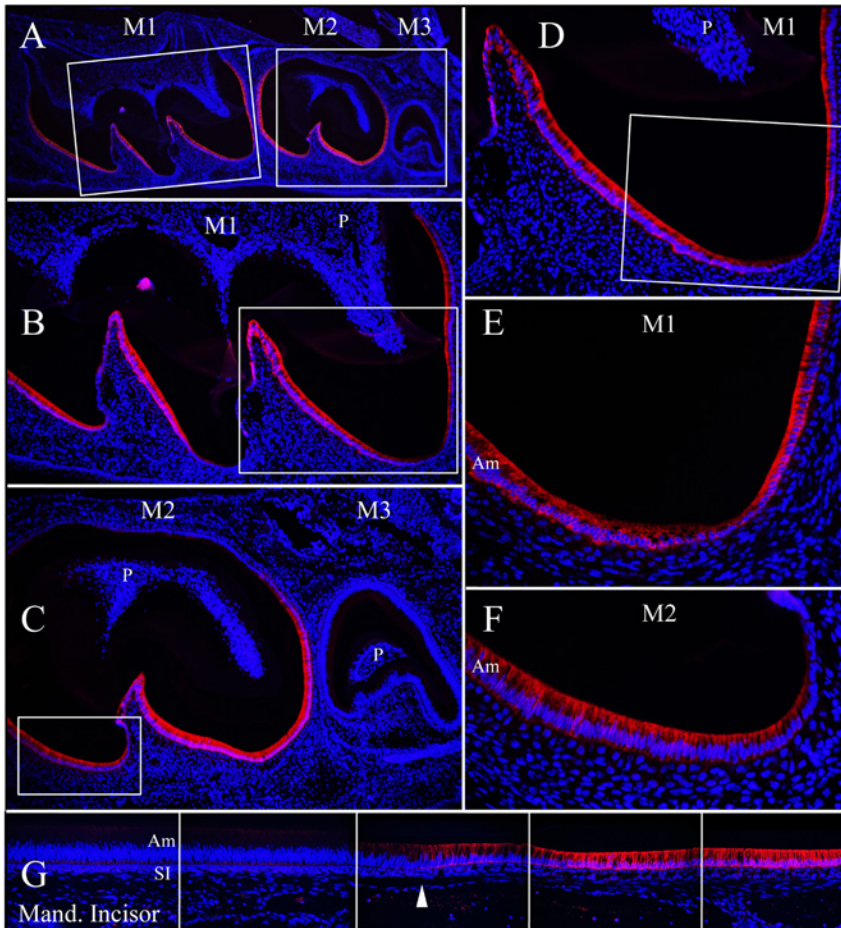
Substantial evidence supports the conclusion that the *STIM1* p.Arg426Cys substitution was disease-causing. The mutated position (Arg<sup>426</sup>) is strictly conserved among *STIM1* homologues going back to fish (Appendix Fig. 4A)

and is located within the *STIM1* ORAI1-activating region that extends from amino acids 347 to 438 (conserved domain cd11722). Besides Arg<sup>426</sup> being conserved, the substitution of Arg<sup>426</sup> with leucine in recombinant *STIM1* prevented it from interacting with ORAI1 (Muik *et al.*, 2011). Transfection with a plasmid construct in HEK293 cells that expressed

*STIM1* amino acids 233 through 474 constitutively activated ORAI1, whereas the *STIM1* construct expressing a p.Arg426Leu substitution failed to interact with ORAI1 (Muik *et al.*, 2011). PolyPhen-2 (Polymorphism Phenotyping v2) analysis of the p.Arg426Cys substitution gave a score of 1.0. Given that the proband suffers from a disease

**Figure 2.**

STIM1 immunohistochemistry of day 11 maxillary molars and a day 14 mandibular incisor. **(A)** Low-magnification (40×) views of the maxillary first (M1), second (M2), and third (M3) molars. Boxes outline the higher-magnification (100×) views in panels B and C. **(B)** Maxillary first molar (M1) at 100×. The box outlines the higher-magnification (200×) view in panel D. **(C)** Maxillary second (M2) and third (M3) molars at 100×. The box outlines the highest-magnification (400×) view shown in panel F. **(D)** Distal cusp of M1 (200×). The box outlines the highest-magnification (400×) view shown in panel E. **(E)** Distal cusp tip of M1 (400×). **(F)** Mesial cusp tip of M2 (400×). **(G)** Longitudinal sections of a mandibular incisor (400×). Arrowhead marks the approximate onset of the maturation stage. Note that only maturation-stage ameloblasts are positive for STIM1 in developing teeth. Secretory-stage ameloblasts in M3 and the incisor are negative. Key: Am, ameloblasts; P, pulp; SI, stratum intermedium.



known to be caused by defects in *STIM1*, we conclude that the p.Arg426Cys substitution in *STIM1* is disease-causing.

STIM1 immunohistochemistry of developing teeth in the day 11 mice localized STIM1 only in maturation-stage ameloblasts (Fig. 2). By day 11, ameloblasts in the maxillary first and

second molars are in the maturation stage, while ameloblasts in the third molar and in the basal third of the incisor are in the secretory stage. Only maturation-stage ameloblasts were above the threshold for detection (positive) for STIM1. Odontoblasts, dental pulp cells, and all cells of the enamel organ epithelia (EOE) except maturation-stage

ameloblasts were below threshold for detection (negative) for STIM1.

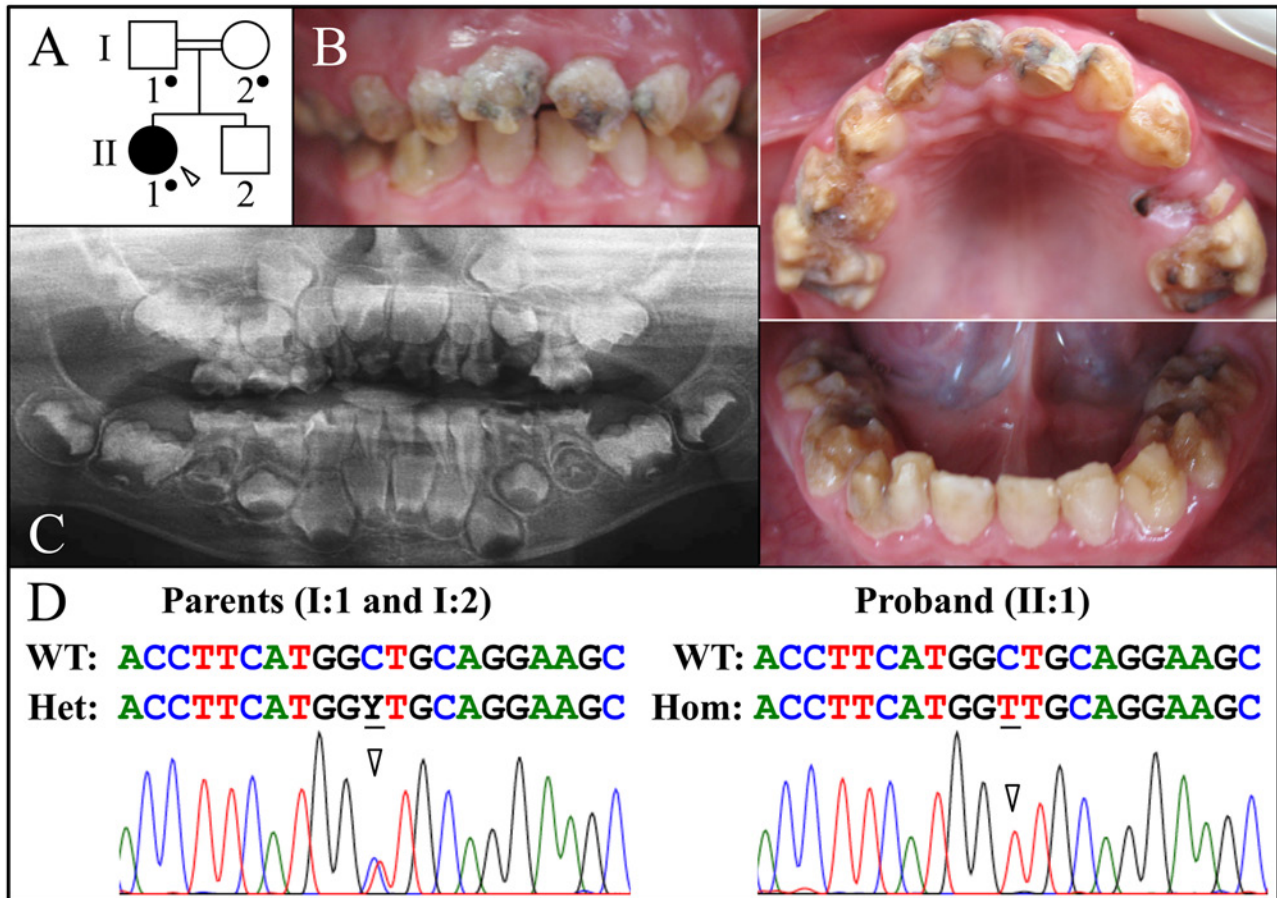
There are 3 transcript variants for human *STIM1* in GenBank (NM\_001277961.1; NM\_003156.3; NM\_001277962.1) that express *STIM1* mRNA encoding 791, 685, and 540 amino acids, respectively. These transcripts are identical for the first 10 exons but differ in the length of exon 11 due to alternative splicing. We amplified mouse *Stim1* mRNA from exon 10 to exon 12 by reverse transcription-polymerase chain-reaction (RT-PCR) using RNA isolated from the EOE dissected from day 5 (secretory stage) and day 11 (maturation stage) mandibular first molars. *Stim1* amplified from both samples and the predominant *Stim1* expression product was analogous to human transcript variant 2 (Appendix Fig. 4B; day 5 not shown).

#### *SLC24A4* Family

The proband, a 5.5-year-old Turkish girl, was the offspring of a first-cousin marriage and presented with enamel malformations. She was otherwise healthy and was the only individual with enamel defects in the family, suggesting that the disorder was caused by a recessive or sporadic mutation (Fig. 3A). She had a complete primary dentition with congenital fusion of the lower right deciduous lateral incisor and canine (teeth Q and R). The enamel was soft, creamy-yellow, and tended to chip. Extensive caries was observed (Fig. 3B). Radiographically, all of the tooth germs for the permanent dentition were present except the third molars and a missing tooth #26. The enamel of erupting incisors and first molars showed full thickness but did not contrast with the underlying dentin on radiographs (Fig. 3C). Whole-exome sequencing of the proband's genome identified a homozygous C to T transition (g.124552C>A; c.437C>T; p.Ala146Val) in *SLC24A4* and no other potential disease-causing mutations among the known AI candidate genes. Both parents were heterozygous for this variation, which demonstrated a recessive pattern of inheritance (Fig.

**Figure 3.**

*SLC24A4* family. **(A)** Pedigree. The arrowhead marks the proband, the only affected individual in the consanguineous family. Dots mark the three persons who donated samples for DNA sequencing. **(B)** Oral photographs of the proband (II:1) at age 5.5 yrs. The teeth are yellow or cream-colored, and show signs of attrition and dental caries. **(C)** Panorax of the proband at age 5.5 yrs. The enamel of erupting first molars exhibits normal thickness but no contrast with underlying dentin, indicating maturation enamel defects. **(D)** Sequence from *SLC24A4* exon 5 showing the heterozygosity of the sequence variation g.124552C>A; c.437C>T; p.Ala146Val that occurred in the father (I:1) and mother (I:2) (left) and the homozygosity in the proband (II:1) (right). The mutation designations are with respect to the *SLC24A4* genomic reference sequence NG\_023408.1 and cDNA reference sequence NM\_153646.3 (for mRNA transcript variant 1). Key: arrowhead, mutation point; Y, T or C.



3D). The missense mutation substituted an extremely conserved *SLC24A4* amino acid residue (Ala<sup>146</sup>) that was predicted to be “probably damaging” (0.987 in HumDiv, 0.977 in HumVar) by PolyPhen-2 analysis and could not be found in the dbSNP (build 137), 1000 Genome Project, or NHLBI Exome Sequencing Project databases.

*SLC24A4* belongs to a superfamily of Na<sup>+</sup>/Ca<sup>2+</sup> exchangers that, in humans, includes the *SLC8* and *SLC24* families, and *SLC24A6* (now *SLC8B1*), which is evolutionarily more distant (Lytton, 2007).

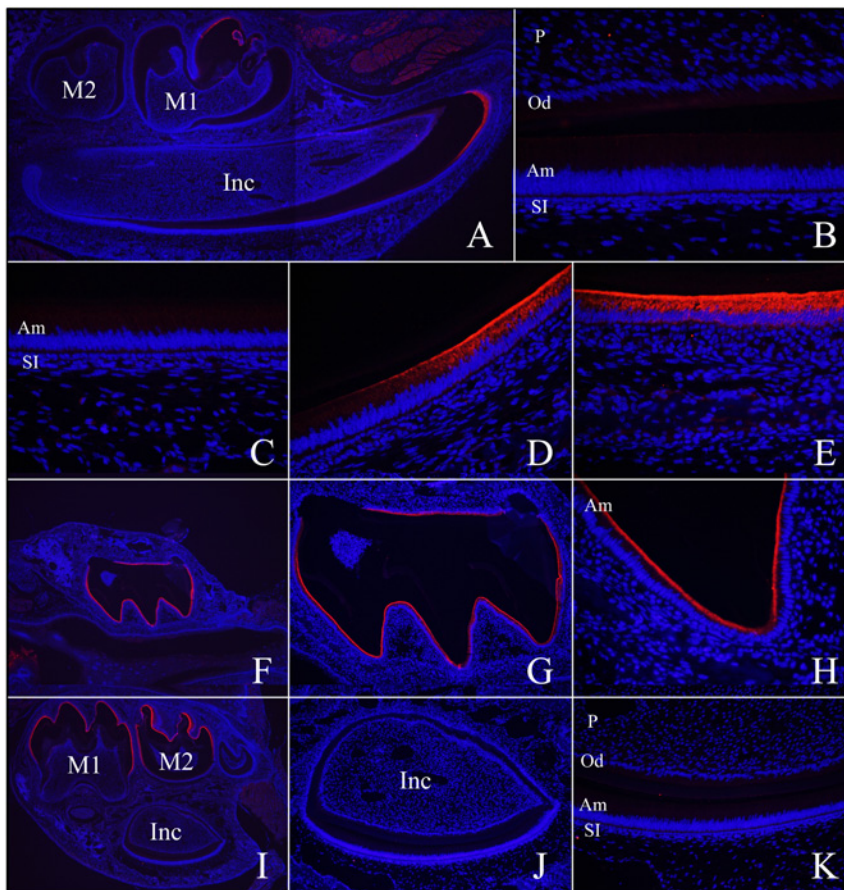
This superfamily shares especially high sequence similarity within 2 internal hydrophobic domains (the  $\alpha 1$ - and  $\alpha 2$ -repeats). The *SLC24A4* mutation (p.Ala146Val) we identified replaces Ala<sup>146</sup> in the  $\alpha 1$ -repeat, a position that is strictly conserved among *SLC24A* and *SLC8A* homologs (Appendix Fig. 5). Scanning mutagenesis of the corresponding alanine within the  $\alpha 1$ -repeat of *SLC24A2* (p.Ala181Ser and p.Ala181Cys) reduced ion-exchange activity to 40% and 10% of that shown by the wild-type sequence, respectively (Winkfein *et al.*,

2003). Therefore, we conclude that the p.Ala146Val substitution in *SLC24A4* is disease-causing, the third to be reported (Appendix Fig. 6).

*SLC24A4* immunohisto-chemistry showed strong signal in maturation ameloblasts (Fig. 4A) but was below detection in other tissues, including secretory ameloblasts, odontoblasts, pulp tissue, and bone (Figs. 4A-4C). In maturation-stage ameloblasts, *SLC24A4* localized at the distal membrane and in the cytoplasm (Figs. 4D, 4E). Day 11 developing mouse teeth showed the

**Figure 4.**

SLC24A4 immunohistochemistry of developing teeth of mice at days 5 and 11. (A-E) At post-natal day 5 (PN5), SLC24A4 signal was observed in maturation-stage ameloblasts at the incisal end of the mandibular incisor and cusp tip of the first molar, and in skeletal muscles (A). High-magnification views of differentiation and secretory-stages toward the basal end of the mandibular incisor (B, C); transition to maturation stage (D); maturation stage (E). (F-H) At post-natal day 11 (PN11), SLC24A4 signal was detected in the maxillary first molar, where ameloblasts are in the maturation stage. (I-K) At post-natal day 11 (PN11), only ameloblasts of the mandibular first and second molars (at maturation stage) were above the threshold for detection, but other tissues, including secretory-stage ameloblasts (in the third molar and in the basal third of the incisor), were not (I). High magnification of secretory-stage ameloblasts in a mandibular incisor (J, K). Key: Am, ameloblasts; Inc, incisor; M1, first molar; M2, second molar; Od, odontoblasts; P, pulp; SI, stratum intermedium.



same stage-specific pattern of expression as the day 5 mice. Only maturation-stage ameloblasts (in the first and second molars) and skeletal muscles were above the threshold for detection (positive), but other tissues, including secretory-stage ameloblasts (in the third molar and in the basal third of the incisor), were not.

**Discussion**

The N-terminal portion of STIM1 contains paired EF hands that bind  $Ca^{2+}$  and allow STIM1 to sense and respond to the depletion of ER calcium stores. Recently, 4 heterozygous *STIM1* missense mutations in exons 2 and 3

encoding the EF hands were reported to trigger constitutive activation of STIM1, causing autosomal-dominant tubular-aggregate myopathy (TAM; MIM #160565) (Bohm *et al.*, 2013) with no mention of enamel malformations. Myoblasts showed elevated basal  $Ca^{2+}$  levels and dysregulation of intracellular  $Ca^{2+}$  homeostasis, indicating that tight regulation of STIM1-dependent store-operated  $Ca^{2+}$  entry is required for normal skeletal-muscle structure and function. In the recessive loss-of-function condition (IMD10), the phenotype results from failure of STIM1 to induce  $Ca^{2+}$  influx in response to ER calcium store depletion, resulting in lower than normal intracellular calcium levels. This impairs enamel maturation. In the dominant constitutive activation of STIM1 condition, a constant signal of depleted ER  $Ca^{2+}$  stores results in elevated intracellular  $Ca^{2+}$  levels, which does not appear to affect enamel maturation (Bohm *et al.*, 2013). Perhaps maturation-stage ameloblasts are less sensitive to elevated basal  $Ca^{2+}$  levels than are muscle cells, or the excess can be shunted into the forming enamel.

Many proteins associated with  $Ca^{2+}$  transport are expressed in ameloblasts, including members of the plasma membrane  $Ca^{2+}$  ATPase (PMCA, *ATP2B*),  $Na^+/Ca^{2+}$  exchanger (NCX, *SLC8A*), and  $Na^+/Ca^{2+}-K^+$  exchanger (NCKX, *SLC24A*) families (Borke *et al.*, 1995; Okumura *et al.*, 2010). Some of these proteins are expressed in many tissues and play critical roles in cell physiology, such as *ATP2B1* and *SLC8A1*, but most show differential or tissue-specific distributions, and aberration of these proteins leads to human diseases in specific organs. For example, mutations in *ATP2B2* cause autosomal-recessive deafness (Schultz *et al.*, 2005), and *SLC24A1* mutations cause congenital stationary night blindness (Riazuddin *et al.*, 2010). Despite the expression of several calcium transport proteins in ameloblasts, little evidence has supported that they are necessary for amelogenesis until it was recently reported that mutations in *SLC24A4* cause enamel malformations

(Parry *et al.*, 2013). In this study, we identify the third *SLC24A4* mutation in a patient with isolated hypomaturation AI. *SLC24A4* immunohistochemistry of Day 5 and Day 11 developing mouse teeth localized *SLC24A4* almost exclusively in maturation-stage ameloblasts, which strongly suggests that *SLC24A4* has a critical function during enamel maturation. Since *STIM1* and *SLC24A4* are both specific to and critical for the maturation stage, there must be important differences in the  $\text{Ca}^{2+}$  transport systems used by secretory- and maturation-stage ameloblasts.

The genetic findings suggest a working hypothesis that explains how  $\text{Ca}^{2+}$  from the blood supply might be drawn through maturation-stage ameloblasts to support mineralization. The  $\text{Ca}^{2+}$  and  $\text{PO}_4^{3-}$  concentrations in the “enamel fluid” in the enamel extracellular compartment are nearly as low as they can be and still support mineralization (Aoba and Moreno, 1987). Perhaps low extracellular  $\text{Ca}^{2+}$  activity in the matrix facilitates the active transport of calcium ions out of the cell and into the enamel matrix through *SLC24A4* (using the energy of a  $\text{Na}^+$  gradient). This efflux might lower intracellular  $\text{Ca}^{2+}$ , deplete ER stores, and activate the SOCE system (*STIM1/ORAI1*) to replenish intracellular  $\text{Ca}^{2+}$  stores by channeling  $\text{Ca}^{2+}$  entry on the proximal side of maturation-stage ameloblasts, nearest the blood supply.

## Acknowledgments

We thank the participants in this study. This work was supported by the National Institute of Dental and Craniofacial Research of the National Institutes of Health (NIDCR/NIH Grant DE015846). The authors declare no potential conflicts of interest with respect to the authorship and/or publication of this article.

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