Abnormal Peroxidase-Positive Granules in “Specific Granule” Deficiency

By R.T. Parmley, C.S. Gilbert, and L.A. Boxer

“Specific granule” deficiency (SGD) has been previously associated with lactoferrin deficiency. The antimicrobial peptides termed defensins, comprising 30% of normal primary granule proteins, have also been shown to be markedly deficient in SGD. The present study was undertaken to correlate these findings with ultrastructural morphometric analysis and peroxidase cytochemistry. Peroxidase-positive, rim-stained, large, defensin-rich dense granules, previously described as a subpopulation of azurophil or primary granules in normal neutrophils, were markedly decreased in a patient with SGD. Morphometric studies of peroxidase-positive granules indicated an average peroxidase-positive granule area (all profiles) in the patient of 0.019 ± 0.017 μm² (mean ± SD, n = 941) compared to control values from neutrophils of two volunteers of 0.049 ± 0.033 μm² (n = 896) and 0.050 ± 0.039 μm² (n = 873) (P < 0.001 between patient and control samples). Granule histograms showed a single peak of small peroxidase-positive granules, whereas control samples contained more prominent subpopulations of larger peroxidase-positive granules. The total number of peroxidase-positive granules per 100 μm² of cytoplasm in the patient was 255 ± 124 (mean ± SD, n = 15 cell profiles), which was similar to control values of 266 ± 63 and 212 ± 109. Thus, the defensin deficiency in SGD is associated with a decrease in size rather than number of peroxidase-positive granules: suggesting that defensins contribute to normal peroxidase-positive granule size and that SGD is a more global granule deficiency than originally thought. These observations of primary granules, together with the previously observed abundant incomplete secondary granules in this patient further suggest that although granule content influences granule size it does not similarly regulate number of granules made.

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microscope (Philips Electronic Instruments, Inc, Mahwah, NJ) or a Zeiss EM109 electron microscope (Carl Zeiss, Inc, Thornwood, NY) at accelerating voltages of 60kV and 50kV respectively.

For morphometric studies DAB-lead citrate stained, EDTA anti-coagulated resuspended cells were examined from the patient and one normal control blood sample whereas the second control was processed as a minced specimen. The first 15 neutrophils observed with two or more nuclear lobes were consecutively scored using a Philips 301 electron microscope. Photographs were taken of all scored cells at an original magnification of 11,000 and printed 2.5 times the original negative size on photographic paper using standard darkroom techniques. A calibration sequence for the Philips 301 was used to assure the actual final magnification. The plasmalemma, granule membrane, and nuclear envelope were then outlined using a Numonics 2210 electromagentic tablet and Sigma Scan v2.3 Software (Jandel Scientific, Corte Madera, CA) on an IBM-PC or IBM-AT computer. The data were tabulated using Sigma Scan v2.3, and Lotus 1-2-3 v2.01 (Lotus Development Corp., Cambridge, MA). Lotus 1-2-3 standard deviation was corrected to n-1. Final statistical manipulations and checks were run using SPSSX v2.2 on a DEC VAX 8600 computer. All granules with identifiable membrane (including presumed tangential sections) were evaluated. The total cell area, cytoplasmic area, nuclear area, and peroxidase-positive granule areas and the number of organelles were recorded for each cell. Similarly, the number of small peroxidase-negative granules and/or vesicles and mitochondria were scored in these preparations, although these negatively stained structures were not as readily seen as in uranyl acetate and lead citrate-stained preparations. Unfortunately, counterstaining with both metals resulted in such an increase in granule density that definitive peroxidase staining could not be distinguished from granule density imparted by metal counterstaining. Consequently, morphometric analysis was performed on peroxidase-stained cells counterstained with lead citrate alone.

RESULTS

Ultrastructural morphology and cytochemistry. The present study compared primary granules in SGD with recently described normal peroxidase-positive granule sub-populations including large defensin-rich dense granules,4 and intermediate-size homogeneous and crystalloid containing granules.4 Neutrophils contained few (0 to 1 per cell profile) large (0.25 to 0.40 μm diameter) rim

Figs 1 and 2. The blood neutrophil depicted in Fig 1 is from the SGD patient and contains several electron dense granules (large arrows, Fig 1) presumed to be primary granules. A few of these granules contain a less dense central area (arrowheads, Fig 1), however, these granules are infrequent and smaller than certain previously described defensin-rich dense granules.4 The patient neutrophil lacks larger primary granules with rim staining seen in a similarly stained normal neutrophil depicted at the same magnification in Fig 2 (large arrows). The patient neutrophil also contains abundant small elongated granules/vesicles (small arrows, Fig 1) presumed to be incomplete secondary granules,4 which would correspond to some of the smaller granules in the normal neutrophil (small arrows, Fig 2). Thin sections stained with uranyl acetate and lead citrate. Bars = 1 μm. N, nuclear lobes.
stained granules in morphologic preparations (Fig 1) in contrast to normal neutrophils, which contained three to 15 such granules comprising approximately 20% of the primary granule population (Fig 2). These rim-stained granules were similar to those previously described in normal human myeloid cells and recently isolated and associated with a high content of defensins. The patient neutrophils contained occasional small (0.15 to 0.25 μm) rim-stained granules (Fig 1). The large granules with dense rims were similarly decreased in most marrow promyelocytes (Fig 3) and myelocytes of the patient in contrast to normal myeloid precursors (Fig 4), however, a few cells did contain several of these granules.

Peroxidase staining was present in almost all cytoplasmic granules greater than 0.1 μm in diameter (Fig 5), although abundant small elongated and/or flattened granules (0.03 to 0.10 μm) lacked positive staining (Fig 6) as described previously. Larger rim stained peroxidase-containing granules present in normal myeloid cells (Fig 7) were absent or only rarely seen in the patient myeloid cells (Figs 5, 6). Small peroxidase-positive granule profiles (0.08 to 0.19 μm diameter) were seen in both patient (Fig 6) and normal neutrophils, however, more small granule profiles were observed in the patient sample. Some of these granules often appeared in clusters (Fig 6) as described previously for peroxidase-positive microgranules in normal neutrophils. Granules of a more intermediate size stained homogeneously or contained a central lucent crystalloid in both patient and normal neutrophils.

Morphometry. Morphometric studies indicated a significant \((P < .001)\) smaller average peroxidase-positive individual granule area in the patient of \(0.019 \pm 0.017 \mu m^2\) per granule \((n = 941, \text{mean } \pm \text{SD})\) compared with normal neutrophils from two volunteers of \(0.049 \pm 0.33 \mu m^2\) \((n = 896)\) and \(0.050 \pm 0.039 (n = 873)\) (Table 1). The average individual granule area per cell was \(0.020 \pm 0.006 \mu m^2\) \((n = 15 \text{ cell profiles})\) for the patient and was significantly smaller compared with control values of \(0.049 \pm 0.007\) and \(0.050 \pm 0.013 (n = 15 \text{ cell profiles for each control})\). Thus, the average (mean) diameter of peroxidase-positive granules in the patient sample was 0.16 μm compared with 0.24 μm in control neutrophils. The total number of peroxidase-positive granules per 100 μm² of neutrophil cytoplasm in the patient and controls was not significantly different (Table 1). Granule histograms showed a single peak of small peroxidase-positive granules, whereas normal neutrophils contained a more heterogeneous population of primary granules. Thus, the majority of the total peroxidase-positive granule area was occupied by peroxidase-positive granules less than 0.20 μm in diameter in the patient samples, whereas granules greater than 0.25 μm in diameter comprised the majority of the peroxidase-positive granule area in normal neutrophils (Fig 8). Mitochondria were more frequently observed in the patient neutrophils (Table 1). The number of
peroxidase-negative granules resembling normal secondary granules in the patient was markedly decreased compared to controls. The frequency of very small elongated granules or vesicle-like structures (excluding Golgi) in DAB-lead citrate stained patient samples was significantly increased compared to controls. However, the true frequency of these peroxidase-negative granules and elongated vesicles may have been higher since these organelles were not positively stained and uranyl acetate counterstaining was not performed thereby preventing clear demarcation of this small organelle at the relatively low magnification used in the analysis. This appears to be particularly true in the patient sample in which the small abnormal granules outnumbered primary granules by a ratio of 2 to 3:1 in uranyl acetate-lead citrate stained specimens (Fig 1). Furthermore, previous studies in this laboratory have demonstrated an abundance of these organelles when positively stained for vicinal glycol containing glycoconjugates. Unfortunately, adequate methodology for combining DAB and glycoconjugate staining does not currently exist, since the DAB reaction product is also Schiff reactive resulting in false positive staining of DAB for vicinal glycols.

**DISCUSSION**

The present study demonstrates an abnormal morphology and a decrease in size of peroxidase-positive granules in a patient with SGD. The number of peroxidase-positive granules per 100 μm² of neutrophil cytoplasm was not significantly different from normal neutrophils indicating that a decrease in granule number was not associated with the observed decrease in granule size. Previous studies have demonstrated considerable heterogeneity in peroxidase-positive granule morphology and biochemistry, which extends across the entire gamut of neutrophil granule size and density. The decrease in granule size observed in the patient’s neutrophils of this study could then result from either a lack of synthesis of a large peroxidase-positive granule subpopulation, or the failure to package certain granule constituents into a normal number of granules because of lack of synthesis or ineffective synthesis of those constituents.

The marked decrease in large rim-stained granules in the patient is consistent with the high defensin content in this morphologic counterpart and the reported deficiency of defensins in this patient and another patient with SGD. The presence of a similar decrease of these granules in marrow precursor cells suggests a decrease in synthesis and argues against a selective loss of these granules during cell differentiation. Since defensins comprise approximately 30% of granule proteins the failure to package defensins into these granules either as a result of decreased or ineffective synthesis would then account for a major portion of the decrease in total peroxidase-positive granule area observed in this study. The previous observation of lighter density-primary granules in these patients is also consistent with modification of the defensin-rich granules, which normally comprise the densest of granules on Percoll gradients.

Previous studies suggested that the abnormal content of primary granules resulted in an increase in staining of vicinal glycol containing glycoconjugates in these granules. Normal defensin-rich dense granules are relatively deficient in glyco-proteins and stain weakly for vicinal glycols using the periodate-thiocarbohydrazide-silver proteinate method. The increased staining of glycoconjugates observed in primary granules in this patient may be the result of an increased concentration of normally sparse glycoproteins into a smaller volume created by the defensin deficiency. Alternatively the increased glycoconjugate staining could be the result of lack of masking of reactive sites (perhaps associated with the addition of defensins) that normally occurs with maturation of large primary granule subpopulations.

The marked decrease of normal peroxidase-negative secondary granules in our patient has been reported previously. This has been associated with a deficiency of lactoferrin, presumed to be a component restricted to secondary granules in most but not all studies. Similarly, the patient neutrophils are comparably deficient in vitamin B₁₂ binding protein. Also, previous studies have indicated that this patient’s neutrophils are deficient in gelatinase a component presumed to be in tertiary granules. In addition to deficiencies in primary, secondary, and tertiary granule components, the patient is also known to have deficient neutrophil alkaline phosphatase activity, which is localized in a compartment distinct from the other granules and the
Figs 6 and 7. At higher magnification peroxidase and lead citrate staining delineate several peroxidase positive granules in the patient neutrophils (Fig 6). However, these neutrophils are deficient in rim-stained granules present in normal neutrophils and depicted in Fig 7 (large arrows) at the same magnification. Peroxidase-positive microgranules in the patient neutrophil (MG, Fig 6) are clustered similar to those described in normal neutrophils. The lead citrate counterstaining allows identification of some peroxidase-negative small elongated vesicles/granules (small arrows, Fig 6) and secondary granules (small arrows, Fig 7) in patient and control neutrophils, respectively. Bars = 1 μm. N, nuclear lobes.

Table 1. Morphometric Analysis of Neutrophil Organelles in SGD

<table>
<thead>
<tr>
<th></th>
<th>Patient</th>
<th>Control 1</th>
<th>Control 2</th>
<th>Significance Between Patient &amp; Controls*</th>
</tr>
</thead>
<tbody>
<tr>
<td>PP granule area in μm² per granule, mean ± SD (n = granule number)</td>
<td>0.019 ± 0.017</td>
<td>0.049 ± 0.033</td>
<td>0.050 ± 0.039</td>
<td>P &lt; .001†</td>
</tr>
<tr>
<td>Average PP granule area (μm²) per cell, mean ± SD n = 15 cell profiles</td>
<td>0.020 ± 0.006</td>
<td>0.049 ± 0.007</td>
<td>0.050 ± 0.013</td>
<td>P &lt; .001†</td>
</tr>
<tr>
<td>Average PP granule diameter</td>
<td>0.16</td>
<td>0.24</td>
<td>0.24</td>
<td>—</td>
</tr>
<tr>
<td>PP granule number per 100 μm² cytoplasm mean ± SD, n = 15 cell profiles (range)</td>
<td>256 ± 124 (93-605)</td>
<td>266 ± 63 (171-377)</td>
<td>212 ± 109 (52-371)</td>
<td>P = .44‡</td>
</tr>
<tr>
<td>Mitochondria number per 100 μm² cytoplasm mean ± SD, n = 15 cell profiles</td>
<td>33 ± 17</td>
<td>10 ± 10</td>
<td>9 ± 8</td>
<td>P &lt; .001†</td>
</tr>
<tr>
<td>PN granules per 100 μm² cytoplasm mean ± SD, n = 15 cell profiles</td>
<td>27 ± 19</td>
<td>456 ± 147</td>
<td>354 ± 75</td>
<td>P &lt; .001†</td>
</tr>
<tr>
<td>PN vesicle-like structures§ per 100 μm² cytoplasm mean ± SD, n = 15 cell profiles</td>
<td>127 ± 64</td>
<td>10 ± 14</td>
<td>4 ± 6</td>
<td>P &lt; .001†</td>
</tr>
</tbody>
</table>

Abbreviations used are SGD, specific granule deficiency; PP, peroxidase positive; PN, peroxidase negative.

*Parametric tests performed on the data indicated violations of the parametric model. Since the distributions were non-normal, the statistical analysis of the data is reported from nonparametric tests.
†Mann-Whitney U test of significance applied. No significant difference was observed between controls.
‡Kruskal-Wallis one way ANOVA test of significance applied. No significant difference was observed between controls.
§Golgi vesicles were not included.
granules (than 0.25 im in diameter in control neutrophils. whereas granules The results indicate that morphologically most of the peroxidase-positive cell area is accounted for by granules greater than 0.20 m in diameter account for most of this area in the patient's neutrophils.

plasma membrane.21 Further studies of this patient using complex carbohydrate staining have demonstrated an increase in positively stained, small, elongated granules or vesicles that lack peroxidase staining.5 Since these structures were cytochemically similar to secondary granules and were secreted with phorbol myristate acetate, we hypothesized that the defect in this patient could more accurately be characterized as synthesis of incomplete secondary granules rather than a true lack of secondary granules.5 This study documents the presence of a large number of these structures, however, an accurate comparison of frequency to secondary granules in normal cells could not be made since the morphometric analysis used in this study provided optimal identification of peroxidase-positive granules and did not include a positive stain for secondary granules. Nevertheless, the results remain consistent with the formation of incomplete rather than absent secondary granules.

The presence of incomplete and small primary and secondary granules in this patient suggests a common mechanism for a pan-granule defect that presumably is similar in other patients with SGD. Although previous studies have not morphometrically examined other patients with SGD, vesicle-like structures or "constricted sacs" presumed to be abnormal secondary granules in this patient,2 have been seen in two other patients with this disorder.2,5 The decrease or absence of defensins in our patient and one other patient with SGD9 further suggests a common primary granule defect, although a relative decrease in elastase content in neutrophils from our patient compared to another SGD patient9 raises the possibility of disease heterogeneity. Nevertheless, the present study indicates that granule content alone does not regulate the number of granules made. Thus, this patient and presumably other patients with SGD provide a biologic model demonstrating that the formation of neutrophil granules, albeit incomplete and small granules, can occur independent of the availability of material to be packaged in the granules.

REFERENCES

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