



Figure 6. Mutant myotilin displays marked detergent insolubility, along with polyubiquitinated proteins. **A:** At 14 days after electroporation of Myc-wtMYOT (WT) or Myc-mMYOT (S60C or R405K), Myc-mMYOT aggregates, particularly those of S60C, colocalized with polyubiquitin (polyUb) (arrows). The WT aggregates rarely costained with polyubiquitin. **B–E** Solubilities of myotilin, polyubiquitinated proteins, and other sarcomeric proteins in muscles from myotilinopathy patients (**B** and **D**) and from electroporated mice (**C** and **E**). GAPDH was used as a loading control. **B:** Immunoblotting of detergent-soluble and detergent-insoluble fractions of muscles from control subjects (C1 and C2) or myotilinopathy patients [P1 (patient 1) and P2 (patient 2)]. In the muscles from P1 with S60C, markedly increasing amounts of myotilin, polyubiquitinated proteins, and α B-crystallin were detected in the insoluble fraction, compared with muscles from control subjects. **D:** Quantification of myotilin insolubilities revealed highest insolubility in P1. **C:** Immunoblotting of detergent-soluble and detergent-insoluble fractions of electroporated muscles at 14 days after electroporation. Increasing amounts of insoluble Myc-tagged myotilin proteins and polyubiquitinated proteins were observed in mMYOT-electroporated muscles, compared with WT. Particularly in S60C-electroporated muscles, the amounts of insoluble proteins were notably increased. **E:** Quantification of the insolubilities of electroporated Myc-tagged myotilin in the WT, S60C, and R405K expression groups ($n = 6$ mice per group). Insolubility of endogenous myotilin was measured using PBS-treated mouse muscles. Compared with WT, insolubilities of electroporated Myc-tagged myotilin were significantly increased in S60C and R405K. * $P < 0.05$; ** $P < 0.01$; *** $P < 0.001$. Scale bar = 20 μ m.

ize with ubiquitin and Z-disk-associated proteins (ie, α B-crystallin, BAG3, actin, desmin, and filamin C) in the muscles of myotilinopathy patients (Figure 1; see also Supplemental Figure S2 at <http://ajp.amjpathol.org>). It has been reported that the myotilin T57I transgenic mice develop progressive myofibrillar changes, including Z-disk streaming and accumulation of mutant myotilin with ubiquitin and Z-disk-associated proteins, similar to those observed in myotilinopathy patients.²⁸ Expression of mMYOT elicited similar cytoplasmic aggregations in mouse skeletal muscle, and within 2 weeks the aggregates colocalized with polyubiquitin and other Z-disk-associated proteins. Our results indicate that mutant myotilin is able to nucleate aggregations of Z-disk-associated proteins in skeletal muscle.

MFM is a proteinopathy (ie, a protein accumulation disease). In these diseases, protein aggregates are operationally defined by poor solubility in aqueous or detergent solvents.^{39,40} Such insoluble protein aggregations are characteristic of many neurodegenerative diseases.⁴¹ In the present study, we discovered that the mutant myotilin S60C protein, along with polyubiquitinated proteins, exhibited marked detergent insolubility in muscles from both the patient and electroporated mice. Mutant myotilin R405K protein showed increased, but lower, detergent insolubility in mice (Figure 6), which may be consistent with the observation that the muscle from the patient with the R405K mutation exhibited only mild

protein aggregation (Figure 1). The different detergent insolubilities exhibited by the two MYOT mutations may closely correlate with the amounts of protein aggregation. Here, we confirmed the aggregation-prone property of mutant myotilin, which participates in the pathogenesis of myotilinopathy. Using an immunoprecipitation assay, we also showed that electroporated mMYOT was not ubiquitinated in the detergent-soluble fraction (see Supplemental Figure S4 at <http://ajp.amjpathol.org>). A previous study showed that transfected myotilin is degraded by the proteasome system in cultured cells.⁴² Our present findings show that ubiquitinated mutant myotilin can form insoluble aggregates. It is also possible that aggregation of insoluble ubiquitinated proteins is induced by the expression of mutant myotilin.

Several causative genes have been identified for MFM; however, in previous studies no mutations were found in nearly half of the MFM patients.² To identify the unknown causative genes, easy methods are required for determining the pathogenicity of novel mutations. Some mutant proteins exhibit protein aggregation^{43–45} or biological dysfunction, including protein-protein interaction *in vitro*.^{23,46–48} However, we could not detect any protein aggregation in mMYOT-expressing cultured cells (Figure 2). The difficulty of *in vitro* investigation may be responsible for the inability to identify Z-disk-associated proteins or mature Z-disk structures. Indeed, myotilin is expressed in later differentiated C2C12 myotubes with

sarcomere-like structures.⁴⁹ This suggests that mutant myotilin requires mature Z-disk and/or other sarcomeric proteins to cause aggregations. In such cases, *in vivo* examination is important for evaluating the pathogenicity of mutations. Because *in vivo* electroporation can reproduce the pathological changes observed in MFM patients within a short time, it is a useful and powerful tool for evaluating the pathogenicity of mutations in MFM.

Acknowledgments

We thank Dr. Alan H. Beggs (Children's Hospital Boston, Harvard Medical School) for the kind gift of anti-filamin C antibody and Dr. Satomi Mitsuhashi (Children's Hospital Boston, Harvard Medical School) for technical assistance in electron microscopy analysis.

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