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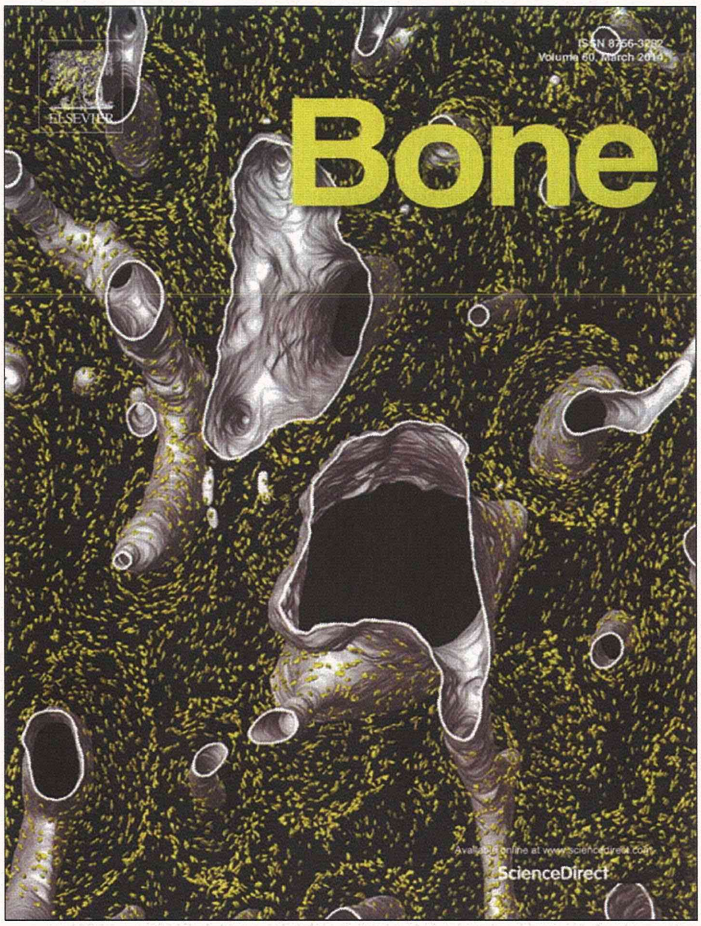

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Original Full Length Article

Estrogen receptor α in osteocytes regulates trabecular bone formation in female mice

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ABSTRACT

Estrogens are well known steroid hormones necessary to maintain bone health. In addition, mechanical loading, in which estrogen signaling may intersect with the Wnt/β-catenin pathway, is essential for bone maintenance. As osteocytes are known as the major mechanosensory cells embedded in mineralized bone matrix, osteocyte ERα deletion mice ($ER\alpha^{\Delta Ocy/\Delta Ocy}$) were generated by mating ERα floxed mice with Dmp1-Cre mice to determine the role of ERα in osteocytes. Trabecular bone mineral density of female, but not male $ER\alpha^{\Delta Ocy/\Delta Ocy}$ mice was significantly decreased. Bone formation parameters in $ER\alpha^{\Delta Ocy/\Delta Ocy}$ were significantly decreased while osteoclast parameters were unchanged. This suggests that ERα in osteocytes exerts osteoprotective function by positively controlling bone formation. To identify potential targets of ERα, gene array analysis of Dmp1-GFP osteocytes sorted by FACS from $ER\alpha^{\Delta Ocy/\Delta Ocy}$ and control mice was performed. Gene expression microarray followed by gene ontology analyses revealed that osteocytes from $ER\alpha^{\Delta Ocy/\Delta Ocy}$ highly expressed genes categorized in 'Secreted' when compared to control osteocytes. Among them, expression of Mdk and Sostdc1, both of which are Wnt inhibitors, was significantly increased without alteration of expression of the mature osteocyte markers such as Sost and β-catenin. Moreover, hindlimb suspension experiments showed that trabecular bone loss due to unloading was greater in $ER\alpha^{\Delta Ocy/\Delta Ocy}$ mice without cortical bone loss. These data suggest that ERα in osteocytes has osteoprotective functions in trabecular bone formation through regulating expression of Wnt antagonists, but conversely plays a negative role in cortical bone loss due to unloading.

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Introduction

Estrogens clearly maintain physiological homeostasis through the development of reproductive organs and the mammary gland, potentiation of muscles, and through osteoprotection. The osteoprotective actions of estrogens are clearly demonstrated by post-menopausal osteoporosis [1]. The effects of sex steroid hormones on bone tissue can be considered as the combination or sum of the direct effects on bone cells and the indirect effects on other tissues [2]. The indirect effects of estrogen on bone through other tissues have been well described, such as modulation of cytokine production by immune cells and the increased induction of pituitary gland hormones [3,4]. However, the direct effect of estrogens on bone tissue is not fully understood.

Estrogens exert their effects by binding to their own nuclear receptors, such as Estrogen Receptor (ER) α and β, which also function as transcription factors. The conventional ERα null mouse model could not be used to address the direct functions of the receptor in bone due to hormonal imbalance and endocrine disturbances [5–7]. Therefore, the generation and analyses of bone cell type specific deletion is required to clarify the functions of ERα in bone.

Osteoclastic ERα null mice were generated showing that osteoclastic ERα shortens the life span of osteoclasts by promoting apoptosis [8,9]. Ovariectomy can induce osteocyte apoptosis [10] and conventional ERα null mice do not increase bone mass in response to anabolic mechanical loading [11]. Moreover, various groups reported murine skeletal phenotype due to ERα deletion in cells of the osteoblast lineage, suggesting ERα in osteoblastic lineage cells could play important roles in the maintenance of bone metabolism [12–15]. Recently, Windahl

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