

Structural-Functional Relationships in Diabetic Nephropathy

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meruli and that these open glomeruli did not manifest marked surface of the renal core and to ensure correct division of the core.

"deposition of basement membrane material" Rader et al performed under the dissecting microscope, to provide glomeruli for

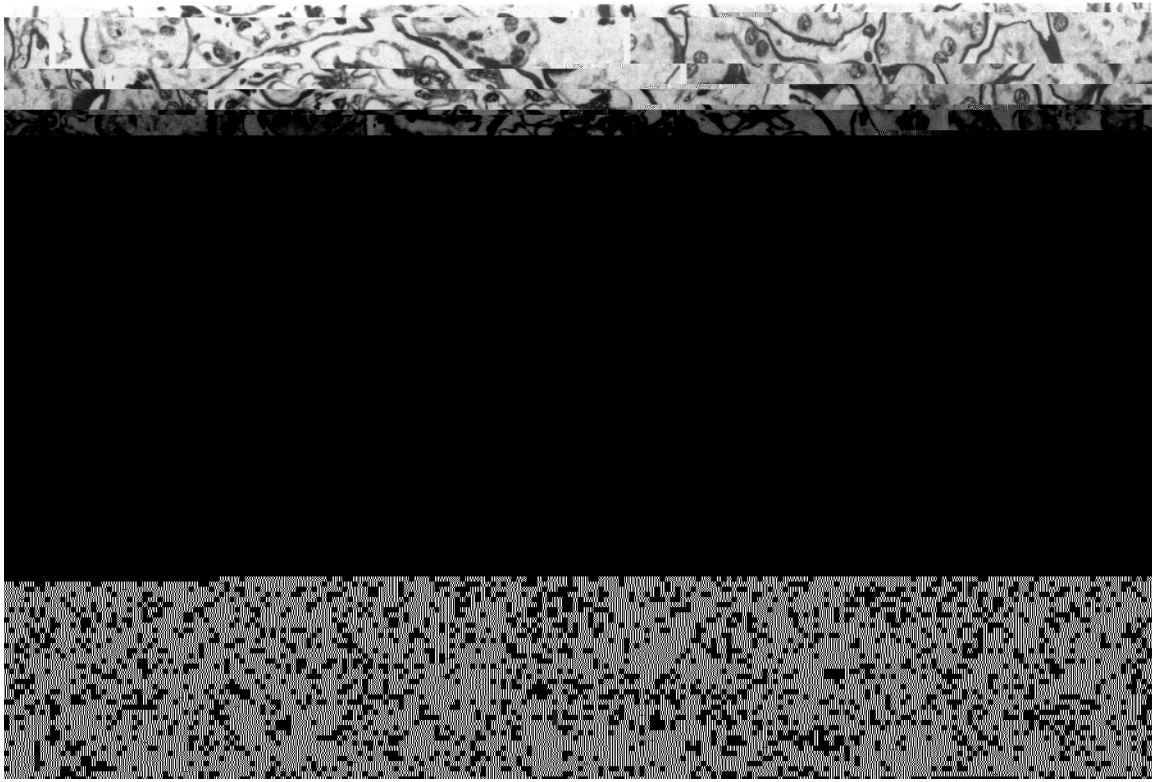


Figure 1. (A) Representative glomerulus from a biopsy with a mean IME of 1.25 (PAS \times 350). (B) Representative cortical area with a mean index of interstitial fibrosis of 0.25 (arrow) in same biopsy as A (PAS \times 350). (C) Representative glomerulus from a biopsy with a mean IME of 3.5 (PAS \times 350). (D) Representative cortical area with a mean index of interstitial fibrosis of 2.75 (arrow) in same biopsy as C (PAS \times 350).

(PAS \times 350). (C) Representative glomerulus from a biopsy with a

a subtle finding easily overlooked unless specific examination for this measured for each patient because many did not have adequate

parameter is carried out (Fig. 1, B and D).

numbers of glomeruli in the biopsy specimens, estimates of absolute

The index of arteriolar hyaline was determined as a semiquan-

volumes of glomerular components and areas of glomerular surfaces

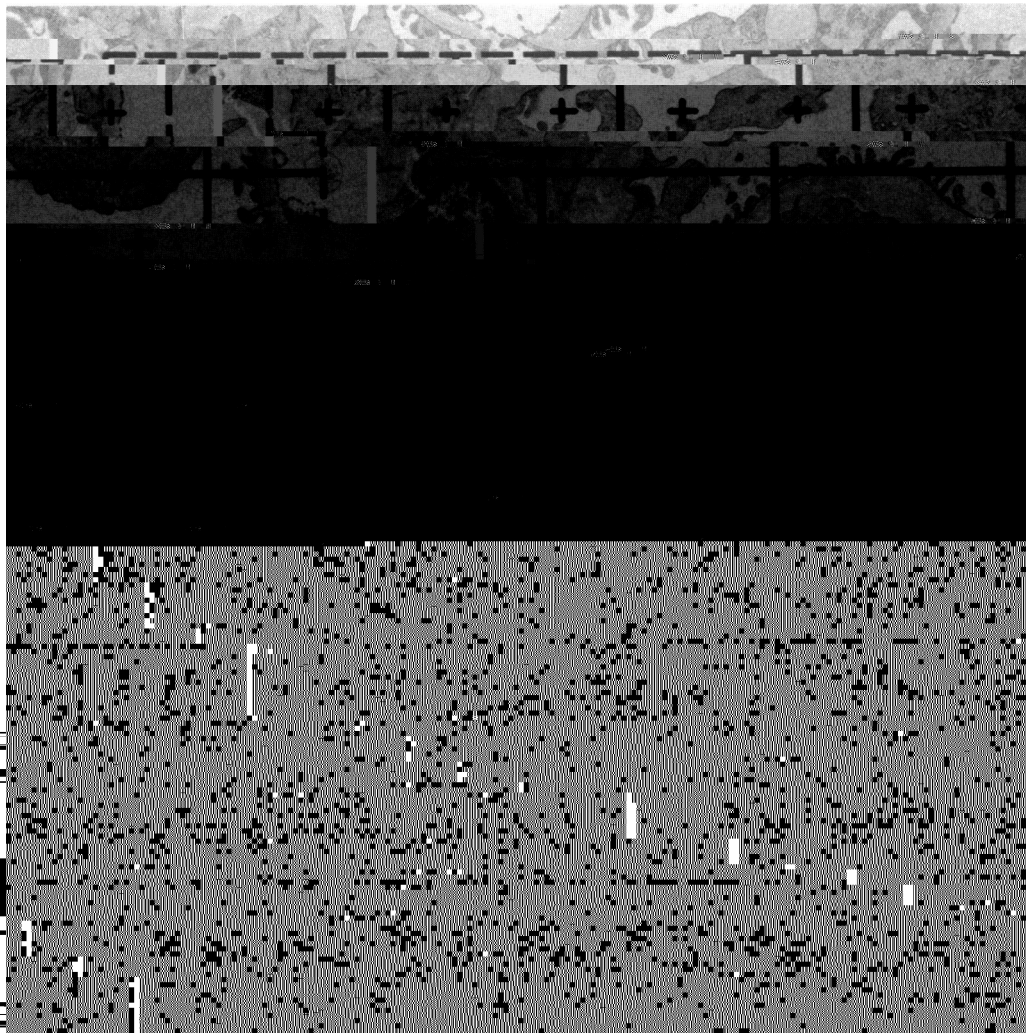


Figure 2. Electron photomicrograph with superimposed grid illustrating lines (solid)

tions with surfaces used to
estimate surfaces. Points for
determining fractional vol-



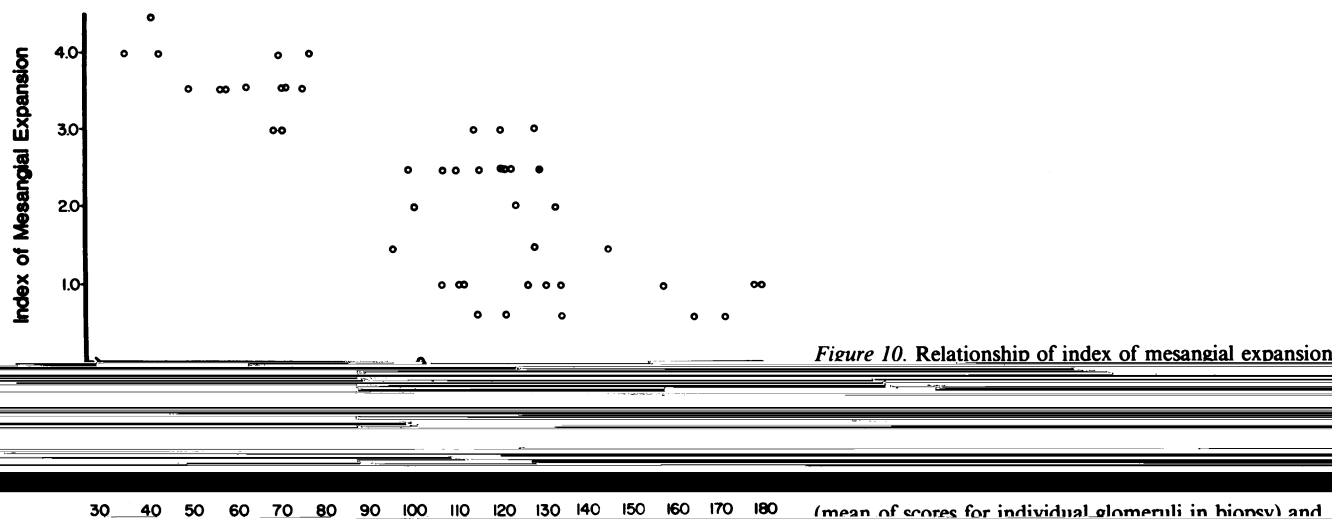
1000
900
800
λs (nm)



80
70
60
50
sanguum



clear that there can be overlap in the magnitude of the



volume in patients with marked mesangial expansion (>37%).

Discussion

As expected from the method of patient allocation into groups, absolute mesangial volume increased markedly as fractional

Most of the patients studied here had renal biopsies performed

AE

g/24 h

D^{II}

13.6

IM^I

87.0

92.3

M

M

M

12.5

14.2

19.2

46.8

M

M

92.3

M

M

M

50

M

M

20

12.7

34

neas

Table II. Relationship of Blood Pressure

and mesangial matrix constituents. Furthermore, unilateral

and Total Mesangial Volume

and Total Mesangial Volume

Table IV. Glomerular Morphometric Parameters Expressed as Absolute Values in Diabetic Patients and Normal Subjects

		Diabetic patients with	Diabetic patients with	Diabetic patients with
	Normal subjects	total mesangium $\leq 26\%$	total mesangium 27–37%	total mesangium $> 37\%$
Number of subjects	26	19	12	14
Glomerular volume ($\mu m^3 \times 10^6$)	1.3	1.4	2.4	2.4
Total mesangial volume/glomerulus (μm^3)	0.19	0.26	0.7	1.2
Peripheral capillary filtering surface/ glomerulus (μm^2)	0.17	0.16	0.23	0.12
Endothelial surface mesangial- interface/glomerulus (μm^2)	0.06	0.08	0.16	0.17

values derived from estimates of glomerular volume must be

Although glomerular sclerosis cannot, by itself, explain

considered to be a primary cause of diabetic glomerulopathy. A decreased GFR in diabetic patients with mild to moderate

physical forces result which, independent of the diabetic state, produce progressive glomerular injury. Glomerular sclerosis

Acknowledgments

would aggravate this situation but would not be a necessary

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Evaluation and Treatment of High Blood Pressure. U. S. Department

1983. Polvantigenic expansion of basement membrane constituents in

of Health and Human Services. National Institutes of Health Publication

diabetic nephropathy. *Diabetes*. 23:34-39.

No. 81-1088.

32. Mauer, S. M., M. W. Steffes, M. Chern, and D. M. Brown.

Children. 1977. *Pediatrics*. 59(Suppl.):797-820.

diabetes mellitus. *Lab. Invest.* 41:401-406.

15. Steffes, M. W., D. M. Brown, J. M. Basgen, and S. M. Mauer.

33. Parving, H.-H., U. M. Smidt, B. Friisberg, V. Bonnevie-Nielsen.