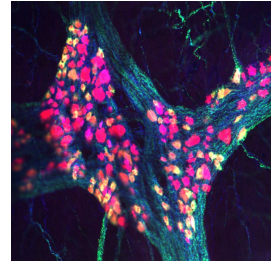


Feb 21, 2020

## Human colon tissue clearing and Immunohistochemistry

DOI

[dx.doi.org/10.17504/protocols.io.wyeffte](https://dx.doi.org/10.17504/protocols.io.wyeffte)



Robert Heuckeroth<sup>1</sup>, Silvia Huerta Lopez<sup>1</sup>, Kahleb Graham<sup>1</sup>, Rajarshi Sengupta<sup>1</sup>

<sup>1</sup>Children's Hospital of Philadelphia and Perelman School of Medicine at the University of Pennsylvania

Optical Clearing of Tissue



Robert Heuckeroth

Children's Hospital of Philadelphia and Perelman School of M...

### Create & collaborate more with a free account

Edit and publish protocols, collaborate in communities, share insights through comments, and track progress with run records.

Create free account

OPEN  ACCESS



DOI: <https://dx.doi.org/10.17504/protocols.io.wyeffte>

**Protocol Citation:** Robert Heuckeroth, Silvia Huerta Lopez, Kahleb Graham, Rajarshi Sengupta 2020. Human colon tissue clearing and Immunohistochemistry. **protocols.io** <https://dx.doi.org/10.17504/protocols.io.wyeffte>



**Manuscript citation:**

Kahleb D. Graham\*, Silvia Huerta López\*, Rajarshi Sengupta, Archana Shenoy, Sabine Schneider, Christina M. Wright, Michael Feldman, Emma Furth, Federico Valdivieso, Amanda Lemke, Benjamin J. Wilkins, Ali Naji, Edward Doolin, Marthe J. Howard, Robert O. Heuckeroth (2020) Robust, 3-Dimensional Visualization of Human Colon Enteric Nervous System Without Tissue Sectioning, Gastroenterology, in press

**License:** This is an open access protocol distributed under the terms of the **Creative Commons Attribution License**, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited

**Protocol status:** Working

**We use this protocol and it's working**

**Created:** January 10, 2019

**Last Modified:** February 21, 2020

**Protocol Integer ID:** 19174

**Keywords:** human colon tissue clearing, imaging colon tissue, image colon tissue, human colon translucent, colon tissue, bowel anatomy, image colon tissue many centimeters in length, defining bowel anatomy, bowel pathology, cm human colon piece, human bowel, human colon piece, understanding human bowel motility disorder, human colon, controlling bowel motility, human bowel motility disorder, way through the bowel wall thickness, bowel motility, efficient tissue clearing, clearing tissue, bowel wall thickness, tissue sectioning, bowel wall, sectioning tissue, bowel, stain with antibody, stained cell, interstitial cell, immunohistochemistry, interstitial cells of cajal, immunohistochemistry introduction, enteric nervous system, colon, light microscopy, confocal imaging, cell, smooth muscle cell, antibody, tissue, other cell types with appropriate antibody

## Abstract

**INTRODUCTION:** Bowel pathology is routinely evaluated by sectioning tissue, staining, and light microscopy. Tissue sectioning does not provide robust information about three-dimensional structures. Defining bowel anatomy in three dimensions is especially valuable for understanding human bowel motility disorders. Intrinsic mechanisms controlling bowel motility include the enteric nervous system (ENS), pacemaker cells called interstitial cells of Cajal, smooth muscle cells and PDGFRalpha+ cells. One problem is that the cells that control motility are distributed throughout the bowel wall and the bowel wall is too thick and opaque to permit direct visualization without sectioning.

**OBJECTIVES:** To develop an efficient and reproducible method to make human colon translucent, stain with antibodies, and visualize cells that control bowel motility in three dimensions.

**METHODS:** Tissue is cleaned, trimmed to remove fat, pinned flat, gently stretched and then fixed in 4% paraformaldehyde before storage. To begin clearing tissue is treated with 100% methanol, then permeabilized with Dent's bleach (Methanol, DMSO and hydrogen peroxide) and rinsed with PBS. Blocking is performed for 3 days at room temperature. Incubation with primary antibodies occurs for 14 days at 37 °C. Unbound primary antibody is washed out over the course of one day. Secondary antibody staining is performed for three days at 37 °C. After washing in PBS, tissue is dehydrated using a graded methanol series and then cleared using Murray's Clear (Benzyl Benzoate: Benzyl Alcohol). For confocal imaging, tissue is mounted in Murray's Clear.

**RESULTS:** This approach provides efficient tissue clearing and reproducible staining with a subset of tested antibodies. We routinely obtain images using two or three antibodies and can visualize stained cells all the way through the bowel wall thickness. Confocal imaging permits excellent visualization and three dimensional reconstruction. We routinely stain 1 cm x 1 cm human colon pieces, but the same methods can be used to stain and image colon tissue many centimeters in length.

**CONCLUSION:** We established an efficient and reproducible method for clearing, staining with antibodies and imaging colon tissue. This approach works well to generate three dimensional images of stained cells. We can visualize many cell types that control bowel motility, but the approach will also probably work to see other cell types with appropriate antibodies. Only a subset of antibodies work with this organic solvent based fixation and clearing method.



## Guidelines

- This method works best with fresh unfixed tissue.
- Cleaning colon and removing fat or debris is important before fixation.
- Tissue is gently stretched and pinned before fixation. During the process try to get the tissue as flat and uniform as possible.
- Use stainless steel pins when pinning tissue as these will not rust.
- Fixed tissue can be stored in 50% 1X PBS, 50% Glycerol, 0.05% Sodium Azide) at 4 °C for at least a month and retains good staining characteristics.
- Use sealed containers for prolonged incubations at 37 °C to avoid evaporation, which would change reagent concentrations and can dry tissues.
- Dilute primary antibodies in **Blocking Solution** (see below) when ready to use.
- Dilute secondary antibodies in 1X Phosphate Buffered Saline.
- 500 microliters antibody solution is enough to cover a 1 cm x 1 cm fixed colon sample.
- Staining is performed on a rocker. For 1 cm x 1 cm tissue, we use 24-well plates for blocking, washing and antibody staining steps.

## Materials

### MATERIALS

☒ Paraformaldehyde **Merck MilliporeSigma (Sigma-Aldrich) Catalog #P6148**

☒ Benzyl Alcohol **Merck MilliporeSigma (Sigma-Aldrich) Catalog #305197**

☒ Methanol **Fisher Scientific Catalog #A452-4**

☒ DMSO **Merck MilliporeSigma (Sigma-Aldrich) Catalog #472301**

☒ Benzyl Benzoate **Merck MilliporeSigma (Sigma-Aldrich) Catalog #B6630**

☒ Hydrogen Peroxide **Merck MilliporeSigma (Sigma-Aldrich) Catalog #H1009-500ML**

☒ Triton X-100 **VWR International (Avantor) Catalog #9002-93-1**

☒ Normal Donkey Serum **Jackson ImmunoResearch Laboratories, Inc. Catalog #017-000-121**

☒ Minutien Pins Stainless Steel 0.1 mm diameter **Fine Science Tools Catalog #26002-10**

☒ Minutien Pins Stainless Steel 0.2 mm diameter **Fine Science Tools Catalog #26002-20**

☒ Sodium Azide ReagentPlus > 99.5% **Merck MilliporeSigma (Sigma-Aldrich) Catalog #S2002-25G**

## Troubleshooting

## Safety warnings

### ! Toxic reagents include:

Benzyl alcohol  
Benzyl Benzoate  
Methanol  
Paraformaldehyde

Note that Murray's clear dissolves many types of plastic.

Use personal protective equipment (PPI) when working with human tissues because of the risk of blood borne infections. PPI should also be used when handling toxic chemicals. This includes eye protection, gloves, and mask to prevent mucus membrane exposures.

## Before start

Prepare the following materials and solutions:

**1. Sylgard™ 184 Elastomer (Dow Corning, Midland MI, USA)** coated plates for pinning tissue were prepared according to manufacturer instructions.

### **2. Dent's Bleach (Permeabilization Solution) (50mL)**

- 20mL 100% MeOH
- 5g/5mL DMSO
- 5mL 30% Hydrogen peroxide
- This solution must be made fresh.

### **3. Murrays Clear**

- 2:1 Benzyl Benzoate: Benzyl Alcohol
- Note that this destroys plastic
- This should be a clear colorless solution

### **4. Blocking Solution**

- 0.5% Triton X-100 (5 mL Triton x-100 diluted in 1X PBS)
- 5% Normal Donkey Serum (NDS) diluted in 0.5% Triton X-100
- 0.05% Sodium Azide
- This solution must be made fresh and can be stored at 4C for up to 2 weeks.

### **5. Washing Solution**

- 1X phosphate buffered saline (PBS)
- 0.05% Sodium Azide



## Fresh tissue processing and fixation

- 1 Transport fresh tissue from human colon in cold sterile 1X phosphate buffered saline (PBS) on ice. Tissues placed in cold PBS within 1-2 hours of resection were used for imaging. 2h
- 2 Transfer tissue using forceps and fresh PBS into Sylgard<sup>TM</sup> coated dish. Lay tissue flat with the luminal side down and the serosa side up. 1m
- 3 Using dissecting scissors and forceps remove any fat tissue that is present and discard according to Biosafety instructions. 20m
- 4 Pin one side of the tissue and begin to stretch and pin along the edge of the tissue until the tissue looks uniform and as flat as possible. Pins are then repositioned several times, with each round of repositioning stretching the tissue further as colon relaxes. On average, colon area stretched to about 2.6x more than the original unstretched dimensions. 20m
- 5 Remove the PBS and add 4% Paraformaldehyde (PFA). Let issue sit at 4C overnight. 16h
- 6 Replace the 4% PFA with fresh PBS, and begin to carefully remove the pins. Trim the edges of the tissue. 20m
- 7 Using small dissecting scissors cut out a full thickness strip of tissue (ex. 1cm x 1 cm) to be used for staining. The remaining tissue can be transferred to a solution of (50% 1X PBS, 50% Glycerol, 0.05% Sodium Azide) and stored at 4C for future use. 5m

## Immunostaining

- 8 *The following incubations are done in 24-well plates (2 cm diameter/well) with approximately 500ul of solution. Additional solution is added if needed to cover tissue. Samples are placed on a rocker (moderate speed) at room temperature for these steps.* 15m  
  
For tissue taken out of storage, wash three times in 1X PBS for 5 minutes each wash.
- 9 Incubate tissue in 100% Methanol for 1 hour on ice. 1h
- 10 Transfer to permeabilization solution (Dent's Bleach: 5mL 30% hydrogen peroxide, 5mL DMSO, 20mL 100% Methanol) for 2 hours at room temperature. 2h



- 11 Wash tissue three times in 1X PBS for 5 minutes each wash. 15m
- 12 *The following incubations are done in 2.0mL Eppendorf tubes with ~500uL- 1mL of solution on a shaker at 40 rpm-100 rpm at 37C. Tissue should be completely covered with incubation solution.* 3d  

Transfer tissue into Blocking Solution (4% Normal Donkey Serum in 0.5% PBS-T (0.5% TritonX100 in 1X Phosphate Buffered Saline with 0.05% Sodium Azide)) for 3 days at room temperature.
- 13 Incubate tissue in primary antibody diluted in Blocking Solution (4% Normal Donkey Serum in 0.5% PBS-T (0.5% Triton X-100 in Phosphate Buffered Saline with 0.05% Sodium Azide)) for 14 days at 37C. Be sure to place samples in air-tight sealed tubes to prevent contamination. Tubes are additionally sealed with Parafilm™. 2w
- 14 Wash tissue three times in 1X PBS with 0.05% Sodium Azide for 2 hours per wash and leave tissue in 1X PBS with 0.05% Sodium Azide overnight at room temperature on the rocker. 22h
- 15 Incubate in Secondary Antibody diluted in 1X PBS with 0.05% Sodium Azide for 3 days at 37C. 3d
- 16 Wash tissue three times in 1X PBS with 0.05% Sodium Azide for 2 hours per wash and leave tissue in 1X PBS with 0.05% Sodium Azide overnight at room temperature on the rocker. 22h

## Dehydration and clearing

- 17 *The following incubations are done in 24-well plates with approximately 500ul of solution (with added liquid if needed to cover tissue. Incubations occur on a rocker (moderate speed) at room temperature.* 4h  

Dehydrate tissue following methanol series: 50% methanol for 30 minutes, 70% methanol for 30 minutes, 80% methanol for 30 minutes, 95% methanol for 30 minutes, 100% methanol for 30 minutes, 100% methanol for 30 minutes, 100% methanol for 30 minutes.
- 18 Transfer tissue directly out of 100% methanol into Murray's Clear (2:1 Benzyl Benzoate: Benzyl Alcohol) before imaging. Tissue clearing will depend on the thickness of your specimen. 30m
- 19 Once the tissue has become completely transparent, mount on glass slides using Murray's Clear as your mounting media (if imagining on inverted Confocal microscope a 10m

coverslip can be taped at the edges of the slide to prevent it from falling off with only a minimal amount of Murray's Clear).

## Image acquisition

- 20 Images can be acquired using confocal or light sheet microscopy. We acquired images using an LSM 710 Confocal microscope. Details about our microscope include:
- 10x and 20x Plan-Apochromat objectives
  - Zeiss Zen software (version 2.3 14.0.14.201))
  - Z-axis increments were 4µm (10x objective) or 1µm (20x objective)
  - Each image slice was 900×900 (10x) or 1200×1200 pixels (20x).
  - 10x Z-stacks were stitched to cover large regions.
  - Laser-scanning operated under multi-track to sequentially acquire multi-channel images.
  - Each channel used 100% laser power.
  - Excitation/long-pass emission filters: Alexa Fluor® 647 (excitation: 633 nm, emission: 656-755-nm filter), Alexa Fluor® 594 (excitation: 561 nm, emission: 588-656-nm filter), Alexa Fluor® 488 (excitation: 488 nm, emission: 493-584-nm filter)
- 21 Z-stacks through the myenteric and submucosal plexus can be acquired using the 10X objective and the stitching feature on Zen software.
- 22 Detailed volumetric and quantification of neuronal subtypes can be obtained from high-resolution images using the 20X Objective. Due to the limited working distance allowed with this objective, the myenteric and submucosal plexus must be imaged independently by turning the tissue over.
- 23

5h