# The Effect of Glomerulonephritis on Atherogenesis in Cholesterol-Fed Rats

 A Special Reference to the Glomerular Foam Cell and the Early Change of Aortic Intima

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In order to clarify the effect of glomerulonephritis and hypercholesterolemia in atherogenesis, Masugi nephritis was induced in male Wistar rats fed a high cholesterol diet, containing 2% cholesterol and 0.5% cholic acid in a standard feed. Three groups of rats served as controls; (1) age-matched, untreated normal rats, (2) Masugi nephritis-induced rats, (3) rats fed a high cholesterol diet. The experimental rats showed a high excretion of protein in the urine. Elevation of systolic blood pressure was slight, while a moderate to marked increase of serum lipids and lipoproteins was observed. All experimental rats showed foam cells in the glomerular tufts. An electron microscopic study revealed foam cells in the mesangeal matrix and subendothelium of the glomerular capillary. The aorta showed edematous intimal thickening. The experimental rats exhibited the greatest degree of edematous intimal thickening as well as the highest incidence of intimal lesions as compared to the control groups. Ultrastructural observation of the aortic intima revealed a widening of the subendothelial space suggesting early arteriosclerotic change.

These results suggest an additive effect of glomerulonephritis on hypercholesterolemia which promotes the development of aortic intimal lesion in rats.

#### INTRODUCTION

It has been elucidated clinicopathologically and experimentally that many factors such as hypertension and hyperlipidemia promote atherosclerosis. It is speculated glomerulonephritis accompanied with hypertension and hyperlipidemia promotes atherosclerosis. In this respect, the kidney is one of important organs in studying the

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大井 順二

relationship between organ dysfunction and vascular lesions. Concerning the participation of the kidney in the pathogenesis and development of arteriosclerosis, it is speculated that renal hypertension, 1) non hypertensive renal factor 2) and abnormalities 3) of blood and electrolytes are important factors of arteriosclerosis.

In glomerulonephritis, it is considered that elevation of blood pressure and hyperlipidemia may play an important role in the pathogenesis and development of arteriosclerosis. However, experimental studies about the additive effect of glomerulonephritis and hypercholesterolemia on arteriosclerosis have not yet been sufficiently done.

The present study was carried out in order to investigate the pathological changes of kidney and aorta in Masugi nephritis-induced rats combined with hypercholesterolemia.

# MATERIALS AND METHODS

#### 1. Animals

Male Wistar rats weighing approximately 300gm were randomly divided into four groups as follows; Group I (6 rats) was maintained on stock diet ( $F_2$  food from Funabashi farm) and tap water for 36 weeks; Group II (7 rats) was fed the same diet for 36 weeks and given two intravenous injections of anti-rat-kidney rabbit serum at the 17th and 20th week; Group II (6 rats) was fed a high cholesterol diet of 2% cholesterol and 0.5% cholic acid mixed with stock diet; Group IV (12 rats) was fed the high cholesterol diet for 36 weeks and given two intravenous injections of anti-rat-kidney rabbit serum at the 17th and 20th week.

#### 2. Anti-rat-kidney rabbit serum

Normal rat kidneys were thoroughly perfused with physiological saline through the abdominal aorta. The cortical parts were excised, homogenized and lyophilized. 125mg of rat kidney powder was suspended in physiological saline and injected into the peritoneal cavity of rabbits at the initial injection. The amount of rat kidney injected was increased by 25 mg once a week for 15 weeks, and 500mg was used at the last injection. 3 weeks after the last injection, the rabbits were bled from the carotid artery. The pooled serum was used after inactivation by heating at 56 degrees C for 30 minutes.

#### 3. Blood pressure

Blood pressure was measured every four weeks by the tail cuff method using a RAT automatic blood pressure recorder USM-105-R type. Before measurement, the rats were warmed for 5 to 8 minutes at 35 to 38 degrees C.

#### 4. Urinary protein

Urinary protein was measured by the TCA (trichloro-acetic acid) method using 24 hour-stored urine 1 to 7 days before sacrifice.

#### 5. Sacrifice

All rats were sacrificed at the 37th week. After a 12-hour fast, the blood was obtained from the abdominal aorta under light anesthesia by ethylether.

#### 6. Serum lipids and others

Separated serum was used in the biochemical analysis. The measurements were carried out by the enzyme method for total cholesterol and triglyceride, the heparin-Ca precipitation method for LDL and VLDL, the phosphotungstic acid-Mg precipitation method for HDL-cholesterol, the Biuret method for total protein, and the UV enzyme method for BUN.

#### 7. Light microscopy

After weighning, the excised organs were fixed in 10% formalin. Kidneys were stained with Hematoxyline Eosin, Periodic acid Schiff, Periodic acid Methenamine Silver, Azan-Mallory and Oil red O stain, and then observed by light microscopy. Serial specimens were excised from the ascending aorta to the abdominal aorta in each rat, and then fixed in 10% formalin. These specimens were stained with Hematoxyline Eosin, Elastica van Gieson, Periodic acid Schiff, Alcian Blue and Oil red O stain. 41 specimens from Group II, 65 from Group III and 87 from Group IV were observed. The maximum intimal thickness of each specimen was measured with an ocular micrometer.

## 8. Electron microscopy

Parts of the kidney and aorta were fixed in 1.5% glutaraldehyde, postfixed in 1% OsO<sub>4</sub>, dehydrated in ethanol and embedded in epoxy resin. The ultra-thin sections were stained with uranyl acetate and lead citrate and then observed with a JEM-1200EX type electron microscope.

#### 9. Statistics

The resulting data was expressed as mean  $\pm$  S. E. and tested by the Student's t-test, and when the data showed a difference of p<0.05, it was judged to be statistically significant.

# RESULTS

#### 1. Blood pressure

The transitions of systolic blood pressure are shown in Fig. 1. The systolic blood pressure in Group  $\mathbb N$  began to increase around the 20th week of the experiment. At the end of the experiment, the systolic blood pressure was  $123\pm2$  mmHg,  $119\pm5$  mmHg and  $119\pm3$  mmHg in Group  $\mathbb I$ ,  $\mathbb I$  and  $\mathbb I$  respectively. In Group  $\mathbb N$ , the systolic pressure was  $139\pm4$  mmHg and significantly higher than in the three other Groups (Table 1).

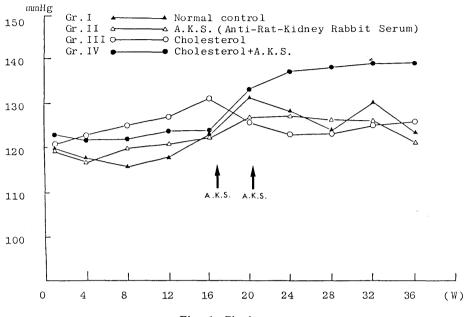


Fig. 1. Blood prssure

Table 1 Systolic blood pressure and urinary protein

Group	n	Systolic blood pressure (mmHg)	Urinary protein (mg/day)
I (CONTROL)	6	$123\pm2$	13± 1
II (AKS)	6	$119\pm5$	$189 \pm 27**$
Ⅲ(CHOL)	6	$119 \pm 3$	$12\pm 1$
$\mathbb{N}(CHOL + AKS)$	12	139±4**	233 ± 21 * * *

Values are shown as mean ± SE

#### 2. Urinary protein

At the end of the experiment, the urinary protein was  $13\pm1$  mg/day and  $12\pm1$  mg/day in Group I and III respectively. In Group II and IV, the urinary protein was  $189\pm27$  mg/day and  $233\pm21$  mg/day respectively, and therefore significantly higher than that in Group I and II (Table 1).

# 3. Organ weight

The body weight in Group II was significantly lower than that in group I. The average organ weight expressed in mg/100gm body weight is shown in Table 2. Weights of the heart in Group II and IV were significantly lower than in Group II. Weights of the kidney and liver in Group II, III and IV were significantly higher than in Group II.

<sup>\*:</sup> p<0.05, \*\*: p<0.01, \*\*\*: p<0.001 vs. group I

Tai	DIC 2	Dody weight	(giii) and	organ-body	weight ratio (i	ug/100giii)	
Group	n	B.W.	Brain	Heart	Liver	Kidney	Adrenal
I (CONTROL)	6	$520\pm15$	$430\pm18$	$335\pm 8$	$2282 \pm 32$	$549\pm14$	$11\pm0$
II (AKS)	7	450±10**	$497 \pm 13 \textcolor{white}{*}$	$346 \pm 19$	2611 ± 96*	$640 \pm 15$ **	$13\pm0$
Ⅲ(CHOL)	6	$531 \pm 8$	$435\pm$ 8	241 ± 1***	$4276 \pm 197***$	$610\!\pm\!18^{\color{red}*}$	$13\pm1$
N(CHOL+AKS)	12	$542\pm22$	$420\pm17$	292± 4***	$4685 \pm 237***$	$632 \pm 24*$	$14 \pm 0**$

Table 2 Body weight (gm) and organ-body weight ratio (mg/100gm)

Values are shown as mean ± SE

## 4. Serum lipid level and others

Total cholesterol was  $390\pm128$  mg/dl and  $423\pm49$  mg/dl in Group II and IV respectively, and that in Group IV was significantly higher than those in Group I and II. Triglyceride was  $107\pm11$  mg/dl and  $178\pm32$  mg/dl in group III and IV respectively, and those levels were significantly higher than those in Group II and II. LDL and VLDL level in Group III and IV were significantly higher than those in Group II and II. Total cholesterol, triglyceride, LDL and VLDL in Group IV were higher than those in Group III, but there was not statistically significant difference between them. HDL-cholesterol was  $35\pm2$  mg/dl in Group II, and lower than that in Group II. Group II showed the lowest level of total protein, but there was no significant difference among the groups. No definite tendency was seen in the level of BUN (Table 3).

Table 3 Serum lipids (mg/dl), TP and BUN

Group	n	T-CHOL	TG	LDL	VLDL	HDL-C	TP (g/dl)	BUN (mg/dl)
1	6	$73 \pm 5$	$50\pm 3$	$88 \pm 11$	trace	$49\pm5$	$6.2 \pm 0.1$	$18\pm0$
II	6	$61 \pm 3$	$61 \pm 3$	$90\pm20$	trace	$35 \pm 2*$	$6.0\pm0.1$	$19\pm1$
Ш	6	$390\pm128$	$107\pm11\text{*}$	$254 \pm 45*$	$876\pm340$	$46\pm 8$	$6.6 \pm 0.1$	$18\pm0$
IV	10	423± 49***	$178 \pm 32**$	$462 \pm 61**$	$1127\pm169$	$66\pm7$	$6.3 \pm 0.1$	$19\pm1$

Values are shown as mean ± SE

#### 5. Light microscopic observation of the kidney

In Group II, there was variable thickening of the glomerular basement membrane and mesangium. Scattered glomeruli with capsular adhesions were present. In Group IV, many of the glomeruli were swollen and had foam cells in addition to the alternations seen in Group II (Fig. 2). In the severest instance, more than one-fourth of the glomeruli had foam cells. In Group I and III, no remarkable change of the glomeruli was observed. There was no remarkable change in the tubulus or arteries of any of the groups.

<sup>\*:</sup> p < 0.05, \*\*: p < 0.01, \*\*\*: p < 0.001 vs. group I

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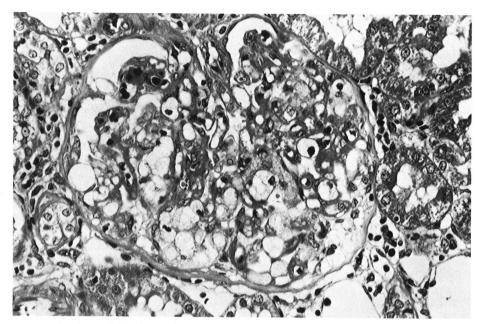


Fig. 2. A kidney section of a rat in group  $\mathbb N$ . The glomerulus is enlarged. Glomerular foam cells and capsular adhesions are seen. (H. E.  $\times 380$ )

# 6. Electronmicroscopic observation of the glomeruli

Glomeruli with foam cells in Group IV were selected for electron microscopic examination. Numerous electron dense bodies were seen in the epithelium. Fusion of foot processes was also seen in some parts. The glomerular basement membrane showed irregular

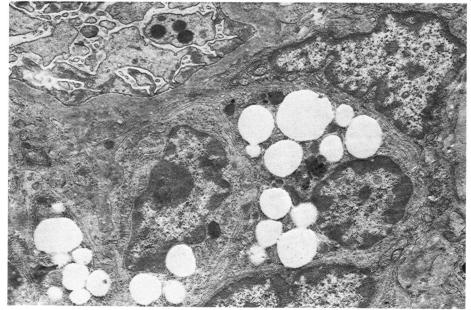


Fig. 3. Foam cells are seen in the mesangium.  $(\times 10,200)$ 

thickening and folding. Mesangeal matrix increased, and foam cells were seen mainly in the mesangeal area and partially in the subendothelial space (Fig. 3).

#### 7. Light microscopic observation of the aorta

Variable edematous thickenings of the aortic intima were observed (Fig. 4). The incidence of edematous intimal thickening was 54.0%, 18.4%, 4.1% and 2.4% in Group N, III, II and I respectively. Group N exhibited the greatest degree of intimal thickening as well as the highest incidence of intimal lesion (Table 4). Histochemically, a part of the edematous intimal thickening was moderately positive for Alcian Blue stain and mildly positive after hyaluronidase digestion, and negative for Oil red O stain (Table 5). In rats of Group N with marked edematous intimal thickening, intimal cells were observed. Medial smooth muscle cells near the internal elastic lamina showed irregularity in arrangement (Fig. 5).

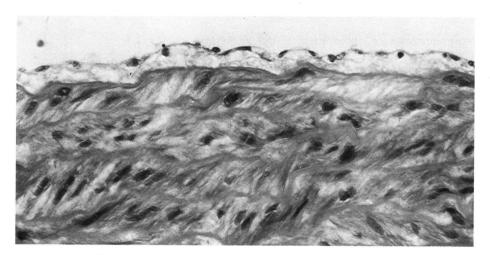


Fig. 4. Mild edematous change of aortic intima of a rat in group V. (H. E. imes 380)

Table 4 Incidence and degree of intimal thickening in the aorta

Group	Incidence of intimal thickening	Intimal thickness $(\mu)$	
I (CONTROL)	2.4% (1/41)	$0.24 \pm 0.24$	
II (AKS)	4.1% (3/73)	$0.30 \pm 0.18$	
Ⅲ(CHOL)	18.4% (12/65)	$1.46 \pm 0.43$ *	
$\mathbb{N}(CHOL + AKS)$	54.0% (47/87)	$3.79 \pm 0.50 ***$	

Values are shown as mean ± SE

<sup>\*:</sup> p<0.05, \*\*: p<0.01, \*\*\*: p<0.001 vs. group I

Stain	Result	
PAS	(-)	
D/PAS	(-)	
AB/(PH2.5)	(++)	
AB/(PH1.0)	(++)	
TH/AB(PH2.5)	(+)	
TH/AB(PH1.0)	(+)	

 Table 5
 Histochemical characteristics of subendothelial edematous area

PAS (Periodic Acid Schiff stain); D/PAS (PAS after diastase digestion); AB (Alcian Blue stain); TH/AB (AB after human testicular hyaluronidase digestion)

(-) = negative; (+) = mildly positive; (++) = moderately positive

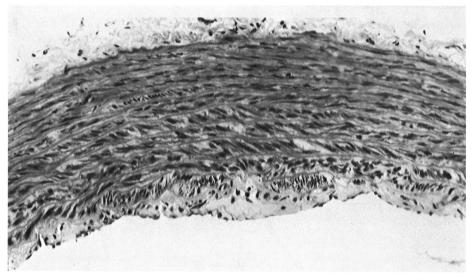


Fig. 5. Marked edematous change of aortic intima of a rat in group N. (H. E.  $\times 190$ )

#### 8. Electron microscopic observation of the aortic intima

In the lesions of the aortic intima, the cytoplasm of the endothelial cell showed a mild increase in electron density and projected into the lumen. A large lumen was formed by a cytoplasmic flap and the gap junctions were distended (Fig. 6). The subendothelial space was widened and contained a few collagen fibers and fine granular material within the ground substance (Fig. 7). In rats of Group IV with maked edematous intimal thickening, intimal smooth muscle cells were observed (Fig. 8). These cells were partly surrounded by basement membrane, but myofilament was relatively scarce. Myeline-like structures and relatively abundant mitochondria were present.

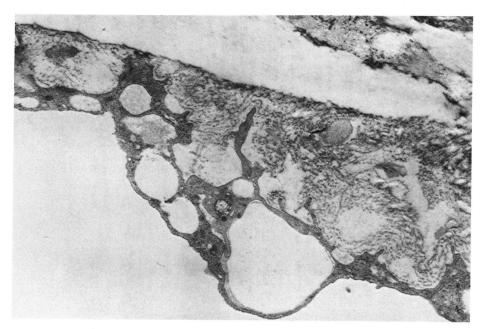


Fig. 6. The gap junction is distended and a large lumen is formed by cytoplasmic flaps.  $(\times 8,500)$ 

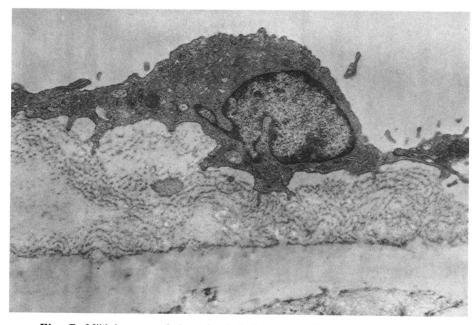
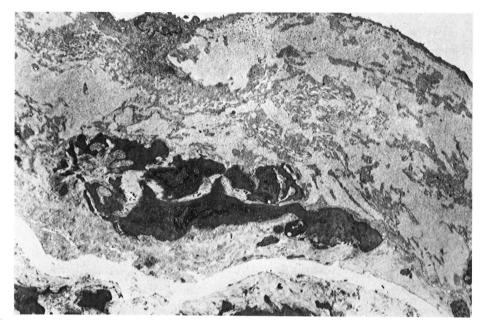


Fig. 7. Mild increase of the subendothelial space. Fine granular material is seen in the subendotherial space.  $(\times 10,200)$ 



**Fig. 8.** Marked increase of the subendotherial space. Intimal smooth muscle cells are seen. (×8,800)

#### DISCUSSION

The aorta is an elastic artery which is affected directly by hypertension. It has been elucidated clinicopathologically<sup>4)</sup> that atherosclerotic index in hypertensive cases was higher than in normotensive cases. LIMAS *et al.*<sup>5)</sup> heve observed an expansion of the subendothelial space with depositions of acid mucopolysaccharide in the aortic intima of the spontaneously hypertensive rat. In the present study the systolic blood pressure of Group  $\mathbb N$  was significantly higher than of other groups, but the increase of systolic blood pressure of Group  $\mathbb N$  was slight. We cannot explain to what extent the increase in systolic blood pressure of Group  $\mathbb N$  contributed to the development of edematous intimal thickening of the aorta.

Masugi nephritis induced in rats by injections of anti-rat-kidney rabbit serum is an experimental renal disease that resembles the nephrotic syndrome<sup>6,7)</sup> of infants and children. In the present study two intravenous injections of anti-rat-kidney rabbit serum were performed to maintain and enhance glomerulonephritis. At the end of the experiment an increase of urinary protein was evident in Group II and IV, and therefore the rats were assumed to be in a nephrotic state.

Edematous arterial reaction<sup>8)</sup> and foam cell nest<sup>9,10,11)</sup> in aortic intima have been observed in hypercholesterolemic rats fed a high cholesterol diet. In the present study, total cholesterol, triglyceride, LDL and VLDL in Group IV were the highest among the

four groups, and Group IV exhibited the highest incidence of edematous intimal thickening. Therefore it is suggested that increased hyperlipidemia by an additive effect of glomerulonephritis promotes the development of aortic intimal lesion. No increase of cholesterol was observed in Group II, which was an unexpected result. Van Liew<sup>12)</sup> et al. induced chronic serum sickness (CSS) in rats by chronic intravenous immunization with bovine serum albumin, and investigated the relationship between function and histopathology of the kidney. In that experiment, they observed elevation of serum cholesterol level in the rats with moderate to marked CSS, but did not observe it in the rats with mild CSS. However, they did not go into the cause of this phenomenon. Further examination is required in this respect.

Kondo and Akikusa<sup>13)</sup> induced Masugi nephritis in rats, and reported capsular adhesion and segmental sclerosis in the glomeruli. In the present study, similar changes were observed. In Group II, glomerular foam cells were found in addition to the alternations observed in Group II. The presence of foam cells in glomeruli is unusual, and it is known that glomerular foam cells are encountered in conditions associated with nephrotic syndrome. Experimentally, Watanabe<sup>16)</sup> et al. found glomerular foam cells in rabbits with Masugi nephritis fed a high cholesterol diet and Honda<sup>17)</sup> found them in adrenal regeneration hypertension rats fed a high cholesterol diet. They stated that the foam cells originated from both mesangeal cells and circulating monocytes. In the present study, glomerular foam cells were detected only in Group IV. Therefore it is suggested that the appearance of foam cells is dependent upon glomerular damage and hypercholesterolemia.

The tubule epithelium showed no remarkable change, and thus it was considered that there was little effect of non-pressure vasotoxic substance in the kidney.

"Das initiale fettfreie Ödem" of VIRCHOW, gelatinous elevation<sup>18)</sup> and edematous reaction<sup>8)</sup> in the aortic intima, which are similar to the aortic intimal change in the present study, have been reported. In the state of "das fettfreie Ödem" or gelatinous elevation, the endothelial cell shows morphological cianges and the subendothelial space is occupied with uniform material, the electron density of which is higher than that in edematous reaction. In the state of edematous reaction, there is an expansion of the subendothelial space, but no morphological changes in the endothelial cell. MORIMATSU *et al.* <sup>19)</sup> reported the existence of cloudy thickening as an initial change of human atheromatous plaques. Electron microscopically, they revealed extracellular deposits of cellular debris in the same position as that of lipid, and they suggested that irreversible change like cloudy thickening in the aortic intima might depend on the amount of extracellular deposits and the increase of endothelial permeability. In the present study, deposits of lipid were not detected, but an increase of acid mucopolysaccharides was suspected. The changes of the aortic intima observed in the present study were thought to correspond with the state of edematous reaction or gelatinous elevation. Group *V* exhibited the highest incidence of these intimal lesions. It

is considered, therefore, that an additive effect of glomerulonephritis on hypercholesterolemia in rats promotes the development of aortic intimal lesions.

YOSHIDA<sup>20)</sup> *et al.* reported the opening of interendothelial junctions in bifurcation pads at the origin of the internal carotid artery in rabbits prior to the appearance of foam cells in the intima. In the present study, the gap junction were distended, which suggested an increased permeability in the endothelium.

SHIMAMOTO<sup>8)</sup> reported an edematous reaction of the aortic intima in rabbits receiving cholesterol. He described the sticking of platelets and leukocytes to the endothelial surface during the edematous reaction, and mentioned the relationship between this reaction and thrombosis. In the present study, such findings were not detected.

# CONCLUSION

- 1) Hyperlipidemia in rats fed a high cholesterol diet is enhanced by inducing glomerulonephritis
- 2) Glomerular foam cells are present only in rats fed a high cholosterol diet with glomerulonephritis, and therefore the appearance of glomerular foam cells depends on glomerular damage and hypercholesterolemia.
- 3) An additive effect of glomerulonephritis on hypercholesterolemia promotes the development of edematous thickening in the aortic intima.

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