

Rose pp. 91-112

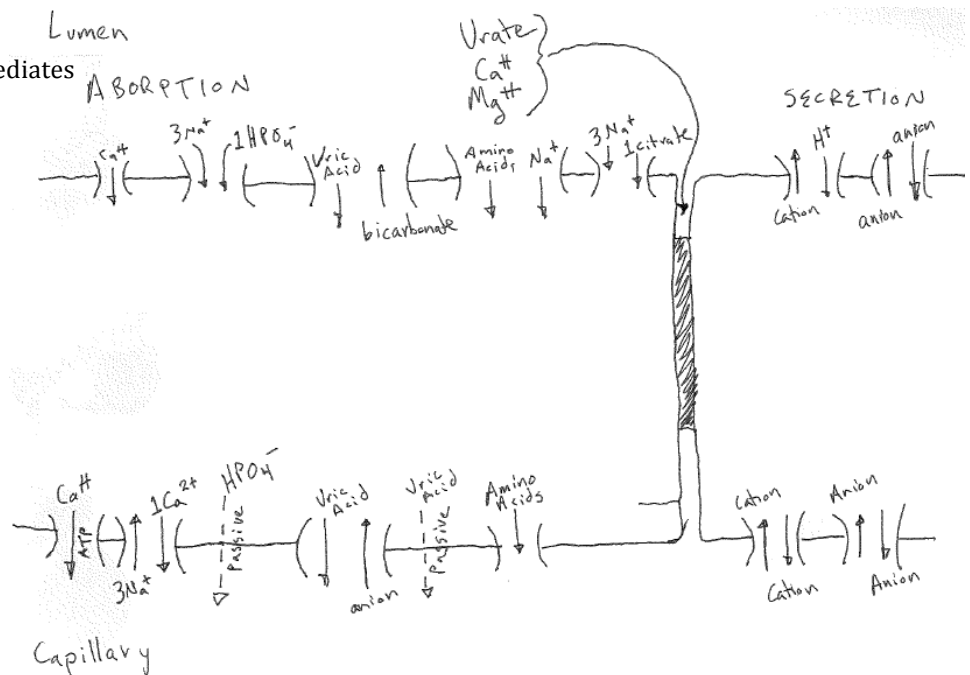
Proximal tubule solute reabsorption

- Urea:
 - Passive diffusion
 - [Urea] gradient due to H₂O reabsorption
- Calcium:
 - 80-85% filtered Ca⁺⁺ reabsorbed in prox tubule/LOH
 - Predominantly passive, gradient from NaCl and H₂O reabsorption
 - Active reabsorption:
 - Enters cells through Ca⁺⁺ channels on apical membrane
 - Down favorable electrochemical gradient
 - PTH increases Ca⁺⁺ entry
 - Calcitriol stimulates production of calbindin, facilitating entry
 - Extrusion at basolateral:
 - Ca⁺⁺ATPase pump
 - 3Na⁺-1Ca⁺⁺ Exchanger
- Phosphate:
 - 80-95% filtered phosphate reabsorbed at prox tubule
 - Transcellular:
 - Luminal surface:
 - 3Na⁺:1HPO₄²⁻ cotransporter
 - High affinity transporters in late prox tubule
 - Basolateral: passive diffusion
 - Regulation:
 - Plasma phosphate concentration
 - PTH-decreases phosphate absorption
 - Metabolic acidosis-decreased reabsorption
- Magnesium:
 - 20-30% of filtered reabsorbed in prox tubule
 - Predominantly paracellular, passive diffusion
 - Driven by electrochemical gradient from NaCl absorption

- Uric Acid:
 - Three processes result in prox tubule urate handling:
 - Near all filtered urate reabsorbed in prox tubule
 - Secretion in mid-proximal tubule
 - Postsecretory reabsorption in late prox tubule
 - Net effect=excretion of 6-12% filtered urate
 - Absorption:
 - Luminal urate:bicarbonate countertransporter
 - Driven by bicarbonate absorption by the Na⁺-H⁺ exchanger
 - Secretion:
 - Exchange at basolateral membrane exchanging for anion
 - Diffusion or Cl⁻ exchange across the luminal membrane
- Protein:
 - Amino acids:
 - Transcellular entry by cotransport with Na⁺
 - Facilitated diffusion across basolateral membrane
 - Neutral amino acids cross with Na⁺ independent transporters
 - Small peptides (angiotensin II):
 - Hydrolysed by brush-border peptidases before reabsorption
 - Larger compounds (insulin, lysozyme)
 - Carrier mediated endocytosis
 - Albumin by low-affinity, high-capacity endocytic process
- Citrate:
 - 80-90% of filtered is reabsorbed proximal tubule
 - Cellular entry by 3Na⁺:1 citrate²⁻-cotransporter
 - Regulation:
 - Acidemia-increased reabsorption
 - Metabolism of 1 meq citration → 3meq bicarbonate
 - Hypokalemia → increased reabsorption

Proximal tubule solute secretion

- Organic cations:
 - Basolateral cation-cation countertransport and passive diffusion
 - Luminal exchange with H⁺
- Organic anions:
 - Basolateral anion exchangers
 - Luminal membrane anion exchangers
 - Regulation by citric acid cycle intermediates



Questions

1. Proximal tubule urea reabsorption is influenced predominantly by
 - a. Intracellular organic anion availability for exchange across the luminal membrane
 - b. Early proximal tubular water reabsorption
 - c. Chloride concentration at the level of the macula densa
 - d. Concentration gradient developed by basolateral urea transporters

2. In patients with hypercalcemia
 - a. Increased calcitriol levels result in reduced renal reabsorption
 - b. Treatment with furosemide directly inhibits reabsorption
 - c. Reduced levels of PTH limit transcellular calcium reabsorption
 - d. Active secretion of calcium is achieved by luminal $3\text{Na}^+-1\text{Ca}^{++}$ exchangers

3. In regards to proximal tubule solute reabsorption
 - a. Amino acids undergo sodium dependent and independent uptake
 - b. The majority of filtered magnesium is resorbed passively in the proximal tubule
 - c. The majority of filtered uric acid is eventually excreted following reabsorption, secretion and again reabsorption
 - d. Renal phosphate reabsorption is regulated predominantly by the calcitriol concentrations

4. Citrate is reabsorbed in the proximal tubule in response to
 - a. Alkalosis
 - b. Acidosis
 - c. Hyperkalemia
 - d. Hyponatremia

5. Secretion of organic cations into the interstitium is achieved by
 - a. Electrochemical gradients
 - b. ATP mediated sodium channels
 - c. Exchange for a complimentary anion
 - d. Concentration gradients