

1 **3D Visualisation of trans-syncytial nanopores provides a pathway for paracellular**
2 **diffusion across the human placental syncytiotrophoblast**

3
4 **Short title:** Trans-syncytial nanopores

5
6 Rohan M Lewis^{*1,3}, Harikesan Baskaran⁴, Jools Green¹, Stanimir Tashev², Eleni Paleologou¹,
7 Emma M Lofthouse¹, Jane K Cleal^{1,3}, Anton Page², David S Chatelet², Patricia Goggin², Bram
8 G Sengers^{3,4}

9
10 ¹ University of Southampton, Faculty of Medicine

11 ² University of Southampton, Faculty of Medicine, Biomedical Imaging Unit

12 ³ University of Southampton, Institute for Life Sciences

13 ⁴ University of Southampton, Faculty of Engineering and Physical Sciences

14 ***Corresponding Author:** Rohan M Lewis, MP 887, IDS Building University of Southampton,
15 Faculty of Medicine, Southampton General Hospital, rohan.lewis@soton.ac.uk

16

17 **Abstract**

18 The placental syncytiotrophoblast, a syncytium without cell-cell junctions, is the primary
19 barrier between the mother and the fetus. Despite no apparent anatomical pathway for
20 paracellular diffusion of solutes across the syncytiotrophoblast size-dependent paracellular
21 diffusion is observed. Here we report data demonstrating that the syncytiotrophoblast is
22 punctuated by trans-syncytial nanopores (TSNs). These membrane-bound TSNs directly
23 connect the maternal and fetal facing sides of the syncytiotrophoblast, providing a pathway
24 for paracellular diffusion between the mother and fetus. Mathematical modelling of TSN
25 permeability based on their 3D geometry suggests that 10-60 million TSNs per cm^3 of
26 placental tissue could explain experimentally observed placental paracellular diffusion. TSNs
27 may mediate physiological hydrostatic and osmotic pressure homeostasis between the
28 maternal and fetal circulations but also expose the fetus to pharmaceuticals, environmental
29 pollutants and nanoparticles.

30 Introduction

31 The placenta was once viewed as a perfect barrier, but as the thalidomide tragedy
32 demonstrated, this is not the case [1]. It is now clear that potentially harmful molecules and
33 particulates can cross the placenta and adversely affect fetal development. However, the
34 mechanism by which these molecules and particulates cross the placenta is not always clear
35 [2, 3]. Understanding how these substances cross the placenta is necessary to identify the
36 risks and prevent long-term consequences of these exposures, which may adversely affect
37 fetal and postnatal health [4].

38 The primary placental barrier is the syncytiotrophoblast, a continuous syncytial
39 monolayer covering the villi at the maternal-fetal interface. As there are no cell-cell
40 junctions in a syncytium, there is no obvious pathway by which paracellular diffusion can
41 occur. Despite the absence of an anatomical pathway for diffusion, there is physiological
42 evidence for size-dependent paracellular diffusion of solutes [5, 6]. Trans-syncytial channels,
43 or nanopores, have been proposed as mediators of trans-syncytial diffusion, however
44 continuous full-width nanopores have not been previously demonstrated in the human
45 placenta [7]. An alternative hypothesis to explain paracellular diffusion is that it occurs
46 through regions of syncytial damage [8]. These hypotheses are not mutually exclusive but
47 establishing mechanisms of fetal exposure is necessary to understand the likely risks of
48 different compounds and develop strategies to mitigate this.

49 Selective placental transfer of nutrients, IgG, wastes and exogenous toxins is
50 facilitated by membrane transporters and endocytosis [9-11]. However it is not clear how
51 exogenous drugs and toxins reach the fetus as, with a few exceptions such as the apically
52 located exchanger OATP4A1 [10], drug transporters in the placenta mediate efflux from the
53 fetus to the mother [12]. Nanoparticle transfer across the placenta has been observed, but
54 the mechanism is unclear [13]. A more extensive understanding of how metabolites,
55 pharmaceuticals and toxins reach the fetal circulation is necessary to protect fetal health.

56 Estimates of placental permeability surface area products for hydrophilic solutes
57 have been determined *in vivo* and show size-dependent permeability of solutes, which
58 decreases with increasing molecular radius [5, 6]. In other species with haemochorial
59 placentas, permeability has also been shown to be size-selective with some species having
60 higher or lower overall permeability compared to humans [3, 14]. This data suggests a size-
61 selective permeability of the placenta through low diameter channels [15].

62 Using serial block-face scanning electron microscopy (SBF SEM) to reconstruct
63 placental ultrastructure in three dimensions, this study demonstrates the presence of full-
64 width trans-syncytial nanopores (TSNs) in the human placenta.

65 **Methods**

66 Term placental tissue was collected after delivery from uncomplicated pregnancies
67 with written informed consent and ethical approval from the Southampton and Southwest
68 Hampshire Local Ethics Committee (11/SC/0529).

69 ***Tissue collection and fixation for electron microscopy***

70 Villous samples from 8 placentas were collected as soon as possible after delivery
71 and small pieces ($\approx 2 \text{ mm}^3$) fixed in 3% glutaraldehyde in 0.1 M cacodylate buffer at pH 7.4
72 at RT and then stored at 4°C for > 24 hours before processing for either SBF SEM or
73 transmission electron microscopy (TEM).

74 ***TEM processing and imaging***

75 Fixed placental fragments were washed twice for 10 min in 0.1 M sodium cacodylate
76 buffer (Agar Scientific, UK) at pH 7.4 containing 0.23 M sucrose (BDH, UK) and 2 mM CaCl_2
77 (BDH, UK). The specimens were incubated for 60 min in 2% osmium tetroxide (BDH, UK), in
78 0.1 M sodium cacodylate (Agar Scientific, UK) at pH 7.4, then washed three times for 10 min
79 with distilled water. Samples were then treated with 2% aqueous uranyl acetate (Agar
80 Scientific, UK) for 20 min. Samples were dehydrated using a graded ethanol series.
81 Specimens were then treated with 50:50 Spurr resin:acetonitrile (Fisher, UK) overnight and
82 then infiltrated with fresh Spurr resin for 6 h. Finally, specimens were embedded in Spurr
83 resin for 16 h at 60°C. Gold/ silver ultrathin sections were cut using a Reichert Ultracut E
84 ultramicrotome, stained with Reynolds lead citrate and viewed by TEM (Tecnai 12,
85 ThermoFisher, Eindhoven).

86 ***SBF SEM processing and imaging***

87 SBF SEM is a high-resolution technique where serial images are generated from a
88 resin block which is sliced sequentially by an automated ultramicrotome in the chamber of a
89 scanning electron microscope. Fixed samples for SBF SEM were processed based on
90 Deerinck et al. [16] as adapted in our laboratory [17]. Blocks were imaged using a Gatan
91 3View (Gatan, Abingdon, UK) inside a FEI Quanta 250 FEGSEM (ThermoFisher, Eindhoven,
92 Netherlands) at 3.0 kV accelerating voltage, spot size 3 and with a vacuum level of 40 Pa.
93 Stacks of images were collected at pixel size from 4-7 nm with slice thickness ranging 25-50
94 nm.

95 ***Identification and segmentation trans-syncytial nanopores***

96 SBF SEM image stacks of terminal or intermediate villi were processed in Fiji (version
97 2.0.0-rc-43) using a Gaussian blur filter (sigma radius 2) and enhance contrast function (0.4%
98 saturated pixels) [18]. Continuous TSNs were identified where there was a clear connection
99 between the apical and basal membrane. Near-continuous TSNs were also identified which
100 had connections to both the apical microvillous and basal plasma membranes but along the
101 length of the nanopore contained discontinuities, where the ends of the discontinuous
102 sections were adjacent (Figure 1). In addition, unilateral nanopores were identified which
103 were ultrastructurally similar to TSNs opened from either the apical or basal plasma

104 membrane but did not appear to connect to the opposite membrane, ending within the
105 cytoplasm. Selected regions containing TSNs were manually segmented in Avizo v2019.4
106 (ThermoFisher, Eindhoven).

107 **Modelling of nanopore diffusive transfer capacity**

108 According to Fick's first law, the magnitude of the diffusive flux J_{pore} [mol/s] through a pore
109 of uniform cross section is given by:

$$110 \quad J_{pore} = DA_{pore} \frac{|\Delta C|}{L_{pore}} \quad \text{Eq. 1}$$

111 where D [m^2/s] is the diffusion coefficient, A_{pore} [m^2] the pore cross sectional area, ΔC
112 [mol/m^3] the concentration difference over the pore and L_{pore} [m] the pore length. This can
113 also be expressed in terms of permeability surface area product PS_{pore} [m^3/s] of the pore:

$$114 \quad J_{pore} = PS_{pore} \Delta C \quad , \text{ where } PS_{pore} = \frac{DA_{pore}}{L_{pore}} \quad \text{Eq. 2}$$

115 Since in reality the pore cross sectional area varies, 3D image-based simulations were used
116 to calculate the effective area over length ratio A_{pore}/L_{pore} [m] as a measure for the effect
117 of pore geometry on diffusive transfer, independent of the solute studied.

118 For each pore, previously segmented image stacks were imported in Simpleware ScanIP (P-
119 2019.09; Synopsys, Inc., Mountain View, USA) to reconstruct the 3D pore geometry.
120 Because of the non-isotropic voxels, voxels were resampled isotropically so that the x and y
121 pixel size matched the z axis spacing. Pore inlet and outlet surfaces were defined, after
122 which the pore was meshed using linear tetrahedral elements to enable subsequent
123 simulations of diffusive transfer using the Finite Element method. Different coarseness
124 settings were evaluated, with the final number of elements used for the different pores
125 ranging from $1.4\text{--}38 \times 10^5$.

126 Steady state diffusion simulations were performed in COMSOL Multiphysics (v5.5; COMSOL
127 AB, Stockholm, Sweden) using the pore mesh exported from Simpleware. Since the choice
128 of parameters does not affect the final result for A_{pore}/L_{pore} , a diffusion coefficient of 1
129 m^2/s was used and a fixed concentration gradient was imposed by prescribing constant
130 concentration boundary conditions of 1 and 0 [mol/m^3] on the inlet and outlet surface of
131 the pore, respectively. The remaining external surface of the pore was subject to no-flux
132 boundary conditions.

133 After simulations were completed, the magnitude of the diffusive flux J_{pore} was calculated
134 using the integral of the normal solute flux over the pore inlet or outlet cross sectional area.
135 In combination with the imposed concentration difference ΔC and diffusion coefficient D
136 used in the simulation, the value for J_{pore} was then used to calculate the effective pore area
137 over length ratio A_{pore}/L_{pore} based on Eq. 1.

138

139 **Results**

140

141 ***Trans-syncytial nanopores***

142 This study manually inspected 14 SBF SEM image stacks from five different placentas
143 to identify trans-syncytial nanopores (TSNs) defined as membrane lined pores connecting
144 the apical and basal plasma membranes of the syncytiotrophoblast. These stacks consisted
145 of 7487 SBF SEM images, representing a total imaged volume of 0.000002 cm³.

146 Inspection of serial sections allowed identification of TSNs crossing the
147 syncytiotrophoblast ([figure 2](#)). Ten continuous TSNs were identified from three different
148 placentas. In addition, 20 near-continuous TSNs were identified, with examples in all five
149 placentas studied. In two cases, these near-continuous TSNs were highly complicated with
150 branches, multiple dilations, and blind ends ([figure 3b](#)). Finally, 25 unilateral nanopores
151 were identified arising from either the apical (n = 17) or basal (n = 8) plasma membrane of
152 the syncytiotrophoblast but not connecting to the opposing plasma membrane.

153 The TSNs were structurally heterogeneous, ranging from simple thin tubes
154 connecting the apical and basal syncytiotrophoblast plasma membranes to complex
155 branching structures with multiple dilated regions and blind ends ([figures 3b, 3e and 4](#)). The
156 more complex TSNs will have lower permeability raising the question as to whether they
157 have roles in addition to mediating diffusion.

158 The lumens of TSNs typically had a low electron density, consistent with a primarily
159 fluid filled pore ([figure 2](#)). However, some TSNs and regions of TSNs were observed with
160 higher electron density indicating diffuse contents ([figure 2e](#)). The electron density of TSN
161 lumens was typically lower than of endocytic vesicles ([figure 5](#)).

162 The TSN openings did not appear to have structures reminiscent of dynamin spirals
163 or clathrin-coated vesicles although these structures may not be apparent on SBF SEM
164 images ([figure 5k](#)). The electron densities within the void space of TSN openings were
165 typically lower than in syncytiotrophoblast endocytic vesicles.

166 On the basal membrane, continuous and near-continuous TSN were observed
167 opening adjacent to basal lamina in 16 cases and regions adjacent to cytotrophoblast in 14
168 cases.

169 Of the ten continuous TSNs, eight contained membrane-bound inclusions which,
170 surrounded by pore membrane, formed double-membrane structures ([figure 3](#)). Inclusions
171 were also observed in the majority of near-continuous and unilateral nanopores. In three
172 cases, the inclusions appeared to be trophoblastic in origin. In the first case, the inclusion on
173 the apical side appeared to be connected to the syncytiotrophoblast by at least one thin
174 stalk of cytoplasmic material ([figure 3a](#)). At the available resolution, it was not clear whether
175 other inclusions were also engulfed syncytiotrophoblast. In two cases, an inclusion on the
176 basal side of the placenta was a clear-cut protrusion from an underlying cytotrophoblast cell
177 ([figure 3d](#)).

178 ***Thin desmosome containing nanopores***

179 Another less commonly observed feature associated with TSNs were thin nanopores
180 within the syncytiotrophoblast, where two closely adjacent membranes were joined by
181 desmosome like adhesions (figure 6). These were observed in two TEM images and one
182 SBFSEM image stack. In one case a desmosome associated nanopore was seen almost
183 crossing the placenta from the basal membrane to near the microvillous membrane (figure
184 6a). Desmosome associated nanopores were observed in one SBF SEM image stack where
185 they were found to be ribbon or sheet-like structures 5-16 nm wide and estimated at 200-
186 800 nm deep (figure 6b). Desmosome containing nanopores could be seen appearing and
187 disappearing within the same 2D section, which is consistent with a pore rather than a cell-
188 cell junction. Topologically a cell-cell junction would need to either interact with two cell or
189 image boundaries or form a circular feature (figure 6c).

190 ***Modelling diffusion through TSNs***

191 Depending on their geometry, individual nanopores display a large variation in
192 estimated effective A_{pore}/L_{pore} from 0.14×10^{-8} m to 2.08×10^{-8} m (figure 4j). The effective
193 A_{pore}/L_{pore} ratio based on the results of the computational simulations of the ten pores, as
194 depicted in Figure 3, was in the order of 10 nm ($8.5 \pm 7.2 \times 10^{-9}$ m, mean \pm SD). By
195 multiplying the mean effective A_{pore}/L_{pore} ratio with the diffusion coefficient for particular
196 solutes using Eq. 2, the average permeability surface area products for a single pore could
197 then be calculated (Table 1). Dividing the corresponding experimentally observed placental
198 permeability surface area products by the value for a single pore, resulted in placental pore
199 number estimates between 13 and 59 million pores per gram.

200

201 **Discussion**

202 The demonstration of nanoscale pores punctuating the syncytiotrophoblast
203 challenges our understanding of the placenta as a barrier. It suggests that rather than being
204 a continuous physical barrier between mother and fetus, the syncytiotrophoblast is a
205 molecular sieve facilitating the diffusion of small solutes via the active maintenance of TSNs.
206 Small solutes that may diffuse via TSNs include nutrients, metabolites and toxins, so transfer
207 via this route may have profound implications for the fetus. While this study demonstrates
208 the existence of TSNs and modelling suggests that they are likely to have the capacity to
209 mediate physiologically significant transfer, further work is needed to establish their
210 numbers, distribution and whether these change in disease states.

211 In 2D images the TSNs typically had a small profile, making it difficult to visualize
212 their relation to other structures and therefore making it difficult to identify them as TSNs.
213 When reconstructed in 3D, the TSNs were structurally heterogeneous, including simple
214 tubes, tubes with apparently empty dilated regions and branched structures with blind
215 ends. Many TSNs also contained inclusions of membrane-bound material. Some TSNs had
216 multiple openings to the syncytiotrophoblast apical microvillous or basal membranes. In
217 addition to continuous TSNs, near-continuous TSNs and unilateral nanopores were
218 observed, which based on ultrastructural similarities we believe to be related. In addition,
219 the presence of inclusions supports our contention that continuous TSNs, near-continuous
220 TSNs and unilateral nanopores, are related structures. These near-continuous and unilateral
221 nanopores are likely to be in the process of formation, degradation or remodelling. For
222 near-continuous TSNs, it is also possible that these are continuous but that the connections
223 were too thin to observe. The relatively large number of near-continuous and unilateral
224 nanopores is consistent with TSNs being dynamically remodelled, and studies in live cells are
225 required to study TSN formation, turnover and regulation.

226 On the basal membrane, around half of TSN opened adjacent to the basal lamina
227 and half adjacent to cytotrophoblast cells. However, as cytotrophoblast occupy only 30% of
228 the basal lamina, there may be a preference for TSNs opening adjacent to cytotrophoblast
229 cells [19]. TSNs opening to the basal lamina would release solutes directly into the villous
230 stroma providing the most direct pathway to the fetal circulation. Solute diffusing through
231 TSN openings above cytotrophoblast cells could diffuse between these cells to the fetus or
232 be taken up by the cytotrophoblast cells. While this remains speculation, TSNs opening
233 adjacent to cytotrophoblast may also provide a direct route by which cytotrophoblast could
234 either sense maternal environment or signal to it.

235 There was a wide range in calculated permeability parameters for the modelled
236 TSNs, with diffusion through the most permeable being 10 x greater than the least
237 permeable. As might be expected, shorter, wider TSNs had the greatest permeability while
238 the longer TSNs had the lowest permeability (excluding the TSN with multiple apical and
239 basal openings).

240 Paracellular diffusion across the placenta is size-selective, but the TSNs are likely to
241 be too wide to impose this size selectivity on smaller molecules. Physiological estimates of

242 placental pore sizes in rodents are in the order of 17 nm, which is consistent with the
243 thinnest regions of the nanopores described here and with the desmosome associated
244 channels we observed [15]. For comparison glucose is 1.5 nm long so should diffuse freely
245 through pores of this size. If the TSNs do not impose size selectivity, other structures such as
246 the trophoblast basal lamina or the fetal capillary might [20]. If these structures and not the
247 syncytiotrophoblast impose size selectivity, this again represents a significant shift in our
248 understanding of the placental barrier, and the permeability of these other structures
249 require further investigation. Our permeability estimate was based on nanopores through
250 the syncytiotrophoblast alone, while the different layers may impose additional restrictions
251 and reduce permeability, thereby increasing the number of pores required.

252 Larger molecules such as IgG or nanoparticles such as ultrafine diesel exhaust could
253 fit through most regions of the TSNs, but the diameter would provide steric hindrance to
254 their transfer. TSN diameter might be a significant barrier to the transfer of large molecules
255 unless an additional biological mechanism facilitates this transfer.

256 Further research is required to determine TSN densities in placental tissue
257 accurately. An initial approximation for the TSN density was obtained by dividing the
258 number of observed TSNs (10 continuous or 30 including continuous and near-continuous
259 TSNs) by the imaged volume of 0.000002 cm^3 . Therefore, this initial approximation for TSN
260 density is 51 million TSNs per cm^3 of placental tissue, and including near-continuous TSNs is
261 143 million/ cm^3 . How accurate this estimate is will depend on how many TSNs were present
262 but missed by the investigators and how representative the tissue in the electron
263 microscopy blocks is of the placenta as a whole. However, this estimate is in line with the
264 number of TSNs required to mediate the transfer of known paracellular markers such as
265 inulin and creatinine.

266 The presence of membrane-bound inclusions within the TSNs suggests their role
267 could be more complex than simply being pores for diffusion. The nanopore inclusions and
268 surrounding TSN membrane create a double membrane structure which shows some
269 ultrastructural similarities to 2D images of autophagosomes [21]. Nanopore inclusions can
270 be observed in a previous study that sought to identify TSNs using lanthanum perfusion [7].
271 In that study, adjacent, nanopore inclusions can be seen where one inclusion is stained with
272 lanthanum and the other is not, consistent with our suggestion that nanopores are dynamic
273 structures.

274 In some cases, the inclusions appeared trophoblastic in origin. In the first case, the
275 inclusion on the apical side appeared to be connected to the syncytiotrophoblast by at least
276 one thin stalk of cytoplasmic material. This is consistent with syncytiotrophoblast having
277 been pinched off into a nanopore inclusion and could potentially represent the initiation of
278 autophagy or material that will be shed from the placenta. In other cases, inclusions on the
279 basal side of the placenta were observed to be protrusions from underlying cytotrophoblast
280 cells. The role of these cytotrophoblast inclusions is unclear, but it could potentially allow
281 direct sensing of the maternal environment. It is possible that the remaining inclusions are

282 also of trophoblastic origin but that the images we have were not clear enough to
283 demonstrate this.

284 Whether there is any relationship between TSNs and the endocytic process in terms
285 of mechanisms or function is unclear. The TSNs did not appear to have structures
286 reminiscent of dynamin spirals or clathrin-coated vesicles. However, higher-resolution 3D
287 imaging is necessary to address this question. TSNs may be related to structures produced
288 by clathrin-independent carriers (CLIC) and GPI-anchored protein-enriched early endosomal
289 compartment (GEEC) pathways [22]. The CLIC/GEEC pathways form uncoated
290 tubulovesicular membrane structures and identifying whether these or other molecular
291 mechanisms underly TSN formation will be necessary for determining regulation and
292 function [23]. It should be noted that in a 2D z slice, the TSNs can look like cytoplasmic
293 endocytic vesicles.

294 A rare feature associated with TSNs was desmosome associated nanopores which
295 were most commonly observed arising from basal membrane folds [19], but were also
296 observed within the cytoplasm. While no desmosome associated nanopores were observed
297 connecting to the microvillous membrane, they did connect to TSN like structures, and it is
298 possible that these represent a stage in TSN creation or removal. These desmosome
299 associated nanopores have been observed previously and it has been suggested that they
300 are remnants of cytotrophoblast-syncytiotrophoblast fusion which is another possibility
301 [24]. Whatever their origin, the desmosome containing nanopores could be acting as
302 conduits for paracellular diffusion in conjunction with or alongside TSNs. As the desmosome
303 associated nanopores are so thin, they may only be clearly visualised when the block is in
304 specific orientations, and so they may be more common than it appears. Cells that cross or
305 penetrate epithelial barriers have been observed to express tight junction proteins to
306 facilitate movement through cell-cell junctions, and the desmosome containing nanopores
307 in the syncytiotrophoblast could provide a route and a mechanism by which maternal or
308 fetal cells could cross the syncytiotrophoblast [25, 26]. Images of erythrocytes protruding
309 through the syncytiotrophoblast suggest that distensible channels that could allow cell
310 passage exist [27].

311 The physiological role of TSNs is likely to include the maintenance of ionic and
312 osmotic homeostasis between the mother and fetus. Diffusion of ions and bulk flow of fluid
313 would balance any osmotic and pressure gradients that could otherwise build up across the
314 placenta if the syncytiotrophoblast did not allow paracellular diffusion. TSNs may also
315 facilitate the placental transfer of nutrients, such as glucose, with maternal to fetal
316 gradients to the fetus. Diffusion of glucose via TSNs may explain why attempts to inhibit
317 placental glucose transfer competitively have been unsuccessful [28]. However, the
318 physiological roles of TSNs may come at the cost of allowing non-selective placenta transfer
319 of potentially harmful substances and reducing the efficiency of active nutrient transport.
320 For nutrients whose concentration is higher in fetal than maternal plasma, such as amino
321 acids, TSNs may mediate leak back to the mother, reducing the efficiency of active transfer.
322 Nutrients bound to binding proteins, e.g. calcium and vitamin D will be less susceptible to

323 back flux via the TSNs. The TSNs also provide a pathway for potentially harmful molecules to
324 cross the placenta, including pharmacological drugs, environmental toxins, nanoparticles
325 and maternal wastes. Efflux transporters and organic cation and anion transporters act
326 together to pump toxins in the fetal to maternal direction. However, it is less clear how the
327 fetus is exposed to exogenous toxins in the first place, and the identification of TSNs
328 suggests that water-soluble toxins could diffuse across the placental barrier.

329 Structures similar to the TSNs could play essential roles in other tissues, particularly
330 epithelial or endothelial barriers. Trans-endothelial pores have been reported in mouse
331 endothelial cells where they may play a role in capillary permeability [29]. We have also
332 reported an example of a large pore in human placental endothelium [30].

333 There is considerable diversity in placental structures across species and given the
334 possibility that the syncytiotrophoblast has evolved independently in different branches of
335 the evolutionary tree, the diversity of TSNs (or similar structures) is of interest. To date, full
336 width trans-syncytial channels have only been described in the degu which has both short
337 direct channels in thin regions of syncytiotrophoblast and more complex channels
338 connecting infoldings of basal and apical surfaces [31]. The human TSNs had a distinct
339 appearance but were most similar to the more complex Degu channels, although longer and
340 thinner. The distribution of TSNs across species may inform their biological role and origins.

341 Identifying the molecular processes underlying TSN formation will be key to
342 understanding these structures. While TSNs may form by a unique mechanism, they are
343 more likely to co-opt at least some of the known molecular mechanisms that mediate
344 endocytosis. There are multiple endocytic processes, including clathrin and caveolin,
345 micropinosomes or CLIC/GEEC, which form tubular structures [23]. The CLIC/GEEC may be of
346 particular interest as these form tube-like structures [32].

347 In conclusion use of three-dimensional imaging approaches has demonstrated the
348 existence of TSNs. These TSNs will mediate non-selective diffusion across the placenta and
349 may be the pathway by which pharmacological drugs, environmental toxins and even
350 particulate pollutants cross the syncytiotrophoblast. In the future, accurately determining
351 the density of TSNs in healthy pregnancy is necessary to confirm the capacity of TSNs to
352 mediate transfer. Furthermore, establishing the density of TSNs in disease states may
353 provide novel insights into disease processes.

354

355 **Acknowledgements:** This work was supported by BBSRC project grant BB/R002762/1.
356 Equipment in the Biomedical Imaging Unit was supported by MR/L012626/1 Southampton
357 Imaging under MRC UKRMP Funding.

358

359 **Competing interests:** None

360

361 **Author contributions CREDIT statement**

362 Rohan M Lewis: Conceptualization, Funding Acquisition, Investigation, Supervision, Writing
363 – Original Draft Preparation, Writing – Review & Editing.

- 364 Harikesan Baskaran: Investigation, Formal Analysis, Writing – Review & Editing.
- 365 Jools Green: Investigation, Writing – Review & Editing.
- 366 Stanimere Tashev: Investigation, Writing – Review & Editing.
- 367 Eleni Paleologou: Investigation, Writing – Review & Editing.
- 368 Emma M Lofthouse: Resources, Writing – Review & Editing.
- 369 Jane K Cleal: Funding Acquisition, Supervision, Writing – Review & Editing.
- 370 Anton Page: Funding Acquisition, Methodology, Supervision, Writing – Review & Editing.
- 371 David S Chatelet: Formal Analysis, Supervision, Writing – Review & Editing.
- 372 Patricia Goggin: Methodology, Supervision, Writing – Review & Editing.
- 373 Bram G Sengers: Funding Acquisition, Formal Analysis, Supervision, Writing – Original Draft
- 374 Preparation, Writing – Review & Editing.

375 **References**

- 376 1. Dally A. Thalidomide: was the tragedy preventable? *Lancet*. 1998;351(9110):1197-9.
377 Epub 1998/06/27. doi: 10.1016/S0140-6736(97)09038-7. PubMed PMID: 9643709.
- 378 2. Lofthouse EM, Torrens C, Manousopoulou A, Nahar M, Cleal JK, O'Kelly IM, et al.
379 Ursodeoxycholic acid inhibits uptake and vasoconstrictor effects of taurocholate in human
380 placenta. *FASEB journal : official publication of the Federation of American Societies for*
381 *Experimental Biology*. 2019;33(7):8211-20. Epub 2019/03/30. doi: 10.1096/fj.201900015RR.
382 PubMed PMID: 30922127; PubMed Central PMCID: PMC6593889.
- 383 3. Bove H, Bongaerts E, Slenders E, Bijmens EM, Saenen ND, Gyselaers W, et al. Ambient
384 black carbon particles reach the fetal side of human placenta. *Nat Commun*.
385 2019;10(1):3866. Epub 2019/09/19. doi: 10.1038/s41467-019-11654-3. PubMed PMID:
386 31530803; PubMed Central PMCID: PMC6748955.
- 387 4. Lewis RM, Demmelmair H, Gaillard R, Godfrey KM, Hauguel-de Mouzon S, Huppertz
388 B, et al. The Placental Exposome: Placental Determinants of Fetal Adiposity and Postnatal
389 Body Composition. *Annals of Nutrition and Metabolism*. 2013;63(3):208-15. doi:
390 10.1159/000355222. PubMed PMID: WOS:000329057400005.
- 391 5. Thornburg KL, Burry KJ, Adams AK, Kirk EP, Faber JJ. Permeability of placenta to
392 inulin. *American journal of obstetrics and gynecology*. 1988;158(5):1165-9. Epub
393 1988/05/01. doi: 10.1016/0002-9378(88)90246-3. PubMed PMID: 3369499.
- 394 6. Bain MD, Copas DK, Taylor A, Landon MJ, Stacey TE. Permeability of the human
395 placenta in vivo to four non-metabolized hydrophilic molecules. *The Journal of physiology*.
396 1990;431:505-13. PubMed PMID: 2129229; PubMed Central PMCID: PMC61181787.
- 397 7. Kertschanska S, Kosanke G, Kaufmann P. Pressure dependence of so-called
398 transtrophoblastic channels during fetal perfusion of human placental villi. *Microscopy*
399 *research and technique*. 1997;38(1-2):52-62. doi: 10.1002/(SICI)1097-
400 0029(19970701/15)38:1/2<52::AID-JEMT7>3.0.CO;2-W. PubMed PMID: 9260837.
- 401 8. Brownbill P, Mahendran D, Owen D, Swanson P, Thornburg KL, Nelson DM, et al.
402 Denudations as paracellular routes for alpha-fetoprotein and creatinine across the human
403 syncytiotrophoblast. *American journal of physiology Regulatory, integrative and*
404 *comparative physiology*. 2000;278(3):R677-83. PubMed PMID: 10712288.
- 405 9. Cleal JK, Glazier JD, Ntani G, Crozier SR, Day PE, Harvey NC, et al. Facilitated
406 transporters mediate net efflux of amino acids to the fetus across the basal membrane of
407 the placental syncytiotrophoblast. *The Journal of physiology*. 2011;589(4):987-97. doi:
408 10.1113/jphysiol.2010.198549. PubMed PMID: WOS:000287743400026.
- 409 10. Lofthouse EM, Cleal JK, O'Kelly IM, Sengers BG, Lewis RM. Estrone sulphate uptake
410 by the microvillous membrane of placental syncytiotrophoblast is coupled to glutamate
411 efflux. *Biochem Biophys Res Commun*. 2018;506(1):237-42. Epub 2018/10/23. doi:
412 10.1016/j.bbrc.2018.10.074. PubMed PMID: 30343886.
- 413 11. Firan M, Bawdon R, Radu C, Ober RJ, Eaken D, Antohe F, et al. The MHC class I-
414 related receptor, FcRn, plays an essential role in the maternofetal transfer of gamma-
415 globulin in humans. *Int Immunol*. 2001;13(8):993-1002. Epub 2001/07/27. doi:
416 10.1093/intimm/13.8.993. PubMed PMID: 11470769.
- 417 12. Iqbal M, Audette MC, Petropoulos S, Gibb W, Matthews SG. Placental drug
418 transporters and their role in fetal protection. *Placenta*. 2012;33(3):137-42. Epub
419 2012/01/24. doi: 10.1016/j.placenta.2012.01.008. PubMed PMID: 22265855.
- 420 13. Gruber MM, Hirschmugl B, Berger N, Holter M, Radulovic S, Leitinger G, et al. Plasma
421 proteins facilitates placental transfer of polystyrene particles. *J Nanobiotechnology*.

- 422 2020;18(1):128. Epub 2020/09/11. doi: 10.1186/s12951-020-00676-5. PubMed PMID:
423 32907583; PubMed Central PMCID: PMCPCMC7487953.
- 424 14. Sibley CP. Understanding placental nutrient transfer--why bother? New biomarkers
425 of fetal growth. *The Journal of physiology*. 2009;587(Pt 14):3431-40. doi:
426 10.1113/jphysiol.2009.172403. PubMed PMID: 19417095; PubMed Central PMCID:
427 PMC2742272.
- 428 15. Stulc J. Extracellular transport pathways in the haemochorial placenta. *Placenta*.
429 1989;10(1):113-9. Epub 1989/01/01. PubMed PMID: 2654915.
- 430 16. Deerinck TJ, Bushong EA, Lev-Ram V, Shu X, Tsien RY, Ellisman MH. Enhancing serial
431 block-face scanning electron microscopy to enable highresolution 3-D nanohistology of
432 cellsandtissues. *Microsc Microanal*. 2010; 16:1138-9.
- 433 17. Palaiologou E, Etter O, Goggin P, Chatelet DS, Johnston DA, Lofthouse EM, et al.
434 Human placental villi contain stromal macrovesicles associated with networks of stellate
435 cells. *Journal of anatomy*. 2020;236(1):132-41. Epub 2019/09/13. doi: 10.1111/joa.13082.
436 PubMed PMID: 31512233.
- 437 18. Schindelin J, Arganda-Carreras I, Frise E, Kaynig V, Longair M, Pietzsch T, et al. Fiji: an
438 open-source platform for biological-image analysis. *Nat Methods*. 2012;9(7):676-82. doi:
439 10.1038/nmeth.2019. PubMed PMID: 22743772; PubMed Central PMCID:
440 PMCPCMC3855844.
- 441 19. Tashev SA, Parsons D, Hillman C, Harris S, Lofthouse EM, Goggin P, et al. Folding of
442 the syncytiotrophoblast basal plasma membrane increases the surface area available for
443 exchange in human placenta. *Placenta*. 2021;117:57-63. Epub 2021/11/13. doi:
444 10.1016/j.placenta.2021.11.002. PubMed PMID: 34768170.
- 445 20. Harris SE, Matthews KS, Palaiologou E, Tashev SA, Lofthouse EM, Pearson-Farr J, et
446 al. Pericytes on placental capillaries in terminal villi preferentially cover endothelial
447 junctions in regions furthest away from the trophoblast. *Placenta*. 2021;104:1-7. Epub
448 2020/11/16. doi: 10.1016/j.placenta.2020.10.032. PubMed PMID: 33190063; PubMed
449 Central PMCID: PMCPCMC7921774.
- 450 21. Mizushima N, Yoshimori T, Levine B. Methods in mammalian autophagy research.
451 *Cell*. 2010;140(3):313-26. Epub 2010/02/11. doi: 10.1016/j.cell.2010.01.028. PubMed PMID:
452 20144757; PubMed Central PMCID: PMCPCMC2852113.
- 453 22. Mayor S, Parton RG, Donaldson JG. Clathrin-independent pathways of endocytosis.
454 *Cold Spring Harb Perspect Biol*. 2014;6(6). Epub 2014/06/04. doi:
455 10.1101/cshperspect.a016758. PubMed PMID: 24890511; PubMed Central PMCID:
456 PMCPCMC4031960.
- 457 23. Cooke LDF, Tumbarello DA, Harvey NC, Sethi JK, Lewis RM, Cleal JK. Endocytosis in
458 the placenta: An undervalued mediator of placental transfer. *Placenta*. 2021;113:67-73.
459 Epub 2021/05/18. doi: 10.1016/j.placenta.2021.04.014. PubMed PMID: 33994009.
- 460 24. Jones CJ, Fox H. Ultrastructure of the normal human placenta. *Electron Microsc Rev*.
461 1991;4(1):129-78. PubMed PMID: 1873486.
- 462 25. Rescigno M, Urbano M, Valzasina B, Francolini M, Rotta G, Bonasio R, et al. Dendritic
463 cells express tight junction proteins and penetrate gut epithelial monolayers to sample
464 bacteria. *Nat Immunol*. 2001;2(4):361-7. Epub 2001/03/29. doi: 10.1038/86373. PubMed
465 PMID: 11276208.
- 466 26. Murrieta-Coxca JM, Aengenheister L, Schmidt A, Markert UR, Buerki-Thurnherr T,
467 Morales-Prieto DM. Addressing microchimerism in pregnancy by ex vivo human placenta

- 468 perfusion. Placenta. 2021;117:78-86. Epub 2021/11/14. doi:
469 10.1016/j.placenta.2021.10.004. PubMed PMID: 34773744.
- 470 27. Palaiologou E, Goggin P, Chatelet DS, Lofthouse EM, Torrens C, Sengers BG, et al.
471 Serial block-face scanning electron microscopy of erythrocytes protruding through the
472 human placental syncytiotrophoblast. Journal of anatomy. 2017;231(4):634-7. Epub
473 2017/07/18. doi: 10.1111/joa.12658. PubMed PMID: 28714092; PubMed Central PMCID:
474 PMCPMC5603844.
- 475 28. Day PE, Cleal JK, Lofthouse EM, Hanson MA, Lewis RM. What factors determine
476 placental glucose transfer kinetics? Placenta. 2013;34(10):953-8. doi:
477 10.1016/j.placenta.2013.07.001. PubMed PMID: WOS:000330331500016.
- 478 29. Wagner R, Modla S, Hossler F, Czymmek K. Three-dimensional analysis and computer
479 modeling of the capillary endothelial vesicular system with electron tomography.
480 Microcirculation. 2012;19(6):477-84. Epub 2012/03/23. doi: 10.1111/j.1549-
481 8719.2012.00181.x. PubMed PMID: 22435898.
- 482 30. Palaiologou E, Goggin P, Chatelet DS, Ribeiro de Souza R, Chiu W, Ashley B, et al.
483 Serial block-face scanning electron microscopy reveals novel intercellular connections in
484 human term placental microvasculature. Journal of anatomy. 2020;237(2):241-9. Epub
485 2020/04/04. doi: 10.1111/joa.13191. PubMed PMID: 32242928; PubMed Central PMCID:
486 PMCPMC7369196.
- 487 31. King BF. Ultrastructural evidence for transtrophoblastic channels in the
488 hemomonochorial placenta of the degu (*Octodon degus*). Placenta. 1992;13(1):35-41. Epub
489 1992/01/01. PubMed PMID: 1502135.
- 490 32. Ferreira APA, Boucrot E. Mechanisms of Carrier Formation during Clathrin-
491 Independent Endocytosis. Trends Cell Biol. 2018;28(3):188-200. Epub 2017/12/16. doi:
492 10.1016/j.tcb.2017.11.004. PubMed PMID: 29241687.
- 493 33. Atkinson DE, Robinson NR, Sibley CP. Development of passive permeability
494 characteristics of rat placenta during the last third of gestation. The American journal of
495 physiology. 1991;261(6 Pt 2):R1461-4. Epub 1991/12/01. doi:
496 10.1152/ajpregu.1991.261.6.R1461. PubMed PMID: 1750569.
- 497 34. Collins MC, Ramirez WF. Transport through polymeric membranes. J Phys Chem
498 1979;83:2294-301. doi: <https://doi.org/10.1021/j100480a022>.
- 499

500 **Figures and tables**

501

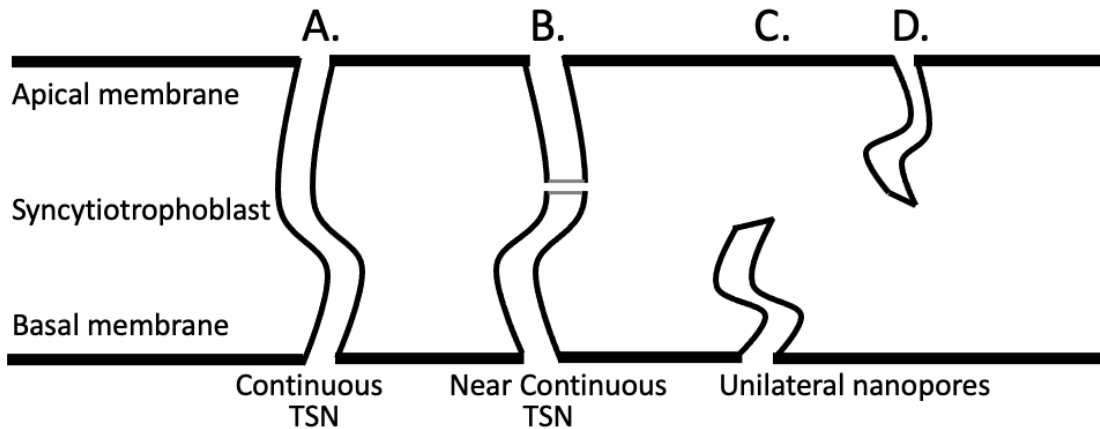
502 **Table 1: Estimated number of pores per gram required to explain the experimentally**
503 **observed placental permeability surface area products.**

| | D ($\text{m}^2 \text{s}^{-1}$) | PS_{pore} ($\text{m}^3 \text{s}^{-1}$) | $PS_{placenta}$ ($\text{m}^3 \text{s}^{-1} \text{g}^{-1}$) | number of pores (g^{-1}) |
|--------------|---------------------------------------|---|---|--|
| Inulin* | 2.6×10^{-10} | 2.20×10^{-18} | 0.28×10^{-10} | 13×10^6 |
| CrEDTA* | 7.0×10^{-10} | 5.92×10^{-18} | 1.06×10^{-10} | 18×10^6 |
| Mannitol* | 9.9×10^{-10} | 8.37×10^{-18} | 2.50×10^{-10} | 30×10^6 |
| Creatinine** | 12.9×10^{-10} | 10.9×10^{-18} | 6.41×10^{-10} | 59×10^6 |

504 *Placental permeability surface area product data taken from Bain *et al.* (1990) [6] and diffusion coefficients
505 from Atkinson *et al.* (1991) [33]. ** Permeability surface area product calculated based on Cleal *et al.* (2007)
506 and diffusion coefficient from Collins *et al.* (1979) [34].

507

508



509

510 **Figure 1, Classification of nanopores found in human placental syncytiotrophoblast. A,**
511 **continuous TSNs connecting the apical and basal membrane without any breaks. B, near-**
512 **continuous TSNs with sections connected to the apical and basal plasma membranes but**
513 **contained discontinuities where no clear connection could be observed but the ends of the**
514 **discontinuous sections were adjacent. C & D. Unilateral nanopores were ultrastructurally**
515 **similar to TSNs but opened from either the apical or basal plasma membrane but without**
516 **any apparent connection to the opposing membrane.**

517

518

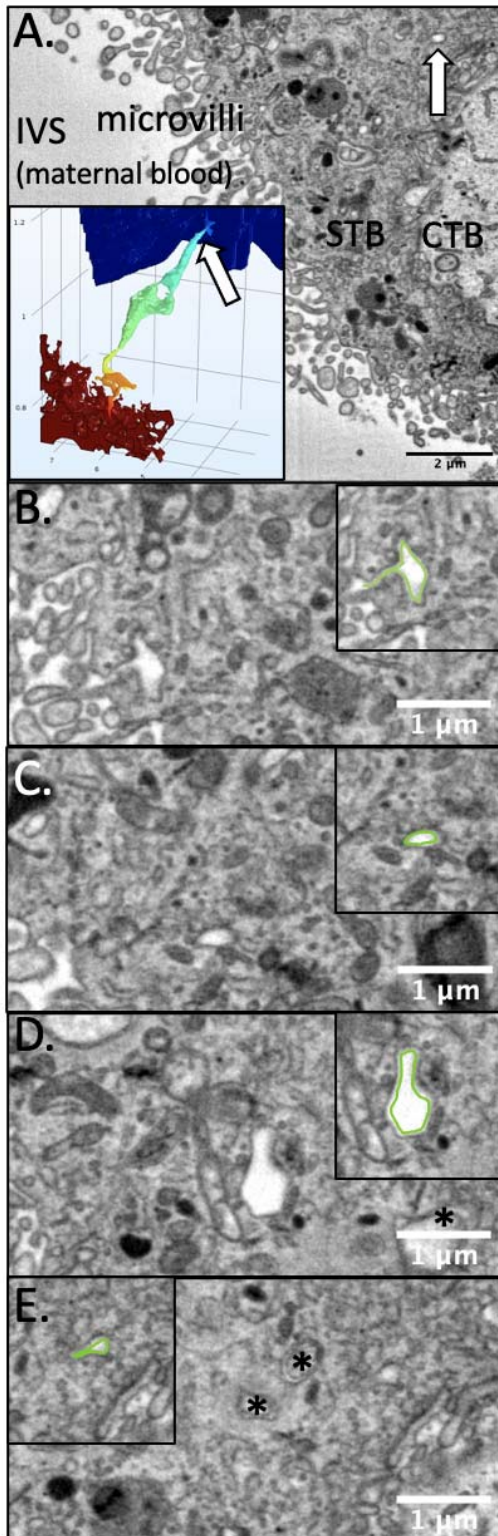
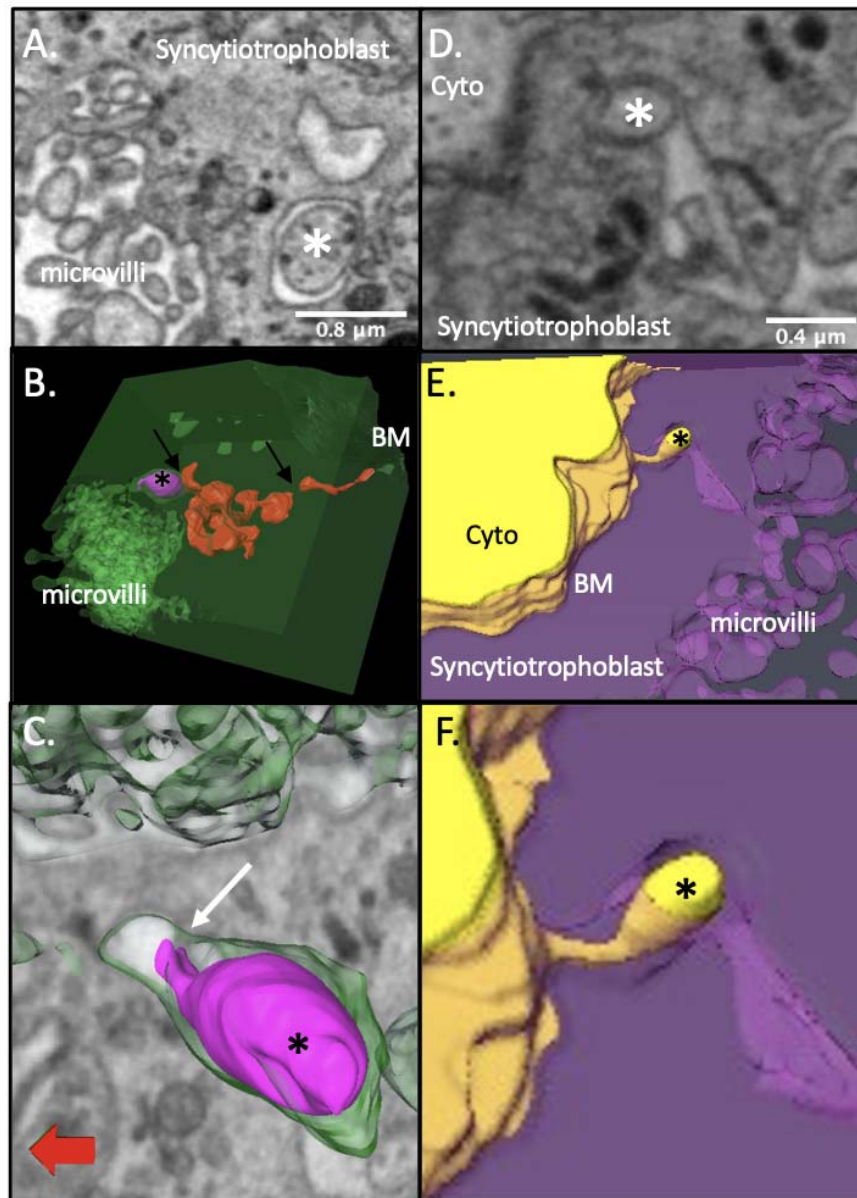


Figure 2, SBF SEM serial sectioning allows identification of TSNs crossing the human placental syncytiotrophoblast. **A)** An SBF SEM image showing a cross section of the syncytiotrophoblast (STB) from the maternal intervillous space (IVS) to the underlying cytotrophoblast (CTB). Within this image a cross section of a nanopore can be seen (white arrow) illustrating how difficult it would be to identify these structures from individual 2D images. The inset shows the nanopore reconstructed in 3D from 44 consecutive sections with the white arrow indicating where the section comes from and modelled solute concentration indicated by colour from high (red) to low (blue). **B)** the apical opening of the TSN with the inset showing this highlighted in green. **C)** A thin region of nanopore with the inset showing this highlighted in green. **D)** a dilated region of the nanopore with the inset showing this highlighted in green. In B, C and D the nanopore has a low electron density consistent with a fluid filled pore **E)** A region of nanopore where the lumen has a higher electron density than in other regions. The inset showing this cross section of the nanopore highlighted in green. This region is close to the end of the nanopore and the cytotrophoblast boundary can be seen bottom left. * Indicate inclusion bodies. A movie showing the nanopore highlighted in individual slices can be seen in the supplemental movie 1).



551

552 **Figure 3, Examples of TSN inclusions formed from engulfed syncytiotrophoblast or**

553 **cytotrophoblast. A-C) an apical nanopore inclusion body (*) was observed which appeared**

554 **to be derived from the trophoblast (green). A) shows a SBF SEM image containing a cross**

555 **section of a TSN inclusion. B) shows the same inclusion (pink) in 3D within a complex near-**

556 **continuous TSN (red). This TSN has several discontinuities indicated by black arrows but**

557 **gives the appearance of being part of a trans-syncytial network even if it does not form a**

558 **complete pore. C) shows a higher power image of the inclusion which is continuous with the**

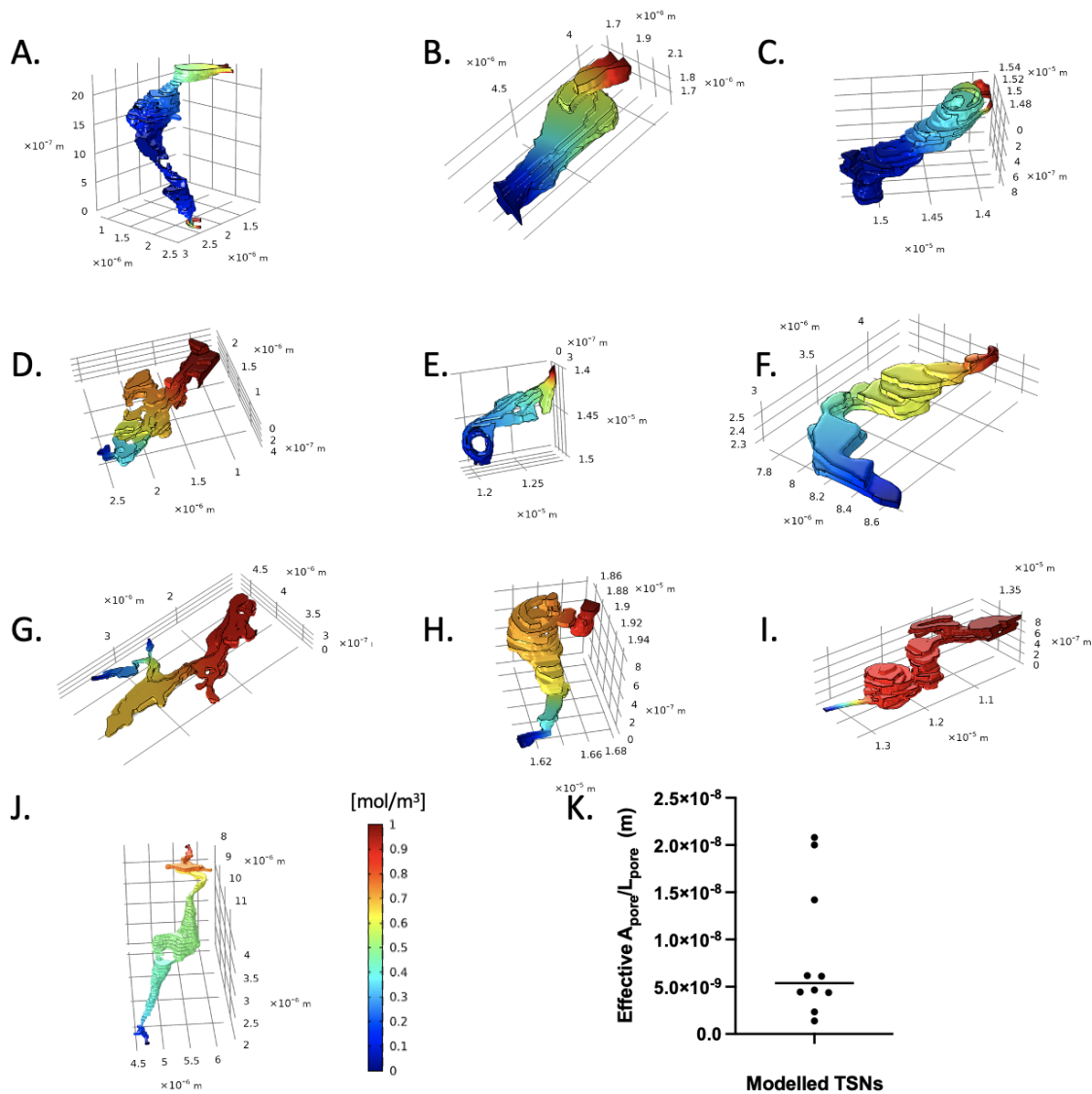
559 **syncytiotrophoblast (green) via a small stalk (white arrow). D-F) An example of a TSN**

560 **inclusion which is derived from the underlying cytotrophoblast (yellow). D) shows a SBFSEM**

561 **image of the cytotrophoblast derived inclusion. E) shows the nanopore inclusion within a**

562 **TSN with a relatively simple tubular structure. F) shows a higher power image of the**

563 **cytotrophoblast derived inclusion.**



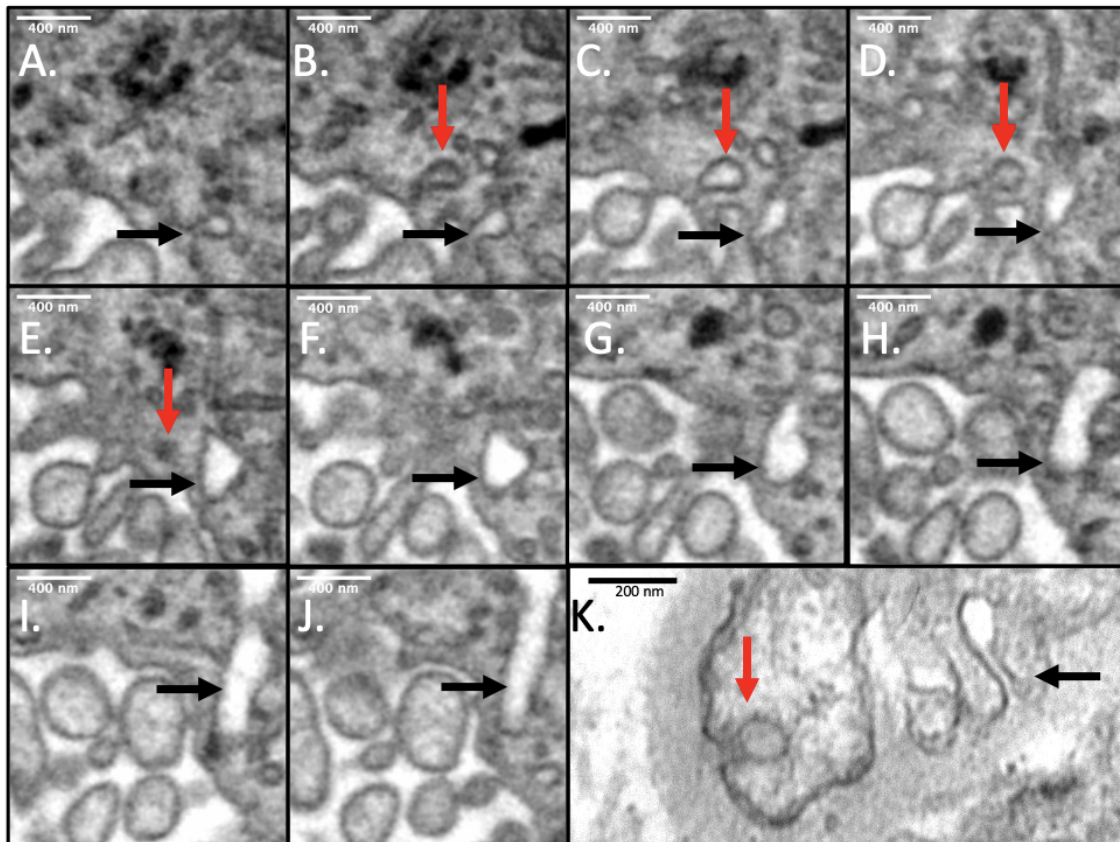
564

565 **Figure 4, Modelled solute concentration gradients within the continuous TSNs.** High
 566 concentrations (red) were applied to the maternal facing TSN opening, and concentration
 567 gradients are shown for diffusion through the channel. The molecular flux associated with
 568 these gradients was used to calculate the effective cross sectional surface area used to
 569 calculate permeability. **A-J)** show the nanopores presented in order of calculated
 570 permeability from highest to lowest. The apical opening is presented on top right and basal
 571 openings on the bottom or left. The TSN shown in A is a double pore with four apical and
 572 basal openings and a connection on the basal side which accounts for its higher
 573 permeability despite its longer length. Blind ends are present in D, I and G. TSN A has two
 574 openings to the microvillous membrane and two openings to the basal membrane of the
 575 syncytiotrophoblast. **J)** shows a scatterplot showing the distribution of permeabilities with
 576 the line indicating the median value.

577

578

579



580

581 **Figure 5, Comparison of endocytic vesicle and TSN openings on the apical and basal**

582 **membranes of the placental syncytiotrophoblast. A-J serial SBFSEM images (50 nm apart)**

583 **showing a flask shaped invagination forming the opening to a TSN (black arrow), alongside a vesicle (seen in B-E, red arrows) In these images the microvilli are bottom left. K. TEM image**

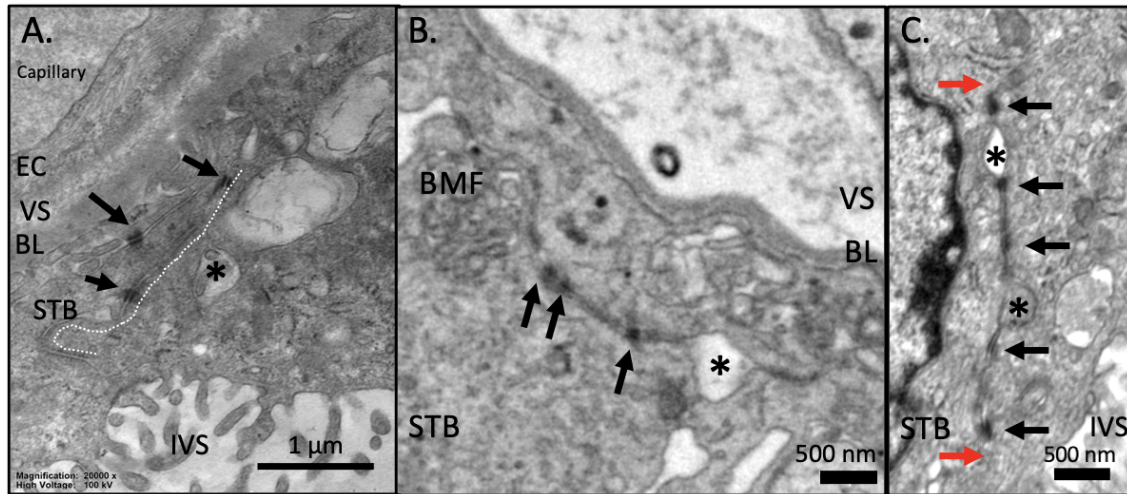
584 **of syncytiotrophoblast basal membrane showing an endocytic vesicle with dynamin spirals**

585 **(red arrow) near an opening characteristic of a TSN (black arrow).**

586

587

588



589

590 **Figure 6, Desmosome associated nanopores.** **A)** a TEM image of a desmosome associated
591 nanopore traversing most of the width of the syncytiotrophoblast (white dotted line) and
592 associated with dilation typical of TSNs (indicated by an *). **B)** an SBF SEM image of a
593 desmosome associated nanopore connecting basal membrane folds to a TSN like opening
594 (*). **C)** A TEM image of a desmosome associated nanopore which begins and ends in the
595 same field of view (red arrows). This demonstrates that it is not a cell-cell junction as if this
596 were the case it would need to intersect 2 sides of the image or be a circle. This channel
597 contains an empty TSN like dilation (top*) and one which contains inclusion material
598 (bottom*). EC = endothelial cell, VS = villous stroma, BL = basal lamina, STB =
599 syncytiotrophoblast, BMF = basal membrane folds. IVS = intervillous space.