



# Imaging of post-mortem human brain tissue using electron and X-ray microscopy

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Electron microscopy imaging of post-mortem human brain (PMHB) comes with a unique set of challenges due to numerous parameters beyond the researcher's control. Nevertheless, the wealth of information provided by the ultrastructural analysis of PMHB is proving crucial in our understanding of neurodegenerative diseases. This review highlights the importance of such studies and covers challenges, limitations and recent developments in the application of current EM imaging, including cryo-ET and correlative hybrid techniques, on PMHB.

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## Introduction

Neurodegenerative diseases are broad ranging and highly complex, with diverse aetiologies and frequently overlapping clinical manifestations. Among these are Alzheimer's disease (AD) and Parkinson's disease (PD), which are age-dependent disorders that are becoming increasingly prevalent worldwide [1,2,3\*]. The fundamental pathophysiology of all neurodegenerative diseases is the dysfunction and ultimate loss of specialized

predilected neurons and/or glial cells. Despite decades of intensive research, the molecular mechanisms underlying these diseases remain unclear, and no therapeutic strategy developed to date has been effective at combating the onset or preventing the progression of disease.

*In vitro* and genetic studies have provided compelling evidence about the biological and molecular processes underlying such diseases. Animal models have been used to test hypotheses for the core biological mechanisms. However, cellular and animal models are insufficient to recapitulate the entire biology of human disease [4,5]. Moreover, little is known about the morphology/ultrastructure of single neurons and glial cells in the human brain in aging and disease conditions [6,7\*]. As a result, therapeutic strategies developed *in vitro* that proved to be effective in animal models have not been successfully translated to humans regarding brain diseases. Although several drugs have progressed to advanced clinical trials targeting neurodegenerative diseases such as AD, none of them have proved effective; most currently available drugs merely serve to alleviate symptoms and do not have any disease-modifying effect [8]. It is becoming increasingly clear that multiple and interlinked biological factors contribute to neuronal dysfunction and degeneration, cell–cell transmission and cell death in AD and PD. We are still missing crucial pieces of the puzzle.

In this regard, comprehensive microscopic analysis of human brain is proving to be essential toward understanding the pathological mechanisms underlying neurodegenerative disease by providing an overview of human-specific morphological, (sub)cellular features and novel pathological findings [9,10]. In fact, our understanding of human neuropathology has been largely advanced by immunohistochemistry and light microscopy (LM) analysis of post-mortem human brain (PMHB), in which misfolded protein aggregates have been identified as the major neuropathological hallmark of many neurodegenerative diseases (reviewed in Refs. [11–14]). Ultrastructural studies on PMHB using electron microscopy (EM) have been performed for decades; however, the recent 'resolution revolution' in cryo-electron microscopy (cryo-EM) [15] has allowed for higher throughput and greater sensitivity in tissue imaging and has evolved into a tool that can now monitor fine structural processes at the cellular and

molecular level in three-dimensions (3D) [16], as well as achieve high-resolution information on pathologically misfolded proteins extracted from diseased human brains [17,18]. One of the main challenges that remains in conventional EM studies is the small field of view, resulting in a long scanning time for large tissue samples as well as the difficulty in the interpretation of the images. In some cases, cellular features such as nuclei, mitochondria or cytoskeletal elements can be unambiguously recognized, whereas other structures cannot be identified purely based on their morphological signatures. Furthermore, due to the small field of view and highly crowded cellular environment, finding rare structures, such as certain pathological aggregates or cellular events in PMHB is nearly impossible when using EM alone.

As an alternative, LM, including super resolution LM (STED and PALM/STORM), volume EM methods such as serial block-face scanning electron microscopy (SBF-SEM) or focussed ion beam scanning electron microscopy (FIB-SEM), as well as X-ray microscopy (XRM), can be exploited to obtain 3D reconstructions of entire affected brain regions. Volume information from these investigations can then be used to direct higher-resolution studies using room-temperature transmission electron microscopy (TEM) or cryo-EM to relevant locations in a correlative manner. Such multimodal investigations of human brain tissue provide an essential interface and complementary approach contributing to the advancement of our understanding of the molecular mechanisms underlying neurodegeneration.

Because of the difficulty in obtaining suitable samples, ultrastructural analyses of the human brain tissue remain scarce. Biopsies of human brain are only rarely obtainable from pathological locations in very restricted clinical constellations, such as the surgical removal of epileptic foci, tumors, or necrotic tissue [19]. Most studies of human brain pathology must therefore primarily rely on the analysis of post-mortem tissue collected by brain banks using rapid autopsy protocols [20••].

While there have been many reviews in the last few years on EM imaging of non-human biological samples [21,22•], we review specifically EM and complementary modalities such as XRM techniques for imaging of post-mortem human brain. We provide example images that were recorded on postmortem human brain samples obtained as described in Suppl. Material.

### Sample preparation

In contrast to studies in animal tissue, in which the conditions during euthanasia can be carefully controlled, human brain tissue can usually only be collected after death and thus post-mortem changes in the tissue are inevitable. When examining PMHB at the ultrastructural

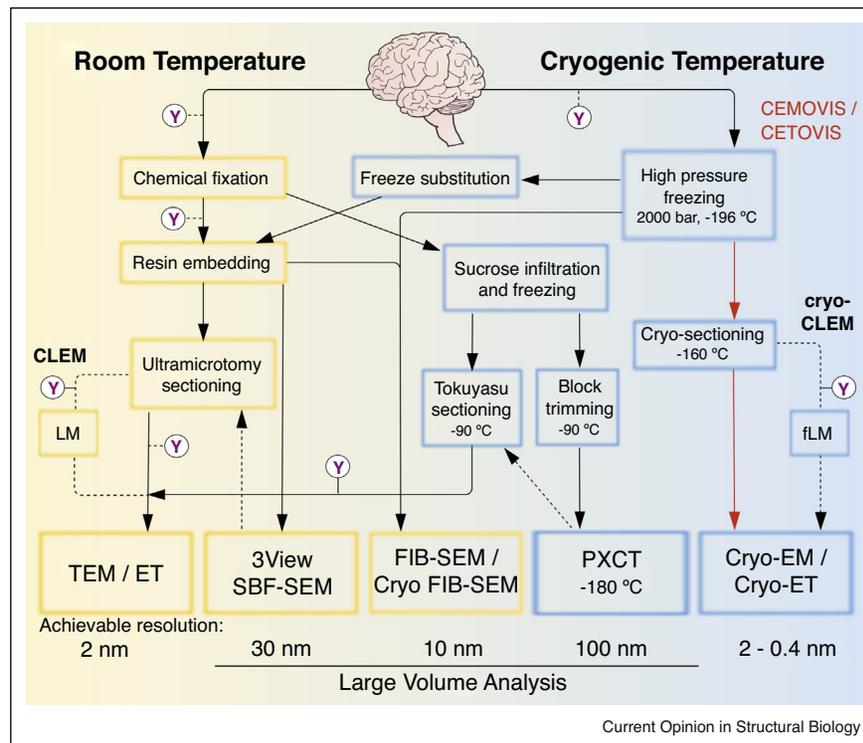
level, it can be difficult to discriminate which morphological changes are pathophysiologically relevant, and which are due to antemortem events or prolonged post-mortem delays [23,24]. In order to minimize the impact of artefacts related to post-mortem delay, sample preparation must be performed both, carefully and efficiently.

Ideally, a biological sample should be preserved directly at autopsy in a way that does not alter tissue morphology's appearance in the following imaging modality (Figure 1). In practice, this has been difficult to do, because potential artefacts to tissue morphology from each sample preparation method are difficult to recognize, primarily due to the lack of direct comparison between the tissue appearance by different imaging methods. For example, sample preparation for immunohistochemistry analysis by LM neither requires, nor typically involves, preparation protocols that preserve the detailed morphological structures otherwise necessary for EM investigation.

Room temperature sample preparation of PMHB involves the fixation, dehydration and plastic (resin) embedding of tissue, which has traditionally resulted in major ultrastructural defects at the EM level [25] (Supplementary Figure 1). Modern sample preparation protocols have been optimized for EM investigations to primarily preserve the tissue ultrastructure, and include post-fixation of PMHB samples with a mixture of paraformaldehyde and glutaraldehyde together with osmium impregnation [10,12,26–28]. This achieves excellent results for preserving the ultrastructure of both membrane and protein components of cellular architecture. Furthermore, when combined with recently developed *en-bloc* staining protocols [29], high-contrast staining throughout large tissue blocks can be achieved [30•,31•]. However, the high levels of cross-linking and heavy metal deposition used in these protocols often interfere with tissue antigenicity, rendering difficult any downstream immunolabelling studies for LM imaging. Thus, when combining LM and EM imaging methods into a single study, the initial sample preparation of choice is often a compromise to satisfy the two imaging targets. With the intensifying research into brain pathology involving LM, EM, and complementary methods such as XRM, optimized sample preparation methods for correlative studies are needed.

For cryo-EM and cryo-electron tomography (cryo-ET) of vitreous sections, termed CEMOVIS and CETOVIS respectively, the biological samples are prepared in a frozen-hydrated state that maintains its structure as close as possible to their true physiology [32]. Currently, PMHB is usually mildly chemically fixed at autopsy before high pressure freezing; however, ideally in the future, techniques will be developed to utilize unfixed

Figure 1



Preparation and imaging workflow for chemically fixed PMHB. Sample preparation pathways at room temperature and cryogenic temperature, leading to the major EM and X-ray imaging techniques, are shown. Currently, PMHB is mildly chemically fixed at autopsy before high pressure freezing; however, ideally in the future techniques will be developed to utilize unfixed tissue in order to avoid fixation artefacts and be imaged as close to the native state as possible. Alternative/optional pathways are depicted as dashed arrows. Room temperature preparative and imaging methods are shown in yellow, cryogenic methods in blue boxes. Points along the pathways, where immunolabelling can be applied are indicated (Y). The CEMOVIS/CETOVIS pathway is denoted by red arrows. For PXCT and SBF-SEM, return arrows demonstrate further sample processing that can occur during (SBF-SEM) or following (PXCT) large volume imaging in order to image regions of interest at a higher resolution. SBF-SEM, FIB-SEM and PXCT represent imaging methods capable of reconstructing large volumes at the cellular or tissue level as opposed to the molecular level when employing electron tomography (ET/cryo-ET) in the TEM/cryo-EM.

tissue in order to exclude any potential fixation artefacts and allow imaging as close to the native state as possible. High-pressure frozen tissue can be sectioned with a cryo-ultramicrotome, which is technically very demanding and prone to introduce cutting artifacts. Alternatively, frozen samples can be cut with a focussed ion beam scanning electron microscope (FIB-SEM), which is a relatively recently developed technique. For both these methods, the sample must remain frozen and hydrated at all times during sample preparation and imaging, which is technically difficult. Importantly, the samples do not require any staining, dehydration or resin-embedding, thereby excluding their associated artefacts. This cryo preparation enables faithful access to structural information *in situ* down to molecular resolution [33,34\*\*].

## Imaging methods

### TEM, cryo-EM, and cryo-ET

Depending on the biological question, several methods for EM imaging of PMHB are available (Figure 1). TEM

provides the highest resolution ultrastructural information at the nanometer scale or better. When using a tomography process where a series of images are recorded from the sample using different angles, recorded tilt series can be transformed into a 3D reconstruction by computer processing, and visualized as slices or segmented surfaces [35,36]. Repetitive or multiple copies of structures within the volumes can be averaged [37,38], resulting in 3D reconstructions of higher resolution and contrast compared to 2D images of the non-tilted samples. This allows to resolve individual structures, such as membranes, filaments, organelles, and vesicles, within a specific environment in PMHB. This was demonstrated recently in two studies using TEM imaging to analyse the ultrastructure of aggregates present in healthy and diseased human brain, revealing insights into the mechanism of ageing and PD [30\*\*,31\*].

These studies on PMHB were performed using room temperature TEM, for which the resolution of the images

was limited by the typical sample processing, that is, resin embedding and heavy metal staining (Figure 2 and Supplementary Figure 2). Here, cryo-EM and cryo-ET can overcome these resolution limits as was recently demonstrated by Guo *et al.*, who were able to discern the molecular architecture of specific protein aggregates within cultured neurons [39]. This study represents exciting prospects for future applications in PMHB. In

this context, CEMOVIS and CETOVIS could offer unique solutions to resolve the molecular structure of protein aggregates *in situ* under native conditions. Some example images from CEMOVIS of PMHB are shown in Figure 2 and Supplementary Figure 2. The ultrastructure of myelin/myelin axons, mitochondria and neurofilaments is well preserved.

While TEM and ET are excellent for resolving specific structures within a specific environment, they can only provide limited information for contextual and spatial information. Lower resolution techniques such as SBF-SEM, FIB-SEM, or complementary XRM offer the use of a larger surface area or volume to investigate the ultrastructure of PMHB at the cellular, rather than molecular level (Figure 1).

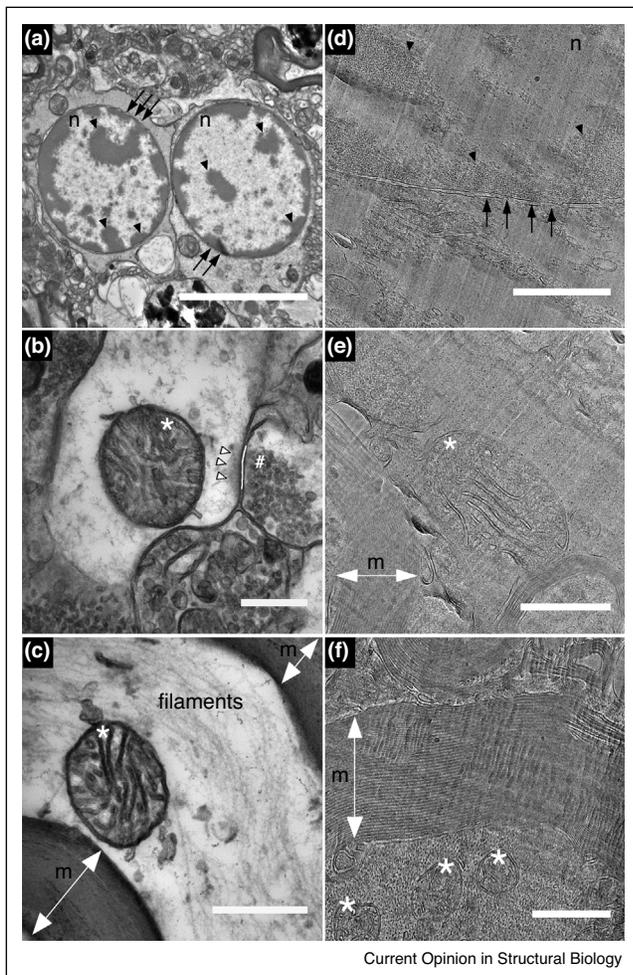
### SBF-SEM and FIB-SEM

Both, SBF-SEM [40] and FIB-SEM [22\*] utilize a scanning electron microscope (SEM) to image the surface of a fixed sample block at room temperature. Since the SEM utilizes back-scattered or secondary electrons that return from the sample block, SEM imaging requires the room-temperature sample to be fixed and extensively heavy-metal stained, to provide sufficient image signal. SBF-SEM utilizes a physical diamond-knife microtome within the vacuum chamber of the SEM to iteratively remove the upper-most surface layer, while recording surface SEM images, which are later stacked together to yield a 3D reconstruction. Recent developments in staining protocols for SBF-SEM have resulted in the fast, high-quality staining of tissue blocks in the millimeter scale [41\*\*].

The FIB-SEM instead uses a focused ion beam of Gallium ions to iteratively remove the upper-most surface layer via ion abrasion, while a scanning electron beam records the surface images, and can be performed at both room temperature and cryogenic temperature (cryo-FIB; [42,43]). While SBF-SEM can more rapidly remove large surface layers and is therefore better suited to scan through large sample volumes, FIB-SEM can remove thinner layers of material (2–5 nm) but on much smaller areas [44]. Because of differences in beam geometry, detection system and probably gallium interaction, a higher resolution with smaller pixel size is easier to obtain with FIB-SEM. Recent advances in the image acquisition processes and device reliability has allowed for extended imaging times leading to the high-resolution reconstruction of large volumes in *Drosophila* brain, and mouse neural tissue [44].

SBF-SEM/FIB-SEM are powerful techniques to investigate larger volume and characterize the ultrastructure of the surrounding tissue. Both techniques can be combined with higher-resolution TEM: for example, once an interesting location in PMHB is identified in the SBF-SEM,

**Figure 2**



Cellular features in PMHB prepared and imaged at room temperature (a)–(c) or by CEMOVIS (d)–(f). Chromatin in cell nuclei (n) is denoted by black arrowheads and the nuclear membrane indicated by black arrows. Mitochondria are indicated with a white asterisk and myelin sheaths (m) surrounding axons shown as white double headed arrows. Panel (b) shows a synapse between two neurons: arrow heads point to post-synaptic density, the white line indicates the synaptic cleft and the hash symbol denotes pre-synaptic vesicles. Filaments orientated laterally along the cutting axis can be seen in the axon shown in panel c. Postmortem brain tissue was fixed in 2.5% paraformaldehyde and 2% glutaraldehyde before being processed for EM as described in Ref. [30\*\*] (a)–(c), or before being processed for CEMOVIS. Images were taken at room temperature on a T12 (FEI) electron microscope operated at 120 kV (a)–(c), or at cryogenic temperatures on a Talos electron microscope (FEI) operated at 200 kV (d)–(f). Scale bars: a = 5  $\mu$ m; b–f = 500 nm.

the sample can be recovered from the SEM, mounted into a conventional ultramicrotome, and a few ultrathin sections of <100 nm thickness can be cut from the volume surface. TEM imaging of these sections than can give higher-resolution (~3 nm) information on the ultrastructure of the region of interest, and ET can even be used to provide higher-resolution 3D information. Subsequently, the remainder of the block can be returned to the SBF-SEM to continue the large-volume 3D study. Such correlative SBF-SEM/TEM investigations were applied to human brain recently [30<sup>\*\*</sup>,31<sup>\*</sup>]. In this workflow, the resolution was limited by the sample preparation as metals have stained and compromised all molecular structures. A similar idea has been implemented for cryo-FIB, termed cryo-FIB lift-out [42,43]. In this method, once the region of interest has been identified, the FIB is used to mill the sample into ultra-thin vitreous lamellae that can then be imaged by cryo-TEM and cryo-ET for high-resolution ultrastructural information [45<sup>\*</sup>,46]. This technique has recently been used to reveal the 3D structural state of large macromolecular complexes and organelles within single cells [47,48], and specific skeletal muscle junctions from tissue [49].

#### Meso-scale and nano-scale imaging using XRM

X-ray microscopy (XRM), a key new instrument in correlative microscopy, can generate an entire 3D view of the interior of otherwise optically opaque samples in a non-destructive way [50]. Modern XRM can produce 3D tomographic reconstructions at submicrometer isotropic resolution of biological or also non-organic samples [51,52]. Synchrotron-based XRM, given the availability of higher photon flux, allows for fast data acquisition over large tissue volumes, proving attractive for neuroscientific efforts. This technique has been used to evaluate contrast and biomarkers for PMHB samples from PD patients [53<sup>\*</sup>], to visualize and count cerebellar cells in PMHB [54], to image whole brain cerebrovasculature at 6- $\mu$ m resolution in rats [55], and to visualize neural networks in mouse spinal cord [56]. Such complementary information can serve as valuable enrichment to histological evaluations of PMHB samples.

For using such high-energy X-rays, phase-sensitive XRM concepts such as holo-tomography, Zernike phase contrast, or coherent diffraction imaging (CDI) need to be applied because of the reduced absorption contrast of biological tissues at such energies. Ptychography is a CDI modality that involves scanning a specimen across a confined coherent illumination in a way that illuminated areas partially overlap at different scan positions [57,58]. The combination of phase images acquired at various incident angles of the beam supply the information required for 3D tomographic reconstruction of the specimen [59]. For ptychography, resolution is limited by thermal drifts, mechanical stability, and dose-dependent imaging signal-to-noise ratio, rather than a lens [60].

Ptychographic X-ray Computed Tomography (PXCT) using hard X-rays (above 5–10 keV, below 0.2–0.1 nm wavelength) is a powerful 3D synchrotron-based imaging technology [61,62] that can be applied to investigate PMHB. PXCT has the appropriate penetrative power to visualize biological materials thicker than 10  $\mu$ m and spanning large regions (250 000–400 000  $\mu$ m<sup>3</sup>). Furthermore, samples can be imaged in their entirety, without additional sectioning or milling due to the greater penetration power of X-rays over electrons. The tissue does not require stain for visualizing contrast; rather, the different mass densities of intracellular and extracellular components are directly visualized [59]. As applied recently to unstained, hydrated mouse brain [63<sup>\*\*</sup>] and PMHB [64], PXCT has proven very useful for assessing complex cellular networks in thick tissues [63<sup>\*\*</sup>].

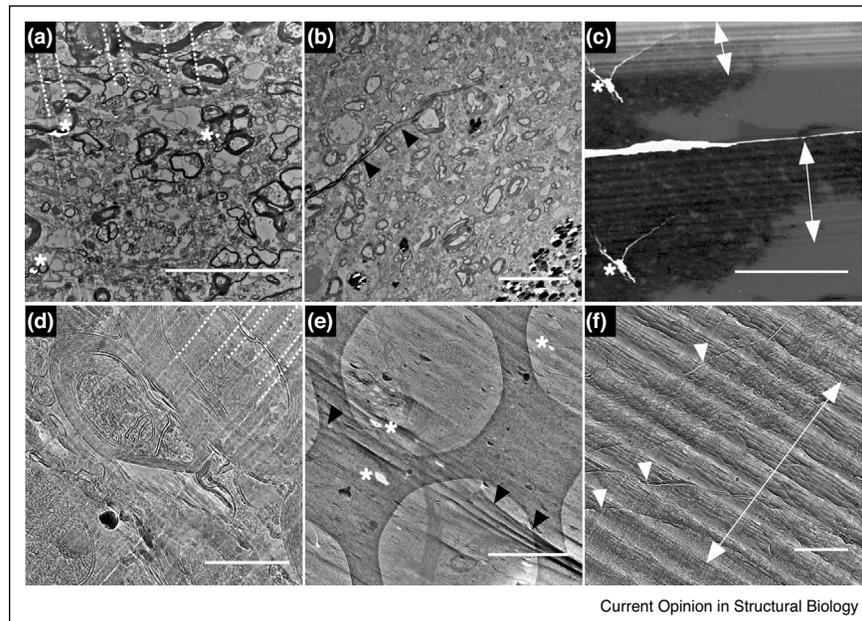
Recent efforts have also shown X-ray nanoholotomography to be a useful label-free imaging tool for visualizing PMHB cerebellum and neocortex using paraffin-embedded, cylindrical biopsy-punched tissue blocks, reaching a resolution of 88 nm. Cell somata, dendrites, nucleolus and nuclear envelope boundaries could be distinguished in the resulting 3D datasets [65]. In addition to the more standard resin-embedded or paraffin-embedded tissue samples used for biological imaging at the nanoscale, fully hydrated neuronal tissues such as those prepared by cryoprotection followed by slow freezing ([63<sup>\*\*</sup>]; Tran 2018-submitted) (Supplementary Figure 3) can also be investigated by cryogenic PXCT using appropriate instrumentation such as the OMNY (tOMography Nano crYo) setup at the Paul-Scherrer Institute in Villigen, Switzerland [66]).

#### Common artefacts

EM analysis of PMHB tissue requires extensive sample preparation, which can cause various artefacts to tissue integrity or image quality. Most of these artefacts are not specific to PMHB and have been well documented in the literature [67–70]. These are summarized below.

Presenting together, chemical fixation and resin embedding are known to result in alteration of organelle shape and volume (e.g. swelling or shrinkage), can lead to loss of lipids from storage droplets and membranes (Supplementary Figure 1) and, if improperly done, can cause significant problems during sectioning. Heavy metals used as stains to provide contrast in the section (during either pre-embedding or post-embedding staining) are challenging to maintain soluble during tissue penetration, and can interact with some cellular compartments (e.g. the lysosomal pathway) rendering them too electron-dense for imaging [71,72]. Artefacts from cutting or sample handling such as sample compression, chatter, knife marks, section crevasses, wrinkles, folds or ‘tears’, are common problems in both, room temperature and cryo-sections. While these physical section defects do not always cause

Figure 3



Cutting artefacts in PMHB prepared and imaged at room temperature (a)–(c) or by CEMOVIS (d)–(f). Diamond knife marks (a), (d) are seen as tracks left in the tissue (white dotted line). Folds (b), (e) in the sections are indicated by black arrow heads. Chatter (c), (f) seen as hills and valleys (white double headed arrows) is created by vibrations from the diamond knife or in CEMOVIS sections by the knife surface friction. Crevasses (deep fractures in the cryosection; indicated by white arrowheads) are created by excessive compression due to the blunt knife angle used for cryo cutting, and become more prominent in cryosections thicker than 70 nm. Holes in the sections due to tearing during sectioning are indicated with white asterisks. Cutting artefacts are more pronounced in cryo-sections as compared to room temperature sections due to the cutting being performed using a dry and non-vibrating microtome knife at cryogenic temperatures. Brain tissue was fixed in 2.5% paraformaldehyde and 2% glutaraldehyde before being processed for EM as described in [30\*\*] (a)–(c), or being processed for CEMOVIS. Images were taken at room temperature on a T12 (FEI) electron microscope operated at 120 kV (a)–(c), or at cryogenic temperatures on a Talos electron microscope (FEI) operated at 200 kV (d)–(f). Scale bars: a,b = 10 μm; c = 200 μm; d,f = 500 nm; e = 2 μm.

ultrastructural changes in cellular morphology, they can lead to distracting image artefacts (Figure 3). Cryo-sections have to be thin enough to allow transmission of the electron beam in a cryo-TEM instrument. Unfortunately, they suffer from low structural image contrast in the cryo-EM, and the cryo-sectioning often produces pronounced artefacts, due to the cutting being performed at cryogenic temperature and the usage of a dry and non-vibrating microtome knife [67] (Figure 3). Fortunately, unlike preparation artefacts associated with conventional sample preparation, such cutting artefacts do not interfere with the physiological state of the cells and can be recognized by the trained eye, and reduced or prevented under certain conditions. The use of a focused ion beam rather than a diamond knife, cryo-FIB milling causes fewer cutting artefacts to produce ‘lamellae’, but the method is still novel, difficult, and inefficient, and so far only produces sections at relatively low yield [46].

### Correlative imaging

Historically, the localization of specific proteins in PMHB was achieved using immunogold labelling on resin-embedded sections prepared for EM [73–75]. However,

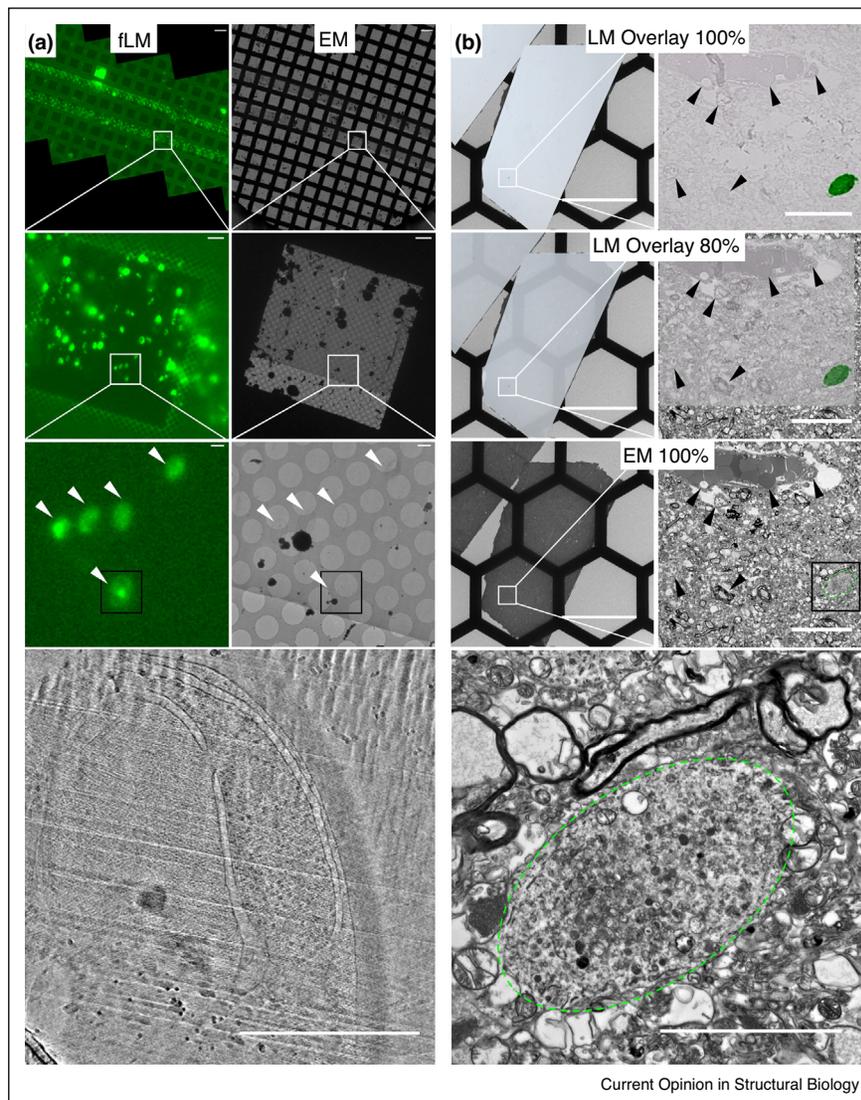
recent advances in microscopy and labelling technology, as well as sample preparation protocols have fuelled the development of hybrid approaches, termed correlative light and electron microscopy (CLEM). CLEM combines functional LM with ultrastructural contextual information from EM from a single biological event. Depending on the biological question, all CLEM approaches must be able to correlate the resulting LM to the EM images, for example, by using overlay techniques or landmark-based alignment performed either manually or facilitated by software. In some approaches the molecule of interest must be labelled to be identified by LM (e.g. using DAB-based immunohistochemistry techniques, fluorescence or genetically encoded labels) and then its ultrastructural context highlighted by EM [30\*\*,76]. In other cases, CLEM is used to correlate *in vivo* imaging with ultrastructure in a label-free context with external cues for modality registration [77,78].

The genetically introduced fluorescent markers can be used in animal models, but are not available for studies in human brain. However, immunohistochemistry studies on PMHB can be performed either during

pre-embedding or post-embedding for CLEM studies (Figure 1). Pre-embedding antibody labelling of endogenous molecules requires careful permeabilization of the cells and membranes of the tissue, but is rewarded with good labelling efficiency. However, the permeabilization step can be detrimental to the integrity of tissue ultra-structure (reviewed in Ref. [79]). In contrast, post-embedding immuno-labelling has the drawback that the chemicals used for preparing the tissue for EM can

severely limit epitope availability, thereby leading to a much lower level of labelling intensity. Despite these challenges, CLEM provides significant advantages for studies of PMHB as recently demonstrated for PD tissue [30\*\*]. In that study, ultrathin sections of PMHB were collected alternately on glass slides and EM grids, which allowed the localisation of Lewy body aggregates with standard immunohistological techniques in the light microscope, followed by the use of markers in the tissue

Figure 4



Correlative light and electron microscopy (CLEM) in cryogenic (a) and room temperature conditions (b). (a) Vitrified ultra-thin sections of yeast cells overexpressing GFP-tagged alpha-synuclein were collected on EM grids and imaged by fluorescent microscopy (fLM) to find cells containing alpha-synuclein aggregates. Areas in white boxes are shown at higher magnifications and features identifiable in both the fluorescent and EM images are indicated with white arrowheads. Bottom: A single yeast cell (black box) is shown with EM at high magnification. (b) Ultra-thin sections of PMHB embedded in epon were collected consecutively on glass slides and EM grids. The glass slides were processed for alpha-synuclein immunoreactivity and aggregates identified by light microscopy (LM; green coloured region). Corresponding EM grids were imaged and overlaid with the LM at both low and high magnification (white boxed areas) to identify aggregates (green dashed line) in the high resolution EM landscape. Structures in the tissue identifiable in both LM and EM images were used for correlation (black arrowheads). Bottom: the Lewy body (black box), identified by LM, imaged at higher magnification in the EM. Scale bars: a = 100  $\mu\text{m}$ , 10  $\mu\text{m}$ , 2  $\mu\text{m}$  and 1  $\mu\text{m}$  respectively for both FM and EM images; b = 200  $\mu\text{m}$ , 10  $\mu\text{m}$  and 5  $\mu\text{m}$  respectively.

such as cell nuclei, blood vessels and/or axons to accurately localize the same structures in the corresponding sections on the EM grid (Figure 4).

### Array tomography

Correlative array tomography is another 3D EM approach that combines large volume data analysis with the identification of a specific subcellular structure or process of interest [26,80<sup>\*\*</sup>,81]. While this technique has not yet been applied to PMHB, it should be adaptable for that purpose. In this method, fluorescently labelled 200–300 nm sections are serially collected on electrically conductive silicon wafers. Structures of interest are then detected by fluorescence or superresolution LM (STED, SIM, STORM, PALM), whereby the sections are then stained with metals and imaged using SEM. Instrument manufacturers are providing software to help target the high-resolution SEM image acquisition (2 nm) to the same area of the section where fluorescence was acquired. The SEM images of consecutive sections are later reconstructed into a 3D volume. The lateral resolution and possible development of multi-channel imaging provided by the superresolution LM allow for the identification of molecular identities of specific subcellular constituents with SEM providing the tissue context.

### In situ Cryo-CLEM

The most native, label-guided and ultrastructurally resolving method is *in situ* cryo-CLEM of fluorescently labelled biological samples under native conditions. This approach has recently been applied to various samples [82–84,85<sup>\*\*</sup>,86]. During transfer and imaging by cryo-fluorescence and cryo-EM, biological specimens must remain vitreous under cryogenic temperatures and in a dry environment. For that purpose, several vendors have developed light microscope cryo-stages for fluorescence LM imaging, which are now commercially available [82,87]. These systems are now including microscope control software that enables automated, tiled acquisition and image stitching of the entire sample area by cryo-fluorescence microscopy [82]. Resulting images of the frozen cryo-EM grid in form of a whole-grid image and identified locations of interest can then be transferred into a cryo-EM instrument that runs the SerialEM software [88], thus eliminating the time-consuming generation of LM–TEM overlay images before collecting high-resolution cryo-ET data. Figure 4 shows an example of the use of Leica cryo-CLEM system to study yeast cells overexpressing GFP-tagged alpha-synuclein as a PD model system.

### Concluding remarks

Tissue imaging of human brain diseases must overcome the challenges of location identification, multi-scale imaging (molecules versus brain regions), and reaching sufficient resolution. Multi-resolution correlative imaging approaches are ideal for these tasks, and hold great

potential towards revealing mechanisms underlying neurodegeneration. PMHB tissue is a challenging sample for studying the mechanisms of neurodegeneration, as it can be affected by the patient's age and often represents the end-stage of the disease. Little is known about which phenomenon in human brain is pathogenic, epiphenomenon, protective mechanism, or simply normal ageing. Furthermore, the possibility of tissue alterations due to extended prolonged antemortem events or post-mortem delay before sample preparation must be considered. Nevertheless, advanced EM, CLEM, and XRM of PMHB can provide unique insights into the diseased brain morphology, as no cellular or animal model is available to-date that can recapitulate the aetiopathogenesis of human neurodegenerative disease.

### Conflict of interest statement

Nothing declared.

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### Appendix A. Supplementary data

Supplementary material related to this article can be found, in the online version, at doi:<https://doi.org/10.1016/j.sbi.2019.06.003>.

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Papers of particular interest, published within the period of review, have been highlighted as:

- of special interest
- of outstanding interest

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This paper calls into question the current hypotheses and therapeutic treatment strategies in neurodegeneration and challenges the discrepancies between observations in post-mortem human brain and animal models.

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