Elasto-Plastic Transition in Epithelial Folding

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Abstract

During morphogenesis, epithelial sheets fold sequentially to make up three-dimensional organ structures. The resulting fold is irreversible, thereby allowing morphogenesis to proceed unidirectionally. However, how the irreversibility of folding is established remains unclear. We report a novel mechanical property of epithelia that is responsible for folding irreversibility. In e*x vivo* and *in vitro* cultures, epithelia exhibit an elastic response and restore their original shapes when folding is induced by short-term mechanical indentation. In contrast, long-term indentation induces a plastic response, resulting in irreversible deformation. Remarkably, the transition from an elastic to a plastic response occurs in a switch-like manner with a critical duration. This transition is established by the

accumulation of F-actin into a bracket-like structure across the fold, with the critical duration

determined and tunable by the actin polymerization rate. Bracket formation and the resulting transition

require two mechanosensing pathways: TRPC3/6-mediated calcium influx and ligand-independent

epidermal growth factor receptor (EGFR) activation. While each pathway is independently triggered

by deformation, calcium influx specifically occurs at the fold under EGFR activation. These results

demonstrated that cells control epithelial folding irreversibility by detecting the temporal

characteristics of deformation and adaptively switching between elastic and plastic responses. This

finding, thus, resolves a long-standing question concerning the directionality of morphogenesis.

Main

Morphogenesis proceeds in one direction, with sequential epithelial folds transforming planar sheets into three-dimensional structures. Importantly, each fold is irreversible, and this irreversibility is essential for the formation of complex organ structures. Morphogenesis cannot proceed if the folds return to their original shapes; therefore, ensuring the irreversibility of epithelial folding is fundamental for achieving morphogenesis.

Various cellular behaviors that generate mechanical forces, including apical constriction, serve as key drivers of epithelial folding[1–5]. The balance between these forces and mechanical properties, such as elasticity and viscosity, determines the magnitude and rate of tissue deformations[6–10]. However, folding irreversibility cannot be explained by either driving forces or viscoelastic properties. Because the epithelium is constantly exposed to various deformations by the activities of its constituent cells and surrounding tissues[11–13], successful morphogenesis requires epithelia to retain necessary deformations while resisting unnecessary deformations.

We previously showed that the neuroepithelium has a bending plasticity that facilitates retinal invagination[14], suggesting that the bending plasticity of the epithelium can lead to irreversible morphological changes. The epithelium also displays bending elasticity that allows it to resist external forces[15–17]. Cells respond mechanosensitively to imposed deformations[18–21] and surrounding curvatures[22–24], indicating that cells may regulate their bending elasticity and plasticity — properties that confer opposing responses to external forces — to control the irreversibility of epithelial folding.

We developed a mechanical indentation assay for measuring the elastoplastic properties of the

epithelium. We observed both elastic and plastic responses in several types of epithelia, including a

mouse embryonic optic vesicle (OV), mouse embryonic stem cell (mESC)–derived OV organoid, and

Madin-Darby canine kidney (MDCK) cell–derived cyst. Further experiments using the MDCK cell–

derived cyst revealed an elastoplastic transition and its underlying molecular mechanisms, which likely

serve to adaptively control the irreversibility of the epithelial folding response through the detection

of imposed deformation.

Elastoplastic transition in folding

To measure epithelial bending plasticity, we developed an indentation assay, in which a glass pipette

is used to indent the epithelium, forming a single fold. After holding the pipette in place for a defined

time, the pipette is removed to relax the residual strain (**Fig. 1a,b** and **Extended Data Fig. 1a–e**). This

assay enables the assessment of bending properties as a function of the hold duration (τ).

We first assessed the dependence of the bending property on τ. Mouse embryonic OV tissue

exhibited an elastoplastic response dependent on τ: when $\tau = 20$ sec, the tissue restored its original

shape, whereas the tissue deformed irreversibly when $\tau = 30$ min (**Fig. 1c** and **Supplementary Video**

1). A similar response was observed in mESC–derived OV organoids (**Fig. 1d** and **Supplementary**

Video 1), indicating that this elastoplastic response is an intrinsic property of OVs, independent of

surrounding tissues, such as the epidermis or the periocular mesenchyme. MDCK cell–derived cysts

displayed a similar elastoplastic response (**Fig. 1e** and **Supplementary Video 1**), suggesting that this

response is not specific to mouse optic vesicles but is likely a general characteristic of many types of

epithelia, including embryonic and cultured tissues. The plastic deformation that occurred after the 30-

min indentation was maintained for several hours after unloading (**Extended Data Fig. 1b,f**).

In experiments using $\tau = 30$ min, the tissue exhibited springback, in which a slight return to the

original shape was observed after retraction, indicating a mixed elastic and plastic response. To

quantify this mixed response, we introduced the degree of bending plasticity, ψ, based on the epithelial

curvature measured at the fold caused by the indentation (see **Methods**). This criterion represents the

contribution of plastic deformation to total deformation. Significant differences were observed

between the elastic and plastic responses among embryonic OV tissues, mESC–derived OV organoids,

and MDCK cell–derived cysts (**Fig. 1f**).

We performed further quantitative analyses using MDCK cell–derived cysts, which have

consistent sizes and shapes and no surrounding tissues. The measurement revealed that ψ *is* dependent

on τ, with an increase in τ associated with a monotonic increase in ψ, from elastic to plastic (**Fig. 1g**).

Remarkably, the rate of increase in ψ is nonlinear, with a switch-like transition observed at a certain τ.

By fitting a sigmoidal function, we identified the critical duration as $\tau_{ct} = 13$ min. The original shape

tended to be restored when τ was below τ_{ct}, whereas the tissue deformed irreversibly when τ was above

τ_{ct}. These results show that the epithelium switches its bending response bistably between elastic and

plastic depending on the temporal characteristics of the imposed deformation.

Ligand-free mech-activated EGFR

To understand how cells sense deformation, we measured ψ after the application of inhibitors. During

indentation, epidermal growth factor receptor (EGFR) becomes activated in a mechanosensitive

manner, and the inhibitors PD153035, LY294002, and ipatasertib, which inhibit EGFR,

phosphoinositide 3-kinase (PI3K), and Akt, respectively, all suppressed the elastoplastic transition (**Fig.**

2a), indicating that the EGFR–PI3K–Akt pathway regulates the transition.

The mitogen-activated protein kinase kinase (MEK) inhibitor PD325901 did not affect the

elastoplastic transition (**Fig. 2a** and **Extended Data Fig. 2a**), indicating that the MEK–ERK pathway

is not involved in the transition. However, the deformation activated extracellular signal-related kinase

(ERK), and this ERK activity was inhibited by EGFR inhibitor PD153035 (**Fig. 2d,f** and **Extended**

Data Fig. 2a), indicating that ERK activation occurred through EGFR. Therefore, to monitor the

EGFR activation in the transition, we utilized a Förster resonance energy transfer (FRET) sensor for

ERK activation (**Fig. 2b**, **Extended Data Fig. 2a** and **Supplementary Video 2**). The FRET ratio

increased rapidly within the first 5 min of indentation, particularly near the fold (**Fig. 2b,c**), followed

by a gradual decrease (**Fig. 2d**).

To clarify what triggers EGFR activation, we assessed cysts derived from MDCK cells engineered

to knock out all endogenous EGFR ligands: epidermal growth factor (EGF), transforming growth

factor alpha (TGFα), heparin-binding EGF-like growth factor (HBEGF), and epiregulin (EREG)[25].

These cysts displayed an increased FRET ratio and elastoplastic transition in response to deformation

(**Fig. 2e,f**), and similar results were obtained in cysts derived from MDCK cells engineered to knock

out only EGF and those engineered to knock out disintegrin and metalloprotease 17 (ADAM17), in

which TGFα, HBEGF, and EREG are inactivated (**Fig. 2e,f** and **Extended Data Fig. 2a-e**). These

results show that deformation triggers EGFR activity in a ligand-independent manner.

Our findings indicate that the elastoplastic transition involves the mechanosensitive and ligand-

independent activation of the EGFR–PI3K–Akt pathway, which is consistent with previous reports that

EGFR is activated without a ligand[26–28] and in a mechanosensitive manner[29–31].

Mech-induced calcium transient at fold

Our inhibitor assays revealed that mechanosensitive calcium channels are required for elastoplastic

transition. The transition was suppressed by the inhibition of mechanosensitive cation channels,

including transient receptor potential canonical (TRPC)1/6, using Grammostola

mechanotoxin 4 (GsMTx4)[32,33], and by the chelation of intracellular calcium, using BAPTA-AM (**Fig.**

3a and **Extended Data Fig. 3**). Specifically, the transition was suppressed by the inhibition of TRPC6

with SAR-7334; however, it still occurred even under the inhibition of TRPC1 with Pico145 (**Fig. 3a**

and **Extended Data Fig. 3**), indicating that TRPC6-mediated calcium influx is necessary for the

transition. Moreover, TRPC3 and TRPC6 form a heteromeric complex on the apical side[34], and

inhibition of TRPC3 with Pyr3 suppressed the transition (**Fig. 3a**), suggesting that cells detect

deformation via TRPC3/6-mediated calcium influx on the apical side.

We performed live intracellular calcium imaging to observe the spatial pattern of calcium influx

using cysts derived from a cell line stably expressing the calcium indicator GCaMP6s. We found that

indentation induced typical calcium transients (**Fig. 3b,c** and **Supplementary Video 3**) that were

maintained throughout the indentation duration. These transients were specifically localized at the

apical side of the fold (**Fig. 3d,e,f**) in a region measuring approximately 20.7 µm long along the

contour and approximately 5.0 µm thick along the apicobasal axis (**Extended Data Fig. 3c–e**). These

transients were suppressed by GsMTx4 and BAPTA-AM (**Fig. 3g** and **Extended Data Fig. 3a,b**),

which corresponds to the suppression of the transition by these inhibitors (**Fig. 3a**). These findings

show that cells detect folding on the apical side via mechanosensitive calcium influx.

We also assessed the interaction between EGFR activation and calcium influx. To clarify whether

EGFR activation affects calcium signaling, we performed live calcium imaging of cysts derived from

GCaMP6s-expressing cells treated with the EGFR inhibitor PD153035, which revealed that PD153035

suppressed chronic calcium transients (**Fig. 3g** and **Extended Data Fig. 3**). By contrast, we observed

increased FRET in response to indentation in the presence of the mechanosensitive channel inhibitor

GsMTx4 (**Fig. 3h** and **Extended Data Fig. 2**). These results indicate that the elastoplastic transition

requires both mechanosensitive pathways: EGFR activation and calcium influx. While both of them

are independently triggered by deformation, calcium influx is triggered under EGFR activation.

Through the calcium pathway, cells detect apical deformation.

Actin bracket establishes the transition

To elucidate the mechanism that establishes the transition, we performed live imaging of F-actin using

cysts derived from an MDCK cell line, stably expressing mCherry-fused Lifeact. During indentation,

F-actin gradually accumulated locally at the apical side of the fold (**Fig. 4a, Extended Data Fig. 4a**,

Supplementary Video 4). Three-dimensional imaging revealed F-actin accumulation not only on the

apical side but also along the lateral boundaries between cells (**Extended Data Fig. 4b** and

Supplementary Video 5). F-actin accumulated to form a bracket-like structure along the apical side

of the epithelium, which we term the 'actin bracket,' approximately 9.6 µm long and 2.0 µm thick (**Fig.**

4b,c, Extended Data Fig. 4c-e), corresponding to the region with frequent calcium transients

(**Extended Data Fig. 3c-e**).

F-actin accumulation occurred most rapidly at the point of highest curvature, showing a linear

increase for the first 10 min and then plateauing (**Fig. 4d**). This time duration is shorter than the critical

duration for the elastoplastic transition (**Fig. 1g**). The region of accumulation gradually expanded from

this point, taking approximately 16 min to fully form the actin bracket and cover the fold (**Fig. 4d**).

This time duration corresponds to the critical duration of the transition (**Fig. 1g**), indicating that the

formation of the actin bracket is essential for the transition.

To clarify the role of F-actin accumulation in the elastoplastic transition, we measured ψ following

the inhibition of F-actin polymerization with cytochalasin D, latrunculin A, or CK-666 (**Fig. 4e** and

Extended Data Fig. 5). These inhibitors not only suppressed F-actin accumulation but also inhibited

the transition, indicating the critical role of F-actin polymerization. In addition, inhibiting the EGFR-

PI3K–Akt and calcium pathways, which are known regulators of F-actin dynamics[35–39], also halted

both F-actin accumulation and the transition (**Fig. 2a,3a,4e** and **Extended Data Fig. 5**). By contrast,

inhibiting MEK or TRPC1 had no effect on F-actin accumulation, corresponding to the lack of effect

on the transition. These results indicate that F-actin accumulation, regulated downstream of EGFR–

PI3K–Akt and calcium pathways, is essential for the elastoplastic transition.

Interestingly, enhancing actin polymerization with jasplakinolide resulted in a plastic response as

rapidly as 5 min after indentation (**Fig. 4e** and **Extended Data Fig. 5**). Even in the presence of

jasplakinolide, short-term indentations induced elastic responses, but the critical duration required for

the elastoplastic transition ($\tau_{ct} = 2.8$ min) was significantly shorter than under untreated conditions (**Fig.**

4f). This result indicates that the actin polymerization rate determines the critical duration required for

elastoplastic transition.

These results show that F-actin accumulates across the fold, forming a bracket-like structure that

establishes elastoplastic transition, and that the critical duration can be tuned by adjusting the actin

polymerization rate.

Discussion

In this study, we elucidated the mechanism underlying elastoplastic transition during epithelial folding, which occurs as an all-or-nothing response that is dependent on the temporal characteristics of the imposed deformation. The transition is established by the accumulation of F-actin in response to mechanosensing pathway activation (**Extended Data Fig. 6**).

The concept of elastoplastic transition is well-known in the field of solid materials engineering. However, its mechanics in epithelial folding have not been previously reported, to our knowledge. Metals and resins typically exhibit strain-dependent elastoplastic transitions, with plastic deformation resulting from large deformations[40]. By contrast, elastoplastic transitions for fabrics and other materials are often time-dependent transitions, with the transition duration dependent on the material and environment. Transitions in these materials are generally caused by passive mechanisms, such as atomic displacement in metals, crystal exfoliation in resins, and fiber displacement in fabrics (**Extended Data Fig. 7a**). The tunable critical duration in epithelial folding, as regulated by living cells, represents a sharp contrast with the transition mechanics associated with other materials.

The elastoplastic transition of the epithelium is analogous to tissue fluidization[41–44], as both of these processes are able to induce irreversible deformation (**Extended Data Fig. 7b**). However, fluidization requires tissue to phase transition from a solid to a liquid, whereas tissue remains in the solid phase during the elastoplastic transition. Kinematically, fluidization is caused by a global rearrangement of cells at the tissue scale, whereas the elastoplastic transition is caused by a change in

local cell behavior and does not require global rearrangement. In the elastoplastic transition, local cell

behavior alone can cause tissue-scale deformation, generating an irreversible fold structure.

The cells that drive apical constriction in epithelial folding may also undergo elastoplastic

transition, responding to their own deformation (**Extended Data Fig. 7c**). This idea is supported by

observations that elastoplastic transition and apical constriction share several key components,

including actomyosin activity[1–3,14,45–48], calcium signaling[14,46], and EGFR activation[47–49]. Apical

constriction occurs collectively for all cells within a specific region and period; however, individual

cells are constantly generating relatively short-term forces through behaviors such as division,

apoptosis, and contraction, which can introduce noise[44,50]. Elastoplastic transition may play a key role

in stabilizing appropriate invaginations, filtering out the noise from short-term individual cell forces,

and enabling collective cellular behaviors.

In conclusion, we demonstrated that cells actively control the irreversibility of epithelial folding

through the elastoplastic transition. This observation requires the reconsideration of long-standing

mechanistic concepts in development, indicating that epithelial morphogenesis proceeds not only by

regulating active force generation but also by regulating deformation irreversibility to define the

resulting morphology.

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Author contributions

A.T.: data curation, formal analysis, investigation, methodology, resources, software, validation,

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R.I.: investigation and validation. S.T.: resources and validation. G.S.: resources and validation. S.O.:

conceptualization, data curation, formal analysis, funding acquisition, methodology, project

administration, resources, software, supervision, visualization, and writing (original draft and revised

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232 **Competing interests**

233 The authors declare no competing interests.

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Fig. 1 Epithelial folding shows a switch-like transition from elastic to plastic responses. a,

Mechanical indentation device with a custom culture chamber on a confocal microscope. An electric

piezo manipulator with a glass pipette is placed inside. **b**, Schematic for the flow of the indentation

assay. Bending plasticity, ψ, was introduced, and its dependence on the hold duration, τ, was explored.

c–e, Schematics and images of the epithelium before, during, and after indentation for (**c**) mouse

embryonic optic vesicles (OVs) at E9.0, (**d**) an OV organoid derived from mouse embryonic stem cells

(mESCs) at Day 6 or 7, and (**e**) a cyst derived from Madin-Darby canine kidney (MDCK) cells. Scale

bar, 50 μm. **f**, Bending plasticity, ψ, of three types of epithelia (N ≥ 7). Box plots in (**f**): center: median;

bounds, 25th and 75th percentiles; whiskers, min and max; ***P < 0.001 (Welch's t-test). **g**, Bending

plasticity, ψ, of MDCK cell–derived cysts as a function of τ. Red dotted line shows a sigmoid function

fitted by the least squares method, in which critical duration, τ_{ct}, is 13 min.

Fig. 2 Ligand-independent, mechanically activated EGFR and PI3K–Akt pathway induces

elastoplastic transition. a, Bending plasticity, ψ, for indentation only and indentation in the presence

of inhibitors for EGFR or downstream molecules, at $\tau = 30$ min (N ≥ 5). **b**, ERK-FRET images for

indentation only immediately after initiation, at the time of peak ratio, and 30 min after indentation.

Scale bars, 15 μm. **c**, Kymograph of ERK-FRET ratio along the epithelium contour over time under

conditions of indentation only. FRET ratio at each pixel is normalized to its value immediately after

indentation and averaged across samples (N = 5). The pipette is at a positive distance from the apex

with the highest curvature. **d**, Time variations of ERK-FRET ratios around the apex during indentation

for indentation only and indentation in the presence of EGFR inhibition (N = 8). Data represent the

mean ± s.e. **e**, Bending plasticity, ψ, in cysts featuring the knockout of EGFR agonists, including all

four factors (4KO), EGF (dEGF), and a factor upstream of the other three agonists (dADAM17), for τ

= 30 min (N ≥ 5). **f**, ERK-FRET ratios of cysts featuring the knockout of EGFR agonists at t = 0 min

and the time of peak ratio (N ≥ 5). Box plots in **a**, **e**, and **f**: center, median; bounds, 25th and 75th

percentiles; whiskers, min and max; ***P < 0.001 (Welch's t-test). ADAM17, a disintegrin and

metalloproteinase 17; EGF, epidermal growth factor; EGFR, epidermal growth factor receptor; ERK,

extracellular signal-related kinase; FRET, Förster resonance energy transfer; PI3K, phosphoinositide

3-kinase.

Fig. 3 TRPC3/6-mediated calcium transient induces elastoplastic transition by detecting apical deformation. a, Bending plasticity, ψ, under conditions of mechanosensitive channel inhibition or intracellular calcium chelation for $\tau = 30$ min (N ≥ 6). **b**, Time-lapse images of GCaMP6s 10 min after indentation initiation. Calcium transients occurred in the apical region (arrows). **c**, Time variations of calcium concentrations around the apex 10 min after indentation initiation. **d** and **e**, Spatial distributions of calcium transient frequency: before, 10 min, and 20 min after indentation initiation. Map view (**d**) and distribution along the epithelium contour averaged across samples (**e**). Dotted lines indicate epithelium contours. Data represent the mean ± s.e. (N = 5). **f**, Calcium transient frequency at apical and basal regions (N = 5). **g**, Calcium transient frequency around the apex under conditions of mechanosensitive channel inhibition, intracellular calcium chelation, or EGFR inhibition (N = 5). **h**,

386   ERK-FRET ratios under conditions of mechanosensitive channel inhibition at $t = 0$ and the time of

387   peak ratio (N = 7). Box plots in **a** and **e**–**h**): center, median; bounds, 25th and 75th percentiles; whiskers,

388   min and max; *P < 0.05, **P < 0.01, ***P < 0.001 (Welch's t-test). EGFR, epidermal growth factor

389   receptor; ERK, extracellular signal-related kinase; FRET, Förster resonance energy transfer; TRPC,

390   transient receptor potential canonical.

Fig. 4 Local F-actin accumulation forms a bracket-like structure that is essential for elastoplastic

transition. a, Time-lapse images of Lifeact-mCherry before indentation and at $t = 0$ min, $t = 10$ min,

and $t = 30$ min. F-actin accumulated at fold (arrows). Scale bars, 15 μm. **b** and **c**, Kymographs of

Lifeact-mCherry intensity along the epithelium contour (**b**) and apicobasal axis (**c**) over time. Intensity

at each pixel was normalized to the initial intensity and averaged across samples (N = 5). **d**, Time

variation of the maximum and average Lifeact-mCherry intensity around fold (N = 5). **e**, Bending

plasticity, ψ, under conditions of F-actin dynamics inhibition for $\tau = 5$ min and $\tau = 30$ min (N ≥ 5). **f**,

Bending plasticity, ψ, as a function of duration time, τ, under conditions of actin polymerization

400   inhibition or enhancement. Dotted lines show fitted sigmoid functions. Box plots in **f**: center, median;

401   bounds, 25th and 75th percentiles; whiskers, min and max; *P < 0.05, **P < 0.01, ***P < 0.001

402   (Welch's t-test). EGFR, epidermal growth factor receptor.