encoding TNF-α was also demonstrated by semiquantitative RT-PCR analyses. The levels of TNF-α mRNA isolated from primary cultured rat microglia incubated with 50 μM Aβ25–35 and 100 U/ml IFN-γ at 37°C for 4 h expressed approximately a fivefold rise over the nonstimulated control (Fig. 2C). The levels of increased TNF-α mRNA expression were significantly inhibited by the pretreatment with 1 mM PS/PC liposomes for 1 h to approximately two-to threefold levels of the control (Fig. 2C). The administration of 10 ng/ml LPS combined with 100 U/ml IFN-γ was conducted as a positive control for the expression of TNF-α mRNA.

Effect of PS/PC liposomes on the NO production by Aβ/IFN-γ-activated microglia

Subsequently, employing the Griess reaction assay, we investigated whether PS/PC liposomes also decrease the synthesis of NO, which is a potentially proinflammatory molecule and a tally of $\cdot O_2^-$ for $ONOO^-$ formation. The incubation of primary cultured rat microglia with 50 μM Aβ25–35 combined with 100 U/ml IFN-γ at 37°C for 72 h resulted in a significant elevation in the accumulation of NO (Fig. 3A). As expected, the Aβ/IFN-γ-induced microglial NO production was significantly inhibited after 1 h of pretreatment with PS/PC liposomes in a dose-dependent manner (Fig. 3A).

We also investigated the effect of PS/PC liposomes on the NO-forming iNOS protein levels. 6-3 microglia were pretreated with PS/PC liposomes for 1 h and followed by incubation with 50 μM Aβ25–35 combined with 100 U/ml IFN-γ at 37 °C for 12 h. We observed that 1 mM PS/PC liposomes significantly downregulated the Aβ/IFN-γ-induced microglial iNOS expression (Figs. 3B and C). The PS/PC liposomes-mediated reduction of the iNOS expression was elucidated to closely parallel that of the NO levels.

Effect of PS/PC liposomes on the superoxide generation by Aβ/IFN-γ-activated microglia

Furthermore, we investigated whether or not PS/PC liposomes could suppress the generation of $\cdot O_2^-$ associated with Aβ/IFN-γ-activated microglia using the ESR spin-trap
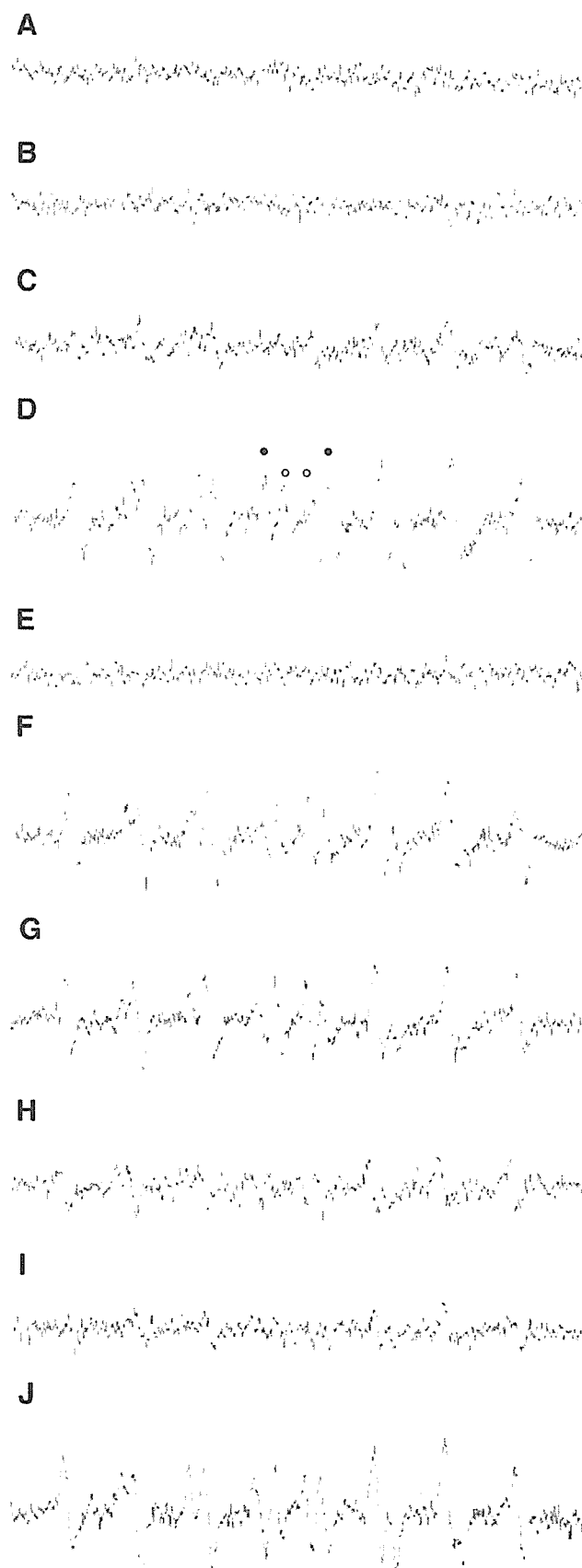
Fig. 4. Effect of PS/PC liposomes on the superoxide generation by Aβ/IFN-γ-activated microglia. 6-3 microglial cells (5 × 10⁶/ml) were incubated with 100 U/ml IFN-γ for 16 h and 50 μM Aβ25–35 for 30 min at 37°C with or without pretreatment of PS/PC or PC liposomes for 1 h. The ESR spectra were then recorded in the presence of 50 mM DEPMPO at room temperature. (A) ESR spectra obtained from 50 μM Aβ25–35 peptide alone (cell free). (B) ESR spectra of DEPMPO adducts obtained from nonstimulated microglia. (C) ESR spectra of DEPMPO adducts obtained from the microglia stimulated by IFN-γ alone. (D) ESR spectra of DEPMPO adducts obtained from Aβ25–35/IFN-γ-activated microglia. Open and closed circles represent the measured signal peaks of DEPMPO-OH and DEPMPO-OOH adducts, respectively. (E) The same as D, but with the addition of SOD (160 μg/ml). (F) The same as D, but with the addition of catalase (280 μg/ml). (G) The same as D, but after pretreatment with PS/PC liposomes (0.5 mM) for 1 h. (H) The same as D, but after pretreatment with PS/PC liposomes (1 mM) for 1 h. (I) The same as D, but after pretreatment with PS/PC liposomes (2 mM) for 1 h. (J) The same as D, but after pretreatment with PC liposomes (2 mM) for 1 h.

technique with DEPMPO. Because several previous studies have reported spontaneously generated free radicals associated with high concentrations of Aβ peptides (i.e., millimolar order) [28,29], we beforehand confirmed that the concentrations of Aβ peptides used in this study (i.e., 50 μM) had no potency to generate $\cdot O_2^-$ by itself (Fig. 4A).

In the preparations of nonstimulated 6-3 microglial cells, no signals were obtained (Fig. 4B). Microglial cells stimulated by 100 U/ml IFN-γ alone in the presence of 50 mM DEPMPO showed the weak signals whose spectra can hardly be clarified (Fig. 4C). Microglial cells stimulated by 50 μM Aβ25–35 combined with 100 U/ml IFN-γ in the presence of 50 mM DEPMPO showed prominent signals whose spectra consisted of a linear combination of a characteristic 12-line spectrum corresponding to $\cdot O_2^-$ spin adduct DEPMPO-OOH and an 8-line spectrum corresponding to $\cdot OH$ spin adduct DEPMPO-OH (Fig. 4D). Computer simulation confirmed DEPMPO-OOH with hyperfine splittings $a_N = 13.22$ G, $a^\beta_H = 10.962$ G, $a_p = 50.281$ G, $a^\gamma_H = 0.666$ G and DEPMPO-OH with hyperfine splittings $a_N = 12.723$ G, $a_H = 13.124$ G, $a_p = 51.119$ G. To further confirm the original species of the spin adduct generated by Aβ/IFN-γ-activated microglia, SOD (160 μg/ml) or catalase (280 μg/ml) was also treated. The ESR signal intensity substantially decreased by SOD (Fig. 4E), not by catalase (Fig. 4F). These results indicate that the spin adducts originated from the $\cdot O_2^-$ radical, but not from the $\cdot OH$ radical which is derived from H_2O_2. As well as an inhibitory effect of PS/PC liposomes on the TNF-α and NO production, pretreatment with PS/PC liposomes for 1 h considerably decreased the of $\cdot O_2^-$ generation by Aβ/IFN-γ-activated microglia in a dose-dependent manner (Figs. 4G, H, and I). Because PC has been demonstrated to presumably act as a membrane perturber, thus reducing the production of ROS in LPS/PMA-activated monocytes [9] and in LPS/PMA-activated microglia [30], we also evaluated the effect of PC liposomes on the generation of $\cdot O_2^-$ associated with Aβ/IFN-γ-activated microglia. In contrast to PS/PC liposomes, pretreatment with 2 mM PC liposomes for 1 h did not mimic the inhibitory effect of PS/PC liposomes on $\cdot O_2^-$ generation of by Aβ/IFN-γ-activated microglia at all (Fig. 4J).

Effect of PS/PC liposomes on the $\cdot O_2^-$ generation in the xanthine/xanthine oxidase system

To confirm whether or not the liposomes per se scavenge $\cdot O_2^-$, we measured the $\cdot O_2^-$ production in the xanthine/xanthine oxidase system in the presence or absence of PS/PC liposomes using ESR monitoring with a spin-trap DEPMPO. Fig. 5A shows the typical ESR spectra consisting of DEPMPO-OOH and DEPMPO-OH in the xanthine/xanthine oxidase system. The formation of these spin adducts via trapping $\cdot O_2^-$ was confirmed by experiments in which SOD (160 μg/ml) was added before xanthine oxidase and ESR signals were completely quenched (data not shown), while catalase (280 μg/ml) was added, in which ESR signals were not quenched at all (data not shown). The ESR spectra in the presence of either 2 mM PS/PC liposomes were found to be essentially the same as those
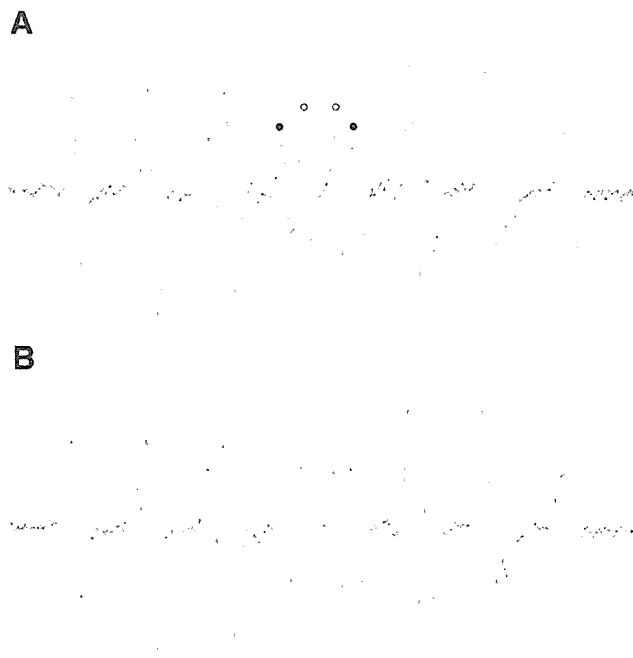

Fig. 5. Effect of PS/PC liposomes on the superoxide generation in the xanthine/xanthine oxidase system. The system contained 0.4 mM xanthine, 2 mM DTPA, and 20 mM DEPMPO in PB in the presence or absence of 2 mM PS/PC liposomes or PC liposomes. Xanthine oxidase (0.1 U/ml) was added last to the mixture in order to start the reaction. (A) ESR spectra of DEPMPO adducts obtained in the xanthine/xanthine oxidase system. Open and closed circles represent the measured signal peaks of the DEPMPO-OH and DEPMPO-OOH adducts, respectively. (B) The same as A, but in the presence of 2 mM PS/PC liposomes.

shown in Fig. 5A, thus indicating that PS/PC liposomes have no scavenging effect on $\cdot O_2^-$, but they do have an inhibitory effect on the $\cdot O_2^-$ generating system in the microglia (Fig. 5B).

Discussion

During phagocytosis, an abrupt $\cdot O_2^-$ formation called a respiratory burst occurs through activation of nicotinamide adenine diphosphate reduced form (NADPH) oxidase in phagocytes such as macrophage, neutrophils, and microglia. The $\cdot O_2^-$ radical is a precursor of the microbicidal oxidants and it thus plays a crucial role in the host defense [31]. $\cdot O_2^-$ is also involved in the AD pathophysiology associated with microglia-mediated neuroinflammation and oxidative stress because of $\cdot O_2^-$ derivative products such as $\cdot OH$ and $ONOO^-$, both of which are highly reactive and capable of exerting neurotoxicity. Especially, increasing attention has recently been paid to $ONOO^-$ as a major factor for neurotoxicity in AD pathophysiology [7,8]. Shimohama et al. have shown that the activity of NADPH oxidase is elevated in AD brains [32] and several in vitro studies have shown that Aβ activates NADPH oxidase in different cell types, thereby inducing $\cdot O_2^-$ production. Specifically, Aβ25–35 has been shown to activate NADPH oxidase in human monocytes and neutrophils [33] while also inducing $\cdot O_2^-$ generation in both rat microglia and human monocytes [34], and by rat peritoneal macrophages [35]. All of these studies,

however, indirectly measured the $A\beta$-induced $\cdot O_2^-$ generation using the $\cdot O_2^-$ dependent SOD-sensitive reduction of cytochrome c. Therefore, we directly measured the $\cdot O_2^-$ generation by $A\beta$/IFN-γ-activated microglia using ESR with the spin-trap technique to evaluate the effect of PS/PC liposomes on microglial $\cdot O_2^-$ production.

The DEPMPO is an appropriate spin-trapping agent for cell-generated $\cdot O_2^-$ detection because of its stability and capability of differentiating between $\cdot O_2^-$ and $\cdot OH$ [36,37]. $A\beta$/IFN-γ-activated microglia gave rise to ESR spectra consisting of a linear combination of $\cdot O_2^-$ spin adduct DEPMPO-OOH and spin adduct DEPMPO-OH. The formation of spin adducts was totally quenched by SOD but not by catalase, thus indicating that H_2O_2, which is reduced to $\cdot OH$ by the Fenton reaction in the presence of Fe^{2+} or Zn^{2-}, was not a significant reactant in the formation of the observed radial signals. Moreover, the DEPMPO-OH appears to be generated by a spontaneous reduction of DEPMPO-OOH, not from H_2O_2-derived $\cdot OH$ [37]. Although the noted property of DEPMPO made it possible to detect a sufficient amount of $\cdot O_2^-$ to evaluate the effect of PS/PC liposomes on microglial activation in the present study, DEPMPO has recently been shown to trap $\cdot O_2^-$ inefficiently in the presence of NO because the rate of the reaction between NO with $\cdot O_2^-$ is faster than the rate of the reaction between DEPMPO with $\cdot O_2^-$ [38]. Accordingly, the proper amount of microglial $\cdot O_2^-$ generation after 16 h treatment with $A\beta$/IFN-γ may be larger than that demonstrated by our data under the experimental conditions supposed to induce iNOS in microglial cells.

Our data demonstrated that PS/PC liposomes have an inhibitory effect on the $A\beta$/IFN-γ-induced microglial production of inflammatory molecules such as TNF-α, NO, and $\cdot O_2^-$, and they thus presumably prevent the subsequent formation of $ONOO^-$. Accordingly, PS/PC liposomes appear to have both neuroprotective and antioxidative properties through the inhibition of microglial activation and to be a potentially useful treatment for microglial activation-mediated neurodegenerative diseases including AD. The exact mechanism of PS/PC liposomes to suppress inflammatory activation of microglia has not yet been elucidated. De Simone et al. have indicated that the inhibitory effect of PS-containing liposomes on microglial activation is not restricted to a specific stimulant-evoked signal(s) [13]. Indeed, we previously have demonstrated that PS/PC liposomes can inhibit LPS/IFN-γ-induced microglial activation [30] as well as $A\beta$/IFN-γ-induced microglial activation. Consequently, PS/PC liposomes may affect various signal pathways associated with inflammatory responses in activated microglia. Ajmone-Cat et al. have shown that PS/PC-containing liposomes inhibited the phosphorylation of p38 mitogen-activated protein kinase (MAPK) and delayed that of cAMP responding element binding protein in LPS-activated microglia [39]. Because phosphorylation of p38 MAPK has been shown to mediate the signal pathway reacting for inflammatory stimulants and result in gene induction of TNF-α and NO synthase in microglia [40], the PS/PC liposomes-induced inhibition of p38 MAPK phosphorylation in activated microglia appears to suppress, at least partially, TNF-α and NO generation. Alternatively, it is also possible that the decrease

in the TNF-α and NO production is a direct consequence of both decreased $\cdot O_2^-$ derived ROS generation and decreased redox signaling. In support of this, there is increasing evidence that ROS can function as a second messenger to regulate several downstream molecules such as MAPKs and nuclear factor-κB (NF-κB) [41]. Indeed, it has been demonstrated that activation of NF-κB, upon which TNF-α and iNOS expression is at least partially dependent, is redox sensitive [42]. Furthermore, ROS has been reported to mediate proinflammatory signaling in LPS-activated microglia and thus amplify TNF-α production [22]. Accordingly, through directly decreasing $\cdot O_2^-$ derived ROS generation, PS/PC liposomes may act indirectly to limit a wide variety of subsequent inflammatory pathways. Due to the notable role of $\cdot O_2^-$ as an inflammatory enhancer as noted above, a future study investigating the effect of PS/PC liposomes on $\cdot O_2^-$ forming NADPH oxidase in $A\beta$/IFN-γ-activated microglia is called for to clarify the $\cdot O_2^-$ inhibition mechanism of PS/PC liposomes.

There is increasing evidence that TNF-α can be neuroprotective as well as neurotoxic [43]. Although the precise function of TNF-α in the pathogenesis of AD remains unclear, this cytokine might be a key mediator in modulating the microglial functions in response to $A\beta$ [44]. In addition, a number of infiltrating T cells have been shown to increase in the brain of AD [45] and the immune cells of AD patients have the potency for overproduction of IFN-γ [46]. According to such evidence, our experimental method using IFN-γ thus seems to be consistent with the pathophysiologic microenvironment in the AD brain.

Small et al. suggested that because neuronal loss does not account, by itself, for the properties of the amnesia characteristics of AD, more attention should be paid to the effect of $A\beta$ peptides on the synaptic function rather than on neuronal death [47]. Accordingly, the effect of PS/PC liposomes on the synaptic dysfunction caused by $A\beta$-induced microglial activation also needs to be confirmed in future in vivo studies, regardless PS-containing liposomes have been reported to prevent the LPS-induced impairment of LTP [17].

The total lipid concentration such as the 1 mM PS/PC liposomes used in this study certainly seems to be high. Borisenko et al., however, have suggested that phagocytes have a sensitivity threshold for PS externalized on the target cell surface which thus allows for the reliable recognition and distinction between normal cells with low amounts of externalized PS and apoptotic cells with remarkably elevated PS levels [48]. They estimated that, using the liposomes containing PS and PC (1:1), the absolute amount of PS required for phagocytosis by 5×10^4 macrophages (the threshold of macrophage sensitivity) was 7 pmol. This value of the PS amount for 10^6 macrophages (i.e., 140 pmol) approximates to the normalized value of the PS amount for 10^6 microglial cells (i.e., 60 pmol), and this value was found to be quite effective in our study. Taken together, these findings suggest that microglial cells also seem to require a relatively high phospholipid concentration to recognize PS/PC liposomes as apoptotic cells. Accordingly, new techniques to ameliorate the stability of PS/PC liposomes and reduce the effective phospholipids concentration are required for future in vivo studies.

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Neuroprotective effect of exogenous microglia in global brain ischemia

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Exogenous microglia pass through the blood–brain barrier and migrate to ischemic hippocampal lesions when injected into the circulation. We investigated the effect of exogenous microglia on ischemic CA1 pyramidal neurons. Microglia were isolated from neonatal mixed brain cultures, labeled with the fluorescent dye PKH26, and injected into the subclavian artery of Mongolian gerbils subjected to ischemia reperfusion neuronal injury. PKH26-labeled microglia migrated to the ischemic hippocampal lesion, resulting in increased numbers of surviving neurons compared with control animals, even when injected 24 h after ischemia. Interferon-γ stimulation of isolated microglia enhanced the neuroprotective effect. Administration of exogenous microglia resulted in normal performance in a passive avoidance-learning task. Additionally, administration of exogenous microglia increased the expression of brain-derived neurotrophic factor and glial cell line-derived neurotrophic factor in the ischemic hippocampus, and thus might have induced neurotrophin-dependent protective activity in damaged neurons. Peripherally injected microglia exhibited a specific affinity for ischemic brain lesions, and protected against ischemic neuronal injury in vivo. It is possible that administration of exogenous microglia can be developed as a potential candidate therapy for central nervous system repair after transitory global ischemia.
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Introduction

Microglia arise from the monocyte/macrophage lineage, and are ubiquitously distributed in the central nervous system, representing up to 20% of the total glial cell population in the brain (Lawson et al, 1990). In accordance with del Rio Hortega's early teaching (Hortega, 1932), the current view is that resident microglia are of mesodermal origin, derived from bone marrow precursor cells (Ling and Wong, 1993). These cells invade the central nervous system at an early embryonic stage to give rise to typical process-bearing microglia (Ling and Wong, 1993). Therefore, microglia may have high affinity for the brain.

Many reports describe neuron–microglia interactions after cerebral ischemia and mechanical injury (for review, see Gehrmann et al, 1995). It remains controversial, however, whether activated microglia promote neuronal death or neuronal survival. Many investigators maintain that microglia induce a neurotoxic effect by secreting nitric oxide (Chao et al, 1992) and toxic cytokines (Sawada et al, 1989). Moreover, microglia may contribute to the pathogenesis of neurodegeneration, such as in multiple sclerosis (Diemel et al, 1998), Alzheimer's disease (Barger and Harmon, 1997), and acquired immunodeficiency syndrome-associated dementia (Giulian et al, 1996). Conversely, other studies show that microglia protect neurons in the damaged brain by secreting cytokines, such as interleukin-1β (Giulian et al, 1986), interleukin-6 (Sawada et al, 1995), transforming growth factor-β (Suzumura et al, 1993),

basic fibroblast growth factor (Shimojo et al, 1991), hepatocyte growth factor (Hamanoue et al, 1996), nerve growth factor (Mallat et al, 1989), and tumor necrosis factor α (Sawada et al, 1989).

To determine whether microglia are neurotoxic or neuroprotective, they must be analyzed with in vivo models of neuronal injury. The role of microglia may be clarified by injecting isolated microglia at the site of neuronal injury in animal models. Direct injection of microglia into the brain, however, induces undesirable events, such as the entry of blood cells to the site of injury and immunologic responses, which complicate the analysis of the role of microglia.

Our previous studies showed that microglia isolated from rodent mixed-brain cultures retain the ability to enter the normal brain from the circulation (Imai et al, 1997, 1999; Sawada et al, 1998). Hence, microglia can be introduced into the central nervous system by injection into the bloodstream in animal models of neuronal injury. Using this system, the roles of microglia in various pathologic conditions can be analyzed.

The purpose of the present study was to evaluate whether microglia have neurotrophic or neurotoxic effects on in vivo brain ischemia, in which CA1 pyramidal neurons are specifically damaged. Microglia isolated from a primary culture of mixed glial cells from neonatal Mongolian gerbils were injected into the subclavian arteries of host animals subjected to ischemia reperfusion neuronal injury. We examined the number of CA1 pyramidal neurons in the brain at various time points up to 8 days. In another group of animals, we tested the effect of microglia injection on performance in a passive avoidance-learning task. We also investigated changes in the expression of brain-derived neurotrophic factor (BDNF) and glial cell line-derived neurotrophic factor (GDNF) in the ischemic hippocampus after microglia injection.

Materials and methods

Animals and Induction of Global Forebrain Ischemia

Adult male Mongolian gerbils ($n = 300$; 7 to 8 weeks old; ≈ 60 g; Seac Yoshitomi, Ltd, Fukuoka, Japan) were used in the study. Animals were housed individually, with food and water available ad libitum. All procedures were performed in accordance with the Guidelines for Animal Experimentation of the Fujita Health University, School of Medicine.

Ischemia was induced as described by Tone et al (1987). In brief, anesthesia was induced and maintained with a mixture of 2.5% halothane and nitrous oxide/oxygen (1:1). Body temperature was maintained at 37°C with a heating pad. When the spinal reflex was absent, both common carotid arteries were exposed through a ventral cervical incision and occluded with aneurysm clips for 5 mins. The clips were then released to resume normal flow to the forebrain (ISCH). Gerbils operated on without occlusion of

the carotid arteries were used as controls (sham ISCH). Postoperative rectal temperature was measured three times daily (at 0700, 1400, and 2200) immediately after the induction of anesthesia with a mixture of 2.5% halothane and nitrous oxide/oxygen (1:1).

Duration of Survival Period

Ischemia was confirmed by examination of Nissl-stained brain sections 7 days after ischemia. Delayed neuronal death was observed in CA1 pyramidal neurons in all animals ($n = 20$). Approximately 2% of the animals did not survive the ischemic episode. All animals that survived were included in the data analysis. There were no differences in survival between groups.

Cell Culture

Microglia were prepared using postnatal day 1 Mongolian gerbils ($n = 200$), as described previously (Suzumura et al, 1984). In brief, the meninges were removed, and the brain was dissociated by passing it through a 320-μm-pore nylon mesh. After washing with Hank's balanced salt solution, the cell suspension was triturated and plated in 75-cm^2 culture flasks (Falcon 3024, Becton-Dickinson, Franklin Lakes, NJ, USA) at a density of one brain per flask in 10 mL Eagle's minimal essential medium, supplemented with 10% fetal bovine serum, 5 μg/mL bovine insulin, and 0.2% glucose. Microglia were isolated on the 14th day by the shaking off method (Suzumura et al, 1984). In some experiments, purified microglia were stimulated by incubation with human interferon-γ (IFNγ; Shionogi Co., Osaka, Japan) at a concentration of 5×10^3 U in 10 mL in a plastic dish at 37°C for 24 h.

Macrophages were collected by injecting 10 mL of cold (4°C) phosphate-buffered saline into the peritoneal cavities of a separate group of gerbils. Peritoneal fluid was withdrawn three times with a 21-gauge needle attached to a plastic syringe. The cells were maintained at 4°C, centrifuged at 1,000 g for 5 mins, and seeded onto plastic dishes containing Eagle's minimal essential medium with 10% fetal bovine serum, where they adhered for 1 h at 37°C in 5% CO_2.

PKH26 Labeling

PKH staining provides stable, clear, intense, accurate, and reproducible fluorescent labeling of live cells for an extended period of time, with no apparent toxic effects (Horan and Slezak, 1989). PKH is an aliphatic reporter molecule that is inserted into the cell membrane lipid bilayer by selective partitioning. It is effective for a variety of cell types and exhibits no significant leaking or transfer between cells. We used PKH26 to label the exogenous microglia within the brain, using a PKH26 Red Fluorescent Cell Linker Kit for Phagocytic Cell Labeling (PKH26-PCL; Sigma Chemical Co., St Louis, MO, USA). PKH26-PCL labels phagocytic cells with excitation (551 nm) and emission (567 nm) wavelengths compatible

with rhodamine or phycoerythrin detection systems. The labeling occurs through the formation of aggregates of particles. The aggregation significantly inhibits the uptake of dye by nonphagocytic cells, such as lymphocytes, but facilitates dye uptake by phagocytic cells. Labeled cells appear patchy or spotted because the dye localizes in phagocytic compartments of the cells. The dye appears to be resistant to metabolic breakdown and labels the cells for at least 21 days *in vivo*. Use of PKH26 can be combined with immunocytochemistry (Silverman *et al*, 2000), but is not suitable for double staining, because it is easily abolished by the fixation required for immunocytochemistry.

Labeling of microglia and macrophages with PKH26 was performed using the standard phagocytosis procedure of microscopic particles, according to the manufacturer's instructions. In brief, cells in a 10-cm plastic dish were incubated with PKH26 staining solution containing 10 μmol/L PKH26, 50% Diluent B (a phagocytic cell-labeling solution, Sigma Chemical Co.), and 50% culture medium for 15 mins, then washed three times in 10 mL of serum-containing medium. PKH26-stained cells were harvested using a rubber policeman in 2 mL of ice-cold phosphate-buffered saline (pH 7.2) and washed three times with 5 mL of ice-cold phosphate-buffered saline (pH 7.2) by centrifugation at 1,000 g for 3 mins. The cells were then resuspended in the culture medium for injection into the host.

Injection of Cells

Intraarterial cell injection was performed as described previously (Ishihara *et al*, 1993). Cells were injected either 24 h before or 24 h after ischemia was induced. In a subset of experiments, microglia were injected 48 h after ischemia induction. In brief, sham ISCH and ISCH gerbils were anesthetized with a mixture of 2.5% halothane and nitrous oxide/oxygen (1:1). When the spinal reflex was absent, a transverse incision was made under the left clavicle. The left subclavian artery was exposed and dissected from the surrounding tissues. After temporary occlusion of the subclavian artery with an aneurysm clip, a small hole was made in the distal side of the artery with a 27-gauge needle, and a polyethylene tube (Becton Dickinson, Tokyo, Japan) was inserted proximally into the hole. After the aneurysm clip was released, PKH26-labeled microglia or macrophages (0.5 mL of final suspension media estimated to contain 1×10^6 cells) were injected as a bolus for 30 secs into the subclavian artery through the polyethylene tube.

Tissue Preparation

Gerbils were deeply anesthetized with ketamine hydrochloride (60 mg/kg, intraperitoneally) and killed by transcardial perfusion with isotonic saline solution. Brains were removed, frozen in liquid nitrogen, and embedded in OTC compound (Tissue Tek, Elkhart, IN, USA). Coronal sections (8 μm thick) at the hippocampal level were cut with a cryostat, mounted on slides, and dried. To preserve

PKH26 labeling, the sections were lightly fixed with 4% paraformaldehyde in 0.1 mol/L phosphate buffer, pH 7.2, for 10 mins. To determine the location of exogenous microglia relative to ischemic CA1 pyramidal neurons, an immunofluorescent study was performed using terminal deoxynucleotidyl transferase (TdT)-mediated deoxy-uracil nucleotides-biotin nick-end labeling (TUNEL), *Griffonia simplifolia* B4 isolectin (IB4), and an antibody to microtubule-associated protein 2 (MAP2). To localize BDNF and GDNF expression, immunohistochemistry using the avidin–biotin complex method was performed.

TUNEL staining was used to detect DNA fragmentation in cell nuclei. The hippocampal sections were pretreated with or without 20 μg/mL proteinase K (Sigma Chemical Co.) at room temperature (RT) for 15 mins. After treatment with 0.3% H_2O_2 in methanol for 30 mins, sections were incubated with 100 U/mL TdT and 10 nmol/L per mL biotinylated 16-2'-dUTP (Boehringer-Mannheim-Yamanouchi, Tokyo, Japan) in TdT buffer (100 mmol/L sodium cacodylate, pH 7.0, 1 mmol/L cobalt chloride, and 50 μg/mL gelatin) in a humid atmosphere at 37°C for 60 mins. Further incubation with fluorescein isothiocyanate-conjugated avidin (Nichirei, Tokyo, Japan) was performed for 60 mins at RT.

Microglial cells were identified by IB4 staining. Cryosections were incubated with 20 μg/mL biotinylated IB4-fluorescein isothiocyanate conjugate (Sigma Chemical Co.) in 0.01 mol/L phosphate-buffered 0.15 mol/L saline (pH 7.2) containing 0.1% Triton X-100 at RT for 2 h (Streit, 1990).

Hippocampal CA1 pyramidal neurons were visualized using a monoclonal antibody to MAP2 (Chemicon, Temecula, CA, USA). Sections were incubated with 10% normal goat serum for 30 mins at RT. They were then incubated with a mouse monoclonal anti-MAP2 antibody, diluted 1:100, for 1 day at 4°C. Further incubations were performed with fluorescein isothiocyanate-conjugated anti-mouse IgG (Jackson ImmunoResearch Laboratories, West Grove, PA, USA), diluted 1:500, at RT for 60 mins.

We visualized BDNF epitopes using a rabbit polyclonal anti-BDNF antibody (diluted 1:500; Santa Cruz Biotechnology, Santa Cruz, CA, USA) and GDNF epitopes were visualized using a rabbit polyclonal anti-GDNF antibody (diluted 1:250; Santa Cruz Biotechnology). Sections were then incubated in secondary antibody, biotinylated goat anti-rabbit IgG, followed by avidin–biotin complex (Elite kit: Vector Laboratories, Burlingame, CA, USA), and visualized after chromogenic reaction with 3,3'-diaminobenzidine.

The sections were analyzed with an Olympus BX51 microscope equipped with bright-field and fluorescent light sources (Tokyo, Japan). Both bright-field and fluorescent images were captured from the same field using a Penguin 600 CL camera (Pixera Corporation, Los Gatos, CA, USA).

Cell Counts

Six serial, coronal frozen sections (8 μm thick) at the CA1 hippocampal level were examined. Cells were counted if

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they were within a randomly selected 1-mm linear length of CA1. To determine the time course of exogenous microglia migration to the ischemic hippocampus, PKH26-labeled microglia were counted in animals injected with nonstimulated or IFNγ-stimulated microglia 24 h before ischemia, and at 2, 3, 5, and 7 days after ischemia. To determine whether exogenous microglia reduced ischemic damage caused by transient global ischemia, surviving pyramidal neurons were counted in ISCH or sham ISCH animals infused with vehicle (ISCH/VEH, SHAM/VEH), nonstimulated microglia (ISCH/Mi, SHAM/Mi), or IFNγ-stimulated microglia (ISCH/γMi, SHAM/γMi), 24 h before (PRE) or 24 h after (POST) ischemia. All neurons (cresyl violet-positive cells) with an intact morphologic appearance were counted in each animal either 7 or 14 days after ischemia. A total of 10 animals were examined for each of the 12 conditions.

Passive Avoidance Task

A step-through type passive avoidance apparatus was used to evaluate memory, as described previously (Nanri et al, 1998). The apparatus comprised two compartments: one light and one dark (each 16.5 × 16.0 × 14.7 cm), separated by a guillotine door. The dark compartment had a stainless-steel grid floor. A scrambled electric shock was delivered through the grid floor by a shock generator (Daiichi Kikai Inc., Tokushima, Japan). The passive avoidance learning trial was performed either 7 or 14 days after inducing ischemia. At the beginning of the training session, each animal was placed in the light compartment. When the animal stepped into the dark compartment, the door between compartments was closed and a foot shock (0.6 mA, 3 secs) was delivered through the floor. The door was then opened and the animal was allowed to cross back into the light compartment. Each time the animal stepped into the dark compartment, a foot shock was delivered. Eventually, the animal remained in the light compartment. The learning trial lasted 8 mins.

The retention test was performed 24 h after the learning trial. In the retention test, the gerbil was placed in the light compartment, and the latency to enter the dark compartment was measured. If the gerbil did not enter the dark compartment within 180 secs, a score of 180 secs was assigned. Performance on the passive avoidance task was evaluated in the SHAM/VEH-(PRE/POST), ISCH/VEH-(PRE/POST), ISCH/Mi-(PRE/POST), and ISCH/γMi-(PRE/POST) groups. Ten animals were used for each of the eight conditions.

Enzyme-Linked Immunosorbent Assay

Changes in BDNF and GDNF levels were measured in the hippocampus in SHAM/VEH, ISCH/VEH, ISCH/Mi, or ISCH/γMi animals using the BDNF and GDNF Emax Immunoassay System Kit (Promega, Madison, WI, USA). In the hippocampus of ISCH/VEH-PRE or ISCH/Mi-PRE gerbils, each neurotrophic factor level was measured 2 h, 1 day, 3 days, and 7 days after inducing ischemia. In the hippocampus of ISCH/VEH-POST and ISCH/Mi-POST animals, each neurotrophic factor level was measured 26 h, 2 days, 4 days, and 8 days after ischemia. As a control, we used the hippocampus from SHAM/VEH-PRE animals, which was dissected 6 h after the treatment (Marmigere et al, 2003). Neurotrophic factor levels were also measured in the rest of the brain after the hippocampus was removed.

Results

Recruitment of Exogenous Microglia into CA1 Hippocampal Lesions

Figure 1 shows fluorescent staining in the hippocampal CA1 field of ISCH animals injected with PKH26-labeled exogenous microglia 24 h before ischemia. PKH26-labeled cells accumulated near TUNEL-positive cells (Figures 1A–1D). PKH26-labeled cells were also located in the vicinity of MAP2-positive pyramidal neurons 3 days after ischemia (Figure 2A). IB4 staining of adjacent sections revealed that all PKH26-labeled cells were IB4-positive (Figures 2B–2D).

PKH26-labeled cells that reacted with IB4 were identified as microglia. Most of the microglia that accumulated in the CA1 field were both PKH26- and IB4-positive exogenous microglia, whereas there were only a few PKH26-negative and IB4-positive endogenous microglia (Figures 2B–2D). The TUNEL-positive cells were probably pyramidal neurons, because they were in the CA1 pyramidal cell layer and were not labeled with PKH26 (Figures 1A–1D). Neither TUNEL-positive pyramidal neurons nor PKH26-labeled microglia were detected in CA1 1 day after ischemia (data not shown). Two days after ischemia, only a few TUNEL-positive pyramidal neurons were detected in a portion of CA1, and PKH26-labeled microglia had accumulated in or around the TUNEL-positive neurons (Figures 1A and 1B). Three days after ischemia, a few TUNEL-positive pyramidal neurons were detected in CA1 (data not shown) and PKH26-labeled microglia were scattered throughout the CA1 field (Figure 2A). Five days after ischemia, many TUNEL-positive pyramidal neurons and PKH26-labeled microglia were distributed throughout CA1. Many of these cells had accumulated near the CA1–CA2 border (Figures 1C and 1D). The number of TUNEL-positive pyramidal neurons and PKH26-labeled microglia in the CA1 layer increased in a time-dependent manner until 7 days after ischemia (Figures 1A–1D and 3A). Stimulation with IFNγ increased the number of migrating exogenous microglia in the ischemic CA1 pyramidal cell layer (Figure 3A). The temporal profile of exogenous microglia recruitment was the same if the microglia were injected after ischemia onset (data not shown). In a separate set of experiments, PKH26-labeled macrophages did not enter the brain from the circulation (data not shown).
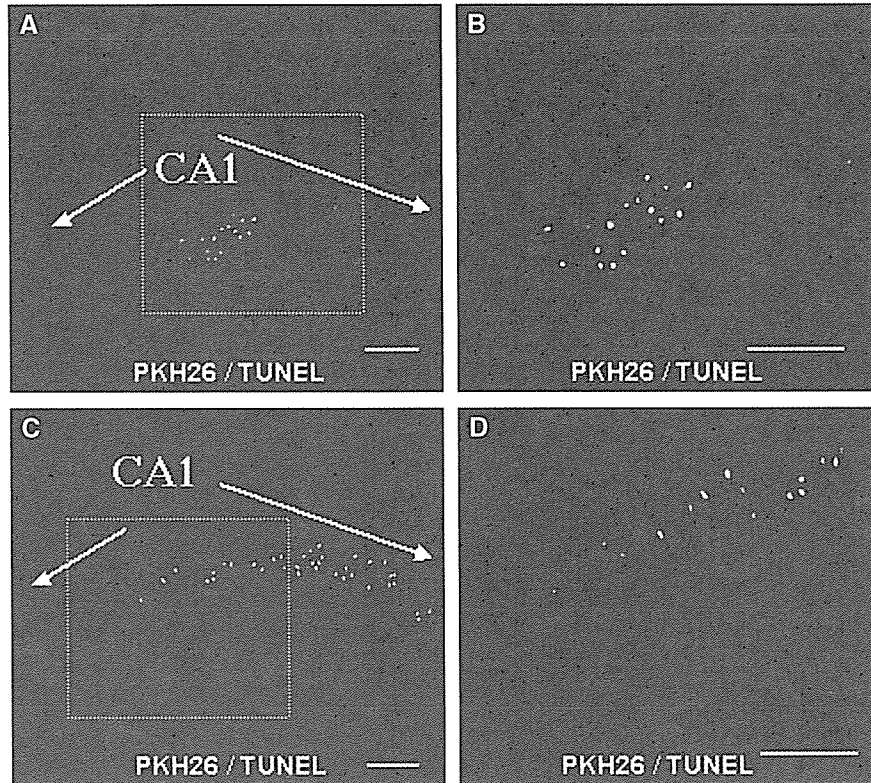
Figure 1 Migration of PKH26-labeled cells to TUNEL-positive CA1 pyramidal neurons after transient global ischemia. The panels show fluorescent staining in hippocampal CA1 sections obtained from ISCH animals injected with PKH26-labeled exogenous microglia 24 h before ischemia. (**A–D**) Double staining with PKH26 and TUNEL (PKH26/TUNEL). (**A**) Small numbers of TUNEL-positive pyramidal neurons (green) appeared in the CA1 field 2 days after ischemia. PKH26-labeled exogenous microglia (red) accumulated around TUNEL-positive pyramidal neurons (green). (**B**) Higher magnification of the boxed area in panel A. (**C**) Many TUNEL-positive pyramidal neurons (green) were present in the CA1 field 5 days after ischemia. Many PKH26-labeled exogenous microglia (red) accumulated in the ischemic CA1 field. (**D**) Higher magnification of the boxed area in panel C. (**A, C**) Arrows indicate the longitudinal extent of the CA1 field of the hippocampus. All scale bars = 10 µm.

Reduction of Ischemic Damage by Microglia Injection

Figure 3B shows the hippocampus from SHAM/VEH, ISCH/VEH, ISCH/Mi, and ISCH/γMi animals 7 days after ischemia. Most of the pyramidal neurons in the CA1 field had degenerated in ISCH/VEH animals. Microglial infusion (ISCH/Mi) increased the number of surviving pyramidal neurons, and IFNγ stimulation (ISCH/γMi) enhanced the microglial neuroprotective effect.

Figure 3C shows the number of surviving pyramidal neurons in the CA1 field 7 days after ischemia in SHAM/VEH, ISCH/VEH, ISCH/Mi, and ISCH/γMi animals. SHAM/VEH animals were used as controls ($n = 10$). There was no effect of injection of nonstimulated microglia or IFNγ-stimulated microglia on the number of surviving CA1 pyramidal neurons in SHAM/VEH animals (data not shown). Ischemia significantly reduced the number of surviving pyramidal neurons. Intraarterial injection of microglia (either PRE or POST) significantly increased the number of surviving neurons ($P < 0.001$). Stimulation of the microglia with IFNγ further

enhanced neuron survival ($P < 0.001$). The injection of vehicle, nonstimulated microglia, or IFNγ-stimulated microglia had no effect on postoperative body temperature throughout the survival period (data not shown). The number of surviving CA1 neurons at 14 days after ischemia was not different from that at 7 days after ischemia in each study (data not shown). Injection of microglia 48 h after ischemia had no significant effect on pyramidal neuron death (data not shown). The injection of PKH26-labeled macrophages into ISCH animals had no effect on the number of surviving CA1 pyramidal neurons (data not shown).

Prevention of Ischemia-Induced Learning Impairment by Microglia Injection

The passive avoidance task was used to determine whether exogenous microglia prevent ischemia-induced learning impairment. Figure 4 shows behavioral responses from gerbils 7 days after ischemia. The mean retention latency was shorter
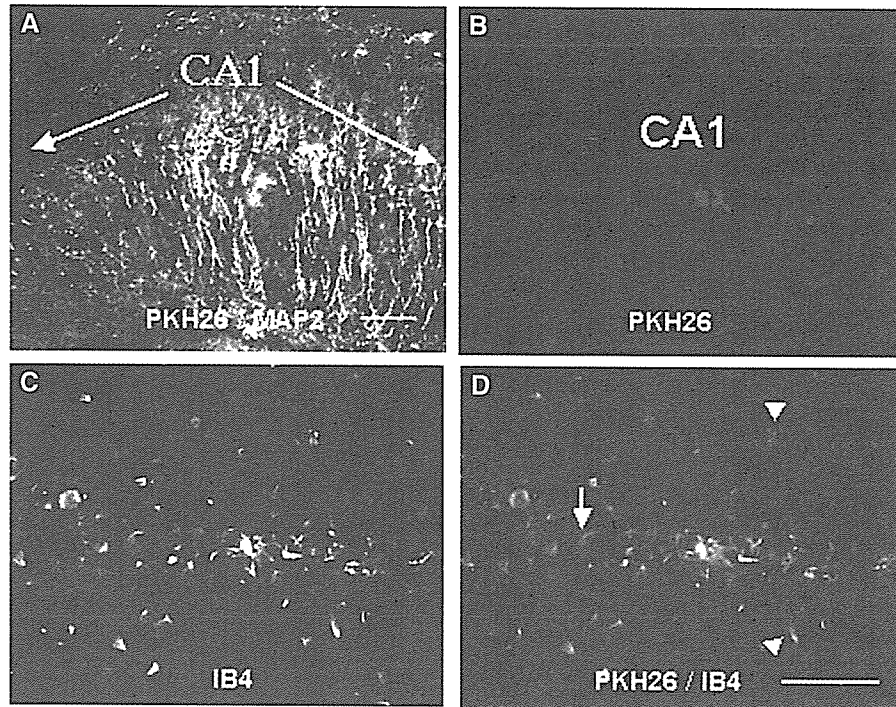
Figure 2 Migration of exogenous microglia to hippocampal CA1 lesions after transient global ischemia. The panels show fluorescent staining in hippocampal CA1 sections obtained from ISCH animals injected with PKH26-labeled exogenous microglia 24 h before ischemia. (**A**) Double staining with PKH26 and an anti-MAP2 antibody (PKH26/MAP2). Many PKH26-labeled exogenous microglia (red) were scattered around MAP2-positive pyramidal neurons (green) 3 days after ischemia. (**B**) PKH26 staining of the adjacent hippocampal section in panel A. (**C**) IB4 staining of the adjacent section. (**D**) Double staining of the adjacent section with PKH26 and IB4 (PKH26/IB4). All of the PKH26-labeled exogenous microglia (red) in the CA1 area expressed IB4 (green). A few IB4-positive and PKH26-negative endogenous microglia (arrow) were observed. Vascular endothelial cells around the hippocampus (arrowheads) also expressed IB4. Arrows in panel A indicate the longitudinal extent of the CA1 field of the hippocampus and the arrow in panel D indicates endogenous microglia. Arrowheads indicate endothelial cells. All scale bars = 10 μm.

for ISCH/VEH animals than for SHAM/VEH animals ($P < 0.01$). The mean retention latency of the ISCH/Mi-PRE animals was longer than that of the ISCH/VEH-PRE animals ($P < 0.01$), although the mean retention latency of the ISCH/Mi-POST animals was not different from the ISCH/VEH-POST animals. The mean retention latency was significantly longer in the ISCH/γMi-PRE ($P < 0.001$) and ISCH/γMi-POST ($P < 0.01$) animals (Figure 4) compared with the ISCH/VEH (PRE/POST) animals. The microglia-induced increase in the mean retention latency at 14 days after ischemia was not statistically different from the mean retention latency at 7 days after ischemia in each study (data not shown). The injection of macrophages into ISCH animals had no effect on retention latency (data not shown).

BDNF and GDNF Expression in the ISCH Hippocampus

The time course of hippocampal BDNF and GDNF expression was examined in SHAM and ISCH animals, and the effects of exogenous microglia on the expression of these neurotrophic factors was investigated. The time course of hippocampal BDNF and GDNF expression after ischemia was measured by enzyme-linked immunosorbent assay (Figure 5). In the hippocampus of ISCH animals, GDNF expression levels decreased significantly 2 h after ischemia and gradually increased during the next 7 days. In contrast, animals that received microglial injections 24 h before ischemia showed no decrease in BDNF or GDNF levels. Expression levels of BDNF remained constant until 3 days after ischemia, at which time they approximately doubled. Expression of GDNF in microglia-injected animals showed a rapid increase 2 h after ischemia and continued to increase during the course of 7 days to approximately 600% of the baseline level. There was no difference in BDNF or GDNF expression levels in animals injected with IFNγ-stimulated microglia, compared with nonstimulated microglia. Injection of microglia 24 h after ischemia induced a similar increase in BDNF and GDNF expression (Figure 5). Microglia-induced increases in neurotrophic factors were not observed except in the hippocampus (data not shown). The injection of macrophages into ISCH animals did not change BDNF or GDNF expression in the hippocampus (data not shown).

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To determine which cells expressed BDNF and GDNF in our ischemia model, we examined the hippocampus using immunohistochemical analysis in SHAM/VEH, ISCH/VEH-PRE, and ISCH/Mi-PRE gerbils (Figure 6). In SHAM animals, hippocampal CA1 neurons and endogenous microglia-like cells expressed both GDNF and BDNF (Figures 6A and 6E). Two hours after ischemia, most of the CA1 neuron-like cells did not express BDNF and GDNF, and BDNF-positive endogenous microglia-like cells were scattered throughout CA1 (Figures 6B and 6F). Three days after ischemia, most CA1 neurons weakly expressed BDNF, whereas GDNF levels recovered (Figures 6C and 6G). Seven days after ischemia, BDNF immunoreactivity was detected in the CA1 neuron-like cell bodies, endogenous microglia, and also in some cell bodies and processes of reactive astrocyte-like cells near the ischemic CA1 field (Figure 6D).

At 7 days, damaged CA1 neuron-like cells expressed GDNF and many GDNF-positive, microglia-like cells were observed throughout CA1, whereas GDNF-positive, astrocyte-like cells were not detected (Figure 6H). Most of the CA1 neuron-like cells expressing BDNF or GDNF seemed to undergo

degeneration because the cytoplasm was enlarged and the nucleus was not visible. Injection of microglia 24 h before ischemia greatly increased staining of BDNF- and GDNF-like immunoreactivity in CA1 neurons.

Discussion

In this study, we show that systemically injected microglia provide significant neuroprotection to the hippocampus after an ischemic insult. In addition to promoting CA1 cell survival, injection of microglia either before or 24 h after ischemia improved performance in a passive-avoidance learning task. There was also an increase in BDNF and GDNF expression in the hippocampus.

Previous studies indicate that endogenous microglia migrate to the CA1 pyramidal cell layer and protect ischemic neurons after reperfusion neuronal injury (Nitatori et al, 1995; Pinteaux et al, 2006; Neumann et al, 2006). In the present study, exogenous microglia migrated to areas that suffered ischemic damage, indicated by the presence of PKH26-positive cells around TUNEL-positive neurons in the CA1 pyramidal cell layer. Most of the cells were both PKH26-positive and IB4-positive exogenous microglia, although there were also a few
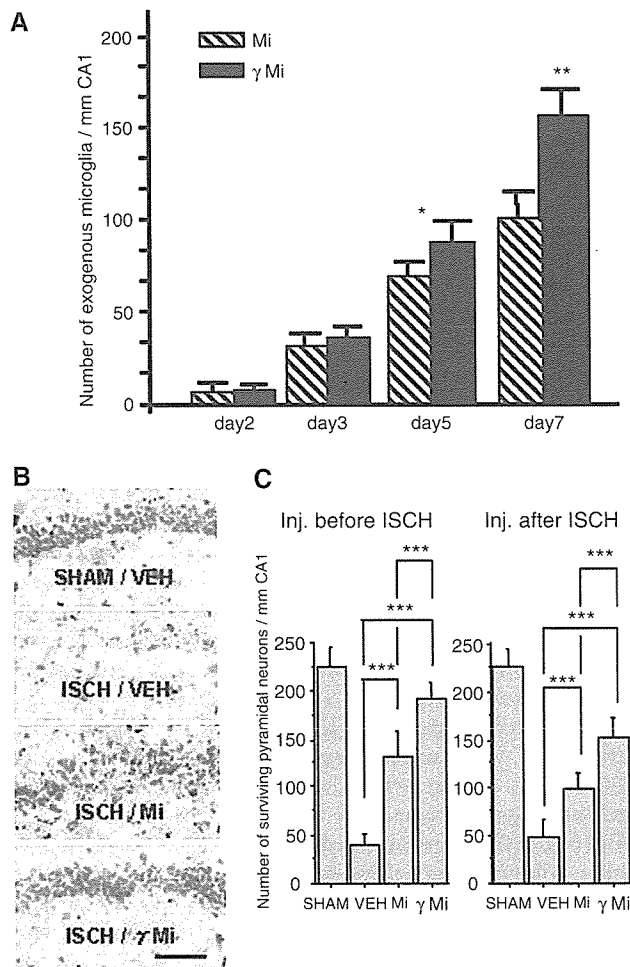
Figure 3 Neuroprotective effects of exogenous microglia. (A) Time course of the number of PKH26-labeled microglia migrating to the ischemic CA1 layer. Stimulation with IFNγ resulted in higher numbers of migrating microglia in the ischemic CA1 pyramidal than nonstimulated microglia. Vertical bars in each histogram indicate means ± s.d. ($n = 10$). Hatched columns (Mi) indicate the number of migrating nonstimulated microglia and black columns (γMi) indicate the number of IFNγ-stimulated microglia. $*P < 0.05$ and $**P < 0.01$, significantly different from the corresponding nonstimulated microglia-infused group (Student's t-test). (B) Photomicrographs of CA1 hippocampal sections 7 days after ischemic insult. SHAM/VEH: intraarterial injection of culture medium 24 h before sham-ischemia treatment; ISCH/VEH: intraarterial injection of culture medium 24 h before ischemia; ISCH/Mi: intraarterial injection of nonstimulated microglia 24 h before ischemia; ISCH/γMi: intraarterial injection of IFNγ-stimulated microglia 24 h before ischemia. Scale bar = 5 μm and applies to all four panels. (C) The number of surviving pyramidal neurons in the hippocampus 7 days after ischemia onset. Injection of microglia resulted in higher numbers of surviving pyramidal neurons after transient global ischemia (relative to ISCH/VEH), even when injections were placed 24 h after ischemia. Stimulation with IFNγ increased microglial neuroprotective effect. Vertical bars represent the mean ± s.d. ($n = 10$). $***P < 0.001$, Analysis of variance with Bonferroni post hoc test for multiple pairwise comparisons. Inj. before ISCH: intraarterial injection 24 h before ischemia treatment; Inj. after ISCH: intraarterial injection 24 h after ischemia treatment; SHAM: injection of culture medium into sham-ischemia treated animals; VEH: injection of culture medium into ischemia-treated animals; Mi: injection of nonstimulated microglia into ischemia-treated animals; γMi: injection of IFNγ-stimulated microglia into ischemia-treated animals.
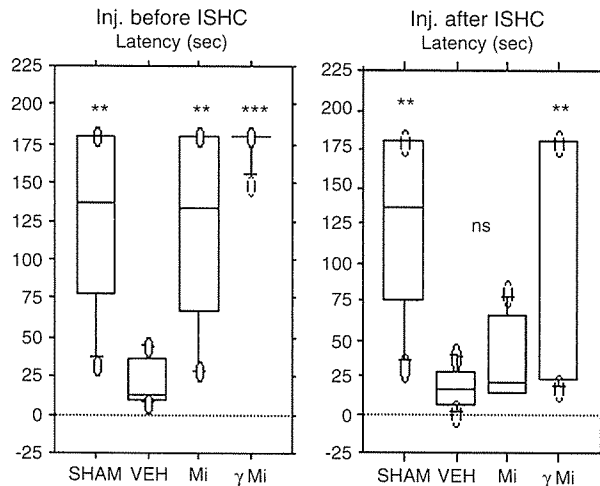
Figure 4 The effects of microglia on the latency of the transient ischemic gerbils in the step-through passive avoidance task. The graphs show the results of passive avoidance task 7 days after ischemia. The mean retention latency of ISCH/Mi-PRE and ISCH/γMi-PRE animals was longer than that of ISCH/VEH-PRE animals. The mean retention latency of ISCH/γMi-POST animals was significantly longer than that of ISCH/VEH-POST animals, whereas that of ISCH/Mi-POST was not significantly longer. **$P < 0.01$, ***$P < 0.001$, significantly different from ISCH/VEH with Scheffe's post hoc test for multiple pairwise comparisons ($n = 10$). Inj. before ISCH: intraarterial injection 24 h before ischemia treatment; Inj. after ISCH: intraarterial injection 24 h after ischemia treatment; SHAM: injection of culture medium into sham-ischemia treated animals; VEH: injection of culture medium into ischemia-treated animals; Mi: injection of nonstimulated microglia into ischemia-treated animals; γMi: injection of IFNγ-stimulated microglia into ischemia-treated animals.

PKH26-negative, IB4-positive cells. PKH26-negative, IB4-positive cells are either endogenous microglia/macrophage lineage cells or vascular endothelial cells.

Activated microglia share several characteristics with peripheral macrophages in vitro, but they display different phenotypes in vivo (Ling and Wong, 1993; Sawada et al, 1995, 1990, 1992). Several studies suggest a possible contribution of the invasion of blood-borne macrophages to delayed neuronal death after transient global ischemia (Lees, 1993). Our earlier studies showed that macrophages do not enter undamaged brain from the circulation (Imai et al, 1997). They might, however, enter the brain from the site of delayed neuronal death, where neovascularization and blood–brain barrier breakdown occur after ischemia (Kataoka et al, 2000). In our ischemia model, PKH26-labeled peritoneal macrophages did not enter the brain from the circulation. Therefore, IB4-positive, PKH26-negative cells migrating to the ischemic CA1 layer are likely to be endogenous microglia. Most of the migrating cells in the CA1 area were not endogenous microglia, but rather exogenous microglia. It is possible

that isolated microglia from the mixed brain cultures are already activated (Streit, 1993) and so migrate to the ischemic lesion more rapidly than endogenous microglia.

Injection of exogenous microglia increased the number of surviving CA1 neurons after transient global ischemia, even when microglia were injected after the ischemic insult. The microglial neuroprotective effect also prevented an ischemia-induced learning impairment. In this and previous studies, we have shown that microglia isolated from a newborn mixed brain culture express both BDNF and GDNF, and intraarterial injection of microglia increases the presence of these neurotrophic factors in the ischemic hippocampus (Suzuki et al, 2001). Beyer et al (2000) reported that phagocytosis of Latex beads induced a microglial amoeboid morphology but did not increase immunologically relevant molecules. Microglia that phagocytose PKH26 would have similar properties as those that phagocytose Latex beads. PKH26 phagocytosis labeling did not affect microglial expression of neurotrophic factors and neuroprotection (data not shown). Upregulation of both neurotrophic factors in damaged brain is crucial for protection from neurodegeneration (Ebadi et al, 1997). The association between exogenous microglia at the lesion site and decreased cell death, increased neurotrophic factor expression, and improved learning ability after ischemic injury leads us to conclude that microglia have a protective effect rather than a toxic effect, on neurons under ischemic conditions.

We examined the time course of hippocampal BDNF and GDNF expression after transient global ischemia, and investigated the effect of exogenous microglia on the expression of these neurotrophic factors. In normal CA1 neurons, the expression of both neurotrophic factors was preserved; however, their immunoreactivity was reduced 2 h after ischemia and then increased in a time-dependent manner. Seven days after ischemia, the main sources of BDNF were damaged CA1 neurons, endogenous microglia, and reactive astrocytes. Reactive astrocytes were excluded as the source of GDNF because they do not express GDNF in our model. The BDNF results are consistent with previous studies (Kokaia et al, 1996; Lee et al, 2002), whereas the GDNF results are inconsistent with a study by Miyazaki et al (2001). They reported that GDNF expression in the hippocampal CA1 region increased between 3 and 24 h after ischemia, and then declined to baseline levels. In their model, in which rats are subjected to a transient global ischemia induced by four-vessel occlusion, reactive astrocytes express GDNF. The discrepancy in the results between the two studies is possibly because of the use of different animal models of ischemia. In the present study, injection of microglia prevented the decrease in BDNF and GDNF expression in the hippocampus immediately after ischemia, and later increased the expression of these trophic factors. CA1 neurons,
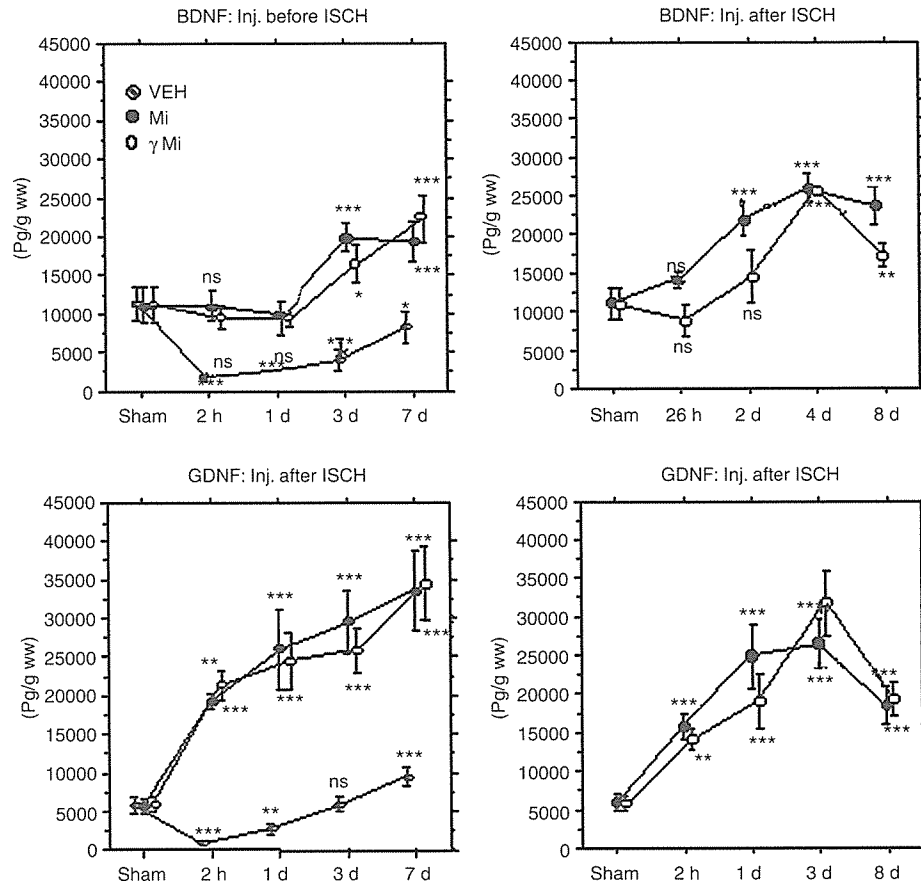
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Figure 5 The effects of exogenous microglia on the time course of hippocampal BDNF and GDNF expression after transient global ischemia. Graphs indicate the BDNF and GDNF expression level in the hippocampus detected by enzyme-linked immunosorbent assay. Results are expressed as means of picograms of BDNF or GDNF normalized to gram of wet tissue weight (pg/g ww). As a control, we used SHAM/VEH hippocampus, which was dissected 6 h after the treatment. In SHAM/VEH hippocampus, BDNF and GDNF expression was observed. In ISCH/VEH-PRE animals, however, the levels were less than 20% of the baseline level (SHAM/VEH-PRE level) 2 h after ischemia. Injection of microglia prevented the decrease of both BDNF and GDNF and then induced an increase in both factors above baseline levels. In ISCH/Mi-PRE hippocampus, the neurotrophin levels were measured 2 h, 1 day, 3 days, and 7 days after ischemia. In ISCH/Mi-POST hippocampus, neurotrophin levels were measured 26 h, 2 days, 4 days, and 8 days after ischemia. Vertical bars represent the mean ± s.d. ($n = 6$). $*P < 0.05$, $**P < 0.01$, $***P < 0.001$, significantly different from SHAM control with Bonferroni post hoc test. Abbreviations are as in Figure 2. Hatched circles (VEH) indicate values of BDNF or GDNF expression level in the ischemia-treated hippocampus injected with culture medium, black circles (Mi) indicate those injected with nonstimulated microglia, and open circles (γMi) indicate those injected with IFNγ-stimulated microglia.

rather than microglia or astrocytes, were the main source of the later high expression of BDNF and GDNF in the hippocampus observed 7 days after ischemia. Injections of microglia into SHAM animals did not significantly increase BDNF or GDNF expression in the brain, although a large number of PKH26-labeled microglia enter the brain from the circulation (Imai et al, 1997; Sawada et al, 1998). Astrocytes expressing these neurotrophic factors were not detected in ischemic hippocampus injected with microglia. The maintenance of BDNF and/or GDNF expression in injured neurons might be one mechanism of neuroprotection in the ischemic hippocampus.

Intraventricular administration of a Sendai virus vector carrying GDNF or nerve growth factor increases the expression of these neurotrophic

factors in the hippocampus and prevents delayed neuronal death induced by transient global ischemia in gerbils, even when administered 6 h after ischemia (Shirakura et al, 2004). The time course for increased GDNF expression was similar to that in the present experiment, except that it took less time for exogenous microglia to express GDNF than it took for the Sendai virus vector. This might be one reason why we observed neuroprotection even when the microglia were injected 24 h after ischemia. Intrahippocampal administration of BDNF in adult rats improves performance in a spatial memory task (Cirulli et al, 2004). Administration of GDNF and BDNF to the site of ischemia might be one of the mechanisms underlying microglial neurotrophic effects on ischemic CA1 neurons.
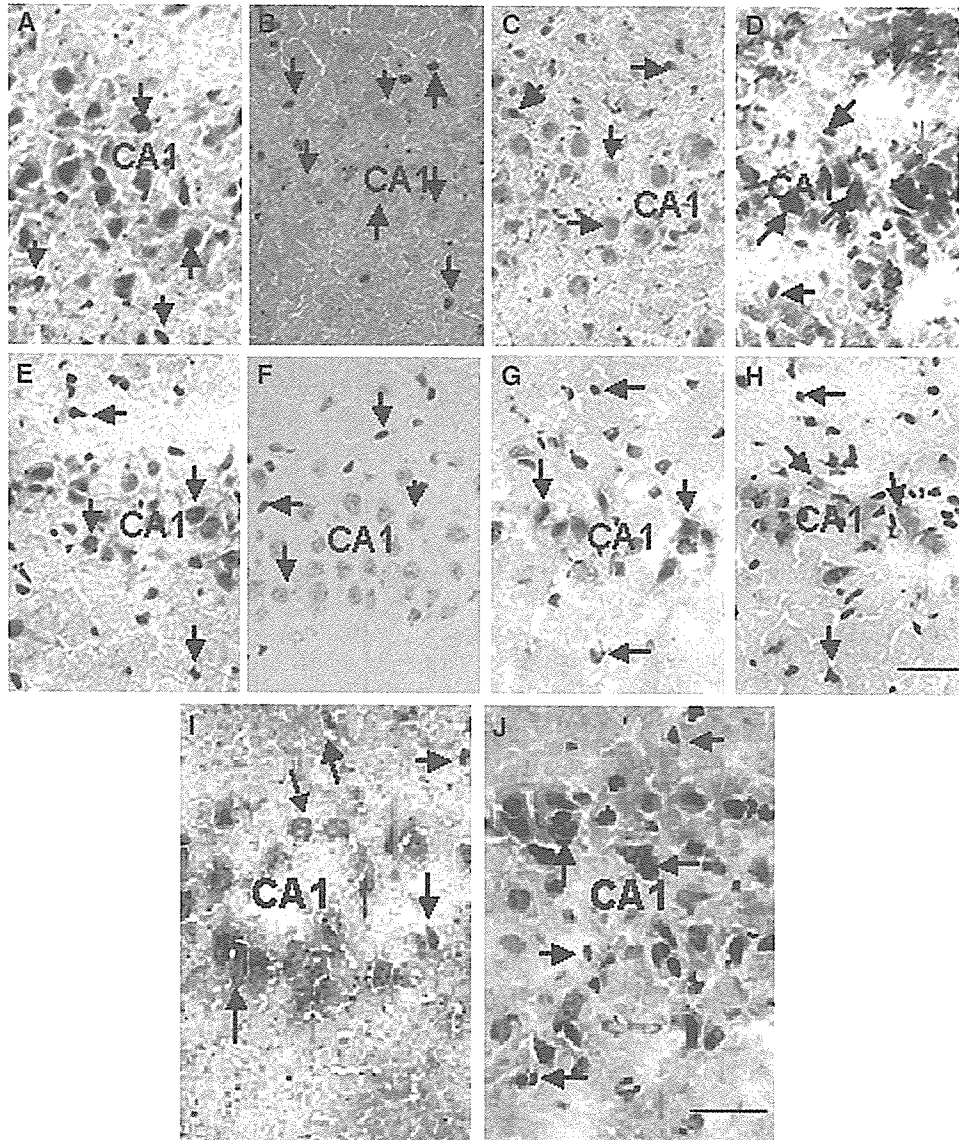
Figure 6 Immunohistochemical staining for BDNF and GDNF after transient global ischemia. (**A–H**) Time course of BDNF and GDNF expression in the hippocampus of SHAM and ischemia-treated animals injected with culture medium. (**A**) Most of the CA1 neurons expressed BDNF in the SHAM hippocampus. (**B**) Two hours after ischemia, there was little, if any, BDNF expression in CA1 neurons. BDNF-expressing endogenous microglia were observed around the CA1 field. (**C**) Three days after ischemia, most of the CA1 neurons weakly expressed BDNF. (**D**) Seven days after ischemia, a large number of damaged CA1 neurons and reactive astrocytes expressed BDNF. (**E**) Most of the CA1 neurons expressed GDNF in the SHAM hippocampus. (**F**) Two hours after ischemia, there was little, if any, GDNF expression in CA1 neurons, whereas there were a few GDNF-expressing endogenous microglia. (**G**) Three days after ischemia, most of the CA1 neurons expressed GDNF. (**H**) Seven days after ischemia, damaged CA1 neurons expressed GDNF and many GDNF-expressing exogenous microglia were scattered around them. (**I** and **J**) BDNF and GDNF expression, respectively, in the hippocampus 2 h after ischemia. Nonstimulated microglia were injected 24 h before ischemia treatment. Injection of microglia prevented the loss of both BDNF and GDNF expression in the hippocampus immediately after ischemia. Red arrows: CA1 neurons; black arrows: microglia; green arrows: reactive astrocytes. Scale bars = 5 μm.

Lee *et al* (2002) reported that BDNF mRNA increases 3 h after ischemia and returns to sham-operated level in the CA1 pyramidal neurons 1 day after ischemia, whereas BDNF protein decreases 3 h after ischemia and recovers to some extent at 7 days after ischemia. This expression disparity between neurotrophin mRNA and protein was reported to be because of a translational and/or posttranslational dysfunction of protein synthesis, release, or transport immediately after cerebral injury (Lee *et al*, 2002). In our study, the recovery of BDNF and GDNF expression was observed in degenerated neurons. The expression of neurotrophic factors might not enhance the survival of

ischemic pyramidal neurons, however, because most degenerating cells do not express BDNF or GDNF receptors after ischemic insult (Ferrer et al, 1998; Wang et al, 2004). Although pretreatment of microglia with IFNγ significantly enhanced microglial neuroprotective effects on ischemic CA1 pyramidal neurons, it did not increase hippocampal BDNF or GDNF expression, compared with nontreated microglia. Nevertheless, pretreatment with IFNγ increased the number of microglia migrating to the ischemic hippocampus. It is possible that microglia pretreated with IFNγ induce expression of neurotrophic factor receptors in ischemic pyramidal neurons, thus providing a neuroprotective effect. We are now investigating the mechanism.

Cytokines secreted by microglia might also affect ischemic CA1 neurons. We did not examine cytokine activity in this study because neurons and microglia interact with each other and produce complicated effects in vivo. For example, activated microglia release factors capable of generating oxidative damage, such as superoxide anions (O_2^-) and nitric oxide (Saud et al, 2005), whereas transient global ischemia increases transforming growth factor-$\beta1$ expression in CA1 pyramidal neurons (Zhu et al, 2000), which could eliminate microglial O_2^- and nitric oxide production (Herrera-Molina and von Bernhardi, 2005).

Microglial activation, after neuronal injury, appears to serve a neuroprotective function. A strong inflammatory response, however, could induce microglia to be hyperactive, which allows them to escape endogenous control and become toxic to neurons (Polazzi and Contenstabile, 2002). Interleukin-1β secreted by microglia activates p38 mitogen-associated protein kinase and cyclic adenosine monophosphate-response element binding protein to suppress long-term potentiation, which is thought to be an important underlying mechanism of learning and memory (Srinivasan et al, 2004). In our preliminary data, however, systemic injection of exogenous microglia in rabbits subjected to transient global ischemia prevented the ischemia-induced suppression of long-term potentiation (unpublished data). Microglia also produce interleukin-10 (Wu et al, 2005; Broderick et al, 2000), which reverses lipopolysaccharide-induced increases in signaling in the hippocampus (Lynch et al, 2004). Exogenous microglia introduced to the site of ischemia might reverse ischemia-induced disruption of endogenous control by secreting antiinflammatory cytokines such as interleukin-10 (Wu et al, 2005; Ooboshi et al, 2005; Broderick et al, 2000). Further studies are necessary to verify the mechanism of microglial neuroprotective effects on ischemic CA1 neurons.

It is also possible that injection of nonautologous microglia induced an immune reaction that is responsible for the present findings. We believe that this is unlikely because there is no evidence in the literature for a nonspecific immune response to be neuroprotective and/or reverse behavioral deficits. This will be examined in the future.

In conclusion, peripherally injected exogenous microglia exhibit a specific affinity for ischemic brain lesions and protect against neuronal damage in our ischemia model, suggesting that one role of microglia is to protect damaged neurons after transient global ischemic insult. To continue the exploration of the uses of exogenous microglia, we are currently isolating microglia from bone marrow (Ono et al, 1999; Tanaka et al, 2003). In the future, the administration of microglia might be a potential tool for cell or gene therapy in the treatment of brain disease.

Acknowledgements

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