

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 \pm 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 (γ Mi) indicate those injected with IFN γ -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.

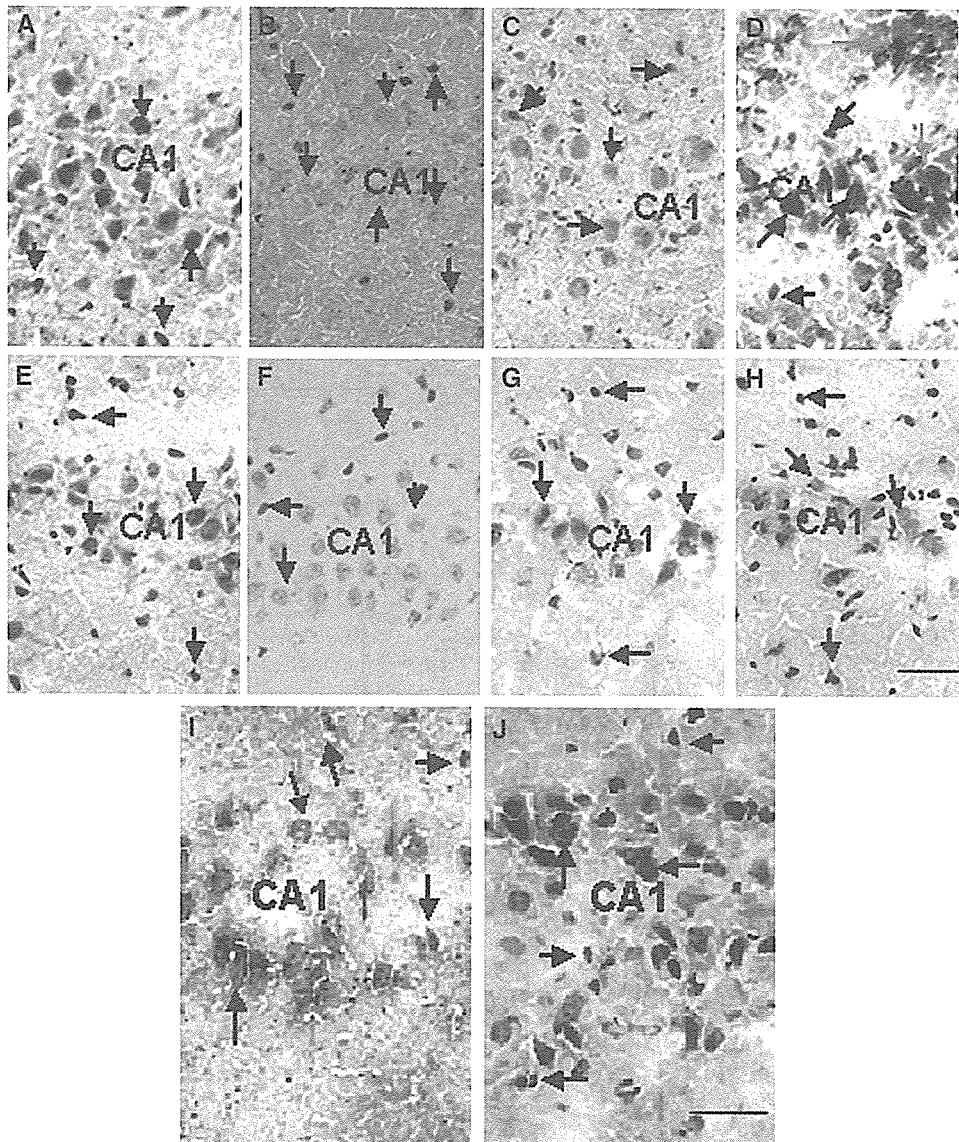


Figure 6 Immunohistochemical staining for BDNF and GDNF after transient global ischemia. (A–H) Time course of BDNF and GDNF expression in the hippocampus of SHAM and ischemia-treated animals injected with culture medium. (A) Most of the CA1 neurons expressed BDNF in the SHAM hippocampus. (B) Two hours 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 μ m.

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 IFN γ 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 IFN γ increased the number of microglia migrating to the ischemic hippocampus. It is possible that microglia pretreated with IFN γ 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- β 1 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-1 β 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.

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