Table 1 Demographic data and the CSF levels of monoamine metabolites of subjects

	No. of cases	Gender M/F	Age[a] (years)	Age at onset[a] (years)	Duration of disease[a] [years]	H/Y (On/Off)[b]	HVA[c] (pmol/ml)	5-HIAA[c] (pmol/ml)
Asymptomatic PARK8 (I2020T) mutation carriers	2	2/0	61.5 (60–63)	–	–	–	121 (145, 96.7)	50.9 (54.1, 47.7)
PARK8 (I2020T)	7	1/6	67.3[d] (59–74)	53.6[d] (39–67)	13.7 (2–35)	2.9/4.0	357 ± 92.1	71.8 ± 13.2[d]
Sporadic PD	21	11/10	72.4 (51–92)	63.4 (35–82)	9.0 (2–24)	3.6/3.9	283 ± 48.6	39.3 ± 4.89

M male, *F* female, *H/Y* Hoehn and Yahr's stage, *HVA* homovanillic acid, *5-HIAA* 5-hydroxyindolacetic acid, *PD* Parkinson's disease

Data are presented as [a]the means (range) and [c]the means ± S.E.M

[b] H/Y stage during the on or off state (means)

[d] $p < 0.05$ versus sporadic PD

Technology. CSF samples from 9 members of the Sagamihara family, including 7 PARK8 (I2020T) patients and 2 asymptomatic PARK8 (I2020T) mutation carriers, and from 21 sporadic PD patients were used for this study after obtaining informed consent from all subjects. The demographic and clinical characteristics of these subjects are summarized in Table 1. In the PARK8 patient group, two patients exhibited severe symptoms at Hoehn and Yahr's (H/Y) stage 5 during the off state, and four patients in the sporadic PD patient group were H/Y stage 5. All patients in this study receive therapies with anti-parkinsonian drugs, including L-3,4-dihydroxyphenylalanine (L-DOPA), DOPA decarboxylase inhibitor, and DA agonists. Lumber CSF samples were collected using a standardized protocol and immediately frozen and stored at −80°C until analysis.

Pteridine and monoamine assays

Total BP and neopterin (NP) levels in the CSF were determined according to the method of Fukushima and Nixon (1980) with slight modifications. Briefly, CSF samples were subjected to iodine oxidation, and the levels of BP and NP were assayed using high-performance liquid chromatography (HPLC) with a fluorescence detector (LaChrom Elite, L-2485, Hitachi). The total BP and NP levels represent the sum of tetrahydrobiopterin, 7,8-dihydrobiopterin, and BP and the sum of dihydroneopterin and NP, respectively. Monoamine metabolites, homovanillic acid (HVA) and 5-hydroxyindolacetic acid (5-HIAA), were assayed by HPLC with an electrochemical detector (ECD-700, Eicom).

Statistical analysis

The statistical significance of differences between PARK8 and sporadic PD patients was determined according to the Mann–Whitney's U test. $P < 0.05$ were considered statistically significant. Data are represented as the mean ± S.E.M.

Results

Patients' data

We used the H/Y stage to evaluate the overall severity of the parkinsonian symptoms in PARK8 and sporadic PD patients. There was no significant difference in the mean H/Y stage during the on or off state between PARK8 and sporadic PD patients (on, $p = 0.056$; off, $p = 0.829$) (Table 1). The age of onset was earlier in PARK8 than in sporadic PD patients ($p = 0.046$), whereas the durations of disease were similar between the two groups ($p = 0.594$).

Pteridine analysis

The BP levels in PARK8 patients were significantly higher than those in sporadic PD patients (PARK8, 24.0 ± 3.04 pmol/ml; sporadic PD, 15.0 ± 1.21 pmol/ml; $p = 0.020$) (Fig. 1a). Because the normal level of BP in the CSF was reported to be 21.34 ± 10.44 (mean ± SD) pmol/ml for people approximately 60-year old (Fujishiro et al. 1990), the BP levels of PARK8 patients were within the normal range. The BP levels in two asymptomatic mutation carriers were 30.1 and 33.2 pmol/ml, which were relatively higher than the values for other PARK8 patients (Fig. 1a).

The NP levels in PARK8 patients were not significantly different from those in sporadic PD patients (PARK8, 26.9 ± 5.00 pmol/ml; sporadic PD, 21.5 ± 1.53 pmol/ml; $p = 0.381$) (Fig. 1b). The NP/BP ratios in PARK8 patients were not significantly different from those in sporadic PD patients (PARK8, 1.12 ± 0.110; sporadic PD, 1.62 ± 0.204; $p = 0.185$), whereas those in sporadic PD patients showed an increasing trend (Fig. 1c).

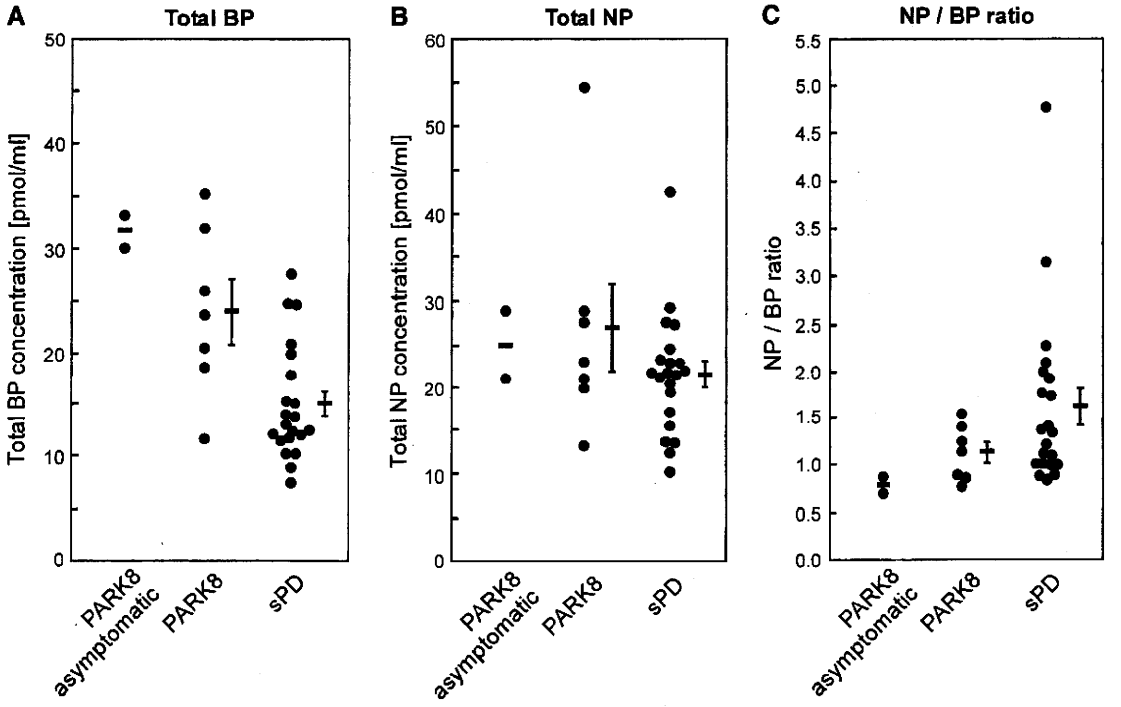

Fig. 1 Concentrations of CSF total BP (**a**) and total NP (**b**), and the NP/BP ratios (**c**). *Filled circles* indicate data from each subject. *Thick lines* and error *bars* represent the means and S.E.M. *PARK8 asymptomatic* PARK8 (I2020T) mutation carriers, *PARK8* PARK8 (I2020T) patients, *sPD* sporadic PD patients

Because the NP level in the CSF has been suggested to be a sensitive biochemical marker of inflammation in the central nervous system (Furukawa et al. 1992), and the levels of NP and the NP/BP ratios in PARK8 patients were within the normal range reported by Fujishiro et al. (1990), these results suggest that neither a reduction of BP biosynthesis nor an activation of cell-mediated immunity occurs in the brains of PARK8 patients.

Monoamine analysis

Next, we measured the CSF levels of HVA and 5-HIAA, metabolites of DA and 5-hydroxytryptamine, respectively (Table 1). No significant difference in the HVA concentration was observed between PARK8 and sporadic PD patients ($p = 0.289$). In asymptomatic mutation carriers, HVA values were relatively low as compared to those in PARK8 or sporadic PD patients, whereas 5-HIAA levels were similar to those in PARK8 patients. HVA levels in PARK8 and sporadic PD patients were higher than the normal value (46.3 ± 4.09 ng/ml, equivalent to 254 ± 22.4 pmol/ml) reported by Cheng et al. (1996), likely due to L-DOPA medication.

The 5-HIAA levels in PARK8 patients were significantly higher than those in sporadic PD patients ($p = 0.023$, Table 1) and within the normal range (23.4 ± 4 ng/ml, equivalent to 62.8 ± 10.7 pmol/ml) reported by Kostic et al. (1987). This result suggests that serotonergic neurons may be less affected in PARK8 patients as compared to sporadic PD patients.

Discussion

This study has revealed for the first time that the CSF BP levels in PARK8 (I2020T) patients are higher than those in sporadic PD patients, although the severity of parkinsonian symptoms according to the H/Y stage was comparable in the two patient groups. This is the first report of a biochemical difference between PARK8 and sporadic PD patients, and our biochemical data could provide a basis for the use of the CSF BP level for distinguishing PARK8 parkinsonism from other types of PD.

In contrast to reduced CSF BP levels in sporadic PD patients, we found that the BP levels in PARK8 patients were within the normal range. Furthermore, the BP levels in asymptomatic PARK8 mutation carriers were relatively higher than those in PARK8 patients. These results suggest that BP metabolism is well preserved in PARK8 patients compared to sporadic PD patients and that PARK8 patients may exhibit parkinsonian symptoms with higher BP levels than sporadic PD patients.

A considerable portion of CSF BP is derived from nigrostriatal dopaminergic neurons and the decreased CSF

BP levels in sporadic PD patients are likely a result of the degeneration of dopaminergic neurons (Fujishiro et al. 1990; Levine et al. 1981; Lovenberg et al. 1979). Therefore, the absence of decreased CSF BP levels in PARK8 patients implies that nigrostriatal dopaminergic neurons may be less degenerated in PARK8 patients than in sporadic PD patients when parkinsonian symptoms of comparable severity are exhibited.

This assumption is supported by neuropathological findings in recent studies. In the postmortem brains of PARK8 (I2020T) patients, the degeneration and loss of neurons in the SN and gliosis were mild as compared to those seen in sporadic PD patients (Hasegawa et al. 2009), although dopaminergic degeneration itself is likely to occur in PARK8 patients and asymptomatic mutation carriers as demonstrated by positron emission tomography studies (Adams et al. 2005; Hasegawa et al. 2009; Nandhagopal et al. 2008). Moreover, none of transgenic or knock-in mice of LRRK2 pathological mutants (R1441C/G and G2019S) showed loss of dopaminergic neurons in the SN or degeneration of nigrostriatal terminals (Li et al. 2009; 2010; Melrose et al. 2010; Tong et al. 2009).

Recent reports suggest that ^{123}I-metaiodobenzylguanidine (MIBG) myocardial scintigraphy is useful to differentiate PD from other parkinsonisms and that normal cardiac uptake of MIBG is a potential diagnostic value to indicate the absence of Lewy body pathology (Orimo et al. 1999; 2005). Most of the PARK8 (I2020T) patients in this study exhibited normal to slightly decreased cardiac MIBG uptake in ^{123}I-MIBG scintigraphy (Hasegawa et al. 2009), suggesting that cardiac sympathetic nerves are preserved in these patients as compared to sporadic PD patients. It may also account for a core neuropathological change in PARK8 (I2020T) patients, namely, pure nigral degeneration without Lewy bodies.

It remains unclear how BP levels in both PARK8 patients and asymptomatic mutation carriers are maintained within the normal range. One possibility is that the synthesis of BP may be increased in the remaining dopaminergic and/or serotonergic neurons in these subjects either as a compensatory mechanism or due to the action of mutated LRRK2 protein.

With respect to the pathogenic mechanisms of PARK8 that underlie the clinical symptoms similar to sporadic PD, recent studies of LRRK2 transgenic or knock-in mouse models have provided in vivo evidence that dysfunction rather than degeneration of dopaminergic neurons is involved in the etiology of PARK8. LRRK2-G2019S transgenic mice and LRRK2-R1441C knock-in mice exhibited a decreased evoked DA release, implying a pivotal effect of LRRK2 mutants on the regulation of striatal DA neurotransmission (Li et al. 2009; 2010; Melrose et al. 2010; Tong et al. 2009). The absence of reduced CSF BP levels in PARK8 patients demonstrated in this study is consistent with this hypothesis.

Further studies on other PARK8 patients with different mutations will be required to confirm our present results with PARK8 (I2020T) patients, and to reveal if dopaminergic dysfunction is a major mechanism of the clinical onset in PARK8.

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Conflict of interest The authors declare that they have no conflict of interest.

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Partial Biopterin Deficiency Disturbs Postnatal Development of the Dopaminergic System in the Brain*[S]

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Postnatal development of dopaminergic system is closely related to the development of psychomotor function. Tyrosine hydroxylase (TH) is the rate-limiting enzyme in the biosynthesis of dopamine and requires tetrahydrobiopterin (BH4) as a cofactor. To clarify the effect of partial BH4 deficiency on postnatal development of the dopaminergic system, we examined two lines of mutant mice lacking a BH4-biosynthesizing enzyme, including sepiapterin reductase knock-out ($Spr^{-/-}$) mice and genetically rescued 6-pyruvoyltetrahydropterin synthase knock-out ($DPS\text{-}Pts^{-/-}$) mice. We found that biopterin contents in the brains of these knock-out mice were moderately decreased from postnatal day 0 (P0) and remained constant up to P21. In contrast, the effects of BH4 deficiency on dopamine and TH protein levels were more manifested during the postnatal development. Both of dopamine and TH protein levels were greatly increased from P0 to P21 in wild-type mice but not in those mutant mice. Serotonin levels in those mutant mice were also severely suppressed after P7. Moreover, striatal TH immunoreactivity in $Spr^{-/-}$ mice showed a drop in the late developmental stage, when those mice exhibited hind-limb clasping behavior, a type of motor dysfunction. Our results demonstrate a critical role of biopterin in the augmentation of TH protein in the postnatal period. The developmental manifestation of psychomotor symptoms in BH4 deficiency might be attributable at least partially to high dependence of dopaminergic development on BH4 availability.

Tetrahydrobiopterin (BH4)[2] is an essential cofactor for phenylalanine hydroxylase (PAH, EC 1.14.16.2), tyrosine hydroxylase (TH, EC 1.14.16.3) and tryptophan hydroxylase (EC, 1.14.16.4). TH and tryptophan hydroxylase are essential for synthesizing dopamine and serotonin, respectively, whereas PAH is necessary for maintaining the proper phenylalanine concentration. Defects in the biosynthesis of BH4 can result in malfunctions of various organs, including the brain, due to insufficient activity of the aforementioned hydroxylases.

BH4 is biosynthesized from GTP by three enzymes, including GTP cyclohydrolase 1 (GCH1, EC 3.5.4.16), 6-pyruvoyltetrahydropterin synthase (PTS, EC 4.2.3.12), and sepiapterin reductase (SPR, EC 1.1.1.153) (1). Mutations in the genes for these proteins cause biopterin deficiency with or without hyperphenylalaninemia in humans, leading to decreased levels of monoamine neurotransmitters (2).

We and other groups have generated transgenic mice that are defective in the genes for BH4 biosynthesis. *Pts* homozygous knock-out mice ($Pts^{-/-}$) are born without obvious morphological abnormality but die within 2 days after birth (3, 4). $Spr^{-/-}$ mice are also born normal. In contrast to $Pts^{-/-}$ mice, $Spr^{-/-}$ mice can survive for a few weeks with growth retardation (5, 6), possibly due to the alternative pathway for SPR by aldo-keto reductases and carbonyl reductases (7, 8). We have demonstrated that the amount of TH protein is reduced in mutant mice, especially in nerve terminals, due to biopterin deficiency.

Monoamine deficiency in patients with biopterin deficiency results in a variety of clinical manifestations with typical onset from neonate to childhood. Dopa-responsive dystonia (DYT5) shows a partial biopterin deficiency caused by a dominant mutation in the *GCH1* gene (9, 10), and its symptoms of dystonia appear mostly in childhoods but not in the neonatal period, whereas parkinsonism appears later in life only in a subset of patients. Some patients with SPR deficiency show similar age-dependent alterations in clinical symptoms (11). These symptoms are well responsive to the L-DOPA treatment and thought to be caused by dysfunction of the nigrostriatal dopaminergic system due to insufficient production of dopamine in the striatum (12, 13). However, it is poorly understood why dystonia appears in childhood but not in the neonatal period. To understand the molecular mechanisms underlying the DYT5 pathology, it is crucial to systematically examine how BH4 deficiency affects the development of brain, especially monoaminergic systems, using model animals.

Here, using $Spr^{-/-}$ and $DPS\text{-}Pts^{-/-}$ mice (*i.e.* $Pts^{-/-}$ mice with genetically rescued noradrenaline-producing cells) (14), we investigated the effect of biopterin deficiency on postnatal

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[S] The on-line version of this article (available at http://www.jbc.org) contains supplemental Fig. 1.

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[2] The abbreviations used are: BH4, tetrahydrobiopterin; AADC, aromatic L-amino acid decarboxylase; GCH1, GTP cyclohydrolase 1; PAH, phenylalanine hydroxylase; PTS, 6-pyruvoyltetrahydropterin synthase; SPR, sepiapterin reductase; TH, tyrosine hydroxylase; ANOVA, analysis of variance.

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regulation of monoamine metabolism in the brain. We found that wild-type mice exhibited a marked up-regulation of both dopamine and TH protein levels in parallel and that partial BH4 deficiency in both $Spr^{-/-}$ and $DPS\text{-}Pts^{-/-}$ mice disturbed the developmental up-regulation of dopamine and TH protein levels. $Spr^{-/-}$ mice showed milder dystonic hind-limb clasping at P14 compared with that observed in $DPS\text{-}Pts^{-/-}$ mice. Our data demonstrate the importance of biopterin levels for postnatal development of the dopaminergic system in the brain.

EXPERIMENTAL PROCEDURES

Animals—*Spr* heterozygous mutant mice were obtained from Lexicon Pharmaceuticals Inc. (Woodlands, TX) (5) and crossed with C57Black/6J mice for more than 10 generations. $DPS\text{-}Pts^{-/-}$ mice were generated as previously described (14). All animal experiments were carried out in accordance with the general guidelines for animal experiments in Tokyo Institute of Technology and Fujita Health University. Littermate wild-type mice were used as controls.

Biochemical Analysis—Mice were sacrificed by cervical dislocation, and tissues were immediately dissected out. The tissues from $Spr^{+/+}$ and *Spr* mutant mice were homogenized with 20 mM sodium phosphate buffer (pH 7.4) containing 0.1 mM EDTA, 1 mM ascorbic acid, 1 mM *N*-acetylcysteine, and 10% glycerol and centrifuged at 20,400 × *g* for 10 min. For the Western blot assay, dithiothreitol was added to an aliquot at a final concentration of 1 mM and kept frozen at −80 °C until analysis. For BH4, monoamine, and amino acid measurements, another aliquot was deproteinized by 0.2 M perchloric acid and centrifuged at 15,000 × *g* for 20 min. Aliquots of the supernatant were used for analyses as previously described (5). Tissue homogenates from $Pts^{+/+}$ and *Pts* mutant mice were prepared and subjected to biochemical analyses as previously described (4). To measure total biopterin contents, pteridines in the supernatant were oxidized by adding 1 M HCl containing 1% I_2 and 2% KI for 1 h at room temperature and then subjected to HPLC analyses (4). Amino acid content in the brain was measured by an L-8500 amino acid analyzer (Hitachi, Tokyo, Japan).

Western Blotting—Tissue homogenates were subjected to Western blot analysis. In brief, protein from brain or liver homogenates was separated by 10% SDS-polyacrylamide gel electrophoresis, blotted onto a polyvinylidene difluoride membrane (Bio-Rad), blocked with 5% skim milk, incubated with anti-TH antibody (1:3,000 or 1:5,000; Millipore AB152, MA), anti-aromatic L-amino acid decarboxylase (AADC: EC 4.1.1.28) antiserum (1:5,000) (4), anti-PAH antibody (1:2,000; Calbiochem OP71L, CA), anti-GCH1 antiserum (1:5,000) (15), or anti-β-actin antibody (Sigma A5441, 1:30,000 or 1:10,000 for the analyses of *Spr* or *Pts* mutant mice, respectively), and then incubated with horseradish peroxidase-conjugated anti-rabbit IgG (GE Healthcare NA9310) or anti-mouse IgG (GE Healthcare NA9340). Immunoreactivity was detected using Immobilon Western chemiluminescent HRP substrate (Millipore) for analyses of *Spr* mutant mice or ECL-Plus (GE Healthcare) for analyses of *Pts* mutant mice.

Immunohistochemical Analysis—Mice were anesthetized with diethyl ether and transcardially perfused with ice-cold 0.9% NaCl followed by 4% paraformaldehyde in 0.1 M phosphate buffer (pH 7.4). Coronal brain slices (30 μm thick) were incubated in HistoVT one (Nakarai Tesque, Kyoto, Japan) at 70 °C for 20 min followed by incubation in 1% H_2O_2 in PBS and blocking with 5% pig serum. Slices were then incubated overnight with anti-TH antibody (1:10,000; Millipore), anti-AADC antiserum (1:10,000) or anti-μ-opioid receptor antibody (1:2,000; Millipore AB1774). Slices were then incubated with biotin-conjugated secondary antibodies, anti-rabbit IgG (1:250; Vector Laboratories BA-1000, CA), or anti-guinea pig IgG (1500; Vector BA-7000) and further processed with Elite ABC kit. Visualization was performed in PBS containing 0.02% diaminobenzidine and 0.002% H_2O_2.

Analysis of Hind-limb Clasping—To quantify hind-limb clasping, P14 mice were picked up from the cage and suspended by the tail for 25 s while being videotaped. The video was analyzed, and the duration of hind-limb clasping near the body was evaluated for each mouse. Clasping events lasting less than 0.5 s were excluded from the analysis because mice occasionally cross their legs as an escape behavior.

Statistical Analysis—All data were expressed as the mean ± S.E. For the HPLC and Western blotting data, multiple comparisons were performed using a one-way ANOVA followed by a Tukey's post hoc test. For the behavioral data, multiple comparisons were performed using a Kruskal-Wallis nonparametric one-way ANOVA followed by a Steel-Dwass post hoc test.

RESULTS

BH4 and Monoamine Contents in the Brain of BH4-deficient Mice—To evaluate how genetic deletion of the *Spr* gene alters BH4 and monoamine contents in the brains at early postnatal stages, we biochemically analyzed *Spr*-mutant mice at postnatal day 0 (P0), P7, and P14. Wild-type and heterozygous *Spr*-mutant mice showed no significant difference in BH4 content from P0 to P14 (Fig. 1*A*). BH4 content in the brains of $Spr^{-/-}$ mice was significantly lower than wild-type mice at all time points examined: 26.1% at P0, 19.6% at P7, and 24.8% at P14 (Fig. 1*A*). More than 90% of the total biopterin was present in a tetrahydro form, as BH4, in most of the brains examined.

We next measured the contents of the monoamine neurotransmitters and their metabolites in the brain to elucidate the effect of low biopterin availability on the biosynthesis of the neurotransmitters in an early postnatal stage. In wild-type and heterozygous *Spr*-mutant mice, we found a marked increase in dopamine content with postnatal days (in wild-type mice and 3.9 ± 2.0, 8.9 ± 1.2, and 14.6 ± 3.1 pmol/mg of protein at P0, P7, and P14, respectively). The elevation in dopamine content may reflect the postnatal maturation of the dopaminergic system in mice. Dopamine content in the brains of $Spr^{-/-}$ mice was ~50% that of wild-type mice at P0; however, there was no statistical difference between wild-type and $Spr^{-/-}$ mice ($p = 0.802$). Unlike the wild-type mice, $Spr^{-/-}$ mice showed almost no elevation in dopamine content, even at P7 or P14 (Fig. 1*B*). As a result, the dopamine deficiency in

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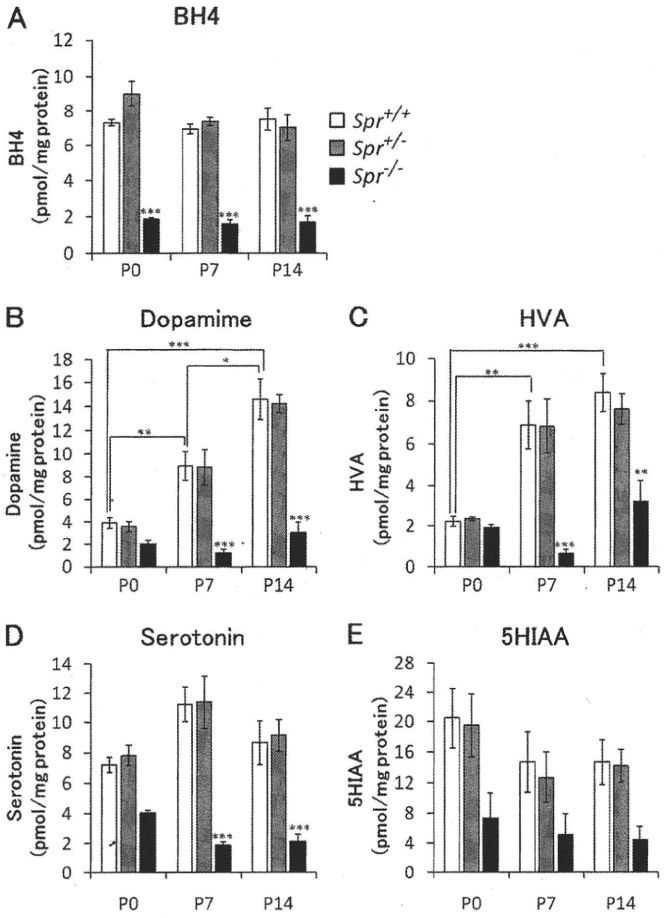

FIGURE 1. **Alternation of BH4 and monoamine contents in the brains of wild-type and *Spr* mutant mice in the early postnatal period.** Contents of BH4 (*A*), dopamine (*B*), homovanillic acid (*HVA*, *C*), serotonin (*D*), and 5-hydroxyindoleacetic acid (*5HIAA*, *E*) in whole brain homogenates were measured by HPLC with fluorescence (*A*) or electrochemical (*B–E*) detection. The values represent the mean ± S.E. $n = 4$ mice for all groups. *, $p < 0.05$; **, $p < 0.01$; ***, $p < 0.001$, one-way ANOVA followed by Tukey's test. *Stars over bars* indicate difference between wild-type and $Spr^{-/-}$ mice within the same age, and *stars above lines* indicate difference between wild-type mice of different ages.

$Spr^{-/-}$ mice compared with wild-type mice was more severe at P7 and P14. The level of homovanillic acid, a main metabolite of dopamine, in the brains of $Spr^{-/-}$ mice was almost the same as the level in wild-type mice at P0 (Fig. 1*C*: 87.1% of wild-type mice), which was much milder than at P7 or P14. These results indicate that a dopamine deficiency in $Spr^{-/-}$ mice becomes more prominent with postnatal development.

Similarly, serotonin content in the brains of $Spr^{-/-}$ mice was moderately decreased at P0 (56% of wild-type) and was not further increased at P7 and P14 (Fig. 1*D*). The content of 5-hydroxylindoleacetic acid, a serotonin metabolite, in $Spr^{-/-}$ mice was decreased to 36% that of wild type at P0 (Fig. 1*E*).

We further investigated the alterations in the contents of biopterin, monoamines, and their metabolites in the brain of *DPS-Pts*$^{-/-}$ mice, another model of partial biopterin deficiency. Using *DPS-Pts*$^{-/-}$ mice, we were able to analyze the late developmental stage because they can survive beyond weaning (14), whereas most $Spr^{-/-}$ mice die before P21 (5). Because *DPS*-gene does not influence the monoamine contents in wild-type mice (data not shown), we used littermate $Pts^{+/+}$ mice for the control in this study. We found that the level of biopterin was highest around P0-P7 and gradually decreased until P28 in wild-type mice (Fig. 2*A*). Biopterin levels in *DPS-Pts*$^{-/-}$ mice were ~30–40% that of wild-type levels (Fig. 2*A*). Dopamine levels peaked around P21 in wild-type mice, and similar to $Spr^{-/-}$ mice, there was almost no elevation in dopamine content in *DPS-Pts*$^{-/-}$ mice (Fig. 2*B*). Serotonin content in *DPS-Pts*$^{-/-}$ mice was similar to wild-type at P0 and dropped to ~10–20% that of the wild-type level after P7. Collectively, the results of *Spr* and *Pts* mutant mice demonstrated that partial biopterin deficiency prevented up-regulation of dopamine in the early developmental period.

Alteration in the TH Protein Level during a Developmental Period—Because we previously observed a great reduction in the amount of the TH protein in P17 $Spr^{-/-}$ mice and adult *DPS-Pts*$^{-/-}$ mice, we examined developmental alterations in the TH protein level from newborn to P14 in $Spr^{-/-}$ or P28 in *DPS-Pts*$^{-/-}$ mice as well as in wild-type mice. TH protein levels in brains of wild-type mice were markedly elevated from P0 to P14 (Fig. 3, *A*, *B*, and *D*), similar to the increase in dopamine content. In newborns, TH protein levels in $Spr^{-/-}$ mice were slightly lower than that in $Spr^{+/+}$ or $Spr^{+/-}$ mice (61% of levels in $Spr^{+/+}$ mice). Interestingly, the increase in TH protein levels observed in wild-type mice was strikingly impaired in $Spr^{-/-}$ (Fig. 3, *A* and *B*) and *DPS-Pts*$^{-/-}$ mice (Fig. 3*D*). In contrast, the AADC protein level was unchanged between P0 and P14 for all genotypes examined (Fig. 3, *A* and *C*).

Immunohistochemical Study of Striatal TH Expression $Spr^{-/-}$ mice—Because the Western blot analysis suggested that TH protein expression in the striatum may be developmentally affected in $Spr^{-/-}$ mice, we performed an immunohistochemical analysis for TH in the striatum. In wild-type mice, striatal TH immunoreactivity increased greatly from P0 to P21 (Fig. 4*A*). $Spr^{-/-}$ mice showed almost no increase in TH immunoreactivity, although the staining pattern at P0 was comparable with that in wild-type mice (Fig. 4*A*).

We also noticed that wild-type and $Spr^{-/-}$ mice showed a different developmental pattern of TH immunoreactivity between the striatal matrix and the striosome. In both genotypes, TH immunoreactivity in the striosome was stronger than that in the matrix at P14 (Fig. 4, *A* and *C*). In wild-type mice, matrix TH immunoreactivity increased later, and the boundary of the striosome and the matrix disappeared by P21 (Fig. 4, *A* and *C*). However, in $Spr^{-/-}$ mice, matrix TH immunoreactivity did not elevate after P7, and striosome TH immunoreactivity seemed to decrease after P14 (Fig. 4*A*), resulting in an overall reduction of TH immunoreactivity. We confirmed that these patchy compartments of TH immunoreactivity were mostly from the striosome by staining for the μ-opioid receptor, a marker for the striosome (Fig. 4*C*). Formation of striosome seemed to be unaffected in $Spr^{-/-}$ mice at P14 (Fig. 4*C*) and also at P21 (data not shown) judging from the staining pattern of μ-opioid receptor. These results suggest that *Spr* deficiency differently affects TH protein levels in the striosome and the matrix during postnatal development.

To verify normal projection of the nigral dopaminergic axons to the striatum, we stained striatal slices with the anti-

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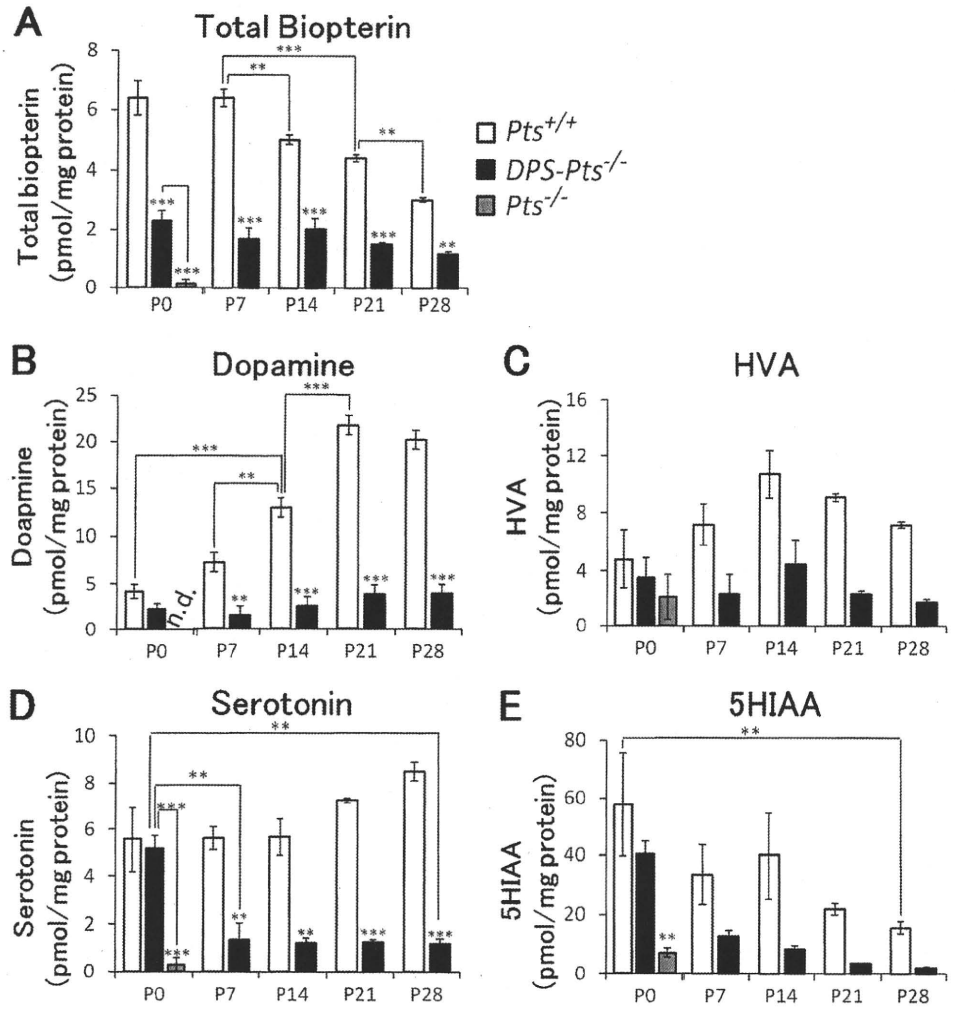

FIGURE 2. **Alternation of biopterin and monoamine contents in the brains of wild-type and *Pts* mutant mice in the early postnatal period.** Contents of total biopterin (*A*), dopamine (*B*), homovanillic acid (*HVA*, *C*), serotonin (*D*), and 5-hydroxyindoleacetic acid (*5HIAA*, *E*) in whole brain homogenates were measured by HPLC with fluorescence (*A*) or electrochemical (*B–E*) detection. Values represent the mean ± S.E. $n = 3$ mice for all groups. *, $p < 0.05$; **, $p < 0.01$; ***, $p < 0.001$, one-way ANOVA followed by Tukey's test. *Stars over bars* indicate differences between wild-type and *Pts* mutant mice within the same age, and *stars above lines* indicate differences between *DPS-Pts*$^{-/-}$ and *Pts*$^{-/-}$ mice or between wild-type or *DPS-Pts*$^{-/-}$ mice of different ages.

body against AADC, another marker for dopaminergic neurons in the striatum. As shown in Fig. 4*B*, AADC immunoreactivity was increased with development both in the wild-type and *Spr*$^{-/-}$ mice, suggesting that biopterin deficiency does not grossly affect the projection of nigrostriatal dopaminergic neurons during postnatal development. Collectively, immunohistochemical analyses revealed that postnatal development of striatal TH protein expression is perturbed in the striatum of *Spr*$^{-/-}$ mice.

BH4 and BH4-related Enzymes in the Liver of Spr$^{-/-}$ *Mice*—We further explored the developmental effect of genetic deletion of the *Spr* gene on the BH4 content and expression levels of BH4-related enzymes in the liver, where metabolism of phenylalanine takes place. We first measured BH4 content in early postnatal stages. We found that BH4 content in the liver gradually increased from P0 to P14 in wild-type and heterozygous *Spr* mutant mice (Fig. 5*A*). Homozygous *Spr* mutant mice exhibited severely decreased levels of BH4, less than 5% at P0, P7, and P14 as compared with wild-type mice (Fig. 5*A*), whereas the amount of BH4 in the liver was similar to the amount in the brain (Fig. 1*A*), ~2 pmol/mg of protein.

In the brain, biopterin deficiency resulted in low TH protein levels, as described above. To evaluate whether the liver PAH protein level is similarly affected by biopterin deficiency, we examined the protein expression levels of PAH by Western blotting. PAH expression in wild-type mice was drastically increased during the postnatal period. In addition, *Spr*$^{-/-}$ mice showed a slight tendency toward reduced PAH protein levels, although the differences were not statistically significant (Fig. 5, *B* and *C*). In contrast, GCH1 expression was not altered in *Spr*$^{-/-}$ mice (Fig. 5, *B* and *D*). We confirmed the disappearance of the Spr protein in *Spr*$^{-/-}$ mice, whereas the expression level of Spr protein showed a developmental increase in wild-type mice (Fig. 5, *B* and *E*). These data highlight the severe impairment of the postnatal augmentation of TH protein levels in the brain.

Phenylalanine and Tyrosine Levels in the Brain of Biopterin-deficient Mice—Spr$^{-/-}$ and DPS-*Pts*$^{-/-}$ mice show hyperphenylalaninemia because biopterin content in the liver is low and leads to low PAH activity (5, 14). Because hyperphenylalaninemia can affect monoamine neurotransmitter metabolism in the brain, we next measured the contents of phenylala-

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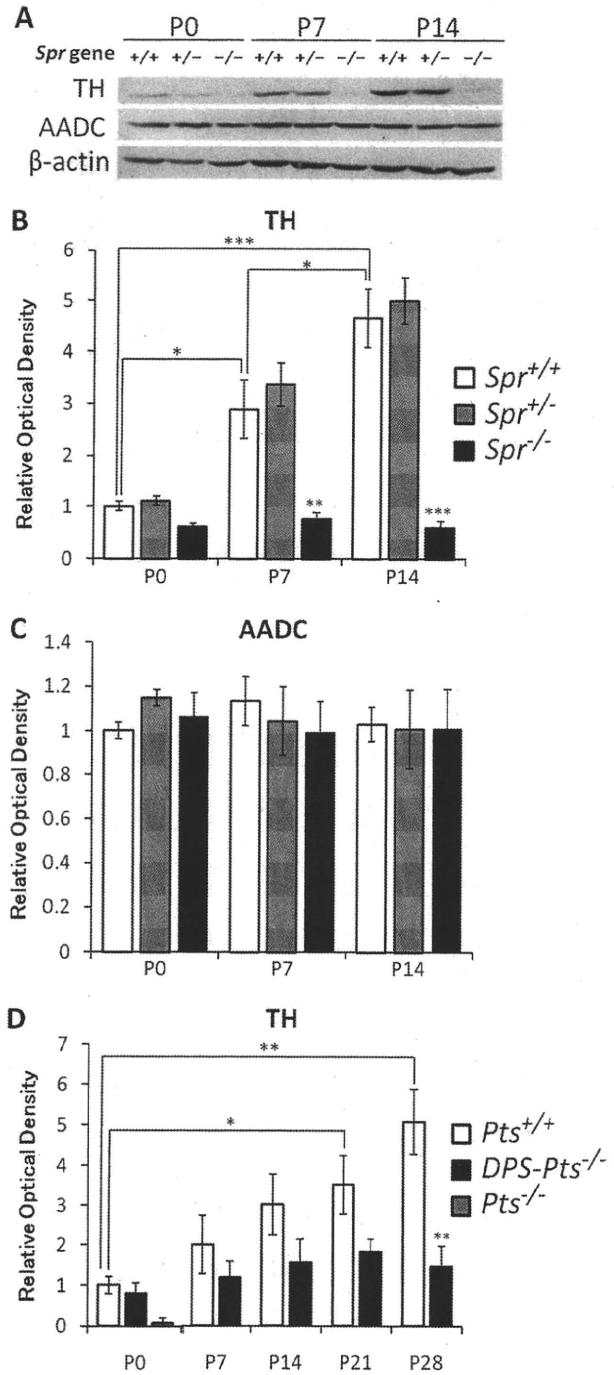

FIGURE 3. **Alterations of protein levels of TH and AADC in the brains of wild-type, *Spr* mutant, and *Pts* mutant mice in the early postnatal period.** *A*, 50 μg of protein from brain homogenates of wild-type and *Spr* mutant mice was separated by 10% SDS-PAGE and immunoblotted with specific antibodies against TH, AADC, and β-actin. *B* and *C*, shown is summary quantification of Western blot signals of TH (*B*) and AADC (*C*). *D*, shown is summary quantification of Western blot signals of TH. 30 μg of protein from the brain homogenates of wild-type and *DPS-Pts*$^{-/-}$ mice was separated by 10% SDS-PAGE and immunoblotted with specific antibodies against TH and β-actin. Quantified values of immunoblot signals were first normalized to β-actin immunoreactivity, and relative ratios to the mean value in P0 wild-type mice are shown. Values represent the mean ± S.E. $n = 4$ (*B* and *C*) or $n = 3$ (*D*) mice for all groups. *, $p < 0.05$; **, $p < 0.01$; ***, $p < 0.001$, one-way ANOVA followed by Tukey's test. *Stars over bars* indicate differences between wild-type and mutant mice within the same age, and *stars above lines* indicate differences between wild-type or mutant mice of different ages.

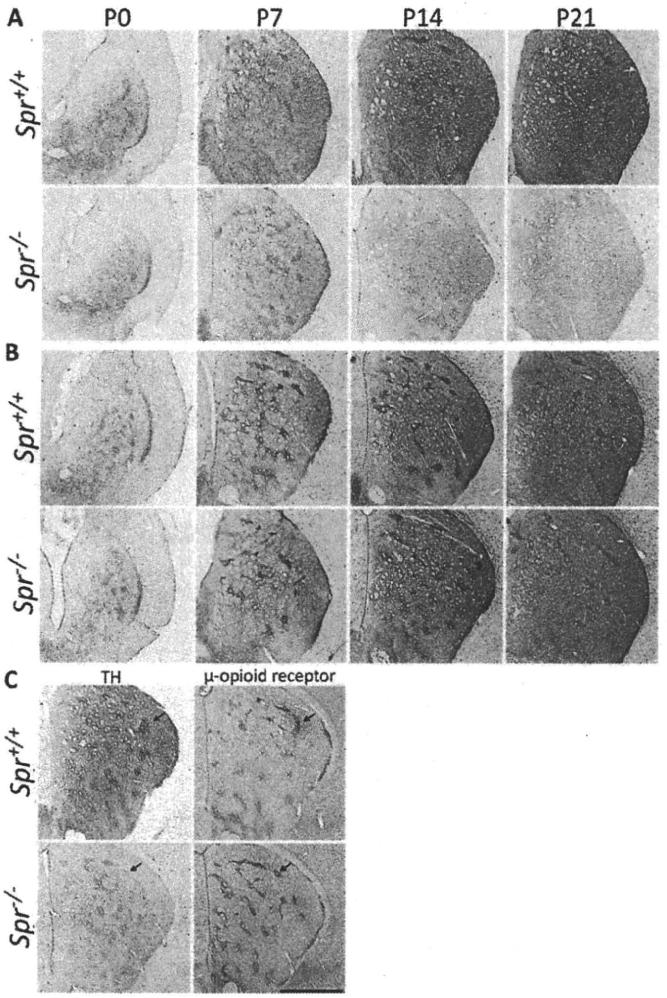

FIGURE 4. **Immunohistochemical analysis of postnatal development of the nigrostriatal dopaminergic system in *Spr* mutant mice.** Striata of *Spr*$^{+/+}$ and *Spr*$^{-/-}$ mice were immunostained with anti-TH antibody (*A*) and anti-AADC antiserum (*B*). Neighboring striatal sections of P14 mice were immunostained for TH and the μ-opioid receptor, a striosome marker (*C*). Patches of high TH immunoreactivity were colocalized with the striosome marker. *Scale bar*, 500 μm.

nine and tyrosine in the brains of biopterin-deficient mice. Both *Spr*$^{-/-}$ and *DPS-Pts*$^{-/-}$ mice showed drastically increased levels of phenylalanine at P7, but they were not severely affected at P0 (supplemental Fig. 1, *A* and *C*). Accumulation of phenylalanine was partially alleviated after P14 in both mutant mice (supplemental Fig. 1, *A* and *C*). Tyrosine content at P0 was significantly reduced in *Spr*$^{-/-}$ mice than in wild-type mice, and age-related decreases were observed for all genotypes (supplemental Fig. 1*B*). Tyrosine levels in *Spr*$^{-/-}$ and *DPS-Pts*$^{-/-}$ mice were lower than those in wild-type mice (supplemental Fig. 1, *B* and *D*).

Hind-limb Clasping in Spr$^{-/-}$ *Mice*—The nigrostriatal dopaminergic neurons play a critical role in coordination of voluntary movements. The loss of striatal TH protein and dopamine in *Spr*$^{-/-}$ mice may affect motor activity in the early postnatal period. To examine whether *Spr*$^{-/-}$ mice show any dystonic behavior, we performed the tail suspension test. We observed dystonic hind-limb clasping in *DPS-Pts*$^{-/-}$ mice (16), as shown in the transgenic mice expressing mutant torsinA, a model for DYT1 dystonia (17). *Spr*$^{-/-}$ mice

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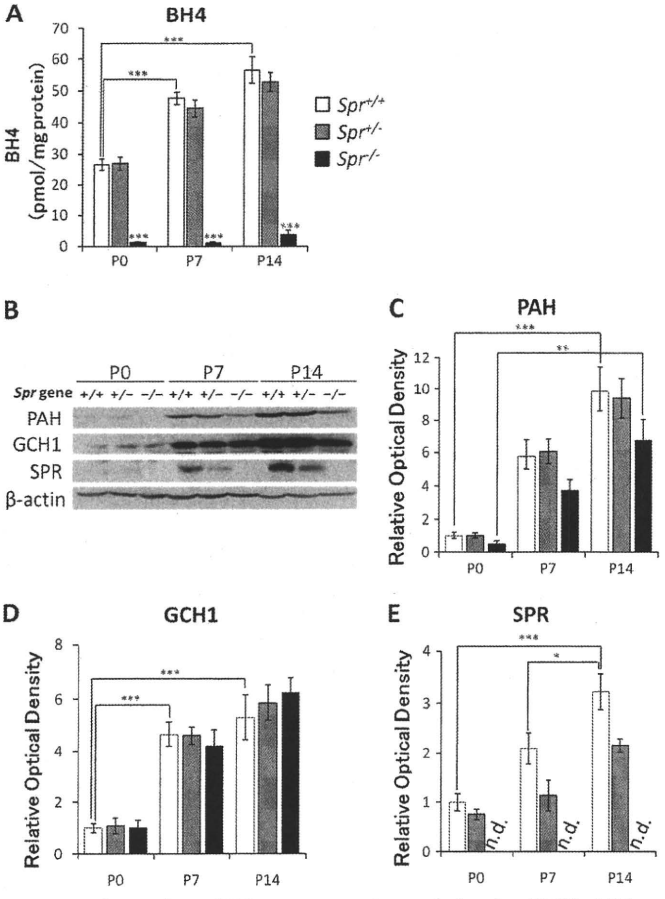

FIGURE 5. **Alternation of BH4 content and protein levels of PAH, GCH1, and SPR in the liver of *Spr* mutant mice in the early postnatal period.** *A*, BH4 content in the liver was measured at P0, P7, and P14. *B*, 50 μg of protein in the liver homogenate were separated by 10% SDS-PAGE and immunoblotted with specific antibodies against PAH, GCH1, SPR, and β-actin. *C–E*, shown is a summary quantification of Western blot signals of PAH (*C*), GCH1 (*D*), and SPR (*E*). Quantified values of immunoblot signals were first normalized to β-actin immunoreactivity, and relative ratios to the mean value in P0 $Spr^{+/+}$ mice are shown. Data represent the mean ± S.E. $n = 4$ mice for all groups. *, $p < 0.05$; **, $p < 0.01$; ***, $p < 0.001$, one-way ANOVA followed by Tukey's multiple comparison test. *Stars over bars* indicate differences between $Spr^{+/+}$ and $Spr^{-/-}$ mice within the same age, and *stars above lines* indicate differences between $Spr^{+/+}$ mice of different ages.

showed hind-limb clasping, whereas almost none of the wild-type mice showed hind-limb clasping (Fig. 6, *A* and *B*). To quantify the clasping behavior of $Spr^{-/-}$ mice, we calculated the total duration of clasping during 25 s. As shown in Fig. 6*C*, $Spr^{-/-}$ mice showed longer clasping duration than wild-type mice.

Because hind-limb clasping was also observed in *DPS-Pts*$^{-/-}$ mice, we reanalyzed the duration of clasping posture in *DPS-Pts*$^{-/-}$ mice from previous study (16) and compared with that in $Spr^{-/-}$ mice. The duration of the clasping posture for the *DPS-Pts*$^{-/-}$ mice was 19.66 ± 0.09 s during 25 s, which was significantly longer than the duration for the $Spr^{-/-}$ mice shown in Fig. 6*C* (9.49 ± 0.15 s in $Spr^{-/-}$ mice; $p < 0.05$).

DISCUSSION

Partial biopterin deficiency leads to behavioral and psychiatric dysfunctions; however, the effect of partial biopterin deficiency on development of monoaminergic neurons has not

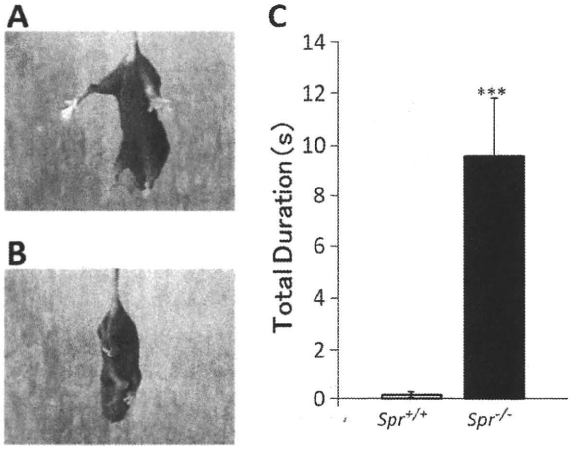

FIGURE 6. **Hind-limb clasping in a tail suspension test.** P14 mice were suspended by the tail for 25 s, and the duration of hind-limb clasping was measured. *A* and *B*, representative clasping observed in $Spr^{-/-}$ mice (*B*) but not in $Spr^{+/+}$ mice (*A*) is shown. *C*, summary of total duration of hind-limb clasping during a 25-s trial in $Spr^{+/+}$ ($n = 12$), $Spr^{+/-}$ ($n = 13$), and $Spr^{-/-}$ ($n = 14$) mice is shown. Values indicate the mean ± S.E. ***, $p < 0.001$, Kruskal-Wallis nonparametric one-way ANOVA followed by Steel-Dwass test. *Stars over bars* indicate differences between $Spr^{-/-}$ mice and wild-type mice.

been well characterized. In this report we examined alterations in dopamine, serotonin, and TH protein levels during the postnatal developmental period in wild-type mice and two mouse models of partial biopterin deficiency. Our results showed that dopamine and TH protein contents were markedly and concurrently increased from neonate to P21 in wild-type mice, and this increase was disturbed in the biopterin-deficient mice. Moreover, $Spr^{-/-}$ mice showed hind-limb clasping, a movement disorder, when striatal TH protein level was clearly decreased compared with wild-type mice. In addition, serotonin content in the brain was suppressed to low levels in $Spr^{-/-}$ mice. These data suggest that biopterin deficiency critically limits the normal development of both dopamine content and TH protein levels in the brain, leading to psychomotor deficits.

Taken together with our previous reports, our data suggest that the BH4 level required for normal development increases with animal growth. In neonatal animals, severe BH4 deficiency (~6% of wild-type, in the brain) leads to lethality with dramatic decreases in dopamine and TH protein levels as seen in *Pts*$^{-/-}$ mice (4). Meanwhile, moderate BH4 deficiency seen in *DPS-Pts*$^{-/-}$ mice (~36%) and $Spr^{-/-}$ mice (~26%) does not cause neonatal lethality but disturbs the augmentation of both TH protein level and dopamine content in the brain (Figs. 1 and 2). These data indicate that BH4 deficiency dose-dependently affects development of the dopaminergic system from the neonatal to early postnatal period.

Reduction of the TH protein was more prominent in nerve terminals than soma (4) and in the brain than the adrenal gland (5) in biopterin-deficient mice. Although the reason for the greater vulnerability of TH in nerve terminals by biopterin deficiency is unknown, the local concentration of biopterin may be relevant. The biopterin concentration in the brain showed a decreasing trend during the developmental period despite the elevation in the dopamine content in wild-type mice (Figs. 1 and 2). Kapatos *et al.* (18) reported a similar re-

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sult for biopterin content in the brain from P0 to P50, whereas they showed a transient decline at P5. It is likely that biopterin is depleted at the nerve terminals and dendrites during the developmental period because these processes grow quickly during development. We suppose that more biopterin would be required for extending axons and dendrites during a developmental period.

The reason why TH protein levels are strongly affected by biopterin deficiency is yet to be determined. One possibility is that dopamine is required for the increase in TH protein levels because TH and dopamine form a stable and inactive complex (19, 20). Alternatively, BH4 may directly affect the stability of the TH protein (21). A recent *in vitro* study suggested that BH4 has chaperone-like activity for TH (22). Further investigation will be required to understand the regulation of TH protein levels by BH4 and dopamine *in vivo*.

In contrast to the marked increase in TH protein levels in wild-type mice, AADC protein levels were almost constant from P0 to P14 (Fig. 3*C*), which then increased in the striatum at P14 and P21, as determined immunohistochemically (Fig. 4*B*). AADC is expressed not only in catecholaminergic and serotonergic neurons but also in non-monoaminergic neurons, called D-neurons (23). The broader distribution of AADC than TH in the brain may explain the constant level of the protein during the developmental period we examined.

Phenylalanine metabolism in fetuses depends on the maternal body but becomes independent after birth (24). Consistently, phenylalanine content in *DPS-Pts*$^{-/-}$ and *Spr*$^{-/-}$ mice were relatively low at P0 and increased significantly at P7 and P14 (supplemental Fig. 1). Hyperphenylalaninemia can affect monoamine content in the brain due to a reduced supply of tyrosine and tryptophan to the brain and due to competitive inhibition of TH and tryptophan hydroxylase by a high concentration of phenylalanine (25, 26). Pascucci *et al.* (27) reported that *Pah*^{enu2} mice, which have a defect in the PAH gene, showed severe hyperphenylalaninemia and lower tyrosine content from P3 to P35, similar to *DPS-Pts*$^{-/-}$ and *Spr*$^{-/-}$ mice. However, in *Pah*^{enu2} mice, serotonin was decreased by less than 50% as compared with control mice, and dopamine levels were comparable with those of control mice at most of the postnatal days examined (27). These mild effects are in great contrast to *DPS-Pts*$^{-/-}$ and *Spr*$^{-/-}$ mice, suggesting the reduction of the monoamine content observed in *DPS-Pts*$^{-/-}$ and *Spr*$^{-/-}$ mice was mainly caused by biopterin deficiency in the brain, although the possible effect of hyperphenylalaninemia should not be excluded.

In contrast to TH protein, we found that PAH protein levels in the liver were only slightly reduced in *Spr*$^{-/-}$ mice without significant difference from wild-type mice (Fig. 5*C*). Several reports suggested that BH4 stabilizes the PAH protein (28, 29). In the liver of neonatal *Pts*$^{-/-}$ mice, PAH protein was decreased to less than 20% that in wild-type mice (29). We found that PAH protein increased with age in wild-type mice and in *Spr*$^{-/-}$ mice. This result indicates that postnatal argumentation of PAH protein was not severely perturbed by biopterin deficiency.

By immunohistochemical study, we found that striosome TH protein level in *Spr*$^{-/-}$ mice showed augmentation similar to that in wild-type mice up to P7, then the striosome TH protein level decreased thereafter, although BH4 content remained constant. These results strongly suggest that the developmental augmentation of striatal TH protein level requires increasing levels of BH4, and moderate BH4 deficiency disturbs the development of nigrostriatal dopaminergic system on the way.

Spr$^{-/-}$ mice showed hind-limb clasping at P14 (Fig. 6) when striatal TH protein level was clearly reduced. These data are in good agreement with the view that dystonia caused by BH4 deficiency is primarily mediated by dysfunction of the nigrostriatal dopaminergic projection. Interestingly, it has been reported that hind-limb clasping could be related to differential TH loss between striosome and matrix, as the TH immunoreactivity in striosomes was more greatly lost than in the surrounding matrix in *DPS-Pts*$^{-/-}$ mice (16). We did not observe such a clear difference in *Spr*$^{-/-}$ mice, although we do not know the actual alteration of activities in striosome and matrix in *Spr*$^{-/-}$ mice. The duration of the clasping posture was shorter in *Spr*$^{-/-}$ than *DPS-Pts*$^{-/-}$ mice. The reduced hind-limb clasping in *Spr*$^{-/-}$ mice may reflect the difference in the pattern of TH protein reduction in the striatum and/or noradrenergic level, which was more affected in *Spr*$^{-/-}$ mice (5).

Dopaminergic dysfunction during postnatal development results in behavioral and psychiatric abnormalities, as implicated in several neurological disorders such as attention-deficit hyperactive disorder (30). In this report we demonstrated the critical importance of biopterin content in the early postnatal period for dopamine synthesis and motor control. Our data raise the possibility that biopterin is not only essential for postnatal up-regulation of dopamine biosynthesis but also for the development and maturation of the dopaminergic system. Further investigation using *Spr*$^{-/-}$ mice and *DPS-Pts*$^{-/-}$ mice will clarify more detailed mechanisms of involuntary movements caused by biopterin deficiency.

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RESEARCH ARTICLE

Cortically Evoked Responses of Human Pallidal Neurons Recorded During Stereotactic Neurosurgery

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ABSTRACT: Responses of neurons in the globus pallidus (GP) to cortical stimulation were recorded for the first time in humans. We performed microelectrode recordings of GP neurons in 10 Parkinson's disease (PD) patients and 1 cervical dystonia (CD) patient during surgeries to implant bilateral deep brain stimulation electrodes in the GP. To identify the motor territories in the external (GPe) and internal (GPi) segments of the GP, unitary responses evoked by stimulation of the primary motor cortex were observed by constructing peristimulus time histograms. Neurons in the motor territories of the GPe and GPi responded to cortical stimulation. Response patterns observed in the PD patients were combinations of an early excitation, an inhibition, and a late excitation. In addition, in the CD patient, a long-lasting inhibition was prominent, suggesting increased activity along the cortico-striato-GPe/GPi pathways. The firing rates of GPe and GPi neurons in the CD patient were lower than those in the PD patients. Many GPe and GPi neurons of the PD and CD patients showed burst or oscillatory burst activity. Effective cathodal contacts tended to be located close to the responding neurons. Such unitary responses induced by cortical stimulation may be of use to target motor territories of the GP for stereotactic functional neurosurgery. Future findings utilizing this method may give us new insights into understanding the pathophysiology of movement disorders. © 2011 Movement Disorder Society

Key Words: globus pallidus; microelectrode recording; cortical stimulation; stereotactic functional neurosurgery; Parkinson's disease; dystonia

Introduction

Deep brain stimulation (DBS) is a well-established treatment for advanced movement disorders, such as Parkinson's disease (PD).[1,2] Major targets of DBS are the globus pallidus (GP) and the subthalamic nucleus (STN). Although there is a trend toward targeting more at the STN, GP-DBS has several advantages, including amelioration of drug-induced dyskinesia and fewer adverse neuropsychological effects.[3] GP-DBS is also efficient to treat severe generalized or segmental dystonia.[4] The optimal target of GP-DBS is the posteroventral part of the internal segment of the GP (GPi), corresponding to its motor territory.[3,5–7] To identify the motor territory of the GPi, microelectrode recordings (MERs) of neuronal activity, such as spontaneous firing patterns and responses to passive and active movements, have been performed.[4,8,9]

Studies in nonhuman primates have shown that stimulation of the motor cortices can identify somatotopically organized motor territories in the external segment of the GP (GPe) and GPi.[10–13] In this study, we tested whether a similar method can be used to identify motor territories in the human GP. We recorded responses of GP neurons induced by motor cortical stimulation during stereotactic neurosurgery of PD and cervical dystonia (CD) patients and

Additional Supporting Information may be found in the online version of this article.

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compared them with responses of nonhuman primates. These data will also provide clues to understanding the pathophysiology of movement disorders.

Patients and Methods

Patients

This study was approved by the ethical committee of Wakayama Medical University and has followed its guidelines. The operations were performed on 10 PD patients and 1 CD patient (Supporting Information Table 1). The 8 male and 2 female PD patients were of mean age 61.9 years (range 50–72), had a mean disease duration of 126 months (48–168), and a mean levodopa dosage of 460 mg/day (300–800). Preoperative unified Parkinson's disease rating scale (UPDRS) was a mean best score of 25.3 (0–53) and a mean worst score of 66.6 (41–93). The 62-years-old female CD patient had a disease duration of 32 months and a Toronto western spasmodic torticollis rating scale (TWSTRS) score of 54. All patients received bilateral GP-DBS electrode implantation.

Surgical Procedure and MERs

Medications were withdrawn 18 hours before operation in most patients (Supporting Information Table 1). Surgery including MERs was performed without general anesthesia in most cases. Propofol was injected intravenously (2 mL/kg/hr) if necessary (patients 2, 5, and 11). Burr holes were made bilaterally on the coronal suture about 30 mm lateral from the midline. After dural incision, a strip electrode with four platinum discs (diameter of 5 mm) spaced 10 mm apart (UZN C1-04-04-10-1-A, Unique Medical; Tokyo, Japan) was inserted into the subdural space in the posterolateral direction and placed on the upper limb area of the primary motor cortex (MI). To avoid injury to the cortical veins, special care was taken during insertion of the strip electrode and no complications were noted. Electrical stimuli (1–20 mA strength, 1.0 ms duration monophasic constant current pulse at 1 Hz) were delivered through two of the four discs. A pair of discs inducing muscle twitches in the contralateral upper limb at the lowest intensity was selected and the motor threshold (T) was determined. In the following recordings, stimuli were delivered through this pair at the intensity inducing clear muscle twitches ($1.2–1.5 \times T$) at 1 Hz. A microelectrode (FC1002, Medtronic; Minneapolis, MN) was inserted through the same burr hole targeting the tentative target in the posteroventral GPi (20 mm lateral to the midline, 4 mm ventral to the intercommissural line, and 3 mm anterior to the midcommissural point), which was determined based on the magnetic resonance imaging (MRI). Neuronal activity was amplified, displayed (Leadpoint 9033A0315, Medtronic), and fed to a computer for on-line analysis. The responses induced by MI-stimulation were assessed by constructing peristimulus time histograms (PSTHs; bin width of 1 ms) for 20–120 stimulus trials using the software (LabVIEW 7.1, National Instruments; Austin, TX). Neuronal activity was also stored on a digital audio tape (DAT) recorder (PC204Ax, SONY; Tokyo, Japan) for off-line analysis. Somatosensory responses to joint manipulations and muscle palpations of the upper limb, lower limb, and orofacial regions were also examined. We performed only one or two recording electrode penetrations in each hemisphere because this was a trial study. The GPe/GPi border (the medial medullary lamina) and the ventral border of the GPi were identified by absence of unitary activity. Based on the MERs mappings, DBS electrodes (Model 3387, Medtronic) were implanted bilaterally into the same track of MERs. The deepest electrode contact was positioned within the GPi close to the ventral border. Pulse generators were later implanted bilaterally in the chest. Monopolar (the pulse generator was used as an anode) or bipolar stimulation was applied, and the most effective contacts of DBS electrodes to improve clinical symptoms were determined. Postoperative MRI verified the position of DBS electrodes in the posteroventral GPi, and the recording sites were estimated.

Off-line Data Analysis

Neuronal activity was played back from DAT, isolated by a window discriminator, converted into digital data, and fed to a computer. Responses induced by MI-stimulation were assessed by constructing PSTHs. The mean values and standard deviations of the firing rate during 100 ms preceding the stimulation onset were calculated from PSTHs and were considered to be the values for base discharge. Responses to MI-stimulation were judged to be significant if the firing rate during at least two consecutive bins (2 ms) reached the statistical level of $P < 0.05$ (one-tailed t-test). The latency of the response was defined as the time at which the firing rate first exceeded this level. Mean firing rates and patterns were analyzed from autocorrelograms (bin width, 0.5 ms) constructed from 50 s of digitized recordings. Spontaneous firing pattern was assessed by visual inspection of the autocorrelograms: Burst activity was inferred from the existence of a single peak, and oscillatory burst activity was inferred from multiple peaks and troughs.

Results

Neuronal activity was recorded at 163 sites along 27 electrode tracks in 21 hemispheres of 11 patients (Supporting Information Table 1). Single unit activity was isolated at 157 sites, and activity of 147 neurons (59 GPe and 88 GPi) was recorded long enough to

TABLE 1. Response patterns of GPe and GPi neurons evoked by cortical stimulation and numbers of oscillatory burst neurons recorded from the PD and CD patients

	GPe			GPi		
	Cortical stimulation			Cortical stimulation		
Patient	No. of responsive neurons/no. of neurons recorded	Response patterns and no. of neurons	No. of oscillatory burst neurons	No. of responsive neurons/no. of neurons recorded	Response patterns and no. of neurons	No. of oscillatory burst neurons
PD						
1	0/0		0	0/2		1
2	1/6	1 inh	2	2/6, (5/5)	2 inh, (1 inh+ex, 4 inh)	0, (2)
3	0/1		0	0/4		0
4	4/7	1 inh, 3 late ex	0	0/12		0
5	0/0, (0/2)		0	0/0		0
6	1/2	1 inh	1	1/4	1 ex+inh+ex	2
7	0/2		0	0/5		1
8	2/2	1 ex+inh+ex, 1 inh+ex	0	2/4	1 ex+inh, 1 late ex	3
9	4/10	4 inh	1	7/17	1 ex+inh, 1 inh+ex, 1 early ex, 1 inh, 3 late ex	0
10	6/15	1 ex+inh+ex, 3 inh+ex, 1 early ex, 1 inh	1	9/14	2 ex+inh+ex, 1 ex+inh, 2 inh+ex, 3 inh, 1 late ex	2
PD total	18/45, (0/2)	2 ex+inh+ex, 4 inh+ex, 1 early ex, 8 inh, 3 late ex	5	21/68, (5/5)	3 ex+inh+ex, 3 ex+inh, 3 inh+ex, 1 early ex, 6 inh, 5 late ex, (1 inh+ex, 4 inh)	9, (2)
CD						
11	4/11, (0/1)	1 ex+inh, 1 inh+ex, 1 inh, 1 late ex	6	6/13, (1/2)	2 ex+inh, 4 inh, (1 late ex)	1, (2)
Total	22/56, (0/3)		11	27/81, (6/7)		10, (4)

Numbers in parentheses, recorded under propofol
CD, cervical dystonia; ex, excitation; GPe and GPi external and internal segments of the globus pallidus; inh, inhibition; PD, Parkinson's disease.

construct PSTHs from at least 20 stimulus trials (mean of 43) (Table 1). Among them, 137 neurons (56 GPe and 81 GPi) were recorded without general anesthesia and used for further studies. The upper limb area of the MI was successfully identified in all hemispheres tested, and the stimulus intensity of 4–16 mA was used (Supporting Information Table 1).

Responses Evoked by MI-Stimulation

Among 137 neurons, MI-stimulation induced responses in 49 neurons (36%; 22/56 in GPe, 27/81 in GPi) (Table 1). In the PD patients, response patterns to MI-stimulation were combinations of an early excitation, an inhibition, and a late excitation (Fig. 1, A1–A4). A monophasic inhibition (Fig. 1, A1) was the major response pattern (36%; 8/18 in GPe, 6/21 in GPi). Other response patterns were also observed (Table 1): a biphasic response consisting of an inhibition and a subsequent excitation (Fig. 1, A2; 18%) or an excitation and a subsequent inhibition (8%); a triphasic response consisting of an early excitation, an inhibition and a late excitation (Fig. 1, A3 and A4; 13%); and a monophasic early (5%) or late (20%) excitation. On the other hand, in the CD patient, a long-lasting monophasic inhibition (Fig. 1, A5; 50%) and a long-lasting inhibition preceded by an excitation (Fig. 1, A6; 30%) were the typical response patterns (Table 1).

The latency and duration of each component are compared in Table 2. The durations of the inhibitions in the GPe and GPi of the CD patient were significantly longer than those of the PD patients, respectively (t-test, $P < 0.05$). The latency of the inhibition in the GPi of the CD patient was significantly longer than that of the PD patients (t-test, $P < 0.01$).

Spontaneous Activity

Among 137 neurons, spontaneous activity of 71 neurons (28 GPe and 43 GPi) was recorded long enough for analysis. The mean firing rates of GPe and GPi neurons in the PD patients were significantly higher than those of GPe and GPi neurons in the CD patient, respectively (Table 2; t-test, $P < 0.05$). Besides 71 neurons, activity of six neurons was recorded under propofol administration and had a tendency to decreased activity.

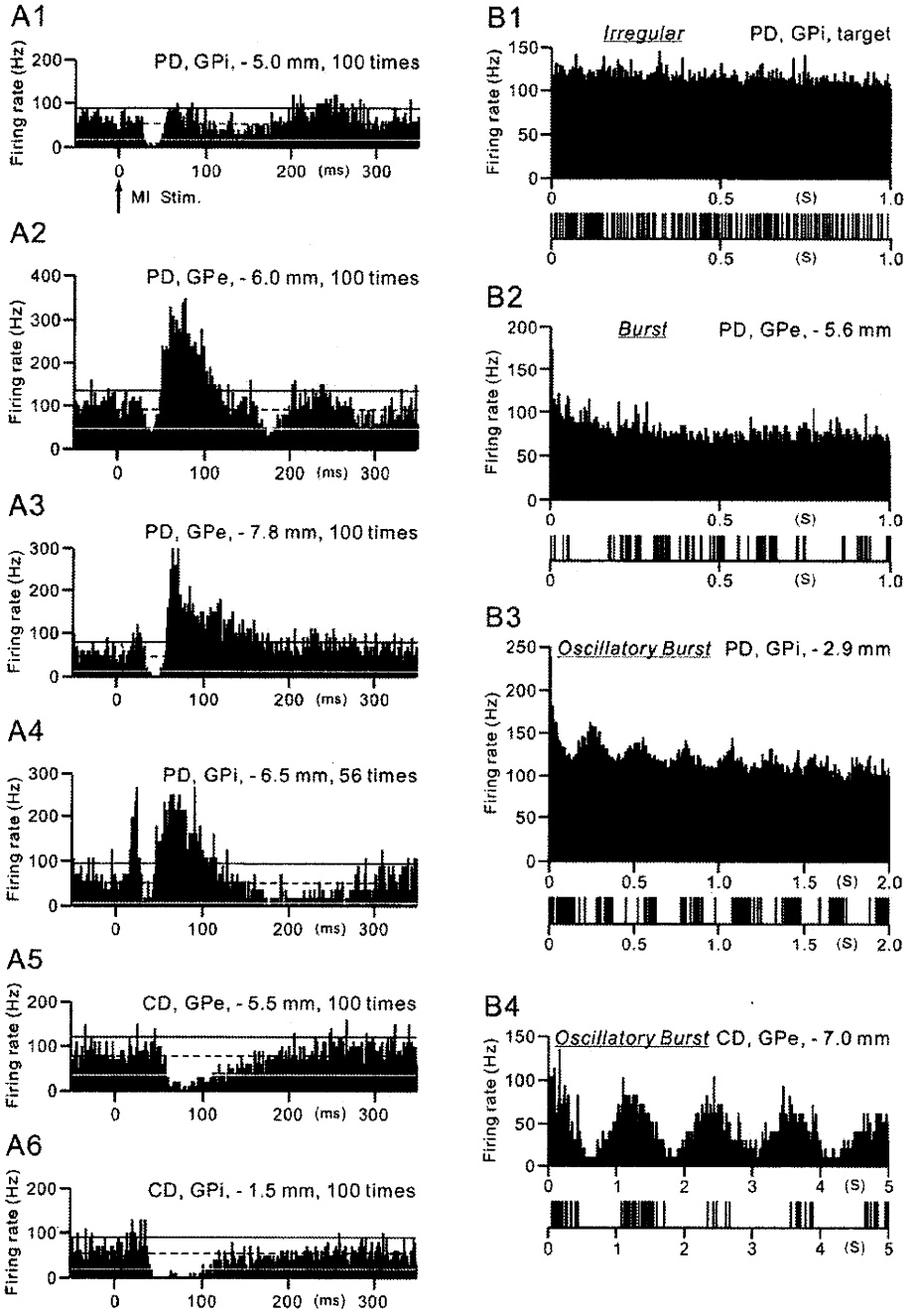

FIG. 1. A: Peristimulus time histograms (PSTHs; bin width of 1 ms) showing the responses of neurons in the external (GPe) and internal (GPi) segments of the globus pallidus evoked by stimulation of the upper limb area of the primary motor cortex in the Parkinson's disease (PD) (A1–A4) and cervical dystonia (CD) (A5 and A6) patients. Cortical stimulation was given at time = 0 (arrow in A1). Recorded sites indicated by the distance from the tentative target (negative distance, above the target) and the numbers of stimulus trials were also shown. The mean firing rate and the statistical levels of $P < 0.05$ (one-tailed t-test) calculated from the firing rate during 100 ms preceding the onset of stimulation are indicated by black dotted lines (mean), a black solid line (upper limit of $P < 0.05$), and a white solid line (lower limit of $P < 0.05$), respectively. **B**: Autocorrelograms and slow traces of digitized spikes of GPe and GPi neurons recorded from the PD (B1–B3) and CD (B4) patients. Neuronal activity can be classified into irregular, burst, and oscillatory burst types.

Based on the slow traces of digitized spikes and autocorrelograms, spontaneous firing patterns could be classified into three types: irregular, burst, and oscillatory burst (Fig. 1, B). Irregular neurons fired randomly and were characterized by the flat autocorrelogram (Fig. 1, B1). Burst neurons showed grouped discharges and a single peak around time 0 in the autocorrelogram (Fig. 1, B2). Oscillatory burst neurons showed repetitive grouped discharges and multiple cycles of peaks and troughs in the

TABLE 2. Latencies and durations of cortically evoked responses and spontaneous firing rates in GPe and GPi neurons of the PD and CD patients

	PD		CD	
	GPe	GPi	GPe	GPi
Latency (mean ± SD, ms)				
Early excitation	22.3 ± 5.0 ($n = 3$)	22.5 ± 8.8 ($n = 7$)	22.0 ($n = 1$)	22.0 ± 4.2 ($n = 2$)
Inhibition	32.6 ± 11.1($n = 14$)	34.2 ± 9.9[a] ($n = 15$)	46.0 ± 4.6 ($n = 3$)	48.7 ± 7.9[a] ($n = 6$)
Late excitation	60.7 ± 14.4 ($n = 9$)	56.2 ± 14.3 ($n = 11$)	79.0 ± 31.1($n = 2$)	(-)
Duration (mean ± SD, ms)				
Early excitation	6.3 ± 7.5 ($n = 3$)	5.8 ± 4.4 ($n = 7$)	16.0 ($n = 1$)	2.5 ± 0.71 ($n = 2$)
Inhibition	16.1 ± 7.4[b] ($n = 14$)	19.1 ± 12.2[c] ($n = 15$)	42.3 ± 34.6[b] ($n = 3$)	37.5 ± 15.6[c] ($n = 6$)
Late excitation	27.6 ± 33.7 ($n = 9$)	25.7 ± 39.2 ($n = 11$)	2.5 ± 0.71 ($n = 2$)	(-)
Spontaneous firing rate	81.0 ± 52.5[d] ($n = 17$)	92.7 ± 40.1[e] ($n = 34$)	45.8 ± 17.6[d] ($n = 11$)	62.3 ± 12.1[e] ($n = 9$)
(mean ± SD, Hz)	[-]	[47.2 ± 23.6 ($n = 3$)]	[46.7 ($n = 1$)]	[27.1 ± 36.7 ($n = 2$)]

Values in brackets, recorded under propofol.
[a]$P < 0.01$.
[b,c,d,e]$P < 0.05$, significantly different from each other (t-test).

autocorrelogram (Fig. 1, B3 and B4). Most neurons [94% (16/17) in GPe and 68% (23/34) in GPi in PD, 100% (11/11) in GPe and 78% (7/9) in GPi in CD] showed burst or oscillatory burst activity (Table 3). In the PD patients, more GPe neurons showed burst or oscillatory burst activity than GPi neurons ($P < 0.05$, Fisher's exact test). Oscillatory frequency of oscillatory burst neurons in the PD patients was mostly in the delta (1–4 Hz) or theta–alpha (4–12 Hz) band, while that in the CD patient was mostly in the delta band.

Locations of Recorded Neurons

Locations of recorded neurons are plotted in Figure 2. GPe/GPi neurons responding to MI-stimulation were found in clusters along electrode tracks, although the rostral and the lateral part of the GPe were not explored. Among 49 GPe/GPi neurons responding to MI-stimulation, 12 neurons (24%) responded to passive movements of the upper limb, such as shoulder, elbow, wrist, or digits. On the other hand, among 43 GPe/GPi neurons responding to passive movements of the upper limb, 12 neurons (28%) responded to MI-stimulation. Neurons responding to passive movements of the lower limb were found in the different area from the upper limb area. Neurons responding to jaw movements were mainly found in the ventral to middle part of the GPi.

Correlation between Clinical Benefits and Neuronal Responses

Monopolar (14 sides) or bipolar (eight sides) electrical stimulation (1.5–3.5 V constant voltage, 210 μs duration, at 185 Hz) was applied for DBS. The most effective cathodal contacts were located in the dorsal (11 sites), middle (two sites), ventral (six sites) GPi, or ventral GPe (three sites; Fig. 2, Supporting Information Table 2). For the PD patients, symptoms were assessed using UPDRS III and IV (items 18–35) before and 10–20 days after starting DBS (Supporting Information Table 2). Symptoms were ameliorated in all patients, and the DBS was markedly effective (score ≥ 10) in four patients (patients 2, 6, 8, and 10) and fairly effective (score ≥ 5) in other four patients (patients 3, 4, 7, and 9). Noticeably improved symptoms (score ≥ 4) were rigidity (patients 2, 3, 7, 8, and 10), bradykinesia (patients 2, 6, 8, and 10), tremor (patients 4, 6, and 8), and dyskinesia (patient 10). In the CD patient, the TWSTRS score decreased from 54 to 34, and unilateral cervical rotation was markedly improved. The most effective cathodal contacts tended to be located close to the responding neurons (Fig. 2).

Discussion

Responses Evoked by MI-Stimulation

In this study, the responses of GPe/GPi neurons induced by MI-stimulation were composed of various combinations of an early excitation, an inhibition, and a late excitation in human subjects. In the GPe, GPi and substantia nigra pars reticulata (SNr) of monkeys

TABLE 3. Spontaneous firing patterns of GPe and GPi neurons recorded from the PD and CD patients

	PD		CD	
Spontaneous firing pattern	GPe	GPi	GPe	GPi
Irregular	1	11	0	2
Burst	11	14	5	6
Oscillatory burst	5	9	6	1
<4 Hz	3	3	6	1
4–12 Hz	2	5	0	0
12 Hz<	0	1	0	0
Total	17	34	11	9

Numbers of GPe and GPi neurons exhibiting irregular, burst, or oscillatory burst activity are shown.

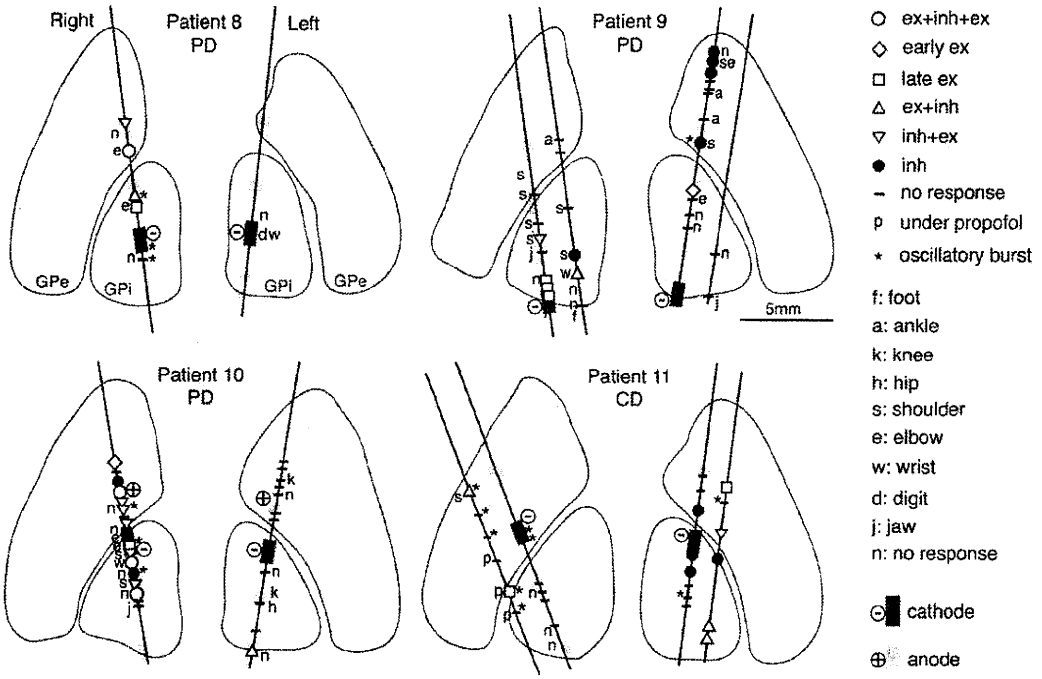

FIG. 2. Locations of recorded neurons in the GPe and GPi of the PD (patients 8, 9, and 10) and CD (patient 11) patients shown in coronal views. Response patterns evoked by cortical stimulation and somatosensory inputs examined by passive manipulations were represented by different symbols. Locations of DBS electrodes were also shown by shaded rectangles (dark rectangle with minus sign, the most effective cathode; light rectangle with plus sign, anode used). In patients 8, 9, and 11, monopolar stimulation was performed using the pulse generator as an anode.

and rodents, cortical stimulation evoked typically a triphasic response, composed of an early excitation, an inhibition, and a late excitation,[10–16] which is very similar to the triphasic response observed in this study (Fig. 1, A3 and A4). Studies in nonhuman primates have clarified that the early excitation is derived from the cortico-STN-GPe/GPi pathway,[10] the inhibition by the cortico-striato-GPe/GPi pathway, and the late excitation by the cortico-striato-GPe-STN-GPe/GPi pathway.[12,13] We assume that the response components observed in the present human study were derived from the same pathways. However, a major response pattern in human patients was a monophasic inhibition. Such a pattern difference may be ascribed to the stimulus methods. Although stimulating wire electrodes were implanted inside the cortex of animals, disc electrodes on the cortical surface in this study may less effectively stimulate cortico-STN neurons, which are located in the deeper layer than corticostriatal neurons. The latencies of response components in this study (Table 2) were two times longer than those in monkeys[10–13] and three times longer than those in rodents.[14–16] These latency differences may be ascribed to the following reasons: (1) larger size of the human brain; (2) surface electrodes in this study may stimulate cortical neurons indirectly through afferent fibers or apical dendrites, whereas wire electrodes in animal studies may stimulate directly and instantly somata and axons; (3) pathological changes in PD.

Somatotopic Representations in the GPe/GPi

The somatotopic representations in the GPe/GPi have been repeatedly studied by movement-related activity during task performance, somatosensory inputs from muscles and joints, responses evoked by cortical stimulation and anatomical methods in nonhuman primates.[11,17,18] In the caudal part of the GPe/GPi, the orofacial area is represented in the most ventral part, and the lower limb area is found in the dorsal part. The upper limb area is located in between. The similar somatotopic representations were also reported in humans during stereotactic surgery.[19] The upper limb area occupies a large region in the GPe/GPi and is a good target to search during surgery. In this study, we have succeeded in identifying the upper limb area in the GPe/GPi by neuronal responses evoked by MI-stimulation, as well as by somatosensory inputs.

Targeting the Motor Territories of the GPe/GPi

The motor territory of the GPi is usually identified during stereotactic surgery by conventional electrophysiological methods, such as observing responses to passive/active movements.[8,9] The method introduced in this study, examining the unitary responses induced by MI-stimulation, can also identify the motor territories of the GPe/GPi. Some neurons that responded to MI-stimulation did not show somatosensory responses

probably because stimulus conditions were not optimal, especially during surgery. The effective cathodal contacts tended to be located close to the responding neurons. On the other hand, this method is more complex and time-consuming than the conventional ones, and thus, it is more appropriate in special cases, such as in patients under sedation, with considerable damage or with previous lesions in the basal ganglia; when spontaneous firing patterns or somatosensory responses are less obvious; and in cases aimed for research purposes.

Pathophysiology of Movement Disorders

There are many reports on GPe/GPi activity in PD patients and parkinsonian monkeys.[20–23] Decreased activity along the striato-GPi direct pathway and increased activity along the striato-GPe indirect pathway have been considered to cause increased GPi activity and finally interfere with disinhibitory process of releasing appropriate movements in PD.[24] Although not significant, firing rate of GPi neurons was higher than that of GPe neurons in this study (Table 2), supporting the firing rate theory. However, this study failed to show difference in durations of inhibitions between GPe and GPi neurons. Contrary to the firing rate theory, recent studies have focused on abnormal burst and oscillatory activity in the GPe/GPi underlying the PD pathophysiology.[25] Most neurons in this study showed burst or oscillatory burst activity.

On the other hand, reports on GPe/GPi activity in CD patients are limited.[26] The GPi firing rate in CD patients was lower than that in PD patients. GPi neurons fired in a more irregular pattern with more frequent and longer pauses in CD patients compared with PD patients. GPe/GPi activity in generalized dystonia decreased and became bursty.[27,28] The present data showed decreased GPe/GPi activity in the CD patient compared with the PD patients, and burst and oscillatory burst activity, agreeing with the previous reports.[26] Moreover, MI-stimulation induced a long-lasting inhibition in the GPe/GPi (Fig. 1, A5 and A6), suggesting increased activity along the cortico-striato-GPe/GPi pathway. Recently, the mouse model of dystonia also showed a long-lasting inhibition evoked by cortical stimulation in the GPe/GPi,[16] which is very similar to that observed in this study. Thus, increased activity along both the cortico-striato-GPi direct and cortico-striato-GPe indirect pathways is considered to be a fundamental change in dystonia. Reduced GPi output should disinhibit thalamic and cortical activity, resulting in involuntary movements observed in dystonia.

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