

that there was direct contact between the microglia/macrophages and synaptic structures, immune-electron microscopic examination was performed. Consistent with the confocal imaging, this analysis showed that the microglia/macrophages made direct contact with both presynaptic and postsynaptic structures (Figure 6B). These observations indicated that classically activated microglia/macrophages had migrated to the compressed spinal cord and eliminated synaptic terminals.

## Discussion

In the present study, we showed that severe chronic progressive spinal cord compression in *twy* mice caused more body weight loss and neurological deficits in motor function than milder spinal cord progression. Furthermore, M1 macrophage-dominant inflammation was present in mice with a severely compressed spinal cord. In agreement, *Cyr61*, an inducer of M1 macrophages, was also markedly upregulated in these spinal cords. Furthermore, immunostaining and electron microscopic analyses indicated that the inflammatory C1q complement cascade eliminated synapse formation, resulting in neurodegeneration.

Macrophages are typically divided into classically activated (M1) and alternatively activated (M2) macrophages [32]. M1 macrophages, activated via TLRs, produce proinflammatory cytokines and oxidative metabolites [33]. Here we found that the M1 macrophage and TLR signals were activated in the chronically compressed spinal cord. These results were consistent with the distribution of M1 macrophages in traumatic spinal cord injury that continues even during the chronic phase [34,35]. The shift to M1 macrophages, which have deleterious and cytotoxic effects [36], may represent the main pathology of the neurodegeneration that accompanies chronic spinal cord compression.

Although the extracellular matrix has been classically viewed as an inert scaffold, recent studies have revealed that it influences diverse aspects of cellular behavior and function [37]. *Cyr61* is a matricellular protein that is highly expressed at sites of inflammation, where its ability to regulate gene expression in macrophages plays an important role [25,38]. In addition, various mechanical stresses induce *Cyr61* expression in cartilage/bone tissues and periodontal ligaments [26,39]. Our present data indicated that *Cyr61* is significantly upregulated in the chronically, severely compressed spinal cord and colocalizes extensively with reactive astrocytes. These findings suggest that *Cyr61* engages in a distinct intracellular signaling cascade in microglia/macrophages and promotes M1 macrophage recruitment in the compressed spinal cord.

Microglia/macrophages were recently identified as the phagocytes responsible for eliminating tagged synapses, via classical complement signaling [40], and the complement cascade is strongly induced in the brain tissues of patients

with various neurodegenerative diseases [41]. Interestingly, in a mouse model of glaucoma, a relatively common neurodegenerative disease related to high intraocular pressure, the classical complement pathway is upregulated long before retinal ganglion cell death occurs [28]. Yet another study suggested that initiation of the classical complement pathway via C1q is detrimental to recovery after spinal cord injury [42]. The present microarray and immunohistochemical analyses showed that the classical complement pathway via C1q was significantly upregulated in the severely compressed spinal cord. Our findings raise the intriguing possibility that C1q may also be involved in synapse elimination in the chronically compressed spinal cord. Future studies should examine whether the inhibition of C1q in animal models of chronic spinal cord compression hinders the associated neurodegenerative changes.

Previous studies on the surgical outcomes of CCM patients demonstrated that the postoperative recovery was poor in those with severe canal stenosis, because irreversible changes had occurred in the spinal cord [5]. Recent studies have revealed that neural stem cell therapy can be an effective treatment for previously incurable nervous system disorders, such as spinal cord injury [43-47]. Therefore, an appropriate stem cell treatment for CCM should be examined in future studies.

To our knowledge, these data are the first to document the detailed pathophysiology of the inflammatory response in an animal model of chronic spinal cord compression. The clinical implications are noteworthy, because manipulation of the classical complement cascade in the chronically compressed spinal cord could be a strategy for minimizing synapse loss and secondary neurodegeneration due to inflammation. We believe that our findings are valuable for future research on the alterations taking place in the inflammatory environment in CCM.

## Abbreviations

CCM: cervical compressive myelopathy; *Cyr61*: cysteine-rich protein 61; FOV: field of view; RT-PCR: reverse transcriptase polymerase chain reaction; TLR: toll-like receptor; *twy*: tip-toe walking Yoshimura.

## Competing interests

H. Okano is the scientific consultant of San Bio, Inc; Eisai Co Ltd; and Daiichi Sankyo Co Ltd. The remaining authors declare that they have no competing interests.

## Authors' contributions

MT, HO, and MN conceived and designed the experiments. MT, SK, YK, SS, and KH performed the experiments. MT, SK, and SS analyzed the data. YT, HO, and MN contributed the reagents, materials, and analysis tools. MT, HO, and MN wrote the paper. All authors read and approved the final manuscript.

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