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The **Cell Death Mechanisms** Implicated In The Pathogenesis Of Ischemic Brain Note: 20 sec of loss of blood supply to the brain is enough to start the ischemic effects .

- Necrosis:
 - o is commonly observed **early** after **severe** ischemic insults
- Apoptosis: "programmed cell death"
 - occurs with more **mild** insults and with **longer** survival periods "necrosis may happen in apoptosis"
- The mechanism of cell death involves calcium-induced calpain-mediated proteolysis of brain tissue
 *remember: calpain = calcium induced pain
- Substrates for <u>calpain</u> include:
 - Cytoskeletal proteins
 - □ Membrane proteins
 - □ Regulatory and signaling proteins

Increase intracellular ca+ caused from : -outside " ca+ influx " -inside "storage withen the endoplasmic reticulum.

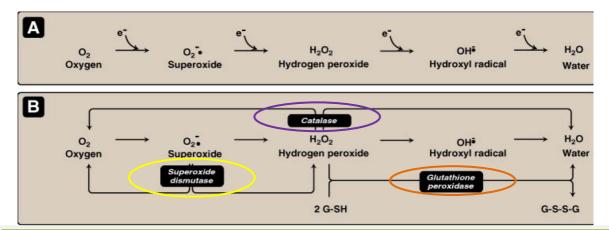
Stroke = Cerebral infarction.

- Biochemical Responses to Ischemic Brain Injury :
 - A. Oxidative stress
 - B. Metabolic stress
 - C. Neurochemical response

When does the Oxidative stress occur ? It occurs as a result of imbalance between oxidant & antioxidant reaction. i.e. 1. oxidant, antioxidant. Or 2. Normal oxidant, antioxidant. Or 3. oxidant, Normal antioxidant.

i. Oxidative stress

- A condition in which cells are subjected to excessive levels of Reactive Species (Oxygen or nitrative species) & they are unable to counterbalance their deleterious effects with antioxidants.
- It has been implicated in the ageing process & in many diseases (e.g., atherosclerosis, cancer, neurodegenerative diseases, stroke, diabetes)



-Superoxide dismutase converts O_2 to H_2O_2 which is less toxic , because it's not a pure free radical and can be eradicated easily.

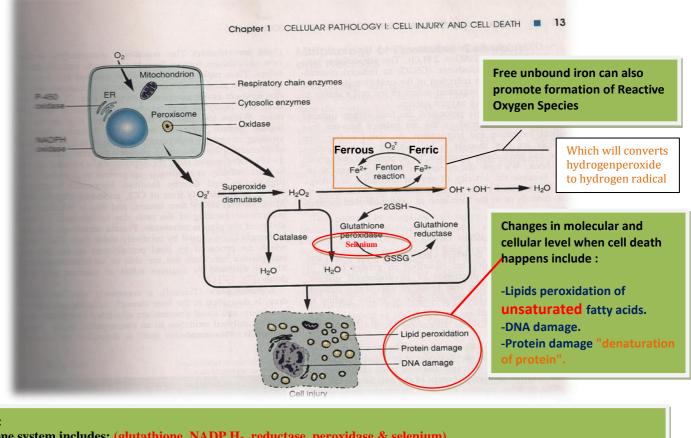
-Superoxide dismutase is antioxidants even if it does not eradicate O2 completely.

-This process has to be gradual or it will cause a **burst**, and it takes place in **mitochondria** in **respiratory chain**.

-Hydroxyl radicals is formed in presence of H₂O₂ and Fe²⁺.

-Catalase converts H_2O_2 to water and O_2 , so the body get rid of it.

Glutathione peroxidase converts H_2O_2 to water.



CONT'D:

- -Glutathione system includes: (glutathione, NADP H₂, reductase, peroxidase & selenium)
- Selenium : chemical element is a cofactor for Glutathione peroxidase.
- Free Ferrous (Fe²⁺): it will react with H₂O₂ to form OH and OH⁻.

- In the reduced form 2(G-SH) are oxidized by glutathione peroxidase to form 1(GS-SG). -glutathione peroxidase is an enzyme that requires selenium to do its function. -The oxidized form (GS-SG) can be reduced to (G-SH) by the enzyme glutathione reductase with the help of an electron donor (NADPH + H +).

The Role of Reactive Oxygen Species (ROS) & Reactive Nitrative Species (RNS) in Normal Brain Physiology

- They are mainly generated by microglia & astrocytes
- They modulate synaptic transmission & non-synaptic communication between neurons & glia
- During periods of increased neuronal activity, ROS & RNS diffuse to the myelin sheath of oligodendrocytes activating Protein kinase C (PKC) \rightarrow posttranslational modification of myelin basic protein (MBP) by phosphoryylation
- They regulate neuronal signaling in both central & peripheral nervous systems
- They are required for essential processes as learning & memory formation

The brain and Oxidative stress

The brain is highly susceptible to ROS-induced damage because of:

- □ High concentrations of peroxidisable lipids
- □ Low levels of protective antioxidants
- □ High oxygen consumption
- □ High levels of iron (acts as pro-oxidants under pathological conditions)
- **D** The occurrence of reactions involving dopamine & Glutamate oxidase in the brain "because they utilize the oxygen"

peroxidisable lipid : is a lipid containing unsaturated fatty acid that can be peroxidized if exposed to ROS.

Remember : -Any kinase does phosphorylation to the protine .

Why this reaction is important in the brain ? -To form the neurotransmitters.

Molecular & Vascular effects of ROS in ischemic stroke

Molecular effects:

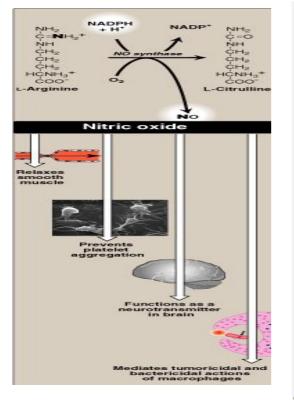
- **DNA damage**
- Lipid peroxidation of *unsaturated fatty acids*
- **Protein denaturation**
- □ Inactivation of enzymes
- **Cell signaling effects (e.g., release of Ca²⁺ from intracellular stores)**
- **Cytoskeletal damage**
- **Chemotaxis**

Vascular effects:

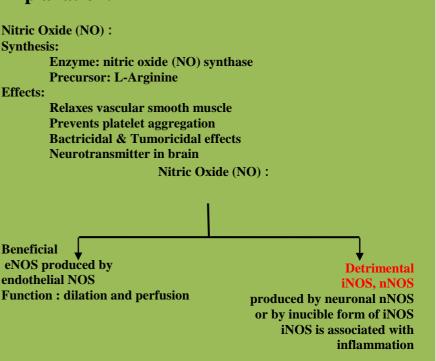
- □ Altered vascular tone and cerebral blood flow
- □ Increased platelet aggregability "ROS → thrombus formation"
- □ Increased endothelial cell permeability

The role of **NO** in the pathophysiology of cerebral ischemia

- Ischemia→ abnormal NO production
- This may be both beneficial and detrimental, depending upon when and where NO is released
- NO produced by endothelial NOS (eNOS) → improving vascular dilation and perfusion (i.e. beneficial).
- In contrast, NO production by neuronal NOS (nNOS) or by the inducible form of NOS (iNOS) has been reported to has detrimental effects on outcome (harmful).
- Increased iNOS activity generally occurs in a delayed fashion after brain ischemia and trauma and is associated with <u>inflammatory processes</u>



Explanation:



Remember : **Reactive oxygen species** are mainly *divided* into non-free radicals e.g hydrogen peroxide and free radicals e.g Superoxide

ii. Metabolic stress

o Biochemical changes in The brain during ischemia

Ischemia \rightarrow interruption or severe reduction of blood flow, O₂ & nutrients in cerebral arteries \rightarrow <u>energy depletion</u> (depletion of ATP & creatine phosphate)



- 1. Inhibition of ATP-dependent ion pumps
- Membranes depolarization
- Perturbance of transmembrane ion gradients(membranes damage)

(anaerobic glycolysis) \uparrow Lactic acid in neurons \rightarrow acidosis \rightarrow promotes the pro-oxidant effect \rightarrow \uparrow the rate of conversion of O₂⁻ to H₂O₂ or to hydroxyperoxyl radical

- **Ca²⁺ Influx** (translocation from extracellular to intracellular spaces) → activation of cellular proteases (Calpains) & lipases → breakdown of cerebral tissue
- "Ca²⁺ Influx -> disturbance in many enzymes e.g. proteases, lipases, ATPases , phospholipases "
 - Na⁺ influx

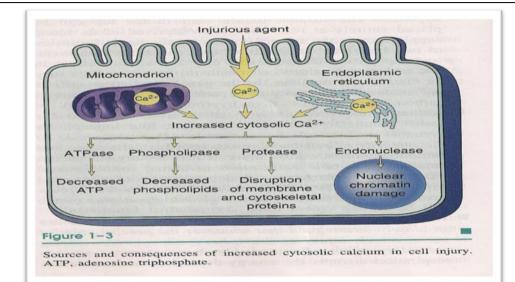
Sources

cell injury.

&consequences of

increased calcium in

- K⁺ efflux
- K⁺-induced release of excitatory amino acids



Ca ²⁺ will come from 3 sources -Injurious agent - Mitochondria - Endoplasmic reticulum	 Then, what will happen ? -Decreased ATP by stimulation ATPase. - increase breakdown of phospholipids results in fomrmation of Injurious products (e.g Free fatty acids) when they accumulate they cause membrane damage (mitochondrial membrane, plasma membrane , lysosomal membranes) - Disruption of membrane and cytoskeletal proteins - Nuclear chromatin damage
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iii. Neurochemical response

The neurochemical response to cerebral ischemia

□ Following cerebral ischemia extracellular levels of various neurotransmitters are increased e.g., Glutamate , Glycine ,GABA , Dopamine

Biochemical basis of pharmacological intervention

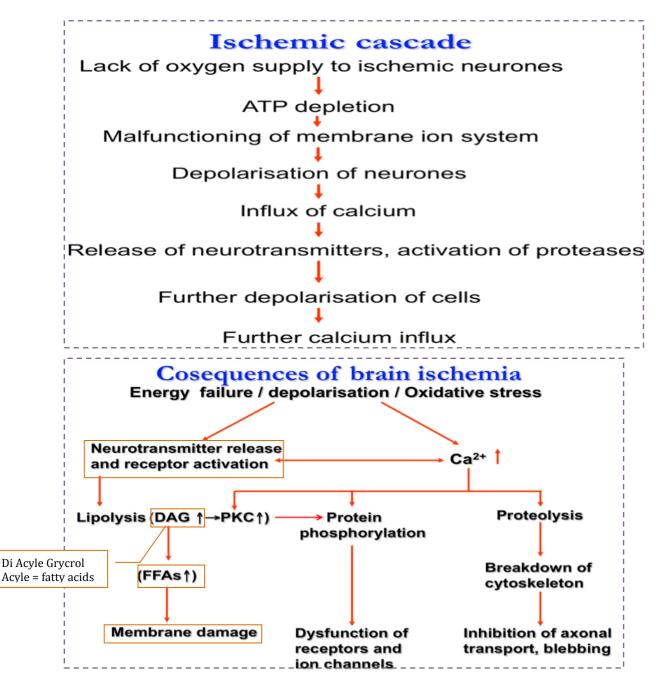
Examples of Potential Biochemical Intervention in Cerebral Ischemia

- Inhibitors of glutamate release
- Ca²⁺ channel blockers
- Nitric oxide synthase inhibitors & free radical inhibition
- Calpain inhibitors

Severe cerebral ischemic insults lead to a complex cascade of biochemical and molecular events, including:

- 1. Cell death
- 2. Oxidative stress
- 3. Metabolic stress and neurochemical changes

To summarize:



Review Questions

1-Which one of the followings is an antioxidant?

A-Superoxide B-Glutathione reductase C-hydrogen peroxide D-Calpains

2-Which one of the following occurs as a result of Inhibition of ATP-dependent ion pumps

A-Increased Na+ influx leading to inactivation of lipases & proteases causing mambrain damage B- K+-induced release of excitatory amino acids C-No perturbance of transmembrane ion gradients D-non above

3-which one of the following result from Molecular effects of ROS in ischemic stroke

A- Lipid peroxidation of saturated fatty acidsB- Altered vascular tone and cerebral blood flowC- Protein denaturationD-non above

4- which of the following is a beneficial type of nitric oxides

A- endothelial NOS (eNOS) B-the inducible form of NOS (iNOS) C- neuronal NOS

5- what's the main event in ischemia?

- A cl influx
- B ca influx
- C Na efflux
- D K influx
- 1-b 2-b
- 2-0 3-c
- 4-A
- 5- B

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