## **Summary**:

Cell death mechanisms in cerebral ischemia	<ul> <li>Hemorrhagic in 32% of cases: etheir Intracerebral or Subarachnoid.</li> <li>Ischemic in 68% of cases: etheir Thrombotic or Embolic.</li> <li>Risk factors:         <ul> <li>Some increase the risk of one type of stroke (hemorrhagic or ischemic).</li> <li>Some increase the risk of both types. (e.g.: smoking, illegal drug use, high blood pressure)</li> <li>Occasionally, strokes occur in people who have no risk factors</li> </ul> </li> <li>Cell death:         <ul> <li>Necrosis is commonly observed early after severe ischemic insults.</li> <li>Apoptosis occurs with more mild insults and with longer survival periods.</li> </ul> </li> <li>The mechanism of cell death involves calcium-induced calpain-mediated proteolysis of brain tissue.</li> <li>Substrates for calpain include: Cytoskeletal proteins, Membrane proteins and Regulatory and signaling proteins.</li> </ul>		
Biochemical Responses to Ischemic Brain Injury	Oxidative stress	A condition in which cells are subjected to excessive levels of Reactive oxidizing species (ROS or RNS) & they are unable to counterbalance their deleterious effects with antioxidants.  It has been implicated in the ageing process & in many diseases (e.g., stroke, atherosclerosis, cancer, neurodegenerative diseases)  * It happens because of of Reactive Oxygen Species (ROS) & Reactive Nitrative Species (RNS):  • They are mainly generated by microglia & astrocytes.  • hey 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) → posttranslational modification of myelin basic protein (MBP) by phosphorylation.  • They regulate neuronal signaling in both central & peripheral nervous systems.  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), The occurrence of reactions involving dopamine & Glutamate oxidase in the brain.  * Molecular & Vascular effects of ROS in ischemicstroke:  • 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, Increased endothelial cell permeability	

Biochemical Responses to Ischemic Brain Injury	Oxidative stress	<ul> <li>The role of NO in the pathophysiology of cerebral ischemia:</li> <li>Ischemia → abnormal NO production. This may be both beneficial and detrimental, depending upon when and where NO is released.</li> <li>NO produced by endothelial NOS (eNOS) improving vascular dilation and perfusion (i.e. beneficial).</li> <li>In contrast, NO production by neuronal NOS (nNOS) or by the inducible form of NOS (iNOS) has detrimental (harmful) effects.</li> <li>Increased iNOS activity generally occurs in a delayed fashion after brain ischemia and trauma and is associated with inflammatory processes</li> </ul>
	Metabolic stress	<ul> <li>Biochemical changes in The brain during ischemia:         Ischemia → interruption or severe reduction of blood flow, 02 &amp; nutrients in cerebral arteries → energy depletion (depletion of ATP &amp; creatine phosphate. Result in:         </li> <li>Inhibition of ATP-dependent ion pumps → Membranes depolarization → Perturbance of transmembrane ion gradients:</li></ul>
	neurochemical response	Following cerebral ischemia, extracellular levels of various neurotransmitters are increased. e.g.: Glutamate. Glycine. GABA. Dopamine