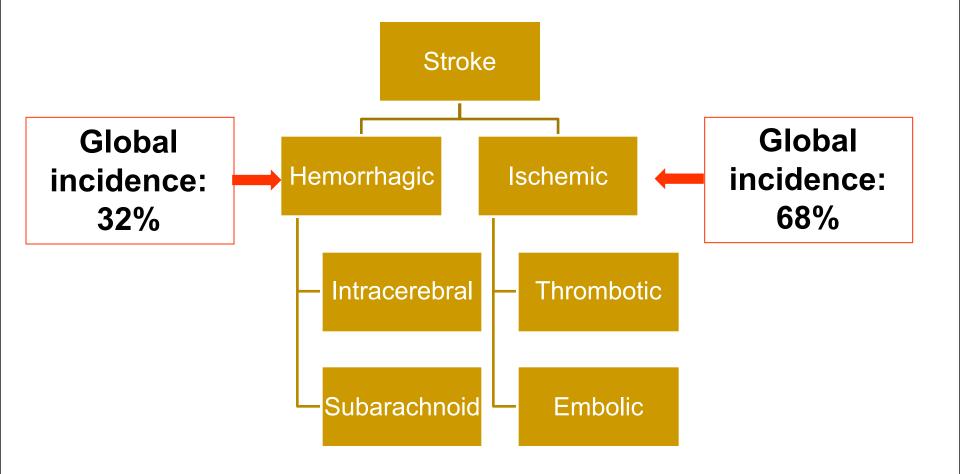
## Pathogenesis of Cerebral Infarction at Cellular & Molecular Levels

## **Objectives:**

#### By the end of this lecture, the students should be able to:

- Identify the possible cell death mechanisms implicated in the pathogenesis of ischemic brain injury
- Acquire the knowledge of the important role played by oxidative stress and free radicals in the pathogenesis of cerebral infarction
- Understand the various factors involved in ischemia-induced metabolic stress
- Identify the Neurochemical changes involved in cerebral ischemia

## Cerebral Ischemia (Strokes) subtypes



http://www.uptodate.com/contents/overview-of-the-evaluation-of-stroke

## **Risk factors of strokes**

- There are a number of risk factors for stroke:
  - Some increase the risk of one type of stroke (hemorrhagic or ischemic).
  - Some increase the risk of both types.
  - Occasionally, strokes occur in people who have no risk factors.



## **Risk factors of strokes**

#### Ischemic stroke risk factors

Age older than 40 years Heart disease High blood pressure Smoking Diabetes High blood cholesterol levels Illegal drug use **Recent childbirth** Previous history of transient ischemic attack Inactive lifestyle and lack of exercise Obesity Current or past history of blood clots

Family history of cardiac disease and/or stroke

#### Hemorrhagic stroke risk factors

High blood pressure Smoking Illegal drug use (especially cocaine and "crystal meth") Use of warfarin or other blood thinning medicines The **cell death mechanisms** implicated in the pathogenesis of ischemic brain injury

# Cell death mechanisms in cerebral ischemia: Necrosis and Apoptosis

- Necrosis is commonly observed early after severe ischemic insults
- **Apoptosis** occurs with more **mild** insults and with **longer** survival periods
- The mechanism of cell death involves calcium-induced calpain-mediated proteolysis of brain tissue

#### Substrates for calpain include:

Cytoskeletal proteins, Membrane proteins and Regulatory and signaling proteins

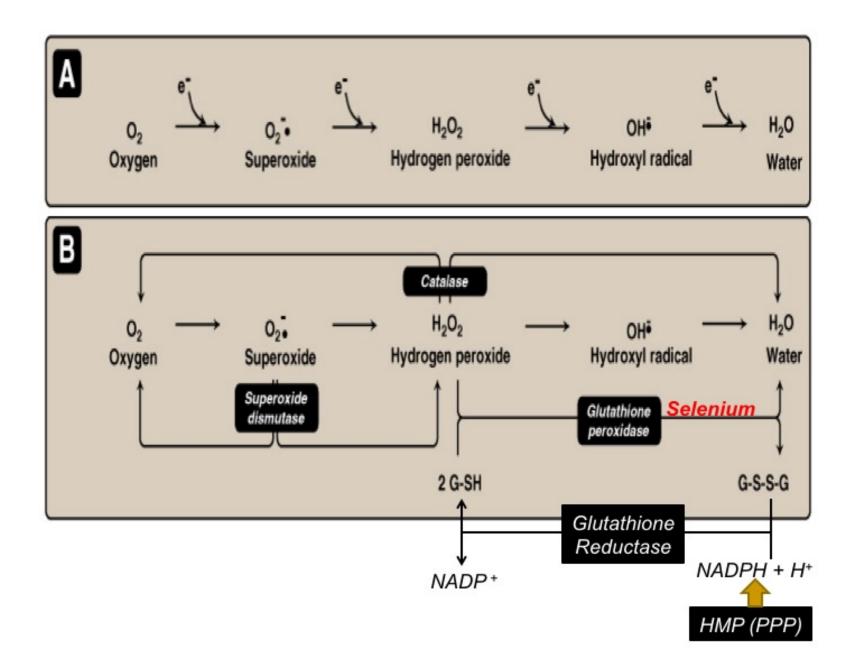
## Biochemical Responses to Ischemic Brain Injury

Oxidative stress Metabolic stress Neurochemical response

## **Oxidative stress**

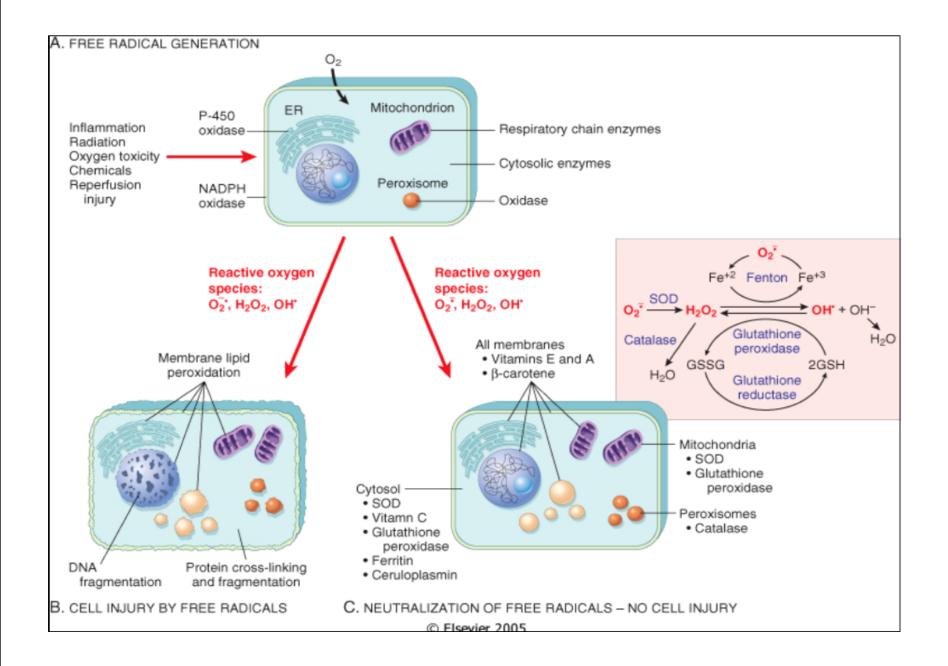
### The Role of Reactive Oxygen Species (ROS) & Reactive Nitrative Species (RNS) in Normal Brain Physiology

- 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) → posttranslational modification of myelin basic protein (MBP) by phosphorylation
- They regulate neuronal signaling in both central & peripheral nervous systems
- They are required for essential processes as learning & memory formation



### **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., atherosclerosis, cancer, neurodegenerative diseases, stroke)



## 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)
  - □ The occurrence of reactions involving dopamine & Glutamate oxidase in the brain

## Molecular & Vascular effects of ROS in ischemic stroke

#### Molecular effects:

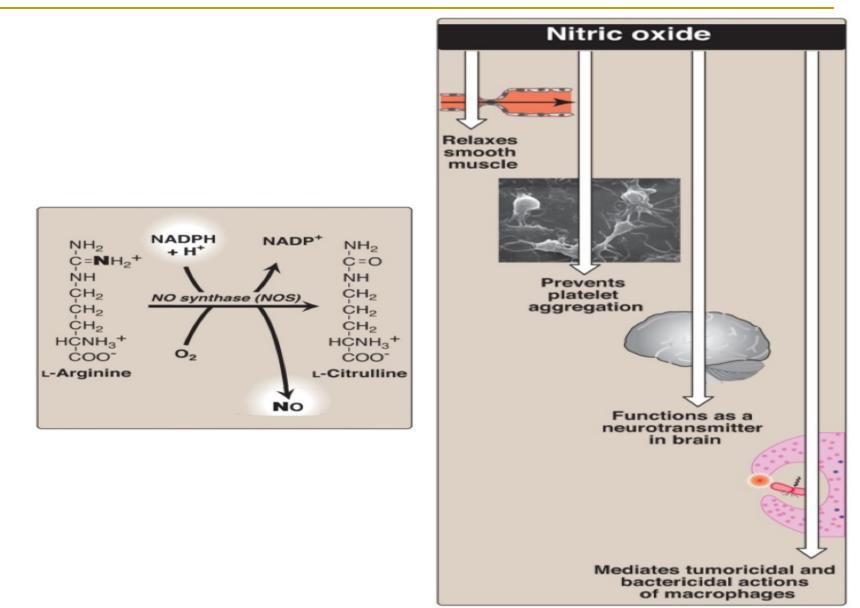
- **DNA** damage
- Lipid peroxidation of unsaturated fatty acids
- **Protein** denaturation
- Inactivation of enzymes
- Cell signaling effects (e.g., release of Ca<sup>2+</sup> from intracellular stores)
- Cytoskeletal damage
- **Chemotaxis**

### Vascular effects:

- Altered vascular tone and cerebral blood flow
- Increased platelet aggregability
- Increased endothelial cell permeability

# The role of NO in the pathophysiology of cerebral ischemia

- Ischemia  $\rightarrow$  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 detrimental (harmful) effects.
- Increased iNOS activity generally occurs in a delayed fashion after brain ischemia and trauma and is associated with inflammatory processes



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### **Metabolic stress**

## **Biochemical changes in The brain** during ischemia

Ischemia  $\rightarrow$  interruption or severe reduction of blood flow, O<sub>2</sub> & nutrients in cerebral arteries  $\rightarrow$  energy depletion (depletion of ATP & creatine phosphate)



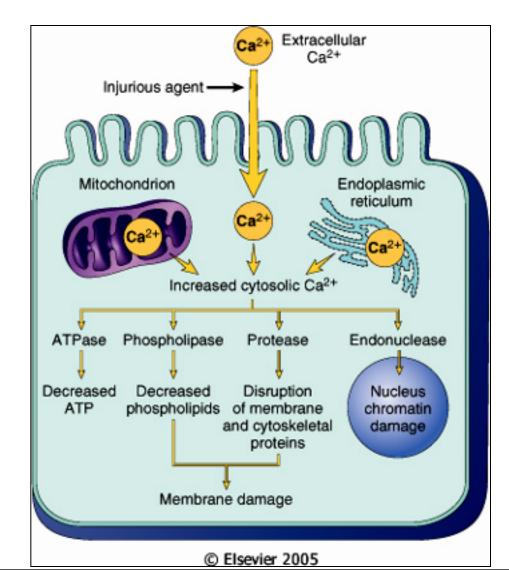
Inhibition of ATP-dependent ion pumps
Membranes depolarization
Perturbance of transmembrane ion gradients

▲ Lactic acid in neurons → acidosis → promotes the prooxidant effect → ↑ the rate of conversion of  $O_2^{-}$  to  $H_2O_2$  or to hydroxyperoxyl radical

•Ca<sup>2+</sup> Influx (translocation from extracellular to intracellular spaces) → activation of cellular proteases (Calpains) & lipases → breakdown of cerebral tissue
•Na<sup>+</sup> influx
•K<sup>+</sup> efflux

•K<sup>+</sup>-induced **release of excitatory** amino acids

## Sources & consequences of increased cytosolic Calcium in cell injury



## **Neurochemical response**

## The neurochemical response to cerebral ischemia

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

# The Blood tests in patients with brain ischemia or hemorrhage

- Complete blood count, including hemoglobin, hematocrit, white blood cell count, and platelet count
- Prothrombin time, international normalized ratio (INR), and activated partial thromboplastin time
- Thrombin time and/or ecarin clotting time if patient is known or suspected to be taking a direct thrombin inhibitor or a direct factor Xa inhibitor
- Blood lipids, including total, high-density lipoprotein (HDL), and low-density lipoprotein (LDL) cholesterol, and triglycerides.
- Cardiac enzymes and troponin

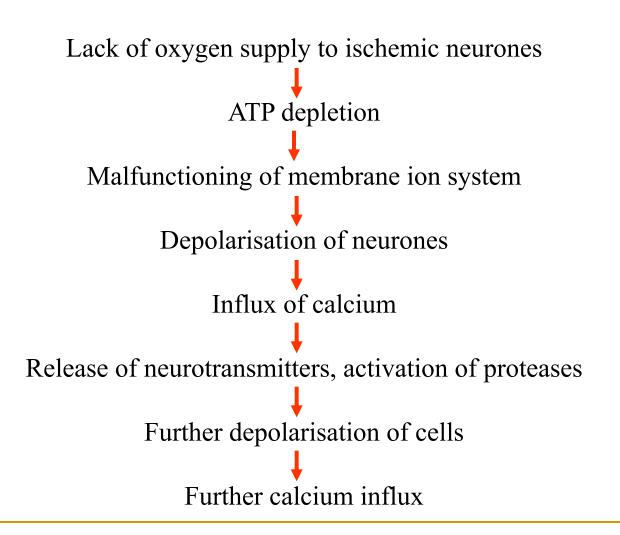
## **Biochemical basis of** pharmacological intervention

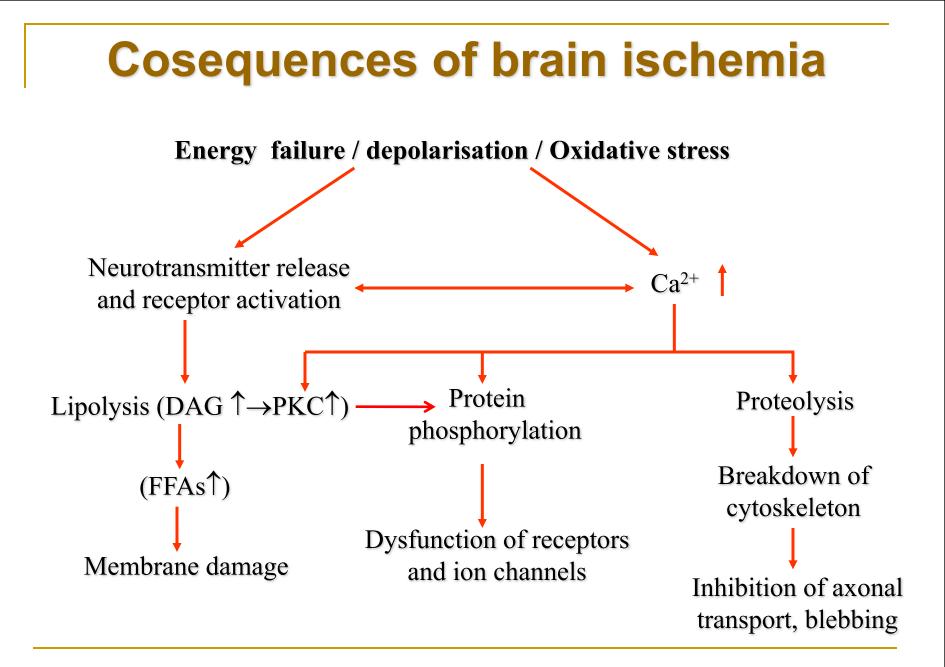
## Examples of Potential Biochemical Intervention in Cerebral Ischemia

- Inhibitors of glutamate release
- Ca<sup>2+</sup> channel blockers
- Nitric oxide synthase inhibitors & free radical inhibition
- Calpain inhibitors

## **To Summarize:**

### Ischemic cascade





## **Take Home Message**

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

## References

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- Role of Oxidative Stress in Chronic Diseases (Book). (Link)
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