



K_{ATP} Channel blockade instructs microglia to foster brain repair and neurogenesis after stroke

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**K_{ATP} CHANNEL BLOCKADE INSTRUCTS
MICROGLIA TO FOSTER BRAIN REPAIR
AND NEUROGENESIS AFTER STROKE**

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PhD Thesis

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Chapter 7.
DISCUSSION

Ischemic stroke is a result of a transient or permanent reduction in cerebral blood flow restricted to a certain and delimited region. In humans, ischemic stroke occurs most often in the area perfused by the MCA (Mhairi Macrae 1992). It is noteworthy that while in animal models the onset of ischemia and reperfusion can be precisely defined, in humans this is not always possible. For example, the onset of symptoms might not coincide with the onset of cerebral ischemia, or there might be a delay before the patients become aware of these symptoms as in stroke at night or stroke syndromes characterized by unawareness of deficits. Thus, it is difficult to define accurately the time window in which a certain drug might be effective in each patient (Dirnagl et al., 1999). However, in the last years, studies using animal models of stroke have provided remarkable contribution to our understanding of the pathophysiology of ischemic stroke (Lo 2008). One of the most extended stroke models involves transient or permanent MCAO in the rats and mice. When the pathobiology of human stroke is compared with these experimental models, emerging data indicates that the rat tMCAO model may be the best mimicking human ischemic stroke (Yamori et al., 1976). Experimental tMCAO is equivalent to human stroke because cerebral vessel occlusion is seldom permanent, as are most cases human ischemic stroke that have spontaneous or thrombolytic rt-PA therapy-induced reperfusion (Jin et al., 2010).

Tissue damage following cerebral ischemia results from the interaction of complex pathophysiological processes such as excitotoxicity, peri-infarct depolarizations, inflammation and apoptosis (Amantea et al., 2009). Even though the cellular and molecular changes characteristic for this area have been thoroughly studied in animal models, therapies based on these searches have resulted unsuccessful (Arsene et al., 2011; Donnan 2008). Then, given that stroke is caused, at least initially, by a disorder of blood flow in the brain, favorable attempts to establish early reperfusion can reduce the magnitude and extent of tissue injury. Actually, the early blood flow recovery by rt-PA (thrombolytic) is the only current pharmacological treatment approved in humans that has given good results so far (Ekholm et al., 1993; The National Institute of Neurological Disorders 1995). On the other hand, the standard view of neuroprotection, which has long been exclusively neurocentric, is no longer accepted. Instead it has been replaced by a more integrative approach that recognizes

the importance of dynamic interactions between cells that form the neurovascular unit to be committed to brain repair (Ohab and Carmichael 2008; Yang and Rosenberg 2011). Therefore, in the future, it is very likely that interventions will combine strategies that enhance both early reperfusion and neuroprotection.

The most noticeable finding of this study is that Gbc administered between 6 and 24 hours after reperfusion to tMCAO rats significantly reduces the lesion severity, as it improves motor and neurological outcome. When we designed the study we were aware that functional motor recovery after stroke is difficult to assess within the first 3 days, because the period of major brain tissue destruction is not finished and the animals are still recovering from anesthesia and surgery. Thus, in our experimental conditions we expected a discrete functional improvement, if any. Even so, we found a significant 25% improvement in the neuroscore of rats treated with a low dose of Gbc, which means an important neuroprotective effect of the drug that is maintained at long term. At cellular and molecular levels, brain motor and behavior functions are a consequence of the activity of several neuron types from different brain areas that coordinate their functions through a crosstalk of complex signaling pathways. Preservation of these functions after a stroke must involve, multiple actions to both prevent cell death and potentiate neuroprotective and restorative processes. According to that, Gbc may present multiple brain targets with several biological functions, which would have significant advantages over individual target drugs or a cocktail of drugs.

Previous preclinical and clinical data suggest a neuroprotective role of Gbc to treat stroke (Kunte et al., 2007; Simard et al., 2009). Sulfonylureas such as Gbc close the K_{ATP} channel by interaction with two drug-binding sites on SUR subunits (Mikhailov et al., 2001) and are widely used to treat diabetes. Simard and colleagues proposed that the astroglial NC_{Ca-ATP} channel mediates the Gbc-induced prevention of edema after cerebral ischemia (Simard et al., 2006), while in their studies the function of the K_{ATP} channel remained unclear. K_{ATP} channels have been found in neurons, astrocytes, oligodendrocytes and capillaries under ischemic conditions (Simard et al., 2006), whereas our group and others have also suggested the microglial expression of these channels (McLarnon et al., 2001; Ramonet et al., 2004). Therefore, as Gbc may bind to constitute functional K_{ATP} channels after ischemic stroke, other possible

effects of Gbc might explain the effectiveness of this drug in the treatment of stroke.

We herein demonstrated that K_{ATP} channel subunit expression is upregulated in BV2 microglia cell line after LPS+IFN γ activation. Given that the SUR1 subunit has particularly high affinity for Gbc and ATP (Dörschner et al., 1999; Matsuo et al., 2000), we used Gbc to characterize the cellular response of reactive microglia to K_{ATP} channel blockade. Thus, we observed that Gbc increased BV2 reactive morphology, TNF α release and phagocytic capacity. We also confirmed K_{ATP} channel expression in primary rat microglial cultures. When microglial cells became activated after exposure to LPS+IFN γ , they upregulated SUR1, Kir6.1 and Kir6.2 subunits, showing thus higher specific Gbc-labeling extended to the plasmalemmal membrane. These results suggest that microglia activation involves K_{ATP} -channel overexpression, and the subsequent protein translocation to the cell surface to regulate phagocytic activity and release of cytokines/chemokines (Ortega et al., 2012a; Virgili et al., 2011). Gbc possibly also blocks the SUR1 subunits in K_{ATP} - or NC_{Ca-ATP} - channels expressed in neurons (Toulorge et al., 2010), astrocytes (Simard et al., 2009) and capillary endothelial cells (Simard et al., 2010), however, our results also suggest a crucial role for the K_{ATP} channel in the control of microglial neuroprotective activity after stroke.

In ischemic stroke we can difference two temporal phases. First, the acute phase (minutes to hours) is characterized by a rapid release from the injured tissue of ROS and proinflammatory mediators (cytokines/chemokines). These mediators induce the expression of the adhesion molecules on cerebral endothelial cells and on leukocytes promoting homing of circulating leukocytes and neutrophils (Jin et al., 2010). Secondly, in the subacute phase (hours to days), infiltrating cells participate in the inflammatory response by release of cytokines and chemokines, especially excessive production of ROS and induction/activation of MMP-9. This causes a more extensive activation of resident cells and infiltration of peripheral cells, eventually leading to disruption of the BBB (Yang and Rosenberg 2011), brain edema, neuronal death, and hemorrhagic transformation (Amantea et al., 2009). Regardless of their origin, many of these proinflammatory factors have a dual role at early and late stages of stroke, where microglia has a key role in the pathobiology of the process. Microglia in normal conditions normally monitor the brain environment sensing and eliminating defunct synapses (Tremblay et al., 2011; Wake et al., 2009), controlling

developmental synaptogenesis (Bessis et al., 2006) and clearing newborn adult hippocampal neuroprogenitors (Sierra et al., 2010). After an ischemic insult, microglia but also neurons, astrocytes and oligodendrocytes upregulate a wide panel of cytokines (Mabuchi et al., 2000). While it has been accepted for many years that proinflammatory cytokines, such as IL-1 β or TNF α , appear to exacerbate cerebral injury, others microglia-released molecules (e.g. IL-6, IL-10 and transforming growth factor-beta) appears to provide neuroprotection (Iadecola and Anrather 2011). This dogma is now challenged by recent studies, which reflect complex roles of microglia activity with conflicting effects. For instance, notwithstanding the well-known negative effect of TNF α , the effect of this cytokine in general, and on neuronal survival in particular, is largely dependent on the context, timing, and dosage of its activity (Hallenbeck 2002; Lenzinger et al., 2001). TNF α secretion is crucial for autocrine fast microglial activation with cytotoxic effects, however, neuronal death or survival are TNF α dose dependent (Bernardino et al., 2008), since it activates two specific receptors: TNFR1, with an intracellular death domain, and TNFR2 with higher affinity and mainly involved in neuroprotection (Fontaine et al., 2002). These two receptors are key elements in modulating neuronal sensitivity to ischemia, with microglial-derived TNF α being crucial to determine the survival of endangered neurons in the acute phase of focal cerebral ischemia (Lambertsen et al., 2009). In addition, TNF α is proposed as the molecular mediator of the microglial-mediated synapse removal, likely to be important in remodeling of neuronal circuits and remyelination processes in the ischemic brain to ensure function (Arnett et al., 2003; Wake et al., 2009). Thus, often, a clear distinction between cytokines that are either harmful or beneficial cannot be established, since the cytotoxic proinflammatory cytokines IL-1 β and TNF α released from activated microglia may evoke a neuroprotective or pro-myelin regenerative response. This also applies for neurodegenerative processes, since TNF α protects neurons against amyloid-beta-peptide-mediated toxicity under pathological conditions (Barger et al., 1995), and has a role in homeostatic synaptic scaling under physiological conditions (Stellwagen and Malenka 2006).

Neumann and colleagues (Neumann et al., 2006) have established that after acute injury such as trauma or stroke, appropriately activated microglia and its pro-

inflammatory mediators, may primarily have a neuroprotective role, and therefore, anti-inflammatory treatment within the protective time window of microglia would be counterintuitive. Consequently, *in vivo* identification of a drug target able to prompt the beneficial effects of the primary cellular response, as well as, of the inflammatory reaction in the early phases of stroke would be beneficial for neuroprotection and brain repair; with the subsequent better patient outcome.

In our *in vivo* study we showed that reactive microglia from tMCAo animals upregulated SUR1, SUR2B and Kir6.2 subunits of K_{ATP} channels in the infarct core. Thus, K_{ATP} channels should directly participate in the control of microglial reactivity *in vivo*, with Gbc treatment resulting in a strengthening of the neuroprotective role of microglia/macrophages in these early stages of stroke. First we assessed whether Gbc was able to reach the lesion in case of BBB disruption. We found that Gbc administered after MCAO reached the ischemic hemisphere with a 3-fold concentration increase. In addition, although the volume of lesion measured by T₂-MRI was not significantly reduced, Gbc administered at 6, 12 and 24 hours after triggered 50% neuronal preservation in the peri-infarcted region, increased the peri-infarct volume and improved motor neurological outcome. It is noteworthy to mention that, most rodent models of stroke focus on the outcome measurement of lesion size in terms of infarct volume and brain edema. Within the first 3 days of lesion, the methodological approach and accuracy in these measurements are essential, since brain edema development may lead to overestimation of infarct volume (Lin et al., 1993). This accuracy reaches crucial importance in the assessment of drugs activity, as their neuroprotective effects may not be reflected by these two parameters (Walberer et al., 2010). Under our conditions, we used MRI to assess changes in the size of the lesion volume, but this approach cannot give a precise indication of the severity of the injury (Simard et al., 2010) and is not accurate enough to measure the necrotic core of the lesion. In this line, we agree other authors that have described an effect of Gbc in reducing infarct volume, edema and disability in different stroke models (Simard et al., 2006; Simard et al., 2010; Simard et al., 2009). However in those experiments the procedure of Gbc treatment is different to our approach. In Simard's experiments, Gbc dose presenting morphological effects (33 $\mu\text{g}/\text{kg}$) is at least 5 times higher than the highest dose we used herein (6 $\mu\text{g}/\text{Kg}$). At

more similar treatment conditions (Glibenclamide loading dose = 3.3 $\mu\text{g}/\text{kg}$ 4 or 6 h after reperfusion versus 6 $\mu\text{g}/\text{kg}$ 6 h after reperfusion), Simard's experiments presented no reduction of edema as well. As this lack of morphological changes does not correlate with the preservation of function, we considered the stereological counting of neurons as more accurate assessment of Gbc-derived neuroprotection. Thereby, when we included histological methods, measurement of the necrotic and peri-infarct volumes (Lin et al., 1993) and neuronal counts defined the morphological and cellular bases of the motor function improvement induced by K_{ATP} channel blockade. Our results strongly support the idea that the fate of the ischemic penumbra during the early stages of the injury is considered the crucial element for stroke recovery (Furlan et al., 1996).

Stroke causes irreversible tissue damage in the infarct core, whereas other hypoperfused areas may be at risk but are potentially salvageable. A few minutes after the onset of ischemia, tissue damage occurs in the centre of ischemic injury, where cerebral blood flow is reduced by more than 80%. In this core region, cell death rapidly develops as a consequence of the acute energy failure and loss of ionic gradients associated with permanent and anoxic depolarization, known as excitotoxicity (Dirnagl et al., 1999; Hossmann 1994; Mitsios et al., 2006). The degree of ischemia decreases with distance from the infarct core because collateral vessels maintain sufficient blood flow to allow the potential survival of cells in areas adjacent to the core of the infarct. Cells in this penumbra area have impaired function but remain viable for a period of time (Ginsberg 1997). The ischemic penumbra is a dynamic target that evolves over time and the infarct core evolves rapidly in the first few hours, therefore supporting the concept that "time is brain" (Saver 2006). The fate of this ischemic penumbra during the early stages of the injury is considered the crucial element for stroke recovery (Furlan et al., 1996) since in the necrotic zone astrocytes and neurons are determined to die. Transcriptional upregulation of SUR1 in the ischemic brain has been related to $\text{NC}_{\text{Ca-ATP}}$ channels of neurons, astrocytes and capillary endothelial cells of the peri-infarct region (Simard et al., 2006). As activation of $\text{NC}_{\text{Ca-ATP}}$ channels in astrocytes causes cell blebbing characteristic of cytotoxic edema, the Gbc-mediated reduction of infarct volume in permanent MCAO animals has been linked with blockade of these channels (Simard et al., 2009),

although this finding is still a hot topic of debate (Favilla et al., 2011; Simard et al., 2011), and Sala-Rabanal and cols. (2012) have recently refuted this hypothesis. Using recombinant cell line co-transfected with TRMP4, the pore-forming subunit of $NCa-ATP$ channels, and SUR1 genes these authors observed that the coupling between TRPM4 and SUR1 is unlikely to happen (Sala-Rabanal et al., 2012). Despite all this challenges, Simard et al. ((Simard et al., 2009)) ruled out the involvement of K_{ATP} channels in the process. Interestingly, they did not assess the ischemia-induced expression changes of the *trpm4* gene, (Simard et al., 2010) and, despite the massive neuronal loss, immunoblots revealed no concentration changes of Kir6.1 and Kir6.2 proteins in the ischemic core (Simard et al., 2006). Our findings complete Simard's results and argue for a contribution of K_{ATP} channels to the neuroprotective effects of Gbc by reducing the lesion's severity. Thus, we found that reactive microglia enhances SUR1, Kir6.1 and Kir6.2 protein expression *in vitro*, and that amoeboid microglia express K_{ATP} channels in the necrotic core of the lesion *in vivo*. This upregulation contributed to the enhancement of SUR1 found by Simard and cols. (Simard et al., 2006) and helped to compensate for a putative decrease in Kir6.1 and Kir6.2 subunits due to the massive neuronal loss in the necrotic zone. Moreover, our results also explains the increased Kir6.1 and Kir6.2 expression in absence of the further neuronal damage in brain hypoxia described by other authors (Yamada et al., 2001).

We herein also found the cerebral area occupied by CD3-immunopositive cells for lymphocytes was of small size, which might be related with little infiltration of blood cells 3 days after tMCAO. Infiltrated macrophages and granulocytes are proposed to not play major roles in the early progression of ischemic neuronal damage, whereas reactive microglia are already detected in the zone (Mabuchi et al., 2000). Furthermore, a transition of monocyte-derived cells into microglia is a very rare event that only occurs under highly defined host conditions (Mildner et al., 2007). Thus, microglial activity in the necrotic core would be crucial in determining the fate of the ischemic tissue. Microglia phagocytic abilities are essential for the clearance of cell debris and toxic compounds of the lesioned tissue, which underlies neuroprotection (Polazzi and Monti 2010). In addition, dying PMNs infiltrated in the site of lesion, mediate neurotoxicity by the release of toxic intracellular compounds

(Denes et al., 2007; Weston et al., 2007). Consequently, prompt phagocytosis of apoptotic PMNs by microglia might prevent the secretion of toxic compounds, thus, might be an effective strategy to protect neurons from PMNs neurotoxicity (Napoli and Neumann 2009; Neumann et al., 2008). In this line, we here provide evidence that Gbc increases the reactive morphology and phagocytic capacity of BV2 microglia activated with LPS+IFN γ . Also, *in vivo* the K_{ATP} channel blockade slightly enhances neuronal loss in the necrotic core, thus microglial cells in presence of Gbc are likely to increase their efficiency to clear generated apoptotic cell debris. This activity is beneficial since it reduces the secretion of proinflammatory cytokines (Magnus et al., 2001), chemoattractants and the migration of T lymphocytes (Chan et al., 2006). Also, in hypoxia-ischemia, acute brain damage or excitotoxicity, microglia neuroprotective reaction includes a phagocytic response to calcium deposit formation (Herrmann et al., 1998). The extension of calcification after hypoxia-ischemia in a brain area depends on the intensity of the acute phase and on the characteristics of each area of pathology (Lievens et al., 2000; Nonoda et al., 2009; Rodriguez et al., 2001). We here found a Gbc-induced decrease in ischemic brain calcification with a reduced size and number of deposits, which represents a reduction in tMCAO-induced neuronal suffering and may be related to boosted microglial phagocytic activity. Overall, these data suggest that cell debris clearing from the lesion core will provide an optimal environment for neuroprotection in the surrounding tissue. In this scenario the Gbc-induced neuronal preservation observed in the peri-infarct region may result from the interaction of all the processes explained above. If true, the functional recovery here found will reflect an enhancement of the neuroprotective microglial activity in the necrotic core. This control of microglia activity fully deals with the idea that, in stroke, targeting a single point or a single pathway does not yield sufficient protection, and that the emphasis should be on the targets that mediate cross-talk between multiple cell death mechanisms (Sun and Hu 2009).

Continuous crosstalk mediated by several signaling molecules, takes place between neurons, microglia and astrocytes, differently regulating their relationships in both health and disease (Polazzi and Monti 2010). In this regard, we here found a Gbc-induced increase of S100 β in reactive astrocytes of the white mater, probably due to the NC_{Ca-ATP} channel blockade (Simard et al., 2009), which may influence

microglial-mediated neuroprotection. Released S100 β modifies astrocytic, neuronal and microglial activities, whose effects depend on its extracellular concentration and the expression of the specific receptor RAGE. At micromolar concentrations, S100 β upregulates TNF α expression in activated microglia (Bianchi et al., 2010), and also stimulates microglia migration via RAGE-dependent up-regulation of chemokine expression and release. In addition, factors that modulate microglial reactivity, such as intracellular calcium concentration or TNF α , modify the RAGE response to S100 β (Edwards and Robinson 2006) in a crosstalk that integrates these signaling systems. Thus, microglia reaction directly interacts with the concomitant astroglial reaction and the factors that determine this interaction, such as TNF α and S100 β participate in the regulation of the activated phenotype of microglia after injury.

Likewise, among others chemokines, increased mRNA expression for MCP-1, also known as CCL2, and macrophage inflammatory protein-1 alpha has been described in the rat brain after focal cerebral ischemia (Hinojosa et al., 2011; Jin et al., 2010; Liberto et al., 2004). MCP-1 is expressed by neurons at 12 h after focal brain ischemia, but has also been found in astrocytes and microglia at later stages following the insult. We here found that MCP-1 released by microglia may modify ischemia-induced neurogenesis by promoting NPs neuronal differentiation. There is little doubt that ischemic stroke influence precursor cells and adult neurogenesis (Arvidsson et al., 2002; Kokaia and Lindvall 2003; Yamashita et al., 2006). Nonetheless, whether microglial cells influence neurogenesis and the fate of the newborn neurons is still controversial. In the present study, ischemia increased neuroblasts proliferation and migration towards the lesion 3 days after reperfusion and this persisted up to one month. Inhibition of the microglial K_{ATP} channel with Gbc led to a further increase in the number of migrating neuroblasts, thereby indicating that Gbc modifies the cell lineage choice or enhances progenitor cell proliferation and migration. Our results also showed that the number of newly generated neurons increased in the cortex 30 days after reperfusion and that Gbc potentiated this effect. Although we cannot rule out the possibility that neural progenitors migrate from the SVZ and establish themselves in the ipsilateral cortex network, we found no co-localization of BrdU-positive cells with the classical rostral migratory stream derived neuronal markers (i.e., calbindin, calretinin, tyrosine

hydroxylase, and parvalbumin). These newborn cortical neurons may be originated from potential resident neural stem cells within the cortex (Shimada et al., 2010). Several authors have proposed the presence of these endogenous quiescent neural stem cells in the cerebral cortex, and that their proliferation and differentiation to mature neurons is induced by ischemic insults (Cameron and Dayer 2008; Gu et al., 2000; Jiang et al., 2001; Kuge et al., 2009; Magavi et al., 2000; Nakagomi et al., 2009; Nakayama et al., 2010; Ohira et al., 2009). Although the number of these cells is very small, strategies to foster the intrinsic neurogenesis would be highly relevant for clinical approaches to facilitate neural repair and functional recovery.

Microglial cells participate in modifications of stem cell proliferation (Aarum et al., 2003; Walton et al., 2006), migration and/or differentiation into neurons after stroke and status epilepticus through producing trophic factors and inflammatory cytokines/chemokines (Butovsky et al., 2006; Ekdahl et al., 2009). In order to explain whether blockade of the microglial K_{ATP} channel has the capacity to promote neurogenesis *in vivo*, we moved to an *in vitro* model using the neurosphere assay. We here showed that after inhibition of NPs proliferation in presence of LPS+IFN γ , the specific blockade of the microglial K_{ATP} channel cause a release of a soluble factor that enhance the activation of these NPs. Moreover, progenitor cells cultured with non-challenged microglia and treated with Gbc gave rise to a higher number of beta-III-tubulin-positive cells. Further characterization of releasing cytokines determined that the K_{ATP} channel blockade boost the production of MCP-1, which does not appear to directly activate an inflammatory response in microglia or cause neuronal damage (Hinojosa et al., 2011). MCP-1 and stromal cell-derived factor-1 α trigger migration of newly generated neuroblasts from neurogenic regions to ischemic damaged areas (Amantea et al., 2009; Ekdahl et al., 2009; Mantovani et al., 2004; Tran et al., 2006). In addition, we found that MCP-1 promotes NPs neuronal differentiation, as reported previously elsewhere (Liu et al., 2007b; Turbic et al., 2011). It is noteworthy that this chemokine also protects neurons against inflammatory damage caused by NMDA-mediated excitotoxicity (Eugenin et al., 2003), being very useful after brain damage. However, whether MCP-1 plays a role in the survival of NPs remains to be determined. Our results suggest that the microglial K_{ATP} channel blockade after brain injury may cause an increase on the production of

the MCP-1 *in vivo*, enhancing the migration of precursors to the site of injury to repair the lesioned region and protect neurons. Thus, potentiation of microglial proneurogenic phenotype could represent a new strategy to enforce endogenous brain regenerative processes, which in turn could have a significant impact in the outcome of the patient.

The pro- or anti-neurogenic niche would depend on the degree of microglia activation and the balance between the pro- and anti-inflammatory cytokines produced (Battista et al., 2006). For instance, acutely activated microglia induces an inflammatory response detrimental for neurogenesis, while chronically activated microglia is permissive to neuronal differentiation and cell survival (Cacci et al., 2008; Ekdahl et al., 2003). This raises the possibility that in a chronically altered environment, persistently activated microglia could display protective functions that foster rather than attenuate brain repair processes. Interestingly, microglial K_{ATP} -channel has been described previously as a drug target to regulate cell reactive state, controlling the release of a diversity of inflammatory mediators, such as NO, IL-6 or $TNF\alpha$, or even modifying microglial phagocytic activity (Ortega et al., 2012a; Virgili et al., 2011). Therefore, the blockage of the microglial K_{ATP} channel endows microglia to a new distinct phenotype, similar to the chronic proinflammatory phenotype described above and able to enhance NPs activation and differentiation.

Angiogenesis is also activated after cerebral ischemia and plays an important role for striatal neurogenesis after stroke (Thored et al., 2007). Molecules such as vascular endothelial growth factor (Jin et al., 2003) and erythropoietin (Zhang et al., 2005) stimulate both angiogenesis and neurogenesis and lead to improved functional recovery after stroke in the early postischemic phase. Intriguingly, NPs use neurovasculature as a scaffold for their migration towards the lesion (Kojima et al., 2010). In our study Gbc further increased the diameter of microvessels in the non-lesioned cortex and RECA-1 immunoreactivity in the hippocampus, and we found stimulated glial proliferation in both regions. These observations relate tissue macrophages/microglia with brain angiogenesis as proposed for other developing organs (Fantin et al., 2010). Vasculature attracts microglial cells and stimulates them to release angiogenic factors (Rymo et al., 2011), with subsequent growth stimulation of neural stem cells (Androutsellis-Theotokis et al., 2010). Therefore, optimizing

vascularization appears as an important strategy to promote neurogenesis and repair in the stroke-damaged brain (Thored et al., 2007).

Overall, in this study we demonstrate that Gbc improves functional neurological outcome in stroke, accompanied by neuron preservation in the core of the ischemic brain. These Gbc effects identify K_{ATP} channels as a key target for strengthening the neuroprotective role of microglia in the acute phase after focal cerebral ischemia, enhance long-term neurogenesis and brain repair processes. This also provides new therapeutic avenues for the treatment of other neurological disorders that involve microglia.

Chapter 8.

CONCLUSIONS

From the present work we have obtained the following conclusions:

1. BV2 microglia cell line enhances the expression of functional K_{ATP} channels after a pro-inflammatory stimulation. When K_{ATP} channel was blocked with glibenclamide, BV2 microglia increased their reactive morphology, $TNF\alpha$ release and early phagocytic capacity. Isolated cultured rat microglia also express functional K_{ATP} channels.
2. Glibenclamide reaches the ischemic brain hemisphere after rat MCAO, probably as a result of BBB disruption. Moreover reactive microglia from tMCAO rats' upregulate the K_{ATP} channel expression in the necrotic core, which makes microglia/macrophages a target to glibenclamide actions in the early stages of stroke.
3. Glibenclamide administered at 6, 12 and 24 hours after reperfusion significantly improved sensorimotor and memory recovery at long term. This functional recovery is based in a glibenclamide-induced neuroprotection since this drug also increased both the peri-infarct volume of the ischemic brain and the neuronal preservation into this region.
4. Although glibenclamide did not modify gliosis or glial cell density; early K_{ATP} channel blockade increased clearance of the debris and decreased calcification in the ischemic brain. This represents a boosted microglial phagocytic activity that in turn reduces tMCAO-induced neuronal suffering in the boundary of the necrotic core.
5. Glibenclamide increased both the number of migrating neuroblasts three days after ischemia and the number of newly generated neurons in the lesioned cerebral cortex thirty days after reperfusion. Thereby early microglial K_{ATP} channel blockade modifies the cell lineage choice and/or enhances progenitor cell proliferation and migration in the ischemic brain.
6. K_{ATP} channel blockade increased angiogenesis in cerebral cortex and hippocampus of ischemic rats, which is tightly associated with glial

proliferation and may contribute to the glibenclamide-mediated enhancement of neurogenesis.

7. Blockade of microglial K_{ATP} channel *in vitro* increased the number of immature neurons on neurosphere cultures, and blockade of the channel after a pro-inflammatory stimulus enhanced the activation of neural precursor cells and boosted the microglia production of MCP-1.
8. K_{ATP} channels constitute a key target for the control of neuroprotective and inflammatory microglia activity in the acute phase of focal cerebral ischemia. Therefore, sulfonylureas may offer clinical therapeutics for stroke through short-term inflammation-related beneficial effects that include potentiation of neurogenesis and repair processes and lead to sensorimotor and memory recovery.

Chapter 9.
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APPENDIX I

Primary Antibodies	Host	Company	Technique	Dilution	Blocking time	Blocking buffer (IHC or IF)	Immunobuffer (IHC or IF)
Polyclonal anti-SUR1 (C-16 clone)	Goat	Santa Cruz Biotec.	ICF / IF / WB	1:100	3	0,3 % Saponin + 10 % NGS + 10 % BSA	0,5 % triton + 1 % NGS + 1% BSA
Polyclonal anti-SUR2B (C-15 clone)	Goat	Santa Cruz Biotec.	ICF / IF	1:100	3	0,3 % Saponin + 10 % NGS + 10 % BSA	0,5 % triton + 1 % NGS + 1% BSA
Monoclonal anti-neuronal (NeuN)	Mouse	Chemicon	IHC / IF	1:150	2	0,5 % triton + 5 % NGS + 5% BSA	0,5 % triton + 1 % NGS + 1% BSA
Monoclonal anti-CD3 (PC3/188A)	Mouse	Santa Cruz Biotec.	IF	1:100	2	0,3 % triton + 5 % NGS + 5% BSA	0,3 % triton + 1 % NGS + 1% BSA
Monoclonal anti-rat CD11b (OX-42 clone)	Mouse	Serotec	IF	1:500	2	0,5 % triton + 5 % NGS + 1% BSA	0,5 % triton + 1 % NGS + 1% BSA
Monoclonal anti-Glial fibrillary acidic protein (GFAP)	Mouse	Sigma-Aldrich	IHC ICF IF	1:400 1:750 1:750	2	0,5 % triton + 5 % NGS + 5% BSA	0,5 % triton + 1 % NGS + 1% BSA
Monoclonal anti-alpha-tubulin FITC conjugate	Mouse	Sigma-Aldrich	ICF	1:500	2	0,5 % triton + 5 % NGS + 1% BSA	0,5 % triton + 1 % NGS + 1% BSA
Polyclonal anti-Kir6.1	Rabbit	Alomone Labs	IF WB	1:400 1:500	2	0,5 % triton + 5 % NRS + 1% BSA	0,5 % triton + 1 % NRS + 1% BSA
Polyclonal anti-Kir6.2	Rabbit	Alomone Labs	ICF IF WB	1:400 1:400 1:500	2	0,5 % triton + 5 % NRS + 1% BSA	0,5 % triton + 1 % NRS + 1% BSA
Polyclonal anti-S100 β	Rabbit	Dako	IHC	1:800	2	0,5 % triton + 5 % NRS	0,5 % triton + 1 % NRS
Tyrosine Hydroxylase	Rabbit	AbCam	IF	1:5000	2	0,5 % triton + 5 % NRS + 1% BSA	0,5 % triton + 1 % NRS + 1% BSA
Caspase-3 (5A1E clone)	Rabbit	Cell Signaling	IF	1:500	2	0,5 % triton + 5 % NRS + 1% BSA	0,5 % triton + 1 % NRS + 1% BSA
DCX (C-18 clone)	Goat	Santa Cruz Biotec.	IHC	1:150	2	0,5 % triton + 5 % NGS + 1% BSA	0,3 % triton + 1 % NGS + 1% BSA
RECA-1	Rabbit	Serotec	IHC	1:100	2	0,3 % triton + 5 % NRS + 1% BSA	0,5 % triton + 1 % NRS + 1% BSA

Isolectine B4 Peroxidase-conjugated (IB4)	-	Sigma-Aldrich	IHC	1:25	2	0,3 % triton + 5 % NGS + 5% BSA	0,3 % triton + 1 % NGS + 1% BSA
Calbindin	Rabbit	Swant	IF	1:500	2	0,5 % triton + 5 % NRS + 1% BSA	0,5 % triton + 1 % NRS + 1% BSA
Calretinin	Rabbit	Swant	IF	1:2000	2	0,5 % triton + 5 % NRS + 1% BSA	0,5 % triton + 1 % NRS + 1% BSA
Parvalbumin	Rabbit	Swant	IF	1:2000	2	0,5 % triton + 5 % NRS + 1% BSA	0,5 % triton + 1 % NRS + 1% BSA

Note Immunobuffer (WB)

TBST + 5 % NFDm + 1 % BSA

Secondary Antibodies	Company	Technique	Dilution	Immunobuffer
Anti-mouse IgG biotin conjugated	Sigma-Aldrich	IHC / IF	1:250	0,5 % triton + 1 % NGS + 1% BSA
Anti-rabbit IgG biotin conjugated	Sigma-Aldrich	IHC	1:250	0,5 % triton + 1 % NRS + 1% BSA
Anti-goat IgG biotin conjugated	Sigma-Aldrich	IHC	1:250	0,5 % triton + 1 % NGS + 1% BSA
ExtrAvidin-Peroxidase	Sigma-Aldrich	IHC	1:250	PBS 0.01 M
Anti-mouse AlexaFluor-555	Invitrogen	ICF IF	1:300 1:500	PBS 0.01 M
Anti-rabbit AlexaFluor-488	Invitrogen	ICF IF	1:300 1:500	PBS 0.01 M
Anti-goat AlexaFluor-488	Invitrogen	ICF IF	1:300 1:500	PBS 0.01 M
ExtrAvidin-FITC	Sigma-Aldrich	IF	1:250	PBS 0.01 M
Anti-mouse IgG-HRP conjugated	Sigma-Aldrich	WB	1:2500	TBST + 5 % NFDm + 1 % BSA
Anti-rabbit IgG-HRP conjugated	Sigma-Aldrich	WB	1:2500	TBST + 5 % NFDm + 1 % BSA
Anti-goat IgG-HRP conjugated	Sigma-Aldrich	WB	1:2500	TBST + 5 % NFDm + 1 % BSA

APPENDIX II

Protocols for RT-PCR:

1.- Kir 6.1:

Reaction components for RT-PCR-

Master Mix	Volume 1 rx (µL)
10X Qiagen RT-Buffer	2,5
dNTP Mix	0,5
Taq DNA polimerase	0,125
5X Q-Solution	-
Mg Cl ₂	-
Free RNase Water	16,875
Reverse Primer	1,5
Forward Primer	1,5
Template cDNA	2
Final Volume	25

Thermal Cycler conditions-

Steps	Time	Temperature (°C)
Initial denaturing and activation time	15'	95°
Denaturation	30''	95°
Annealing	30''	60°
Extension	45''	72°
Number of Cycles		x35
Final Extension	5'	72°

2.- Kir 6.2:

Reaction components for RT-PCR-

Master Mix	Volume 1 rx (µL)
10X Qiagen RT-Buffer	2,5
dNTP Mix	0,5
Taq DNA polimerase	0,125
5X Q-Solution	-
Mg Cl ₂	0,5
Free RNase Water	16,375
Reverse Primer	1,5
Forward Primer	1,5
Template cDNA	2
Final Volume	25

Thermal Cycler conditions-

Steps	Time	Temperature (°C)
Initial denaturing and activation time	15'	95°
Denaturation	30''	95°
Annealing	30''	60°
Extension	45''	72°
Number of Cycles		x35
Final Extension	5'	72°

3.- SUR1:

Reaction components for RT-PCR-

Master Mix	Volume 1 rx (µL)
10X Qiagen RT-Buffer	2,5
dNTP Mix	0,5
Taq DNA polimerase	0,125
5X Q-Solution	-
Mg Cl ₂	-
Free RNase Water	16,875
Reverse Primer	1,5
Forward Primer	1,5
Template cDNA	2
Final Volume	25

Thermal Cycler conditions-

Steps	Time	Temperature (°C)
Initial denaturing and activation time	15'	95°
Denaturation	30''	95°
Annealing	30''	60°
Extension	45''	72°
Number of Cycles		x35
Final Extension	5'	72°

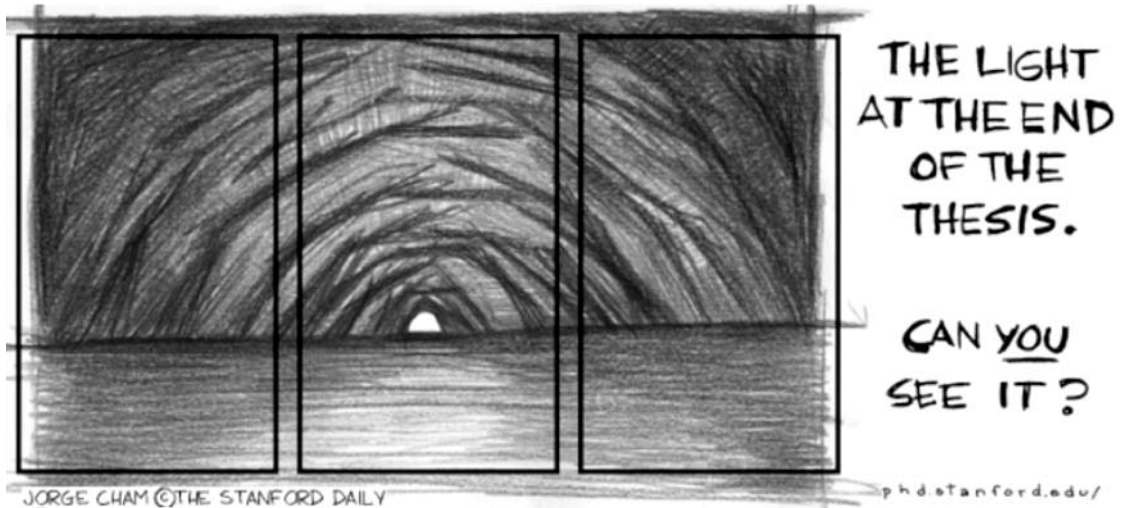
4.- SUR2A/B:

Reaction components for RT-PCR-

Master Mix	Volume 1 rx (µL)
10X Qiagen RT-Buffer	2,5
dNTP Mix	0,5
Taq DNA polimerase	0,125
5X Q-Solution	-
Mg Cl ₂	-
Free RNase Water	16,875
Reverse Primer	1,5
Forward Primer	1,5
Template cDNA	2
Final Volume	25

Thermal Cycler conditions-

Steps	Time	Temperature (°C)
Initial denaturing and activation time	3'	94°
Denaturation	45''	94°
Annealing	45''	57°
Extension	1'	72°
Number of Cycles		x35
Final Extension	10'	72°



Post hoc vs Post-Doc

The Post hoc Fallacy

To incorrectly assume "A" is the cause of "B" just because "A" preceded "B".

e.g. "All Professors have Ph.D.'s, therefore getting a Ph.D. means you'll get a Professor job (right?)"



The Post-Doc Fallacy

To incorrectly assume you'll have a job just because you have a PhD.

e.g.
"Now what???"

