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## Brain Injury Causes a Time-Dependent Increase in Neuronotrophic Activity at the Lesion Site

Abstract. A cavity was made in the brain (entorhinal cortex) of developing or adult rats, and a small piece of Gelfoam was emplaced to collect fluid secreted into the wound. The neuronotrophic activity of the fluid was assayed with sympathetic and parasympathetic neurons in culture. The results show that wounds in the brain of developing or adult rats stimulate the accumulation of neuronotrophic factors and that the activity of these factors increases over the first few days after infliction of the damage.

The potential of central nervous system (CNS) tissue to recover from injury depends on the substances and processes that support neuron survival (neuronotrophic factors), promote the sprouting of neurites, and guide the neurites to their targets. The existence of substances with neuronotrophic, neurite-promoting, and guiding activities has been known for about 30 years. The best characterized of these molecules is nerve growth factor, which exhibits all three types of activity (1). The search for factors with trophic effects on central as well as peripheral cholinergic neurons has led to the description of a variety of such factors present in tissue extracts or secreted by cells in culture (2).

It has been suggested that, following injury to the nervous system, neuritepromoting and neuronotrophic factors are made available to facilitate repair (3). Evidence supporting the existence of such factors has been either rare, as in the case of the peripheral nervous system (4), or indirect, as in the case of the CNS (5).

Recently, however, a new system for nerve regeneration was used to demonstrate that neuronotrophic factors appear when the adult rat peripheral nervous system is damaged. The fluid that accu-

Trophic activity

(percentage of

control)

Neurons

from

ciliary

ganglia

100

3

100

15

100

100

Neurons

from

superior

cervical

ganglia

100

100

100

100

0

0

Table 1. Effect of various treatments on the trophic activity of the Gelfoam extracts. Three to 6 days after infliction of the lesions, extracts of Gelfoam fragments from neonatal animals were pooled and  $10-\mu l$  portions were titrated on the various test neurons after being subjected to a variety of treatments. Control samples were kept at 4°C for 60 minutes and then were diluted to 200 µl with modified Eagle's medium (8) before serial dilution and assay in the microtiter plates. For heat treatment, the portions were diluted to 200 µl, incubated for 10 minutes at 90°C, and returned to 4°C until assay time. Other portions were mixed with 50 µl of modified Eagle's medium, dialyzed against the medium for 2 hours at 4°C, and brought to 200 µl for assay. For trypsin treatment, samples were mixed with 10  $\mu$ l of medium and 10  $\mu$ l of trypsin stock (9700 U/

mg; 1 mg/ml in medium), incubated for 60 minutes at 37°C, and mixed with 10 µl of Trasylol stock (100 U/ml) and 160 µl of medium. The final 200-µl mixture was kept at 4°C until being assayed. The same protocol was used for sample portions receiving trypsin and Trasylol at the same time. Antiserum to nerve growth factor (NGF) (1 µl blocks the activity of 5 trophic units of the factor) was added to other portions (20  $\mu$ l of antiserum to 10  $\mu$ l of CNS neural fluid), and the mixture was brought to 200 µl and kept at 4°C until being assayed. In this case, however, the subsequent serial dilution was carried out in the constant presence of antiserum to NGF (100  $\mu$ l/ml). Trasylol or serum from unimmunized rabbits had no effect on trophic activity.

Trypsin plus Trasylol

Antiserum to NGF

None

Heat

Dialysis

Trypsin

Treatment

mulated between the two stumps of a resected sciatic nerve and bathed the regenerating nerve structure contained trophic factors for sensory, motor, and sympathetic neurons, the contributors to the sciatic nerve (6). Lewis and Cotman (7) showed that the survival and growth of embryonic striatal tissue implanted in a cavity made in the entorhinal or occipital cortices of 3-day-old rats was much increased if the implant was emplaced 3 to 6 days after infliction of the wound. These observations suggest that factors accumulate in brain wounds which aid neuron survival and growth.

We tested this possibility by collecting the fluid secreted into brain wound cavities and measuring its ability to support neuron survival in culture. A cavity of 2 to 4 mm<sup>3</sup> was made in the entorhinal or occipital cortex of Sprague-Dawley rat pups (3 days old) or young adults (45 to 60 days old), and the cavity was filled with Gelfoam (Upjohn) moistened in isotonic saline solution. At various times after the operation the Gelfoam was removed and extracted with cell culture medium. The extract was tested for its ability to support the survival of dissociated neurons from ciliary (cholinergic) ganglia or sympathetic (noradrenergic) ganglia from chick embryos in the 8th or 12th day of development, respectively. The extracts were serially diluted and placed in the wells of microtiter plates. Neurons were added and the cultures were incubated for 24 hours, at which time they were fixed in 2 percent glutaraldehyde. The neurons were then counted under a phase microscope (8). The assay is set up so that in the absence of exogenous trophic factors, neuron survival is less than 15 percent of the maximum values obtained in the presence of nerve growth factor (sympathetic ganglia) or eye-derived neuronotrophic factor (ciliary ganglia) (9).

All implant surgery was performed on day 0. Extracts from the excised tissue had little or no neuronotrophic activity (Fig. 1). In the developing animals low neuronotrophic activity appeared on day 1 and increased to very high levels by days 3 and 6. In the young adults neuronotrophic activity was also present in the fluid by day 6 (little or no activity was evident earlier). The Gelfoam itself and the rat serum had no trophic activity. The extract was usually more active on sympathetic than ciliary ganglia neurons.

Trophic activity of the brain fluid was not lost by centrifugation at 250,000g or by dialysis but was destroyed by heating (90°C for 10 minutes) and by digestion with trypsin (incubation with 100 U for

60 minutes at 37°C) (Table 1). Therefore, like other recently discovered neuronotrophic factors in the peripheral nervous system (2), these factors appear to be proteins. The trophic factors described here are different from nerve growth factor because their activity was not affected by treatment with an antibody that abolishes the biological activities of that protein (Table 1).

To our knowledge, neither the occurrence of neuronotrophic factors in the CNS nor their temporal increase after injury have been described previously. Such features may be part of the biochemical sequel to CNS injury. The hippocampus is widely used as a locus for brain implants (10) including cholinergic systems (7, 10, 11) and sympathetic ganglia (12). The survival of corpus striatum implants is enhanced if implantation is delayed after the initial surgery (13). In our study the optimal delay for graft implantation (7, 14) generally coincided with the time at which high levels of neuronotrophic activity first appeared in the Gelfoam. Therefore, induced trophic activity may have been responsible for the enhanced survival of the implants. The correlation between enhanced survival of CNS tissue in vivo and the presence of neuronotrophic activity in cell culture is important, from a methodological point of view, for evaluating the physiological significance of in vitro studies.

Our findings also have implications for studies of axon sprouting. There is extensive axon sprouting in the hippocampus following lesions to various types of afferents (15), including sympathetic fibers (16). Preliminary observations indicate that sprouting from the hippocampus can also be induced by injections of the Gelfoam extracts in vivo. In vivo, sprouting occurs more slowly with increasing age (13), a finding that may correspond to the slower appearance of neuronotrophic factors in adults in the present study. Gradual accumulation of these factors may also account for the accelerated sprouting seen after serial lesions. A small lesion in the entorhinal cortex of rats, made so that the lesion itself elicits little or no reactive growth in the dentate gyrus, causes a greatly accelerated growth response to a larger lesion made at a later time (17).

Brain implants are being explored as a means to aid in the restoration of functions lost through neurological disease or disorder. For example, implants rich in catecholamines can partially counteract movement disorders associated with



Fig. 1. Time course of appearance of neuronotrophic activity in a cortical wound assayed in cell culture with chick embryo ciliary (A) and sympathetic (B) ganglia neurons (8). Fragments of cortical tissue removed to make the wound cavity were assayed on day 0. One trophic unit is defined as the activity causing half-maximal neuronal survival when diluted to 1 ml of culture medium (6, 8, 9).

damage to the nigrostriatal pathway (18). A major problem is that implants in adult brains survive and grow less successfully than implants in newborn animals (19). As neuronotrophic and other such factors are characterized and as these substances are made available in purified form, brain grafts in adult animals may become more successful. This research should provide a more detailed understanding of the humoral response to brain injury and may hold promise for therapeutic applications.

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