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NECROSTATIN-1 PROMOTES HEMATOMA RESOLUTION AND ATTENUATES CEREBRAL EDEMA FOLLOWING INTRACEREBRAL HEMORRHAGE

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Tumor necrosis factor α (TNF- α)

- Pro-inflammatory cytokine
- Increases neurological injury after ICH
- Activates RIP Kinase (RIPK) to induce necroptosis, a novel form of cell death

TUMOR NECROSIS FACTOR- α INCREASES IN THE BRAIN AFTER INTRACEREBRAL HEMORRHAGE AND THROMBIN STIMULATION

OBJECTIVE: The goals of this study were 1) to determine the effects of intracerebral hemorrhage (ICH) on brain tumor necrosis factor (TNF- α) levels, which are still controversial; 2) to investigate the role of TNF- α in ICH-induced brain injury; 3) to examine the effects of thrombin on brain TNF- α levels; and 4) to elucidate the role of TNF- α in thrombin-induced neuroprotection.

METHODS: Autologous whole blood and thrombin were injected into the right caudate of rat or mice. Brain TNF- α was then determined by enzyme-linked immunosorbent assay and immunohistochemistry. Brain edema and neurological deficits were also examined.

RESULTS: Perihematomal TNF- α levels increased after ICH. ICH-induced brain edema was less in TNF- α knockout mice compared with wild-type mice ($P < 0.05$). Intracerebral infusion of thrombin also caused an increase in brain TNF- α levels. Thrombin preconditioning reduced thrombin-induced brain edema, but this effect was not blocked by a neutralizing TNF- α antibody.

CONCLUSION: Increase of perihematomal TNF- α levels contributes to brain edema formation after ICH. Thrombin may be a major mediator of ICH-induced TNF- α production, but thrombin-induced brain tolerance may not be TNF- α mediated.

KEY WORDS: Brain edema, intracerebral hemorrhage, Preconditioning, Thrombin, Tumor necrosis factor- α

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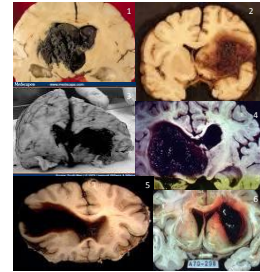
Hypothesis

Necrostatin-1 reduces neurological injury after ICH

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Intracerebral Hemorrhage (ICH)

- Most prevalent type of hemorrhagic stroke
- Caused by the rupture of a diseased blood vessel
- Around 50% of all deaths occur within the first 48 hours
- 50-60% mortality within the first year
- Only 20% regain functional independence



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1) neuropathology.neucom.edu/chapter2; 2) medscape.com; 3) vth.tmc.edu; 4) urmc.rochester.edu; 5) kobijak.msu.edu; 6) path.cuic.cwmed.edu

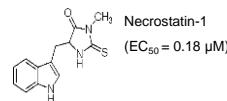
Necrostatin-1 (Nec-1)

- Novel allosteric inhibitor of RIP1 kinase
- Limits neurovascular damage in culture models of hemorrhagic injury

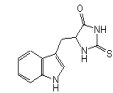


Original Contribution
Hematin-induced necroptosis involves glutathione depletion in mouse astrocytes
Molina D, Latal, Chakrabarti, Walshe, Cargill B, Alperin J, Krishna M, Bhattacharya P
Free Radical Biology & Medicine 51:100-110 (2011)

- Improve outcome after in pre-clinical TBI and cerebral ischemia models



Inactive analog



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Necrostatin-1 Decreases Hematoma Size After ICH

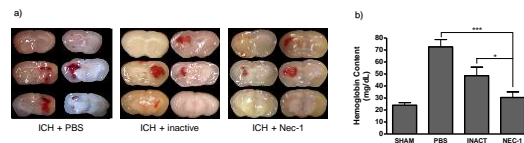


Figure 1. Necrostatin-1 attenuates hematoma size after ICH. Coronal sections from vehicle, inactive analog, or Necrostatin-1 treated animals at 72hr post-ICH (a). Mice treated with either Necrostatin-1 or its inactive analog showed a significant reduction in brain hemoglobin content, a validated measure of hematoma size (b). Data are expressed as mean \pm SEM. (* $p < 0.05$, *** $p < 0.001$).

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Necrostatin-1 Reduces Vasogenic Edema After ICH

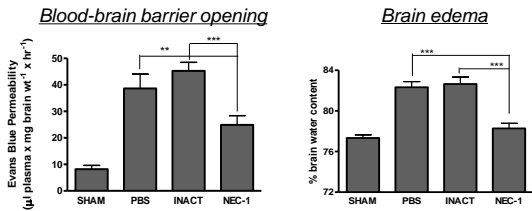


Figure 2. Necrostatin-1 helps maintain blood-brain barrier permeability after ICH. Evans blue dye extravasation was significantly reduced at 3hr post-ICH in animals treated with Necrostatin-1. Data are expressed as mean \pm SEM (** $p < 0.01$, *** $p < 0.001$, $n = 7-9$ per group).

Fig. 3. ICH related brain edema is reduced in animals treated with Nec-1. Brain water content was significantly lower at 24h in animals receiving the active compound. Data are expressed as mean \pm SEM (* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$, $n = 7-9$ per group for A and B, $n = 3-8$ for C).

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Necrostatin-1 Improves Neurological Outcomes After ICH

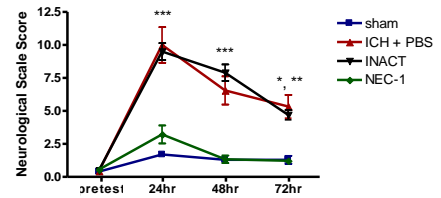


Fig. 5. Nec-1 improves neurological outcome after ICH. Animals receiving Nec-1 performed better on tests of neurological integrity vs. vehicle. Graph depicts mean \pm SEM (* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$; $n = 9-10$ per group).

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Conclusions

- Necrostatin-1 reduces hematoma size, brain edema, and neurological deficits after ICH

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