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# Microglia (as opposed to Macroglia=astrocytes, oligod.)

- Most like tissue macrophages elsewhere in body; not of neuroectodermal origin, like all macroglia
- · Chief mediators of immune responses in brain
- CNS is not completely isolated from immune reactions
- Microglia derive from marrow monocyte lineage
- Have phenotypic markers similar to tissue macrophages:
  - CD68, HAM-56, IL-1alpha,beta, class II MHC, OX-42















# **Ependymal cells**

- Line ventricles of brain and spinal cord canal
- Ciliated, columnar epithelium, with cilia and adherens junctions; but express glial markers
- May extend cytoplasmic processes into brain parenchyma
- Recent controversy as to whether Ependymal cells (versus subependymal astrocytes) are adult neural stem cells (resolved: NCS derive from astrocytes)















# Astrocytes

- Astrocytes contact virtually every cell component in brain
  - Other astrocytes (gap junctions)
  - Ependymal cells
  - Neurons (somas, processes, synapses)
  - Oligodendroglia
  - Capillary endothelial cells









### Discovery of the BBB

- 1885: Paul Ehrlich discovered that when a particular blue dye was injected into the blood-stream of an animal, tissues of the whole body <u>EXCEPT the brain and spinal cord</u> turned blue.
- To explain this phenomenon, the investigators suggested that a "Blood-Brain-Barrier" prevented some materials from leaving the brain capillaries and actually entering the brain tissue.



#### What is the Blood Brain Barrier?

- Structural and functional barrier which impedes and regulates the influx of most compounds from blood to brain
- Formed by brain microvascular endothelial cells (BMEC), astrocyte end feet and pericytes
- Essential for normal function of CNS
- Regulates passage of molecules in and out of brain to maintain neural environment.
- Responsible for metabolic activities such as the metabolism of Ldopa to regulate its concentration in the brain.









- Autoregulation (works down to 50 mmHg)
- Vasculature responds both to pressure and to neuronal activity
- Blood-Brain Barrier (primarily formed by tight junctions between capillary endothelial cells; help from pericytes and astrocyte foot processes)
- Breaching of BBB due to ischemic damage to endothelium -->edema-->mass effect->herniation



#### Differences between BMEC and normal endothelial cells

- Structural differences:
  - Absence of fenestrations
  - More extensive tight junctions (TJ)
- Functional differences:
  - Impermeable to most substances
  - Sparse pinocytic vesicular transport
  - Increased expression of transport and carrier proteins: receptor mediated endocytosis
  - No gap junctions, only tight junctions
  - Limited paracellular and transcellular transport











#### **Junction Adhesion Molecules:**

- 40kDa
- Integral membrane protein, single transmembrane region
- · Belongs to immunoglobulin superfamily
- · Localizes at tight junctions
- Involved in cell-to-cell adhesion and monocyte transmigration through BBB
- Regulates paracellular permeability and leukocyte migration
- Also found on circulating leukocytes, platelets and lymphoid organs.



# Barrier function of JAM

- **Homotypic** binding between JAM molecules on adjacent endothelial cells acts as a barrier for circulating leukocytes
- **Heterotypic** binding of endothelial JAM to leukocyte JAM might guide transmigration of leukocytes across interendothelial junctions
- So factors that decrease leukocyte migration must either strengthen homotypic interactions or weaken heterotypic interactions.



### **Adherens Junction**

- Complex between membrane protein cadherin and intermediary proteins called catenins
- Cadherin-catenin complex joins to actin cytoskeleton
- Form adhesive contacts between cells.
- Assemble via homophilic interactions between extracellular domains of calcium ion dependent cadherins on surface of adjacent cells



#### Astrocyte end feet

- Star shaped glial cells
- Provides biochemical support for BMEC
- Influence of morphogenesis and organization of vessel wall
- Factors released by astrocytes involved in postnatal maturation of BBB
- Direct contact between endothelial cells and astrocytes necessary to generate BBB (Rubin et al, 1991)
- Co-regulate function by the secretion of soluble cytokines such as (LIF, leukemia inhibiting factor), Ca<sup>2+</sup> dependent signals by intracellular IP-3 and gap junction dependent pathways, and second messenger pathways involving extracellular diffusion of purinergic messenger.



#### Normal BBB transport

- Diffusion
- Facilitated transport by carrier systems
- · Receptor mediated endocytosis
- Paracellular transfer more common than transcellular transfer





- blood gases (O<sub>2</sub>, CO<sub>2</sub>, carbon monoxide)
- blood sugars (D-glucose, D-hexose)
- Electrolytes (Na+, K+, Cl-, etc.)
- some amino acids
- small molecule drugs (alcohol, caffeine, nicotine, morphine, heroin, cocaine, etc.)
- However, large carrier molecules required to deliver medications, cannot cross BBB.



#### Materials that do NOT easily Escape Brain Capillaries and Enter Brain Tissue

- Microorganisms
- Large molecules
- · Molecules that are not very lipid soluble
- · Molecules with a high electrical charge
- Hormones that work outside the CNS •
- T-cells and B-cells of the immune system •
- Drugs bound to plasma proteins (99%) •

#### Factors which cause increase in BBB during pathophysiology

- Factors produced by astrocytes Glutamate,

  - Aspartate
  - Taurine ATP
  - Endothelin-1
  - NO
  - MIP-2
  - Tumor necrosis factor alpha TNF-α \_
  - Interleukin beta IL-β
  - Paracrine signals secreted by endothelium cells or nerve terminals of neurons running close to blood vessels
    - Bradykin
    - 5HT
    - \_ Histamine
    - Thrombin
    - UTP
    - UMP
    - Substance P
    - \_ Qionolonic acid - Platelet activating factor
- Free radicals