Polymorphonuclear Leukocyte Accumulation in Brain Regions with Low Blood Flow During the Early Postischemic Period

John M. Hallenbeck, M.D., Andrew J. Dutka, M.D., Takeo Tanishima, M.D., Patrick M. Kochanek, M.D., K. K. Kumaroo, Ph.D., Craig B. Thompson, M.D., Thomir P. Obrenovitch, Ph.D., and Thomas J. Contreras, Ph.D.

SUMMARY In an anesthetized canine model in which ischemia was induced by incremental air embolism, 16 animals were exposed to 1 hr of ischemia and monitored for 10 min (n = 4), 60 min (n = 6), or 240 min (n = 6). Fourteen animals were observed for corresponding periods without being subjected to ischemia 70 min (n = 4), 120 min (n = 4), or 300 min (n = 6). Autologous granulocytes were labeled with 111In and reinjected before ischemia. At the conclusion of each experiment, a 14C-iodoantipyrine autoradiographic blood flow study was performed. Granulocyte accumulation measured by gamma scintigraphy (cpm/gm) occurred in the injured hemisphere of ischemic animals at 60 min in anterior brain segments and at 240 min in anterior, middle, and posterior segments. By means of a double-label autoradiography technique, clustering of punctate granulocyte images was detected in regions of low flow or heterogeneous flow in half of the animals at both 60 min and 240 min postischemia. Granulocyte clustering did not occur in the autoradiograms of nonischemic animals. The results implicate granulocyte participation in the acute phase of ischemic brain injury and signal a convergence of hemostatic and inflammatory processes during the immediate postischemic period.

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THE PARTICIPATION OF LEUKOCYTES in an evolving ischemic brain lesion has generally been regarded as a late phenomenon with prominent infiltrates visible histopathologically by 24 h.1 In the early hours of brain ischemia, attention has focused on fibrin deposition and platelet accumulation as part of the hemostatic process. Current medical management of stroke and transient ischemic attack (TIA) involves the inhibition of coagulation and thrombosis with various drugs.2-3 Leukocyte participation in this early stage remains undefined.

The concept of a multifactorial interaction between blood and damaged brain tissue in a zone of acute ischemia4-5 predicts an early generation of chemotaxins from activation of the complement, kinin, and fibrinolytic systems; and the generation of leukotrienes.6 This would be expected to lead to a focal influx of granulocytes.8 We therefore investigated the accumulation of 111In-labeled granulocytes in regions of ischemic brain in a canine model of focal ischemia during the first 4 h of the postischemic period. Blood flow measured by the 14C-iodoantipyrine autoradiographic technique9 and 111In-labeled leukocyte concentration were correlated in neuroanatomic regions by means of a double-label autoradiography technique developed recently.10

From the Hyperbaric Medicine Program Center, Naval Medical Research Institute, Bethesda, Maryland 20814–5055, and the Department of Neurology, Uniformed Services University of the Health Sciences, Jones Bridge Road, Bethesda, Maryland 20814–4799.

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Address correspondence to: J. M. Hallenbeck, M.D., Hyperbaric Medicine Program Center, Naval Medical Research Institute, Bethesda, Maryland 20814–5055.

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Methods

Thirty conditioned, male mongrel dogs weighing 9–16 kg were premedicated with xylazine (1.1 mg/kg) and atropine (0.05 mg/kg s.c.), followed by an initial intravenous dose of alpha-chloralose (80 mg/kg) and incremental doses as necessary. Anesthetized animals were ventilated mechanically; monitored for aortic blood pressure, temperature, and blood gases; and prepared for the recording of cortical sensory evoked response. The general model was described fully in previous publications.6,7 A 1 h period of focal ischemia was induced in one hemisphere of a dog’s brain by injecting small volumes of air selectively through the ipsilateral internal carotid artery. Blood circulation to the opposite hemisphere remained largely intact as a nonischemic control. The degree of ischemia in the affected hemisphere was regulated by monitoring the cortical sensory evoked response (CSER) as a quantifiable electrophysiologic index of neuronal function. A variable recovery period followed the ischemic period, and a 14C-iodoantipyrine autoradiographic blood flow study9 concluded the procedure. Granulocytes isolated from arterial blood drawn early during the preparation of the animal were labeled with 111In and reinjected before the start of ischemia. A double-label autoradiography technique10 permitted correlation of both cerebral blood flow and granulocyte deposition in any given area of brain, and accumulation of granulocytes in brain and other tissues was quantified by gamma scintigraphy.

The animals were divided into six groups defined in table 1. All animals were either observed or exposed to right hemisphere brain ischemia for 60 min. Subsequently, groups of animals were monitored for the periods shown in this table, while blood pressure, blood gases, and body temperature were monitored and maintained at stable levels within physiologic limits.
TABLE 1  Definition of Experimental Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Observation or ischemia (1 h)</th>
<th>Duration of subsequent follow-up</th>
<th>Number of animals (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>observation</td>
<td>4 h</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>ischemia</td>
<td>4 h</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>observation</td>
<td>1 h</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>ischemia</td>
<td>1 h</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>observation</td>
<td>10 min</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>ischemia</td>
<td>10 min</td>
<td>4</td>
</tr>
</tbody>
</table>

To obtain granulocytes for these studies, 102 ml of blood were collected from a femoral artery catheter and placed in 18 ml of anticoagulant citrate dextrose solution (ACD-Formula A, Fenwall Laboratories, Deerfield, IL), which yielded a final ratio of 15% v/v. One hundred milliliters of Ringer's lactate solution were injected immediately after blood sampling. The anticoagulated blood was diluted with sterile dextran 500 (6% in saline, 1 part Dextran to 10 parts water) to slowly disperse the erythrocytes until they occupied just less than half the height of the tube. The supernatant containing plasma, leukocytes, and platelets was then washed twice to remove the dextran by filling the tubes with elutriation buffer (NaCl 150 mM, KCl 5 mM, KH2PO4 0.44 mM, NaH2PO4 0.34 mM, Hepes 1.01 mM, glucose 0.5%, bovine serum albumin 0.35%, the final pH and osmolality adjusted to pH 7.4 and 305 ± 5 mosm) and centrifuging at 250 g x 10 min. After the second wash, the granulocyte-enriched pellets were resuspended in 5-10 ml of elutriation buffer and loaded into a Beckman elutriator, model JE-6B at 2000 ± 50 rpm and 18°C. At a flow of 5 ml/min, the remaining plasma protein, platelets, erythrocytes, and mononuclear cells were removed by increasing gradually the flow rate through the separation chamber until only the granulocytes remained as described previously. The granulocytes were then recovered in two 50 ml tubes by doubling the flow rate through the chamber. The recovered cells were counted and sized by means of a Coulter channelizer. Granulocyte recovery and function were analyzed in further detail in 11 animals. In these experiments 97 ± 2% of the granulocytes loaded in the counterflow centrifuge were recovered. Both the purity, as assessed by cell morphology, and the viability as assessed by trypan blue exclusion, of the recovered granulocytes averaged greater than 95%. To ensure that the recovered granulocytes remained functional, an aliquot of the recovered cells was resuspended in autologous serum and stimulated with 3 nM phorbol myristate acetate. In each case the cells underwent a rapid shape change with a resultant 10.4 ± 20% increase in volume, which compared favorably with values previously. Aggregation tracings also compared favorably with reports published previously. For granulocyte labeling, the 50 ml tubes containing the granulocyte suspension were spun at 185 × g for 10 min. The pellets were resuspended in 3 ml of saline and this constituted the incubating mixture. One mCi of 111Indium-oxine in 50 µl pure ethanol was diluted with 1 ml saline and added to the 3 ml incubating mixture drop by drop, with a gentle rotation of the tube to rapidly disperse the isotope solution in the granulocyte concentrate. After 30 min incubation at room temperature, the labeling was stopped by diluting the incubating medium with saline to a final volume of 20 ml. Before pelleting the labeled granulocytes, an aliquot of the granulocyte suspension (GRS) was removed to evaluate the labeling efficiency as described below. The labeled granulocytes were spun at 185 × g for 10 min, and the radioactive granulocyte-poor supernatant was discarded. The granulocytes were gently resuspended in 20 ml saline, and a small aliquot (GRS) was withdrawn to determine the fraction of the 111Indium remaining unbound in the suspension of labeled granulocytes that was to be injected. Twenty microliters of GRS, and GRS2, were diluted 10 times with saline and placed in a small hemolysis tube for counting. The remainder of the undiluted GRS, and GRS2, was centrifuged at 1200 × g for 10 min, and 20 µl of granulocyte-free supernatant from each (GPF, and GPF2, respectively) was diluted 10 times with saline. Twenty microliters of the diluted GPS, and GPS2, were placed in a hemolysis tube for counting. Later, diluted GRS2, GPS2, GRS, and GPS were analyzed by gamma scintigraphy. The labeling efficiency was calculated from the following gamma activity ratio: (GRS2 - GPS2)/GRS2. This ratio is a reasonable approximation of the efficiency because the volume of the granulocytes is small in comparison to the total volume of the granulocyte suspension. The ratio of GPS, gamma activity to that in GRS2, indicated the fraction of 111In remaining unbound in the infused suspension of granulocytes. After reinjection of the labeled granulocytes, the activity of 111In that was free in plasma and the activity of 111In that was bound to cells were measured at some or all of the following time points in 15 dogs: 5 min, 15 min, 1 h, 2 h, 3 h, 4 h, and 5 h. Blood samples (4.5 ml blood diluted 1:10 in ACD) were drawn at each time point. A hematocrit (Hct) level was measured for each sample and 20 µl aliquots were analyzed by gamma scintigraphy. Each remaining sample was centrifuged at 1200 × g, and 20 µl of the supernatant plasma were analyzed for 111In concentrate. Free 111In in plasma (111In-free) was calculated as: (1-Hct) × plasma counts/ml. Cell-bound 111In (111In-cell bound) was calculated as: whole blood counts/ml - 111In-free. The percentage of circulating leukocytes was calculated as:

\[
\text{circulating leukocytes (\%)} = \frac{111\text{In-cell bound cpm/ml} \times \text{blood vol (ml)} \times 100}{\text{Total cell bound CPM injected}}
\]

Relative plasma activity was computed as:

\[
\text{Relative plasma activity} = \frac{\text{Relative plasma activity}}{\text{Relative plasma activity}}
\]
**Results**

Heart rate, mean aortic pressure (AoP mean), hematocrit, pH, and blood gases were comparable among groups as shown in table 2. The final CSER was expressed as percent of baseline P1-N amplitude is displayed for the various groups in table 3. Animals subjected to ischemia in Groups 2, 4, and 6 clustered around 20% CSER recovery, a figure observed repeatedly in untreated animals in the past. The quantity of air required to induce an ischemic reduction of CSER to 10-20% of baseline values during the ischemic interval was 260 ± 30 ml (mean ± SEM) for Group 2, 158 ± 36 ml for Group 4, and 215 ± 25 ml for Group 6. These values did not differ significantly by one-way analysis of variance (ANOVA).

The efficiency of granulocyte labeling was 97 ± 3% (mean ± SD), and the percentage of ¹¹¹In activity in the injected granulocyte suspension that was not in cells was 2 ± 1%. Despite anesthesia and indwelling catheters, the percentage of circulating granulocytes had not reached half its initial value by 5 h, suggesting

<p>| Table 2 Comparison of Several Physiologic Variables Among Groups |
|-------------------|-----------------|---------------|-----|-----|-----|</p>
<table>
<thead>
<tr>
<th>Group</th>
<th>Heart rate (min⁻¹)</th>
<th>AoP mean (mm Hg)</th>
<th>Hematocrit (%)</th>
<th>pH</th>
<th>Po₂ (mm Hg)</th>
<th>PCO₂ (mm Hg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (a)†</td>
<td>105 ± 15</td>
<td>108 ± 7</td>
<td>40 ± 2</td>
<td>7.41 ± .07</td>
<td>101 ± 11</td>
<td>34 ± 8</td>
</tr>
<tr>
<td>(b)‡</td>
<td>119 ± 33</td>
<td>101 ± 12</td>
<td>38 ± 2</td>
<td>7.36 ± .04</td>
<td>92 ± 7</td>
<td>37 ± 5</td>
</tr>
<tr>
<td>(c)§</td>
<td>135 ± 34</td>
<td>99 ± 21</td>
<td>36 ± 4</td>
<td>7.35 ± .03</td>
<td>92 ± 6</td>
<td>36 ± 4</td>
</tr>
<tr>
<td>2 (a)</td>
<td>128 ± 24</td>
<td>108 ± 15</td>
<td>40 ± 2</td>
<td>7.38 ± .05</td>
<td>82 ± 5</td>
<td>36 ± 4</td>
</tr>
<tr>
<td>(b)</td>
<td>146 ± 27</td>
<td>116 ± 19</td>
<td>40 ± 2</td>
<td>7.34 ± .03</td>
<td>93 ± 3</td>
<td>36 ± 2</td>
</tr>
<tr>
<td>(c)</td>
<td>166 ± 14</td>
<td>123 ± 26</td>
<td>41 ± 4</td>
<td>7.35 ± .04</td>
<td>90 ± 5</td>
<td>35 ± 4</td>
</tr>
<tr>
<td>3 (a)</td>
<td>132 ± 40</td>
<td>121 ± 13</td>
<td>41 ± 2</td>
<td>7.43 ± .04</td>
<td>99 ± 6</td>
<td>31 ± 2</td>
</tr>
<tr>
<td>(b)</td>
<td>143 ± 12</td>
<td>106 ± 10</td>
<td>41 ± 5</td>
<td>7.38 ± .02</td>
<td>103 ± 10</td>
<td>33 ± 2</td>
</tr>
<tr>
<td>(c)</td>
<td>141 ± 28</td>
<td>110 ± 17</td>
<td>40 ± 5</td>
<td>7.37 ± .02</td>
<td>101 ± 6</td>
<td>32 ± 1</td>
</tr>
<tr>
<td>4 (a)</td>
<td>106 ± 12</td>
<td>134 ± 28</td>
<td>38 ± 4</td>
<td>7.37 ± .05</td>
<td>93 ± 12</td>
<td>36 ± 4</td>
</tr>
<tr>
<td>(b)</td>
<td>118 ± 26</td>
<td>127 ± 26</td>
<td>38 ± 5</td>
<td>7.36 ± .05</td>
<td>90 ± 2</td>
<td>36 ± 3</td>
</tr>
<tr>
<td>(c)</td>
<td>142 ± 40</td>
<td>132 ± 28</td>
<td>39 ± 7</td>
<td>7.35 ± .02</td>
<td>86 ± 5</td>
<td>34 ± 2</td>
</tr>
<tr>
<td>5 (a)</td>
<td>131 ± 12</td>
<td>130 ± 35</td>
<td>40 ± 4</td>
<td>7.40 ± .05</td>
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<tr>
<td>(b)</td>
<td>152 ± 15</td>
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<td>30 ± 2</td>
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<tr>
<td>(c)</td>
<td>153 ± 6</td>
<td>96 ± 14</td>
<td>38 ± 5</td>
<td>7.36 ± .02</td>
<td>91 ± 6</td>
<td>34 ± 2</td>
</tr>
<tr>
<td>6 (a)</td>
<td>113 ± 28</td>
<td>111 ± 18</td>
<td>37 ± 1</td>
<td>7.40 ± .03</td>
<td>88 ± 7</td>
<td>34 ± 3</td>
</tr>
<tr>
<td>(b)</td>
<td>128 ± 5</td>
<td>107 ± 23</td>
<td>34 ± 3</td>
<td>7.38 ± .05</td>
<td>97 ± 8</td>
<td>34 ± 2</td>
</tr>
<tr>
<td>(c)</td>
<td>118 ± 11</td>
<td>109 ± 26</td>
<td>33 ± 3</td>
<td>7.38 ± .02</td>
<td>92 ± 8</td>
<td>36 ± 3</td>
</tr>
</tbody>
</table>

*All values are mean ± SD.
†Before ischemia.
‡Before treatment or observation period.
§Before blood flow study.
The pattern was similar whether or not animals were
Mucosa
Muscle
Tissue
ubjects to unilateral ischemia reached significance in the
The disappearance curve for six ischemic animals did not differ significantly from the con-
control curve by two-way repeated measures. The relative
Somnulor activity defined previously as the ratio of
total measured free $^{111}$In to total free $^{111}$In injected in
nine control animals and six ischemic animals aver-
eged 1.21 ± 0.46 (mean ± SD) for the first 15 min
after injection of the isolate. Thereafter, the ratio fell
progressively, indicating a steady loss of indium bound to protein but not to cells (i.e., "free") from the
intravascular space and no significant elution of the
label from granulocytes.

The $^{111}$In-activity (cpm) fixed to granulocytes in
each milliliter of injected granulocyte suspension in
each group was as follows (mean ± SEM × 10$^3$):
Group 1—21.6 ± 1.4, Group 2—18.2 ± 2.1,
Group 3—13.2 ± 1.3, Group 4—19.0 ± 2.5,
Group 5—18.2 ± 2.3, Group 6—21.9 ± 1.9
Differences between groups at each of the three time
points were not different by one-way ANOVA.

The $^{111}$In activity in tissues from several organs is
displayed in table 4. The major accumulation of la-
beled granulocytes was in the liver and spleen. A
somewhat smaller accumulation occurred in the lung.
The pattern was similar whether or not animals were
exposed to ischemia, although there was a tendency in ischemic animals for greater liver accumulation and a
somewhat reduced $^{111}$In accumulation in the other sam-
pled organs as compared to control animals.

The right-left hemispheric differences in $^{111}$In activity
(cpm/gm, mean ± SEM) in coronally cut divisions of the brain containing the head of the caudate and
designated as anterior segments were analyzed. The values for animals not exposed to ischemia at 10, 60,
and 240 min into the observation period were: 3,646 ± 1,490, 352 ± 644, and 355 ± 433, respectively. Right-left hemispheric dif-
f erences in ischemic animals from corresponding middle
segments of the brain at the same time points were:
155 ± 320, 1,411 ± 1,086, and 9,128 ± 2,874,
respectively. These group and time relationships are
depicted in figure 2. The excess accumulation of $^{111}$In-
labeled leukocytes in the injured right hemisphere of animals subjected to unilateral ischemia reached sig-
nificance in the middle segment at the 240 min time
point ($p < 0.01$) as compared to animals not subjected to ischemia by two-way ANOVA and Bonferroni
testing.

In the middle brain segments that contained the
thalamus, the right-left hemispheric differences in anim-
als not exposed to ischemia at the 10, 60, and 240
min time points were: 276 ± 1,490, 352 ± 644, and
355 ± 433, respectively. Right-left hemispheric dif-
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segments of the brain at the same time points were:
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respectively. These group and time relationships are
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labeled leukocytes in the injured right hemisphere of animals subjected to unilateral ischemia reached sig-
nificance in the middle segment at the 240 min time
point ($p < 0.01$) as compared to animals not subjected to ischemia by two-way ANOVA and Bonferroni
testing.

In the posterior brain segments that contained the
posterior horn of the lateral ventricle and the adjacent
hippocampal formation, the right-left hemispheric dif-
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hippocampal formation, the right-left hemispheric dif-
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\begin{table}[h]
\centering
\caption{Final Cortical Somatosensory Evoked Response (CSER) in Various Groups Expressed as Percent of Baseline}
\begin{tabular}{|c|c|c|c|c|c|}
\hline
Group & 1 & 2 & 3 & 4 & 5 & 6 \\
\hline
\% CSER & 101 ± 17* & 19 ± 14 & 113 ± 12 & 23 ± 9 & 93 ± 6 & 23 ± 16 \\
\hline
\end{tabular}
\end{table}

\*All values are mean ± SD.

\begin{table}[h]
\centering
\caption{Tissue $^{111}$In Activity in cpm/gm × 10$^3$}
\begin{tabular}{|c|c|c|}
\hline
Tissue & Control (n = 8) & Ischemia (n = 5) \\
\hline
Liver & 2,342 ± 147* & 2,831 ± 619 \\
Spleen & 2,262 ± 597 & 1,278 ± 307 \\
Lung & 283 ± 100 & 101 ± 44 \\
Muscle & 39 ± 22 & 6 ± 3 \\
Mucosa & 24 ± 14 & 4 ± 2 \\
\hline
\end{tabular}
\end{table}

\*All values are mean ± SEM.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure1.png}
\caption{Evolution of right-left differences in $^{111}$In-labeled granulocyte accumulation at 10, 60 and 240 min after 1 h period of observation or ischemia. Graphs depict activity differences in cpm/gm of tissue from anterior segments. Solid line connecting the triangles indicates values from control groups not exposed to ischemia; broken line connecting the squares indicates values from groups exposed to ischemia. The 10 min value in the control group is elevated by a single deviant value as signified by the enormous standard error bar.}
\end{figure}
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FIGURE 2. Evolution of right-left differences in $^{111}$In-labeled granulocyte accumulation at 10, 60, and 240 min after 1 h period of observation or ischemia. Graphs depict activity differences in cpm/gm of tissue from middle segments. Solid line connecting the triangles indicates values from control groups not exposed to ischemia; broken line connecting the squares indicates values from groups exposed to ischemia.

same time points were: $-465 \pm 1.438$, $321 \pm 276$, and $224 \pm 786$, respectively. Right-left hemispheric differences in ischemic animals from corresponding brain levels in the posterior segment at the same time points were: $508 \pm 321$, $2,843 \pm 1,232$, and $6,497 \pm 2,327$, respectively. These group and time relationships are depicted in fig. 3. The excess accumulation of $^{111}$In-labeled leukocytes in the injured right hemisphere of animals subjected to unilateral ischemia reached significance in the posterior segment at the 240 min time point ($p < 0.03$) as compared to animals not subjected to ischemia by two-way ANOVA and Bonferroni testing.

Analysis by comparison of right-left differences between ischemic animals and control animals tended to underestimate the true differences between these groups. This systematic bias was introduced by a consistent small increase in granulocyte accumulation in the noninjured left hemisphere of ischemic animals as compared to the left hemisphere of control animals. A pooled mean (cpm/gm) from the left hemisphere of ischemic animals was $3,385$ at 60 min and $6,117$ at 240 min (mean ± SEM). The corresponding values from the control group were $2,621$ at 60 min and $3,039$ at 240 min. Analysis by interhemispheric differences in each animal, however, was more sensitive than comparison of ipsilateral hemispheres between ischemic animals and control animals due to the scatter introduced by the variable $^{111}$In-labeled granulocyte activities in blood among the animals.

Mean blood flow rates (± SD) calculated for each of the six groups ranged from $94$ ml/100 g/min (± 49) to $46$ ml/100 g/min (± 23) in areas of right hemisphere gray matter and from $30$ ml/100 g/min (± 26) to $8$ ml/100 g/min (± 6) in right hemisphere white matter. The flow rates of left hemisphere gray matter ranged from $93$ ml/100 g/min (± 53) to $44$ ml/100 g/min (± 109).

FIGURE 3. Evolution of right-left differences in $^{111}$In-labeled granulocyte accumulation at 10, 60, and 240 min after 1 h period of observation or ischemia. Graphs depict activity differences in cpm/gm of tissue from posterior segments. Solid line connecting the triangles indicates values from control groups not exposed to ischemia; broken line connecting the squares indicates values from groups exposed to ischemia.

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FIGURE 4. Dual-isotope autoradiograms depicting local blood flow ($^{14}$C-iodoantipyrine) in coronal sections of brain as well as punctate accumulations of $^{111}$In-labeled granulocytes. Within a section, blood flow is proportional to gray-scale density, but density of autoradiograms cannot be compared directly. Numbers indicate blood flow in ml/100 gm/min. Upper section is from a control animal monitored for 10 min recovery period; lower section is from an ischemic animal monitored for equivalent period.
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FIGURE 5. Dual-isotope autoradiograms depicting local blood flow (\(^{14}\)C-iodoantipyrine) in coronal sections of brain as well as punctate accumulations of \(^{111}\)In-labeled granulocytes. Within a section, blood flow is proportional to gray-scale density, but density of autoradiograms cannot be compared directly. Numbers indicate blood flow in ml/100 g/min. Upper section is from a control animal monitored for a 60 min recovery period; lower section is from an ischemic animal monitored for an equivalent period.

16), and flow rates of left hemisphere white matter went from a high of 31 ml/100 g/min (± 25) to a low of 12 ml/100 g/min (± 8). One-way ANOVA testing, applied individually to areas of right and left hemisphere gray and white matter, showed no significant differences among any of the group means. Neurondisabling blood flows defined previously as 15 ml/100 gm/min or less in gray matter and 6 ml/100 gm/min or less in white matter\(^{14}\) occurred in three of four animals at 10 min postischemia (Group 6), three of six animals at 60 min postischemia (Group 4), and three of six animals at 240 min postischemia (Group 2). Neurondisabling flow rates did not occur in the control groups not subjected to ischemia. One animal in Group 3, a control animal for 60 min of postischemic follow-up, inadvertently received too little \(^{14}\)C-iodoantipyrine precluding accurate blood flow measurement; this animal was not included in the blood flow analyses.

Double isotope autoradiography with \(^{111}\)In-labeled granulocytes and \(^{14}\)C-iodoantipyrine permitted assessment of any relationship between blood flow and granulocyte accumulation within a single brain section. Some degree of clustering of punctate granulocyte images was noted in regions of low flow or heterogeneous flow in three of six animals at 60 min postischemia and in three of six animals at 240 min postischemia. At 10 min postischemia, no clustering of images could be discerned on the autoradiograms and none of the control animals demonstrated clustering at any time point. Examples of autoradiograms from ischemic and control animals at 10, 60 and 240 min postischemia are shown in figures 4–6.

Discussion

\(^{111}\)Indium-oxine is an excellent label for granulocytes. When granulocytes are suspended in saline rather than plasma so that the potential for competitive binding to transferrin is removed,\(^{20}\) indium-oxine diffuses rapidly across their cell membranes. The indium then dissociates from the oxine and binds to various cytoplasmic components.\(^{33}\) The concentrations of indium reached in these studies appears to be nontoxic to the cells and the isotope remains firmly bound to the cell with no evidence of elution or reutilization.\(^{18, 20}\) The T\(^1/2\) of \(^{111}\)In (67 h) is ample to process the tissue and assay its activity and the emission characteristics of the isotope (two gamma photons 173 and 247 KeV in high abundance, i.e., 84\% and 94\%, respectively) permit external body scanning and gamma scintigraphy\(^{20, 22}\) as well as autoradiography.\(^{10, 17, 23}\)

FIGURE 6. Dual-isotope autoradiograms depicting local blood flow (\(^{14}\)C-iodoantipyrine) in coronal sections of brain as well as punctate accumulations of \(^{111}\)In-labeled granulocytes. Within a section, blood flow is proportional to gray-scale density, but density of autoradiograms cannot be compared directly. Numbers indicate blood flow in ml/100 g/min. Upper section is from a control animal monitored for a 240 min recovery period; lower section is from an ischemic animal monitored for an equivalent period.
The major finding in the present study is that during the first few hours of the postischemic period, granulocytes accumulate in regions of brain that have been subjected to ischemia. Furthermore, there is a tendency for this accumulation to conform to areas of low blood flow or heterogeneous blood flow in patterns that resemble those noted for platelet accumulation in studies published previously.10,17

The accumulation of granulocytes in regions of the brain during the first few hours after an ischemic insult presupposes a series of foregoing reactions that are not generally emphasized in concepts of the pathophysiology of stroke. Granulocytes will collect in a tissue in response to any of a number of chemotactic factors. Such factors include fragments of complement system derivatives C5a and C5b, the C5a/C5b complex, leukotrienes, kallikrein, and plasminogen activator in addition to several products of fibrinolysis such as fibrinopeptide B, fragment D, and fragment E.24 These findings, therefore, signal a convergence of hemostatic and inflammatory processes during the immediate postischemic period.

Models of inflammation provide some insight into the possible modes of interaction of these processes. After intradermal injection of a variety of inflammatory stimuli (FMLP, E. Coli, C5a, desarginine, and zymosan-activated plasma) in rabbits, granulocytes and platelets accumulate concurrently at the injection site.25 The maximum rate of accumulation occurs at 1.5–2 h and falls off by 7 h. Activation of granulocytes by chemotactic factors increases their adhesiveness and causes them to marginate in the first capillary bed they encounter,26 and platelets tend to deposit and co-associate with the granulocytes when they marginate in capillaries and postcapillary venules.25 Rabbits rendered neutropenic by Nitrogen Mustard do not accumulate platelets in response to inflammatory stimuli but do accumulate platelets in response to thrombin. Also, rabbits that experience a secondary hemorrhage in the inflammatory skin site develop a second wave of platelet accumulation 4–7 h after the initial inflammatory stimulus. Reconstitution of the skin sites with platelets by raising levels of platelet cyclic adenosine 3'5' monophosphate (cAMP) and PGI2 could diminish further PGI2 production.35 Neutrophils elaborate a platelet-activating factor, acetyl glyceryl ether phosphorylcholine (AGEPC), which causes local accumulation of platelets and is a very potent agent for increasing vascular permeability. It produces both the early, transient and the delayed, prolonged phases of vascular leakage.36 The delayed phase, however, may be dependent on leukocytes that are also activated by AGEPC. Additionally, AGEPC is a vasoconstrictor of arterioles. The neutrophils may also extend the tissue damage by generating free radicals,27 releasing intracellular constituents,28 or tunneling under endothelium.29 Some authors regard several platelet functions as components of the inflammatory response.30 Thus, events at the blood-endothelial interface in the acute postischemic period are potentially complex, multifactorial, and cybernetic, leading to edema and heterogeneous microcirculatory blood flow rates.

**Authors' Notes**

The opinions and assertions contained herein are the private ones of the authors and are not to be construed as official or as reflecting the views of the Navy Department or the Naval Service at large.

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