Long-Term Neuroblast Migration Along Blood Vessels in an Area With Transient Angiogenesis and Increased Vascularization After Stroke

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Background and Purpose—Stroke induced by middle cerebral artery occlusion (MCAO) causes long-term formation of new striatal neurons from stem/progenitor cells in the subventricular zone (SVZ). We explored whether MCAO leads to hypoxia, changes in vessel density, and angiogenesis in the ipsilateral SVZ and adjacent striatum, and determined the relation between the migrating neuroblasts and the vasculature.

Methods—Adult rats were subjected to 2 hours of MCAO. Hypoxia was studied by injecting Hypoxyprobe-1 during MCAO or 6 weeks later. Vessel density and length was estimated using stereology. New cells were labeled with 5'-bromo-2'-deoxyuridine (BrdU) during weeks 1 and 2 or 7 and 8 after MCAO, and angiogenesis was assessed immunohistochemically with antibodies against BrdU and endothelial cell markers. Distance from neuroblasts to nearest vessel was measured using confocal microscopy.

Results—The ischemic insult caused transient hypoxia and early, low-grade angiogenesis, but no damage or increase of vascular density in the SVZ. Angiogenesis was detected during the first 2 weeks in the dorsomedial striatum adjacent to the SVZ, which also showed long-lasting increase of vascularization. At 2, 6, and 16 weeks after MCAO, the majority of neuroblasts migrated through this area toward the damage, closely associated with blood vessels.

Conclusions—The vasculature plays an important role for long-term striatal neurogenesis after stroke. During several months, neuroblasts migrate close to blood vessels through an area exhibiting early vascular remodeling and persistently increased vessel density. Optimizing vascularization should be an important strategy to promote neurogenesis and repair after stroke. (Stroke. 2007;38:3032-3039.)

Key Words: angiogenesis ▪ hypoxia ▪ neurogenesis ▪ stroke

Ischemic stroke, induced by middle cerebral artery occlusion (MCAO), leads to increased proliferation of neural stem/progenitor cells in the ipsilateral subventricular zone (SVZ) and migration of neuroblasts into the damaged striatum, a region where neurogenesis does not normally occur. Many stroke-generated neuroblasts differentiate into mature neurons with the phenotype of striatal projection neurons. Striatal neurogenesis continues for several months after stroke.

Experimental evidence has indicated a close link between neurogenesis and angiogenesis in the adult brain. In the songbird, testosterone-induced angiogenesis leads to neurogenesis in the striatum. In the subgranular zone of the rat dentate gyrus, proliferating cells giving rise to granule cells are closely associated with the vasculature and dividing endothelial cells. After 1 electroconvulsive seizure, endothelial cell proliferation in the dentate gyrus occurs concomitantly with proliferation of subgranular zone neural precursors. These findings indicate that in the dentate gyrus, neurogenesis occurs within an angiogenic niche. Importantly, endothelial cells secrete soluble factors, which stimulate neural stem cell proliferation and neurogenesis. Stroke leads to angiogenesis in the ischemic hemisphere and peri-infarct area. This area is hypoxic, which probably triggers angiogenesis through the vascular endothelial growth factor system. Neuroblasts migrate in association with blood vessels in the mouse striatum during the first weeks after stroke. New neuroblasts are recruited to an area in the peri-infarct cortex, exhibiting endothelial cell proliferation for the first days after cortical stroke. Whether SVZ is hypoxic during transient MCAO and whether this insult triggers angiogenesis in the SVZ and the area of neuroblast migration during long-term neurogenesis is unknown. Some evidence has suggested coregulation of angiogenesis and...
neurogenesis in the SVZ. Microarray analysis shows concomitant upregulation of genes associated with neurogenesis and angiogenesis in SVZ at 7 days after stroke in mice. Moreover, a cortical lesion that induces migration of neuroblasts into the striatum has been reported to trigger endothelial cell proliferation at 5 days and increased number of blood vessels 2 days later in ipsilateral SVZ.

Here we studied the relationship between vasculature and new neurons during long-term neurogenesis after 2 hours of MCAO in rats. The objectives were 3-fold. First, the objective was to determine the distribution of hypoxia in SVZ and adjacent striatum, and whether angiogenesis in SVZ at 7 days after stroke in mice. The second objective was to explore whether MCAO causes changes in neurogenesis in the SVZ. Microarray analysis shows concomitant upregulation of genes associated with neurogenesis and angiogenesis in SVZ at 7 days after stroke in mice. Moreover, a cortical lesion that induces migration of neuroblasts into the striatum has been reported to trigger endothelial cell proliferation at 5 days and increased number of blood vessels 2 days later in ipsilateral SVZ.

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Analysis of Neuroblast–Vessel Relationship

Number of Dcx+ neuroblasts was quantified in zones 1a, 1b, and 1c in 3 sections double-stained with antibodies against Dcx and RECA. Approximately 100 Dcx+ cells in each animal, randomly sampled in zone 1a, were then analyzed by generating 3-dimensional z-stacks in the confocal microscope. Within these z-stacks, the distance from each Dcx+ cell to nearest vessel was measured.

Statistical Analysis

All values are means±SEM. One-way ANOVA with Fischer post hoc test was used to assess differences between groups, and paired t test within the same animals. Differences were considered significant at P<0.05.

Results

Subventricular Zone Is Transiently Hypoxic After MCAO

We first assessed the distribution of hypoxia using Hypoxyprobe-1 staining. Hypoxyprobe-1 forms irreversible adducts with intracellular and extracellular proteins under hypoxic conditions (Po2<10 mm Hg).24 These adducts can be visualized by immunohistochemistry. After 2 hours of MCAO, with Hypoxyprobe-1 injected during the occlusion and rats euthanized immediately thereafter, all animals showed stained cells and extracellular matrix ipsilaterally in the cerebral cortex, striatum, and SVZ (Figure 1a). Caudally, Hypoxyprobe-1 staining was detected in most of the ipsilateral hemisphere (Figure 1a). Staining was absent contralaterally and in sham-operated animals.

The distribution of Hypoxyprobe-1 staining in ipsilateral SVZ directly after 2 hours of MCAO was similar in all animals. Staining was absent rostrally but, moving caudally, became visible in lateral cell layers (Figure 1c). Typically, Hypoxyprobe-1 staining was uneven and less intense in the dorsal SVZ (Figure 1b) than in the more ventral parts (Figure 1c and 1d). More caudally, labeling extended from the middle SVZ to the ventral tip, with all cell layers being stained (Figure 1d).

To determine whether the distribution of hypoxic areas correlated with those showing neuronal loss, we injected Hypoxyprobe-1 during 2 hours of MCAO or sham surgery and perfused the animals 4 days later. This time point was chosen for the stroke-induced neuronal degeneration to be virtually complete.25 All MCAO animals showed Hypoxyprobe-1 staining in the ipsilateral SVZ, striatum, and cerebral cortex (Figure 1e), whereas we observed no staining contralaterally or in sham-operated animals. Also, the dorsal SVZ was stained, indicating that the entire SVZ had been hypoxic as a result of the insult.

We then explored whether the Hypoxyprobe-1–labeled areas exhibited ischemic damage. Fluoro-Jade staining (degenerating neurons) and loss of NeuN-positive cells (mature neurons) were found in striatal and cortical areas labeled with Hypoxyprobe-1 (Figure 1e through 1g). Fluoro-Jade labeling and loss of NeuN-stained or cresyl violet-stained cells never extended into SVZ.

Neurogenesis continues for several months after stroke,6 and hypoxia can stimulate proliferation and differentiation of neural stem/progenitor cells.19 We hypothesized that SVZ hypoxia may extend beyond the acute phase. Hypoxyprobe-1 was injected 6 weeks after 2 hours of MCAO or sham surgery and animals perfused 2 hours thereafter. We found no Hypoxyprobe-1 labeling in the ipsilateral SVZ.

Subventricular Zone Exhibits Long-Term Increase of Volume and Transient Decrease of Vessel Density After Stroke

We have previously shown expansion of the ipsilateral SVZ at 2 and 6 weeks after 2 hours of MCAO.6 Here we found that the increased SVZ volume is maintained at the same level 16 weeks after the insult (Figure 2a). We hypothesized that this expansion may have been caused by increased vascularization. However, in comparison to sham-operated animals, vessel density in the SVZ of rats subjected to 2 hours of MCAO was decreased at 2 and 6 weeks but not different at 16...
weeks after the insult (Figure 2a). The total vessel length was higher than sham at 16 weeks (Figure 2a).

Vessel Density Is Increased Long-Term in Striatum Adjacent to Subventricular Zone After Stroke

We wanted to determine whether 2 hours of MCAO gave rise to changes in vascularization in striatum close to SVZ. The area of striatum encompassing the first 500 μm outside the SVZ was delineated zone 1 (Figure 2b). This area, which consists mostly of intact striatal tissue located between the SVZ and the ischemic core, comprises the majority of the neuroblasts generated after stroke.6 During 2 hours of MCAO, the ventro-caudal part of zone 1 was hypoxic, as indicated by Hypoxyprobe-1 staining (Figure 1d), and 4 days later exhibited neuronal degeneration. The dorso-rostral part of zone 1 was neither hypoxic nor damaged.

When the entire zone 1 was analyzed, no differences compared with sham-operated animals in vessel density or length were detected after MCAO. We then subdivided zone 1 in the dorso-ventral direction into 3 equally sized subzones (termed zone 1a, 1b, and 1c, respectively; Figure 2b), and found increased vessel density and length in zone 1a at both 6 and 16 weeks after 2 hours of MCAO (Figure 2c). Vessel density and length were higher in zone 1a than in the most ventral part, zone 1c, at all time points. Zone 1b did not exhibit any changes, nor did we observe any differences in vascularization between zone 1a, 1b, or 1c in sham-operated animals. Because of the variability in the extent of the ischemic lesion, analysis of vessel density in the striatal area between 750 and 1250 μm outside the SVZ was inconclusive.

Angiogenesis Occurs in Striatum and Subventricular Zone Short-Term After Stroke

To determine whether the ischemic insult and the associated hypoxia triggered angiogenesis, we counted proliferating endothelial cells in the ipsilateral SVZ and in zones 1a, 1b, and 1c of the adjacent striatum. Proliferating cells were labeled by BrdU injections during weeks 1 and 2 or weeks 7 and 8 after 2 hours of MCAO, and animals were euthanized.
directly thereafter. Endothelial cells were identified using antibodies against RECA, and BrdU+RECA+ cells were counted in an epifluorescence microscope. To confirm that they were endothelial cells, BrdU+RECA+ candidates were analyzed for triple-labeling also against laminin using confocal microscopy (Figure 3a through 3d). In the SVZ, there was a minor increase in the number of BrdU+ endothelial cells at 2 weeks but not at 8 weeks after the ischemic insult (Figure 3e). These findings argue against late endothelial cell proliferation as the mechanism underlying the increased vessel length at 16 weeks. Hypothetically, vessel length had increased through so-called intussusceptive angiogenesis, ie, the splitting of 1 vessel into 2 without endothelial cell proliferation. Endothelial cell proliferation in zone 1a was increased at 2 weeks after stroke (Figure 3e). Angiogenesis was also stimulated in zone 1b, but proliferating endothelial cells were fewer than in zone 1a, and angiogenesis was unchanged in zone 1c. In all zones, BrdU+ endothelial cells were found only in large, transversely cut arterioles or venules. At 8 weeks after 2 hours of MCAO, endothelial cell proliferation in zones 1a, 1b, and 1c was not different from that in sham-operated controls (Figure 3e).

We found that most of the stroke-induced angiogenesis occurred early after the insult. In animals injected with BrdU during days 3 and 4, 7 and 8, or 11 and 12 after 2 hours of MCAO and perfused 48 hours later, more BrdU+ endothelial cells were detected at 6 days after stroke, compared with at 10 and 14 days in both SVZ and zone 1a (Figure 3f). However, the angiogenic response was minor and transient, as indicated also by our findings using the cell cycle marker Ki67. We observed no Ki67+/RECA+ cells in the either zone 1a or SVZ of rats perfused at 6, 10, or 14 days after 2 hours of MCAO.
Neuroblasts Formed After Stroke are Associated With Blood Vessels

We wanted to determine the relation between neuroblasts migrating toward the damage and the vasculature in the striatal area adjacent to the SVZ. Consistent with our previous findings, we observed high numbers of Dcx⁺ neuroblasts in zone 1 at 2, 6, and 16 weeks after 2 hours of MCAO (Figure 4a). There was a clear gradient in the dorso-ventral direction within zone 1, with the majority of neuroblasts being distributed within zone 1a at all time points. Thus, the neuroblasts preferentially migrated in the striatal area exhibiting low-grade angiogenesis and increased vascular density (Figure 2c).

We measured the distance from each of 100 randomly sampled Dcx⁺ cells within zone 1a to the nearest RECA-stained blood vessel. At all time points after MCAO (2, 6, and 16 weeks), ≈35% of the Dcx⁺ cells in zone 1a were located within 5 μm from a vessel and 80% within 15 μm (Figure 4b). The Dcx⁺ cells were predominantly found in large clusters in close association with vessels (Figure 4c through 4e).

Discussion

The present data show that stroke induced by 2 hours of MCAO in rats, which gives rise to increased progenitor proliferation in the SVZ and striatal neurogenesis lasting for many months, causes hypoxia and early, low-grade angiogenesis, but no increase of vascularization in ipsilateral SVZ.

The ischemic insult also induces early angiogenesis and long-lasting increase of vessel density in dorso-medial striatum adjacent to SVZ. The majority of the stroke-generated neuroblasts migrate through this striatal area toward the ischemic damage and are closely associated with blood vessels.

Similar to what was recently described after 1 hour of MCAO in rats, we detected intense Hypoxyprobe-1 immunostaining in the parietal cortex and striatum after 2 hours of MCAO. In addition, we found that the SVZ expressed Hypoxyprobe-1 immunoreactivity both when animals were analyzed directly and 4 days after the insult. Our data indicate that hypoxia in SVZ induced by 2 hours of MCAO was transient since no Hypoxyprobe-1 immunoreactivity was found when the probe was injected 6 weeks after the insult. Interestingly, overall SVZ cell proliferation is increased 4 days to 2 weeks after MCAO but has returned to baseline at 6 weeks. Our finding here raises the possibility that the SVZ hypoxia caused by MCAO stimulated cell proliferation in the early postischemic phase. Consistent with this interpretation, intermittent hypoxia in adult rats and hypoxia/ischemia in perinatal rats and neonatal mice enhance proliferation of neural stem/progenitor cells in the SVZ.

Hypoxia is an important trigger also of angiogenesis. In the subgranular zone, there is a close association between...
angiogenesis and neurogenesis. Approximately 37% of BrdU+ cells in this area in the intact brain were endothelial cells, indicating that the formation of new neurons occurs within an angiogenic niche. Our findings indicate that the situation in the SVZ is markedly different. We detected increased number of BrdU/RECA/laminin triple-labeled cells, validated with confocal microscopy, in the SVZ early after 2 hours of MCAO. However, the proliferating endothelial cells were few and represented <1% of all proliferating cells within the SVZ. Our data are at variance with those of Gotts and Chesselet, who reported that BrdU/RECA double-labeled cells were common in the ipsilateral SVZ after a cortical lesion. The reason for this discrepancy, apart from different injury models, is unclear. In agreement with Gotts and Chesselet, we found that BrdU/RECA/laminin triple-labeled cells were rare in sham-operated animals. Taken together, our data show only minor angiogenesis in the SVZ during the early phase after stroke, and provide little experimental support for the idea of a coregulation of neurogenesis and angiogenesis in the SVZ.

We found a close association between the neuroblasts and the striatal vasculature during long-term neurogenesis after stroke. First, at all time points, the majority of neuroblasts migrated toward the damage through the striatal area, which, compared with other areas adjacent to SVZ, exhibited long-lasting increase of vessel density and, during the first 2 weeks after the insult, endothelial cell proliferation. Second, the proximity of the neuroblasts to vessels was very similar at 2, 6, and 16 weeks, indicating that they migrate in the same way throughout long-term neurogenesis. In agreement with our findings, at 18 days after 30 minutes of MCAO in mice, chains of neuroblasts were wound around endothelial cells. In another model, at 7 days after cortical stroke in mice, neuroblasts were located in large numbers in physical proximity to endothelial cells in the peri-infarct cortex, where active vascular remodeling occurred. Our findings suggest that blood vessels may be important for the survival, migration, and differentiation of the closely located neuroblasts during long-term neurogenesis by endothelial release of factors such as brain-derived neurotrophic factor and stromal cell-derived factor. Consistent with this idea, the migration of neuroblasts that express the stromal cell-derived factor receptor CXCR4 was inhibited by blocking stromal cell-derived factor 1/CXCR4 signaling at 4 to 6 weeks after 2 hours of MCAO. However, the widely different number of neuroblasts in areas with rather similar vascular density (comparing, eg, zones 1a, 1b, and 1c) indicates that migration is dependent also on nonvascular factors.

Our data support the notion that the vasculature plays an important role for striatal neurogenesis after stroke. Several studies have identified factors, which, when administered in the early postischemic phase, stimulate both angiogenesis and neurogenesis and lead to improved functional recovery after stroke including, eg, vascular endothelial growth factor and erythropoietin. Optimizing vascularization may be an important strategy to promote neurogenesis and repair in the stroke-damaged brain.
embolism in rats in which recirculation can be introduced in the ischemic area. Jpn J Stroke. 1986;8:1–8.


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