Reaction to Injury & Regeneration

Chloe Cable, The Ghost of Steven McLoon, Steven McLoon, Houses Stark, Lannister, Baratheon, Tyrell, Targaryen, etc. Department of Neuroscience University of Minnesota Office hours: 10 AM on Thursdays Jackson Hall 3-159

OR

Email me at <u>cable051@umn.edu</u> if you can't make that time. Possible GOT spoilers ahead if you aren't caught up with the show....

Yes I'm that person....

But also, hello, we're on the last season, plz get with the program.

INJURY AND REGENERATION There are a lot of players, it's confusing!



PNS

Wallerian



Glia



soma

Myelin

axon



Chromatolysis

So, let's make a flow chart! With tablemates, compare what happens to the cell with loss of the soma versus axon damage.









Even though the cell dies with soma loss, at least the soma can still update its twitter acount!



• Following axotomy, what effects occur within 2 hours?

(Discuss with your tablemates.)

Reaction to Axotomy



- Function distal to the axon cut is lost. (immediately)
- K⁺ leaks out of the cell and Na/Ca⁺⁺ leak into the cell. (within seconds)
- Proximal and distal segments of the axon reseal slightly away from the cut ends. (within 2 hrs)
- Subsequent anterograde & retrograde effects ...

Season 2: With tablemates, compare and contrast anterograde and retrograde effects of axotomy.





BUT FIRST--- let's review the definitions of proximal/distal, anterograde/retrograde.



- Proximal= close.
- Distal= far.
- Our reference point on the injured neuron is the cell body. The proximal half of the injured axon is the portion of the axon closest to the cell body of that neuron. The distal half of the injured axon is the portion of the neuron/axon that is farther from the cell body, or separated from the cell body.
- Anterograde= Forward.
- Retrograde= Backward.
- Our reference point is the direction of communication, which typically travels down the axon towards the axon terminal. Anterograde effects occur in the direction of the distal portion of axon, retrograde effects occur in the direction of the proximal portion of axon.

Season 2: With tablemates, compare and contrast anterograde and retrograde effects of axotomy.







With tablemates, describe the step by step process of Wallerian Degeneration

Anterograde Effects (Wallerian Degeneration)



- The axon swells. (within 12 hrs)
- The cell membrane begins to fragment. (within 3 days)
- Myelin not associated with a viable axon begins to fragment. (within 1 wk)
- Astrocytes or Schwann cells proliferate (within 1 wk), which can continue for over a month.
- Glia and microglia phagocytize debris. (1 month in PNS; >3 months in CNS)

Transneuronal Effects



- In the absence of presynaptic innervataion, some neurons die; effect varies depending on the presence of other connections and age.
- Muscle atrophies with the loss of neuronal innervations:
 - As injured motor axons degenerate, action potentials are spontaneously initiated causing contractions of the muscle.
 - Once the axon has degenerated, muscle undergoes denervation atrophy.

upper motor neuron axotomy (CNS):

- slow & mild muscle atrophy
- axon cannot regenerate

lower motor neuron axotomy (PNS):

- rapid & sever muscle atrophy
- axon can regenerate



With tablemates: with retrograde effects of axotomy, describe the effect of neurotrophin loss and the process that follows.

Retrograde Response to Axotomy (Axon Reaction)



 Loss of <u>neurotrophin</u> supply from the target cells initiates changes in the soma. (within 2-3 days depending on the distance between the injury and the soma)

Brain Derived Neurotrophic Factor (BDNF) is the main neurotrophin in the CNS.

Retrograde Response to Axotomy (Axon Reaction)



- The soma undergoes <u>chromatolysis</u>: loss of rER, soma swells, nucleus moves eccentric. (within 3 days)
- The cell down-regulates expression of molecules required for neuronal communication (e.g. neuro-transmitters) and up-regulates synthesis of molecules needed for axon growth.
- The axon begins to regrow (regenerate) from its cut end. (1-2 wks)

With tablemates, describe why a Nissl stain would be used to assess the retrograde response to axotomy?

- Neurons have large amounts of rough endoplasmic reticulum in their somas, which we call Nissl substance.
- Nissl substance is readily seen by microscopy.
- Most proteins and other molecules needed by neurons are synthesized in the soma.



NB

Den



Season 3: With tablemates, compare and contrast axon regeneration in the PNS vs the CNS

Loss of neurotrophin supply to soma, chromatolysis

Axons begin to regrow very slowly, but stop growing after a month or so.

CNS



Axons regrow, synapses are reestablished; however, regeneration is imperfect.

PNS



- Axons grow 2-4 mm/day; 1.5 mm/day used clinically to estimate time to recovery of function.
- Axons grow within the connective tissue sheath along channels formed by Schwann cells.
- Optimal regeneration requires the nerve sheath to be intact; ends of a cut nerve can be connected surgically with sutures in the connective tissue sheath.
- Axons that grow outside of the sheath can form painful neuromas.



We have hope for Theon!

• What is the difference between spinal cord injury and sciatic nerve injury on leg muscles?

(Discuss with your tablemates.)

 Spinal cord injury results in a loss of sensation and muscle paralysis below the level of the injury.

Spinal cord injury can be partial or complete, and the sensory/motor loss is proportional.

 Peripheral nerve injury results in a loss of sensation and muscle paralysis in the areas served by the injured nerve.





Season 4: With tablemates, discuss why CNS axons fail to regenerate.

Loss of neurotrophin supply to soma, chromatolysis

???



Axons begin to regrow very slowly, but stop growing after a month or so.

Axons regrow, synapses are reestablished; however, regeneration is imperfect.





Season 4: With tablemates, discuss why CNS axons fail to regenerate.

Axons begin to regrow very slowly, but stop growing after a month or so.

Glial Scar



Myelin Inhibitory Molecules



Intrinsic inability





Axons in the CNS fail to regenerate. Glial Scar



- Astrocytes around an injury site in the CNS form a 'glial scar':
 - A glial scar includes a thick layer of parallel processes of the astrocytes and deposits of certain molecules that inhibit axon growth.



Myelin is formed by glial cells wrapping their membranes around an axon:

- Schwann cells in the PNS.
- Oligodendrocytes in the CNS.





- Adult CNS myelin has molecules that inhibits axon growth:
 - CNS axons can regenerate through a peripheral nerve.
 - PNS or CNS axons cannot regenerate through an optic nerve.

• CNS myelin includes several molecules that are known to inhibit axon growth including Nogo and Myelin-associated glycoprotein (MAG).



- The intrinsic nature of mature CNS neurons limits their ability to regenerate an axon:
 - PNS axons regenerate better than CNS axons through a peripheral nerve.
 - Developing CNS neurons lose the ability to regenerate an axon in tissue culture as they mature.
 - Mature CNS neurons express a <u>transcription factor</u> that blocks the ability of the cell to express molecules needed for axon growth.

Axons in the CNS fail to regenerate. Intrinsic Limitation



 Adult retinal ganglion cells in which this transcription factor gene was eliminated were able to regenerate axons in the optic nerve past the injury site (in laboratory mice).



Is the cell damaged at the soma or the axon? X 0 Well, that Neuronal death depends... Let's find out! Retrograde Anterograde Loss of neurotrophin supply to Wallerian Degeneration, soma, chromatolysis Denervation and atrophy of the downstream cell PNS CNS Axons regrow, synapses are Axons begin to regrow very slowly, but stop growing after a reestablished; however, month or so. regeneration is imperfect. Glial Scar Myelin Inhibitory Intrinsic inability Molecules Genetics Astrocytes around NOGO, MAG injury prevent axon Nsci4100

growth.

40

Questions???

