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SEX DIFFERENCES IN NEONATAL ANOXIA:
A Behavioural and Histological Study in Wistar Rats.

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A Behavioural and Histological Study in Wistar Rats.

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“Life is just a certain amount of time and energy.

**Putting this time and energy to maximum use for
everyone’s wellbeing is all that matters.”**

— Sadhguru Jaggi

Resumo geral

A anoxia neonatal está associada a déficits no desenvolvimento neurológico. Exploramos a diferença de sexo na anoxia neonatal, pois os déficits neurológicos e cognitivos tem sido pouco abordados em relação ao sexo após anóxia neonatal.

Portanto, decidimos, avaliar os efeitos a curto e médio da asfixia perinatal em modelo animal adaptado e validado. Esse estímulo não invasivo e global, pela exposição de ratos neonatos (30 h) a 100% de nitrogênio, simula as condições clínicas de bebês prematuros humanos (cerca de 6 meses de gestação), que apresentam complicações pela falta de oxigênio de forma adequada. Foi utilizada bateria de testes para reflexos sensorio motores, labirinto aquático de Morris, estudos de labirinto em cruz elevado e alodinia mecânica. Assim como, avaliação de alterações histológicas em áreas neurais relacionadas aos objetivos abordados foram também realizadas. Os resultados mostraram alterações nos ratos submetidos a anoxia neonatal nesses testes, sendo o macho mais vulnerável ao impacto negativo do estímulo, em relação à fêmea. Os resultados demonstram que a anoxia neonatal afeta os reflexos sensoriomotores avaliados, de forma diferenciada em machos e fêmeas e que são também idade-dependentes e com decréscimo no número de células nas áreas avaliadas. Avaliações comportamentais identificaram que a anoxia causou comportamento semelhante a ansiedade, menor nos animais experimentais em relação aos controles, sendo que as fêmeas menos ansiosas que os machos. Os machos anóxia apresentaram déficit cognitivo na memória espacial em relação fêmea e respectivos controles. Foi observado decréscimo celular em regiões do hipocampo (CA1, CA3, DG) dependentes do sexo. A anoxia neonatal diminuiu significativamente o limiar a nocicepção mecânica (alodinia) associada a alterações no núcleo sensorio motor do tálamo (VPL) e na substância nigra compacta. Esses resultados são relevantes na interpretação dos eventos já observados nessa condição clínica mundial e ressaltam a importância de considerar diferenças de sexo nas pesquisas, a fim de orientar a busca por abordagens e procedimentos terapêuticos efetivos.

General Abstract

Purpose/aim of the study: Neonatal anoxia is associated with neurodevelopmental deficits. We explored gender difference in neonatal anoxia. Only few studies have been reported describing neurological, cognitive and behavioral deficits following perinatal asphyxia along with sex difference. We therefore decided to study long term effects of perinatal asphyxia in a well- documented animal model resembling the clinical situation. This stimulus, induced by exposure of 30-hour old pups to 100% nitrogen, represents a non-invasive and global stimulus, which simulates clinical conditions of human pre-

term babies (around 6 gestational months). Examinations consisted of a battery of motor and reflex tests, Morris water maze, elevated plus maze and mechanical allodynia studies. Alteration in anoxia rats were seen in these tests and male being more vulnerable for detrimental effect of the stimulus than the female. Along with development and behavior alteration histological damage in vulnerable regions linked to above deficits were seen. The present data demonstrates that neonatal anoxia, besides determining only transitory defects in behavior, profoundly affects cognitive abilities and as seeing different field (CA1, CA3, DG) of hippocampus; Substantia Nigra Compact Dorsal, and Ventroposterolateral thalamus nucleus. These results might be of relevance in the interpretation of the substrate of the cognitive impairment seen clinically. This is still a health concern worldwide, a risk factor for several mental and neurological disorders showing a delayed clinical onset. Serial neurobehavioral follow-up is still executed on the premature infants who is absent of detectable abnormalities in early children.

I General Introduction

Neonatal anoxia

Neonatal anoxia, is a medical condition resulting from deprivation of oxygen during time of birth which can affect physically but in majority affects the brain. It is considered a global clinical problem, which leads to serious and lasting consequences of mental retardation, cerebral palsy, epilepsy, hearing and visual deficiencies, along with deficiencies in motor and behavioural development (Hedner and Lundborg, 1980; Volpe, 1992; Dell'Anna et al., 1993; Dell'Anna et al., 1995; Dell'Anna et al., 1997; Faraone and Biederman., 1998; Vannucci et al., 1999; Cannon et al., 2002; Wainwright et al., 2004; Caputa et al., 2005; Casolini et al., 2005; Mikati et al., 2005; Rogalska et al., 2006; Majeed et al., 2007; Chen et al., 2007).

It also triggers infant's mortality and lifelong disability that affects 0.1–0.3% of full-term infants and nearly 60% of low-weight premature infants (Kurinczuk et al., 2010). The incidence of neonatal anoxic insults appears to be 2–4/1000 full-term infants, but this rate is much higher (approximately 60%) in low-weight premature newborns, making it a public health concern (Vannucci et al., 1997; Laviola et al., 2004).

The severity of these brain injury appears to be sex dependent, affecting more the male neonates, resulting in more severe neurological outcomes and poor recovery as compared to females with similar brain injuries (Waddell et al., 2016; Huang et al., 2016). Previous research showed that neonatal anoxia affected somatic growth, ontogenesis of physical development and onset of neurological reflexes in comparison to control animals, with sex differences in physical and ontogenetic reflex parameters. Male anoxic rats were more vulnerable in histological analysis at adolescence (Kumar et al., 2017). It is established that young male and female rats present asymmetries in antioxidant system properties (Sanchez et al., 2013) and different molecular mechanisms of cell death (Zhu et al., 2006). Such differences might possibly be the cause of altered behavioural and morphological responses as previously described (Bona et al., 1998).

The vulnerability of the brain to the lack of oxygen turns it into the most damaged structure, especially in the border areas of the cerebral arteries and in areas of the cerebral cortex, brain stem, subcortical oligodendrial region, periventricular region and basal nuclei (Courville et al., 1950; Volpe & Pasternak., 1977; Nakamura et al., 1986; Khong et al., 2003).

Some of the neurological complications resulting from this condition are: hypoxic-ischemic encephalopathy, delayed neuromotor development, cerebral palsy, periventricular leukomalacia, mental retardation, learning disability, memory impairment, epilepsy, hyperactivity, and other behavioral changes (Vannucci et al., 2000, Funayama et al., 2005, Majeed et al., 2007, Morozova & Belosouva, 2009; Back & Rosenberg, 2014). Research on Hippocampal vulnerability to oxygen deprivation using rodent models of both hypoxia–ischemia and hypoxia (Johnston, 2001; Daval and Vert, 2004; Liu et al., 2008; Yang et al., 2011); reported that the extension of the damage appears to be related to the hippocampal plasticity, due to its neurogenesis ability (Shors et al., 1989), which might minimize deficits in spatial learning and memory (Buwalda et al., 1995; Cannon et al., 2002; Caputa et al., 2005; Rogalska et al., 2006; Winocur et al., 2006).

Although cognitive changes and cerebral cell death have been extensively investigated using other animal models of oxygen deprivation, the methodological approach employed in the present study provides advantages. First, it is non-invasive global oxygen deprivation in neonatal rats up to 30 h after birth appears to parallel the experience of low-weight premature infants because the rats are subjected to anoxia at a brain maturation stage that corresponds to that of humans born prematurely (Semple et al., 2013), thus representing an analogously valid model. Second, one of the main findings following oxygen deprivation at this period in rodent models corresponds to white matter damage associated with no gross morphological alterations in gray matter (Puyal et al., 2013).

In the other hand, the injury also decreases glucocorticoids levels, altering HPA, which increases corticosterone and alter monoaminergic systems functioning (Flandreu et al., 2012; Krishnan et al., 2008). Perinatal hypoxia ischemia has shown that locomotor disorders and reduced anxiety are associated with low level of

dopamine content in the rat brain and with simultaneous substantia nigra injury (Boksa et al., 20004).

Moreover, a common brain abnormality in individuals born at very preterm is the thinning of the corpus callosum (cc), particularly of the posterior body (splenium) (Stewart et al., 1999; Peterson et al., 2000). Such injury may be partly explained by its vulnerability to hypoxic–ischaemic damage and haemorrhage but, also because of the immature stage of oligodendrocytes (Back et al., 2001).

Oxygen deprivation in human neonates.

After hypoxia, some children may recover neurologically without sequelae, while others develop permanent deficits (Bennet et al., 2000). Hypoxia also represents a state of low oxygen content in the organic tissues that can occur due to several factors, such as obstruction Physics of blood flow at any level of the body circulation or even in an environment with low oxygen concentrations in the air. This exposure of the brain to the condition of low oxygen and reduced blood supply is called Ischemic Hypoxia (HI), whose consequences include cerebral palsy and behavioral abnormalities (Lynch et al., 2009). In humans, changes in perfusion and oxygenation of the brain is the main cause of perinatal brain damage (Nyakas et al., 1996). Approximately 0.3-0.9% of newborn humans are exposed to prolonged perinatal ischemia-anoxia or anoxic injury, a period in which they are particularly susceptible to tissue damage (Tutor et al., 1996). Ischemic Hypoxia (HI) in human neonates during gestational weeks 23-32 are considered premature, they usually present damage to the developing subcortical white matter due to cell death.

Injury due to HI occurs more frequently in the context of unequivocal clinical impairment, such as placental dysfunction or prolonged labor, or premature birth and cardiorespiratory resuscitation. This condition known as periventricular leukomalacia (PVL) appears to be associated with decreased blood and consequent hypotension. Obstetric complications may also be associated with schizophrenia (Boksa et al., 2004). However, hypoxemia and acidosis are causes of cerebral palsy that are related to abnormal development in childhood, which present limitations in learning and motor immobility (Volpe et al., 2002). In this condition, seizures and severe motor

damage also occur in children, and severe cases can result in death (Tuor et al., 2012).

Central Nervous System and Oxygen Deprivation

In oxygen deprivation a complex cascade of virtually simultaneous biochemical events is triggered which promotes interruption of energy metabolism, acid-base imbalance, accumulation of oxygen-reactive species and excitatory amino acids in the extracellular space, loss of cellular water balance and onset of apoptosis (Vexler et al., 2001). It is important to point out that these events are fast and short-lived, so the timeframe for therapeutic interventions is greatly reduced.

Neonatal damage in rats can disrupt the neuroendocrine system, present low levels of circulating glucocorticoids, altering the hypothalamic-pituitary-adrenal (HPA) axis and can cause abdominal obesity. Increased basal corticosterone levels increase pulse rate, and may result in hypertension. The resulting alterations may also affect the monoaminergic system in regions such as striatum, prefrontal cortex and hippocampus and cause depletion of serotonin, norepinephrine and dopamine. These conditions are associated with depressive symptoms (Flandreau et al., 2012; Krishnan et al., 2008).

Dopamine decreases as a function of decreased tyrosine hydroxylase activity in the motor cortex and hippocampus and may reduced anxiety in animal models (Perrin et al., 2004; Hoeger et al., 2000). In perinatal asphyxia, the literature reports. Furthermore, hypoglycemia results from this insult which has been reported in relation to the change in structure and remodeling of synapses and altered neural plasticity. Synaptic modifications related to the efficacy of neuronal transmission, such as those of long-term potential, are common in this condition (Jourdane et al., 2002).

The brain, because it is high metabolic tissue requires adequate supply of glucose and oxygen to maintain its normal functions. This critical requirement is compromised during biochemical changes generated by anoxic injury, leading to excitotoxicity and

influx of Ca^{2+} ions, resulting in overproduction of nitric oxide (NO), and other reactive oxygen species (ROS) within the mitochondria (Marschitz et al., 2014). The depletion of ATP by anoxia or hypoxia has important consequences, since it implies a failure in the functioning of sodium-potassium ionic pumps, activation of free radical formation (Dell'Anna et al., 1997), changes in the phosphorylation state of Different enzymes and structural proteins. Failure in ionic pumps causes ionic passage through the membrane below the concentration gradients and promotes consequent depolarization with lethal consequences and massive loss of neurotransmitters such as glutamate, aspartate and dopamine into the extracellular space in a toxic amount (Lofton et al. , 1989).

Stages of Brain Development in Rodents and Humans

The main event in the formation of CNS in all vertebrates is the formation of a specialized fold of ectodermal tissue called the neural tube, from which the spinal column and the brain subsequently differentiate. Neural tube formation occurs approximately midway through gestation in gestational day (GD) 10.5-11 and 9.95 in rats. In humans, this event occurs earlier during prenatal development, between GD 24 and 28 (3-4 weeks), in a gestational period of 266-280 days (40Weeks) (Rice et al., 2000).

Critical Period of Injury and Cell Proliferation

The critical period corresponds to the one in which there is greater susceptibility of the neurons and the glia to damages, this comprises the phase of the proliferation and cellular migration, which is considerable in the last trimester of gestation of the human brains and in rats occurs in the week post (Bayer et al., 1993). During development, in the neonatal mammalian brain, the layer of glutamatergic and gammaaminobutyric acid (GABA), or GABAergic neurons, between the immature cerebral cortex and the region of the white matter below the neural plate is the source of new neurons (Kostovic et al., 1989). The cortical neurogenesis in the rat begins in GD 9.5 and is completed around the PND (Rice et al., 2000) whereas in humans, there is predominance during gestation, which can continue until 2.5 years of age (Hovda et al., 2003).

In the second week of gestational development of rats and in the first month of gestation in humans, specific areas of the CNS begin to form with neurogenesis and cell migration in the brain, then follow the sequence of developmental processes that includes proliferation, migration, differentiation, onset of synapses, apoptosis and myelination. During the latter part of pregnancy and the first postnatal month, oligodendrocytes should develop their myelin sheath around axons. The maturation of axons and the appearance of synapses in humans occurs during the third trimester of the first year after birth (Mason et al., 1984).

Previous studies in neonatal anoxia, from this laboratory, have demonstrated the detrimental effects of this stimulus, both in glial and neural populations of the hippocampus, depending on the region and its development period (Allemandi, 2011). In neuronal populations of the hippocampus (Amom's horn and dentate gyrus) a longitudinal effect of this stimulus was observed at 2, 14, 21 and 60 days after birth, with evidence of cell death and changes in organelles consistent with degenerative processes. There was also a decrease in neurogenesis and changes in hippocampal volume in the anoxic animal compared to the control animal (Takada et al., 2015b). These results were obtained by different histological techniques (TUNEL, Fluorojade B), immunohistochemistry, transmission electron microscopy, stereology and magnetic resonance imaging. Also, cognitive deficits were found in the acquisition and performance of spatial and reference memory by Morris water maze. Takada et al., 2006), as well as an increase in anxiety in anoxic animals compared to controls, with high cross-mite larvae in P90 (Takada et al., 2015a).

Sex differences in the developing nervous system

The sexual dimorphism of the differences in neuronal organization existing between the brain of man and woman stem from several biological factors, which are subject to important hormonal regulation. Sex hormones influence the modeling of hemispheric differences to cognitive function (Witelson et al., 1976). Differences related to brain injury, unilateral related to intelligence, presented ipsilateral neurological association in the injured male brain, whereas in the female brain the cognitive deficit is less asymmetrical (Inglis, 1981).

The sexual differentiation of the male nervous system depends on the determinant gene of the testes located on the Y chromosome (SRY gene), which is responsible for the development of the gonads and is regulated by the gonadal hormone. This hormone has regulatory effects on nerve tissue, depending on the stage of development (Andersson M et al., 1986). That Gene is expressed specifically in neurons expressing the enzyme tyrosine hydroxylase of the mesencephalic black substance. In an experimental study with male rats, suppression of the SRY gene results in motor deficit, although the number of neurons remains the same (Dewing P., 2006), which suggests the involvement of this gene with dopaminergic neurons of the male nigrostriatal system. Female and male brain cells exhibit differences in the expression patterns of other genes that are specific to the developing brain, which determine specific functions and abilities for each genus (McCarthy, 2011).

Gender differences have been reported in locomotor activity (Bucci et al., 1995). Male rats perform better on tasks that require spatial abilities compared to females (Roof et al., 1993). However, interestingly, the male brain is more vulnerable to aggression than females in the critical period of development (Venderhus et al., 2010). Circulating testosterone in the newborn male, by not binding to alpha fetoprotein, can enter the nervous system through the blood-brain barrier and be converted into estrogen. The estrogenic organizing action occurs early, already between days 16 and 19 post-conception, immediately prior to the critical period of neural development, where it exerts irreversible effects and thus constitutes a substrate for gender variations. This data coupled with the high OBRb receptor expression in the thyroid of animals with restricted calorie and protein diet suggests inhibition of thyroid hormone release and a relation with altered somatic and developmental parameters (Valenzuela et al., 2014).

In the cellular genesis the gender differences appeared in the hippocampal volume and in the behavior as revealed by a study with neonatal hypoxia-ischemia model in rats. In this work, a significant increase in neurogenesis was demonstrated in females in relation to males (Waddell et al., 2015).

Hence our hypothesis is that rodent's pups (30 hour of age), subjected to neonatal anoxia tend to have white and gray matter injury in hippocampus and thinning of corpus

callosum, ventroposteolateral thalamus nucleus, and substantia nigra compact dorsal altering motor and behavior along with nociceptive pathway of the pain.

II. JUSTIFICATION

Due to the clinical relevance of neonatal anoxia, the Neuroscience Laboratory adapted and developed the rodent anoxic animal model previously cited, validated by Takada et al., (2011). This model allowed to observe cytological alterations that indicated apoptosis, necrosis, autophagy and excitotoxicity in hippocampal cells later in adult rats, as well as memory deficits (Takada et al., 2015a). It also detected reduced hippocampal volume and decreased neurogenesis (Takada et al., 2015b). The early assessment of the severity of an acute brain injury, secondary to oxygen deprivation, provides an extremely useful basis for prevention and therapy in neonatology clinics (Naithani et al., 2010).

In agreement with the mentioned research, it has shown in humans that the ongoing changes in white matter brain, its matter microstructural changes, between 8 and 18 years of age, revealed by increased fractional anisotropy in the left frontal lobe, was positively correlated with the development of working memory capacity, while an increase in the left temporal lobe was associated with improvements in reading ability (Nagy et al., 2004). In addition, the different rates of myelination along the corpus callosum extent, highest during childhood (Keshavan et al., 2002), was also shown by fractional anisotropy (Lebel et al., 2012). These changes are speculated to relate to faster and more effective communication between brain regions, and reflect the increasing cognitive capacity seen during adolescence (Lenroot and Giedd, 2006) that might be disrupted by the neonatal anoxic insult with gender differences.

Therefore, aiming to explore the causes of the altered development observed in adolescent male and females, after neonatal anoxia (Kumar et al., 2017) in relation to the onset of ontogenetic reflexes and histological differences in the M1 and S1HL cortical layers, this study aims to explore how the neonatal anoxia affects sensory motor development in consideration to the related histological structure of substantia nigra compact dorsal, corpus callosum, as well as cognition in relation to the

hippocampal structure. To check impact on behavior and cognition we check different field of hippocampus and anoxia insult can influence the cell density in particular regions. Lastly we wanted to check impact on nociceptive pathway of pain and impact on ventro posterolateral thalamus nucleus.

III. OBJECTIVES

In order to contribute to the understanding of the sequelae of this injury and with the proposition of strategies and procedures to avoid or minimize its negative impacts, later in life, since it constitutes a worldwide clinical problem, the Neuroscience Lab team (ICB-USP), is making an effort in characterizing neonatal anoxia model, this study aims to explore its effects on the sensory motor development and behaviour in male and female Wistar rats.

1. Specific Objectives

1.1 To evaluate, the impact of neonatal anoxia on development of Sensory-motor abilities in male and female wistar rats along with the histological structure of Substantia Nigra Compact Dorsal (SNCD) and corpus callosum (cc).

1.2 To evaluate, the impact of neonatal anoxia on behavioral, cognitive and histological structure of hippocampus following neonatal anoxia in male and female wistar rats differences at adolescent age .

1.3 To evaluate, the impact of neonatal anoxia on mechanical pain histological structure of ventral posterolateral thalamus (VPL) nucleus.

Since the aim of the research is to approach both development and behaviour aspects of neonatal anoxia effects, this thesis is divided into three chapters to facilitate readers understanding and keep the focus as follows:

Chapter 1- Sex differences in neurological and motor development after neonatal anoxia in wistar rats.

Chapter 2- Sex difference in reference memory, anxiety and histological damage after neonatal anoxia in wistar rats.

Chapter 3-Sex differences in hypersensitivity to mechanical allodynia in wistar rats.

VII. General conclusion

Our findings demonstrate that for same degree of insult male rat deficits were different from female in somatic and motor development. Also, in reference memory and anxiety test anoxia has impaired the output and we see differences in male and female performances. In nociceptive perception of pain anoxia is hypersensitive and histologically male shows more damage in Ventroposterolateral nucleus. Histologically SNCD,cc, hippocampus,VPL was affected and male was vulnerable.

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