

Plasticity of the central nervous system (CNS) following perinatal asphyxia: Does nicotinamide provide neuroprotection?

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Summary. We have investigated the idea that nicotinamide, a non-selective inhibitor of the sentinel enzyme Poly(ADP-ribose) polymerase-1 (PARP-1), provides neuroprotection against the long-term neurological changes induced by perinatal asphyxia. Perinatal asphyxia was induced in vivo by immersing fetuses-containing uterine horns removed from ready-to-deliver rats into a water bath for 20 min. Sibling caesarean-delivered pups were used as controls. The effect of perinatal asphyxia on neurocircuitry development was studied in vitro with organotypic cultures from substantia nigra, neostriatum and neocortex, plated on a coverslip 3 days after birth. After approximately one month in vitro (*DIV* 25), the cultures were treated for immunocytochemistry to characterise neuronal phenotype with markers against the N-methyl-D-aspartate receptor subunit 1 (NR1), the dopamine pacemaker enzyme tyrosine hydroxylase (TH), and nitric oxide synthase (NOS), the enzyme regulating the bioavailability of NO. Nicotinamide (0.8 mmol/kg, i.p.) or saline was administered to asphyctic and caesarean-delivered pups 24, 48 and 72 h after birth.

It was found that nicotinamide treatment prevented the effect of perinatal asphyxia on several neuronal parameters, including TH- and NOS-positive neurite atrophy and NOS-positive neuronal loss; supporting the idea that nicotinamide constitutes a therapeutic alternative for the effects produced by sustained energy-failure conditions, as occurring during perinatal asphyxia.

Keywords: Perinatal asphyxia – Basal ganglia – Nicotinamide – Poly (ADP-ribose) polymerase-1 (PARP-1) – Organotypic cultures – Neuroprotection – Rat

Introduction

Asphyxia is characterised by hypoxia and reduced pH, and is the most common clinical condition at birth causing brain injury, or subtle perturbations affecting the development of the CNS (Thompson, 1994; Simon, 1999; Maneru et al., 2001), including the neurocircuitries and neurotransmission systems of the basal ganglia (Pasternak et al., 1991).

Asphyxia alters: (i) oxygen availability; (ii) glycolysis (Lubec et al., 2002; Seidl et al., 2000); (iii) membrane

conductance (Numagani et al., 1997); (iv) calcium transport (Akhter et al., 2000); and (v) DNA integrity (Kihara et al., 1994; Akhter et al., 2001). DNA damage triggers a cascade of events for buffering the menaces to the stability of the genome, notably the immediate activation of PARP-1 and PARP-2, which are members of a large family of Poly(ADP-ribose) polymerases (Amé et al., 2004).

PARP-1 catalyzes the attachment of chains of poly (ADP-ribose) (PAR), by reaction with NAD⁺, to a variety of nuclear proteins, including PARP-1 itself. When DNA damage is mild, PARP-1 is involved in the maintenance of chromatin integrity, by signalling cell-cycle arrest and by reacting with DNA repairing enzymes, such as X-Ray Cross Complementing Factor 1 (XRCC1) and DNA-dependent protein kinase (De Murcia and Menissier de Murcia, 1994). Excessive activation of PARP-1 leads, however, to NAD⁺ exhaustion and energy crisis (Berger, 1985), and to a caspase-independent apoptosis, via translocation of the mitochondrial pro-apoptotic protein, Apoptosis-Inducing Factor (AIF), to the nucleus, initiating nuclear condensation (Jiang et al., 1996; Yu et al., 2002; Hong et al., 2004). Furthermore, PARP-1 is involved in the regulation of cell proliferation and differentiation, and may modulate the transcription of several inflammatory signals, including NF-κB (Hassa and Hottingert, 1999). It has been suggested that PARP-1 modulates nitric oxide (NO) synthesis, via inducible NO synthase (iNOS), but even via the neuronal isoform of NOS (nNOS) (Hwang et al., 2002; Mishra et al., 2003; Hortobagyi et al., 2003).

Severe perinatal asphyxia can produce DNA breaks (Kihara et al., 1994). With the same experimental model

used in this study, it has been shown that perinatal asphyxia increases the expression of the XRCC1 and Excision Repair Cross-Complementing Rodent Repair Group 2 (ERCC2) genes (Chiappe-Gutierrez et al., 1998). XRCC1 is involved in repairing single and double strand breaks and recombination repair (Green et al., 1992), while ERCC2, which encodes an ATP-dependent DNA 5'-3' helicase activity, is involved in repairing DNA damage by nucleotide excision (Sung et al., 1993). When DNA is damaged, PARP-1 is over-activated, resulting in massive NAD^+ consumption, and decreased glycolysis, electron transport and ATP levels (Ying et al., 2005). Hence, PARP-1 inhibition has emerged as a main target for neuroprotection following hypoxic/ischemic insults. The strongest evidence for this hypothesis is from studies showing that ischemic injuries are markedly decreased in PARP ($-/-$) mice (Eliasson et al., 1997a), supporting previous evidence that PARP inhibitors, with increasing degrees of potency, decrease brain damage and improve the neurological outcome of perinatal brain injury (Zhang et al., 1995; Ducrocq et al., 2000; Sakakibara et al., 2000; Virag and Szabo, 2002).

The idea that PARP activation is beneficial has also been explored, because PARP activity may have either a protective or a detrimental effect depending upon the level of cellular NAD^+ contents. While PARP inhibitors offer remarkable protection under conditions associated to depletion of NAD^+ and ATP, inhibition of PARP sensitizes cells to DNA damage, and subsequently increase cell death, in the presence of NAD^+ (Nagayama et al., 2000). Furthermore, it has been reported that inhibition of PARP-1 by nicotinamide can induce apoptosis in rapidly dividing cells (Saldeen and Welsh, 1998), perhaps by blocking the access of DNA to replication or repair enzymes, promoting G2 arrest followed by p53 independent apoptosis (Saldeen et al., 2003), thus resulting in inhibition of cell proliferation.

Nicotinic acid and nicotinamide have been proposed to protect against oxidative stress (Yan et al., 1999; Wan et al., 1999), ischemic injury (Sakakibara et al., 2000) and inflammation (Ducrocq et al., 2000) in neonatal rat brain, by replacing NADH/NAD^+ (Zhang et al., 1995), or by inhibiting PARP-1 overactivation. Interestingly, we have reported (Bustamante et al., 2003) that nicotinamide prevents several of the changes induced by perinatal asphyxia on monoamines, even if the treatment is delayed by 24 h, suggesting a clinically relevant therapeutic window. In a recent study (Bustamante et al., in preparation), we have confirmed previous observations regarding a decrease of extracellular levels of striatal

dopamine in adult rats exposed to perinatal asphyxia, monitored under basal, d-amphetamine-stimulated and K^+ -depolarising conditions. These effects were restored to control levels when the pups were treated with nicotinamide, confirming previous observations (Bustamante et al., 2003), and supporting the idea that nicotinamide can constitute a therapeutic strategy against the long-term deleterious consequences of perinatal asphyxia, as already proposed for several pathophysiological conditions (Virag and Szabo, 2002). The use of nicotinamide has, however, been challenged because of its low potency, limited cell uptake and short cell viability, stimulating the investigation for more specific compounds inhibiting PARP-1 overactivation. Several more selective compounds have been investigated and developed, including (i) 3-aminobenzamide (Ducrocq et al., 2000; Hortobagyi et al., 2003; Koh et al., 2004); (ii) 3,4-dihydro-5-[4-(1-piperidynyl)butoxy]-1(2H)-isoquinoline (DPQ) (Takahashi et al., 1999); (iii) PJ34 (Abdelkarim et al., 2001); (iv) N-3-(4-Oxo-3,4-dihydrophthalazin-1-yl) phenyl]-4-(morpholin-4-yl) butanamide methane sulfonate monohydrate (ONO-1924H) (Kamanaka et al., 2004); (v) 5-chloro-2-[3-(4-phenyl-3,6-dihydro-1(2H)-pyridinyl) propyl]-4(3H)-quinazolinone (FR247304) (Iwashita et al., 2004); and (vi) 2-methyl-3,5,7,8-tetrahydrothiopyranol [4,3-d]pyrimidine-4-one] (DR2313) (Nakajima et al., 2005).

Nevertheless, nicotinamide is still an interesting molecule, since its low potency can be an advantage when used in developing animals, because the drug will only antagonise the effect elicited by PARP-1 overactivation, without impairing DNA repair, or cell proliferation.

In this paper, we focus on the effect of nicotinamide on basal ganglia neurocircuitry studied with organotypic cultures, a model originally developed by Gähwiler and collaborators (1981), but largely validated by Plenz and Kitai (1996a, b) and Plenz et al. (1998), for reconstructing the neurocircuitries of the basal ganglia (Gomez-Urquijo et al., 1999). The neuronal phenotype was assessed with markers against: (i) the N-methyl-D-aspartate receptor subunit 1 (NR1); (ii) the dopamine pacemaker enzyme tyrosine hydroxylase (TH); and (iii) the neuronal isoform of NOS.

As previously reported (Morales et al., 2003; Klawitter et al., 2005), perinatal asphyxia produced a regionally specific neuronal decrease and neurite atrophy in studies with organotypic cultures of the basal ganglia. We further report here that several of these changes can be reversed by treating the animals with nicotinamide before the explanting procedure.

Materials and methods

Perinatal asphyxia

Pregnant Wistar rats (UChA, bred at a local colony) within the last day of gestation (G22) were anaesthetised, sacrificed by neck dislocation and hysterectomized. One or two pups were removed immediately and used as non-asphyxiated caesarean-delivered controls, and the uterine horns containing the remaining fetuses were immersed in a water bath at 37 °C for 20 min. Following asphyxia, the uterine horns were incised and the pups were removed, and stimulated to breathe. After a 60 min observation period, the pups were given to surrogate dams for nursing, pending further experiments. Three days after birth (P3), the pups were used for preparing organotypic cultures (Morales et al., 2003; Klawitter et al., 2005).

Nicotinamide treatment

Nicotinamide (0.8 mmol/kg, i.p. [100 mg/kg i.p.]; Niacinamide, Sigma-Aldrich AB, Stockholm, Sweden) or the corresponding vehicle (0.9% NaCl) was administered to asphyxia-exposed (>20 min) or caesarean-delivered pups, 24, 48 and 72 h after birth. The last dose was given 2 h before preparing the organotypic cultures.

Organotypic cultures

All procedures including medium and drug preparation were performed within the arena of a Laminar Flow Cabinet equipped with UV antibacterial light (Factomet VR24242, Filtro Met Ltda. Santiago, Chile). Following decapitation of asphyctic and control pups, the brain was rapidly removed under sterile conditions and stored in a Petri dish containing a Dulbecco's modified Eagle medium (DMEM; GIBCO BRL, Täby, Sweden). Coronal sections were cut at mesencephalic (300 µm thick) and telencephalic (350 µm thick) levels and stored in cold DMEM. Samples from substantia nigra (SN), neostriatum (Str) and frontoparietal cortex (Cx) were dissected using the atlas by G. A. Foster as a reference (1998). The dissected tissue was plated on a coverslip (Nunc Thermanox Coverslips; Nunc, Naperville, IL, USA) containing a spread layer of chicken plasma (25 µl), and further coagulated by bovine thrombin (20 µl, 1000 NIH units in 0.28 ml DMEM; Sigma-Aldrich). Then, the coverslips were transferred to sterile (Nunc), containing an un-buffered culture medium (50% Basal Medium Eagle; 25% Hanks Balanced Salt Solution, and 25% horse serum [Gibco BRL], 0.5% glucose, 0.5 mM of L-glutamine [Sigma-Aldrich AB], and 0.1% antibiotic/antimycotic [Gibco BRL]).

The cultures were grown at 35 °C, 10% CO₂ in a Cell Incubator (Model TC2323, ShellLab, USA), with a Roller device exposing the cultures to gaseous or water phases every minute. At DIV 3, 10 µl of a mitosis inhibitor cocktail (4.4 mM cytosine-β-D-arabinofuranoside, 4.4 mM uridine and 4.4 mM 5-fluoro-2'-deoxyuridine; all from Sigma-Aldrich AB) was added for 24 h for decreasing glial proliferation. The medium was changed every 3–4 days.

The experimental protocol was approved by a Local National Committee for Ethic Experiments with Laboratory Animals (Protocol CBA#, FMUCH).

Immunocytochemistry

The cultures were fixed in a formalin solution at ~DIV 25. After rinsing cycles, endogenous peroxidase activity was blocked with 1% H₂O₂. After rinsing with PBS, the tissue was preincubated with 2% of bovine serum albumin (BSA) (Calbiochem, CA, USA), 0.3% triton X-100, in PBS, for 1 h at 37 °C. The slices were then incubated for 72 h with a mouse monoclonal antibody against the subunit 1 of the NMDA receptor (NR1), for characterizing a general neuronal phenotype (Petrálie et al., 1994)

(dilution 1:600, 2% BSA, 0.3% triton X-100, in PBS) (Pharmingen, San Diego, CA, USA). When treated for tyrosine hydroxylase (TH, the dopamine rate-limiting synthesis enzyme), the slices were incubated overnight with mouse monoclonal antibody (1:300, 2% BSA, 0.3% triton X-100, in PBS) (Diasorin, Stillwater, MN, USA). When treated for nNOS, the slices were incubated for 24 h with a sheep monoclonal antibody (1:500, 1% BSA, PBS/0.6% triton X-100) (generously donated by Prof. P. Emson, Babraham Institute, Cambridge, UK). After rinsing, the slices were treated with a Vectastain Elite ABC kit (Vector Laboratories, Burlingame, CA, USA), according to the instructions of the manufacturer, and/or biotinylated anti-mouse IgG (1:500 in PBS) for 1 h, followed by a further incubation with a streptavidin phosphatase complex for 1 h, rinsed and incubated with a levamisole solution (Vector Laboratories) for 15 min, to inhibit the endogenous alkaline phosphatases. The biotinylated anti-mouse IgG reaction was visualized with a 5-bromo-4-chloro-3-indolyl phosphate/nitroblue tetrazolium (BCIP/NBT) substrate kit (Vector Laboratories). When using the Vectastain Elite ABC kit (containing the biotinylated antibody and the peroxidase), the reaction was visualized with Vector Nova Red (containing the substrate for the reaction) (Vector Laboratories). Some slices were also counterstained with Vector Hematoxylin Qs (Vector Laboratories) for labelling cell nucleus. Sections were dehydrated through graded alcohols, cleared in xylene and coverslipped in entellan mounting medium (Merck, Darmstadt, Germany).

Quantification

Cell quantification was performed directly on the stage of a microscope using appropriate objectives and filters for the corresponding markers (NR1, TH or NOS), or on pictures taken at 20× as primary magnification. The microphotographs were digitally stored, composed and analysed with Adobe Photoshop® 7.0. Positive cells were quantified in 1 mm² samples for each region, selecting three (3) areas from the core of each culture showing the largest number of positive cells. Three parameters were quantified: (i) number of positive cells/mm²; (ii) soma size (diameter) (µm); and (iii) neurite length (maximum length) (µm). The same parameters were measured pair wise by an investigator blinded to the codes of the corresponding culture, plated from any of the following experimental groups: (i) caesarean-delivered, saline-(CS), and (ii) nicotinamide (CN)-treated animals, or (iii) asphyxia-exposed, saline-(AS), and (iv) nicotinamide (AN)-treated animals. The values were transferred to an EXCEL matrix for the corresponding quantitative analysis. All data are expressed as means ± S.E.M. Comparisons were tested with Mann-Whitney test with GraphPad Prism (version 4.0, 2003; S. Diego, CA, USA), using a level of $p < 0.05$ as a limit for statistical significance.

Results

Some cultures were routinely kept for determination of cell viability at 27 DIV, using calcein-acetoxymethyl ester (AM) and ethidium homodimer-1 (EthD-1) for labelling alive (AM-Calcein, green fluorescence) and dying (EthD-1, red fluorescence) cells (Molecular Probes L3224; Eugene, OR, USA) (Klawitter et al., 2005). Since only few dying cells were observed in cultures from both control and asphyxia-exposed rats, a full quantification of dying cells, on the stage of a microscope equipped with epifluorescence, or on digitalized pictures, was easy.

The results shown here are from cultures fixed at 25 DIV. While a full account is reported somewhere else

(Klawitter et al., in preparation), we focus on the quantitative analysis of several morphological parameters, including: (A) number of neurons/mm²; (B) size of soma (μm); and (C) maximal length (μm) of neurites labelled

Table 1. Effect of perinatal asphyxia on cells with neuronal phenotype labelled with an antibody against the NMDA receptor subunit NR1 in organotypic cultures (DIV 25) from caesarean-delivered, saline (CS)- and nicotineamide (CN)-treated animals and asphyxia-exposed, saline (AS)- and nicotineamide (AN)-treated animals

Group	N	Substantia nigra	Neostriatum	Neocortex
A Number of NR1 positive neurons/mm²				
CS	10–15	228 ± 54	319 ± 70	250 ± 49
CN	6–14	189 ± 48	204 ± 30	123 ± 6 ^a
AS	15–17	98 ± 12 ^a	218 ± 26	134 ± 19 ^a
AN	9–14	80 ± 16 ^a	179 ± 43	163 ± 23
B Size of soma (μm) of NR1 positive neurons				
CS	10–15	17 ± 2	12 ± 1	26 ± 2
CN	6–14	16 ± 2	13 ± 1	25 ± 3
AS	15–17	22 ± 2	14 ± 1	28 ± 2
AN	9–14	19 ± 3	12 ± 1	26 ± 2
C Maximum length (μm) of NR1 positive neurites				
CS	10–15	156 ± 30	188 ± 25	144 ± 29
CN	6–14	150 ± 28	117 ± 24	131 ± 25
AS	15–17	145 ± 30	97 ± 21	145 ± 24
AN	9–14	159 ± 27	122 ± 24	148 ± 31

^a*p* < 0.05 (italics), compared to the CS group

Table 2. Effect of perinatal asphyxia on cells labelled with an antibody against tyrosine hydroxylase (TH), the dopamine synthesis enzyme, in organotypic cultures (DIV 25) from caesarean-delivered, saline (CS)- and nicotineamide (CN)-treated animals and asphyxia-exposed, saline (AS)- and nicotineamide (AN)-treated animals

Group	N	Substantia nigra
A Number of TH positive neurons/mm²		
CS	16–17	26 ± 14
CN	8–12	13 ± 6
AS	17	9 ± 4 ^a
AN	12–13	10 ± 5 ^a
B Size of soma (μm) of TH positive neurons		
CS	16–17	19 ± 2
CN	8–12	24 ± 2
AS	17	21 ± 3
AN	12–13	22 ± 3
C Maximum length (μm) of TH positive neurites		
CS	16–17	484 ± 53
CN	8–12	478 ± 76
AS	17	271 ± 47 ^a
AN	12–13	471 ± 59 ^b

^a*p* < 0.05 (italics), compared to the CS group. ^b*p* < 0.05, compared to the AS group

Table 3. Effect of perinatal asphyxia on cells labelled with an antibody against nitric oxide synthase (NOS), the NO synthesis enzyme, in organotypic cultures (DIV 25) from caesarean-delivered, saline (CS)- and nicotineamide (CN)-treated animals and asphyxia-exposed, saline (AS)- and nicotineamide (AN)-treated animals

Group	N	Substantia nigra	Neostriatum	Neocortex
A Number of NOS positive neurons/mm²				
CS	11–15	6 ± 2	39 ± 7 ^b	54 ± 11 ^b
CN	6–7	8 ± 2	58 ± 20	47 ± 16
AS	6–9	42 ± 17 ^a	10 ± 5 ^a	28 ± 10
AN	9	33 ± 12 ^a	48 ± 15 ^c	39 ± 11
B Size of soma (μm) of NOS-positive neurons				
CS	11–15	28 ± 2	26 ± 2	36 ± 1
CN	6–7	27 ± 1	24 ± 1	34 ± 2
AS	6–9	28 ± 3	20 ± 2	33 ± 1
AN	9	21 ± 3	21 ± 3	34 ± 1
C Maximum length (μm) of NOS-positive neurites				
CS	11–15	140 ± 22	147 ± 22	122 ± 18
CN	6–7	144 ± 19	140 ± 22	121 ± 14
AS	6–9	130 ± 22	91 ± 17 ^a	97 ± 9
AN	9	175 ± 33	175 ± 32 ^c	121 ± 14

^a*p* < 0.05 (italics), compared to the CS group; ^b*p* < 0.05, compared to the substantia nigra of the same group. ^c*p* < 0.05, compared to the AS group

with antibody against NR1 (Table 1), TH (Table 2) and/or NOS (Table 3), in SN, Str and Cx of cultures from CS, CN, AS and AN-treated animals.

As shown in Table 1, there was a decrease in the number of NR1 positive neurons/mm² in cultures from AS and AN-treated animals, as compared to CS or CN-treated control animals, reaching statistically significant levels when cell number was compared in the SN (A). In Cx, there was a decrease in the number of NR1-positive neurons in AS versus CS group, but also when CN was compared to CS group. There is no explanation for the effect of nicotineamide on Cx of caesarean-delivered non-asphyctic animals. No statistically significant differences were observed regarding soma size (B) or neurite length (C) of NR1 positive neurons, among any of the experimental groups. No significant differences were observed, when the parameters were compared among regions from control (CS) cultures, although more NR1-positive neurons/mm² were estimated in Str compared to that observed in other regions of CS cultures (SN, ~200 neurons/mm²; Str, >300 neurons/mm²; Cx, ~200 neurons/mm²).

While TH-positive plexuses and fibers were observed in all regions, TH-positive soma was only observed in the SN, with bipolar or multipolar features, and variably developed dendrite trees. A crude estimation revealed that TH-positive cells represented approximately 5% of

the number of NR1-positive neurons/mm² in the SN of cultures from control animals, a figure similar to that reported *in vivo*, if NR1 is considered as a universal neuronal marker (Petrallia et al., 1994). The estimation of neurite length was restricted to that observed in the SN, where a one-to-one characterization was easily done regarding individual neurons. As shown in Table 2, there was a decrease in the number of TH-positive neurons/mm², in both AS and AN, compared to that in CS cultures (A). No differences were observed in soma size (B), but the length of TH positive neurites was decreased in AS cultures, compared to controls (C). The length of TH-positive neurites observed in AN cultures was similar to that observed in the controls.

NOS positive soma, plexuses and fibers were observed in all regions. NOS positive cells showed bipolar or multipolar features. As shown in Table 3, under control conditions, Str and Cx regions contained more NOS positive cells than the SN. In the SN, NOS-positive neurons represented less than 5% of the number of the observed NR1-positive cells/mm². In AS animals, the number of NOS positive neurons/mm² was larger (>6-fold) in SN, but lower in the Str, when compared to the controls. No significant differences were observed in Cx, despite an apparent decrease in NOS-positive neurons/mm², when comparing AS to that observed in CS cultures. While the amount of NOS-positive neurons/mm² was still increased in SN from AN animals, the amount of NOS positive neurons/mm² observed in Str from AN animals was similar to that observed in the controls (A). No differences were observed regarding soma size (B), but there was a significant decrease in neurite length of NOS positive neurons in Str from AS, compared to the controls (C). That effect was also reversed by nicotinamide treatment.

Discussion

The main result shown here is that nicotinamide treatment reversed the effect of perinatal asphyxia on several neuronal parameters assessed with organotypic cultures, including neurite atrophy and neuronal loss, alterations observed by several *in vivo* (Chen et al., 1997a, b; Kohlhauser et al., 1999a, b) and *in vitro* (Morales et al., 2003; Klawitter et al., 2005) studies, mainly affecting dopaminergic systems.

Nicotinamide showed no effect on NR1- and TH-positive cell number, but appeared to promote recovery of TH-positive neurites. In Str, nicotinamide reversed the effect on NO systems, which have also been shown to be vulnerable to perinatal asphyxia (Jiang et al., 1997; Capani et al.,

1997; Loidl et al., 1997; Bolanos et al., 1998; Lubec et al., 1999), although with rather controversial results. Jiang et al. (1997) reported significantly reduced NOS activity in neostriatum and other areas, but not in neocortex, in agreement with that observed in the present study. In contrast, Peci-Saavedra and co-workers (Capani et al., 1997; Loidl et al., 1997), using nicotinamide adenine dinucleotide phosphate diaphorase (NADPH-d) as a histochemical marker for NO synthesis in neurons (Hope et al., 1991), reported that striatal NADPH-d neurons showed a significant increment in soma size and dendrite length following subsevere and severe asphyxia (Loidl et al., 1997), as well as an increase of NADPH-d reactivity in blood vessels of striatal and cortical regions (Caponi et al., 1997). Investigating the effect of perinatal asphyxia on nNOS mRNA (by Northern and dot blot analysis), immunoreactive protein (by Western blot analysis) and NOS activity (by electron paramagnetic resonance spectroscopy) in total brain homogenates, we found that NOS mRNA and NO generation were unaffected, whereas the NOS-immunoreactive protein of 150,000 mol. Wt. was decreased, and that of 136,000 mol. Wt. was increased with the length of the asphyctic period (Lubec et al., 1999). Although a large series of different mRNAs for nNOS have been described, the 136,000 mol. Wt. form accounts for the majority of the catalytic NOS activity in the brain (Eliasson et al., 1997b). Interestingly, it was shown by a gene hunting study in brain of rat pups exposed to perinatal asphyxia (Labudova et al., 1999), that NOS was strongly up regulated.

Capani et al. (1997) reported that the NOS positive staining is, under control conditions, largely restricted to neuronal soma, but NOS positive processes were only seen when studied in tissue from asphyctic animals. However, the features of NOS positive neurons are greatly magnified in organotypic cultures, making possible to observe in detail the soma and neurites, identifying an intriguing point-to-point synaptic interaction between NOS- and TH-positive neurons and processes, in SN, Str and Cx (Gomez-Urquijo et al., 1999; Herrera-Marschitz et al., 2000), providing a morphological support to the idea that NO modulates dopamine release (Zhu and Luo, 1992; West et al., 2002), but also dopamine reciprocally modulates NO synthesis.

In this study, we found a decrease in the number of NR1 positive neurons/mm² in SN of cultures from AS or AN, as compared to that in CS or CN animals. However, the number of NOS-positive neurons/mm², but not the length of NOS-positive neurites, was increased in SN. In contrast, the number of NOS-positive neurons/mm² was strongly

decreased in Str of cultures from AS animals, accompanied by a decrease of the length of NOS-positive neurites. In Str, both effects were significantly reversed by the nicotinamide treatment, but not that observed in the SN. The number of TH-positive neurons/mm² in the SN was decreased by perinatal asphyxia, accompanied by a decrease of TH-positive neurite length. Nicotinamide reversed the effect of perinatal asphyxia on neurite length, but not that on the number of neurons/mm². In contrast to that reported by Loidl et al. (1997), no effects were observed on size soma by any of the treatments.

The present study supports the idea that nicotinamide constitutes a therapeutic alternative for the effects produced by sustained energy-failure conditions, like that occurring during perinatal asphyxia. Nicotinamide can be neuroprotective by directly replacing NADH/NAD⁺ depletion (Maynard, 2002), or by inhibiting over-activated PARP-1 (Zhang et al., 1995). Although the use of nicotinamide has been challenged because of its low potency, limited cell uptake and short cell viability (Virag and Szabo, 2002), the present results support a previous report (Bustamante et al., 2003), showing that nicotinamide prevents the long-term outcome on monoamine transmission induced by perinatal asphyxia, even if the treatment is delayed for 24 h, suggesting a clinically relevant therapeutic window. The low potency of nicotinamide on PARP-1 inhibition may provide an advantage when used in developing animals, because the drug will only antagonise the effect of PARP-1 over activation, without impairing DNA repair and proliferation. Furthermore, nicotinamide may also exert non-specific antioxidant effects, which is an attractive feature for treatments against the long-term consequences of anoxic/ischemic insults.

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