

Morphological and Metabolic Changes in the Brain of 6-Hydroxydopamine Treated Rats Observed by MRI and In Vivo ¹H MRS

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Introduction 6-Hydroxydopamine (6-OHDA) is a catecholaminergic neurotoxin that is capable of inducing progressive degeneration of dopaminergic and noradrenergic neurons [1]. Intracerebral injection of 6-OHDA into substantia nigra (SN) is a commonly used animal model for Parkinson's disease (PD). The animals with intracerebral 6-OHDA injection are often characterized by significant loss of dopaminergic neurons in the SN and striatum [2]. Morphological and metabolic changes in the brain of clinical PD patients, such as decreased volumes of putamen, globus pallidus and prefrontal cortex and decreased NAA/Cr ratio in motor cortex and striatum, can be monitored by anatomical MRI and in vivo ¹H MRS [3]. In this study, T₂- and T₂*-weighted MRI and in vivo ¹H MRS were used to monitor cerebral changes induced by unilateral injection of 6-OHDA into the SN of rat, and to see whether the changes, if there are any, resemble those found in clinical PD.

Materials and Methods Fifteen Sprague-Dawley rats were divided into two groups: the control group (Group C, n = 5) and the 6-OHDA treated group (Group M, n= 10). The rats in Group M received stereotaxic injection of 6-OHDA into the left SN. Between two and three months after 6-OHDA injection, motor disturbances in the treated rats were evaluated by an apomorphine-induced (s.c. injection, 1 mg/kg) rotation test [2]. The number of unilateral full-body turns per min was counted. Within 2 days after the test, MRI/MRS experiments were performed under chloral hydrate anesthesia (i.p., 10% solution, 5 ml/kg) on a Bruker Biospec 4.7 T/30 cm spectrometer equipped with actively-shielded gradients. Multi-slice T₂-weighted images were acquired with field of view 3.5 cm×3.5 cm, matrix size 128×128, slice thickness 0.8 mm, TR 3 s and 6 echoes with TE ranging from 20 to 120 ms in order to calculate quantitative T₂ maps. T₂*-weighted imaging on the same slices was performed with TR 500 ms and TE 30 ms. In vivo ¹H MRS was performed on bilateral striatum (2.5×2.5×2.5 mm³ cube, Fig. 1) using PRESS localization, TR 1000 ms and TE 136 ms. Statistical analysis was carried out using two-tailed student's *t*-test.

Results Apomorphine injection induced unilateral full-body rotation in the 6-OHDA treated rats (2-7 turns/min, average 4±2 turns/min). Compared to its contralateral counterpart, the ipsilateral SN to 6-OHDA injection exhibited decreased signal intensity on the T₂*-weighted images and significantly lower absolute T₂ value (Fig. 1A and Table 1). No significant T₂ changes were found in the ipsilateral hippocampus (HC), striatum (Str) and motor cortex (MC) (Fig. 1 and Table 1). The ipsilateral striatum, however, showed significantly decreased NAA/Cr (7.3±0.1%) and NAA/Cho (10.2±0.3%) signal intensity ratios and unchanged Cho/Cr (Table 1 and Fig. 2), compared to the contralateral striatum.

Discussion Decreases of T₂ and T₂* observed for the ipsilateral SN of the 6-OHDA treated rats are likely due to iron accumulation in this region [4]. NAA is a putative marker of viable neurons, and Cr is a possible indicator of energy metabolism and gliosis. Reduced NAA/Cr and NAA/Cho ratios in the ipsilateral striatum is probably a manifestation of neuronal degeneration in this region resulted from 6-OHDA induced dopaminergic neuron loss in the SN and its effects on striatal dopaminergic neurons via nigrostriatal pathway [5]. The anatomical and metabolic changes in the brain of 6-OHDA treated rats, as observed by MRI and in vivo ¹H MRS, resemble those found for clinical PD patients [3].

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Table 1. The results of quantitative T₂ measurements and MRS measurements.

| | | 6-OHDA treated rats | | Control rats | |
|------------------------------|---------|---------------------|------------------------|------------------------|------------------------|
| | | ipsilateral (L) | contralateral (R) | left (L) | right (R) |
| T ₂ (ms) | SN | 58.9±2.4 | 60.9±3.3 ^a | 62.6±1.4 ^a | 62.0±0.9 ^a |
| | HC | 62.8±2.1 | 63.3±2.0 | 63.4±1.3 | 63.8±1.3 |
| | Str | 60.0±2.2 | 59.8±2.0 | 60.1±1.1 | 60.4±1.2 |
| | MC | 60.4±2.1 | 60.2±1.6 | 60.6±1.3 | 60.2±0.9 |
| Signal intensity ratio | NAA/Cr | 0.92±0.08 | 1.05±0.11 ^a | 1.05±0.12 ^a | 1.06±0.06 ^a |
| | Cho/Cr | 0.64±0.05 | 0.69±0.11 | 0.63±0.07 | 0.68±0.04 |
| | NAA/Cho | 1.46±0.15 | 1.52±0.12 ^a | 1.65±0.07 ^a | 1.60±0.15 ^a |

^a*p*<0.05, compared to ipsilateral values in the 6-OHDA treated rats. SN: substantia nigra, HC: hippocampus, Str: striatum, MC: motor cortex.

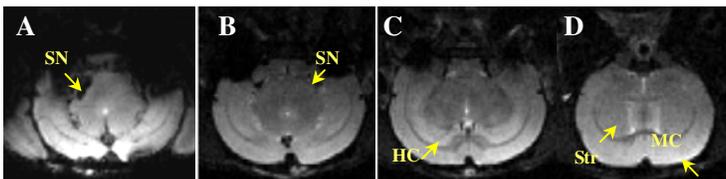


Figure 1. Coronal T₂*- (A) and T₂-weighted (B-D) images of the brain of a 6-OHDA treated rat. SN: substantia nigra, HC: hippocampus, Str: striatum, MC: motor cortex.

References [1] Blum D et al., *Prog Neurobiol*, **65** (2001) 135-72. [2] Schober A, *Cell Tissue Res*, **318** (2004) 215-24; [3] O'Neill J et al., *Mov Disord*, **17** (2002) 917-27; [4] Hall S et al., *J Neurol Sci*, **113** (1992) 198-208. [5] Lin AM et al., *J Neurochem*, **72** (1999) 1634-40.

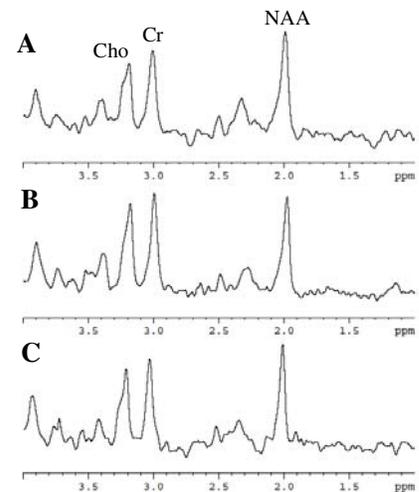


Figure 2. PRESS-localized in vivo ¹H MR spectra acquired from left striatum of a control rat (A), and ipsilateral (B) and contralateral (C) striatum of a 6-OHDA treated rat. TR/TE=1000/136 ms.