



มหาวิทยาลัยมหิดล
คณะแพทยศาสตร์
ศิริราชพยาบาล

Role of glia cells in pathogenesis of epilepsy

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มหาวิทยาลัยมหิดล

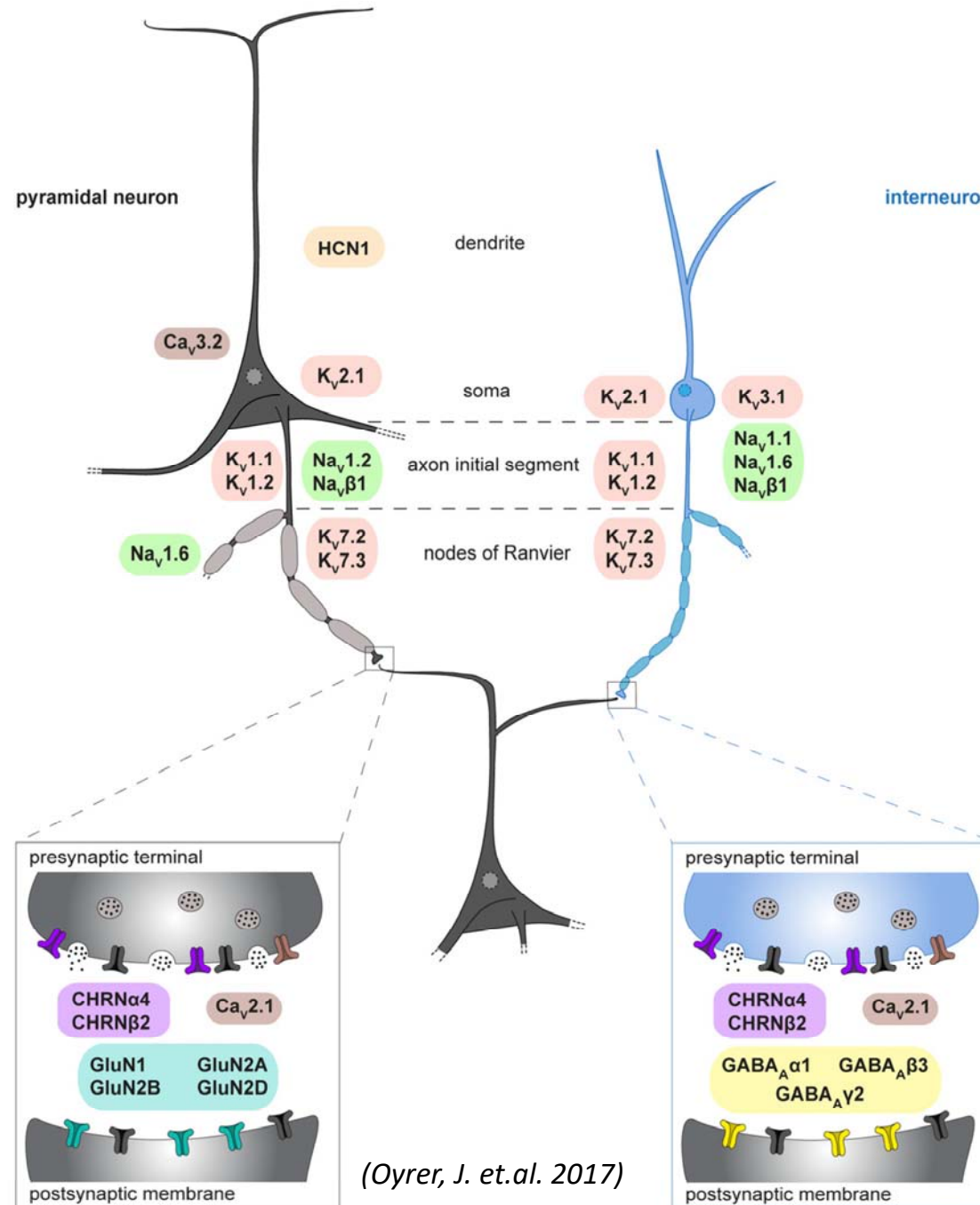
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- An alteration of neurologic function caused by the hyperexcitability, excessive, hypersynchronous discharge of neurons in the brain.
- Mechanism: distortion of the normal balance between excitation and inhibition in the brain
 - Alteration of ion channels
 - voltage gated ion channels
 - Alteration of synaptic transmission
 - Excitatory post synaptic potentials (EPSPs)
 - inhibitory post synaptic potentials (IPSPs)
- *Consideration*
 - *Ictogenesis vs Epileptogenesis*



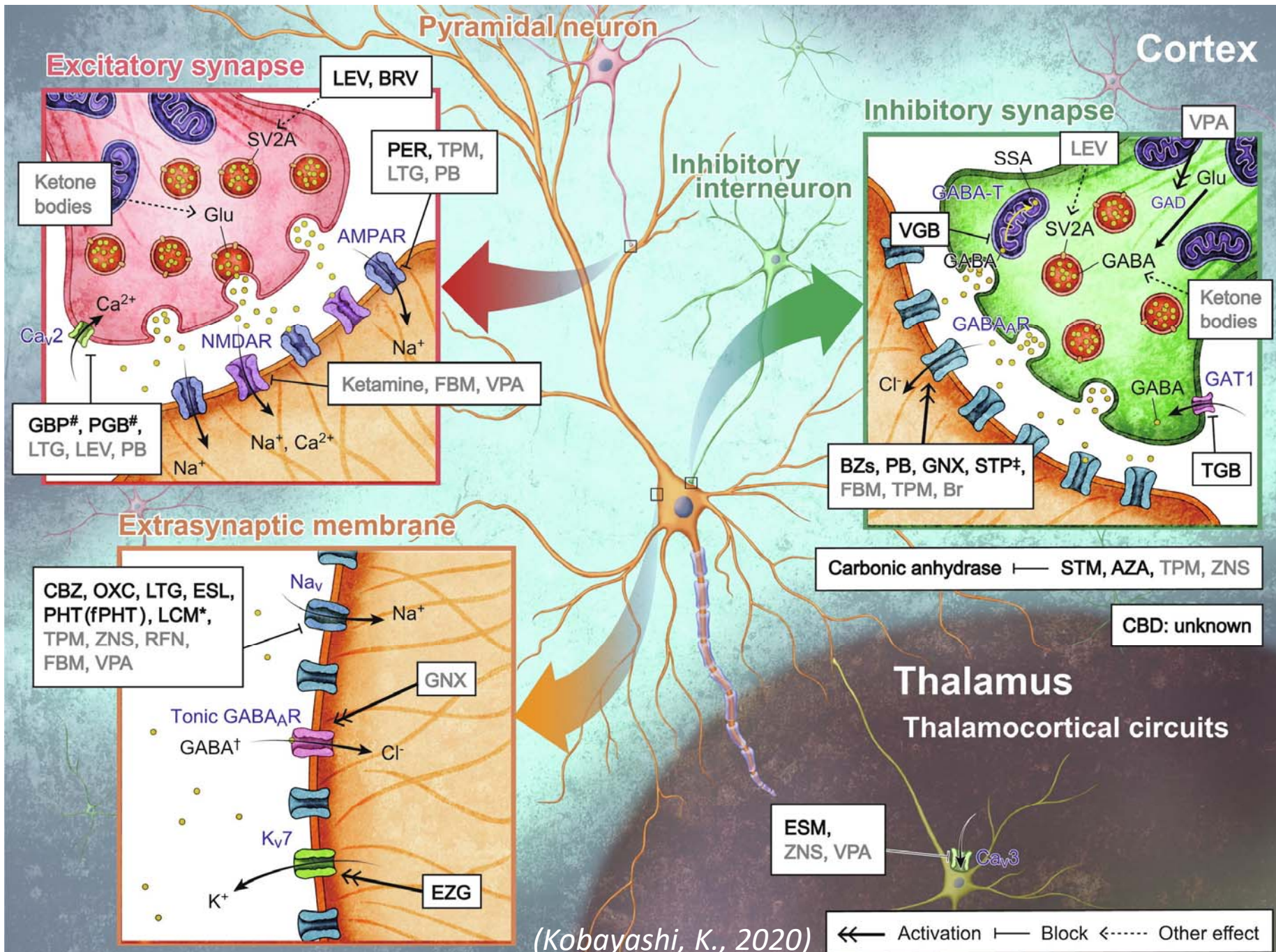
Pathophysiology: Neuronal basis



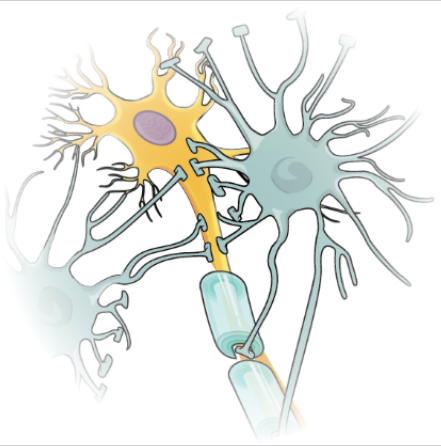
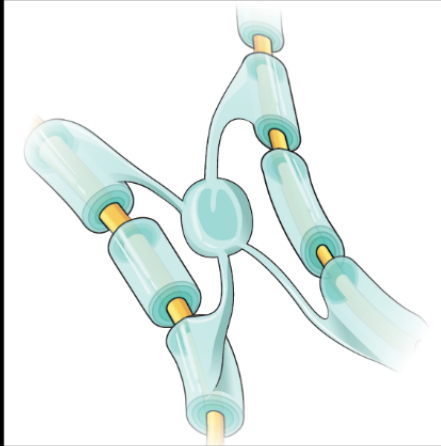
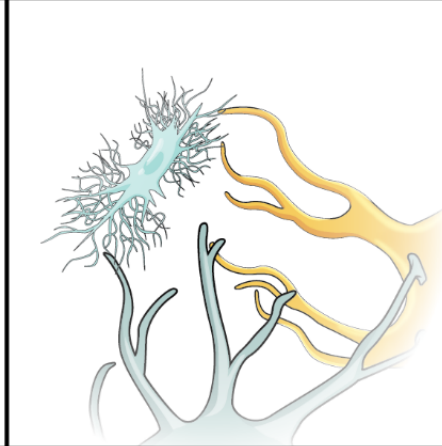
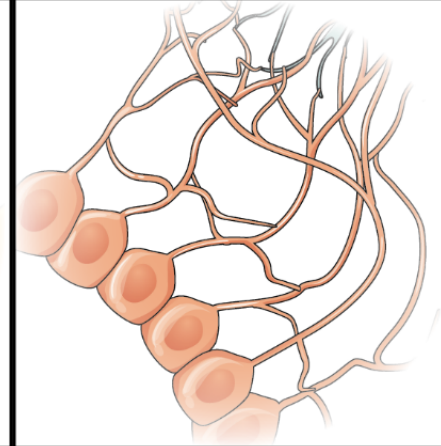
(Oyler, J. et.al. 2017)



Antiepileptic drugs





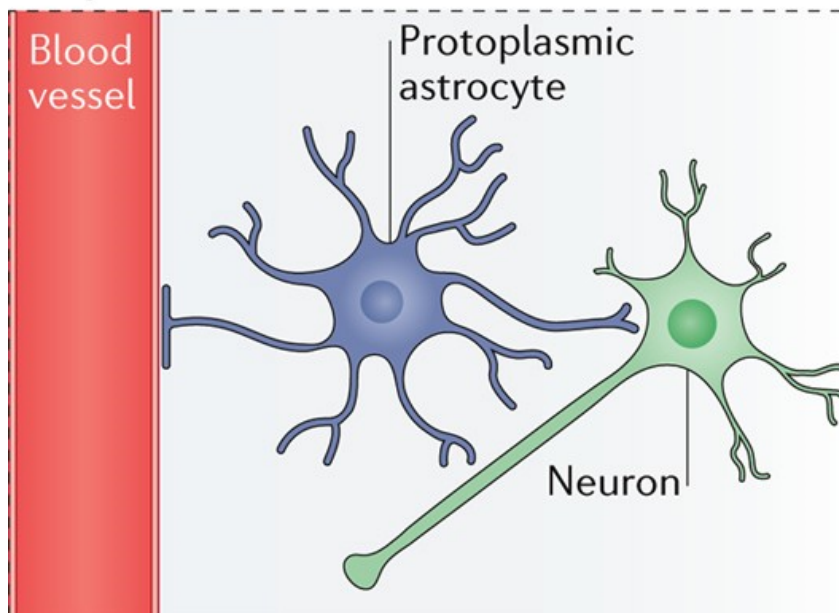
CNS glia				
	Astrocyte	Oligodendrocyte	Microglia	Ependymal cell
PNS glia	Satellite cell	Schwann Cell	--	--
Functions	Maintain extracellular environment, remove excess neurotransmitter, direct neural growth, induce blood-brain barrier in CNS (astrocyte only)	Create myelin	Immune surveillance and phagocytosis	Create and circulate Cerebrospinal fluid (CSF)

- The unifying fundamental function of these cells is homeostasis of the nervous system.

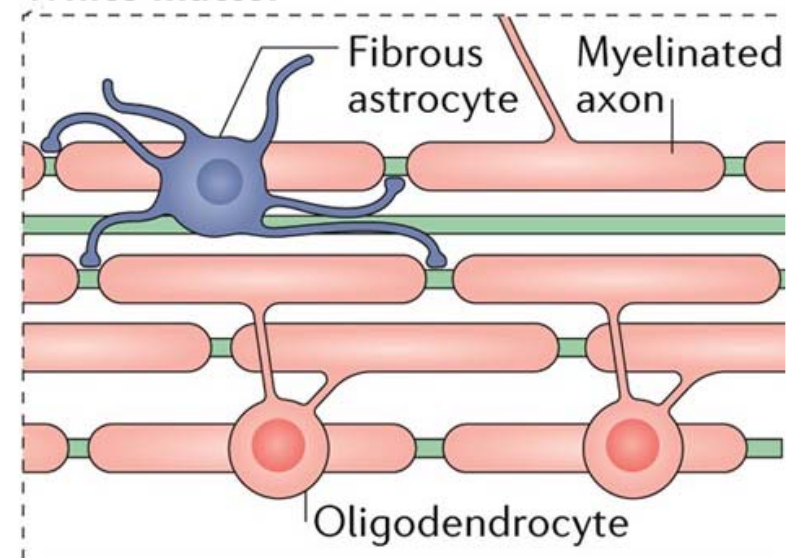


- Develops from neuroectoderm
- Electrically non-excitabile and more negative resting membrane potential (RMP about -80 mV) compared to neurons
- High resting membrane permeability for K^+
- Heterogeneous morphology across different brain structures

Grey matter



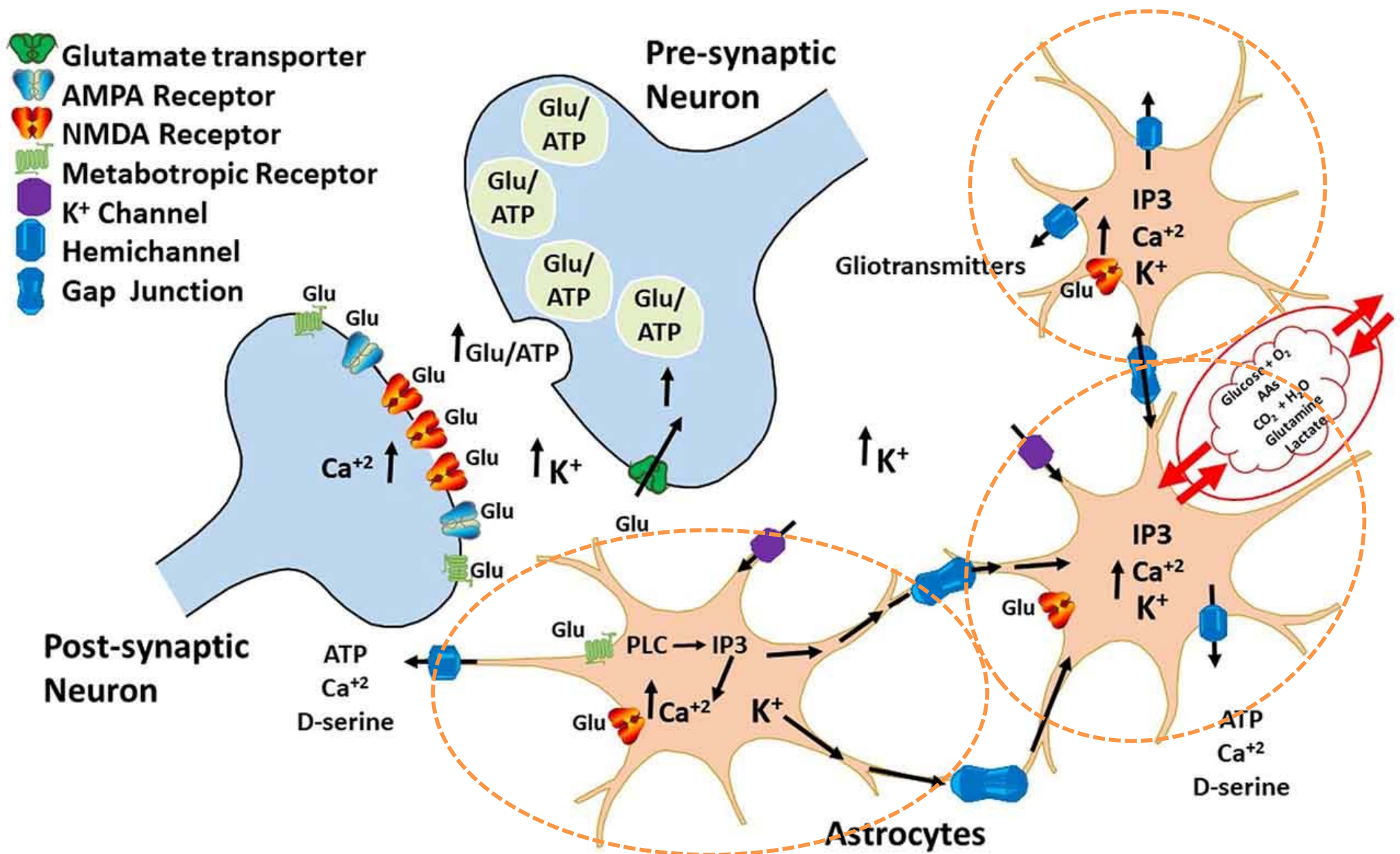
White matter



(Haim, LB. et.al. 2017)

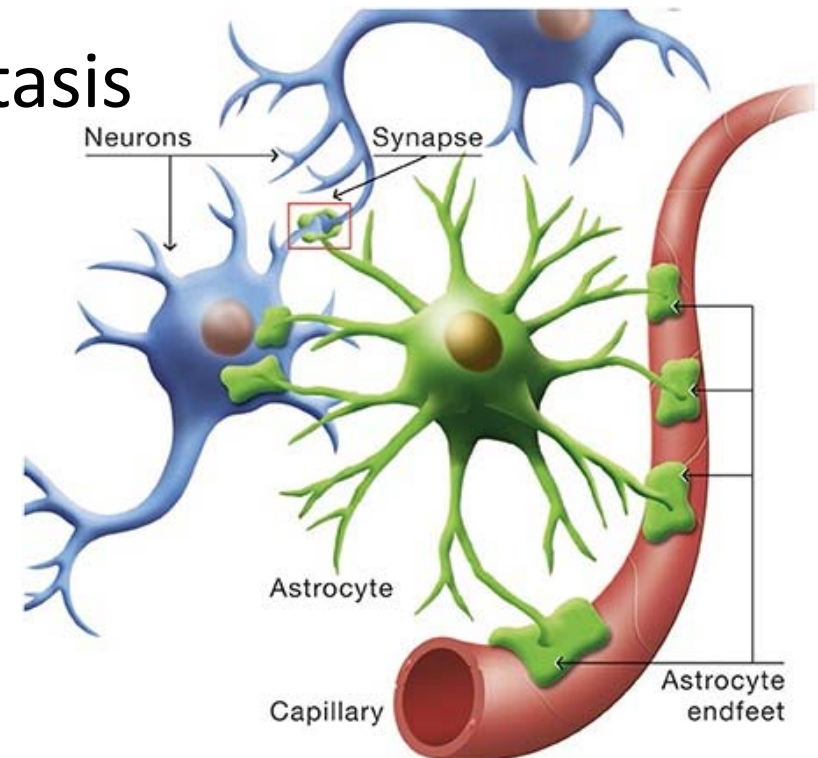


Astrocyte domain and Gap junctions



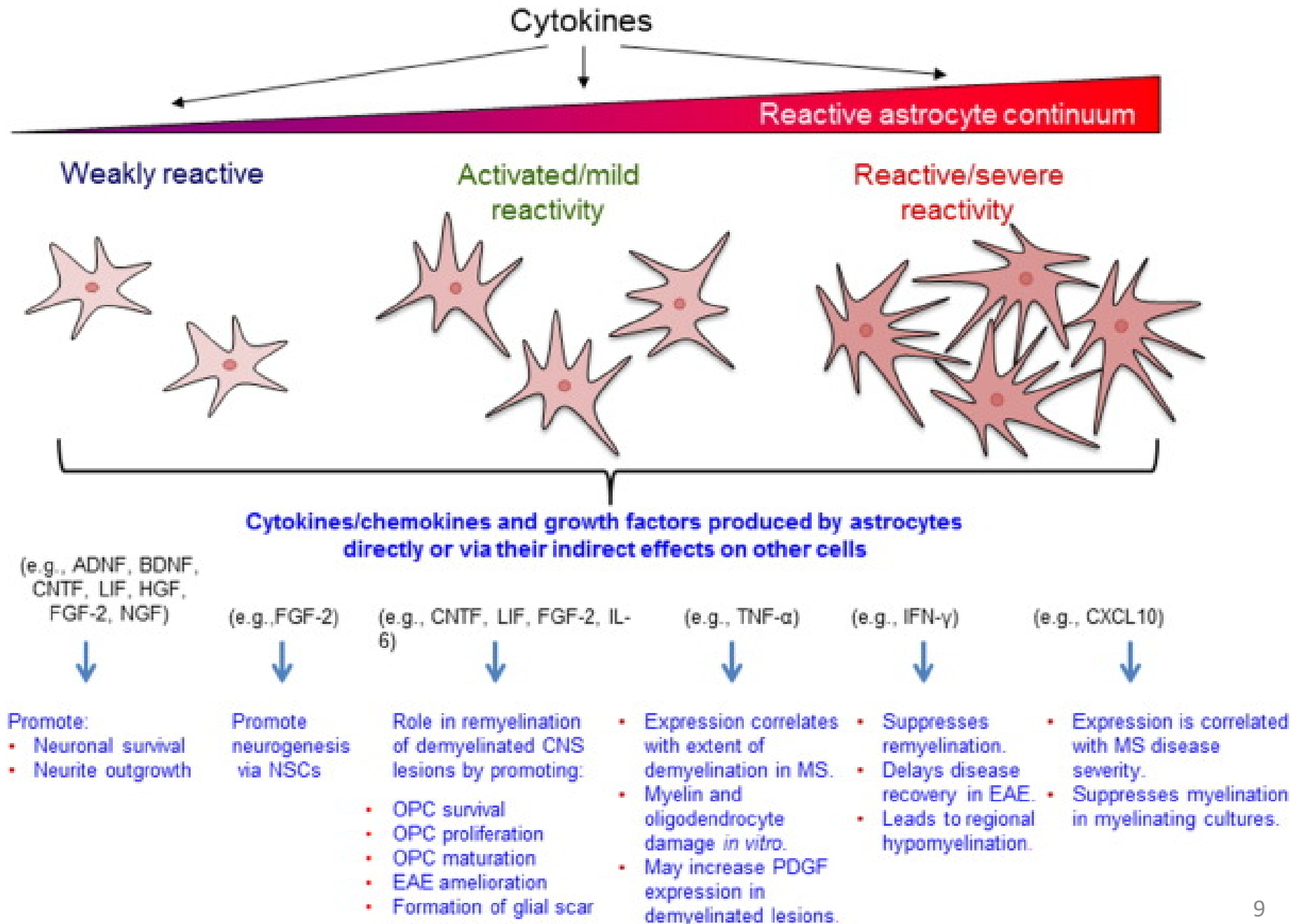


- Maintenance of extracellular ionic concentration
 - K^+ and Water homeostasis
- Regulation of neurotransmission
 - Glutamate and GABA homeostasis
- Gliotransmission
- Blood brain barrier functions
- Brain energy metabolism





Reactive astrogliosis





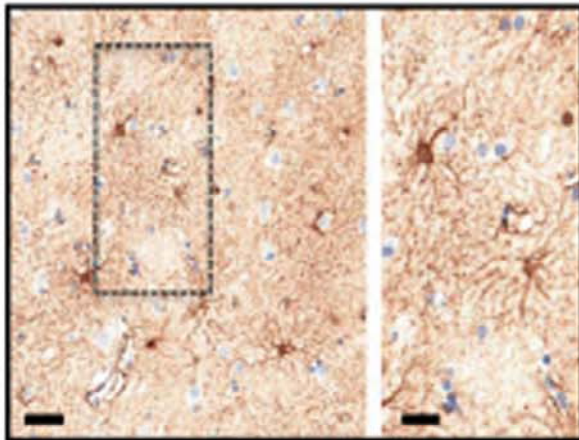
Reactive astrogliosis

healthy

moderate GFAP expression/
non-overlapping domains



normal tissue

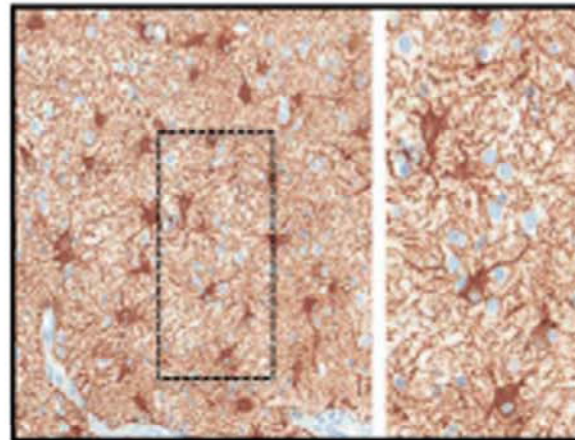


mild to moderate insult

hypertrophy/molecular and
functional changes

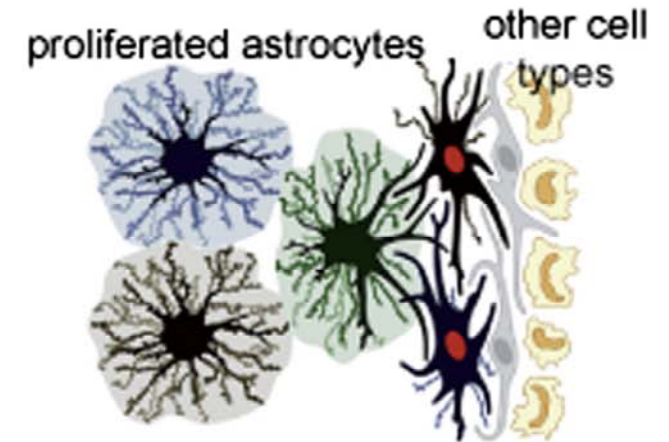


moderate astrogliosis

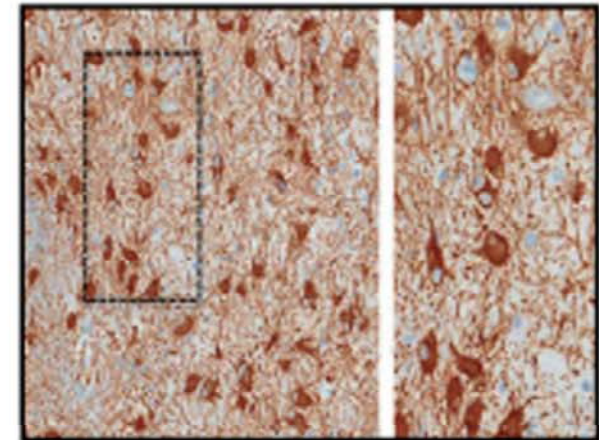


severe insult

persisting mature glial scar

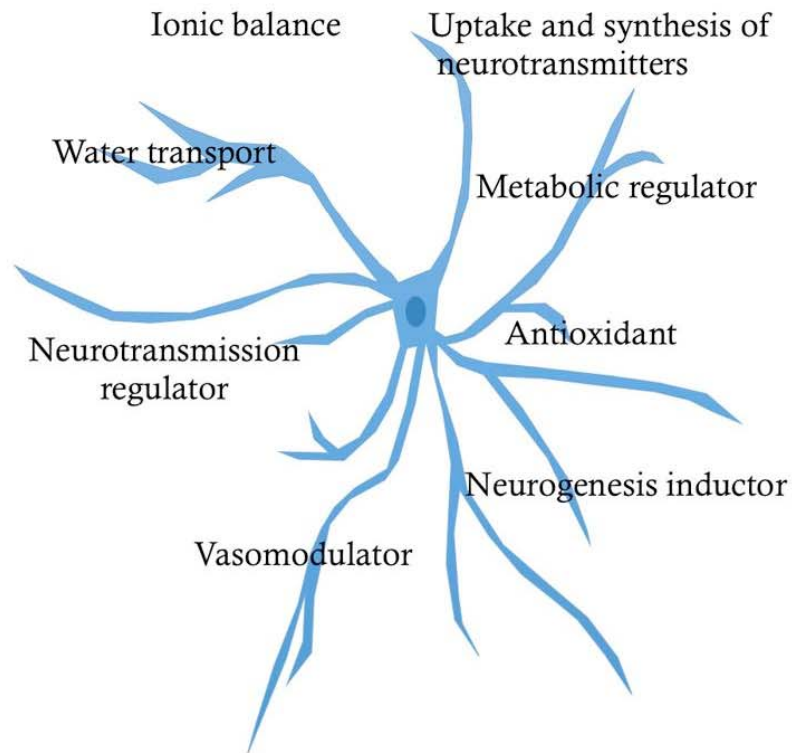


severe diffuse astrogliosis

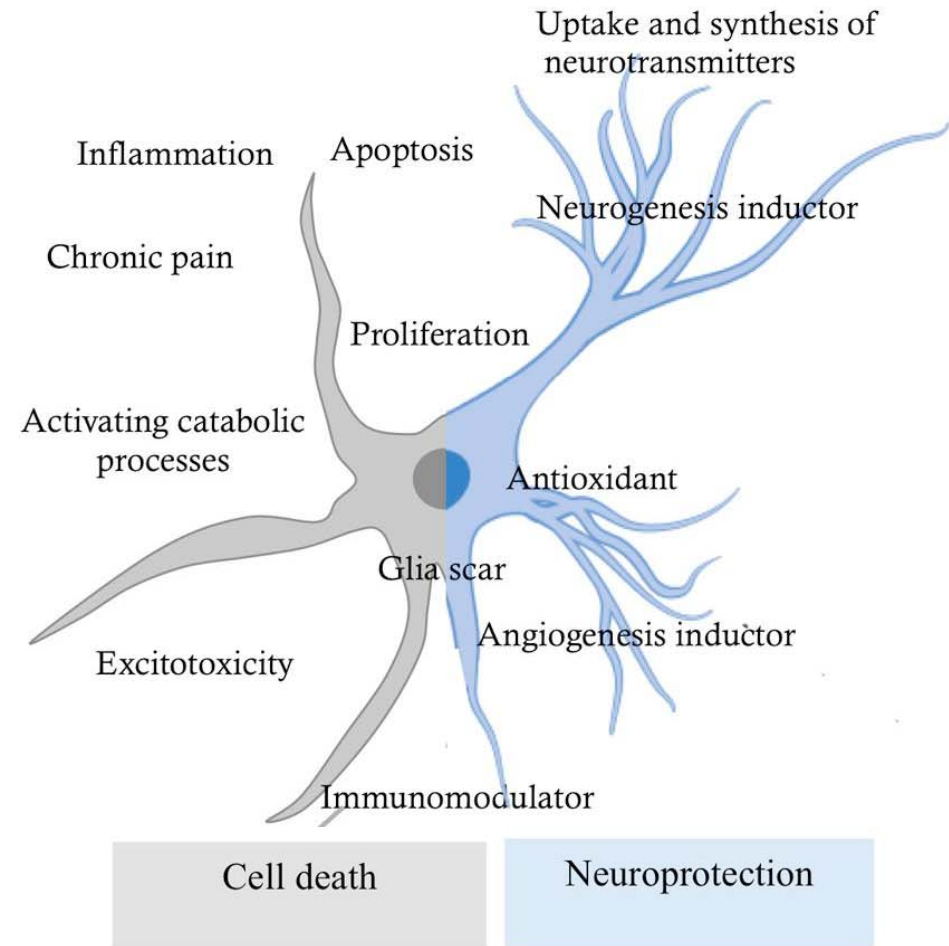




A ASTROCYTES IN PHYSIOLOGICAL CONDITIONS

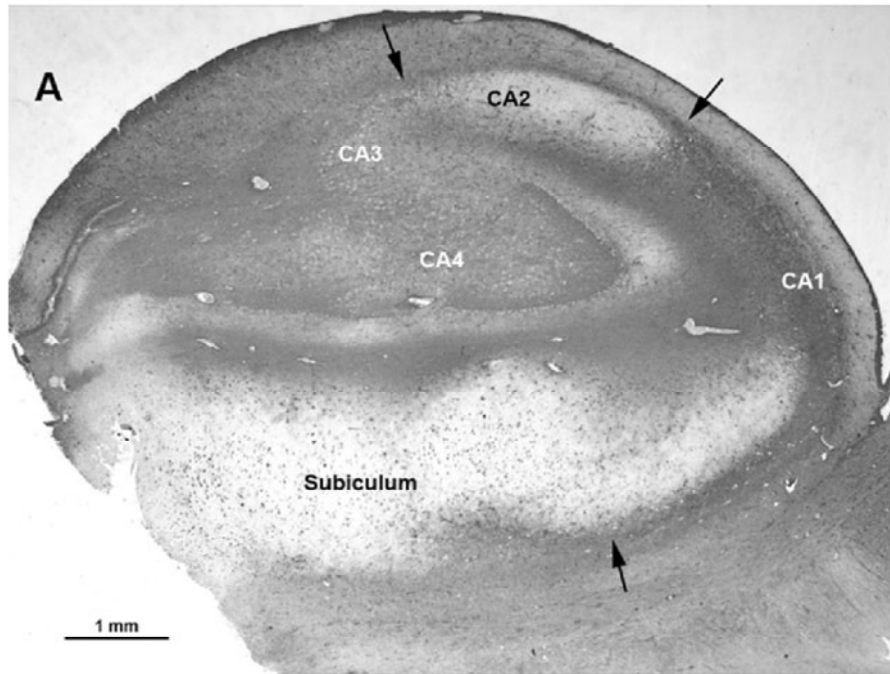


B REACTIVE ASTROGLIOSIS

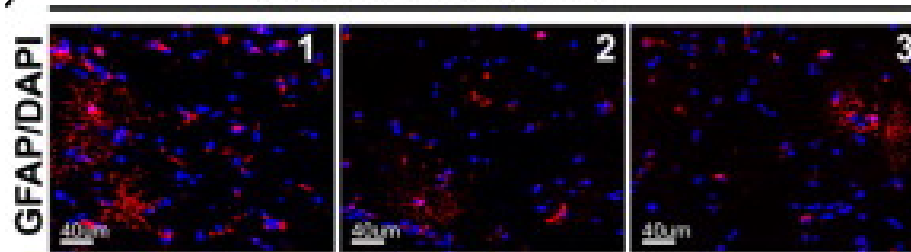




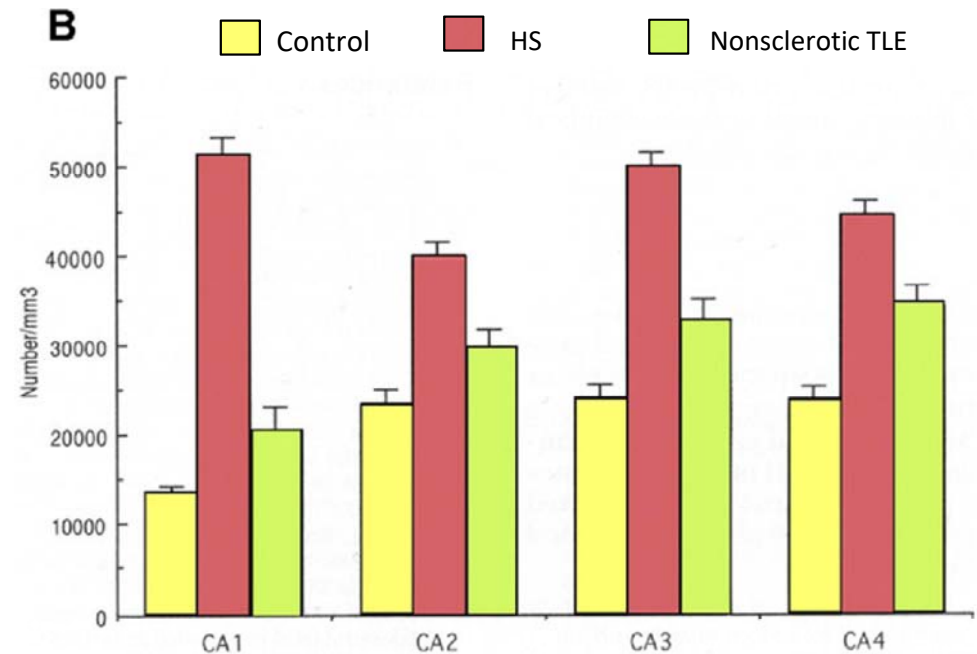
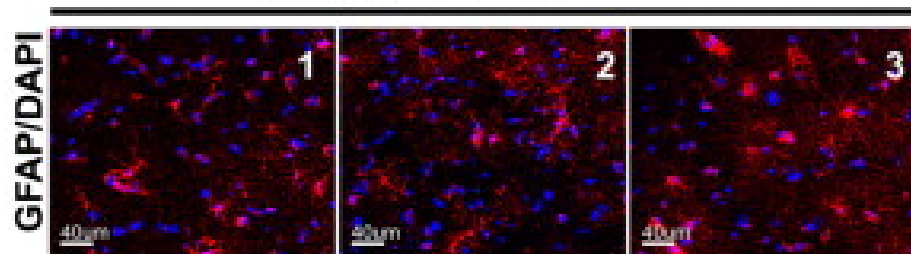
Reactive astrogliosis in Epilepsy



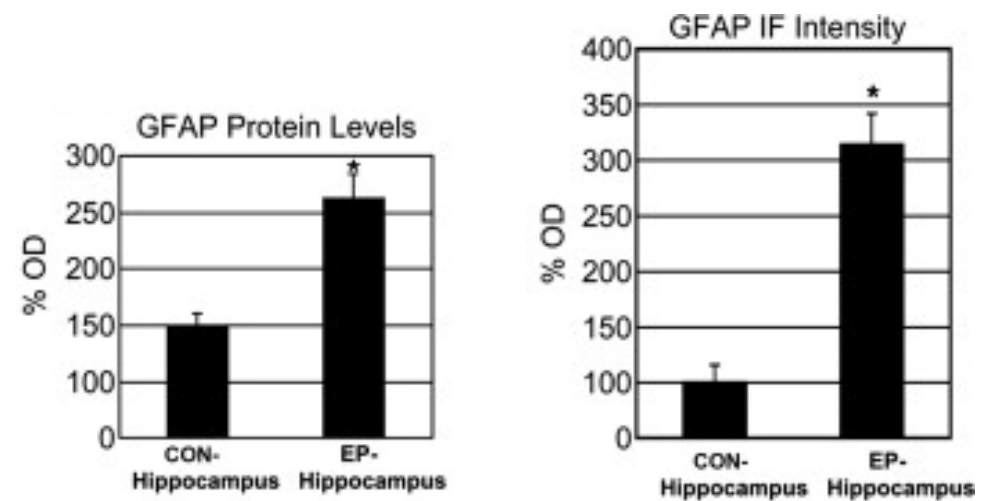
CON-Hippocampus



EP-Hippocampus

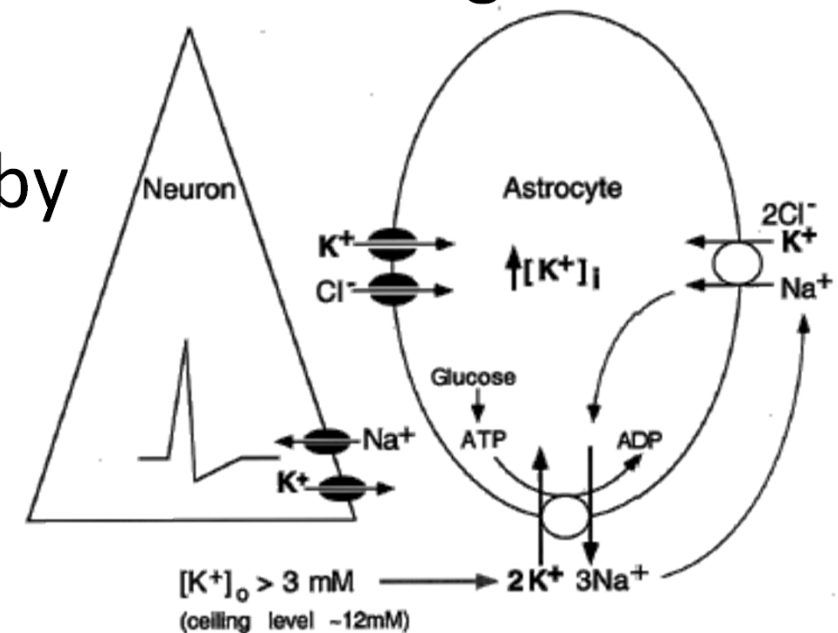


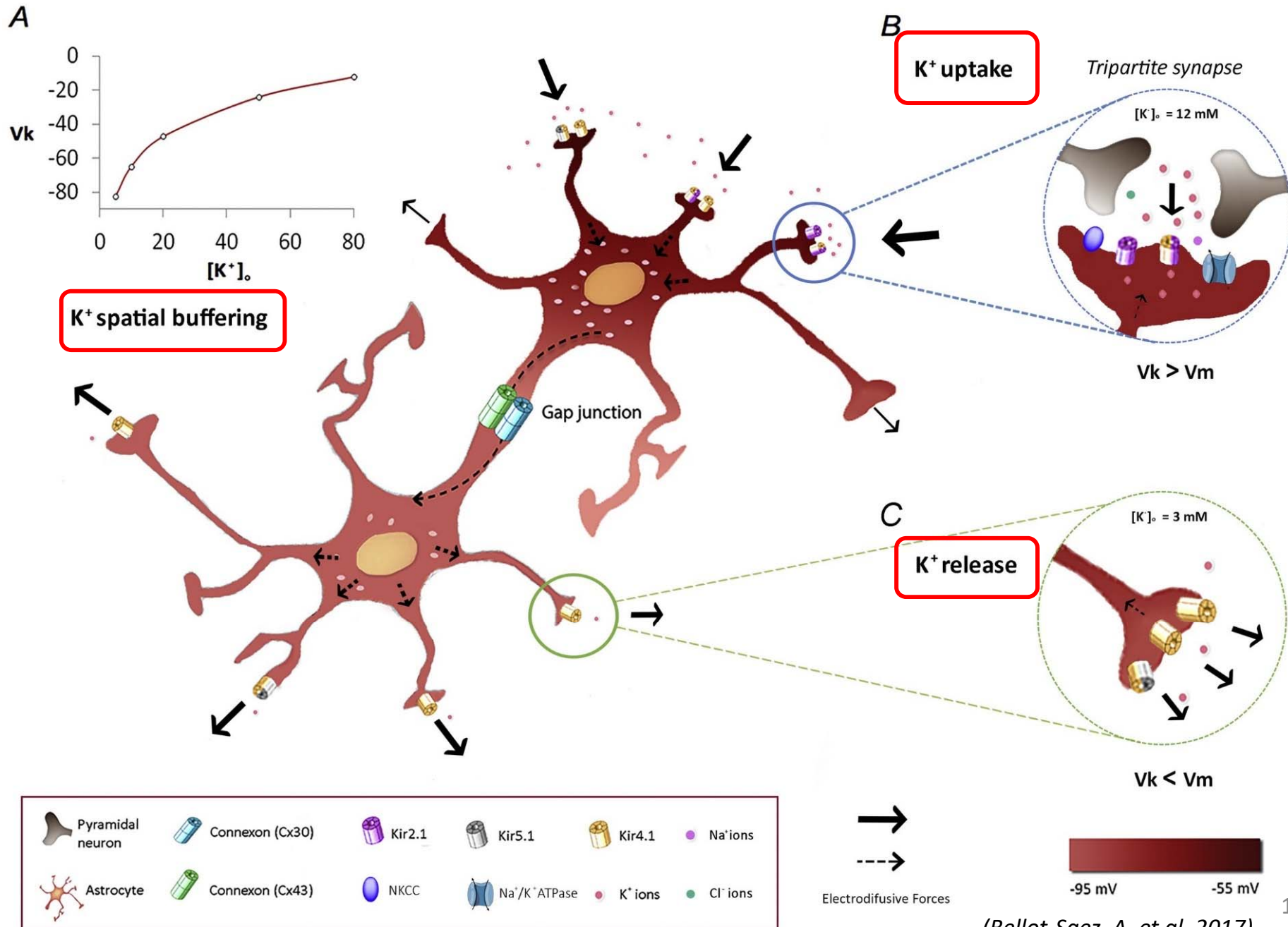
(de Lanerolle, NC. 2010)





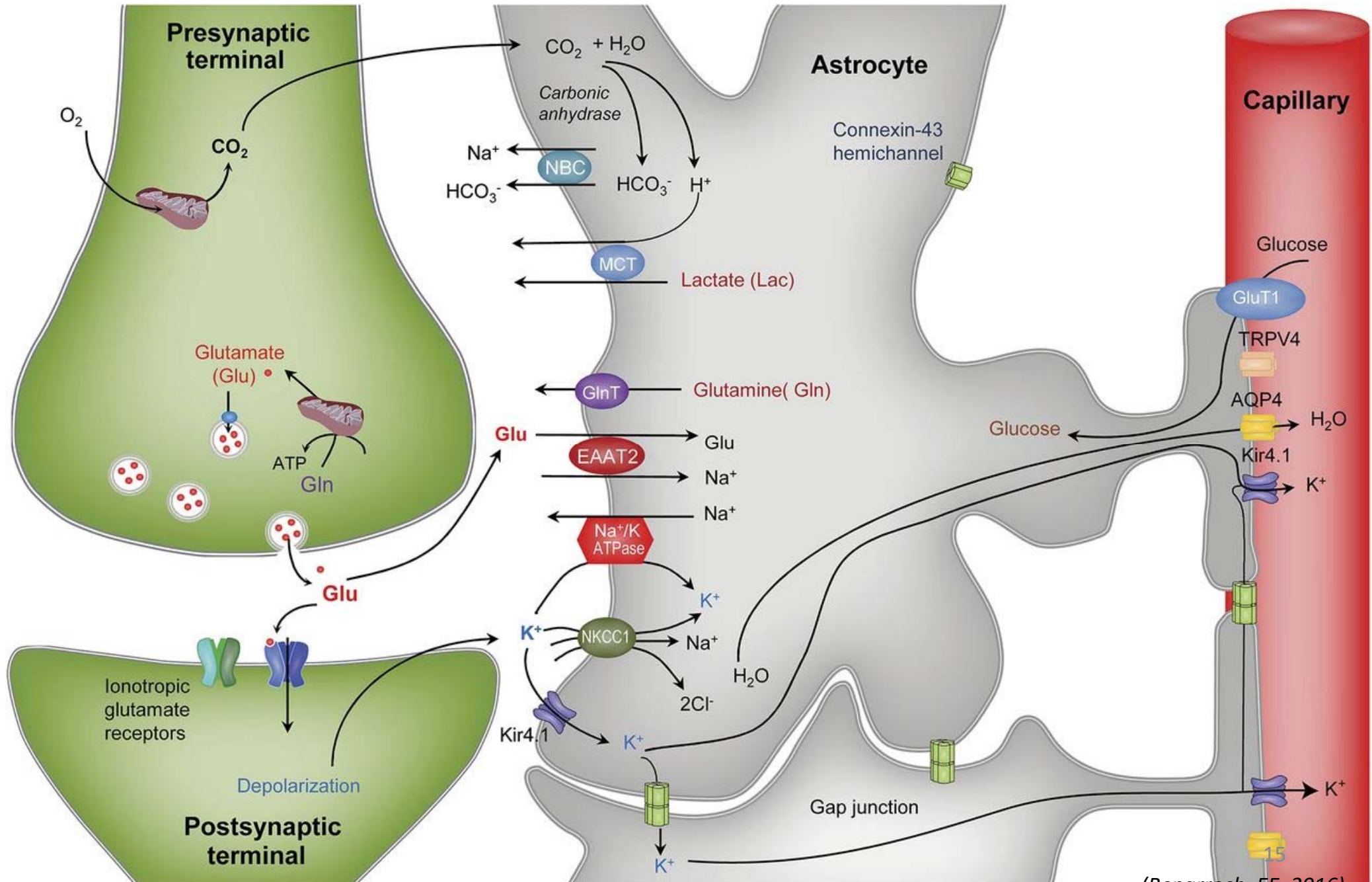
- Basal extracellular K^+ ($[K^+]_o$) is 3 mM
- The $[K^+]_o$ increases during neuronal activity
- Astrocyte membrane is very sensitive to change in $[K^+]_o$
- The increased $[K^+]_o$ is removed by
 - Na^+ - K^+ pump
 - Anion transporter (NKCC)
 - Inward rectifier K^+ channels (Kir)
- Water is transported through aquaporin 4 channel accompanying K^+ transport
 - Osmotically neutral spatial buffering







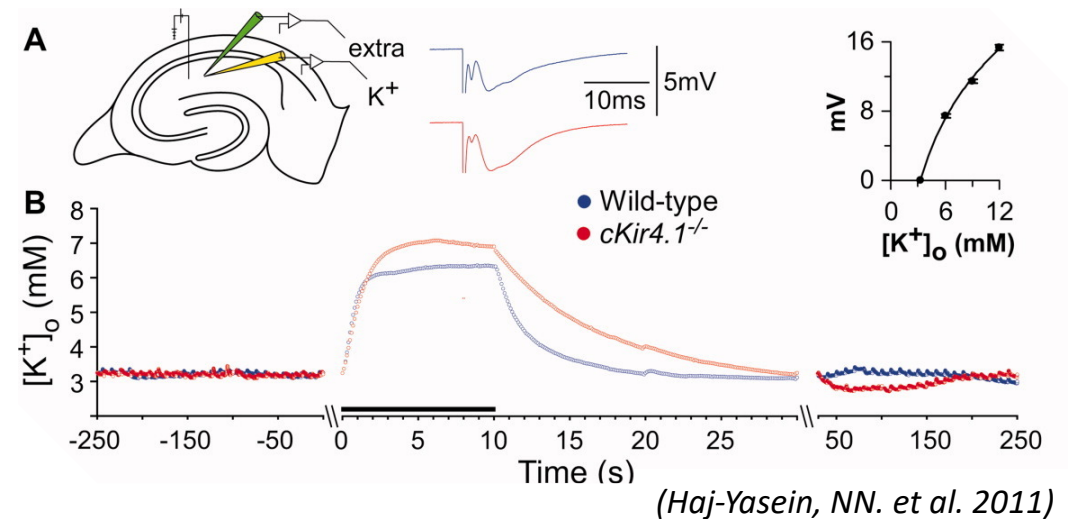
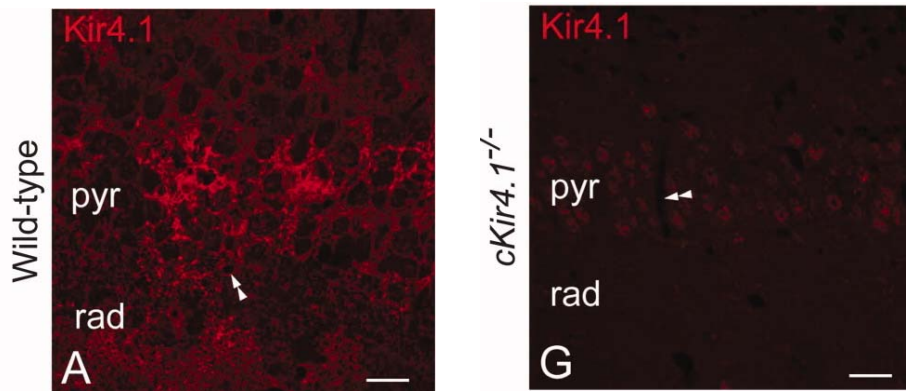
K⁺ and Water Homeostasis

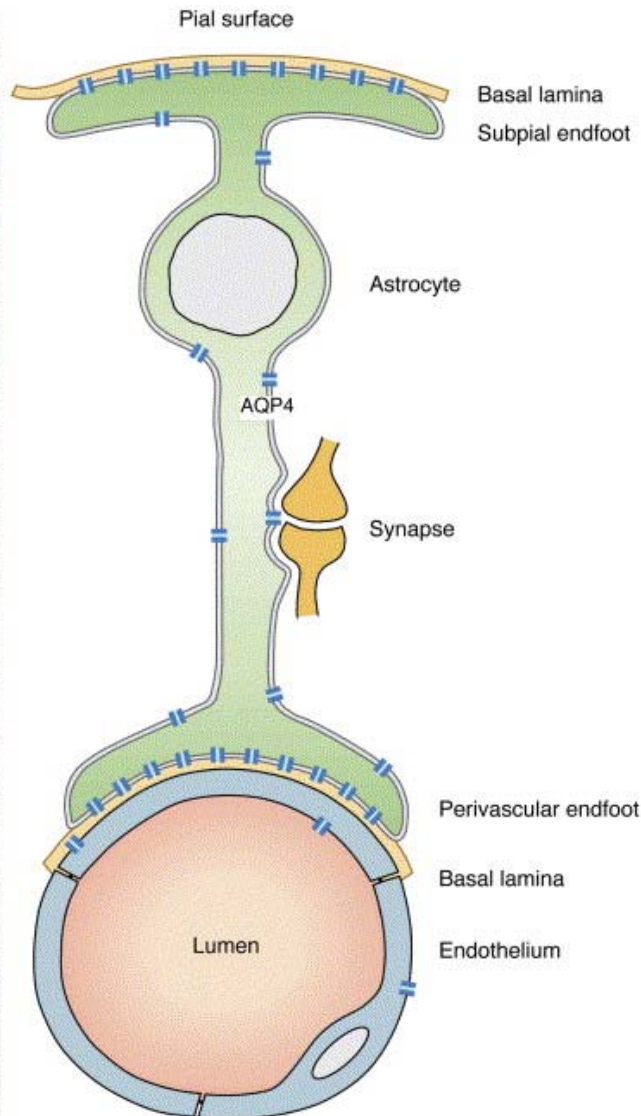
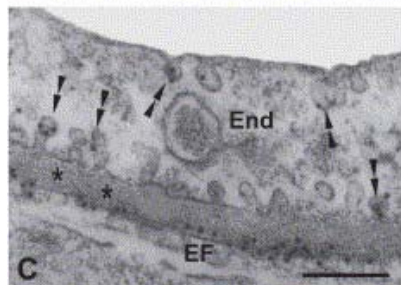
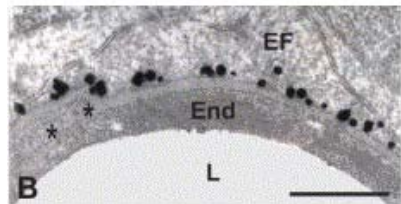
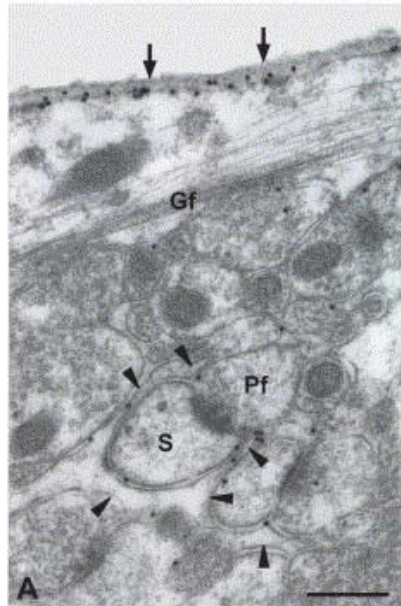




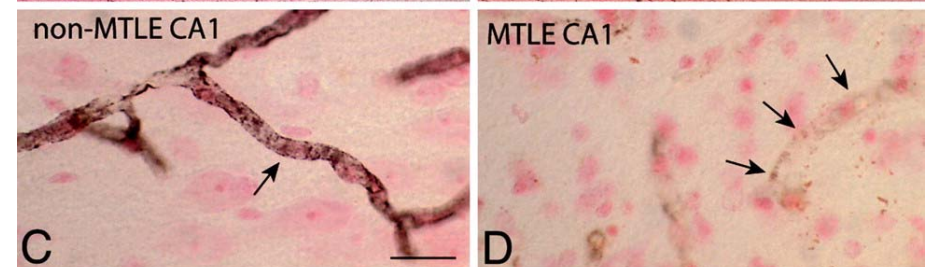
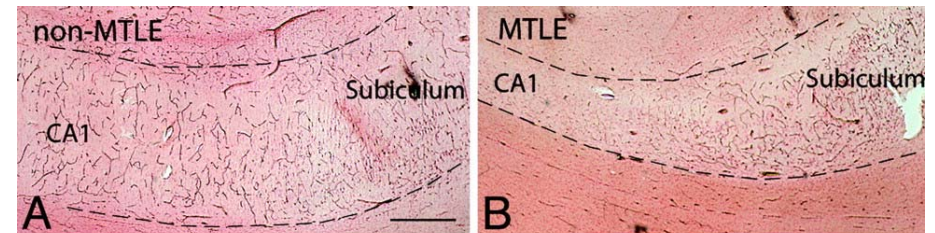
Epilepsy and Kir channels

- Decreased Kir4.1 protein levels in HS tissues compared to non-HS TLE patients (Heuser, K. et al., 2012)
- Mutations of *KCNJ10*, which encodes the astroglial Kir4.1 are associated with epilepsy



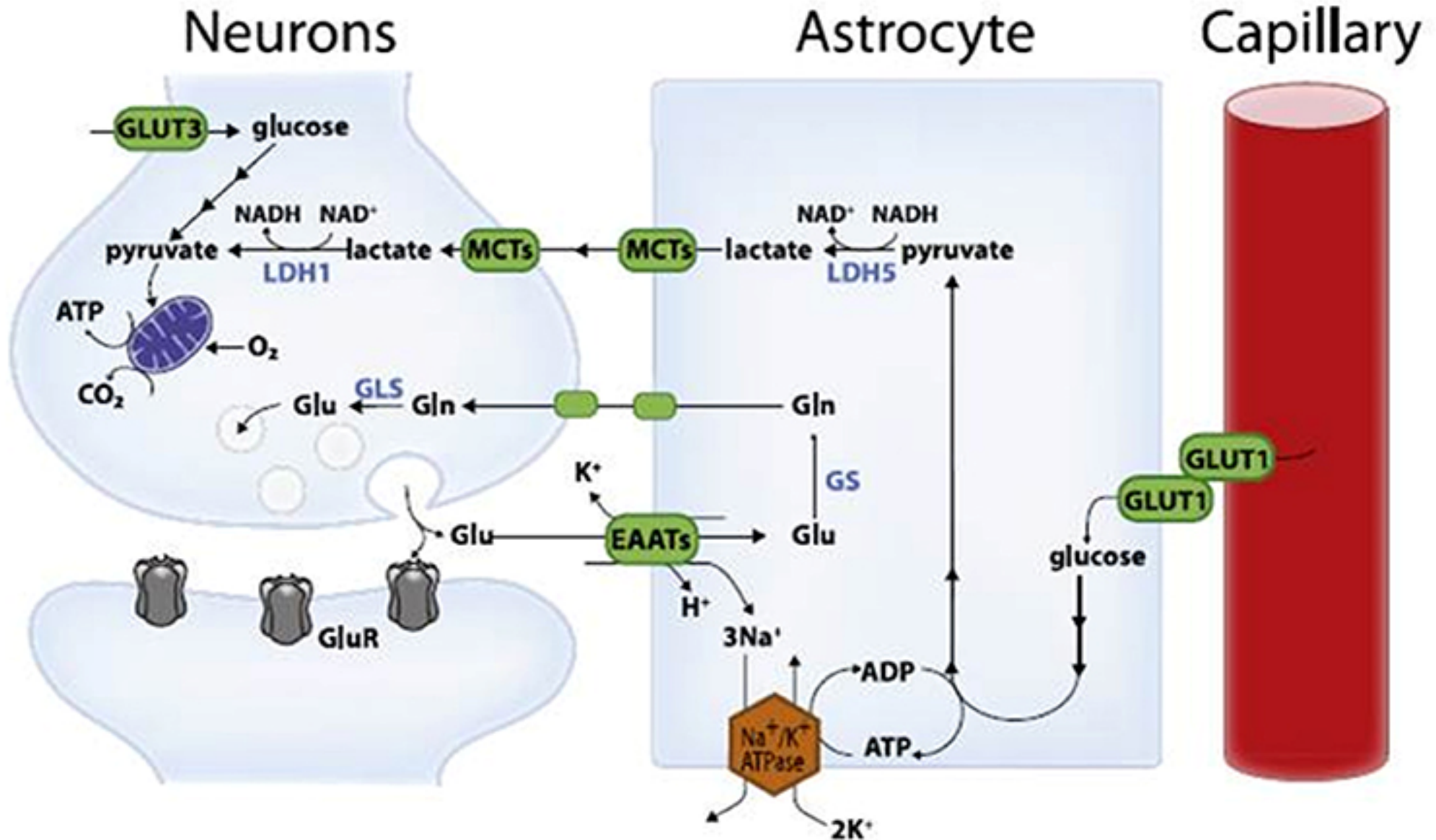


- AQP4 localized in astrocytic perivascular endfeet and perisynaptic processes. (Nagelhus, EA. et al., 2004).
- Reduced AQP4 density along the perivascular membrane domain of astrocytes in MTLE CA1 region (Eid, T. et al., 2005).



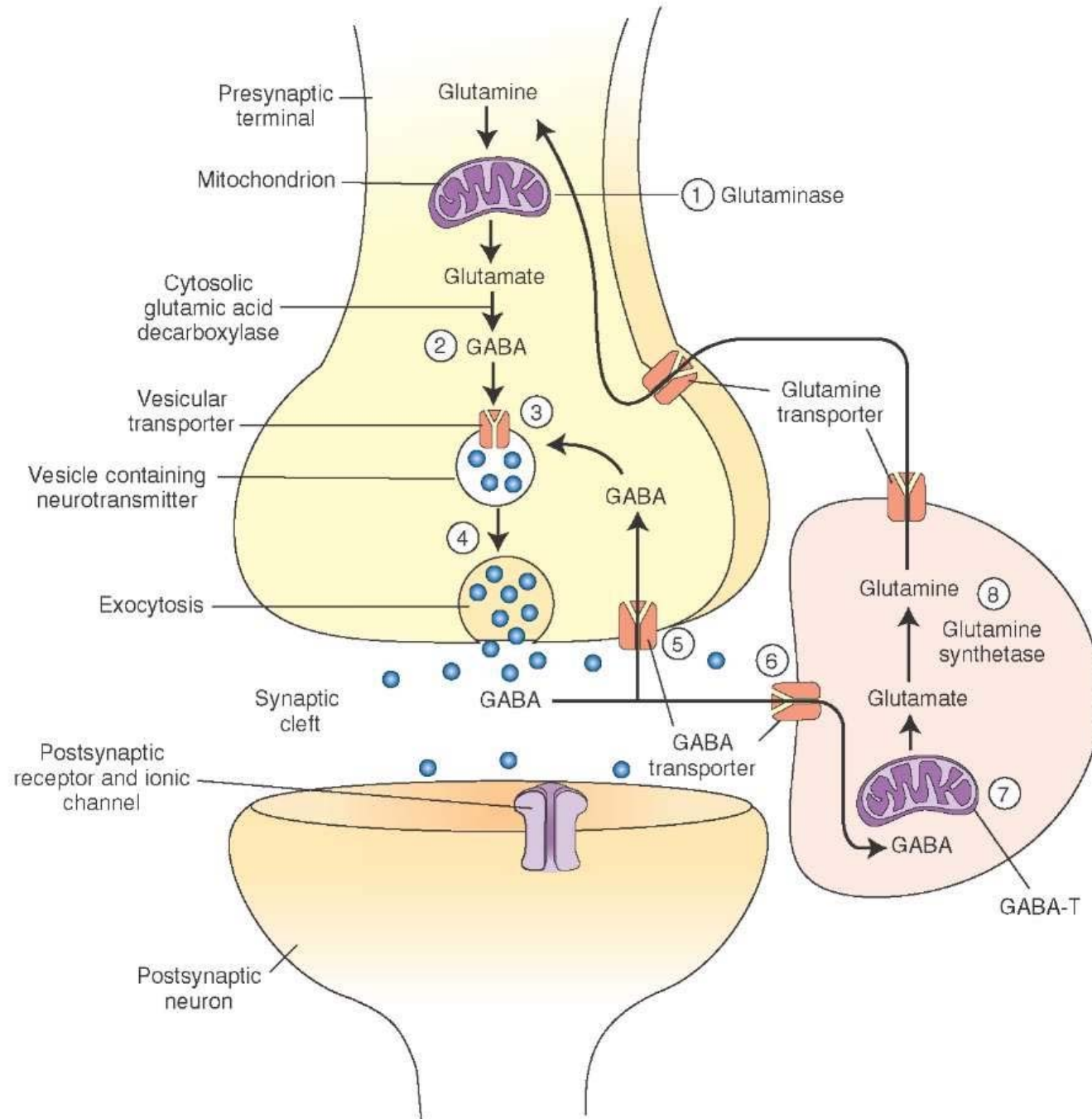


Astrocyte glutamate homeostasis



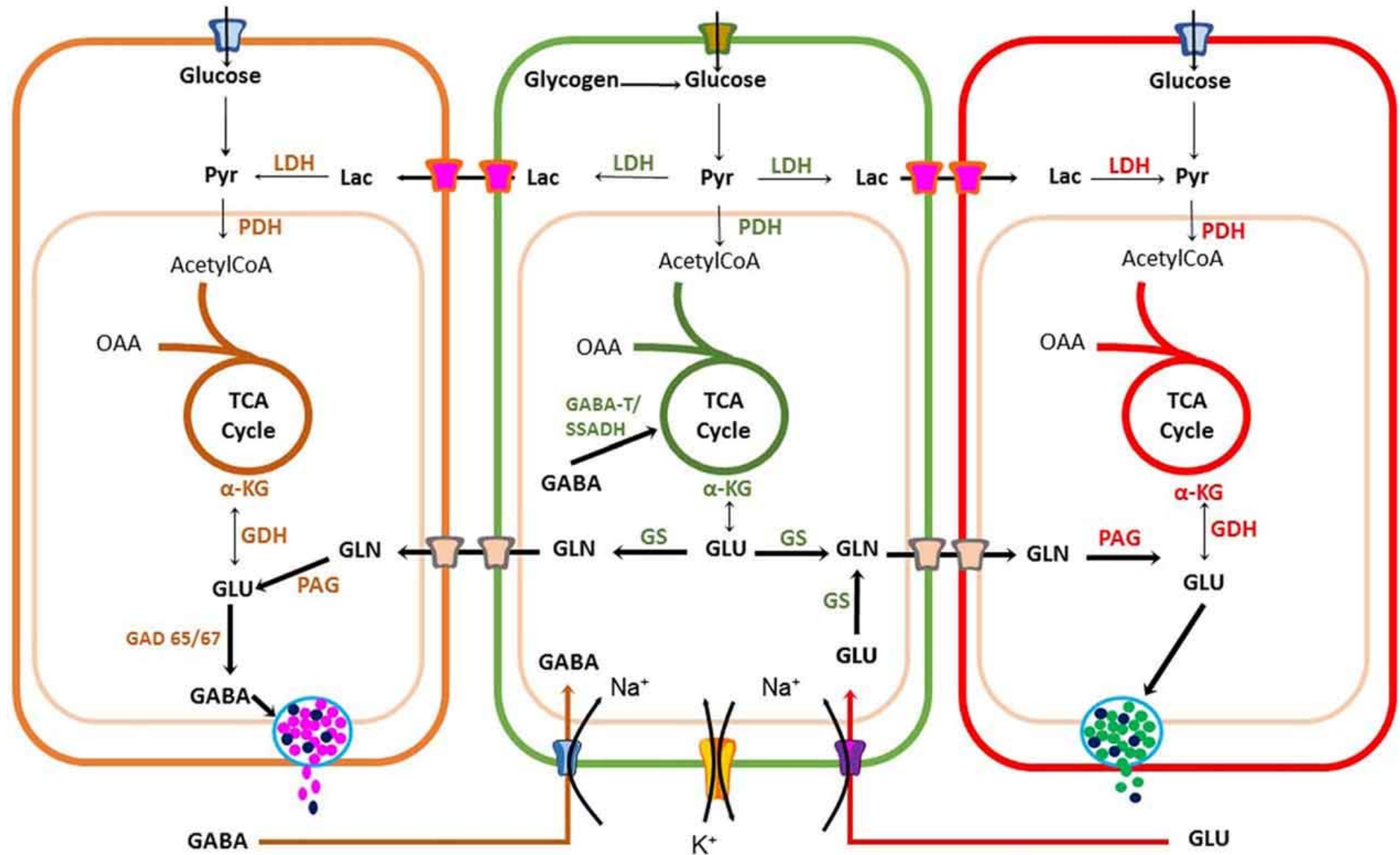


Astrocyte GABA homeostasis



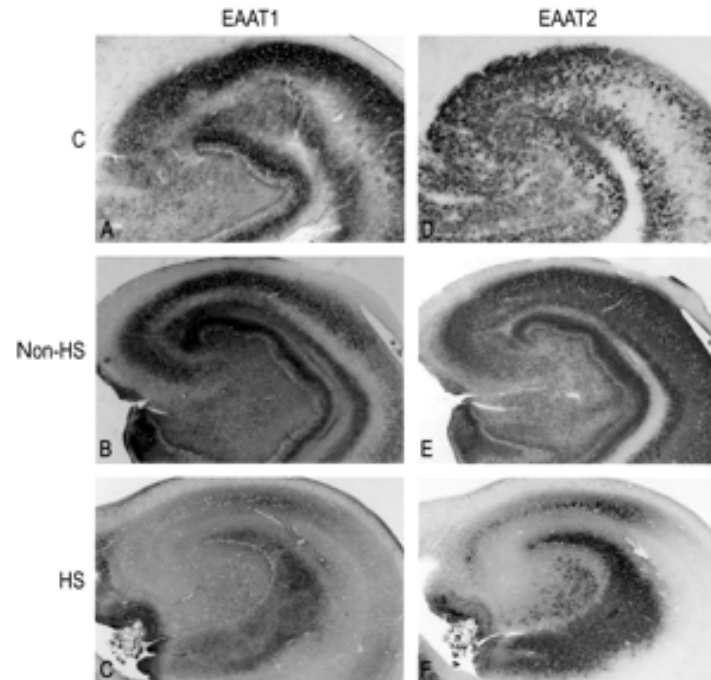


Glutamate and GABA homeostasis





- Medial temporal lobe epilepsy patients have higher extracellular glutamate levels in the epileptic sclerotic hippocampus compared to non-HS and non-epileptic hippocampus. (Cavus, I. et al., 2005).
- Decreased astroglial GLT-1 and GLAST expression in hippocampal sclerotic temporal lobe epilepsy (Proper, EA. et al., 2002).



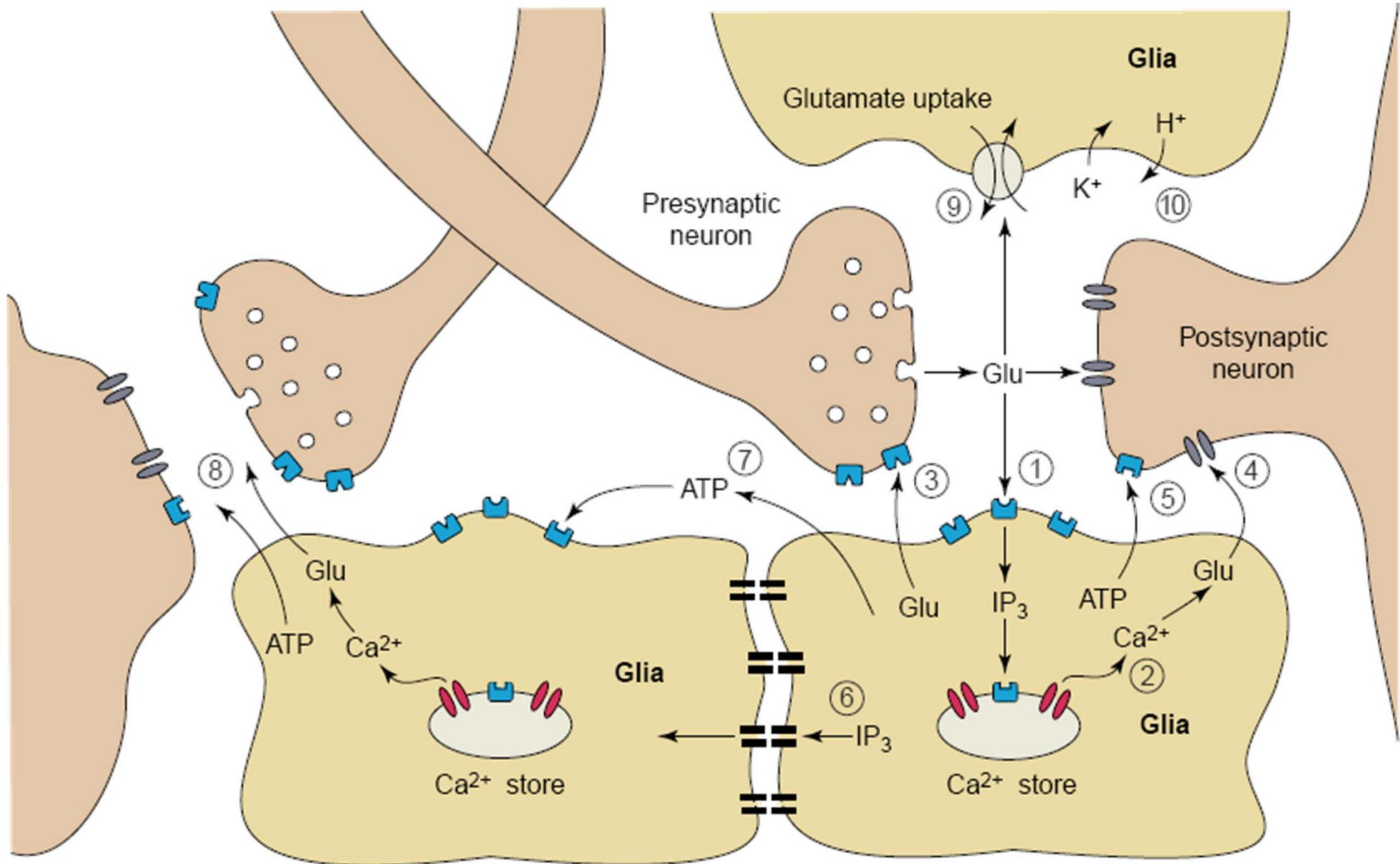
- Reduced Glutamine synthetase (GS) expression and function in astrocytes of human sclerotic hippocampi (Eid, T. et al., 2004)
- Mutations of GS gene have been found in epileptic patients (Häberle, J. et al., 2005).



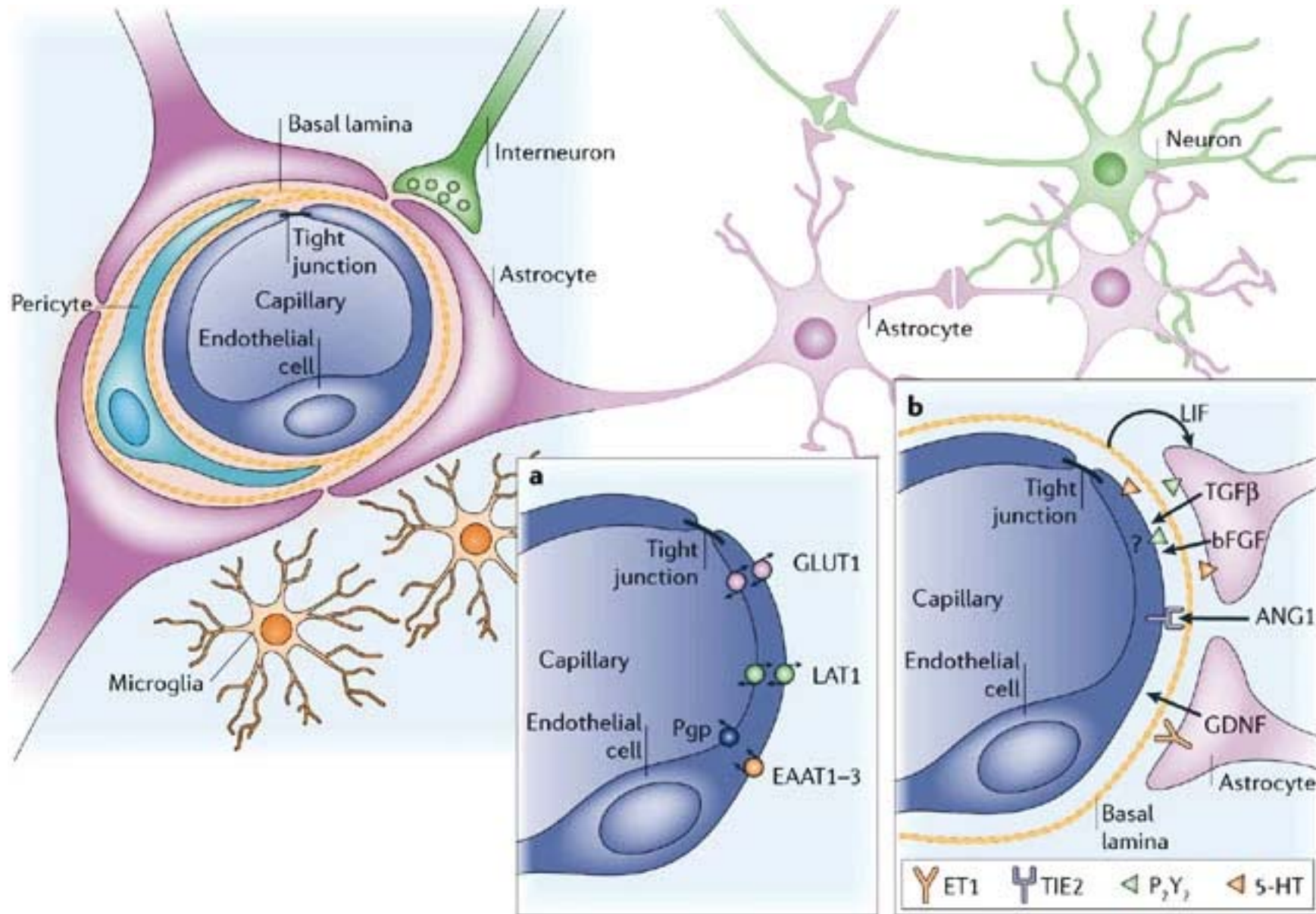
- Lower extracellular GABA levels and higher glutamate concentrations were found in hippocampus of TLE before the onset of seizures (During, MJ. and Spencer, DD., 1993)
- Increased expression of the astrocytic GABA transporter GAT3 in human hippocampal astrocytes (Lee, TS. et al., 2006)



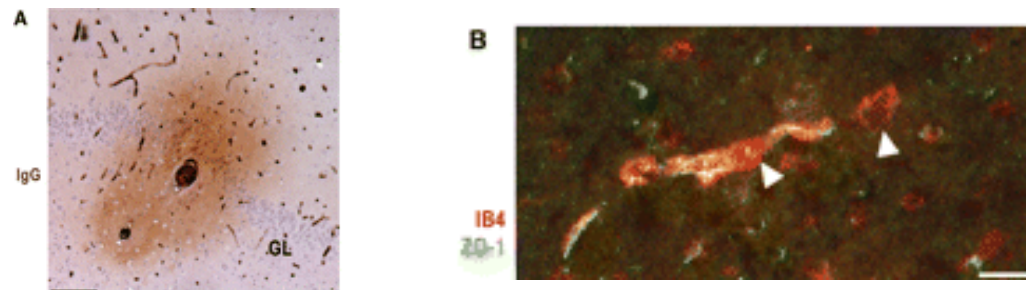
Astrocyte gliotransmission



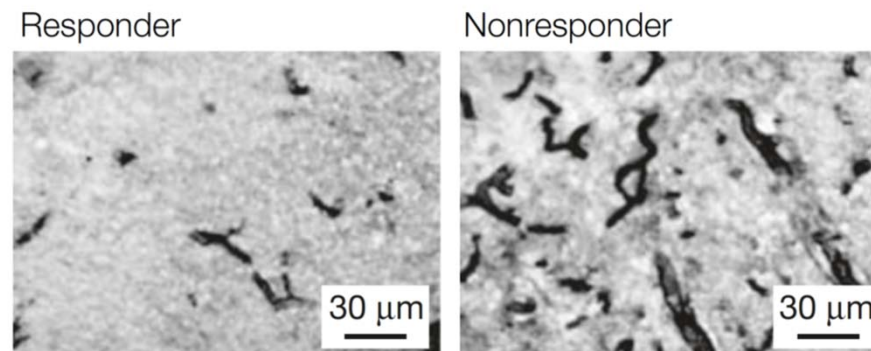
- Bidirectional interaction between neurons and astrocyte



- An impairment of the BBB was demonstrated by Immunoglobuline G (IgG) leakage and accumulation in neurons. Also reduction of tight junction protein zonula-occludens-1 (ZO-1). (Rigau, V. et al., 2007)

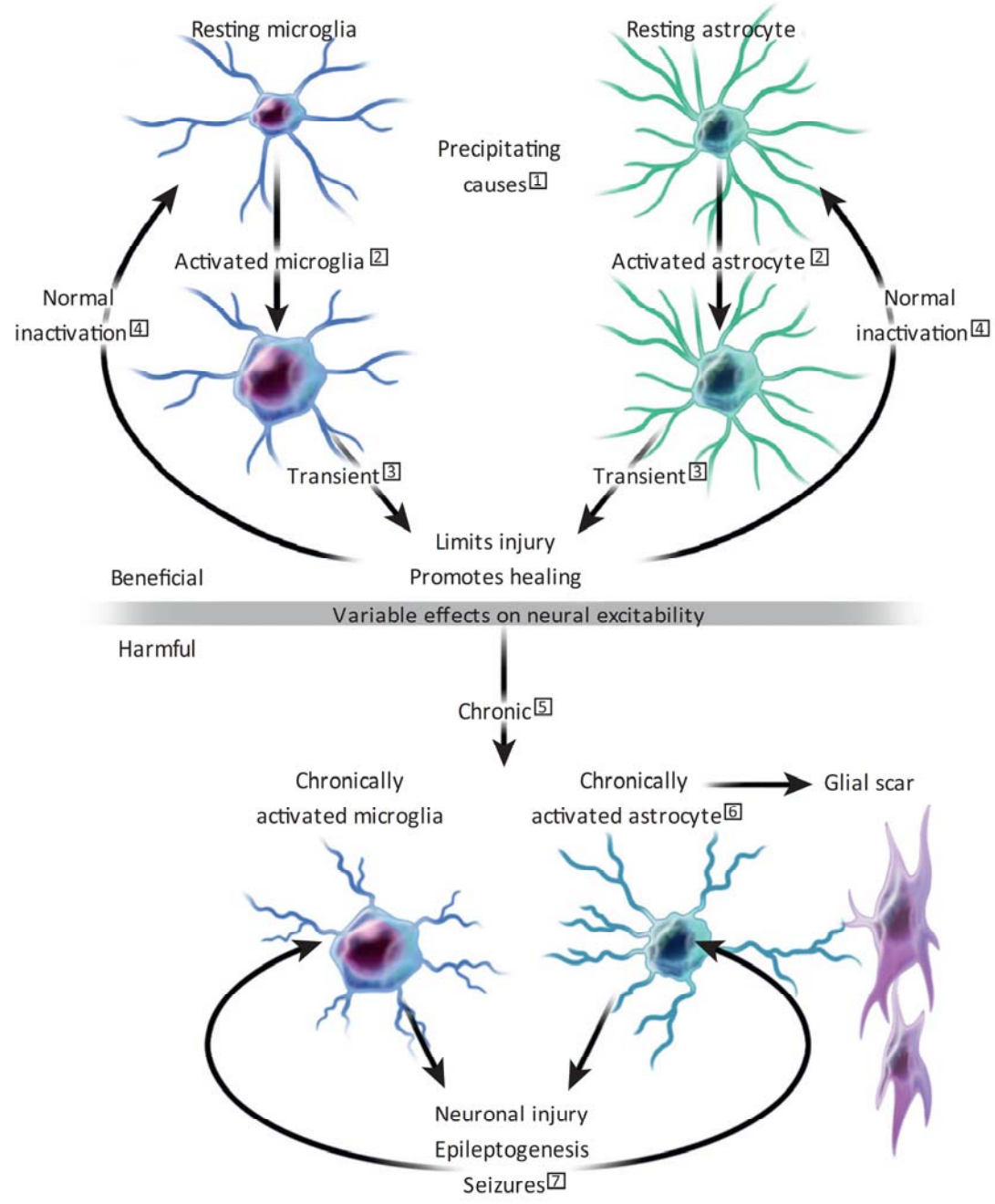


- Increased expression of P-glycoprotein in endothelial cells of drug-resistant epileptic rats. (Loscher, W. and Potschka, H. 2005)





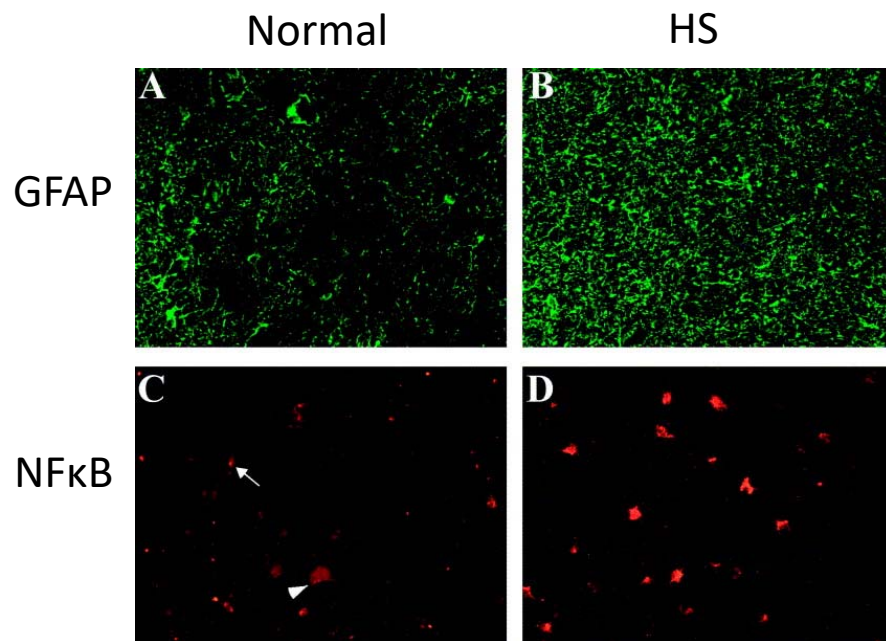
Glial-mediated inflammation



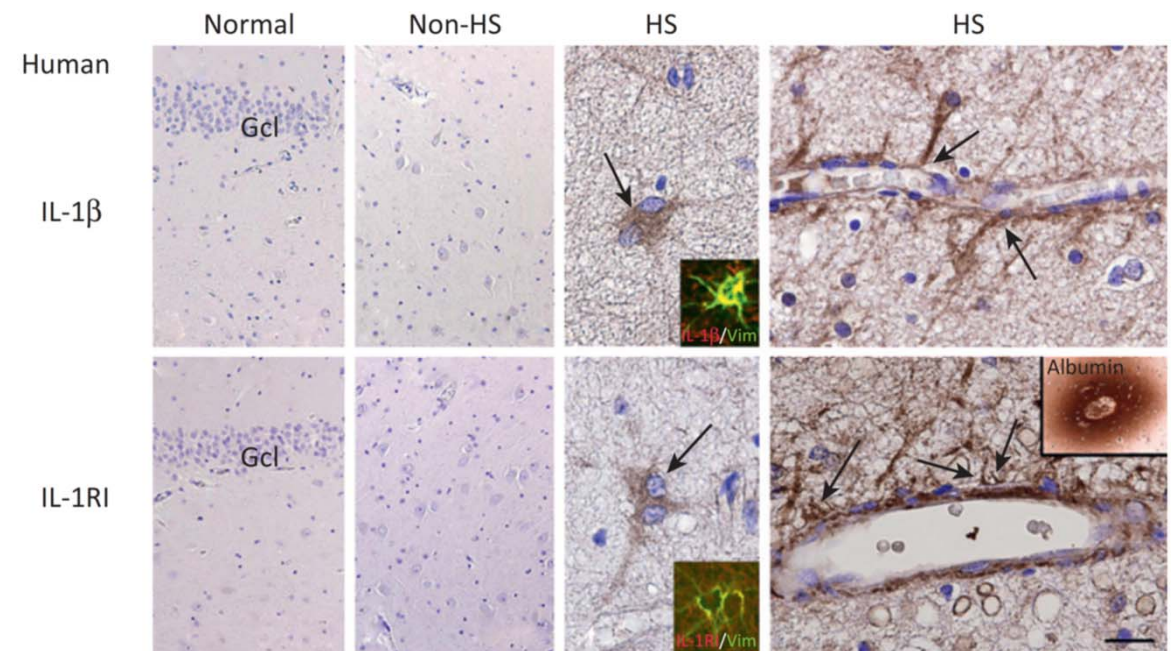


Epilepsy and Inflammation

- Hippocampi from patients with MTLE and HS displayed severe neuronal loss surrounded by gliosis and overexpressed NFκB indicated inflammatory process.
- Strong IL-1b immunoreactivity in perivascular astrocytic endfeet and IL-1RI immunoreactivity in the sclerotic hippocampus.



(Crespel, A. et al. 2002)



TRENDS in Neurosciences

- Neuronal basis of epileptogenesis has limitations.
- AEDs has limited efficacy and mostly prevent seizures but did not modify the underlying causes.
- Glial cells are promising
 - They are important for homeostatic regulation both in physiological and pathological conditions.
 - They participate in signaling.
 - They are involved with inflammation.

