

NEUROBIOLOGY

Can Regeneration be Promoted Within the Spinal Cord?

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Although regeneration in the peripheral nervous system (PNS) after injury is robust, regeneration in the central nervous system (CNS) is abortive. The results from differences in the balance of regeneration inhibiting and promoting factors, which in the CNS is skewed toward inhibition while in the PNS it is skewed towards promotion of nerve growth. In addition to lacking regeneration promoting factor the CNS has the ubiquitous distribution of factors that inhibit regeneration. PNS Schwann cells release a number of characterized and uncharacterized neurotrophic factors that exert powerful regeneration promoting influences on axons in the PNS. Thus it has been hypothesized that implantation of Schwann cells, or infusion of factors they release into the lesioned spinal cord should lead to CNS regeneration. However, Schwann cell implants alone are not very successful in

promoting CNS regeneration. Although still limited, improved regeneration takes place when there is the simultaneous inhibition of CNS regeneration blocking factors and the presence of Schwann cell-released factors. To further improve the extent of CNS regeneration we must determine the best combination of neurotrophic factors to infuse into the site of a CNS lesion, as well as be able to characterize and block all CNS regeneration inhibiting factors. This review examines what is known about promoting and inhibiting regeneration in both the PNS and CNS, and the approaches that may allow us to change the cellular environment of the CNS to one that is permissive to and promotes regeneration.

Key words: Central nervous system, Peripheral nervous system, Spinal cord regeneration, Inhibition of regeneration, Human nerve regeneration

During development and regeneration of the nervous system, axons must be promoted to regenerate and navigate to their specific targets through a complex molecular environment. Gradients of target-derived factors can both attract and repel regenerating axons (1-11). GTPases of the Ras family are involved in transducing extracellular signals into responses that lead to directed neurite outgrowth mediated by *trkA* receptors (12,13). Sprouting of axon collateral branches is important in the establishment and refinement of neuronal connections during both development and regeneration, and neurotrophins provide local cues to

stimulate the formation of collateral axon branches (14).

Although the mammalian CNS becomes inhibitory to regeneration following birth and the completion of the formation of synaptic connections, the PNS remains permissive and promotes regeneration (14,15, 16, 17, 18). Embryonic neurons are much less responsive to CNS inhibitory factors than are adult neurons (20, 21). Until recently most experiments studying neurite outgrowth promoting and inhibiting factors have been carried out on embryonic neurons since they are easier to isolate and maintain *in vitro*. However, to demonstrate the effects of eliminating inhibitory factors such as chondroitin sulfate proteoglycans (CSPG), myelin associated glycoprotein (MAG), and other inhibitory factors, or disinhibiting the action of laminin in spinal cord tissues, while simultaneously promoting neurite outgrowth, it is essential to carry out experiments on adult neurons. A number of laboratories have now developed techniques to isolate and maintain adult rat (22, 23, 24) and human (25, 26) dorsal root ganglion neurons *in vitro* which are excellent models on which to develop techniques for promoting neurite outgrowth and inhibiting CNS outgrowth inhibiting factors, and that have important clinical relevance.

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This study was supported by: ARO DAAL03-90-G-0189, ONR NB-91-12-101, NIH 5 PO1 NS07464-25, NSF-EPSCoR EHR9108775, DoD N000 14-93-1-13 80 and a Veterans Affairs grant.

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Promoting PNS regeneration. Differential screening of cDNA libraries of crushed and non-injured rat sciatic nerve have allowed genes to be cloned and identified with specific and unknown functions during degeneration and regeneration of the nervous system. More than 60 genes and their products show a specific temporal pattern of up and down regulation following peripheral nerve lesion (27, 28, 29), including genes encoding for; transcription factors, growth factors and their receptors, cytokines, neuropeptides, myelin proteins, lipid carriers, and cytoskeletal proteins, as well as ECM, and cell adhesion molecules. Although initially postulated that neurotrophins act alone on various populations of neurons, it is now clear that factors up- and down-regulated at different times after nerve section serve different functions, and that more than one neurotrophin, some of which remain unidentified, act separately and simultaneously, at any time on specific neuronal population (30, 31).

Within 3-12 hours of nerve lesion, interleukin-1 (IL-1) bioactivity, as well as mRNA levels of the growth factor and cytokine genes encoding nerve growth factor (NGF) (32, 33, 34, 35), IL-6, and granulocyte-macrophage colony stimulating factor (MG-CSF), growth-associated-protein (GAP) 43/B50, and peripherin (36, 37) are up-regulated dramatically in the distal portion of the nerve. BDNF mRNA expression begins to rise slowly 7 days post nerve lesion (38, 39). In contrast, the mRNA level of neurotrophin NT-3 rapidly declines following nerve lesion (40, 41, 34, 35, 42, 43). While NGF has a potent neurotrophic influence on embryonic and adult sensory and sympathetic neurons, other factors, such as BDNF (22) and CNTF (44) also exert an influence on adult sensory neurons. The neurite outgrowth promoting influence of NT-3 is additive to that of BDNF, although the influence of NT-3 is substantially less than that of BDNF (45). Further, novel PNS neurotrophic factors continue to be found, such as galectin-1 (46) and vascular endothelial growth factor (VEGF) which has neurotrophic actions on cultured adult mouse superior cervical ganglia (SCG) and dorsal root ganglia (DRG) (47).

Neurotrophic factors such as leukemia inhibitory factor (LIF), IL-6 and ciliary neurotrophic factor (CNTF) share signaling pathways, including the IL-6 signal transduction receptor component gp130 (48, 49). LIF is a neurotrophic factor for sensory and motoneurons (49, 50) and within 2 hours of nerve section, its mRNA level increases in Schwann cells adjacent to the lesion site and remains high for about 1 week (51). In contrast, the quantity of mRNA for CNTF, present in large quantities in Schwann cells of non-injured nerves (43), decreases to very low levels in the distal portion of the nerve 4 days after nerve section,

remains almost unchanged for approximately 3 weeks, and then begins to rise again (52). Other factors are regulated within various time frames, such as transforming growth factor (TGF)- α 1 (maximum expression 4 days post section), TGF- α 3 mRNA (expression decreases markedly immediately upon section (53), and insulin-like factors (expression increases significantly within 3 days of section, peaks between day 4 to day 6, and declines during the following 2 weeks) (54,55).

Inhibiting PNS regeneration. Although long accepted that the PNS lacks regeneration inhibiting factors and only possesses regeneration promoting factors, the distal nerve is inhibitory to regeneration for about 1 week, until Wallerian degeneration is complete, and only then does it promote regeneration (56). The inhibition results in part from Schwann cells upregulating their release of neurite outgrowth inhibitors (57) such as CSPG (58, 59, 60). To examine the influences of cell surface, extracellular matrix (ECM), and diffusible factors, in inhibiting and promoting regeneration cryosections of innervated and denervated peripheral nerves have been used as substrates for neurons. Neurons extend neurites of equal lengths on both types of sections, surprising since denervated Schwann cells increase their synthesis of the neurite outgrowth promoter laminin (60). However, this is attributed to the influence of the laminin being inhibited by its association with Schwann cell-derived CSPG (57, 60, 61), since application of exogenous laminin to cultures of neurons on peripheral nerve sections overrides the inhibitory influence of peripheral nerve MAG (62). Although another series of experiments showed that neurite outgrowth on denervated peripheral nerve was twice as great as on non denervated nerve, this growth resulted from the neurites avoiding MAG and CSPG expressing membranes and extending on endoneurial cells of the denervated sections (63). Even though CSPG synthesis remains high during the regeneration process it would appear that axons eventually regenerate once the Schwann cells synthesize and release neurotrophic factors in sufficient amounts to overwhelm the inhibitory influences of the CSPG. PNS regeneration rates can be increased by digesting CSPG (57, 56), or blocking its synthesis with β -D-Xylosides (56). It has been shown that in spite of the regeneration inhibitory influence of peripheral nerve during the first week post nerve section, its cells actually secrete a sufficient concentration of neurotrophic factors within 1-2 days of sectioning to induce extensive neurite outgrowth in vitro (24, 62, 65).

Inhibiting CNS regeneration. Although axons within the CNS do not regenerate, the portion of these same axons within the PNS regenerate well, as do CNS axons provided a PNS environment (66, 67, 68, 69, 70). Thus, the ability of axons to regenerate depends on their local cellular

environment (70,72,73). CNS regeneration is inhibited by the nearly ubiquitous presence of regeneration inhibiting factors associated with astrocytes, oligodendrocytes, and oligodendrocyte/type 2 astrocyte progenitors (O2A cells) (15, 16, 74, 75).

Oligodendrocytes and their myelin induce contact mediated inhibition of neurite growth from sympathetic and sensory neurons (18, 20). This inhibition is due to 2 minor membrane proteins (MW 35 and 250 kDa) (bNI-22 and NI-35/250) (15, 16), as well as MAG, tenascin-R, and NG-2. The active protein has a mass of 220 kDa and an isoelectric point between 5.9 and 6.2, its inhibitory activity is sensitive to protease treatment, resists harsh treatments like 9 M urea or short (18). Neutralizing these factors in vitro with monoclonal antibodies IN-1 and IN-2 allows neurites to overgrow oligodendrocytes and elongate on a substrate of CNS myelin (16, 20, 18, 76, 77, 78), while in vivo rats with complete bilateral lesions of the cortico-spinal tract treated with IN-1 have massive sprouting through the lesion site (74). Although MAG is another myelin inhibitory component (79, 80, 81, 82, 84, 21), its physiological importance is controversial, since one study reported an enhancement of the rate of axon regeneration in MAG *-/-* mice (84, 85), while another showed no improvements (86). More recently DRG neurons transplanted into degenerating CNS white matter undergoing Wallerian degeneration extended axons despite contact with the myelin, indicating that degenerating white matter beyond a glial scar has a much greater ability to support axon regeneration than previously thought (87). In addition to blocking neurite growth the myelin-associated protein Nogo-A, an antigen for the monoclonal antibody IN-1 (88) raised against CNS NI-35/250 (98) appears to play a role in regulating axon plasticity to maintain the proper targeting of terminal arbors within specific gray matter regions (90).

Although it is generally considered that astrocytes inhibit CNS regeneration there is increasing evidence to indicate that they possess both axon-growth promoting and axon-growth inhibitory properties (91). Astrocytes express known neurite-outgrowth promoting molecules such as laminin, fibronectin and N-cadherin as well as the growth inhibitory molecules tenascin and chondroitin sulphate proteoglycan, plasminogen activator, plasminogen activator inhibitor activity, and growth cone collapsing activity. These findings suggest that the functional differences between the permissive and the inhibitory astrocyte cell lines resides largely within their ECM. The dorsal root entry zone (DREZ) forms the junction between the dorsal roots of the PNS and the spinal cord (CNS). In rats older than 1 week, reactive astrocytes of the DREZ stop lesioned primary sensory axons from

elongating (92, 93, 94, 95, 96, 97, 98, 99, 100, 101) due to an impenetrable membrane bound molecular barrier of CSPG, composed of cytotactin/tenascin (CT) and chondroitin 6-sulfate-containing proteoglycans (C-6S-PG) (96), which also inhibit Schwann cell invasion of the CNS (96). CNS injury also induces reactive astrocytes to form regeneration inhibitory astrocytic scars (96, 97, 87), where neurites that fail to regenerate are enclosed by CSPG (95, 97). Reactive astrocytes in vitro express high levels of CSPG and are inhibitory to neurite growth, but become permissive when treated with glycosaminoglycan (GAG)-degrading enzymes (94), suggesting that CSPG is a primary regeneration inhibitory molecule (95, 97). In adult rats a lesion of the entorhinal cortex causes reactive astrocytes to express neuronal CSPG neurocan. However, they do not prevent regeneration but serve as boundaries that determine the path along which the axon regenerate (100, 102). Neurons grafted atraumatically into adult rat white matter tracts regenerate their axons, while grafts associated with trauma do not (97, 87). Thus astrocytes can inhibit axon growth (103, 104) once trauma makes them reactive (97). Reactive astrocytes are phenotypically diverse and vary in their ability to support neurite outgrowth (105, 106, 91, 107). The Neu7 astrocyte cell line is the most inhibitory, apparently due to its expression of CSPGs (91) among which are NG2, versican, and the proteoglycan(s) recognized by the CS-56 antibody, which are at higher levels than the other cell lines (108). Versican, which in vitro appears on astrocytes in patches, is not avoided by extending neurites (108). In some astrocytes and O2A cells NG2 synthesis is rapidly upregulated after injury and forms a dense NG2-rich network (108). The inhibitory influence of membrane bound and diffusible NG2 is eliminated by digesting the core protein, or removing the CS chains (109, 108). Disrupting proteoglycan sulfation with sodium chlorate increases axon growth through three-dimensional cultures of primary astrocytes (109). The inhibitory influence of astrocytes can also be eliminated by inhibiting the synthesis or proteoglycan with β -D-Xylosides (109). This also reduces the ability of astrocytes to form boundaries that repel axons (107). Thus, although several CSPGs are differentially expressed by astrocytes, NG2 and its side chains appear to be the most important obstacle to axon regeneration (110, 111, 112).

Specific similarities and differences between oligodendrocytes and astrocytes. Oligodendrocytes and astrocytes both inhibit CNS regeneration via proteoglycans, particularly those with CS side chains (113, 114, 110), cell surface factors, and constituents of the ECM (111, 112, 114, 115, 116, 117, 118). However the specific inhibitory factors differ, with astrocyte versican

not being inhibitory (59, 108), while oligodendrocyte versican is a potent inhibitor (119), likely due to the two populations expressing different isoforms of versican (V1 for astrocytes and the V2 splice variant for oligodendrocytes). Bovine oligodendrocyte myelin also contains a neurite growth-inhibitory activity associated with CSPG that is ascribed to another CSPG, brevican (119). Oligodendrocytes and astrocytes also differ in that for oligodendrocytes the CSPG core protein is a potent inhibitor (120, 110), although its associated CS side chains are not, since their elimination does not reduce inhibition (119). However, digestion of astrocyte CS side chains eliminates inhibition (107). Thus any attempt to change the environment of the CNS from regeneration inhibitory to permissive/promoting requires blocking or inactivating a number of different factors on a variety of cell types.

Pro-inflammatory factors improve CNS recovery following trauma. Trauma-induced lesions in the brain and spinal cord induce a complex cascade of cellular reactions at the local lesion site including leukocyte infiltration, blood-brain barrier (BBB) breakdown, secondary tissue death, inflammatory reactions, as well as scar and cavity formation (121, 122). These phenomena are more pronounced in the spinal cord than in the praenychyma of the brain (121, 122). Transcription of pro-inflammatory cytokines TNF alpha and IL-1, as well as MIP-1 alpha and MIP-1 beta is upregulated within the first hour following injury (123). Resident CNS cells, probably microglial cells and not peripheral inflammatory cells, are the primary source of cytokines and chemokine mRNA (123). Animals receiving a cytokine mixture of interleukin-1 beta (IL-1 beta), interleukin-6 (IL-6), and tumor necrosis factor alpha (TNF alpha) within 1 day of CNS trauma showed a smaller amount of tissue loss 7 days after the trauma than animals receiving Ringer solution (124). The inflammatory reaction of the spinal cord has serious detrimental consequences and blocking the formation of inflammation, or reducing it is critical for functional recovery. Infusion of the glucocorticosteroid, methylprednisolone (MP), within 8 h of a spinal cord transection in the adult rat gives rise to improved neurological recovery as well as reducing both spinal tissue loss and dieback of vestibulospinal fibers, and causing a transient sprouting of vestibulospinal fibers near the lesion at 1 and 2 weeks post-lesion (125). However the relationships between the inflammatory changes, spinal tissue sparing, and axonal survival and sprouting are complex and not well understood.

Vascularization improves CNS. Following CNS trauma increased vascularization appears to improve CNS regeneration, but such increased vascularization is limited. Although 4 days following spinal cord trauma there is a

significant increase in the number of blood vessels present at the lesion site, after 1 week the number of vessels declines (126). Thus, although physiologically there are significant initial attempts to repair disrupted vasculature following trauma it is not fully completed and does not lead to the restoration of a compact tissue and it does not prevent the subsequent formation of caverns (126). The expression of VEGF mRNA, which is required for vascular formation, is restricted to fibre tracts precisely in the areas where the changes in the vasculature are observed later on (123). These results suggest that experimental attempts to induce sustained vascularization in the region of spinal cord trauma may improve the success of CNS regeneration following trauma.

Alternative Approaches for Promoting CNS Regeneration and Their Relative Benefits

1. Inactivating growth inhibitory factors in the CNS

A. Infusion of antibodies that neutralize growth inhibitory molecule bioactivity. Infusion into lesioned adult rat spinal cords of the IN-1 antibody that neutralizes the biological activity of the growth inhibitory Nogo protein induces limited behavioral recovery in motor and sensory tests (77, 74, 78, 127, 88). If and when additional inhibitory factors are found infusion of antibodies against, them plus the IN-1 antibody, should allow additional regeneration to take place.

B. Degrading regeneration inhibiting factors or down regulating their synthesis.

- i. Neurons synthesize and transport metalloproteinase-2 (MMP-2) to their growth cones where it is released and degrades the neurite growth inhibiting of CSPG (56). The membrane-bound MMP-2 activity (C6-MP) shares several biochemical and pharmacological characteristics with MT-1 -MMP (128), and enables rat and human glioblastoma cells to migrate into CNS white matter which they would otherwise do not do (129). Thus proteolytic inactivation of CSPG and myelin associated growth inhibitory proteins by growth cone secreted MMP-2 would expose ECM laminin, that is otherwise masked by CSPG, making the substrate neurite outgrowth promoting (113). In a synthetic ECM NGF induces metalloproteinase-dependent neurite growth (131). These results suggest that induction of an increased synthesis and release of metalloproteinase activity from growth cones of CNS neurons would therefore

degrade growth inhibitory factors and lead to CNS regeneration.

- ii. Exposure of isolated lengths of PNS nerve to chondroitinase ABC (C-ABC) degrades CSPG and, enhances neurite growth on these nerves in vitro (56). Exposure of DRG neuron-associated Schwann cells with their CSPG rich membranes to C-ABC eliminates the CSPG inhibition of neurite growth (132). Thus infusion of dorsal roots, the DREZ, and the CNS with C-ABC should allow the regeneration of DRG axons into and within the CNS (132).

C. Down-regulating the synthesis of CNS growth inhibiting factors. β -D-Xylosides blocks the synthesis of CSPG and systemic injection of β -D-Xylosides into adult rats enhances the rate of PNS nerve regeneration (56). Exposure of oligodendrocytes in vitro to β -D-Xylosides blocks their surface presentation of brevican and versican V2 resulting in the elimination of growth cone collapse following contact with these oligodendrocytes (119). Therefore systemic injection of β -D-Xylosides, or its infusion into the site of a CNS lesion should allow regeneration through the lesion.

2. Eliminating growth cone sensitivity to CNS growth inhibitory factors.

A. Elevating a neuron's intracellular cAMP concentration in vitro by neurotrophins or dbAMP before they encounter neurite growth inhibitory factors eliminates their sensitivity to the growth inhibitors MAG and myelin (21). Thus elevating the concentration of neuronal cAMP in the region of a CNS lesion should allow the injured axons to regenerate within the CNS.

B. For adult dorsal root ganglion neurons, even though they remain in contact with the growth inhibitory CSPG of Schwann cells, the inhibition of the CSPG can be reduced by exposing the neurons to several neurotrophins presented singly (NGF, BDNF, NT-3) and further reduced when these neurotrophins are present simultaneously (132). However, exposure to a complex combination of neurotrophic and other factors completely abolishes the CSPG inhibitory influence while simultaneously inducing massive neurite growth (132). These are exciting results since CSPG appears to be a major growth inhibitor in the dorsal roots, DREZ and CNS. Thus infusion of the appropriate combination of neurotrophic factors should completely eliminate the growth inhibition of CSPG and both allow and induce significant regeneration into and within the CNS.

3. Grafting regeneration supporting cells into the CNS

Schwann cells appear to release most of the neurotrophic and substrate bound factors necessary to permit, promote, and direct axon outgrowth in the PNS

(133, 24, 14, 9, 65, 11). Therefore they have been considered ideal candidates for implanting into the CNS, or as bridges between lesioned CNS regions. These implants induce neuron survival, promote sprouting, and myelinate CNS processes and can lead to functional recovery via the release of diffusible neurotrophic factors and/or growth promoting substrates (32, 134, 135, 136, 137, 138, 139, 81, 140, 141, 142, 143, 144). Other cells such as ensheathing cells cultured from adult rat olfactory bulb have also been successful in promoting axons to regenerate through the implants which then continue to regenerate into the denervated caudal spinal cord tract (140). Such bridges are successful especially when spinal cord lesion causes a gap that must be bridged by the regenerating axons. Cells genetically modified to release a variety of factors are an additional means of providing the lesioned CNS with a local regeneration promoting environment. Implantation of genetically modified Schwann cells bring about improved neuron survival, axon growth and myelination (145, 146). Transplants of primary autologous cells genetically modified to produce NGF prevent injury-induced degeneration of cholinergic neurons (147) while genetically modified fibroblasts engineered to produce NGF and BDNF accelerate recovery from traumatic spinal cord injury in the adult rat (148, 49, 150). However, it has also been reported that the grafted cells alone neither support regeneration of injured cortical spinal tract fibers or prevent die-back of CNS neurites after injury (151). However when these Schwann cell grafts are accompanied by the IN-1 antibody some CNS neuron sprouting occurs, although neurite die-back continues (151). If Schwann cell grafts are accompanied by acidic fibroblast growth factor (aFGF) nerve regeneration into the grafts is supported and neurite die-back is reduced (151). Although these results are encouraging because they indicate that Schwann cells can synthesize and release all the factors necessary to promote CNS regeneration they suggest that once implanted into the CNS they are prevented from doing so. Most likely factors released from astrocyte and other cells that are known to change the number, type, and ratio of Schwann cell-released factors prevent the Schwann cells from synthesizing and releasing all the factors required to promote CNS regeneration (152). Therefore to promote CNS regeneration Schwann cell grafts must be accompanied by the simultaneous infusion of additional growth promoting factors.

4. Infusion of neurotrophic factors

Receptors to BDNF, NT-3 and CNTF have been localized in the CNS (153, 154, 155, 156, 157), neurotrophin mRNA is present in the brain of adult mice (45), and small amounts of the neurotrophins BDNF and

NT-3 (158) are present in adult brain. These findings suggest that one challenge for the CNS in its ability to regenerate is the lack of sufficient growth promoting factors. Although the introduction of either NGF (135, 158, 159, 160, 161), and NT-3 (162, 163) into the CNS induce axon regeneration, the simultaneous introduction of multiple exogenous neurotrophins (such as combinations of NGF, BDNF, NT-3, CNTF, and NT-4) (141, 155, 159, 161, 162, 164, 166, 167, 168, 169, 170), induces more extensive regeneration within the spinal cord than any neurotrophic factor alone.

5. Infusion of neurotrophic factors combined with Schwann cell grafts.

Induction of CNS regeneration by Schwann cell grafts accompanied by aFGF (151) indicates that additional factors are required for more successful regeneration. Infusion of BDNF and NT-3 into the CNS simultaneously with implantation of a Schwann cell graft induces more regeneration than the Schwann cells alone or when they are combined with a single neurotrophic factor (141, 142, 171, 172). Thus the use of even larger numbers of neurotrophins would most likely bring about an even greater amount of CNS regeneration.

6. Infusion of Schwann cell-released neurotrophic factors combined with factors that block CNS growth inhibiting factors.

The success of infusing the CNS with the IN-1 antibody or PNS neurotrophic factors in promoting CNS regeneration suggests that combining the two approaches would further improve CNS regeneration. The simultaneous infusion of the IN-1 antibody with the infusion of NT-3 yields significantly better CNS regeneration than either alone (173). Further experiments are required to test the regeneration promoting influence of combinations of IN-1 and other factors that block CNS growth inhibiting factors, such as C-ABC, and β -D-Xylosides, together with neurotrophic factors known to promote CNS regeneration alone: NGF (135, 159, 81, 161,), NT-3 (163), or in combinations, such as or BDNF, NT-3, CNTF, and NT-4 (141, 142, 158, 159, 161, 162, 164, 166, 167, 168, 169, 170).

7. Genetically modified cells as implants to promote CNS regeneration.

As mentioned, a limitation of implanting Schwann cells into the CNS is that the release of their entire complement of neurotrophic and other factors is modified by factors in the CNS environment. To avoid this difficulty attempts have been made to engineer cells that continuously secrete the factors considered important to promote CNS regeneration such as NGF (150, 174, 164, 171, 175,), BDNF and NT-4/5 (176), and NGF, BDNF, NT-3, or basic FGF (177). Although these cells enhance CNS

regeneration their influence is limited. However this is not surprising since one week after Schwann cells have been denervation they release a minimum of 7 identified neurotrophic factors, all of which must be present simultaneously to achieve optimal growth promotion (178). Further, following their denervation, more than 60 genes cells are up and down regulated in denervated Schwann and each has its own temporal pattern or regulation (27, 28, 29). Thus for genetically modified cells to be maximally effective they must be engineered to release these same factors, in the appropriate ratios, and time sequence.

8. An optimal approach?

Infusion of Schwann cell-released factors. Each of the approaches discussed induces some, although often limited, regeneration of the lesioned CNS, and when several techniques are combined they appear to further improve CNS regeneration over what is induced by any single technique. Therefore optimal regeneration should be induced by combining a number of the discussed approaches. One combination that appears most promising is infusing a mixture of factors known to block the different CNS growth inhibiting factors while simultaneously infusing the CNS with a cocktail of physiologically released Schwann cell factors the composition of which changes over time. To produce this exact and ever changing cocktail of Schwann cell-released factors would be extremely difficult task. However an alternative and initial approach would be to continuously harvest the Schwann cell released factors from Schwann cell conditioned medium (CM), from host-derived cultured Schwann cells, and infuse this cocktail into the lesioned spinal cord.

Conclusion

Our increasing understanding of the factors that inhibit CNS regeneration and those that promote PNS regeneration, is allowing us to design new approaches by which to change the CNS environment from one that is inhibitory to one that is both permissive to and promotes regeneration. Thus we can block the action of factors that inhibit CNS regeneration while simultaneously introducing factors that promote CNS regeneration. This has led to exciting experiments in which regeneration can be induced in adult rats following spinal lesions allowing them to walk. To improve recovery further requires additional research to determine whether the CNS contains yet unknown factors regeneration inhibiting factors that must be blocked, and whether additional regeneration promoting factors can be found. Thus we have finally come to the point where there is real promise

that in the not too distant future those suffering from neurological deficits from spinal cord and brain injuries will be able to recover some if not many of their lost functions.

Resumen

A pesar de que la regeneración del sistema nervioso periférico (SNP) luego de una lesión es sólida, la regeneración de sistema nervioso central (SNC) no se completa. Esto se debe a las diferencias en el balance de los factores que inhiben y promueven la regeneración, que en el SNC están dirigidos hacia la inhibición, mientras que en el SNP se desvían hacia la promoción del crecimiento del nervio. Además de carecer del factor para promover la regeneración, el SNC tiene una distribución ubicua de factores de distribución que inhiben la regeneración. Las células de Schwann del SNP liberan un número de factores neurotróficos caracterizados y no caracterizados que ejercen una poderosa influencia en inducir la regeneración en los axones del SNP. Por lo tanto, se han elaborado hipótesis sobre la implantación de células de Schwann o de factores de infusión que estos liberan hacia la médula espinal lesionada, los que deberían conducir a la regeneración de SNC. Aunque aún está limitado, ocurre una mejor regeneración cuando ocurre inhibición simultánea de los factores de bloqueo de la regeneración y la presencia de factores liberadores células de Schwann. Para mejorar más el alcance de la regeneración del SNC, debemos determinar la mejor combinación de los factores neurotróficos para infundir en el lugar de la lesión en SNC. En este artículo se revisa lo que se conoce sobre la inhibición y la promoción de la regeneración, tanto en el SNP y SNC así como los acercamientos que nos permitirán cambiar el ambiente celular del SNC a uno que permita y promueva la regeneración.

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