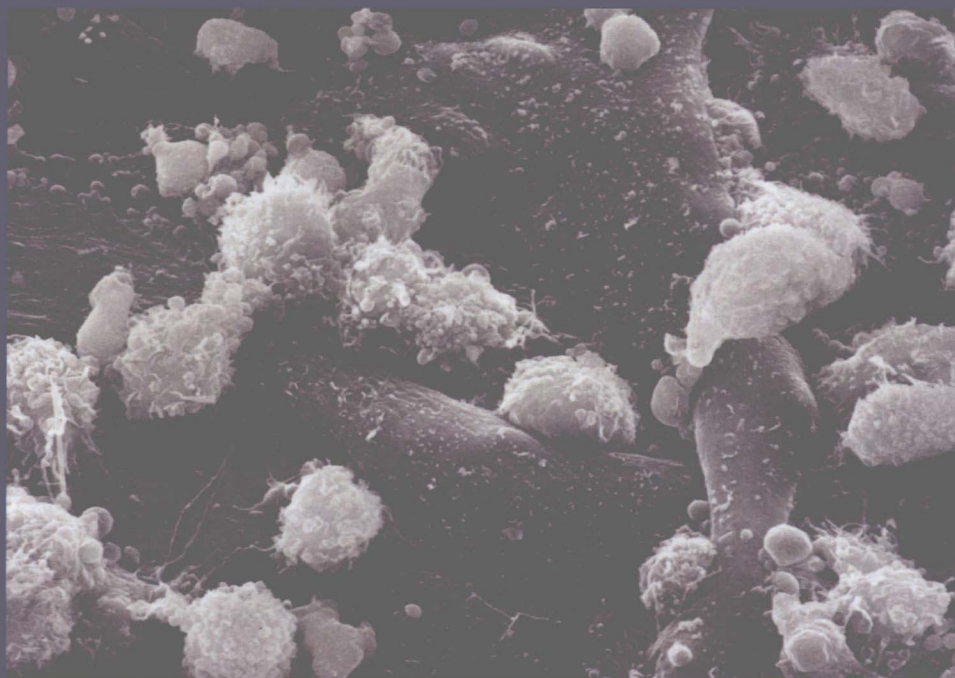


The Blood-Brain Barrier in Health and Disease

*Volume 2: Pathophysiology
and Pathology*



Editor
Katerina Dorovini-Zis



CRC Press
Taylor & Francis Group

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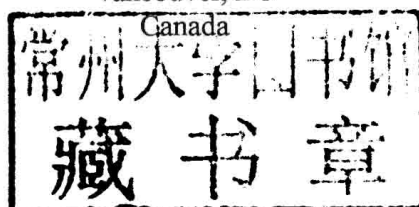
The Blood-Brain Barrier in Health and Disease

Volume 2: Pathophysiology and Pathology

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CRC Press

Taylor & Francis Group

Boca Raton London New York

CRC Press is an imprint of the
Taylor & Francis Group, an **informa** business
A SCIENCE PUBLISHERS BOOK

Cover illustration provided by the editor of the book, Prof. Katerina Dorovini-Zis

CRC Press
Taylor & Francis Group
6000 Broken Sound Parkway NW, Suite 300
Boca Raton, FL 33487-2742

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Printed on acid-free paper
Version Date: 20150825

International Standard Book Number-13: 978-1-4987-2708-2 (Hardback)

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The Blood-Brain Barrier in Health and Disease

Volume 2: Pathophysiology and Pathology

Preface to Volume 2

Ο βίος βραχύς, η δε τέχνη μακρή
Life is short and art long

Hippocrates (c. 460-373 BC)
Aphorisms

The blood-brain barrier is a biological barrier that separates the brain from the blood and serves to facilitate the entry of essential nutrients into the brain while protecting it from unwanted and harmful substances and cells circulating in the blood. The endothelial cells that line the cerebral blood vessels have been recognized as the anatomical substrate of the blood-brain barrier. Their structural and functional integrity is the sine qua non of central nervous system homeostasis and neuronal function. For a long time since the first demonstration of a physical barrier at the blood-brain interface, the unassuming endothelial cells, so inconspicuous when brain sections stained with conventional dyes are viewed under the light microscope, were considered a little more than an unimpressive cell layer lining the vascular lumen. The past 50 years and in particular the last three decades have witnessed a great expansion of our knowledge of the complex structure, biology and function of the blood-brain barrier. As a result of fast-paced discoveries facilitated by the development of new *in vivo* and *in vitro* experimental tools, the cerebral endothelium has been propelled to a prominent status and is presently an attractive research subject in neurosciences. As a metabolically active cell it controls the traffic of substances into and out of the brain by means of a large number of enzymes, transporters and receptors and possesses a formidable system of tight junctions which, combined with a paucity of caveolae, keeps permeability tightly controlled. It can modify its shape and function in response to cues originating from the surrounding neural microenvironment and circulating substances, cells and organisms in the blood. It has attained a prominent stature as a master switch and mediator of immune responses, being capable of producing and responding to inflammatory mediators, regulating the entry of immune cells into the brain through the expression of adhesion receptors and chemoattractant cytokines and modifying its barrier function. An important concept that has emerged in recent years is that the barrier endothelium does not operate in isolation, rather its function influences and is influenced by neighboring cells. The concept of the neurovascular unit has thus evolved that provides a meaningful conceptual framework for the blood-

brain barrier by linking the function of the endothelium to that of other cells in the surrounding neural microenvironment.

This book presents, in an integrated fashion, generally accepted facts and new and exciting concepts on the structure, function and pathobiology of the blood-brain barrier. This first volume begins with a brief historical journey, which puts into perspective seminal past and recent work. This is followed by a detailed account of the development and composition of the human cerebral microvascular system, the structure, function and heterogeneity of the cerebral microvascular endothelium, the cellular components and function of the neurovascular unit, the expression and function of a steadily increasing number of ABC transporters at the blood-brain barrier and insights into the structure and function of the blood-cerebrospinal fluid barrier. The remaining chapters of this volume focus on the immune function of the blood-brain and blood-cerebrospinal fluid barriers and on the various inflammatory mediators and signaling molecules that modify the phenotype and permeability properties of the blood-brain barrier and contribute to the initiation of inflammatory responses in the central nervous system.

Dysfunction of the blood-brain barrier is increasingly recognized as contributing to the pathogenesis of a host of diverse central nervous system diseases. Accordingly, this second volume of the book addresses the active role of the endothelium as an initiator and regulator of biological responses and as a target in a broad spectrum of disorders including infections, inflammatory diseases, hypertension, ischemia, trauma, epilepsy, neurodegenerative diseases, metabolic disturbances, tumors, as well as radiation and drug-induced damage.

This book is aimed at graduate students who work towards a degree in neuroscience, postdoctoral fellows establishing a career and wishing to formulate new ideas, medical students with special interest in neurosciences and established clinicians and scientists wishing to update and expand their knowledge in this area. In spite of great accomplishments, our understanding of the blood-brain barrier remains incomplete. The ultimate goal of this book, therefore, is to provide information and serve as a stimulus for the next generation of researchers who will carry the torch of blood-brain barrier research to the next level.

In closing, I wish to express my thanks to my publisher, CRC Press. I remain grateful to the contributing authors for their generous contribution of precious time and effort. I would like to acknowledge my family for their patience, understanding and encouragement. I would also like to express my gratitude to Odysseas Zis for his kind and generous assistance with the complexities of organizing the reference libraries. This book is dedicated to the memory of my parents, Constantinos and Fanie Dorovinis.

Katerina Dorovini-Zis

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Blood-Brain Barrier Disruption in Multiple Sclerosis

Mark Mizee,^{1,a} Ruben van Doorn,^{1,b} Alexandre Prat² and Helga E. de Vries^{1,}*

Introduction

The blood-brain barrier is specialized to function as a barrier to protect the central nervous system by restricting entry of unwanted molecules and immune cells into the brain and inversely, to prevent central nervous system-born agents from reaching the systemic circulation. The blood-brain barrier endothelium, together with cells involved in its regulation forms the neurovascular unit. Blood-brain barrier dysfunction is an important hallmark of early multiple sclerosis pathophysiology, leading to a consequent loss of the imperative brain homeostasis and subsequent neuronal dysfunction and damage. The neuroinflammatory changes at the blood-brain barrier are numerous and include the loss of barrier function, altered communication with surrounding cells, and activation of both inflammation promoting and dampening mechanisms. A better understanding of blood-brain barrier alterations in neuroinflammation might lead to new ways to promote blood-brain barrier function in neurological diseases like multiple sclerosis.

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Multiple Sclerosis

Clinical Features and Diagnosis

Multiple sclerosis (MS) is a chronic inflammatory disorder of the central nervous system (CNS). MS is characterized by the presence of focal inflammatory lesions scattered throughout the brain. Depending on their stage, lesions are hallmarked by inflammation, demyelination, gliosis, axonal injury and diffuse axonal degeneration (Frohman et al. 2006, Noseworthy et al. 2000). According to the World Health Organization, globally its median estimated prevalence is 30 per 100,000 resulting in over two million people affected with MS worldwide with a global women versus men ratio of 3:1. As the average age of onset is between 25 and 32 years, MS is one of the most common neurological disorders and causes of disability in young adults (World Health Organization 2008).

Presentation and symptoms of MS are characterized by great variability and diversity. In general, the initial symptoms and signs are sensory impairment, optic neuritis, motor deficits, limb ataxia and difficulty with balance (Weinshenker et al. 1989). The majority of MS patients are subject to a relapse with onset of MS, referred to as clinically isolated syndrome (CIS), which may eventually convert to MS (Miller et al. 2012). Over time, the clinical manifestation of MS varies and consensus was reached to describe three clinical course definitions. Relapsing–remitting (RR) MS, onset of disease in about 85% of MS patients, is described by clearly defined disease relapses with full recovery or with residual deficit upon recovery. Secondary–progressive (SP) MS is described by initial RR disease course followed by progression with or without occasional relapses, minor remissions, and plateaus (Lublin and Reingold 1996). Primary–progressive (PP) MS, onset of disease in about 10% of MS patients, is described by disease progression from onset with occasional plateaus and temporary minor improvements allowed.

The international Panel on the Diagnosis of Multiple Sclerosis announced new diagnostic criteria for MS in 2001. These criteria, the McDonald Criteria, were widely adopted by neurologists, providing them a diagnostic scheme for reliable diagnosis of MS (McDonald 2001). Diagnosis of MS is primarily based on clinical grounds comprising neurological examination and clinical history. If a diagnosis can not be made based on clinical presentation, radiological and laboratory assessments such as magnetic resonance imaging (MRI) and cerebrospinal fluid (CSF) analysis may be essential for diagnosing MS. MRI analysis detects MS lesions in brain and in spinal cord and can therefore provide evidence of dissemination of MS lesions in both time and space, two potential criteria for the diagnosis of MS. CSF analysis may provide supportive evidence in the form of the presence of oligoclonal bands.

Aetiology

So far, the precise aetiology of MS remains unknown which is partly due to the complexity and heterogeneity of the disease. Epidemiological studies indicate that both environmental and genetic factors may contribute to development of MS (Dyment et al. 2004). It is suggested that development of MS must commence in genetically