Exogenous S1P Exposure Potentiates Ischemic Stroke Damage That Is Reduced Possibly by Inhibiting S1P Receptor Signaling

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Initial and recurrent stroke produces central nervous system (CNS) damage, involving neuroinflammation. Receptor-mediated S1P signaling can influence neuroinflammation and has been implicated in cerebral ischemia through effects on the immune system. However, S1P-mediated events also occur within the brain itself where its roles during stroke have been less well studied. Here we investigated the involvement of S1P signaling in initial and recurrent stroke by using a transient middle cerebral artery occlusion/reperfusion (M/R) model combined with analyses of S1P signaling. Gene expression for S1P receptors and involved enzymes was altered during M/R, supporting changes in S1P signaling. Direct S1P microinjection into the normal CNS induced neuroglial activation, implicating S1P-initiated neuroinflammatory responses that resembled CNS changes seen during initial M/R challenge. Moreover, S1P microinjection combined with M/R potentiated brain damage, approximating a model for recurrent stroke dependent on S1P and suggesting that reduction in S1P signaling could ameliorate stroke damage. Delivery of FTY720 that removes S1P signaling with chronic exposure reduced damage in both initial and S1P-potentiated M/R-challenged brain, while reducing stroke markers like TNF-α. These results implicate direct S1P CNS signaling in the etiology of initial and recurrent stroke that can be therapeutically accessed by S1P modulators acting within the brain.

1. Introduction

Cerebral ischemia produced during stroke is triggered by sudden lack of blood flow and subsequent reperfusion of the ischemic area. Within a few minutes of onset, neurons in the ischemic core are irreversibly injured, which in part determines the fate of brain tissue in the penumbral areas after stroke [1]. Brain damage results from a cascade of cellular and molecular events, including energy failure, excitotoxicity, oxidative stress, and neuroinflammation [2], the latter of which is characterized by CNS infiltration of immune cells and activation of neuroglia such as microglia and astrocytes; neuroinflammation also results in the production of a variety of neurotoxic molecules, including proinflammatory cytokines, all of which produce brain damage [1, 3, 4].

Recurrent stroke, which is a common sequel to an initial stroke, leads to worsened patient outcomes and is thought to be a major cause of morbidity and mortality among initial stroke survivors. Neuroinflammation has been associated with an increased risk of recurrent stroke following transient ischemic attack and may contribute to more severe damage [5–10]. Several proinflammatory factors have been reported to be active in recurrent stroke, including IL-6, TNF-α, lipoprotein-associated phospholipase A2, C-reactive protein, and fibrinogen [9, 11–14].

Another molecule implicated in neuroinflammation is the lysophospholipid known as sphingosine 1-phosphate (SIP), produced by the phosphorylation of sphingosine by two kinases, sphingosine kinases 1 and 2 (SPHK1 and SPHK2) [15], which acts predominantly as an extracellular signaling...
molecule through 5, cognate G protein-coupled receptors [16]. This lipid signaling system has been extensively studied in neuroinflammatory processes associated with multiple sclerosis (MS) [17–20] through actions on both immune and CNS cells, where reductions in signaling promote therapeutic efficacy [21–26]. In addition to MS, SIP signaling has also been implicated in other CNS pathologies including Sandhoff disease and demyelination [21, 26–30]. Prior reports implicated SIP signaling in cerebral ischemia where it was presumed to act through effects on immune cells, including elevated SIP levels [31] and that the nonselective SIP receptor modulator, FTY720 (fingolimod), a current therapy for MS [17–20], reduces brain damage in cerebral ischemia [32–36]. Intriguingly, fingolimod improved outcomes in a proof-of-concept clinical trial of 23 patients with intracerebral hemorrhage at both acute (days) and chronic (months) time points [37], consistent with SIP signaling effects in human stroke.

In this study, we have assessed the possibility of direct CNS SIP receptor signaling in M/R models of stroke and focusing on changes occurring within the brain. We report that local increases in SIP within the brain potentiate damage produced by transient focal cerebral ischemia (M/R), which may represent a new model for recurrent stroke, particularly in view of the effects on markers like TNF-α. Importantly, we report that SIP receptor modulation using FTY720 can reduce stroke damage in both primary and recurrent stroke models.

2. Materials and Methods

2.1. Animals. All animal experiments were conducted in accordance with the Center of Animal Care and Use (CACU) guidelines of Lee Gil Ya Cancer and Diabetes Institute (LCDI) at Gachon University (numbers of approved animal protocols: LCDI-2012-0075 and LCDI-2014-0016). Adult male ICR mice (28–32 g, 7 weeks old) were purchased from the Orient Co., Ltd. (Korea), and were housed under controlled temperature (22 ± 2°C), constant humidity, and a 12 h light/dark cycle (light on 07:00–19:00), with food and water made available ad libitum. After SIP microinjection or middle cerebral artery occlusion (MCAO) and reperfusion (M/R) surgery (Figure 1, experimental scheme), mice were housed 4 per cage with moist food and soft bedding materials to reduce suffering until they were sacrificed by CO2 inhalation or used for sampling.

2.2. Materials. SIP [D-erythro-sphingosine-1-phosphate] was purchased from Avanti Polar Lipid (Alabaster, AL). FTY720 [2-amino-2-[2-(octyl-phenyl) ethyl]-1,3-propanediol hydrochloride] was kindly provided by Novartis AG (Basel). 2,3,5-Triphenyltetrazolium (TTC), 3,3′-diaminobenzidine tetrahydrochloride (DAB), fatty-acid-free BSA (FABSA), mouse monoclonal anti-glial fibrillary acidic protein (GFAP) antibody, anti-β-actin antibody, cresyl violet acetate, and protease inhibitor cocktail were purchased from Sigma-Aldrich (St. Louis, MO). Silicon (Variotime) and Zoletil 50 were obtained from Heraeus Kulzer GmbH (Germany) and Virbac (Carros, France), respectively. Goat polyclonal anti-Iba1 and rabbit polyclonal anti-TNF-α antibodies were purchased from Abcam (Cambridge, UK). Avidin-biotin-peroxidase complex (ABC) kit and Vectashield were purchased from Vector Laboratories, Inc. (Burlingame, CA). Fluoro-Jade B was purchased from Chemicon (Temecula, CA).

2.3. Microinjection of SIP at Corpus Callosum (CC). SIP was dissolved in DMSO with 1N HCL (95:5 v/v, 20 mM) and diluted in 10% FAF-BSA to make a stock (2mM; 1nmole/0.5µL). SIP (1nmol/0.5µL dissolved in 10% FAFBSA) was injected at 0.1µL/min into the right CC of mice anesthetized with the mixture of Zoletil 50 (10 mg/kg, i.m.) and Rompun (3 mg/kg, i.m.). Stereotaxic coordinates were as follows: AP (anteroposterior) = +0.9 mm anterior to bregma, ML (mediolateral) = ±1.0 mm, and DV (dorsoventral) = −2.15 mm. For control mice, 10% FAF-BSA solution containing the same amount of DMSO and HCL was used as vehicle instead of SIP. These mice were used for additional experiments 24 h after microinjection, including M/R challenge (60 min of MCAO) and histological analysis.

2.4. Induction of Transient Focal Cerebral Ischemia. M/R-induced focal ischemia was produced by an intraluminal suture method as reported [38, 39]. Briefly, mice were anesthetized with 3% isoflurane in N2O and O2 (70:30) and maintained on 1.5% isoflurane. MCAO was induced by inserting a 9 mm long 5-0 nylon monofilament coated with silicon from the bifurcation to the MCA. In general,
blood flow was restored 90 or 60 min after MCAO by carefully withdrawing the monofilament to allow complete reperfusion of the ischemic area under anesthesia. The latter condition (60 min of MCAO) was used to determine damage in recurrent stroke-mimicking situations. Sham-operated animals underwent the same surgical procedure without insertion of nylon monofilament. During the surgery, body temperature was maintained at 37 ± 0.5°C using a heating pad (Biomed S.L., Spain).

2.5. FTY720 Administration. FTY720 was dissolved in saline (0.15 M NaCl) and intraperitoneally (i.p.) administered into mice at 3 mg/kg 30 min before SIP microinjection or MCAO surgery to determine its effect on neuroinflammation via SIP exposure or on brain damage by SIP + M/R challenge. Alternatively, FTY720 was administered to mice immediately after reperfusion to determine its therapeutic effect in 90 min M/R-challenged mice. For the control group, an equal volume of saline was administered.

2.6. Measurement of Functional Neurological Deficit Score and Infarct Volume. Twenty-two hours after reperfusion, the neurological functions of mice were assessed, including motor function, sensory function, reflex, and balance, using a well-known modified neurological severity score (mNSS), as described previously [39, 40].

Brains obtained 22 h after reperfusion were used to measure infarct volume by staining brain sections (2 mm thickness) with 2% TTC in saline for 30 min. TTC-stained sections were photographed and analyzed using an image J software (National Institute of Mental Health, Bethesda, MD). The infarct volume (%) was calculated for each mouse brain by dividing the lesion volume with the total volume.

2.7. Histology. Mice were anesthetized with the mixture of Zoletil 50 (10 mg/kg, i.m.) and Rompun (3 mg/kg, i.m.) and perfused transcardially with ice-cold 50 mM phosphate-buffered saline (PBS, pH 7.4) followed by 4% paraformaldehyde. The brains were removed, postfixed in 4% paraformaldehyde containing 30% sucrose solution (in 0.15 M NaCl) and intraperitoneally (i.p.) administered into mice at 3 mg/kg 30 min before SIP microinjection or MCAO surgery to determine its effect on neuroinflammation via SIP exposure or on brain damage by SIP + M/R challenge. Alternatively, FTY720 was administered to mice immediately after reperfusion to determine its therapeutic effect in 90 min M/R-challenged mice. For the control group, an equal volume of saline was administered.

2.9. Statistical Analysis. All data are presented as mean ± SEM and statistical analysis was carried out using GraphPad Prism software (GraphPad Software Inc., San Diego, CA) as specified. Differences among the groups were analyzed by one-way ANOVA followed by Newman-Keuls test for multiple comparisons. Comparisons between the two groups were performed using paired Student’s t-test. The statistical significance was set at P < 0.05.

3. Results

3.1. Expression Levels of SIP Signaling-Related Genes Are Altered in M/R-Challenged Mouse Brain. We examined whether transient cerebral ischemia influences gene expression levels of SIP receptors (SIP1,5) and SIP-producing enzymes (sphingosine kinase 1/2, SPHK1/2) within the brain. Temporal changes in SIP receptors and SPHK1/2 gene expression were assessed by qRT-PCR or semiquantitative RT-PCR, 22 h after M/R reperfusion, as compared to β-actin controls. In the normal mouse brain, 4 of 5 SIP receptors were expressed, including SIP1, SIP2, SIP3, and SIP5, with particularly high expression of SIP1 (Figure 2(a)). In M/R-challenged brains, mRNA expression of SIP2 and SPHK1 was significantly upregulated compared with sham-operated brains, with differences 3- to 4-fold higher (Figure 2(b)). In contrast, SIP1 was downregulated in the M/R group (Figure 2(b)). When semiquantitative RT-PCR analysis was employed, SIP1 downregulation was confirmed as observed in data from qRT-PCR analysis. Interestingly, the lowered expression level of SIP1 was still higher than the upregulated SIP3 in M/R-challenged brains (Figure 2(c)). These results indicate that SIP receptor expression is altered by cerebral ischemia.

3.2. Local SIP Microinjection Activates Microglia and Astrocytes. Local injection of SIP into the brain induces astrocyte activation [23], which may have relevance to cerebral
ischemia in view of changes to S1P signaling molecules. To determine whether direct activation of S1P receptors induces changes in activation of microglia and astrocytes, immunohistochemistry was used to assess the microglia/macrophage-specific marker Iba1 or the astrocyte-specific marker GFAP. S1P microinjection was used to locate S1P at the level of the corpus callosum via defined stereotaxic coordinates (see Section 2) to produce uniform and reproducible exposure. Immunohistochemistry of normal, injected brains revealed increased Iba1-immunopositive cell numbers as compared with vehicle-injected controls. These data demonstrate that FTY720 significantly decreases brain damage in M/R-challenged mice that is associated with reduced astrocyte and microglial activation, supporting S1P receptor signaling in the brain as a pathological mediator of cerebral ischemia that can be altered to reduce neuroinflammatory changes and brain damage produced by M/R.

### 3.4. Brain Damage Is Augmented by S1P Microinjection

Neuroinflammation during initial cerebral ischemia is strongly correlated with recurrent cerebral ischemia, in which more severe brain damage occurs [7–10]. Based on findings that S1P receptors are involved in neuroglial activation and M/R-induced damage, S1P microinjection was used to activate local neuroglia followed by M/R challenge followed by assessments of brain damage. To determine the augmentation clearly, mice were challenged by a shorter M/R (60 min of occlusion and reperfusion) 24 hours after S1P microinjection. S1P microinjection followed by M/R (SIP + M/R) significantly increased damage compared to M/R after vehicle injection (veh + M/R) (Figures 5(a) and 5(b)). Cerebral infarct volume in veh + M/R group was 18.40 ± 11.41: [17, 36]. These results indicate that activation of S1P receptors induces neuroinflammatory changes for neuroglia that can be prevented by pharmacological modulation of S1P receptor activities.

### Table 1: Primers used for PCR analysis.

| Gene     | Direction | Sequence                      | Gene accession number |
|----------|-----------|-------------------------------|-----------------------|
| β-actin  | Forward   | 5'-AGGCCCTCCCTTGAGAT-3'        | NM_007393             |
|          | Reverse   | 5'-CTCTAGCGACCTTGAGAT-3'       |                       |
| S1pr1    | Forward   | 5'-AGGAGATCGTGAGAT-3'          | NM_007901             |
|          | Reverse   | 5'-CTCTAGCGACCTTGAGAT-3'       |                       |
| S1pr2    | Forward   | 5'-ATGACCAGCAGCAGCAAC-3'       | NM_010333             |
|          | Reverse   | 5'-CTCTAGCGACCTTGAGAT-3'       |                       |
| S1pr3    | Forward   | 5'-ATGACCAGCAGCAGCAAC-3'       | NM_010333             |
|          | Reverse   | 5'-CTCTAGCGACCTTGAGAT-3'       |                       |
| S1pr4    | Forward   | 5'-AGGAGACGACCTGACCAAC-3'      | NM_010333             |
|          | Reverse   | 5'-CTCTAGCGACCTTGAGAT-3'       |                       |
| S1pr5    | Forward   | 5'-AGGAGACGACCTGACCAAC-3'      | NM_010333             |
|          | Reverse   | 5'-CTCTAGCGACCTTGAGAT-3'       |                       |
| Sphk1    | Forward   | 5'-AGGAGACGACCTGACCAAC-3'      | NM_010333             |
|          | Reverse   | 5'-CTCTAGCGACCTTGAGAT-3'       |                       |
| Sphk2    | Forward   | 5'-AGGAGACGACCTGACCAAC-3'      | NM_010333             |
|          | Reverse   | 5'-CTCTAGCGACCTTGAGAT-3'       |                       |

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that the increased brain damage in S1P + M/R group was blocked by FTY720 administration and indicated that S1P receptor signaling that activates neuroglia—astrocytes and microglia—exacerbates M/R-induced brain damage, possibly representing a model for increased damage observed in recurrent cerebral ischemia.

3.5. FTY720 Reduces Neuroglial Activation Occurring in S1P-Primed M/R Challenge. Local S1P microinjection augmented M/R damage, indicating that CNS S1P receptor signaling potentiates damage produced by ischemic insult. To determine whether local neuroglial activation was also occurring in S1P-primed damage, activated microglia and astrocytes were examined using immunohistochemical markers from animals challenged under various M/R conditions as compared to sham controls. Immunohistochemically observed microglial activation (Iba1-immunopositive cells, Figure 6(a)) and astrogliosis (GFAP-immunopositive cells, Figure 6(b)) were both increased in S1P + M/R group compared to the M/R only group (veh + M/R) and sham controls. The activation was then assessed in animals that had received FTY720 administration prior to M/R challenge: this reduced activation of microglia and astrocytes (S1P + FTY + M/R) (Figure 6).

3.6. S1P Microinjection Induces TNF-α Expression. The priming of M/R damage by S1P microinjection into the brain was suggestive of changes seen in recurrent stroke, raising the question of whether markers for recurrent stroke might be expressed in the S1P-primed model. Increased TNF-α expression is associated with a risk of recurrent stroke [13]. TNF-α immunolabeling in the cortex identified significant increases in the number of cells expressing TNF-α after S1P microinjection alone (S1P) or M/R alone (veh + M/R) (Figure 7). Notably, the number of TNF-α-positive cells was
Figure 3: Microglia and astrocytes are activated in the brain following S1P microinjection into the corpus callosum. S1P was microinjected into the corpus callosum (CC), and activation of microglia or astrocytes was assessed 1 day after microinjection. FTY720 (FTY) was administered 30 min prior to S1P microinjection. Representative microphotographs of brain sections immunolabeled against Iba1 (a) or GFAP (b) and their quantitative analysis in groups of vehicle (veh), S1P, and FTY + S1P. *P < 0.05 and **P < 0.01, compared with the S1P-injected group (S1P) (Newman-Keuls test). n = 5 per group. Scale bar, 200 (upper panel) or 50 μm (lower panel).

4. Discussion

The present study has identified activation of S1P receptor signaling within the brain as a factor in transient focal cerebral ischemic (M/R) brain damage, particularly involving activation of astrocytes and microglia. In particular, local brain delivery of S1P—which is independent of M/R, produced astrocyte, and microglial activation—was found to potentiate ischemic brain damage, supporting direct CNS activities of S1P signaling in stroke. FTY720 reduced neuroglial activation and ischemic brain damage and this neuroprotective effect was associated with neuroinflammation [41, 42] wherein neuroglia, such as astrocytes and microglia, are activated by immune cells within the CNS. These data implicate modulation of S1P receptors in forms of stroke, including recurrent stroke, which can be therapeutically accessed by S1P receptor modulation.

Receptor-mediated S1P signaling has previously been suggested to play a role in cerebral ischemia based upon protective effects of the S1P receptor modulator, FTY720. In rodent models of cerebral ischemia, FTY720 reduced ischemic brain damage [32–36], with consistent results observed in a proof-of-concept clinical trial that reported improved neurological endpoints with FTY720 (fingolimod) treatment of brain hemorrhagic stroke patients [37]. The proposed mechanism of FTY720 efficacy in stroke models [36] was similar to that initially proposed for multiple sclerosis (MS) wherein a reduction of pathogenic lymphocytes entering the brain occurs, produced by S1P-dependent alterations of lymphocyte trafficking [18]. This effect is consistent with reported lymphocyte involvement in cerebral ischemia [35].

In addition, evidence for nonimmunological S1P signaling mechanisms occurring within the brain itself has
Figure 4: FTY720 reduces brain damage and neuroinflammation in M/R-challenged mice. Mice were challenged by 90 min occlusion and brain infarction or neuroinflammation was assessed 22 h after reperfusion. FTY720 (FTY, 3 mg/kg, i.p.) was administered to mice immediately after reperfusion. (a) Representative TTC-stained brain slices of M/R + saline (sal) and M/R + FTY. Photographs are coronal brain sections stained with TTC showing infarct area (white) and intact area (red). (b) Percentage of infarct volumes calculated from the TTC-stained brain slices. Infarct volume was measured using Image J software, and the percentage of infarction was assessed. (c) Neurological score demonstrating neurological functions. ∗ P < 0.05 (t-test), compared with the saline-treated group (M/R + sal) (t-test). n = 12–15 per group. (d, e) Representative microphotographs of cortex and striatum regions immunolabeled against Iba1 (d) or GFAP (e) and their quantitative analysis in groups of sham, M/R + sal, and M/R + FTY. ∗∗ P < 0.01, compared with the saline-treated group (M/R + sal) of each set (Newman-Keuls test). n = 3 per group. Scale bar, 50 μm.
Figure 5: Activation of S1P signaling induces augmented brain damage following M/R injury. S1P or vehicle (veh) was microinjected into the corpus callosum 24 h prior to M/R challenge (60 min occlusion followed by 22 h reperfusion). FTY720 (FTY) was administered into mice 30 min prior to 60 min occlusion. Brain infarction or neuroinflammation was assessed 22 h after reperfusion. (a) Representative TTC-stained brain slices of veh + M/R, S1P + M/R, and S1P + FTY + M/R. Photographs are coronal brain sections stained with TTC showing infarct area (white) and intact area (red). (b) Percentage of infarct volumes calculated from the TTC-stained brain slices. Infarct volume was measured using ImageJ software and the percentage of infarction was assessed. (c) Neurological score demonstrating neurological functions. *P < 0.05 and #P < 0.05, compared with the M/R group (veh + M/R) and S1P + M/R group, respectively (Newman-Keuls test). n = 6–8 per group. (d) Representative microphotographs of cortex and striatum regions stained with Fluoro-Jade B. Scale bar, 50 μm.

Emerged as an explanation for FTY720 efficacy in MS [21, 26–30], which might also be relevant to stroke. Notably, selective removal of the SIP receptor subtype S1P₁ from astrocytes was found to reduce astrogliosis, disease severity, and FTY720 efficacy in EAE (experimental autoimmune encephalomyelitis), an animal model of MS [26], despite the maintenance of S1P₁ in the immune system. Reductions in astrogliosis observed here during FTY720 exposure support the operation of a similar protective mechanism involving astrocyte reductions in S1P₁ signaling. These observations support a direct effect of SIP receptor signaling on the severity of damage produced during stroke, which may involve nonimmunological mechanisms relevant to neuroprotection or repair. Consistent with this possibility, a proof-of-concept clinical trial examining FTY720 effects on hemorrhagic stroke patients reported not only short-term effects that might be immunologically driven, but also longer-term neurological improvement (3 months after event) [37].

Future identification of specific SIP receptor subtypes beyond S1P₁ and the involved CNS cell types, such as microglia, will assist in elucidating the precise mechanisms of FTY720 efficacy in cerebral ischemia models, which also appears to be relevant to the recurrent stroke model accessed by SIP pretreatment within the brain in view of both damage potentiation by SIP and the increased presence of recurrent stroke markers like TNF-α.

Additional support for the importance of SIP signaling mechanisms relevant to stroke may come from studies on SIP itself and its biosynthetic enzymes, SPHK1 and SPHK2. In cerebral ischemia, SIP levels are increased [31] and SIP-producing enzymes may be upregulated in lesion sites [43, 44] even with a contrasting report for the latter [34]. In the normal brain, SPHK2 is more abundantly expressed than SPHK1 [45] and is thought to play a protective role [46]. SPHK2 upregulation in the ischemic or hypoxic brain has been reported [43, 44] but requires further study in view of...
**Figure 6:** Activation of S1P signaling induces augmented microglial activation and astrogliosis following M/R injury. S1P or vehicle (veh) was injected into the corpus callosum 24 h prior to M/R challenge (60 min occlusion followed by 22 h reperfusion). FTY720 (FTY) was administered into mice 30 min prior to 60 min occlusion. Activation of microglia or astrocytes was assessed 22 h after reperfusion. Representative microphotographs of brain sections immunolabeled against Iba1 (a) or GFAP (b) and their quantitative analysis in groups of sham, veh + M/R, S1P + M/R, and S1P + FTY + M/R. **P < 0.01 and ***P < 0.001, compared with M/R group (veh + M/R) (Newman-Keuls test). ##P < 0.01 and ###P < 0.001, compared with the S1P or S1P + M/R group (Newman-Keuls test). n = 3 per group. Scale bar, 50 μm.

**Figure 7:** Activation of S1P signaling induces augmented TNF-α expression following M/R injury. S1P or vehicle (veh) was injected into the corpus callosum 24 h prior to M/R challenge (60 min occlusion followed by 22 h reperfusion). FTY720 (FTY) was administered into mice 30 min prior to S1P microinjection (FTY + S1P) or 60 min occlusion (S1P + FTY + M/R). Cells expressing TNF-α were assessed 1 day or 22 h after S1P microinjection or reperfusion. Representative microphotographs of brain sections immunolabeled against TNF-α (a) and their quantitative analysis (b) in groups of sham, veh + M/R, S1P + M/R, and S1P + FTY + M/R. Significance was presented only for the main groups as indicated. ***P < 0.001, compared with M/R group (veh + M/R) (Newman-Keuls test). ##P < 0.01, compared with the S1P or S1P + M/R group (Newman-Keuls test). n = 3 per group. Scale bar, 50 μm.
activation of inflammation-associated signaling molecules [51] and production of proinflammatory cytokines, such as IL-1β, IL-6, and TNF-α [29]. In activated astrocytes, FTY720 reduced TNF-α-induced ceramide formation [52] even with contrasting results that it did not affect IL-6 production in normal or activated human fetal astrocytes [53]. In this study, FTY720 also reduced neuroglial activation in the ischemic brain. It still remains to elucidate the specific receptor subtypes involved in neuroglial activation. Neuroinflammation is closely linked to blood brain barrier (BBB) disruption and, moreover, SIP signaling has important roles in regulating the BBB, possibly via 2 subtypes of SIP receptors (SIP1 and SIP2) [54]. It has been reported that SIP signaling modulates BBB integrity, with contrasting roles depending on receptor subtypes: activation of SIP1 is linked to enhanced BBB integrity [55–57] while SIP2 is linked to increased BBB permeability [58–60]. Moreover, FTY720 was reported to have protective effects on BBB damage through the activation of SIP1 [61]. Therefore, the neuroprotective effect of FTY720 observed in this study may be due to its function on the BBB through SIP1 because BBB disruption is also pathogenic in the ischemic brain. However, it is of note that SIP-stimulated responses, including SIP microinjection-induced glial cell activation and potentiated brain damage in the ischemic brain, are attenuated by FTY720 exposure. These results suggest that FTY720 might reduce SIP signaling rather than enhance it, but the exact role of SIP receptors, especially SIP1, in the ischemic brain still remains unclear.

5. Conclusions

Results from the study of both MS and stroke support SIP receptor-mediated signaling as relevant to these diseases through effects not only on neuroinflammation but also through direct CNS effects involving neuroglial activity, with particular relevance to recurrent stroke through the ability of locally microinjected SIP to potentiate M/R stroke damage. Our data are consistent with the primary effects on SIP1 and astrocytes; however the role of other SIP receptors and involved cell types in cerebral ischemia awaits future clarification. These data support the actions of SIP receptor modulators for the treatment of stroke, in both the immune system and within the CNS itself, which has therapeutic and mechanistic relevance through targeting these components by brain nonpenetrant versus penetrant compounds.

Conflict of Interests

The authors have no conflict of interests to declare.

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