Blood-filled cerebrospinal fluid-enhanced pericyte microvasculature contraction in rat retina: A novel 
in vitro study of subarachnoid hemorrhage

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Abstract. Previously, it was widely accepted that the delayed ischemic injury and poor clinical outcome following subarachnoid hemorrhage (SAH) was caused by cerebral vasospasm. This classical theory was challenged by a clazosentan clinical trial, which failed to improve patient outcome, despite reversing angiographic vasospasm. One possible explanation for the results of this trial is the changes in microcirculation following SAH, particularly in pericytes, which are the primary cell type controlling microcirculation in the brain parenchyma. However, as a result of technical limitations and the lack of suitable models, there was no direct evidence of microvessel dysfunction following SAH. In the present study, whole-mount retinal microvasculature has been introduced to study microcirculation in the brain following experimental SAH in vitro. Artificial blood-filled cerebrospinal fluid (BSCF) was applied to the retina to test the hypothesis that the presence of subarachnoid blood affects the contractile properties of the pericytes containing cerebral microcirculation during the early phase of SAH. It was observed that BCSF induced retinal microvessel contraction and that this contraction could be resolved by BCSF wash-out. Furthermore, BCSF application accelerated pericyte-populated collagen gel contraction and increased the expression of α-smooth muscle actin. In addition, BCSF induced an influx of calcium in cultured retinal pericytes. In conclusion, the present study demonstrates increased contractility of retinal microvessels and pericytes in the presence of BCSF in vitro. These findings suggest that pericyte contraction and microvascular dysfunction is induced following SAH, which could lead to greater susceptibility to SAH-induced ischemia.

Introduction

Despite years of intensive clinical and experimental investigation, subarachnoid hemorrhage (SAH) remains a lethal complication of a ruptured intracranial aneurysm. For survivors of the initial bleeding, delayed cerebral ischemia frequently occurs and is the primary cause of subsequent morbidity and mortality (1). However, the mechanism of delayed cerebral ischemia following SAH is poorly understood (2). Previous studies have typically focused on vasospasm of the large cerebral arteries; however, a double-blind, randomized clinical trial of the endothelin receptor antagonist clazosentan showed no effect on clinical outcome, despite inhibiting angiographic vasospasm (3).

An explanation for these results could be that cerebral microcirculation and its regulatory mechanisms are directly affected by SAH (4). In particular, pericytes, the primary cell type controlling microcirculation in brain parenchyma (5). A number of studies have addressed the role of microcirculatory dysfunction during SAH, where arteriolar constriction is typically observed (6,7). However, these results and insights have not been confirmed in vitro. Until recently, in vitro observation and quantitative functional assessment of cerebral microcirculation following SAH were limited by the absence of suitable models.

The present study introduces whole-mount retinal microvasculature to study brain microcirculation following experimental SAH in vitro. Artificial blood-filled cerebrospinal fluid (BSCF) was applied to the mount to test the hypothesis that the presence of subarachnoid blood affects the contractile properties of pericytes containing cerebral microcirculation during the early phase of SAH.

Materials and methods

Experimental animals. All protocols used were approved by the Ethics Committee of the Southwest Hospital (Chongqing,
Time-lapse photography. The whole-mount retina preparation was transferred into a 0.5 ml imaging chamber on the fixed stage of an upright microscope (Leica DM LFSA; Leica Microsystems GmbH, Wetzlar, Germany). The preparation was continuously superfused with oxygenated bicarbonate-buffered Ames medium at 35°C. Microvessels were viewed at x400 magnification with the aid of a x40 water-immersion objective. Following a 2.67 min control period, microvessels were exposed to the experimental perfusate for 5.33 min, then re-exposed to the control perfusate. To facilitate the detection of pericyte contractions, time-lapse images were captured at 8 sec intervals using a digital camera running Image-Pro Plus software version 6.0 (Media Cybernetics, Inc., Rockville, MD, USA). The small number of pericytes (<5%) that spontaneously contracted and relaxed were excluded from analysis. Based on the knowledge that 20% of the length of microvessels of the rat retina are within 30 µm of a bifurcation (11), the probability of responding pericytes being located near microvessel branch points (<30 µm) was calculated as previously described (12). Lumen diameters at sites adjacent to contracting pericytes were measured using Image-Pro Plus software. During exposure to experimental perfusates, lumen diameters were measured at the time of maximum change in responsive vessels. As contracting pericytes can cause microvascular lumens to move out of the narrow depth of focus, only lumens that remained in focus throughout the experiment were included in the analysis.

Collagen gel contraction assay. The collagen gel contraction assay was performed as described previously (14). Rat-tail tendon type I collagen (Shengyou Biotechnology Co., Ltd., Hangzhou, China) was diluted with DMEM to 2 mg/ml and adjusted to pH 7.4. To promote gel detachment, 12-well plates were precoated with 1% agarose. Retinal pericyte cultures were trypsinized when 80% confluent and liberated cells were counted using a hemocytometer. The trypsinized solution was then diluted to 1x10⁶ cells/ml with DMEM. Equal volumes of collagen and cell solution were then combined, and 1 ml containing 1 mg collagen and 5x10⁵ cells was pipetted into each well. Then, gels were polymerized at 37°C and then released from the dish edges with a fine needle. Diameters were recorded at three time points: Prior to BCSF incubation, and BCSF incubation at 24 and 48 h, with contraction measured relative to the initial gel diameter. All assays were repeated 3x with triplicate wells for each experimental condition.

Western blotting. Pericytes harvested from the collagen gel were suspended in ice-cold PBS at 1.25x10⁶ cells/ml. Proteins were extracted by Total Protein Extraction Kit for Cultured Cells (Boster Biological Technology, Wuhan, China), following the instruction manual. Western blot analysis was then performed as previously described (15). Equivalent protein amounts (30 µg) were loaded in each lane of 10% SDS-PAGE gels. After gel electrophoresis, protein was transferred onto a nitrocellulose membrane, which was then blocked by 5% non-fat milk blocking buffer for 2 h at room temperature. The following primary antibodies were diluted to incubate with the membrane under gentle agitation at 4°C overnight: Anti-α-SMA (1:1,000; cat. no. ab32575; rabbit monoclonal; Abcam, Cambridge, UK). Then, a secondary antibody (horseradish peroxidase-conjugated goat
anti-rabbit IgG; 1:1,000; cat. no. ab6721; Abcam) was incubated with the nitrocellulose membrane for 2 h at room temperature. Chemiluminescent detection was performed to identify the immune bands with an ELC Plus kit (cat. no. PRN2232; GE Healthcare Life Sciences). The resulting blots were scanned and semi-quantitatively analyzed in a blind fashion using Image J software version 1.48 (https://imagej.nih.gov/ij/). Anti-β-tubulin (1:4,000; Santa Cruz Biotechnology, Inc., Santa Cruz, CA) was used as an internal control for all the experiments and any changes observed were expressed as a percentage of the readings on day 0.

**Intracellular calcium ([Ca^{2+}]_i) microfluorimetry.**[Ca^{2+}]_i imaging was performed as previously described (16). The buffer solution for [Ca^{2+}]_i measurement was pH adjusted to 7.4 with NaOH and contained (in mmol/l): 145 NaCl, 1 CaCl_2, 3 KCl, 1 MgCl_2, 10 HEPES and 10 glucose. EGTA (0.1 mmol/l) was included in the Ca^{2+}-free extracellular buffer. Cells were loaded into the microfluorimeter with the Ca^{2+}-specific fluorescence indicator fura-2-acetoxymethylester (3 mmol/l) and incubated for 30 min at room temperature in the buffer solution. After loading, coverslips were placed on the bottom of a 600 ml Plexiglas perfusion chamber with openings at either end for perfusion and aspiration. The cells were perfused with the buffer solution for 10 min prior to the experiment to allow de-esterification of the dye. Digital [Ca^{2+}]_i imaging was performed through video microfluorimetry using a charge-coupled device (Princeton Instruments, Inc., Trenton, NJ, USA) attached to a Nikon Eclipse microscope with a Nikon CFI Super Fluor Objectives (Nikon Corporation, Tokyo, Japan) and MetaMorph System version 5.0 (Universal Imaging Corp, Downingtown, PA, USA). Imaging was performed with alternating excitation wavelengths of 340 and 380 nm. Background fluorescence obtained from a cell-free portion of the same coverslip was subtracted from all recordings to normalize the data prior to calculation of the ratio between the 340:380 nm recordings. The ratio values were then converted into [Ca^{2+}]_i as previously described (16).

**Statistical analysis.** The results are expressed as the mean ± standard error of the mean. The statistical significance of the differences between groups was calculated using one-way analysis of variance followed by a Newman-Keuls test. P<0.05 was considered to indicate a statistically significant difference. All statistical analyses were performed using SPSS software (version 16.0; SPSS, Inc., Chicago, IL, USA).

**Results**

**BCSF induced contraction of retinal microvessels.** To test the hypothesis that SAH would affect the physiology of retinal...
microvessels, BSCF was used to mimic SAH in vitro. It was observed that exposure of retinal microvessels to BCSF caused increased contraction of the microvessels (Fig. 1). However, contraction diminished and the microvessels relaxed after the BSCF was washed out, showing that the effects of BSCF were reversible (Fig. 1A and B). The mean contraction percentage of retinal microvessels following BCSF exposure was significantly lower compared with prior to BCSF exposure (P<0.01; Fig. 1C).

**BCSF induced contraction of pericyte-populated collagen gel and increased α-SMA expression.** Cultured pericytes were identified using α-SMA as a marker and morphological images after the 3rd passage (Fig. 2A and B). With the addition of pericytes, collagen gels contracted to 63% of their initial diameter at 24 h (P<0.05; Fig. 2C-E). The addition of BCSF significantly accelerated pericyte-populated collagen gel contraction at 24 h to 36% (P<0.05; Fig. 2C-E). The increased contraction induced by BCSF exhibited a time-dependent trend over 24 h in groups treated with saline and BCSF (Fig. 2D). The BCSF-treated pericytes group and saline-treated control pericyte group from the collagen gel expressed different levels of α-SMA. Western blots identified that the expression of α-SMA was significantly upregulated over a 2-day period of incubation with BCSF (P<0.05, Fig. 2F).

**BCSF induced [Ca^{2+}]_i elevation in cultured retinal pericytes.** Microfluorimetry analysis identified that pericyte exposure
to BCSF produced a peak \([\text{Ca}^{2+}]\) response, followed by a sustained plateau phase in the presence of extracellular \(\text{Ca}^{2+}\) (Fig. 3A and B). BCSF exposure in the absence of extracellular \(\text{Ca}^{2+}\) dramatically decreased the peak \([\text{Ca}^{2+}]\) response, producing only a small transient peak without a plateau phase (Fig. 3C).

**Discussion**

In the present study, it was identified that BCSF exposure induced retinal microvessel contraction and that this contraction was resolved by BCSF wash-out. In addition, BCSF exposure accelerated retinal pericycle-populated collagen gel contraction and increased the expression of \(\alpha\)-SMA in a time-dependent manner. Furthermore, BCSF induced a calcium influx in cultured retinal pericytes.

Numerous studies of SAH in the past decades have focused on vasospasm in the primary arteries (4,17,18). It was widely accepted that the ischemia that prognosticates poor outcome was caused by cerebral vasospasm (18). However, this classical theory of SAH-induced vasospasm has been fiercely challenged by a clinical trial of clazosentan, which, although reversing angiographic vasospasm, failed to improve patient outcome (19). Previous clinical studies have shown that numerous patients develop angiographic vasospasm following aneurysmal SAH, but only a small number will go on to develop cerebral ischemia and infarction (18,20-22). Angiographic vasospasm does not always correlate with poor clinical outcome (18,19), this may be attributable to the changes in microcirculation following SAH (6,23,24).

Previous studies have demonstrated that the cerebral microvasculature is significantly affected by SAH (6,7,25). Uhl et al (26) reported, for the first time, direct visualization of cerebral microcirculatory changes in patients following SAH with orthogonal polarization spectral imaging. Similar observations were described by Friedrich et al (27). These studies showed that SAH is associated with a micro-vasospasm, primarily affecting arterioles, with a reduction of diameter in pial vessels and an overall decrease in microvessel density. It is postulated that the increased intracranial pressure following SAH leads to compression in cerebral microvessels, resulting in a reduction in microvessel density (28). However, due to technical limitations, these studies showed no direct evidence of microvessel dysfunction following SAH.

The present study identified that SAH may be associated with increased contractility of microvessels, as indicated by enhanced vasoconstriction in response to BCSF. As microvessels lack smooth muscle, blood flow is frequently assumed to be regulated by precapillary arterioles. However, the majority (65%) of adrenergic innervation of central nervous system (CNS) blood vessels terminates near microvessels rather than arterioles, and in the muscle and brain a dilatory signal propagates from vessels near metabolically active cells to precapillary arterioles, suggesting that blood flow control is initiated in microvessels (4,5,7). Pericytes in CNS microvessels contain contractile proteins and can initiate such signaling (29,30). In the present study it was observed that pericytes can control microvessel diameter in whole-mount retinal microvasculature.

It has often been postulated that pericytes are contractile cells and contribute to the regulation of blood flow at the microvascular level (29,30). The BCSF-induced microvessel observed in the present study may be attributable to the release of a vasoactive agent from underlying glia and neurons. In order to exclude this cause, the effect of BCSF on cultured pericytes was tested with a gel contraction assay. This identified that BCSF accelerated pericycle-populated collagen gel contraction over 24 h. This confirms that BCSF affects microvessel function through enhancing pericycle contraction. Future studies into the underlying mechanisms and role of pericyte-containing microvessel disturbances in the pathophysiology of delayed cerebral ischemia should be explored.

In conclusion, the present study demonstrates an increased contractility of the pericytes and reduced diameter of microvessels in the presence of BCSF *in vitro*. These findings indicate that pericyte contraction and microvascular dysfunction is induced following SAH, which may lead to an increased susceptibility to SAH-induced ischemia.
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