

GLYCOGEN SYNTHASE KINASE-3 β INHIBITION REDUCES TRANSIENT CEREBRAL ISCHEMIA/REPERFUSION INJURY IN THE RAT HIPPOCAMPUS

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The serine/threonine glycogen synthase kinase (GSK)-3 β (EC 2.7.11.1) is abundant in the CNS, particularly in the hippocampus [1], and plays a pivotal role in the pathophysiology of a number of diseases, including neurodegeneration [2]. The study was designed to investigate the role of GSK-3 β in the development of cerebral ischemia/reperfusion (I/R) injury. Involvement of GSK-3 β was evaluated by assessing the effects displayed by the selective GSK-3 β inhibitor, TDZD-8, against I/R injury in the rat hippocampus. TDZD-8 (1 mg/kg, iv.) was administered before and after ischemia (pre-plus-post treatment) or during reperfusion alone (post-treatment) to evaluate its potential as therapeutic strategy. Transient cerebral ischemia (30 min) followed by 1 h or 24 h reperfusion significantly increased generation of reactive oxygen species, modulated superoxide dismutase activity and induced apoptosis (determined as mitochondrial cytochrome c release and Bcl-2 and caspase-9 expression); 24 h reperfusion resulted in high plasma levels of tumour necrosis factor- α and increased expression of cyclooxygenase-2, inducible NO synthase and intercellular adhesion molecule-1. Prophylactic or therapeutic administration of TDZD-8 reduced oxidative stress, apoptosis and inflammatory response without affecting blood glucose levels. These beneficial effects were associated with a reduction of ischemia-induced activation of the mitogen-activated protein kinases JNK1/2 and p38 and nuclear factor- κ B. Levels of S100B protein, a marker of cerebral injury used in stroke trials [3], were high in the hippocampi of rats exposed to I/R, but markedly reduced by TDZD-8. Taken together, these data suggest that GSK-3 β inhibition attenuates cerebral I/R injury.

[1] Leroy K. and Brion J.P. (1999) *J. Chem. Neuroanat.* 16: 279-293.

[2] Cohen P. and Goedert M. (2004) *Nat. Rev. Drug Discov.* 3: 479-487.

[3] Foerch C., Singer O.C., Neumann-Haefelin T., du Mesnil de Rochemont R., Steinmetz H. and Sitzer M. (2005) *Arch. Neurol.* 62: 1130-1134.