

脑室注射谷氨酸单钠盐对小鼠缰核的特异性损伤

王光建、陈红炬、萧信生 (南京大学生物系, 南京 210008)

提要 成年小鼠侧脑室内注射谷氨酸单钠盐(MSG)专一性损伤双侧缰核, 不损伤其他脑室周围结构的神经元。MSG对缰核的损伤有剂量依赖关系, 且损伤是不可恢复的。高剂量MSG 350 $\mu\text{g}/20 \mu\text{l}$ 引起小鼠的惊厥率为95.8%, 但发作可以恢复, 小鼠能够存活。实验结果提示: 可以用侧脑室注射MSG的方法建立缰核损伤的动物模型, 研究缰核功能。

关键词 谷氨酸钠; 惊厥; 缰; 脑损伤; 成年小鼠

新生期小鼠sc或ip谷氨酸单钠盐(monosodium glutamate, MSG)可破坏下丘脑弓状核及其他脑室周围结构神经元^(1,2)。成年大鼠脑室内注射(icv)MSG也引起注射局部神经元的坏死⁽³⁾。目前对MSG毒性作用的机理尚不了解, 但是谷氨酸及其结构类似物作为化学损毁的工具药在研究脑的功能定位和复制人类神经系统疾病方面已得到广泛应用⁽⁴⁾。本文研究icv MSG对成年小鼠的神经毒性作用。

材料与方 法

动物和给药方式 昆明系成年小鼠140只, ♀♂不拘, 其中48只兼作惊厥和脑损伤观察。实验组icv不同剂量MSG, 对照组: 1) cv等容量生理盐水; 2) ip MSG 3.5 g/kg。MSG为南通制药厂产28.75%针剂, 于用前以生理盐水配成所需浓度。将小鼠颅骨暴露, 用4号针于前囟后1 mm, 右侧旁开2.5 mm处插入侧脑室, 深2.5 mm⁽⁵⁾。缓慢注射, 约20 $\mu\text{l}/\text{min}$, 注射结束0.5 min后再起针, 以防药液外渗。

惊厥和脑损伤观察 给药后观察行为2 h。以四肢抽搐为发作指标, 记录发作率。观察行为后, 按预定时间用戊巴比妥钠麻醉。以

10%福尔马林溶液作心脏灌流, 断头、取脑, 置于同浓度福尔马林溶液中固定48 h, 作35 μm 厚度全脑冠状面连续冰冻切片, 隔175 μm 取片, 焦油紫染色, 光镜检查。

结 果

MSG诱发小鼠惊厥 icv生理盐水和低剂量MSG(175 $\mu\text{g}/20 \mu\text{l}$)不引起明显发作。中剂量MSG(207和250 $\mu\text{g}/20 \mu\text{l}$)在注射后立即诱发小鼠惊厥, MSG剂量增至350 $\mu\text{g}/20 \mu\text{l}$ 时, 惊厥率达95.8%(表1)。实验除观察到小鼠四肢抽搐的惊厥现象外, 还看到有喘息、僵柱状及惊跳等异常行为。高剂量MSG(350 $\mu\text{g}/20 \mu\text{l}$)处理引起的四肢反复抽搐可持续5-10 min, 但上述所有发作现象都可恢复。

Tab 1. Convulsions induced by icv monosodium glutamate (MSG) in mice. χ^2 test. ** $p < 0.05$, *** $p < 0.01$ vs NS (normal saline)

MSG ($\mu\text{g}/20 \mu\text{l}$)	n	Number of convulsing mice
NS	17	0
175	20	2**
207	24	10***
250	24	17***
350	48	46***

注射部位与损伤部位的关系 检查48只小鼠的脑损伤, NS组, MSG 175, 207和250 $\mu\text{g}/20 \mu\text{l}$ 4组各6只, 350 $\mu\text{g}/20 \mu\text{l}$ 组24只, 根据注射针痕迹确定药物注射部位, 得到如表2所示注射部位与损伤部位间的关系。

由表2可见, 注射部位分别在侧脑室内或海马、皮层、纹状体和丘脑等脑室周围结构的近脑室处。在所检查的48只小鼠中, 注射在侧脑室内的有24只, 占总数的50%, 观察到

Tab 2. Brain damages induced by injection of MSG to various regions in brain of mice. LCV = Lateral cerebral ventricle, Hab = Habenular nucleus, Hip = Hippocampus, CC = Cerebral cortex, Str = Striatum, Th = Thalamus, + = damage.

Region of injection	n	Local brain lesion				
		Hab	Hip	CC	Str	Th
LCV	24	+				
Hip	13	+	+			
CC	7	+		+		
Str	3	+			+	
Th	1	+				+

双侧缰核损伤。当注射针尖位于其他脑室周围结构时，注射 MSG 除引起注射局部神经元坏死外，双侧缰核也受到损伤。icv MSG 不损伤弓状核神经元(图 1 F 见图版 1, 以下各图同)。

icv MSG 引起的缰核损伤 icv NS 不损伤双侧缰核。注射 MSG 4 h 后可见缰核损伤，表现为组织水肿，神经元丧失完整形态，核固缩，染色程度加深(图 1 B, 1 D, 1 H)。MSG 175 $\mu\text{g}/20 \mu\text{l}$ 组仅引起缰核背内侧少数细胞坏死，且损伤只局限于缰核的中、后区(F-1.5, F-1.9, F-2.5) (图 2 A)。207 及 250 $\mu\text{g}/20 \mu\text{l}$ 组坏死的神经元数较 175 $\mu\text{g}/20 \mu\text{l}$ 组明显增加，缰核前区(F-1.1)也受到损伤(图 2 B, 2 C); 350 $\mu\text{g}/20 \mu\text{l}$ 组缰核的前、

中、后区都受到明显损伤，并且损伤从缰核的各个近脑室面向缰核的实质部扩展(图 1 D, 2 D)。上述缰核损伤似只局限在内侧缰核，双侧缰核中，注射侧缰核的损伤比对侧严重。

ip MSG 引起的脑损伤 ip MSG 3.5 g/kg 4 h 引起小鼠弓状核损伤，但不破坏缰核神经元。7 只小鼠弓状核内均出现大量核固缩的坏死性神经元(图 1 E)，但小鼠的缰核都正常(图 1 A, 1 C, 1 G)。ip MSG 除引起弓状核损伤外还引起穹窿下结构中部分神经元的坏死。

icv MSG 不同时间后的缰核损伤 注射 MSG 350 $\mu\text{g}/20 \mu\text{l}$ 5 min 后尚未观察到对缰核造成光镜下可见的损伤；注射后 4 h，缰核损伤如前述；24 h 后，缰核水肿程度减轻，固缩核减少，部分坏死的神经元被吞噬，出现胶质浸润；8 d 后，核固缩的坏死性神经元几乎全部消失，不再有胶质浸润，但双侧缰核明显萎缩，缰核周围的第三脑室腔明显扩大(图 1 I)。

讨 论

文献^(2,6)报道与我们的实验结果均表明，sc 或 ip MSG 时，下丘脑弓状核是最敏感的部位。但本实验用侧脑室注射 MSG 的方法并不破坏下丘脑弓状核而引起双侧缰核的损伤。这可能是由于注射入侧脑室的 MSG 经过脑脊液转移至缰核较近，距下丘脑弓状核较远，MSG 在转移过程中浓度不断下降，至弓状核时已处于毒性作用的阈值以下，也有证据表明，sc 或 ip 的 MSG 不经过脑脊液扩散而经过弓状核处较脆弱的血脑屏障而作用于弓状核神经元⁽⁷⁾。因此，即使 MSG 的浓度在转移过程中降低不多也可能不造成对弓状核的损伤。除下丘脑弓状核外，直接与脑脊液接触的其他一些结构，如海马、穹窿下结构、纹状体、丘脑背侧等在 icv MSG 时都没有受到损伤，提示在这些结构中，缰核是对脑脊液中 MSG 毒性作用最敏感的部位。

icv MSG 专一性损伤双侧缰核，不损伤其

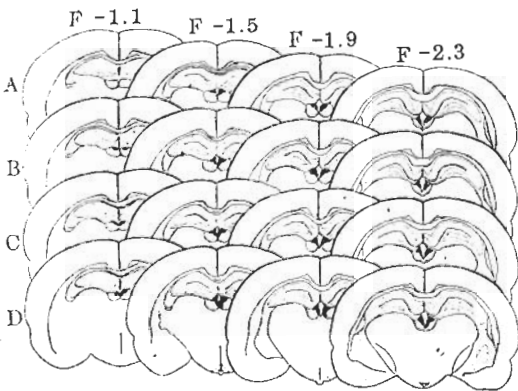


Fig 2. Habenular nucleus lesions (darkened area) produced by icv of MSG. A, B, C, D, 175, 207, 250, 350 $\mu\text{g}/20 \mu\text{l}$, respectively. F = Frontal zero coordinate which refers to the distance (mm) posterior (F-) to bregma.

他脑室周围结构的神经元, MSG对缰核的损伤有剂量依赖关系, 并且损伤不可恢复。鉴于小鼠侧脑室注射的方法比较简便易行, 小鼠即使在高剂量MSG(350 $\mu\text{g}/20 \mu\text{l}$, 在此剂量下小鼠的惊厥率达95.8%)作用时也大都能够存活, 提示可以用这一方法建立缰核损伤的动物模型, 研究缰核的功能。徒手侧脑室注射的准确率约为50%, 为进一步提高注射的准确率, 可采用更加精确的立体定位的注射方法。

参 考 文 献

- 1 Olney JW. Brain lesions, obesity and other disturbances in mice treated with monosodium glutamate. *Science* 1969; 164 : 719
- 2 王光建、张祖暄、萧信生。吗啡增强谷氨酸对小鼠的神经毒性。中国药理学与毒理学杂志 1986; 1 : 57
- 3 Nemeroff CB. Monosodium glutamate-induced neurotoxicity: review of the literature and call for further research. In: Miller SA, ed. *Proceedings of the Franklin Research Center's 1980 working conference on nutrition & behavior*. Williamsburg VA: Working Conference on Nutrition & Behavior, 1981 : 177-211
- 4 McGeer EG, McGeer PL. Neurotoxin-induced animal models of human diseases. In: Blum K, Manzo L, eds. *Neurotoxicology*. NY: Marcel Dekker Inc, 1985 : 515-33. (Di Carlo FJ, Oehme FU, eds. *Drug and chemical toxicology*; vol 3)
- 5 Slotnick BM, Leonard CM. *A stereotaxic atlas of the albino mouse forebrain*. Rockville MD: Alcohol Drug Abuse and Mental Health Administration, 1975; DHEW publication no (ADM) 75-100
- 6 Kizer JS, Nemeroff CB, Youngblood WW. Neurotoxic amino acids and structurally related analogs. *Pharmacol Rev* 1977; 29 : 301
- 7 Price MT, Olney JW, Lowry OH, Buchsbaum S. Uptake of exogenous glutamate and aspartate by circumventricular organs but not other regions of brain. *J Neurochem* 1981; 36 : 1774

Acta Pharmacologica Sinica 1988 Nov, 9 (6) : 519-521

Specific lesion in habenular nucleus induced by the intraventricular injection of monosodium glutamate in mice

WANG Guang-Jian, CHENG Hong-Ju, XIAO Xin-Sheng

(Department of Biology, Nanjing University, Nanjing 210008)

ABSTRACT Lateral cerebro-ventricular injection of monosodium glutamate (MSG) in adult mice specifically damaged the bilateral habenular nucleus but spared other circumventricular organs. The habenular nucleus lesions produced by MSG were dose-dependent and irreversible. A high dose of MSG (350 $\mu\text{g}/20 \mu\text{l}$) induced convulsions in up to 95.8 % of the mice, but

these convulsions were reversible and most of the mice survived. It is suggested that lateral cerebro-ventricular injection of MSG may be a suitable animal model to study the functions of the habenular nucleus.

KEY WORDS sodium glutamate; convulsions; habenula; brain injuries; adult mice

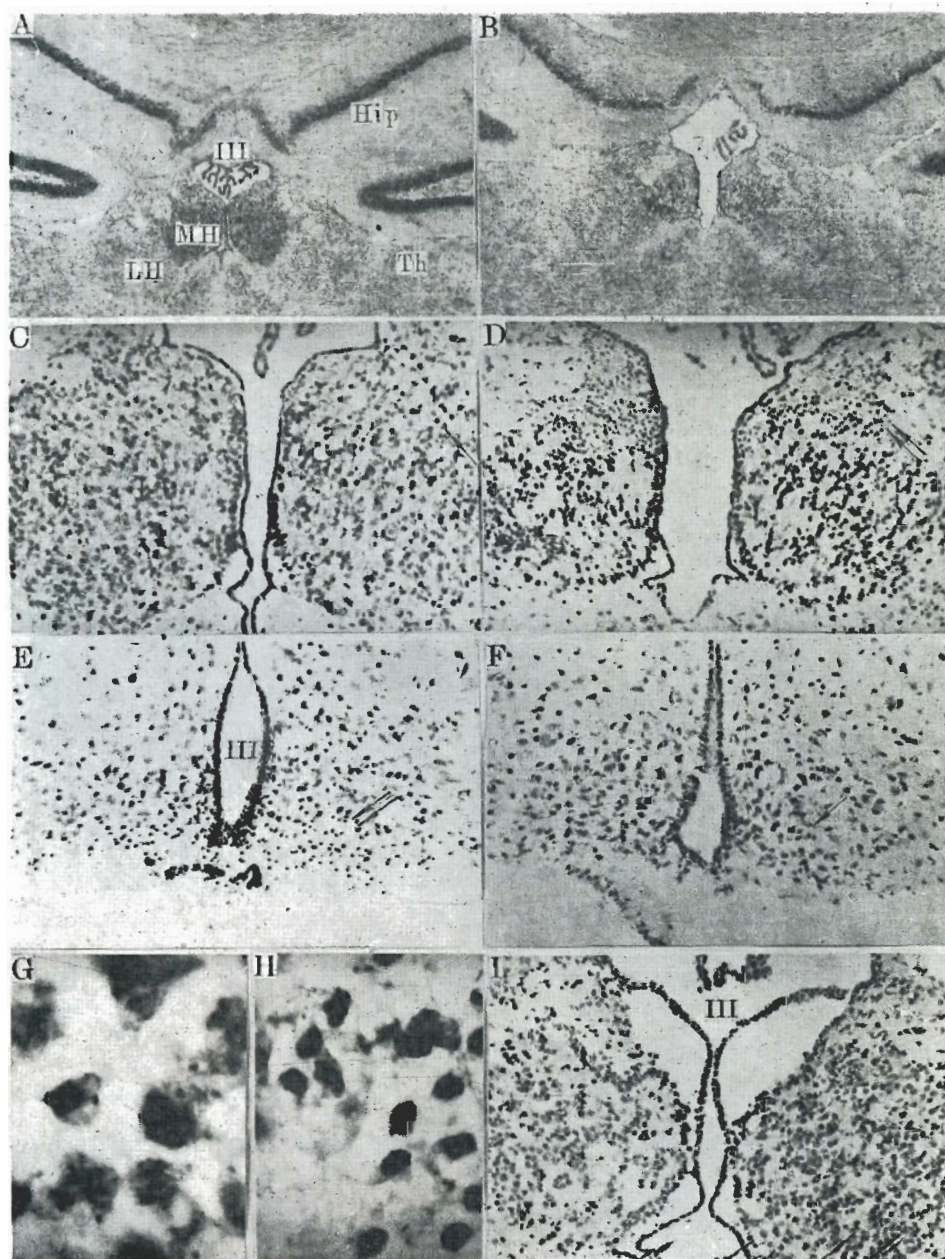


Fig 1. Specific bilateral habenular nucleus lesions induced by icv of MSG 350 $\mu\text{g}/20\mu\text{l}$ in mice. In the case of control of 4 h after ip of MSG 3.5 g/kg, the arcuate nucleus (AN) was impaired (E) but the habenular nucleus (Hab) is normal (A, C, G). Fig B, D, F and H were the case of 4 h following icv of MSG, which showed that while AN was normal (F) the bilateral Hab was damaged severely (B, D, H). G was the magnification of normal neurons (arrow) in C, and H was that of degenerated neurons (double arrow) in D. Fig I showed the Hab 8 d after icv of MSG which was atrophic and accompanied by widening of the third ventricle (III). 10 μm , cresyl violet stain, $\times 84$ (A, B), 312 (C, D, E, F, I), and 3120 (G, H). MH = nucleus medialis habenularis; LH = nucleus lateralis habenularis; Hip = hippocampus; Th = thalamus, (See p 520)