

Effect of Diabetes on Median and Dorsal Raphe Nuclei Efferent Fibers to CA3 Hippocampal Area in Rat

Gholamreza Hassanzadeh^{*1}, Adib Zendedel¹, Mohammad Akbari¹, Seyed Behnam-edin Jemeie², and Kobra Mehrannia¹

¹ Department of Anatomy, Tehran University of Medical Sciences, Tehran, Iran

² Department of Anatomy, Iran University of Medical Sciences, Tehran, Iran

Received: 14 Mar. 2008; Received in revised form: 9 May 2008; Accepted: 30 Jun. 2008

Abstract- Diabetes Mellitus (DM) is one of the most important metabolic disease causes in many side effects. The decrease of mental abilities and even some form of dementia followed prolonged diabetes has been reported. There are evidences that show hippocampus might be the site of neural involvement in patients with dementia followed diabetes. As hippocampus received main serotonergic efferents from brain stem raphe nuclei include dorsal raphe nucleus (DRN) and median raphe nucleus (MRN), it is possible that these efferent affected by diabetes. We used adult male Wistar rat in this study. Diabetes was induced by IP injection of streptozotocin (STZ). After 2,4 and 6 months, HRP tracing were done for the efferent from DRN & MRN to CA3 of hippocampus. HRP Positive neuron of DRN & MRN and also the distribution of these cells were study by light microscopy. Statistical analysis was done by SPSS software. Microscopic study clearly showed significant decrease in HRP positive cells population in DRN & MRN after prolonged diabetes. Based on our finding, the changes in the neural connection between serotonergic nuclei and hippocampus followed diabetes might be one of the reasons for dementia in these patients.

© 2010 Tehran University of Medical Sciences. All rights reserved.

Acta Medica Iranica 2010; 48(1): 1-8.

Key words: Diabetes mellitus; raphe nuclei; hippocampus; streptozocin

Introduction

Diabetes mellitus is one of the chronic disease characterized by wide spread complications among which the peripheral and central neuropathies are well known (1). 20.8 million Children and adults- 7.0% of the population – have diabetes (2). Neuropathy, a common complication of diabetes mellitus, is generally considered to be related to duration and severity of hyperglycaemia. Usually more than 50% of patients with duration of diabetes of 25 years or more are affected, making it as one of the most common disease of the nervous system. One of the largest published series reported a prevalence of 7.5% even at the time of diagnosis of diabetes (3). Statistical analysis shows that people with diabetes had a much higher rate of developing Alzheimer's disease than those who don't have diabetes (4).

Hippocampal formation is a part of limbic system that consists of dentate gyrus, proper hippocampus, subicular complex and entorhinal cortex (5). Proper hippocampus consists of three parts in transverse section: CA1, CA2 and CA3.

Each part has three cellular layers. Middle layers consist of pyramidal cells that are the chief cells of hippocampus. Efferent projections from proper hippocampus are axons of these pyramidal cells (6). The major afferent connections of hippocampal formation are substantial inputs from the medial septum, the hippocampal formation of the opposite side, the cingulum, olfactory and neocortical association area. Recently, however, a number of reports have appeared which suggest that certain cell groups in diencephalon and brainstem may also project directly to hippocampal formation (7). Recent research indicates that ascending serotonergic projections together with ascending cholinergic projections, play an essential role in the generalized control of cerebral activity (8).

The dorsal raphe nucleus consists of rostral and caudal subdivisions. The rostral aspect of the dorsal raphe is further divided into interfascicular, ventral, ventrolateral and dorsal subnuclei. The projections of the dorsal raphe nucleus have been found to vary topographically, and thus the subnuclei differ in their projections (9). An increased number of cells in the lateral aspects

*Corresponding Author: Gholamreza Hassanzadeh
Department of Anatomy, Tehran University of Medical Sciences, Tehran, Iran
Tel: +98 21 88953008, Fax: +98 21 66419072, E-mail: Gholamreza_Hassanzadeh@yahoo.com

of the dorsal raphe are characteristic of humans and other primates. The dorsal raphe is the largest serotonergic nucleus and provides a substantial proportion of the serotonin innervation to the forebrain. Serotonergic neurons are found throughout the dorsal raphe nucleus and tend to be larger than other cells (10). The median raphe nucleus is composed of polygonal, fusiform and pyriform neurons and exists rostral to the nucleus raphe pontis. The most significant projections included the ones to the interpeduncular nucleus, the mammillary bodies, the habenular nuclei and the hippocampus (11).

Since diabetes mellitus has many complications and it is reported to impair the memory function in experimental animals, and the hippocampus play a pivotal role in a diverse set of cognitive functions, and raphe nuclei has important relationship to hippocampus, we decided to investigate the effect of diabetes on median and dorsal raphe nuclei efferent fibers to hippocampus.

Patients and Methods

Wistar rats of male sex were used (210 ± 20 g; $n=24$). They were kept in a 12 hours light/dark cycle. Prior to the study they were divided into two groups (study and control) in simple randomized manner. Diabetes mellitus was induced by injection of streptozotocin (STZ). It was intraperitoneally injected into rats (60 mg/kg). To confirm the induction of diabetes mellitus, we measured glucose levels in blood samples obtained by tail prick using a strip-operated blood glucose sensor. All STZ-injected animals showed strong hyperglycemia (blood glucose level >300 mg/dl). Rats in study group were divided randomly to three groups. In first group 2 months, in second group 4 months and in third group 6 months after confirming diabetes, we used HRP to study the effects of diabetes on the efferents of dorsal and medial raphe nuclei to CA3 hippocampal area. Following injection, HRP is absorbed by axonal endings and is transferred retrogradely to perikaria that send projections to the injection site. It accumulates in several vesicles, which are HRP labelled cells. Animals were anesthetized after an intraperitoneal injection of ketamin (40 mg/kg) and xylazin (5mg/kg). We performed a stereotaxic injection of HRP (Sigma) enzyme into the CA3 hippocampal region of the two groups. After surgery, rats were allowed to recover for 48 to 72 hours and were then anesthetized deeply with ketamin and xylazin. The animals were perfused intracardially with fixative solution (glutaraldehyde 1.25% and paraformaldehyde %1 in 0.2 mol buffer phosphate at $pH=7.4$) followed by sucrose buffer 10%. After removal, the rat brains were cut

using freezing microtome (Cryocut 1800, ELICA) in coronal sections at a thickness of 40 μ m and stored in 0.1 mol phosphate buffer. In this study, after injection of HRP into CA3 hippocampal area, we counted the number of labeled cells and studied their topography in dorsal and median raphe nuclei bilaterally both in study and control groups. Sections were reacted with tetra methyl benzidin (Sigma, Mo., USA) following the procedure of Mesulam et al (12). Sections were then mounted onto gelatinized slides, airdried and counterstained with neutral red. After assessment of the injection site, we examined slides with light microscope and took digital photographs from all dorsal and ventral raphe nuclei areas. Selected slices were traced with reference to the atlas of Paxinos and Watson (1986) and the injection site and retrogradely labeled cells were plotted with the use of a microprojector. Topographical study on dispersion of labeled cells with HRP was performed by Adobe Photoshop 7.0 software; we used Image tool 2.0 and SPSS 13.0 (Mann-Whitney and t test) software for the analysis of findings.

Results

The age-matched control animals showed a normal increase in body weight from ($210 \hat{A} \pm 20$ to $410 \hat{A} \pm 5$ g) without change in blood glucose level (<200 mg/dl), whereas body weight decreased in the STZ-diabetic group (from $210 \hat{A} \pm 20$ to $130 \hat{A} \pm 20$ g) and blood glucose levels increased to (>300 mg/dl) (Figure 4).

After injection of HRP in CA3 region (Figure 7), we see that labeled cells were concentrated in median raphe nucleus (MRN) (Figure 8a) and fewer labeled cells were observed in ventral part of dorsal raphe nucleus (DRN) especially in its caudal aspect. In caudal part of DRN labeled cells are close to cerebral aqueduct (Figure 8b). In control groups number of labeled cells had a specific pattern; in rostrocaudal manner at first they increased and then decreased (Figure 1). There wasn't any significant difference in pattern of distribution and number of labeled cells of all control groups; the total mean of labeled cells of MRN was 104.5 and the mean of number of labeled cells of DRN was 69. Ipsilateral DRN has more labeled cells than controlateral DRN and in both of them ventral region has more labeled cells than dorsal region (Figure 5).

It showed that neurons of DRN send projection fiber to CA3 region of hippocampus, and ventral part of DRN has more efferent projection to CA3; and ipsilateral DRN has more efferent projection fiber to CA3 than controlateral DRN.

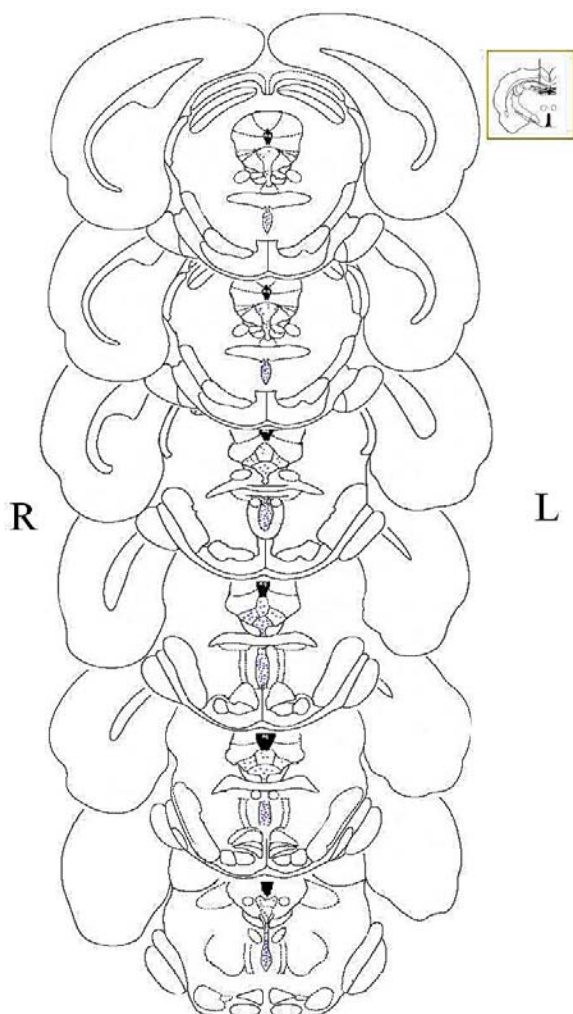


Figure 1. Dispersions of labeled cell in control group

In first study group that after 2 month STZ treated animals that connection studied there wasn't any significant differences in number of labeled cells of DRN and MRN.

In second study group" The mean of labeled cells in DRN was 47 ± 3.6 (Figure 9a), and in contrast with control group, 36.2% was reduced, this reduction is significant ($P < 0.05$). The numbers of labeled cells in ipsilateral side were more than contralateral and in ventral region were more than dorsal region.

In third group". The mean of labeled cells in dorsal raphe nuclei was 32.25 ± 3.5 (Figure 10a), and in contrast with control group, 50.1% was reduced. There is significant difference between control and study group ($P < 0.05$). There weren't any labeled neurons in contralateral DRN of study group. In second group" The mean of labeled cells in median raphe nuclei was 77 ± 3.5 (Figure 9b), and in contrast with control group, 28.7% was reduced. This reduction is significant ($P < 0.05$).

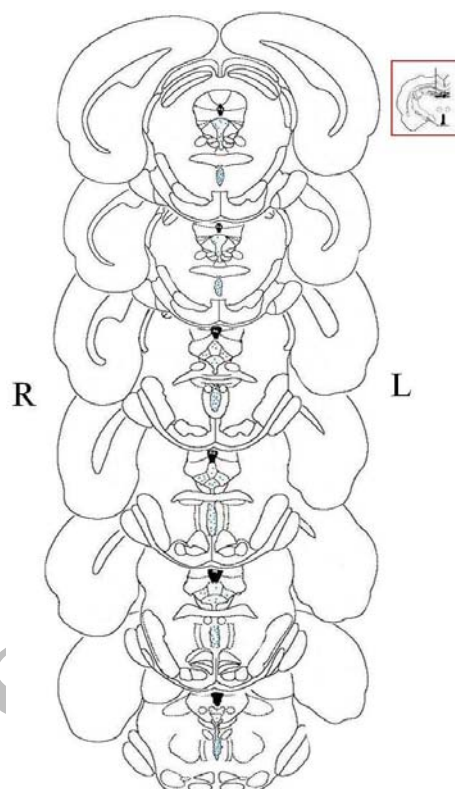


Figure 2. Dispersions of labeled cell in group 2 (4 month diabetic)

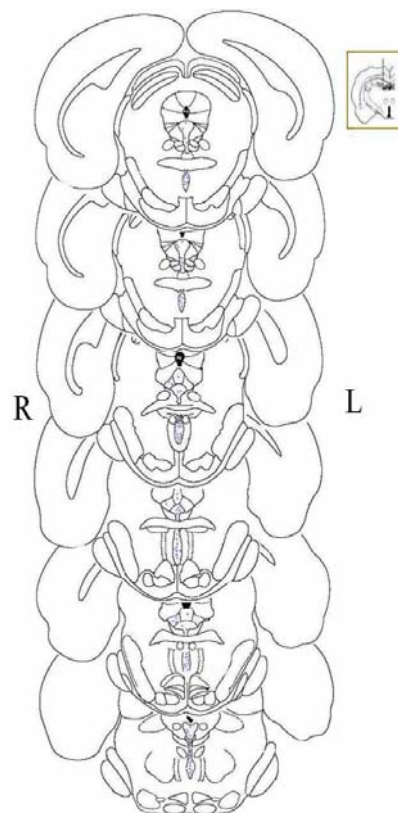


Figure 3. Dispersions of labeled cell in group 3 (6 month diabetic)

Effect of diabetes on median and dorsal raphe nuclei efferent fibers to hippocampus

The pattern of distribution of labeled cells in MRN of control group weren't seen here (Figure 2)." In third group" The mean of labeled cells in median raphe was 54 ± 4.1 (Figure 10b), and in contrast with control group, 48.4% was reduced (Figure 6). There is significant difference between control and study group ($P < 0.05$). De-

creasing in labeled cells in dorsal raphe was more than median raphe. The pattern of distribution of labeled cells in MRN of control group weren't seen here (Figure 3)."

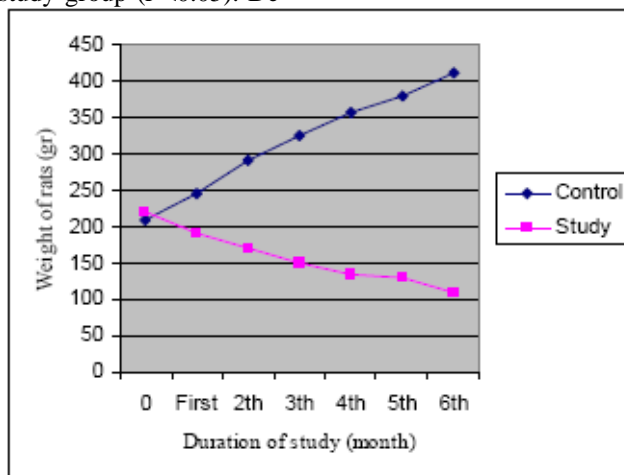


Figure 4. The relationship between weight of rats in control and study groups and duration of study

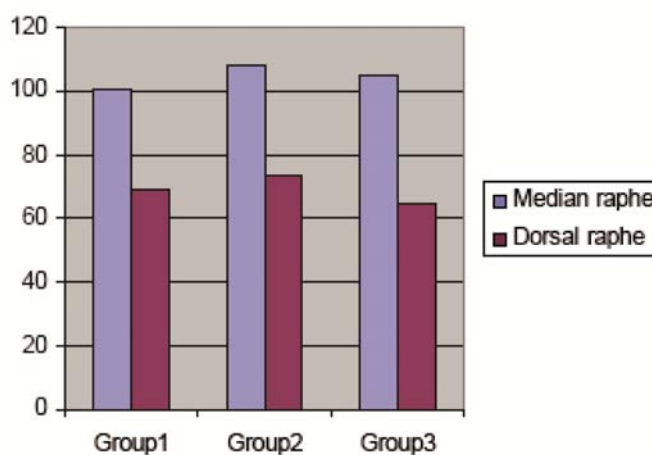


Figure 5. The number of labeled cells in median and dorsal nuclei in control groups

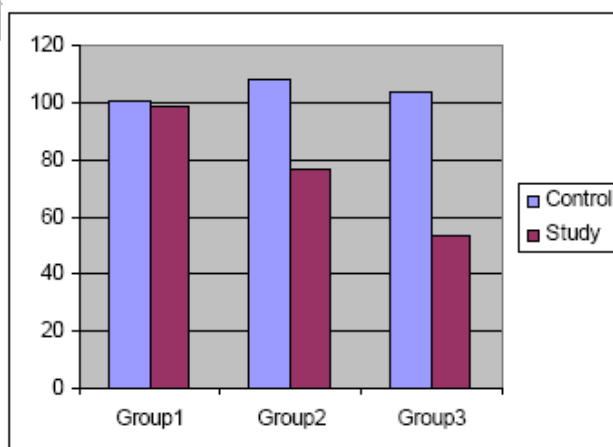


Figure 6. The mean of labeled cells in median raphe in control and study groups, 2, 4 and 6 months after diabetes

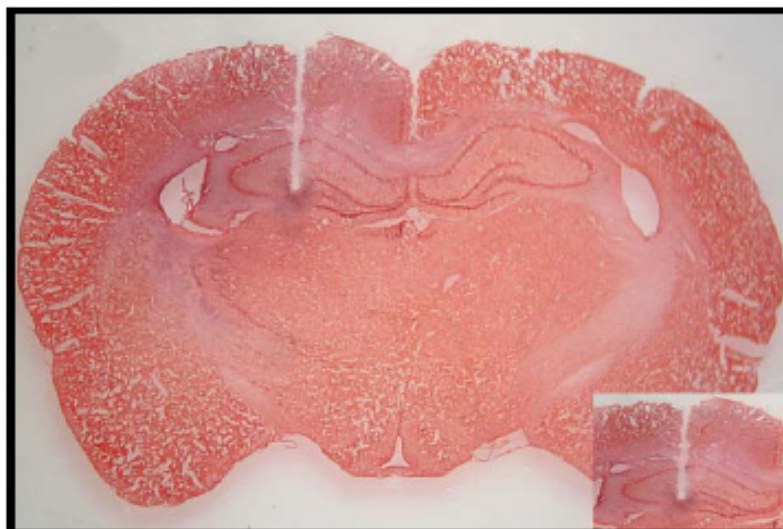


Figure 7. Injection site

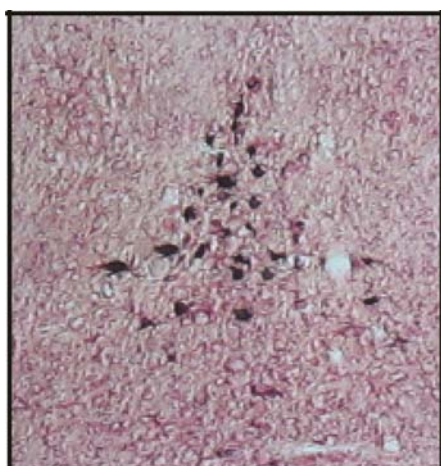


Figure 8a. Labeled cells in median raphe in control group($\times 100$).

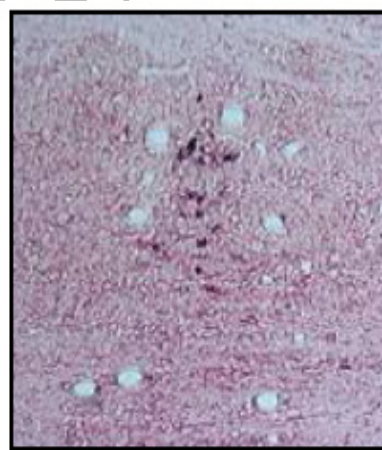


Figure 9a. Labeled cells in median raphe nuclei 4 months after diabetes($\times 100$)

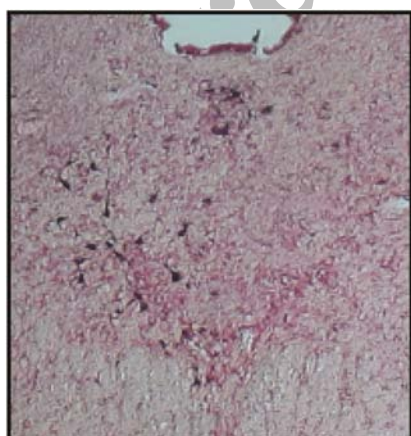


Figure 8b. Labeled cells in dorsal raphe in control group($\times 100$)

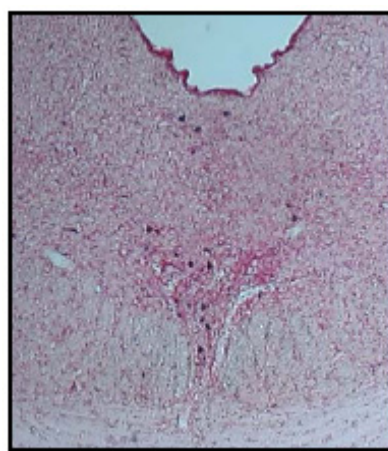


Figure 9b. Labeled cells in dorsal after 4 months diabetes ($\times 100$)

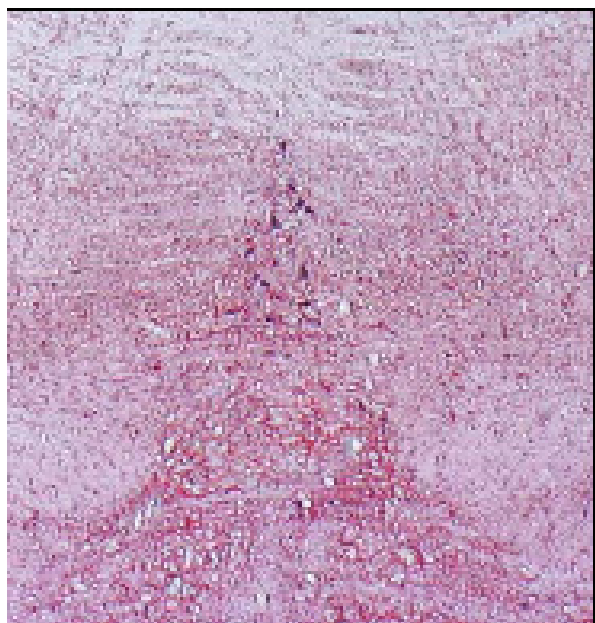


Figure 10a. Labeled cells in median raphe 6 months after diabetes ($\times 100$)

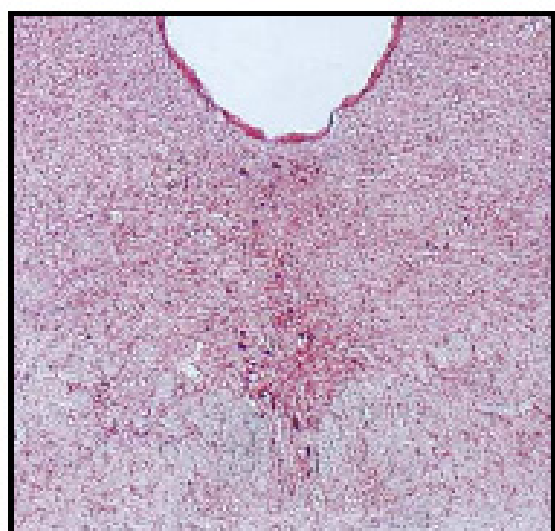


Figure 10b. Labeled cells in dorsal raphe 6 months after diabetes ($\times 100$)

Discussion

Long-term diabetes leads to a variety of discrete functional and structural disorders in the central nervous system (13). One of them is diabetic neuropathy, a frequent and serious complication of diabetes mellitus, affects sensorimotor and autonomic nerve function (14). The level of hyperglycemia and the duration of the disease are two important factors in the severity of neuropathy (1). In our study there was a significant difference between the group that only 2 months was diabetic and the groups that 4 and 6 months were diabetics. It showed

that increase in duration of diabetes lead to decrease in number of labeled cells. However, long-term diabetes results in a variety of subtle cerebral disorders, which occur more frequently than is commonly believed.

Diabetic cerebral disorders have been demonstrated at a neurochemical, electrophysiological, structural and cognitive level; however, the pathogenesis is still not clear. Probably alterations in cerebral blood supply and metabolic derangements play a role, as they do in the pathogenesis of diabetic neuropathy (15).

Recent studies suggest that changes in retrograde axonal transport play an initial and important role in the

development of many axonopathies (16). Abnormalities in axonal transport have been observed in human and experimental diabetes and may be related to the pathogenesis of diabetic neuropathy (17). In our study the depletion in the number of labeled neurons in the diabetic rats compared with the nondiabetic rats is indicative of impairment of neuronal transport of the injected tracer in the diabetic rat. Our results and conclusion are quite consistent with reports obtained from similar studies in other laboratories particularly those in which other tracers have been used (18, 19). In our study the vast majority of projection neurons were concentrated in the median raphe and a few of them were observed in the dorsal raphe that is similar to previous studies (20).

Another central nervous system complication of diabetes mellitus (DM) is defects in hippocampal synaptic plasticity induction and difficulties in learning and memory (21). It was shown that hippocampal synaptic plasticity in rats is affected only in severe streptozotocin (STZ)-induced diabetes mellitus. Peripheral nerve conduction velocity and central-evoked potentials studies in both humans and animals showed progressive defects with increased duration of the disease (1). Two features of diabetes can impair memory. High blood sugar, the hallmark of the disease, depresses the function of the hippocampus (22). Results show that serotonin is important in long term memory processes (23). The dorsal raphe nucleus is the largest serotonergic nucleus and provides a substantial proportion of the serotonin innervations to the forebrain. The organization of the brainstem serotonin neuron projection to the hippocampal formation, this projection arises in the raphe nuclei of the midbrain (10). In addition in our study we find that the labeled cells in raphe nuclei in diabetic rats were less than nondiabetic groups. It showed that the retrograde axonal transport in serotonergic neurons in diabetic groups was reduced. The distribution of HRP-containing cells retrogradely labeled from the hippocampus was similar to that shown in previous studies.

References

1. Kamal A, Biessels GJ, Ramakers GM, Hendrik Gispen W. The effect of short duration streptozotocin-induced diabetes mellitus on the late phase and threshold of long-term potentiation induction in the rat. *Brain Res* 2005;1053(1-2):126-30.
2. American diabetes association (2005). Total prevalence of diabetes & prevalence prediabetics. Retrieved on 2006-03-17
3. Bhadada SK, Sahay RK, Jyotsna VP, Agrawal JK. Diabetic neuropathy: current concepts. *J Indian Acad Clin Med* 2001;2(4):305-18.
4. Heitner J, Dickson D. Diabetes do not have increased Alzheimer type pathology compared with age-matched control subjects. A retrospective postmortem immunocytochemical and histofluorescent study. *Neurology* 1997;49:1306-1311.
5. Rizk NN, Rafols J, Dunbar JC. Cerebral ischemia induced apoptosis and necrosis in normal and diabetic rats. *Brain Res* 2005;1053(1-2):1-9.
6. Amaral DG, Witter MP. The three-dimensional organization of the hippocampal formation: a review of anatomical data. *Neuroscience* 1989;31(3):571-91.
7. Wyss JM, Swanson LW, Cowan WM. A study of subcortical afferents to the hippocampal formation in the rat. *Neuroscience* 1979;4(4):463-76.
8. Peck BK, Vanderwolf CH. Effects of raphe stimulation on hippocampal and neocortical activity and behaviour. *Brain Res* 1991;568(1-2):244-52.
9. O'Hearn E, Molliver ME. Organization of raphe-cortical projections in rat: a quantitative retrograde study. *Brain Res Bull* 1984;13(6):709-26.
10. Baker KG, Halliday GM, Hornung JP, Geffen LB, Cotton RG, Törk I. Distribution, morphology and number of monoamine-synthesizing and substance P-containing neurons in the human dorsal raphe nucleus. *Neuroscience* 1991;42(3):757-75.
11. Trulsson ME, Preussler DW, Trulsson VM. Differential effects of hallucinogenic drugs on the activity of serotonin-containing neurons in the nucleus centralis superior and nucleus raphe pallidus in free-moving cats. *J Pharmacol Exp Ther* 1984;228(1): 94-102.
12. Mesulam MM, Van Hoesen GW, Pandya DN, Geschwind N. Limbic and sensory connections of the inferior parietal lobule (area PG) in the rhesus monkey: a study with a new method for horseradish peroxidase histochemistry. *Brain Res* 1977;136(3):393-414.
13. Sima AA, Sugimoto K. Experimental diabetic neuropathy: an update. *Diabetologia* 1999;42(7):773-88.
14. Lee PG, Cai F, Helke CJ. Streptozotocin-induced diabetes reduces retrograde axonal transport in the afferent and efferent vagus nerve. *Brain Res* 2002;941(1-2):127-36.
15. Biessels GJ, Kappelle AC, Bravenboer B, Erkelens DW, Gispen WH. Cerebral function in diabetes mellitus. *Diabetologia* 1994;37(7):643-50.
16. Jakobsen J, Brimijoin S, Sidenius P. Axonal transport in neuropathy. *Muscle Nerve* 1983;6(2):164-6.
17. Abbate SL, Atkinson MB, Breuer AC. Amount and speed of fast axonal transport in diabetes. *Diabetes* 1991;40(1):111-7.

Effect of diabetes on median and dorsal raphe nuclei efferent fibers to hippocampus

18. Lee PG, Hohman TC, Cai F, Regalia J, Helke CJ. Streptozotocin-induced diabetes causes metabolic changes and alterations in neurotrophin content and retrograde transport in the cervical vagus nerve. *Exp Neurol* 2001;170(1):149-61.
19. Cai F, Helke CJ. Abnormal PI3 kinase/Akt signal pathway in vagal afferent neurons and vagus nerve of streptozotocin-diabetic rats. *Brain Res Mol Brain Res* 2003;110(2):234-44.
20. Acsady L, Arabadzisz D, Katona I, Freund IF. Topographic distribution of dorsal and median raphe neurons with hippocampal, septal and dual projections. *Acta Biologica Hongarica* 1996;47(1-4):9-19.
21. Kamal A, Biessels GJ, Gispen WH, Ramakers GM. Synaptic transmission changes in the pyramidal cells of the hippocampus in streptozotocin-induced diabetes mellitus in rats. *Brain Res* 2006;1073-1074:276-80.
22. PRIMED Patient Education Center. Causes of Memory Impairment [Online]. Harvard Health Publications, 2006. Available from:
URL:<http://www.patienteducationcenter.org/asp/HealthELibrary/HealthETopic.aspx?cid=im0306&p=7>
23. van der Veen FM, Evers EA, van Deursen JA, Deutz NE, Backes WH, Schmitt JA. Acute tryptophan depletion reduces activation in the right hippocampus during encoding in an episodic memory task. *Neuroimage* 2006;31(3):1188-96.

Archive of SID