

Examining Traumatic Brain Injury as a Chronic Condition

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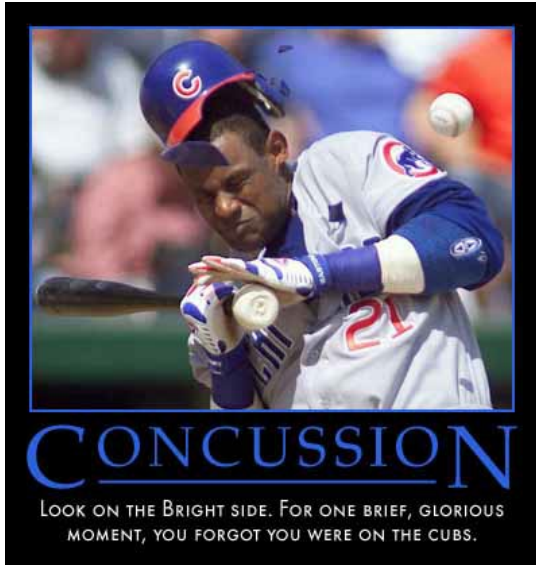
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Examining TBI as a Chronic Condition

1. Brief overview of the chronic neuropathologies in TBI
2. Chronic neuroinflammation contributes to neuropathology and is amenable to late therapeutic intervention
3. TBI is a systemic disorder that makes the host vulnerable to secondary complications during the chronic phase of recovery



Late Outcomes

Pathological:
 Chronic neurodegeneration
 Brain/hippocampal atrophy

Clinical:
 Cognitive decline/loss of
 executive function

Neuropsychiatric changes
 Depression, anxiety,
 aggression

Post-traumatic epilepsy

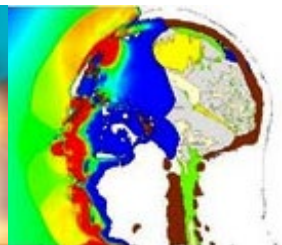
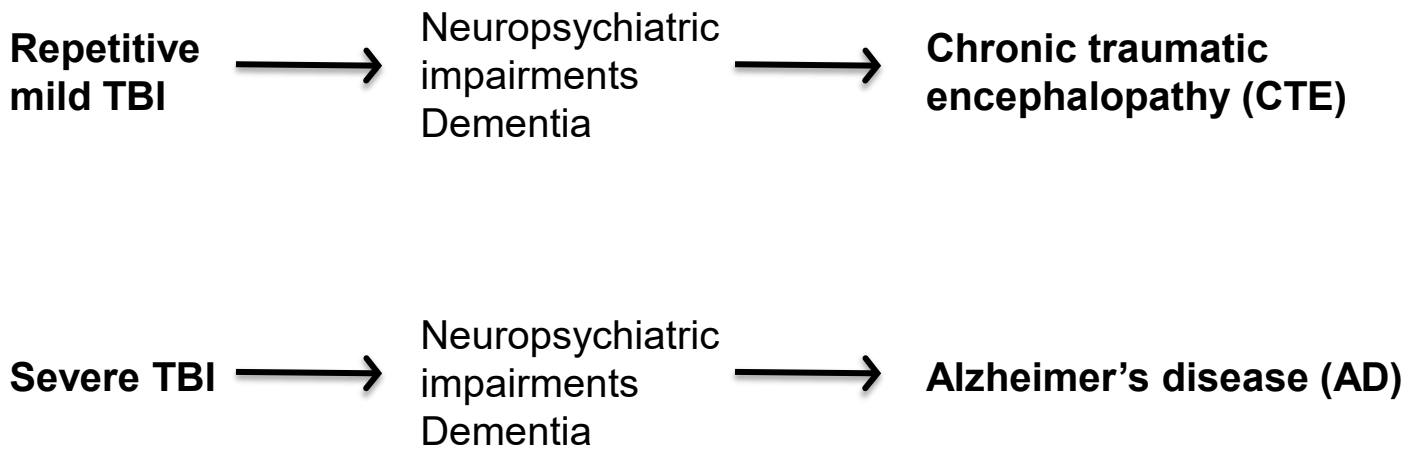
Post-traumatic pain

Associated ND Disorders:
 Alzheimer's disease (AD)

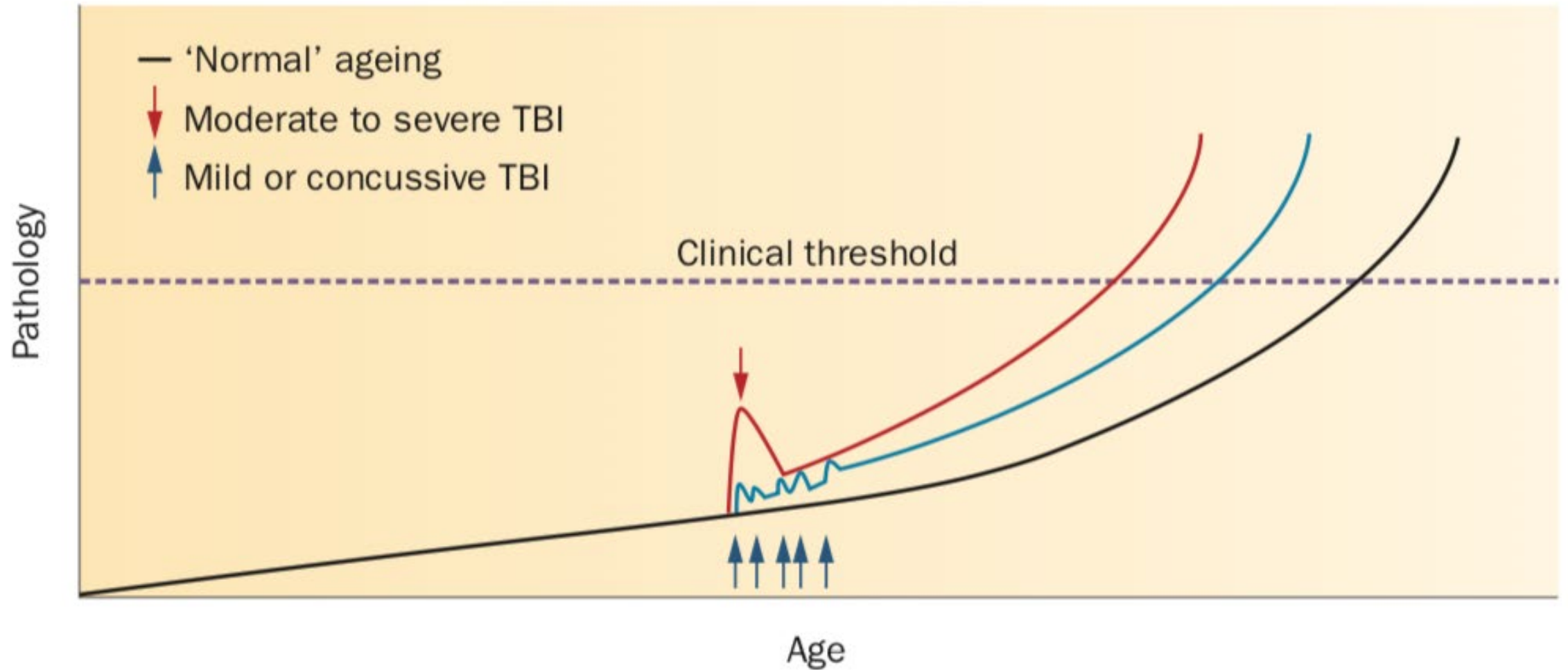
Chronic traumatic
 encephalopathy (CTE)

Motor Neuron Disease (MND)

Others...



Interaction between TBI and “normal” ageing



Prediction of Brain Age Suggests Accelerated Atrophy after Traumatic Brain Injury

James H. Cole, PhD, Robert Leech, PhD, and David J. Sharp, PhD,
for the Alzheimer's Disease Neuroimaging Initiative

Abstract:

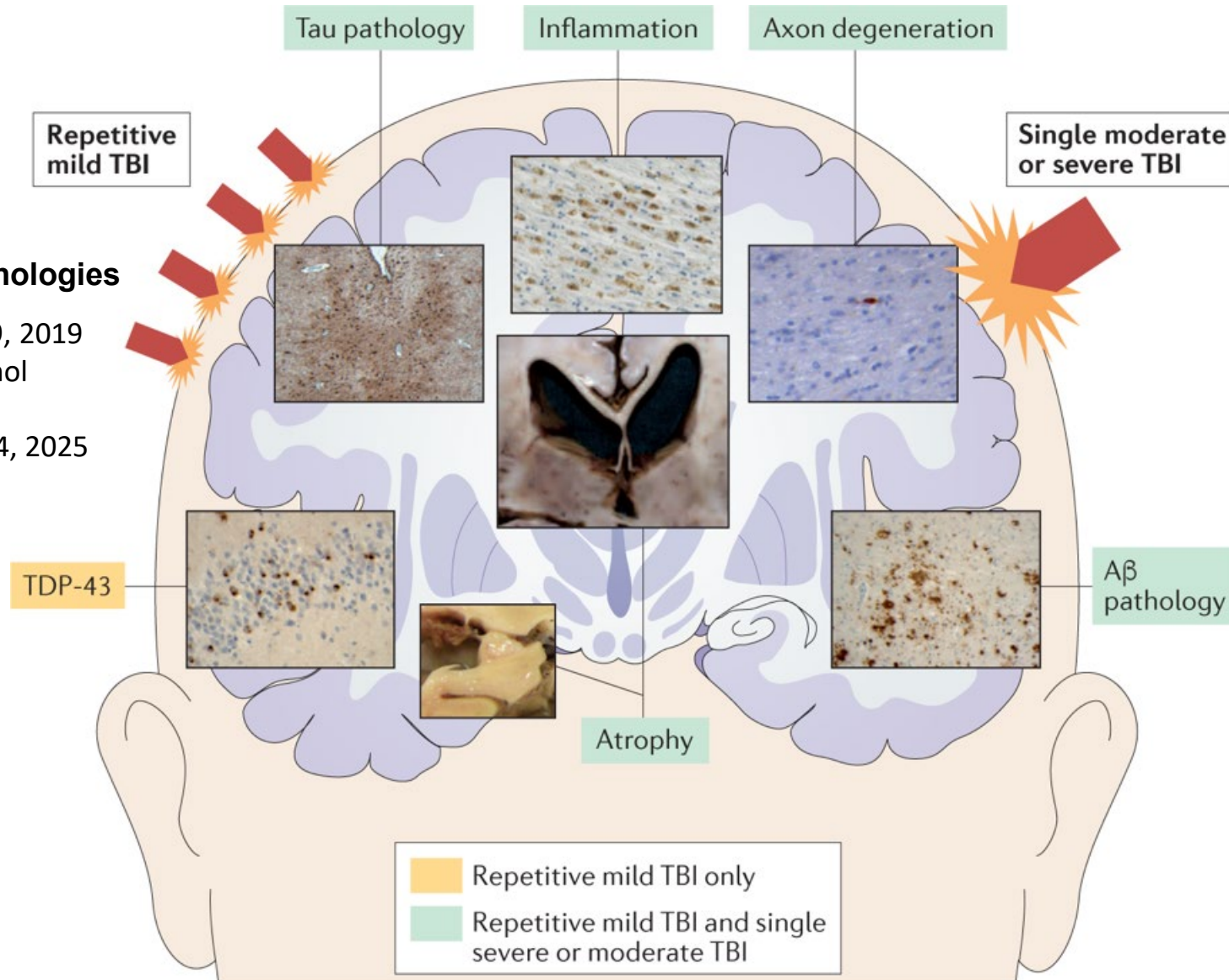
TBI brains were estimated to be "**older**", with a mean predicted age difference (PAD) between chronological and estimated brain age of **4.66 years for grey matter** and **5.97 years for white matter**.

This **PAD predicted cognitive impairment** and **correlated strongly with the time since TBI**, indicating that brain tissue loss increases throughout the chronic postinjury phase.

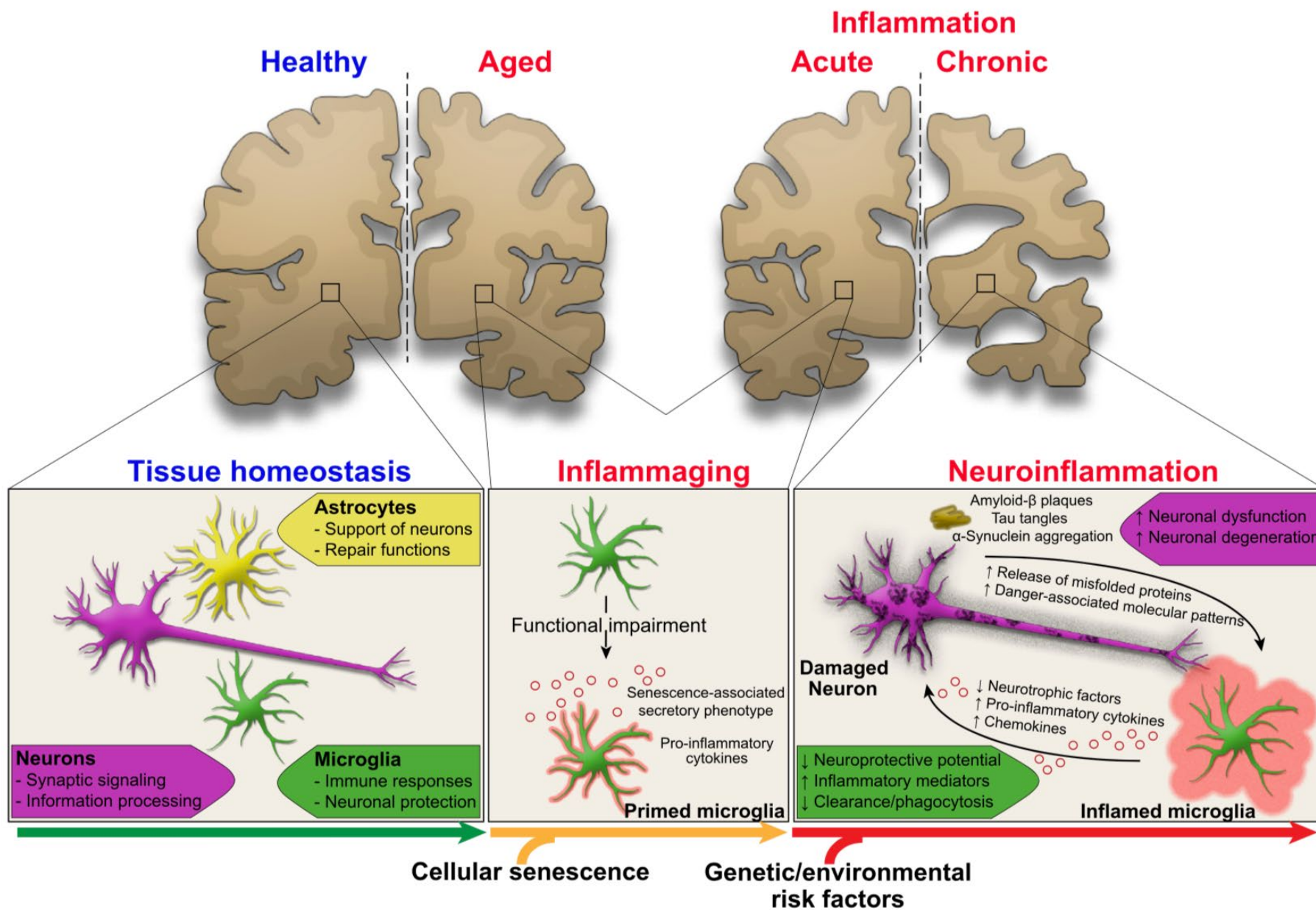
Chronic neurodegeneration after TBI – likely **mixed** neuropathologies...

White matter & cerebrovascular pathologies

- Sandsmark et al., Neuron 103:367-379, 2019
- Dams-O'Connor et al., Acta Neuropathol 146:803-815, 2023
- Emrani et al., Acta Neuropathol 149:24, 2025

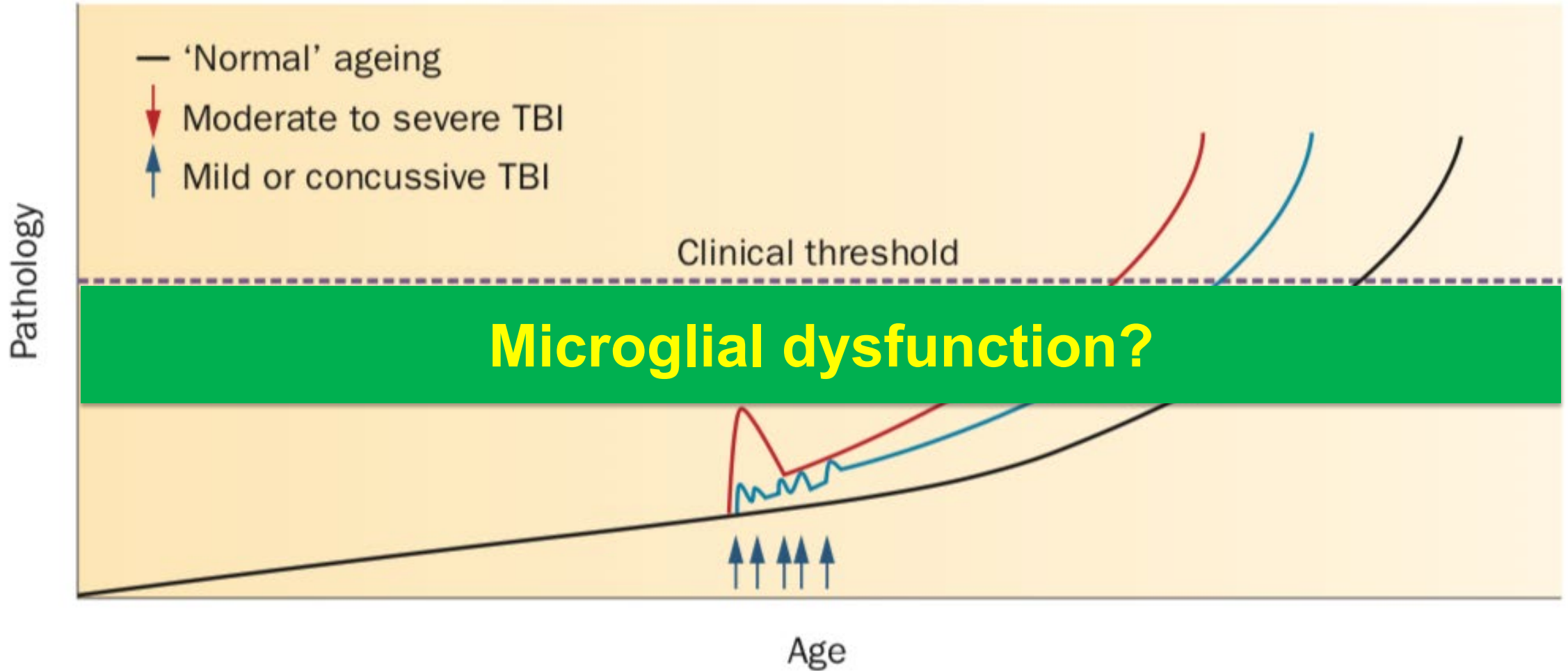


Consequences of chronic neuroinflammation



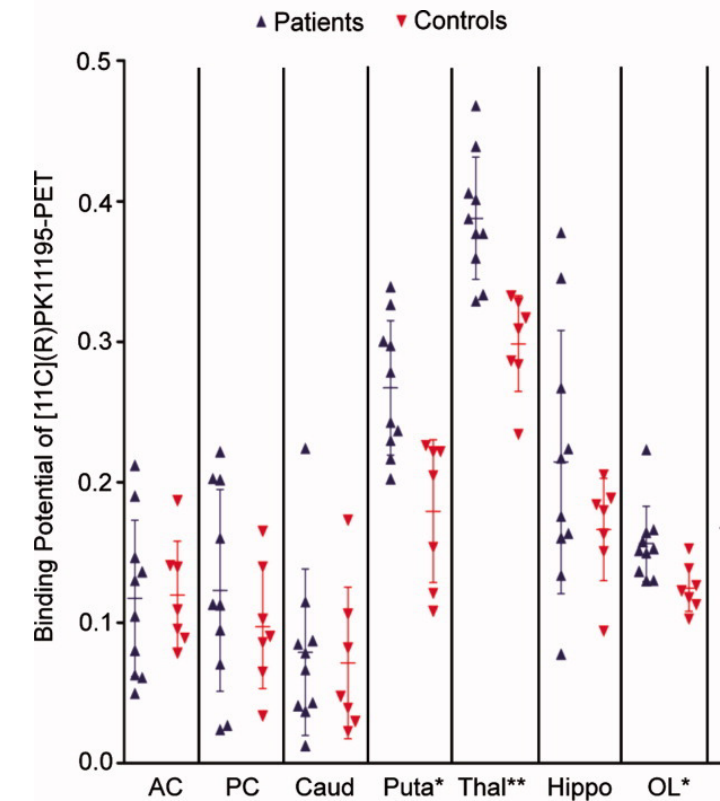
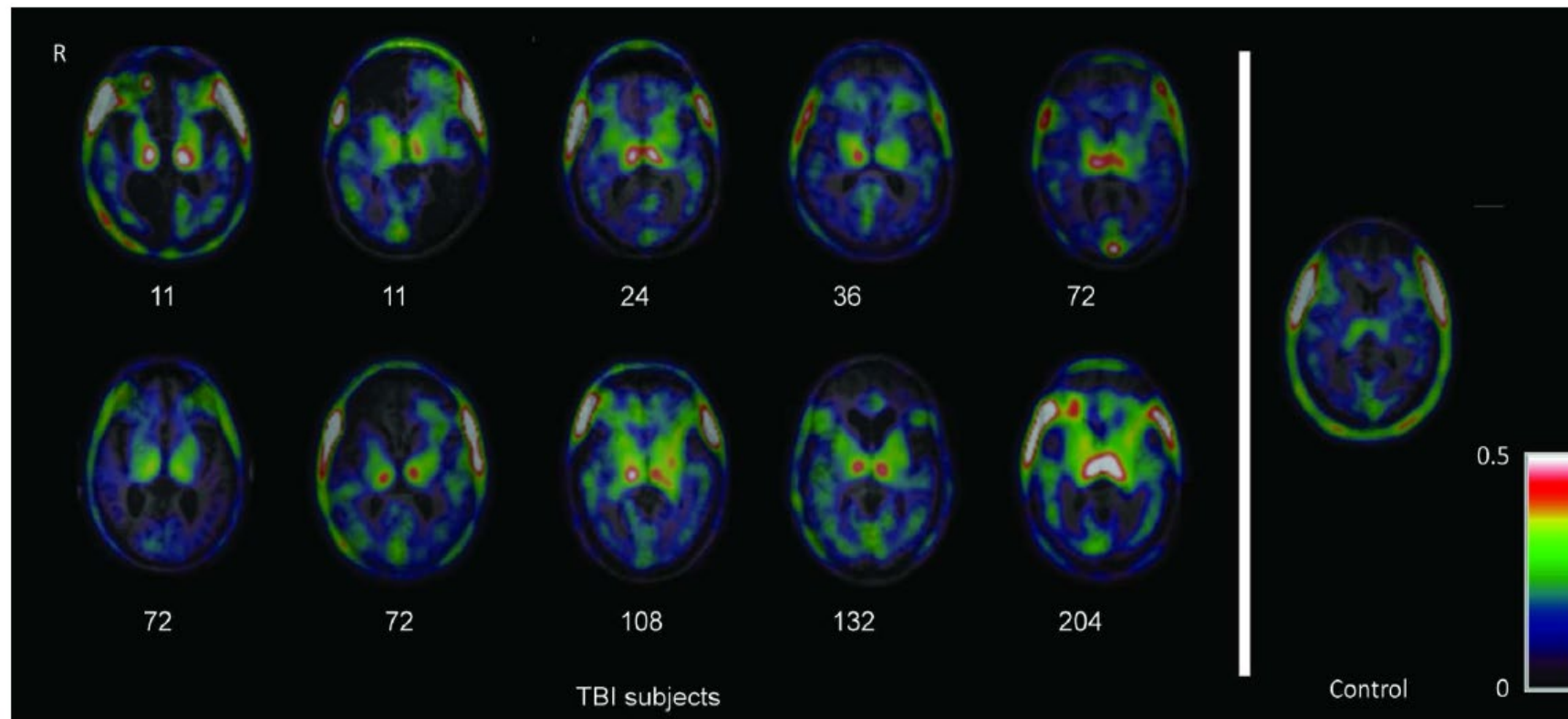
Interaction between TBI and age-related neurodegeneration (e.g. dementia)

A role for **microglial associated inflammatory neurodegeneration**?



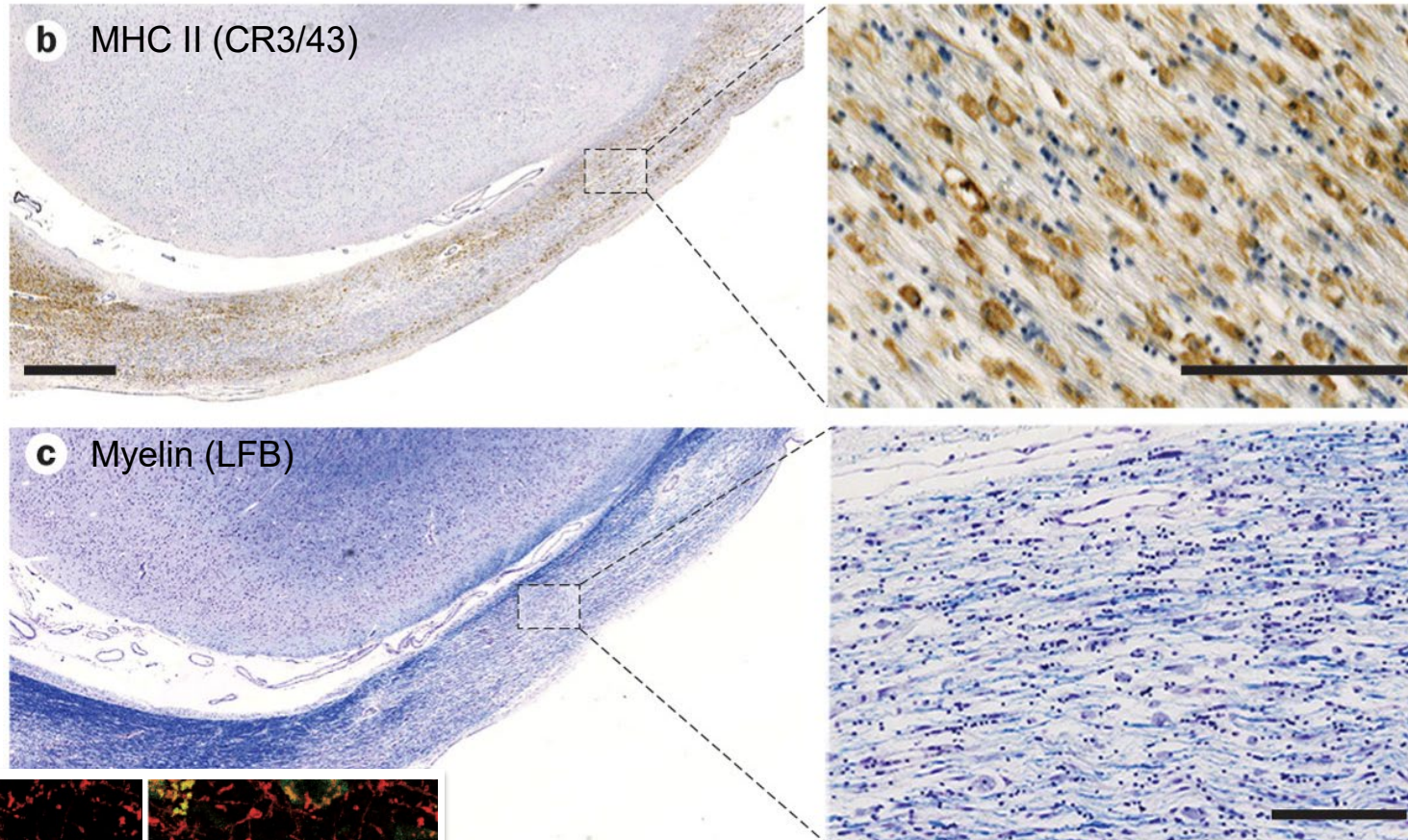
Severe TBI triggers a chronic inflammatory response associated with microglial activation in humans

Longitudinal TSPO imaging in TBI subjects: [11C](R)PK11195

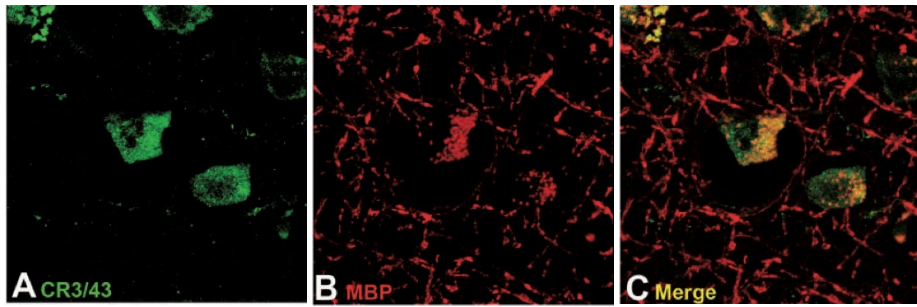


Neuroinflammation and white matter degeneration persist for years after TBI

37-year-old male 4 years following a single severe TBI



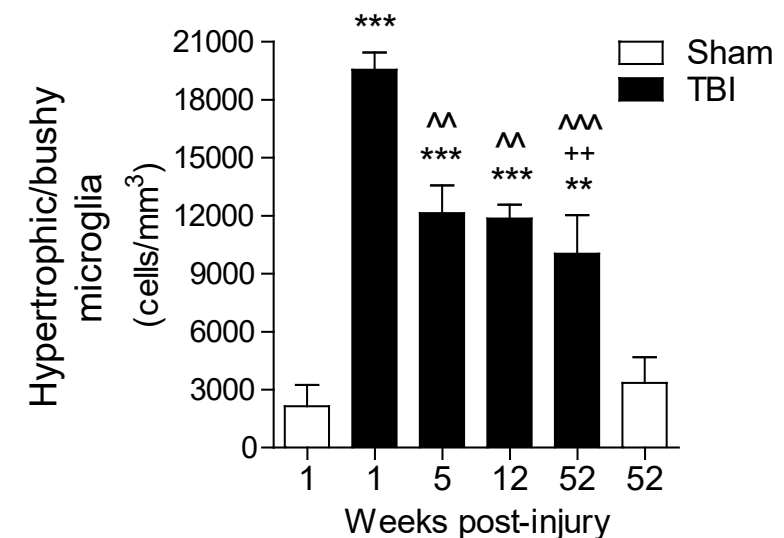
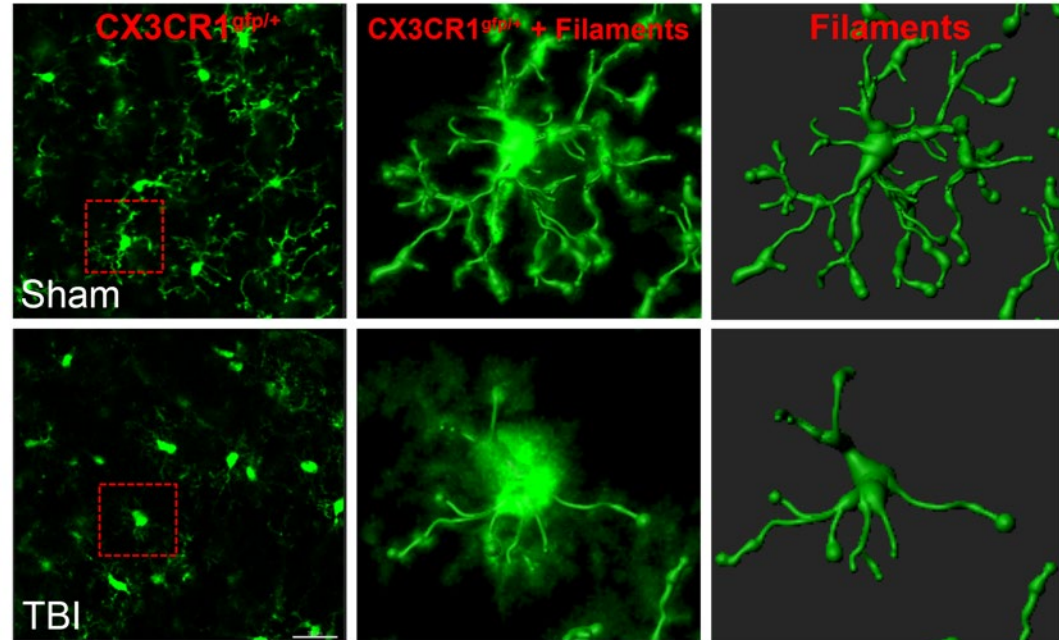
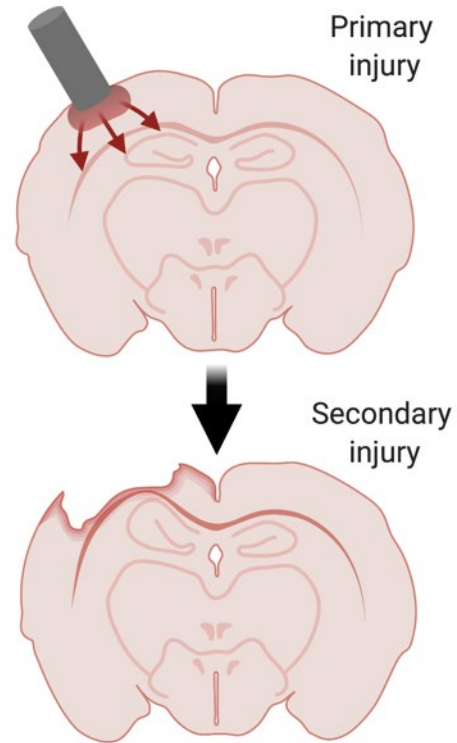
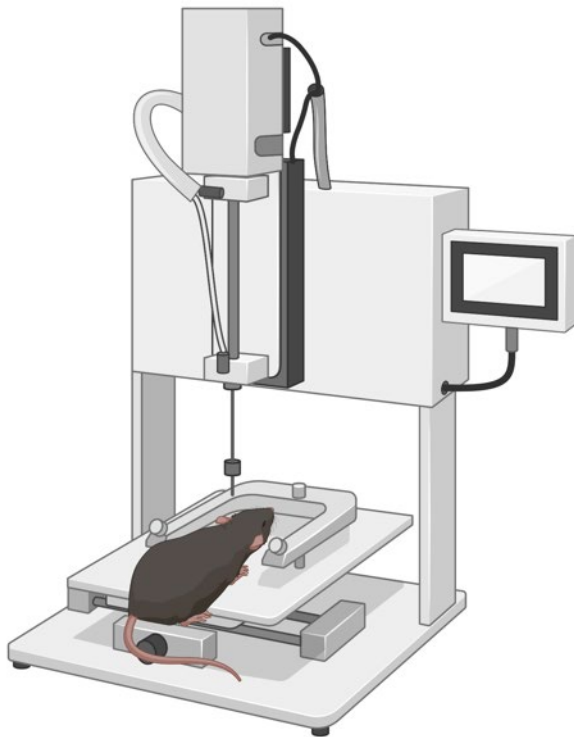
Johnson et al., Brain 136, 28-42, 2013



See also: Gentleman et al., Forensic Sci Int 146, 97-104, 2004
Smith et al., Neuropathol Appl Neurobiol 39, 654-666, 2013

Chronic microglial activation up to 1 year after controlled cortical impact

Controlled cortical impact



Loane et al., JNEN 73:14-29, 2014

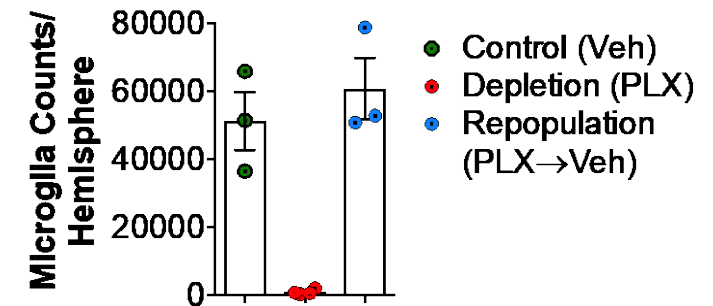
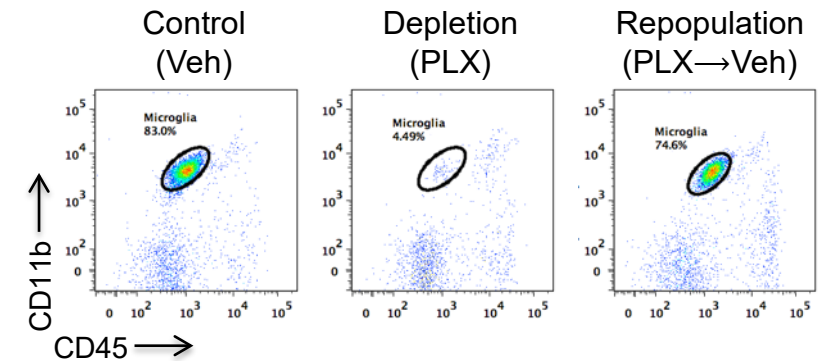
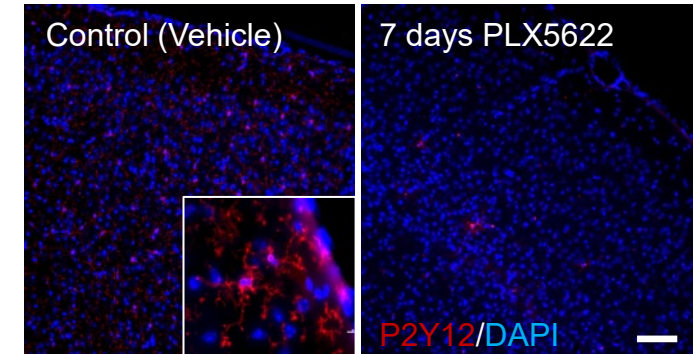
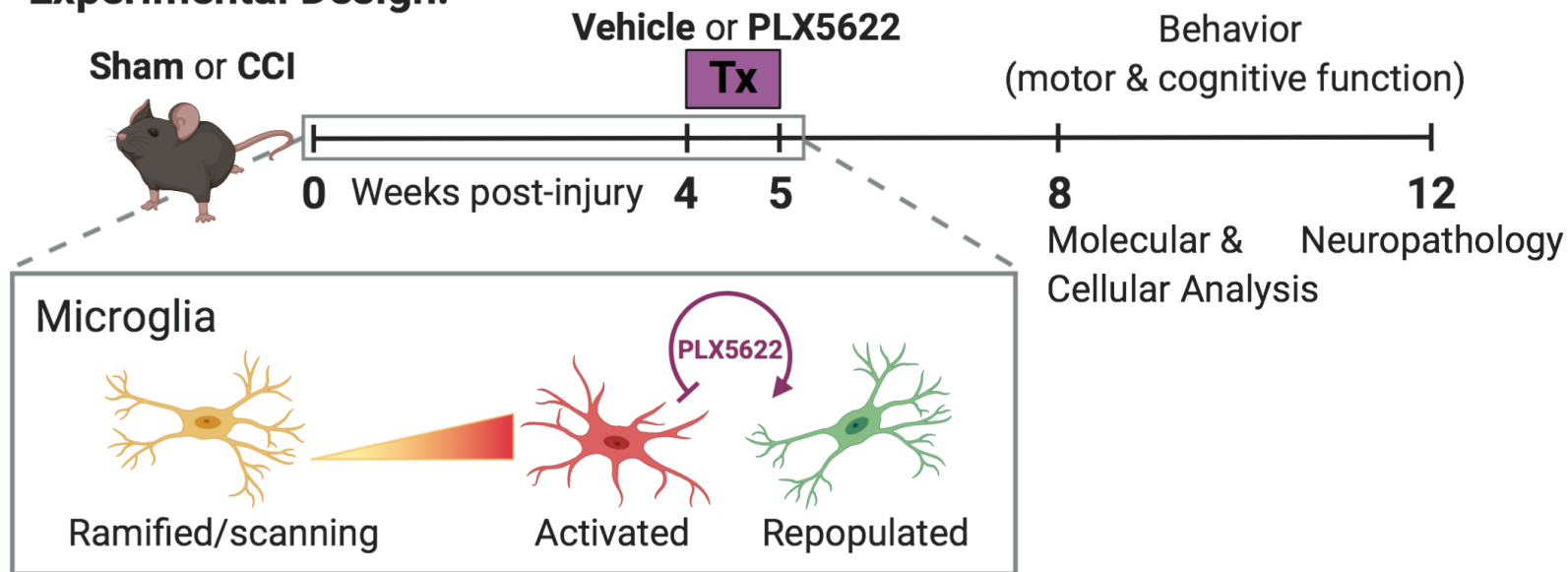
Bhat et al., J Neurochem, 156:225-248, 2021

Targeting microglia during the chronic phase post-injury

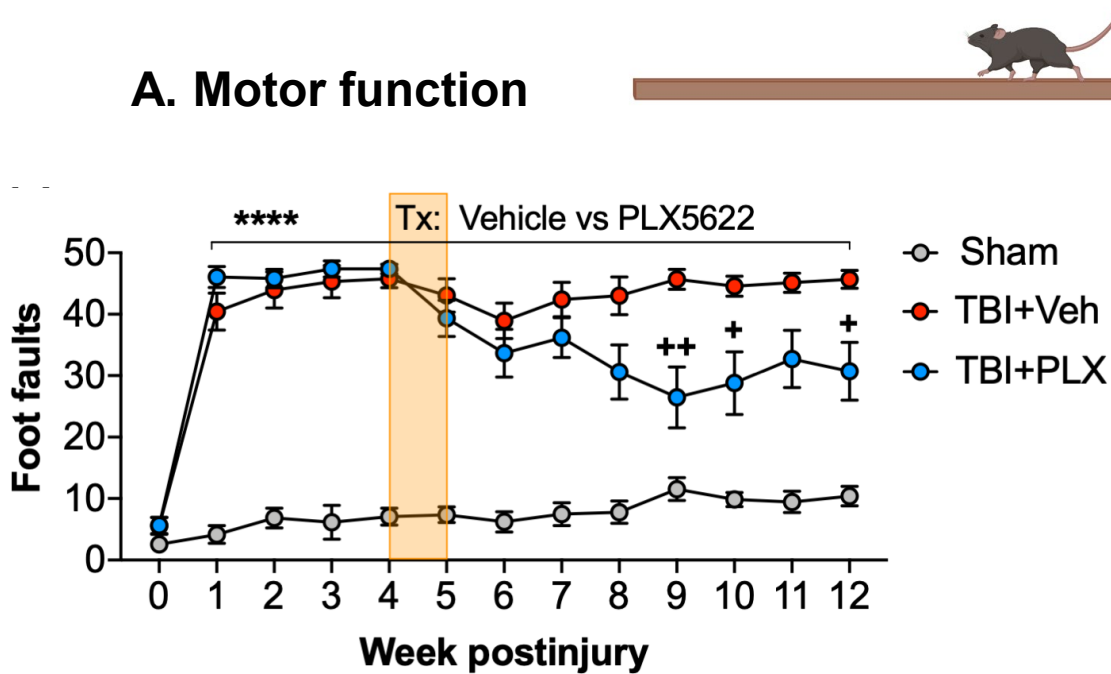
Q: Will removal (forced turnover) of chronic pro-inflammatory microglia after TBI improve long-term functional recovery?

Delayed microglial depletion TBI model (PLX5622/CSF1R inhibitor)

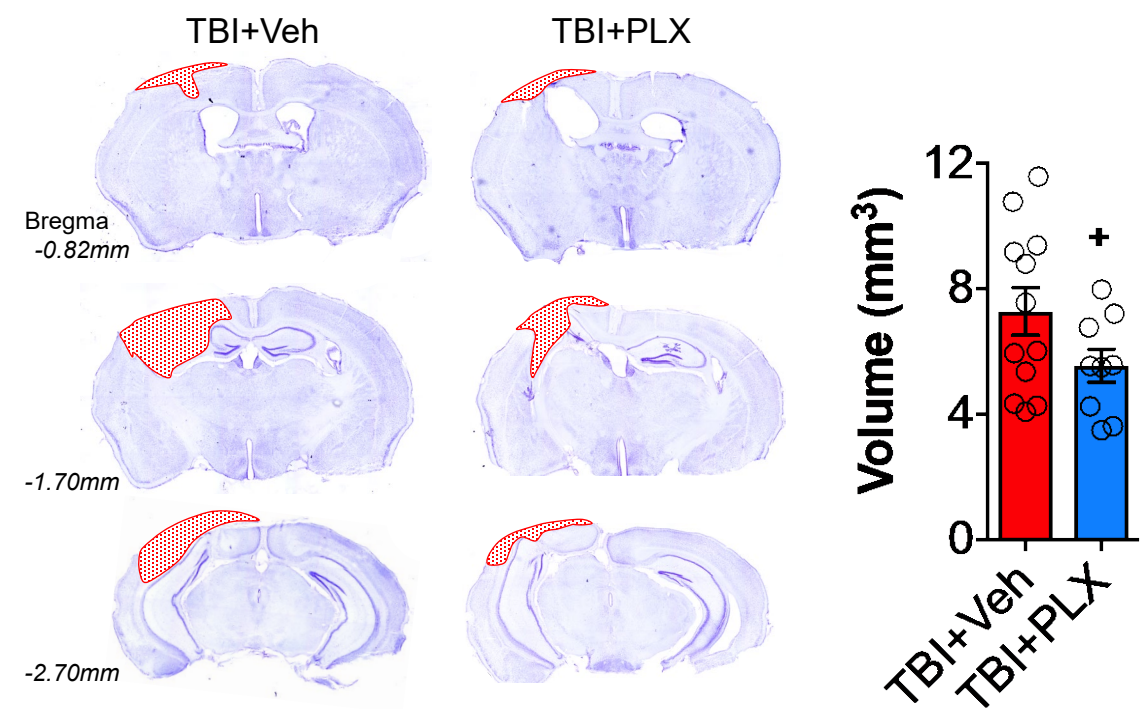
Experimental Design:



Delayed microglial depletion improves neurological recovery after TBI and arrests chronic lesion expansion

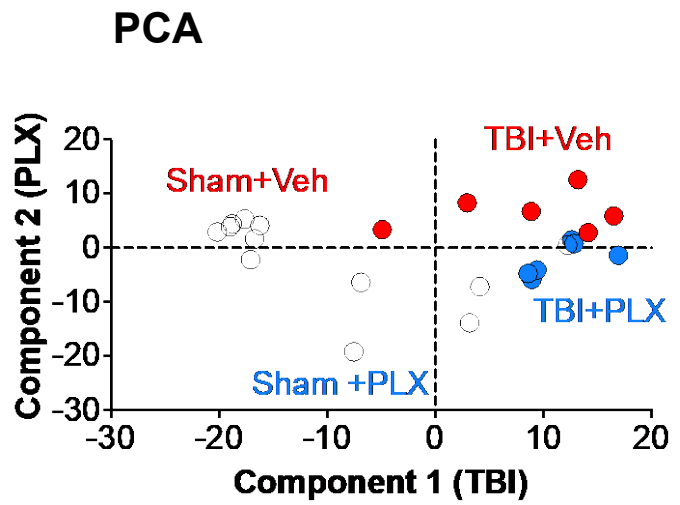


B. Neuropathology (Lesion volume)

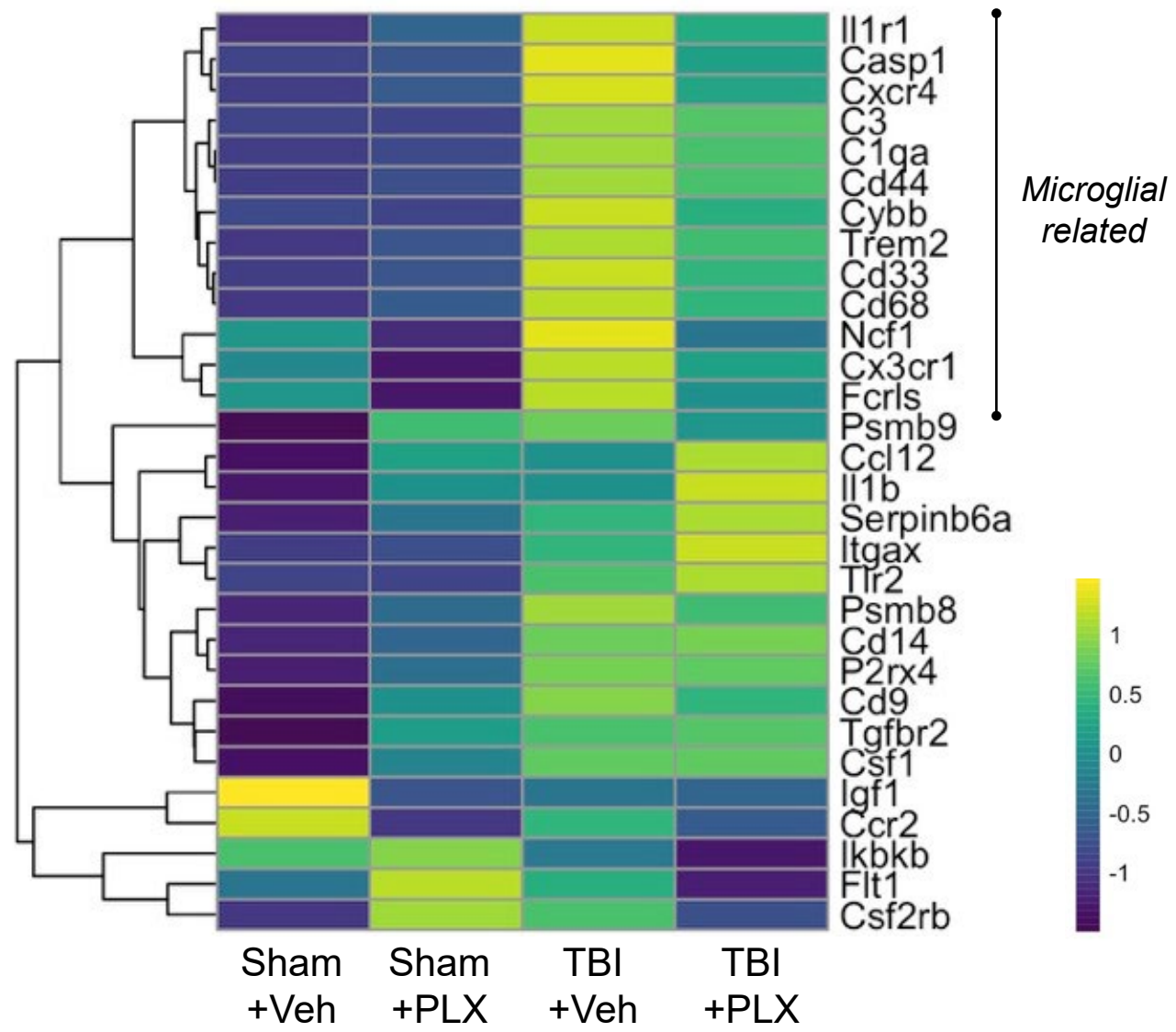


Delayed microglial depletion reduces neuroinflammation and oxidative stress pathways after TBI

D. Molecular & Cellular



Inflammation & Immune related genes



Microglial depletion and repopulation during chronic phase of TBI reduces neurodegeneration and neurological deficits

1. Neurobehavior

TBI + Vehicle

Impaired motor & cognitive function

e.g. Morris Water Maze



Sham

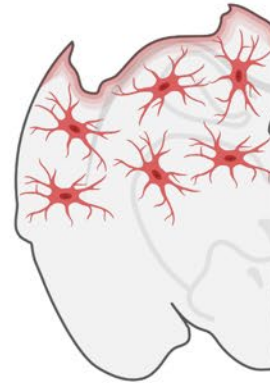


TBI + Vehicle

2. Microglia

Pro-inflammatory & activated morphology

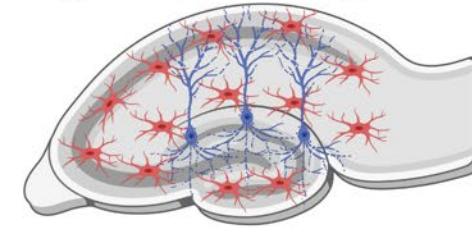
↑ NOX2+
↑ NLRP3+
↑ Caspase-1+
↑ IL-1 β +



3. Neuropathology

Chronic neurodegeneration

↑ Lesion volume
↑ Hippocampal neurodegeneration

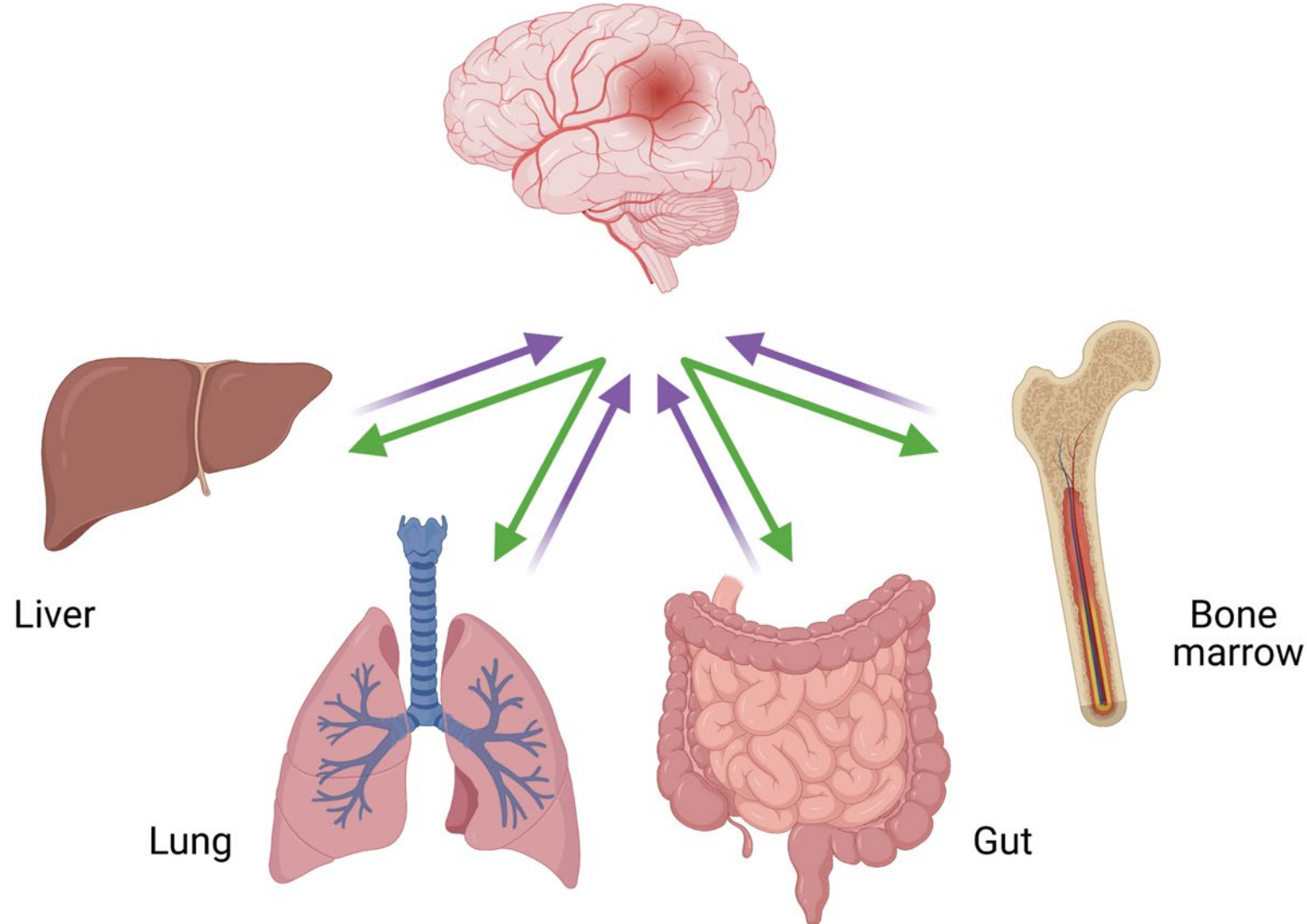


Take Home Message 1

- Therapeutic window for TBI may be far longer than traditionally believed if chronic and evolving microglial-mediated neuroinflammation can be inhibited or regulated in a precise manner
- Inhibiting microglial NOX2 upstream of NLRP3 inflammasome may be a viable therapeutic option for chronic TBI (including tau, amyloid, & white matter pathologies)

The far-reaching scope of (neuro)inflammation following TBI

Brain-body interactions and host immune response



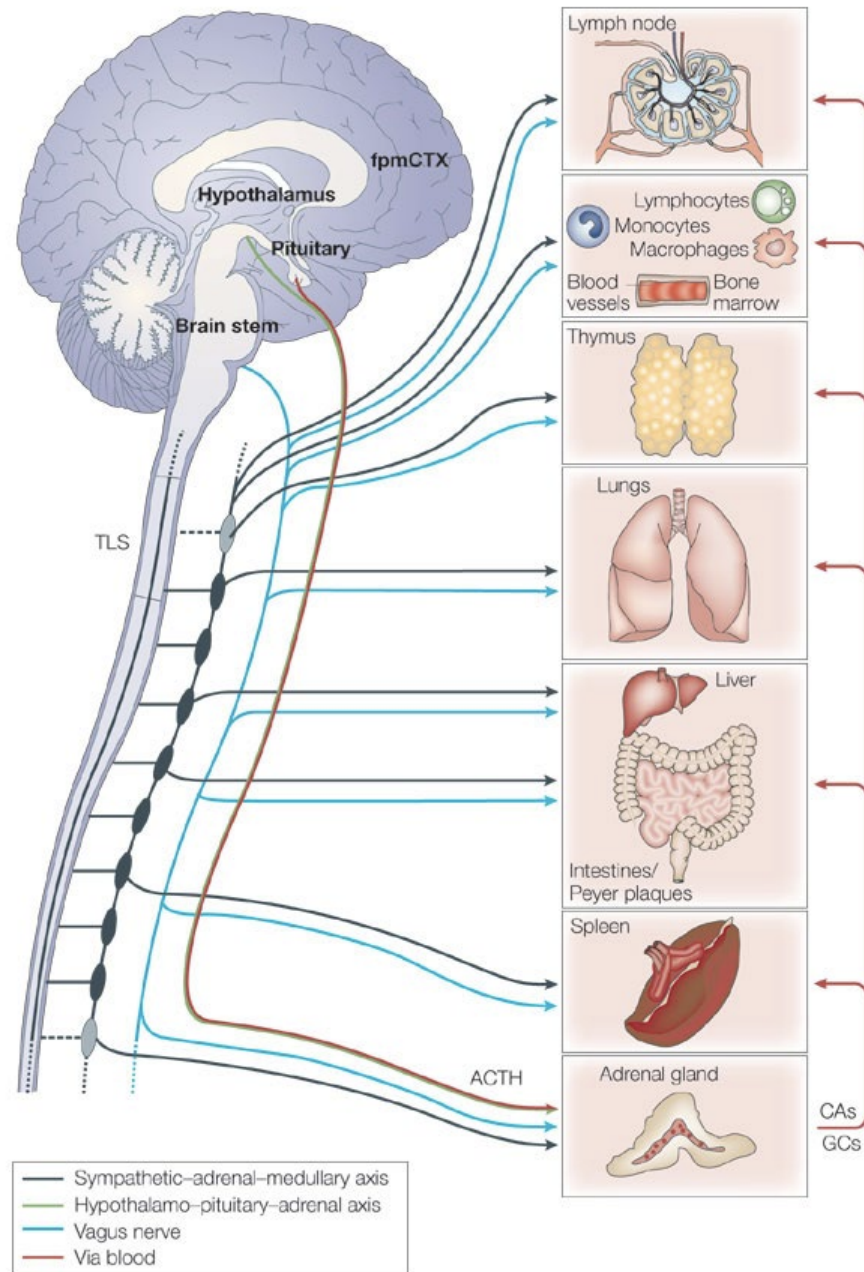
The far-reaching scope of (neuro)inflammation following TBI

Brain-body interactions and host immune response



Original artwork by Emilie Clark

Bi-directional communication between the nervous and immune systems



Sensors within the central and peripheral autonomic nervous systems relay information about the status of the immune system.

Three pathways:

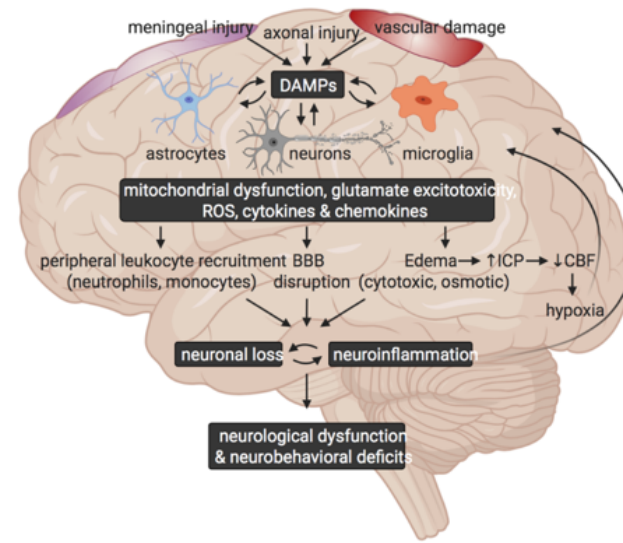
- 1) Hypothalamo-Pituitary-Adrenal (HPA) axis
- 2) Sympathetic-Adrenal-Medullary (SAM) axis
- 3) Parasympathetic Nervous System (vagus)

Systemic immune dysfunction and TBI

- TBI induces a systemic immune response, which can progress to systemic immune response syndrome (SIRS) [~40% TBI patients, CENTER-TBI data]
- Subacute systemic cytokine load scores can identify individuals at risk for unfavorable outcomes at 12 months, and can predict cognitive performance in severe TBI patients (Amy Wagner et al., University of Pittsburgh)
- Once in circulation, these immune mediators exert deleterious effects on other peripheral organ systems

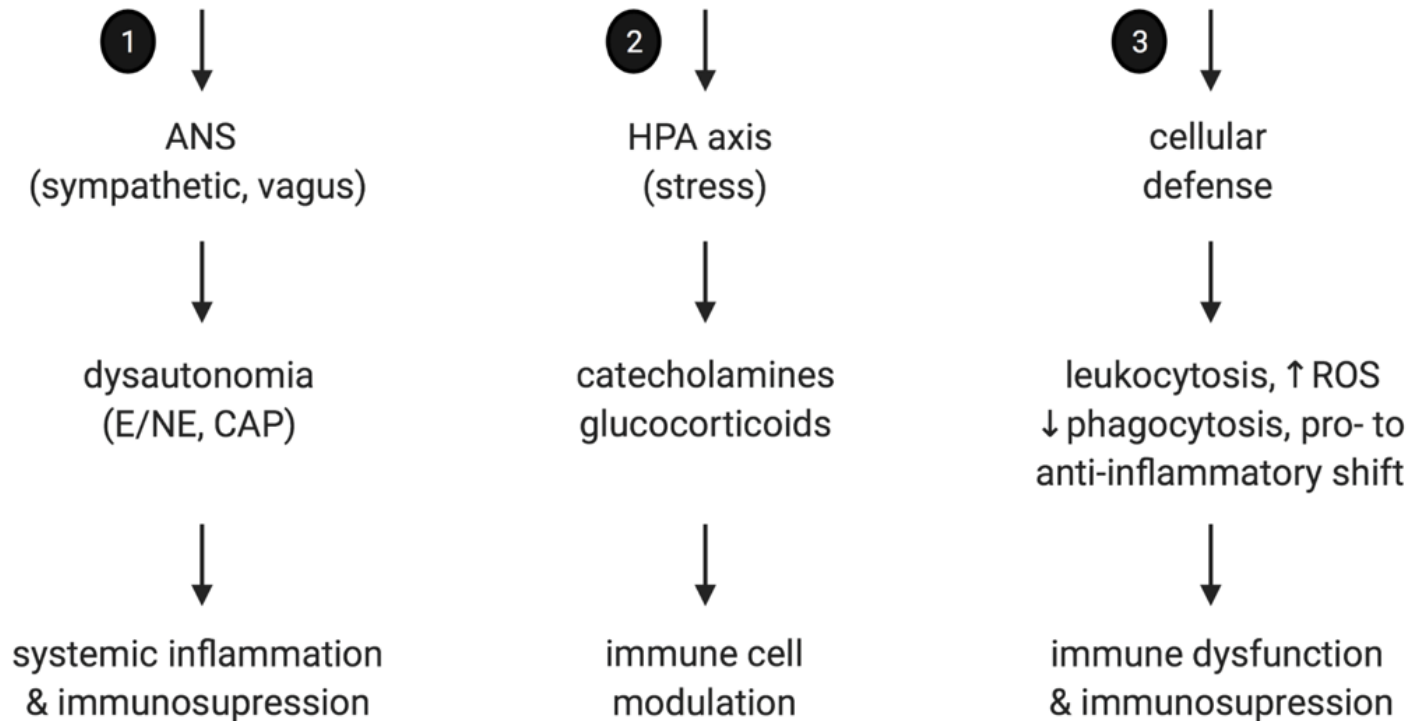
How does chronic systemic inflammation following TBI affect the host response to secondary infections?

TBI alters systemic immune function



Cerebral effects

Peripheral effects



Effects of TBI on systemic immunity



Spleen

INNATE
Myeloid skewing
Phagocytosis deficits
Respiratory burst deficits
Cytokine alterations

ADAPTIVE
Thymic involution
Lymphopenia
Smaller naïve T cell pool
Memory conversion
TCR activation
Cytokine alterations



Thymus



Immunosuppression

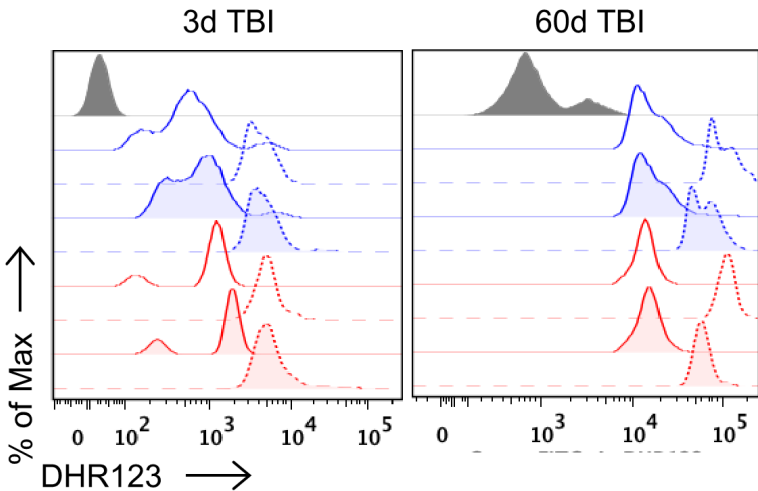
- ↑BM production & mobilization
- ↓Phagocytosis
- ↓M1 cytokine production

Immune dysregulation

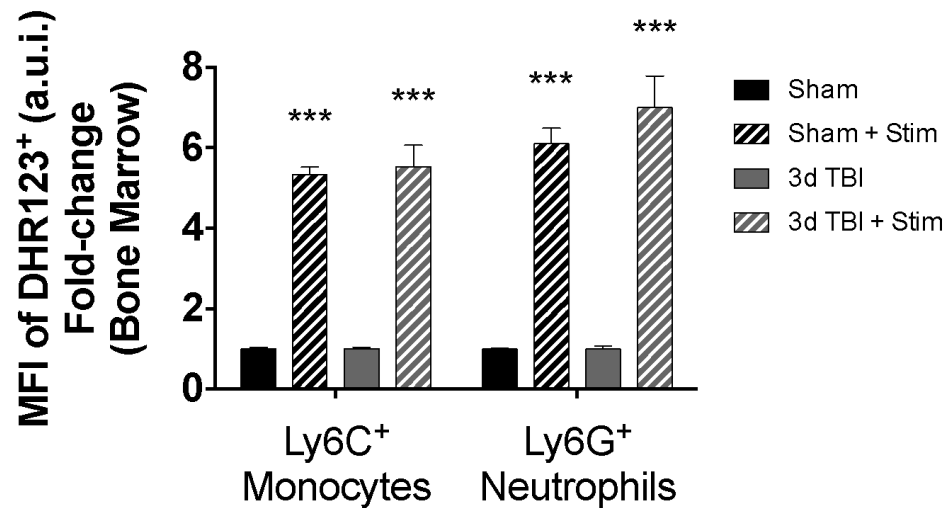
- ↑M1 cytokine production
- ↑Oxidative stress
- ↓Respiratory burst
- ↓Phagocytosis

TBI induces chronic impairments in phagocyte respiratory burst activity in the bone marrow

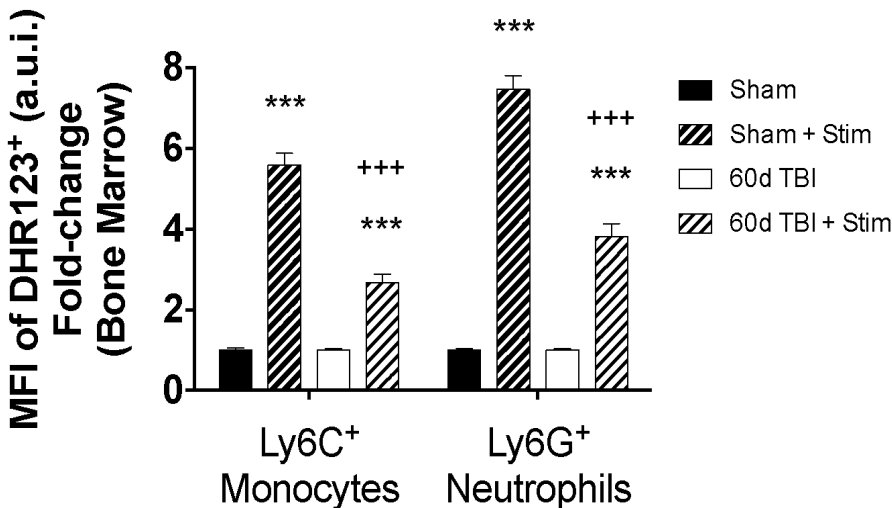
Bone Marrow
Ex vivo PMA/ionomycin
stimulation assay



Acute (3d TBI)

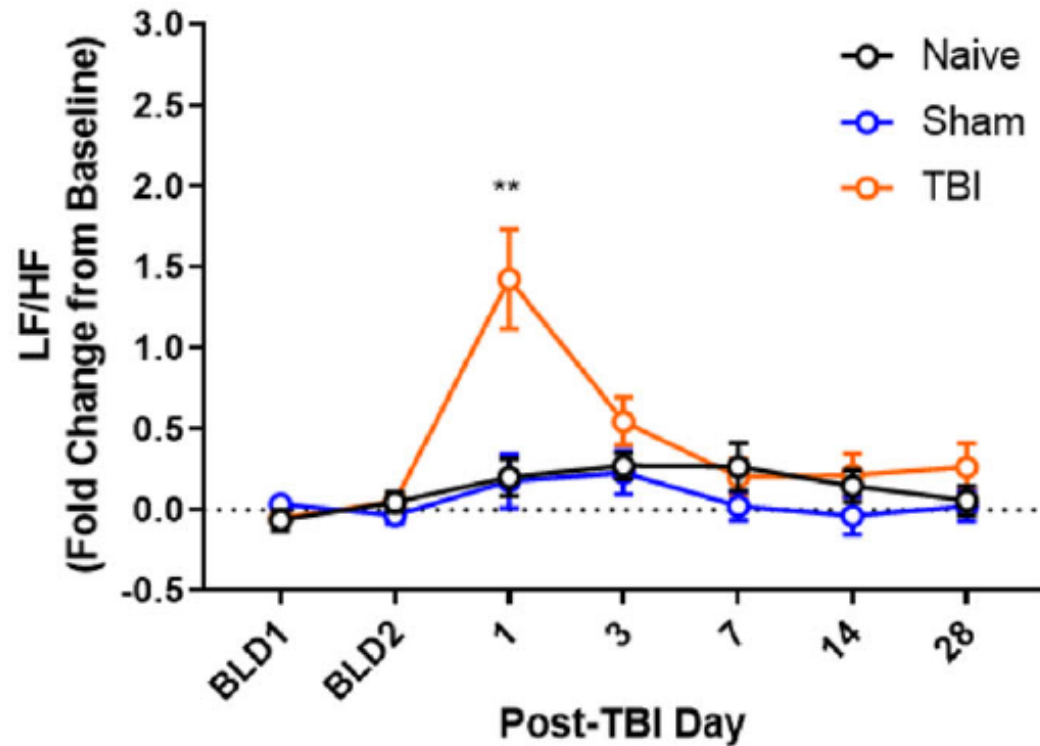


Chronic (60d TBI)



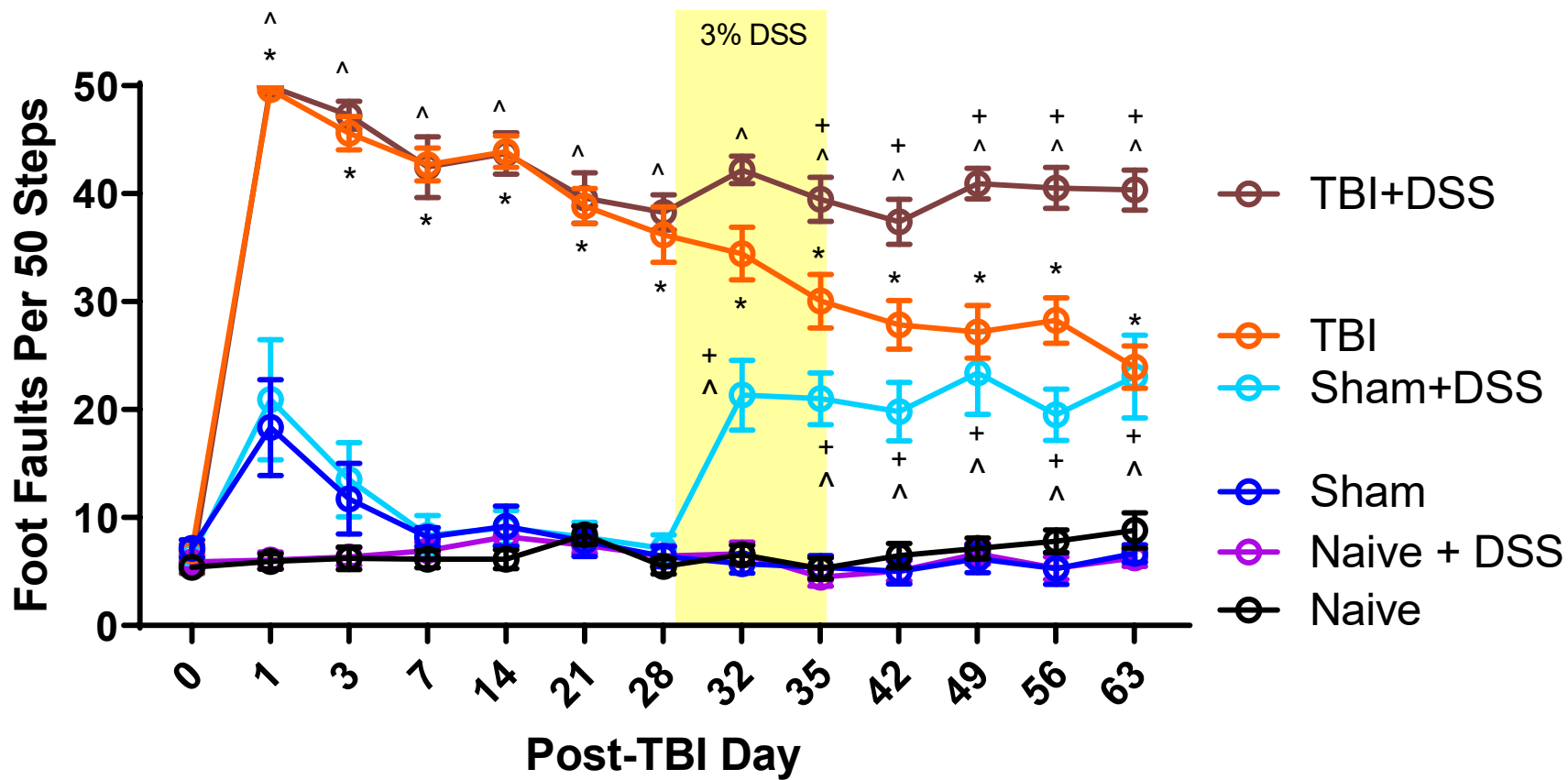
Experimental TBI induces dysautonomia that can be reactivated by intestinal inflammation during chronic TBI

ECG recordings in naïve, sham and TBI
C57Bl/6J male mice

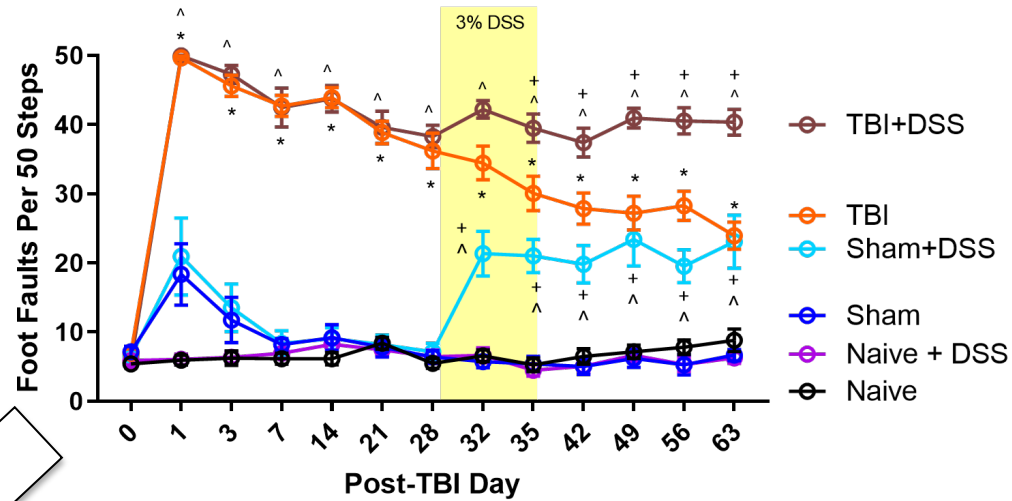


Delayed intestinal inflammation induces motor impairments that are induced with dysautonomia onset in sham-injured mice

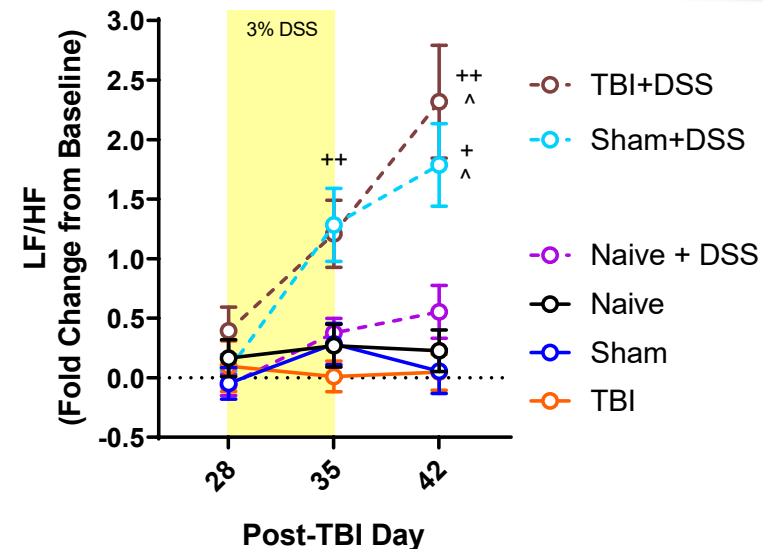
A. Motor function (beam walk)



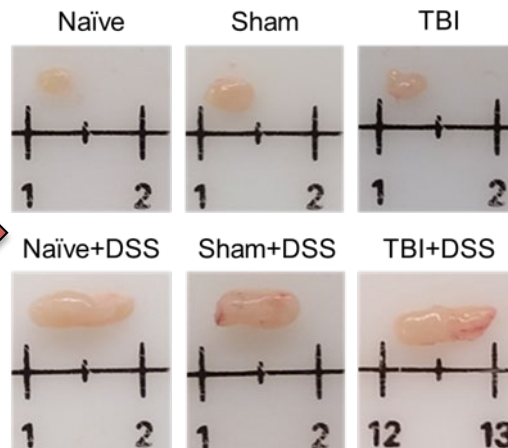
Effects of TBI-induced dysautonomia and systemic inflammation during chronic TBI may be mediated by blood brain barrier dysfunction?



Dysautonomia (HRV analysis)



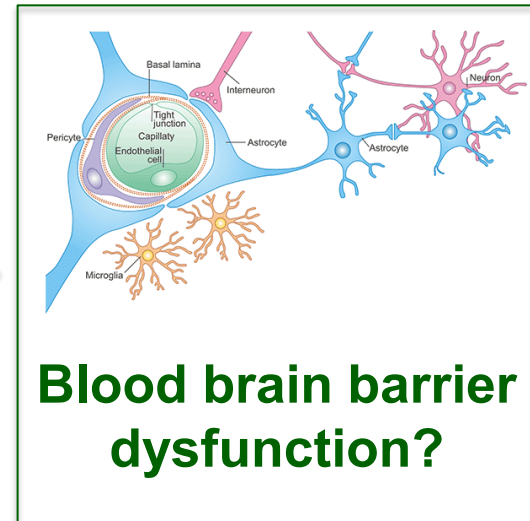
mLN



DSS increases systemic inflammation

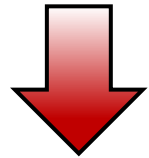
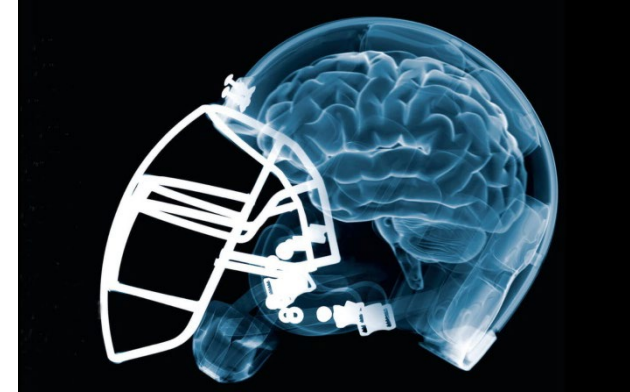
- ↑ Monocytes
- ↑ Neutrophils
- ↑ CD4+ T cells
- ↑ CD8+ T cells
- ↑ B cells

(Blood, spleen, mLN, colon)



TBI and pneumonia

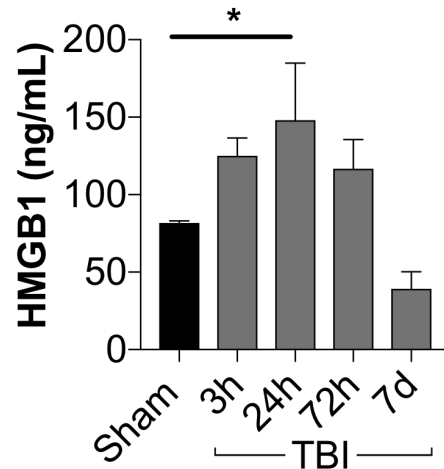
- In neuro ICU 50% of severe TBI patients have an infectious complication within 1-7 days of trauma
- 30-50% of TBI infections are ventilator associated pneumonia (VAP):
 - *Staphylococcus aureus*
 - *Pseudomonas aeruginosa*
 - *Streptococcus pneumoniae* (Sp)
- ***Streptococcus pneumoniae* is a common cause of community acquired respiratory infection**
- **The long-term consequences of TBI on patient vulnerability to delayed respiratory infections is unclear**



TBI increases circulating HMGB1 and alters myeloid function in the lung

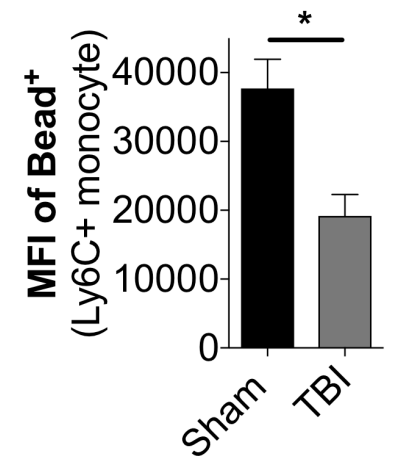
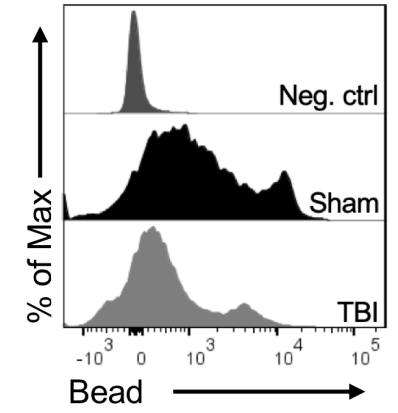
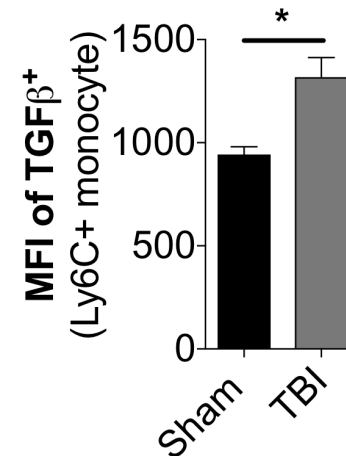
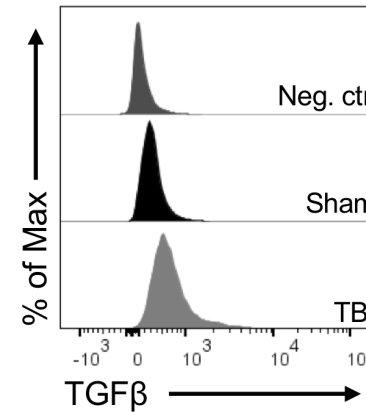
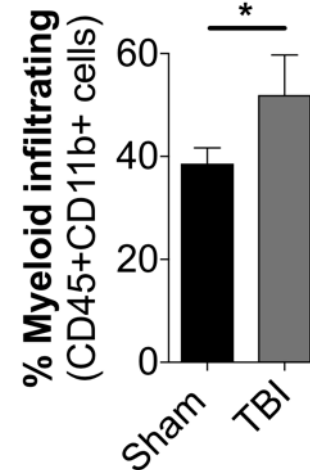
Circulating HMGB1 acutely after TBI

Plasma



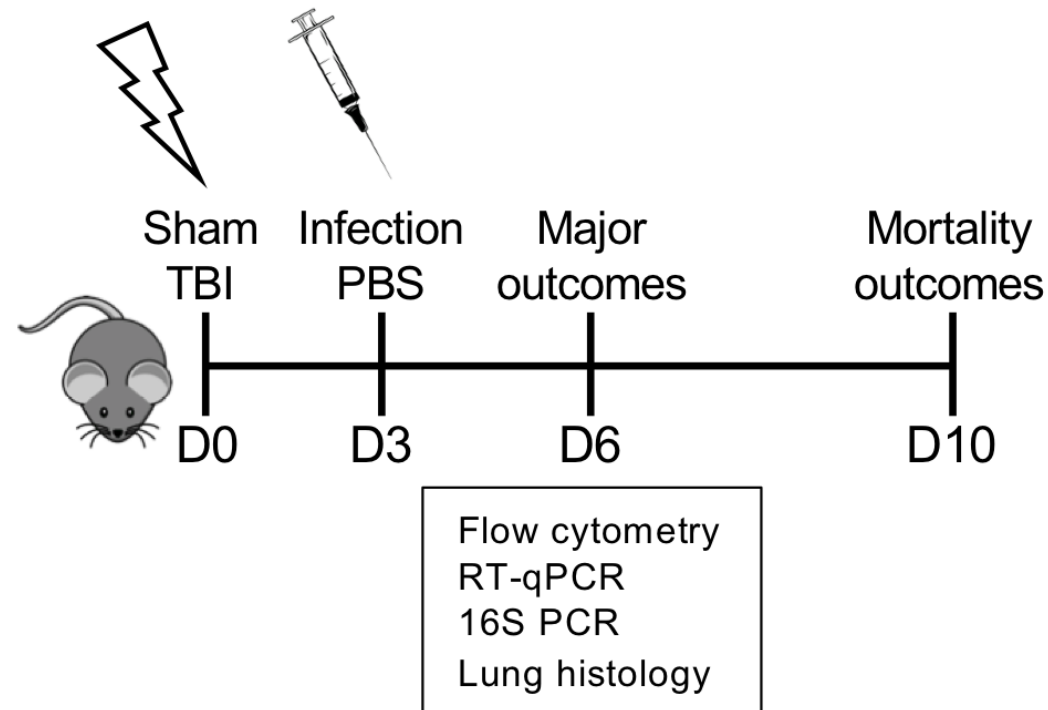
Myeloid cell function in lung at 1d TBI

Lung

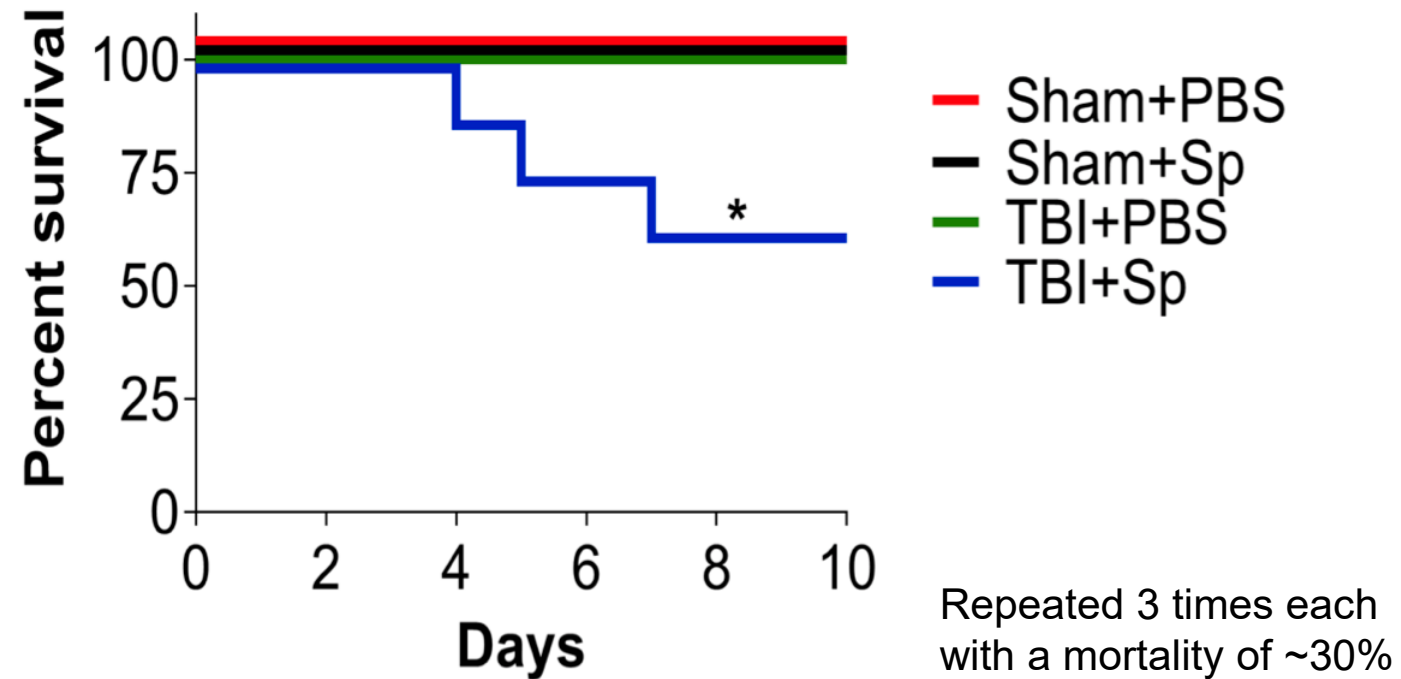


Acute TBI ⇒ Lung model: Secondary respiratory infection with *S. Pneumoniae* (1500 CFU) at 3 days post-TBI

Study 1 (acute TBI+Sp model)



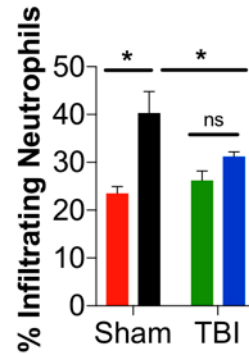
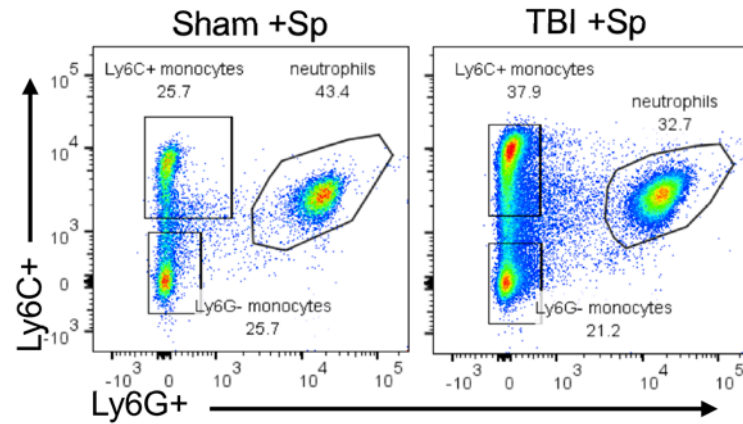
S. Pneumoniae increases mortality **acutely** after TBI



- *Sp* infection delays neurological recovery and increases neuroinflammation acutely after TBI
- *Sp* infection increases M2 macrophage activation and lung pathology acutely after TBI

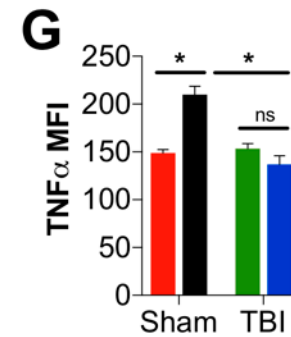
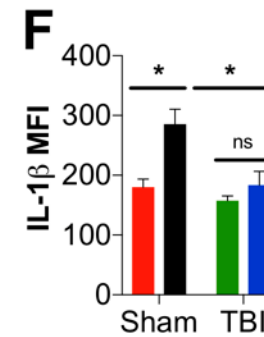
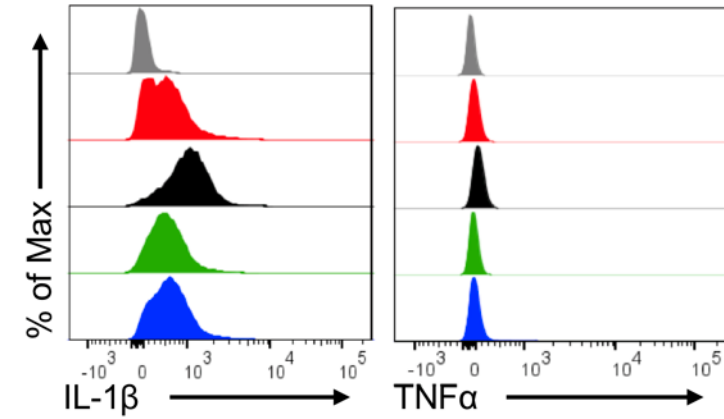
Sp infection impairs myeloid cell function in lung **acutely** after TBI

Ly6G⁺ neutrophils



Ly6C⁺ monocytes

— Sham+PBS — Sham+Sp — TBI+PBS — TBI+Sp



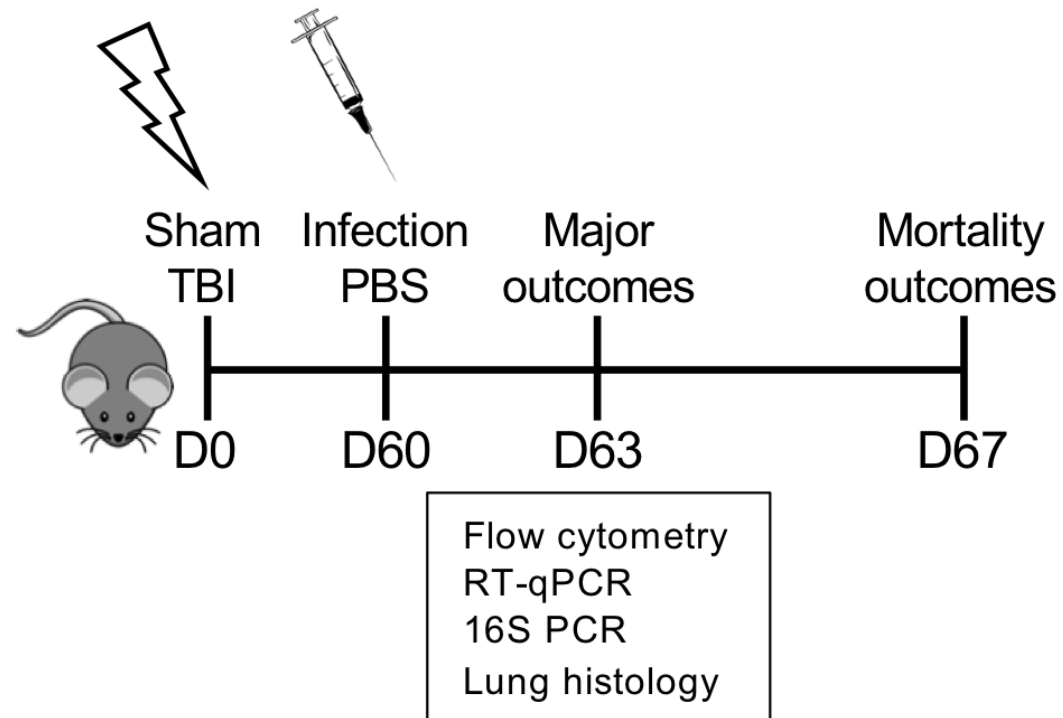
Insights into the pathological effects of *Sp* infection on the immunosuppressed host....

What about host immune response in chronic phase post-injury?

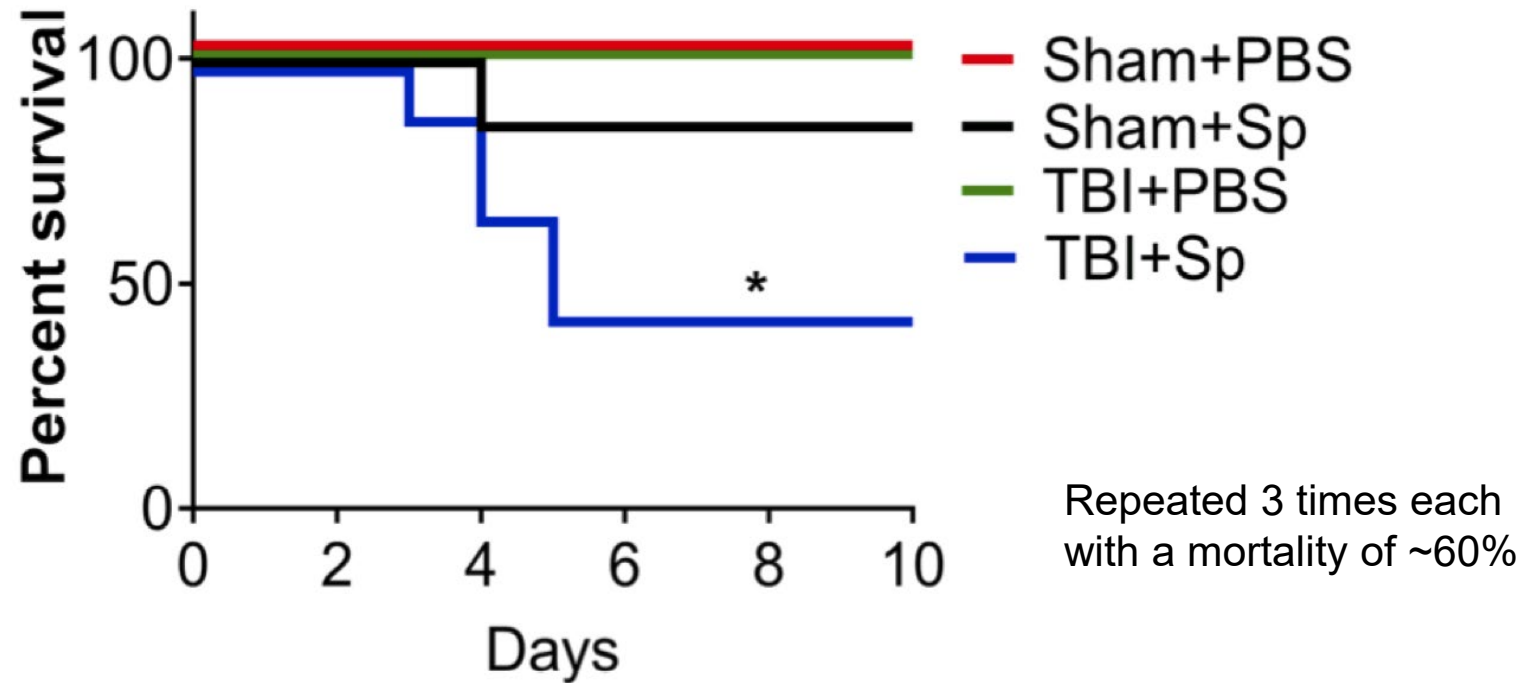
e.g. Severe TBI patients in the community setting tackling respiratory infection during the chronic phase of recovery....

Chronic TBI ⇒ Lung model: Secondary respiratory infection with *S. Pneumoniae* (1500 CFU) at 60 days post-TBI

Study 2 (chronic TBI+Sp model)

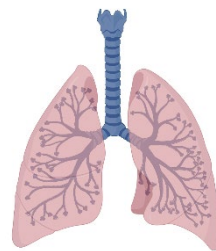
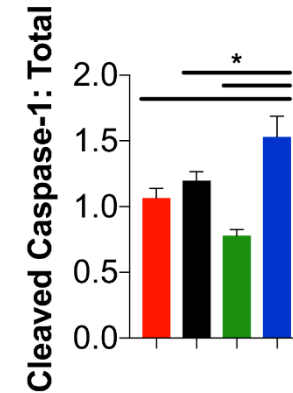
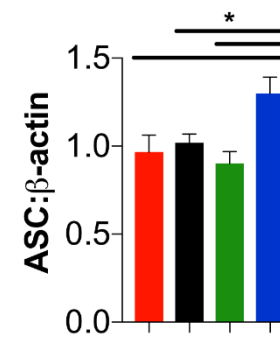
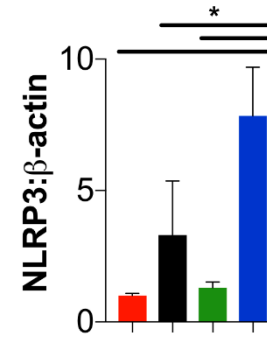
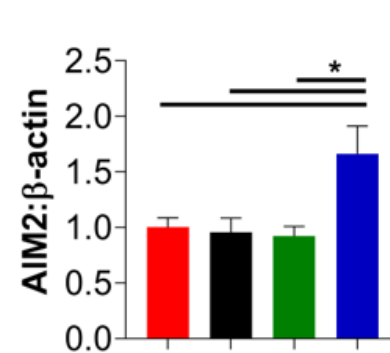
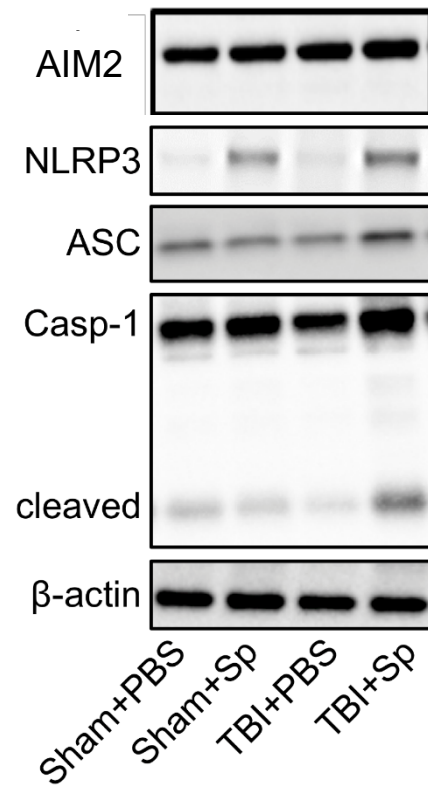


Sp dramatically increases mortality after **chronic TBI**

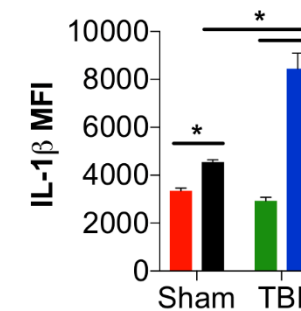
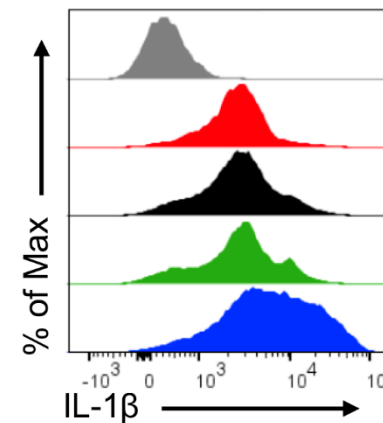


- *Sp* infection increases NOX2/TNF α /IL-1 β and type I IFN expression in brain after chronic TBI
- *Sp* infection greatly exacerbates lung pathology chronically after TBI

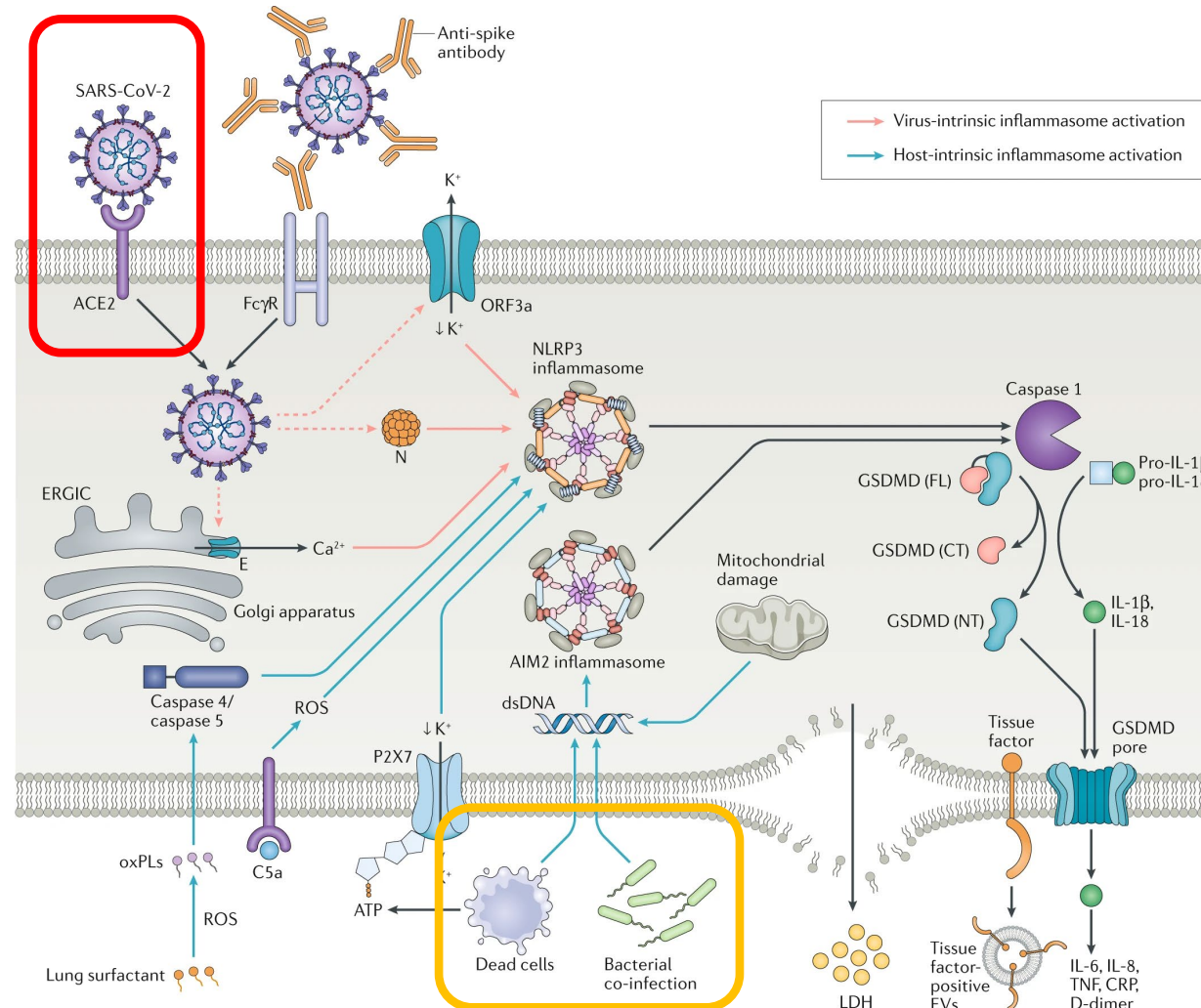
Sp infection increases inflammasomes and IL-1 β in lung after **chronic TBI**



IL-1 β + Ly6C+ monocytes in lung



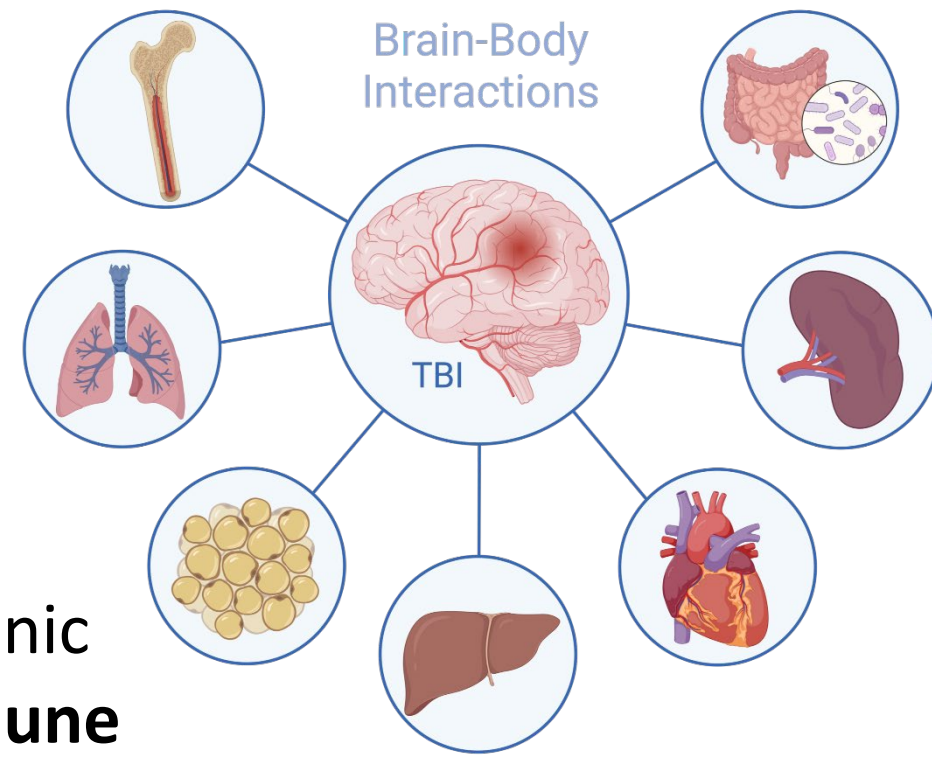
Consequence: **Host vulnerability to secondary complications after infection?**



Host and virus-intrinsic mechanisms of inflammasome activation in lung

Take Home Message 2

- TBI is a **systemic disorder**
- TBI-induced acute immunosuppression and chronic immune dysregulation **alters critical innate immune functions**
- **Dysfunctional systemic immunity increases vulnerability to secondary infections**
- Understanding bi-directional TBI neuro-immune interactions will identify important new therapeutic targets for TBI and associated systemic diseases



Examining TBI as a Chronic Condition

Summary

1. **TBI is a chronic disease** with central (brain) and systemic (peripheral) effects that alter long-term health outcomes
2. There are **biological impacts on the host response** - the host is vulnerable to secondary complications during the chronic phase of recovery
3. Chronic **TBI profoundly alters host function** (cellular, molecular, outcomes)
4. **Delayed treatment/therapies work**, and restoration of host function will be needed for optimal recovery

