

Neuroinflammation in Parkinson's Disease Animal Models: A Cell Stress Response or a Step in Neurodegeneration?

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Abstract The motor symptoms of Parkinson's disease are due to the progressive degeneration of dopaminergic neurons in the substantia nigra. Multiple neuroinflammatory processes are exacerbated in Parkinson's disease, including glial-mediated reactions, increased expression of proinflammatory substances, and lymphocytic infiltration, particularly in the substantia nigra. Neuroinflammation is also implicated in the neurodegeneration and consequent behavioral symptoms of many Parkinson's disease animal models, although it is not clear whether these features emulate pathogenic steps in the genuine disorder or if some inflammatory features provide protective stress responses. Here, we compare and summarize findings on neuroinflammatory responses and effects on behavior in a wide range of toxin-based, inflammatory and genetic Parkinson's disease animal models.

Keywords Parkinson's disease · Neuroinflammation · Neurodegeneration · Animal models · Microglia · Proinflammatory cytokines · Lymphocytes

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1 Introduction

Parkinson's disease (PD), the most common movement disorder (Lee et al. 2009), is characterized by a progressive loss of dopamine (DA) releasing neurons in the substantia nigra (SN) pars compacta (SNc), resulting in slowness of movement, rigidity, and tremor (Jankovic 2008), as well as the death of neurons in other catecholaminergic and cholinergic nuclei (Sulzer and Surmeier 2013). A central feature of PD is the presence of neuronal intracellular proteinaceous inclusions that contain alpha-synuclein (α -syn) known as Lewy bodies or Lewy neurites (Braak and Del Tredici 2010; Del Tredici and Braak 2012; Sekiyama et al. 2012).

Extensive microgliosis as a feature of the SNc of PD patients has been well documented since the initial report by Charles Foix in 1925 (Foix and Nicolesco 1925), who drew outstanding illustrations of activated microglia, which they labeled *neuroglia*, in PD brain, along with extracellular remnants of neuromelanin and Lewy bodies. This discovery was ignored for decades, in part as a peripheral immune response in the central nervous system (CNS) requires peripheral immune cells to traverse the blood-brain barrier (BBB), which was thought to be a rare event due to the "immune-privileged" nature of the brain (Engelhardt and Coisne 2011). This assumption was superseded as more recent studies described how cellular BBB permeability is regulated as a stress response (Franzén et al. 2003; Ransohoff and Perry 2009; Rezai-Zadeh et al. 2009).

The contemporary revival of interest in inflammatory processes associated with PD occurred when McGeer et al. (1988a, b) confirmed Foix's results by demonstrating activated microglia in the SN of patients postmortem. This topic has since become a major focus of PD research as covered in multiple reviews (Mena and García de Yébenes 2008; Tufekci et al. 2012; Blandini 2013; Sanchez-Guajardo et al. 2013a). Evidence supporting neuroinflammation in PD includes postmortem studies of brain, analyses of pro-inflammatory cytokines in serum and cerebrospinal fluid (CSF), PD risk factor associations with cytokine and major histocompatibility complex (MHC) class II (MHC-II) polymorphisms, and epidemiological studies of nonsteroidal anti-inflammatory use (Frank-Cannon et al. 2009; Hirsch and Hunot 2009; Lee et al. 2009; Tansey and Goldberg 2010). Whether neuroinflammation is a cause of PD pathogenesis or a secondary stress response remains, however, remains an elusive issue.

There is in our opinion no clear evidence that neuroinflammation is a primary trigger of PD, but there have long been hints that viral infection could be involved

in some cases, most famously a parkinsonism in patients who survived the Spanish flu outbreaks and von Economo's encephalitis during World War I (Henry et al. 2010). It has been suggested that systemic infection/inflammation exaggerates pathogenic events associated with PD and intensifies symptoms (Kortekaas et al. 2005; Collins et al. 2012) or exacerbates neuronal dysfunction during the prodromal stage (Lee et al. 2009). Another hypothesis is that stressed neurons activate microglia that release factors that further damage neurons (Frank-Cannon et al. 2009; Hirsch and Hunot 2009; Tansey and Goldberg 2010; Zhang et al. 2011a) causing a "vicious cycle" of neuroinflammation and neurodegeneration (Tansey and Goldberg 2010; Hoban et al. 2013). Such studies have led to exploration of anti-inflammatory therapies in PD, although to date these have shown limited success. It is important to emphasize that inflammatory steps are stress responses and may in some instances provide neuroprotection.

In this chapter, we review the literature on how animal models have been used to examine neuroinflammatory processes in PD. For each, we highlight the immune cells elicited, the inflammatory markers that are upregulated, the effects on neurodegeneration, and the behavioral manifestations that may be related to neuroinflammation. There is a very extensive and often contradictory literature on these responses, and as to our knowledge these have not been summarized in a single review, we hope that this chapter will assist the interpretation and design of future research. While evidence for neuroinflammation in most models is clear, the understanding of its role in pathogenesis, protection, and changes in behavior for the most part remains limited.

2 Neuroinflammation in Animal Models of PD

2.1 *Toxin-based Models*

2.1.1 1-Methyl-4-Phenyl-1,2,3,6-Tetrahydropyridine (MPTP)

This toxin appeared in an initial report of a chemistry graduate student who injected himself intravenously with a synthetic heroin substitute and exhibited a long-lasting motor disorder within a few days (Davis et al. 1979) due to MPTP as a impurity (Kopin 1987). Postmortem examinations after a second appearance of MPTP as an impurity in a synthetic opiate revealed the presence of activated microglia that apparently persisted years after drug exposure (Langston et al. 1999).

MPTP was adapted as a PD model in rodents and primates. These studies showed that this compound acts as a lipophilic protoxin that crosses the BBB and is converted to the toxic metabolite 1-methyl-4-phenylpyridinium (MPP⁺) by astrocytes and serotonergic neurons (Riachi et al. 1989) by monoamine oxidase-B (Ransom et al. 1987). MPP⁺ is then released into the extracellular space and accumulated by the DA transporter (DAT) into DA neurons, causing a bilateral degeneration of the nigrostriatal tract (Taylor et al. 2013). MPP⁺ produces

neurodegeneration through the blockade of electron transport chain enzyme complexes I, III, and IV (Desai et al. 1996). Additional factors modulate MPTP toxicity including iron, expression of the vesicular monoamine transporter, reactive oxygen species (ROS), and apoptosis (Salama and Arias-Carrion 2011).

Cellular Response

In mice, MPTP induces a rapid microglial activation that peaks prior to the loss of the DA neurons (Czlonkowska et al. 1996), a response particularly severe in the SAMP8 mouse line that has been used as a model of senility (Liu et al. 2010). Activation of the adaptive immune system by MPTP is shown by increased lymphocyte infiltration (Kurkowska Jastrzebska et al. 1999), primarily by T cells (Hirsch and Hunot 2009). Consistently, results with T-cell-receptor (TCR)- β -chain-deficient, immunodeficient and RAG1 knockout mice demonstrate that T-cell-deficiency attenuates MPTP-induced neurodegeneration (Brochard et al. 2009; Reynolds et al. 2010). Mice-deficient for inflammatory genes, including apoptosis signal-regulating kinase 1 (Lee et al. 2012a) and dynorphin (Wang et al. 2012), show attenuated microglial and astrocyte activation and are protected from MPTP toxicity. It has been suggested that D3 DA receptors on CD4+ T cells regulate their response to MPTP (González et al. 2013).

In non-human primates, HLA-DR-reactive microglia are found in SN following MPTP administration (McGeer et al. 2003). This activation is triggered early and persists for at least 35 months (Vázquez-Claverie et al. 2009).

Cytokine Response

Mice lacking gamma interferon (IFN- γ) or tumor necrosis factor-alpha (TNF- α) receptors displayed attenuated MPTP degeneration (Mount et al. 2007; Sriram et al. 2002; Barcia et al. 2011). In mouse striatum and SN, MPTP increases expression of the cytokines interleukin (IL)-1-beta (IL-1 β), IL-6, IL-7, IL-10, the cytokine receptors IL-1R, IL-3R, IL-4R, IL-10R, the inflammation-related transcription factor NF κ B (Grünblatt et al. 2001), the chemokine receptor CXCR4 and the chemokine ligand CXCL12 (Shimoji et al. 2009). In CSF of C57BL/6 but not BALB/C mice, MPTP increased the cytokines IL-10, IL-12, IL-13, IFN- γ , TNF- α and the monocyte chemoattractant protein 1 (MCP-1) (Yasuda et al. 2008): this differences may be because the peripheral immune system in the C57BL/6 strain is more prone to a proinflammatory Th1 (T helper 1) phenotype that produces IFN- γ , while Balb/c mice tend to mount an anti-inflammatory Th2 (T helper 2) response (Sanchez-Guajardo et al. 2013a).

In monkeys, MPTP activates IFN- γ and TNF- α in SN microglia and astrocytes, and IFN- γ receptor signaling is increased in SN glia (Barcia et al. 2011). Microarray analysis of MPTP treated monkeys confirmed an increased expression of inflammation-related genes, including IL-11, chemokines, and complement system genes (Ohnuki et al. 2010).

In Vivo and Behavioral Features Related to Inflammation

Most studies on neuroinflammation and motor symptoms induced by MPTP have been performed in mice (Chung et al. 2010; L'Episcopo et al. 2010; Gupta et al. 2011; Lee et al. 2012b; Wang et al. 2012; Roy et al. 2012; Esposito et al. 2012; Ghosh et al. 2012). Together, these studies indicate that drugs that block inflammation are protective against MPTP alterations in behavior, including the antidepressant paroxetine (Chung et al. 2010), nitric oxide-donating nonsteroidal anti-inflammatory drugs (L'Episcopo et al. 2010), selective cyclooxygenase (COX)-2-inhibitors (Gupta et al. 2011), sodium phenylbutyrate (Roy et al. 2012), the fatty acid amide palmitoylethanolamide (Esposito et al. 2012), the antioxidant diacylglycerol (Ghosh et al. 2012), the partial of N-methyl-D-aspartate (NMDA) receptor agonist D-cycloserine (Wang et al. 2010), and the anti-inflammatory aescin (Selvakumar et al. 2014).

In monkeys that received a single intracarotid arterial injection of MPTP, activation of the peroxisome proliferator-activated receptor gamma (PPAR- γ) attenuated neuroinflammation, as measured by decreased CD68+ cells. Monkeys treated with PPAR- γ also displayed improved motor skills (Swanson et al. 2011).

2.1.2 6-hydroxydopamine (6-OHDA)

6-OHDA is a widely used catecholaminergic neurotoxin (Bové and Perier 2012), which in contrast to the typical systemic administration of MPTP to mice, is usually delivered directly to the medial forebrain bundle, SNc, or the striatum by stereotaxy in rats (Fulceri et al. 2006).

DA neuronal degeneration by 6-OHDA is due to its uptake by DAT. 6-OHDA is readily oxidized in the cytosol to produce ROS, including hydrogen peroxide and its corresponding *p*-quinone (von Coelln et al. 2001; Mazziro et al. 2004), which produces oxidative stress and mitochondrial respiration dysfunction (Barnum and Tansey 2010). The toxin further decreases striatal glutathione and superoxide dismutase (Perumal et al. 1992; Kunikowska and Jenner 2001), increases iron in SN (Oestreicher et al. 1994), and directly inhibits electron transport (Glinka et al. 1997).

Cellular Response

6-OHDA causes neuroinflammatory responses (Schober 2004; Tufekcy et al. 2012; Taylor et al. 2013) including reactive astrocytosis (Gomide et al. 2005; Wachter et al. 2010) and microglial activation (Akiyama and McGeer 1989; Marinova-Mutafchieva et al. 2009; Cicchetti et al. 2002). The microglial activation can be blocked by minocycline (He et al. 2001) or the COX-2 inhibitor celecoxib, which can delay DA cell loss (Sanchez-Pernaute et al. 2004).

The inflammatory profile observed in 6-OHDA-lesioned animals can depend on timing and the site of injection. For example, when 6-OHDA was injected into the striatum, microglial activation was more robust in striatum than SN (Armentero et al. 2006). Na et al. (2010), however, suggest that this is time-dependent as intrastriatal 6-OHDA increased inflammatory gene expression in striatum 3 days after the injection, but SN showed a similar inflammatory response after a week.

Cytokine Response

6-OHDA activates inflammatory features including NF- κ B-mediated responses accompanied by inhibition of antioxidant systems regulated by Nrf2 (Tobón-Velasco et al. 2013), TNF- α (Mogi et al. 2000) and complement component 1q subcomponent-binding protein (Park et al. 2010).

Neuroprotection from 6-OHDA is provided by inhibiting inflammation with a peroxisome proliferator-activated receptor gamma agonist (Sadeghian et al. 2012), silencing the enzyme inducible nitric oxide synthase (iNOS) (Li et al. 2012) or blocking TNF- α (McCoy et al. 2006; Harms et al. 2011; Pabon et al. 2011; Zhang et al. 2011b).

In Vivo and Behavioral Features Related to Inflammation

As 6-OHDA can be delivered into one side of the brain, it provides a means to measure effects of DA depletion by studying rotational behavior (Pycock 1980), often activated by amphetamine. Blockade of soluble TNF- α signaling in vivo provided neuroprotection to DA neurons from 6-OHDA-induced death and attenuated rotational behavior (McCoy et al. 2006).

NK1, a substance P receptor antagonist, administered immediately after 6-OHDA injection, protected DA neurons, preserved barrier integrity, reduced neuroinflammation, and significantly improved motor function (Thornton and Vink 2012). A CD200R-blocking antibody injected into striatum of rats treated with 6-OHDA showed a significant increase in contralateral rotation and a significant decrease in DA SN neurons with remarkably increased activation of microglia and proinflammatory cytokines (Zhang et al. 2011c).

Interestingly, human IL-10 gene transfer in rats unilaterally injected with 6-OHDA inhibited forelimb akinesia (Johnston et al. 2008). An antagonist of metabotropic receptor mGluR5 immediately ameliorated 6-OHDA-induced akinesia, although it did not modify neuronal survival or neuroinflammation (Ambrosi et al. 2010).

A recent study in mice reports that swimming is effective in attenuating behavior impairments and signs of inflammation including increased IL-1 β levels (Goes et al. 2014) from 6-OHDA and alters glutathione peroxidase, glutathione reductase, and glutathione S-transferase activities. The authors conclude that protective effects induced by exercise on PD are due to the induction of antioxidant and anti-inflammatory responses.

2.1.3 Rotenone and Paraquat

Exposure to the herbicide paraquat and the pesticide rotenone is linked to an increased risk of PD in epidemiological studies (Kamel et al. 2007; Baldereschi et al. 2008; Hancock et al. 2008), and both have been adapted for PD models. Rotenone is highly lipophilic and crosses the BBB to diffuse into neurons where it inhibits complex I of the mitochondrial respiratory chain and causes neurodegeneration of SN neurons; however, reports of its selectivity for neurotoxicity are variable (Betarbet et al. 2000; Cicchetti et al. 2009). Paraquat is a charged molecule that does not cross the BBB and requires a neutral amino acid transporter for neuronal accumulation (Shimizu et al. 2001). In the cytosol, paraquat generates superoxide and impairs recycling of oxidized glutathione.

Cellular and Cytokine Responses

Rotenone toxicity is linked to increased ROS production with oxidative damage in the midbrain and striatum and microglial activation (OX-42 immunoreactivity) in SN and striatum with minimal astrogliosis (Sherer et al. 2003a, b, c) prior to DA cell loss. Microglia may mediate rotenone-induced neuronal degeneration through IFN- γ (Mount et al. 2007) or nicotinamide adenine dinucleotide phosphate (NADPH) oxidase-generated superoxide production (Gao et al. 2003). Inhibition of microglia by minocycline in vitro provides protection from rotenone (Casarejos et al. 2006). Rotenone does not directly activate microglia in vitro (Gao et al. 2002b, 2003; Shaikh and Nicholson 2009; Klintworth et al. 2009), and so its toxicity has been suggested to result from disturbing CD200R-CD200L microglia-DA neuron cross talk (Wang et al. 2011).

Intracerebral injection of paraquat induces loss of DA neurons (Liou et al. 1996), activates microglia (Purisai et al. 2007), elevates expression of TNF- α , IL-1 β , and NF- κ B (Yadav et al. 2012), iNOS (Cicchetti et al. 2005; Gupta et al. 2010), and produces α -syn-containing inclusion bodies (Manning-Bog et al. 2002). IFN- γ knockout mice injected with paraquat displayed reduced cell death and microglial activation, decreased proinflammatory enzymes (iNOS and COX-2) and cytokines (TNF- α , IL-1 β), and increased trophic factors (Mangano et al. 2012). It has been suggested that elevation of cytosolic DA induced by paraquat participates in the neurotoxicity via quinone formation (Izumi et al. 2014).

In Vivo and Behavioral Features Related to Inflammation

Sindhu et al. (2005) observed that Sprague-Dawley rats infused intranigally with rotenone exhibited spontaneous contralateral rotations immediately after recovery from anesthesia. In rats treated subcutaneously with rotenone, an adenosine triphosphate-sensitive potassium channel opener, iptakalim, normalized rotenone-induced

behavioral symptoms, degeneration of SNc DA neurons, microglial activation, and mRNA levels of TNF- α and COX-2 (Zhou et al. 2007a, 2008).

Intraperitoneal injection of paraquat in mice causes DA neurotoxicity in SN, frontal cortex and hippocampus, motor impairment assessed by curling and footprint tests, brain-specific ROS generation, and microgliosis with increased levels of TNF- α and IL-1 β (Mitra et al. 2011).

2.2 *Inflammatory Models*

2.2.1 LPS (lipopolysaccharide)

LPS, an endotoxin in the outer membrane of Gram-negative bacteria, is widely used to trigger immune response in animals (Liu and Bing 2011). It activates Toll-like receptor (TLR) 4, which is highly expressed in microglia (Sanchez-Guajardo et al. 2013a). While no reports have indicated that septic individuals with high LPS develop PD (Fang et al. 2012), it has been used to initiate DA neuronal death and examine neuroinflammation in animal models (Lee et al. 2009).

In neuronal culture, DA neurons are twice as sensitive to LPS as non-DA neurons, and LPS toxicity occurs via microglial activation (Bronstein et al. 1995; Gayle et al. 2002; Dutta et al. 2008). In vivo, LPS inflammation also causes selective toxicity of DA neurons (Qin et al. 2007; Hunter et al. 2009; Machado et al. 2011; Tufekci et al. 2011) that apparently lack TLR4 receptor (Sanchez-Guajardo et al. 2013a).

Chronic low-dose intranigral LPS infusion in rats induced delayed, chronic, and progressive loss of DA SNc neurons (Gao et al. 2002a), while intrauterine exposure to LPS causes a degeneration of SNc neurons in offspring (Carvey et al. 2003). Chronic low-dose intraperitoneal LPS acted in concert with parkin deficiency to induce nigral DA neuron loss (Frank-Cannon et al. 2008), suggesting that a non-specific immunogenic stimulus in concert with a permissive genetic mutation could cause parkinsonism.

Cellular and Cytokine Responses

Intranigral LPS triggers activation of astrocytes and microglia; damages SN DA neurons (Castaño et al. 1998; Iravani et al. 2005; Qin et al. 2007; Pott Godoy et al. 2008), releases proinflammatory factors including IL-1 α , TNF- α , IL-1 β , and inducible nitric oxide synthase (iNOS, Qin et al. 2007; Tomás-Camardiel et al. 2004; Hernández-Romero et al. 2008), and increases COX-2 (de Meira Santos Lima et al. 2006; Geng et al. 2011), ROS and matrix metalloproteinase-3 (MMP-3) (Qin et al. 2004; McClain et al. 2009).

In aged mice, LPS caused progressive loss of DA neurons, whereas younger mice or aged mice treated with the anti-inflammatory nonsteroid drug HCT1026 were resistant (L'Episcopo et al. 2011). A sustained elevation of TNF- α has been observed in striatum and mesencephalon of rats prenatally exposed to LPS (Ling et al. 2004).

Several studies support a central role for TNF- α in LPS neurodegeneration. LPS-induced nigral DA damage is inhibited by dexamethasone or soluble TNF- α inhibitors (Castaño et al. 2002) or neutralizing antibodies against TNF- α or IL-1 that block microglial activation (Dutta et al. 2008; McCoy and Tansey 2008). An IL-1 receptor antagonist reduced LPS-induced TNF- α and IFN- γ release and loss of DA neurons (Koprach et al. 2008). LPS did not release IL-1 β and NF κ B p65, or kill SN neurons in mice deficient for TNF- α receptors (Qin et al. 2007).

A role for DA in response to LPS was indicated since alpha-methyl-p-tyrosine, an inhibitor of tyrosine hydroxylase (TH), prevented LPS-induced nigral DA death (De Pablos et al. 2005). The iron chelator desferrioxamine was also protective against LPS-induced SN neuronal degeneration (Zhang et al. 2012), consistent with a role for iron-mediated oxidative stress, which again may be related to DA oxidation or mitochondrial stress.

In Vivo and Behavioral Features Related to Inflammation

Similar to the 6-OHDA model above, four weeks of running exercise prior to LPS prevented the loss of DA neurons and motor dysfunction. Running did not change the LPS-induced status of microglia activation or the levels of cytokines/chemokines, but restored normal brain-derived neurotrophic factor (BDNF)-TrkB signaling. Blocking BDNF with a TrkB receptor antagonist abolished running's protective effect, while intra-striatal perfusion of BDNF alone blocked LPS-induced DA neuron loss (Wu et al. 2011).

Multiple in vivo studies confirm the role for TNF in LPS neurotoxicity that was suggested in cellular studies. Subacute LPS injection into SN induces PD-like symptoms in mice including aggregation of α -syn. Behavioral deficits were observed in wild-type (WT) and TNF- α knockout (KO) mice, but IL-1 KO mice behaved normally. TH gene expression was attenuated by LPS in WT and TNF- α KO, but not in IL-1 KO mice (Tanaka et al. 2013). Chronic in vivo co-infusion of a TNF blocker with LPS into the SNc of rats attenuated amphetamine-induced rotation, (McCoy et al. 2006), as did a glucagon-like peptide 1 receptor agonist (Harkavyi et al. 2008).

LPS injection in the striatum causes intracytoplasmic accumulation of α -syn and ubiquitin, defects in the mitochondrial respiratory chain, and extensive S-nitrosylation/nitration of mitochondrial complex I. The mitochondrial injury was prevented by treatment with L-N(6)-(1-iminoethyl)-lysine, an iNOS inhibitor. These results implicate neuroinflammation-induced S-nitrosylation/nitration of mitochondrial complex I in LPS-induced mitochondrial malfunction and degeneration of SN neurons (Choi et al. 2009). In another study, striatal LPS caused microgliosis

but not nigrostriatal neurodegeneration, with only a transient motor dysfunction (Hoban et al. 2013). The administration of a peptide antagonist of IL-1 signaling to rats after receiving LPS blocked inflammation as well as deficits in social activity and memory (Klementiev et al. 2014).

In mice, both neuroinflammation and motor impairment were exacerbated when LPS bilateral striatal injections were followed by the administration of methamphetamine (Jung et al. 2010), further indicating a role for DA itself in LPS damage.

2.2.2 Polyinosinic:polycytidylic Acid [poly(I:C)]

Introduction and Cellular and Cytokine Responses

Polyinosinic:polycytidylic acid [poly(I:C)] is structurally similar to double-stranded RNA and widely used to study antiviral responses such as production of type I interferons (Liu et al. 2012). Poly(I:C) is an agonist for TLR3, which is found in CNS microglia and is upregulated by LPS and IFN- γ (Olson and Miller 2004).

Single poly(I:C) injections to the rat SN do not cause SN neurodegeneration, but increase the susceptibility of DA neurons to a subsequent low dose of 6-OHDA (Deleidi et al. 2010). This induced long-lasting inflammation in SN and dorsolateral striatum involving microglia, astrocytes, and perivascular and parenchymal CD68+ macrophages and the chemokines, MCP-1, and RANTES (CCL5) in the SN, and IL-1 β , IL-6, TNF- α , MCP-1, and transforming growth factor beta 1 (TGF- β 1). IL-1R antagonist treatment rescued neurons from poly(I:C) and 6-OHDA toxicity (Deleidi et al. 2010).

In Vivo and Behavioral Features Related to Inflammation

In mice, pretreatment with poly(I:C) enhanced DA neuron loss in SN elicited by subsequent paraquat treatment. The neuronal loss was accompanied by robust signs of microglial activation, and increased expression of the catalytic subunit (gp91) of the NADPH oxidase oxidative stress enzyme. These findings suggest that viral agents can sensitize microglial-dependent inflammatory responses, rendering nigral DA neurons vulnerable to environmental toxin exposure (Bobyń et al. 2012).

2.2.3 Prostaglandin J₂

Introduction and Cellular and Cytokine Responses

The major prostaglandin in mammalian brain is prostaglandin D₂, which undergoes spontaneous dehydration to generate the bioactive cyclopentenone prostaglandins

of the J2 series. J2 prostaglandins are highly reactive and neurotoxic products of inflammation that impair ubiquitin/proteasome function and cause accumulation of ubiquitinated proteins (Li et al. 2004). A single report that we are aware of indicates that prostaglandin D2 administration into the SN activates microglia and astrocytes and produces neurodegeneration with α -syn aggregation (Pierre et al. 2009).

2.3 Genetic Models

2.3.1 α -Synuclein (SNCA)

Introduction

Over 20 loci and 15 disease-causing genes for parkinsonism have been identified (Deng and Yuan 2014). Mutations in seven genes are robustly associated with autosomal dominant (SNCA, LRRK2, EIF4G1, VPS35) or recessive (parkin/PARK2, PINK1, DJ1/PARK7) PD or parkinsonism. Of these, α -syn has received particular attention as aggregation of this protein is a neuropathological feature of the vast majority of PD cases. SNCA was also the first PD gene identified (Polymeropoulos et al. 1997), and encodes a 140 amino acid synaptic vesicle-associated protein that regulates synaptic vesicle exocytosis (Abeliovich et al. 2000; Fortin et al. 2005; Larsen et al. 2006; Nemani et al. 2010). Shortly thereafter, α -syn was identified as the main component of Lewy bodies and Lewy neurites in PD patients (Spillantini et al. 1997). At least five-point SNCA mutations have been linked to familial PD (Krüger et al. 1998; Zarranz et al. 2004) as well as gene duplications and triplication (Singleton et al. 2003; Ross et al. 2008), indicating that excessive levels of the normal protein also cause PD. SNCA triplication carriers display an approximately 10-year earlier onset and a more rapid disease course than duplication carriers, who more closely resemble patients with idiopathic PD (Kasten and Klein 2013).

α -syn is a natively unfolded soluble protein that can aggregate to form oligomers or protofibrils, and eventually insoluble polymers or fibrils (Conway et al. 2000a, b). The toxic contribution from different α -syn forms is a major area of investigation (Bungeroth et al. 2014). Both unfolded and aggregated might be neurotoxic via a variety of pathways including inhibition of protein degradation by chaperone-mediated autophagy (Cuervo et al. 2004) and membrane permeabilization (Rochet et al. 2004; Mosharov et al. 2006; Staal et al. 2008). Oligomeric α -syn may mediate neurodegeneration by disrupting synaptic vesicles (Rockenstein et al. 2014). α -syn fibrils, like prions, have been shown to seed new α -syn reactions (Miake et al. 2002; Masuda-Suzukake et al. 2013). Anti-aggregation compounds may help address these questions by inhibiting α -syn aggregate formation (Herva et al. 2014).

In animal studies, α -syn overexpression in combination with MPTP or rotenone increased neurodegeneration (Dauer et al. 2002; Mulcahy et al. 2013). LPS causes neuronal death in transgenic mice that express normal or mutant (A53T) α -syn

(Gao et al. 2008, 2011). Proteomic analysis of brains from mice overexpressing the human A30P mutation identified increased oxidized metabolic proteins (Poon et al. 2005), while mutant A53T mice displayed mitochondrial damage and degeneration (Martin et al. 2006).

An alternate model that emulates Lewy body pathology, synaptic dysfunction, and neuronal death in PD is to use fibrils generated from full-length and truncated recombinant α -syn (Volpicelli-Daley et al. 2011). In young asymptomatic α -syn transgenic mice, intracerebral injections of brain homogenates derived from older transgenic mice exhibiting α -syn pathology induced intracellular Lewy bodies/Lewy neurites-like inclusions and neurological symptoms (Luk et al. 2012a). In WT non-transgenic mice, a single intrastratial inoculation of synthetic α -syn fibrils led to the cell-to-cell transmission of pathologic α -syn and PD-like Lewy pathology in anatomically interconnected regions in the SN but not in the adjacent ventral tegmental area, which is relatively spared in PD (Luk et al. 2012b). It is possible that this spread of pathology occurs via an inflammatory mechanism.

Cellular and Cytokine Responses

A number of SCNA mouse models (KO, overexpressors, and transgenics) have been generated (Chesselet 2008) although few exhibit DA cell loss (for exceptions, see Lin et al. 2012 and Janezic et al. 2013). Some of these models, however, display α -syn aggregation, gliosis, mitochondrial abnormalities, and functional abnormalities in the nigrostriatal system (Dawson et al. 2010).

The initial α -syn transgenic mouse introduced by Masliah et al. (2000) using a platelet-derived growth factor subunit B promoter exhibited human α -syn-immunoreactive inclusions most frequently seen in neurons in the deeper layers of the neocortex, the CA3 region of the hippocampus, olfactory bulb and occasionally in the SN. The mice also displayed lower TH⁺ levels within the striatum than non-transgenic littermates. A transgenic mice harboring a SCNA transgene with a Thy1 promoter (Rockenstein et al. 2002) showed astroglial and microglial activation, elevated levels of TNF- α in the striatum, and increased levels of TNF- α , TLR1, TLR4, and TLR8 in the SN (Watson et al. 2012). Microglial activation and high levels of TNF- α were found in the SN of mice expressing human α -syn under control of the mouse TH promoter (Su et al. 2008). Expression of truncated human α -syn increased CD11b-positive microglia in the SN of transgenic mice (Tofaris et al. 2006). Transgenic mice that express A53T α -syn displayed astrogliosis in the spinal cord (Giasson et al. 2002).

It has been suggested that in α -syn transgenic models, microglia are not extensively activated unless the mice are treated with LPS or possess further genetic modifications (Sekiyama et al. 2012). Microgliosis was found in cortex and hippocampus of A30P overexpressing mice under the prion protein (PrP) promoter along with truncated and oligomeric α -syn (Gomez-Isla et al. 2003). α -syn pathological accumulation has been associated with microgliosis in the E46K α -syn transgenic under the PrP (Emmer et al. 2011). An A53T α -syn transgenic mouse

line under the PrP promoter and the A30P+A53T α -syn line under the TH promoter featured changes in microglia cell numbers and altered expression patterns in multiple genes related to the inflammatory responses (Lee et al. 2002; Miller et al. 2007).

Mice and DA neuronal cultures derived from mice with WT and mutant A53T α -syn in an α -syn-null background exposed to LPS, displayed neuroinflammation DA neuronal death and accumulation of cytoplasmic α -syn inclusions (Gao et al. 2008). Inhibition of nitric oxide and superoxide produced by microglia provided substantial neuroprotection.

To date, the few α -syn transgenic mouse models to display neuronal death are as follows: (1) a line of tetracycline-regulated inducible transgenic mice that overexpressed A53T α -syn in DA neurons; these developed motor disabilities, decreased DA release, fragmentation of Golgi apparatus, and impairment of autophagy/lysosome degradation pathways (Lin et al. 2012); (2) a line of bacterial artificial chromosome (BAC) mice overexpressing WT hSNCA140 generated by injection of BAC DNA containing WT hSNCA (Janezic et al. 2013).

In contrast to transgenic models, overexpression of α -syn by means of viral vectors has produced significant SN neuronal death (Ulusoy et al. 2010). In mice, overexpression of WT human α -syn can lead to slow degeneration of DA neurons (Theodore et al. 2008; Harms et al. 2013). Four weeks after injection, there was a marked increase in CD68-positive microglia and greater infiltration of B and T lymphocytes in the SNc of the rAAV2-SYN group than in controls. At 12 weeks, CD68 staining declined, but B- and T-cell infiltration persisted. Expression of proinflammatory cytokines was enhanced, whereas markers of alternative activation (i.e., arginase I, IL-4 and IL-13) were not altered. Increased immunoreactivity for mouse immunoglobulin was detected at all time points in the rAAV2-SYN animals. Thus, overexpression of α -syn is sufficient to trigger neuroinflammation featuring microglial activation and stimulation of adaptive immunity (Theodore et al. 2008). Overexpression of full-length human α -syn in mouse SNc induced extensive MHC-II expression by microglia, while mice lacking of MHC-II were protected from α -syn-induced microglial activation and DA neuron degeneration (Harms et al. 2013).

In rats, transgenic α -syn overexpression produced α -syn-positive cytoplasmic inclusions and swollen, dystrophic neurites selectively in the nigral DA neurons with a loss of 30–80 % of the nigral DA neurons by 8 weeks (Kirik et al. 2002). T-lymphocyte infiltration was related to the degree of neurodegeneration (Sanchez-Guajardo et al. 2010).

In monkeys, neuropathology following WT α -syn overexpression was confined to caudate putamen DA fibers with a limited cell loss in the SN, whereas overexpression of A53T α -syn resulted in robust degeneration of DA cells in SNc within one year (Eslamboli et al. 2007). Overexpression of A53T α -syn produced a long-term increase in microglia, while WT α -syn overexpression increased microglia for more than a year (Barkholt et al. 2012).

Injection of monomeric or oligomeric α -syn into SN induced microgliosis (Wilms et al. 2009; Couch et al. 2011). The use of HA-TAT internalization signal peptide to introduce nitrated α -syn into cells confirmed that microgliosis correlated

with α -syn-induced neurodegeneration (Yu et al. 2010). Distinct strains of α -syn may differentially promote tau inclusions and help explain the heterogeneity of synucleinopathies (Guo et al. 2013).

In Vivo and Behavioral Features Related to Inflammation

Mice overexpressing WT human α -syn under the Thy1 promoter exhibited impairments in sensorimotor function and non-motor symptoms at a young age, including deficits in olfaction, autonomic, digestive, and cognitive function (Fleming et al. 2004). Homozygous mice expressing the A53T mutant human α -syn under the control of the mouse prion promoter developed and displayed severe motor impairments with accumulation of α -syn in brain (Giasson et al. 2002). Homozygous A53T mutant mice exhibited decreased anxiety in 2-month-old animals (George et al. 2008) and increased locomotor activity and altered DA neurotransmission at 7–19-months, while mice expressing human WT or A30P α -syn showed no locomotor changes (Unger et al. 2006). Mice expressing the A53T mutant form of human α -syn exhibited hyperactivity and reduced anxiety-like behavior (Graham and Sidhu 2010). No neuroinflammatory parameters were reported in these transgenic α -syn overexpressor models.

Rats transduced with rAAV- α -syn displayed significant motor impairment when DA neuronal cell loss exceeded 50–60 % (Kirik et al. 2002). When α -syn induced neuronal pathology but not cell death, there was a long-term induction of MHC-II⁺ microglia. In contrast, when α -syn induced both neuronal pathology and cell death, there was a delayed increase in microglia, which correlated with long-lasting CD68 expression and the reminiscent morphology of peripheral macrophages. A recent study from the same group found that when rats were vaccinated with recombinant α -syn prior receiving the transgenesis of α -syn; this resulted in (a) a high-titer anti- α -syn antibody response on α -syn overexpression, (b) the accumulation of CD4-positive T cells, (c) MHC-II-positive ramified microglia in the SN, (d) long-lasting infiltration of CD4-positive T cells, (e) Foxp3-positive cells throughout the nigrostriatal system, and (f) fewer pathologic aggregates in the striatum versus control animals that had received a mock vaccine. A long-term increase in striatal glial cell-derived neurotrophic factor in striatum and IgG deposition in α -syn-overexpressing cells and neurites in the SN was also observed. These results suggest that a protective vaccination strategy may induce regulatory T cells and activated microglia, and consequently immune tolerance against α -syn (Sanchez-Guajardo et al. 2013b). In rats injected in SN with rAAV- α -syn, functional impairment in the cylinder test and the adjusting steps task was observed after 8 week (Gombash et al. 2013).

rAAV- α -syn-treated monkeys, both WT and mutants, developed motor impairment, including head position bias, compatible with this magnitude of nigrostriatal damage (Kirik et al. 2003). Animals overexpressing the A53T α -syn showed a gradual worsening of motor performance (Eslamboli et al. 2007).

2.3.2 Leucine-rich Repeat Kinase 2 (LRRK2)

LRRK2 is a 2527 amino acid protein that contains functional kinase and GTPase domains, and leucine-rich repeat and WD40 protein-interaction domains (Paisan-Ruiz et al. 2004; Zimprich et al. 2004). It is expressed throughout various brain regions, including SN, basal ganglia, cortex, hippocampus, and cerebellum (Biskup et al. 2006; Healy et al. 2008). Multiple functions for LRRK2 have been suggested, including protein scaffolding, substrate binding, and protein phosphorylation (Drolet et al. 2011) and modulation of chaperone-mediated autophagy (Orenstein et al. 2013), a mechanism that may cause α -syn aggregation.

Mutations in LRRK2 are the most common cause of familial PD and are linked to both autosomal dominant and sporadic forms (Correia Guedes et al. 2010). The most prevalent modification of LRRK2 is the amino acid substitution G2019S in the kinase domain, generating a gain of function. Overexpression of G2019S has been linked to enhanced LRRK2 autophosphorylation and kinase activity (Greggio et al. 2006; Li et al. 2010a, b). A genome-wide study has also identified LRRK2 as a susceptibility locus for Crohn's disease (Danoy et al. 2010).

LRRK2 knockout rats are resistant to DA neurodegeneration from intracranial administration of LPS or adeno-associated virus-mediated transduction of human α -syn, and this resistance correlates with reduced proinflammatory myeloid cells recruited to the brain. These data suggest that knocking down LRRK2 may protect against SN neuronal loss by inhibiting recruitment of proinflammatory myeloid cells (Daher et al. 2014).

Cellular and Cytokine Responses

A role for LRRK2 in immune response was first proposed due to its expression in B-lymphocytes, dendritic cells, and macrophages (Gardet et al. 2010) and isolated mouse microglial cells (Gillardon et al. 2012). LRRK2 levels in microglia were upregulated by LPS, with LRRK2 (1441G) transgenic microglia secreting higher levels of TNF- α , IL-1 β , and IL-6 and lower amounts of anti-inflammatory IL-10 than controls. Neurotoxic effects were confirmed when culture medium from LPS-stimulated cells was added to cultured cortical neurons (Gillardon et al. 2012). Knockdown of LRRK2 in microglia reduced LPS-induced TNF- α and iNOS production and decreased the activation of the p38 and NF- κ B pathways (Kim et al. 2012). Additional studies confirmed a link between the G2109S LRRK2 mutation and an elevated LPS-induced-inflammatory response that includes TNF- α , IL-1 β , IL-6, NF- κ B, and iNOS secretion (Kim et al. 2012; Moehle et al. 2012). Recently, phosphorylation of LRRK2 was shown to involve a TLR-mediated pathway involving Myd88, suggesting a role for LRRK2 in innate immune response (Dzamko et al. 2012).

In Vivo and Behavioral Features Related to Inflammation

Multiple behavioral features have been noted in animal models of LRRK2 mutation. Temporary but not constitutive overexpression of LRRK2 in adult rats impaired DA reuptake by DAT and consequently enhanced locomotor activity (Zhou et al. 2011). Transgenic mice expressing human LRRK2 with an I2020T mutation in the kinase domain exhibited impaired locomotion, reduced striatal DA, fragmented Golgi apparatus in DA neurons, and increased microtubule polymerization, while TH primary neurons derived from the transgenic mouse showed increased frequency of apoptosis and neurites with fewer branches and decreased outgrowth (Maekawa et al. 2012).

Mice lacking LRRK2 exon 41, which encodes the activation hinge of the kinase domain, displayed abnormal behavior (Hinkle et al. 2012). LRRK2 (R1441G) BAC transgenic mice displayed gastrointestinal dysfunction at an early stage (Bichler et al. 2013). These studies did not analyze neuroinflammatory parameters.

Two groups have reported viral LRRK-2-based PD models using adeno- or herpes simplex virus (Lee et al. 2010; Dusonchet et al. 2011). During the first three weeks after injection, LRRK-2 G2019S virus induced a greater loss of TH-positive neurons in the SNc than WT LRRK-2 or EGFP expressing viruses. G2019S LRRK-2 expressing mice, but not WT LRRK2 or EGFP expressing mice, displayed microglia activation in the SNc and striatum (Lee et al. 2010). In the second study, WT or G2019S mutant human LRRK-2 were delivered in adenovirus type 5 vectors and expressed under control of the neuron specific synapsin-1 promoter. Mutant G2019S LRRK-2 caused progressive loss of DA neurons in the SNc with the majority of transduced neurons killed after 6 weeks. Transient inflammation was observed in the striatum at 10 days (Dusonchet et al. 2011). Neuroinflammation and behavior were not analyzed in depth.

2.3.3 Parkin (PARK2), PTEN-induced Putative Kinase 1 (PINK1), and DJ-1

These genes are implicated in mitochondrial function, particularly in stress response pathways. PARK2 acts as a regulator of protein breakdown (Miklya et al. 2014). Mutations in the *parkin* gene, which encodes for an E3 ubiquitin ligase, are the leading cause of early-onset, autosomal recessive parkinsonism (Kitada et al. 1998; Hattori et al. 1998; Lücking et al. 2000). Parkin levels in neurons are associated with protection from cellular stress and cell-cycle regulation (Tran et al. 2011).

PINK1 gene mutations represent the second most common cause of autosomal recessive PD. The gene encodes a 581-amino acid protein with a predicted N-terminal mitochondrial targeting sequence and a conserved serine/threonine kinase domain (Valente et al. 2004). More than 40 PINK1 mutations have been identified in PD patients (Corti et al. 2013). The homozygous form of G309D

PINK1 has been linked to mitochondrial dysfunction and peroxidation damage (Hoepken et al. 2007).

Point mutations (L166P, D149A) in DJ-1 cause rare autosomal recessive PD with early onset. DJ-1 is a redox-sensitive cytosolic chaperone protein that associates with mitochondria and the nucleus upon oxidation. Mutations cause a loss of function of DJ-1 by inducing instability of the dimeric, functional form of the protein, or lack of expression. Mutations also affect the serine protease activity of DJ-1, another crucial function of this protein (Alberio et al. 2012).

Cellular and Cytokine Responses

A role for parkin in glial cells with possible neuroinflammatory consequences has been proposed by *in vitro* studies. Casarejos et al. (2006) discovered that midbrain neurons cultured from parkin KO mice are more sensitive to rotenone and that the addition of parkin KO microglia to WT neurons increased sensitivity to rotenone. Aged parkin KO mice display fewer astrocytes, more microglia, reduced glial proliferation, and increased pro-apoptotic protein expression (Solano et al. 2008). Parkin levels are regulated by inflammatory signaling: LPS and TNF- α down-regulate parkin expression in macrophages, microglia, and neurons from WT mice blocked by inhibitors of nuclear factor-kappa β , and macrophages isolated from parkin KO mice display increased TNF- α , IL-1 α , and iNOS mRNA expressions (Tran et al. 2011).

PINK1 stimulates IL-1 β -mediated inflammatory signaling via enhanced TRAF6 and TAK1 (Lee et al. 2012a) and IL-1 β -mediated signaling through Tollip and IRAK1 modulation (Lee and Chung 2012).

DJ-1 seems to be an important redox-reactive signaling intermediate controlling oxidative stress associated with ischemia, neuroinflammation, and age-related neurodegeneration (Kahle et al. 2009).

In Vivo and Behavioral Features Related to Inflammation

Parkin. Several groups have generated parkin KO mice (Goldberg et al. 2003; Itier et al. 2003; Von Coelln et al. 2004). Initial characterization failed to note nigral DA neuronal death, although abnormal DA metabolism was noted. Interestingly, catecholaminergic neurons in locus coeruleus of mice with parkin catalytic domain deletion degenerated with an accompanying deficit in the startle response (Von Coelln et al. 2004).

Proteomic studies using parkin-null mice showed marked reduction of mitochondrial respiratory chain proteins and stress response proteins, while several parkin substrates (AIMP2, FBP1, and PARIS) accumulate in the ventral midbrain of parkin-null mice (Ko et al. 2005; Shin et al. 2011). These cellular changes may be responsible for subtle deficits in DA metabolism and behavior. MPTP intoxication in parkin-null mice caused a similar level of DA neuronal toxicity as in

WT mice, although parkin overexpression protects against MPTP (Perez et al. 2005; Paterna et al. 2007; Thomas et al. 2007). Lentiviral-Cre nigral injection into adult parkinflox/flox mice causes acute parkin deletion and progressive nigral neuron death 10 months after the gene deletion. This model also showed pathogenic events caused by accumulation of PARIS including PGC1- α downregulation, and ultimately mitochondrial dysfunction (Shin et al. 2011).

PINK1. PINK1-targeted KOs (Kitada et al. 2007; Gispert et al. 2009) and shRNA-mediated knockdown models (Zhou et al. 2007b) did not replicate robust degenerative phenotypes and mitochondrial defects reported in fly models (Clark et al. 2006). Nevertheless, subtle deficits of nigrostriatal DA transmission and accompanying mild mitochondrial abnormalities were observed. One PINK1 KO model shows that a *Oryzias latipes* fish (known as medaka or Japanese rice fish) model deficient in PINK1 and parkin exhibited late-onset locomotor dysfunction, decreased DA levels, selective degeneration of DA neurons, and defects in mitochondrial activity death (Matsui et al. 2013).

DJ-1. LPS produced similar neuroinflammatory responses in of DJ-1^{-/-} mice and WT mice, and the administration of soluble TNF did not appear to induce neuroinflammatory responses in LPS-treated wild-type or DJ-1^{-/-} mice. Peripheral macrophages from WT and DJ-1^{-/-} mice also displayed similar LPS-induced inflammatory and oxidative stress markers in vitro. The authors concluded that DJ-1 does not play a critical role in protecting DA neurons against inflammation-induced oxidative stress and/or there is compensatory gene expression in the midbrain of DJ-1^{-/-} mice that renders them resistant to the cytotoxic effects triggered by peripheral inflammation (Nguyen et al. 2013).

Mice deficient for both parkin and DJ-1 were crossed with mice deficient for glutathione peroxidase 1, which is reduced in PD brains (Damier et al. 1993). These animals showed higher than normal striatal DA levels in the absence of nigral cell loss than wild-type, glutathione peroxidase 1 (-/-), and Parkin (-/-)DJ-1(-/-) mutant mice. Parkin(-/-)DJ-1(-/-) mice exhibit improved rotarod performance and increased serotonin in the striatum and hippocampus (Hennis et al. 2014).

There has been little analysis of the effects neuroinflammation on specific behavioral features for the genetic models of Parkin, PINK1, or DJ-1.

3 Discussion

3.1 Toxin-based Models

Parkinsonism in patients may develop after exposure to neurotoxins over decades, a feature that cannot be replicated in useable animal models (Nagatsu 1997). Traditional animal models of PD rather rely on toxins that selectively accumulate in SN DA neurons. The extent to which they effectively and reproducibly mimic the entirety of the human condition is controversial. As neurotoxin-induced models of

PD use a single or few injections over a short period and are followed by rapid onset of symptoms, their applicability for studying chronic neuroinflammation is limited (Potashkin et al. 2011) and these models may be best at emulating very late stages of the disease when neurons have died rather than the steps that cause neuronal death.

There is nevertheless clear evidence of neuroinflammation following injection of each commonly used neurotoxin to emulate PD, including MPTP, 6-OHDA, rotenone, and paraquat. While these compounds can cause acute parkinsonism in patients, they each appear to destroy DA neurons in manners different than PD and are likely to trigger stress responses including cytokine release and activation of glial cell types that do not resemble genuine PD. Importantly, each of these toxins are also quite effective at killing cultured DA neurons rapidly in the absence of neuroinflammatory cell types. It may be that the acute toxic effects of these compounds indicate inflammatory responses due to generalized stress responses and do not reveal steps that participate in the loss of neurons in PD.

3.2 Inflammatory Models

Neuroinflammation has been increasingly associated with the development of PD, but a direct cause–effect relationship has not been formally established for bacterial or viral infection-induced development of PD in humans. While inflammatory models, especially LPS, are potent stimulators of microglia and have introduced possible roles for inflammation-mediated DA neurodegeneration, these may not model valid pathogenic steps of the genuine disease. They may, however, provide useful insights into combinatorial models that emulate “multiple hits” that may better model the disorder.

3.3 Genetic Models

Although the majority of PD remains sporadic, specific genetic defects in rare familial cases have provided unique insights into the pathogenesis of PD. Models using PD pathogenic mutations seem more likely to reveal immunological responses involved in pathogenesis. These models, however, have mostly been disappointing in that they do not replicate degenerative features PD, including death of the analogous neuronal populations, and so their use is limited to date.

Our recent work suggests that antigen presentation to T cells might be involved in neuronal death in PD (Cebrián et al. 2014), consistent with studies suggesting that MHC molecules play a role in PD animal models where α -syn is overexpressed by viral transduction (Harms et al. 2013). As treatments that interact with specific T-cell populations already exist for immunological disorders such as multiple sclerosis, perhaps such therapies could be successfully extended to treat PD.

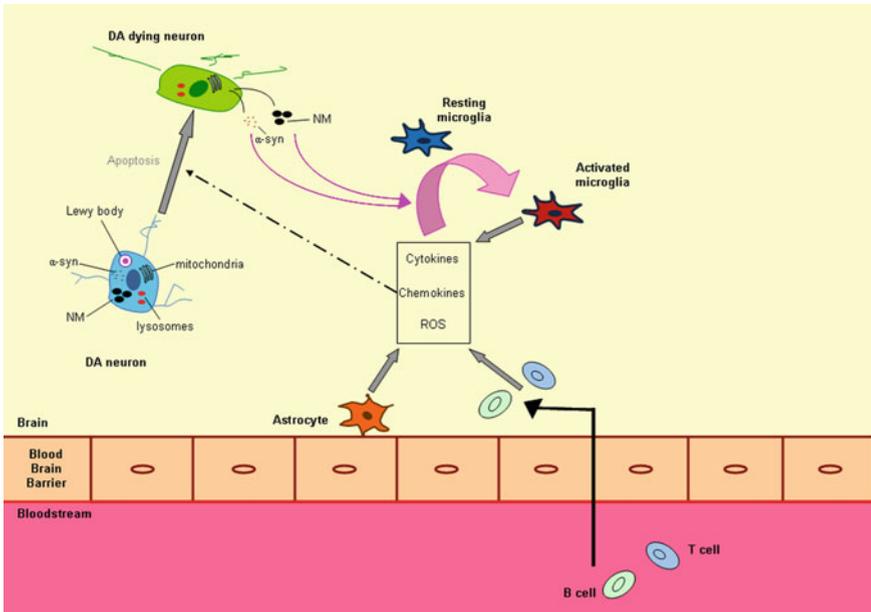


Fig. 1 A neuroinflammatory vicious cycle that may take place in PD. Lymphocytes cross the BBB and penetrate the brain, where they release a variety of proinflammatory factors including cytokines, chemokines, and ROS. Activated glia including astrocytes and microglia also release these substances, which may trigger the cell death of DA neuron through a variety of mechanisms discussed throughout the review. The resulting dying DA neurons produce extracellular α -syn and NM, which in turn further activates astrocytes and microglia, resulting in further tropic signaling for local inflammatory invasion and proliferation, thus providing an ongoing cycle of neurodegeneration.

Alternate approaches including viral-mediated expression of pathogenic mutations, direct injection of disease proteins, or combinatorial genetic and inflammatory substance treatments appear promising and may better characterize the roles of neuroimmune responses.

4 Conclusion

We leave the question posed in our title unanswered: while evidence for nearly a century clearly indicates that neuroinflammation is prominent during PD progression, and many studies show that manipulating inflammatory steps can alter progression in a variety of animal models of PD (Fig. 1; Tufekci et al. 2012; Blandini 2013), it remains unclear which if any steps are required for pathogenesis, or which are stress response mechanisms that provide neuroprotection. Of course, a particular inflammatory cascade could play both roles.

In our opinion, the most fruitful avenue to elucidate these roles is to develop improved PD models that better emulate pathogenesis. Models using PD genetic mutations including viral-mediated expression are to date poor at emulating central features of the PD, such as death of the neurons in the SN, but this technology is still relatively new and improved models will doubtless arrive. In the meantime, combinatorial efforts, such as the combination of an infective agent with mutations, appear promising.

We think that the field needs to keep in focus the genuine complexity of PD. There are now nearly 20 genetic “causes” of PD, and still most patients do not express these mutations, meaning that there is syndrome with multiple etiologies. There are further multiple “hits” that must occur, including aging which features a long list of alterations in protein and organelle turnover; factors that make particular neurons susceptible, likely including pacemaking activity and long axons; a particular targeting of monoaminergic and some cholinergic neurons; and in nearly all cases a synucleinopathy indicating the aggregation of a particular protein, in addition to inflammatory responses. The hopeful news about the requirement of multiple hits in PD pathogenesis is that there may be multiple means to interfere with disease progression.

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