

# Labeling Transected Axons with Intracellular Gd-DTPA for Micro-MRI of Lamprey Spinal Cord Injury

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## Introduction

A well-characterized model for spinal cord injury research is the larval sea lamprey (*Petromyzon marinus*) (1). It is useful for studying repair as its axons spontaneously regenerate even after complete cord transection, accompanied by sensorimotor recovery. Although its axons are non-myelinated, the animal's small size makes it ideal for studying inhibition of acute axonal dieback and chronic Wallerian degeneration, in addition to growth promotion therapies. The large (20-40  $\mu\text{m}$ ) reticulospinal axons can be retrogradely labeled with fluorescent dyes and optically traced histologically and *in vivo* (2). Yet, limitations of these techniques prohibit detailed longitudinal study of axonal injury response within the native environment.

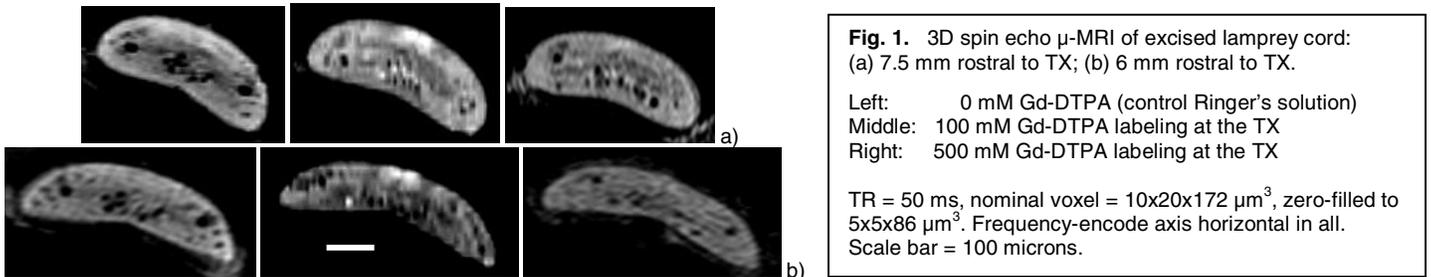
Recent advances in  $\mu\text{-MRI}$ , however, have achieved sufficient SNR to clearly resolve individual axons in excised lamprey cord (3), with white matter (WM)-axon contrast manifesting at high in-plane resolution due in part to read gradient diffusion weighting (4). However, visualizing axons *in vivo* remains a challenge (5) and will require methods to increase SNR. In addition, a means to selectively identify injured or regenerating axons is desirable. For these reasons, we have investigated a novel method to essentially invert the WM-axon contrast by labeling severed axons at the transection site with the MRI contrast agent Gd-DTPA. A strongly  $T_1$ -weighted spin echo pulse sequence with very short TR then could be used to acquire the short- $T_1$  intra-axonal signal while the long- $T_1$  WM signal is effectively saturated. A similar concept recently was demonstrated by G. A. Johnson, et al., who obtained a 6-fold SNR gain for short-TR 3D spin echo  $\mu\text{-MRI}$  of a whole mouse, perfusion fixated with formalin and Gd-DTPA (6).

## Materials and Methods

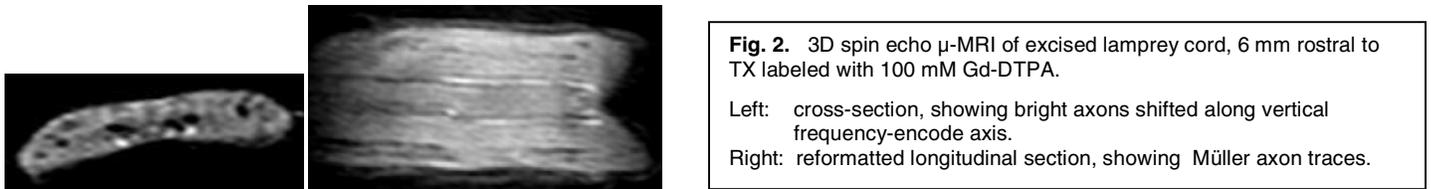
In six separate animals, spinal cords were transected at the 5<sup>th</sup> gill and axons labeled by blotting the transection site (TX) for 30 minutes with Gelfoam soaked in 100 or 500 mM Gd-DTPA (gadodiamide, Omniscan, Nycomed, Inc.), or control Ringer's solution. Severed axons can remain open for 30 min before their membranes spontaneously re-seal, a process mediated by  $\text{Ca}^{++}$  ions (7). Animals were returned to fresh water tanks and allowed to recover for 5 days, providing opportunity for retrograde active transport toward the brain of any Gd-DTPA which was taken up by the severed axons. At 5 days, the spinal cords were excised with the full brain, fixed in 2% paraformaldehyde overnight, and placed in a 1 mm capillary in PBS for  $\mu\text{-MRI}$ , using a 1.5 mm dia. solenoidal RF coil as described in (3). The  $\mu\text{-MRI}$  experiments were carried out on a commercial 9.4 T vertical-bore (89 mm) NMR microimaging system (Bruker Avance DMX400 with Micro2.5 tri-axial gradients and BAFPA40 amplifiers).

## Results

Two image sets in Fig. 1 show 0, 100, 500 mM-labeled cords from two anatomic locations: a) 0.5 mm caudal to the 4<sup>th</sup> ventricle of the brain and 7.5 mm rostral to the TX, b) 2 mm caudal to the 4<sup>th</sup> ventricle and 6 mm rostral to the TX. In the 100 mM-labeled cord, some Müller axons in the ventral column appear brightened, while others are dark. There is also brightening in the dorsal column, consisting of fine, densely-packed axons.



Additional results are shown in Fig. 2 demonstrating Müller axons labeled using 100 mM Gd-DTPA. In the left image, there is an apparent 3-4 pixel shift along the frequency-encode axis (vertical). A reformatted longitudinal section from the 3D  $\mu\text{-MRI}$  data set reveals two Müller axons clearly labeled, while larger Mauthner axons above and below appear dark, indicating possibly too much labeling or the lack thereof.



## Discussion

In this preliminary study, only two or three large axons appear to have been labeled with Gd-DTPA. This might be due to premature closing of the open transected axon ends, induced by  $\text{Ca}^{+2}$  ions in the applied buffer solution. An initial experiment adding EDTA as a  $\text{Ca}^{+2}$  complexing agent gave more robust labeling (Fig. 2). Also, 100 mM Gd-DTPA, if taken up undiluted by an axon, could drastically reduce  $T_1$  and  $T_2$  to the point where no signal would be detected. At present, we do not know the intra-axonal concentration of Gd-DTPA. It has been demonstrated, however, that Gd-DTPA does not cross cell membranes (8), and so once axons have re-sealed after transection ( $\sim 30$  min), whatever Gd-DTPA was taken up by an axon will likely remain. We assume Gd-DTPA, a relatively small molecule (MW=574), will be distributed in the axoplasm by active transport, but this has yet to be determined. The intra-axonal Gd-DTPA concentration might be quantifiable via the induced chemical shift artifact (CSA, in pixels), expected for axons labeled with Gd-DTPA. This can be estimated for the 3D spin echo (195 Hz/pixel), given the molar magnetic susceptibility of Gd-DTPA-BMA ( $3140 \times 10^{-10} \text{ m}^3/\text{mol}$ ) (9). Assuming the molar  $\chi$  for WM and water =  $-1.64 \times 10^{-10} \text{ m}^3/\text{mol}$ , then for a cylindrical axon perpendicular to the static field  $B_0$ , the maximum field perturbation  $\Delta B_z$  inside the axon is given by  $\Delta \chi B_0/2$ . This results in a CSA = 323 pixels for 1 M Gd-DTPA, and thus 3 pixels for 10 mM Gd-DTPA.

## Acknowledgements

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## References

1. Selzer ME, *Lancet Neurol* **2**, 157 (2003).
2. Zhang G, *Neurorehabil Neural Repair* **19**, 46 (2005).
3. Wright AC, et al., *J Neurosci Methods* **114**, 9-15 (2002).
4. Takahashi M, et al., *PNAS* **99**, 16192-6 (2002).
5. Wright AC, et al., ISMRM 12<sup>th</sup> Scientific Meeting, Kyoto, 1539 (2004).
6. Johnson GA, et al., *Radiology* **222**, 789-93 (2002).
7. Yawo H, *J Neurosci* **5**, 1626 (1985).
8. Calabi L, et al., *J Magn Reson* **156**, 222-9 (2002).
9. Fossheim S, et al., *Magn Reson Med* **35**, 201-6 (1996).