



Effects of bone marrow mesenchymal stem cells (BM-MSCs) on rat pial microvascular remodeling after transient middle cerebral artery occlusion

Dominga Lapi^{1*}, Sabrina Vagnani², Daniela Sapio¹, Teresa Mastantuono¹, Francesca Boscia³, Giuseppe Pignataro³, Claudia Penna⁴, Pasquale Pagliaro⁴ and Antonio Colantuoni¹

¹ Department of Clinical Medicine and Surgery, "Federico II" University Medical School, Naples, Italy, ² Rheumatology Unit, Department of Internal Medicine, University of Pisa, Pisa, Italy, ³ Department of Neuroscience, Reproductive and Odontostomatologic Sciences, "Federico II" University Medical School, Naples, Italy, ⁴ Department of Clinical and Biological Sciences, University of Torino, Orbassano, Italy

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*Correspondence:

Dominga Lapi,
Department of Clinical Medicine and
Surgery, "Federico II" University
Medical School, Via S. Pansini, 5,
80131 Naples, Italy
d.lapi@dfb.unipi.it

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Previous studies have shown that the pial microcirculation remodeling improves neurological outcome after middle cerebral artery occlusion (MCAO), accompanied by higher expression of vascular endothelial growth factor (VEGF) and endothelial nitric oxide synthase (eNOS), modulating *in vivo* angiogenesis. This study was aimed to assess the effects of bone marrow mesenchymal stem cells (BM-MSCs) infused after MCAO on rat pial microcirculation. Animals were subjected to 2 h MCAO followed by BM-MSCs infusion into internal carotid artery. Pial microcirculation was observed at different reperfusion times by fluorescence microscopy. Geometric characteristics of arteriolar networks, permeability increase, leukocyte adhesion, perfused capillary density, VEGF, and endothelial nitric oxide synthase (e-NOS) expression were evaluated. Green fluorescent protein (GFP)-BM-MSCs were used to evaluate their distribution and cell phenotype development during reperfusion. BM-MSCs stimulated a geometric rearrangement of pial networks with formation of new anastomotic vessels sprouting from preexistent arterioles in the penumbra at 7–14–28 days of reperfusion. At the same time VEGF and eNOS expression increased. GFP-BM-MSCs appear to be involved in endothelial and smooth muscle cell programming in the infarcted area. In conclusion, transient MCAO induced pial vascular remodeling characterized by arteriolar anastomotic arcades (originated from preexistent arterioles in penumbra area) able to overlap the ischemic core supplying blood to the neuronal tissue. BM-MSCs appear to accelerate angiogenic processes facilitating new vessel formation; this mechanism was promoted by an increase in VEGF and eNOS expression.

Keywords: cerebral microcirculation, stroke, bone marrow mesenchymal stem cells, angiogenesis, endothelium-derived factors

Introduction

Pial microcirculation remodeling improves neurological outcome after middle cerebral artery occlusion (MCAO), accompanied by higher expression of vascular endothelial growth factor (VEGF) and endothelial nitric oxide synthase (eNOS), modulating *in vivo* angiogenesis, as previously observed (Li et al., 2002; Lapi et al., 2008, 2013; Komatsu et al., 2010). Bone marrow mesenchymal stem cells (BM-MSCs), a heterogeneous population of plastic-adherent cells, have been successfully used for the treatment of experimental stroke (Li et al., 2002). Breakdown of the blood-brain barrier (BBB) has been proven to occur after ischemia. In normal rat brain it has been demonstrated the integrity of the BBB, using Evans blue extravasation; conversely intense blue leakage was observed in the infarcted lesions at 7, 14, and 28 days after MCAO (Komatsu et al., 2010). Interestingly, BM-MSCs migrate selectively into damaged brain areas after intravenous injection at an early phase after ischemia (Honma et al., 2006; Chavakis et al., 2008). Specific molecular signals, such as stromal cell-derived factor-1 (SDF-1/CXCR4) intracellular signaling, adhesion molecules and proteases are involved in the interaction of BM-MSCs to reach, recognize, and function in cerebral ischemic tissue (Chavakis et al., 2008). These BM-MSCs have an inhibitory effect on T-cell proliferation triggered by cellular or humoral stimuli (Di Nicola et al., 2002), while under specific conditions, BM-MSCs can be induced to *in vitro* differentiate into multiple cell types, including neurons (Qi et al., 2010; Shichinohe et al., 2010) and endothelial cells (Shen et al., 2007). The ability to form capillaries in semisolid medium was tested with an *in vitro* angiogenesis kit; the cells were cultivated in the presence of two different concentrations of VEGF and once without VEGF. When cultured in presence of endothelial growth supplements, the cells start to express endothelial markers (Oswald et al., 2004).

Kinnaird et al. have shown that mesenchymal stem cells express a wide spectrum of angiogenic growth factors and may stimulate collateral vessel formation, by paracrine mechanisms after the injection of these cells into the adductor muscles of the ischemic hindlimb. They found that local production of basic Fibroblast Growth Factor (bFGF) and VEGF increased in BM-MSCs injected tissue and documented colocalization of BM-MSCs and VEGF (Kinnaird et al., 2004).

Although a plethora of stem cell studies are being translated into clinical practice, it is important to gain insights into the mechanisms of revascularization to optimize these approaches after stroke. Moreover, recent *in vitro* studies have shown BM-MSCs transplantation after MCAO causes angiogenesis in the cortex (Pavlichenko et al., 2008; Komatsu et al., 2010; Guo et al., 2012; Du et al., 2014). The main techniques used to detect the presence of BM-MSCs in the brain and the eventual angiogenesis are based on immunofluorescent staining, Western blotting, and RT-PCR analysis. Up to day, however, there are no experimental data demonstrating the *in vivo* effects of cerebral neovascularization induced by post-stroke BM-MSCs intra-arterial administration.

Therefore, this study was aimed to evaluate whether these cells can accelerate the *in vivo* physiological mechanism of remodeling and to define BM-MSCs potential therapeutic benefits to generate blood vessels in rat pial microcirculation, at various times after induction of transient middle cerebral artery (MCA) occlusion. In particular, our purpose was to evaluate the geometric characteristics of pial arterioles as well as microvascular permeability, leukocyte adhesion to venular walls and capillary perfusion after ischemia-reperfusion injury. Moreover, we infused *in vivo* green fluorescent protein (GFP), BM-MSCs in rats submitted to transient MCA occlusion to follow their fate at different time intervals of reperfusion by confocal microscopy.

Materials and Methods

All experiments were carried out according to the *Guide for the Care and Use of Laboratory Animals* published by the US National Institutes of Health (NIH Publication No. 85-23, revised 1996) and to institutional rules for the care and handling of experimental animals. The protocol was approved by the “Federico II” University of Naples Ethical Committee.

Isolation and Identification of BM-MSCs and GFP-BM-MSCs

The BM-MSCs and GFP-BM-MSCs were isolated under sterile conditions from 8 to 10 week-old male Wistar rats and transgenic rats expressing the enhanced green fluorescent protein (GFP), respectively, as previously described (Lee et al., 2004; Sugiyama et al., 2011). Rats were killed by cervical dislocation and bone marrow was harvested from tibias and femurs. The marrow plug was flushed by introducing into marrow cavity saline solution. The cells were seeded at the density of 300,000–500,000 cells/cm² in tissue culture flasks. BM-MSCs were isolated by plastic adherence and expanded in standard medium DMEM (Dulbecco's Modified Eagle's Medium) supplemented with 10% fetal bovine serum (FBS) and 100 U/mL penicillin G at 37°C and 5% CO₂ for 3 days. The medium was then replaced with fresh medium and the adherent cells were grown to 90% confluence. As the culture approached confluence, the cells were detached with 0.05% Trypsin and subcultured.

To confirm the mesenchymal nature of the cells obtained, osteogenic, and adipogenic differentiation capability were assessed by adding to the cultures appropriate differentiation media according to the manufacturer instructions (Invitrogen, StemPro[®] Osteogenesis Differentiation, Stem Pro[®] Adipogenesis Differentiation Kit). In addition, the following surface markers antigens were evaluated by flow cytometry at different passages, analyzing the expression of CD44, CD105, CD166, CD90, CD34, and CD45 (Lee et al., 2003; Shichinohe et al., 2011). The cells harvested at 3–5 passages were used as BM-MSCs or GFP-BM-MSCs grafts (Raimondo et al., 2006; Gallo et al., 2007).

Experimental Groups

Rats were randomly divided into 10 groups: (a) sham-operated animals (S group, *n* = 15) receiving the same surgical procedures

as the other experimental groups without MCAO; (b) ischemic group, submitted to 2 h MCAO and receiving 300 μ l cell-free phosphated buffer saline (PBS) solution; these animals were observed after 1 day (I-1R group, $n = 5$), 7 days (I-7R group, $n = 15$), 14 days (I-14R group, $n = 15$) and 28 days (I-28R group, $n = 15$) of reperfusion. (c) BM-MSCs-treated group subjected to 2 h MCAO and then infused with BM-MSCs (300 μ l PBS solution containing 10^6 cells); these animals were observed at: 1 day (I-MSCs-1R group, $n = 5$), 7 days (I-MSCs-7R group, $n = 15$), 14 days (I-MSCs-14R group, $n = 15$), and 28 days (I-MSCs-28R group, $n = 15$) of reperfusion. (d) The fourth group, GFP-BM-MSCs-treated group, was subjected to 2 h MCAO and infused with GFP-BM-MSCs (300 μ l PBS solution containing 10^6 cells); these rats were studied after 1 (I-GFP-1R, $n = 5$), 7 (I-GFP-7R, $n = 12$), 14 (I-GFP-14R, $n = 12$), and 28 days (I-GFP-28R, $n = 12$) of reperfusion. (e) The last group, MEDIUM-treated group, was subjected to 2 h MCAO and infused with BM-MSCs culture standard medium, DMEM [(Dulbecco's Modified Eagle's Medium) supplemented with 10% fetal bovine serum (FBS) and 100 U/mL penicillin G. The culture medium, maintained at 37°C and 5% CO₂ for 3 days, was filtered with 1.2 μ m pore membrane (GVS, Filter Technology, Inc., Indianapolis, IN, USA). These animals were studied after 1 (I-M-1R, $n = 5$), 7 (I-M-7R, $n = 5$), 14 (I-M-14R, $n = 5$), and 28 days (I-M-28R, $n = 5$) of reperfusion.

Moreover, six rats belonging to S, I-7R, I-14R, I-28R, I-MSCs-7R, I-MSCs-14R, and I-MSCs-28R groups were utilized to determine neuronal damage by 2,3,5-triphenyltetrazolium chloride (TTC) Staining ($n = 3$) and by Neuronal Nuclei (NeuN) immunohistochemical Staining ($n = 3$).

Animal Model

Adult male Wistar rats (Charles River), weighing 250–300 g, were used. MCAO was induced by intraluminal filament technique, as previously described (Longa et al., 1989).

Briefly, rats were anesthetized with intraperitoneal injection of alpha-chloralose (60 mg/kg b.w.); the left common carotid artery (CCA), external carotid artery (ECA), and internal carotid artery (ICA) were exposed. Subsequently, ECA was cut with microscissors; heparinized 4-0 nylon filament was inserted into ECA and advanced into ICA about 20 mm blocking the origin of the middle cerebral artery. To determine the perfusion decrease during MCAO, microvascular blood flow was measured by laser Doppler perfusion monitoring (LDPM) on the skull of all animals by a Perimed PF5001 flowmeter, using a probe (407; Perimed, Sweden) attached to the bone. The sampling rate was 32 Hz and blood flow was expressed as Perfusion Units (PU). After 2 h occlusion, the filament was withdrawn and 10^6 of BM-MSCs or GFP-BM-MSCs in treated groups or cell-free PBS in ischemic animals were infused by insertion of a catheter; immediately after the infusion, the incision was sutured. Successively, the rats were allowed to recover from surgical intervention with free access to pellets and water. After 1, 7, 14, and 28 days of reperfusion the animals were re-anesthetized, intubated and mechanically ventilated with room air and supplemental oxygen. A catheter was placed in the left femoral artery for arterial blood pressure recording and blood

gases sampling; another one was placed in the right femoral vein for injection of the fluorescent tracers [fluorescein isothiocyanate bound to dextran, molecular weight 70 KDa (FD 70), 50 mg/100 g b.w. i.v. as 5% wt./vol solution in 5 min, and rhodamine 6G to label leukocytes 1 mg/100 g b.w. in 0.3 mL] and for additional anesthesia. Blood gas measurements were carried out on arterial blood samples withdrawn from arterial catheter at 30 min time period intervals (ABL5; Radiometer, Copenhagen, Denmark). Mean arterial blood pressure (MABP), heart rate, respiratory CO₂ and blood gases values were recorded and maintained stable within physiological ranges. Rectal temperature was monitored and preserved at 37.0 \pm 0.5°C with a heating pad, where the rats were secured.

Surgical Procedure to Observe Pial Vessels

To visualize pial microcirculation, a closed cranial window (4 \times 5 mm) was implanted above the left parietal cortex (posterior 1.5 mm to Bregma; lateral, 3 mm to the midline) (Ngai et al., 1988). Successively, a second closed cranial window was fixed, obeying the same spatial coordinates as the previous one, above the right parietal cortex to visualize the contralateral pial microcirculation. The dura mater was gently removed and a 150 μ m-thick quartz microscope coverglass was sealed to the bone with dental cement. The window inflow and outflow were assured by two needles secured in the dental cement of the window so that the brain parenchyma was continuously superfused with artificial cerebrospinal fluid (aCSF). The rate of superfusion was 0.5 mL/min controlled by a peristaltic pump. During superfusion the intracranial pressure was maintained at 5 \pm 1 mmHg and measured by a Pressure Transducer connected to a computer. The composition of the aCSF was: 119.0 mM NaCl, 2.5 mM KCl, 1.3 mM MgSO₄·7H₂O, 1.0 mM NaH₂PO₄, 26.2 mM NaHCO₃, 2.5 mM CaCl₂, and 11.0 mM glucose (equilibrated with 10% O₂, 6% CO₂, and 84% N₂; pH 7.38 \pm 0.02) (Ngai et al., 1988). At the end of the experiments, the animals of ischemic and BM-MSCs treated groups were euthanized; the specimen of ipsilateral cortex and striatum were isolated to quantify the expression of VEGF, e-NOS, p-eNOS, n-NOS, and i-NOS proteins known to participate to remodeling processes.

Fluorescence Microscopy and Microvascular Parameter Assessment

Pial microcirculation was visualized with a fluorescence microscope, as previously reported. The arteriolar network was mapped by stop-frame images and pial arterioles were classified according to Strahler's method, modified according to diameter (Kassab et al., 1993). The arterioles were classified from the smallest ones, assigned order 1, which gave origin to capillaries (order 0), up to the largest arterioles in the preparations, assigned order 4. When two vessels of the same order joined, the parent vessel was assigned the next higher order. If two daughter vessels were of different orders, the parent vessel retained the higher of the two orders. The procedure of the pial arteriole classification was previously described (Lapi et al., 2008). Moreover, a "connectivity matrix" was calculated to clarify the number and order of daughter arterioles spreading from parent

vessels. Briefly, order n vessels may spring from orders $n + 1$, $n + 2$, ... vessels, the component of which in row n and column m was the ratio of the total number of elements of order n sprung from elements in order m (see Appendix for more details).

Penetrating pial arterioles, i.e., pial arterioles supplying cerebral cortex outer layers, were enumerated under baseline conditions and at the different times of reperfusion by computer-assisted method. The analysis was carried out counting the pial arterioles penetrating into the cortex subsurface in a region of interest (ROI) of $400 \mu\text{m}^2$ (Shih et al., 2009).

The increase in permeability was calculated as normalized gray levels (NGL): $\text{NGL} = (I - I_r) / I_r$, where I_r is the average baseline gray level at the end of vessel filling with fluorescence (average of five windows located outside the blood vessels with the same windows being used throughout the experimental procedure), and I is the same parameter at the end of reperfusion. Gray levels ranging from 0 to 255 were determined by the MIP Image program in five regions of interest (ROI) measuring $50 \mu\text{m}^2$ (10x objective). The same location of ROI during recordings along the microvascular networks was provided by a computer-assisted device for XY movement of the microscope table.

Adherent leukocytes (i.e., cells on vessel walls that did not move over a 30-s observation period) were quantified in terms of number/100 μm of venular length (v.l.)/30 s using higher magnification (32x, microscope objective). In each experimental group 45 venules were studied. The perfused capillary density (PCD) was measured by computerized method (MIP Image, CNR, Pisa) in an area of $150 \mu\text{m}^2$ and expressed as $\text{cm}/\text{cm}^2 = \text{cm}^{-1}$.

MABP (Viggo-Spectramed P10E2 trasducer—Oxnard, CA—connected to a catheter in the femoral artery) and heart rate were monitored with a Gould Windograf recorder (model 13-6615-10S, Gould, OH, USA). Data were recorded and stored in a computer. Blood gas measurements (arterial partial pressure of O_2 and CO_2 and pH) were carried out on arterial blood samples withdrawn from arterial catheter at 30 min intervals (ABL5; Radiometer, Copenhagen, Denmark).

Western Blot Analysis

Proteins were extracted from ipsilateral cortex and striatum tissues (Matrone et al., 2004), and their concentration was determined using the Bio-Rad protein assay kit. Equal amounts of proteins were separated by SDS-PAGE under reducing conditions, and then transferred to polyvinylidene difluoride membranes (PVDF, Invitrogen, USA). The immunoblot was blocked, incubated with specific antibodies at 4°C overnight, washed, and then incubated with a 1:2000 dilution of HRP (horseradish peroxidase)-conjugated IgG secondary antibody (GE-Healthcare, UK). Blots were washed again and visualized by ECL system (GE-Healthcare, UK). The optical density of the bands was determined by Chemi Doc Imaging System (Bio-Rad). By incubating PVDF membrane in parallel with β -tubulin antibody (1:5000) normalization of results was obtained. Specific antibodies were: mouse monoclonal anti-VEGF (1:200), rabbit polyclonal anti-eNOS (1:500), rabbit polyclonal anti-phosphorylated eNOS (Ser 1177) (1:250), mouse monoclonal

anti-nNOS (1:1000) and rabbit polyclonal anti-iNOS (1:500). Antibodies were purchased from Santa Cruz Biotechnology, Santa Cruz, CA, USA.

Immunohistochemistry

Immunohistochemistry was carried out, as previously described (Bederson et al., 1986). The GFP-BM-MSCs treated rats were deeply anesthetized and perfused via the left ventricle of the heart with 0.9% NaCl solution followed by 4% paraformaldehyde. The brains were removed and sectioned coronally at $60 \mu\text{m}$ on a vibratome. In these animals ($n = 3$), we observed the distribution of GFP-positive cells in the tissue. In the remaining animals, after blocking, sections were incubated with the following primary antisera: rabbit polyclonal anti-CD31 (1:200), ($n = 3$) and rabbit polyclonal anti-von Willebrand factor (vWF) (1:200) ($n = 3$), specific markers of endothelial cells, and anti- α -SMA (1:500), ($n = 3$), mouse anti-actin smooth muscle monoclonal antibody. Subsequently, sections were incubated in a mixture of the fluorescent red-labeled secondary antibodies (Alexa 594-conjugated antimouse/antirabbit IgG). Images were observed using a Zeiss LSM510 META/laser scanning confocal microscope. Single images were taken with an optical thickness of $0.7 \mu\text{m}$ and a resolution of 1024×1024 . To quantify the number of BM-derived endothelial cells (ECs), we analyzed eight representative sections per animal stained with antibodies against CD-31 or von Willebrand factor. In similar fashion, we analyzed smooth muscle cells using antibodies against α -SMA, colocalized with GFP signal. We then calculated double-stained cells as a percentage of all analyzed endothelial cells or smooth muscle cells, respectively. This analysis was based on 50 randomly chosen GFP-positive cells as well as 15 vessels in the periinfarct region and in the corresponding parts of the ipsilateral hemisphere.

TTC Staining

Tissue damage was evaluated by TTC. The brains were cut into 1-mm coronal slices with a vibratome (Campden Instruments, 752 M). Sections were incubated in 2% TTC 20 min at 37°C and in 10% formalin overnight. The necrotic area site and extent in each section were evaluated by image analysis software (Image-Pro Plus) (Boscia et al., 2009) and expressed as a percentage according to the following formula: area of the ischemic lesion: area of hemisphere ipsilateral to the lesion = X:100.

NeuN Staining

Neuronal damage was evaluated by NeuN Staining. The brains were cut into 1-mm coronal slices with a vibratome (Campden Instruments, 752 M). Slices were fixed at room temperature in 4% paraformaldehyde in PBS for 30 min. Briefly, slices were washed four times in PBS, treated with 1% H_2O_2 in PBS for 5 min, washed three times in PBS and preincubated in PBS containing 3% bovine serum albumin and 0.1% Triton-X. Then, the sections were incubated with the primary antibody anti-NeuN (1:2000) at 4°C overnight, washed six times in PBS and incubated with the biotinylated secondary antibody (1:200; horse anti-mouse IgG) for 2 h at room temperature. Next, they were washed in PBS and processed with the Elite Vectastain avidin-biotin kit (1:300; 1, 5 h). The peroxidase reaction was developed by 3-3'-diaminobenzidine tetrahydrochloride as a chromogen. After

the final wash, sections were dehydrated and coverslipped. The necrotic area site and extent in each section were evaluated by image analysis software (Image-Pro Plus) (Boscia et al., 2009; Matute et al., 2013) and expressed as a percentage of the ipsilateral hemisphere section area according to the following formula: area of the ischemic lesion: area of hemisphere ipsilateral to the lesion = X:100.

Neurological Assessment

All animals were subjected to a battery of behavioral tests before MCAO and at different reperfusion times, using a modified neurological severity score, as previously described by Chen et al. (2001).

Statistical Analysis

All data were expressed as mean \pm SEM. Data were tested for normal distribution with the Kolmogorov–Smirnov test. Parametric (Student's *t*-tests, ANOVA and Bonferroni *post-hoc* test) or non-parametric tests (Wilcoxon, Mann–Whitney, and Kruskal–Wallis tests) were used; non-parametric tests were applied to compare diameter and length data among experimental groups. The statistical analysis was carried out by SPSS 14.0 statistical package. Statistical significance was set at $p < 0.05$.

Results

In sham-operated animals pial arteriolar networks showed the same geometric characteristics when observed on left or right parietal hemisphere. Pial arterioles, seldom organized in arcading vessels (especially, order 2 and 1 arterioles), were classified according to diameter, length, and branching (Table 1).

All rats submitted to the experimental procedure and MCAO survived; therefore, we did not have any mortality.

In ischemic groups, we observed that the pial microcirculation was progressively reorganized attaining full recovery at 28 days of reperfusion: the capillary density significantly increased, while microvascular permeability and leukocyte adhesion markedly decreased, compared with animals observed at shorter times of reperfusion (Lapi et al., 2013).

Effects of BM-MSCs Infusion at 1, 7, 14, and 28 Days of Reperfusion

BM-MSCs, injected after MCAO, were able to accelerate remodeling processes. After 1 day of reperfusion BM-MSCs did

not trigger any reorganization (Figures 1A,B) of pial arterioles, while after 7 and 14 days of reperfusion, BM-MSCs stimulated a complex geometric rearrangement of pial networks, compared with the respective groups of ischemic rats untreated with BM-MSCs (Figures 1C–F). Asymmetry was greater in larger

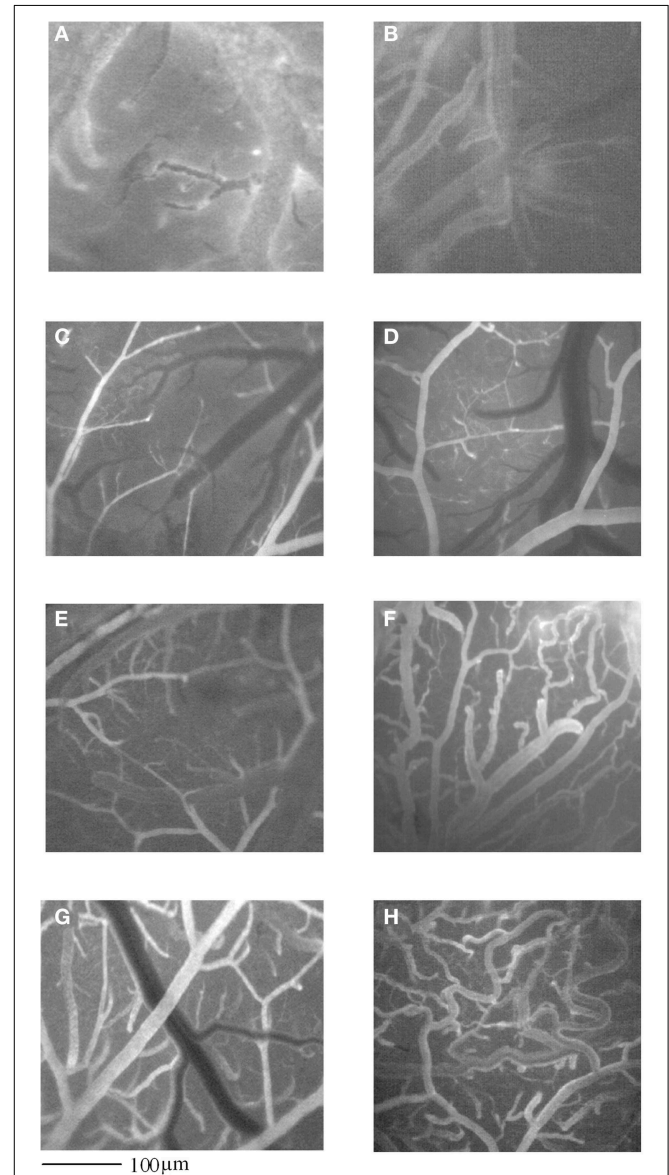


FIGURE 1 | Computer-assisted images of pial microvascular network in a rat after 2h MCAO and 1 day of reperfusion (I-1R group) (A), and in a rat infused with GFP-BM-MSCs after 2h MCAO and observed after 1 day of reperfusion (I-MSCs-1R group) (B). In (C) and in (E), computer-assisted images of pial microvascular network in a rat subjected to 2h MCAO and observed at 7 or 14 days of reperfusion (I-7R and I-14R group), respectively, and in a rat infused with GFP-BM-MSCs after 2h MCAO and observed after 7 or 14 days of reperfusion (I-MSCs-7R and I-MSCs-14R group), respectively (D,F). In (G), computer-assisted images of pial microvascular network in a rat subjected to 2h MCAO and observed at 28 days of reperfusion (I-28R group), and in a rat infused with GFP-BM-MSCs after 2h MCAO and observed after 28 days of reperfusion (I-MSCs-28R group) (H).

TABLE 1 | Diameter and length of each arteriolar order in sham-operated animals.

Order	Arteriole (n)	Diameter (μm)	Length (μm)	Rats (n)
4	27	44.5 \pm 0.7*	987 \pm 250	9
3	78	34.0 \pm 0.6*	481 \pm 120	9
2	113	23.0 \pm 0.5*	360 \pm 100	9
1	109	15.5 \pm 0.7*	140 \pm 83	9

* $p < 0.01$ vs. different order.

TABLE 2 | Connectivity matrix with four orders of pial arterioles in sham-operated group (A) and in contralateral hemisphere (B), in the affected hemisphere in I-7R group (C), in the affected hemisphere in I-MSCs-7R group (D).

(A)				
Order <i>n</i>	Order <i>m</i>			
	1	2	3	4
0	2.55 ± 0.37 (94)	0.37 ± 0.05 (12)	0	0
1	0.33 ± 0.16 (12)	2.10 ± 0.62 (67)	0.87 ± 0.15 (24)	0.53 ± 0.17 (6)
2	0	0.35 ± 0.12 (11)	2.05 ± 0.90 (57)	1.60 ± 1.00 (19)
3	0	0	0.45 ± 0.18 (13)	2.87 ± 1.05 (34)
4	0	0	0	0.18 ± 1.05 (2)
	Order			N
	4			12
	3			28
	2			32
	1			37

(B)				
Order <i>n</i>	Order <i>m</i>			
	1	2	3	4
0	2.32 ± 0.29 (83)	0.35 ± 0.07 (12)	0	0
1	0.29 ± 0.11 (10)	2.00 ± 0.55 (68)	0.91 ± 0.18 (27)	0.48 ± 0.09 (5)
2	0	0.37 ± 0.12 (13)	2.11 ± 0.75 (63)	1.63 ± 0.88 (18)
3	0	0	0.42 ± 0.16 (13)	2.87 ± 0.97 (32)
4	0	0	0	0.20 ± 0.11 (2)
	Order			N
	4			11
	3			30
	2			34
	1			36

(C)				
Order <i>n</i>	Order <i>m</i>			
	1	2	3	4
0	1.94 ± 0.30 (45)	0.70 ± 0.09 (13)	0	0
1	0.38 ± 0.14 (9)	0.89 ± 0.13 (16)	1.27 ± 0.25 (25)	0.31 ± 0.11 (2)
2	0	0.62 ± 0.17 (11)	0.25 ± 0.12 (5)	1.55 ± 0.42 (11)
3	0	0	0.36 ± 0.13 (7)	0.20 ± 0.08 (1)
4	0	0	0	0
	Order			N
	4			7
	3			20
	2			18
	1			23

(Continued)

TABLE 2 | Continued

(D)				
Order <i>n</i>	Order <i>m</i>			
	1	2	3	4
0	4.35 ± 0.32 (152)	1.60 ± 0.78 (43)	0	0
1	0.76 ± 0.12 (27)	3.80 ± 0.33 (103)	3.05 ± 0.90 (70)	0.95 ± 0.33 (9)
2	0	1.13 ± 0.85 (31)	4.52 ± 0.24 (104)	2.10 ± 0.34 (19)
3	0	0	0.50 ± 0.18 (12)	1.98 ± 0.26 (18)
4	0	0	0	0
	Order			N
	4			9
	3			23
	2			27
	1			35

N, Number of vessels studied for each order.

vessels, as confirmed by the connectivity matrix showing that vessels of greater orders did not give rise to vessels of the order immediately lower, as observed in sham operated animals and in contralateral hemisphere (Tables 2A–D). The number of penetrating pial arterioles was significantly increased compared to the corresponding untreated groups.

Interstitial edema, quantified by fluorescent dextran leakage, at 1 day was marked (0.38 ± 0.03 NGL, $p = \text{NS}$ vs. I-1R), while at 7 and 14 days, it was lower compared with the finding in the corresponding groups untreated with BM-MSCs (0.27 ± 0.04 vs. 0.47 ± 0.02 NGL, $p < 0.01$ vs. I-7R group and 0.19 ± 0.03 vs. 0.40 ± 0.03 NGL, $p < 0.01$ vs. I-14R group, respectively).

The number of adherent leukocytes after 1, 7, and 14 days of reperfusion was 8.0 ± 0.1 , 4.0 ± 0.3 , and $3.0 \pm 0.4/100 \mu\text{m}$ venular length/30s, respectively ($p < 0.01$ vs. baseline and I-1R, I-7R, and I-14R groups). The capillary density at 1 day of reperfusion was significantly reduced, as observed in the corresponding untreated group (47.0 ± 5.0 vs. $52.0 \pm 4.3 \text{ cm}^{-1}$, $p = \text{NS}$ vs. I-1R group). After 7 and 14 days of reperfusion the capillary density was higher than in untreated groups (79 ± 5 vs. $67 \pm 1 \text{ cm}^{-1}$, $p < 0.05$ vs. I-7R group and 89 ± 4 vs. $70.0 \pm 1.4 \text{ cm}^{-1}$, $p < 0.01$ vs. I-14R group).

At 28 days of reperfusion (I-MSCs-28R group), pial networks showed anastomotic vessels overlapping the ischemic core (Figures 1G,H). The characteristics of each order of vessels, described by the connectivity matrix, were different compared to the arteriolar orders in sham operated animals, because of the prevalence in anastomotic arterioles. Most of the order 2 vessels originated anastomotic arterioles, causing a dramatic increase in vessel anastomosis; while the order 1 vessels gave origin to most capillaries overlapping the ischemic core.

At the same time, microvascular permeability and leukocyte adhesion decreased (0.06 ± 0.03 vs. 0.20 ± 0.02 NGL, $p < 0.05$ vs. I-28R group and 0.9 ± 0.8 vs. $3.0 \pm 0.2/100 \mu\text{m}$ venular length/30s, $p < 0.05$ vs. I-28R group, respectively). Capillary

density was significantly increased, 123.0 ± 1.8 vs. $85.0 \pm 1.2 \text{ cm}^{-1}$, $p < 0.05$ vs. I-28R group).

The culture medium, injected after MCAO, was not able to trigger the effects induced by BM-MSCs administration after 7 or 14 or 28 days of reperfusion.

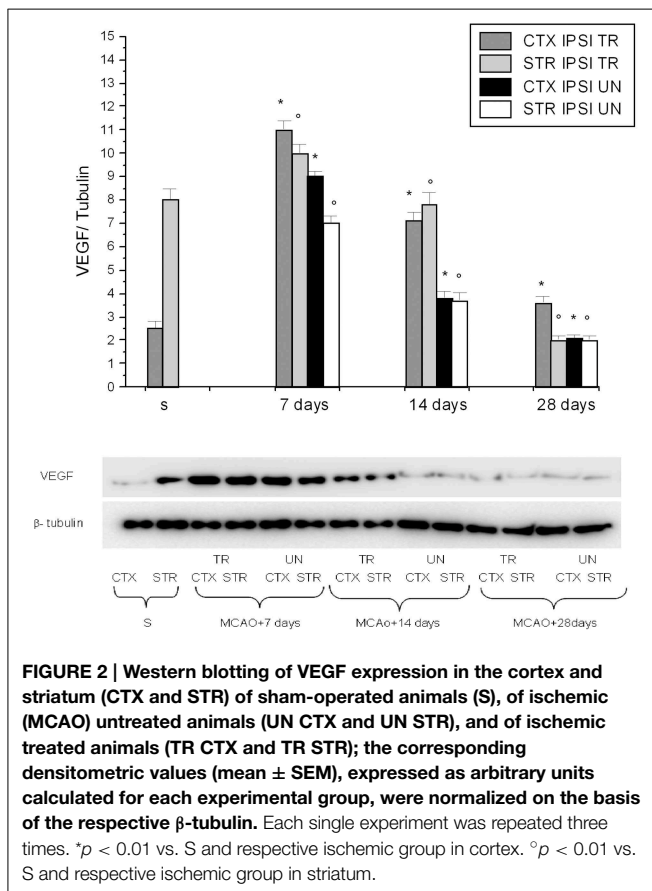
The physiological parameters such as hematocrit, MABP, heart rate, pH, PCO_2 , and PO_2 did not change in the different experimental groups.

VEGF, eNOS, nNOS, and iNOS Expression at 7, 14, and 28 Days of Reperfusion

We evaluated the expression of VEGF and the three different NOS proteins in the ipsilesional (IPSI) temporoparietal cortex and striatum of rats subjected to MCAO plus BM-MSCs at different reperfusion time intervals: 7, 14, and 28 days compared with the expression of the same proteins in untreated rats.

We found that VEGF protein peaked at 7 days in the IPSI cortex and striatum, while at 14 and 28 days of reperfusion there was a decrease in the ischemic animals (Figure 2). The same trend was detected for eNOS, p-eNOS, nNOS, and iNOS expression (Figure 3).

VEGF, eNOS, and p-eNOS were higher in BM-MSCs treated rats. Conversely, nNOS was minimally expressed at 7 days, decreasing afterward; while iNOS expression was blunted.



Evaluation of CD31-GFP, VWF-GFP, and α-SMA-GFP Double Labeling

GFP-positive cells infused after MCA occlusion were observed in all ischemic and penumbra areas, in close association with blood vessels in pilot experiments. After 1 h of reperfusion GFP-BM-MSCs were largely found in arterioles of the penumbra area as observed in three rats utilized to assess the primary cell localization, not reported in the experimental groups. Disruption of the BBB after MCAO, as shown by microvascular permeability increase, was accompanied by selective entry of BM-MSCs into ischemic brain compared with non-ischemic contralateral hemisphere. At 7 days, GFP-BM-MSCs were mainly found in the damaged hemisphere. Moreover, these cells were organized in penumbra area to form straight-like lines, suggesting a track for tube-like vessel formation (Figure 4). In the last group of treated animals, after 28 days of reperfusion marked fluorescence along the vessel walls was observed with a reduced number of cells into the penumbra area and interstitium.

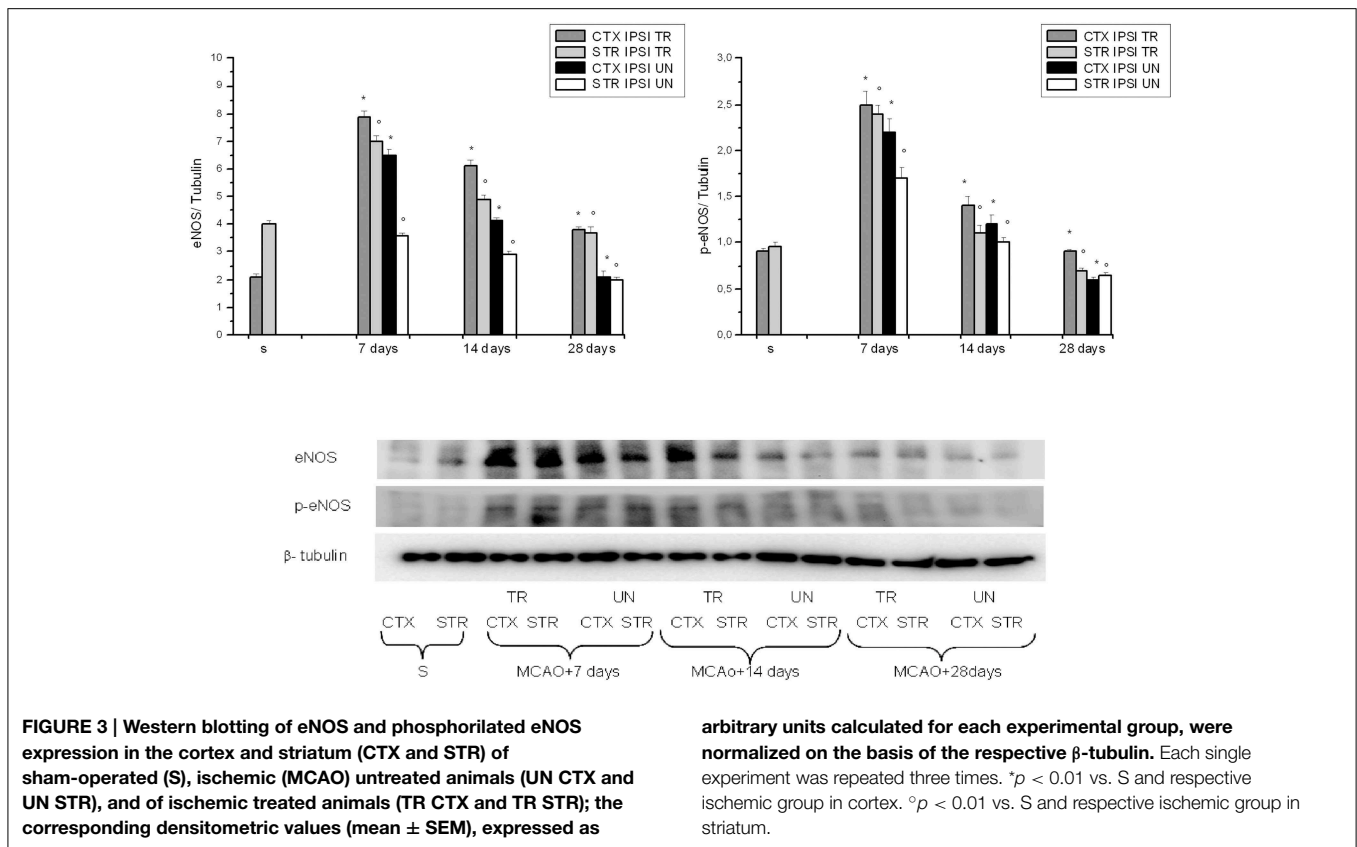
In particular, confocal analysis detected most of the GFP-BM-MSCs in close association with vessels at 7 days after infusion in ischemic animals (Figures 5, 6). To investigate the cells phenotype of transplanted GFP-BM-MSCs observed along vessels of the infarcted region, we performed immunofluorescence experiments with selective endothelial (Figure 5) or smooth muscle (Figure 5) cells markers. We observed higher coexpression of GFP signal with CD31 or vWF immunoreactivity, when compared to the cells coexpressing both GFP signal and α-SMA. Our results indicate that most of the GFP-BM-MSCs appear to express mainly CD31 or vWF (data not shown) in the infarcted area (Figure 5).

Tissue Damage Evaluation by TTC or NeuN Staining

Rats not subjected to BM-MSCs infusion showed a larger lesion size in the cortex and striatum in the affected hemisphere compared with the ipsilateral hemisphere in treated groups. At 7 days of reperfusion the ischemic animals (I-7R group) showed a marked lesion, indicating neuronal loss, in the cortex and striatum in the affected hemisphere ($43.4 \pm 2.5\%$ of the ipsilateral hemisphere; $p < 0.01$ vs. S group) compared with S group and contralateral hemisphere. After 14 and 28 days of reperfusion the lesions progressively decreased (35.0 ± 2.7 and $22.8 \pm 3.0\%$ of the ipsilateral hemisphere, respectively; $p < 0.01$ vs. S and I-7R groups, Figures 7A,B,D,F).

In the animals subjected to BM-MSCs infusion the lesion size in the cortex and striatum was significantly reduced as early as at 7 days of reperfusion ($32.3 \pm 3.0\%$ of the ipsilateral hemisphere, $p < 0.01$ vs. I-7R and S groups). At 14 and 28 days of reperfusion (I-MSCs-14R and I-MSCs-28R groups) the lesions in the cortex and striatum were 15.5 ± 2.7 and $5.4 \pm 1.5\%$ of the ipsilateral hemisphere, respectively ($p < 0.01$ vs. I-14R, I-28R, and S groups) (Figures 7C,E,G).

The same trend in lesions was detected by NeuN staining for the each reperfusion time. Rats subjected to 2 h of MCAO and untreated with BM-MSCs showed a larger lesion size in the cortex and striatum in the affected hemisphere compared with the



ipsilateral hemisphere in treated groups. At 7 days of reperfusion in the ischemic animals (I-7R group) the lesion size of the affected hemisphere was $42.0 \pm 3.6\%$ of the ipsilateral hemisphere ($p < 0.01$ vs. S group), significantly different compared with S group and contralateral hemisphere. After 14 and 28 days of reperfusion the lesion size decreased (33.0 ± 3.0 and $21.5 \pm 2.0\%$ of the ipsilateral hemisphere, respectively; $p < 0.01$ vs. S and I-7R groups).

Infusion of BM-MSCs after 2 h of MCAO reduced the lesion size in the cortex at 7 days of reperfusion ($31.0 \pm 2.5\%$ of the ipsilateral hemisphere, $p < 0.01$ vs. I-7R and S groups). At 14 and 28 days of reperfusion (I-MSCs-14R and I-MSCs-28R groups) the lesion size in the cortex and striatum was $16.3 \pm 3.0\%$ and $3.5 \pm 1.0\%$ of the ipsilateral hemisphere, respectively ($p < 0.01$ vs. I-14R, I-28R, and S groups) (Figure 8).

In particular, the lesion size, highlighted by TTC or NeuN staining was proportional to the neuronal damaged area.

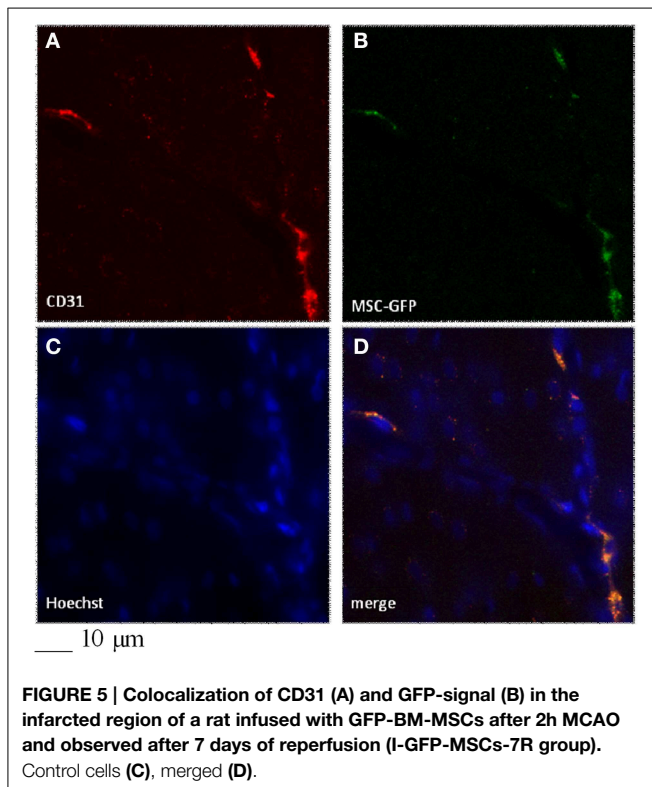
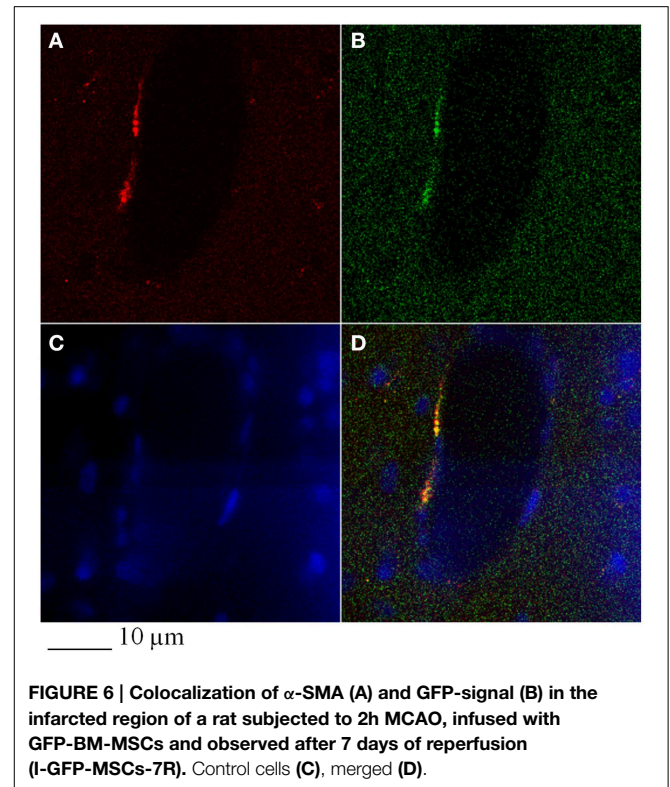
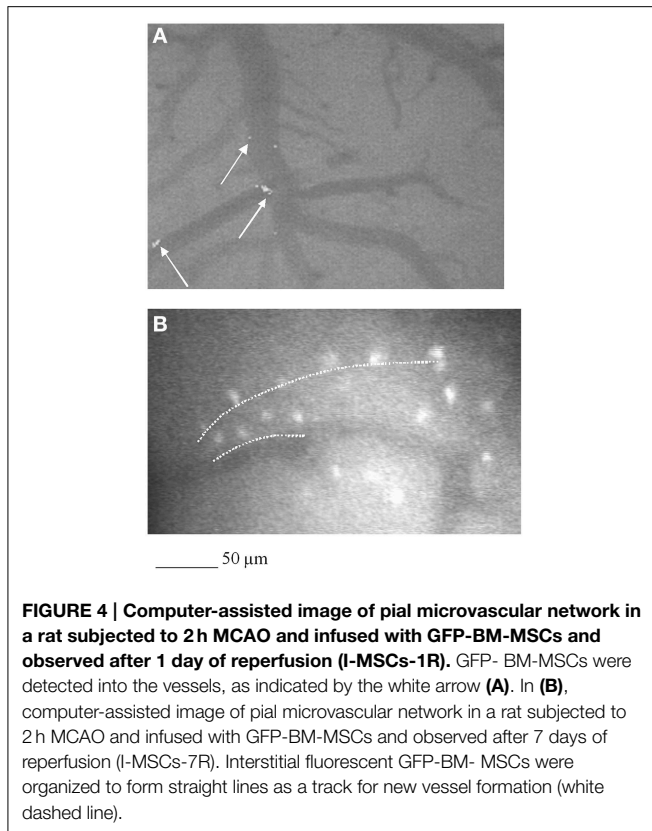
Evaluation of Neurological Deficits by Behavioral Test

No significant differences in the behavioral tests were detected among the experimental groups before MCAO; the score was 0 (normal), as reported in Table 3. Increasing the reperfusion time all animals treated with BM-MSCs showed a progressive decrease in behavioral deficits compared with ischemic animals. The recovery from damage was faster in BM-MSCs treated animals, because the rats completely regained neurological functions

within 14 days of ischemia (I-MSCs-14R group): the score was 1.0 ± 0.5 , not significantly different compared to baseline conditions. In ischemic animals the same results were observed at 28 days of reperfusion after ischemia (Table 3).

Discussion

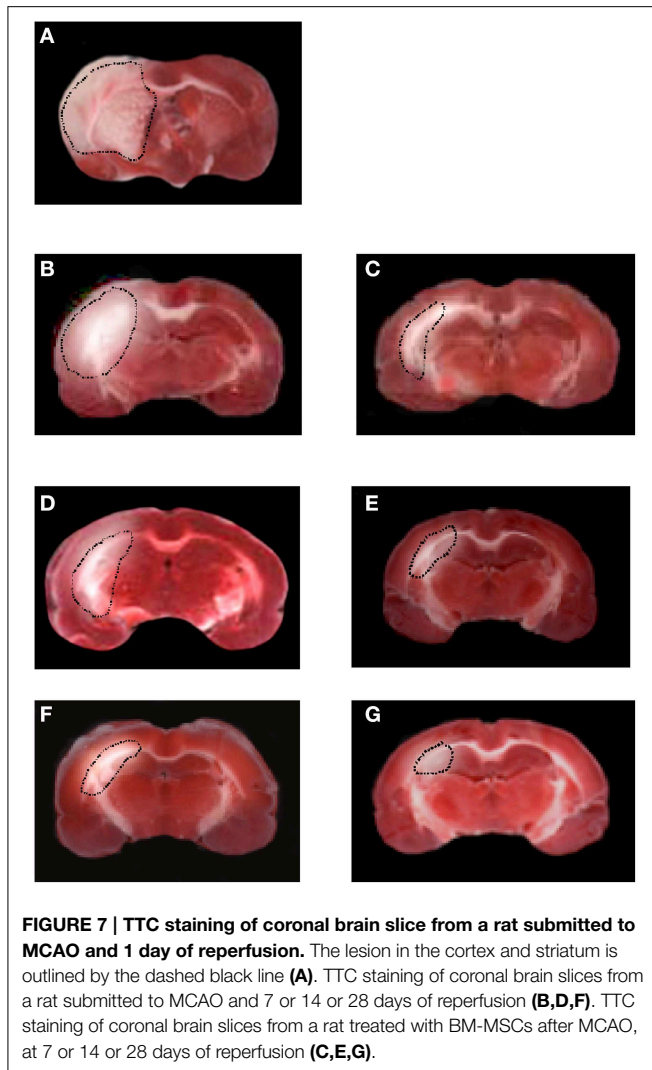
The present study demonstrates that intracarotid administration of BM-MSCs induced faster rat pial microvascular remodeling after MCAO. We compared the post-ischemic geometric reorganization of arteriolar networks in treated and untreated groups of animals up to 28 days of reperfusion. After 1 day of reperfusion BM-MSCs were detected into pial vessels; the microvascular leakage due to the transient MCAO was marked and no geometric rearrangement of pial networks was observed. Interestingly, after 7 days of reperfusion, we observed that in the BM-MSCs treated animals, remodeling improved with formation of vessels observed in untreated rats only at 14 days of reperfusion. To the same extent, at 14 days of reperfusion in the treated group, we detected similar geometric characteristics observed after 28 days of reperfusion in untreated animals. Therefore, we suggest that the role of these cells was to accelerate the remodeling processes of pial networks, with formation of new anastomotic vessels. An increased number, indeed, of anastomotic arcading arterioles characterized the pial microvasculature of all ischemic groups. These arcades were likely vessels sprouting from preexistent



arterioles localized in the penumbra area, able to overlap the ischemic core. The improvement in microvascular remodeling processes might be related to the formation of cellular linear guide for new vessel assembling, observed at 7 days of reperfusion in BM-MSCs treated animals. Analysis of connectivity matrix, indeed, demonstrates that arcading arterioles in order 2 and 1 vessels were predominant in the treated animals at 14 days of reperfusion. These anastomotic vessels characterized all treated animals at 28 days of reperfusion, demonstrating a complex and intricate overlapping of new vessels on the previous ischemic core.

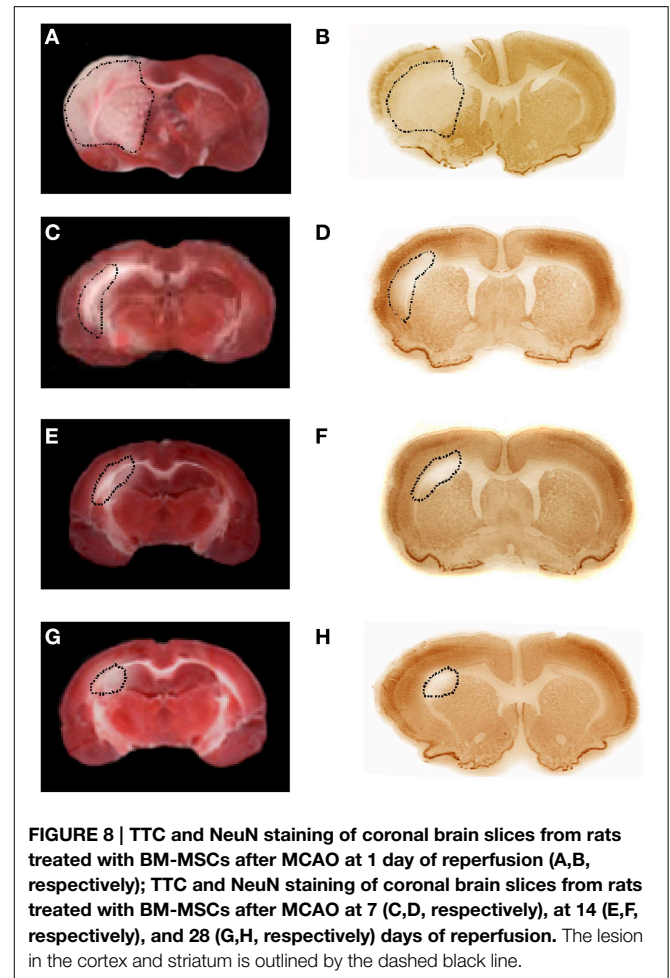
Supporting our previous data (Golanov et al., 1994; Lapi et al., 2013), VEGF, the most important mitogen in the process of angiogenesis, promotes the vascular remodeling. Our results indicated that BM-MSCs increase the expression of this protein and induce other protein expression, playing an important role in the remodeling mechanisms.

eNOS and p-eNOS expression peaked after 7 days of reperfusion, while the iNOS expression decreased. This effect triggered by cell transplantation caused a reduction in inflammatory factor expression, helping minimize post-ischemic inflammation and ischemic damage in the host brain, as previously reported (Wei et al., 2012). nNOS is known to be activated during the acute phase of experimental stroke (Wei et al., 2012), but in our experiments nNOS was minimally expressed at 7 days of reperfusion. Previous data, moreover, indicate that the infarct volume after experimental stroke significantly decreased in nNOS gene knockout or by nNOS



inhibition (Samdani et al., 1997; Willmot et al., 2005). Our data show that nNOS expression in cortex and striatum was reduced by treatment with BM-MSCs. Therefore, BM-MSCs can provide a source of several trophic and growth factors, playing important roles in angiogenesis as well as stimulating differentiation of BM-MSCs (Chen et al., 2001; Kurozumi et al., 2005). Another interesting finding of our study was the identification and localization of GFP-BM-MSCs within vessels in the infarcted area. Our data demonstrate that several GFP-BM-MSCs colocalize with CD31 or vWF, while few GFP-BM-MSCs appeared to colocalize with α -SMA. A proportional ratio of these differentiated cells was 4:1 between cells expressing CD31 or vWF and α -SMA. Therefore, it is possible to hypothesize that the phenotype of most GFP-BM-MSCs appears to be preferentially oriented toward endothelial vascular cells. These present results require further studies to complete the phenotype characterization of these cells.

Improving in vascular remodeling accelerated by BM-MSCs treatment was accompanied by reduction of infarcted area in the affected hemisphere and by marked



improvement in behavioral data from the battery of functional tests.

Our data indicate that after ischemic insult the lesion size in the cortex and striatum in the affected hemisphere was progressively reduced, while the motor and sensory functions gradually recovered. At 14 days of reperfusion these animals presented the same neuronal damage observed in animals untreated with BM-MSCs at 28 days of reperfusion. Moreover, at 14 days of reperfusion the treated animals showed the same score detected in animals untreated with BM-MSCs at 28 days of reperfusion. Therefore, our data demonstrate a significant improvement in motor and sensory functions in animals treated with BM-MSCs. To determine the size of damaged areas, we used the TTC or NeuN staining. We compared these sets of data and we did not find significant differences between the results obtained by both methods. The lesion sizes identified by TTC and NeuN staining overlapped, demonstrating these techniques were effective in precisely marking neuronal damaged areas.

In conclusion, transient MCAO induced pial vascular remodeling, characterized by arteriolar anastomotic arcades able to overlap the ischemic core, supplying blood to the neuronal tissue. This process improved by graft of

TABLE 3 | Neurological severity score: one point is awarded for the inability to perform the tasks or for the lack of a tested reflex.

	Sham-operated	1 day of reperfusion		7 days of reperfusion		14 days of reperfusion		28 days of reperfusion	
	Point	Point		Point		Point		Point	
		I-R	BM-MSCs	I-R	BM-MSCs	I-R	BM-MSCs	I-R	BM-MSCs
MOTOR TEST									
Flexion of forelimb	0	1	1	1	0	1	0	0	0
Flexion of hindlimb	0	1	1	1	0	1	0	0	0
Head moving more than 10° (vertical axis)	0	1	1	1	1	1	0	0	0
Placing the rat on the floor	0	1	1	1	1	1	0	0	0
Inability to walk straight	0	1	1	1	1	1	0	0	0
Circling toward the paretic side	0	1	1	1	1	1	0	0	0
Falling down to the paretic side	0	1	1	1	0	0	0	0	0
Abnormal movements	0	1	1	1	0	0	0	0	0
Immobility and staring	0	0	0	0	0	0	0	0	0
Tremor (wet-dog shakes)	0	0	0	0	0	0	0	0	0
Myodystonia, irritability, seizures	0	1	1	1	1	1	1	1	0
SENSORY TEST									
Visual and tactile placing	0	1	1	1	1	1	0	0	0
Proprioceptive test (deep sensory)	0	1	0	0	0	0	0	0	0
Reflexes (blunt or sharp stimulation) absent of:									
Pinna reflex (a head shake when touching the auditory meatus)	0	1	1	0	0	0	0	0	0
Corneal reflex (an eye blink when lightly touching the cornea with cotton)	0	1	1	0	0	0	0	0	0
Startle reflex (a motor response to a brief loud paper noise)	0	0	0	0	0	0	0	0	0
Maximum points	0	13 ± 0.4	12 ± 0.5	10 ± 0.5	6 ± 0.5	8 ± 0.4	1 ± 0.5	1 ± 0.5	0

Score: 10–14 severe; 5–9 moderate; 1–4 mild injury.

BM-MSCs able to increase the speed of microvascular remodeling through formation of arcading arterioles. These anastomotic vessels originated from the preexistent arterioles in penumbra area, finally overlapping the ischemic core. This mechanism of accelerated new vessel formation was accompanied by higher expression of vascular trophic factors, such as VEGF, eNOS, and p-eNOS, known to modulate *in vivo* angiogenesis. The cerebral microvascular

remodeling specifically corresponded to improved neurological functions.

Supplementary Material

The Supplementary Material for this article can be found online at: <http://journal.frontiersin.org/article/10.3389/fncel.2015.00329>

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