



Contents lists available at [SciVerse ScienceDirect](http://www.sciencedirect.com)

Progress in Retinal and Eye Research

journal homepage: www.elsevier.com/locate/prer



Molecular basis of the inner blood-retinal barrier and its breakdown in diabetic macular edema and other pathological conditions

Ingeborg Klaassen ^{a,1}, Cornelis J.F. Van Noorden ^{b,1}, Reinier O. Schlingemann ^{a,c,*,1}

^a Ocular Angiogenesis Group, Department of Ophthalmology, Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands

^b Ocular Angiogenesis Group, Department of Cell Biology and Histology, Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands

^c Netherlands Institute for Neurosciences, Amsterdam, The Netherlands

ARTICLE INFO

Article history:

Available online 13 February 2013

Keywords:

Blood-retinal barrier
 Capillary permeability
 Retina
 Diabetic retinopathy
 Diabetic macular edema
 Tight junctions
 Transcytosis
 Caveolae
 Endothelium
 Pericytes
 Vascular endothelial growth factor A/
 antagonists & inhibitors

ABSTRACT

Breakdown of the inner endothelial blood-retinal barrier (BRB), as occurs in diabetic retinopathy, age-related macular degeneration, retinal vein occlusions, uveitis and other chronic retinal diseases, results in vasogenic edema and neural tissue damage, causing loss of vision. The central mechanism of altered BRB function is a change in the permeability characteristics of retinal endothelial cells caused by elevated levels of growth factors, cytokines, advanced glycation end products, inflammation, hyperglycemia and loss of pericytes. Subsequently, paracellular but also transcellular transport across the retinal vascular wall increases via opening of endothelial intercellular junctions and qualitative and quantitative changes in endothelial caveolar transcellular transport, respectively. Functional changes in pericytes and astrocytes, as well as structural changes in the composition of the endothelial glycocalyx and the basal lamina around BRB endothelium further facilitate BRB leakage. As Starling's rules apply, active transcellular transport of plasma proteins by the BRB endothelial cells causing increased interstitial osmotic pressure is probably the main factor in the formation of macular edema. The understanding of the complex cellular and molecular processes involved in BRB leakage has grown rapidly in recent years. Although appropriate animal models for human conditions like diabetic macular edema are lacking, these insights have provided tools for rational design of drugs aimed at restoring the BRB as well as for design of effective transport of drugs across the BRB, to treat the chronic retinal diseases such as diabetic macular edema that affect the quality-of-life of millions of patients.

© 2013 Elsevier Ltd. All rights reserved.

Contents

1. Introduction	20
2. Ocular pathology and BRB breakdown	21
2.1. Clinical pathology	21
2.2. Experimental models used in BRB research	23
3. Anatomical and molecular aspects of the normal BRB	24
3.1. Endothelial cells	24
3.1.1. The paracellular pathway: inter-endothelial cell junctions	24
3.1.2. The transcellular pathway: endothelial transcytosis	27
3.2. The neurovascular unit: other cell types involved in regulation of the BRB	29
3.2.1. Pericytes	29
3.2.2. Glial cells	30

* Corresponding author. Medical Retina Unit and Ocular Angiogenesis Group, Department of Ophthalmology, Academic Medical Center, Room A2-122, PO Box 22660, 1100 DD Amsterdam, The Netherlands. Tel.: +31205663682; fax: +31205669048.

E-mail address: r.schlingemann@amc.uva.nl (R.O. Schlingemann).

¹ Percentage of work contributed by each author in the production of the manuscript is as follows: Dr Ingeborg Klaassen designed the content of the review and was the first author of all versions of the manuscript including the final version. Prof. dr. Cornelis Van Noorden advised in the design of the content of the review from a cell biological point of view and corrected and redesigned all versions of the manuscript including the final version. Prof. Dr. Reinier Schlingemann advised in the design of the content of the review from a clinical/pathological point of view and corrected and redesigned all versions of the manuscript including the final version.

4.	Mediators of BRB dysfunction and increased BRB permeability	30
4.1.	Diabetes and hyperglycemia-induced factors causing BRB alterations	30
4.2.	Hypoxia, ischemia and oxidative stress	31
4.3.	Inflammation and inflammatory mediators	32
5.	Mechanisms of barrier breakdown	33
5.1.	Increased paracellular permeability	33
5.1.1.	Dynamic modulation of tight junctions	33
5.1.2.	Phosphorylation of tight junctions	33
5.1.3.	Disruption of adherens junctions	33
5.2.	Increased transcellular permeability	34
5.2.1.	Changes in caveolar transport	34
5.2.2.	Modulation of aquaporins	36
5.3.	Endothelial cell damage or death	36
5.4.	Pericyte loss and dysfunction	36
5.5.	Loss of glial cells	38
5.6.	Loss of the endothelial glycocalyx	38
6.	Future perspectives	38
6.1.	Therapeutic modulation of the BRB	38
6.2.	Enhanced drug delivery through the BRB	39
6.2.1.	Modulation of endogenous BRB transporters	39
6.2.2.	Opening of the BRB for delivery of therapeutic agents to the retina	39
7.	Concluding remarks and directions for future research	39
	Contribution of each author	40
	Acknowledgements	40
	References	40

Abbreviations

AGEs	advanced glycation end products	MCP-1	monocyte chemotactic protein 1
AMD	age-related macular degeneration	MMP	matrix metalloprotease
Ang	angiopoietin	NO	nitric oxide
AQP	aquaporin	NPDR	non-proliferative DR
BBB	blood-brain barrier	PCDR	pre-clinical DR
BL	basal lamina	PDGF	platelet-derived growth factor
BRB	blood-retinal barrier	PDR	proliferative DR
BRECs	bovine retinal endothelial cells	PEG	polyethylene glycol
CNS	central nervous system	PKC- β	protein kinase C beta
CTGF	connective tissue growth factor	PLVAP	plasmalemma vesicle associated protein
DME	diabetic macular edema	PVR	proliferative vitreoretinopathy
DR	diabetic retinopathy	ROS	reactive oxygen species
ESAM	endothelial cell-specific adhesion molecule	siRNA	small interfering RNA
GLUT1	glucose transporter 1	STZ	streptozotocin
HGF	hepatocyte growth factor	TEER	transendothelial electrical resistance
HIF-1	hypoxia inducible factor 1	TGF- β	transforming growth factor beta
IL	interleukin	TIMP	tissue inhibitor of metalloproteases
JAMs	junctional adhesion molecules	TNF- α	tumor necrosis factor alpha
KSS	kallikrein-kinin system	VEGF	vascular endothelial growth factor
		ZO	zona occludens

1. Introduction

Retinal vascular leakage from loss of function of the blood–retinal barrier (BRB) and subsequent macular edema are the main causes of visual loss and blindness in major eye diseases such as diabetic retinopathy (DR), age-related macular degeneration (AMD), retinal vein occlusion and uveitis (Fig. 1). Despite recent advances, there is still a fundamental lack of understanding of the cellular mechanisms underlying both the function of the BRB in physiological conditions as well as its dysfunction in pathological conditions. However, it has become clear that the previously prevailing concept that BRB loss is the result of unspecified endothelial cell damage' has become obsolete. It should be replaced by the notion that dynamic adaptations of endothelial cells and other cell types involved in the BRB underlie vascular leakage in retinal disease.

A complex dual vascular system provides oxygen and nutrients to the metabolically highly active neural retina, a tissue that has a higher oxygen consumption per unit weight of tissue than any other human tissue (Arden et al., 2005). The choriocapillaris provides blood supply to the photoreceptors in the outer retina, while capillaries sprouting from the central retinal artery provide oxygen and nutrients to the inner retina. These two distinct vascular beds not only differ in embryonic origin, but also in their properties and functions in the adult eye. The endothelium of choroidal capillaries is highly fenestrated and permeable. The capillaries in the inner retina have a continuous endothelium with a barrier function and are organized in two parallel layers, whereas the outer retina is completely avascular.

Retinal neural tissue is protected from potentially harmful molecules in the circulation by the inner BRB that regulates the entry of molecules into the inner retina. To complete this protective

Download English Version:

<https://daneshyari.com/en/article/6202754>

Download Persian Version:

<https://daneshyari.com/article/6202754>

[Daneshyari.com](https://daneshyari.com)