

## HEME DEGRADATION IN ACUTE BRAIN INJURY: BENEFICIAL OR DETRIMENTAL TO RECOVERY?

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### ABSTRACT

The mechanisms of heme degradation have re-emerged in the past decade to become a debated topic in the study of recovery from brain injury caused by ischemia, trauma or hemorrhage. The major players of heme degradation in response to acute brain injury are the heme oxygenases 1 and 2 (HO-1, HO-2) and biliverdin reductase (BVR). The generation of free iron, carbon monoxide and biliverdin/bilirubin upon heme degradation has been shown to induce a variety of molecular, cellular and vascular effects which, at present, remain contradictory. Experimental and clinical evidence of neuroprotective actions of the heme oxygenases in acute brain injury has been denied by cytotoxic effects found in neurodegenerative diseases or by recent reports on the detrimental effects of bilirubin oxidation products (BOXes). In general, induction of HO-1 upon acute brain injury seems to be neuroprotective, provided that hemorrhage is absent from the clinical manifestations of the primary pathophysiological event.

### 1. INTRODUCTION

Heme is the main constituent of a variety of hemoproteins such as hemoglobin, myoglobin, cytochromes, guanyl cyclase and nitric oxide synthase. During episodes of ischemia/hemorrhage, edema or trauma to the brain, heme is released by breakdown of blood hemoglobin and other hemoproteins in the cytoplasm, and/or is re-

leased from mitochondrial cytochromes of neurons and glia<sup>1-6</sup>. The heme molecule is subsequently degraded by enzymatic and non-enzymatic mechanisms, both requiring a reducing agent for the activation of O<sub>2</sub> and reduction of oxidated iron (Fe<sup>3+</sup>) to reduced iron (Fe<sup>2+</sup>). The enzymatic degradation of heme is catalysed by the *heme oxygenases* in the presence of NADPH<sup>7-9</sup>, which leads to the for-

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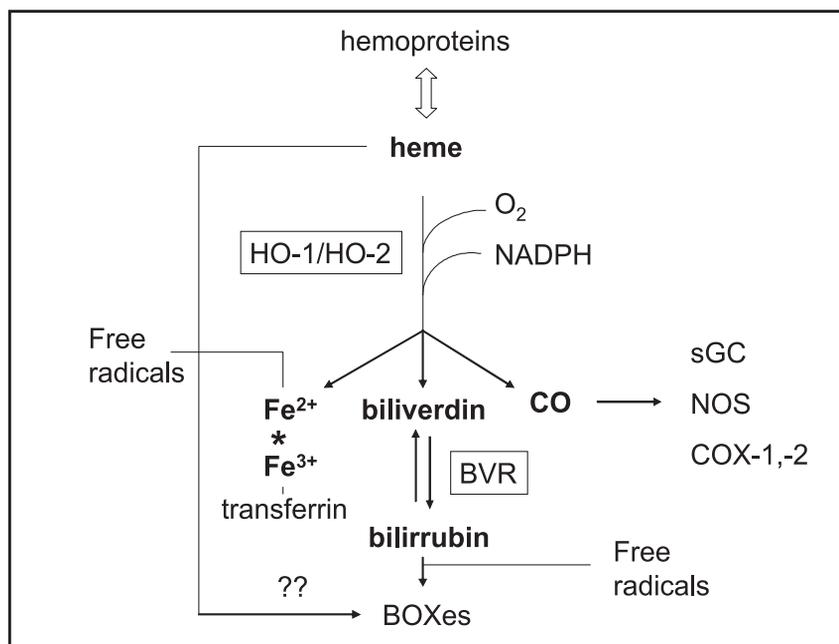
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mation of equimolar amounts of carbon monoxide (CO), Fe<sup>2+</sup> and the  $\alpha$ -isomer of biliverdin (Figure 1).

CO induces vasodilation by relaxation of vascular smooth muscle cells at physiologic concentrations<sup>11,12</sup> and regulates the activity of downstream effectors such as soluble guanyl cyclase, the nitric oxide synthases and cyclooxygenases 1 and 2<sup>13</sup>. Biliverdin is immediately converted into bilirubin by biliverdin reductase, an enzyme present in excess in virtually all tissues. A decreased heme-to-bilirubin ratio is beneficial since a reduction in heme availability will decrease the pro-oxidant effect of heme and increase the formation of bilirubin, which has been shown to have a neuroprotective effect at physiological levels (see further in *biliverdin reductase*). As in other tissues, iron can rapidly be sequestered by iron-binding proteins like ferritin, transferrin and ceruloplasmin<sup>14,15</sup>. However, free iron (Fe<sup>2+</sup>) derived from the degradation of hemoproteins can be harmful to cells either by reacting with H<sub>2</sub>O<sub>2</sub> to form the hydroxyl radical HO<sup>•</sup> (Fenton's reaction) or by causing lipid peroxidation in cellular membranes to produce alkoxy and peroxy radicals, unless it is oxidized by ceruloplasmin and bound to transferrin<sup>14,16</sup>.

## 2. THE HEME OXYGENASES

Two major isozymes of heme oxygenase (HO-1, HO-2) were identified in the endoplasmic reticulum of mammals<sup>13,17,18</sup>. The two isoforms share the same mechanisms of heme catalysis, substrate specificity, co-factor requirements and cleave the heme molecule at the  $\alpha$ -meso carbon bridge. Heme oxygenase-1 is a heat-shock protein (HSP, also referred to as HSP-32) induced by



**Figure 1. Degradation of heme and other hemoproteins by the heme oxygenases system, a reaction requiring O<sub>2</sub> and NADPH.** Legend: HO – heme oxygenase, BVR – biliverdin reductase, CO – carbon monoxide, sGC – soluble guanyl cyclase, NOS – nitric oxide synthases, COX – cyclooxygenase, \* – Fenton's reaction or oxidation by ceruloplasmin generates oxidated iron (Fe<sup>3+</sup>). The products of heme degradation, reduced iron, CO and biliverdin have biological effects that are dependent on the concentration and local environment. Biliverdin is further converted to bilirubin by BVR via redox cycling. The excess availability of BVR balances the tissue concentrations of bilirubin and biliverdin, reported to be cytoprotective under physiologic concentrations. More recently, bilirubin was shown to be oxidized by free radical action originating three products: BOX A, BOX B and MVM (4-methyl-3-vinylmaleimide) but it is still unclear if heme can be directly oxidized by free radical action to generate similar molecules<sup>10</sup>.

heme from aging red blood cells, mitochondrial heme-containing proteins and various sources of cellular stress<sup>19-23</sup>. A third isozyme, HO-3, was recently reported<sup>24</sup> but appears to be a non-functional derivative of HO-2<sup>25,26</sup>. HO-1 is the smaller molecule of three, with 288 a.a., m.w. of 30.000 to 33.000 Da<sup>17</sup>, while HO-2 has 316 a.a., m.w. of 36.000 Da<sup>18</sup>. HO-1 and HO-2 share 50% similarity in nucleotide composition and 43% in a.a. sequences. The HO-1 gene is highly inducible by pro-oxidant and inflammatory stimuli such as  $\beta$ -amyloid, dopamine, H<sub>2</sub>O<sub>2</sub>, prostaglandins, kainic acid, ultraviolet light, Th1 cytokines, lipopolysaccharide, among other<sup>27-29</sup>. The promotor region of HO-1 contains several binding sites for regulatory factors

such as heat-shock factor, AP-1, NF- $\kappa$ B and metal regulatory elements<sup>30-32</sup>. The induction of HO-1 is regulated by the nuclear factor E2-related transcription factor (Nrf 2), which translocates to the nucleus and binds to the antioxidant response element (ARE) in the promoter region of the HO-1 gene, in response to the various HO-1 inducers. The promoter region of the HO-2 gene only contains a binding site for the glucocorticoid response element<sup>33-35</sup>. Phosphorylation of HO-2 by protein kinase C and phorbol esters lead to increased HO-2 catalytic activity and subsequent bilirubin production<sup>36</sup>.

### 2.1. The role of heme oxygenases in the brain

Among the heme-oxygenases, HO-2 is the main isozyme expressed in the adult rat brain and is responsible for most of the heme-degrading activity in the brain<sup>37-39</sup>. Both HO-1 and -2 are ex-

pressed in neurons, with HO-1 displaying a restricted distribution across the brain, the highest expression levels found in the DG and ventromedial hypothalamus<sup>40</sup>. On the contrary, HO-2 is widely expressed in neurons of the forebrain, midbrain, hippocampus (pyramidal cells) and dentate gyrus (granule cells), basal ganglia, thalamus, mitral cells of the olfactory bulb, cerebellum and brainstem<sup>33,40-42</sup>. Despite the lower number of brain areas of HO-1 neuronal expression, this enzyme is further expressed in glial cells (astrocytes and microglia). Increased HO-1 expression in astroglia is considered to be neuroprotective against increased oxidative stress<sup>21,43,44</sup>. In this regard, expression of HO-1 in neurons is not responsive to oxidative stress unlike HO-1 induction in glial and astrocytic cells<sup>44-48</sup>. HO-1 was postulated to have antioxidant or cytotoxic effects depending on the intensity and chronicity of HO-1 induction and local, cellular redox conditions<sup>49,50</sup>. Degradation

	HO-1	HO-2
<b>Cell type</b>	Neurons Astrocytes Microglia/macrophages	Neurons
<b>Brain areas</b>	Hippocampus (dentate gyrus) Ventromedial and paraventricular nuclei of the hypothalamus Thalamus Olfactory bulb Cerebellum Brainstem	Forebrain and midbrain Hippocampus (dentate gyrus) Basal ganglia
<b>Inducing stimuli</b>	$\beta$ -amyloid Dopamine/H <sub>2</sub> O <sub>2</sub> , other free radicals Prostaglandins Kainic acid UV light	Glucocorticoids

**Table 1. Differential expression of HO-1 and HO-2 in different cell types and brain areas.** HO-1 is expressed at low levels in the brain whereas HO-2 is responsible for most of the heme oxygenase activity under basal conditions. On the contrary, the HO-1 isozyme is responsive to a broader variety of stimuli.

of heme may also enhance blood-brain barrier disruption since red blood cell lysis and edema formation have been linked to HO-1 overexpression and iron accumulation<sup>51-54</sup>.

Under basal conditions, activated microglia were shown to contain elevated levels of ferritin which bind iron ( $\text{Fe}^{3+}$ ) released during HO activity when degrading hemoproteins contained in the engulfed debris<sup>55</sup>. The fact that microglia contain higher levels of ferritin when compared to neurons, renders the latter more vulnerable to increased iron-load derived from HO-1 activity<sup>55</sup>. Several lines of evidence coming from experimental animal models and human brain injury studies show that HO-1 is highly induced after injury while HO-2 levels remain relatively unchanged. Thus, different patterns of HO-1 expression can be found in astrocytes, activated microglia or neurons, depending on the experimental model.

## 2.2. Studies in animal models of brain injury

Following focal brain ischemia in the Wistar rat, HO-1 immunoreactivity was mostly detected in neurons and astrocytes<sup>22,56</sup>. However, other studies reported ischemia-induced HO-1 expression in astrocytes and microglia<sup>57</sup> or mainly in microglia<sup>58</sup>. After traumatic brain injury in Sprague-Dawley rats, HO-1 was mainly induced in astrocytes<sup>21</sup>, but also on microglia<sup>59</sup> or both<sup>60</sup>. In Wistar rats, HO-1 expression induced by traumatic brain injury (TBI) was detected in both glial cell types<sup>61</sup>. HO-1 expression thus seems to be induced mainly in astroglia following acute brain injury.

## 2.3. Studies in neuronal and astrocytic cell cultures

In cultured astrocytes from the rat brain, HO-1 upregulation was shown to promote mitochondrial sequestration of non-transferrin-derived iron, to provoke oxidative damage to mitochondrial lipids, proteins, nucleic acids, and to enhance cell death and growth arrest<sup>62</sup>. Other studies however, contradicted these findings. Indeed, HO-1 was reported to protect cultured cortical astrocytes from oxidative stress resulting from exposure to hemoglobin and  $\text{H}_2\text{O}_2$ <sup>44,63</sup>. HO-1 overexpression was also reported to attenuate glucose-mediated oxidative stress in endothelial cell cultures<sup>64</sup>. Recently, HO-1 induction was found to protect astrocytes from exposure to hemoglobin-induced oxidative injury, whereas neurons showed increased cell death when exposed to hemoglobin, indicating that neurons may be more vulnerable to heme degradation<sup>65</sup>.

Some *in vitro* studies disputed a protective role of HO-2 by showing that gene deletion of this isozyme attenuates hemin- and hemoglobin-mediated oxidative stress in murine cortical neurons and provokes extensive cell death in astrocytic cultures<sup>66,67</sup>.

## 2.4. Studies in HO-1 and HO-2 transgenic mice

The HO-1 knockout mice (-/-) are born debilitated and die within 3-4 months of birth with massive iron deposition in the liver and other tissues. Since this accumulation of iron occurred without elevation of circu-

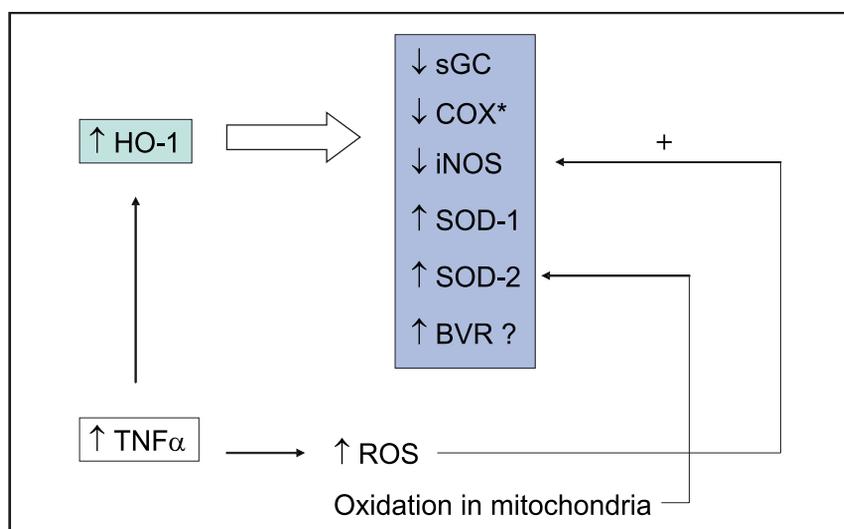
lating iron in the blood, it was suggested that the cytoprotective effect of HO-1 may rely on the efflux of iron from the tissues into the circulation. Experimental middle cerebral artery-occlusion (MCA-O) in these animals did not provoke brain infarcts larger than those observed in control mice<sup>68</sup>.

Studies in HO-2 knockout (-/-) mice suggest that the HO-2 isozyme is necessary for the recovery of TBI<sup>69</sup>. These animals showed delayed motor recovery as well as evidence of increased lipid peroxidation following TBI<sup>39</sup>. Another study in the HO-2 knockout mouse also revealed increased neuronal death following focal ischemia caused by MCA-O<sup>69</sup>. Furthermore, cultured neurons from HO-2 knockout (-/-) mice show increased apoptotic cell death upon oxidative stress challenge<sup>36</sup>.

In mice overexpressing HO-2 (+/+), apoptotic cell-death was reduced in cortical, hippocampal and cerebellar cell cultures<sup>36,70,71</sup>. These rats show a modest (115% of control) increase in HO-1 mRNA expression in the brain, with higher heme-degrading activity (around 150% of control activity in non-transgenic mice) and pronounced HO-1 staining in the pyramidal layers of the CA1, CA3, DG and hilus<sup>72</sup>.

## 2.5. Further interactions of heme-oxygenase-1

HO-1 was shown to stimulate SOD-1 activity and to decrease  $O_2^{\cdot-}$  concentrations<sup>73</sup>. Increased HO-1 expression was also reported to induce SOD-2 expression, promoting cytoprotective effects<sup>74,75</sup>. SOD-2 was also identified as a downstream effector of HO-1 in astrocytes during nitrosative stress<sup>76</sup>. Moreover, HO-1 inhibition by zinc protoporphyrin IX has been shown to reduce SOD-2 expression<sup>76</sup>. The increase in SOD-2 following HO-1 activation is supposed to be compensatory because free-ferrous iron can exert a pro-oxidant effect on the mitochondrial compartment<sup>77</sup>. Enzymes such as soluble guanyl cyclase, cyclooxygenase and nitric oxide synthase require heme for their functions, and their activity is thus reduced by HO-1 upregulation. In addition, COX-1 was shown to accumulate in activated microglia/macrophages during recovery from brain ischemia or trauma<sup>78</sup>. Some of the possible interactions of HO-1 with other antioxidant and pro-inflammatory, pro-apoptotic enzymes and peptides are summarized in Figure 2.



**Figure 2.** Actions of increased HO-1 expression in a variety of enzymes induced by oxidative and cellular injury described in the literature. Legend: HO-1 – heme oxygenase 1, sGC – soluble guanyl cyclase, COX – cyclooxygenases, \* – to date, only shown in endothelial cells<sup>79,80</sup>, iNOS – inducible nitric oxide synthase, SOD – superoxide dismutase, BVR – biliverdin reductase, ROS – reactive oxygen species, TNF $\alpha$  – tumor necrosis factor alpha. Increases in BVR due to HO-1 overexpression are expected but since BVR exists in excess in all tissues it is still unclear the exact the degree of HO-1 overexpression that can trigger BVR overexpression. TNF $\alpha$  was shown to stimulate HO-1 expression and to co-localize with this enzyme in receptor mediated apoptosis.

### 3. BILIVERDIN REDUCTASE

Biliverdin is formed by the oxidative cleavage of the heme molecule at the  $\alpha$ -meso carbon bridge by the heme oxygenase system<sup>7-9</sup>. Biliverdin is then converted to bilirubin by biliverdin reductase (BVR), a zinc metalloprotein, coupled with the oxidation of NADH and NADPH, its co-factors<sup>81-83</sup>. BVR can yield bilirubin at two different values of pH: in acidic pH (6.7) NADH is the used co-factor, in basic pH (8.7) NADPH is the used co-factor. In total, four isomers of biliverdin can be formed from heme also through non-enzymatic reactions, the most abundant being the  $\alpha$ -isomer<sup>84</sup>. Each molecule of bilirubin is reconverted to biliverdin through oxidation by biliverdin reductase. BVR exists in excess in all tissues including the brain<sup>85-87</sup> and each molecule of bilirubin is rapidly oxidized into biliverdin. The high level of BVR immediately reduces biliverdin back to bilirubin (redox cycling), which prevents biliverdin to accumulate at detectable levels<sup>88</sup>.

Since the early 1950's, when the link between severe unconjugated hyperbilirubinemia and neurologic dysfunction in the newborn was scientifically proven<sup>89</sup>, that bilirubin has been regarded as a potential threat to the CNS by clinicians. Bilirubin encephalopathy or *kernicterus* is characterized by atethoid cerebral palsy, impaired upward gaze and deafness. However, recent studies of bilirubin metabolism in the brain have shown that this pigment has a wide array of neuroprotective actions at physiological levels. The neuroprotective action of bilirubin was proposed to occur via redox cycling of bilirubin, which in

turn scavenges reactive oxygen species. The lack of BVR has been shown to increase cellular vulnerability to oxidative stress<sup>88</sup>. The neuroprotective effects of bilirubin are seen at low concentrations (about 10 nM), that is, at the normal endogenous levels in the brain, while *kernicterus* is associated with a 1000-fold increase in bilirubin concentrations.

#### 3.1. Studies in astrocytic and microglial cell cultures

Treatment of astrocyte cultures with 50  $\mu$ M of unconjugated bilirubin (equivalent to 148 nM of free unconjugated bilirubin) was shown to trigger the release of TNF $\alpha$ , IL1- $\beta$  and IL-6<sup>90</sup> and to activate the MAPK and NF- $\kappa$ B signalling pathways, leading to an increase in astrocyte death<sup>91</sup>. Similarly, treatment of microglial cultures with 50 or 100  $\mu$ M of unconjugated bilirubin was found to induce microglia activation, stimulate TNF $\alpha$ , IL1- $\beta$ , IL-6 and glutamate release, and to increase microglial cell death<sup>92</sup>.

At present, however, it is still unclear the exact concentration at which bilirubin becomes toxic. A growing body of evidence shows that not only bilirubin but also biliverdin have potent antioxidant properties<sup>93,94</sup>, as well as immunomodulatory (e.g. blocking IL-2 production) and anti-complement actions<sup>94-98</sup>. Intracellular bilirubin is capable of inhibiting protein kinase C, c-AMP dependent protein kinases, NADPH oxidase and protein phosphorylation<sup>99,100</sup>. Physiological concentrations of bilirubin were shown to decrease the expression of pro-inflammatory genes such as

monocyte chemoattractant protein-1 (MCP-1), vascular cell adhesion molecule -1 (VCAM-1) and macrophage colony stimulating factor (M-CSF) in cultured human aortic endothelial cells and improved endothelium-dependent vascular relaxation<sup>101</sup>. Bilirubin is also a potent inhibitor of monocyte adhesion to the vascular endothelium and of chemotaxis<sup>102,103</sup>.

### 3.2. Studies in animal models of brain injury

In the rat brain, BVR was suggested to participate in the first line of defense against ischemic injury due to its antioxidant properties against free radical attack on cellular membranes<sup>11,94,104,105</sup>. For instance, MCA-O in the mouse induced BVR mRNA and protein expression within the peri-ischemic cortical areas, namely in surviving neurons in cortical layers III and V and in the caudate nucleus<sup>106</sup>. Furthermore, BVR expression was found to be induced by hyperthermia<sup>86</sup> while bilirubin was capable of counteracting oxidative damage in models of autoimmune encephalomyelitis and to inhibit iNOS expression and NO production in lipopolysaccharide-treated macrophages<sup>107,108</sup>.

### 3.3. Bilirubin oxidation products (BOXes)

Bilirubin metabolites provoked by free radical oxidation were recently described<sup>10</sup>. The oxidation of bilirubin at the two ends of the molecule originates the isomers BOX A and BOX B, as well as MVM (4-methyl-3-vi-

nylmaleimide), a previously isolated product of biliverdin<sup>109</sup>. Oxidation of bilirubin with hydrogen peroxide was shown to produce vasoactive compounds that increase oxygen consumption and contractility of porcine carotid artery rings<sup>10</sup>. At present, it is not yet known if direct oxidation of heme within hemoglobin leads to the formation of BOXes or similar molecules (see Figure 1). The direct application of BOXes in the exposed cortex of rats produced a dose-dependent vasospasm in dural and cerebral vessels lasting up to 24 h, in association with increased HO-1 gene expression in the subcortical white matter<sup>110</sup>.

## 4. CLINICAL FINDINGS

In the clinical setting, focal brain ischemia was reported to induce more pronounced peri-lesional HO-1 expression in astrocytes and weaker HO-1 microglial expression within the first 24 h post-infarction<sup>111</sup>. Microglial expression of HO-1 was more commonly associated with traumatic brain injury and subarachnoidal hemorrhage<sup>23,48,59,60</sup> but not exclusively, since microglial expression of HO-1 was also reported following focal brain ischemia<sup>57,58</sup>. Thus, HO-1 activity can be induced in microglia to breakdown hemoproteins contained in foreign engulfed material during recovery of brain ischemia.

In stroke patients, HO-1 immunoreactivity was mainly observed in astrocytes, occurring within the first 24 h post-infarction, increasing to moderate intensity after few weeks and returning to baseline levels after several months. HO-1 expression in microglia was weaker after focal

Model	<i>In vitro</i> cultures			<i>In vivo</i> models	
	Cell type	Astrocytes	Neurons	Vascular endothelial cells	Transgenic mice
<b>HO-1 induction by exogenous stimuli</b>	Contradictory Toxic (iron) Protective (Hb, H <sub>2</sub> O <sub>2</sub> )	Toxic (Hb)	Protective (glucose overload and oxidative stress)		Focal ischemia: expressed in neurons, astrocytes and microglia, TBI: expressed in astrocytes and microglia
<b>HO-1 knock-out</b>				Massive iron deposition in the liver and death	
<b>HO-2 knock-in</b>		Protective			
<b>HO-2 knock-out</b>	Protective (Hb)	Protective (hemin)		Increased neuronal death (upon MCA-O and TBI)	
<b>Bilirubin (physiologic [ ])</b>			Protective, anti-inflammatory		Protective (EAE)
<b>Bilirubin (UB) (increased [ ])</b>	Toxic (also for microglia)	Toxic			
<b>BVR</b>					Expressed in neurons (MCA-O)
<b>BOXes</b>			Toxic		Vasospasm

**Table 2. Contradictory results of experimental studies employing markers of heme degradation.** Legend: HO – heme oxygenases, Hb – hemoglobin, H<sub>2</sub>O<sub>2</sub> – hydrogen peroxide, TBI – traumatic brain injury, MCA-O – middle cerebral artery occlusion, UB – unconjugated bilirubin, [ ] – concentrations, EAE – experimental autoimmune encephalitis, BVR – biliverdin reductase, BOXes – bilirubin oxidation products. In parentheses ( ), stimuli applied to cell culture or experimental animal model.

brain ischemia and also appeared in the first 24 h. Weak-to-moderate HO-1 staining was still present in some neurons months after the infarction. The results of this clinical study also pointed that the presence of hemorrhage as a complication of the initial injury was predictive of HO-1 expression in microglia<sup>111</sup>.

In traumatic brain injury patients, HO-1 expression was mainly located in activated microglia in the lesion borders by 6 h, increased within the first 24 h and remained detectable until 6 months post-TBI<sup>111</sup>. Rare, faintly stained HO-1<sup>+</sup> astrocytes were also observed until 16 days post-TBI,

disappearing over the course of 3 weeks. Weak-to-moderate HO-1 expression was also found in neurons around the lesion between 6 and 24 h following TBI.

In patients recovering from subarachnoidal hemorrhage, oxidation products of bilirubin and biliverdin (BOXes) were found to increase in the cerebrospinal fluid, peaking at about 6 to 8 days, and to be associated with delayed vasospasm<sup>112</sup>. It has been thus hypothesized that BOXes produced in blood clots are capable of inducing constriction of vascular smooth muscle cells and to damage the contractile elements of these cells<sup>109</sup>. However,

carbon monoxide resulting from heme oxygenase activity was found to decrease vasospasm following TBI<sup>12,48,113</sup>. The antioxidant effect of bilirubin at low concentrations may also counteract vasospasm by decreasing oxidative stress, which suggests a regulation of vasospasm by BOX and bilirubin balance<sup>109</sup>.

Finally, increased brain iron sequestration and oxidative mitochondrial injury were reported in a variety of neurological diseases caused by neurodegeneration (Alzheimer's disease, Parkinson's disease, progressive supranuclear palsy), metabolic disturbances (PANK-2 deficiency, aceruloplasminemia) and immunologic/infectious diseases (multiple sclerosis, HIV-1 encephalitis)<sup>11,114</sup>. This is suggestive of prolonged HO-1 activation and iron production leading to enhanced neurodegeneration in these pathologies<sup>114</sup>. Interestingly, research in Alzheimer's disease demonstrated a number of single-point mutations in amyloid precursor proteins (APP) binding HO-1 and HO-2 that decrease overall HO activity, lower bilirubin availability and increase neurotoxicity<sup>115</sup>.

## 5. THERAPEUTIC IMPLICATIONS

At present, the modulation of HO-1 activity and iron chelation are the main therapeutical approaches under investigation. HO-1 was found to be modulated by metalloporphyrin inhibitors of HO activity<sup>116</sup>, but so far, results have contradicted the neuroprotective role of HO-1. For instance, the administration of HO inhibitors like tin protoporphyrin were able to decrease damage to the hippocampus caused by ischemia, he-

morrhage or trauma and to reduce brain edema<sup>117-119</sup>. This is in contrast with the observed reduction in SOD-2 expression caused by tin protoporphyrin<sup>76</sup> (see *section 2.5*), which would potentially decrease antioxidant scavenging and render the hippocampus vulnerable to oxidative stress.

Following subarachnoidal hemorrhage, one can speculate that HO-1 inhibition may decrease the formation of bilirubin and decrease the formation of vasospasm-inducing BOXes. Iron chelators like deferoxamine were also capable of decreasing edema following intracranial bleeding<sup>117,120</sup>. Another iron chelator, DP-b99, is currently under study in a stroke multicenter clinical trial<sup>121</sup>.

Another therapeutic possibility relies on the modulation of the NO synthases, which could yield additional effects on HO-1 activity. In this regard, *s*-nitroso-*n*-acetylpenicillamine, a known activator of NO synthase, was found to increase HO-1 activity<sup>122</sup>. Cobalt protoporphyrin (CoPP) was also shown to stimulate HO-1 activity, to decrease iNOS and increase eNOS expressions, improving vascular relaxation in the presence of diabetic vasculopathy<sup>123</sup>.

Thus, even though it is still under investigation whether HO-1 activity and its products are beneficial or detrimental during recovery of focal brain ischemia, the pathways of heme degradation may constitute an interesting therapeutical target.

## 6. Conclusions

The novel findings on heme degradation mechanisms and its implications on the recovery of acute brain

injury are dependent on the initial insult to the brain. In general, HO-1 induction seems to be beneficial in situations of ischemia and trauma, but not in situations of hemorrhage to the brain parenchyma, since it elicits a more pronounced and protracted inflammatory response in local microglia and promotes the oxidation of heme and bilirubin by free radicals. The benefits of HO-1 activity also rely on the sequestration of heme, which reduces the activity of pro-inflammatory enzymes that require heme for their activity such as NOS and COX. Evidence for a neuroprotective role of HO-1 in acute brain injury seems consistent with experimental findings *in vivo*, whereas some *in vitro* studies indicate otherwise. Therapeutical investigations show a beneficial effect of HO-1 inhibition and iron chelation in the reduction of edema and delayed neurodegeneration induced by brain injury. These contradictory findings may reside on the duration and localization of HO-1 upregulation. The pro-oxidant effect of HO-1 has been attributed to iron release and to the inability of neurons, but not of astrocytes, to sequester and detoxify excess iron. On the long run, persistent HO-1 activity may lead to progressive iron deposition in neurons and astroglia, as reported in a variety of chronic neurodegenerative disorders, and to oxidative stress in mitochondria. Thus, the development of therapies directed to heme degradation must take into account the beneficial effects of HO-1 and the detrimental, pro-oxidant actions of free radicals and free iron in the acute phase of brain injury. Results from clinical trials with iron chelators, among others, are thus awaited with renewed interest.

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