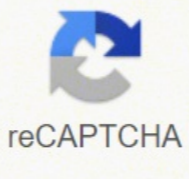


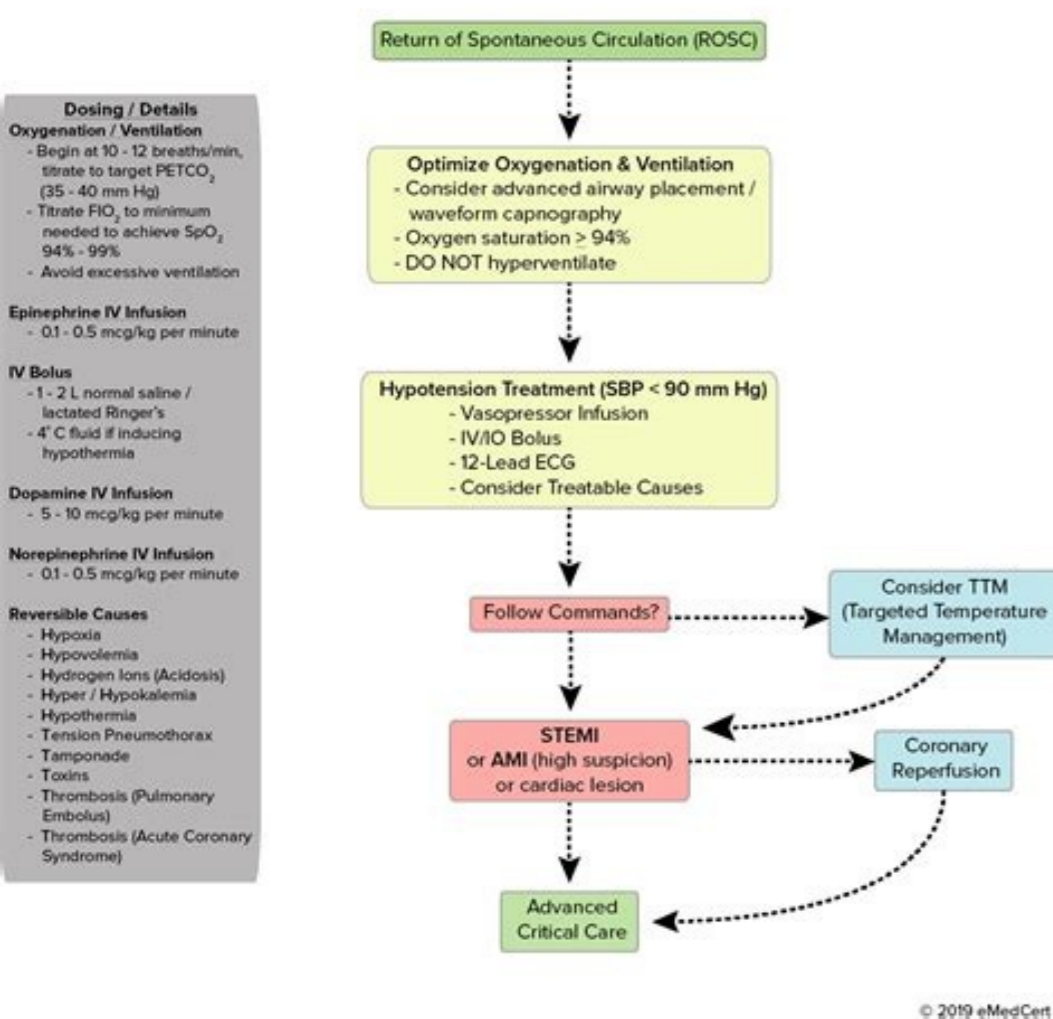


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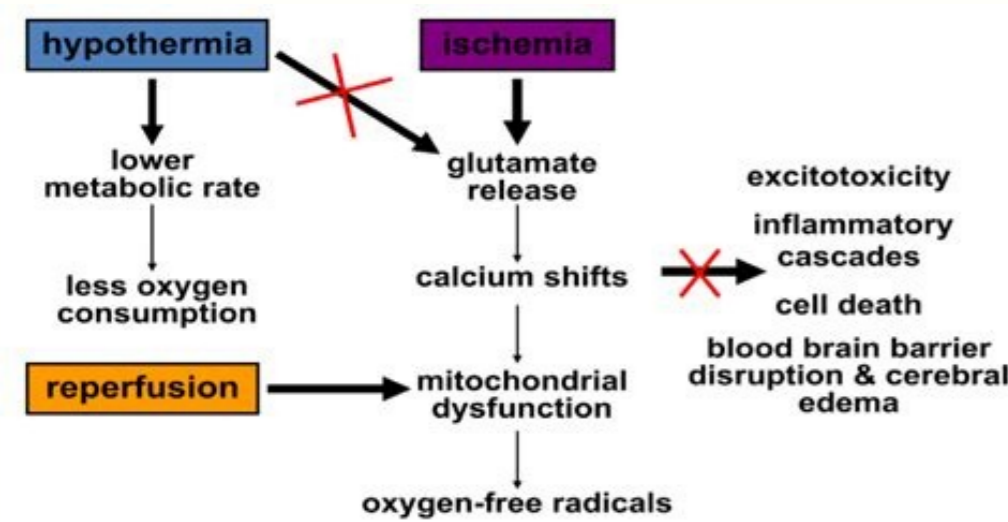


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RESEARCH ARTICLE Open Access

A pilot cohort study of cerebral autoregulation and 2-year neurodevelopmental outcomes in neonates with hypoxic-ischemic encephalopathy who received therapeutic hypothermia

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Abstract
Background: Neurodevelopmental disabilities persist in survivors of neonatal hypoxic-ischemic encephalopathy (HIE) despite treatment with therapeutic hypothermia. Cerebrovascular autoregulation, the mechanism that maintains cerebral perfusion during changes in blood pressure, may influence outcomes. Our objective was to describe the relationship between acute autoregulatory vasoactivity during treatment and neurodevelopmental outcomes at 2 years of age.
Methods: In a pilot study of 28 neonates with HIE, we measured cerebral autoregulatory vasoactivity with the hemoglobin volume index (HVI) during therapeutic hypothermia, rewarming, and the first 6 h of normothermia. The HVI, which is derived from near-infrared spectroscopy, was used to identify the individual optimal mean arterial blood pressure (MABP) at which autoregulatory vasoactivity is greatest. Cognitive and motor neurodevelopmental evaluations were completed in 19 children at 21–32 months of age. MABPs, blood pressure in relation to MABPs, blood pressure below gestational age + 5 (ga + 5), and regional cerebral oxygenation (rSO₂) were compared to the neurodevelopmental outcomes.
Results: Nineteen children who had HIE and were treated with therapeutic hypothermia performed in the average range on cognitive and motor evaluations at 21–32 months of age, although the mean performance was lower than that of published normative samples. Children with impairments at the 2-year evaluation had higher MABPs values, spent more time with blood pressure below MABPs, and had greater blood pressure deviation below MABPs during rewarming in the neonatal period than those without impairments. Greater blood pressure deviation above MABPs during rewarming was associated with less disability and higher cognitive scores. No association was observed between rSO₂ or blood pressure below ga + 5 and neurodevelopmental outcomes.
(Continued on next page)

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Short paper

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Hypothermia and hypoglycemia induced by anti-CD3 monoclonal antibody in mice: role of tumor necrosis factor¹

The possible involvement of tumor necrosis factor- α (TNF) in the metabolic disturbances induced by anti-CD3 monoclonal antibodies (mAb) was analyzed in DBA/2 mice injected with 50 μ g of the anti-murine CD3⁺ mAb 145-2C11. First, we found that 145-2C11 induces a profound hypothermia maximal between 3 h and 6 h after the injection ($M \pm SD$: -3.0 ± 0.1 °C) as well as hypoglycemia (blood glucose levels at 6 h and 24 h: 76 ± 13 mg/100 μ l and 92 ± 22 mg/100 μ l, respectively, $p < 0.001$ as compared with control values). These metabolic changes are prevented by the release of TNF into the circulation (peak serum TNF level at 2 h: 50 ± 23 pg/ml, $p < 0.01$ as compared with controls). The release of TNF induced by 145-2C11 depends on the effect of the mAb on T cells as it is not observed in athymic nude mice while lipopolysaccharide-resistant C3H/HeJ mice also display a significant rise in serum TNF (peak levels at 2 h: 59 ± 44 pg/ml). Pretreatment of DBA/2 mice with 12 mg of rabbit anti-murine TNF antibodies completely prevents the hypothermia while the hypoglycemia is significantly attenuated. Finally, F(ab')₂ fragments of 145-2C11 induce only a transient hypoglycemia (blood glucose levels at 6 h: 109 ± 14 , $p < 0.001$ as compared with controls) but neither hypothermia nor significant TNF release. We conclude that TNF is a major mediator of the acute metabolic changes induced by the intact form of 145-2C11.

1 Introduction

mAb directed against the CD3 complex of T lymphocytes represent potent immunosuppressive agents both *in vitro* and *in vivo* [1–4]. Before inhibiting T cell functions, they induce a transient T cell activation resulting in the release of different cytokines [5]. Indeed, we and others recently observed high serum levels of TNF- α , IFN- γ and IL-2 in the hour following the first injection of OKT3 in kidney transplant recipients [6, 7]. Thus, the well-known first-dose reactions commonly experienced by OKT3-treated patients [2, 3] could be mediated by cytokines.

The availability of an anti-mouse CD3 mAb (145-2C11) which shares many properties with OKT3 [8] allows the experimental investigation of the acute metabolic changes induced by this type of mAb. In the present study, we observed that mice injected with the 145-2C11 mAb develop acute hypothermia and hypoglycemia in association with the release of TNF in the circulation. In order to determine the role played by TNF in the pathogenesis of these metabolic changes, we analyzed the effects of the administration of rabbit anti-TNF antibodies prior to the injection of 145-2C11 mAb.

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2 Materials and methods

2.1 Mice

Six to 9-week-old female mice of DBA/2, BALB/c and C57BL/6 strains were obtained from Iffa-Credo (L'Arbresle, France). LPS resistant C3H/HeJ mice were purchased from Crlac (Biosart, GB).

2.2 Production and purification of anti-CD3 mAb

The hamster mAb 145-2C11 directed against mouse CD3 [8] was prepared from culture SN of 145-2C11 hybridoma cells by affinity chromatography on protein A-Sepharose (Pharmacia, Uppsala, Sweden).

F(ab')₂ fragments of 145-2C11 mAb were prepared by incubating purified mAb with pepsin (Warrington, Freehold, NJ) at a ratio of 100:2 (w:w), in 0.1 M sodium acetate buffer, pH 4.5, for 20 h at 37 °C. The pH of the solution was then adjusted to 7.4 with 1 M Tris-HCl before dialysis against PBS for 24 h. Undigested mAb was removed by adsorption on protein A-Sepharose. The purified F(ab')₂ fragments were shown by gel electrophoresis and ELISA using a mAb specific for the C₃ portion of the 145-2C11 (clone AH6, generated in our laboratory) to contain < 1% of intact IgG; in addition, they were unable to induce spleen cell proliferation in *in vitro* [9]. The immunosuppressive potential of these F(ab')₂ fragments was established *in vivo* as their injection induces a major depression in cytolytic T cell activities against alloantigens (data not shown).

