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GABAERGIC NEURONAL SOMATA DECREASE AT SITES OF FOCAL EPILEPSY IN MONKEY NEOCORTEX

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HUNT,* Carol A., Charles E. RIBAK, Roy A.E. BAKAY,* and Wolfgang H. OERTEL,* Department of Anatomy, University of California, Irvine, California; Section of Neurosurgery, Emory University Clinic, Atlanta, Georgia; and the Neurology Clinic, Technical University, Munich, West Germany. (Sponsored by Earle A. Davis, Jr.) GABAergic neuronal somata decrease at sites of focal epilepsy in monkey neocortex.

Previous studies have indicated that a loss of GABAergic terminals occurs at epileptic foci. The present study was undertaken to investigate if this loss is associated with a loss of GABAergic neuronal somata. Seven adult monkeys (m. mulatta) received alumina gel injections to the pre-central gyrus of the left cerebral hemisphere to produce epileptic foci. Four of these monkeys were chosen for further quantitative study. One was sacrificed prior to seizure onset ("pre-seizure"), one had seizures for three days ("acute"), and two had a seizure record of one month ("chronic"). Sections of tissue from the

epileptic cortex and from the contralateral, nonepileptic cortex were processed for immunocytochemistry at the light microscopic level. Quantitative analysis revealed that a loss of GAD-positive neuronal somata ranging from 24 to 52% occurred at epileptic foci for all monkeys. This decrease was significant (p<.01) for the two chronic monkeys. There was also a slight decrease in GADpositive neurons 1 cm distal to the focus ("parafocus") in the chronic monkeys, but not in the acute or pre-seizure animals. GAD-positive somal areas were calculated for all four monkeys. These data were graphed as percentages of total cells in various size ranges at the focus and contralateral cortex. Small GAD-positive somata (50-150 µm²) more severely decreased in number at epileptic foci than larger ones (200-250 µm²). As an experimental control, an additional monkey was given a surgical lesion in area 4 of one cerebral hemisphere. It did not display seizure activity prior to sacrifice and did not show a loss of GAD-positive neurons proximal to the control lesion. The results of this study indicate that a loss of GAD-positive neuronal somata is associated with a loss of GADpositive terminals at epileptic foci, and that this loss may be more specific for small GABAergic neurons.

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