Restoration of Spermatogenesis by Adenoviral Gene Transfer into Injured Spinal Cords of Rats

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Background: Spinal cord injury (SCI) has a significant impact on male reproductive functions which may lead to infertility. A large number of spinal cord injured men suffer from impaired spermatogenesis. Currently, in vivo gene transfer of molecules with potential therapeutic value has been recognized as a viable method for inducing functional recovery after SCI. This study characterized the role of adenovirus-mediated gene transfer into experimentally injured spinal cords of rats on possible restoration of spermatogenic cell lines.

Materials and Methods: Young adult Sprague-Dawley rats (200-250g) were assigned into one of the three different groups of control, SCI, and adenovirus transfer (Ad) (n=3/group). Control rats received no injury, nor any surgery. For SCI rats, SCI was produced by a 10g brass rod with a tip diameter of 2 mm which was dropped from a height of 12.5 mm onto exposed spinal cord at level of T10 with NYU impactor. Animals were perfused transcardially 43 days post SCI. Both spinal cord and testicular tissues were cryo-sectioned and ultra thin-sectioned, respectively. Cellular morphology and morphometry were done for spinal cord tissues. The testicular samples were processed for both light and transmission electron microscopy (TEM). The third group of rats underwent SCI first, followed by microinjection of LacZ adenoviral vectors (5x10^6 p.f.u./µl) along the T6-T10 dorsal root entry zone bilaterally. The immune system of animals were suppressed before the Ad administration. Each Ad injection was done using a glass micropipet and a Nonoject injector. Rats were killed 43 days after Ad injections, and the tissues were studied as for other groups.

Results: The spinal cord lesion extents for SCI and Ad groups were 8.1±3 and 5.8±2.2 mm, respectively (p<0.05). The testicular tissue of controls revealed a normal arrangement of spermatogenesis cell types. However, impaired spermatogenesis including vacuolization of germ cells along with incomplete spermatogenesis were noted in the tubules of SCI group. Also, nuclei and cell membranes of spermatozoa were damaged. In Ad rats, relatively active spermatogenesis, ranging from reappearance of proliferating spermatogonia to the presence of mature spermatozoa were observed in some seminiferous tubules.

Conclusion: Bilateral adenovirus-mediated gene transfer into experimentally injured spinal cords of rats can restore the ultrastructure of spermatogenesis including mature spermatozoa.

Key Words: Spinal cord injury, Gene therapy, Spermatogenesis, Rat

Introduction

At present, spinal cord injury (SCI) is one of the major public health problem worldwide. In the United States alone, over 10,000 new cases of SCI occur annually. Eighty-two percent of the victims are males, and the majority are in their prime reproductive years. Infertility due to SCI is a common problem which result from a combination of ejaculatory dysfunction and abnormal semen parameters of sperm count, progressive motility, and morphology (Rajasekaran and Monga, 1999). With advancements of the assisted reproductive technology (ART), some spinal cord injured men have become the biological father of their children. Despite these clinical advances in recent years, there are still a large number of victims suffering from prolonged infertility. Therefore, a significant amount of basic research has been directed towards potential strategies for improving axonal regeneration following SCI which subsequently improve the fertility potential of victims (Romero and Smith, 1998). The application of gene therapy for SCI has become a
Table I: Lesion Extent and Volume of Grey Matter Following Spinal Cord Injury in Two Groups of Rats

<table>
<thead>
<tr>
<th>Group</th>
<th>Extent (mm)</th>
<th>Volume (mm³)</th>
</tr>
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<tbody>
<tr>
<td>SCI</td>
<td>8.1±3.0</td>
<td>3.8±1.3</td>
</tr>
<tr>
<td>Ad</td>
<td>5.8±2.2*</td>
<td>3.1±0.7*</td>
</tr>
</tbody>
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*P<0.05

In conclusion, gene therapy is another effective tool which can be applied non-invasively. It can be used to augment or alter the expression of many factors in the target cells. Finally, gene therapy will greatly accelerate progress towards an effective "cure" of SCI in human (Stribley et al., 2002; Robbins and Ghivizzani, 1998). In view of these findings, the present investigation was undertaken to examine the role of adenovirus-mediated gene transfer to experimentally injured spinal cords in rats on possible restoration of spermatogenesis.

Materials and Methods

Young adult male Sprague-Dawley rats (200-235g) were assigned to one of the three groups of control, SCI and Ad (n=3/group).

Control Group

Rats

SCI Group

Rats

T9 and T10. The exposed vertebral column was stabilized by clamping both T9 and T11 vertebral bodies with Adson delicate forceps, and the exposed spinal cord was immediately removed. The rats were then placed side by side into plastic cryomolds containing a cryoprotecting medium consisting of gum tragacanth (Sigma Co., MO) in 20% sucrose/ PBS at 4°C. Serial 20 µm cryosections separated by 80 µm (discarded) were then stored at -20°C till histology was performed. In addition, following careful dissection, a small piece of seminiferous tubules were dissected out and placed in fresh 3% glutaraldehyde for TEM processing.

Tissue Processing for TEM

The testicular samples were cut in small pieces and stored in 0.1 M PBS in 10% sucrose at 4°C. The specimens were washed in 0.1 M PBS, and then post-fixed in 2% aqueous osmium tetroxide in above buffer.

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Figure 1. Normal seminiferous tubule with active spermatogenesis from control group (solochrome stain).

Figure 2. Vacuolization of spermatogonial cells (arrowheads) with reduction in number of sperm in SCI sections (solochrome stain).

The specimens were subsequently dehydrated in a graded series of ethanol solutions, and embedded in Araldite. Ultra-thin sections were cut on a Reichert Ultramicrotome (OMU3). The ultra-thin sections were picked up on 200 mesh copper grids and stained with uranyl acetate for 12 min in dark, and lead citrate for 2 min in a CO2 free atmosphere. The micrographs were finally taken using a Philips TEM at an accelerating voltage of 60 kV.

**Histology for Spinal Cord**

A modified eriochrome cyanine (EC) staining protocol for differentiation of white matter and cell bodies was used to calculate the amount of spared tissue in sections of injured cords. Briefly, air-dried sections were cleared and hydrated before being placed for 10 min into a solution consisting of 2 ml 10% FeCl3 and 40 ml of 0.2% EC (Sigma Co. OM) in 0.5% aqueous H2SO4 brought to a final volume of 50 ml with dH2O. This was followed by washes in water and differentiation for 2 min in 0.5% aqueous NH4OH. The reaction was terminated with rinses in water before sections were dehydrated and cleared for coverslipping with permount (Fisher Scientific Co. OH).

**Statistical Analysis**

Measurements of the lesion extents were compared using a 2-way ANOVA. The Mann-Whitney test was performed to determine significant differences between the groups. Significance was set at p<0.05.

**Results**

**Spinal Cord Tissue**

The morphological evaluation of spinal cord sections from control rats showed a normal appearing cytoarchitecture. However, the injured spinal cord showed an abnormal gray matter area with dramatic reduction in intact tissue. In addition, the group differences in the percentage of spared tissue (white and gray combined) were statistically significant when compared to the controls (P<0.05, Table I).

**Testicular Tissue**

a) **Light Microscopy:** Complete Spermatogenesis was observed in testis of control rats (Figure 1). Normal appearing spermatogonia cell adjacent to the basement membrane as well as tremendous number of spermatozoa filling the lumen of the seminiferous tubules were observed in testicular sections of controls. However, in SCI animals, vacuolization of the majority of spermatogonial arranged in an abnormal fashion (Figure 2). Figure 3 represent a cross section of seminiferous tubule from Ad group with complete spermatogenesis. Rare vacuolization of spermatogonia

Figure 3. Normal looking spermatogenesis with different cell types from AD group. Rare spermatogonial vacuolization (arrowheads) are observed (solochrome stain).
In their recent study, Hirsch and colleagues (1999) demonstrated that SD rats that underwent chronic SCI showed significant deficient spermatogenesis which paralleled their clinical experience (Hirsch et al., 1999). Both Hirsch and the SCI. Also, adenoviruses may encode certain proteins that allow them to evade the immune system.

Bors and associates found abnormal testicular histograms in 31 of 34 men with SCI. The most common finding was atrophy of the seminiferous tubules. In addition, the biopsies revealed abnormalities that varied from absence of spermatogenic cells to rare spermatids and spermatozoa. Our results indicate that there was a marked reduction in spermatogenesis in spinal cord injured rats at 43 days post injury. Spinal azoospermia are onl, Bors et al., 1998)

Gene therapy refers to the transfer of genetic material to target cell to achieve a clinical benefit. Application of gene therapy involves three steps of administration, delivery, and expression. Administration generally refers to introducing DNA into the body. Delivery consists of the translocation of genetic material from the site of administration to the nucleus of the target cell. Finally, expression determines the production of the therapeutic product in the cell (Stirbey et al., 2002; Robbins and Hivizzani, 1998; Romero and Smith, 1998). Currently, delivery stems can be divided into viral and non-viral vectors. Among the most used viruses, adenoviruses are usually applied more in neurotrauma diseases such as SCI.

Host cells infected with wild-type adenovirus undergo cell lysis, resulting in viral load release. Therefore, in present day adenoviral vectors of encoding LacZ gene was injected onto the DREZ of injured spinal cords (Romero and Smith, 1998). The inflammatory response of the spinal cord to adenovirus depends on viral dose and rat stain. Wood et al. (1996) found that administration of high viral titers (>10^6 p.f.u.) to spinal cord produced severe tissue damage. However, lower viral titers produced lasting expression of the gene that they sought to express, beta-galactosidase, with minimal immune response.

They concluded that the immune responses to adenovirus administration are both dose- and strain-dependent (Wood et al., 1996). Therefore, in this study we injected only 5x10^5 p.f.u. Ad vector into DREZ of Sprague-Dawley rats which are the most common species used in the gene therapy studies on SCI. Also, adenoviruses may encode certain proteins that allow them to evade the immune system.

A sympathetic center, located in spinal cord segment T11-L2 with efferent fibers in hypogastric nerve to seminal vesicles, and prostatic smooth muscle fibers give rise to the peristalsis necessary for ejaculation. Also, a para-sympathetic center located in S2-4 with efferents in nervi perigentes supplies the prostate glands leading to formation of seminal fluid. This indicates that the SCI directly influence the reproductive system in men (Lisenmeyer and Perkash, 1991). Another reason postulated for poor semen quality after SCI is intrinsic damage of the testicles. Bors and associates found abnormal testicular histologies in 31 of 34 men with SCI. The most common finding was atrophy of the seminiferous tubules. In addition, the biopsies revealed abnormalities that varied from absence of spermatogenic cells to rare spermatids and spermatozoa. Our results indicate that there was a marked reduction in spermatogenesis in spinal cord injured rats at 43 days post injury.
present study demonstrated derangement of the tubules in experimentally injured rodents. Additionally, our study carried out the role of Ad vectors on spinal cord regeneration which demonstrated the persistence improvement of spermatogenic cell lines. The results from our study is in agreement with the study done by Liu et al (1997) that introducing recombinant adenovirus into injured spinal cord may have transduced cells surrounding the lesion site and induce them to synthesize and release neurotrophins to the nerve fibers and neuronal cells which subsequently could improve the nerve supply to the testis of rats (Liu et al.,1997). Hirsch et al. (1999) suggested that spermatogenic defects may occur soon after SCI (early phase). Altered testicular function following SCI may result from abnormal thermal regulation associated with denervation, resulting in elevated scrotal temperature. Additionally, spermatogenic insult in early phase of SCI may result from endocrine alterations. While, the present study did not consider hormonal parameters, Linsenmeyer et al. (1994) reported lower serum testosterone in injured rats (Lisenmeyer et al.,1994). Moreover, the same group noted a significant alteration in serum gonadotropin and testosterone levels, which resolved in gene delivery to spinal cord. Brain Research 1997; 768:19-weeks. These findings would not support a hormonal etiology for the histologic abnormalities that persist in our SCI animals.

Therefore, while its exact etiology remains unclear, basic fibroblast growth factors enhance spermatogenic deficit following clinical and functional recovery following severe spinal cord injury to experimental SCI is a commonly observed sequela. Moreover, the prospective study investigated the potential role of injections in improving the spermatogenesis which male infertility in spinal cord injury. J Androl 1999; 20: generally alters following SCI. Significant spermatogenic dysfunction occurred in spinal injected rats. Therefore, it is concluded that altered spermatogenesis can be reversed following Ad injections into the spinal cord segments and a spermatogenic cycle which takes over forty days in rats.

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References


