RESEARCH

TRAF6 promotes spinal microglial M1 polarization to aggravate neuropathic pain by activating the c‑JUN/ NF‑kB signaling pathway

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Abstract

Background The neuropathic pain with complex networks of neuroinfammatory activation severely limits clinical therapeutic research. TNF receptorassociated factor 6 (TRAF6) is associated with multiple infammatory diseases. However, there remains confusion about the efects and mechanisms of TRAF6 in neuropathic pain.

Methods A chronic constriction injury (CCI) model was developed to simulate neuralgia *in vivo*. We overexpressed or knocked down TRAF6 in CCI mice, respectively. Activation of microglia by TRAF6, the infammatory response, and disease progression were inspected using WB, qRT-PCR, immunofuorescence, fow cytometry, and ELISA assays. Moreover, the mechanism of M1/M2 polarization activation of microglia by TRAF6 was elaborated in BV-2 cells.

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Results TRAF6 was enhanced in the spinal neurons and microglia of the CCI mice model compared with the sham operation group.. Down-regulation of TRAF6 rescued the expression of Iba-1. In response to mechanical and thermal stimulation, PWT and PWL were improved after the knockdown of TRAF6. Decreased levels of pro-infammatory factors were observed in TRAF6 knockdown groups. Meanwhile, increased microglial M1 markers induced by CCI were limited in mice with TRAF6 knockdown. In addition, TRAF6 overexpression has the precise opposite efect on CCI mice or microglia polarization. We also identifed that TRAF6 activated the c-JUN/NF-kB pathway signaling; the inhibitor of c-JUN/NF-kB could efectively alleviate the neuropathic pain induced by upregulated TRAF6 in the CCI mice model.

Conclusion In summary, this study indicated that TRAF6 was concerned with neuropathic pain, and targeting the TRAF6/c-JUN/NF-kB pathway may be a prospective target for treating neuropathic pain.

Keywords Neuropathic pain · TRAF6 · Microglia polarization · c-JUN/NF-kB pathway

Introduction

Neuropathic pain is a chronic painful condition that cannot be efectively controlled due to complex etiologies (Zhao et al. [2018a;](#page-13-0) b). The clinical features of the pain, including spontaneous pain, hyperalgesia, and paresthesia, result in a decreased quality of the patient's life (Zhao et al. [2018a;](#page-13-0) Descalzi et al. [2015](#page-12-0)). Lesion or dysfunction induces the release of neurotransmitters, neurotrophic factors, cytokines, and chemokines (Wang et al. [2018\)](#page-13-1). By lowering the activation threshold of olfactory signals in the periphery, the substances increase the sensitivity and excitability of primary sensory neurons, causing peripheral sensitization (Wang et al. [2018;](#page-13-1) Iyengar et al. [2017](#page-13-2); Silva et al. [2017\)](#page-13-3). Although researchers have shown that nociceptors and modulators are involved in neuropathic pain, the mechanisms of neuropathic pain remain poorly understood (Wang et al. [2018](#page-13-1)).

Microglia are innate immune and principal phagocytes of the brain, serving as protective guardians of the central nervous system (CNS). In neuropathic pain cases, the M1/M2 phenotypic homeostasis among pro-infammatory and anti-infammatory mediators is destroyed and skewed in favor of M1 macrophages. The sustained generation of M1 proinfammatory molecules contributes to neuroinfammation and long-term neuropathic pain development. In contrast, M2 activation outcomes in suppression of infammatory cell recruitment, phagocytosis of cellular debris, and restoration of internal environmental homeostasis. A series of signaling factors that regulate microglia polarization-mediated infammatory response and alleviate neuropathic pain and neuroinfammation were discerned, including Orai1 channel (Tsujikawa et al. [2023](#page-13-4)), Dickkopf (DKK) 3 (Zhang et al. [2022](#page-13-5)), TRPV4 (Hu et al. [2023](#page-13-6)), and so on. Upon these fndings, investigations have also established a range of compounds that inhibit CCI-induced NP by promoting microglial cell M2 polarization, such as salvinorin (Li et al. [2023](#page-13-7)), botulinum toxin (Gui et al. [2020b\)](#page-12-1), etc. These studies indicate that modulators that switch microglia from an M1 to M2 phenotype are a prospective therapy for managing neuropathic pain.

TRAF6 is instrumental for immunological efector cell function and is an infammatory signaling factor (O'Neill et al. [2021](#page-13-8)). Studies are continuously validating that TRAF6, beyond mediating tumor T-cell immunity (Yu et al. [2023](#page-13-9)), participates in activating microglial infammatory responses in neurodegenerative diseases such as cerebral hemorrhage secondary to brain injury and Parkinson's (Han et al. [2020](#page-13-10); Yang et al. [2020](#page-13-11)), playing an essential role in this regard. It was pointed out that TRAF6 can activate NF-κB, MAPK, and Wnt/B-catenin pathways by interacting with protein. However, the mechanism of neuropathic pain has not yet been clarifed. TRAF6 has been appreciated for its potential in neuropathic pain in recent years. Others have observed in chronic infammatory hypersensitivity that direct or indirect inhibition of TRAF6 reduces pain hypersensitivity due to microglia activation in the spinal dorsal horn (Hua et al. [2022;](#page-13-12) Lu et al. [2022](#page-13-13)).

This study was designed to characterize the effects of TRAF6 on neuropathic pain. We simulated neuropathic pain with a CCI mouse model and assessed the expression and localization of TRAF6 in spinal cord neuronal cells, microglia, and astrocytes in CCI mice. Functional experiments confrmed the efects of TRAF6 knockdown on pain sensitivity, spinal cord injury, and infammatory responses. Meanwhile, the modulatory impact of TRAF6 on microglia M1/M2 polarization state and its underlying molecular mechanisms were dually proven *in vivo* and *in vitro*. Moreover, the fndings demonstrated a potential biomarker role for TRAF6 in neuropathic pain.

Materials and methods

Animals

Male C57BL/6 (Medical Laboratory Animal Center, Guangzhou, China) mice (6–8 weeks old, 24–30 g) were housed in a temperature/humidity environment of 24 °C/50–60%, with normal ventilation and light/ dark cycles (12 h), and fed and watered ad libitum. Animal experiments were ethically licensed by the Ethics Committee (Shengjing Hospital, China Medical University) and conducted in accordance with the guidelines.

Mouse CCI model establishment

Neuralgia pain model was simulated using CCI. CCI model was induced as described previously (Wang et al. [2020\)](#page-13-14). In Brief, mice with anesthetized (0.8% pentobarbital sodium, ip), incisions were made to expose the left sciatic nerve, and loose ligations (1-mm spacing) were applied to the trunk nerves at the branches using ligature wires. The muscles of the ipsilateral hind limb were observed to show slight twitching. The sham-operated group was operated but not ligated.

AAV injection and experimental design

To verify the impact of TRAF6 on CCI, adeno-associated virus (AAV) was injected intrathecally using a glass micropipette (Hamilton). The dosages of AAVshRNA or AAV-TRAF6 were chosen from previous reports (He et al. 2020). Specifically, AAV (10 μ l) was injected 2 weeks before CCI. AAV-TRAF6 $(5.0 \times 10^{-12} \text{ vg/ml})$ vector and its control vector AAV-NC $(5.0 \times 10^{-12} \text{ vg/ml})$, AAV-shRNA-TRAF6 $(1.5 \times 10^{12} \text{ vg/ml})$ and its control vector AAV-shRNA $(1.6 \times 10^{-12} \text{ vg/ml})$ were purchased from Viligo Biotechnology Co. Ltd (Hangzhou, China). c-JUN inhibitor SP600125 (15 mg/kg, i.p, MCE, USA) was injected on postoperative days 4–8. Thermal hyperalgesia and mechanical allodynia were performed using the CCI model $(3, 5, 7, 14, and 21 days)$. To confirm the quality of transfection, we provided the results of AAV fuorescence identifcation (Figure S1).

Behavioral tests

The paw withdrawal threshold (PWT) was calculated using the thin flament stimulation method (Von Frey, 0.07 and 0.4 g, Stoelting Co.), as mentioned previously (He et al. [2020](#page-13-15)). For paw withdrawal latency (PWL), thermal testing was evaluated using IITC Inc./Life Science Instruments (Model 336, Science Instruments, Woodland Hills, CA). After behavioral tests, the spinal cord was saved for subsequent detection.

Cell culture and transfection

Ventilated BV2 microglia were cultured in DMEM medium (10% fetal bovine serum, 37 °C, 5% CO2). Lipopolysaccharide (LPS) (10, 100, 1000 ng/ml, Sigma-Aldrich) was then applied to BV2 cells for 24 h to imitate the activation of BV2 microglia.

In accordance with the instructions, H293T cells were transfected with AAV-shRNA, AAV-shNC, AAV-NC, or AAV-TRAF6 for 48 h. The TRAF6 or c-JUN recombinant AAV viral solution was incubated with BV-2 cells, and subsequent experiments were performed. BV-2 Cells $(1 \times 10^5 \text{ cells/well})$ were transfected with 40 nM TRAF6, sh-TRAF6, sh-c-JUN, or

negative shRNA. After 24 h, transfection efficiency was assessed using WB.

Flow cytometry

To study microglia polarization, spinal cord tissue was removed and cut up, prepared into single cell suspensions by digestion with 0.25% trypsin (Invitrogen), and incubated with CD86-FITC (555018, BD Biosciences, 1:200) and CD206-APC (550889, BD Biosciences, 1:200) for 30 min in the dark on ice. Analysis using flow cytometry (FACSVerse 8, BD) with visualization (FlowJo software version 7.6.1).

Quantitative real-time PCR

Total spinal cord RNA was extracted (Trizol, Thermofsher, USA), and then processed (SuperScript IV, Thermofsher, USA) for cDNA using a reverse transcription kit. Table S1 lists measurements, markers, and associated PCR primers employed in.this study.

Western blot

Total proteins(RIPA, Beyotime, China) were extracted for quantifcation, followed by electrophoresis on a gel (SDS-10% polyacrylamide). Subsequently transferred to PVDF membranes for containment (Tris, 3% skimmed milk, 1 h), primary antibodies were incubated overnight: anti-TRAF6 (A0973, ABclonal, 1:1000), anti-iNOS (ab178945, Abcam,1:1000), anti-Arg1 (ab96183, Abcam, 1:1000), anti-c-JUN (SC-74543, Santa Cruz, 1:10000), anti-NF-kB p65 (3034, Cell Signaling, 1:1000), anti-c-JUN (phosphor S70) (ab30620, Abcam, 1:1000), anti-NF-kB p65 (phosphor S536) (3033, Cell Signaling, 1:1000), anti-GAPDH (60008–1-Ig, Proteintech, 1:1000).

Washed in PBS, the secondary antibody (ab288151, Abcam, 1:3000) was incubated (37 \degree C, 1 h), followed by visualization and quantitative analysis.

Immunofuorescence assay

Fixed spinal cord tissues were parafn-embedded, deparafnized and repaired with antigens (boiled, 10 min), blocked in goat serum (room temperature, Solarbio, 15 min), and incubated with primary antibodies (4 °C, 24 h): anti-TRAF6 (A0973, ABclonal,

1:1000), anti-iNOS (Abcam, ab178945, 1:500), anti-Arg1 (Abcam, ab96183, 1:500), anti-Iba-1 (Abcam, ab178846, 1:500), Neuronal Marker anti-NeuN (Abcam, ab177487, 1:1000), anti-GFAP (Proteintech, 16825–1-AP, 1:50). After PBS washing, the secondary antibody (Alexa Fluor 488/Alexa Fluor 546, Beyotime, China, 1:200) was reacted for 90 min, and observed under a fuorescence microscope.

ELISA assay

The IL-1 β , TNF- α , IL-6, and IL-10 levels in the spinal cord were measured using Elisa kits (Beyotime). Quantifcation was performed using a microplate reader (Molecular Devices, USA, OD 450 nm). Samples concentrations were counted from the prepared standard curve.

Statistical analysis

Data were visualized and analyzed (means \pm SD) using GraphPad Prism 7 (GraphPad Software, Inc.). Data were statically analyzed for diferences using a t-test or one-way or two-way analysis of variance (ANOVA), with $p < 0.05$ or $p < 0.01$ considered signifcantly diferent.

Results

TRAF6 was up-regulated in CCI model

To simulate neuropathic pain, sciatic nerve ligation surgery was used for establishing the CCI mice model. Compared with the sham group, the qRT-PCR, and western blot analysis showed that the TRAF6 level was rapidly and signifcantly elevated in CCI mice (Fig. [1](#page-4-0) A-B). The enhancement of TRAF6 started from day 3, reached a peak on day 7, and maintained until day 21. Immunofuorescence assays reconfrmed this result (Fig. [1](#page-4-0)C). Then, we observed the co-expression and distribution of TRAF6 with neuronal marker NeuN, microglia marker Iba-1, and astrocyte marker GFAP in sham and CCI mice as CCI progressed using immunofuorescence staining (Fig. [1](#page-4-0)D). Co-expression of TRAF6 with NeuN, Iba-1, and GFAP was increased in the CCI model, and the variation was more pronounced in microglia. Therefore, we re-examined the tendency of Iba-1 changes under diferent days of CCI. The results revealed that Iba-1 peaked on the third day and lasted until day 14, when it began to decline and was lowest on day 21 (Fig. [1](#page-4-0)E). Our results implied that the sustained activation state of microglial might be positively correlated with TRAF6 expression. When TRAF6 expression began to decline, the microglial activation state also began to reduce. However, it did not precisely meet the same time change pattern in CCI-induced neuropathic injury.

Inhibition of TRAF6 relieved hyperalgesia induced by CCI

To characterize the underlying effect of TRAF6 in neuropathic pain, we knocked down TRAF6 by intrathecal injection using short hairpin RNA (shRNA) of adeno-associated virus (AAV). Western blot assay showed that AAV-shRNA#1 and AAV-shRNA#2 efectually declined the expression of TRAF6 compared with the AAV-shNC group (Fig. [2A](#page-5-0)). Furthermore, co-immunofuorescence staining demonstrated that TRAF6 knockdown (AAV-shRNA) reduced the co-expression of TRAF6 in neuronal, microglia, and astrocytes (Fig. [2](#page-5-0)B-D). We performed mechanical and thermal tests to determine the efect of TRAF6 inhibition on motor ability and pain sensitivity in CCI mice. As shown in Fig. [2](#page-5-0)E, the PWT and PWL were reduced by CCI compared with the sham group; TRAF6 knockdown signifcantly alleviated these symptoms. The results suggest that inhibition of TRAF6 alleviates CCIinduced neuropathic pain sensitivity.

Inhibition of TRAF6 modulated CCI-induced microglia polarization to alleviate CCI-induced infammatory reaction

Microglial activation has a vital function in neuropathic pain. M1 phenotype of microglia is usually dominant in neuropathic pain (Gui et al. [2020a](#page-12-2)). To examine the efect of TRAF6 on microglia activation in CCI-induced mice, we evaluated M1-labeled iNOS and M2-labeled Arg1 levels in microglia. The immunofuorescence staining displayed that TRAF6 knockdown reversed the enhanced iNOS expression and reduced Arg1 levels compared with the AAV-shNC group. The immunofuorescence staining revealed that Iba-1 was correlated

Fig. 1 TRAF6 was up-regulated in mice CCI model. (**A**) QRT-PCR analyzed the mRNA expression of TRAF6 on different days in the sham or CCI group. (**B**) TRAF6 levels in the spinal cord of diferent days in the sham or CCI groups were detected by Western blotting. (**C**) Representative immunofuorescence images of TRAF6 on diferent days. (**D**) Immunofuo-

positively with iNOS and negatively with Arg1 (Fig. [3A](#page-6-0)-B). Meanwhile, the qRT-PCR and western blot assay results proved that TRAF6 knockdown could decrease iNOS expression and increase Arg1 expression (Fig. [3C](#page-6-0) and D). This test exhibited that TRAF6 suppression could depress CCI-induced M1

rescence staining was tested for the co-expression of TRAF6, NeuN, Iba-1, and GAFP in the spinal cord of CCI mice with TRAF6. (**E**) Representative immunofuorescence images of Iba-1 on diferent days. **p*<0.05, ***p*<0.01 vs Sham. Scale bar: 200/100 μm. #1 and #2 represent repeated trials

polarization of microglia and encourage the antiinfammatory M2 phenotype.

Infammation is a common and latent mechanism in neuropathic pain. Then, we determined the level of infammatory cytokines using qRT-PCR and Elisa. As shown in Fig. [3](#page-6-0)E and F, infammatory cytokines were

Fig. 2 Inhibition of TRAF6 relieved hyperalgesia induced by CCI. (**A**) The western blot and qRT-PCR assay tested AAVshRNA or AAV-shNC transfection efficiency in CCI-induced mice. (**B-D**) The immunofuorescence was further employed to detect co-expression of TRAF6 with NeuN, GFAP, and Iba-1, respectively, in CCI-induced mice after intrathecally injecting

AAV-shRNA or AAV-shNC. (**E**) Mechanical allodynia was estimated by Von Frey flaments detection of paw withdrawal thresholds, and thermal hyperalgesia was calculated by radiant heat detection of paw withdrawal latency. ***p*<0.01 vs Sham, and $^{#}p$ < 0.05, $^{#}p$ < 0.01 vs CCI. Scale bar: 200/100 μm

Fig. 3 Inhibition of TRAF6 modulated CCI-induced microglia polarization to alleviate CCI-induced infammatory reaction. (**A-B**) Co-expression levels of Iba-1 with iNOS and Arg1, respectively, with or without AAV-shRNA were examined using co-immunofuorescence staining in CCI-induced mice.

(**C**) QRT-PCR and (**D**)Western blot assay were utilized to test the iNOS and Arg1 levels. (**E**) QRT-PCR and (**F**) Elisa assay kits were used to test the release of infammatory cytokines. * $p < 0.05$, ** $p < 0.01$ vs Sham, and $p < 0.05$, ** $p < 0.01$ vs CCI. Scale bar: 200/100 μm

substantially more abundant in the CCI group compared with the sham group. Nonetheless, the elevated contents of pro-infammatory cytokines IL-1β, IL-6, and TNF- α levels were depressed by TRAF6 knockdown, and IL-10 (anti-infammatory) was promoted. The data reveals that inhibition of TRAF6 alleviates excessive infammation induced by CCI operation.

TRAF6 promoted polarization of microglia M1 phenotype

To demonstrate the infuence of TRAF6 on microglia polarization, we developed a cellular model by stimulating BV-2 cells with LPS, and the exogenous plasmids of TRAF6 were transfected into BV-2 cells. We analyzed the expression of TRAF6, iNOS, and Arg1 using western blot and qRT-PCR, while the proportion of M1 $(CD86⁺)$ and M2 type $(CD206⁺)$ cells detected by immunofluorescence and flow cytometry. As displayed in Fig. [4](#page-8-0)A, the mRNA and protein expression levels of TRAF6 rose with increasing doses of LPS. LPS-induced enhancement of TRAF6 and iNOS were raised further by overexpression of TRAF6. Inversely, the expression of Arg1 was reduced by exogenous TRAF6 in LPS-exposed BV-2 cells (Fig. [4B](#page-8-0)). Furthermore, we detected markers of microglia polarization via immunofuorescence costaining with Iba-1. As shown in Fig. [4C](#page-8-0), LPS-stimulated CD86 (M1 marker) and the reduced CD206 (M2 marker) were elevated and inhibited by exogenous TRAF6, respectively. Regarding the flow cytometry results, depletion of TRAF6 decreased CD86, while CD206 conversely (Fig. [4](#page-8-0)D), the same was true for immunofuorescence. Therefore, we knocked down the expression of TRAF6 in BV-2 cells. Then we determined the level of infammatory cytokines using qRT-PCR and Elisa and revealed that interference with TRAF6 expression efectively diminished the promoting efect of LPS on pro-infammatory factors (IL-1β, IL-6, and TNF-α) and up-regulated IL-10 levels (Fig. [4](#page-8-0)E-F). In addition, we also knocked down TRAF6 in LPS-cultured BV-2 cells to further determine its efect on microglial polarization. It was observed that Knocking down TRAF6 inhibited iNOS expression and promoted Arg1 expression (Fig. [4](#page-8-0)G). Also, regulating infammatory factors had the oppo-site effect on TRAF6 overexpression (Fig. [4H](#page-8-0)). These results manifest that TRAF6 mobilization of microglia may share the same infuences as LPS and that

TRAF6 depletion signifcantly reverses the direction of microglia polarization and the infammatory state.

TRAF6 conduces to c-JUN/NF-kB pathway activity in microglia

It had been reported that the efect of TRAF6 on infammation was concerned with the c-JUN/NF-kB pathway in keratinocytes (Jiang et al. [2022](#page-13-16)). The inhibition of the c-JUN or NF-kB pathway could reduce M1 polarization of microglia to improve neuroin-flammation (Bi et al. [2022](#page-12-3); Zheng et al. [2020](#page-14-0)). To characterize whether the efect of TRAF6 in neuropathic pain involves the c-JUN/NF-kB pathway, we characterized the mobilization of the c-JUN/NF-kB pathway in LPS-stimulated BV-2 cells using western blot. It turned out that the levels of p–c-JUN and p-NF-kB were raised in LPS-stimulated BV-2 cells, and TRAF6 overexpression further stabilized the p–c-JUN and p-NF-kB expression (Fig. [5](#page-9-0)A). However, the raised levels of p–c-JUN and p-NF-kB were inhibited by silencing TRAF6 in LPS-stimulated BV-2 cells, while the c-JUN and NF-kB expression was not different between these groups (Fig. [5A](#page-9-0)-B). To further prove the results, we tested the protein levels of the c-JUN/NF-kB pathway under overexpression of TRAF6 and knockdown of c-JUN in LPS-stimulated BV-2 cells.Our data demonstrated that the levels of p–c-JUN and p-NF-kB were raised, and overexpression of TRAF6 further promoted the activity of the c-JUN/NF-kB pathway in LPS-stimulated BV-2 cells (Fig. [5C](#page-9-0)). Nevertheless, the increased levels of p–c-JUN and p-NF-kB were inhibited by silencing c-JUN co-transfected with TRAF6 plasmid and sh-c-JUN in LPS-stimulated BV-2 cells (Fig. [5C](#page-9-0)). In addition, iNOS expression was upregulated upon TRAF6 overexpression and downregulated upon c-JUN knockdown, whereas the expression of Arg1 was utterly opposite in LPS-stimulated BV-2 cells (Fig. [5C](#page-9-0)). These fndings demonstrates that TRAF6 modulates microglia polarization status through the c-JUN/ NF-kB pathway.

Inhibition of the c-JUN/NF-kB pathway attenuates CCI-induced neuropathic pain

c-JUN/NF-kB pathway works in neuropathic pain by regulating spinal microglia activation (Tatsumi et al. [2015](#page-13-17); Jing et al. [2019](#page-13-18)). To further explore the

Fig. 4 TRAF6 promoted polarization of microglia M1 phenotype. (**A**) Western blot assay was utilized to probe the TRAF6 level in LPS with diferent doses. (**B**) Western blot assay assessed the TRAF6/iNOS/Arg1 expression in LPS-stimulated BV-2 cells, with or without oe-TRAF6. (**C**) The representative images of immunofuorescence staining of Iba-1 co-expression with CD86 and CD206. (D) Flow Cytometry was applied to quantify the content of CD86 and CD206. (E) Determination

of IL-1β/IL-6/TNF-α/IL-10 in spinal cord tissues by qRT-PCR and (F) ELISA. (G) Western blot assay assessed the TRAF6/iNOS/Arg1 expression in LPS-stimulated BV-2 cells, with or without sh-TRAF6. (H) QRT-PCR and ELISA tested the infammatory cytokines. **p*<0.05, ***p*<0.01 vs Ctrl or Ctrl + NC, and $^{#}p$ < 0.05, $^{#}p$ < 0.01 vs LPS or LPS + NC. Scale bar: 20 μm

Fig. 5 TRAF6 was directed to the c-JUN/NF-kB pathway activity in microglia cells. (**A-B**) Western blot assay assessed the TRAF6/p–c-JUN/c-JUN/p-NF-kB/ NF-kB expression with TRAF6 or sh-TRAF6 in LPS-stimulated BV-2 cells. (**C**) Cells were co-transfected with TRAF6 plasmid and sh-c-JUN, then

the proteins of TRAF6, and (**D**) iNOS/Arg1/p–c-JUN/c-JUN/ p-NF-kB/NF-kB were determined by WB assay. ***p*<0.01 vs Ctrl or Ctrl + NC, $^{#}p$ < 0.01 vs LPS or LPS + TRAF6, and $\binom{^*}{p}$ < 0.01 vs LPS + sh-c-JUN

efect of the c-JUN/NF-kB pathway on TRAF6-regulated neuropathic pain, c-JUN inhibitor SP600125 was applied in this study. As shown in Fig. [6](#page-10-0)A, the PWT and PWL were declined by SP600125 treatment from day 5 compared with the CCI group. The p–c-JUN and p-NF-kB were enhanced in the CCI group compared to the Sham group, which was tested by western blot assay. Meanwhile, p–c-JUN, p-NF-kB, and iNOS levels were also restricted to CCI-induced mice treated with SP600125, but the Arg1 level was increased (Fig. [6](#page-10-0)B). Moreover, the same efect was shown in immunofuorescence images (Fig. [6C](#page-10-0)-D). SP600125 further suppressed Iba-1 and iNOS expression and decreased Arg1 expression. These results reaffirm the role of the c-JUN/NF-kB pathway activation in CCI neuropathic pain and neuroinfammation, which may also be a critical regulatory mechanism for microglia polarization.

Fig. 6 Inhibition of the c-JUN/NF-kB pathway attenuates CCI-induced neuropathic pain (**A**). PWT and. PWL tests. (**B**) The protein levels of iNOS/Arg1/p–c-JUN/c-JUN/p-NF-kB/ NF-kB were analyzed by western blot assay in CCI-induced

3.7 Graphical abstract

This study explores the role of TRAF6 in neuropathic pain. It was determined that TRAF6 mediates the promotion of microglia M1 polarization through activation of the c-JUN/NF-kB pathway. TRAF6 knockdown or an inhibitor of the c-JUN pathway could diminish neuroinfammation and ameliorate neuropathic pain. Such fndings potentially represent a new therapeutic approach to alleviate neuropathic pain.

Discussion

The injury of the peripheral nerve or central nervous system causes neuropathic pain. The enhanced sensitivity to innocuous or noxious stimulation is a signifcant characteristic of neuropathic pain (Wang et al. [2020;](#page-13-14) Grace et al. [2014\)](#page-12-4). Microglia are essential mice treated with SP600125. (**C-D**) The immunofuorescence staining was performed to detect Iba-1, iNOS, and Arg1 levels in CCI-induced mice treated with SP600125. $**p<0.01$ vs Sham, and $^{#}p$ < 0.05, $^{#}p$ < 0.01 vs CCI. Scale bar: 200/100 μ m

in the pathogenesis of neuropathic pain in the spinal cord. Nerve damage leads to a rapid microglial reaction with activation transition of signaling pathways (Wang et al. [2020](#page-13-14); Ferraz et al. [2021\)](#page-12-5). Activated microglia polarized into the M1 phenotype or the M2 phenotype (Zhao and Gao [2019\)](#page-13-19). M1 microglia release the pro-infammatory cytokines (Yao et al. [2014\)](#page-13-20) and increase sensitization of neurons through the interaction of microglia and neurons to contribute to developing neuropathic pain in the spinal cord (Wang et al. [2020;](#page-13-14) Ferraz et al. [2021\)](#page-12-5). Hence, regulating microglia activation and associated infammation might be a latent therapeutic strategy for neuropathic pain. In this research, we identifed that TRAF6 was a biomarker, and TRAF6 deduction lessened CCIinduced hyperalgesia, microglia activation, and infammatory reaction in neuropathic pain.

TRAF6 is involved in the modulation of vascular permeability, angiogenesis, and infammatory

signaling in many diseases (Liu et al. [2019\)](#page-13-21). It has been reported that TRAF6 promoted angiogenesis and neurogenesis and inhibited infammatory response in mice with acute ischemic stroke (Qiu et al. [2021](#page-13-22)). Oppositely, it has been found in Li's research that meningitic Escherichia coli signifcantly induced TRAF6 in human brain microvascular endothelial cells and upregulated TRAF6 led to increased permeability of the blood–brain barrier (BBB) *in vitro* and *in vivo* (Liu et al. [2019\)](#page-13-21). TRAF6 deficiency A only attenuated the progression of atherosclerosis without altering the infammatory response in adipose tissue (Aryal et al. [2018](#page-12-6)). However, TRAF6 induced infammation in human retinal microvascular endothelial cells (Lu et al. [2018\)](#page-13-23) and human alveolar epithelial cells (Guo et al. [2015](#page-12-7)); loss of TRAF6 efectively relieved infammation and prevented the development of diabetic retinopathy (Lu et al. [2018\)](#page-13-23) and LPS-induced acute lung injury (Guo et al. [2015](#page-12-7)). Thus, it could be seen from the previous studies that the function of TRAF6 in infammation remained obscure, though TRAF6 had been implicated in the infammatory response in various diseases. In our research, the enrichment of TRAF6 commenced on day 3 and reached peak on day 7. However, TRAF6 expression declined on days 14 and 21, although it remained highly expressed. This could be attributed to the advanced stage of nerve injury with simultaneous neurogenic infammation and nerve repair at day 14 (Sayo et al. 2019). This finding reaffirms that alterations in the levels of TRAF6 may well direct the neuropathic pain developmental process.

Considering the essential effects of TRAF6 in neuropathic pain, we knocked down TRAF6 in a CCI mouse model. It was revealed that TRAF6 knockdown signifcantly ameliorated mechanical pain and thermal nociceptive sensitization in CCI mice. Immunofuorescence analysis prompted that TRAF6 was predominantly available and mobilized in microglia and astrocytes, especially in microglial cells, and rarely in neuronal cells. Knockdown of TRAF6 enlarged neuronal cells, while microglial cells were markedly suppressed, and astrocytes did not vary much in size. Noting that TRAF6 may be of extraordinary signifcance for microglia activation, we further affirmed the role of TRAF6 in regulating the M1/ M2 polarization state of microglia in conjunction with *in vitro*. Immunofuorescence and WB results for Iba-1, the M1 marker iNOS, and the M2 marker Arg1 demonstrated that TRAF6 promotes microglia polarization toward the M1 type, and knockdown of TRAF6 reverses this efect. Anti-infammatory (IL-10) and pro-infammatory factors (IL-1β, IL-6, TNFα) also altered with TRAF6. However, we noticed that the anti-infammatory factor IL-10 appeared to be elevated in neuropathic pain mice compared with normal mice. In contrast, elevated expression of TRAF6 facilitated its reduction, and diminished expression of TRAF6 augmented the level of IL-10. We conjecture that it might be a compensatory protective mechanism of the organism and that microglia polarization is a dynamically balanced process. Anti- and proinfammatory factor levels are constantly shifting, and intervention by third-party means accelerates their progression in one direction or another. Of course, the exact cause will be confrmed in future studies.

CCI-induced chronic pain often presents with abnormal neuronal damage in addition to the most common neuroinfammation. Researchers have observed in CCI mice that hyperactivation of infammatory factors may be a fundamental cause for increasing neuronal apoptosis in the hippocampal region, which alters cognitive function (Zhang et al. [2023\)](#page-13-25). However, it has been proposed that CCI mice have reduced neurons in the spinal dorsal horn, yet statistically, there is no diference (Cheng et al. [2022](#page-12-8)). This is agreement with our study that CCI mice do not exhibit a signifcant reduction of neurons in the spinal dorsal horn. Nevertheless, we did not examine the changes of TRAF6 on hippocampal neurons in CCI. In contrast, in our study, TRAF6 expression levels were strongly correlated with microglia activation status. However, the expression variations between them were not exactly in the same time pattern. However, we speculate that the persistent activation of microglia may be associated with the high TRAF6 expression state. Nevertheless, whether the microglia activation initiated the high TRAF6 expression or the high TRAF6 level facilitated the microglia activation, the causal relationship requires detailed confrmation.

This study found that the c-JUN/NF-kB pathway was activated in CCI mice. Knockdown of TRAF6 could inhibit microglia M1 polarization and infammatory reaction by efectively interrupting the c-JUN/ NF-kB signaling pathway. Studies have shown that an activated c-JUN/NF-kB pathway induces microglial M1 polarization and aggravates neuroinfammation in the nervous system (Kong et al. [2020](#page-13-26); Barber et al. [2023;](#page-12-9) Bai et al. [2023\)](#page-12-10). In the present study, treatment with SP600125 effectively relieved hyperalgesia. It weakened microglia M1 activation induced by overexpression of TRAF6, indicating that TRAF6 could promote the development of neuropathic pain via regulating the c-JUN/NF-kB pathway.

In conclusion, the current study revealed that TRAF6 is an essential part of pathological processes and a promising target for neuropathic pain treatment. Inhibition of TRAF6 observably relieved hyperalgesia, alleviated infammatory reaction, and reduced polarization of microglia M1 phenotype in neuropathic pain. Moreover, regulating the TRAF6-mediated c-JUN/NF-kB pathway in the spinal cord can be a prospective strategy for managing neuropathic pain.

Author contributions Yu Zhao and Jiahui Liu designed the experiments, Yu Zhao, Tiegang Li, Lichun Zhang, Jun Yang, Feng Zhao, Yu Wang and Yi Ouyang carried them out. Yu Zhao, Tiegang Li and Lichun Zhang analyzed and interpreted the data, Yu Zhao and Jiahui Liu prepared the manuscript. All authors have read and approved the manuscript.

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Data availability The authors declare that all data supporting the fndings of this study are available within the paper, and any raw data can be obtained from the corresponding author upon request.

Declarations

Ethical approval Ethical approval was obtained from the Shengjing Hospital of China Medical University Ethics Committee**.**

Competing interests The authors declare no competing interests.

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