

The Role of Secretory Phospholipase A₂ in the Central Nervous System and Neurological Diseases

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Abstract Secretory phospholipase A₂ (sPLA₂s) are small secreted proteins (14–18 kDa) and require submillimolar levels of Ca²⁺ for liberating arachidonic acid from cell membrane lipids. In addition to the enzymatic function, sPLA₂ can exert various biological responses by binding to specific receptors. Physiologically, sPLA₂s play important roles on the neurotransmission in the central nervous system and the neurogenesis in the peripheral nervous system. Pathologically, sPLA₂s are involved in the neurodegenerative diseases (e.g., Alzheimer's disease) and cerebrovascular diseases (e.g., stroke). The common pathology (e.g., neuronal apoptosis) of Alzheimer's disease and stroke coexists in the mixed dementia, suggesting common pathogenic mechanisms of the two neurological diseases. Among mammalian sPLA₂s, sPLA₂-IB and sPLA₂-IIA induce neuronal apoptosis in rat cortical neurons. The excess influx of calcium into neurons via L-type voltage-dependent Ca²⁺ channels mediates the two sPLA₂-induced apoptosis. The elevated concentration of intracellular calcium activates PKC, MAPK and cytosolic PLA₂. Moreover, it is linked with the production of reactive oxygen species and apoptosis through activation of the superoxide producing enzyme NADPH oxidase. NADPH oxidase is involved in the neurotoxicity of amyloid β peptide, which impairs synaptic plasticity long before its deposition in the form of amyloid plaques of Alzheimer's disease. In turn, reactive oxygen species from NADPH oxidase can stimulate ERK1/2 phosphorylation and activation of cPLA₂ and result in a release of arachidonic acid. sPLA₂ is up-regulated in both Alzheimer's disease and cerebrovascular disease, suggesting the involvement of sPLA₂ in the common pathogenic mechanisms of the two diseases. Thus,

our review presents evidences for pathophysiological roles of sPLA₂ in the central nervous system and neurological diseases.

Keywords Alzheimer's disease · Cerebrovascular disease · Long-term potentiation · L-type voltage-dependent Ca²⁺ channels · Neuronal apoptosis · Phospholipase A₂

Abbreviations

AA	Arachidonic acid
AD	Alzheimer's disease
AMPA	Amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid
APP	Amyloid precursor protein
CaMK II	Calcium/calmodulin-dependent protein kinase II
COX	Cyclooxygenase
CVD	Cerebrovascular disease
iPLA ₂	Ca ²⁺ -independent cytosolic phospholipase A ₂
ER	Endoplasmic reticulum
FAβ	Fibrillar Aβ
[Ca ²⁺] _i	Intracellular Ca ²⁺ concentration
IL-1β	Interleukin-1β
LGCC	Ligand-gated calcium channel
LTP	Long-term potentiation
L-	L-Type voltage-dependent Ca ²⁺ channels
VDCC	
MAPK	Mitogen-activated protein kinases
NMDA	N-Methyl-D-aspartate
NFTs	Neurofibrillary tangles
PAF	Platelet activating factor
PLA ₂	Phospholipase A ₂
PG	Prostaglandin
ROS	Reactive oxygen species
sPLA ₂	Secreted phospholipase A ₂
sPLA ₂ R	Secretory phospholipase A ₂ receptor

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Background

Phospholipase A₂ (PLA₂) belongs to a family of enzymes that catalyze the cleavage of fatty acids from the sn-2 position of glycerophospholipids to produce free fatty acids and lysophospholipids. PLA₂s participate in a wide variety of physiological processes, including phospholipid digestion, remodeling of cell membranes and host defense. According to their biochemical features such as cellular localization, requirement of Ca²⁺, substrate specificity and the primary structure, more than 19 different isoforms of mammalian PLA₂ are classified into several families, including low molecular weight secretory PLA₂ (sPLA₂), Ca²⁺-sensitive arachidonoyl-specific 85-kDa cytosolic PLA₂ (cPLA₂), Ca²⁺-independent PLA₂ (iPLA₂), plasmalogen-selective PLA₂ and platelet-activating factor-acetylhydrolase [1]. The common structural and catalytic properties of mammalian sPLA₂s are: the presence of 6–8 disulfide bonds, highly conserved catalytic dyad His–Asp and “Ca binding loop”, a requirement for millimolar concentration of Ca²⁺ for catalysis, and a broad specificity for phospholipids with different polar head groups and fatty acid chains. In addition to the digestive function, sPLA₂ can exert various biological responses through the binding to the cell surface PLA₂ receptor [2]. In the mammalian nervous system, nine sPLA₂ (IB, IIA, IIC, IIE, IIF, III, V, X and XII), cPLA₂ (IV), iPLA₂ (VI) and platelet-activating factor (PAF)-acetylhydrolase (VII, VIII) have been detected.

Occurrence of sPLA₂s in Mammalian Nervous Tissues and Neural Cells

The sPLA₂s are small secreted proteins (14–18 kDa) and use an active site histidine and absolutely require submillimolar levels of Ca²⁺ for catalysis. In close proximity to the catalytic histidine, there is a conserved aspartate. The two amino acids form a His/Asp dyad. Mammalian PLA₂s do not show a distinct preference for particular fatty acids, whereas there is some specificity for certain head groups of the phospholipid substrate: generally, sPLA₂s show a high activity with anionic phospholipid but only the sPLA₂-V and sPLA₂-X PLA₂s also hydrolyze phosphatidylcholine vesicles.

sPLA₂-IB

The human sPLA₂-IB consists of 148 amino acids (calculated molecular mass [*M_r*]=16,800). The gene of sPLA₂-IB maps to chromosome 12q23–24. sPLA₂s are Ca²⁺-dependent for catalytic activity (generally requiring millimolar Ca²⁺ concentrations) [3], consistent with their extracellular activity and millimolar Ca²⁺ concentrations in the extracellular space [4]. Evidence also points to an intracellular functional role sPLA₂ in caveolae-containing compartments around the nucleus of

immune cells and in the nucleus of astrocytes and neurons [5]. sPLA₂-IB has a unique five amino acid extension termed the pancreatic loop in the middle part of the molecule and a group I-specific disulfide between Cys¹¹ and Cys⁷⁷. sPLA₂-IB is produced as an inactive pro-enzyme (pro-sPLA₂-IB) and is activated by proteolytic enzymes such as trypsin and plasmin. Given its abundance in digestive organs, the major physiological function of sPLA₂-IB has been thought to be the digestion of glycerophospholipids in nutrients [6]. Although sPLA₂-IB is originally purified and sequenced from pancreas or pancreatic juice of various mammals, it is also found in the brain [7]. Its mRNA is most abundant in the cerebral cortex, followed by the temporal lobe (Table 1). sPLA₂-IB is expressed in the neuronal cell body of cortex, hippocampus and cerebellum. Although sPLA₂-IB is not detected in the outer layer of cortex, it is abundant in layers 2–4. In the hippocampus, sPLA₂-IB is present in all CA regions as well as in the dentate gyrus [7].

sPLA₂-IIA

The human sPLA₂-IIA consists of 144 amino acids (*M_r*=16,083) and is most similar to sPLA₂-IB with respect to the number and positions of cysteine residues as well as overall identity (51 %) [8]. The gene of human sPLA₂-IIA maps to chromosome 1p35. Its enzymatic properties are almost identical to those of sPLA₂-IB in terms of Ca²⁺ requirement, optimal pH, substrate specificity, as well as high susceptibility to the sPLA₂ inhibitor indoxam. sPLA₂-IIA mRNA is detected in all brain region (Table 1). It is highly expressed in the brainstem and midbrain, and lowly in cerebellum and corpus striatum [9].

sPLA₂-IIC

The gene of human sPLA₂-IIC maps to chromosome 1p35.12. sPLA₂-IIC mRNA is exclusively expressed in the brain. As shown in Table 1, it is highly expressed in hypothalamus, cerebral cortex, midbrain, striatum, and hippocampus and lowly expressed in brainstem, thalamus and cerebellum [9]. However, protein of sPLA₂-IIC has not yet been detected and its function not also detected. The gene encoding for sPLA₂-IIC appears to be a pseudogene.

sPLA₂-IIE

The human sPLA₂-IIE consists of 123 amino acids (*M_r*=14,000) and is most similar to sPLA₂-IIA with respect to the number and positions of cysteine residues as well as overall identity (51 %) [8]. Its enzymatic properties are almost identical to those of sPLA₂-IIA in terms of Ca²⁺ requirement, optimal pH, substrate specificity, as well as high susceptibility to the sPLA₂ inhibitor indoxam. sPLA₂-IIE retains considerable catalytic activity at pH 5, with activity falling as the pH is

Table 1 sPLA₂s in nervous tissues and in neuronal cells

Tissues	IB [7]	IIA [9]	IIC [9]	IIE [11]	IIF [12]	III [14]	V [11]	X [11]	XII [19]
Brain	PCR			PCR	NB		PCR	PCR	NB
Neuron	PCR			PCR		WB	PCR	PCR	
						IH	PCR	ISH	
Astrocyte	PCR						PCR		
							ISH		
Cerebral cortex	ISH		PCR	ISH		WB	PCR		
	IH					IH	ISH		
							IH		
Hippocampus	ISH			ISH			PCR	PCR	
							ISH	ISH	
							IH	IH	
Cerebellum	ISH	PCR	PCR	ISH		WB	PCR		
	IH	(Low)	(Low)			IH	ISH		
Striatum		PCR	PCR						
Thalamus			PCR						
			(Low)						
Hypothalamus			PCR						
Midbrain		PCR	PCR				PCR		
							ISH		
Brainstem		PCR	PCR						
		(Low)	(Low)						
Spinal cord						WB			
						IH			
DRG						WB			
						IH			

mRNA of sPLA₂ is detected by real time-polymerase chain reaction (RT-PCR), Northern blotting (NB) and in situ hybridization (ISH). Protein of sPLA₂ is detected by Western blotting (WB) and immunohistochemistry (IH)

raised above 6, suggesting its function in weakly acidic cellular compartments. No catalytic activity is detected for mouse sPLA₂-IIE in the absence of calcium [10]. The gene of human sPLA₂-IIE maps to chromosome 1p36.13. PLA₂-IIE mRNA is detected by RT-PCR in rat brain as well as in primary neuronal cultures [11]. In situ hybridization is carried out to identify the location of the sPLA₂ in rat brain. The mRNA expression of sPLA₂-IIE is found in cortex, hippocampus and cerebellum (Table 1).

sPLA₂-IIF

The full-length cDNA codes for a signal peptide of 20 amino acids followed by a mature protein of 148 amino acids containing all of the structural features of catalytically active sPLA₂-IIs [12]. The gene of human sPLA₂-IIF maps to chromosome 1p35. Its unique feature is the presence of a C-terminal extension of 23 amino acids containing a single cysteine. Human sPLA₂-IIF has been detected in patients with

rheumatoid arthritis, but not in the brain. Mouse sPLA₂-IIF is strongly expressed during embryogenesis and in adult testis. In the mouse brain, Northern blot analysis reveals a very low level of sPLA₂-IIF [10]. sPLA₂-IIF retains considerable catalytic activity at pH 5, with activity falling as the pH is raised above 6, suggesting its function in weakly acidic cellular compartments. No catalytic activity is detected for mouse sPLA₂-IIF in the absence of calcium [10].

sPLA₂-III

Human sPLA₂-III homologous to the bee venom group III is identified by a systematic homology search in nucleic data bases [13]. The sPLA₂ domain is 31 % identical to bee venom sPLA₂ and displays all features of group III sPLA₂s including ten cysteines. The gene of sPLA₂-III maps to chromosome 22q. Its mRNA is highly expressed in kidney, heart, liver and skeletal muscle, but only weakly in the brain. sPLA₂-III is expressed in neuronal cells, such as peripheral neuronal fibers,

spinal dorsal root ganglia neurons and cerebellar Purkinje cells [14]. sPLA₂-III protein is highly expressed in the brainstem, spinal cord and cerebral cortex. sPLA₂-III protein is present in the “light membrane/cytosol” fraction, but not the nucleus, synaptosomal membrane or synaptic vesicle-enriched fractions. sPLA₂-III is immunolocalized to neurons in the cerebral cortex, Purkinje neurons in the cerebellar cortex, periaqueductal gray, red nucleus, spinal trigeminal nucleus and dorsal horn of the spinal cord. Electron microscopy of the spinal cord and cerebral cortex showed that sPLA₂-III is localized in dendrites or dendritic spines, that formed asymmetrical synapses with unlabeled, putatively glutamatergic, axon terminals.

sPLA₂-V

Human sPLA₂-V shows a high level of identity with sPLA₂-IIA, and its gene is located in chromosome 1 close to the gene of sPLA₂-IIA [15]. However, sPLA₂-V lacks one of the seven disulfide bridges found in similar sPLA₂ and, therefore, represents a class of enzymes distinct from sPLA₂-IIA. Cloned human sPLA₂-V has a signal peptide of 20 amino acids, and the matured protein ($M_r=13,692$) consists of 118 residues. sPLA₂-V effectively hydrolyzes phosphatidylcholine vesicles and the outer plasma membrane of mammalian cells. The gene of sPLA₂-V maps to chromosome 1p36–p34. Rat sPLA₂-V mRNA is detected in all brain regions, and highly expressed in the hippocampus [9]. Its protein is also found in the neurons in cerebral cortex and dentate gyrus [11], and in the Bergman glial cells in cerebellum [16]. Immunofluorescence analysis of isolated rat brain nuclei reveals that the enzyme is mainly localized in the nucleoplasm [17].

sPLA₂-X

Human sPLA₂-X shows a high level of identity with, and its gene is located in chromosome 16p13.1–p12 [18]. sPLA₂-X contains unique structures: (1) a long prepropeptide ending with an arginine doublet, (2) 16 cysteines located at positions that are characteristic of both sPLA₂-I and II, (3) a C-terminal extension typical of sPLA₂-IIs, and (4) the absence of elapid and pancreatic loops that are characteristic of sPLA₂-Is. Cloned human sPLA₂-X has a matured protein (calculated molecular mass of 13.6 kDa) consists of 123 residues. Contrary to the other sPLA₂, human sPLA₂-X is very acidic ($pI=5.3$) and possesses disulfide bridges typical to sPLA₂-IB and sPLA₂-IIA. Substrate preferences of sPLA₂-X are phosphatidylethanolamine and phosphatidylcholine liposomes rather than phosphatidylserine. sPLA₂-X is detected in neurons in cerebral cortex and dentate gyrus (Table 1). The level of sPLA₂-X is lower than those of other neuronal sPLA₂s in the central nervous system [11]. On the other hand, sPLA₂-X

is expressed in the peripheral neuronal fibers and in the primary culture of dorsal root ganglia neurons.

sPLA₂-XII

The human sPLA₂-XII cDNA codes for a signal peptide of 22 amino acids followed by a mature protein of 167 amino acids that displays a poor sequence homology with other known sPLA₂s apart from the active site region [19]. The gene of human sPLA₂-XII maps to chromosome 4q25. The Northern blot analysis of tissue distribution of human sPLA₂-XII reveals a major transcript in heart, skeletal muscle, and kidney and lower levels in other tissues including the brain.

Physiological Roles of Secretory Phospholipase A₂ in the Central Nervous System

Neuritogenesis

The enrichment of cytoplasmic PLA₂ in growth cones suggests its plausible involvement in the regulation of growth cone function [20]. Rat pheochromocytoma PC12 cells are often used for the detailed analysis of neuronal functions (Table 2). They are differentiated into adherent cells similar to sympathetic neurons in response to nerve growth factor. Nerve growth factor induces neurite outgrowth and extends processes of PC 12 cells similar to neurites. Adenoviral expression of human sPLA₂-III in PC12 cells or dorsal root ganglia explants facilitates neurite-like outgrowth, whereas expression of a catalytically inactive sPLA₂-III mutant or use of sPLA₂-III-directed small interfering RNA (siRNA) reduces nerve growth factor-induced the extension of process [14]. Mammalian sPLA₂-V and -X also exhibit this effect in PC12 cells [21], and the extension is correlated to its activity rather than to a receptor-mediated mechanism [21]. The neuritogenic activity of sPLA₂ is mediated by generation of lysophosphatidylcholine and subsequent activation of G2A [22]. A G-protein-coupled receptor G2A mediates the signaling of lysophosphatidylcholine. Overproduction or suppression of G2A results in the enhancement or reduction of outgrowth induced by the treatment with sPLA₂ and lysophosphatidylcholine treatment. However, to our knowledge, mammalian sPLA₂ has not yet been reported to contribute to the neuritogenesis in the central nervous system. Rather than sPLA₂, cPLA₂-IV and iPLA₂-VI have been reported to be involved in the neuritogenesis in the central nervous system [23].

Bee venom sPLA₂-III also promotes the processes of PC 12 cells [21], but the enzyme induces neuronal apoptosis [24]. Snake venom sPLA₂-I or II also promotes the processes of PC 12 cells [25], but the enzyme induces neuronal apoptosis [26]. Furthermore, mammalian sPLA₂-IB [27] and sPLA₂-IIA [28]

Table 2 Neuronal apoptosis and neuritogenesis by sPLA₂s

	PLA ₂	Neuron	DRG	PC12
Neurons include cortical neurons in the central nervous system. DRG is dorsal root ganglion in the peripheral nervous system. Apoptosis was not detected in the PC12 cells treated with mammalian sPLA ₂ -IB and sPLA ₂ -IIA	Snake venom sPLA ₂ -IA	Apoptosis [26]		Neuritogenesis [25]
	Mammalian sPLA ₂ -IB	Apoptosis [70]		Not detected [22]
	Mammalian sPLA ₂ -IIA	Apoptosis [28]		Not detected [22]
	Mammalian sPLA ₂ -IIC			
	Mammalian sPLA ₂ -IIE			
	Mammalian sPLA ₂ -IIF			
	Mammalian sPLA ₂ -III		Neuritogenesis [14]	Neuritogenesis [14]
	Bee venom sPLA ₂ -III	Apoptosis [24]		Neuritogenesis [21]
	Mammalian sPLA ₂ -V			Neuritogenesis [21]
	Mammalian sPLA ₂ -X			Neuritogenesis [21]
Mammalian cPLA ₂ -IV	Neuritogenesis [23]			
Mammalian iPLA ₂ -VI	Neuritogenesis [23]			

induce neuronal apoptosis, but they do not promote the processes of PC 12 cells [21, 22]. Since neurons and PC12 cells are differentiated and proliferative cells, respectively, it is no wonder that results obtained from neurons are not in accordance with those from PC12 cells. Thus, the neuritogenic effect of sPLA₂ should be confirmed in the central nervous system.

Neurotransmission

sPLA₂-IIA is contained in rat brain synaptosomes and released from the synaptosomes in response to depolarization evoked by a high concentration of potassium in the presence of Ca²⁺ [29]. When neuronally differentiated PC12 cells were stimulated with carbamylcholine or potassium, sPLA₂-IIA is released into the medium. sPLA₂-IIA inhibitors suppress catecholamine secretion from the carbamylcholine-activated PC12 cells. Exogenous sPLA₂-IIA alone elicits catecholamine secretion [29]. Furthermore, the localization of mature/cleaved form of sPLA₂-III in postsynaptic structures suggests a physiological role of the enzyme in neurotransmission or synaptic plasticity [30].

The activities of cPLA₂ and sPLA₂ increase upon exposure of cortical neurons to glutamate [31]. These studies support a functional link between PLA₂ activity and stimulation of glutamate receptors. Furthermore, sPLA₂ shows a synergistic effect on the increase of transient Ca²⁺ in hippocampal neurons [32], and the release of arachidonic acid (AA) in primary cortical neurons [33] induces by non-toxic and toxic glutamate concentrations. In primary cortical neurons, the combination of exogenous sPLA₂ and glutamate also potentiates the release of AA from phosphatidylcholine and phosphatidylethanolamine [34].

Long-Term Potentiation

Long-term potentiation (LTP) has been proposed as one of mechanisms for memory formation, and is associated with

amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid (AMPA) receptors activation and release of AA [35]. Influx of calcium ions through *N*-methyl-D-aspartate (NMDA) receptors into the postsynaptic spine triggers biochemical processes associated with LTP, which is believed to underlie memory formation in the CNS including the hippocampus and amygdalae (Fig. 1). The increased calcium concentration in the spine activates key

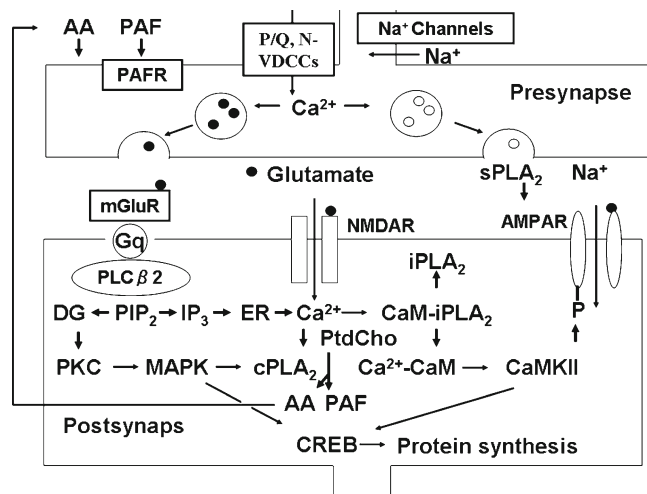


Fig. 1 Physiological roles of PLA₂ on synaptic plasticity. Calcium plays a well-defined role in the biochemical transduction of signals from the synapse to the nucleus. In response to synaptic activity and neurotransmitter release, extracellular calcium flows into the postsynaptic cell through synaptic and extrasynaptic ligand- and voltage-gated calcium channels. Major routes of entry with well-established effects on nuclear gene expression are the NMDA receptor (*NMDAR*). Calcium-permeable AMPA receptors (*AMPA*) may play a role in developing synapses or after the induction of synaptic plasticity. Calcium signals can also be amplified by calcium-induced release of calcium from intracellular stores, triggered by activation of inositol triphosphate receptors (*IP₃R*). Calcium at the mouth of the channel, in the cytoplasm, or within the nucleus can signal to activity-dependent transcription factors. Alterations in calcium influx into the postsynaptic cell during development or as a result of mutation modulate the induction of gene expression in response to neuronal activity. ER denotes endoplasmic reticulum

enzymes such as CaMK II [36] and MAPK [37]. AMPA receptors are activated by phosphorylation by CaMKII, resulting in an increase of Ca^{2+} entry into postsynaptic neurons.

PLA₂ is distributed in synaptic vesicles, and its activity is neutralized completely by an antibody raised against sPLA₂-IIA [29]. sPLA₂-IIA immunoreactive with anti-sPLA₂-IIA antibody is released from synaptosomes in response to depolarization evoked by a high concentration of potassium in the presence of Ca^{2+} . In rat brain membranes, bee venom sPLA₂-III produces a significant increase in the binding of [³H]AMPA to the AMPA/quisqualate receptor. sPLA₂ increases the affinity of the AMPA/quisqualate receptor without changing the maximum number of sites. In contrast, sPLA₂ does not detectably modify the binding of [³H]kainate to the kainate receptor and of [³H]glutamate and [³H]glycine to the NMDA receptor complex [38]. The increased sensitivity of the AMPA/quisqualate receptors contributes to the expression of LTP in area CA1 of hippocampus. NMDA receptor activation increases AA release as a result of calcium influx through the NMDA receptor channel and thereby stimulation cPLA₂ [39].

PLA₂ inhibitors block LTP expression in the CA1 area of hippocampal slices [40] and AA [41] or its metabolites, PAF [42, 43], have been proposed as potential messenger signals released by postsynaptic cells to modify transmitter release in LTP. Exogenously applied AA facilitates LTP formation induced by high-frequency stimulation, and AA applied during low-frequency stimulation may result in slowly developing LTP [44]. In hippocampal slices, PAF induces a stable and concentration-dependent increase in LTP [43]. The PAF effect is blocked by the PAF receptor antagonists [42, 43]. Furthermore, observations that AA- [45] and PAF-induced LTP [43] are blocked by an NMDA receptor antagonist suggest that AA and PAF do not act as a retrograde messenger, but rather they likely serves to modify the functional properties of both NMDA and AMPA subtypes of glutamate receptor [46].

A potent and selective inhibitor of iPLA₂, bromoenol lactone (BEL), completely suppresses the induction of LTP, suggesting a pivotal role of iPLA₂ in the induction of LTP [35]. Although iPLA₂ liberates linoleic acids from phosphatidylcholine, linoleic acid affected neither the induction nor maintenance of LTP [47]. PLA₂ serves as a key enzyme to produce free fatty acids including docosahexaenoic acid (DHA). Although the content of DHA is slightly lower than AA in the central nervous system, DHA is also one of the major components of membrane phospholipids in the brain and is a good substrate of PLA₂ partly because it is mainly localized in the 2-position of the phospholipids, particularly in phosphatidylethanolamine [48]. Therefore, as a result of the activation of PLA₂, DHA may be predominantly released and accumulated in extracellular spaces. Thus, DHA may possibly contribute to the induction of LTP. Products of PLA₂ may modulate glutamate release, postsynaptic receptor activation, and presynaptic responses [46]. In addition to lipid mediators

(i.e., AA, eicosanoids and PAF), the released sPLA₂ from the presynaptic neuron may directly participate in the induction and/or maintenance of LTP through a receptor-mediated mechanism or alternatively through its uptake by the presynaptic neuron [49].

Pathological Roles of Secretory Phospholipase A₂ in Neurological Diseases

Alzheimer's Disease

AD is a neurodegenerative disease characterized primarily by cognitive impairment and secondarily by motor dysfunction. AD is the most common cause of late life dementia [50]. Although most cases of AD are thought to be sporadic, the risk factors for AD include stroke [51]. As well as stroke [52], sPLA₂ is expressed in the brain of AD patients [53]. All these conditions have a vascular involvement and reduce cerebral perfusion. AD is defined pathologically by extracellular neuritic plaques comprised of fibrillar deposits of a 4-kDa hydrophobic polypeptide known as amyloid β ($A\beta$) and neurofibrillary tangles (NFTs) consisting of paired helical filaments of hyperphosphorylated tau (Fig. 2). Other pathologic hallmarks of AD are activated microglia, reactive astrocytes and neuronal cell loss [51].

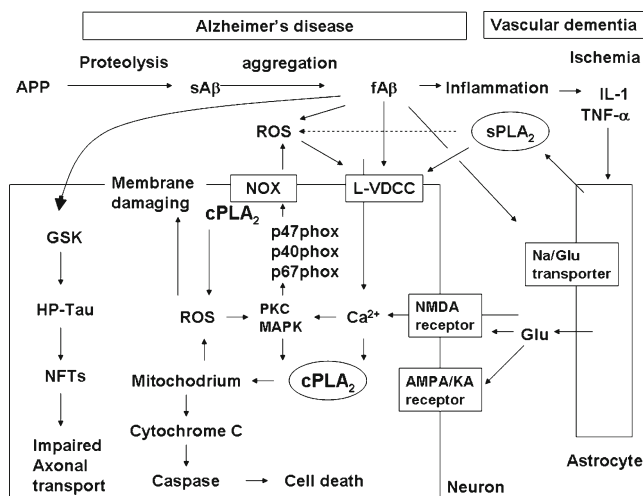


Fig. 2 Steps involved in neurodegeneration of Alzheimer's disease (AD) and cerebrovascular disease (CVD). Scheme showing the $A\beta$ hypothesis in AD, which is based on the role of arachidonate cascade. *AMPA/KAR* *N*-amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid/kainate receptor, *APP* amyloid precursor protein, *cPLA₂* cytosolic phospholipase A₂, *fA β* fibrillar amyloid β protein, *GSK* glycogen synthase kinase, *HP-Tau* hyperphosphorylated tau, *MAPK* mitogen-activated protein kinase, *Na⁺/GluT* Na^+ -dependent glutamate transporter, *NFTs* neurofibrillary tangles, *NMDAR* *N*-methyl-D-aspartate receptor, *A β* amyloid β protein oligomers, *PL* phospholipids, *ROS* reactive oxygen species, *sA β* soluble amyloid β protein, *Glu* glutamate, *sPLA₂* secretory phospholipase A₂, *sPLA₂R* secretory phospholipase A₂ receptor

The Ca^{2+} hypothesis suggests that intracellular calcium increase in response to $\text{A}\beta$ oligomer formation may lead to neuronal cell dysfunction and death in AD [54]. As shown in Fig. 5, mechanisms that perturb normal neuronal Ca^{2+} homeostasis include aberrant Ca^{2+} influx through plasma membrane channels including L-VDCCs [55] and NMDA receptors [56]. Although soluble $\text{A}\beta$ exhibits low toxicity, fibrillar $\text{A}\beta$ ($\text{fA}\beta$), an $\text{A}\beta$ conformation similar to that found in the AD brain, greatly increase $\text{A}\beta$ toxicity in neuronal cultures [57]. $\text{sPLA}_2\text{-IIA}$ mRNA is up-regulated in AD brains as compared to nondemented elderly brains [53]. A higher percentage of $\text{sPLA}_2\text{-IIA}$ -immunoreactive astrocytes present in AD hippocampus and inferior temporal gyrus. In inferior temporal gyrus, the majority of $\text{sPLA}_2\text{-IIA}$ -positive astrocytes are associated with $\text{A}\beta$ -containing plaques. Studies with human astrocytes in culture demonstrated the ability of oligomeric $\text{A}\beta_{1-42}$ and interleukin- 1β ($\text{IL-1}\beta$) to induce $\text{sPLA}_2\text{-IIA}$ mRNA expression, indicating that this gene is among those induced by inflammatory cytokines (Fig. 2).

$\text{fA}\beta$ [55] and $\text{sPLA}_2\text{-IIA}$ [58] generate reactive oxygen species (ROS), which cause membrane lipid peroxidation and disturb the integrity of neuronal membranes (Fig. 2). These free radicals stimulate L-VDCC [59], and potentiate the influx of Ca^{2+} into neurons [55, 58]. Increased oxidative stress is an early event in AD that decreases with disease progression and formation of characteristic lesions [60]. Products of lipid peroxidation show a significant increase of intracellular $\text{A}\beta$ production [61]. $\text{A}\beta$ causes neuronal apoptosis via the activation of caspase [62]. $\text{sPLA}_2\text{-IB}$ exerts its apoptotic activity via the release of cytochrome c , which results in triggering the activation of caspase cascade and poly(ADP-ribose) polymerase cleavage [63].

Cerebrovascular Disease

CVD is caused by vascular lesions, cerebral infarctions, multiple lacunar infarctions and ischemic periventricular leukoencephalopathy. CVD can result from ischemic or hemorrhagic brain damage. The three most common mechanisms causing this disease are single, strategically placed infarcts; multiple cortical infarcts; and subcortical small-vessel disease [64]. Stroke, the potent risk factor for CVD, is caused by a critical alteration of blood flow to a region of the brain [65]. An acute obstruction of an artery results in ischemia, i.e., insufficient blood flow to the tissue [66]. The ischemic brain suffers from a mismatch between its cellular energy demands and the ability of the vascular system to supply substrate, most importantly, oxygen. Subsequently, neurologic malfunctions and neuronal cell death are caused by increased intracellular calcium, excessive extracellular glutamate, free radicals, and inflammation (Fig. 2). At the beginning of the stroke, there is a definite gradation of injury — a central area or core, with low blood flow already showing signs of massive cell death, and

an outer area, the penumbra, that is still alive, but will malfunction after several days. A rat with the middle cerebral artery occlusion has been established as an animal model for stroke [67]. The occlusion causes irreversible necrosis and infarction in the core [68]. On the other hand, cell death is induced not only via necrosis, but also via apoptosis, and cells remain viable for several hours in the penumbra [69].

PLA_2 inhibitors terminate the reversible proapoptotic state in the penumbra. Therefore, interventions designed to terminate the reversible proapoptotic state are expected to reduce the ischemic damage and lead to successful treatment of stroke. The cortical sPLA_2 is induced in response to focal cerebral ischemia [27, 28, 52, 70]. sPLA_2 activity is elevated in the cortex, in which the ischemic core and the penumbra coexist [28]. $\text{sPLA}_2\text{-IB}$ [71] and $\text{sPLA}_2\text{-IIA}$ [58] induces neuronal apoptosis via L-VDCC (Fig. 2). A few minutes after uncompensated brain ischemia, cell death pathways overcome survival-promoting pathways, leading to neuronal death through three interacting mechanisms: excitotoxicity attributable to excess glutamate, oxidative stress, and/or stimulation of apoptotic-like pathways [51].

Multiple Sclerosis and Experimental Autoimmune Encephalomyelitis

The pathology of multiple sclerosis involves both antigen specific mechanisms and the innate immune system, including elements of the acute inflammatory response [72]. Since axonal loss is likely to begin at disease onset, the inflammation that accompanies this degeneration may be a persistent contributing factor in multiple sclerosis, as it all disorders in which there is destruction of nervous tissue. Rodent experimental autoimmune encephalomyelitis models of multiple sclerosis suggest PLA_2 enzymes are involved in the onset and genesis of this disease [73]. Systemic infusion of anchored lipid conjugates, targeting sPLA_2 s, attenuates aspects of the autoimmune response and experimental autoimmune encephalomyelitis clinical disease. Multiple Sclerosis patients also show elevations in sPLA_2 enzyme activity [74]. Enzymatically active sPLA_2 in the urine increases following immunization and peaked between days 8 and 10 PI, which is just prior to the onset of experimental autoimmune encephalomyelitis symptoms [74].

Spinal Cord Injury

Spinal cord injury starts with the primary injury phase, characterized by an initial damage core generally induced by the application of mechanical forces [75]. The secondary injury phase is characterized by the activation of a complex network of cellular processes, such as microglial and astroglial reactivity, leukocyte infiltration and mobilization of neural precursors. The activation of the secondary injury phase usually leads to the massive death of neural cells via apoptosis as well

as necrosis and to the disruption of neural circuits that surround the primary injury core, and these cause most of the functional deficits associated with spinal cord injury [75]. The neurochemical changes include a rise in glutamate and intracellular calcium, degradation of membrane phospholipids with generation of free fatty acids, diacylglycerols, eicosanoids, and lipid peroxides, and activation of phospholipases and lipases [2]. After the initial mechanical insult of spinal cord injury, secondary mediators propagate a massive loss of oligodendrocytes. Following spinal cord injury, both the total phospholipase activity and cytosolic cPLA₂ α protein expression are increased. Cervical spinal cord injury markedly up-regulated mRNA of sPLA₂-IIA and IIE. In contrast, spinal cord injury induces down regulation of sPLA₂-X, and no change in sPLA₂-IB, IIC, V, and XIII expression. At the lesion site, sPLA₂-IIA and IIE expression are localized to oligodendrocytes. sPLA₂-IIA exhibit cytotoxicity in differentiated adult oligodendrocyte precursor cells but not primary astrocytes or Schwann cells [76].

Epilepsy

In the pentylenetetrazol-induced model of epilepsy, sPLA₂ activity is significantly elevated in cortical, hippocampal, and cerebellar regions compared with the control group in rat brain. The increase in sPLA₂ activity is more pronounced in hippocampal and cortical regions than in the cerebellar region [77]. PLA₂ activity is increased in the brain, as frequently reported in schizophrenia, is also related to psychosis in epilepsy. The prevalence of schizophrenia-like psychosis in patients with temporal lobe epilepsy secondary to mesial temporal sclerosis is higher than that in patients with other forms of epilepsy. Temporal lobe epilepsy secondary to mesial temporal sclerosis in patients with psychosis shows a significantly higher brain iPLA₂ activity as compared to patients without psychosis. No significant differences were found between both groups regarding sPLA₂ and cPLA₂ activities. Epileptic seizures are known to stimulate cPLA₂ activity and its expression with the accumulation of AA [78]. More studies are needed on the involvement of PLA₂ isoforms in the pathogenesis of epilepsy.

Pathological Functions of Phospholipase A₂

Secretory Phospholipase A₂ Receptor

Certain types of snake venom sPLA₂ have specific binding proteins similar to the mannose receptor in mammals [79]. Two main types of high affinity receptors for Taipan snake venom sPLA₂s are identified as N-type and M-type (Fig. 3). N-type sPLA₂ receptors are first identified in rat brain membranes [80]. These receptors have high affinities for neurotoxic

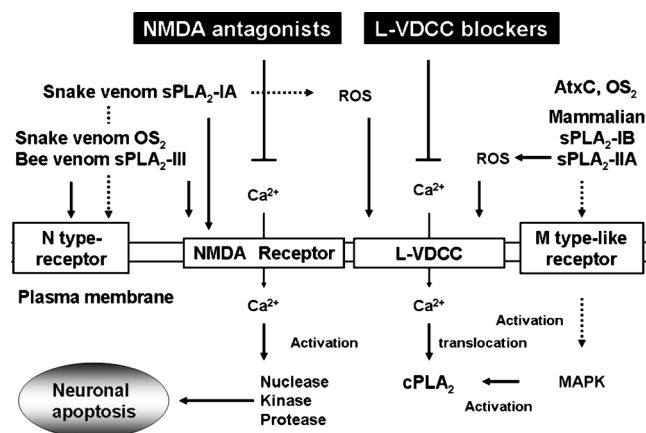


Fig. 3 Secretory phospholipase A₂ receptors. Mammalian sPLA₂s generate ROS, open L-VDCCs, but not glutamate receptors and incorporates Ca²⁺ into neurons. Snake venom sPLA₂s also generates ROS, opens L-VDCCs, activate NMDA receptors and uptake Ca²⁺ into neurons. The elevated level of intracellular calcium concentration activates Ca²⁺-dependent enzymes such as cPLA₂, nucleases, kinases and proteases, and induced neuronal apoptosis

sPLA₂s such as OS₂ and the bee venom sPLA₂ (sPLA₂-III) but not for nontoxic sPLA₂s such as OS₁, suggesting that N-type receptors contribute to the neurotoxic effects of venom sPLA₂s. M-type sPLA₂ receptors are first identified in rabbit skeletal muscle cells. In porcine cerebral cortex, a receptor for long-nosed viper venom ammodytoxin C (AtxC) is identified [81]. In its molecular mass and pharmacological profile, the AtxC receptor resembles the M-type receptor for sPLA₂ from rabbit skeletal muscle (a C-type multilectin, homologous to macrophage mannose receptor), yet in terms of relative abundance in brain and antigenicity, these two receptors are completely different. The AtxC receptor consists of a single 180-kDa subunit and recognizes with high affinity OS₂ but not the neurotoxic sPLA₂-III. On the other hand, ¹²⁵I-labeled ppPLA₂-IB has revealed two classes of high-affinity binding sites in the rat brain [82]. Their binding profile is different from that of binding sites of OS₂, suggesting the existence of a novel class of sPLA₂ N-type binding sites.

Mammalian sPLA₂ can only bind to the M-type receptor, which is not restricted to muscles but also expressed in various tissues [83]. Mammalian sPLA₂-IB are not only digestive enzymes, but also involved in a number of other important physiological processes such as cell contraction [84], lipid mediator release [85] and cell proliferation [86] via its specific receptors. The receptor of porcine pancreatic sPLA₂-IB (sPLA₂R) is composed of a single glycosylated polypeptide chain with an apparent molecular mass of 190 kDa [87]. The sPLA₂R for porcine pancreatic sPLA₂-IB is structurally related to the macrophage mannose receptor, a unique member of Ca²⁺-dependent (C-type) animal lectin family [88]. The sPLA₂-IB receptor carries a region consisting of eight tandem carbohydrate-recognition-domain-(CRD)-like domains as in the case of the mannose receptor; this region is responsible

for sPLA₂-IB binding, not sugar binding, in the sPLA₂-IB receptor. Although the sPLA₂R has not yet been detected in the CNS, sPLA₂-IB is distributed in rat brain and human brain [7].

Secretory PLA₂-Induced Neuronal Cell Death

Porcine pancreatic sPLA₂-IB induces neuronal cell death in primary cultures of rat cortical neurons [70]. sPLA₂-IB shrinks neuronal cell bodies and shortens neurites. In the early stage of cell death, it becomes difficult to resolve the plasma membrane, whereas features in the cytosol and the nucleus are unaltered. In the middle stage, microtubules, neurofilaments, and ribosomes are condensed as the neurons continued to shrink. Moreover, a decrease of the rough endoplasmic reticulum (ER) and progressive swelling of the Golgi cisternae are observed within the cytoplasm. The nuclei shrink progressively, and chromatin clumps become increasingly electron-dense. In the late stage, intracellular organelles such as the ER and the Golgi apparatus are lost, but the mitochondria remained intact. Condensation and fragmentation of chromatin are noted in the nucleus. The dying cells finally are fragmented into small pieces. The sPLA₂-IB-induced neuronal cell death exhibits apoptotic features with blebbed membrane, condensed chromatin, and fragmented DNA. The ultrastructural disruption in sPLA₂-IB-treated neurons is suppressed completely by a sPLA₂ inhibitor, indoxam [70].

Porcine pancreatic sPLA₂-IB induces neuronal apoptosis via its high-affinity binding sites in the rat brain [27]. The specific binding sites of [¹²⁵I]sPLA₂-IB are recognized by an anti-sPLA₂R antibody. The anti-sPLA₂R IgG also causes neuronal cell death as well as sPLA₂-IB. By Scatchard analysis, number of maximal binding sites (B_{max}) and dissociation constant (K_d) values of [¹²⁵I]sPLA₂-IB is 3.1 fmol/10⁶ cells and 0.84 nM, respectively [27]. Although 40 % of [¹²⁵I]sPLA₂-IB bound to neurons is displaced by 100 nM sPLA₂-IB, bee venom sPLA₂-III, a potent inhibitor of N-type binding sites of OS₂ [80], significantly increases the binding of [¹²⁵I]sPLA₂-IB to neurons. The specific binding sites of [¹²⁵I]sPLA₂-IB are distinguishable from the N-type binding sites. sPLA₂-IB appears to cause neuronal cell death via the specific binding sites, which are different from the sPLA₂R and the N-type binding sites of OS₂.

Human recombinant and rat spleen sPLA₂-IIA causes disruption of neurites and cell bodies rather than their shrink in a different fashion to sPLA₂-IB. However, as evidenced by condensed chromatin and fragmented DNA [28], ultrastructural characteristics of neuronal cell death by sPLA₂-IIA are apoptotic. The M-type receptor binds toxic and non-toxic sPLA₂ of either group I or II [81], giving rise to a possibility that sPLA₂-IB and sPLA₂-IIA might induce neuronal apoptosis via the AtxC receptor. The above two sPLA₂s-induced neuronal apoptosis is suppressed by a reversible sPLA₂ inhibitor, indoxam,

as well as a putative irreversible sPLA₂ inhibitor [28, 70]. Under the optimal conditions of each sPLA₂ reaction with 1-palmitoyl-2-oleoyl-*sn*-glycero-3-phosphocholine as a substrate, IC₅₀ values of indoxam against sPLA₂-IIA, -IID, and -IIE are 1–2 nM [89]. On the other hand, the other isoforms (sPLA₂-IB, -V, and -X) are less sensitive to indoxam with over 100-fold higher IC₅₀ values. Indoxam does not only inhibit the enzymatic activity of sPLA₂s, but also blocks the binding to its murine receptor ($K_i=30$ nM) [89], suggesting that sPLA₂s might cause apoptosis via its high affinity binding sites and its enzymatic activity.

sPLA₂-Induced Neuronal Apoptosis via L-type Voltage-Dependent Ca²⁺ Channels

Calcium is an intracellular second messenger in many cell types, and regulates many complicated cellular processes, including cell activation, proliferation and apoptosis. In resting cells, the intracellular Ca²⁺ concentration ([Ca²⁺]_i) is maintained at a low level (50–150 nM) compared with the levels present in the extracellular space (2 mM). However, agonists including hormones, growth factors and neurotransmitters induce changes in the intracellular Ca²⁺ dynamics, including elevation of [Ca²⁺]_i via mobilization of Ca²⁺ from intracellular stores such as the ER and mitochondria as well as the extracellular fluid. The calcium chelator attenuates the neurotoxicity of mammalian and non-mammalian sPLA₂s, suggesting that calcium mobilization might contribute to the apoptosis. Actually, these sPLA₂s elevate the influx of Ca²⁺ persistently before apoptosis [58, 71].

Neuronal cell death is induced synergistically by non-mammalian sPLA₂s (bee venom sPLA₂ and Taipan snake venom sPLA₂-OS₂) glutamate in rat cortical neurons [33]. Glutamate receptors have been classified as ionotropic and metabotropic. Ionotropic glutamate (AMPA, kainate and NMDA) receptors are ligand-gated cation channels, whereas metabotropic glutamate receptors are coupled to various signal transduction systems. NMDARs are unique in that their activation is governed by a strong voltage-dependence due to receptor channel blockade by Mg²⁺ at hyperpolarized membrane potentials. Mg²⁺ blockade gives NMDA receptors their characteristic negative slope conductance.

Snake venom sPLA₂s are neurotoxic in vivo and in vitro, causing synergistic neurotoxicity to cortical cultures when applied with toxic concentrations of glutamate [33]. Antagonists for NMDA receptor and AMPA receptor prevent neurons from the Tipan snake venom sPLA₂-OS₂-induced neuronal cell death [90]. Snake venom sPLA₂-IA also induces neuronal cell death via apoptosis. sPLA₂-IA disrupts cell bodies and fragmented neurites, accompanied with chromatin condensation and DNA fragmentation [26]. NMDA receptor blockers such as PCP and DCKA, but not AMPA receptor blocker, prevent neurons from undergoing the sPLA₂-IA-induced neuronal cell death (Fig. 4).

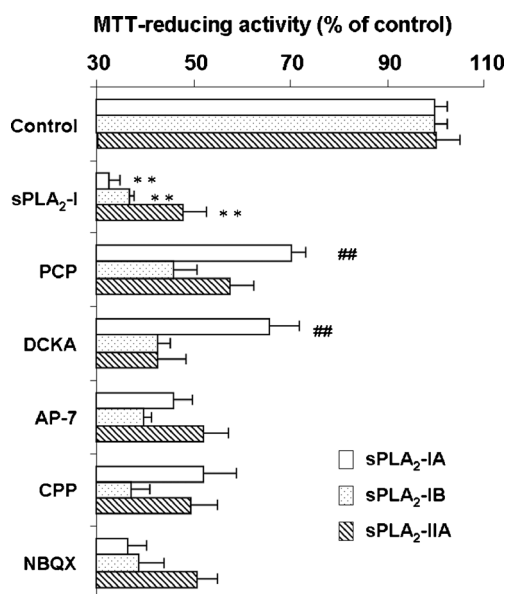


Fig. 4 NMDA receptor blockers rescued neuron from undergoing the sPLA₂s-induced neuronal cell death. Glutamate receptor blockers: cortical neurons were treated with 20 pM sPLA₂-IA (open columns), 50 nM sPLA₂-IB (dotted columns) or 1 μM sPLA₂-IIA (hatched columns) in the absence or presence of 30 μM PCP, DCKA, AP-7, CPP or NBQX. MTT reducing activity was determined 24 h (sPLA₂-IA and sPLA₂-IB) or 48 h (sPLA₂-IIA) later. Data are expressed as means±SEM (*n*=4). ***P*<0.01, compared with control; #*P*<0.05, ###*P*<0.01, compared with sPLA₂-IA or sPLA₂-IB alone by ANOVA followed by Dunnett's test

However, neither NMDA receptor nor AMPA/kinate receptor are involved in the neurotoxicity of mammalian sPLA₂-IB (porcine pancreas) and sPLA₂-IIA (human recombinant) [58, 71] (Fig. 4). Moreover, neither N-type nor P/Q-type VDCCs affects the mammalian and non-mammalian sPLA₂s-induced neuronal cell death (Fig. 5A). An L-type voltage-dependent Ca²⁺ channels (L-VDCC) blocker, nimodipine, completely prevent neurons from undergoing the mammalian sPLA₂-IB- and sPLA₂-IIA-induced cell deaths, whereas it does partially neurons from undergoing the non-mammalian cobra venom sPLA₂-IA (*Naja naja*)-induced cell death (Fig. 5B). The elevation of Ca²⁺ uptake by these sPLA₂s is significantly reduced by L-VDCC blockers [26, 58, 71]. Neither an N-type VDCC blocker nor P/Q-type VDCC blockers affects sPLA₂-increased Ca²⁺ influx. L-VDCC blockers ameliorate mammalian and non-mammalian sPLA₂s-induced morphological changes as well as biochemical apoptotic features [26, 58, 71]. Thus, mammalian sPLA₂s induce neuronal apoptosis via the influx of Ca²⁺ into neurons through L-VDCC, whereas non-mammalian sPLA₂ does through the glutamate receptor and the L-VDCC (Fig. 3).

The L-VDCC is activated by ROS [55], which is generated by sPLA₂-IIA before neuronal cell death [58]. ROS are reduced significantly by radical scavengers, including vitamin E, probucol, butylated hydroxytoluene and chlorpromazine.

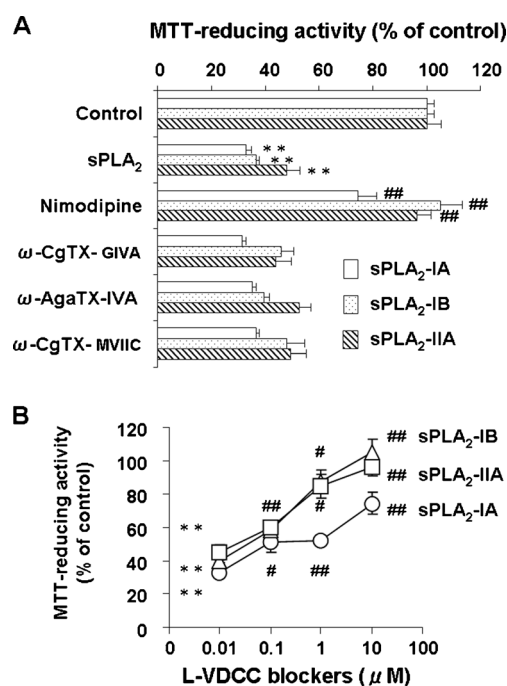


Fig. 5 L-VDCC blockers rescued neuron from undergoing the sPLA₂s-induced neuronal cell death. **a** VDCC blockers: Cortical neurons were treated with 20 pM sPLA₂-IA (open columns), 50 nM sPLA₂-IB (dotted columns) or 1 μM sPLA₂-IIA (hatched columns) in the absence or presence of 10 μM Nimodipine, 1 μM ω-Aga GVIA, ω-CgTX GVIA or ω-CgTX-MVVIC. **b** Concentration: cortical neurons were treated with S-312d or nimodipine at the indicated concentrations in the presence of 20 pM sPLA₂-IA (circles), 50 nM sPLA₂-IB (triangles) or 1 μM sPLA₂-IIA (squares). MTT reducing activity was determined 24 h (sPLA₂-IA and sPLA₂-IB) or 48 h (sPLA₂-IIA) later. Data are expressed as means±SEM (*n*=4). ***P*<0.01, compared with control; #*P*<0.05, ###*P*<0.01, compared with sPLA₂-IA or sPLA₂-IB or sPLA₂-IIA alone by ANOVA followed by Dunnett's test

On the other hand, nimodipine does not affect the production of ROS after sPLA₂-IIA treatment. Vitamin E also suppresses Ca²⁺ influx as well as the L-VSCC blocker. In addition, the above radical scavengers significantly prevent neurons from undergoing sPLA₂-IIA-induced neuronal cell death [58]. As the common pathway, the excess influx of calcium via L-VDCC contributes the neurotoxicity of mammalian and non-mammalian sPLA₂s (Fig. 3).

Pathological Calcium Signaling

VDCCs play pathophysiological roles in coordination with the LGCCs and the intracellular stores (Fig. 2). The elevation of [Ca²⁺]_i activation Ca²⁺-dependent enzymes such as protein kinases, proteinases, DNases, and PLA₂s. Calcium mediated activation of calpain is also reported to cause cell death in various neuropathological conditions including CVD and AD [91]. The requirement for calcium and protein kinases (MAPK and PKC) for cPLA₂ suggests that cPLA₂ is under tight

control by intracellular signaling pathways. The elevation of $[Ca^{2+}]_i$ through L-VGCC and NMDA receptor activates PKC, MAPK and cPLA₂ (Fig. 2). Moreover, it is linked with the production of ROS and apoptosis through activation of the superoxide producing enzyme NADPH oxidase (NOX). There are at least seven known isoforms, NOX1-5, Duox1 and 2, each with a unique combination of subunits [92]. NOX2 is well studied in phagocytic cells, macrophages, and endothelial cells and is comprised of the subunits p47phox, p67phox, p40phox, and Rac 1 in the cytosol and gp91phox and p22phox in the membrane fraction (plasma membranes or other subcellular membranes). Activation of NOX2 is dependent on phosphorylation of the cytosolic subunits, e.g., phosphorylation of p47phox by protein kinase C in human monocytes [93]. Subsequently, the cytosolic subunits form a complex and translocated to the membrane-associated gp91phox subunit. NOX1, 2, and 4 are expressed in neurons, astrocytes, and microglia in the CNS [92]. NOX is involved in excitotoxicity induced by ionotropic glutamate receptors, including the NMDA subtype [94]. NMDA-induced activation of NOX can trigger signaling pathways leading to activation of ERK1/2, the protein kinase required for activation of cPLA₂ (Fig. 2). Oligomeric A β can induce ROS production through NOX. In turn, ROS from NOX can stimulate ERK1/2 phosphorylation and activation of cPLA₂ and result in a release of AA [95]. The excitotoxic effect of A β is inhibited by NMDA receptor antagonists, including memantine, a drug used to treat AD patients [96].

Conclusions

sPLA₂s cause neuritogenesis in peripheral neurons, whereas cPLA₂s and iPLA₂s — rather than sPLA₂ — are involved in the neuritogenesis in central neurons. sPLA₂s are localized at synapse and secret catecholamine from neuronally differentiated PC12 cells, suggesting that the enzymes may release neurotransmitters from neurons. iPLA₂s play a pivotal role in the induction of LTP. Although linoleic acid is preferentially produced by iPLA₂, it does not induce and maintain LTP. Since PAF induces LTP and PLA₂ inhibitors block the induction of LTP, sPLA₂ released from the presynaptic neuron appears to directly participate in the induction and maintenance of LTP.

The abnormal genetic and environmental processes interfere with normal brain maturation and result in dysfunctional monoaminergic neurotransmission associated with the phenotype of schizophrenia. Genetic variation in sPLA₂-IIA, cPLA₂-IVA and iPLA₂-VIA is possibly involved in both brain maturational processes and neurotransmission [97]. The elevation of PLA₂ activity is correlated with structural changes in schizophrenic brains [98]. The increased activity of iPLA₂ in the

brain of schizophrenic patients has been suggested to accelerate the breakdown of membrane phospholipids and alter the properties of neuronal membranes, which in turn contribute to a hypodopaminergic [99]. A genetic variant of cPLA₂ gene has been reported to increase risk for schizophrenia through an increment of PLA₂ activity [100]. Since the elevation of PLA₂ activity is correlated with structural changes in schizophrenic brains [98], its activity and protein may be altered in the disease.

The importance of PLA₂ in the pathogenesis of the neuronal degeneration in prion diseases has been indicated by the use of PLA₂ inhibitors that reduced the misfolding of the normal prion protein, caspase-3 activity and prostaglandin E₂ production [101]. Since cPLA₂ plays a vital role in the progress of prion diseases [102], sPLA₂ might be also associated to the prion diseases. iPLA₂ is the causative gene for early-onset PARK14-linked dystonia–parkinsonism [103]. Mice deficient in cPLA₂ activity are resistant to 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine neurotoxicity, suggesting that cPLA₂ is closely associated with the pathophysiology of Parkinson's diseases [104]. A PLA₂ inhibitor, quinacrine, protects dopaminergic neurons from neurodegeneration in the 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine-induced model of parkinsonism [105], suggesting the plausible involvement of sPLA₂ in Parkinson's diseases.

sPLA₂s are up-regulated in the cerebrovascular disease, stroke, and the neurodegenerative diseases, AD, in which the neuronal apoptosis is the common pathology. sPLA₂s induce neuronal apoptosis via L-VGCC, but not via NMDAR, whereas non-mammalian sPLA₂s induce neuronal apoptosis via L-VGCC and NMDAR [26]. Although mammalian sPLA₂s bind M type-like receptor in the brain, it has not yet been clarified how M type-like receptor contributes to the apoptosis. To this end, the neurotoxicity of sPLA₂s is needed to be analyzed in the M type-like receptor knock-out mouse. Among arachidonate metabolites, 15-deoxy- $\Delta^{12,14}$ -PGJ₂ can be contributed to the neurotoxicity of sPLA₂s. Prior to neuronal apoptosis, sPLA₂s enhance the influx of Ca²⁺ and produce PGD₂. Although PGD₂ receptors have not yet been detected on the neuronal surface, PGD₂ can be non-enzymatically metabolized to 15-deoxy- $\Delta^{12,14}$ -PGJ₂. 15-deoxy- $\Delta^{12,14}$ -PGJ₂ possesses dual functions as a neuroprotectant and a neurotoxicant. 15-deoxy- $\Delta^{12,14}$ -PGJ₂ has been reported to exhibit the neuroprotective effect via its nuclear receptor, peroxisome proliferators-activated receptor γ [106] and the neurotoxic effect via its specific binding sites in the plasma membrane of neurons [107]. One of problems to be resolved is whether the receptor binding and/or the enzymatic activity are required to the neurotoxicity of sPLA₂s.

Conflicts of interest The authors have declared that no competing interests exist.

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