

A novel approach for assessing traumatic brain injury induced light aversion in mice.

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Introduction

- Traumatic Brain Injuries (TBIs) can cause functional and structural damage to the optic tract and other pathways involved with vision.^{1,2}
- Our lab has shown that damage to these pathways leads to visual deficits, observed as a decline in the optokinetic response (OKR).³ This is an involuntary response whereby the eyes (or a mouse's whole head) will follow moving stimuli.
- Studies show that 50% of individuals who have experienced a TBI also suffer from photalgia, or abnormal light aversion, when exposed to bright light.⁴
- Photalgia is associated with cell loss in the retina, which we see in our TBI model.³
- In order to detect deficits in cognitive, motor, and visual processes after a TBI, eye movement dysfunction is a commonly used tool; however, no one has used this to examine light aversion in mice to date.⁵

Hypothesis

Following a TBI, we hypothesize that damage to the visual system increases photalgia, which will be seen through more severe optokinetic deficits at higher light intensities.

Methods

Animals

8-week-old adult male C57Bl/6J mice

Traumatic Brain Injury

Closed head weigh drop model (Fig. 1a)

A 400 g weight was dropped 1.5 cm above bregma in anesthetized mice.

Optokinetic Behavior Testing

Our OKR device (Fig. 1c) was adapted to produce an unpleasant visual environment with 4 different light intensities (80 lux, 400 lux, 1100 lux, and 3200 lux). Mice were placed on an elevated platform in the center of the device with no restriction on movement and recorded for 1 minute per light. Mice were tested with a variety of visual gratings (to assess visual acuity) at multiple times after injury (Fig. 1b).

Statistical Analysis

GraphPad Prism

2way ANOVA

Results

Figure 1

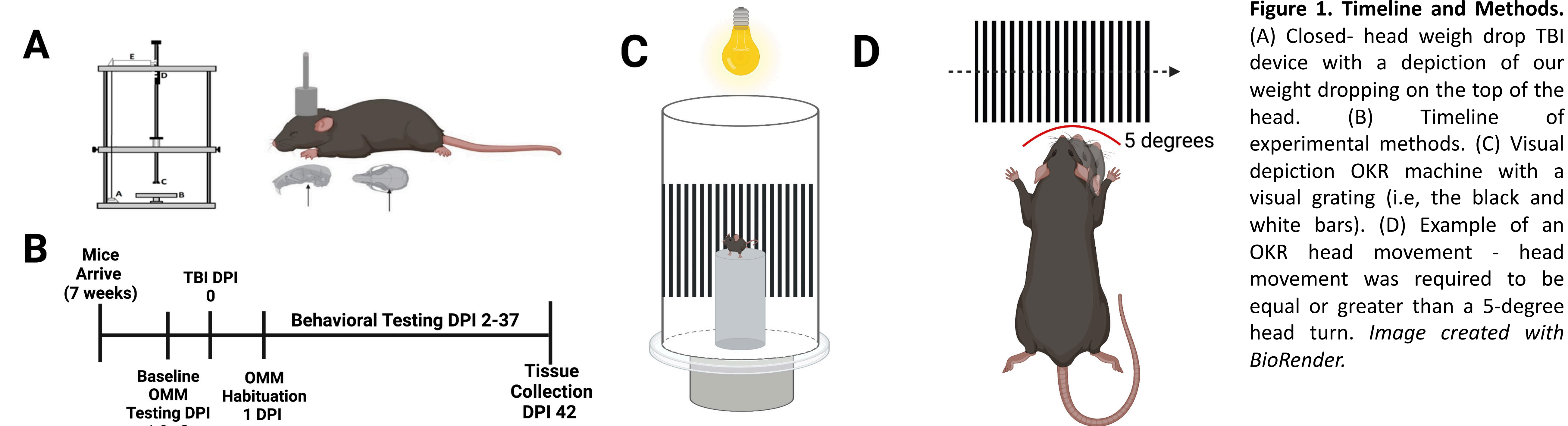
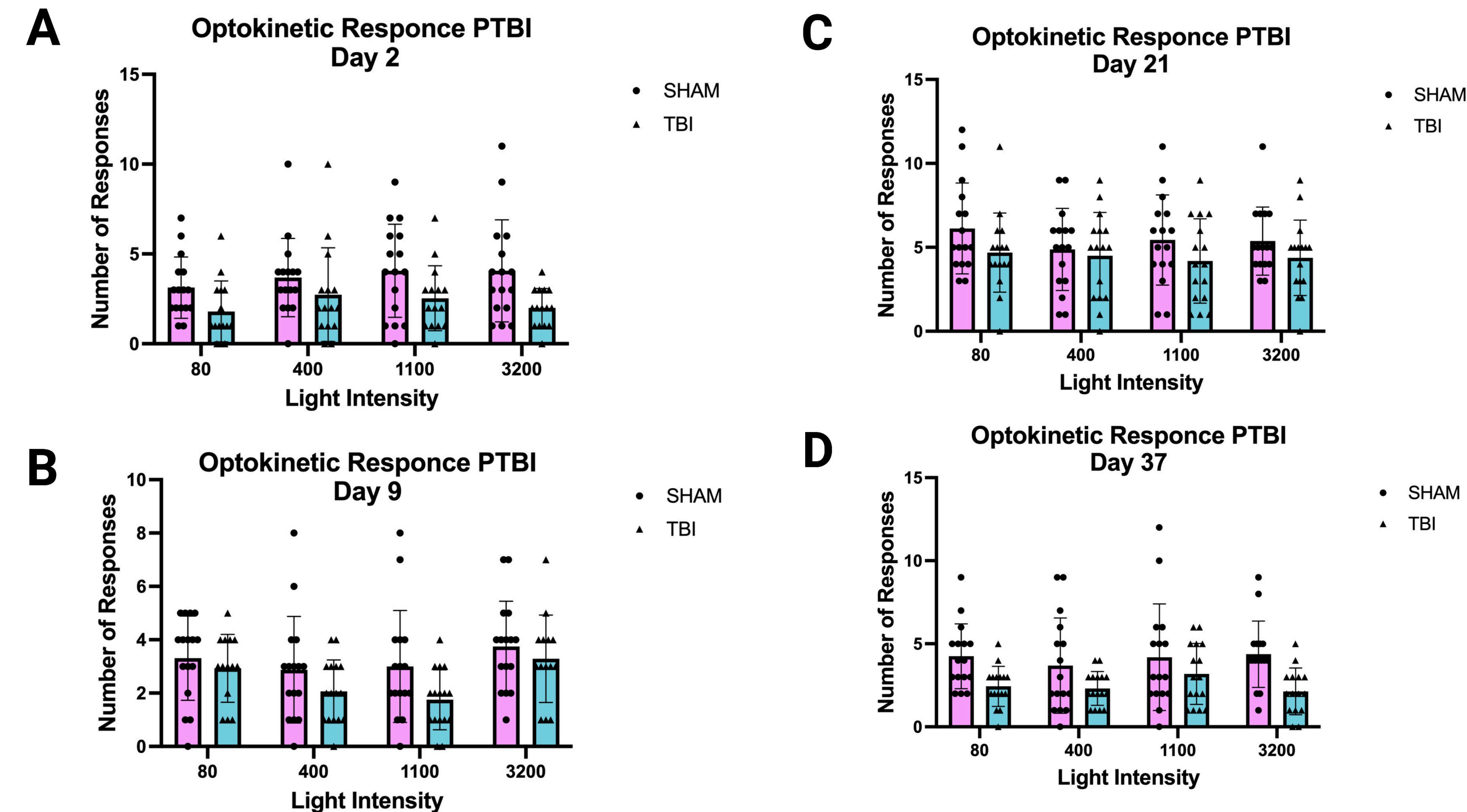


Figure 2



Discussion/Conclusions

- Injured mice showed a blunted/ impaired OKR compared to control mice, indicating the presence of visual deficits following a TBI.
- The Optokinetic Response is not sensitive enough behavior to detect light aversion post-TBI if it exists in mice.

Limitations

- Rod photoreceptors were oversaturated or there was no dark adaptation between light intensities.
- OKR testing may have needed to begin immediately after the TBI was administered or more time should have passed after TBI was administered to observe light aversion.
- Grating size used in OKR machine might not have been the correct size to trigger this response frequently.

Future directions

- Determine photoreceptor loss with immunohistochemistry.
- Use the spectral analysis of electroretinographic (ERG) responses to assess retinal function in TBI mice.
- Utilizing a stress assay such as the light dark box to assess whether darker or brighter light intensities are preferred by mice.
- Utilizing a pain assay will potentially explain the mechanism of photalgia in TBI patients.

References

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