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EMERSON SANTOS DA SILVA

**PEIXE-ZEBRA COMO UM MODELO DE ESTUDO PARA ENCEFALOPATIA
HIPÓXIA PERINATAL: AVALIAÇÃO DE DISTÚRBIOS SOCIAIS,
SUSCETIBILIDADE A CRISES EPILÉTICAS E RESPIRAÇÃO
MITOCONDRIAL CEREBRAL NA IDADE ADULTA**

PORTO ALEGRE

Março, 2019

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Co-orientador: Dr. Marcos Martins Braga

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“Se consegui ver mais longe é porque estava aos ombros de gigantes”

Isaac Newton

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APRESENTAÇÃO

Esta dissertação está dividida em seis partes:

PARTE I: resumo, *abstract*, lista de abreviaturas, introdução e objetivos;

PARTE II: os resultados que fazem parte desta dissertação foram apresentados na forma de artigo científico, **Capítulo I**, o qual será submetido ao periódico *Translational Stroke Research*. O capítulo está subdividido em: Introdução, Materiais e Métodos, Resultados, Discussão, Conclusão e Referências Bibliográficas;

PARTE III: discussão;

PARTE IV: conclusão;

PARTE V: referências bibliográficas referentes à Parte I e Parte III.

PARTE I

RESUMO

A encefalopatia hipóxica perinatal (EHP) é considerada uma das principais causas de morte no período neonatal. As consequências a longo prazo incluem dificuldades sociais e de aprendizado, e aumento do risco de transtornos psiquiátricos e neurológicos, como epilepsia. Dado que a informação sobre a influência da EHP no cérebro adulto é muito limitada, nós investigamos a habilidade de peixes-zebra submetidos à hipóxia poderem ser usados como um novo modelo de EHP. Para atender este objetivo nós investigamos os efeitos sobre a interação social, suscetibilidade a crises epiléticas e consumo de oxigênio (O_2) dos principais componentes do sistema transportador de elétrons (STE) durante a idade adulta de peixes submetidos à hipóxia na fase larval. Para induzir EHP, larvas de peixe-zebra foram colocadas durante 2 horas em um aquário tipo “nursery” com níveis reduzidos de O_2 . Depois disso, os animais foram transferidos para um aquário contendo água normóxica para recuperação espontânea da hipóxia por 120 dias. Nós observamos que os animais com EHP exibiram aumento na taxa de mortalidade, diminuíram o tempo de interação com animais co-específicos e aumentaram a suscetibilidade a crises epiléticas induzidas durante a vida adulta. No entanto, o consumo de O_2 mitocondrial do STE foi equivalente aos controles. Embora não tenha sido observado qualquer efeito sobre a respiração mitocondrial cerebral, o peixe-zebra submetido a hipóxia na fase larval apresentou os efeitos clássicos da EHP na idade adulta. Portanto, nossos dados indicam o potencial uso deste novo modelo para futuros estudos relacionados à EHP.

ABSTRACT

Perinatal hypoxic encephalopathy (PHE) is a neurological injury considered a major cause of acute neonatal death. The long-term consequences include social and learning disabilities, and increased risk for psychiatric and neurological disorders such as, epilepsy. Given that the information about the influence of PHE on adult brain is very limited, we investigated the ability of zebrafish subjected to hypoxia to be used as a new model of PHE. To meet this purpose, we evaluated the effects on social interaction, seizures susceptibility and oxygen (O₂) consumption of the main components of electron transporter system (ETS) during adulthood of fish subjected to hypoxia in larval stage. To induce PHE, zebrafish larvae were placed for 2 hours in a nursery with reduced O₂ levels. After that, animals were transferred to an aquarium containing normoxic water for spontaneously recovery from hypoxia for 120 days. We observed that animals with PHE exhibited increase mortality rate, decrease interactive time with conspecific animal and increase susceptibility to seizure like-behavior during adulthood. However, the mitochondrial O₂ consumption of ETS was equivalent to controls. Although no effect on brain mitochondrial respiration was observed, zebrafish-undergoing hypoxia in the larval phase showed the classic effects of PHE in adulthood. Therefore, our data indicate the potential use of this new model for future studies related to PHE.

LISTA DE ABREVIATURAS

EHP: Encefalopatia hipóxica Perinatal

O₂: Oxigênio

TEA: Transtorno do Espectro Autista

TDAH: Transtorno de Déficit de Atenção e Hiperatividade

SNC: Sistema Nervoso Central

ATP: Adenosina Trifosfato

dpf: Dias Pós-Fertilização

hpf: Horas Pós-Fertilização

phd: Pós dia da hipóxia

PTZ: Pentilenotetrazol

STE: Sistema Transportador de Elétrons

INTRODUÇÃO

1. ENCEFALOPATIA HIPÓXICA PERINATAL

A encefalopatia hipóxica perinatal (EHP) é um transtorno cerebral que afeta 4-6 em 1.000 neonatos (SCHENDEL; NELSON; BLAIR, 2012). Ela é caracterizada pela redução ou bloqueio da oferta de oxigênio ao cérebro de recém-nascidos, resultando em prejuízos cognitivos, crises epiléticas e retardo do desenvolvimento (DU PLESSIS; VOLPE, 2002). Qualquer evento que comprometa o fornecimento de sangue ou oxigênio contribui para a ocorrência da EHP, como a falta de cuidados pré-natais, desproporção céfalo-pélvica, parto pélvico, idade gestacional, hemorragia, embolia do líquido amniótico, colapso hemodinâmico (doença cardíaca, tromboembolismo, sepse, overdose, eclâmpsia, hemorragia intracraniana, anafilaxia), eventos placentários (descolamento ou deterioração) e eventos dos cordões umbilicais (envolvimento no pescoço-enforcamento, ruptura ou compressão) (GILLAM-KRAKAUER; CARTER, 2012). Apesar dos esforços consideráveis para encontrar uma farmacoterapia neuroprotetora clinicamente segura e eficaz, a única terapia atualmente aprovada é a hipotermia moderada. Contudo, apesar da introdução da hipotermia terapêutica (TH) como padrão de tratamento para crianças com EHP, 40-50% das crianças afetadas ainda terão uma deficiência neurológica significativa (EDWARDS et al., 2010).

O desenvolvimento de lesões cerebrais depois da EHP é um processo em evolução que se estende para a fase de reperfusão (ANTONUCCI; PORCELLA; PILLONI, 2014). Em estudos com modelos animais neonatos, observou-se 2 fases de falha energética, a primária e a secundária (LOREK et al., 1994). Na fase primária, observou-se reduções no fluxo sanguíneo cerebral (juntamente com a oferta de O₂) e em compostos fosforilados de alta energia (ATP e fosfocreatina), além da acidose tecidual proeminente (MARTINELLO et al., 2017). Esta falha energética primária está associada a uma série complexa de

alterações intracelulares agudas, incluindo perda da homeostase iônica da membrana, osmoregulação defeituosa, alteração na liberação/recaptação de neurotransmissores excitatórios e alterações na homeostase do cálcio intracelular que desencadeia ativação de proteases, lipases e endonucleases (SIESJÖ; BENGTSSON, 1989). A falha energética secundária é caracterizada por declínios nos níveis de fosfocreatina e ATP sem acidose cerebral (LOREK et al., 1994). Neste processo, mecanismos neurotóxicos secundários são ativados. Ocorre acumulação extracelular de neurotransmissores excitatórios, principalmente glutamato. Isto provoca a ativação excessiva de receptores de glutamato neuronal, principalmente o receptor N-metil-D-aspartato (NMDA), o que resulta num influxo intracelular excessivo de cálcio. O acúmulo de cálcio intracelular resulta na ativação de enzimas de degradação celular e apoptose (lipases, fosfolipases, proteases e endonucleases); produção de espécies reativas de oxigênio através da ativação de xantina oxidase, aumento da síntese de prostaglandinas e ativação da enzima óxido nítrico (NO) sintase (LOREK et al., 1994). Como resultado combinado do aumento de cálcio intracelular e quantidades excessivas de radicais livres, ocorre a deterioração da função mitocondrial (ANTONUCCI; PORCELLA; PILLONI, 2014). A disfunção mitocondrial leva a liberação adicional de espécies reativas de oxigênio; liberação de citocromo c que provoca apoptose neuronal através da ativação de uma cascata proteolítica, incluindo caspases e liberação de proteínas capazes de induzir a apoptose através de um mecanismo independente de caspase (JOHNSTON MV, 2001). Assim, esse esgotamento do oxigênio que ocorre na EHP impede a fosforilação oxidativa, o que acarreta falha de energia mitocondrial primária e inicia uma cascata de eventos que levam à disfunção celular e, inevitavelmente, à morte celular (ANTONUCCI; PORCELLA; PILLONI, 2014).

Os efeitos a longo prazo causados pela EHP em indivíduos que atingem a vida adulta é de difícil investigação uma vez que, a maioria dos estudos foca na detecção de alguma disfunção em idades precoces. A associação existente entre dificuldades cognitivas e comportamentais podem ser esperadas pelas lesões cerebrais geradas pelo EHP. O hipocampo e o estriado estão entre as estruturas cerebrais que podem ser afetadas (ALLEN;

BRANDON, 2011; DE HAAN et al., 2006; GADIAN et al., 2000; MAÑERU et al., 2003; MATTIESEN et al., 2009; TOFT, 1999; VAN HANDEL et al., 2007). Essas estruturas têm sido associadas a funções cognitivas específicas, como memória e atenção, e supostamente desempenham um papel na patogênese do Transtorno do Déficit de atenção e hiperatividade (TDAH), Transtorno do Espectro Autista (TEA) e esquizofrenia (BURSTYN et al., 2011; GETAHUN et al., 2013; MIGUEL et al., 2018; MURRAY et al., 2016; VAN HANDEL et al., 2007).

Por conta do impacto na saúde ao longo da vida dos indivíduos acometidos por EHP, vários biomarcadores moleculares de danos cerebrais causados pela EHP foram descritos e testados. Devido à capacidade limitada de atravessar o Barreira Hematoencefálica (BHE), muitos desses biomarcadores moleculares – como proteínas, podem ser detectados no sangue periférico e outras são detectáveis apenas no líquido cefalorraquidiano (LCR) (Hongyan et al. 2015). Em alguns casos, como por exemplo, a enolase específica de neurônios (EEN) e a proteína ácida fibrilar glial (PAFG) tem seus níveis séricos elevados no soro e no LCR em EHP leve e grave (Celtik et al. 2004) e ainda, durante os danos encefálicos, tem sido demonstrado que os níveis séricos de PAFG correspondem ao dano morfológico avaliado por ressonância magnética após hipóxia, sugerindo que PAFG pode ser um biomarcador molecular confiável de EHP (Lv et al. 2015, Ennen et al. 2011). No entanto, as sequelas neurológicas neonatais (por exemplo, crises epiléticas, hipotonia) são o método comum usado para diagnosticar a EHP e continuam sendo a análise que nos permite determinar o prognóstico do recém-nascido.

2. CRISES EPILÉTICAS

A epilepsia é uma desordem neurológica que acomete o SNC (Sistema Nervoso Central), caracterizada por crises epiléticas decorrentes da atividade anormal, excessiva e hipsincrônica nos neurônios do cérebro (ENGEL, 2006). As lesões neurológicas mais graves ocorrem com uma prevalência de aproximadamente 3/1000 em recém-nascidos

vivos, sendo esse prognóstico associado à EHP (PRESSLER et al., 2015). A EHP é a causa mais comum de crises epiléticas na fase perinatal e está também relacionada a um risco aumentado de desenvolver epilepsia na fase adulta (ALLEN; BRANDON, 2011).

As alterações no SNC resultantes da EHP muito provavelmente sejam causadas por mudança na energia celular. Esta mudança pode resultar numa diminuição dos níveis de trifosfato de adenosina (ATP), um desequilíbrio de neurotransmissores inibitórios e excitatórios que incluem a liberação sináptica excessiva de glutamato e a diminuição da recaptação desse mesmo neurotransmissor, produzindo níveis aumentados na fenda sináptica (GILLAM-KRAKAUER; CARTER, 2012). Em estudos de microdiálise *in vivo* no cérebro de ratos imaturos, demonstrou-se que a EHP resulta em níveis elevados de glutamato (BENVENISTE et al., 1984; SILVERSTEIN; NAIK; SIMPSON, 1991). Além disso, a relevância clínica para os estudos experimentais é sugerida devido a demonstração de concentrações elevadas de glutamato no Líquido Cefalorraquidiano (LCR) de crianças após hipóxia (HAMBERGER et al., 1992). Por fim, já se sabe também que o cérebro neonatal é mais suscetível a crises do que qualquer outro período na vida, por causa de uma predominância de neurotransmissores excitatórios em contrapartida a presença de sistemas inibitórios imaturos (GILLAM-KRAKAUER; CARTER, 2012).

3. MODELO DE PEIXE-ZEBRA E INTERAÇÃO SOCIAL

Modelos animais experimentais de distúrbios cerebrais são ferramentas úteis para descoberta dos mecanismos patogênicos de desordens cerebrais (SILVERMAN et al., 2013). Abordagens experimentais utilizando peixe-zebra (*Danio rerio*) estão rapidamente ganhando popularidade na pesquisa em neurociência (STEWART et al., 2014). Isto se deve a evidências experimentais recentes demonstrando que o peixe-zebra possui alta homologia genética e fisiológica com os mamíferos, além de apresentar respostas sociais e cognitivas complexas que são semelhantes aos observados em roedores e humanos (STEWART et al., 2014).

O peixe-zebra é um animal altamente social e passa a maior parte do tempo em cardume, ficando muito próximo de seu co-específico e exibindo uma gama de comportamentos em cardumes como: interação social (DREOSTI et al., 2015; GREEN et al., 2012; KRAUSE et al., 2000; MILLER; GERLAI, 2012; PHAM et al., 2012), agressão direcionada co-específica (JONES; NORTON, 2015), acasalamento (ENGESZER et al., 2008) entre outros (ARGANDA; PEREZ-ESCUADERO; DE POLAVIEJA, 2012). O comportamento social em peixe-zebra reflete uma interação complexa entre números de animais que se movem juntos de maneira coordenada em um determinado ambiente. Sendo assim, a formação de um cardume coeso corresponde a uma unidade funcional em situações aversivas com a finalidade de proteção. O comportamento de grupo em peixe-zebra vem sendo abordado em estudos envolvendo aspectos ontológicos e efeitos de estresse ambiental, como a hipóxia. Dessa forma, o peixe-zebra pode contribuir para a compreensão da patobiologia da interação entre os indivíduos (KALUEFF; STEWART; GERLAI, 2014).

O estresse hipóxico provoca grandes mudanças metabólicas em todos os organismos que necessitam de oxigênio. Entre os métodos mais conhecidos que têm sido empregados para estudar os efeitos da hipóxia durante o desenvolvimento, está a incubação do organismo numa câmara hipóxica. Neste aparato, o peixe-zebra adulto permanece em água contendo menos de 2mg de O₂/L, caracterizando um procedimento técnico não invasivo, que produz uma baixa perda de animais durante os testes de hipóxia (BRAGA et al., 2013; YU; LI, 2011). Até o momento, esses estudos demonstraram que a câmara de hipóxia causa prejuízos no comportamento exploratório de peixe-zebra adulto associado a uma diminuição na atividade mitocondrial do cérebro (BRAGA et al., 2013; YU; LI, 2011). Se considerarmos o modelo animal apropriado, deve-se ter em mente que existem vários fatores que poderiam influenciar os resultados. Um dos mais significativos é temperatura. A hipotermia é hoje aceita como importante procedimento de tratamento e diferentes temperaturas aos animais durante todo o experimento causam resultados diferentes (Vannucci e Vannucci 2005). No modelo da câmara hipóxica, isso não ocorre porque a temperatura é controlada desde o

princípio de cada experimento. Outra limitação dos modelos da EHP e que deve ser levada em conta é a diferença no sexo. Animais têm respostas sexuais específicas frente a hipóxia e nem todas as moléculas ou mecanismos celulares de dano cerebral são muito provavelmente compartilhada entre sexos (Hagberg et al. 2004, Nijboer et al. 2007b). Assim, nosso modelo torna-se vantajoso pelo fato de um maior número de animais exposto ser possível após a hipóxia separar os animais por sexo e fazer qualquer tipo de análise. Portanto, o modelo de câmara hipóxica em peixe-zebra consiste em ensaios rápidos e práticos, que são adequados para pesquisas sobre mecanismos de hipóxia adulta e no desenvolvimento de novas terapias em doenças relacionadas à hipóxia. Dado todas estas características, o peixe-zebra, associado a uma abordagem de privação de O₂ bem estabelecida, pode se tornar uma ferramenta útil para o estudo da EHP ao longo do desenvolvimento.

Justificativa:

Devido às poucas informações sobre as sequelas que a hipóxia perinatal pode causar na fase adulta esse projeto propõe investigar a habilidade de peixes-zebra submetidos à hipóxia poderem ser usados como um novo modelo de EHP.

Hipótese:

Nossa hipótese de trabalho é que peixes-zebra submetidos à hipóxia na fase larval apresentem, na idade adulta, alterações previamente descritas para modelos de EHP como, déficit social e aumento da suscetibilidade a crises epiléticas. Além disso, nós hipotetizamos que estes efeitos poderiam estar associados com um prejuízo no metabolismo mitocondrial.

OBJETIVO

1. OBJETIVO GERAL

Validar a utilização de modelo de encefalopatia em peixe-zebra adulto através da avaliação da interação social, a susceptibilidade a crises epiléticas e o consumo de oxigênio mitocondrial cerebral.

2. OBJETIVOS ESPECÍFICOS

- Avaliar parâmetros comportamentais através da interação social na fase adulta.
- Estudar a susceptibilidade a crises epiléticas através do estudo de latência e intensidade de crises induzidas por pentilenotetrazol (PTZ) na fase adulta.
- Investigar o consumo de oxigênio dos principais componentes do sistema transportador de elétrons de mitocôndrias cerebrais de peixe-zebra adulto exposto ou não ao pentilenotetrazol (PTZ) na fase adulta.

PARTE II

CAPÍTULO I

Artigo em preparação para submissão

Título: *Hypoxia in zebrafish larvae alters social behavior and seizure susceptibility during adulthood*

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RESEARCH PAPER

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Hypoxia in zebrafish larvae alters social behavior and seizure susceptibility during adulthood

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RESEARCH PAPER

ABSTRACT

Perinatal hypoxic encephalopathy (PHE) is a neurological injury considered a major cause of acute neonatal death. The long-term consequences include social and learning disabilities, and increased risk for psychiatric and neurological disorders such as, epilepsy. Given that the information about the influence of PHE on adult brain is very limited, we investigated the ability of zebrafish subjected to hypoxia to be used as a new model of PHE. To meet this purpose, we evaluated the effects on social interaction, seizures susceptibility and oxygen (O₂) consumption of the main components of electron transporter system (ETS) during adulthood of fish subjected to hypoxia in larval stage. To induce PHE, zebrafish larvae were placed for 2 hours in a nursery with reduced O₂ levels. After that, animals were transferred to an aquarium containing normoxic water for spontaneously recovery from hypoxia for 120 days. We observed that animals with PHE exhibited increase mortality rate, decrease interactive time with conspecific animal and increase susceptibility to seizure like-behavior during adulthood. However, the mitochondrial O₂ consumption of ETS was equivalent to controls. Although no effect on brain mitochondrial respiration was observed, zebrafish-undergoing hypoxia in the larval phase showed the classic effects of PHE in adulthood. Therefore, our data indicate the potential use of this new model for future studies related to PHE.

KEYWORDS

perinatal hypoxia encephalopathy; zebrafish; *Danio rerio*; behavior; social preference test; seizure like-behavior; susceptibility

1. INTRODUCTION

Perinatal hypoxic encephalopathy (PHE) is a neurological injury characterized by partial or complete hypoxia associated with reduction/interruption of the blood flow [1,2]. PHE affects about 4–6 of 1000 live births in developed countries, the incidence is even higher in developing countries [3–6] and is considered a major cause of acute neonatal death [7–9]. In the newborn survivors, the long-term consequences PHE include developmental disabilities, learning deficits, reduced socialization and increased risk for later psychiatric and neurological disorders, such as autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHS), schizophrenia and epilepsy [10–21]. During the perinatal period, PHE is the most common cause of seizures, increasing the risk for development of epileptic seizures in adulthood [22–25]. However, the effects of PHE on increased seizure susceptibility in adulthood are still poorly understood [26–28].

Experimental approaches using zebrafish (*Danio rerio*) are rapidly gaining popularity in neuroscience research (STEWART et al., 2014). This is due to recent experimental evidence demonstrating that zebrafish has high genetic and physiological homology with mammals, as well as presenting complex social and cognitive responses that are similar to those observed in rodents and humans (Stewart et al., 2014). The zebrafish are highly social animals and spend most of their time in school, exhibiting a range of behaviors in schools, such as social interaction (DREOSTI et al., 2015; GREEN et al., 2012; KRAUSE et al., 2000; MILLER; GERLAI, 2012; PHAM et al., 2012). In addition, zebrafish have showed similar behaviors to other models when they are exposed to known compound containing neurochemical action (e.g., kainic acid and pentylene tetrazole (PTZ)) (ALFAROS et al., 2011; MUSSULINI et al., 2018). Finally, this fish species have been used to evaluate the effects caused by hypoxia through a non-invasive technical procedure, which produces a low loss of animals during hypoxia tests (BRAGA et al., 2013; YU; LI, 2011). To date, these studies have demonstrated

that the hypoxia causes impairment in the exploratory behavior of adult zebrafish associated with a decrease in mitochondrial brain activity (BRAGA et al., 2013). Given all these characteristics, zebrafish, associated with a well-established O₂ deprivation approach, can become a useful tool for the study of PHE throughout development.

Since we understand that the development of a more practical PHE model could support a better understanding of the long-term effects of this dysfunction, we aimed to investigate whether zebrafish subjected to hypoxia present the known effects induced by PHE in adulthood. For this purpose, we exposed zebrafish larvae to hypoxia and observed the effects throughout development (e.g., growth and survival). In adulthood, these animals were evaluated in relation to ability to social interaction and susceptibility to seizures induced by PTZ. Moreover, given the role played in hypoxia and seizures, the O₂ consumption of the main components of electron transporter system (ETS) was measured in the brain of the animals, before and after to PTZ exposure.

2. MATERIAL AND METHODS

2.1. ANIMALS

According to handling and animals reproduction described in Baggio et al. 2017 fertilized eggs of zebrafish were collected 2 hours post fertilization (hpf). Eggs not coagulated and translucent based on fertile characteristics described by Zefin Atlas [43] and approximately 200 fertilized eggs by cohorts (three cohorts were used in the whole study; 600 eggs in total) were selected and divided randomly (manually, without use of software) in 2 equal rearing tanks. Eggs were incubated on Biological Oxygen Demand (B.O.D) at 28 °C until 7 days post fertilization (dpf) and were fed twice a day with paramecium from 2 hpf until 30 dpf. At 7 dpf, the fish were moved into 2.8L rearing tanks (20 fish per tank) in a high-density rack system equipped to re-circulating system with mechanical and biological filtration at 28 °C, pH 7.4 and conductivity 500µS (system water). The zebrafish were housed in holding room illuminated with ceiling-mounted fluorescent lamps asset for 14/10 light/dark photoperiod

(light on at 08:00 am). The animals were fed four times a day with a commercial flake fish food (ALCON BASIC, Alcon Brazil) and nauplii of brine shrimp (*Artemia Saline*), and were maintained according to the National Institute of Healthy Guide and Use of Laboratory animals (2011). The ethics Committee approved all procedures with animal subjects for use of animals – CEUA (33284) from the Universidade Federal do Rio Grande do Sul. Zebrafish remained on these holding tanks until the end of the experiments (four months of age – 120 dpf).

2.2. HYPOXIA MODEL

At 72 hpf, zebrafish larvae were randomly assigned to one of the following groups: PHE group (exposed to aquatic hypoxic condition; $\sim 1.8\text{mgO}_2/\text{L}$); Normoxia group (exposed to aquatic regular $[\text{O}_2]$; $8\text{mgO}_2/\text{L}$). We choose exposing animals to hypoxia at this developmental stage because neural tube is fully developed at this time, corresponding to the third trimester of human gestational period [44]. To induce the hypoxia, a glass chamber isolated from the atmospheric environment was filled with water. To obtain very low O_2 concentration ($\sim 1.8\text{mgO}_2/\text{L}$) nitrogen gas (N_2) was added into the water as previously described [38,42]. The O_2 dissolved in water was maintained at a low level ($\sim 1.8\text{mgO}_2/\text{L}$) in order to obtain hypoxic condition. Next, the water from the sealed hypoxic chamber was transferred through a hose to the sealed cover nursery (containing 100 larvae; PHE group). The chamber and the nursery container remained sealed to obtain a closed hypoxic microenvironment. Based on Kimmel [44] the 72 hpf larvae were maintained for 2 hour in this condition. After that, animals were transferred to an aquarium containing water on normoxic condition ($8.0\text{mgO}_2/\text{L}$) and allowed to spontaneously recovery from hypoxia. The other 100 larvae were used as control animals (Normoxia group) and were handled exactly the same way, except that they were maintaining in normoxic conditions during the whole experiment. The day animals were submitted to hypoxia was considered as post-hypoxia day zero (phd0).

2.3. DEVELOPMENTAL MONITORING

Six hundred (4 months-old) wild-type zebrafish (*Danio rerio*) from both sexes were used. All fish were obtained by local breeding through pair-wise crossings and kept at 14h/10h dark/light cycle. Embryos were maintained at embryo medium (NaCl 5.03mM, KCl 0.17mM, CaCl₂ 0.33mM, MgSO₄ 0.33mM, pH 7.5±0.5, 28±1°C) and housed in Biochemical Oxygen Demand (B.O.D.) incubator (28±1°C) at a density of 1 animal/2.5mL. At 5 days post fertilization (dpf), larval zebrafish were fed with *Paramecium* infusoria *ad libitum*, which was gradually replaced by *Artemia* nauplii at 13 dpf. Young fish (21 dpf) were transferred to a recirculating housing system and kept at following conditions: 28±1°C, pH and of 7.5±0.5, conductivity of 500 µS/cm and density of 3 animals/L. Adult animals were fed four times a day with *Artemia* nauplii (09:00 a.m. and 05:00 p.m.) and commercial flake fish food (11:00 a.m. and 03:00 p.m.) at 4-5% of the total biomass. All animals were experimentally naive, healthy and free of any signs of disease.

2.4. SOCIAL PREFERENCE

When animals reached phd120 they were subjected to social preference test. Before being exposed to the apparatus, animals were allowed to acclimate with the experimental room during 1 hour. The acclimation consisted in placing the home tank (containing fishing net inside the aquarium) in the experimental room. This procedure was adopted to minimize agitation and stress provoked by fishing during testing. All behavioral procedures were conducted between 10:00 am and 4:00 pm with ~200 lux of luminosity.

Social preference test was conducted in a glass tank containing fresh system water, which was virtually divided in three zones: (i) the conspecific zone; (ii) the center zone; (iii) the opposite to conspecific zone (Fig. 2). Another tank containing three matched zebrafish was placed adjacent to the conspecific side while an empty tank was placed next to the opposite side. Each experimental fish was gently netted from their home tank, individually putted in the center zone of the tank and allowed to explore it for 6 min [45] (n = 10 by cohorts per group; total 30 animals per group). After each test, the water of the

experimental tank was replaced with the fresh system water. Before and during the experiments all efforts were made to minimize external environmental influence (noise, vibration, movement in front of the tank). ANY-maze video-tracking software (Stoelting CO, USA) was used to automatically record and collect behavioral data. The following parameters were collected: a) number of entries in each zone: an entry was registered when the entire body of the fish crossed the virtual line which defined the zones; b) time spent in each zone; c) moving time. Animals that did not enter one of the zones at least three times were removed from the analysis. In addition, animals that did not move at least 80% of the time were also excluded (6 animals of the n total per group) from the analysis. As a measure of sociability, normal fishes are expected to spend more time in the conspecific zone [45].

2.5. SEIZURE PHENOTYPES

To evaluate hypoxia effects on seizure phenotypes, another group of animals (n = 12 by cohort per group; total n = 36 per group) was subjected to PTZ- induced seizures. PTZ was readily dissolved in water to reach a concentration of 7.5mM. The apparatus consisted of a tank (20 cm width x 613 cm height x 67 cm length) filled with 1.5L of PTZ solution. A webcam (Logitech® HD Pro Webcam C920) was placed 30 cm from the tank to capture animal's behavior. In order to avoid animals' reflex in the walls and floor of the tank and also to ensure a uniform background for the video analysis, the floor plus three of the tank walls were coated with white background cover. All necessary precautions were taken to ensure representative behavioral results and to avoid handling stress by gently transferred between home tanks, beakers, and experimental apparatus. All fish were tested in the same room between 10:00 am and 4:00 pm. Animals were individually placed in the tanks and their behavior was video recorded during 20 min for posterior seizure behavioral assessment [46]. Fish behaviors were analyzed across time through the following score system: score 0, swimming in the bottom area (standard swimming of the fishes); 1, Increased swimming activity (propulsive movements); 2, Erratic movements (Fast forward swim with large bend angles and sharp changes in direction or velocity); 3, Circular swimming in the top (Repetitive swimming in a

circular-rotation direction); 4, Clonic-seizure like-behavior (rapid movements of the body without direction or order hyperactivity circling, spasms, tremor, head shake movements and jittery locomotion); 5, Loss of body posture; 6, death. The videos were analyzed for two investigators who were blinded to the groups. Main attention was given to score 3, 4, and 5, where the following parameters were evaluated: a) latency to reach each score; b) number of events for each score; c) mean events duration for each score: calculated as the total time spent in a specific score divided by total number of events in that score.

2.6. MITOCHODRIAL FUNCTION

A third group of animals (adult zebrafishes; phd120) were used for neurochemical analyzes of mitochondrial function. Animals from both PHE and Normoxia groups were euthanized by decapitation and their brains were removed, weighed, and pooled so that each sample unit (n) was composed by two brains (n = 12 by cohort per group; total n = 36 per group). Brains were mechanically dissociated in 2mL mitochondrial respiration buffer (Hanks Balanced salt solution; HBSS) containing 137mM NaCl, 0.63mM Na₂HPO₄, 4.17mM NaHCO₃, 5.36mM KCl, 0.44mM KH₂PO₄, 1.26mM CaCl₂, 0.41mM MgSO₄, 0.49mM MgCl₂ and 1.11mM glucose, pH 7.2. Next, each sample unit was transferred to high-resolution oxygraph (Oxygraph-2k Oroboros Instruments, Innsbruck, Austria) and O₂ consumption was measured at 28°C. The O₂ flux (in pmol O₂.s⁻¹.mL⁻¹), which is directly proportional to O₂ consumption, was recorded continuously using DatLab software 6 (Oroboros Instruments). After stabilization of the steady state of O₂ consumption, the routine O₂ consumption (basal respiration), phosphorylation coupled to ATP synthesis, maximum capacity of the mitochondrial electron transport system, Complex I and Complex III activities, and residual oxygen respiration (ROX) were measured in each sample unit by the addition of the Oligomycin (4 mg/mL), FCCP (0.1mM), Rotenone (1mM), Antimycin A (5mM), respectively. Results are expressed as consumption of pmol O₂.s⁻¹.mL⁻¹. A part of animals (adult zebrafishes; phd120) was used for neurochemical analyzes of mitochondrial function in

animals that were affected by seizures. These animals were subjected to exactly the same procedures described above, except that they were exposed to PTZ-induced seizures protocol before euthanasia.

2.7. STATISTICS

Data presenting Gaussian Distribution (tested by Kolmogorov-Smirnov normality test) are expressed as mean \pm SD and were analyzed by appropriated parametric test (see below). Data that did not assume Gaussian Distribution are expressed as median and the interquartile ranges and were analyzed by appropriated non-parametric test (see below). Data of survival were analyzed by Mantel–Cox test. For the Social Preference task, we tested the hypothesis that animals did not present preference for one of the zones (conspecific zone). For this, the social discrimination index was calculated as follows: $TC/(TC+TO)$ where TC means the time spent in conspecific zone and TO means time spent in opposite zone. For each group, using One-sample t test, the social discrimination index was tested against 50% of chance of not preferring any of the zones. Moreover, Fisher's exact test was used to analyze the frequency of preference for each zone. Regarding epileptic seizure behavioral assessment, latency for each seizure score and number of seizures for each score were analyzed by Unpaired Student t test, while mean seizure duration for each score was analyzed by Mann Whitney test. For the mitochondrial function assessment, data were analyzed by Paired t test. An $\alpha = 0.05$ was set for all analysis. The data collection was made without knowledge of conditions.

3. RESULTS

3.1. EFFECT OF HYPOXIA ON ANIMAL SURVIVAL AND BODY SIZE

The survival rate was evaluated from phd0 to phd120. Animals exposed to hypoxia present greater probability of dying than animals maintained in Normoxia (Chi square= 16.54; $P < 0.0001$, Mantel-Cox). Graphical representation indicates that the first two weeks post hypoxia was a critical period and about 44% of the animals died. The mortality rate of PHE animals was higher when compared to Normoxia group (about 19%) (Fig. 1).

In relation to body size, animals from PHE group were larger than Normoxia group at phd60 ($P = 0.0067$), phd90 ($P < 0.0001$) and phd120 ($P = 0.0012$) but not at phd30 ($P = 0.3605$) (Supp. Fig. 1).

3.2. EFFECT OF PHE ON SOCIABILITY OF ZEBRAFISH DURING ADULTHOOD

We analyzed whether PHE would alter adult zebrafish social behavior. Animals from Normoxia group spent more time in the conspecific zone ($P < 0.0001$, One-sample t) while animals from PHE group did not ($P = 0.4633$, One-sample t) (Fig. 2b). We also observed that the frequency of animals that spent more than 50% of the testing time in the conspecific zone was higher in Normoxia group (92%) than in PHE group (67%) ($P < 0.0432$) (Fig. 2c). The behavioral pattern of each experimental group is shown in Figure 2a.

3.3. EFFECT OF HYPOXIA ON PTZ-INDUCED SEIZURE SUSCEPTIBILITY IN ADULT ZEBRAFISH

The seizure behavior during PTZ exposure was similar to those previously described by (Mussulini et. al. 2013). Animals from both groups presented increased swimming activity and erratic movements followed by circular swimming at the apparatus surface (score 3) which culminate in clonic seizure-like behavior (score 4) and loss of posture (score 5). Only three animals from Normoxia group (less than 9%) died during the PTZ exposure. We did not observe influence of hypoxia on latency to score 3 ($P = 0.3278$), score 4 ($P = 0.1398$) or score 5 ($P = 0.6427$) (Fig 4a). However, hypoxia increased the number of clonic seizures-like behavior (score 4) ($P < 0.0001$) and the mean duration of score 4 ($P = 0.0414$) (Fig. 4b and c). That also indicates that the animals from PHE group spent more time presenting clonic seizures-like behavior than animals from the Normoxia group. A representation of seizure behavior across time is depicted in Figure 3.

3.4. EFFECT OF HYPOXIA ON MITOCHONDRIAL FUNCTION OF ADULT ZEBRAFISH

Once hypoxia increased animal's susceptibility to PTZ-induced seizures, we tested the hypothesis that hypoxia caused long-term mitochondrial dysfunction, which would be related to the increased predisposition to seizures. We did not observe any influence of hypoxia on mitochondrial O_2 consumption regardless of whether the animals were exposed to PTZ (Supp. Fig. 2) or not (Fig. 5 a-g). However, we observed a decrease on extra mitochondrial respiration (ROX) ($P = 0.0237$) in animals from PHE group that were not exposed to PTZ (Fig. 5h). ROX alteration was not observed between groups in animals that were exposed to PTZ (Supp. Fig. 2).

4. DISCUSSION

We investigated the on social interaction, seizures susceptibility and function of the main components of electron transporter system (ETS) in adulthood of zebrafish subjected hypoxia in larval stage. Our main findings are that hypoxia increased the mortality rate, lead to social deficits and increased the susceptibility to seizure like-behavior in adulthood. Interestingly, these results are similar to those observed in PHE models [47,48], indicating that zebrafish subjected to hypoxia could be a useful model to support a better understanding of the effects caused by PHE.

In our study, we showed that animals subjected to hypoxia had increased mortality rate (approximately 20%) in the first month of development. Interestingly, human neonates affected by severe perinatal hypoxic-ischemic encephalopathy had 40-81.5% of mortality during the first weeks of life [49], reducing significantly the number of deaths after the sixth month of life [49]. In the present study, we observed that the highest mortality occurred in the first two weeks of life and after the first month, no deaths were detected. Thus, these data indicated that the mortality on our study using zebrafish is similar to other clinical and classical PHE models.

Early brain damage caused by PHE can significantly impair the cognition and social behavior in adulthood [50]. Based on social test, our results showed lower permanency of PHE animals in the conspecific zone, which is interpreted as less preference to interact with conspecific animal. We cannot rule out the possible visual impairment of the animals, since hypoxia can be associated with blindness and retinopathy [51]. However, we believe that this factor did not take part on social interaction in the PHE animals, once the frequency in conspecific zone was approximately 70%. Hyperactivity and impulsive behavior have been found in studies with PHE models [10,15,52]. These findings suggest that PHE-affected individuals could present a higher propensity to behavioral impairments, such as elevated rates of hyperactivity, attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder

(ASD) [18–21]. In fact, previous study had demonstrated that 4.2% from PHE-affected children were diagnosed with ASD and about 6-fold increase in ASD risk when compared to children who did not have encephalopathy [53]. There is also a strong correlation between schizophrenia and hypoxia at birth [54–57]. Similar to what has being reported to PHE, our study using zebrafish showed the ability of hypoxia in larval stage to cause long-term social abnormalities.

Seizures are common neurological manifestation of PHE [58], mainly in childhood, and they can occur in adulthood as well [59]. In humans, encephalopathy can be associated with status epileptics and chronic recurrent seizures can be predictors of neurological disability and epilepsy [60–62]. Our study provided an evaluation on PTZ- induced seizures in adult zebrafish that suffered hypoxia at early life. That allowed us to observe that PHE animals presented increased duration and frequency of seizures, indicating a low threshold to seizure like-behavior. Recently, continuous video-EEG monitoring shown that animal models (rodents) exhibited higher frequency to spontaneous recurrent seizures at 6 months after perinatal hypoxia [23,25,63], indicating that PHE can play a role on development of epilepsy later in life. Moreover, a recent study reported that survival individuals from PHE had a five-fold increased risk to develop epilepsy when compared with those healthy individual [64]. Although the need for further studies, these data could be helpful to reinforce the idea that adult individuals with history of PHE should be carefully evaluate regarding seizure precipitating factors or the use of drugs class, individual medications associated with seizures [65].

To date, there is no published information regarding brain mitochondrial function in adulthood of individuals affected by PHE. Here, we hypothesized that our results of low seizure threshold could be related to the altered brain mitochondrial function in adulthood caused by perinatal hypoxia. As mitochondrial injury is a short-term effect of PHE [66–69], our data showed no changes on O₂ consumption of electron transport system components of brain mitochondria of adult animals that had hypoxia.

Therefore, the adult zebrafish behavior alterations describe here cannot be related to modifications of mitochondrial respiration at basal state. It has been shown that genetic factors are able to modulate mitochondrial function (e.g., heat shock factors) and they play an important role in stress situations, such as seizures [70,71]. Thus, it could possible that PHE animals could sustain a lower seizure threshold due to the increased inability to maintain the mitochondrial respiration during stress. To test this hypothesis, we exposed animals from both groups, Normoxia and PHE, to PTZ prior to mitochondrial O₂ consumption evaluation and the results remained unaltered. This finding suggested that there is no relation between the hypoxia-induced reduction in seizure threshold and mitochondrial O₂ consumption in neural cells.

In additional analysis, we observed a decrease in the Residual Oxygen Consumption (ROX) in PHE animals. Although mitochondria are responsible for the vast majority of cellular O₂ consumption, a number of biological processes (e.g., protein folding, lipid and collagen synthesis, and DNA and histone demethylation) involve reactions that utilize oxygen directly [72]. In contrast, studies report that ROX can represents oxidase activities in the cells, indicating the possibility for Reactive Oxygen Species (ROS) formation [72,73]. Thus, there is no plausible explanation for a concrete interpretation for this finding.

5. CONCLUSIONS

Taken altogether, our data suggested that hypoxia at early developmental stages in zebrafish induced similar effects to those observed in humans with PHE such as problem in the social interaction, high mortality and propensity to seizures. Moreover, these effects were

not related to dysfunction on mitochondrial O₂ consumption. Therefore, future investigations will be required to fully understand the cellular and neurochemical mechanisms involved on susceptibility to seizures induced by PHE. Nevertheless, it is remarkable that our data support the potential use of this new model in studies related to PHE.

6. ABBREVIATIONS

ASD; Autism Spectrum Disorder; ADHD; attention deficit hyperactivity disorder; dpf, days post fertilization; PHE, Perinatal Hypoxia Encephalopathy; PTZ, pentylenetetrazol; hpf, hours post fertilization; phd; post hypoxia day.

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8. DISCLOSURES

The authors have no conflict of interest.

9. REFERENCES

1. Vannucci SJ, Hagberg H. Hypoxia-ischemia in the immature brain. *J Exp Biol* [Internet]. The Company of Biologists Ltd; 2004 [cited 2019 Feb 13];207:3149–54. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/15299036>
2. Johnston M V, Trescher WH, Taylor GA. Hypoxic and ischemic central nervous system disorders in infants and children. *Adv Pediatr* [Internet]. 1995 [cited 2019 Feb 13];42:1–45. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/8540425>
3. Schendel D, Nelson KB, Blair E. Neonatal encephalopathy or hypoxic-ischemic encephalopathy? *Ann Neurol* [Internet]. 2012 [cited 2019 Feb 13];72:984–5. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23280849>
4. Antonucci R, Porcella A, Pilloni MD. Perinatal asphyxia in the term newborn. *J Pediatr Neonatal Individ Med* [Internet]. 2014 [cited 2019 Feb 13];3. Available from: www.jpnm.com
5. Maria Rodriguez Perez J, Golombek SG, Sola A. Clinical hypoxic-ischemic encephalopathy score of the Iberoamerican Society of Neonatology (Siben): A new proposal for diagnosis and management. *rev assoc Med Bras* [Internet]. 2017 [cited 2019 Feb 13];63:64–9. Available from: <http://dx.doi.org/10.1590/1806-9282.63.01.64>
6. Kurinczuk JJ, White-Koning M, Badawi N. Epidemiology of neonatal encephalopathy and hypoxic–ischaemic encephalopathy. *Early Hum Dev* [Internet]. 2010 [cited 2019 Feb 13];86:329–38. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/20554402>
7. Daripa M, Caldas HMG, Flores LPO, Waldvogel BC, Guinsburg R, Almeida MFB de. Asfixia perinatal associada à mortalidade neonatal precoce: estudo populacional dos óbitos evitáveis. *Rev Paul Pediatr* [Internet]. Associação Paulista de Pediatria; 2013 [cited 2019 Feb 13];31:37–45.

Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-05822013000100007&lng=pt&tlng=pt

8. Simões MA, Francisco ;, Pabis C, Karyn A, Freitas E, Watanabe PK, et al. Preventable causes of death and factors associated with newborn survival at a university hospital in Curitiba, Paraná, Brazil. *J Bras Patol Med Lab* [Internet]. 2016 [cited 2019 Feb 13];338–44. Available from: <http://www.scielo.br/pdf/jbpml/v52n5/1676-2444-jbpml-52-05-0338.pdf>
9. Millar LJ, Shi L, Hoerder-Suabedissen A, Molnár Z. Neonatal Hypoxia Ischaemia: Mechanisms, Models, and Therapeutic Challenges. *Front Cell Neurosci* [Internet]. 2017 [cited 2019 Feb 13];11:78. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/28533743>
10. de Haan M, Wyatt JS, Roth S, Vargha-Khadem F, Gadian D, Mishkin M. Brain and cognitive-behavioural development after asphyxia at term birth. *Dev Sci* [Internet]. 2006 [cited 2019 Feb 13];9:350–8. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/16764608>
11. van Handel M, Swaab H, de Vries LS, Jongmans MJ. Long-term cognitive and behavioral consequences of neonatal encephalopathy following perinatal asphyxia: a review. *Eur J Pediatr* [Internet]. Springer; 2007 [cited 2019 Feb 13];166:645–54. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/17426984>
12. Kossoff E. Neonatal seizures due to hypoxic-ischemic encephalopathy: should we care? *Epilepsy Curr* [Internet]. American Epilepsy Society; 2011 [cited 2019 Feb 13];11:147–8. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22019739>
13. Srinivasakumar P, Zempel J, Trivedi S, Wallendorf M, Rao R, Smith B, et al. Treating EEG Seizures in Hypoxic Ischemic Encephalopathy: A Randomized Controlled Trial. *Pediatrics* [Internet]. 2015 [cited 2019 Feb 13];136:e1302–9. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/26482675>
14. Getahun D, Fassett M, Wing D, Jacobsen S. 704: Association between perinatal ischemic-

hypoxic conditions and autism spectrum disorder. *Am J Obstet Gynecol* [Internet]. Elsevier; 2013

[cited 2019 Feb 13];208:S296. Available from:

<https://linkinghub.elsevier.com/retrieve/pii/S0002937812011258>

15. Burstyn I, Wang X, Yasui Y, Sithole F, Zwaigenbaum L. Autism spectrum disorders and fetal hypoxia in a population-based cohort: accounting for missing exposures via Estimation-Maximization algorithm. *BMC Med Res Methodol* [Internet]. BioMed Central; 2011 [cited 2019 Feb 13];11:2. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21208442>

16. Miguel PM, Deniz BF, Deckmann I, Confortim HD, Diaz R, Laureano DP, et al. Prefrontal cortex dysfunction in hypoxic-ischaemic encephalopathy contributes to executive function impairments in rats: Potential contribution for attention-deficit/hyperactivity disorder. *World J Biol Psychiatry* [Internet]. 2018 [cited 2019 Feb 13];19:547–60. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/28105895>

17. Jones LJ, Norton WHJ. Using zebrafish to uncover the genetic and neural basis of aggression, a frequent comorbid symptom of psychiatric disorders. *Behav Brain Res* [Internet]. 2015 [cited 2019 Feb 13];276:171–80. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/24954772>

18. Kalueff A V., Stewart AM, Gerlai R. Zebrafish as an emerging model for studying complex brain disorders. *Trends Pharmacol Sci* [Internet]. 2014 [cited 2019 Feb 13];35:63–75. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/24412421>

19. Dilenge M-E, Majnemer A, Shevell MI. Topical Review: Long-Term Developmental Outcome of Asphyxiated Term Neonates. *J Child Neurol* [Internet]. 2001 [cited 2019 Feb 13];16:781–92. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/11732762>

20. Lou HC. Etiology and pathogenesis of attention-deficit hyperactivity disorder (ADHD): significance of prematurity and perinatal hypoxic-haemodynamic encephalopathy. *Acta Paediatr* [Internet]. 1996 [cited 2019 Feb 13];85:1266–71. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/8955450>

-
21. Van Petten C. Relationship between hippocampal volume and memory ability in healthy individuals across the lifespan: review and meta-analysis. *Neuropsychologia* [Internet]. 2004 [cited 2019 Feb 13];42:1394–413. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/15193947>
22. Martinello K, Hart AR, Yap S, Mitra S, Robertson NJ. Management and investigation of neonatal encephalopathy: 2017 update. *Arch Dis Child Fetal Neonatal Ed* [Internet]. BMJ Publishing Group; 2017 [cited 2019 Feb 13];102:F346–58. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/28389438>
23. Liu S, Yu W, Lü Y. The causes of new-onset epilepsy and seizures in the elderly. *Neuropsychiatr Dis Treat* [Internet]. Dove Press; 2016 [cited 2019 Feb 13];12:1425–34. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/27382285>
24. Rakhade SN, Klein PM, Huynh T, Hilario-Gomez C, Kosaras B, Rotenberg A, et al. Development of later life spontaneous seizures in a rodent model of hypoxia-induced neonatal seizures. *Epilepsia* [Internet]. NIH Public Access; 2011 [cited 2019 Feb 13];52:753–65. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21366558>
25. Kang SK, Kadam SD. Neonatal Seizures: Impact on Neurodevelopmental Outcomes. *Front Pediatr* [Internet]. Frontiers; 2015 [cited 2019 Feb 13];3:101. Available from: <http://journal.frontiersin.org/Article/10.3389/fped.2015.00101/abstract>
26. Dixon BJ, Reis C, Ho WM, Tang J, Zhang JH. Neuroprotective Strategies after Neonatal Hypoxic Ischemic Encephalopathy. *Int J Mol Sci* [Internet]. Multidisciplinary Digital Publishing Institute (MDPI); 2015 [cited 2019 Feb 13];16:22368–401. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/26389893>
27. Yamaguchi H, Tanaka T, Maruyama A, Nagase H. Septic Encephalopathy Characterized by Acute Encephalopathy with Biphasic Seizures and Late Reduced Diffusion and Early Nonconvulsive Status Epilepticus. *Case Rep Neurol Med* [Internet]. Hindawi; 2016 [cited 2019 Feb 13];2016:1–5. Available from: <http://www.hindawi.com/journals/crinm/2016/7528238/>

28. Maia Blomhoff Holm S. The fetal response to acute perinatal hypoxia and the pathophysiological mechanisms behind hypoxic-ischemic encephalopathy [Internet]. Available from: <https://www.duo.uio.no/bitstream/handle/10852/34082/FetalxresponsetoacutehypoxicischemiaandxHIE.pdf?sequence=1>
29. Moragas Garrido M, Gascón Bayarri J. Hypoxic Encephalopathy [Internet]. Available from: www.intechopen.com
30. Osellame LD, Blacker TS, Duchen MR. Cellular and molecular mechanisms of mitochondrial function. *Best Pract Res Clin Endocrinol Metab* [Internet]. Elsevier; 2012 [cited 2019 Feb 13];26:711–23. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23168274>
31. Brand MD, Orr AL, Perevoshchikova I V, Quinlan CL. The role of mitochondrial function and cellular bioenergetics in ageing and disease. *Br J Dermatol* [Internet]. NIH Public Access; 2013 [cited 2019 Feb 13];169 Suppl 2:1–8. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23786614>
32. Thornton B, Cohen B, Copeland W, Maria BL. Mitochondrial disease: clinical aspects, molecular mechanisms, translational science, and clinical frontiers. *J Child Neurol* [Internet]. NIH Public Access; 2014 [cited 2019 Feb 13];29:1179–207. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/24916430>
33. Wallace DC, Fan W, Procaccio V. Mitochondrial energetics and therapeutics. *Annu Rev Pathol* [Internet]. NIH Public Access; 2010 [cited 2019 Feb 13];5:297–348. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/20078222>
34. Stewart AM, Braubach O, Spitsbergen J, Gerlai R, Kalueff A V. Zebrafish models for translational neuroscience research: from tank to bedside. *Trends Neurosci* [Internet]. NIH Public Access; 2014 [cited 2019 Feb 13];37:264–78. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/24726051>

35. Kopp R, Bauer I, Ramalingam A, Egg M, Schwerte T. Prolonged hypoxia increases survival even in Zebrafish (*Danio rerio*) showing cardiac arrhythmia. PLoS One [Internet]. Public Library of Science; 2014 [cited 2019 Feb 13];9:e89099. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/24551224>
36. Mendelsohn BA, Kassebaum BL, Gitlin JD. The zebrafish embryo as a dynamic model of anoxia tolerance. Dev Dyn [Internet]. 2008 [cited 2019 Feb 13];237:1780–8. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/18521954>
37. Ho DH, Burggren WW. Parental hypoxic exposure confers offspring hypoxia resistance in zebrafish (*Danio rerio*). J Exp Biol [Internet]. The Company of Biologists Ltd; 2012 [cited 2019 Feb 13];215:4208–16. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22899535>
38. Braga MM, Rico EP, Córdova SD, Pinto CB, Blaser RE, Dias RD, et al. Evaluation of spontaneous recovery of behavioral and brain injury profiles in zebrafish after hypoxia. Behav Brain Res [Internet]. 2013 [cited 2018 Mar 8];253:145–51. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23867150>
39. Yu X, Li Y V. Zebrafish as an alternative model for hypoxic-ischemic brain damage. Int J Physiol Pathophysiol Pharmacol [Internet]. 2011 [cited 2018 Oct 27];3:88–96. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21760967>
40. Xu S-Y, Pan S-Y. The failure of animal models of neuroprotection in acute ischemic stroke to translate to clinical efficacy. Med Sci Monit Basic Res [Internet]. International Scientific Literature, Inc.; 2013 [cited 2018 Mar 8];19:37–45. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23353570>
41. Kolok AS. Sublethal identification of susceptible individuals: using swim performance to identify susceptible fish while keeping them alive. Ecotoxicology [Internet]. 2001 [cited 2019 Feb 13];10:205–9. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/11501429>

42. Santhakumar K, Judson EC, Elks PM, Mckee S, Elworthy S, Van Rooijen E, et al. A zebrafish model to study and therapeutically manipulate hypoxia signalling in tumorigenesis. 2012 [cited 2019 Feb 13]; Available from: <http://cancerres.aacrjournals.org/content/canres/early/2012/06/02/0008-5472.CAN-11-3148.full.pdf>
43. ZFIN Atlas of Zebrafish Anatomy [Internet]. [cited 2019 Feb 13]. Available from: https://zfin.org/zf_info/anatomy.html
44. Kimmel CB, Ballard WW, Mel SR, Ullmann B, Schilling TF. Stages of embryonic development of the zebrafish. Dev Dyn [Internet]. 1995 [cited 2018 Oct 27];203:253–310. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/8589427>
45. Pham M, Raymond J, Hester J, Kyzar E, Gaikwad S, Bruce I, et al. Assessing Social Behavior Phenotypes in Adult Zebrafish: Shoaling, Social Preference, and Mirror Biting Tests. 2012 [cited 2018 Oct 27]. p. 231–46. Available from: http://link.springer.com/10.1007/978-1-61779-597-8_17
46. Mussulini BHM, Leite CE, Zenki KC, Moro L, Baggio S, Rico EP, et al. Seizures Induced by Pentylentetrazole in the Adult Zebrafish: A Detailed Behavioral Characterization. Callaerts P, editor. PLoS One [Internet]. Public Library of Science; 2013 [cited 2018 Oct 27];8:e54515. Available from: <https://dx.plos.org/10.1371/journal.pone.0054515>
47. Allen KA, Brandon DH. Hypoxic Ischemic Encephalopathy: Pathophysiology and Experimental Treatments. Newborn Infant Nurs Rev [Internet]. NIH Public Access; 2011 [cited 2019 Feb 13];11:125–33. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21927583>
48. Martinez-Biarge M, Diez-Sebastian J, Kapellou O, Gindner D, Allsop JM, Rutherford MA, et al. Predicting motor outcome and death in term hypoxic-ischemic encephalopathy. Neurology [Internet]. American Academy of Neurology; 2011 [cited 2019 Feb 13];76:2055–61. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21670434>

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49. Tagin MA, Woolcott CG, Vincer MJ, Whyte RK, Stinson DA. Hypothermia for Neonatal Hypoxic Ischemic Encephalopathy. *Arch Pediatr Adolesc Med* [Internet]. 2012 [cited 2019 Feb 13];166:558–66. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22312166>
50. Dubovický M. Neurobehavioral manifestations of developmental impairment of the brain. *Interdiscip Toxicol* [Internet]. Slovak Toxicology Society; 2010 [cited 2019 Feb 14];3:59–67. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21217874>
51. Cao Z, Jensen LD, Rouhi P, Hosaka K, Länne T, Steffensen JF, et al. Hypoxia-induced retinopathy model in adult zebrafish. *Nat Protoc* [Internet]. 2010 [cited 2019 Feb 14];5:1903–10. Available from: <http://www.nature.com/articles/nprot.2010.149>
52. Getahun D, Rhoads GG, Demissie K, Lu S-E, Quinn VP, Fassett MJ, et al. In Utero Exposure to Ischemic-Hypoxic Conditions and Attention-Deficit/Hyperactivity Disorder. *Pediatrics* [Internet]. 2013 [cited 2019 Feb 14];131:e53–61. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23230063>
53. Badawi N, Dixon G, Felix JF, Keogh JM, Petterson B, Stanley FJ, et al. Autism following a history of newborn encephalopathy: more than a coincidence? *Dev Med Child Neurol* [Internet]. Cambridge University Press; 2006 [cited 2019 Feb 14];48:85. Available from: <http://doi.wiley.com/10.1017/S001216220600020X>
54. Cannon TD, van Erp TGM, Bearden CE, Loewy R, Thompson P, Toga AW, et al. Early and late neurodevelopmental influences in the prodrome to schizophrenia: contributions of genes, environment, and their interactions. *Schizophr Bull* [Internet]. 2003 [cited 2019 Feb 14];29:653–69. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/14989405>
55. Dalman C, Thomas H V, David AS, Gentz J, Lewis G, Allebeck P. Signs of asphyxia at birth and risk of schizophrenia. Population-based case-control study. *Br J Psychiatry* [Internet]. 2001 [cited 2019 Feb 14];179:403–8. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/11689395>

56. Cannon TD, Rosso IM, Hollister JM, Bearden CE, Sanchez LE, Hadley T. A prospective cohort study of genetic and perinatal influences in the etiology of schizophrenia. *Schizophr Bull* [Internet]. 2000 [cited 2019 Feb 14];26:351–66. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/10885636>
57. Ordoñez AE, Bobb A, Greenstein D, Baker N, Sporn A, Lenane M, et al. Lack of Evidence for Elevated Obstetric Complications in Childhood Onset Schizophrenia. *Biol Psychiatry* [Internet]. Elsevier; 2005 [cited 2019 Feb 14];58:10–5. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0006322305001745>
58. Goddard G V. The kindling model of epilepsy. *Trends Neurosci* [Internet]. Elsevier; 1983 [cited 2019 Feb 14];6:275–9. Available from: <http://linkinghub.elsevier.com/retrieve/pii/0166223683901182>
59. Bozzi Y, Casarosa S, Caleo M. Epilepsy as a Neurodevelopmental Disorder. *Front Psychiatry* [Internet]. 2012 [cited 2019 Feb 14];3:19. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22457654>
60. Nelson KB, Broman SH. Perinatal risk factors in children with serious motor and mental handicaps. *Ann Neurol* [Internet]. John Wiley & Sons, Ltd; 1977 [cited 2019 Feb 14];2:371–7. Available from: <http://doi.wiley.com/10.1002/ana.410020505>
61. Shinnar S, Vining EP, Mellits ED, D’Souza BJ, Holden K, Baumgardner RA, et al. Discontinuing antiepileptic medication in children with epilepsy after two years without seizures. A prospective study. *N Engl J Med* [Internet]. Massachusetts Medical Society; 1985 [cited 2019 Feb 14];313:976–80. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/4047105>
62. Clancy RR, Legido A. The exact ictal and interictal duration of electroencephalographic neonatal seizures. *Epilepsia* [Internet]. [cited 2019 Feb 14];28:537–41. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/3653058>

-
63. Wang J, Wu C, Peng J, Patel N, Huang Y, Gao X, et al. Early-Onset Convulsive Seizures Induced by Brain Hypoxia-Ischemia in Aging Mice: Effects of Anticonvulsive Treatments. Biagini G, editor. PLoS One [Internet]. Public Library of Science; 2015 [cited 2019 Feb 14];10:e0144113. Available from: <http://dx.plos.org/10.1371/journal.pone.0144113>
64. Bergamasco B, Benna P, Ferrero P, Gavinelli R. Neonatal hypoxia and epileptic risk: a clinical prospective study. *Epilepsia* [Internet]. 1984 [cited 2019 Feb 14];25:131–6. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/6538479>
65. De Riu PL, Mameli P, Becciu A, Simula ME, Mameli O. Effect of fetal hypoxia on seizure susceptibility in rats. *Physiol Behav* [Internet]. 1995 [cited 2019 Feb 14];57:315–8. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/7716209>
66. Zhao M, Zhu P, Fujino M, Zhuang J, Guo H, Sheikh I, et al. Oxidative Stress in Hypoxic-Ischemic Encephalopathy: Molecular Mechanisms and Therapeutic Strategies. *Int J Mol Sci* [Internet]. Multidisciplinary Digital Publishing Institute (MDPI); 2016 [cited 2019 Feb 14];17. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/27973415>
67. Fineschi V, Viola RV, La Russa R, Santurro A, Frati P. A Controversial Medicolegal Issue: Timing the Onset of Perinatal Hypoxic-Ischemic Brain Injury. *Mediators Inflamm* [Internet]. Hindawi Limited; 2017 [cited 2019 Feb 15];2017:6024959. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/28883688>
68. Huang BY, Castillo M. Hypoxic-Ischemic Brain Injury: Imaging Findings from Birth to Adulthood. *RadioGraphics* [Internet]. Radiological Society of North America ; 2008 [cited 2019 Feb 15];28:417–39. Available from: <http://pubs.rsna.org/doi/10.1148/rg.282075066>
69. Nuñez A, Benavente I, Blanco D, Boix H, Cabañas F, Chaffanel M, et al. Oxidative stress in perinatal asphyxia and hypoxic-ischaemic encephalopathy. *An Pediatr (English Ed)* [Internet]. Elsevier; 2018 [cited 2019 Feb 15];88:228.e1-228.e9. Available from: <https://www.sciencedirect.com/science/article/pii/S2341287918300413>

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70. Hashimoto-Torii K, Torii M, Fujimoto M, Nakai A, El Fatimy R, Mezger V, et al. Roles of Heat Shock Factor 1 in Neuronal Response to Fetal Environmental Risks and Its Relevance to Brain Disorders. *Neuron* [Internet]. 2014 [cited 2019 Feb 15];82:560–72. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/24726381>
71. Koike N, Hatano Y, Ushimaru T. Heat shock transcriptional factor mediates mitochondrial unfolded protein response. *Curr Genet* [Internet]. 2018 [cited 2019 Feb 15];64:907–17. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/29423676>
72. Banh RS, Iorio C, Marcotte R, Xu Y, Cojocari D, Rahman AA, et al. PTP1B controls non-mitochondrial oxygen consumption by regulating RNF213 to promote tumour survival during hypoxia. *Nat Cell Biol* [Internet]. Europe PMC Funders; 2016 [cited 2019 Feb 15];18:803–13. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/27323329>
73. Perrone S, Bracciali C, Di Virgilio N, Buonocore G. Oxygen Use in Neonatal Care: A Two-edged Sword. *Front Pediatr* [Internet]. Frontiers Media SA; 2016 [cited 2019 Feb 15];4:143. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/28119904>

10. FIGURE AND LEGENDS

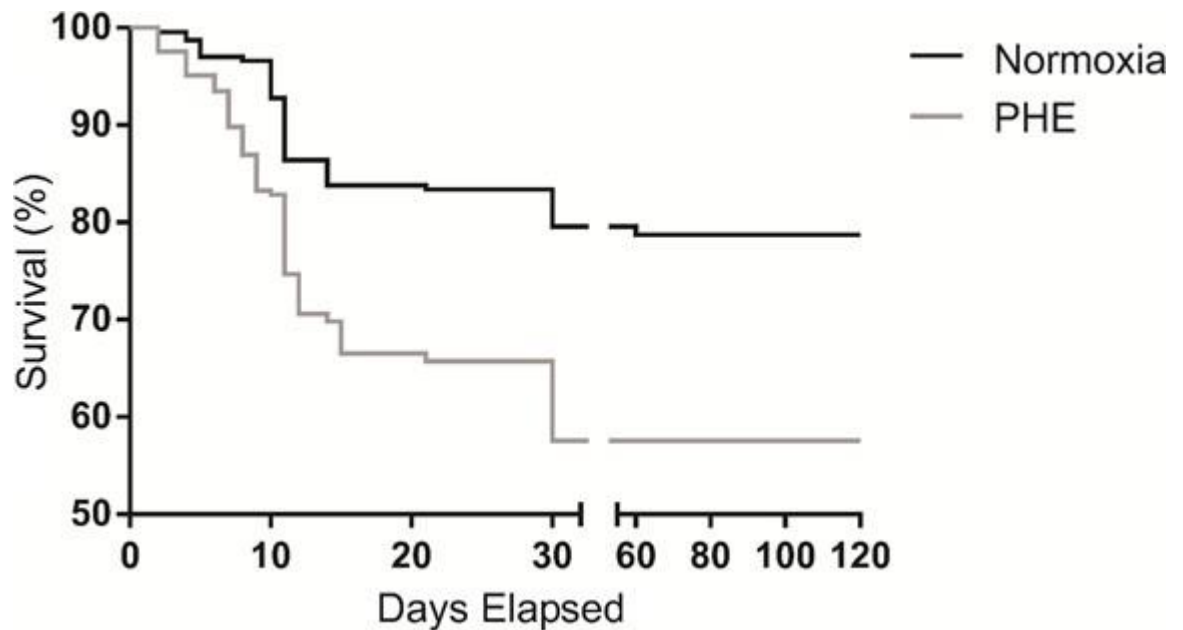


Figure 1. Survival Rate. Survival rate until PHD 120 (~4 months). Animals EHP showed a higher mortality in the PHD30 when compared to control. The black represents the control group and the grey the PHE group. (n = 100/group), Chi square= 16.54; $P < 0.0001$, Mantel-Cox).

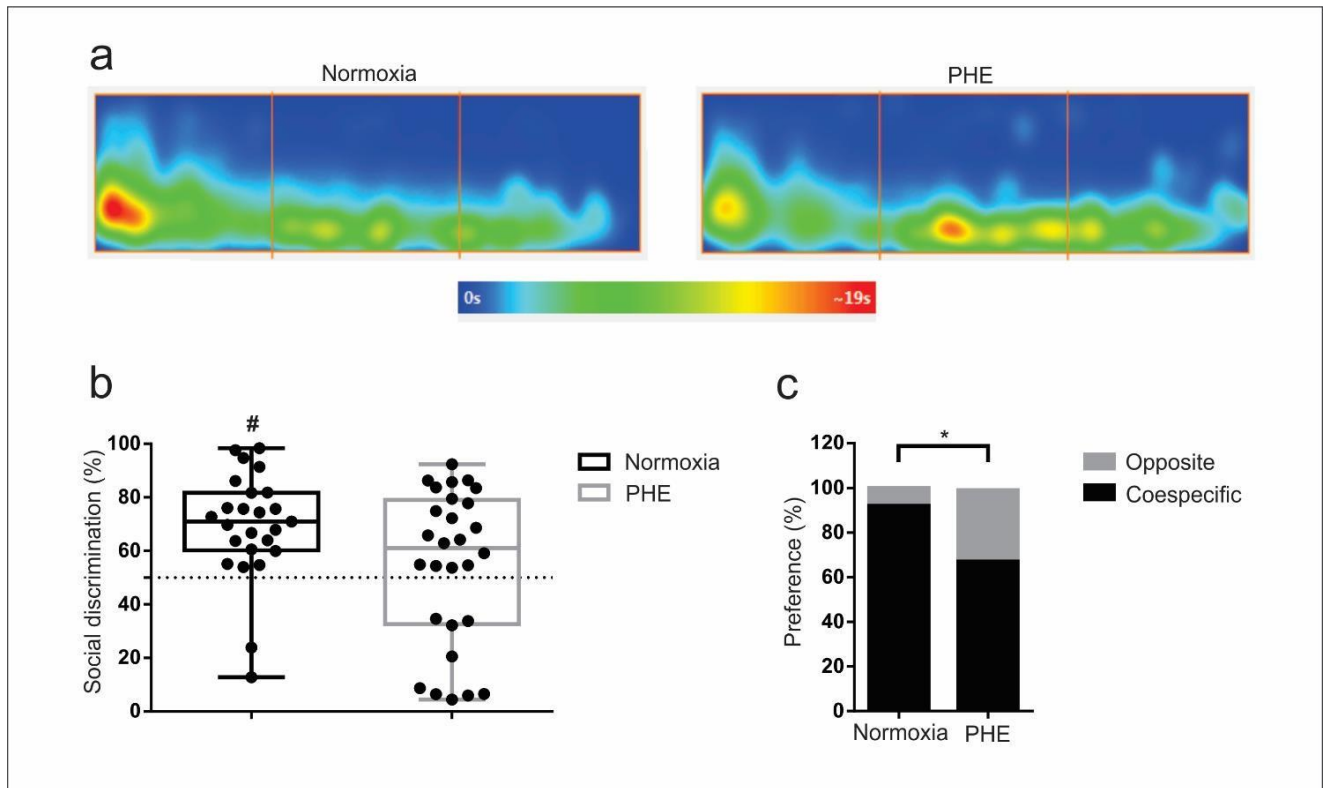


Figure 2. Social Preference Test. A. Track Plot showing the heat map mean of the group's. Reddish tones represent a highest time in the zone and blueish tones represent the opposite. B. Social discrimination index. The PHE animals show lower preference by spent less time in the conspecific zone; however, its do not characterizes an aversion by conspecifics. C. Conspecific preference. Percentage time in opposite and conspecific side in the apparatus is represented by gray and black, respectively. (n = 30/group), (p < 0.05).

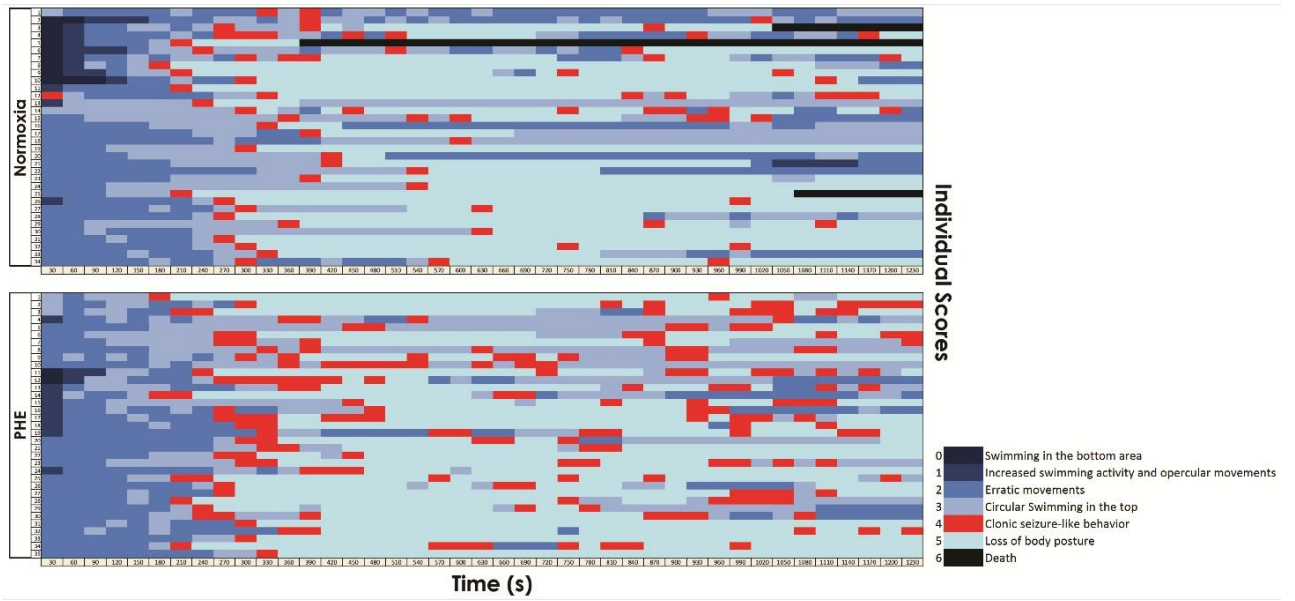


Figure 3. Ethogram of the main behavior scores. Individual scores are represented every 30 sec across 20 min exposure to PTZ. The red color represent the score 4 (seizure).

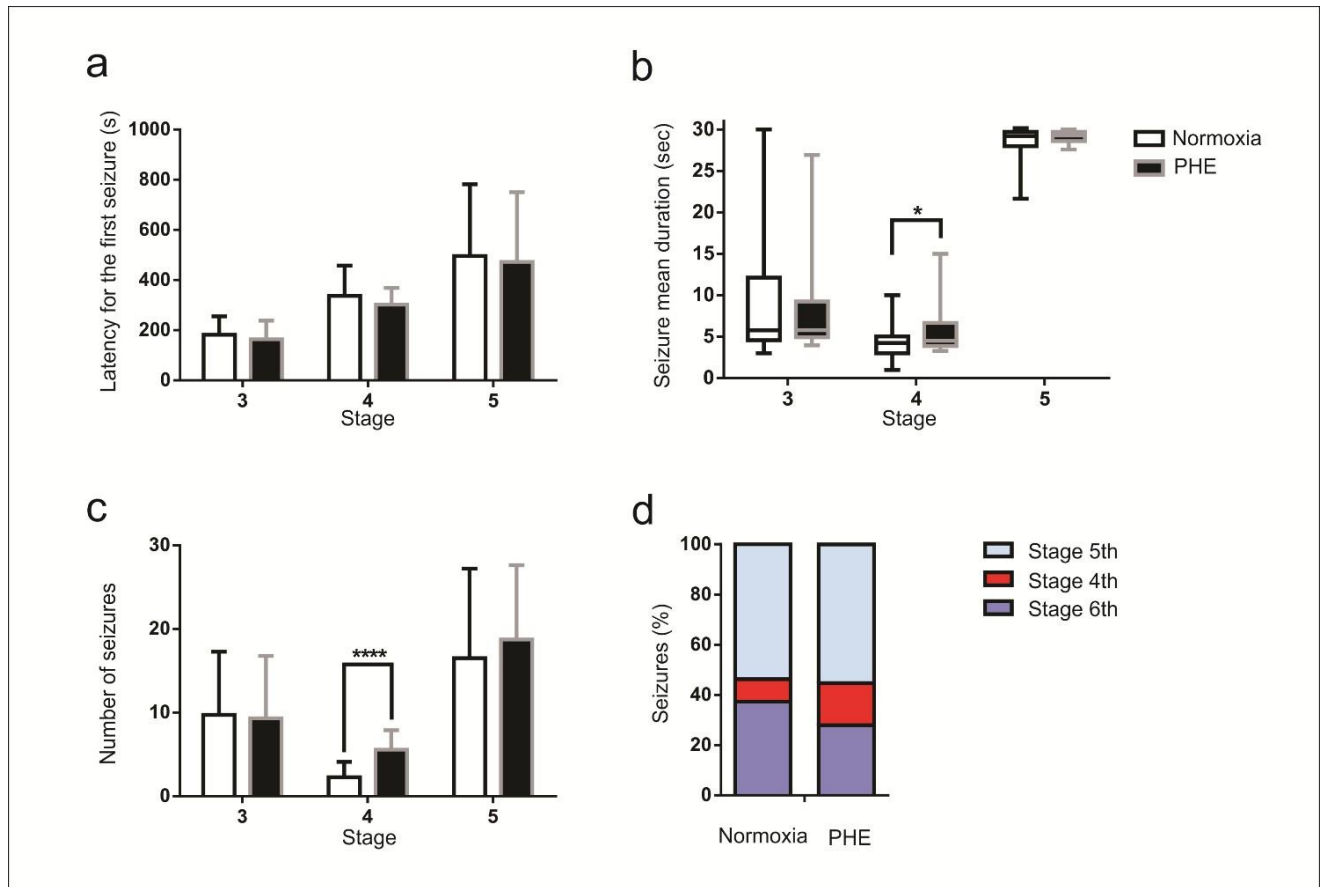


Figure 4. Analysis of Seizure. A. Latency for Seizure. Represent the time spent to manifest the first seizure. B. Seizure duration. C. Number of the seizures. Represent the number of seizures in 20 min test. D. Total Percent of seizure. (n = 36/group), (P <0.0001).

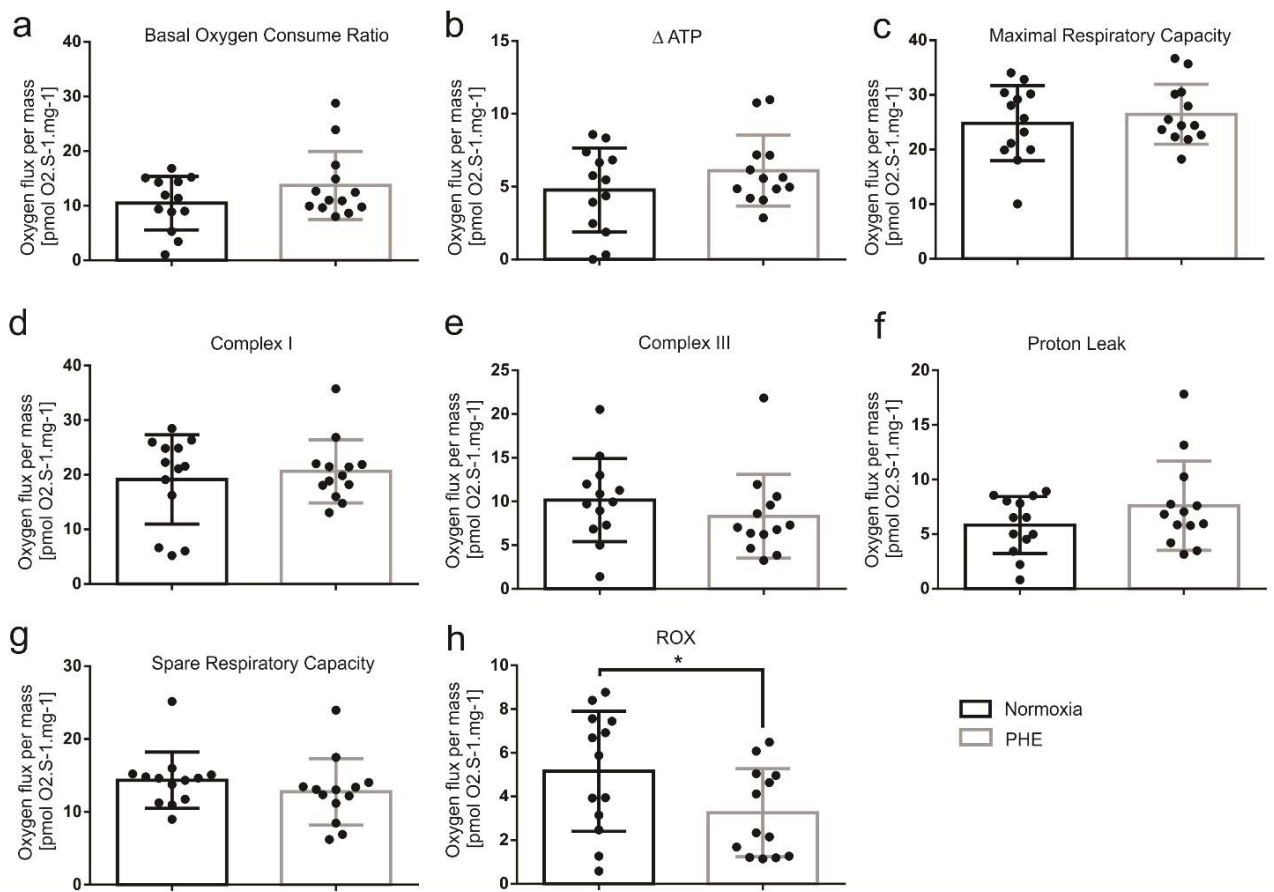
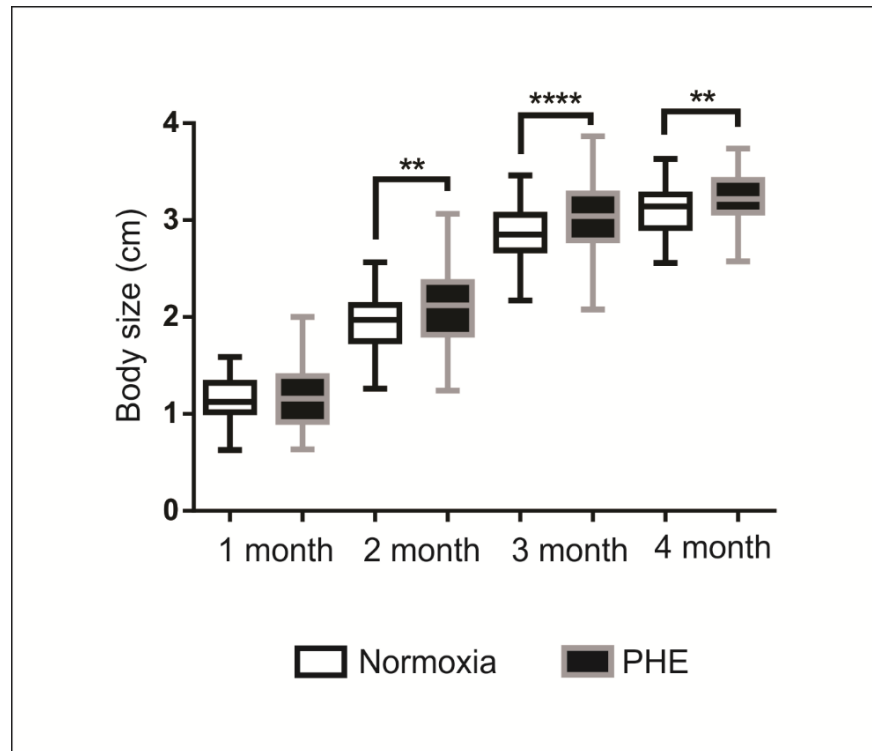
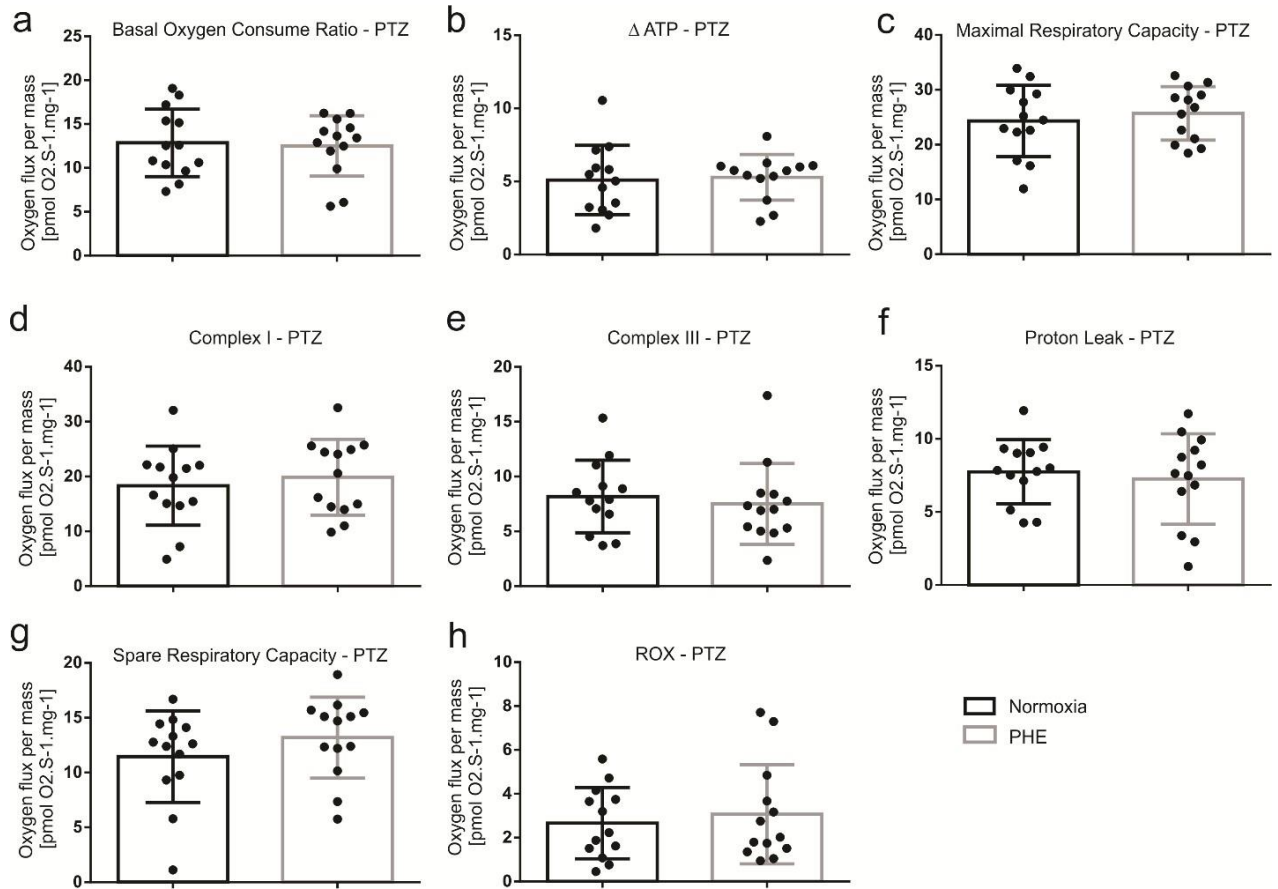


Figure 5. Mitochondrial Respiratory analysis. The analysis consisted by an evaluation of the oxygen level consumed in different components of the electron transport system. A. Basal Oxygen Consumption Ratio. B. Δ to ATP production. C. Maximal Respiratory Capacity. D. Complex I Activity. E. Complex III Activity. F. Proton Leak. G. Spare Respiratory Capacity. H. Residual Oxygen Consumption (ROX). (n = 36/group), (p < 0.05).



Supplementary Figure 1. Body size growth. Demonstrate the increase of the body size during four months after hypoxia. ($p < 0.005$).



Supplementary Figure 2. Mitochondrial Respiratory analysis. The analysis consisted by an evaluation of the oxygen level consumed in different components of the electron transport system. A. Basal Oxygen Consume Ratio. B. Δ to ATP production. C. Maximal Respiratory Capacity. D. Complex I Activity. E. Complex III Activity. F. Proton Leak. G. Spare Respiratory Capacity. H. Residual Oxygen Consumption (ROX). These animals were exposed to PTZ (7.5mM) in prior to mitochondrial function analysis. (n = 36/group), (p < 0.05).

PARTE III

DISCUSSÃO

Crescentes evidências em estudos clínicos e pré-clínicos elucidam que o estresse intrauterino pode ter um impacto leve ou severo na estrutura e função cerebral durante o desenvolvimento fetal, levando a uma maior vulnerabilidade a disfunções tardias. Por conta disso, foram desenvolvidas intervenções terapêuticas para minimizar a lesão cerebral em neonatos que sofrem de encefalopatia hipóxico-isquêmica. Contudo, resultados benéficos são observados somente em aproximadamente 30% dos pacientes, os demais 70% podem desenvolver sequelas neurológicas leves, moderadas ou graves na vida adulta (ALLEN; BRANDON, 2011). Devido a esta questão, vários modelos animais têm sido utilizados para estudar lesões cerebrais perinatais, incluindo primatas não humanos, ovelhas, coelhos e roedores, e todos eles contribuem para elucidar mecanismos e novos tratamentos da EHP (JACOBSON MISBE et al., 2011; KOEHLER et al., 2018; ROOHEY; RAJU; MOUSTOGIANNIS, 1997). Aqui, devido a facilidade de manipulação embrionária e indução de estresse hipóxico, nós selecionamos o peixe-zebra para estudar o efeito da hipóxia em estágio larval sobre o comportamento social, a suscetibilidade a crises epiléticas e a relação destes efeitos com respiração mitocondrial cerebral em indivíduos adultos. Embora nós não observamos nenhuma alteração sobre a respiração mitocondrial cerebral, a hipóxia aumentou a taxa de mortalidade, causou déficits sociais e aumentou a suscetibilidade a crises epiléticas na idade adulta.

Em nosso estudo, mostramos que os animais submetidos a hipóxia apresentaram um aumento na taxa de mortalidade (aproximadamente 20%) no primeiro mês de desenvolvimento. Sendo a mortalidade mais acentuada nos primeiros 15 dias. Curiosamente, neonatos humanos afetados por encefalopatia hipóxico-isquêmica perinatal grave tiveram 40-81,5% de mortalidade durante as primeiras semanas de vida (TAGIN et al., 2012), reduzindo significativamente o número de mortes após o sexto mês

de vida. No presente estudo, observamos que a maior mortalidade ocorreu nas duas primeiras semanas de vida e após o primeiro mês, não foram detectadas mortes. Assim, estes dados indicam que a mortalidade no nosso estudo utilizando peixe-zebra é semelhante a outros estudos clínicos e a outros modelos animais de EHP.

No presente trabalho nós observamos que houve uma mortalidade significativa também no grupo controle das quais foram resultantes de outras causas que não a hipóxia. Durante o desenvolvimento fetal humano várias condições podem modificar o ambiente intrauterino, deixando vulnerável o cérebro em desenvolvimento (FAGIOLINI; JENSEN; CHAMPAGNE, 2009). No caso do desenvolvimento de larvas de peixes geralmente podem ocorrer fortes mudanças em seu hábitat como hipóxia e mudanças de temperatura, que podem exercer influência significativa em todos os processos biológicos desses animais (DIMITRIADI et al., 2018; JIN et al., 2017; KOPP et al., 2014; LAHIRI et al., 2005; LONG et al., 2015; MARQUES et al., 2008; SCOTT; JOHNSTON, 2012; TON; STAMATIOU; LIEW, 2003). Uma vez que a mortalidade não só do grupo controle como do grupo HIPÓXIA foi maior nos períodos de mudanças da água do aquário-moradia (dias 5, 10, 15, 20 e 30) é plausível concluir que, no presente trabalho, mudanças similares no ambiente dos peixes (mudanças de temperatura e parâmetros osmolares) vieram a somar nos efeitos da hipóxia sobre a mortalidade dos animais.

Lesões cerebrais causadas por EHP podem afetar o desenvolvimento individual, refletindo no comprometimento das habilidades cognitivas e do comportamento social em idades mais avançadas (DUBOVICKÝ, 2010). Neste estudo, avaliamos a habilidade social do peixe-zebra adulto submetido ao modelo de hipóxia em 72 hpf, quando se dá início ao estágio de desenvolvimento do seu SNC (KIMMEL et al., 1995). Nossos resultados mostraram uma menor preferência dos animais HIPÓXIA em interagir com os seus co-específico, pelo fato de permanecer menos tempo na zona co-específica. (DRISCOLL et al., 2016), usando o teste de interação social, demonstraram que os ratos

afetados por EHP aumentam o tempo gasto correndo sozinho e diminuíram o tempo gasto correndo em pares, refletindo uma redução no comportamento de interação. Assim, nossos dados vão de encontro com dados pré-clínicos (MARQUES et al., 2008; MOZAFFARIAN et al., 2015) e clínicos mostrando que anormalidades sociais tem reflexos há longo prazo e não são incomuns após a EHP.

Em humanos, a EHP pode estar associada ao status epiléticos e crises recorrentes crônicas podem ser precessoras de incapacidade neurológica e epilepsia (CLANCY; LEGIDO, [s.d.]; NELSON; BROMAN, 1977; SHINNAR et al., 1985). Aqui, tentamos fornecer uma compreensão maior das crises epiléticas induzidas por Pentilenotetrazol em peixe-zebra adultos submetidos à hipóxia. Isso nos permitiu observar que animais com hipóxia tiveram um aumento da duração e frequência das crises, indicando um menor limiar para crises epiléticas. Recentemente, a monitorização contínua por vídeo-EEG mostrou que os modelos animais (roedores) exibiram maior frequência de crises recorrentes espontâneas aos 6 meses após a hipóxia perinatal (KANG; KADAM, 2015; LIU; YU; LÜ, 2016; WANG et al., 2015), indicando que a EHP pode desempenhar um papel no desenvolvimento da epilepsia em um período mais tarde da vida. Além disso, um estudo recente relatou que os indivíduos sobreviventes de EHP tinham um risco cinco vezes maior de desenvolver epilepsia quando comparados àqueles saudáveis (DARIPA et al., 2013; SCHENDEL; NELSON; BLAIR, 2012b). Apesar da necessidade de mais estudos, esses dados podem ser úteis para reforçar a ideia de que indivíduos adultos com histórico de EHP devem ser cuidadosamente avaliados em relação a fatores desencadeantes de crises epiléticas ou ao uso de medicamentos individuais associados a crises epiléticas (DE RIU et al., 1995).

Até o momento, não há informações publicadas sobre a função mitocondrial cerebral na idade adulta de indivíduos afetados por EHP. Nossa hipótese foi que o baixo limiar para crises epiléticas poderia estar relacionado à alteração da função mitocondrial cerebral. Embora o dano mitocondrial seja um efeito de curto prazo do EHP (FINESCHI et al., 2017; HUANG; CASTILLO, 2008; NUÑEZ et al., 2018), nossos dados não

mostraram mudanças no consumo de O₂ dos componentes do sistema transportador de elétrons de mitocôndrias cerebrais de animais adultos que sofreram hipóxia na fase larval. Portanto, as alterações descritas previamente para os animais que sofreram hipóxia não podem estar relacionadas à respiração mitocondrial observada em seu estado anterior às crises epiléticas. É de conhecimento na literatura que fatores genéticos são capazes de modular a função mitocondrial (por exemplo, fatores de choque térmico) (DAS; ENGELMAN; KIMURA, 1993; KOIKE; HATANO; USHIMARU, 2018) e desempenhar um papel importante em situações de estresse, como crises epiléticas (DAS; ENGELMAN; KIMURA, 1993; HASHIMOTO-TORII et al., 2014; KOIKE; HATANO; USHIMARU, 2018; MAGALHÃES et al., 2005). Assim, seria plausível hipotetizar que os animais do grupo HIPÓXIA poderiam manter um menor limiar para crises epiléticas devido à maior incapacidade de manter a respiração mitocondrial durante as crises. Para testar esta hipótese, expusemos animais de ambos os grupos, Normoxia e PHE, a PTZ antes da avaliação do consumo de O₂ mitocondrial e os resultados permaneceram inalterados. Este achado sugere que não há relação entre a redução induzida no limiar para as crises epiléticas por EHP e o consumo de O₂ mitocondrial em células neurais.

Em análise adicional, observamos uma diminuição no consumo de oxigênio residual (ROX) em animais submetidos à hipóxia. Embora as mitocôndrias sejam responsáveis pela grande maioria do consumo de O₂ celular, vários processos biológicos (por exemplo, dobramento de proteínas, síntese de lipídios e colágeno e desmetilação de DNA e histona) envolvem reações que utilizam oxigênio diretamente (BANH et al., 2016; PERRONE et al., 2016). Em contraste, estudos relatam que a ROX pode representar atividades de oxidase nas células, indicando a possibilidade de formação de Espécies Reativas de Oxigênio (BANH et al., 2016; PERRONE et al., 2016). Assim, não há explicação plausível para uma interpretação concreta para esse resultado.

PARTE IV

CONCLUSÃO

Em conjunto, nossos dados sugerem que a hipóxia nos primeiros estágios de desenvolvimento do peixe-zebra induziu efeitos semelhantes aos observados em humanos que tiveram EHP. Além disso, esses efeitos não foram relacionados ao consumo de O₂ mitocondrial dos principais componentes do STE. Além disso, nossos dados demonstram que o modelo de hipóxia empregado em peixe-zebra pode ser útil no estudo de efeitos a longo prazo na EHP. Portanto, futuras investigações serão necessárias para entender completamente os mecanismos celulares e neuroquímicos envolvidos na suscetibilidade a crises epiléticas induzidas por EHP. Contudo, é notável que nossos dados suportam o potencial uso deste novo modelo em estudos relacionados a EHP.

PARTE V

REFERÊNCIAS

- ALLEN, Kimberly A.; BRANDON, Debra H. Hypoxic Ischemic Encephalopathy: Pathophysiology and Experimental Treatments. **Newborn and infant nursing reviews : NAINR**, [s. l.], v. 11, n. 3, p. 125–133, 2011. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/21927583>>. Acesso em: 13 fev. 2019.
- ANTONUCCI, Roberto; PORCELLA, Annalisa; PILLONI, Maria Dolores. Perinatal asphyxia in the term newborn. **Journal of Pediatric and Neonatal Individualized Medicine**, [s. l.], v. 3, n. 2, 2014. Disponível em: <www.jpnim.com>. Acesso em: 13 fev. 2019.
- ARGANDA, S.; PEREZ-ESCUADERO, A.; DE POLAVIEJA, G. G. A common rule for decision making in animal collectives across species. **Proceedings of the National Academy of Sciences**, [s. l.], v. 109, n. 50, p. 20508–20513, 2012. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/23197836>>. Acesso em: 13 fev. 2019.
- BANH, Robert S. et al. PTP1B controls non-mitochondrial oxygen consumption by regulating RNF213 to promote tumour survival during hypoxia. **Nature cell biology**, [s. l.], v. 18, n. 7, p. 803–813, 2016. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/27323329>>. Acesso em: 15 fev. 2019.
- BENVENISTE, Helene et al. Elevation of the Extracellular Concentrations of Glutamate and Aspartate in Rat Hippocampus During Transient Cerebral Ischemia Monitored by Intracerebral Microdialysis. **Journal of Neurochemistry**, [s. l.], v. 43, n. 5, p. 1369–1374, 1984. Disponível em: <<http://doi.wiley.com/10.1111/j.1471-4159.1984.tb05396.x>>. Acesso em: 13 fev. 2019.
- BRAGA, Marcos M. et al. Evaluation of spontaneous recovery of behavioral and brain injury profiles in zebrafish after hypoxia. **Behavioural Brain Research**, [s. l.], v. 253, p. 145–151, 2013. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/23867150>>. Acesso em: 8 mar. 2018.
- BURSTYN, Igor et al. Autism spectrum disorders and fetal hypoxia in a population-based cohort: accounting for missing exposures via Estimation-Maximization algorithm. **BMC medical research**

methodology, [s. l.], v. 11, p. 2, 2011. Disponível em:

<<http://www.ncbi.nlm.nih.gov/pubmed/21208442>>. Acesso em: 13 fev. 2019.

CLANCY, R. R.; LEGIDO, A. The exact ictal and interictal duration of electroencephalographic neonatal seizures. **Epilepsia**, [s. l.], v. 28, n. 5, p. 537–41, [s.d.]. Disponível em:

<<http://www.ncbi.nlm.nih.gov/pubmed/3653058>>. Acesso em: 14 fev. 2019.

DARIPA, Mandira et al. Asfixia perinatal associada à mortalidade neonatal precoce: estudo populacional dos óbitos evitáveis. **Revista Paulista de Pediatria**, [s. l.], v. 31, n. 1, p. 37–45, 2013.

Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-05822013000100007&lng=pt&tlng=pt>. Acesso em: 13 fev. 2019.

DAS, D. K.; ENGELMAN, R. M.; KIMURA, Y. Molecular adaptation of cellular defences following preconditioning of the heart by repeated ischaemia. **Cardiovascular research**, [s. l.], v. 27, n. 4, p. 578–84, 1993. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/8324789>>. Acesso em: 8 mar. 2018.

DE HAAN, Michelle et al. Brain and cognitive-behavioural development after asphyxia at term birth. **Developmental Science**, [s. l.], v. 9, n. 4, p. 350–358, 2006. Disponível em:

<<http://www.ncbi.nlm.nih.gov/pubmed/16764608>>. Acesso em: 13 fev. 2019.

DE RIU, P. L. et al. Effect of fetal hypoxia on seizure susceptibility in rats. **Physiology & behavior**, [s. l.], v. 57, n. 2, p. 315–8, 1995. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/7716209>>. Acesso em: 14 fev. 2019.

DIMITRIADI, Anastasia et al. Developmental temperature has persistent, sexually dimorphic effects on zebrafish cardiac anatomy. **Scientific Reports**, [s. l.], v. 8, n. 1, p. 8125, 2018. Disponível em: <<http://www.nature.com/articles/s41598-018-25991-8>>. Acesso em: 15 fev. 2019.

DREOSTI, Elena et al. Development of social behavior in young zebrafish. **Frontiers in neural circuits**, [s. l.], v. 9, p. 39, 2015. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/26347614>>. Acesso em: 13 fev. 2019.

DRISCOLL, Don A. et al. Resolving future fire management conflicts using multicriteria decision making. **Conservation Biology**, [s. l.], v. 30, n. 1, p. 196–205, 2016. Disponível em:

<<http://doi.wiley.com/10.1111/cobi.12580>>. Acesso em: 15 fev. 2019.

DU PLESSIS, Adre J.; VOLPE, Joseph J. Perinatal brain injury in the preterm and term newborn.

Current opinion in neurology, [s. l.], v. 15, n. 2, p. 151–7, 2002. Disponível em:

<<http://www.ncbi.nlm.nih.gov/pubmed/11923628>>. Acesso em: 13 fev. 2019.

DUBOVICKÝ, Michal. Neurobehavioral manifestations of developmental impairment of the brain.

Interdisciplinary toxicology, [s. l.], v. 3, n. 2, p. 59–67, 2010. Disponível em:

<<http://www.ncbi.nlm.nih.gov/pubmed/21217874>>. Acesso em: 14 fev. 2019.

EDWARDS, A. D. et al. Neurological outcomes at 18 months of age after moderate hypothermia for perinatal hypoxic ischaemic encephalopathy: synthesis and meta-analysis of trial data. **BMJ**, [s. l.], v. 340, n. feb09 3, p. c363–c363, 2010. Disponível em:

<<http://www.ncbi.nlm.nih.gov/pubmed/20144981>>. Acesso em: 13 fev. 2019.

ENGEL, Jerome. Report of the ILAE Classification Core Group. **Epilepsia**, [s. l.], v. 47, n. 9, p.

1558–1568, 2006. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/16981873>>. Acesso em: 13 fev. 2019.

ENGESZER, R. E. et al. Sex-specific perceptual spaces for a vertebrate basal social aggregative behavior. **Proceedings of the National Academy of Sciences**, [s. l.], v. 105, n. 3, p. 929–933, 2008.

Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/18199839>>. Acesso em: 13 fev. 2019.

FAGIOLINI, Michela; JENSEN, Catherine L.; CHAMPAGNE, Frances A. Epigenetic influences on brain development and plasticity. **Current Opinion in Neurobiology**, [s. l.], v. 19, n. 2, p. 207–212, 2009.

Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/19545993>>. Acesso em: 15 fev. 2019.

FINESCHI, Vittorio et al. A Controversial Medicolegal Issue: Timing the Onset of Perinatal Hypoxic-Ischemic Brain Injury. **Mediators of inflammation**, [s. l.], v. 2017, p. 6024959, 2017.

Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/28883688>>. Acesso em: 15 fev. 2019.

GADIAN, D. G. et al. Developmental amnesia associated with early hypoxic-ischaemic injury.

Brain: a journal of neurology, [s. l.], v. 123 Pt 3, p. 499–507, 2000. Disponível em:

<<http://www.ncbi.nlm.nih.gov/pubmed/10686173>>. Acesso em: 13 fev. 2019.

GETAHUN, Darios et al. 704: Association between perinatal ischemic-hypoxic conditions and

- autism spectrum disorder. **American Journal of Obstetrics and Gynecology**, [s. l.], v. 208, n. 1, p. S296, 2013. Disponível em: <<https://linkinghub.elsevier.com/retrieve/pii/S0002937812011258>>.
Acesso em: 13 fev. 2019.
- GILLAM-KRAKAUER, Maria; CARTER, Brian S. Neonatal hypoxia and seizures. **Pediatrics in review**, [s. l.], v. 33, n. 9, p. 387–96; quiz 397, 2012. Disponível em:
<<http://www.ncbi.nlm.nih.gov/pubmed/22942364>>. Acesso em: 13 fev. 2019.
- GREEN, Jeremy et al. Automated high-throughput neurophenotyping of zebrafish social behavior. **Journal of Neuroscience Methods**, [s. l.], v. 210, n. 2, p. 266–271, 2012. Disponível em:
<<http://www.ncbi.nlm.nih.gov/pubmed/22884772>>. Acesso em: 13 fev. 2019.
- HAMBERGER, A. et al. Elevated CSF Glutamate in Rett Syndrome. **Neuropediatrics**, [s. l.], v. 23, n. 04, p. 212–213, 1992. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/1357572>>. Acesso em: 13 fev. 2019.
- HASHIMOTO-TORII, Kazue et al. Roles of Heat Shock Factor 1 in Neuronal Response to Fetal Environmental Risks and Its Relevance to Brain Disorders. **Neuron**, [s. l.], v. 82, n. 3, p. 560–572, 2014. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/24726381>>. Acesso em: 15 fev. 2019.
- HUANG, Benjamin Y.; CASTILLO, Mauricio. Hypoxic-Ischemic Brain Injury: Imaging Findings from Birth to Adulthood. **RadioGraphics**, [s. l.], v. 28, n. 2, p. 417–439, 2008. Disponível em:
<<http://pubs.rsna.org/doi/10.1148/rg.282075066>>. Acesso em: 15 fev. 2019.
- JACOBSON MISBE, Elizabeth N. et al. Perinatal Asphyxia in a Nonhuman Primate Model. **Developmental Neuroscience**, [s. l.], v. 33, n. 3–4, p. 210–221, 2011. Disponível em:
<<http://www.ncbi.nlm.nih.gov/pubmed/21659720>>. Acesso em: 15 fev. 2019.
- JIN, Yingying et al. Acute salinity and temperature challenges during early development of zebrafish: Differential gene expression of PTHs, PTHrPs and their receptors. **Aquaculture and Fisheries**, [s. l.], v. 2, n. 2, p. 49–58, 2017. Disponível em:
<<https://www.sciencedirect.com/science/article/pii/S2468550X17300084>>. Acesso em: 15 fev. 2019.
- JONES, Lauren J.; NORTON, William H. J. Using zebrafish to uncover the genetic and neural basis of aggression, a frequent comorbid symptom of psychiatric disorders. **Behavioural Brain Research**,

[s. l.], v. 276, p. 171–180, 2015. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/24954772>>.

Acesso em: 13 fev. 2019.

KALUEFF, Allan V.; STEWART, Adam Michael; GERLAI, Robert. Zebrafish as an emerging model for studying complex brain disorders. **Trends in Pharmacological Sciences**, [s. l.], v. 35, n. 2, p. 63–75, 2014. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/24412421>>. Acesso em: 13 fev. 2019.

KANG, Seok Kyu; KADAM, Shilpa D. Neonatal Seizures: Impact on Neurodevelopmental Outcomes. **Frontiers in Pediatrics**, [s. l.], v. 3, p. 101, 2015. Disponível em: <<http://journal.frontiersin.org/Article/10.3389/fped.2015.00101/abstract>>. Acesso em: 13 fev. 2019.

KIMMEL, Charles B. et al. Stages of embryonic development of the zebrafish. **Developmental Dynamics**, [s. l.], v. 203, n. 3, p. 253–310, 1995. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/8589427>>. Acesso em: 27 out. 2018.

KOEHLER, Raymond C. et al. Perinatal hypoxic-ischemic brain injury in large animal models: Relevance to human neonatal encephalopathy. **Journal of Cerebral Blood Flow & Metabolism**, [s. l.], v. 38, n. 12, p. 2092–2111, 2018. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/30149778>>. Acesso em: 15 fev. 2019.

KOIKE, Naoki; HATANO, Yuuki; USHIMARU, Takashi. Heat shock transcriptional factor mediates mitochondrial unfolded protein response. **Current Genetics**, [s. l.], v. 64, n. 4, p. 907–917, 2018. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/29423676>>. Acesso em: 15 fev. 2019.

KOPP, Renate et al. Prolonged hypoxia increases survival even in Zebrafish (*Danio rerio*) showing cardiac arrhythmia. **PLoS one**, [s. l.], v. 9, n. 2, p. e89099, 2014. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/24551224>>. Acesso em: 13 fev. 2019.

KRAUSE, J. et al. The social organization of fish shoals: a test of the predictive power of laboratory experiments for the field. **Biological reviews of the Cambridge Philosophical Society**, [s. l.], v. 75, n. 4, p. 477–501, 2000. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/11117198>>. Acesso em: 13 fev. 2019.

LAHIRI, Kajori et al. Temperature Regulates Transcription in the Zebrafish Circadian Clock. **PLoS**

Biology, [s. l.], v. 3, n. 11, p. e351, 2005. Disponível em:

<<https://dx.plos.org/10.1371/journal.pbio.0030351>>. Acesso em: 15 fev. 2019.

LIU, Shasha; YU, Weihua; LÜ, Yang. The causes of new-onset epilepsy and seizures in the elderly.

Neuropsychiatric disease and treatment, [s. l.], v. 12, p. 1425–34, 2016. Disponível em:

<<http://www.ncbi.nlm.nih.gov/pubmed/27382285>>. Acesso em: 13 fev. 2019.

LONG, Yong et al. Transcriptional events co-regulated by hypoxia and cold stresses in Zebrafish larvae. **BMC Genomics**, [s. l.], v. 16, n. 1, p. 385, 2015. Disponível em:

<<http://www.ncbi.nlm.nih.gov/pubmed/25975375>>. Acesso em: 15 fev. 2019.

LOREK, A. et al. Delayed ("secondary") cerebral energy failure after acute hypoxia-ischemia in the newborn piglet: continuous 48-hour studies by phosphorus magnetic resonance spectroscopy. **Pediatric research**, [s. l.], v. 36, n. 6, p. 699–706, 1994. Disponível em:

<<http://www.ncbi.nlm.nih.gov/pubmed/7898977>>. Acesso em: 13 fev. 2019.

MAGALHÃES, José et al. Acute and severe hypobaric hypoxia increases oxidative stress and impairs mitochondrial function in mouse skeletal muscle. **Journal of Applied Physiology**, [s. l.], v. 99, n. 4, p. 1247–1253, 2005. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/15905323>>.

Acesso em: 11 mar. 2018.

MAÑERU, Cristina et al. Residual hippocampal atrophy in asphyxiated term neonates. **Journal of neuroimaging : official journal of the American Society of Neuroimaging**, [s. l.], v. 13, n. 1, p. 68–74, 2003. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/12593134>>. Acesso em: 13 fev. 2019.

MARQUES, Ines J. et al. Transcriptome analysis of the response to chronic constant hypoxia in zebrafish hearts. **Journal of Comparative Physiology B**, [s. l.], v. 178, n. 1, p. 77–92, 2008.

Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/17828398>>. Acesso em: 15 fev. 2019.

MARTINELLO, Kathryn et al. Management and investigation of neonatal encephalopathy: 2017 update. **Archives of disease in childhood. Fetal and neonatal edition**, [s. l.], v. 102, n. 4, p. F346–F358, 2017. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/28389438>>. Acesso em: 13 fev. 2019.

MATTIESEN, Wulf-Rainer C. et al. Increased neurogenesis after hypoxic-ischemic encephalopathy in humans is age related. **Acta Neuropathologica**, [s. l.], v. 117, n. 5, p. 525–534, 2009. Disponível em: <<http://link.springer.com/10.1007/s00401-009-0509-0>>. Acesso em: 13 fev. 2019.

MIGUEL, Patrícia Maidana et al. Prefrontal cortex dysfunction in hypoxic-ischaemic encephalopathy contributes to executive function impairments in rats: Potential contribution for attention-deficit/hyperactivity disorder. **The World Journal of Biological Psychiatry**, [s. l.], v. 19, n. 7, p. 547–560, 2018. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/28105895>>. Acesso em: 13 fev. 2019.

MILLER, Noam; GERLAI, Robert. From Schooling to Shoaling: Patterns of Collective Motion in Zebrafish (*Danio rerio*). **PLoS ONE**, [s. l.], v. 7, n. 11, p. e48865, 2012. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/23166599>>. Acesso em: 13 fev. 2019.

MOZAFFARIAN, Dariush et al. Heart Disease and Stroke Statistics—2015 Update. **Circulation**, [s. l.], v. 131, n. 4, p. e29–e322, 2015. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/25520374>>. Acesso em: 8 mar. 2018.

MURRAY, Deirdre M. et al. Early EEG Grade and Outcome at 5 Years After Mild Neonatal Hypoxic Ischemic Encephalopathy. **Pediatrics**, [s. l.], v. 138, n. 4, p. e20160659, 2016. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/27650049>>. Acesso em: 13 fev. 2019.

NELSON, Karin B.; BROMAN, Sarah H. Perinatal risk factors in children with serious motor and mental handicaps. **Annals of Neurology**, [s. l.], v. 2, n. 5, p. 371–377, 1977. Disponível em: <<http://doi.wiley.com/10.1002/ana.410020505>>. Acesso em: 14 fev. 2019.

NUÑEZ, Antonio et al. Oxidative stress in perinatal asphyxia and hypoxic-ischaemic encephalopathy. **Anales de Pediatría (English Edition)**, [s. l.], v. 88, n. 4, p. 228.e1-228.e9, 2018. Disponível em: <<https://www.sciencedirect.com/science/article/pii/S2341287918300413>>. Acesso em: 15 fev. 2019.

PERRONE, Serafina et al. Oxygen Use in Neonatal Care: A Two-edged Sword. **Frontiers in pediatrics**, [s. l.], v. 4, p. 143, 2016. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/28119904>>. Acesso em: 15 fev. 2019.

- PHAM, Mimi et al. Assessing Social Behavior Phenotypes in Adult Zebrafish: Shoaling, Social Preference, and Mirror Biting Tests. In: [s.l.: s.n.]. p. 231–246.
- PRESSLER, Ronit M. et al. Bumetanide for the treatment of seizures in newborn babies with hypoxic ischaemic encephalopathy (NEMO): an open-label, dose finding, and feasibility phase 1/2 trial. **The Lancet Neurology**, [s. l.], v. 14, n. 5, p. 469–477, 2015. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/25765333>>. Acesso em: 13 fev. 2019.
- ROOHEY, T.; RAJU, T. N.; MOUSTOGIANNIS, A. N. Animal models for the study of perinatal hypoxic-ischemic encephalopathy: a critical analysis. **Early human development**, [s. l.], v. 47, n. 2, p. 115–46, 1997. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/9039963>>. Acesso em: 15 fev. 2019.
- SCHENDEL, Diana; NELSON, Karin B.; BLAIR, Eve. Neonatal encephalopathy or hypoxic-ischemic encephalopathy? **Annals of Neurology**, [s. l.], v. 72, n. 6, p. 984–985, 2012. a. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/23280849>>. Acesso em: 13 fev. 2019.
- SCHENDEL, Diana; NELSON, Karin B.; BLAIR, Eve. Neonatal encephalopathy or hypoxic-ischemic encephalopathy? **Annals of Neurology**, [s. l.], v. 72, n. 6, p. 984–985, 2012. b. Disponível em: <<http://doi.wiley.com/10.1002/ana.23753>>. Acesso em: 13 fev. 2019.
- SCOTT, Graham R.; JOHNSTON, Ian A. Temperature during embryonic development has persistent effects on thermal acclimation capacity in zebrafish. **Proceedings of the National Academy of Sciences of the United States of America**, [s. l.], v. 109, n. 35, p. 14247–52, 2012. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/22891320>>. Acesso em: 15 fev. 2019.
- SHINNAR, S. et al. Discontinuing antiepileptic medication in children with epilepsy after two years without seizures. A prospective study. **The New England journal of medicine**, [s. l.], v. 313, n. 16, p. 976–80, 1985. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/4047105>>. Acesso em: 14 fev. 2019.
- SIESJÖ, Bo K.; BENGTSSON, Finn. Calcium Fluxes, Calcium Antagonists, and Calcium-Related Pathology in Brain Ischemia, Hypoglycemia, and Spreading Depression: A Unifying Hypothesis. **Journal of Cerebral Blood Flow & Metabolism**, [s. l.], v. 9, n. 2, p. 127–140, 1989. Disponível

em: <<http://www.ncbi.nlm.nih.gov/pubmed/2537841>>. Acesso em: 13 fev. 2019.

SILVERMAN, J. L. et al. AMPAKINE enhancement of social interaction in the BTBR mouse model of autism. **Neuropharmacology**, [s. l.], v. 64, p. 268–282, 2013. Disponível em:

<<http://www.ncbi.nlm.nih.gov/pubmed/22801296>>. Acesso em: 13 fev. 2019.

SILVERSTEIN, Faye S.; NAIK, Bina; SIMPSON, Jennifer. Hypoxia-Ischemia Stimulates Hippocampal Glutamate Efflux in Perinatal Rat Brain: An In Vivo Microdialysis Study. **Pediatric Research**, [s. l.], v. 30, n. 6, p. 587–590, 1991. Disponível em:

<<http://www.nature.com/doi/10.1203/00006450-199112000-00021>>. Acesso em: 13 fev. 2019.

STEWART, Adam Michael et al. Zebrafish models for translational neuroscience research: from tank to bedside. **Trends in neurosciences**, [s. l.], v. 37, n. 5, p. 264–78, 2014. Disponível em:

<<http://www.ncbi.nlm.nih.gov/pubmed/24726051>>. Acesso em: 13 fev. 2019.

TAGIN, Mohamed A. et al. Hypothermia for Neonatal Hypoxic Ischemic Encephalopathy. **Archives of Pediatrics & Adolescent Medicine**, [s. l.], v. 166, n. 6, p. 558–66, 2012. Disponível em:

<<http://www.ncbi.nlm.nih.gov/pubmed/22312166>>. Acesso em: 13 fev. 2019.

TOFT, P. B. Prenatal and perinatal striatal injury: a hypothetical cause of attention-deficit-hyperactivity disorder? **Pediatric neurology**, [s. l.], v. 21, n. 3, p. 602–10, 1999. Disponível em:

<<http://www.ncbi.nlm.nih.gov/pubmed/10513685>>. Acesso em: 13 fev. 2019.

TON, Christopher; STAMATIOU, Dimitri; LIEW, Choong-Chin. Gene expression profile of zebrafish exposed to hypoxia during development. **Physiological Genomics**, [s. l.], v. 13, n. 2, p. 97–106, 2003. Disponível em: <<http://www.physiology.org/doi/10.1152/physiolgenomics.00128.2002>>.

Acesso em: 15 fev. 2019.

VAN HANDEL, Mariëlle et al. Long-term cognitive and behavioral consequences of neonatal encephalopathy following perinatal asphyxia: a review. **European journal of pediatrics**, [s. l.], v. 166, n. 7, p. 645–54, 2007. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/17426984>>.

Acesso em: 13 fev. 2019.

WANG, Justin et al. Early-Onset Convulsive Seizures Induced by Brain Hypoxia-Ischemia in Aging Mice: Effects of Anticonvulsive Treatments. **PLOS ONE**, [s. l.], v. 10, n. 12, p. e0144113, 2015.

Disponível em: <<http://dx.plos.org/10.1371/journal.pone.0144113>>. Acesso em: 14 fev. 2019.

YU, Xinge; LI, Yang V. Zebrafish as an alternative model for hypoxic-ischemic brain damage.

International journal of physiology, pathophysiology and pharmacology, [s. l.], v. 3, n. 2, p. 88–

96, 2011. Disponível em: <<http://www.ncbi.nlm.nih.gov/pubmed/21760967>>. Acesso em: 8 mar.

2018.



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PRÓ-REITORIA DE PESQUISA

Comissão De Ética No Uso De Animais



CARTA DE APROVAÇÃO

Comissão De Ética No Uso De Animais analisou o projeto:

Número: 33284

Título: AVALIAÇÃO DE PARÂMETROS COMPORTAMENTAIS E NEUROQUÍMICOS EM PEIXE-ZEBRA ADULTO SUBMETIDO AO MODELO DE ENCEFALOPATIA HIPÓXICA PERINATAL

Vigência: 01/10/2017 à 30/09/2019

Pesquisadores:

Equipe UFRGS:

MARIA ELISA CALCAGNOTTO - coordenador desde 01/10/2017
FABIO KLAMT - pesquisador desde 01/10/2017
DIOGO LOSCH DE OLIVEIRA - pesquisador desde 01/10/2017
SUELEN BAGGIO - Aluno de Mestrado desde 01/10/2017
EMERSON SANTOS DA SILVA - Aluno de Mestrado desde 01/10/2017

Equipe Externa:

Marcos Martins Braga - pesquisador desde 01/10/2017

Comissão De Ética No Uso De Animais aprovou o mesmo , em reunião realizada em 10/07/2017 - SALA 331 DO ANEXO I DO PRÉDIO DA REITORIA - CAMPUS CENTRO , em seus aspectos éticos e metodológicos, para a utilização de 328 embriões de peixes-zebra (Danio rerio) wild-type, a partir da sexta geração, machos e fêmeas, provenientes do Biotério do Departamento de Bioquímica/UFRGS; de acordo com os preceitos das Diretrizes e Normas Nacionais e Internacionais, especialmente a Lei 11.794 de 08 de novembro de 2008, o Decreto 6899 de 15 de julho de 2009, e as normas editadas pelo Conselho Nacional de Controle da Experimentação Animal (CONCEA), que disciplinam a produção, manutenção e/ou utilização de animais do filo Chordata, subfilo Vertebrata (exceto o homem) em atividade de ensino ou pesquisa.

Porto Alegre, Sexta-Feira, 28 de Julho de 2017

MARCELO MELLER ALIEVI
Coordenador da comissão de ética