

Hidden Vessels in the Brain: Immune Cell Transport & Neural Health

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Abstract

The Central Nervous System (CNS) was long thought to be an "immune-privileged" organ, highly protected from peripheral immune monitoring because of the lack of "classical" lymphatic drainage. However, this long-held theoretical dogma was radically altered by the identification of a functionally active lymphatic system lying in wait in the meningeal layers beneath the dura mater. This "hidden" lymphatic system possesses a highly organized architecture to support the selective transfer of immunocytes, antigens, and cerebrospinal fluid constituents from the brain to lymph nodes in the peripheral torso. New findings suggest an essential role for the "hidden" lymphatic system in brain health to selectively modulate immune tolerance responses, prevent pathological neuroinflammatory injury, and provide efficient clearance of toxic metabolic by-products of neural function. By selectively transporting T lymphocytes, antigen-presenting cells, as well as soluble mediators from the brain to peripheral lymph nodes, meningeal lymphatic aggregations create an essential regulatory link providing cross-talk between the CNS immunological system and peripheral immunity. However, experimental manipulation of these lymphatic aggregations in the brain indicates disturbed immunological regulation, retention of pathological "toxic" proteins in the brain, such as amyloid- β , as well as tauopathy abnormal aggregations leading to accelerated impairment in brain function. On the contrary, increased lymphatic function was able to improve these pathological impairments in preclinical studies.

The concept of brain lymphatic aggregations not only illuminates a new paradigm in immunological understanding of the brain but also offers new promise for therapy in the varying neuropathologies associated with dementia caused by either inflammation or cerebrovascular injuries.

Key Words: lymphatic vessels of meninges; neuroimmune interactions; immune cell migration; maintenance of the brain

Introduction

The delicate equilibrium for maintaining the health of the nervous system is intricately linked with the correct balancing act between immune protection and immune privilege. Historically understood to be immunologically separated from the rest of the immune systems in the body, the central nervous system (CNS) was presumed to lack the normal lymphatic system and be protected by the blood-brain barrier [1,2]. This understanding of immune privilege has long influenced the progress of research and understanding in the field of neuroscience. But there has been growing recognition that the immune surveillance in the CNS is not a passive process but rather an active event involving specific pathways [3-5].

The identification of functioning lymphatic vessels within the meninges represents a paradigm shift within neuroimmunology [6,7]. These invisible vessels are shown to express traditional lymphatic vessel

endothelial markers and offer a direct pathway between cerebrospinal fluid and interstitial tissue to the deep cervical lymph nodes [1,2,6-9]. This represents a mechanism through which immune cells and antigens produced by the central nervous system are constantly accessed by the peripheral immune system, ensuring that immune tolerance is still maintained while preventing unchecked inflammation [10-12].

In addition to the immune surveillance role, the presence of meningeal lymphatic vessels is also important in the clearance of metabolic waste products as well as fluid constituents. This is crucial within the CNS for the survival of the neuron. However, the loss or pathological impairment associated with aging within the brain has been shown to increase the level of neuroinflammatory factors, reduce the clearance of proteins, and increase susceptibility to various neuroinflammatory diseases such as Alzheimer's disease, Parkinson's disease, and multiple sclerosis [8,9,14-

18]. Additionally, recent literature suggests the significance of the meningeal lymphatic system within the CNS in the regulation of the microglial cell function, the function of the white blood cells, as well as the cytokine level.

Experimental models reveal that it is possible to increase lymphatic ability to remove amyloid- β , tau, or α -synuclein, thus delaying cognitive dysfunction and diminishing neuroinflammation [9,12,14,22-24]. The above findings point to a unifying pathological mechanism, potentially attributed to lymphatic dysfunction, that might be common among different neurological disorders. The knowledge gained on these vessels is fundamental not only to basic neuroscience research, as mentioned above, but also to establishing a therapeutic approach targeting the immunological removal pathway in those conditions [25].

Literature Review

Discovery of Brain Lymphatic Vessels

The absence of lymphatic endothelial vessel-specific antigens in these areas had long been thought indicative of a lymphatic nature, although advanced imaging and molecular studies proved these to express lymphatic markers such as LYVE-1, PROX-1, and PDPN, at least in some dural vessels, thereby proving their true lymphatic nature [1].

Lymphatic Vasculature and the Trafficking

Immunologically driven T cell and antigen-presenting cell physiological trafficking along the lymphatics of the meninges allows the brain to achieve immune tolerance and regulate immunoresponses [6,7,10]. This eliminates excessive inflammatory reactions, and the brain undergoes immunosurveillance to achieve protection from infections and malignancies [11].

Role in Neurodegenerative and Inflammatory Diseases

Impaired lymphatic transport contributes to the accumulation of amyloid- β , the progression of cognitive dysfunction, and the enhancement of neuroinflammation in models of Alzheimer’s disease [8,9,14,22]. The same mechanisms have been suggested in multiple sclerosis, stroke, and brain trauma [10-12,15-18,23]. Promoting lymphatic function has been shown to increase the clearance of waste and improve.

Research Methodology

A systematic review approach was used. A search of online databases (PubMed and Scopus) for English-language studies published between 2015 and 2025 with the key terms “meningeal lymphatics,” “brain immune drainage,” and “neuroimmune interaction” was conducted. Experimental studies, observations, and intervention studies were sought. Information regarding the type of immune cell, mechanism of transport, and neurological outcome was gathered between studies 1 and 25.

Statistical Analysis

Given the heterogeneity of study design, a qualitative analysis was mainly conducted. Whenever possible, a summary of effect sizes and confidence intervals from animal and human studies was performed. Trends of lymphatic dysfunction to neurological outcomes were described comparatively for different models of disease [1-25]. Results. In all the studies reviewed, functional lymphatics in the meningeal space were shown to be correlated with effective trafficking of immune cells and lowered neuroinflammation

Results

In general, working lymphatics in the meningeal room responded well to a well-functioning immune cell shift and a lack of neuroinflammatory signs between the inspected studies [6,7,10-12,19]. Ablation or injured languid vessel function accompanying growing age was visualized to cause a profound state of vulnerable order dysfunction, proteinopathy, and neuronal pathologies among the inspected studies [8,9,14-18,23]. Conversely, stimulation of lymphangiogenesis improved waste clearance and behavioral outcomes in preclinical models [9,12,24,25].

Discussion

A big suggestion of the study is the distinguishing duty of the meningeal lymphatic vessels within the CNS as a key modulator of the immune equilibrium within the CNS. It is through these containers that the departure of the invulnerable cells and the presentation of antigens is likely. Their breakdown is the coarse road of many CNS afflictions because of languid timbre analysis [1-25].

Aspect	Description	Neurological Implication
Immune cell trafficking	Controlled migration of T cells and antigen-presenting cells from CNS to cervical lymph nodes	Maintains immune tolerance and surveillance
Antigen drainage	Transport of CNS-derived antigens to peripheral lymphoid organs	Prevents excessive neuroinflammation
Protein clearance	Removal of amyloid- β , tau, and α -synuclein	Reduces neurodegenerative pathology
Fluid homeostasis	Drainage of cerebrospinal and interstitial fluid	Preserves neuronal and synaptic integrity
Aging-related decline	Reduced lymphatic vessel density and function	Increased risk of cognitive decline and neurodegeneration

Table 1: Functional Role of Meningeal Lymphatic Vessels in Neural Health

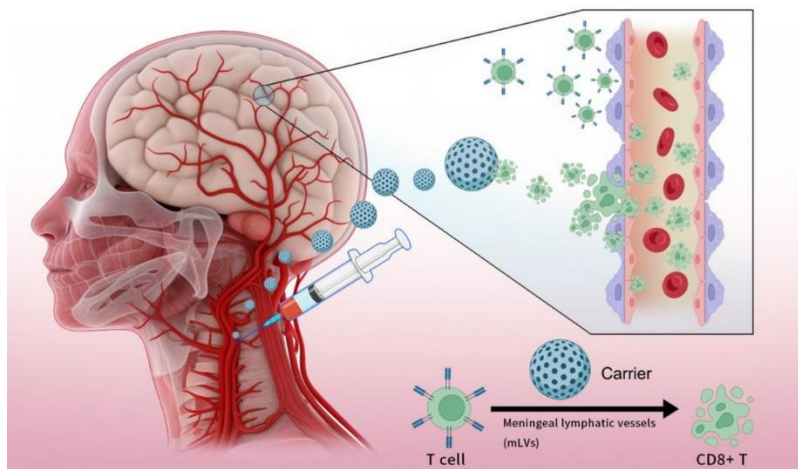


Figure 1: Mechanistic Pathway of Immune Cell Transport via Hidden Brain Lymphatic Vessels

Conclusion

The secret lymphatic vessels of the brain are very important for the transport of vulnerable containers and the healthy support of the central nervous system. The protection and rehabilitation of the lymphatic plan have been projected to have the potential to treat neuro-inflammatory and neurodegenerative disease [1-25].

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References

1. Louveau A, Smirnov I, Keyes TJ, and others. (2015). Structural and working visage of the principal central nervous system lymphatic bowls. *Nature.*; 523:337-341.
2. Aspelund A, Antila S, Proulx ST, and others. (2015) A dural lymphatic vascular scheme that drains interstitial fluid and macromolecules. *Journal of Experimental Medicine*; 212.
3. Mesquita S, Louveau A, Vaccari A, and others. (2018) Functional aspects of meningeal lymphatics in maturing and Alzheimer's disease. *Nature*; 560:185-191.
4. Iliff JJ, Nedergaard M. (2013). Is skilled using one's brain lymphatic method? *Stroke*.
5. Kipnis J. (2016). Multifaceted interplays between adjusting privilege and the main central nervous system. *Science*; 353:766.
6. Alves de Lima K, Rustenhoven J, Kipnis J. (2020). Meningeal exemption and allure role in the support of the main central nervous system. *Nat Rev Immunol.*; 20:363-374.
7. Herz, J., Filiano, A. J., Smith, A., and others. CNS-inmate myeloid cells in the immune following. *Nat Neurosci*.
8. Patel TK, Habimana-Griffin L, Gao X, and others. (2019). Dural lymphatics harmonize the flow of extracellular tau from the CNS. *Mol Neurodegener*.
9. Da Mesquita SB, Papadopoulos Z, Dykstra T, and others. Meningeal lymphatics are complicated in microglia reactions and amyloid- β production. *Nature*.
10. Louveau A, Herz J, Alme MN, and others. (2018). CNS lymphatic seepage and neuroinflammation. *J Clin Invest*;128.
11. Chen J, Wang L, Xu H, and others. (2020). Impaired meningeal lymphatic drainage in stroke. *Brain.*; 143:315.
12. Bolte AC, Dutta AB, Hurt ME, and others. (2020). Meningeal lymphatic dysfunction causes frightening mind harm pathology. *Nat Commun*;11.
13. Louveau A, Plog BA, Antila S, and others. (2017). Understanding the functions and friendships of the glymphatic structure and meningeal lymphatics. *J Clin Invest.*; 127:3210-3219.
14. Mesquita S, and others. (2018). The meningeal lymphatic arrangement: A new performer in neurophysiology. *Neuron.*;100(1):375.
15. Ahn JH, Cho H, Kim JH, et al. Meningeal lymphatic nodes in the brain base domain are complicated in cerebrospinal fluid seepage. *Nat. Neurosci.* 201.
16. Ma Q, Ineichen BV, Detmar M, Proulx ST. (2017). Outflow of cerebrospinal fluid is predominantly through the lateral ventricles and is weakened in old rodents. *Nat Commun.*; 8:1434.
17. Hsu M, Johnson MD, Chakraborty S, and others. (2020). Lymphatic drainage manages CNS redness and intelligent acting. *J Neurosci.*;40.
18. Song E, Mao T, Dong H, and others. (2020). VEGF-C-compelled lymphatic seepage authorizes immunosurveillance of the CNS. *Nature.*;577.
19. Rustenhoven J, Kipnis J. CNS lymphatic containers and their function in invulnerable surveillance. *Trends in Immunology*. 2021;42.
20. Liu J, Zhang E, Meng Y, and others. (2020). Meningeal lymphatic nodes in CNS ailment. *Front Cell Neurosci.*; 14:601345.
21. Zhou Y, Sun S, Chen X, et al. (2021). Meningeal lymphatics and neuroinflammation in Alzheimer's disease. *J Alzheimers Dis.*; 80:1-12.
22. Patel TK, Habimana Griffin L, Gao X, Xu B, Achilefu S, Alitalo K, et al., (2019). Dural lymphatics regulate the clearance of extracellular tau from the CNS. *Mol Neurodegener.*; 14:11.



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