

基础研究

高浓度葡萄糖条件下罗格列酮对NIT-1细胞FOXO1、TSC2基因表达及细胞分泌功能的影响

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摘要:

目的: 研究罗格列酮在不同浓度葡萄糖条件下, 对胰岛β细胞增殖凋亡与胰岛素分泌以及叉头转录因子-1 (FOXO1)和结节性硬化症-2(TSC2)表达的影响。方法: 将 NIT-1细胞按每孔 $5 \times 10^4$ 个放置于24孔细胞培养板, 培养48 h后随机分为各处理组: 5.6、7.8、11.1、16.7、22.2 和27.6 mmol/L葡萄糖组, 继续培养24 h后再分别施加 $1 \times 10^{-5}$  mol/L罗格列酮, 分别于干预24和48 h后取细胞培养上清液, 采用放射免疫法检测胰岛素水平和免疫荧光法检测细胞增殖情况, RT-PCR半定量法检测FOXO1和TSC2 mRNA表达水平。结果: ① $1 \times 10^{-6} \sim 1 \times 10^{-5}$  mol/L罗格列酮可以分别在不同浓度葡萄糖培养条件下使胰岛NIT-1细胞增殖 ( $P < 0.05$ ), 且这种变化趋势随剂量的增加而增加 (即 $1 \times 10^{-5}$  mol/L罗格列酮组 $> 1 \times 10^{-6}$  mol/L罗格列酮组 $> 1 \times 10^{-7}$  mol/L罗格列酮组)。② $1 \times 10^{-5}$  mol/L的罗格列酮干预后, 可见细胞凋亡百分率增加趋势随着葡萄糖浓度不断升高; ③在同一浓度罗格列酮作用下, 当葡萄糖浓度为11.1 mmol/L时, 胰岛素分泌水平最高, 高于其他各组 (均 $P < 0.05$ ), 随着葡萄糖浓度增加, 胰岛素分泌量逐渐下降 (11.1 mmol/L葡萄糖组 $> 16.7$  mmol/L葡萄糖组 $> 22.5$  mmol/L葡萄糖组 $> 27.6$  mmol/L葡萄糖组), 而葡萄糖为5.6 mmol/L时, 胰岛素分泌量最低; ④在 $1 \times 10^{-5}$  mol/L罗格列酮干预后, FOXO1和TSC-2 mRNA的表达水平均较未干预组明显下降, 且呈现出5.6 mmol/L组 $< 11.1$  mmol/L组 $< 16.7$  mmol/L组 $< 22.5$  mmol/L组 $< 27.6$  mmol/L组的变化趋势, 而且葡萄糖浓度 $> 16.7$  mmol/L的各组均较前面小剂量葡萄糖组 ( $\leq 11.1$  mmol/L各组) 表达明显。结论: 罗格列酮可以通过直接影响胰岛β细胞内FOXO1和TSC2表达促进胰岛β细胞的增殖及影响细胞胰岛素分泌功能, 提示通过调控FOXO1和TSC2表达, 可以直接影响胰岛β细胞的生物学功能, 如分泌功能、细胞的增殖与凋亡以及改善胰岛素抵抗状况。

关键词: 葡萄糖; 胰岛β细胞; 结节性硬化症-2基因; 叉头转录因子-1基因; 罗格列酮

Effects of rosiglitazone on expressions of FOXO1 and TSC2 gene and cell secretory function of NIT-1 cells after treated with high concentration glucose

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Abstract:

Abstract: Objective To study the effects of rosiglitazone on FOXO1 and TSC2 gene expressions, insulin secretory function, cell proliferation and apoptosis of pancreatic β cells under high concentration glucose condition. Methods The NIT-1 cells were put into plates ( $5 \times 10^4$  cells /well) and cultivated for 48 h, then they were randomly divided into treatment groups containing different concentrations of glucose as follows: 5.6, 7.8, 11.1, 16.7, 22.2, and 27.6 mmol/L groups. After cultivated for 24 h, they were intervened by  $10^{-5}$  mmol/L rosiglitazone for next 24 and 48 h, then the supernatant was collected. The insulin level was evaluated by radio-immunity technique, the cell proliferation and apoptosis were detected by immunofluorescence staining and MTT assay respectively. The expressions of FOXO1 and TSC2 mRNA were detected by semi-quantitative RT-PCR assay. Results ① Under different concentrations of glucose, after treated with  $10^{-6} \sim 10^{-5}$  mol/L rosiglitazone the proliferation of pancreatic β cells (NIT-1 cell line) was found ( $P < 0.05$ ) and the apoptotic rate of cells was increased in a dose-dependent manner ( $1 \times 10^{-5}$  mol/L rosiglitazone group $> 1 \times 10^{-6}$  mol/L rosiglitazone group $> 1 \times 10^{-7}$  mol/L rosiglitazone group). ② When under same dose of glucose, the insulin secretion level in 11.1 mmol/L group was much higher than those in other groups ( $P < 0.05$ ), but the insulin secretion level was reduced gradually following the decrease of glucose concentration (11.1 mmol/L group $> 16.7$  mmol/L group $> 22.5$  mmol/L group $> 27.6$  mmol/L group). The insulin secretion level in 5.6 mol/L group was the lowest. ③ After intervention of  $10^{-5}$  mol/L rosiglitazone, the expression levels of both FOXO1 and TSC2 mRNA were significantly lower than those in control group (5.6 mmol/L group $< 11.1$  mmol/L group $< 16.7$  mmol/L group $< 22.5$  mmol/L group $< 27.6$  mmol/L group). When the glucose concentration was over 16.7 mol/L, the expressions of FOXO1 and TSC2 mRNA were obviously higher than those in the groups with glucose concentration  $\leq 11.1$  mmol/L after the intervention of  $10^{-5}$  mol/L rosiglitazone. Conclusion Rosiglitazone can improve the secretion function of pancreatic β cells and cell proliferation and alleviate

扩展功能

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insulin resistance by directly regulating FOXO1 and TSC2 expressions.

Keywords: glucose;pancreatic &beta cells;tuberous sclerosis complex2;forkhead box O1;rosiglitazone

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