

丙型肝炎肝硬化CD56⁺T细胞和NK细胞数量及抗肿瘤活性

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■背景资料

通过流行病学调查研究, 慢性丙型肝炎发展为肝硬化和肝癌的比例较高, 其确切机制目前还不清楚。肝脏局部的免疫环境在肝癌的发生发展中的作用越来越受到人们的重视。肝脏中分布着大量天然和获得性的T细胞、NK细胞和CD56⁺T细胞(NKT), NKT同时表达T细胞受体和NK细胞受体, 是抗肿瘤早期起作用的效应细胞, 其重要性受到广泛的关注。

■相关报道

Kawarabayashi *et al* 研究了手术得到的标本, 分析了肝癌和非肝癌患者肝脏中NK和NKT细胞数量及抗肿瘤活性; Ogasawara *et al* 认为IFN- γ 是NK及NKT发挥抗肿瘤作用的重要的细胞因子。

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收稿日期: 2005-07-11 接受日期: 2005-08-11

Numbers and activities of CD56⁺ T cells and natural killer cells in cirrhotic livers with hepatitis C

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Received: 2005-07-11 Accepted: 2005-08-11

Abstract

AIM: To study the numbers and anti-tumor activities of CD56⁺ T cells and natural killer (NK) cells in cirrhotic liver with hepatitis C (HC).

METHODS: Hepatic mononuclear cells (MNC) were isolated from liver specimens obtained from the patients ($n = 16$) with HC-induced cirrhosis by liver biopsy. In addition, the numbers of CD56⁺ T cells and natural killer cells were determined by flow cytometry. Liver MNC and peripheral blood mononuclear cells (PBMC) were co-cultured with the interleukin-2 (IL-2), respectively, and the production of interferon- γ (IFN- γ) and the antitumor activity were measured.

RESULTS: The percentages of CD56⁺ T cells among hepatic MNC in health individuals, HC and HC-induced cirrhosis patients were 20.4% \pm 6.2%, 11.2% \pm 3.1% and 5.0% \pm 1.6%, respectively; the proportions of NK cells among liver MNC in the three groups were 31.1% \pm 9.7%, 31.6% \pm 8.3% and 18.3% \pm 5.4%, respectively; the

productions of IFN- γ in the three groups were 7.4 \pm 2.4, 3.2 \pm 1.8 and 1.9 \pm 0.5 μ g/L, respectively; the anti-tumor activities hepatic MNC in the three groups were 61.1% \pm 17.1%, 59.2% \pm 14.6%, and 26.7% \pm 8.5%, respectively. For the above four groups of parameters, the changes in HC-induced cirrhosis patients was the most significant ($P < 0.05$).

CONCLUSION: The numbers and anti-tumor activities of CD56⁺T cells and NK cells are decreased in cirrhotic livers with HC.

Key Words: Hepatitis C; Liver cirrhosis; CD56⁺ T cell; Natural killer cell; Cell number; Activity

Fan RS, Yu DJ, Sun DR. Numbers and activities of CD56⁺ T cells and natural killer cells in cirrhotic livers with hepatitis C. *Shijie Huaren Xiaohua Zazhi* 2006;14(18):1836-1838

摘要

目的: 研究CD56⁺T细胞和NK细胞在丙型肝炎肝硬化时的数量及抗肿瘤细胞活性变化。

方法: 丙型肝炎肝硬化患者18例, 快速肝穿获得肝组织, 分离肝脏单个核细胞(MNC), 流式细胞仪分析CD56⁺T细胞及NK细胞数量, 肝脏MNC和外周血单个核细胞(PBMC)分别与IL-2混合培养, 检测IFN- γ 含量及抗肿瘤细胞活性。

结果: 健康志愿者 慢性丙型肝炎患者 丙型肝炎肝硬化患者肝脏MNC中CD56⁺T细胞数量百分比分别是20.4% \pm 6.2%, 11.2% \pm 3.1%和5.0% \pm 1.6%; NK细胞比例分别是31.1% \pm 9.7%, 31.6% \pm 8.3%和18.3% \pm 5.4%; 肝脏MNC的IFN- γ 产量分别是7.4 \pm 2.4, 3.2 \pm 1.8和1.9 \pm 0.5 μ g/L; 抗肿瘤细胞的细胞毒性分别是61.1% \pm 17.1%, 59.2% \pm 14.6%, 26.7% \pm 8.5%。以上四组数据均以肝炎肝硬化患者变化最为显著($P < 0.05$)。

结论: 丙型肝炎肝硬化时肝脏CD56⁺T细胞和NK细胞数量及抗肿瘤细胞活性分别下降。

关键词: 丙型肝炎; 肝硬化; CD56⁺T细胞; NK细胞;

细胞数量; 细胞活性

范荣山, 于德军, 孙德荣. 丙型肝炎肝硬化CD56⁺T细胞和NK细胞数量及抗肿瘤活性. 世界华人消化杂志 2006;14(18):1836-1838 http://www.wjgnet.com/1009-3079/14/1836.asp

60 min, 37 , MNC PBMC , E/T = 10 1, 4 h , , Gamma , <15%. 统计学处理 t , 3

■创新盘点 本文研究了丙型肝炎 肝硬化患者 肝活检组织 中的NK和NKT 数量和活性, 从不同的 角度证明NK和 NKT在丙型肝炎 肝硬化时数量减 少及活性下降减 弱了肝脏局部抗 肿瘤免疫功能.

0 引言

10-29 a, 35.1%-51% , 10.6%-23.4% , 15.3%^[1]. CD56⁺T NK [2-3], CD56⁺T NK

2 结果

2.1 肝脏MNC中CD56⁺T和NK细胞 (1) MNC CD56⁺T : 1 20.4%± 6.2%, 2 11.2%± 3.1%, 3 5.0%± 1.6%(*P*<0.05). (2) MNC NK : 1 31.1%± 9.7%, 2 31.6%± 8.3%, 3 18.3%± 5.4%(*P*<0.05). , CD56⁺T . PBMC

1 材料和方法

1.1 材料 1 12 ; 2 16 ; 3 18 : 2000-09

2.2 肝脏MNC在IL-2刺激下产生IFN-γ MNC IL-2 IFN-γ : 1 7.4± 2.4 μg/L, 2 3.2± 1.8 μg/L, 3 1.9± 0.5 μg/L (*P*<0.05). PBMC IL-2 IFN-γ

HAV HBV HDV HEV , (0.5 g/L) DNase (0.1 mg/L) 37 20 min, 200 , RPMI 1640 , 3 , 100 kU/L 330 g/L Percoll , 2 000 r/min 15 min, , 50 mL/L FBS-RPMI 2 , MNC, PBMC.

2.3 肝脏MNC在IL-2刺激下抗肿瘤细胞毒性 IL-2 MNC YAC-1 : 1 61.1%± 17.1%, 2 59.2% ± 14.6%, 3 26.7%± 8.5%(*P*<0.05). PBMC IL-2 ,

1.2 方法 MNC PBMC FITC NKR-P¹ , PE CD56 , αβTCR , 0.1 L (0.01 mg/L) CD3 4 96 , 3 . MNC PBMC 100 mL/L RPMI 1640 0.2 mL, CD3 96 , 50 mL/L CO₂, 37 . MNC IL-2 (20 mg/L), 48 h , -80 ELISA , MNC 5 d , ELISA kit MNC IFN-γ , , NK YAC-1 , 100 mL/L FBS IFN-γ [11-12], RPMI 1640 , 3.7 MBq Na₂(⁵¹Cr)O₄ IFN-γ

3 讨论

MNC IFN-γ MNC IFN-γ MNC CD56⁺T NK MNC IFN-γ MNC , CCl₄ NKT MNC HCC [4]. MNC NKT [5]. IL-7 mRNA, IL-7 [6]. [7], NKT NK [8-10].

■应用要点

改善肝脏局部的抗肿瘤免疫功能,可能成为预防肝炎肝硬化发生肝癌的有效措施。

- [13-14] CD56⁺T CD56⁺T NK
HCV IFN- γ , IL-2 IL-12, 8
CD56⁺T
[15], IFN- γ 9
MNC CD56⁺T NK
CD56⁺T NK
IL-2 IL-12 , IFN- γ , 10
[16-17]
PBMC CD56⁺T NK IL-2 IL-12 ,
[18]
CD56⁺T NK IFN- γ , 11
CD56⁺T NK 12

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