

• 综述 •

颗粒蛋白前体与相关神经系统疾病的研究进展

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【摘要】 颗粒蛋白前体 (progranulin, PGRN) 是一种分子量为 88 kDa 的分泌性蛋白质, 在胚胎发育、组织修复、肿瘤发生和炎症应答等多种病生理过程中起有重要作用。此外, PGRN 还具有促进脑缺血后神经细胞存活和调控轴突生长的神经营养效应。PGRN 细胞内信号转导通路目前尚不完全清楚, 但研究发现, PGRN 可能与分拣蛋白和 (或) 肿瘤坏死因子受体结合并影响其信号转导。PGRN 基因突变目前已被证实是额颞叶痴呆的致病因素之一, PGRN 蛋白表达水平可以作为额颞叶痴呆等神经变性疾病早期诊断的分子标志物。因此, 对 PGRN 的功能和相关细胞信号转导机制的研究将有助于人们对多种神经变性病发病机制的认识, 并为临床治疗提供新的思路。本文将从 PGRN 生物学效应、细胞信号转导机制和与神经系统疾病的联系做一综述。

【关键词】 细胞存活; 痴呆; 颗粒蛋白前体; 炎症应答; 神经营养效应

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【Abstract】 Progranulin is a 88 kD secreted protein which plays a pivotal role in multiple physiological and pathological conditions, including embryogenesis, wound healing, tumorigenesis and inflammation response. It also functions as a neurotropic factor by enhancing neuron survival after cerebral ischemia and by regulating neurite outgrowth. The intracellular signaling pathways of PGRN remains unclear. It is reported that PGRN could bind to sortilin and/or TNF- α receptors thus affect the TNF- α signaling. Mutations in the Grn cause frontotemporal lobar dementia, and its expression is regarded an early diagnosis biomarker of certain neurodegenerative diseases including frontotemporal lobar dementia. Therefore, investigation of PGRN functions and intracellular pathways not only betters our understanding of the pathogenesis of neurodegenerative diseases but also shed lights on new therapeutic interventions. In this review, we discuss current knowledge of the functional aspects, signal transduction, and the relation between several neurological diseases and PGRN.

【Key words】 Cell survival; Dementia; PGRN; Inflammation response; Neurotropic effect

一、颗粒蛋白前体 (progranulin, PGRN) 的生物学效应

PGRN 最初被发现是一种存在于肿瘤细胞和成纤维细胞内的具有生长因子作用的蛋白, 此后发现, 其在血管内皮细胞、外周血中性粒细胞、神经元、小胶质细胞等均见表达。人 PGRN 蛋白由染色体 17q21 上 PGRN 基因编码, 分子量为 88 kDa, 含有七个半富含丝氨酸的串联重复序列结构域 (CX5-6CX5CC X8CCX6CCDX2HCCPX4CX5-6C), 该前体被蛋白酶水解后, 生成 7.5 个高度保守、具有生物学活性的多肽片段, 称为颗粒蛋白^[1-2]。目前, PGRN 生物学效应主要归于三个方面: 生长因子作用、炎症-感染-免疫相关调控和神经营养作用。

1. PGRN 的生长因子作用: PGRN 可激活细胞外信号调节激酶 (ERK)、磷脂酰肌醇 3 激酶 (PI3K) 和蛋白激酶 B (Akt) 等多种经典通路从而促进细胞存活和迁移。因此, PGRN 高表

达可以促进组织的修复、肿瘤的发生和复发以及抗细胞凋亡。

在损伤的皮肤组织中, PGRN 直接作用于成纤维细胞和上皮细胞, 增加中性粒细胞、巨噬细胞的聚集, 促进血管内皮细胞和成纤维细胞的增殖、分化和迁移, 形成新生血管, 加速伤口愈合^[3]。而在未损伤的组织中, 成纤维细胞和内皮细胞中均检测不到 PGRN。

在乳腺癌、膀胱肿瘤、神经胶质瘤等多种恶性肿瘤患者外周血液中均发现 PGRN 的高水平表达^[4-6], 它可作为预测肿瘤复发、观察疗效的生物标志物^[7-8]。

PGRN 亦促进中枢神经系统神经元存活。PGRN 可激活大鼠皮质神经元 ERK 和 PI3K 细胞存活信号通路, 从而减少谷氨酸兴奋毒性或氧化应激细胞毒性所致的细胞死亡^[9]。在小鼠的皮质运动神经元和脊髓细胞中也发现, PGRN 通过抗凋亡机制使其在血清剥夺的情况下存活达两个月^[10]。

2. PGRN 参与炎症-感染-免疫调节: 炎症-感染-免疫是三个各自独立而又相互联系的病理生理过程。淋巴细胞、巨噬细胞和中性粒细胞以及白介素、肿瘤坏死因子等种类繁多的炎性因子共同构建了炎症级联反应的复杂网络, 精细地调节和维持机

体抑炎和促炎之稳态,而这种平衡一旦被破坏,将导致自身免疫性疾病和慢性炎症状态。在炎症反应中,PGRN与其水解产物具有完全相反的作用。

局部注射重组PGRN可使多发性关节炎模型小鼠体内中性粒细胞炎性反应被抑制,提示PGRN是重要的炎性抑制因子;而其水解产物颗粒蛋白可刺激促炎性细胞因子白细胞介素8(IL-8)的产生,引起炎症级联反应^[11-13]。在人颈动脉内膜剥脱术平滑肌细胞标本中存在PGRN表达,提示PGRN参与动脉粥样硬化形成这一慢性炎症过程,过表达PGRN或加入外源性重组PGRN均可减低平滑肌细胞IL-8的分泌,而PGRN基因敲除的细胞中IL-8水平明显上升^[14]。PGRN以及其重组蛋白在关节炎性动物模型中可与TNF受体选择性结合并抑制下游炎性通路信号,显示出良好的抗炎治疗效果^[15]。

多项临床研究发现,系统性红斑狼疮、类风湿关节炎、代谢综合征及胰岛素抵抗患者血清PGRN水平明显高于正常人群,其高表达的机制可能提示机体慢性炎症、免疫紊乱状态^[16-22]。

3. PGRN的神经营养作用: PGRN在胚胎发育早期广泛表达于神经系统,而随后的表达局限于皮质神经元、海马锥体细胞、浦肯野细胞和激活的小胶质细胞。目前认为PGRN具有神经营养效应。

PGRN基因突变导致斑马鱼神经元轴突长度变短,而过表达PGRN则可恢复斑马鱼神经元的轴突长度^[23]。进一步研究发现,PGRN对哺乳动物同样具有神经营养效应,用其孵育培养大鼠皮质神经元可使细胞轴突最大长度增长^[24]。此外,PGRN基因敲除小鼠和野生型相比,其神经元突触长度和分支均减少,过表达该基因或予以外源性PGRN孵育则可恢复神经元的突触生长并使分支增多^[25]。目前,PGRN促进轴突生长的神经营养效应的细胞信号转导机制仍不清楚,是否同样通过激活细胞存活相关信号通路仍需深入研究。

二、PGRN的调控及其细胞信号转导机制

1. PGRN的表达调控: 外周血中性粒细胞是机体发生急性感染后炎症免疫系统的重要效应细胞,同时也参与慢性非感染性炎症反应。中性粒细胞蛋白酶3(proteinase, PR3)和弹性蛋白酶(neutrophil elastase, NE)是炎症反应中重要的蛋白酶,可介导PGRN水解生成颗粒蛋白。PR3和NE基因敲除的小鼠体内中性粒细胞聚集明显减少,PGRN水解亦减少^[26]。

在人类中枢神经系统中,由神经元和小胶质细胞分泌的基质金属蛋白酶-12(matrix metalloproteinases-12, MMP-12)可使PGRN水解^[27],而分泌性白细胞蛋白酶抑制剂(secretory leukocyte protease inhibitor, SLPI)可与PGRN结合成为一种复合物,从而保护其不被水解。除蛋白酶外,促炎因子白细胞介素-1可抑制PGRN生成、释放,而抑炎因子白细胞介素-4、白细胞介素-13则促进其释放^[27-28]。

2. PGRN的细胞信号转导机制: PGRN细胞信号转导通路目前尚不完全清楚,但发现其可与一种溶酶体转运蛋白分拣蛋白(sortilin)相结合。分拣蛋白是一种由sort1基因编码的神经细胞膜表面蛋白,与PGRN羧基残端特异性直接结合,然后快速形成内吞体,将PGRN由细胞外转运至溶酶体并分解,因此

作者提出,二者的结合在PGRN信号转导起重要作用^[29-30]。然而,其他研究显示抑制PGRN与sortilin的结合并不能削弱PGRN的营养作用^[31]。此外,sort1基因敲除鼠初级海马皮质神经元仍然存在PGRN诱导性轴突的生长和分支^[25],亦提示可能存在其他细胞信号转导通路。

此后,Tang等^[15]发现PGRN可与肿瘤坏死因子-α(TNF-α)受体结合。研究表明,PGRN可竞争性抑制TNF-α与其受体结合,阻断下游细胞核因子-κB(NF-κB)核转位和丝裂原活化蛋白激酶(MAPK)的激活,从而发挥抗炎效应。然而亦有学者发现外源性PGRN不能通过结合TNF-α受体,抑制下游NF-κB,AKT,ERK1/2信号通路,认为PGRN抗炎作用可能是一种继发性反应^[32]。对于这一发现,Tang等认为是由于该实验所用重组PGRN的错误折叠所导致。

三、PGRN与神经系统相关疾病

1. PGRN与神经变性疾病: 神经变性疾病是一组遗传性或原发性、以神经元变性伴有继发性脱髓鞘为特点的慢性进展性疾病,包括多系统萎缩、额颞叶痴呆(Frontal temporal lobe dementia, FTD):FTD、路易体痴呆、阿尔茨海默病(Alzheimer's disease, AD)、运动神经元病以及神经元蜡样脂褐质沉积等,发病隐袭,临床症状多样,缺乏具有诊断价值的特异性生物标志物,多数疾病尚缺乏有效根治方法,预后不良。近年来分子生物学、分子遗传学的进展使人们对疾病的病因和发病机制有了更加深入的认识。PGRN基因突变和小胶质细胞的激活是多种神经变性疾病的共同特点之一^[33-35]。

(1) **FTD:** FTD是包括Pick病、额叶痴呆、原发性进行性失语等亚型的一组以痴呆为共同特点的综合征,病因尚不明,但与遗传密切相关^[36]。PGRN基因突变是除tau基因突变所致蛋白异常沉积、以泛素蛋白组织染色阳性为特征的包涵体异常沉积之外的另一新发现的致病原因^[37],该基因和tau基因位于同一染色体17q21。在FTD患者中已发现超过70种PGRN基因不同位点突变,不同位点的基因突变均导致单倍体基因表达缺失,引起RNA降解和PGRN蛋白功能缺失^[38]。临床研究证实,PGRN基因突变携带者脑脊液、血浆及血清PGRN表达水平明显降低^[39-42],该标志物可作为早期、无症状性PGRN基因突变所致FTD患者筛查的可靠手段^[43-44]。

(2) **AD:** PGRN基因突变也参与了AD和轻度认知障碍的病理生理过程,但具体机制尚不清楚。在小鼠AD模型中,Aβ淀粉沉积斑块周围的小胶质细胞中PGRN表达增高^[45]。临床试验随后发现,PGRN基因突变是AD的危险因素,该基因突变所致AD患者血清PGRN水平显著低于该基因正常人群^[46]。另一项为期五年、大规模队列研究分别对AD患者和癌症患者进行前瞻性研究,发现AD患者的癌症发病风险比同龄人群低50%,癌症患者的AD发病风险比同龄人群低35%。目前,人们仍不清楚AD和肿瘤的相互关系,AD患者体内PGRN低水平是否间接降低肿瘤的发生,而肿瘤患者体内高PGRN水平是否可降低AD发病尚不得而知。基于PGRN和肿瘤、AD发生的联系均十分密切,对PGRN的深入研究可为AD及肿瘤的发病机制提示新的思路^[47]。

2. PGRN 与多发性硬化 (multiple sclerosis, MS) : MS 是一种神经系统炎性脱髓鞘疾病, 一些研究显示, PGRN 与 MS 相关。有学者对 354 例 MS 患者进行了 PGRN 基因多态性分析, 结果发现与正常人群相比, TC 单倍体频率在男性原发进展型 MS (PPMS) 患者中增加, 而 GC 单倍体频率则减少, 因此提示, PGRN 基因多态性可能与男性罹患 PPMS 风险相关^[48]。Vercellino 等^[49]探讨了 PGRN 在 MS 患者脑脊液中含量、脑组织中的分布, 研究发现, MS 进展型患者、复发期患者脑脊液的 PGRN 水平与缓解期患者和对照组比较明显增高。该研究还对 19 例 MS 患者脑组织标本进行检测, 结果发现 PGRN 表达于活动性脱髓鞘病灶区的小胶质细胞/巨噬细胞, 在外观正常白质组织中, PGRN 仅表达于激活的小胶质细胞/巨噬细胞; 而 6 例对照组脑组织检测显示, PGRN 则仅表达于神经元。因此作者认为, PGRN 的高表达是以巨噬细胞/小胶质细胞的明显激活为前提的。然而, 另一研究并不认为 PGRN 在 MS 发病中起重要作用, 作者对 55 例 MS 患者、35 例非炎症性神经疾病患者、7 例其他炎症性神经疾病患者和 8 例阴性对照组进行脑脊液 PGRN 含量检测, 结果发现, MS 患者各个亚型之间 PGRN 水平无统计学差异; MS 组与对照组、非炎症性神经疾病组、其他炎症性神经疾病组分别相比, PGRN 水平亦无统计学差异^[50]。综上所述, PGRN 是否参与了 MS 的发病机制, 在 MS 病生理过程中是发挥促炎作用、还是在小胶质细胞激活后拮抗其炎症反应, 尚需有更多的研究进一步证实。

3. PGRN 与缺血性脑血管病: 炎症反应是促进脑缺血缺氧后损伤的重要因素之一, 在脑缺血急性期, 炎性因子信号通路被激活, 缺血后再灌注则会进一步加剧炎症反应, 而炎症反应与疾病的不良预后密切相关^[51]。研究发现, 在大脑中动脉阻塞所致脑缺血模型中, 过表达 PGRN 基因小鼠与野生组相比, 缺血后脑梗死体积减小、神经功能恢复时间缩短且恢复程度更好, 其可能机制是白细胞介素-1β、白细胞介素-6 和肿瘤坏死因子-α 等促炎性因子水平的降低, 而白细胞介素-10 等抗炎性因子水平的升高^[52]。另一项研究予以缺血再灌注小鼠侧脑室注射人工重组 PGRN 蛋白, 结果显示, 脑梗死体积和水肿程度较对照组减小、神经功能评分升高, 1 d、7 d 后死亡率降低。进一步免疫组化实验证实, 注射重组 PGRN 后可抑制中性粒细胞趋化作用、NF-κB 和基质金属蛋白酶-9 (MMP-9) 的激活。因此作者得出结论, PGRN 在小鼠脑缺血后可以抑制中性粒细胞趋化作用, 进而减弱由于缺血再灌注所继发的炎症反应, 从而对脑组织起保护作用^[53]。PGRN 是一种内源性分泌、抗炎、抗凋亡蛋白, 具有潜在的缺血后脑保护效应, 或可成为治疗缺血性脑卒中理想的靶点。

四、展望

PGRN 是具有多种生物学效应的内源性蛋白, 在神经系统参与 FTD 等变性疾病的发病过程, 在缺血性卒中和炎症脱髓鞘疾病中同样调控炎症应答, 其角色正位于炎症应答与退行性改变的十字路口。目前 PGRN 的信号转导机制仍不完全清楚。对其细胞信号通路的深入研究, 可架起连接二者的桥梁, 加深对缺血性卒中、变性及炎症性神经系统相关疾病发病机制的理解, 将成为今后相关疾病谱早期诊断和治疗的亮点。

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