

# 线粒体功能障碍与帕金森病

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## 摘要

帕金森病(PD)是一种常见的与年龄相关的神经系统变性疾病, 以大脑黑质多巴胺能神经元的进行性丢失为主要病理特征。神经元需要很高的能量来维持其基本的生理活动, 因此线粒体稳态对神经元的存活至关重要。研究表明, PD患者黑质多巴胺能神经元的变性和凋亡与多种因素密切相关, 线粒体功能障碍可能在其中起关键作用。近年来, 越来越多的研究开始关注线粒体与PD的相关性, 本文主要阐述可导致线粒体功能障碍并介导PD发生发展的相关机制。

## 关键词

帕金森病, 线粒体功能障碍, 基因,  $\alpha$ -突触核蛋白

# Mitochondrial Dysfunction and Parkinson's Disease

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## Abstract

Parkinson's disease (PD) is a common age-related neurodegenerative disorder characterized by progressive loss of dopaminergic neurons in the substantia nigra. Neurons require high energy to maintain their basic physiological activities, so mitochondrial homeostasis is crucial for neuronal survival. Studies have shown that degeneration and apoptosis of nigrostriatal dopaminergic neurons in PD patients are closely related to a variety of factors, in which mitochondrial dysfunction may play a key role. In recent years, more and more studies have begun to focus on the relevance of mitochondria to PD, and this article focuses on the relevant mechanisms that can lead to mitochondrial dysfunction and mediate the development of PD.

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## Keywords

Parkinson's Disease, Mitochondrial Dysfunction, Genetics,  $\alpha$ -Synuclein

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## 1. 引言

帕金森病(PD)是第二大最常见的与年龄有关的神经系统变性疾病,目前仍无法治愈,其以黑质致密部中多巴胺能神经元的进行性丢失为主要病理特征,从而导致多巴胺能神经元缺失以及 $\alpha$ -突触核蛋白( $\alpha$ -synuclein,  $\alpha$ -Syn)积累。PD在临床上以静息性震颤、运动迟缓等运动症状和焦虑、抑郁等非运动症状为特征。路易小体形成和 $\alpha$ -Syn积累是PD发生发展的关键因素,虽然已针对此展开大量研究,但其潜在机制尚不明确。PD患者神经元的变性和凋亡与多种因素密切相关,其中包括线粒体功能障碍,线粒体功能的改变可能在帕金森病的发病机制中起决定性作用的第一个证据可以追溯到20世纪80年代,当时有36种线粒体毒素被报道导致帕金森病[1]。大量研究显示,线粒体功能障碍可通过多种途径造成多巴胺能神经元进行性死亡,从而介导PD发病机制。

线粒体是生物体能量代谢中心,在细胞生理过程中发挥重要作用,以维持正常生命活动[2]。最近的研究表明,线粒体功能障碍在包括PD在内的中枢神经系统(CNS)疾病的发展和破坏性后果中起着重要作用[3]。线粒体是中枢神经系统损伤中活性氧(ROS)产生的主要部位[4]。线粒体电子传递链(ETC)相关酶功能缺陷导致ROS的过量产生,导致线粒体DNA(mtDNA)、蛋白质和脂质的氧化损伤[5],引起线粒体功能障碍,并最终导致PD发生发展。在上世纪末,线粒体复合体I(MCI)缺陷就已在PD中大量观察到[6],到2021年Joana Magalhaes等人发现散发性帕金森病是由线粒体的通路阻塞引起[7],众多研究表明线粒体功能障碍影响着PD的发生发展。对此,本文将就不同因素所致线粒体功能障碍在PD发生发展中的作用予以综述。

## 2. 线粒体相关基因

已有研究发现20余种PD相关基因会通过调控线粒体功能参与PD[8];如Parkin、PINK1、DJ-1与常染色体隐性PD相关,其中由PINK1介导编码的PINK1蛋白是初次将帕金森病机制与线粒体功能障碍相联系的蛋白。

### 2.1. Parkin 基因

Parkin是一种具有神经保护活性的E3泛素连接酶,包含465个氨基酸残基,具有线粒体分布,可降解底物蛋白,对调控线粒体正常功能起重要作用。Parkin通过三个独立的机制轴[9]发挥其功能,其中一条是通过线粒体吞噬和囊泡运输调控线粒体质量控制。生理状态下,Parkin结合pS65-泛素使之保留在线粒体外膜上,同时其功能处于抑制状态,当线粒体受损时被激活,此时E3连接酶发挥其功能启动线粒体自噬过程。而当Parkin发生基因突变后,E3连接酶活性降低,最终导致毒性蛋白在细胞内聚集和神经元死亡。有研究发现,Parkin基因相关的帕金森病致病突变K161N、R275W和G430D不能泛素化VDAC1,可能会阻止受损的线粒体释放促凋亡因子,进而导致受损线粒体的积累[10]。最近的研究表明,Parkin突

变患者的神经元显示出线粒体缺陷和 mtDNA 代谢紊乱, Parkin 还能保护中脑神经元免受神经系统变性的影响[11]。

## 2.2. PINK1 基因

PINK1 编码一种具有线粒体易位序列的丝氨酸/苏氨酸激酶, 包含 581 个氨基酸, 主要定位在线粒体外膜, 参与线粒体功能调控, 且其在线粒体自噬途径中发挥重要作用[12]。PINK1 的激酶活性已被证明是由激酶结构域内(Ser228、Ser402 和 Thr257)特定位点的自磷酸化调控的[13], 该过程是线粒体应激下 Parkin 易位到线粒体的必要过程, 研究表明, PINK1 基因变异与常染色体显性遗传帕金森病的发生发展密切相关[14]。早在 2006 年, 一系列关于 PINK1 缺陷果蝇模型的研究揭示了和 PINK1 和 Parkin 之间的相互作用, 具有 PINK1 缺陷的雄性果蝇不育, 并出现多巴胺能神经元明显退化、线粒体超微结构改变, 证明其功能缺陷与线粒体功能障碍及 PD 的相关性[15] [16]。前期研究发现, PINK1 突变或缺失可引起 PD 细胞中线粒体呼吸功能下降, ATP 合成下降和 PD 细胞中  $\alpha$ -syn 升高。PINK1 基因突变会使线粒体异常[17], 使损伤的线粒体不能被有效地清除, 从而使 DA 能神经元死亡, 从而引发 PD。然而, 目前尚不清楚这些蛋白质的基因缺失是如何导致多巴胺能神经退行性变的, 这些重要的研究问题应在今后的研究中加以解决。

## 2.3. mtDNA

线粒体 DNA 共有 37 个基因, 它所编码的多肽与其它细胞核内的蛋白质一起, 形成了一种重要的、参与氧化磷酸化过程的关键酶。线粒体被氧化磷酸化后产生的活性氧(ROS)能损伤 mtDNA, 导致 mtDNA 变异积累, 致使线粒体功能障碍, 并最终导致细胞死亡。传递线粒体细胞质杂交(或短杂交)的研究首次暗示了 mtDNA 的改变在 PD 的发病机制中[18]。虽然目前没有证据表明遗传性 mtDNA 突变在 PD 中起作用, 但其与黑质致密部呼吸链功能障碍的发生相关[19]。此外, 对来自大型(原发性帕金森病)IPD 队列的全外显子组序列进行的多基因风险评估分析显示, mtDNA 维持途径的遗传变异增加[20]。

## 2.4. DJ-1 基因

DJ-1 基因(又称 PARK7 基因)编码的 DJ-1 蛋白由 189 个氨基酸组成。DJ-1 蛋白有转录调节、抗氧化作用及线粒体调节功能。DJ-1 的基因突变导致常染色体隐性 PD, 但比 Parkin 或 PINK1 的突变更不常见。关于 DJ-1, 已经有几个与线粒体功能受损有关的机制联系被描述过, 首先便是 DJ-1 的缺失改变了线粒体形态[21], 此外, 在人类和小鼠中 DJ-1 突变或缺失的 ipsc 来源神经元中证实了多巴胺氧化、线粒体和溶酶体功能障碍之间的关联[22]。另有研究显示, DJ-1 发生突变或缺失时, 可对线粒体中 ATP 合成途径和自噬过程产生干扰, 而当该突变出现在多巴胺能神经元细胞时, 将会导致线粒体自噬增加[23], 从而使神经元能量供应减少, 并最终致使多巴胺能神经元缺失, 参与 PD 发生发展。

## 2.5. $\alpha$ -syn

$\alpha$ -突触核蛋白( $\alpha$ -syn)是一种含有 140 个氨基酸的蛋白质, 在中枢神经系统中高表达。早在 1997 年,  $\alpha$ -突触核蛋白就被发现其基因突变与早发性帕金森病的家族病例相关[24]且其聚集物是路易小体的主要成分, 而路易小体是 PD 的标志[25]。从那时起, 一些研究已经坚定地确定了  $\alpha$ -突触核蛋白参与了帕金森病的发病机制[26] [27] [28] [29]。虽然  $\alpha$ -syn 的确切生物学机制尚不清楚, 但它可以影响线粒体功能的能力是明确的, 多项独立研究表明, 在不同实验条件下, 培养细胞中的  $\alpha$ -syn 定位于线粒体, 并在小鼠和人黑质 DA 神经元中表达[30] [31]。虽然 Gorbatyuk 及其同事的研究是唯一将神经退行性病变直接归因于  $\alpha$ -syn 的缺失的研究, 但其他研究表明,  $\alpha$ -syn 的减少会导致诸如线粒体功能和自噬等细胞过程的破坏[32],

侧面说明  $\alpha$ -syn 缺失可影响 PD 发生发展。同时,一系列研究表明, $\alpha$ -syn 过表达也可导致神经元中的线粒体功能异常,从而参与 PD 发生机制[33] [34]。同时,线粒体功能障碍亦会影响  $\alpha$ -syn 堆积[35],二者相互依赖、相互作用,共同参与 PD 的发病机制。但其具体的分子生物学机制仍需进一步研究。

### 3. 泛素 - 蛋白酶体系统

泛素 - 蛋白酶体系统(ubiquitin-proteasome system, UPS)是清除细胞内神经毒性蛋白的两种分解系统之一,负责处理细胞内大部分蛋白质转换,其具有高效、选择性等特点,对维持细胞稳态和蛋白质降解具有重要意义,对于其具体作用机制 Tapan Behl 等人已进行详细综述[36]。前期研究已经证实,UPS 的功能依赖于线粒体[37]。而细胞内蛋白降解系统(特别是 UPS)功能紊乱是 PD 发生的重要原因,UPS 的损伤导致异常蛋白积累和多巴胺能细胞死亡,因此,UPS 功能障碍被认为是 PD 发病机制的驱动因素。最近的几项研究揭示了 UPS 异常与 PD 的病因之间的密切联系[38] [39]。全基因组关联研究显示,USP24、USP37 和 USP40 的单核苷酸多态性与帕金森病易感性相关[40]。每一个家族性 PD 相关基因,UCH-L1、parkin 和  $\alpha$ -共聚核蛋白,都已被证明会干扰正常的 UPS 活性,从而干扰蛋白质降解[41]。此外,散发性 PD 患者的大脑被发现存在蛋白酶体缺陷,提示 UPS 功能障碍可能是散发性和家族性 PD 之间的共同联系[42]。阐明 UPS 在 PD 中的作用不仅有助于阐明 PD 的发病机制,而且有助于发现 PD 新的治疗靶点。

### 4. 线粒体自噬

自噬是一种高度保守的细胞整体降解过程,其可选择性或非选择性地清除受损蛋白质和细胞器,包括非必要的胞质成分。哺乳动物细胞中存在三类不同的自噬:大自噬、伴侣介导的自噬(CMA)和微自噬。线粒体损伤是帕金森病(PD)的核心病理改变,正常情况下,自噬功能可使细胞选择性地清除损伤的线粒体,从而维持其稳态。而当线粒体自噬功能被破坏时,衰老的线粒体将在细胞内堆积,最终导致细胞退变,甚至死亡。大量证据表明,线粒体自噬缺陷参与 PD 发生发展[43],前期研究发现,在 PD 发病过程中,VPS35 D620N 基因缺失显著降低了细胞的自噬水平,并导致细胞内 ATG9A 的转运能力下降[44]。并且,利用操控 Polo 样激酶 2 或激活分子伴侣介导的自噬能降低  $\alpha$ -Syn 的聚集,但是,在 PD 患者的黑质中,发现了自噬活性的异常,所以会造成  $\alpha$ -Syn 的异常聚集[45]。另有研究表明,Atg、Uth1、Aup1、NIX、PINK1 和 Parkin 等均与线粒体自噬相关,且都参与线粒体自噬的调控[46],其中 PINK1 和 Parkin 与 PD 发病密切相关,进一步证明 PD 的发生发展与线粒体自噬有关。

目前研究发现的线粒体自噬机制通常可以分为两类:泛素依赖型和非泛素依赖型,二者协同维持线粒体和细胞稳态。泛素依赖途径是指依靠线粒体表面蛋白的广泛泛素化来促进线粒体自噬,在这些机制中,PTEN 诱导的 PINK1/Parkin 通路是目前研究最广泛的,它参与了哺乳动物中受损线粒体的消除[47]。当线粒体受损时,PINK1 进入线粒体内膜的路径被阻断,导致 PINK1 稳定地积聚在线粒体外膜,同时 Parkin 的空间构象发生改变,发挥催化作用的半胱氨酸暴露并转化为活化的 E3 泛素连接酶[48]。PINK1 与 Parkin 相互作用,共同参与调控线粒体自噬过程,同时维持线粒体质量,两者中的任何一个缺失都会导致线粒体损伤。非泛素依赖途径和 PINK1/Parkin 调控的泛素化线粒体自噬不同,线粒体外膜上有许多含有 LC3 互作结构域的蛋白质,它们是自噬的受体。它们可以不经泛素化而直接与 LC3 结合,从而启动线粒体自噬。在哺乳动物中,这些受体主要包括 Nip3 样蛋白 X (NIX)/BCL2 相互作用蛋白 3 (BNIP3L)受体、BCL2 相互作用蛋白 3 (BNIP3)受体、含 FUN14 结构域 1 (FUNDC1)受体等,与其相关的自噬途径即受体介导的线粒体自噬。NIX 起初被发现参与红细胞成熟过程中的线粒体清除,其可以通过 BH3 结构域与 LC3 直接结合[49],诱导线粒体自噬。BNIP3 作用机制与 NIX 类似,有研究发现,敲除 BNIP3 后,缺氧条件下小鼠神经元细胞的线粒体自噬水平明显降低[50]。FUNDC1 是一种线粒体外膜蛋白,通过与 LC3 相互作用,可诱导哺乳动物细胞在缺氧条件下发生非依赖型线粒体自噬[51]。



目前, 线粒体自噬的分子调控机制是线粒体自噬及细胞自噬研究领域的热点, 其与多种疾病密切相关[52], 根据众多研究, 在 PD 发生发展过程中, 线粒体自噬异常所导致的线粒体功能缺陷起到了关键作用。尽管自噬缺陷和帕金森病发病机制之间存在着有趣的联系, 但确切的潜在致病机制在很大程度上仍不清楚, 仍需要对帕金森病大脑中的疾病特异性变化进行系统分析, 并在适当的细胞和动物模型中进行功能研究。

## 5. 线粒体复合物 I

线粒体复合物 I (MCI) 由 40 多个亚基组成, 是线粒体 ATP 产生所需的电子传递链中的第一个酶。已有文献报道, PD 中 MCI 的活力下降, 其氧化还原状态下降, 产生的自由基增多, 引起线粒体膜电位去极化, 细胞膜通透性变化。MCI 的功能障碍, 可引起多巴胺能神经元的退化, 是 PD 发病机制中的关键一环。功能失调的线粒体参与 PD 的第一个迹象来自于观察到 MPTP 和鱼藤酮都阻断 MCI 功能, 出现了不可逆的帕金森样症状。早期研究发现, MPTP 中毒会出现不可逆的帕金森样症状[53], 后来的分析表明, MPTP 是一种神经毒素, 通过胶质单胺氧化酶转化为 MPP<sup>+</sup> (1-甲基-4-苯基吡啶), 而 MPP<sup>+</sup> 是一种弱线粒体 CI 抑制剂, 通过多巴胺转运蛋白释放到细胞外基质中, 并被 DA 神经元主动吸收, 并通过阳离子转运体进一步到线粒体中[54] [55], 达到足以抑制 MCI 的水平。另有研究发现鱼藤酮可特异性与 MCI 结合并抑制其功能、减少 ATP、促进自由基生成, 并最终导致线粒体损伤, 引起细胞死亡[56]。此外, 早在 20 世纪 90 年代末, Parker 等人就发现 PD 患者死后的大脑表现出 MCI 缺陷[57]。近来, Gonzalez-Rodriguez 等人的一项研究通过多巴胺能神经元中条件敲除 *ndufs2*, 揭示了 MCI 功能障碍在 PD 发病机制中的作用[58]。

## 6. 钙离子超载

钙是一种在细胞活动中具有多种作用的必需离子。钙通过钙离子通道进入线粒体并用于其能量生产过程[59], 但钙过量会引发细胞死亡[60], 如果通道不能闭合, 线粒体就会保留以 ATP 形式合成的能量, 这将造成氧化剂积累和钙超载, 导致线粒体肿胀和细胞应激[61] [62], 并引起多种疾病, 其中包括帕金森病。正常情况下, 钙离子会触发特定的信号通路, 但过量的钙会对大脑造成损害。

越来越多的证据表明, 细胞内钙稳态的紊乱在 PD 的病因中起着重要作用[63]。钙通道与线粒体功能和氧化应激有关, 两者在 PD 的病因中都很重要。最近发现钙调节也与内质网功能和未折叠蛋白反应相互作用[64]。溶酶体越来越被认为是钙稳态的关键成分, 溶酶体功能障碍被认为在 PD 中发挥作用[65]。多巴胺代谢将加剧钙介导的氧化应激增加, 使黑质致密部神经元更容易受损[66]。帕金森病必备症状是运动障碍, 特征是运动活动过度, 包括不自主的运动, 如震颤和扭动, 有研究发现, 大脑基底神经节和小脑区域中过量钙的沉积会导致不自主运动[67]。同时, 一些流行病学研究发现, 与其他降压药物相比, 用 CCBs(钙通道阻滞剂)治疗的患者 PD 的发病率更低[68], 进一步印证了钙离子稳态与 PD 的相关性。Sirabella 等通过一项体外实验观察到, *NCX3* 的表达水平和活性降低, 这一现象伴随着线粒体钙超载, 并可引起该功能区线粒体功能障碍和神经元凋亡[69], 进一步证明了细胞内钙离子稳态与线粒体功能障碍之间存在因果关系, 并导致神经元变性退化。

## 7. 结语

随着人口老龄化问题逐渐突出, 以 PD 为代表的神经系统变性疾病也日益增多。然而 PD 目前仍以对症治疗为主要干预手段, 核心问题在于其发病机制仍不明确。但随着相关研究的推进, PD 可能的发病机制不断被发掘, 而其中的关键环节可能与线粒体功能障碍相关。线粒体相关基因、UPS、MCI 功能缺陷及自噬障碍、钙超载等均可能导致线粒体功能障碍, 最终影响 PD 发生发展。因此, 预防线粒体功能障碍是未来 PD 治疗的有效策略。

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