

# NF- $\kappa$ B信号通路在骨关节炎发生发展中的研究进展

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收稿日期: 2024年1月7日; 录用日期: 2024年2月1日; 发布日期: 2024年2月8日

## 摘要

骨关节炎(OA)是一种与磨损、炎症和衰老相关的关节疾病。各种机械应力伴随炎症促进软骨细胞外基质的降解导致关节软骨的破坏。NF- $\kappa$ B长期以来被认为是一种致病因子,因此已成为OA的治疗靶点。由于NF- $\kappa$ B是一种多用途和多功能的转录因子,参与各种生物过程,全面了解NF- $\kappa$ B在OA病理中的功能或调节将有助于制定有针对性的治疗策略,以保护软骨免受OA损伤并降低潜在副作用的风险。在这篇综述中,我们讨论了NF- $\kappa$ B在OA发生发展中的研究进展,为更好地了解OA及探索潜在的治疗方向提供基础。

## 关键词

关节炎, NF- $\kappa$ B信号通路, 转录因子, 关节软骨, 研究进展

# Research Progress of NF- $\kappa$ B Signaling Pathway in the Pathogenesis and Development of Osteoarthritis

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Received: Jan. 7<sup>th</sup>, 2024; accepted: Feb. 1<sup>st</sup>, 2024; published: Feb. 8<sup>th</sup>, 2024

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## Abstract

Osteoarthritis (OA) is a joint disease associated with wear and tear, inflammation, and aging. Various mechanical stresses accompanied by inflammation promote the degradation of cartilage extracellular matrix and lead to the destruction of articular cartilage. NF- $\kappa$ B has long been recognized as a causative agent and has therefore become a therapeutic target for OA. Because NF- $\kappa$ B is a versatile and multifunctional transcription factor involved in a variety of biological processes, a comprehensive understanding of the function or regulation of NF- $\kappa$ B in OA pathology will help develop targeted therapeutic strategies to protect cartilage from OA damage and reduce the risk of potential side effects. In this review, we discuss advances in NF- $\kappa$ B in the development of OA, providing a basis for better understanding OA and exploring potential therapeutic directions.

## Keywords

**Osteoarthritis, NF- $\kappa$ B Signaling Pathway, Transcription Factors, Articular Cartilage, Research Progress**

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## 1. 引言

骨关节炎(osteoarthritis, OA)是一种临床常见的慢性关节炎，病理上表现为关节软骨的损害，最终发生关节软骨退变、纤维化、断裂、缺损及整个关节面的损害。临床表现为关节疼痛、僵硬、肥大及活动受限，好发于膝、髋、颈椎和腰椎等负重关节及远端指间关节、第一腕掌关节和第一跖趾关节[1]。统计显示，当前全球有超过 5 亿人受到 OA 的影响，约 22% 的 40 岁以上的成年人患有膝关节 OA。同时，由于缺乏长期的系统、有效的治疗，此类患者的最终结局是进行关节置换手术，这也使得关节置换手术在全球范围内每年以 10% 的速度增长，其中 95% 的患者为 OA 患者[2]。尽管人工关节可以在短期内解决患者对关节活动的需要，但是人工关节的使用寿命有限且存在一定的副作用，影响患者的长期预后，膝关节置换术后膝关节感染发生率为 0.8%~1.9% [3]。OA 逐渐成为世界范围内中老年患者的主要致残原因之一，给患者带来生命财产安全的同时也带来严重的社会负担[4]。

由于发病机制未明，目前尚没有治愈 OA 的方法，在过去很长的一段时间内，OA 的临床治疗方案多以缓解关节疼痛为主。随着研究的进行，当前的 OA 的治疗策略已是非药物性预防及药物性阻滞或延缓 OA 的进展为主[5]。对于 OA 发生发展的病理生理机制认识的深入是当前治疗思路改变的重要基础。如  $\beta$ -连环蛋白( $\beta$ -catenin)信号通路[6]、核因子激活的 B 细胞 kappa 轻链(NF- $\kappa$ B)信号通路[7]、转化生长因子- $\beta$ /smad 蛋白(TGF- $\beta$ /Smad)信号通路[8]等。其中以 NF- $\kappa$ B 信号通路的最为重要。多项研究均显示[9] [10] [11]，NF- $\kappa$ B 在 OA 中异常激活，是一种疾病促成因子，其参与许多 OA 发生发展的相关事件，包括软骨细胞分解代谢、软骨细胞存活和滑膜炎症。因此，NF- $\kappa$ B 及其上游调节因子、辅助因子和下游效应物均被认为是 OA 治疗干预的重要潜在靶点。本研究通过阅读近期发表的相关国内外研究论文，将 NF- $\kappa$ B 信号通路在 OA 中的发生发展作一综述，为后续的研究提供基础。

## 2. OA 发生发展的病理生理机制

关节软骨是一种关节内高度特化的结缔组织,由软骨细胞及其产生的细胞外基质(extracellular matrix, ECM)组成,天然软骨基质主要由Ⅱ型胶原蛋白和蛋白聚糖组成,提供软骨应对机械应力缓冲[12]。软骨细胞通过合成ECM维持软骨稳态,从而保持软骨的结构和功能完整性,但关节软骨缺乏血管、神经,自身修复能力有限,因此软骨细胞的保存对关节健康至关重要。在各类炎症因子的持续刺激下会造成软骨细胞的损伤和凋亡,失去维持软骨完整性的能力,不仅如此,持续的刺激会导致软骨细胞由原来的合成ECM的细胞转变为分解ECM的细胞,后者的这种生物学效应是通过其分泌的基质金属蛋白酶家族(matrix metalloproteinases, MMPs)及人金属肽酶含血小板反应蛋白家族(a disintegrin and metalloproteinase with thrombspondin, ADAMTSs)所实现的,如MMP13、ADAMTS5等[13][14]。随着这种分解效应的逐步扩大并超过了其本身所应该发挥的合成效应,最终导致了软骨功能的退化[15]。研究显示,这种分解效应可以被包括白介素-1 $\beta$ (intelukin-1 $\beta$ , IL-1 $\beta$ )、IL-6及肿瘤坏死因子- $\alpha$ (tumor necrosis factor- $\alpha$ , TNF- $\alpha$ )等,这些炎症反应因子最初产生于局部炎性改变的关节滑膜,及时的休息及对症处理可以导致关节滑膜的炎症缓解,但长期的机械应力及其他因素的刺激将导致关节滑膜的炎症反应扩大,并通过自分泌或旁分泌上述炎症因子的正反馈机制导致关节软骨炎症的进展,最终导致严重的关节功能障碍,炎症因子在关节炎的发生发展占约40%的作用[16][17]。

## 3. NF- $\kappa$ B 信号通路

NF- $\kappa$ B,最初是由Ranjan Sen教授及其团队确定了一种与活化B淋巴细胞细胞核中特定的、保守的DNA序列结合的蛋白质,随之将其命名为B细胞中 $\kappa$ 轻链基因附近的核因子,即NF- $\kappa$ B[18]。在静息(未刺激)条件下,NF- $\kappa$ B二聚体与NF- $\kappa$ B抑制蛋白(inhibitory subunit of NF- $\kappa$ B, I $\kappa$ B)结合的胞质中,在感知各类机械及化学刺激后,I $\kappa$ B被I $\kappa$ B激酶(I $\kappa$ B kinase, I $\kappa$ K)磷酸化,通过泛素-蛋白酶体系统降解I $\kappa$ B,游离的NF- $\kappa$ B二聚体可以自由的从细胞质转移到细胞核中,最后调节数百种免疫调节蛋白、促炎细胞因子、粘附分子、趋化因子和生长因子的表达[19]。NF- $\kappa$ B是作为异二聚体和同二聚体发挥作用的相关蛋白复合物家族,涉及免疫、应激反应、炎症性疾病、细胞增殖和细胞死亡等多种重要的病理生理进程,其中包括:蛋白50(protein 50, P50)、P52及P65等,这些NF- $\kappa$ B与网状内皮增生病毒癌基因(reticuloendotheliosis viral oncogene, V-Rel)具有N端同源性,这些转录因子共同拥有一个对其发挥功能来说非常重要的结构域,即网状内皮增生同源结构域(reticuloendotheliosis homolog domain, RHD),该域负责同或异源二聚体活性复合物的二聚化,与I $\kappa$ B互相作用,通过进入细胞核与DNA结合来调控Rel/NF- $\kappa$ B靶基因的启动子/增强子区域[20][21]。根据激活NF- $\kappa$ B信号级联的差异,将NF- $\kappa$ B信号通路分为经典途径和非经典途径,经典途径由TNF(TNF receptor, TNFR)、Toll样(Toll like receptor, TLR)或T细胞受体(T cell receptor, TCR)介导,包括激活I $\kappa$ K $\alpha$ /I $\kappa$ K $\gamma$ 复合物,随后通过泛素-蛋白酶体系统导致I $\kappa$ B分子的磷酸化和降解,引发NF- $\kappa$ B的核转移[22]。非经典途径主要涉及刺激B细胞激活因子(B-lymphocyte stimulator, BLyS)、CD40和依赖于通过磷酸化激活的I $\kappa$ K $\alpha$ ,激活的I $\kappa$ K $\alpha$ 诱导P100前体依赖性蛋白水解,以释放能够开启靶基因转录的成熟P52蛋白[23]。信号级联通通过在细胞膜水平激活受体如IL-1R、TNFR、TLR、TCR开始,一旦被激活,这些受体及其相关蛋白复合物就会聚集在一起,并通过利用衔接蛋白相互作用、蛋白磷酸化、非降解泛素化和其他信号转导机制来激活NF- $\kappa$ B信号通路。在经典的NF- $\kappa$ B信号通路的刺激过程中,由I $\kappa$ K $\alpha$ 和I $\kappa$ K $\beta$ 作为激酶亚基和I $\kappa$ K $\gamma$ 作为调节亚基组成的I $\kappa$ K复合物被激活,而该复合物在激活经典的NF- $\kappa$ B通路中起着至关重要的作用。对于非经典通路,则是I $\kappa$ K $\alpha$ 发挥着类似的重要作用[24]。

## 4. NF-κB 信号通路对关节各类结构的影响

### 4.1. NF-κB 信号通路对软骨的影响

生长软骨, 也就是骺软骨, 包括 4 个区, 从末端到中间依次为软骨储备区、软骨增生区、软骨钙化区和成骨区, 每个区域由不同分化阶段的软骨细胞组成[25]。研究显示, p65 整个骺软骨中均有表达, 但是主要是集中在软骨储备区和成骨区, 提示经典的 NF-κB 参与到正常的软骨发育, 特别是软骨内成骨的过程[26]。 $I\kappa B$  的过度表达会导致骨形态发生蛋白(bone morphogenetic protein, BMP)的表达降低及鸡胚肢体发育的异常[27]。此外, 通过激活胰岛素样生长因子(insulin-like growth factor 1, IGF-1)引起的 NF-κB 信号通路的激活会刺激软骨细胞的增殖和成熟并抑制其凋亡而发挥软骨形成的作用[28]。相反, 通过 p65 siRNA、S1808 (PDTc) 等 NF-κB 直接抑制剂会抑制 BMP2 的表达而减少软骨细胞的增殖和分化, 增加细胞的凋亡, 对培养的大鼠的软骨细胞有明显的抑制生长的作用[29]。进一步的研究显示在 BMP2 基因的启动子附近有两个潜在的 NF-κB 应答元件, NF-κB 通过这些元件诱导 BMP2 的表达。可见 NF-κB 在骺软骨形成中的重要作用[30]。一项针对 ATDC5 软骨细胞系的研究显示, 短暂的 NF-κB 在软骨的分化启动中发挥着重要的作用, 在软骨分化的最初几个小时内, BMP2 诱导 NF-κB 的短暂激活, 引起 SOX9 表达的增加, 后者是软骨早期形成不可或缺的一部分, 而经过 p65 siRNA 处理的 ATDC5 细胞则显著降低了 NF-κB 激活所诱导的 SOX9 的表达[31]。尽管大量的研究证实了 NF-κB 在关节软骨形成及早期发育中的重要作用, 但是成年患者的关节软骨的破坏中, NF-κB 可能也发挥着重要的作用。一项针对小鼠实验显示  $I\kappa K$  的激活会导致年龄相关 OA 的发生[32]。关节软骨表面的机械作用受体、细胞因子受体等的刺激会激活 NF-κB 信号通路并导致关节软骨损伤, TNF- $\alpha$  等炎症因子会刺激 OA 患者的软骨细胞可以显著提高  $I\kappa B$  和 p65 蛋白的表达[33] [34]。Wu 等[35]研究也发现青藤碱不仅以下调 IL-1 $\beta$  诱导的促炎因子的表达, 并且其可以通过抑制小鼠软骨细胞中的 NF-κB 信号通路的活性来抑制炎症反应和软骨破坏。Lu 等[36]研究发现关节内注射 Physalin A (一种天然的活性物质)可以减轻小鼠 OA 模型中软骨的破坏作用, 而 PA 的软骨保护作用又归功于抑制 NF-κB 信号通路。可以明确的是 NF-κB 对关节软骨的影响, 但是在软骨发育、形成、损伤等不同病理生理阶段可以呈现各种不同的作用。

### 4.2. NF-κB 信号通路对骨形成及骨破坏的影响

同样是在一些胚胎发育模型中, 研究人员构造了  $I\kappa K\beta$  特异性缺乏( $I\kappa K\beta$ -cKO)的小鼠, 并对小鼠的骨骼发育进行了追踪观察, 结果发现由于缺乏破骨细胞而显示出骨小梁体积的增加, 相应的破骨细胞的前体细胞的数量也明显减少, 而当  $I\kappa K\beta$ -cKO 小鼠与 TNFR1-KO 小鼠杂交形成的  $I\kappa K\beta$ -cKO/TNFR1-KO 的小鼠中, 破骨细胞的前体细胞具有一定的凋亡抗性。同样在胚胎发育的模型中, 在  $I\kappa B$  未被降解的情况下, 破骨细胞分化因子(RANKL)的刺激也不足以引起明显的破骨细胞分化进程的加快, 而当加入了  $I\kappa K\beta$  时, 这种 RANKL 介导的破骨细胞的分化进程明显加快, 相应的  $I\kappa K\beta$  抑制剂则抑制这个进程的发生。表明了 NF-κB 在早期骨形成及骨破坏中的影响[37] [38] [39]。随着骨骼发育的逐渐完善, 成年骨骼在整个生命过程中不断进行重塑以维持骨骼稳态, 正常的骨重塑主要需要骨细胞之间活动的微妙平衡。多项研究均表明了抑制 NF-κB 信号通路对成骨细胞的促进作用, Sun 等[40]研究显示芍药苷可以通过抑制 NF-κB 信号通路从而减轻催乳素对成骨细胞生成的抑制作用, Bai 等[41]证明 AKBA (乙酰-11-酮  $\beta$ -BA) 可以通过抑制 TNF- $\alpha$  和 NF-κB 信号通路来促进成骨细胞分化, Liu 等[42]研究发现皮洛塞鹿角肽(PAP)可以通过 NF-κB 途径增强成骨细胞分化, Mishra 等[43]研究也证实 NF-κB 信号通路在成熟的成骨细胞中是活跃的, 并且该信号通路的激活阻断了成骨细胞去分化的过程, Zuo 等[44]通过研究也发现 17 $\beta$ -雌二醇替代疗法可以通过 NF-κB 信号通路改善成骨细胞功能。与之相对的, Cheng 等[45]研究也指出

I-BET151 可以抑制 RANKL 诱导的破骨细胞的生成, 也发现 I-BET151 可以显著抑制所有浓度下的 P65 的核易位, 也有研究表明 NF- $\kappa$ B 信号通路的激活会诱导活化 T 细胞核因子 1 (Nuclear Factor Of Activated T-Cells 1, NFATc1) [46], 后者则是破骨细胞生成的重要调节剂, Charles 等[47]研究发现即使 RANKL 缺陷的情况下, TNF- $\alpha$ 、IL-6 等也可以诱导破骨细胞发生, 而这些炎症因子的发生多来源于 NF- $\kappa$ B 信号通路。大多数的研究均表明 NF- $\kappa$ B 信号通路对成骨的抑制作用和破骨的促进作用, 也在其中占有重要比例。

#### 4.3. NF- $\kappa$ B 信号通路对滑膜的影响

当前多认为 OA 是一个关节广泛累及的疾病, 与其他关节炎相似的是, 滑膜的炎性改变也是 OA 发展的重要一环, 滑膜也是一种结缔组织, 由滑膜细胞组成, 处于关节囊和关节腔之间, 除固有的支撑结构外, 也可以分泌少量的粘液起到润滑关节的作用, 对关节软骨具有重要的保护作用[48]。尽管滑膜的炎性改变不是 OA 的起始病理改变, 但是在 OA 发生的早期, 软骨的炎症改变所分泌的炎症因子会造成滑膜炎症[49]。研究显示 OA 患者中, 滑膜中的 NF- $\kappa$ B 信号通路相关炎症因子(IL-1 $\beta$ 、TNF- $\alpha$  及 IL-6 等)始终处于高水平状态, 在 TNF- $\alpha$  处理的 OA 患者的滑膜细胞中也发现明显的 NF- $\kappa$ B 信号通路的上调[50]。单纯的中重度滑膜炎也有明显的 NF- $\kappa$ B 信号通路的激活, 表现为 I $\kappa$ B、NF- $\kappa$ B 以及下游炎症因子的表达明显升高[51]。最新的研究显示滑膜巨噬细胞对 OA 的发生发展有重要的促进作用, 活化的巨噬细胞受 mTOR、NF- $\kappa$ B、JNK、PI3K/Akt 等信号通路调控, 在 OA 滑膜组织、滑膜液和外周血中极化为 M1 或 M2 亚型, 激活状态和 M1/M2 比值与 OA 严重程度高度相关。除了自分泌相互作用外, 巨噬细胞与软骨细胞之间的旁分泌相互作用通过分泌炎症因子、生长因子、MMPs 和金属蛋白酶组织抑制剂(tissue inhibitor of matrix metalloproteinases, TIMPs)在 OA 的发生和发展中起着至关重要的作用, 导致随后的软骨降解和破坏。针对滑膜巨噬细胞的治疗可以缓解疼痛, 防止骨性关节炎发展过程中的滑膜炎、软骨损伤和骨赘形成[52] [53] [54]。

### 5. NF- $\kappa$ B 信号通路在 OA 发病中的意义

软骨基质完整性的破坏是由关节软骨的软骨细胞分解代谢/凋亡增加和软骨细胞合成代谢减少引起的[55]。通过对各类 OA 动物模型的研究, 各种促进 OA 发生发展及抑制 OA 的易感基因也逐步被认识, NF- $\kappa$ B 信号通路就是其中较为确定的一种, OA 中各类炎症及机械刺激所可以激活 NF- $\kappa$ B 信号通路。在软骨细胞的体外细胞实验中, NF- $\kappa$ B 信号通路会明显降低 IL-1 $\beta$  所介导的分解代谢[56]。在动物模型中, 注射特异性的 NF- $\kappa$ B 信号通路相关的 p65 siRNA 会明显减轻损伤性的软骨病变[57]。随着 NF- $\kappa$ B 信号通路越来越清晰的被认识, 抑制该信号通路治疗肿瘤、炎症等相关疾病已被广泛关注并且其作为药物治疗靶点也已被广泛研究和应用。目前, 临幊上对于 NF- $\kappa$ B 抑制研究最为深入的为蛋白酶体阻滞剂和 I $\kappa$ K 抑制剂, 一些新药已投入临幊研究, 但其存在的副作用及不良反应也逐步暴露出来, 其中包括肾毒性、神经病变及疾病不明原因的复发加重等[58]。Zhou 等[59]研究显示人参皂苷等可以通过抑制 NF- $\kappa$ B 信号通路, 最终下调炎性因子及细胞凋亡相关蛋白的表达; Jong 等[60]研究也显示人参皂苷可以抑制 NF- $\kappa$ B 信号通路来缓解关节软骨的破坏; 有研究显示青柠檬 A 可以通过抑制 NF- $\kappa$ B 信号通路而减弱 OA 状态下的关节软骨的炎症反应[61]; 也有研究将一些抑制 NF- $\kappa$ B 信号通路的功能饮食饲养 OA 大鼠, 大鼠的 OA 病情也得到了一定程度的缓解[62]。以上研究也表明抑制 NF- $\kappa$ B 信号通路对于 OA 进程中的某些关键点如软骨破坏、炎性因子等大有裨益, 但其中也存在诸多问题, 如这些研究均为动物实验, 缺乏证据力更强的临幊试验、对于药物的副作用和不良反应未取得进一步的研究等, 但相信随着临幊医学和基础医学的飞速发展, 这些问题最终会得到改善和解决。

## 6. 总结与展望

近年来, 随着分子生物学及基础医学的快速发展对于肿瘤、炎症、免疫等相关疾病的发病机制有了进一步清晰明确的了解, 其中对于信号通路的研究也有了长足的发展, 对于 OA 的影响信号通路目前有 Wnt、Notch、NF- $\kappa$ B 等, 这些信号通路的研究为 OA 的治疗提供了更多新的思路与前景, 其中 NF- $\kappa$ B 信号通路因其控制大量基因的表达, 并且这些基因参与调节免疫反应、细胞生长和增殖、存活和凋亡、应激反应和胚胎发生以及对于各种刺激的发育并且与各种炎性细胞之间的相互作用而被广泛关注, 但是 NF- $\kappa$ B 信号通路的研究有诸多问题呈现在眼前: 1) NF- $\kappa$ B 目前的研究更多停留在动物实验等阶段, 缺少更高质量的临床研究以更加充分的证明抑制该信号通路对于 OA 各个发展阶段的详细情况; 2) 抑制该信号通路治疗 OA 可能产生一些不良作用, 如抑制合成代谢和细胞分化等, 且目前对于该信号通路与其他信号通路之间的相互影响及作用尚不明确, 因此, 增加更多关于对于该信号通路与其他信号通路之间的相互影响的基础研究迫在眉睫; 3) NF- $\kappa$ B 对于 OA 的研究更多的是倾向于对于关节软骨的研究, 但越来越多的研究表明该信号通路对于关节滑膜、韧带等也具有调节作用, 所以该信号通路对于 OA 的整个发生发展过程的调节也值得重视; 并且该信号通路的研究对于更加清晰的认识 OA 疾病进程也将有重要意义; 4) 对于抑制该信号通路的策略更加值得重视, 能否精准、特定、广泛性抑制该信号通路则需要更多的基础研究来实现, 并且对于抑制 NF- $\kappa$ B 信号通路会不会影响其他信号通路或者炎性细胞因子的研究尚不明确。5) 从临床角度出发, 疼痛往往是患者就医的最初症状, 而通过抑制信号通路能否第一时间改善患者的临床症状有待进一步研究。

目前对于 OA 的发病机制尚不完全明确, 对于信号通路的研究能否明显改善或者逆转 OA 仍是一个未知数, 但坚定随着对于 OA 发病机制越来越清晰的认识和对于 NF- $\kappa$ B 信号通路越来越广泛的研究, 精准、特定抑制该信号通路对于 OA 的治疗以及深刻认识 OA 的发病机制一定会带来新的思路和见解。

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