

焦亡在ARDS引起的肺血管内皮细胞功能障碍中的作用

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摘要

急性呼吸窘迫综合征(Acute Respiratory Distress Syndrome, ARDS)是一种严重且难以控制的急性肺部炎症情况, 常与多种损伤因素相关。细胞焦亡是一种由炎性半胱氨酸蛋白酶(caspase)触发的程序性细胞死亡方式, 其在ARDS的发生发展过程中发挥着重要作用。本文将综述肺血管内皮细胞焦亡在ARDS进展中的作用, 并指出其作为潜在药物靶点的重要意义。

关键词

急性呼吸窘迫综合征, 肺血管内皮细胞, 焦亡, 信号通路, 治疗

The Role of Pyroptosis in the Dysfunction of Pulmonary Endothelial Cells Caused by ARDS

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Abstract

Acute Respiratory Distress Syndrome (ARDS) is a severe and challenging acute lung inflammation condition often associated with various injurious factors. Pyroptosis is a form of programmed cell

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death triggered by inflammatory caspases. It plays a significant role in the occurrence and progression of ARDS. This article will review the role of pulmonary vascular endothelial cell pyroptosis in the advancement of ARDS and underscore its importance as a potential drug target.

Keywords

Acute Respiratory Distress Syndrome, Pulmonary Vascular Endothelial Cells, Pyroptosis, Signaling Pathways, Treatment

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1. 引言

急性呼吸窘迫综合征(Acute Respiratory Distress Syndrome, ARDS)是一种常见的致命性疾病,其病因复杂,可由多种直接或间接的原因引起[1][2]。其特征是广泛的肺组织损伤和肺部血管通透性增加导致的难治性低氧血症[3]。近年来,对 ARDS 的病因和病理生理机制方面的研究取得了重大进展,但在治疗方面的研究进展相对有限[4][5][6][7][8]。目前,肺保护性通气和液体保守管理仍是 ARDS 患者最关键的生命支持方法。然而,由于这些措施多为被动的支持性治疗,对病情的进展缺乏有效的控制,导致 ARDS 的发生率和致死率仍在增加[9]。

肺血管内皮屏障的损害常推动 ARDS 的病理进程,内皮细胞焦亡在 ARDS 的恶化中起着重要作用,可导致细胞因子的过度释放并引发细胞因子风暴[10][11][12][13]。由于肺血管内皮细胞在肺组织中广泛分布且具有独特作用,焦亡的发生不仅导致炎性细胞因子的释放,还损害了血管的完整性。此外,细胞焦亡过程中产生的损伤相关分子模式(DAMPs)还可进一步诱导邻近细胞的焦亡,其影响不仅局限于局部组织,还涉及广泛的组织损伤。因此,阐明 ARDS 与焦亡之间的相关性可能有助于从病因上寻找更有效的治疗急性肺损伤的方法,及时干预肺血管内皮细胞中焦亡的发生可能对 ARDS 的管理产生重要影响。

2. 细胞焦亡机制

细胞焦亡是一种程序性细胞死亡,它与炎症反应密切相关[14][15]。焦亡的发生常通过与 GSDMD (Gasdermin D)相关的经典途径及非经典途径触发。细胞在发生焦亡时伴随有细胞膜的破裂、细胞内容物的释放,以及细胞内部的炎症反应。

细胞焦亡是近年的热门研究领域。从发现到蓬勃发展也只过去了 30 年,它与炎症密切相关,是机体重要的免疫反应。2001 年,Boise 和 Collins 将这种死亡方式定义为细胞焦亡。此时,细胞焦亡这条复杂的通路里唯一清晰的是在感染后 caspase-1 可以活化 IL-1 β 并引起细胞死亡,而 caspase-1 的上游和引起细胞焦亡的下游机制均不清楚[16]。在 2002 年, Martinon 等首次提出了炎症小体的概念,证实包内受体 NLRP1 与接头蛋白 ASC 和 caspase1 可以组成复合体,参与对 IL-1 β 的活化[17]。此后关于 caspase-1 活化的上游信号被深入研究,因而通过不同受体组成的经典炎症小体被相继发现[18][19],至此 caspase 上游机制基本研究清楚。2011 年时, DixitVM 团队发现了细胞焦亡的非经典途径: caspase-11 可以通过未知机制感受到胞内菌的感染,可以不依赖 caspase-1 参与焦亡过程[20]。2013 年时,该团队证实胞内菌可以通过 LPS 激活 caspase-11,但 caspase-11 如何感应 LPS 仍然未知[21]。2014 年,邵峰等人发现 caspase-4/5/11 可直接识别细胞内 LPS 诱导焦亡,而不需要其它胞内受体,完美解析了 DixitVM 团队在 2011 和 2013 年

的工作[22]。2015年前后,邵峰团队、DixitVM团队及韩家淮团队先后发现了GSDMD分子是经典途径中caspase-1和非经典途径中caspase-4/5/11的下游分子[23][24][25]。除了GSDMD参与焦亡外,近些年越来越多的研究发现了GSDM家族中其他分子也在细胞焦亡中发挥着一定作用。在角质细胞被A组链球菌感染后,细胞内的GSDMA可被SpeB蛋白酶切割,从而引起角质细胞的焦亡[26]。GSDMB与caspase-1/3/4/6/7之间存在相互作用,既可通过经典途径诱发细胞焦亡,也可影响非经典途径中的相关蛋白触发焦亡[27][28]。此外GSDME可经caspase-3参与焦亡[29]。

3. 肺血管内皮细胞焦亡与ARDS进展相关

肺血管内皮细胞负责调节血管张力、通透性、调节通气-灌注比以及与循环中的白细胞产生相互作用[30][31][32]。肺内皮细胞约占所有肺细胞的50%,具有接受心输出量的功能。因此,肺内皮细胞最有可能受到细菌内毒素和循环病原体的干扰。内皮广泛损伤引起的肺内皮屏障功能障碍是急性肺损伤的标志。肺血管内皮细胞是气-血屏障的重要组成部分,肺血管内皮细胞发生焦亡后,不但会导致肺内皮的完整性丧失,引起肺血管通透性增加,且过程中产生的多种炎性细胞因子如IL-1 β 、IL-18等可导致气-血屏障的损伤和炎症扩散,导致难治性低氧血症和ARDS[33]。因而抑制肺内皮细胞焦亡、保护肺内皮的完整性,有可能成为治疗ARDS的重要策略。肺血管内皮细胞的损伤及死亡在ARDS发生发展的各个阶段均有发生。当肺组织受到病原微生物入侵后,内皮细胞膜上的TLR4可识别细菌内毒素LPS,随后引起下游经典炎症小体激活并切割GSDMD诱导内皮细胞焦亡[12]。此外LPS还可通过TLR4上调小鼠肺内皮细胞中caspase-11的表达,随后进入到细胞内的细菌可直接激活非经典炎症小体诱导内皮细胞焦亡[34]。内皮细胞中caspase-1的激活有不仅仅有上述一个来源,LPS可通过HMGB1/RAGE信号通路激活caspase-1触发炎症小体的形成,并引发内皮细胞对HMGB1的内吞作用。下游通路caspase-3和caspase-9可被活化的caspase-1激活,并启动caspase-3介导的焦亡通路[29]。NLRP1、NLRP3和NLRC4已被广泛研究诱导炎症小体的形成并参与caspase-1的活化,诱导肺微血管内皮细胞焦亡。但其活化方式不尽相同,这与其自身蛋白结构相关。细胞焦亡发生后,caspase-1的下游通路也发挥促炎作用,活化的caspase-1导致下游IL-1 β 、IL-6、IL-18、TNF- α 的产生。IL-1 β 与其特异性受体结合后上调肺毛细血管内皮细胞中粘附因子的表达,从而促进炎症细胞趋化和活化进入肺组织,释放大量炎症因子,引发细胞因子风暴。同时,IL-1 β 还可以通过促进内吞作用破坏血管内皮(VE)-钙粘蛋白的细胞表面定位,增加毛细血管通透性导致肺间质水肿,引发ARDS[35]。

4. 肺血管内皮细胞焦亡可能是ARDS的治疗新靶标

通过调节肺血管内皮细胞焦亡途径的上下游分子,干预内皮细胞焦亡的发生,为ARDS治疗提供了新的方向。在动物模型中,有很多研究通过抑制肺血管内皮细胞焦亡的发生,显著提高了ARDS小鼠的生存率。二甲双胍能够抑制NLRP3炎症小体的激活和其诱导的焦亡,降低LPS处理后的小鼠肺组织中的caspase-1、GSDMD-NT和IL-1 β 蛋白的水平。此外,在体外实验中,二甲双胍还能降低NF- κ B表达,并增加肺组织和肺内皮细胞中sirtuin 1(SIRT1)的表达。该实验表明二甲双胍可能通过上调SIRT1的表达抑制了NF- κ B/NLRP3缓解了的内细胞皮焦亡,从而减轻了LPS诱发的ARDS[13]。还有研究证实经LPS处理后的小鼠血清中C5a水平及肺组织中C5aR含量均有增加,而使用C5aR抑制剂(W-54011)后,血清中C5a水平明显下降细胞焦亡也随之减少,表明通过抑制肺血管内皮细胞与血液中C5a的接触也可抑制内皮细胞发生焦亡,并缓解LPS诱导的ARDS[11]。有研究表明二氢杨梅素(DHM)能显著减弱CLP诱导的急性肺损伤,其机制是通过抑制NLRP3炎性体的激活减少肺血管内皮细胞焦亡实现的[36]。有研究证实通过抑制Kindlin-2表达对于内皮细胞具有一定保护作用,可减少内皮细胞焦亡的发生,从而对LPS

诱导的 ARDS 起到治疗作用[37]。七氟醚通过调节 LINC00839/miR-223/NLRP3 轴来改善 LPS 诱导的 ARDS, 这可能为 ARDS 的预防提供一种新的有希望的药物[38]。瓜氨酸可通过抑制 ROS/NLRP3 炎性小体依赖性的细胞焦亡, 并激活 Nrf2 信号通路发挥抗炎及抗氧化作用, 并对 ARDS 模型小鼠提供保护[39]。鞘氨醇激酶 1 (SphK1) 的活化可以减弱 ARDS 的症状, 其是通过抑制 NLRP3 的活化以及随后的细胞焦亡实现的[40]。经异丙基 3-(3,4-二羟基苯基)-2-羟基丙酸酯(IDHP)处理可显著减少 LPS 诱导的肺血管内皮细胞焦亡的发生, 其可降低 NLRP3、caspase-1、GSDMD 等蛋白的表达, 并使内皮细胞间紧密连接蛋白表达增加[41]。成纤维细胞生长因子(FGFs)中的 FGF5 可对 LPS 诱发的 ARDS 产生影响, FGF5 过表达可以减弱 LPS 诱导的肺损伤以及肺血管内皮细胞的焦亡水平[42]。

5. 总结及展望

炎症是免疫系统对感染入侵的正常反应, 通常认为受控的炎症反应是有益的。但是, 一旦炎症发展到不可控的阶段, 则可能导致正常组织受到牵连。细胞焦亡作为一种与炎症反应相关的程序性死亡方式, 其在 ARDS 的疾病进展中发挥着重要作用。将焦亡通路中的各级蛋白作为抑制焦亡的靶点, 可为缓解 ARDS 的炎性反应提供新思路。尽管目前在动物模型上, 有多种治疗手段通过针对内皮细胞焦亡的发生取得了不错的治疗效果, 但在临床上通过该方向起到的治疗效果仍值得进一步探讨。

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