

炎症细胞释放物质对脑出血后血脑屏障的影响

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摘要

脑出血(Intracerebral hemorrhage, ICH)在脑卒中中是最严重的疾病之一, 近年来发病率呈日益上升的趋势, 且预后常常表现为严重的残疾或死亡, 给人们的生活质量和社会发展带来了巨大的经济负担。常见的脑出血有高血压性脑出血、外伤性脑出血以及动脉瘤性脑出血三类。有研究表明, 炎症可被视为脑出血总体预后的最重要指标之一。明确炎症细胞释放物质对脑出血预后的影响, 采取一定的预防措施, 改善预后, 为临床治疗提供理论基础。

关键词

脑出血, 血脑屏障, 炎症细胞, 预后

Effects of Substances Released from Inflammatory Cells on the Blood-Brain Barrier after Cerebral Hemorrhage

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Abstract

Intracerebral hemorrhage (ICH) is one of the most serious diseases of stroke. The incidence of which has been increasing in recent years, with a prognosis of severe disability or death and a huge economic burden on people's quality of life and social development. The three common types

of intracerebral hemorrhage are hypertensive cerebral hemorrhage, traumatic cerebral hemorrhage, and aneurysmal cerebral hemorrhage. It has been shown that inflammation can be considered one of the most important indicators of the overall prognosis of cerebral hemorrhage. Elucidating the effects of inflammatory cell-releasing substances on the prognosis of cerebral hemorrhage, and taking certain preventive measures to improve the prognosis, provide a theoretical basis for clinical treatment.

Keywords

Intracerebral Hemorrhage, Blood-Brain Barrier, Inflammatory Cells, Prognosis

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1. 引言

ICH 作为最常见的脑血管疾病之一, 每年在全球发病人数可达 200 万[1], 其发病率在我国为每年 (60~80)/10 万, 约占全部脑卒中的 20%~30%, 其发病率在近年来呈现上升趋势。脑出血常常起病急, 进展快, 且常常伴有严重的后遗症。通过研究表明, 脑出血继发性损伤(Secondary brain injury, SBI)较之原发性损伤对脑功能的影响更大且更为严重[2], 这也是人们认为影响脑出血预后最重要因素之一。继发性的损伤包括了炎症以及细胞死亡, 且参与整个出血后的病理过程[3]。有人认为, 氧化应激是调节 SBI 的一个重要因素[4], 特别是活性氧自由基(Reactive oxygen species, ROS)会导致氧化应激水平的增加, 且可以明显破坏血脑屏障, 进而影响脑损伤的严重程度与其病程进展[5], 此外, 组织在氧化应激的作用下与原发损伤都会引起炎症, 且互为影响, 引起炎症细胞释放物质, 因此, 出血后治疗炎症反应所带来的问题在病程中及预后中至关重要[6]。本研究对炎症细胞释放物(着重介绍基质金属蛋白酶、活性氧自由基、肿瘤坏死因子 α 与白细胞介素)对脑出血后血脑屏障的影响进行综述, 为临床治疗提供相应的理论基础。

2. 炎症细胞释放物质对血脑屏障的影响

2.1. 基质金属蛋白酶(Matrix Metalloproteinases, MMPs)

MMPs 是由巨噬细胞、中性粒细胞、平滑肌细胞以及内皮细胞产生的一类锌内肽酶, 其作用可以通过破坏细胞外的基质与其膜结构之间的联系, 来破坏营养不良聚糖(Dystroglycan, DG)中的跨膜 β 亚基(β -DG) [7] [8]。从 Hawkins 等人的研究可以得出 DG 对于血脑屏障完整性起着重要的作用, 随脑出血的发生会激活上述细胞, MMPs 合成会立即增加并分泌到细胞外基质中去, 进而血脑屏障保护脑的功能遭到破坏[9]。在[10] [11]等人研究中也证实中风损伤与基质金属蛋白酶家族有联系, 尤其在脑出血中。

本节重点介绍基质金属蛋白酶家族中的 MMP-9 对脑出血后血脑屏障的影响。相关研究[12]表明, 在人类及动物中风的模型中, 基质金属蛋白酶的激活, 尤其对于 MMP-9, 可能会导致 BBB 基底膜中的蛋白分解, 进而破坏血脑屏障, 并表示可以通过采用酶联免疫吸附法来测定血浆基质金属蛋白酶-9 的含量。这与[13]研究中基质金属蛋白酶-9 特异性地降解基底膜的主要成分, 导致血脑屏障破坏的结果相一致。并且[14]研究表明, 在急性原发性幕上脑出血后的前三天, 机体中血清 MMP-9 水平与神经功能缺损程度成正相关。此外, 较高的 MMP-9 在脑出血中还会促进神经元死亡以及 MMP-9 水平与缺血性卒中的严重程度、梗死面积及其不良预后有着密切的联系[15] [16]。[17]在实验中使用 MMPs 抑制剂证明, 以此可以

减轻大鼠脑出血后血脑屏障完整性破坏的程度, 使之脑功能障碍程度、血脑屏障的通透性以及炎症细胞浸润降低。

2.2. 活性氧自由基(Reactive Oxygen Species, ROS)

ROS 是由 NADPH 氧化酶 4/NOX 酶系统所产生的, 而且是迄今为止人们所知道的唯一系统[18] [19]。虽然 ROS 在组织正常生理中维持在一个相对较低浓度, 但在机体遭受破坏时即可快速转变为有害的生物及化学物质[20]。而脑出血的发生会引起 NOX4 系统的异常表达, 导致细胞内 ROS 积聚增加, 进而破坏其中 bcl-2 和 bax 的表达平衡, 这里的 bcl-2 是一种抗凋亡分子, 其作用可以减少氧自由基和过氧化脂质的产生[21]。而 Bax 是 bcl-2 的凋亡对应物, 可以通过拮抗 bcl-2 而使破坏增加。有研究证实, bax 与 bcl-2 的相对比例是决定细胞凋亡程度的关键因素[22]。在 Xie 等[23]试验中证明, 随着 NOX4 系统受到抑制时, 其实验组内 Bax 明显增加, 降低了脑出血后的神经元和血脑屏障损伤。这与[24]研究实验, 通过口服西红花苷可减少 ROS 生成进而减轻脑出血早期的神经功能缺损结果相一致。且在[25]研究中证实, 抑制了 NOX4 表达有利于降低氧化应激水平, 并保持了有益的炎症反应。不仅如此, [26] [27] [28] [29]研究中表明, 脑出血后随着产生过量的活性氧还可以导致 DNA 严重损伤、脂质过氧化和蛋白质氧化。Khan 在 2002 年[30]研究中证实, 通过电子顺磁共振(electron paramagnetic resonance, EPR)中自旋捕获方法可以有效检测机体内活性氧自由基, 这为临床工作提供有利保障。Mo [31]研究证实, ROS 在组织内的聚集还可以激活 MMPs, 进一步导致血脑屏障的破坏。但其 NOX4 系统如何调控 MMPs 的机制还未明确, 有待进一步的研究。

2.3. 肿瘤坏死因子 α (Tumor Necrosis Factor- α , TNF- α)

TNF- α 主要由神经系统中的单核、巨噬、T 淋巴细胞和小胶质细胞及其受体 1 分泌的促炎介质。在脑出血后, 机体常出现缺血缺氧状态, 由此产生大量的抗原物质, 刺激单核细胞、巨噬细胞和 T 淋巴细胞产生大量的 TNF- α [32], 以及被激活的小胶质细胞随即转移导出血的部位, 通过释放肿瘤坏死因子- α , 刺激内皮细胞和巨噬细胞产生 IL-1 和其他粘附因子, 引起连锁的炎症反应, 进而使血脑屏障(Blood-brain barrier, BBB)通透性增加, 且随着通透性的增加使有害物质更易通过血脑屏障, 进而使脑正常组织水肿和加剧神经损伤[33] [34]。且有研究报告了在出血后促炎介质水平会立即增加[35] [36], 认为肿瘤坏死因子-(TNF- α)是该过程的主要成分之一[37]。

虽然对于激活的小胶质细胞对神经元死亡和卒中所产生的作用, 目前仍然是一个有争议的观点。但随着时代的发展, 有研究证实, 褪黑素可以通过减少小胶质细胞的坏死来减少 TNF 分泌, 达到保护 BBB 与细胞的正常脑功能[38]。与此相同的是, Chen 等人[34]通过实验证明, 在使用抗 TNF- α (英夫利昔单抗, 一种有效的临床用药)治疗后明显保护血脑屏障功能, 极大改善实验组的预后。此外, 肿瘤坏死因子- α 本身也能够促进基质金属蛋白酶的产生, 增加了血脑屏障的通透性[39]。基于大量的文献资料, 可以得出 TNF- α 通过改变血脑屏障的通透性, 大量的有害物质透过血脑屏障, 进而破坏脑组织。

2.4. 白细胞介素

白细胞介素(Interleukin, IL)是一组由免疫细胞(淋巴、单核巨噬细胞)和其他非免疫细胞产生, 介导白细胞和其他细胞间相互作用的细胞因子, 主要参与调节组织细胞的生长分化与在免疫系统中介导炎症反应。随着脑出血的发生, 血液中的白细胞进入大脑, 使其机体的免疫细胞得以激活, 进而释放出大量的有毒性化学物质, 包括白细胞介素-1 β (IL-1 β)和白细胞介素-18 (IL-18) [40] [41]等, 这里着重介绍以上两种。由于中枢神经系统有很多神经细胞都会表达上述有毒物质的受体, 使得脑组织对此类有毒物质信号极其敏感, 这就会进一步加重 BBB 和脑组织的破坏[42] [43]。Shao 等人通过使用脂联素(Adiponectin,

APN)调节核苷酸结合寡聚化结构域(nucleotide-binding oligomerization domain, NOD)样受体蛋白 3 (NOD-like receptor protein 3, NLRP3)的表达,抑制了 IL-1 β 和 IL-18 的活性,进而使 BBB 的损伤和脑含水量显著降低,有效的保护了脑功能[44]。值得一提的是,脑出血后水凝胶注射液还能减少炎性细胞因子(IL-1 β 和 TNF- α)的释放[45]。此外,白细胞介素-1 β 在神经炎、脑动脉瘤和主动脉瘤中起关键介质作用[46]。在[47] [48]研究中表明,IL-1 β 水平的增加会增加心脏成纤维细胞中基质金属蛋白酶-9 的产生,进而促进细胞外基质的降解,使脆弱的瘤壁容易破裂。

综上所述,笔者认为, BBB 可以通过阻止大部分微生物和毒素、若干大分子和一些化合物从血液进入脑组织,从而维持大脑内环境的相对稳定,进而保护脑的正常功能,在一定程度上能够减少脑损伤发生的概率。当脑出血后,由于机体产生 MMPs、TNF- α 、ROS 及白细胞介素等,上述指标对血脑屏障既独立影响,相互之间又存在一定的联系,进一步破坏血脑屏障及改变其通透性,以及脑出血本身就会损伤脑组织,使得 BBB 保护脑功能的作用降低,机体周围组织细胞水肿、死亡,严重影响了患者的预后。并且有实验证明,这些因子都会加重对血脑屏障和周围组织细胞的破坏,从而进一步加重脑损伤[43]。而随着医学技术的不断创新,在使用电子顺磁共振等相关技术,能够对脑出血后炎症释放物质精准检测,为临床治疗提供了理论依据,且通过一系列的干预措施,能减少炎症细胞释放的有害物质,极大改善患者预后,提升了患者的生活质量。

3. 展望

本文围绕影响脑出血后血脑屏障的炎症细胞释放物质展开分析,通过总结破坏血脑屏障因素以此提高临床医生的警惕,期望可以通过相关检查技术及采取相应干预措施,进而减轻脑出血后血脑屏障破坏,能够改善患者预后情况。

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