

## • 论著 •

# 褪黑素对百草枯诱导小鼠急性肝损伤的干预作用及其机制

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**【摘要】目的** 探讨褪黑素(MT)对百草枯(PQ)染毒小鼠肝损伤的保护作用及其可能机制。**方法** 将48只雄性BALB/c小鼠按随机数字表法分为正常组( $n=6$ )、MT对照组( $n=6$ )、PQ染毒组( $n=18$ )、MT干预组( $n=18$ , PQ染毒1 h + MT);腹腔注射给药, MT为15 mg/kg, PQ为30 mg/kg;后两组再按给药后不同时间点分为12、24、72 h亚组,每个亚组6只。干预后不同时间点于小鼠内眦取血并取肝组织,用碘比色法检测血清丙氨酸转氨酶(ALT)和天冬氨酸转氨酶(AST)含量,用双抗夹心酶联免疫吸附试验(ELISA)测定肝组织肿瘤坏死因子- $\alpha$ (TNF- $\alpha$ )、白细胞介素-1 $\beta$ (IL-1 $\beta$ )水平,用蛋白质免疫印迹试验(Western Blot)检测肝细胞核内核转录因子- $\kappa$ B p65(NF- $\kappa$ B p65)的蛋白表达;经苏木素-伊红(HE)染色后光镜下观察肝组织病理学改变。**结果** 与正常组比较, PQ染毒组在染毒后12 h血清ALT、AST水平和肝组织TNF- $\alpha$ 水平即明显升高, 24 h达峰值[ALT(U/L): 417.88±76.16比41.76±3.63, AST(U/L): 469.79±69.81比53.19±6.31, TNF- $\alpha$ (pg/mg): 46.39±9.81比13.01±3.19, 均 $P<0.05$ ],之后逐渐下降;肝组织IL-1 $\beta$ 水平和细胞核内NF- $\kappa$ B p65表达随时间延长持续升高, 72 h达峰值[IL-1 $\beta$ (pg/mg): 30.74±5.81比3.81±0.71, NF- $\kappa$ B p65蛋白(灰度值): 1.70±0.14比0.85±0.08, 均 $P<0.05$ ]。MT干预可明显抑制PQ染毒导致的上述指标异常升高,与PQ染毒组比较, MT干预组血清AST和肝组织TNF- $\alpha$ 、IL-1 $\beta$ 水平于12 h起即明显降低[AST(U/L): 269.35±11.34比391.11±8.71, TNF- $\alpha$ (pg/mg): 15.10±5.03比28.77±5.96, IL-1 $\beta$ (pg/mg): 6.23±1.03比10.89±3.02, 均 $P<0.05$ ],血清ALT水平和细胞核内NF- $\kappa$ B p65蛋白表达于24 h起明显降低[ALT(U/L): 249.38±21.71比417.88±76.16, NF- $\kappa$ B p65蛋白表达(灰度值): 1.13±0.07比1.45±0.09, 均 $P<0.05$ ]。光镜下观察显示,正常组肝细胞无病理学改变;PQ染毒组肝组织出现炎性细胞广泛浸润,中心静脉、血窦出现扩张、充血,并有肝细胞坏死;MT干预组肝细胞病理学改变较PQ染毒组明显减轻。正常组与MT对照组上述各指标比较均无差异。**结论** MT可通过抑制NF- $\kappa$ B p65的过度活化和减少TNF- $\alpha$ 的释放,减轻PQ中毒引起的肝细胞坏死程度,从而起到肝脏保护作用。

**【关键词】** 百草枯; 褪黑素; 急性肝损伤; 核转录因子- $\kappa$ B; 肿瘤坏死因子- $\alpha$ ; 白细胞介素-1 $\beta$

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**Effect of melatonin on paraquat-induced acute liver injury in mice and its mechanism** Ye Bin, Liu Hong, Hong Guangliang, Zhao Guangju, Li Mengfang, Wu Bin, Qiu Qiaomeng, Lu Zhongqiu

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**【Abstract】Objective** To observe the protective effect of melatonin (MT) on paraquat (PQ)-induced acute liver injury in mice and its possible mechanism. **Methods** A total of 48 male BALB/c mice were randomly divided into normal group ( $n=6$ ), MT control group ( $n=6$ ), PQ poisoning group ( $n=18$ ), and MT treatment group ( $n=18$ , 1 hour-PQ poisoning + MT). The drugs were intraperitoneally injected, MT 15 mg/kg, PQ 30 mg/kg. The mice in the later two groups were subdivided into 12, 24, 72 hours subgroups according to different time points after administration, with 6 mice in each subgroup. Blood from medial angle of eye and liver tissue were collected at different time points after intervention to determine the serum levels of alanine transaminase (ALT) and aspartate aminotransferase (AST) with iodine colorimetry. The levels of tumor necrosis factor- $\alpha$  (TNF- $\alpha$ ) and interleukin-1 $\beta$  (IL-1 $\beta$ ) in liver tissue were determined with double-antibody sandwich enzyme linked immunosorbent assay (ELISA). The protein expression of nuclear factor- $\kappa$ B p65 (NF- $\kappa$ B p65) in liver nuclei was determined by Western Blot. The pathological changes in liver tissue were observed with light microscope using hematoxylin and eosin (HE) staining. **Results** Compared

with the normal group, the levels of serum ALT and AST, and TNF- $\alpha$  in liver tissue were significantly increased from 12 hours after poisoning, and peaked at 24 hours [ALT (U/L):  $417.88 \pm 76.16$  vs.  $41.76 \pm 3.63$ , AST (U/L):  $469.79 \pm 69.81$  vs.  $53.19 \pm 6.31$ , TNF- $\alpha$  (pg/mg):  $46.39 \pm 9.81$  vs.  $13.01 \pm 3.19$ , all  $P < 0.05$ ], then they were gradually decreased; the levels of IL-1 $\beta$  in liver tissue and NF- $\kappa$ B p65 in nucleus were continuously rose with time prolongation, peaked at 72 hours [IL-1 $\beta$  (pg/mg):  $30.74 \pm 5.81$  vs.  $3.81 \pm 0.71$ , NF- $\kappa$ B p65 protein (gray value):  $1.70 \pm 0.14$  vs.  $0.85 \pm 0.08$ , both  $P < 0.05$ ]. MT intervention could significantly inhibit the above parameters with abnormal increase induced by PQ poisoning. Compared with the PQ poisoning group, the levels of AST in serum and TNF- $\alpha$  and IL-1 $\beta$  in liver tissue were significantly decreased from 12 hours [AST (U/L):  $269.35 \pm 11.34$  vs.  $391.11 \pm 8.71$ , TNF- $\alpha$  (pg/mg):  $15.10 \pm 5.03$  vs.  $28.77 \pm 5.96$ , IL-1 $\beta$  (pg/mg):  $6.23 \pm 1.03$  vs.  $10.89 \pm 3.02$ , all  $P < 0.05$ ], and the levels of serum ALT and NF- $\kappa$ B p65 in nucleus were significantly decreased from 24 hours [ALT (U/L):  $249.38 \pm 21.71$  vs.  $417.88 \pm 76.16$ , NF- $\kappa$ B p65 protein expression (gray value):  $1.13 \pm 0.07$  vs.  $1.45 \pm 0.09$ , both  $P < 0.05$ ]. It was shown by light microscope that no pathological changes in hepatocyte were found in normal group. The pathological changes in hepatocyte were obvious in PQ poisoning group as following: inflammatory cell infiltrates, central venous and blood sinus dilation, hyperemia, and necrosis of liver cells. The pathological changes in hepatocyte in MT treatment group were lessened as compared with those of PQ poisoning group. No significant differences were found in above parameters between normal group and MT control group. **Conclusion** MT can lessen the necrosis of hepatocyte induced by PQ poisoning via inhibiting the excessive activity of NF- $\kappa$ B p65 and decreasing the TNF- $\alpha$  releasing, and play a role of liver protection.

**【Key words】** Paraquat; Melatonin; Acute liver injury; Nuclear factor- $\kappa$ B; Tumor necrosis factor- $\alpha$ ; Interleukin-1 $\beta$

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百草枯(PQ)为广泛使用的有机杂环类除草剂,对人畜均有较强的毒性,且临幊上缺乏有效的解毒剂<sup>[1]</sup>,中毒后病死率高达50%以上<sup>[2]</sup>,已成为严重威胁人类健康的重大难题。PQ中毒后在体内主要作用于肺组织,重度中毒患者常出现急性肝功能障碍。本课题组前期研究发现,炎性因子在PQ中毒中具有重要作用,而核转录因子- $\kappa$ B(NF- $\kappa$ B)可调控众多炎性因子,在全身炎症反应中发挥了关键作用<sup>[3-5]</sup>。褪黑素(MT)是一种主要由松果体分泌的神经内分泌激素,具有调节免疫、抗氧化、抗炎等多种生物学功能<sup>[6]</sup>。本实验通过观察MT对PQ染毒小鼠肝组织NF- $\kappa$ B表达及其下游因子肿瘤坏死因子- $\alpha$ (TNF- $\alpha$ )、白细胞介素-1 $\beta$ (IL-1 $\beta$ )水平变化的影响,探讨MT对PQ中毒肝损伤的保护作用及其可能机制。

## 1 材料与方法

**1.1 主要试剂及仪器:** PQ纯品(美国Sigma公司),MT纯品(西安赛兴通生物科技有限公司),丙氨酸转氨酶(ALT)和天冬氨酸转氨酶(AST)测试盒(南京建成生物工程研究所),酶联免疫吸附试验(ELISA)试剂盒(上海西唐生物科技有限公司),兔抗小鼠NF- $\kappa$ B抗体、 $\beta$ -肌动蛋白( $\beta$ -actin)单克隆抗体

(美国Abcam公司),辣根过氧化物酶(HRP)标记羊抗兔IgG(上海碧云天生物技术研究所)。

**1.2 实验动物分组及处理:** 清洁级雄性BALB/c小鼠48只,体质量18~22 g,购自上海斯莱克实验动物有限责任公司,许可证号:SCXK(沪)2012-0002。按随机数字表法将小鼠分为4组:正常组( $n=6$ )常规饲养,不给予任何处理;MT对照组( $n=6$ )腹腔注射MT 15 mg/kg;PQ染毒组( $n=18$ )腹腔注射PQ溶液30 mg/kg;MT干预组( $n=18$ )腹腔注射PQ溶液30 mg/kg 1 h后再注射MT 15 mg/kg。后两组于给药后12、24、72 h各处死6只小鼠,取血液及组织标本备检。

本实验中动物处置方法符合动物伦理学标准。

## 1.3 检测指标及方法

**1.3.1 血清ALT、AST检测:** 小鼠内眦取血1 mL,离心取血清,采用碘比色法,应用自动生化仪检测,操作严格按试剂盒说明书进行。

**1.3.2 肝组织TNF- $\alpha$ 、IL-1 $\beta$ 水平测定:** 取肝组织100 mg制备匀浆,采用双抗夹心ELISA法测定TNF- $\alpha$ 、IL-1 $\beta$ 水平,操作按试剂盒说明书进行。

**1.3.3 蛋白质免疫印迹试验(Western Blot)检测肝组织细胞核内NF- $\kappa$ B p65的蛋白表达:** 提取肝组织

细胞核蛋白并定量,用十二烷基硫酸钠-聚丙烯酰胺凝胶电泳(SDS-PAGE)、转膜、封闭,加兔抗小鼠NF-κB p65抗体(1:1000)和兔抗小鼠组蛋白H<sub>2</sub>A抗体(1:1000)4℃孵育过夜,洗膜,加入HRP标记羊抗兔抗体(1:5000)室温下孵育1 h,洗膜、曝光。应用Genpro 32软件分析灰度值,以NF-κB p65与组蛋白H<sub>2</sub>A的灰度值比值作为NF-κB p65的蛋白表达量。

**1.3.4 肝组织病理学观察:**取部分肝叶组织置于4%多聚甲醛固定液中固定,常规石蜡包埋、切片,苏木素-伊红(HE)染色,光镜下观察肝组织病理学变化。

**1.4 统计学方法:**采用SPSS 19.0软件进行数据分析,计量资料以均数±标准差( $\bar{x} \pm s$ )表示,对各组数据先进行正态检验和方差齐性检验,若符合正态分布、方差齐,则进行单因素方差分析,组间比较采用LSD检验;若不符合方差齐性要求,则进行秩和检验,组间比较采用Mann-Whitney法; $P<0.05$ 为差异有统计学意义。

## 2 结果

**2.1 各组肝组织病理学变化:**光镜下显示,正常组(图1A)和MT对照组(图1B)肝细胞结构清晰,肝索排列整齐。PQ染毒组(图1C)肝细胞结构紊乱,中心静脉、血窦出现扩张、充血,并有肝细胞坏死,细胞界限模糊、白细胞浸润,炎性细胞激活。MT干预组(图1D)炎性细胞浸润,肝细胞坏死及细胞质、细胞核变性等较PQ染毒组减轻。

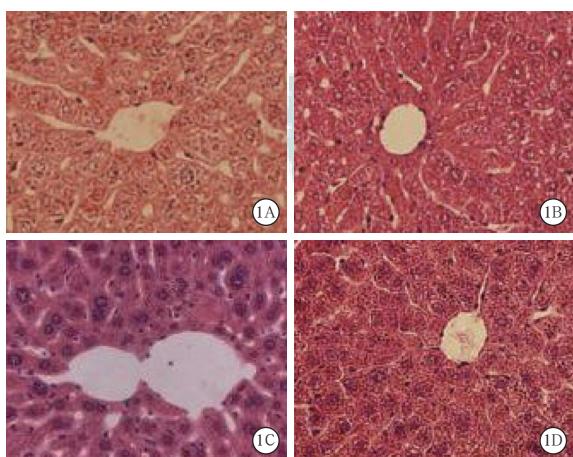


图1 光镜下观察各组小鼠肝组织病理学变化 正常组(A)和褪黑素(MT)对照组(B)肝细胞结构清晰,肝索排列整齐;百草枯(PQ)染毒组(C)72 h肝细胞结构紊乱,中心静脉、血窦出现扩张、充血,且出现肝细胞坏死,细胞界限模糊、炎性细胞浸润;MT干预组(D)72 h肝组织仍有损害,但较PQ染毒组减轻 HE染色 高倍放大

**2.2 各组血清ALT、AST水平比较(表1):**PQ染毒组各时间点血清ALT、AST水平较正常组和MT对照组明显增高(均 $P<0.05$ ),24 h达峰值后开始下降;MT干预后12 h血清AST水平即较PQ染毒组明显降低( $P<0.05$ ),而ALT水平在24 h起也较PQ染毒组明显降低,差异有统计学意义(均 $P<0.05$ )。正常组与MT对照组血清ALT、AST水平无差异。

表1 MT对PQ染毒小鼠不同时间点血清ALT、AST水平变化的影响( $\bar{x} \pm s$ )

组别	动物数(只)	ALT(U/L)	AST(U/L)
正常组	6	41.76±3.63	53.19±6.31
MT对照组	6	43.98±4.77	58.73±6.94
PQ染毒12 h组	6	267.83±9.11 <sup>ab</sup>	391.11±8.71 <sup>ab</sup>
PQ染毒24 h组	6	417.88±76.16 <sup>ab</sup>	469.79±69.81 <sup>ab</sup>
PQ染毒72 h组	6	89.11±9.78 <sup>ab</sup>	103.98±10.33 <sup>ab</sup>
MT干预12 h组	6	263.15±17.96	269.35±11.34 <sup>c</sup>
MT干预24 h组	6	249.38±21.71 <sup>c</sup>	257.99±31.10 <sup>c</sup>
MT干预72 h组	6	75.31±8.71 <sup>c</sup>	81.39±8.73 <sup>c</sup>

注:MT为褪黑素,PQ为百草枯,ALT为丙氨酸转氨酶,AST为天冬氨酸转氨酶;与正常组比较,<sup>a</sup> $P<0.05$ ;与MT对照组比较,<sup>b</sup> $P<0.05$ ;与PQ染毒组同期比较,<sup>c</sup> $P<0.05$

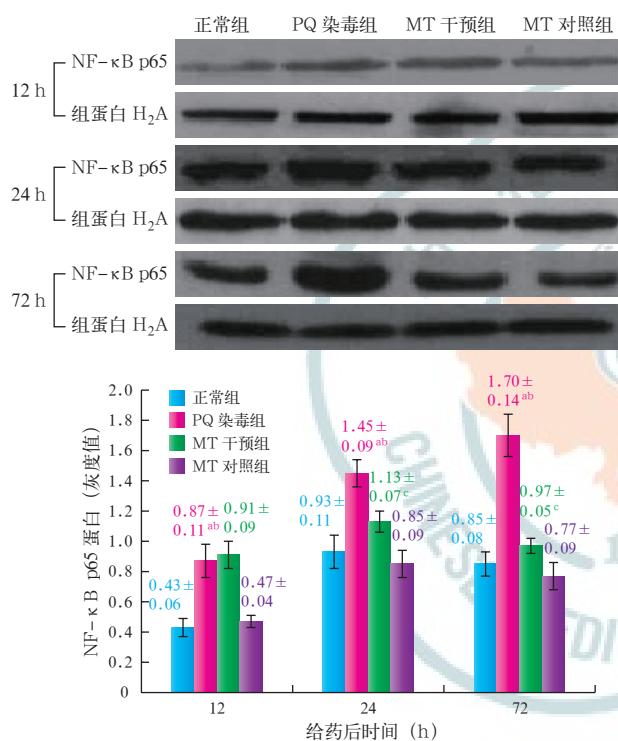
**2.3 各组肝组织TNF-α、IL-1β水平比较(表2):**PQ染毒组各时间点TNF-α、IL-1β水平较正常组和MT对照组明显增高(均 $P<0.05$ ),TNF-α 24 h达峰值后下降,但仍维持在较高水平,IL-1β持续升至72 h;MT干预后12 h肝组织TNF-α、IL-1β水平即较PQ染毒组明显降低(均 $P<0.05$ )。正常组与MT对照组肝组织TNF-α、IL-1β水平无差异。

表2 MT对PQ染毒小鼠不同时间点肝组织TNF-α、IL-1β水平变化的影响( $\bar{x} \pm s$ )

组别	动物数(只)	TNF-α(pg/mg)	IL-1β(pg/mg)
正常组	6	13.01±3.19	3.81±0.71
MT对照组	6	12.79±4.32	4.39±1.98
PQ染毒12 h组	6	28.77±5.96 <sup>ab</sup>	10.89±3.02 <sup>ab</sup>
PQ染毒24 h组	6	46.39±9.81 <sup>ab</sup>	21.81±4.76 <sup>ab</sup>
PQ染毒72 h组	6	39.98±6.97 <sup>ab</sup>	30.74±5.81 <sup>ab</sup>
MT干预12 h组	6	15.10±5.03 <sup>c</sup>	6.23±1.03 <sup>c</sup>
MT干预24 h组	6	20.03±8.91 <sup>c</sup>	18.79±5.34 <sup>c</sup>
MT干预72 h组	6	17.33±8.23 <sup>c</sup>	22.74±6.19 <sup>c</sup>

注:MT为褪黑素,PQ为百草枯,TNF-α为肿瘤坏死因子-α,IL-1β为白细胞介素-1β;与正常组比较,<sup>a</sup> $P<0.05$ ;与MT对照组比较,<sup>b</sup> $P<0.05$ ;与PQ染毒组同期比较,<sup>c</sup> $P<0.05$

**2.4 各组肝细胞核内 NF-κB p65 蛋白表达比较**(图2): PQ 染毒组各时间点肝细胞核内 NF-κB p65 蛋白表达较正常组和 MT 对照组明显增高(均  $P < 0.05$ ),且随时间延长持续升高至 72 h; MT 干预后 24 h 起细胞核内 NF-κB p65 蛋白表达较 PQ 染毒组明显降低,差异有统计学意义(均  $P < 0.05$ )。正常组与 MT 对照组肝细胞核内 NF-κB p65 蛋白表达无明显差异。



注: MT 为褪黑素, PQ 为百草枯, NF-κB p65 为核转录因子-κB p65; 与正常组同期比较,<sup>a</sup> $P < 0.05$ ; 与 MT 对照组同期比较,<sup>b</sup> $P < 0.05$ ; 与 PQ 染毒组同期比较,<sup>c</sup> $P < 0.05$

图2 MT 对 PQ 染毒小鼠不同时间点肝细胞核内 NF-κB p65 蛋白表达的影响

### 3 讨论

PQ 中毒的损伤机制十分复杂,目前研究最多的是 PQ 对肺脏的损害作用,而其早期对肝脏的损伤也不容忽视。有研究显示,PQ 早期对肝脏的损害作用主要为氧化损伤、炎症损伤、细胞凋亡<sup>[7-11]</sup>。还有研究显示,急性肝损伤的炎症反应主要由炎性介质和炎性细胞介导<sup>[11-13]</sup>。血清 TNF-α 和 IL-1β 在炎症的发生发展过程中发挥了关键作用。PQ 能通过多条途径诱导 TNF-α、IL-1β 等细胞因子的基因表达和蛋白质合成,其中 TNF-α 是最关键的细胞因子,它可以吸引中性粒细胞进入肝细胞并产生超氧阴离子,促使库普弗细胞发生“呼吸爆发”,

释放氧自由基,加重肝脏微循环障碍,使肝组织发生缺血缺氧性损伤<sup>[14-15]</sup>。目前研究已证实 NF-κB 对炎性因子的产生起重要作用,能与众多炎性因子的基因启动子区域结合,启动炎性因子转录,此过程是全身炎症反应的关键环节<sup>[15-16]</sup>。

MT 是迄今为止发现的最有效的自由基清除剂之一,它兼具亲水性和疏水性,可自由通过任何器官组织细胞的形态生理屏障及各种体液,同时具有免疫调节、抗肿瘤、延缓衰老等作用,对脑、心、肝等重要器官具有保护作用<sup>[17]</sup>。有报道显示,MT 能够通过减少氧自由基和 TNF-α 的释放,减轻 PQ 中毒引起的氧化损伤<sup>[18-19]</sup>。García-Rubio 等<sup>[20]</sup>通过 MT 干预 PQ 染毒的体外大鼠肝细胞发现,MT 可通过减轻氧化损伤对 PQ 染毒的肝细胞起保护作用。此外,MT 还可通过多种方式减少大鼠肝细胞凋亡,从而对肝细胞起到保护作用<sup>[21-22]</sup>。

本实验结果显示,PQ 染毒组血清 ALT、AST 水平持续升高,24 h 达高峰后明显下降,可能与肝损伤加重出现胆酶分离有关;而 MT 干预组血清 ALT、AST 水平在 12 h 后持续下降,24 h 明显低于 PQ 染毒组。肝组织病理结果显示,MT 干预组小鼠肝细胞的细胞质、细胞核变性等情况较 PQ 染毒组有所减轻,且未发现肝细胞坏死。说明 MT 对急性 PQ 中毒肝脏损伤具有保护作用。其可能机制为:① MT 通过抑制 NF-κB p65 从胞质到胞核的转位过程,防止 NF-κB p65 过度活化,降低 TNF-α、IL-1β 水平,从而阻止炎症级联放大,减轻炎症损伤。本实验结果显示,MT 干预组小鼠肝细胞核内 NF-κB p65 蛋白表达及其调控的 TNF-α、IL-1β 表达较 PQ 染毒组明显降低,对该推断起到了一定的支持作用。② 通过减少 TNF-α 的释放,减轻 PQ 中毒的氧化损伤<sup>[18-19]</sup>。本实验也显示 MT 干预组 TNF-α 表达较 PQ 染毒组明显降低。

综上,本实验证实,MT 减轻 PQ 诱导的急性肝损伤可能与其抑制 NF-κB 炎症反应通路,从而减轻炎症损伤有关,但其与减轻氧化损伤和减少细胞凋亡两个机制的相互联系尚有待进一步研究。此外,MT 对 PQ 中毒肝损伤的治疗作用对于临床运用仍缺乏有效的循证医学依据,亦有待进一步研究。

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