

# 间充质干细胞微泡——ARDS 治疗的新希望

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**【摘要】** 急性呼吸窘迫综合征(ARDS)是严重威胁人类健康的常见危重症,病死率高达30%~40%,目前临床尚无有效的治疗手段。间充质干细胞(MSC)来源微泡(MSC-MVs)是MSC分泌的具有异质性的亚细胞结构群,在组织器官损伤修复中起到了重要作用。近年来研究表明, MSC-MVs能替代MSC进行细胞治疗,可减轻ARDS肺损伤,促进组织修复,因此MSC-MVs可能为ARDS治疗带来新的希望。

**【关键词】** 间充质干细胞; 微泡; 急性呼吸窘迫综合征

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**Microvesicles derived from mesenchymal stem cells: new hope of the treatment for ARDS** Chen Qihong, Zheng Ruiqiang, Wang Hualing

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**【Abstract】** Acute respiratory distress syndrome (ARDS) is a serious state threaten human health with a high mortality about 30%-40%. At present, there is no effective treatment for ARDS. Microvesicles derived from mesenchymal stem cells (MSC-MVs) have a heterogeneous subcellular structure secreted by MSCs. It plays an important role in the repair of tissue and organ damage. Recent studies have shown that MSC-MVs, played an important role in repairing lung injury, may replace MSC for cell therapy. Therefore MSC-MVs may bring new hope for ARDS treatment.

**【Key words】** Mesenchymal stem cell; Microvesicle; Acute respiratory distress syndrome

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急性呼吸窘迫综合征(ARDS)是急性呼吸衰竭的常见类型,也是重症患者死亡的主要原因,病死率高达30%~40%,目前临床治疗主要为器官功能支持<sup>[1-2]</sup>。间充质干细胞(MSC)是来源于中胚层的具有多向分化潜能和高度自我更新能力的干细胞,它参与肺血管内皮细胞损伤的修复,并通过免疫调节等多种机制调控ARDS失控的炎症反应,减轻肺损伤<sup>[3-5]</sup>。MSC微泡(MSC-MVs)是MSC分泌的具有异质性的亚细胞结构群,在修复组织器官损伤中起到了重要作用,是MSC与损伤组织器官信息交流的主要介质<sup>[6]</sup>。有研究表明, MSC-MVs能替代MSC进行细胞治疗,可减轻ARDS肺损伤,促进肺损伤修复<sup>[7-8]</sup>。因此, MSC-MVs可能为ARDS治疗带来新的希望。

## 1 MSC-MVs 概况

MSC-MVs属于细胞外囊泡,是从MSC上脱落下来的细胞膜和吞噬的胞质膜成分,其中直径100~1000 nm者称作微泡,而直径40~100 nm者称作外来体。MSC-MVs表面表达其母体细胞特

有的标志物,如CD44、CD29、 $\alpha 4$ 整合蛋白及 $\alpha 5$ 整合蛋白等<sup>[9]</sup>。另外, MSC-MVs含有大量来自于MSC的生物信息介质,包括信使RNA(mRNA)、微小RNA(miRNA)、蛋白质、脂质、膜受体以及细胞器等<sup>[10-11]</sup>。

MSC-MVs是MSC与周围环境联系的重要介质,它把MSC信息转移至靶细胞,从而调节周围细胞的生物学活性<sup>[12]</sup>。在病理条件下(如缺血、缺氧及损伤等), MSC分泌MSC-MVs的量明显增多,并进一步促进肾脏和肝脏损伤修复<sup>[13-15]</sup>。可见, MSC-MVs是MSC修复组织器官损伤的重要介质。

## 2 MSC-MVs在ARDS治疗中的作用

ARDS是发生于严重感染、休克及烧伤等疾病过程中,由于肺毛细血管内皮细胞和肺泡上皮细胞(AEC)损伤引起弥漫性肺间质及肺泡水肿,以进行性低氧血症、呼吸困难为特征的临床综合征<sup>[16]</sup>。MSC-MVs可保护肺毛细血管膜屏障功能,减轻肺动脉高压及肺损伤,从而在ARDS肺损伤修复过程中发挥重要作用。MSC-MVs在ARDS治疗中的作用

主要体现在以下几方面。

**2.1 保护肺毛细血管膜屏障功能:**肺毛细血管内皮细胞和 AEC 损伤引起弥漫性肺间质及肺泡水肿是 ARDS 重要的病理生理特征。因此,维持肺微血管屏障的完整性、减少肺微血管通透性是 ARDS 治疗的关键<sup>[17]</sup>。研究显示, MSC 可分泌多种生长因子如血管内皮生长因子(VEGF)、肝细胞生长因子(HGF)及血管生成素-1(Ang-1)等,这些生长因子通过减少内皮细胞凋亡、促进内皮细胞增殖、降低血管内皮细胞通透性,以及促进血管新生等机制参与内皮细胞损伤修复<sup>[18-19]</sup>。MSC 不仅将这些生长因子以游离形式分泌到细胞外,还将它们储存在圆形细胞膜组成的微粒中(又称微泡)<sup>[20]</sup>。进一步研究表明,在 MSC 与肺微血管内皮细胞间接共培养模型中, MSC 可以明显减轻脂多糖(LPS)诱导的内皮细胞凋亡、炎性介质释放及黏附分子表达,并降低内皮细胞通透性。电镜下观察发现,在共培养的 MSC 细胞间隙间有 MSC-MVs 释放<sup>[21]</sup>。可见, MSC-MVs 可能通过减轻肺血管内皮细胞损伤以保护肺毛细血管膜屏障功能。

**2.2 减轻肺动脉高压:**肺动脉高压是 ARDS 患者的重要特征之一,与 ARDS 严重程度密切相关,而且是 ARDS 患者预后不良的独立危险因素。动物研究显示, MSC 可逆转缺氧诱导的重度肺动脉高压及右心功能衰竭,其主要机制是旁分泌作用<sup>[22]</sup>。近来研究表明, MSC-MVs 是 MSC 分泌的保护肺血管的重要介质。在肺动脉高压大鼠模型中,经尾静脉注射 MSC-MVs 和 MSC 都能显著降低肺动脉直径和厚度指数,减轻右心室肥厚<sup>[23]</sup>。目前 MSC-MVs 减轻肺动脉高压的机制尚不清楚。研究表明, MSC-MVs 可能通过抑制缺氧诱导的信号转导和转录激活因子 3(STAT3)通路激活,减轻肺动脉高压及肺损伤<sup>[14]</sup>。因此, MSC-MVs 可能通过减轻肺动脉高压在 ARDS 治疗中发挥重要作用。

**2.3 减轻 ARDS 肺损伤:**MSC 对心肌、肾脏及神经等组织器官具有很强的修复能力<sup>[24-26]</sup>。研究显示, MSC-MVs 也可减轻肾小管上皮细胞和肝细胞损伤,并促进肾脏和肝脏功能恢复<sup>[9, 27-28]</sup>。维持肺微血管屏障的完整性,减少肺微血管通透性,是急性肺损伤(ALI)治疗的关键。Zhu 等<sup>[9]</sup>体外研究表明,细胞因子复合物可使人 II 型肺泡上皮细胞(AEC II)白蛋白通透性增加 4.5 倍,而 MSC-MVs 可降低 AEC II 细胞通透性。更令人意外的是, MSC-MVs 的这种

作用与 MSC 接近。该研究者进一步建立小鼠 ARDS 模型,结果显示, MSC-MVs 可明显降低血管外肺水及肺泡灌洗液中总蛋白水平,并减轻肺部炎症反应及肺损伤<sup>[9]</sup>。可见, MSC-MVs 治疗可减轻 ARDS 肺损伤。

### 3 MSC-MVs 在 ARDS 治疗中的作用机制

**3.1 调控 ARDS 炎症反应:**ARDS 的根本原因是严重感染、休克及创伤等导致机体失控的全身炎症反应。MSC 可通过免疫调节作用调控失控的炎症反应<sup>[29-30]</sup>。在炎症损伤动物模型中, MSC-MVs 可减少炎性因子的生成,促进抗炎因子的产生,从而维持炎症反应与抗炎反应的平衡,减轻组织器官损伤<sup>[31-33]</sup>。Favaro 等<sup>[34]</sup>将 MSC-MVs 与 1 型糖尿病患者外周血单核细胞共培养,并加用谷氨脱羧酶自身抗体 GAD65 刺激。结果显示, MSC-MVs 激活转化生长因子- $\beta$ (TGF- $\beta$ )信号途径,并促进抗炎因子前列腺素 E<sub>2</sub>(PGE<sub>2</sub>)及白细胞介素-10(IL-10)分泌。最近研究表明, MSC-MVs 可调控 ARDS 小鼠肺部炎症反应,抑制促炎因子肿瘤坏死因子- $\alpha$ (TNF- $\alpha$ )的生成,促进抗炎因子 IL-10 的分泌,其部分机制是通过 MSC-MVs 中 Ang-1 发挥作用<sup>[35]</sup>。可见,调节 ARDS 炎症反应可能是 MSC-MVs 减轻肺损伤的主要机制。

**3.2 mRNA 转移:**MSC-MVs 除富含来自 MSC 的生长因子、细胞因子、膜受体及趋化因子外,还含有大量 mRNA,这些物质是 MSC 与周围细胞进行信息交流的重要介质。通过基因芯片技术分析发现, MSC-MVs 中含有 Ang-1 等 239 种 mRNA 分子,以及其他少数 mRNA,如细胞周期蛋白依赖激酶 2(CDK2)和巨噬细胞相关酪氨酸激酶(MATK)等<sup>[36]</sup>。MSC-MVs 通过 mRNA 转移的机制促进肾小管上皮细胞增殖,抑制上皮细胞凋亡;然而应用 RNA 酶预处理使 mRNA 失活后, MSC-MVs 对肾小管细胞的上述作用消失。提示 mRNA 转移是 MSC-MVs 发挥保护作用的重要机制<sup>[37]</sup>。

mRNA 转移也可能是 MSC-MVs 减轻 ARDS 肺损伤的重要机制。MSC-MVs 将 mRNA 转移到损伤肺血管内皮细胞和上皮细胞,使这些细胞表型和功能发生改变,从而减轻肺损伤,促进 ARDS 肺损伤修复。Zhu 等<sup>[9]</sup>建立了大肠杆菌内毒素诱导小鼠 ARDS 模型,发现 MSC-MVs 可通过上调损伤 AEC 角细胞生长因子(KGF)mRNA 表达,促进损伤肺泡上皮修复,从而减轻 ARDS 肺损伤。因此, MSC-MVs

部分通过 mRNA 转移减轻 ARDS 肺损伤。

**3.3 miRNA 转移:**除含有 mRNA 外, MSC-MVs 中还含有大量调节性 miRNA, 其中有 105 种与 MSC 相同的 miRNA。MSC-MVs 是转运 MSC miRNA 的重要载体。MSC 可通过 MSC-MVs 将 miRNA 转运到靶细胞, 从而调控细胞生长、增殖和免疫调节等生物学行为<sup>[36]</sup>。miRNA 很容易被血液中 RNA 酶降解, 所以在血液中存活时间很短<sup>[38]</sup>。MSC-MVs 除携带 miRNA 外, 还能保护 miRNA, 防止 RNA 酶降解<sup>[39]</sup>。可见, MSC-MVs 可能部分通过 miRNA 转移减轻 ARDS 肺损伤。

**3.4 线粒体转移:**线粒体损伤是 ARDS 内皮细胞损伤及活化的重要因素。MSC-MVs 是细胞间物质与信息传递的重要媒介, 其中不仅含有多种蛋白、核酸, 还包括线粒体。线粒体转移可能也是 MSC-MVs 修复损伤细胞的重要机制<sup>[40]</sup>。Spees 等<sup>[41]</sup>建立了体外胡米胺诱导肺腺癌细胞线粒体损伤模型, 并与 MSC 直接共培养, 结果显示, MSC 可促进肺腺癌细胞内线粒体功能恢复, 而且证实腺癌细胞内功能正常的线粒体来源于 MSC。该研究表明, 线粒体转移可能是 MSC 修复损伤组织的重要机制。还有研究显示, MSC 可通过线粒体转移来修复损伤心肌和 AEC<sup>[42]</sup>, 并改善心功能和肺功能。鉴于 MSC 本身可通过线粒体转移减轻 ARDS 肺损伤, 促进肺损伤修复<sup>[43]</sup>, 而 MSC-MVs 中含有来自于 MSC 的线粒体, 推测线粒体转移可能是 MSC-MVs 修复 ARDS 肺损伤的重要机制。因此, MSC-MVs 可能部分通过线粒体转移在 ARDS 治疗中发挥重要作用。

#### 4 展望

MSC-MVs 可减轻 ARDS 肺损伤, 促进肺损伤修复, 且较 MSC 更安全, 如可避免免疫排斥反应及肺栓塞的发生, 无伦理学问题等, 因此在治疗 ARDS 中具有更广泛的前景。然而, 目前 MSC-MVs 对 ARDS 的治疗尚处于基础研究阶段, 仍存在许多问题: ① MSC-MVs 的提取、纯化及鉴定尚缺乏标准的方法; ② MSC-MVs 治疗的有效剂量、治疗时机有待明确; ③ MSC-MVs 治疗 ARDS 的具体机制尚不清楚; ④ 不同组织来源的 MSC-MVs 治疗效果可能存在差异<sup>[4]</sup>。这些问题还有待进一步研究明确。

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