

微小 RNA 在脓毒症性急性肾损伤中的研究进展

彭文静 李国福

中国医科大学附属盛京医院重症医学科, 辽宁沈阳 110004

通信作者: 李国福, Email: guofli13@126.com

【摘要】 脓毒症是指宿主对感染的反应失调而导致危及生命的器官功能障碍综合征, 是导致急性肾损伤 (AKI) 发生的重要原因之一。脓毒症性急性肾损伤 (SA-AKI) 发病率高, 预后差, 病死率高, 其发病过程十分复杂, 且发病机制还未完全阐明。因此, 寻找对 SA-AKI 早期诊断、治疗、疾病发展及预后判定有效的生物标志物是亟待解决的临床实际问题。

【关键词】 脓毒症; 急性肾损伤; 微小 RNA

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Research progress of microRNAs in sepsis-associated acute kidney injury

Peng Wenjing, Li Guofu

Department of Critical Care Medicine, Shengjing Hospital of China Medical University, Shenyang 110004, Liaoning, China

Corresponding author: Li Guofu, Email: guofli13@126.com

【Abstract】 Sepsis is a life-threatening organ dysfunction syndrome caused by the host's maladjusted response to infection, and is one of the important causes of acute kidney injury (AKI). Sepsis-associated acute kidney injury (SA-AKI) has a high incidence, poor prognosis and high mortality. The pathogenesis of SA-AKI is very complex, and its pathogenesis has not been fully elucidated. Therefore, finding effective biomarkers for early diagnosis, treatment, disease development and prognosis of SA-AKI is an urgent clinical problem.

【Key words】 Sepsis; Acute kidney injury; microRNA

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现如今,越来越多的研究表明微小 RNA (microRNA, miRNA) 在对脓毒症性急性肾损伤 (sepsis associated acute kidney injury, SA-AKI) 的诊断、疾病发展、治疗以及预测不良结局等方面起作用,通过这些研究,能够更好地了解 SA-AKI 的病理生理学,并将其转化为潜在的治疗策略,为 SA-AKI 的治疗提供理论基础。本文对 miRNA 在 SA-AKI 中的研究进展进行综述。

1 SA-AKI

SA-AKI 通常被定义为存在脓毒症的 AKI、没有其他原因解释的 AKI 或者同时满足脓毒症 3.0 定义和改善全球肾脏病预后组织 (Kidney Disease Improving Global Outcomes, KDIGO) 诊断标准的肾损伤^[1]。脓毒症是指宿主对感染的反应失调引起的危及生命的器官功能障碍综合征^[2],是严重感染、严重创伤、外科大手术后的常见并发症^[3]。AKI 的特征是肾功能急剧下降、水电解质酸碱平衡紊乱、代谢物潴留,血肌酐 (serum creatinine, SCr) 快速增加、尿量迅速减少或者两者兼有^[4]。在脓毒性休克患者中,AKI 的发生率高达 47.5%,发生 AKI 的患者总病死率可以超过 60%^[5]。目前针对 SA-AKI 的治疗局限于常规的支持治疗和肾脏替代治疗,这也是 AKI 患者短期预后较差的原因之一^[6]。因此,

早期诊断、早期治疗对 SA-AKI 患者有更好的预后^[7]。

2 SA-AKI 的病理生理学机制

脓毒症具有复杂而独特的病理生理学机制,这使得 SA-AKI 的病理生理学机制与其他类型的 AKI 不同^[8]。目前,由于动物模型和脓症患者之间存在差异,表明 SA-AKI 病理生理机制的证据有限^[9]。早期有关 SA-AKI 的研究表明,在服用内毒素后肾血流量会减少,这说明感染性 AKI 是由于肾血管的收缩和缺血所导致的^[10],随后有研究表明,在脓毒症发生时全身血管扩张,全身血流量增加,发生肾小球滤过率和肾血流量分离^[11],表明肾循环在 SA-AKI 的发展中起重要作用,但不是唯一的作用机制。肾血流量的变化、微循环的紊乱以及肾皮质和髓质之间的血流再分配、炎症和补体因子均为 SA-AKI 中肾小管损伤和肾小球滤过率下降的主要原因^[9]。SA-AKI 发生的病理生理学机制主要表现为:① 内皮细胞的功能障碍;② 肾小管上皮细胞的损伤;③ 细胞的代谢和能量消耗途径的改变;④ 线粒体的损伤;⑤ 活性氧 (reactive oxygen species, ROS) 的产生;⑥ 细胞周期抑制^[12]。SA-AKI 的病理生理学机制复杂,如今尚未完全研究透彻。

3 miRNA 与 SA-AKI

3.1 miRNA 的生物发生: miRNA 是由 19~25 个核苷酸组

成的调节靶基因转录后沉默的内源性单链非编码 RNA。单个 miRNA 可以调节多个 mRNA, 一个靶基因也可被多个 miRNA 沉默^[11]。1993 年, Victor R. Ambros 的实验室首次在秀丽隐杆线虫中发现了 miRNA, Gray B. Ruvkun 的实验室确定了第 1 个 miRNA 靶基因^[13]。这两个重要的发现共同证实了一种新的转录后基因调控机制的存在。miRNA 是由核内基因转录生成初级转录产物, 随后在细胞核内的 Drosha (核酸内切酶) 的作用下生成的一种具有茎环结构的 70 个碱基左右的 miRNA 前体, 继而转运至细胞质, 被 Dicer 酶切割成双链 miRNA, 进而被解螺旋酶解链为单链 miRNA。成熟 miRNA 与 RNA 诱导的基因沉默复合体 (RNA-induced silencing complex, RISC) 结合形成复合物, RISC 复合物中的 miRNA 与靶基因 mRNA 中 3' 非翻译区的靶序列不完全匹配地互补结合, 下调基因的表达 (抑制蛋白翻译或者促进 mRNA 的降解)。已有证据表明, miRNA 通过调节靶基因的表达参与 SA-AKI 的发生发展^[14]; 与健康者相比, 脓毒症患者的非编码 RNA 全基因组有 80% 的差异表达^[15]。

3.2 miRNA 作为 SA-AKI 中的生物标志物:SCr 和血尿素氮 (blood urea nitrogen, BUN) 是被广泛用于诊断肾功能的两种生物标志物, 但不能对 AKI 进行早期诊断, SCr 的浓度不仅受肾脏清除能力的影响, 还受个体间差异以及某些药物的影响^[16], SCr 水平的升高在 AKI 发生后数小时才能检测得到^[17]。在脓毒症患者中早期诊断和预测 AKI 对于提供患者最佳治疗和避免进一步的肾损伤具有重要作用^[8]。先前已有研究证明, 中性粒细胞明胶酶相关脂质转运蛋白 (neutrophil gelatinase-associated lipocalin, NGAL)^[18]、肾损伤分子 1 (kidney injury molecule-1, KIM-1)^[19-20]、金属蛋白酶组织抑制剂 2 (tissue inhibitor of metalloproteinase-2, TIMP-2)、胰岛素样生长因子结合蛋白 7 (insulin-like growth factor binding protein 7, IGFBP-7)^[21] 等分子均可以作为预测和早期诊断 SA-AKI 的生物标志物分子, 能够在尿量减少和 SCr 发生变化之前对脓毒症患者发生 AKI 的风险进行预测, 对早期诊断 AKI 有重要价值。

目前很多研究显示, miRNA 在对脓毒症发展成为 AKI 的风险预测、SA-AKI 早期诊断以及生存率的预测中有重要价值。Liu 等^[22]研究发现, 在 SA-AKI 小鼠动物模型术后 4 h, 尿液和血液中 miR-452 表达增加, 增加的程度达到正常水平的 4 倍左右; 患有 AKI 的脓毒症患者 miR-452 的表达较未患 AKI 的脓毒症患者明显增高, 且证实了 miR-452 变化早于 SCr, 提示该分子对 SA-AKI 的早期诊断有重要价值, 且敏感性和特异性均较高; 该研究同时证实了该分子的表达水平可以用来评估脓毒症患者发生 AKI 的风险。Lin 等^[23]通过对 110 例患有 SA-AKI (其中 68 例存活, 42 例死亡) 的患者和 110 位健康者进行临床试验, 研究显示, 血清中 miR-210、miR-494 的表达与患者血清 SCr 和 BUN 的表达呈正相关, miR-205 的表达与血清 SCr 和 BUN 的表达呈负相关, 说明这些分子对 SA-AKI 的诊断起重要作用; 还有研究显示, 血清中 miR-210、miR-494、miR-205 的水平还与 SA-AKI 患者 28 d

生存率相关, 并且 miR-205 是脓毒症诱发 AKI 的独立危险因素, 该分子的表达下降与患者存活时间减少有关; SA-AKI 患者的 miR-205 的表达水平较健康者低^[24]。这些分子在 SA-AKI 中的分子机制尚未完全研究清楚, 其中尚无关于 miR-494 在 SA-AKI 中的文献报道, 同时这些分子在临床用于诊断的范围尚未确定。霍锐等^[25]通过临床实验证实了血清中 miR-10a-5p 和 miR-29a 的水平升高在评估 SA-AKI 患者 28 d 病死率方面有良好的预测价值; 但 Zhang 等^[26]研究证明 miR-29a 在 SA-AKI 中的表达是减少的。这两篇文献对 miR-29a 的研究存在争议, 还需进一步的研究探索。朱先华^[27]通过临床流行病学研究发现 miR-10a 在 SA-AKI 患者中表达水平升高, 且该分子能够很好地预测 SA-AKI 患者的病情以及短期预后。Zhang 等^[28]通过临床试验研究发现, 尿液中的 miR-26b 水平可以用来诊断脓毒症患者是否发生了 AKI, 同时该分子还可以用来反映疾病的严重程度, 该分子诊断 SA-AKI 的特异性和敏感性均较高, 然而 miR-26b 在 SA-AKI 中的作用机制尚无文献报道, 对该分子的进一步探索可以为临床对 SA-AKI 的认识和治疗提供一个新的突破口。Ge 等^[29]通过芯片技术检测脓毒症 AKI 患者和非 AKI 患者以及健康者血清中的 miRNA 谱, 证实了血清中 miR-4321 和 miR-4270 水平对 SA-AKI 的诊断有重要价值。吴仕燕等^[30]通过临床试验研究证实了 miR-21-3p 对儿童 SA-AKI 诊断的特异性和敏感性很高, 有重要价值, 但对成人发生 SA-AKI 的诊断是否有价值尚无研究证实。

3.3 miRNA 在 SA-AKI 发展中的作用:SA-AKI 发展的机制复杂, 常涉及到多种分子的改变。miRNA 是基因转录后调控蛋白翻译的一个重要调控分子, 常通过调节靶基因的表达来改变疾病发生中的炎症反应、细胞凋亡、细胞自噬、细胞增殖、细胞周期阻滞等表型, 从而加重或者改善肾损伤。miRNA 在很多癌症疾病中研究较多, 例如胃癌^[31]、乳腺癌^[32]、肺癌^[33]等, 但是目前 miRNA 在 SA-AKI 中的研究不足, 目前已经被证实 SA-AKI 中增加的 miRNA 有 miR-181a-5p^[34]、miR-106a^[35]、miR-128-3p^[36]、miR-9-3p^[37]、miR-21^[38]、miR-21-3p^[39]、miR-21-5p^[40]、miR-155^[41]、miR-337^[42]、miR-34a^[43]、miR-106-5p^[44]、miR-152-3p^[45]、miR-223^[46]、miR-214^[47]、miR-687^[48]、miR-148a^[49]、miR-107^[50]、miR-21a-3p^[51]、miR-545^[52]、miR-210HG^[53]; 降低的 miRNA 有: miR-204^[54-55]、miR-526b^[56]、miR-146a^[57]、miR-21^[58-59]、miR-21-5p^[60]、miR-22-3p^[61]、miR-20a^[62]、miR-942-5p^[63]、miR-29a^[26]、miR-96-3p^[64]、miR-129-5p^[65]、miR-191-5p^[66]、miR-34-3p^[67]、miR-22^[68]、miR-370-3p^[69]、miR-93-5p^[70]、miR-590-3p^[71]、miR-205^[72]、miR-133a^[73]、miR-495-3p^[74]、miR-206^[75]、miR-181a-2-3p^[76]、miR-20a-5p^[77]、miR-125a-5p^[78]。其中, miR-21 和 miR-21-5p 在 SA-AKI 中的表达水平在不同研究中所得出结论不同。Wei 等^[38]研究表明, miR-21 在 SA-AKI 中表达增加加重肾损伤; Jia 等^[58]及 Pan 等^[59]研究证实, miR-21 在 SA-AKI 中表达减少而加重肾损伤; Zhang 等^[60]研究证实, miR-21-5p 在 SA-AKI 中的表达降低

而加重肾损伤;Wei等^[40]研究证实,miR-21-5p在SA-AKI中的表达增加而加重肾损伤。这些研究表明,miR-21和miR-21-5p在SA-AKI中的研究尚未完全清楚,还需进一步验证其确定的作用机制以及对肾产生的效应。在缺血/再灌注所致的AKI中,缺血/再灌注发生后4h,miR-21表达降低,随后作为自卫反应又上调发挥抗凋亡的保护作用,在终末期时,分子的过度表达介导了严重的炎症反应以及纤维化,可能是导致严重炎症反应及纤维化的驱动因素^[79]。在放射性所致的AKI中证实,在诱导后24~48h,miR-21增高^[80]。但是在SA-AKI中,尚未有研究证实miR-21表达水平在疾病发展中的时效性,或许这也是能解释为什么不同的研究中证实的分子表达水平不同,还需进一步证实。

3.4 miRNA在SA-AKI中的干预:SA-AKI的治疗常常很棘手且治疗效果不佳,目前用于治疗SA-AKI基于液体复苏、肾脏替代治疗、机械通气等治疗手段^[81]。研究miRNA是否可以作为早期诊断、风险预测或者预后的指标以及在SA-AKI中的作用机制,目的是为早期治疗提供理论基础,以提高患者的生存率和生活质量^[9]。miRNA作为表观遗传调控的关键参与者,有潜在的治疗作用^[82]。近几年有研究显示miRNA对SA-AKI的治疗有一定的作用。

miRNA作为治疗SA-AKI的手段主要通过3种方式来实现:①干细胞来源的外泌体或者微囊泡携带的miRNA;②外源性的miRNA(如miRNA的模拟物或者抑制物);③某种药物对miRNA的调控。Zhang等^[83]通过给患有SA-AKI的小鼠注入人脐带间充质干细胞来源的外泌体(human umbilical cord mesenchymal stem cell-derived exosome, hucMSC-EX)后,发现SCr和BUN水平降低,研究证实hucMSC-EX通过增加miR-146b分子水平,靶向下调白细胞介素-1受体相关酶(interleukin-1 receptor-associated kinase, IRAK1)的表达来缓解肾损伤;Zhang等^[60]研究证实,内皮祖细胞起源的外泌体通过增加miR-21-5p的水平靶向下调runt相关转录因子1(runt-related transcription factor 1, RUNX1)的表达来缓解肾损伤;He等^[70]研究证实,内皮祖细胞来源的外泌体通过增加miR-93-5p来缓解肾损伤。这些研究说明外泌体可以携带miRNA至效应受体细胞起作用,不同的干细胞起源含有不同miRNA外泌体的输入可能是一种潜在的治疗策略。Li等^[84]在小鼠感染念珠菌之前给小鼠注射腺病毒携带的miR-124,通过对照,证实了miR-124的增加可改善念珠菌所致的AKI,此研究表明,使用miR-124模拟物可以作为SA-AKI的治疗方法。Jia等^[58]在小鼠发生SA-AKI之前用氙气预处理这些小鼠,研究证实,预处理后的SA-AKI小鼠miR-21表达水平的增加缓解了肾损伤,该研究说明氙气的处理和miR-21可能成为SA-AKI潜在的治疗策略。还有一些研究通过药物来改变miRNA分子的表达来改善肾功能,Xu等^[69]研究表明,紫杉醇通过调节长链非编码肺腺癌转移相关转录子1(long non-coding metastasis-associated lung adenocarcinoma transcript 1, lncMALAT1)/miR-370-3p/高迁移率族蛋白B1

(high mobility group protein B1, HMGB1)来改善肾功能;Yang等^[85]研究表明,紫杉醇通过调节miR-27a/转化生长因子 β 活化激酶1结合蛋白3(growth factor β -activated kinase 1 binding protein 3, TAB3)/核转录因子- κ B(nuclear factor- κ B, NF- κ B)来改善肾功能;Zheng等^[86]研究表明,异丙酚通过增加miR-290-5p的表达靶向下调CCL-2和炎症因子水平;Zhang和Xiang^[87]研究表明,和厚朴酚通过调节miR-218-5p的表达来减轻SA-AKI;Li等^[88]研究表明,银杏内酯A通过上调miR-25靶向下调还原型辅酶II(reduced nicotinamide adenine dinucleotide phosphate, NADPH)氧化酶4来缓解肾损伤。目前,在SA-AKI中miRNA作为治疗的研究不多,还需要更进一步的研究。

4 小结

综上所述,近几年miRNA在AKI中的研究越来越广泛。已有研究证实,在SA-AKI中也存在miRNA的表达差异。通常,研究从动物模型和细胞模型中检测miRNA的表达,并与相应的对照组中miRNA的表达比较发现差异表达的miRNA;然后,通过调节miRNA在模型中的表达水平,来观察细胞和动物的表型变化以及产生的效应。通过这些研究所得的结论,说明miRNA在SA-AKI的发生发展和治疗方面有重要的作用,同时对SA-AKI的早期诊断和治疗有潜在的价值。但是,关于miRNA是否能用于临床诊断、治疗等还需大量的基础研究证实。目前,miRNA在SA-AKI中的研究机制还需进一步的探索。

利益冲突 所有作者均声明不存在利益冲突

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