

• 论著 •

糖尿病心肌病巴马小型猪模型的制备

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【摘要】目的 观察糖尿病心肌病(DCM)巴马小型猪模型心肌组织核转录因子-κB p65(NF-κB p65)、转化长因子-β1(TGF-β1)及凋亡相关因子Bcl-2、Bax蛋白表达水平的变化及意义。**方法** 选取4~5个月龄健康雄性广西巴马小型猪10头,按随机数字表法将动物分为对照组和模型组,每组5头。两组均空腹12 h后,采用一次性耳缘静脉注射链脲佐菌素(STZ)150 mg/kg的方法复制DCM巴马小型猪模型;对照组一次性耳缘静脉注射柠檬酸-柠檬酸钠缓冲液150 mg/kg。制模10个月后观察两组动物基本情况,并测定其空腹血糖(FPG)水平;采用蛋白质免疫印迹试验(Western Blot)检测两组心肌组织NF-κB p65、TGF-β1、Bcl-2、Bax的蛋白表达水平;电镜下观察两组动物心肌组织病理学变化。**结果** 4头动物制模成功,1头死亡,模型成功动物出现多饮、多食、多尿及体质量下降等糖尿病表现。实验结束时模型组FPG水平明显高于对照组(mmol/L: 25.53±3.75比4.68±0.77, P<0.01)。与对照组比较,模型组动物心肌组织NF-κB p65、Bax、TGF-β1的蛋白表达水平均明显升高(NF-κB p65/GAPDH: 0.46±0.05比0.38±0.02, Bax/GAPDH: 0.46±0.01比0.35±0.01, TGF-β1/GAPDH: 0.39±0.01比0.33±0.01, 均P<0.05), Bcl-2蛋白表达水平明显降低(Bcl-2/GAPDH: 0.33±0.01比0.42±0.01, P<0.01)。电镜下可见:模型组心肌组织肌原纤维排列较紊乱、间隙线粒体数量明显减少,可见大量空泡变性线粒体。**结论** 采用一次性耳缘静脉注射大剂量STZ 10个月后可成功复制DCM巴马小型猪模型;DCM小型猪模型存在明显糖代谢紊乱,且心肌组织存在炎症反应、心肌细胞凋亡和纤维化表现。

【关键词】 巴马小型猪; 糖尿病心肌病模型; 链脲佐菌素; 核转录因子-κB p65; 转化长因子-β1; Bcl-2; Bax

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【Abstract】Objective To observe the changes and significance of the protein expression levels of nuclear factor-κB p65 (NF-κB p65), transforming long factor-β1 (TGF-β1) and apoptosis-related factors Bcl-2 and Bax in myocardial tissue of Bama miniature pig model of diabetic cardiomyopathy (DCM). **Methods** Ten healthy male Guangxi Bama miniature pigs, aged 4 to 5 months old, were selected and divided into control group and model group according to the random number table method, with 5 pigs in each group. After 12 hours of fasting in the two groups, the DCM model was replicated by intravenous injection of streptozotocin (STZ) 150 mg/kg; for the Bama miniature pigs in the control group, citric acid-sodium citrate buffer 150 mg/kg was injected intravenously. After 10 months of modeling, the basic conditions of the two groups of animals were observed and their fasting blood glucose (FPG) levels were detected. The protein expression levels of NF-κB p65, TGF-β1, Bcl-2 and Bax in myocardial tissue of two groups were detected by Western Blot and the pathological changes of myocardial tissue were observed under electron microscope. **Results** In the model group, 4 models were successfully established, and 1 died. The model pigs had symptoms such as polydipsia, polyphagia, polyuria and decreased body weight. The FPG level in the model group was significantly higher than that in the control group (mmol/L: 25.53±3.75 vs. 4.68±0.77, P < 0.01). Compared with the control group, the protein expression levels of NF-κB p65, Bax and TGF-β1 in the myocardial tissue of model group were significantly increased (NF-κB p65/GAPDH: 0.46±0.05 vs. 0.38±0.02, Bax/GAPDH: 0.46±0.01 vs. 0.35±0.01, TGF-β1/GAPDH: 0.39±0.01 vs. 0.33±0.01, all P < 0.05) and the expression level of Bcl-2 protein was significantly decreased (Bcl-2/GAPDH: 0.33±0.01 vs. 0.42±0.01, P < 0.01). Electron microscopy results showed that the

myofibrils of myocardial tissue in the DCM model group were disordered, and the number of mitochondria in the gap was significantly reduced. A large number of mitochondria with vacuolar degeneration were observed. **Conclusions** The DCM model of Bama miniature pigs can be successfully replicated after 10 months of high-dose STZ disposable ear vein injection. The DCM model miniature pigs have obvious glucose metabolism disorder, and their myocardial tissue has inflammatory reaction, cardiomyocyte apoptosis and fibrosis.

【Key words】 Bama miniature pig; Diabetic cardiomyopathy model; Streptozotocin; Nuclear transcription factor- κ B p65; Transformation long factor- β 1; Bcl-2; Bax

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糖尿病心肌病(DCM)是糖尿病慢性心脏并发症之一^[1],是一种特异性心肌病,其中炎症反应、纤维化及细胞凋亡在DCM的发病过程中起重要作用^[2-4]。目前DCM发病机制的研究多是采用啮齿类动物模型^[5-6],但由于种属关系,啮齿类动物与人类在遗传、生理、环境和生活习性等方面都存在明显差异,不能满足DCM基础与临床综合研究的需要。由于缺乏理想的人类DCM活体模型,严重阻碍对人类DCM的深入研究。巴马小型猪具有近交程度高、遗传稳定、体型小、性情温顺、易反复采样等特点,在心血管并发症的临床检查技术上具有可操作性而被较多采用^[7-9]。因此,本研究采用一次性大剂量静脉注射链脲佐菌素(STZ)的方法复制DCM巴马小型猪模型,并观察心肌组织炎症因子和凋亡相关因子蛋白表达水平的变化,探讨炎症反应、纤维化及细胞凋亡在DCM发病中的作用,现将结果报告如下。

1 材料与方法

1.1 DCM模型的复制和分组:选择4~5个月龄、体质量20~30 kg的健康雄性广西巴马小型猪10头,购自广西大学动物科学院,实验动物许可证号:SCXK桂2018-0003。按随机数字表法分为对照组和模型组,每组5头。模型组空腹12 h后,一次性耳缘静脉注入STZ 150 mg/kg,2 min内注完〔将STZ溶于0.1 mmol/L柠檬酸-柠檬酸钠(pH值4.2~4.5)溶液中,使终浓度为80 g/L,避光保存,现配现用〕。对照组空腹12 h后一次性耳缘静脉注射等量柠檬酸-柠檬酸钠缓冲液。由于模型组动物血糖较高,为避免死亡,1个月后开始模型组动物每日皮下注射甘精胰岛素。

1.2 伦理学:本实验中动物处置方法符合动物伦理学标准,并经动物伦理委员会批准(审批号:2016KGL015LL)。

1.3 DM模型成功标准:参照1999年世界卫生组织(WHO)糖尿病诊断标准,有多食、多饮、多尿、消瘦

典型DM表现,静脉注射STZ 1周后空腹血糖(FPG)≥7.0 mmol/L或随机血糖≥11.1 mmol/L为DM制模成功标准。

1.4 观察指标及方法

1.4.1 空腹血糖的测定:实验全程监测动物FPG水平。

1.4.2 心肌组织病理学观察:给药10个月后麻醉动物取心肌组织,制成约2 mm大小组织块,固定、脱水、包埋、切片,醋酸双氧铀-柠檬酸铅双染色,电镜下观察各组心肌组织病理学改变。

1.4.3 蛋白质免疫印迹试验(Western Blot)检测两组心肌组织核转录因子- κ B p65(NF- κ B p65)、核转录因子- β 1(TGF- β 1)及Bcl-2、Bax蛋白表达水平:麻醉后取两组动物心脏组织,采用Western Blot法检测心肌组织NF- κ B p65、TGF- β 1、Bell-2、Bax的蛋白表达。步骤如下:用苯甲基磺酰氟(PMSF)裂解心肌组织后,4℃下离心5 min取上清液,用二喹啉甲酸(BCA)法测定心肌组织提取物的蛋白浓度,将提取的蛋白沸水浴10 min变性上样,各样品总蛋白量为40 μg,转膜、封闭。用封闭液稀释相应的一抗,使聚偏氟乙烯(PVDF)膜浸泡于一抗孵育液中,4℃孵育过夜。用含吐温的磷酸盐缓冲液(TBST)充分洗涤PVDF膜5~6次,每次5 min。用封闭液稀释相应的辣根过氧化物(HRP)标记的二抗,使PVDF膜浸泡于二抗孵育液中,37℃摇床孵育2 h。TBST充分洗涤膜5~6次,每次5 min。电化学发光(ECL)显影,用BandScan分析胶片灰度值,以目的蛋白与3-磷酸甘油醛脱氢酶(GAPDH)灰度值的比值表示目的蛋白的表达量。

1.5 统计学处理:使用SPSS 20.0统计软件分析数据,符合正态分布的计量数据以均数±标准差($\bar{x}\pm s$)表示,采用t检验。 $P<0.05$ 为差异有统计学意义。

2 结果

2.1 两组小型猪一般情况及FPG水平比较(表1):

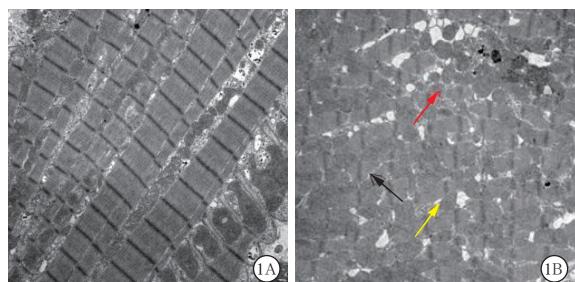
4头动物制模成功,1头死亡。成模小型猪毛发粗糙无光泽,精神萎靡,出现“三多一少”等糖尿病表现。实验结束时,对照组FPG水平无明显变化;模型组FPG较实验前明显升高,模型组实验结束时FPG水平明显高于对照组(均 $P<0.05$)。

表1 两组小型猪FPG水平比较($\bar{x} \pm s$)

组别	动物数 (头)	FPG (mmol/L)	
		实验前	实验结束时
对照组	5	4.02±0.88	4.68±0.77
模型组	4	4.28±0.81	25.53±3.75 ^{a,b}

注:与本组实验前比较,^a $P<0.05$;与对照组比较,^b $P<0.05$

2.2 电镜下观察各组动物心肌组织病理学改变(图1):10个月后对照组动物心肌组织结构正常,组织肌原纤维排列整齐,明带暗带清晰可见,未见肌原纤维间隙线粒体数量减少及肿胀等变性和肌糖原沉积。模型组动物心肌组织可见肌原纤维排列较紊乱(黄色箭头所示;黑色箭头所示为肌节),可见肌原纤维间隙线粒体数量明显减少及大量空泡变性(红色箭头所示)。



注:A为对照组;B为模型组

图1 透射电镜下观察各组心肌组织病理学变化

2.3 不同处理方法两组动物心肌组织NF-κB p65、TGF-β1、Bcl-2、Bax蛋白表达水平的比较(图2;表2):与对照组比较,模型组心肌组织NF-κB p65、Bax、TGF-β1的蛋白表达水平均明显升高,Bcl-2蛋白表达水平明显降低($P<0.05$)。

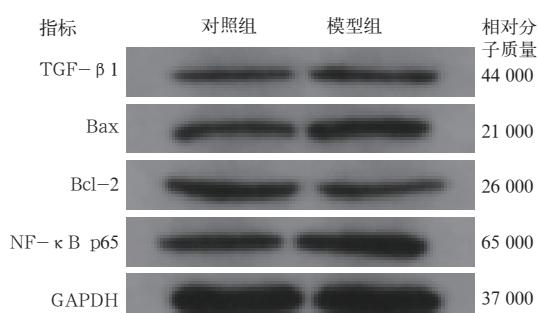


图2 两组小型猪心肌组织NF-κB p65、TGF-β1、Bcl-2、Bax蛋白表达水平比较

表2 两组小型猪心肌组织NF-κB p65、TGF-β1、Bcl-2、Bax蛋白表达水平的比较($\bar{x} \pm s$)

组别	动物数 (头)	NF-κB p65/ GAPDH	TGF-β1/ GAPDH	Bcl-2/ GAPDH	Bax/ GAPDH
对照组	5	0.38±0.02	0.33±0.01	0.42±0.01	0.35±0.01
模型组	4	0.46±0.05	0.39±0.01	0.33±0.01	0.46±0.01
<i>t</i> 值		-3.258	-8.003	17.568	-17.172
<i>P</i> 值		0.017	0.000	0.000	0.000

3 讨论

目前复制1型糖尿病模型最常用的方法是采用静脉注射STZ^[10-13]。STZ可选择性作用于胰岛β细胞,在细胞膜上,STZ被低亲和力的葡萄糖转运蛋白2(GLUT2)转运,通过DNA烷基化及三磷酸腺苷(ADP)核糖基化作用诱发β细胞变性坏死^[14],继而引起胰腺胰岛β细胞结构破坏、胰岛素分泌功能障碍,使胰岛素分泌降低或消失。因为猪的胰岛细胞GLUT表达量较其他物种(如鼠和犬)低,因此在复制小型猪DM模型时,需要将STZ剂量加倍(100~200 mg/kg)^[15]。因此,本研究复制DCM模型应用STZ剂量为150 mg/kg。结果显示:模型组动物FPG水平明显升高,并出现多尿、多饮、多食、消瘦及乏力等DM典型临床表现,达到DM模型标准。电镜下可见模型组心肌组织肌原纤维排列较紊乱、肌原纤维间隙线粒体数量明显减少,可见大量空泡变性线粒体。本研究显示:与对照组比较,模型组动物心肌组织NF-κB p65、TGF-β1、Bax蛋白表达水平明显升高,Bcl-2蛋白表达水平明显降低,与以往文献^[16-17]报道一致。研究表明,在进展为DCM的早期就会有NF-κB表达增加^[18],NF-κB表达增加,可启动体内炎症反应和免疫反应异常,其机制为在机体的持续高糖环境中,非酶糖基化产物(AGEs)和其受体(RAGE)相结合可使NF-κB持续活化^[19]。NF-κB反过来又可促进两者的结合,相互作用,最终加剧DCM病情的恶化。NF-κB被活化后,可调控下游基因如肿瘤坏死因子-α(TNF-α)、白细胞介素-1β(IL-1β)、细胞间黏附分子-1(ICAM-1)等的表达,使其作用于微血管内皮细胞或血细胞,进而导致局部炎症、心肌纤维化及细胞凋亡^[20],最终导致心肌肥大,出现心力衰竭(心衰)等。DM可引起心肌细胞凋亡,其原理是机体在高糖和促凋亡因子的刺激下,释放的细胞色素C可破坏线粒体完整性,进而导致细胞凋亡^[21]。而Bax是Bcl-2的家族成员,是一种可溶性蛋白分子。当刺激体内的促凋亡因子,引起凋亡信号发生时,Bax寡聚化插入到线粒体外膜从而破坏线粒体,导致细胞凋亡,而Bcl-2能

抑制Bax寡聚化从而起到抑制细胞凋亡的作用^[22],因此,本研究模型组Bcl-2蛋白表达水平降低。

综上,经耳缘静脉大剂量1次性注射STZ 10个月可成功复制巴马小型猪DCM模型,该模型稳定性好、成模率高为人类DCM研究提供了良好的工具。

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