

# 高迁移率族蛋白B1在溃疡性结肠炎中表达的研究进展

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## Expression of high mobility group box 1 protein in ulcerative colitis

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## Abstract

Ulcerative colitis (UC) is a chronic inflammatory condition of the colon which involves a complex interplay of genetic, immunological and environmental factors. The precise pathogenesis of UC remains unclear till now. The high mobility group box 1 (HMGB1) protein is a nuclear non-histone DNA-binding protein that is present within the nuclei of almost all eukaryotic cells. Recent studies indicate that HMGB1 can be released into the extracellular milieu and mediate inflammatory response, thereby contributing to the pathogenesis of numerous infectious and noninfectious, inflammatory and autoimmune diseases, as well as cancers. Many studies have indicated that HMGB1 is involved in the development of UC. The present paper gives an overview of HMGB1 and UC.

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Key Words: HMGB1; Ulcerative colitis; HMGB1 antagonist

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## 摘要

溃疡性结肠炎(ulcerative colitis, UC)是一种涉及遗传、免疫、环境等多因素共同作用的肠道炎症性疾病, 目前其具体的发病机制仍未明确. 高迁移率族蛋白B1(high mobility group box 1, HMGB1)是一种在真核生物细胞内广泛存在的非组核蛋白, 近年研究发现其可释放至细胞外, 介导炎症反应, 参与了各种感染性及非感染性炎症性疾病、自身免疫性疾病、肿瘤等的发病过程. 有研究表明, HMGB1与UC的发生、发展有关. 本文就HMGB1在UC中的研究进展作一综述.

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关键词: 高迁移率族蛋白B1; 溃疡性结肠炎; HMGB1拮抗剂

**核心提示:** 高迁移率族蛋白B1(high mobility group box 1, HMGB1)作为一种重要的炎症介质, 参与了溃疡性结肠炎(ulcerative colitis, UC)的发生发展, HMGB1拮抗剂的应用可有效下调其介导的炎症反应. 明确HMGB1在UC发病中的作用可为临床治疗提供新的思路.

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## 0 引言

溃疡性结肠炎(ulcerative colitis, UC)是一种慢性

## ■背景资料

我国溃疡性结肠炎(ulcerative colitis, UC)的发病率呈逐年上升的趋势, 其发病机制仍未明确, 治疗手段有限. 胞外高迁移率族蛋白B1(high mobility group box 1, HMGB1)是近年发现的一种炎症细胞因子, 参与了各种炎症、肿瘤、自身免疫性疾病的发病过程, 近年来, 其在UC发生发展中的作用受到重视.

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## ■ 研发前沿

目前关于HMGB1在炎症反应中的作用研究已取得较大进展,通过拮抗HMGB1的促炎作用有效下调了炎症反应。诸多研究证实其参与了UC的发生发展,但其具体机制有待进一步阐明,从而为临床治疗提供新的靶点。

非特异性肠道炎症性疾病,近年来在我国的发生率呈逐年上升的趋势<sup>[1]</sup>,目前国内外研究普遍认为,UC是涉及遗传、免疫、环境等多因素共同作用下的一种自身免疫性疾病,但其具体的病因及发病机制仍未明确,治疗手段比较有限,且仍有一部分患者临床症状难以缓解,因此进一步研究UC的发病机制有望为其治疗提供新的思路。近年研究发现,高迁移率族蛋白B1(high mobility group box 1, HMGB1)与UC的发生、发展有关,本文就两者的关系作一综述。

## 1 概述

HMGB1是一种进化高度保守的非组核蛋白,在真核生物细胞内广泛存在,分子量约30 kDa,由215个氨基酸残基构成,含有两个DNA结合域,即A盒与B盒,以及一个含有30个氨基酸残基的酸性末端。早期研究主要关注其核内功能:稳定核小体结构、参与DNA修复及重组、调节基因转录等一系列生命活动<sup>[2,3]</sup>。1999年Wang等<sup>[4]</sup>首次发现HMGB1可释放至胞外并介导炎症反应,此后,胞外HMGB1在炎症反应中的作用已成为医学研究的一个热点,受到国内外研究者的普遍重视。目前诸多研究表明,胞外HMGB1作为一种重要的炎症介质和致炎因子,在各种感染性和非感染性炎症性疾病、肿瘤、自身免疫性疾病、缺血/再灌注损伤等病理过程中起着重要的作用<sup>[5-9]</sup>。

HMGB1可由活化的炎症细胞如单核细胞、巨噬细胞、中性粒细胞等主动分泌至细胞外,也可由损伤或坏死细胞被动释放,新近的研究发现,凋亡细胞也可释放HMGB1<sup>[10]</sup>,但与坏死细胞不同的是,在细胞凋亡过程中, HMGB1的第106位半胱氨酸被氧化,被氧化的HMGB1释放到细胞外,被巨噬细胞吞噬,并不引起炎症反应,对HMGB1蛋白的一级结构进行研究后发现, Cys106位于HMGB1炎症效应的主体部分即B盒内,这可能部分解释了细胞凋亡时释放出的被氧化的HMGB1炎症活性下降的现象<sup>[11]</sup>。胞外HMGB1的致炎作用主要通过其受体介导,如:晚期糖基化终末产物受体(receptor for advanced glycation end products, RAGE)<sup>[12]</sup>、Toll样受体2(Toll like receptor 2, TLR2)<sup>[13]</sup>、TLR4<sup>[14,15]</sup>、TLR9等<sup>[16,17]</sup>。上述受体大量表达于巨噬细胞、淋巴细胞、中性粒细胞以及树突状细胞等炎症细胞的表面, HMGB1与其结合后,可以触发细胞内的信号级联反应,促进炎症细胞产生肿瘤细

胞坏死因子- $\alpha$ (tumor necrosis factor- $\alpha$ , TNF- $\alpha$ )、白介素-1(interleukin-1, IL-1)、IL-6、IL-8、MIP-1 $\alpha$ 、MIP-2 $\beta$ 等细胞因子,并诱导树突状细胞的成熟与活化,促进MHC-II、CD83、CD80、CD86等的合成<sup>[18]</sup>,参与了天然及获得性免疫系统。

## 2 HMGB1与UC

2.1 HMGB1在UC中的表达 以往的研究结果证实,有30%-83%的UC患者血清中可检出核周型抗中性粒细胞胞浆抗体(perinuclear anti-neutrophil cytoplasmic antibodies, P-ANCA)<sup>[19]</sup>,该抗体的存在对UC的诊断及其与克罗恩病的鉴别有意义<sup>[20]</sup>。早在1997年即有学者发现, HMGB1(即HMGB1的旧称)与HMGB2(即HMGB2的旧称)为UC患者P-ANCA的抗原<sup>[21]</sup>。UC患者血清中存在抗HMGB1/HMGB2抗体,并与疾病活动度有关<sup>[19]</sup>。Takaishi等<sup>[22]</sup>的研究认为,联合检测抗HMGB1/HMGB2抗体及抗酿酒酵母抗体(anti-Saccharomyces cerevisiae antibodies, ASCA)对UC与克罗恩病(尤其是结肠型克罗恩病)的鉴别有意义。

为了更直接地了解HMGB1在UC发病中所起的作用,越来越多的学者对HMGB1在UC肠黏膜中的表达进行了研究。陆宗海等<sup>[23]</sup>发现UC小鼠结肠组织中HMGB1表达升高,且与结肠组织学评分和结肠通透性呈正相关<sup>[24]</sup>,结肠组织中HMGB1的升高速率相对于其他炎症因子如TNF- $\alpha$ 、IL-1 $\beta$ 而言明显缓慢<sup>[25]</sup>。另一项研究中也观察到了上述现象,除此之外,UC小鼠结肠组织中TLR2与核因子 $\kappa$ B(nuclear factor-kappa B, NF- $\kappa$ B)蛋白的表达亦有显著升高, Pearson相关性分析显示: HMGB1与TLR2、TLR2与NF- $\kappa$ B表达均呈显著正相关,揭示了HMGB1-TLR2-NF- $\kappa$ B途径在UC发病中所起的作用<sup>[26]</sup>。此外,日本的一项研究认为, HMGB1不仅参与了UC的发病,也参与了结肠炎相关性癌症的发生发展,通过拮抗HMGB1的作用可显著下降结肠炎小鼠结肠肿瘤的发生率<sup>[27]</sup>。

Vitali等<sup>[28]</sup>发现炎症性肠病(inflammatory bowel disease, IBD)患儿粪便中存在大量的HMGB1蛋白,但其肠黏膜中HMGB1的表达量与正常对照组无明显差异,将细胞进行核质分离后发现HMGB1在细胞质中的含量显著升高,结合HMGB1的生物学特点,该研究认为IBD患儿粪便中HMGB1含量的升高是由于其在肠道炎症发生过程中由细胞核转移至细胞质并进

一步分泌至细胞外所致, 而并非“从头合成增多”的过程. 然而, 在这种情况下, HMGB1的核质转移是否会影响其核内正常生理功能行使未进一步探究. 从以上各研究可以发现, 动物实验中检测到了HMGB1的合成增多, 但体内的研究并未观察到该现象, 而是推测其发生了核质转移, 其原因可能为: (1)动物实验模拟的是药物诱导的UC的“急性发病”过程, 而临床上常见的病例大部分为慢性复发型的炎症, 两者在发病机制上可能有所区别; (2)以UC(或炎症性肠病)患者为对象的研究, 其研究对象往往都在接受氨基水杨酸类药物、激素或免疫抑制剂等治疗, 这些药物治疗可能对肠黏膜中HMGB1的合成造成干扰, 掩盖了其在UC自然病程中真实的表达特点. 因此, 我们认为, 要进一步明确HMGB1参与UC发病的具体机制, 在研究对象的选择上需尽量避免药物治疗等因素的干扰.

然而, 无论是HMGB1的合成增多还是核质转移, 抑或是两种途径均参与了UC的发生发展, 肠黏膜中参与上述过程的细胞类型不甚明确, 粪便中增多的HMGB1的来源需进一步探讨. 有学者将TNF- $\alpha$ 、IL-1 $\beta$ 、干扰素- $\gamma$ (interferon- $\gamma$ , IFN- $\gamma$ )混合物分别与结肠腺癌细胞株Caco-2及大鼠肠上皮细胞株IECs进行共同孵育后发现, 两者培养基上清中均检测出了大量HMGB1, 且其可能以一种“自分泌”的方式放大了炎症反应, 进而导致Caco-2单层细胞通透性的升高<sup>[29]</sup>. 而当大鼠肠上皮细胞株IEC-6遭受热损伤时, 细胞内HMGB1水平明显下降, 间接说明了IEC-6细胞释放HMGB1的过程<sup>[30]</sup>. Nadatani等<sup>[31]</sup>发现在NSAIDs相关性肠黏膜损伤的动物模型中, HMGB1在结肠组织中的表达增多, 免疫组织化学显示肠黏膜上皮细胞的胞质内HMGB1染色明显增强. 以上各项研究从不同方面证实了肠上皮细胞在受到炎症或损伤的刺激时释放HMGB1的能力. 因而, 粪便中增多的HMGB1蛋白不仅来源于肠黏膜坏死细胞的被动释放及间质中炎症细胞的主动分泌, 正常存活的肠上皮细胞也可将HMGB1释放至胞外. 而另一方面, UC患者肠黏膜中肠上皮细胞及间质中活化的炎症细胞表面均存在TLR2及TLR4过表达的情况<sup>[32,33]</sup>, 胞外的HMGB1又可与这些受体结合, 呈现出“自分泌”或“旁分泌”特征, 形成一个反馈环路, 放大了肠道中的炎症反应. 但上述过程仅是针对肠道炎症反应的维持而言, 对于触发炎症反应的“始动因子”仍是一个未解的难题.

2.2 HMGB1拮抗剂的干预效应 Wang等<sup>[4]</sup>的研究还发现HMG-1抗体, 即使延迟给予, 仍可下调毒素的致死效应. 其后, HMGB1拮抗剂的应用受到了广泛关注, 目前已知的HMGB1拮抗剂主要包括: 抗HMGB1抗体、HMGB1 A盒、丙酮酸乙酯、甘草酸二钾等<sup>[34]</sup>. 体外研究发现在多种病理状态下, HMGB1拮抗剂的应用均可下调其介导的炎症反应<sup>[35-39]</sup>. 在药物诱导的UC小鼠模型中, 应用抗HMGB1抗体、丙酮酸乙酯、甘草酸二钾可以有效下调结肠组织中HMGB1蛋白及其下游炎症因子如TNF- $\alpha$ 、IL-1 $\beta$ 、IL-6等的表达水平, 改善结肠炎症反应程度及肠黏膜屏障功能<sup>[40-43]</sup>. 另外, 由于HMGB1主要通过与其受体结合介导促炎效应, 也有些研究将抑制HMGB1的效应扩展为抑制HMGB1-受体-信号转导通路来阻断炎症反应, 如通过抑制HMGB1与TLR等受体的相互作用、抑制HMGB1与受体结合后激活的下游信号转导通路<sup>[44]</sup>等. 可以说, 针对HMGB1-受体轴进行的干预可以为临床治疗提供更多新的靶点. 在UC患者肠黏膜中也可检出TLR2、TLR4等受体<sup>[45,46]</sup>, 但在其发病过程中, HMGB1与这些受体的相互作用及下游的信号转导通路目前仍不十分明确. 因此, 进一步研究上述过程对于UC的治疗至关重要. 然而另一方面, 在抑制HMGB1促炎效应的同时, 也需考虑到其核内功能对生命活动来说是必不可少的, 且近年研究认为, 胞外HMGB1除了其促炎效应外, 也可作用于原始细胞如干细胞, 在损伤组织中可能作为一种免疫佐剂和修复因子存在<sup>[47]</sup>. 有文献报道, 在DSS诱导的炎症性肠病小鼠模型中, 阻断或封闭TLR4在减轻肠道炎症反应的同时, 也影响了肠道黏膜的愈合<sup>[48]</sup>. 在胰腺特异性HMGB1基因毁损的急性胰腺炎小鼠中观察到了更为严重的细胞核损伤、核小体释放, 呈现出了更快的发病过程及更高的死亡率<sup>[49]</sup>. Huang等<sup>[50]</sup>发现, 在肝脏缺血/再灌注损伤时, 可以检测到HMGB1释放到胞外, 介导了炎症反应, 但在肝细胞特异性HMGB1基因敲除的肝脏缺血/再灌注模型小鼠中, 呈现出了更为严重的肝细胞损伤, 提示在无菌性炎症中, HMGB1的细胞内作用同样值得关注. 虽然目前关于拮抗HMGB1对UC动物模型带来的不良反应未见明确报道, 但由于其在核内介导了一系列重要作用来调控生命活动<sup>[51]</sup>, 因此在研究HMGB1拮抗剂的临床治疗前景时, 如何在适度下调HMGB1介导的炎症反应的同时, 保证其核内生理功能的正常运作,

## ■ 相关报道

国外Musumeci等对HMGB1抑制剂的种类及其在下调HMGB1所致炎症反应中的作用做了详尽描述, 为临床炎症性疾病及自身免疫性疾病的诊治提供了新的思路.



# ■创新盘点

本文对高迁移率族蛋白B1在UC中的表达及其参与UC发病的可能机制进行了阐述,对HMGB1抑制剂的临床应用前景进行了讨论,内容全面。

对于HMGB1拮抗剂治疗意义的研究来说也是需要考虑的。

## 3 结论

HMGB1是一个充满矛盾的蛋白,在人体内起着截然相反的作用,一方面作为生命活动必不可少的生物因子存在,另一方面又触发一系列炎症反应,对机体造成损伤。对于HMGB1的研究目前已有了一些进展,但关于HMGB1在UC发病中的作用研究还相对较少,仍有诸多问题有待更深入地探讨,如HMGB1参与UC发病的信号转导途径、肠道菌群失调对HMGB1表达是否有影响、HMGB1是否参与了肠道免疫耐受的缺失、HMGB1是否参与了UC的癌变过程等,我们相信,通过明确上述问题可以为UC的发病机制带来更多的线索,从而为临床治疗提供更多靶点。

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# 应用要点

本文综述了HMGB1与UC的关系,探讨了HMGB1抑制剂的应用前景及可能存在的问题,为临床治疗提供了理论指导。

## ■同行评价

本文比较全面地综述了HMGB1在UC中的表达研究进展, 研究内容对未来UC的诊疗有潜在指导意义。

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