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· 血管钙化专栏 ·

血管钙化分子机制研究进展

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[关键词] 血管钙化; 血管平滑肌细胞; 钙化抑制剂; 氧化应激; 炎症

[摘要] 血管钙化是衰老、动脉粥样硬化、糖尿病、慢性肾病等疾病中的普遍病理现象, 并增加心血管疾病的发病率和死亡率。随着血管钙化研究的增多, 人们对血管钙化的认知也越来越深入。本文主要从血管平滑肌细胞的成骨型分化、钙化抑制剂的缺失、钙或磷酸盐稳态异常、氧化应激、炎症、细胞凋亡、自噬、基质重塑、miRNA 调控等方面介绍血管钙化的分子机制研究的最新进展。本专栏几个课题组分别对活化 T 细胞核因子 c1 在糖尿病血管钙化进展中的作用研究、中性粒细胞与淋巴细胞比值与透析患者冠状动脉钙化关系以及霍山石斛对高脂诱导的 LDLR 基因敲除小鼠动脉粥样硬化和血管钙化的影响进行了较深入的研究。

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The Research Progresses on the Molecular Mechanism for Vascular Calcification

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[KEY WORDS] vascular calcification; vascular smooth muscle cell; calcification inhibitor; oxidative stress; inflammation

[ABSTRACT] Vascular calcification is highly prevalent in ageing, atherosclerosis, diabetes and chronic kidney disease, and associated with morbidity and mortality of myocardial infarction. As more investigation input in this field, the better understanding of vascular calcification has been achieved. This review focuses on the molecular mechanism of vascular calcification, including osteogenic transition of vascular smooth muscle cell, defects in calcification inhibitors, disorders of calcium and phosphate homeostasis, oxidative stress, inflammation, apoptosis, autophagy, extracellular matrix remodeling and microRNAs. In this column, several research groups have conducted the in-depth studies on the role of activated T-cell cytoplasmic 1 in the progression of diabetic vascular calcification, the relationship between the ratio of neutrophils to lymphocytes and coronary calcification in dialysis patients, and the effect of Dendrobium huoshanense on atherosclerosis and vascular calcification in LDLR gene knockout mice induced by high-fat food feeding.

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血管钙化(vascular calcification, VC)常见于衰老、动脉粥样硬化、高血压、糖尿病、血脂异常、心脏瓣膜疾病、慢性肾脏病(chronic kidney disease, CKD)等人群中^[1-2],是由羟基磷灰石(又称为羟磷灰石、碱式磷酸钙)在血管壁上异位沉积而产生的^[3]。血管钙化增加心脏病、卒中、动脉粥样硬化斑块破裂的风险,是增高心血管疾病发病率和死亡率的重要危险因素^[4-5]。因此,血管钙化在世界范围内正受到越来越多的关注。最初,研究者们认为血管钙化是一种被动退化过程的结果,标志着血管的老化。但越来越多的研究表明,血管钙化是经过多种分子信号传导途径启动和调节的主动过程,与骨的形成有高度相似之处^[6-7]。

1 血管钙化的分类

血管钙化可根据钙化发生位置的不同而分为内膜钙化、中膜钙化、心脏瓣膜钙化、钙化防御和外膜钙化5种类型。内膜钙化常发生于血管壁内侧的动脉粥样硬化斑块中,伴随着慢性炎症、细胞坏死、脂质沉积等^[8-9],又称为动脉粥样硬化型钙化。中膜钙化位置发生于血管壁的中间薄层内,引起血管壁变硬,它可能与脂质积累和炎症细胞浸润的发生无关^[6]。心脏瓣膜钙化是指在心脏内的主动脉瓣中形成了钙化沉积物,也是主动脉瓣硬化症和主动脉瓣狭窄最常见的原因^[10-11]。而钙化防御是一种极为罕见的严重疾病,患者出现全身性小动脉钙化,可导致缺血和皮下坏死^[12]。钙化防御是致命性的疾病,约50%患者的存活周期仅为6个月^[13]。至于外膜钙化,其关注和研究相对较少,在临床数据分析中发现脐动脉外膜钙化^[14],Li等^[15]认为外膜钙化可能是由于成纤维细胞转化为成肌纤维细胞或平滑肌细胞而引起的。这5种类型血管钙化虽然是不同病理机制导致的结果,但也可能是这些病理机制交互作用所致,且这些机制并非相互排斥。尤其是内膜钙化和中膜钙化经常共同发生并对疾病的发生发展起着协同作用^[4]。

受制于血管钙化机制尚未明确,目前并没有任何有效阻止或逆转血管钙化的治疗药物或方法。解释血管钙化分子机制的主要理论有血管平滑肌细胞(vascular smooth muscle cell, VSMC)的成骨型分化、钙化抑制剂缺失、钙和磷酸盐稳态异常、氧化应激、炎症、细胞凋亡、自噬、基质重塑、miRNA调控等学说^[16-18]。本文主要从上述分子机制研究着手,总结了血管钙化最新的研究进展,以期为血管钙化

的研究、诊断、预防或治疗提供参考。

2 血管钙化的发生机制

2.1 VSMC 的成骨型分化学说

目前认为可发生成骨型分化并参与调节血管钙化的细胞包括:VSMC、内皮细胞(endothelial cell, EC)、周细胞、肌成纤维细胞等^[19-20]。其中VSMC及其成骨表型的分化在血管钙化中发挥关键作用^[6,21-22]。VSMC对维持血管功能至关重要,它们可以通过驱动血管壁的收缩和松弛来调节血压和血液流动^[23],在维持胞外基质(extracellular matrix, ECM)的稳定与基质重塑过程中发挥重要作用^[24]。

在正常情况下VSMC表现出收缩表型,并高表达维持血管功能所必需的α-平滑肌肌动蛋白(alpha smooth muscle actin, α-SMA),平滑肌22α(smooth muscle 22 alpha, SM22α)和平滑肌-肌球蛋白重链等标志性蛋白^[6]。在生长因子、损伤或机械应激等刺激下,VSMC能够表现出成骨细胞、软骨细胞等特征表型,其表型变化与VSMC标志蛋白的表达降低有关^[6,25]。如,王亚萍等^[26]证实过氧化物酶体增殖物激活受体γ(peroxisome proliferators-activated receptor γ, PPARγ)激动剂罗格列酮可以抑制转化生长因子β1(transforming growth factor-β1, TGF-β1)诱导下VSMC向成骨型细胞分化和钙化的发生。

当VSMC发生了成骨型或软骨型分化时,其收缩型标志蛋白表达降低,骨相关因子runt相关转录因子(runt-related transcription factor 2, Runx2)、SRY-Box转录因子9(SRY-Box transcription factor 9, Sox9)、osterix(OSX或Sp7 transcription factor, SP7)、肌节同源盒蛋白同系物2(muscle segment homeobox homolog of 2, Msx2)、骨桥蛋白(osteopontin, OPN)表达上调,并促进钙化的碱性磷酸酶(alkaline phosphatase, ALP)活性上升和骨形成蛋白2(bone morphogenetic protein-2, BMP-2)的表达增加^[27-30]。上述基因在血管钙化过程中作用机制各不相同,Runx2驱动成骨表型,而Sox9结合Runx2并抑制其作用,因而Runx2和Sox9的相对表达决定成骨或成软骨分化^[31]。在成骨表型中,Runx2又与包括ALP、I型胶原蛋白、OPN、基质金属蛋白酶9(matrix metalloproteinases-9, MMP-9)、OSX等在内的调节骨骼发育的下游基因结合^[32]。在研究Runx2条件性基因敲除小鼠模型中,进一步确认了Runx2是VSMC分化为成骨细胞、软骨细胞成熟和血管钙化所必需的^[7]。ALP是骨骼钙化的关键酶,水解钙化

抑制剂焦磷酸(pyrophosphoric acid, PPi)产生磷酸离子^[33]。ALP 也是血管钙化的关键酶,其活性增加将加速血管钙化,尤其是非组织特异性的 ALP 可能作为血管钙化治疗的潜在靶标^[34]。转录因子 OSX 与 Wnt 信号通路控制并驱动 VSMC 向成骨细胞表型发育^[6]。另外,BMP-2 也在血管钙化过程中起重要作用,可以诱导 Msx2 和脂蛋白受体相关蛋白的表达来促进血管钙化^[35],或通过 BMP-2/Smad 信号通路促进 VSMC 的成骨型分化^[36]。且在该专栏中,孙振等^[37]发现了活化 T 细胞核因子 c1 可促进 VSMC 向成骨表型转分化,促进了糖尿病血管钙化发生发展。可见在血管平滑肌表型分化过程中有多种分子和信号通路参与。

2.2 钙化抑制剂缺失学说

虽然血管钙化的发病机制还不明确,但其始终表现为动脉血管壁中羟基磷灰石沉淀。人们在健康的血管壁中发现了 PPi、OPN、骨保护素(osteoprotegerin, OPG)、基质 Gla 蛋白(matrix Gla protein, MGP)、胎球蛋白 A(fetuin-A, Fet-A 或 alpha 2-HS glycoprotein, AHSG)、Klotho 蛋白等钙化抑制剂,它们可以抑制 VSMC 发生钙化。

PPi 是由两个可水解的酯键连接的无机磷酸盐分子组成。在体内外,PPi 都是有效的血管钙化的内源性抑制剂^[38-39]。PPi 广泛存在于细胞内外,主要是 ECM 中 ATP 水解产生的^[40]。PPi 抑制血管钙化是通过抑制无定形磷酸钙的成核及其向羟基磷灰石结晶的转变,同时 PPi 还可结合到羟基磷灰石表面以防止其结晶的生长^[40]。Liu 等^[41]研究证实,在体外 PPi 可以有效阻止尿毒症患者血清诱导的 VSMC 中钙沉积,抑制其成骨型基因的表达。研究者们还进一步在动物体内和 VSMC 细胞中研究和证实了 PPi 对血管钙化的抑制作用机制^[42-43]。

OPN 是小整合素结合配体 N 端联结糖蛋白家族成员^[44],在多种组织和细胞中广泛分布,能通过整合素信号通路发挥作用^[1,45]。虽然近年国内外有研究显示,OPN 可能在血管钙化中表达水平升高^[46]。但是更多的研究认为 OPN 具有预防或抑制血管钙化的作用。Speer 等^[47]认为血清中 OPN 水平的升高是为了抑制钙的异位沉积,并证实 OPN 是血管钙化的可诱导型抑制剂。Paloian 等^[48]也发现 OPN 可以预防高磷诱导的血管钙化。Steitz 等^[49]还发现 OPN 也可以通过诱导巨噬细胞表达具有溶解钙化结晶作用的碳酸酐酶。

OPG 由平滑肌细胞分泌,是破骨细胞生成的重要调节因子,也是肿瘤坏死因子受体超家族可溶性

成员^[50]。在小鼠中敲除 OPG 基因,小鼠不仅出现骨质疏松,还会发生血管钙化^[51]。OPG 作为核因子 κB 受体活化因子的竞争性抑制剂从而发挥抑制钙化的作用^[52]。而流行病学和大鼠体内研究发现,血管钙化中 OPG 水平升高^[53]。鉴于这种现象,有人提出 OPG 可能作为血管钙化的标志物,但尚不清楚钙化患者血液中升高的 OPG 是否是为了抑制钙化的进一步发展。

MGP 是一种含 γ-羧基谷氨酸的维生素 K 依赖性蛋白,由软骨细胞和 VSMC 分泌^[54]。在小鼠敲除该基因将导致严重的软骨化和动脉血管钙化,并出现早期死亡^[55]。MGP 作为一种有效的原位钙化抑制剂,可能通过结合新形成的羟基磷灰石并阻止其在血管壁的沉积、绑定钙沉淀并增加巨噬细胞对复合体的吞噬或拮抗 BMP-2 从而发挥抑制血管钙化的作用^[56]。

Fet-A 在肝脏细胞中合成并分泌到细胞外,是一种非常强的蛋白钙化抑制剂^[57]。在具有钙化倾向的 DBA-2 遗传背景的小鼠中敲除 AHSG 基因,将导致广泛的异位钙化^[58]。在 CKD 患者中也发现 Fet-A 浓度处于低水平^[59]。研究显示 Fet-A 可以通过结合 Ca/P 离子簇来抑制其晶体生长,或形成胶体钙蛋白颗粒,从而发挥抑制钙化的作用^[60-61]。

Klotho 蛋白分为跨膜型和可溶型两种类型。其中跨膜型 Klotho 蛋白可作为成纤维细胞生长因子 23(FGF-23) 的共受体,在调节磷酸钙平衡中起着主要作用^[62]。可溶型 Klotho 蛋白其发挥作用与抑制 Wnt 信号通路有关,可参与心血管疾病^[63]。且可溶型 Klotho 已被证实可维持血管内皮细胞层完整性,能改善血管内皮功能障碍及延迟血管钙化^[64]。在 CKD 患者以及动物模型中均观察到了 Klotho 表达水平的下调,Klotho 基因的过表达可阻止 CKD 血管中膜钙化^[65]。另外研究发现,在 CKD 大鼠模型增加 Intermedin1-53 处理和 VSMC 中激活 PPARγ,都可以通过升高 Klotho 表达减轻钙化的发生^[66-67]。

2.3 钙或磷酸盐稳态异常

在 CKD 患者中 Ca²⁺ 和磷酸盐(phosphate, Pi)的代谢失调很常见,主要表现为血液中 Ca²⁺ 和 Pi 水平的升高,而增加 Ca²⁺ 和 Pi 浓度,将促进 VSMC 的表型转化^[1,22,68]。高 Ca²⁺ 或 Pi 处理可以诱导离体大鼠主动脉环的钙化^[69]。最近,Hulbert 等^[70]证实了女性补钙超过 5 年以上,其血管钙化的风险明显增加。

已有的研究显示,Ca²⁺ 和 Pi 促进细胞钙化的机制各不相同,且尚未完全阐明。高钙是通过钙离子通道或钙敏感受体进入 VSMC 细胞,而 Pi 则主要通

过磷酸盐协同转运蛋白 PiT-1 和 PiT-2 进入 VSMC 内,诱导 VSMC 的成骨型或软骨型分化、钙化抑制剂的损失使其发生钙化^[1,71]。还有研究发现,高 Ca²⁺可以激活人类瓣膜间质细胞表面的钙敏感受体,从而促进其钙化^[72]。当 Ca²⁺过载时,Ca²⁺将通过 Pit-1 加剧 Pi 诱导的血管钙化,而不是通过钙敏感受体发挥促进钙化的作用^[73]。进入细胞后,Ca²⁺可能通过增加基质金属蛋白酶 2 (matrix metalloproteinases-2, MMP-2) 的表达来降解 ECM,或通过激活细胞外信号调节激酶 (extracellular signal-regulated kinase1/2, ERK1/2) 通路而促进 VSMC 分化;而 Pi 则可通过 ERK1/2 信号通路的激活增加 Runx2 的表达,促进 VSMC 分化和血管钙化^[1]。近年来,已经证实高磷酸盐血症和高钙血症会增加人 VSMC 中基质囊泡的释放,可引发细胞 ECM 中羟基磷灰石的沉积从而发生钙化^[74]。另外,Liu 等^[75]研究发现,抑制 PPAR γ 的表达可能参与高 Pi 诱导 VSMC 钙化的机制。可见 Ca²⁺和 Pi 稳态异常所诱发钙化的机制复杂,包含多种分子及信号通路,仍需进一步研究。

2.4 氧化应激

氧化应激通常是指组织或细胞中活性氧 (reactive oxygen species, ROS) 产生过度与抗氧化剂防御机制(例如超氧化物歧化酶、过氧化氢酶、谷胱甘肽过氧化物酶、过氧化物酶和 sulfiredoxin)减少或活性减弱,导致 ROS 的生成和清除之间的失衡^[76-77]。而氧化应激的主要来源是在线粒体氧化磷酸化过程中释放或过氧化物酶(包括 NADPH 氧化酶、黄嘌呤氧化酶、细胞色素 P450 等)产生的活性氧^[6,76],这种氧化应激将对细胞和组织产生损害。体外研究证实高浓度 Pi 诱导氧化应激的增加促进 VSMC 的表型转化与钙化^[78-79]。在对 CKD 患者和小鼠的研究中,也发现了增加氧化应激与促进血管钙化发生密切相关^[80-81]。氧化应激促进血管钙化主要因为其促进细胞内 MSX2、Runx2、SOX9 及 ALP 的表达^[79,82]。Huang 等^[83]最新研究进一步证实氧化应激促进血管钙化发生发展,且 NADPH 氧化酶及其下游 ERK 信号通路可能发挥部分促进钙化的作用。

2.5 炎症

近年的研究表明,炎症在血管钙化的发病机制中发挥重要作用,且慢性炎症普遍存在于 CKD、ESRD 患者中^[16,84-85]。在细胞水平上,赵文曼等^[86]对透析患者资料分析中发现,炎症指标中性粒细胞与淋巴细胞比值 (the neutrophil-lymphocyte ratio, NLR) 与冠状动脉钙化风险呈正相关,且 NLR 联合

年龄作为指标能较好地预测冠状动脉钙化发生。在分子水平上,由浸润血管的巨噬细胞或 T 淋巴细胞受外界刺激而产生肿瘤坏死因子 α (tumor necrosis factor- α , TNF- α)、白细胞介素 1 β (interleukin-1 β , IL-1 β)、白细胞介素 6 (interleukin-6, IL-6) 等促炎因子,诱发 EC 或 VSMC 的分化。在人主动脉 EC 中,Gonzalo 等^[87]研究发现 TNF- α 和 IL-1 β 可通过 BMPR2-JNK 信号通路增加 BMP-9 诱导的成骨分化敏感,促使 EC 向内皮-间质转化 (endothelial-to-mesenchymal transition, EndMT),并促进钙化,也可以通过 cAMP、NF- κ B 等途径促进钙化^[88-89]。Liu 等^[90]在体内和体外证实在钙化的 VSMC 和大鼠主动脉中 IL-6 表达水平明显升高,葛根素可以通过 NLRP3/Caspase1/IL-1 β 和 NF- κ B 信号通路降低 IL-6 表达并抑制钙化。另外,在体外研究中也发现,减少 IL-6 表达可以抑制血管细胞钙化^[91-92]。

2.6 细胞凋亡

细胞在外界压力的持续刺激下,既可能产生激活体内修复过程,也可能因为压力过大而发生凋亡。多项研究显示,细胞凋亡参促进血管钙化的发展,抑制细胞凋亡可以抑制钙化^[93-94]。参与细胞凋亡来调控钙化的分子机制有多种解释。例如,Shi 等^[95]在对大鼠的体内研究发现成纤维细胞生长因子 21 可以通过内质网应激调控 CHOP 和 Caspase-12 两种信号通路,而非 p-JNK/JNK 信号通路,来减少血管内 VSMC 凋亡,从而抑制血管钙化。Qiu 等对 VSMC 的体外研究也证实,维生素 K2 可以通过重建 Gas6/Axl/Akt 信号通路,从而降低细胞凋亡达到抑制钙化的效果。另外,提高培养基中的 Pi 或 Ca²⁺浓度,可诱导 VSMC 细胞质膜形成并释放基质囊泡(如凋亡小体),从而导致 ECM 钙化,这种基质钙化可能成为血管钙化的成核位点^[96-97]。磷酸钙晶体沉积在基质中就会加速细胞凋亡,而细胞凋亡的加速也会促进血管钙化发生。

2.7 自噬

自噬与细胞凋亡之间存在复杂的相互联系,也是细胞代谢和体内稳态的关键调节器^[98]。最新的研究证实,自噬在调节血管钙化过程中发挥重要作用。这可能是因为自噬在维持 VSMC 表型、外界应激压力诱导 ROS 产生和细胞凋亡、抑制成骨型转变的过程中发挥重要作用^[99]。Dai 等^[100]体外研究证实,使用 MnTMPyP、超氧化物歧化酶 2 的过表达等手段抑制自噬,可以促进小鼠 VSMC 在高 Pi 诱导下的钙化,同时自噬还可以降低高磷诱导的氧化应

激,抑制细胞凋亡和基质囊泡的释放,从而抑制血管钙化。Frauscher 等^[101]研究发现,与对照组相比小鼠血管钙化的 VSMC 中 LC3-II、p62 等自噬标志物的表达明显增加,说明自噬参与血管钙化过程。对糖尿病患者的研究表明,自噬既抑制了糖尿病患者 EC 的功能障碍^[102],又抑制了糖尿病血管病变中 VSMC 的表型转化^[103]。

2.8 基质重塑

在血管内 VSMC 被由胶原蛋白、弹性蛋白、纤连蛋白、玻连蛋白、蛋白聚糖等所组成的结构化的 ECM 所包围^[104]。其中 VSMC 分泌的弹性蛋白是动脉血管壁中 ECM 的主要成分,参与组成的交联结构为血管提供了广泛的拉伸强度,对血管伸缩等力学特性极为重要。研究表明,基质重塑与血管钙化的发生发展密切相关^[105-106]。在由 CKD 和高磷血症引起的动脉中膜钙化中显著的特征就是胶原蛋白减少、弹性薄层钙化,且弹性蛋白的降解促进中膜钙化^[34]。弹性蛋白的降解将增加 ECM 对钙盐的亲和力,促使钙化沉淀,进一步改变 ECM 的构成。而弹性蛋白降解酶 MMP-9 在大鼠主动脉环弹性钙化病模型中的早期表达,促进 VSMC 成骨型分化,且 MMP-2 和 MMP-9 基因敲除小鼠均对弹性蛋白降解和钙化有抵抗作用^[1]。可见胶原蛋白含量改变、弹性蛋白的降解以及矿物质结晶增加等原因造成的基质重塑在 VSMC 表型转化和血管钙化中起着重要作用。另外,Braake 等^[107]研究还证实,在饮食中添加镁可以通过降低 Klotho 敲除小鼠主动脉中的基质重塑,从而发挥部分抑制血管钙化的作用。

2.9 miRNA 调控

microRNA (miRNA) 是长度约 22 个核苷酸的非编码单链 RNA,被认为是一类新型的基因调节剂。miRNA 的调节作用主要是与目标 mRNA 上的互补序列结合,导致翻译抑制或目标降解。在血管钙化中 miRNA 调控也被认为是一种新的机制,可以分为促进钙化和抑制钙化的两类。miRNA 主要通过调控 VSMC 的成骨型分化、细胞内钙或磷酸盐的稳态、基质囊泡的释放等方面发挥作用^[108],其调控因子包括 BMP-2、Runx2、Osterix、血小板结合蛋白基序去整合素金属蛋白酶 7、Pi 等^[109-110]。随着近年研究的深入,人们还发现新 miRNA 新的调控靶点。例如,miR-34a 通过下调去乙酰化酶 1 (sirtuin1, SIRT1) 和 AXL 受体酪氨酸激酶的表达促进 VSMC 钙化^[111]。Xu 等^[112]还发现,恢复 miRNA-30b 表达可以通过 mTOR 信号通路和增强自噬来抑制血管钙化。

3 结语

血管钙化与动脉粥样硬化、CKD、糖尿病等多种人类疾病有关,而钙化程度又与心血管疾病的发病率和死亡率密切相关,因此进一步加强对血管钙化分子机制的研究极为必要。通过上述几种钙化机制学说的介绍,可见影响血管钙化的分子与信号通路众多,血管钙化的发生机制极为复杂,且各种机制学说中的关键分子或通路之间存在相影响。医药工作者们已经针对上述分子和信号通路的特征,提出包括磷酸盐结合剂或拟钙剂、焦磷酸盐类似物、碱性磷酸酶抑制剂、非甾体抗炎药等用于血管钙化的治疗与预防^[9,113]。同时近年的研究表明,一些中药及其提取物对血管钙化具有防治作用^[114-115]。在本专栏中,梁英权等^[116]也发现霍山石斛鲜条能够降低小鼠血清中的 ALP 水平,抑制血管钙化的发生和发展。未来的工作可能会集中在血管钙化的关键调控位点及其在各分子机制或信号通路中的作用,从而为血管钙化的综合防治提供理论依据。

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