

· 脑卒中专题 ·

MicroRNA-125与缺血性脑卒中的相关性研究进展

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【摘要】脑卒中中以缺血性脑卒中为主,其发病率及复发率高,是致死、致残率日益增长的非传染性疾病。研究表明microRNA-125(miR-125)可参与缺血性脑卒中的多种病理生理过程,miR-125的表达与静脉溶栓、血管内溶栓的预后情况有显著的相关性。现就miR-125与缺血性脑卒中的相关性研究进展作一综述。

【关键词】缺血性脑卒中; miR-125; 炎症级联反应; 综述

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【Abstract】Stroke is dominated by ischemic stroke, which has a high incidence and recurrence rate. It is a non-communicable disease with increasing mortality and disability rate. Studies have shown that microRNA-125 (miR-125) can participate in various pathophysiological processes of ischemic stroke, and the expression of miR-125 is significantly correlated with the prognosis of intravenous and intravascular thrombolysis. This article summarizes the research progress of the correlation between miR-125 and ischemic stroke.

【Key words】Ischemic stroke; miR-125; Inflammatory cascade; Review

脑卒中是全球第二大死亡病因,每年死亡人数约550万,是全球致残的主要原因,约有50%的患者留有慢性残疾^[1]。缺血性脑卒中是最常见的脑卒中亚型^[2],特征是阻断大脑供血后出现的供氧和营养物质不足,导致解剖结构改变和大量病理过程发生^[3],包括凋亡、炎症反应、兴奋性毒性、氧化应激和线粒体功能障碍等,最终导致神经元死亡,造成感觉、运动和认知功能障碍^[4-5]。因此,寻找缺血性脑卒中的临床治疗靶点及预后标志物非常必要。

研究表明,miR-125可参与调控多种与缺血性脑卒中相关的病理生理过程^[6-7],miR-125的表达高峰发生在急性脑梗死的早期阶段^[8],且在脑缺血后迅速发生显著的变化。所以,进一步了解miR-125在缺血性脑卒中的作用机制,将为缺血性脑卒中的治疗和预后提供新的思路。

一、miR-125的生物学特性及功能

miR-125主要存在于人类中枢神经系统,由miR-125a和miR-125b组成。在中枢神经系统中,

miR-125有3个同源物,hsa-miR125a、hsa-miR-125b-1和hsa-miR-125b-2,它们共享相同的种子序列,但是分别在不同的染色体上组织成簇。miR-125a和miR-125b分别由两个不同的成熟miRNA(5p和3p)组成,来自前miRNA的5'或3'臂。在miR-125变体中,miR-125-5p的表达通常比miR-125-3p高^[9-10]。

miR-125参与调节中枢神经系统多个生物学调节过程,包括多巴胺能神经元形成^[11]、突触功能调节^[12]、tau蛋白磷酸化、线粒体功能及神经元凋亡^[13]等。这些途径协同影响中枢神经系统。Ma等^[13]发现miR-125b参与调控阿尔茨海默病的发病机制是通过促进病理性tau磷酸化。Pogue和Lukiw^[14]认为miR-125b通过靶向抑制相关基因在老年性黄斑变性中发挥重要作用。Reijerkerk等^[15]研究发现miR-125a-5p可重建以内皮细胞为基础的脑血管系统,促进血脑屏障的修复,可能成为治疗多发性硬化的新路径。最新研究表明,调节miR-125与核苷酸结合寡聚化结构域样受体蛋白1(NLRP1)之间的信号通

路对新生儿缺血缺氧性脑病起到保护作用^[16]。

二、miR-125与脂质代谢及动脉粥样硬化

缺血性脑卒中的防治主要是控制危险因素,高血压、动脉粥样硬化和糖尿病是常见的可干预的危险因素。miR-125a-5p在调节脂质摄取和氧甾醇结合蛋白(OSBP)相关蛋白9(ORP9)表达方面发挥重要作用,ORP9参与脂质代谢和膜转运过程,miR-125a-5p是ORP9的生物学验证靶点之一^[17]。研究表明,miR-125a-5p在氧化型低密度脂蛋白(oxLDL)暴露后的巨噬细胞中含量显著增加,miR-125a-5p可通过减少oxLDL新型受体1(LOX-1)和CD68的表达调节巨噬细胞对oxLDL的摄取^[18],也可通过抑制oxLDL刺激下巨噬细胞的炎症反应,减少炎症因子的释放^[19]。Xu等^[20]发现miR-125a/b-5p在血管内皮细胞中高表达,血管内皮损伤和oxLDL可刺激ET-1的基因表达。

Li等^[8]发现,oxLDL刺激miR-125a后,其表达增加了4倍以上,而miR-125b的表达在被oxLDL刺激后则持续下降,原因是两种miRNA的调控系统不同,oxLDL对miR-125a和miR-125b调控的相反作用倾向于两者协同调节ET-1的产生^[21]。综上,miR-125a/b-5p有抑制ET-1表达的作用,miR-125a和miR-125b在动脉粥样硬化发病过程中可起保护作用。

三、miR-125与缺血后炎症级联反应

缺血性脑卒中损伤主要发生在缺血早期,梗死核心区的血流被快速阻断^[22]。随后发生缺血后的炎症级联反应,产生不同的促炎介质,包括细胞因子、细胞黏附因子、蛋白酶及趋化因子等,使缺血性脑损伤进一步加重^[23]。miR-125a-5p通过抑制oxLDL刺激单核巨噬细胞发生的炎症反应,可减少一些炎症细胞因子(如IL-2、IL-6、TNF- α 、TGF- β)分泌^[19]。miR-125a-5p以锌指样转录因子13(KLF13)为靶点降低脂多糖诱导M1表达,促进白细胞介素-4(IL-4)诱导M2的表达^[24],Toll样受体2(TLR2)与TLR4可增强miR-125a-5p的表达^[25]。

miR-125b-5p通过减少小胶质细胞中促炎因子的释放(如TNF- α)减轻缺血再灌注损伤^[26-27]。Li等^[28]向大鼠脊髓缺血再灌注损伤模型的鞘内注射miR-125b模拟物,通过靶向TP53诱导核蛋白1(TP53INP1)抑制肿瘤抑制蛋白p53与caspase-3之间的信号传导通路,进一步降低IL-1 β 和TNF- α 的释放,减轻神经炎症,可有效保护神经元功能。Liang等^[29]发现miR-125b参与调控脑缺血再灌注的神经元凋亡机制,通过直接抑制蛋白激酶CK2 α 的表达,

进而激活NADPH氧化酶。miR-125b-5p可通过降低胱硫醚- β -合成酶的合成抑制硫化氢的生成,用于加重氧糖剥夺模型诱导的损伤^[30]。

也有研究发现miR-125b通过增加N-甲基-D-天冬氨酸(NMDA)受体亚基NR2A的表达增加兴奋性神经毒性^[12]。miR-125b通过介导TNF- α 诱导蛋白3(TNFAIP3)来激活NF- κ B信号。另一方面,miR-125b是NF- κ B的直接转录靶点,因此,miR-125与NF- κ B之间存在一个正向的自我调节环,可加强和延长NF- κ B的活性^[31]。另外,在IL-6的星形胶质细胞中发现星形胶质细胞表型和miR-125b的水平升高,这说明IL-6介导的炎症反应和miR-125b上调是卒中后星形胶质细胞增生的潜在介质^[32-33]。综上,miR-125在缺血后炎症级联反应中具有一定的保护作用,但尚不能定论,需要不断完善相关研究。

四、miR-125与缺血性脑卒中

缺血性脑卒中是最常见的缺血性脑损伤疾病,严重威胁人类的健康和生命^[34]。现如今对缺血性脑卒中的治疗策略有限^[35],静脉溶栓仅改善了很小一部分急性脑梗死症状发作后的预后^[37]。所以,在疾病发生的早期准确判断并进行干预必不可少。Tiedt等^[6]发现miR-125a-5p含量在缺血性脑卒中发生后的90 d内持续升高,而miR-125b-5p在脑缺血急性期升高后迅速又恢复到正常水平。miR-125a-5p、miR-125b-5p在急性脑梗死发生后表现出较高的特异性,它们的表达峰值可更准确地确定疾病的发生时间,较CT检查的敏感性更高,miR-125a-5p的表达水平在发病6.5 h达到高峰,miR-125b-5p的表达水平在发病4.6 h时达到高峰。原因可能与血小板聚集或血栓形成有关,血小板可能是miR-125a-5p、miR-125b-5p升高的主要来源。

He等^[37]通过采集动脉溶栓治疗后24 h患者的血样得出结论,miR-125b-5p在发病90 d内预后不良的患者中的表达水平显著高于预后良好的患者,因此,miR-125b-5p可作为急性脑梗死患者接受血管内溶栓治疗后的独立预后指标。也有相关证据表明,急性期缺血性脑卒中患者血浆中的miR-125b含量增加比亚急性期缺血性脑卒中患者更显著^[30, 38]。此外,在大脑中动脉闭塞模型和氧糖剥夺模型中,miR-125b-5p的含量也明显升高。综上证实miR-125可作为判断急性脑梗死发生时间和判断预后的生物标志物。

五、小结

缺血性脑卒中是指各种脑血管病变所致脑部血液供应障碍,导致局部脑组织缺血、缺氧性坏死。miR-125作为一类在中枢神经系统中富集的miRNA,其在缺血性脑卒中发生、发展的不同阶段发挥重要的作用。从大多数研究来看,miR-125在动脉粥样硬化发病过程中起保护作用,但miR-125在参与早期缺血性脑卒中的炎性级联反应过程中作用机制并不明确,需要更深入的研究。综上所述,miR-125可作为判断缺血性脑卒中发生时间的标志物,而且具有判断静脉溶栓,血管内治疗后预后情况的作用潜力。然而,miR-125结合靶点的多样性也带来了潜在的困难,进一步剖析miR-125参与具体病理的生理机制,将为缺血性脑卒中的诊治提供新的契机。

利益冲突 文章所有作者共同认可文章无相关利益冲突

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