

促性腺激素释放激素的免疫调节功能

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摘要 随着对神经与免疫系统相互作用研究的深入, 神经激素在免疫系统中的作用越来越多地被关注。由下丘脑合成的促性腺激素释放激素(gonadotropin-releasing hormone, GnRH)及其受体均在免疫细胞中被发现, 表明GnRH在免疫系统内具有自分泌或旁分泌作用, 对机体免疫反应、免疫细胞的活性与增殖、免疫介质释放和细胞功能具有免疫调节作用, 对自身免疫疾病也有一定的影响。GnRH可能是免疫系统调节的重要组成部分, 在调节免疫介导的疾病中发挥作用, 对于构建神经、免疫、内分泌三大系统互相调节网络起到了重要的作用。

关键词 促性腺激素释放激素; 促性腺激素释放激素受体; 免疫系统; 自身免疫疾病

Gonadotropin-Releasing Hormone Immunomodulatory Function

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Abstract With the deepening of the study of the interaction between the nervous system and the immune system, the influence of neurohormones in the immune system is increasingly being focused. Gonadotropin-releasing hormone is synthesized by the hypothalamus. Both gonadotropin-releasing hormone and its receptors are found in immune cells, suggesting that gonadotropin-releasing hormone has an autocrine or paracrine action in the immune system. It has immunomodulatory effects on immune response, cell proliferation and activity, immune medium release and cell function, at the same time it has a certain influence on autoimmune diseases. Gonadotropin-releasing hormone may be an important component of the immune system regulation and have an effect on the regulation of immune-mediated diseases, it plays an important role in constructing the network of three systems of neural, immune and endocrine.

Keywords gonadotropin-releasing hormone; gonadotropin-releasing hormone receptor; immune system; autoimmune disease

促性腺激素释放激素(gonadotropin-releasing hormone, GnRH), 也被称为促黄体激素释放激素(luteinizing hormone-releasing hormone, LHRH), 是由Shally和Guillenmin在1971年首次从猪下丘脑中分离得到的一种十肽激素(pyro-Glu-His-Trp-Ser-Tyr-Gly-Leu-Arg-Pro-Gly-NH₂), 分子量为1.2 kDa^[1]。GnRH

由下丘脑内侧视前区的GnRH神经元合成, 储存于正中隆起^[2], 经下丘脑-垂体-门脉系统进入垂体前叶, 作用于促性腺激素分泌细胞, 刺激促性腺激素如促卵泡激素(follicle stimulating hormone, FSH)和促黄体激素(luteinizing hormone, LH)的合成和分泌^[3]。FSH和LH以脉冲方式进入体循环, 影响外周靶性腺类固醇激素的产生和配子发生^[4]。以上过程形成下丘脑-垂体-性腺轴(hypothalamic-pituitary-gonadal axis, HPG)系, 调节动物的生殖系统及生殖行为^[5]。GnRH及其同源受体在肠^[6]、胃^[7]、胰脏^[8]、卵巢、子宫内膜^[9]、胎盘的滋养细胞^[10-11]、海马、交感神

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经节、视网膜神经末梢^[12-13]、免疫细胞等非垂体部位表达,说明GnRH广泛分布于神经、内分泌、生殖、消化系统和免疫系统,是不同系统互相联系的重要信号分子。

1 GnRH

1.1 GnRH的亚型

目前,已知GnRH至少有26种亚型,其中16种来自脊椎动物,10种来自无脊椎动物。在脊椎动物中,GnRH由下丘脑合成,作用于脑垂体的经典GnRH称为GnRH-I。除此之外,脊椎动物中有1~2种GnRH出现在下丘脑以外的脑区,可能不直接参与调控促性腺激素的合成与分泌,而主要起神经递质作用,间接参与生殖活动的调节,称为GnRH-II或GnRH-III^[3]。

GnRH-II最初从鸡下丘脑中分离得到,早期被称为cGnRH,现在已从包括人在内的大多数脊椎动物中分离到,与GnRH-I有70%的同源性^[4]。

GnRH-III最初从七鳃鳗中分离得到,也存在于哺乳动物的大脑中^[14]。该亚型与GnRH-I有60%的同源性。在七鳃鳗中,GnRH-III位于参与调控类固醇生成和配子发生等生殖功能的大脑区域^[15]。

GnRH亚型的长度均为十肽,其N-末端(Glp-His-Trp-Ser)和C-末端(Pro-Gly-NH₂)区域的氨基酸序列高度保守,表明此分子特征对于受体的结合与激活是至关重要的^[15]。

1.2 GnRH的合成与分泌

GnRH由下丘脑内侧视前区的GnRH神经元合成并释放,GnRH神经元起源于胚胎嗅基板,胚胎细胞迁移并增殖于基底前脑和下丘脑中部视前区。哺乳动物的正中隆起含有大量的GnRH,GnRH从神经末梢释放到垂体-门脉系统之前,均储存于正中隆起^[16]。

每隔30~120 min,约1 000个神经元的神经末梢以同步脉冲的方式释放GnRH到垂体-门脉系统^[17],进入垂体前叶,作用于促性腺激素分泌细胞,刺激促性腺激素FSH和LH的合成与分泌。FSH和LH以脉冲方式进入体循环,影响靶性腺激素的产生和配子发生,其频率取决于GnRH的脉冲频率^[4]。此外,GnRH可直接作用于性腺,调节性激素的合成,参与性腺和胎盘的生殖功能。以上结果表明,GnRH可在多个水平上调节生殖系统。

在成年啮齿类动物中,GnRH大约每30 min/次脉冲,从正中隆起释放。灵长类动物释放频率稍慢,

约50~60 min/次^[18]。持续的GnRH或GnRH激动剂(gonadotropin-releasing hormone agonist, GnRH-a)给药会使GnRH受体脱敏,从而通过反馈减少或抑制垂体FSH和LH的释放^[19]。

2 GnRH受体

2.1 GnRH受体的结构与类型

促性腺激素释放激素受体(gonadotropin-releasing hormone receptor, GnRHR)属于G蛋白偶联受体(G protein coupled receptors, GPCRs)家族,是最小的GPCRs之一,人的GnRHR由328个氨基酸残基组成。GnRHR分子结构中包含7个跨膜结构域,可能仅具有配体结合和信号转导所必需的分子结构^[20]。

GnRHR可分为两种类型,其中I型GnRHR对GnRH-I的亲合力高于GnRH-II,是目前已知唯一缺乏典型的胞内C-末端结构域的G蛋白偶联受体^[21]。除了在灵长类动物中发现的II型GnRHR外,I型GnRHR包括所有已知的哺乳动物GnRHR^[22-23]。II型GnRHR则对GnRH-II有更高的亲合力,并具有不同长度的C-末端结构域,II型GnRHR包含了非哺乳类脊椎动物鲶鱼、金鱼、鸡、非洲爪蟾等动物的所有已知受体^[22]。

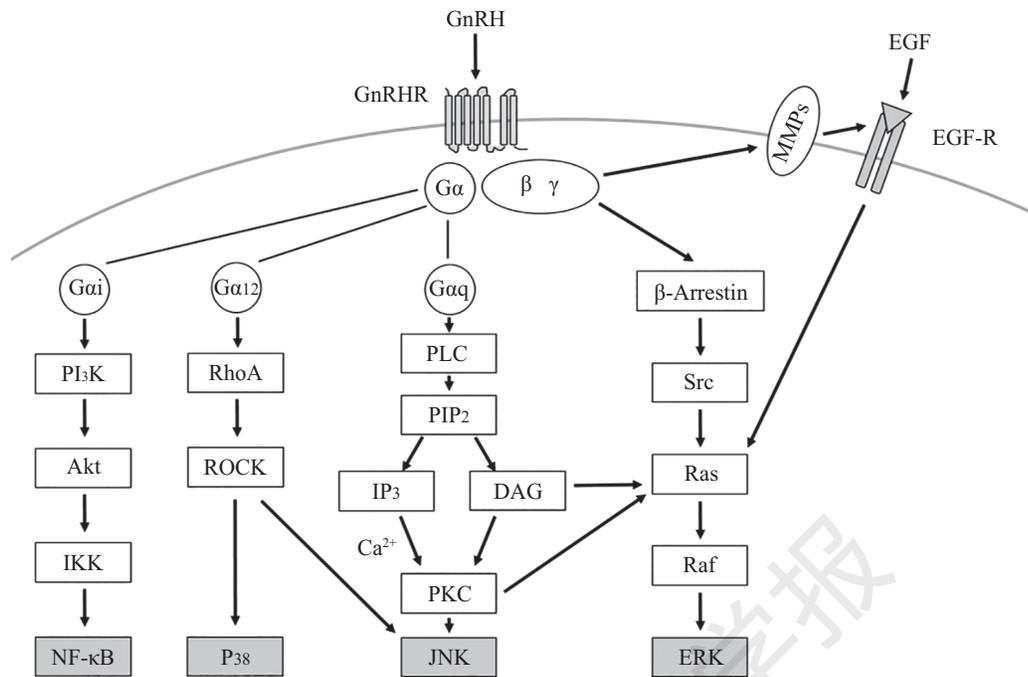
2.2 GnRH受体介导的信号通路

GnRHR存在于包括垂体细胞、免疫细胞、肿瘤细胞在内的多种细胞,主要介导GnRH的分子信号通路。GnRH与细胞表面的GnRHR结合,激活G蛋白的 α 亚基作为下游信号转导蛋白,能够同时激活多条信号途径^[24-25]。G α q蛋白激活使胞内Ca²⁺浓度的增加和蛋白激酶C(protein kinase C, PKC)的活化是垂体细胞GnRHR信号通路中的两个重要因素。在肿瘤细胞中,GnRHR还与雌激素受体信号相互作用^[26]。 β 、 γ 亚基二聚体通过活化酪氨酸激酶,参与GnRH的信号传导。GnRH可以通过PKC依赖和酪氨酸激酶依赖等机制激活丝裂原活化蛋白激酶(mitogen-activated protein kinase, MAPK)和转录核因子- κ B(nuclear factor-kappa B, NF- κ B)信号通路,GnRHR信号转导通过多条通路的交互作用,形成了复杂的信号网(图1)。

3 GnRH与GnRHR在免疫系统中的定位

3.1 GnRH在免疫系统中的定位

在下丘脑以外的多种细胞和组织中,均检测到GnRH的存在。人卵巢中存在GnRH类似物^[27-29],辜



PI₃K: 磷脂酰肌醇3-激酶; Akt: *v-akt*编码产物, 即蛋白激酶B; IKK: NF- κ B抑制蛋白激酶; ROCK: Rho相关激酶; PLC: 磷脂酶C; PIP₂: 磷脂酰肌醇-4,5-二磷酸; IP₃: 肌醇-1,4,5-三磷酸; DAG: 二脂酰甘油; JNK: c-Jun氨基末端激酶; ERK: 细胞外调节蛋白激酶; MMPs: 基质金属蛋白酶; EGF: 表皮细胞生长因子。

PI₃K: phosphatidylinositol 3-kinase; Akt: *v-akt* encoding product, protein kinase B; IKK: inhibitor of nuclear factor kappa-B kinase; ROCK: Rho-associated kinase; PLC: phospholipase C; PIP₂: phosphatidylinositol-4,5-bisphosphate; IP₃: inositol-1,4,5-triphosphate; DAG: diacylglycerol; JNK: c-Jun N-terminal kinase; ERK: extracellular regulated protein kinases; MMPs: matrix metalloproteinases; EGF: epidermal growth factor.

图1 GnRH受体介导的信号通路(根据参考文献[26]修改)

Fig.1 GnRH receptor-mediated signaling pathway (modified from reference [26])

丸和乳腺中存在*GnRH* mRNA^[28], 大鼠颗粒细胞和整个卵巢中存在与下丘脑GnRH相同序列的产物^[30]。

除此之外, 编码GnRH的基因也在免疫细胞中表达, 在免疫细胞中可以检测到具有免疫活性的GnRH。通过对外周血单个核细胞(peripheral blood mononuclear cell, PBMC)进行分析证实, 人外周血淋巴细胞表达*GnRH*基因。PBMC中的GnRH转录物与下丘脑GnRH、腺垂体催乳素释放抑制因子(prolactin release-inhibiting factor, PIF)至少有380 bp片段的cDNA是相同的^[31]。正常人和白血病患者T细胞产生GnRH-I和GnRH-II, 能够激活*de novo*基因的转录和与细胞黏附、迁移及肿瘤侵袭、转移有关的67 kDa层黏连蛋白受体的表达^[32]。大鼠脾细胞和胸腺中的淋巴细胞均含具有生物活性和免疫活性的GnRH^[33-36]。在大鼠的Kupffer细胞中检测到较强的GnRH-I免疫活性^[37]。神经系统和腹膜腔的肥大细胞也表达GnRH及其mRNA^[38-40]。

3.2 GnRHR在免疫系统中的定位

在非中枢神经系统的细胞和组织中均发现

GnRH结合位点。人卵巢颗粒黄体细胞中表达*GnRHR* mRNA^[31]。

GnRHR在免疫系统中的表达也已经被证实。大鼠脾和胸腺中存在GnRH结合位点^[41], 表明GnRH-a可能直接作用于脾和胸腺, 增强T细胞的功能^[41-42]。体外培养的猪淋巴细胞表达GnRHR^[43]。通过RT-PCR和Southern杂交技术检测, 发现人外周血淋巴细胞也表达GnRHR。在PBMC中表达的GnRHR转录产物与垂体GnRHR cDNA有相同的核苷酸序列。在体外培养的PBMC中, GnRH处理能够促进*GnRHR* mRNA的表达, 处理24 h时, *GnRHR* mRNA明显增加。与此相反, *GnRH* mRNA的表达却呈剂量依赖性降低。同时, GnRH处理后, 白细胞介素-2受体(interleukin-2 receptor, IL-2R)的 γ 亚单位基因在PBMC中高表达^[31]。另有研究证明, 在淋巴细胞中, GnRH-a可以引起LH的剂量依赖性增加, 且GnRHR抗体阻断了这一作用^[44]。由此推测, 淋巴细胞上的GnRH结合位点可能是功能性的。通过HRP标记的抗生物素抗体结合到生物素化的GnRH-I序

列, 确定具有GnRH-I结合活性的区域, 结果显示, 在肝脏Kupffer细胞、脾淋巴细胞和滤泡树突细胞、胸腺细胞和外周血淋巴细胞、嗜中性粒细胞中存在GnRH-I结合活性^[45]。

4 GnRH与免疫系统

4.1 GnRH对免疫反应的影响

在个体成熟的关键期使用GnRH抑制剂(gonadotropin-releasing hormone antagonist, GnRH-ant)阻断中枢和外周GnRHR会影响胸腺的形态发育、细胞免疫和体液免疫反应^[46-47]。在同种异体骨髓移植的临床模型中, 使用GnRH-a醋酸亮丙瑞林(Leuprorelin Acetate)治疗, 发现淋巴样前体细胞数量的增加和胸腺再生能力的提高, 引起外周T细胞的重建能力增强^[48]。

新生雄性灵长类接触GnRH-ant, 导致胸腺髓质中B细胞、T细胞以及脾动脉周围淋巴鞘中T细胞的数量减少, 改变了出生后早期的免疫功能。临床治疗中使用GnRH-ant, 降低了淋巴细胞、总T细胞、CD8+ T细胞和B细胞的循环水平, 影响有丝分裂原刺激淋巴细胞增殖, 增加了临床问题的发生频率。成年灵长类接触GnRH-ant, 细胞和体液介导的免疫反应也受到损害^[49]。

4.2 GnRH对免疫细胞的影响

4.2.1 GnRH对免疫细胞的细胞活性的影响 GnRH-a醋酸亮丙瑞林对子宫内膜异位症患者的自然杀伤细胞(natural killer cell, NK)活性具有不同的影响。已有研究发现, 雌二醇(estradiol, E2)可以抑制NK细胞的活性^[50-51]。GnRH-a醋酸亮丙瑞林治疗后, 测定患者外周血NK细胞的活性和血清中E2浓度, 发现NK细胞活性升高, E2浓度降低^[52]。GnRH-a可能通过诱导血清E2浓度的降低, 导致NK细胞活性升高; 但两者无直接的相关性, 说明GnRH-a对NK细胞活性的影响也可能与E2之外的因素有关。NK细胞是淋巴细胞的一个子集, 已经证实淋巴细胞表达GnRHR。使用醋酸亮丙瑞林处理从对照组和患者体内分离培养的NK细胞, 发现NK细胞的细胞毒性均显著降低^[53]。以上结果说明, GnRH-a通过与GnRHR结合, 直接作用于NK细胞, 降低了其细胞毒性, 表明GnRH对NK细胞的细胞毒性具有直接的免疫调节作用。

4.2.2 GnRH诱导免疫细胞增殖 体外实验显示, GnRH-a或GnRH与脾细胞和胸腺细胞一起培养, 使

细胞增殖能力提高。大鼠胸腺细胞被有丝分裂原刀豆蛋白A(concanavalin A, ConA)刺激后, 细胞增殖反应呈剂量依赖性升高, 而当同时加入GnRH-ant后, 细胞增殖被抑制^[42]。GnRH或类似物与发情前雌性大鼠的脾细胞和胸腺细胞同时培养, 细胞增殖活性显著升高, 同时, IL-2R阳性细胞的特异性增加^[41]。

体内实验发现, 使用GnRH-a可以预防胸腺萎缩, 并显著提高去垂体大鼠胸腺细胞的转化活性^[42], 表明GnRH及类似物可能直接调节免疫系统功能。在大鼠妊娠诱导的胸腺退化模型中, 注射GnRH-a明显阻碍了妊娠诱导的胸腺退化, 使胸腺重量和胸腺细胞数量显著增加^[54]。同时, 注射GnRH-a可以提高CD8+ T细胞水平和多种有丝分裂原的活性^[47]。GnRH免疫诱导使大鼠睾丸间质出现嗜酸性粒细胞和肥大细胞^[55]。在束缚应激之前注射GnRH-a醋酸亮丙瑞林, 减弱了束缚应激对小鼠细胞免疫的影响, 抗体滴度水平、总白细胞数量和相对胸腺重量等免疫指标显著升高^[56]。在同种异体或自体造血干细胞移植之前给予患者GnRH-a戈舍瑞林(goserelin), 干细胞移植后第一个月, 中性粒细胞和淋巴细胞数量显著增加^[57], 表明GnRH诱导了机体循环中中性粒细胞的增加。

以上研究表明, 在体外和体内, GnRH能够直接或间接地促进多种免疫细胞的增殖, 使其增殖活性升高、转化活性增强, 诱导免疫细胞的分化和细胞因子的生成, 参与免疫系统的调节。

4.2.3 GnRH抑制免疫细胞的增殖 对一组不孕症患者给予GnRH-a醋酸布舍瑞林(Buserelin Acetate)治疗, 通过双色流式细胞仪连续检测外周B细胞、NK细胞、T细胞活性以及T细胞上多种抗原的表达, 发现GnRH-a对CD4+和CD25+ T细胞具有短暂的免疫抑制作用^[58]。在子宫内膜异位症、子宫腺肌症和子宫肌瘤患者术前3~6个月内, 使用GnRH-a醋酸亮丙瑞林治疗, 组织活检显示, 多种免疫现象改善, 子宫肌膜和内膜中由Caspase-3活化介导的细胞凋亡指数显著增加^[37]。以上研究证明, 在生殖疾病中, GnRH不仅参与生殖系统的调节, 也可能通过免疫系统, 影响疾病发生。GnRHR在许多肿瘤中特征性过表达, GnRH-a和/或GnRH-ant可以通过剂量和时间依赖方式抑制多种人卵巢癌、子宫内膜癌和乳腺癌细胞系的体外增殖。在卵巢癌细胞中, GnRH具有相反的作用。通过抑制有丝分裂原如表皮生长因子的信号转

导, 阻碍细胞的有丝分裂; 通过激活NF- κ B抑制阿霉素(Doxorubicin)诱导的细胞凋亡^[59-60]。GnRHR在肿瘤细胞上的过表达可能发挥两种功能, 使机体特异性靶向递送细胞毒素到肿瘤细胞; 同时介导GnRH对细胞因子的调控, 从而诱导肿瘤细胞的凋亡。

此外, 有研究表明, GnRH-I和GnRH-II对健康男性体内PBMC的增殖具有不同的调节作用^[61]。与未处理对照相比, 体外使用GnRH-I和IL-2共同处理PBMC, 导致其细胞增殖能力显著升高。与之相反, GnRH-II处理不影响PBMC的增殖, 表明GnRH-I可能促进PBMC的增殖, 而GnRH-II阻碍了这一作用。

4.3 免疫细胞产生GnRH

研究表明, T细胞和其他免疫细胞可以自发地或经过外部刺激诱导后产生、分泌各种内源性神经递质^[62]。T细胞产生的神经递质是GnRH-I和GnRH-II^[63]。在人外周血T细胞中存在具有免疫活性和生物活性的GnRH肽, CD4⁺和CD8⁺ T细胞亚群均产生GnRH, 当其被植物凝集素或抗CD3抗体激活时, GnRH产生显著增加, 活化的T细胞产生GnRH是独立于IL-2激活和DNA合成的早期激活事件。

4.4 GnRH与免疫介质

GnRH能够调节多种免疫介质的表达。体外实验发现, GnRH对新鲜分离的原代腹腔巨噬细胞具有免疫调节作用。GnRH抑制了由LPS和 γ -干扰素(interferon- γ , IFN- γ)共同刺激引起的原代腹腔巨噬细胞一氧化氮的产生和NF- κ B的活化, 说明GnRH能够影响巨噬细胞功能, 且GnRH可能通过NF- κ B信号传导通路介导免疫调节^[64]。在体内实验中, 给与妊娠终止的大鼠GnRH-a, 检测辅助性T细胞(helper T cell, Th)Th-1和Th-2细胞因子的变化, 结果显示, IFN- γ 显著增加, 而IL-4受到抑制, IL-2和IL-10无明显变化^[65]。其中, IL-2水平有可能被活化的T细胞所消耗而没有发生变化^[66]。GnRH能够调节人胎盘中四种血管生成趋化因子CXCL2、CXCL3、CXCL6和CXCL8的表达, 其中CXCL8的表达呈GnRH依赖性增加。Jurkat T细胞、原发性外周血T细胞和子宫NK细胞趋化因子的释放也呈GnRH依赖性^[67]。

免疫介质也能够影响GnRH的分泌。向培养的单层大鼠垂体前叶细胞中加入淋巴细胞裂解物, GnRH的分泌呈剂量依赖性增加, 且这一反应能够被GnRH-ant显著抑制^[33]。肿瘤坏死因子(tumor necrosis factor, TNF)和其他免疫介质, 特别是IL-1,

对垂体LH的分泌具有显著的抑制作用, 同时, IL-1 β 能够抑制下丘脑GnRH的分泌^[68]。

5 GnRH与自身免疫疾病

由于GnRH具有直接的免疫作用, 可以推测GnRH可能在自身免疫性疾病的发生中发挥一定的作用。

在系统性红斑狼疮(systemic lupus erythematosus, SLE)模型中, 对生殖腺摘除的小鼠施用GnRH-ant, 引起自身抗体、总免疫球蛋白水平和肾脏疾病的发生率降低, 从而显著提高了存活率^[69]。GnRH给药则因淋巴细胞中GnRHR G α 表达的性别差异出现性别二态性^[70]。这些过程独立于性激素, GnRH直接作用于T或B淋巴细胞, 也可能通过改变免疫细胞因子的生成或抑制促性腺激素的表达, 间接地进行免疫调节。在非肥胖的自身免疫性糖尿病(autoimmune diabetes, NOD)小鼠模型中, 雄性NOD小鼠去势导致其糖尿病的发病率增加, GnRH因负反馈表达增高。使用GnRH-ant安替肽(Antide)能够抑制糖尿病发病率的增加, 降低血清总IgG水平, 离体培养的脾细胞IL-6的表达以及胰岛的淋巴细胞浸润。GnRH给药则出现相反的作用, 导致糖尿病发作时间提前, 血清总IgG水平提高^[71]。GnRH对NOD的免疫调节, 是独立于雄激素的直接作用, 可能的机制包括GnRH对细胞免疫、体液免疫和免疫细胞因子生成的影响。GnRH能诱导T和B淋巴细胞的增殖, 提高血清IgG水平和IL-2R的表达。GnRH-ant则降低了IgG水平、Th-1细胞因子IFN- γ 和Th-2细胞因子IL-6的表达。另外, 胰腺和脾细胞均表达GnRH及受体, GnRH也可能对其相关功能产生直接影响。

GnRH分子量小, 具有良好的热稳定性和化学稳定性, 无二硫键^[20]。GnRH及其类似物能够穿过血脑屏障, 到达中枢神经系统(central nervous system, CNS)靶位点^[72-73]。从胚胎期到成年的大鼠脊髓运动神经元均表达对GnRH有应答的GnRHR, 表明GnRH可能在脊髓损伤和CNS自身免疫疾病中具有一定的作用^[74-75]。GnRH或类似物能够改善实验性变态反应脑脊髓炎(experimental allergic encephalomyelitis, EAE)动物模型临床症状, 降低临床症状的严重程度、NF- κ B的活性和细胞因子IL-1 β 、TNF- α mRNA表达水平^[66,76]。另有研究表明, GnRH治疗引起EAE动物的神经丝蛋白(neuro filaments, NFs)和髓磷脂碱

性蛋白(myelin basic protein, MBP)的表达增加,促进脊髓轴突的生长^[77],可能的机制是GnRH结合并激活GnRHR,导致Ca²⁺内流,触发到达细胞核的信号级联反应,使合成蛋白质如NFs和MBP的表达。其中,NFs使轴突直径增加,并与MBP共同改善神经传导,说明GnRH可能具有神经再生或神经保护作用。

6 讨论

之前的研究主要探究GnRH作为生殖激素在介导神经-内分泌调节动物的生殖系统和生殖行为中的作用。GnRH和GnRHR在免疫系统中的存在,说明GnRH与免疫系统密切相关,对其有直接和间接的影响。我们进一步推测GnRH具有免疫调节功能,为研究GnRH联系神经-免疫-内分泌的纽带作用开辟了新的途径。GnRH在构建神经、免疫、内分泌三大系统相互调节网络中起到了重要的作用,且在维持这三大系统动态平衡的机制中也起了重要作用。

GnRHR存在于免疫细胞中并且免疫细胞分泌GnRH,这为GnRH在免疫系统中具有自分泌或旁分泌相互调节作用提供了证据。一般认为,GnRH通过调节FSH和LH的分泌,诱导参与免疫应答的性激素的产生。然而,GnRH或其类似物的药理学机制不依赖于性激素的直接作用,这提高了GnRH本身调节免疫疾病的可能性。同时,GnRH在大小和稳定性上的优点使其多种类似物具有有效性,能够影响中枢神经运动恢复和生物标志物的表达,具有作为激动剂治疗创伤性或神经退行性CNS疾病的潜在功效。

目前我们面临的问题是,在有关GnRH调节免疫疾病的过程中,促性腺激素(FSH和LH)对免疫疾病发生的影响尚不清楚。在体内研究中,通过生殖腺摘除,仅排除了性激素在GnRH免疫调节中的影响,但是由垂体分泌的促性腺激素仍然存在并且发挥作用。目前,FSH和LH的产生以及免疫细胞上受体的表达已经被提出,但尚未被证实。

其次,神经、免疫、内分泌网络中某一因素单独作用很难清晰地阐明,因为当网络中的任何一个因素发生变化,整个网络就会改变,从而很难确定哪一个因素可能是造成这种改变的原因。由于网络的复杂性,想要验证单一因素功能的实验十分复杂。我们在体外建立特定的模型,以期用特定的方式排除参与网络稳态的一些元素,更加明确地推断某一因素的具体功能。但是,这一推断在体内模型中的

解释可能是不准确的。

另外,在关于神经激素与免疫系统的相互作用中,许多研究都与其药理学应用有关,却很少涉及免疫调节的生理学机制。这导致GnRH在临床上虽然已有广泛应用,但作为真正的免疫调节剂来使用的并不多见。如果能够更多地了解神经激素在免疫系统中作用的分子机制,尤其是GnRH在一些疾病的发生、发展及治疗过程中的确切机制,就可以在临床上更有更加精准的应用。因此,GnRH类似物治疗是否改善了免疫病理患者的免疫学情况,具体通过了怎样的生理机制,需要在今后的研究中继续被探索。同时,应加强GnRH在肿瘤、癌症、创伤性或神经退行性疾病的临床应用研究,为最终揭示GnRH在免疫调控中的作用以及实现GnRH在疾病治疗中的广泛应用提供更坚实的科学依据。

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