

综述

Hedgehog信号通路对肝脏损伤修复作用的研究进展

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摘要 Hedgehog(Hh)信号通路是胚胎发育的重要形态发生因子, 在成体肝脏中活性处于抑制状态, 但在多种类型的肝脏损伤中被重新激活。Hh信号通路参与肝脏损伤修复的多个环节, 包括肝前体细胞的增殖分化, 窦状隙内皮细胞的血管重塑, 免疫细胞的炎症反应, 以及肝星型细胞的激活和纤维化。该文就Hh信号通路介导的肝脏损伤修复作用进行概述, 以期为推动肝脏疾病的治疗提供理论依据。

关键词 Hedgehog信号通路; 肝脏; 损伤; 修复

Role of Hedgehog Signaling Pathway in Regeneration of Liver Injury

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Abstract Hedgehog (Hh) signaling pathway, an important morphogenetic factor in embryonic development, is silenced in adult liver and becomes activated in many types of liver injuries. Hh signaling pathway is involved in the repair of liver injury in various aspects, including proliferation and differentiation of hepatic stem/progenitor cells, vascular remodeling of hepatic sinusoidal endothelial cells, inflammation response of immune cells, and activation and fibrosis of hepatic stellate cells. This paper summarizes the researches about role of Hh signaling pathway-mediated liver injury repair, which will provide a theoretical basis for promoting advances in liver disease therapy.

Keywords Hedgehog signaling pathway; liver; injure; repair

Hedgehog(Hh)信号通路是进化过程中一条相对保守的信号通路, 是调节昆虫和哺乳动物胚胎发育重要的形态发生因子, 与头面部、神经系统和骨骼的发育密切相关, 并参与多个成体组织的损伤再修复^[1]。肝脏具有代谢、解毒、合成蛋白及分泌胆汁等多种重要的生理作用。在生理状态下, 肝细胞更新缓慢, 周期为1~2年。在急性肝损伤或肝切除时,

残存肝脏细胞会在2~3周内迅速再生并恢复至正常结构和功能^[2]。在病毒、代谢异常、药物、胆汁淤积等原因引起的慢性肝损伤时, 肝细胞发生持续性凋亡引起肝脏正常结构破坏, 肝脏启动再生, 主要事件包括: 肝干/前体细胞(hepatic stem/progenitors cells, HSPCs)的增殖分化, 窦状隙内皮细胞(liver sinusoidal endothelial cells, LSECs)的血管重塑, 免疫细胞的炎

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症反应以及肝星型细胞(hepatic stellate cells, HSCs)的激活和纤维化^[3]。来自啮齿类动物模型和人类的肝脏大量研究表明, Hh信号通路激活在各种因素引起的肝损伤修复中有着重要的作用^[4-5]。因此, 深入探讨Hh信号通路在肝脏损伤修复过程中的作用, 有助于了解慢性肝损伤的发病机制, 对疾病的诊断和治疗具有重要的意义。本文就Hh信号通路介导的肝脏损伤再生作用及与其他相关信号通路的相互作用进行概述。

1 Hh信号通路

1980年, Nusslein Volhard和Wieschaus^[6]通过对果蝇的遗传分析发现了*Hh*基因, Hh是进化过程中一条相对保守的信号通路。目前在脊椎动物发现3种分泌型糖蛋白Hh配体分子: Shh(Sonic hedgehog)、Ihh(Indian hedgehog)和Dhh(Desert hedgehog), Shh作为重要的成员, 调控多种组织的胚胎发育。按Hh信号通路激活方式不同可分为经典Hh信号通路和非经典Hh信号通路。

1.1 经典Hh信号通路

经典的Hh信号通路由4部分组成: Hh配体、受体(Patched, Ptch)、信号转导分子Smo(smoothened)以及效应转录因子Gli(glioma-associated oncogene transcription factors)。此外, 初级纤毛(primary cilium, PC)也是Hh信号转导必要组成部分, PC是由微管蛋白构成的不活动纤毛, 由细胞质内基体(basal body)及向细胞膜延伸的丝状微管两部分组成, 一个细胞只有一个PC, Hh信号通路组成分子沿着PC微管移动^[7]。

当缺少Hh配体时, 通路抑制。此时, (1)受体Ptch与低水平的磷酸磷脂酰肌醇4-磷酸(phosphatidylinositol 4-phosphate, PI(4)P)在PC顶端附近相互作用, 阻止Smo进入PC, 导致Smo富集在细胞质内的小泡里^[8]; (2)小泛素化相关修饰物(small ubiquitinrelated modifier, Sumo)特异同肽酶与Smo结合, 导致后者泛素化并降解^[9]; (3)效应因子Gli与SuFu(suppressor of fused)和Kif7在PC附近形成SuFu-Kif7-Gli复合物, 并在蛋白激酶A(protein kinase a, PKA)、酪蛋白激酶Ia(casein kinase Ia, CKIa)以及葡萄糖合成酶激酶3 α (Glycogen synthase kinase 3 β , GSK3 β)的共同作用下发生磷酸化^[10], Gli处于转录抑制状态(GliR)。

当存在Hh配体时, 通路活化。此时, (1)Hh配体与Ptch形成复合物, 导致PI(4)P从受体Ptch上解离,

致使胞浆内PI(4)P浓度升高^[8]; (2)扩散的PI(4)P与Smo的精氨酸结合, 在类泛素化(sumoylation)和D95胆固醇修饰存在的情况下, 促使Smo的磷酸化并活化^[11]; (3)活化的Smo进入PC并移动至其顶部, 将Gli从SuFu-Kif7-Gli复合物中解离出来, 变成有活性的Gli(GliA); (4)GliA向核内转移并激活*Ptch*、*Gli1*及*cyclin D1*等靶基因的表达。

1.2 非经典的Hh通路

除了经典的信号通路外, 还存在两种非经典Hh信号通路: Ptch启动但无Smo参与的途径, 以及无Hh和PC参与但Smo依赖的途径。在前一种激活途径中, 在Hh配体不存在时, Ptch受体通过激活Caspase-3触发细胞凋亡, 而Hh配体与Ptch结合后可抑制这一过程, TNF- α 和IL-1 β 等细胞因子通过这一途径发挥作用^[12]。在后一种激活途径中, Smo调控代谢、增殖、钙离子流动等细胞过程; 此时, Smo促进GTP酶活性升高, 促进细胞骨架重组, 引导成纤维细胞以及内皮细胞的迁移^[13]。

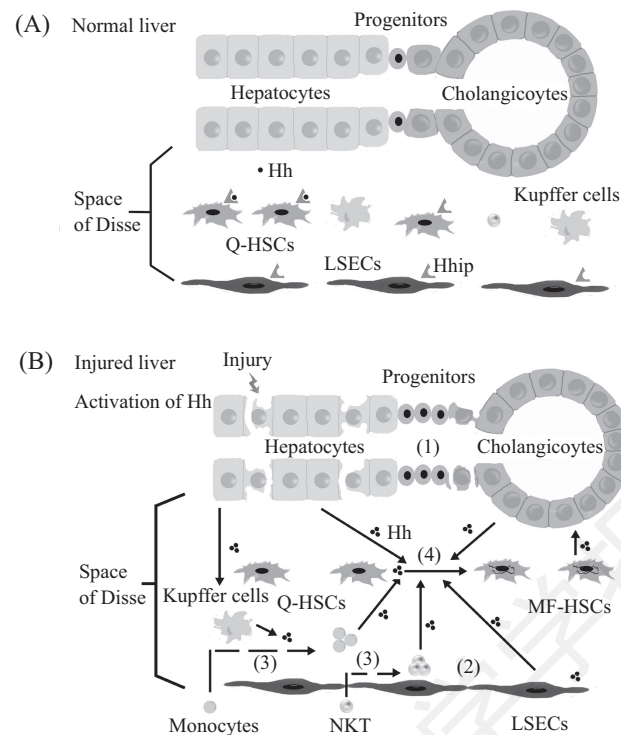
2 Hh信号通路与肝脏损伤修复

成体正常肝脏中Hh信号通路活性处于抑制状态, 除少量门静脉区细胞和HSCs表达Hh配体外, 其他细胞几乎不分泌Hh配体, 也缺少初级纤毛^[14-16]。此外, LSECs和静止的HSCs(Q-HSCs)还会产生Hh相互作用蛋白(Hedgehog interacting protein, Hhip), 此蛋白能够与可溶性的Hh配体相互作用, 抑制后者与受体Ptch的结合^[15-17]。

在病毒、代谢异常、药物、胆汁淤积等原因引起的肝脏损伤时, 肝细胞发生持续性凋亡, 肝脏启动病理性再生。研究表明, 在再生初期就可检测到Hh信号通路分子的高水平表达^[14, 18-20]。肝细胞被认为是最早对肝损伤做出反应的细胞^[21-24], 肿胀凋亡的肝细胞分泌Shh和Ihh配体, 并以旁分泌方式作用于邻近的Hh应答细胞, 包括HSPCs、HSCs、LSECs、胆管细胞(cholangiocytes)、Kupffer细胞等^[22]。应答后的细胞发生表型的改变, 并进一步产生新的Shh和Ihh配体放大Hh信号反应^[25-28], 实现多层次网络化调控肝脏再生。

2.1 Hh信号通路与HSPCs的增殖分化

HSPCs是肝脏中具有分化为成熟肝细胞和胆管细胞能力的细胞群体, 一般认为分布在门静脉附近的赫令管中, 在稳态的肝脏中处于静止状态。在



A: 在正常肝脏中, 肝细胞和胆管细胞产生低浓度的Hh配体, 而Q-HSCs和LSECs高水平表达Hhip中和Hh配体, Hh信号通路处于抑制状态。B: 在受损的肝脏中, 高浓度Hh配体促使Hh信号通路活化, 并产生以下反应。(1): 前体细胞(progenitors)的扩增和分化;(2): LSECs的毛细血管化;(3): 免疫细胞的炎症反应;(4): Q-HSCs转分化为肌样成纤维细胞(MF-HSCs)。

A: in normal liver, hepatocytes and cholangiocytes produce low amount of Hh ligands, while quiescent hepatic stellate cells (Q-HSCs) and liver sinusoidal endothelial cells (LSECs) express high level of Hhip to neutralize Hh, resulting Hh signaling pathway is inhibited. B: in injured liver, high concentration of Hh ligands activate Hh signaling and produce the following responses. (1): proliferation and differentiation of progenitors; (2): capillarization of LSECs; (3): inflammatory responses of immune cells; (4): Q-HSCs differentiation into myofibroblasts HSCs (MF-HSCs).

图1 Hh信号通路调节受损肝脏的再生修复(根据参考文献[37]修改)

Fig.1 Hh signal pathway regulates repair of injured liver (modified from reference [37])

肝脏受到损伤时, 门静脉区细胞发生以HSPCs增殖为主的“胆管反应”。HSPCs的大量增殖分化进而取代肝脏中的死亡细胞(图1)。体内外研究证实, Hh信号通路活性与HSPCs的活化增殖相关。在2/3肝切除或高脂饲料诱导的小鼠肝脏再生模型中, 增殖的HSPCs高表达Shh、Ihh和Gli2等信号分子, 抑制Hh通路活性则阻止HSPCs增殖并降低Hh分子的表达水平^[18,29-30]。在非酒精性或酒精性的脂肪肝病人中同样可观察到发生“胆管反应”的HSPCs高表达Hh信号分子^[14,31-32]。在体外, 外源Shh配体刺激可提高HSPCs细胞的存活和增殖能力, 并使细胞维持较好的干性, 而用环杷明(Smo抑制剂)处理可导致细胞凋亡并诱导细胞分化^[16,32]。

基因操作小鼠的研究进一步证实了上述结果。在蛋氨酸胆碱缺乏乙硫氨酸(methionine-choline-deficient+ethionine, MCDE)诱导的非酒精性脂肪肝

小鼠模型中, 与对照组相比, *Ptch*^{+/-}小鼠更易表达肝上皮前体细胞特异性标志物丙酮酸肌激酶(muscle pyruvate kinase, Mpk)^[32]。在胆管结扎诱导的小鼠肝纤维化模型中也发现, 与对照组小鼠相比, 条件性敲除肌样成纤维细胞(MF-HSCs)*Smo*基因(α SMA-Cre-ERT; *SMO*^{fllox/fllox})会导致Hh配体分泌水平降低, 进而导致门静脉区甲胎蛋白和Sox9阳性HSPCs数量的减少, 并使小鼠肝重比的下降^[20]。*IKK β* 基因缺失可诱导肝细胞凋亡, 在无损伤诱导的情况下, 与对照组相比, *IKK β* 基因敲组小鼠更易发生肝细胞凋亡, 凋亡的肝细胞分泌Hh配体, 刺激HSPCs的增殖^[30]。

2.2 Hh信号通路与窦状隙毛细血管瘤

LSECs是高度特化的内皮细胞, 与体循环毛细血管不同, 肝窦状隙内皮细胞是有间隙的, 基底膜物质很少, 无细胞间连接, 因而允许包括脂蛋白等大分子物质通过(图1)。在损伤肝脏的再生修复过程中,

Disse间隙发生毛细血管瘤,即Disse间隙变宽并有细胞外基质(extracellular matrix, ECM)的沉淀,内皮孔隙变小且少^[28,33](图1)。肝脏损伤后,LSEC的毛细血管瘤化早于HSCs和Kupffer细胞的激活,因此被认为是损伤修复所必需的早期病理改变^[34]。LSECs的毛细血管瘤化使Q-HSCs转化为能产生ECM的MF-HSCs,导致肝脏的纤维化^[35]。Hh信号转导证实与LSECs毛细血管瘤化的调控有关^[36]。在毛细血管瘤化过程中,LSECs中Hh信号转导被激活,表现为Hhip的表达下调,以及Shh和Gli2表达上调^[28]。体外和体内研究进一步表明,抑制Hh信号通路活性不仅可以阻止毛细血管瘤化,而且可以部分逆转未分化的LSECs向分化表型的转化^[28]。这些结果表明,LSECs血管化是依赖于Hh信号通路。此外,研究还显示,Hh信号转导对于LSECs的迁移和血管形成也是必需的,Hh通路抑制剂可以阻断由血管内皮生长因子诱导的LSECs迁移和血管形成,而Hh通路激动剂可以增强这些过程^[28]。

2.3 Hh信号通路与炎症反应

肝脏炎症反应是指肝脏发生损伤时促炎因子(TNF α 、IL-1 β 、IL-6等)的释放和炎症细胞(Kupffer细胞、自然杀伤T细胞(nature killer T, NKT)、单核细胞(monocytes)等的侵入(图1)。肝脏的损伤通常伴随着慢性炎症,并贯穿于再生修复的整个过程,因此被描述为“修复相关的炎症反应”^[37]。NKT细胞在肝脏再生中有着双重的作用,一方面,NKT细胞通过杀伤MF-HSCs以及产生抗肝纤维化介质(IFN- γ 和IL-30),抑制肝纤维化^[38];另一方面,NKT细胞又产生Shh、骨桥蛋白(osteopontin, OPN)和IL-4等因子通过活化Q-HSCs促进肝脏纤维化^[39]。小鼠和人NKT细胞均表达配体Shh、受体Ptch和转录因子Gli1/Gli2,表明NKT细胞具有产生和响应Hh信号的能力;外源Shh刺激可促进NKT细胞的增殖和存活,而抑制Hh通路则促进细胞的凋亡^[40]。

单核细胞和Kupffer细胞是具有吞噬功能的细胞,其作用是中和抗体和清除死亡细胞或组织碎片。单核细胞和Kupffer细胞不仅是Hh应答细胞,同时是Hh的产生细胞^[25]。研究表明,损伤肝脏产生的Hh信号可诱导血液单核细胞至受损肝组织,同时调节Kupffer细胞分化吞噬细胞^[25]。小鼠非酒精性脂肪性肝病模型研究显示,Kupffer细胞中激活的Hh信号转导能通过Gli1依赖机制调节肝细胞产生OPN,OPN

一方面导致ECM沉积促进肝脏的纤维化,另一方面OPN可将骨髓来源的单核细胞募集到肝脏中,并刺激Kupffer细胞的促炎表型,进一步推动非酒精性脂肪肝病的纤维化进程;相反,抑制(使用Smo拮抗剂或敲除肝细胞Smo基因)Hh信号通路可降低Kupffer细胞数量及炎症指标(TNF α 、IL-1 β 和IL-6),最终减缓高脂肪饲养小鼠肝脏的纤维化进程^[41]。

2.4 Hh信号通路与Q-HSCs的激活和纤维化

肝纤维化病理特征是ECM合成过多和降解不足导致其在肝脏内的沉积,持续的肝纤维化可发展为肝硬化,增加肝脏癌化的风险。Q-HSCs是肝纤维化最重要的细胞来源。正常肝脏中Q-HSCs处于静止状态,分泌少量Shh,但具有应答Hh信号通路的能力^[27]。在受损后,肝细胞、胆管细胞、LSECs等分泌的Hh配体分子激活Q-HSCs转化为MF-HSCs,持续的Hh信号刺激增强MF-HSCs的生存和增殖能力。MF-HSCs可分泌ECM、TGF- β 和血小板衍生因子等细胞因子,这些因子一方面促进肝内其他细胞介导的纤维化^[42],另一方面进一步增强Q-HSCs向MF-HSCs的转化^[43]。抑制Hh通路(使用Smo拮抗剂或敲除Smo基因)可降低Q-HSCs的活化,减少MF-HSCs的产生,减轻肝脏的纤维化程度^[30,32]。虽然Hh信号通路与Q-HSCs的活化相关,但活化机制尚不清楚。有研究发现,Q-HSCs的活化过程中伴有糖酵解和乳酸的积累,而Hh信号通路的抑制剂或糖代谢的产物能使活化的HSCs转化为静止状态,提示糖代谢的参与调节Q-HSCs的活化^[43]。基于流体动力学转染的Shh配体过表达的转基因小鼠模型中,分泌的Shh可诱导多种肝脏细胞Hh信号通路的活化,激活Q-HSCs并导致肝脏的纤维化^[44]。

胆管细胞通过上皮-间质转化(epithelial-mesenchymal transition, EMT)的形式也可转化为MF-HSCs。EMT是指具有极性的上皮细胞转换为具有运动能力的间质细胞,并获得侵袭和迁移能力的过程。在对慢性胆汁淤积性肝病患者及胆道结扎纤维化小鼠模型的研究中发现,活化的Hh通路促进胆管上皮细胞发生EMT转化,并可将Hh浓度水平作为评估慢性胆汁淤积肝病患者胆管纤维化程度的指标^[44]。在MCDE诱导的非酒精性脂肪肝小鼠模型中,同样发现胆管细胞的EMT现象,且胆管EMT加速了肝纤维化的进展^[32]。胆管细胞还可分泌促纤维生成细胞因子,如IL-6、IL-4和TGF- β 1,介导门静脉成纤维细胞

转分化为MF-HSCs^[45]。

3 Hh与其他信号通路的相互作用对肝损伤修复的影响

除Hh信号通路外,还有多条信号通路在肝脏的损伤再生过程中被激活,其中YAP信号通路、Notch信号通路、TGF- β 信号通路研究较为深入,这些信号通路与Hh以网络化相互作用方式调控受损肝脏的再生重塑。

3.1 Hh与YAP信号通路的互作关系

同为形态发生因子, YAP与Hh信号通路在肝脏中有相似的表达模式。YAP在正常肝组织中并不表达,在肝脏再生修复过程中表达升高^[46-47],抑制YAP的活性则可显著减缓肝脏再生的速度^[48]。研究揭示, Hh和YAP信号通路在肝脏的再生修复中有着密切的互作关系。抑制体外培养的HSCs的Hh通路活性可降低YAP基因和蛋白的表达水平,反之则升高,说明YAP是Hh信号通路的下游效应分子^[49]。进一步,敲除Hh信号通路Smo基因或抑制YAP通路活性可降低谷氨酰胺水解限速酶谷氨酰胺的表达水平,从而抑制Q-HSCs向MF-HSCs的转化^[50],说明Hh和YAP信号通路协同调控Q-HSCs的活化。此外,在疟疾感染的肝脏损伤中也可观察到Hh和YAP信号通路活性协同上升^[51]。

3.2 Hh与Notch信号通路的互作关系

Notch信号通路与胆管细胞的发生分化密切相关,在正常肝组织的胆管细胞中高表达。活化Notch信号通路促进HSPCs向胆管细胞分化,而抑制Notch信号通路则向肝细胞分化。体内外实验揭示了Hh与Notch通路在调控Q-HSCs向MF-HSCs分化过程中的相互作用,用DAPT(γ 分泌酶抑制剂)抑制Notch通路可导致体外培养HSCs的Hh信号通路活性下调, Hh靶基因表达水平下降;相反,用Hh通路抑制剂GDC-0449处理细胞则会导致Notch信号通路活性下调, Notch靶基因表达水平下降;进一步,抑制Notch或Hh信号通路均会阻止Q-HSCs向MF-HSCs的活化^[52]。在其他组织的前体细胞发育命运决定中同样观察到Notch和Hh信号通路的协同作用^[53-54]。

3.3 Hh与TGF- β 信号通路的互作关系

TGF- β 信号通路在正常肝组织中并不表达,在肝脏再生修复过程中表达升高,是肝纤维化的最强作用因子。TGF- β 可激活Q-HSCs转化为MF-HSCs,促进ECM的快速沉淀,抑制肝细胞的再生^[55]。

TGF- β 通过非经典通路调节Hh通路活性,在TGF- β 过表达的转基因小鼠中, Hh转录因子Gli1和Gli2的表达水平也升高,且呈Smad3依赖效应;反之,降低TGF- β 通路活性导致Gli的表达水平下降^[56]。进一步, TGF- β receptor I过表达的小鼠中,同时抑制经典和非经典Hh通路Gli分子活性可显著降低纤维化的发展程度^[57]。

4 结论与展望

Hh信号通路通过调节效应细胞的增殖和活化,并抑制细胞的凋亡,在损伤肝脏的再生修复进程中发挥了重要的作用。随着受体Ptch和配体Shh生物学结构的深度解析^[58],结合Hh体内外生物学功能的深入研究,靶向Hh信号通路可能为肝脏疾病尤其是肝纤维化的治疗提供新的针对性策略。但仍有许多问题亟需解决:如(1)Hh信号通路促进HSPCs增殖的确切作用及其机制;(2)Hh与其他通路,尤其是对肝脏功能区化(zonation)、纤维化和肝癌发生相关的Wnt信号通路的相互作用有待深入研究;(3)分子或基因水平的Hh通路调控肝脏再生机制;(4)不同肝脏再生模型下Hh信号通路的差异性作用途径。这些问题的解决将进一步了解肝脏损伤修复的病理过程和发病机制,并为肝脏疾病的治疗提供新的有效的针对性治疗策略。

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