

HIF-1 α 在骨组织细胞代谢及骨疾病中的调控作用

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摘要 低氧诱导因子-1 α (HIF-1 α)是调节细胞对低氧应答的关键因子, 可在氧含量降低时被激活, 能够调节氧代谢、糖酵解等多种生理活动。骨代谢主要包括骨形成和骨吸收作用, 均受到氧浓度等多种因素的调控。HIF-1 α 在细胞代谢、骨组织生理及病理过程的调控中起着重要的作用, 能够增加骨组织的低氧耐受能力, 调节骨形成和矿化过程。该文主要综述了HIF-1 α 对成骨细胞、破骨细胞、骨髓间充质干细胞、软骨细胞等骨组织细胞的调控, 对骨血管形成过程的影响, 以及对肿瘤骨转移、股骨头坏死、异位骨化等病理过程的调节作用, 为探讨HIF-1 α 对骨代谢的调控和相关疾病的治疗提供参考。

关键词 低氧诱导因子-1 α ; 骨代谢; 骨形成

Regulatory Effects of HIF-1 α in Bone Cell Metabolism and Bone Diseases

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Abstract HIF-1 α (hypoxia-inducible factor-1 α) is a key factor that regulates the response of cells to hypoxia. It can be activated when the oxygen content is reduced, and regulates various physiological activities such as oxygen metabolism and glycolysis. Bone metabolism mainly includes bone formation and bone resorption, both of which are regulated by various factors such as oxygen concentration. HIF-1 α plays an important role in the regulation of cell metabolism, as well as bone tissue physiology and pathological processes, which can increase the hypoxia tolerance of bone tissue, and regulate bone formation and mineralization. This article mainly reviews the physiological regulation process of HIF-1 α on the metabolism and angiogenesis of osteoblasts, osteoclasts, bone marrow mesenchymal stem cells, chondrocytes and other bone cells. The effects of HIF-1 α on the formation of bone vessels, bone metastasis, femoral head necrosis and heterotopic ossification are also reviewed. This review provides a theoretical reference for exploring the regulation of HIF-1 α on bone metabolism and the treatment of related diseases.

Keywords hypoxia-inducible factor-1 α ; bone metabolism; bone formation

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骨代谢主要由骨形成和骨吸收作用共同调控,受到机械刺激、炎症和氧浓度等多种因素的影响^[1-2]。研究表明,适当的低氧刺激能够调节骨形成过程,其不仅可以促进骨折愈合,修复骨坏死区域,还能够调节肿瘤的骨转移^[3-5]。在针对低氧的诸多研究中,低氧诱导因子-1α(hypoxia-inducible factor-1α, HIF-1α)受到广泛关注,它是调节细胞对低氧应答的关键因子,不仅可以增加骨组织的低氧耐受能力,还能够促进成骨和矿化过程^[6]。另外,HIF-1α还具有调节骨组织细胞代谢、软骨内成骨和血管形成等作用^[7-9]。在这篇综述中,我们讨论了HIF-1α对多种骨组织细胞的代谢、血管形成和一些骨疾病病理过程的调节作用,为探讨HIF-1α对骨代谢的调控和相关疾病的治疗提供理论参考。

1 HIF-1α简介

HIF蛋白是一种核转录因子,主要包含HIF-1、HIF-2和HIF-3三个子类别。HIF-1是HIFs家族的主要转录因子,由α和β亚基组成,其中HIF-1α由826个氨基酸构成,是一种分子量为120 kDa的蛋白质^[10],可在低氧条件下调节细胞的内环境,增强细胞低氧适应性,维持细胞稳定^[11]。在常氧条件下,HIF-1α在氧依赖性降解域中被羟基化,然后通过泛素-蛋白酶体途径被降解^[12];在低氧状态下,HIF-1α的羟基化受到抑制,非羟基化的HIF-1α在细胞质中积聚,然后转运到细胞核中并与HIF-1β发生二聚反应,从而引起氧适应性调节^[11,13]。

与其他组织相比,骨骼处于相对低氧的微环境中^[14]。低氧可在骨形成的早期阶段诱导HIF-1α产生^[15],HIF-1α信号传导限制了细胞耗氧量,以避免有害的活性氧自由基(reactive oxygen species, ROS)积累并保持氧化还原平衡,此外还能诱导调节自身耗能方式,减少能量损耗,增加细胞存活率^[16]。有研究发现,缺乏HIF-1α基因小鼠的骨小梁体积显著减少,骨形成速率降低,皮质骨结构改变^[17]。相反,在骨缺损局部使用HIF-1α模拟物,可以促进愈伤组织再生和成骨作用^[18-19],这表明HIF-1α能够调节骨代谢,促进骨形成。

2 HIF-1α对骨组织细胞的调控

骨组织细胞主要包括成骨细胞、破骨细胞、软骨细胞等,成骨细胞和软骨细胞主要由骨髓间充质

干细胞(bone marrow mesenchymal stem cell, BMSC)分化而来,破骨细胞主要来源于单核细胞^[20]。不同类型的骨组织细胞共同协作,使骨形成和骨吸收作用维持动态平衡,保持骨重塑稳态^[21]。多数骨组织细胞为氧敏感细胞,低氧条件时会激活HIF-1α信号通路,调节细胞自身功能以适应低氧,进而调节骨代谢^[7,22-23]。不同类型的细胞对于HIF-1α的敏感性不同,如成骨细胞对HIF-1α活化更敏感,而破骨细胞对HIF-1α抑制更为敏感^[24],这也使得骨组织细胞在不同的氧环境下发挥不同功能。

2.1 成骨细胞

HIF-1α对成骨细胞的调控分为常氧和低氧条件两种情况。在常氧条件下,过表达HIF-1α可以增强成骨细胞活性,促进增殖和成骨作用^[17,25],而敲低HIF-1α表达可以抑制成骨细胞活性和增殖能力,并通过抑制叉形头转录因子1(forkhead box class O1, FoxO1)的表达,降低Runt相关转录因子2(Runt-related transcription factor 2, Runx2)及碱性磷酸酶(alanine phosphatase, ALP)等成骨标志物的表达,还可以增加ROS和细胞凋亡水平,导致骨皮质结构紊乱以及骨形成率和骨量的显著降低^[26]。

在低氧条件下,HIF-1α表达增加,使得成骨细胞的生长受到抑制,细胞活性降低^[27]。将MC3T3-E1成骨细胞系置于低氧环境中,发现其生长速度减慢^[28]。进一步实验表明,在低氧条件下敲低HIF-1α会使成骨细胞活性降低更加显著,而过表达HIF-1α会通过抑制低氧诱导的细胞凋亡,而改善细胞活性^[28]。也有研究发现,过表达HIF-1α可以通过丙酮酸脱氢酶激酶1(pyruvate dehydrogenase kinase 1, PDK1)/蛋白激酶B(protein kinase B, PKB/AKT)/哺乳动物雷帕霉素靶蛋白(mammalian target of rapamycin, mTOR)通路增加MC3T3-E1细胞的成骨能力^[29]。与此结果相反的是,另一些实验表明,在低氧条件下敲低HIF-1α表达后,细胞增殖活性增强,且HIF-1α可能通过抑制成骨细胞线粒体活性或Wnt/β-catenin信号通路传导而抑制成骨细胞活性^[27,30]。这提示,HIF-1α对成骨细胞的调控可能因氧浓度的改变而发挥不同的作用。

2.2 破骨细胞

研究表明,低氧可以促进破骨细胞生成^[31],主要通过以下几个路径。首先,有研究发现,低氧刺激使得HIF-1α表达增加,加速了前体细胞的融合过程^[32],或通过激活蛋白酪氨酸激酶2(Janus kinase 2, JAK2)/信

号转导和转录激活因子3(signal transduction and transcription activator 3, STAT3)信号通路来增加细胞核因子- κ B受体活化因子配体(receptor activator of nuclear factor κ B ligand, RANKL)的表达,从而促进破骨细胞生成^[33]。其次,HIF-1 α 还通过调节糖酵解过程,增强破骨细胞功能,具体表现在:低氧刺激使得破骨细胞消耗ATP,从而增加细胞摄取葡萄糖的需求,而抑制糖酵解可减少破骨细胞的形成并降低其活性^[34]。HIF-1 α 通过增加RANKL表达使得糖酵解酶大量增加,从而满足了破骨细胞对葡萄糖的需求并促进增殖^[35]。除此之外,也有研究指出,HIF-1 α 还可将破骨细胞的代谢模式调整为无氧呼吸,从而加快低氧条件下的ATP产生,满足代谢需求^[36]。这种HIF-1 α 介导的代谢途径是一种适应性机制,可以在短期内快速吸收骨骼,促进骨骼重塑。值得注意的是,HIF-1 α 对破骨细胞的调节作用与成骨细胞还有着密切的关系,有研究发现,与缺乏HIF-1 α 的成骨细胞相比,共培养的破骨细胞具有更高的骨吸收活性^[24]。深入研究发现,成骨细胞中HIF-1 α 的活化通过与启动子结合而促进白介素-33(interleukin-33, IL-33)的表达,进一步通过IL-33-miR-34a-5p-Notch1通路抑制破骨细胞的生成^[37]。

2.3 骨髓间充质干细胞

与HIF-1 α 对成骨细胞的调节作用不同,HIF-1 α 对BMSC的作用多为正向的调节,如低氧可以显著诱导BMSC增殖、迁移和成骨分化^[38],HIF-1 α 的上调显著增加了BMSC的存活率、增殖迁移能力和成骨能力^[39-40],并通过HIF/Ca²⁺/NO/ROS通路促进成软骨分化,进而加速骨缺损愈合^[41]。在低氧条件下,HIF-1 α 上调可保护BMSC免受H₂O₂、低氧和血清剥夺的影响,防止因低氧和氧化应激条件引起的细胞死亡和凋亡^[42-43],并通过整合素 α 4的上调以及Rho相关螺旋蛋白激酶1(Rho-associated kinase 1, ROCK1)的下调来减少BMSC的迁移^[44]。另一项研究表明,HIF-1 α 还能保护BMSC免受氧-葡萄糖剥夺带来的继发损伤,并通过激活腺苷酸活化蛋白激酶(AMP-activated protein kinase, AMPK)/mTOR信号通路以及调节自噬而促进BMSC的存活^[45]。

2.4 软骨细胞

软骨细胞由BMSC分化而来,成熟后转变为肥大性软骨细胞,之后再逐渐矿化形成骨组织,这种软骨内成骨的过程是骨骼形成的一种主要方式^[46]。在这一过程中,扩张的生长板中心氧浓度逐渐降低,

HIF-1 α 的局部激活对于软骨细胞的正常功能和矿化至关重要^[47]。

在低氧条件下,HIF-1 α 的表达上调,增加了软骨细胞的低氧耐受性,抑制了细胞凋亡并促进了细胞外基质合成,从而提高了软骨细胞的存活率^[48-49]。在软骨细胞中敲除脯氨酸羟化酶-2(prolyl hydroxylase domain-containing protein 2, PHD2)基因,制造HIF-1 α 高表达模型小鼠后发现,HIF-1 α 蛋白水平升高,从肥大软骨细胞到矿化骨基质的转化率提高,产生高骨量表型,小鼠的股骨中骨干的皮质厚度和组织矿物质密度也显著增加^[50-51]。在对小鼠骨性关节炎的研究中发现,HIF-1 α 通过抑制核转录因子 κ B信号传导降低了分解代谢基因基质金属蛋白酶(matrix metalloproteinase 13, Mmp13)的表达,或通过调节OPG-RANKL-RANK信号通路,而减少了关节软骨的破坏^[52-53]。糖酵解是软骨细胞中最重要的能量产生途径,葡萄糖氧化对于充分的增殖和蛋白质合成是必要的,而这些途径均受到HIF-1 α 的调控,由此可见,HIF-1 α 可使软骨细胞骨化期间的氧化葡萄糖代谢保持良好的能量平衡,维持软骨细胞的正常功能^[54]。

3 HIF-1 α 对骨血管形成的调控

血管生成与骨组织形成在骨骼生长和重塑过程中紧密相连。骨折修复过程在很大程度上取决于骨折部位新血管的形成情况,并且已经证实血管生成因子对于骨折愈合的开始和维持至关重要^[19]。实验发现,在骨骼再生中的血管生成-骨生成耦合过程中,HIF-1 α 可通过促进血管生成来提高骨愈合能力^[19]。但有研究表示,HIF-1 α 的这种调节作用仅限于3~4周龄的年轻小鼠^[55]。

在对成骨细胞进行HIF-1 α 基因敲除的小鼠的研究中发现,小鼠小梁骨体积减少,骨形成速率降低,皮质骨结构改变,并且通过血管造影术测得的长骨血管发育减慢,成骨细胞中血管内皮生长因子(vascular endothelial-derived growth factor, VEGF)表达明显降低^[17]。另一项研究表明,在BMSC中过表达HIF-1 α 可以使VEGF浓度显著增加,并且能够有效地诱导内皮细胞迁移,改善低氧条件下血管生成过程^[56]。进一步研究发现,低氧可以通过HIF-1 α 诱导的VEGF促进Runx2的表达,并可能通过调节Wnt/ β -catenin通路和自噬过程而在骨形成过程中发挥积极作用^[57-58]。另有研究表明,HIF-1 α 能通过调节基质细胞衍生因

子-1(stromal cell-derived factor-1, SDF-1)/VEGF通路来改善组织缺血引起的氧化应激反应^[59], 并调节骨关节炎成骨细胞中的VEGF表达^[60]。除了VEGF, 其他血管生成因子, SDF-1、碱性成纤维细胞生长因子(basic fibroblastic growth factor, bFGF)、血管生成素-1(angiopoietin-1, ANGPT-1)和干细胞因子(stem cell factor, SCF)等, 也在HIF-1 α 过表达时显著增加^[61]。这说明HIF-1 α 可能是通过调节VEGF等血管生成因子而对骨血管的生成起到调控作用。

4 HIF-1 α 对骨性疾病调控

HIF-1 α 能够促进正常机体的骨形成和血管形成, 同样也被发现促进了一些肿瘤在骨组织中的转移过程, 并且在股骨头坏死和异位骨化(heterotopic ossification, HO)等疾病中也发挥了调节作用。

由于肿瘤细胞的增殖率高, 肿瘤组织的血管生成异常, 约50%的实体肿瘤会存在低氧情况^[62]。在常氧条件下, 肿瘤抑制因子VHL(von Hippel-Lindau)可以结合HIF-1 α 并导致其失活; 但在低氧条件下, HIF-1 α 无法与VHL结合, 致使形成HIF-1稳定复合物, 促进了肿瘤组织的血管生成、糖代谢改变、癌症扩散和骨转移^[63-64]。一些研究表明, 无论是在原发性骨肿瘤(如骨肉瘤、软骨肉瘤等), 还是在骨转移瘤中, HIF-1 α 的表达与总生存期和无症状生存期呈负相关, 而与骨肿瘤的严重程度(包括临床分期、转移和微血管密度)呈正相关, 由此推断HIF-1 α 可能是其预后不良的有效预测因素^[9,65-66]。而在对乳腺癌骨转移的治疗研究中发现, HIF-1 α 抑制剂可以减少破骨细胞的骨吸收作用, 增强成骨细胞的活性, 最终减缓骨转移进程并提高生存率, 为骨转移的治疗提供新的方向^[67]。

股骨头坏死是由于血液供应破坏而导致的股骨头低氧性损伤。研究发现, 在糖皮质激素诱发的股骨头坏死模型中, 疾病早期尚未出现骨量损失和微结构破坏时, 就检测到了HIF-1 α 、VEGF的表达下降和骨血管分布的减少, 表明HIF-1 α 可能参与了低氧引起的股骨头坏死的发病机制^[68]。进一步研究发现, 使用3,4-二羟基苯甲酸乙酯(一种PHD2抑制剂), 能够使HIF-1 α 和VEGF的表达增多, 骨细胞、软骨细胞和骨髓细胞的凋亡减少, 毛细血管网形成增加, 从而减少骨小梁空洞的产生和骨微结构坏死的发生, 增加股骨头骨小梁厚度和局部骨密度^[69]。另一项研

究将过表达HIF-1 α 基因的BMSC植入股骨头坏死区, 发现局部的微血管和骨小梁的数量和体积显著增加, 骨再生能力增加, 表明HIF-1 α 可能会成为治疗股骨头坏死的新方法^[4]。

HO是指在骨骼外软组织(如肌肉、肌腱和韧带)中成熟层状骨的异常形成, 患者多存在外伤和遗传等危险因素^[70]。近期研究发现, HO的产生除了与组织损伤相关的炎症有关外, 还可能与创伤后的持续低氧状态和高HIF-1 α 活性相关^[71]。高稳定性的HIF-1 α 通过调节骨形态发生蛋白(bone morphogenetic protein, BMP)、VEGF等基因的表达来促进软骨和成骨细胞的增殖, 并促进软骨内和骨膜内成骨, 导致HO的形成^[72-73]。在小鼠HO模型中, 使用HIF-1 α 抑制剂PX-478或雷帕霉素可以显著减少HO的形成^[74], 因此, HIF-1 α 也可能成为预防和治疗HO的靶标。

5 小结与展望

HIF-1 α 通过直接调节多种骨组织细胞、促进骨血管生成、改变糖酵解途径等方式对骨组织的生长和重塑过程进行调控, 从而对骨相关肿瘤、股骨头坏死、HO等病理过程产生重要影响。HIF-1 α 不仅是判断骨转移预后的预测因子, 也为疾病的精准治疗提供了新的方向。一些与HIF-1 α 相关的治疗方法也在逐步得到更多关注, 如高压氧疗法可以通过降低HIF-1 α 表达, 减轻类风湿关节炎的炎性反应和关节肿胀^[75-76]; HIF-1 α 的模拟物氯化钴制备出的骨填充材料, 因其具有较好的促成骨作用^[77], 被发现在促进牙槽骨再生方面具有很好的生物活性^[78]。随着研究的不断深入和拓展, 人们对HIF-1 α 的探索也将深入到各个学科领域, 为病因的探索和疾病的治疗提供新的思路。

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