

【文献综述】

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1.2 PrP 在视网膜上的定位 近来研究发现在视网膜上, PrP 定位于有核细胞层上, 共同定位于突触

上提示它有突触前定位,PrP 定位于突触前外丛状层上,但是它选择性地表达于视杆细胞末端而不表达于视锥细胞上^[13-14]。Frigg 等^[15]实验证实,在视网膜内外丛状层、神经节细胞层及神经纤维层可见大量 PrP 的表达,光感细胞层也可以看到 PrP 着色。

2 AD 视网膜病变的病理学改变

AD 是一种年龄相关的神经退行性病变。AD 的病理学特征:(1)聚集的 A β 呈斑块状沉积在细胞外而形成的老年斑(SP)。(2)神经元细胞内 tau 蛋白高度磷酸化形成神经缠结^[16]。(3)脑内神经元的丢失。(4)小血管的淀粉样变性。AD 视网膜的病理改变为:神经节细胞的丢失和视神经的变性,主要特征为异常蛋白的堆积(A β 、PrP、tau 蛋白)。目前有数据显示:早期 AD 患者视觉受损主要体现于视网膜和视神经的改变^[17]。

2.1 AD 视网膜上的改变 视网膜改变:Park 等^[18]发现 AD 小鼠视网膜上 A β 聚集,细胞内的 A β 可以减少紧密连接蛋白的含量并且通过诱导紧密连接蛋白的细胞凋亡,使得 RPE 组成的视网膜外屏障破坏,导致视网膜的缺血神经元丢失。并且低聚物淀粉样蛋白还沉积于视网膜毛细血管和静脉壁上,导致血管狭窄闭塞。Van Horssen 等^[19]报道胶原纤维沉积在大脑各种血管壁上,包括大动脉、小静脉、大静脉等。视网膜血管的狭窄闭塞导致视网膜缺血神经元的丢失,通过经颅多普勒发现 AD 患者大脑流速比正常明显减慢^[20]。

2.2 AD 视神经上的改变 视神经的改变:神经纤维层的缺失。随着临床检测手段的不断进步,OCT 现在已经广泛地应用于眼底检查中,OCT 测量视网膜神经纤维层厚度可以作为疾病的早期检测手段^[21]。近来有研究用 OCT 发现早期 AD 患者上方的视网膜神经纤维层显著变薄,而鼻侧、颞侧、下方的厚度变化不大^[17]。早在 2006 年 Iseri 等^[22]研究较晚期的 AD 患者,OCT 发现他们 4 个象限都有神经纤维层的变薄。目前有部分研究认为在早期 AD 患者中视觉异常主要与视网膜细胞和视神经的功能相关,可以通过 P-ERG 和 P-VEP 进行评估。在这些患者中,可见 P-ERG 和 P-VEP 中 N₉₅ 波的振幅降低和 N₁₀₀ 的潜伏期延长,提示神经节细胞和视神经功能失调^[23]。

3 PrP 在 AD 中对视神经退行性变的作用

3.1 致病作用

3.1.1 PrP 介导 A β 低聚物产生神经毒性作用

A β 是 A β 前体蛋白 (amyloid β -protein precursor, APP) 的酶解产物,由细胞分泌,在细胞基质沉淀聚积后具有很强的神经毒性作用^[24],是 AD 患者脑内老年斑周边神经元变性和死亡的主要原因。已有实验数据证实,A β 在 AD 的发病过程中起着至关重要

的作用^[25]。实验通过比较 APP/PS1 双转基因 AD 鼠中 APP、A β 及相关凋亡因子的含量,发现 A β 低聚物的沉积可以活化凋亡因子,诱发视网膜的退行性病变^[26]。

近来有研究报道:PrP 是 A β 的主要受体之一,PrPc 通过和 A β 蛋白相互作用介导神经毒性^[27],Laurén 等^[28]体外实验证实,缺乏 PrP 的 A β 是不能诱发损伤的。近来发现,PrP 介导 A β 发生突触损伤,细胞内的突触蛋白会随着外源性 PrP 量的增加而减少,而细胞内磷脂酶却大大增加,这与 PrP 感染后引起的细胞膜瓦解、突触退变和跨膜运输效率降低及细胞凋亡密切相关^[29]。Chung 等^[30]认为将抗 PrPc 单克隆抗体 6D11 注入 AD 模型中,可以阻止 A β 与 PrPc 结合,缓解突触的损伤。具体相关的作用机制有:(1)A β 低聚物直接绑定突触后膜上的 PrPc,激活 Fyn 信号活性导致神经元损伤^[31];(2)乙酰胆碱受体、门冬氨酸受体(NMDAR)、还有一些其他胰岛素受体和 PrP 等都是 A β 低聚物发生毒性效应的媒介^[32-33]。You 等^[34]研究结果显示了 PrPc 作为 NMDAR 活性的关键调控因子。PrPc 的铜离子绑定于 NMDAR 上,甘氨酸活性增加,减少受体敏感度,病理产物大量增加,导致神经元的损伤。因此 Nygaard 等^[35]认为 PrPc 可以作为治疗 AD 的又一个重要靶点。

3.1.2 PrP 106-126 肽段的神经毒性作用 过去研究认为 PrP 106-126 肽段作为 PrPsc 的模型,通过对有表达 PrPc 神经元产生毒性,而对 PrP 基因敲除的细胞无作用,肽段的作用是依赖于 PrPc 的阳性表达而存在的^[36]。然而,现有研究证实,在 PrP 基因敲除的鼠中,神经节细胞仍然可以被 PrP106-126 肽段激活,释放亚硝酸盐、超氧化物和其他炎症介质^[14],诱导神经元凋亡。Gong 等^[14]在体内通过注射 PrP106-126 片段,发现视网膜电图上 a 波和 b 波的振幅减少,提示视网膜上光感细胞和突触末端出现功能紊乱。同时在体外实验中观察到视杆细胞和神经节细胞死亡,考虑 PrP106-126 肽段具有神经毒性。

3.2 保护作用

3.2.1 PrP 抑制 A β 的生成 虽然前面已经讲述了 PrP 通过作用于 A β 产生的一系列神经毒性作用。目前有许多数据显示,随着 PrP 表达程度增加,A β 的含量反而减少。PrPc 可以抑制 A β 的产生。A β 是由 APP(淀粉样前体蛋白)通过 β 分泌酶裂解而产生的^[24]。在此过程中, β 分泌酶-1 (BACE1) 是其主要的限速酶,PrPc 通过抑制 BACE1 来抑制 A β 的产生,从而对神经起保护作用^[37]。事实上,A β 和 PrP 是相互调节的,APP 被切割后剩余的残基 AICD 也可以调控 PrP 的表达,AICD 含量增多增强 PrP 的表达,PrP 负反馈调节 APP 的切割,使两者处于动态平衡中^[38]。

3.2.2 细胞型 PrP 的神经保护相关机制 近来一部分研究观点指出:在 PrP 相关的退行性疾病中的神经退行性疾病的发生不是由于 PrP^{Sc} 的聚集,而是由于 PrP^C 的缺失所致^[39]。在体内实验中,Pan 等^[12]通过光诱导光感细胞损伤模型,表明 PrP 对光感细胞具有保护作用:(1)缺乏 PrP^C 的表达可以增加光损伤;(2)过度表达 PrP^C 对光损伤具有保护作用,并且指出 PrP^C 抗凋亡活性是通过下调 AP-1 和凋亡蛋白-1 的上游因子,通过使 JAK2、STAT1、ERK1/2 神经凋亡因子磷酸化而起作用^[12]。同样的,Bounhar 等^[40]也证实 PrP^C 通过作用于促凋亡蛋白 Bax 和氧化应激产生抗凋亡和促神经元存活的作用^[40]。PrP^C 通过作用于凋亡和细胞存活的信号转导途径发挥神经保护作用,这些途径如:磷脂酰肌醇 3 激酶途径和蛋白激酶 A 途径^[41]。Rial 等^[6]证实过度表达 PrP^C 的鼠 PrP 通过与 A β 1-40 结合可以阻止认知功能障碍的出现和神经元的凋亡。PrP^C 除了表达于神经元细胞外,还表达于 T 淋巴细胞和骨髓细胞中,这表明 PrP^C 与机体免疫系统密切相关。Williams 等^[42]研究发现在自发性视神经炎中,过度表达 PrP^C 的鼠比基因敲除 PrP^C 的鼠视网膜上神经节细胞数量明显增多。Nieznański 等^[43]证实重组 Prp23-231 可以干扰 A β 1-42 的纤维原形成,低水平(0.1 ~ 1.0 pmol · L⁻¹)和低分子量 PrP 可以抑制 A β 1-42 形成低聚物和纤维缠结,阻止 A β 1-42 的细胞毒性。此外,PrP^{N1} 是 PrP^C 经过 PrP α 裂解酶而产生的分子片段,它在 AD 中具有神经保护作用。近来有实验证实,它的 N 端与 A β 相结合,通过结构重构,与 A β 形成非定型的聚合物,弥散分布于神经系统中,抑制 A β 形成难溶的低聚物而沉积于脑组织中^[44]。

4 展望

在 AD 发病过程中,A β 发挥着重要的作用。PrP 是 A β 的天然受体之一,在 AD 的发病过程中具有重要的作用。目前 PrP 的相关作用存在争议,但是实际上并不矛盾,由于 PrP 的特殊结构,所以它在 AD 中的作用机制也是复杂的。我们的前期研究中也证实小鼠视网膜上 PrP^C 表达与年龄增长呈正相关,具有神经保护作用,而当 PrP^C 增多超过某个限值时,PrP^C 则产生毒性作用。正是因为 PrP 的双重作用,PrP 成为不可忽视的重要靶点,为早期诊断和早期治疗 AD 视网膜病变提供了新的思路。

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(上接第 83 页)

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