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中医药调控PI3K/Akt通路治疗 类风湿关节炎骨破坏研究进展*

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[摘要] 综述磷脂酰肌醇3-激酶(PI3K)/蛋白激酶B(Akt)信号通路在类风湿关节炎(RA)骨破坏中的研究现状,并总结中医药调控PI3K/Akt信号通路治疗RA骨破坏的研究进展。PI3K/Akt信号通路可通过调控炎症反应、破骨细胞分化、成纤维样滑膜细胞增殖及血管生成,在RA骨破坏中发挥作用。中医药可通过调控PI3K/Akt信号通路改善炎症反应,抑制破骨细胞、成纤维样滑膜细胞及血管生成,在RA骨破坏的治疗中表现出一定的优势。

[关键词] 类风湿关节炎;骨破坏;中医药;PI3K/Akt信号通路

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Research Progress on the Regulation of the PI3K/Akt Signaling Pathway by Traditional Chinese Medicine in the Treatment of Rheumatoid Arthritis Bone Destruction

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[Abstract] This paper reviews the current research status of the phosphatidylinositol 3-kinase (PI3K)/protein kinase B (Akt) signaling pathway of bone destruction in rheumatoid arthritis (RA), and summarizes the research progress on the regulation of this pathway by traditional Chinese medicine (TCM) in treating RA bone destruction. The PI3K/Akt signaling pathway plays a role in RA bone destruction by regulating inflammatory responses, osteoclast differentiation, fibroblast-like synoviocyte proliferation, and angiogenesis. TCM can improve the inflammatory response, inhibit osteoclasts, fibroblast-like synoviocytes and angiogenesis by regulating the PI3K/Akt signaling pathway, demonstrating certain advantages in the treatment of bone destruction in RA.

[Keywords] rheumatoid arthritis; bone destruction; traditional Chinese medicine; PI3K/Akt signaling pathway

类风湿关节炎(rheumatoid arthritis, RA)是一种以滑膜炎为病理基础的自身免疫性疾病。随着病情进展,病变部位可逐渐出现滑膜组织增生、血管翳形成和骨破坏等病变,从而导致关节畸形、残疾,严重影响患者生活质量^[1]。全球RA的平均患病率为0.2%~1.0%^[2]。若未及时诊疗,约80%RA患者可出现不同程度的关节畸形。我国RA患者的致残率随病程增长呈

逐年上升趋势,病程1~<5年、5~<10年、10~<15年及≥15年的致残率分别为18.6%、43.5%、48.1%和61.3%^[3]。随着病程的延长,其致残率逐渐升高。骨破坏是RA患者关节畸形甚至残疾的重要原因,与破骨细胞过度活化吸收、骨骼和软骨代谢异常相关,涉及多种信号通路的激活^[4]。目前临床多应用非甾体抗炎药、糖皮质激素、抗风湿药和生物制剂改善RA不适症

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状,但长期应用易导致肝肾功能损伤、感染、耐药及胃肠道不适等不良反应^[5]。研究表明,中医药可以有效改善RA骨破坏,且毒副作用小,有助于预防残疾,提高患者的生活质量^[6]。

磷脂酰肌醇3-激酶(phosphatidylinositol 3-kinase,PI3K)/蛋白激酶B(protein kinase B,Akt)信号通路是调节细胞生命活动的关键信号通路,在调控RA骨破坏中发挥着重要作用。研究表明,PI3K/Akt信号通路与骨质流失及骨破坏关系密切,可参与炎症反应及破骨细胞的分化,导致成纤维样滑膜细胞(fibroblast-like synoviocytes,FLS)增殖和滑膜血管增生^[7-8]。中医药具有多靶点、多途径的特点,可通过调控PI3K/Akt信号通路,缓解炎症反应,抑制破骨细胞、FLS及血管生成,缓解RA骨破坏^[9-12]。本文就中医药调控PI3K/Akt信号通路治疗RA骨破坏的研究进展进行系统归纳和总结,以期为中医药治疗RA骨破坏提供新思路。

1 PI3K/Akt信号通路

PI3K/Akt信号通路是一种重要的细胞内信号级联反应,在细胞增殖、生长、代谢中发挥重要作用^[13]。PI3K是细胞内脂质激酶家族的成员之一。PI3K根据不同的亚基和底物可分为三类,即I型PI3K、II型PI3K和III型PI3K^[14]。其中,I型PI3K是研究最广泛的亚基,由一个催化亚基p110和一个调节亚基p85组成。I型PI3K被G蛋白偶联受体(G protein-coupled receptor, GPCR)和受体酪氨酸激酶(receptor tyrosine kinase, RTK)激活后,可将磷脂酰肌醇-4,5-二磷酸(phosphatidylinositol-4,5-diphosphate,PIP2)转化为磷脂酰肌醇-3,4,5-三磷酸(phosphatidylinositol-3,4,5-trisphosphate,PIP3)。这一过程可被磷酸酯酶及张力蛋白同源物(phosphatase and tensin homolog deleted on chromosome ten,PTEN)逆转^[15]。PIP3作为第二信使,其主要位点在质膜,可招募Akt和3-磷酸肌醇依赖性蛋白激酶-1(pyruvate dehydrogenase kinase 1, PDK1)至细胞膜上并加速两者之间的相互作用^[16]。

Akt不仅是一种关键的丝氨酸/苏氨酸特异性蛋白激酶,也是PI3K/Akt信号通路的核心效应分子。Akt有3种同源的亚型,即Akt1、Akt2和Akt3^[17]。其中,Akt1可广泛表达,Akt2主要在胰岛素敏感组织中表达,Akt3在特定组织中表达^[18]。PI3K被激活后,可将PIP2转化为PIP3,促进Akt的磷酸化和激活,从而通过调控核因子κB(nuclear factor κB, NF-κB)、叉头盒O1(forkhead box O1, FoxO1)、哺乳动物雷帕霉素靶蛋白(mammalian target of rapamycin, mTOR)等下游靶蛋白,调节细胞增殖、生长、代谢、迁移和凋亡^[19]。

2 PI3K/Akt信号通路在RA骨破坏中的作用

2.1 调控炎症因子 炎症因子异常表达可促进新生血管形成,导致关节的红肿热痛,是RA骨破坏的重要因素^[20]。白细胞介素-1(interleukin-1, IL-1)、白细胞介素-6(interleukin-6, IL-6)、肿瘤坏死因子-α(tumor necrosis factor-α, TNF-α)等促炎因子在RA患者关节中过度表达,会引发局部炎症反应,促进滑膜细胞生长,诱导破骨细胞分化,导致骨和关节的破坏^[21]。IL-1可通过调控破骨细胞生成参与骨代谢。IL-1可分为白细胞介素-1α(interleukin-1α, IL-1α)和白细胞介素-1β(interleukin-1β, IL-1β)两种亚型。其中IL-1β在滑膜组织中表达,可激活

破骨细胞和软骨细胞,导致骨和软骨破坏^[22]。IL-6可通过诱导和/或激活破骨细胞分化来增强RA中的关节破坏,抑制IL-6信号传导,从而抑制RA中的骨破坏^[23]。白细胞介素-17(interleukin-17, IL-17)可通过诱导IL-1和TNF-α表达间接促进破骨细胞形成,并与TNF-α协同作用调控破骨细胞分化和骨吸收^[24]。白细胞介素-21(interleukin-21, IL-21)可能通过PI3K/Akt信号通路促进破骨细胞生成,靶向IL-21的治疗可能有助于预防RA患者的骨侵蚀^[25]。CC趋化因子配体3(CC chemokine ligand 3, CCL3)可通过激活PI3K/Akt信号通路,促进IL-6、IL-1β、TNF-α等促炎细胞因子表达,进一步介导炎症反应,导致骨与软骨破坏^[26]。此外,PI3K/Akt信号通路被激活后,可调控下游NF-κB信号通路,诱导TNF-α、IL-1β、IL-6等促炎性细胞因子的产生,进一步加重RA骨破坏^[27]。

2.2 调控破骨细胞分化 破骨细胞由来源于造血干细胞的破骨细胞祖细胞分化而来,负责生长过程中的骨吸收。破骨细胞的骨吸收超过成骨细胞的骨形成时,就会导致骨质流失^[28]。破骨细胞的异常表达是RA骨破坏形成的重要原因。破骨细胞异常表达后,可通过组织蛋白酶K(cathepsin K, Cathe K)、基质金属蛋白酶9(matrix metalloproteinase 9, MMP-9)和基质金属蛋白酶14(matrix metalloproteinase 14, MMP-14)降解骨骼,引发骨破坏和关节畸形^[29-31]。PI3K/Akt信号通路可通过调控破骨细胞影响RA骨破坏。持续的PI3K信号转导会增加骨髓细胞的破骨细胞潜力,从而增强局部骨破坏^[32]。在破骨细胞分化过程中,TNF-α可促进B淋巴细胞诱导成熟蛋白1(B lymphocyte induced maturation protein 1, Blimp1)的表达,有助于核因子κB受体活化因子配体(receptor activator of nuclear factor-κB ligand, RANKL)诱导的破骨细胞生成,而破骨细胞前体细胞中Blimp1的沉默可降低TNF-α对破骨细胞生成的刺激作用。PI3K/Akt信号通路在其中发挥重要作用^[33]。IL-21可通过PI3K/Akt信号通路参与破骨细胞分化,最终导致关节破坏^[25]。

2.3 调控FLS增殖 FLS是位于滑膜中的间充质细胞。FLS异常增殖可促进滑膜增生,引起滑膜组织炎症环境的持续进展,导致软骨和骨骼的破坏^[34]。在发生炎症的滑膜中,活化的类风湿关节炎成纤维样滑膜细胞(rheumatoid arthritis-fibroblast like synoviocytes, RA-FLS)是最丰富的基质细胞,表现出独特的侵袭性表型。RA-FLS异常活化和增殖是滑膜增生和骨破坏的重要因素^[35]。巨噬细胞胞外陷阱(macrophage extracellular traps, METs)可通过激活环状GMP-AMP合酶(cyclic GMP-AMP synthetase, cGAS)介导的PI3K/Akt信号通路促进RA-FLS增殖、迁移、侵袭^[36]。钙网蛋白(calreticulin, CRT)可通过PI3K/Akt信号通路增强抗凋亡蛋白B淋巴细胞瘤因子2-特大型(B-cell lymphoma extra large, Bcl-xl)和髓样细胞白血病因子1(myeloid cell leukemia factor 1, MCL1)的表达,抑制FLS凋亡^[37]。FLS分泌的分泌型磷蛋白1(secreted phosphoprotein 1, SPP1)可通过PI3K/Akt信号通路影响破骨细胞的形成,进而促进胶原诱导性关节炎(collagen-induced arthritis, CIA)小鼠关节骨破坏^[38]。叉头框C1(forkhead box C1, FOXC1)在RA中过表达。FOXC1可通过减少PI3K/Akt信号通路调节RA-FLS的

增殖^[90]。铁转运蛋白在减轻RA骨破坏中具有重要作用,可通过提高FLS中活性氧(reactive oxygen species, ROS)水平以及抑制PI3K/Akt信号通路来调节FLS的增殖和迁移^[40]。

2.4 调控血管生成 RA早期阶段就存在广泛的滑膜血管生成,持续的血管活动可通过滑膜增生、炎症细胞浸润及血管翳形成等方式促进骨和软骨破坏^[41-42]。血管内皮生长因子(vascular endothelial growth factor, VEGF)是一种促血管生成分子,可通过促进血管生成、增强血管通透性等方式在血管翳的形成和关节破坏中发挥核心作用^[43]。血管内皮生长因子A(vascular endothelial growth factor A, VEGFA)同源二聚体与血管内皮生长因子受体2(vascular endothelial growth factor receptor-2, VEGFR-2)结合可激活PI3K/Akt通路、钙信号通路和钙调蛋白通路,从而促进细胞增殖和血管生成^[44]。CPD-002是一种VEGFR-2抑制剂,可通过抑制VEGFR2/PI3K/Akt通路缓解佐剂诱导的关节炎(adjutant induced arthritis, AIA)大鼠滑膜血管生成和关节损伤^[45]。

3 中药调控PI3K/Akt信号通路治疗RA骨破坏

RA属中医学“痹证”“尪痹”“历节”等范畴,主要表现为关节僵硬、肿胀疼痛、活动受限等,严重者因骨破坏而引起关节畸形甚至功能丧失。RA骨破坏在中医学中属于“骨蚀”范畴。其症状重,病程长,预后差^[46]。中医药在治疗RA骨破坏方面具有一定的优势。中医药可通过靶向干预PI3K/Akt信号通路,降低炎症因子水平,抑制破骨细胞、FLS及血管生成,改善滑膜炎,从而改善RA骨破坏,提高患者生活质量。

3.1 抑制炎症反应 部分中药活性成分可通过降低炎症因子水平,改善滑膜炎,发挥治疗RA骨破坏的作用。汉黄芩素是从黄芩根部分离的一种天然黄酮类化合物。研究表明,汉黄芩素可通过调控PI3K/Akt/NF- κ B信号通路,减少TNF- α 、IL-1 β 、IL-6和MMP-9的产生;同时汉黄芩素可抑制人类风湿关节炎滑膜成纤维细胞(MH7A细胞)的迁移和侵袭,改善CIA小鼠滑膜炎和关节软骨破坏^[47]。扁蒴藤素是中药过山枫的醌甲基三萜类化合物,可通过调控PI3K/Akt信号通路降低血清TNF- α 、一氧化氮(nitric oxide, NO)水平,缓解AIA大鼠的炎症细胞浸润和骨侵蚀^[48]。樟芝酸K是牛樟芝的主要活性成分,可降低CIA小鼠血清TNF- α 、IL-1 β 、IL-8、IL-6水平,下调PI3K、Akt和NF- κ B信号级联,从而减轻小鼠的爪肿胀、软骨降解和骨侵蚀^[49]。天冬皂苷是来源于天冬的皂苷类化合物,PI3K/Akt信号通路是其治疗RA的核心通路。天冬皂苷可降低NO、前列腺素E₂(prostaglandin E₂, PGE₂)、TNF- α 、IL-6和IL-1 β 水平,抑制环氧合酶-2、一氧化氮合酶、表皮生长因子受体(epidermal growth factor receptor, EGFR)、MMP-9表达,改善大鼠关节损伤^[50]。骨碎补总黄酮能减少CIA模型中辅助性T细胞17(T helper 17 Cells, Th17)数量,抑制活化淋巴细胞分泌IL-17A和TNF- α ,抑制FLS炎症反应,抑制丝裂原活化蛋白激酶(mitogen-activated protein kinase, MAPK)、PI3K/Akt和NF- κ B信号通路的激活,缓解大鼠滑膜炎及关节破坏^[51]。

3.2 抑制破骨细胞生成与分化 部分中药活性成分可通过抑制破骨细胞生成与分化,抑制骨吸收,改善骨质流失,从而减轻骨质破坏。草乌甲素是从乌头属植物中提取的生物碱,可

通过调控类固醇受体共激活因子(steroid receptor coactivator, SRC)/PI3K/Akt信号通路抑制破骨细胞的分化,减轻关节的破坏^[52]。汉防己甲素,又名粉防己碱,来源于中药汉防己。研究表明,对于同时患有RA和绝经后骨质疏松症的患者,汉防己甲素可通过调控PI3K/Akt信号通路抑制RANKL诱导的破骨细胞生成,改善骨质流失,起到骨保护作用^[53]。雷公藤甲素来源于中药雷公藤,可通过调控PI3K/Akt/活化T细胞核因子c1(nuclear factor of active T cells cytoplasmic 1, NFATc1)信号通路抑制RANKL诱导的骨髓单个核细胞(bone marrow mononuclear cells, MMNCs)中破骨细胞生成,并抑制破骨细胞骨吸收功能,改善骨质流失^[54]。山豆根为豆科越南槐的干燥根,可降低PI3K/Akt信号通路的表达,下调PI3K、p-Akt、MMP-9、组织蛋白酶K(cathepsin K, CTSK)等蛋白表达,抑制破骨细胞分化,改善CIA小鼠关节破坏指标,从而抑制RA骨破坏的发生^[55]。小檗碱亦称黄连素,是从中药黄连中提取的一种生物碱。研究表明,小檗碱可通过IL-21/IL-21R介导PI3K/Akt通路,抑制破骨细胞生成;同时小檗碱还可以抑制FLS细胞的炎症增殖,抑制树突状细胞激活,调节Th17/调节性T细胞(regulatory T cells, Tregs)平衡,调整肠道微生物群,从而抑制滑膜关节炎及软骨和骨骼损伤^[56-57]。

3.3 抑制FLS增殖并促进其凋亡 FLS异常增殖活化是RA骨破坏的重要因素。研究表明,中医药可通过抑制FLS增殖并促进其凋亡改善RA骨破坏。茎6-姜烯酚是源自生姜和干姜的烷基酚类化合物。研究表明,茎6-姜烯酚可通过激活过氧化物酶体增殖物激活受体- γ (peroxisome proliferator-activated receptor- γ , PPAR γ)抑制PI3K/Akt/NF- κ B通路,减少TNF- α 、IL-1 β 、IL-6、IL-8、MMP-2和MMP-9的产生,抑制RA-FLS和MH7A细胞的增殖、迁移和侵袭,诱导细胞凋亡,从而改善CIA小鼠的关节破坏^[58]。青藤碱是从青藤根和茎中提取的活性化合物,具有抗炎、镇痛和免疫抑制特性。青藤碱主要靶向PI3K/Akt信号通路,能抑制RF-FLS的增殖、迁移和侵袭,降低IL-1 β 、IL-6和TNF- α 水平,减轻CIA小鼠踝关节滑膜增生、炎症细胞浸润和软骨变性等组织病理学改变^[59]。肉桂醛是从肉桂树皮中分离的醛类有机化合物,可通过阻断PI3K/Akt信号通路,降低RA-FLS中TNF- α 、IL-1 β 和IL-6的表达水平,抑制RA-FLS增殖、迁移和侵袭,促进RA-FLS凋亡,改善关节炎,抑制关节破坏^[60]。五味子甘是从中药五味子的果仁中分离得到的木脂素类化合物,可通过抑制核心转录因子固醇调节元件结合蛋白1(sterol-regulatory element binding protein-1, SREBP1)介导的PI3K/Akt和NF- κ B信号通路,降低IL-6、IL-8和CCL2水平,抑制RA-FLS增殖、迁移、侵袭,从而改善CIA小鼠的关节炎及骨骼和软骨破坏^[61]。白藜芦醇是一种广泛存在于虎杖、桑椹、山楂等中药中的天然多酚类化合物。研究表明,白藜芦醇可通过调控PI3K/Akt信号通路抑制RA-FLS中TNF- α 诱导的IL-1 β 和MMP-3产生,从而起到保护骨和软骨的作用^[62]。来源于中药陈皮的橙皮苷可抑制PI3K/Akt通路,降低FLS中MMP-3、MMP-9和MMP-13水平,抑制M1巨噬细胞的极化,减轻关节软骨的破坏^[63]。

3.4 抑制血管生成及滑膜增生 持续的血管活动可促进血

管翳形成及滑膜增生,是骨破坏发生发展的重要因素。中药单体活性成分及复方可通过抑制血管生成及滑膜增生改善RA骨破坏。从中药高良姜提取的高良姜素可通过调控PI3K/Akt信号通路降低TNF- α 、IL-1 β 和IL-6水平,抑制RA-FLS的增殖并促进其凋亡,从而改善RA大鼠骨破坏、滑膜增生和血管翳形成^[64]。苦参碱是来源于中药苦参的生物碱,可通过调节缺氧诱导因子(hypoxia-inducible factor, HIF)-VEGF-血管生成素(angiotensin, Ang)轴、抑制PI3K/Akt信号通路,下调IL-1 β 、TNF- γ 、VEGF水平,抑制RA-FLS的增殖迁移及滑膜血管生成,减轻RA骨破坏^[65]。雷公藤红素是一种从中药雷公藤根皮中提取的天然活性产物,可降低CIA小鼠血清TNF- α 和IL-1 β 水平,并通过抑制PI3K/Akt/mTOR信号通路诱导自噬,从而抑制滑膜增生,减轻关节软骨的破坏^[66]。身痛逐瘀汤可通过调控PI3K/Akt信号通路降低血清TNF- α 、IL-1 β 、IL-2和MMP-9水平,缓解关节肿胀,改善完全弗氏佐剂(complete Freund's adjuvant, CFA)诱导的关节炎大鼠的滑膜增生和关节软骨破坏^[67]。当归补血汤可通过调控PI3K/Akt信号通路进一步调控下游核转录因子红系2相关因子2(nuclear factor erythroid 2-related factor 2, Nrf2)的转录,抑制CIA大鼠氧化应激水平,改善滑膜病变,从而抑制骨破坏,减轻关节红肿畸形^[68]。白仙风汤可通过调控PI3K/Akt/NF- κ B信号通路降低血清TNF- α 和IL-1 β 水平,抑制软骨组织外周炎性基质中MMP-9、TNF- α 、IL-6和IL-1 β 蛋白表达及软骨组织中cleaved Caspase-8和cleaved Caspase-3等凋亡蛋白表达,抑制大鼠关节软骨组织中胶原蛋白II的降解,减缓血管翳形成、滑膜增厚和浸润,从而对关节软骨起到保护作用^[69]。乌头汤可通过抑制PI3K/Akt/mTOR/HIF-1 α 通路抑制MH7A细胞增殖、迁移和侵袭,阻断MH7A细胞中促血管生成效应子的产生,抑制FLSs中促血管生成因子的表达及滑膜组织中血管生成,改善CIA大鼠关节肿胀及滑膜血管翳增生,从而保护关节软骨^[70]。白虎桂枝汤可通过调控VEGFA/VEGFR2/SRC/PI3K/Akt信号通路改善RA大鼠滑膜新生血管形成,减少滑膜炎症和血管翳的形成,抑制大鼠滑膜病变的恶化,阻止关节进一步病变及软骨破坏^[71]。

4 总结与展望

骨破坏是RA患者活动受限甚至残疾的重要原因。RA骨破坏易导致劳动能力降低,进一步加重患者经济负担,是患者生活质量下降的关键因素之一。PI3K/Akt信号通路可通过调控炎症反应、破骨细胞分化、FLS增殖、血管生成等多个病理过程,在RA骨破坏发生发展进程中发挥重要作用。中医药可通过调控PI3K/Akt信号通路抑制炎症因子水平,改善滑膜炎症,调控破骨细胞分化,减缓骨质流失,抑制FLS增殖及血管生成,减缓滑膜增厚及血管翳形成,阻止RA患者关节变形,改善骨破坏,延缓病情进展。这为临床治疗及新药物的研发提供了参考依据。

虽然中医药调控PI3K/Akt信号通路治疗RA骨破坏取得了一定成果,但仍存在不足。第一,现有研究多基于动物模型进行研究,临床治疗的疗效性及安全性有待进一步探索。第二,中医药调控PI3K/Akt信号通路的作用机制需要更加深入的探索。第三,PI3K/Akt信号通路常与其上下游相关靶点蛋白

及其他信号通路相互作用,共同在RA骨破坏的发生机制中发挥作用。此部分有待进一步研究。因此,未来的研究应聚焦于临床试验,为推进中医药诊疗方案的最优化提供科学依据。同时未来的研究可借助于网络药理学、生物信息学等现代研究手段,进一步明确中医药通过调控PI3K/Akt信号通路治疗RA骨破坏的作用机制,为中医药治疗RA骨破坏提供更加安全有效的治疗策略。

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