

经典 Wnt 信号通路与阿尔茨海默病发病机制的研究进展

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阿尔茨海默病(Alzheimer's disease, AD)是常见的神经退行性疾病之一,主要表现为脑内淀粉样蛋白沉积和神经纤维缠结形成,对于AD发病机制的研究已成为热点问题。Wnt信号通路是一种相对保守的信号机制,在细胞增殖、组织稳态、中枢神经系统发育过程中发挥重要作用,并且参与调控着多种疾病的病理机制。近年来,随着研究的深入,发现Wnt信号通路与AD的发生密切相关。

AD是一类严重影响老年人身心健康的神经退行性疾病,目前全球预估有5 500万人罹患AD,预计2030年这一数字将增长到7800万^[1]。AD所导致的记忆力衰退、基本活动能力的丧失等临床表现为家庭和社会带来了沉重的负担,因此对于AD的发病机制的研究迫在眉睫。

AD的病因复杂,目前对于AD发病机制的假说众多,而越来越多的研究表明,Wnt信号通路参与调控了AD的发病进程,并且在AD发病机制中起着关键性作用。本研究拟从经典Wnt信号通路对AD发病机制的影响作一综述,以期为AD的治疗提供新的研究思路。

1 经典 Wnt 信号通路 (Canonical Wnt signaling pathway, CWSP)

1.1 CWSP的作用 Wnt信号通路是一种机体在进化过程中发生的相对保守的信号机制^[2],在细胞增殖和中枢系统发育过程中发挥着相当重要的作用,它调节细胞的分化与迁移,维持机体组织的稳态^[3];在中枢神经系统(Central nervous system,CNS)中Wnt信号通路可以影响神经元突触的数量和功能、帮助血管修复、维持血脑屏障(Blood-brain barrier, BBB)的完整性,并能调节小胶质细胞等的生理功能^[4-5]。因此,Wnt信号通路的异常会对机体大脑产生严重的影响如导致AD的发生等^[6]。

1.2 CWSP的传导机制 根据有无β-catenin的参与,一般将Wnt信号通路分为经典Wnt信号通路(Canonical Wnt signaling pathway, CWSP)和非经典信号通路。其中经典Wnt信号通路又称Wnt/β-catenin通路,其传导机制是(1)当存在Wnt蛋白时Wnt蛋白能与膜表面的Frizzled(Fz)受体和低密度脂蛋白受体相关蛋白5/6(Low-density lipoprotein receptor-related protein 5/6, LRP5/6)结合,并且招募Dishevelled蛋白(DVL)。DVL能够抑制由Axin、腺瘤性息肉病大肠杆菌(Adenomatous polyposis coli, APC)、糖原合酶激

酶-3β(Glycogen synthase kinase-3β, GSK-3β)、酪蛋白激酶1α(Casein kinase 1α, CK1)、蛋白磷酸酶2A(Protein phosphatase 2A, PP2A)和E3-泛素连接酶(E3-ubiquitin ligase, βTrCP)形成的破坏复合物对β-catenin的磷酸化和泛素化导致的降解^[7],随后β-catenin开始在细胞质中累积并且转运到细胞核,与T细胞因子/淋巴增强子结合因子(T cell factor/Lymphoid enhancer binding factor, TCF/LEF)结合,启动Wnt靶基因的转录^[8];(2)在缺乏Wnt蛋白的情况下破坏复合物导致β-Catenin磷酸化与泛素化,被蛋白酶体降解,不能转运到细胞核与TCF/LEF结合,Wnt信号通路处于关闭的状态^[3,8-9](图1)。

2 CWSP与AD

AD的主要病理学表现是细胞外β-淀粉样蛋白(Amyloid β-protein, Aβ)的积累和细胞内神经原纤维的缠结,而在Wnt/β-Catenin信号传导中对AD的影响主要表现在对中枢神经系统炎症的调节和导致突触功能的障碍上^[10],其中与AD相关的蛋白如糖原合成酶激酶-3β(Glycogen synthase kinase-3, GSK-3β)和分泌性糖蛋白-1(Dickkopf-1, DKK1)等也表现出明显的异常改变,最终导致Wnt信号通路的下调,影响细胞分化增殖与中枢神经系统的稳态,从而加重了AD的病程发展。

2.1 GSK-3β GSK-3β是一种丝氨酸/苏氨酸激酶,可以使微管稳定蛋白τ磷酸化,促使τ从微管上解离下来形成不溶性的寡聚体,这种由寡聚体形成的成对螺旋丝是AD大脑中形成的神经原纤维缠结的组成部分之一^[11]。Zhao等人研究了与AD有关的细胞应激传感器核富集丰富的转录本1(Nuclear enriched abundant transcript 1, NEAT1),发现NEAT1能通过抑制卷曲类受体3(Frizzled class receptor 3, FZD3)/GSK-3β过度磷酸化的Tau蛋白(Hyperphosphorylated Tau, p-Tau)的途径调节微管(Microtubules, MTs)的聚合,并且能影响Wnt信号传导中FZD3的转录活性,FZD3表达水平下降并激活GSK-3β的活化,最终导致磷酸化Tau蛋白的增加^[12]。Pares等人分别对GSK-3β抑制剂和激活剂的研究发现,GSK-3β是由其位于氨基末端尾部的丝氨酸9(Serine 9, Ser9)上的抑制性磷酸化进行调节的,这一过程的失调能导致GSK-3β永久性异常激活,诱导τ过度磷酸化聚集,进而加重AD病情的发展^[13]。同时,GSK-3β作为经典Wnt信号传导通路中β-catenin破坏复合物中的组成部分之一,在AD发病过程中高度活化,使β-Catenin磷酸化降解,导致Wnt信号通路的失活。Liu等人对小鼠的海马神经干

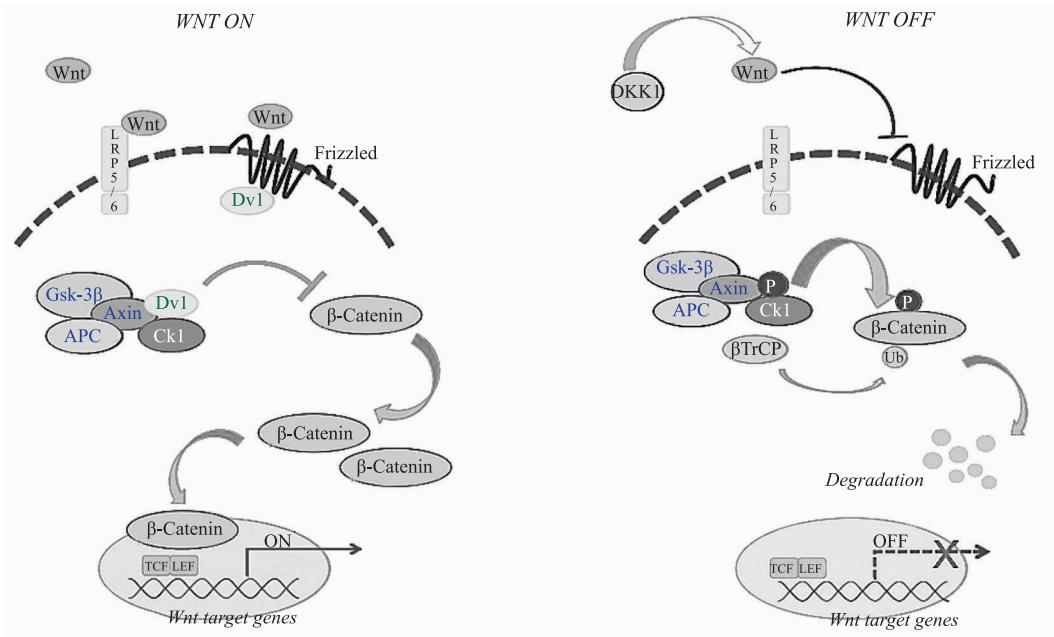


图 1 经典 WNT 信号通路的传导过程

细胞中 GSK-3 β 进行激活,发现其过度活化能够加速神经干细胞库的消耗,导致成年海马神经形成缺陷,从而损害小鼠的空间记忆能力^[14]。

2.2 DKK1 Dickkopf 相关蛋白-1(Dickkopf-1, DKK1) 是一种内源性途径的 Wnt 信号通路拮抗剂,已经证实与 AD 的发病机制有关。Tay 等人进行随访检测了特定 AD 人群 1 年内的血清学样本,发现 AD 患者血清中 DKK1 水平上升^[15]。Liu 等人在人胚胎肾细胞 293A(Human embryonic kidney 293A cell, HEK293A) 细胞内过量表达 DKK1,随后对诱导产生的蛋白质组进行定量分析,发现其富含与已知 AD 的相关分子途径的蛋白,表明 A β 导致 DKK1 水平上升,增加了 Tau 蛋白的磷酸化和神经退行性变的风险^[16]。另有研究用过量 DKK1 处理细胞,发现微管和神经丝的聚集,增加的 Tau 蛋白的磷酸化水平同样证明了上述观点^[17]。在 AD 的病程进展中突触的丢失认为是记忆功能逐渐丧失的原因之一,Ross 等人用 miRNA-431 沉默 DKK1 的跨膜受体 Kremen1(Krm1)后发现突触丢失得到了改善,证明了 DKK1 可减少神经元中突触前和突触后点的数量^[18]。同样有研究表明,DKK1 能阻止 Wnt 配体与膜表面 LRP5/6 受体复合物的结合来抑制 CWSP;Menet 等人通过抑制 DKK1 的生物学活性而发现与 A β 有关的淀粉样前体蛋白(Amylopsin, APP)裂解酶-1(β-Site APP-cleaving enzyme 1, BACE-1)蛋白表达水平下降,并且抑制 DKK1 后脑内血管密度增强,保护了 BBB 结构与功能的完整性,而诱导 DKK1 表达后突触后密度蛋白-95(Postsynaptic density protein, PSD-95)的 mRNA 表达水平下降,所以猜测 DKK1 可能是通过抑制脑源性神经营养因子(Brain-derived neurotrophic factor, BDNF) 和 PSD-95 蛋白表达来影响突触的可塑性^[19]。

2.3 β -Catenin β -Catenin 是 CWSP 的中心蛋白,作为转录因子被转运至细胞核内启动 Wnt 靶基因的转录。有研究已

证实,在 AD 中 β -Catenin 的表达减少,其原因可能是由于 GSK-3 β 活性的上升,增加了丝氨酸 45(Serine 45, pSer45)位点的 β -catenin 磷酸化,一旦 Ser45 磷酸化, β -Catenin 就会被蛋白酶体降解^[2]。另有研究发现 APP 能与 β -Catenin 产生物理结合,阻止其转运到细胞核而启动下游基因转录,导致 β -Catenin 核功能的改变并且影响其在细胞内的分布^[20]。Wang 等人发现,谷氨酰胺能够通过 Wnt3a/ β -Catenin 的途径来保护 AD 内氧化应激导致的损伤,实验用谷氨酰胺治疗被 A β 25-35 预处理的大鼠嗜铬细胞瘤肿瘤细胞系 PC12 后发现 Wnt 配体 3a 和 β -Catenin 的蛋白水平增高,神经细胞凋亡减少^[21]。有研究曾表明小胶质细胞所导致的神经炎性是 Wnt 信号传导发挥作用的主要靶点,并且可能与 β -Catenin 的传导有关^[22]。髓细胞触发受体 2(Triggering receptor expressed on myeloid cells 2, TREM2)作为小胶质细胞的重要受体之一,已经被证实可以抑制 β -Catenin 的降解,从而激活 CWSP 对 AD 起保护作用^[23]。最近的一项研究也表明,经典的 Wnt 途径可以通过 β -Catenin 在非神经模型中发挥抗炎活性,防止促炎因子 κ B 靶基因的表达^[24]。Pons 等人发现,当 TREM2/ β -Catenin 和白细胞介素-34(Interleukin-34, IL-34)的表达增加时敲除小胶质细胞基因后的小鼠内出现了 1 个代偿系统,这种补偿机制能够促进小胶质细胞的存活和对 A β 的吞噬作用^[25]。另有研究则发现, β -Catenin 可以通过调节内皮特异性家族 Claudin5(Cldn5)和葡萄糖转运蛋白亚型 1(Glucose transporter 1, Glut-1)来维持 BBB 的完整性^[26]。

2.4 PP2A 2 型蛋白磷酸酶(Protein phosphatase 2A, PP2A) 在 Wnt 信号通路的传导途径中作为 β -Catenin 破坏复合物的活性组装因子之一^[27],可以分离出 β -Catenin 的磷酸基团,保护 β -Catenin 的稳定性。用蛋白磷酸酶抑制剂冈田酸(Akadaic acid, OA)抑制 PP2A 活性会导致细胞内活性 β

Catenin(ATP-binding cassette, ABC)转运蛋白水平下降^[28]。在CWSP中PP2A的另外1个作用是激活酪蛋白激酶1ε(Casein kinase 1ε, CK1ε),并且招募DVL蛋白,使DVL与β-Catenin破坏复合物结合并启动Wnt途径^[29]。在提高ABC水平中PP2A发挥着积极作用;最新的研究表明PP2A可以作为治疗AD的药物靶点^[29];Huang等人用氟西汀处理App/ps1/Tau三转基因小鼠(Triple transgenic mouse for Alzheimer's disease, 3XTg-AD),发现PP2A的活性显著增强,并降低了海马组织中GSK-3β的活性^[30];同样Chiroma等人的研究表明,积雪草可以通过海马内PP2A/GSK-3β途径来保护AD样病变的大鼠^[31],所以加强对PP2A作为AD的药物靶点的研究对临床治疗有着重要的意义。

3 总结与展望

综上所述,在AD发展过程中经典Wnt信号通路总体是下调的,其传导过程中的相关蛋白受Aβ累积、Tau蛋白磷酸化和神经炎性的影响能导致CNS内突触的丢失和血脑屏障的功能性障碍,加重AD的病程发展(图2)。其中各种因素互相影响,并且形成恶性循环,由此可见AD发病机制的错综复杂,而经典的Wnt信号通路在细胞增殖分化和中枢神经系统发育中起发挥着重要的作用,对AD发病机制的影响不可小觑。虽然目前在AD的研究领域上日益加强,但临幊上对于AD的治疗并没有特效药物,因此对经典Wnt信号通路的深入研究是必须的,以期为能找出更多的与AD相关的治疗靶点,给AD患者带来福音。

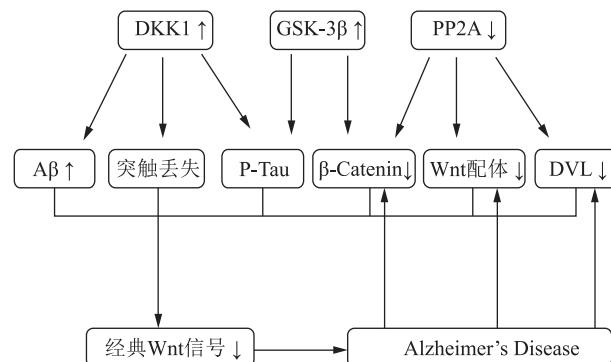


图2 经典WNT信号通路调控AD发病机制

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