



Nrf2信号通路在补锌治疗1型糖尿病肾病小鼠中的作用*

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【摘要】目的 观察锌(Zinc, Zn)对糖尿病肾病动物是否具有治疗作用及探讨其对抗氧化物质核因子e2相关因子2(Nrf2)信号通路表达的影响。**方法** 取12只3月龄雄性体质量约24~27 g的OVE26小鼠(自发性1型糖尿病小鼠),随机分为糖尿病(DM)组及Zn处理糖尿病(DM/Zn)组($n=6$),另取12只同龄雄性体质量约27~30 g的FVB小鼠随机分为非糖尿病对照(Ctrl)组及Zn处理(Zn)组($n=6$)。DM/Zn组及Zn组小鼠给予补锌治疗3个月,每只小鼠给予5 mg/kg硫酸锌灌胃给药,隔日一次。DM组和Ctrl组小鼠给予等体积生理盐水。实验终点采用尿白蛋白尿肌酐比值(ACR)作为肾脏功能评价指标,苦味酸天狼猩红染色检测各组小鼠肾脏组织纤维化,Western blot方法检测肾脏组织促纤维生长因子CTGF、TGF- β 1的表达,并用Western blot方法检测抗氧化物质Nrf2及其下游NAD(P)H脱氢酶醌1(NQO1)、血红素氧化酶1(HO-1)、超氧化物歧化酶(SOD)-1、SOD-2、过氧化氢酶(CAT)的蛋白表达情况。**结果** ①与Ctrl组相比,DM组小鼠尿蛋白分泌水平进行性升高,补锌治疗3个月后,与DM组相比,DM/Zn组小鼠尿蛋白分泌水平下降,差异具有统计学意义($P<0.05$)。②与Ctrl组相比,DM组小鼠肾脏组织胶原沉积增加,差异具有统计学意义($P<0.05$),而DM/Zn组小鼠无明显变化。与Ctrl组相比,DM组小鼠肾脏组织CTGF、TGF- β 1表达增加,补锌后其表达量下降,差异具有统计学意义($P<0.05$)。③与Ctrl组相比,Zn组和DM组小鼠肾脏组织抗氧化物质Nrf2的表达水平增加,DM/Zn组小鼠肾脏组织Nrf2水平进一步增加,差异具有统计学意义($P<0.05$)。④与Ctrl组相比,Zn组小鼠肾脏组织Nrf2下游靶基因NQO1、HO-1的蛋白表达水平增加,DM/Zn组小鼠肾脏组织NQO1、HO-1水平进一步增加,差异具有统计学意义($P<0.05$);与Ctrl组小鼠比较,Zn组小鼠肾脏组织中SOD-1、SOD-2、CAT的表达增加,DM组小鼠肾脏组织SOD-1、SOD-2、CAT的表达水平减少,差异具有统计学意义($P<0.05$),补锌后可完全抑制这些改变($P<0.05$)。**结论** 补锌对糖尿病肾病具有治疗作用,减轻了DM导致的肾脏组织功能改变及氧化损伤,可能与抗氧化物质Nrf2信号通路激活有关。

【关键词】 Zn 糖尿病肾病 抗氧化物质 Nrf2信号通路

Diabetic Nephropathy Treatment by Zn Supplementation in a Murine Model of Type 1 Diabetes Mellitus: Potential Role of Nrf2 Signaling Pathway

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【Abstract】 Objective To evaluate the renoprotective effects of zinc (Zn) supplementation in diabetes kidney disease (DKD) and to explore its impact on the nuclear factor erythroid 2-related factor 2 (Nrf2) signaling pathway. **Methods** A total of 12 male OVE26 mice (spontaneous type 1 diabetes mellitus mice) aged 3 months and weighing approximately 24–27 g were selected and randomly assigned to a diabetes mellitus (DM) group and a zinc-treated DM (DM/Zn) group ($n = 6$ each). In addition, 12 age-matched male FVB mice weighing approximately 27–30 g were selected and randomly assigned to a non-diabetic control (Ctrl) group and a zinc-treated (Zn) group ($n = 6$ each). Mice in the DM/Zn and Zn groups were given zinc supplementation for 3 months, with each mouse receiving 5 mg/kg of zinc sulfate by gavage every other day. Mice in the DM and Ctrl groups were given the same volume of normal saline. At the end of the experiment, the albumin-to-creatinine ratio (ACR) in urine was used as an indicator to evaluate renal function. Sirius red staining was performed to assess renal fibrosis in each group of mice. Western blotting was performed to determine the expression of fibrotic growth factors, including connective tissue growth factor (CTGF) and transforming growth factor- β 1 (TGF- β 1), in renal tissue, and the protein expression of Nrf2, an antioxidant substance, and the protein expression levels of its downstream targets, including NAD(P)H quinone dehydrogenase 1 (NQO1), heme oxygenase 1 (HO-1), superoxide dismutase (SOD)-1, SOD-2, and catalase (CAT). **Results** 1) Compared to the Ctrl group, the urinary protein secretion levels of mice in the DM group exhibited progressive increase. After 3 months of zinc supplementation treatment, the urinary protein secretion levels of mice in the DM/Zn group decreased Compared to that of mice in the DM group, and the difference was statistically significant ($P < 0.05$). 2) Compared to that in the Ctrl group,

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the collagen deposition in the renal tissues of mice in the DM group increased, and the difference was statistically significant ($P < 0.05$), while no obvious change was observed in mice in the DM/Zn group. Compared to the Ctrl group, mice in the DM group exhibited increased expression levels of CTGF and TGF- β 1 in the renal tissues, but the expression levels decreased after zinc supplementation treatment, with the differences being statistically significant ($P < 0.05$). 3) Compared to that of the Ctrl group, the expression level of Nrf2 in the renal tissues of mice in the Zn and DM groups increased, and the level of Nrf2 in the renal tissues of mice in the DM/Zn group showed a further increase, with the differences being statistically significant ($P < 0.05$). 4) Compared to those of the Ctrl group, the protein expression levels of Nrf2 downstream target genes, including NQO1 and HO-1, in the renal tissues of mice in the Zn group increased, and the levels of NQO1 and HO-1 in the renal tissues of mice in the DM/Zn group showed a further increase, with the differences being statistically significant ($P < 0.05$). Compared to those of the mice in the Ctrl group, the protein expressions of Nrf2 downstream target genes, including SOD-1, SOD-2, and CAT of in the renal tissues of the mice in the Zn group increased, while the expression levels of SOD-1, SOD-2, and CAT in the renal tissues of the mice in the DM group decreased, with the differences being statistically significant ($P < 0.05$). Zn supplementation could completely inhibit these changes ($P < 0.05$). **Conclusions** Zn supplementation has therapeutic effects on DKD and mitigates T1DM-induced renal dysfunction and oxidative injury in mice, which may be associated with the activation of the Nrf2 antioxidant signaling pathway.

[Key words] Zn Diabetic nephropathy Antioxidant substance Nrf2

糖尿病肾病 (diabetes kidney disease, DKD) 是糖尿病最主要的并发症之一。流行病学调查显示 DKD 已经成为中国终末期肾病的第二位诱因。氧化应激及氧化损伤在 DKD 的发生、发展中起重要作用^[1]。锌 (zinc, Zn) 是一种重要的微量元素, 参与机体多种生理过程, 也是一些抗氧化酶结构成分之一。研究表明, 锌缺乏可以引起糖尿病小鼠肾脏组织的氧化应激及纤维化水平增加, 而补 Zn 后上述病变得到改善^[2]。有实验发现锌能降低微量蛋白尿的 2 型糖尿病患者尿蛋白的分泌^[3-4], 但具体机制尚不清楚。核因子 e2 相关因子 2 (nuclear factor erythroid 2-related factor 2, Nrf2) 是细胞抗氧化活性的主要调节因子, 并激活抗氧化基因的转录, 如血红素加氧酶 1 (heme oxygenase-1, HO-1) 和 NAD(P)H 脱氢酶醌 1 (NQO1)。增加的抗氧化剂对 DM 诱导的过量自由基有清除作用。既往研究显示 Nrf2 在 DKD 的保护中起关键作用, Nrf2 敲除糖尿病小鼠比野生型糖尿病小鼠表现出更严重的肾损伤^[5]。近期的临床研究显示与健康人群相比, DKD 患者常伴有低锌血症和血 Nrf2 mRNA 表达降低; 且血锌水平降低的患者, 肾脏组织 Nrf2 也呈低表达状态^[6]。在大鼠代谢综合征模型中的研究发现, 补锌能够减轻代谢综合征大鼠肝脏组织氧化损伤、炎症、自噬, 同时伴有肝脏组织 Nrf2 表达的增加^[7]。故本研究拟采用自发性 1 型糖尿病小鼠建立补锌模型, 探讨锌对糖尿病肾病的治疗作用及其对抗氧化物质 Nrf2 信号通路表达的影响。

1 材料和方法

1.1 主要试剂

CTGF 抗体, Nrf2 抗体, β -actin 抗体, HO-1 抗体,

NQO1 抗体, SOD1 抗体, SOD2 抗体和 CAT 抗体 (美国 Santa Cruz 公司), TGF- β 1 抗体 (美国 Cell Signaling 公司), 二抗 (美国 Santa Cruz 公司)。尿白蛋白检测试剂盒 (美国 Bethyl Laboratories 公司), 尿肌酐检测试剂盒 (美国 BioAssay Systems 公司)。

1.2 实验动物及分组

OVE26 小鼠是自发性 1 型转基因糖尿病小鼠, 其 3 周龄时已有严重的高糖, 3 月龄时已有显著的蛋白尿、肾小球滤过率下降, 肾脏组织中可见肾小球基底膜增厚、系膜基质增多及 K-W 结节等典型糖尿病肾病的病理改变^[8], 故本研究选用该小鼠模型观察 Zn 对糖尿病肾病的治疗作用。因小鼠周龄及饲养环境差异小, 故动物实验中选用 4~6 只小鼠即可满足统计学分析, 本实验选用的样本量为每组 6 只。本实验将 12 只 3 月龄雄性 OVE26 体质量约 24~27 g 小鼠随机分为糖尿病 (DM) 组及 Zn 处理糖尿病 (DM/Zn) 组 ($n=6$), 另取 12 只同龄雄性 FVB 体质量约 27~30 g 小鼠随机分为非糖尿病对照 (Ctrl) 组及 Zn 处理 (Zn) 组 ($n=6$)。DM/Zn 组及 Zn 组小鼠给予补 Zn 治疗 3 个月, 硫酸锌的剂量为 5 mg/kg, 灌胃给药, 隔日一次。硫酸锌剂量、给药方式及时间的选择依据既往研究^[9], 为避免组织中过多的游离 Zn 蓄积及保证 Zn 的摄入量在给药小鼠间的一致性, DM/Zn 组和 Zn 组小鼠以灌胃给药方式给予相对低剂量的硫酸锌 (每次 5 mg/kg, 隔日一次), DM 组和 Ctrl 组小鼠给予等体积生理盐水。实验结束前留取 24 h 尿, 称重, 2% 戊巴比妥钠 0.1 mL/10 g 腹腔注射麻醉小鼠并处死, 心脏取血, 取出肾脏称重, 部分肾组织 10% 中性甲醛溶液固定, 行组织形态学检测, 部分肾组织存放于 -80°C 。所有检测方法均遵循动物研究的伦理准则, 并通过了吉林

大学第一医院伦理委员会的批准(批准号20220666)。

1.3 尿白蛋白尿肌酐比值测定

实验结束麻醉前留取24 h尿液,按试剂盒操作说明检测小鼠尿蛋白及尿肌酐,得到相应的尿蛋白和尿肌酐结果后,根据公式计算小鼠尿白蛋白尿肌酐比(ACR)值。 $ACR = \text{尿白蛋白} / \text{尿肌酐}$ 。

1.4 小鼠肾脏组织苦味酸天狼猩红染色

石蜡切片常规脱蜡及水化,0.1%饱和苦味酸天狼猩红溶液(0.1 g天狼猩红溶于100 mL饱和苦味酸)染色1 h,自来水冲洗5 min,0.25%甲基绿复染10 min,梯度乙醇脱水,二甲苯透明,中性树脂封片,偏振光显微镜观察并摄片。

1.5 Western blot

取出冰冻肾脏组织,加入组织蛋白裂解液,超声碎裂后提取蛋白,测定蛋白浓度,取60 μg 样本蛋白,加样本处理液,煮沸5 min,8%十二烷基硫酸钠-聚丙烯酰胺凝胶电泳,半干板转移槽转移至PVDF膜上,丽春红染液染色观察蛋白转移情况并标出蛋白Marker,5%脱脂牛奶封闭1 h,分别加CTGF(1:500),TGF- β 1(1:500),Nrf2(1:500),HO-1(1:500),NQO1(1:500),SOD1(1:2000),SOD2(1:2000)和CAT(1:3000)及 β -actin(1:3000)抗体进行杂交,4 $^{\circ}\text{C}$ 过夜,TBST洗膜3 $\times$ 10 min,加二抗(1:2000)进行杂交,室温孵育1 h,TBST洗膜3 $\times$ 10 min,ECL发光剂显色并曝光成像。利用图像分析系统扫描确定X光片上的杂交条带的相对光密度值。

1.6 免疫组织化学染色

取肾脏组织石蜡切片,常规脱蜡,梯度乙醇水化,1.8%甲醇与 H_2O_2 混合液灭活内源性过氧化物酶,微波热修复抗原,CTGF、TGF- β 1一抗1:100稀释,4 $^{\circ}\text{C}$ 孵育过夜。然后用磷酸盐缓冲盐水洗涤切片,并在室温下与辣根过氧化物酶结合的二抗(1:300~1:400稀释)孵育2 h。过氧化物酶底物3,3-二氨基联苯胺显色,苏木素复染,脱水、透明、中性树脂封片。

1.7 统计学方法

数据以 $\bar{x} \pm s$ 表示,两组以上比较采用One-way ANOVA检验,然后使用事后两两比较Tukey's检验,用GraphPad Prim进行实验室数据分析和绘图软件(OriginLab, Northampton, MA)绘图, $P < 0.05$ 为差异有统计学意义。

2 结果

2.1 补锌对糖尿病小鼠尿蛋白分泌水平的影响

与Ctrl组相比,DM组小鼠尿蛋白分泌水平(ACR)升高;补锌治疗3个月后,与DM组相比,DM/Zn组小鼠尿蛋白分泌水平明显下降($P < 0.05$),见图1。

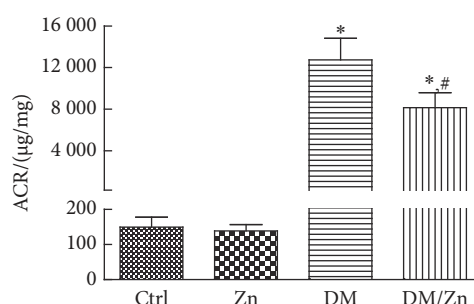


图1 各组小鼠尿蛋白分泌水平

Fig 1 Urinary protein levels of mice in each group

ACR: urine albumin/urine creatinine. * $P < 0.05$, vs. Ctrl group; * $P < 0.05$, vs. DM group. $n = 6$.

2.2 补Zn对糖尿病小鼠肾脏组织纤维化的影响

苦味酸天狼猩红染色结果(图2A)及半定量分析(图2B)显示,与Ctrl相比,DM组小鼠肾脏组织胶原沉积明显增加($P < 0.05$),而DM/Zn组小鼠无明显变化。Western blot结果显示,与Ctrl组相比,DM组小鼠肾脏组织促纤维生长因子CTGF、TGF- β 1表达明显增加($P < 0.05$),补锌后其表达量显著下降($P < 0.05$),见图2C。免疫组织化学染色结果也显示,与对照组相比,DM组小鼠肾脏组织促纤维生长因子CTGF、TGF- β 1表达明显增加,补锌后其表达下降,与Western blot结果一致,见图2D。

2.3 补锌对糖尿病小鼠肾脏组织Nrf2表达的影响

Western blot结果显示,与Ctrl组相比,Zn处理组和DM组小鼠肾脏组织抗氧化物质Nrf2的表达水平明显增加($P < 0.05$),DM/Zn组小鼠肾脏组织Nrf2水平进一步增加($P < 0.05$),见图3。

2.4 补Zn对糖尿病小鼠肾脏组织Nrf2下游抗氧化物质表达的影响

Western blot结果显示,与Ctrl组相比,Zn组小鼠肾脏组织Nrf2下游靶基因NQO1、HO-1的蛋白表达水平明显增加($P < 0.05$),DM/Zn组小鼠肾脏组织NQO1、HO-1水平进一步增加($P < 0.05$);与Ctrl组比较,Zn组小鼠肾脏组织Nrf2下游靶基因SOD-1、SOD-2、CAT的蛋白表达水平明显增加($P < 0.05$),DM组小鼠肾脏组织SOD-1、SOD-2、CAT的表达水平明显减少($P < 0.05$),补锌后可完全抑制这些改变($P < 0.05$),见图4。

3 讨论

DKD的主要病理生理及病理特征为炎症、氧化应激、系膜基质增多、基底膜增厚、肾小球增大,最终导致肾小球硬化及小管间质的纤维化^[10]。其中氧化应激损伤被认为是DKD最主要的发病机制。日益增多的研究表明,阻断氧化应激反应能够减轻糖尿病的并发症,如

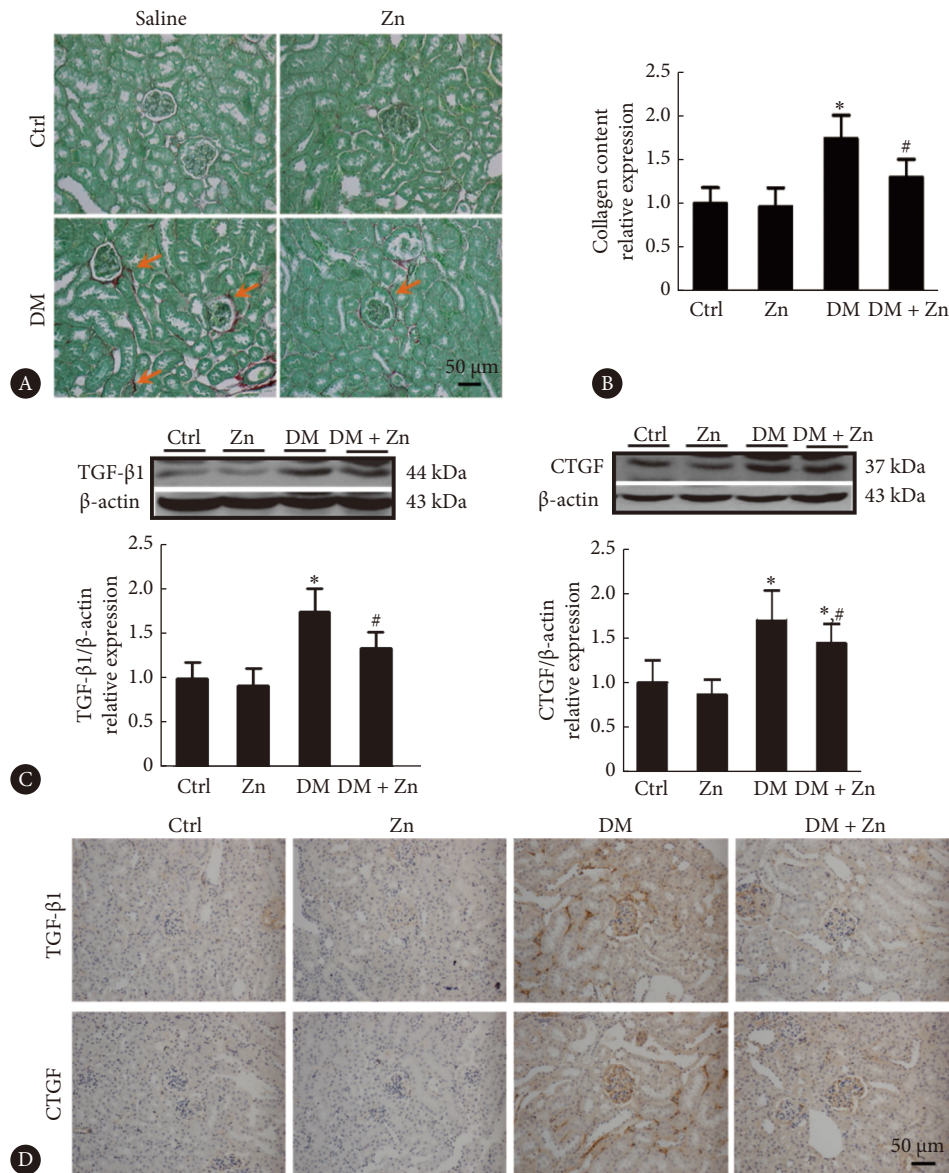


图2 补锌改善DM小鼠肾脏组织纤维化

Fig 2 Zinc supplementation improves renal fibrosis in DM mice

A, Sirius red staining, collagen fibers were red (positive staining, indicated by red arrows), and the rest of the kidney tissue was green; B, semi-quantitative analysis for sirius red staining; C, renal expression of TGF-β1 and CTGF (Western blot); D, renal expression of TGF-β1 and CTGF (immunohistochemical staining). * $P < 0.05$, vs. Ctrl group; # $P < 0.05$, vs. DM group. $n = 6$.

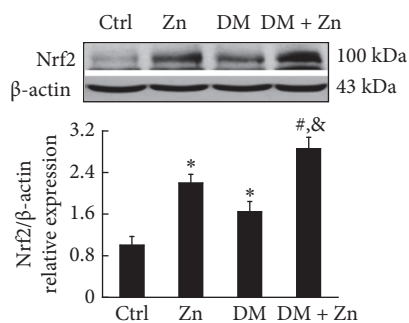


图3 各组小鼠肾脏组织Nrf2蛋白表达

Fig 3 Renal expression of Nrf2 in mice in each group

$n = 6$. * $P < 0.05$, vs. Ctrl group; # $P < 0.05$, vs. DM group. & $P < 0.05$, vs. Zn group.

DKD^[11]、糖尿病视网膜病^[12]、糖尿病心肌病^[13]。Nrf2是细胞内重要的氧化还原调节因子。生理条件下Nrf2在胞浆内与Keap1结合, 泛素化后被蛋白酶降解。应激状态下, Nrf2与Keap1解离后进入细胞核, 与基因上编码抗氧化酶反应元件结合, 启动抗氧化酶转录, 如NQO1、HO-1、SOD、CAT。上调Nrf2能够减轻氧化应激损伤及糖尿病并发症^[14-15]。Zn是多种抗氧化酶的组成部分, 具有强大的抗氧化作用。研究表明Zn能上调Nrf2, 对氧化损伤具有保护作用。本实验结果显示: 糖尿病小鼠尿蛋白水平及肾脏组织纤维化明显增加; 补Zn能降低糖尿病肾病小鼠尿蛋白水平及改善其肾脏组织纤维化; 补Zn增加糖尿病

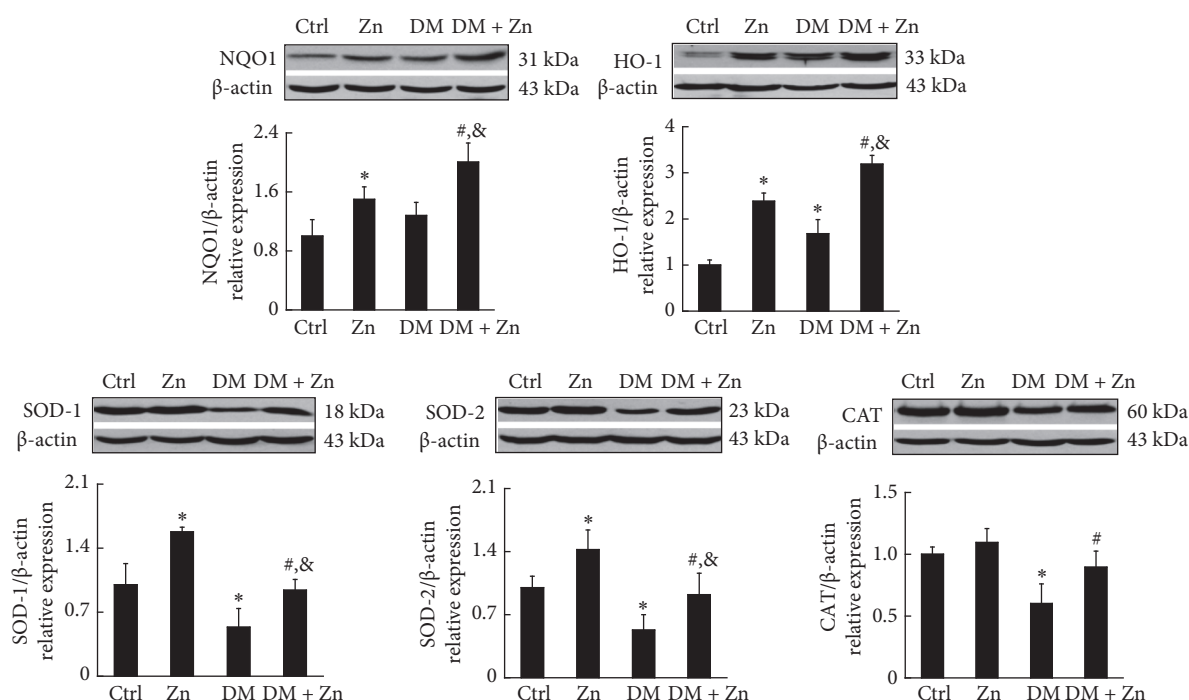


图4 各组小鼠肾脏组织Nrf2下游抗氧化物质蛋白表达

Fig 4 Renal expression of downstream antioxidant genes of Nrf2 of mice in each group

$n = 6$. * $P < 0.05$, vs Ctrl group; # $P < 0.05$, vs DM group; & $P < 0.05$, vs Zn group.

小鼠肾脏组织Nrf2及其下游抗氧化酶的表达,说明补Zn对糖尿病肾病具有治疗作用,可能与抗氧化物质Nrf2信号通路激活有关。

Nrf2作为内源性的抗氧化物质,在糖尿病肾病早期有一定的保护作用。我们的研究发现,与3月龄正常小鼠相比,3月龄糖尿病小鼠肾脏组织内Nrf2表达明显地增加,这与其他研究结果相一致^[16-17]。但TAN等^[18]发现,糖尿病小鼠心肌细胞中Nrf2在开始的两个月表达增加,第五个月开始表达逐渐下降并明显低于对照组。这些研究表明,在氧化应激的早期Nrf2表达增加具有保护作用,但随着严重的氧化应激损伤持续存在,Nrf2表达逐渐下降,失去其抗氧化能力。Nrf2的抗氧化作用主要是启动了其下游抗氧化基因的表达^[19]。本研究显示,糖尿病小鼠Nrf2表达增加的同时,其下游抗氧化酶NQO1及HO-1表达增加,但SOD-1、SOD-2、CAT表达下降,这可能因为这几种氧化酶的表达除了受Nrf2的调节外,还存在其他调节机制。

本研究显示,糖尿病肾病小鼠补锌后肾脏组织内Nrf2及其下游抗氧化酶表达明显增加。Zn影响Nrf2表达转录功能及其机制目前尚不清楚。Fyn对Nrf2有负性调节作用,其磷酸化后可以进入细胞核,与细胞核内的Nrf2结合后将其转移至胞浆内降解。有研究表明Zn调节Nrf2表达的机制可能是通过激活Akt后抑制了Fyn核内转

移^[20]。Akt/GSK-3β信号是胰岛素信号的组成部分,同时也与糖尿病肾病的发生发展密切相关。Zn具有胰岛素样作用,能够激活Akt及胰岛素信号通路,从而使GSK-3β磷酸化,减少了Fyn入核及Nrf2降解^[21-22]。然而Zn诱导Nrf2信号通路表达的具体机制有待进一步研究。

本研究的不足之处仅选取1型糖尿病小鼠模型,未来还需要在2型糖尿病小鼠模型中进一步验证,并考虑设置阳性对照以增加研究的严谨性和准确性。此外本研究仅观察到锌对DKD的治疗作用及Nrf2信号通路的激活,未来可在细胞试验及转基因小鼠中进行验证,进一步明确Zn保护DKD及Nrf2激活的具体机制。

综上所述,氧化应激在糖尿病肾病的发生、发展中起重要作用,最终导致肾脏组织纤维化及肾功能损害。补Zn对糖尿病肾病具有治疗作用,减轻了DM导致的肾脏组织功能改变及氧化损伤,可能与抗氧化物质Nrf2信号通路激活有关,更深入的分子机制有待后续研究进一步阐明。

* * *

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