

综述

内源性神经干细胞促进缺血性脑卒中后神经修复的研究进展

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摘要: 神经干细胞自1992年被发现以来, 已成为治疗神经系统各类疾病的新希望。缺血性脑卒中因其高发病率、高致死率和高致残率而倍受关注。损伤后的大脑自我修复能力有限, 因此只能适度改善神经功能, 而加快神经再生才能从根本上阻止神经系统疾病的发生和发展。值得关注的是, 部分患者在发病数月后可表现出脑修复能力, 提示可能存在内源性的神经修复。本文对近年来内源性神经干细胞在缺血性脑卒中后的神经再生及相关调控因素的研究进展进行综述, 为促进缺血性脑卒中后的神经修复提供新的治疗思路。

关键词: 缺血性脑卒中; 内源性神经干细胞; 神经再生; 研究进展

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Research advances in endogenous neural stem cells promoting neural repair after ischemic stroke

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Abstract: Neural stem cell therapy, as a new therapeutic method for neural diseases, has aroused a wide concern for over 20 years since neural stem cells were first found in 1992. Ischemic stroke is highly concerned because of its high incidence, mortality and disability rates. Because the brain has a limited ability to repair itself, to improve neural function and promote neural regeneration may help to prevent occurrence and development of neurological diseases. It is noteworthy that some stroke patients showed an ability to repair brain several months after the stroke happened, suggesting an existence of endogenous nerve repair in these patients. The research advances in functions of endogenous neural stem cells in neural regeneration and the related regulators after ischemic stroke are summarized in this review to provide new views of the mechanism of neural functional recovery after ischemic stroke.

Key words: ischemic stroke; endogenous neural stem cells; neural regeneration; research progress

脑卒中在世界范围内已成为导致成人死亡和残疾的最主要疾病之一^[1]。在我国, 近 70% 脑卒中病例为缺血性脑卒中^[2-4]。目前, 临床治疗方案以早

期溶栓、尽早收入卒中单元及康复理疗为主, 但治疗效果不佳, 损伤神经元不能从根本上得到修复。1992 年 Reynolds 等^[5]在成年小鼠纹状体内分离出

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具有在体外增殖、分裂为神经元和胶质细胞能力的神经细胞群，从此打破了人们对成年神经系统无神经发生的认识。2000年，Gage^[6]对神经干细胞(neural stem cell, NSC)定义如下：一类能够生成神经组织或来源于神经系统的，具有自我更新能力的，并且可通过不对称分裂产生除自身以外的不同于自身的细胞(神经元、星形胶质细胞、少突胶质细胞)的细胞群。研究显示，在人及其他成年哺乳动物脑内，大脑局部缺血或创伤性损伤会激活内源性NSC增殖、迁移至损伤区并分化为成熟的神经元^[7]。但缺血刺激导致的NSC再生能力有限，尚不能满足临床需要。随着对干细胞的深入研究，外源性NSC移植治疗脑损伤的尝试取得了较大的进展，但因细胞移植治疗面临伦理的拷问、干细胞资源匮乏以及移植后的免疫排斥反应等问题而受到诸多限制。因此，最大程度地激发内源性NSC增殖、分化，成为促进脑缺血后神经功能修复的有效途径。本文旨在对近年来内源性NSC在缺血性脑卒中后的神经再生及相关调控因素的研究进展进行综述，以期为促进缺血性脑卒中后的神经修复提供新的治疗思路。

1 内源性NSC概述

1.1 内源性NSC的分布

内源性NSC是指来源于个体自身的NSC，正常情况下处于静息状态。成年哺乳动物(包括成年人)脑内，内源性NSC分布于侧脑室室管膜下区(subventricular zone, SVZ)、海马齿状回颗粒下层(subgranular zone, SGZ)、皮质、杏仁核、小脑、纹状体、下丘脑、嗅球和胼胝体下区^[5, 8, 9]，其中主要存在于SVZ和SGZ两个区域^[5, 8, 10](图1)。SVZ的内源性NSC经吻侧迁移流(rostral migratory stream, RMS)迁移至嗅球，在此过程中NSC经过不断增殖、分化发育为成熟的嗅球中间神经元，并整合填补入皮质的气味分辨区，参与嗅神经的再生^[11]。而SGZ的内源性NSC定向迁移至颗粒细胞层后分化发育为成熟神经元，并整合入海马神经环路，参与学习和记忆^[12]。

1.2 激活型内源性NSC的来源

成年动物脑内激活的内源性NSC可能来源于以下两种途径：(1)被激活的NSC：成年脑内源性NSC在生理条件下处于相对静息状态，缺血性脑卒中后产生的某些细胞因子能够激活内源性NSC，使其在损伤原位或异位(如SVZ或SGZ)增殖并向损伤部位迁移、分化^[13]；(2)具有NSC特性的星形胶

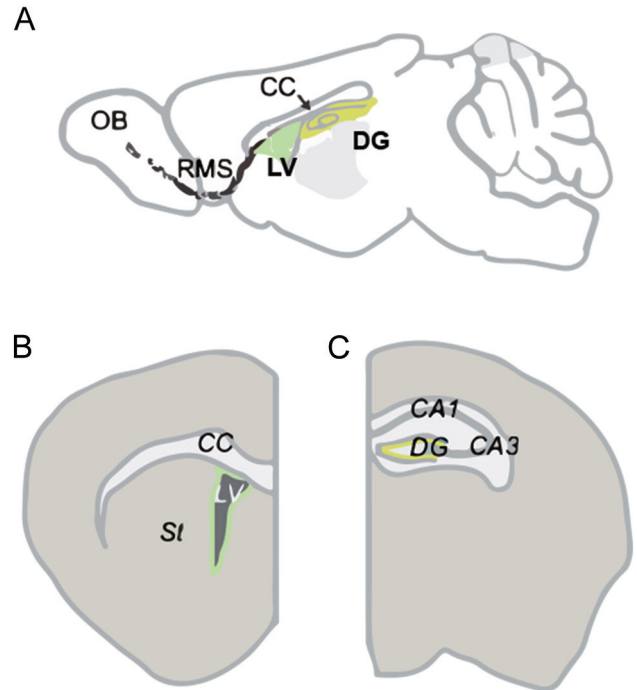


图 1. 成年侧脑室室管膜下区(SVZ)及海马齿状回颗粒下层(SGZ)内源性神经干细胞分布图

Fig. 1. The origin of the neural stem cells (NSCs) in adult subventricular zone (SVZ) and subgranular zone (SGZ). A: A sagittal view of the adult rodent brain, focusing on two major niches where adult NSCs reside. B: Diagram of SVZ. C: Diagram of SGZ. CC, corpus callosum; DG, dentate gyrus; LV, lateral ventricle; OB, olfactory bulb; RMS, rostral migratory stream; St, striatum; CA1, hippocampal CA1 region; CA3, hippocampal CA3 region.

质细胞：在SVZ区，分布着一群星形胶质细胞样的NSC，也叫B型细胞^[14]。B型细胞增殖形成快速分裂的神经祖细胞(C型细胞)，然后再增殖、分化为未成熟的成神经细胞(A型细胞)，A型细胞经RMS迁移至嗅球分化为中间神经元。另外，在中枢神经系统中，有一种具有反应性的星形胶质细胞广泛分布于新皮质、小脑、纹状体、杏仁核、黑质、下丘脑甚至脊髓，它们是祖细胞的潜在来源^[15]。在脑损伤或神经退行性疾病中，反应性的星形胶质细胞可再现NSC特性^[16]。

2 缺血性脑卒中后内源性NSC激活的机制

缺血性脑卒中后，SVZ和SGZ区信号通路、生长因子和神经营养因子(neurotrophin, NT)的改变使得局部微环境发生变化，从而影响内源性NSC的再生(表1)。

表1. 影响缺血性脑卒中后内源性神经干细胞(NSC)再生的因素
Table 1. Factors influencing endogenous neural stem cell (NSC) regeneration after ischemic stroke

Mechanism	Factors
Signals	Wnt signal ^[17, 22–24]
	Notch signal ^[25–31]
	BMP ^[20, 32–34, 36]
Growth factor	IGF-1 ^[40–44]
	VEGF ^[37, 45–47]
	EGF ^[38]
NT	NGF ^[48]
	NT-3 ^[52]
	NT-4/5 ^[53]
	BDNF ^[49–51, 53, 55–57]

BMP: bone morphogenetic protein; IGF-1: insulin-like growth factor 1; VEGF: vascular endothelial growth factor; NT: neurotrophin; EGF: epidermal growth factor; NGF: nerve growth factor; BDNF: brain-derived neurotrophic factor.

2.1 调控的信号转导通路

内源性 NSC 再生相关的信号通路, 主要包括 Wnt^[17]、Shh^[18]、Notch 信号通路^[19] 和骨形成蛋白 (bone morphogenetic protein, BMP) 通路^[20] 等, 这些通路的激活能促进 NSC 的增殖、分化、迁移以及成熟。其中, Wnt、Notch 和 BMP 信号转导通路在神经发育及神经损伤后的内源性 NSC 激活中均发挥重要作用^[21]。

2.1.1 Wnt信号通路

Wnt 家族是由 NSC 和星形胶质细胞产生的一种糖蛋白, 它的主要功能是促进细胞增殖和分化。哺乳动物及人类的 Wnt 家族有 19 个成员, 通过与七次跨膜受体 Frizzled 结合特异性激活细胞内的 Wnt 信号通路, 调控各细胞功能, 包括神经细胞的分化和发育^[22]。Wnt 信号通路主要分支包括 Wnt/ β -catenin 和 Wnt/planar cell polarity (Wnt/PCP) 两条通路。激活 Wnt/ β -catenin 通路可促进 NSC 和神经前体细胞增殖^[23, 24]; 而 Wnt/PCP 通路主要调控新生神经元的增殖、迁移和分化^[23]。

2.1.2 Notch信号通路

Notch 家族成员具有高度的保守性, 已知的脊椎动物有 4 个 Notch 同源基因 (*Notch1~4*) 和 5 个配体 (*aggr1, 2; Delta 1, 2, 3*)。Notch 受体是单次跨膜异源二聚体, 其胞外段包含表皮生长因子样重复受体, 可与配体 Delta 等相互作用^[25]。配体与受体结合后, 在早老蛋白 -1 (presenilin-1)/ γ -分泌酶作用下

Notch 跨膜结构域裂解, 向细胞膜内侧释放出 NICD (Notch intracellular domain)。关键转录因子 RBP-J 是 Notch 信号的受体。NICD 转移进入细胞核, 与 DNA 结合蛋白 RBP-J 分子结合形成复合物, NICD-RBP-J 作为转录因子诱导组织特异性碱性螺旋 - 环 - 螺旋转录因子 (basic helix-loop-helix, bHLH), 如 HES 家族的表达^[26]。在发育过程中, Notch 信号通路决定了细胞的命运, 包括细胞增殖、分化和凋亡, 同时在维持 NSC 的特性方面也起重要作用^[27]。Notch 通路成分在成年哺乳动物脑内的 SVZ 和 SGZ 区中均有表达。成年大鼠脑局灶性缺血损伤后 4~24 h, HES-1、NICD 表达的水平皆有所升高, 阻断 Notch 通路后, NICD、HES-1 的表达减少, 同时 NSC 的增殖也明显减少^[28]。研究显示, 用电针活化 Notch 信号通路, 可促进局灶性脑缺血再灌注模型大鼠海马区 NSC 的增殖、迁移和分化, 从而发挥对脑缺血所致神经功能缺损的防治作用^[29]。这表明 Notch 信号通路在脑缺血损伤后被激活, 并且在 NSC 的存活、增生和分化过程中具有重要意义。Numb 是细胞内存在的一种 Notch 信号的对抗蛋白, 介导不对称分裂。Notch 受到 Numb 蛋白的拮抗, 能使 NSC 向神经元分化。当无 Numb 蛋白对 Notch 拮抗, 则使干细胞处于未分化的状态^[30]。此外, Notch 信号通路还参与了脑缺血后血管新生过程的调控。研究显示, 运用他汀类药物治疗大鼠脑缺血再灌注损伤后, NSC 以血管为支撑向半暗带迁移, 并能上调缺血半暗带和脑动脉血管的 PS1、Notch1 和 NICD 的表达, 可直接增加动脉管径和动脉的密度, 促进脑缺血后的血管再生, 从而促进了缺血区侧支循环的建立, 改善了脑组织的缺血、缺氧状态, 有效地恢复了神经功能^[31]。

2.1.3 BMP

BMP 作为转化生长因子 β (transforming growth factor β , TGF- β) 超家族的主要成员之一, 最早被发现与骨骼系统的发育形成过程密切相关, 而越来越多的研究表明, BMP 信号通路在中枢神经系统发育的不同阶段也起着关键的调控作用。在 NSC 的增殖、分化及神经系统各亚型细胞的形成过程中, BMP 与 Wnt、Shh 等其他信号转导通路一起协同发挥作用, 确保形成合适数量和类型的神经元^[32]。BMPRI 型受体、II 型受体均具有丝氨酸 / 苏氨酸激酶活性。BMP 蛋白作为配体首先与 II 型受体 (BMPRII 和 ActRIIB) 结合, 再招募 I 型受体 (ALK3/

BMPRIA、ALK6/BMPRIIB 和 ALK2/ActRI) 并使之磷酸化, 然后与效应分子 Smad1/5/8 (R-Smads) 结合, 并使 R-Smads C 末端磷酸化^[33]。磷酸化的 Smad 1/5/8 和 Co-Smad、Smad4 形成一个异聚复合体, 活化后的 Smad 复合物由胞外进入胞内, 并与其他核辅因子结合, 从而激活 C-jun 氨基末端激酶 (C-jun N-terminal kinase, JNK)、核因子- κ B (nuclear factor kappa beta, NF- κ B) 等信号通路^[34]。在成年神经系统微环境中, BMP 可促进 NSC 向胶质细胞分化及抑制神经元方向的分化; 在成人 SVZ 区, BMP 配体与其受体表达于 NSC、祖细胞群, 并可作为 B 型和 C 型细胞神经元分化的有效抑制因素^[20]。而且, BMP 能够促进沿 RMS 迁移的神经母细胞的生存^[35]。BMP 抑制剂 Noggin 由 SVZ 区的室管膜细胞产生, 它可拮抗内源性 BMP 信号, 并可抑制脑损伤后 BMP 的过早分化, 从而促进 SV 区神经前体细胞形成新生神经元; 内源性 Noggin 具有促进体内外成年海马 NSC 的自我更新和增殖的作用^[36]。因此, 增加 Noggin 含量能抑制内源性 BMP 信号, 从而促进 NSC 增殖及体内成年海马区神经的再生。

2.2 生长因子调控

生长因子是由许多细胞外蛋白质组成, 具有促进细胞生长, 并维护各种生物的环境的作用。在缺血性脑卒中发生后, 许多生长因子表达升高, 并促进神经再生, 如胰岛素样生长因子 1 (insulin-like growth factor 1, IGF-1)、血管内皮生长因子 (vascular endothelial growth factor, VEGF)^[37]、表皮生长因子^[38]等。这些生长因子有着共同的信号转导通路, 它们与酪氨酸激酶家族配体特异性受体结合, 从而导致自体磷酸化和胞内域中各自受体的激活, 继而激活下游信号通路, 包括磷脂酰肌醇 3-激酶 / 蛋白激酶 B/Raf/ 有丝分裂原激活蛋白激酶 / 细胞外调节蛋白激酶通路。

研究表明, 在成年大鼠脑室内注入成纤维细胞生长因子 2 (fibroblast growth factor 2, FGF-2) 后, 可使大鼠海马区新生细胞的数量增加, 提示该生长因子可促进神经细胞的再生。条件性敲除小鼠成纤维细胞生长因子受体 1 (fibroblast growth factor receptor 1, FGFR1) 基因后, 成年齿状回中神经前体 / 祖细胞的增殖和新生神经元的产生显著减少^[39]。研究表明, IGF-1 具有促进成年神经再生的作用^[40]。来源于成人 SVZ 区前体 / 祖细胞的自发性神经分化依赖于体内外源性 IGF-1 信号^[40]。在体外丝裂原活化蛋

白激酶依赖的方式下, IGF-1 能直接刺激成年大鼠海马前体细胞的增殖^[41], 给予持续的皮下注射或者脑室灌注后, IGF-1 能在体促进成年大鼠海马区神经再生^[42]。此外, IGF-1 信号是成年神经细胞通过 RMS 从 SVZ 区适当的迁移至嗅球所需要的^[43]。IGF-1 不仅可以促进成年神经再生, 而且在体内外通过抑制 BMP 信号, 亦能刺激成年海马前体细胞分化为少突胶质细胞^[44]。VEGF 作为一个多功能生长因子, 参与了发育过程中轴突的生长和成熟的管理, 并且可影响成年大脑中复杂的过程, 包括学习和记忆^[45]。VEGF 受体表达于成年大鼠海马、SVZ 区的内皮细胞及神经前体细胞^[46, 47]。研究表明, VEGF 通过 Flk-1 依赖机制可直接促进神经前体细胞有丝分裂^[47]; 并且, 在成年大鼠的侧脑室中直接注入 VEGF, 发现其能增加 SVZ 和 SGZ 区的神经再生^[47]。

2.3 NT

NT 是细胞外信号转导蛋白, 在 NSC 的发展和成年中枢神经系统中都起到促进作用。在哺乳动物中已确认有 4 种 NT, 分别为神经生长因子^[48]、脑源性神经营养因子 (brain-derived neurotrophic factor, BDNF)^[49-51]、NT-3^[52] 和 NT-4/5^[53]。NT 结合到酪氨酸激酶受体和共受体 p75NTR 上。酪氨酸激酶受体有 3 种, 分别为酪氨酸激酶受体 (tyrosine receptor kinase, Trk) A、TrkB 和 TrkC, 不同的 NT 根据亲和力选择结合的受体。神经生长因子优先结合到 TrkA 上, BDNF 和 NT-4/5 则结合到 TrkB 上, NT-3 与 TrkC 结合^[54]。NT 均能结合到细胞表面的 p75NTR, 从而有助于各种 NT 与其特异性受体的结合。在胞质域特定的酪氨酸激酶残基中, 配体的结合诱导 Trk 受体的二聚化及自体磷酸化, 导致许多下游效应器的募集和信号转导通路的激活。在成年小鼠 SVZ 和 SGZ 分裂的祖细胞均有 p75NTR 和 TrkB 的表达^[53]。在所有 NT 中, 研究最广泛的是 BDNF 在神经再生中的作用。在成年大鼠齿状回中长期注入 BDNF 可导致颗粒细胞再生增加^[49], 并且 BDNF 在脑内的直接释放可使起源于成年小鼠 SVZ 的新生神经元显著增加^[50]。在体外 Nestin-creert2 系统, TrkB 信号转导条件的缺失可导致 BDNF 诱导的神经生长减少, 提示功能性 TrkB 信号是海马区 NSC 增殖所需的^[53]。研究表明, 在成年小鼠齿状回中, 新生神经元的生存、树突分支、功能整合均依赖 TrkB 受体信号转导^[55]。此外, 即使外周生活环境得到强化, BDNF 基因敲除的小鼠海马神经发生不

会增强^[51]。BDNF在成年SVZ区神经再生中的角色尚未明确^[56]，有研究表明，BDNF信号对成年小鼠和大鼠SVZ区神经发生无刺激作用^[57]。

3 内源性NSC促进缺血性脑卒中神经功能修复的途径

缺血性脑卒中后激活的内源性NSC可增殖、迁往损伤区并分化为神经元，这一发现为运用激活内源性NSC治疗缺血性脑卒中奠定了基础。然而激活的内源性NSC促进神经功能修复作用机制尚未明确，可能存在以下三种机制。

3.1 替换受损神经元

缺血性脑卒中后，激活的内源性NSC从侧脑室周围迁移至缺血损伤区并分化为神经细胞，经解剖验证提示新生神经细胞间具有细胞连接并形成了突触，同时具有神经元传导神经冲动的电生理特性^[58]。

3.2 分泌营养因子

缺血性脑卒中后新生神经元的数量非常有限，且需要很长时间来形成突触、整合入神经环路，不足以明显修复神经功能。内源性NSC还可分泌NT为濒死神经元提供营养，促进濒死神经元的存活，从而防止病情加重^[59, 60]。

3.3 抑制炎症反应

炎症因子在缺血性脑卒中中的表达具有明显的时间规律：IL-1 β 的基因表达在缺血30 min再灌注6 h达峰值，再灌注12 h后即开始有所降低；TNF- α 的基因表达在再灌注24 h达峰值，再灌注48 h后有所降低；ICAM-1的基因表达在再灌注24 h达峰值，再灌注48 h后仍维持较高水平^[61]。内源性NSC分化形成的新生细胞具有免疫调节功能，可减轻缺血损伤后的炎症反应及自由基引起的继发损伤，从而改善半暗带中神经细胞的存活能力及NSC增殖、迁移和分化能力^[60, 62]。

因此，激活的内源性NSC促进缺血性脑卒中后神经功能修复的机制不完全是通过新生神经元替代死亡神经元来完成的，还可通过由它们分泌的各种NT来改善缺血损伤后脑内微环境，促进半暗带中濒死神经元的存活，从而改善缺血性脑卒中后神经功能障碍。

4 促进内源性NSC激活的措施

4.1 神经保护剂

神经保护是治疗缺血性脑卒中的一种重要手

段。目前在动物身上得到阳性结果的神经保护剂主要有钙离子拮抗剂^[63]、氯离子通道^[64]、镁^[65]、 γ -氨基丁酸(γ -amino butyric acid, GABA)受体激动剂^[66]、溶栓剂^[67]、自由基清除剂^[68]、NT^[49]、生长因子^[37, 38]、瘦素^[17, 69]以及各种神经保护药物等，目前应用的神经保护药物主要有：(1)依达拉奉(自由基清除剂)，其能明显改善患者缺血性脑卒中的神经功能^[68]；(2)脑活素，可减少梗死面积并改善运动功能等^[70]。然而许多药物在人类身上依旧需要更多的临床验证，包括检验不同的年龄段，不同的人种，以及不同性别之间差距。

4.2 人参皂苷Rg1

人参皂苷Rg1具有类似于生长因子或刺激某些细胞分泌生长因子的作用，可促进NSC的胶质样分化和增殖^[71]。此外，人参皂苷Rg1可通过促进组织金属蛋白酶抑制因子1(tissue inhibitors of metalloproteinase 1, TIMP1)的表达，来降低神经细胞凋亡率，进而减轻大鼠局灶性脑缺血再灌注损伤，起到神经保护作用^[72]。

4.3 电针

针刺是促进脑缺血患者康复的主要方法之一，其中临床治疗脑中风的验穴多为任脉经穴^[73]。电针任脉促使脑缺血大鼠脑内NSC大量增殖、迁移和分化，参与神经再生和脑组织功能的恢复，从而在一定程度上改善神经功能缺损^[74]。研究显示，电针任脉和肌肉注射碱性成纤维细胞生长因子均可促进局灶性缺血模型大鼠原位NSC增殖，提示电针可能促进机体产生与干细胞增殖和分化相关的生长因子，进而促进内源性NSC增殖来完成自身修复^[75]。另外电针“曲池”、“足三里”穴可通过激活Notch信号通路，同时增加VEGF的分泌，进而促进海马NSC的增殖^[29]。

5 总结和展望

内源性NSC增殖、迁移、分化、成熟受多种信号通路、生长因子及细胞因子共同调控。缺血性脑卒中后激活的内源性NSC可增殖、迁往损伤区并分化为神经元，一方面新生神经元替代死亡神经元来完成损伤修复，另一方面NSC分泌的各种神经营养因子可改善缺血损伤后脑内微环境，促进半暗带中濒死神经元的存活，从而改善缺血性脑卒中后神经功能障碍。目前临床治疗手段如人参皂苷等中药、电针刺激及神经营养因子等已在动物实验中

证明可激活内源性 NSC 的增殖和分化。但是内源性 NSC 的修复能力有限, 不足以抵抗炎症反应带来的神经损伤。高效激活内源性 NSC 联合抗炎治疗能否对损伤神经元进行有效修复仍有待进一步研究。

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