

## 文献综述

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## 铁死亡在阿尔茨海默病中的研究进展

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**【摘 要】**最新研究表明,铁死亡在阿尔茨海默病(Alzheimer's disease, AD)的发生发展中扮演重要角色。本文通过对近年相关国内外文献进行总结,对铁代谢紊乱、谷胱甘肽耗竭和脂质过氧化三种铁死亡主要机制与AD的关系进行分类综述,以期AD的机制研究提供参考并提示铁死亡有望成为治疗AD的新策略。

**【关键词】**铁死亡;阿尔茨海默病;谷胱甘肽耗竭;铁代谢紊乱;脂质过氧化

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## Research advances of ferroptosis in Alzheimer's disease

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**【Abstract】**Recent studies have shown that ferroptosis plays an important role in the occurrence and development of Alzheimer's disease. This article summarizes relevant domestic and foreign literature in recent years, and categorizes and reviews the relationship between the three main mechanisms of ferroptosis, namely iron metabolism disorder, glutathione (GSH) depletion, and lipid peroxidation, and AD. This finding suggests that ferroptosis may become a new therapeutic strategy to treat and prevent AD in the future.

**【Key words】**ferroptosis; Alzheimer's disease; glutathione depletion; iron metabolism disorder; lipid peroxidation

铁死亡(ferroptosis)是近年发现的一种由铁离子诱导的新型程序性细胞死亡形式<sup>[1]</sup>。其细胞形态学特征为细胞肿胀、线粒体膜密度增加以及线粒体外膜破裂等<sup>[2]</sup>。研究发现,铁死亡在多种神经系统疾病的发生发展中起关键作用<sup>[3]</sup>。

阿尔茨海默病(Alzheimer's disease, AD)是一种进行性认知功能障碍疾病,其病理特征为 $\beta$ -淀粉样蛋白(amyloid- $\beta$ , A $\beta$ )异常沉积、神经炎症及Tau蛋白过度磷酸化导致的神经原纤维缠结(neurofibrillary tangles, NFT)<sup>[4-5]</sup>。随着老龄化加剧,AD已成为全球第5大死亡原因<sup>[6]</sup>。近年来,诸多研究证实铁死亡是导致AD的主要驱动力并与其神经元丢失和认知障碍密切相关。本文对铁死亡与AD的发生、病理特征的关系及研究进展进行综述。

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## 1 铁死亡相关机制

自2012年“铁死亡”这一新型死亡形式被正式提出,众多学者就致力于探究其产生机制。目前,研究发现导致细胞发生铁死亡的机制主要与铁代谢紊乱、谷胱甘肽(glutathione, GSH)耗竭和脂质过氧化3方面密切相关<sup>[1,7]</sup>。

## 1.1 铁代谢紊乱

正常生理条件下,哺乳动物血液中的 $\text{Fe}^{3+}$ 与转铁蛋白(transferrin, Tf)形成络合物,经膜上转铁蛋白受体1(transferrin receptor1, TfR1)转运入胞<sup>[8]</sup>,由二价金属还原酶(six-transmembrane epithelial antigen of the prostate 3, STEAP3)还原为 $\text{Fe}^{2+}$ ,经金属转运蛋白1(divalent metal transporter 1, DMT1)储存于铁蛋白(ferritin, FER)中或经细胞膜上的铁转运蛋白(ferroportin, Fpn)排出,维持胞内铁稳态<sup>[9]</sup>。一旦铁代谢紊乱,将导致胞内不稳定铁库(labile iron pool, LIP)异常增加,通过Fenton反应产生大量脂质活性氧,破坏细胞膜,诱发铁死亡,故铁代谢紊乱被认为是导致铁死亡的关键机制(图1)。

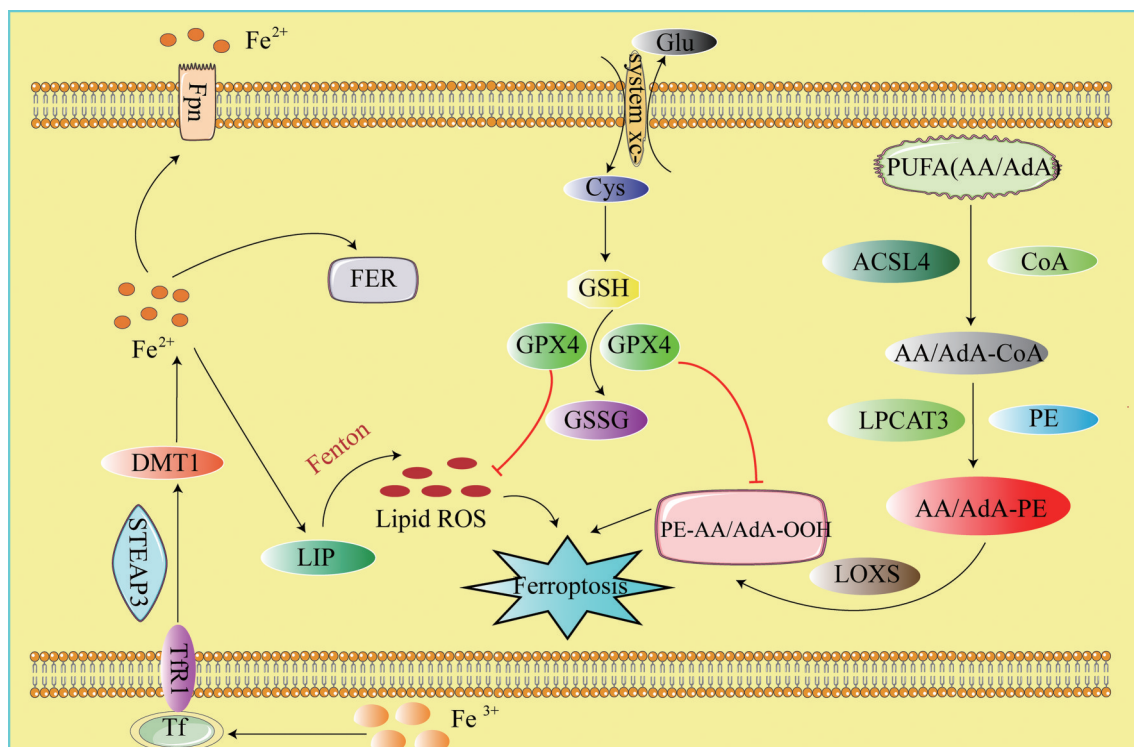


图1 铁死亡机制图

## 1.2 GSH耗竭

GSH是人体内重要的抗氧化剂,胱氨酸-谷氨酸转运蛋白通过摄入胱氨酸转变为GSH合成的限速底物——半胱氨酸参与机体抗氧化功能。谷胱甘肽过氧化物酶4(glutathione peroxidase 4, GPX4)可通过GSH氧化生成谷胱甘肽二硫化物(glutathione disulfide, GSSG),将磷脂氢过氧化物(phospholipid hydroperoxides, LOOH)还原为良性磷脂醇,降低活性氧(reactive oxygen species, ROS)水平,保护细胞免受损伤。若抑制半胱氨酸水平而使GSH耗竭(如Erastin),GPX4抗氧化功能降低,导致细胞ROS积累,引发铁死亡<sup>[1,10-11]</sup>。反之,维持胞内正常的GSH水平及GPX4功能,则可抑制铁死亡发生<sup>[12]</sup>。因此,GSH耗竭是铁死亡的重要机制,而GPX4活性降低也成为铁死亡的关键标志。

## 1.3 脂质过氧化

研究发现,多不饱和脂肪酸(polyunsaturated fatty acid, PUFA)在脂氧合酶(lipoxygenase, LOX)作用下会发生脂质过氧化,诱发铁死亡<sup>[13]</sup>。PUFA中的花生四烯酸(arachidonic acid, AA)/肾上腺酸(adrenic acid, AdA)可被酰基辅酶A合成酶长链家族成员4(acyl-CoA synthetase long-chain family member 4, ACSL4)催化并与辅酶A(coenzyme A, CoA)连接形成衍生物AA/AdA-CoA。后被溶血卵磷脂酰基转移酶3(lysophosphatidylcholine acyltransferase 3, LPCAT3)酯化形成过氧化底物(AA/AdA-PE),再氧化为脂质氢过氧化物(PE-AA/AdA-OOH),导致细胞损伤并激活铁死亡<sup>[14]</sup>。其中,ACSL4常被视作铁死亡的标志性酶<sup>[15-16]</sup>。内源性脂质过氧化抑制剂 $\alpha$ -生育酚可通过干预本途径发挥抑制铁死亡功能<sup>[10]</sup>。

## 2 铁死亡与AD的关系

随着研究的不断深入,人们发现铁死亡在AD的发生发展中发挥重要作用。在小鼠大脑皮层及海马特异性敲除铁死亡的关键因子GPX4,会造成小鼠海马出现退行性病变并伴随铁死亡症状,在此基础上给予铁死亡抑制剂则可缓解其学习记忆功能障碍,提示铁死亡是造成AD神经损伤的重要机制<sup>[17]</sup>。Huang L等<sup>[18]</sup>通过转录组学、蛋白质组学和代谢组学的方法,指出A $\beta$ 的神经毒性作用是通过诱导神经元发生铁死亡实现的,铁死亡会破坏神经元及突触的正常功能,增加A $\beta$ 对脑的毒性,同时还会加重神经胶质细胞的炎症反应。在APP/PS1转基因AD小鼠模型中也证实,铁沉积参与了大脑皮层淀粉样斑块的形成和认知障碍。另有研究指出,黄烷酮甾体蛋白通过减轻铁死亡发挥神经保护作用<sup>[19]</sup>, $\alpha$ -硫辛酸( $\alpha$ -lipoic acid, LA)缓解AD患者认知减退的作用也通过抑制铁死亡实现<sup>[20]</sup>。植物次生代谢物鼠尾草酸、天然类黄酮圣草酚(eriodictyol)、红景天苷等均通过抑制铁死亡在AD模型中发挥治疗作用<sup>[21-23]</sup>。此外,铝作为一种神经毒素可以导致AD形成,其机制与铁死亡密切相关<sup>[24]</sup>。

## 3 铁代谢紊乱与AD

铁是维持正常神经功能所必需的元素,然而一旦铁代谢紊乱导致铁稳态失衡则会造成神经元功能异常,甚至发生铁死亡,诱发神经退行性疾病<sup>[9,25]</sup>。越来越多的证据表明,脑内铁代谢紊乱是AD发病的重要因素之一,在AD患者大脑皮层及海马区域均发现铁沉积增多,进而影响其学习记

忆<sup>[26-27]</sup>。铁代谢紊乱造成铁超载会作用于 $\beta$ -淀粉样前体蛋白( $\beta$ -amyloid precursor protein, APP)导致 $A\beta$ 产生增多,同时抑制正常的 $A\beta$ 代谢,加速其错误折叠和斑块聚集<sup>[28-29]</sup>。同时,铁超载还会显著抑制正常 $A\beta$ 代谢<sup>[30]</sup>。其次,铁代谢紊乱造成脑内沉积的铁可诱导Tau蛋白发生磷酸化,继而促进NFT产生<sup>[30-31]</sup>。在由Tau蛋白诱导的神经退行性病变模型中均可观察到明显的铁代谢异常以及铁超载<sup>[32]</sup>。此外,铁代谢异常通过Fenton反应引发氧化应激反应,破坏细胞脂质、蛋白质和DNA的结构和功能,导致神经元发生铁死亡。铁作为辅助因子参与脑内突触传递、氧气输送、激活以及线粒体中的电子传递等多项重要过程,一旦铁代谢紊乱,多余的铁会从蛋白和mRNA等多个水平造成细胞损伤。反之,以铁螯合剂去铁酮(deferiprone)降低神经元内铁含量后,可明显降低由铁超载造成的 $A\beta$ 异常沉积及Tau蛋白过度磷酸化,减少小鼠及家兔痴呆模型脑内大脑皮层和海马神经元的铁死亡,缓解认知障碍<sup>[33]</sup>。

#### 4 GSH耗竭与AD

鉴于GPX4以及GSH在抑制铁死亡方面的关键作用,一旦中枢神经系统中GSH耗竭或GPX4被抑制/敲除时,均会促进铁死亡,导致神经损伤,引发认知功能障碍、神经退行性疾病,尤其是AD的发生<sup>[8,34]</sup>。在AD大鼠的大脑中发现GSH和GPX4含量降低<sup>[35]</sup>。此外,在早期轻度认知损伤者(mild cognitive impairment, MCI)和轻度AD患者的额叶皮层中也发现GSH耗竭和GPX4、超氧化物歧化酶等减少,说明GSH的耗竭参与了AD早期的发病<sup>[36]</sup>。在AD模型中还发现,家族性AD的遗传因素早老素的突变能抑制GPX4表达,继而加剧 $A\beta$ 沉积和Tau蛋白过度磷酸化,造成显著的神经元丢失及海马退行性病变<sup>[37]</sup>。其他铁死亡机制,如铁代谢紊乱或氧化还原内环境失衡等,也会导致脑内大量ROS生成并降低GSH和GPX4水平,加快AD病程<sup>[8]</sup>。另一方面,作为铁死亡抑制剂化合物SRS16-86和SRS11-92可通过增强GPX4活性,减少神经元铁死亡,修复AD中被破坏的突触和其他神经损伤<sup>[38]</sup>。连翘酯苷A可通过提高GPX4和GSH的含量,抑制APP/PS1转基因小鼠AD模型铁死亡和神经炎症的发生<sup>[39]</sup>。四羟基二苯乙烯苷(tetrahydroxy stilbene glycoside, TSG)通过激活GSH/GPX4途径抑制铁死亡,缓解AD和老年小鼠模型的学习记忆障碍<sup>[40]</sup>。此外,银杏内酯B(ginkgolide B, GB)、红景天苷等均是上调GPX4的表达,减轻AD模型中的氧化应激和神经炎症并延缓星形胶质细胞和小胶质细胞的激活,发挥其神经保护作用<sup>[23,41]</sup>。

#### 5 脂质过氧化与AD

大脑因其生理功能要求而富含不饱和脂质,并对具有氧化还原活性的金属具有高需求性,这使其更容易发生铁死亡。研究发现,在AD患者大脑中脂质过氧化物的水平显著升高<sup>[42]</sup>。血浆和脑脊液样本中脂质过氧化代谢产物丙烯醛转蛋白醛含量和正常人比也明显增加<sup>[43]</sup>。脂质过氧化产物可引起APP过度表达,导致 $A\beta$ 生成增加,参与早期AD的病理进程<sup>[44]</sup>。同时,脂质过氧化物还可促进AD患者脑内丙

二醛、丙烯醛等下游代谢物的产生以及长链PUFA的消耗,进而产生更多自由基,加剧神经元损伤,加速AD进展<sup>[10]</sup>。此外,在AD模型中,过度表达的NADPH氧化酶4(NADPH oxidase 4, NOX4)也通过诱导脂质过氧化损害线粒体代谢,导致星形胶质细胞发生铁死亡<sup>[45]</sup>。反之,抑制脂质过氧化的生成则可起到缓解AD症状的作用。例如,脂肪酸合成酶抑制剂CMS121与脱氧合酶抑制剂PD146176均可通过抑制脂质过氧化及PUDF生成来减缓AD模型小鼠的认知障碍<sup>[46-47]</sup>。最新研究表明,药物Cu<sup>II</sup>(ATSM)可以有效抑制神经元中的脂质过氧化和铁死亡,改善其神经退行性病变<sup>[48]</sup>。

#### 6 小结与展望

AD是一种复杂、多因素、多机制的慢性疾病,目前世界范围内仍缺乏有效的、具有针对性的药物。铁死亡作为一种铁依赖性的新型细胞死亡形式,被众多研究证实参与了AD的发生发展,尤其是其公认机制:铁代谢紊乱、GSH耗竭及脂质过氧化均参与了AD的神经退行性变特征的产生,这为AD的治疗提供了新的思路。当前,铁死亡抑制剂虽在一些AD模型中取得了积极的效果,但是AD与铁死亡之间的深层联系以及铁死亡抑制剂在AD病程中的研究仍需进一步探索,但铁死亡作为AD新的潜在治疗靶点,在未来AD的临床治疗以及新药筛选方面均具有重要意义。

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