

镉代谢分子机制研究进展

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摘 要: 镉是一种人体非必需的重金属元素, 镉的吸入会对人体产生许多不利影响, 包括细胞癌变和凋亡等。现有的研究对镉的吸收、镉引起细胞毒性等领域的生化、分子机制做了大量工作, 但对于镉在体内代谢的具体分子机制还不是很明晰, 需要进一步阐释。该文讨论了镉的吸收和镉在体内的转运储存机制。并对镉与氧化应激, 镉引起细胞凋亡的信号通路变化等研究进展进行了综述。

关键词: 镉; 代谢机制; 细胞凋亡和癌变; 信号通路

中图分类号: Q584

文献标识码: A

文章编号: 1672-352X (2013)04-0678-07

Research progress in molecular mechanism of cadmium metabolism

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Abstract: Cadmium is a nonessential heavy metal, and human body exposed to cadmium will produce many adverse effects, including the cellular canceration and apoptosis, etc. Numerous studies focus on toxicity of cadmium, but the underlying cellular mechanisms of cadmium-induced organism toxicity remains elusive. In this review, based upon the major findings of previous reports related to cadmium and apoptotic cell death, we discuss process of cadmium research in transportation and its effect on cell apoptosis and signaling pathway in a system manner.

Key words: cadmium; metabolism; cell apoptosis and canceration; signal pathway

镉是一种生物体非必需元素^[1], 但在一些海洋的硅藻类中也发现有镉依赖性的碳酸酐酶, 镉的氧化态通常为正二价(+2), 有时也以正一价(+1)存在^[2]。镉可通过胃肠, 肺和皮肤吸收, 消化道中镉的吸收率约为 5%~10%, 而肺对镉的吸收率约为 25%~40%^[3]。镉不可逆的积累于人的身体中, 特别在肾脏和肝脏聚集^[4], 在人体的半衰期长达 15 至 20 年, 一旦进入人体内, 就会蓄积很长时间, 伴随人的整个生命周期, 即相当于在体内建造了一个“镉库”, 它持续产生毒性作用, 造成人体肾、骨骼损害, 对生殖、免疫系统有毒副作用。随着年纪越来越大, 镉在体内的积累也越来越多, 镉主要通过尿液排泄^[5-6], 少量经过胆汁排泄^[7]。由于镉在体内的

蓄积时间长, 毒副作用强, 对镉的代谢机制研究显得尤为重要。

1 镉在体内的吸收、转运和储存

1.1 镉的化学特性与生物吸收

镉是机体非必需元素, 生物细胞表面没有镉的特异离子通道或者运输蛋白^[8]。镉被认为是通过必需元素 Fe、Ca、Zn、Mn 和 Cu 的吸收系统进入细胞的^[9-10], 镉是怎样通过上皮细胞基质进入血液循环还不是很清楚, Fe 和 Zn 输出蛋白可能参与该过程^[11-12]。镉在元素周期表中与锌处在同一族, 有相似的化学性质, 能够同巯基紧密结合^[13-14]。血液中的镉大部分聚集在红血球中, 只有部分镉 (<10%)

收稿日期: 2013-03-12

基金项目: 国家自然科学基金 (31271272), 国家自然科学基金 (31071030), 江苏省自然科学基金 (BK2010328) 和江苏大学高级人才基金 (No. 1281330018) 共同资助。

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在血清中结合到蛋白或者含巯基的小分子化合物如金属硫蛋白、谷胱甘肽、半胱氨酸等^[15]。镉进入肝脏细胞后,为了减轻其毒性,细胞中金属硫蛋白的表达和分泌增强,血清中与金属硫蛋白结合的镉,在肾小球中被过滤出,又被肾小管近端的镉-巯基配合体摄取系统吸收^[16-17],被肾小管上皮细胞吸收的镉-金属硫蛋白复合物在溶酶体中降解,游离镉被释放^[17]。镉能跟含巯基的蛋白结合,改变蛋白功能,造成细胞的氧化损伤,凋亡或坏死^[15]。

1.2 吸收镉的离子通道或运输蛋白

早期的研究主要集中在 Fe 和 Ca 运输系统在 Cd 摄取中的作用,因为在铁缺乏和钙缺乏的动物肠道镉摄取量增强了^[18],定位克隆抵御镉诱导的睾丸细胞坏死的基因时发现小鼠的锌运输蛋白 ZIP8 能摄取 Cd 和 Mn^[19-20],ZIP14 (与 ZIP8 最相似的锌运输蛋白)也被证明能够运输 Zn、Cd、Fe 和 Mn 通过质膜^[20]。根据离子通道或运输蛋白的生理性质,我们按照铁、钙和锌三大类分别简介相关的镉运输蛋白。

1.2.1 能摄取镉的铁运输系统 二价金属运输蛋白 DMT-1 能顺着 H⁺ 梯度运送 Fe²⁺,膜片钳测量发现 Cd²⁺、Zn²⁺ 和 Mn²⁺ 都可以通过 DMT-1^[21]。抑制 Caco-2 细胞的 DMT-1 的表达能抑制同位素 ⁵⁵Fe²⁺ 和 ¹⁰⁹Cd²⁺ 的摄取^[22],HEK293 细胞中过表达 DMT-1 能摄取 Cd²⁺,DMT-1 运输 Cd²⁺ 的能力甚至高过 Fe²⁺,运输镉的 Km 约为 1 μM^[21-22]。DMT-1 广泛分布在肠道上皮细胞、红细胞、巨噬细胞以及肾脏细胞的质膜上。DMT-1 还表达在细胞器内涵体和溶酶体表面,参与细胞器之间金属离子的转运^[24]。

把 Megalin 和 cubilin 多配体内噬受体表达在肾小管近端上皮细胞,能够结合多种配体如转铁蛋白、Cd-金属硫蛋白复合物等,内吞噬到溶酶体降解^[9,25-26]。载脂蛋白 Lipocalin-2 受体能结合配体蛋白 24p3/NGAL,而 24p3/NGAL 能结合铁载体 (siderophores)。Lipocalin-2 受体系统能够竞争摄取感染宿主的细菌释放的铁载体,从而抑制细菌从宿主获得铁,抑制感染的细菌的生长^[27-28]。Cd-金属硫蛋白复合物可能结合 lipocalin-2 受体,内吞噬到溶酶体降解,实验表明 24p3/NGAL 能通过竞争性抑制部分消除 Cd-金属硫蛋白复合物进入细胞^[29]。

1.2.2 能摄取镉的钙离子通道 由于 Ca²⁺ 和 Cd²⁺ 的大小相近,Cd²⁺ 被认为能够通过钙离子通道^[30-32]。两类钙离子通道电位依赖型 (VDCC) 和荷尔蒙/神经递质激活的储存钙 (SOC) 的钙离子通道的 Ca²⁺ 电流能够被 Cd²⁺ 抑制,然而生理条件下 Cd²⁺ 通过钙

离子通道的直接证据不足^[9]。在对水稻根毛中的研究中也认为镉是通过细胞膜去极化,阻滞内向电导等间接途径影响 Ca²⁺ 的吸收^[33]。膜蛋白 TRPM7 含有一个离子通道和激酶结构域,Ca²⁺、Mg²⁺ 和 Cd²⁺ 等能通过该离子通道。在成骨样细胞 MG-63 中,TRPM7 可能参与 Cd²⁺ 的吸收^[34-35]。

1.2.3 能摄取镉的锌运输蛋白 介导锌运输的膜蛋白有两大类,一类是 ZnT 家族能够将 Zn²⁺ 运出细胞质^[36],另一类是 ZIP 家族能够将 Zn²⁺ 运进细胞质的 ZIP 家族^[20],ZnT 是否参与镉运输还不清楚。在研究抵御镉诱导的睾丸细胞坏死的小鼠过程中,ZIP8 被克隆并发现能够运输 Cd²⁺ 进入细胞^[19-20],基因芯片分析抗镉毒性的细胞发现 ZIP8 和 ZIP14 基因表达下调,过表达 ZIP14 能够增加 Cd²⁺ 和 Mn²⁺ 的吸收^[37]。在肝脏中 ZIP14 表达是受 IL-6 正调控的^[38],对炎症期的小鼠反复注射镉,肝脏锌含量也伴随增加,而在对炎症期的小鼠进行锌缺乏饮食,会增加肝脏镉的积累^[39]。这都表明锌转运蛋白 ZIP8 和 ZIP14 与镉的吸收密切相关。

1.3 镉或镉-金属硫蛋白复合物运出细胞进入循环系统

排出镉或者镉-金属硫蛋白复合物的系统尚不清楚。Trodec MB 等证明了镉可以通过金属转录因子 1 (MTF-1) 调节铁输出蛋白 ferroportin (FPN) 表达,CHIP 和 Luciferase 实验都表明镉可以通过 MTF-1 与 FPN 的启动子金属应答原件 (MRE) 的结合,来调节 FPN 的表达^[12]。但 FPN 可能介导 Cd²⁺ 排出的实验证据还不充分。抗多种药物 P-糖蛋白 MDR1/ABCB1 能够促进肝肾排出多种药物如抗生素等,有实验发现在小鼠肾小管近端过表达 ABCB1 能抑制 Cd²⁺ 的毒性,减轻 Cd²⁺ 在肾脏中积累^[40-41]。然而 ABCB1 的表达量和抗 ABCB1 抗体均不改变 Cd²⁺ 排出速度和细胞中的积累量,说明 ABCB1 也不是直接排除 Cd²⁺ 的蛋白^[9]。抗多种药物结合蛋白 MRP1/ABCC1 可能排出 Cd²⁺-GSH,实验证据不充分^[9,42]。还有一些其它 ABC 运输蛋白如 ABCC7 和酵母抗镉因子 YCF1 都被认为可能排出 Cd²⁺-GSH,但是尚有争议。

2 镉对生物体的毒理机制

镉对生物体的毒理机制主要表现为产生氧化应激,削弱 DNA 的修复系统,扰乱细胞的信号传导和推进癌变^[43-45]。镉能够紧密结合含多个巯基的蛋白或化合物。镉自身不能催化产生自由基,然而镉通过多种途径间接产生活性氧 (如中和还原性化合

物谷胱甘肽、抑制 SOD 和过氧化氢酶活性、影响铁代谢增加游离态铁等)^[17,46]。镉结合蛋白后能改变其活性,激活或抑制多种转录因子和细胞信号传导分子,改变细胞代谢途径,损伤细胞。而诊断镉中毒的尿镉或尿中的标记蛋白在肾小管上皮细胞损伤后才出现^[47-48],所以多数研究都试图发现镉中毒的早期生物标志物。

2.1 镉与氧化应激

Muller 等第一次发现了在镉处理后的肝细胞中脂质过氧化现象^[49],研究认为镉通过与重要的亚细胞结构比如线粒体、过氧化物酶体和微粒体的作用产生活性氧,使这些亚细胞体膜结构产生过氧化,镉诱导产生活性氧这一现象,在后来的细胞实验和动物实验中都被证实^[50-53]。

因为镉不是芬顿(Fenton)试剂,氧化还原活性弱,在生物体系中不能像铁、铜那样催化活性氧的生成^[54-56],然而镉却能间接地诱导活性氧(ROS)的形成^[57-58]。镉很可能是通过降低自由基清除剂谷胱甘肽(GSH)、过氧化氢酶(CAT)、过氧化物歧化酶(SOD)等活性或其他一些间接途径来增加 ROS^[46,59-60]。Casalino 等也提出了镉通过铁来增加 ROS 的机制^[44,61],研究认为镉可以置换下细胞质或其他地方的铁,使更多的铁成为游离态,刺激 ROS 的生成。也有一些其他的研究认为镉在一些肝脏中诱导炎症反应,增加 IL-1 β 、TNF- α 、IL-6 和 IL-8 等,有它们来刺激自由基的生成^[62-63]。还有报道认为线粒体是镉的主要靶向位点,通过扰乱呼吸链电子的正常传递,造成电子在体内大量堆积,使线粒体内产生的 ROS 增多^[32,64]。综上所述,镉诱导产生活性氧的路径一方面间接通过芬顿(Fenton)反应和其它自由基生成途径,来增加自由基的生成。另一方面通过与抗氧化剂形成复合物,减少其活性,削弱自由基的清除能力。

2.2 镉对细胞凋亡、癌变及细胞信号通路的影响

2.2.1 镉扰乱细胞的信号传导和促进癌变 细胞的癌变通常是由于细胞生长和分化的失调,镉影响细胞生长的主要机制就是改变生长相关因子的表达而抑制调控因子的活性。Cornet-Boyaka E 等研究认为镉改变丝裂原活化蛋白激酶(MAPK)信号通路,MARK 信号通路参与激活细胞核转录因子(AP-1、NF- κ B、p53、NFAT 和 HIF-1)的活性^[45,65],而这些因子都是调控一些细胞生长保护基因的表达,包括 DNA 修复基因、免疫应答基因、细胞周期阻滞基因和细胞凋亡基因等^[66-67]。镉和 ROS 可能与各种磷酸酶(丝氨酸/苏氨酸、磷酸酪氨酸、磷酸脂酶)的巯

基基团结合,使它们氧化形成二硫键^[68],这会使蛋白构象发生变化,上调不同的细胞信号传导通路,从而激活各种调控氧化还原转录因子。Prabir K. 等通过检测长期镉胁迫下小鼠肾脏 wnt 家族蛋白的转录情况,发现 wnt 信号通路中的配体 Wnt3a/6/7a/7b/9a/9b/10a/11 和受体 Frizzled(Fz1/2/4,5,7-10) mRNA 均有提高,上皮细胞转变为间质细胞(EMT)的标志蛋白:Twist、fibronectin 和 collagen I 表达量均上升,提示 Cd 可以通过影响 wnt 信号通路诱导组织的纤维化和癌变^[69]。

镉诱导细胞凋亡与癌变的机理是多途径的,其他研究显示镉胁迫下小鼠肾小管上皮细胞 NRK-52E 中 Ube2d 家族蛋白的表达量下降,P53 蛋白水平显著增加,但在 mRNA 水平无明显变化,并且镉诱导了 p53 的磷酸化,推测镉通过减少 Ube2d 对 P53 的降解,从而来增加 P53 依赖的细胞凋亡,提示 Ube2d 是 Cd 诱导细胞凋亡的重要目标^[70]。Theiss 等人的试验表明白细胞介素 6(IL-6)调节了抑制素(PHB1)的表达,从而影响了细胞增殖^[71],而镉可以诱导炎症反应,抑制素(PHB1)信号通路被认为是镉调控细胞增殖的主要通路^[72-73],这是 P53 依赖性的调控途径。

内质网应激(ER stress)一直被认为参与细胞凋亡过程,它特征性的表现就是产生不能正确折叠的蛋白,从而产生未折叠蛋白应激反应(UPR)^[74-75],它主要表现为增加协助蛋白折叠分子伴侣来提高蛋白正确折叠,同时减少蛋白的翻译,并且通过泛素-蛋白酶体系统降解未正确折叠的蛋白三个方面来应对 ER 应激,一旦 UPR 不能救回细胞,ER 应激则诱导细胞凋亡。在对猪的肾小管上皮细胞 LLC-PK1 的研究中发现,镉可以通过内质网应激(ER stress)引起细胞凋亡,其中两个内质网应激敏感蛋白激活转录因子 6(ATF6)和核信号激酶 1(inositol-requiring ER-to-nucleus signal kinase 1 IRE1)被认为参与了这一通路^[76-77]。另外一些研究发现镉能引起胞浆钙离子水平升高,虽然具体的机制还不很清楚,但镉引起内质网应激导致的其中钙离子释放被证明是原因之一,而钙水平的增高又可以通过 calpain-caspase 通路引起细胞凋亡^[78-79],这说明镉可以从两种内质网途径引起细胞凋亡。

镉对线粒体的影响也一直被认为是引起细胞凋亡的主要原因^[80-82]。镉在体内产生的 ROS 通过 caspase-9 和 caspase-3 增加前凋亡因子细胞色素 C(Cyt c)在线粒体中的释放,从而引起细胞凋亡^[80],这也在线粒体的体外试验中被证实^[83-84]。而同样镉

被证明能够诱导其它一些前凋亡因子释放, 例如内切酶诱导因子 (AIF) 等, 提示线粒体参与镉损伤机体的途径不仅仅依赖于 caspase 通路^[80,85]。

由于镉在不同的动物种系、不同的组织器官、不同的细胞甚至不同的细胞周期以及不同的染镉途径、不同的浓度、不同的作用时间等引起的机体反应都是不一样的, 通过我们归纳总结, 镉诱导的细胞凋亡信号通路主要分为 3 条: 1) 内质网应激 (ER stress) 介导的, 通过 UPR 途径和 calpain-caspase 途径。2) 线粒体介导的, caspase 依赖性和非 caspase 依赖性途径。3) P53 依赖性途径。其中 P53 依赖性的途径研究的比较多 (图 1)。

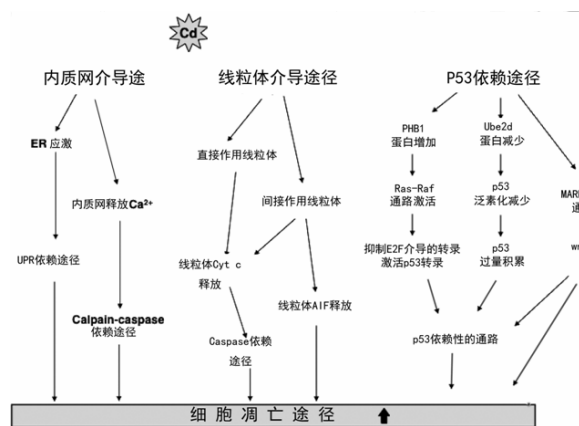


图 1 镉参与细胞凋亡调控的主要途径

Figure 1 Model for cadmium-induced cell apoptosis pathways

2.2.2 镉削弱DNA的修复系统 DNA分子不断的遭受着来自外界环境的刺激 (例如: 紫外线, 化学毒剂和生物毒素) 和内部氧化代谢的产生的自由基等损害, 因此一些特别的DNA修复系统被建立起来。这些主要包括碱基切除修复 (BER)/单链损伤修复, 核苷酸切除修复 (NER), 碱基错配修复, 重组 (双链损伤) 修复。

镉直接对哺乳动物的细胞的突变具有很小的作用, 主要是通过其诱导的其它物质来损伤细胞, 例如一些研究表明它不直接造成DNA损伤, 而是在体内诱导产生ROS, 破坏DNA链, 产生突变改变基因表达。镉同时又抑制DNA损伤修复过程, 使细胞内不断积累突变, 影响整个基因组稳定性^[86]。镉中毒后会损伤细胞内DNA而增强其氧化应激反应, 也不能直接与细胞内DNA紧密结合并与DNA相互作用, 这可能是镉暴露不能直接产生遗传毒性的主要原因^[87], 但是镉增强细胞内其氧化应激反应而导致DNA损伤。在NER损伤修复系统中镉主要是通过干扰修复酶和DNA损伤处的特异性结合^[88], 来产生细

胞突变。例如镉扰乱了DNA的核酸切除修复, 碱基切除修复和错配修复, 主要通过和含锌结构的修复酶 (XPA, PARP-1) 的结合, 来降低DNA的修复能力^[89]。最近的报道也认为水溶性的镉, 破坏NER损伤修复系统因子的组装和去组装, 例如抑制在基因组NER中有重要功能的XPA和XPC的去组装^[90-91]。

受到破坏的损伤修复系统可在细胞分裂中遗传, 其它细胞也会获得这样的缺陷, DNA修复因子 (ERCC1、MGMT、MLH1、MSH2、MSH6和XRCC4) 的破坏和多态变化和人们的癌症形成有重要的联系^[62,92]。

3 结论

本文主要讨论了机体对镉的吸收和转运, 及其镉在生物体内引起毒性的分子机制, 为以后的研究奠定了一定基础。镉同锌、铁、钙等其它元素的相互作用关系表明: 镉摄取的特异性通道能够帮助获得治疗镉中毒的药物作用位点, 但是由于这些金属元素跟镉的相互作用机制还不是很清楚, 相关性药物还没有被批准用于临床治疗, 还需要进一步研究。以上概括了镉中毒后引起细胞凋亡的主要 3 个信号途径, 但是镉进入人体的最初直接作用分子还没有被发现, 它可以作为镉中毒治疗的主要目标分子, 在 3 个凋亡通路中哪一个在诱导细胞凋亡过程中的作用更大也还不清楚, 这两个方面需要将来的工作进一步研究。

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