

综述

干细胞来源外泌体在心肌损伤修复中的作用

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摘要: 目前普遍认为干细胞在心肌损伤修复中的旁分泌作用是其发挥疗效的重要途径之一。外泌体是旁分泌的重要介质, 是由细胞分泌的具有磷脂双分子层结构的囊性小泡, 可以转运蛋白质、脂质和核酸分子到受体细胞, 介导生理和病理条件下细胞间通讯。多种干细胞, 包括胚胎干细胞、诱导多能干细胞、心脏祖细胞、间充质干细胞和心肌球细胞等来源的外泌体对受损心脏的保护作用已被广泛证实, 其在心肌损伤修复中的治疗效果备受关注。本综述总结了目前关于不同干细胞来源的外泌体在心肌损伤修复研究中的最新进展, 包括治疗潜力和作用机制。

关键词: 干细胞; 外泌体; 心肌损伤修复

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The role of stem cell-derived exosomes in repairing myocardial injury

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Abstract: At present, it is generally believed that the paracrine effect of stem cells in the repair of myocardial injury is one of the important ways for stem cell therapy. Exosomes are phospholipid bilayer-enclosed nanovesicles that secreted by cells under physiological and pathological conditions. Cargo loaded into exosomes including protein, lipids and nucleic acids can be delivered to recipient cells. Therefore, exosomes are recognized as important mediators for intercellular communication. It has been suggested that exosomes from stem cells (eg. embryonic stem cells, induced pluripotent stem cells, cardiac progenitor cells, mesenchymal stem cells and cardio-sphere-derived cells) have protective effects against heart injury. In this review, we summarized recent research progresses on stem cell-derived exosomes in myocardial injury, including the therapeutic effects and mechanism.

Key words: stem cells; exosomes; myocardial injury repair

近年来, 干细胞修复再生损伤心肌细胞是各种心脏疾病的重点研究内容, 但间充质干细胞在损伤部位植入并分化为受损细胞的效率非常低且存活时间短^[1], 移植某些特别的干细胞群(如 c-kit⁺ 细胞)在缺血缺氧环境中的存活率、分化数量以及有效性备受争议。但干细胞对心肌损伤的治疗作用是有目共睹的^[2, 3], 因而干细胞的旁分泌作用受到广泛关

注。外泌体被认为是细胞旁分泌的重要介质^[4]。损伤后组织修复研究表明, 外泌体的再生效应可能与亲代细胞的再生效应在促进动物模型的再生和功能恢复方面能力相当^[5]。

外泌体是由细胞内多泡体 (multi-vesicular body, MVB) 与细胞膜融合之后将腔内囊泡 (intraluminal vesicles, ILVs) 释放到胞外的一种含磷脂双分子层的

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小囊泡^[6]。研究显示, 胚胎干细胞 (embryonic stem cells, ESCs)、诱导性多能干细胞 (induced pluripotent stem cells, iPSCs)、心脏祖细胞 (cardiac progenitor cells, CPCs)、间充质干细胞 (mesenchymal stem cells, MSCs) 和心肌球细胞 (cardiosphere-derived cells, CDCs) 等多种干细胞都可以分泌外泌体, 由外泌体介导的细胞间信息交流广泛参与了多种心脏疾病的病理生理学过程, 了解干细胞来源外泌体在心肌损伤修复过程中的保护作用与机制非常重要。本综述总结了目前关于干细胞衍生外泌体的形成和组成机制, 总结了它们在心肌损伤中的最新研究进展, 期望为心肌损伤修复提供新的思路。

1 外泌体的生物形成与释放

在胞外环境刺激下, 如: 缺氧、衰老、活化、细胞分化、病毒感染等, 细胞膜发生内陷并出芽, 形成一个封闭的囊泡, 称之为“早期胞内体” (early endosomes, EE)。在 EE 向“晚期胞内体” (late endosomes, LE) 成熟的过程中, 胞内体膜再次向内凹陷出芽、脱落形成一系列的 ILV, 同时把细胞质当中的一些蛋白质、核酸有选择性地包裹进去, 这种含有许多 ILV 的胞内体就叫做 MVB^[7, 8], 当 MVB 与细胞膜融合后将 ILV 释放到胞外环境中, 这些 ILV

就被称之为外泌体。

外泌体形成及其释放的机制尚未完全了解, 但已知至少部分外泌体形成过程涉及运输所需的内体分选复合体 (endosomal sorting complex required for transport, ESCRT), 该体系由 4 种蛋白质复合体组成, 根据分选货物时出现的先后顺序, 将其分为 ESCRT-0、ESCRT-I、ESCRT-II 和 ESCRT-III, 主要被募集到产生 ILV 的胞内体膜上。肿瘤易感基因 101 (TSG101) 是 ESCRT-1 的一个组成部分, 与泛素化货物蛋白形成复合物, 并有助于激活 ESCRT-II 复合物, 诱导晚期胞内体膜的内陷与出芽, 随后, ESCRT-III 结合到 ESCRT-II 上, 导致泛素化的货物蛋白去泛素化, ESCRT-III 形成螺旋状的低聚物, 裂解芽颈, 促使囊泡的脱落并最终产生 ILV^[9] (图 1)。

此外, 外泌体形成过程还存在 ESCRT- 非依赖性途径, 在 ESCRT 四个组成亚基被同时沉默的情况下, 仍然可以形成 MVBs 和 ILVs^[10, 11]。研究表明, 脂质成分也参与外泌体的形成和内容物包裹过程。Trajkovic 等人最早发现神经酰胺在外泌体形成中的重要作用, 通过中性鞘磷脂酶抑制剂抑制神经酰胺的形成可以明显减少外泌体的分泌^[12] (图 1)。因此, 中性鞘磷脂酶抑制剂 GW4869 成为目前在细胞

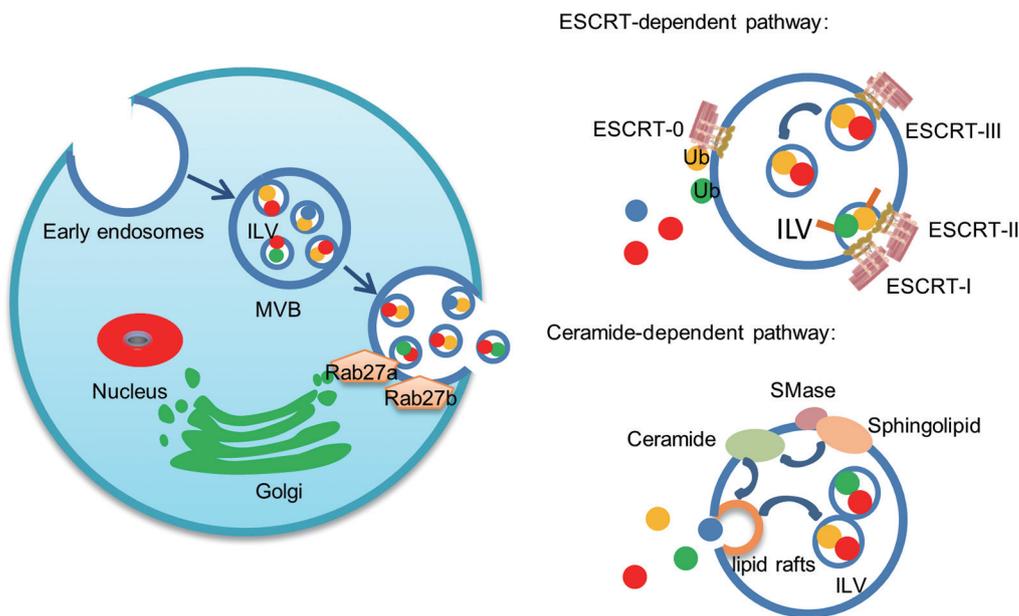


图 1. 外泌体生物形成和释放示意图

Fig. 1. Schematic biogenesis and release of exosomes. Biogenesis mechanism of exosomes is mainly mediated by ESCRT-dependent pathway or ceramide-dependent pathway. ESCRT: endosomal sorting complex required for transport; MVB: multi-vesicular body; ILV: intraluminal vesicles.

水平抑制外泌体分泌的主要干预手段之一。胞内体膜中包含大量脂筏结构, 利用 β -环糊精破坏脂筏结构, 可以改变外泌体的数量和内物含量^[13]。膜蛋白与脂筏的亲水性不同也可以决定其在外泌体中的含量^[14]。

目前研究认为, ILV 释放过程主要受 Rab 家族和 RAL 的 GTP 酶介导^[15-17] (图 1)。Rab27a 和 Rab27b 被发现可以调控 MVB 与细胞质膜的对接, 抑制 Rab27a 基因, MVB 会在细胞中积累并扩大, 而在敲低 Rab27b 后 MVB 重新分布至核周区域^[18]。另一研究显示, 在线虫里 RAL-1 定位于分泌型 MVB 的表面。对 RAL-1 缺失的动物细胞进行分析发现 RAL-1 既参与了 MVB 的形成又参与其与细胞质膜融合的释放过程。RAL-1 的靶蛋白 SNARE 蛋白组分中的 SYX-5 与活化的 RAL-1 在细胞质膜上共定位。当 SYX-5 缺失时, MVB 会在细胞质膜下聚集。在哺乳动物中, RalA 和 RalB 均参与外泌体样的膜泡的释放^[17]。然而, Rab 家族和 RAL 家族对 ILV 释放的调控是否互补或者是各自独立发挥作用有待进一步的研究。

外泌体分泌到胞外后被靶细胞特异性识别并摄取, 主要方式包括: (1) 外泌体自身与细胞质融合, 将“货物”释放进细胞; (2) 外泌体通过内吞作用被受体细胞摄取; (3) 外泌体上配体与细胞膜上受体结合, 起到抗原呈递、信号转导的作用^[19]。

2 外泌体结构与相关成分

外泌体作为一种胞外囊泡, 直径大概为 30~120 nm。外泌体膜与细胞膜一样都是由磷脂双分子层组成, 在蔗糖梯度中浮力密度为 1.10~1.14 g/mL, 在电子显微镜下呈“杯形”或者“碟状”形态^[20, 21]。近来有研究将外泌体分为直径在 90~120 nm 的大外泌体 (exo-L)、60~80 nm 的小外泌体 (exo-S) 以及小于 50 nm 的外泌颗粒 (exomere)。这三种纳米颗粒亚群显示出不同的蛋白质组、脂质、RNA 和 DNA 分布以及 N-糖基化模式, 表明可能来源于不同的生物发生机制, 并且表现出不同的生物器官分布模式以及生物学功能^[22]。

外泌体典型的标记蛋白包括: MVB 形成相关蛋白 (Alix、TSG101), 膜转运与融合相关蛋白 (annexins、flotillins、GTPases), 已被广泛用作外泌体标记的四跨膜蛋白 (CD9、CD63、CD81), 热休克蛋白 (HSP70、HSP90), 脂质相关蛋白以及 TSG101

在内的一组进化保守蛋白。其中还含有 mRNA 以及非编码 RNA, 如: miRNA、lncRNA 和 circRNA。但是调控 RNA 进入外泌体的机制尚未清楚, 最近发现一种短序列基序 (EXO-motifs), 通过与 RNA 结合蛋白 hnRNP-A2B1 或 SYNCRIP 结合, 可调控特定的 miRNA 加载到外泌体中^[23, 24]。此外, 外泌体还携带有基因组 DNA, 该过程可能是由细胞有丝分裂期间核膜破裂后在细质中释放 DNA 片段来介导。最近报道, 一些肿瘤细胞可分泌含有 DNA 的外泌体^[25-27], 但其功能仍不清楚, 需要进一步研究以了解其在生理与病理过程中的作用。

3 干细胞来源外泌体在心肌损伤中的保护作用

心肌梗死 (myocardial infarction, MI) 是一种缺血性心脏病, 由于粥样硬化斑块破裂形成血栓, 使冠状动脉闭塞而导致心肌缺血、损伤和坏死。在 2008 年, Timmers 等人已首次将人 ESCs 衍生的间充质干细胞培养基 (human mesenchymal stem cells conditioned medium, MSC-CM) 通过静脉注射和冠状动脉内推注入缺血/再灌注损伤猪模型体内, 4 h 后可观察到 MI 面积显著减少, 心脏收缩/舒张功能改善, 心肌氧化应激降低以及细胞凋亡减少^[28]。在急性 MI 的大鼠模型中, MSC-CM 还能够促进受损组织的血管新生^[29]。MSC-CM 通过降低 TGF- β 信号转导和细胞凋亡来减少心肌梗死面积并改善收缩功能, 进一步对 MSC-CM 成分进行分析, 发现其心脏保护功能是由外泌体所介导的^[30]。最近一项研究表明, 在联合给药抑制免疫排斥情况下, 人多能干细胞衍生的心血管祖细胞 (human induced pluripotent stem cell-derived cardiovascular progenitor cells, hPSC-CVPC) 移植能改善非人灵长类动物 MI 模型的心脏功能, 减少 MI 后的心肌细胞凋亡, 但即便多种免疫抑制剂联合使用, 移植 140 天后并不能检测到移植细胞, 该研究仍支持旁分泌效应假说^[31]。

近年来, 在心脏再生医学领域尤其是心肌缺血/再灌注与 MI 方面, 多种干细胞如 ESCs、iPSCs、CPCs、MSCs、以及 CDCs 来源的外泌体成为研究的热点。

3.1 ESC来源的外泌体(ESC-derived exosomes, ESC-exo)

ESC 源自胚胎内胚层未分化的细胞群, 具有自我更新以及分化为多种细胞类型的能力。早期研究表明 ESC 分化为心肌细胞可以补偿受损心肌, 从而改善心脏功能^[32], 但是这种移植的心肌细胞存在成

瘤的风险,限制了其在临床上的应用。最近的研究表明,ESC的治疗作用主要由其所分泌的外泌体来介导,ESC-exo具有通过诱导心肌细胞增殖和促进新血管形成以及发挥抗细胞凋亡、抗纤维化和逆转心脏重构来修复受损心脏的潜力。Arslan等人研究表明,人ESC衍生的MSC外泌体可通过上调ATP和NADH水平,减少心肌的氧化应激,并且增加p-Akt、p-GSK-3 β 表达,降低p-c-JNK水平以减小小鼠心肌缺血/再灌注损伤后的梗死面积^[33]。另一项研究显示,ESC-exo中发挥保护作用的是其内容物miRNA^[34]。miRNA主要参与转录后基因表达调控,通过与其靶基因转录物的3'-UTR处的互补序列结合来抑制基因表达^[35]。Khan等人的体外实验证明小鼠ESC-exo具有增强梗死心脏功能的作用,ESC-exo加入到经H₂O₂处理的H9C2细胞当中,其Caspase-3表达下降。肌内注射ESC-exo进入梗死部位,可观察到心脏功能改善与新血管形成增加,细胞凋亡和纤维化减少,并且梗死心脏祖细胞数量增加,miRNA阵列分析显示miR290-295簇,特别是miR-294在ESC-exo中富集^[34]。

3.2 iPSC来源的外泌体(iPSC-derived exosomes, iPSC-exo)

iPSC是成体细胞通过转染四种编码转录因子(Oct3/4、Sox2、Klf4和c-Myc)而产生的一种多能干细胞。Song等人将iPSC移植进猪MI模型,可观察到梗死边缘区血管密度显著增加、心肌细胞凋亡减少并伴随着纤维化程度的降低,从而改善心脏重塑,恢复心脏功能^[36]。随后有不少研究关注于iPSC-exo在促新血管形成和心肌细胞存活方面的疗效^[37,38]。而在最近的一项研究中,Adamiak等人比较了iPSC-exo和iPSC在体内的安全性和治疗效果,两种治疗均表现出心室功能的改善,但与iPSC移植相比,iPSC-exo表现出更优异的的心脏修复能力^[39]。此外,由iPSC衍生的细胞所分泌的外泌体同样具有修复受损心肌、减轻心脏重构及纤维化的作用。Santoso等人的研究表明在多能干细胞衍生的心肌细胞来源的外泌体(exosomes from iPSC-derived cardiomyocytes, iCMs-exo)中富集参与增殖、心脏肥大和低氧信号转导途径的miRNAs(miR-19, -24, -214, -92a-3p, -1246, -3665, -3960),MI模型小鼠心肌中这些通路的下游基因表达发生改变,其中MLC2v, VEGF和TGF- β 基因表达上调,而胶原蛋白和纤维连接蛋白表达下调,表明iCMs-exo通过相关的信

号通路的调节能改善MI小鼠的左心室容积和射血分数,提高心肌活力^[40]。理论上,iPSC或者iPSC衍生的细胞不会产生免疫排斥作用,因此对这些细胞来源的外泌体做进一步研究与应用可能有更大的优势。

3.3 CPC来源的外泌体(CPC-derived exosomes, CPC-exo)

CPC是指具有自我更新能力,且能分化成心肌细胞、血管内皮细胞和平滑肌细胞的一种心脏组织特异性成体干细胞。CPC-exo作为心脏修复的无细胞治疗剂具有巨大的潜力,可保护多种心脏疾病模型^[41-44]。本课题组前期研究显示,Sca1⁺CPC来源的外泌体作为重要的通讯介质在细胞之间不断穿梭,其内容物miR-21通过靶向程序性细胞死亡蛋白4(programmed cell death 4, PDCD4)对心脏发挥保护作用^[45]。另外,在缺氧条件下Sca1⁺细胞所分泌的外泌体具有更强的组织修复能力,其机制是通过富集miRNA以增强内皮细胞的管形成和减少成纤维细胞中促纤维化基因的表达^[46]。而最新的一项研究是来自各年龄组的人类(新生儿,婴儿和儿童)CPC-exo在MI后对心脏的影响。Agarwal等人发现,来自新生儿的CPC-exo改善心脏功能而不依赖于培养氧的水平,而来自婴儿和儿童的CPC-exo在低氧条件下才有修复损伤心脏的功能,只有在低氧条件下CPC-exo才能改善纤维化、促进血管生成和改善心脏重构^[47]。

3.4 MSC来源的外泌体(MSC-derived exosomes, MSC-exo)

MSC是最初在骨髓中发现的一种多能干细胞,后来研究发现它存在于多种组织中。在各种MSCs中,骨髓来源的MSC在各种疾病中被广泛研究,并且在与人类心脏疾病相关的不同实验动物模型中证明了它的保护作用。Feng等人发现缺血预处理后的MSC分泌的外泌体富含miR-22,递送到心肌细胞内可减少由缺血引起的细胞凋亡,miR-22通过靶向甲基-CpG结合蛋白2(methyl CpG binding protein 2, MeCP2)减少梗死面积和心脏纤维化^[48]。另一项研究表明,过表达CXCR4的MSC所分泌的外泌体(Exo CR4)转移到缺氧心肌细胞当中,通过上调心肌细胞中IGF-1 α 和p-Akt水平并下调活性Caspase-3水平来发挥抗凋亡作用以增加心肌细胞的存活率,并且Exo CR4可增加血管生长因子的表达以及血管的形成,在体内,用Exo CR4预处理的细胞片可促

进心功能恢复,减少梗死面积并改善心脏重塑^[49]。此外,人脐带 MSC-exo 也具有抗凋亡、促增殖和血管生成的能力,可使心肌免受缺血性损伤并促进心脏修复^[50]。它在体内可通过活化内皮细胞中的 Wnt4/ β -连环蛋白途径发挥其促血管生成作用^[51]。Wang 等人证明人子宫内膜来源的 MSC-exo 中 miR-21 降低了 PTEN 的表达并且增加 Akt 的磷酸化,从而发挥抗细胞凋亡与促血管生成的作用^[52]。MSC 分泌的细胞外囊泡 (extracellular vesicle, EV) 富集 miR-210,提高细胞的增殖、迁移和血管形成能力,从而改善了 MI 后的心脏功能,但是否通过 miR-210-Efn3 途径发挥作用需要进一步的研究^[53]。此外, MSC-exo 可通过 miR-125b 调节 p53-Bnip3 信号转导以减少梗死心脏中的自噬反应,从而达到保护心肌的目的^[54]。

3.5 CDC来源的外泌体(CDC-derived exosomes, CDC-exo)

CDC 是从心脏组织中培养出来的一群异质细胞。从患者的心肌中提取和分离 CDC,然后通过心肌内注射或冠状动脉内输注,多项临床试验证明了自体 CDC 治疗对人类的安全性和有效性^[55]。在作用机制方面, CDC 最突出的作用是旁分泌效应^[56]。Gallet 等人证明了 CDC-exo 在猪的急性和慢性 MI 模型中均具有保护作用。在急性 MI 中, CDC-exo 显著减小心肌梗死面积,并保护了左心室射血分数。在慢性 MI 研究中也发现 CDC-exo 可减少瘢痕形成,保护左心室容积和左心室射血分数,减少心室胶原含量和心肌细胞肥大,减轻心脏重构,同时增加血管密度^[57]。此外, CDC-exo 可通过抑制细胞凋亡来增加心肌细胞的存活率^[58]。有研究表明, CDC-exo 是通过富集促血管生成的 miRNAs (包括 miR-126, miR-130a 和 miR-210) 来诱导血管生成,从而在急性 MI 中发挥心脏保护作用^[59];另一方面, CDC-exo 中 miR-181b 可减少梗死组织内 CD68⁺巨噬细胞的数量,改变其极化状态,并通过下调巨噬细胞中的蛋白激酶 C δ (PKC δ) 转录水平而发挥心脏保护作用^[60]。

迄今为止,各种干细胞来源的外泌体及其 miRNA 对损伤心肌保护作用的研究最为广泛(表 1),但少数研究表明,外泌体所携带的一些功能性蛋白质在治疗心脏疾病方面也起到一定的作用。Lai 等人用高效液相色谱进行蛋白质组分析鉴定了人 ESC 衍生的 MSC 的外泌体中存在的 857 种蛋白质。其中,20S 蛋白酶体被认为是候选外泌体蛋白,可

与其他成分协同作用以改善组织损伤^[61]。Ratajczak 等人的一项研究证明, ESC-exo 含有干细胞特异性多能分子 Oct4 和 Sox2,可以维持成体干细胞的自我更新^[62]。在心肌损伤修复方面,外泌体中的蛋白质主要起到促血管生成和提高心肌细胞存活的作用。在缺血条件下, MSC-exo 富含关键的促血管生成效应因子,如: VEGF、bFGF、SDF-1 α 、PDGF 和 NF- κ B,促进缺血心肌血管生成^[63-65]。稳定过表达 HIF-1 α 的 MSC-exo 富含 Jagged1 蛋白,其具有增加血管生成能力^[66]。Vrijnsen 等人的研究表明, CPC-exo 和 MSC-exo 通过其所携带的细胞外基质金属蛋白酶诱导物也可以介导促血管生成作用^[67]。本课题组之前的研究显示,热休克可以刺激 Sca1⁺ 细胞外泌体释放热休克因子 1 (heat shock factor 1, HSF1),其通过 miR-34a 的表观遗传抑制可以提高损伤心肌细胞的存活率^[68]。

而外泌体中的另一些物质,如: lncRNA,则主要调控肿瘤微环境,与肿瘤的生长发育相关^[69,70]。在心脏中, lncRNA 涉及到 ESC 分化,心肌细胞命运和发育以及心脏衰老的调节^[71,72]。Gao 等人对缺血性心力衰竭的大鼠左心室组织进行了非编码 RNA 微阵列分析,结果显示与正常心室组织相比,在衰竭心脏中有 1197 个 lncRNA 和 2066 个 mRNA 表达上调,1403 个 lncRNA 和 2871 个 mRNA 表达下调。他们鉴定了 331 对差异表达的 lncRNA 和附近的编码基因,并通过实时定量 PCR 证实了四种 lncRNA-mRNA 对的表达水平可能参与了缺血性心力衰竭的发病过程^[73]。但是这些差异表达的非编码 RNA 是否与损伤心脏中的干细胞或干细胞外泌体有关尚不清楚,有待进一步的探究。

总体而言,这些不同于干细胞及其衍生的细胞来源的外泌体已经在心脏再生医学领域受到广泛关注与研究。不同干细胞来源的外泌体对损伤心肌都具有保护作用。CPC 在刺激条件下,如:缺氧、H₂O₂ 处理,可以分泌更多的外泌体且保护作用更明显,但 CDC-exo 则在正常培养条件下可以发挥更好的抗凋亡效果。外泌体有望成为一种新型的治疗方法,可能为心脏损伤修复和预防心脏疾病提供很大的希望。

4 结语

外泌体在细胞间通讯和细胞间大分子传递中发挥着至关重要的作用。越来越多的研究证实外泌体

表1. 不同干细胞来源的外泌体及其microRNA在心肌损伤中的作用

Table 1. Role of different stem cell-derived exosomes and their microRNAs in myocardial injury

Source of exosomes	Model	Cargo	Target gene	Function	Ref.
ESCs	MI	miR-294	–	Increase neovascularization, improve cardiomyocytes survival and reduce fibrosis after myocardial infarction	[34]
iPSC-CMs	MI	miR-19, -24, -214, -92a-3p, -1246, -3665, -3960	–	Improve left ventricular ejection fraction and myocardial viability by regulating signaling pathways involving in cardiomyocyte proliferation, cardiac hypertrophy and hypoxia	[41]
Sca1 ⁺ CPCs	Oxidative damage	miR-21	PDCD4	Inhibit cardiomyocyte apoptosis by targeting PDCD4	[46]
BMSCs (IPC)	MI	miR-22	Mecp2	Inhibit apoptosis and reduce cardiac fibrosis	[49]
hEnMSCs	MI	miR-21	PTEN	Reduce apoptosis and infarct size, promote neovascularization and improve heart function	[53]
MSCs	MI	miR-210	Efna3	Improve cell proliferation, migration and angiogenesis	[54]
MSCs	MI	miR-125b	–	Regulate p53-Bnip3 signaling to reduce autophagy in infarcted heart	[55]
CDCs	MI	miR-126, miR-130a and miR-210	–	Promote angiogenesis for cardioprotection	[60]
CDCs	MI	miR-181b	PKC δ	Reduce infarct size and the number of CD68 ⁺ M ϕ in infarcted tissue and modify the polarization state of M ϕ , reduce PKC δ transcription level	[61]
BMSCs	MI	17 differential miRNAs	–	Increase capillary density, reduce cardiac fibrosis and restore heart function	[77]
MSCs (GATA-4)	MI	miR-19a	PTEN	Reduce cardiomyocyte apoptosis, maintain mitochondrial integrity, promote heart function and reduce infarct size	[78]
BMSCs	Oxidative damage	miR-21	PTEN	Decrease oxidative stress-triggered cells death by inhibiting PTEN expression and activating PI3K/AKT signaling	[79]

ESCs, embryonic stem cells; iPSC-CMs, induced pluripotent stem cell-derived cardiomyocytes; Sca1⁺ CPCs, Sca1⁺ cardiac progenitor cells; BMSCs (IPC), bone marrow mesenchymal stem cells following ischemic preconditioning; hEnMSCs, human endometrium-derived mesenchymal stem cells; MSCs, mesenchymal stem cells; CDCs, cardiosphere-derived cells; PDCD4, programmed cell death protein 4; Mecp2, methyl CpG binding protein 2; PTEN, phosphatase and tensin homolog; Efna3, ephrin-A3; PKC δ , protein kinase C- δ ; MI, myocardial infarction.

调控的细胞间信息交流过程也参与了心血管系统疾病的发生和发展。上述已证实多种干细胞来源的外泌体可通过释放其内容物而起到抗凋亡、抗纤维化和逆转心脏重构,改善受损心脏功能的作用。由于其良好的生物相容性与无致突变性,比干细胞移植更安全,故外泌体治疗被认为是潜在的替代细胞疗

法的新策略^[74]。

外泌体研究成为新热点,这既是国内外科科研工作者的机遇,同时也是挑战。在各种应用中要使外泌体潜力得到最大化利用,仍面临各种挑战:如何获取足够数量的外泌体以及增加外泌体均质性是亟待解决的问题。干细胞外泌体主要来源于细胞培养

的上清液,但是在不同的培养条件下细胞分泌的外泌体数量有所变化,其所包含的内容物和功能也不一样^[46]。另外,分离外泌体的最常用方法仍然是超速离心,耗时长并且需要大量的细胞上清。商业化的外泌体提取试剂可增加外泌体的提取量,需要纯化才可能用于临床,因为该方法获得的外泌体含有脂蛋白等污染物^[75]。最后,不同干细胞来源外泌体的有效摄取以及作用机制和特定治疗潜力仍需进一步研究。

随着外泌体研究领域的不断发展,外泌体将在各种疾病的诊断和预后、疾病模型、组织器官修复、药物载体等方面都有广阔的应用前景。现如今,干细胞及其外泌体研究正在逐渐从基础研究转向临床应用,MSC正在进行广泛的临床试验以评估其适应症的疗效,已有超过100个MSC正在进行临床试验。MSC分泌的外泌体(NCT03384433)也即将进入I期临床实验用于治疗急性缺血性卒中。关于外泌体与心肌损伤修复的研究提示外泌体极具治疗潜能,但目前大量研究采用原位注射或静脉注射方式给予。本研究组最新的工程材料方面的研究显示,利用纳米技术可以靶向于缺血的肿瘤组织^[76]。若可以同样通过生物工程技术提高外泌体的靶向缺血心肌组织的能力,使之特异性作用于受损的心肌细胞,从而改善心脏功能,这将为心脏疾病的预防与治疗提供新的思路。

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