

MUC2分泌及影响结直肠癌发生的机制研究进展

刘 钰, 苏宇航, 王明月, 许洁斌, 刘胜兵, 王晓敏

嘉兴大学医学院, 浙江 嘉兴

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摘 要

MUC2是肠道杯状细胞分泌的主要黏蛋白, 其与肠道上皮屏障共同构成肠道保护屏障, 防止上皮细胞直接暴露于肠道微生物, 并与肠道菌群共存。MUC2的表达水平与结肠炎和结肠癌的发生有关。不同类型的结肠癌中MUC2的表达水平不同, MUC2表达的差异影响结肠癌的发生和发展。MUC2的表达水平影响肠道菌群的稳态, 肠道菌群的变化也能调节MUC2的分泌。唾液酸化、离子通道、外源性食物和药物均会影响MUC2的分泌。本文综述了MUC2在结肠癌中的表达、其对结肠癌转移和结肠炎的影响以及影响MUC2分泌的相关因素, 为靶向MUC2的相关药物研发和临床应用提供理论基础。

关键词

MUC2, 肠黏膜屏障, 肠道菌群, 结直肠癌, 结肠炎

Research Progress on the Secretion of MUC2 and Its Influence on the Pathogenesis of Colorectal Cancer

Yu Liu, Yuhang Su, Mingyue Wang, Jiebin Xu, Shengbing Liu, Xiaomin Wang

Medical College of Jiaxing University, Jiaxing Zhejiang

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Abstract

MUC2 is the main mucin secreted by goblet cells in the intestinal tract. It jointly constitutes the protective barrier of the intestinal epithelium with the intestinal epithelial barrier, preventing

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epithelial cells from being directly exposed to intestinal microorganisms and coexisting with the intestinal microbiota. The expression level of MUC2 is related to the occurrence of colitis and colon cancer. The expression level of MUC2 varies in different types of colon cancer, and the difference in MUC2 expression affects the occurrence and development of colon cancer. The expression level of MUC2 affects the homeostasis of the intestinal microbiota, and changes in the intestinal microbiota can also regulate the secretion of MUC2. Sialylation, ion channels, exogenous food and drugs all affect the secretion of MUC2. This article reviews the expression of MUC2 in colon cancer, its influence on colon cancer metastasis and colitis, as well as the related factors affecting the secretion of MUC2, providing a theoretical basis for the research and development and clinical application of drugs targeting MUC2.

Keywords

MUC2, Intestinal Mucosal Barrier, Intestinal Microbiota, Colorectal Cancer, Colitis

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1. 引言

肠上皮细胞与黏膜层的化学屏障以及免疫系统一起,作为抵御外部病原体入侵的第一道物理屏障发挥着重要作用,并与肠道菌群共生。紧密连接相关蛋白参与维持上皮屏障的完整性,黏蛋白(Mucin, MUC)参与构成肠上皮第一道防御屏障。MUC 是一类高分子量的糖基化蛋白,覆盖在各种器官表面,保护上皮[1],可防止上皮细胞直接暴露于肠道微生物,并通过多种方式影响肠道的生物学功能,包括物理、化学保护、免疫调节和生长。MUC 提供了一个避免缺氧、酸性等促进癌症进展的微环境,因此其表达水平影响肠道肿瘤的发生和发展[2],研究表明,MUC 可作为癌症治疗潜在的生物标志物和靶点[3]。目前,已鉴定出约 20 种 MUC,包括 MUC1-2、MUC3A、MUC3B、MUC4、MUC7-9 和 MUC12 等。根据其结构和功能,它们可分为膜结合/跨膜黏蛋白、分泌型(凝胶形成型)和可溶性(非凝胶形成型)黏蛋白[4]。MUC2 是首次发现的凝胶形成 MUC,作为杯状细胞分泌的结肠黏液主要结构成分,MUC2 的表达异常影响结肠直肠癌(Colorectal cancer, CRC)的发生和发展。

2. MUC2 的结构

MUC2 由约 5100 个氨基酸组成,包含五个不同的区域,包括 von Willebrand D1-D2-D'-D3 结构域、一个小的 PTS 结构域、一个大的 PTS 结构域的 N 端部分、von Willebrand D4-C 结构域以及一个由半胱氨酸结构域组成的 C 端部分。N 端和 C 端分别包含约 1300 个和 1000 个氨基酸,它们通过二硫键折叠并稳定。在粗面内质网中,MUC 单体通过二硫键形成二聚体,并被转移到高尔基体进行氧化糖基化,形成储存在杯状细胞中的分泌颗粒。PTS 结构域的长中央区域在 O-糖基化后变成一个刚性的、伸展的棒状结构域,称为 MUC 结构域。当完全糖基化时,MUC2 单体的质量约为 2.5 MDa,并通过 C 端二聚化和 N 端三聚化聚合形成巨大的网络聚合物[5]。除了 MUC2 之外,MUC 颗粒中还充满了其他典型的黏液成分,如 FCGBP、CLCA1、ZG16 和 AGR2。缺乏 MUC2 的小鼠杯状细胞数量相同,但缺乏典型的杯状细胞形态。当 MUC2 从杯状细胞释放时,会形成聚合物网络以构建黏液层骨架,MUC2 的 N 端和 C 端的半胱氨酸残基高度糖基化,从而导致 MUC2 具有亲水性[4]。

3. MUC2 影响 CRC 发生

MUC2 是肠黏膜屏障重要组成部分, 作为高分子量上皮糖蛋白, MUC2 参与了诸如上皮细胞保护、信号转导和组织稳态等生理过程。

3.1. MUC2 表达减少可导致 CRC 发生

在哺乳动物中, MUC2 及其他 MUC 基因位于人类染色体 11 的 11p15.5 区域, 由位于染色体 11p15 位点的一组基因编码, 与血管性血友病因子(von Willebrand Factor, vWF)同来源。11 号染色体上的这一特殊区域已被确认为癌症中非典型 DNA 甲基化的发生位点, MUC2 表达下调与 CRC 早期癌变有关, 这可能是由 MUC2 启动子的甲基化所致[5]。MUC2 基因缺陷会导致小鼠自发性 CRC, MUC2 启动子的甲基化可能有助于 CRC 的发展。在 IV 期 CRC 中, MUC2 基因表达水平高于其他阶段, MUC 基因(包括 MUC2、MUC5A 和 MUC5B)的表达变化与临床病理变量高度相关, 这为 CRC 的诊断和预后提供了参考[6]。

作为结肠黏液中主要糖蛋白, MUC2 将肠道微生物群与宿主细胞分隔, 其缺失会导致上皮屏障功能受损、肠道菌群失衡以及自发性结肠炎, 进而可导致 CRC 发生, MUC2 基因缺陷可导致结肠炎并伴有代谢异常[7]。小鼠上的研究显示, 结肠黏液由两层具有相似结构的蛋白质组成, 主要结构成分为 MUC2。其内层附着于上皮细胞, 无细菌; 外层不直接附着于上皮细胞, 在内源性蛋白酶作用下, 覆盖大面积区域, 并可被肠道细菌定植。MUC2 可构建一个将细菌与结肠上皮细胞隔开的黏液屏障, 内层黏液层不受细菌影响, 为结肠上皮细胞提供了一层保护屏障, 当 MUC2 表达下调导致保护性的黏液屏障减弱或丧失时, 细菌接触上皮表面并激活炎症反应的微环境, 可导致结肠炎症, 而慢性炎症会导致细胞损伤和分子变化, 将炎症性上皮细胞转化为低度不典型增生(Low-grade atypical hyperplasia, LGD)、高度不典型增生(High-grade atypical hyperplasia, HGD), 最终发展为 CRC。MUC2 表达失调也是多种 CRC 亚型的组织病理学特征之一[8]。在 381 名 CRC 患者肿瘤组织 MUC1、MUC2、MUCSAC 和 MUC6 的表达分析中发现, MUC2 表达在 CRC 过程中发生变化, MUC2 表达缺失可作为不良预后的预测指标[9]。

3.2. MUC2 表达与 MCA

在 CRC 中, 约 10%~20%为黏液性结直肠腺癌(Mucinous colorectal adenocarcinoma, MCA), 这种类型的癌症更具侵袭性, 且表现出非典型的转移模式, 并且 MCA 在 MUC2 扩增方面与其他 CRC 存在基因背景差异。MCA 可能试图利用其独特的基因背景来产生包含 MUC2 分泌的黏液环境, MUC2 过表达也是黏液腺癌的常见表现形式。KRAS 蛋白作为分子开关, 调控 RAF、ERK 等下游信号通路, 导致肿瘤发生[10]。突变体 KRAS 诱导 MUC2 表达, 协同参与 PI3K/AKT 和 MEK/ERK 通路, 维持 MCA 细胞中 MUC2 的表达[11]。MUC2 水平升高也与散发性 MCA 的加速进展相关[12]。最近有研究显示 MUC2 可通过招募 SMARCA4 参与 MCA 分化[13]。

4. MUC2 与 CRC 癌细胞的转移

4.1. MUC2 表达降低与 CRC 转移相关

MUC2 低表达与淋巴结转移、肿瘤浸润深度和肿瘤分期显著相关, 这适用于 CRC 的早期诊断。在原发性 CRC ($P = 0.003$)和有淋巴结转移的 CRC (80%)中发现 MUC2 的低表达($P < 0.001$)。在 60 岁以下的 CRC 中, MUC2 的低表达与淋巴管血管侵犯的发生显著相关($P = 0.05$)。MUC2 低表达是淋巴管和血管侵犯的独立预测指标($P = 0.041$) [14]。有研究通过一种 qRT-PCR 检测方法, 即 ColoNode, 可检测 MUC2 水平。ColoNode 是一种能够确定肿瘤是否容易发生远处转移的高度敏感且可靠的检测方法。ColoNode 可表

征淋巴结中的肿瘤细胞及其微环境,以评估其形成远处转移的倾向。检测结果显示 MUC2 可能具有抑制肿瘤转移的作用。这为淋巴结分析提供了另一项质量指标,通过 ColoNode 可以检测肿瘤细胞离开肠道和局部淋巴结而转移至肝脏和肺等部位进行增殖的功能指标[15]。

4.2. MUC2 高表达与 CRC 转移

MUC2 的低表达预后不良,但 II 期 CRC 患者中 MUC2 低表达者对辅助化疗的反应更好, MUC2 参与氟尿嘧啶辅助化疗耐药性,并可能成为 II 期 CRC 患者预后检测的生物标志物[16]。在 MCA 中, MUC2 高表达与肿瘤转移高度相关。半乳糖凝集素-3 可通过激活 AP-1 在转录水平上调节人结肠癌细胞中 MUC2 的表达,并通过增强 MUC2 启动子来促进肿瘤细胞转移[17]。MUC2 可能是 CRC 微转移灶的候选标志物,其表达增加与 CRC 更晚期的 T 分期相关, MUC2 RT-PCR 有可能识别出有早期癌症复发风险的 CRC 患者[18]。

5. MUC2 分泌的调控

5.1. 肠道菌群与 MUC2 的分泌

5.1.1. MUC2 缺乏与肠道菌群失调

肠道微生物群在维持体内平衡(包括生物拮抗作用、预防感染、代谢与营养以及免疫系统的建立与调节等方面)中发挥着至关重要的作用。肠道菌群与黏膜屏障之间存在着密切的关系。与野生型小鼠相比,无菌小鼠的肠道黏膜较为稀薄且不稳定。MUC2 的寡糖链结构为其提供了与肠道共生菌结合的位点,并促进了益生菌定植。MUC2 高度 O-糖基化,因此肠道中的 MUC2 无法被宿主消化系统降解,但可以被共生菌和致病菌降解。MUC2^{-/-}小鼠的肠道菌群变化会加重葡聚糖硫酸钠(Dextran sulfate sodium, DSS)诱导的结肠炎[19]。MUC2 基因缺失小鼠表现出正常黏膜代谢途径和肠道稳态的变化。MUC2 小鼠中瘤胃球菌科和产丁酸细菌的丰度显著增加。MUC2^{-/-}小鼠和 MUC2^{+/+}小鼠之间的肠道菌群存在统计学意义上的显著差异,炎症因子,例如环氧合酶 2(cyclooxygenase 2, COX-2)、白细胞介素-6(Interleukin-6, IL-6)、肿瘤坏死因子- α (Tumor necrosis factor- α , TNF- α)、白细胞介素-1 β (Interleukin-1 β , IL-1 β)、核因子 κ B 抑制激酶 β (Nuclear factor kappa B Inhibitor kinase β , IKK β)等显著增加[20], MUC2 缺陷还可能导致 β -防御素-2 刺激不足及肠道菌群失衡[21]。

5.1.2. 肠道菌群的改变影响 MUC2 分泌

费氏丙酸杆菌(*Propionibacterium freudenreichii*)能够通过恢复杯状细胞数量以及刺激肠道杯状细胞的 MUC2 表达来改善急性结肠炎[22]。混合乳酸菌的补充能够通过调节肠道菌群、促进 MUC2 表达以及修复肠道屏障来减轻由 DSS 引发的结肠炎[23]。乙酸是肠道细菌产生的重要短链脂肪酸。富含乙酸的酸奶饮食能够增加 MUC2 的表达并增强肠道上皮的保护功能[24]。高乙酸或丁酸生产饮食(High acetate or butyrate-producing diet, HAMSA)能够改变乙酸生产的不足,并对肠道感染具有保护作用。HAMSA 饮食在感染期间改变肠道菌群的组成和功能,增加结肠中 MUC2、IL-22 和抗菌肽的表达[25]。此外,益生菌能够增加 MUC2 分泌,从而保护肠道黏液屏障免受食源性病原体的黏附和入侵[26]。

5.2. 内质网应激影响 MUC2 分泌

5.2.1. ERN2 促进杯状细胞 MUC2 分泌

MUC2 作为一种大分子糖基化蛋白,对内质网(Endoplasmic reticulum, ER)中蛋白质的正确折叠和组装提出了很高的要求,这也给杯状细胞的分泌机制带来了挑战。内质网核信号转导蛋白 2 (Endoplasmic reticulum to nucleus signaling 2, ERN2/IRE1 β)在肠道微生物群与结肠上皮之间的联系中起着重要作用,能

够促进杯状细胞产生黏液形成保护性黏液层,但这一功能发生在正常肠道菌群于消化道定植后。ERN2/IRE1 β 缺失会导致黏液生成减少、黏液屏障破坏,从而使细菌穿透屏障并引发上皮细胞应激反应[27]。ERN2/IRE1 β 通过剪接 X 盒结合蛋白(X-box binding protein, XBP-1) mRNA 来扩大内质网的功能,并防止杯状细胞中的内质网应激[28],而在 CRC 以及由偶氮甲烷(Azoxymethane, AOM)/DSS 诱导的小鼠结肠肿瘤中,ERN2/IRE1 β 表达水平降低[29]。

5.2.2. 自噬与 MUC2 分泌

自噬是一种细胞保护系统,用于清除受损的细胞器和错误折叠的蛋白质,这些蛋白质可引发包括内质网应激在内的多种应激反应。自噬影响 MUC2 的分泌,并参与结肠杯状细胞中 MUC2 的生物合成。IL-22 处理错误折叠的 MUC2 蛋白以纠正并减少 LS174T 细胞的自噬过程,从而维持肠屏障防御功能,这也是维持肠道稳态所必需的细胞内降解过程[30]。研究表明,白藜芦醇通过内质网应激信号通路诱导自噬,并刺激杯状细胞中 MUC2 的合成[31]。齿双歧杆菌(*Bifidobacterium dentium*)分泌的产物,如 γ -氨基丁酸(Aminobutyric acid, GABA),可刺激自噬介导的钙信号和 MUC2 释放[32]。鹰嘴豆芽素 A (Biochanin A, BCA)可通过恢复肠屏障功能和促进自噬改善 MUC2^{-/-}小鼠的溃疡性结肠炎(Ulcerative colitis, UC) [33]。

5.3. 内质网应激与炎性肠病

内质网应激会抑制杯状细胞 MUC2 分泌,并与炎性肠病(Inflammation bowel disease, IBD)相关。研究发现,来自齿状双歧杆菌的 γ -谷氨酰半胱氨酸可抑制内质网介导的杯状细胞应激,并缓解 TNBS 诱导的结肠炎[34]。尽管肠上皮细胞的内质网应激与肠道炎症有关,但尚不清楚内质网应激是炎症的诱因还是炎症发生后的反应。在由 MUC2 基因突变导致肠杯状细胞内质网应激的小鼠中,出现自发性结肠炎,黏液屏障减弱,细菌易位增加[35]。在 IBD 和感染性结肠炎中, MUC2 过度表达,但其机制尚不清楚。MUC2 的这种过度表达会耗竭杯状细胞,影响肠黏膜的黏液层。在胃肠道炎症中,增强 MUC2 折叠可能有助于缓解杯状细胞功能障碍并维持黏膜完整性。高表达 MUC2 的 HT29-H 细胞经内质网应激诱导药物处理后,内质网应激和细胞凋亡显著增加,而纠正 MUC2 折叠和抑制活性氧则可减轻内质网应激并抑制细胞凋亡。在早发性结肠炎中,黏液过度分泌也会导致严重的内质网应激和杯状细胞凋亡[36]。在 Winnie 小鼠中的研究发现,短链酮类药物 Idebenone 除了具有强大的抗氧化和线粒体电子供体特性外,还具有抗炎活性。Idebenone 治疗可增加 Winnie 小鼠的 MUC2 蛋白表达。内质网应激标志物 C/EBP 同源蛋白(C/EBP homologous protein, CHOP)、转录因子 6 (Transcription factor 6, ATF6)和 XBP-1 显著降低。Idebenone 这种抗炎活性和降低内质网应激标志物的能力,可能是 UC 的一种潜在治疗方法[37]。 $B(2\rightarrow1)-\beta(2\rightarrow6)$ 分支型链霉菌糖肽型果聚糖(Branched-streptogramin-type fructans)和 $\beta(2\rightarrow1)$ 线性果聚糖(Linear fructans)以果聚糖依赖的方式影响杯状细胞中与黏液相关和内质网应激相关的基因,并减轻炎症[38]。不饱和脂肪酸能够缓解由饱和脂肪酸在肠道分泌杯状细胞中诱导的内质网应激。二十碳五烯酸(Eicosapentaenoic acid, EPA)和二十二碳六烯酸(Docosahexaenoic acid, DHA)能够保护杯状细胞免受棕榈酸诱导的内质网应激介导的 MUC2 分泌,并减少 MUC2 的合成与分泌[39]。

5.4. 离子通道和 MUC2 分泌

在小鼠的杯状细胞中, Piezol 起到了维持结肠黏膜层功能的重要作用。敲除 Piezol 的小鼠其 DOCK4 (Dedicator of cytokinesis 4, DOCK4)含量增加。DOCK4 是 DOCK 家族 Dock-B 亚家族中鸟嘌呤核苷酸交换因子成员。DOCK4 可能是肠道杯状细胞分化和 MUC2 生成的关键调节因子,并在化学损伤后肠道上皮屏障功能的修复中发挥关键作用。CRC 样本中 MUC2、DOCK4 和杯状细胞分化/成熟因子的 mRNA 水平低于正常结肠组织,且 DOCK4 与 MUC2 表达呈正相关[40]。“哨兵”杯状细胞(“sentinel” goblet cells,

senGC)位于结肠隐窝入口处,通过激活 TLR-和 MyD88 依赖的 Nox/Duox 活性氧,合成下游含有 NLR 家族含 PYRIN 结构域 6 (NLR Family Pyrin Domain Containing 6, NLRP6)炎性小体的核苷酸结合寡聚结构域样受体,TLR2/1、TLR4、TLR5 配体的非特异性内吞作用触发 senGC 钙离子依赖性 MUC2 分泌,并产生细胞缝隙连接信号,诱导隐窝内邻近杯状细胞分泌 MUC2 [41]。富含亮氨酸重复序列蛋白 26 (Leucine-rich repeat containing protein 26, LRRC26)能够调节 Ca^{2+} 和电压激活型钾离子(voltage-activated K^{+} channel, BK)通道。小鼠结肠杯状细胞具有与 LRRC26 相关联的 BK 通道,而 MUC2 缺失细胞缺乏 BK 通道,且与 LRRC26 相关联的 BK 通道参与小鼠远端结肠黏膜的其余跨上皮电流,因此敲除 LRRC26 或 BK 会显著增强小鼠对 DSS 诱导的结肠炎易感性[42]。

5.5. 年龄、饮食影响 MUC2 的分泌

老年动物肠道菌群中非糖分解菌和糖分解菌的比例增加, β -半乳糖苷酶的丰度降低。在老年小鼠中,半乳糖寡糖减轻了与年龄相关的肠道通透性的增加,并增加了 MUC2 的表达和黏液厚度[43]。正常剂量的鱼油摄入会下调结肠中 MUC2 的表达。鱼油这种负面作用可能涉及抑制 MUC 糖基化过程[44]。维生素 D/维生素 D 受体(Vitamin D receptor, VDR)轴在调节肠道屏障方面发挥着作用。肠道菌群失衡可导致代谢综合征(Metabolic syndrome, MetS)和非酒精性脂肪肝疾病(Non-alcoholic fatty liver diseases, NAFLD),在缺乏维生素 D 的高脂饮食条件下,回肠中包括 α -防御素 5 (alpha-defensin 5, DEFA5)、紧密连接和 MUC2 基因在内的表达被抑制,从而导致黏膜的破坏、肠道通透性增加和肠道菌群失衡[45]。膳食纤维及其代谢产物影响结肠黏膜黏液的分泌,琥珀酸可介导部分水解瓜尔胶(partially hydrolyzed guar gum, PHGG)引起的结肠 MUC2 表达增加,这一过程与 AKT 磷酸化有关[46]。肠道微生物来源的丁酸盐通过激活巨噬细胞/WNT/ERK 信号通路调节肠道黏液屏障修复,其诱导的 M2 巨噬细胞的过继转移促进了 DSS 损伤后杯状细胞的生成和黏液的恢复,丁酸盐有可能作为溃疡性结肠炎(Ulcerative colitis, UC)的治疗靶点[47]。

5.6. 外源性药物影响 MUC2 分泌

胆汁酸等外源性药物也可上调 MUC2 表达,如胆汁酸可通过 MAPK 依赖性途径诱导 MUC2 表达[48],也可诱导 GATA 结合蛋白 4 (GATA binding protein 4, GATA4)表达, GATA4 与 MUC2 启动子结合并刺激其转录[49]。外源性烟酰胺腺嘌呤二核苷酸(Nicotinamide adenine dinucleotide, NAD^{+})通过刺激 PLC- δ /PTGES/PKC- δ /ERK/CREB 信号通路增加 LS 174T 杯状细胞的 MUC2 表达[50]。橙皮素通过阻断 RIPK3/MLKL 信号通路维持上皮屏障,促进 MUC2 分泌,改善 DSS 诱导的结肠炎[51]。白藜芦醇也可通过 INK4 基因座中反义非编码 RNA (Antisense non-coding RNA in the INK4 locus, ANRIL)-miR-34a 轴促进 MUC2 合成来减轻 IBD [52]。MUC2 在 LS174T 细胞系中含量高于 HT-29,而槲皮素(Quercetin)可通过 PLC/PKCa/ERK1-2 通路促进 LS174T 杯状细胞中 MUC2 分泌,并对肠黏膜屏障发挥保护作用[53]。仙鹤草-黄联合用药可调节 JAK2/STAT3 通路,诱导自噬,促进 MUC2 分泌,减轻 IBD 症状[54]。吲哚-3-甲醇(indole-3-carbinol, I3C)作为芳烃受体(aryl hydrocarbon receptor, AhR)配体,调节特定 MUC 表达以减轻肠炎症状。而 AhR 在肠上皮细胞中的表达对于 I3C 在结肠炎期间的保护作用至关重要, AhR 缺陷影响 MUC2 表达[55]。

5.7. 唾液酸化与 MUC2 分泌

ST6 N-乙酰半乳糖胺基化酶 α -2,6-唾液酸转移酶 1 (ST6 N-Acetylgalactosaminide Alpha-2, 6-Sialyltransferase 1, ST6GALNAC1)促进结肠杯状细胞黏液的唾液酸化,眼黏蛋白上的唾液糖苷在保护结肠黏膜免受异物(如过敏原颗粒)侵袭方面发挥着重要作用[56]。ST6GALNAC1 能够唾液酸化肠道黏液的末端糖苷,

而主要的唾液酸转移酶在杯状细胞中特异性表达,这对于黏液的完整性以及防止被细菌蛋白酶过度降解至关重要。黏液分泌减少会导致 MUC 缺乏和 IBD。ST6GALNAC1 基因突变的小鼠黏液屏障受损,容易发生肠道炎症[57]。唾液酰化可介导 MUC2 的负电荷,促进黏蛋白网络结构形成,从而抑制细菌侵入结肠,维持肠道内稳态[58]。

5.8. 醛酮还原酶 1b10 与 MUC2 分泌

醛酮还原酶 1B10 (Aldo-keto reductase 1B10, AKR1B8)缺乏会导致结肠黏膜上皮屏障和免疫功能异常。在 AKR1B8 缺陷小鼠中,有明显的中性粒细胞和肥大细胞浸润,γT 细胞的数量和功能受损,树突状细胞的发育发生变化,结肠 MUC2 表达降低。结肠上皮细胞通透性增加[59]。AKR1B8 基因敲除小鼠在低剂量(1.5%) DSS 治疗后出现严重的急性结肠炎,结肠上皮细胞中的 TLR4 信号被激活,IL-1β 和 IL-6 的表达增加,AKR1B8 的缺失可能是结肠炎的新致病因素[60]。

6. 结论

作为肠道中的主要 MUC, MUC2 在抵抗病原体入侵以及维持肠道菌群与黏膜之间的共生关系方面发挥着重要作用。MUC2 对肠道微生态的维持至关重要,其表达量是影响临床粪菌移植效果的重要因素,对 UC 患者的肠道粪菌移植来说, MUC2 的分泌情况或许可以作为临床粪菌移植的参考指标之一。作为肠屏障的重要组成部分, MUC2 表达的升高或降低影响 CRC 的发生、发展和预后, MUC2 的表达情况可作为 CRC 发生和预后情况的生物靶标,在临床诊断中,可通过 MUC2 的表达情况来分析和判断 CRC 的预后,也可通过开发相关调节 MUC2 分泌的药物,抑制 CRC 的发生和发展。靶向 MUC2 通路可能是一种新的治疗方法,可为肠道炎症和肿瘤的治疗提供新的思路。

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