

基因检测在糖尿病视网膜病变中的研究新进展

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摘要

目前基因检测技术已日益成熟,并与多学科融合,为临床医生对疾病的诊断、治疗及预后提供了帮助。近年来,基因检测技术在糖尿病视网膜病变(DR)中取得了一些进展,主要应用于糖尿病视网膜病变的相关危险因素及后续个性化治疗方案的制订。因此,我们针对基因检测技术能够检测的糖尿病视网膜病变相关基因位点进行总结分析。

关键词:基因检测;基因位点;糖尿病视网膜病变

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New progress of gene detection in diabetic retinopathy

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Abstract

• At present, gene detection technology has become increasingly mature and integrated with multi-disciplinary, which provides help for clinicians to diagnose, treat and prognosis of the disease. In recent years, gene detection technology in diabetic retinopathy (DR) has made some progress, mainly applied to the risk factors of diabetic retinopathy and follow-up personalized treatment plan. Therefore, we summarize and analyze the gene loci related to diabetic retinopathy that can be

detected by gene detection technology.

• KEYWORDS: gene detection; genetic locus; diabetic retinopathy

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0 引言

随着精准医学的发展,基因检测技术越来越多地应用于临床诊疗过程中,尤其在疾病的诊断、治疗及预后的过程中能够提供很多帮助^[1-3]。近年来,基因检测技术在糖尿病视网膜病变(diabetic retinopathy, DR)中也有一定的发展^[4-5],主要应用于预测个体发生DR的风险及后续个性化治疗方案的制订。因此,我们针对基因检测技术能够检测的DR相关基因位点进行简单综述。

1 血管内皮生长因子基因

血管内皮生长因子(vascular endothelial growth factor, VEGF)是DR形成新生血管的主要因素^[6]。在增殖性DR的病理过程中形成新生血管,此过程的关键因素是VEGF^[7],DR患者玻璃体和血管组织中VEGF水平升高^[8-9]。VEGF经处理后得到两个相反功能的亚型:促血管生成因子(VEGF165a)与抗血管生成因子(VEGF165b)^[10]。Suman等发现这两种亚型之间的差异与DR的严重程度相关,而且VEGF165a和VEGF165b之间的不平衡性与黄斑中心凹厚度是正相关的,两者间的不平衡将破坏视网膜正常结构,最终导致视力损害^[11]。VEGF是DR的主要危险因素目前已达成了共识,通过调节VEGF165的表达水平从而影响VEGF的表达^[12]。因此,糖尿病患者尚未发生DR时,我们是否可以应用基因检测技术对VEGF165的表达进行检测,来判断DR的预后,并及时给予干预性治疗,这有望成为治疗DR的一个新方法。

2 醛糖还原酶基因

醛糖还原酶(aldose reductase, AR)是多元醇途径中的第一个限速酶^[13]。当细胞中有过量的葡萄糖时,AR会将葡萄糖转化为山梨糖醇,山梨糖醇积累过多时会升高渗透压,对视网膜细胞产生有害作用,导致视网膜病变^[14]。因为AR被认为与DR的发生密切相关,所以AR抑制剂(ARIs)的研究受到了广泛的关注。秘鲁的Seung等发现单性艾菊(tanacetum parthenium, TP)及其活性成分对AR具有较高的抑制作用。研究发现,虾青素(astaxanthin, ATX)是一种高效的天然抗氧化剂,ATX对视网膜细胞损伤具有保护作用^[15-16]。Maha等对沙鼠动物模型和细胞培养进行造模,发现AR的活性明显升高,在经过ATX处理后,AR的活性显著下降,这表明ATX抑制了AR的活性,可以用于DR的预防和早期的治疗^[17]。上述研究从自然产物中寻找AR的抑制剂,并且具有高效、安全的特点。

因此,我们是否可以应用基因检测技术,将AR抑制剂应用于DR的预防和治疗呢?这有待于进一步研究。

3 糖基化终末产物受体基因

长期高血糖可以导致糖基化终末产物(advanced glycation endproduct, AGE)和糖基化终末产物受体(receptor for advanced glycation endproduct, RAGE)的激活^[18],AGE与RAGE结合可导致细胞内氧化应激,产生氧自由基^[19]。研究发现,DR患者的RAGE蛋白表达水平显著升高^[20]。AGE或RAGE的异常改变会影响DR的发生和发展^[21]。Kan等^[22]发现RAGE甲基化可减轻视网膜炎症,而DR患者RAGE基因启动子的甲基化率明显低于健康人。研究发现AGE/RAGE与DR有显著的相关性,在RAGE被激活时会导致氧化应激,从而损伤视网膜,而将RAGE作为一个新的治疗靶点进行的研究时,发现天然植物中有较好的RAGE抑制剂^[23-25],对视网膜具有良好的保护作用,但具体有效成分的挖掘还需进一步研究。

4 血管紧张素转换酶基因

血管紧张素转换酶(angiotensin-converting enzyme, ACE)是肾素-血管紧张素系统(RAS)的组成部分,将血管紧张素I转化为血管紧张素II,在调节全身和肾脏循环中发挥重要作用^[26]。Lu等的一项Meta分析结果表明,在汉族人群中,ACE-ID基因型与PDR相关,DR患者循环中的ACE水平较高,这意味着血清ACE水平升高可能是DR血管损伤的一个危险因素^[27]。

5 一氧化氮合酶基因

一氧化氮合酶(nitric oxide synthase, NOS)在高浓度时会产生较多的一氧化氮(NO),而过量的NO导致形成过氧亚硝酸盐^[28],会导致组织损伤、神经变性、细胞凋亡和炎症反应,这与DR和退行性疾病有一定的相关性。研究表明^[29-30],NOS基因多态性与糖尿病视网膜病变之间存在相关性。Othman等^[31]发现NOS和缓激肽1型受体(bradykinin type 1 receptor, B1R)在DR的早期起着重要作用,B1R和NOS相互诱导,以促进糖尿病视网膜中氮的形成和炎症反应,并提出B1R-NOS轴可能是治疗DR的一种潜在方法。

6 色素上皮衍生因子基因

色素上皮衍生因子(pigment epithelium-derived factor, PEDF)是一种多功能、多效性分泌糖蛋白,在眼的不同细胞中均有表达,具有抗血管生成和抗氧化的作用^[32]。PEDF水平与PDR的发生呈负相关^[33]。作为血管生长抑制因子的典型代表,PEDF与VEGF的平衡在维持视网膜结构及功能中具有重要意义^[34]。PEDF是一种视网膜的保护性因子,PEDF与VEGF的平衡对于视网膜结构和功能具有重要意义,但在糖尿病视网膜病变的过程中这一平衡被打破,所以恢复视网膜内PEDF与VEGF的平衡对DR具有重要的治疗意义。因此,可尝试将PEDF作为新的靶点来进行DR治疗的研究^[35]。

7 对氧磷酶基因

对氧磷酶(paraoxonase, PON)^[36],是一种高密度脂蛋白相关酶,包括酯酶活性和内酯酶活性,能有效保护脂蛋白免于被氧化,而脂质氧化可能在糖尿病微血管和大血管并发症的发展中起重要作用,故PON现已被应用为糖尿病微血管并发症的遗传候选基因。据报道^[37],DR的早期发展与细胞外基质蛋白表达增加有关,PON的增加可以减少细胞外基质免受氧化,对视网膜具有保护作用。因

此,是否可以将PON基因作为DR新的靶点来进行诊断或治疗呢?这需要我们进一步的研究。

8 其他基因

除上述与DR密切相关的基因外,据报道称膜结合蛋白(SLMAP SNP rs17058639)^[38]、白介素-10基因启动子592(IL-10 592)^[39]、单核细胞趋化蛋白-1(MCP-1)A-2518G^[40]、过氧化物酶体增殖物激活受体α(PPARα)rs1800206^[41]等基因位点与DR发生发展也有不同程度的相关性,但需要以后有更大的样本量来进行验证。

9 小结

综上所述,这些基因位点都与DR具有一定的相关性。得益于基因检测,我们可以对这些基因位点进行早期筛查,实现糖尿病视网膜病变的早发现、早治疗;对于已经确诊的DR患者,通过基因检测可进行不同分期的诊断,为患者提供个性化的生活方式建议和治疗方案。这将是DR防治的一种新模式,这种模式能够使每位DR患者受益,能够使家庭和社会受益。当然,基因检测也面临一些困难,如检测费用昂贵,使其只能用于实验阶段,短时期内仍然无法广泛应用于临床诊断。因此,需要更多的临床医生和科研工作者进行更广泛、更深入的研究,使基因检测能够更早地服务于临床工作。

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