

# 骨髓脂肪细胞生成与骨质疏松症

## Bone Marrow Adipogenesis and Osteoporosis

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### 摘要 (Abstract)

骨髓脂肪细胞生成是骨和骨髓器官发育中的出生后事件。在成人骨骼中，骨髓脂肪细胞占据骨髓腔的最大空间，并充当能量和自分泌、旁分泌因子的来源。骨髓脂肪细胞与其它骨髓基质细胞谱系拥有共同的多潜能间充质干细胞，且相互之间存在部分功能重叠。在骨髓微环境中，骨髓脂肪细胞生成与骨生成、造血生成和破骨细胞生成密切相关。随着增龄，骨髓脂肪细胞生成伴随骨小梁体积减少。骨髓脂肪细胞生成可能是骨质疏松症的重要并发症。许多调节因子，包括激素、生长因子、前炎症细胞因子及其相应受体如核激素受体、跨膜激酶受体和 G-蛋白偶联受体等参与骨髓脂肪细胞生成的信号转导通路，是骨髓脂肪细胞分化调控的重要靶分子。骨髓脂肪细胞则被视为骨质疏松症防治的靶细胞之一。抑制骨髓脂肪细胞生成、同时促进骨生成可望成为增加骨形成的有效途径，从而更为有效地预防和治疗骨质疏松症。

### 1. 引言 (Introduction)

骨髓基质系统由不同的基质细胞谱系构成，包括未定型的间充质干细胞、定型分化的前体细胞、成骨细胞、脂肪细胞、造血支持基质细胞等多种细胞类型，其中脂肪细胞占据最大的髓腔空间。越来越多的临床和实验研究显示，骨髓脂肪细胞的增加与导致骨丢失或骨质疏松症的条件密切相关，诸如增龄[1, 2]、废用[3, 4]、长期应用糖皮质激素[5]、卵巢切除[6, 7]等。骨髓脂肪细胞生成在机体的能量储存、骨代谢、脂肪代谢、造血支持中发挥重要的病理生理学功能。在增龄、绝经、代谢性异常等导致的骨质疏松症中，骨体积的减少总是伴随骨髓脂肪成分的增加。骨髓脂肪细胞可能是骨质减少或骨质疏松症的重要并发症。骨髓脂肪细胞生成及其调控机理的阐明，不仅对骨细胞生物学而且对骨质疏松症和其它代谢性骨疾病的治疗具有重要意义。

### 2. 骨髓发育中的脂肪细胞生成 (Adipogenesis during bone marrow development)

骨髓由两个密切相关的系统构成，即基质系统和造血系统。其中，造血系统是更新循环血细胞的成体造血干细胞的主要来源；基质系统则含有间充质干细胞 (Mesenchymal stem cells, MSCs) 或

骨髓基质细胞(Bone marrow stromal stem cells, BMSSCs), 能够再生或更新许多间充质组织如骨、软骨、脂肪、肌腱、肌肉和骨髓支持基质等[8]。在发育、生长、衰老过程中, 骨髓基质系统中不同表型表达的改变沿骨生长的方向呈现特征性的时空序列, 即软骨生成、骨生成、前造血性基质生成、造血生成和骨髓脂肪细胞生成等渐次出现。其中, 唯独骨髓脂肪细胞生成是出生后的发育事件[9]。根据 Newmann' s 定律, 出生时所有骨髓腔由具有造血活性的红骨髓充填, 骨骼成熟时, 红骨髓仅存在于中轴骨和四肢长骨的骨骺或干骺端, 四肢骨干的髓腔则由脂肪性黄骨髓充填。随年龄增长, 骨髓中脂肪细胞的数量和大小呈线性增加[10]。据估计, 成年早期髂嵴骨髓腔容量的30% 由脂肪细胞充填, 至60岁时约占60% 或更多[11]。而在老年人四肢长骨的髓腔中, 脂肪细胞甚至占据90%以上的髓腔空间。因此, 骨髓脂肪细胞生成或分化可被看作骨发育或老化的终点。这也提示在临床上成骨能力降低和骨髓脂肪细胞生成之间密切相关。

### **3. 骨髓脂肪细胞的功能(The function of bone marrow adipocytes)**

在成人骨髓腔中, 骨髓脂肪细胞较其它基质细胞谱系占据更多的髓腔空间, 在维持骨髓基质或骨髓微环境中发挥重要功能。不少综述列出了骨髓脂肪细胞的多方面功能, 尽管其中许多功能仍待深入研究[12-14]。通常认为骨髓脂肪细胞发挥被动作用以充填不再需要造血组织生成的髓腔空间, 骨髓脂肪细胞数量和体积的变化是骨髓造血成分变化的结果。作为骨髓造血支持基质的组成部分, 骨髓脂肪细胞在淋巴、造血生成中发挥重要作用[15-17]。脂肪细胞分泌的许多因子如 I 型干扰素(IFN-1)、前列腺素(PG)、瘦素(Leptin)、脂肪连接素(Adiponectin)和性激素等均是淋巴、造血生成的调节因子[18-25]。除了支持造血生成, 骨髓前脂肪细胞或脂肪细胞还参与破骨细胞的生成, 已证实不少基质脂肪细胞系可诱导破骨细胞生成[26-30]。骨髓脂肪细胞还在能量平衡中发挥作用, 它们不仅是脂滴贮存和转运的细胞, 而且分泌大量的所谓脂肪细胞因子, 这些代谢活性分子分属不同的功能类型, 包括内分泌功能(如瘦素、性激素、各种生长因子)、代谢功能(如脂肪酸、脂肪连接素、resistin)和免疫功能(如补体)等。因此, 与骨髓外脂肪细胞相似, 骨髓脂肪细胞也是能量和自分泌或旁分泌因子的来源[31]。譬如, 已证实脂肪细胞来源的瘦素是骨形成的抑制因子, 可通过中枢神经(下丘脑)的介导明显抑制骨形成, 提示在脂肪细胞和脑之间也存在复杂的调控网络[32, 33]。骨髓脂肪细胞在某些紧急病理情况下(如失血、骨折等), 发挥局部能量储存库的作用, 如通过造血生成恢复失血, 通过软骨内成骨或膜内成骨过程促进骨折愈合。而且, 骨髓脂肪细胞与其它基质细胞谱系间存在部分表型重叠, 在造血过程中可充当促进血细胞成熟的支持细胞, 在骨形成过程中充当成骨细胞。由于骨髓脂肪细胞和成骨细胞拥有共同的多潜能基质干细胞前体, 并与其它基质细胞谱系存在功能重叠, 随着增龄, 骨生成减少总是伴随骨髓脂肪细胞生成增加。

### **4. 骨髓脂肪细胞分化的转录调控(Transcriptional regulation of bone marrow adipocyte differentiation)**

一系列转录因子调控脂肪细胞分化的信号转导通路, 其中, 研究最多的是过氧化物酶体增殖物活化受体  $\gamma 2$  (peroxisome proliferators activated receptor  $\gamma 2$ , PPAR  $\gamma 2$ ) 和 CCAATT 加强子连接蛋白  $\alpha$  (CCAATT enhancer-binding protein  $\alpha$ , C/EBP  $\alpha$ )。PPAR  $\gamma 2$  在脂肪细胞分化的早期表达, 并与 CCAATT 加强子连接蛋白  $\alpha$  (C/EBP  $\alpha$ ) 协同调节脂肪细胞分化的一系列级联反应[34-36]。PPAR  $\gamma 2$  在脂肪细胞分化中发挥重要调控作用, 其在成纤维细胞的强制表达促发脂肪细胞生成[37], 而来自于 PPAR  $\gamma 2$  基因敲除小鼠的胚胎干细胞 (ES) 或胚胎成纤维细胞样细胞则不能分化为脂肪细胞[38-40]。将 PPAR  $\gamma 2$  和/或 C/EBP  $\alpha$  基因转染至成纤维细胞, 则成纤维细胞转变为脂肪细胞[37, 41, 42]; PPAR  $\gamma 2$  和 C/EBP  $\alpha$  联合转染可抑制 G8 成肌细胞的肌肉表型, 而呈现脂肪细胞表型[43]。PPAR  $\gamma$  缺陷的 ES 细胞自发性分化为成骨细胞, PPAR  $\gamma$  基因转染又恢复其向脂肪细胞分化的潜能[44]。肝脏核因子 3 (HNF3) 属 freac (forkhead related activators) 蛋白家族成员, 调控脂肪细胞早期标记脂蛋白脂酶 (LPL) 基因的表达[45]。大鼠脂肪细胞定型分化依赖因子-1 (Adipocyte determination and differentiation dependent factor 1, ADD1) 和人甾醇调节元件连接蛋白-1 (Sterol regulatory element binding protein 1, SREBP-1) 作为脂肪细胞分化的转录因子, 可调节低密度脂蛋白受体基因的转录[46]。最近证实, 转录基因成员锌指 E 盒连接蛋白 (Zinc finger E-box binding protein, ZEB) 和锌指蛋白 145 (Zinc finger protein 145, ZNF145) 参与 MSCs 向脂肪细胞分化的调控[47]。新基因 E2F5 转录因子在分化的脂肪细胞中表达[48]。通常认为, 脂肪细胞的分化不能单纯依靠细胞形态的改变, 还需要特异性表型的表达来证实。已知几种脂肪细胞特异性下游基因产物参与甘油三酯的合成, 包括脂肪细胞分化的早期标记脂蛋白脂酶 (LPL) 及晚期标记甘油-3-磷酸脱氢酶 (glycerol-3-phosphate dehydrogenase, G-3-PD) 和脂肪酸连接蛋白 aP2 (fatty acid binding protein, aP2) 等[49-51]。另外, 使用基因表达微阵列技术, 脂肪细胞生成过程中的大量相关基因也已被确定[47, 48, 52-58]。

## 5. 骨髓脂肪细胞生成和骨生成的关系(The relationship between bone marrow adipogenesis and osteogenesis)

骨髓脂肪细胞生成和骨生成间的关系已困扰人们多年。越来越多的证据表明, 骨髓脂肪细胞和成骨细胞表型间存在相互转化的关系。早期临床研究发现, 骨质疏松症病人骨髓腔内脂肪细胞增加伴随骨小梁体积减少[59]。将兔“红骨髓”和“黄骨髓”分别移植于骨髓外部位, 进行成骨潜能的比较研究, 发现两种骨髓呈现相似的异位成骨现象, 表明红骨髓和黄骨髓均含有骨生成细胞[60]。将兔骨髓脂肪细胞克隆和骨髓基质成纤维细胞克隆分别移植于扩散盒中, 发现两种细胞均具有成骨能力, 并发现已经向脂肪细胞分化的细胞能够返回至快速增殖期, 进而向成骨细胞方向分化[61]。在体外, 已建立了一系列的细胞系用以研究脂肪细胞生成。其中, 广泛应用的细胞系包括具有双潜能特征的小鼠骨髓基质细胞系如BMS2、UAMS33、2T3以及来自于P53基因敲除小鼠的永久化基质细胞系等[62-65]。在这些细胞模型中, 脂肪细胞分化和成骨细胞分化间存在相互转化的关系, 脂肪细胞表型表达增强伴随成骨细胞表型表达减弱[66]。常用的人细胞系包括MG63细胞系、来源于人成骨

细胞或MSCs的转型细胞系以及原代培养的能够快速扩增的MSCs等，它们在体外也可呈现脂肪细胞表型[67-72]。人小梁骨细胞在地塞米松和3-异丁基-1-甲基黄嘌呤（3-isobutyl-1-methylxanthine, IBMX）条件下也可向脂肪细胞方向分化[73]。最近研究还表明，小梁骨来源的细胞也具有干细胞样特征，即使在体外长期培养过程中仍然保持稳定的未分化表型、大量扩增能力以及向成骨细胞、脂肪细胞、软骨细胞分化的潜能[74]。

另外，脂肪细胞克隆可分化为成纤维细胞样细胞，继而在特定条件下分化为两种不同形态的细胞类型即成骨细胞和脂肪细胞[75]。来自于Lewis大鼠脂肪组织的间充质干细胞也呈现向脂肪细胞和成骨细胞分化的双潜能特性[76]。上述发现均表明骨髓脂肪细胞和成骨细胞间存在转分化的相互关系，终末分化的成熟成骨细胞可能会去分化，返回至未定型的基质干细胞状态，然后在特定条件下向其它方向分化。从而提示，骨髓基质细胞谱系中前体细胞或成熟分化细胞间具有表型的可塑性和相互转化关系，并在骨质疏松症或其它骨疾病的发生发展中具有重要意义。

#### **6. 骨髓脂肪细胞生成和造血生成的关系(The relationship between bone marrow adipogenesis and hematopoiesis)**

作为骨髓基质的主要成分之一，骨髓脂肪细胞与造血支持细胞一样也来源于间充质干细胞，并参与造血生成的调节。骨髓基质细胞分泌大量的细胞外基质蛋白，包括蛋白多糖、纤维连接蛋白、层粘连蛋白、Tenascin，以及表达特定的细胞膜表面跨膜蛋白如CD36、CD44、整合素(Integrin)、血管细胞粘附分子(Vascular cell adhesion molecule, V-CAM)等，共同参与介导各种血细胞和骨髓基质之间的粘附作用[77, 78]。前脂肪细胞也表达某些与基质细胞相同的蛋白标记，而且，体外研究证实前脂肪细胞系支持造血细胞生成和淋巴细胞生成。事实上，脂肪细胞分泌的许多因子如 I 型干扰素(Interferin-1, IFN-1)、前列腺素(Prostaglandin, PG)、瘦素(Leptin)、脂肪连接素(Adiponectin)、性激素等均是造血生成的调节因子[18-25]。最近，有证据表明骨髓脂肪细胞产生的脂肪连接素通过旁分泌机制抑制脂肪细胞的分化[79]，抑制骨髓单核细胞前体的生长以及巨噬细胞的功能[80]，并通过诱导前列腺素的合成选择性抑制淋巴细胞生成[24]。这些发现提示骨髓中造血生成和脂肪细胞生成之间还存在尚未阐明的调控机制。而且，成熟脂肪细胞和前脂肪细胞对细胞因子的表达模式也因细胞分化的不同阶段而呈现差异[81]。骨髓脂肪细胞生成的不同阶段影响基质细胞膜蛋白、细胞因子和细胞外基质的表达，相应细胞因子的功能也因此受脂肪细胞分化的影响。因此，在骨髓基质微环境中，骨髓脂肪细胞与其周围细胞相互作用，共同参与造血细胞分化的调节。

#### **7. 骨髓脂肪细胞生成和破骨细胞生成的关系(The relationship between bone marrow adipogenesis and osteoclastogenesis)**

骨髓脂肪细胞除了支持造血生成，还参与破骨细胞的生成。通常认为，破骨细胞来源于骨髓造血前体细胞。在骨组织中，破骨细胞的分化和功能受复杂的骨髓基质和微环境的调控。作为骨髓基质系统中的重要细胞成分，骨髓脂肪细胞分泌大量的细胞因子，参与骨髓微环境的构建。在体外，

一系列基质细胞或脂肪细胞系被用来研究骨髓脂肪细胞生成和破骨细胞生成间的关系。譬如，原始骨髓细胞在与富含前脂肪细胞和脂肪细胞的 BMS2 基质细胞系共培养的环境中向破骨细胞方向分化和成熟，呈现破骨细胞的骨吸收功能[82]。TMS-14 前脂肪细胞系也能支持破骨细胞的生成，而不需要其它骨吸收因子的诱导。但是，在 PPAR 配体和活化子噻唑烷二酮（thiazolidinedione, TZD）的作用下，TMS-14 细胞支持破骨细胞生成的功能被抑制，伴随破骨细胞分化因子(ODF, OPGL, RANKL 或 TRANCE)基因表达的抑制[83]。在成髓细胞系 M1 与 14F1.1 内皮-脂肪基质细胞系共培养系统中，内皮-脂肪基质细胞调节成髓细胞向破骨细胞的分化[84]。MC3T3-G2/PA6 细胞系是一种前脂肪细胞，与骨髓基质细胞相似，在糖皮质激素作用下分化为脂肪细胞。将甲状旁腺激素（PTH）预处理的骨髓细胞与 MC3T3-G2/PA6 细胞共培养，发现前脂肪细胞通过与破骨细胞前体间直接接触和胞间通讯的建立，调控破骨细胞的生成[85]。基质细胞系分泌的可溶性因子如巨噬细胞集落刺激因子(M-CSF)和补体 C3 也参与调控破骨细胞的分化，而 1,25-二羟维生素 D3 或脂肪细胞生成促进剂如氢化可的松、Indomethacin、IBMX 等均可促进补体 C3 产生[86-88]。脂肪细胞还可能在破骨细胞能量代谢中发挥活性作用，脂肪酸氧化是支持氧化代谢的乙酰辅酶 A 的主要来源[89]。

最近发现，脑和垂体分泌的一种 13 氨基酸肽-黑色素细胞刺激激素( $\alpha$ -MSH)刺激破骨细胞的生成，而  $\alpha$ -MSH 的分泌则受脂肪细胞分泌的瘦素的调节[90]。在加速衰老小鼠 P6 系模型中发现，早期骨量减少伴随骨重建功能减低，骨髓中成骨细胞和破骨细胞生成均减少，而骨髓脂肪细胞生成增加。另有研究表明，白细胞介素-11(IL-11)则是脂肪细胞生成的抑制剂和破骨细胞生成的促进剂[91]。Menatetrenone(MK4)是一种具有四个异戊二烯单位的维生素 K2，特异性影响骨髓细胞的分化和功能，进而抑制骨髓脂肪细胞和破骨细胞生成[92]。因此，骨髓脂肪细胞生成和破骨细胞生成之间也存在复杂的调控网络。

## 8. 骨髓脂肪细胞生成的调控因子和受体及其对骨质疏松症的治疗潜能(Regulators and receptors for regulating marrow adipogenesis and their therapeutic potentials for osteoporosis)

随着增龄，骨生成减少伴随骨髓脂肪细胞生成增加。而且，骨髓脂肪细胞和成骨细胞拥有共同的多潜能间充质干细胞前体，并存在表型相互转化关系。骨髓脂肪细胞遂被视为骨质疏松症预防和治疗的目标细胞。然而，脂肪细胞生成的调控非常复杂，许多因子参与脂肪细胞分化的调节通路。一系列研究表明，多种激素、细胞因子或生长因子是脂肪细胞分化的重要调节因子，诸如类固醇激素、雌激素、雄性激素、生长激素、瘦素、1,25(OH)<sub>2</sub>D<sub>3</sub>、转化生长因子 $\beta$  (Transforming growth factor- $\beta$ , TGF- $\beta$ ) 家族相关因子、和一些前炎症细胞因子等。这些因子介导骨髓脂肪细胞和成骨细胞之间的细胞因子通讯网络，它们通常与其相应受体结合而激活调控级联反应。其中，参与调节脂肪细胞分化的受体包括核激素受体、跨膜激酶受体和G-蛋白偶联受体等，并发现这些受体在骨髓基质细胞和脂肪细胞上均有表达。因此，这些受体蛋白可作为药物调控骨髓脂肪细胞生成的靶分子。体内、外研究已证明，与PPARs、糖皮质激素受体 (glucocorticoid receptor, GR)、雌激素

受体 (estrogen receptor, ER)、雄性激素受体 (androgen receptor, AR)、维生素D<sub>3</sub>受体 (vitamin D<sub>3</sub> receptor, VDR) 结合的配体可调节骨髓基质干细胞的脂肪细胞生成和骨生成 [17, 62, 93-95]。

### 8.1 糖皮质激素及其受体 (Glucocorticoids and glucocorticoid receptor)

临床研究表明, 高剂量糖皮质激素可导致骨质减少或骨坏死。在体外, 地塞米松和其它糖皮质激素可刺激脂肪细胞分化 [96, 97], 如人骨小梁来源的成骨细胞和骨髓源性的 MSCs 在地塞米松和 IBMX 诱导下表达脂肪细胞表型 [73, 98]。然而, 地塞米松还可诱导成骨细胞特异性 mRNA 的表达, 包括碱性磷酸酶 (ALP)、骨桥蛋白 (Osteopontin)、骨钙素 (Osteocalcin)、核心蛋白多糖 (Decorin)、二聚糖 (Biglycan) 等 [99, 100]。糖皮质激素对骨生成和脂肪细胞生成的复杂作用表明生理性和药理性糖皮质激素活性在维持骨形成和骨丢失中发挥重要作用。糖皮质激素受体可能介导脂肪细胞分化的过程。已证实糖皮质激素在前脂肪细胞分化的早期发挥重要功能, 并在库兴氏综合症 (Cushing's syndrome) 和长期激素治疗过程中促进肥胖生成。体外研究表明, 糖皮质激素通过糖皮质激素受体的配体结合域介导的非转录因子机制刺激髓外前脂肪细胞系 3T3 L1 的分化, 进而通过 C/EBP  $\beta$  的转录活化启动 C/EBP  $\alpha$  的表达 [101], 并推测这一反应也存在于骨髓前脂肪细胞。对糖皮质激素受体信号的调控可能有助于骨质疏松症的治疗。

#### 8.2 1, 25-二羟维生素D<sub>3</sub>与维生素D<sub>3</sub>受体 (1, 25 dihydroxyvitamin D<sub>3</sub> and vitamin D<sub>3</sub> receptor, VDR)

尽管 1, 25(OH)<sub>2</sub>D<sub>3</sub>被确定为成骨细胞的诱导因子, 然而, 其对脂肪细胞生成的作用仍存争议。如单纯使用 1, 25(OH)<sub>2</sub>D<sub>3</sub>或合并地塞米松可刺激原代培养的大鼠颅盖骨成骨细胞的脂肪生成 [102]。相反, 1, 25(OH)<sub>2</sub>D<sub>3</sub>与糖皮质激素同时应用可抑制新生小鼠颅骨源性前脂肪基质细胞系 MC3T3-G2/PA6 (PA6) 细胞的脂肪生成 [103]。使用小鼠多潜能基质细胞系 BMS2 和其亚克隆、以及原始小鼠骨髓基质细胞培养体系, 证实 1, 25(OH)<sub>2</sub>D<sub>3</sub>可阻断由氢化可的松、IBMX和 indomethacin 诱导的脂肪细胞生成。纳摩尔浓度的 1, 25(OH)<sub>2</sub>D<sub>3</sub>可完全抑制小鼠骨髓基质细胞在糖皮质激素为基础的脂肪生成促进剂诱导的脂肪细胞分化 [62]。与 PA6 和 3T3-L1 细胞系类似, ST2 基质细胞系的脂肪细胞生成被 1, 25(OH)<sub>2</sub>D<sub>3</sub>以及维甲酸、TNF- $\alpha$  和 TGF- $\beta$  所抑制 [104]。然而, 有关 VDR 对脂肪细胞生成的作用的研究很少。有报道 VDR 通过 1, 25(OH)<sub>2</sub>D<sub>3</sub> 依赖的方式抑制 PPAR  $\alpha$  而非 PPAR  $\gamma$  的转录活性, VDR 信号可作为经由 PPAR  $\alpha$  通路调节脂质代谢的因子 [105]。这提示, VDR 信号可能参与脂肪细胞生成的调控, 但尚需进一步研究。

### 8.3 雌激素、雌激素类似物与雌激素受体 (Estrogen, its analogs, and estrogen receptor, ER)

雌激素具有骨生成增效剂和脂肪细胞生成拮抗剂的作用。在卵巢切除大鼠、犬模型中, 雌激素水平降低导致骨体积减少、骨吸收表面增大、骨髓脂肪含量增加 [6, 7]。外源性雌激素对体内骨髓脂肪细胞作用的研究很少, 然而, 外源性雌激素的处理可使大鼠骨髓外脂肪细胞体积减小、代谢活

性降低[106]，从而推测骨髓脂肪细胞也可能呈现类似的反应。使用小鼠克隆细胞系 KS483 的研究表明， $17\beta$ -雌二醇 (E2) 可通过雌激素受体 (ER) 依赖的途径刺激祖细胞分化为成骨细胞，同时抑制脂肪细胞生成[107]。在 BMP-2 作用下，强制表达 ER  $\alpha$  (ST2ER  $\alpha$ ) 或 ER  $\beta$  (ST2ER  $\beta$ ) 的小鼠骨髓基质细胞系 ST-2 向成骨细胞和脂肪细胞两个方向分化；而在 E2 处理下，ALP 活性增强、脂滴聚集抑制，使用 ER 拮抗剂则完全逆转上述作用[108]。

最近，植物雌激素被选作防治骨质疏松症的药物。如植物雌激素 genistein 可通过 ER 机制，包括自分泌或旁分泌 TGF- $\beta$  1 信号途径，促进骨髓基质细胞向成骨细胞分化同时抑制向脂肪细胞的分化和成熟[109]。然而，genistein 的作用十分复杂，在低浓度时，其作用类似于雌激素，可刺激骨生成、抑制脂肪细胞生成；在高浓度时，则作为 PPAR  $\gamma$  的配体，导致脂肪细胞生成增加、骨生成抑制[110]。另一研究显示，大豆雌激素 Daidzein 可激活不同数量的 ER 和 PPARs，对 ER 和 PPARs 不同作用间的平衡决定了其诱导骨生成还是脂肪细胞生成[111]。这也表明植物雌激素在不同组织中的特异作用。

#### 8.4 生长激素与生长激素受体 (Growth hormone, GH and growth hormone receptor, GHR)

GH对脂肪组织具有多方面的影响，包括抑制脂肪细胞分化、减少甘油三脂聚集、增加脂解作用等，从而减少脂肪组织含量[112]。而且，GH可通过直接刺激软骨细胞和成骨细胞的功能而促进骨生成。在GH缺陷侏儒大鼠 (*dw/dw*)，骨髓脂肪细胞的数量增加 5 倍，细胞体积增加 20%，当使用GH处理后，骨髓脂肪细胞的数量和体积恢复至正常大鼠的水平，而使用胰岛素样生长因子-1 (Insulin like growth factor-1, IGF-1) 则未见恢复[113]。这些结果表明，GH对骨髓脂肪细胞具有特异性作用，而并非仅仅因为使骨或脂肪代谢发生改变，骨髓脂肪细胞是GH的重要基本作用靶点。临床上，使用GH治疗严重骨质减少的病人，发现骨形成的生化指标、类骨质和成骨细胞表面均增加，而骨髓脂肪细胞的数量和体积则明显减少[114]。而且，前脂肪细胞和成熟脂肪细胞均表达GH 受体，GH可能直接通过其受体途径发挥其功能，有些作用则间接需要IGF-1 的介导<sup>[27]</sup>。在长期骨髓基质细胞培养系统中，也发现GH受体存在于少数增殖祖细胞、肌成纤维细胞样细胞、网状成纤维细胞、脂肪细胞和内皮细胞等[115]。从而提示，GH可能直接通过其受体途径调节骨髓基质细胞谱系。

#### 8.5 甲状旁腺激素 (PTH)、甲状旁腺激素相关肽 (PTHrP) 与 PTH/PTHrP 的受体或 G-蛋白的偶联受体 (PTH, PTHrP, and PTH/PTHrP receptor or G-protein coupling receptor)

甲状旁腺激素 (PTH) 和甲状旁腺激素相关肽 (PTHrP) 促进骨的合成代谢。临床相关剂量的 PTH 用于大鼠、猴和人等，可通过刺激新骨生成增加骨转换率，而对骨吸收活性无刺激作用[116-121]。PTHrP 位点缺陷小鼠则表现骨内 PTHrP 表达减少和成熟前骨质疏松症的特征如骨小梁体积减少和骨髓脂肪细胞增加[122]。并发现 PTH/PTHrP 受体在脂肪细胞谱系均有表达[123]。在非人灵长类动物卵巢切除模型中，PTH (1-34) 可增加骨量、增强骨结构，如使髌部骨结构加强，尽管皮质骨孔隙率也有所增加；在细胞水平上，则增加成骨细胞数量、减少脂肪细胞数量[124]。在体外，PTHrP 可通过增加成骨细胞表型的表达促进多潜能间充质细胞系 C3H10T(1/2) 向成骨细胞的定型分

化。PTHrP 还可通过 PKA 通路增强 3T3-L1 细胞的 MAPK 活性, 进而加强 PPAR  $\gamma$  磷酸化, 并抑制脂肪细胞特异性基因的表达[125, 126]。另外, 通过 PTH 受体的信号转导需要 G-蛋白的偶联。早期研究表明, Gs 蛋白  $\alpha$  亚单位 (Gs  $\alpha$ ) 活性的调节可影响成纤维细胞向脂肪细胞的分化[127]。一些罕见的代谢性骨疾病如进行性骨发育不良 (progressive osseous heteroplasia, POH) 表现皮下脂肪组织异位骨化[128], McCune-Albright 综合征 (纤维性骨炎) 患者则呈现骨髓基质发育包括脂肪细胞生成的损害, 它们均由 Gs  $\alpha$  的突变而导致[129, 130]。上述研究表明, PTH、PTHrP 及其类似物对骨组织合成作用的机制可能是通过其对骨髓脂肪细胞生成的抑制, G-蛋白可能成为骨质疏松症防治的重要靶点。

### 8.6 瘦素与瘦素受体 (Leptin and leptin receptor)

骨髓脂肪细胞也是调节成骨细胞和脂肪细胞生成的旁分泌因子的来源[131, 132]。譬如, 瘦素是由骨髓和骨髓外脂肪细胞分泌的一种活化骨髓基质细胞跨膜酪氨酸激酶受体的细胞因子[133, 134]。最近证实, 瘦素和脂肪连接素是协调脂肪组织含量和骨矿密度 (Bone mineral density, BMD) 关系的重要介导因子。对血清中上述因子水平的检测表明, 瘦素与骨量间存在负相关, 而脂肪连接素对 BMD 不产生任何作用。脂肪细胞来源的循环中的瘦素甚至被认为是骨量的决定因素[135, 136]。增加血清瘦素水平可显著减少骨量, 而通过强制表达瘦素可溶性受体而减少血清瘦素水平可显著增加骨量[134]。体内研究则证实, 瘦素缺陷小鼠 (ob/ob) 和瘦素受体缺陷小鼠 (db/db) 均因瘦素信号转导途径的阻断而导致骨量增加。将瘦素注射于 ob/ob 小鼠脑室内, 则导致骨丢失, 提示瘦素通过中枢神经系统途径调节骨形成[32, 33]。而且, 与正常小鼠相比, ob/ob 小鼠股骨脂肪组织中脂肪细胞的数量显著增加, 腰椎体骨髓中几乎没有发现脂肪细胞, 表明 ob/ob 小鼠是研究骨髓脂肪细胞生成和骨质减少或骨质疏松症之间关系的有用模型[137]。体外研究则证实瘦素可促进人骨髓基质干细胞向成骨细胞而非脂肪细胞分化[134, 138]。从而表明, 瘦素对骨的作用既可通过中枢神经系统受体途径也可通过基质细胞水平的外周受体途径来介导。

### 8.7 转化生长因子- $\beta$ 、骨形态发生蛋白与其受体 (TGF- $\beta$ s, BMPs and their receptors)

TGF- $\beta$  家族成员包括 TGF- $\beta$ s 和 BMPs 在指导间充质干细胞定型分化中发挥重要作用, 其信号通过特异性丝氨酸/苏氨酸激酶受体及其核效应因子 Smad 蛋白介导。TGF- $\beta$  超家族成员 (TGF- $\beta$ 、BMPs) 是强效的骨生成增效剂。各种浓度的 TGF- $\beta$  均是脂肪生成的拮抗剂[139], BMPs 则呈现剂量依赖作用[77, 140]。而且, 骨髓前脂肪细胞和脂肪细胞均表达 BMPs 和 TGF- $\beta$  样细胞因子的受体[141, 142]。最近有证据表明, TGF- $\beta$  能促进早期成软骨细胞、成骨细胞的分化, 抑制成肌细胞、脂肪细胞生成和晚期成骨细胞分化, BMPs 也抑制脂肪细胞、成肌细胞生成[143]。另一类 TGF- $\beta$  家族成员 Myostatin 则被证实可通过与其受体的结合抑制 BMP-7 而非 BMP-2 介导的脂肪细胞分化。BMP-7 诱导的异二聚体受体复合物的形成被 Myostatin 通过与其共同 II 型受体 ActR II B 的竞争所阻断, 表明 Myostatin 可能是脂肪细胞生成的重要调节因子[144]。BMP 受体 BMPR-IB 和 BMPR-IA 对成骨细胞和脂肪细胞的定型分化也发挥关键作用。结构活性 BMPR-IB 的转染可促进骨髓基质干



胞分化为成骨细胞，而 BMPR-IA 的转染则促使骨髓基质干细胞向脂肪细胞分化。截断性 BMPR-IA 的表达抑制 PPAR  $\gamma$  mRNA 的表达，而截断性 BMPR-IB 的表达则促进 PPAR  $\gamma$  mRNA 的表达[145]。从而提示，PPAR  $\gamma$  可能是脂肪细胞分化过程中 BMPR-IA 信号下游的重要靶基因之一。

### 8.8 前炎症细胞因子与含有 gp130 蛋白的受体 (Proinflammatory factors and gp130 containing receptors)

在骨髓微环境 (BMME) 中，多种前炎症细胞因子调节脂肪生成、骨吸收与骨重塑[134]。譬如，巨噬细胞谱系产生的 TNF  $\alpha$  和 IL-1 是脂肪细胞生成的拮抗剂。TNF  $\alpha$  和 IL-1 可通过 TAK1/TAB1/NIK 级联活化的 NF  $\kappa$  B 通路抑制 PPAR  $\gamma$  的功能，进而促进骨髓基质干细胞向成骨细胞分化并抑制脂肪细胞分化[146]。骨髓基质源性细胞则是受体复合物中含有 gp130 蛋白的细胞因子的主要来源，包括 IL-6、IL-11、白血病抑制因子 (leukemia inhibitory factor, LIF)、oncostatin M 和睫状神经营养因子 (ciliary neurotrophic factor) 等，这些细胞因子可通过自身分泌作用在体外以剂量依赖方式抑制骨髓基质干细胞的脂肪生成[147]。已证明 IL-11 经由 STAT3 途径刺激 BMPs 靶基因的转录，在 BMP-2 存在的条件下，指导骨髓基质干细胞向成骨细胞分化，抑制脂肪细胞生成[148]。而且，前脂肪细胞、骨髓基质细胞和颅骨源性成骨细胞均表达含有 gp130 蛋白的受体复合物[159]。提示上述前炎症细胞因子可能通过含有 gp130 蛋白的受体途径促进骨形成和抑制脂肪细胞生成。

## 9. 小结

综上所述，骨质疏松症可能归因于骨髓脂肪细胞生成增加和骨生成受损。骨髓脂肪细胞生成与骨生成、造血生成和破骨细胞生成之间存在复杂的关系。骨髓脂肪细胞可被视为骨质疏松症防治的重要靶细胞，调控骨髓脂肪细胞生成过程中的信号通路可能成为骨质疏松症防治药物设计的重要分子靶点。然而，其关键是确定抑制骨髓脂肪细胞生成、同时增加骨生成、并对骨髓外组织无副作用的特异分子靶点。抑制骨髓脂肪细胞生成同时促进骨生成可作为促进骨形成和增加骨量的有效途径，将其用作单一疗法或结合抗吸收药物，可望更为有效地防治骨质疏松症。

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## 专业词汇与缩写索引

骨质疏松症 (Osteoporosis), 间充质干细胞 (Mesenchymal stem cells, MSCs), 骨髓基质干细胞 (Bone marrow stromal stem cells, BMSSCs), 骨髓 (Bone marrow, BM), 骨髓微环境 (Bone marrow microenvironment, BMME), 脂肪生成 (Adipogenesis), 脂肪细胞 (Adipocyte), 骨生成 (Osteogenesis), 成骨细胞 (Osteoblast), 碱性磷酸酶 (Alkaline phosphatase, ALP), 造血生成 (Hematopoiesis), 造血干细胞 (Hematopoietic stem cells, HSCs), 破骨细胞生成 (osteoclastogenesis), 分化 (differentiation), 转录调控 (Transcriptional regulation), 骨髓基质系统 (bone marrow stromal system), 过氧化物酶体增殖物活化受体 (Peroxisome proliferator activated receptor, PPAR), CCAATT/加强子连接蛋白 (CAATT/enhancer binding protein, C/EBP), 肝脏核因子 3 (Hepatic nuclear factor 3, HNF3), 锌指E盒连接蛋白 (Zinc finger E-box binding protein, ZEB), 锌指蛋白 145 (Zinc finger protein 145, ZNF145), 甘油-3-磷酸脱氢酶 (glycerol-3-phosphate dehydrogenase, G-3-PD), 脂肪酸连接蛋白 aP2 (fatty acid binding protein aP2), 细胞外基质 (Extracellular matrix, ECM), 激素 (hormone), 转化生长因子- $\beta$  (Transforming growth factor- $\beta$ , TGF- $\beta$ ), 骨形态发生蛋白 (Bone morphogenetic protein, BMP), 生长激素 (Growth factor, GH), 甲状旁腺激素 (Parathyroid hormone, PTH) 和甲状旁腺激素相关肽 (Parathyroid hormone related peptide, PTHrP), 瘦素 (leptin), 肿瘤坏死因子  $\alpha$  (Tumor necrosis factor  $\alpha$ , TNF  $\alpha$ ), 前列腺素 E2 (Prostaglandin E2, PGE2), 白细胞介素 (Interleukine, IL), 糖皮质激素受体 (Glucocorticoid receptor, GR), 雌激素受体 (Estrogen receptor, ER), 雄性激素受体 (Androgen receptor, AR), 维生素D<sub>3</sub>受体 (Vitamin D<sub>3</sub> receptor, VDR), 胰岛素样生长因子-1 (Insulin like growth factor-1, IGF-1), 白血病抑制因子 (leukemia inhibitory factor, LIF)。