

肌肉骨骼组织的再生

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第一节 引言

骨骼和肌肉是由胚胎的中胚层分化而来，其中包括肌肉、骨骼、关节、肌腱和韧带。骨骼和肌肉损伤和疾病是人类最常见的病症之一。当损伤和骨折之后，骨骼和肌肉会进行修复。但是，非多发骨折或者外科手术造成的骨骼间隙、大范围损伤或者手术造成的肌肉间隙则被瘢痕组织填充。关节软骨和关节半月板修复能力较弱，主要依靠纤维软骨瘢痕组织将其修复。肌腱和韧带的修复主要是依靠形成类似于原始组织的瘢痕，但是其强度有所下降。在这一章中，我们将讨论上述组织的修复机理。

第二节 骨骼肌的再生

1. 骨骼肌结构

骨骼肌是由多细胞核肌纤维组成的多股肌束融合形成。单独的肌纤维依靠单核成肌细胞的端端融合而形成多核体（图 9.1）。每个单核细胞被称作是一个肌小节的可收缩单位，以 Z 线分隔并将肌动蛋白纤维连接到肌小节末端。当肌动蛋白纤维沿着肌球蛋白向肌小节中央滑动时，肌小节长度缩短。肌纤维被肌束膜包裹形成肌束，肌束被肌外膜包裹形成肌肉组织。骨骼肌含有丰富的血管，肌鞘间存在的神经支配称作神经肌肉接合。在其两端，肌肉组织演变为筋膜或肌腱并连接到骨骼上。

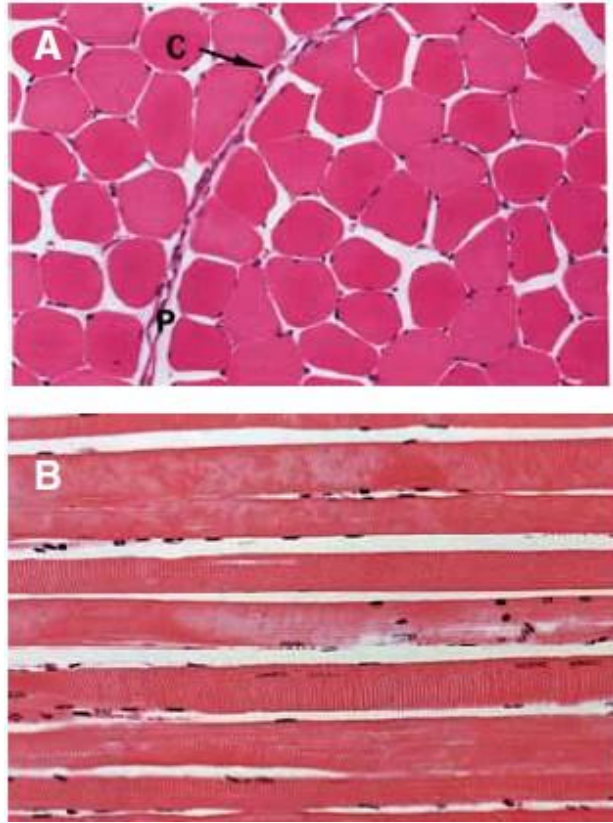


图 9.1 A 骨骼肌横切面示单独的肌纤维。P=骨周围膜包绕肌丝。C=毛细血管。注意肌细胞核位于周边（深染）。B 骨骼肌纵切面。可见清晰的肌动蛋白-肌球蛋白复合体。

2. 卫星细胞是肌肉再生的细胞来源

几乎所有脊椎动物在新生和成人骨骼肌中都含有一类干细胞-卫星细胞(satellite cells, SCs)，存在于肌膜和其上的基底膜之间（图 9.2）。

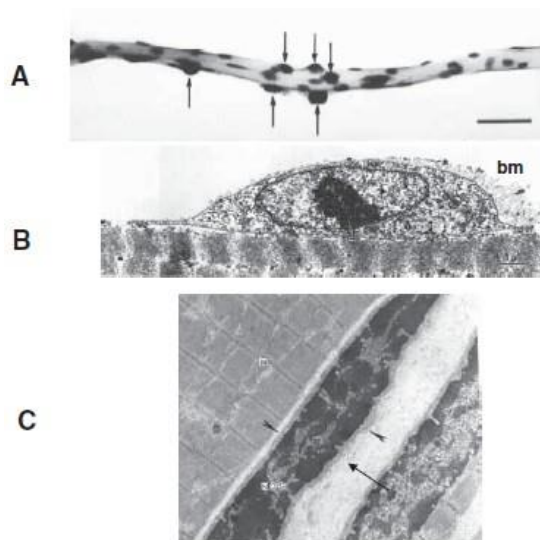


图 9.2A 鸡的肌纤维在体外 ^3H -thymidine 标记后的放射能照相图。箭头标示卫星细胞核。B 电镜下，培养的鸡的肌纤维内在基底细胞膜上的卫星细胞。C 电镜下的肌纤维内的卫星细胞核 SCN。在骨骼肌中，卫星细胞排列在基底膜上（箭头所示）并于肌纤维的基底膜分离（箭头所示）。N=临近肌纤维的细胞核。

DNA 标记法证实其为损伤后肌肉组织再生的来源 (Hinterberger and Cameron, 1990)。卫星细胞占新生儿肌纤维细胞和的 30%。这个比例随着年龄的增长而降低，在成年哺乳动物肌组织中占 1%-5% (Allbrook, 1981)。卫星细胞增殖的动力学研究表明，原始的卫星细胞具有再生纤维骨骼肌的能力 (Zammit et al., 2002)。

Collins 等人 (2005) 为卫星细胞修复肌肉提供了更多的依据。研究人员将单个完整的 lacZ 肌纤维植入放射线损伤 mdx 裸鼠的胫骨前肌中。在卫星细胞中，Myf5 出现在新形成的肌纤维而非成熟的肌纤维。一个肌细胞中的卫星细胞数目在自我更新的过程中，能够完成损伤细胞的修复，同时在卫星细胞的周边肌纤维的细胞核内表达的 Myf5 和 Pax7，Pax7 在中央细胞核的弱 β -半乳糖染色，都可以证明其分化来自卫星细胞。不同的肌肉表现出对损伤不同的分化反应，这与卫星细胞的不同相关。鼠的下颌肌肉的更新没有腿部的胫骨肌肉那么好。这些肌肉的生化性质不同，并有着不一样的胚胎性来源。下颌肌肉中的卫星细胞的数量和增生程度都比胫骨肌肉中的低 (Pavlati et al., 1998)。这些特点都可能导致卫星细胞的内部差异，也可能反映出外界因素差异，比如在肌肉修复中有炎性细胞产生的生长因子。

3. 卫星细胞的激活和增生由各类信号分子调节

激活的 Notch 通路可保持卫星细胞在未分化状态。Notch1 表达抑制生肌细胞的分化。Notch1 在再生鼠肌肉中极度上调 (Conboy and Rando, 2002; Zhao and Hoffman, 2004)。Numb 在单卫星细胞的子细胞中不对称表达，通过抑制 Notch 来促进一个细胞于肌源性分化途径，另一个更新为干细胞 (Conboy and Rando, 2002)。Polesskaya 等人 (2003) 报道损伤的肌肉早在 24 小时内便可产生 Wnt5a 和 7a 及 7b 异构体，表明 Wnt 信号通路存在于卫星细胞激活过程。相对的，Zhao 和 Hoffman (2004) 发现在肌肉损伤后 27 个时间点内，再生和完整肌肉中没有 Wnt5a 和 b 或 7a 分化性表达。同样的 Shh 和 BMP，除了 BMP1，信号途径的成分不会被胚胎性的肌细胞生成产生影响。BMP1 在肌肉损伤后 2-16 天内会下调 2 到 4 倍。但是即便是 BMP1 在肌肉再生中有作用，现在也不很明确。这些结果表

明, Wnt 和 Shh 及 BMP 通路不包含于卫星细胞的激活。这些不一致的结果需要更多的实验证实。因为部分 Wnt 和 Shh 及 BMP 通路已被证明在其它干细胞的激活中产生作用, 比如在骨的发育中的 EpSCs 和 ISCs 及 MSCs。

4. 肌肉再生需要张力和神经支配

在再生肌肉中, 张力对肌纤维的生长很重要。一整条肌肉可从鸡或鼠的较短的肌肉根部再生出来, 在鼠中, 腓肠肌的残端延长与有功能性的 Achilles 腱再生相关 (Carlson, 1970, 1974)。施加于肌肉残端的张力被认为是对肌肉再生重要的因素。肌纤维的再生在移植 1 周后表现出朝向末端的自发收缩。再生肌肉在移植后的第 2 周后开始重新获得神经支配, 收缩速度在移植后持续增加, 直到 30 至 40 天后达到正常 (Carlson and Gutmann, 1972)。完整肌肉的去神经化可以诱导卫星细胞的增生(Weis et al., 2000)。肌肉再生在去神经化下进行, 但是去神经化可以抑制或者延迟再生肌纤维的结构性和功能性分化 (Carlson and Gutmann, 1975)。

第三节 骨的再生

1. 骨的结构和发育

骨由围绕着骨细胞的和坚韧的及高度钙化的有机基质构成。长骨有几部分组成 (Baron, 1999)。骨的较长部分为圆柱形骨干, 骨干的两侧为干骨后端, 并有盘状骨骺被关节软骨包裹。图 9.3 介绍了骨干区的结构。圆柱状骨干的外部由密致皮质或密实骨组成, 并在骨骺和干骨后端渐渐变薄。骨细胞被埋在小腔内, 形成围绕血管的同心圆, 形成 Haversian 系统, 或骨单位。骨细胞之间联系紧密, 并骨内膜、外膜相交通, 并在骨质中的小管内形成网络。在密实骨内部有薄的骨小梁。此小梁骨看似海绵常被称作海绵骨。小梁间的空间和骨干的髓腔相连。

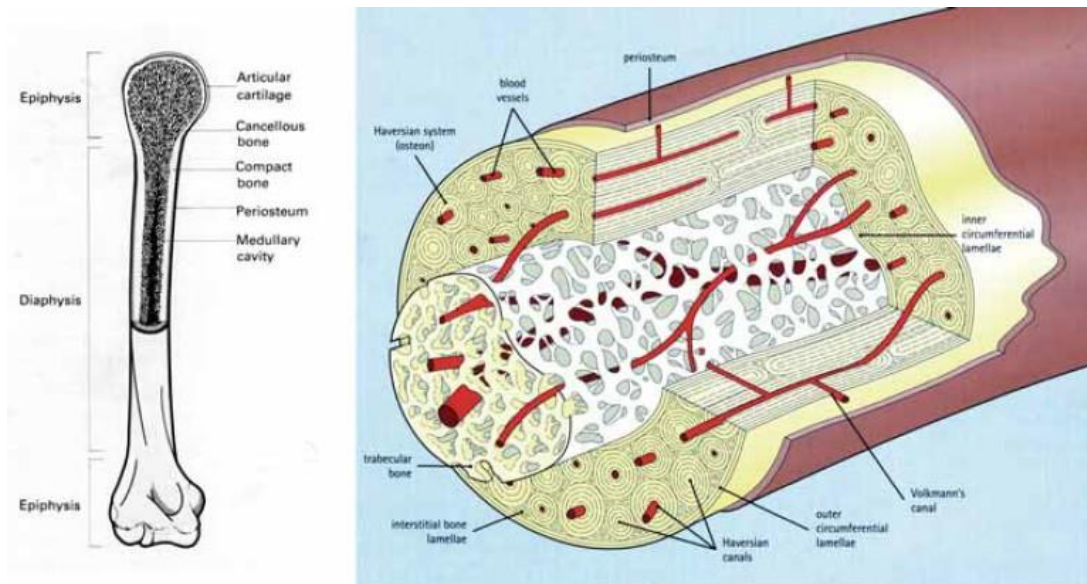


图 9.3 软骨内骨化的结构。A 长骨切开。骨由骨干、骺端、2 个头端和有软骨覆盖的骺组成。骨髓腔被海面骨覆盖。海面骨被密实骨包绕，并被骨周围膜包绕外层。B 干骺端的内部结构。密实骨包含内层和外层环状的板层，再其间有哈佛系统，或叫骨单元，有同心骨环包绕中心内哈佛管组成。血管在哈佛管内横行穿越，在福克曼管中纵行穿过。在骨单元之间是骨髓的间质板。

髓腔与骨膜下结缔组织相连并填充骨髓腔。成纤维细胞、间充质干细胞 (Mesenchymal stem cells, MSCs)、前造骨细胞和造骨细胞组成骨内膜，而骨髓有间质干细胞、成纤维细胞、脂肪细胞、巨噬细胞和内皮细胞组成。这些细胞，与骨内膜结缔组织层，组成骨髓基质。埋藏于基质内，并依赖于其生存的是造血干细胞 (hematopoietic stem cells, HSCs) 和内皮干细胞 (endothelial stem cells, EnSCs)。骨的外层有另一层结缔组织层覆盖，称作骨周围膜。骨周围膜和Haversian管也包含MSCs、前成骨细胞和成骨细胞。90%骨基质的有机物质为胶原蛋白，另外10%有各种糖蛋白和蛋白多糖组成。在有机基质中散在的是羟磷灰石晶体，为骨基质提供强度。

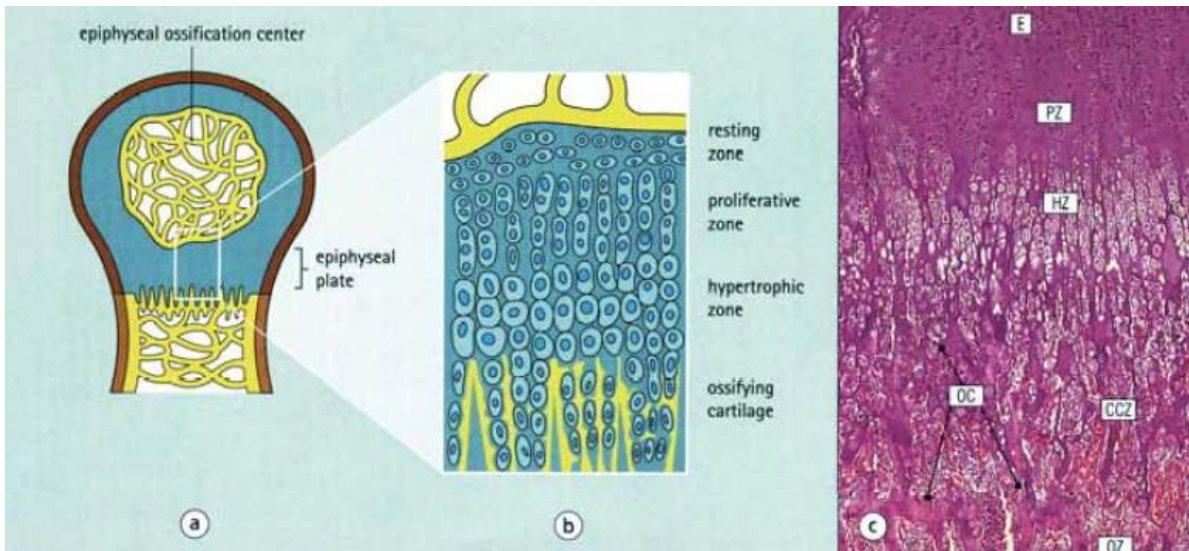
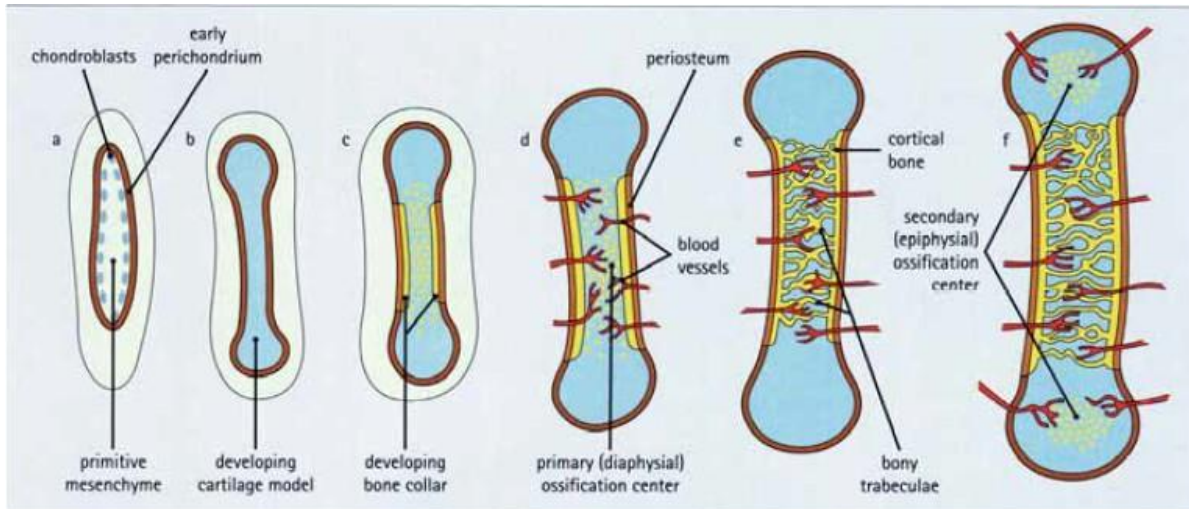


图 9.4 软骨内成骨发育。上：(a) 当成软骨细胞被早期软骨周围膜包绕后，间质细胞浓缩并分化，使其成为骨周围膜。(b, c) 软骨板形成从中心向骨端。密实骨的骨周围膜形成于软骨板周围的骨周围膜。(d, e, f) 软骨细胞增生，软骨基质钙化，骨周围膜骨和钙化的骨基质被血管穿透，相关的间质细胞和造血干细胞分化为成骨细胞形成骨小梁和骨髓基质。下：生长板的发育在干骨后端和骨干间。(a, b) 骨化软骨存在于的骺段和骨干并在其间有生长板。在生长板内的软骨细胞层表现为进行性的骨取代软骨。幼软骨细胞仔静止层，在他们下方是增生的软骨细胞填充增生层。在增生层下方，成骨细胞取代软骨细胞。(c) 未钙化的生长板的低度的组织学切片。E=静止的软骨细胞，PZ=增生区，HZ=增大区，CCZ=钙化软骨和软骨钙化板 OC 延伸自骨化区 OZ。

扁平骨，如颅骨，在胚胎发生时通过 MSCs 分化成成骨细胞而来的，这一过程被称为膜内骨形成。长骨表现出软骨内生长，如骨的钙化过程中软骨板首先形成，后被骨替代 (Olsen, 1999)。软骨内成骨的发展阶段如图 9.4 所示。间质干细胞浓缩和分化成软骨细胞，从中心开始。软骨细胞分化向骨的两侧进展，形成软骨板。包绕软骨板的骨周围膜细胞

分化为成骨细胞并形成突向骨端的一层骨板。随着进展，软骨细胞增生并凋亡，释放血管源性信号引发骨周围膜的毛细血管形成，同时破骨细胞蚕食钙化的基质(Alini et al, 1996; Carlevaro et al., 1997)。骨周围膜的毛细血管和血管周围的 MSCs 侵入基质。其中的一些 MSCs 分化为成骨细胞而以骨基质取代软骨基质,其他的形成骨髓的内膜和基质,仍有一些以 MSCs 的形式存在于内膜和基质中。骨骺端最后进行软骨分化和骨化。在幼年动物,软骨生长板位于骨干后端和骨骺之间,继续生长直到被两端的骨所取代。

2. 持续性的骨的再生能力

骨是高度动态的组织,主要功能包括支持和保护软组织,是肌肉力量的支点及支持血细胞的再生。一个最主要的功能是储存和释放钙来维持正常的血钙水平。这些功能需要骨骼不断降解和再生。在成年脊椎动物中,每年更新 10%的骨骼,相当于每 10 年全身的骨骼都被更换一次 (Alliston and Derynck, 2002)。在任何时候,这一过程都在全身 200 万个部位发生 (Harada and Rodan, 2003)。在这些部位,骨被多核的破骨细胞移除,同时被成骨细胞和骨基质形成细胞再生。这种持续的再生被称作骨塑性,如图 9.5 所示。像之前提到的,骨再吸收和再生由全身和局部作用引起。

生物力学因素(骨弯曲或压力)是最主要的骨源性刺激,并最终促进骨形成 (Burr et al., 2002)。现有数据表明,外力导致的骨变形引发骨细胞周围液体增多并从凹陷的骨表面转移到更突出的表面。这一过程引发骨源性反应,但这些力学信号如何改变为细胞信号始终未知。至少在大鼠体内,成骨反应最大,在 4-8 小时的静息期内会有短暂的高频率交换 (Burr et al., 2002)。骨移除和替代速度的不平衡导致骨骼异常。当移除速度超过替代速度,导致低骨密度,即骨质疏松。反之则导致高骨密度,即骨骼石化症。有很多和遗传有关系的异常与骨的重塑系统相关。(Ducy et al., 2000; Teitelbaum, 2000; Zelzer and Olsen, 2003; Hofbauer et al., 2004; Whyte and Mumm, 2004)。

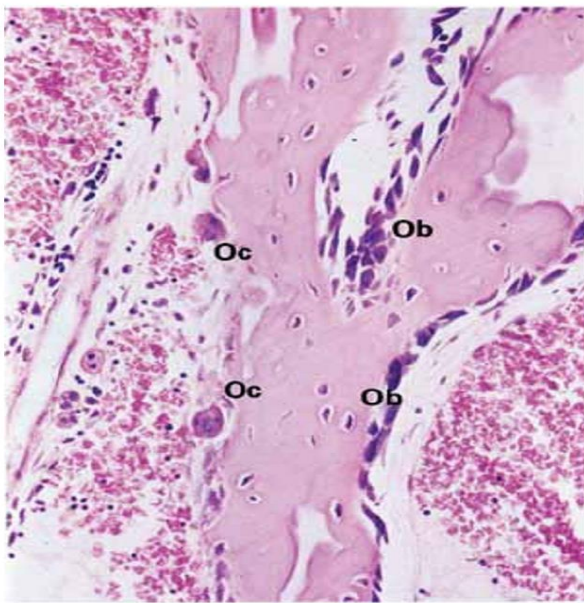
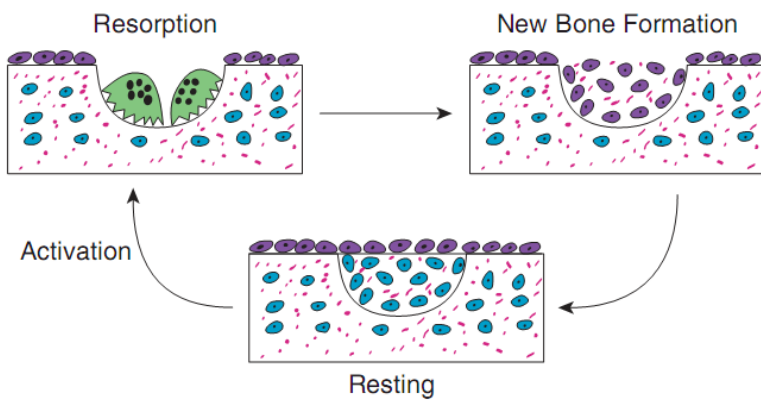


图 9.5 骨的重塑。上，骨重塑循环。破骨细胞被激活以重吸收骨，形成吸收腔。破骨细胞然后消失且 MSCs 进入吸收腔内变成成骨细胞，并分泌骨基质。一旦填充进新骨，重塑区进入静止状态。最初的基质是有机物然后是机制的矿物质成分。下，HE 染色的幼儿骨切片，示骨被破骨细胞 Oc 侵蚀并在之后自发形成成骨细胞 Ob。

(1) 破骨细胞的起源和功能

破骨细胞是有 4-20 个细胞核的巨细胞，由巨噬细胞相互融合而来，并分化为移除骨基质的特殊功能(Teitelbaum, 2000; Harada and Rodan, 2003) (图 9.6)。破骨细胞形成于骨面的结缔组织表面：骨周围膜和骨内膜。当有外界刺激时，如甲状旁腺激素(parathyroid hormone, PTH)，破骨细胞在这些组织里便会释放引导巨噬细胞分化为破骨细胞的因子(Teitelbaum, 2000; Boyle et al., 2003; Martin, 2004)。

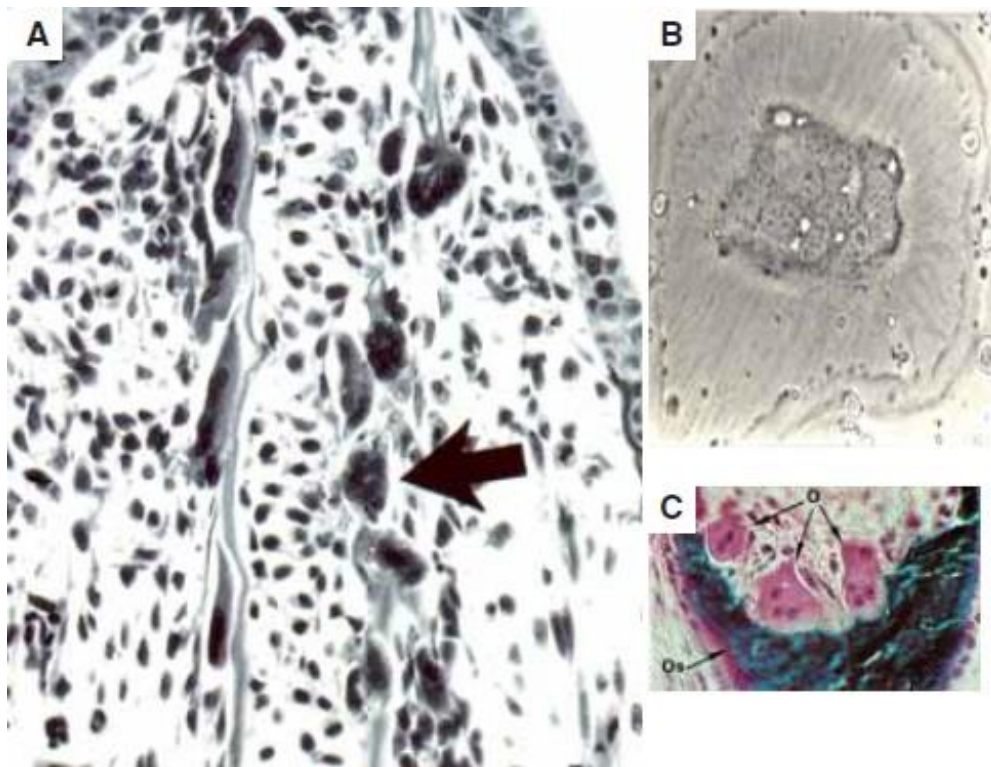


图 9.6 A 在被截肢的羊股骨的多破骨细胞重吸收骨周围膜骨。箭号指向破骨细胞。B 活的破骨细胞迁移出移植的原胚芽。破骨细胞大约有 14 个细胞核。C 低钙浓度妇女的骨切片显示出过多的骨重吸收。O=破骨细胞，Os=骨样的新生骨基质。

两个因子在破骨细胞形成的过程中非常重要，分别为巨噬细胞集落刺激因子（macrophage colony-stimulating Factor, M-CSF）和 Kappa B 因子激活受体配体（receptor for activation of nuclear factor kappa B , RANKL）。M-CSF 结合到在巨噬细胞的受体 c-Fms 上。RANKL 是一个基质细胞表面因子，结合到在巨噬细胞表面的 RANK 受体上（RANKL receptor, RANK）。因此，巨噬细胞分化为破骨细胞需要巨噬细胞和基质细胞的接触。RANKL 和 RANK 分别是 TNF 和 TNF 受体家族的。成骨细胞产生另一种可溶性蛋白（osteoprotegerin, OPG）与 RANK 竞争 RANKL 并抑制巨噬细胞分化为破骨细胞。破骨细胞分化通过 M-CSF、RANKL 与 OPG 之间的浓度平衡来调节(Karsenty, 2003; Martin, 2004)。转录因子 c-Fos 是细胞内促进破骨细胞分子表达的关键因素(Grigoriadis et al., 1994)。

激活的破骨细胞使他们附着的基质细胞减少，暴露出骨基质。破骨细胞通过脱矿质作用降解有机成分来吸收骨基质 (Teitelbaum, 2000)。破骨细胞出现极化，并在一端形成膜。在膜周围的完整的圆圈将破骨细胞结合到骨基质上。通过离子转运泵，HCL 被释放

入圆圈包围的空间内，使 pH 值降低至 4.5 以下，并溶解基质中的羟磷灰石。然后有机组织被溶酶体的蛋白酶、组织蛋白酶 K 和 MMPs 溶解掉，形成骨内的溶解腔。然后破骨细胞通过凋亡而消失，吸收腔被成骨细胞占据合成新的骨质 (Mundy, 1999)。破骨细胞如何识别骨中溶解部位仍然未知。就像 Teitelbaum (2000)说过的，这些协同骨塑形区的破骨细胞和成骨细胞的因素是骨生理学中最大的敌人。

(2) 成骨细胞的起源和功能

成骨细胞是有丝分裂期后的细胞从骨内膜和骨周围膜及骨髓的 MSCs 演变而来 (图 9.7)。存在于成年人的骨髓中的 MSCs 在移植中骨髓细胞变成骨细胞的过程可以表现出来。在体外培养中，MSCs 与紧贴于培养皿的骨髓造血干细胞不同。在体外培养或在皮下移植后，克隆来源的 MSCs 可分化为骨和软骨及脂肪细胞 (Friedenstein et al., 1970; Owen, 1987; Lian et al., 1999; Pittinger et al., 1999)。人的 MSCs 对抗原 SH2、SH3、CD29、CD44、CD71、CD90、CD106、CD120a 和 CD124 呈阳性反应，对造血标记物 CD14、CD34 和 CD45 呈阴性反应，对内皮表面抗原也呈阴性反应 (Pselectin and von Willebrand factor VIII; Pittinger et al., 1999; Pittinger and Marshak, 2001)。

在 MSCs 分化为成骨细胞的过程中，有二个转录因子起关键作用。首先是联系软骨细胞和成骨细胞的 Runx2 基因 (Cbfa1)，其次是前成骨细胞的特异 Osterix 基因 (Osx)。Runx2 基因在胚胎内软骨骨骼的间质细胞中表达并引导成骨细胞特异性的基因表达 (Ducy et al., 2000; Harada and Rodan, 2003)。Runx2 基因和 Osx 基因在骨周围膜中表达，表明骨周围膜的 MSCs 等同于胚胎内的软骨浓缩 (Mundlos and Olsen, 1997; Nakashima et al., 2002; Harada and Rodan, 2003)。二者共同诱导成骨细胞分化，Osx 基因表现出下调 Runx2 基因 (Harada and Rodan, 2003)。Runx2 基因通过成骨细胞的分化来控制骨基质形成的速度。Runx2 基因下调骨钙蛋白 (Bgp) 基因，只在分化的成骨细胞中激活并对基质的产生起负向作用 (Ducy et al., 2000)。Runx2 和 Osx 基因的突变的鼠具有完整的软骨骨架，但是缺少成骨细胞表现出缺乏骨形成。

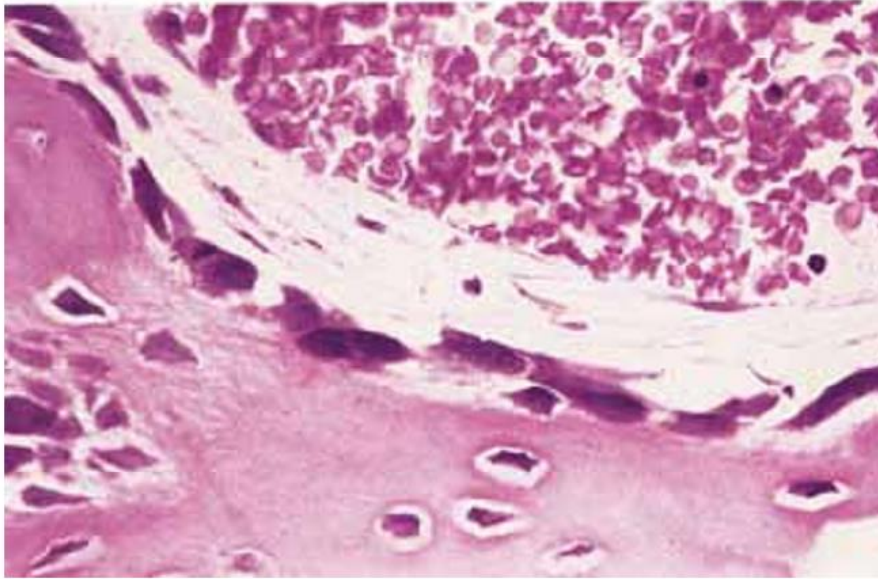


图 9.7 高分辨率的切片显示沉着于有机骨组织的成骨细胞。高效的蛋白和蛋白多糖合成归因于他们庞大的体积和大量的嗜碱细胞浆。

(3) 全身的和局部的骨塑形控制

骨的吸收和再生是在内分泌（全身）和生长因子（局部）控制。许多因子调控骨密度作用于成骨细胞或者通过直接影响成骨细胞的分化，或者通过调节 M-CSF 和 RANKL 的产生，并间接的影响成骨细胞的分化。

a 全身控制

循环的激素对成骨细胞和破骨细胞有调节作用（图 9.8）。持续的暴露于甲状旁腺激素(PTH)、甲状旁腺激素-相关蛋白(parathyroid hormone related protein, PTHrP)和低剂量的 1, 25 - 二羟基维生素 D₃ 刺激间质细胞，包括表达 M-CSF 和 RANKL 的成骨细胞，并引起破骨细胞的产生和骨的重吸收增加 (Teitelbaum, 2000; Erben, 2001)。甲状腺激素 (Thyroid hormone, T3)和糖皮质激素也可增加骨的重吸收(Canalis, 1988; Mundy, 1999)。糖皮质激素抑制钙的重吸收，刺激甲状旁腺产生 PTH(Mundy, 1999)。T3 作用于成骨细胞甲状腺激素受体并刺激破骨细胞的分化。甲状腺刺激素(Thyroid stimulating hormone, TSH) 在骨的重塑中起关键作用。在正常细胞中，TSH 抑制成骨细胞和破骨细胞的分化，两者都在其表面表达 TSH 受体 (TSH receptors, TSHRs)。破骨细胞分化的抑制是通过负向调节成骨细胞的 RANKL 和 TNF α 。成骨细胞的分化抑制是通过抑制在 Wnt 通路的

LRP-5 的表达。在缺乏 TSHR 的鼠中，RANKL 和 TNF α 以及 LRP-5 在成骨细胞中被过度表达，导致成骨细胞和破骨细胞的过度表达。但是，破骨细胞的形成速率和骨吸收率超过了成骨细胞的形成和骨再吸收的速率，而且无 TSHR 的鼠有严重的骨质疏松症。(Abe et al., 2003).

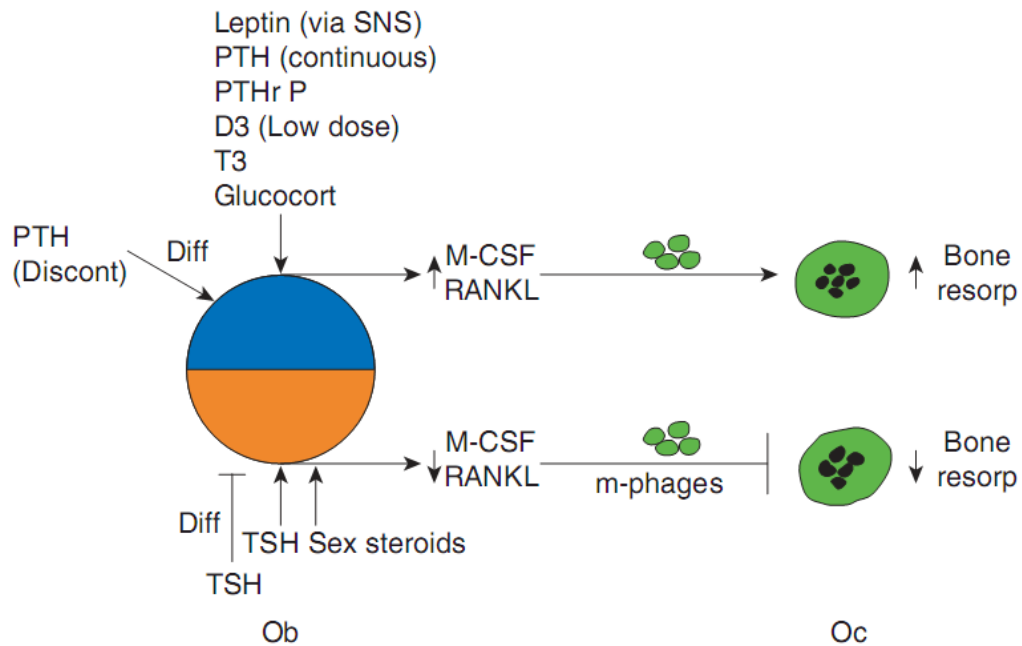


图 9.8 全身性的通路调节骨的重塑。一组信号（作用于成骨细胞的上半部，Ob）可以刺激破骨细胞 Oc 从巨噬细胞分化，然后通过 RANKL 和 M-CSF 的输出增加而增加骨的重吸收。间断性的 PTH 注射可增加 RANKL 和 M-CSF 的产生，这一过程通过刺激更多的成骨细胞而出现，然而其他信号直接作用于成骨细胞而增加 M-CSF 和 RANKL 的产生。瘦素通过在下丘脑和 SNS 中的成骨细胞上调 RANKL 产生。另一组信号（作用于成骨细胞的下半部）可抑制破骨细胞从巨噬细胞分化而来并降低骨的重吸收。TSH 抑制成骨细胞分化，因此间接地下调 M-CSF 和 RANKL 的浓度。同时 TSH 和性激素直接下调 M-CSF 和 RANKL 的产生。

性激素，如雌二醇和睾酮，通过减少 RANKL 的表达或者提高 OPG 的表达来抑制破骨细胞的分化，从而减少骨再吸收 (Mundy, 1999; Ducy et al., 2000; Teitelbaum, 2000; Boyle et al., 2003)。老年人中的骨质疏松症是因为产生的性激素减少引起的。在女性中，因为停经出现焦躁，此时女性骨质流失较严重，但在之后的时间内，男女骨质减少程度类似 (Harada and Rodan, 2003; Zelzer and Olsen, 2003)。间断性的 PTH 注射通过减少前体细胞刺激骨的再生而产生成骨细胞 (Hock, 2001)，维生素 D3 在高浓度时有同样的作用 (Erben, 2001)。胰岛素通过刺激氨基酸转移，合成 RNA，蛋白质合成和糖蛋白的合成来强化成骨细胞的作用。

瘦蛋白是一个重要的全身骨质调节因子，通过抑制下丘脑达到抑制骨的形成 (Ducy et al., 2000; Harada and Rodan, 2003)。瘦蛋白产生于脂肪细胞并通过结合到下丘脑受体来抑制食欲和抑制骨的形成。缺乏瘦蛋白或下丘脑受体的人或鼠变得肥胖，但是又高于正常的骨质重量。脑室内注射瘦蛋白可以减少肥胖并保持骨密度(Ducy et al., 2000)。瘦蛋白不直接影响成骨细胞，因为在成骨细胞上检测不到瘦蛋白受体 (Ducy,2000)。从下丘脑到骨的作用途径使交感神经系统 (Elmqvist and Strewler, 2005)。骨是由感觉和交感纤维进行神经支配的，与骨细胞直接向交通并有一大类神经介质和受体可在骨上检测到 (Chenu, 2004)。交感神经产生去甲肾上腺素可结合成骨细胞上的 β_2 肾上腺受体 (Takeda et al., 2002; Harada and Rodan, 2003; Chenu, 2004)。变异的鼠缺乏 β_2 -AR，并表现为骨密度增加，但是不像 ob/ob 鼠那样，他们对瘦蛋白没有反应。进一步说，卵巢切除的没有 β_2 -AR 的鼠不会有骨密度流失 (Elfteriou et al., 2005)。但是卵巢切除的野生鼠却不是这样。后者出现骨质疏松并表现出骨神经支配减少(Burt-Pichat et al., 2005)。因此，骨中交感神经系统的维持需要雌激素。

b 局部控制

Wnt 信号通路是在骨再生的局部控制中的关键因素。低水平的 Wnt 信号组成促进 MSCs 的增生 (De Boer et al., 2004)。高水平则促进 MSCs 分化为成骨细胞 (Harada and Rodan, 2003; De Boer et al., 2004)。低密度脂蛋白(low-density lipoprotein, LDL) 受体相关蛋白 5 (LDL-receptor-related protein 5, LRP5) 在 MSCs 上与 Wnt 受体相作用而结合 Wnt1 和 Wnt3a (Wehrli et al., 2000; Tamai et al., 2000)。Lrp5 的突变减少 MSCs 的增生并降低骨密度。功能突变成 *Lrp5 G171V*，可减少成骨细胞和骨细胞凋亡以及破骨细胞的形成，导致高的骨密度 (Harada and Rodan, 2003; Johnson, 2004)。

骨再生在局部也受多种细胞素和生长因子调节(Horowitz and Lorenzo, 1996; Lian et al., 1999; Harada and Rodan, 2003)，这些物质隐藏在骨骼发育的骨基质内。隐藏的生长因子释放于新形成的骨基质内，并可伴有骨的再生 (Pfeilshifter et al., 1986; 1987)。骨骼细胞释放许多生长因子，而其他的从骨骼外细胞释放并被血液吸收。BMPs 引发在 MSCs 中的骨源性进化(Rosen and Theis, 1992)。TNF- α 和 IL-1 促进破骨细胞的形成，因此刺激骨的再吸收，然而其他的生长因子通过刺激成骨细胞前体的增生和分化为成骨细胞而促进骨的再生，同时包括上调 I 型纤维蛋白原基因，抑制 MMP-3 基因的转录，并下调 I

型纤维蛋白原(Trifitt, 1987; Canalis et al., 1988; Hauschka et al., 1988; Bonewald, 1996; Horowitz and Lorenzo, 1996; Filvaroff et al., 1999; Wronski, 2001)。TGF- β 同样可以引导破骨细胞的凋亡(Bonewald, 1996)。

3. 损伤诱导的骨再生

扁平骨, 如颅骨, 通过 MSCs 直接分化成成骨细胞在胚胎发育期发育, 这一过程被称为膜内骨形成。膜内骨的骨折修复也是通过 MSCs 在骨周围膜内分化为成骨细胞。长骨表现出软骨内生长, 如骨的钙化的软骨板首先形成, 后被骨替代。软骨细胞增生并凋亡, 释放血管源性信号引发骨周围膜的毛细血管形成, 同时破骨细胞蚕食钙化的基质 (Alini et al., 1996; Carlevaro et al., 1997)。骨周围膜的毛细血管侵入基质, 并伴随血管周围的 MSCs。其中的一些 MSCs 分化为成骨细胞而以骨基质取代软骨基质, 其他的形成骨髓的内膜和基质, 仍有一些以 MSCs 的形式存在于内膜和基质中。骨折后的长骨表现出膜内骨形成和软骨内成骨的特点。

图 9.10 标示长骨的修复。骨的修复过程和损伤皮肤的修复类似, 区别在于修复结果是再生而非纤维化。再生伴随有骨周围膜内 MSCs, 较少见骨内膜和骨髓基质 (McKibben, 1978; Wornom and Buchman, 1992; Einhorn, 1998)。在骨折后, 血管被损伤, 导致在损伤处和周围形成血肿 (hematoma)。缺氧导致在损伤两侧一定距离内的骨细胞死亡。在血肿的血小板可释放 PDGF 和 TGF- β , 引发炎症反应并有中性粒细胞和巨噬细胞侵入血肿 (Einhorn, 1998)。其中的一些巨噬细胞便成为破骨细胞并降解坏死骨组织。

在骨折几天后, 骨周围膜的 MSCs 在骨折两端分化为成骨细胞(直接骨化)(Brighton and Hunt, 1991; Glowacki, 1998)。成骨细胞分泌富含 I 型纤维蛋白原的骨基质并包含骨钙素, 矿质素相关的糖蛋白骨粘连蛋白、骨桥蛋白和骨的唾液蛋白 II (bone sialoprotein II, BSP-II) 以及一些蛋白多糖 (Robey, 1996)。在骨折范围内, 修复阶段在软骨板处表现出胚胎性软骨内骨发育。MSCs 在骨周围膜、骨内膜和骨髓增生时形成软骨痂。这些 MSCs 浓缩并分化为软骨细胞并分泌由 II 型、XI 型纤维蛋白原、蛋白聚糖、透明质酸和纤连蛋白组成的软骨特异性基质 (Einhorn, 1998)。软骨细胞的增生过程中包含产生 X 型纤维蛋白原并下调其他纤维蛋白原型。因此, 软骨基质被钙化, 软骨细胞凋亡。破骨细胞在钙化的基质板清空基质, 骨周围膜血管, 并被增生的软骨产生的血管紧张素诱导侵入基质。侵入的血管伴随有 MSCs 分化为成骨细胞。骨基质在骨折修复的重吸收和合成被全身和局部的信号所维持。

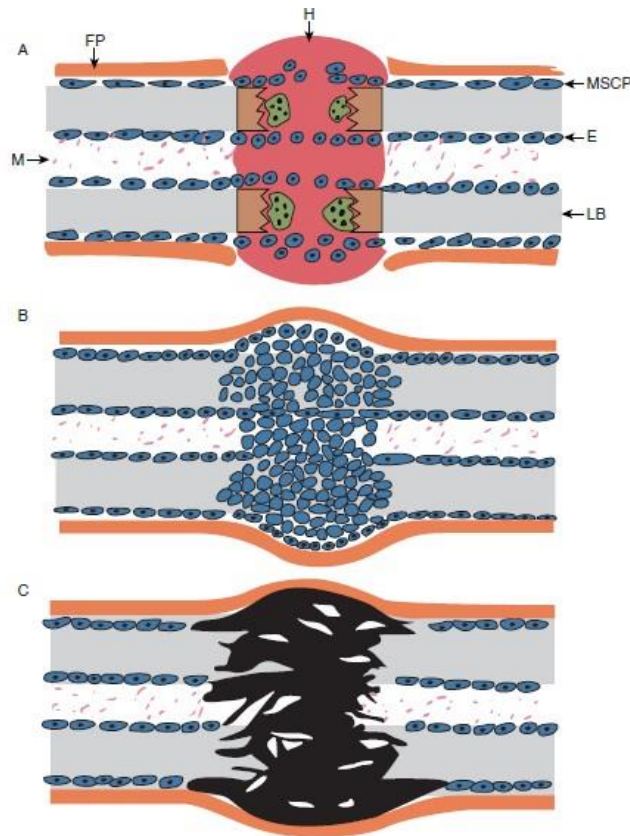


图 9.10 骨折修复图。A 骨折撕裂肌肉，骨周围膜和血管，导致形成纤维蛋白凝血块 H 出现在骨折腔附近，在骨折区附近的骨坏死区（棕灰色）并被破骨细胞（绿色）降解。活的细胞 LB 为紫色。间质干细胞（蓝色）在骨周围膜 MSCP 中和骨内膜 E 中被激活并迁移并增生。FP=骨周围膜的纤维层。M=骨髓（红点）。B 间质干细胞增生形成软痂并取代纤维蛋白凝血块。这些细胞分化为软骨细胞形成骨化板。C 血管侵入增生的软骨和成骨细胞并分泌新的骨基质。新骨在外侧覆盖旧骨出现在骨折的两端，这一过程直接出现于骨周围细胞膜 MSCs 而并没有软骨期。最终形成密实骨和小梁骨。

第四节 关节软骨的修复

关节软骨是典型的有透明质酸、多聚蛋白多糖、II 型胶原蛋白、少量的 IX 和 XI 型胶原蛋白组成的透明软骨 (Wornam and Buchman, 1992; Reddi, 2003)。软骨大约有 80% 的湿重为水，由于在基质中有高亲水性的透明质酸 (hyaluronic acid, HA)。透明软骨的结构使他具有弹性和硬度，并耐变形，对关节软骨的承重功能至关重要。

关节软骨作用于长骨的骺端成为一个表面的生长区。生长区主要由两部分组成：表面区由 3-4 排扁平的软骨细胞组成，中间区有大的软骨细胞排列成柱状，在中间区之下是在骺端的的内软骨区的钙化软骨。在生长期，软骨细胞在表面层的第三排并可分化成中间层的细胞，钙化区并最终形成内软骨 (Wornam and Buchman, 1992)。在成年人中表面区的软骨细胞在分裂中期停止，因此成年关节软骨必须通过产生新的基质而非新的细胞以弥补磨损。关节软骨没有血管，但因为基质中的高水分含量，很容易通过弥

散作用从关节液中获得氧气和营养。

骨关节炎是与年龄或损伤相关的关节软骨的主要病变。在骨关节炎的发生和发展中有二种主要的退行性病变 (Stockwell, 1975)。第一是钙化, 减少对软骨细胞的营养和氧气的弥散。因此, 钙化的基质中的软骨细胞死亡, 基质被重吸收。第二是软骨纤维化并沿着纤维走行分裂基质的软骨表面, 使表面呈现毛糙。这个首先成片出现, 然后加大。当发展到一定程度, 软骨有所丢失并暴露骨骼伴随疼痛。

软骨的修复能力很低(Campbell, 1969; Wornom and Buchman, 1992)。仅仅影响软骨的损伤不会自动修复, 因为损伤被无血管的软骨所隔离。那里没有纤维蛋白血凝块, 没有炎性反应, 并且在损伤附近的软骨细胞不会再次进入细胞周期。而涉及骨的损伤往往表现出更好的修复, 从骨中进入损伤的血可形成纤维蛋白凝血块及典型的炎性反应。损伤被骨及成纤维细胞中的 MSCs 修复, 类似于皮肤上的结痂 (Wornam and Buchman, 1992)。但是, 没有运动的修复是不良的。如果关节在修复过程中接受被动的运动, 则修复较好。这是因为在运动中关节液提供更好的营养供给和排出废物 (Salter et al., 1978)。在这些条件下, 可以形成更典型的透明软骨(Salter, 1983), 但修复效果因人而异。人关节软骨的表面软骨细胞和活跃的软骨细胞有着同样的特征 (Ham and Cormack, 1979)。Namba 等人(1998)证明在幼仔羊的关节软骨的半穿透的切口修复中, 软骨细胞的增生发生在受损区域。幼仔软骨细胞仍对损伤通过增生并填充损伤处产生反应。但其来源未明, 可能是因为免疫系统不成熟或是软骨细胞的某种特有能力的, 后者二者兼而有之。

第五节 肌腱和韧带的修复

1. 肌腱和韧带的结构

肌腱和韧带都是有强大拉伸力的致密结缔组织 (图 9.11)。肌腱将肌肉附着到骨骼上, 而韧带将骨骼连接至骨骼, 稳定关节并限制其正常的运动范围。二者都由平滑纤维细胞组成, 这类细胞分泌由平行纵行的胶原蛋白 I 和 II 纤维束并伴有低分子量的皮肤素硫酸钠 PG 组成的细胞外间质 ECM (Ham and Cormack, 1979; Amadio, 1992; Reddi, 2003)。PG 组分调节胶原蛋白束的大小和排列使其与之直径相协调。胶原蛋白纤维在肌腱放松时是呈波浪状, 代表着松懈状态 (Amadio, 1992)。在发育时期, 肌腱和韧带有良好的血液供应, 但是在成年人中, 毛细血管血供则很少。一些靠近骨骼的肌腱(如 Achilles 腱)被两层致密的和不规则的结缔组织所包围。外层连接于环绕它的结构, 内层紧紧连接于肌腱。在两层之间有一个充满 HA 润滑液 (类似于关节液) 的腔隙, 使内肌腱鞘在

外层内滑动。韧带有血管层覆盖表面，并融合成骨的骨周围膜(Frank, 2004)。

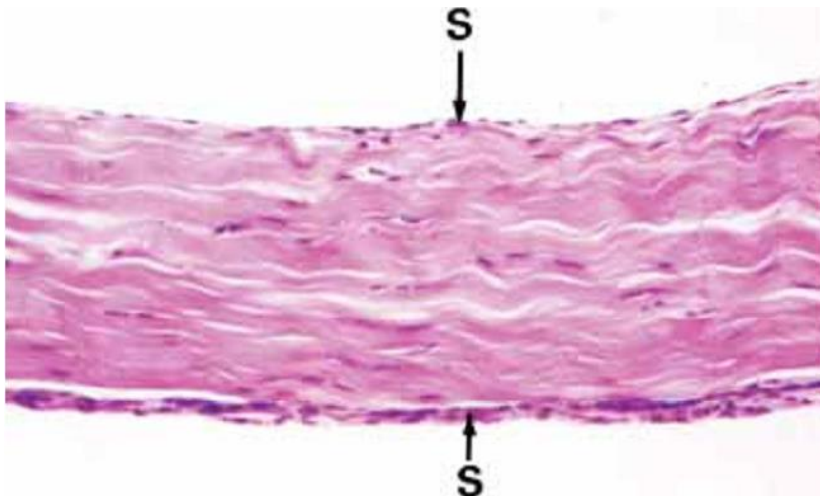


图 9.11 肌腱的纵行切片。在肌腱中的胶原蛋白纤维表现出波纹状的特性。肌腱相对不存在细胞。S=肌腱鞘并覆盖有可产生滑囊液的滑膜 S，允许肌腱在鞘内滑动。

2. 肌腱和韧带的修复

肌腱和韧带常见有两类损伤：撕裂和破损。在最初的炎性期，成纤维细胞增生并产生纤维蛋白原纤维。在几周内，它们排列顺序沿着肌腱或者韧带的长轴形成痂样结构 (Amadio, 1992; Frank, 2004)。随着张力的增加，结痂开始重建并使纤维蛋白原与肌腱或者韧带的长轴齐平。这样的纤维线性排列对肌腱的功能至关重要，因此，在修复的过程中，重新塑造肌腱的原始结构。人的破裂或撕裂损伤的肌腱鞘膜的肌腱具有自我修复的能力，在及时处理的前提下，其结构和功能可恢复至基本正常的水平 (Johnston, 1985; Cross et al., 1992; Eriksson et al., 1999; Chalmers, 2000; Papandrea et al., 2000; Ferretti et al., 2002)。修复过程受肌腱内层鞘上的成纤维细胞或者从周围结缔组织迁移过来的成纤维细胞的影响。在有鞘的肌腱上，内层鞘与再生的肌腱接触并从外层分离，使其恢复滑动功能(Ham and Cormack, 1979; Johnston, 1985)。韧带在关节损伤中亦可能早到破坏，导致部分或全层断裂。孤立的内侧联合韧带损伤可以在没有外科干预的条件下自行愈合，但是十字交叉韧带愈合较差(Woo et al., 1999)。

第六节 小 结

骨骼肌和骨在损伤后再生良好。肌腱和韧带结痂修复后与原组织类似，但强度下降。软骨和半月板再生不良或者根本不再生。

介导骨骼肌再生的是在肌纤维基底细胞膜上的卫星细胞，这些细胞存在于肌纤维中并自我更新。尽管肌肉组织还存在其它类型的细胞，但并不对再生起作用。增生的卫星细胞显著上调 Pax7 和 MRFs。MRFs 沿着以下顺序激活，首先是 MyoD，然后是 myf5 和 MRF4，接着是肌生成素。静止期的卫星细胞被激活、增生并在 HGF 刺激下释放肌肉 ECM。PDGF、FGF-2、LIF 和 TGF- β 在卫星细胞的增生上发挥调节作用。因此，卫星细胞融合并分化形成新的肌纤维。再生肌肉的张力及神经支配对其结构的完整和功能性分化具有重要意义。

骨是一个动态的组织并通过破骨细胞对骨基质的再吸收和成骨细胞的再生不断地进行重塑。破骨细胞是分化于巨噬细胞的多核细胞。在破骨细胞分化过程中最关键的因子是 RANK 和 c-Fms 及在巨噬细胞细胞表面的结合 RANKL 和 M-CSF 配体的受体。M-CSF 是由基质细胞产生的可溶性的信号，然而，RANKL 是基质细胞的表面分子。因此，破骨细胞分化需要巨噬细胞与基质细胞相接触。成骨细胞也生成 OPG，与 RANK 竞争 RANKL 的蛋白质并抑制破骨细胞的分化。因此，破骨细胞的分化受 M-CSF 和 RANKL 相对于 OPG 浓度比调节。破骨细胞连接于骨基质并利用 HCL 和蛋白酶的释放分别溶解羟磷灰石和有机成分。然后凋亡而其空间被成骨细胞所占据。成骨细胞是从 MSCs 分化来的细胞，位于骨周围膜、内膜和骨髓。很大一部分生长因子引导 MSC 增生。BMPs 引导 MSCs 的骨源性决定并仍有其他分子促进成骨细胞的分化，在成骨细胞的分化中起关键作用的两个转录因子是 *Runx2* 和 *Osx*。

骨的重塑在全身和局部控制途径下促进或抑制成骨细胞和破骨细胞的分化。一些全身性的激素途径也参与了骨的重塑。PTH、PTHrP 和 1, 25-OH₂ 维生素 D3 通过刺激基质细胞表达 M-CSF 和 RANKL 来增加骨的重吸收，从而增加破骨细胞的分化。脂肪细胞激素和瘦素也可通过上调成骨细胞中的 RANKL 而增加破骨细胞的分化。瘦素与下丘脑的受体结合，刺激支配骨的神经产生去甲肾上腺素。去甲肾上腺素与成骨细胞的 β_2 -ARs 结合，上调 RANKL 的水平。相反地，性激素抑制破骨细胞的分化，而间断性的 PTH 注射和高剂量的维生素 D3 刺激造骨原始细胞分化为成骨细胞。TNF- α 和 IL-1 可以促进破骨细胞的分化，而 LIF 和 IL-6、IL-11、制瘤素 M、CNTF 和低浓度的 Wnt 促进 MSCs 的增生。BMPs 是诱导 MSCs 的决定性因素，而高浓度的 Wnt 促进 MSCs 分化为成骨细胞。在全身与局部途径之间有关联交通。TSH 通过负向调节 TNF- α 来抑制破骨细胞分化，并通过抑制 Wnt 受体 LRP-5 的表达来抑制 MSC 增生。尽管对骨骼重塑的认识有所增加，但对成骨细胞和破骨细胞在重塑区的形态机制尚不明了。

当长骨骨折时，在骨折区形成纤维蛋白血凝块填充骨折区，接着是炎性反应。由于不形成结痂，骨再生类似于软骨内成骨形成于软骨板。在骨周围膜、内膜和骨髓中的 MSCs 增生并分化为增生的软骨并替代骨。局灶的骨折修复分子介质与在软骨内成骨的发生和重塑的介质是一致的。BMPs 决定 MSCs 变成可生成软骨。TGF- β 和 FGF-1 及 2, PDF 和 IGF-1 都在软痂中表达，并诱导软骨细胞分化。FGF-2 调节转录因子 Sox-9 的表达并激活 I、IX 型和胶原蛋白基因以及聚集蛋白聚糖基因。Ihh 信号通路组分在软痂周围的细胞群中表达，并形成骨周围膜，表明在骨折修复时的运行机制与胚胎发育时期的软骨细胞成熟机制是相同的。在软骨板被血管周围 MSC 侵蚀后，可检测到成骨细胞分化的基因的表达，如 Runx2 和骨钙素。其他基因的表达，如在胚胎发育时调节 MSC 浓缩的基因，或者调节骨骼构造的基因，却没有被检测到。

关节软骨与骨不同，如果损伤没有穿透至骨，根本不会再生。损伤穿透至骨可以刺激纤维软骨修复过程迁移至伤处。幼儿的关节软骨可再生是因为软骨细胞仍可再分化。成人的软骨细胞不会增生可能是由于其抑制因子的作用。BMPs 和 CDMPs 刺激软骨生成并在正常和骨关节炎的软骨中表达。他们的作用可以被 IL-17 家族成员所阻止，后者不仅在关节软骨中表达，同时可以降解骨关节软骨。

人的肌腱具有自主修复的能力。肌腱鞘的成纤维细胞可以影响修复，成纤维细胞形成的胶原蛋白纤维最初是无序排列的，之后沿着肌腱的长轴排列并再生，形成类似于结痂样的肌腱结构。韧带与肌腱在结构上类似，并以相似的方式再生。即使是再生良好的情况下，再生的韧带也只能恢复到原来 50% 的承重能力。

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