

综述

NLRP3炎性小体激活调控机制及其在类风湿性关节炎中的潜在作用

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摘要: NOD样受体热蛋白结构域相关蛋白3(NOD-like receptor family pyrin domain containing 3, NLRP3)炎性小体是一种多蛋白复合物, 在非特异性免疫中发挥重要作用, 可以通过K⁺外流、溶酶体损伤、线粒体功能障碍和活性氧生成等途径被激活, 产生具有生物活性的白介素-1 β (interleukin-1 β , IL-1 β)、IL-18和肿瘤坏死因子 α (tumor necrosis factor α , TNF- α), 从而导致细胞死亡, 激活适应性免疫。NLRP3基因多态性、表达水平、激活状态都与类风湿性关节炎的疾病进程关系密切, 并且NLRP3炎性小体异常激活驱动的慢性炎症在类风湿性关节炎发生发展中发挥重要作用。本文就NLRP3炎性小体的分子结构、基本生物学功能及其与类风湿性关节炎疾病进程之间的相关性作一综述, 以期防治该类自身免疫性疾病提供新思路。

关键词: NLRP3炎性小体; 类风湿性关节炎; 白介素-1 β ; 白介素-18

The mechanisms involved in the process of NLRP3 activation and its potential roles in rheumatoid arthritis

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Abstract: NOD-like receptor family pyrin domain containing 3 (NLRP3) inflammasome is a multi-protein complex that plays an important role in innate immunity. It can be activated by K⁺ efflux, lysosomal damage, mitochondrial dysfunction and reactive oxygen species production, thereby producing biologically active interleukin-1 β (IL-1 β), IL-18 and tumor necrosis factor α (TNF- α), resulting in cell death and activating adaptive immunity. NLRP3 gene polymorphism, expression level, and activation state are closely related to the disease severity of rheumatoid arthritis, and the chronic inflammation driven by NLRP3 abnormal activation plays an important role in the development of rheumatoid arthritis. This paper reviews the molecular structure, basic biological functions of NLRP3, and analyzed the correlation between NLRP3 and the process of rheumatoid arthritis diseases, in order to provide new ideas for prevention and treatment of rheumatoid arthritis.

Key Words: NLRP3 inflammasome; rheumatoid arthritis; interleukin-1 β ; IL-18

NOD样受体热蛋白结构域相关蛋白3(NOD-like receptor family pyrin domain containing 3, NLRP3)

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炎性小体是一种大型多元蛋白复合物, 主要存在于以巨噬细胞为代表的天然免疫细胞中。NLRP3炎性小体属于胞内受体, 是非特异性免疫系统的重要组成部分, 当病原体和危险信号被其感知后, NLRP3炎性小体可被激活, 诱导促炎细胞因子白介素-1 β (interleukin-1 β , IL-1 β)和IL-18的合成与成熟, 从而产生炎症反应^[1]。IL-1 β 和IL-18所形成的免疫微环境可进一步诱导初始T细胞分化为效应T细胞和记忆T细胞, 从而激活适应性免疫^[2], 在炎症相关疾病中发挥重要生物学作用。

类风湿性关节炎(rheumatoid arthritis, RA)是一种慢性炎症性、系统性的自身免疫性疾病, 主要以侵袭性、对称性、多关节炎为临床表现, 炎症持续状态可以破坏关节软骨和骨组织, 最终导致关节畸形及功能丧失。类风湿性关节炎确切发病机制尚未完全明确, 目前研究证实, 异常的先天性免疫和适应性免疫参与类风湿性关节炎的疾病过程, 特别是NLRP3炎性小体在类风湿性关节炎的发生发展进程中起重要作用^[3]。因此, 本文拟总结近年来NLRP3炎性小体的激活调控机制, 及其在类风湿性关节炎发病中的相关研究, 以期对类风湿性关节炎等自身免疫病的诊疗提供新的思路与治疗靶点。

1 NLRP3炎性小体结构与活化调控机制

1.1 NLRP3炎性小体结构

NLRP3炎性小体由12个富含亮氨酸重复结构域(leucine-rich repeat, LRR)构成的羧基端、pyrin结构域(pyrin domain, PYD)构成的氨基端和中间核苷酸寡聚化结构域(nucleoside triphosphatase domain, NACHT)三部分组成^[4]。NLRP3通过氨基端PYD-PYD相互作用与凋亡相关斑点样蛋白

(apoptosis associated speck-like protein containing a CARD domain, ASC)结合, ASC通过羧基端CARD-CARD相互作用招募半胱天冬酶1前体(pro-cysteinyllaspartate specific proteinase-1, pro-caspase-1), 形成NLRP3炎性小体。研究表明, NIMA相关激酶7(NIMA-related kinase 7, NEK7)可以与两个相邻的NLRP3亚基相互作用, 介导NLRP3炎性小体的激活(图1)^[5]。

1.2 NLRP3炎性小体激活机制

NLRP3炎性小体的激活与多种疾病的发病机制密切相关, 可参与多种宿主免疫和炎症反应, 所以一直以来是研究的重点。NLRP3炎性小体的激活始于损伤相关分子模式(damage-associated molecular pattern, DAMP)或病原体相关分子模式(pathogen-associated molecular pattern, PAMP)发起的两个信号^[6]。第一个是启动信号, 通过膜受体引导核因子 κ B(nuclear factor kappa-B, NF- κ B)活化, 诱导IL-1和NLRP3的表达。在第二个信号中, PAMP和DAMP直接与NLRP3结合, 体内代谢产生的三磷酸腺苷、尿酸盐晶体、淀粉样蛋白B等内源性刺激物, 病原微生物、二氧化硅、环境中的紫外线等外源性刺激物^[7], 皆可导致K⁺外流、溶酶体损伤、线粒体功能障碍和活性氧(reactive oxygenspecies, ROS)生成^[8], 从而激活NLRP3炎性小体(图2)。

Pannexin-1蛋白孔隙为细胞膜上的门控离子通道, 可在细胞外腺嘌呤核苷三磷酸(adenosine triphosphate, ATP)刺激下变大, 引起钾离子外流, 胞内钾离子水平降低促进了NLRP3炎性小体的活化^[9]。P2X7受体是一种独特的配体门控离子通道, 当它被激活后通道打开或孔隙形成, 导致ATP、尿酸盐结晶及细菌产物等NLRP3炎性小体的激活剂进入细胞, 从而触发ROS产生, 进一步引发

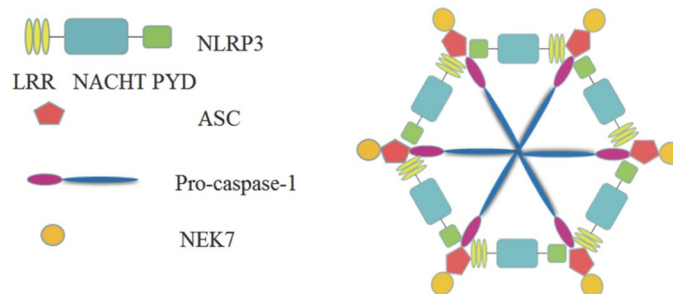


图1 NLRP3炎性小体结构模式图

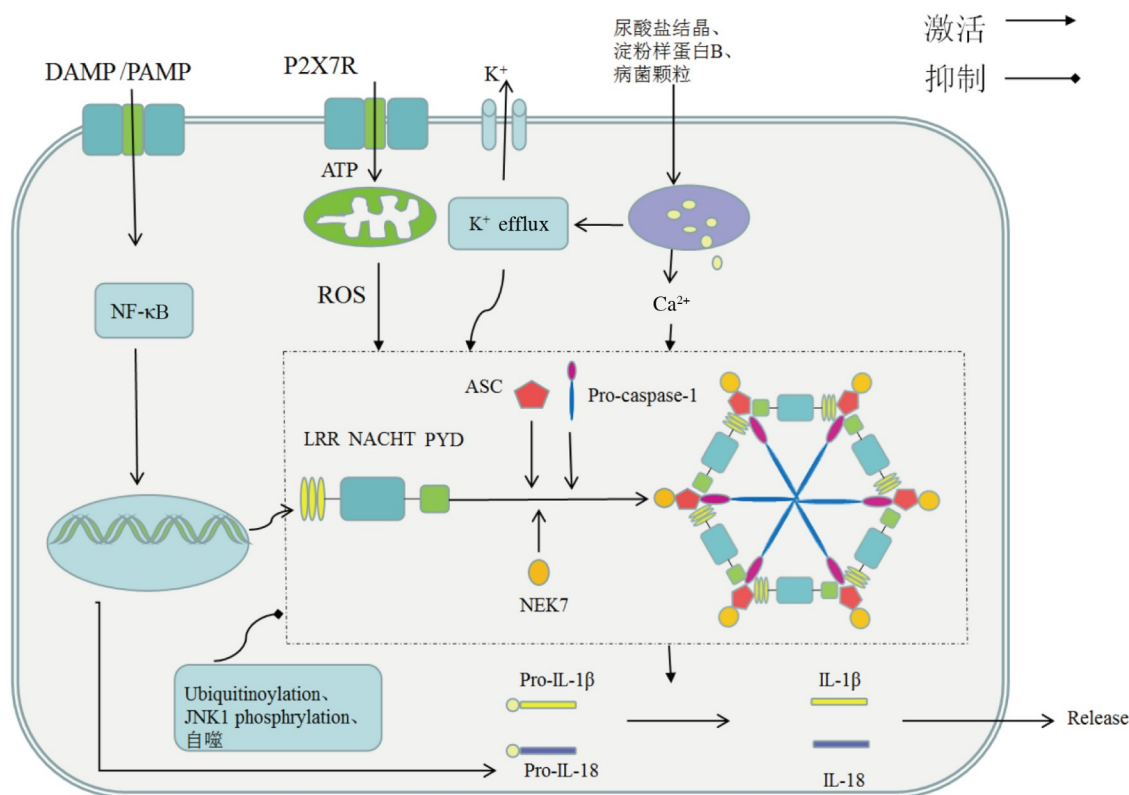


图2 NLRP3炎症小体调控模式图

炎症小体的组装,促使NLRP3炎症小体形成,并使亲水溶质通过胞质,导致细胞焦亡,从而释放出更多ATP^[10,11]。巨噬细胞在吞噬一些尿酸盐结晶、淀粉样蛋白B、病菌颗粒等物质后,导致溶酶体膜酸化,溶酶体破裂释放组织蛋白酶进而导致NLRP3炎症小体的激活^[12]。有研究报道,当细胞稳态发生变化后会引引起线粒体损伤^[13,14],线粒体DNA也可促进ROS的生成^[15]。这些机制均可使NLRP3与ASC相互作用,招募并激活pro-caspase-1、白介素-1 β 前体(pro-interleukin-1 β , pro-IL-1 β)和pro-IL-18,诱导炎症和初始T细胞活化,进一步影响自身免疫系统。

1.3 抑制NLRP3炎症小体活化的分子机制

基于NLRP3炎症小体活化后可导致严重的炎症反应,NLRP3炎症小体活化需要精准调控。一般情况下,NLRP3炎症小体一直处于自动抑制和非激活状态,其中某些翻译后修饰(post-translational modifications, PTM)调控是抑制NLRP3炎症小体激活的重要工具。

1.3.1 NLRP3炎症小体泛素化调控机制

泛素化是指通过异肽键连接将泛素基团加到靶

蛋白的赖氨酸或N端,这一过程由包括E3泛素连接酶在内的多种酶催化。泛素化是最典型的PTM形式,可以调节免疫反应的强度^[16]。Lys63(K63)-连接、Lys48(K48)-连接和线性(M1)-连接泛素化,这几种泛素化形式已被证明可以控制NLRP3炎症小体的激活。Tang等^[17]发现,环指蛋白125介导NLRP3的LRR结构域K63连接的多泛素化。这种泛素化方式将Casitas-B系淋巴瘤蛋白-b(casitasB-lineage lymphoma, Cbl-b)募集到LRR结构域,进而靶向NLRP3在Lys496处进行K48连接的多泛素化,从而导致NLRP3通过蛋白酶体途径降解,最终抑制NLRP3炎症小体激活。MARCH7是一种E3泛素连接酶,已被证明可以促进K48连接的多泛素化和多巴胺D1受体通路下游NLRP3的LRR和NACHT域的自噬降解^[18]。

小分子泛素相关修饰物(small ubiquitin-related modifier, SUMO)是一种新发现的泛素样分子,类似于泛素化修饰。先前的研究表明,NLRP3 SUMO化可根据不同的环境对NLRP3炎症小体的激活进行正调控或负调控,由SUMO化E3连接酶外膜线粒体锚定蛋白连接酶介导的NLRP3 SUMO化

抑制NLRP3炎性小体的激活^[19]。

1.3.2 NLRP3炎性小体磷酸化调控机制

NLRP3炎性小体磷酸化在NLRP3炎性小体的启动和激活过程中都至关重要。在启动阶段, NLRP3 Ser198位点的丝氨酸苏氨酸激酶1(c-Jun N-terminal kinase 1, JNK1)磷酸化被证明是NLRP3去泛素化的前期阶段, 可进一步驱动NLRP3炎性小体的激活^[20,21]。在冷吡啉相关周期性综合征(cryopyrin-associated periodic syndromes, CAPS)小鼠模型中, 通过丝氨酸突变为丙氨酸或抑制JNK1来阻断NLRP3 S194位点的磷酸化, 可以阻止NLRP3炎性小体启动后的进一步激活, 这使得JNK1可能成为CAPS或其他NLRP3相关疾病的潜在治疗靶点。Mortimer等^[22]发现, 蛋白激酶A磷酸化NLRP3炎性小体NACHT结构域Ser295位点, 会促进K48和K63连接的泛素化, 从而抑制NLRP3炎性小体的激活。研究表明, 启动阶段NLRP3的PYD结构域Ser5的磷酸化会破坏NLRP3寡聚化和炎性小体的激活^[23]。蛋白磷酸酶2A可以通过NLRP3的Ser5位点去磷酸化来逆转这一过程。

1.3.3 自噬介导的NLRP3炎性小体调控机制

自噬是一个吞噬自身细胞质蛋白或细胞器并将其包被进入囊泡, 溶酶体和囊泡融合形成自噬溶酶体, 对所包裹的内容物进行降解的过程, 能使细胞满足自身的代谢需要, 并更新一些细胞器。自噬小体可直接封闭和降解NLRP3炎性小体成分, 包括NLRP3、ASC和IL-1 β , 从而抑制NLRP3炎性小体的激活^[24]。线粒体自噬是一种特殊类型的自噬方式, 它清除受损的线粒体, 从而抑制NLRP3炎性小体的异常激活^[25]。抑制自噬/线粒体自噬可导致线粒体ROS和线粒体DNA积累, 进而激活NLRP3炎性小体, 诱导IL-1 β 和IL-18的异常分泌^[16]。几种中药成分如白藜芦醇、小檗碱、穿心莲内酯等可通过增强自噬来抑制NLRP3炎性小体的激活^[20,26]。然而有研究发现, 自噬也可以促进NLRP3炎性小体的激活, 如玉米赤霉烯酮可促进NF- κ B活化, 进而增强自噬过程, 最终激活NLRP3炎性小体^[27]。

综上所述, NLRP3炎性小体激活的精细协调对于维持适当的细胞内稳态和健康至关重要。多种蛋白质参与了NLRP3炎性小体的PTM过程, 从

而改变蛋白质的功能、活性和/或细胞内位置, 进而调控NLRP3炎性小体的活性。另外, 通过自噬途径也可以负向或正向调控NLRP3炎性小体的活化。阐明NLRP3炎性小体稳定性和活性的动力学相关机制, 对深入理解疾病进程中NLRP3介导的炎症反应的有效性和可控性调节至关重要。

2 NLRP3炎性小体在类风湿性关节炎疾病进程中的相关机制

2.1 NLRP3炎性小体基因多态性与类风湿性关节炎发病相关性

NLRP3炎性小体位于染色体1q43-q44区域, 包含转录起始位点上游3 Kb(外显子和内含子)和终止密码子下游2 Kb, *NLRP3*基因上存在大约60个单核苷酸多态性位点(single nucleotide polymorphisms, SNPs)。*NLRP3*基因的多态性与一些常见疾病有关, 如1型糖尿病、炎症性肠病和痛风^[28]。近年来研究发现, NLRP3炎性小体基因单核苷酸多态性与RA易感性密切相关^[29]。研究表明, *NLRP3*基因某些位点突变可能与IL-1 β 的过度释放有关^[30]。RA患者血清和滑膜液中IL-18的高水平表达反映了*IL-18*基因位点的多态性与RA的风险增加相关^[31,32]。Cheng等^[33]的研究明确了NLRP3 rs4612666和rs10754558位点多态性与中国汉族人的RA风险之间存在显著关联, rs4612666和rs10754558 SNPs的C和G等位基因分别与RA高度相关, 表明对RA的易感性增加。NLRP3 rs10754558是一个位于3'-UTR的C>G多态性位点。*NLRP3*基因3'-UTR的突变可能通过影响其mRNA的稳定性来改变炎性小体通路的活性, 并最终调控炎症因子IL-1 β 和IL-18的产生。CARD8是NLRP3炎性小体信号通路的负调控因子, Mathews等^[34]证实, 携带*CARD8*基因rs11672725 T等位基因的RA患者与不携带这种等位基因的患者相比, *CARD8*蛋白基线水平更高。研究表明, NLRP3突变可能参与了不同人群中RA的发展^[34,35]。NLRP3 rs35829419和*CARD8* rs2043211在RA诊断时和用甲氨蝶呤治疗6个月后活动度较高^[36], NLRP3 rs10754558和*CARD8* rs2043211与RA的发展和严重程度相关^[29], NLRP3 rs4612666和NLRP3 rs10754558与抗肿瘤坏死因子治疗的阴性反应相关^[37,38]。此外, Sode等^[38]在一项队列研究

中验证了*NLRP3*基因多态性与RA患者抗TNF治疗反应相关。A20由肿瘤坏死因子 α -诱导蛋白3(tumor necrosis factor α -induced protein 3, *TNFAIP3*)基因编码, 是泛素化依赖性信号传导的有效调节剂。人类*TNFAIP3*基因位点的多态性与许多炎症性疾病有关, 表明A20可预防这些疾病的发病, 降低其严重程度^[39]。

2.2 *NLRP3*表达水平与类风湿性关节炎疾病严重程度

研究已证实, *NLRP3*炎性小体在RA患者单核细胞和巨噬细胞对炎症刺激的反应中表达水平上调^[29,40-43]。Choulaki等^[43]发现, RA患者外周血单核细胞的*NLRP3*、*caspase-1*、*ASC*、*IL-1*和*IL-1 β* 基因表达和*IL-1 β* 分泌明显高于健康对照组。此外, 与健康对照组相比, RA患者的外周血单个核细胞(peripheral blood mononuclear cell, PBMC)中*CARD8*表达较低。与PBMC相似, 直接从RA患者滑膜液中分离的细胞显示炎性小体基因表达增加, 特别是髓系和内皮细胞中, *NLRP3*、*ASC*和*caspase-1*的表达较滑膜中T细胞表达增强, 因此髓系和内皮细胞被认为是滑膜中*IL-1 β* 分泌的主要来源^[44]。静息状态下, *NLRP3*炎性小体在单核/巨噬细胞、树突状细胞和中性粒细胞表达较低, 只有在受到外来病原刺激时才会被诱导表达。虽然中性粒细胞也表达功能性*NLRP3*炎性小体^[45], 但Yang等^[46]发现, RA患者的嗜中性粒细胞存在差异。在嗜中性粒细胞中, *NLRP3*和*ASC*的表达在mRNA和蛋白质水平显著下调。此外, 虽然血清*IL-18*水平与活化的*caspase-1*呈正相关, 但*IL-1 β* 则不会。同时, RA患者中性粒细胞中的*NLRP3* mRNA水平与疾病严重程度呈负相关。这些结果表明, 不同细胞类型对*NLRP3*的刺激表现出不同的反应。当比较活动性和非活动性RA患者的mRNA水平时, 活动性RA患者的*ASC*和*caspase-1*表达水平高于非活动性患者, 这进一步支持了*NLRP3*/*ASC*/*caspase-1*信号通路在RA中的重要性^[33]。

体内研究显示, *NLRP3*、*caspase-1*和*IL-1*在胶原诱导性关节炎小鼠(collagen-induced arthritis, CIA)的血清和膝关节滑膜中的表达增加, *IL-18*基因表达缺失的动物对CIA诱导的关节炎的易感性较低^[47]。并且在RA患者的基底细胞中观察到

NLRP3、*ASC*、*caspase-1*和*pro-IL-1*水平升高^[34]。一项针对骨髓细胞特异性*A20^{-/-}*小鼠的研究表明^[48], *NLRP3*、*caspase-1/11*或*IL-1*受体缺失的小鼠可以延缓关节炎的进展。*ASC*基因敲除几乎抑制了所有典型的炎性小体激活, 在胶原诱导的关节炎模型中保护小鼠免受关节炎侵扰^[49]。综上所述, *NLRP3*炎性小体及其相关分子的表达水平与类风湿性关节炎的严重程度密切相关。通过检测外周血等部位*NLRP3*炎性小体活化相关炎症指标不仅可以反映类风湿性关节炎等炎症性疾病严重程度、阐明疾病发病机制, 还具有成为该类疾病无创诊断分子标志物的潜能。

2.3 *NLRP3*异常激活在类风湿性关节炎疾病进程中的作用机制

RA的发病机制涉及异常的非特异性和特异性免疫反应, 多种细胞因子与RA的发病机制和持续性有关。*NLRP3*炎性小体感知损伤相关的分子病原体, 与*ASC*相互作用, 使*procaspase-1*活化为*caspase-1*, 引起膜孔形成蛋白GasderminD裂解, 导致细胞肿胀、裂解、促炎细胞因子*IL-1 β* 和*IL-18*释放到细胞外, 引发细胞焦亡扩大免疫反应, 并诱导炎症细胞死亡。因此, *NLRP3*可以通过*caspase1/IL-1 β /IL-18*通路刺激类风湿性关节炎滑膜成纤维细胞和外周血中性粒细胞, 引起信号级联的激活和细胞因子、黏附分子和血管生成介质的表达的启动, 介导炎症的发生^[50]。在RA患者的人脐静脉内皮细胞和纤维母细胞样滑膜细胞(fibroblast-like synoviocytes, FLS)中, *TNF- α* /钙网蛋白(calreticulin, CRT)双信号通路通过增强*caspase-1*的作用促进*NLRP3*炎性小体的激活^[51]。动物研究表明, *IL-18*在胶原诱导的大鼠以及Toll样受体(Toll-like receptor, TLR)激动剂酵母聚糖诱导的RA小鼠模型中起作用^[52]。同时, *IL-18*可以促进炎症反应进程和刺激血管的形成^[53,54]。

*NLRP3*炎性小体的激活也受NF- κ B信号通路的调节。NF- κ B是一种促进多种炎症介质表达的转录因子, 参与大多数炎症性疾病的发病机制^[55]。NF- κ B活化和转位到细胞核中后, 可以诱导*TNF- α* 、*pro-IL-1 β* 和基质金属蛋白酶的基因表达, 是RA中炎症和组织降解的典型介质^[56]。因此, NF- κ B信号通路与RA发病机制中的炎症、关节破坏和滑膜增

殖^[57]有关。ROS通过激活kappaB抑制因子激酶(inhibitor of kappa B kinase, IKK)复合物以及NF- κ B通路的信号转导, 诱导核因子抑制蛋白 α (inhibitor kappa B alpha, I κ B α)必需调节因子的分子间二硫连接, 导致促炎因子的分泌, 从而促进NLRP3和pro-IL-1 β 的表达, 为NLRP3炎性小体的激活提供启动信号。Zhang等^[58]通过动物实验研究发现, LPS诱导急性肺损伤大鼠肺组织中Toll样受体4(Toll-like receptor 4, TLR4)、NF- κ B表达显著上调。而核因子E2相关因子2(nuclear factor E2 related factor 2, Nrf2)激活介导的增强抗氧化反应可清除ROS并维持TXNIP, 导致ROS启动的NF- κ B信号通路受到抑制^[59]。

研究表明, 调节性T细胞(Treg)/T辅助17(Th17)细胞失衡可能在类风湿性关节炎的进展中发挥作用^[60]。据报道, Treg/Th17细胞平衡可能通过信号转换器和激活转录信号传导及转录激活蛋白(signal transducer and activator of transcription, STAT)/NLRP3轴或NF- κ B信号引起失衡, 诱导关节炎的产生^[61]。Th17细胞通过分泌白细胞介素17A和TNF α 介导促炎反应, 导致组织破坏以及关节软骨和骨骼的损伤。同时, IL-1 β 和IL-18作为先天免疫过程中P2X7R激活的主要产物, 促进Th17和Th1细胞分化, 减少Treg细胞生成, 增强淋巴细胞IL-2受体的表达^[62]。

一些实验动物模型已用于研究NLRP3炎性小体在RA中作用的潜在机制。如在胶原诱导的关节炎小鼠模型中, 滑膜组织中的NLRP3表达水平升高, 并且与关节炎严重程度和放射破坏程度相关^[63]。在CIA诱导的关节炎大鼠中, 琥珀酸在滑膜中的积累通过调节与纤维化相关的缺氧诱导因子1 α 多肽(hypoxia-inducible factor 1-alpha, HIF-1 α)转录来诱导NLRP3活化^[64]。人脐带血来源的骨髓间充质干细胞在小鼠体内的全身递送通过IL-1 β 信号的反馈回路下调NLRP3炎性小体激活, 从而改善CIA的严重程度^[65]。MicroRNAs也参与了RA的发病机制。先前的研究表明, miRNA-20a通过靶向TXNIP在佐剂诱导关节炎(adjuvant arthritis, AA)大鼠的FLS中下调NLRP3炎性小体的表达^[66]。这些结果表明, NLRP3炎性小体参与了RA的发病机制。

3 以NLRP3信号通路为靶点治疗类风湿性关节炎的相关药物

在类风湿性关节炎疾病的进展过程中, 机体受到有害刺激后就会触发炎症反应的信号通路, 引起促炎因子的释放, 加重疾病发展。越来越多的研究证明, 抑制NLRP3通路可改善RA症状, 表明NLRP3通路在RA的严重程度中起重要作用^[3]。所以有人提出, NLRP3可能是RA的一个治疗靶点, 为其治疗提供了一种途径。炎性小体靶向治疗关节炎疾病, 可以通过两种方法进行。第一种方法主要是直接抑制特定的炎性小体成分; 第二种方法则是间接抑制细胞因子IL-1 β 和IL-18信号通路。

目前已经发现了几种NLRP3炎性小体抑制剂: MCC950是一种选择性NLRP3抑制剂, 能够抑制单核细胞和巨噬细胞NLRP3炎性小体的活化, 使其浸润滑膜, 减轻关节炎症和骨破坏程度; VX-740及其类似物VX-765是caspase-1的拟肽抑制剂, 并且通过对caspase-1活性位点的半胱氨酸残基进行共价修饰, 阻断pro-IL-1 β 和pro-IL-18的裂解, 减轻RA的炎症状态^[67]。

Th17已经被证实在RA中NLRP3炎性小体的下游级联反应中起重要作用^[61]。Jin等^[68]首先发现, 保护素DX通过miR-20a抑制NLRP3炎性小体激活, 下调Th17细胞数量和促炎细胞因子分泌, 上调Treg数量和抗炎细胞因子分泌, 降低NLRP3的表达水平, 抑制CASP-1/IL-1 β 轴的激活, 恢复Treg/Th17细胞之间的平衡状态。RNA结合蛋白锌指蛋白36(tristetraprolin, TTP)是一种抗炎因子, 可促进靶mRNA的衰减进程, 参与类风湿性关节炎等炎症性疾病发病过程^[69]。多巴胺受体激活后可以抑制IKK α /I κ B α /NF- κ B通路和NLRP3 mRNA的表达^[18]。骨髓间充质干细胞抑制IL-1 β 的产生和TNF- α 的分泌^[65]。芦可替尼通过抑制非受体酪氨酸激酶2(Janus kinase 2, JAK2)/STAT3通路, 抑制NLRP3炎性小体^[70]。

研究发现, 许多中药制剂可以改善类风湿性关节炎的病情, 如芍药苷单体衍生物抑制TLR4/NLRP3/GSDMD信号通路, 从而抑制巨噬细胞的坏死^[71]。瑞香皮及其甘草制品通过抑制TLR4/NF- κ B/NLRP3信号通路减轻炎症的发展^[72]。钩吻草中的钩

吻素子可以抑制ROS/NF- κ B/NLRP3轴及IL-1 β 分泌,从而阻断炎症的发生发展^[73]。

4 总结

综上所述,NLRP3炎性小体作为一个感知内源性或外源性环境危险刺激的炎症分子,通过调节细胞因子的分泌参与先天免疫和适应性免疫,成为先天性免疫和适应性免疫的一个重要连接点。本文系统阐述了NLRP3炎性小体的结构与活化调控机制,及其在类风湿性关节炎中的相关机制,为阐明以类风湿性关节炎为代表的炎症性疾病发病机制提供了理论基础。尽管越来越多的研究表明,NLRP3信号通路在类风湿性关节炎的发病机制中发挥重要作用,但NLRP3炎性小体在类风湿性关节炎中如何行使复杂生物学作用的分子机制还需进一步研究。

近年来,以NLRP3为靶点的抑制剂开发一直在大力推进。因此,持续深入研究NLRP3与类风湿性关节炎之间激活与抑制的相关机制,将为发现该类疾病诊疗靶点提供理论与实践基础,并为类风湿性关节炎和其他自身免疫性疾病的治疗提供新思路和新方向。

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