



# 微/纳塑料穿透机体生物屏障及其健康效应

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**摘要** 由于塑料的生产量和废弃量逐年急剧递增, 微/纳塑料环境污染问题日益凸显, 已成为全球关注的重大环境问题. 微/纳塑料具有尺寸小、难降解、易迁移等特点. 食物、水体、空气及日用品中的微/纳塑料能够通过消化道、呼吸道及皮肤接触等途径进入人体, 对组织器官产生毒性效应, 危害人体健康. 本文聚焦微/纳塑料的毒性效应与健康风险研究热点, 系统梳理了微/纳塑料在人体、模式动物及典型人源细胞中的相关研究, 评述了微/纳塑料的主要机体暴露途径及其穿透胃肠道屏障、肺部屏障、皮肤屏障的能力; 分析了微/纳塑料透过机体血液循环发生血肝转移、血脑转移、血睾转移、血胎转移并在各器官中蓄积的行为过程与主控因素; 阐述了微/纳塑料对机体不同组织和器官的毒性效应及其潜在作用机制; 探讨了当下微/纳塑料健康风险研究面临的瓶颈及关键技术难点; 提出了未来研究应当对微/纳塑料的精确定性定量方法、载体效应、流行病学调查等方面加以注重, 以期为进一步指导微/纳塑料人体健康效应研究奠定基础.

**关键词** 微/纳塑料, 人体屏障, 健康效应, 致毒机制

微/纳塑料(micro/nanoplastics, M/NPs)通常分别指代直径介于1  $\mu\text{m}$ ~5 mm和1 nm~1  $\mu\text{m}$ 的塑料颗粒、纤维或碎片<sup>[1]</sup>. 根据其产生途径, 可将M/NPs分为初生和次生两类. 初生M/NPs是人为制造的小粒径塑料颗粒, 例如洗护用品、清洁用品中的塑料微珠. 次生M/NPs则是由较大塑料碎片经一系列自然分解、风化后形成的微小塑料<sup>[2]</sup>. 国内外大量研究表明, M/NPs已遍及水体、土壤、大气等环境介质中<sup>[3-5]</sup>, 甚至在远离人类活动的极地和海洋沉积物中也发现了它们的踪迹<sup>[6-8]</sup>. M/NPs粒径小、数量多、分布广、降解难, 可经口暴露、经呼吸道暴露及经皮肤暴露等多种途径进入人体(图1), 进而对机体健康产生负面影响. 其中, 经口暴露被认为是M/NPs进入人体的主导途径, 暴露主要源自摄入含有

M/NPs的水和食物<sup>[9-11]</sup>. 研究显示在饮用水<sup>[9]</sup>、鱼类<sup>[10]</sup>和贝类<sup>[11]</sup>等水生生物、生菜和水稻<sup>[12]</sup>等农作物以及食盐调味料<sup>[13]</sup>中皆检出了M/NPs. 在风力、重力等作用下, M/NPs可在大气环境中迁移传输, 有可能被人体吸入呼吸道并进入肺部<sup>[14]</sup>. 此外, M/NPs还可能通过皮肤接触而被人体吸收. 个人护理用品如防晒霜、磨砂膏等是M/NPs的常见载体, 频繁使用会增加M/NPs与皮肤的直接接触, 提高M/NPs跨越皮肤屏障进入人体的可能性<sup>[15]</sup>. 一旦M/NPs通过上述任何途径进入人体, 它们会相应地在胃肠道、肺部和皮肤肌肉组织中富集, 并通过氧化损伤等方式破坏机体生物屏障, 最终进入到血液循环系统中, 并在全身血液流动过程中转移到机体其他器官或组织中. 目前, 已有学者在人体血液、肺

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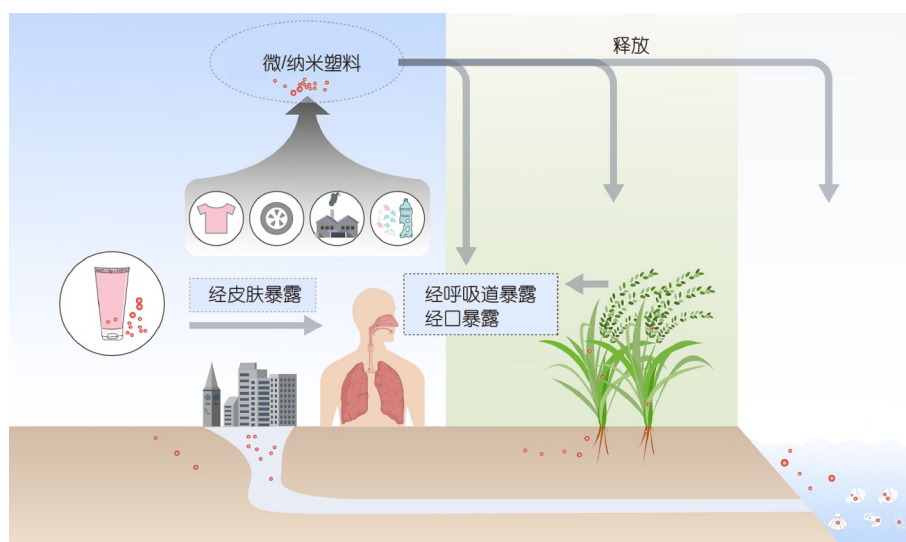


图 1 人体微/纳塑料暴露途径

Figure 1 Human exposure pathways of micro/nanoplastics

部、结肠、肝脏、血栓、乳汁以及胎盘组织中分离并鉴别出M/NPs<sup>[13,16-20]</sup>。M/NPs的健康效应与其在重要器官或组织中的蓄积分布密切相关,而M/NPs穿透机体生物屏障是其进一步在不同器官中发生转移和累积的前提。基于此,本文首先系统总结了M/NPs穿透机体主要生物屏障的能力及影响因素,解读了M/NPs在机体内重要器官的转移过程;其次,聚焦重要器官,梳理了M/NPs的毒性效应及分子作用机制;最后,从M/NPs示踪定量方法、毒性暴露实验设计、复合污染毒性效应等方面对M/NPs人体健康风险评估的研究现状、前景及瓶颈进行了分析与展望。

## 1 微/纳塑料的主要机体暴露途径

食物、水体、空气及日用品中的M/NPs能够通过消化道、呼吸道及皮肤接触等途径进入人体<sup>[19]</sup>。在胃肠道、肺部及皮肤组织中积累的M/NPs可以穿透肠道、肺及皮肤屏障,进入人体血液循环系统,并最终到达组织器官内部,对机体产生毒性效应。

### 1.1 经口暴露

食用被M/NPs污染的农产品、水产品、饮用水等是M/NPs进入人体的主要途径<sup>[13,18,20]</sup>。经口摄入的M/NPs将经过食管到达胃肠道<sup>[21]</sup>。研究发现,蓄积于肠道组织中的M/NPs可导致肠上皮细胞产生氧化应激,诱发肠道炎症,抑制黏液分泌,影响肠道微生物正常群落结构及生理功能<sup>[17]</sup>,进而损害肠道屏障功能,甚至引发肠

漏<sup>[16,22,23]</sup>。有学者利用激光共聚焦显微镜研究了人体结肠黏膜组织对MPs(3  $\mu\text{m}$ )的吸收,发现该组织仅能吸收极微量的MPs(< 0.1%)<sup>[24]</sup>。尽管如此,肠道长期持续吸收低剂量M/NPs所诱发的风险不应被忽视。此外, Schmidt等人<sup>[24]</sup>通过对肠道疾病患者的结肠组织分析,发现炎症感染提高了肠道对M/NPs的跨膜转运。也有研究发现, M/NPs穿透肠道屏障易位到体内其他器官的效率随其粒径的降低而呈现出增加的趋势<sup>[25]</sup>。在体外肠上皮细胞模型中开展的NPs暴露实验结果表明,塑料颗粒的粒径和表面电荷是影响其易位的主要因素<sup>[26]</sup>。具体而言, 50 nm聚苯乙烯纳米塑料(PS-NPs)的易位率为7.8%, 而100 nm PS-NPs的易位率仅为0.8%; 负电荷PS-NPs的易位率为4%, 而正电荷PS-NPs的易位率只有0.6%。在以小鼠为模式动物的研究中,通过灌胃或饮用水暴露方式,不仅在小鼠的肠道系统中检出了M/NPs,还在其他部位如血液、肝脏、胎盘等组织中发现了M/NPs的存在<sup>[27-29]</sup>。上述结果证实了经口腔摄入的M/NPs能够被肠道吸收,并经由血液循环系统转移到其他器官。另有研究发现,经口摄入5  $\mu\text{m}$  MPs在小鼠肠道、肝脏、肾脏中的分布存在显著差异,但在20  $\mu\text{m}$  MPs暴露处理中,三种器官之间MPs的累积并无差异<sup>[30]</sup>。这说明颗粒尺寸是影响肠道对M/NPs吸收的重要因素。

### 1.2 经呼吸暴露

空气中的M/NPs可随呼吸作用进入人体肺部<sup>[31,32]</sup>。吸入呼吸道的M/NPs一部分会被黏液清除,另一部分则

会沿呼吸道进入肺部,与肺液和肺细胞发生相互作用,并诱导肺泡细胞产生氧化应激和炎症反应,甚至引起肺上皮细胞死亡,最终导致肺上皮屏障功能受损<sup>[33]</sup>。一旦肺上皮细胞间紧密连接组织遭到破坏,M/NPs便可经由肺上皮细胞间隙进入血液循环系统<sup>[34]</sup>。有学者基于所构建的体外肺部细胞(BEAS-2B)模型,研究了M/NPs暴露对人体肺部屏障功能的影响,发现M/NPs暴露降低了BEAS-2B细胞活力<sup>[33]</sup>,并通过氧化应激诱导紧密连接蛋白ZO-1磷酸化,进而损伤肺部屏障功能<sup>[35]</sup>。此外,一些学者以啮齿类动物为研究对象,探讨了呼吸暴露下,M/NPs穿透肺部屏障的可能性。例如,Eyles等人<sup>[36]</sup>将大鼠鼻腔暴露于1.1  $\mu\text{m}$ 羧基修饰的PS-MPs后,在大鼠的鼻淋巴组织和脾脏中检测出了PS-MPs,表明其可通过淋巴系统转移至血液中,并在血液循环过程中进入脾脏。Fournier等人<sup>[37]</sup>通过气管灌注方式,将孕鼠暴露于20 nm PS-NPs下,24 h后在母体的肺部、心脏、脾脏和胎盘组织中均检出PS-NPs,同时在胎儿的肝、肺、心脏、肾脏和脑中也测出PS-NPs,表明PS-NPs可从孕鼠肺部转移到胎儿的器官组织中。总体而言,与MPs相比,NPs因粒径小、反应活性高,因而具有更强的屏障穿透能力及更高的体内转移风险<sup>[38]</sup>。因此,后续研究应当关注不同粒径塑料颗粒在机体重要器官中的分布差异和影响因素,以及最终对人体的健康风险。

### 1.3 经皮肤暴露

皮肤由表皮、真皮和皮下层组成,是抵御外源微生物和大分子化学物质的主要屏障。研究发现,人们日常使用的个人护理产品如化妆品、洗面奶、牙膏等含有多种类型的M/NPs<sup>[39]</sup>。在使用过程中,皮肤不可避免地与产品中的M/NPs直接接触,引发了人们对M/NPs突破皮肤屏障对机体造成潜在健康危害的担忧。通常,颗粒态污染物主要通过两种方式穿透皮肤屏障:一是直接穿过表皮细胞,二是通过毛囊、汗腺等皮肤附属物进入。然而,目前仍缺乏M/NPs穿透皮肤屏障能力的研究<sup>[40]</sup>。研究报道,纺织品中的工程纳米颗粒有可能以非常微小的量渗透进皮肤组织<sup>[41]</sup>。Campbell等人<sup>[42]</sup>通过体外皮肤实验,发现NPs(20~200 nm)可以穿过皮肤最外部的角质层(2~3  $\mu\text{m}$ ),但无法穿透角质层到达表皮活细胞,因此也难以通过皮肤进入人体内的其他器官。尽管现有数据显示M/NPs不易直接透过表皮细胞进入体内,但Schneider等人<sup>[43]</sup>指出M/NPs可通过伤口、汗腺或者毛囊进入人体。Alvarez-Román等人<sup>[44]</sup>利用PS-NPs

(20和200 nm)和猪皮研究了纳米颗粒穿过皮肤的能力及其在皮肤组织中的分布,结果显示颗粒粒径越小,聚集在毛囊中的数量越多,进入机体的可能性越大。虽然目前尚缺乏M/NPs穿透皮肤屏障的直接数据,但有学者认为,一方面人体运动会致毛孔变大,另一方面汗腺分泌液中的有机组分会提高纳米颗粒的胶体稳定性,这两个因素均有利于外源颗粒物经毛孔进入皮肤<sup>[45]</sup>。因此,尚需关注不同场景,如运动、皮肤损伤等情况下M/NPs穿透皮肤屏障的可能性。同时,M/NPs自身的理化特征,尤其是颗粒粒径和表面电负性,是影响其与生物界面相互作用的关键因素。因此,应系统地评估这些因素对M/NPs穿透皮肤屏障的影响。

## 2 微/纳塑料在机体中的转移蓄积

M/NPs穿透胃肠道黏膜屏障、肺部气血屏障及皮肤屏障进入人体血液后,可在范德华力、静电引力、氢键和疏水作用下吸附于红细胞表面或被其内化,进而降低M/NPs在血液循环过程中被肝脏和脾脏清除的可能,延长其在血液中的停留时间,增加其转移到其他次级器官的风险<sup>[46]</sup>。

### 2.1 血肝转移

肝脏屏障是肝脏抵御外源和内源毒素的重要屏障<sup>[47]</sup>,其中血液-肝细胞屏障是肝脏屏障的重要组成部分。当物质从血液进入肝脏时,血肝屏障能进行选择性过滤,调控血液和肝细胞之间的物质交换<sup>[48]</sup>。因此,血肝屏障的完整性在维持肝脏正常生理功能,防止血液中的外源污染物和毒素进入肝脏方面有着重要意义。目前仍缺少关于M/NPs穿透血肝屏障进入人体肝脏组织的直接证据,但已有报道证实啮齿类生物中存在这一转移途径<sup>[49]</sup>。Deng等人<sup>[50]</sup>在小鼠饮用水中添加荧光标记的M/NPs,其后在小鼠肝脏中检出M/NPs的荧光信号,表明经口摄入的M/NPs可以转移到肝脏组织中。该项研究提出生物体内的M/NPs存在消化道-血液-血肝屏障-肝脏的传输路径。类似地,Li等人<sup>[51]</sup>同样发现进入消化道的M/NPs可以穿透肠道屏障和血肝屏障,富集在肝脏组织中,并且肝脏中M/NPs的富集程度往往与暴露时间成正比,与颗粒大小成反比。

### 2.2 血脑转移

血脑屏障是体循环和脑实质之间的高度选择性界面<sup>[52]</sup>,能够阻止血液中的有害物质进入脑组织。血液中

的M/NPs能否穿透血脑屏障进入大脑,是其会否引起脑损伤及导致脑内神经毒性的关键。目前尚无直接证据表明M/NPs可以穿透血脑屏障在人体脑组织中累积,但有学者指出,NPs因具有与金属基人工纳米颗粒相似的尺寸效应,存在经由血液循环系统转移至大脑的风险<sup>[53]</sup>。一项小鼠吸入暴露实验研究发现,吸入含有PS-NPs(80 nm)的气溶胶后,在小鼠脑组织中检出PS-NPs,说明纳米级塑料颗粒可通过肺部-血液-血脑屏障路径转移至大脑中<sup>[54]</sup>。Shan等人<sup>[55]</sup>通过灌胃方式探究了PS-NPs(50 nm)经口暴露后在小鼠体内的转移,发现胃肠道中累积的PS-NPs可以穿透肠道屏障和血脑屏障,并转移到小鼠大脑中。同时,该研究提出,血脑屏障的紧密连接结构(tight junction, TJ)受损以及小鼠胶质细胞BV2对PS-NPs的内吞作用是PS-NPs进入大脑的关键机制<sup>[55]</sup>。另外,基于NPs在人神经母细胞瘤SHSY-5Y细胞中的毒性实验,纳米塑料颗粒已被证实可以穿透血脑屏障并增加神经退行性疾病的发病率<sup>[56]</sup>。

### 2.3 血睾转移

毛细管血液与生精小管之间形成的血睾屏障能够有效阻止血液系统中的有害物质进入生精上皮,维持有利于精子形成的环境。穿透血睾屏障进入睾丸中的M/NPs将引发生殖毒性,如抑制精子生成、降低精子活力与质量等<sup>[57,58]</sup>。已有研究表明M/NPs能够穿透血睾屏障并存在诱发哺乳动物生殖毒性的风险。据报道,M/NPs暴露会引起活性氧(ROS)产生并诱导蛋白酶复合物mTORC1和mTORC2失衡,导致F-肌动蛋白紊乱,降低血睾屏障中连接蛋白表达,并最终破坏血睾屏障的完整性,提高M/NPs穿透血睾屏障的风险<sup>[59]</sup>。Amereh等人<sup>[60]</sup>通过灌胃方式,使小鼠连续35 d接受荧光标记M/NPs(25和50 nm)的暴露,其后利用动物活体成像技术示踪M/NPs的荧光信号,发现M/NPs主要累积在小鼠睾丸组织中。类似地,Jin等人<sup>[58]</sup>对M/NPs(500 nm、4  $\mu\text{m}$ 、10  $\mu\text{m}$ )暴露24 h后的小鼠睾丸进行荧光成像,也发现经口摄入的M/NPs(4  $\mu\text{m}$ 、10  $\mu\text{m}$ )能够经肠道-血液途径转移至睾丸组织中。值得注意的是,在这项研究中,作者并没有在睾丸中检测到500 nm NPs的存在。该结果有悖于人们对纳米颗粒具备穿透生物屏障能力的认知。一般认为,颗粒粒径越小,其穿透生物屏障的能力越强。随着国内外学者对M/NPs研究的逐渐深入,学界逐渐意识到使用荧光标记M/NPs示踪其在复杂生理环境中的吸收与分配过程存在一些难以克服的困难,

例如在胃肠道强酸环境及机械作用下,M/NPs可能发生降解或破碎等,导致其内部标记的荧光染料泄露,干扰研究结果的准确性<sup>[61]</sup>。因此,简单通过示踪荧光染料的信号判断M/NPs穿透生物屏障的能力或评估其在生物体内的分布特征,可能会限制甚至误导人们对M/NPs在生物体内转移风险的认知。

### 2.4 血胎转移

胎盘是维持胎儿正常生长的临时性器官,而胎盘屏障的建立是正常妊娠的基础<sup>[62]</sup>。2020年,意大利科学家Ragusa等人<sup>[63]</sup>分析了6位分娩女性的胎盘,在其中4个胎盘中共计检测出12片大小不等、形状不一的MPs(5~10  $\mu\text{m}$ ),其中5片在胎儿侧,4片在母体侧,3片在绒毛膜上。这项研究首次证实了环境MPs暴露可以穿透胎盘屏障进入胎盘组织。无独有偶,Braun等人<sup>[64]</sup>对人的胎盘及胎粪进行M/NPs检测,发现胎盘和胎粪中存在聚乙烯、聚丙烯、聚苯乙烯和聚氨酯四种类型的M/NPs,表明经血胎屏障进入胎盘的M/NPs能够进一步传递给胎儿。此外,一项基于离体人体胎盘模型的研究报道了NPs(300 nm)在母体和胎儿间的转移,结果表明NPs可以穿透人体胎盘屏障,在母体和胎儿间进行双向转移,且与羧基修饰的NPs相比,氨基修饰的NPs表现出更强的跨屏障能力<sup>[65]</sup>。

综合临床实验、体外和小鼠体内实验可以推断,环境相关浓度暴露下M/NPs能够穿透人体的一些重要生物屏障,在不同组织器官中蓄积,产生不同程度的毒性(图2)。虽然这一观点学界已逐步形成共识,但有关M/NPs跨越不同屏障的粒径阈值尚无定论。一方面,现有研究普遍采用荧光标记M/NPs判断其在机体组织器官中的分布,然而荧光示踪方法有其局限性,如生物组织自发荧光干扰、荧光染料泄露、荧光自发衰退等,可能导致结果呈假阳性。另一方面,目前尚无标准化的M/NPs毒性测试方法,不同研究使用的暴露程序不一,可能导致研究结果各异。此外,暴露剂量和暴露时间的不同可能会对生物屏障功能造成不同的毒性损伤,导致能够穿透屏障的M/NPs粒径阈值发生变化。因此,发展稳定可靠、微量精确的生物体内M/NPs检测方法,建立统一标准化的M/NPs毒性评价体系,是准确评判M/NPs穿透机体生物屏障能力及其负面效应的关键。

## 3 微/纳塑料的机体毒性效应及作用机制

基于体外人体细胞培养和模式动物暴露实验的结

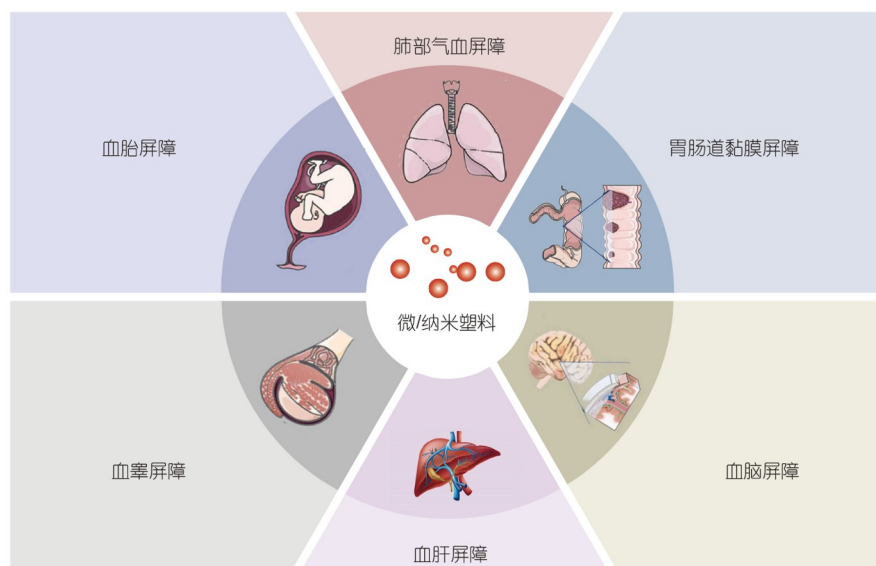


图2 微/纳塑料穿透生物屏障及其在器官中的转移与蓄积

Figure 2 Penetration of micro/nanoplastics biological barriers and their translocation and accumulation in organs

果, 环境中的M/NPs能够通过多种暴露途径进入人体, 穿透人体重要生物屏障, 在体内不同组织和器官中蓄积, 引发氧化应激、慢性炎症、细胞毒性等(图3)。

### 3.1 胃肠道毒性

进入肠道的M/NPs可与肠细胞直接接触或被其吸收, 引发肠道氧化损伤和免疫反应<sup>[17,66]</sup>。Wu等人<sup>[67]</sup>发现200  $\mu\text{g/mL}$  100 nm和5  $\mu\text{m}$ 的聚苯乙烯M/NPs能够诱导人结直肠腺癌细胞(Caco-2)产生过量ROS, 破坏线粒体正常功能, 抑制质膜转运蛋白活性, 并最终降低细胞活力。同时, 该研究发现胞内100 nm M/NPs的积累可使溶酶体解体, 进而诱发细胞凋亡。与M/NPs的接触还会致胃肠道发生炎症反应<sup>[68]</sup>。Forte等人<sup>[69]</sup>将胃癌细胞AGS暴露于聚苯乙烯M/NPs(100 nm, 10  $\mu\text{g/mL}$ )中, 发现AGS炎症因子IL-6及IL-8基因表达水平显著上调。Li等人<sup>[68]</sup>以600  $\mu\text{g/d}$ 为暴露剂量, 暴露15周后, 发现聚乙烯M/NPs可通过激活TLR4信号引起小鼠肠道炎症。

长时间暴露于M/NPs会影响小鼠肠道组织的正常生理结构。研究报道, 暴露于氨基修饰聚苯乙烯M/NPs(70 nm和5  $\mu\text{m}$ , 2  $\text{mg}/(\text{kg d})$ )后, 可观察到小鼠肠道隐窝受损, 肠皱褶和绒毛消失, 肠、胃、黏膜壁变薄, 炎症渗出层的出现等<sup>[70]</sup>。此外, 肠道M/NPs的累积还会影响肠道屏障功能, 破坏肠上皮细胞间紧密连接结构, 提高肠道通透性, 从而增加M/NPs和肠道内毒素进入体内循环系统的风险<sup>[71,72]</sup>。从基因水平上, Luo等人<sup>[73]</sup>发现PS-

MPs(5  $\mu\text{m}$ , 100和1000  $\mu\text{g/L}$ )暴露显著降低了小鼠结肠和回肠中紧密连接蛋白(ZO-1和Claudin-1)和黏液蛋白基因(*Muc1*、*Muc2*、*Muc3*、*Klf4*、*Meprin- $\beta$* 和*retnlb*)的表达, 意味着肠道机械屏障和黏液屏障功能受损。同时, 进入肠道的M/NPs还会改变肠道菌群的结构与组成, 干扰细菌功能基因的关键代谢途径, 使肠道生物屏障功能失调<sup>[17]</sup>。需要关注的是, 肠道菌群多样性的变化不仅影响宿主对营养物质的吸收与代谢, 某些菌属的形成还可能诱导肠道炎症的发生<sup>[70]</sup>。例如, 已有研究证实厚壁菌门和双歧杆菌等肠道微生物可以促进Treg细胞分泌抗炎细胞因子IL-10<sup>[74,75]</sup>。

胃肠道是一个酸性环境, 蠕动过程中可以改变M/NPs的理化性质, 从而影响其毒性。例如, 肠腔中丰富的蛋白和多糖易通过亲水作用吸附在M/NPs的表面形成蛋白冠, 这种冠状结构将赋予M/NPs新的理化特征, 进而影响M/NPs与细胞微界面生物过程及毒性效应<sup>[76]</sup>。此外, Bakir等人<sup>[77]</sup>模拟了体外胃肠液环境, 发现聚氯乙烯和聚乙烯塑料颗粒能够解吸出对氯苯基三氯乙烷、菲、全氟辛酸和邻苯二甲酸二(2-乙基己)酯等有害物质。这些解吸的有机污染物势必加剧肠道毒性。因此, 有必要深入研究M/NPs在胃肠道中的转化过程, 建立M/NPs关键特性与肠道毒性间的关系。

### 3.2 肺毒性

经呼吸道吸入的大部分M/NPs可被黏膜纤毛清除,

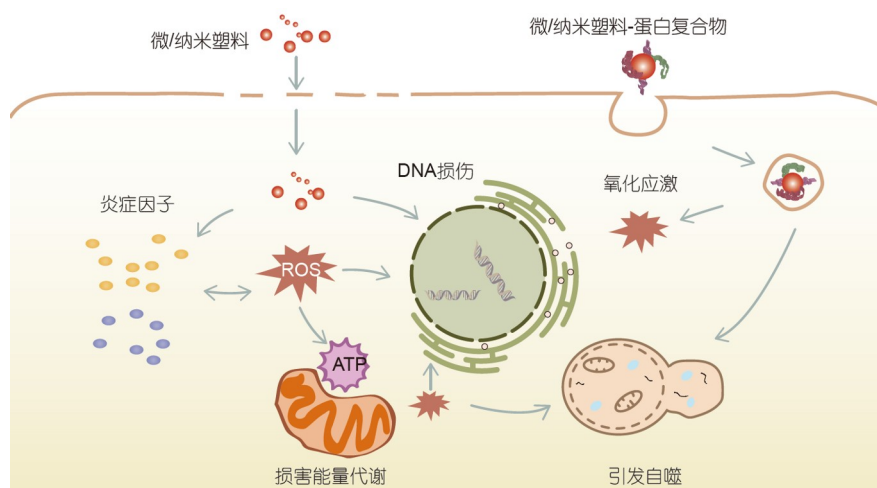


图 3 微/纳塑料的潜在毒性作用机制  
Figure 3 Potential toxic mechanisms of micro/nanoplastics

但部分M/NPs,尤其是尺寸较小的颗粒可在肺部蓄积,进而引发局部生物毒性<sup>[78]</sup>。研究表明,高浓度的M/NPs能降低 $\alpha 2$ -抗胰蛋白酶的水平和,导致中性粒细胞弹性蛋白过度游离,弹性蛋白降解,从而破坏肺弹性并最终导致气道阻塞<sup>[79,80]</sup>。然而,有关M/NPs致肺部病变的相关研究及致病机制尚处于起步阶段。一些学者基于体外细胞实验,发现PS-NPs(60 nm, 20  $\mu\text{g}/\text{mL}$ )可以通过诱导人肺上皮细胞BEAS-2B细胞过量累积ROS,引发细胞毒性和炎症反应,导致细胞自噬,并破坏上皮细胞层结构<sup>[81]</sup>。此外, M/NPs的肺毒性呈现出尺寸依赖效应,纳米级颗粒具有更强的细胞毒性<sup>[82,83]</sup>。Xu等人<sup>[84]</sup>发现25 nm(25和30  $\mu\text{g}/\text{mL}$ )和70 nm(160、220和300  $\mu\text{g}/\text{mL}$ )的PSNPs显著降低了人肺癌细胞A549的活性,使其细胞周期受阻,并提高了促炎细胞因子和调节核因子NF- $\kappa\text{B}$ 的表达。另外,与无修饰PSNPs(60 nm)相比, PSNPs表面氨基修饰能够诱导BEAS-2B细胞产生更多的ROS,引起内质网应激反应,最终加速细胞的自噬<sup>[81]</sup>。Lim等人<sup>[85]</sup>比较了不同浓度60 nm PS-NPs对BEAS-2B的细胞毒性,发现只有高剂量暴露(50  $\mu\text{g}/\text{L}$ )显著抑制细胞的生长,而低剂量暴露下(10  $\mu\text{g}/\text{L}$ ),仅在代谢水平上观察到变化。

### 3.3 肝脏毒性

肝脏是人体内最大的实质性器官,在人体代谢和解毒方面发挥着重要作用。M/NPs进入机体后可以通过循环系统积聚在肝脏中<sup>[86]</sup>,导致肝组织损伤并影响肝功能。目前,有关M/NPs对人体肝部暴露的流行病学

尚未完善,但现有人体肝细胞和模式动物对M/NPs暴露的生物学响应研究可为理解M/NPs的人体肝毒性提供重要参考。从细胞水平上, Lin等人<sup>[87]</sup>发现, PS-NPs(80 nm, 0~0.25  $\text{mg}/\text{mL}$ )暴露对人肝细胞L02的增殖无明显抑制效应,但可通过干扰线粒体电子传递损害其正常的代谢功能。体内暴露实验也同样发现M/NPs暴露能够抑制小鼠肝脏参与脂肪生成和甘油三酯合成相关基因的表达,致肝脏糖脂代谢紊乱<sup>[88]</sup>。此外,小鼠连续30 d饮用含PS-MPs的水(0.5  $\text{mg}/\text{d}$ )后,发现PS-MPs在小鼠肝脏中的积累能够增加糖酵解通量,诱导ROS产生和钙离子过载,引发肝细胞氧化应激,导致肝细胞凋亡,最终使肝组织发生明显的病理学改变<sup>[51,89]</sup>。Mu等人<sup>[90]</sup>发现,以灌胃方式进入小鼠体内的MPs(5  $\mu\text{m}$ , 0.5和1  $\text{mg}/\text{mL}$ )显著提高了小鼠肝组织中炎症因子IL-1 $\beta$ 和IL-18蛋白的表达,并导致肝组织出现明显的出血和炎症反应。相关研究还证实, M/NPs致肝毒性的强弱受其尺寸调控。例如, Deng等人<sup>[50]</sup>的研究结果表明,与5  $\mu\text{m}$ 的MPs相比,粒径为20  $\mu\text{m}$ 的MPs更容易在雄性ICR小鼠肝组织中蓄积,并造成更多的脂滴在肝组织中累积和更严重的不良反应。

### 3.4 生殖毒性

越来越多证据表明, M/NPs暴露能够引发炎症、氧化应激或激活某些信号通路对哺乳动物产生生殖毒性。经口暴露的PS-MPs(4和10  $\mu\text{m}$ )可以穿透小鼠血睾屏障,诱导睾丸产生炎症反应,并使生精细胞排列混乱、形态发生变异,甚至脱离生精小管,造成小鼠睾酮水平和

精子质量显著下降<sup>[58]</sup>。睾丸炎症的发生还将加剧精子的畸形化。Hou等人<sup>[91]</sup>研究表明, PS-MPs(5  $\mu\text{m}$ , 0.6~60  $\mu\text{g/d}$ )暴露能够激活NF- $\kappa\text{B}$ 信号通路, 促进促炎分子NF- $\kappa\text{B}$ 和炎症因子IL-1 $\beta$ 和IL-6的表达, 抑制抗炎分子Nrf2/HO-1的表达, 进而诱导各级精细胞萎缩, 脱落和凋亡。基于免疫组织化学分析, Xie等人<sup>[92]</sup>证实氧化应激及p38 MAPK信号通路的激活是MPs致小鼠精子畸变、数量减少及代谢相关酶(乳酸盐脱氢酶和琥珀酸脱氢酶)活性降低的主要原因<sup>[93]</sup>。近期, Zhao等人<sup>[94]</sup>构建了一个全生命周期暴露于PS-MPs(0.5  $\mu\text{m}$ , 50 mg/L)的动物模型(从受精卵形成到雄性后代均暴露于PS-MPs中), 利用RNA-seq技术, 证实了PS-MPs暴露能够通过影响睾丸发育中涉及的重要生物过程, 包括初级胚层形成、组蛋白甲基化、泌尿生殖系统发育、类固醇激素介导的信号通路、对类固醇激素的反应和激素生物合成过程的调节, 使小鼠睾丸发育迟缓, 精子功能发生障碍, 小鼠的繁殖率下降。此外, MPs(0.8  $\mu\text{m}$ , 30 mg/kg)暴露也能影响雌性小鼠卵泡的发育和卵母细胞的成熟, 降低卵母细胞的质量<sup>[95]</sup>。An等人<sup>[72]</sup>研究发现, 长期饮用含MPs(0.5  $\mu\text{m}$ , 1.5 mg/d)的水源暴露显著降低了雌性小鼠体内的抗缪勒管激素水平, 激活了Wnt/ $\beta$ -连环蛋白信号通路, 使卵巢颗粒细胞纤维化, 并引发氧化应激反应, 致卵巢颗粒细胞凋亡和卵泡数量增加。

### 3.5 遗传毒性

遗传毒性是指在环境因素影响下, 机体遗传物质在染色体水平、分子水平或碱基水平上受到各种损伤, 进而引发的毒性效应。目前, M/NPs主要通过三种方式诱导遗传毒性<sup>[96]</sup>。首先, M/NPs与机体接触过程中, 可以诱导组织或细胞产生过量ROS, 使DNA发生断裂, 最终引发遗传毒性; 其次, M/NPs能够影响DNA复制及修复过程; 最后, 当M/NPs粒径足够小时, 能够穿透核膜, 通过与DNA的直接接触导致DNA损伤<sup>[97]</sup>。一项人外周淋巴细胞的遗传毒性研究发现, 聚乙烯MPs(10~45  $\mu\text{m}$ , 25~500  $\mu\text{g/mL}$ )暴露处理显著增加了外周淋巴细胞微核、核质桥形成和核出芽的频率, 同时微核数量和核出芽的频率随暴露剂量的提高而增加<sup>[98]</sup>。Shi等人<sup>[99]</sup>比较了不同理化性质的MPs对人肺A549细胞遗传毒性的影响, 发现氨基修饰或降低颗粒粒径均加剧了MPs的遗传毒性。在一些活体模式动物实验中, 也同样观察到了MPs的遗传毒性, 例如以灌胃方式将小鼠暴露于PS-

MPs(100 nm, 1 mg/L)可引发其肝细胞和脾脏组织的DNA损伤<sup>[100,101]</sup>。

### 3.6 子代毒性

人体胎盘中M/NPs的检出引起了人们对M/NPs子代毒性的关注<sup>[16]</sup>。围绕M/NPs子代毒性, 国内外学者主要以小鼠为研究对象, 通过母体妊娠期和哺乳期饮水暴露, 评估了F1子代小鼠的胚胎发育、个体发育及器官发育等<sup>[102,103]</sup>。黄桃<sup>[104]</sup>系统研究了母体妊娠期和哺乳期PS-NPs(100 nm, 0.1~10 mg/L)饮水暴露对子代雄性小鼠发育、肝脏和睾丸的毒性影响, 发现母体PS-NPs暴露显著降低了子代雄鼠的体重, 抑制其生长发育; 诱导子代小鼠肝脏产生氧化应激、炎症反应及糖代谢紊乱; 导致雄性子代小鼠睾丸间质疏松、生精细胞脱落、生精上皮层数减少、管腔内精子数明显减少。母体暴露还可引发其子代代谢紊乱, 如子代血氨基酸、酰基肉碱、清甘油三酯、总胆固醇、脂蛋白胆固醇及肝脏甘油三酯等异常<sup>[105]</sup>。PS-NPs(100 nm, 1 mg/d)甚至可以经由母体传递并累积在子代小鼠脑部, 降低子代小鼠的认知功能, 并使其长期处于焦虑状态<sup>[106]</sup>。我们前期的研究也发现, 孕鼠暴露于PS-NPs后(100 nm, 10 mg/L), 胎鼠体重显著减轻, 这可能与胎盘和胎鼠的胆固醇代谢受到干扰有关<sup>[27]</sup>。对于M/NPs的多代际传递效应尚需进一步加强。

### 3.7 复合毒性

在塑料产品的生产制备过程中, 通常会添加某些化学助剂(如塑化剂、稳定剂、阻燃剂、分散剂等)以提高塑料产品的可塑性、耐摩擦性、稳定性等性能。这些化学物质在塑料产品的使用或处理处置过程中易从塑料颗粒中再度释放, 造成M/NPs与添加剂的复合污染。已有学者证实动物误食塑料碎片可导致塑料中的添加剂(多溴联苯醚、邻苯二甲酸二酯、邻苯二甲酸丁基苄酯等)在其胃肠道中释放, 并导致肠道菌群失调、引发肠道炎症<sup>[107~109]</sup>。类似地, Deng等人<sup>[110]</sup>以小鼠作为模式动物, 发现经口摄入的PS-MPs(45~53  $\mu\text{m}$  0.1 mg/(g d))可以在小鼠胃肠道中释放邻苯二甲酸酯, 并通过影响脂质和激素代谢、氧化应激、免疫反应等诱发小鼠肠道炎症。一项体外人体菌群培养实验表明, 聚乙烯MPs(150~1200  $\mu\text{m}$ , 1000 mg/L)与四溴双酚A共暴露抑制了肠道菌群的磷酸戊糖、果糖和甘露糖代谢以及次生胆汁酸的生物合成, 并推测这种共暴露可能

影响肠道对能源物质的吸收。此外,该研究还发现上述两种物质共暴露显著提高了Caco-2细胞内的ROS,导致线粒体膜电位下降,释放大量乳酸脱氢酶,最终抑制细胞增殖<sup>[111]</sup>。受M/NPs材质及表面特性影响,不同种类的M/NPs在人体内降解过程存在差异。这种差异将进一步影响体内添加剂的类型与浓度,最终改变M/NPs与添加剂的复合毒性。因此,不同M/NPs与典型添加剂的复合毒性、影响因素及分子机制值得进一步系统研究。

### 3.8 毒性作用机制

氧化损伤是M/NPs发挥生物毒性效应最主要的作用机制之一。大量研究显示,M/NPs暴露能够破坏线粒体电子传递链,降低小鼠肠道、肝脏、肺、睾丸等重要器官中抗氧化酶(如超氧化物歧化酶SOD、过氧化氢酶CAT等)的活性,导致过量ROS在其组织器官中蓄积,造成脂质过氧化,使细胞膜结构受损,进而降低细胞膜通透性,最终损害组织器官正常的生理代谢过程<sup>[51,54,104]</sup>。此外,当生物体内ROS累积速率超过机体清除ROS能力时,机体内部将发生一系列炎症反应,继而损伤机体正常的生理功能。已有研究证实M/NPs暴露能够通过氧化应激途径及激活丝裂原活化蛋白激酶(p38 MAPK)信号通路诱导小鼠产生生殖毒性<sup>[92]</sup>。

代谢紊乱是M/NPs的另一重要毒性作用机制。众多代谢路径中,能量代谢直接影响机体生长发育,是M/NPs诱导毒性的重要生物学过程之一。研究发现,口服M/NPs干扰了小鼠血清中与能量代谢相关激素(胰高血糖素样肽-1、胆囊收缩素、胃饥饿素)水平,抑制了小鼠肝脏发育<sup>[112]</sup>。利用靶向代谢组学手段,发现M/NPs暴露影响小鼠二羟基丙酮磷酸、葡萄糖-6磷酸和果糖-6磷酸等重要肝脏碳水化合物代谢重要中间体的合成,导致子代小鼠能量代谢紊乱<sup>[27]</sup>。我们前期研究也发现,孕期M/NPs暴露能够干扰胎儿胆固醇和脂质代谢,进而抑制胎鼠发育<sup>[108]</sup>。此外,肠道菌群功能紊乱也会影响宿主对小分子的代谢与利用。Jing等人<sup>[113]</sup>结合16S rRNA测序、代谢组学和细胞因子芯片分析,发现M/NPs暴露改变了小鼠肠道微生物群组成,影响其超长链脂肪酸的 $\beta$ 氧化、丙酸代谢和脂肪酸生物合成。尽管我们已从多层面了解了M/NPs的致毒机制,然而,现有研究尚未区分这种毒性是源于M/NPs的颗粒作用还是其本身携带的添加剂毒性,抑或是二者的协同效应。因此,后续毒性机制研究尚需进一步厘清M/NPs在生物体内的转化过程,并同步监测机体生理及分子层面的变化,

以期揭示M/NPs的内在毒性作用过程与机制。

## 4 结论与展望

作为一种环境中普遍检出的新污染物,M/NPs不可避免地与人接触。在长期低剂量暴露情境下,探究M/NPs在人体内的蓄积和转移过程及影响因素对了解M/NPs的人体健康风险至关重要。当前研究大多通过体外人体细胞培养和模式动物暴露实验来评估M/NPs对人体的健康风险。虽然细胞或动物实验为理解M/NPs的潜在健康风险带来了便利,但这些结果尚不能全面准确地反应M/NPs对人体健康的影响。一方面,实验室可控条件下观察到的毒性效应与实际环境中的毒性可能存在差异。另一方面,现有研究多数仅探讨固定暴露浓度及暴露时间下的毒性效应,鲜有研究考虑M/NPs的浓度及分布具有明显的时空异质性。M/NPs野外实际污染浓度数据库的缺失也阻碍我们准确评估M/NPs的环境暴露风险。因此,为了更加真实客观地评价M/NPs对于人体健康的潜在风险,今后的研究应聚焦于以下几个方面:

(1) 当前有关M/NPs的人体健康效应研究仍存在诸多矛盾和疑问。不同研究使用的M/NPs种类及性质、暴露方式、暴露剂量、暴露时间等存在偏差,使得各研究之间不具有可比性,且易出现相互矛盾的研究结果。此外,基于荧光标记的M/NPs进行示踪和定量,往往易受生物组织荧光干扰,且在生理条件下,荧光染料存在泄露风险,造成结果失信。因此,发展灵敏、可靠的示踪和定量技术,并建立一套通用的实验暴露体系与标准,对精准评估M/NPs的人体暴露风险至关重要。

(2) 环境中M/NPs存在明显的异质性,包括时空异质性及M/NPs本身性质的异质性。因此,真实环境中MPs的实际浓度始终存在争议。尽管现有研究大多认为高浓度M/NPs暴露可对机体产生毒性效应,但这种短期、高剂量暴露模式下得到的结论在外推至评估长期、低剂量M/NPs暴露风险时仍需谨慎。此外,受环境条件影响,如自然光照、水力侵蚀等将引起M/NPs性质的变化。一些环境组分如天然有机质、矿物胶体等也将改变M/NPs的生物有效性,影响其在机体组织器官中的累积与转移,最终导致M/NPs对人体的健康效应可能与室内可控场景下的实验结果存在偏差。因此,如何在多过程、多界面的复杂情景下,构建环境M/NPs浓度与人体内M/NPs浓度间的关系,并关联人体各组织器官MPs的蓄积与其健康效应是未来亟需进一步研究的重点。

(3) M/NPs具有较大的比表面积,能够成为一些病原菌、抗性基因、持久性有机污染物及重金属的载体,并可能对生物体产生协同毒性效应。目前有关M/NPs对人体健康影响的研究极少关注其载体效应带来的危害,因此,亟需探明环境条件下,其他共存污染物对M/NPs的人体吸收及体内转移过程的影响,揭示M/NPs与其他环境污染物对人体健康的联合毒性效应及其毒性作用机制。

(4) 进入人体的M/NPs不可避免地会与体内的蛋白、多糖、核酸等小分子接触并发生相互作用,进而在M/NPs表面形成生物冠。这将赋予M/NPs新的理化性质,影响其在组织细胞界面中的生物过程及潜在毒性。此外,在酸性的胃肠道环境中,肠道微生物及肠道蠕动产生的应力可能使摄入的M/NPs发生破碎或者降解,使其形成粒径更小、形状多样的M/NPs,甚至导致其内部的添加剂如塑化剂、双酚A等泄露,进一步影响M/NPs在组织细胞微界面的生物过程,最终影响其在人体器官组织中的蓄积及毒性。因此,未来研究应加强关注M/NPs在人体生理环境中的行为过程,建立M/NPs毒性与其生物界面过程间的量化关系。

(5) 开展不同细胞系或小鼠暴露实验是当下评估M/NPs人体健康风险最为常见且有效的方法。细胞模型具有耗时短、成本低、方便快捷等优点,但细胞实验通常需要在特定条件下进行,往往不能真实反应人体内部动态多变的生理过程。小鼠模型可以填补细胞模型的缺陷,同时能够克服人类疾病发生发展缓慢,潜伏期长等难点。因此,在以生物模型评估M/NPs的人体健康风险时,应当联合使用细胞模型及动物模型,通过动物模型鉴定M/NPs的靶向器官毒性及损伤程度,进而选用特定细胞进行毒性机制探究。

(6) 由摄入M/NPs而引发的“塑料病”已诞生,但现有研究多为实验性论文,缺乏人群队列的流行病学调查研究。M/NPs自身可能与代谢、生殖、呼吸系统和甲状腺等疾病有关,其主要添加剂(邻苯二甲酸盐)还可能引发包括哮喘、乳腺癌、糖尿病和生殖生育等多种疾病。因此,有必要在不同时间、不同地点、不同特征的人群组中开展M/NPs相关疾病的调查分析,探究M/NPs暴露浓度、暴露时间、颗粒尺寸与疾病的联系,为全面且准确地评价现实环境中M/NPs对人体健康的影响提供第一手资料。

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Summary for “微/纳塑料穿透机体生物屏障及其健康效应”

# Penetration of micro/nanoplastics into biological barriers in organisms and associated health effects

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Plastics are widely applied in industry, agriculture, medicine and daily life products due to their excellent physicochemical properties. However, the vast production and disposal of plastics have resulted in large amounts of plastics debris entering into terrestrial, atmospheric, freshwater, and marine environments. These plastic debris can be gradually fragmented into microplastics (1  $\mu\text{m}$ –5  $\mu\text{m}$ ) or nanoplastics (1  $\text{nm}$ –1  $\mu\text{m}$ ) through physical abrasion, photodegradation, chemical degradation, and biodegradation. The environmental pollution of micro/nanoplastics has become a major environmental issue of global concern because of the widespread detection of micro/nanoplastics in various environmental media and organisms. The small-sized micro/nanoplastics are often hard to be degraded and easy to migrate. When present in food, water, air, and daily necessities, micro/nanoplastics can enter the human body through the digestive tract, respiratory tract, and skin contact. This is supported by the fact that micro/nanoplastics have been detected in human feces, blood and placenta. The accumulation of micro/nanoplastics may induce toxic effects on tissues and organs, and further endanger human health. Although many literatures have reported the adverse effects of micro/nanoplastics on living organisms, the internal processes and modes of toxic action, particularly the penetration of micro/nanoplastics into important biological barriers, the accumulation, transfer and distribution of micro/nanoplastics inside the receptors, have not been systematically reviewed and analyzed.

This study focuses on the research topic of toxic effects and health risks of micro/nanoplastics. The related studies of micro/nanoplastics in human body, model animals and typical human cells are systematically teased out. The main exposure routes of micro/nanoplastics and their potential penetration into gastrointestinal barrier, lung barrier and skin barrier are critically reviewed. The capacity of micro/nanoplastics penetrating into the biological barriers is mainly determined by their physicochemical properties, especially particle size and surface charge. The behavioral process and controlling factors of the transfer and accumulation of micro/nano plastics in various organs including liver, brain, testis, fetal through blood circulation are analyzed. Micro/nanoplastics can be adsorbed on the surface of erythrocyte or be internalized by erythrocyte by means of van der Waals forces, electrostatic attraction, hydrogen bonding and hydrophobic effect, thereby reducing the possibility of micro/nanoplastics being removed by the liver and spleen during blood circulation, extending their residence time in the blood and increasing the risk of their transfer to other secondary organs. The toxic effects of micro/nanoplastics on different tissues and organs and the underlying mechanisms at the molecular level are further identified. Oxidative damage and metabolic disturbance are found to be the common mechanisms responsible for the toxicity of different types of micro/nanoplastics. Given that micro/nanoplastics can persist in the environment for a long time, the damage can possibly transfer from parents to offspring. Through revisiting the relevant studies, we highlight that the transgenerational and multigenerational toxicity cannot be ignored. The possible release of various additives from micro/nanoplastics is suspected to be an important source of risk. Therefore, the joint interactions and effects of micro/nanoplastics and plastic additives are also evaluated. The bottlenecks and technical challenges in the research area of the health risk assessment of micro/nanoplastics are discussed. We propose that future research efforts should be devoted to the development of precise approaches for qualifying and quantifying micro/nanoplastics, the exploration of carrier effects of micro/nanoplastics, and the initiation of epidemiological investigation of micro/nanoplastics pollution. This is expected to lay a foundation for further guiding research on the human health effects of micro/nanoplastics.

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