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钙调蛋白激酶Ⅱ在神经病理痛中的作用 及其痛觉调控通路概况

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【摘要】 钙调蛋白激酶Ⅱ(Ca^{2+} /calmodulin-dependent protein kinase, CaMKⅡ)是一种多功能的丝氨酸/苏氨酸蛋白激酶,在神经元中大量存在,广泛参与疼痛调制。神经病理痛是一种由疾病或躯体感觉系统的损伤引起的慢性难治性疼痛。钙调蛋白激酶Ⅱ在中枢、外周神经病理痛、代谢型神经病理痛和药物引起神经病理痛等各种类型的神经病理痛的发生发展中发挥着重要的作用。本文拟将从钙调激酶Ⅱ介导的各型神经病理痛及其上下游的调控两个方面进行综述,以期为今后钙调蛋白激酶Ⅱ在神经病理痛领域的研究提供一定参考。

【关键词】 钙调蛋白激酶;神经病理痛;概况

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Role of calmodulin kinase II in neuropathic pain and its pathway of pain regulation

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【Abstract】 Ca^{2+} /calmodulin-dependent protein kinase II (CaMKII) is a multifunctional serine/threonine protein kinase in a large number of neurons and is widely involved in pain modulation. Neuropathic pain is chronic refractory pain caused by disease or damage to the somatosensory system. CaMKII plays an important role in the occurrence and development of various types of neuropathic pain such as central, peripheral, diabetic and drug-induced neuropathic pain. This review focuses on the regulation of CaMKII-mediated neuropathic pain and its upstream and downstream pathways to provide a reference for the future study of CaMKII in the field of neuropathic pain.

【Keywords】 Ca^{2+} /calmodulin-dependent protein kinase; neuropathic pain; research progress

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神经病理痛是一种由疾病或躯体感觉系统的损伤引起的慢性难治性疼痛,可由外周或中枢神经系统损伤、糖尿病、病毒感染、肿瘤等引起,常表现为自发性疼痛、痛觉过敏或痛觉超敏,严重影响患者生活质量。但是由于神经病理性疼痛的发病机制极其复杂,目前对其的研究尚未完全明确。大量研究显示,在神经病理性疼痛的病程进展中钙调蛋白激酶Ⅱ的表达上调,其或许与神经病理性疼痛的发生发展密切相关。现将钙调蛋白激酶Ⅱ介导的神经病理性疼痛的机制及其上下游的调控的研究进展综述如下。

1 钙调蛋白激酶Ⅱ的结构与功能

钙调蛋白激酶Ⅱ(Ca²⁺/calmodulin-dependent protein kinaseⅡ,CaMKⅡ)是一种多功能的丝氨酸/苏氨酸蛋白激酶,是钙离子/钙调蛋白调节蛋白家族中的一个重要成员,广泛存在于中枢和外周神经系统^[1]。CaMKⅡ是由12个亚单位组成的大分子多聚体,是多个Ca²⁺敏感蛋白结构域围绕一个核心区域构成的结构。Kemp等^[2]首先证明Ca²⁺敏感蛋白结构域有羧基末端自抑制区,它在某些方面类似于酶的底物,但缺乏典型的磷酸化位点。几乎所有的亚单位都包含有催化区、调节区和结合区。它有四个亚型,分别是CaMKⅡα、CaMKⅡβ、CaMKⅡδ、CaMKⅡγ。CaMKⅡ存在于许多动物细胞内,尤其在神经组织中含量丰富。其中α、β亚型主要存在于神经系统中,而γ和δ亚型在各种组织中均有发现,在脑部某些区域如海马内占其蛋白质总量的2%,主要集中在突触部位,在突触后致密带CaMKⅡ可占总蛋白量的1%左右^[3]。

钙调蛋白激酶Ⅱ通过磷酸化多种蛋白质来发挥作用,在神经递质胞吐、调节神经元兴奋性、神经元可塑性、基因转录等方面发挥重要作用^[4-6]。其中,由钙/钙调素介导的CaMKⅡ分子内自磷酸化位点包括Thr286、Thr305和Thr306。CaMKⅡ分子内Thr286的自磷酸化使CaMKⅡ获得与钙离子无关的自发活性,即与钙/钙调素解离后CaMKⅡ仍然存在催化活性^[7]。CaMKⅡ与μ-阿片样受体共存于不同的疼痛处理的区域,包括脊髓背角的表层和背根神经节神经元(DRG)中^[8]。在DRG中,CaMKIIα被描述位于处理伤害性信息的中小直径感觉神经元中^[9-11]。对动物疼痛模型的研究表明,DRG中CaMKII表达的变化与神经性疼痛的不同症状有关,如痛觉异常和痛觉过敏^[11]。

2 钙调蛋白激酶Ⅱ介导的神经病理性疼痛

2.1 外周神经损伤型神经病理性疼痛

越来越多的研究表明CaMKII在神经病理性疼痛发生和维持中发挥着关键作用。Garry等^[12]首次报道鞘内注射CaMKII抑制剂KN-93可逆转小鼠慢性收缩损伤(chronic constriction injury, CCI)引起的周围神经病理性疼痛。Dai等^[13]发现CCI模型大鼠模后1d磷酸化CaMKII含量开始增加,而模后3~14d在CCI大鼠模型的脊髓背角中总CaMKII在同侧浅表层中显著增加,CCI手术前鞘内注射KN-93,可显著延迟CCI大鼠机械性痛觉异常和热痛觉过敏的发生,而鞘内注射N-甲基-D-天冬氨酸受体(NMDAR)拮抗剂MK801可显著减弱CCI术前总CaMKII和磷酸化CaMKII的上调。Hasgawa等^[14]发现L5脊神经结扎(spinal nerve ligation, SNL)后同侧L5 DRG中磷酸化CaMKII显著增加,但对侧L5 DRG中磷酸化CaMKII的含量没有增加,在L5 SNL手术前和术后7d分别用KN-93治疗可显著减弱SNL中痛觉过敏的发生。Chen等^[15]观察KN-93对SNL模后5d小鼠的镇痛作用,其行为学结果显示在行为学测试前2h的急性鞘内注射KN-93能够逆转已建立的机械性痛觉异常和热痛觉过敏。在另一项研究中,Wang等^[16]在部分坐骨神经结扎所建立的周围神经病理性疼痛模型中发现用钙调蛋白激酶抑制剂AIP预处理可显著延迟触觉异常型疼痛,而术后用AIP仅短暂逆转已发展的机械性异常性疼痛,AIP处理显著抑制脊髓中磷酸化CaMKII和磷酸化cAMP应答元件结合蛋白(pCREB)的蛋白水平。在坐骨神经结扎所致周围神经病理性疼痛模型中,也证实了AIP的镇痛作用^[17]。然而,Bangaru等^[18]报道DRG神经元中CaMKII信号的丢失可能有助于SNL引起的神经病理性疼痛,这种不一致性有待进一步阐明。

2.2 三叉神经痛

在下牙槽神经横断以后,三叉神经尾核中CaMKIIα和磷酸化CaMKIIα的表达增加,在下牙槽神经横切后30min,CaMKIIα蛋白的表达增加并达到峰值,并且CaMKIIα的mRNA水平从模后2d增加至模后14d,行为学检测结果显示,使用KN-93能显著抑制大鼠的机械异常性疼痛^[19]。Shimada等^[20]表明前爪擦拭和三叉神经疼痛有关,而鞘内注射KN-93能显著降低三叉神经痛行为^[21]。这些数

据表明三叉神经尾核中的 CaMKII 参与了三叉神经相关的神经病理痛。

2.3 中枢神经损伤型神经病理痛

中枢神经病理性疼痛是指由中枢神经系统原发病变或功能障碍引发或引起的疼痛^[22]。多种疾病可导致中枢神经病理痛,包括脊髓损伤、多发性硬化和脑卒中^[23-25]。目前已建立多种动物模型来研究脊髓损伤后中枢神经病理痛的发生和维持,如脊髓挫伤^[26]、脊髓半切损伤^[27]和鞘内注射使君子酸^[28]。

Crown 等^[4]使用脊髓挫伤建立的中枢神经病理痛大鼠模型提供的证据表明,慢性激活 CaMKII 引起了中枢神经病理痛。他们发现,脊髓损伤大鼠脊髓背角神经元中磷酸化 CaMKII 的表达明显增加。鞘内注射 KN-93 剂量依赖性逆转脊髓损伤大鼠机械性痛觉异常。

在另一项研究中,Gwak 等^[29]报道,脊髓损伤诱导的活性氧簇过度生成可能导致 CaMKII 的激活,从而导致脊髓损伤后中枢神经病理痛。他们的结果显示,苯-N-叔丁基苯硝酮(一种活性氧簇清除剂)能显著减轻脊髓损伤大鼠的机械性痛觉异常。磷酸化 CaMK II 的表达上调也受到 PBN 处理的抑制。此外,用 t-BOOH(活性氧簇供体)处理的幼年大鼠显示出明显下降的缩足阈值(机械性异常疼痛的标志)和磷酸化 CaMK II 的表达增加,表明活性氧簇可能通过激活 CaMKII 参与中枢神经病理痛。

2.4 卒中后疼痛

卒中后疼痛常见的类型是中枢性卒中后疼痛,继发于痉挛状态的疼痛、肩痛、复杂性局部疼痛综合症和头痛。在中枢性卒中后疼痛大鼠模型中发现大鼠的机械异常性疼痛阈值显著降低^[30-31]。脑缺血性病症导致神经元缺氧,触发谷氨酸的大量释放,谷氨酸与 NMDA 受体结合,配体门控钙离子通道开放,大量钙离子内流,促进 CaMK II 的活化^[32]。关于 CaMK II 是如何参与卒中后疼痛的发生发展,目前的研究较少,可能是将来的一个研究方向。

2.5 代谢型神经病理痛

糖尿病已是继肿瘤、心脑血管疾病之后的第三位严重影响人类健康的慢性非传染性疾病,糖尿病患者常伴发周围神经病变。糖尿病周围神经病变(DPN)模型中观察到在脊髓和背根神经节中 CaMKII 的表达上调^[33-34]。在 1 型和 2 型糖尿病模型中,DRG 神经元中 CaMKII 表达的变化伴随着疼

痛相关行为的变化,并且长期的糖尿病中脊髓背角中的 CaMKII 的表达也增加了^[33,35-36]。而 CaMKII 的抑制剂 KN-93 可以减轻 DPN 大鼠的疼痛相关行为^[37-38]。CaMKIIα 是神经元中 CaMKII 的最丰富的同种型^[39],在糖尿病神经病理痛模型中观察到注射 CaMKII 抑制剂导致 CaMKIIα 荧光的强度的减少,也证明了 CaMKIIα 参与了糖尿病神经病理痛的发生发展^[38]。

2.6 病毒感染型神经病理痛

带状疱疹后遗神经痛是由带状疱疹引起的皮肤损伤消失后持续很长时间的自发性疼痛和异常性疼痛。Sasaki 等^[40]提出疱疹和带状疱疹后异常性疼痛是由脊髓背角中的一氧化氮合酶介导的。许多研究表明谷氨酸受体和一氧化氮合酶介导的 NMDA 亚型的激活是疼痛信号在脊髓中传递的基础^[41-42]。关于 CaMK II 是如何参与病毒感染导致的神经病理痛的发生发展,目前的研究较少,但是谷氨酸受体、NMDA 受体的激活也能够导致下游 CaMK II 的活化,因此 CaMK II 介导的病毒感染型神经病理痛可能是将来的一个研究方向。

2.7 神经毒型神经病理痛

有文献报道奥沙利铂注射后的大鼠磷酸化 CaMKII 的表达增加,大鼠机械痛阈的下降^[43];而鞘内注射 KN-93 能逆转磷酸化 CaMKII 的表达,并且能够上调奥沙利铂引起的机械痛阈的下降^[44]。术中输注瑞芬太尼可引起大鼠术后痛觉过敏,鞘内注射 KN-93 剂量依赖地增加大鼠的机械痛阈和热痛阈,免疫印迹结果显示,瑞芬太尼可显著增加大鼠脊髓背角的 CaMKII 的磷酸化水平,抑制 CaMKII 的磷酸化可缓解痛觉过敏^[45]。

3 钙调蛋白激酶 II 的调控机制

3.1 上游调控机制

钙离子是细胞信号转导系统中重要的第二信使物质,钙调蛋白是细胞内的一种调节蛋白,细胞内钙离子与钙调蛋白结合后激活钙调蛋白,表达为 $\text{Ca}^{2+}/\text{CaM}$ 。 $\text{Ca}^{2+}/\text{CaM}$ 进一步激活含有钙调蛋白结合位点的靶蛋白— $\text{Ca}^{2+}/\text{CaM}$ 依赖性蛋白激酶^[46-47]。Erickson 等^[48]用梯度 H_2O_2 处理细胞,可通过细胞质内活性氧簇介导的氧化机制激活钙调蛋白激酶 II,活性氧簇诱导的氧化反应使钙调蛋白激酶 II 调节域的甲硫氨酸残基 Met281/282 氧化,以维持氧化钙调蛋白激酶 II 的活性。

已有研究表明, NMDA 受体亚单位 2B(NR2B) 在疼痛的产生及痛觉的中枢敏化形成中起到重要作用, 疼痛刺激产生后激活 NR2B, NMDA 离子通道开放, 细胞内的钙离子浓度增加, 激活 CaMKII 信号通路, 引起疼痛的中枢敏化^[49], NMDA 受体亚基 2B 的敲除小鼠没有表现出脊神经横断诱导的神经病理性疼痛^[50]。此外 NR2B-NMDA-CaMKII 信号通路在突触重塑以及与之相关的记忆形成、刺激应答学习等高级认知功能方面也发挥重要作用^[49]。

在紫杉醇引起的疼痛模型中, 5-HT1A 受体拮抗剂能够抑制 p-CaMK II 的表达^[51]。刺激 TRPA1 离子通道能够导致 CaMKII 的快速磷酸化^[52]。鞘内注射 γ -氨基丁酸 A 型受体拮抗剂能够显著抑制 Thr286 处的 CaMKII 的自磷酸化^[53]。白介素 33 和白介素 17 A 均被报道通过激活神经元 CaMKII/CREB 信号通路促进周围神经病理性疼痛^[54-55]。

3.2 下游调控机制

CaMKII 是具有多种作用底物的多功能激酶, 通过催化突触蛋白 I、cAMP 反应原件结合蛋白(CREB)等多种物质磷酸化, 调节神经递质合成和释放, 影响离子通道、钙离子内环境稳定等多种生物学功能^[56]。

一氧化氮合酶(NOS)的活性受到多种激酶和磷脂酶的调控, 有研究报道, CaMKII 磷酸化一氧化氮合酶的 Ser847 残基, 通过抑制与 $\text{Ca}^{2+}/\text{Ca M}$ 的结合而降低 NOS 的活性^[57]。而 N-甲基-D-天冬氨酸受体可以通过 CaMKII 和钙调神经磷酸酶调节 NOS 的磷酸化和去磷酸化^[58]。

损伤性 DRG 神经元胞浆磷脂酶 A2(cytosolic phospholipase A2, CPLA2) 参与脊髓神经损伤后机械性痛觉异常^[59]。CaMKII 在外周神经损伤后 cPLA2 的激活中起重要作用, 可能是通过初级传入神经元的 P2X3R/P2X2+3R 和电压门控钙通道实现的^[14]。CaMKII 能够通过包括 Ser-516, Thr-594 等在内的多个磷酸化位点来调节钠 NaV1.5 门控通道^[60]。钙调蛋白激酶 II 能够调节核因子 NF- κ B 的转录活性, 导致促炎反应和炎症因子的释放^[61-63]。

体外细胞研究表明, CaMKII 参与调控 DRG 神经元 P2X3 受体上膜转运^[9-10]。在 ATP 或电刺激下, DRG 神经元钙离子内流, 激活并上调 CaMKII, 进而磷酸化胞内 P2X3 受体, 促使其在细胞膜上表达上调, 介导的电流增强, 且这种表达上调和功能增强可被 CaMKII 抑制剂阻断^[64-65]; 进一步研究显

示, CaMKII 介导的 P2X3 受体磷酸化可促使 P2X3 受体和细胞质膜微囊蛋白-1(caveolin-1) 相互结合, 进而促进 P2X3 受体上膜转运, 最终使 P2X3 受体介导的信号转导效应增强; 而抑制 P2X3 受体与 caveolin-1 的结合能力, 或者抑制 caveolin-1 的表达均可抑制 CaMKII 介导的 P2X3 受体上膜转运过程^[65]。这些体外研究结果提示, DRG 神经元 P2X3 受体上膜转运需借助 CaMKII 的磷酸化作用和 caveolin-1 的转运作用, CaMKII/caveolin-1 通路对 DRG 神经元 P2X3 受体上膜转运起着重要调控作用。

4 总结与展望

钙调蛋白激酶 II 在不同类型的神经病理性疼痛中的产生和维持中起着十分重要的作用, 目前关于 CaMKII 在神经病理痛的研究主要在中枢和外周神经病理痛两个方面, 而病毒引起的神经病理痛、化学药物引起的神经病理痛和代谢性疾病引起的神经病理痛方面的研究还很少。深入研究 CaMKII 的上下游调控机制不仅为认识钙调蛋白激酶 II 介导的神经病理痛打下理论基础, 也为钙调蛋白激酶 II 作为治疗神经病理痛的新靶点开辟新的治疗策略。

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