

## • MIRI 专题研究 •

缺氧诱导因子 1 $\alpha$  在心肌缺血再灌注损伤中作用的研究进展扫描二维码  
查看更多卢紫君<sup>1</sup>, 黄照河<sup>2</sup>

**【摘要】** 心肌梗死是影响人类健康的重大疾病之一, 临床上以再灌注治疗为其主要治疗手段, 而心肌缺血再灌注损伤 (MIRI) 是再灌注治疗后常见的一种并发症。缺氧诱导因子 (HIF)-1 $\alpha$  作为低氧应答的重要分子, 能够增强机体对低氧的适应能力, 并参与许多疾病的发生发展。近年来, 许多研究表明, HIF-1 $\alpha$  可恢复线粒体功能、抵抗氧化应激以及激活心脏保护性信号通路, 从而减轻MIRI, 因此其可能成为治疗MIRI的重要靶点。本文主要介绍了HIF-1 $\alpha$  的发现过程、结构与生物学效应及其在MIRI中的作用机制, 并总结了基于HIF-1 $\alpha$  治疗MIRI的研究现状, 以期为MIRI的诊治提供新思路 and 理论依据。

**【关键词】** 心肌再灌注损伤; 缺氧诱导因子1,  $\alpha$  亚基; 综述

**【中图分类号】** R 542.2 **【文献标识码】** A DOI: 10.12114/j.issn.1008-5971.2023.00.282

**Research Progress on the Role of Hypoxia-Inducible Factor-1 $\alpha$  in Myocardial Ischemia-Reperfusion Injury** LU Zijun<sup>1</sup>, HUANG Zhaohe<sup>2</sup>

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**【Abstract】** Myocardial infarction is one of the major diseases affecting human health. Reperfusion is the main treatment in clinic, and myocardial ischemia-reperfusion injury (MIRI) is a common complication after reperfusion. Hypoxia-inducible factor (HIF)-1 $\alpha$ , as an important molecule in hypoxia response, can enhance the body's ability to adapt to hypoxia and participate in the occurrence and development of many diseases. In recent years, many studies have shown that HIF-1 $\alpha$  can restore mitochondrial function, resist oxidative stress, and activate cardio-protective signaling pathways, thereby alleviating MIRI, so it may be an important target for MIRI treatment. This article mainly introduces the discovery process, structure and biological effects of HIF-1 $\alpha$  and its mechanism of action in MIRI, and summarizes the current research status of treatment of MIRI based on HIF-1 $\alpha$ , in order to provide new ideas and theoretical basis for the diagnosis and treatment of MIRI.

**【Key words】** Myocardial reperfusion injury; Hypoxia-inducible factor 1, alpha subunit; Review

心血管疾病 (cardiovascular disease, CVD) 占中国城乡居民死亡原因的首位, 目前其死亡率仍呈上升趋势<sup>[1]</sup>, 其中心肌梗死 (myocardial infarction, MI) 是关键致死因素, 且85%的MI患者被明确是由动脉粥样硬化斑块破裂引起的<sup>[2]</sup>。目前, 通过药物溶栓、经皮冠状动脉介入治疗 (percutaneous coronary intervention, PCI) 和冠状动脉旁路移植术使阻塞的血管再通 (再灌注治疗) 被认为是MI最有效的治疗策略, 然而, 尽管再灌注治疗可及时恢复血流, 改善缺氧环境, 从而挽救受损的心肌细胞, 但其本身也可能引起进一步的病理反应, 从而加剧心肌组织损伤, 即心肌缺血再灌注损伤 (myocardial ischemia reperfusion injury, MIRI)<sup>[3]</sup>。

研究显示, MIRI的发生与氧化应激、活性氧 (reactive oxygen species, ROS) 堆积、钙超载、免疫反应<sup>[4]</sup>及ATP生成障碍<sup>[5]</sup>等多种病理机制密切相关。缺氧诱导因子 (hypoxia-inducible factor, HIF)-1 $\alpha$  作为一种广泛存在的转录因子, 在介导细胞对缺氧环境的适应性反应中发挥着独特作用, 其在低氧条件下被激活, 一方面可活化多种参与调节细胞氧化还原状态的靶基因以减少ROS的生成, 另一方面可调控线粒体特异性基因的表达量以适应缺氧环境并改善线粒体功能<sup>[6]</sup>, 从而在预防MIRI及保护心脏功能方面起重要作用, 因而HIF-1 $\alpha$  可能是缺氧损伤后心脏重塑的潜在治疗靶点之一。基于此背景, 本文主要介绍了HIF-1 $\alpha$  的发现过程、结构与生物学效应及其在MIRI中的作用机制, 并总结了基于HIF-1 $\alpha$  治疗MIRI的研究现状, 以期为MIRI的诊治提供新思路 and 理论依据。

### 1 HIF-1 $\alpha$ 的发现过程、结构与生物学效应

1.1 HIF-1 $\alpha$  的发现过程 HIF-1最早是由SEMENZA等<sup>[7]</sup>在促红细胞生成素基因中发现的, 其是氧传感途径中的一个重

基金项目: 国家自然科学基金资助项目 (82260883); 广西研究生教育创新计划项目 (YCSW2023505)

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要因素,该发现使人们对低氧调控基因有了初步认识。该团队在随后的研究中提出,哺乳动物可通过基因表达量的变化而感知氧浓度并对缺氧做出反应,而HIF-1在氧张力的调节中起关键作用<sup>[8]</sup>。HUANG等<sup>[9]</sup>的研究进一步提出,HIF-1的激活主要依赖缺氧诱导的HIF-1 $\alpha$ 的稳定性,缺氧通过消除氧依赖降解(oxygen-dependent degradation, ODD)结构域来稳定HIF-1 $\alpha$ ,从而激活HIF-1信号通路。此后,HIF-1 $\alpha$ 促进细胞适应缺氧环境的作用机制被广泛研究,而HIF-1 $\alpha$ 诱导血管内皮生长因子(vascular endothelial growth factor, VEGF)的表达、介导缺氧信号通路的作用也逐渐被人们发现<sup>[10]</sup>。

**1.2 HIF-1 $\alpha$ 的结构与生物学效应** HIF-1实质上是由细胞质中对氧敏感的 $\alpha$ 亚基和维持细胞核形态的 $\beta$ 亚基〔即芳香烃受体核转运蛋白(arylhydrocarbon receptor nuclear translocator, ARNT)〕组成的异源二聚体。HIF-1 $\alpha$ 亚基主要起感知氧张力的作用,其稳定性和转录活性均受到氧浓度的调节,而 $\beta$ 亚基则不受缺氧影响。HIF-1 $\alpha$ 亚基是含有PAS结构域的碱性-螺旋-环-螺旋蛋白,这使得其能够与DNA结合并在缺氧环境中与ARNT异质二聚化,从而进一步活化VEGF。此外,HIF-1 $\alpha$ 包含两个转录激活结构域,即N端转录激活域(N-transactivation domain, N-TAD)和C端转录激活域(C-transactivation domain, C-TAD),这是激活缺氧诱导基因转录所必需的,且HIF-1 $\alpha$ 在正常氧浓度时受脯氨酰羟化酶的羟基化调节<sup>[11]</sup>。HIF-1 $\alpha$ 蛋白质的稳定性、亚细胞定位和转录活性均受细胞内氧合水平的影响。在氧含量充足的细胞中,含氧依赖性脯氨酰羟化酶结构域(prolyl hydroxylase domain, PHD)的蛋白质会将HIF-1 $\alpha$ 的ODD结构域的两个脯氨酸位点(Pro402和Pro564)羟基化<sup>[12]</sup>,这些羟基化后的HIF-1 $\alpha$ 可被肿瘤抑制蛋白冯·希佩尔-林道(von Hippel-Lindau, VHL)识别并与其结合而发生泛素化,从而形成E3泛素连接酶复合体,而后通过氧依赖的泛素-蛋白酶体途径降解;在缺氧条件下,羟化反应被抑制,HIF-1 $\alpha$ 不断积聚,从而调控细胞增殖,其亦可与HIF-1 $\beta$ 形成异二聚体,并进一步与缺氧反应元件(hypoxia responsive elements, HRE)结合<sup>[13]</sup>,从而激活数百个靶基因(包括涉及氧化应激<sup>[14]</sup>、红细胞生成、血管生成、糖酵解、线粒体代谢的基因<sup>[15]</sup>)的转录,而这些基因的翻译产物可将氧气向缺氧组织输送,从而使细胞代谢适应缺氧环境。

## 2 HIF-1 $\alpha$ 在MIRI中的作用机制

MIRI与钙超载、氧自由基生成、免疫应答、线粒体损伤、细胞凋亡和自噬以及血小板异常聚集等多种复杂的病理生理学特征有关<sup>[4]</sup>。其中,钙超载和氧化应激引起的线粒体功能障碍被认为是导致MIRI的重要原因<sup>[16]</sup>,但其确切机制尚不明确。HIF-1 $\alpha$ 作为一种转录因子,可参与氧化应激、炎症反应、线粒体代谢等数百种相关基因的转录,研究指出,HIF-1 $\alpha$ 是多种药物预防及改善MIRI的作用靶点<sup>[17]</sup>,其具体作用机制可能与以下几方面有关。

**2.1 促进线粒体功能恢复** 在MIRI发生的早期,心肌长时间缺血导致线粒体损伤,随后导致ATP酶依赖的离子转运功能障碍,进而引起ATP耗竭并诱导Ca<sup>2+</sup>生成、细胞肿胀和坏死等

一系列事件。研究指出,在缺氧期间,细胞的适应性反应可激活HIF-1,从而诱导许多促进血管生成、能量代谢和细胞存活的基因的表达,进而通过激活促进内皮细胞迁移、生长和分化的基因信号级联反应来调节内皮细胞的适应性<sup>[18]</sup>。再灌注过程中,心肌细胞内Ca<sup>2+</sup>浓度升高,引起胞质及线粒体内钙超载,其中进入线粒体的Ca<sup>2+</sup>进一步与含磷酸的化合物结合,导致不溶性的磷酸钙沉积,从而影响线粒体氧化磷酸化<sup>[19]</sup>。同时,低氧还会破坏线粒体电子传导链(electron transport chain, ETC),引起ROS大量堆积,而ROS和Ca<sup>2+</sup>浓度的增加可促使线粒体内膜的渗透性转导孔(permeability transition pores, PTP)开放,使得线粒体的膜渗透性发生变化。此外,PTP的开放还会使线粒体内的Ca<sup>2+</sup>和ROS含量再次增加,从而导致线粒体内蛋白和脂质过度氧化<sup>[20]</sup>,抑制线粒体呼吸功能并活化凋亡蛋白酶,进而启动细胞凋亡程序。目前,调控缺血再灌注后的线粒体稳态,已被认为是一种有效的心肌保护策略<sup>[19]</sup>。研究发现,缺氧情况下HIF-1 $\alpha$ 表达增加可有效减轻MIRI,这种保护作用是通过介导七氟醚调节线粒体呼吸链能量生成,进而改善线粒体呼吸功能实现的<sup>[21]</sup>。线粒体自噬作为一种选择性的细胞自噬,在多种CVD中发挥着重要作用,且对于维持心血管稳态尤为重要<sup>[22]</sup>。Bcl-2家族成员Bcl-2/腺病毒E1B 19-kDa相互作用蛋白3(Bcl-2/adenovirus E1B 19-kDa interacting protein 3, BNIP3)是一种线粒体外膜蛋白,已被证实参与线粒体自噬过程,而HIF-1 $\alpha$ 可以上调BNIP3的表达,从而增强心肌细胞中线粒体自噬能力,促进线粒体功能恢复,进而减轻缺血性损伤<sup>[23]</sup>。王雪梅等<sup>[24]</sup>通过建立糖尿病心肌细胞缺血再灌注损伤模型发现,激活HIF-1 $\alpha$ 可促进线粒体能量代谢,减轻心肌细胞氧化应激损伤和减少心肌细胞凋亡。上述研究提示,HIF-1 $\alpha$ 可能通过直接或间接地促进线粒体功能恢复来减轻MIRI。

**2.2 提高心肌细胞抗氧化能力** MIRI发生过程中,ROS堆积被认为是导致心肌细胞损伤的重要因素,线粒体由于缺血缺氧损伤会释放大量的ROS,导致膜脂质过氧化,进而破坏细胞膜的屏障功能;而脂质、DNA和蛋白质的过度氧化可导致心肌细胞损伤加重,最终致使心肌细胞凋亡<sup>[25]</sup>。因此,清除细胞中过量的ROS,缓解氧化应激,可以提高心肌细胞的生存能力、减轻MIRI<sup>[26]</sup>。而HIF-1 $\alpha$ 可减少缺血再灌注后心肌细胞中ROS的产生和心肌细胞凋亡,进而减轻MIRI<sup>[26]</sup>。MI发生后,心脏成纤维细胞中的HIF-1 $\alpha$ 可通过核因子-红细胞因子2(nuclear factor-erythroid factor 2, Nrf2)途径提高成纤维细胞的抗氧化能力,从而保护心脏免受由ROS积聚引起的损伤<sup>[27]</sup>。此外,一些中草药研究也发现了HIF-1 $\alpha$ 可提高心肌细胞抗氧化能力,如在缺血再灌注模型小鼠中,二氢丹参酮I预处理可通过稳定HIF-1 $\alpha$ 来清除氧自由基,减少ROS的生成,维持细胞内氧化还原平衡,从而保护心肌免受缺血再灌注损伤<sup>[28]</sup>;LIU等<sup>[29]</sup>研究发现,接受三七总皂苷干预的缺血再灌注心肌细胞模型的HIF-1 $\alpha$ 明显升高,且三七总皂苷可抑制心肌损伤标志物——乳酸脱氢酶(lactate dehydrogenase, LDH)、丙二醛(malonaldehyde, MDA)、ROS的生成,并指出三七总皂苷通过减少ROS以及干预HIF-1 $\alpha$ /叉头框家族蛋

白O3a (forkhead box protein O3a, FoxO3a) 靶点来减轻MIRI; 另一种天然产物积雪草酸可通过激活蛋白激酶B (protein kinase B, Akt)/糖原合成酶激酶 (glycogen synthase kinase, GSK) -3 $\beta$  通路而促进HIF-1 $\alpha$  表达, 从而抑制ROS过度产生, 同时调节缺血再灌注损伤细胞的Ca<sup>2+</sup>含量, 减轻钙超载, 进而发挥心肌保护作用<sup>[30]</sup>。综上, HIF-1 $\alpha$  被激活后可抑制ROS堆积, 提高心肌细胞抗氧化能力, 进而减轻MIRI。

**2.3 介导心脏保护信号通路** 自HIF-1 $\alpha$  靶基因首次被报道以来, 研究者已经鉴定出数百个HIF-1 $\alpha$  信号通路的下游靶点, 这揭示了HIF-1 $\alpha$  信号通路的复杂性和重要性<sup>[31]</sup>。ZHU等<sup>[32]</sup>早期研究发现, BNIP3通过HIF-1 $\alpha$  介导的缺氧信号通路增强心肌组织中线粒体的自噬能力, 从而减轻MIRI。ZHANG等<sup>[33]</sup>研究进一步证实, 在MIRI大鼠心肌细胞中, HIF-1 $\alpha$  表达水平升高, 其通过激活HIF-1 $\alpha$ /BNIP3信号通路而抑制心肌细胞凋亡, 进而减轻MIRI。YANG等<sup>[34]</sup>研究证明, 七氟醚预处理可以通过激活HIF-1 $\alpha$ /C-X-C趋化因子受体4 (C-X-C motif chemokine receptor 4, CXCR4)/VEGF信号通路来提高VEGF表达水平, 而VEGF与血管生成密切相关, 且促进血管生成可以有效改善组织缺氧, 从而减轻MIRI。另一项研究亦指出, 香草醛和己酮可可碱通过调节Akt/HIF-1 $\alpha$ /VEGF信号通路而发挥心脏保护作用<sup>[35]</sup>。神经标志物泛素羧基末端水解酶L1 (ubiquitin carboxy-terminal hydrolase L1, UCHL1) 被证实可抑制缺血再灌注后的心肌纤维化, 进而保护心脏功能, 这是通过激活HIF-1 $\alpha$  信号通路并稳定HIF-1 $\alpha$  实现的<sup>[36]</sup>。此外, 黄芪甲苷也被证实可通过促进Janus激酶2 (Janus kinase 2, JAK2)/转录激活因子3 (signal transducer and activator of transcription 3, STAT3) 的磷酸化来升高HIF-1 $\alpha$  水平, 进而保护心肌细胞免受缺血再灌注损伤<sup>[37]</sup>。综上, HIF-1 $\alpha$  可介导心脏保护信号通路, 进而减轻MIRI, 且调控HIF-1 $\alpha$  表达在MIRI的治疗中存在巨大潜力。

### 3 基于HIF-1 $\alpha$ 治疗MIRI的研究现状

目前, 针对HIF-1 $\alpha$  的药物研究还停留在动物实验水平, 缺乏循证证据和基础研究成果向临床应用的转化。SU等<sup>[38]</sup>通过构建MIRI模型小鼠, 验证了miR-432和HIF-1 $\alpha$  之间的靶标关系, 指出miR-432过表达可诱导HIF-1 $\alpha$  激活, 从而启动 $\beta$ -catenin/HIF-1 $\alpha$  信号通路以及增强NRF2介导的抗氧化应激反应, 进而保护心肌免受缺血再灌注损伤。此外, 许多中草药成分如三七皂苷Ft1、积雪草酸、黄芪甲苷、紫杉醇、曲克芦丁<sup>[39]</sup>、柴胡三参<sup>[40]</sup>和酸枣叶总黄酮<sup>[41]</sup>等均可通过调控HIF-1 $\alpha$  表达来激活与心脏保护相关的靶基因, 进而预防MIRI。陈兴华等<sup>[42]</sup>研究发现, 落新妇苷通过激活HIF-1 $\alpha$ /BNIP3信号通路来增强线粒体的自噬能力, 从而缩小MI面积, 减轻MIRI。阿瑞西坦可减轻大鼠MIRI, 同时提高HIF-1 $\alpha$ 、Akt水平, 其心肌保护作用可能是通过激活PI3K/Akt/GSK-3 $\beta$  信号通路和HIF-1 $\alpha$  信号通路实现的<sup>[43]</sup>。以上研究均是以HIF-1 $\alpha$  为靶点来探寻MIRI新的治疗策略, 然而仅停留在动物实验阶段, MIRI临床药物的开发与应用仍有待进一步深入研究。

### 4 小结与展望

MIRI是MI再灌注治疗后引起心肌细胞凋亡的一种并发症, 可严重影响MI患者的预后及生存率, 其潜在机制被广泛

研究。HIF-1 $\alpha$  作为一种在机体内普遍存在的转录因子, 可与数千个靶基因结合, 从而对机体产生特殊的调控效应, 其可以通过促进线粒体功能恢复、提高心肌细胞抗氧化能力、介导心脏保护信号通路而减轻MIRI。但目前关于HIF-1 $\alpha$  的研究多停留在动物实验阶段, 未来需要进一步探索其在心脏炎症、氧化应激以及线粒体损伤中的具体作用及其机制, 以期达到降低MIRI发生率及改善患者预后的目的, 从而为MIRI的临床诊疗提供参考。

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本文无利益冲突。

### 参考文献

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- (收稿日期: 2023-07-12; 修回日期: 2023-11-01)  
(本文编辑: 崔丽红)

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- (收稿日期: 2023-05-17; 修回日期: 2023-09-08)  
(本文编辑: 崔丽红)