

干细胞来源外泌体治疗椎间盘退变的研究进展

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摘要:外泌体是一类直径30~150 nm的细胞外囊泡, 携带核酸、蛋白质、脂质等丰富的生物活性物质, 在细胞间通信和物质交换过程中扮演至关重要的角色。体内外实验研究表明, 干细胞来源外泌体能够以miRNA为核心调控分子, 通过抑制细胞凋亡、降低炎症因子表达、维持细胞外基质稳态这三重机制延缓椎间盘退变。本文系统综述了近年来干细胞来源外泌体在椎间盘退变治疗领域的研究进展, 深入剖析了其作用机制, 并对当前研究面临的挑战及未来发展方向进行了探讨。

关键词:干细胞; 外泌体; 椎间盘退变; 细胞凋亡; 炎症; 细胞外基质

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Research advances in stem cell exosomes in treatment of intervertebral disc degeneration

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Abstract: Exosomes are extracellular vesicles with diameters ranging from 30 to 150 nm, carrying abundant bioactive substances such as nucleic acids, proteins, and lipids. They play a crucial role in intercellular communication and material exchange. *In vitro* and *in vivo* studies indicate that stem cell-derived exosomes can delay intervertebral disc degeneration through a triple mechanism: regulating molecules centered on microRNA, inhibiting apoptosis, reducing inflammatory factor expression, and maintaining extracellular matrix homeostasis. This paper systematically reviews the research progress on stem cell-derived exosomes in the treatment of intervertebral disc degeneration in recent years, deeply analyzes their mechanisms of action, and discusses the current challenges faced by the field as well as future development directions.

Keywords: stem cell; exosomes; intervertebral disc degeneration; apoptosis; inflammation; extracellular matrix

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下腰痛是全球范围内致残的主要原因之一, 椎间盘退变是关键病因之一^[1-2]。椎间盘退变由年龄、机械损伤等多因素诱发, 椎间盘中合成与分解代谢动态平衡被打破, 引起细胞外基质组成改变、髓核细胞凋亡、氧化应激过度激活、炎症反应加剧等一系列病理改变^[3-4]。目前, 椎间盘退变的临床治疗仍以药物缓解症状和手术干预为主, 尽管多数患者在治疗初期能获得一定缓解, 但仍有关比例的患者面临慢性腰痛的持续困扰。因此, 延缓椎间盘退变的治疗策略成为研究热点,

其中基因治疗、生长因子注射、细胞治疗及组织工程等技术展现出巨大潜力^[3,5]。在这一背景下, 干细胞分泌的外泌体作为细胞间通信的活性生物载体, 已成为椎间盘退变治疗领域的研究焦点^[6]。本文将围绕干细胞来源外泌体延缓椎间盘退变的机制和研究进展进行综述。

1 椎间盘退变的病理机制

椎间盘由中心髓核和外周纤维环构成。髓核由髓核细胞及II型胶原、蛋白聚糖等细胞外基质构成。椎间盘功能与稳态的维持与髓核细胞的存活和细胞外基质的支撑密切相关。在椎间盘退变的病理过程中, 髓核细胞凋亡是椎间盘退变发病的核心机制, 炎症反应和氧化应激为关键驱动因素,

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细胞外基质降解则导致椎间盘结构进一步破坏。因此，抑制髓核细胞凋亡、减轻炎症反应、增强细胞抗氧化能力、纠正细胞外基质代谢失衡是延缓椎间盘退变的重要靶点^[7-12]。

2 外泌体的生物学特性及功能

外泌体是直径 30 ~ 150 nm、携带多种生物活性物质的膜状囊泡，可由间充质干细胞、免疫细胞等多种细胞分泌，存在于血液、乳汁等多种体液中^[13-15]，能通过离心法、超滤法等方法进行分离，并依据 CD9、CD63、CD81、Hsp90、TSG101 等特异性标志物进行鉴定^[16]。

外泌体凭借其独特的生物学特性在疾病治疗、药物递送等方面展现出显著优势：一是低免疫原性且能被免疫系统耐受，可规避免疫排斥、减少输注毒性^[17-18]；二是高理化稳定性，便于维持活性、标准化生产及储运^[18-19]；三是组织渗透与靶向能力强，能跨越生物屏障、实现细胞长距离通信，克服传统细胞疗法的组织穿透和分布问题，且高修饰灵活性可优化治疗精准度^[17,20]。安全性高和可控性强这些优势奠定了其在生物治疗方面临床转化潜力上的地位。

3 干细胞来源外泌体参与椎间盘退变修复的核心机制

干细胞来源外泌体的生物学特性为其干预椎间盘退变提供了结构和功能基础，其具体作用机制的阐明则是推动临床转化的关键。干细胞来源外泌体主要通过抑制细胞凋亡、减轻炎症反应、维持细胞外基质代谢平衡等多重途径发挥治疗椎间盘退变作用(表 1)，这些机制相互关联、协同作

用，共同构成了外泌体干预椎间盘退变的核心网络；在这些多重作用机制中，miRNA 凭借其调控基因表达或参与疾病相关信号通路的特性，使其成为介导外泌体功能的核心分子^[21-22]。外泌体包裹的 miRNA 通过靶向调控相关基因表达，构成了外泌体发挥治疗作用的核心分子机制，在髓核细胞增殖与凋亡、炎症反应及细胞外基质重塑等椎间盘退变关键病理过程中发挥重要作用^[23]。

3.1 抑制细胞凋亡：阻断椎间盘退变进展的关键环节

细胞凋亡作为一种程序性死亡方式，具有核固缩、细胞皱缩、细胞膜起泡、DNA 片段化等典型特征，其在椎间盘退变进展中的核心作用已被多项研究证实，椎间盘退变程度与细胞凋亡率呈正相关^[24-25]。干细胞来源外泌体通过靶向调控凋亡相关信号通路，成为抑制椎间盘内髓核细胞等多种细胞凋亡的有效干预手段。

干细胞来源外泌体在调控髓核细胞凋亡方面表现出显著效能。Cheng 等^[26]发现，携带 miRNA-21 的骨髓间充质干细胞(bone marrow mesenchymal stem cells, BMSCs)来源外泌体可被肿瘤坏死因子- α (tumor necrosis factor α , TNF- α)诱导凋亡的髓核细胞特异性摄取，并通过激活 PI3K-Akt 信号通路显著抑制细胞凋亡，后续动物实验进一步证实，椎间盘内注射 BMSCs 来源外泌体可降低 Pfirrmann 评分及组织学评分，有效延缓椎间盘退变进展。Zhu 等^[23]发现 BMSCs 来源外泌体中的 miR-142-3p 通过靶向混合谱系激酶 3，减少白细胞介素-1 β (interleukin-1 β , IL-1 β)诱导的炎症因子分泌，抑制 MAPK 信号通路的激活，从而发挥抗髓核细胞凋亡作用。Chen 等^[27]的研究证实 BMSCs 来源外泌体

表 1 干细胞来源外泌体治疗椎间盘退变的作用机制

Tab.1 Mechanism of action of stem cell-derived exosomes in the treatment of intervertebral disc degeneration

作用机制	外泌体来源	参考文献
抑制细胞凋亡	骨髓间充质干细胞	[23][26][27][28][29][30][31][32][37][38][39]
	诱导多能干细胞衍生的间充质干细胞	[33]
	软骨终板干细胞	[34][35]
	人尿液来源干细胞	[36]
抑制炎症因子表达	骨髓间充质干细胞	[23][40][43][45][47]
	人胚胎干细胞	[41]
	人脐带间充质干细胞	[42][46]
	人胎盘间充质干细胞	[44]
维持细胞外基质代谢平衡	骨髓间充质干细胞	[40][49][52][54][55]
	脂肪间充质干细胞	[51]
	人尿液来源干细胞	[50][53]

通过 miR-155-5p 能够同时抑制 TNF- α 诱导的髓核细胞周期阻滞与凋亡。Liao 等^[28]研究进一步发现, BMSCs 来源外泌体通过激活 AKT 信号通路和 ERK 信号通路减弱内质网应激诱导的髓核细胞凋亡。Sun 等^[29]发现携带 miR-194-5p 的 BMSCs 来源外泌体通过限制 TRAF6 保护 TNF- α 干预下的髓核细胞凋亡。Zhu 等^[30]发现 BMSCs 来源外泌体可能通过靶向 RASSF5 递送 miR-532-5p 来抑制 TNF- α 诱导的髓核细胞凋亡以缓解椎间盘退变。Shi 等^[31]发现 BMSCs 来源外泌体可增加髓核细胞中 miR-155 的表达, 进而上调 HO-1 蛋白表达, 激活髓核细胞自噬, 抑制细胞死亡水平, 改善椎间盘退变。Tao 等^[32]发现 BMSCs 来源外泌体携带的 miR-199a 可通过靶向 GREM1 和下调转化生长因子- β 通路来抑制髓核细胞凋亡, 促进髓核细胞的增殖。

Sun 等^[33]通过建立大鼠尾椎间盘穿刺椎间盘退变模型发现, 诱导多能干细胞衍生的间充质干细胞来源外泌体可通过递送 miR-105-5p 激活 SIRT6 通路, 有效恢复衰老髓核细胞活力, 延缓椎间盘退变进展。软骨终板干细胞来源外泌体则通过激活 AKT 通路和自噬途径^[34], 以及调控 SUV39H1、BAX、BCL2 等关键分子表达的双重机制抑制髓核细胞凋亡^[35]。人尿液干细胞来源外泌体则聚焦内质网应激调控, 通过 AKT 和 ERK 信号通路显著改善内质网应激状态、抑制未折叠蛋白反应过度激活, 减少髓核细胞凋亡并延缓椎间盘退变^[36]。

针对椎间盘内其他细胞的调控作用, 干细胞来源外泌体的多靶点特性逐渐明晰。BMSCs 来源外泌体可通过 miR-31-5p 靶向激活转录因子 6, 抑制内质网应激相关的软骨终板细胞的凋亡及钙化进程^[37]; Li 等^[38]报道 BMSCs 来源外泌体通过激活 PI3K/AKT/mTOR 信号通路抑制自噬可减轻 IL-1 β 诱导的纤维环细胞的凋亡。Hingert 等^[39]发现 BMSCs 来源外泌体能减少退化的椎间盘细胞凋亡, 提高其增殖活力, 并加速软骨生成以改善椎间盘退变。综上, 干细胞来源外泌体通过精准靶向髓核细胞、软骨终板细胞、纤维环细胞等椎间盘退变关键受累细胞类型, 借助调控特定 miRNA、信号通路及分子表达等多重机制, 有效阻断细胞凋亡进程, 成为延缓椎间盘退变进展的重要干预靶点。

3.2 抑制炎症因子表达: 缓解椎间盘退变病理微环境

过度激活的氧化应激与炎症反应是驱动椎间盘退变进展的关键因素, 其中炎症小体激活是加

剧病理损伤的关键环节, 因此抑制炎症小体激活、炎症因子生成成为改善椎间盘退变病理微环境的关键。干细胞来源外泌体通过精准调控炎症相关通路展现出显著的抗炎潜力。

抑制炎症小体的异常激活是避免椎间盘退变炎症级联反应的重要前提。Xia 等^[40]的体外实验证实, BMSCs 来源外泌体与过氧化氢诱导的髓核细胞共培养后, 可显著抑制炎症小体的生成, 减轻炎症反应。Yu 等^[41]进一步发现, 随着椎间盘退变程度加重, NLRP3 炎症小体表达水平显著上调, 而人胚胎干细胞来源外泌体可通过递送 miR-302c 特异性下调 NLRP3 相关基因表达, 减轻过氧化氢诱导的髓核细胞焦亡, 并在大鼠尾椎间盘退变模型中得到验证。Yuan 等^[42]发现富含 miR-26a-5p 的人脐带间充质干细胞来源外泌体可通过降低髓核细胞中炎症小体的水平, 抑制炎症因子释放和减少细胞焦亡。

干细胞来源外泌体可通过下调炎症因子表达缓解椎间盘炎症微环境。Zhu 等^[23]的研究显示, BMSCs 来源外泌体可显著降低经 IL-1 β 刺激的髓核细胞 IL-1 β 、TNF- α 、白细胞介素-6(interleukin - 6, IL-6)等炎症因子的分泌水平。Su 等^[43]进一步证实 BMSCs 来源外泌体通过 miR-145a-5p 减少髓核细胞中 IL-1 β 、IL-6 等炎症因子表达, 以延缓椎间盘退变进程。Yuan 等^[44]则揭示人胎盘间充质干细胞来源外泌体通过上调 ZNF121 抑制 miR-4450 表达, 减少髓核细胞炎症因子释放并减轻细胞损伤, 延缓椎间盘退变进展。

干细胞外泌体通过抑制过度氧化应激延缓椎间盘退变进程。Hu 等^[45]发现 BMSCs 来源外泌体可显著降低活性氧水平, 增加线粒体膜电位, 减少线粒体损伤, 抑制髓核细胞氧化应激, 延缓椎间盘退变。Gao 等^[46]发现人脐带间充质干细胞来源外泌体通过激活核因子(红细胞衍生)相关因子 2 的抗氧化应激效应, 抑制退变的髓核细胞的溶酶体损伤, 以延缓椎间盘退变。Xu 等^[47]发现 BMSCs 来源外泌体通过抑制 Kelch 样 ECH 关联蛋白 1 促进核因子(红细胞衍生 2)相关因子 2 表达, 降低了活性氧的产生, 从而减少了髓核细胞的凋亡, 缓解了椎间盘退变。

上述研究从体外细胞实验到体内动物模型, 系统证实干细胞来源外泌体可通过靶向炎症小体激活、抑制炎症因子释放、减少氧化应激等途径, 有效改善椎间盘退变的炎症病理微环境。

3.3 维持细胞外基质代谢平衡:保护椎间盘结构完整性

细胞外基质的含量与组成的改变是椎间盘退变的标志性病理特征,正常情况下椎间盘细胞通过严格调控细胞外基质的合成与分解代谢维持细胞外基质的动态平衡,而这种平衡的破坏将直接导致椎间盘退变^[48]。因此,恢复细胞外基质代谢稳态成为干细胞来源外泌体治疗椎间盘退变的重要机制。

Lu等^[49]的研究证实BMSCs来源外泌体可促进髓核细胞增殖及细胞外基质的合成,实现椎间盘自我修复。周荣耀等^[50]发现人尿液干细胞来源外泌体可通过上调退变髓核细胞中基质金属蛋白酶组织抑制因子-1的表达,减少细胞外基质降解,促进髓核细胞增殖。Xia等^[40]的研究进一步揭示,BMSCs来源外泌体通过抑制炎性小体形成发挥抗炎作用,进而下调细胞外基质降解蛋白酶表达,减缓细胞外基质分解代谢,维持细胞外基质稳态以延缓椎间盘退变进程。Xing等^[51]将脂肪间充质干细胞来源外泌体与细胞外基质水凝胶相结合,持续释放外泌体调节基质金属蛋白酶来进一步调节基质合成和降解,并通过减轻体外炎症反应来抑制细胞焦亡。Li等^[52]发现在酸性病理环境中,BMSCs来源外泌体能够促进细胞外基质中II型胶原和蛋白聚糖的表达,并通过下调基质降解酶来减少细胞外基质降解。Guo等^[53]发现人尿液干细胞来源外泌体富含母系蛋白3,可通过促进髓核细胞增殖和细胞外基质合成,从而缓解椎间盘退变。CUI等^[54]发现携带miR-129-5p的BMSCs来源外泌体通过靶向LRG1和抑制p38 MAPK信号通路来延缓细胞外基质降解和髓核细胞凋亡,减缓椎间盘退变的进展。Li等^[55]发现BMSCs来源外泌体能够递送外源性CAHM,以增加蛋白聚糖含量、减少细胞外基质降解,缓解椎间盘退变。这些研究表明,干细胞来源外泌体可通过协调细胞外基质合成与降解的动态平衡,保护椎间盘结构完整性。

4 结语和展望

综上所述,干细胞来源外泌体通过多重机制参与椎间盘退变的修复过程。以miRNA为核心调控分子,通过精准靶向调控关键信号通路,抑制髓核细胞、软骨终板细胞、纤维环细胞的凋亡进程;通过调控炎症信号通路,减少炎症因子分泌以改善病理微环境;协调细胞外基质的合成与降

解代谢,维持椎间盘结构完整性。这些机制的阐明为椎间盘退变的治疗提供了全新的理论依据。

然而,干细胞来源外泌体治疗椎间盘退变的研究仍处于探索阶段,诸多关键问题亟待解决:其一,作用机制尚未完全阐明,尤其是不同来源外泌体(如骨髓间充质干细胞、胎盘间充质干细胞、尿液来源干细胞等)的功能特异性及其分子基础仍需深入解析;其二,现有研究对来源广泛、潜在疗效明确的干细胞来源外泌体(如牙髓间充质干细胞、脂肪间充质干细胞来源外泌体)关注较少;其三,临床转化面临外泌体质量标准化、纯化效率优化、给药方式创新及剂量精准调控等现实挑战。

未来研究应聚焦于以下方向:深入挖掘外泌体中关键功能分子(如特异性miRNA、蛋白质)的调控网络,明确其靶标相互作用;系统比较不同干细胞来源外泌体的疗效差异,筛选最优治疗载体;开发高效、稳定的外泌体分离、纯化与量产技术,探索联合生物材料的靶向给药系统以提高治疗效果。对外泌体进行工程化改造,进一步提高其靶向性、特异性、稳定性,并结合材料学、基因工程及再生医学的交叉技术,实现精准递送、高效调控、安全转化的具体目标。尽管存在挑战,但干细胞来源外泌体作为一种天然的生物活性载体,在椎间盘退变治疗领域展现出良好的潜在价值和广阔的应用前景,有望为椎间盘退变性疾病的临床治疗带来新进展。

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