



胞内致病菌入侵宿主细胞分子机理研究进展

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摘要: 胞内致病菌, 指能够侵入宿主细胞且在宿主细胞内存活并繁殖的病原菌。其入侵宿主细胞的过程主要涉及细菌黏附宿主细胞、侵袭、细菌在细胞内存活以及引起宿主细胞损伤等。先前的研究表明大多数胞内致病菌是通过吞噬细胞被动地摄取, 而随着分子生物学和免疫学的发展, 越来越多的胞内致病菌被证明能主动入侵到宿主细胞体内, 并进化出各种调控宿主细胞信号通路的方式。本文讨论了胞内致病菌在入侵宿主细胞时各阶段的共同的分子机制以及常见的胞内致病菌所采取的入侵策略, 并对近年来国内外主要相关研究进展做一总结。

关键词: 胞内致病菌; 黏附机制; 侵袭机制; 免疫逃逸; 细胞损伤

Molecular mechanism of intracellular pathogenic bacteria invading host cells

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Abstract: Intracellular pathogenic bacteria can invade the host cells and survive and reproduce in the cells. They infect host cells by adhesion, invasion, and survival, finally causing damage

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to the host cells. Studies have demonstrated that most intracellular pathogenic bacteria are passively ingested by phagocytes. With the development of molecular biology and immunology, increasing intracellular pathogenic bacteria have been proved to actively invade the host cells and evolve a variety of ways to regulate the host cell signaling pathways for escaping cellular immunity. We provided a brief overview of the common molecular mechanisms of intracellular pathogenic bacteria invading the host cells. Further, we introduced the invasion strategies adopted by common intracellular pathogenic bacteria and summarized the main research advances in recent years.

Keywords: intracellular pathogenic bacteria; adhesion mechanism; invasion mechanism; immune escape; cell injury

胞内致病菌是指能够入侵宿主细胞且能够在宿主细胞体内较长时间存活并繁殖的病原菌, 可通过寄生于宿主细胞实现持续性感染, 或利用“特洛伊木马”方式劫持巨噬细胞广泛传播实现多部位感染^[1-2]。胞内致病菌根据对宿主细胞的依赖程度常被分为专性胞内致病菌和兼性胞内致病菌两类, 专性胞内致病菌常指衣原体(*Chlamydia*)和立克次体(*Rickettsia*)等生长时必须依赖于细胞内物质方能存活的病原菌^[3]; 而兼性胞内致病菌则指既能存活于细胞内, 又可生长于细胞外的病原菌, 常见有单核细胞增多性李斯特菌(*Listeria monocytogenes*)^[4]、布鲁氏菌(*Brucella*)^[5]、致病奈瑟菌(*Neisseria*)^[6]等。胞内致病菌可借助黏附素黏附于皮肤黏膜、呼吸道以及消化道等部位, 随后在黏附素(adhesin)和侵袭素(invasion)的介导下进入宿主细胞并在其内部进行繁殖, 通过不同的作用机制调控宿主细胞死亡相关信号通路, 从而达到逃避宿主免疫监视的目的。

病原菌与宿主细胞之间复杂的相互作用是细菌实现感染宿主的基础, 而细菌性感染疾病始终是威胁人类生命安全和生活生产的主要原因。随着抗生素的广泛使用, 细菌性感染疾病在一定程度上得到抑制, 然而由于胞内致病菌掩藏在宿主细胞内, 抗生素难以发挥作用, 又因其不断进

化出新的感染机制和免疫逃避机制, 使得宿主的免疫系统对其失效, 这便造成了胞内致病菌难以被清除, 其引起的感染性疾病难以被治愈。因此, 了解胞内致病菌与宿主细胞相互作用的分子机制、探讨其侵染的整个过程不仅具有实践意义, 对于感染性疾病的预防、诊断和治疗也能提供新的思路。故本文对胞内致病菌感染宿主细胞过程所涉及的分子机制做如下概述, 概括阐明近年来针对胞内致病菌的相关研究进展。

1 胞内致病菌黏附宿主细胞的作用机制

黏附(adhesion)是细菌表面的黏附分子与宿主细胞膜受体相互作用的结果, 是跨越细胞和组织屏障的起点, 也是细菌能否感染宿主的先决条件^[7]。只有成功黏附之后, 细菌才可以在宿主内进行传播以及释放毒力因子, 进而感染宿主细胞^[8]。这个过程具有多种特异性, 如宿主特异性、组织特异性以及细胞特异性等^[9-10]。通常来讲克服细胞表面的排斥力是成功黏附的基础, 该过程需要细菌黏附素和宿主细胞表面的特异性受体共同作用。常见的黏附素主要有菌毛、鞭毛、外膜蛋白、血凝素等, 而黏附素受体通常则为糖脂或糖蛋白、纤维结合素、纤维蛋白原以及胶原等。

1.1 黏附素

黏附素的成分通常为蛋白质或糖脂,一般位于菌毛末端、细胞壁、外膜蛋白等处,是一种能直接介导细菌在宿主细胞上黏附的细菌表面结构^[7]。1961年,Stirm等^[11]发现了一种具有黏附特性的菌毛,这也是被人类发现的第一种黏附素,随后其他具有黏附特性的菌毛也陆续被发现,之前的研究一度认为黏附素仅存在于某些细菌的菌毛结构中,但随着研究的深入,革兰氏阳性菌表面的具有黏附特性的非菌毛形态结构陆续被发现,黏附素的含义也由此被丰富。因此目前按照黏附素的形态结构差异将其主要分为两大类:菌毛黏附素和非菌毛黏附素。

1.1.1 菌毛黏附素

菌毛黏附素可与宿主细胞的受体结合,介导对宿主细胞的粘附和感染^[12]。常见的有P菌毛、I型菌毛、III型菌毛、IV型菌毛、Yad菌毛等。

P菌毛的表达和合成至少需要PAP基因群的11种基因^[13],位于其尖端的PapG黏附素可与尿路上皮细胞、肾上皮细胞表面P血型抗原物质Gal(α -4)Gal双糖特异性结合^[14-16],可介导病原菌黏附于上尿道,引起急性肾盂肾炎。

由*fim*基因群编码的I型菌毛是存在于大多数肠杆菌表面的一种极其重要的毒性决定因子,它可以介导细菌与宿主细胞的D-甘露糖连接,从而使细菌成功侵入泌尿生殖道、呼吸道和肠道的上皮细胞^[17-18]。I型菌毛的黏附作用主要由位于其尖端的FimH蛋白体现^[18],FimH蛋白有两个结构域,一边连接菌毛的FimG,另一边则含有一个“糖结合袋”用来容纳宿主细胞特异性受体的甘露糖残基^[19]。Kuźmińska-Bajor等^[20]使用野生型肠炎沙门氏菌(*Salmonella enteritidis*)及其*fimH*敲除菌株(肠炎沙门氏菌)同时进行感染小鼠,研究发现敲除株感染小鼠肠细胞的粘附和侵袭性显著降低,与此同时使用生物发光成像观察

到FimH的丢失与细菌在小鼠体内的大量定居密切相关,这些实验都说明了FimH蛋白在肠炎沙门氏菌黏附小鼠肠细胞过程中发挥了重要作用(图1)。

由*mrk*(*E.A.B.C.D.F*)基因群表达蛋白装配形成的III型菌毛常介导肺炎克雷伯菌(*Klebsiella pneumoniae*)对相应宿主的内皮细胞和泌尿生殖道、呼吸道的上皮细胞以及肾小管基底膜等处的黏附^[22]。其中位于菌毛尖端的MrkD蛋白发挥了主要的黏附功能,李扬等^[23]通过黏附活性实验与黏附动力学实验证实了MrkD蛋白对肺炎克雷伯菌黏附永生生化人支气管上皮细胞(BEP-2D)具有显著的影响。

IV型菌毛是一种常见的介导细菌黏附于小肠黏膜的菌毛,常存在于产酶溶杆菌(*Lysobacter enzymogenes*)、致病奈瑟菌和霍乱弧菌(*Vibrio cholerae*)等细菌表面^[24]。IV型菌毛也是许多病原菌表面的重要毒力因子,参与多种功能,包括黏附、蠕动、生物膜形成、水平基因转移等^[25](图2)。

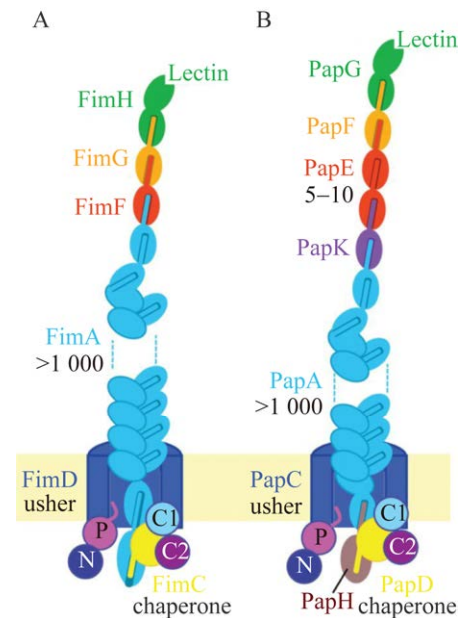


图1 I型菌毛和P型菌毛结构示意图^[21]

Figure 1 Structure diagram of type I pilus and type P pilus^[21]. A: Type I pilus. B: P pilus.

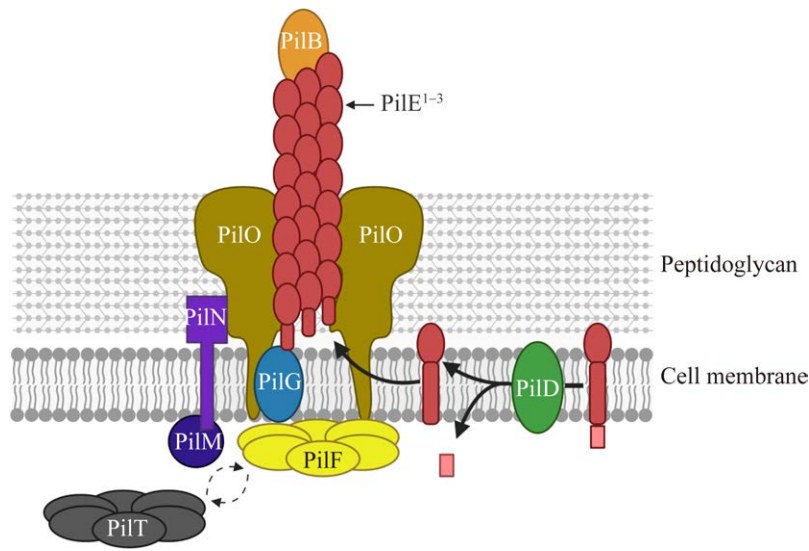


图 2 IV型菌毛结构示意图^[26]
Figure 2 Structure diagram of type IV pilus^[26].

在致肾盂肾炎大肠埃希菌 (*uropathogenic Escherichia coli*, UPEC) 中广泛存在的 Yad 菌毛, 由 *yadN*、*yadM*、*yadL*、*yadK*、*ecpD*、*htrE* 和 *yadC* 等 7 个基因编码的蛋白组装形成^[27], 其中 *yadC* 表达形成顶端黏附素 (图 3)。李晓^[28]通过构建 UPEC 菌株 CFT073 的 *YadC* 缺失菌株 ($\Delta yadC$) 和回补菌株 ($\Delta yadC$ p-*yadC*) 并在体外分别进行细胞黏附及侵袭实验, 探究了 *Yad* 菌毛的 *YadC*

蛋白在 UPEC 致病过程中的作用, 证实了 *YadC* 可介导 UPEC 对膀胱上皮细胞的黏附与侵袭, 此外还利用 Far-western blotting、质谱分析和免疫共沉淀等技术证实了膜联蛋白 A2 (annexin A2, ANXA2) 是膀胱上皮细胞表面与 *YadC* 相互作用的受体蛋白。

病原菌的菌毛往往由其特定的基因群表达合成, 但其顶端蛋白才是黏附宿主细胞的关键结构, 那么菌毛结构中其他蛋白质的功能又是如何, 仍值得研究者们深入探讨, 是否仅仅起着连接病原菌主体的作用? 还是具有信息传递、促进黏附等多种功能?

1.1.2 非菌毛黏附分子

非菌毛黏附素主要有鞭毛蛋白、外膜蛋白、血凝素等几种类型, 常见于革兰氏阳性菌, 是在细菌表面的不成菌毛形状但可介导细菌的黏附作用的一类物质的总称^[7,30-32]。

鞭毛蛋白所引起的黏附常见于沙门氏菌、铜绿假单胞菌 (*Pseudomonas aeruginosa*) 以及空肠弯曲菌 (*Campylobacter jejuni*) 等, 此类蛋白对细菌黏附宿主细胞起着重要作用^[33-36]。Tasteyre 等^[37]

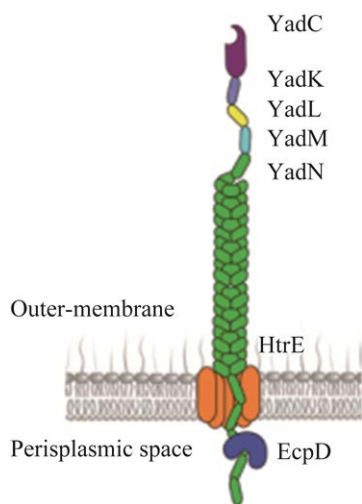


图 3 Yad 菌毛结构^[29]
Figure 3 The structure of Yad fimbriae^[29].

分别分析了艰难梭状芽胞杆菌(*Clostridium difficile*)的鞭毛缺失突变株和野生株对宿主的黏附作用, 研究结果表明鞭毛缺失突变株与宿主细胞的结合能力比同一血清组的野生株的结合能力低 10 倍, 证明了鞭毛蛋白作为黏附物质介导细菌对宿主细胞的黏附。

外膜蛋白(outer membrane proteins, OMP)是一种参与细菌黏附过程的重要黏附分子, 可以与细胞膜上的糖残基受体结合发生反应, 从而使细菌固着在宿主细胞上。李楚楚^[38]利用细胞黏附侵袭实验研究了致病性小肠结肠炎耶尔森菌(*Yersinia enterocolitica*) 105.5R(r) $\Delta ompA$ 和野生株 105.5R(r)在细胞黏附侵袭上的差异, 实验结果表明 105.5R(r) $\Delta ompA$ 的黏附侵袭能力明显低于野生株, 证实了外膜蛋白 A 在该菌黏附过程中发挥了重要作用。

一些凝血素在细菌粘附细胞的过程中起着重要作用, 如肝素结合凝血素参与分枝杆菌(*Mycobacterium*)黏附宿主^[39], 百日咳杆菌(*Bordetella pertussis*)的丝状凝血素对细菌黏附单层 WiDr 细胞(人肠癌类上皮细胞)起着重要作用^[40], 以及幽门螺旋杆菌(*Helicobacter pylori*)的 N-乙酰乳糖神经氨原纤维凝血素亦可介导该菌对细胞的黏附^[41]。

1.2 黏附素受体

细菌黏附是一个配体(黏附素)与受体相互作用的过程, 二者缺一不可。若是缺失了相应的受体, 则无法发生特异性结合, 细菌也无法在相应的部位黏附及定殖, 从而入侵宿主细胞^[42-43]。从某种程度上讲, 宿主细胞在整个黏附过程中甚至扮演了主动者的角色, 在宿主细胞接受到被感染的信号后, 便主动地表达相应的黏附受体与细菌特异性结合^[44]。一般来讲, 一种宿主细胞可被多种细菌黏附, 因此, 一种宿主细胞表面应该

存在多种类型受体, 与此同时, 一种受体亦可被多种黏附素识别^[7]。大多数革兰氏阴性菌的黏附受体都是位于宿主细胞表面的糖脂或糖蛋白。细菌常常与其糖类残基特异性结合, 比如上文提到的 I 型菌毛可与宿主细胞的 D-甘露糖连接介导黏附。革兰氏阳性菌的黏附受体种类较多, 大都是细胞外基质的一些成分, 比如纤维结合素、纤维蛋白原以及胶原等^[45-48]。

2 胞内致病菌对宿主细胞的侵袭机制

2.1 入侵非吞噬细胞

病原菌入侵非吞噬细胞往往采取主动“进攻”的方式^[49], 它们能充分利用自身所具备的毒力因子, 采用最适宜的手段侵入上皮细胞、内皮细胞等。侵袭成功与否是胞内致病菌能否致病的关键, 其中一些细菌可以分泌一些因子来模拟真核细胞信号颗粒跨膜转导, 使宿主细胞主动地改变局部肌动蛋白骨架, 除此之外, 一些细菌还可以直接分泌作用于宿主蛋白细胞骨架的特异性毒力因子, 从而进入宿主细胞^[50]。总而言之, 这个过程与 Rho、Rac 和 Cdc42 等 Rho 家族成员介导的肌动蛋白细胞骨架重排有密切的联系, 通常涉及“拉链(zipper)”与“触发(trigger)”两种主要机制^[51](图 4)。

2.1.1 拉链(zipper)机制

拉链(zipper)机制是指细菌的配体与宿主细胞的受体直接接触, 通过与宿主细胞表面的相应受体特异性结合来激活宿主细胞一连串的信号转导, 包括蛋白质的磷酸化、效应分子的募集以及细胞骨架成分的活化, 从而形成吞噬杯把菌体包裹在内以实现细菌的内化^[54]。这个过程中宿主细胞一般不会出现明显的细胞膜褶皱, 且不会引起细胞骨架的大规模重排。

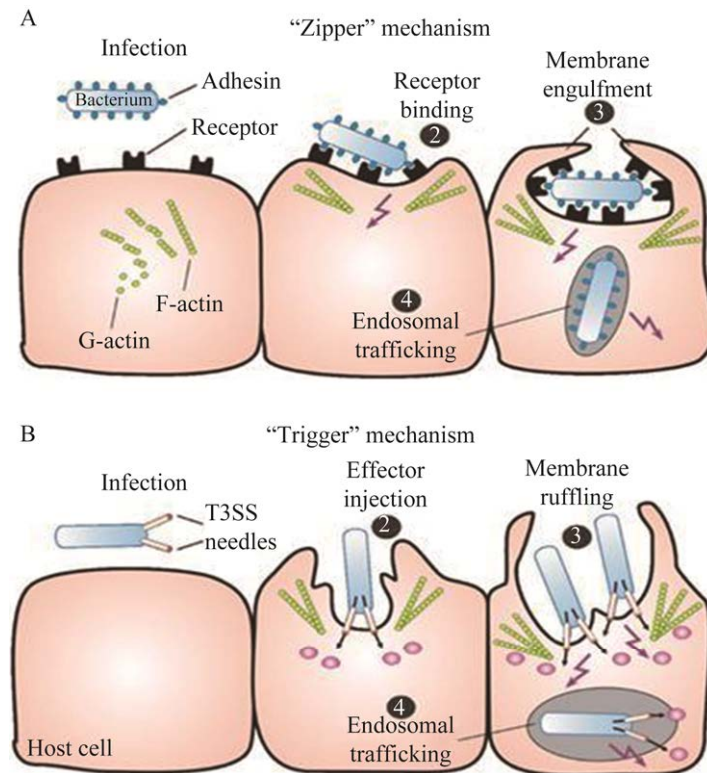


图 4 细菌侵入非吞噬宿主细胞的主要机制^[52-53]

Figure 4 Primary mechanisms of bacterial invasion into non-phagocytic host cells^[52-53]. A: The "Zipper" invasion mechanism. B: The "Trigger" invasion mechanism.

耶尔森氏菌(*Yersinia*)可通过自身的黏附素(YadA)黏附宿主细胞后,通过侵袭素(Inv)与宿主细胞的 β_1 -整合素相互作用,使整合素聚集成簇,从而产生多种细胞内信号,引起细胞骨架重排,随后在网格蛋白的介导下陷入宿主细胞的胞内膜包含体中^[55]。研究表明,耶尔森氏菌与宿主细胞的结合至少诱导了两条不同的信号通路,一种通过活化磷脂酰肌醇-3 激酶(phosphatidylinositol-3 kinase, PI-3K)和酪氨酸激酶(tyrosine kinase, TK)使其成功内化^[56-57];另一种则不依赖于PI-3K,而是通过Rac1的参与并诱导多种细胞因子产生^[58]。

四大食源性致病菌之一的单增李斯特菌^[59],是一种致死率极高的胞内致病菌,在肝细胞、上皮细胞都能实现入侵并成功增殖^[60-61]。研究表明单增李斯特菌分泌的毒力因子内化素A(InlA)、

内化素B(InlB)可分别与宿主细胞表面受体跨膜糖蛋白钙黏着蛋白E-cadherin、c-Met特异性结合^[62-63],介导细菌入侵肠道上皮细胞、肝细胞等。当InlA与E-cadherin结合时,可募集 α -链蛋白, α -链蛋白进而与肌动蛋白发生作用。InlB与c-Met的结合引起磷酸肌醇3-激酶的活化,继而激活Rac、WASP家族蛋白、Arp2/3复合物、血管舒张剂刺激磷酸蛋白LIM激酶及丝切蛋白(cofilin)等,启动肌动蛋白多聚化,使肌动蛋白丝伸长、吞噬杯处的肌动蛋白重排,细胞膜延展并包绕细菌,使细菌成功内化^[64-65]。

2.1.2 触发(trigger)机制

触发(trigger)机制是指一些病原菌在对数生长期长期激活一些效应分子引起TTSS系统或类似系统的合成与组装,在细菌与宿主细胞接触后,

使宿主细胞骨架产生大规模的重排、细胞膜流动性改变,伸出片状或者伪足样结构包裹病原菌,将其卷入细胞内。利用该种机制入侵的细菌通常具有 TTSS 或者与其类似的毒力系统,类似于生长因子刺激下的细胞膜发生的皱突反应。

志贺氏菌(*Shigella*)主要通过III型分泌系统分泌的毒力效应蛋白来介导细菌的入侵并在宿主细胞内诱导肌动蛋白彗尾的形成^[66]。除此之外,志贺氏菌的分泌蛋白 Ipa 复合物是其成功侵袭必需的蛋白分子^[67]。此分泌蛋白在与宿主细胞膜结合后,通过激活信号转导通路使细胞膜形成伪足状突起,随后细菌被包裹,完成内化过程^[54]。Ipa 复合物中的 IpaA 通过激活 Cdc42、Rac 及 Rho,使细胞膜上聚集 α -辅肌动蛋白和踝蛋白,形成黏着斑样结构,此为细菌侵袭过程所必需结构。而 Ipa 复合物中的 IpaB、IpaC 则在胞外形成可溶性复合物,使细胞膜出现孔状结构以及激活 Rho 蛋白家族成员,诱导局部重组肌动蛋白细胞骨架,使志贺氏菌成功入侵宿主细胞^[68-69]。

目前,越来越多的致病菌被证明具有入侵非吞噬细胞的能力,如杀鱼爱德华氏菌(*Edwardsiella piscicida*)被证实可以入侵多种非吞噬细胞,研究表明,杀鱼爱德华氏菌在入侵 Hela 细胞时其细胞膜会发生明显的膜皱褶和肌动蛋白重排,随后在小窝蛋白的介导下通过激活宿主细胞的信号通路诱导胞饮形成完成入侵,其中 Rac1 触发膜皱褶并激活 Pak1, Pak1 再对细胞骨架进行调节^[70]。研究发现,无乳链球菌(*Streptococcus agalactiae*)表面的一些黏附分子可与宿主细胞表面受体结合,诱导宿主细胞内的黏着斑激酶(focal adhesion kinase, FAK)磷酸化,激活其下游的信号通路,诱导细胞骨架重排和细胞膜内陷,从而完成入侵。无乳链球菌作为人畜共患菌,可引起包括人类在内的多个物种感染,而入侵非吞噬细胞是造成局部慢性感染的主要

原因之一。目前无乳链球菌也被证明能够入侵多种非吞噬细胞,如 HeLa 细胞、HEp-2 细胞、A549 细胞、MDCK 细胞、人脑微血管内皮细胞、奶牛乳腺上皮细胞等^[71-76],但是入侵鱼类非吞噬细胞还未见报道。罗非鱼(*Oreochromis niloticus*)是无乳链球菌的主要宿主之一^[77],利用无乳链球菌感染罗非鱼细胞系对于研究无乳链球菌引起罗非鱼慢性感染的致病机制有着重要意义。

2.2 入侵吞噬细胞

一些病原菌可通过吞噬作用被一些专职吞噬细胞如巨噬细胞、中性粒细胞所吞噬,并在吞噬细胞胞内存活实现感染。巨噬细胞的激活受到多种信号通路的调节。病原体会表达数种标志性分子即病原体相关分子模式(pathogen-associated molecular patterns, PAMP),而在巨噬细胞表面有一系列识别配体的受体,当细菌黏附巨噬细胞时,巨噬细胞则利用细胞表面或胞内的模式识别受体(pattern recognition receptors, PRR)识别 PAMP 或通过调理素(opsonin)介导对细菌的间接识别,继而吞噬细菌并形成吞噬泡^[78]。例如嗜肺军团菌(*Legionella pneumophila*)的外膜蛋白可在 C3 和 C3bi 的介导下与巨噬细胞表面的补体受体 CR1(CD35)和 CR3(CD18/CD11b)结合^[79],随后被吞噬细胞摄取并激活相关信号通路以响应细菌的入侵。在这种宿主细胞占绝对主动性的吞噬过程中,病原菌在其中扮演的角色却值得我们深思。此外,巨噬细胞如何接收到病原菌的信息,是否对不同的病原菌有不同的吞噬机制;病原菌是否有抵抗吞噬行为,抑或与吞噬细胞相互作用促进吞噬,其中的分子机制都值得深入探索。

3 胞内致病菌调控宿主细胞死亡以逃避免疫应答

病原菌在长期与宿主的免疫系统相互作用的过程中,进化出了多种逃避宿主免疫应答的分

子机制。随着感染的发生, 宿主免疫系统可产生抗感染免疫应答, 但病原菌却可通过调控宿主细胞死亡的方式逃避免疫应答来实现自我的存活与传播。研究发现, 致病病原菌可通过各种方法使细胞出现不同的死亡方式, 其形态特征、分子机制以及生理效应也有所不同。

3.1 细胞焦亡(pyroptosis)

细胞焦亡是一种新发现的炎性细胞程序性死亡方式, 主要依赖于 caspase-1 和/或 caspase-11 的活化^[80]。当病原菌感染细胞后, 细胞质内的含半胱氨酸的天冬氨酸蛋白水解酶被活化, 释放 IL-1 β 、IL-18 清除细菌, 产生一系列的后续反应, 使细胞膜出现穿孔, 胞内的物质释放到胞外, 诱发炎症反应^[81]。研究表明, 多种胞内致病菌皆可诱导细胞焦亡现象的发生^[81]。Fink 等^[82]通过鼠伤寒沙门氏菌感染巨噬细胞的研究, 发现伤寒沙门氏菌可利用 III 型分泌系统使巨噬细胞的膜上形成数纳米的膜孔, 发生细胞焦亡; Suzuki 等^[83]通过研究发现, 志贺杆菌可利用蛋白质 IpaB 诱导巨噬细胞焦亡; Li 等^[84]通过对牙龈卟啉单胞菌感染人单核细胞系 U937 的研究发现, 该菌可在感染早期通过 miR-155 调节 NLRP3 炎症小体促进细胞焦亡; Katagiri 等^[85]通过嗜肺军团菌感染小鼠巨噬细胞 Raw264.7 发现嗜肺军团菌可诱导细胞焦亡。此外, 布鲁氏菌、幽门螺杆菌、耶尔森菌以及单增李斯特菌等皆有诱导细胞产生焦亡的报道^[86-89]。

3.2 细胞自噬(autophagy)

自噬是由自噬相关基因(autophagy-related genes, ATG)编码的蛋白介导的一种保守的细胞死亡途径^[90]。病原菌入侵细胞后, 会在病原菌周围形成双层膜结构的囊泡, 即自噬体, 并将细菌包裹转运到溶酶体处进行降解, 以抑制病原菌生长^[91]。然而, 胞内致病菌也可以采取不同的策略参与宿主细胞的自噬途径, 更有一些病原菌

直接进化出了操纵自噬相关基因表达和功能的机制, 以此来保证自身的存活和繁殖^[92]。自噬体的诱导受到一系列信号通路的严格调控, 在细胞受到病原体刺激时, 雷帕霉素靶蛋白(the mammalian target of rapamycin complex 1, mTOR)则处于失活的状态, 此时腺苷酸激活激酶(AMP-activated kinase, AMPK)通过磷酸化自噬信号起始复合物 ULK-51 样激酶 1 (UNC-51-like kinase 1, ULK1)的 Ser 317 和 Ser 777 启动自噬体形成^[93]。通常胞内致病菌可通过抑制自噬信号的诱导、抑制自噬体的形成、阻断自噬体与溶酶体的融合以及利用宿主蛋白掩盖自身以逃避自噬, 但也有一些胞内菌则通过主动诱导自噬, 利用自噬体作为自身生长繁殖的生态位^[94]。

3.3 细胞凋亡(apoptosis)

细胞凋亡是一种受基因调控的主动的生理性自杀行为, 主要由 caspase-8 或 caspase-9 激活的外源性(死亡受体途径)或内源性(线粒体途径)信号通路触发, 然后激活凋亡蛋白酶 caspase-3、caspase-6 和 caspase-7, 并使细胞形态发生改变^[95]。细菌感染常会诱发细胞凋亡, 而胞内致病菌通过各种途径入侵机体后, 通过操纵细胞凋亡的机制来获取生存。常见的调控方式有干扰细胞外信号转导、干扰细胞内信号转导以及利用胞葬作用逃逸免疫系统等。例如耶尔森菌可利用 Pla 蛋白酶降解凋亡信号分子 Fas 配体, 使 Fas/FasL 介导的细胞凋亡信号通路被抑制, 从而使 caspase-3 不被激活, 减少炎性细胞因子的产生, 促进自身的繁殖^[96]; 结核分枝杆菌可通过自身的蛋白酪氨酸磷酸激(protein tyrosine phosphate kinase, PtpA)阻断核因子 κ B (nuclear factor kappa-B, NF- κ B)途径激活, 抑制 TNF 和其他炎症因子的产生^[97]; 海洋分枝杆菌感染巨噬细胞诱导细胞凋亡, 其则掩藏在发生凋亡的细胞中被其他巨噬细胞吞噬, 实现进一步感染并随着

新感染的巨噬细胞传播到新的繁殖场所^[98]。

3.4 细胞程序性坏死(necroptosis)

细胞程序性坏死主要由受体互作蛋白激酶(receptor interaction protein kinases, RIPK) 1 和 3 调控, 通过诱导形成死亡信号复合体, 活化 NF- κ B 相关信号通路, 促进细胞程序性死亡^[99]。其参与调控的信号分子主要有 TNF- α 、N-甲基-D-天冬氨酸、p38 丝裂原活化蛋白激酶以及病原体识别受体等^[100]。研究表明当细胞受到病原体刺激时, 便会发生程序性坏死以此来抵抗病原体^[101]。例如造成肺结核的结核分枝杆菌感染巨噬细胞时, RIPK1/RIPK3 信号通路可被其胞内的 TNF 信号通路激活, 使细胞发生程序性坏死^[102]; 伤寒沙门菌在感染巨噬细胞时不仅可以诱导细胞发生焦亡, 还可通过激活细胞内的 IFN-I 信号通路诱导巨噬细胞发生程序性坏死^[103]; 才旭^[104]通过检测嗜肺军团菌感染肝脏细胞时程序性坏死相关蛋白的表达情况, 发现嗜肺军团菌可诱导细胞发生程序性坏死。

4 总结与展望

胞内致病菌能在宿主体内较长时间存活以及广泛传播而不受宿主体液免疫和常规药物的影响, 宿主只能通过细胞免疫将其清除, 然而因其不断进化出强大的免疫逃逸策略, 使宿主细胞不能有效地识别并清除细菌, 因此常会造成慢性感染以及复发性感染。目前胞内致病菌与宿主细胞相互作用的分子机制尚未得到充分研究, 未来可以从以下几点着手:

(1) 胞内致病菌在入侵时需要与宿主细胞表面受体特异性结合, 且其表面黏附素与侵袭素多由蛋白质组成, 具有很强的免疫原性, 能够刺激宿主产生抗体, 因此, 其表面黏附素与侵袭素可作为疫苗开发的作用靶点, 为预防胞内致病菌引起的疾病提供新的思路。

(2) 胞内菌引起的慢性感染和复发性感染始终是困扰人类的一大难题, 近年来随着医学的发展, 抗菌肽、纳米颗粒以及反义寡核苷酸技术等新型疗法逐渐被用于杀灭胞内致病菌, 但其仍然存在安全性、稳定性以及经济成本等问题。因此, 应该加大对胞内菌侵染宿主细胞机制的研究, 根据胞内菌不同的侵染生存策略, 开发出新的递药系统, 完善相应的治疗方法, 使其引起的感染从根源得到抑制。

(3) 近年来, 有研究发现细菌可入侵肿瘤细胞重塑其骨架, 以此增强抗压力, 从而促使癌细胞转移。因此显然需要对胞内致病菌感染肿瘤细胞这一新兴领域进行更多的研究。

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