

## · 基础研究 ·

# 胰岛素通过激活 Nrf2/GPX4 通路抑制铁死亡改善脂多糖诱导的急性肺损伤

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**【摘要】目的** 探究胰岛素对脂多糖(LPS)诱导的急性肺损伤(ALI)的作用及具体调控机制。**方法** 采用6~8周龄的C57BL/6雄性小鼠,按照随机数表法分为对照组(WT组)、LPS组、LPS+胰岛素组(LPS+INS组)和LPS+胰岛素+ML385(Nrf2蛋白抑制剂)组(LPS+INS+ML385组),每组6只。通过气管内滴注LPS建立LPS诱导的ALI模型,造模12 h后处死,收集小鼠肺组织并进行检测。采用苏木精-伊红染色法检测肺损伤严重程度,采用吉姆萨染色检测支气管肺泡灌洗液(BALF)中炎症细胞水平,应用酶联免疫吸附试验测定BALF中促炎因子水平及肺组织中铁死亡相关指标,采用免疫印迹法测定铁死亡相关蛋白的表达水平。采用SPSS 19.0和GraphPad Prism 8软件进行数据分析。两组间比较采用t检验,多组间差异比较采用单因素方差分析。**结果** 与WT组比较,LPS组小鼠肺组织病理损伤加重,BALF中炎症细胞及促炎因子显著增加(均P<0.05)。与LPS组相比,LPS+INS组小鼠肺组织中丙二醛显著下降,谷胱甘肽水平增加;LPS+INS组小鼠肺组织中核因子红细胞2相关因子2(Nrf2)、谷胱甘肽过氧化物酶4(GPX4)蛋白水平显著升高,与LPS+INS组相比,LPS+INS+ML385组Nrf2及GPX4蛋白水平显著下降(均P<0.05)。**结论** 在ALI中,胰岛素通过激活Nrf2/GPX4通路减轻铁死亡,为临床干预ALI提供新靶点。

**【关键词】** 急性肺损伤;胰岛素;铁死亡;Nrf2/GPX4信号通路

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## Insulin inhibits ferroptosis via activation of Nrf2/GPX4 pathway to ameliorate lipopolysaccharide induced acute lung injury

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**【Abstract】 Objective** To investigate the role of insulin (INS) in lipopolysaccharide (LPS)-induced acute lung injury (ALI) and the underlying mechanism. **Methods** Male C57BL/6 mice (6–8 weeks) were randomly divided into four groups (6 mice per group): control (WT), LPS, LPS + INS, and LPS + INS + ML385 (Nrf2 inhibitor) groups. Mouse model of ALI was established with intratracheal LPS instillation, and the mice were sacrificed to collect lung tissues in 12 h after modelling. HE staining was used to observe the severity of lung injury, Giemsa staining was employed to detect the inflammatory cells in bronchoalveolar lavage fluid (BALF), enzyme-linked immunosorbent assay was utilized to measure the contents of pro-inflammatory cytokines and ferroptosis-related indicators in lung tissues, and Western blotting was applied to determine the expression of ferroptosis-related proteins. SPSS statistics 19.0 and GraphPad Prism 8 were used for statistical analysis. Student's t test was conducted for comparison between two groups, and one-way analysis of variance was performed for comparison among multiple groups. **Results** Compared to the WT group, the LPS group exhibited significantly severer lung injury, more BALF inflammatory, and pro-inflammatory cytokines in lung tissues (all P<0.05). INS treatment resulted in decreased malondialdehyde and increased glutathione contents, and elevated protein levels of Nrf2 and GPX4 in lung tissues when compared with the LPS group (P<0.05). Compared with the LPS+INS group, the protein levels of Nrf2 and GPX4 in the LPS+INS+ML385 group decreased significantly (P<0.05). **Conclusion** Insulin alleviates ferroptosis in ALI by activating the Nrf2/GPX4 pathway, suggesting a promising therapeutic target for ALI treatment.

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**【Key words】** acute lung injury; insulin; ferroptosis; Nrf2/GPX4 signaling pathway

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急性肺损伤(acute lung injury, ALI)是临床中常见的危及生命的危重疾病<sup>[1]</sup>。关于ALI病理生理机制的研究有一定的进展,但针对ALI仍缺乏有效的临床治疗方法<sup>[2]</sup>。有文献报道铁死亡参与ALI的发生<sup>[3]</sup>。研究表明,在ALI小鼠模型中,铁死亡诱导剂可显著提高肺部组织炎症细胞浸润和促炎因子水平,加重肺损伤<sup>[4-6]</sup>。因此,抑制铁死亡有望成为治疗ALI的可能靶点。胰岛素是一种由胰岛β细胞分泌的激素,有研究证实胰岛素可在肺部发挥抗炎作用<sup>[7]</sup>。也有研究发现在脂多糖(lipopolysaccharide, LPS)诱导神经系统炎症动物模型中,胰岛素可以抑制铁死亡从而减轻神经系统损伤<sup>[8]</sup>。但是,在ALI中胰岛素是否可以通过抑制铁死亡改善肺损伤,以及胰岛素减轻肺损伤的具体机制尚不明确。因此,本研究旨在探讨胰岛素在ALI中作用和机制,聚焦铁死亡,为ALI的预防和治疗提供新思路。

## 1 材料与方法

### 1.1 研究材料

LPS (#L2880, sigma);一抗Nrf2 (#163961, Proteintech)、GPX4 (#ab125066, Abcam)、β-Tubulin (#10094-1-AP, Proteintech)、山羊抗兔二抗(#SA00001-2, Proteintech);丙二醛(malondialdehyde, MDA)检测试剂盒(#KTB1050, abbkine)、Fe<sup>2+</sup>检测试剂盒(#ADS-W-QT027, 南京建成生物)、谷胱甘肽(glutathione, GSH)检测试剂盒(#KTB1600, abbkine)。白介素-1β(interleukin-1 beta, IL-1β)检测试剂盒(#KTE7005, abbkine)、白介素-6(interleukin-6, IL-6)检测试剂盒(#KTE7009, abbkine)、肿瘤坏死因子-α(tumor necrosis factor-α, TNF-α)检测试剂盒(#KTE7015, abbkine)。

### 1.2 方法

1.2.1 动物实验及分组 6~8周龄,雄性C57BL/6小鼠24只,均购买于集萃药康公司(北京),并在中国人民解放军总医院动物实验中心饲养,小鼠饲养在环境温度为(21±2)℃,光/暗循环12 h,小鼠可自由获取食物和水。采用随机数字法将小鼠分为对照组(WT组)、LPS组、LPS+胰岛素组(LPS+INS组)和LPS+胰岛素+ML385组(LPS+INS+ML385组),每组6只。LPS组小鼠气管内滴注LPS(5 mg/kg);LPS+INS组,在注射LPS前0.5 h腹腔注射胰岛素1 IU/kg加

葡萄糖(1 g/kg)配制预防低血糖的产生<sup>[9]</sup>,之后气道滴注LPS(5 mg/kg);LPS+INS+ML385组在腹腔注射胰岛素与气道滴注LPS前连续7 d腹腔注射ML385(30 mg/kg),每天1次,其余三组连续7 d腹腔注射生理盐水。在LPS干预造模0、6、12 h后取尾静脉血液检测小鼠血糖水平变化情况,小鼠麻醉后断颈处死,立即开胸收集小鼠新鲜肺组织。所有动物实验操作均符合美国国立卫生院出版的《实验动物的伦理和使用指南》,并获得中国人民解放军总医院动物伦理委员会批准(S2024-359-02)。

1.2.2 小鼠机体酸碱状态及感染指标检测 待小鼠麻醉后,在腹主动脉处取血,立即使用血气分析仪检测pH值及血氧分压。使用C-反应蛋白试剂盒,按照说明书进行检测。

1.2.3 组织病理染色及肺损伤评分 取小鼠左肺于4%甲醛溶液中固定后石蜡包埋切片,对切片行苏木素-伊红(hematoxylin-eosin staining, HE)染色,染色完成后在光学显微镜下观察并进行肺损伤评分。采用半定量评分系统<sup>[10]</sup>对肺泡及间质炎症、水肿、出血和肺泡间隔增厚等4项指标进行评估。

1.2.4 肺湿/干重比测定 小鼠处死后,使用滤纸清理肺部表面的血迹与异物,立即在电子秤测定其湿重。接着,将肺组织置于65℃的烘箱内烘干4 d至重量恒定,再次称量肺组织干重并计算肺湿/干重比。

1.2.5 支气管肺泡灌洗液中炎症细胞及促炎因子检测 取小鼠支气管肺泡灌洗液(bronchoalveolar lavage fluid, BALF),离心后加入红细胞裂解液,冰上裂解后离心重悬。用移液枪将细胞悬液铺满整个圆圈,涂片放置自然晾干并丙酮固定,按照吉姆萨染色试剂盒说明书进行染色。分离BALF中的上清,采用酶联免疫吸附试验(enzyme-linked immunosorbent assay, ELISA)对白细胞介素-1β(interleukin-1β, IL-1β)、白细胞介素-6(interleukin-6, IL-6)及肿瘤坏死因子-α(tumor necrosis factor-α, TNF-α)含量进行测定,在593 nm波长下测量吸光度。

1.2.6 亚铁离子水平检测 将组织样品置于2.0 ml EP管中研磨10 min后离心。加入标准品和样品至96孔板,加入Iron Reducer和Iron Probe,37℃孵育30 min后避光显色60 min,测定593 nm波长处吸光度。

1.2.7 MDA水平检测 将组织样品匀浆后反复冻融或超声处理,离心取上清液备用。稀释样品5倍后加入酶标板,加入辣根过氧化物酶(horseradish

peroxidase, HRP)标记抗体,37℃孵育1 h,洗涤后加入A液和B液,37℃孵育15 min,加入终止液后在对应波长处( $\Delta A = A532 - A600$ )测定吸光度。

**1.2.8 GSH水平检测** 将组织样品匀浆后反复冻融或超声处理,离心取上清液备用。稀释样品5倍后加入酶标板,加入HRP标记抗体,37℃孵育1 h,洗涤后加入底物A和B,避光孵育15 min,测定412 nm波长处吸光度。

**1.2.9 蛋白质免疫印迹检测** 收集小鼠肺组织,将其与裂解缓冲液(radioimmunoprecipitation assay, RIPA)按说明书比例混合,在冰上裂解30 min。超声波进一步破碎,并离心获取上清液。使用二喹啉甲酸(bicinchoninic acid, BCA)法进行蛋白质浓度定量。电泳分离蛋白质,并将蛋白质转移到NC膜上。在5%脱脂牛奶封闭1 h,一抗(GPX4, Nrf2,  $\beta$ -Tubulin, 1:1000)4℃孵育过夜。第2天,在室温下与二抗孵育2 h。最后,对蛋白质带进行显色处理<sup>[11]</sup>。

### 1.3 统计学处理

采用SPSS 19.0和GraphPad Prism 8统计软件进行数据分析。计量资料用均数±标准差( $\bar{x} \pm s$ )表示,两组间比较采用t检验,多组间差异比较采用单因素方差分析。 $P < 0.05$ 为差异有统计学意义。

## 2 结果

### 2.1 LPS组和LPS+INS组小鼠一般状态和血糖水平变化比较

LPS气道滴注后12 h,LPS组精神状态萎靡、呼吸急促、反应迟钝,刺激后方可见少许活动。与LPS组相比,LPS+INS组小鼠精神状态稍好,未施加刺激可有少许自主活动,但仍有呼吸急促现象。对比两组小鼠各个时间点血糖水平变化,发现注射胰岛素组血糖水平均低于未注射胰岛素组,但差异无统计学意义( $P > 0.05$ ;表1)。

**表1 LPS组和LPS+INS组小鼠不同时间点血糖水平变化比较**

Table 1 Comparison of changes in blood glucose levels at different time points between LPS and LPS+INS group

(n=6, mmol/L,  $\bar{x} \pm s$ )

Group	0 h	6 h	12 h
LPS	7.8±0.4	6.1±0.3	6.0±0.6
LPS+INS	7.5±0.8	6.0±0.3	5.8±0.3
t	1.016	0.391	0.903
P value	0.333	0.704	0.388

LPS: lipopolysaccharide; LPS+INS: Lipopolysaccharide+insulin.

### 2.2 LPS组和LPS+INS组小鼠炎症水平及血气指标变化情况比较

LPS气道滴注后12 h,与LPS组比较,LPS+INS

组小鼠血中C-反应蛋白及乳酸含量显著下降( $P < 0.05$ ),LPS+INS组小鼠血氧分压显著增加( $P < 0.05$ )。两组pH值未发现明显改变,差异无统计学意义( $P > 0.05$ ;表2)。

**表2 LPS组和LPS+INS组小鼠炎症水平及血气指标变化情况比较**

Table 2 Comparison of changes in inflammation levels and blood gas markers between LPS and LPS+INS group

(n=6,  $\bar{x} \pm s$ )

Group	C-reactive protein (ng/ml)	Partial pressure of oxygen (mmHg)	Potential of hydrogen	Lactate (mmol/L)
LPS	134.3±22.9	57.8±4.3	7.28±0.01	4.23±0.93
LPS+INS	87.0±21.0	77.2±6.2	7.28±0.01	2.80±0.88
t	3.400	5.780	1.060	2.482
P value	0.007	0.001	0.314	0.032

LPS: lipopolysaccharide; LPS+INS: lipopolysaccharide+insulin. 1 mmHg=0.133 kPa.

### 2.3 胰岛素干预对小鼠肺损伤的影响

HE染色结果表明,与WT组相比,LPS干预后小鼠肺组织出现明显损伤( $P < 0.05$ );肺湿/干重比显著增加;肺损伤得分显著增高( $P < 0.05$ );BALF中有大量促炎因子(IL-1 $\beta$ 、IL-6、TNF- $\alpha$ )及炎症细胞。在胰岛素处理的情况下,上述指标均显著下降,差异有统计学意义(均 $P < 0.05$ ;图1)。

### 2.4 胰岛素在LPS诱导ALI中对铁死亡的影响

与WT组相比,LPS组小鼠肺组织中Fe<sup>2+</sup>水平及MDA含量显著增高,GSH显著降低;在LPS+INS组,小鼠肺中Fe<sup>2+</sup>、MDA水平降低,GSH水平增加( $P < 0.05$ )。LPS处理可以显著降低肺组织中谷胱甘肽过氧化物酶4(glutathione peroxidase 4, GPX4)表达量,胰岛素处理可以提高LPS组的GPX4表达量,差异均有统计学意义(均 $P < 0.05$ ;图2)。

### 2.5 胰岛素在LPS诱导的ALI中对Nrf2/GPX4信号通路的作用

检测GPX4的上游蛋白核转录因子红系2相关因子2(nuclear factor-erythroid 2-related factor 2, Nrf2)表达水平,发现胰岛素提高Nrf2蛋白水平。猜测胰岛素通过激活Nrf2抑制铁死亡。如图3A~C,在体内水平发现,LPS+INS组在使用Nrf2蛋白抑制剂ML385条件下,与LPS+INS组相比ML385应用可以显著降低Nrf2蛋白及GPX4蛋白水平( $P < 0.05$ )。随后,检测小鼠肺组织中GSH及MDA水平,发现ML385干预下调GSH水平,提高MDA含量。肺组织HE染色、BALF液炎症细胞吉姆萨染色及ELISA检测促炎因子均证实了胰岛素减轻ALI损伤程度,而相对于LPS+INS组,ML385干预可促进肺损伤,差异均具有统计学差异(均 $P < 0.05$ ;图3D~K)。

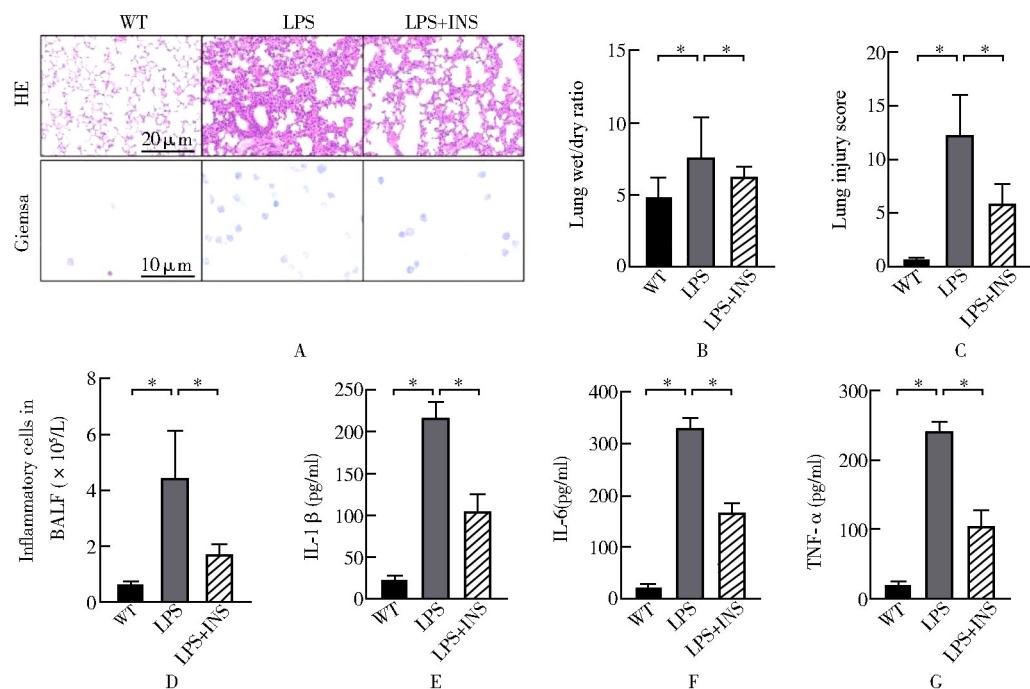


图1 胰岛素干预对小鼠肺损伤的影响

Figure 1 Effect of insulin intervention on lung injury in mice ( $n=6$ )

A: HE staining of lung tissues and Giemsa staining of inflammatory cells in BALF; B: lung tissue wet-to-dry weight ratio; C: lung injury score; D: counting of inflammatory cells in BALF of each group of mice based on Giemsa staining; E-G: changes in levels of pro-inflammatory factors in mouse BALF. HE: hematoxylin-eosin staining; BALF: bronchoalveolar lavage fluid; IL-1 $\beta$ : interleukin-1 beta; IL-6: interleukin-6; TNF- $\alpha$ : tumor necrosis factor- $\alpha$ ; WT: wild type; LPS: lipopolysaccharide; LPS+INS: lipopolysaccharide + insulin. Compared with LPS group, \*  $P<0.05$ .

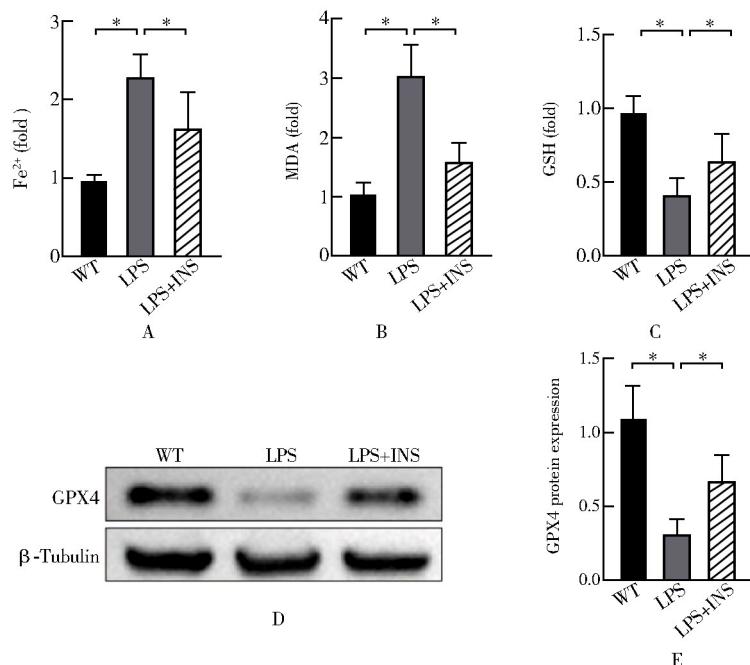


图2 胰岛素干预对小鼠肺部铁死亡的影响

Figure 2 Effect of insulin intervention on ferroptosis in the lungs of mice ( $n=6$ )

A: levels of  $Fe^{2+}$  in lung tissues of each group of mice; B: levels of MDA in lung tissues of each group of mice; C: levels of GSH in lung tissues of each group of mice; D, E: Western blotting for detection of relative expression levels of GPX4 in lung tissues. MDA: malondialdehyde; GSH: glutathione; GPX4: glutathione peroxidase 4; WT: wild type; LPS: lipopolysaccharide; LPS+INS: lipopolysaccharide + insulin.

Compared with LPS group, \*  $P<0.05$ .

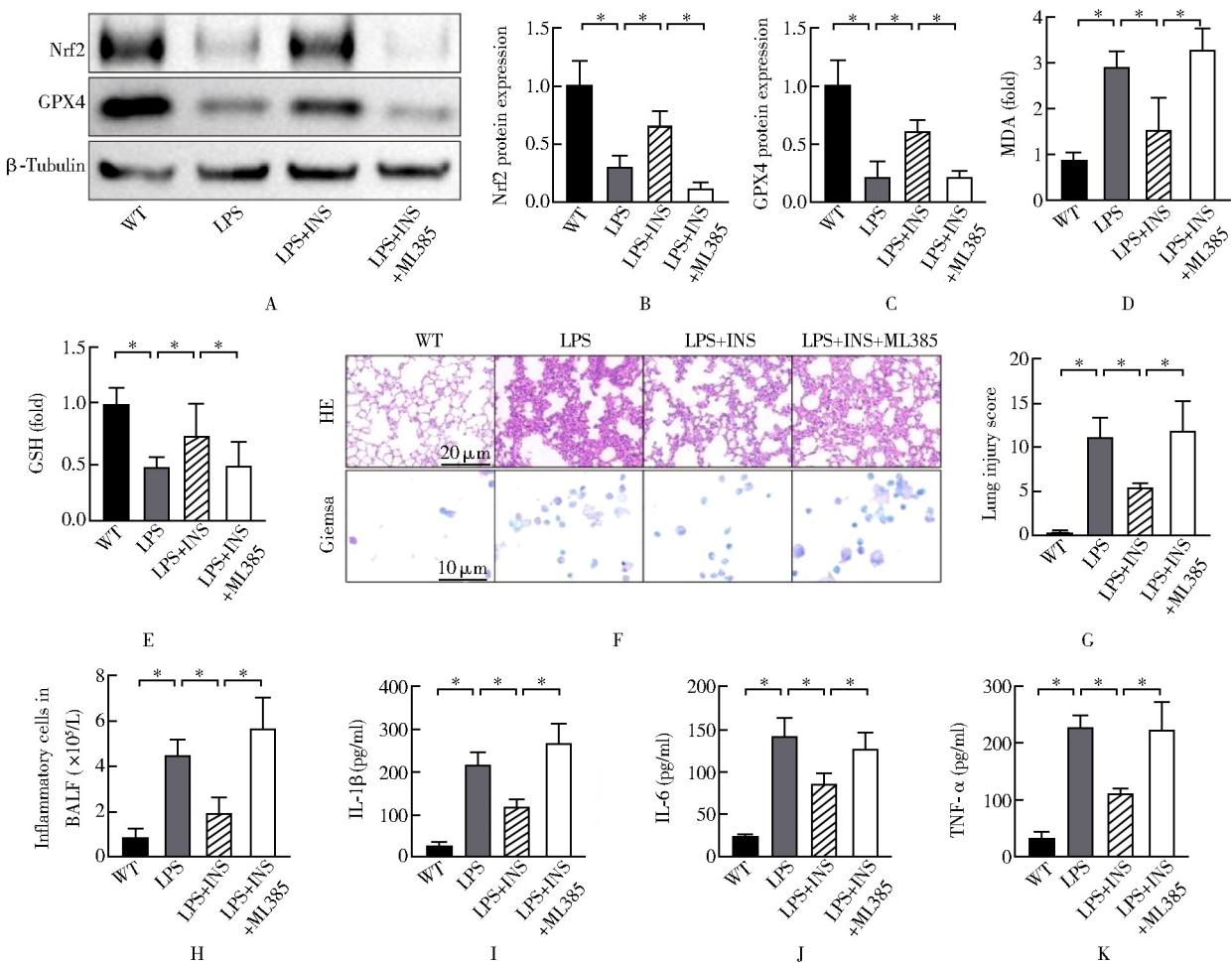


图3 胰岛素对小鼠肺部铁死亡相关信号通路的影响

Figure 3 Effect of insulin on ferroptosis-related signaling pathways in the lungs of mice ( $n=6$ )

A–C: Western blotting for detection of relative expression levels of Nrf2 and GPX4 in lung tissues; D: levels of MDA in lung tissues of each group of mice; E: levels of GSH in lung tissues of each group of mice; F: HE staining of lung tissues of each group of mice, and Giemsa staining of inflammatory cells in BALF of each group of mice; G: semi-quantitative lung injury scoring of lung tissues of each group of mice based on HE staining slices; H: counting of inflammatory cells in BALF of each group of mice; I–K: levels of pro-inflammatory factors in BALF of each group of mice. Nrf2: nuclear factor-erythroid 2-related factor 2; GPX4: glutathione peroxidase 4; MDA: malondialdehyde; GSH: glutathione; HE: hematoxylin-eosin staining; BALF: bronchoalveolar lavage fluid; IL-1 $\beta$ : interleukin-1 beta; IL-6: interleukin-6; TNF- $\alpha$ : tumor necrosis factor- $\alpha$ ; WT: wild type; LPS: lipopolysaccharide; LP+INS: lipopolysaccharide+insulin. Compared with LPS group, \* $P<0.05$ ; compared with LPS+INS+ML385 group, # $P<0.05$ .

### 3 讨论

ALI 可引起严重的肺部疾病，并诱发级联放大的肺部炎症<sup>[12]</sup>。越来越多的研究表明，铁死亡在 ALI 的发病机制中起着至关重要的作用<sup>[3,13]</sup>。胰岛素在减轻肺部损伤方面证据已有报道<sup>[14]</sup>。在小鼠 ALI 中，胰岛素可以调控丝氨酸/苏氨酸蛋白激酶-1 信号通路，发挥抗炎减轻肺水肿作用<sup>[15]</sup>，促进血红素加氧酶-1 表达减轻肺部炎症<sup>[16]</sup>。最近研究发现胰岛素在神经系统疾病中与铁死亡相关<sup>[8]</sup>。然而，在 ALI 中，胰岛素能否通过抑制铁死亡发挥保护作用目前尚不清楚。

本研究使用 LPS 建立了小鼠 ALI 疾病模型，使

用胰岛素干预后，肺损伤程度大幅下降，这与之前的报道类似<sup>[16]</sup>。机制研究发现，在 LPS 诱导 ALI 中，胰岛素通过激活 Nrf2/GPX4 通路发挥保护作用。本研究在动物水平使用 Nrf2 的抑制剂 ML385，结果显示，ML385 可明显阻断胰岛素对小鼠肺部铁死亡的抑制作用并加重肺损伤，证实胰岛素可激活 Nrf2/GPX4 通路抑制铁死亡，从而减轻 ALI。但在 ALI 中，胰岛素调控 Nrf2/GPX4 的分子机制还不清楚。Nrf2 表达受多种途径影响，包括 Kelch 样 ECH 关联蛋白 1 (kelch-like ECH-associated protein 1, Keap1) 依赖性和非依赖途径。Keap1 是一种锚定在肌动蛋白上的高分子蛋白，在正常情况下可以与 Nrf2 结

合,诱导Nrf2通过泛素蛋白酶体途径持续失活。当细胞暴露于氧化应激或受到细胞毒性物质的刺激时,Nrf2与Keap1解离并转移至细胞核以维持细胞的氧化还原稳态<sup>[17]</sup>。Keap1非依赖性通路是指Nrf2的翻译后修饰,Nrf2含有大量丝氨酸、苏氨酸和酪氨酸残基,可以被多种激酶磷酸化修饰,调节Nrf2的核内迁移和降解。糖原合成酶激酶3β(glycogen synthase kinase-3beta, GSK3β)是糖原合酶激酶3的一种亚型,已被证明是调节Nrf2磷酸化的关键因子<sup>[18]</sup>。研究发现,胰岛素可以通过磷脂酰肌醇3激酶(phosphatidylinositol 3-kinase, PI3K)/蛋白激酶B(protein kinase B, AKT)/哺乳动物雷帕霉素靶蛋白(mammalian target of rapamycin, mTOR)信号通路影响铁死亡<sup>[19]</sup>。我们猜测胰岛素可以通过激活PI3K/AKT/GSK3β通路来调节细胞内Nrf2蛋白水平,进而激活Nrf2/GPX4通路抑制铁死亡。

综上,本研究发现胰岛素可作为ALI患者潜在的治疗药物,可以通过激活Nrf2/GPX4通路抑制铁死亡,从而减轻小鼠ALI,为其治疗提供新思路。本研究存在局限性,胰岛素在小鼠肺部是否通过AKT/GSK3β通路激活Nrf2/GPX4信号通路还需进一步验证。

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