

# FATP2在脂质肾毒性中的机制研究进展

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**【摘要】** 血脂代谢异常和肾脏异位脂质沉积与肾脏病的发生和发展密切相关,特别是在糖尿病肾病中更为明显。临床上常用的治疗高胆固醇血症的药物,如他汀类、依泽麦布和前蛋白转化酶枯草溶菌素9(proprotein convertase subtilisin/Kexin type 9, PCSK9)抑制剂,虽都能有效降低血脂水平,但均不能延缓肾脏病进展。近年来,越来越多的研究开始关注游离脂肪酸(free fat acids, FFA)对肾脏的影响。慢性肾脏病(chronic kidney disease, CKD)患者存在明显的脂肪酸代谢紊乱,这种异常参与肾脏病进展,FFA的转运蛋白在肾脏疾病中的作用机制逐渐被认识。本文就近端肾小管上皮细胞表达的脂肪酸转运蛋白2(fatty acid transport protein 2, FATP2)的临床前研究做一综述。

**【关键词】** 脂肪酸转运蛋白2(FATP2); 慢性肾脏病(CKD); 近端肾小管; 脂毒性; 游离脂肪酸(FFA)

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## Research progress on the mechanism of FATP2 in lipid nephrotoxicity

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**【Abstract】** Abnormal lipid metabolism and renal ectopic lipid accumulation have been associated with the occurrence and development of kidney diseases, particularly in diabetic nephropathy. However, the drugs commonly used in clinic to treat hypercholesterolemia, such as statins, ezetimibe and proprotein convertase subtilisin/Kexin type 9 (PCSK9) inhibitors, can effectively reduce the blood lipid level, but fail to delay the progress of kidney disease. In recent years, an increasing number of research studies have focused on the impact of free fat acids (FFA) metabolism on kidney function. The profiles and metabolism of fatty acids are altered in chronic kidney disease (CKD), and deregulated fatty acid metabolism contributes to further kidney damage. Furthermore, the role of FFA transporter in the progression of kidney diseases is gradually recognized. Therefore, this review summarizes the recent preclinical researches of fatty acid transporter fatty acid transport protein 2 (FATP2) expressed in proximal renal tubular epithelial cells.

**【Key words】** fatty acid transport protein 2 (FATP2); chronic kidney disease (CKD); proximal renal tubule; lipotoxicity; free fat acid (FFA)

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慢性肾脏病(chronic kidney disease, CKD)存在明显的脂质代谢紊乱,常表现为血清高密度脂蛋白胆固醇(high density lipoprotein cholesterol, HDL-C)降低,CKD 1~3期中血清低密度脂蛋白(low density lipoprotein, LDL)常常表现为轻中度增加,

特别是在肾病综合征状态时升高更明显,但在CKD 4~5期时常因为LDL的合成和清除均减少而导致整体上LDL水平不变,血清甘油三酯(triacylglycerols, TAG)和富含TAG的极低密度脂蛋白(very low density lipoprotein, VLDL)及中密度

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脂蛋白(intermediate density lipoprotein, IDL)因为清除率下降而增加以及血清脂蛋白a和游离脂肪酸升高等<sup>[1]</sup>。虽然在观察性研究和机制研究中观察到CKD的发生和发展与低HDL和高LDL有关,但使用他汀类药物、依泽麦布的SHARP研究<sup>[2]</sup>或前蛋白转化酶枯草溶菌素9(proprotein convertase subtilisin/Kexin type 9, PCSK9)抑制剂的FOURIER研究<sup>[3]</sup>均发现这些药物虽能够有效治疗高胆固醇血症,但都不能延缓肾脏病的进展。同样,目前缺乏甘油三酯、VLDL和脂蛋白a与CKD进展确切相关的证据<sup>[1]</sup>。相反,近年来关于血游离脂肪酸(free fatty acid, FFA)在肾脏疾病发生和发展中的研究逐渐增多,特别是脂肪酸转运蛋白2(fatty acid transport protein 2, FATP2)在脂质肾毒性中的作用,本文就这方面的研究进展做一综述,旨在为探寻延缓CKD进展的新靶点提供参考。

**CKD与脂毒性** 脂毒性是指由于脂质代谢紊乱导致血游离脂肪酸增多,超过机体对其利用和贮存的能力,从而导致FFA在非脂肪组织细胞内转化为TAG过度沉积,造成细胞损伤的现象。细胞内的TAG主要在脂滴中贮存,其本身可能没有毒性,但在合成TAG或TAG被脂解的过程中产生的脂质中间体或代谢产物可以通过氧化应激、内质网应激及调控细胞死亡受体基因和凋亡等途径产生细胞毒性<sup>[4-5]</sup>。研究发现脂毒性与长链脂肪酸的蓄积相关,且细胞毒性与其酰基链长度和碳饱和度相关<sup>[6]</sup>。肝脏、肾脏、心脏、胰腺和骨骼肌是常见的脂毒性靶器官,表现为慢性进展性功能和组织损害<sup>[7]</sup>。早在上世纪30年代就有报道糖尿病肾病(diabetic kidney disease, DKD)中存在肾小管上皮细胞脂质沉积的现象<sup>[8]</sup>,后续更多研究证实脂毒性参与CKD的发生与发展。由于糖尿病本身就是一种容易成脂的状态,因此脂毒性在DKD中的机制也更受研究者的关注<sup>[5]</sup>。

**CKD与FFA** 脂肪酸是复杂脂质的骨架,也是脂质氧化的底物。肾脏是能量代谢敏感的器官,而脂肪酸是肾脏首选的能量底物,特别是富含线粒体的肾小管以FFA和谷氨酰胺作为主要的能量来源<sup>[9]</sup>。CKD患者存在明显的脂肪酸代谢异常,表现为总FFA水平明显增加,与估算的肾小球滤过率(estimated glomerular filtration rate, eGFR)水平呈负相关,且随着CKD进展,含低双键的C16~C20长

链脂肪酸的丰度增加,如在CKD 5期中棕榈酸(C16:0)的相对含量明显增加;长链(C16~C20)酰基肉碱与中链(C5~C14)酰基肉碱的比例下降,提示细胞FFA的 $\beta$ 氧化能力受损;超长链多不饱和脂质复合体明显增加<sup>[10-11]</sup>。此外,在CKD患者中也观察到FFA的有毒代谢产物神经酰胺水平明显升高<sup>[12]</sup>。脂肪酸的转运,特别是长链脂肪酸,主要是通过基底膜侧的CD36清道夫受体或肾小管管腔侧的FATP2跨膜蛋白转运到细胞质。肾小管管腔侧吸收的脂肪酸主要由白蛋白转运。在生理状态下,每天有5~50  $\mu\text{mol}$ 白蛋白被重吸收,仅占FFA转运量的5%;当CKD蛋白尿时,通过管腔侧FATP2转运的FFA明显增加<sup>[13-14]</sup>。蛋白尿是肾病的临床表现,亦是促进肾脏病进一步发生发展的独立危险因素。研究中观察到用白蛋白刺激近端肾小管上皮细胞或在不同动物模型中输注白蛋白都能引起小管上皮细胞凋亡,然而用去脂的白蛋白干预没有观察到细胞毒作用,提示白蛋白结合的FFA引起了细胞的凋亡<sup>[15-17]</sup>。多个研究发现肾小管上皮细胞脂肪酸 $\beta$ 氧化能力的下降是肾小管萎缩和间质纤维化的重要机制<sup>[18-20]</sup>;而抑制CD36或FATP2降低肾小管对FFA的摄取能减少因FFA氧化不足而导致的脂质蓄积<sup>[21]</sup>。虽然CD36在肾小管有表达,但更多地是参与足细胞的脂肪酸转运,而FATP2是近端肾小管转运脂肪酸的主要蛋白<sup>[22-24]</sup>。

**FATP2的编码基因和表达部位** FATP被归类为溶质载体27(solute carriers, Slc27)家族的成员。迄今为止,已经在人类细胞中发现了6个家族成员, FATP1~6(即Slc27a1~Slc27a6)。FATP2又名超长链乙酰辅酶A合成酶1(FATP2或SLC27A2或Acsvl1),是由Slc27a2基因编码的一个分子量约为70 000的完整膜蛋白,具有胞外N端和胞质C端结构域<sup>[25]</sup>。FATP2是细胞转运脂肪酸的重要跨膜蛋白,也是活化细胞内超长链脂肪酸代谢的重要代谢酶。FATP2有两个亚型FATP2a和FATP2b, FATP2a具有上述两种功能,但FATP2b因缺乏第3外显子编码的结合三磷酸腺苷/二磷酸腺苷的蛋白结构域而仅保留脂肪酸的转运功能。FATP2的表达受过氧化物酶体增殖物激活受体 $\alpha$ (peroxisome proliferators-activated receptor  $\alpha$ , PPAR $\alpha$ )和叉头框蛋白A1(fork head box protein A1, FOXA1)的调控,同时也受到低氧环境和高脂

饮食等因素影响。FATP2在肾脏、肝脏、小肠、胰腺和胎盘中表达,特别是在肾脏和肝脏<sup>[26]</sup>。越来越多的研究显示FATP2与非酒精性脂肪肝、肾脏疾病和一些肿瘤的发生发展相关<sup>[27]</sup>。在肾脏内,近端小管是FATP2的主要表达部位,且只局限于近端小管上皮细胞管腔侧,而不是基底膜侧。约50%的管腔侧近端肾小管FFA摄取是由高亲和力、低容量转运体FATP2介导的<sup>[17]</sup>。

#### FATP2在不同肾脏疾病模型中的研究

**体外研究** 在猪肾细胞系(porcine kidney cell line, LLC-PK1)和野生型大鼠的肾小管原代培养中,Khan等<sup>[16-17]</sup>发现小管管腔侧摄取FFA的能力大于基底膜侧,且对于FFA的吸收呈现时间和浓度依赖的特性。研究者在FATP2基因敲除的小鼠提取的肾小管原代培养中观察到:摄取FFA主要是由在小管管腔侧表达的FATP2转运蛋白介导,不受小鼠性别的影响,且FFA介导的细胞脂质凋亡受到FATP2的调控<sup>[16]</sup>。同样,在人近端肾小管上皮细胞系培养的研究中也观察到,采用shRNA下调FATP2表达后FFA导致的细胞凋亡明显减少<sup>[17]</sup>。

在HK2细胞中,用转化生长因子 $\beta$ (transforming growth factor- $\beta$ , TGF- $\beta$ )诱导后编码FATP2的基因*Slc27a2*明显下调,且细胞内脂滴明显增加。FATP2抑制剂lipofermata可以剂量依赖性地降低FATP2蛋白的表达并减少细胞内的脂滴。同样,lipofermata也可以明显下调TGF- $\beta$ 诱导的HK2细胞纤维连接蛋白,胶原蛋白1和 $\alpha$ 平滑肌肌动蛋白(alpha smooth muscle actin,  $\alpha$ -SMA)等纤维化指标的蛋白表达,提示FATP2可能是肾脏纤维化的始动因素之一。进一步的机制研究提示上述作用可能是通过上调B淋巴细胞瘤2(B-cell lymphoma-2, Bcl-2)和下调半胱氨酸蛋白酶3(caspase 3)来减少细胞凋亡和内质网应激,从而改善肾脏纤维化<sup>[28]</sup>。这些体外研究都提示FATP2参与调节FFA介导的细胞凋亡。

**小鼠动物模型** 在脂化白蛋白腹腔注射诱导的肾损伤小鼠模型中,与野生型小鼠相比,FATP2基因敲除小鼠的肾脏间质纤维化和肾小管萎缩明显减轻<sup>[17]</sup>。在小鼠单侧输尿管梗阻(unilateral ureteral obstruction, UUO)模型中,FATP2的mRNA水平明显下调,但仍是肾小管中表达最多的脂质转运蛋白;给予FATP2抑制剂lipofermata干预

后,肾小管脂质沉积明显改善,肾小管细胞内C16:0、C16:1、C18:1、C18:2、C20:4等FFA的总丰度下降,同时也观察到肾小管间质损伤的改善及肾脏纤维连接蛋白、胶原蛋白I的mRNA和蛋白水平下降。这些结果提示抑制FATP2可能部分通过抑制脂质转运而改善肾脏纤维化。此外,研究也发现FATP2抑制剂可能通过下调TGF $\beta$ -Smad通路和上调过氧化物酶体增殖物激活受体 $\gamma$ 共激活因子1 $\alpha$ (peroxisome proliferator activated receptor  $\gamma$  coactivator-1 $\alpha$ , PGC1 $\alpha$ )和PPAR $\gamma$ 活性改善脂肪酸的氧化能力等途径减轻肾脏的损伤<sup>[28]</sup>。

肾脏间质纤维化和肾小管萎缩是CKD,特别是DKD,进展到终末期肾脏病(end stage renal disease, ESRD)的重要预测因子<sup>[29]</sup>。在小鼠DKD的遗传模型(Lep<sup>rd</sup>db/db eNOS<sup>-/-</sup>)中,FATP2基因敲除后(Slc27a2<sup>-/-</sup> Lep<sup>rd</sup>db/db eNOS<sup>-/-</sup>)可以观察到尿蛋白下降和肾脏eGFR得到改善,病理显示肾小管萎缩、间质纤维化和肾小球硬化减少,小鼠生存率明显升高<sup>[30]</sup>。在小鼠DKD的诱导模型[高脂饮食+低剂量链脲佐菌素(Streptozotocin)]中敲除FATP2基因同样能够明显改善小管间质的损伤,缓解蛋白尿<sup>[30]</sup>。

#### FATP2与其他主要脏器的关系及研究方向

**与胰脏的关系** 在小鼠DKD遗传和诱导模型中均观察到FATP2敲除与胰岛细胞增生相关,可以保持血浆中胰岛素水平,控制血糖。虽然Slc27a2<sup>-/-</sup> Lep<sup>rd</sup>db/db eNOS<sup>-/-</sup>小鼠的血糖得到了较好控制,但其进食、体重都要高于Slc27a2<sup>+/+</sup> Lep<sup>rd</sup>db/db eNOS<sup>+/+</sup>小鼠,且运动量更少。这提示FATP2敲除小鼠良好的血糖控制与运动和体重下降无关<sup>[30]</sup>。C57BL/6 Fatp2<sup>-/-</sup>小鼠进食和体重都要明显低于野生型小鼠,这提示不同FATP2基因敲除方式或不同基因背景对于进食和体重的影响不同<sup>[31]</sup>。FATP2在人体中对进食和体重(特别是脂肪含量)的影响值得进一步研究,其与生活质量和心血管风险等密切相关。

**与肝脏脂肪变性的关系** Slc27a2<sup>+/+</sup> Lep<sup>rd</sup>db/db eNOS<sup>+/+</sup>小鼠的肝脏中可观察到轻度脂肪变性,但FATP2敲除后并未观察到脂肪变性的改善。相反,油红染色观察到富含TAG的脂滴在基因敲除的小鼠肝细胞中表达增加<sup>[30]</sup>。脂滴是促进细胞损伤还是保护细胞,有一定的组织特异性,而且与疾病的阶段相关<sup>[32]</sup>。DKD模型中这些脂滴增加是提

示脂肪肝加重,还是提示在早期阶段通过增加FFA存储而起到细胞保护作用,也有待于进一步研究。

与常染色体显性遗传性多囊肾(autosomal dominant polycystic kidney disease, ADPKD)的关系 FFA如棕榈酸可以激活单磷酸腺苷(adenosine monophosphate, AMP)依赖的蛋白激酶(AMP-activated protein kinase, AMPK),促进超氧化物形成、内质网应激和自噬等,最终导致肾脏足细胞的损伤<sup>[33]</sup>。AMPK的激活同样也参与肾小管上皮细胞钠通道的功能调节和急性肾损伤(acute kidney injury, AKI)中肾小管上皮细胞的损伤<sup>[34-35]</sup>。然而,在ADPKD中激活AMPK可以通过抑制细胞外调节蛋白激酶(extracellular regulated protein kinases, Erk)和哺乳动物雷帕霉素靶蛋白(mammalian target of rapamycin, mTOR),上调PGC1 $\alpha$ 等途径抑制囊泡的生长。因此,通过阻断FATP2减少FFA激活AMPK对ADPKD囊肿的生长是否有促进作用值得关注<sup>[36]</sup>。

**结语** 脂肪酸代谢紊乱和线粒体功能障碍是肾脏疾病进展的重要因素。脂肪酸可以通过促进炎症、氧化应激和脂质凋亡等途径引起线粒体功能损伤和细胞死亡,最终导致肾脏纤维化的发生和进展<sup>[1]</sup>。FATP2是参与肾小管脂肪酸代谢的重要转运蛋白,细胞和动物研究提示下调或抑制FATP2的表达可以改善细胞功能,减轻小管间质纤维化,进而延缓肾功能进展,FATP2可能是肾脏病治疗值得关注的一个新靶点。

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