

GATA3⁺Treg 细胞在变应性鼻炎中的表达及意义

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摘要:目的 研究GATA3⁺Treg细胞在变应性鼻炎(AR)患者和小鼠中的表达和意义。方法 收集6例对照组患者(Control组)和6例变应性鼻炎患者(AR组)的鼻黏膜,检测其鼻黏膜炎症反应。同期收集12例Control组和12例AR组患者外周血单个核细胞(PBMC),检测其Treg细胞和GATA3⁺Treg细胞比例。将C57BL/6小鼠分为正常对照组(Control组)和变应性鼻炎组(AR组)。比较两组小鼠AR症状学评分、外周血OVA-sIgE水平、鼻黏膜炎症反应。收集小鼠脾脏,检测两组小鼠体内Treg细胞和GATA3⁺Treg细胞比例以及Th2细胞因子表达。结果 与Control组相比,AR组患者鼻黏膜中嗜酸性粒细胞浸润和杯状细胞增生明显增多($P<0.01$),PBMC中Treg细胞和GATA3⁺Treg细胞表达下降($P<0.05$)。动物实验发现:与Control组相比,AR组小鼠过敏症状评分、外周血OVA-sIgE水平、鼻黏膜嗜酸性粒细胞浸润和杯状细胞增生均明显增加($P<0.01$)。与Control组相比,AR小鼠Treg细胞和GATA3⁺Treg细胞表达下调($P<0.01$),并且Th2细胞因子IL-4、IL-6、IL-10表达上升($P<0.05$)。结论 GATA3⁺Treg细胞在AR患者和小鼠中表达下降,并可能与Th2细胞免疫应答相关,两者共同参与了AR的发生发展。GATA3⁺Treg细胞有望成为AR免疫调控的新靶点。

关键词:变应性鼻炎;Treg细胞;GATA3⁺Treg细胞;免疫调控

Changes in percentage of GATA3⁺ regulatory T cells and their pathogenic roles in allergic rhinitis

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Abstract: Objective To investigate the changes in percentage of GATA3⁺ regulatory T (Treg) cells in patients with allergic rhinitis (AR) and mouse models. **Methods** The nasal mucosa specimens were obtained from 6 AR patients and 6 control patients for detection of nasal mucosal inflammation. Peripheral blood mononuclear cells (PBMC) were collected from 12 AP patients and 12 control patients to determine the percentages of Treg cells and GATA3⁺ Treg cells. In a C57BL/6 mouse model of AR, the AR symptom score, peripheral blood OVA-sIgE level, and nasal mucosal inflammation were assessed, and the spleen of mice was collected for detecting the percentages of Treg cells and GATA3⁺ Treg cells and the expressions of Th2 cytokines. **Results** Compared with the control patients, AR patients showed significantly increased eosinophil infiltration and goblet cell proliferation in the nasal mucosa ($P<0.01$) and decreased percentages of Treg cells and GATA3⁺ Treg cells ($P<0.05$). The mouse models of AR also had more obvious allergic symptoms, significantly increased OVA-sIgE level in peripheral blood, eosinophil infiltration and goblet cell hyperplasia ($P<0.01$), markedly lowered percentages of Treg cells and GATA3⁺ Treg cells in the spleen ($P<0.01$), and increased expressions of IL-4, IL-6 and IL-10 ($P<0.05$). **Conclusion** The percentage of GATA3⁺ Treg cells is decreased in AR patients and mouse models. GATA3⁺ Treg cells possibly participate in Th2 cell immune response, both of which are involved in the occurrence and progression of AR, suggesting the potential of GATA3⁺ Treg cells as a new therapeutic target for AR.

Keywords: allergic rhinitis; regulatory T cells; GATA3⁺ Treg cells; immunoregulation

变应性鼻炎(AR)是人群中发病率较高的过敏性疾病,主要表现为易感个体在外界过敏原的刺激下,诱发机体出现鼻痒、流涕、鼻塞等一系列临床症状^[1,2]。Treg细胞属于CD4⁺T细胞,为初始T细胞在TGF- β 和IL-2等细胞因子作用诱导分化而来,其生长发育和正常生理功

能受到关键转录因子FOXP3的调控^[3,4]。在各种病理因素刺激下,Treg细胞和FOXP3表达和功能下调^[5],从而导致对其他炎性细胞免疫抑制能力减弱,是包括AR在内的众多过敏性疾病的主要发病机制之一^[6,7]。

近年来研究发现Treg细胞在某些疾病中具备一定的可塑性^[8,9],根据Treg细胞中其他效应T细胞转录因子等表达情况,可将其分为T-bet⁺Treg、GATA3⁺Treg、PU-1⁺Treg、ROR γ t⁺Treg、CXCR5⁺Treg等不同功能亚型,调控对应的效应T细胞^[10-17]。其中GATA3⁺Treg细胞在众多疾病中受到广泛关注。研究发现Treg细胞中的GATA3能通过结合并促进FOXP3的顺式作用元件的活性来控制FOXP3的表达,并且敲除掉Treg细胞内

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的GATA3会导致小鼠出现自身性炎症反应,并伴随IL-4表达异常亢进^[15]。Harrison等^[18]也发现Treg细胞内GATA3敲除小鼠皮肤引流淋巴结增大,IL-5、IL-13分泌升高,并且皮肤表面嗜酸和嗜碱性粒细胞数量明显增多,表现出异常亢进的2型免疫炎症。这些结果均明确了GATA3⁺Treg细胞对2型免疫反应的重要调控作用。

然而,目前尚未见GATA3⁺Treg细胞在AR中的系统性研究报道,其在AR患者和动物模型中的表达及意义也尚不明确。本研究通过收集AR患者外周血进行检测,同时构建AR动物模型,探究GATA3⁺Treg细胞在AR中具体表达情况及其意义。

1 资料和方法

1.1 人体全血标本的收集

选取于2019年9月~2020年5月因鼻高反应症状来我院门诊或住院部就诊并行敏筛检测的患者,收集外周血3 mL,置于EDTA抗凝管中颠倒混匀,4℃保存备用,其中Control组和AR组各12例。AR患者纳入标准参考我们以前的研究^[19,20],患者符合AR鼻部症状、体征诊断标准以及敏筛变应原检测系统结果显示,至少一种变应原特异性IgE \geq 0.35 U/mL或者总IgE \geq 100 U/mL,即纳入AR组。每种变应原特异性IgE $<$ 0.35 U/mL或者总IgE $<$ 100 U/mL纳入Control组。所有研究对象均排除急、慢性鼻腔和肺部感染性疾病以及其他严重全身性疾病和肿瘤疾病,敏筛前两周未经药物治疗、未经免疫治疗及激素等治疗。本研究所有实验程序均得到武汉大学人民医院伦理委员会许可及患者知情同意(伦理许可编号:2018K-C055)。

1.2 人外周血单个核细胞(PBMC)检测

取以上各组患者外周抗凝全血按1:1比例加入人外周血淋巴细胞分离液(TBDSscience, LTS1077),按试剂操作说明书进行实验获取人PBMC,并检测各组患者Treg和GATA3⁺Treg细胞比例。

1.3 人鼻黏膜标本收集

同期收集因鼻中隔偏曲来我院住院部就诊并行鼻内镜手术的患者,术中收集患者下鼻甲黏膜组织。将组织置于含10%多聚甲醛的EP管内,固定24 h,石蜡包埋切片用于形态学观察(Control组6例,AR组6例)。

1.4 实验动物

20只雌性C57BL/6小鼠购于北京维通利华实验动物技术有限公司(许可号:SCXK2016-0006),4~6周龄,饲养于武汉大学人民医院动物实验中心(许可证编号:SYXK2015-0027),SPF级,室温18~22℃,小鼠自由饮食。本研究所有实验动物程序均得到武汉大学人民医院动物伦理委员会许可(伦理许可编号:WDRM-20170310)。

1.5 动物模型构建

20只雌性小鼠按数字表随机分为两组,分别为正常对照组(Control组)和变应性鼻炎组(AR组),10只/组。AR组于第1、3、5、7、9、11、13天腹腔注射含OVA100 μ g(Sigma, A5503)+AL(OH)₃ 2 mg(Millipore, 239186)的生理盐水悬液500 μ L;第14天开始每天用含10%OVA的生理盐水混悬液滴鼻激发,每侧鼻腔10 μ L,共14 d。Control组于同时间以生理盐水代替^[21,22]。

1.6 小鼠过敏症状评分

小鼠在最后一次鼻部激发2 h后,于15 min内观察小鼠挠鼻、流涕等症状并进行评分,评分方法参考我们以前的研究^[19,20]。

1.7 血清OVA-SIgE检测

小鼠鼻部激发完成48 h后,麻醉小鼠并摘除眼球取血,后颈椎脱臼法处死小鼠。所取血液样本室温静置2 h后离心收集上层血清,-80℃冰箱保存备用。使用ELISA法检测小鼠外周血OVA-SIgE(Bioswamp, MU30065)表达。具体实验步骤严格按照试剂盒说明书进行操作。

1.8 鼻黏膜形态学观察

收集人鼻黏膜组织,并完整取出小鼠鼻骨,进行固定及脱钙,制备石蜡切片后HE和PAS染色观察鼻黏膜组织形态学变化。HE染色高倍镜视野下嗜酸性粒细胞核呈蓝色,分叶状,胞质红染。PAS染色高倍镜下杯状细胞增生为矮胖状,呈蓝紫色。具体细胞计数方法参考我们以前的研究^[19,20]。

1.9 流式检测

对于人外周血样本,获取PBMC后制备单细胞悬液,加入表染抗体:CD4-KO525(BD, 562970)、CD25-FITC(BD, 564467)冰上避光孵育30 min,然后按破膜试剂盒(EB, 00-5523-00)操作进行细胞破膜后,加入核内抗体FOXP3-APC(BD, 560045)、GATA3-PB450(BD, 563349)染色上机检测。

在小鼠实验中,在超净工作台中无菌取出小鼠脾脏,200目滤网上研磨后裂解红细胞,加入PBS制备单细胞悬液。收集一半体积悬液按上述步骤分别加入小鼠来源流式抗体:CD4-FITC(BD, 553046)、CD25-APC(BD, 557192)、FOXP3-APC(BD, 560401)、GATA3-PB450(BD, 563349)染色上机检测。在Beckman Cyto Flex流式细胞仪(Beckman Coulter Inc.)上上机获取数据,使用FlowJo(Tree Star)分析数据^[12,23]。

1.10 细胞因子检测

取上述剩余一半体积的单细胞悬液加入到含10%胎牛血清(Servicebio)的RPMI 1640(Servicebio)培养基中。然后加入1 μ g/mL的lipopolysaccharide(Biosharp)刺激,在37℃、5% CO₂的培养箱中继续培养12 h。培养完成后收集细胞上清,按照流式微珠阵列术

(cytometric bead array, CBA)(BD)试剂盒说明书进行操作,检测多种可溶性细胞因子(IL-4、IL-6、IL-10)表达情况^[24,25]。

1.11 统计学分析

每组随机选择6只小鼠进行实验检测,所有实验均由3次独立实验验证,选择具有代表性的一次实验数据进行统计分析。使用GraphPad Prism 8(La Jolla)进行统计分析和作图,对数据进行描述性分析,正态分布和方差分析。正态分布数据结果以均数±标准差表示。两

组间比较采用Student's *t*检验。多组间比较采用单因素方差分析,两两比较采用Turkey检验。以 $P<0.05$ 为差异具有统计学意义。

2 结果

2.1 AR患者鼻黏膜出现变应性炎症反应

与Control组相比,AR组患者鼻黏膜嗜酸性粒细胞计数明显增多(图1A、B, $P<0.01$)。与Control组相比,AR组患者鼻黏膜杯状细胞增生明显增多(图1C、D, $P<0.01$)。

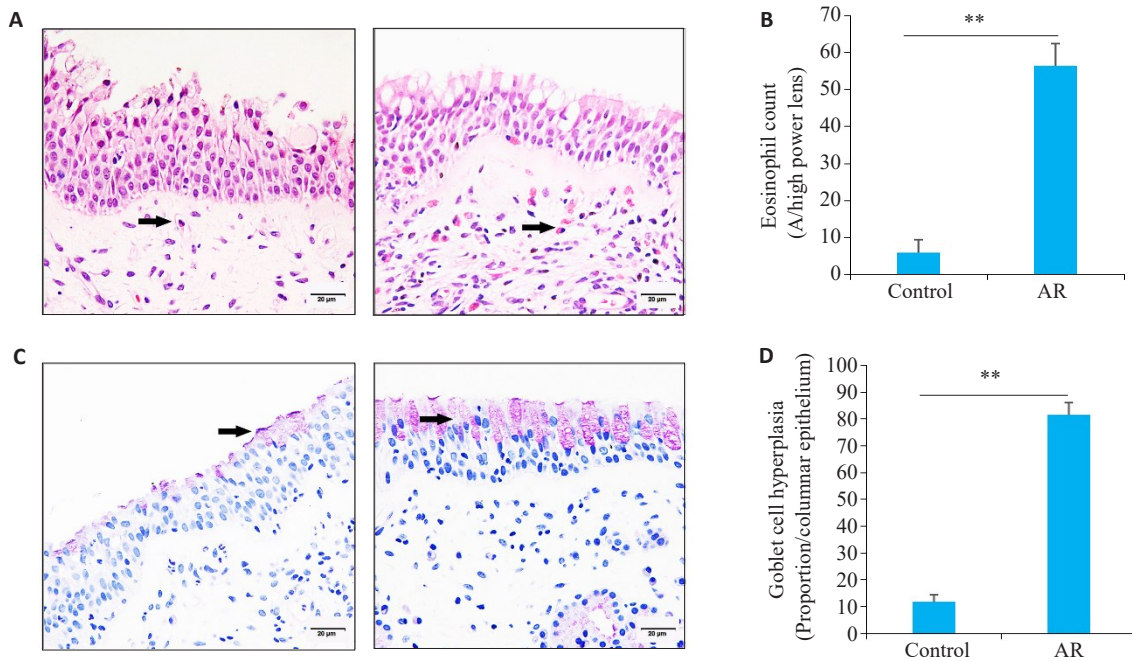


图1 AR患者鼻黏膜出现变应性炎症反应

Fig.1 Allergic inflammation in the nasal mucosa of AR patients (Original magnification: ×400). A, B: Eosinophils (black arrow) in the nasal mucosa and comparison of eosinophil counts between AR and control groups. C, D: Goblet cell proliferation (black arrow) in the nasal mucosa and comparison of goblet cell counts between AR and control groups. ** $P<0.01$.

2.2 AR患者PBMC中Treg细胞和GATA3⁺Treg细胞比例均下降

为检测GATA3⁺Treg细胞在AR患者中的表达情况,我们收集AR患者PBMC检测发现,与Control组相比,AR患者Treg细胞比例明显下降(图2D, $P<0.01$)。进一步研究发现,AR患者GATA3⁺Treg细胞比例也较Control组表达下降(图2E, $P<0.01$)。

2.3 AR小鼠变应性炎症反应加重

我们使用C57小鼠常规构建了AR模型。与Control组相比,AR组小鼠过敏症状评分和血清OVA-SIgE表达明显增加(图3A、B, $P<0.01$)。鼻黏膜形态学观察显示,与Control组相比,AR组小鼠嗜酸性粒细胞计数和杯状细胞增生明显增多(图3C~F, $P<0.01$)。

2.4 AR小鼠脾脏中Treg细胞和GATA3⁺Treg细胞比例均下降

对小鼠脾脏进行流式检测发现,与Control组相比,AR组小鼠脾脏中Treg细胞和GATA3⁺Treg细胞比例均表达下降(图4A、B, $P<0.05$),与AR患者一致,AR小鼠中Treg细胞和GATA3⁺Treg细胞比例表达也呈下降趋势。

2.5 AR小鼠Th2细胞因子表达下降

接下来我们对AR小鼠Th2细胞因子进行检测,结果发现,与Control组相比,AR组小鼠IL-4、IL-6、IL-10等Th2细胞因子表达升高(图5A~C, $P<0.05$)。

3 讨论

GATA3最初被确定为是祖细胞向T细胞分化的标

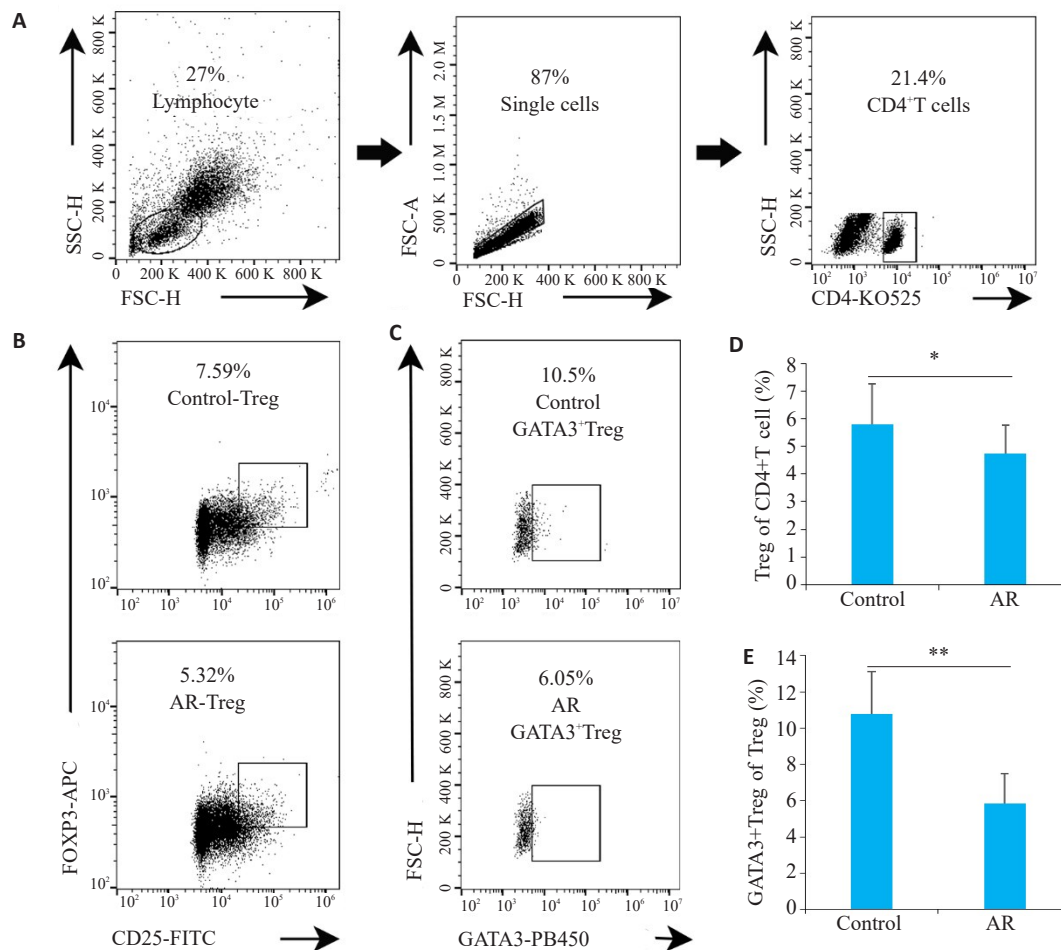


图2 AR患者PBMC中Treg细胞和GATA3⁺Treg细胞比例均下降

Fig.2 Percentages of Treg cells and GATA3⁺ Treg cells in PBMC are decreased in AR patients. A: Percentages of T cell subsets in PBMC of AR and control patients. B, D: Percentages of Treg cells in CD4⁺ T cells in AR and control patients (* $P < 0.05$). C, E: Percentages of GATA3⁺ Treg cells in Treg cells in AR and control patients (** $P < 0.01$).

志基因之一,在整个T细胞的发育过程中起重要作用。研究发现,在T细胞中上调GATA3表达能促进Th2细胞分化和IL-4分泌,相反,CD4⁺T细胞中的GATA3基因表达下降则会导致Th2细胞分化减少,Th1细胞分化增加^[26,27]。GATA3通过诱导Th2细胞基因染色质重塑,促进Th2细胞分裂,充当了Th2细胞分化的主要转录因子。除此之外,GATA3被发现在Treg细胞中也有表达,能维持Treg细胞稳态,促进Treg细胞免疫抑制能力以及在局部的聚集^[11]。而缺乏GATA3的Treg细胞对Th2细胞免疫应答的抑制能力则明显减弱^[28],表明GATA3⁺Treg细胞可能具有对Th2细胞靶向抑制作用。

已有研究证实,在肿瘤性疾病中GATA3⁺Treg细胞表达增加,占局部聚集Treg细胞的主要部分^[29]。食物过敏患者外周血GATA3⁺Treg细胞表达也呈升高趋势,并可能向Th2细胞转化加重疾病进展^[30]。在本研究中,我们首先收集了患者鼻黏膜进行检测发现,AR患者鼻黏

膜表现出明显的变应性炎症,包括大量的嗜酸性粒细胞聚集和杯状细胞细胞化生等。对患者PBMC检测发现,与Liu等^[31]研究结果一致,Treg细胞在AR患者中表达下降。进一步检测Treg细胞功能亚型结果显示,与对照患者相比,AR患者GATA3⁺Treg细胞表达显著下降,表明AR患者体内除了Treg细胞分化异常,GATA3⁺Treg细胞分化障碍也可能是AR发病的机制之一。同时,AR患者Th2细胞分化异常亢进,Th2细胞因子表达也明显增加,其异常表达可能与GATA3⁺Treg细胞有关。

为明确GATA3⁺Treg细胞在AR中的表达意义,参考我们以前的造模方法^[32],本研究使用OVA构建AR小鼠模型。结果显示,AR组小鼠过敏症状评分和血清OVA-SIgE表达明显升高。同时,小鼠鼻黏膜嗜酸性粒细胞计数和杯状细胞增生也显著增加,证实我们成功构建了AR小鼠模型,并且小鼠出现了局部和全身的变应性炎症反应。对脾脏检测发现,与AR患者检测结

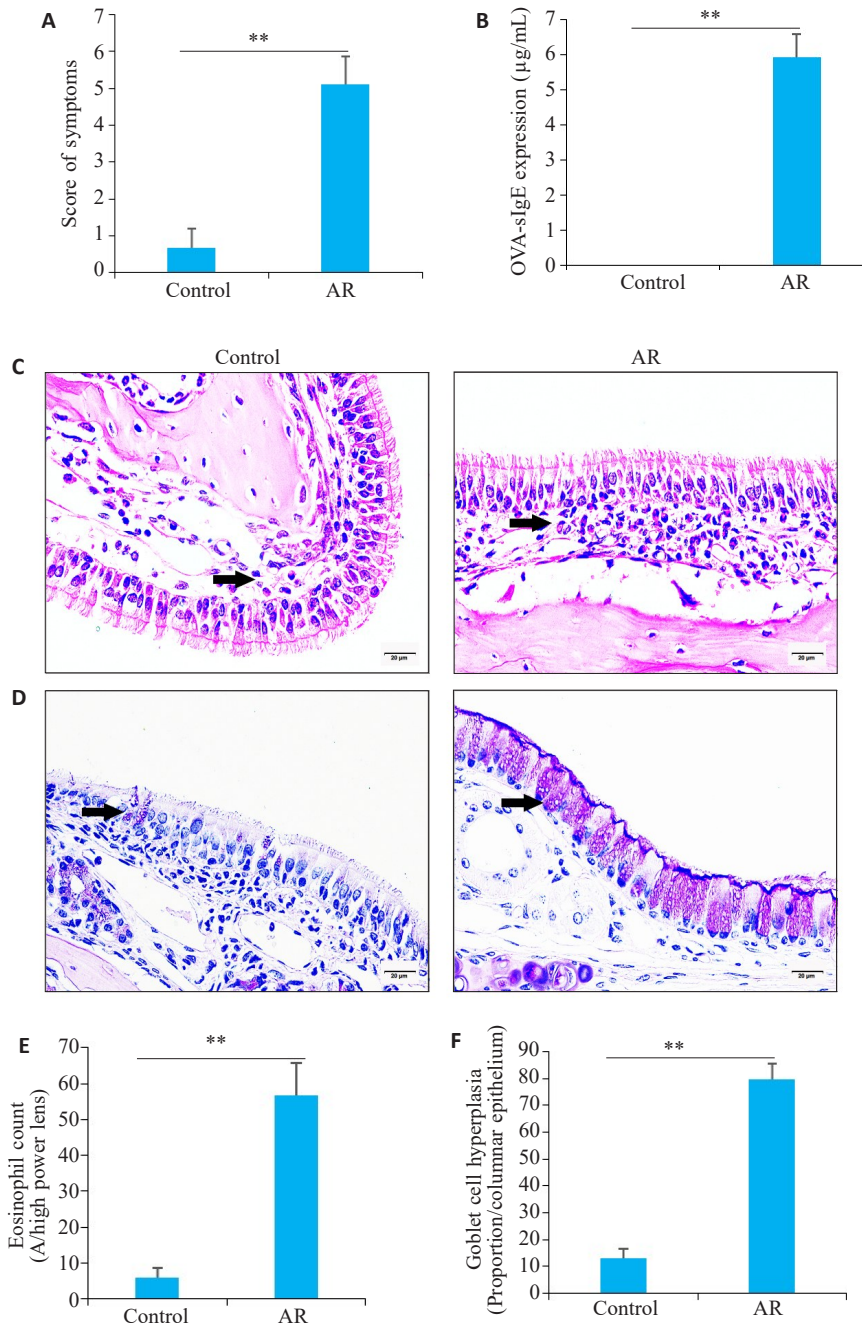


图3 AR小鼠变应性炎症反应加重

Fig.3 Allergic inflammation is aggravated in AR mice. A: Allergy symptom scores in AR and control mice (** $P < 0.01$). B: OVA-SIgE level in peripheral blood in AR and control mice (** $P < 0.01$). C, E: Eosinophil (black arrow) counts in the nasal mucosa in AR and control mice (** $P < 0.01$). D, F: Goblet cell (black arrow) proliferation in the nasal mucosa in AR and control mice (** $P < 0.01$).

果一致, AR小鼠脾脏中Treg细胞比例表达下降, GATA3⁺Treg细胞表达也下调。据此,我们证实GATA3⁺Treg细胞在AR中表达下降,是引起AR炎症反应的重要原因之一。

Th2细胞是以分泌IL-4、IL-5、IL-6、IL-10等为主要特征的一类CD4⁺T细胞^[33],在过敏性疾病中,IL-4等细胞因子能促进以嗜酸性粒细胞为代表的效应细胞的激

活、分化和募集^[34, 35]。本研究对AR小鼠细胞因子检测发现,Th2细胞数量以及IL-4、IL-6、IL-10等Th2细胞因子在AR组中表达上升,提示在AR小鼠中出现Th2细胞应答亢进的免疫反应。尽管在食物过敏等Th2细胞应答亢进的疾病中,GATA3⁺Treg细胞表达增加,但本研究检测发现在AR中GATA3⁺Treg细胞比例下降,Th2细胞反应亢进。GATA3⁺Treg的分化障碍导致其对Th2

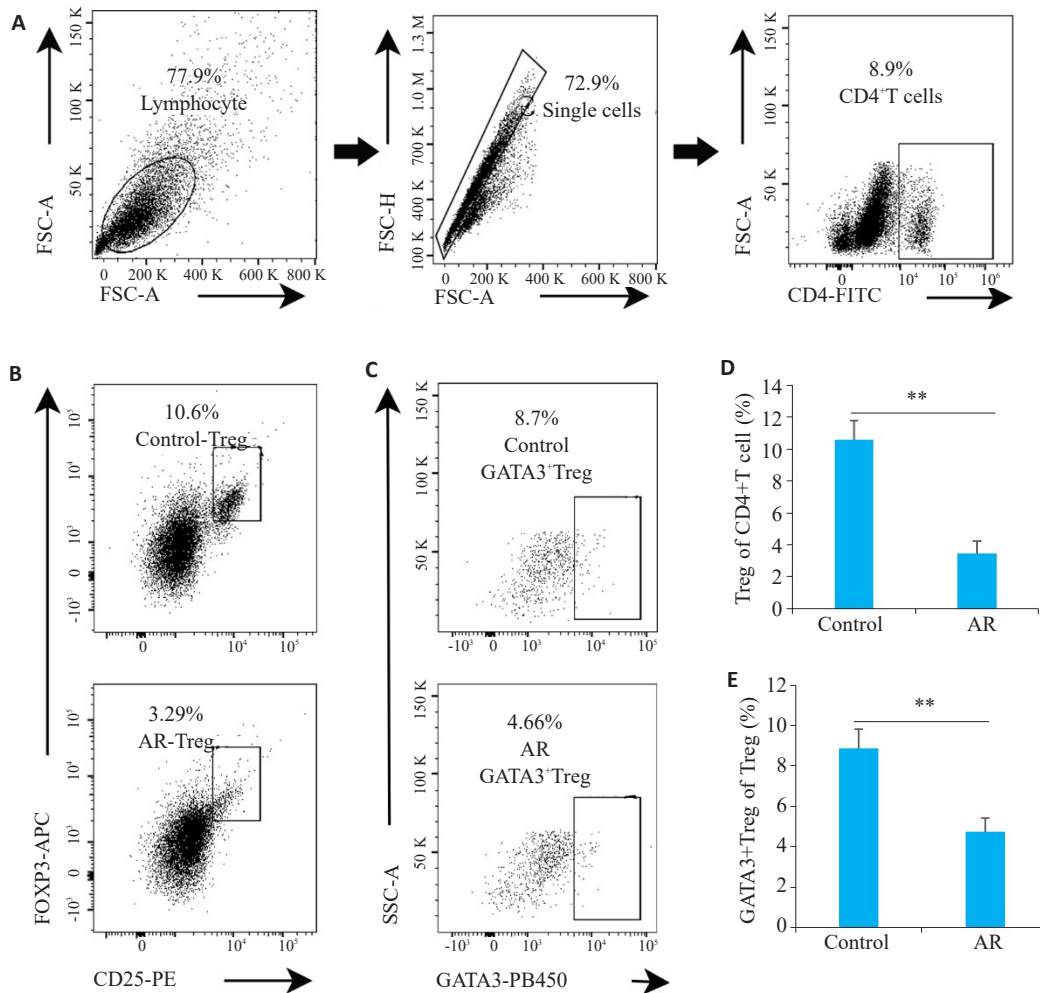


图4 AR小鼠脾脏中Treg细胞和GATA3⁺Treg细胞比例均下降

Fig.4 Percentages of Treg cells and GATA3⁺Treg cells are decreased in the spleen of AR mice. **A**: Percentages of T cell subsets in the spleen in each group. **B**, **D**: Percentage of Treg cells in CD4⁺T cells in each group. **C**, **E**: Percentage of GATA3⁺Treg cells in Treg cells in each group. **P<0.01.

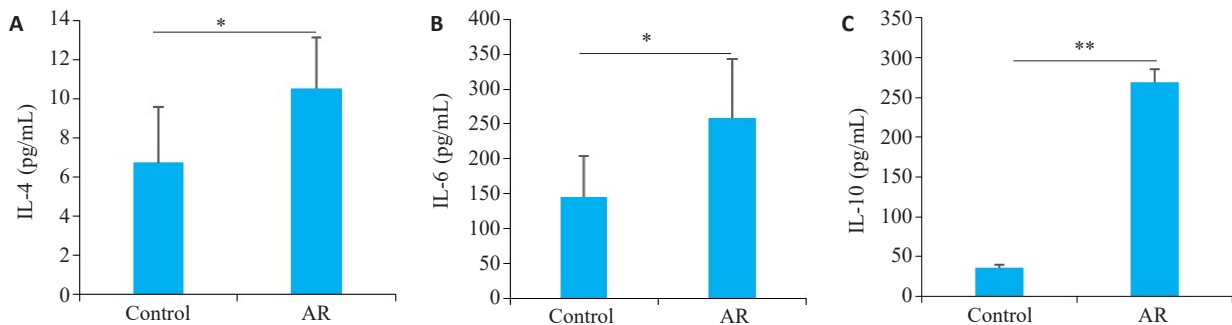


图5 AR小鼠Th2细胞因子表达下降

Fig.5 Th2 cytokine levels are decreased in AR mice. **A-C**: Levels of IL-4, IL-6 and IL-10 in each group. *P<0.05, **P<0.01.

细胞免疫抑制能力减弱,可能是AR出现Th2细胞免疫应答亢进的机制之一。这也可能是部分过敏性疾病中总体Treg细胞比例下降,而Th2细胞应答亢进的原因。后续以GATA3⁺Treg细胞为调控靶点,可望为更多免疫失调疾病的治疗提供新方向。

总之,本研究发现GATA3⁺Treg细胞在AR患者和小鼠中表达下降,并可能与Th2细胞免疫应答相关,两者共同参与了AR的发生发展。GATA3⁺Treg细胞有望成为AR免疫调控的新靶点。

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