



DOI: 10.11817/j.issn.1672-7347.2022.210131
<http://xbyxb.csu.edu.cn/xbwk/fileup/PDF/20220172.pdf>

热激蛋白27联合miR-1介导雄激素受体上调导致雄激素性脱发发病

王敏, 王霞

(广州医科大学附属第一医院皮肤科, 广州 510120)

[摘要] 目的: 雄激素性脱发(androgenetic alopecia, AGA)的发病机制与雄激素的水平及其代谢通路有关。雄激素受体(androgen receptor, AR)结合雄激素需要热激蛋白27(heat shock protein 27, HSP27)的协助。HSP27联合微小核糖核酸(microRNAs, miR)-1可以调控AR的表达水平。但HSP27与miR-1是否联合参与了AGA的发病目前尚不清楚。本研究通过检测男性AGA患者头皮组织中HSP27、AR及miR-1的表达水平, 探讨HSP27联合miR-1的表达变化导致AR改变在AGA发病中的作用。**方法:** 选取广州医科大学附属第一医院2019年9月—2020年2月收治的男性AGA患者46例(AGA组)以及同院同期收治的健康体检者52例(对照组)。采集其血清样本, 采用酶联免疫吸附法(ELISA)检测血清二氢睾酮(dihydrotestosterone, DHT)和HSP27水平。取两组中各10例患者的头皮组织, 采用蛋白质印迹法检测HSP27和AR蛋白质的表达水平, real-time PCR检测HSP27、AR和miR-1的mRNA表达水平。在人毛乳头细胞中瞬时转染HSP27 siRNA抑制HSP27的表达, 同时或者分别转染miR-1及miR-1抑制剂, 检测AR蛋白质表达的变化。**结果:** AGA组的DHT和HSP27水平均明显高于对照组[(361.4±187.7) pg/mL vs (281.8±176.6) pg/mL 和(89.4±21.8) ng/mL vs (41.2±13.7) ng/mL, 均 $P<0.05$]。不同脱发程度的AGA患者血清HSP27和AR水平差异无统计学意义($P>0.05$)。相关分析结果显示: AGA患者血清HSP27水平与DHT水平呈正相关($r=0.936$, $P<0.05$), 头皮组织HSP27 mRNA表达水平与miR-1 mRNA表达水平呈负相关($r=-0.640$, $P<0.05$)。与对照组相比, AGA头皮组织中HSP27和AR蛋白质表达水平, 以及HSP27 mRNA表达水平和AR mRNA表达水平均明显升高($P<0.05$); 而AGA患者头皮组织中miR-1表达和AR表达则明显下调($P<0.05$)。体外细胞研究显示, 在人毛乳头细胞中分别加入HSP27和miR-1抑制剂均能抑制AR的表达; 同时抑制HSP27和miR-1的表达对AR的抑制作用具有累加效果, 差异均有统计学意义(均 $P<0.05$)。**结论:** HSP27和miR-1可能同时介导AR表达的上调, 导致AGA的发生。

[关键词] 雄激素性脱发; 热激蛋白27; 微小核糖核酸; 雄激素受体

Up-regulation of androgen receptor by heat shock protein 27 and miR-1 induces pathogenesis of androgenic alopecia

WANG Min, WANG Xia

(First Affiliated Hospital of Guangzhou Medical University, Guangzhou 510120, China)

收稿日期(Date of reception): 2021-03-01

第一作者(First author): 王敏, Email: min.wang@qq.com, ORCID:0000-0001-9998-6380

通信作者(Corresponding author): 王霞, Email: 13632292064@163.com, ORCID: 0000-0002-5812-7384

ABSTRACT

Objective: The pathogenesis of androgenetic alopecia (AGA) is related to the level of androgen and its metabolic pathways. The binding of androgen and androgen receptor (AR) depends on the assistance of heat shock protein 27 (HSP27). HSP27 combined with microRNAs (miR)-1 can regulate AR levels. However, it is not clear whether HSP27 and miR-1 jointly participate in the pathogenesis of AGA. This study aims to investigate the role of AR up-regulation in the pathogenesis of AGA and underlying mechanisms.

Methods: A total of 46 male AGA patients (AGA group), who admitted to the First Affiliated Hospital of Guangzhou Medical University from September 2019 to February 2020, and 52 healthy controls admitted to the same period were enrolled in this study. Serum levels of dihydrotestosterone (DHT) and HSP27 in patients and healthy controls were measured by ELISA. Western blotting was used to detect the protein expression of HSP27 and AR in scalp tissues of patients and the healthy controls. The levels of *HSP27*, *AR*, and *miR-1* were analyzed using real-time PCR. Human dermal papilla cells were transfected with *HSP27* siRNA to inhibit the expression of *HSP27*. MiR-1 and miR-1 inhibitors were transfected simultaneously or separately into cells and then the changes in AR protein expression were detected.

Results: The levels of DHT and HSP27 in the AGA group were (361.4±187.7) pg/mL and (89.4±21.8) ng/mL, respectively, which were higher than those in the control group [(281.8±176.6) pg/mL and (41.2±13.7) ng/mL, both $P<0.05$]. However, there was no significant difference in serum HSP27 and AR levels among AGA patients with different degrees of hair loss ($P>0.05$). Correlation analysis showed that there was a positive correlation between HSP27 level and DHT level in the AGA patients ($P<0.05$). The level of *HSP27* mRNA in scalp tissue was negatively correlated with that of *miR-1* mRNA ($P<0.05$). Compared with the control group, the levels of HSP27 protein, AR protein, *HSP27* mRNA, and *AR* mRNA in scalp tissues of AGA group were significantly increased ($P<0.05$). The up-regulation of HSP27 in scalp tissues of AGA patients was closely related to the increased levels of AR. However, the level of miR-1 in scalp tissues of AGA patients was significantly down-regulated, contrary to the expression of AR ($P<0.05$). Further in cell studies showed that inhibition of HSP27 or miR-1 expression in human dermal papilla cells could inhibit the expression of AR, and inhibition of both HSP27 and miR-1 expression was found to have an accumulative effect on AR, with statistically significant differences (all $P<0.05$).

Conclusion: HSP27 could combine with miR-1 to up-regulate AR levels, which is closely related to the development of AGA.

KEY WORDS

androgen alopecia; heat shock protein 27; miR-1; androgen receptor

雄激素性脱发(androgenetic alopecia, AGA)表现为额部发际逐渐后退, 或顶部头发逐渐稀疏、脱落, 头发密度进行性减少^[1-2]。AGA是目前最常见的脱发疾病, 病程长达几十年, 男女均有发生, 中国男性人群患病率高达21.3%^[3]。脱发对患者的美观产生影响, 给很多患者造成心理压力。自1959年Hamilton首次提出雄激素水平与AGA的重要关系以来, 雄激素作为AGA发病的重要因素受到了广泛研究^[4]。目

前研究^[5]认为AGA的发病机制与雄激素的水平及其代谢通路有关。

人体血液中的雄激素为睾酮, 主要由男性的睾丸间质细胞产生。睾酮经5-α还原酶(I型和II型)转化为二氢睾酮(dihydrotestosterone, DHT), DHT结合雄激素受体(androgen receptor, AR)的能力比睾酮强5倍以上, 可引起终毛向毫毛转变, 导致脱发^[6-7]。头皮组织的雄激素对毛发的各种调节是通过毛乳头来

实现的,毛囊和皮脂腺是对雄激素敏感的靶器官,局部的雄激素通过AR能使生长期毛囊转化成休止期毛囊,导致AGA的发病^[8]。AR位于细胞质中,结合其配体(雄激素或DHT)需要热激蛋白27(heat shock protein 27, HSP27)的协助才能完成^[9]。最新研究^[10]认为,微小核糖核酸(microRNAs, miR)可能在雄激素的靶器官中发挥重要作用,在毛囊形成的不同时期也存在差异表达。Stope等^[11]对前列腺癌进行研究,发现HSP27联合miR-1可以调控AR的表达水平。但HSP27与miR-1是否联合参与了AGA的发病目前尚不清楚。本研究旨在探讨HSP27联合miR-1的表达变化所致AR的改变在AGA发病中的作用。

1 资料与方法

1.1 一般资料

选取广州医科大学附属第一医院2019年9月—2020年2月收治的男性AGA患者46例(AGA组),年龄(35.2 ± 7.1)岁。AGA诊断标准:1)脱发从额头的两侧开始,逐渐向头顶延伸,前发际线向顶部上移,使额头变高,或从头顶部开始脱发,即在头顶部或相当于百会、枕后穴周围的头发从内向外逐渐稀疏;2)脱发部位的发量较未脱发的部位发量减少15%以上。排除神经性脱发、头皮病变、某些化学药品或放射线引起的脱发及单纯的前发际线后退性脱发。采用2007年Lee等^[12]提出的一种新的通用分级法—BASP法对AGA患者脱发的严重程度进行分级:I~II级为轻度,III~IV级为中度,V~VII级为重度。本组46例AGA患者中,轻、中、重度脱发患者各有22、18、6例。选取同期在广州医科大学附属第一医院体检中心体检的健康男性志愿者52例(对照组),年龄(36.4 ± 6.8)岁。纳入标准:1)近3个月内未使用性激素避孕药物者;2)无AGA病史及家族史;3)无其他头部皮肤疾病史;4)文化程度、经济收入、运动强度等因素与AGA组均相匹配。两组年龄差异无统计学意义($t=0.854$, $P>0.05$)。本研究经广州医科大学附属第一医院医学伦理委员会审批同意(审批号:2019年第K-04号),研究对象均签署知情同意书。

1.2 标本收集

血清收集:抽取两组研究对象晨起空腹肘静脉血3 mL,置干燥试管内,不抗凝,在室温下放置1 h后,以3 000 g离心10 min,吸取上层血清,严格避免混入红细胞。将血清标本放入-80 °C低温冰箱内保存,采用酶联免疫吸附试验(ELISA)检测血清DHT和HSP27水平。头皮组织标本的收集:自两组中分别抽

取10例研究对象,将其头皮消毒并局部麻醉后,于头顶部脱发处(对照组为头顶部)切取面积为1.0 cm×0.5 cm、深度达真皮的标本,放入-80 °C冰箱中保存备用。

1.3 试剂及仪器

蛋白质印迹试剂盒为北京百奥莱博科技有限公司产品; TRIzol试剂和TaKaRa反转录试剂盒为宝生物工程(大连)有限公司产品; Lipofectamine™ 3000试剂盒为美国Invitrogen公司产品; 抗HSP27抗体(ab109376)和AR(sc-52309)均为美国Thermo公司产品; miR-1和U6引物序列由上海英骏生物技术有限公司合成; 人毛乳头细胞由广州医科大学呼吸病研究所实验室保存; HSP27小干扰核糖核酸(small interfering ribonucleic acid, siRNA)(sc-29350)为美国Santa公司产品; miR-1模拟物、miR-1抑制剂(anti-miR-1)、NT对照物(miR-NT)由上海吉玛公司合成; 胎牛血清、DMEM培养基为美国Gibco公司产品; Real-time PCR检测系统、PCR仪C1000热循环仪、凝胶成像仪Universal Hood II均为美国BIO-RAD公司产品。

1.4 蛋白质印迹法检测头皮组织中HSP27和AR蛋白质表达水平

采用超声裂解法提取头皮组织蛋白质,定量后与上样缓冲液混合均匀,在100 °C沸水中煮5 min,经SDS聚丙烯酰胺凝胶电泳后将其转移到PVDF膜,用封闭液封闭1 h后加入目的抗,置于4 °C摇床中孵育过夜,以TBST洗涤3次,每次10 min。洗涤后加入二抗,在常温下孵育2 h后,以TBST洗涤3次,每次15 min。然后加入显影液压片、显影、拍照。

1.5 Real-time PCR法检测头皮组织HSP27、AR及miR-1表达的水平

采用TRIzol法提取两组头皮组织的总RNA,用紫外线分光光度计检测RNA的浓度和纯度,1%琼脂糖变性凝胶电泳检测RNA的完整性,使用TaKaRa反转录试剂盒反转录合成cDNA作为模板,使用TaKaRa扩增试剂盒进行PCR扩增。HSP27的正向引物为5'-ATCTCGTTGGACTGCGTGGCT-3',反向引物为5'-CAAGGTTTCATGACAACATTGC-3'; AR的正向引物为5'-GGAATTCCCTGTGCATGAAA-3',反向引物为5'-CGAAGTTCATCAAAGAATT-3'; miR-1的正向引物为5'-GGCGGTGGAATGTAAGAAAGT-3',反向引物为5'-AACGCTTCACGAATTGCGT-3'; 内参U6的正向引物为5'-CTCGCTTCGGCAGCAC-3',反向引物为5'-AACGCTTCACGAATTGCGT-3'。

PCR反应体系25.0 μL, 包括2×SYBR Green I Master mix 12.5 μL, 正向引物1.0 μL, 反向引物1.0 μL, 反转录产物3.0 μL, 水7.5 μL。PCR反应条件: 94 °C预变性1.5 min; 94 °C 30 s, 62 °C 30 s, 72 °C 60 s, 共35个循环。PCR产物用1.5%琼脂糖凝胶电泳分析。采用 $2^{-\Delta\Delta Ct}$ 法计算相对表达量。

1.6 蛋白质印迹法检测瞬时转染抑制HSP27表达及miR-1、miR-1抑制剂共转染后AR表达的变化

取人毛乳头细胞, 加入含10%胎牛血清的DMEM培养基, 置于37 °C、5%CO₂的培养箱中培养, 作为本研究的实验细胞。将人毛乳头细胞以 1×10^5 个/孔接种于6孔细胞培养板中, 参照LipofectamineTM 3000脂质体转染试剂盒说明书进行转染, 分为si-NT对照组(转染阴性对照)和si-HSP27组(转染HSP27 siRNA)。收集各组细胞, 使用RIPA蛋白裂解液提取细胞中总蛋白质, 采用蛋白质印迹法检测不同样本中HSP27蛋白的表达水平, 验证si-HSP27的沉默效率。

将人毛乳头细胞以 1×10^5 个/孔接种于6孔细胞培养板中, 参照LipofectamineTM 3000脂质体转染试剂盒说明书进行转染, 分为6组: miR-NT对照组(转染阴性对照)、si-HSP27组(转染HSP27 siRNA)、miR-1组(转染has-miR-1模拟物)、miR-1+miR-1抑制剂组(同时转染has-miR-1模拟物和has-miR-1抑制剂)、si-HSP27+miR-1组(同时转染HSP27 siRNA和has-miR-1模拟物)、si-HSP27+miR-1+miR-1抑制剂组(同时转染HSP27 siRNA、has-miR-1模拟物和has-miR-1抑制剂)。转染6 h后, 更换培养基, 继续培养48 h。收集各组细胞, 使用RIPA蛋白裂解液提取细胞中总蛋白质, 用蛋白质印迹法检测不同样本中AR蛋白的表达水平。

1.7 统计学处理

所有数据输入Excel 2007, 然后导入SPSS 18.0统计软件进行分析。计量资料以均数±标准差($\bar{x}\pm s$)表示, 两组比较采用独立样本t检验, 多组比较采用方差分析, 组间进一步两两比较采用LSD-t检验。采用Pearson相关分析AGA患者HSP27、DHT与miR-1水平之间的相关性, 以P<0.05为差异具有统计学意义。

2 结果

2.1 AGA组与对照组血清DHT和HSP27水平的比较

AGA组的DHT和HSP27水平均高于对照组(均P<0.05, 表1)。

表1 AGA组与对照组血清DHT和HSP27水平比较

Table 1 Comparison of serum DHT and HSP27 levels between the AGA group and the control group

组别	n	DHT/(pg·mL ⁻¹)	HSP27/(ng·mL ⁻¹)
病例组	46	361.4±187.7	89.4±21.8
对照组	52	281.8±176.6	41.2±13.7
t		2.159	12.892
P		0.033	<0.001

AGA: 雄激素性脱发; DHT: 二氢睾酮; HSP27: 热激蛋白27。

2.2 不同脱发程度的AGA患者血清HSP27和AR水平的比较

不同脱发程度的AGA患者血清HSP27和AR水平比较, 差异均无统计学意义(均P>0.05, 表2)。

表2 不同脱发程度的AGA患者血清HSP27和AR水平的比较

Table 2 Comparison of serum HSP27 and AR levels in the AGA patients with different degree of hair loss

脱发程度	n	HSP27/(ng·mL ⁻¹)	AR/(ng·L ⁻¹)
轻度	22	87.7±4.9	325.2±10.6
中度	18	87.6±4.8	324.8±7.7
重度	6	88.6±7.9	328.0±8.5
F		0.069	0.223
P		0.794	0.639

AGA: 雄激素性脱发; HSP27: 热激蛋白27; AR: 雄激素受体。

2.3 AGA组与对照组头皮组织中HSP27和AR蛋白质水平的比较

以对照组的AR、HSP27蛋白质表达灰度值为基准进行均一化处理(均为1.000), AGA组AR蛋白质表达量(2.088±0.114)及HSP27蛋白表达量(2.222±0.188)均明显升高(分别t=7.322、t=4.001, 均P<0.01; 图1)。

2.4 AGA组与对照组头皮组织中HSP27、AR及miR-1的mRNA表达水平比较

以对照组头皮组织中HSP27、AR、miR-1的相对mRNA水平为基准进行均一化处理(均为1.000), AGA组头皮组织中HSP27和AR的mRNA表达水平均高于对照组; miR-1的mRNA表达水平低于对照组(分别t=6.938、t=7.014、t=7.479, 均P<0.01; 图2)。

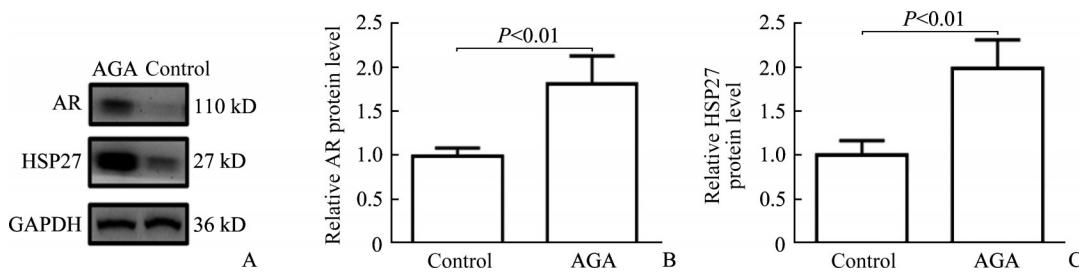


图1 AGA组与对照组头皮组织中AR和HSP27蛋白质表达水平的比较(n=10)

Figure 1 Comparison of HSP27 and AR protein levels in scalp of the AGA group and the control group (n=10)

A: Result of Western blotting. B: Relative AR protein level. C: Relative HSP27 protein level. AGA: Androgenetic alopecia; HSP27: Heat shock protein 27; AR: Androgen receptor.

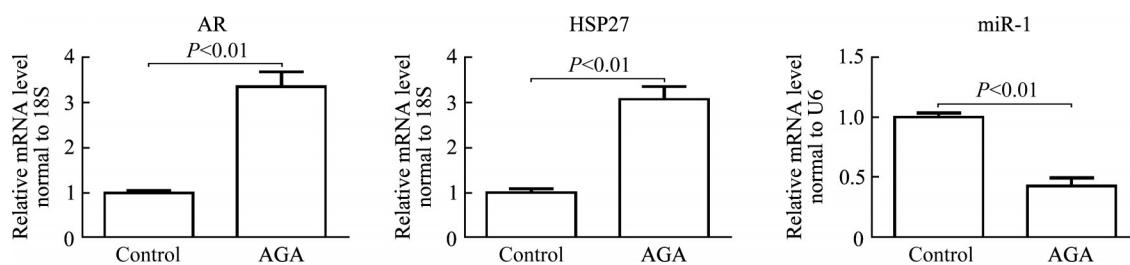


图2 对照组与AGA组头皮组织中AR、HSP27及miR-1的mRNA表达水平比较(n=10, $\bar{x}\pm s$)

Figure 2 Comparison of HSP27, AR, and miR-1 mRNA levels in the scalp tissues of the AGA group and the control group (n=10, $\bar{x}\pm s$)

AGA: Androgenetic alopecia; HSP27: Heat shock protein 27; AR: Androgen receptor.

2.5 AGA患者HSP27与DHT、AR、miR-1的相关性

AGA患者血清HSP27水平与DHT水平呈正相关($r=0.936, P<0.05$)。AGA患者血清HSP27与AR水平无相关性($r=0.076, P>0.05$)。AGA患者头皮组织的HSP27 mRNA与miR-1 mRNA表达水平呈负相关($r=-0.640, P<0.05$)。

2.6 不同siRNA瞬时转染后人乳头细胞中相关蛋白质的表达

以阴性对照组(si-NT)进行归一化处理(为1.000), si-HSP27组的人毛乳头细胞HSP27蛋白的相对表达量为 0.18 ± 0.02 , 二者差异有统计学意义($t=9.709, P<0.05$; 图3)。si-HSP27的沉默效率达80%以上。

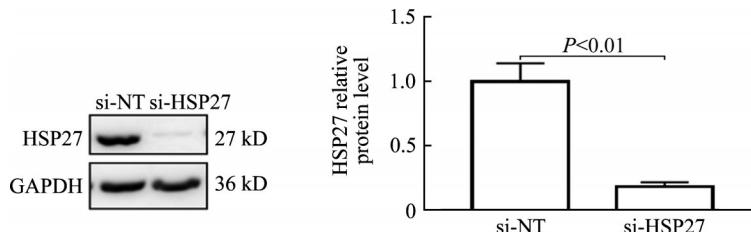


图3 人毛乳头细胞转染siRNA后HSP27蛋白表达水平的变化

Figure 3 Changes of HSP27 protein levels in human dermal papilla cells after transfection with siRNA

HSP27: Heat shock protein 27; GAPDH: Glyceraldehyde-3-phosphate dehydrogenase.

以miR-NT组进行归一化处理(为1.000), si-HSP27组AR蛋白相对表达量为 0.542 ± 0.057 , miR-1组AR蛋白相对表达量为 0.686 ± 0.033 , 二者与miR-NT组比较差异均有统计学意义(分别 $t=4.539, t=$

6.549 , 均 $P<0.01$), 同时转染HSP27的siRNA和has-miR-1模拟物(si-HSP27+miR-1组), AR蛋白的表达量为 0.365 ± 0.039 ; 与si-HSP27组或miR-1组相比, AR蛋白表达量下降(均 $P<0.05$); 转染miR-1模拟

物和has-miR-1抑制剂, 即抑制miR-1的作用, 进一步转染HSP27 siRNA, 抑制HSP27的表达, AR蛋白

表达量为 0.568 ± 0.092 ; 与si-HSP27组相比差异无统计学意义($P>0.05$, 图4)。

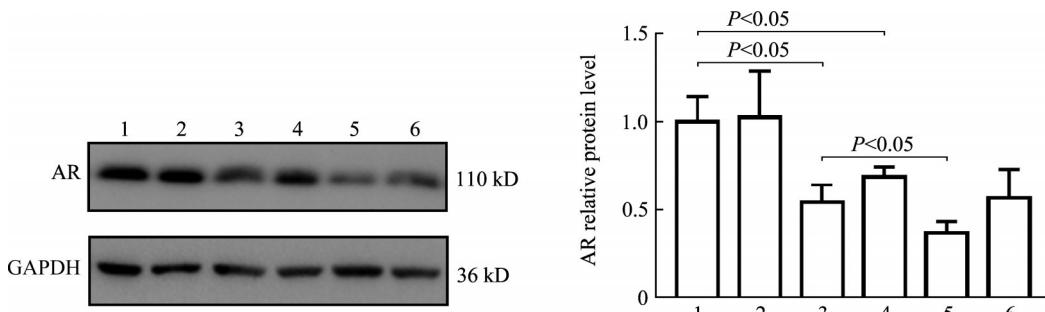


图4 不同人毛乳头细胞HSP27与miR-1的表达水平下AR的表达变化

Figure 4 Changes of AR levels under different levels of HSP27 and miR-1 in human dermal papilla cells

1: MiR-NT group; 2: MiR-1+miR-1 inhibitor group; 3: Si-HSP27 group; 4: MiR-1 group; 5: Si-HSP27+miR-1 group; 6: Si-HSP27+miR-1+miR-1 inhibitor group. AR: Androgen receptor; GAPDH: Glyceraldehyde-3-phosphate dehydrogenase. HSP27: Heat shock protein 27; GAPDH: Glyceraldehyde-3-phosphate dehydrogenase.

3 讨 论

非那雄胺是 5α -还原酶抑制剂, 可通过抑制睾酮转化为DHT, 降低DHT对毛发生长的抑制作用, 使毛发恢复自然生长^[13-14]。本课题组前期研究^[15]发现: AGA患者连续服用3~6个月非那雄胺后, DHT水平较治疗前明显降低, 患者毛发生长明显, 而且治疗时间越长, 疗效越好。所以, 血清DHT水平是评价AGA疗效的重要指标^[15]。HSP27是热激蛋白质家族中小分子热激蛋白质的重要成员之一。HSP27由雄激素刺激激活, 通过与AR的相互作用增强AR的核导入期转录活性^[16]。但HSP27在AGA发病中的作用尚未见报道。本研究发现AGA患者血清DHT和HSP27水平均明显高于对照组, 而且血清HSP27水平与DHT水平呈正相关, 提示HSP27可能成为评估AGA疗效的指标之一。

本研究结果显示: AGA组患者头皮组织中HSP27和AR表达水平明显高于对照组, 在毛乳头细胞中抑制HSP27表达, AR蛋白质表达也随之被抑制。MiR是一类内源性的非编码小分子RNA, 其通过下调蛋白编码基因的表达而在多种疾病的发病中起重要作用^[17]。MiR-1在心肌、骨骼肌、甲状腺、肺、膀胱、前列腺和皮肤等器官和组织中均有表达, 参与细胞的生长、分化、凋亡等生理过程^[18]。前列腺是雄激素依赖的器官, 正常成人前列腺上皮中含有大量的AR。研究表明: HSP27调控AR的表达和活性^[11]; AR的表达受HSP27-miR-1信号通路的调

节^[11, 18-19]; 非受体酪氨酸激酶(non-receptor tyrosine kinase c-Src, SRC)是miR-1的直接靶点, miR-1可以通过调控SRC的活性而直接磷酸化激活AR^[20]。

本研究结果显示: AGA患者头皮组织中HSP27、AR的蛋白质和mRNA表达水平明显高于对照组, 而miR-1的mRNA表达水平低于对照组; 进一步行体外实验, 发现人毛乳头细胞瞬时转染si-HSP27或miR-1模拟物均可影响AR的表达。当共转染si-HSP27和miR-1模拟物时, AR的表达进一步得到抑制, 具有累加效应。结果提示HSP27和miR-1同时介导AR上调, 进而促进AGA发病。

目前关于miR-1的研究尚处于初步阶段, miR-1具有组织和疾病特异性, 因可作为疾病的潜在生物标志物而受到广泛的关注, 将HSP27联合miR-1治疗AGA比单独用药下调毛囊内AR表达水平的效果更佳, 且可以避免长期系统或者过量应用抗雄激素药而造成的全身不良反应。

综上所述, AGA患者的头皮组织中HSP27、AR蛋白质和mRNA的表达水平明显升高, 而且血清HSP27水平与DHT水平呈正相关。在人毛乳头细胞中抑制HSP27与转染miR-1都能抑制AR蛋白质的表达, DHT与AR结合能使生长期毛囊转化成休止期毛囊, 导致AGA的发生。

作者贡献声明: 王敏 实验操作, 撰写论文; 王霞 课题设计, 论文修改。

利益冲突声明: 作者声称无任何利益冲突。

参考文献

- [1] 赵辨. 临床皮肤病学[M]. 3 版. 南京: 江苏科学技术出版社, 2001.
- ZHAO Bian. Clinical dermatology[M]. 3rd ed. Nanjing: Phoenix Science Press, 2001.
- [2] Adil A, Godwin M. The effectiveness of treatments for androgenetic alopecia: a systematic review and Meta-analysis [J]. J Am Acad Dermatol, 2017, 77(1): 136-141.e5. <https://doi.org/10.1016/j.jaad.2017.02.054>.
- [3] Lolli F, Pallotti F, Rossi A, et al. Androgenetic alopecia: a review[J]. Endocrine, 2017, 57(1): 9-17. <https://doi.org/10.1007/s12020-017-1280-y>.
- [4] Lai JJ, Chang P, Lai KP, et al. The role of androgen and androgen receptor in skin-related disorders[J]. Arch Dermatol Res, 2012, 304(7): 499-510. <https://doi.org/10.1007/s00403-012-1265-x>.
- [5] Gamil H, Assaf M, Elsayed M, et al. Preservation of stem cells in androgenetic alopecia[J]. J Eur Acad Dermatol Venereol, 2018, 32(4): e154-e156. <https://doi.org/10.1111/jdv.14654>.
- [6] Ortega-Castillejos DKA, Pathomvanich D. Retrospective assessment of follicular unit density in Asian men with androgenetic alopecia[J]. Dermatol Surg, 2017, 43(5): 672-683. <https://doi.org/10.1097/DSS.0000000000001086>.
- [7] Leirós GJ, Ceruti JM, Castellanos ML, et al. Androgens modify Wnt agonists/antagonists expression balance in dermal papilla cells preventing hair follicle stem cell differentiation in androgenetic alopecia[J]. Mol Cell Endocrinol, 2017, 439: 26-34. <https://doi.org/10.1016/j.mce.2016.10.018>.
- [8] Premanand A, Reena Rajkumari B. Androgen modulation of Wnt/β-catenin signaling in androgenetic alopecia[J]. Arch Dermatol Res, 2018, 310(5): 391-399. <https://doi.org/10.1007/s00403-018-1826-8>.
- [9] Li JZ, Fu XQ, Cao SB, et al. Membrane-associated androgen receptor (AR) potentiates its transcriptional activities by activating heat shock protein 27 (HSP27) [J]. J Biol Chem, 2018, 293(33): 12719-12729. <https://doi.org/10.1074/jbc.RA118.003075>.
- [10] Fujimura T, Takayama K, Takahashi S, et al. Estrogen and androgen blockade for advanced prostate cancer in the era of precision medicine[M]// Mousa S, Bawa R, Audette GF. The road from nanomedicine to precision medicine. Singapore: Jenny Stanford Publishing, 2020: 901-929. <https://doi.org/10.1201/9781003027058-11>.
- [11] Stope MB, Peters S, Großebrummel H, et al. Androgen receptor (AR) inhibitor ErbB3-binding protein-1 (Ebp1) is not targeted by the newly identified AR controlling signaling axis heat-shock protein HSP27 and microRNA miR-1 in prostate cancer cells[J]. World J Urol, 2015, 33(3): 323-327. <https://doi.org/10.1007/s00345-014-1307-4>.
- [12] Lee WS, OhY, Ji JH, et al. Analysis of familial factors using the basic and specific (BASP) classification in Korean patients with androgenetic alopecia[J]. J Am Acad Dermatol, 2011, 65(1): 40-47. <https://doi.org/10.1016/j.jaad.2010.05.005>.
- [13] Dhurat R, Sharma A, Rudnicka L, et al. 5-Alpha reductase inhibitors in androgenetic alopecia: Shifting paradigms, current concepts, comparative efficacy, and safety[J/OL]. Dermatol Ther, 2020, 33(3): e13379 (2020-04-24)[2022-01-12]. <https://doi.org/10.1111/dth.13379>.
- [14] Zhang Y, Xu J, Jing J, et al. Serum levels of androgen-associated hormones are correlated with curative effect in androgenic alopecia in young men[J]. Med Sci Monit, 2018, 24: 7770-7777. <https://doi.org/10.12659/MSM.913116>.
- [15] 王霞, 魏荣芳, 黄蔓旎, 等. 男性雄激素性脱发患者血清双氢睾酮水平的检测及治疗效果评估[J]. 广州医科大学学报, 2017, 45(6): 42-45. <https://doi.org/10.3969/j.issn.2095-9664.2017.06.01>.
- WANG Xia, WEI Rongfang, HUANG Manni, et al. Determination of serum dihydrotestosterone level in male patients with androgenic alopecia and evaluation of therapeutic effect[J]. Academic Journal of Guangzhou Medical University, 2017, 45(6): 42-45. <https://doi.org/10.3969/j.issn.2095-9664.2017.06.01>.
- [16] Abaspour AR, Taghikhani M, Parizadeh SMR, et al. HSP27 expression in the human peripheral blood mononuclear cells as an early prognostic biomarker in coronary artery disease patients[J]. Diabetes Metab Syndr, 2019, 13(3): 1791-1795. <https://doi.org/10.1016/j.dsx.2019.04.010>.
- [17] Landrier JF, Derghal A, Mounien L. microRNAs in obesity and related metabolic disorders[J]. Cells, 2019, 8(8): E859. <https://doi.org/10.3390/cells8080859>.
- [18] Stope MB, Schubert T, Staar D, et al. Effect of the heat shock protein HSP27 on androgen receptor expression and function in prostate cancer cells[J]. World J Urol, 2012, 30(3): 327-331. <https://doi.org/10.1007/s00345-012-0843-z>.
- [19] Stope MB, Bradl J, Peters S, et al. Shortened isoforms of the androgen receptor are regulated by the cytoprotective heat-shock protein HSPB1 and the tumor-suppressive microRNA miR-1 in prostate cancer cells[J]. Anticancer Res, 2013, 33(11): 4921-4926.
- [20] Liao ZC, Wang XJ, Liang HW, et al. miR-1 suppresses the proliferation and promotes the apoptosis of esophageal carcinoma cells by targeting Src[J]. Cancer Med, 2017, 6(12): 2957-2965. <https://doi.org/10.1002/cam4.1214>.

(本文编辑 陈丽文)

本文引用: 王敏, 王霞. 热激蛋白27联合miR-1介导雄激素受体上调导致雄激素性脱发发病[J]. 中南大学学报(医学版), 2022, 47(1): 72-78. DOI:10.11817/j.issn.1672-7347.2022.210131

Cite this article as: WANG Min, WANG Xia. Up-regulation of androgen receptor by heat shock protein 27 and miR-1 induces pathogenesis of androgenic alopecia[J]. Journal of Central South University. Medical Science, 2022, 47(1): 72-78. DOI: 10.11817/j.issn.1672-7347.2022.210131