

镉毒性分子机制及评价方法的研究进展

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摘要:

镉是一种环境重金属,可引起多种毒性反应,也是药物毒理学研究中的重要阳性药物。镉毒性效应相互关联使其分子机制变得十分复杂。本文综述了镉毒性最重要的几种分子机制,包括基因表达改变、抑制受损DNA修复、干扰细胞凋亡及细胞自噬和诱导氧化应激反应。并根据镉毒性分子机制和主要毒靶器官,总结了相应的评价指标及临床前安全性评价方法,如组织病理学检查、镉含量检测、氧化还原状态检测(酶抗氧化系统与非酶抗氧化系统的标志物测定)、免疫印迹法和酶联免疫吸附法检测相关蛋白与酶含量、实时酶聚合链式反应评价相应的基因表达状况等。进而为镉毒性的分子机制探究及镉类似机制的药物安全性评价提供建议。

关键词: 镉毒性; 基因关系; 细胞凋亡; 细胞自噬; 氧化应激; 评价方法

Research progress on molecular mechanisms and evaluation methods of cadmium toxicity

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Abstract:

Cadmium is an environmental heavy metal that can cause a variety of toxic reactions and is also an important positive control drug in drug toxicology research. The interrelated toxic effects of cadmium make its molecular mechanisms very complicated. The most important molecular mechanisms of cadmium toxicity were summarized in this article, including changes in gene expression, inhibition of damaged DNA repair, interference with cell apoptosis and autophagy, and induction of oxidative stress. Based on the molecular mechanisms and main target organs of cadmium toxicity, corresponding evaluation indicators and safety evaluation methods were summarized, such as histopathological examination, cadmium content detection, redox status detection (enzyme antioxidant system and non-enzyme antioxidant system marker determination), Western blotting and enzyme-linked immunosorbent assay for protein and enzyme content detection, and real-time polymerase chain reaction for gene expression detection. The article aimed to provide information for the exploration of potential molecular mechanisms of cadmium toxicity and for the safety evaluation of drugs with cadmium-like mechanisms.

Keywords: cadmium toxicity; gene relationship; apoptosis; autophagy; oxidative stress; evaluation method

镉(Cd)是一种剧毒的环境重金属及常见的工业污染物。人类镉暴露的来源非常广泛,如食用受镉污染的食物、水和含镉的烟草制品,从事采矿、电镀、化肥和电池生产的职业人群都存在镉中毒风险^[1]。由于镉与体内的金属硫蛋白(metallothionein, MT)能高度结合,导致镉对肾脏、肝脏、骨骼、肺脏、心血管、睾丸、内分泌系统等产生各种毒性作用,并具有致癌性和遗传毒性^[1-2]。镉与镉的化合物已被美国环境保护署列为“可能对人类致癌(B1类)”物质,国际癌症研究机构也将其列为人类一级致癌物^[3]。目前关于镉毒性的分子机制尚未完全阐明,已知的分子机制包括基因表达的改变、受损DNA修复的抑制、细胞凋亡

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及细胞自噬和氧化应激反应。其中氧化应激是镉毒性最重要的分子机制。另外,镉在新药安全性评价中常被作为阳性药物,用于建立相关的动物疾病模型,由于镉毒性涉及的靶器官众多,其安全性也根据不同的靶器官进行评价,从宏观的组织病理学检查涵盖到相关基因表达的检测。本文综述镉毒性的分子机制及总结镉毒性临床前安全性评价方法中的研究进展。

1 镉的分子机制

1.1 镉与基因表达的关系

研究显示镉可影响即早反应基因、应激反应基因、转录因子、翻译因子^[1]等的表达。研究表明 $4\mu\text{mol}\cdot\text{L}^{-1}$ 的镉暴露可激活人肾足细胞的*c-Jun*氨基末端激酶信号通路,上调*c-jun*、*c-fos*的表达水平从而影响细胞生长^[4]。镉暴露影响应激反应基因的表达,如热休克蛋白(heat shock proteins, HSPs)。研究显示镉暴露增加了人近端肾小管细胞中*HSPA1A*、*HSPH1*和*HSPA8*表达^[5]。镉还能影响某些转录因子活性,如核因子(nuclear factor, NF)- κB 和NF-E2相关因子2^[6]。实验表明镉通过激活SMAD转录因子,刺激纤维化信号,导致小鼠肺纤维化^[7]。镉同样可影响某些翻译因子的表达,体外实验发现镉暴露于Balb/c-3T3细胞,其中翻译起始因子3(translation initiation factor 3, TIF3)和翻译延伸因子-1 δ (translation elongation factor 1 δ , TEF-1 δ)两种翻译因子的表达升高^[8]。

镉影响上述基因表达的机制包括细胞内钙水平改变、活性氧(reactive oxygen species, ROS)产生、细胞激酶变化及DNA甲基化^[1]。 Cd^{2+} 能模仿 Ca^{2+} 的活动并激活钙调基因,从而影响细胞形态与生长^[9]。镉诱导产生的ROS激活相关信号通路,导致凋亡诱导因子、半胱天冬酶(cysteine-dependent aspartate-specific proteases, caspases)和促凋亡蛋白(bcl-2 associated xprotein, Bax)的过表达^[10]。镉还能激活细胞激酶,如酪氨酸激酶、酪蛋白激酶II、蛋白激酶C和丝裂原活化蛋白激酶(mitogen-activated protein kinase, MAPK)超家族,导致转录因子磷酸化增加,使相应基因表达增加^[11]。DNA甲基化是基因表达调控的重要机制,研究表明镉暴露使DNA甲基转移酶1和DNA甲基转移酶3a过表达,从而引起DNA甲基化增加^[12]。镉虽不与DNA直接作用,但通过干扰识别DNA损伤位点和蛋白质与损伤结合位点,从而抑制修复错误的碱基配对、受损碱基及碱基切除^[13]。镉抑制DNA损伤修复主要集中于

单链DNA损伤修复途径,对于双链DNA的损伤修复研究有限^[14]。镉通过降低DNA糖化酶活性及取代锌指结构域的锌从而抑制DNA损伤修复^[1, 15]。

1.2 镉与细胞凋亡

大量研究证实镉可在不同阶段通过不同途径诱导细胞凋亡^[15-17]。外源通路是由细胞因子与其配体相结合而启动,如肿瘤坏死因子(tumor necrosis factor, TNF)、凋亡蛋白(factor associated suicide, Fas)与其配体结合,常见的如CD95/(APO-1/Fas)^[1]。有研究表明镉可影响神经元细胞中CD95/APO-1(Fas)/FasL信号通路传导,同时增加TNF- α 和NF- κB 等炎症标记物水平,随后激活caspase-8,进而激活caspase-3导致神经元细胞凋亡^[16]。内源通路又称线粒体凋亡通路,主要由B淋巴细胞瘤-2(b-cell lymphoma-2, Bcl-2)家族蛋白介导。镉可增加Bax表达,抑制Bcl-2表达,使Bcl-2/Bax值降低,从而导致细胞色素C从线粒体释放至细胞质中,并激活caspase级联反应特别是caspase-9,进而激活caspase-3导致细胞凋亡^[16]。由此可见caspase-3的激活是两种途径中镉诱导细胞凋亡的重要步骤。实验表明镉暴露于胰腺癌细胞时线粒体膜通透性降低,caspase-3和caspase-9活性增加,导致细胞程序性死亡^[2]。且有实验表明在细胞凋亡通路中抑制caspase-3的表达可改善镉引起的细胞凋亡状况^[17]。镉还可通过改变蛋白激酶的活性诱导细胞凋亡。体外实验表明镉暴露于小鼠睾丸间质细胞,导致*c-jun*氨基末端激酶信号通路磷酸化增加并激活*c-jun*,使其靶基因表达增加,下调Bcl-2表达,激活下游caspase-3随即导致细胞凋亡^[18]。体内研究发现镉暴露于小鼠时p38-丝裂原活化蛋白激酶升高,导致炎症及神经元损伤^[19]。

1.3 镉与细胞自噬

自噬是细胞在自噬基因的调控下利用溶酶体降解受损细胞器、蛋白质的过程,适当的细胞自噬水平能够维持细胞的正常代谢^[1]。自噬信号被诱导后导致轻链3-II的积累和p62的降解。研究表明p62是更优的自噬标记物,因其在自噬完成时被降解,受损时被积累。空泡膜蛋白1是自噬的关键调控因子,其自噬相关结构域与Beclin1(Atg6)-BH3结构域相互作用,将Beclin1分割至自噬途径^[20]。研究表明镉暴露会干扰细胞的基础自噬,过度或过少的自噬水平都会导致细胞凋亡^[21]。研究表明镉诱导的自噬导致小鼠脾脏细胞及小鼠单核细胞RAW264.7凋亡^[20-21]。也有研究

发现镉抑制细胞自噬,加剧了神经元细胞及小鼠肾小管上皮细胞凋亡^[22-23]。

ROS的形成和钙信号转导是镉影响细胞自噬水平的两个分子机制^[20, 22]。研究表明镉诱导的ROS导致大鼠肾上腺嗜铬细胞瘤细胞死亡^[23]。且镉诱导的泡膜蛋白表达和细胞自噬也依赖于ROS生成^[20]。镉作用于内质网导致胞质内钙浓度升高,激活细胞外信号调节蛋白激酶(extracellular regulated protein kinases, ERK)信号通路,诱导细胞自噬^[23-25]。Kolluru等^[26]发现镉暴露引发前列腺上皮细胞内质网应激反应,触发激转导子磷酸化,尤其是ERK通路导致自噬缺陷。该研究还得出ROS产生是镉暴露引起细胞内质网应激反应的原因,且抗氧化剂的过表达能降低镉诱导生成的ROS水平,从而抑制内质网应激反应所诱导的细胞自噬^[26]。并有研究显示给予细胞内钙螯合剂和ROS清除剂可显著降低镉导致的细胞自噬水平^[20]。

1.4 镉与氧化应激的关系

氧化应激能导致蛋白质、脂类及DNA氧化损伤,是镉诱导产生器官毒性及基因毒性的主要原因^[1]。镉引起的自由基反应是通过两个独立但相关的机制完成^[27]。首先镉虽是一种没有氧化还原电位的金属,但能导致细胞内ROS含量增加,如超氧阴离子($O_2^{\cdot-}$)、过氧化氢(H_2O_2)、羟基自由基($\cdot OH$),还能介导生成活性氮即一氧化氮(NO),以及与 O_2 反应生成的活性过氧亚硝酸盐阴离子($ONOO^-$)^[28]。镉可取代各种胞质和膜蛋白中的铁,从而增加可自由利用的铁离子数量,参与芬顿反应并产生ROS,进而引发激活信号通路,诱导细胞自噬或凋亡,影响基因表达等系列反应^[28-30]。

第二种机制是镉对细胞抗氧化防御系统的影响。镉增加的ROS可诱导脂质过氧化反应进而导致DNA损伤。研究发现镉暴露的组织中丙二醛(malondialdehyde, MDA)含量显著增加^[31];且有研究发现铁与MDA含量变化呈正相关,说明MDA含量变化和镉与铁的相互作用有关^[32]。因镉对巯基具有较高亲和力^[32]。镉诱导的脂质过氧化反应能抑制抗氧化防御系统酶,如超氧化物歧化酶(superoxide dismutase, SOD)、过氧化氢酶(catalase, CAT)、谷胱甘肽过氧化物酶(glutathione peroxidase, GSH-Px)、葡萄糖-6-磷酸脱氢酶等^[27, 32]。镉还可取代锌、镁、硒等二价金属,使GSH-Px、SOD、CAT等抗氧化酶的重要辅助因子失活^[27, 33]。

研究证实镉也会影响谷胱甘肽(glutathione, GSH)

水平^[27]。GSH是一种三肽,是非酶抗氧化保护的最重要组成部分之一^[27]。GSH通过与镉结合形成Cd-(GSH-Cd)三肽复合物或降低GSH-Px反应中GSH含量来中和ROS,进而减轻镉毒性^[34]。镉可诱导产生MT,同时在肝脏中形成Cd-MT复合物,然后缓慢地释放传递至肾脏中。MT通过将镉隔离为惰性的Cd-MT复合物,从而防止镉与靶分子发生反应,达到解毒目的^[34]。

2 评价方法

镉对肝脏、肾脏、骨骼、肺脏、生殖系统等均有毒性,且具有致癌性和基因毒性。本文根据镉毒性对应的靶器官总结了评价方法,主要分为以下几个方面:(1)利用光学显微镜与高倍电子显微镜对靶器官及组织进行病理学检查和临床生化指标检测;(2)检测生物样品中镉含量;(3)检测氧化还原状态,包括酶抗氧化系统与非酶抗氧化系统标志物,如SOD、CAT、GSH-Px、GSH及脂质过氧化指标如MDA等;(4)检测相关信号通路的酶、蛋白、细胞因子及标志物,如Bax、Bcl-2、caspase、TNF- α 等;(5)RT-PCR检测相关基因的表达。

2.1 镉肝脏、肾脏毒性评价方法

急性镉中毒后,镉主要进入肝脏,使肝脏成为短期镉暴露的靶器官。长时间镉暴露会诱导合成MT。镉与MT结合被运送至肾脏,镉通过肾小球膜过滤,再被近端肾小管细胞吸收,并沉积在肾脏中。因此肾脏是长期接触镉的靶器官^[35]。Rong等^[36]通过ELISA法测定血清丙氨酸氨基转移酶(ALT)、天门冬氨酸氨基转移酶(AST)和血尿素氮(BUN)水平;石墨炉-原子吸收法(graphite furnace atomic absorption spectrometry, GF-AAS)测定镉残留量;Western blotting检测相关蛋白表达,评价药桦木酸对镉致小鼠肝肾毒性的保护作用。Pallio等^[35]通过检测AST、ALT、血清碱性磷酸酶(alkaline phosphatase, ALP)及甘油三酯(triglycerides, TriG)、肌酐(creatinine, CREA)、BUN含量和采用HE染色法评价肝肾毒性;检测MDA、SOD、GSH-Px、CAT含量,评价机体内氧化状态;进而评价埃及马齿蓝对镉致肝肾毒性的保护作用。Zou等^[37]通过HE染色法对动物肝脏组织进行病理学检查;高倍电子显微镜观察自噬体微观结构;Western blotting检测相关蛋白表达情况;体外实验中对AML12细胞进行免疫荧光染色、溶酶体酸性及降解能力检测,综合评价镉诱导的肝细胞自噬阻滞加剧肝细胞损伤的影响。见表1。

表 1 镉的肝脏与肾脏毒性评价方法总结

Table 1 Summary on evaluation methods of liver and kidney toxicity induced by cadmium

检测指标	检测方法	参考文献
ALT、AST、ALP	ELISA、贝克曼库尔特分析仪	[27] [30] [35-36] [38-40]
TriG、CREA、BUN、NAG、KIM-1、MCP-1、8-OHdG	自动生化分析仪、免疫组化	[35] [37] [41]
肾足细胞增殖及凋亡	噻唑蓝染色、台盼蓝染色、流式细胞仪	[2]
镉	GF-AAS	[36]
Bax、Bcl-2、caspase-3、TLR2、TNF- α 、iNOS、P62蛋白、LC3B蛋白、Beclin-1蛋白	Western blotting	[35-37] [39] [41]
肾脏、肝脏组织病理	HE 染色法	[30] [35-37] [40-42]
氧化还原状态 (血氧、O ₂ 、MDA)	量气法、电化学法、分光光度计、细胞计数法	[27] [30-31] [35] [38] [43-45]
GSH、GSH-Px	二硝基苯甲酸比色法、碘量分析法、高效液相色谱法	[27] [30] [35] [37-38] [46]
CAT、GSH-Px、SOD、CuZn-SOD、Mn-SOD	分光光度法、化学法、免疫法、等电点聚焦法、RT-PCR、考马斯亮蓝染色法	[42]
DNA 损伤	彗星试验	[37]

[注] NAG : N 乙酰 β -D 氨基葡萄糖苷酶 (N-acetyl- β -D-glucosaminidase) ; KIM-1 : 肾损伤分子 1 (kidney injury molecule 1) ; MCP-1 : 单核细胞趋化蛋白 -1 (monocyte chemotactic protein 1) ; 8-OHdG : 8-羟基脱氧鸟苷抗体 (8-hydroxy-deoxyguanosine) ; TLR2 : Toll 样受体 2 (toll-like receptors 2) ; iNOS : 诱导型一氧化氮合酶 (inducible nitric oxide synthase)。

2.2 镉骨毒性的评价方法

镉致骨毒性的机制有两种主流观点。一种观点认为骨效应继发于肾损伤，即镉先引起肾脏特别是肾小管损伤，继而引起机体活性维生素 D 合成受阻、钙磷代谢和内分泌异常，最终引起骨组织钙磷丢失、骨密度下降和骨质疏松。而另一种观点认为低剂量镉具有直接的骨效应，直接影响成骨细胞活性、代谢、羟磷灰石及胶原合成^[47]。Rodríguez 等^[48]采用 HE 染色法和抗酒石酸酸性磷酸酶 (tartrate resistant acid phosphatase, TRAP) 染色法分别观察骨组织及破骨细胞形态；Image Pro Plus 4.5 图像测量软件检测骨组织的骨小梁参数，如骨小梁数量、分离度、厚度及骨体积面积等，来评价镉对大鼠下颌骨和胫骨的不同影响。Lü 等^[39]的研究表明慢性镉暴露通过核因子 κ B 受体活化因子 (receptor activator of nuclear factor κ B, RANK) / 核因子受体激活因子 κ B 配体 (receptor activator of nuclear factor κ B ligand, RANKL) / 骨保护蛋白 (osteoprotegerin, OPG) 通路直接作用于大鼠间充质干细胞，并下调参与间充质干细胞成骨分化的关键基因。研究者采用电感耦合等离子体质谱仪

(inductively coupled plasma mass spectrometry, ICP-MS) 检测尿镉、尿钙及肾镉含量，双能 X 线吸收仪 (dual-energy X-ray absorptiometry, DEXA) 检测股骨骨密度，RT-PCR 检测 RANKL、OPG、runt 相关转录因子 2 (runt-related transcription factor 2, RUNX2)、成骨转录因子 (Osterix)、ALP、I 型胶原 α 2 (collagen type I alpha 2, COL1a2)、osteopontin 表达，HE 染色法检测肾脏病理情况，Western blotting 检测相关蛋白表达，进而综合评价镉的骨毒性。见表 2。

表 2 镉的骨毒性评价方法总结

Table 2 Summary on evaluation methods of bone toxicity induced by cadmium

检测指标	检测方法	参考文献
骨组织形态	HE 染色法、碱性品红骨大块染色法	[39] [45] [47-49]
骨微结构 (骨小梁、骨细胞形态)	扫描电镜、投射电镜	[47]
骨小梁分离度、厚度、数目参数 骨皮质参数 (皮质面积、皮质总面积) 骨体积、骨面积比	Micro-CT	[48-49]
骨密度	DEXA、Micro-CT	[39] [47-49]
骨力学性能参数 (弹性模量、最大荷载、最大应力、破坏荷载、破坏应力)	三点弯曲试验	[49]
骨转生物标志物	ELISA	[47]
骨代谢调控激素	自动分析仪、ELISA	[47] [49]
镉、钙、磷含量	ICP-MS	[39] [42] [45] [47] [49]
相关基因表达	RT-PCR	[39]
相关蛋白鉴定	Western blotting	[45]
细胞形态特征及鉴定	流式细胞仪	[39]

2.3 镉肺毒性评价方法

生产环境和香烟烟雾中的镉及其化合物多以烟、尘形式存在，经呼吸道吸入后首先累及肺脏^[45]。Eduviges 等^[45]采用 HE 染色法检测镉暴露的大鼠支气管和肺病理状态，透射电镜观察胶原及弹性蛋白分布，发现肺泡腔塌陷、炎症细胞存在和肺泡壁增厚。Kulas 等^[40]使用 HE 染色法评价肺部组织病理改变情况，ICP-MS 检测肺部及其他部位镉含量，分光光度计法测量肺匀浆中 SOD 与 CAT 活性，ELISA 法检测细胞因子 [TNF、干扰素- γ (interferon γ , IFN- γ)、白介素 (interleukin, IL) -1 β 、IL-6、IL-10、IL-17] 水平及髓过氧化物酶 (myeloperoxidase, MPO) 活性，综合评价口服给予高剂量镉的肺组织毒性。Wang 等^[50]采用 HE 染色法发现肺组织中产生中性粒细胞胞外诱捕网，特定试剂盒检测烟酰胺腺嘌呤二核苷酸磷酸 (nicotinamide adenine dinucleotide phosphate, NADPH) 氧化酶抑制剂、ERK1/2 和 p38 MAPK 信号通路对中性粒细胞胞外诱捕网的影响，评价镉诱导产生的中性粒细胞胞外

诱捕网 (neutrophil extracellular traps, NETs) 通过激活 NADPH 氧化酶、ERK1/2 和 p38-丝裂原活化蛋白激酶信号通路对肺损伤的影响。见表 3。

表 3 镉的肺毒性评价方法的总结

Table 3 Summary on evaluation methods of pulmonary toxicity induced by cadmium

检测指标	检测方法	参考文献
肺脏组织病理学 (实质内充血、肺泡间隔血管、水肿 (间质、血管周和支气管周)、炎性细胞浸润)	HE 染色法、RT-PCR 染色法	[40] [50-51]
微观结构	投射电子显微镜、激光扫描共聚焦荧光显微镜	[48] [50]
AST、ALP、血细胞相关参数	自动生化仪	[51]
SOD、CAT	分光光度法	[40]
MPO	ELISA	[40] [51]
NO	ELISA	[40] [51]
TNF- γ 、IFN- γ 、IL-1 β 、IL-6、IL-10、IL-17	ELISA	[40] [51]
镉	ICP-MS	[40] [51]
外周淋巴细胞数量	血细胞计数器	[51]
肺白细胞计数	噻唑蓝染色	[51]
镉	流式细胞仪	[51]
相关基因表达	RT-PCR	[51-52]
相关蛋白的鉴定	Western blotting	[50] [52]
ROS	2, 7 二乙酸二氯荧光素	[50]

2.4 镉睾丸毒性评价方法

镉累积于卵巢、胎盘、睾丸、附睾以及精液中, 可影响雄性生殖发育力。镉产生 ROS 导致膜脂过氧化、轴突蛋白磷酸化减少及三磷酸腺苷水平降低, 影响精子活力, 还能与维持其正常功能所必需的元素, 如镁、铁、锌、硒和铜一同竞争及损伤睾丸间质细胞间接干扰精子形成^[53-54]。Angelis 等^[53] 采用 HE 染色法检查血睾屏障、睾丸血管上皮细胞、间质细胞及支持细胞的病理形态, Western blotting 法检测睾丸匀浆中一氧化氮合酶 (nitric oxidesynthase, NOS)、Cyclooxygenase-2、TNF- α 、NF- κ B 和血红素氧合酶水平, 精子分析系统和光学显微镜分别检测精子活性与数量。José 等^[55] 采用 ICP-MS 检测镉暴露组与蛋清水解液组睾丸、附睾的镉含量, HE 染色法分析两者组织病理学差别, 光学显微镜观察精子的活力与形态, 比色法检测 MDA 含量的差别, 分光光度计法检测 ROS、GSH、SOD、CAT、GSH-Px 水平评价两组氧化状态, 综合评价蛋清水解液对镉暴露导致生殖毒性的保护作用。Lafuente^[56] 通过检测下丘脑神经递质如去甲肾上腺素、5-羟色胺和 5-羟色胺代谢物, 以及垂体和性腺激素来评价镉暴露对下丘脑-垂体-性腺轴的影响。见表 4。

表 4 镉的睾丸毒性评价方法的总结

Table 4 Summary on evaluation methods of testicular toxicity induced by cadmium

检测指标	检测方法	参考文献
血清睾酮浓度	放射免疫法	[53] [57]
睾丸组织病理 (血管内皮细胞、血睾屏障、睾丸细胞、支持细胞、间质细胞形态)	HE 染色法、免疫染色	[53] [57]
睾丸细胞、间质细胞凋亡	原位末端转移酶标记测定法	[57]
精子活力	精子分析系统	[53]
精子数量	细胞计数法	[53]
Bcl-2、Bax、caspase-3	Western blotting	[53] [57]
NOS、环氧化酶-2、TNF- α 、NF- κ B、血红素氧合酶-1	Western blotting	[53] [57]
StAR、P450scc、P45017 α	RT-PCR	[57]
镉	GF-AAS、ICP-MS	[55] [57]
MDA	比色法	[55]
总抗氧化水平	铁离子还原 / 抗氧化能力法	[55]
ROS、GSH、CAT、SOD、GPx	分光光度法	[55]

2.5 镉遗传毒性评价方法

镉在细胞中产生 ROS, 干扰 DNA 修复、减少抗氧化剂含量进而产生遗传毒性, 主要是 DNA 氧化损伤与染色体畸变^[1, 58]。Aly 等^[58] 采用分子和细胞遗传学分析方法检测富勒烯纳米颗粒和初榨橄榄油在肝脏、肾脏和骨髓中的基因毒性和抗基因毒性作用来评价 DNA 损伤和染色体频率, 检测富勒烯纳米颗粒和初榨橄榄油对镉暴露于髓中染色体畸变情况, 综合评价富勒烯纳米颗粒和初榨橄榄油对氯化镉诱导大鼠基因毒性的保护作用。Demir 等^[59] 采用细胞增殖试验 (cell proliferation assay, MTS) 法、ATP 测定和乳酸盐脱氢酶法评价细胞毒性, 细菌回复突变试验 (bacterial reverse mutation assay, Ames) 试验、彗星试验、微核试验和小鼠淋巴瘤试验综合评价氧化镉纳米颗粒对细胞及基因的毒性。见表 5。

表 5 镉的基因毒性评价方法的总结

Table 5 Summary on evaluation methods of genotoxicity induced by cadmium

检测指标	检测方法	参考文献
细胞活性	MTS 染色、噻唑蓝染色	[59-60]
细菌突变率	Ames 试验	[59]
DNA 链损伤	彗星试验	[37] [59-63]
染色体或有丝分裂器损伤	微核试验、流式细胞仪	[59] [62-63]
7K 基因的突变频率	小鼠淋巴瘤试验	[59]
相关基因改变	RT-PCR	[58] [60] [63]
染色体制备及畸变数计数	秋水仙素染色	[58]
DNA 提取	十六烷基三甲基溴化铵法	[58]
Cd ²⁺ 与 DNA 作用力	等温滴定量热法	[61]
镉	电感耦合等离子体光谱法 (inductively coupled plasma-atomic emission spectrometry, ICP-AES)、ICP-MS	[60] [62]

3 结论

镉是人体非必需元素,在自然界中常以化合物状态存在,正常环境状态下含量很低,不会影响人体健康。当目前工业、农业造成环境镉污染,吸烟和职业镉暴露人群均有镉中毒风险。镉进入人体后形成镉硫蛋白,选择性地蓄积于肝、肾中。其中肾脏是慢性镉中毒的主要靶器官,可吸收近1/3的镉,肺脏、生殖系统、大脑、脾、甲状腺等也有一定量蓄积。由于镉损伤肾小管继而影响骨骼钙磷代谢,造成骨密度下降、骨质疏松、骨萎缩、变形。因此清楚地了解镉的分子机制对临床上人群镉毒性的防治是非常必要的。目前关于镉的分子机制包括影响基因的表达、促进细胞凋亡、影响细胞自噬、激发氧化应激反应等。此外,镉与镉的化合物常作为药物毒理学研究中的阳性药物,研究者利用其进行动物疾病模型构建,其在药物安全性评价中的评价方法非常多,主要是根据镉的蓄积靶器官及相应的分子机制进行评价,必要的时候还可结合体外评价方法。

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