

# 睾丸支持细胞损伤机制的研究进展

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**摘要** 睾丸支持细胞作为生精上皮的核心体细胞, 通过构建血睾屏障、调控局部免疫豁免及分泌关键因子, 为精子发生提供稳定的微环境。近年来研究发现, 多种刺激如化学毒物、代谢紊乱、病毒感染及遗传因素等可诱导支持细胞发生空泡变性、细胞骨架重构及功能失调, 进而破坏血睾屏障完整性、干扰生精细胞分化并引发激素反馈紊乱, 最终导致男性不育。该文系统综述了支持细胞损伤的分子机制(如氧化应激、线粒体功能障碍、炎症通路激活及表观遗传调控异常), 并探讨了靶向抗氧化、激素调节及细胞保护策略的治疗潜力, 以期为男性睾丸功能障碍的临床干预提供新视角。

**关键词** 支持细胞; 血睾屏障; 自噬; 表观遗传

## Research Progress on the Mechanisms of Testicular Sertoli Cell Injury

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**Abstract** As the core somatic cells of the seminiferous epithelium, testicular Sertoli cells provide a stable microenvironment for spermatogenesis by constructing the blood-testis barrier, regulating local immune privilege, and secreting key factors. Recent studies have found that various stimuli, such as chemical toxins, metabolic disorders, viral infections, and physical injuries, can induce vacuolar degeneration, cytoskeletal remodeling, and dysfunction in Sertoli cells, which in turn disrupt the integrity of the blood-testis barrier, interfere with germ cell differentiation, and trigger hormonal feedback disorders, ultimately leading to male infertility. This article systematically reviews the molecular mechanisms underlying Sertoli cell injury, such as oxidative stress, mitochondrial dysfunction, inflammatory pathway activation, and epigenetic dysregulation. It also explores the therapeutic potential of targeted antioxidant, hormone-regulating, and cytoprotective strategies, aiming to provide new insights for clinical intervention in testicular dysfunction.

**Keywords** Sertoli cell; blood-testis barrier; autophagy; epigenetics

支持细胞(Sertoli cell, SC)是睾丸的体细胞, 通过组成血睾屏障(blood-testis barrier, BTB)、维持免疫微环境、调节激素生成等, 为精子的正常产生和分泌提供重要的稳态环境。当支持细胞受到各种内部或外部因素的影响而发生空泡化、骨架破坏等损

伤时, 其功能遭到破坏, 睾丸微环境受损, 精子发生、激素生成受到影响, 进而造成睾丸功能的异常。因此, 作为男性不育症的关键病理基础, 明确支持细胞损伤的机制, 对睾丸功能的恢复至关重要。本文就睾丸支持细胞损伤机制的研究进展进行综述。

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## 1 支持细胞的功能

### 1.1 血睾屏障的构成

哺乳动物的睾丸主要由生精小管和间质区域组成, 支持细胞属于体细胞的一种, 分布在生精小管的外围, 其基底部接触生精小管的基底膜, 外侧或顶端突起的细胞质延伸进入管腔, 与各个阶段的生殖细胞紧密接触<sup>[1]</sup>。相邻支持细胞通过细胞间的紧密连接(tight junction, TJ)、外质特化(ectoplasmic specialization, ES)、桥粒(desmosome)和间隙连接(gap junction, GJ)形成血睾屏障<sup>[2]</sup>(表1), 将生精上皮分为基底和腔。基底部主要为精原细胞, 初级、次级精母细胞及其他精细胞位于腔室<sup>[3]</sup>。紧密连接是血睾屏障最重要的组成部分, 是相邻支持细胞间的接触区域, 构成选择性物理屏障<sup>[4]</sup>; 外质特化是位于支持细胞质膜和内质网池之间的肌动蛋白微丝束, 为TJ提供力学支撑并介导生精细胞定向迁移<sup>[1]</sup>; 桥粒为支持细胞间的电子致密物质<sup>[5]</sup>, 用于维持生精上皮稳定性; 间隙连接位于支持细胞间及支持细胞-生殖细胞间<sup>[4]</sup>, 协调生精细胞发育。血睾屏障通过将管腔内的生殖细胞与睾丸间质的循环淋巴系统分隔开来, 形成免疫豁免微环境, 有利于精子的生成; 同时限制精子抗原与机体免疫系统的接触, 防止自身免疫的发生, 维持睾丸正常的生理功能<sup>[5]</sup>。

### 1.2 生精细胞的支持

支持细胞具有高度的动态性, 其胞质紧密包围各级生殖细胞, 在不同生精阶段呈现不同特性<sup>[6]</sup>, 提供差异化的物理支持, 通过调节生理功能、细胞骨架等促进生殖细胞的发育, 并提供营养支持以促进精子发生。由支持细胞局部分泌的视黄酸调节A型精原细胞向B型精原细胞转化, 是减数分裂启动和精子发生的信号<sup>[7-8]</sup>。此外, 支持细胞代谢产生的乳酸和丙酮酸是生殖细胞的重要能量底物<sup>[9]</sup>, 通过促

进戊糖磷酸途径(pentose phosphate pathway, PPP)的NADPH氧化和蛋白质合成的ATP释放促进精子细胞的RNA和蛋白质合成<sup>[10]</sup>。

### 1.3 激素调节

精子的发生依靠下丘脑-垂体-性腺轴的激素调节。下丘脑合成促性腺激素释放激素(gonadotropin-releasing hormone, GnRH)并将其释放到垂体, GnRH促进促卵泡激素(follicle-stimulating hormone, FSH)和黄体生成素(luteinizing hormone, LH)的分泌, 两者又分别促进睾丸支持细胞和间质细胞产生抑制素和雄激素(主要是睾酮)<sup>[9]</sup>。支持细胞表达FSH和雄激素受体, FSH可通过PI3K/Akt/mTORC1通路促进青春期前支持细胞增殖<sup>[11-12]</sup>, 雄激素受体信号促进精母细胞进入减数分裂<sup>[13]</sup>, FSH和睾酮的减少会抑制支持细胞的增殖和功能<sup>[14]</sup>, 并诱导生殖细胞的凋亡。此外, 支持细胞分泌的雄激素结合蛋白(androgen binding protein, ABP)可与睾酮或双氢睾酮结合, 维持小管内的高浓度雄激素微环境, 促进精子发生<sup>[15]</sup>; 分泌抑制素和激活素共同参与FSH的反馈调节; 还可以分泌转铁蛋白、白介素等细胞因子和免疫调节因子调节其他细胞的生理功能<sup>[12,16]</sup>。

## 2 支持细胞损伤因素

### 2.1 化学物质

雷公藤内酯(triptolide, TP)在治疗炎症性疾病、自身免疫疾病和癌症方面具有显著优势, 但其生殖毒性却限制了临床应用; TP通过降低TJ蛋白水平、破坏细胞骨架结构从而破坏BTB完整性, 导致睾丸器官系数降低、出现空泡化损伤、精子浓度下降<sup>[17]</sup>。白消安(busulfan, BSF)作为常用的化疗药物之一, 会诱导睾丸空泡化<sup>[18]</sup>、损害生殖细胞、诱导精原细胞凋亡; 大鼠腹腔注射白消安(10 mg/kg)可导致TJ蛋白水平

表1 血睾屏障的连接结构主要组成成分

Table1 Main components of the junction structures of the blood-testis barrier

连接结构 Junction structures	主要蛋白 Main proteins
Tight junction	Occludin, claudin-1, claudin-3, claudin-4, claudin-5, claudin-7, claudin-8, claudin-11, JAM-A, JAM-B, CLMP, CAR, ZO-1, ZO-2, vinculin
Ectoplasmic specialization	N-cadherin, E-cadherin, nectin-2, CAR, $\alpha$ -catenin, $\beta$ -catenin, $\gamma$ -catenin, afadin, vinculin
Desmosome	Desmoglein 2, desmocollin 2, desmocollin 3, plakoglobin, plakophilin-1, plakophilin-2, plakophilin-4, desmoplakin
Gap junction	Connexin 26, connexin 32, connexin 33, connexin 36, connexin 37, connexin 40, connexin 43, connexin 45, connexin 46, connexin 50, connexin 57, plakophilin-2, $\beta$ -catenin, drebrin E

下降,ES、F-肌动蛋白及微管骨架出现离散和断裂<sup>[19]</sup>;利鲁唑治疗一周可显著改善BSF诱导的小鼠精子发生异常、上调BTB蛋白(主要是ZO-1和connexin 43)表达、增强支持细胞旁分泌功能、恢复支持细胞的迁移能力<sup>[18]</sup>。脱氧雪腐镰刀菌烯醇(deoxynivalenol, DON)作为最常见的霉菌毒素之一,体内外实验均验证其可导致TJ蛋白ZO-1、occludin和claudin-11的表达水平降低<sup>[20]</sup>。脂肪酸花生四烯酸(arachidonic acid, AA)对维持细胞功能有重要作用,但在热应激期间,过量(100 μmol/L) AA可通过抑制线粒体复合体I和III的功能,触发活性氧(reactive oxygen species, ROS)大量产生,导致TJ蛋白claudin-11、claudin-5和occludin降解,从而破坏BTB<sup>[21]</sup>。由此可见,化学物质对支持细胞的损伤主要在于诱导TJ蛋白的水平下降和弥散分布,进而破坏BTB,引起睾丸空泡化和生精功能障碍。针对这些化学物质导致的支持细胞功能障碍,可以考虑逆转TJ蛋白水平,从而改善支持细胞功能。

## 2.2 环境因素

BTB是许多毒物的主要靶标,多种环境因素诱导的支持细胞屏障蛋白的表达水平下降可导致屏障功能受损。纳米级二氧化钛在日常生活中的广泛应用导致其被大量释放到环境中,通过呼吸道、消化道等方式进入人体后,在睾丸中的富集可导致支持细胞屏障破坏、BTB相关蛋白弥散性分布、微管细胞骨架紊乱、肌动蛋白丝广泛截断和解聚增加<sup>[22]</sup>。氧化锌纳米颗粒(zinc oxide nanoparticles, ZnO NPs)可经血液循环扩散至全身各组织器官,抑制支持细胞内生长因子的合成和分泌,进而减弱其在精原细胞增殖与发育过程中的营养支持与调控功能;同时可剂量依赖性破坏BTB完整性,导致屏障连续性丧失、结构疏松,并显著下调TJ蛋白的表达水平<sup>[23]</sup>。聚苯乙烯微塑料暴露通过改变肌动蛋白结合蛋白(actin-binding protein, ABP)表达水平,引起F-肌动蛋白紊乱,导致BTB蛋白表达水平降低<sup>[24]</sup>;此外,聚苯乙烯纳米材料可进一步加重邻苯二甲酸二丁酯诱导的BTB功能损伤,表现为超微结构紊乱、TJ蛋白量下降、支持细胞凋亡数量增多<sup>[25]</sup>。增塑剂的广泛使用导致邻苯二甲酸二-2-乙基己酯(di-2-ethylhexyl phthalate, DEHP)在体内蓄积,DEHP可损害器官功能,特别是生殖系统:DEHP破坏小鼠睾丸支持细胞分泌功能,并导致BTB出现空泡、解体、碎裂和环装肌动蛋白束消失,使ES、TJ、GJ蛋白水平均明显下降<sup>[16]</sup>。全氟己

烷磺酸(perfluorohexane sulfonic acid, PFHxS)广泛应用于工业、农业和商业领域,其生物累积性使得它可在饮用水和尘埃中积累,经过多种途径损伤人体,导致神经毒性、发育毒性、代谢综合征和内分泌紊乱;PFHxS暴露可导致支持细胞数量减少,occludin、β-catenin、connexin 43表达水平明显下降,BTB出现解体、断裂、空泡化,结构完整性和稳态被破坏<sup>[26]</sup>。氯化镉(CdCl<sub>2</sub>)通过介导微管细胞骨架解构和肌动蛋白丝截断,导致支持细胞损伤、生精上皮空泡化<sup>[27]</sup>。镍(Ni)的过度暴露会诱发肝、肾、肺和生殖毒性,氯化镍(NiCl<sub>2</sub>)可导致小鼠生精上皮结构紊乱、空泡化,BTB结构断裂、TJ间隙变宽、相关蛋白水平显著降低<sup>[28]</sup>。砷通过激活支持细胞整合应激反应(integrated stress response, ISR),致使occludin、ZO-1、connexin 43和N-cadherin蛋白水平降低<sup>[29]</sup>。双酚F可导致睾丸和附睾萎缩、生精小管结构破坏、支持细胞数量减少、ZO-1和connexin 43蛋白水平显著下调<sup>[30]</sup>。塑料的使用一直对人体健康存在威胁,重金属也是损害支持细胞的主要因素之一,从事塑料生产及重金属加工相关产业人群可能会发生职业暴露导致的睾丸功能损伤,对于这类人群,建议定期开展相关检查,及早预防损伤发生。

## 2.3 代谢因素

不良生活方式、糖尿病与肥胖之间相互影响,对男性生殖功能存在显著不良影响。2型糖尿病(type 2 diabetes mellitus, T2DM)表现为全身性疾病,其在生育年龄的高发病率让人们开始关注高血糖对生殖功能的影响;T2DM患者睾丸细胞的单细胞RNA测序提示:支持细胞代谢紊乱、TJ蛋白水平和贴壁连接标志物数量均显著下调、生殖细胞数量减少;高葡萄糖通过破坏支持细胞的代谢稳态——NAD<sup>+</sup>、肉碱、谷胱甘肽代谢水平显著下降,从而降低TJ、GJ蛋白水平并导致精子发生受损<sup>[31]</sup>。肥胖与性腺功能减退之间存在密切联系<sup>[32]</sup>。短期高脂饮食(short-term high-fat diet, st-HFD) 5周会诱导大鼠睾丸和附睾重量明显减轻,睾酮合成受损,精子发育和成熟异常<sup>[33-34]</sup>,但不会诱发睾丸炎症。HFD喂养小鼠睾丸中饱和脂肪酸数量显著增加,棕榈酸(palmitic acid, PA)发生局部积累,导致TJ(ZO-1、occludin、claudin-11、claudin-5)的蛋白和mRNA水平显著降低<sup>[35]</sup>。PA的增加与血脂异常的发生关系密切,而血脂异常是男性生殖功能障碍的重要诱发因素之一。

研究显示, 严重精子功能障碍患者血清PA水平显著升高, PA诱导的蛋白质棕榈酰化激活支持细胞内质网应激, 降低TJ蛋白表达水平, 显著破坏BTB, 导致精子发生异常<sup>[36]</sup>。随着多种代谢疾病发病的年轻化, 人们不仅关注其对心血管、肾脏等重要脏器产生的影响, 对生殖功能造成的损伤也开始得到重视, 对于这类疾病带来的危害, 及时治疗原发病并建立良好的生活方式是首要措施。

## 2.4 病毒

严重急性呼吸系统综合征冠状病毒-2(severe acute respiratory syndrome coronavirus-2, SARS-CoV-2)的受体血管紧张素转换酶2(angiotensin-converting enzyme 2, ACE2)已知在睾丸组织中高表达<sup>[37-38]</sup>, 可在患者精液和睾丸中检测到病毒RNA, 多种结构蛋白通过调控BTB相关蛋白影响精子发生: E(envelope protein)和M(membrane protein)蛋白可上调TJ蛋白的表达, N(nucleocapsid protein)和S(spike protein)蛋白则可下调TJ和N-cadherin的表达<sup>[39]</sup>; PEIROUVI等<sup>[40]</sup>通过尸检发现, COVID-19患者睾丸支持细胞数量减少, 空间排列变得混乱、松散, 且睾丸组织内炎症因子比例显著升高, CD68<sup>+</sup>巨噬细胞数量增多, 提示免疫细胞在BTB损伤中也发挥着一定的作用。寨卡病毒(Zika virus, ZIKV)通过其包膜蛋白(E蛋白)与宿主支持细胞肌动蛋白相互作用, 引起肌动蛋白细胞骨架重排, 破坏BTB的完整性, 导致屏障通透性增加; 同时ZO-1与肌动蛋白相互作用减弱且ZO-1在细胞内重分布, 导致病毒穿过屏障并可能加剧睾丸感染<sup>[41]</sup>。猪繁殖和呼吸综合征病毒(porcine reproductive and respiratory syndrome virus, PRRSV)感染可导致仔猪支持细胞增殖量减少, ZO-1和 $\beta$ -catenin蛋白的下降引发TJ松动、解体, 进而引起生精小管和附睾发育异常<sup>[42]</sup>。乙型肝炎病毒可引发睾丸持续感染, 下调TJ蛋白, 导致睾丸免疫稳态失衡和BTB破坏<sup>[43]</sup>。戊型肝炎病毒感染诱导睾丸支持细胞异常分泌促炎细胞因子和趋化因子, 破坏BTB, 进而进入生殖细胞中完成复制过程<sup>[44]</sup>。多种病毒感染不仅会损害靶器官, 还会破坏睾丸功能, 导致局部炎症加剧及精子发生障碍。因此, 深入探究病毒损伤睾丸支持细胞、破坏BTB的具体机制, 并实施靶向干预, 对于减轻睾丸不可逆损伤、保留生殖功能具有重要的临床意义。

## 2.5 遗传因素

遗传因素通过影响支持细胞发育决定睾丸生

精能力。克莱因费尔特综合征(Klinefelter syndrome, KS)患者可表现为睾丸小、非阻塞性无精症, KS胎儿期支持细胞中与腺体发育、细胞迁移黏附、微管细胞骨架相关的基因显著下调, 导致支持细胞发育迟缓、功能不成熟, 进而影响生殖细胞迁移分化<sup>[45]</sup>; 至青春期, 部分丢失额外X染色体后获得的支持细胞(46, XY核型)可正常成熟并支持局灶性生精<sup>[46]</sup>。由此可见, 将支持细胞作为KS治疗的靶细胞, 可为早期干预和生育力保存提供理论基础。

## 3 支持细胞损伤机制

### 3.1 氧化应激和线粒体功能障碍

ROS的过度产生会损伤线粒体DNA、蛋白质和脂质, 进而导致线粒体功能障碍, 而这又进一步加剧了氧化应激, 形成恶性循环, 且会导致细胞能量代谢受损, 影响细胞的正常功能。聚乳酸微/纳米塑料通过侵入支持细胞线粒体诱导ROS并加剧氧化应激, 导致生精功能障碍<sup>[47]</sup>。聚苯乙烯微塑料暴露会引起ROS升高, 而虫草素可与聚苯乙烯竞争性结合Toll样受体4(Toll-like receptor 4, TLR4), 缓解其诱导的支持细胞氧化应激和线粒体功能障碍, 减轻BTB损伤<sup>[48]</sup>。草甘膦(glyphosate, GLY)是一种广泛使用的除草剂, 可通过提高雌激素受体- $\alpha$ (estrogen receptor- $\alpha$ , ER- $\alpha$ )水平上调NADPH氧化酶1(NADPH oxidase 1, NOX1)表达水平, 诱导ROS积累和氧化应激, 下调TJ和GJ相关蛋白表达水平, 导致精子质量下降<sup>[49]</sup>。类似地, 高剂量的PFHxS(50  $\mu$ mol/L)处理可导致线粒体功能受损, 通过上调NOX4水平诱导产生过量ROS, 并抑制细胞自噬的激活来引发细胞凋亡<sup>[26]</sup>。热应激可通过损伤支持细胞介导精子发生障碍: 将猪原代支持细胞暴露在43  $^{\circ}$ C、30 min的热处理条件下诱导热应激, 可导致支持细胞的ROS水平显著增加、抗氧化能力下降, 最终使其发生氧化应激和凋亡; 此外, 热应激可提高细胞糖酵解的速率, 但同时抑制PPP并导致线粒体功能障碍, 从而使ROS过度积累、ATP合成受阻, 导致细胞发生死亡<sup>[50]</sup>。隐睾症通过抑制KEAP1/NRF2/HO-1通路诱导睾丸氧化应激, 导致支持细胞发生铁死亡, ZO-1、occludin和claudin-11表达水平下降<sup>[51]</sup>。st-HFD同样可通过下调NRF2、激活MAPK通路, 介导BTB损伤<sup>[52]</sup>。氧化应激是介导支持细胞结构和功能损伤的核心分子机制之一, 通过靶向抑制ROS异常生成、外源性补充高效抗氧化剂等手段,

可有效逆转细胞损伤,维持细胞稳态和屏障功能完整性。

### 3.2 自噬-凋亡失衡

在饥饿、缺氧、应激等条件下,自噬会被激活,用于维持细胞内环境稳态、清除受损的细胞器和蛋白质,为细胞提供营养物质<sup>[53]</sup>。内质网应激可以促进自噬的启动,而持续的内质网应激则会导致细胞凋亡的发生。玉米赤霉烯酮通过增加支持细胞胞质内Ca<sup>2+</sup>的浓度、介导自噬的增加导致生精上皮变薄、支持细胞骨架断裂、BTB蛋白表达水平显著下降、精子活力下降<sup>[54]</sup>。高浓度(120 mg/kg)硫仑通过上调Atg5、下调mTOR和p62促进自噬,同时上调Bcl-2、下调Bax抑制睾丸细胞凋亡,导致自噬-凋亡失衡,ZO-1和occludin表达水平下降,睾丸纤维化和细胞间隙扩大,睾丸发育迟缓<sup>[55]</sup>。GLY可通过激活ER- $\alpha$ 诱导自噬激活,进而导致公鸡睾丸支持细胞connexin 43降解,破坏BTB完整性<sup>[56]</sup>。HBV X蛋白通过下调mTOR介导支持细胞过度自噬<sup>[43]</sup>,SARS-CoV-2中E和M蛋白诱导自噬体的形成,而N和S蛋白抑制自噬<sup>[59]</sup>。自噬的过度激活或抑制均会对支持细胞的正常生理状态产生影响。三丁氯化锡具有显著的细胞毒性和内分泌干扰作用,通过抑制自噬、激活内质网应激诱导小鼠睾丸支持细胞的凋亡和细胞周期停滞<sup>[57]</sup>。在毒物暴露、病毒感染等不同病理微环境中,支持细胞自噬与凋亡的激活程度不同,其调控通路及表型特征存在显著异质性。在临床与基础干预研究中,需精准解析自噬-凋亡信号轴的失衡方向与调控节点,据此制定靶向干预策略,实现个体化对症治疗,以维系支持细胞结构稳定与生理功能正常运转。

### 3.3 坏死性凋亡

坏死性凋亡是一种由RIPK1/RIPK3/MLKL通路介导的促炎性程序性细胞死亡方式,兼具凋亡的程序性调控特征和坏死的细胞膜破裂形态<sup>[58]</sup>。环境或生理压力可激活真核起始因子2 $\alpha$ (eukaryotic initiation factor 2 alpha, eIF2 $\alpha$ )激酶,诱导应激颗粒形成,并招募ZBP1和RIPK3,触发RIPK3激活和MLKL磷酸化,导致支持细胞发生坏死性凋亡<sup>[59]</sup>。氯化多氟醚磺酸通过引发线粒体功能障碍和Z-DNA异常积累,启动ZBP1/RIPK3/MLKL介导的坏死性凋亡,导致睾丸炎症和支持细胞衰老<sup>[60]</sup>。

### 3.4 铁死亡

铁死亡是一种铁依赖性的程序性细胞死亡方

式,主要由铁离子积累和脂质过氧化引起。2,2',4,4'-四溴二苯醚(2,2',4,4'-tetrabromodiphenyl ether, PBDE-47)可诱发睾丸脂质代谢紊乱,通过提高分子伴侣介导的自噬水平降低谷胱甘肽过氧化物酶4(glutathione peroxidase 4, GPX4)的水平,进而诱导支持细胞铁死亡,导致BTB结构松散、屏障蛋白水平显著降低,总精子数量减少、异常精子比例增多<sup>[61]</sup>。PM2.5暴露后睾丸组织沉默信息调节因子1(silencing information regulator 1, SIRT1)表达水平下降、缺氧诱导因子-1 $\alpha$ (hypoxia-inducible factor-1 $\alpha$ , HIF-1 $\alpha$ )表达水平升高,加剧了支持细胞的铁死亡和BTB损伤<sup>[62]</sup>。DEHP的体内代谢物MEHP通过上调转铁蛋白受体(transferrin receptor, TfRC)介导铁积累和谷胱甘肽代谢紊乱,诱导支持细胞铁死亡<sup>[63]</sup>。

### 3.5 表观遗传调控异常

表观遗传调控(主要包括DNA甲基化、组蛋白修饰、非编码RNA调控等)是指在不改变DNA序列的前提下,通过化学修饰等方式调控基因表达,进而影响细胞的功能和对外界的反应。双酚F暴露72 h后,支持细胞中的雄激素受体蛋白表达水平显著下降,进一步下调脂质量与肥胖相关蛋白(fat mass and obesity-associated protein, FTO)水平,增加TfRC和溶质载体家族7成员11(solute carrier family 7 member 11, SLC7A11) mRNA的甲基化修饰水平;YTH结构域家族蛋白(YTH domain family proteins, YTHDFs)调控TfRC和SLC7A11的表达,诱导支持细胞铁死亡,从而影响支持细胞和BTB屏障功能<sup>[30]</sup>。PA处理可导致支持细胞中非编码RNA牛磺酸上调基因1(taurine upregulated gene 1, Tug1)表达下调,Tug1通过结合Zeste增强子同源物2(enhancer of zeste homolog 2, EZH2)降低H3K27me3在趋化因子配体2(C-C motif chemokine ligand 2, Ccl2)启动子上的结合水平,在转录水平上上调Ccl2,从而降低TJ蛋白表达水平,增加BTB通透性<sup>[64]</sup>。类似地,氧化钼可上调长链非编码RNA小核仁RNA宿主基因5(small nucleolar ribonucleic acid host gene 5, SNHG5),通过结合并下调胰岛素样生长因子2 mRNA结合蛋白1(insulin like growth factor 2 mRNA-binding protein 1, IGF2BP1),导致TJ蛋白occludin的mRNA水平的下降,进而损伤BTB<sup>[65]</sup>。支持细胞特异性敲低RNA去甲基化酶AlkB同源物5(human AlkB homolog 5, ALKBH5)会导致编码N-cadherin的Cdh2 mRNA上的N<sup>6</sup>-甲基腺嘌呤(N<sup>6</sup>-

methyadenosine, m<sup>6</sup>A)水平增加, N-cadherin过表达从而导致蛋白由基底部弥散至小管中央, BTB完整性被破坏; 此外, IGF2BP1/2/3复合物和YTHDF1也可促进*Cdh2* mRNA的翻译<sup>[66]</sup>。产前地塞米松暴露通过提高胎儿睾丸支持细胞中组蛋白赖氨酸去甲基化酶1B(histone lysine demethylase 1B, KDM1B)的表达水平, 降低卵泡抑素样3(follistatin-like-3, *FSTL3*)启动子区的H3K9me2水平, 促进*FSTL3*表达, 抑制后代TGFβ信号转导并下调connexin 43、E-cadherin蛋白表达水平, 导致精子质量下降<sup>[67]</sup>。异质核糖核蛋白U(heterogeneous nuclear ribonucleoprotein U, hnRNP)是一种通过调控转录、可变剪接及RNA代谢而影响多种组织发育与功能的关键RNA结合蛋白<sup>[68]</sup>, 通过直接结合支持细胞SRY-box转录因子8/9(SRY-box transcription factor 8/9, *Sox8/9*)启动子区域增强其表达, 并与Wilms肿瘤蛋白1(Wilms' tumor 1, WT1)和SOX9蛋白相互作用, 协同调控支持细胞增殖、成熟和睾丸微环境的维持; 支持细胞特异性敲除*hnRNP*可导致小鼠青春期前支持细胞增殖受阻、成熟停滞、细胞骨架与黏附结构异常<sup>[69]</sup>。针对支持细胞开发靶向性表观遗传药物并进行早期干预可以为治疗提供窗口, 同时, 与抗氧化剂、抗铁死亡剂联合用药, 可以提高治疗效率。

### 3.6 基质金属蛋白酶异常升高

基质金属蛋白酶(matrix metalloproteinase, MMP)是一类可降解细胞外基质成分的蛋白水解酶, 广泛参与组织重塑、修复及病理损伤过程<sup>[70]</sup>。白消安通过上调MMP9诱导非胶原蛋白1(non-collagen 1, NC1)结构域肽的升高, 破坏细胞骨架链<sup>[19]</sup>。聚苯乙烯纳米材料通过提高睾丸中LC3B-II水平并降低p62水平抑制支持细胞自噬, 促进MMP2、MMP8、MMP9的表达, 进而导致TJ蛋白的降解<sup>[25]</sup>。靶向降低MMP的表达水平, 可减轻病理状态下的BTB损伤。

### 3.7 信号通路异常

p38/MAPK通路。p38/MAPK通路是一条由氧化应激、炎症等触发的核心激酶级联通路, 通过磷酸化下游靶点来介导BTB的破坏。DON暴露可导致p38、p-p38、糖原合成酶激酶3β(glycogen synthase kinase-3β, GSK-3β)和p-GSK-3β的蛋白质表达水平增加, 进而促进小鼠睾丸组织中*snail*的mRNA和蛋白质表达; 而*snail*作为TJ蛋白表达的关键调控因子,

可结合*ZO-1*、*occludin*和*claudin-11*基因启动子的E-box序列, 影响其转录<sup>[20]</sup>。此外, DON促进小鼠睾丸组织中激活转录因子2(activating transcription factor 2, ATF-2)和p-ATF-2的蛋白表达, 从而促进肌球蛋白轻链激酶(myosin light-chain kinase, MLCK)的mRNA和蛋白表达, 提高肌球蛋白轻链2(myosin light chain-2, MLC-2)磷酸化水平, 促使肌球蛋白在ATP依赖性下重组, 介导细胞骨架的收缩, 进而改变TJ蛋白的分布<sup>[20]</sup>。CdCl<sub>2</sub>和NiCl<sub>2</sub>也可通过激活p38/MAPK通路损伤支持细胞的结构, 破坏BTB<sup>[27-28]</sup>。

Akt/mTOR通路。mTOR是一种高度保守的丝氨酸/苏氨酸激酶, 在调控蛋白质合成、细胞生长和细胞存活等多种生理过程中发挥关键作用。mTOR有两个复合物, 分别是mTORC1和mTORC2, 它们对调节BTB完整性有着截然相反的作用: rpS6/mTORC1通过Akt/MMP9破坏BTB完整性<sup>[71]</sup>, 而riCTOR/mTORC2通过PKCα/Rac1提高BTB完整性<sup>[72]</sup>。TP通过磷酸化Akt/mTOR通路, 激活mTORC1, 导致p-rpS6表达水平提高和riCTOR表达水平降低, 扰乱mTORC1和mTORC2之间的平衡<sup>[17]</sup>; 聚苯乙烯微塑料暴露则直接通过产生过量ROS导致mTORC1活性增加, 以及mTORC2活性降低<sup>[24]</sup>。

APLN肽(Apelin, APLN)/Apelin受体(Apelin-receptor, APJ)轴。APLN是一种具有高生物活性的肽, 在T2DM患者体内表达量很高, 是糖尿病发展的重要调节因子。高葡萄糖通过激活HIF-1α诱导APLN水平显著升高, 从而激活p-AMPKα1表达并抑制MAPK1/3活性, 导致TJ、GJ、ES相关蛋白表达水平下降, 靶向抑制APLN/APJ可显著恢复高血糖导致的BTB损伤和精子发生异常<sup>[31]</sup>。

## 4 治疗策略

### 4.1 抗氧化剂

氧化应激作为支持细胞的主要损伤机制之一, 针对抗氧化进行干预是改善损伤的有效手段。褪黑激素作为常用的抗氧化剂, 通过增强KEAP1/NRF2通路, 缓解热应激和敌草快引起的氧化应激<sup>[73]</sup>; 低剂量(0.1 μmol/L)褪黑激素通过褪黑激素受体1B(melatonin receptor 1B, MTNR1B)-热休克蛋白90(heat-shock protein 90, HSP90)-HIF-1α轴重编程支持细胞的糖代谢, 增加糖酵解和PPP, 维持正常的线粒体膜电位, 挽救支持细胞凋亡<sup>[50]</sup>; 也可以通过抑制血红素调节抑

制剂(heme-regulated inhibitor, HRI)反应性线粒体应激阻断p38/MMP2通路,从而减轻Cd对BTB的破坏<sup>[74]</sup>;此外,褪黑激素可以拮抗线粒体功能障碍并清除ROS、抑制ISR,缓解砷介导的屏障破坏和精子质量下降<sup>[75]</sup>。抗菌肽可减轻LPS诱导的支持细胞炎症反应和氧化应激<sup>[76]</sup>,主要通过激活KEAP1/NRF2抗氧化通路减轻睾丸氧化应激;通过上调转录因子Slug的表达,提高TJ蛋白(claudin-1、occludin、ZO-1)和黏附蛋白(N-cadherin、E-cadherin)的表达水平,从而修复LPS破坏的BTB<sup>[77]</sup>。

## 4.2 激素调节

支持细胞的生理功能受性激素的精密调控,二者构成关键的调控网络。借助靶向干预下丘脑-垂体-性腺轴、拮抗或激活性激素核受体及膜受体等方式,可实现对支持细胞增殖分化、屏障构建、分泌代谢等核心生理功能的精准调控,为相关生殖系统疾病的干预提供潜在靶点。二甲双胍具有抑制支持细胞脂肪酸氧化并促进酮体生成、破坏细胞连接、增加BTB通透性的作用<sup>[78]</sup>。高剂量(5 mmol/L)二甲双胍通过降低线粒体内的ATP水平和呼吸酶活性抑制未成熟支持细胞增殖,低剂量(0.001 μmol/L) 17β-雌二醇可以通过上调miR-1764的表达、提高抗氧化酶活性并减少ROS生成,进而调节AMPK/TSC2/mTOR信号通路,缓解二甲双胍对支持细胞增殖的抑制作用<sup>[79]</sup>。淫羊藿苷可以通过上调雌激素受体α/c-fos/PKR通路减轻支持细胞TJ、ES相关蛋白损伤,缓解年龄相关的生精障碍<sup>[80]</sup>。睾酮可以通过雄激素受体激活KEAP1/NRF2/HO-1通路,缓解睾丸损伤<sup>[51]</sup>。

## 4.3 靶向干预

对一些特定靶点进行定向干预也已成为改善支持细胞损伤的策略之一。多嘧啶束结合蛋白1(polypyrimidine tract binding protein 1, PTBP1)的支持细胞特异性清除通过改变肌动蛋白调控因子的替代剪接,导致F-肌动蛋白束排列紊乱、形态纤细,TJ、ES蛋白扩散至小管中央,针对PTBP1的特异性调控可进行支持细胞肌动蛋白细胞骨架重组,维持BTB和精子的运输转化<sup>[81]</sup>。Pax反式激活结构域相互作用蛋白(pax transactivation domain-interacting protein, PTIP)相关蛋白1(PA1)与JUN相互作用,参与支持细胞下游基因的转录调控,PA1基因敲除小鼠支持细胞肌动蛋白骨架和BTB(主要是connexin 43)发生紊乱进而导致精子发生异常,PA1可能成为无精

子症的新治疗靶点<sup>[82]</sup>。神经生长因子(nerve growth factor, NGF)可以部分减轻LPS诱导的支持细胞连接蛋白的损伤,并通过PI3K/Akt/NFκB信号通路缓解LPS诱导的炎症反应和抑制细胞凋亡;且外源性增加NGF可以抑制支持细胞凋亡<sup>[83]</sup>。p38/MAPK特异性抑制剂doramapimod通过阻断p-p38/MAPK上调,可有效缓解CdCl<sub>2</sub>诱导的TJ和ES相关蛋白水平的下降并阻断其扩散迁移,恢复肌动蛋白和细胞骨架<sup>[84]</sup>。此外,针对表观遗传调控异常所致的损伤,可以借助基因编辑和靶向递送技术使用对应调节剂进行精准修复,从而实现理论到临床的转化。

## 5 展望

总的来说,我们概括了睾丸支持细胞在构成血睾屏障、支持生精细胞和进行激素调节方面的作用,总结了近年来关于支持细胞在化学毒物、环境污染物、代谢紊乱、病毒感染、遗传等各种内外源刺激下的损伤特征和分子机制,以及抗氧化剂、激素调节和靶向干预等治疗策略。尽管多种因素均可导致支持细胞损伤,但环境毒素的长期低剂量暴露仍是生殖健康的预警要点;与此同时,代谢异常和病毒感染导致的生殖损伤也日益成为临床焦点。因此,一方面需加强环境毒物的源头管控与生殖毒性评估,另一方面,在治疗基础疾病的前提下,生育力保存策略需进一步优化,包括联合生活方式干预及支持细胞保护剂的研发。在治疗方面,靶向KEAP1/NRF2等抗氧化通路是常用手段之一,对青春期前的支持细胞增殖保护和青春期后的功能重建应制订精准的分段诊疗方案,针对损伤的多通路交互作用、发育编程及表观遗传进行更深入的探索有助于发现治疗新策略。此外,基于支持细胞损伤机制的高度复杂性,未来应结合更为先进的技术手段,例如进行单细胞多组学解析支持细胞损伤和修复过程中的异质性<sup>[85]</sup>,鉴定新的特异性分子标志物,为早期诊断提供依据;通过类器官模型模拟损伤-修复动态过程<sup>[86]</sup>,用于高通量药物筛选及机制验证。

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