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鹿茸多肽对训练创伤致脊髓损伤模型大鼠的作用及机制*

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摘要:目的 探讨鹿茸多肽(VAP)对训练创伤致脊髓损伤(SCI)模型大鼠的作用及机制。方法 将48只SD雄性大鼠随机分为空白(Control)组、模型(SCI)组、阳性对照(MSI-1436)组及VAP低、中、高剂量组(20, 40, 60 mg/kg), 各8只。适应性饲养2 d后, 结扎坐骨神经复制SCI模型, MSI-1436组大鼠术后14 d鞘内注射4 μg MSI-1436(溶于20 μL生理盐水)1次(单次给药), 并于术后14, 15, 16 d各给药1次(连续给药); VAP低、中、高剂量组大鼠术后14 d分别腹腔注射20, 40, 60 mg/kg VAP 1次(单次给药), 并于术后15, 16, 17, 18 d各给药1次(连续给药); Control组和SCI组大鼠均给予等量生理盐水。使用Von Frey纤维丝测量大鼠的机械痛觉阈值和热痛觉潜伏期; 采用免疫印迹(Western blot)法测定大鼠脊髓中多聚嘧啶序列结合蛋白(PTB)、磷酸化c-Jun氨基端蛋白激酶(p-JNK)、磷酸化p38(p-p38)、磷酸化胞外信号调节激酶(p-ERK)及炎症因子肿瘤坏死因子-α(TNF-α)和白细胞介素1β(IL-1β)的蛋白表达水平; 采用免疫荧光化学法检测脊髓中神经元特异性烯醇化酶(NSE)的蛋白表达水平。结果 与SCI组比较, VAP中、高剂量组大鼠单次给药2.0, 4.0, 8.0 h时同侧足的机械痛觉阈值均显著升高, 热痛觉潜伏期均显著延长($P < 0.05$); VAP中剂量组大鼠连续给药5 d时同侧足的机械痛觉阈值均显著升高, 热痛觉潜伏期均显著延长($P < 0.05$); VAP低、中、高剂量组大鼠脊髓中p-p38, p-JNK, PTB, IL-1β, TNF-α的蛋白表达水平均显著降低($P < 0.05$); VAP中、高剂量组大鼠脊髓中NSE的蛋白表达水平显著降低($P < 0.05$)。结论 VAP可能通过抑制PTB的表达发挥对SCI模型大鼠的神经性疼痛和神经炎症的治疗作用, 并促进神经修复。

关键词:鹿茸多肽; 脊髓损伤; 神经性疼痛; 多聚嘧啶序列结合蛋白; 促分裂原活化蛋白激酶; 作用机制

Effect and Mechanism of Velvet Antler Polypeptide on Spinal Cord Injury Model Rats Induced by Training Trauma

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Abstract: Objective To investigate the effect and mechanism of velvet antler polypeptide (VAP) on the spinal cord injury (SCI) model rats induced by the training trauma. **Methods** A total of 48 male SD rats were randomly divided into the blank (Control) group, the model (SCI) group, the positive control (MSI-1436) group and the VAP low-, medium- and high-dose groups (20, 40, 60 mg/kg respectively), with eight rats in each group. After 2 d of adaptive feeding, the sciatic nerve was ligated to replicate the SCI model. The rats in the MSI-1436 group were intrathecally injected with 4 μg MSI-1436 (dissolved in 20 μL normal saline) once on the 14th day after operation (single administration), and were administered once on the 14th, 15th and 16th days after operation (continuous administration). The rats in the VAP low-, medium- and high-dose groups were intraperitoneally injected with 20, 40, 60 mg/kg of VAP once on the 14th day after operation (single administration), and were administered once on the 15th, 16th, 17th and 18th days after operation (continuous administration). The rats in the Control group and the SCI group were given the same amount of normal saline. Von Frey filaments were used to measure the mechanical pain threshold and thermal pain latency of rats. The Western blot was used to measure the expression levels of polypyrimidine tract-binding protein (PTB), phosphorylated c-Jun N-terminal kinase (p-JNK), phosphorylated p38 (p-p38), phosphorylated extracellular signal-regulated kinase (p-ERK) and inflammatory factors including tumor necrosis factor-α (TNF-α) and interleukin-1β (IL-1β) in the spinal cord of rats. The immunofluorescence chemistry method was used to measure the expression level of neuron-specific enolase (NSE) in the spinal cord of rats. **Results** Compared with those in the SCI group, the mechanical pain threshold of the ipsilateral foot increased significantly and the thermal pain latency prolonged significantly in the VAP medium- and high-dose groups at 2.0, 4.0, 8.0 h after single administration ($P < 0.05$). Compared with those in the SCI group, the mechanical pain threshold of the ipsilateral foot increased significantly and the thermal pain latency prolonged significantly in the VAP medium-dose group after the continuous administration for 5 d ($P < 0.05$). Compared with those in the SCI group, the expression levels of p-p38, p-JNK, PTB, IL-1β and TNF-α proteins in the spinal cord in the VAP low-, medium- and high-dose groups

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decreased significantly ($P < 0.05$). Compared with that in the SCI group, the expression levels of NSE in the spinal cord in the VAP medium - and high - dose groups decreased significantly ($P < 0.05$). **Conclusion** VAP may treat neuropathic pain, neuroinflammation and promote the nerve repair of SCI model rats by inhibiting the expression of PTB.

Key words: velvet antler polypeptide; spinal cord injury; neuropathic pain; polypyrimidine tract - binding protein; mitogen - activated protein kinase; mechanism

军事训练或体育训练过程中,防护不当、训练方法不科学或意外均易导致脊柱骨折,并伴随脊髓损伤(SCI)^[1]。SCI引发的神经性疼痛是一种严重的慢性疼痛^[2],目前已有关于SCI致神经性疼痛的治疗方案和潜在作用机制研究,但其治疗仍具有极大挑战^[3]。临床常用非甾体抗炎药、阿片类药物及其衍生物治疗疼痛^[4],对急性疼痛有一定疗效,但无法治愈神经性疼痛^[5]。研究表明,神经损伤或SCI在脊髓中诱导促分裂原活化蛋白激酶(MAPK)家族c - Jun 氨基端蛋白激酶(JNK)和p38等的深度活化^[6]。故选择合适的靶分子抑制MAPK的激活可能是一种有效的镇痛策略。多聚嘧啶序列结合蛋白(PTB)是一种重要的神经元分化调节蛋白^[7],可诱导胶质细胞分化为神经元,在神经退行性疾病中发挥神经元保护作用^[8]。另外,PTB通过与早期生长应答因子2(EGF2)结合,可调节白细胞介素1 β (IL - 1 β)和p38 - MAPK的信号通路^[9]。但尚不明确PTB对SCI的修复作用,故寻找安全、有效的分子抑制PTB可能是治疗SCI的有效方法。鹿茸多肽(VAP)提取于鹿茸,是一种富含生物活性多肽的混合物。《本草纲目》记载,鹿茸具有补肾养骨、延年益寿的功效。VAP被广泛用于增强性功能,抑制炎症,促进软骨细胞增殖,延缓衰老,对神经细胞分化的促进功能明显^[10],在治疗骨关节炎疾病中发挥关键作用^[11]。本研究中探讨了VAP对训练创伤致SCI模型大鼠痛觉、神经炎症及PTB介导神经修复作用的影响。现报道如下。

1 材料与方

1.1 仪器、试剂与动物

仪器:Von Frey 纤维丝(上海玉研科研仪器有限公司,型号为NC12775 - 01至NC12775 - 20,质量为0.008 ~ 300.000 g);37300型辐射热刺痛仪(意大利UGO Basile公司);GE LAS 4000 mini型分子成像仪(美国GE公司);CKX53型荧光显微镜(日本奥林巴斯公司);Lecia CM1860 UV型冷冻切片仪(徕卡生物系统有限公司)。

试剂:MSI - 1436(PTB抑制剂,美国MCE公司,批号为HY - 12219A,纯度不低于95.0%);VAP(上海德翅生物科技有限公司,批号为DC168002011,纯度不低于98.0%);磷酸化p38(p - p38)抗体(Tyr182,批号为4511,1:800),PTB抗体(批号为72669,1:1000),磷酸化胞外信号调节激酶(p - ERK)1/2抗体(Thr202/Tyr204,批号为9101,1:1000),磷酸化JNK(p - JNK)抗

体(Thr183/Tyr185,批号为4668,1:1000),抗小鼠免疫球蛋白G(IgG)辣根过氧化物酶(HRP)抗体(二抗,批号为7074,1:3000),抗兔IgG HRP抗体(二抗,批号为7076,1:3000),均购自美国Cell Signaling Technology公司;甘油醛 - 3 - 磷酸脱氢酶(GAPDH)抗体(美国Sigma - Aldrich公司,批号为SAB1410512,1:5000);神经元特异性烯醇化酶(NSE)抗体(批号为ab180943,1:100),IL - 1 β 抗体(批号为ab216995,1:1000),肿瘤坏死因子 - α (TNF - α)抗体(批号为ab109322,1:1000),均购自美国Abcam公司;荧光二抗Alexa Fluor 488 AffiniPure Donkey Anti - Rabbit IgG试剂盒(美国Jackson Laboratories公司,批号为711 - 547 - 003,1:300)。

动物:无特定病原体(SPF)成年雄性SD大鼠,48只,6周龄,体质量206 ~ 229 g,动物生产许可证号为26 - 2001A008,购于广东省医学实验动物中心。在无病原饲养条件下,每笼养5 ~ 6只,维持室温为(22 \pm 2) $^{\circ}$ C,12 h/12 h明暗循环。所有动物的使用均通过中国人民解放军南部战区总医院动物护理和使用委员会的审查和批准,并严格遵守国际疼痛研究协会(IASP)清醒动物疼痛实验守则。

1.2 方法

分组、建模^[12]与给药:将48只SD大鼠随机分为空白(Control)组,模型(SCI)组,阳性对照(MSI - 1436)组及VAP低、中、高剂量组(20,40,60 mg/kg),各8只。适应性饲养2 d后,用4%戊巴比妥钠麻醉大鼠,于后右侧大腿中部暴露坐骨神经7 mm,在暴露的7 mm坐骨神经段中间每隔1 mm选1个位置,共选择4个位置使用4 - 0铬色肠线进行结扎,然后逐层缝合。Control组大鼠暴露坐骨神经后不进行结扎,直接进行逐层缝合。建模成功后,Control组、SCI组大鼠不给予药物治疗,仅给予等量生理盐水;MSI - 1436组大鼠术后14 d鞘内注射4 μ g MSI - 1436(溶于20 μ L生理盐水)1次(单次给药),并于术后15,16 d各给药1次(连续给药);VAP低、中、高剂量组大鼠术后14 d分别腹腔注射20,40,60 mg/kg VAP 1次(单次给药),并于术后15,16,17,18 d各给药1次(连续给药)。

SCI相关疼痛行为评估:适应性饲养2 d后,在正式测试前1 d进行基线测试。通过Von Frey 纤维丝测定大鼠机械痛觉阈值,取大鼠置架于金属网上的塑料盒子中适应30 min,用一组质量为0.008 ~ 26.000 g的Von Frey

纤维丝垂直刺激每只大鼠手术侧后足的足底表面,记录大鼠拾足时使用的纤维丝刻度值,排除大鼠自主性拾足。每只大鼠测试3遍,并计算平均值。测试大鼠足底对热刺激的缩足潜伏期,使用辐射热刺激仪提供热源,取大鼠置光滑且可控温度的玻璃地板的盒子中,将热源聚焦在后足底表面,向该部位传递辐射热刺激(保持恒定),后足缩回时关闭刺激,记录拾足的热痛觉潜伏期,排除大鼠自主性拾足。每只大鼠测试3遍,并计算平均值。

免疫印迹(Western blot)法检测 PTB 和 MAPK 信号通路 p - JNK, p - p38, p - ERK 及促炎因子 IL - 1 β , TNF - α 蛋白的表达水平:取 L1 - 6 处脊髓段,用冷磷酸盐缓冲液(PBS)洗涤,匀浆后在蛋白裂解缓冲液中裂解,将裂解物经十二烷基硫酸钠 - 聚丙烯酰胺凝胶电泳(SDS - PAGE)分离,电泳转移至聚偏二氟乙烯(PVDF)膜上,室温下用5%胎牛血清白蛋白封膜1 h,4 $^{\circ}$ C下同一抗[p - p38 抗体(Tyr182, 1:800), PTB 抗体(1:1 000), p - ERK 1/2 抗体(Thr202 / Tyr204, 1:1 000), p - JNK 抗体(Thr183 / Tyr185, 1:1 000), GAPDH 抗体(1:5 000)]孵育过夜,随后与二抗[抗小鼠 IgG HRP 抗体(1:3 000)或抗兔 IgG HRP 抗体(1:3 000)]室温孵育2 h。经增强型化学发光(ECL)显色液显色后,使用分子成像仪进行成像、拍照,并使用 Image - Pro Plus 6.0 软件分析数据^[11]。

免疫荧光化学法定位 NSE:大鼠经水合氯醛深度麻醉后,心脏灌注 PBS,注入4%多聚甲醛,将 L4 - 5 腰节切开并固定于多聚甲醛中,使用冷冻切片机切成 20 μ m 厚度的切片,将切片与抗 NSE 抗体(1:100)于 4 $^{\circ}$ C 孵育过夜,随后用 PBS 洗涤,并与二抗 Alexa Fluor 488 Affini-Pure Donkey Anti - Rabbit IgG 室温孵育 2 h。用 PBS 洗涤,在荧光显微镜下观察其 NSE 免疫荧光染色情况^[13]。

1.3 统计学处理

采用 SPSS 15.0 统计学软件分析。计量资料以 $\bar{X} \pm s$ 表示。行为学数据和蛋白表达的变化采用单因素方差

分析,行 Bonferroni 事后检验;NSE 平均荧光像素通过 Image - Pro Plus 6.0 软件分析。 $P < 0.05$ 为差异有统计学意义。

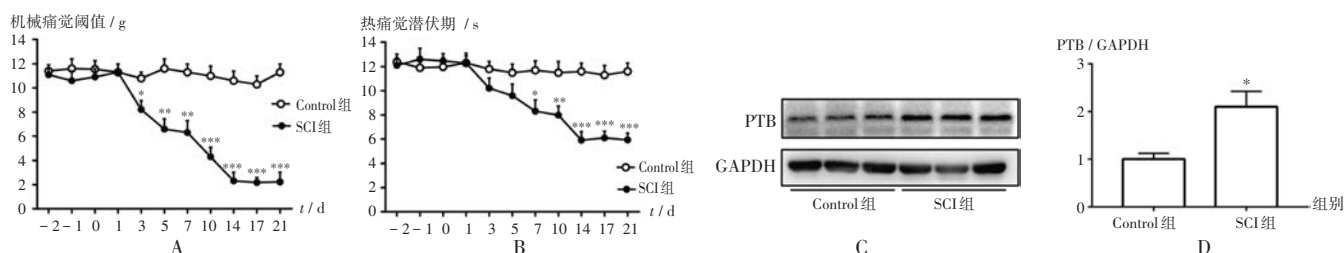
2 结果

2.1 镇痛作用及对 p - JNK, p - p38, p - ERK 蛋白表达水平的影响

SCI 模型构建:与 Control 组比较,SCI 组大鼠的机械痛觉阈值在术后 17 d 降至最低,热痛觉潜伏期在术后 14 d 降至最低,并持续至术后 21 d($t = 18.261, 14.227, P = 0.024, 0.031$),详见图 1 A 和图 1 B。与 Control 组比较,SCI 组大鼠脊髓中 PTB 蛋白表达水平显著升高($t = 20.320, P = 0.003$),详见图 1 C 和图 1 D。结果表明,SCI 模型构建成功。

镇痛作用:1) 单次给药。考察 SCI 术后 14 d 给药 0, 0.5, 2.0, 4.0, 8.0, 24.0 h 时大鼠的机械痛觉阈值和热痛觉潜伏期。与 SCI 组比较,MSI - 1436 组及 VAP 中、高剂量组大鼠单次给药 2.0, 4.0, 8.0 h 时同侧足的机械痛觉阈值均显著升高,热痛觉潜伏期均显著延长($F = 126.029, 205.663, P = 0.000, 0.002; F = 152.554, 203.431, P = 0.021, 0.003$)。详见图 2 A、图 2 B、图 3 A 和图 3 B。2) 连续给药。考察 SCI 术后连续给药 3, 5 d, 每天给药 2.0 h 时大鼠的机械痛觉阈值和热痛觉潜伏期。与 SCI 组比较,MSI - 1436 组大鼠连续给药 3 d 及 VAP 中剂量组大鼠连续给药 5 d 时同侧足的机械痛觉阈值均显著升高,热痛觉潜伏期均显著延长($F = 216.011, 128.052, P = 0.002, 0.009; F = 139.028, 188.122, P = 0.019, 0.006$)。详见图 2 C、图 2 D、图 3 C 和图 3 D。结果表明,VAP 可减轻 SCI 诱导的疼痛反应。

对 MAPK 激酶的作用:与 Control 组比较,SCI 组大鼠脊髓中 p - p38, p - JNK, p - ERK 蛋白表达水平均显著升高($P < 0.05$);与 SCI 组比较,MSI - 1436 组和 VAP 低、中、高剂量组大鼠脊髓中 p - p38 和 p - JNK 蛋白表达水平均显著降低($F = 133.080, 156.233, P = 0.026,$



注:与 Control 组比较,* $P < 0.05$,** $P < 0.01$,*** $P < 0.001$ 。图 2 至图 4 同。

A. 机械痛觉阈值 B. 热痛觉潜伏期 C, D. PTB 蛋白表达水平

图 1 SCI 模型大鼠疼痛行为和 PTB 蛋白表达水平比较

Note: Compared with those in the Control group,* $P < 0.05$,** $P < 0.01$,*** $P < 0.001$ (for Fig. 1 - 4).

A. Mechanical pain threshold B. Thermal pain latency C, D. Expression level of PTB

Fig. 1 Comparison of pain behavior and PTB expression level in SCI model rats

0.015; $F = 188.380, 192.106, P = 0.002, 0.011$)。详见图2E和图2F。与SCI组比较, VAP低、中、高剂量组大鼠脊髓中给药8h后的p-p38和p-JNK蛋白表达水平均显著降低($F = 188.380, 192.106, P = 0.002, 0.011$), 给药2h后的PTB蛋白表达水平均显著降低($F = 152.080, P = 0.022$)。详见图3E、图3F、图3G和图3H。结果表明, VAP可逆转SCI诱导的PTB和MAPK激酶表达水平的升高。

2.2 对脊髓神经的修复作用

与Control组比较, SCI组大鼠脊髓中NSE蛋白表达水平显著升高($P < 0.05$); 与SCI组比较, VAP中、高剂量组大鼠脊髓中NSE的表达水平显著降低($P = 0.015, 0.023$)。详见图4A和图4B。结果表明, VAP对SCI模型大鼠的脊髓神经具有修复作用。

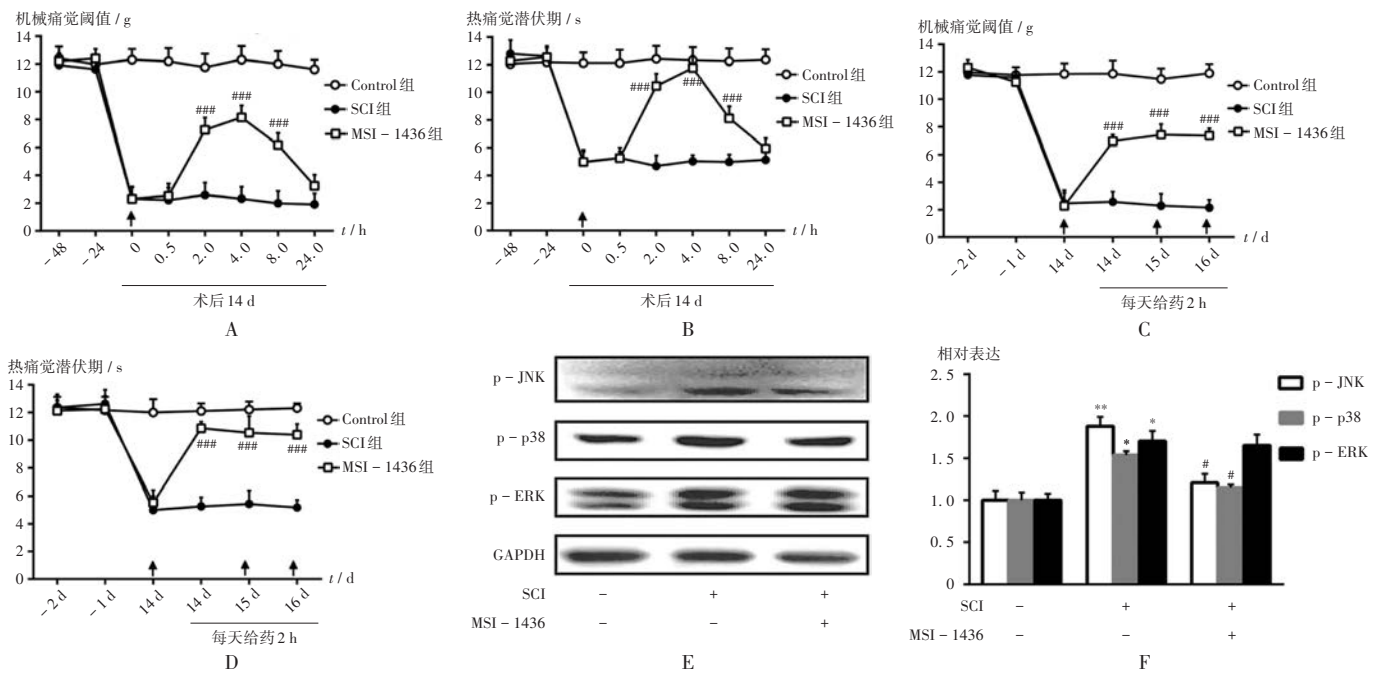
2.3 可抑制脊髓神经的炎症反应

与Control组比较, SCI组大鼠脊髓中IL-1 β 和TNF- α 蛋白表达水平均显著升高($P < 0.05$); 与SCI组比较, VAP低、中、高剂量组大鼠脊髓中IL-1 β 和TNF- α 蛋白表达水平均显著降低($P < 0.05$)。详见图4C和图4D。结果表明, VAP可抑制SCI诱导的脊髓神经的炎症反应。

3 讨论

PTB蛋白是一种聚嘧啶束结合蛋白, 主要表达于神经系统。神经发育过程中, PTB表达上调, 而当神经元成熟时, PTB的表达水平反而降低。此程序对神经系统的发育至关重要, 故PTB在神经元诱导和保护神经元的成熟中起着重要作用。目前, 已发现敲除PTB为非神经元细胞转化为神经元的必要充分条件^[14]。另外, 氧化应激、TNF- α 刺激等外界刺激可使丝氨酸/苏氨酸激酶结构域磷酸化, 并激活PTB^[15]。

研究表明, MAPK特别是JNK和p38的激活, 可导致神经病理性疼痛^[16], 慢性收缩引起的坐骨神经损伤可诱导脊髓背角JNK和p38的显著活化^[17]。啮齿动物模型中, p38抑制剂和JNK抑制剂可改善神经性疼痛症状^[18-19]。作为JNK和p38的上游, 抑制PTB可明显降低炎症性疾病中IL-1 β 和p38-MAPK的表达水平^[20]。但有关PTB在慢性疼痛中作用的研究极有限。故本研究中设计了相关实验, 以评估PTB在SCI诱导的神经性疼痛中的作用, 发现SCI可引起大鼠明显的机械异常性疼痛和热痛觉过敏, 诱导腰部脊髓PTB的上调, 故本研究中探讨了PTB激活对SCI诱导的神经性疼痛是否具有功能意义。



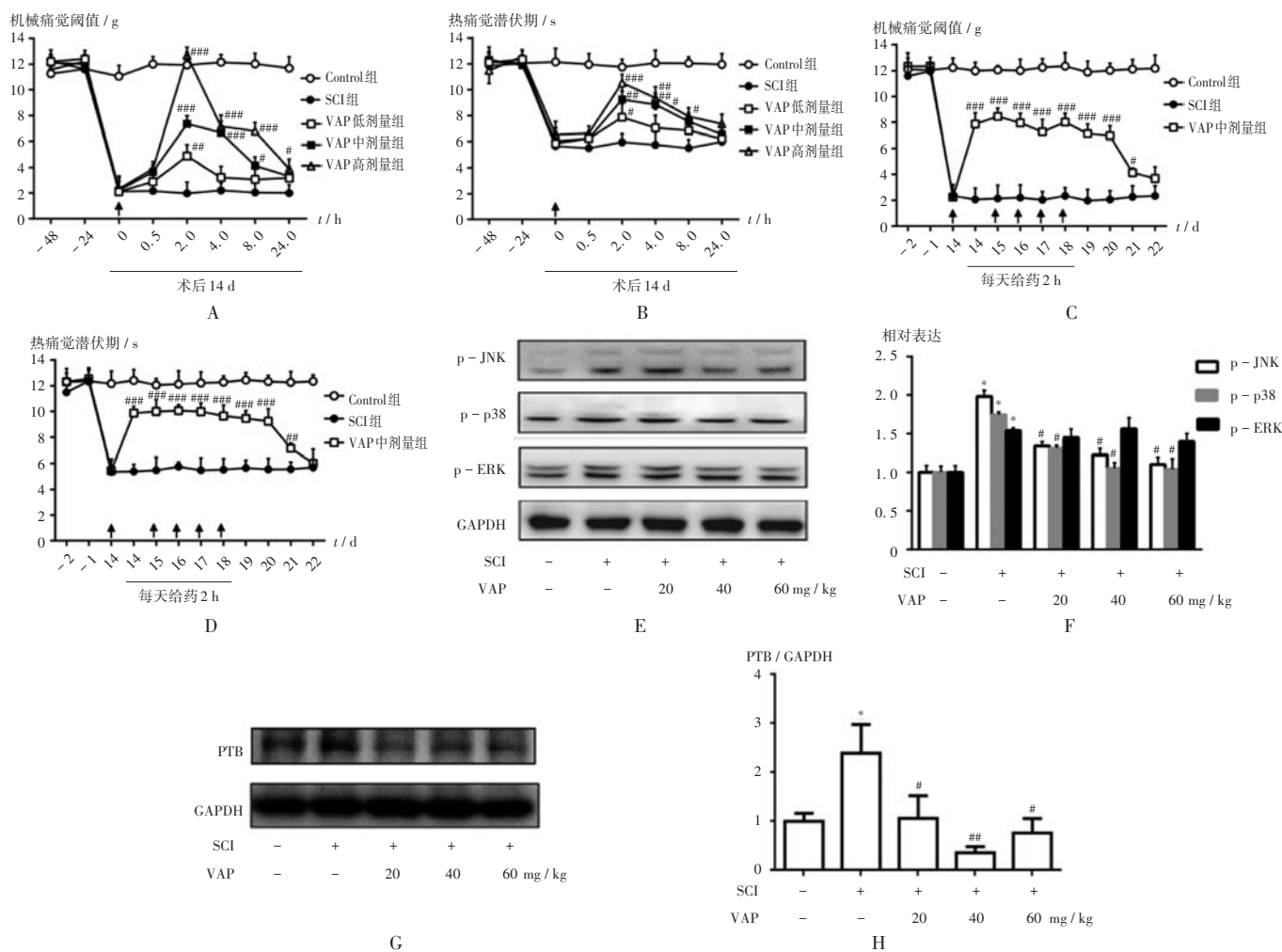
注:与SCI组比较, * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$ 。图3和图4同。黑色箭头代表给药时间。图3同。

A, B. 单次给药机械痛觉阈值和热痛觉潜伏期 C, D. 连续给药机械痛觉阈值和热痛觉潜伏期 E, F. p-JNK, p-p38, p-ERK 蛋白表达水平
图2 PTB抑制剂 MSI-1436 对 SCI 模型大鼠疼痛行为和 p-JNK, p-p38, p-ERK 蛋白表达水平的影响

Note: Compared with those in the SCI group, * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$ (for Fig. 2-4). The black arrows refer to the administration time (for Fig. 2-3).

A, B. Mechanical pain threshold and thermal pain latency after the single administration C, D. Mechanical pain threshold and thermal pain latency after the continuous administration E, F. Expression levels of p-JNK, p-p38 and p-ERK proteins

Fig. 2 Effects of PTB inhibitor MSI-1436 on the pain behavior and expression levels of p-JNK, p-p38 and p-ERK proteins in SCI model rats



A, B. 单次给药机械痛觉阈值和热痛觉潜伏期 C, D. 连续给药机械痛觉阈值和热痛觉潜伏期 E, F. 给药 8 h 后 p - JNK, p - p38, p - ERK 蛋白表达水平 G, H. 给药 2 h 后 PTB 蛋白表达水平

图3 VAP对SCI模型大鼠疼痛行为和p - JNK, p - p38, p - ERK, PTB蛋白表达水平的影响

A, B. Mechanical pain threshold and thermal pain latency after the single administration C, D. Mechanical pain threshold and thermal pain latency after the continuous administration E, F. Expression levels of p - JNK, p - p38 and p - ERK proteins 8 h after administration G, H. Expression level of PTB 2 h after administration

Fig. 3 Effects of VAP on the pain behavior and expression levels of p - JNK, p - p38, p - ERK and PTB in SCI model rats

结果显示, 单次给药或连续给药PTB抑制剂MSI - 1436均可显著减轻SCI引起的机械性异常性疼痛和热痛觉过敏; 显著抑制SCI诱导的p - JNK和p - p38的上调, 但对p - ERK表达水平无明显影响, 表明PTB是JNK和p38而非ERK的上游调节剂。同时, 发现VAP可有效抑制SCI诱导的PTB表达水平的升高, 从而抑制PTB蛋白在脊髓中的表达。由此可知, VAP可通过抑制PTB减轻SCI诱导的神经性疼痛。

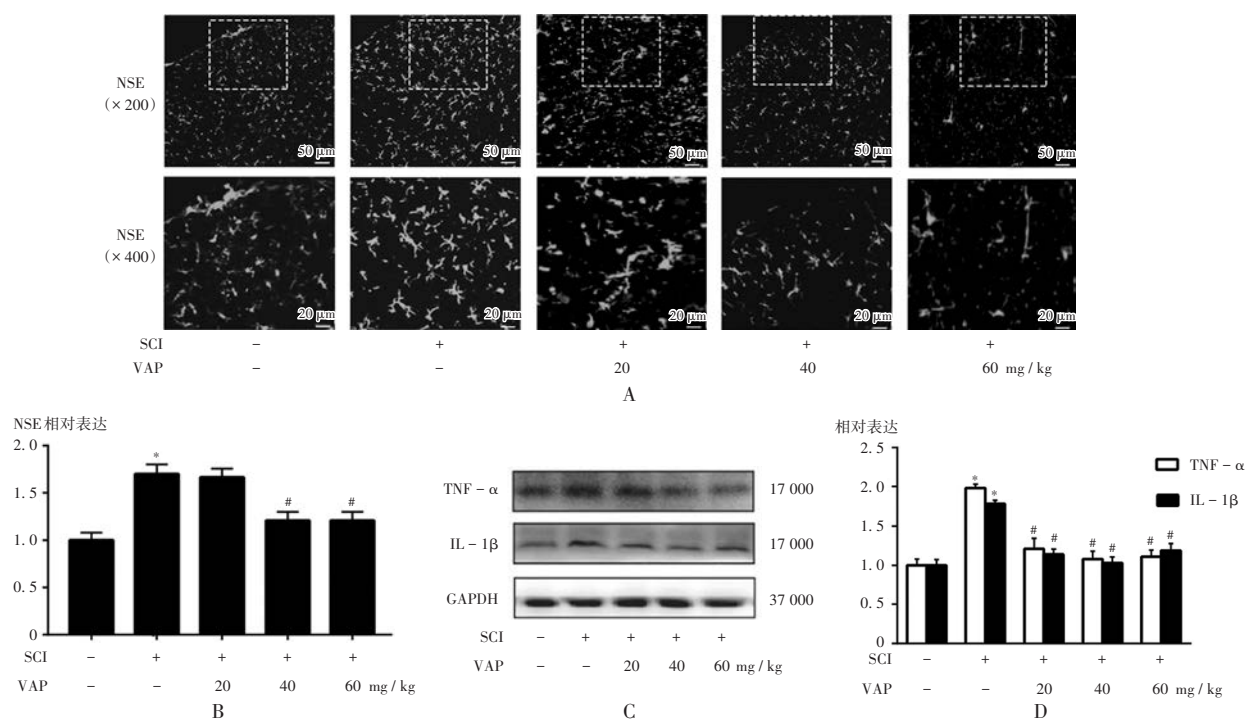
PTB在神经元和神经胶质细胞中均有表达, 并在神经炎症的诱导和维持中起重要作用。研究发现, 抑制PTB可减少神经胶质细胞中TNF - α , IL - 1 β 等炎症因子的释放^[8-9,20]。这些炎症因子均是疼痛致敏过程中的重要介质。本研究结果显示, VAP在SCI中显著抑制了神经损伤标志物NSE的高表达, 并抑制了TNF - α 和

IL - 1 β 的表达。

综上所述, VAP下调了SCI诱导的PTB蛋白表达水平的升高, 可预防神经性疼痛相关的异常性疼痛和热痛觉过敏, 促进神经修复, 并减轻炎症。

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A. NSE病理生理图 B. NSE蛋白表达水平 C, D. IL-1β和TNF-α蛋白表达水平

图4 VAP对SCI诱导的神经损伤和炎症因子表达水平的影响

A. Diagram of NSE pathophysiology B. Expression level of NSE protein C, D. Expression levels of IL-1β and TNF-α proteins

Fig. 4 Effect of VAP on the SCI-induced nerve injury and expression levels of inflammatory factors

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