

# 胎儿宫内发育迟缓患者胎盘滋养细胞表面内源性血红素氧化酶的表达

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**摘要** 目的 检测胎儿宫内发育迟缓(IUGR)患者胎盘滋养细胞表面内源性血红素氧化酶(heme oxygenase, HO)的表达。探讨 IUGR 的发病机制。**方法** 用特异性的 HO 抗体对不明原因的 IUGR 者和正常妊娠妇女对照组的胎盘滋养细胞表面 HO-1 进行免疫组化染色, 并对其进行定量分析。**结果** IUGR 组 [平均 4.27 ± 2.12 mm<sup>2</sup>] 和 PIH+IUGR 组 HO-1 表达面积 [平均 1.54 ± 0.59 mm<sup>2</sup>] 显著低于对照组 [平均 8.56 ± 5.23 mm<sup>2</sup>, P < 0.01]。IUGR 组和 PIH+IUGR 组则差异不显著 (P > 0.05)。**结论** 胎盘滋养细胞表面内源性 HO 表达减少可能是 IUGR 发病的机制之一。

**关键词** 胎儿生长迟缓; 内源性血红素氧化酶; 宫内发育迟缓; 胎盘; 滋养细胞

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## Expression of endogenous heme oxygenase on surface of placental trophoblasts of pregnant women with intrauterine growth retardation of the fetus

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**Abstract:** Objective To examine endogenous heme oxygenase(HO) expression on the surface of placental trophoblasts of pregnant women who had a fetus with intrauterine growth retardation (IUGR), so as to explore the pathogenesis of IUGR. Methods Immunohistochemical method were used to detect the expression of HO-1 in idiopathic IUGR patients (IUGR group), patients with pregnancy induced hypertension(PIH) complicated by IUGR(PIH+IUGR group) and normal pregnant women(control group) with specific HO antibody. Quantitative analysis was conducted to determine the quantity of HO. Result The staining areas of HO-1 in IUGR group (64.27 ± 0.59 mm<sup>2</sup>) and PIH+IUGR group (61.54 ± 0.59 mm<sup>2</sup>) were significantly lower than that of control group (96.56 ± 5.23 mm<sup>2</sup>, P < 0.01), but there was no significant differences between the former 2 groups. Conclusion Abnormal reduction in endogenous HO on the surface of placental trophoblasts may be one of the important mechanisms for the onset of IUGR.

**Key words:** fetal growth retardation; endogenous heme oxygenase; intrauterine growth retardation; placenta; trophocyte

胎儿宫内发育迟缓(IUGR)是产科主要的并发症之一, 也是围产期危害胎儿的主要死亡原因之一。我国 IUGR 的发生率为 6.4%, 其围产儿死亡数占围产儿死亡总数的 42.3%。由于其发病原因及机制尚不清楚, 临床治疗困难一直是围产医学研究的热点。近年来研究表明内源性血红素氧化酶(heme oxygenase, HO)是血红素降解的起始酶, 和限速酶。是一种具有催化功能的热应激蛋白。有着广泛的生物学功能。HO-1 广泛地分布于机体各组织中, 在血管平滑肌和子宫平滑肌中都有其表达。但有关 HO-1 在 IUGR 患者胎盘的表达情况未见报道。本研究测定了正常妊娠晚期孕妇和不明原因 IUGR 者和妊高征合并 IUGR 者胎盘滋养细胞表面内源性 HO-1 表达面积, 在探讨内源性 HO 与 IUGR 发生发展的关系。

## 1 临床资料

### 1.1 研究对象

研究对象为 2000 年 11 月 ~2001 年 5 月在本院和番禺何贤纪念医院分娩的产妇及门诊体检健康同龄妇女。均为单胎初产妇。无内科合并症及其他妊娠合并症。

正常妊娠组: 对照组随机选择妊娠 8~16 周的健康妇女 20 例, 平均年龄 24.5 ± 6.6 岁。新生儿出生体重为 2500~4000 g。不明原因 IUGR 组: IUGR 组 8 例, 平均 6.5 ± 5.5 周。妊娠 9 ± 9 周。新生儿体重低于相应孕龄平均体重的第 10 百分位数。重度妊高征合并 IUGR 组: IH+IUGR 组 3 例, 平均 5.6 ± 4.4 周。妊娠 7 ± 8 周。妊高征诊断标准参照乐杰主编的《妇产科学》第 4 版。其他标准同不明原因 IUGR 组。3 组的年龄差异无显著差异。

### 1.2 方法

1.2.1 胎盘取材: 胎儿胎盘娩出后, 剥离胎盘中央肉眼观无明显病变处, 自母体面剪取一约 3 cm × 3 cm × 3 cm

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大小的胎盘组织立即于10%福尔马林溶液中固定袁4益冰箱保存待检遥本常规4滋n连续切片袁行免疫组化染色遥

1.2.2 胎盘HO-1免疫组化检查 应用兔抗人的多克隆抗HO-1抗体对胎盘组织标本切片进行免疫组化染色袁观察HO-1在胎盘滋养细胞上的定位与染色强度袁深棕黄色为阳性对照遥

1.2.3 图像分析 用HPIS-1000高清晰彩色病理图象免疫组化测量系统对三组切片进行分析袁每组随机选取10伊0视野40个袁分别测定每个视野的阳性染色的面积遥

### 1.3 统计分析

采用SPSS统计10.0系统软件包进行统计分析遥经方差齐性检验后采用单因素方差分析袁NK分析方法进行两两比较遥

## 2 结果

对照组滋养细胞免疫组化染色呈强阳性袁以细胞膜为主袁胞核呈淡蓝色袁图1袁 IUGR组胎盘绒毛表面滋养细胞呈弱阳性染色 袁图2袁三组资料的方差齐袁 $=0.071$ 袁两两比较结果显示袁对照组显著高于其他两组袁 $<0.01$ 袁不明原因IUGR组与妊高征合并IUGR组间比较袁差异无显著性袁 $>0.05$ 袁见表1遥

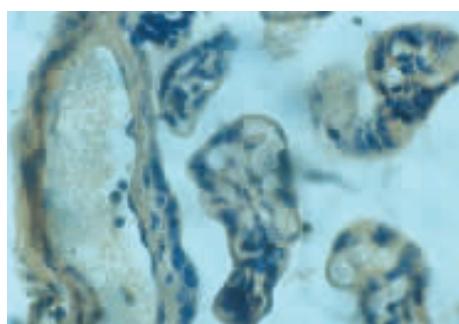


图1 正常妊娠妇女胎盘HO-1的表达 漂疫组化染色袁200冤

Fig.1 Expression of heme oxygenase-1 in the placenta of normal pregnant women(Immunohistochemicalstaining, 伊00冤

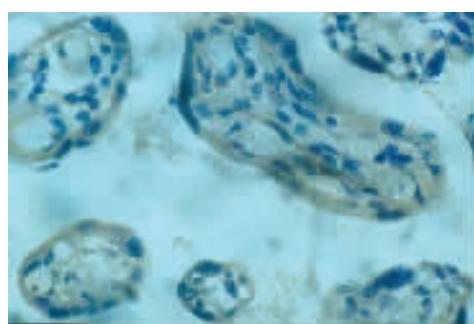


图2 妊高征患者胎盘HO-1的表达 漂疫组化染色袁200冤

Fig.2 Expression of heme oxygenase-1 in the placenta of patients with pregnancy induced hypertension  
(Immunohistochemicalstaining, 伊00冤

表1 三组胎盘内源性HO-1染色面积的比较 袁依冤

Tab.1 Comparison of the staining area of heme oxygenase -1 between the 3 groups(Mean $\pm$ S.D)

Group	No.ofvisionfield	Stainingarea
Control	40	96.56 $\pm$ 5.23
IUGR	40	64.27 $\pm$ 2.12*
PIH+IUGR	40	61.54 $\pm$ 0.59*

P<0.01vs controlgroup

## 3 讨论

内源性血红素氧化酶HO-1是一种催化血红素氧化分解成等量胆红素尧-氧化碳CO<sub>2</sub>的限速酶<sup>1</sup>袁在体内有HO-1尧HO-2尧HO-3三种存在形式遥机体在应激尧氧尧毒素和热休克等多种因素作用下均可诱导HO-1的产生<sup>2</sup>袁HO-1广泛地分布于各组织中袁血管平滑肌和子宫平滑肌中都有表达<sup>3</sup>袁Makino等<sup>4</sup>认为HO-1具有降低血管张力的作用袁主要是通过内源性CO的作用而实现的遥内源性CO主要由内源性HO分解代谢而产生袁它是血管平滑肌有力的舒张因子遥Christodoulides等<sup>5</sup>进一步发现血管平滑肌HO产生CO可激活血管平滑肌细胞的鸟苷酸环化酶<sup>6</sup>袁导致cGMP水平增高袁而在生理和病理条件下发挥调节血管张力的作用遥本实验表明袁正常妊娠时袁机体为了适应这种生理变化袁血浆HO/CO系统活性增强袁可能在维持妊娠时血管张力方面起到一定作用遥本实验亦显示正常对照组胎盘绒毛HO-1表达增强袁分解血红素产生的内源性CO增多袁扩张胎盘血管袁改善胎盘组织血液供应袁使胎儿获得充足的营养物质遥研究表明<sup>7</sup>袁缺氧时袁CO即可以抑制血小板聚集和缺氧性血管收缩袁另一方面袁CO可作用于内皮细胞袁抑制内皮素T-1尧血小板源性生长因子DGF的表达袁还可以通过阻遏调控细胞周期的转录因子E2F-1及其靶基因c-myc的表达来抑制血管平滑肌细胞的增殖袁改善缺氧所致血管痉挛<sup>8</sup>袁

本研究对正常妊娠组尧不明原因IUGR组和妊高征合并IUGR组年龄尧周比较袁差异不显著袁排除其对HO-1表达的影响遥3组胎盘HO-1表达的分析发现IUGR患者胎盘HO染色面积明显少于正常妊娠组胎盘HO染色面积袁这一改变可能使胎盘血管收缩袁胎儿微血管阻力增加袁影响胎盘供血袁胎儿的生存能力下降袁不能充分获取生长所需的能量袁最终表现为胎儿宫内发育迟缓遥

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## 慢性胃痛辨治归要

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**摘要** 目的 介绍慢性胃痛的临证辨治经验。方法 对近年来辨治的 160 例慢性胃痛进行回顾性分析。结果 以肝郁脾虚为主要临床表现的 120 例，其余 40 例或以胃阴亏虚或湿热内阻或瘀血停滞等为主要临床表现，或多或少的都兼有肝郁脾虚的症状。通过辨证分析认为胃痛及其伴随症状均是胃失和降的表现及延续，则拟疏肝健脾，通降和胃。用基本方治疗，较好疗效。结论 肝郁脾虚，胃失和降是慢性胃痛的主要病机。治疗应始终以疏肝健脾，通降和胃为要旨。

**关键词** 国医学；胃肠疾病；慢性胃痛

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Therapeutic approaches for chronic gastralgia based on differentiation of symptoms and signs

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**Abstract:** Objective To report our clinical experience with the treatment of chronic gastralgia on the basis of differentiation of symptoms and signs. Method A total of 160 cases of chronic gastralgia were treated in recent years were reviewed. Results Among the 160 cases, 120 falls in the category characterized by the predominant clinical symptoms such as depression of liver-energy and spleen-asthenia. For the other 40 cases, their clinical symptoms are of deficiency of stomach-yin, and retention of damp-heat in the interior or accumulation of blood stasis constituted the major clinical presentations, but more or less featured by depression of liver-energy and spleen-asthenia. Through analysis by differentiation of the symptoms and signs, we were convinced that the major symptoms of chronic gastralgia and some accompanying minor symptoms were all the representation and extension of the underlying cause, disorder of stomach-energy. The treatment was therefore targeted at dispersing the depression of liver-energy and invigorating the spleen, smoothing and regulating the stomach-energy. The treatment adopts primary prescription and good effects were achieved. Conclusion The pathogenesis of chronic gastralgia predominantly lies in the depression of liver-energy and spleen-asthenia, together with disordered stomach-energy. The treatment should be implemented to disperse the depression of liver-energy and invigorate the spleen, with attention to smoothing and regulating the stomach-energy throughout the whole treatment course.

**Key words:** traditional Chinese medicine; gastrointestinal diseases; chronic gastralgia

慢性胃痛的临床辨治方法颇多，疗效均不甚理想。

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想者在临床辨治中以肝郁脾虚，胃失通降为中心治疗本病，将其辨治归要如下：

1 辨证属肝脾为本，胃滞为标