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窒息新生儿血清 miR-21、miR-210 及 miR-199a 的表达及临床意义*

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摘要 目的:探讨窒息新生儿血清 miRNA-21、miRNA-210 及 miRNA-199a 的表达及临床意义。**方法:**选取 2015 年 9 月 1 日到 2017 年 7 月 31 日我院新生儿科收治的窒息新生儿 40 例作为观察组,另选取同期在我院出生的健康新生儿 40 例作为对照组,根据阿氏(Apgar)评分将观察组的新生儿分为重度窒息组(12 例)和轻度窒息组(28 例)。检测所有新生儿血清中 miRNA-21、miRNA-210 及 miRNA-199a 的表达水平,并比较观察组与对照组、重度窒息组与轻度窒息组血清中 miRNA-21、miRNA-210 及 miRNA-199a 水平,并分析其相关性。**结果:**观察组的血清 miRNA-21、miRNA-210 水平高于对照组,miRNA-199a 水平低于对照组,差异有统计学意义($P<0.05$)。重度窒息组的血清 miRNA-21、miRNA-210 水平均高于轻度窒息组,miRNA-199a 水平低于轻度窒息组,差异有统计学意义($P<0.05$)。观察组血清 miRNA-21 与 miRNA-210 呈正相关($P<0.05$),血清 miRNA-21、miRNA-210 与 miRNA-199a 水平呈负相关($P<0.05$)。**结论:**窒息新生儿血清中 miRNA-21、miRNA-210 呈现高表达,miRNA-199a 呈现低表达,且其表达水平与窒息严重程度相关。

关键词:窒息;新生儿;miRNA-21;miRNA-210;miRNA-199a

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The Expression and Clinical Significance of Serum miR-21, miR-210 and miR-199a in Asphyxiated Neonates*

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ABSTRACT Objective: To investigate the expression and clinical significance of serum miRNA-21, miRNA-210 and miRNA-199a in asphyxiated neonates. **Methods:** 40 asphyxiated neonates who were treated in Neonatal department of our hospital from September 1, 2015 to July 31, 2017 were selected as observation group, another 40 healthy newborns born in our hospital during the same period were selected as control group, according to the score of Apgar, the newborns in the observation group were divided into severe asphyxia group (12 cases) and mild asphyxia group (28 cases). The expression levels of serum miRNA-21, miRNA-210 and miRNA-199a of all newborns were detected, the levels of serum miRNA-21, miRNA-210 and miRNA-199a in the observation group and the control group, severe asphyxia group and mild asphyxia group were compared, and analyzed their correlation. **Results:** The levels of serum miRNA-21 and miRNA-210 in the observation group were higher than those in the control group, and the level of serum miRNA-199a was lower than that in the control group, the differences were statistically significant ($P<0.05$). The levels of serum miRNA-21 and miRNA-210 in the severe asphyxia group were higher than those in the mild asphyxia group, and the level of serum miRNA-199a was lower than that in the mild asphyxia group, the differences were statistically significant ($P<0.05$). Serum miRNA-21 was positively correlated with miRNA-210 in the observation group ($P<0.05$), and serum miRNA-21 and miRNA-210 were negatively correlated with miRNA-199a levels ($P<0.05$). **Conclusion:** The expressions of serum miRNA-21 and miRNA-210 in the asphyxia neonatorum is high, serum miRNA-199a is low, and the expression level is relate to the severity of asphyxia.

Key words: Asphyxia; Neonate; miRNA-21; miRNA-210; miRNA-199a

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前言

新生儿窒息是新生儿出生后最常见的紧急情况,是指由于

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产前、产中或产后的多种病因导致胎儿缺氧而发生的功能窘迫或呼吸抑制^[1,2]。新生儿窒息可导致新生儿出现智力障碍、脑瘫、缺血缺氧性脑病等并发症,严重时甚至可导致患者死亡。有研究显示^[3],在我国多个中、西部省市中,新生儿窒息的发生率在1.14%~11.7%之间,且新生儿窒息是导致0~17岁儿童出现智力残疾的第三位致残因素,其严重降低了患者的生活质量,并给患者家庭以及社会带来了极为沉重的疾病负担。相关研究认为^[4,5],新生儿窒息主要与早产、产妇产前高血压、过期妊娠、脐带因素、产程异常、羊水过少等因素有关。近年来有研究显示^[6],微小RNA(microRNAs, miRNA)的表达可能与新生儿窒息的发生、发展密切相关。miRNA-21是一种影响多种肿瘤发生、发展的RNA分子,有研究指出^[7-9],miRNA-21在新生儿缺血缺氧性脑病患者中异常表达。miRNA-210是一种缺氧特异性miRNA,与神经系统肿瘤、神经系统变性、缺血性脑卒中等多种神经系统疾病有关^[10-12]。相关研究显示^[13-15],miR-199a能与缺氧诱导因子-1 α (HIF-1 α)发生靶向结合,进而发挥脑保护作用。鉴于上述研究现状,本研究旨在探讨窒息新生儿血清miRNA-21、miRNA-210及miRNA-199a的表达及其临床意义,以进一步研究miRNA与新生儿窒息的内在联系,现将研究结果整理如下。

1 资料与方法

1.1 一般资料

选取2015年9月1日到2017年7月31日我院新生儿科收治的窒息新生儿40例作为观察组,纳入标准:①均符合新生儿窒息的相关诊断标准^[16],即a:存在导致窒息的高危因素;b:新生儿在出生时存在明显的呼吸障碍,且在出生后1min仍难以自主呼吸,且阿氏(Apgar)评分^[17] ≤ 7 分;c:排除胎儿失血性休克、胎儿水肿等其他导致Apgar评分降低的疾病;d:脐动脉血气分析PH < 7.15 。满足b、c、d即可认为患有新生儿窒息,a为参考指标;②体重 > 2.5 kg;③新生儿家属对本次研究知情同意并签署知情同意书。排除标准:①存在先天发育畸形的新生儿;②胎龄 < 37 周的新生儿。观察组男22例,女18例,胎龄37-42周,平均胎龄 (40.62 ± 0.71) 周,体重2.6-4.1 kg,平均

(3.55 ± 0.42) kg, Apgar评分2-7分,平均 (4.53 ± 0.72) 分。另选取同期在我院出生的健康新生儿40例作为对照组,其中男21例,女19例,胎龄37-42周,平均胎龄 (40.55 ± 0.68) 周,体重2.6-4.0 kg,平均 (3.42 ± 0.65) kg。两组新生儿一般资料比较差异无统计学意义($P > 0.05$)。另根据Apgar评分将观察组的新生儿分为重度窒息组和轻度窒息组,其中重度窒息组(0分 $<$ Apgar评分 ≤ 3 分)12例,轻度窒息组(3分 $<$ Apgar评分 ≤ 7 分)28例。本研究符合我院伦理委员制定的相关规定,并已审批通过。

1.2 主要仪器

紫外可见分光光度计(上海奥谱勒仪器,UV-752P);数显恒温水浴锅(江苏环宇科学仪器,HH-4);冷冻高速离心机(Hema, TGL-16R);基因扩增仪(Hema, Hema9600);总RNA提取试剂盒、逆转录试剂盒以及聚合酶链式反应(PCR)试剂盒(大连宝生物科技有限公司);miRNA-21、miRNA-210及miRNA-199a引物序列由生工生物工程(上海)股份有限公司设计。

1.3 检测方法

抽取所有新生儿出生后1~2 d内的静脉血5 mL,采血后在4℃中放置2 h。 $830 \times g$ 离心10 min,取上层血清于EP管内,置于-80℃中保存。取血清250 μ L,将其与750 μ L的Trizol混合均匀,静置5 min,加入200 μ L氯仿,混合均匀,静置5 min,在4℃下, $12000 \times g$ 离心15 min,取上层血清,加入等体积的异丙醇,将其混合均匀,静置5 min。在4℃下, $12000 \times g$ 离心15 min,取上层血清,加入1 mL乙醇,静置2 min,在4℃下, $7500 \times g$ 离心5 min,将上清液舍去,加入20 μ L无酶水,吹打至RNA充分溶解,提取RNA。RNA的质量和浓度采用紫外分光光度计进行检测。逆转录成cDNA,取1 μ g RNA,分别加入5 μ L缓冲液,0.75 μ L d核糖三磷酸(NTP),0.25 μ L RNA酶抑制剂,0.2 μ L逆转录酶,另加入去离子水将溶液补至20 μ L,16℃的环境下放置30 min,42℃的环境下放置30 min,75℃的环境下放置15 min。引物序列见表1。扩增条件:在94℃的环境下预变性3 min,然后40个循环;在94℃的环境下变性20 s、60℃的环境下退火20 s、72℃的环境下延伸40 s。根据逆转录PCR曲线得到Ct值,血清miRNA-21、miRNA-210及miRNA-199a水平采用相对表达量 $2^{-\Delta\Delta Ct}$ 表示, $\Delta Ct = Ct_{miRNA} - Ct_{内参}$ 。

表1 miRNA-21、miRNA-210及miRNA-199a的引物序列

Table 1 Primer sequences of miRNA-21, miRNA-210 and miRNA-199a

miRNA		Primer sequences
miRNA-21	Forward primer	5'-TTTCTTGCCGTTCTGTAAGTG-3'
	Reverse primer	5'-TGGATATGGATGGTCAGATGAA-3'
miRNA-210	Forward primer	5'-GGAGATCTGACCAGGTCATTTGCATAC-3'
	Reverse primer	5'-GGGAATTCGATATGACCACACCTGTG-3'
miRNA-199a	Forward primer	5'-GTCGTATCCAGTGCAGGGTCCGAGGTATTCGCACTGGATACGACGAACAGG-3'
	Reverse primer	5'-GCCCCCCCCAGTGTTCTCAGACTACC-3'

1.4 统计学方法

所有数据均用SPSS19.0进行统计分析,计数资料以(n,%)的形式表示,采用卡方检验,计量资料以($\bar{x} \pm s$)的形式表示,采用t检验,并采用Spearman法分析血清miRNA-21、miRNA-210及miRNA-199a的相关性。以 $P < 0.05$ 为差

异有统计学意义。

2 结果

2.1 对照组与观察组的血清miRNA-21、miRNA-210及miRNA-199a水平比较

观察组的血清 miRNA-21、miRNA-210 水平均高于对照组 (05), 具体见表 2。
组, miRNA-199a 水平低于对照组, 差异有统计学意义 ($P < 0.05$)。

表 2 对照组与观察组的血清 miRNA-21、miRNA-210 及 miRNA-199a 相对表达水平比较 ($\bar{x} \pm s$)
Table 2 Comparison of the relative expression level of serum miRNA-21, miRNA-210 and miRNA-199a between control group and observation group ($\bar{x} \pm s$)

Groups	miRNA-21	miRNA-210	miRNA-199a
Control group (n=40)	1.23 $\pm$ 0.12	1.08 $\pm$ 0.13	7.33 $\pm$ 1.26
Observation group (n=40)	4.56 $\pm$ 0.39	4.21 $\pm$ 0.33	3.39 $\pm$ 0.88
t	51.614	55.813	19.715
P	0.000	0.000	0.000

2.2 重度窒息组和轻度窒息组血清 miRNA-21、miRNA-210 及 miRNA-199a 水平比较
重度窒息组, miRNA-199a 水平低于轻度窒息组, 差异有统计学意义 ($P < 0.05$), 具体见表 3。

重度窒息组的血清 miRNA-21、miRNA-210 水平均高于轻

表 3 重度窒息组和轻度窒息组血清 miRNA-21、miRNA-210 及 miRNA-199a 相对表达水平比较 ($\bar{x} \pm s$)
Table 3 Comparison of the relative expression level of serum miRNA-21, miRNA-210 and miRNA-199a between severe asphyxia group and mild asphyxia group ($\bar{x} \pm s$)

Groups	miRNA-21	miRNA-210	miRNA-199a
Severe asphyxia group (n=12)	6.12 $\pm$ 0.35	5.98 $\pm$ 0.37	1.47 $\pm$ 0.82
Mild asphyxia group (n=28)	3.51 $\pm$ 0.23	3.44 $\pm$ 0.31	3.96 $\pm$ 0.91
t	39.414	33.280	12.856
P	0.000	0.000	0.000

2.3 观察组血清 miRNA-21、miRNA-210 及 miRNA-199a 水平的相关性分析

根据 Spearman 法相关性分析结果显示, 观察组血清 miRNA-21 与 miRNA-210 呈正相关 ($r=0.413, P=0.000$), 血清 miRNA-21、miRNA-210 与 miRNA-199a 水平呈负相关 ($r=-0.328, -0.423, P=0.005, 0.001$)。

3 讨论

新生儿窒息是指由于产前、产中或产后的多种病因导致胎儿缺氧而发生的宫内窘迫或呼吸抑制, 新生儿出生后 1min 内难以自主呼吸, 严重时可导致新生儿伤残甚至死亡, 并且可能引发严重的后遗症, 对新生儿的生命健康造成巨大的影响。Apgar 评分是临床常用的诊断新生儿窒息的方法, 主要通过新生儿的心率、呼吸、皮肤颜色、肌张力和对刺激性的反应等五个方面来评估新生儿是否出现窒息, 具有简单实用的优点^[18]。但 Apgar 评分容易受到胎儿肌张力下降、评估人员的主观意识、产妇用药情况等多种因素的干扰, 其敏感度、特异度较低, 造成了临床诊断新生儿窒息时易出现误诊和漏诊, 因此寻找其他与新生儿窒息相关的诊断指标具有重要的临床意义。新生儿缺血缺氧性脑病是新生儿窒息的严重并发症, 其可引发智力障碍、癫痫、脑性瘫痪等永久性神经功能缺陷类疾病, 同时也是导致新生儿神经致残、死亡的重要疾病^[19,20]。相关研究显示^[21], miRNA 与新生儿缺血缺氧性脑病密切相关。miRNA 是一种广泛存在于真核生物中的 RNA 分子, 长约 21 到 23 个核苷酸,

miRNA 参与了绝大部分的生理病理过程^[22,23]。Looney AM 等人的研究发现^[24], miR-374a 在窒息并发缺血缺氧性脑病新生儿的脐血中表达下调, 提示 miR-374a 可能与疾病存在一定关联。彭涛等人^[25]通过建立新生大鼠缺氧缺血性脑损伤模型来检测其皮层脑组织中多种 miRNA 的表达情况, 经 miRNA 表达谱芯片检测显示有 27 个 miRNA 表达上调, 并且有 60 个 miRNA 表达下调, PCR 显示 miRNA-126、miRNA-21、miRNA-25 等 9 个 miRNA 的表达趋势与 miRNA 表达谱芯片检测的结果一致, 这说明了 miRNA 的表达在新生大鼠缺氧缺血性脑损伤的病理过程中具有重要作用。

在本次研究中, 观察组的血清 miRNA-21、miRNA-210 水平均高于对照组, miRNA-199a 水平低于对照组, 差异有统计学意义 ($P < 0.05$), 重度窒息组的血清 miRNA-21、miRNA-210 水平均高于轻度窒息组, miRNA-199a 水平低于轻度窒息组, 差异有统计学意义 ($P < 0.05$), 观察组血清 miRNA-21 与 miRNA-210 呈正相关 ($P < 0.05$), 血清 miRNA-21、miRNA-210 与 miRNA-199a 水平呈负相关 ($P < 0.05$)。这说明窒息新生儿血清中 miRNA-21、miRNA-210 呈现高表达, miRNA-199a 呈现低表达, 且其表达水平与窒息严重程度相关。陈惠军等人的研究显示^[26], 在新生儿发生缺氧缺血后, 其血清中的 miRNA-21 明显高于健康新生儿, 这与本研究的结果是一致的, 通过进一步研究还发现 HIF-1 α 可能是参与 miRNA-21 疾病调控的重要蛋白。Yang Q 等人的研究显示^[27], miRNA-21 能有效抑制缺血缺氧的心肌组织的细胞凋亡, 因此推测这也可能是 miRNA-21 影

响缺血缺氧性脑病新生儿疾病进展的另一种途径。miRNA-210也是一种HIF-1 α 依赖型miRNA,在机体发生缺氧时HIF-1 α 可诱导产生miRNA-210,增强miRNA-210在缺血缺氧细胞中的表达水平。Fasanaro P等人的研究显示^[28],miRNA-210在缺血缺氧细胞中表达上调,且不受细胞种类的影响,并推测miRNA-210能影响缺氧内皮细胞的存活、迁移和分化。赵莉等人的研究显示^[29],miRNA-210在缺氧缺血大鼠模型的脑组织中表达下调,与本研究结果不同,其原因可能是赵莉等人是在大鼠发生脑缺血后72h才进行miRNA-210的检测,由于HIF-1 α 蛋白水平会在大鼠发生脑缺血后出现波动,因此不同时间点检测的miRNA-210水平也会出现变化。miRNA-199a是一种能影响多种肿瘤细胞增殖和凋亡的miRNA,相关研究显示^[30],在新生儿发生缺氧缺血后miRNA-199a可直接作用于其靶基因HIF-1 α ,通过上调HIF-1 α 的表达来起到保护脑组织的作用。

综上所述,窒息新生儿血清中miRNA-21、miRNA-210呈现高表达,miRNA-199a呈现低表达,且其表达水平与窒息严重程度相关,因此,临床上可将miRNA-21、miRNA-210、miRNA-199a作为判定窒息程度的标志物。

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