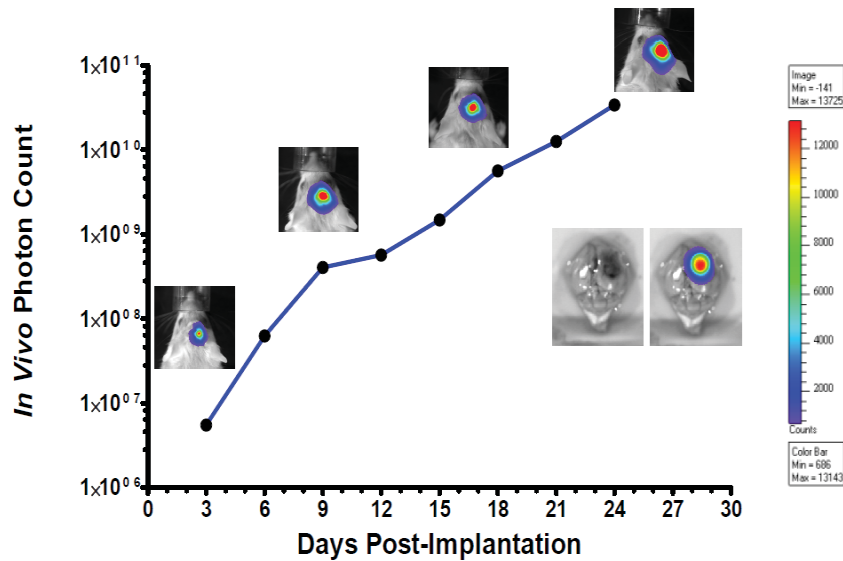


小动物活体光学成像技术在神经疾病研究中的应用

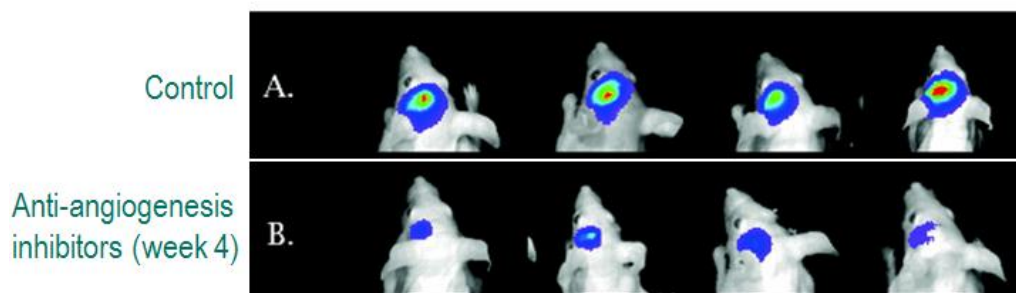
Revvity小动物活体光学成像技术已在生命科学基础研究、临床前医学研究及药物研发等领域得到广泛应用。在众多应用领域中，神经疾病研究是活体光学成像技术的应用热点之一。在应用活体光学成像技术进行神经相关疾病研究中，常用的标记方法及应用领域包括：1、利用萤火虫荧光素酶（Firefly Luciferase）或荧光蛋白作为报告基因，通过转基因技术体外转染神经肿瘤细胞、神经干细胞等细胞，进行神经肿瘤、神经发育及细胞治疗的相关研究；2、利用荧光素酶作为报告基因标记神经疾病相关基因构建转基因动物，进行神经疾病机理研究；3、利用功能性荧光探针监测神经疾病的发生发展。下面结合一些具体实例进行阐述：

一.神经肿瘤研究

与其它类型肿瘤研究类似，利用小动物活体光学成像技术可以长期监测神经肿瘤的发生发展及治疗效果。例如，利用荧光素酶基因标记肿瘤细胞，通过肿瘤发光情况的变化，观测肿瘤的生长及药物对于肿瘤的治疗效果，如下：

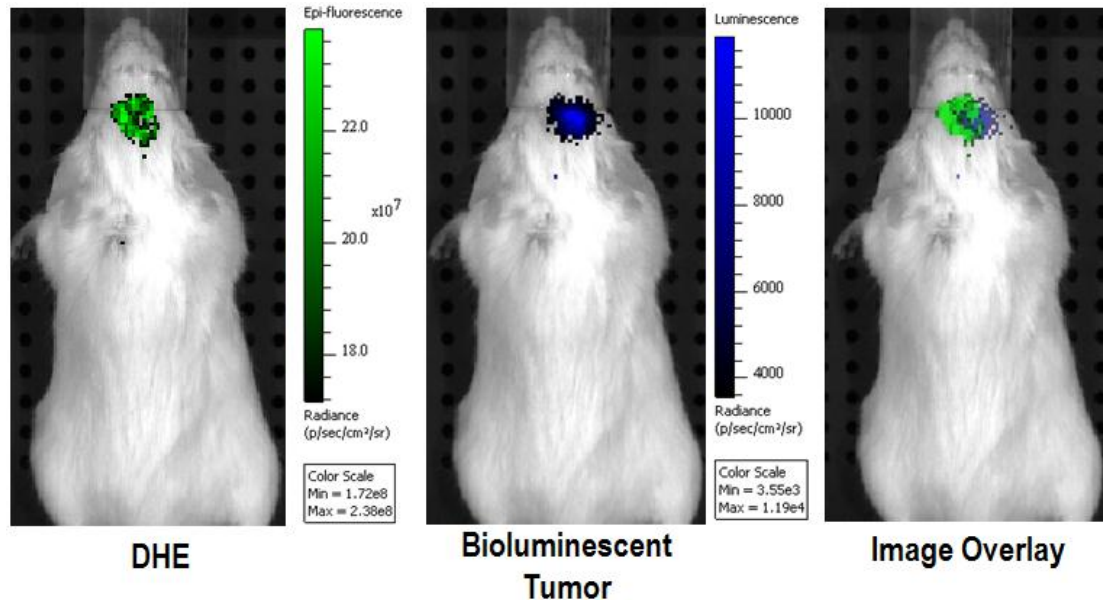


上图：应用 IVIS 系统长期观测原位接种的经生物发光标记的 U87-MG-luc2 神经胶质瘤的生长。



上图：应用 IVIS 系统观测血管生成抑制剂对 U87-MG-luc2 生长的移植。A.对照组；B.给药组

除了利用生物发光成像技术进行神经肿瘤研究，还可应用功能性荧光探针监测肿瘤，例如，通过应用荧光染料标记的 DHE 探测神经胶质瘤中的活性氧自由基，从而监测肿瘤的发展情况。基于 IVIS 系统的多模式成像功能，可以同时应用生物发光及荧光成像功能共同监测肿瘤，如下：



上图：左.应用荧光成像技术观测尾静脉注射 DHE 后观测 DHE 对肿瘤的靶向；中.应用生物发光成像技术观测经荧光素酶基因标记的肿瘤；右.荧光与生物发光成像结果融合。

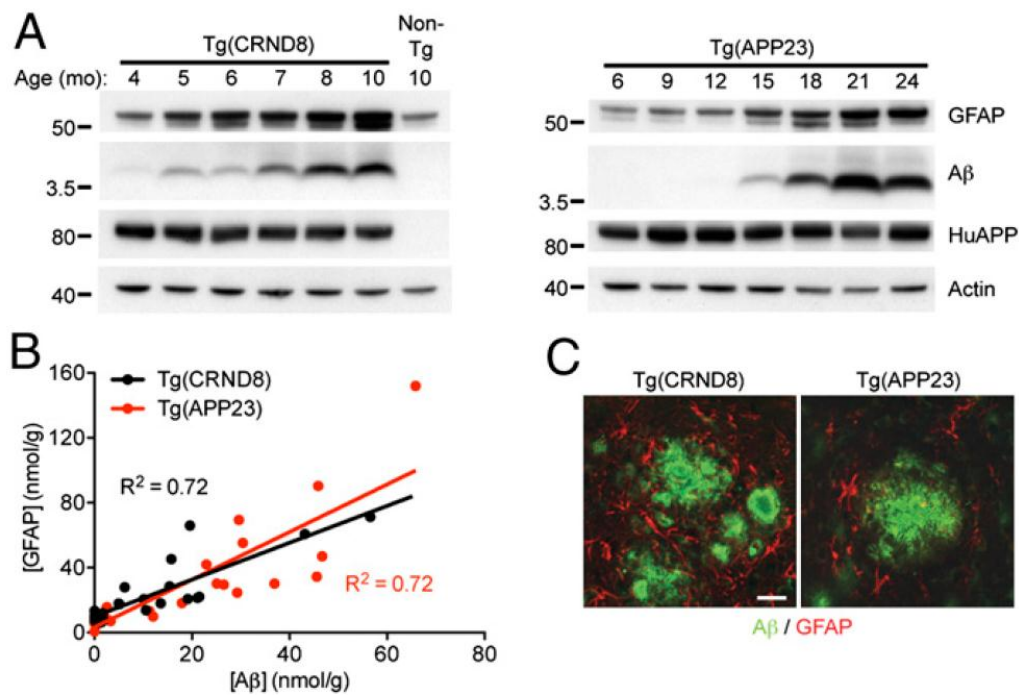
二.神经退行性疾病的研究

神经退行性疾病是由神经元或其髓鞘的丧失所致，随着时间的推移而恶化，以导致功能障碍。常见的神经退行性疾病包括阿兹海默症、帕金森氏病、多发性硬化症、脊髓性肌萎缩症等。应用小动物活体成像技术进行上述疾病相关研究的主要方式为：1、通过构建生物发光标记的疾病动物模型，观测疾病特异性基因的表达，进而反映疾病的发生发展；2、应用功能性荧光探针观测疾病特异性标识物，进而反映疾病的发生发展。下面以阿兹海默症的研究为例进行阐述：

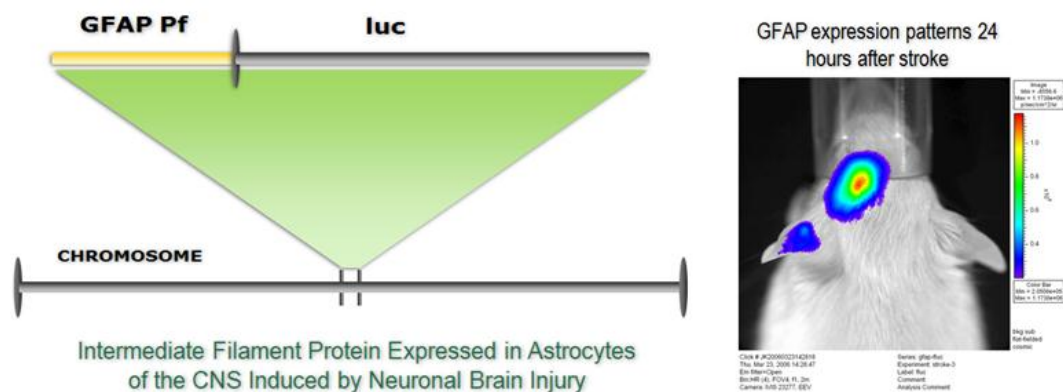
阿兹海默症（Alzheimer disease, AD），是一种中枢神经系统变性病。AD 的病因及发病机制尚未阐明，特征性病理改变为 β 淀粉样蛋白沉积形成的细胞外老年斑和 tau 蛋白过度磷酸化形成的神经细胞内神经原纤维缠结，以及神经元丢失伴随胶质细胞增生等。基于特殊的病理特征，研究者可以通过不同思路应用活体光学成像技术，对阿兹海默症进行观测。

如 Wattnoek 等人基于阿兹海默症的发生伴随胶质细胞增生的病理特征推测，伴随阿兹海默症的发生发展，胶质细胞中胶质纤维酸性蛋白（glial fibrillary acidic protein, GFAP）的表达量也会增多。利用 Western Blot 及免疫组化等技术手段进行体外实验显示，随着 β 淀粉样蛋白表达的增多，GFAP 的表达量也同时增多，两者在疾病发展过程中成

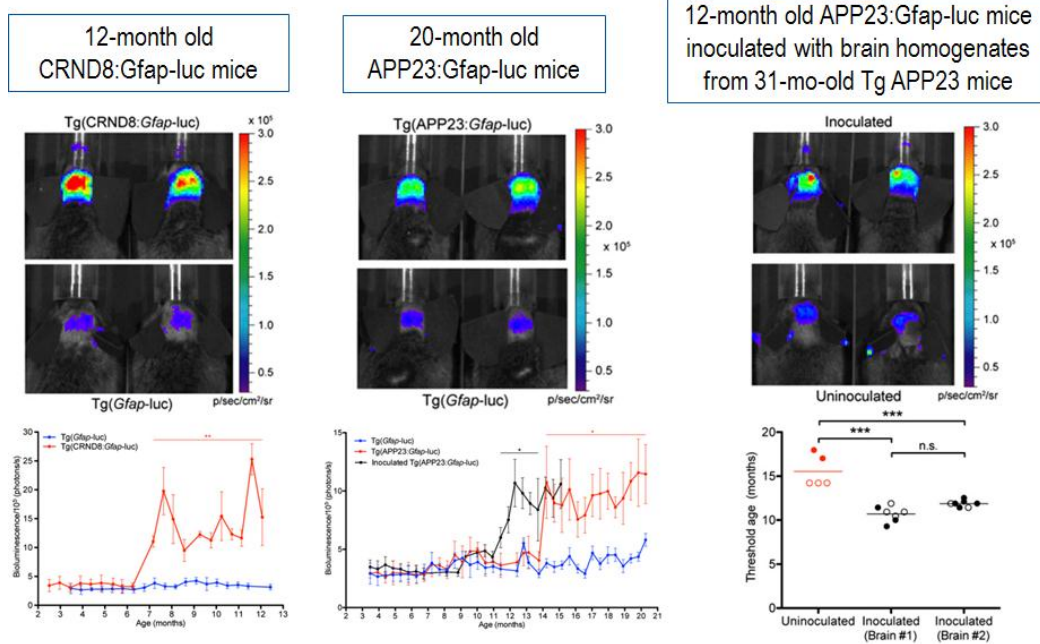
正相关，说明 GFAP 可以作为阿兹海默症的特征性蛋白而反映阿兹海默症的发生发展。接着，研究者将 Tg(GFAP-luc)生物发光转基因小鼠与阿兹海默疾病模型小鼠 Tg(APP23) 及 Tg(CRND8)进行杂交，构建出 Tg(APP23:Gfap-luc) 和 Tg(CRND8:Gfap-luc)双转基因生物发光-阿兹海默疾病模型小鼠，并应用 IVIS 系统在活体水平观测阿兹海默症的发生发展。结果显示，在两种双转基因疾病模型小鼠中，GFAP 的表达量均随阿兹海默症病情的恶化而升高，说明 GFAP 可以表征阿兹海默症的发生发展；另外，将病情严重的老年疾病小鼠脑匀浆注射入年轻疾病小鼠脑内，会使年轻疾病小鼠中 GFAP 表达量的增多明显提前，说明老年疾病小鼠脑匀浆物质能够加速年轻疾病小鼠阿兹海默症的发生。综上所述，通过利用荧光素酶标记疾病相关基因而构建的转基因小鼠，并结合活体光学成像技术，可以在活体水平观测神经退行性疾病的发生发展，并开展相关治疗的研究。



上图：体外分析 GFAP 的表达与阿兹海默症的关系。A.应用 Western blot 技术分析 GFAP 及 Aβ 在不同年龄的两种阿兹海默疾病模型小鼠中的表达情况；B.定量分析显示 GFAP 与 Aβ 的表达成正相关；C.应用免疫组化技术分析 GFAP 与 Aβ 在阿兹海默疾病模型小鼠中的表达情况。

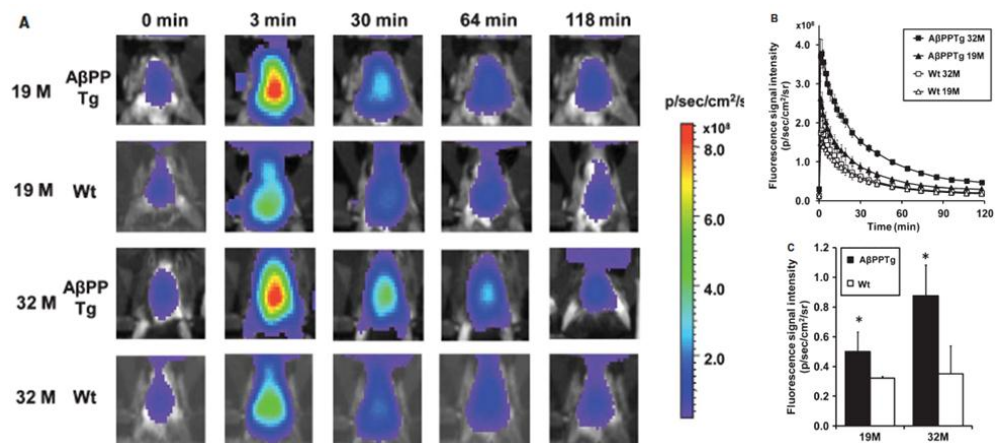


上图：Tg(GFAP-luc)生物发光转基因小鼠构建示意图及活体成像结果。



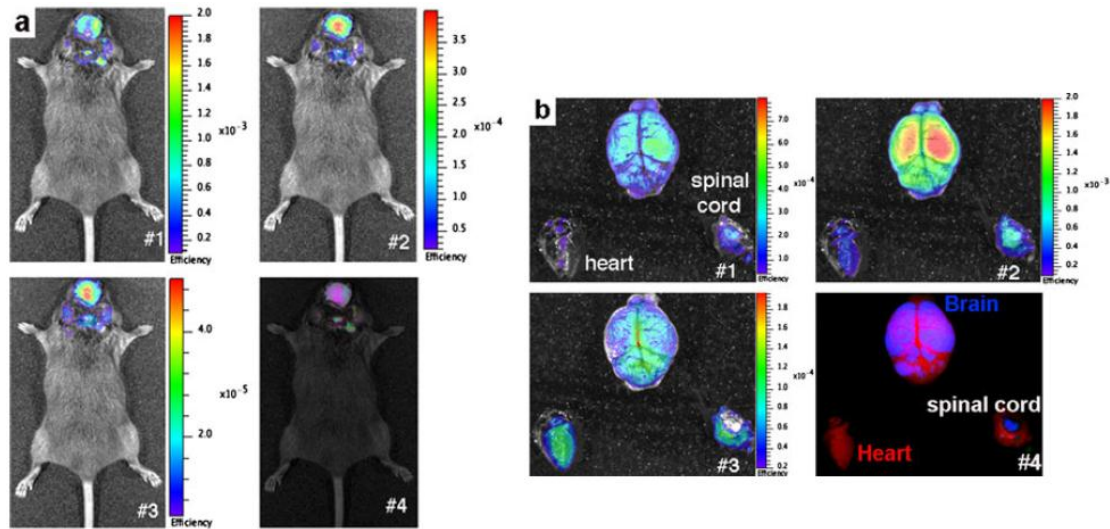
上图：应用 GFAPTg(APP23:Gfap-luc) 和 Tg(CRND8:Gfap-luc) 双转基因生物发光-阿兹海默疾病模型小鼠，结合生物发光活体成像技术，观测阿兹海默症的发生发展。

随着荧光功能性探针的发展，研究者除了可以应用生物发光活体成像技术研究神经退行性疾病，还可应用活体荧光成像技术开展该方面研究。目前科研人员已开发出一些有效的荧光功能性探针，它们通过尾静脉注射后能够顺利通过血脑屏障，并特异性靶向结合 β 淀粉样蛋白，通过荧光信号监测脑中 β 淀粉样蛋白的含量，进而反映阿兹海默症的发生发展。Okamura 等人报道，他们利用自己研发的荧光探针 THK-265，在活体水平成功观测到阿兹海默疾病模型小鼠脑部 β 淀粉样蛋白的沉积。如下图所示，将 THK-265 尾静脉注射入 19 个月及 32 个月的阿兹海默疾病模型小鼠 Tg(APP23) 体内，利用 IVIS 系统观测不同时间点 THK-265 在脑部的信号，结果显示，与未发生阿兹海默症的正常小鼠相比，疾病模型小鼠脑部的荧光信号均较高，表明 THK-265 能够有效探测疾病模型小鼠脑部更多的 β 淀粉样蛋白沉积；而与 19 个月的疾病小鼠相比，32 个月的疾病小鼠脑部的荧光信号更高，表明 32 个月的疾病小鼠患病程度更严重。



上图：A.利用 IVIS 系统观测不同时间点 THK-265 在脑部的荧光信号；B/C.定量分析结果。

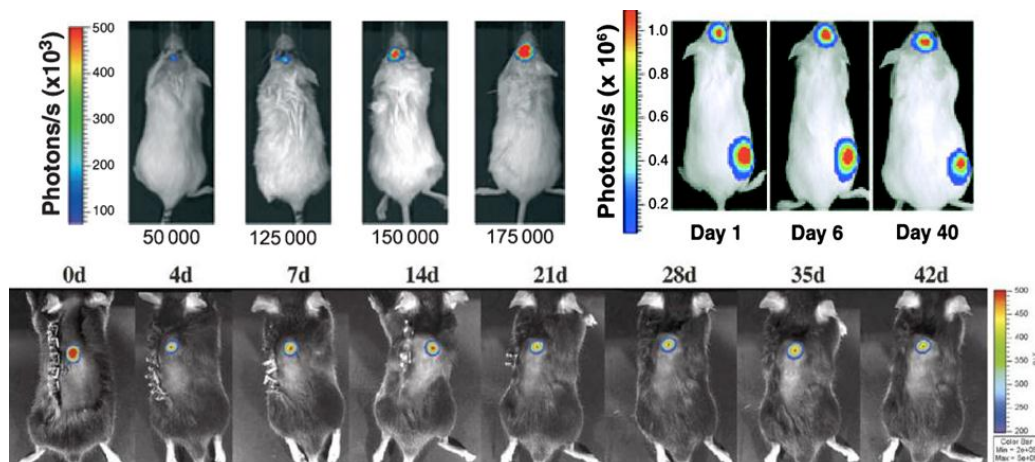
Ran 等报道了利用他们自行研发的基于姜黄素的荧光探针 CRANAD-3, 进行 β 淀粉样蛋白的活体观测。CRANAD-3 探针本身具有荧光性, 有趣的是, 当探针未与 $A\beta$ 结合时, 其最大吸收峰为 700nm, 而一旦与 $A\beta$ 结合, 其最大吸收峰将会蓝移至 640nm。利用探针的这一特性, 研究者不但可以观测到患有阿兹海默症的小鼠脑中更多的 $A\beta$ 沉积, 而且可以利用 IVIS 系统的光谱分离技术, 区分与 $A\beta$ 特异性结合的探针及未与 $A\beta$ 结合的自由探针, 进而获得更准确的成像及定量分析结果。



上图: 利用 IVIS 系统的光谱分离技术观测 CRANAD-3 探针在阿兹海默疾病模型小鼠 Tg(APP23) 脑中的荧光信号。a. 活体成像光谱分离结果; b. 将整个脑部取出后的, 体外脑部成像光谱分离结果。(#1) 自发荧光信号, (#2) 与 $A\beta$ 特异性结合的探针信号, (#3) 游离的非特异性探针信号, (#4) 上述三种信号的融合影像。

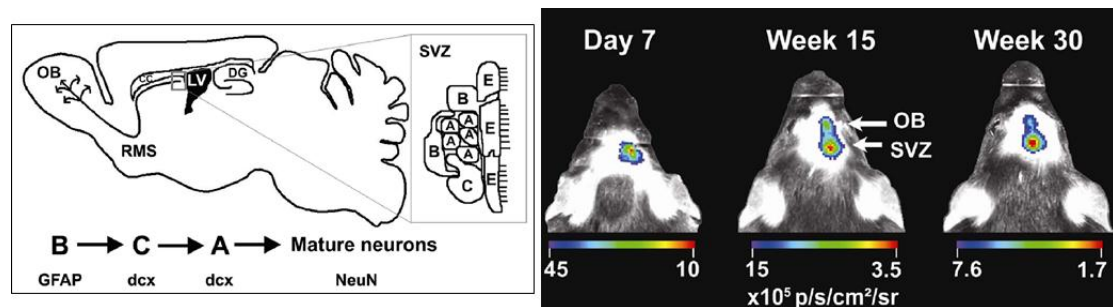
三. 神经干细胞研究

与其它类型干细胞研究类似, 应用小动物活体光学成像技术, 可以在活体水平监测神经干细胞的移植、存活和增殖, 以及示踪干细胞在体内的分布和迁移。由于神经疾病发生的部位主要集中于颅内及脊髓等相对较深的区域, 而生物发光成像技术的极高灵敏度使得神经干细胞在上述区域的观测成为可能。下图所示为利用生物发光成像技术, 对神经干细胞在颅内或脊髓移植后的存活及增殖进行长期观测。



上图: 利用 IVIS 系统长期观测神经干细胞体内移植后的存活及增殖。A. 颅内移植; B. 脊髓移植。

干细胞移植后，活体示踪干细胞的分布和迁徙具有重要意义。通过示踪，不仅可以直观地了解其在体内的分布，而且可以追踪到其体内的分化转归及调控机制。神经干细胞增殖及迁移的缺陷是造成帕金森氏病等神经退行性疾病的主要原因。神经干细胞起源于侧脑室外侧壁的室管膜下层区域（subventricular zone, SVZ）与海马齿状回（dentate gyrus, DG），之后通过嘴侧迁移流（rostral migratory stream, RMS）到达嗅球（olfactory bulb, OB），进一步分化为中枢神经细胞并融入现有的神经通路。2008年发表于 *Stem Cell* 上的一篇文章报道了利用生物发光成像技术观测神经干细胞的上述迁移情况。如下图所示：

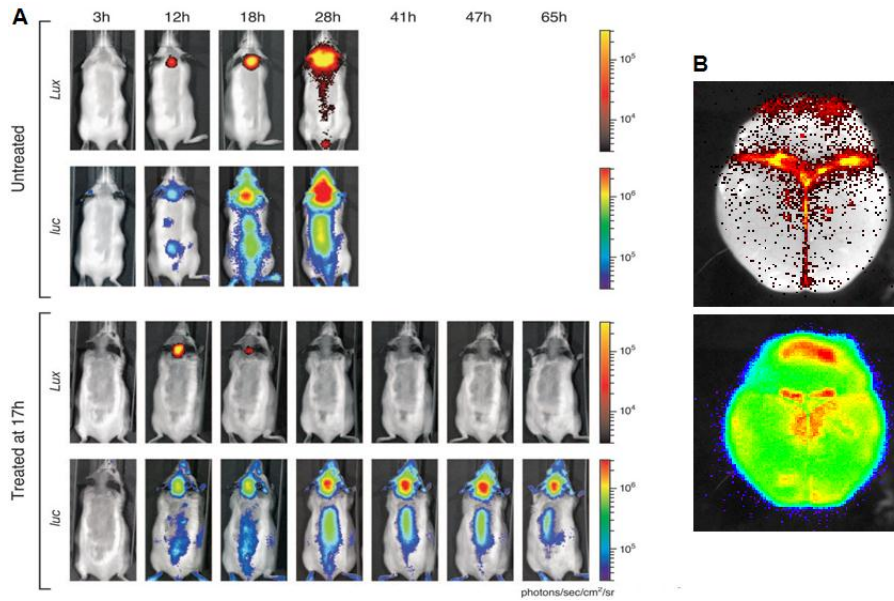


上图左：神经干细胞迁移示意图；上图右：将经生物发光标记的神经干细胞直接注入小鼠颅内 SVZ 区域，利用 IVIS 系统观测神经干细胞在颅内的迁移。

四.研究神经疾病中相关基因的表达

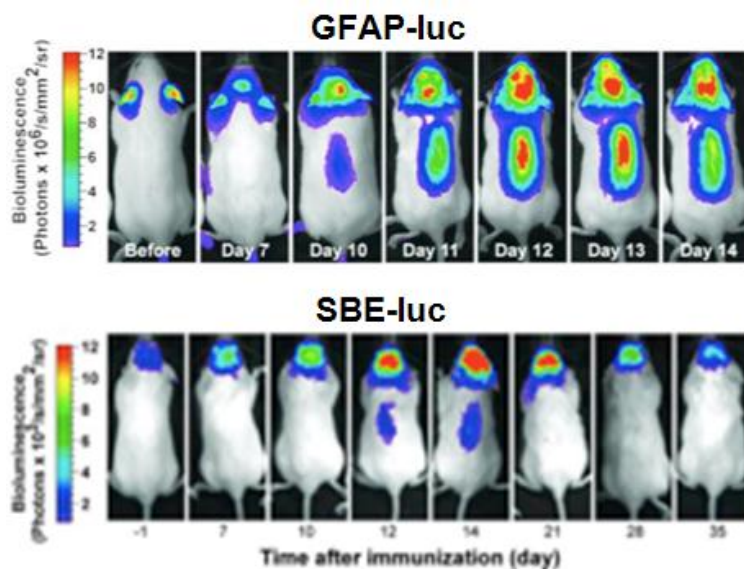
对于神经疾病中相关特异性基因的研究，可以揭示神经疾病的分子机理，更好的了解神经疾病的发生发展及相关治疗。小动物活体光学成像技术已越来越多的应用于此类研究。研究者通过构建各种生物发光转基因动物，结合活体光学成像技术，在活体动物水平观测神经疾病发展过程中相关基因的表达。

Cordeau 等利用 Tg(GFAP-luc)转基因小鼠，监测 GFAP 在肺炎链球菌感染而引发的脑膜炎中的表达。研究者用细菌荧光素酶（bacterial luciferase）基因标记肺炎链球菌，以监测细菌在活体动物体内的感染情况，同时以萤火虫荧光素酶基因标记的 Tg(GFAP-luc)转基因小鼠为实验动物，观测 GFAP 在肺炎链球菌感染而引发的脑膜炎中的表达，以及经抗生素治疗后细菌的感染情况和 GFAP 的表达情况。结果显示，随着细菌感染程度及范围的升高和扩大，GFAP 的表达量也相应升高；而经抗生素治疗后，细菌的感染情况明显被抑制，GFAP 的表达量也随之降低。对小鼠感染脑部的体外成像结果显示，细菌对于脑部局部区域的感染，能引发整个脑部 GFAP 的大量表达。



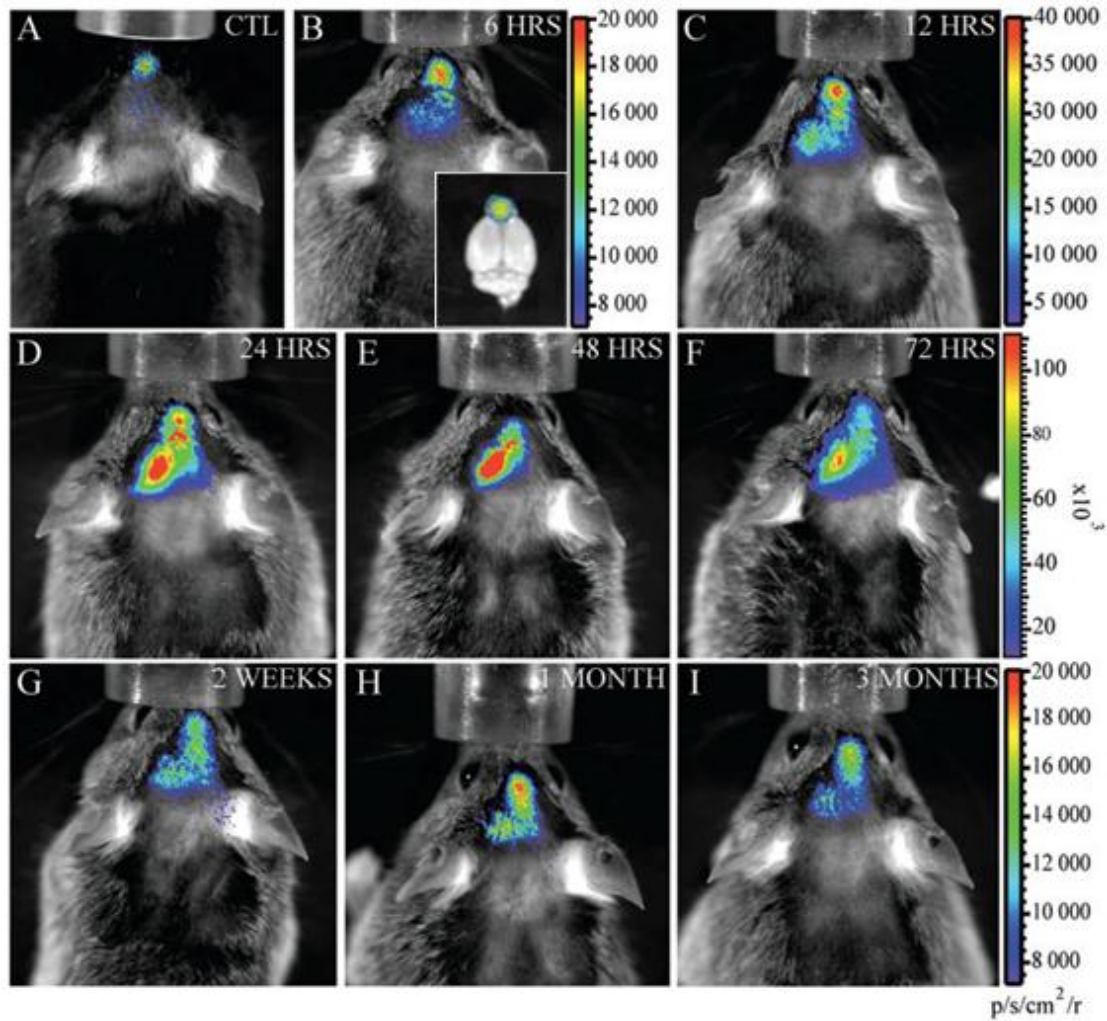
上图：应用 IVIS 系统观测肺炎链球菌在 Tg(GFAP-luc)转基因小鼠中的感染情况及 GFAP 的表达情况。A. 活体成像结果，untreated：未经抗生素治疗，treated：经抗生素治疗；B. 脑部体外成像结果。

Luo 等利用 Tg(GFAP-luc)及 Tg(SBE-luc) 转基因小鼠，结合活体光学成像技术，观测了在自身免疫性脑脊髓炎（EAE）中与 GFAP 表达相关的星形胶质细胞的聚集及与 TGF- β 信号通路相关的炎症的发生。研究者用髓磷脂少突细胞糖蛋白（MOG）免疫小鼠，引发实验性自身免疫性脑脊髓炎，随后，利用 IVIS 系统观测患病 Tg(GFAP-luc)及 Tg(SBE-luc)转基因小鼠中 GFAP 及 TGF- β 的表达情况。结果显示，小鼠免疫后的第 7 天，即可观测到 GFAP 及 TGF- β 表达量显著升高，说明在脑脊髓炎的发病初期，即伴随有星形胶质细胞的聚集以及炎症的发生。值得注意的是，脑脊髓炎的明显临床症状出现于免疫后 11 天，因此，与观察临床症状而诊断疾病发生的方法相比，通过应用活体光学成像技术观测疾病相关基因的表达，能够更早的观测到疾病的发生。



上图：应用 IVIS 系统观测自身免疫性脑脊髓炎小鼠中 GFAP 及 TGF- β 的表达情况。（上）应用 Tg(GFAP-luc) 转基因小鼠观测 GFAP 的表达；（下）应用 Tg(SBE-luc)转基因小鼠观测 TGF- β 的表达。

Lalancette-Herbert 等利用 Tg(TLR2-luc) 转基因小鼠，结合活体光学成像技术，观测了小胶质细胞中 Toll-like receptor 2 (TLR2)在大脑中动脉闭塞 (MCAO) 导致的脑缺血损伤模型中的表达情况，发现脑缺血损伤会激活小胶质细胞，引起 TLR2 的长期大量表达（可持续数月），并且 TLR2 的表达不仅存在于脑部发生缺血损伤的区域，而且存在于嗅球中，说明嗅球中的小胶质细胞在神经性炎症中起重要调节作用。



上图：应用 Tg(TLR2-luc) 转基因小鼠结合 IVIS 系统，观测 TLR2 在脑缺血损伤模型中的长期表达。

IVIS APPLICATIONS IN NEUROSCIENCE RESEARCH

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