

慢性牙周炎伴咬合创伤患者龈沟液炎症因子表达及与骨代谢指标的相关性研究

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摘要: 目的 观察慢性牙周炎伴咬合创伤患者龈沟液炎症因子表达情况, 并分析与骨代谢指标的相关性。方法 选取2020年1~4月收治的52例慢性牙周炎伴咬合创伤患者为伴咬伤组, 另选取同期慢性牙周炎52例为不伴咬伤组。伴咬伤组和不伴咬伤组均于治疗前采用酶联免疫吸附法进行龈沟液中炎症因子(TNF- α , IL-1 β , CRP和IL-6)和骨代谢指标(BALP, CTX-1和tPINP)检测, 采用放射免疫法进行骨代谢指标BGP表达值检测。比较伴咬伤组和不伴咬伤组龈沟液炎症因子、骨代谢指标表达差异, 并采用Pearson相关系数分析描述龈沟液炎症因子表达及与骨代谢指标的相关性。结果 伴咬伤组的龈沟液炎症因子(TNF- α , CRP, IL-1 β 和IL-6)表达值、骨代谢指标(BGP, CTX1和tPINP)表达值均高于不伴咬伤组, 差异均有统计学意义($t = 5.499 \sim 28.161$, 均 $P < 0.05$)。伴咬伤组的骨代谢指标(BGP)表达值高于不伴咬伤组, 差异有统计学意义($t = 4.054$, $P < 0.05$)。龈沟液炎症因子(TNF- α , CRP, IL-1 β 和IL-6)表达值与龈沟液BALP表达值呈负相关性($r = -0.813 \sim -0.694$, 均 $P < 0.05$), 与龈沟液BGP表达值呈正相关($r = 0.708 \sim 0.767$, 均 $P < 0.05$), 与龈沟液CTX1表达值呈正相关($r = 0.709 \sim 0.791$, 均 $P < 0.05$), 与龈沟液tPINP表达值呈正相关($r = 0.695 \sim 0.842$, 均 $P < 0.05$)。结论 伴咬合创伤可加重慢性牙周炎患者机体炎症反应, 而伴咬合创伤导致的炎症反应也可对慢性牙周炎患者骨代谢水平产生影响, 伴咬合创伤对慢性牙周炎病情的促进作用需给予临床重视。

关键词: 慢性牙周炎; 咬合创伤; 龈沟液; 炎症因子; 骨代谢

中图分类号: R781.42; R446.19 文献标识码: A 文章编号: 1671-7414 (2021) 05-164-05

doi:10.3969/j.issn.1671-7414.2021.05.036

Expression of Inflammatory Factors in Gingival Crevicular Fluid and Its Correlation with Bone Metabolism in Patients with Chronic Periodontitis and Occlusal Trauma

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Abstract: Objective To observe the expression of inflammatory factors in gingival crevicular fluid (GCF) of patients with chronic periodontitis and occlusal trauma and the correlation with bone metabolism. **Methods** From January to April 2020, 52 patients with chronic periodontitis and occlusal trauma were selected as mixed bite group, and 52 patients with chronic periodontitis in the same period were selected as non mixed bite group. Before treatment, the inflammatory factors (TNF- α , IL-1 β , CRP and IL-6) and bone metabolism indexes (BALP, CTX-1 and tPINP) in gingival crevicular fluid were detected by enzyme-linked immunosorbent assay (ELISA) and radioimmunoassay (RIA) respectively. The expression of inflammatory factors and bone metabolism indexes in gingival crevicular fluid were compared between the mixed group and the non mixed group. Pearson rank correlation method was used to analyze the expression of inflammatory factors in gingival crevicular fluid and its correlation with bone metabolism indexes. **Results** The inflammatory factors of gingival crevicular fluid (TNF- α , IL-1 β , CRP and IL-6), bone metabolism index (BALP, CTX-1 and tPINP) in the mixed bite group were all higher than those in the non mixed bite group, the differences were statistically significant ($t = 5.499 \sim 28.161$, all $P < 0.05$), and bone metabolism index (BGP) in the mixed bite group were higher than those in the non mixed bite group, the differences were statistically significant ($t = 4.054$, $P < 0.05$). It was negatively correlated with BALP expression in gingival crevicular fluid ($r = -0.813 \sim -0.694$, all $P < 0.05$), positively correlated with BGP expression in gingival crevicular fluid ($r = 0.708 \sim 0.767$, all $P < 0.05$), positively correlated with CTX1 expression in gingival crevicular fluid ($r = 0.709 \sim 0.791$, all $P < 0.05$), and positively correlated with tPINP expression in gingival crevicular fluid ($r = 0.695 \sim 0.842$, all $P < 0.05$). **Conclusion** Combined with occlusal trauma could aggravate the inflammatory response of chronic periodontitis patients, and the inflammatory response caused by combined occlusal trauma could also affect the bone

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metabolism level of patients with chronic periodontitis. Clinical attention should be paid to the promotion effect of combined occlusal trauma on the condition of chronic periodontitis.

Keywords: chronic periodontitis; occlusal trauma; gingival crevicular fluid; inflammatory factors; bone metabolism

牙周炎是一种因炎性反应而导致牙周支持组织病变的慢性疾病,该症极易因牙齿咬合功能障碍而导致咬合创伤^[1]。正常情况下,咬合力有利于维持牙周组织健康和稳定,当咬合创伤发生时常会引起牙周组织的病理改变,促进牙周炎病情进展^[2]。过去学者们对牙周炎的研究大多停留在牙周组织的病理变化上,随着咬合创伤被人们逐渐深入地认识,咬合创伤下牙周炎病理变化的形成机制也日益受到关注。牙周组织由细胞和细胞外基质组成,是细菌生存和活动的重要环境,其中炎性环境及骨代谢功能在其中可起到关键性的作用,如咬合创伤下牙周炎病理变化中的咬合能力重建就是通过改善炎性环境及骨代谢功能而实现的。HOWARD等^[3]通过牙周膜成纤维细胞体外加力实验发现,当牙周炎模型大鼠认为制作咬合创伤24h后,炎性反应更强,骨代谢水平也受限。刘晨等^[4]的研究显示,伴咬合创伤时,慢性牙周炎患者的牙周组织可分泌多种炎性细胞因子,如肿瘤坏死因子- α 等可促进细胞因子有丝分裂和促进胶原纤维基质分泌,在促进慢性牙周炎病情进展中可发挥重要的作用。另外也有研究认为,对龈沟液中炎性反应和骨代谢水平进行控制,是慢性牙周炎病情康复过程顺利进行的保障^[5]。但既往前人研究,并未涉及伴咬合创伤的慢性牙周炎患者龈沟液炎性因子表达是否与骨代谢指标具有相关性,故本研究观察慢性牙周炎伴咬合创伤患者龈沟液炎性因子表达情况及与骨代谢指标的相关性,以期为慢性牙周炎伴咬合创伤患者的临床治疗提供参考。

1 材料与方法

1.1 研究对象 经医院伦理委员会同意,选取2020年1~4月收治的52例慢性牙周炎伴咬合创伤患者为伴咬伤组,另选取同期慢性牙周炎52例为不伴咬伤组。纳入标准:①所有受试病例均签定研究知情同意书,且病例年龄不低于18周岁;②所有受试对象均无骨质疏松症^[6](骨密度检测T值不低于-2.5)。排除标准:慢性心、肝、肾疾病及内分泌系统、造血系统、免疫系统疾病的病例,6个月内曾服用雌激素、钙剂、糖皮质激素、双磷酸盐类药物的病例,排除意识不清、不能正常交流的病例。不伴咬伤组:男性26例,女性26例;平均年龄 47.18 ± 3.03 岁;平均牙周炎病程 13.87 ± 2.71 天。伴咬伤组:男性24例,女性28例;平均年龄 46.93 ± 3.05 岁;平均牙周炎病程 13.56 ± 2.48 天。伴咬伤组和不伴咬伤组病例的一般资料比较差异无

统计学意义($P>0.05$)。

1.2 仪器与试剂 Periopaper滤纸条购自四川谦德医药有限公司;微离心管和低温冰箱均购自苏州康民医药有限公司;人肿瘤坏死因子- α (tumor necrosis factor- α , TNF- α)试剂盒、人白细胞介素1 β (interleukin-1 β , IL-1 β)试剂盒、人C-反应蛋白 (capacity requirements planning, CRP) 试剂盒、人白细胞介素6 (interleukin-6, IL-6) 试剂盒、人血清骨碱性磷酸酶 (bone alkaline phosphatase, BALP) 试剂盒、人I型胶原交联C端肽 (ciguatoxin-1, CTX-1) 试剂盒和人总I型胶原氨基端延长肽 (total Non-deterministic Polynomial, tPINP) 试剂盒均购自武汉博士德公司;人骨钙素 (border gateway protocol, BGP) 试剂盒购自美国 Roche Diagnostic 公司。

1.3 研究方法 伴咬伤组和不伴咬伤组均于治疗前行龈沟液炎性因子和骨代谢指标检测。以侧切牙近中舌侧作为标本采集点,隔湿受试牙面并暴露牙龈沟后,采用Periopaper滤纸条轻轻插入侧切牙的牙龈沟,静置30s取出,若发现滤纸条上有血迹则采集失败,重新采集。龈沟液标本采集后放入微离心管中-5℃低温冰箱保存待检。于微离心管中取出滤纸条标本,解冻后采用酶联免疫吸附法行炎性因子(TNF- α , IL-1 β , CRP和IL-6)和骨代谢指标(BALP, CTX-1和tPINP)检测,采用放射免疫法行骨代谢指标BGP检测,检测严格按照各检测项目试剂盒说明书操作。

1.4 统计学分析 以SPSS 22.0为统计学分析工具。性别等计数资料以 $n(\%)$ 描述, χ^2 检验分析差异。龈沟液炎性相关因子等计量资料以均数 \pm 标准差($\bar{x} \pm s$)描述,独立样本 t 检验分析差异。以Pearson相关系数分析龈沟液炎性因子与骨代谢指标的相关性。以 $P<0.05$ 为差异有统计学意义。

2 结果

2.1 龈沟液炎性因子表达分析 见表1。伴咬伤组的龈沟液炎性因子(TNF- α , CRP, IL-1 β 和IL-6)、骨形成指标(BGP)、骨吸收指标(CTX1和tPINP)表达值均高于不伴咬伤组,伴咬伤组的骨形成指标(BALP)表达值低于不伴咬伤组,经 t 检验,差异均有统计学意义(均 $P<0.05$)。

2.2 龈沟液炎性因子与骨代谢指标的相关性分析 见表2。Pearson相关分析显示:龈沟液炎性因子(TNF- α , CRP, IL-1 β 和IL-6)表达值与龈沟液BALP表达值呈负相关($r = -0.813 \sim -0.694$, 均 $P<0.05$),与龈沟液BGP表达值呈正相关(r

=0.708 ~ 0.767, 均 $P < 0.05$), 与龈沟液 CTX1 表达值呈正相关 ($r = 0.709 \sim 0.791$, 均 $P < 0.05$), 与龈

沟液 tPINP 表达值呈正相关 ($r = 0.695 \sim 0.842$, 均 $P < 0.05$)。

表 1 龈沟液炎症因子及骨代谢指标表达情况分析 ($\bar{x} \pm s$)

观察指标	不伴咬伤组 ($n=52$)	伴咬伤组 ($n=52$)	t	P
TNF- α (ng/L)	78.69 \pm 13.14	94.68 \pm 16.34	5.499	0.000
CRP (mg/L)	18.22 \pm 2.38	26.34 \pm 3.14	14.861	0.000
IL-1 β (ng/L)	19.38 \pm 2.43	28.46 \pm 3.26	16.103	0.000
IL-6 (ng/L)	32.69 \pm 2.94	49.46 \pm 3.13	28.161	0.000
BALP (U/L)	82.43 \pm 14.56	21.26 \pm 3.85	4.054	0.000
BGP (ng/ml)	14.43 \pm 2.64	21.26 \pm 3.85	10.551	0.000
CTX1 (ng/L)	44.68 \pm 8.61	57.18 \pm 9.29	7.116	0.000
tPINP (ng/ml)	39.47 \pm 8.60	57.07 \pm 9.32	10.008	0.000

表 2 龈沟液炎症因子与骨代谢指标的 Pearson 相关分析

因素	TNF- α	CRP	IL-1 β	IL-6	BALP	BGP	CTX1	tPINP
TNF- α								
CRP	0.219							
IL-1 β	0.148	0.203						
IL-6	0.120	0.118	0.084					
BALP	-0.813*	-0.762*	-0.779*	-0.694*				
BGP	0.767*	0.708*	0.742*	0.724*	-0.192			
CTX1	0.791*	0.744*	0.763*	0.709*	-0.262	0.156		
tPINP	0.842*	0.782*	0.708*	0.695*	-0.225	0.170	0.095	

注: * $P < 0.05$ 。

3 讨论

慢性牙周炎病理发展过程是一个以局部炎症反应为主的病变过程, 由于患者口腔局部炎症反应, 可使大量炎症介质被释放到牙周组织及龈沟液中, 以组织降解、组织损伤等形式参与慢性牙周炎病理发展过程^[7-8]。慢性牙周炎并发咬合损伤不仅会增加患者病理疼痛, 更可进一步促进机体炎症反应^[9]。而在慢性牙周炎的牙齿松动、牙弓变形等病变中, 也会引起骨代谢指标变化^[10]。因此, 炎症因子和骨代谢指标均在慢性牙周炎病情恢复中也具有重要作用^[11-12]。但临床对于伴咬合损伤是否可加重慢性牙周炎病情进展未见报道, 同时临床也缺乏伴咬合损伤的慢性牙周炎患者炎症因子与骨代谢指标之间关系的报道。

由于慢性牙周炎的早期急性炎症病变, 以大量炎症介质是否到牙周组织及龈沟液中为临床表现, 而 TNF- α , IL-1 β , CRP 和 IL-6 等炎症因子均是慢性牙周炎病理发展过程中早期代表性炎症反应的核心介质^[13]。本研究中, 伴咬合损伤患者龈沟液炎症因子表达值均高于不伴咬合创伤患者, 说明伴咬

合损伤可导致龈沟液炎症反应加重。另外, 骨代谢水平与慢性牙周炎病理发展中的牙齿咬合功能有着密切的关系, 在慢性牙周炎患者病情恢复过程中, 骨吸收相关指标和骨形成相关指标也可起到关键性作用^[14-15]。本研究也证实了咬合损伤也可对慢性牙周炎患者骨代谢指标产生影响, 这在促进慢性牙周炎病理发展和抑制病情恢复过程中均有关键的作用, 临床也应予以重视。

本研究显示, 龈沟液炎症因子表达水平与龈沟液 BALP 表达值呈负相关, 与龈沟液 BGP 表达值, CTX1 表达值, tPINP 表达值呈正相关。提示, 骨代谢指标可与炎症因子细胞共同作用, 从而形成互相作用的网络, 从而促进病情进展^[16]。查阅相关文献并未见伴咬合损伤患者炎症因子、骨代谢指标之间的相关性报道。但学者杨捷等^[17]研究显示, BALP 下调或 BGP 上调均可延长慢性牙周炎患者病情恢复时间。学者刘伟等^[18]研究显示, 骨吸收指标 CTX-1, tPINP 上调均可促进慢性牙周炎病理发展和延迟病情恢复时间, 且有文献认为这与 CTX-1, tPINP 上调而提升骨吸收速率相关^[19-20]。

IL-6, IL- β 等炎性因子可介导骨代谢指标形成一个互相作用的网络, 不仅可促进牙周组织炎症加重, 也可促进牙周周围组织病变^[21]。综合本研究炎性反应和骨代谢失衡相关性研究结果与既往文献研究结果可见, 伴咬合创伤导致的炎性反应可对慢性牙周炎患者骨代谢水平产生影响, 同时伴咬合创伤的慢性牙周炎患者的炎性反应和骨代谢失衡可共同促进病情进展。

综上所述, 本研究在观察慢性牙周炎伴咬合创伤患者龈沟液炎性因子及骨代谢指标表达情况的基础上, 分析了炎性因子、骨代谢指标之间的相关性。伴咬合创伤可加重慢性牙周炎患者机体炎性反应, 而伴咬合创伤导致的炎性反应也可对慢性牙周炎患者骨代谢水平产生影响, 伴咬合创伤对慢性牙周炎病情的促进作用需给予临床重视。本研究虽然有一定的临床参考价值, 但本研究样本量仍然较小, 仍需要进一步大样本后续证实。

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- 收稿日期: 2020-06-10 修回日期: 2021-02-04

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- 收稿日期: 2020-12-30 修回日期: 2021-04-16