

支气管哮喘急性期患儿血清 VAMP2 水平表达及其临床意义

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摘要：目的 探讨支气管哮喘急性期患儿血清中囊泡相关膜蛋白 2 (vesicle-associated membrane protein 2, VAMP2) 表达水平及其临床意义。方法 选取 2017 年 6 月 ~ 2020 年 6 月在西安医学院第二附属医院儿科就诊的 94 例支气管哮喘急性期患儿（研究组），以及同期入院复查的 30 例支气管哮喘缓解期患儿（对照组）进行研究。比较两组的一般临床资料，并检查两组患儿的呼气峰流量（peak expiratory flow, PEF）、第 1 秒用力呼气量（forced expiratory volume in 1 second, FEV1）和用力肺活量（forced vital capacity, FVC）。采用酶联免疫吸附测定法（enzyme-linked immunosorbent assay, ELISA）检测血清 VAMP2 水平，并根据支气管哮喘急性期患儿的严重程度分为轻度组（n=36）、中度组（n=31）和重度组（n=27），比较三组血清 VAMP2 水平；支气管哮喘急性期患儿血清 VAMP2 水平与 PEF, FEV1, FVC 的关系采用 Pearson 法分析；受试者工作特征（receiver operating characteristic, ROC）曲线分析血清 VAMP2 水平对支气管哮喘急性期患儿发作的诊断价值。结果 研究组的血清 VAMP2 水平 ($8.01 \pm 2.12 \text{ ng/L}$) 高于对照组 ($5.23 \pm 1.21 \text{ ng/L}$)，差异具有统计学意义 ($t=6.824, P<0.05$)。研究组中的 PEF ($73.45\% \pm 7.12\%$)，FEV1 ($65.34\% \pm 8.34\%$) 和 FVC ($69.34\% \pm 9.14\%$) 均低于对照组 ($87.34\% \pm 7.23\%$, $82.45\% \pm 10.31\%$, $89.89\% \pm 10.03\%$)，差异具有统计学意义 ($t=9.269, 9.222, 10.471$, 均 $P<0.05$)。重度组、中度组和轻度组血清 VAMP2 水平依次为 $9.50 \pm 3.04 \text{ ng/L}$, $8.01 \pm 1.21 \text{ ng/L}$ 和 $6.85 \pm 1.01 \text{ ng/L}$ ，差异具有统计学意义 ($F=15.412, P<0.05$)；重度组 VAMP2 水平高于中度组、轻度组 ($t=4.269, 7.851$, 均 $P<0.05$)，中度组血清 VAMP2 水平高于轻度组，差异具有统计学意义 ($t=3.571, P<0.05$)。支气管哮喘急性期患儿血清 VAMP2 水平与 PEF, FEV1 和 FVC 呈负相关 ($r=-0.506, -0.487, -0.399$, 均 $P<0.05$)。血清 VAMP2 水平诊断支气管哮喘急性期患儿发作的曲线下面积为 0.909，截断值为 6.802 ng/L ，敏感度和特异度分别为 77.7%，93.3%。结论 支气管哮喘急性期患儿血清 VAMP2 水平升高，可以作为辅助诊断支气管哮喘急性发作的有效指标。

关键词：支气管哮喘；囊泡相关膜蛋白 2；肺功能

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Expression and Clinical Significance of Serum VAMP2 in Children with Bronchial Asthma at Acute Stage

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Abstract: Objective To analyze the expression level of vesicle-associated membrane protein 2 (VAMP2) in serum of children with bronchial asthma at acute stage, and explore its clinical significance. **Methods** A total of 94 children with bronchial asthma at acute stage (study group) and 30 children with bronchial asthma in remission stage (control group) who were hospitalized in the Second Affiliated Hospital of Xi'an Medical College from June 2017 to June 2020 were selected for the study. The general clinical data of the two groups were compared, and the peak expiratory flow (PEF), forced expiratory volume in the first second (FEV1), forced vital capacity (FVC) of the two groups were examined. Serum VAMP2 levels were determined by enzyme-linked immunosorbent assay (ELISA), and the children with bronchial acute stage asthma were divided into mild group ($n=36$), moderate group ($n=31$) and severe group ($n=27$) according to the severity of acute stage. Pearson method was used to analyze the relationship between serum VAMP2 level, PEF, FEV1 and FVC in children with acute bronchial asthma. The diagnostic value of serum VAMP2 level in children with bronchial asthma at acute stage was analyzed by receiver operating characteristic (ROC) curve asthma. The diagnostic value of serum VAMP2 level in children with bronchial asthma at acute stage was analyzed by ROC curve. **Results** The serum VAMP2 level in the study group ($8.01 \pm 2.12 \text{ ng/L}$) was higher than that in the control group ($5.23 \pm 1.21 \text{ ng/L}$), and the difference was statistically significant ($t=6.824, P<0.05$). PEF ($73.45\% \pm 7.12\%$), FEV1 ($65.34\% \pm 8.34\%$) and FVC ($69.34\% \pm 9.14\%$) in the study group were lower than those in the control group ($87.34\% \pm 7.23\%$, $82.45\% \pm 10.31\%$, $89.89\% \pm 10.03\%$), and the differences were statistically significant ($t=9.269, 9.222, 10.471$, all $P<0.05$).

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Serum VAMP2 levels in severe group, moderate group and mild group were $9.50 \pm 3.04 \text{ ng/L}$, $8.01 \pm 1.21 \text{ ng/L}$ and $6.85 \pm 1.01 \text{ ng/L}$, respectively, and the difference was statistically significant ($F=15.412$, $P<0.05$), the VAMP2 level in the severe group was higher than that in the moderate group and the mild group ($t=4.269$, 7.851 , all $P<0.05$), the serum VAMP2 level in the moderate group was higher than that in the mild group, the difference was statistically significant ($t=3.571$, $P<0.05$). Serum VAMP2 level was negatively correlated with PEF, FEV1 and FVC in children with bronchial asthma at acute stage ($r=-0.506$, -0.487 , -0.399 , all $P<0.05$). The area under the curve of serum VAMP2 level in the diagnosis of children bronchial acute stage asthma was 0.909, the cut-off value was 6.802 ng/L , and the sensitivity and specificity were 77.7% and 93.3%, respectively. **Conclusion** The elevated serum VAMP2 level in children with the acute stage of bronchial asthma can be used as an effective indicator to help diagnose acute attack of bronchial asthma.

Keywords: bronchial asthma; vesicle-associated membrane protein 2; lung function

支气管哮喘属于常见的慢性非感染性疾病，常常影响儿童的健康^[1]。支气管哮喘可以发生于各年龄组，其发病率逐年上升^[2]。支气管哮喘的气道慢性炎症与气道高反应性相关，其急性发作期起病急、进展快，容易出现气道狭窄，难以根治，且易反复发作，不利于病情恢复^[3]。因此，寻找与支气管哮喘急性发作有关的标志物对于指导临床治疗具有重要意义。囊泡相关膜蛋白2(vesicle-associated membrane protein 2, VAMP2)是可溶性N-乙基马来酰亚胺敏感因子附着蛋白受体(soluble N-ethylmaleimide-sensitive fusion factor attachment protein receptors, SNAREs)的成员，是膜融合所必需的^[4]。VAMP2最初是在大鼠大脑中被发现的，它在突触囊泡的融合中起着关键作用，可能有助于离子通道蛋白的转运。有研究表明 circ_CSNK1E/miRNA-34a-5p/VAMP2轴在哮喘中起重要调节作用^[5]。基于此，推测VAMP2可能参与支气管哮喘的发病，因此，本研究探讨血清VAMP2在支气管哮喘急性期患儿中的表达及临床意义，为临床治疗提供帮助。

1 材料与方法

1.1 研究对象 选取2017年6月~2020年6月在西安医学院第二附属医院儿科就诊的94例支气管哮喘急性期患儿(研究组)，根据《支气管哮喘防治指南》^[6]对94例急性期患儿病情严重程度进行分级，其中，急性期轻度哮喘患儿36例(轻度组)，中度哮喘患儿31例(中度组)和重度哮喘患儿27例(重度组)。研究组中，男性50例，女性44例，年龄3~13(6.34 ± 3.31)岁，平均体重指数(body mass index, BMI) $15.43 \pm 3.22 \text{ kg/m}^2$ ，膳食钙摄入量 $376.32 \pm 10.34 \text{ mg/天}$ ，家族过敏史35.11%，家族哮喘史32.98%。纳入标准：①所有患儿均符合中华医学会对支气管哮喘的诊断标准^[6]；②均处于急性发作期。排除标准：①先天性心脏疾病患者；②肝肾等重要脏器功能不全者；③并发自身免疫系统疾病者；④有家族哮喘遗传病史、过敏史者，在近一个月内出现呼吸道感染者。另外选取同期在本

院入院复查的支气管哮喘缓解期患儿30例作为对照组，其中，男性18例，女性12例，年龄3~13(6.45 ± 3.48)岁，BMI $15.21 \pm 3.28 \text{ kg/m}^2$ ，膳食钙摄入量 $377.12 \pm 11.21 \text{ mg/天}$ ，家族过敏史30.00%，家族哮喘史36.67%。两组性别、年龄、BMI，膳食钙摄入量、家族过敏史、家族哮喘史比较差异均无统计学意义($\chi^2/t=0.426, 0.157, 0.324, 0.362, 0.265, 0.138$ ，均 $P > 0.05$)，具有可比性。本研究获得本院伦理委员会批准，所有受试者及家属均签署知情同意书。

1.2 仪器与试剂 酶标仪[型号：SpectraMax i3x，美谷分子仪器(上海)有限公司]，肺功能检查仪(型号：MicroLab，上海涵飞医疗器械有限公司)，人VAMP2酶联免疫吸附测定法(enzyme-linked immunosorbent assay, ELISA)试剂盒(批号：FY-EH11229，武汉菲越生物科技有限公司)。

1.3 方法

1.3.1 样本收集：抽取所有受试者入院第二日清晨空腹肘静脉血5ml，血液室温下自然凝固15min，以3000r/min离心15min，收集上清血液，放置-80℃冰箱中保存待测。

1.3.2 ELISA法检测血清VAMP2水平：严格按照人VAMP2 ELISA试剂盒说明书配制一系列浓度的标准品溶液，采用酶标仪测定不同浓度标准品在450 nm处的吸光度值，绘制VAMP2标准品回归曲线。于-80℃冰箱中取适量血清样本，解冻，测定各样本在450 nm处的吸光度值，依据标准回归曲线计算血清VAMP2水平。

1.3.3 肺功能指标的测定：呼气峰流量(peak expiratory flow, PEF)，第1秒用力呼气量(forced expiratory volume in 1 second, FEV1)，用力肺活量(forced vital capacity, FVC)肺功能相关指标用肺功能检查仪进行测定。

1.4 统计学分析 数据分析采用SPSS 20.0统计软件进行分析，计量资料经正态性检验，符合正态分布，以均数±标准差($\bar{x} \pm s$)表示，两组数据组间比较行独立样本t检验，三组数据组间比较进行F检验，进一步两两比较行LSD-t检验；计数资

料用“*n*”描述，组间比较采用卡方检验。Pearson法分析支气管哮喘急性期患儿血清VAMP2与肺功能指标的相关性；采用受试者工作特征(receiver operating characteristic, ROC)曲线分析血清VAMP2水平对支气管哮喘急性期患儿发作的诊断价值。*P*<0.05为差异有统计学意义。

2 结果

2.1 对照组与研究组血清VAMP2表达水平及肺功能指标比较 见表1。两组间单因素分析显示，研究组血清VAMP2水平高于对照组，PEF，FEV1和FVC低于对照组，差异具有统计学意义（均*P*<0.001）。

表1 对照组与研究组血清VAMP2表达水平及肺功能指标比较 ($\bar{x} \pm s$)

项目	对照组 (n=30)	研究组 (n=94)	t	P
VAMP2 (ng/L)	5.23 ± 1.21	8.01 ± 2.12	6.824	0.000
PEF (%)	87.34 ± 7.23	73.45 ± 7.12	9.269	0.000
FEV1 (%)	82.45 ± 10.31	65.34 ± 8.34	9.222	0.000
FVC (%)	89.89 ± 10.03	69.34 ± 9.14	10.471	0.000

2.2 研究组中不同病情程度患儿血清VAMP2表达水平比较 多组间单因素分析显示，重度组、中度组和轻度组患儿血清VAMP2水平依次为9.50±3.04ng/L, 8.01±1.21ng/L和6.85±1.01ng/L，差异有统计学意义(*F*=15.412, *P*<0.05)。重度组血清VAMP2水平高于中度组和轻度组(*t*=4.269, 7.851)，中度组血清VAMP2水平高于轻度组(*t*=4.269)，差异具有统计学意义（均*P*<0.05）。

2.3 血清VAMP2表达水平与肺功能指标的相关性分析 Pearson相关分析显示，血清VAMP2水平与支气管哮喘急性期患儿PEF, FEV1和FVC均呈负相关(*r*=-0.506, -0.487, -0.399, 均*P*<0.05)。

2.4 血清VAMP2对支气管急性期哮喘患儿发作的诊断价值分析 见图1。血清VAMP2诊断支气管哮喘急性期患儿发作的曲线下面积为0.909(95%CI: 0.857~0.960)，截断值为6.802 ng/L，敏感度和特异度分别为77.7%，93.3%，提示血清VAMP2可以作为辅助诊断支气管哮喘急性发作的有效指标。

3 讨论

支气管哮喘被认为是一种非传染性的慢性气道炎症性疾病，以气道重塑和气道高反应性为特征^[7]。哮喘被世界卫生组织列为疾病中的四大难治性疾病之一，也是十大死亡原因之一。临床研究表明，支气管哮喘多在清晨或夜间发作或加剧。可受遗传、气候转变、空气污染、精神状况等多种因素的影响。

支气管哮喘在儿童中是一种发病率比较高的疾病，患儿在发病后若不及时治疗，其肺部功能将遭到严重破坏，甚至可能会恶化发展为肺源性心脏病，从而危及生命^[8]，给人类社会带来沉重的医疗和经济负担。因此，积极寻找与支气管哮喘有关的生物标志物至关重要。

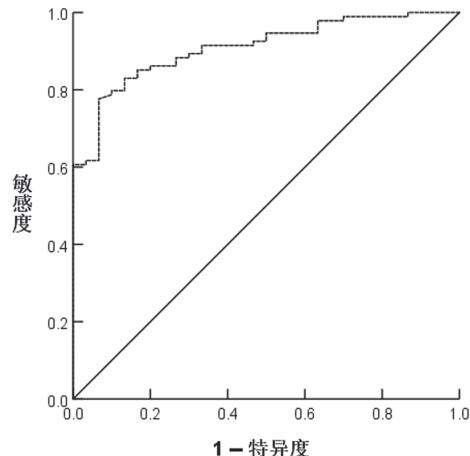


图1 血清VAMP2水平诊断支气管哮喘急性期患儿发作的ROC曲线

患儿支气管哮喘的发生、发展与多种细胞因子参与的气道炎性反应有关^[9]。VAMP2是SNAREs蛋白家族成员之一，在多种组织中表达，其主要分布在囊泡膜上，在囊泡融合、神经递质释放和囊泡内吞作用中发挥重要作用，已证明VAMP2可调节Ca²⁺水平在神经递质释放中发挥重要的作用^[10-11]。也有研究显示，VAMP2可在肿瘤组织中异常表达，例如在膀胱癌中的表达升高，导致膀胱癌细胞的异常进展和侵袭，进而导致膀胱癌细胞转化为高级别肿瘤^[12]。VAMP2可以在心脏、神经纤维和骨骼肌中表达，参与躯体性和非躯体性骨骼肌的发育^[13]。值得注意的是，XU等^[14]研究显示肺泡型细胞中VAMP2蛋白表达的升高会导致肺表面活性剂分泌的减少，而肺表面活性物质对哮喘急性发作具有一定的治疗作用^[15]。先前也有研究证实SNAREs蛋白及亚型在肺部炎症的嗜酸性粒细胞、肥大细胞、T淋巴细胞中有表达^[16]，且与这些细胞的炎性释放有关^[17-18]。本研究发现支气管哮喘急性期患儿血清VAMP2水平高于支气管哮喘缓解期患儿，并且随着支气管哮喘急性期患儿病情严重程度的增加，血清VAMP2水平呈逐渐升高趋势，提示VAMP2在支气管哮喘的急性发作过程中发挥一定作用，且能够在一定程度上反映患儿病情严重程度。

支气管哮喘发作时病情进展快，若不能及时干预可能会出现心律失常、呼吸衰竭等严重并发症，危及患儿生命，而肺功能指标PEF, FEV1, FVC与患儿病程密切相关，检测肺功能有利于帮助支气

管哮喘急性期治疗方案的制定与实施^[19]。李颖等^[20]研究结果显示，支气管哮喘患者PEF, FEV1和FVC均低于健康组；另外，李晓刚等^[21]研究报道，急性发作期支气管哮喘患儿PEF, FEV1和FVC均较健康儿童低。本研究结果显示，支气管哮喘急性期患儿的PEF, FEV1和FVC明显降低，这一结果与李颖等^[20-21]研究结果具有相似性，说明处于哮喘急性期的患儿肺功能下降，提示支气管哮喘发作对患儿肺功能有一定的影响。分析血清VAMP2水平与肺功能指标相关性，结果显示血清VAMP2水平与肺功能指标PEF, FEV1, FVC呈负相关关系，推测血清VAMP2与支气管哮喘患儿肺功能密切相关，检测血清VAMP2的水平可以反映患儿肺功能的情况。此外，ROC曲线分析显示，血清VAMP水平对于诊断支气管哮喘急性发作期具有一定的价值，提示检测血清VAMP水平有利于辅助评估支气管哮喘急性发作期情况。但本研究仅初步探讨了血清VAMP2水平与支气管哮喘急性发作的关系，其在支气管哮喘中的作用机制，需要在今后补充实验内容进行深入分析。

综上所述，支气管哮喘急性期患儿血清VAMP2水平异常升高，且血清VAMP2水平与急性期患儿发作的严重程度、肺功能密切相关，血清VAMP水平可以作为诊断支气管哮喘急性发作的辅助手段。本研究的不足之处在于，所研究的样本较少，可能会造成数据存在一定的偏差，因此在后期还需加大样本量进行多次重复研究。

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LI Ying, REN Bingchen, HAN Xiaoqing, et al.

(上接第92页) circRNA_0079593在恶性黑色素瘤组织和细胞系中显著高表达, 其过表达显著提高了恶性黑色素瘤细胞的增殖率和侵袭能力, 可能是恶性黑色素瘤新的生物标志物。另有研究认为, circRNA_0079593作为恶性黑色素瘤发生的关键调控因子, 参与疾病的发生发展、侵袭和转移, 可作为恶性黑色素瘤潜在的诊断、治疗和预测生物标志物^[13]。

综上所述, 恶性黑色素瘤组织中circRNA_0020710及circRNA_0079593水平明显升高, 与组织分级Ⅲ~Ⅳ级、肿瘤部位、低分化及淋巴结转移有关, 其对恶性黑色素瘤诊断及预测淋巴结转移均具有很好的价值, 可作为该病诊断及病情判断的分子标志物。但本研究病例来源较单一, 样本量较少, 未来仍需更多的临床研究进一步证实。

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