

• 专题研究:肾脏疾病 •

TRIM 家族蛋白在肾脏疾病中的研究进展

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[摘要] 在所有肾脏疾病中,慢性肾脏病以及肾癌是威胁全球健康的重要疾病,其核心病理机制与肾纤维化及肿瘤微环境失调密切相关。近年来,三结构域(tripartite motif, TRIM)蛋白家族因其在泛素化修饰、免疫调控以及表观遗传中的关键作用,成为肾脏疾病研究的新焦点。研究表明,TRIM 蛋白通过泛素-蛋白酶体系统、氧化应激、相关信号通路、炎症免疫调节以及表观遗传等多重机制参与肾脏疾病的病理过程。在治疗策略上,靶向 TRIM 蛋白的基因沉默技术、小分子抑制剂及重组蛋白展现出潜力,然而 TRIM 家族蛋白功能的冗余性、组织特异性表达差异以及潜在的免疫原性等问题,使其在临床化应用过程中困难重重。文章就 TRIM 蛋白在肾脏疾病中的分子机制及其治疗潜力作一综述。

[关键词] TRIM; 肾癌; 肾纤维化; 泛素化**[中图分类号]** R692**[文献标志码]** A**[文章编号]** 1007-4368(2025)08-1082-10**doi:** 10.7655/NYDXBNSN250338

Research progress of TRIM protein family in renal disease

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[Abstract] Among all renal diseases, chronic renal disease and renal cancer are significant threats to global health, with their core pathological mechanisms closely related to renal fibrosis and dysregulation of the tumor microenvironment. In recent years, the tripartite motif (TRIM) protein family has emerged as a new focus in renal disease research due to its critical roles in ubiquitination, immune regulation, and epigenetics. Studies have shown that TRIM proteins are involved in the pathological processes of renal diseases through multiple mechanisms, including the ubiquitin-proteasome system, oxidative stress, related signaling pathways, inflammatory immune regulation, and epigenetics. In terms of therapeutic strategies, gene silencing technologies, small molecule inhibitors, and recombinant proteins targeting TRIM proteins have shown potential. However, challenges such as the functional redundancy of TRIM family proteins, tissue-specific expression differences, and potential immunogenicity have made their clinical application difficult. This article provides a review of the molecular mechanisms of TRIM proteins in renal diseases and their therapeutic potential.

[Key words] TRIM; renal cancer; renal fibrosis; ubiquitination

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20世纪90年代,研究人员在急性早幼粒细胞白血病中首次发现三结构域(tripartite motif, TRIM)蛋白,这一发现标志着 TRIM 家族研究的开端^[1]。TRIM 家族蛋白是一类广泛存在于真核生物中的蛋

白质,其典型结构由4个关键部分组成:具有泛素连接酶E3活性的RING结构域,与蛋白质相互作用和寡聚化的B-box结构域,负责介导蛋白质二聚化或多聚化的卷曲螺旋结构域,以及决定 TRIM 蛋白功能特异性的C端可变结构域^[2]。TRIM 蛋白在多种组织和细胞类型中广泛分布,人类基因组中已鉴定出80多种 TRIM 蛋白^[3],它们在免疫调节、抗病毒反应、细胞增殖与凋亡、肿瘤发生以及发育分化等过

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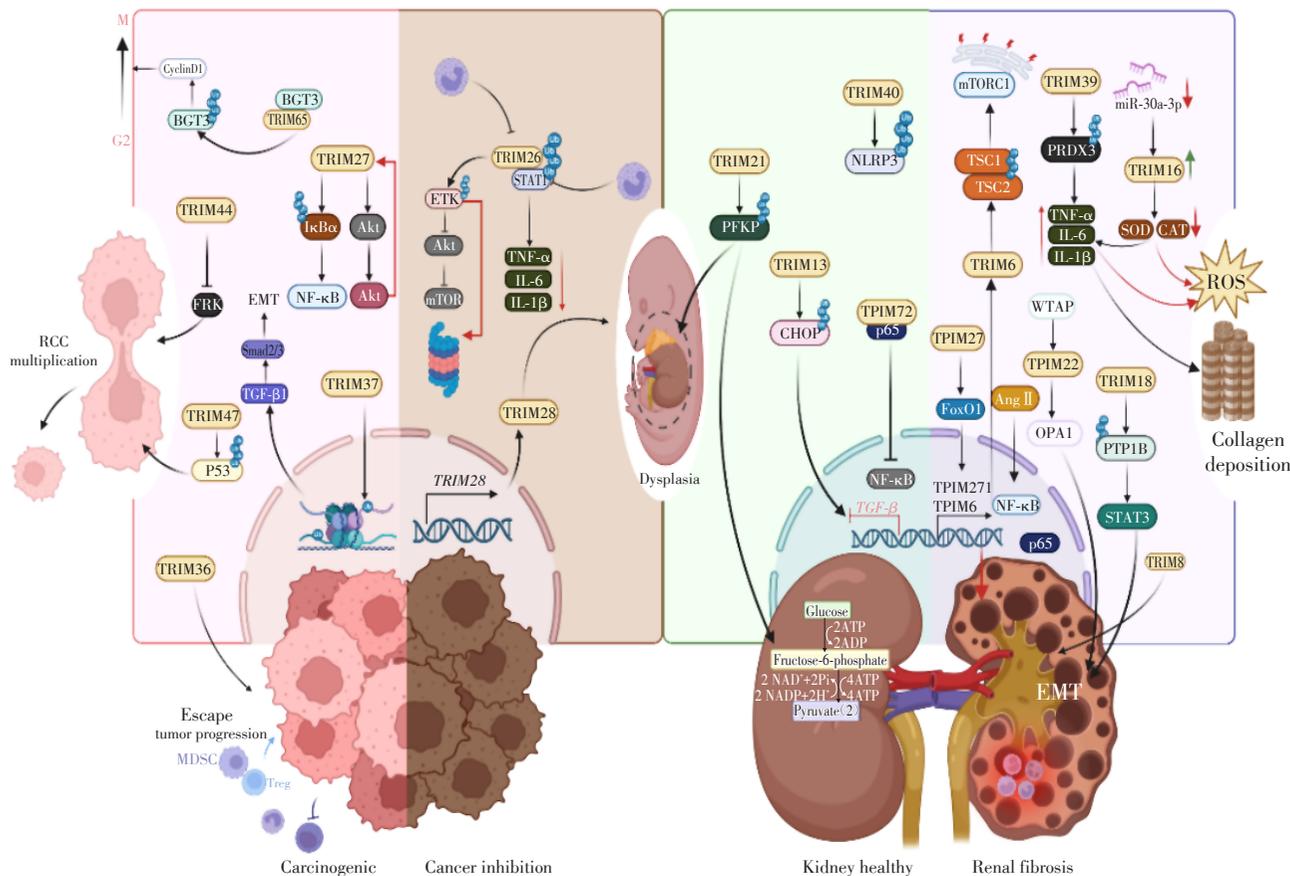
程中发挥重要作用^[4-6]。TRIM蛋白的多样性和多功能性使其在细胞生理和病理过程中发挥关键调控作用。诸多研究构建了TRIM基因生存相关风险评估模型,结合LASSO回归和多因素Cox回归分析,发现多个TRIM基因在肾癌中异常表达,其表达水平与TNM分期、病理分期及年龄显著相关($P < 0.001$),低风险组总生存期明显优于高风险组^[7-9]。肾纤维化这一病理过程在多种肾脏疾病中普遍存在,是肾脏疾病进展的重要特征^[10]。针对纤维化的研究发现,TRIM家族蛋白普遍参与到组织纤维化进程中。纤维化的标志是细胞外基质(extracellular matrix, ECM)的合成显著增加,降解减少,导致ECM在组织中过度积累,破坏原本正常的组织结构,使正常组织逐渐被纤维瘢痕组织替代,最终丧失功能^[11]。在ECM的异常沉积中,普遍发现转化生长因子 β (transforming growth factor β , TGF- β)和结缔组织生长因子(connective tissue growth factor, CTGF)等多种促纤维化因子显著上调^[12],而多种TRIM蛋白已被证实能够调控TGF- β 和CTGF等促纤维因子

的表达,在纤维化进程中发挥重要作用^[13-14]。

近年来,TRIM成为探索各类器官纤维化乃至肿瘤发生发展机制的热点,在肾脏疾病领域亦是如此。研究发现,TRIM家族蛋白主要在推动肾癌和肾纤维化的进展中发挥重要作用,但有关TRIM在推动肾癌和肾纤维化发展中的具体机制研究还较少,存在诸多空白亟待填补。目前,对于不同TRIM蛋白亚型在肾脏不同细胞类型中的功能特异性研究严重不足,并且在复杂的肾脏微环境中,TRIM蛋白与其他信号通路、细胞因子之间的交互网络研究也极为有限,难以全面揭示其在肾癌和肾纤维化发生发展中的完整调控机制。因此文章概述了TRIM和肾脏疾病之间的联系,总结介绍TRIM表达的机制和信号通路,为肾脏疾病的治疗提供新思路。

1 TRIM在肾脏疾病中的作用与机制

TRIM家族蛋白对肾脏疾病的调控作用具有多样性,如图1和表1所示,主要体现在以下几个方面。



The diagram was created with BioRender(<https://biorender.com>).

图1 TRIM家族蛋白与肾脏疾病相互作用的分子机制

Figure 1 Molecular mechanisms underlying TRIM family proteins in kidney disease

1.1 调控泛素-蛋白酶体系统(ubiquitin-proteasome system, UPS)影响相关底物蛋白活性

泛素化是蛋白质翻译后修饰过程中极为重要的一环,该过程由泛素激活酶E1、泛素结合酶E2和泛素连接酶E3依次催化完成^[15-16],在这一复杂的酶促反应中,泛素分子被转移到底物蛋白的特定赖氨酸位点,如K48、K63等或底物蛋白的N端形成多聚泛素链,而其泛素链的类型决定了底物蛋白在细胞内最终的命运^[17-18]。一旦底物蛋白被泛素化,蛋白酶体的19S调节颗粒就能高度特异性地识别这些泛素链,并将底物蛋白解开送入20S核心颗粒进行降解^[19]。UPS是细胞内蛋白质质量控制的核心系统,在维持细胞内蛋白稳态方面发挥着不可或缺的关键作用,当UPS功能受损时,会引发内质网应激(endoplasmic reticulum stress, ERS)和破坏蛋白质稳态,在肾脏细胞中导致肾小管上皮细胞和足细胞凋亡^[20-21],同时还能干扰ECM代谢的动态平衡,促进ECM沉积,加重肾纤维化过程^[22]。

在糖尿病肾病的模型中,TRIM18通过泛素化修饰蛋白酪氨酸磷酸酶1B(protein tyrosine phosphatase 1B, PTP1B),促进了信号转导和转录激活因子3(signal transducer and activator of transcription 3, STAT3)的磷酸化,从而激活下游的肿瘤坏死因子 α (tumor necrosis factor- α , TNF- α)、白介素-6(interleukin-6, IL-6)、 α -平滑肌肌动蛋白(α -smooth muscle actin, α -SMA)和CTGF等炎症因子和纤维化标志物的表达,进一步加剧肾小管间质的炎症和纤维化进程^[23]。但同样在糖尿病肾病模型中,TRIM13对肾脏的影响却相反,肾系膜细胞在高糖刺激下,TRIM13甲基化水平显著升高,TRIM13本身表达减少,由于TRIM13可以泛素化降解CHOP蛋白,TRIM13减少使CHOP蛋白水平升高,从而显著抑制TGF- β 等胶原相关因子的表达,恢复部分肾功能^[24]。在单侧输尿管梗阻(unilateral ureteral obstruction, UO)小鼠模型中,与TRIM13对肾脏的保护作用相类似,TRIM21泛素化降解血小板型磷酸果糖激酶(phosphofructokinase platelet type, PFKP),当TRIM21表达增强时,加强PFKP降解,削弱了细胞内有氧糖酵解进展,有效缓解组织间炎症和纤维化反应,从而对肾脏起到保护作用^[25]。

同样,TRIM家族蛋白通过调节UPS,影响细胞的凋亡、增殖,对肾癌的发生发展也起到至关重要的作用。TRIM21与TRIM8通过K48连接的UPS途径相互调控,二者之间的平衡对维持肾细胞干性至

关重要,一旦这种平衡被打破,可能促进肾细胞癌(renal cell carcinoma, RCC)的发生^[26]。研究人员发现,TRIM65通过SPRY结构域可以与B细胞易位基因/抑制因子(B-cell translocation gene/suppressor, BTGS)直接相互作用,促进BTGS的泛素化及降解,从而解除G2/M期细胞周期阻滞,促进肾肿瘤细胞的增殖和转移^[27]。同样的,TRIM47作为一种癌基因,通过促进抑癌蛋白P53的泛素化和降解,增强了RCC的增殖和侵袭能力^[28]。与上述促癌作用的TRIM蛋白不同,TRIM26通过结合并泛素化降解上皮和内皮酪氨酸激酶(epithelial and endothelial tyrosine kinase, ETK),抑制了AKT/mTOR信号通路的活性,导致上皮标志物E-钙黏蛋白的表达增加,同时降低了间质细胞标志物N-钙黏蛋白和波形蛋白的表达,从而抑制了RCC的增殖、迁移、侵袭以及EMT过程^[29]。

综上所述,TRIM家族蛋白借助UPS调控多种信号通路,在肾纤维化和RCC的发生发展进程中扮演关键角色,故而调控TRIM蛋白表达或干预UPS功能,有望成为治疗这两种疾病的潜在策略。

1.2 调控氧化应激反应影响细胞凋亡

活性氧(reactive oxygen species, ROS)是一类具有高反应活性的氧代谢产物^[30],在正常生理状态下,扮演着极为重要的信号分子角色,广泛参与细胞增殖、分化、免疫应答等过程^[31]。当炎症信号通路异常激活、线粒体功能障碍以及抗氧化系统受损,细胞内的ROS稳态便会被打破,导致细胞中ROS过量积累^[32],进而引起氧化应激,促进细胞内促炎因子和促纤维因子表达的同时^[33],还诱导ERS和线粒体通透性转换^[34],进而显著加重组织的纤维化以及细胞的凋亡过程,最终使器官损伤情况愈发严重,严重威胁机体的整体健康。

在人肾小管上皮细胞HK-2中,研究人员发现,缺氧/复氧(hypoxia/reoxygenation, H/R)模型细胞中TRIM8显著高表达,通过敲低其表达,可见细胞中ROS水平随之降低,氧化应激得到缓解的同时细胞凋亡过程也被抑制^[35];TRIM22对HK-2细胞的影响也与之类似,通过提高TRIM22的表达,线粒体中ROS水平显著提高,进一步推动细胞凋亡^[36],提示过表达的TRIM22和TRIM8通过增强细胞内氧化应激水平来损害肾小管上皮细胞,加重肾损伤。在糖尿病肾病的小鼠模型中,高表达的TRIM22可能通过调控细胞中ROS水平,激活下游的炎症和纤维化信号通路,促进糖尿病肾病纤维化过程^[36],此外高

表达的 TRIM16 能显著降低超氧化物歧化酶 (superoxide dismutase, SOD) 和过氧化氢酶 (catalase, CAT) 水平, 同样可以导致细胞中 ROS、IL-6、TNF- α 水平增加, 进而加重肾脏负担^[37]。TRIM22 和 TRIM16 抑制细胞中 ROS 的降解, 加重肾脏负担, 促使糖尿病肾病进展。

在 UUO 小鼠模型和纤维化的人肾组织标本中, TRIM39 表达显著上调, 研究人员通过免疫共沉淀实验发现, TRIM39 通过 K48 链泛素化降解过氧化物酶 3 (peroxiredoxin 3, PRDX3), 导致 PRDX3 蛋白水平下降^[38]。PRDX3 是一种重要的抗氧化酶, 其降解会引发线粒体功能障碍, 进而导致 ROS 的过量积累^[39]。ROS 的积累不仅直接损伤肾小管细胞, 还会激活炎症信号通路, 促进炎症细胞因子的释放, 进一步加重肾纤维化^[38]。

在 ROS 失衡所介导的氧化应激加剧肾损伤进程中, TRIM 家族成员通过精准调控氧化应激水平与线粒体功能, 深度参与肾小管细胞的氧化应激反应、凋亡程序以及纤维化病理演变。后续研究应聚焦于深度解析其内在分子机制, 并积极探索通过干预 TRIM 蛋白表达以治疗肾纤维化以及增强肾脏固有抗氧化能力的有效策略。

1.3 调控炎症与免疫反应影响细胞活性

在众多肾纤维化模型研究中, 研究发现固有淋巴样细胞大量聚集于肾脏组织, 同时促炎细胞因子和趋化因子也呈现显著的累积现象^[40-41], 在诸多调节炎症反应的信号通路中, NF- κ B 信号通路的影响最为深远。NF- κ B 是由多个亚基组成的转录因子家族, 其经典异源二聚体形式 (如 p50/p65) 广泛参与炎症反应、免疫调控及纤维化等病理生理过程^[42], 在细胞静息状态下, NF- κ B 通常与抑制蛋白 I κ B 结合, 以非活性复合物形式存在于细胞质中^[31, 43]。当 NF- κ B 受到外界刺激时, 其抑制蛋白 I κ B 被降解, 导致其激活并进入细胞核调控靶基因的表达^[44], 诱导促炎因子如 TNF- α 、IL-8^[33] 以及促纤维化因子如 TGF- β 1、CTGF^[45] 的表达, 在纤维化进展中发挥不可或缺的作用。

在 RCC 细胞中, TRIM27 促进 I κ B α 的泛素化降解, 从而激活 NF- κ B 信号通路, 进一步抑制凋亡关键执行蛋白 caspase-3 的活性, 从而显著抑制 RCC 细胞的凋亡, RCC 细胞增殖失去了有效抑制, 推动 RCC 进展^[46]。

在肾纤维化的模型中, 可见细胞中 ROS 的积累显著增加, 导致 NF- κ B p50 和 p65 亚基的核转位, 激

活 TRIM6 的转录, TRIM6 可以泛素化 TSC1/2 复合物, 进一步激活雷帕霉素机制靶标复合物 1 (mechanistic target of rapamycin complex 1, mTORC1) 信号通路, 从而抑制自噬相关蛋白的表达和活性, 加剧 EMT 进程和 ERS^[47]。同样, 在肾纤维化的模型中, MG53 (TRIM72) 却处于低表达状态, NF- κ B 通路则表现出过度激活状态, 进一步增强肾小管上皮细胞的炎症反应, 加重组织损伤程度, 推动了肾纤维化的发展^[48], 但当补充足量的外源性 rhMG53 后, NF- κ B 通路显著被抑制, 炎症反应减轻, 同时, MG53 还通过直接修复受损的肾小管细胞膜, 发挥了保护作用^[49]。这些研究结果共同揭示了强烈的炎症反应与免疫应答在肾纤维化进展中发挥着关键的促进作用, 表明二者是推动肾纤维化病程发展的重要因素。

TRIM 家族蛋白除了通过调节 NF- κ B 信号通路来调控细胞中的炎症和免疫反应, 也能通过其他方式来影响肾脏细胞中的炎症和免疫调节。在不同的肾炎模型中, 异常表达的 TRIM 家族蛋白发挥着重要作用。在真菌性肾炎模型中, 研究人员发现, 通过对比 TRIM26 缺陷型与野生型小鼠 TRIM26 可以限制肾脏细胞中炎症中性粒细胞浸润、抑制促炎因子的产生, 从而发挥其抗炎作用, 而当敲除 TRIM26 表达时, 中性粒细胞促炎细胞因子表达显著增强, 炎症反应加剧, 肾脏负担加重^[50]。与 TRIM26 的保护作用相类似, 在 IgA 肾炎模型中, Shen 等^[51]发现 TRIM40 通过介导肾小球系膜细胞中 NLRP3 炎性小体的泛素化, 抑制 NLRP3 激活, 有效缓解了 IgA 肾炎的进展。而在狼疮性肾炎模型中, 过表达的 TRIM27 通过泛素化降解转录因子 FoxO1, 致使原本位于细胞表面的 Syndecan-1 释放到血液中, 破坏了肾小球内皮屏障的完整性, 加剧了狼疮性肾炎的病理过程^[52]。

值得注意的是, 在 RCC 细胞模型中, TRIM36 与 RCC 中活性 CD4⁺ 细胞、髓系来源的抑制细胞等多种肿瘤浸润淋巴细胞密切相关, 且 TRIM36 的表达与程序性细胞死亡蛋白 1 (programmed cell death protein 1, PD-1)、细胞毒性 T 淋巴细胞相关蛋白 4 (cytotoxic T-lymphocyte-associated protein 4, CTLA-4) 等免疫检查点呈正相关, 提示 TRIM36 可能通过调节肿瘤免疫逃逸机制来影响 RCC 的发生发展^[53]。

TRIM 家族蛋白通过调控炎症和免疫反应, 在肾脏炎症性疾病和纤维化的发生发展中发挥了重要作用。未来研究可以进一步探索 TRIM 蛋白在肾

脏疾病中的具体分子机制,并开发针对TRIM蛋白或其下游信号通路的靶向治疗策略,为肾脏炎症性疾病和纤维化的治疗带来新希望。

1.4 调控表观遗传与发育影响基因表达

组蛋白H2A的泛素化修饰能促进DNA复制后染色质状态的恢复,从而维持染色质的稳定性,这一特质是表观遗传域长期维持稳定的重要机制^[54]。Miao等^[55]通过免疫沉淀实验发现TRIM37在RCC中通过增强组蛋白H2A的泛素化水平,激活TGF- β /Smad2/3信号通路,进而上调N-钙黏蛋白和Snail等因子的表达,从而加速了肿瘤细胞的扩散和转移,表明TRIM37在RCC的侵袭性进展中发挥了重要作用。

既往认为TRIM28变异导致的肾母细胞瘤只能通过母源遗传,但新证据显示父源遗传的TRIM28变异也能导致肾母细胞瘤^[56]。一项针对6例肾母细胞瘤患者的8个肿瘤DNA样本外显子测序研究显示,7个样本中检测到有丝分裂重组事件,该事件进一步导致TRIM28基因座杂合性缺失,提示TRIM28在肾母细胞瘤发生中可能充当抑癌基因角色^[57],机制研究表明,TRIM28作为转录共抑制因子,在肾脏胚胎发育过程中通过调控基因表达网络及转座子活性维持细胞稳态,当TRIM28功能缺失时,胚胎肾发育程序异常激活,最终诱导肿瘤发生^[58]。此外,TRIM28通过抑制内源性逆转录病毒在胚胎肾早期发育中可以维持基因组的稳定性^[59]。这些发现为理解TRIM28在肾脏发育中的作用提供了重要线索,也解释了为何TRIM28突变患者更易发生双侧肾母细胞瘤。这些研究进展不仅深化了人们对肾母细胞瘤发病机制的认识,也为开发针对TRIM28相关信号通路的靶向治疗提供了理论依据。

2 TRIM在治疗肾脏疾病中的作用

2.1 调控相关蛋白激酶抑制癌症

舒尼替尼是一种口服的多靶点酪氨酸激酶抑制剂,通过抑制血管内皮生长因子受体、血小板衍生生长因子受体等靶点,遏制肿瘤血管生成^[60],不止于此,舒尼替尼还能调节肿瘤微环境中的免疫抑制细胞,间接增强抗肿瘤免疫^[61],同时它也能直接诱导肾癌模型的生长抑制和消退,致使肿瘤组织进一步萎缩^[62]。但在舒尼替尼耐药性问题上,相关研究还未取得重大突破。Luo等^[63]研究表明,TRIM37在RCC中的过表达与肿瘤增殖和耐药性密切相关,通过抑制TRIM37的表达,RCC细胞的增殖能力显

著降低,此外,在体内外实验中,沉默TRIM37能够增强RCC对舒尼替尼的敏感性。提示TRIM37可能作为克服舒尼替尼耐药的关键靶点,为耐药性肾癌患者提供了新的治疗方向。通过靶向TRIM37,可能有效改善耐药性RCC患者的预后。

同样在RCC模型中,研究人员发现TRIM44的表达明显增强,且敲低TRIM44的表达后,再经由共转染实验证实,失去TRIM44的抑制作用,Fyn相关激酶(Fyn-related kinase,FRK)可以明显削弱RCC细胞的增殖作用^[64]。FRK是一种非受体型酪氨酸激酶,主要通过磷酸化下游靶蛋白调控细胞信号通路,一般在癌症的发生发展中发挥抑癌作用^[65]。在抑制TRIM44的基础上,联合使用FRK激动剂或者增强FRK表达的策略(如基因治疗或者mRNA疗法),可能在治疗肾癌上有巨大潜力。

综上所述,针对TRIM家族蛋白调控的蛋白激酶网络,开发特异性或多靶点激酶抑制剂可能为肾脏疾病的治疗提供新方向。未来研究可以结合基因编辑技术和高通量筛选方法,进一步验证这些激酶在TRIM相关肾脏疾病中的作用,并探索其在临床中的应用潜力。

2.2 重组人蛋白缓解纤维化

重组人蛋白在动物模型中显示出改善纤维化和蛋白尿的潜力,锌- α 2-糖蛋白(zinc- α 2-glycoprotein 1,AZGP1)基因敲除的小鼠在CKD模型中纤维化程度加重,而补充重组AZGP1可以抑制TGF- β 信号,进而逆转这一过程^[66]。在缺乏MG53表达的肾炎小鼠模型中,研究人员发现rhMG53能够显著减少炎症因子(如TNF- α 、IL-1 β)的释放,并通过直接修复损伤的肾小管细胞膜,有效治疗急性肾损伤^[49]。可见直接补充人源性TRIM家族蛋白,可以有效延缓肾脏疾病的发生发展,甚至逆转疾病过程。进一步研究提示,靶向开发TRIM蛋白影响肾脏疾病发生发展中关键因子的重组蛋白也能起到相似作用。Chen等^[23]研究揭示了TRIM18通过泛素化PTP1B促进STAT3的磷酸化激活,进而导致CTGF和IL-6等促纤维化因子的过量积累,加重肾纤维化进程。基于这一机制,开发靶向CTGF和IL-6的重组人蛋白可能成为缓解肾纤维化的有效策略。在治疗多种纤维化疾病的过程中,Pamrevlumab作为一种人源化单克隆抗体,可以靶向CTGF阻断其下游信号通路来抑制纤维化的过程^[67]。同样,托珠单抗作为IL-6受体的单克隆抗体,在炎症性疾病和癌症中也被广泛使用^[68]。然而重组人蛋白治疗中可能存在

表1 TRIM家族蛋白与肾脏疾病

Table 1 TRIM family proteins and kidney diseases

The classification of TRIM	Experiment model	Result	Specific mechanism
TRIM18	6-week-old male C57BL/KsJ mice; HK-2	Pro-fibrotic	Promotes PTP1B ubiquitination and activates the STAT3 signaling pathway ^[23]
TRIM13	Renal biopsy specimens; C57BL/6 mouse DN model; db/db mouse DN model; mouse glomerular mesangial cells; human glomerular mesangial cell line CC-2559 cells	Anti-fibrotic	Ubiquitination and degradation of CHOP protein, inhibiting the expression of collagen-related factors ^[24]
TRIM21	HK-2; C57BL/6N background mice	Anti-fibrotic	Promotes PFKP ubiquitination and degradation, regulating aerobic glycolysis in renal tubular cells ^[25]
TRIM21& TRIM8	Renal cancer cell line; lung cancer cell line; normal lung epithelial cells; embryonic renal cells; non-small cell lung cancer tissue microarray; RCC tissue microarray	Tumor-modulating	Both activate the proteasomal pathway through K48-linked ubiquitination ^[26]
TRIM65	Renal cancer cell line; HK-2; nude mouse xenograft model	Pro-carcinogenic	TRIM65-BTG3-CyclinD1 axis ^[27]
TRIM47	Renal cancer cell line; male BALB/c-nu nude mice	Pro-carcinogenic	Promotes P53 ubiquitination and degradation ^[28]
TRIM26	Renal cancer cell line; HK-2; 4-week-old male BALB/c-nu nude mice	Anti-carcinogenic	Promotes ETK ubiquitination and degradation, thereby inactivating the AKT/mTOR signaling pathway ^[29]
	C57BL/6 background Trim26 ^{-/-} mice; bone marrow chimeric mice; <i>Candida albicans</i> strain SC5314	Anti-inflammatory	Limits inflammatory neutrophil infiltration and pro-inflammatory cytokine production ^[50]
TRIM8	H/R model	Pro-renal injury	Activates the PI3K/Akt signaling pathway and increases ROS and hydrogen peroxide levels ^[35]
TRIM22	HK-2; 8-week-old male C57BL/KsJ mice	Pro-fibrotic	WTAP/IGF2BP1-TRIM22-OPA1 axis ^[36]
TRIM16	db/db mice and db/m mice; MPC5 mouse podocyte cell line	Pro-inflammatory	Decreases SOD and CAT levels while increasing intracellular ROS, IL-6, and TNF- α ^[37]
TRIM39	HK-2; HEK293T cells; UUO mouse model	Pro-fibrotic	Promotes PRDX3 ubiquitination and degradation, leading to ROS accumulation and increased production of inflammatory cytokines ^[38]
TRIM27	HK-2; renal cancer cell line; nude mouse xenograft tumor model	Pro-carcinogenic	Promotes I κ B α ubiquitination and activates the NF- κ B signaling pathway ^[46]
	Human glomerular endothelial cells; female MRL/lpr mice and MRL/MPJ mice	Pro-inflammatory	Activation of Akt upregulates TRIM27 expression and activates the FoxO1 signaling pathway ^[52]
TRIM6	HK-2; Sprague-Dawley rats	Pro-fibrotic	Promotes TSC1 and TSC2 ubiquitination and activates the mTORC1 signaling pathway ^[47]
TRIM72 (MG53)	UUO mouse model	Anti-fibrotic	MG53 binds to p65, inhibiting nuclear translocation and activation of NF- κ B ^[48]
TRIM40	<i>In vitro</i> IgA1-induced glomerular mesangial cell model	Anti-inflammatory	Promotes NLRP3 ubiquitination and regulates NLRP3 inflammasome activation ^[51]
TRIM36	Renal clear cell carcinoma cell line; human embryonic kidney cell line	Pro-carcinogenic	Modulates tumor immune escape mechanisms ^[53]
TRIM28	Human tumor specimens	Anti-carcinogenic	Abnormal loss of TRIM28 expression leads to embryonic kidney developmental abnormalities and induces tumorigenesis ^[56-59]
TRIM37	Human renal cell carcinoma cell line; subcutaneous xenograft tumor model; metastatic xenograft tumor model	Pro-carcinogenic	Histone H2A ubiquitination activates the TGF- β 1/Smad2/3 signaling pathway ^[55]
TRIM44	Human renal carcinoma cell line	Pro-carcinogenic	Inhibits FRK, promoting RCC cell proliferation and migration ^[64]

的免疫原性问题,未来研究可以结合蛋白质工程技术,优化这些重组蛋白的稳定性和靶向性,并通过临床前和临床试验验证其安全性和有效性。

2.3 基因沉默技术

基因沉默技术在治疗肾癌和肾纤维化中的应用具有重要潜力,其机制主要涉及靶向调控关键信号通路或致病基因的表达。在肾癌小鼠模型中,TRIM27存在明显的过表达现象,研究人员通过设计小干扰RNA(siTRIM27)靶向敲低TRIM27的表达后,发现癌细胞的增殖、迁移和侵袭能力显著降低^[46]。类似地,在肾纤维化模型中,TRIM18的过表达被发现与肾纤维化进程密切相关。通过设计siTRIM18靶向敲低TRIM18的表达后,研究人员观察到促纤维化因子(如CTGF、IL-6)的表达水平显著下降,同时肾脏纤维化的病理特征得到明显缓解^[23]。这些研究表明,基因沉默技术不仅能够特异性抑制TRIM的表达,还可以通过联合靶向其下游效应分子,缓解疾病进展,为肾脏疾病治疗提供了新策略。

除了直接靶向敲低TRIM家族蛋白的表达来抑制肾脏疾病的发展,通过沉默抑制相关信号通路中的关键因子也能起到相似作用。在TRIM37过表达的肾纤维细胞模型中,TGF- β 通过激活Smad2/3促进肾小管上皮细胞的细胞周期停滞和纤维化基因的表达^[55],研究表明,通过siRNA沉默Smad3可以显著抑制TGF- β 诱导的纤维化标志物的表达,并缓解上皮细胞的增殖抑制^[69]。这一发现为靶向TRIM37和TGF- β /Smad信号通路之间的联系治疗肾纤维化提供了理论依据。基因沉默技术的优势在于其高度特异性和可调控性,能够精准靶向致病基因而不影响正常基因的功能,未来研究可以探索联合使用siTRIM18和siSmad3的多靶点基因沉默策略,以更全面地阻断纤维化信号的传递。

2.4 小分子抑制剂开发

在RCC的病理生理过程中,TRIM6的异常激活与mTORC1信号通路的失调密切相关,研究表明,mTORC1的异常活化会显著抑制自噬相关蛋白的表达和活性,进而导致细胞自噬功能受损,进一步诱发EMT过程,并引发ERS,最终加重肾纤维化^[47]。针对mTORC1信号通路的异常活化,临床上已开发出多种小分子抑制剂,其中以雷帕霉素最为典型,这些药物通过特异性抑制mTORC1的活性,不仅能够有效缓解肾纤维化进程^[70],在晚期RCC治疗中也显示出一定的临床疗效,但由于肿瘤细胞可以通过多种机制产生耐药性,只有少数患者能从mTORC1

抑制剂治疗中有显著临床获益^[71]。根据这一现象,未来也许能联用小分子抑制剂和靶向抑制TRIM6表达的治疗方法,来治疗临床难治性肾纤维化。

3 总结与展望

近年来,研究发现TRIM蛋白在肾脏疾病领域,尤其是肾癌和肾纤维化方面,扮演着极为重要的角色。TRIM家族成员通过UPS、氧化应激、炎症反应、免疫调节、信号通路调控以及表观遗传修饰等多种机制,参与并推动肾癌和肾纤维化的发生与发展。然而,当前TRIM蛋白在肾脏疾病中的研究仍存在局限性。一方面,TRIM家族成员具有高度多样性和功能复杂性,其作用机制呈现显著的细胞类型特异性和组织微环境依赖性。且现有研究多基于体外细胞模型或动物实验,与人类疾病的复杂病理特征仍存在模拟差距。另一方面,研究技术的局限性制约了对TRIM蛋白动态调控网络及翻译后修饰机制的深入解析。在未来,随着单细胞测序、空间转录组学以及基因编辑技术的不断发展,有望更精准地解析TRIM家族在肾脏细胞中的表达模式及其功能。深入研究TRIM蛋白的翻译后修饰,以及它与下游靶点的相互作用网络,将为进一步揭示其在肾脏疾病中的调控机制提供关键线索。利用基因编辑技术构建TRIM基因敲除或突变的肾脏疾病模型,既能验证其功能,还能筛选出关键功能域,为药物研发提供潜在靶点。TRIM蛋白在肾癌和肾纤维化中的研究,不仅具有重要的科学意义,更具备显著的临床价值。通过多学科协作与技术创新,对TRIM家族的研究极有可能为肾脏疾病的机制解析与治疗带来突破性进展,为患者提供更为有效的治疗方案。

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所有作者声明无利益冲突。

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唐昊负责文献查阅与整理,确定论文的主要方向和理论框架,完成整体论文的撰写;卢泓成参与论文题目的选择以及主要方向的确定,对论文进行了审阅与修改,对论文的逻辑结构、语言表达和学术规范性提出了宝贵的建议;胡强参与了论文的审阅与修改,对论文的逻辑结构、语言表达和学术规范性提出了宝贵的建议,并对论文的最终定稿进行了校对。

Author's Contribution:

TANG Hao was responsible for literature review and organization, determining the main direction and theoretical frame-

work of the paper, and completing the overall writing of the paper. LU Hongcheng participated in the selection of the research topic and the determination of the main direction, contributed to the review and revision of the paper, and provided valuable suggestions regarding the logical structure, language expression, and academic rigor of the manuscript. HU Qiang participated in the review and revision of the paper, provided valuable suggestions on the logical structure, language expression, and academic standardization of the paper, and proofread the final draft of the paper.

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