

• 基础研究 •

## 三七总皂苷下调CD36信号通路对高脂饲料喂养小鼠血小板高反应性的抑制作用

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**[摘要]** 目的: 探讨膳食补充三七总皂苷(total saponins of *Panax notoginseng*, PNS)对高脂血症模型小鼠血小板高反应性的影响及其可能的分子机制。方法: 将8周龄健康雄性C57BL/6J小鼠随机分为4组, 即低脂饲料(low-fat diet, LFD)喂饲组(LFD组)、LFD+PNS组(LFD中添加PNS 200 mg/kg饲料)、高脂饲料(high-fat diet, HFD)喂饲组(HFD组)、HFD+PNS组(HFD中添加PNS 200 mg/kg饲料), 实验干预12周后处死小鼠, 分离血浆和提取纯化血小板, 使用试剂盒检测血脂水平, 血小板聚集仪测定血小板最大聚集率, 流式细胞术和酶联免疫吸附法检测血小板活化指标, 实时定量PCR技术检测血小板CD36 mRNA表达水平, Western blot免疫印迹实验检测血小板CD36蛋白表达、Src和p47<sup>phox</sup>的磷酸化水平。结果: 与LFD组相比, HFD组小鼠血浆总胆固醇、甘油三酯和低密度脂蛋白胆固醇显著升高, 膳食补充PNS可显著降低小鼠的血脂水平。在激动剂凝血酶的刺激下, 膳食补充PNS显著降低由HFD诱导的小鼠血小板聚集和活化, 如抑制血小板表面CD62P的表达和血小板因子4(platelet factor 4, PF4)及趋化因子配体5(chemokine ligand 5, CCL5)的释放, 提示PNS可降低HFD诱导的小鼠血小板高反应性。机制上, 膳食补充PNS显著降低由HFD诱导的小鼠血小板CD36 mRNA和蛋白表达, 并且显著抑制由HFD诱导血小板CD36下游信号通路的活化, 包括下调Src和p47<sup>phox</sup>的磷酸化水平。此外, 膳食补充PNS可显著抑制由HFD组小鼠血浆诱导的血小板表面CD62P的表达, 在CD36分子的中和性抗体FA6-152的作用下, PNS的抑制作用被消除。结论: 膳食补充PNS对高脂饲料喂养小鼠的血小板高反应性具有抑制作用, 其作用机制可能是下调CD36信号通路, 本研究为PNS改善高脂血症及其相关慢性代谢性疾病中血栓形成提供参考价值。

**[关键词]** 三七总皂苷; 血小板高反应性; CD36信号通路; 高脂血症**[中图分类号]** R282.71**[文献标志码]** A**[文章编号]** 1007-4368(2025)08-1092-09**doi:** 10.7655/NYDXBNSN241340

## Total saponins of *Panax notoginseng* attenuate platelet hyperreactivity through down-regulating CD36 signalling pathway in mice fed a high-fat diet

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**[Abstract]** **Objective:** The current study aims to assess the efficacy of total saponins of *Panax notoginseng* (PNS) supplementation on platelet hyperreactivity in hyperlipidemic mice as well as to clarify the underlying mechanisms *in vivo*. **Methods:** Healthy male C57BL/6J mice (aged 8 weeks) were randomly divided into four groups and fed either a low-fat diet (LFD group), a LFD supplemented with PNS (200 mg/kg diet, LFD+PNS group), a high-fat diet (HFD group), or a HFD supplemented with PNS (200 mg/kg diet, HFD+PNS group) for 12 weeks. After that all mice were killed, and the plasma and purified platelets were prepared, followed by measurement levels of plasma lipid profile using commercial assay kits. A platelet aggregometer was used to measure maximal aggregation ratio. Platelet activation was determined by flow cytometry and enzyme-linked immunosorbent assays. Real-time PCR technique was used to detect CD36 mRNA expression, and Western blot was used to measure protein expression levels of CD36 and phosphorylation of Src and p47<sup>phox</sup>. **Results:** When compared with those in LFD group, the plasma levels of total cholesterol, triglyceride

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and low density lipoprotein cholesterol were significantly increased in HFD group, which were greatly decreased by PNS supplementation. Moreover, PNS supplementation favorably attenuated HFD-induced platelet aggregation and activation in response to an agonist thrombin, including inhibiting platelet surface CD62P expression, and platelet factor 4 (PF4) and chemokine ligand 5 (CCL5) release, indicating a potent inhibitory effect of PNS on HFD-induced platelet hyperreactivity. Mechanistically, CD36 mRNA and protein expression increased by HFD were significantly down-regulated by PNS supplementation. Moreover, PNS supplementation also greatly attenuated HFD-induced activation of downstream signalling pathways mediated by CD36, including down-regulating Src and p47<sup>phox</sup> phosphorylation. Furthermore, it is found that platelet surface CD62P expression isolated from LFD mice in response to adenosine diphosphate were increased by adding hyperlipidemic plasma from HFD mice, which was greatly decreased in LFD+PNS group. This significant difference was abolished when pretreated with an anti-CD36 monoclonal antibody FA6-152. **Conclusions:** PNS supplementation attenuates platelet hyperreactivity in mice fed a high-fat diet possibly through down-regulating CD36 signalling pathway. The current study may provide potential value for PNS to improve thrombosis in hyperlipemia and the related chronic metabolic diseases.

[Key words] total saponins of *Panax notoginseng*; platelet hyperreactivity; CD36 signalling pathway; hyperlipemia

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正常功能的血小板对于维持生理性止血和凝血至关重要,但血小板高反应性可促进动脉粥样硬化和血栓形成,进而加速心血管疾病(cardiovascular disease, CVD)的发生发展<sup>[1]</sup>。在CVD的危险因素中,导致血小板反应性升高的病理因素有很多,其中最常见的是高脂血症和糖尿病<sup>[2-3]</sup>。大量研究证明,高脂血症诱导的血小板高反应性对于促进CVD发生发展过程中的心血管并发症尤其是血栓形成起关键作用,其中的机制错综复杂,普遍认为血小板表面的清道夫受体CD36及其介导的信号通路在其中发挥重要作用<sup>[4-6]</sup>。在高脂血症患者的循环血液中,大量的氧化磷脂尤其是氧化型低密度脂蛋白(oxidized low-density lipoprotein, ox-LDL)通过与血小板表面的CD36结合,介导一系列的胞内信号转导事件,如激活Src/Syk/NOX2等信号通路,进而诱导血小板内产生大量的活性氧(reactive oxygen species, ROS),最终导致血小板反应性升高<sup>[7]</sup>,高反应性的血小板在受到血液中的某些激动剂如血管内皮暴露的胶原以及循环血液中的凝血酶等刺激时,表现为聚集和活化异常升高,进而参与心血管事件尤其是血栓的形成和发展<sup>[1]</sup>,严重的血栓形成导致的心梗和脑梗是致死和致残的重要危险因素。因此,抑制血小板高反应性进而改善血小板功能是减缓高脂血症和CVD中心血管并发症发生发展的重要途径之一<sup>[4,8-9]</sup>。

近年来,传统中药因其成分天然和不良反应小等诸多优点成为国内外研究的热点<sup>[10]</sup>。三七属于五加科植物,作为一味传统中药材,具有活血化淤、

止血等功效。药代学研究证实,三七总皂苷(total saponins of *Panax notoginseng*, PNS)是从三七根茎中提取出来的最主要的活性成分,具有抗炎、抗氧化、抗动脉粥样硬化和抗血栓形成等作用<sup>[11]</sup>。临床上,PNS制剂如血栓通注射液等被广泛用于治疗血栓性心血管疾病,其机制与其抑制血小板聚集、活化和黏附密切相关<sup>[12]</sup>。本课题组前期的体外实验研究发现PNS可显著抑制ox-LDL诱导的血小板线粒体损伤和细胞凋亡<sup>[13]</sup>,但是,膳食补充PNS对高脂血症小鼠血小板高反应性的调控作用及机制尚缺乏报道。因此,本研究通过动物实验探讨膳食补充PNS对高脂饲料喂养小鼠血小板高反应性的调控效应及可能机制,为PNS改善高脂血症及相关慢性代谢性疾病中血栓形成提供参考。

## 1 材料和方法

### 1.1 材料

PNS粉末(纯度>98%,货号:S4820,北京索莱宝科技公司);血小板因子4(platelet factor 4, PF4)和趋化因子配体5(chemokine ligand 5, CCL5)酶联免疫吸附试剂盒(货号:ab202403、ab100739)、CD36中和性抗体FA6-152(货号:ab17044)(Abcam公司,英国);凝血酶(货号:T6884)和二磷酸腺苷(adenosine diphosphate, ADP,货号:SML1231)(Sigma-Aldrich公司,美国);CD36抗体(货号:TA374445)、 $\beta$ -actin抗体(货号:TA328070)以及羊抗兔二抗(货号:TA397275)(OriGene Technologies公司,美国);p-Src(Ser<sup>416</sup>)抗体(货号:AP1370)和Src抗体(货号:

A11707)(武汉爱博泰克生物科技有限公司); p-p47<sup>phox</sup>(Ser<sup>359</sup>)抗体(货号:AF3167)和 p47<sup>phox</sup>抗体(货号:AF5220)(Affinity Biosciences公司,美国);藻红蛋白(phycoerythrin, PE)标记的鼠 CD62P 流式抗体(货号:12-0626-82, eBioscience公司,美国);BCA 蛋白浓度测定试剂盒(货号:P0011,上海碧云天生物技术股份有限公司);总胆固醇(total cholesterol, TC)、甘油三酯(triglyceride, TG)、高密度脂蛋白胆固醇(high-density lipoprotein-cholesterol, HDL-C)和低密度脂蛋白胆固醇(low-density lipoprotein-cholesterol, LDL-C)检测试剂盒(货号:A111-1-1、A110-1-1、F003-1-1、A113-1-1,南京建成生物工程研究所)。FACSCalibur 流式细胞仪(BD Biosciences公司,美国),血小板聚集仪(北京泰利康信生物科技有限公司)。

## 1.2 方法

### 1.2.1 动物饲养和分组

40只雄性健康C57BL/6J小鼠(6周龄)购自昆明楚商科技有限公司,所有小鼠均饲养在大理大学SPF级动物房里(实验动物使用许可证号:SYXX[滇]2018-0002),环境温度22~24℃,提供适当的昼夜光变化周期(12h光照/12h黑暗交替),小鼠可自由进食和饮水。经2周适应性喂养后,所有小鼠随机分为4组(10只/组),即低脂饲料(low-fat diet, LFD,含10kcal%脂肪)喂饲组(LFD组)、LFD+PNS组(饲料中添加200mg/kg的PNS)、高脂饲料(high-fat diet, HFD,含45kcal%脂肪)喂饲组(HFD组)、HFD+PNS组(饲料中添加PNS 200mg/kg),PNS的剂量参考文献[14]。PNS粉末均匀混入LFD或HFD中,动物饲料制作由江苏美迪森生物医药有限公司完成。动物饲养过程中,每天查看小鼠的一般情况和摄食量,每周称体重,实验干预周期为12周。本研究已通过大理大学动物伦理委员会批准。

### 1.2.2 小鼠纯化血小板的制备

小鼠纯化血小板的制备采用本实验室方法进行<sup>[15-16]</sup>。实验干预的第12周末,小鼠禁食不禁水8h后,腹腔注射10%的水合氯醛(0.02mL/g体重)麻醉小鼠,通过心脏采血将小鼠全血注入含3.8%枸橼酸葡萄糖抗凝剂的离心管中,室温静置15min后,离心(300g,2min),收集上清得到富血小板血浆(platelet-rich plasma, PRP),将PRP进一步离心(500g,3min)以沉淀血小板,收集上清得到小鼠血浆,将其冻存于-80℃用于后续血浆中血脂水平的检测,血小板沉淀则用台氏液轻轻重悬得到纯化血

小板。

### 1.2.3 血浆TC、TG、HDL-C和LDL-C的检测

将冻存的血浆从冰箱中取出,置于冰上,使其自然溶解后,依照试剂盒说明书检测血浆TC、TG、HDL-C和LDL-C水平<sup>[17]</sup>。

### 1.2.4 血小板聚集实验

用台氏液调整纯化血小板密度至 $2.5 \times 10^8$ 个/mL,将250μL血小板悬液加入反应杯中,在聚集仪孵育孔中预热5min,同时加入终浓度为1mmol/L的CaCl<sub>2</sub>溶液,以1000r/min运行1min后加入终浓度为0.05U/mL的凝血酶,记录血小板聚集情况,5min后停止记录,采用比浊法测定血小板聚集率<sup>[15,17]</sup>。

### 1.2.5 血小板表面CD62P表达的检测

用台氏液调整纯化血小板密度至 $5 \times 10^6$ 个/mL,分别加入1μgPE标记的CD62P抗体,室温下避光孵育20min后,依次加入终浓度为1mmol/L的CaCl<sub>2</sub>溶液和0.05U/mL的凝血酶激活血小板2min,最后用1%的多聚甲醛固定,1h内用FACSCalibur流式细胞仪检测血小板表面CD62P的表达,并使用FlowJo(version 10.8.1)进行数据分析。探讨CD36信号通路在PNS调控小鼠血小板高反应性的作用时,分离LFD组和LFD+PNS组小鼠的纯化血小板以及LFD组和HFD组小鼠血浆,在有或无CD36分子的中和性抗体FA6-152(1μg/mL)的条件下,将LFD组小鼠或HFD组小鼠血浆分别与LFD组和LFD+PNS组小鼠纯化血小板共同孵育20min,然后经血小板生理性激动剂ADP(5μmol/L)刺激2min后用1%的多聚甲醛固定,最后用流式细胞仪检测血小板表面CD62P的表达水平<sup>[15,18]</sup>。

### 1.2.6 血小板分泌的PF4和CCL5水平检测

在小鼠纯化血小板( $1 \times 10^8$ 个/mL)悬液中依次加入终浓度为1mmol/L的CaCl<sub>2</sub>和0.1U/mL的凝血酶,激活5min后,放于冰上终止反应,4℃离心(1000g,15min),收集上清备用,上清中PF4和CCL5浓度的检测采用商业化的酶联免疫吸附试剂盒进行测定,具体检测方法参照已发表文献<sup>[16]</sup>。

### 1.2.7 实时荧光定量PCR检测血小板CD36 mRNA表达水平

将PRP离心(500g,3min)得到血小板沉淀后,血小板总RNA的提取采用mirVana™ miRNA分离试剂盒进行,最后取1μg的RNA进行逆转录合成cDNA,将cDNA进一步进行实时荧光定量PCR扩增操作,mRNA相对表达量用 $2^{-\Delta\Delta CT}$ 方法计算,GAPDH管家基因当作内参<sup>[19]</sup>。所用引物序列见表1。

表1 实时荧光定量PCR所用引物序列

Table 1 Primer sequences used in qRT-PCR

Gene	Primer	Sequence(5'→3')
CD36	Forward	ATGGGCTGTGATCGGAACTG
	Reverse	TTTGCCACGTCATCTGGGTTT
GAPDH	Forward	CATCACTGCCACCCAGAAGACTG
	Reverse	ATGCCAGTGAGCTTCCCGTTCAG

### 1.2.8 Western blot 实验

细胞裂解液对各组小鼠血小板沉淀进行裂解后,用BCA蛋白浓度测定试剂盒对蛋白浓度进行测定,取30 μg蛋白质进行十二烷基硫酸钠-聚丙烯酰胺凝胶电泳,将蛋白转到聚偏二氟乙烯膜后,依次进行脱脂奶粉溶液封闭、一抗和二抗孵育等步骤后,用自动化学发光图像分析系统对条带进行曝光,条带灰度用Quantity One 1-D分析软件(version 4.6.2)进行分析<sup>[16-18]</sup>。

### 1.3 统计学方法

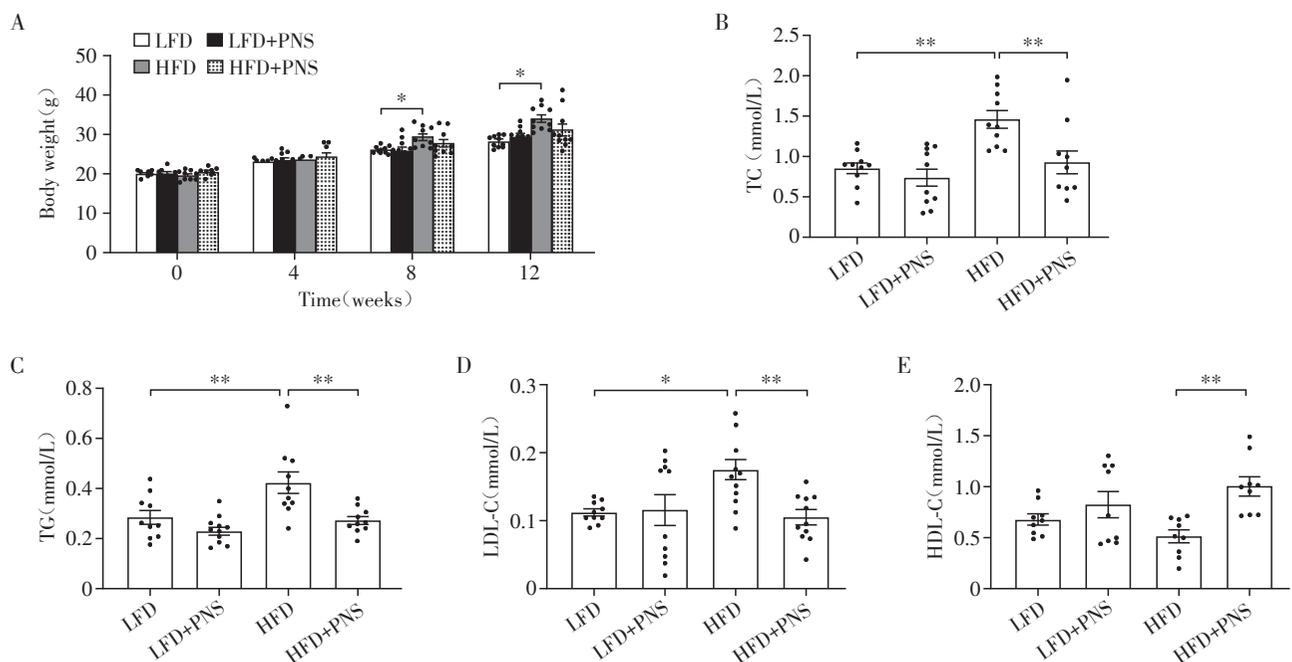
用GraphPad Prism统计软件(version 9.4.1)进行数据统计分析和作图。实验数据用平均值±标准误( $\bar{x} \pm s_x$ )表示,经正态性检验,所有实验数据均符合正态分布,且每个实验各组间的样本量均一致,因此多

组间的比较采用单因素方差分析,再用Tukey法进行组间的两两比较,双侧 $P < 0.05$ 为差异具有统计学意义。各组数据统计至少来自3只独立的小鼠样本。

## 2 结果

### 2.1 膳食补充PNS对小鼠体重和血脂水平的影响

经12周的干预,小鼠的体重变化情况如图1A所示,饲养的整个过程,各组小鼠的体重均不断升高,从第8周开始,HFD组小鼠的体重显著高于LFD组,差异具有统计学意义( $P < 0.05$ )。在饲养的第8、12周,HFD+PNS组小鼠体重相比HFD组有降低的趋势,但是差异无统计学意义( $P > 0.05$ )。在12周的干预期间,LFD+PNS组小鼠体重相比LFD组差异无统计学意义( $P > 0.05$ )。如图1B~D所示,相比LFD组,HFD可显著升高小鼠血浆TC、TG和LDL-C水平( $P < 0.05$ ),且可经膳食补充PNS显著改善( $P < 0.01$ )。如图1E所示,HFD组小鼠血浆HDL-C水平较LFD组有下降趋势,但差异无统计学意义( $P > 0.05$ ),而膳食补充PNS可显著升高HFD小鼠血浆HDL-C水平( $P < 0.01$ )。LFD+PNS组和LFD组血脂水平差异无统计学意义( $P > 0.05$ )。



A: Changes in body weight of mice. B-E: Measurement of plasma TC(B), TG(C), LDL-C(D) and HDL-C(E) levels. \* $P < 0.05$  and \*\* $P < 0.01$  (A-D;  $n=10$ ; E:  $n=9$ ).

图1 膳食补充PNS对小鼠体重和血脂水平的影响

Figure 1 Effect of PNS supplementation on murine body weight and plasma lipid levels

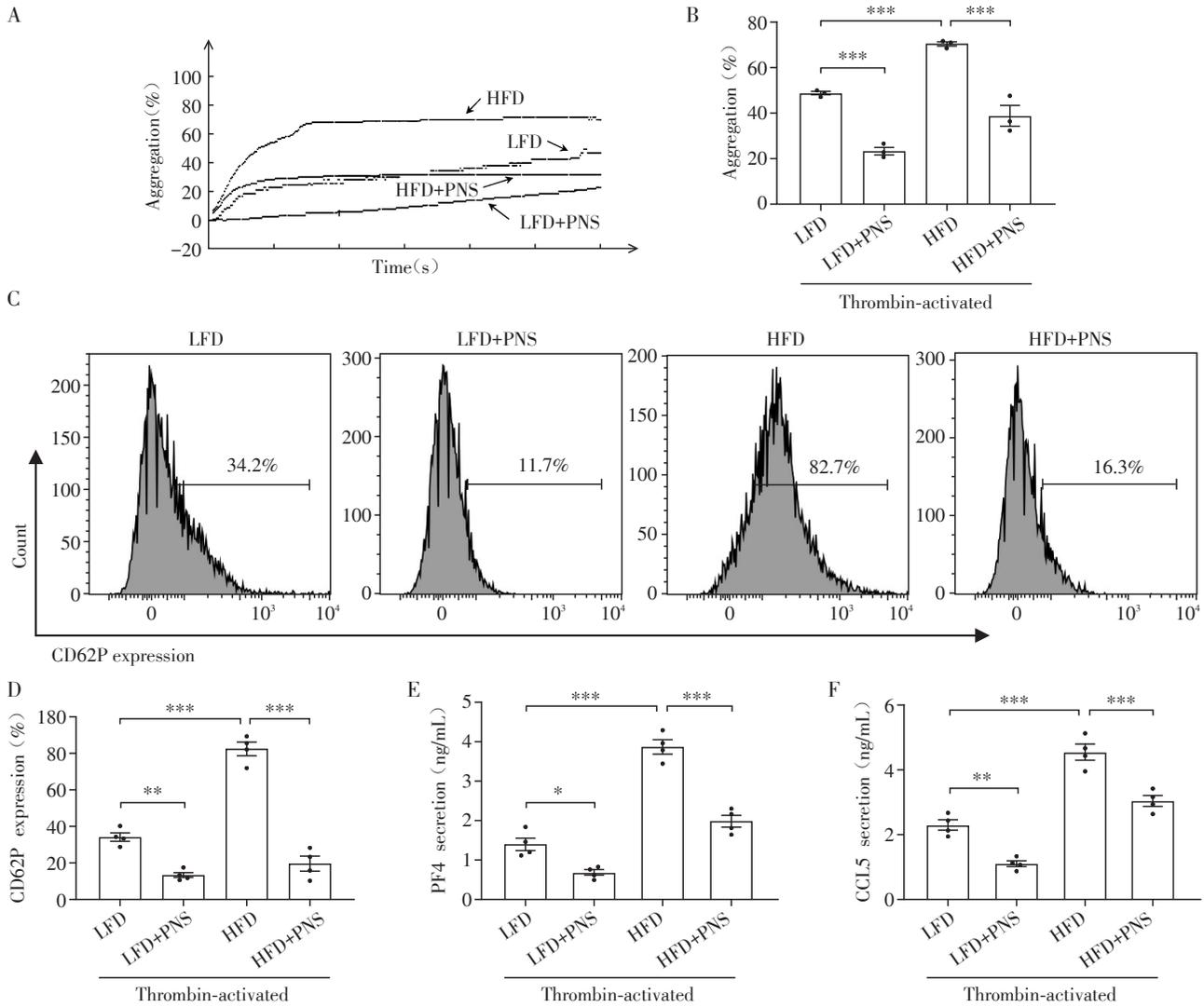
### 2.2 膳食补充PNS对小鼠高反应性的影响

在血小板生理性激动剂凝血酶的作用下,与

LFD组小鼠相比,HFD组小鼠血小板聚集(图2A、B)和活化(图2C~F)均显著升高( $P < 0.05$ ),表现为

HFD组小鼠血小板表面CD62P的表达(图2C、D),以及PF4和CCL5的释放水平显著升高(图2E、F),说明HFD可显著升高血小板的反应性。膳食补充

PNS均可显著降低由凝血酶诱导的LFD和HFD小鼠血小板聚集和活化( $P < 0.05$ )。提示膳食补充PNS可改善HFD喂养小鼠血小板的高反应性。



A, B: Representative images of platelet aggregation curves (A) and statistical graph of maximum aggregation rate (B,  $n=3$ ). C, D: Representative images of flow cytometry for platelet surface CD62P expression (C) and statistical graph of CD62P expression (D,  $n=4$ ). E, F: Statistical graphs of platelet released PF4 (E) and CCL5 (F) levels ( $n=4$ ). \* $P < 0.05$ , \*\* $P < 0.01$  and \*\*\* $P < 0.001$ .

图2 膳食补充PNS对小鼠血小板高反应性的影响

Figure 2 Effect of PNS supplementation on platelet hyperreactivity in mice

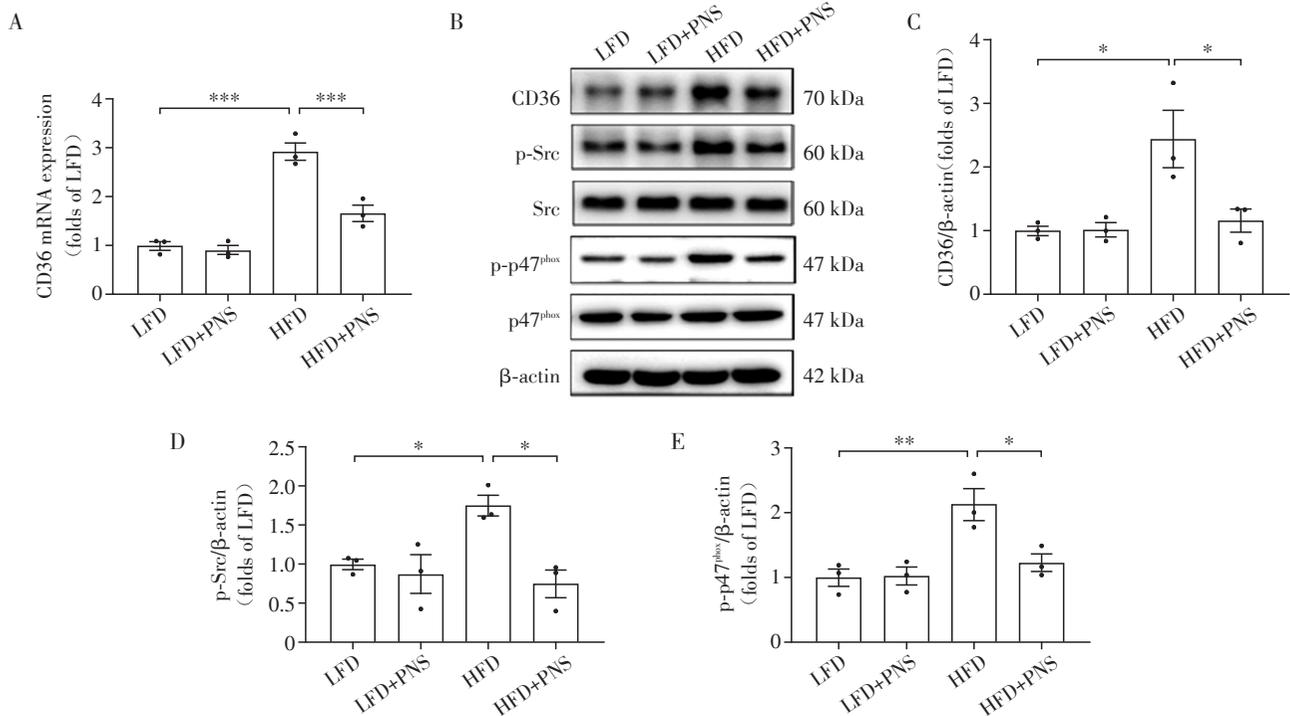
### 2.3 膳食补充PNS对小鼠血小板CD36信号通路活化的影响

如图3A~C所示, HFD可显著升高血小板CD36的mRNA和蛋白表达水平, 与LFD组小鼠相比, 差异有统计学意义( $P < 0.05$ )。与HFD组小鼠相比, 膳食补充PNS可显著逆转由HFD诱导的血小板CD36 mRNA(图3A)和CD36蛋白(图3B、C)的表达上调。此外, 膳食补充PNS可显著下调CD36下游蛋白的活化, 包括降低由HFD诱导的血小板Src和

p47<sup>phos</sup>蛋白磷酸化表达水平( $P < 0.05$ , 图3B、D、E)。但与LFD组小鼠相比, 膳食补充PNS后上述指标表达的差异均无统计学意义( $P > 0.05$ )。以上实验结果提示膳食补充PNS可下调HFD喂养小鼠血小板CD36信号通路的活化。

### 2.4 膳食补充PNS对HFD喂养小鼠血小板高反应性的抑制作用受CD36信号通路的调控

为了探讨CD36信号通路在膳食补充PNS降低HFD喂养小鼠血小板高反应性中的调控作用, 分离



A: Real-time PCR for CD36 mRNA expression. B: Representative images of Western blot. C-E: Western blot analysis and quantification of CD36 expression(C), Src phosphorylation(D), and p47<sup>phox</sup> phosphorylation(E). \**P* < 0.05, \*\**P* < 0.01 and \*\*\**P* < 0.001 (*n*=3).

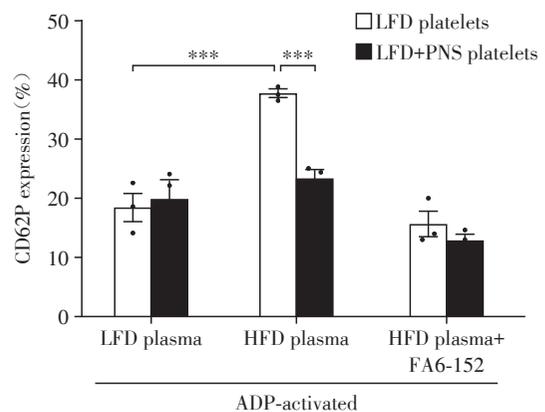
图3 膳食补充PNS对小鼠血小板CD36信号通路活化的影响

Figure 3 Effect of PNS supplementation on activation of platelet CD36 signalling pathway in mice

LFD组和HFD组小鼠血浆,在有或无CD36分子中和抗体FA6-152的条件下,分别与LFD组和LFD+PNS组小鼠纯化血小板共同孵育。然后在ADP刺激下检测血小板表面CD62P的表达水平,结果如图4所示,HFD组小鼠血浆孵育后,血小板表面CD62P的表达较LFD组显著增加(*P* < 0.05),但在HFD组小鼠血浆孵育下,LFD+PNS组小鼠血小板表面CD62P的表达较LFD组血小板显著降低(*P* < 0.05),且该差异可被FA6-152消除,即在FA6-152存在的条件下,HFD组小鼠血浆诱导的血小板表面CD62P的表达在LFD+PNS组和LFD组小鼠间差异无统计学意义(*P* > 0.05)。以上实验结果提示膳食补充PNS降低HFD喂养小鼠的血小板高反应性主要受CD36信号通路的调控。

### 3 讨论

大量研究提示抑制血小板CD36及其介导的信号通路可有效降低高脂血症诱导的血小板高反应性,进而抑制血栓形成,降低心血管事件的发生<sup>[4, 6, 20]</sup>。本课题组目前的研究发现传统中药材PNS可显著降低高脂血症小鼠血小板高反应性,如抑制HFD喂养诱导的小鼠血小板聚集和活化,其分



Flow cytometry analysis and quantification of platelet surface CD62P expression. \**P* < 0.05 and \*\*\**P* < 0.001 (*n*=3).

图4 膳食补充PNS对HFD喂养小鼠血小板高反应性的抑制作用受其CD36信号通路下调的调控

Figure 4 The inhibitory effect of PNS supplementation on platelet hyperreactivity is mediated by down-regulated CD36 signalling pathway in mice fed with HFD

子机制主要是下调CD36信号通路,本研究通过动物实验为PNS改善高脂血症及其相关慢性代谢性疾病中血栓形成提供参考价值。

高脂血症中脂质代谢紊乱被认为是心血管疾

病最重要的危险因素之一,尤其是循环血液中高浓度的LDL-C,一部分LDL会被氧化成为ox-LDL,ox-LDL可促使血小板、白细胞、内皮细胞和巨噬细胞等功能失调,进而促进血小板、白细胞和巨噬细胞在损伤的内皮血管处沉积,参与动脉粥样硬化和血栓形成<sup>[21]</sup>。本研究发现12周的PNS干预可显著改善高脂血症小鼠的血脂水平,如降低血浆TC、TG和LDL-C水平,与其他研究结论一致<sup>[22-23]</sup>,PNS改善脂质代谢紊乱的作用可能是其防治心血管疾病的一个重要机制。本研究提示PNS可显著降低高脂血症小鼠血小板高反应性,其机制可能不依赖于PNS对血浆脂质水平的改善作用,原因是通过分离LFD组和LFD+PNS组小鼠纯化血小板以及HFD组小鼠血浆,并将HFD组小鼠血浆分别与LFD组和LFD+PNS组小鼠纯化血小板共同孵育,结果发现LFD+PNS组小鼠血小板高反应性较LFD组显著降低,说明在血脂紊乱小鼠中PNS可能直接作用于血小板,而非主要通过改善小鼠血脂水平来间接抑制血小板功能。

研究表明,CD36及其介导的信号通路在促进高脂血症血小板高反应性和血栓形成过程中发挥关键作用。药物阻断血小板CD36可以抑制高脂血症诱导的血小板高反应性和血栓形成<sup>[4,7]</sup>;给予CD36<sup>-/-</sup> ApoE<sup>-/-</sup>小鼠高脂饮食后,血小板高反应性显著降低,即血小板活化、聚集以及黏附等功能对激动剂的反应性显著下降,因而起到减缓血栓发生发展的作用<sup>[4]</sup>。本研究发现,PNS干预可显著下调高脂血症小鼠血小板CD36 mRNA和蛋白的表达,且PNS对HFD小鼠血浆诱导的LFD小鼠血小板高反应性的抑制作用可被CD36中和性抗体FA6-152消除,这说明CD36及其介导的信号通路是PNS降低高脂血症小鼠血小板高反应性的重要机制,但是PNS具体调控哪个转录因子进而参与下调CD36 mRNA表达值得进一步深入研究。此外,PNS中的皂苷单体是否通过与CD36分子直接结合发挥作用也值得今后深入探讨。

在高脂血症状态下,循环血液中高浓度的氧化磷脂可直接与血小板表面的CD36受体结合,触发一系列胞内信号转导事件,促使血小板高反应,进而参与血栓的形成和发展。在这些胞内转导的信号蛋白中,Src家族蛋白酶的活化在其中起关键作用<sup>[4,7]</sup>。Src家族蛋白酶包括Src在内的蛋白磷酸化进一步激活下游Syk、PKC和NOX2,使其发生磷酸化,NOX2的活化是氧化磷脂激活血小板CD36分子

发挥促胞内ROS生成的关键步骤<sup>[5,7]</sup>。血小板内ROS过载可促进血栓素A<sub>2</sub>的释放和增加钙离子动员,进而激活血小板整合素 $\alpha$  II b $\beta$ 3,介导激动剂诱导的血小板聚集和活化<sup>[24-25]</sup>。本研究发现PNS干预可下调高脂血症小鼠血小板CD36下游重要信号分子的活化,如降低Src和p47<sup>phox</sup>磷酸化水平(p47<sup>phox</sup>磷酸化水平可作为NOX2活化的标志<sup>[4]</sup>),但是CD36下游的其他信号通路如cAMP/PKA、cGMP/PKG等<sup>[2,7]</sup>是否也参与PNS调控高脂血症小鼠血小板的高反应性仍值得今后进一步深入研究。

研究提示,虽然PNS的口服利用度较低(1.2%),但是口服PNS后其体内的药理活性仍然较高,这说明较低的口服利用度并不能对应PNS到达体内的药理活性,这与PNS中多个皂苷单体如G-Rg1、G-Rb1、G-Rd和NG-R1等的协同作用密切相关<sup>[26]</sup>。这也提示虽然PNS中单个皂苷单体在体外细胞实验中具有较强的抗血小板活性,可能具有潜在的药物开发价值<sup>[27]</sup>,但是在体内实验中其单独作用时的药理活性较弱,这也是目前临床上使用的三七制剂(如血栓通注射液和血塞通胶囊/注射液等)均为三七总皂苷而不是某个皂苷单体的重要原因。为了更深入地探讨PNS调控高脂血症血小板反应性的药理机制,在今后的实验中可考虑使用PNS中的皂苷单体进行深入研究。总之,本研究首次探讨了PNS经CD36信号通路调控高脂血症小鼠血小板高反应性的效应和机制,为PNS防治高脂血症及其相关代谢性疾病血栓形成提供了重要的理论参考。

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#### 作者贡献声明:

张春梅负责实验实施、收集数据、统计分析和论文撰写与修改;胡锦涛、毕晓艳和马军羽负责课题设计和收集数据;李梦瑶和李荣负责审核数据、论文修改与审阅;牙甫礼负责课题设计、实验监管、经费资助、论文撰写与修改。

#### Author's Contributions:

ZHANG Chunmei was responsible for the experiment performance, data collection, statistical analysis, and manuscript writing and revision. HU Jinqiu, BI Xiaoyan, and MA Junyu were responsible for the study design and data collection. LI Mengyao and LI Rong were responsible for the data curation, manuscript revision and review. YA Fuli was responsible for the study design, supervision, funding acquisition, and writing and reviewing the article.

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