

· 综述 ·

糖基化修饰在包膜病毒感染过程中的作用

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【摘要】包膜病毒感染过程中, 劫持宿主细胞的糖基化修饰系统对自身抗原进行修饰, 籍此逃脱宿主的免疫监视, 是病毒感染的重要机制。而且, 包膜蛋白的糖基化修饰, 一方面发挥抗原屏蔽效应, 导致疫苗研发更为困难; 另一方面, 修饰的聚糖对抗原表位结构也具有空间重构效应。因此, 包膜病毒的中和抗体与修饰聚糖的结构有关。除此之外, 抗原蛋白的糖基化修饰也与病毒识别、黏附, 组织嗜性, 病毒颗粒组装的质量控制以及毒性与侵袭力有关。本文对该领域的研究现状做一综述。

【关键词】病毒; 抗原; 糖基化修饰; 糖型; 聚糖屏蔽

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【Abstract】During the infection process, the enveloped virus hijacked the glycosylation system of the host cell to modify its own antigen, and escape from the immune monitoring of the host. Moreover, the glycosylation modification to the envelope protein, which played the antigen shielding effect, made the development of vaccine more difficult. On the other hand, the structure of the modified polysaccharide against the major epitope also had a spatial reconstruction effect. Therefore, the construction of neutralizing antibodies to the enveloped virus was related to the structure of the modified glycan. In addition, the glycosylation modification of antigen proteins was also associated with virus recognition, adhesion, tissue tropism, quality control of viral particle assembly, toxicity and infectivity. The current advances in this field were reviewed in this article.

【Key words】Virus; Antigen; Glycosylation; Glycoform; Glycan-shielding

包膜病毒劫持细胞糖基化修饰系统, 完成自身蛋白的糖基化修饰, 采用宿主聚糖装饰自身糖蛋白, 在病毒致病过程中发挥多方面作用^[1-2]。多数病毒蛋白的糖基化修饰仅限于表面蛋白, 少数蛋白的编码酶及其他蛋白也被糖基化修饰, 如绿藻病毒以及巨型拟菌病毒^[3-4]。N-糖基化位点占据状态, 称为N-糖基化修饰的宏观异质性; Asn残基上N-聚糖位点糖型差异, 即N-糖基化修饰的微观异质性。无论N-聚糖的宏观异质性还是微观异质性, 对病毒免疫原性均具有重要影响。本文仅对包膜病毒的糖基化修饰研究现状做一简要综述。

一、N-聚糖宏观异质性与病毒感染

近期流行的新型冠状病毒感染与2003年非典型性肺炎(severe acute respiratory syndrome, SARS)病毒类似, 均与S蛋白的N-聚糖宏观异质性有关^[5]。有关N-聚糖宏观异质性与病毒感染间关系研究最多的是流感病毒。对季节性流感病毒H3N2血凝素(hemagglutinin, HA)分析显示, 90% N-糖基化修饰位点被N-聚糖占据, 尤其是优势表位周围的N-糖基化修饰位点, 对优势表位的空间构象及诱导产生中和抗体的保护性均具有重要影响^[6-7]。

对1968年H₃N₂的HA分析显示, 每个HAs原体上平均分布6个N-糖基化修饰位点。至2017年, 每个原体上的糖基化修饰位点密度增加至13个^[8]。HAs上N-糖基化修饰位点的增加, 被认为与病毒致病性有关^[9]。从1918年至1957年, 西班牙流感H1N1的HA1-HA2原体平均增加了1~3个N-糖基化修饰位点^[10]。对寨卡病毒(Zika virus, ZIKV) 2007年及2016年的流行株差异分析也显示, 其神经氨酸酶(neuraminidase, NA)NS₅蛋白的糖基化修饰位点变异也

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与病毒流行相关^[11]。

与N-聚糖位点数增加不同,禽流感病毒HA5上N-糖基化修饰位点缺失,通过诱导内质网应激,也导致病毒毒力增强^[12]。类似糖基化修饰异常导致内质网应激的现象也见于胡宁病毒^[13]。日本森林脑炎病毒(Japanese encephalitis virus, JEV) E蛋白Asn⁶⁷和Asn¹⁵⁴糖基化修饰位点缺失,病毒在培养基内的复制能力则下降;与野生型病毒相比,神经毒性及神经侵袭性也降低^[14]。故有研究认为,JEV的Asn¹⁵⁴糖基化修饰与其突破血脑屏障有关。禽坦布苏病毒(avian tembusu virus, ATV) E蛋白S156P突变导致糖基化位点缺失,可使该病毒在家禽中的流行被抑制。提示E蛋白宏观异质性与媒介病毒的传播有关^[15]。

N-聚糖的宏观异质性,除与病毒的致病性直接相关外,也与宿主的体液免疫反应性有关。1型和2型甲型流感病毒对中和抗体的反应差异很大。在HA1的Asn³⁸引入1个N-糖基化修饰位点,直接导致对2亚型中和抗体也有反应性。提示甲型流感病毒的HA颈部N-糖基化修饰与抗体亲和力有关^[16]。而对抗病毒治疗过程中乙型肝炎患者的观察也显示,HBsAg上N-糖基化修饰位点增加,导致HBsAg免疫原性降低,与抗病毒治疗过程中乙型肝炎病毒(hepatitis B virus, HBV) DNA反弹有关^[17]。

目前认为,修饰聚糖通过抗原屏蔽,诱导病毒体液免疫逃逸,即通过利用宿主的N聚糖修饰,发挥分子模拟作用,进而逃避中和抗体的中和(构象转换),是包膜病毒免疫逃逸的重要机制^[18]。埃博拉病毒分泌3种糖蛋白,75%转录物为可溶性的糖蛋白(soluble glycoprotein, sGP),约25%的全长转录蛋白G蛋白以及痕量的小分子分泌蛋白ssGP。其中感染细胞分泌的sGP发挥抗体诱饵作用^[19]。拉萨病毒的GP1因构象不同于结构蛋白,构象变化而导致新的中和表位产生^[20]。而登革热病毒的NS1,含有2个N-糖基化修饰位点,不仅与病毒免疫逃逸有关,也可促进病毒复制^[21]。其他尚有呼吸道合胞病毒的分泌蛋白BARF1^[22]以及EB病毒的gp42^[23]均发挥类似作用。HIV-1的非聚合gp120也具有类似抗原表位构象转换功能,从而诱导病毒免疫逃逸。

N-聚糖的宏观异质性与宿主组织细胞差异亦有关。Hendra病毒G蛋白基因转染Hela细胞,全部7个N-糖基化修饰位点均被N-聚糖占据;相反,转染HEK293细胞,仅4个N-糖基化修饰位点被N-聚糖占据,但两种细胞系表达聚糖成熟度类似^[24]。因此,虽然重组埃博拉、尼帕以及马丘波病毒包膜蛋白修饰N-聚糖主要为复合型,但天然病毒在其宿主细胞内的修饰糖型,可能因感染宿主细胞不同,而N-聚糖的宏观异质性、微观异质性差异均有统计学意义。

二、N-糖基化修饰的微观异质性

1. 高甘露糖糖型与病毒颗粒成熟度:某些病毒如丙型肝炎病毒,劫持宿主糖基化修饰系统后,并不遵循经典的糖蛋

白分泌途径,而是直接从内质网以高甘露糖型直接分泌^[2],即病毒N-糖基化修饰位点上修饰聚糖具有微异质性^[25]。对埃博拉病毒糖蛋白GP、拉萨病毒糖蛋白复合体、登革热病毒(dengue virus, DENV)、ZIKV以及其他黄热病毒(yellow fever, YFV) E蛋白的分析,均显示了这种微观异质性^[26]。一般而言,复合型N-聚糖的形成与蛋白成熟度相关,蛋白折叠内部主要为高甘露糖型修饰聚糖^[27]。流感病毒HA受体结合区即是高甘露糖型^[5]。而头颈区的高甘露糖型N-聚糖是肺泡表面活性物质(lung surfactant protein D, SP-D)识别位点,籍此构成固有免疫的最初屏障^[28]。HA表面聚糖分析也显示,修饰位点上的甘露糖型N-聚糖也较多,提示聚糖密度较高的区域内聚糖加工受限,成熟度低^[29]。黄病毒属中的人类病原体^[30],包括西尼罗河病毒(West Nile Virus, WNV)、JEV、DENV、ZIKV、YFV以及蜱传脑炎病毒(tick-borne encephalitis virus, TBEV),主要通过蚊子及蜱媒介传播,可导致脑炎、出血热以及出生缺陷。该类病毒E蛋白上的2个N-聚糖分别为高甘露糖和寡甘露糖型,但来源于人的E蛋白上N-聚糖为高甘露糖型和复合型N-聚糖^[31]。

类似的,HIV-1的gp120上27个糖基化修饰位点修饰糖型也仅为高甘露糖型。与天然病毒gp120三聚体蛋白的N-聚糖糖型不同,重组蛋白的N-聚糖以复合型为主,天然蛋白的N-聚糖主要是包含四天线高甘露糖型^[32]。对env基因转染中国仓鼠卵巢细胞(Chinese hamster ovary cell, CHO)和293T细胞后的糖型分析发现,二者的岩藻糖基化修饰、唾液酸化修饰以及聚糖成熟度基本相同,修饰聚糖主要为杂合型和复合型。更为重要的是,聚糖整合位点多位于抗原优势表位处。HIV-1表面包膜糖蛋白Env三聚体是抗体识别的唯一靶标。HIV表面聚糖占总分子量的1/2。这些聚糖一方面发挥屏障作用,阻断抗体对抗原表位的识别;另一方面,聚糖糖型本身也构成光谱中和抗体的表位。不同细胞系,不同HIV亚型的Env基因重组蛋白的糖谱分析显示,人肾上皮细胞系(293细胞)和CHO细胞等4个细胞系表达的重组gp120蛋白糖型中40%~50%为Man5-Man9结构^[33]。因此,HIV-1的Env三聚体上聚糖孔(Asn230、Asn241和Asn289位点上聚糖缺乏)的糖基化修饰改造也被用于疫苗设计^[34]。

据推测,高甘露糖型N-聚糖的比例与屏蔽效应强弱有关。30% SARS病毒的S蛋白为高甘露糖型N-聚糖,其聚糖屏蔽效应弱于HIV-1、流感病毒以及拉萨病毒,后者的甘露糖型N-聚糖比例在50%以上,聚糖屏蔽效应更强^[35]。

甘露糖型N-聚糖既可抑制,也可促进病毒扩散。一方面这些聚糖可与补体结合,启动非特异性免疫;另一方面,可利用固有免疫受体,诸如树突细胞C型凝集素(DC-specific ICAM-grabbing non-integrin, DC-SIGN)而促进病毒感染。该分子识别病毒蛋白甘露糖聚糖的

Man α 1,3Man α 1,6Man-结构^[36]。当与复合型N-聚糖结合时,凝集素碳水化合物识别结构域上的苯丙氨酸侧链,对N-聚糖核心上GlcNAc发挥立体锁定作用^[36]。在Ca²⁺介导下的C-型凝集素类受体DC-SIGN与病原体膜蛋白上甘露糖的选择性结合非常重要,因人体蛋白基本无高甘露糖型N-聚糖。

唾液酸修饰与病毒的黏附和识别:某些病毒在感染过程中,如冠状病毒以唾液酸(N-acetylneuraminic acid, N-Neu5Ac)作为受体决定簇,促进病毒从宿主细胞的进入和出芽^[37]。甲型流感病毒也以Neu5Ac α 2,3识别宿主细胞受体^[38]。呼吸道病毒的血凝素-神经氨酸酶采用Neu5Ac α 2,6识别宿主受体。冠状病毒科的单股正链RNA冠状病毒,其S蛋白采用乙酰化Neu5Ac识别宿主细胞^[39]。病毒表面糖蛋白的Neu5Ac修饰模式是病毒与宿主细胞受体结合与识别的关键。更为重要的是,Neu5Ac上乙酰化修饰的位置(即C4还是C7~9)对病毒-宿主细胞的识别与结合活性也具有重要影响。病毒受体分子针对宿主Neu5Ac在分子水平上对异构体表现出明显的特异性,即在C4水平上,Neu5Ac的乙酰化修饰直接影响病毒的致病性^[40]。HEK293T细胞系表达HIV gp120蛋白上的Neu5Ac主要是Neu₅Ac α 2,3,而外周血中天然gp120上的唾液酸主要是Neu₅Ac α 2,6糖苷键^[41],提示病毒Neu5Ac微观异质性与宿主有关。

Neu5Ac不仅是宿主所识别的病毒靶点,一些裸病毒如腺病毒、呼肠孤病毒及轮状病毒,均以宿主细胞表面的Neu5Ac为受体感染宿主细胞^[42]。鸡冠状病毒对支气管上皮的受体识别也与其受体的唾液酸修饰有关^[43]。鸟和猪胃肠道、呼吸道上皮的Neu5Ac修饰聚糖结构为Neu5Ac α 2,3Gal-,可被怀槐凝集素识别,而人体呼吸道上皮修饰的唾液酸为Neu₅Ac α 2,6Gal-糖苷键,可被接骨木凝集素识别^[44],提示病毒跨种属传播与血凝素上链接的聚糖结合性偏好有关。

HIV-1、HCV、流感病毒及沙粒病毒均可通过与细胞表面凝集素相互作用,促进病毒感染的扩散^[45]。膜相关凝集素除DC-SIGN和甘露糖受体,诸如肝去唾液酸糖蛋白受体、肝/淋巴结窦上皮细胞C-型凝集素、结合唾液酸的免疫球蛋白样凝集素以及巨噬细胞Gal/GalNAc-特异性C-型凝集素,均显示具有前病毒效应^[39]。细胞表面C-型凝集素一方面有利于病毒感染,另一方面也辅助单核细胞抗原递呈。而半乳糖凝集素已被证实可与尼帕病毒的F糖蛋白结合,从而抑制病毒与宿主细胞膜的融合。类似的还有亨得拉病毒以及流感病毒。呼吸道合胞病毒、HSV-1是通过与细胞表面蛋白聚糖,即硫酸肝素结合而感染细胞。核心岩藻糖基化修饰对HBV感染肝细胞也有一定促进作用。

三、O-糖基化修饰

与N-糖基化修饰不同,目前对病毒O-糖基化修饰的特征知之甚少。O-糖基化修饰未被关注主要是因多数包膜病

毒的表面蛋白很少被重度O-糖基化修饰。最早发现有O-糖基化修饰的病毒是天花病毒,而最早(1981年)观察到的病毒O-聚糖生物学功能则是流感病毒HA上O-聚糖缺失导致血液凝集活性的丧失^[46]。1984年,在风疹病毒中也观察到类似现象。一直认为HIV gp120上无O-糖基化修饰,但针对HIV gp120蛋白的O-聚糖抗体可抑制HIV-1感染,提示体内HIV-1表面也存在O-糖基化修饰。近期,Siliver等^[47]发现来源于AIDS患者体内病毒颗粒的修饰O-聚糖,也存在于分泌型gp120上。O-糖基化修饰导致gp120与中和抗体的结合力降低1 000倍,提示O-糖基化修饰可能是HIV体液免疫逃逸的重要原因。糖型分析显示,重组HIV gp120和流感病毒HA上的修饰O-聚糖主要为核心1和核心2型。HIV-1 gp120重组蛋白在CHO细胞修饰O-聚糖主要为核心1型;在293T细胞主要为核心1、核心2以及核心4型。而重组HCV E2蛋白上有6个O-糖基化修饰位点,其中5个被O-聚糖占据,而糖型高达14种,主要为核心1与核心2型^[48]。HCV E2蛋白上的O-糖基化修饰位点突变导致HCV与CD81的亲合力降低,而HSV疱疹病毒的基因编码蛋白、EBV的gp150和gp350因含有黏蛋白样结构域,具有较高的O-聚糖修饰密度。所有疱疹病毒亚型均有O-糖基化修饰位点。

尽管迄今为止尚未发现O-糖基化修饰位点有明确的保守模式,O-糖基化修饰位点主要位于暴露的N-末端与其他病毒蛋白相互作用的区域^[49]。已知埃博拉病毒的糖蛋白(glycoprotein, GP)和sGP^[50]、单纯疱疹病毒的gC蛋白^[51]以及呼吸道合胞病毒的G蛋白^[52],均包含黏蛋白样结构域,富含Ser/Thr残基,被重度O-糖基化修饰。1999年,Schmitt等^[53]对患者体内HBV的M蛋白异构体分析发现,M蛋白上存在位点特异性O-聚糖。近期,Midulla等^[54]对2012至2018年139例A型呼吸道合胞病毒氨基酸突变位点分析显示,新生O-糖基化修饰位点与患者支气管炎严重程度相关。除HSV-1的表面O-聚糖与宿主细胞的识别有关外,丝状病毒表面的修饰聚糖与宿主细胞表面的巨噬细胞半乳糖凝集素(macrophage galactose lectin, MGL)的结合有关。

事实上,一方面黏蛋白样O-糖基化与修饰抗原表位的屏蔽有关,如埃博拉和马尔堡病毒可抑制病毒诱导的免疫反应^[55],另一方面,敲除病毒上的黏蛋白样结构域导致小鼠对该蛋白的免疫力降低。对HSV-2和EBV的观察显示,O-聚糖基序可被B细胞识别而构成抗原表位^[56]。

四、组织嗜性与跨种属传播

不同病毒的特征性糖基化修饰是病毒在种属间传播的重要影响因素,也与病毒的组织嗜性有关。人类病原体是拥有动物存储库的人畜共患病毒,这些病毒在复制过程中精确地劫持了哺乳类动物的N-糖基化修饰系统以屏蔽自身抗原,从而逃避宿主的免疫攻击^[57]。不同物种有其独特的糖基化修饰模式,正是这种糖型差异也构成了病毒传播的

结构基础。如人类缺乏Gal α 1,3Gal表位,但这种表位结构是哺乳类动物的常见表位结构,该结构也是病毒感染种属差异的基础^[58]。因此,种属抗体有效地阻止了该类病毒的感染性。而且,不同糖基化修饰模式在病毒生命周期中的作用不同。WNV糖蛋白的糖基化修饰与该病毒的神经侵袭力有关^[59]。流感病毒的HA和NA的糖基化修饰模式,与其在哺乳类动物间的有效传播有关^[60]。同样,O-聚糖和糖脂在不同种属间也存在相应差异。因此,不同ABO血型的AIDS患者HIV-1表面修饰聚糖存在宿主糖基转移酶的差异,导致不同宿主来源的HIV-1感染性存在差异^[61]。不同组织糖基化修饰差异导致病毒的组织嗜性不同突出例子是禽流感病毒特异性识别Sia α 2,3Gal-和Sia α 2,6Gal-糖型,而且,上、下呼吸道上皮也因Sia α 2,3Gal-和Sia α 2,6Gal-糖型分布不同导致上下呼吸道肺损伤差异。因此,病毒糖基化修饰模式的转变直接影响病毒在不同种属间的传播特征,对病毒的感染性及致病性也有显著影响。无脊椎动物体内缺乏主要的甘露聚糖结构,因此与脊椎动物病毒感染特征存在显著差异。

五、展望

虽然,未来对病毒糖基化修饰模式的预测尚需大量实验室及生物信息学数据^[62]。但目前研究倾向于认为,不同聚糖在病毒周期过程中发挥不同的生物学作用^[63],聚糖的异质性也使疫苗研发变得更加困难。病毒糖型抗体呈现中和抗体特征^[64-65]。正如遗传学家Theodosius Dobzhansky所说,在病毒进化机制未能完全明确前,对其生物学基本是一无所知^[66]。针对特异型糖型的靶向药物也是未来病毒糖生物学领域的重要方向。在临床应用领域,目前已有一些杂糖类药物用于抗HIV-1、流感病毒、埃博拉病毒、沙粒病毒及黄病毒的治疗^[24],该类药物尚未广泛应用于临床的主要原因是其潜在的脱靶效应^[24],但在大数据时代,相信针对特异性糖型结构的靶向药物终究成为现实。

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