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· 论著 ·

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夏枯草提取物对缺氧/复氧诱导心肌细胞氧化应激损伤保护作用及抗凋亡的机制

李锦绣, 焦宪法, 王红宇, 郭宇红, 赵云峰

(郑州人民医院重症医学科, 郑州 450003)

[摘要] 目的: 观察不同浓度的夏枯草提取物(*Prunellae Spica* extract, PSE)对心肌细胞H9c2缺氧/复氧(hypoxia-reoxygenation, H/R)损伤的保护作用, 探讨其可能的作用机制。方法: 体外培养心肌细胞H9c2, 构建心肌细胞H/R模型。实验分为对照组、H/R组、H/R+PSE 20 μ g/mL组、H/R+PSE 40 μ g/mL组和H/R+PSE 80 μ g/mL组。采用CCK-8法检测H9c2心肌细胞存活率。检测天冬氨酸氨基转移酶(aspartate aminotransferase, AST)、磷酸肌酸激酶(creatine phosphate kinase, CPK)、乳酸脱氢酶(lactate dehydrogenase, LDH)、超氧化物歧化酶(superoxide dismutase, SOD)、丙二醛(malondialdehyde, MDA)、活性氧(reactive oxygen species, ROS)水平的变化。采用流式细胞术检测细胞凋亡情况, 蛋白质印迹法检测细胞凋亡相关蛋白和PI3K/AKT信号通路相关蛋白的表达。结果: 与对照组相比, H/R组H9c2细胞的存活率显著降低($P < 0.05$), 凋亡率显著增加, AST、CPK、LDH、MDA和ROS水平显著增加, SOD水平显著降低(均 $P < 0.05$)。与H/R组相比, PSE能够显著促进细胞存活, 抑制细胞凋亡, 降低AST、CPK、LDH、MDA和ROS水平, 提高SOD水平(均 $P < 0.05$), 并呈浓度依赖性。蛋白质印迹法检测显示: 与对照组相比, H/R组H9c2细胞Bax和cleaved-caspase-3蛋白的表达显著增加(均 $P < 0.05$), Bcl-2、p-PI3K和p-AKT蛋白的表达显著降低(均 $P < 0.05$); 与H/R组相比, PSE能够显著抑制Bax和cleaved-caspase-3蛋白的表达(均 $P < 0.05$), 促进Bcl-2、p-PI3K和p-AKT蛋白的表达(均 $P < 0.05$)。结论: PSE对H9c2心肌细胞的H/R损伤具有保护作用, 其机制可能与激活PI3K/AKT信号通路有关。

[关键词] 夏枯草提取物; H9c2细胞; 缺氧/复氧; 氧化应激; PI3K/AKT信号通路

Protection of *Prunellae Spica* extract on oxidative stress injury of cardiomyocytes induced by hypoxia/reoxygenation and its anti-apoptosis effect on cardiomyocytes

LI Jinxiu, JIAO Xianfa, WANG Hongyu, GUO Yuhong, ZHAO Yunfeng

(Department of Intensive Medicine, Zhengzhou People's Hospital, Zhengzhou 450003, China)

Abstract **Objective:** To observe the protective effects of different concentrations of *Prunellae Spica* extract (PSE) on H9c2 hypoxia/reoxygenation (H/R) injury, and to explore its underlying mechanism. **Methods:** Cardiomyocyte H9c2

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通信作者 (Corresponding author): 李锦绣, Email: wwsxu54@163.com

was cultured in vitro to construct an anoxic/reoxygenation model of cardiomyocytes. The experiment was divided into a control group, an H/R group, an H/R+PSE 20 $\mu\text{g}/\text{mL}$ group, an H/R+PSE 40 $\mu\text{g}/\text{mL}$ group, and an H/R+PSE 80 $\mu\text{g}/\text{mL}$ group. The CCK-8 assay was used to detect the survival rate of cardiomyocyte H9c2. The changes of aspartate aminotransferase (AST), creatine phosphate kinase (CPK), lactate dehydrogenase (LDH), superoxide dismutase (SOD), malondialdehyde (MDA), and reactive oxygen species (ROS) were detected. Flow cytometry was used to detect the apoptosis of cardiomyocytes. The Western blot was used to detect the expression of apoptosis-related proteins and PI3K/AKT signaling pathway-related proteins. **Results:** Compared with the control group, observation in the H/R group include: the survival rate of H9c2 cells was significantly decreased ($P<0.05$), the apoptosis rate was significantly increased, the levels of AST, CPK, LDH, MDA and ROS were significantly increased and the level of SOD declined significantly (all $P<0.05$). Compared with the H/R group, PSE could significantly promote cell survival, inhibit cell apoptosis, reduce the levels of AST, CPK, LDH, MDA and ROS, and increase the level of SOD in a concentration-dependent manner (all $P<0.05$). The Western blotting showed that compared with the control group, the expression of Bax and cleaved-caspase-3 protein in H9c2 cells was significantly increased, and the expressions of Bcl-2, p-PI3K and p-AKT protein was significantly increased in H/R group (all $P<0.05$); compared with the H/R group, PSE could significantly inhibited the expressions of Bax and cleaved-caspase-3 proteins and promoted the expressions of bcl-2, p-PI3K and p-AKT proteins (all $P<0.05$). **Conclusion:** PSE shows protective effects on hypoxia-reoxygenation injury of H9c2 cardiomyocytes, which may be related to the activation of PI3K/AKT signaling pathway.

Keywords *Prunellae Spica* extract; H9c2 cells; hypoxia/reoxygenation; oxidative stress; PI3K/AKT signaling pathway

冠心病具有极高的发病率和致死率, 是严重危害人类健康的疾病之一。目前, 临床主要采用药物治疗、介入和外科手术(冠状动脉搭桥手术)等治疗方法^[1]。然而, 在恢复缺血心肌的血流量时, 会引起心肌细胞氧化应激损伤和凋亡^[2]。因此, 寻找具有保护心肌细胞抗氧化应激损伤的药物, 对减轻心肌细胞缺血再灌注损伤, 改善再灌注治疗效果具有重大意义。夏枯草为唇形科植物夏枯草的干燥果穗, 具有清火明目、清热解毒、散结消肿的功效^[3]。研究^[4-5]发现: 夏枯草能够有效降低血压, 增强心肌收缩力。夏枯草还可通过促进SDF-1表达和血管生成对衰竭心脏有明显的保护作用^[6]。但目前并无夏枯草和心肌缺血再灌注损伤的相关研究。因此, 本研究通过建立H9c2心肌细胞缺氧/复氧(hypoxia/reoxygenation, H/R)模型, 模拟心肌缺血再灌注损伤, 观察不同浓度夏枯草提取物(*Prunellae Spica* extract, PSE)对H/R心肌细胞损伤和凋亡的影响, 以期PSE的临床应用提供实验依据。

1 材料与方法

1.1 材料

大鼠心肌细胞H9c2购自中国科学院上海细胞库; 胎牛血清和1%青链霉素双抗购自美国Hyclone公司; DMEM高糖培养基购自美国Gibco公司; 夏枯草购自西安天瑞生物技术有限公司; 氨基转

移酶(aspartate aminotransferase, AST)和磷酸肌酸激酶(creatine phosphate kinase, CPK)检测试剂盒购自上海基免实业有限公司; CCK-8、Annexin V-FITC/PI、乳酸脱氢酶(lactate dehydrogenase, LDH)、超氧化物歧化酶(superoxide dismutase, SOD)、丙二醛(malondialdehyde, MDA)和活性氧(reactive oxygen species, ROS)检测试剂盒购自北京索莱宝科技有限公司; 蛋白质印迹法相关试剂和RIPA裂解液购自上海碧云天生物科技有限公司。

1.2 建立H9c2心肌细胞H/R模型

复苏心肌细胞H9c2, 用含有10%胎牛血清和1%青链霉素双抗的高糖DMEM培养基在37 $^{\circ}\text{C}$ 含5% CO_2 的细胞培养箱中培养。当细胞融合度达到80%时, 用于后续实验。构建H/R模型: 将待处理的细胞培养基更换为无糖DMEM培养基, 置于缺氧培养箱中37 $^{\circ}\text{C}$ 恒温培养, 复氧时将无糖培养基更换为新鲜高糖DMEM培养基, 放入常规培养箱进行培养^[7]。H9c2心肌细胞缺氧时间固定为6 h, 分别复氧9、12、18、24 h, 采用CCK-8法检测不同复氧时间对心肌细胞H9c2细胞活力的影响, 选取H/R时间为6 h/24 h进行后续研究。

1.3 制备PSE

PSE提取方法参照刘宏扬等^[6]的PSE制备方法。

1.4 实验分组

对照组: 正常培养的H9c2细胞。H/R组: 将培养基换成无糖DMEM培养基缺氧培养6 h, 缺氧培养后将培养基换成新鲜高糖DMEM培养基后再常规培养24 h。H/R+PSE 20 $\mu\text{g}/\text{mL}$ 组: 给予细胞20 $\mu\text{g}/\text{mL}$ 的PSE预处理24 h后进行H/R处理。H/R+PSE 40 $\mu\text{g}/\text{mL}$ 组: 给予细胞40 $\mu\text{g}/\text{mL}$ 的PSE预处理24 h后进行H/R处理。H/R+PSE 80 $\mu\text{g}/\text{mL}$ 组: 给予细胞80 $\mu\text{g}/\text{mL}$ 的PSE预处理24 h后进行H/R处理。

1.5 CCK-8法检测H9c2细胞存活率

将H9c2心肌细胞按照细胞密度为 5×10^3 个/孔接种于96孔板, 给予细胞不同浓度的PSE预处理24 h后, 随后在不同H/R处理条件下检测H9c2细胞存活率。按照CCK-8试剂盒说明书, 每孔加入CCK-8试剂10 μL , 室温孵育2 h后, 用酶标仪在450 nm波长处检测各孔的吸光度, 并计算细胞存活率。

1.6 H9c2心肌细胞AST、CPK、LDH、SOD、MDA、ROS的含量变化

对照组细胞不作处理, H/R组、H/R+PSE 20 $\mu\text{g}/\text{mL}$ 组、H/R+PSE 40 $\mu\text{g}/\text{mL}$ 组、H/R+PSE 80 $\mu\text{g}/\text{mL}$ 组H9c2细胞按照缺氧6 h、复氧24 h, 处理结束后分别收集细胞培养液或细胞, 参照试剂盒说明操作步骤进行测定。

1.7 流式细胞术检测细胞凋亡

收集各组进行相应处理至规定时间的H9c2细胞, 4 $^{\circ}\text{C}$, 1 000 r/min离心5 min, 弃去上清, 用预冷的PBS洗涤3次, 用稀释的结合缓冲液重悬细胞, 调整细胞浓度为 1×10^6 个/mL, 取100 μL 的细胞悬液

加入流式管内, 分别加入5 μL 的Annexin V/FITC和10 μL 的PI溶液(20 $\mu\text{g}/\text{mL}$), 混合均匀后, 避光孵育15 min, 加入400 μL 的结合缓冲液后, 上机检测。

1.8 蛋白质印迹法检测

各组行相应处理至规定时间的H9c2细胞, 于冰上用RIPA裂解液裂解细胞, 4 $^{\circ}\text{C}$, 1 200 r/min离心10 min。收集上清液, 用BCA试剂盒测定蛋白浓度。取适量的经煮沸变性并冷却至室温细胞蛋白, 进行SDS-PAGE电泳。电泳完毕后, 进行湿法转膜, 转膜结束后, 用蛋白质印迹法封闭液室温封闭2 h。再加入1抗4 $^{\circ}\text{C}$ 侧摆摇床过夜, 蛋白质印迹法洗涤液漂洗后, 加入2抗, 室温条件孵育2 h。蛋白质印迹法洗涤液漂洗后, 用ECL进行避光显影, 并进行拍照, 用ImageJ软件分析目的条带灰度值。

1.9 统计学处理

采用SPSS 17.0软件分析数据。数据均以均数 \pm 标准差($\bar{x} \pm s$)表示。组间比较用t检验, 多组间比较用单因素方差分析。 $P < 0.05$ 为差异有统计学意义。

2 结果

2.1 PSE对H9c2心肌细胞存活率的影响

随着复氧时间的增加, 与对照组比较, H/R组H9c2心肌细胞存活率显著下降($P < 0.05$); 与H/R组比较, PSE处理可显著增高心肌细胞H9c2的存活率($P < 0.05$, 表1), 并呈浓度依赖性。与对照组比较, PSE预处理对正常培养的心肌细胞存活无显著影响(表2)。因此, 后续实验中选择H/R时间为6 h/24 h进行研究。

表1 PSE对H9c2心肌细胞存活率的影响($n=9$, $\bar{x} \pm s$)

Table 1 Effect of PSE on the survival rate of H9c2 cardiomyocytes ($n=9$, $\bar{x} \pm s$)

组别	细胞存活率/%			
	6 h/9 h	6 h/12 h	6 h/18 h	6 h/24 h
对照组	99.35 \pm 10.36	98.84 \pm 11.03	98.16 \pm 10.72	98.13 \pm 11.35
H/R组	50.13 \pm 9.67*	41.32 \pm 11.30*	40.31 \pm 10.32*	40.12 \pm 6.67*
H/R+PSE 20 $\mu\text{g}/\text{mL}$ 组	50.11 \pm 10.71	53.14 \pm 6.63 [†]	58.16 \pm 5.48 [†]	65.32 \pm 8.87 [†]
H/R+PSE 40 $\mu\text{g}/\text{mL}$ 组	51.12 \pm 11.32	55.67 \pm 5.54 [†]	59.10 \pm 4.41 [†]	72.61 \pm 6.48 [†]
H/R+PSE 80 $\mu\text{g}/\text{mL}$ 组	52.31 \pm 10.58	57.16 \pm 3.98 [†]	62.13 \pm 10.03 [†]	83.49 \pm 5.59 [†]
F	38.062	63.687	54.170	64.897
P	<0.001	<0.001	<0.001	<0.001

与对照组比较, * $P < 0.05$; 与H/R组比较, [†] $P < 0.05$ 。

Compared with the control group, * $P < 0.05$; Compared with the H/R group, [†] $P < 0.05$.

表2 PSE对H9c2心肌细胞存活率的影响($n=9, \bar{x} \pm s$)
Table 2 Effect of PSE on the survival rate of H9c2 cardiomyocytes ($n=9, \bar{x} \pm s$)

组别	细胞存活率/%
对照组	98.13 ± 11.35
PSE 20 μg/mL组	95.16 ± 10.03
PSE 40 μg/mL组	92.61 ± 15.49
PSE 80 μg/mL组	95.49 ± 14.30

2.2 PSE对H9c2心肌细胞心肌酶含量的影响

与对照组比较, H/R组心肌酶AST、CPK和LDH的释放显著增加($P<0.05$, 表3); PSE预处理可显著抑制H9c2细胞心肌酶AST, CPK和LDH的释放($P<0.05$, 表3), 并呈浓度依赖性。

表3 PSE对H9c2心肌细胞心肌酶含量的影响($n=9, \bar{x} \pm s$)

Table 3 Effect of PSE on the myocardial enzyme content in H9c2 cardiomyocytes ($n=9, \bar{x} \pm s$)

组别	AST/(U·mL ⁻¹)	CPK/(U·mL ⁻¹)	LDH/(U·L ⁻¹)
对照组	20.13 ± 3.12	1.30 ± 0.38	514.72 ± 70.32
H/R组	37.12 ± 5.62*	2.56 ± 0.41*	926.14 ± 100.36*
H/R+PSE 20 μg/mL组	28.21 ± 4.50 [#]	1.91 ± 0.52 [#]	793.41 ± 100.32 [#]
H/R+PSE 40 μg/mL组	26.31 ± 4.19 [#]	1.71 ± 0.32 [#]	775.32 ± 122.36 [#]
H/R+PSE 80 μg/mL组	22.74 ± 4.56 [#]	1.50 ± 0.30 [#]	644.12 ± 110.82 [#]
F	19.101	13.607	21.123
P	<0.001	<0.001	<0.001

与对照组比较, * $P<0.05$; 与H/R组比较, [#] $P<0.05$ 。

Compared with the control group, * $P<0.05$; Compared with the H/R group, [#] $P<0.05$.

表4 夏枯草提取物对H9c2心肌细胞内SOD、MDA、ROS水平的影响($n=9, \bar{x} \pm s$)

Table 4 Effect of PSE on the levels of SOD, MDA and ROS in H9c2 cardiomyocytes ($n=9, \bar{x} \pm s$)

组别	SOD/(U·mg ⁻¹)	MDA/(nmol·mg ⁻¹)	ROS/(%/对照组)
对照组	112.30 ± 13.71	11.62 ± 1.53	100
H/R组	70.03 ± 8.91*	23.87 ± 3.21*	256.31 ± 12.30*
H/R+PSE 20 μg/mL组	86.15 ± 9.13 [#]	18.81 ± 2.25 [#]	211.12 ± 10.13 [#]
H/R+PSE 40 μg/mL组	100.31 ± 5.82 [#]	15.52 ± 4.14 [#]	172.31 ± 11.42 [#]
H/R+PSE 80 μg/mL组	105.10 ± 6.52 [#]	14.28 ± 2.31 [#]	122.49 ± 10.29 [#]
F	29.794	24.874	373.454
P	<0.001	<0.001	<0.001

与对照组比较, * $P<0.05$; 与H/R组比较, [#] $P<0.05$ 。

Compared with the control group, * $P<0.05$; Compared with the H/R group, [#] $P<0.05$.

2.3 PSE对H9c2心肌细胞内SOD、MDA、ROS水平的影响

H/R可造成心肌细胞H9c2氧化应激损伤, 与对照组比较, H/R组H9c2细胞SOD活力显著降低, MDA含量显著升高, ROS水平显著提高($P<0.05$)。PSE预处理可显著提高抗氧化酶SOD的活力, 降低MDA含量和细胞内ROS水平($P<0.05$, 表4), 并呈浓度依赖性。

2.4 PSE对H9c2心肌细胞凋亡的影响

与对照组比较, H/R组H9c2细胞凋亡率显著增加, Bax蛋白和cleaved-caspase-3蛋白的表达显著增加, bcl-2蛋白的表达显著降低(均 $P<0.05$)。夏枯草预处理可显著抑制H9c2细胞凋亡, 促进Bcl-2蛋白的表达, 抑制Bax蛋白和cleaved-caspase-3蛋白的表达(均 $P<0.05$, 图1), 并呈浓度依赖性。

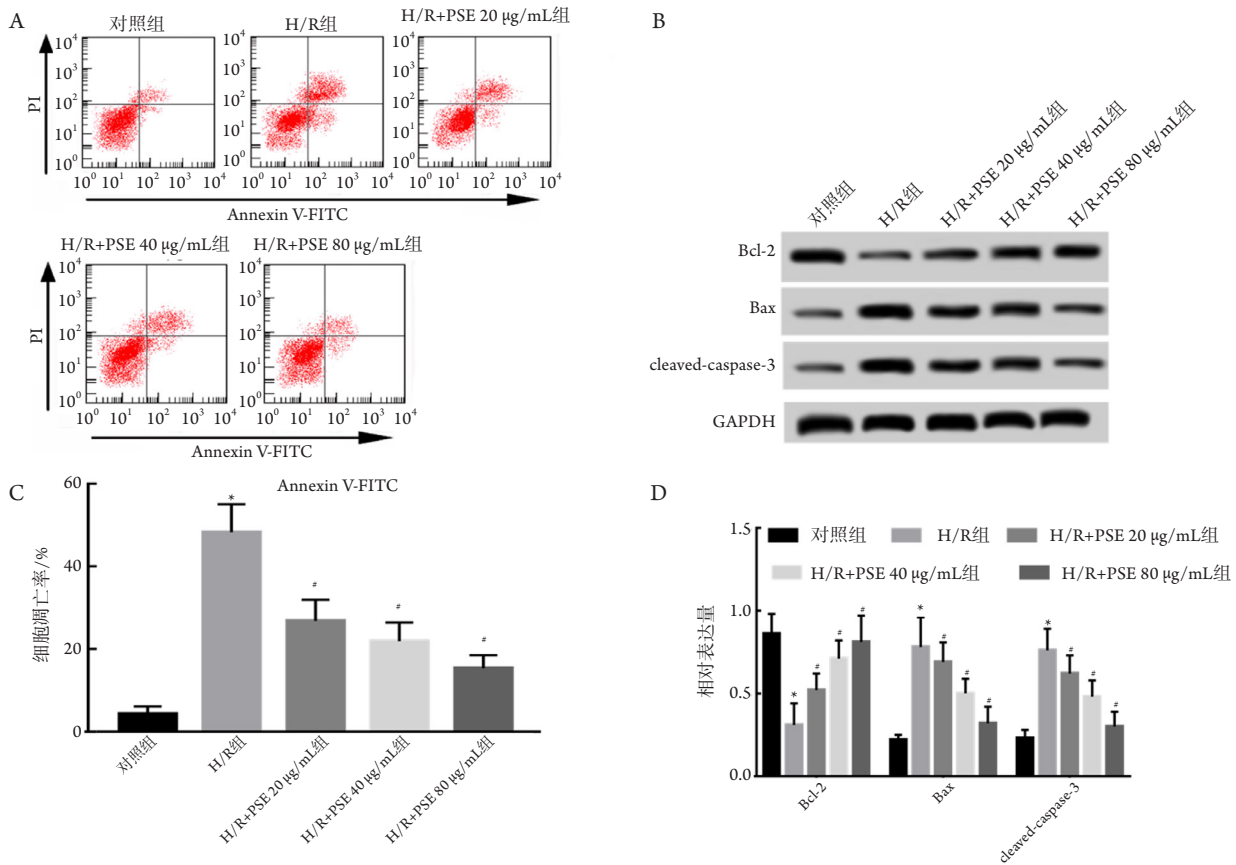


图1 PSE对H9c2心肌细胞凋亡的影响

Figure 1 Effect of PSE on apoptosis of H9c2 cardiomyocytes

(A) 流式细胞术检测心肌细胞凋亡; (B) 夏枯草提取物对H9c2心肌细胞凋亡蛋白表达的影响; (C) 心肌细胞凋亡率; (D) 细胞凋亡蛋白相对表达量。与对照组比较, * $P < 0.05$; 与H/R组比较, # $P < 0.05$ 。

(A) Flow cytometry for the detection of cardiomyocyte apoptosis; (B) Effect of PSE on the expression of apoptosis protein in H9c2 cardiomyocytes; (C) Cardiomyocyte apoptosis rate; (D) Relative expression of apoptosis protein. Compared with the control group, * $P < 0.05$; Compared with the H/R group, # $P < 0.05$.

2.5 PSE对H9c2心肌细胞中PI3K/AKT信号通路相关蛋白表达的影响

与对照组比较, H/R组H9c2细胞中p-PI3K和p-AKT蛋白的表达显著降低(均 $P < 0.05$), PI3K

和AKT蛋白的表达无显著变化($P > 0.05$)。PSE预处理可显著提高p-PI3K和p-AKT蛋白的表达(均 $P < 0.05$), 而PI3K和AKT蛋白的表达无显著变化($P > 0.05$, 表5, 图2)。

表5 PSE对H9c2心肌细胞中PI3K/AKT信号通路相关蛋白表达的影响($\bar{x} \pm s, n=9$)

Table 5 Effect of PSE on the expression of PI3K/AKT signaling pathway-related proteins in H9c2 cardiomyocytes ($\bar{x} \pm s, n=9$)

组别	p-PI3K	PI3K	p-AKT	AKT
对照组	1.01 ± 0.03	1.00 ± 0.05	1.00 ± 0.06	1.03 ± 0.11
H/R组	0.32 ± 0.05*	0.98 ± 0.03	0.36 ± 0.02*	1.05 ± 0.16
H/R+PSE 20 μg/mL组	0.41 ± 0.03#	0.99 ± 0.06	0.56 ± 0.03#	0.99 ± 0.08
H/R+PSE 40 μg/mL组	0.52 ± 0.07#	1.02 ± 0.07	0.65 ± 0.11#	0.98 ± 0.17
H/R+PSE 80 μg/mL组	0.63 ± 0.08#	0.97 ± 0.11	0.73 ± 0.16#	1.01 ± 0.16
F	207.317	0.694	58.257	0.374
P	<0.001	0.601	<0.001	0.826

与对照组比较, * $P < 0.05$; 与H/R组比较, # $P < 0.05$ 。

Compared with the control group, * $P < 0.05$; Compared with the H/R group, # $P < 0.05$.

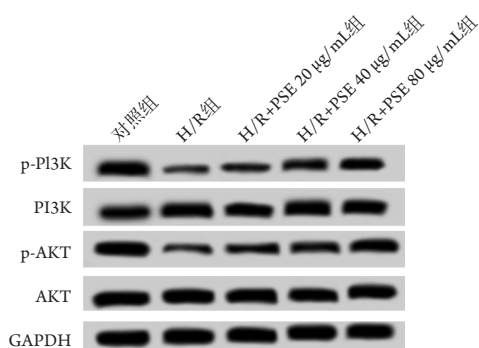


图2 PSE对H9c2心肌细胞中PI3K/AKT信号通路相关蛋白表达的影响

Figure 2 Effect of PSE on the expression of PI3K/AKT signaling pathway-related proteins in H9c2 cardiomyocytes

3 讨论

由于H9c2心肌细胞性质稳定, 不仅具有和胚胎大鼠心肌细胞相似的形态学特征, 还具有成年大鼠电生理学 and 信号转导的生理特征, 且H9c2心肌细胞H/R损伤与机体心肌细胞缺血再灌注损伤病理本质类似。因此, H9c2心肌细胞H/R损伤已被广泛用于缺血性心脏病病理模型研究^[7-9]。

本研究固定缺氧时间, 随着复氧时间的延长, 细胞存活率逐渐降低, 于是选择缺氧6 h/复氧24 h为H/R损伤模型。给予不同浓度的PSE预处理H9c2心肌细胞, 发现PSE可显著提高H9c2心肌细胞的存活率, 并呈一定的浓度依赖性。心肌酶AST、CPK、LDH水平是心肌细胞正常生命活动的重要标志物, 细胞损伤时AST、CPK、LDH会从细胞中漏出, 所以细胞培养液中心肌酶AST、CPK、LDH的释放量能够反映心肌细胞的损伤程度^[10-11]。研究表明: H/R处理后心肌细胞培养上清液中AST、CPK、LDH的释放量显著增加, 而PSE预处理可以显著降低H/R损伤处理后AST、CPK、LDH的释放量。提示PSE对心肌细胞H/R损伤具有一定的保护作用, 并呈一定的浓度依赖性。

氧化应激为ROS和自由基失衡所致, 它被认为是缺血再灌注损伤发生的主要机制之一^[12]。ROS是诱导氧化应激的主要因子, 后者导致生物大分子对细胞的损伤, 影响细胞的正常生理状态^[13-14]。研究表明: H/R处理可显著增加ROS水平, 引起H9c2细胞损伤, 并增加氧化应激产物终产物MDA的生成; 而PSE预处理可降低ROS水平和MDA的生成。此外, PSE预处理还可增强抗氧化应激酶SOD活性。这与谭剑斌

等^[14]报道的PSE对小鼠急性束缚应激诱导的氧化应激损伤的保护作用一致。

心肌细胞凋亡是心肌细胞缺血再灌注损伤的最终过程。Bcl-2和Bax是Bcl-2蛋白家族的重要成员, Bcl-2可促进细胞存活, 而Bax则促进细胞凋亡。Caspase-3位于细胞凋亡通路的下游, 是细胞凋亡的真正执行者, cleaved-caspase-3是caspase-3的主要形式, 可降解细胞内的重要蛋白和底物, 引起细胞凋亡^[15]。因此, 检测Bcl-2、Bax和cleaved-caspase-3含量变化可直接反映细胞凋亡情况。流式细胞术显示PSE对H/R诱导的H9c2心肌细胞凋亡具有一定的保护作用, 进一步蛋白质印迹法分析发现bcl-2蛋白表达升高, Bax和cleaved-caspase-3表达水平降低, 与流式细胞术检测结果相一致。PI3K/Akt信号通路H/R诱导的心肌细胞凋亡信号转导通路中具有重要作用^[8,16]。蛋白质印迹法检测显示: PSE预处理可显著升高H/R处理引起的p-AKT和p-PI3K降低。因此, 笔者推断PSE预处理可能通过激活PI3K/Akt信号通路进而抑制H/R处理后诱导的心肌细胞氧化应激损伤。

综上所述, PSE对H/R诱导的心肌细胞氧化应激损伤具有保护作用, 其作用机制可能与激活PI3K/AKT信号通路有关, 但具体的机制仍需进一步深入研究。

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