

## 超声诊断或治疗用微/纳泡的研究进展

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**摘要:** 过去几十年中, 微泡作为超声造影剂广泛应用于肿瘤成像领域, 随着研究的逐渐深入, 超声靶向微泡破坏技术结合载药微泡能够实现药物的精准释放, 发挥治疗作用。微泡作为微米级载体难以透过肿瘤内皮细胞间隙, 纳米级递药系统——纳泡应运而生, 两者结构特征相似, 但尺寸上的差异突显出纳泡在药物递送方面独特的优势。本综述以外壳材料为分类原则, 对用作超声诊断或治疗的微/纳泡进行归纳总结, 并探讨其未来可能的发展方向, 为微/纳泡的后续开发提供参考。

**关键词:** 超声造影剂; 微泡; 纳泡; 超声靶向微泡破坏; 诊断; 治疗

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## Research progress in micro/nanobubbles for ultrasound diagnosis or treatment

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**Abstract:** In the past few decades, microbubbles were widely used as ultrasound contrast agents in the field of tumor imaging. With the development of research, ultrasound targeted microbubble destruction technology combined with drug-loaded microbubbles can achieve precise drug release and play a therapeutic role. As a micron-scale carrier, microbubbles are difficult to penetrate the endothelial cell space of tumors, and nano-scale drug delivery system—nanobubbles came into being. The structure of the two is similar, but the difference in size highlights the unique advantages of nanobubbles in drug delivery. Based on the classification principle of shell materials, this review summarized micro/nanobubbles used for ultrasound diagnosis or treatment and discussed the possible development directions, providing references for the subsequent development.

**Key words:** ultrasound contrast agent; microbubble; nanobubble; ultrasound targeted microbubble destruction; diagnosis; therapy

近年来, 研究者致力于开发无创并能够进行精准治疗的递送系统, 超声波以独特的理化性质增加药物

的渗透性并促进其释放<sup>[1]</sup>。微泡 (microbubbles, MBs) 作为传统的超声造影剂, 直径在 1~10  $\mu\text{m}$ <sup>[2]</sup>, 能够随血液循环到达各组织器官, 其内部气体的高压缩性及在声场中独特的非线性振荡, 使 MBs 与周围的组织及血液具有不同的特征, 因此能在低组织背景下成像<sup>[3]</sup>。但在肿瘤组织中, 内皮细胞的间隙仅允许小于 700 nm 的颗粒通过, MBs 的尺寸限制了其应用, 因此考虑缩小 MBs 的尺寸将其制成纳泡 (nanobubbles, NBs), 以实

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现肿瘤部位的超声成像和药物递送<sup>[4]</sup>。超声靶向微/纳泡破坏 (ultrasound targeted microbubble/nanobubble destruction, UTMD/UTND) 在特定部位对体内微/纳泡进行低频超声照射, 气泡产生空化作用并破裂, 释放药物以发挥治疗作用<sup>[5]</sup>, UTMD/UTND 凭借其非侵入性、靶向递送药物的优势得到广泛应用。

微/纳泡均由外壳材料和内部气芯两部分组成, 常采用薄膜水化法、超声法及微流控技术等制备<sup>[6]</sup>, 使用聚乙二醇 (polyethylene glycol, PEG) 连接、碳二亚胺偶联、生物素-链霉素和素偶联等连接方式在其表面连接配体, 使制得的微/纳泡具有靶向性, 在药物递送过程中能够减轻对其他器官或组织的伤害 (图 1)。目前, 微/纳泡外壳材料的研究以脂质居多, 也有聚合物、仿生材料和蛋白质外壳。脂质具有良好的生物相容性, 磷脂基团自组装成高度有序的单层, 产生极低的表面张力, 可得到较为稳定的微/纳泡<sup>[7]</sup>; 聚合物外壳具有生物可降解的特点, 在体内发挥作用后可降解为气体, 对人体无害; 仿生细胞膜具有良好的生物相容性、长保留时间和天然靶向能力, 可作为多种疾病的治疗系统。回溯近 10 年文献, 按照外壳材料和负载药物类型的不同, 对用于诊疗的微/纳泡研究现状进行综述, 以期新的开发策略提供参考。

## 1 微泡

### 1.1 脂质外壳

**1.1.1 非载药微泡** 脂质材料种类繁多, 有研究者通过筛选不同脂材以提高 MBs 的稳定性。van Rooij 等<sup>[8]</sup>分别使用二硬脂酰基磷脂酰胆碱 (1,2-distearoyl-*sn*-glycero-3-phosphocholine, DSPC) 和二棕榈酰磷脂酰胆碱 (1,2-dipalmitoyl-*sn*-glycero-3-phosphocholine, DPPC) 两种脂质制备 MBs, 通过考察声学稳定性、振荡行为及外壳性质, 发现 DSPC 制得的 MBs 更稳定, 壳弹性更好, 非线性响应更高, 有利于超声成像。另外,

Maruyama 等<sup>[9]</sup>评估了脂质微泡 (lipid microbubble, LMB) 中磷脂成分对血流成像的影响, 结果表明在 LMB 外壳中添加 60% 的二硬脂酰磷脂酰甘油 (1,2-distearoyl-*sn*-glycero-3-phospho-glycerol, DSPG) 可提高 LMB 的稳定性, 并延长血流成像时间。由此可见, 脂材的选择对微泡的稳定性至关重要。

也有学者在脂质材料中加入其他物质以增强 MBs 透过血脑屏障 (blood-brain barrier, BBB) 的能力或提高其靶向性。例如, Vince 等<sup>[10]</sup>将溶菌酶加入磷脂外壳材料中制备 MBs, 通过钆喷替酸葡甲胺 (gadopentetic acid, Gd-DTPA) 外渗的磁共振成像和脑组织组织学检查来测量 BBB 通透性, 结果表明: 在不增加超声压力幅度的情况下, BBB 打开效率提高两倍; Zhao 等<sup>[11]</sup>制备了磷脂酰丝氨酸 (phosphatidylserine, PS) 修饰的 MBs, PS 作为外壳成分不仅增强壳的稳定性, 也使 MBs 具有靶向性, 通过与 UTMD 结合可安全打开 BBB, 为进一步在脑缺血区域实施靶向药物递送和炎症成像提供基础; Burns 等<sup>[12]</sup>将透明质酸 (hyaluronic acid, HA) 聚合物附着到磷脂壳上, HA 与 pH 敏感交联剂交联, 生成水凝胶, 通过亮场和荧光显微镜评估证实该 MBs 可靶向高度表达 CD44 的人类恶性宫颈癌细胞; Liu 等<sup>[13]</sup>将磁性纳米颗粒与 MBs 结合成功制备磁性 MBs, 在荷瘤小鼠肿瘤周围放置磁铁, 静脉注射 MBs 后, 在接近磁铁的部位观察到很强的荧光信号, 说明 MBs 定向聚集在靶部位。

**1.1.2 负载化学药物的微泡** Ren 等<sup>[4]</sup>使用冷冻干燥技术将多西他赛 (docetaxel, DOC) 封装于脂质 MBs 中制备成冻干粉, 静脉注射后, 通过与 UTMD 结合释放药物。肿瘤细胞生长抑制率实验表明药物局部递送增加, 抗肿瘤效果显著。Lin 等<sup>[15]</sup>首次合成负载肝素的 MBs, 与 UTMD 结合显著减轻急性胰腺炎大鼠的氧化应激, 从而减少炎症。负载药物的 MBs 虽然可以作为

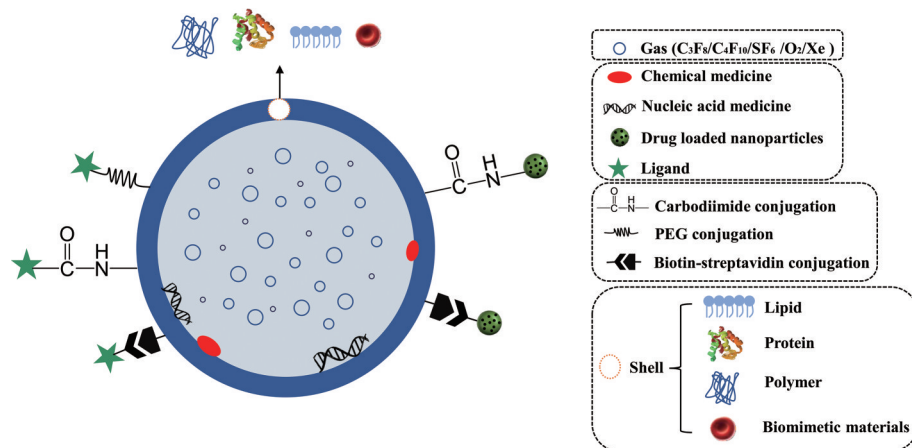


Figure 1 The structure diagram of micro/nanobubble

载体递送药物,但不具有靶向性,药物无法在靶部位释放实现精准治疗。Feng等<sup>[16]</sup>制备的负载雷公藤甲素(triptolide,  $T_{10}$ )并修饰有桥粒连接蛋白(recombinant desmoyokin, AHNAK)的靶向MBs用于缓解帕金森病的运动障碍, AHNAK促进MBs在脑血管壁附近积聚,聚焦超声暴露引起的气泡空化可同时诱导药物释放和BBB打开,两者结合显著提高 $T_{10}$ 的脑内浓度。

除连接配体对MBs进行修饰外,通过将载药纳米粒与MBs偶联,可提高MBs的载药能力并增强超声信号。Moon等<sup>[17]</sup>将封装紫杉醇(paclitaxel, PTX)的人血清白蛋白纳米颗粒与MBs进行偶联,静脉注射该微泡并暴露于超声下的小鼠具有更高的存活率。也有学者<sup>[18]</sup>开发负载多柔比星(doxorubicin, DOX)的白蛋白纳米颗粒与MBs的共轭复合物,保存在碘油乳剂介质中。当MBs到达肿瘤部位时,通过超声触发产生长期治疗效果,其释放速度缓慢,如果药物在循环过程中泄露,可将不良反应降到最低。

**1.1.3 负载核酸药物的微泡** 基因药物是具有生物活性的物质,在体内不经过肝肾代谢,对人体毒副作用较小。近年来许多学者将基因药物与MBs结合以实现癌症的诊疗一体。Kopechek等<sup>[19]</sup>将一种寡核苷酸修饰在MBs表面,该寡核苷酸是信号转导和转录激活因

子3(signal transducer and activator of transcription 3, STAT3)诱饵,能够减少核酸酶的降解并以高亲和力结合STAT3蛋白,阻止其信号传导,从而抑制肿瘤细胞生长,同时动物实验证实UTMD与MBs结合能够促进STAT3诱饵在靶部位的聚集和释放。

表1<sup>[8-19]</sup>对3种不同类型的脂质外壳微泡进行了总结。

## 1.2 仿生材料外壳

与常规的制备材料相比,细胞膜等仿生材料具有安全、免疫原性低等优点,常通过细胞膜与脂材混合作为外壳,填充气体制备微泡。有学者使用中性粒细胞膜<sup>[20]</sup>或大脑微血管细胞膜<sup>[21]</sup>与脂质以一定比例混合,得到的微泡体内稳定性、生物相容性和靶向能力均较好。Xu等<sup>[22]</sup>将血小板膜与聚合物材料混合制备微泡,利用血小板膜天然的归巢作用优化其靶向能力,用于检测心肌缺血再灌注损伤。

## 1.3 其他外壳

近年来,蛋白质与聚合物外壳MBs研究较少。有学者使用白蛋白和5-氟尿嘧啶制备MBs,通过超声介导的微泡空化增加细胞膜通透性,释放药物后增加其进入肿瘤细胞的概率<sup>[23]</sup>。也有研究者通过乙醇-水交换法制备具有超稳定的三层结构蛋白质外壳微泡,制

**Table 1** Lipid microbubbles. DSPC: 1,2-Distearoyl-*sn*-glycero-3-phosphocholine; DPPC: 1,2-Dipalmitoyl-*sn*-glycero-3-phosphocholine; DSPG: 1,2-Distearoyl-*sn*-glycero-3-phospho-glycerol; DSPE: 1,2-Distearoyl-*sn*-glycero-3-phosphoethanolamine; PEG: Polyethylene glycol; DBPC: 1,2-Dibehenoyl-*sn*-glycero-3-phosphocholine; PEG40: Polyethylene glycol 40; DPPS: 1,2-Dipalmitoyl-*sn*-glycero-3-phospho-*L*-serine; DOC: Docetaxel; HSPC: 1,2-Diacyl-*sn*-glycerol-3-phosphocholine;  $T_{10}$ : Triptolide; AHNAK: Recombinant desmoyokin; PEG2000: Polyethylene glycol 2000; NHS: N-Hydroxy succinimide; PTX: Paclitaxel; DOX: Doxorubicin; STAT3: Signal transducer and activator of transcription 3

Shell material	Medicine	Ligand	Synthesis method	Connection	Size/ $\mu$ m	Application	Ref.
DSPC/DPPC	-	-	Sonication	-	2-10	Ultrasonic imaging	[8]
DSPC, DSPG, DSPE-PEG-2000	-	-	Thin-film hydration	-	2.5	Ultrasonic imaging	[9]
DBPC, PEG40	-	-	Mechanical shaking	-	-	Enhance ultrasound-mediated BBB breakdown	[10]
DSPC, DSPE-PEG-2000, DPPS	-	-	Sonication	-	4.3 $\pm$ 1.1	Enhance ultrasound-mediated BBB breakdown	[11]
Lipids	-	-	Thin-film hydration	-	3.02 $\pm$ 0.28	Diagnosis of malignant cervical cancer	[12]
DSPC, DSPE-PEG-2000	-	-	Thin-film hydration	-	2.55 $\pm$ 0.14	Ultrasonic imaging	[13]
DPPC-Na, DSPC	DOC	-	Sonication	-	3.39 $\pm$ 0.01	Diagnosis and treatment of cancer	[14]
HSPC, DSPC	Heparin sodium	-	Sonication	-	3.46 $\pm$ 0.12	Treatment of acute pancreatic cancer	[15]
Dipalmitoyl phosphatidylcholine, DSPE-PEG-2000	$T_{10}$	AHNAK	Thin-film hydration	Biotin-streptavidin conjugation	1.67 $\pm$ 0.24	Alleviating motor deficit of Parkinson's disease	[16]
DSPC, DSPE-PEG2000-NHS	PTX	-	Reversed-phase evaporation	Carbodiimide conjugation	1.1 $\pm$ 0.5	Diagnosis and treatment of cancer	[17]
DSPE-PEG2000-NHS, DSPC	DOX	-	Thin-film hydration	Carbodiimide conjugation	1.24 $\pm$ 0.17	Diagnosis and treatment of cancer	[18]
DSPC, DSPE-PEG2000	STAT3 decoy	-	Thin-film hydration	-	2.2 $\pm$ 1.1	Diagnosis and treatment of cancer	[19]

剂本身及在体内、外超声照射下均较 SonoVue 稳定<sup>[24]</sup>。

Delaney 等<sup>[25]</sup>制备聚乙二醇化聚乳酸外壳包封吉西他滨 (gemcitabine, GEM) 的 MBs 用于治疗胰腺癌。通过评估破坏性脉冲前后的增强差异, 确认肿瘤内 MBs 的破坏, 表明 MBs 能够通过超声触发递送 GEM。但肿瘤生长没有明显减少, 该团队推测载药 MBs 递送到肿瘤组织的药量不足, 后续将通过共同包封载药纳米颗粒增加 GEM 的负载量, 提高肿瘤治疗效果。

## 2 纳泡

MBs 直径较大, 无法进入毛细血管丰富的器官或组织, 而纳泡直径通常在 1 000 nm 以下, 由于尺寸较小, 能够通过肿瘤血管内皮间隙, 在肿瘤血管内皮部位的高渗透性和滞留效应 (enhanced permeability and retention, EPR) 下被动靶向到肿瘤部位发挥成像及治疗作用<sup>[3]</sup>。

### 2.1 脂质外壳

**2.1.1 非载药纳泡** PEG 及其各种衍生物由于能够降低磷脂壳的表面张力广泛应用在 NBs 的制备过程中, Khan 等<sup>[26]</sup>通过改变磷脂和 PEG 的比例研究氧纳泡的大小和分布, 随 PEG 比例增加, 氧纳泡直径减小, 对肿瘤的 EPR 随之增强。当磷脂和 PEG 的比例为 85:15, NBs 具有良好的稳定性, 在高频率超声成像中显示出更高的对比度。Perera 等<sup>[27]</sup>将 *N,N*-二乙基丙烯酰胺和 *N,N*-双(丙烯酰基) 胺交联形成网状结构, 结合到脂质外壳中。交联剂的加入既能提高 NBs 稳定性又能保持膜的柔性, 减少气体扩散。体内超声生物分布实验表明 NBs 能够改善对肿瘤的渗透性, 肿瘤成像效果增强 2 倍。Liu 等<sup>[28]</sup>通过调节硅杂化脂材的比例来控制 NBs 尺寸, 所得 NBs 的大小随硅杂化脂质量的减少而增加。体内外超声成像实验表明, 硅修饰的 NBs 显著提高了超声造影能力。

乳腺癌多发于女性群体中, 是最常见的恶性肿瘤之一<sup>[29]</sup>, 人表皮生长因子受体 2 (human epidermal growth factor receptor 2, HER2) 和 CXC 趋化因子受体 4 (CXC chemokine receptor type 4, CXCR4) 在乳腺癌肿瘤中过度表达, 常作为药物结合的靶点。Jiang 等<sup>[30]</sup>制备 Herceptin 偶联的磷脂壳 NBs 用于靶向乳腺癌 HER2 阳性细胞, 能够有效穿透肿瘤组织, 延长体内保留时间, 大大改善超声质量, 制备过程中 DSPE-PEG2000-COOH 作为连接脂质, 有效降低细胞毒性, 避免传统链霉亲和素/生物素系统所导致的免疫原性。有学者将生物素化抗 ErbB2 Affibody® 分子结合到脂质 NBs 表面用于靶向 HER2 过度表达的乳腺癌细胞, 离体荧光成像和激光共聚焦显微镜证实了 NBs 的靶向性<sup>[31]</sup>。另有学者将生物素化的膜联蛋白 V (annexin V,

AV) 偶联在纳泡上制备得到 AV-NBs, 通过 AV 对 PS 强大的亲和力来进行体内细胞凋亡成像<sup>[32]</sup>。

前列腺癌发病率较高, 是男性群体中的常见癌症, 超声成像技术能够对前列腺癌进行早期诊断提高患者生存率。有学者制备前列腺特异性膜抗原单链可变片段 (prostate specific membrane antigen scFv, PSMA scFv) 负载的 NBs, PSMA scFv 分子量较小, 确保靶向 NBs 有较小的直径穿过肿瘤脉管系统并到达肿瘤细胞<sup>[33]</sup>。PEG 的加入有效延长 NBs 在肿瘤部位的超声成像时间。Fan 等<sup>[34]</sup>通过生物素-链霉亲和素系统构建了特异性抗 PSMA 纳米体耦合的 NBs, 可特异性黏附到前列腺癌细胞上, 峰值强度更高, 持续时间更长。Wang 等<sup>[35]</sup>制备了携带吖啶青绿 (indocyanine green, ICG) 且表面连接 PSMA 结合肽的纳泡, 靶向 PSMA, 增强前列腺癌超声、光声和荧光成像。ICG 的加入不仅能够利用光诱导超声成像, 而且还可以利用其自身的红色荧光用于荧光成像, 使 NBs 具有多功能成像作用, 精确诊断前列腺癌。

除乳腺癌和前列腺癌之外, NBs 也用于其他癌症或疾病的超声诊断。有学者制备 CA-125 抗体靶向 NBs 用于诊断卵巢癌<sup>[36]</sup>。该 NBs 直径小于 100 nm, 在卵巢癌肿瘤细胞内快速积聚, 能够有效延长滞留时间及回声。碳酸酐酶 IX (carbonic anhydrase IX, CA IX) 在各种恶性实体瘤的细胞膜上高度表达, 可以作为纳泡结合的良好靶点。Zhu 等<sup>[37]</sup>首次构建了 CA IX 多肽修饰的 NBs 用于靶向多种恶性肿瘤, 其粒径均匀、安全性好且稳定。Zhang 等<sup>[38]</sup>将抗血管内皮细胞生长因子受体-2 配体与 NBs 偶联用于动脉粥样硬化斑块的超声成像, NBs 通过被动靶向和主动靶向到达作用部位, 流式细胞术证实其与特异性配体具有高结合效率。Liu 等<sup>[39]</sup>制备携带抗 CD3 抗体的纳泡靶向 T 淋巴细胞, 检测心脏移植中的急性排斥反应。

**2.1.2 负载小分子化疗药物的纳泡** 载药 NBs 结合 UTND 技术能同时实现超声诊断和治疗作用。Lan 等<sup>[40]</sup>开发了负载 ICG 和 PTX 的多功能纳泡, 通过 UTND 实现药物的靶向释放, 并在空化作用下增强细胞膜的通透性, 便于药物进入肿瘤细胞发挥治疗作用, 同时 ICG 的荧光成像有利于癌症的准确诊断。乳腺肿瘤细胞膜上高度表达 CXCR4, AMD070 作为 CXCR4 的拮抗剂, 在体内通过主动靶向作用聚集在 CXCR4 阳性肿瘤部位, 阻断肿瘤的生长和转移。Shen 等<sup>[41]</sup>制备的携带有 AMD070 和 ICG 的靶向 NBs 用于乳腺癌的多功能成像, 通过超声照射增强肿瘤细胞膜的通透性并释放 AMD070, 有效抑制并阻断基质细胞衍生因子 1 (stromal cell-derived factor-1, SDF-1)/CXCR4 通路的

活性, 促进肿瘤细胞凋亡。Peng 等<sup>[42]</sup>制备了负载 PTX 的 NBs, 并在表面连接 AMD070, AMD070 既具有靶向性, 又能够在超声照射下与 PTX 发挥双重抗肿瘤作用。Hamarat 等<sup>[43]</sup>将培美曲塞和帕佐帕尼两种药物结合在磁性纳米粒子上, 并将其制备成磁响应性 NBs。磁体存在时, 小鼠体内的荧光聚集在肿瘤部位, 经超声破坏后, 释放两种药物, 协同治疗非小细胞型肺癌。自聚集体是将疏水部分连接到亲水聚合物上时, 自发组装形成纳米尺寸的一种结构。Chung 等<sup>[44]</sup>利用乙二醇壳聚糖自聚集体负载疏水性药物 DOC, 并将其偶联在 NBs 面形成 NBs 复合物, 超声闪光照射显示, NBs 破裂的声蒸发效应可显著增强该复合物的内化, 从而增强药物递送。

载药 NBs 表面连接有靶向作用的叶酸 (folic acid, FA) 配体将大大提高药物疗效。FA 是内源性物质, 缺乏免疫原性, 能够与肿瘤细胞表面高表达的 FA 受体发生强的相互作用, 从而赋予 NBs 较高的特异性。Gao 等<sup>[45]</sup>制备负载青蒿琥酯的 FA 偶联脂质 NBs, 用于成像引导的肿瘤靶向化疗。小鼠体内成像显示随注射时间延长, 肿瘤超声信号明显增强, 表明该 NBs 可作为超声探针实时追踪药物在体内的递送情况。另有学者构建了一种负载低分子量透明质酸 (low molecular weight hyaluronic acid, LMW-HA) 的 FA 结合纳泡<sup>[46]</sup>, FA 与肿瘤相关巨噬细胞 (tumor-associated macrophages, TAMs) 表面的叶酸受体结合, 靶向聚集并释放 LMW-HA 后能够促进 TAMs 表型从 M2 转变为 M1 型, 抑制肿瘤细胞浸润, 保护组织器官免受外来物质的侵袭。Shen 等<sup>[47]</sup>开发 FA 和 IR-780 分子修饰的 NBs, 通过增强对比超声成像和近红外荧光成像以精确检测肿瘤, 在 808 nm 照射的病变中诱导靶向光热治疗, 离体实验进一步证实, FA-NBs-IR780 有效诱导肿瘤细胞凋亡并抑制肿瘤生长。

除叶酸外, 单克隆抗体、多肽等物质也可作为配体与体内的靶点特异性结合。Chen 等<sup>[48]</sup>制备了由生物素-链霉亲和素桥接的 NBs, 以负载程序性死亡配体 1 单克隆抗体 (programmed death ligand 1 monoclonal antibody, PD-L1mAb) 和化疗剂 DOX, DOX 还作为一种声敏剂, 在低强度超声刺激下促进线粒体氧化损伤, 诱导细胞凋亡, 协同免疫疗法、化疗与声动力学疗法有效治疗肝癌。Guo 等<sup>[49]</sup>使用新型 FH 肽修饰负载 DOX 的纳泡, 用于靶向肿瘤相关成纤维细胞 (cancer-associated fibroblasts, CAFs) 上高度表达的肌腱蛋白 C, 通过超声汽化作用实现 DOX 的靶向释放, 可根除 CAFs 并重塑肿瘤微环境。还有学者制备了负载替西罗莫司 (tamsirrolimus, TEM) 的 NBs, 由生物素-链霉亲

和素桥接抗 G250 纳米体在 NBs 表面, 靶向高度表达 G250 抗原的肾癌细胞, 结合 UTND 将 NBs 在特定部位破坏, 释放 TEM 后抑制癌细胞生长和转移<sup>[50]</sup>。

**2.1.3 负载生物大分子药物的纳泡** 基因药物对人体的特定组织或器官具有高度特异性, 负载基因药物的 NBs 与超声照射结合能够实现药物靶向递送。Su 等<sup>[51]</sup>制备超声敏感的 PDLIM5 siRNA NBs 用于对抗非小细胞型肺癌的耐药性。超声照射下, NBs 显示出 siRNA 的可控释放能力, 显著提高 siRNA 转染效率, 阻断癌细胞增殖并促进其凋亡, 在体外显示出极强的抗癌效果。Liufu 等<sup>[52]</sup>采用薄膜水合法制备聚乙二醇-SS-聚乙烯亚胺纳米颗粒负载 DNA 的 NBs 用于诊断和治疗乳腺癌, PEG 化的二硫键屏蔽聚乙烯亚胺 (polyethylenimines, PEI) 表面正电荷以提高基因转染效率, EPR 使 NBs 在体内被动靶向到肿瘤细胞, 细胞中大量存在的谷胱甘肽迅速切割 PEG, 在超声的作用下, PEI/DNA 纳米粒子可以通过声穿孔和内体逃逸进入癌细胞释放 DNA。

蛋白质类药物也被用于纳泡研究: Tan 等<sup>[53]</sup>制备了含有可溶性程序性细胞死亡蛋白 1 (soluble programmed cell death protein 1, sPD-1) 和二氢卟吩 e6 (chlorin e6, Ce6) 的多功能纳泡, 纳泡到达靶部位后释放 sPD-1 与 Ce6, sPD-1 充当免疫检查点抑制剂, 能够下调肿瘤细胞中 PD-L1 的表达, 阻断 PD-1/PD-L1 信号通路, 改善肿瘤抑制作用, 激活 Ce6 诱导声动力疗法, 协同免疫治疗作用以增强肝癌治疗效果。

表 2 对 3 种不同类型的脂质外壳纳泡进行了总结。

## 2.2 仿生材料外壳

近来, 研究者们多以血小板膜为材料制备纳泡, 其表面天然存在的蛋白配体对动脉粥样硬化斑块<sup>[54]</sup>及损伤血管<sup>[55]</sup>有高度亲和力, NBs 随时间的推移积累合并成更大的气泡, 从而在诊断中产生超声增强信号, 有利于疾病的后续治疗。仿生囊泡作为一种新型材料也可以用作 NBs 的外壳。有学者将喜树碱包封在仿生双层囊泡中, 填充六氟化硫气体制备成 NBs, 并在 NBs 表面修饰黏蛋白 1 (mucin1, MUC1) 配体, 靶向高表达 MUC1 的肿瘤细胞<sup>[56]</sup>。与非靶向纳泡相比, 该 NBs 对 MUC1 阳性的癌细胞具有更高的细胞摄取能力和更强的细胞毒性。

## 2.3 其他外壳

聚乳酸-乙醇酸 [poly(lactide-co-glycolic acid), PLGA] 是目前 FDA 批准可用于制备 NBs 外壳的聚合物<sup>[57]</sup>。PLGA 经三羧酸循环代谢后产物为水和二氧化碳, 对人体无毒。以 PLGA 为外壳制备纳泡, 在其表面接枝 A10-3.2<sup>[58]</sup>或成纤维细胞生长因子 21<sup>[59]</sup>等配体能

**Table 2** Lipid nanobubbles. DPPA: 1,2-Dipalmitoyl-*sn*-glycero-3-phosphate; DPPE: 1,2-Dipalmitoyl-*sn*-glycero-3-phosphoethanolamine; mPEG-DSPE: 1,2-Distearoyl-phosphatidylethanol amine-methyl-poly ethylene glycol conjugate-2000; AV: Annexin V; PSMA scFv: Prostate specific membrane antigen scFv; CAIX: Carbonic anhydrase IX; DMPC: 1,2-Dimyristoyl-*sn*-glycero-3-phosphocholine; VEGFR-2: Vascular endothelial growth factor receptor 2; DPPG: 1,2-Dipalmitoyl-*sn*-glycero-3-phosphorylglycerol; DOPC: 1,2-Dioleoyl-*sn*-glycero-3-phosphatidyl choline; FA: Folic acid; LMW-HA: Low molecular weight hyaluronic acid; PD-L1 mAb: Programmed death ligand 1 monoclonal antibody; FITC: Fluorescein isothiocyanate; TEM: Temsirolimus; DPTAP: 1,2-Dipalmitoyl-3-trimethylammonium-propane; Ce6: Chlorin e6; SPD-1: Soluble programmed cell death protein 1

Shell material	Medicine	Ligand	Synthesis method	Connection	Size / $\mu\text{m}$	Application	Ref.
DSPC, DSPE-PEG-2000	-	-	Thin-film hydration	-	$0.173 \pm 0.025$	Ultrasonic imaging	[26]
DPPC, DPPA, DPPE, mPEG-DSPE	-	-	Thin-film hydration	-	$0.095 \pm 0.025$	Ultrasonic imaging	[27]
DSPC, DSPE-PEG-2000	-	-	Thin-film hydration	-	$0.523 \pm 0.046$	Ultrasonic imaging	[28]
DPPE, DSPE-PEG-2000	-	Herceptin	Thin-film hydration	Carbodiimide conjugation	$0.613 \pm 0.025$	Diagnosis of breast cancer	[30]
DSPE-PEG-2000, DPPC	-	Biotinylated anti-ErbB2 affibody	Thin-film hydration	Biotin-streptavidin conjugation	$0.478 \pm 0.030$	Diagnosis of breast cancer	[31]
DSPC, DSPE-PEG-2000	-	AV	Thin-film hydration	Biotin-streptavidin conjugation	$0.636 \pm 0.025$	Diagnosis of breast cancer	[32]
DPPC, DSPE-PEG-2000	-	PSMA scFv	Thin-film hydration	Biotin-streptavidin conjugation	$0.485 \pm 0.028$	Diagnosis of prostate cancer	[33]
DPPC, DSPE, DPPA	-	Anti-PSMA nanobody	Thin-film hydration	Biotin-streptavidin conjugation	$0.488 \pm 0.034$	Diagnosis of prostate cancer	[34]
DSPE-PEG-2000, DSPC	-	PSMA-binding peptides	Thin-film hydration	Biotin-streptavidin conjugation	$0.192 \pm 0.005$	Diagnosis of prostate cancer	[35]
DPPC, DPPE, DPPA, DSPE-PEG	-	CA-125	Thin-film hydration	Carbodiimide conjugation	$0.075 \pm 0.017$	Diagnosis of ovarian cancer	[36]
DPPC, DPPG, DPPA	-	CAIX polypeptides	Mechanical shaking	Biotin-streptavidin conjugation	$0.504 \pm 0.785$	Ultrasonic imaging	[37]
DPPC, DSPE-PEG-2000, DMPC	-	VEGFR-2	Ultrasonic emulsion	Biotin-streptavidin conjugation	$0.320 \pm 0.020$	Ultrasound imaging of atherosclerotic plaque	[38]
DSPC, DSPE-PEG-2000	-	CD3 antibody	Thin-film hydration	Biotin-streptavidin conjugation	$0.457 \pm 0.053$	Detecting T lymphocyte infiltration in acute rejection	[39]
DPPC, DPPE, DPPG, DPPA, DSPE-PEG-2000	PTX	-	Mechanical shaking	-	$0.470 \pm 0.033$	Diagnosis and treatment of cancer	[40]
DSPE-PEG-2000	AMD070	-	Mechanical shaking	-	$0.497 \pm 0.029$	Diagnosis and treatment of cancer	[41]
DPPA, DPPC, DPPE, DPPG, DSPE-PEG-2000	PTX	AMD070	Mechanical shaking	PEG conjugation	$0.494 \pm 0.061$	Treatment of breast cancer	[42]
DPPC, DOPC, cholesterol	Pemetrexed, pazopanib	-	Thin-film hydration	-	$0.491 \pm 0.130$	Treatment of none-small cell lung cancer	[43]
DSPC, DSPE-PEG-2000-NHS	DOC	-	Sonication	Carbodiimide conjugation	$0.323 \pm 0.027$	Diagnosis and treatment of cancer	[44]
DSPC, DSPE-PEG-2000	Artesunate	FA	Mechanical shaking	PEG conjugation	$0.781 \pm 0.005$	Diagnosis and treatment of cancer	[45]
DSPE-PEG-2000, DPPC	LMW-HA	FA	Mechanical shaking	PEG conjugation	0.342	Inhibiting tumor cell infiltration	[46]
DPPC, DSPE-PEG-2000	IR-780	FA	Thin-film hydration	PEG conjugation	$0.591 \pm 0.052$	Diagnosis and treatment of cancer	[47]
DPPC, DSPE-PEG-2000, cholesterol	DOX	PD-L1mAb	Thin-film hydration	Biotin-streptavidin conjugation	$0.457 \pm 0.023$	Inducing apoptosis	[48]
DPPC, DSPE-PEG-2000, DSPE-PEG-FITC	DOX	FH peptide	Mechanical shaking	PEG conjugation	0.208	Reshaping the tumor microenvironment	[49]
DPPC, DPPE, DPPG, DPPA, DSPE-PEG-2000	TEM	Anti-G250 nanobodies	Thin-film hydration	Biotin-streptavidin conjugation	$0.369 \pm 0.043$	Diagnosis and treatment of cancer	[50]
DSPE-PEG-2000, DSPC	PDLIM5-siRNA	-	Thin-film hydration	-	$0.192 \pm 0.005$	Treatment of non-small cell lung cancer	[51]
DPPC, DPTAP, DSPE-PEG-2000	pDNA	-	Thin-film hydration	Biotin-streptavidin conjugation	$0.502 \pm 0.075$	Treatment of breast cancer	[52]
DPPC, PEG-2000, cholesterol	Ce6	sPD-1	Thin-film hydration	PEG conjugation	$0.283 \pm 0.022$	Immunotherapy of hepatocellular carcinoma	[53]

够使体系精准到达病灶部位,结合体外UTND技术,能够大大提高药物疗效并增强超声成像效果。PLGA具有良好的生物可降解性和亲水性,但PLGA-NBs小于200 nm时无法在小鼠肿瘤中观察到超声图像<sup>[60]</sup>。壳聚糖(chitosan, CS)因其成本低、相容性好、生物可降解等成为理想的聚合物载体,且CS外壳比脂质外壳更硬,与聚丙烯酸共同作为外壳制备的纳泡<sup>[61]</sup>直径小于100 nm,体内成像持续时间明显长于目前报道的尺寸小于200 nm的聚合物NBs;有研究用羧甲基壳聚糖与透明质酸以二硫键连接,填充八氟丙烷并包载药物制得纳泡,通过内源性的pH响应和氧化还原响应及外源性的超声刺激能够达到药物释放,产生良好的抗肿瘤效果<sup>[62]</sup>。聚甲基丙烯酸[poly(methacrylic acid), PMAA]较CS有更优越的生物相容性,质地柔软,易制得尺寸较小的纳泡。Li等<sup>[63]</sup>通过回流沉淀聚合法制备的粒径小于100 nm的单分散聚甲基丙烯酸NBs,通过EPR被动靶向到肿瘤细胞内。甘氨酸、PEG及RGD修饰在NBs表面,既提高NBs在水溶液中的分散性,又降低NBs的细胞毒性,能够在体内维持较长的循环时间。

脂质与聚合物双层外壳可有效改善外壳的坚硬程度,提高超声造影能力。Yan等<sup>[64]</sup>使用PLGA和DSPC两种主要外壳材料通过改良后的双乳液蒸发工艺将姜黄素包裹在NBs内,用于治疗帕金森病。UTND能够介导BBB打开,有效促进药物释放,NBs与UTND结合组的帕金森病小鼠模型表现出显著的运动能力。

### 3 结论与展望

本文综述了脂质、仿生材料、聚合物和蛋白质外壳的微/纳泡在疾病诊断及临床治疗方面的研究,超声介导的微/纳泡造影剂显现出独特的优势。目前MBs在超声诊断方面应用较多,由于其声学响应及在体内被破坏后的不可逆性使其应用受限,几款已经上市的MBs制剂仅用作超声造影剂;NBs因尺寸较小能穿过肿瘤血管的优势成为极具潜力的递药系统,目前已有进入临床试验阶段的产品<sup>[65-67]</sup>,但无上市制剂。

由于MBs的应用和随之而来的创新在肿瘤学、心血管疾病等多个领域蓬勃发展,专业知识的融合和某些实践的标准化对于确保快速发展和未来转化为临床至关重要。有研究者根据疾病需求更改气芯为具有治疗作用的药用气体,通过微/纳泡递送氦气<sup>[68,69]</sup>或氧气<sup>[70-72]</sup>,而气泡脂质体的研究,更是克服了微泡尺寸大、不稳定且难以将药物递送到深部组织的局限性<sup>[73,74]</sup>。另有研究者聚焦于微泡与纳泡<sup>[75]</sup>、纳米粒<sup>[76]</sup>等复合体的制备,结合超声治疗脑肿瘤方面的研究,通过有效开放BBB,促进第二载体负载药物进入脑内,靶向配体的连接使其精准定位到脑肿瘤的病灶部位,

大大提高药物疗效。另有科研团队设计超声响应型细菌,通过超声诱导的短暂热疗促进基因表达,为细菌介导的免疫治疗提供替代策略<sup>[77,78]</sup>。新型超声造影剂的发展应当更加关注微/纳泡外壳的优化、药物负载技术及靶向递送策略的开发,且光动力疗法、光声成像及磁性微/纳泡等联合技术的使用推动微泡的行为操控达到一个新的高度,实现安全、无创的诊疗一体化将指日可待。

**作者贡献:** 安青青和何朝星负责文献检索、论文撰写及修改;向柏负责论文选题、写作指导;李晨曦和何晓明负责论文校对及结构调整和优化;王岳恒和杨少坤负责论文的专业性和规范性审阅。

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