

生物被膜态益生菌控制病原菌感染及其开发策略

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摘要: 生物被膜是细菌的一种特殊生存方式。生物被膜感染在临床中的高耐药性问题、反复性问题、迁延性问题等是临床中亟待解决的问题。益生菌作为机体共生微生物的一部分, 能够通过多种方式对抗病原菌。本文就临床生物被膜治疗中亟待解决的问题做出了部分总结, 归纳总结了部分益生菌生物被膜对抗病原菌生物被膜的作用机制, 而且还从改进益生菌生物被膜研究方法、增强益生菌生物被膜稳定性和开发新型生物被膜态益生菌的角度出发, 就如何开发生物被膜态益生菌的策略方法进行了综述。

关键词: 生物被膜; 益生菌; 生物对抗; 开发策略

Measures for developing probiotics biofilm for pathogen infection control

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Abstract: Biofilm is a special way for bacteria to survive. Antibiotic resistance, recurrence, and

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transfer of biofilm infection are urgent problems to be solved in clinical practice. Probiotics, as part of the microorganisms in the host, can restrain pathogens via a variety of ways. This paper summarizes the mechanisms of probiotics biofilm against pathogenic bacterial biofilm, and further reviews the measures for improving the research method and enhancing the stability of probiotics biofilms and developing new probiotics biofilms.

Keywords: biofilm; probiotics; biological antagonism; development measures

自从1982年Marrie等^[1]第1次观察到并提出生物被膜(biofilm)这一概念以来,经过无数科研工作者不断地深入探索,生物被膜这一细菌特殊的生活行为方式背后的机制逐渐变得清晰起来。临床中将生物被膜导致的一些疾病统称为生物被膜相关感染(biofilm related disease),包括生物被膜生长在种植体表面感染、无异物状态下的慢性感染和生物被膜导致的医疗器械故障等^[2]。生物被膜是由生物被膜细菌及其分泌的胞外多糖(exopolysaccharides, EPS)复合物组成的“3D”实体^[3]。因不同细菌生物被膜的形成和种属组成具有较明显的差异,导致了包括细菌生物被膜高耐药性、细菌生物被膜治疗反复性和细菌生物被膜感染迁延性在内的诸多棘手问题。近年来,研究者通过使用生物被膜态益生菌在对抗病原微生物、改善宿主微生态平衡和提高宿主的健康水平等方面发挥了积极作用,且生物被膜态益生菌具有浮游益生菌不具有的抗逆性、宿主体内定殖力强等优势,所以合理、高效地开发生物被膜态益生菌对抗病原菌感染具有独特的优势和重要的意义。

1 病原菌生物被膜临床治疗的窘境

临床上65%的细菌感染和80%的慢性感染与生物被膜相关^[4]。细菌在机体的生物被膜形成后,通常具有较大的体积,使得机体免疫细胞无法对其进行有效吞噬或清除^[2]。生物被膜

表面抗原刺激产生的抗体还会在生物被膜表面形成免疫复合物,导致生物被膜定殖的组织受到免疫细胞附带的损伤^[2,5],而利用抗生素或抗菌药物辅助机体对生物被膜病原体进行杀灭往往收效甚微。

1.1 传统药物效果不理想

生物被膜相关感染临床治疗过程中传统药物效果不理想的原因有3点:(1)由于生物被膜的空间复杂性,生物被膜胞外多糖复合物常常能够对药物产生截留作用,使得渗透进生物被膜的药物的有效浓度降低,从而对生物被膜细菌形成保护^[6]。(2)生物被膜中存在的“滞留菌”自身处于“低代谢活性”或是“休眠态”,使得繁殖性杀菌剂药理活性降低^[7]。通过测试亚胺培南、庆大霉素和环丙沙星等14种抗生素的抗铜绿假单胞菌生物被膜活性,发现生物被膜状态下的铜绿假单胞菌耐药性不同程度地高于浮游细菌^[8]。(3)由于生物被膜在机体内形成的部位环境差异,局部血药浓度无法达到根除生物被膜的最小浓度(minimum biofilm eradication concentration, MBEC),使得抗生素作用效果有限^[9],导致反复感染的同时增加了细菌抗生素耐药性产生的风险。

1.2 耐药性及潜在治疗风险

目前对抗生物被膜感染的主流方法仍然是使用抗生素,治疗过程往往会超剂量或长期性使用^[2]。在抗生素的压力选择下会使细菌耐药性显著增长,甚至导致超级细菌的产生^[2,10]。此外,长期使用传统广谱抗生素会导致机体局部

微生态系统紊乱, 易引起继发感染。目前尚在研究中的生物被膜分散剂大多是一些特异性的糖苷水解酶^[11]、蛋白酶^[12]、核酸酶^[13]和群体感应(quorum sensing, QS)抑制剂^[14]等, 它们大多不具有抗菌活性, 单独使用会引起生物被膜细菌在机体内迁延性感染或产生菌血症的风险^[15]。

1.3 治疗生物被膜药物开发难度大

药物的研发周期本身是一个艰难且漫长的过程。随着对生物被膜的认识和重视程度提高, 研究者们发现了多种小分子化合物、天然活性成分、氨基酸和多肽等均能够抑制生物被膜的形成过程或破坏已经形成的生物被膜^[16]。但這些药物研究大多集中在体外, 药物进入机体时会存在内环境 pH、生物利用度、首过效应、生物屏障和血浆半衰期等条件限制, 使得药物体内效果不佳^[9,17]。此外, 药物靶点单一、适用病原菌的种类有限, 导致药物很难产生广谱抗菌生物被膜作用^[18-20]。这会大大延长药物的开发周期并增加临床药物使用的种类。

2 益生菌生物被膜对抗病原菌

浮游益生菌代谢产物对病原菌的抑杀作用早有报道^[21-24], 但益生菌生物被膜如何对抗病原菌还知之甚少。益生菌形成生物被膜并通过多种方式与其他种群之间相互竞争环境资源, 以保证自身种群延续的同时阻止病原菌在体内形成有效的定殖, 阻止发挥其致病力。部分益生菌生物被膜对抗病原菌生物被膜种类及作用机制详见表 1 和图 1。包括益生菌生物被膜疏水作用、益生菌生物被膜竞争性占位作用、生物被膜益生菌抑制病原菌生物被膜形成、益生菌生物被膜-黏液屏障作用、益生菌生物被膜维持内黏膜环境 pH 和益生菌生物被膜增强机体黏膜免疫。

2.1 益生菌生物被膜疏水作用

在益生菌中研究最广泛的疏水物质是枯草芽孢杆菌 BslA 蛋白^[45]。BslA 蛋白通常覆盖在枯草芽孢杆菌生物被膜表面, 能够显著地降低水的表面张力, 并抵抗外界化学物质的侵袭, 从而为生物被膜细菌提供保护^[46-47]。BslA 蛋白缺乏将会导致生物被膜结构受到损害^[45]。有研究发现, 枯草芽孢杆菌参与的生物防治与其生物被膜的形成相关^[48]。这提示疏水性物质可能具有抑制病原菌原始黏附的能力, 但是关于 BslA 蛋白的抗菌黏附作用还有待进一步考察。此外, Ceresa 等^[28]发现枯草芽孢杆菌 AC7 脂肽(AC7 BS)具有良好的乳化活性、较低的临界胶束浓度和 pH 稳定性等, 其涂层能够显著减少白色念珠菌在医用硅胶膜片上的原始定殖, 并减少病原菌生物被膜的形成。

2.2 益生菌生物被膜竞争性占位作用

成熟生物被膜形态通常为“蘑菇样”或“飘带样”, 无论何种形态的产生, 均需要黏附于固载基质表面。因此, 生存空间和营养成分是细菌需要竞争的首要需求。益生菌生物被膜的定殖能够阻止病原菌侵袭, 并减少病原菌在组织间扩散。Erega 等^[31]发现, 共培养的枯草芽孢杆菌 PS-216 生物被膜能够竞争空肠弯曲杆菌的生存空间, 且能够分散空肠弯曲杆菌已经成熟的生物被膜。Ishikawa 等^[22]发现乳杆菌生物被膜能够降低共培养生物被膜中牙龈卟啉单胞菌 33277 和牙龈卟啉单胞菌 W83 的种群相对丰度。Kobayashi 等^[29]发现枯草芽孢杆菌生物被膜产生的毒素能够介导枯草芽孢杆菌生物被膜种间竞争, 并有助于避免生物被膜细菌内部竞争, 有利于生物被膜生态系统的构建。

2.3 生物被膜益生菌抑制病原菌生物被膜形成

信号因子是细菌个体之间传递交流信息的

表 1 部分益生菌对抗病原菌种类及作用机制

Table 1 Part of probiotics fight against pathogenic microorganisms and their mechanisms

Strains	Against pathogenic microbial types	Mechanism	References
<i>Lactobacillus rhamnosus</i> MS1	<i>Vibrio parahaemolyticus</i>	MS1-QSI inhibited the quorum sensing signal factor of pathogens	[25]
<i>Pediococcus pentosaceus</i> zy-B-1	<i>Listeria monocytogenes</i>	QSI-B-1 inhibits biofilm formation and flagellar movement.	[26]
<i>Bifidobacterium longum</i> ATCC 15707	Enterohemorrhagic <i>Escherichia coli</i>	Cell extracts reduced the activity of pathogen AI-2	[27]
<i>Bacillus subtilis</i> AC7	<i>Candida albicans</i>	Inhibition of pathogen adhesion and biofilm formation	[28]
<i>Bacillus subtilis</i> NCIB3610	No data	Use LXG and WapA toxin compete with other pathogens for living space	[29]
<i>Bacillus subtilis</i> CMCC-B-63	<i>Staphylococcus aureus</i>	Increased membrane permeabilization of pathogen	[30]
<i>Bacillus subtilis</i> PS-216	<i>Campylobacter jejuni</i>	Inhibition of pathogen adhesion and biofilm formation; disrupt pre-established pathogen biofilm	[31]
<i>Bacillus subtilis</i> KATMIRA 1933	<i>Staphylococcus aureus</i>	Strong co-aggregation with pathogen; competitive nutrients; inhibition of pathogen growth and biofilm formation	[32]
<i>Bacillus amyloliquefaciens</i> B-1895	<i>Staphylococcus aureus</i>	Strong co-aggregation with pathogen; competitive nutrients; inhibition of pathogen growth and biofilm formation	[32]
Marine of <i>Bacillus subtilis</i>	<i>Candida albicans</i>	Inhibition of pathogen biofilm formation; inhibit production of virulence factors	[24]
<i>Bifidobacterium pseudolongum</i> 119 ^{1A}	<i>Porphyromonas gingivalis</i>	Inhibition of pathogen biofilm formation; decreased the relative abundance of pathogen due to nutrient competition	[22]
<i>Bifidobacterium infantis</i>	<i>Porphyromonas gingivalis</i> ; <i>Fusobacterium nucleatum</i>	Competitive nutrients; inhibition of pathogen biofilm formation	[33]
<i>Bifidobacterium breve</i> YH68	<i>Clostridioides difficile</i>	Inhibition of pathogen growth; pathogen cell membrane damage	[21]
<i>Enterococcus</i> sp. CM9	<i>Staphylococcus aureus</i> ; <i>Staphylococcus epidermidis</i> ; <i>Escherichia coli</i>	Inhibition of pathogen growth and adhesion	[34]
<i>Enterococcus</i> sp. CM18	<i>Staphylococcus aureus</i> ; <i>Staphylococcus epidermidis</i> ; <i>Escherichia coli</i>	Inhibition of pathogen growth and adhesion	[34]
<i>Enterococcus faecium</i> H3	<i>Staphylococcus epidermidis</i> ; <i>Pseudomonas aeruginosa</i>	Inhibition of pathogen biofilm formation	[34]
<i>Enterococcus faecium</i> Col1-1C	<i>Salmonella Typhimurium</i> ; <i>Salmonella Saintpaul</i> ; <i>Salmonella Montevideo</i> ; <i>Escherichia coli</i>	Inhibition of pathogen adhesion and biofilm formation	[35]
<i>Lactobacillus acidophilus</i> LA5	<i>Porphyromonas gingivalis</i>	Inhibition of pathogen biofilm formation; decreased the relative abundance of pathogen due to nutrient competition	[22]

(待续)

(续表 1)

Strains	Against pathogenic microbial types	Mechanism	References
<i>Lactobacillus johnsonii</i> L-8	<i>Staphylococcus aureus</i> ; <i>Escherichia coli</i> ; <i>Salmonella typhimurium</i>	Inhibition of pathogen growth	[36]
<i>Lactobacillus johnsonii</i> L-76	<i>Staphylococcus aureus</i> ; <i>Escherichia coli</i> ; <i>Salmonella typhimurium</i>	Inhibition of pathogen growth	[37]
<i>Lactobacillus amylovorus</i> L-102	<i>Staphylococcus aureus</i> ; <i>Escherichia coli</i> ; <i>Salmonella typhimurium</i>	Inhibition of pathogen growth	[37]
<i>Lactobacillus rhamnosus</i> Xbb-LR-1	<i>Gardnerella</i>	Competitive nutrients; acidification environment pH; inhibit the growth of pathogen	[38]
<i>Lactiplantibacillus plantarum</i> CRL 1075	Enterohemorrhagic <i>Escherichia coli</i>	Inhibition of pathogen growth and surface colonization	[39]
<i>Lactobacillus plantarum</i> PA21	<i>Bacillus cereus</i> ; <i>Pseudomonas fluorescens</i> ; <i>Aeromonas hydrophila</i>	Kill pathogen in biofilm	[40]
<i>Lactobacillus plantarum</i> 27053	<i>Escherichia coli</i> ; <i>Staphylococcus aureus</i> ; <i>Pseudomonas aeruginosa</i> etc.	Inhibition of pathogen growth and biofilm formation	[41]
<i>Lactobacillus plantarum</i> L14	<i>Vibrio cholerae</i>	Dispersion of pre-formed biofilm	[42]
<i>Lactobacillus helveticus</i> 27058	<i>Escherichia coli</i> ; <i>Staphylococcus aureus</i> ; <i>Pseudomonas aeruginosa</i> etc.	Inhibition of pathogen growth and biofilm formation	[41]
<i>Lactobacillus salivarius</i> HM6	<i>Streptococcus mutans</i> ; <i>Candida albicans</i>	Inhibition of pathogen biofilm formation; inhibit fungal morphological transformation	[43]
<i>Lactobacillus casei</i> CCTCC AB 2013355	<i>Staphylococcus aureus</i>	Kill pathogen; biofilm stimulate macrophages to secrete abundant osteogenic cytokines and improve osseointegration of the Ti implant	[44]
<i>Lactobacillus</i> S49	<i>Vibrio parahaemolyticus</i>	Inhibition of biofilm formation	[42]

重要信使。当细菌群体达到一定数量时, 高浓度的信号因子会结合细菌表面相应的受体, 进而驱动下游信号传导系统、表达系统, 用于调节单个细菌无法达到的生物学过程, 对生物被膜的形成和毒力因子的产生十分重要^[49]。生物被膜益生菌能够产生一类群体感应抑制剂 (quorum sensing inhibitor, QSI), 阻断信号分子在病原菌间的传递, 减少生物被膜的形成和致病能力。上官文丹等^[25]发现鼠李糖乳杆菌 MS1 乙酸乙酯提取物 MS1-QSI 能够对副溶血弧菌群体感应猝灭率达 69.54%。黄湘涓等^[26]发现戊糖片球菌 zy-B-1 乙酸乙酯提取物 QSI-B-1 能够抑制单增李斯特菌生物被膜的形成。Younghoon 等^[27]发现长双歧杆菌 ATCC 15707 的细胞提取物能抑制肠出血性大肠杆菌的 AI-2 信号因子,

导致其毒力因子表达下降。同时, 生物被膜益生菌也能产生信号因子用于自身生物被膜的形成, 这些信号因子在益生菌与益生菌之间、益生菌与病原菌之间扮演怎样的角色, 是一个未充分探索的话题。

2.4 益生菌生物被膜-黏液屏障作用

皮肤、口腔和消化道是能够最容易也是最直接受到病原微生物侵袭的地方^[49]。口腔唾液薄膜 (salivary pellicle) 被认为是口腔生物被膜形成的地方, 肠道“黏液层”被认为是肠道生物被膜形成的部位, 在这些部位, 益生菌生物被膜与这些体液成分共同组成了机体保护层。这些黏液层不仅能够允许多种共生微生物的黏附、共聚集, 还能提供生物被膜形成所需的营养^[50-51]。已知一些链球菌和放线菌是唾液膜第一批定殖

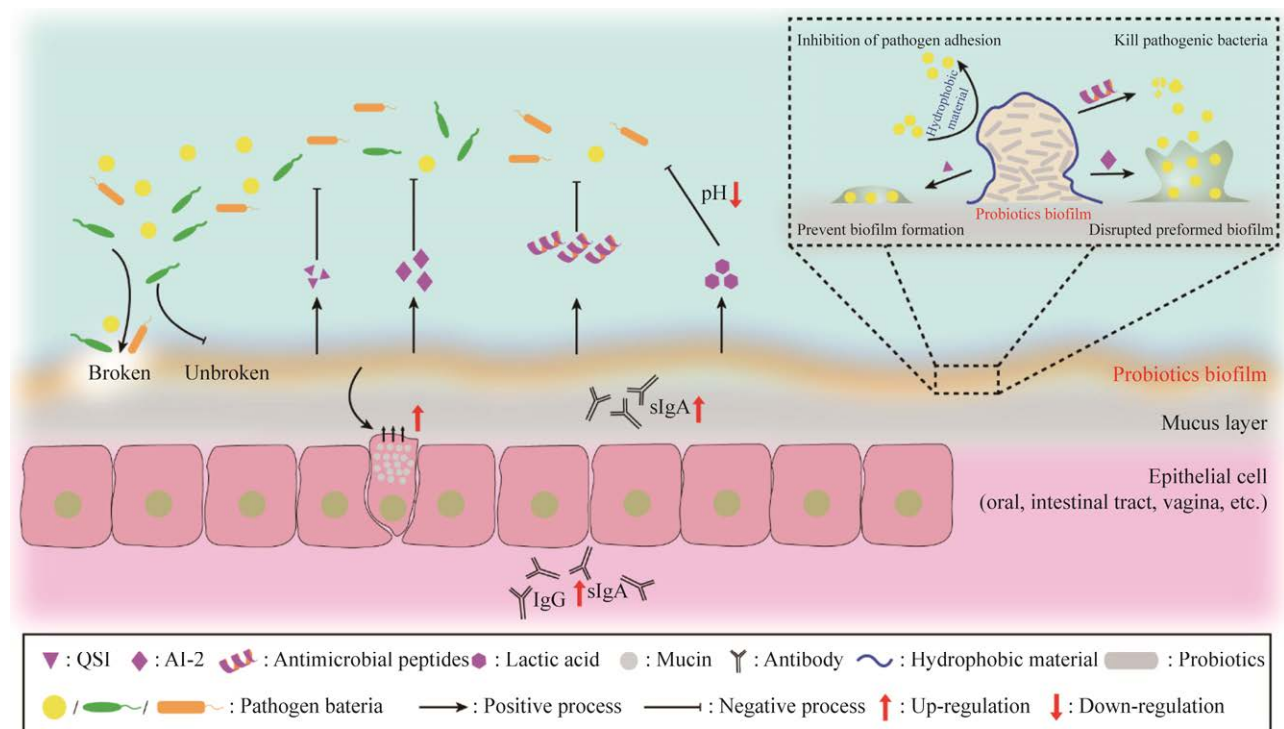


图 1 益生菌生物被膜对抗病原菌生物被膜机制 包括益生菌生物被膜疏水作用、益生菌生物被膜竞争性占位作用、生物被膜益生菌抑制病原菌生物被膜形成、益生菌生物被膜-黏液屏障作用、益生菌生物被膜维持黏膜环境 pH、益生菌生物被膜增强机体黏膜免疫

Figure 1 Mechanism of probiotic biofilm against pathogen biofilm. Including the hydrophobic effect of probiotics biofilm, competitive space-occupying of probiotics biofilm, inhibition of pathogenic biofilm formation, probiotics biofilm-mucus barrier, maintenance of environmental pH by probiotics biofilm, and probiotics biofilm enhancement of mucosal immunity, etc.

者, 相较而言, 吸烟者的唾液薄膜中链球菌和放线菌相对减少^[50]。Engevik 等^[52]也发现双歧杆菌生物被膜能增强肠道杯状细胞功能, 使 MUC2 蛋白释放增加, 增加肠黏液层厚度。此外, 益生菌生物被膜中存在的胞外多糖 EPS、eDNA 等物质也会阻止病原菌和细菌毒素等大分子物质靠近机体组织^[50]。相关益生菌不仅能够诱导小鼠肠道 sIgA 抗体, 其还能与粘蛋白一起参与维持益生菌的生物被膜形成^[49]。稳定的生物被膜-黏液屏障为阻止病原菌及毒素接触机体细胞、组织提供了物理屏障。

2.5 益生菌生物被膜维持黏膜环境 pH

益生菌生物被膜在机体持久性定殖给其内

部的益生菌提供了稳定的生活环境。同时益生菌代谢物的滞留使得益生菌生物被膜与机体一同维持组织环境中的 pH, 以此来阻止病原菌定殖。生活在口腔中的生物被膜益生菌通常具有精氨酸脱氨酶系统, 能够代谢精氨酸从而使益生菌生物被膜与唾液一起维持口腔的高 pH 环境^[53]。当口腔环境改变, 益生菌生物被膜遭到破坏, 一些病原菌发酵产生大量酸性物质, 若此时唾液缓冲能力不足, 口腔环境 pH 值下降, 会筛选更多耐酸的细菌共生进而引发龋齿、牙周炎等疾病^[50-51]。阴道内环境的低 pH 值通常由阴道内的乳杆菌生物被膜持久存在维持。研究发现生物被膜态鼠李糖乳杆菌 Xbb-LR-1 能够

维持阴道内 pH<4.5 的酸化环境并维持以乳杆菌为主的阴道优势菌群, 以防止加德纳菌生物被膜的形成^[38]。

2.6 益生菌生物被膜增强机体黏膜免疫

益生菌生物被膜与机体免疫也有着密不可分的联系。关于益生菌调节机体免疫的研究已有诸多报道, 但对于生物被膜状态下的益生菌如何调节机体免疫及其与浮游益生菌调节免疫之间的差异还知之甚少。近期有研究者着手分析比较浮游益生菌和生物被膜状态益生菌之间对机体免疫调节的差异。Liu 等^[54]利用非靶向代谢组学测试了类植物乳杆菌 L-ZS9 生物被膜状态和浮游状态的代谢特征以及其对肠道免疫调节的作用, 研究表明生物被膜状态的类植物乳杆菌 L-ZS9 显著增加了狗血液中的 sIgA 和 IgG 的水平。Zhang 等^[55]研究了生物被膜状态和浮游状态下的植物乳杆菌 Y42 对 BALB/c 小鼠肠道屏障功能和肠道菌群结构的影响, 发现生物被膜态的植物乳杆菌 Y42 更能够抵抗模拟胃液的酸性环境, 并且对 HT-29 细胞具有更加强大的黏附能力; 与浮游菌相比, 生物被膜态植物乳杆菌 Y42 还能够显著地增强小鼠血浆中 IgA 的水平。除了肠道免疫外, 益生菌生物被膜在其他领域也有应用。Tan 等^[44]利用干酪乳杆菌在 Ti 表面培养形成生物被膜, 并通过紫外灭活开发成益生菌改性骨植入物, 研究发现这种植入物对 MRSA 显示出强大的抗菌效果, 阻止其生物被膜的形成, 还能够刺激机体巨噬细胞分泌成骨细胞因子从而促进成骨整合能力。

3 生物被膜态益生菌的开发策略

为了高效、合理地开发益生菌资源, 制定一个合理的生物被膜态益生菌开发策略是关键, 大致包括改进益生菌生物被膜研究方法, 增强益生菌生物被膜稳定性以及开发特殊生物

被膜态益生菌。

3.1 改进益生菌生物被膜研究方法

3.1.1 多途径协同定量益生菌生物被膜形成量

结晶紫染色法加上生物被膜活菌计数法已经成为生物被膜研究时常用的生物被膜定量方法, 有利于对生物被膜的状态进行判断^[56]。前期试验过程中发现, 枯草芽孢杆菌生物被膜对染料的黏附性似乎异常的强, 在应用铜绿假单胞菌生物被膜的染色条件时^[57-58], 结晶紫的结果往往会超过酶标仪的检测上限。因此, 在对黏液型益生菌生物被膜定量检测时, 适当根据其生物被膜特性降低染料浓度、减少染色时间、调整检测波长更加有利于益生菌生物被膜的半定量测量。在病原菌生物被膜研究中, 大多只需要观察病原菌一种微生物的存活情况, 而在益生菌生物被膜相关研究中常常涉及多种群细菌的研究。传统结晶紫生物被膜半定量法及生物被膜活菌计数的方法, 因不能准确地反映单一菌种生物被膜量的变化^[56], 所以无法进行更深层次的研究。qPCR 定量生物被膜细菌数量是益生菌生物被膜研究中最常使用的方法之一, 能够反映多细菌种群内不同菌种之间的数量变化^[59]。此外, 将荧光报告基因导入特定细菌, 通过激光共聚焦扫描显微镜对生物被膜进行扫描并通过软件三维重构, 不仅能通过荧光分析反映生物被膜细菌数量变化, 还能够准确反映益生菌生物被膜与病原菌生物被膜之间的空间分布状态^[31,60]。随着生物信息学手段的飞速发展, 宏基因组学技术也逐渐成为益生菌生物被膜多种群研究的有力手段^[61]。

3.1.2 标准化评价益生菌生物被膜的强度

目前尚未形成一个学术公认的生物被膜形成强弱的判定标准, 大多数文献对生物被膜的形成能力判定不一致。采用较多的判断依据^[42]是以阴性孔 OD 值($OD_{\text{阴性}}$)为基础, 当 $OD \leq OD_{\text{阴性}}$

时判定为无生物被膜产生；而 $OD_{\text{阴性}} < OD \leq 2OD_{\text{阴性}}$ 时判定为弱生物被膜表型；而 $2OD_{\text{阴性}} < OD \leq 4OD_{\text{阴性}}$ 时判定为中等强度生物被膜表型；而 $OD > 4OD_{\text{阴性}}$ 时判定为强生物被膜表型。然而结晶紫染色方法本身具有重现性较差的缺陷^[56]，加之部分生物被膜益生菌的高黏附力，可能导致生物被膜强弱界限模糊，使得在筛选生物被膜益生菌菌株时出现假阳性。因此在益生菌生物被膜研究中，应当在结晶紫染色的基础上，结合电子显微镜、原子力显微镜或激光共聚焦扫描显微镜来观察益生菌生物被膜表观形态结构，并结合相关图像数据分析软件，辅助判断生物被膜形成能力的强弱。生物被膜的强度应当从单位面积内生物被膜的数量、生物被膜的平均厚度、生物被膜的平均体积以及单位面积或体积内生物被膜细菌活菌和死菌的比例进行综合性判断^[8,62]。同时，生物被膜的特征性结构也能对益生菌生物被膜的生长阶段进行辅助判定。例如，形成阶段的生物被膜的“微菌落”状态，成熟生物被膜的“蘑菇样”和“飘带样”结构^[63]，以及分散阶段生物被膜的“中心空泡化”结构特征^[15]。

3.1.3 动态检测益生菌生物被膜

在益生菌生物被膜研究尤其是益生菌生物被膜预防病原菌侵袭感染研究中，往往会遇到细菌种群多、培养周期长的特殊性问题，但目前大多数关于病原菌生物被膜的研究处于生物被膜的形成阶段，因此多数试验均采用了静置培养的方式来形成生物被膜^[30,32,41]。该方法的缺陷也比较明显，一是大多数试验只能采用终点测量法，无法反映整个生物被膜生活周期内生物被膜细菌的状态；二是无稳定的营养成分存在，需要经常性地更换培养基，同时带来试验干扰。因此，在对益生菌成熟生物被膜对抗病原菌感染时，动态的生物被膜模型可能更加适合。这种模型能够连续、动态地检测生物被

膜培养的状态，且能够持续地提供营养成分，更符合益生菌生物被膜的实际生存状态^[56]。结合动态培养研究特点，生物发光菌株构建以及多种动态监测成像技术将有助于简化试验操作、直观反映生物被膜各个时期状态、准确掌握生物被膜细菌菌群数量，有利于对益生菌和病原菌的生物被膜形成和分散作出综合性判断。

3.2 增强益生菌生物被膜稳定性

益生菌生物被膜与病原菌生物被膜就好像同一个事物的正反面，对益生菌，期望其生物被膜能在体内形成得更好、分散得更晚；对病原菌，期望其生物被膜在体内形成得更差、分散得更早。使益生菌生物被膜能够持久稳定的存在是发挥益生菌长期对抗病原菌的关键。廖才江等^[64]已经对如何促进益生菌在肠道内生物被膜的形成作出了综述，这些促生物被膜形成活性物质大致包括内源性活性物、含甘油的组合、糖类物质、植物源活性物、金属离子和氨基酸等。但需要注意的是，这些益生菌生物被膜增强剂或稳定剂是否也会促进病原菌的生物被膜形成和提高病原菌的致病性尚未可知。目前国内鲜有专门针对益生菌的生物被膜增强剂或稳定剂。Gutiérrez 等^[65]发现染料木素能够促进鼠李糖乳杆菌等益生菌的生物被膜形成，但并不能促进大肠杆菌等病原菌的生物被膜形成。了解益生菌生物被膜和病原菌生物被膜形成的差异性有利于增强益生菌对抗病原菌生物被膜感染的过程。此外，生物被膜形成和分散是具有自调控特征的动态过程。研究过程不能仅仅局限于提高益生菌生物被膜的形成能力，还需要适当地延缓生物被膜的分散过程。研究表明，钙离子具有稳定枯草芽孢杆菌生物被膜结构的功能，并且能够阻止枯草芽孢杆菌生物被膜的分散过程^[66]。这为提高益生菌及其生物被膜在体内长久存在提供了新的方法和思路。

3.3 开发新型生物被膜态益生菌

新型生物被膜态益生菌的开发利用主要包含两类: 一是预封装包被益生菌生物被膜; 二是体内植入物预形成益生菌生物被膜。

预封装包被益生菌生物被膜是一种增强益生菌抗逆性的方法。通过体外以藻酸盐为支撑预形成生物被膜, 能够使一些具有良好益生特性但抗逆性略有欠缺的菌株顺利到达靶标部位发挥作用。研究表明这种方法能够在不影响益生菌生长性能的情况下使益生菌免受抗生素的影响^[67]。钙-果胶珠也有利于副干酪乳杆菌体外形成“生物被膜样”微菌落, 从而使得副干酪乳杆菌应对胃肠道酸胁迫和渗透胁迫^[68]。体内试验也观测到了副干酪乳杆菌微菌落从钙-果胶珠中释放, 有利于副干酪乳杆菌在小鼠结肠中定殖, 并减少了小鼠结肠黏膜损伤^[68]。

体内植入物时常受到手术后细菌感染的威胁, 尤其是当植入物表面逐渐形成细菌生物被膜后, 患者往往不得不重新接受额外的手术。因此, 预防体内植入物表面生物被膜的形成对减少植入物种植体感染具有重要的临床意义。已经有研究表明益生菌胞外多糖、无细胞上清液、细菌素等活性成分在骨嵌合体、牙种植体、人工耳蜗等预防和控制病原菌生物被膜引起的炎症中具有重要作用^[69-70]。在植入物周围预形成益生菌生物被膜后进行灭活处理, 制备“益生菌-植入物”嵌合体, 能够在保留益生菌活性成分益生功能的同时抑制病原菌的定殖和生物被膜的形成^[44]。

4 展望

生物被膜导致的感染由于其缓慢性、反复性、迁延性和耐药性, 使得临床治疗变得十分困难^[17]。临床中迫切需要能够预防或治疗生物被膜的新物质、新材料、新方法。回顾抗生素

的发现过程, 其本质就是微生物种群间为了获取生存空间而产生的代谢产物, 而细菌产生耐药性的原因是细菌在抗生素的筛选中不断进化而使得传统抗生素失效。生物之间的对抗本就是自然界物种演化的生存法则, 合理利用益生菌与病原菌之间的对抗, 也能够使益生菌进化出新的对抗病原菌机制。遵循这种对抗机制, 构建一个好的益生菌生物被膜屏障系统, 一定程度上能够控制病原菌生物被膜导致的感染。

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