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中华绒螯蟹肝胰腺白化症组织病理变化

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摘要:采用常规石蜡切片技术和透射电镜技术,对患有肝胰腺白化症的中华绒螯蟹病变组织和细胞进行观察。发现病蟹肝胰腺、鳃、肌肉等组织细胞发生了不同程度的病变,其病理特征为肝细胞水肿、变性、坏死,细胞中脂肪颗粒锐减,线粒体水肿、嵴消失、形成空泡,内质网、溶酶体解体成小泡。鳃组织增厚,上皮细胞微绒毛排列疏松、不规则,部分线粒体嵴消失,出现膜性退化。坏死的肝细胞和鳃上皮细胞中出现细菌颗粒。肌细胞的病变主要表现为细胞核固缩,肌丝松弛、水肿、断裂、肌质网溶解形成小泡。中华绒螯蟹具有重要生理功能的肝胰腺、鳃组织发生了严重病变,使其功能损伤,不耐运输;而肌肉的松弛、肝胰腺脂肪的锐减影响了中华绒螯蟹的品质。同时,病变组织和细胞中未见病毒等生物病原,表明该病为非生物性疾病。

关键词:中华绒螯蟹;肝胰腺白化症;显微结构;超微结构

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The histopathological changes in tissues of *Eriocheir sinensis* with hepatopancreas albinism

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Abstract: "Hepatopancreas albinism" is one of the most serious diseases of *Eriocheir sinensis*. Observations on the lesions in tissues and cells of *Eriocheir sinensis* with hepatopancreas albinism were carried out by using the routine paraffin section preparation method and by a high-resolution transmission electron microscope technique. The structural changes in varying degrees were observed in the hepatopancreas, gills, and muscles of diseased crabs. The pathological characteristics mainly appeared as follows: firstly, liver cells showed swelling, degeneration, and even necrosis, within which the fatty granules greatly decreased, the swollen mitochondria lost their cristae and formed vacuoles, and the endoplasmic reticulum and lysosome degraded into vesicles. Secondly, the gills appeared to be expanded, and the microvilli arranged sparsely and abnormally in gill epithelial cells. Some mitochondria cristae disappeared, and regressed into membranous structures. Also, bacteria particles could be found in the necrotic gill epithelial cells and liver cells. Thirdly, in the muscle cells, nuclei showed pyknosis, muscular fibers appeared to be relaxed, swollen, and split, and sarcoplasmic reticulum disaggregated into vesicles. It suggested that severe structural

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changes in hepatopancreas, gills, and muscles impaired the physiological functions of crabs, thereby crabs with hepatopancreas albinism could not resist long-distance transportation. In addition, the relaxation of muscles and the dramatic reduction in fat content of hepatopancreas caused poor quality of commercial crabs. Ultrastructural observations showed that no virus and other biological agents were found in tissues or cells of diseased crabs, which indicated that hepatopancreas albinism was caused by non-living agents.

Key words: *Eriocheir sinensis*; hepatopancreas albinism; micro-structure; ultrastructure

中华绒螯蟹(*Eriocheir sinensis*)俗称河蟹,因味道鲜美而深受人们喜爱。我国许多地区有大规模的养殖,养蟹业的蓬勃发展产生了巨大的经济效益和社会效益。但随着养殖规模不断扩大,集约化程度的提高,近年来中华绒螯蟹肝胰腺白化症在许多养蟹地区出现,该病多发生于雄蟹,病蟹外表正常,但肥满度降低,打开头胸甲发现肝胰腺发白、胸腔积水、肌肉松弛萎缩,严重者肝胰腺呈糜烂状、异臭,无法食用;在养殖过程中不出现死亡高峰,但成熟蟹离水后或气温骤变时很快死亡。

对中华绒螯蟹肝胰腺白化症的发病特征、病原学、流行病学的研究过程中,作者发现不良投饵模式造成的中华绒螯蟹营养不均衡,以及养殖水体不良环境的胁迫,是该病发生的主要病因^{①-②};而病原学检测也未见病原生物。在蟹类病害研究中,组织病理学研究至关重要,国内外已有学者对病毒性、细菌性蟹病进行了组织病理学研究^[1-3],为正确诊断疾病和提出防治策略提供了依据。本文对最近发现的中华绒螯蟹肝胰腺白化症进行相应的组织病理学和超微结构病理学研究,旨在为进一步探讨其病因,阐明其病理变化过程和发病机制奠定基础。

1 材料与方法

1.1 材料

实验用发病雄蟹与正常雄蟹采自江苏省苏州市东太湖围网养殖区的不同养殖网围,规格为175.5~211.4 g,平均183.2 g。病蟹肝胰腺淡黄色或全白色,鳃丝正常或稍发黑,附肢肌肉较松弛;健康雄蟹肝胰腺桔红色,鳃丝正常有光泽,附肢肌肉结实。采样时间为2003年11月。

1.2 方法

解剖病蟹,取肝胰腺、鳃、附肢肌肉等部位。部分样品用Bouin氏液固定,石蜡包埋切片,H.E

染色,用作光镜下组织学观察。另一部分样品切成1 mm³大小的组织块,放入4%戊二醛固定液内前固定,1%锇酸后固定。丙酮酸梯度脱水,环氧树脂618包埋剂包埋,LKB超薄切片机上切成厚度为50 nm左右的薄片。以日立H2600透射电镜观察并照相。

解剖并固定健康蟹相应组织作对比观察。

2 结果

2.1 病蟹肝胰腺组织病理及超微结构病理变化

中华绒螯蟹肝胰腺由肝小管组成。健康蟹每一肝小管都是由位于基膜上的单层柱状上皮细胞构成,细胞核排列整齐,有些细胞出现双核现象,细胞间界线清晰(图版-1)。电镜观察,肝细胞周围清楚,细胞游离面的微绒毛排列整齐,胞核大,边界清晰,多边形,位于细胞基部;胞质分布均匀,存在较多的脂肪颗粒,内质网、线粒体十分丰富(图版-2)。

患病的中华绒螯蟹在发病初期肝胰腺为淡黄色,肝细胞大部分已经水肿、变性,双核细胞明显减少,细胞排列轻度紊乱;肝胰腺发白的病蟹肝小管上皮细胞间界线消失,细胞坏死,坏死物脱落入肝小管管腔。同时,肝小管上皮增生,排列层次增多,核大小不一,有的细胞核碎裂或崩解,最终肝小管结构消失,整个肝胰腺呈浆糊状(图版-3)。超微结构显示,病症较轻时,肝细胞结构完整,脂肪颗粒较多,细胞连结清楚,微绒毛、线粒体、内质网肿胀并形成少量自噬体和小泡(图版-4)。而肝胰腺全白的肝组织,核膜溶解,核内物渗出(图版-5);细胞中脂肪颗粒锐减,线粒体水肿、嵴消失;线粒体、内质网、溶酶体解体成大小不等的小泡,一些细胞器的膜、细胞质膜和核膜等退变后形成同心圆状髓样体(膜性退变)(图版-6)。同时在坏死的细胞中可见许多细菌颗粒,但未见病毒样

①宋学宏,程建新,朱茂晓,等.中华绒螯蟹肝胰腺白化症的病因研究,2006.

②宋学宏,杨彩根,程建新,等.不同营养供给模式对中华绒螯蟹生长及其肝胰腺白化症发病率的影响,2006.

颗粒或其它生物样物质(图版-7)。

2.2 病蟹鳃组织病理及超微结构病理变化

中华绒螯蟹的鳃由鳃轴和向两侧发出的相互平行的鳃叶构成。正常蟹鳃叶的壁由单层扁平上皮细胞以及由其分泌的一层角质膜组成,上皮细胞和柱细胞共同形成网状的血腔(图版-8)。电镜下的鳃上皮细胞核多边形,角质层面伸出许多指状突起,细胞内充满线粒体,线粒体基质浓厚,嵴排列紧密;上皮细胞顶膜形成排列紧密的微绒毛,其顶尖与角质膜内层的底缘相接触,微绒毛基部为较规则的角质膜下空腔(图版-9)。

患病中华绒螯蟹鳃叶增厚,上皮层破坏,角质膜呈波状拱起,甚至断裂,部分角质膜与上皮细胞层分离形成大的空泡;上皮细胞排列不规则,并与数目众多的血细胞充挤于血腔(图版-10)。电镜下,病情轻者上皮细胞顶膜微绒毛排列疏松,不规则;角质膜下空腔变大;有些线粒体部分嵴已消失,出现膜性退化(图版-11);严重者细胞质与细胞器极少,大部分线粒体也仅剩残膜或小泡,微绒毛和底膜内折几乎消失,细胞内小泡增多;有时坏死的上皮细胞中出现细菌颗粒(肉眼观察为黑鳃者)(图版-12)。

2.3 病蟹附肢肌肉组织病理及超微结构病理变化

中华绒螯蟹的附肢肌肉为横纹肌,健康蟹的附肢肌细胞核呈圆形或梭形,位于细胞的边缘;肌纤维排列整齐、横纹清晰,纤维间的肌质网(特化的光面内质网)密集,线粒体多而饱满(图版-13)。而病蟹的肌纤维松散,排列不规则(图版-14),边缘有膨胀现象,部分肌纤维断裂,断裂主要发生在暗带区域,明带区域断裂较少。肌质网水肿、解体,形成许多小泡;线粒体小而少,膜向内折皱(图版-15),肌细胞核明显周边化,即核固缩(图版-16)。

3 讨论

3.1 病理特征

中华绒螯蟹肝胰腺白化症一般在7月高温季节开始发生,部分雄蟹脱壳不随,或脱壳后甲壳不能很快变硬;10月份中华绒螯蟹收获季节病蟹大批出现,但在水体中观察不到发病症状,病蟹不死亡,只是起水后不耐运输而死亡。病变组织石腊切片和超薄切片观察结果显示,病变最严重的器官是肝胰腺,病蟹的肝细胞水肿、变性,排列紊乱;

表观上发白的肝胰腺组织,其细胞核碎裂或崩解,肝小管结构消失,整个肝胰腺呈浆糊状,有细菌侵入。其次是鳃组织,病蟹鳃叶增厚,上皮细胞排列不规则,角质膜呈波状拱起、断裂;上皮细胞顶部微绒毛排列疏松,部分线粒体嵴消失,出现膜性退化,小泡增多;特别严重者细胞质与细胞器极少,细胞内小泡增多,微绒毛和底膜内折几乎消失,上皮细胞中出现少量细菌颗粒,但所有病蟹的鳃结构均较完整。肌肉组织的病变相对较轻,肌肉组织变化不大,只是在患病晚期,病蟹肌纤维松弛,肌质网水肿,线粒体萎缩,细胞核固缩。这一病理特征与镉轻度污染后中华绒螯蟹^[4]、长江华溪蟹^[5-6]的病理特征相似,病蟹虽不出现大批死亡,但中华绒螯蟹的体质和免疫力下降,抗逆性差,不耐运输。在临幊上,根据这些组织病理学特征有助于中华绒螯蟹肝胰腺白化症的诊断。

3.2 发病原因

中华绒螯蟹“颤抖病”通过光学显微镜和电子显微镜观察,可在病蟹病变组织中发现病毒颗粒^[7-8]、类立克次氏体^[9]和螺原体^[10],而关于中华绒螯蟹肝胰腺白化症的发病原因还未见报道,本研究在观察病蟹组织细胞和超微结构时,没有发现病毒颗粒等其它病原生物。至于在细胞坏死的肝胰腺和鳃细胞中出现少量细菌,作者也做过分离、培养,得到3株细菌并进行感染实验,证明它们没有致病性。坏死细胞中出现细菌,肝组织坏死、鳃发黑应是由于中华绒螯蟹患肝胰腺白化症后免疫功能下降而引起的继发性疾病。同时,流行病学研究结果表明,中华绒螯蟹肝胰腺白化症多数发生于雄蟹,品质严重下降,不耐运输,但不引起中华绒螯蟹的大批死亡,也不传染。因此,中华绒螯蟹肝胰腺白化症符合生理病害的特征,与病原生物关系不大。大量的调查统计结果也表明,肝胰腺白化症与饵料品种搭配、夏天海水鱼的投喂量、养殖水体中水草的有无等有着直接的关系^①。

3.3 致病机理

在中华绒螯蟹养殖过程中,饲料营养的全面均衡,符合营养需求是中华绒螯蟹正常生长发育的基本条件。江洪波等^[11]在观察脂质营养对中华绒螯蟹幼体肝胰腺超微结构的影响时发现,肝胰腺中R细胞在超微结构上的变化能反应饵料营养价值的高低,其中投喂含脂质的饵料时,R细

胞中出现大量的脂肪滴,反之则少;成永旭等^[12]在研究饥饿对锯缘青蟹幼体肝胰腺细胞结构变化与其营养状况的关系时发现,饥饿条件下幼体肝胰腺与摄食时相比,细胞内线粒体数量少,表面内陷,呈解体的趋势。本研究中观察到了相似的现象,患有肝胰腺白化症的中华绒螯蟹,肝组织的R细胞中脂肪滴明显减少,线粒体少而小,肌细胞中线粒体膜向内折皱。线粒体是能量代谢中心,线粒体发生病变,脂肪滴减少,中华绒螯蟹缺乏能量,因而起捕、运输时应激反应强烈,再加之鳃细胞的病变,使气体交换发生困难,经不起运输而快速死亡。营养供给模式研究结果也表明,中华绒螯蟹肝胰腺白化症的发生与养殖过程中饲料营养不均衡有关^②,从而引起中华绒螯蟹代谢障碍,造成肝胰腺白化;而肝胰腺代谢功能下降,导致全身性功能衰竭,机体免疫力严重下降。同时,肌肉的松弛和肝胰腺中脂肪的锐减,直接影响了商品蟹的品质和口味。由此可见,组织病理学研究对探索中华绒螯蟹肝胰腺白化症的致病机理、有效防治途径具有一定的指导作用。

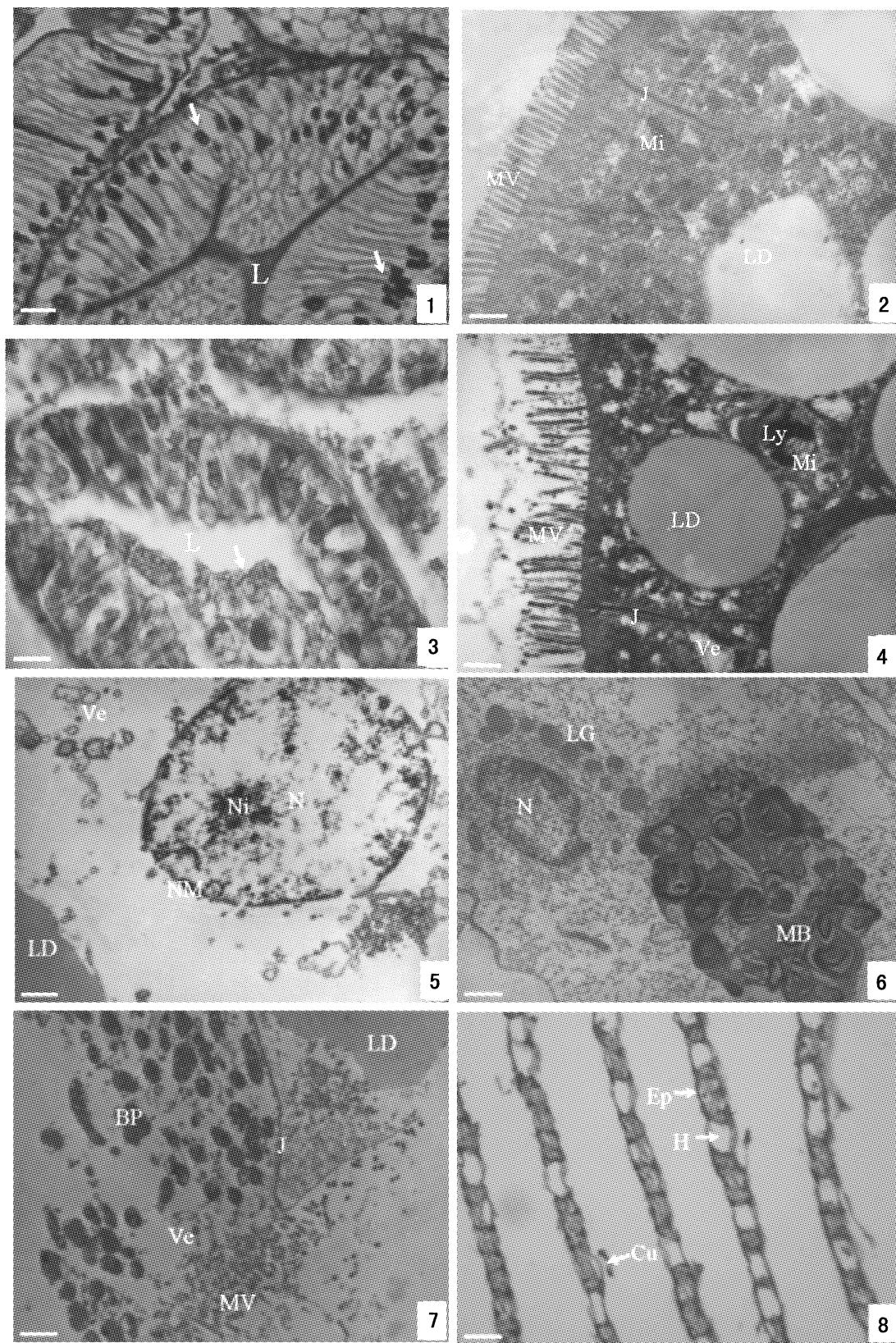
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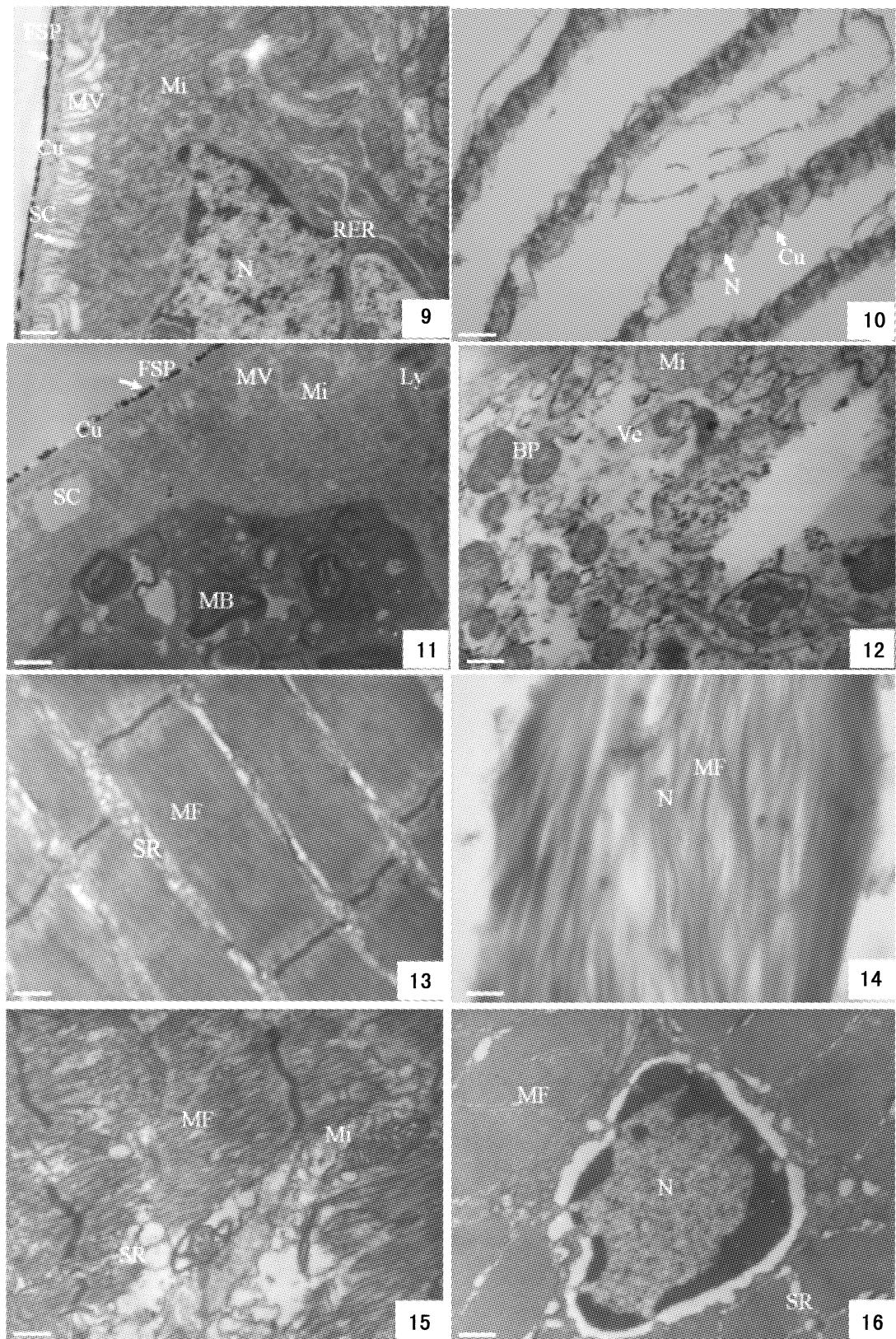
图版说明 Explanation of Plates

1. 正常肝小叶。管腔(L)清晰,肝细胞呈柱状,核圆形、位于基底部,双核现象较普遍。箭头示双核,标尺=25 μm; 2. 肝胰腺细胞水肿、变性、坏死。细胞界线模糊,部分细胞坏死进入管腔(L)。箭头所指为坏死细胞,标尺=25 μm; 3. 正常肝细胞结构。脂肪滴(LD)较多、细胞联结(J)清晰、线粒体(Mi)丰富、微绒毛(MV)整齐,标尺=0.44 μm; 4. 轻微病变肝细胞。细胞联结(J)正常,脂肪滴(LD)较多,但微绒毛(MV)水肿、坏死,线粒体(Mi)水肿、溶解成小泡(Ve),溶酶体(Ly)吞噬线粒体残余体。标尺=0.67 μm; 5. 严重病变肝细胞。脂肪滴(LD)锐减,细胞器溶解成大小不等的小泡(Ve),核膜(NM)溶解,核内物渗出。标尺=0.67 μm; 6. 坏死肝细胞。细胞器坏死,只存在细胞联结(J),微绒毛(MV)水肿、坏死,胞浆中出现较多的细菌颗粒(BP)和小泡(Ve),标尺=0.83 μm; 7. 变性肝细胞。细胞内膜系统发生退变,出现髓样体(MB)。可见肝组织中的大颗粒细胞(LG),标尺=1.11 μm; 8. 正常鳃叶。示角质膜(CU)、上皮层(Ep)、血腔(H),标尺=25 μm; 9. 病变鳃叶。鳃叶增厚,上皮细胞核(N)肿大,角质膜(CU)呈波状拱起,标尺=25 μm; 10. 正常鳃上皮细胞。示角质层(CU)、指状突起(FSP)、核(N)、微绒毛(MV)、线粒体(Mi)、角质膜下空腔(SC),标尺=0.67 μm; 11. 轻度病变的鳃上皮细胞。角质膜下空腔(SC)增大,溶酶体(Ly)增多,膜性退化,出现髓样体(MB),标尺=0.56 μm; 12. 坏死的鳃上皮细胞。细胞器坏死,形成大小不等的小泡(Ve),出现细菌颗粒(BP),标尺=0.56 μm; 13. 正常肌细胞。示肌纤维(MF)和肌质网(SR),标尺=0.39 μm; 14. 病变肌细胞。肌纤维(MF)松弛,标尺=10 μm; 15. 病变肌细胞。肌质网(SR)肿胀,线粒体(Mi)缩小、膜向内折皱,肌纤维(MF)肿胀、断裂,标尺=0.44 μm; 16. 病变肌细胞。核物质边集化,即核固缩,标尺=0.39 μm

1. The normal hepatic lobules. The lumen (L) boundaries defined clearly. The liver cell was prismatic in shape, at the bottom of which was a round nucleus. As indicated by arrows, many liver cells were commonly found to have two nuclei. (Scale bar = 25 μm); 2. The hepatopancreas cells showed swelling, degeneration, and even necrosis. The cell boundary appeared to be unclear, and some necrotic cells were emitted into lumen (L). A necrotic cell was indicated by the arrow. (Scale bar = 25 μm); 3. The normal structure of liver cells. Showing more lipid droplets (LD), clear junction (J) between cells, abundant mitochondria (Mi), and orderly microvilli (MV). (Scale bar = 0.44 μm); 4. Liver cells with mild pathological changes. The cell - cell junction (J) was normally appeared, and more lipid droplets (LD) could be observed, but the microvilli (MV) showed swelling and necrosis, the mitochondria (Mi) swelled and degraded into vesicles (Ve), and the residues of mitochondria were swallowed up by lysosomes (Ly). (Scale bar = 0.67 μm); 5. Liver cells with severe pathological changes. Lipid droplets (LD) sharply decreased, cellular organelles degraded into vesicles (Ve) of varying size, and nucleus membranes (NM) dissolved and hence the nucleoplasm effused out of the nucleus. (Scale bar = 0.67 μm); 6. The necrotic liver cell. Most cell organelles generally degenerated, only cell junctions (J) were found at the edge of the necrotic cell. The microvilli (MV) appeared to be swollen and necrotic. More bacterial particles (BP) and vesicles (Ve) occurred in cytosol. (Scale bar = 0.83 μm); 7. The degenerated liver cell. The cellular membrane system became degenerated into myeloid body (MB). Large granule (LG) – containing cells were found in liver tissue. (Scale bar = 1.11 μm); 8. The normal gill lamella. Showing cuticle (CU), epithelial layer (Ep), and hemocoele (H). (Scale bar = 25 μm); 9. The gill lamella with pathological changes. The gill lamella thickened, epithelial nucleus (N) swelled, and the cuticle (CU) arched upward in waveform. (Scale bar = 25 μm); 10. The normal epithelial cells of gill filaments. Showing cuticle (CU), finger shaped protuberance (FSP), nucleus (N), microvilli (MV), mitochondria (Mi), sub - cuticular space (SC). (Scale bar = 0.67 μm); 11. The epithelial cells of gill filaments with mild pathological changes. The sub - cuticular space (SC) expanded, and the number of lysosomes (Ly) increased. The cellular membrane system became degenerated into myeloid body (MB). (Scale bar = 0.56 μm); 12. The necrotic epithelial cells of gill filaments. The cell organelles necrosis was observed to coincide with the formation of vesicles (Ve) of varying size. The bacterial particles (BP) were found in the necrotic cells. (Scale bar = 0.56 μm); 13. The normal muscle cells. Showing muscular fibers (MF), and sarcoplasmic reticulum (SR). (Scale bar = 0.39 μm); 14. The muscle cells with pathological changes. The muscular fibers (MF) become loosened. (Scale bar = 10 μm); 15. The muscle cells with pathological changes. The sarcoplasmic reticulum (SR) swelled, and the mitochondria (Mi) shrank, with their membranes folding inwardly. The muscular fibers (MF) swelled, and even split. (Scale bar = 0.44 μm); 16. The muscle cells with pathological changes. The nuclear pyknosis was clearly visible, as shown by the localization of nuclear matrix along the margin of nucleus. (Scale bar = 0.39 μm)



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