

Mechanisms and Metabolic Implications of Regional Differences among Fat Depots

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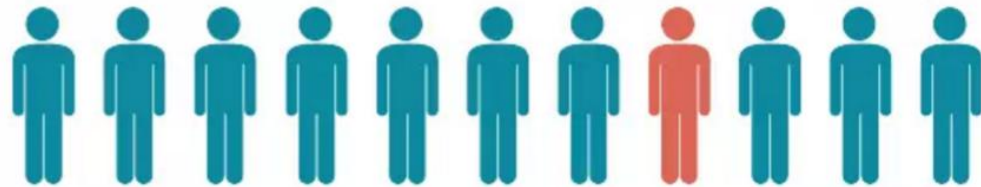
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Introduction

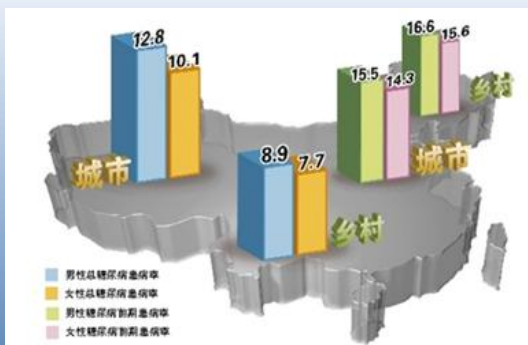


1 in 11 adults have diabetes (415 million)



The widespread of diabetes

现实严峻



中国糖尿病患者持续增加

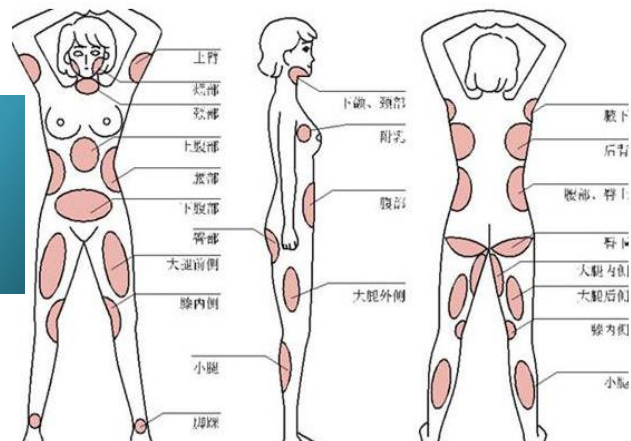


男性糖尿病比女性风险高20%

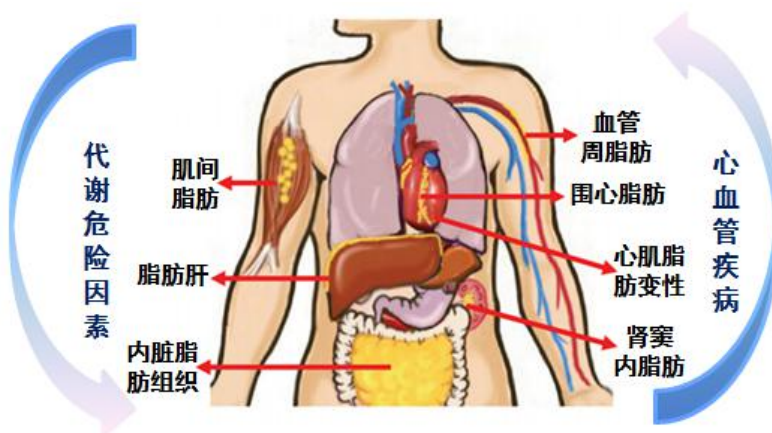


肥胖和糖尿病主要是机体脂代谢紊乱造成

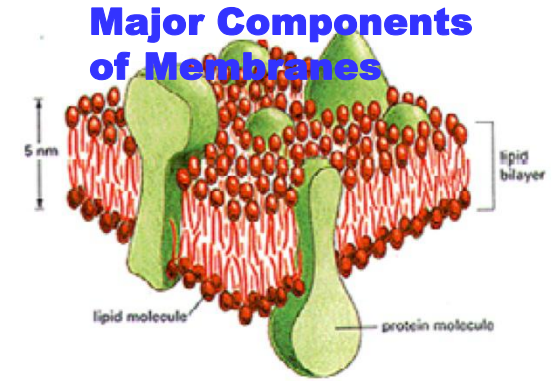
正常人体脂肪分布



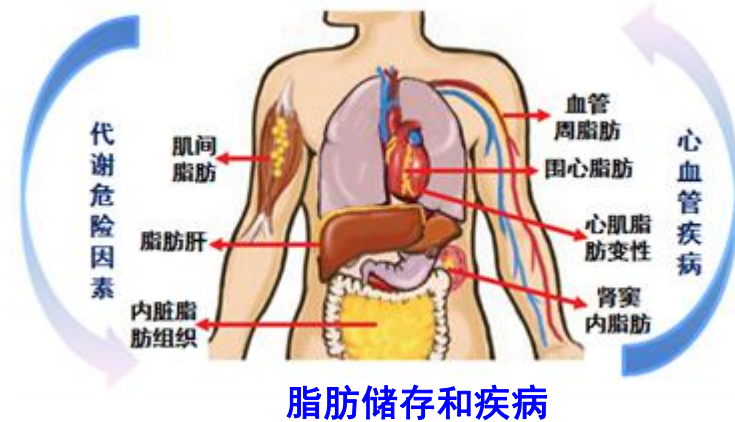
异位脂肪储存及潜在的全身及局部效应



Fat-Tissue Function

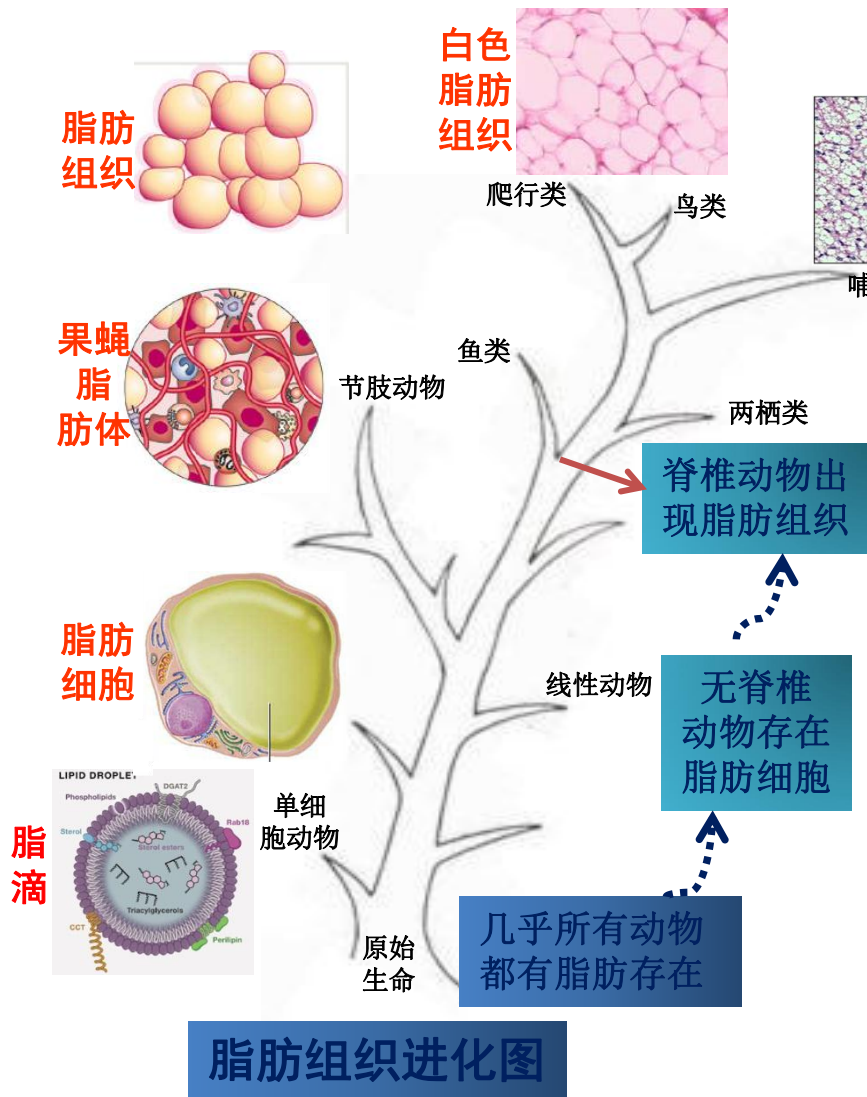


防水

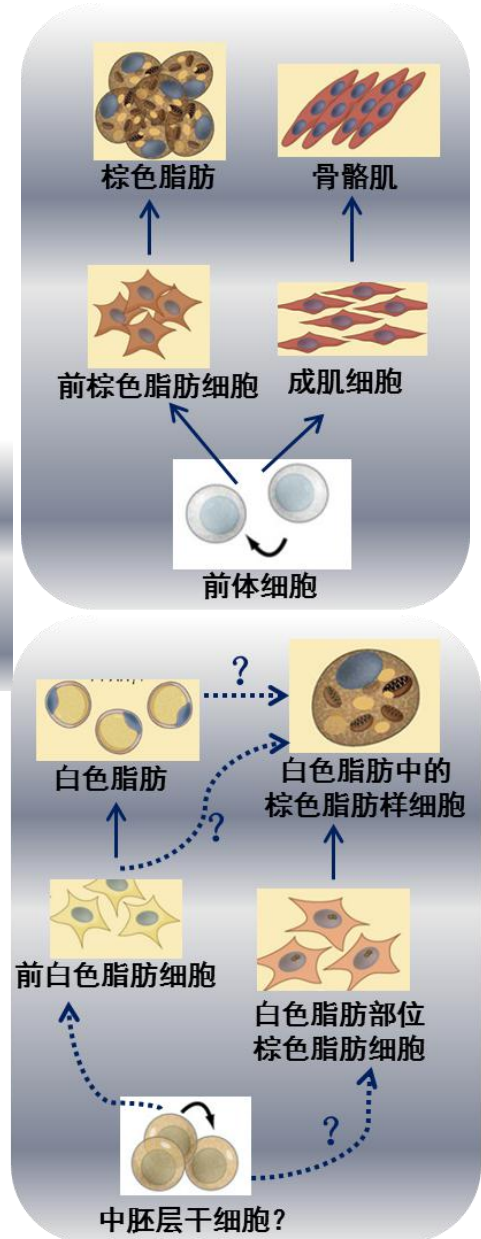


脂类功能

脂肪组织的演化



脂肪细胞发育简图



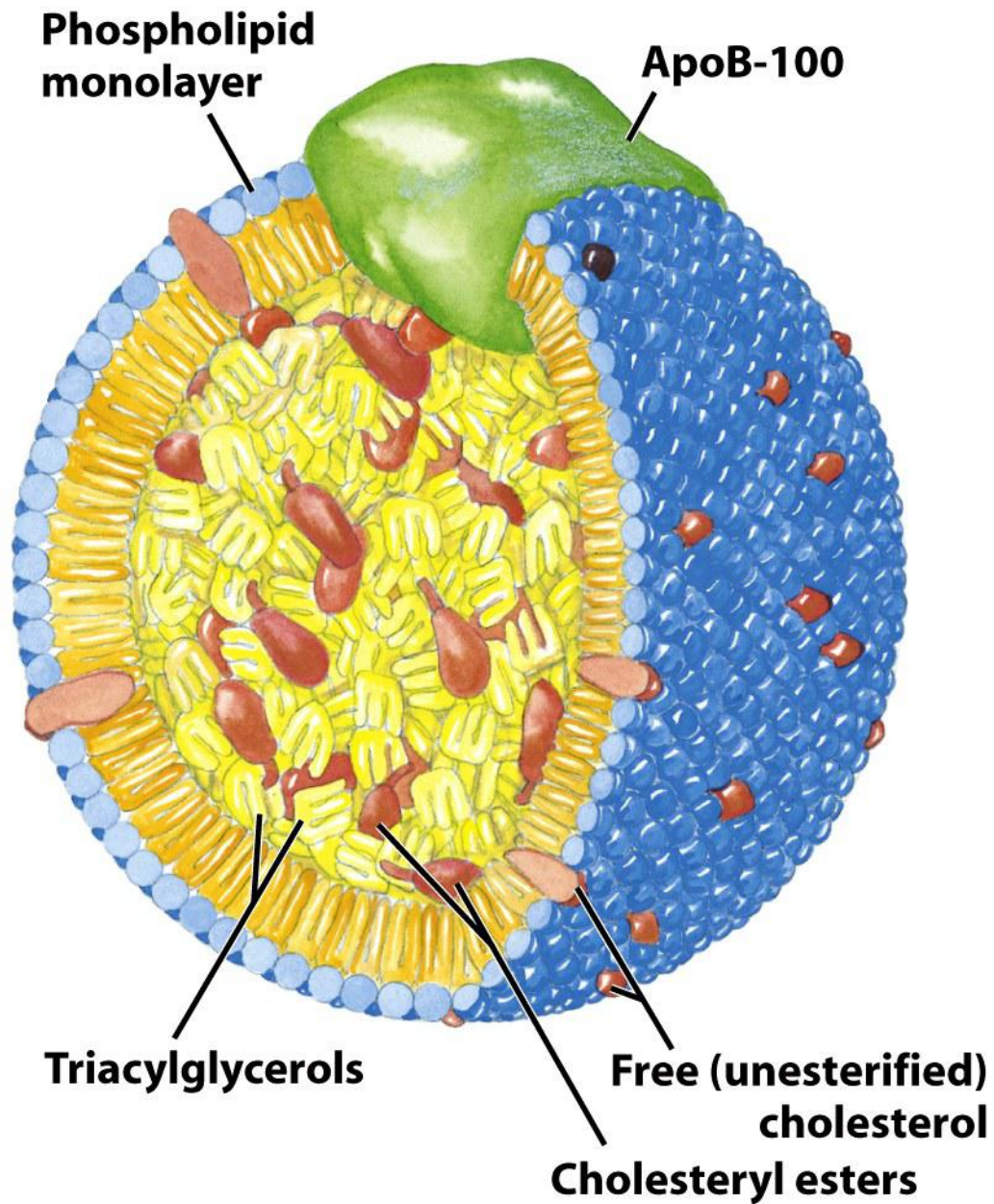
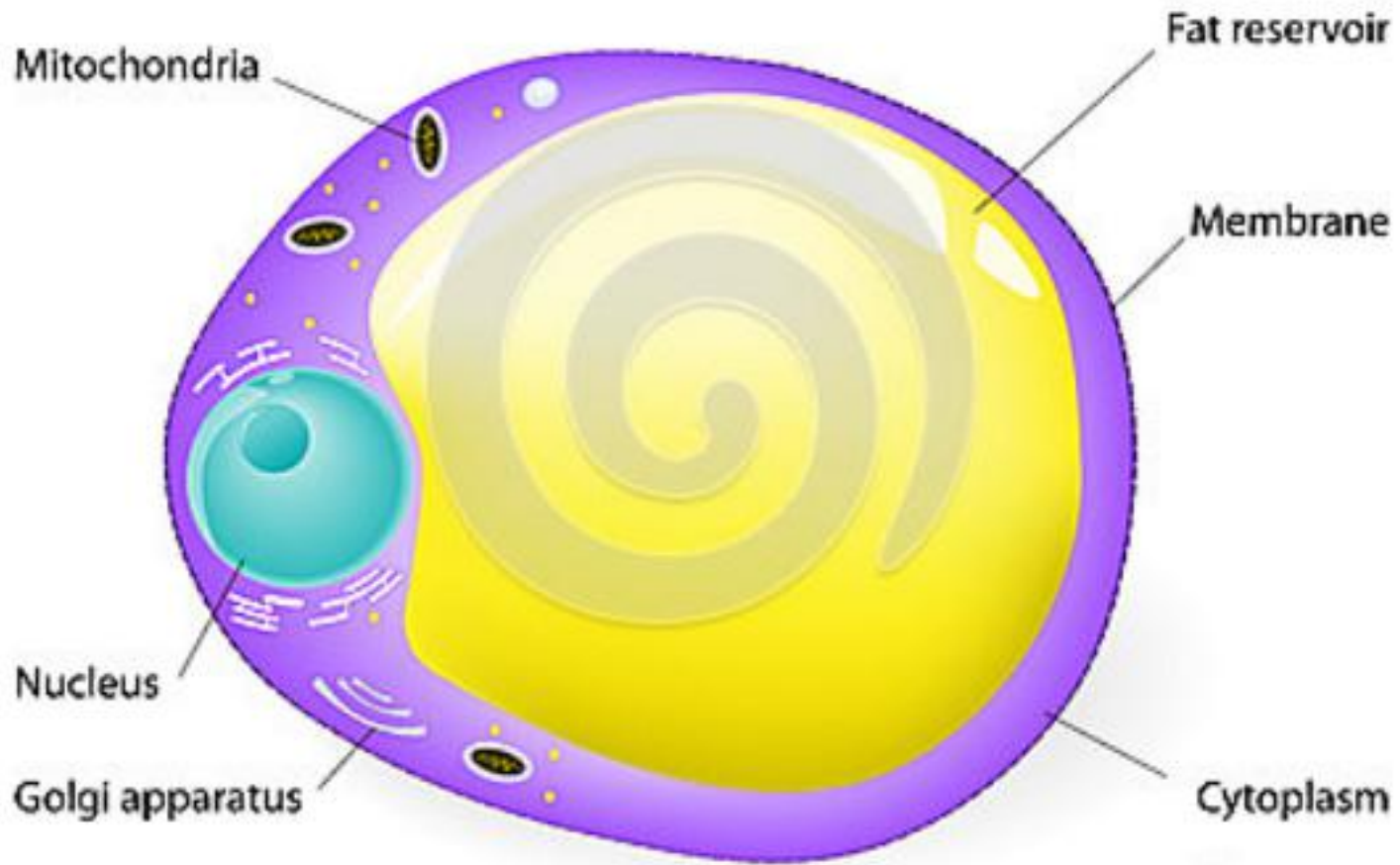


Figure 21-39a
Lehninger Principles of Biochemistry, Fifth Edition
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ADIPOCYTE



脂肪组织分布的多样性

不同动物脂肪储存部位不一样

Gesta et al. Cell. 2007

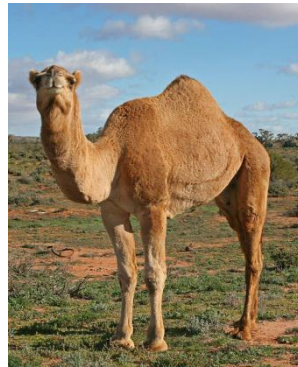
Species	 <i>Caenorhabditis elegans</i>	 <i>Drosophila melanogaster</i>	 <i>Carcharodon carcharias</i>	 <i>Cyprinus carpio</i>	 <i>Xenopus laevis</i>	 <i>Gallus gallus domesticus</i>	 <i>Mus musculus</i>	 <i>Homo sapiens</i>
Fat storage	Stored in intestinal cells	Stored in the "fat body"	Stored in liver	Stored in WAT	Intra-abdominal WAT (no subcutaneous WAT)	Subcutaneous and internal WAT	Subcutaneous and internal WAT	Subcutaneous and internal WAT

哺乳动物脂肪储存部位差异很大

皮下



驼峰



全身



全身/浅皮下脂肪



脂肪组织分布的多样性

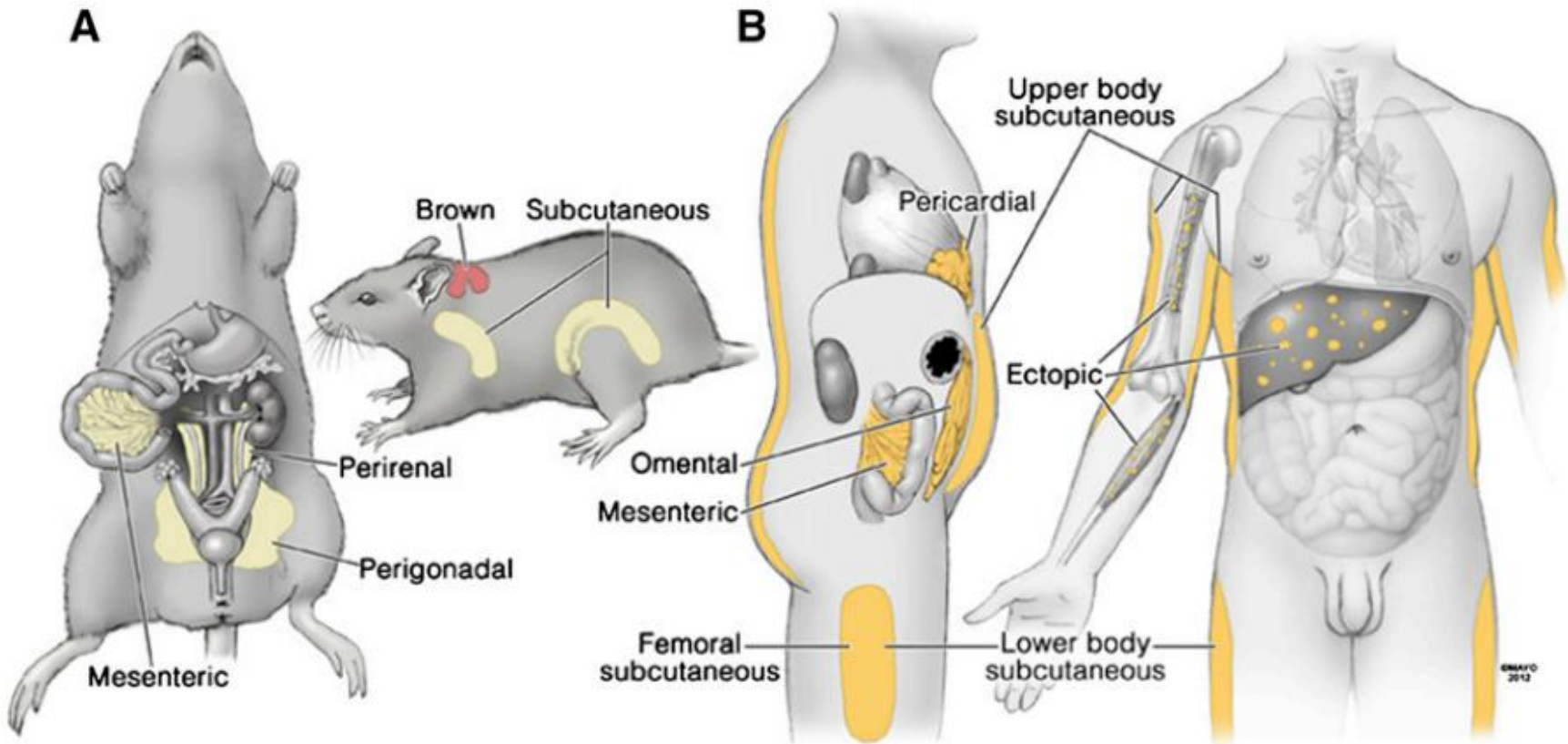
相近、同种动物脂肪储存的主要部位不一样



节俭基因：人体在进食期积极存储能量以备饥饿期消耗的基因



冬眠的动物和迁徙的鸟类异位脂肪存储不会导致相应的疾病



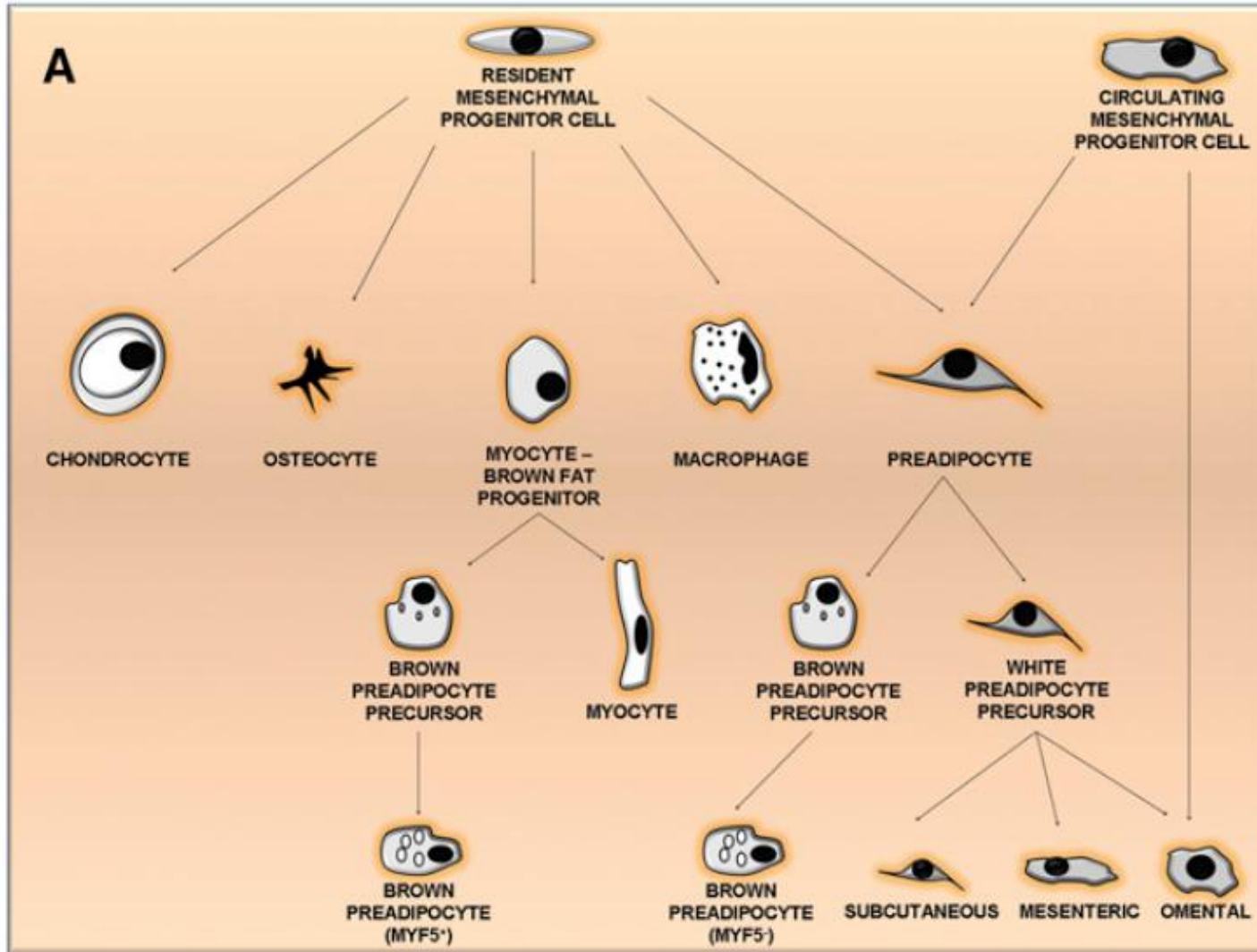
Anatomy of Major Fat Depots in Rodents and Humans

intra-abdominal: omental and mesenteric depots, also termed visceral fat

lower-body: gluteal fat, subcutaneous leg fat, and intramuscular fat

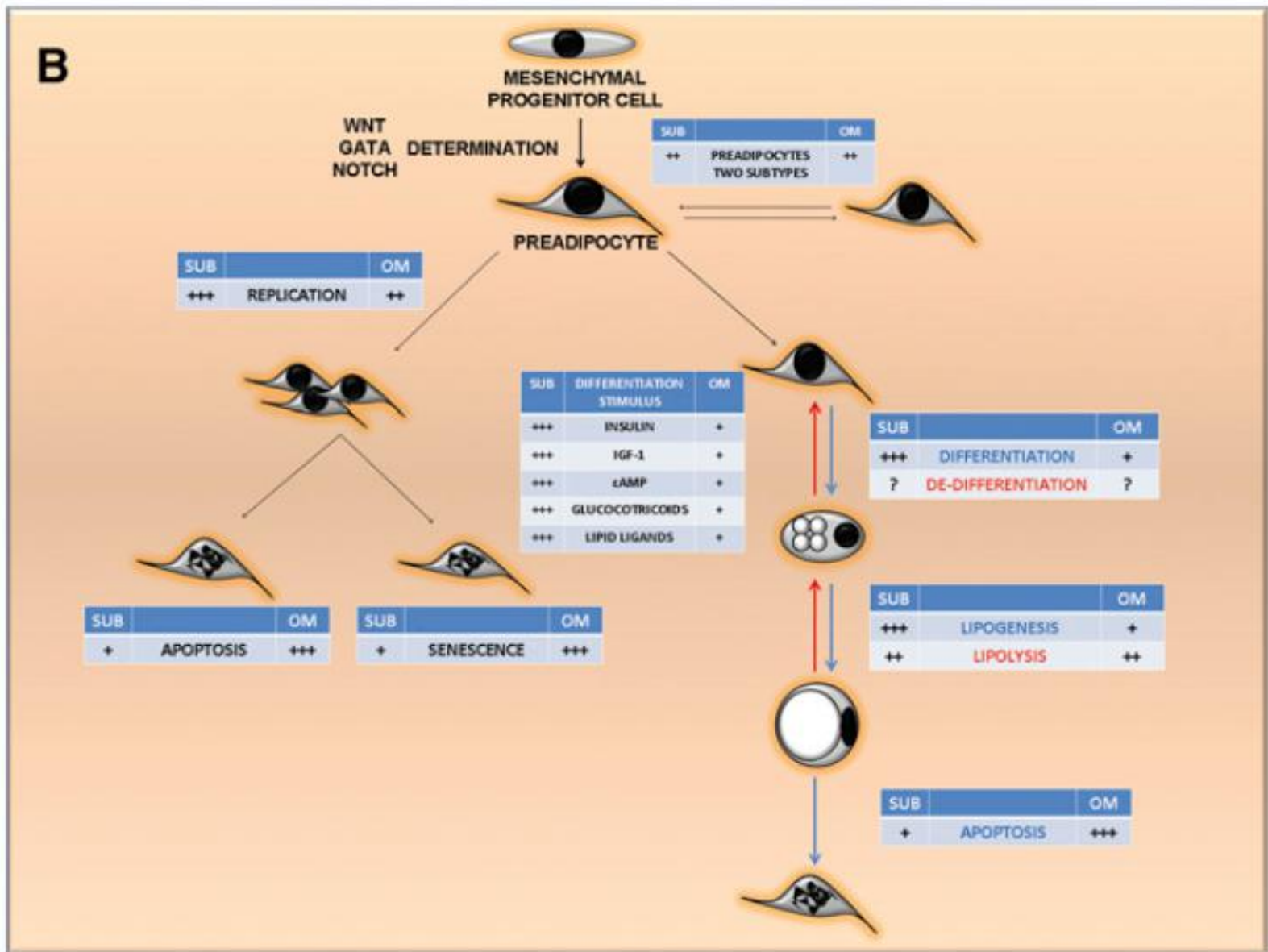
upper-body: subcutaneous fat

Cellular Mechanisms of Fat Growth and Function

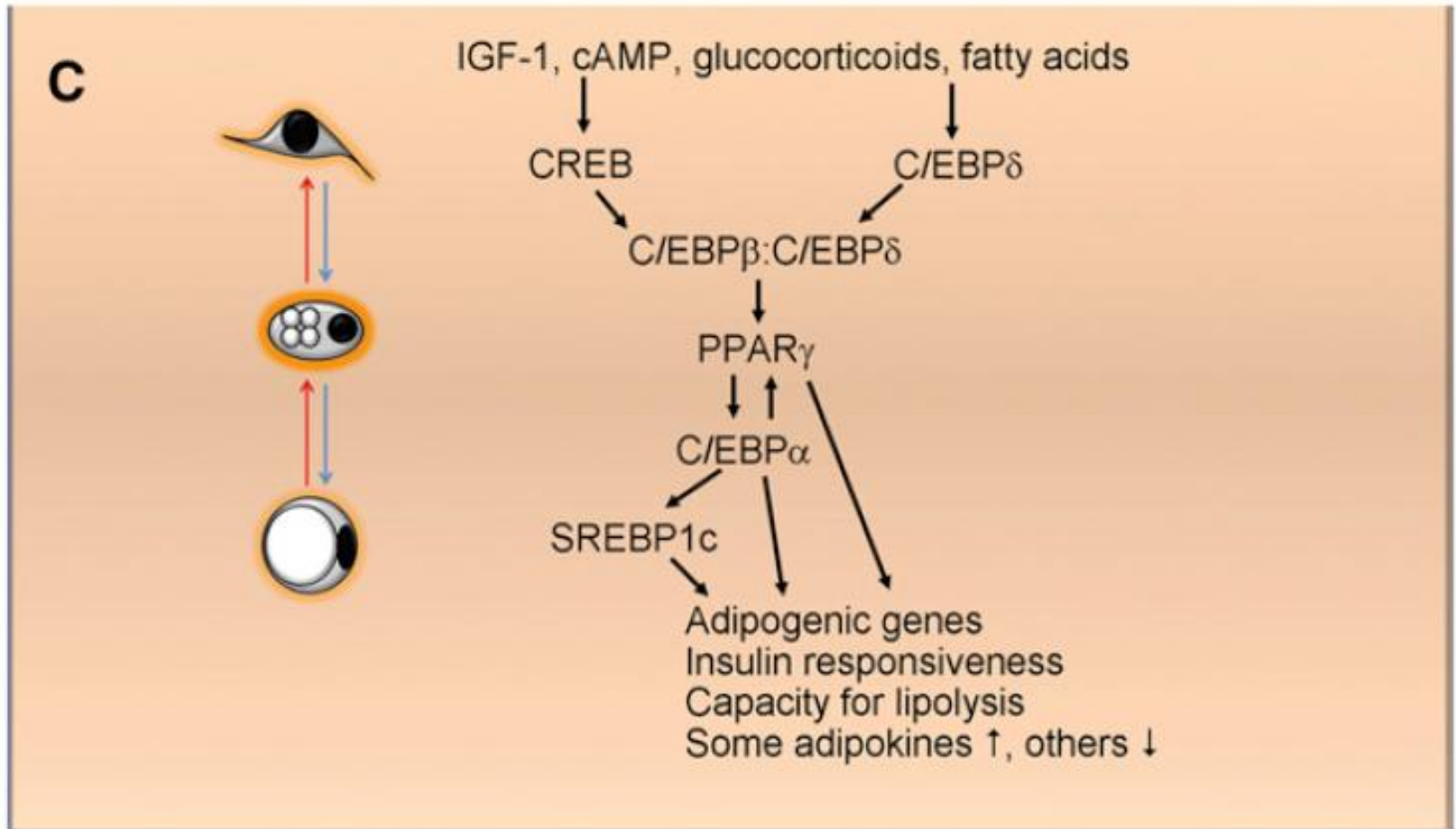


Circulating progenitors may contribute, especially to visceral fat development

Regional variation in fat-tissue cell dynamics



preadipocytes can replicate, differentiate into adipocytes, or possibly revert into multipotent progenitors again



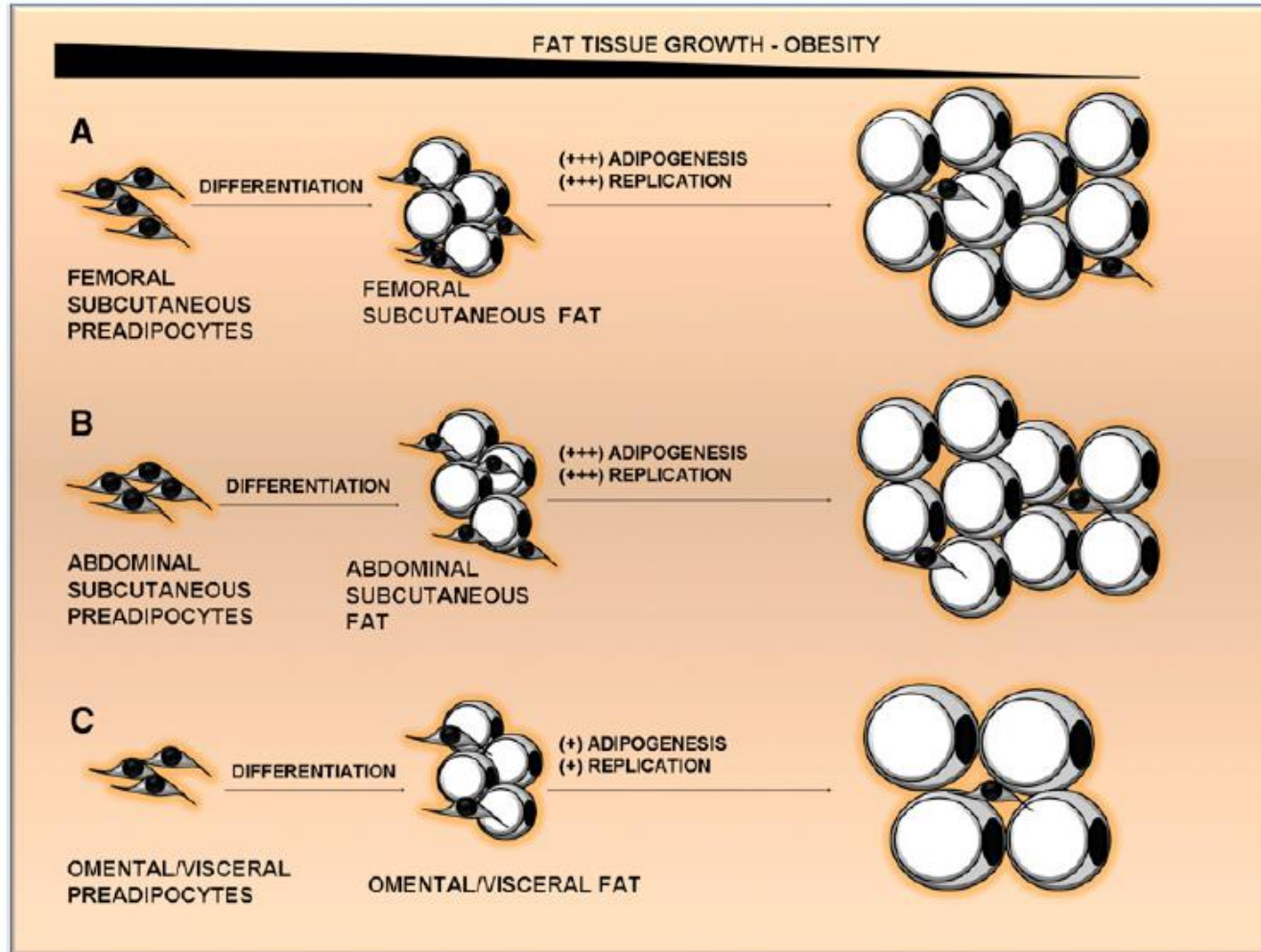
Key transcription factors involved in adipogenesis.

Table 1. Adipokines Reported to Exhibit Fat-Depot-Specific Expression

Adipokine or Secreted Factor	Source Cells	Depot	References
Leptin*	fat cells	subcutaneous > omental	(Wiest et al., 2010)
Adiponectin* HMW	fat cells	omental > subcutaneous	(Kovacova et al., 2012)
PAI-1	preadipocytes	possibly, omental > subcutaneous	(Xu et al., 2012)
IL-6*	preadipocytes, macrophages, activated endothelial cells, large fat cells	visceral > subcutaneous	(Fontana et al., 2007)
TNF- α *	preadipocytes, macrophages, adipocytes	mesenteric > omental = subcutaneous	(Cartier et al., 2008; Xu et al., 2012)
MCP-1*	preadipocytes, macrophages	visceral > subcutaneous	(Madani et al., 2009; Miller et al., 2011)
Angiotensinogen	fat tissue	omental > subcutaneous	(Dusserre et al., 2000; van Harmelen et al., 2000)
RANTES*	stromal vascular fraction, fat cells	gastric fat pad > omental = subcutaneous	(Madani et al., 2009)
CSF-1	endothelial cells, fibroblasts	visceral > subcutaneous	(Harman-Boehm et al., 2007)
Omentin	stromal vascular cells	omental > subcutaneous	(Yang et al., 2006)
RBP4	preadipocytes, adipocytes	visceral < subcutaneous	(Kos et al., 2011)
Chimerin	unknown	visceral < subcutaneous	(Alfadda et al., 2012)
Vaspin	fat cells	visceral > subcutaneous	(Hida et al., 2005; Klötting et al., 2006)

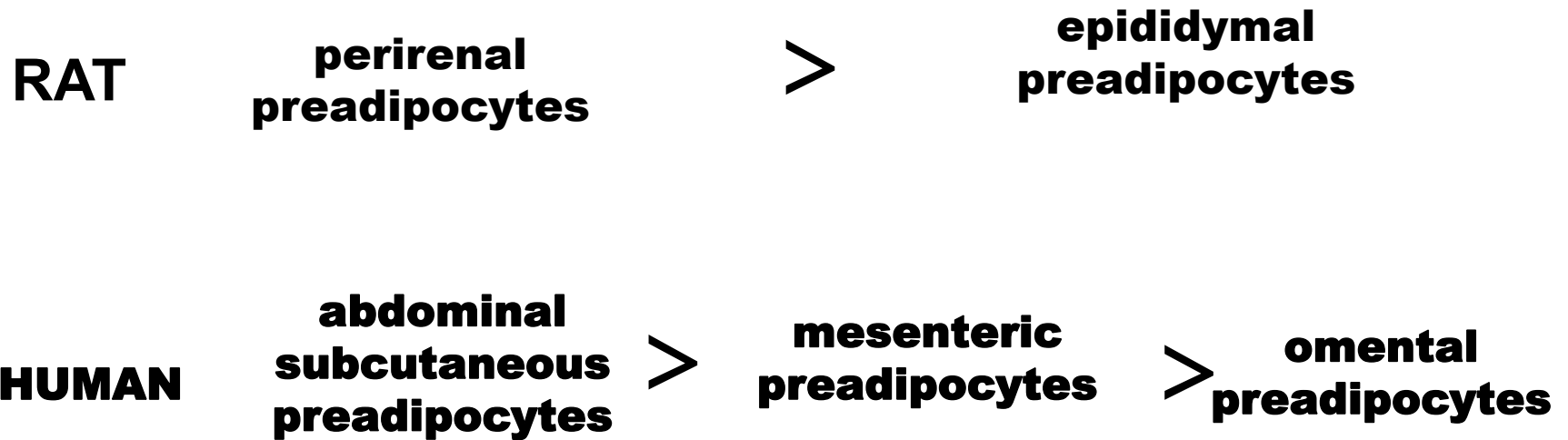
Preadipocytes generate adipokines, paracrine factors, hormones, and metabolic signals in a manner distinct from fat cells. Several adipokines are secreted in a fat-depot-dependent fashion

Regional Differences in Preadipocyte Characteristics Replication



Mechanisms of Fat-Tissue Growth during the Progression of Obesity Vary among Depots

Differences in cell-dynamic properties of preadipocytes are partly cell autonomous



replication

Adipogenesis

- **abdominal subcutaneous preadipocytes** had a greater capacity for adipogenesis than **omental cells**
- **PPAR γ** and **C/EBP α** expression is higher in human abdominal subcutaneous than in omental differentiating preadipocytes

adipogenesis appears to vary among depots

Apoptosis and Senescence

- **Apoptotic fat cells are more abundant in human omental than abdominal subcutaneous fat, which may be induced by serum deprivation or TNF- α**
- **Cellular senescence may contribute to regional variation in age- and obesity-related increases in fat-tissue inflammation, glucose intolerance, loss of capacity to store fat in subcutaneous depots, and lipotoxicity.**

Inherent Differences

- **Genome-wide expression profiles of primary preadipocytes cultured in parallel from different depots of mice and humans are highly distinct. Expression of >500 genes varies significantly among human abdominal subcutaneous, omental, and mesenteric preadipocytes and fat tissue.**
- **Whether developmental regulators directly cause regional differences in preadipocyte and fat-depot characteristics is being actively investigated.**
- **Most developmental genes are subject to epigenetic regulation**

A Special Role for Leg Fat?

- leg fat appears to serve an important role in disposing of excess dietary fat in **women**
- Adipose tissue lipolysis in leg fat is normally exquisitely **sensitive to insulin** this makes lower-body depots an ideal place to store fat when it is ingested in excess of **short-term energy needs**.
- Greater amounts of leg fat signal a **lesser metabolic risk** and a more normal fatty-acid profile, although whether leg fat plays a protective role or (opposite of visceral fat) signals generally normal function of subcutaneous fat remains to be determined.

Mesenteric Fat: An Underappreciated Role?

- **Mesenteric fat may make an important contribution to metabolic dysfunction, acting in a manner distinct from omental fat.**
- **The cellular and gene-expression properties of human mesenteric fat are cell autonomously distinct from omental fat.**

Metabolically Protective Role of Subcutaneous Fat

- **Certain subcutaneous fat regions appear to be metabolically, immunologically, and mechanically protective.**
- **The high capacity for certain subcutaneous regions to generate new fat cells may prevent visceral fat enlargement and systemic lipotoxicity.**

Intra-abdominal Fat: Cause or Indicator?

- **Central fat is associated with elevated risk for diabetes, hypertension, atherosclerosis, dyslipidemia, and cancers.**
- **In normal-weight or moderately overweight people, visceral obesity is strongly associated with insulin resistance, but in severe obesity, it is a weak independent predictor.**

Conclusions

- **Fat distribution is closely linked to metabolic disease risk.**
- **Distribution varies with sex, genetic background, disease state, certain drugs and hormones, development, and aging.**
- **Preadipocyte replication and differentiation, developmental gene expression, susceptibility to apoptosis and cellular senescence, and adipokine secretion vary among depots.**
- **How interdepot differences in these molecular, cellular, and pathophysiological properties are related is incompletely understood.**
- **Whether fat redistribution causes metabolic disease or whether it is a marker of underlying processes that are primarily responsible is an open question.**

thanks

