

Pyruvate Dehydrogenase (PDH)

$\text{Pyruvate} + \text{CoASH} + \text{NAD}^+ \xrightarrow{\text{PDH}} \text{Acetyl-CoA} + \text{CO}_2 + \text{NADH} + \text{H}^+$

Lactate \rightleftharpoons Pyruvate \rightleftharpoons Alanine

PDH Gene Deficiency:
 Lactic Acidosis
 Neurological Defects

PDH Activity Low:
 Thiamine Deficiency
 Arsenic Poisoning

Treatment – ketogenic diet

Galactosemia

Galactokinase Deficiency

Elevated galactitol
Cataracts

Galactosemia

Galactosuria

Treatment:

Eliminate galactose/
Lactose MILK

Classical Galactosemia

Galactose 1-P Uridyl- Transferase Deficiency

Elevated galactitol
Cataracts

Galactosemia

Galactosuria

Elevated Galactose 1-P

Hepatic Dysfunction
Brain Dysfunction
(Retardation)
Cataracts

Autosomal recessive

HEREDITARY FRUCTOSE INTOLERANCE

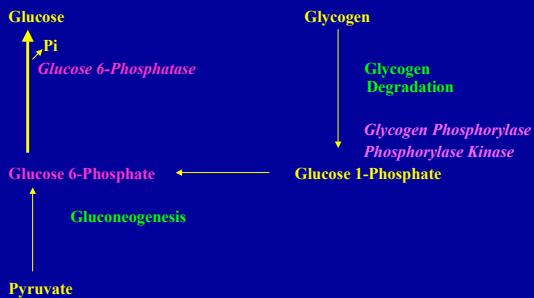
A Deficiency of Aldolase B

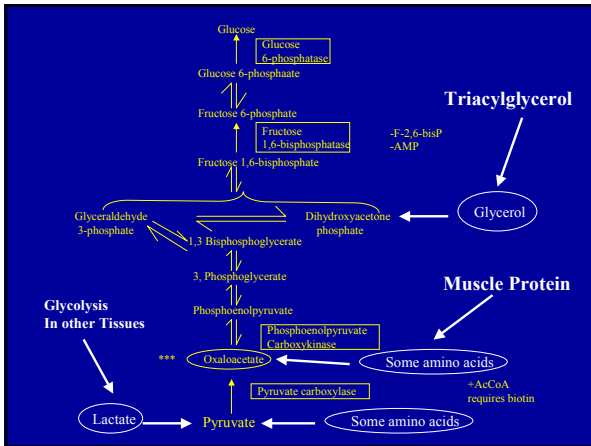
Symptoms

Hypoglycemia
Vomiting
Jaundice
Hepatic failure

Treatment: Decrease fructose/sucrose

Glucose Homeostasis is Required for Survival



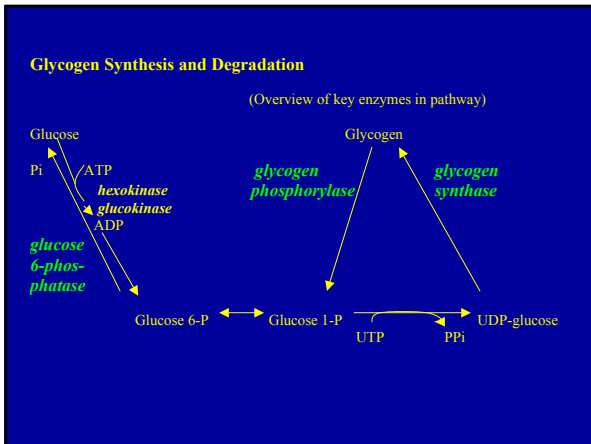


Ethanol metabolism can cause hypoglycemia; the high NADH opposes gluconeogenesis

Ethanol metabolism increases NADH

Increased NADH promotes the conversion of two glucogenic precursors (pyruvate and oxaloacetate) to lactate and malate.

This removes pyruvate and oxaloacetate from the pool of glucogenic precursors.



Inherited glycogen storage diseases can affect tissue glycogen levels, fasting

Glycogen Storage Diseases

Type Defective Enzyme Affected Organ Glycogen Clinical Features

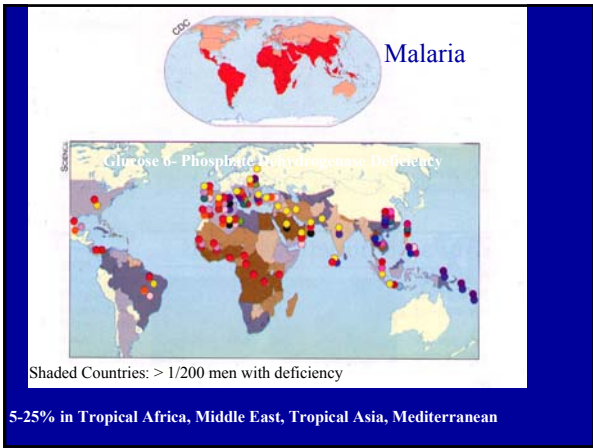
Type	Defective Enzyme	Affected Organ	Glycogen	Clinical Features
I	Glucose 6-Phosphatase Van Czier's Disease (deficient enzyme or translocat)	Liver & Kidney	Increased Normal Structure	Enlarged liver. Failure to thrive. Severe hypoglycemia. Ketosis. Hyperuricemia. Hypertipidemia. Mental Retardation
II	1,4-Glucosidase Pompe's Disease	All organs	Massive increase Normal structure	Cardiorespiratory failure. Death usually before age 2
III	Alpha-1,6-Glucosyltransferase Cori's Disease	MUSCLE & Liver	Increased short outer	Like type I, but milder
IV	Branching Enzyme Anderson's Disease	Liver & Spleen	Normal amount; Long Branches	Progressive cirrhosis of liver. Liver failure causes death before age 2.
V	Phosphorylase McArdle's Disease	Muscle	Moderate amount; Normal Structure	Limited ability to perform strenuous exercise; painful muscle cramps.
VI	Phosphorylase Hershey's Disease	Liver	Increased amount	Like I, but milder
VII	PFK-1	Muscle	Increased amount	Like V
VIII	Phosphorylase Kinase	Liver	Increased amount; Normal Structure	Mild liver enlargement; mild hypoglycemia

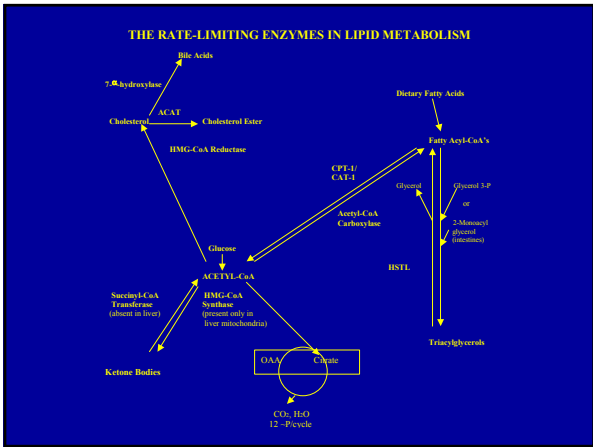
Pentose Phosphate Pathway (Hexose Monophosphate Shunt)

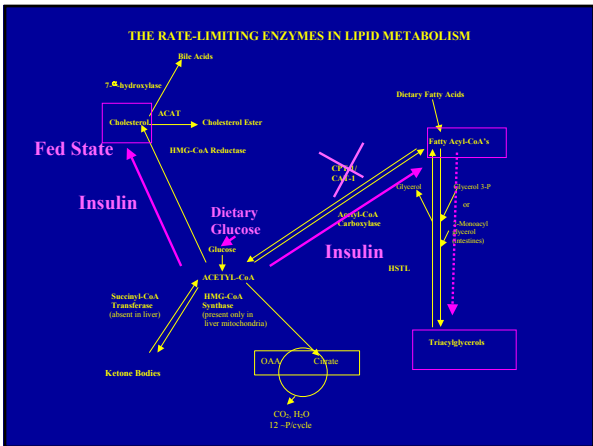
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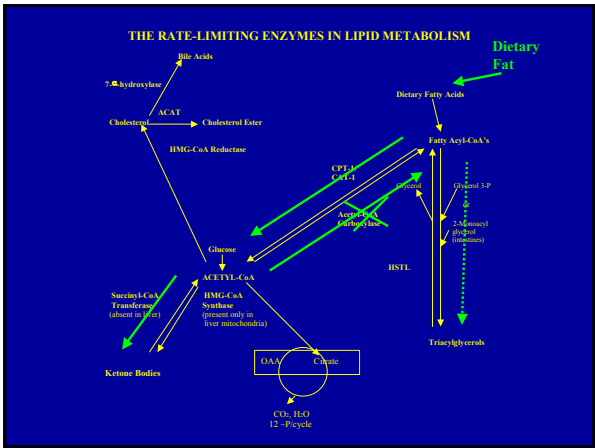
- NADPH – Lipid Biosynthesis
- Ribose 5-Phosphate – Purine Biosynthesis – e.g., DNA, RNA, CoA

A Genetic *Deficiency* of *Glucose 6-Phosphate Dehydrogenase* is Associated with Drug-Induced *Hemolytic Anemia*.

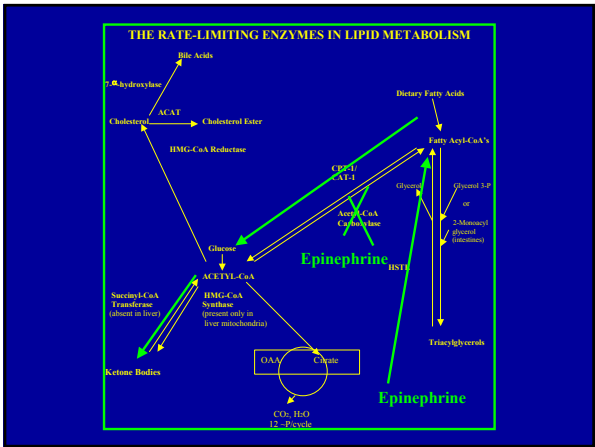




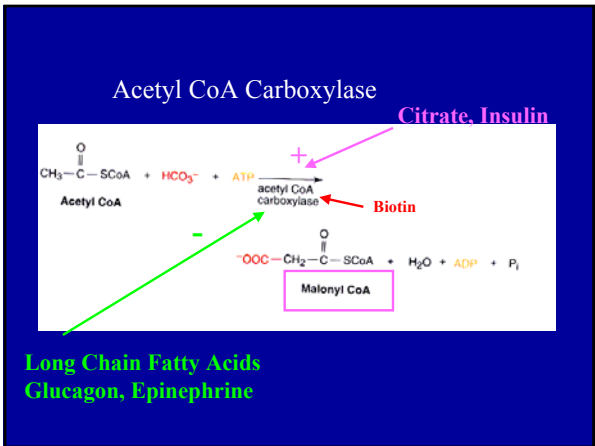




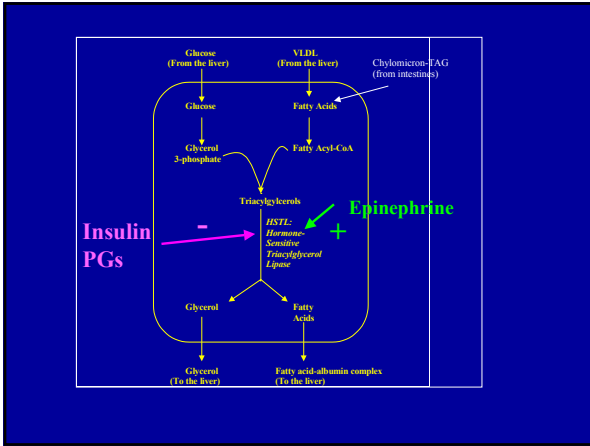
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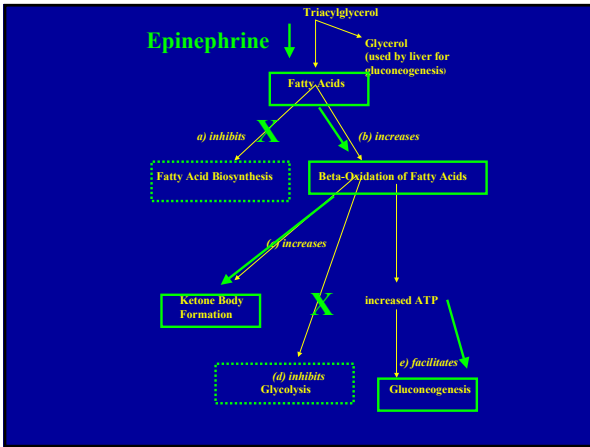


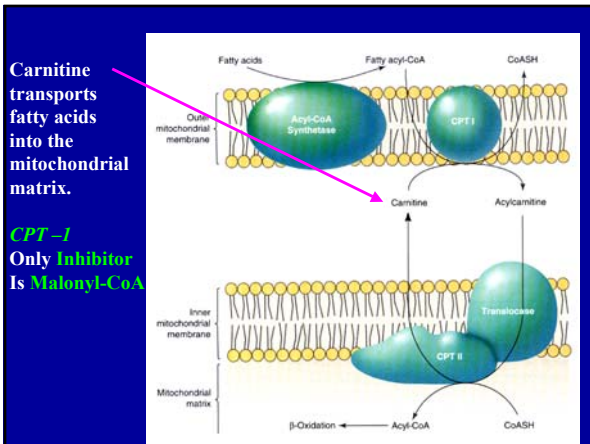
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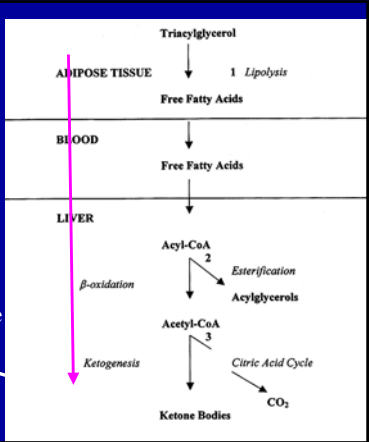
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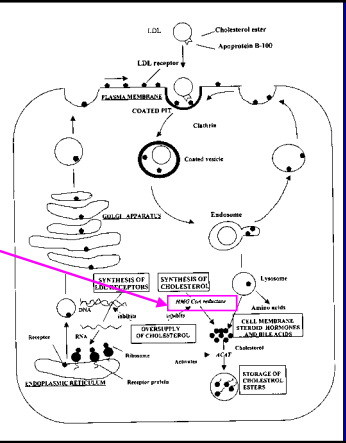


Ketone bodies:
 Beta-hydroxybutyrate
 Acetoacetate
 acetone



LDL Metabolism

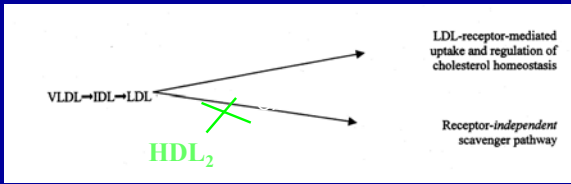
“Statins”
 Inhibit
 HMC-CoA
 Reductase



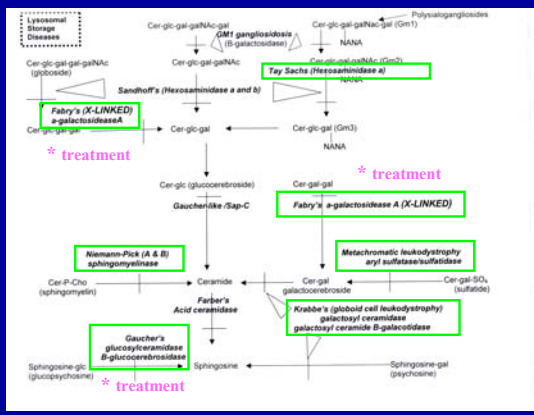
Chemical Composition of Plasma Lipoprotein Class

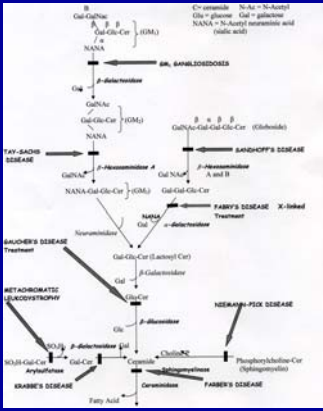
Lipoprotein Class	Function	Percent Composition of Lipid Fraction					
		% Protein	% Lipid	Phospho-lipids	Unesteri-fiedCh-olesterol	Choles-terol Esters	Triacyl-glycerols
HDL	Reverse Cholesterol Transport	40-55	50-55	20-35	12	3-4	3-5
LDL	Cholesterol Transport	20-25	75-80	15-20	35-40	7-10	7-10
IDL	LDL Precursor	15-20	80-85	22	22	8	30
VLDL	Transports Endogenous Fat	5-10	90-95	15-20	10-15	5-10	50-65
Chylo-microns	Transports Exogenous (Dietary) Fat	~2	97-99	7-9	3-5	1-3	84-89

Two Pathways of LDL Clearance

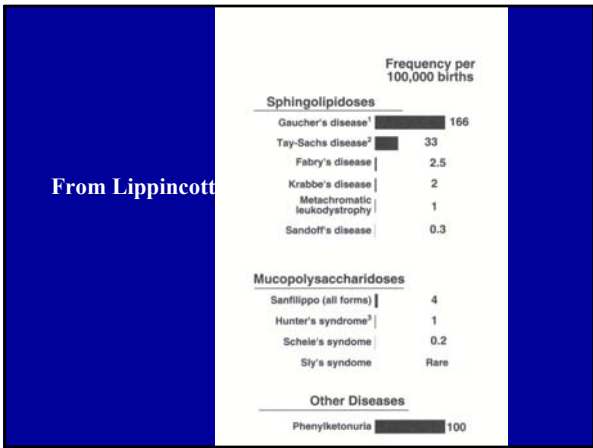


HDL is involved with reverse cholesterol transport



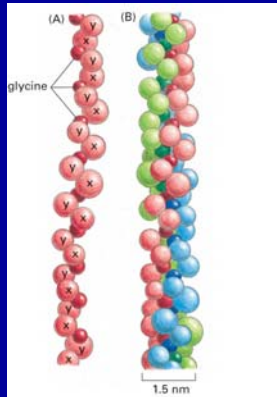


Disease	Enzyme Deficiency	Accumulating Product	Results/Characteristics autosomal recessive unless otherwise noted
Fabry's	alpha-galactosidase A	Ceramide Trihexoside	<u>X-linked recessive</u> ; renal failure <u>Enzyme Replacement Therapy</u>
Krabbe's	galactosylceramide B-galactosidase, Galactosyl ceramidase	galactosylceramide (brain)	optic atrophy, spasticity, early death
Gaucher's	B-glucocerebrosidase Glucosylceramidase	glucocerebroside (brain, liver, spleen, bone marrow)	"crinkled paper" enlarged cytoplasm <u>Enzyme Replacement Therapy</u> liver and spleen enlargement mental retardation in infantile form only
Niemann-Pick	sphingomyelinase	sphingomyelin & cholesterol (reticuloendothelial & parenchymal cells)	Death by age 3, enlarged liver & spleen mental retardation
Tay-Sachs	Hexosaminidase A	GM2 ganglioside	Death by age 3, cherry-red spot on macula Carrier rate: 1/30 Jews of European descent 1/300 for others, mental retardation, blindness
Metachromatic Leukodystrophy	arylsulfatase A sulfatase	sulfatide (brain, kidney, liver, peripheral nerves)	white matter signs, peripheral neuropathy mental retardation, demyelination, Nerves stain yellowish brown with cresyl violet
Fabry's	Acid ceramidase	ceramide	Painful and progressively deformed joints Subcutaneous nodules, ganglomas, fatal early
Mucopolysaccharidoses - Most Common Forms			
Hurler's	alpha-L-iduronidase		corneal clouding, mental retardation
Hunter's	iduronate sulfatase		Mild form of Hurler's with no corneal clouding <u>X-linked recessive</u>



Type 1 Collagen

Triple-stranded
Gly-X-Y repeat
Glycine – smallest aa
Proline – polyproline
helix
OH-pro, OH-lys
H-bonding
Lysine aldehydes
cross-linking

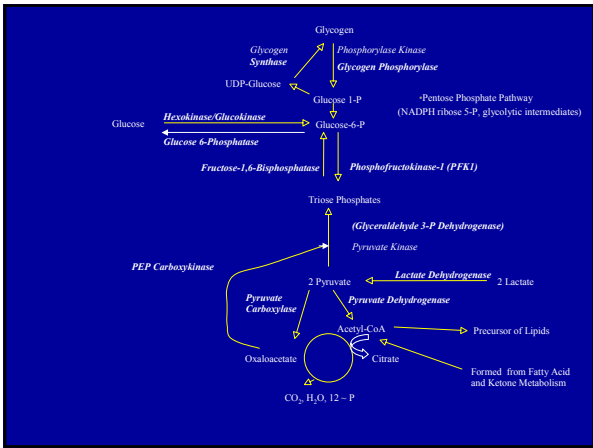


Selected Collagen Disorders

Disorder	Collagen synthesis	Clinical Manifestations
Osteogenesis Imperfecta 1	Decreased synthesis of type 1 collagen	susceptibility to fractures sometimes confused with child abuse blue sclerae - translucent connective tissue over choroid
Autosomal Dominant – may act like dominant negative		
Osteogenesis Imperfecta 2	Point mutations & re-arrangement of exons in triple helical regions	Perinatal death, soft, fragile & malformed bones
Autosomal Dominant		
Ehlers-Danlos	Faulty collagen synthesis	Hyperextensive skin, hypermobility of joints, tendency to bleed

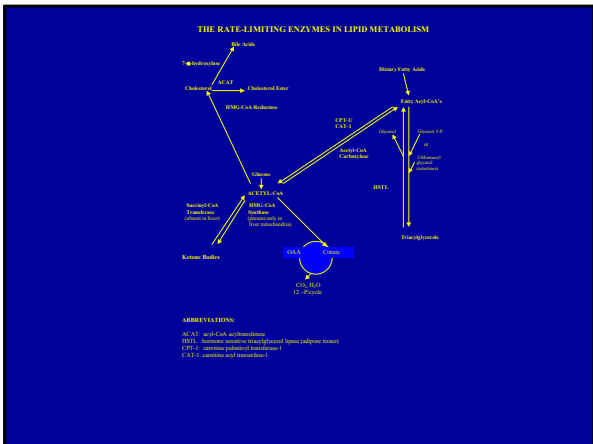
Fibrillin is essential to the integrity of elastin

Marfan's Syndrome
mutation in the fibrillin gene



Regulation of Key Enzymes of Carbohydrate Metabolism

Enzyme	Allosteric Activator	Allosteric Inhibitor	Hormonal Activator	Hormonal Inhibitor	Induces Enzyme Synthesis	Comments
Hexokinase - outside liver		Glu 6-P				Low Km for glucose
Glucokinase - liver		Free 6-P				High Km for glucose
Phosphofruktokinase-1, liver	F-2,6-bisP, ATP, AMP, ADP			Glucagon, Epinephrine	Insulin	Glucagon & Epinephrine inhibit PFK-2, which leads to a decrease in F-2,6-bisP (the Activator)
Phosphofruktokinase-1, muscle	F-2,6-bisP, AMP, ADP			Epinephrine		Epinephrine activates PFK-2, which leads to an increase in F-2,6-bisP
Pyruvate Kinase - liver	F-1,6-bisP			Glucagon	Insulin	
Pyruvate Carboxylase - liver	Acetyl CoA					Requires Biotin
PEP Carboxykinase - liver						Requires GTP hydrolysis
Fructose-1,6-bisphosphatase - liver		F-2,6-bisP, AMP	Glucagon	Epinephrine		Glucagon & Epinephrine inhibit PFK-2, which leads to a decrease in F-2,6-bisP (the inhibitor)
Glucose 6-phosphatase - liver					Glucagon, Epinephrine	
Glycogen Synthase - liver	Glucose 6-P		Insulin	Glucagon, Epinephrine		Glucagon & Epi can inhibit via cAMP system (PKA); Epi can also inhibit via IP3/DAG (PKC). Ca ²⁺ can inhibit via Ca-dependent PK. Calcitonin is a stimulator. Ca ²⁺ binding directly activates.
Phosphorylase Kinase - liver	Ca ²⁺		Glucagon, Epinephrine		Insulin	Glucagon & Epi can activate via cAMP system (PKA); Epi can also activate via IP3/DAG (PKC). Ca ²⁺ can activate via Ca-dependent PK.
Glycogen Phosphorylase - liver	AMP	ATP			Insulin	
Glucose 6-P Dehydrogenase	NADP ⁺	NADPH			Insulin	
Pyruvate Dehydrogenase	Acetyl CoA	NADH				Acetyl-CoA, NADH, & ATP promote phosphorylation and inhibition. Pyruvate inhibits phosphorylation → activation in adipose tissue. Insulin promotes dephosphorylation → activation. Vitamin C cofactors: thiamine, niacin, riboflavin



Regulation of Key Enzymes of Lipid Metabolism

Enzyme	Activator	Inhibitor	Hormonal Activator	Hormonal Inhibitor	Induces Enzyme Synthesis	Represses Enzyme Synthesis	Comments
Acetyl CoA-liver Carboxylase	Citrate	Long Chain FattyAcylCoA AMP	Insulin	Glucagon Epinephrine	HighCarb/Diet Fat Free Diet	Glucagon, (EP) High Fat Diet Fasting	Requires Biotin Synthesizes Malonyl-CoA, The inhibitor of CPT-1
Carnitine Palmitoyl Transferase - I - liver		Malonyl CoA					
Hormone Sensitive Triacylglycerol Lipase - Adipose Tissue			Epinephrine ACTH	Insulin PGE			
Mitochondrial HMG-CoA Synthase - Liver							
Acetoacetyl-CoA Synthase - Liver							
Transferrin - not liver							
HMG-CoA Reductase - liver		Cholesterol AMP Mevastatin	Insulin	Glucagon			Inhibited by drugs such as Lovastatin, mevastatin, etc. Effectiveness of drugs is Dependent on presence of Functional LDL receptors in the liver.
γ -alpha hydroxylase - liver	Cholesterol						
ACAT	Cholesterol						
Lipoprotein Lipase - endothelial	Apo CII						

Note: The regulation of these enzymes in specific tissues is noted. However, many of these pathways take place in several tissues (fatty acid synthesis, fatty acid oxidation, ketone utilization, cholesterol biosynthesis). Ketones are made only in the liver mitochondria and they are not utilized in the liver. Bile acids are made only in the liver. HSL Lipase is an adipose tissue enzyme. Lipoprotein lipase is found in the capillary endothelium and is activated by an apoprotein (C-II) found on several lipoproteins.
