



**2024
SUMMARY**

METABOLISM

DR. AHMAD AL-QAWASMI

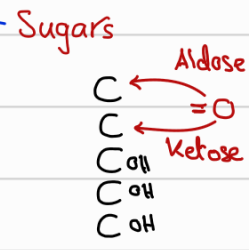


Carbohydrates

Isomers:

- **Constitutional isomers:** ^{glycose - fructose} Aldose - ketose
- **Stereoisomers** \rightarrow **Enantiomers:** ^{L, D isomers} all OH
- **Diastereomers:** ^{Galactose - Mannose} 1 or more OH
- **Epimer:** ^{Glucose - Mannose} 1 OH
- **Anomer** \rightarrow OH of anomeric carbon \rightarrow $\alpha \rightarrow$ down, $\beta \rightarrow$ up

- (3C) Glyceraldehyde
- (4C) Erythrose
- (5C) Ribose
- (6C) ³ Glucose, ^{3,4} Galactose, ^{3,2} Mannose ^{aldose}
- (6C) Fructose ^{ketose}
- (7C) Sedoheptulose
- (9C) Neuraminic acid



- Disaccharides**
 - Maltose (homodimer of glucose)
 - Lactose (Galactose - Glucose)

Glycosidase

\rightarrow Break glycosidic bond between sugars

Examples: Isomaltase (α 1-6), Maltase (α 1-4), Lactase (β 1-4), Sucase (α 1-2), Trehalase (α 1-1)

Amylase (α 1-4) \rightarrow Saliva (stops by gastric acidity) and Pancreas

\rightarrow Break down starch into small units (not monosaccharides)

Sucrase Isomaltase complex

\rightarrow In the apical surface of intestinal cells

- 1 polypeptide \rightarrow 2 subunits (Maltase + other glycosidase)
- It can be deficient due to: Genetic mutation, intestinal diseases (celiac and Crohn's), Malnutrition, drugs, diarrhea

☆ **Lactase:** highest activity in the first month and decreases until age (5-7) years

☆ **Absorption of sugars:** 1) Cotransport (SGLT) \rightarrow secondary active transport with Na^+

2) Na-independent facilitated diffusion (GLUT) \rightarrow Apical of intestinal, kidney tubules

\rightarrow Down gradient, Bidirectional, Apical + Basal

GLUT 1: Barriers GLUT 2: Pancreas (Glucose, Galactose, Fructose) GLUT 3: CNS

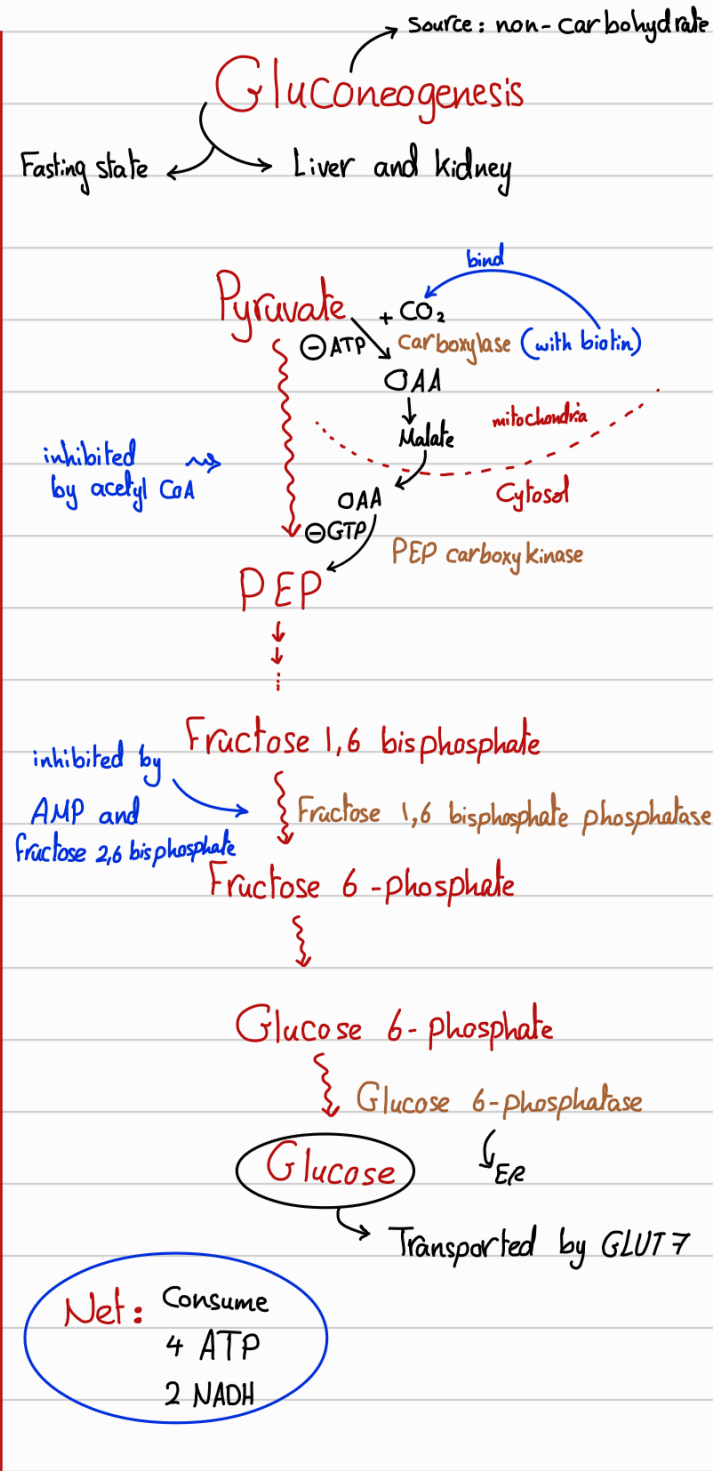
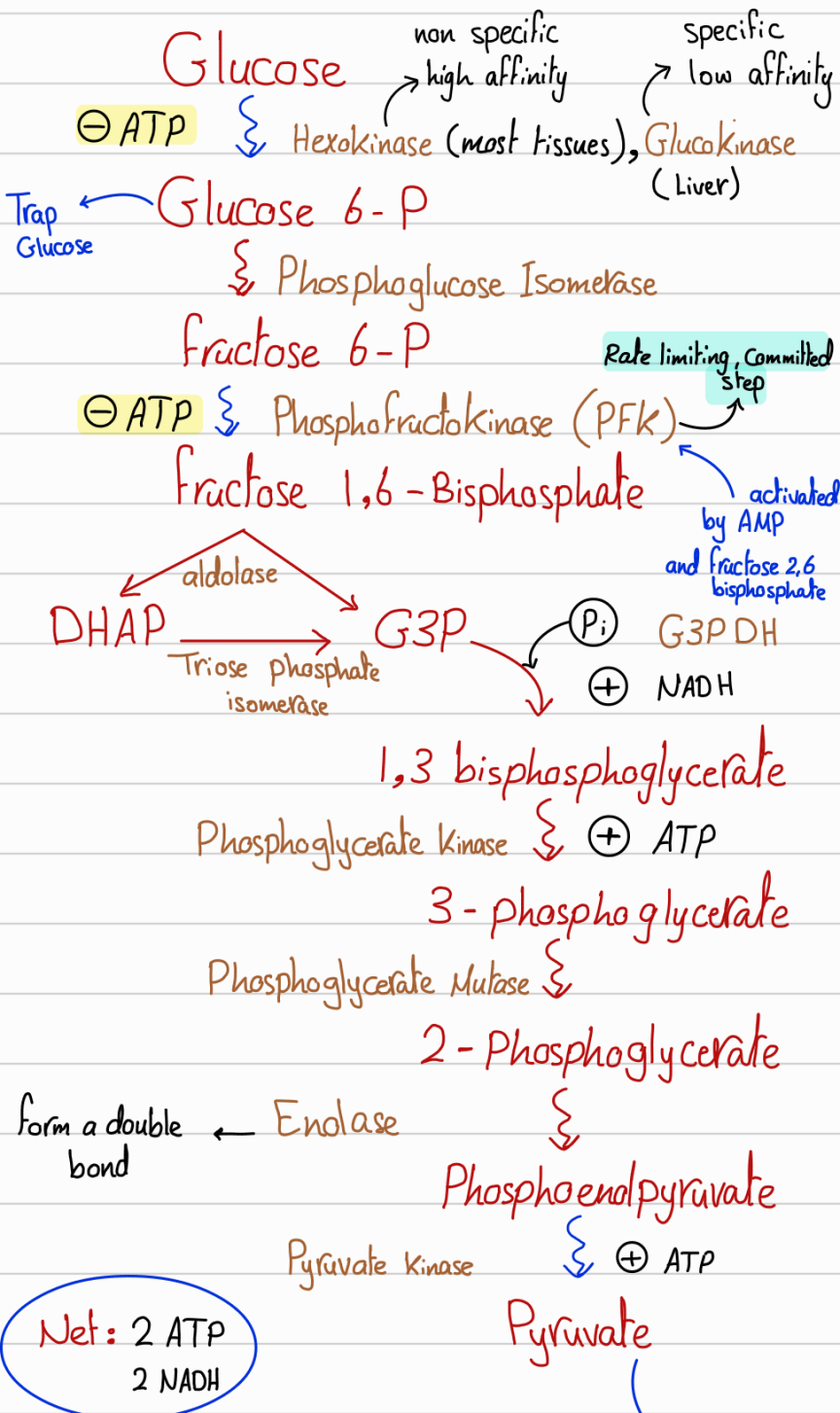
GLUT 4: Insulin sensitive GLUT 5: Sperms (fructose) GLUT 7: ER

☆ Metabolic regulation:

- \rightarrow Signals within the cell \rightarrow Rapid
- \rightarrow Intercellular \rightarrow Slow, long range

- 1) Synaptic: Paracrine (NT)
- 2) Endocrine: via blood (hormones)
- 3) Direct contact: Gap junction

Glycolysis \rightarrow Most universal pathway, anaerobic (with or without O_2)



anaerobic \leftarrow aerobic

(Recycle NAD^+) Fermentation \leftarrow Pyruvate oxidation, TCA...

1) Alcohol fermentation: Pyruvate \rightarrow acetaldehyde \rightarrow ethanol

2) Lactic acid fermentation: Pyruvate \rightarrow lactate (by LDH)

\rightarrow lactic acidosis

☆ RBC shunt: step 7 undergo an alternative pathway

1,3-bisphosphoglycerate $\xrightarrow{\text{mutase}}$ 2,3-bisphosphoglycerate \rightarrow 3-phosphoglycerate

\rightarrow bind deoxyhemoglobin \rightarrow \uparrow efficiency of gas exchange

☆ At low glucose level \rightarrow Hexokinase is active, Glucokinase is inactive (sequestered in the nucleus)
 when glucose increases \rightarrow Glucokinase become active (bound GKPP)
 when fructose 6-phosphate \rightarrow Glucokinase become inactive

☆ PFK-1 \rightarrow inhibited by ATP, Citrate and Protons

☆ Pyruvate kinase \rightarrow inhibited by ATP and alanine / activated by Fructose 1,6-bisphosphate
 (Feed forward activation)

☆ Insulin activates glycolysis, inhibits gluconeogenesis

☆ Glucagon inhibits glycolysis, activate gluconeogenesis

\rightarrow They regulate glycolysis by affecting pyruvate kinase and the bifunctional enzyme

☆ Pyruvate kinase deficiency \rightarrow decrease ATP synthesis

\rightarrow ATP deficiency cause decrease Na^+/K^+ pump activity \rightarrow decrease flexibility of RBC shape causing hydrolytic anemia and premature death of RBCs

☆ Inorganic inhibitors:

1) Fluoride \rightarrow toothpaste which inhibits bacterial endase

2) Pentavalent arsenic (arsenate): inhibits GAPDH

3) Trivalent arsenic (arsenite): Bind SH- of lipoyl of Pyruvate dehydrogenase and α KG DH

\rightarrow Arsenic poisoning \rightarrow cause neurologic disturbances

☆ In fasting state: Glycogen (rapid response, limited amount) and Gluconeogenesis (slow)

\rightarrow Muscles > Liver > Extracellular fluid

Glycogen

\rightarrow Homopolysaccharide, extensively branched, α -1-4 and α -1-6 bonds \rightarrow branch
 \rightarrow branch each 10 residues

Degradation

☆ start on the non reducing ends



☆ Glycogen phosphorylase

Glucose \rightarrow Glucose 1-P \rightarrow Glucose 6-P \rightarrow Liver Glucose / muscle Remain

Glycogenesis

☆ Glucose 6-P \rightarrow Glucose 1-P \rightarrow UDP-Glucose

Phosphoglucomutase \leftarrow UDP-glucose pyrophosphorylase

☆ Glycogen synthase: add UDP-glucose to primer

☆ 4:6-transferase \rightarrow Branching enzyme \leftarrow Glycogenin

2 ATP (UTP) are used per UDP-glucose

☆ **Limit dextrin**: a stretch of sugars before the branch, stops degradation

☆ **Debranching enzyme** → break α 1-6 bond

☆ **lysosomal degradation**: by α 1-4 glucosidase (acid maltase)

→ **deficiency: Type II Pompe disease**
Cardiomegaly and heart failure

☆ **Type Ia von Gierke disease**

→ Glucose 6-phosphatase ↓

☆ **Type Ib von Gierke disease**

→ Glucose 6-phosphate translocase ↓

Hepatomegaly, Hypoglycemia, delayed

Puberty, Growth retardation

Liver, kidney, intestine

☆ **McArdle syndrome**

→ ↓ Glycogen phosphorylase

only muscles

Weakness of muscles

No increase in lactate

☆ **Feeding state**: insulin, ↑ Glycogen synthesis

↑ phosphodiesterase
↑ Phosphatase

which activates glycogen synthase and inhibits glycogen phosphorylase

☆ **fasting state**: glucagon, ↑ degradation

↑ glycogen phosphorylase kinase
→ phosphorylase b → a

☆ **Glucose 6-phosphate**

→ activate synthase
→ inhibits phosphorylase

☆ **Glucose (Liver)** → inhibit phosphorylase

☆ **Ca⁺², Calmodulin, AMP (muscle)** → activate Phosphorylase
↓ PKC ↓ Calmodulin dependent Protein Kinase





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 Arkan academy

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 www.arkan-academy.com

 +962 790408805