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## Fructose metabolism

- Fructose represents 10% of the daily calorie intake
  - Sources: sucrose, Fruits, honey, high-fructose corn syrup
  - > Its entry into the cells is **insulin independent** (Doesn't promote the secretion of insulin)
- It can be metabolized by 2 pathways:
  - General pathway: Where <u>Hexokinase</u> phosphorylates fructose into Fructose 6-phosphate which completes the glycolysis

Sucrase break sucrose into fructose and glucose

- $\checkmark$  This pathway is less preferred due to the <u>low affinity</u> of hexokinase to Fructose
- Specific pathway: Where <u>fructokinase</u> phosphorylates fructose into Fructose 1-phosphate
  - ✓ Aldolase B breaks fructose 1-phosphate into dihydroxyacetone phosphate (DHAP) and Glyceraldehyde
  - ✓ DHAP is then isomerized into G3P by triosephosphate isomerase
  - ✓ Glyceraldehyde is phosphorylated into G3P
  - ✓ The 2 G3P then complete the glycolysis
  - ✓ The specific pathway is more preferred and faster because it **<u>by-passes the rate limiting step</u>** of glycolysis (which is catalyzed by phosphofructokinase 1)
- Both fructokinase and hexokinase are ATP dependent
- In the general pathway and the glycolysis, fructose 1,6-bisphosphate is broken down by Aldolase A or B
  - > In the specific pathway, only Aldolase B is used
  - > Aldolase A in most tissues, aldolase B in liver, kidney and small intestines
  - Aldolase A acts on fructose 1,6 bisphosphate only, but Aldolase B can act on both fructose 1phosphate and fructose 1,6-bisphosphate
  - > Low activity of aldolase B causes fructose intolerance
- Fructose metabolism produces DHAP and G3P (or Glyceraldehyde) which can enter glycolysis or gluconeogenesis according to the conditions in the cell
- Disorders of Fructose Metabolism:
  - Fructokinase Deficiency: It is an autosomal recessive hereditary disorder causes <u>accumulation of</u> <u>fructose in the urine (fructosuria)</u>
    - ✓ This disorder is benign (mild) because it can be compensated by hexokinase
  - > Aldolase B Deficiency: Hereditary fructose intolerance (Fructose Poisoning)
    - ✓ Severe disturbance in liver and kidney metabolism
    - ✓ This deficiency causes the accumulation of fructose 1-phosphate, which decreases inorganic phosphate level preventing phosphorylation of AMP into ATP (ATP decreases, AMP accumulates and then degraded)
    - ✓ It causes jaundice, hepatomegaly, vomiting, hemorrhage and can cause hepatic failure due to reduced hepatic ATP which can cause death
    - ✓ It can cause hypoglycemia, lacticacidemia (lactic acidosis) and hyperuricemia
    - ✓ These patients should avoid fructose, sucrose and sorbitol
- Aldose reductase: An enzyme that converts <u>glucose into sorbitol</u> (sugar alcohol)
  - > During this reaction, NADPH is oxidized into NADP<sup>+</sup>
  - > It is found in the lens, retina, schwan cells, liver, kidney, ovaries, and seminal vesicle
- Sorbitol dehydrogenase: An enzyme that converts sorbitol into fructose
  - Reduces NADP<sup>+</sup> into NADPH
  - ▶ It is found in the <u>liver</u>, <u>ovaries</u> and <u>seminal vesicles</u>

Fructose is the major source of energy in the sperm cells

- Kidneys, lens, retina and peripheral nerves has a GLUT which is insulin independent
  - In diabetic patients, glucose level in the blood increases but insulin is deficient or ineffective so glucose can't enter tissues except kidney, lens and nerves
  - > Glucose accumulates in these cells and mostly converted into sorbitol
  - Membranes are impermeable to sorbitol causes water withdraw toward the cells, water retention and swelling which causes diabetic complications including cataract (in the lens), retinopathy (retina), neuropathy and loss sensation of limbs (peripheral nerves)

# Galactose metabolism

- Galactose is an epimer of glucose, found in the lactose (in milk, dietary source)
  - > It is also produced during the lysosomal degradation of glycolipids and glycoproteins (no dietary)
  - > Its entry to cells is insulin independent
- Galactose is usually used in many pathways other than producing energy (catabolism)
- First of all, galactose must be charged by UDP which is done by:
  - Galactose is phosphorylated into galactose 1-phosphate by galactokinase using 1 ATP molecule
  - Exchange of UDP and phosphate between galactose 1-phosphate and UDP-glucose by <u>GALT</u> (galactose 1-phosphate uridylyl transferase) producing glucose 1-phosphate and UDP-galactose

Glucose 1-phosphate is converted into glucose 6-P by **phosphoglucomutase** and then used in glycolysis or glycogenesis

- UDP-Galactose can be used in:
  - Synthesis of lactose (mammary glands) or modified lactose (in males and females)
  - Synthesis of GAGs (glycosaminoglycans), and sugar components in glycolipids & glycoproteins
  - When galactose has a very large concentration, UDP-galactose is isomerized into UDP-glucose by UDP-hexose 4-epimerase, where UDP-glucose is used in the glycogenesis
- Disorders in the galactose metabolism:
  - > Deficiency of GALT (classic Galactosemia): causes <u>accumulation of galactose 1-phosphate</u>
    - ✓ Galactose can be converted into galactitol causing its accumulation
    - $\checkmark$  Has similar consequences to those of fructose intolerance
    - ✓ It causes galactosuria
    - ✓ They must avoid the intake of galactose
  - > Deficiency of Galactokinase: causes accumulation of galactose (galactosemia) and galactosuria
- When galactose is accumulated it is converted into galactitol by <u>aldose reductase</u> which can cause cataract (mostly in the galactokinase deficiency and less in the GALT deficiency)

## \* Glucuronic acid metabolism

- It is a quantitatively minor route of glucose metabolism
- It provides biosynthetic precursors and interconverts some less common sugars to ones that can be metabolized
- <u>UDP-glucose dehydrogenase</u> oxidizes UDP-glucose into UDP-glucuronic acid and converts NAD<sup>+</sup> into NADH
  - > It can be used to synthesize GAGs and other biosynthetic precursors such as UDP-xylose

#### \* Lactose Synthesis

- Lactose is Galactosyl  $\beta$  (1 $\rightarrow$ 4) glucose
  - > Produced by **mammary glands**
  - > It is found in GAGs, glycolipids and glycoproteins
  - > UDP-Galactose + Glucose  $\rightarrow$  Lactose + UDP
  - It is done by <u>lactose synthase</u> (UDP-galactose: glucose galactosyltransferase) which consists of 2 subunits (protein A and protein B)
    - ✓ Protein A = Galactosyl transferase, Protein B =  $\alpha$ -lactalbumin
    - ✓ Only in mammary glands, its synthesis is stimulated by **prolactin**
- In glycolipids and N-linked glycoprotein synthesis
  - > UDP-Galactose + N-acetyl glucosamine  $\rightarrow$  N-acetyllactosamine
  - > It is catalyzed by **protein A**





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