

# **DR.Ahmad Al Qawasmi**



## Pentose Phosphate Pathway (PPP)

- This pathway is important for:
  - 1. Production of NADPH, which is used in many biosynthetic pathways
  - 2. Metabolism of pentoses (five-carbon sugars)
    - ✓ Pentoses are used in the production of *nucleotides* and other anabolic intermediates
- PPP occurs at *high glucose level*, as an alternative pathway
  - > It is also called *Hexose Monophosphate Shunt*
- PPP consists of 2 phases:
- 1) Oxidative irreversible phase (Irreversible)
- Hexokinase or Glucokinase phosphorylate glucose into *Glucose 6-Phosphate*
- Glucose-6-phosphate dehydrogenase (*G6PD*) oxidizes the first carbon of Glucose 6-phasphate into carboxyl forming 6-phosphogluconate and reduce NADP<sup>+</sup> into <u>NADPH</u>
- 6-Phosphogluconate dehydrogenase (6PGD) oxidizes and decarboxylates 6-phosphogluconate into *Ribulose 5-phosohate*, with the release of <u>CO<sub>2</sub> and NADPH</u>

#### 2) Non-oxidative reversible phase (Reversible)

- After producing 2 Ribulose 5-phosphate from the oxidative phase
  - > The first ribulose 5-phosphate will be isomerized to *Ribose 5-Phosphate* by *isomerase* 
    - ✓ Ribose 5-phosphate can be used to *produce nucleotide*
  - > The other ribulose 5-phosphate is epimerized on C3 into *xylulose 5-phosphate* by *epimerase*
- Ribose 5-phosphate + xylulose 5-phosphate, produce sedoheptulose 7-phosphate , G3P by transketolase
- They are then converted into *fructose* 6-phosphate , erythrose 4-phosphate by transaldolase
- A third glucose can be converted into ribulose 5-phosphate by the oxidative phase
  - Ribulose 5-phosphate is epimerized into xylulose 5-phosphate
  - Xylulose 5-phosphate + erythrose 4-phosphate produce *fructose* 6-phosphate , G3P by *transketolase*
- Products of PPP:
  - > Oxidative Phase Alone per glucose molecule: 2 NADPH, 1 Ribulose 5-Phosphate, 1 CO<sub>2</sub>
  - Net process by consuming 3 glucose molecules: 2 Fructose 6-Phosphate, 1 G3P, 3 CO<sub>2</sub>, 6 NADPH
    - They can complete glycolysis to release energy and produce ATP
  - Net process by consuming 6 glucose molecules: 4 Fructose 6-Phosphate, 2 G3P, 6 CO<sub>2</sub>, 12 NADPH Or it could be: 5 Fructose 6-Phosphate, 6 CO<sub>2</sub>, 12 NADPH
- *Insulin* is released during the well-feed state (high glucose level) which upregulates the gene expression of G6PD enzyme (activation of PPP)
- High levels of **NADPH** inhibit PPP

- *Glucose 6-phosphate dehydrogenase (G6PD) deficiency:* Very Common genetic
  - > Characterized by *hemolytic anemia* (RBCs die earlier)
  - > 200 400 million individuals worldwide mainly in *Middle East*, <u>S.E.</u> <u>Asia</u>, <u>Mediterranean</u> <u>countries</u>
  - > *X-linked* inheritance (higher chance in males), caused by > 400 different mutations
    - ✓ Majority of these mutation are point mutations that cause missense in the gene expression
    - ✓ Large deletion or frame shift mutations are not observed
  - > Deficiency provides *resistance to falciparum malaria* (which attacks RBCs)
- RBCs die and regenerated each 120 days
- Precipitating factors in G6PD deficiency:
  - > Oxidant drugs: antibiotics (sulfamethoxazole), antimalaria (primaquine), antipyretics (acetanilid)
  - > Vicine and covicine in fava beans causes favism for G6PD patients
  - > Infection
  - Neonatal Jaundice
- G6PD Deficiency Variants:
  - Wild type B (G6PD <u>Normal</u>)
  - Class IV: no clinical symptoms (G6PD more than 60% activity)
  - ➤ African Variant A<sup>-</sup> (Class III): moderate with 2 point-mutations (G6PD 10-50% active)
  - Mediterranean Variant B<sup>-</sup> (Class II): severe (G6PD less than 10% active)
  - > *Class I*: <u>Very severe deficiency</u> (G6PD less than 2% active)
- NADH and NADPH are relatively similar in the structure
  - > NADH has an OH on C2 but NADPH has a phosphate group on C2
- They have different roles, used in specific pathways with specific enzymes
  - > NAD<sup>+</sup> is usually reduced in the <u>degradative</u> pathways
  - > NADPH is usually oxidized in the biosynthetic pathways
- NADH exists mainly in the *oxidized* form (NAD<sup>+</sup>)
- NADPH exists mainly in the *reduced* form (NADPH)
- In the cytosol of a hepatocyte:
  - > NADP<sup>+</sup>/NADPH = 1/10
  - >  $NAD^+/NADH = 1000/1$
- NADPH is used in:
  - **Reductive biosynthesis,** such as:
    - ✓ Biosynthesis of *fatty acids* (liver, lactating mammary glands, adipose tissue)
    - ✓ Biosynthesis of *steroid hormones* (Testes, ovaries, placenta, adrenal cortex)





- > Protection against ROS including hydrogen peroxide (H<sub>2</sub>O<sub>2</sub>), superoxide, hydroxy radical
  - ✓ ROS are formed continuously as by-products of aerobic metabolism and interaction with drugs and toxins and they can produce damage to cell components causing death
  - ✓ *Glutathione peroxidase:* which reduces H<sub>2</sub>O<sub>2</sub> by the *reducing agent glutathione* (GSH)
    - When GSH is oxidized it becomes GSSG (2 glutathione linked by disulfide bond)
    - GSH is a tripeptide (GSH reduced, GSSG oxidized)
    - GSH peroxidase requires *Selenium*
    - GSH is regenerated by <u>GSH reductase</u> (requires NADPH)
- Other enzymes that catalyze antioxidant reactions
  - Superoxide dismutase that converts superoxide (O2.) into hydrogen peroxide
  - Catalase (heme containing) converts hydrogen peroxide into water and O<sub>2</sub>
- Antioxidant chemicals: *Vitamin E*, *Vitamin C*, *Carotenoids* (vitamin A)
- Sources of ROS in the cell:
  - > *Oxidases:* they mostly produce H<sub>2</sub>O<sub>2</sub> (peroxidase)
    - Oxidases are confined to sites equipped with protective enzymes

#### > Oxygenase

- ✓ Monooxygenases (hydroxylases) such as Cytochrome P450 (CYP)
  - CYP is a super family of structurally related enzymes of mixed function
  - They are found in the *mitochondria* (synthesis by hydroxylation of *steroids*, *bile acids*, active form of *Vitamin D*) and *microsomes* (*detoxification* of foreign compounds, activation or inactivation of *drugs* and solubilization to facilitate excretion in urine or feces)
  - It contains heme which contains *iron in the ferrous* state
  - Cytochrome P450 can accidentally release free radical intermediates
- ✓ *Dioxygenases* in the synthesis of *prostaglandins*, *thromboxane*, *leukotrienes*

#### **Coenzyme Q in Respiratory chain**

- ✓ It is the *major source* of free radicals by *accidental non-specific interaction*
- ✓ The mitochondria is an O<sub>2</sub>-rich environment, this O<sub>2</sub> may be converted into  $(O_{2^{\bullet}})$  by CoQ
- ✓ O<sub>2</sub> is converted into water by complex IV in the respiratory chain (*binuclear center*) which prevents the release of free radicals

#### **Respiratory Burst (during phagocytosis)**

- ✓ Large amounts of ROS and RNOS are required for the destruction of the microbe
- ✓  $O_2$  is converted into *superoxide* ( $O_2$ •<sup>−</sup>) by NADPH oxidase
- $O_2^{\bullet}$  is converted spontaneously into *hydrogen peroxide* (H<sub>2</sub>O<sub>2</sub>)
- ✓ Myeloperoxidase (Heme containing) converts H<sub>2</sub>O<sub>2</sub> into hypochlorous acid (OCI<sup>-</sup>) or hydroxyl free radical (OH•)





#### ▶ **Ionizing radiation** OH• by X-ray and UV light

- NO and Reactive Nitrogen Oxygen Species (RNOS)
- NO is a neurotransmitter that diffuse readily (gaseous), and it is essential for life but also toxic
  - It causes *muscle relaxation*, *prevent platelet aggregation*, neurotransmitter and *vasodilator*, mediate *tumoricidal and bactericidal* effect in macrophages
  - At high concentration NO can combine with O<sub>2</sub> or O<sub>2•</sub> producing RNOS which are involved in <u>neurodegenerative diseases</u> and <u>inflammatory diseases</u>
- NO synthase converts *arginine* amino acid into citrulline with the production of NO
  - ▶ It involves the *oxidation of NADPH* into NADP+
  - > It uses many coenzymes including FMN, FAD, heme, tetrahydrobiopterin
- NO synthase has 3 isoforms:
  - > nNOS: in the <u>neural</u> tissue
  - > eNOS: in the <u>endothelial</u> tissue
    - ✓ NO in the endothelium causes vasodilation by activating *guanylyl cyclase*, producing cGMP which activates PKG, which phosphorylates Ca<sup>+2</sup> channels which decreases Ca<sup>+2</sup> in the smooth muscles cause their relaxation and vasodilation which lowers the blood pressure
  - > iNOS: inducible form of NOS which requires a stimulus to be transcribed, synthesized and activated
    - ✓ It is used in many <u>immune cells</u>, induced by *TNF alpha* and *interferons*
    - ✓ It is  $Ca^{+2}$  independent

# **Past Papers**

### 1. About PPP, which is true?

- A. First phase is oxidative & reversible while the second is non-oxidative & irreversible
- B. PPP produces pentoses and NADH
- C. Transketolases and transaldolases are used to transfer 2 & 3 carbons
- D. There is production of ATP
- 2. Which one is a correct pair of amino acid precursor & its hormone?
  - A. Tyrosine Melatonin.
  - B. NO Arginine
  - C. Tryptophan GABA

3. What enzyme catalyzes the synthesis of reactive nitrogen in phagocytes?

- A. eNOS
- B. nNOS
- C. iNOS
- **D**. P450
- 4. (Xylulose 5 Phosphate + Ribose 5 Phosphate → A + B). Considering this reaction, choose the TRUE answer:
  - A. The products are Erythrose 4-phosphate and fructose 6 phosphate.
  - B. The products are aldose and ketose.
  - C. It involves the transfer of one carbon group.
  - D. It is catalyzed by transaldolase
  - E. It is an irreversible reaction
- 5. (6-phosphogluonate + A  $\rightarrow$  B + C), What are substance B and C in this reaction?
  - A. NADPH + CO2
  - **B**. FADH2 + CO2
  - C. NADP+ + CO2
  - $\mathbf{D}. \mathbf{NAD} + \mathbf{H2O}$
  - **E**. ADP + Pi
- 6. All of the following regarding the oxidized form of glutathione are correct EXCEPT:
  - A. It is the substrate of glutathione peroxidase.
  - B. One molecule of the oxidized form contains two sulfur atoms
  - C. It is converted to the reduced form in an NADPH requiring reaction
  - D. Its level in the RBC is increased in patients with G6PD deficiency.
  - E. H<sub>2</sub>O<sub>2</sub> leads to increase in oxidized/reduced ratio



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