

- Thus far, you have studied various pathways including, Glycolysis, Gluconeogenesis, synthesis and degradation of fatty acids, Pentose phosphate pathway, glycogen synthesis and degradation, Monosaccharides etc. Now we will study the metabolism of amino acids which contribute significantly to the generation of metabolic energy. carnivores 90% herbivores very little.

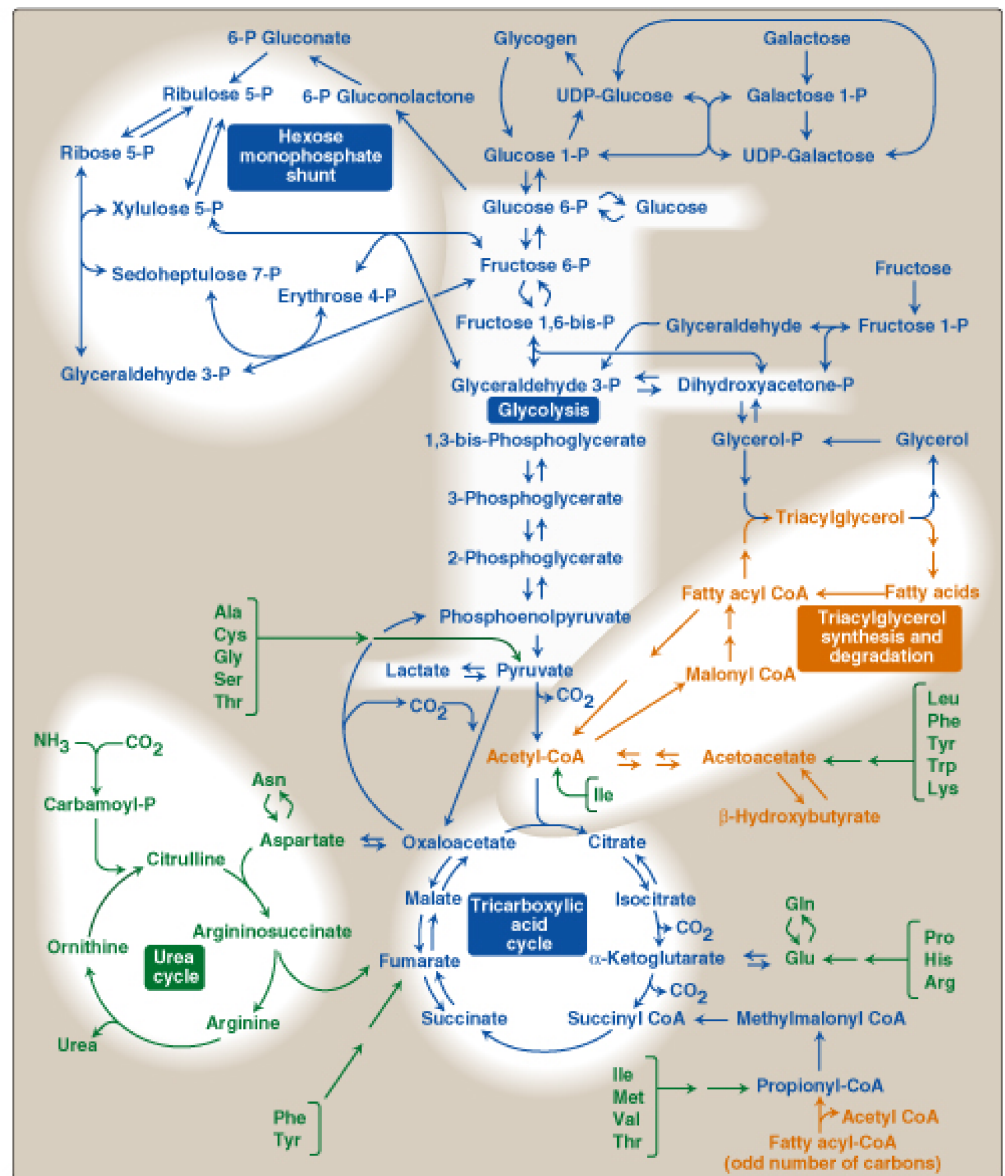
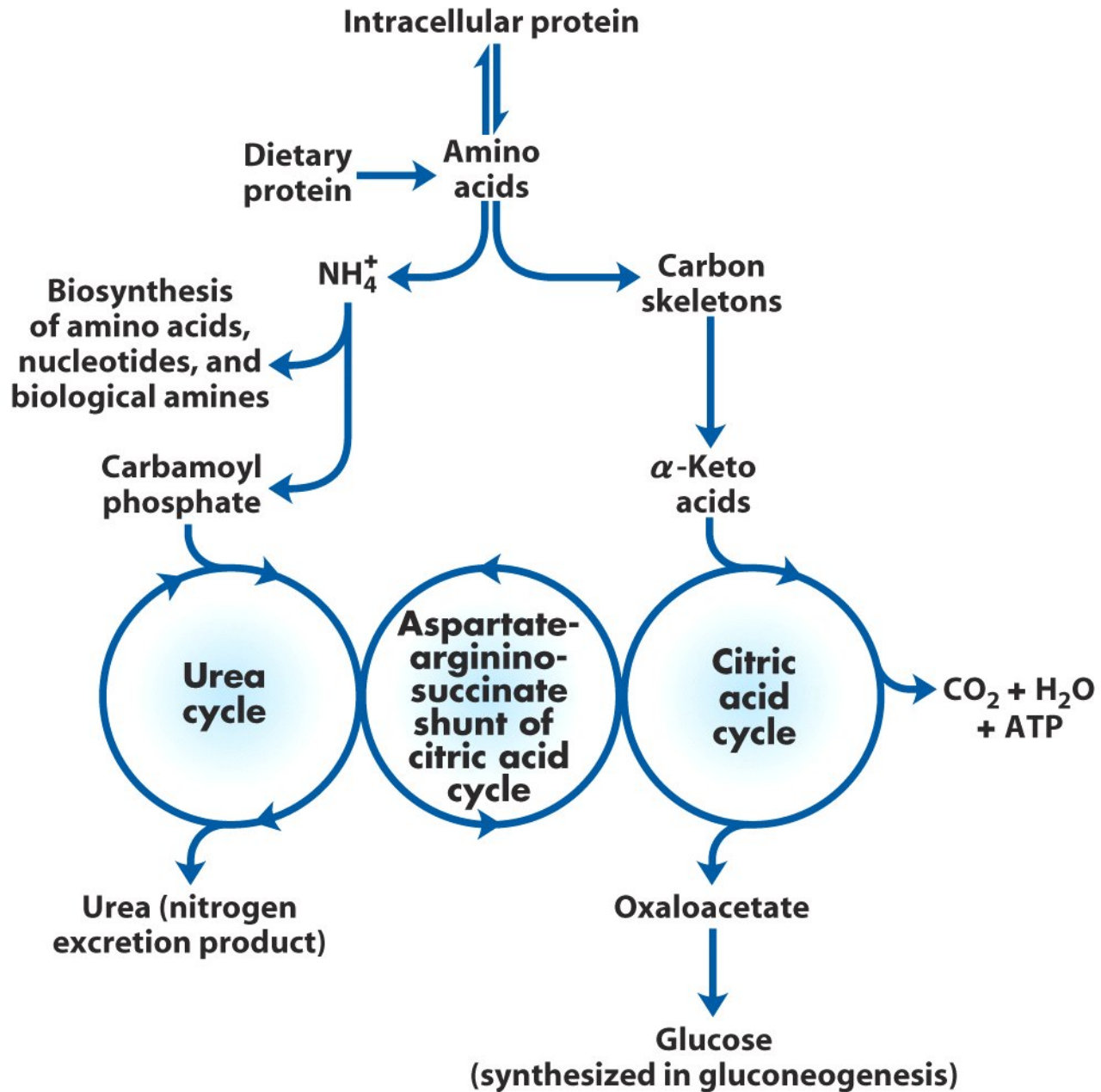
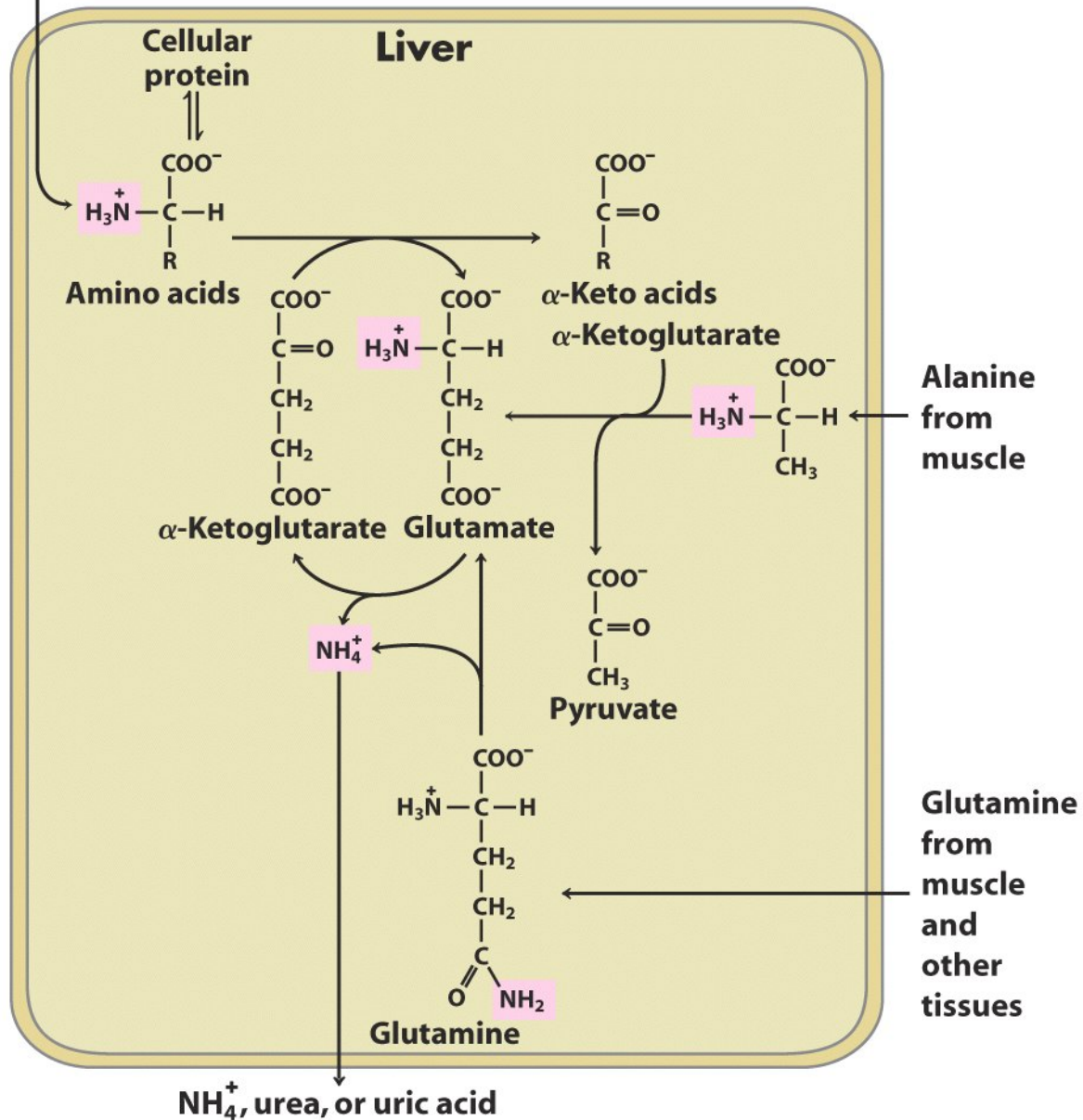


Figure 8.2

Important reactions of intermediary metabolism. Several important pathways to be discussed in later chapters are highlighted. Curved reaction arrows (↩) indicate forward and reverse reactions that are catalyzed by different enzymes. The straight arrows (↔) indicate forward and reverse reactions that are catalyzed by the same enzyme. Key: **Blue text** = intermediates of carbohydrate metabolism; **brown text** = intermediates of lipid metabolism; **green text** = intermediates of protein metabolism.



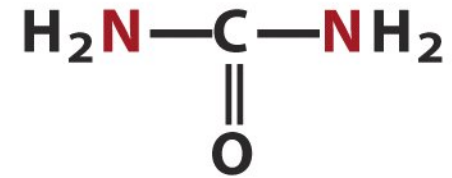
Amino acids from ingested protein





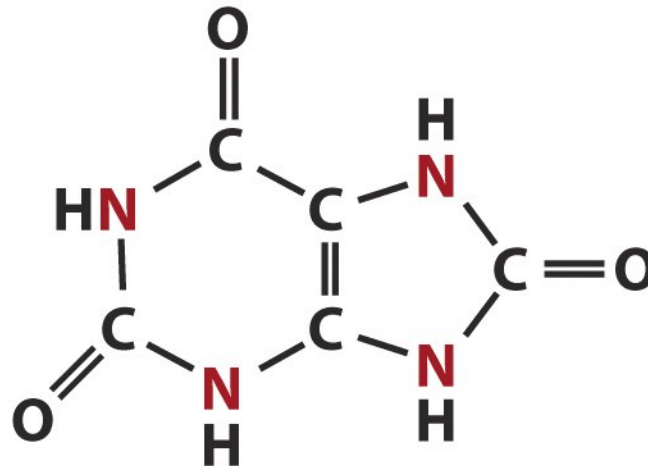
**Ammonia (as
ammonium ion)**

**Ammonotelic animals: most
aquatic vertebrates, such as bony
fishes and the larvae of amphibia**



Urea

**Ureotelic animals:
many terrestrial
vertebrates; also sharks**



Uric acid

Uricotelic animals: birds, reptiles

So lets begin metabolism of amino acids in the dietary protein intake and the enzymes involved in degradation. In humans this occurs in the gastrointestinal tract.

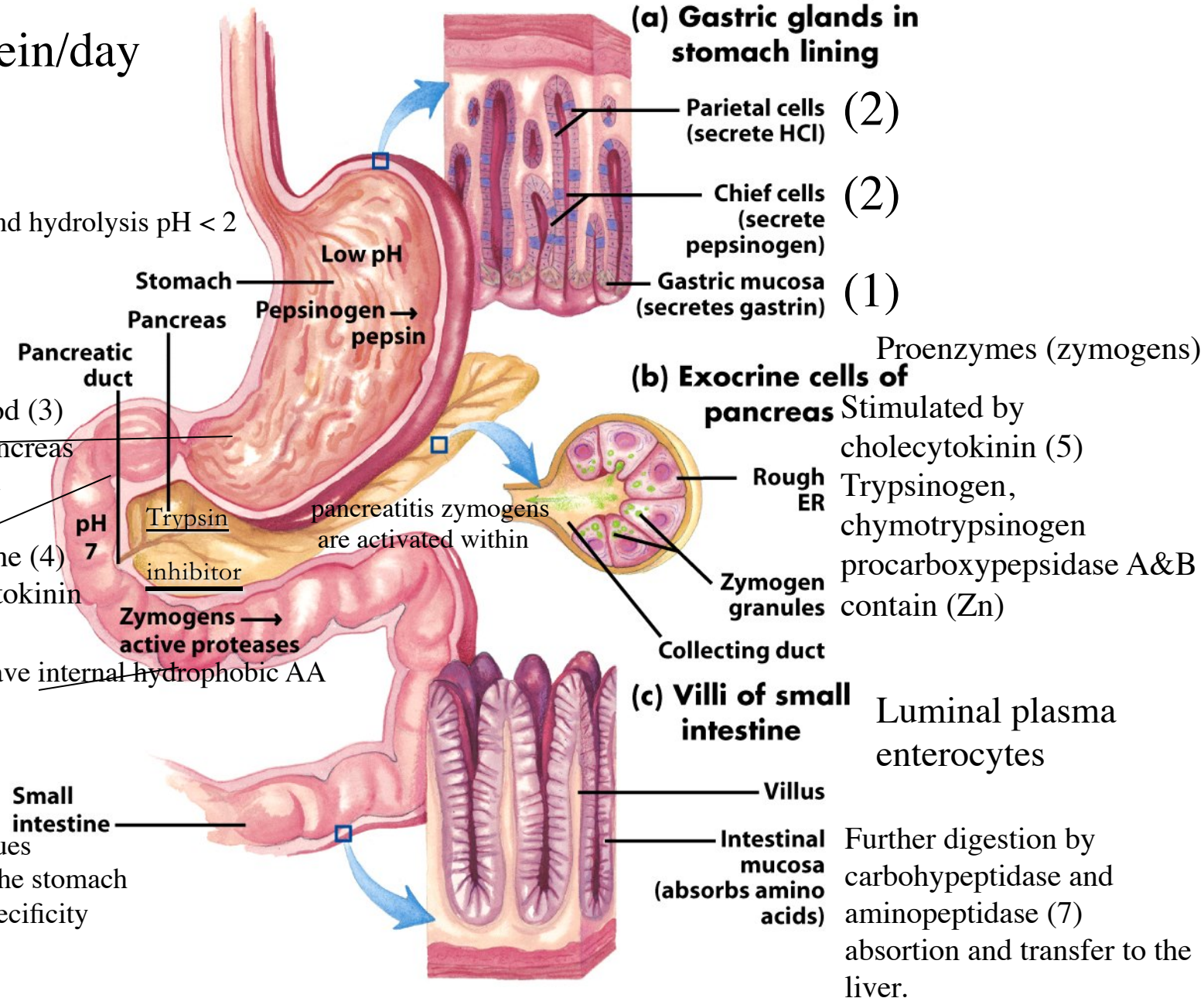
30 g of protein/day

Protein denaturation and hydrolysis pH < 2

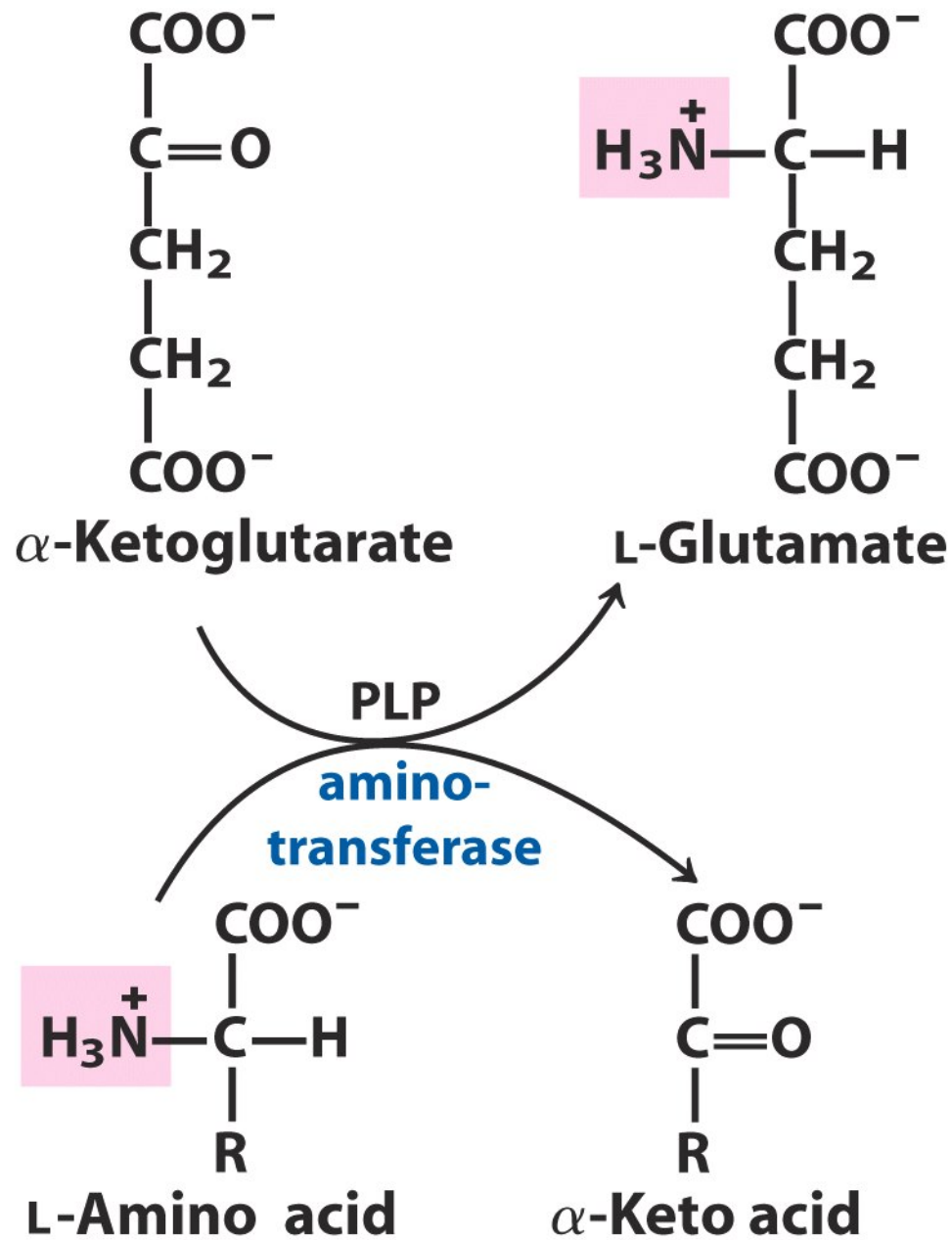
Secretin into the blood (3) and stimulated the pancreas to release bicarbonate

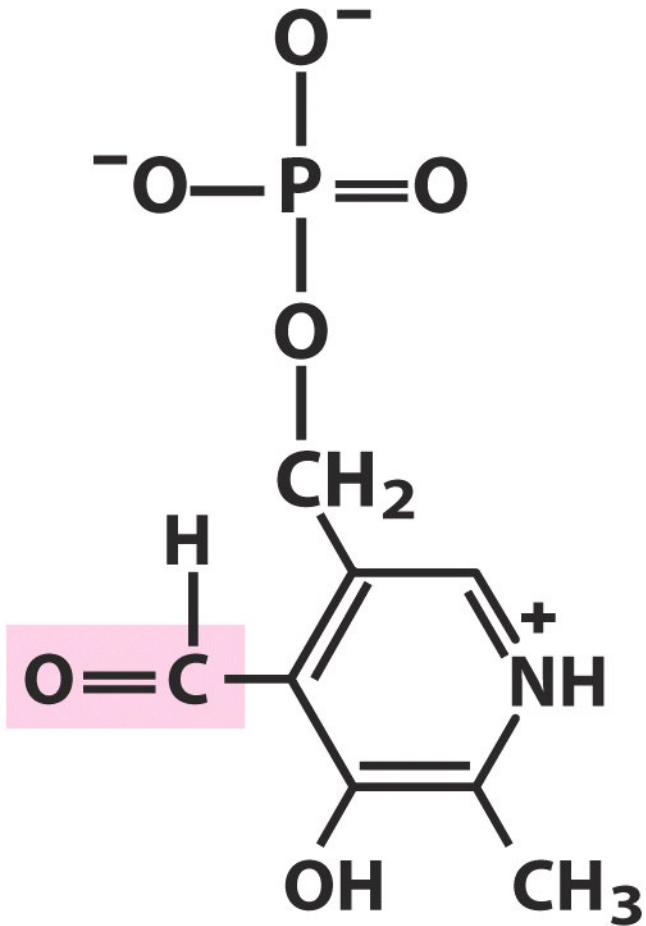
amino acids induce the (4) secretion of cholecystokinin

entereptidase (6) cleave internal hydrophobic AA converts **trypsin** which activates Trypsinogen, **Chymotrypsinogen**, procarboxypepsidase, and proelastase continues what pepsin started in the stomach different amino acid specificity



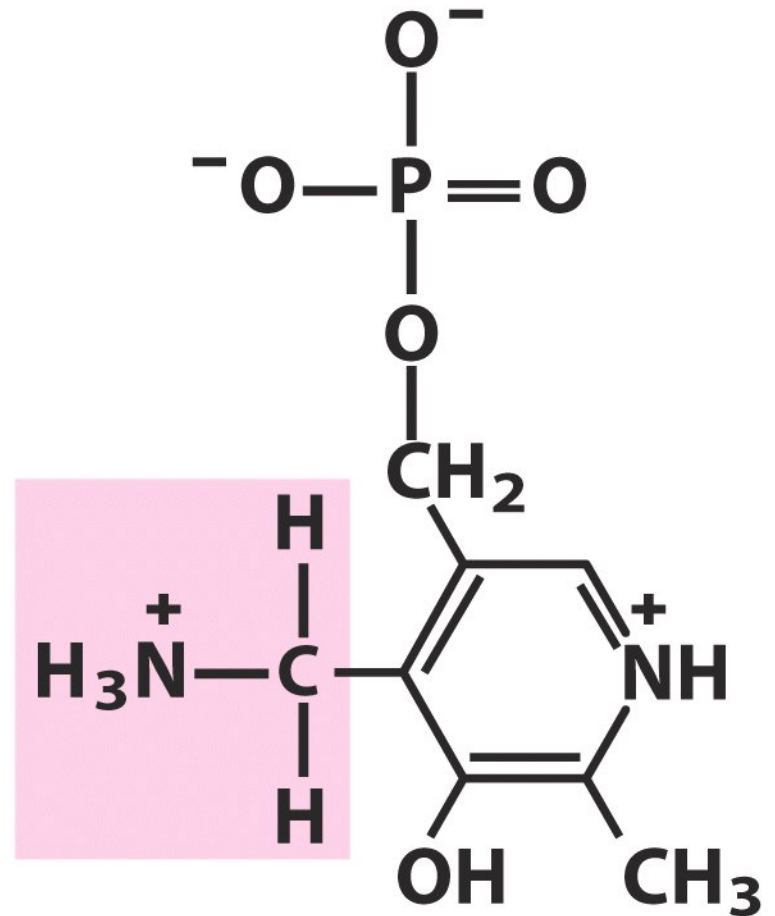
- Once in the liver amino acids are metabolized through the removal of the amino group and consequent formation of the alpha keto acid. The α -amino keep amino acids safe from oxidation. Once removed the N can be incorporated into other molecules or excreted as urea. N can be used for the synthesis of porphyrins, neurotransmitters, hormones, purines and pyrimidines. The enzymes involved in the removal of the α -amino are called aminotransferases or transaminases.





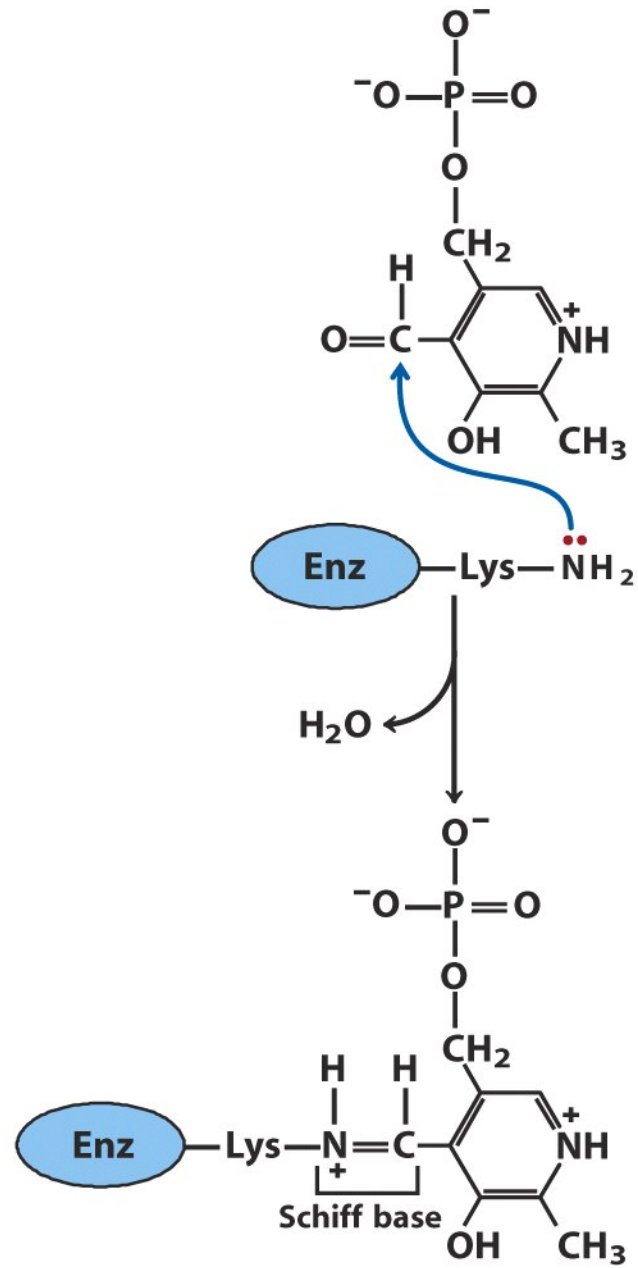
**Pyridoxal phosphate
(PLP)**

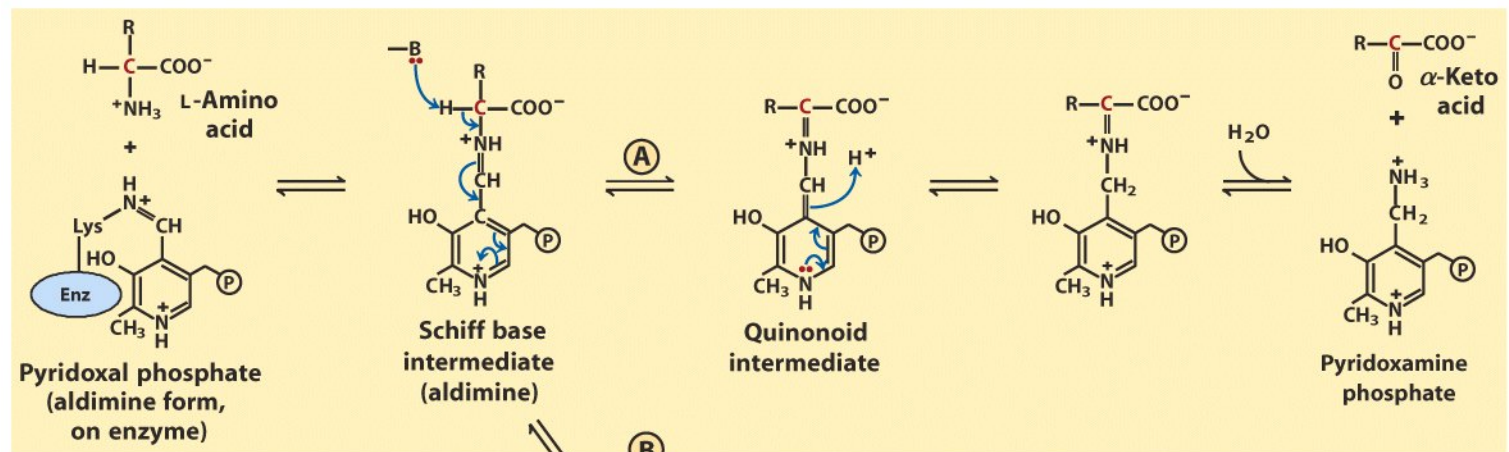
Aldehyde form accepts
amino groups



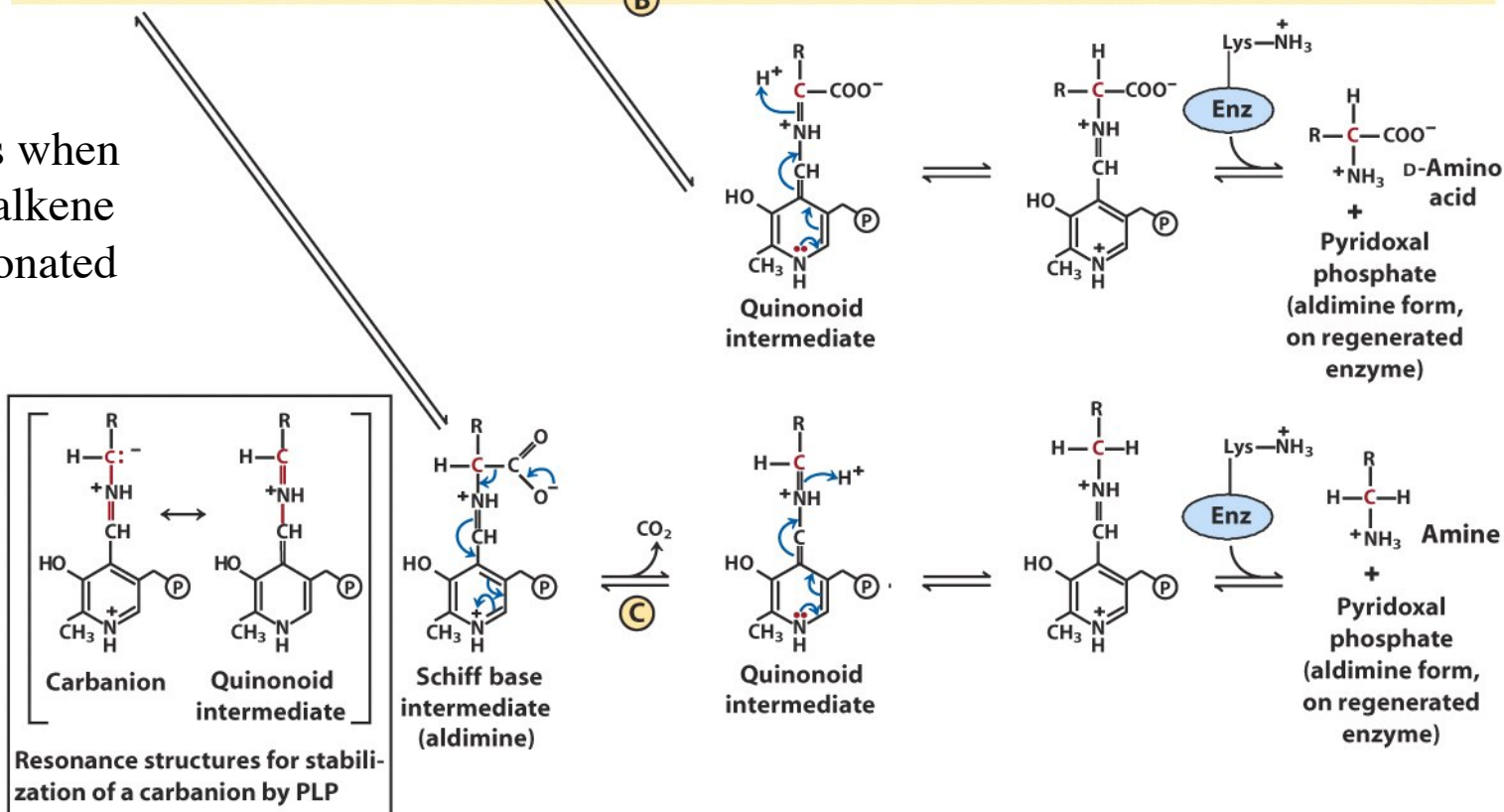
**Pyridoxamine
phosphate**

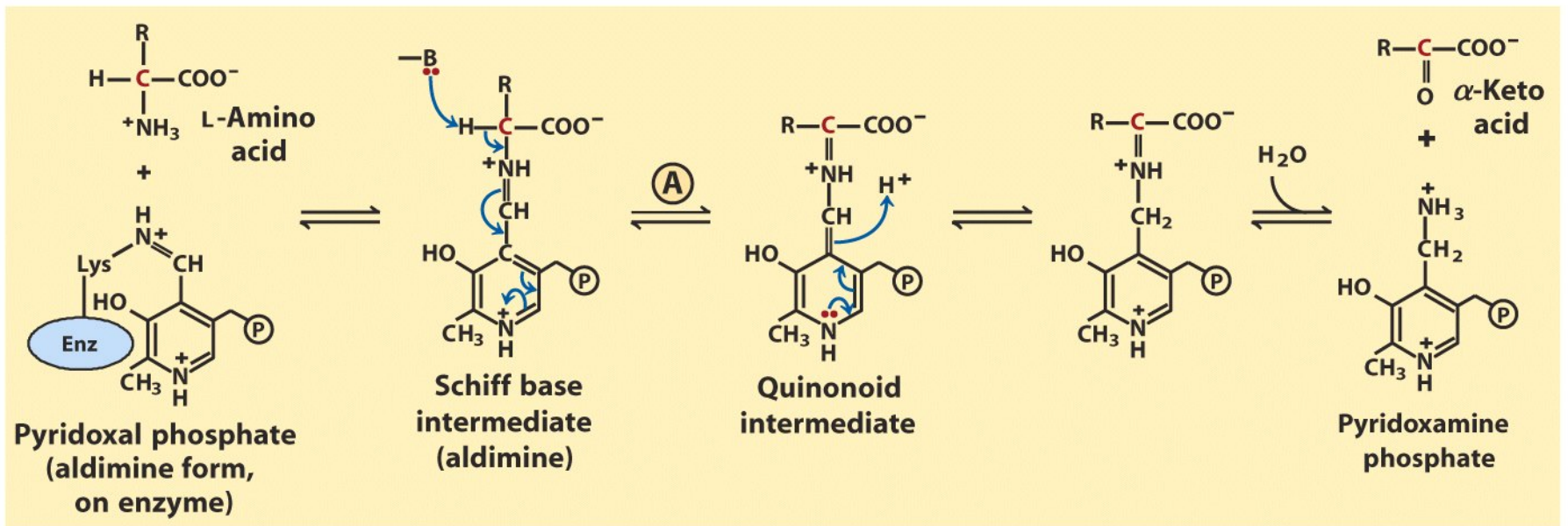
Aminated form donates to
alpha ketoglutarate



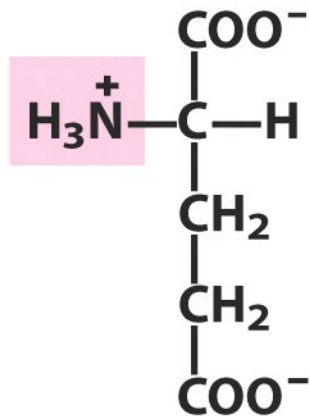


Occurs when upper alkene is protonated



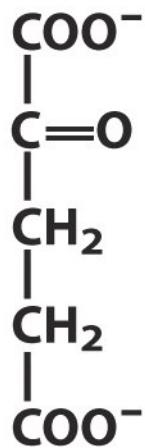


oxidative deamination

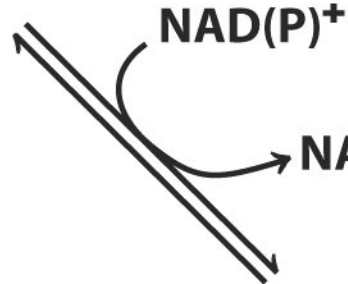


Glutamate

Glutamate is transferred to the mitochondria in liver where it releases ammonia

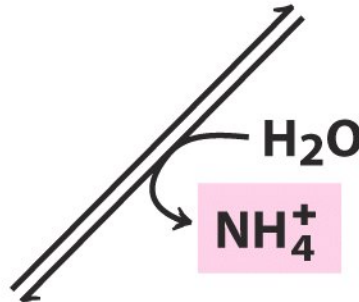
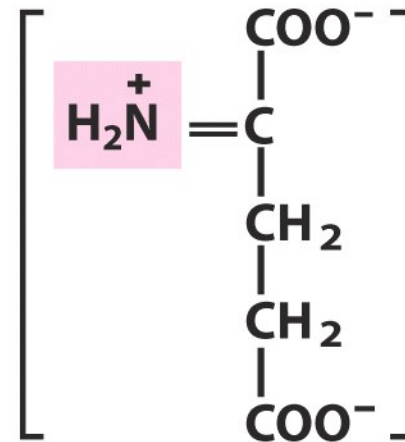


α -Ketoglutarate



L-glutamate dehydrogenase (+ADP, - GTP)

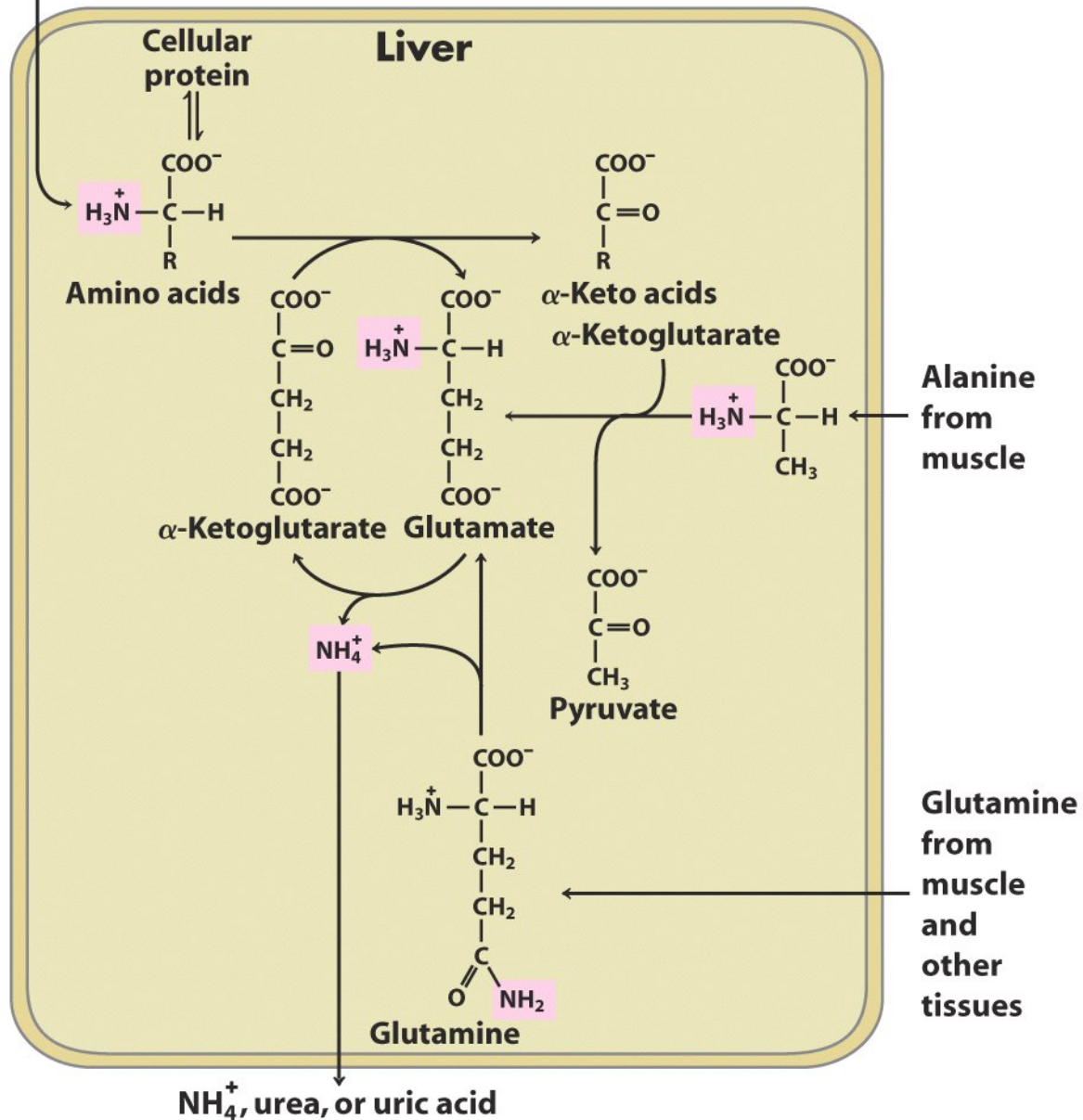
mutations on the GTP binding site in humans cause hyperinsulinism-hyperammonemia



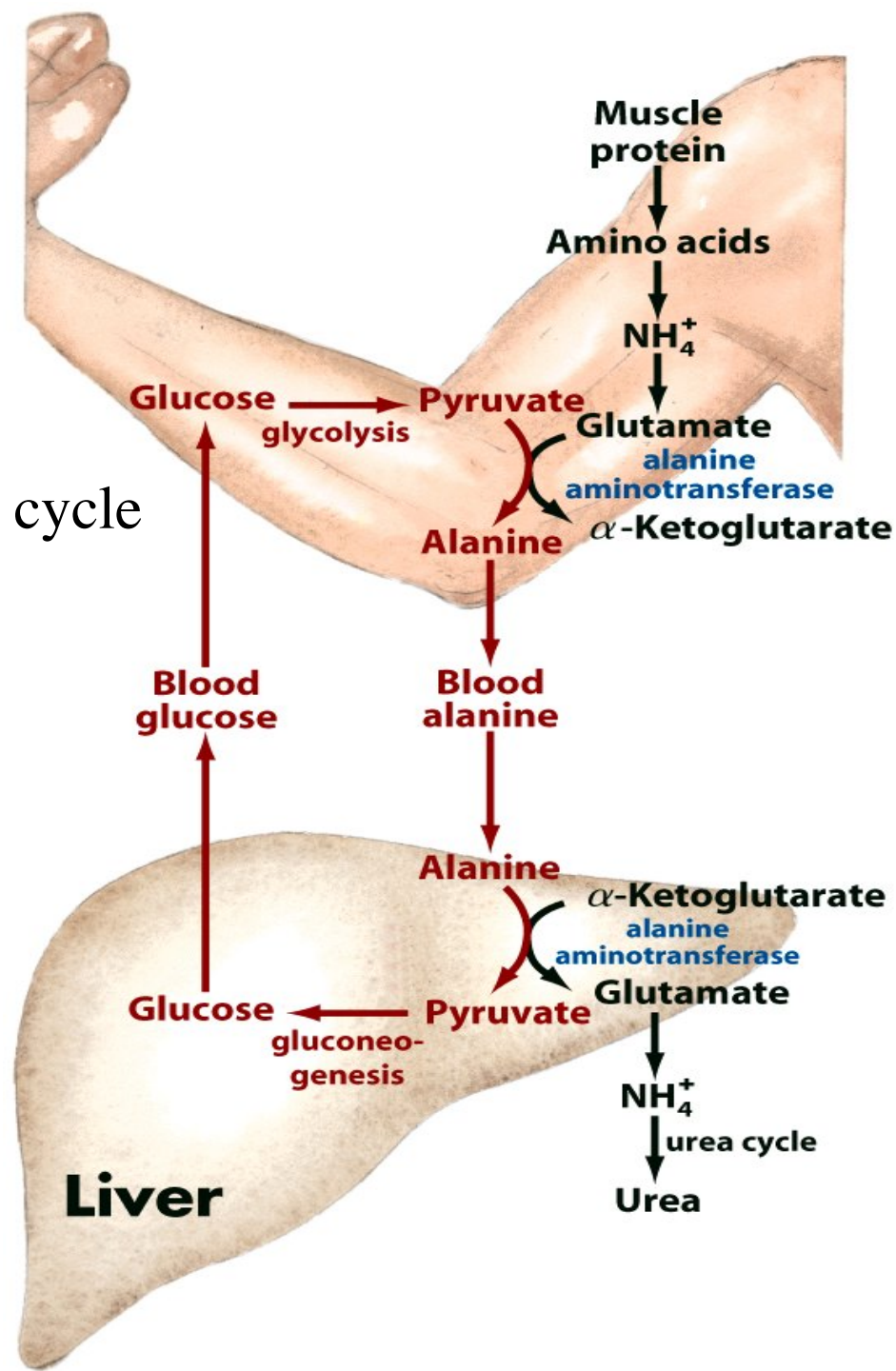
Ammonia is toxic to animal tissues (can cause edema in the brain) High levels of Glutamine (osmolarity) low levels of glutamate (- neurotransmitters). and the blood levels are regulated. It is converted to nontoxic forms before exported from extrahepatic tissues. Transported to liver and kidneys. It is transported to the liver in two forms

- Ammonia toxicity, comatose conditions
- cerebral edema (increase brain water content) increase cranial pressure
- speculations centers in ATP depletion
- increase in glutamate dehydrogenase
increase ammonia leads to increase
glutamine (glutamine synthetase) which
acts as an osmotic solute in brain astrocytes
leading to swelling. depletion of glutamate
and derivative gamma aminobutyrate
(GABA) are important neurotransmitters so
there could also be a depletion of
neurotransmitters.

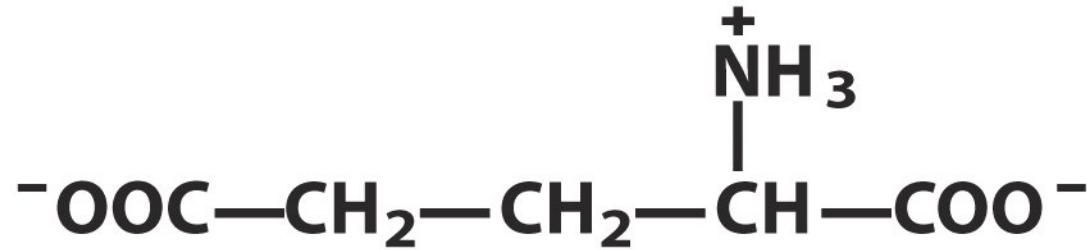
Amino acids from ingested protein



glucose-alanine cycle



Assays for tissue damage ALT (SGPT) and AST (SGOT) after heart attacks creatine kinase (SCK) and liver damage

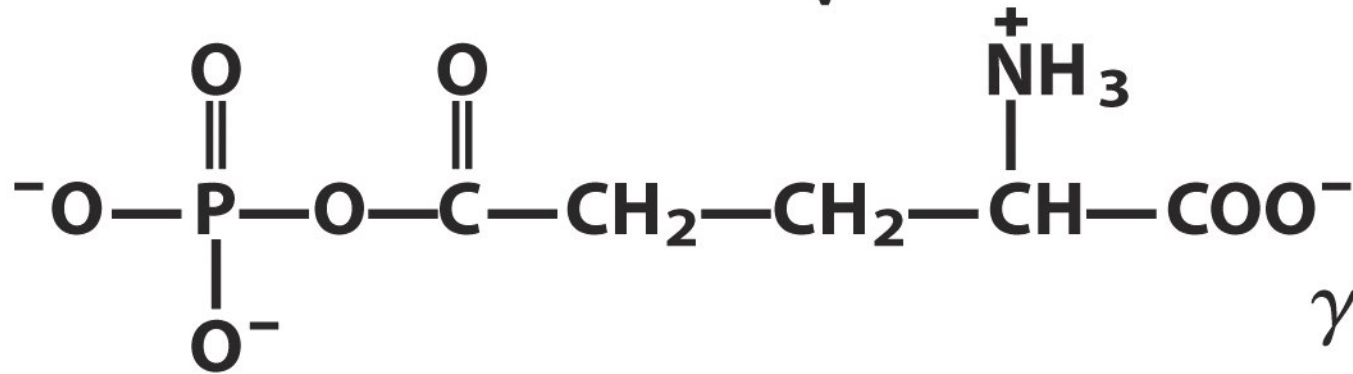


L-Glutamate

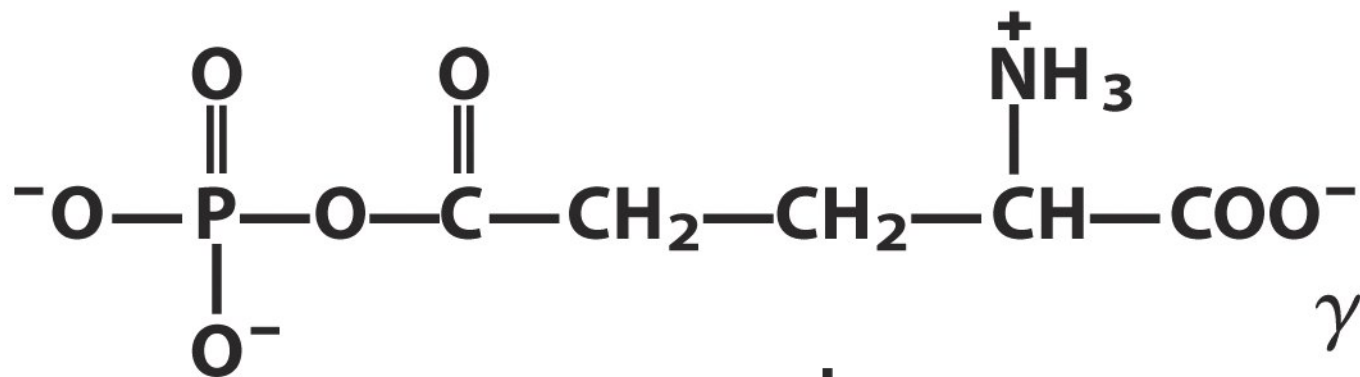
**glutamine
synthetase**

ATP

ADP

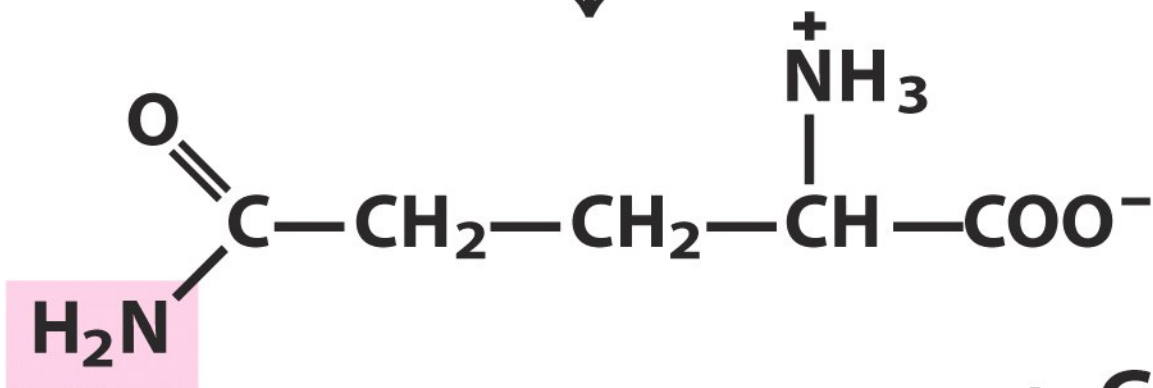


**γ -Glutamyl
phosphate**

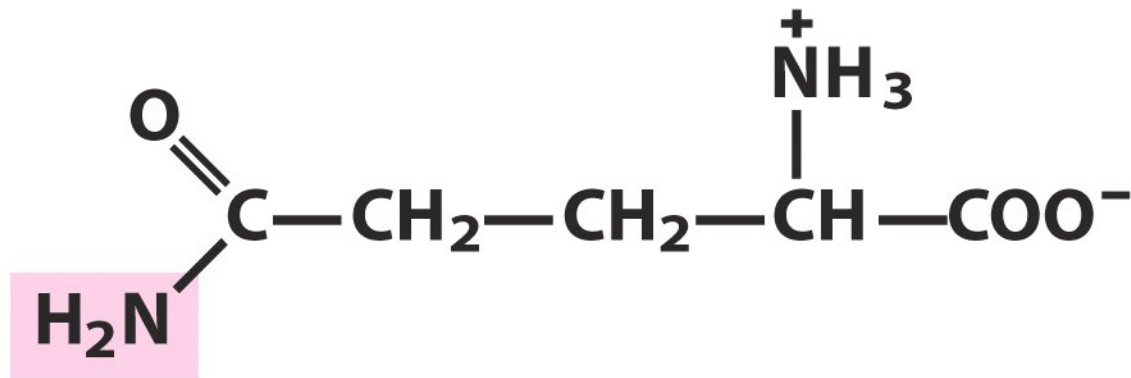


**γ -Glutamyl
phosphate**

**glutamine
synthetase**

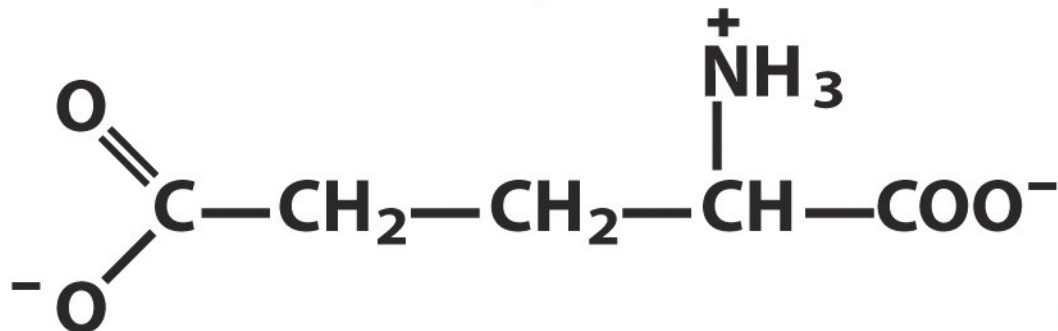


L-Glutamine

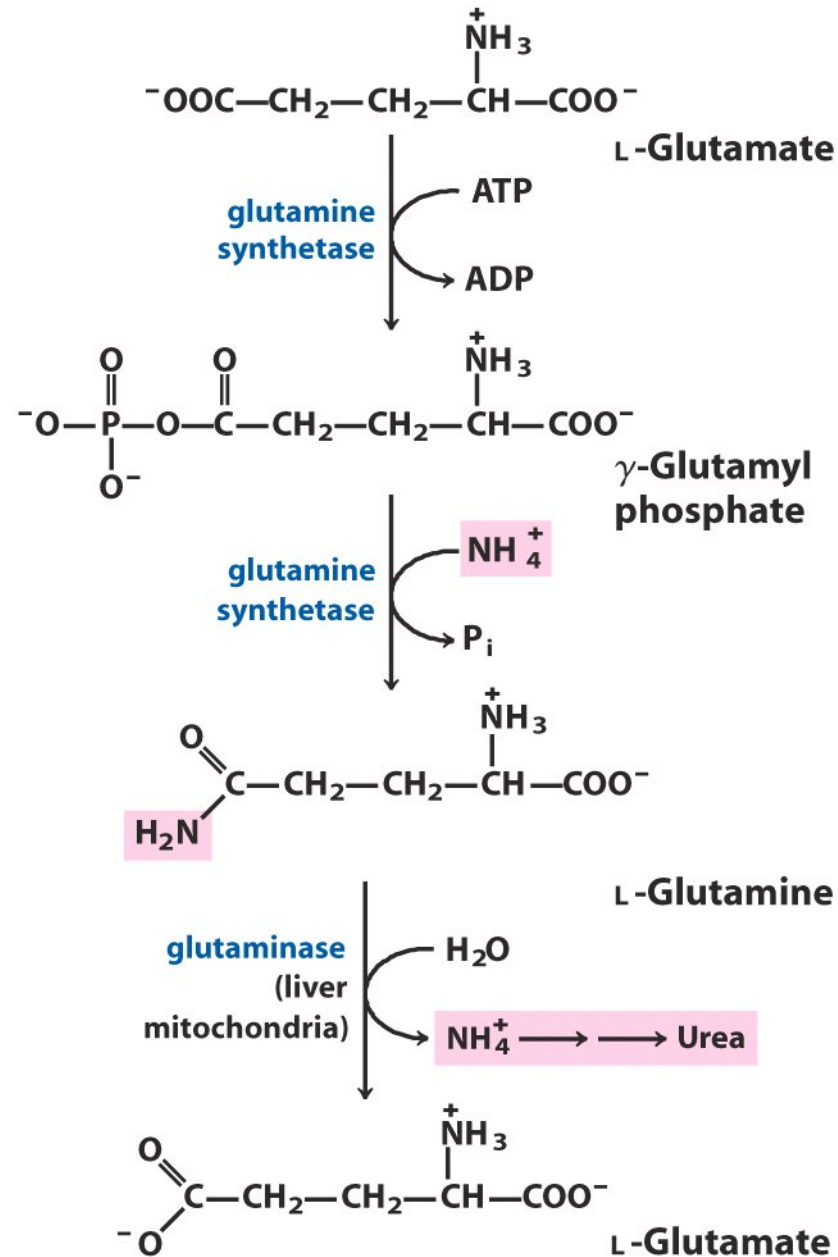


L-Glutamine

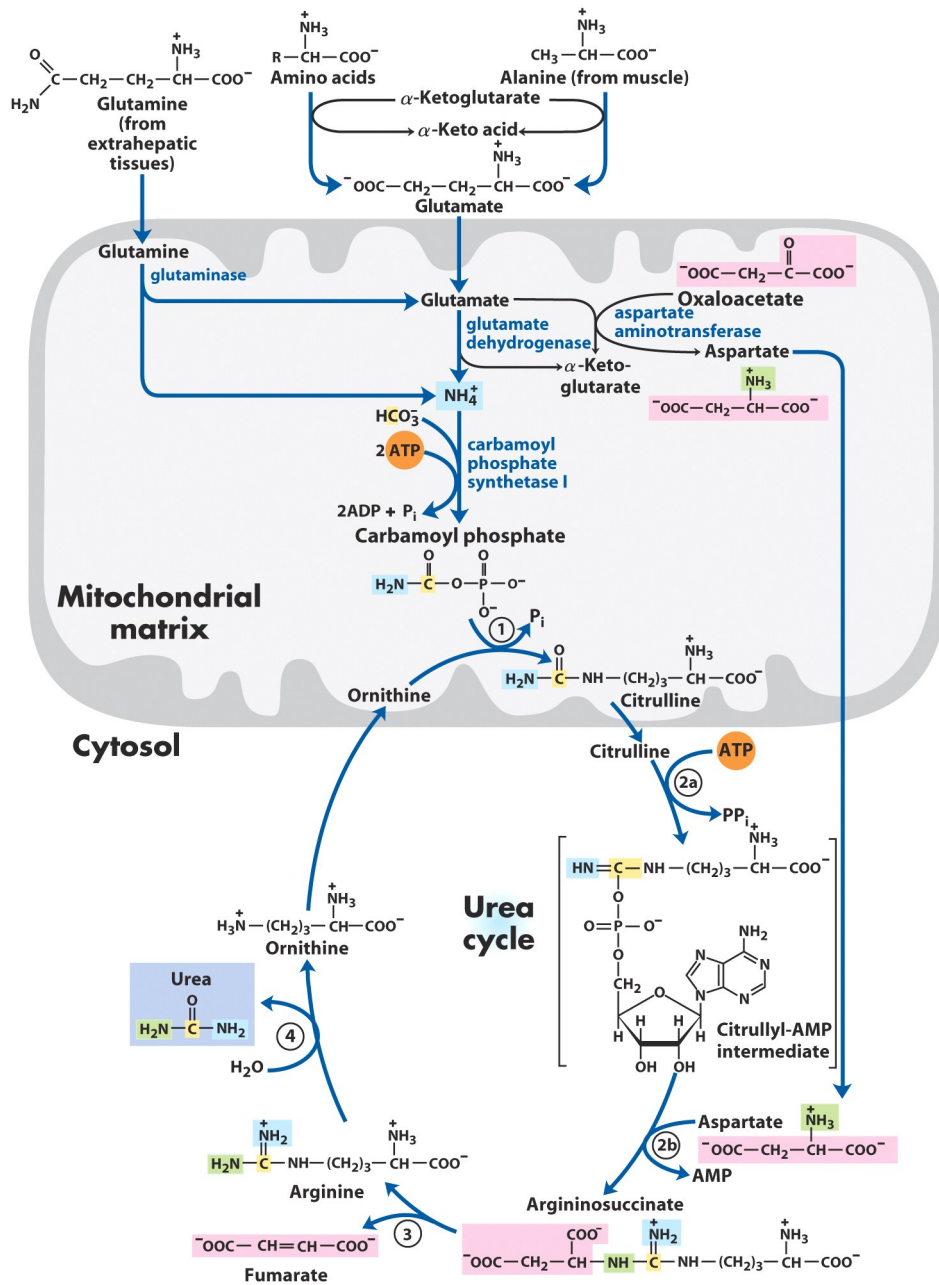
glutaminase
(liver
mitochondria)

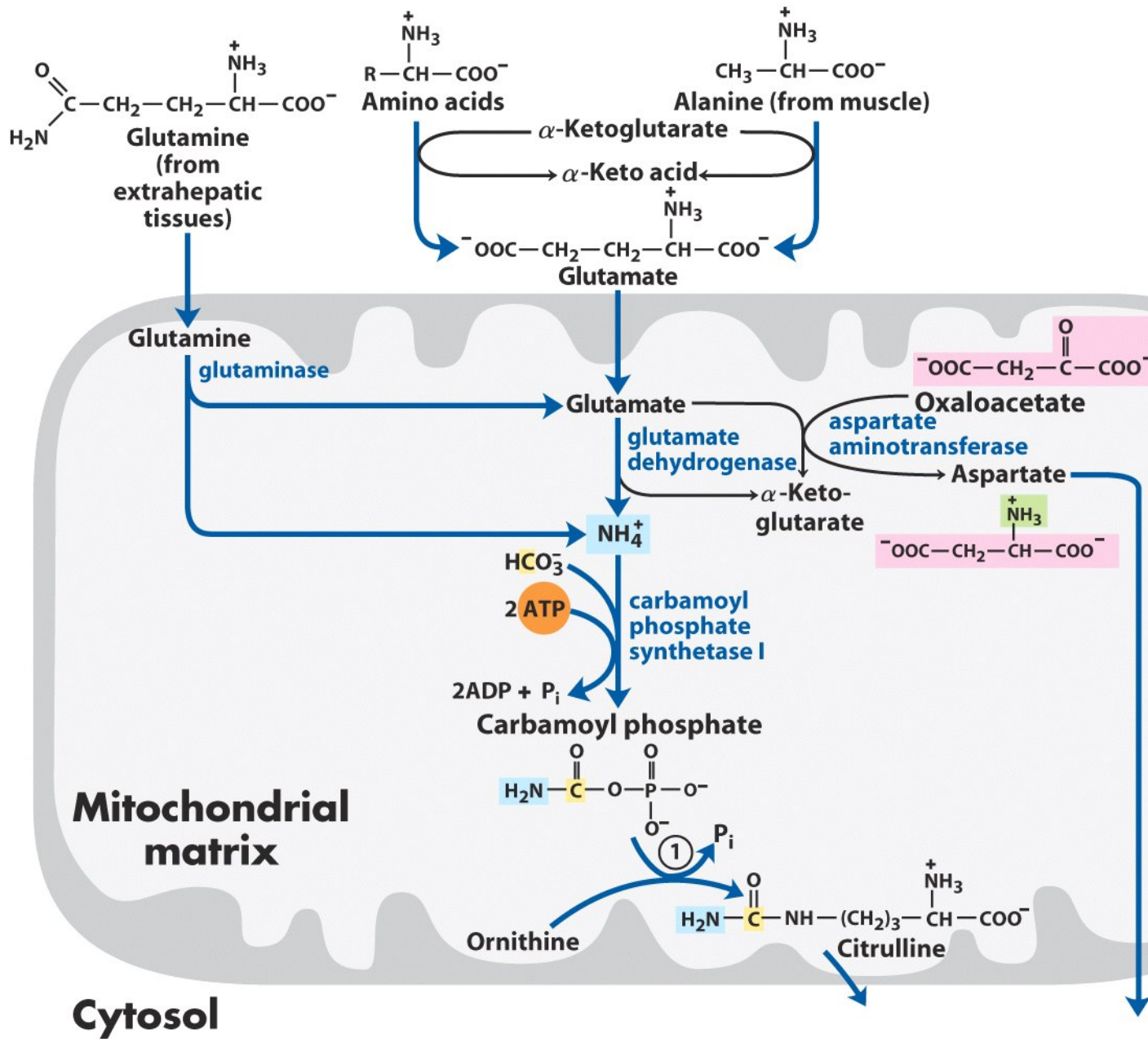


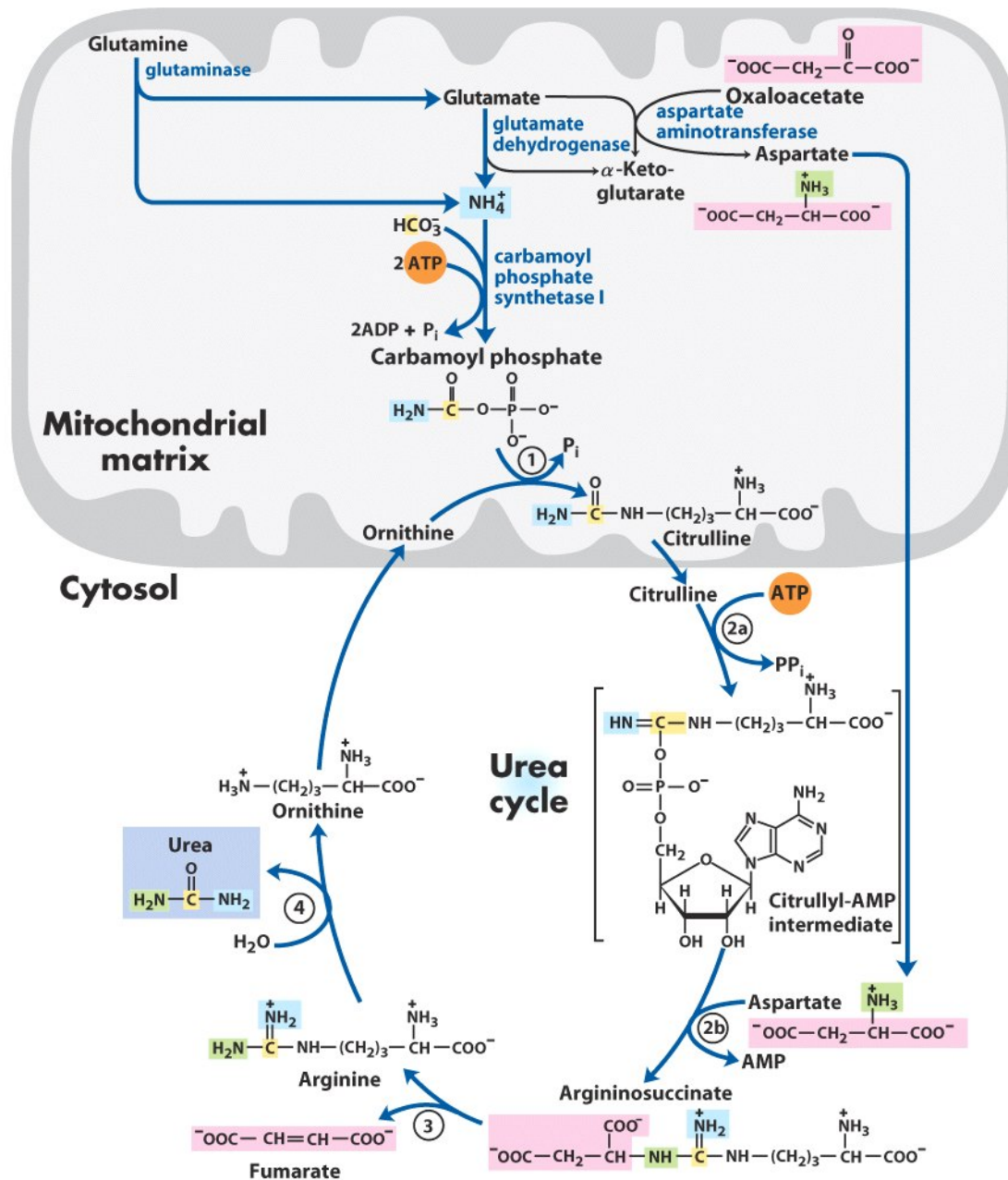
L-Glutamate

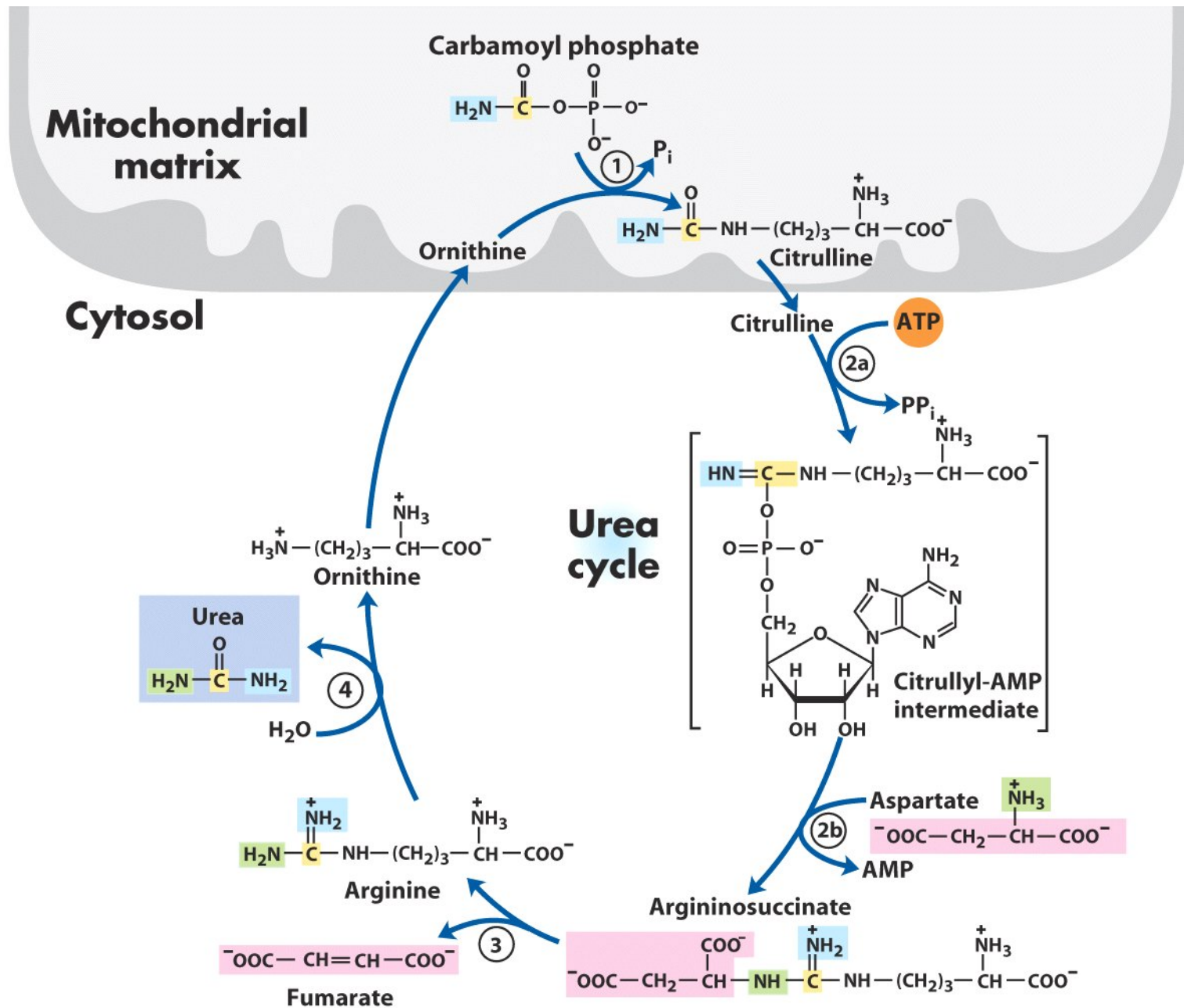


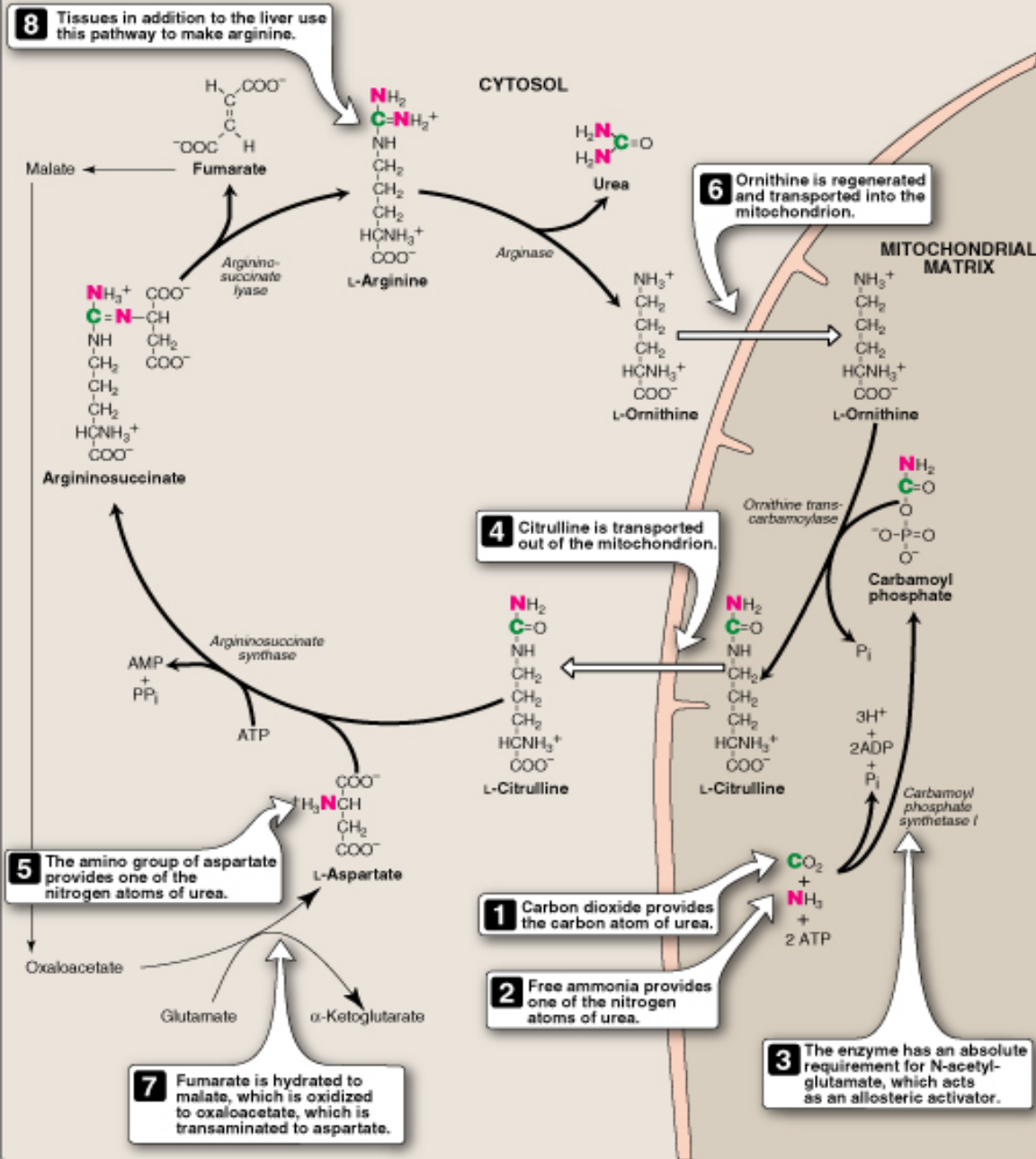
- Nitrogen excretion and the Urea Cycle
- Urea is produced from ammonia in five enzymatic steps (the cycle has 4) it begins inside the mitochondria. Two non-coding amino acids are very important in the cycle. Ornithine and citrulline







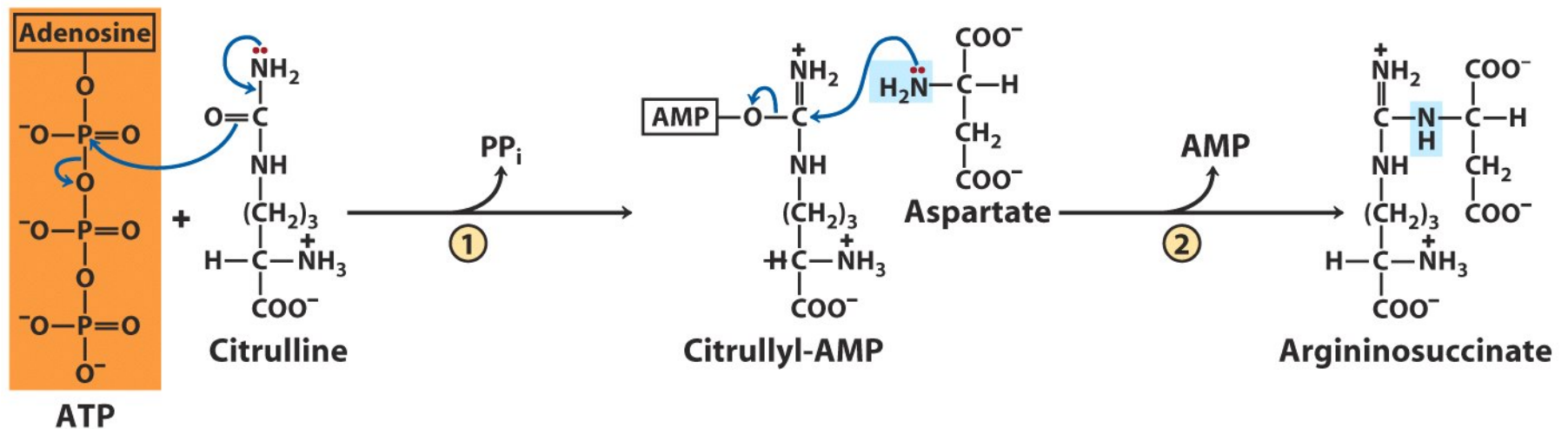
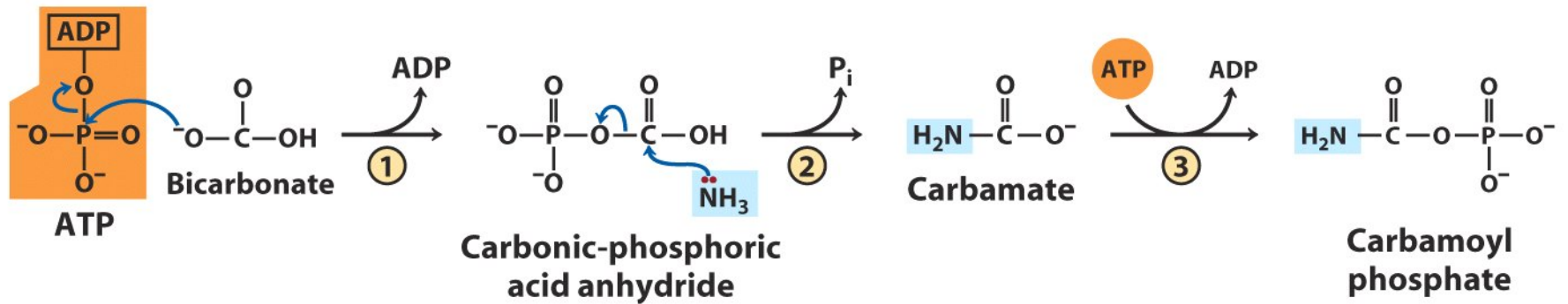


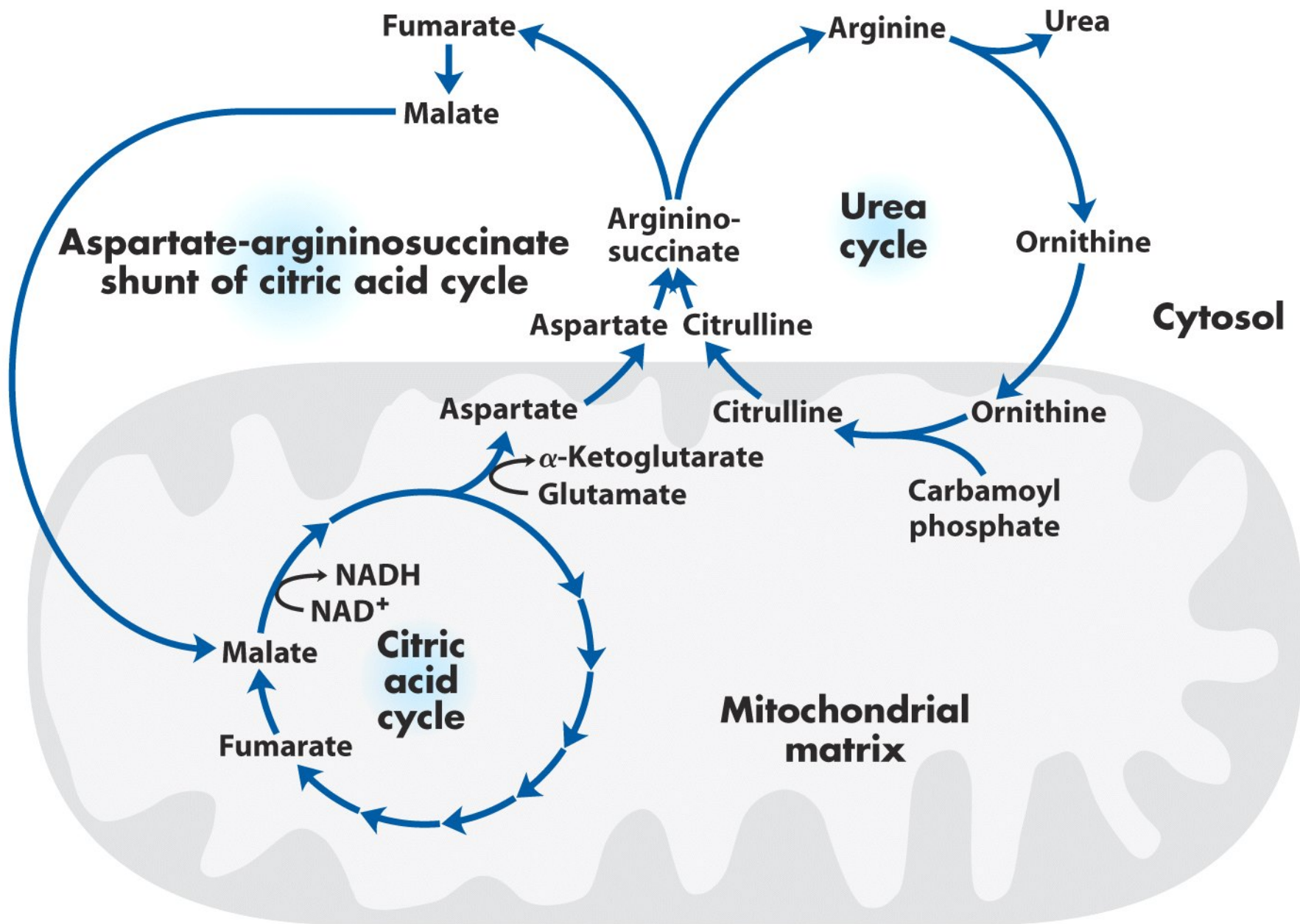


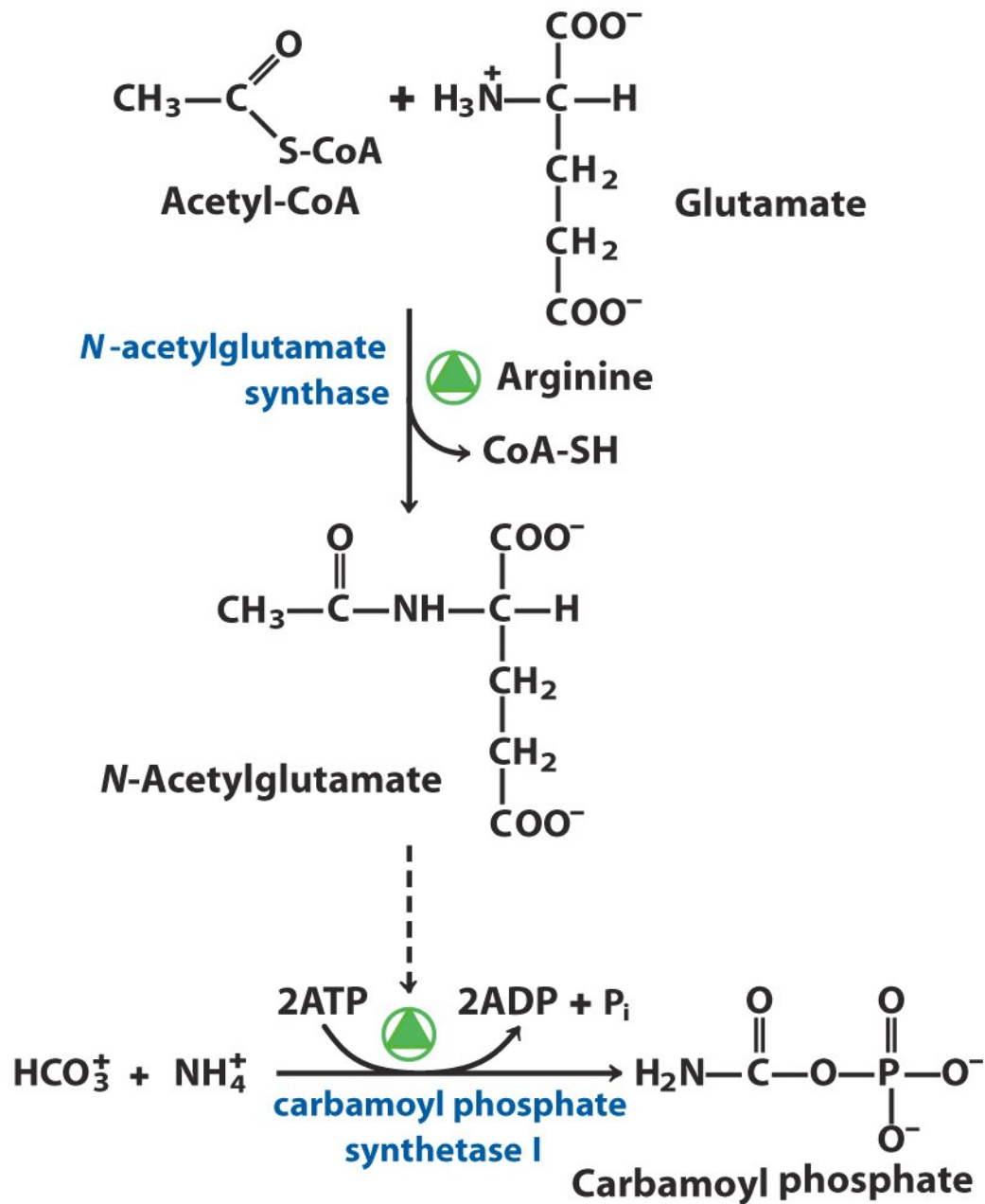
Reactions of the Urea cycle The formation of carbamoyl phosphate (CO_2 provides the Carbon for Urea and free ammonia provides one of the nitrogen atoms of urea forming the previous compound **Carbamoyl phosphate synthetase 1**) uses an ATP. This step requires N-acetylglutamate as activator of the enzyme. **Carbamoyl phosphate synthetase 2** does not require the activator and is used in biosynthesis of pyrimidines. Citrulline is then formed from L-Ornithine (**2**) **ornithine transcarbamoylase**). Ornithine is regenerated in each cycle similar to oxaloacetate. The formation of citrulline liberates an inorganic phosphate. Notice that these rxs occur in mitochondria. Arginosuccinate is then synthesized from aspartate in the cytosol as it condenses with citrulline (**3**) **Arginosuccinate synthetase**, the amino group of aspartate provides 2nd nitrogen of Urea. Cleavage of

Figure 19.14
Reactions of the urea cycle.

arginosuccinate to yield Arginine & fumarate (**4**) **arginosuccinate lyase**). Arginine is the precursor of urea, fumarate is hydrated to malate (TCA)







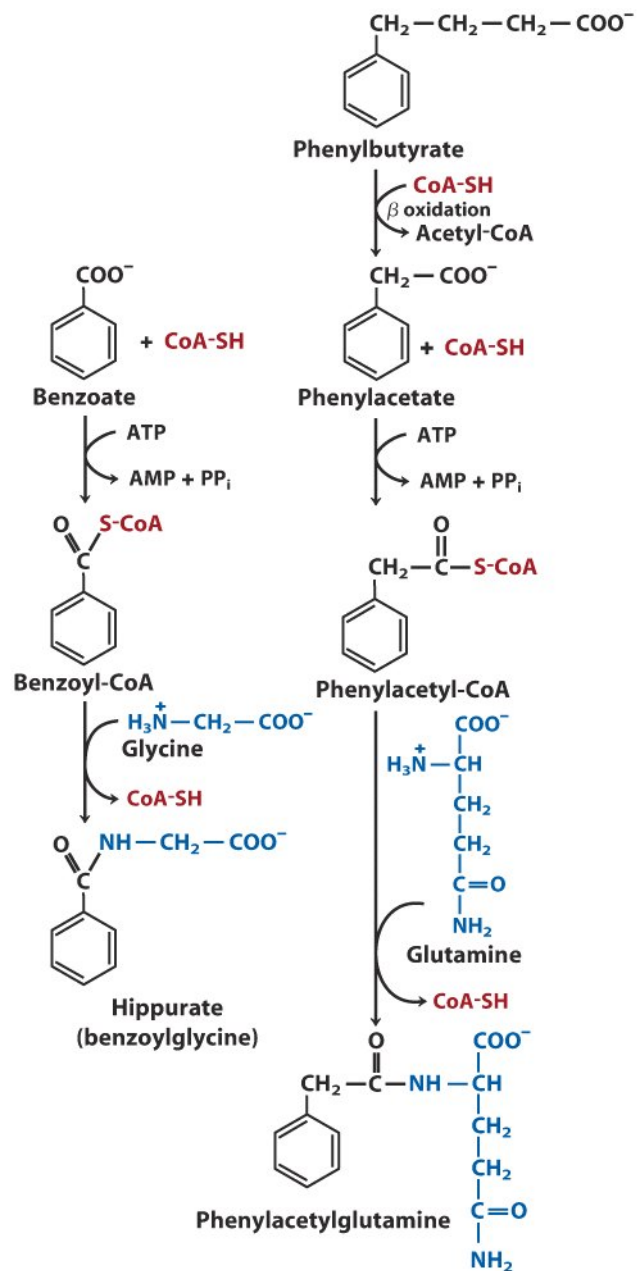
- Genetic defects in the urea cycle can be life threatening. The absence of urea cycle enzymes result in hyperammonemia or build up of one or more cycle intermediate. Most of the urea cycle steps are irreversible. The only reversible step is by argininosuccinate lyase (argininosuccinase)
- protein -free diet is not a treatment option since many amino acids are essential and needed in the diet.

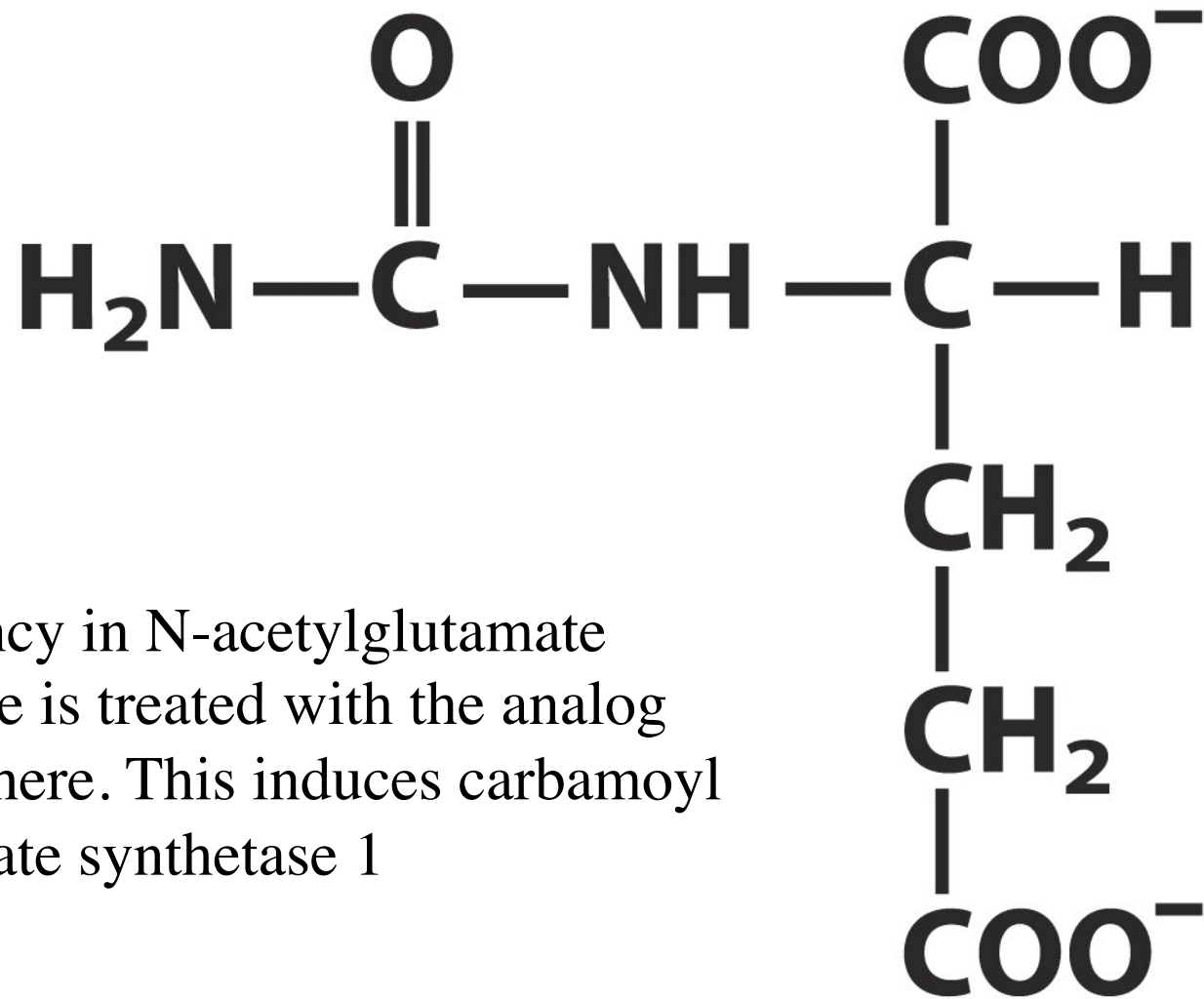
TABLE 18–1 Nonessential and Essential Amino Acids for Humans and the Albino Rat

<i>Nonessential</i>	<i>Conditionally essential*</i>	<i>Essential</i>
Alanine	Arginine	Histidine
Asparagine	Cysteine	Isoleucine
Aspartate	Glutamine	Leucine
Glutamate	Glycine	Lysine
Serine	Proline	Methionine
	Tyrosine	Phenylalanine
		Threonine
		Tryptophan
		Valine

*Required to some degree in young, growing animals, and/or sometimes during illness.

- Treatment for urea cycle defects
- aromatic acids benzoate or phenylbutyrate can help lower ammonia levels
- carbamoyl glutamate

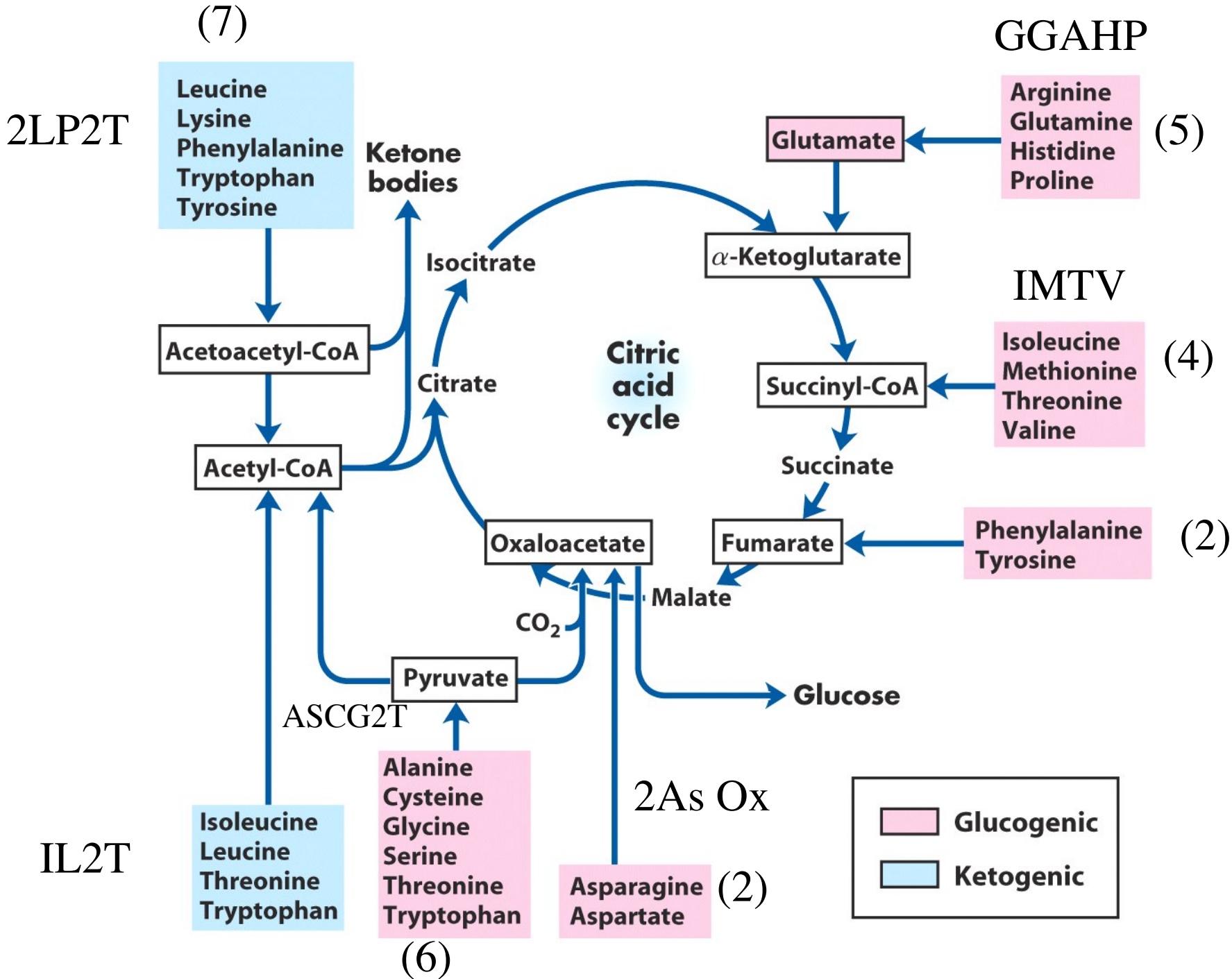




deficiency in N-acetylglutamate synthase is treated with the analog shown here. This induces carbamoyl phosphate synthetase 1

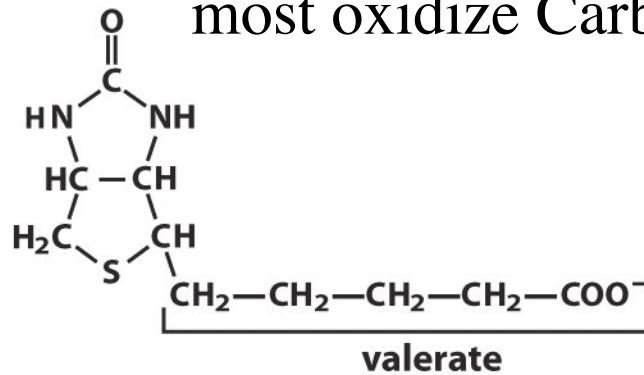
Carbamoyl glutamate

Pathways of amino acid degradation will concentrate on nonessential amino acids.

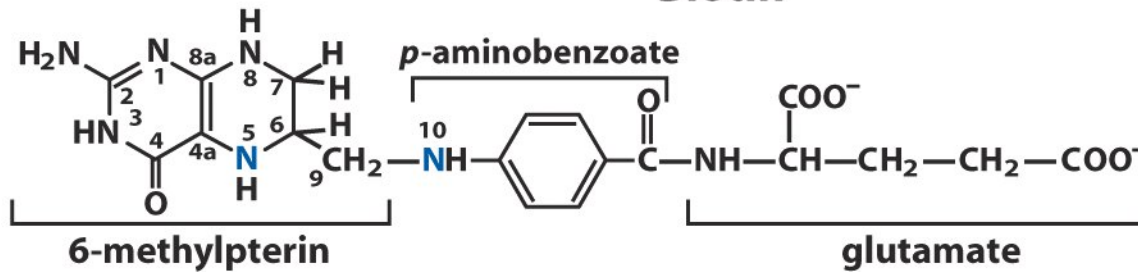


- Several cofactors in enzymes involved in catabolism of amino acids
- transaminations (PLP)
- one carbon transfer (biotin, tetrahydrofolate(H_4 folate) S-adenosylmethionine)

most oxidize Carbon

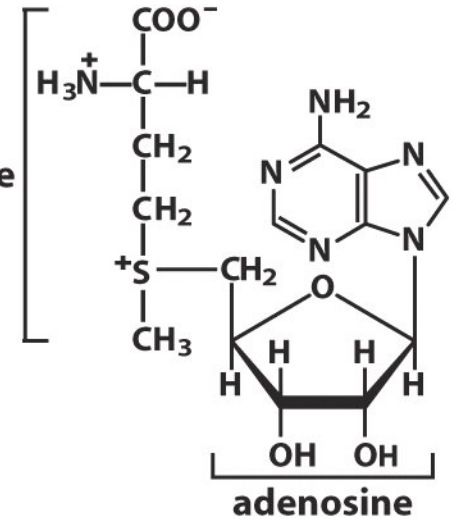


Biotin



Tetrahydrofolate (H₄ folate)
intermediate

methionine



S-Adenosylmethionine (adoMet)
methyl groups

6 amino acids degraded to Pyruvate (ASCG2T)

alanine

glycine

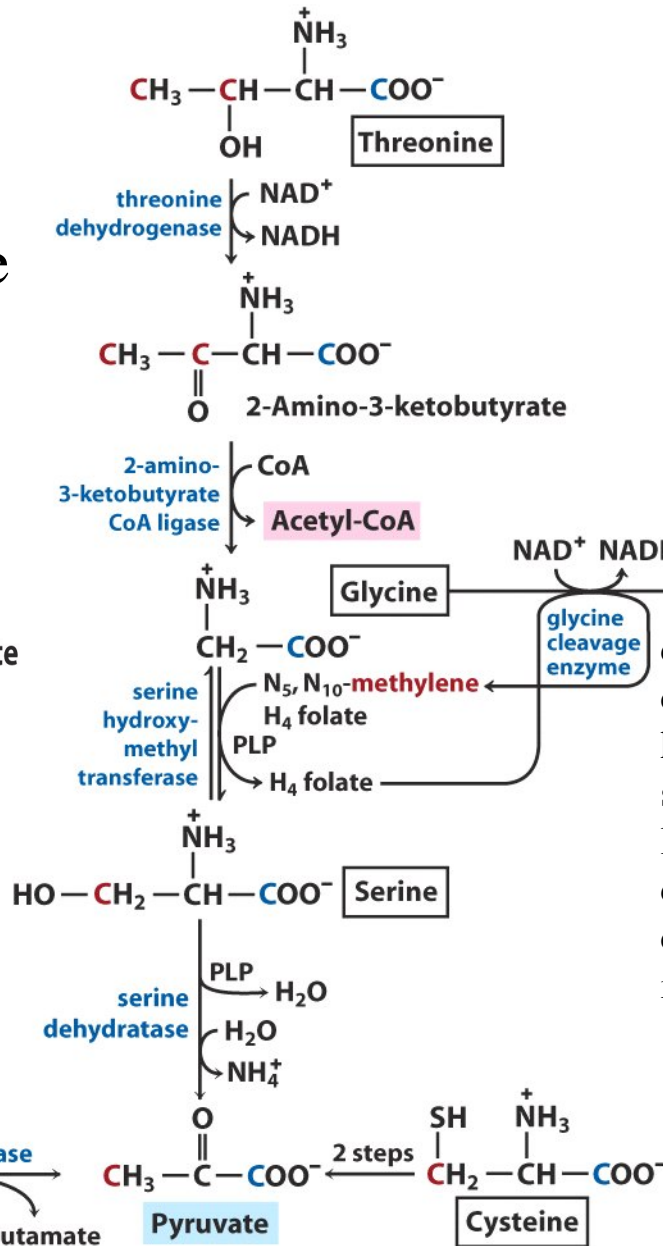
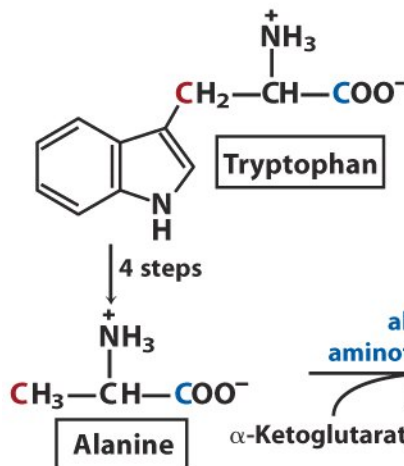
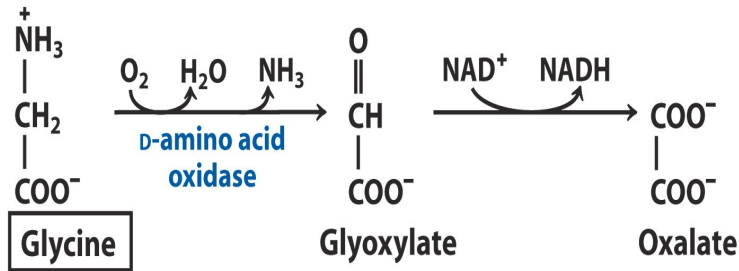
serine

cysteine

tryptophan

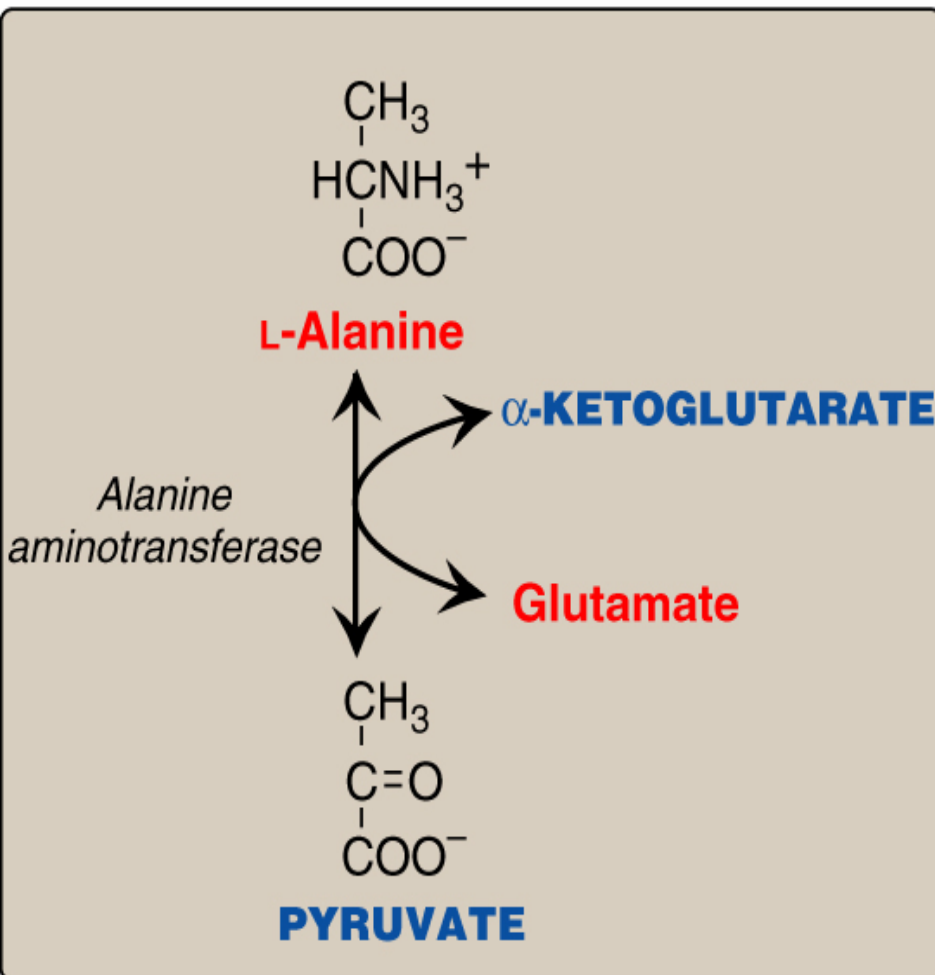
threonine

crystals of Calcium oxalate
75% of kidney stones

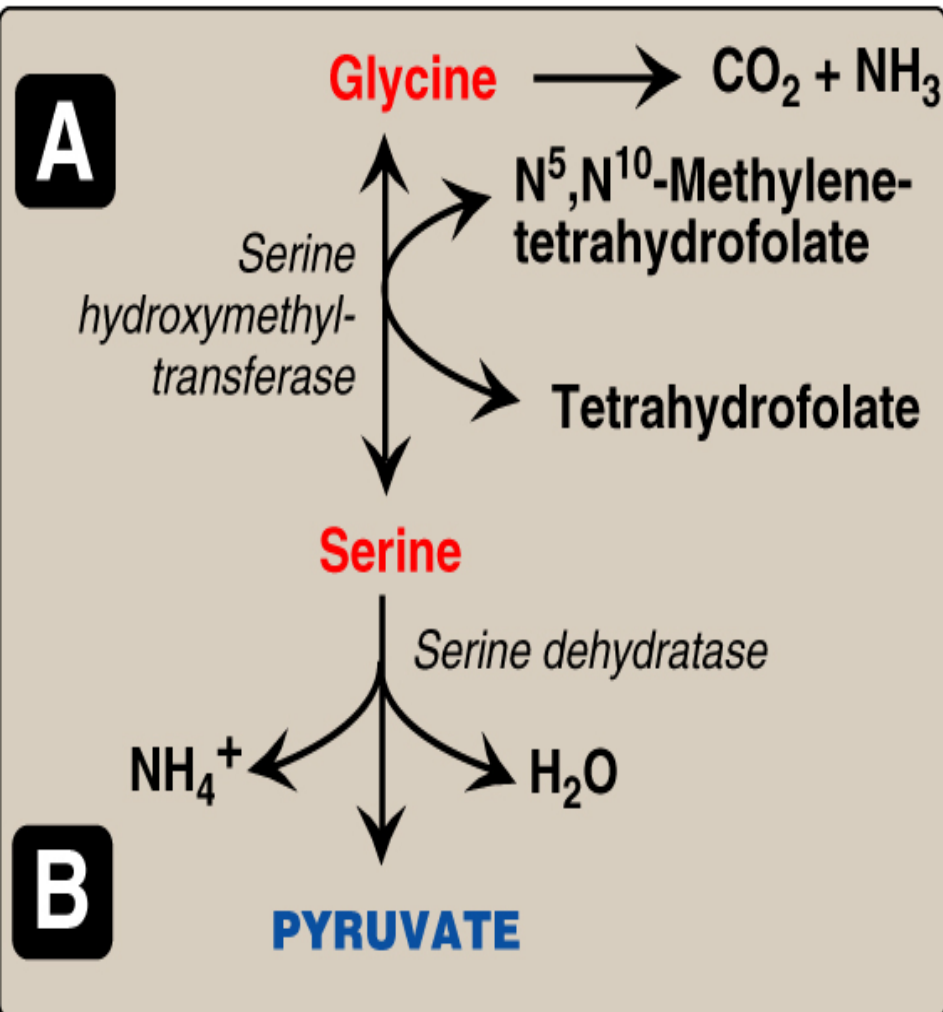


defects in this enzyme causes nonketotic hyperglycemia. Elevated serum levels of Glycine leading to mental deficiencies and death in childhood. Glycine is an inhibitory neurotransmitter

Amino acids that form pyruvate

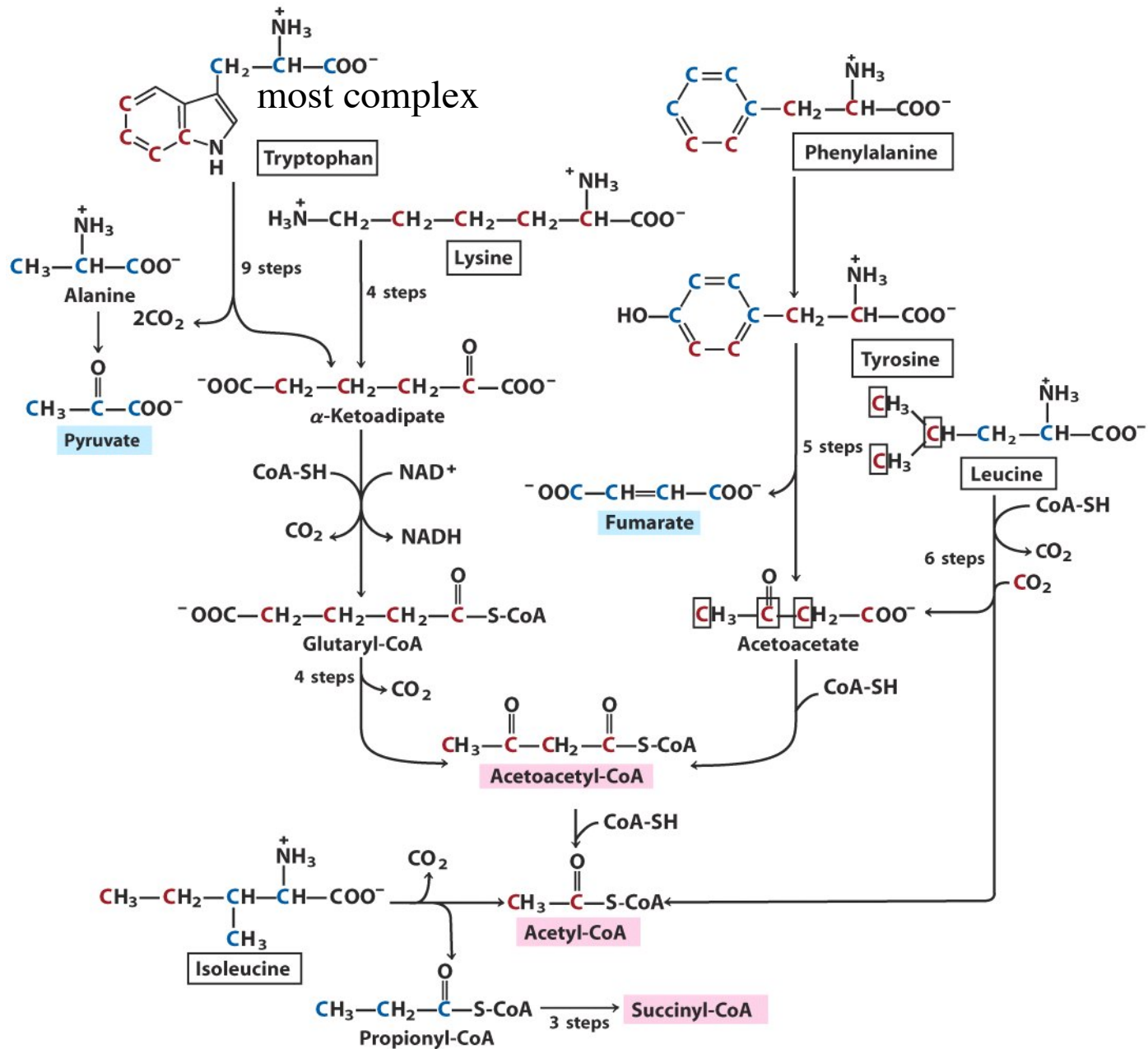


- Alanine loses its amino group by transamination to form pyruvate.

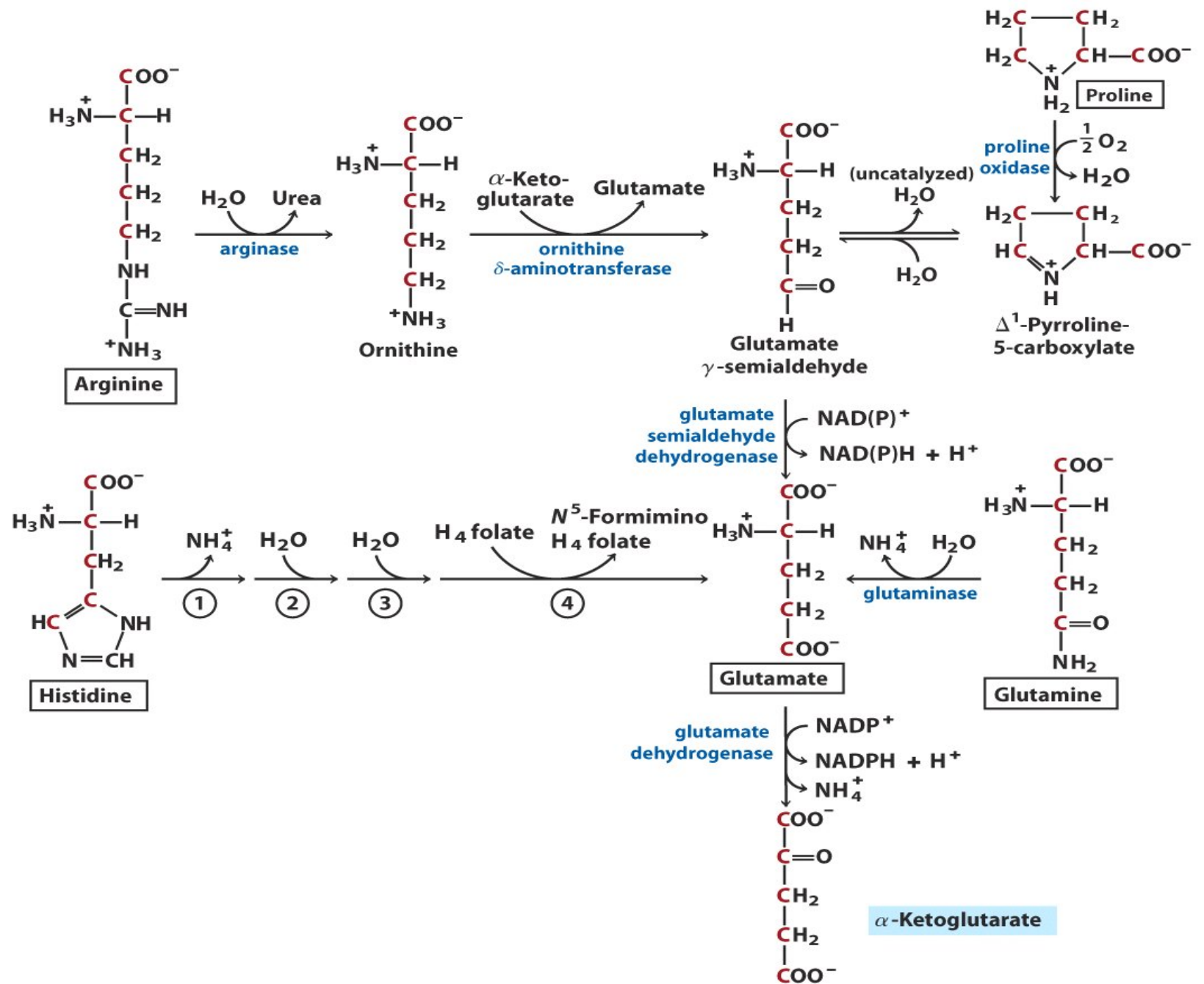


- Serine can be converted to glycine and $\text{N}^5, \text{N}^{10}$ -methylenetetrahydrofolate. Serine can also be converted to pyruvate by serine dehydratase.
- Glycine can either be converted to serine by addition of a methylene group from $\text{N}^5, \text{N}^{10}$ -methylenetetrahydrofolic acid, or oxidized to CO_2 and NH_4^+

- Seven amino acids degraded to acetyl CoA
IP2L3T
- tryptophan, lysine, phenylalanine, tyrosine,
leucine isoleucine and threonine.



- Five amino acids converted to alpha ketoglutarate GGAHP
- glutamate, glutamine, arginine, histidine and Proline

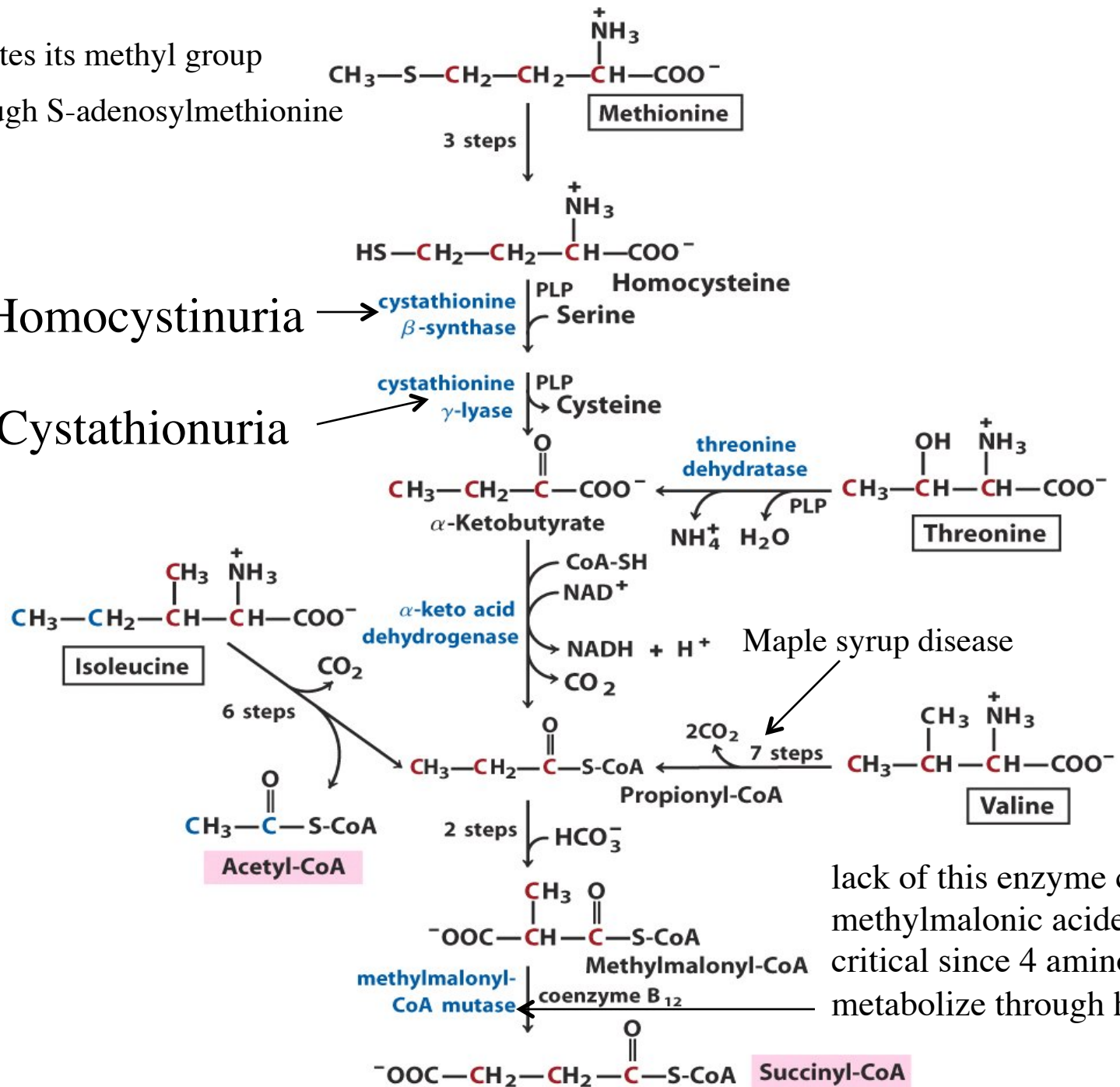


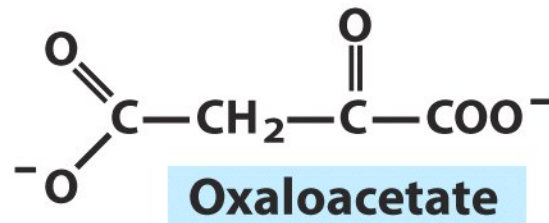
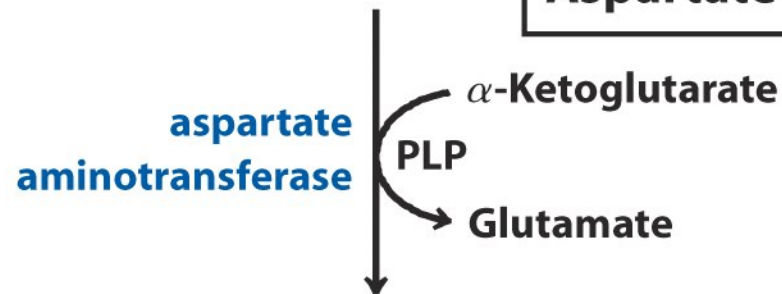
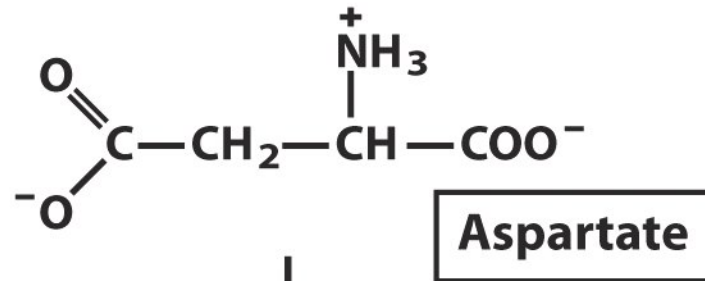
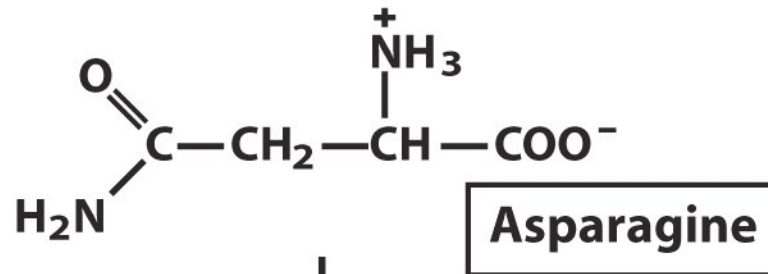
- Four amino acids converted to succinyl CoA. (IMTV)
- isoleucine, methionine, threonine and Valine

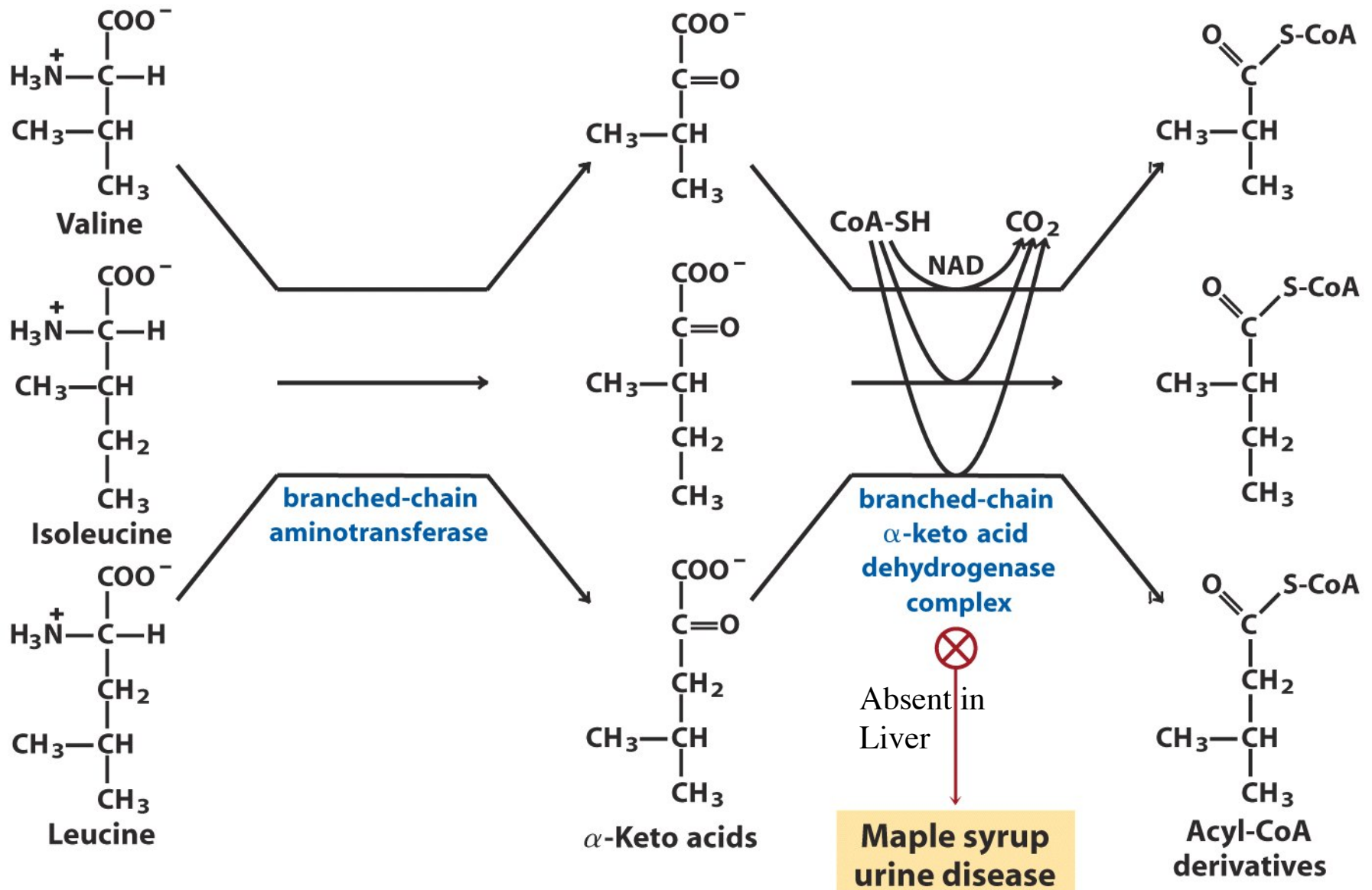
donates its methyl group
through S-adenosylmethionine

Homocystinuria

Cystathioninuria







abnormal development of the brain, mental retardation and death in infants. Needs rigid diet

- Human genetic disorders affecting amino acid catabolism

Metabolic defects in amino acid metabolism

Caused by mutant genes resulting in abnormal proteins, total lost or partial deficiency (more often). Can result in mental retardation or developmental abnormalities. As much as fifty disorders have been described but are rare (why?) 1:250,000 however, we expect this number to increase (why?). These are some of the most commonly encountered diseases with the incidences in most populations. Phenylketonuria, maple syrup urine disease, albinism, homocystinuria and alkaptonuria.

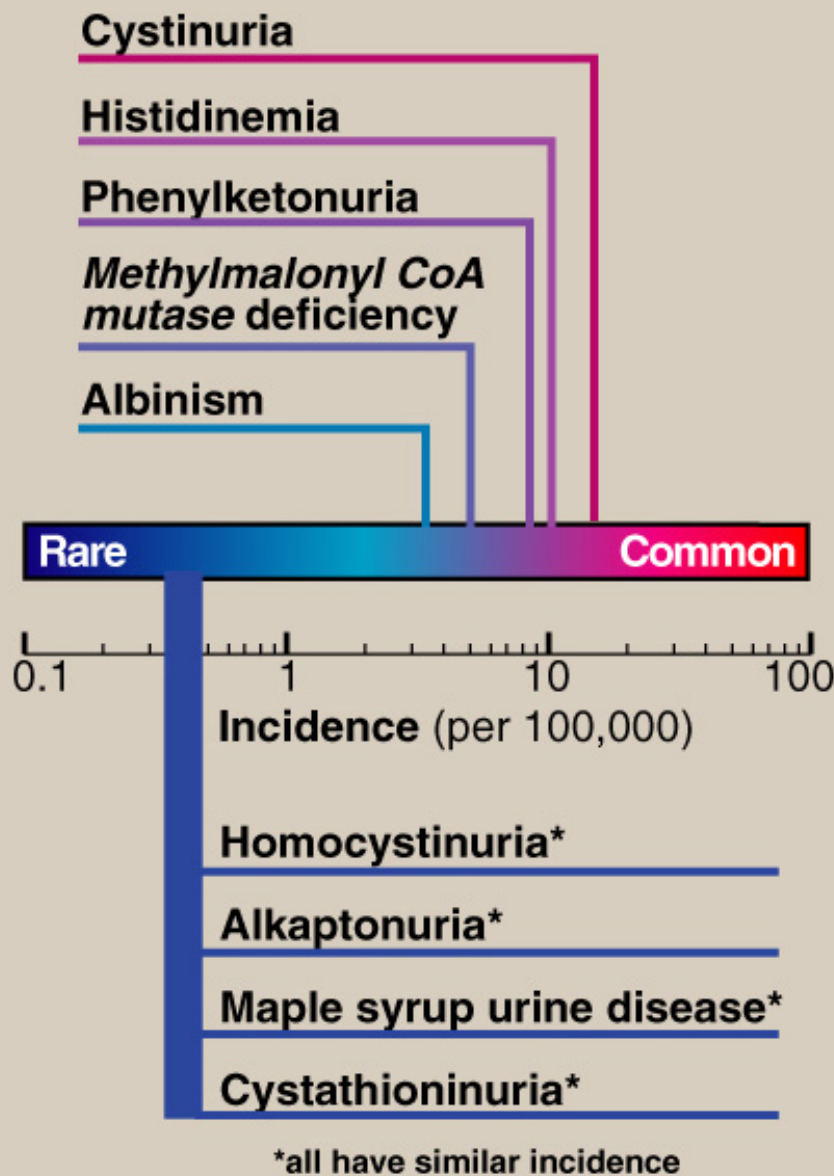
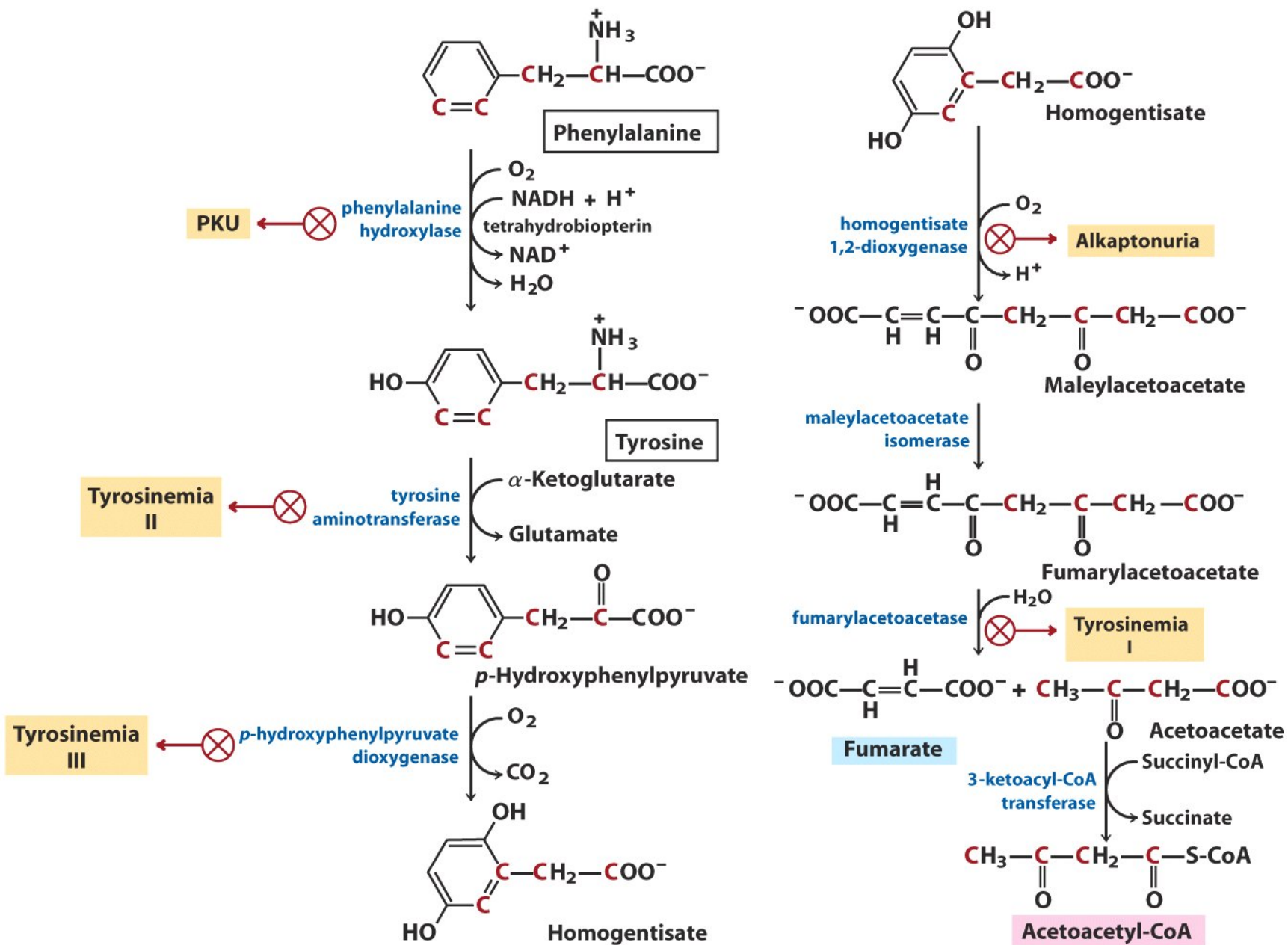


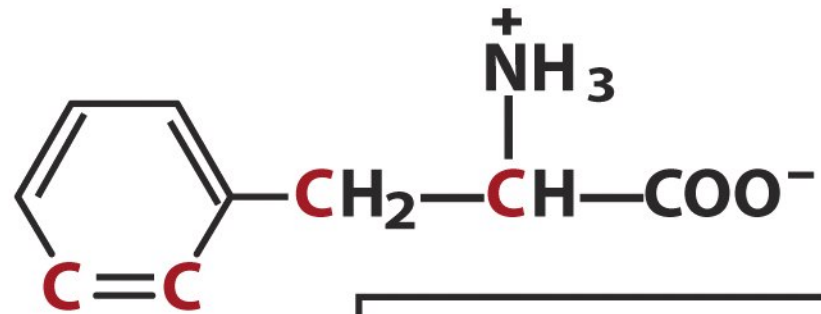
Figure 20.13

Incidence of inherited diseases of amino acid metabolism. [Note: Cystinuria is the most common genetic error of amino acid transport.]

TABLE 18-2 Some Human Genetic Disorders Affecting Amino Acid Catabolism

<i>Medical condition</i>	<i>Approximate incidence (per 100,000 births)</i>	<i>Defective process</i>	<i>Defective enzyme</i>	<i>Symptoms and effects</i>
Albinism	<3	Melanin synthesis from tyrosine	Tyrosine 3-monooxygenase (tyrosinase)	Lack of pigmentation: white hair, pink skin
Alkaptonuria	<0.4	Tyrosine degradation	Homogentisate 1,2-dioxygenase	Dark pigment in urine; late-developing arthritis
Argininemia	<0.5	Urea synthesis	Arginase	Mental retardation
Argininosuccinic acidemia	<1.5	Urea synthesis	Argininosuccinase	Vomiting; convulsions
Carbamoyl phosphate synthetase I deficiency	<0.5	Urea synthesis	Carbamoyl phosphate synthetase I	Lethargy; convulsions; early death
Homocystinuria	<0.5	Methionine degradation	Cystathionine β -synthase	Faulty bone development; mental retardation
Maple syrup urine disease (branched-chain ketoaciduria)	<0.4	Isoleucine, leucine, and valine degradation	Branched-chain α -keto acid dehydrogenase complex	Vomiting; convulsions; mental retardation; early death
Methylmalonic acidemia	<0.5	Conversion of propionyl-CoA to succinyl-CoA	Methylmalonyl-CoA mutase	Vomiting; convulsions; mental retardation; early death
Phenylketonuria	<8	Conversion of phenylalanine to tyrosine	Phenylalanine hydroxylase	Neonatal vomiting; mental retardation





Phenylalanine

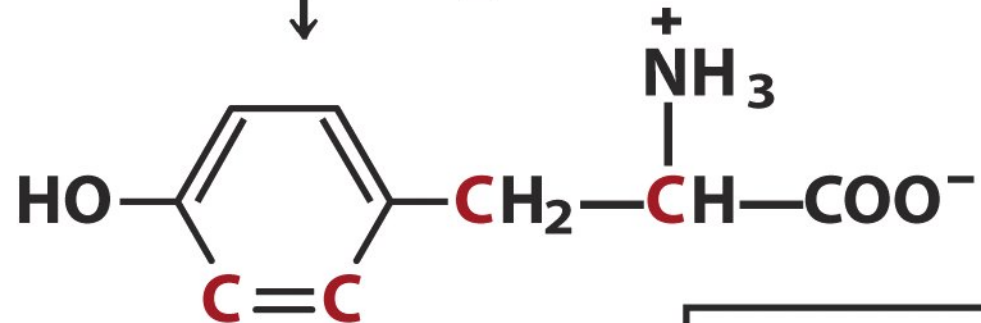
PKU



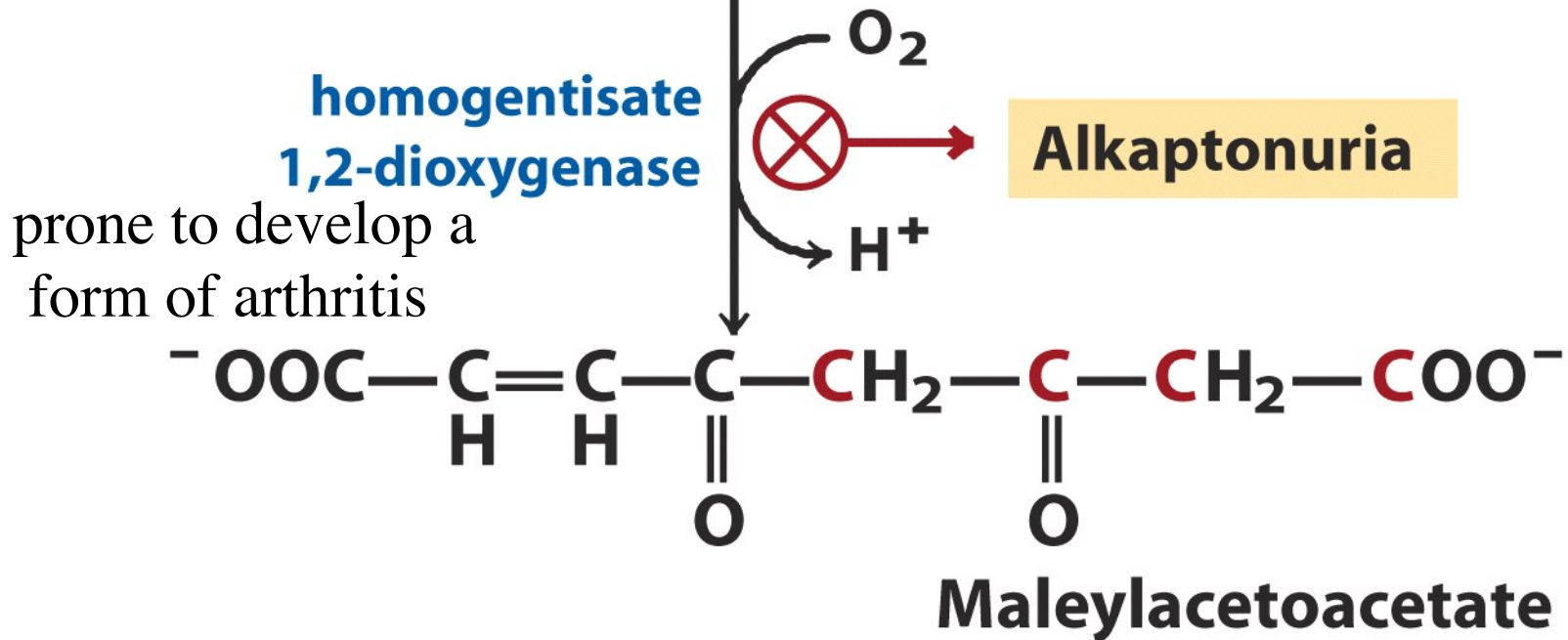
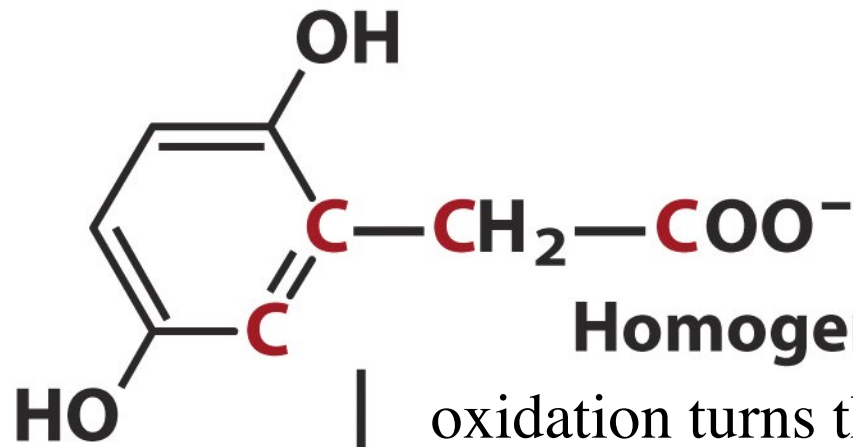
phenylalanine
hydroxylase

mental retardation

O_2
 $NADH + H^+$
tetrahydrobiopterin
 NAD^+
 H_2O



Tyrosine



Phenylketonuria (PKU)

- Caused by a deficiency in phenylalanine hydroxylase 1:11,000.
Hyperphenylalaninemia deficiency in enzymes involved in synthesis of the coenzyme tetrahydrobiopterin BH_4

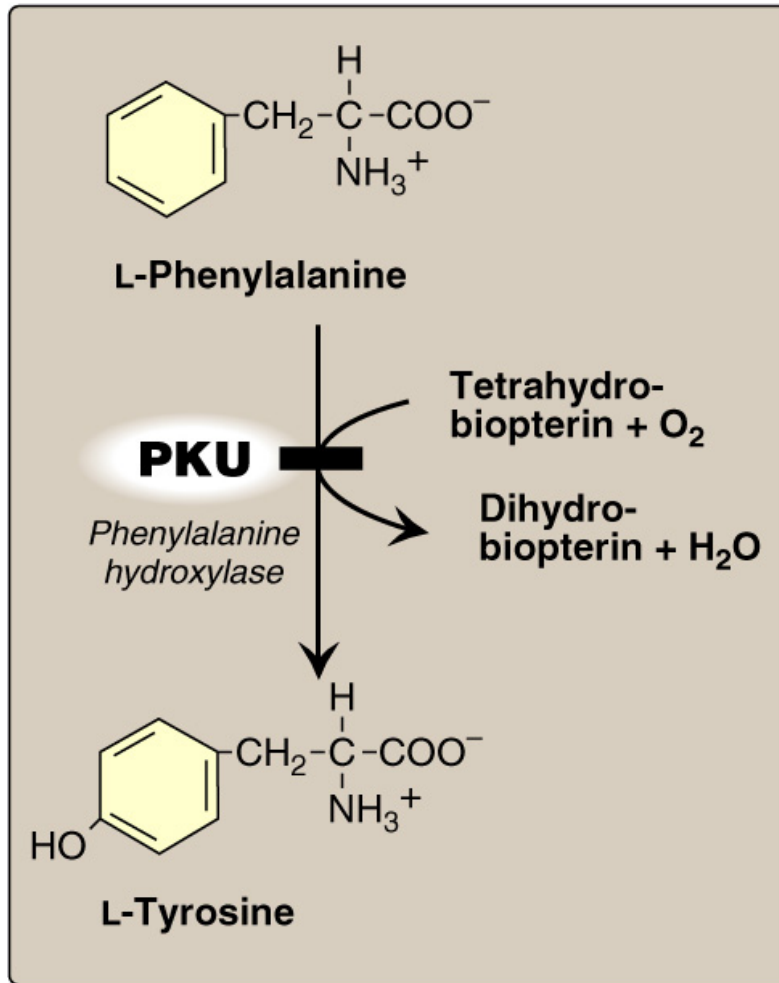


Figure 20.15

A deficiency in *phenylalanine hydroxylase* results in the disease phenylketonuria (PKU).

Hyperphenylalaninemia

- Dihydrobiopterin (BH_4) synthetase
- Dihydrobiopterin (BH_4) reductase
- They are very important in synthesis of neurotransmitters, serotonin and catecholamines, dietary restriction of phenylalanine does not reverse CNS effects replacement therapy with BH_4 and 5-hydroxytryptophan and DOPA (sueño?)

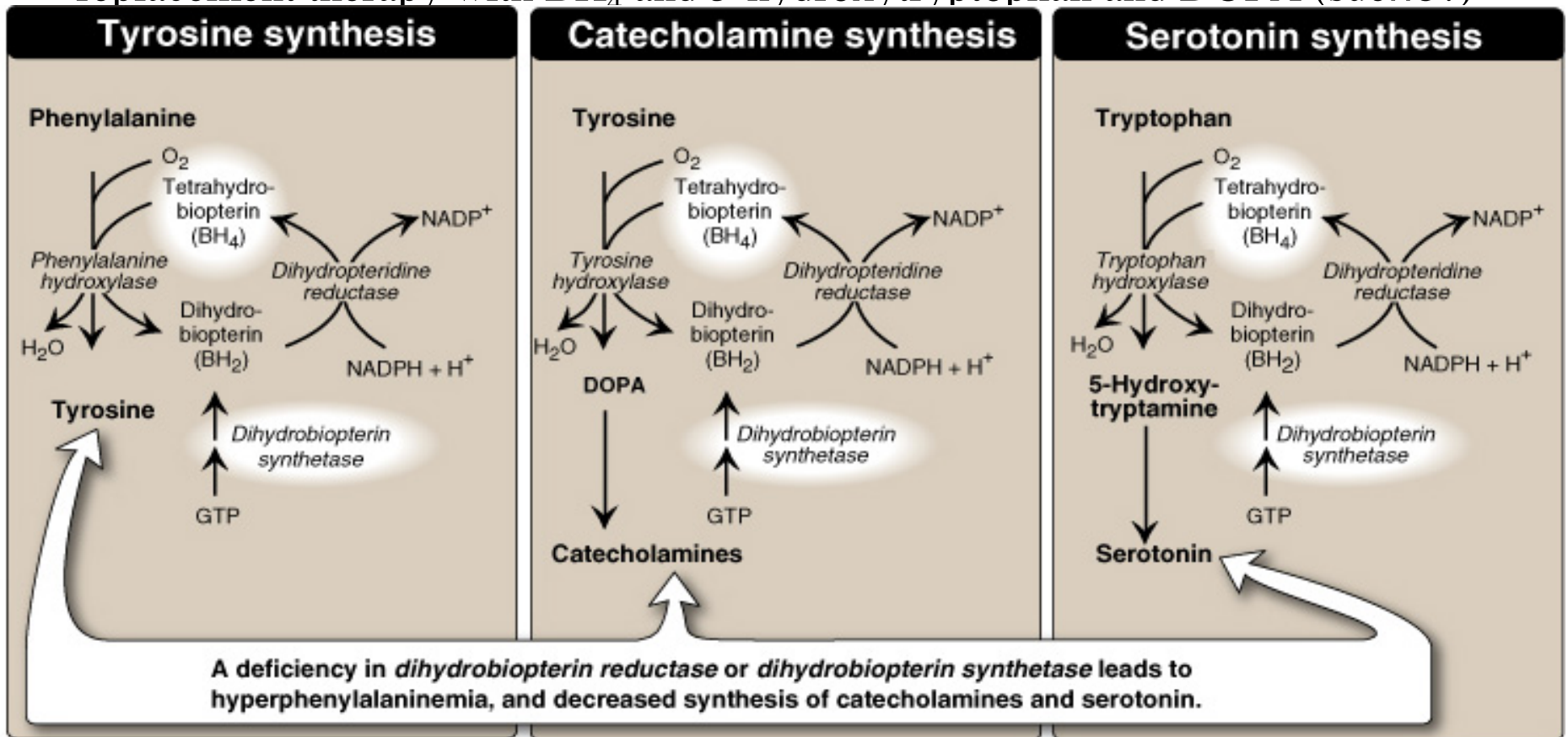
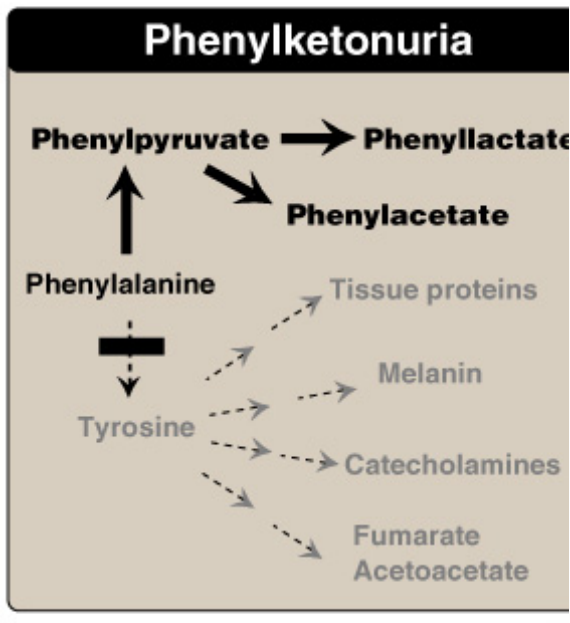
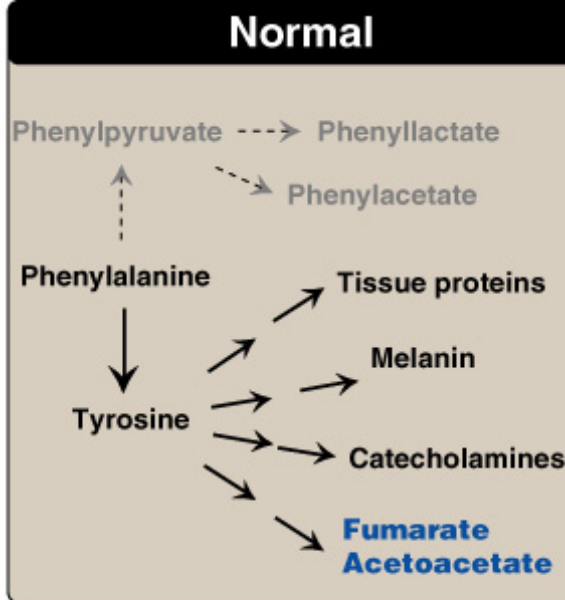


Figure 20.16

Biosynthetic reactions involving amino acids and tetrahydrobiopterin.

Characteristics of PKU

- Elevated phenylalanine (tissue, plasma, and urine). Phenylpyruvate, Phenyllactate and Phenylacetate also elevated when normally not. Musty (hongo) odor urine.
- Mental retardation failure to walk or talk, seizures, hyperactivity, tremor, microcephaly, failure to grow. IQ below 50.



- Hypopigmentation deficiency in pigmentation (fair hair, light skin and blue eyes) due to hydroxylation of Tyrosine to melanin which is inhibited by high levels of phenylalanine

Figure 20.17
Pathways of phenylalanine metabolism in normal individuals and in patients with phenylketonuria.

Intellectual ability in untreated PKU patients of different ages.

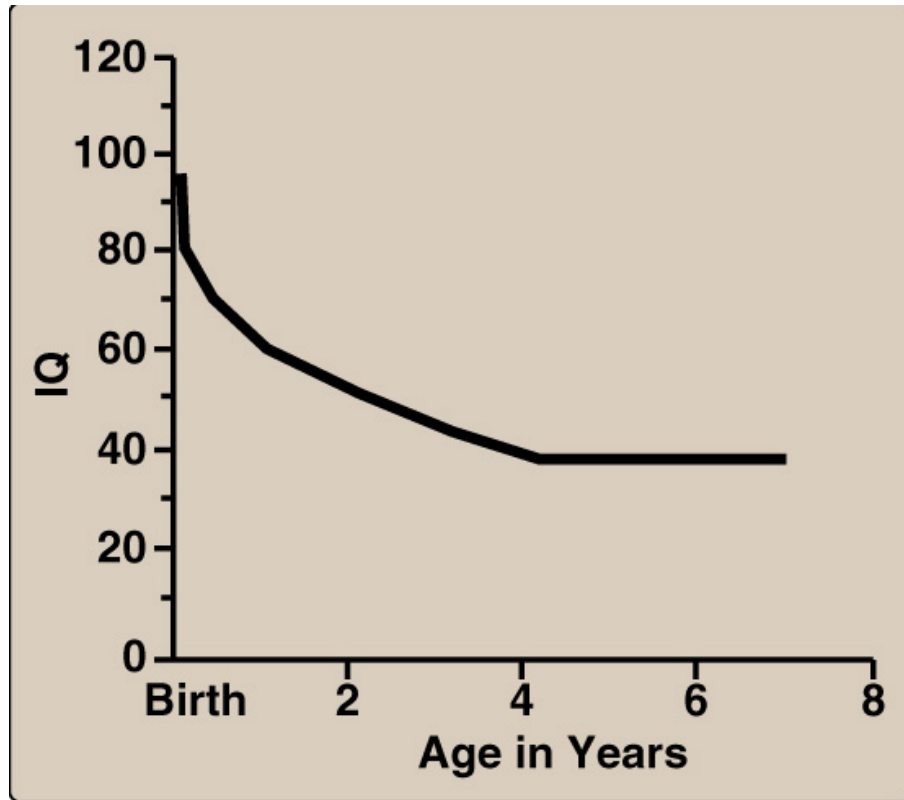


Figure 20.18

Typical intellectual ability in untreated PKU patients of different ages.

Treatment must start within 7-10 days of life to prevent retardation

- Maternal PKU syndrome causes microcephaly, mental retardation and congenital heart abnormalities.
- 40 different mutations of the gene phenylalanine hydroxylase 6-10 are causes of PKU.
- Feeding synthetic amino acid preparations low in phenylalanine, with natural foods fruits, vegetables & certain cereals.

Changes in IQ scores after discontinuation of low-phenylalanine diet in patients with PKU

Synthetic formula with limited amounts of leucine, isoleucine and valine.

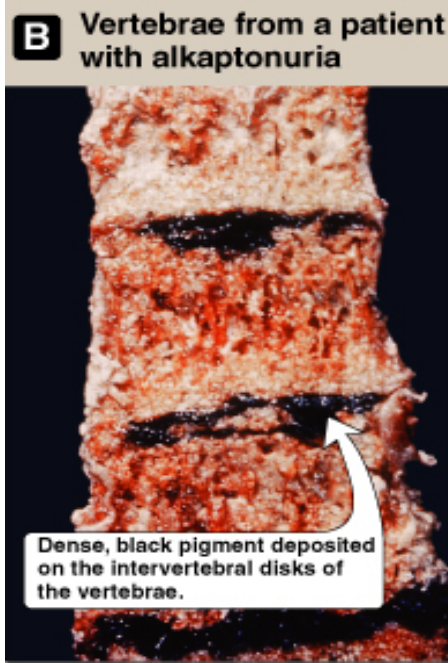
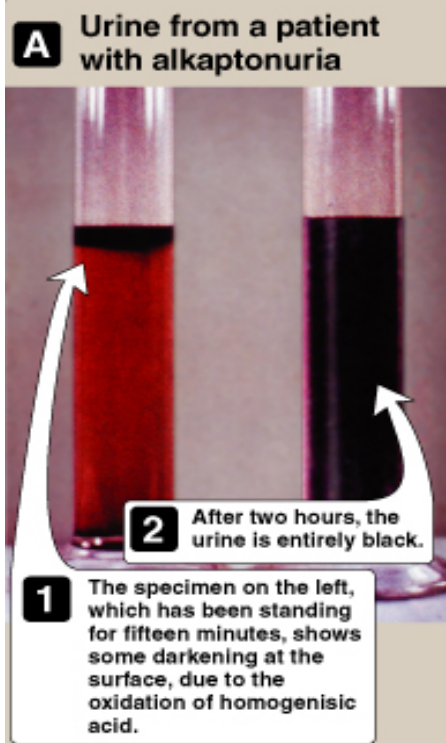


Figure 20.19

Changes in IQ scores after discontinuation of low-phenylalanine diet in patients with phenylketonuria.

- Life long restriction of dietary phenylalanine is recommended
- Maple syrup urine disease (MSUD) recessive disorder deficiency in the **branched-chain α -ketoacid dehydrogenase** enzyme that decarboxylates leucine, isoleucine and valine these amino acids and their **α -ketoacids** accumulate in blood with toxic effects that interferes with brain function. Feeding problems, vomiting, dehydration, severe metabolic acidosis and maple syrup odor. Mental retardation, physical disability and death.

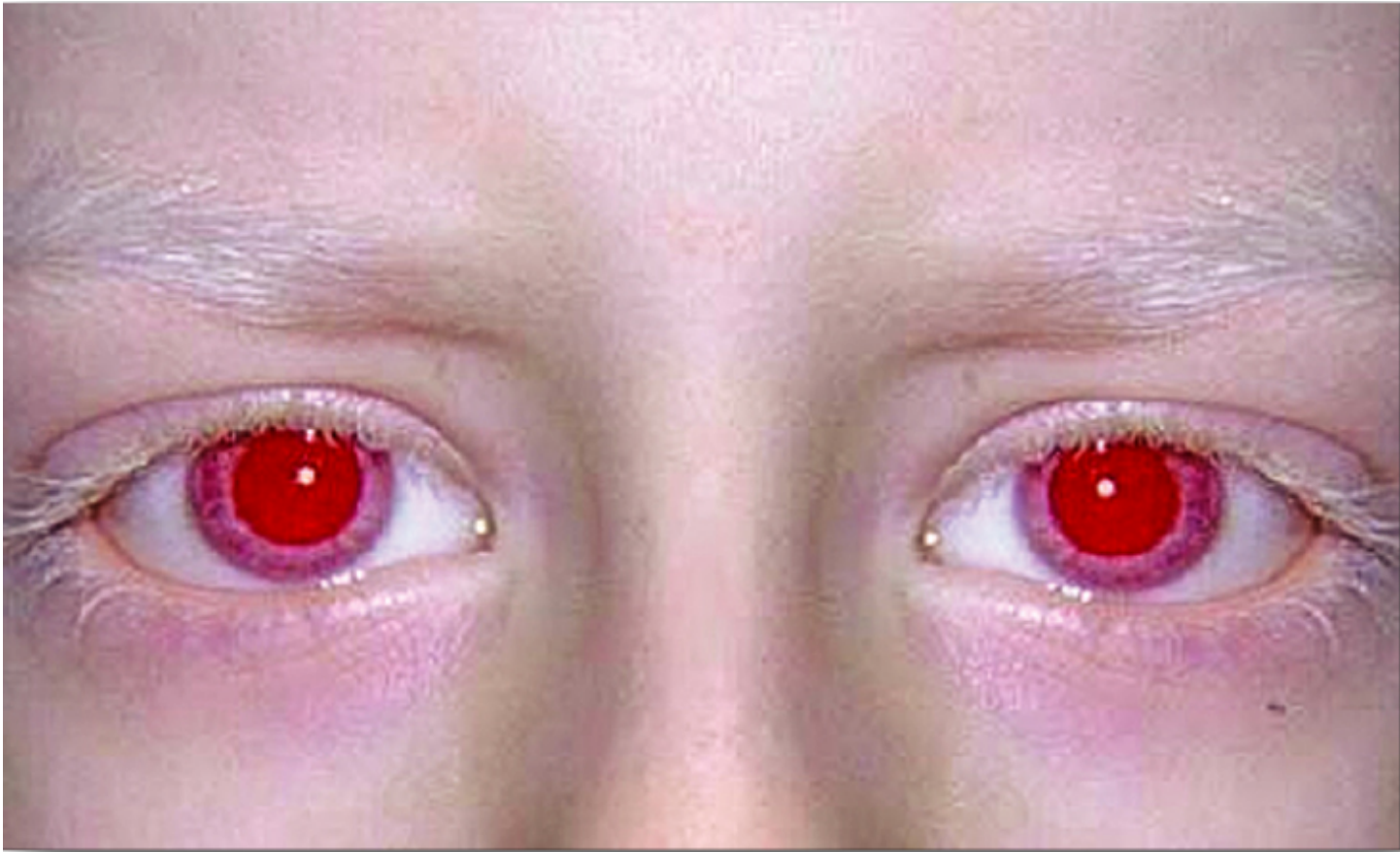
Alkaptonuria



- Rare metabolic disease involving the deficiency in homogentisic acid oxidase, resulting in accumulation of homogentisic acid (degradative pathway of tyrosine)
- Symptoms
 - Homogentisic aciduria (high levels of this acid in urine gives it a dark color upon standing (Fig. A))
 - Large joint arthritis
 - Pigmentation of cartilage (Fig. B) asymptomatic until age of forty
 - Diets low in protein recommended although no treatment as such

Albinism

A group of conditions with a defect of in tyrosine metabolism in a deficiency in the production of melanin. This suggest that melanin production depends on this pathway and other pathways are not available. Autosomal recessive, autosomal dominant and X-linked. Photophobia, they sunburn easily and do not tan.



Homocystinuria

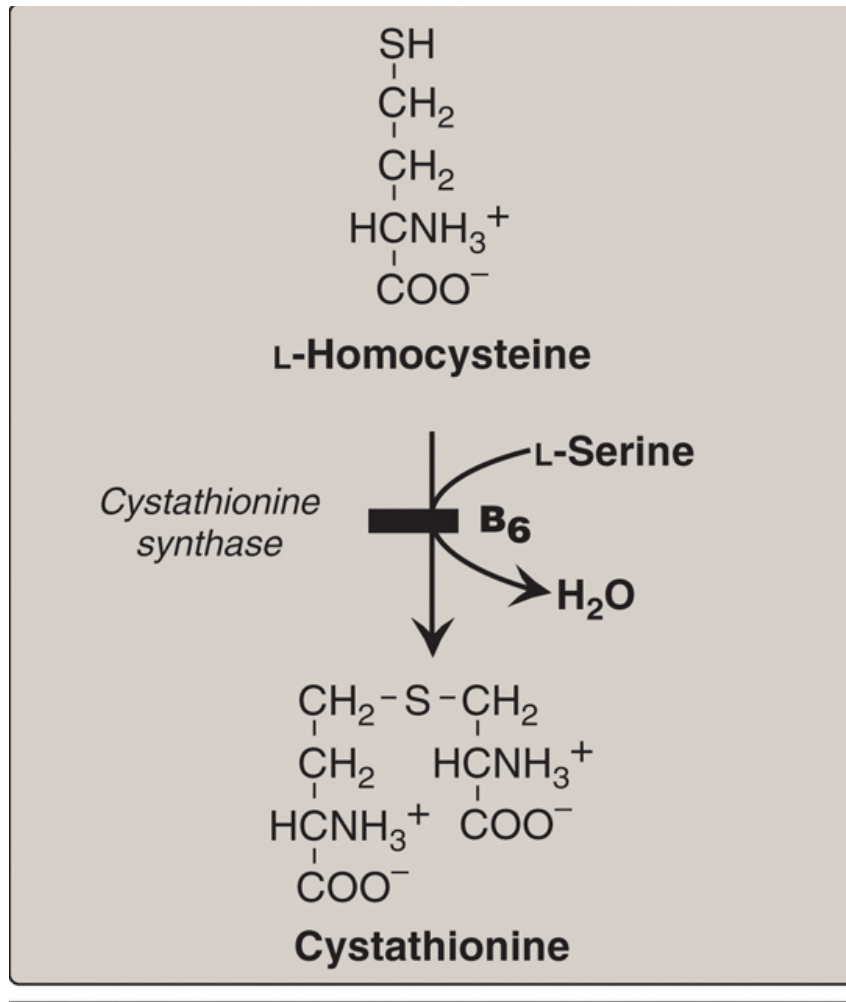
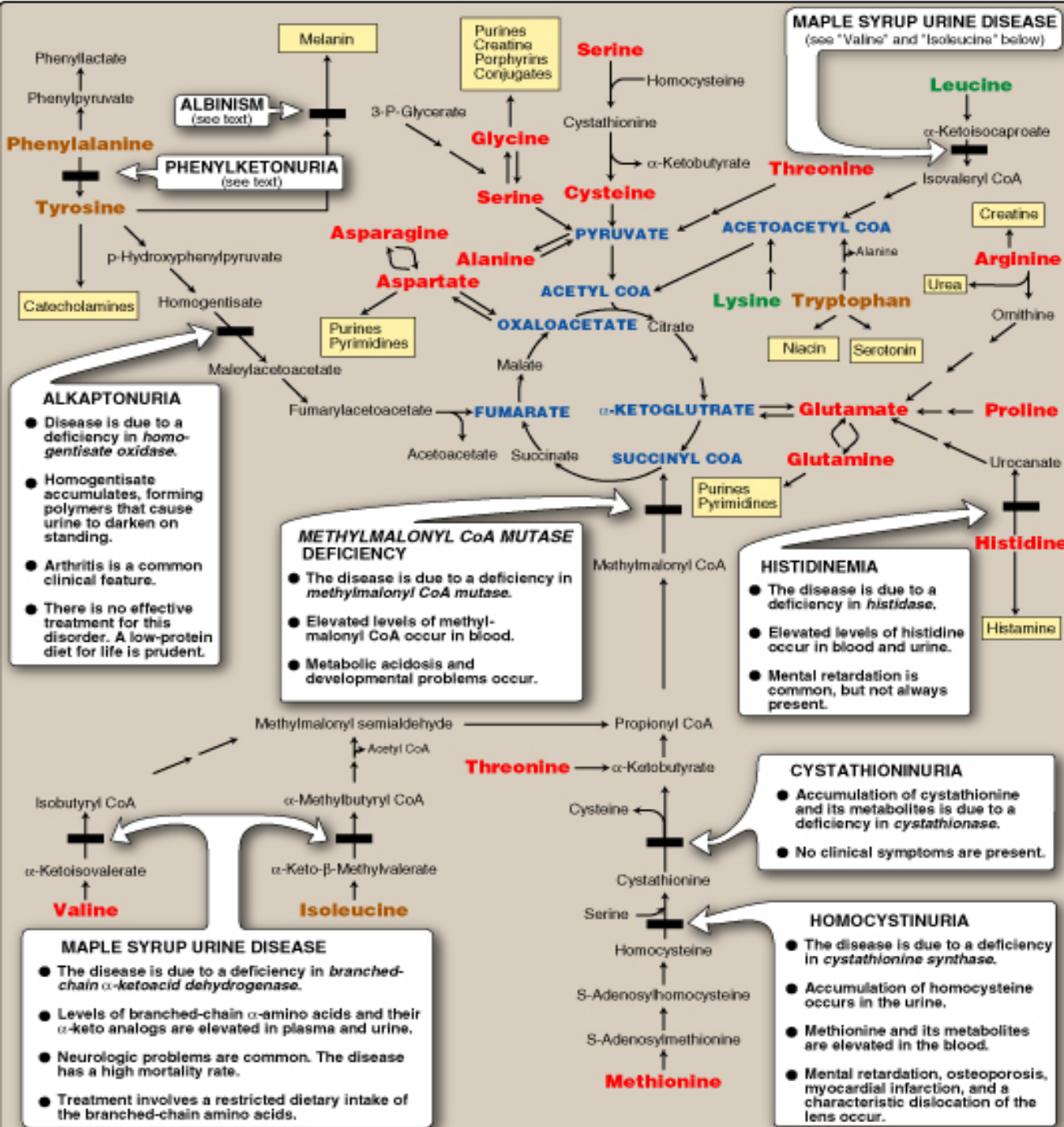


Figure 20.21
Enzyme deficiency in homocystinuria.

- Disorder involving defects in the metabolism of homocysteine (autosomal recessive) High plasma and urinary levels of this amino acid and methionine and low levels of cysteine. Common cause is the defect of cystathionine synthase which converts homocysteine to cystathionine. Homozygous show ectopia lentis (displacement of the lens) skeletal abnormalities, premature arterial disease, osteoporosis and mental retardation. Patients could or not be responsive to vitamin B₆ (cofactor).

TREATMENT: restriction of methionine intake and supplement with vitamins B₆ and B₁₂ and folate.



Notice
glucogenic and
ketogenic amino
acids and
metabolites of
each amino acid

Summary

Amino acids that yield Pyruvate or intermediates in the TCA cycle are called glucogenic. They can give rise to glycogen or glucose in the liver and glycogen in muscle. Amino acids whose catabolism yields acetyl CoA, acetoacetyl Co A are termed ketogenic (Tyrosine, phenylalanine, tryptophan, isoleucine are both ketogenic and glucogenic. Leucine and lysine are ketogenic. **Non-essential** AA can be synthesized from metabolic intermediates or carbon skeletons of essential AA. Alanine, aspartate, glutamate, glutamine, asparagine, proline, cysteine, serine, glycine, and tyrosine.

Essential AA in diet: methionine, phenylalanine.

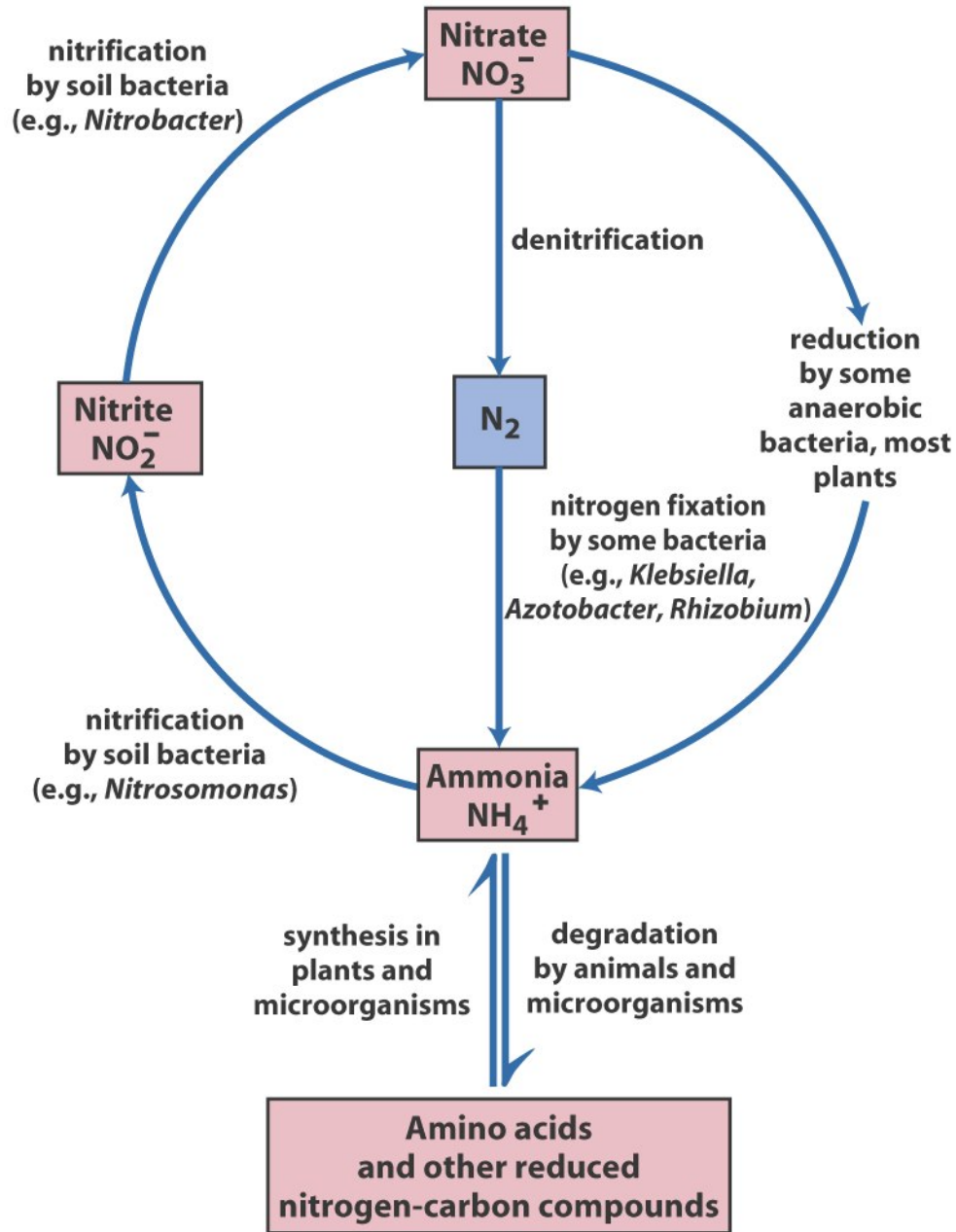
Metabolic diseases

PKU (-) **phenylalanine hydroxylase**,

Hyperphenylalanine (-) BH₄ Synthetase or reductase coenzyme of PH tetrahydrobiopterin. Untreated patients of PKU suffer mental retardation, failure to walk or talk, seizure, hyperactivity, tremor etc. Tyrosine becomes essential under this condition.

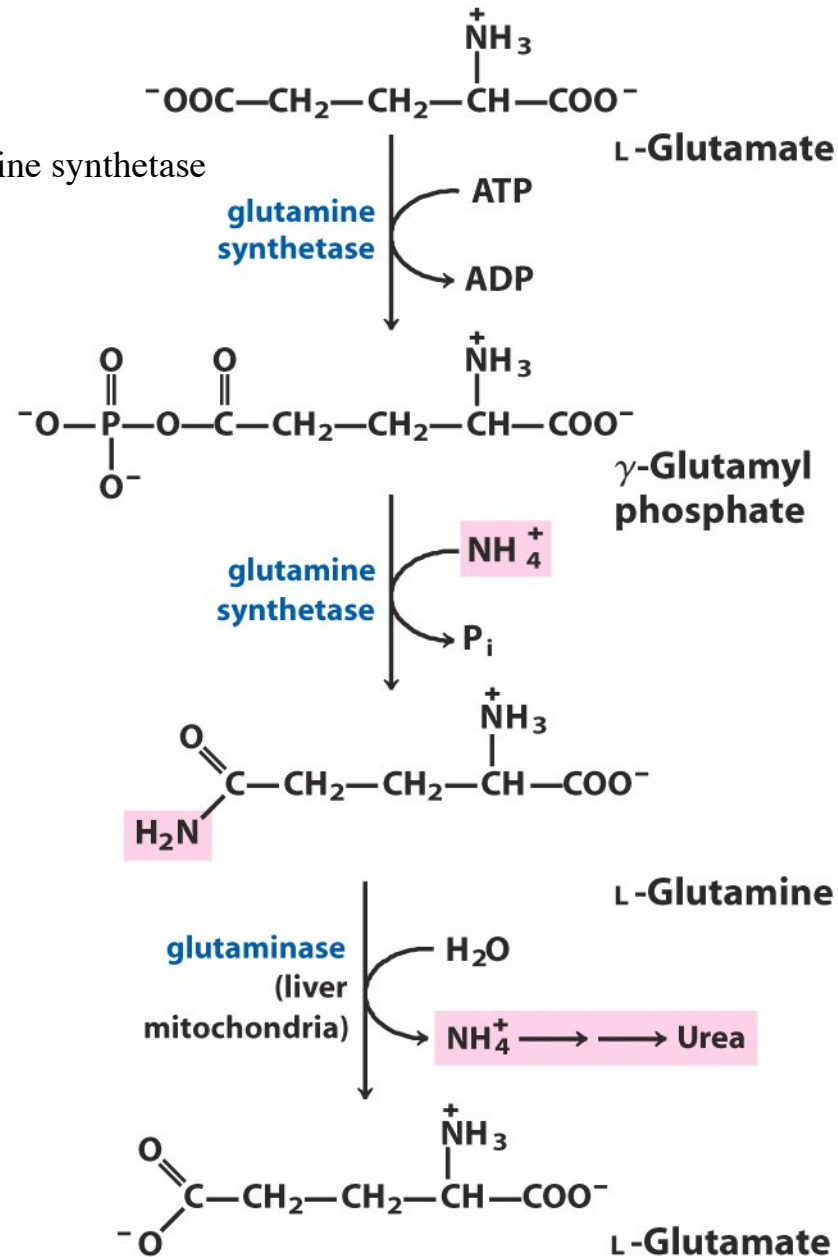
(MSUD) (-) **branched chain α -ketoacid dehydrogenase**

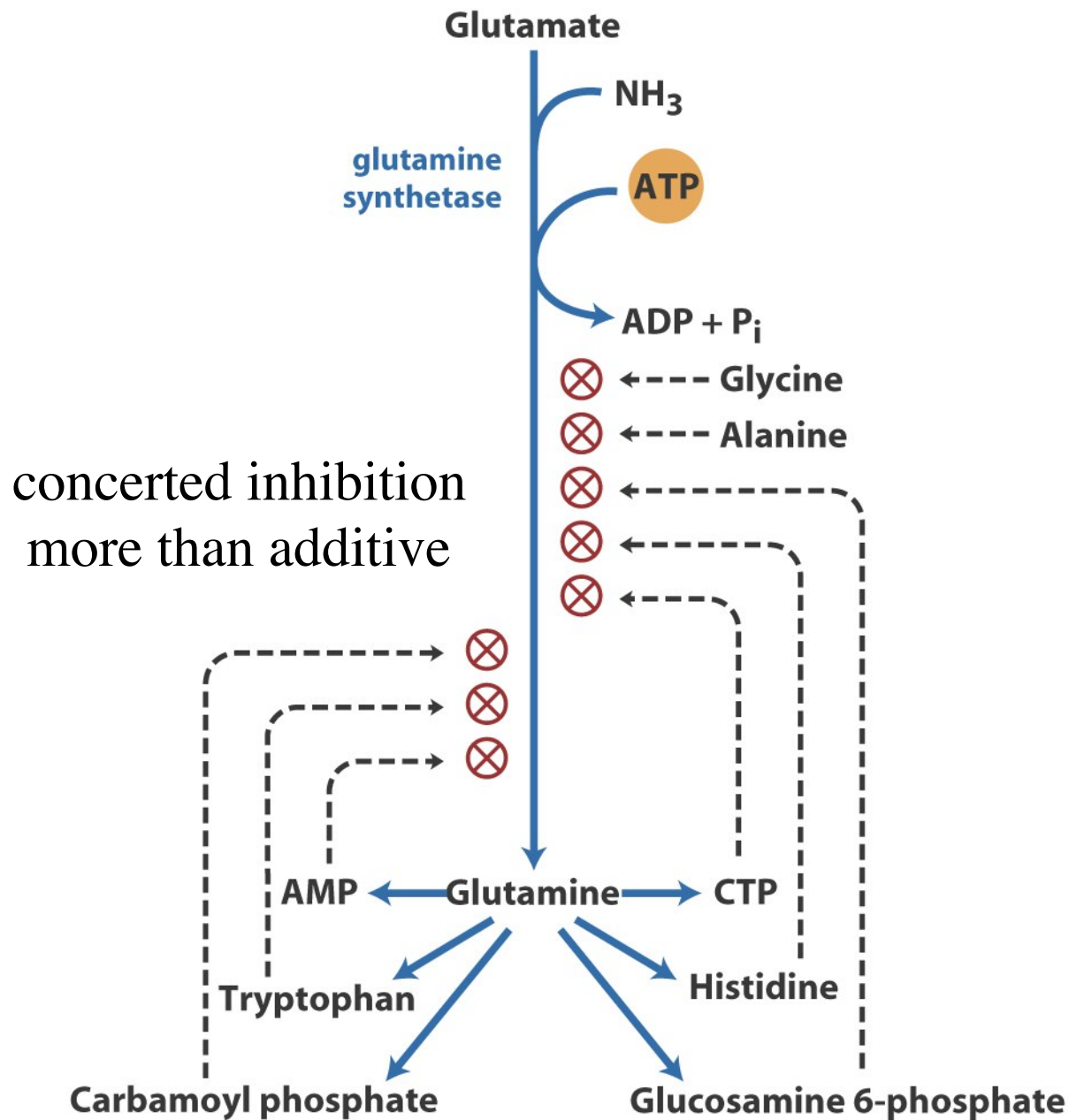
- Biosynthesis of amino acids (non-essential)
- most N₂ is bound to amino acids and nucleotides
- pathways of amino acid synthesis and nucleotides are intertwined with common intermediates. Amino acids are incorporated into the structures of pyrimidines and purines and the purine ring is incorporated into an amino acid Histidine.

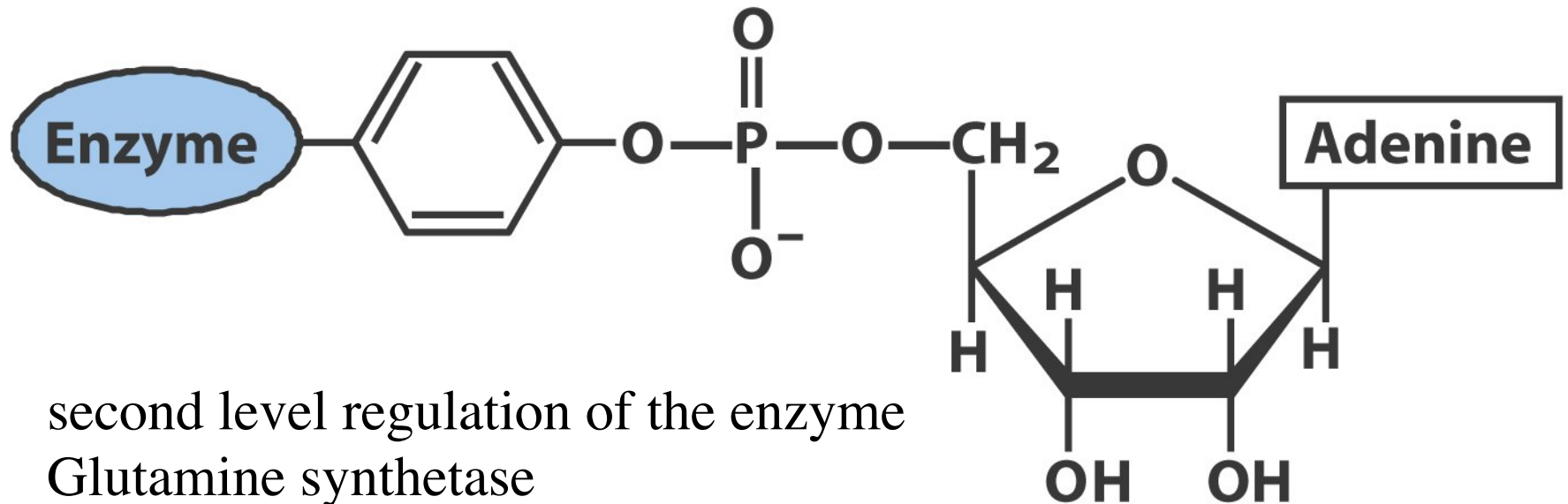


Ammonia is incorporated into biomolecules through Glutamate and Glutamine they provide the critical entry point. These same amino acids play a central role in catabolism. They are present at high conc. in extracellular fluid up to an order of magnitude higher

incorporation of NH_4 into
glutamate requires glutamine synthetase







second level regulation of the enzyme

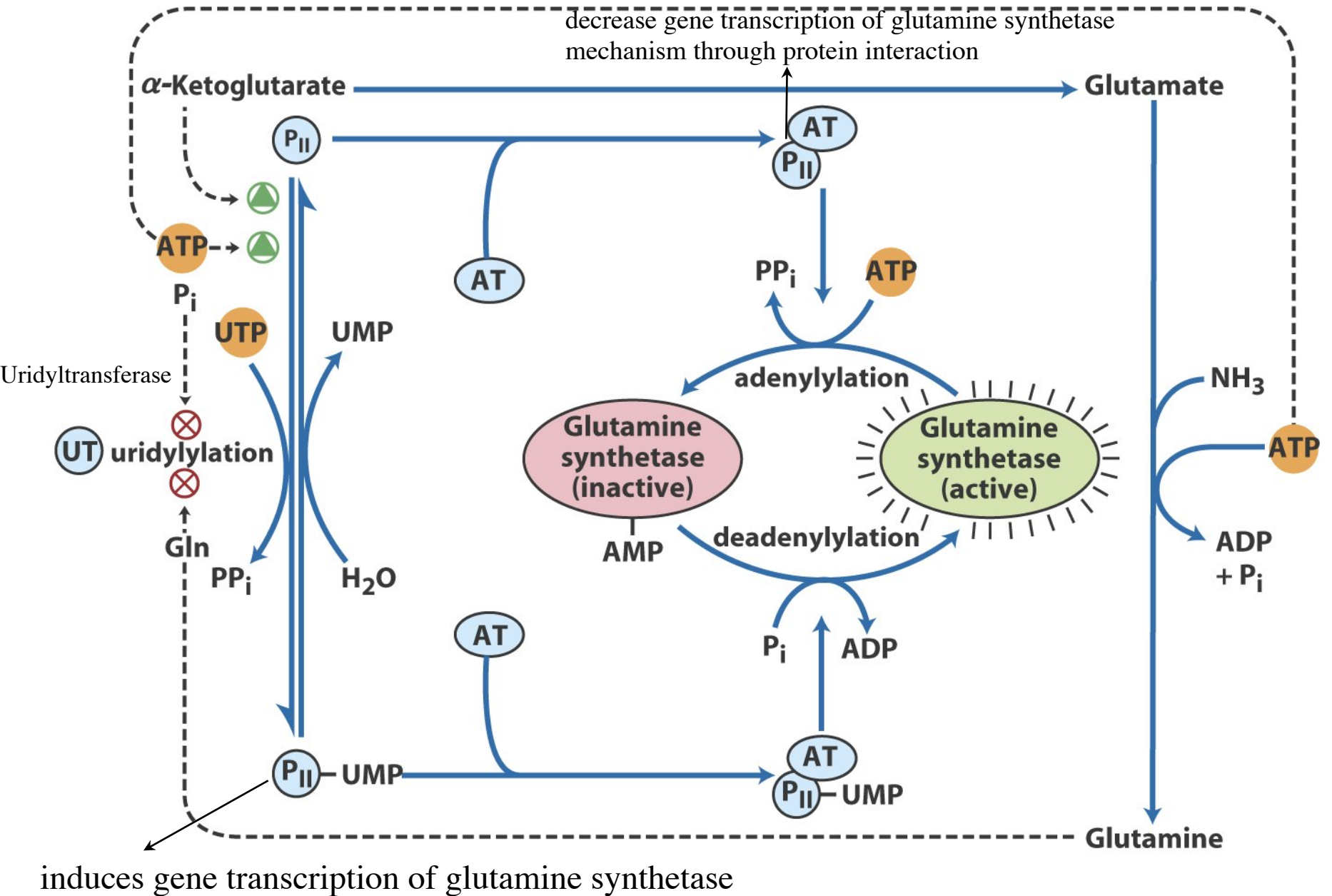
Glutamine synthetase

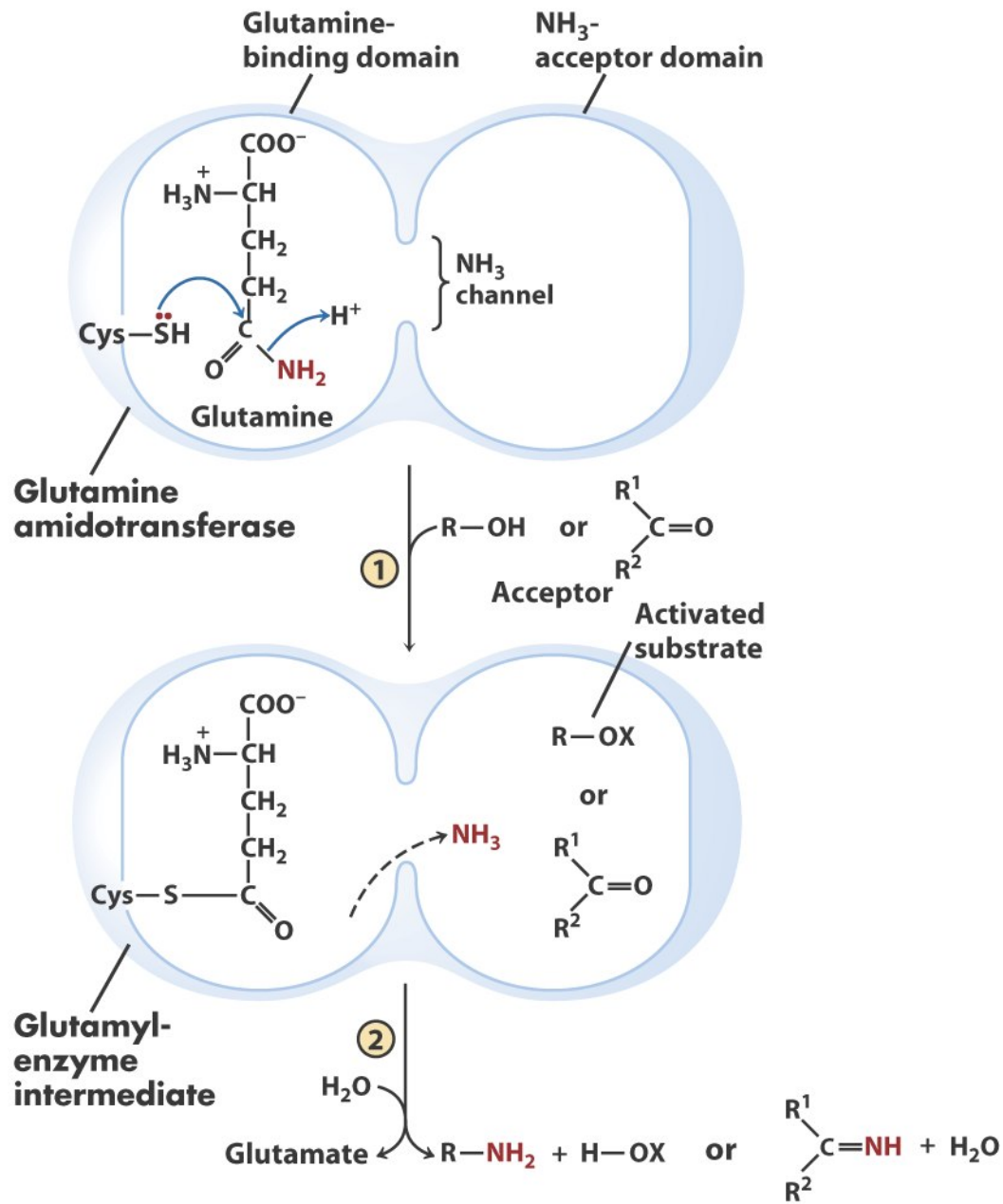
adenylylation (AMP) of Tyr 397 covalent

binding increases sensitivity to inhibitors

adenylyltransferase (AT next figure)

this enzyme responds to levels of glutamine, alpha ketoglutarate, ATP and Pi





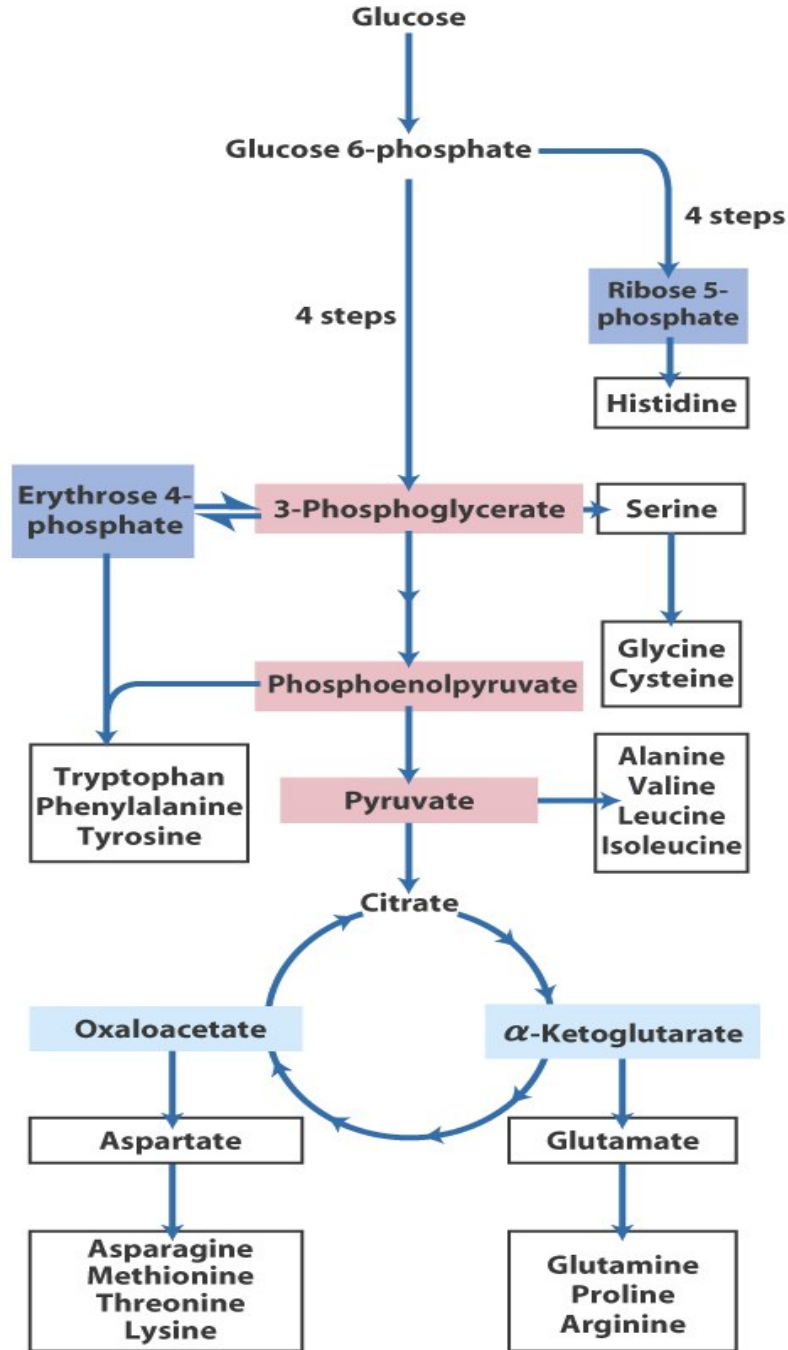


TABLE 22–1 Amino Acid Biosynthetic Families,
Grouped by Metabolic Precursor

α -Ketoglutarate

Glutamate
Glutamine
Proline
Arginine

3-Phosphoglycerate

Serine
Glycine
Cysteine

Oxaloacetate

Aspartate
Asparagine
Methionine*
Threonine*
Lysine*

Pyruvate

Alanine
Valine*
Leucine*
Isoleucine*

**Phosphoenolpyruvate and
erythrose 4-phosphate**

Tryptophan*
Phenylalanine*
Tyrosine[†]

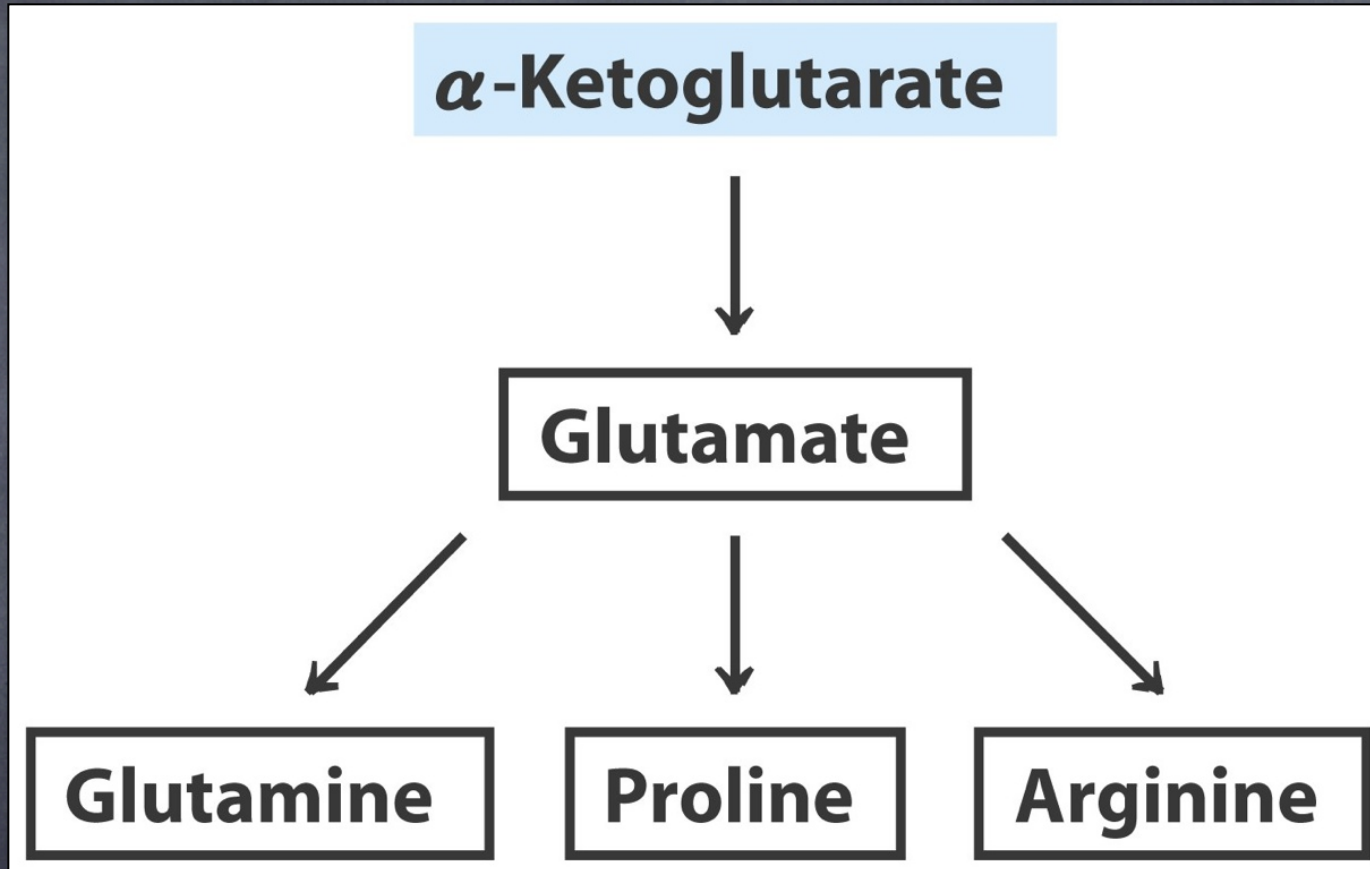
Ribose 5-phosphate

Histidine*

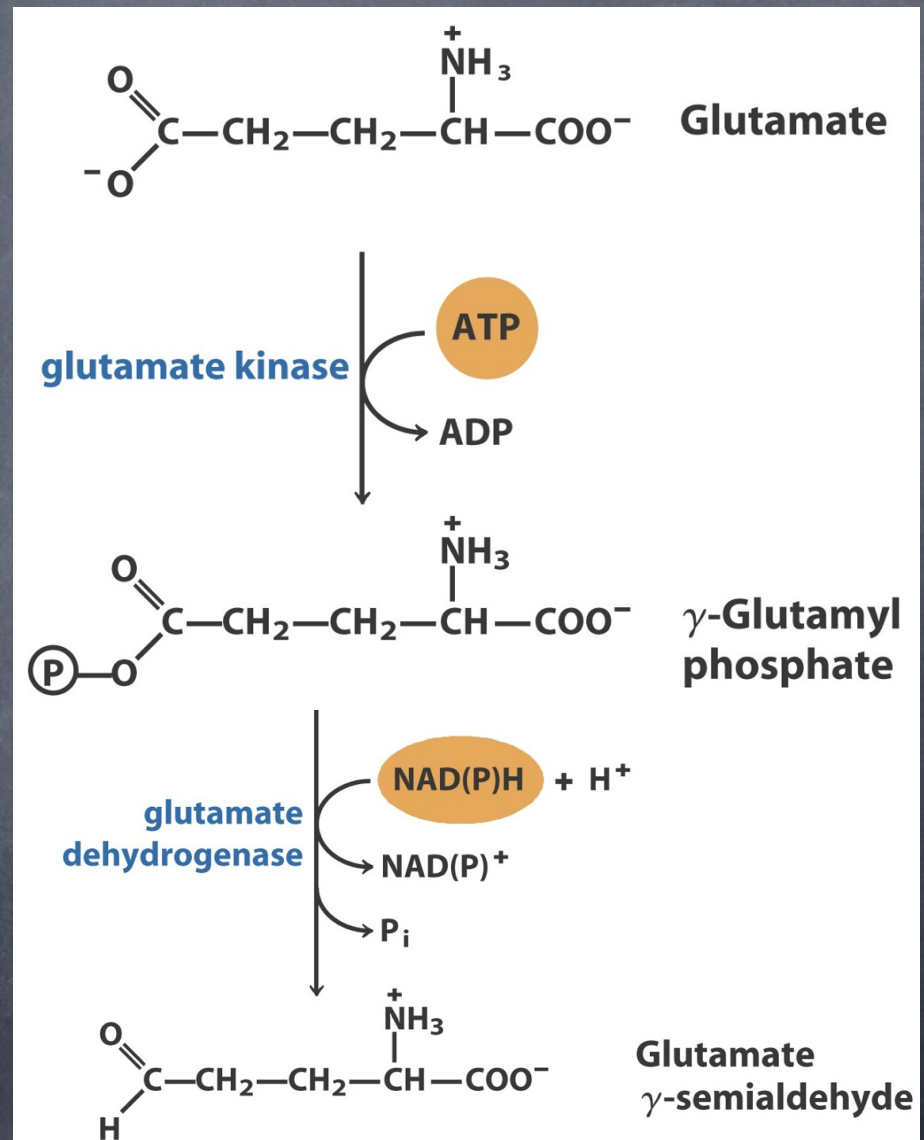
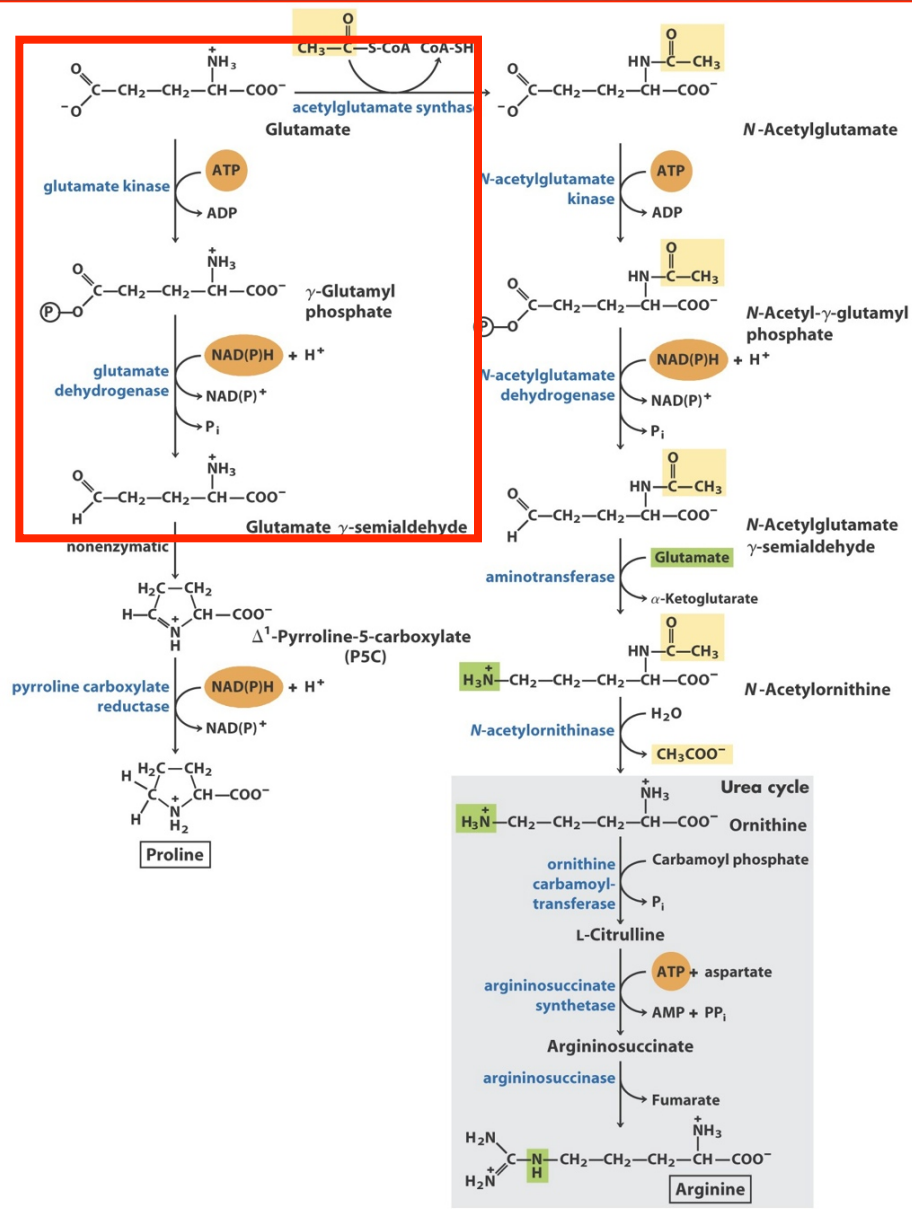
*Essential amino acids.

[†]Derived from phenylalanine in mammals.

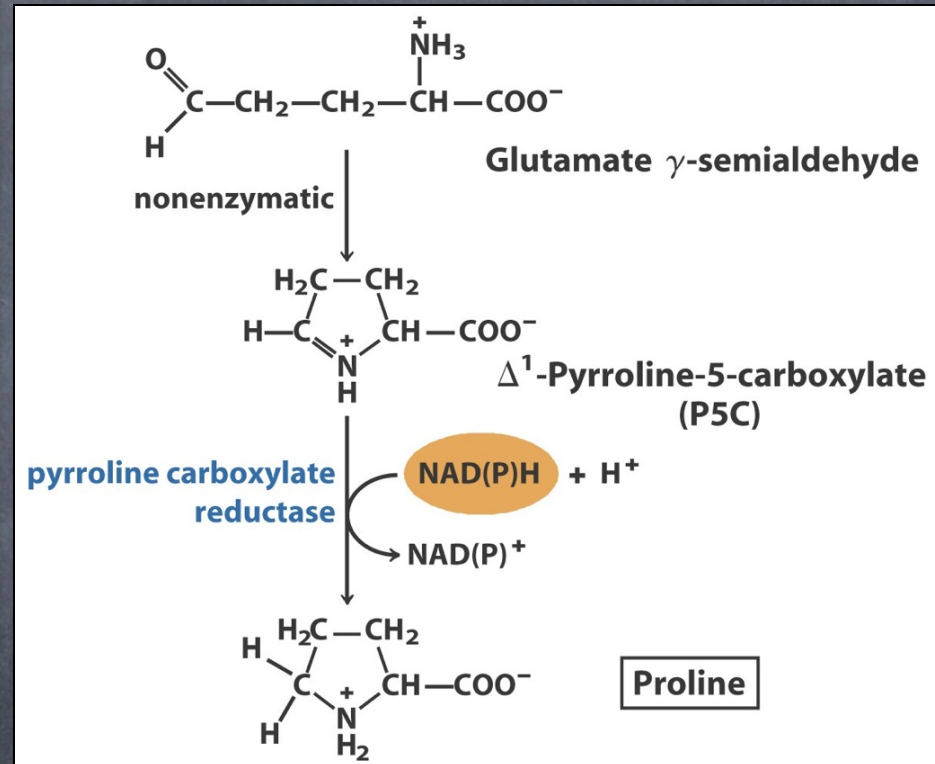
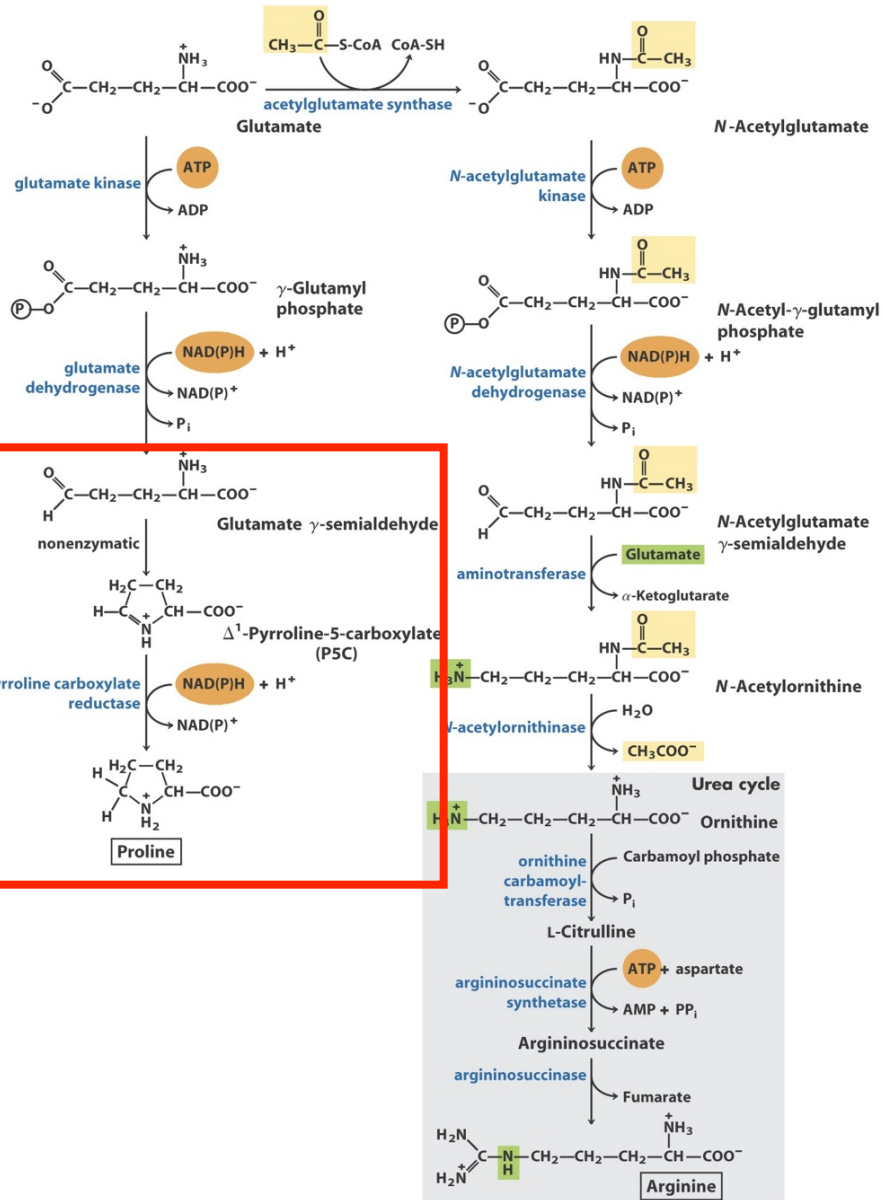
Synthesis of Glutamate, Glutamine, Proline and Arginine



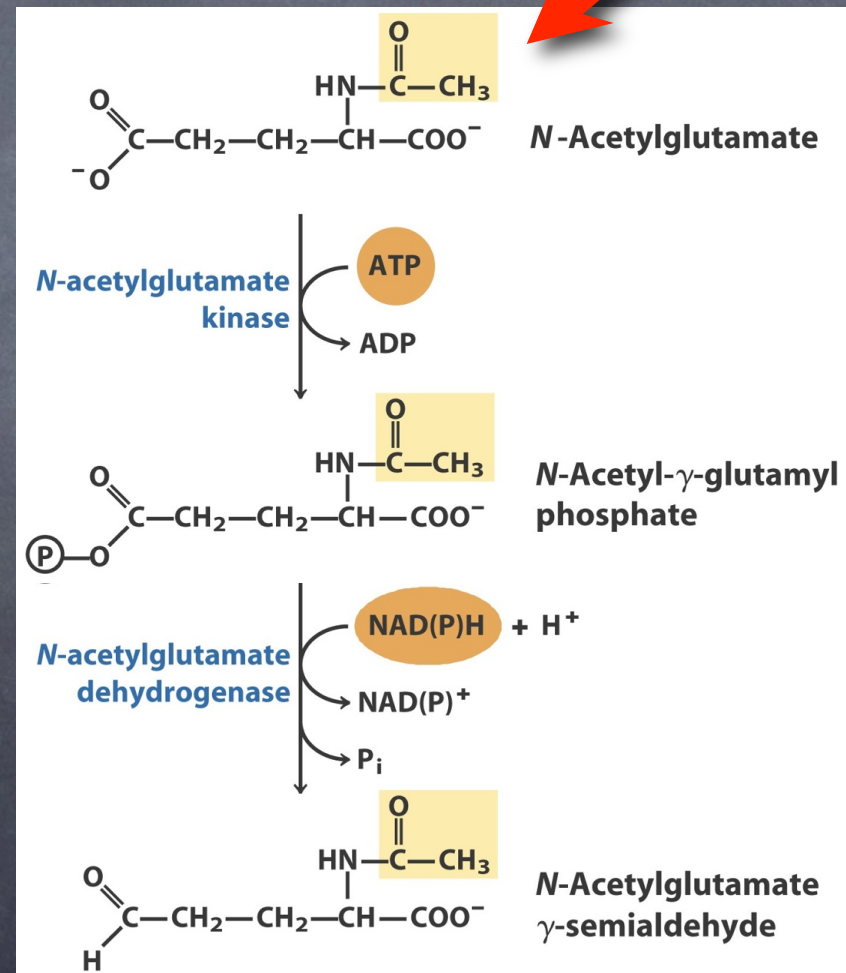
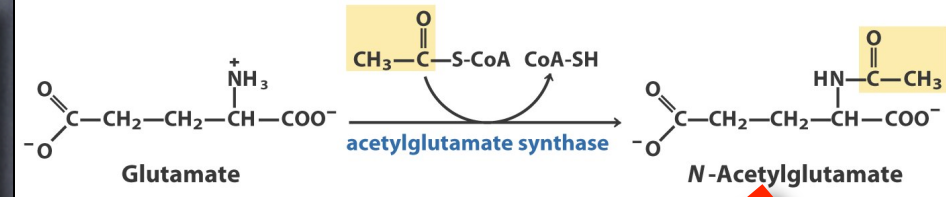
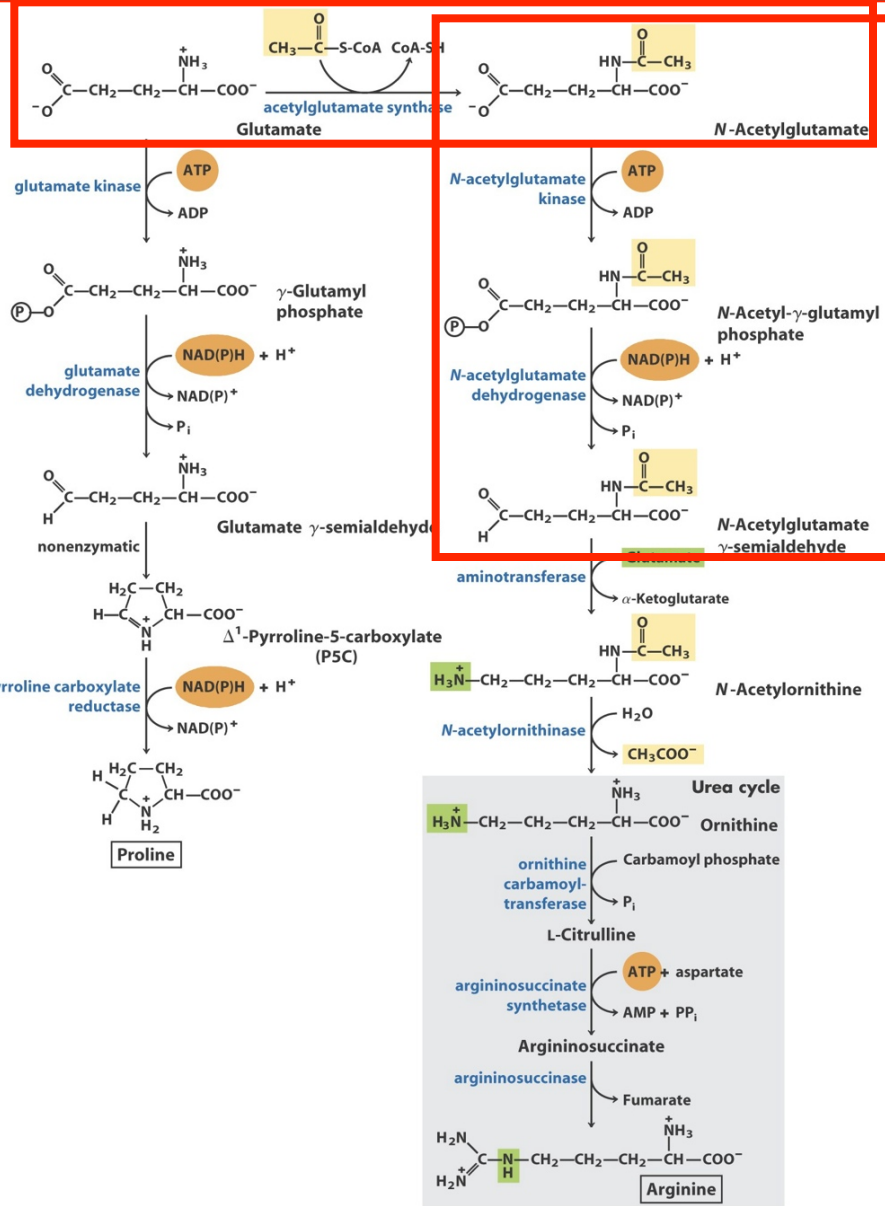
Biosynthesis of Proline



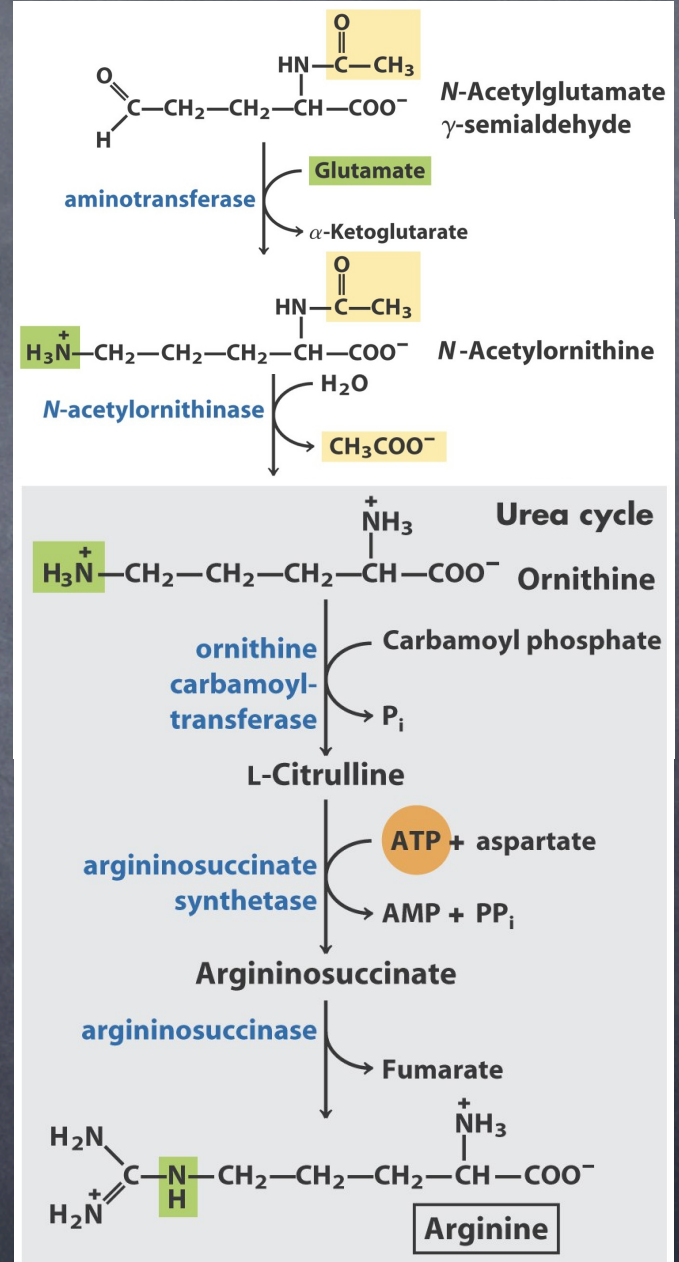
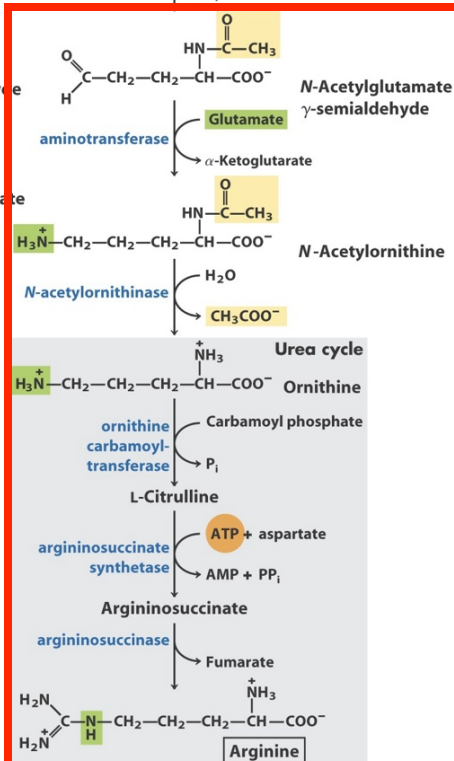
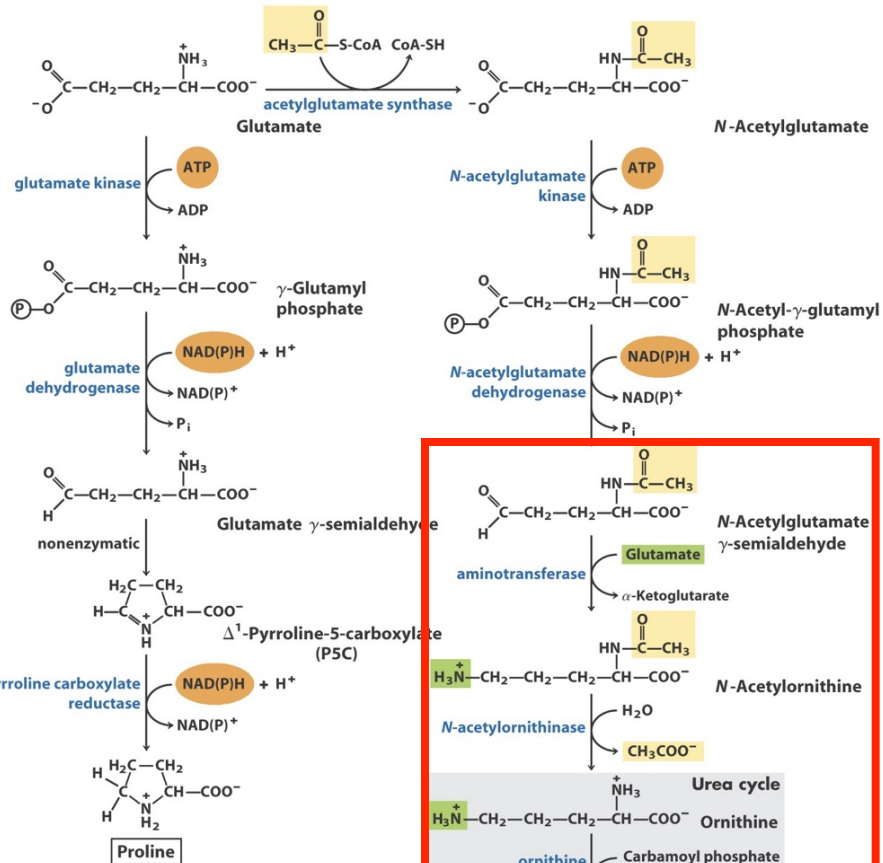
Biosynthesis of Proline

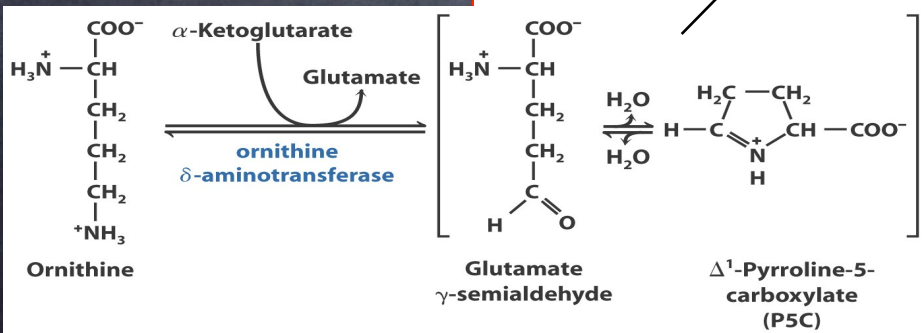
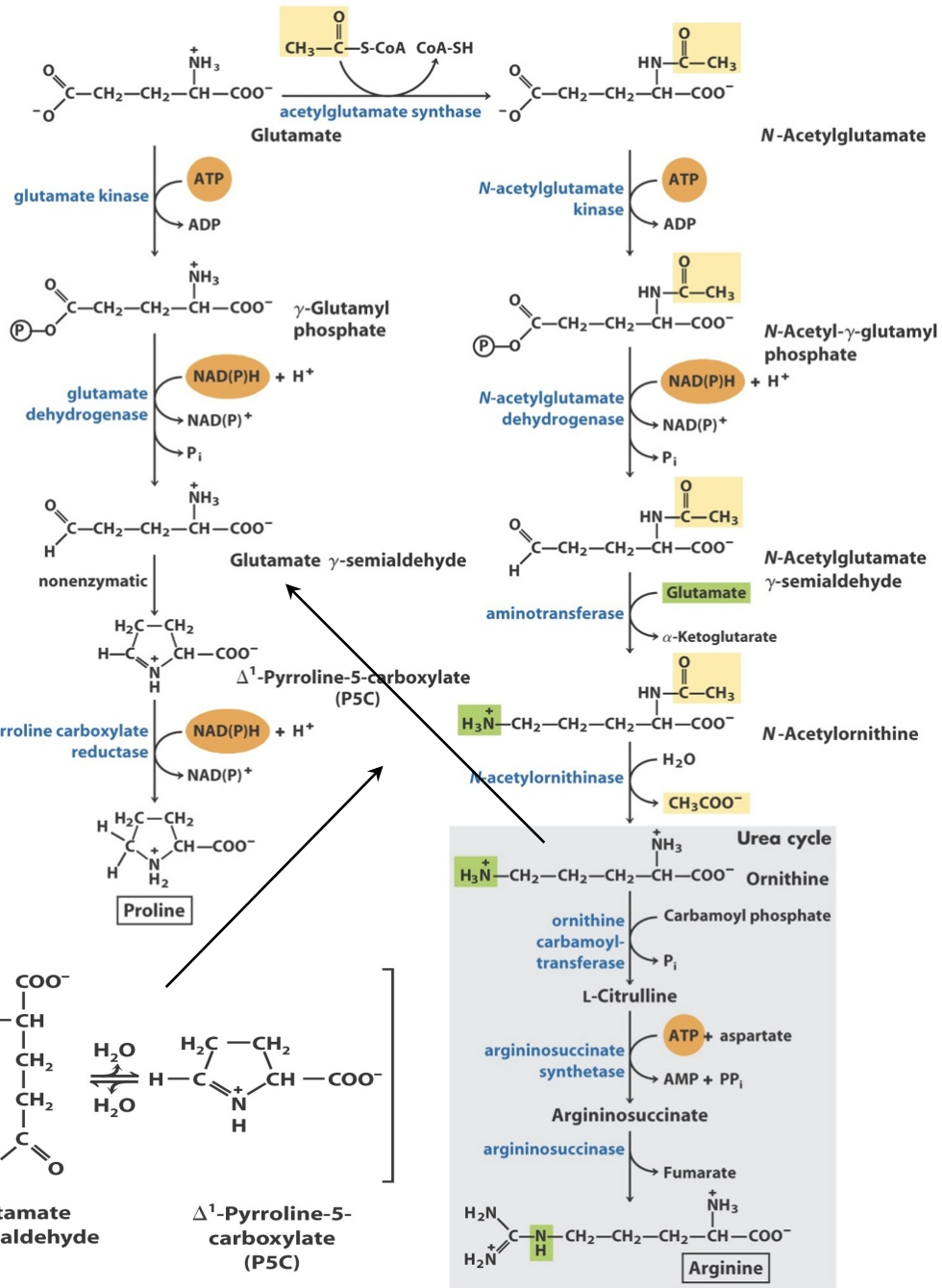


Biosynthesis of Arginine

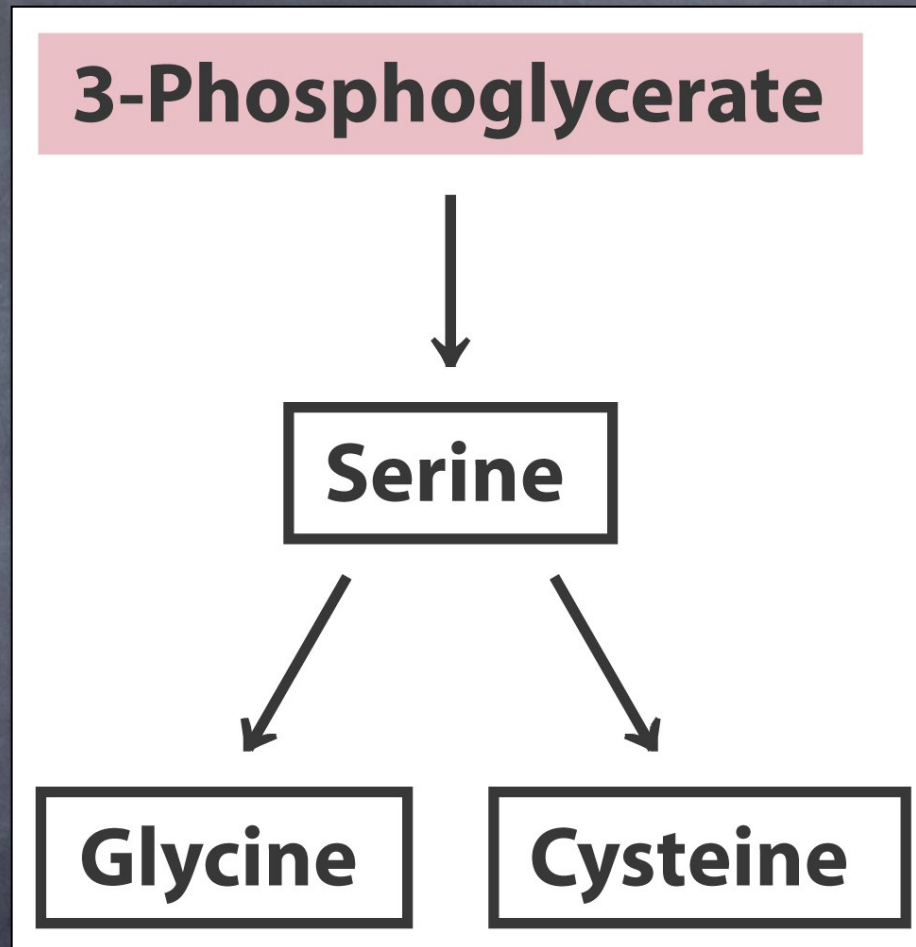


Biosynthesis of Arginine





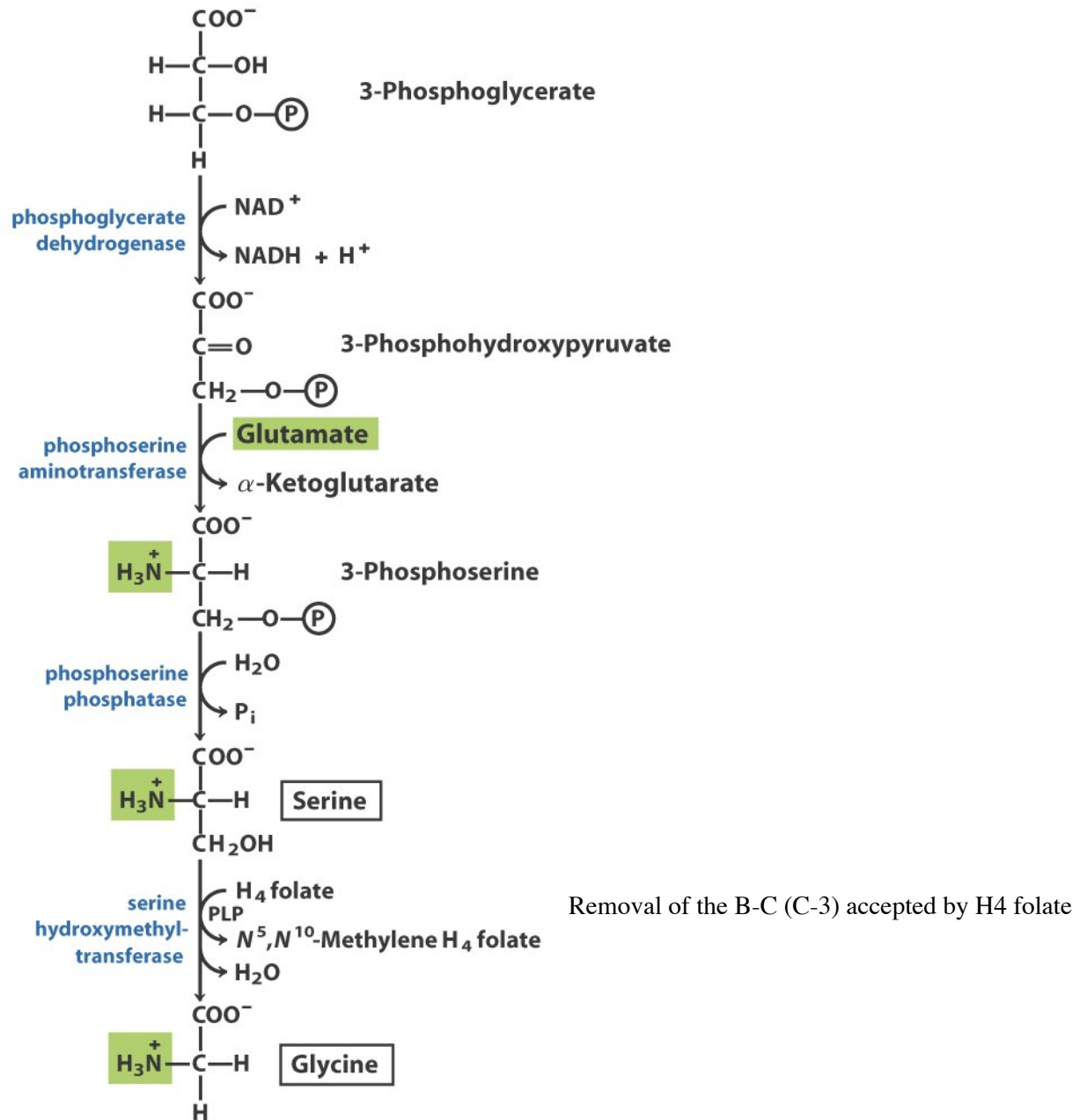
Biosynthesis of Serine, Glycine and Cysteine

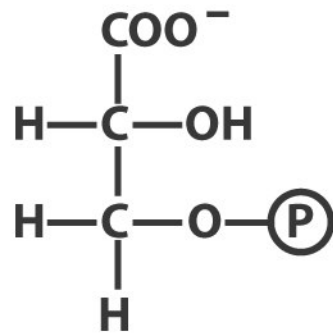


oxidation of the OH group

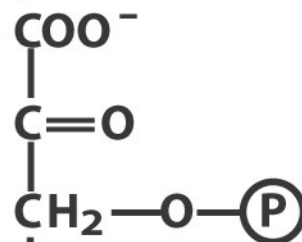
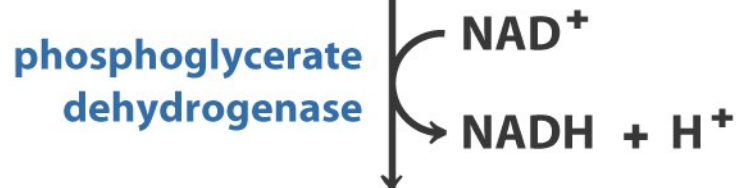
transamination

hydrolysis

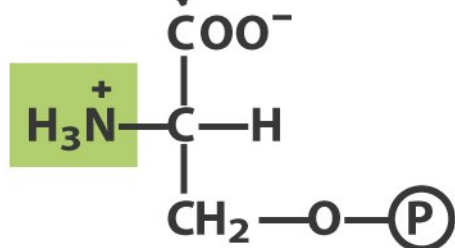
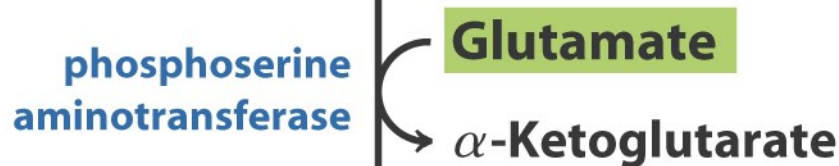




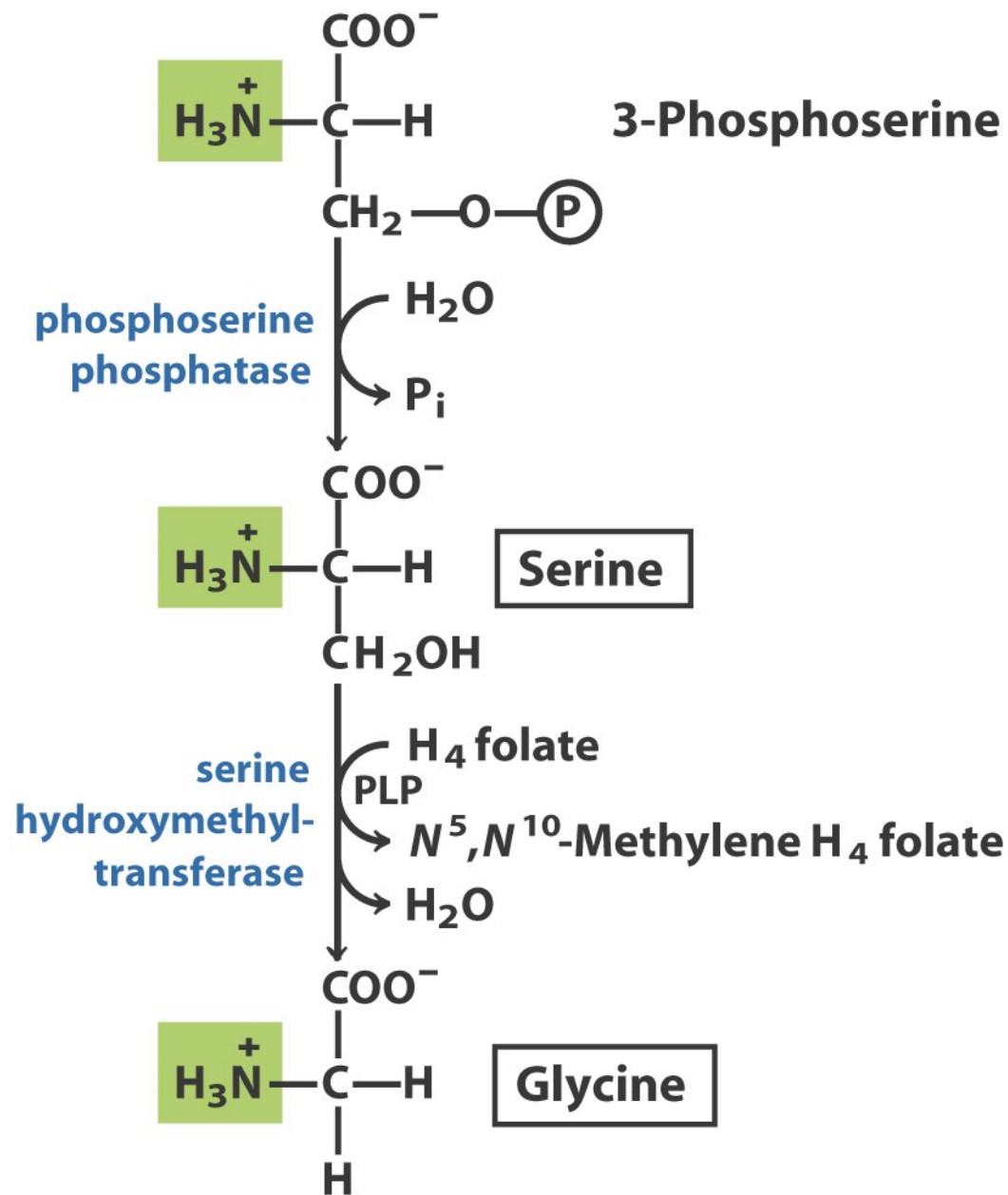
3-Phosphoglycerate



3-Phosphohydroxypyruvate

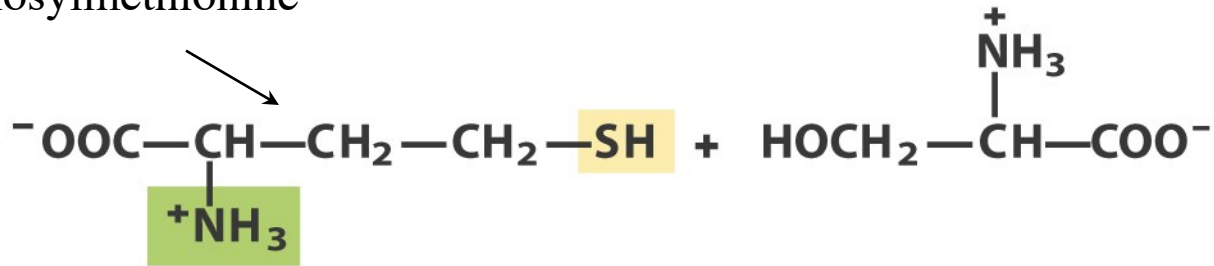


3-Phosphoserine



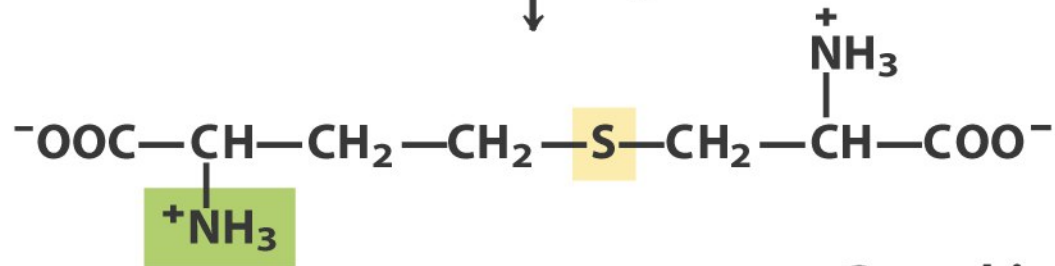
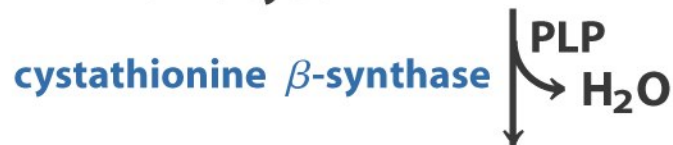
Methionine

S-adenosylmethionine

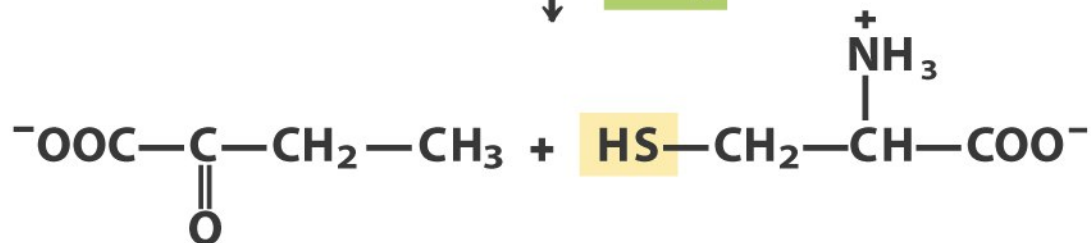


Homocysteine

Serine



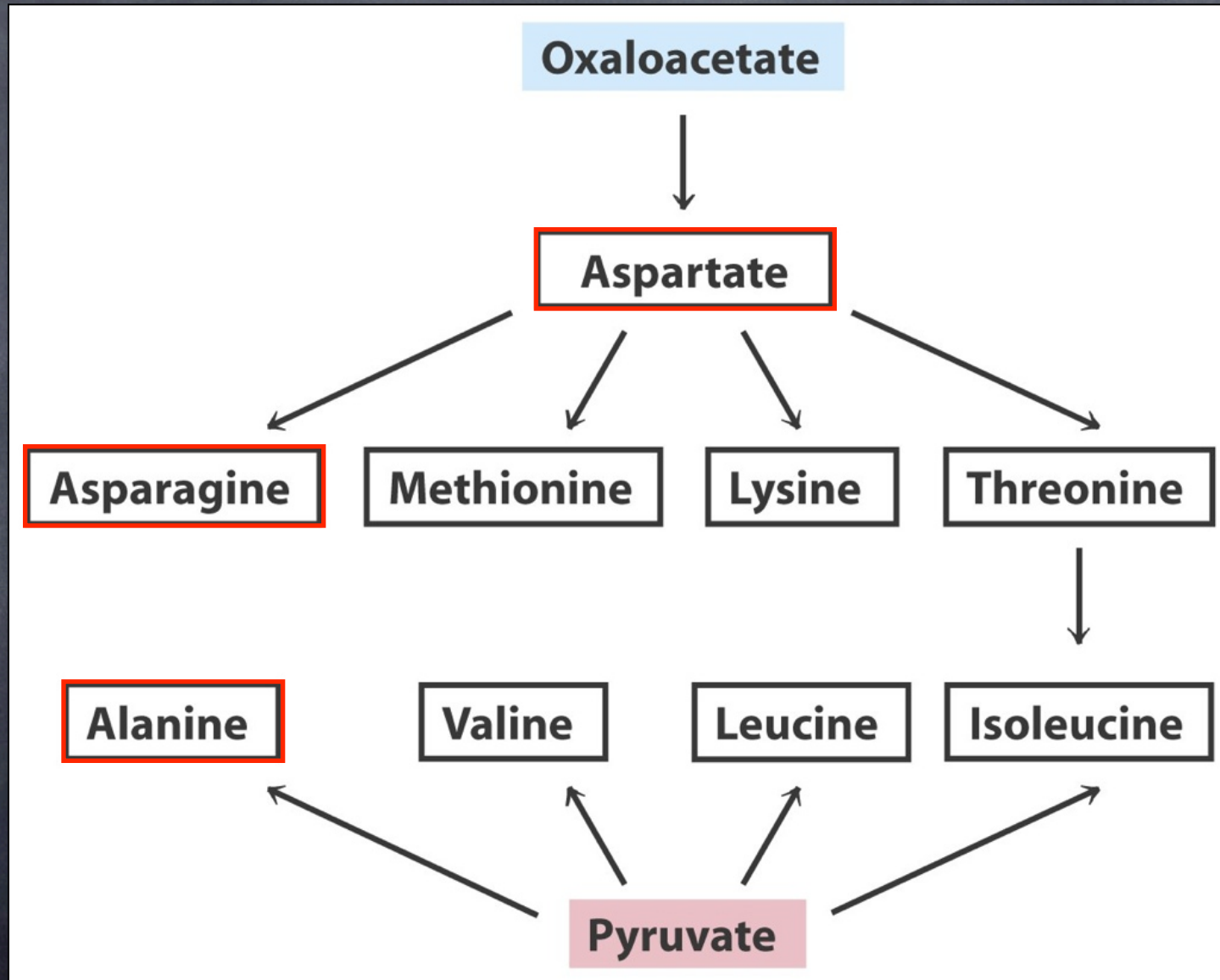
Cystathionine

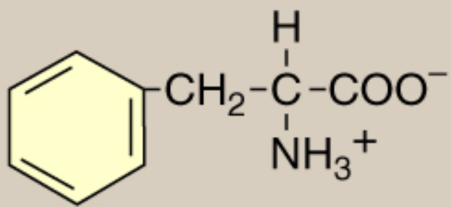


α-Ketobutyrate

Cysteine

Biosynthesis of Three Nonessential and Six Essential From Oxaloacetate and Pyruvate





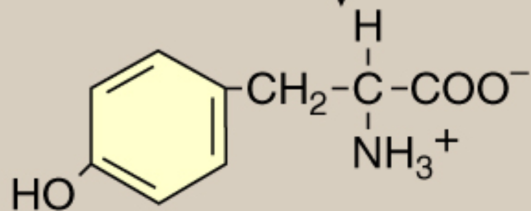
L-Phenylalanine

PKU

*Phenylalanine
hydroxylase*

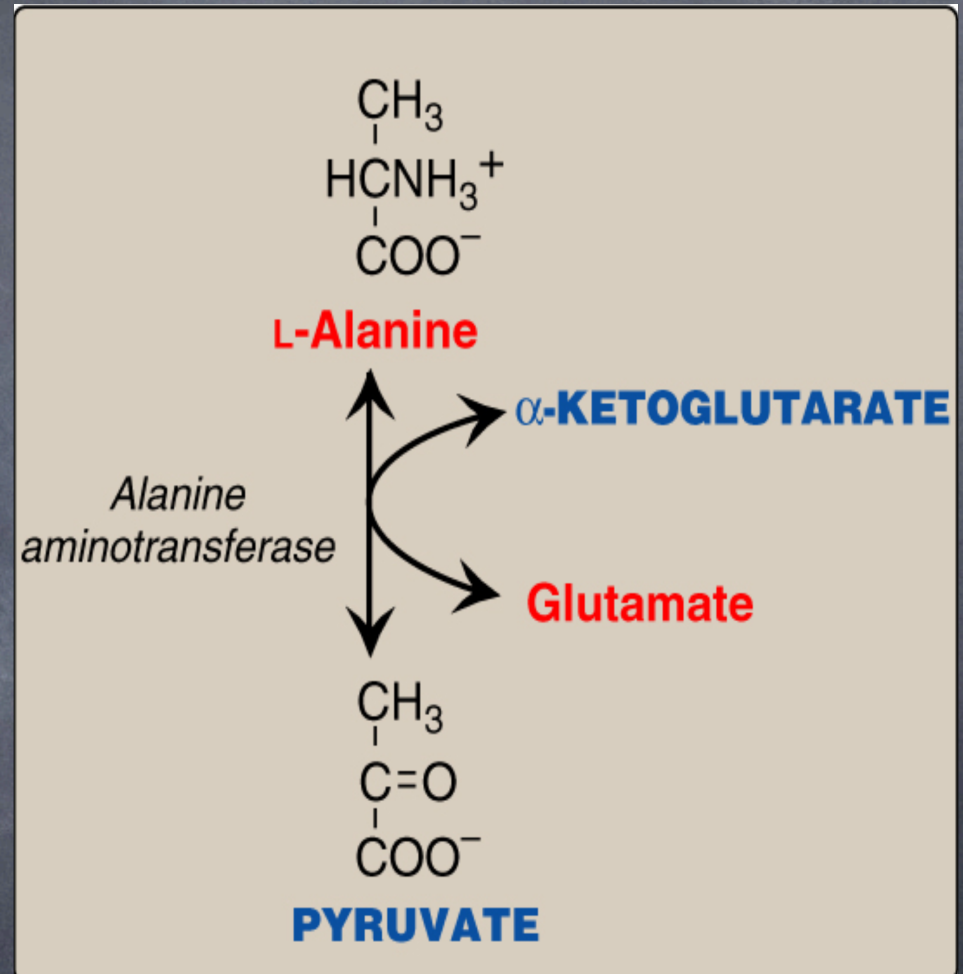
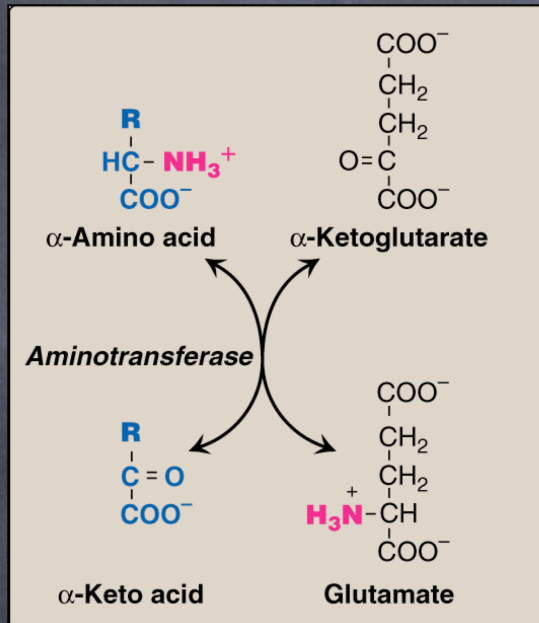
Tetrahydro-
biopterin + O₂

Dihydro-
biopterin + H₂O

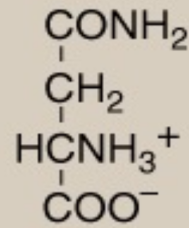


L-Tyrosine

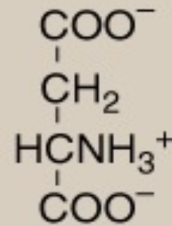
Biosynthesis of Alanine



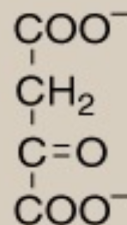
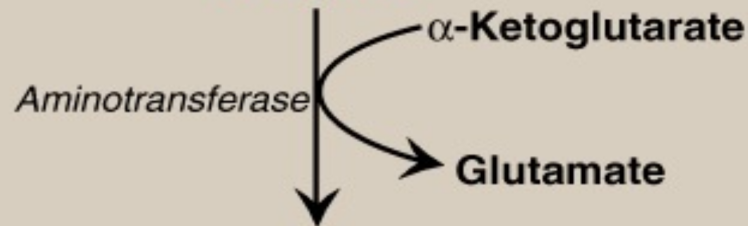
amidation



Asparagine

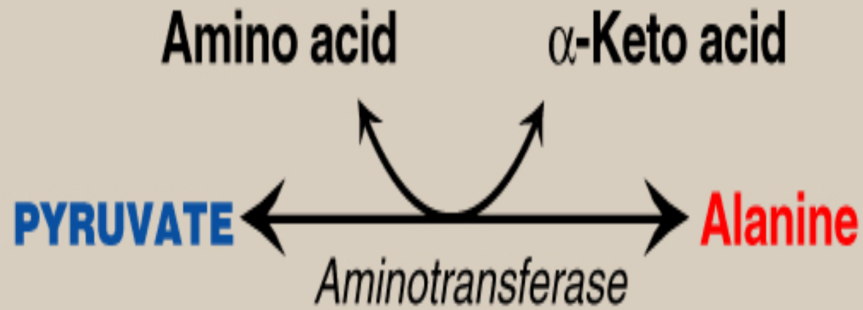


Aspartate



OXALOACETATE

Glutamine
donates NH_4



Biosynthesis on non-essential amino acids

They are synthesized from intermediates of metabolism or from essential amino acids like the case of tyrosine and cysteine. Histidine and arginine are generally classified as non-essential depending on conc.

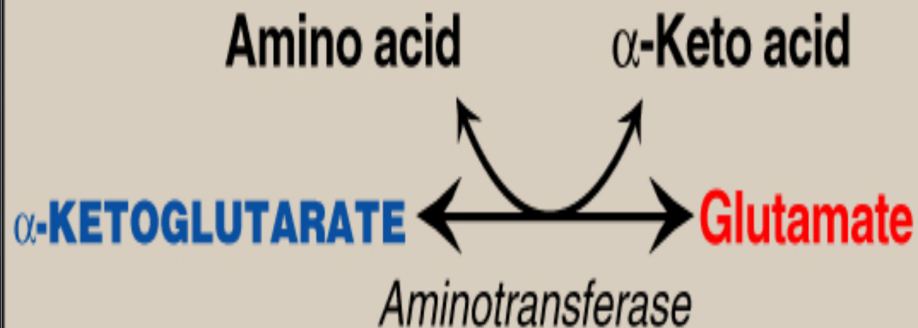
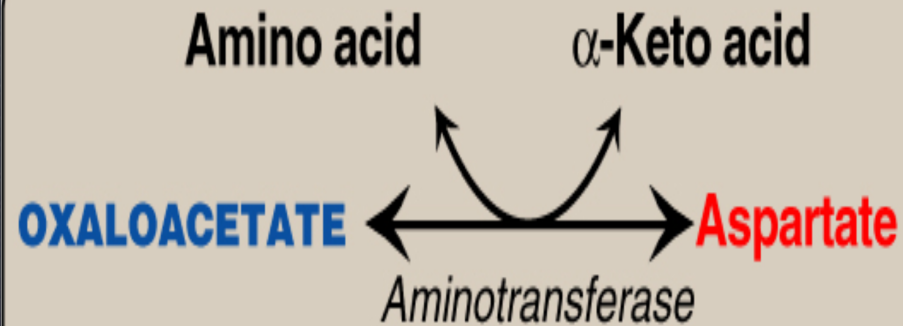
From α -keto acids

From amidation (glutamine) formed from glutamate important in synthesis and degradation providing detoxification of ammonia in liver and brain as previously discussed in Urea cycle. Asparagine formed from aspartate

Proline formed from glutamate

Serine (from 3-phosphoglycerate-3-phosphopyruvate-3-phosphoserine-serine and glycine), glycine (serine) and cysteine (homocysteine-cystathionine-cysteine depends on methionine (essential))

Tyrosine (20.7) phenylalanine (essential) requires BH₄ tetrahydrobiopterin



Allosteric regulation of amino acid biosynthesis

