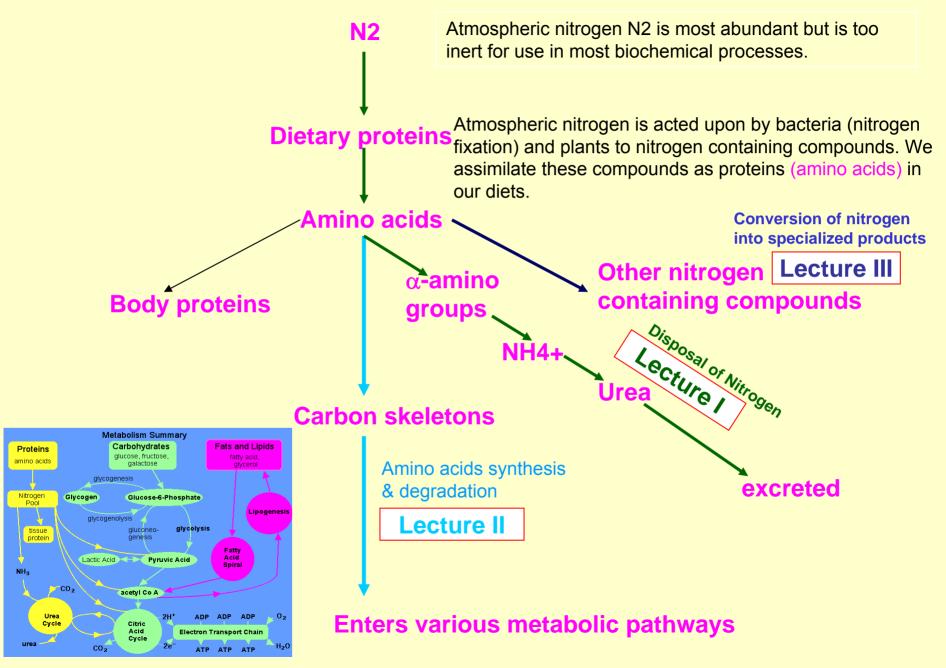
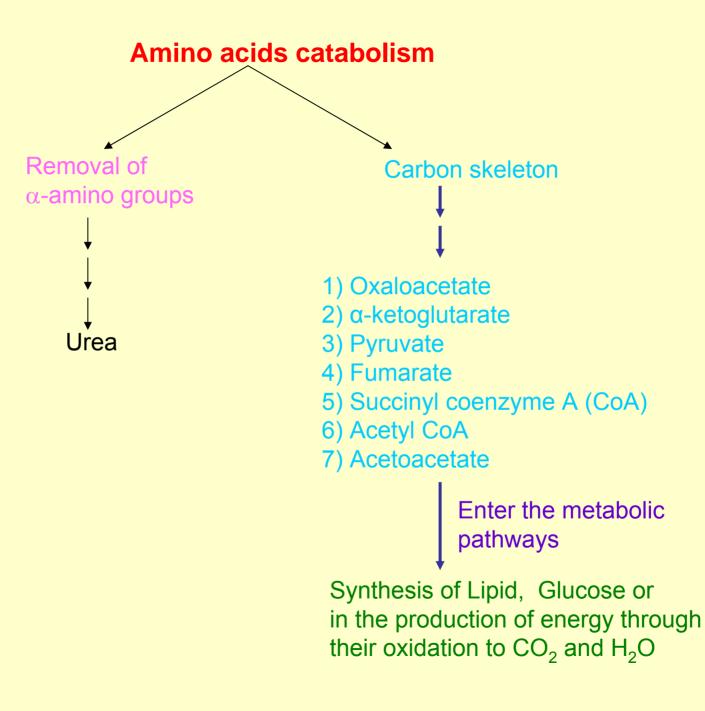
Amino acids degradation and synthesis

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Nitrogen metabolism





Essential versus Nonessential Amino Acids

Cannot be synthesized de novo, <i>hence, must be</i> supplied in the diet.	Synthesized by body	
Essential	Nonessential	
Arginine ^a	Alanine	
Histidine	Aspartate	
Isoleucine	Cysteine	
Leucine	Glutamate	
Lysine	Glycine	
Methionine ^b	Proline	
Phenylalanine ^c	Serine	
Threonine	Tyrosine	
Tryptophan	2	
Valine		

^{*a*} Arginine is synthesized by mammalian tissues, but the rate is not sufficient to meet the need during growth.

^b Methionine is required in large amounts to produce cysteine if the latter is not supplied adequately by the diet.

^c Phenylalanine is needed in larger amounts to form tyrosine if the latter is not supplied adequately by the diet.

Glucogenic and Ketogenic Amino acids

Amino acids are classified as glucogenic, ketogenic, or both based on which of the seven intermediates are produced during their catabolism.



Amino acids whose catabolism yields pyruvate or one of the intermediates of the citric acid cycle are termed glucogenic or glycogenic

Amino acids whose catabolism yields either acetoacetate or one of its precursor, (acetyl CoA or acetoacetyl CoA) are termed ketogenic.

Some amino acids are both glucogenic or ketogenic

Ketone bodies

Ketone bodies are three water-soluble compounds that are produced as by-products when fatty acids are broken down for energy in the liver and kidney.

The three ketone bodies are acetone, acetoacetic acid and beta-hydroxybutyric acid.

Ketone bodies are transported from the liver to other tissues, where acetoacetate and beta-hydroxybutyrate can be reconverted to acetyl-CoA to produce energy, via the Krebs cycle.

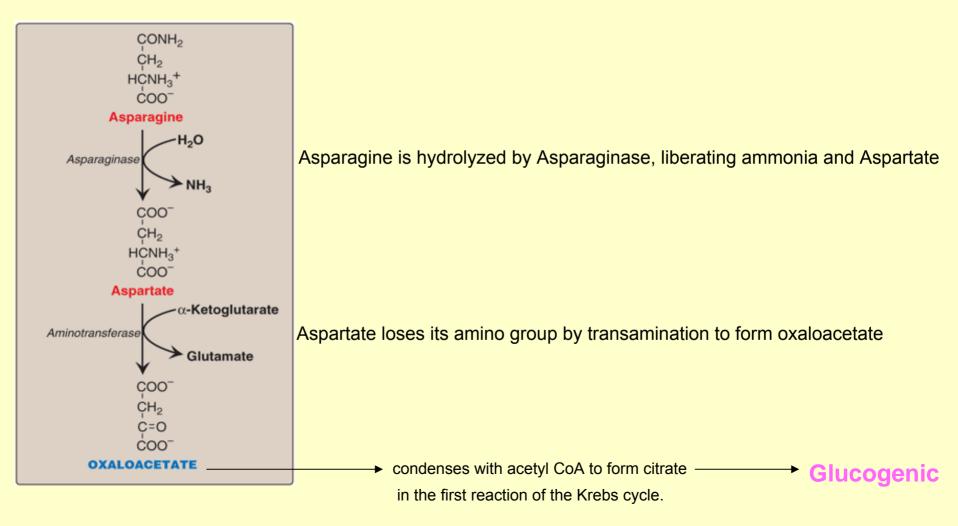
Excess ketone bodies accumulate, this abnormal (but not necessarily harmful) state is called Ketosis

Glucogenic and Ketogenic Amino acids

or	Glucogenic glycogenic	Glucogenic and Ketogenic	Ketogenic
Nonessential	Alanine Arginine Asparagine Aspartate Cysteine Glutamate Glutamine Glycine Proline Serine	Tyrosine	
Essential	Histidine Methionine Threonine Valine	Isoleucine Phenyl- alanine Tryptophan	Leucine Lysine

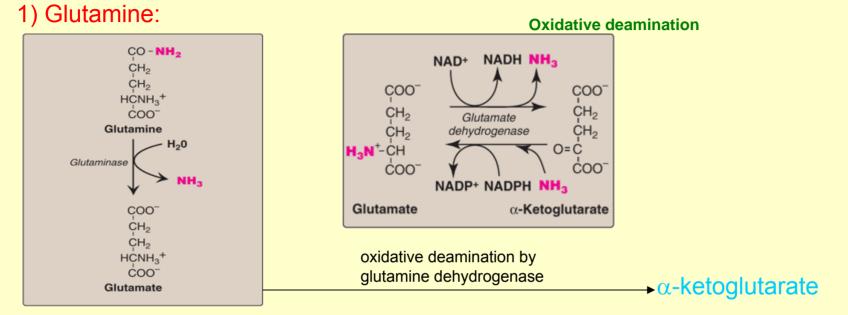
Catabolism of the carbon skeletons of amino acids

Amino acids that enter metabolism as oxaloacetate (Aspargine and Aspartate)



Amino acids that form α -ketoglutarate (Glutamine, Proline, Arginine, Histidine)

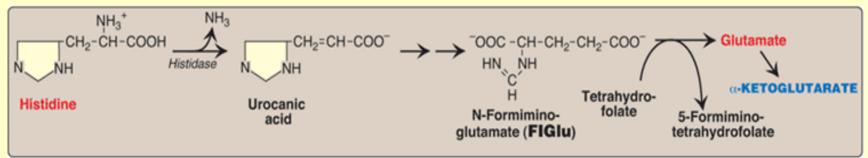
Glucogenic

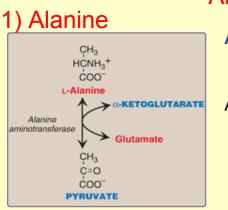


2) Proline: It is oxidized to glutamate. Glutamate is then oxidatively deaminated to form α -ketoglutarate

3) Arginine: This as is cleaved by arginase to produce ornithine. Ornithine is subsequently converted to α -ketoglutarate

4) Histidine:





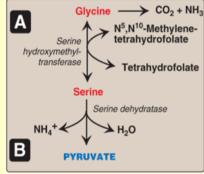
Amino acids that enter metabolism as pyruvate

Alanine, Serine, Glycine, Cystine Threonine

Glucogenic

Alanine loses its amino group by transamination to form pyruvate

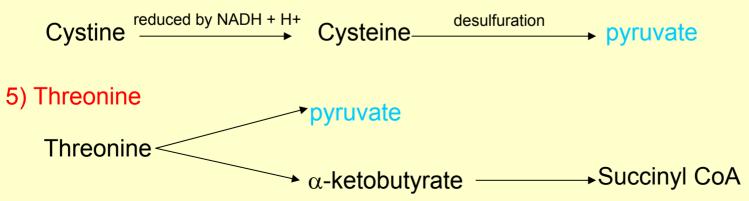
2) Serine and 3) Glycine



Inter conversion of serine and glycine

Serine can be converted to glycine and N5, N10-methylenetetrahydorfolate or to pyruvate by serine dehydratase.

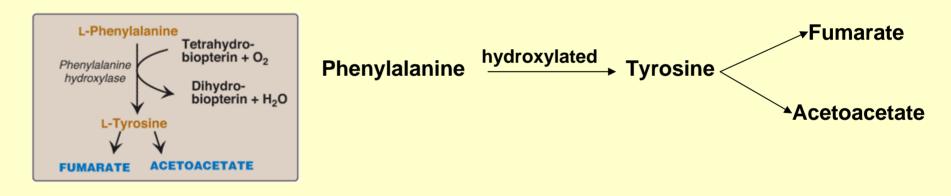
4) Cystine



Amino Acids that enter metabolism as fumarate

Phenylalanine and Tyrosine

1) Phenylalanine and 2) Tyrosine

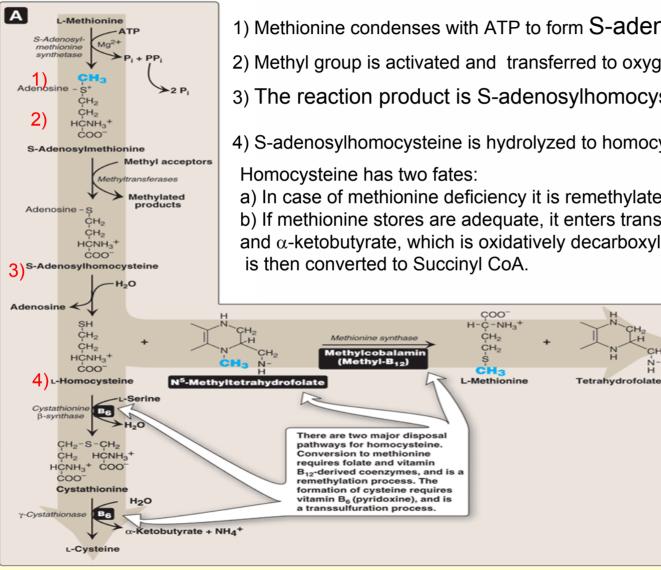


Hence these two aa are both glucogenic and ketogenic

Amino acids that enter metabolism as succinyl CoA (Methionine Valine, Isoleucine, Threonine)

Methionine

•Converted into S-adenosylmethionine (SAM), (a major universal methyl donor in one-carbon metabolism) •It is also a source of homocysteine---a metabolite associated with artherosclerotic vascular disease



1) Methionine condenses with ATP to form S-adenosylmethionine

2) Methyl group is activated and transferred to oxygen, nitrogen or carbon atoms.

3) The reaction product is S-adenosylhomocysteine

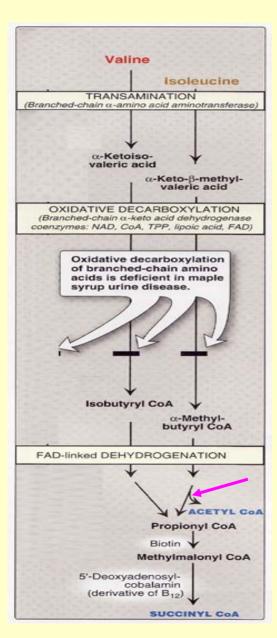
4) S-adenosylhomocysteine is hydrolyzed to homocysteine.

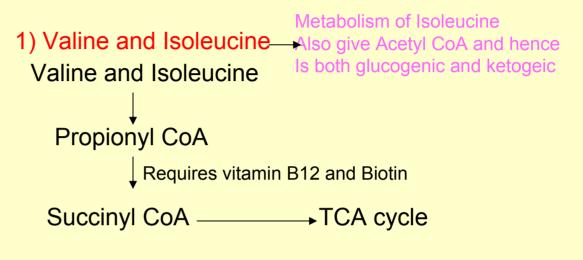
a) In case of methionine deficiency it is remethylated to methionine

b) If methionine stores are adequate, it enters transulferation pathway to form cysteine and α -ketobutyrate, which is oxidatively decarboxylated to form propional CoA which

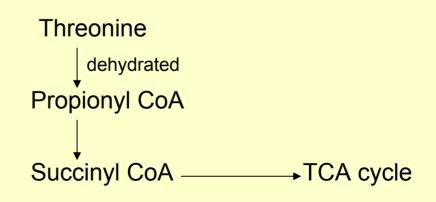
N١

Amino acids that form succinyl CoA Valine, Isoleucine and Threonine

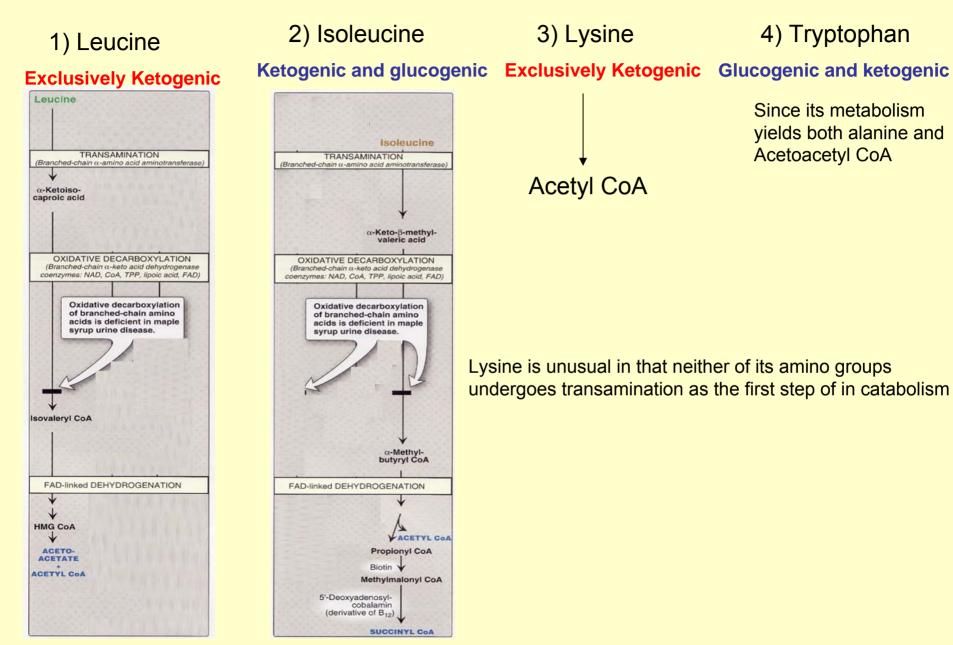




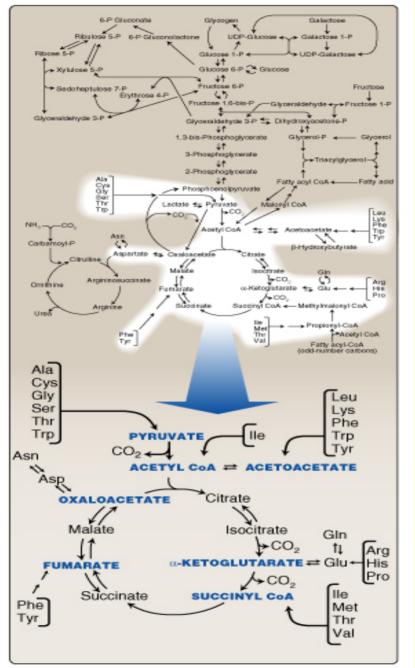
2) Threonine

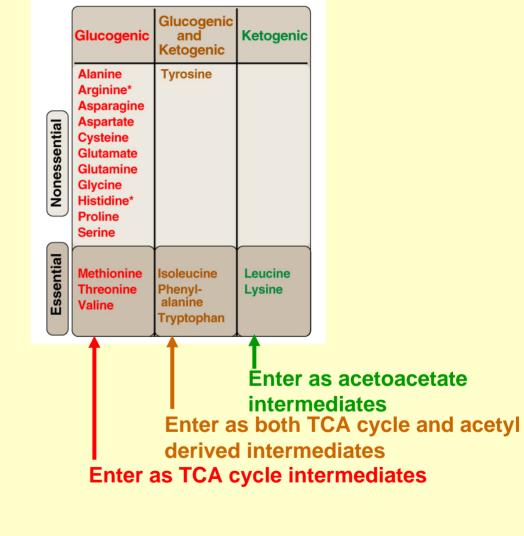


Amino acids that form acetyl CoA or acetoacetyl CoA



Overview of Amino Acid Catabolism





Seven central products of amino acid metabolism

Catabolism of the branched chain amino acids

Branched chain AA are: Isoleucine, Leucine, Valine

* Essential AA
•Metabolized primarily by the peripheral tissues (muscles) and not In the liver like other amino acids.

Isoleucine

α-Keto-β-methylvaleric acid

> a-Methylbutyryl CoA

> > ACI

Propionyl CoA

SUCCINYL CoA

Biotin ¥ Methylmalonyl CoA

cobalamin

*All three have similar route of catabolism

Valine

α-Ketoisovaleric acid

TRANSAMINATION (Branched-chain u-amino acid aminotransfera)

OXIDATIVE DECARBOXYLATION (Branched-chain a: kethydrogenase Coanzymes: TPP, CoA, lippic acid, NAD, FAD)

> Oxidative decarboxylation of branched-chain amino acids is deficient in maple

syrup urine disease.

Isobutyryl CoA

DEHYDROGENATION

5'-Deoxyadenosyl-

Leucine

a-Ketoiso-

caproic acid

Isovaleryl CoA

ACETO-

ACETYL CoA



Transamination

Catalyzed by a single Vitamin B6-requiring enzyme, Branched-chain α -amino acid aminotransferase.

Oxidative decarboxylation

The removal of carboxyl group of the α -keto acids from these three AAs is catalyzed by the same branched-chain α -keto acid dehydrogenase complex.

This enzyme uses thiamine pyrophosphate, lipoic acid, FAD, NAD+, and CoA as cooenzymes).

Dehydrogenase

Oxidation of the products formed in the decarboxylation reaction yields α - β -unsaturated acyl CoA derivatives.

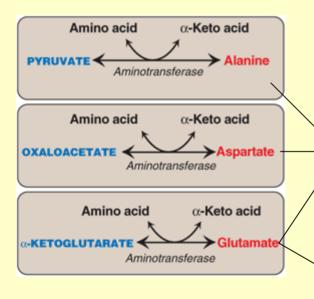
Role of Folic aid in Amino acid metabolism

Tetrahydrofolic acid, an active form of Folic acid that carries single carbon unit. This carbon unit is transferred to specific structures that are being synthesized or modified.

One-carbon metabolism comprises a network of integrated biochemical pathways that donate, and regenerate, the **one-carbon** moieties needed for physiologic processes.

Non essential amino acids are synthesized from intermediates of metabolism or, from essential amino acids.

Synthesis from α -keto acids

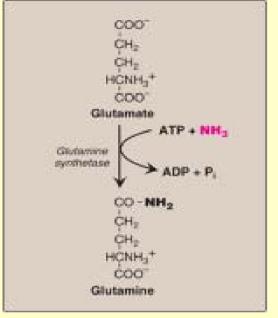


Ala, Asp and Glu are synthesized by transfer of
 an amino group to the α-keto acids pyruvate,
 oxaloacetate, and a-ketoglutarate respectively.

Glutamate can also be synthesized by Reverse of oxidative deamination, catalyzed by glutamate dehydrogenase.

Synthesis by amidation

Glutamine:



Glutamine:

•contains an amide linkage with ammonia at the γ -carboxyl

•Is formed from glutamate

•Reaction is driven by glutamine synthetase

Requires ATP

•Reaction serves as a major step for detoxification of ammonia in addition to the synthesis of Glutamine for protein synthesis.

Aspargine:

Aspargine:

•contains an amide linkage with ammonia at the β -carboxyl

•Is formed from Aspratate

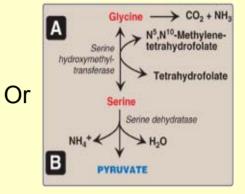
Reaction is driven by asparagine synthatase using glutamine as a amide donor.Requires ATP

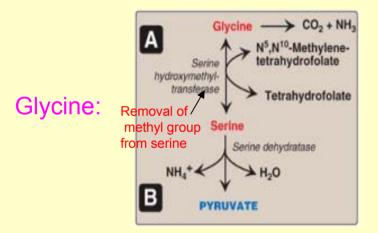
Proline:

Glutamate is converted to proline by cyclization and reduction reactions.

Serine:

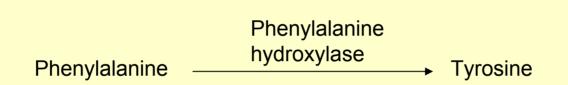
Synthesized from glycolysis intermediate 3-phosphogylcerate.





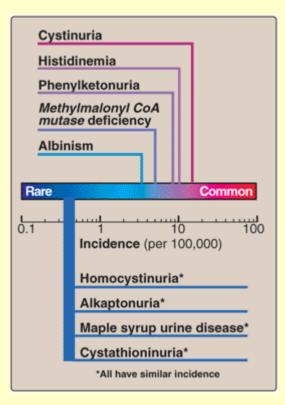
Cysteine: Is synthesized by two consecutive reactions 1) Homocysteine + serine \longrightarrow Cystathionine 2) hydrolysis α -ketobutyrate + cysteine





Tyrosine and Cysteine are non essential AA. But there synthesis is dependent on the essential AAs phenylalanine and methionine resp. Hence, these AAs are non essential only when there is an adequate supply of essential AA.

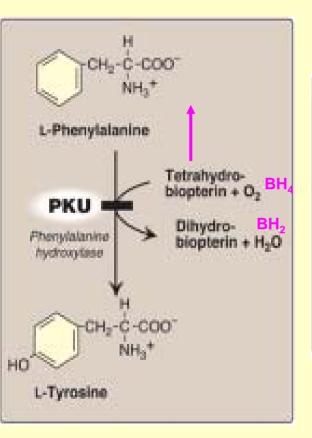
Metabolic defects in Amino acid metabolism



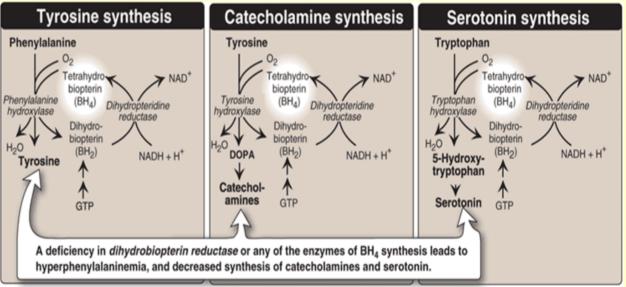
Phenylketonurea (Prevalence of 1:15,000)

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

More than 400 mutations in gene that code for PKU has been identified and the disease is often heterozygous.



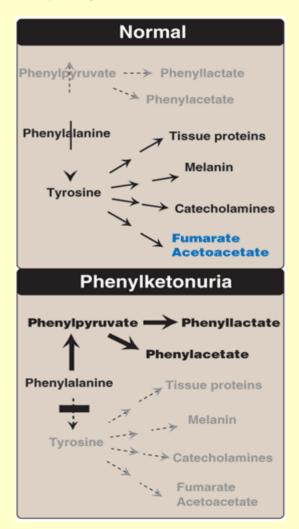
Deficiency of enzymes required for the synthesis of BH4 and dihydropterine (BH2) Reductase which regenerates BH4 from BH2 also leads to hyperphenylalaninemia.



BH4 is also required for tyrosine hydroxylase and tryptophan hydroxylase

Treatment: replacement therapy with BH4 or generated products

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



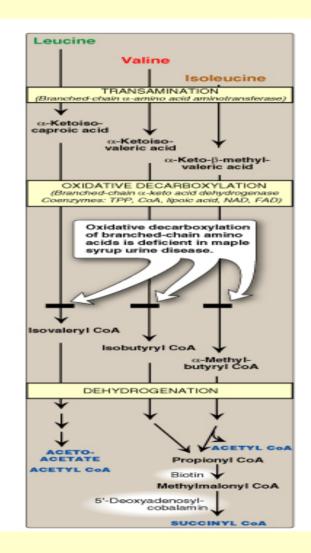
Characteristics of classic PKU:

- 1) Elevated phenylalanine, phenylpyruvate, phenyllactate and phenylacetate in tissues, plasma and urine.
- 2) CNS symptoms: Mental retardation, failure to walk or talk, seizures, hyperctivity, tremor etc.
- 3) Hypopigmentation: deficiency in the formation of Melanin lead to the deficiency of pigmentation (fair hair, light skin, color, and blue eyes.

Treatments: Synthetic nutrient with low phenylalanine content supplemented with tyrosine

Maple syrup urine disease (MSUD) (rare, prevalence of 1:185,000)

Autosomal recessive disease in which there is a partial or complete deficiency of Branched chain α -keto acid dehydrogenase, an enzyme that decarboxylates leucine, Isoleucine, and Valine.



Disease leads to accumulation of these amino aids and branched chain α -keto acid substrates causing abnormalities in brain functions.

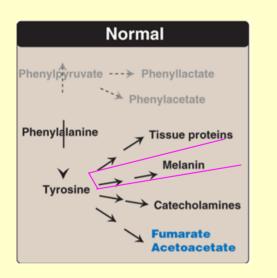
> Characteristics of MSUD Patients show feeding problems, vomiting, dehydration, severe metabolic acidosis and Classic maple syrup odor to the urine.

Treatments:

Giving a synthetic formula that contains limited amount of leucine, Isoleucine, and Valine.



Albinism



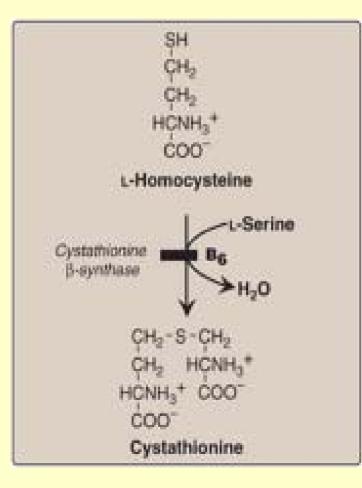
Condition in which defect in tyrosine metabolism results in deficiency in the production of melanin.

Characteristics: hypopigmentation caused due to the deficiency in the formation of melanine results in partial or full absence of pigment from the skin, hair, and eyes.

Homocystinuria

Caused due to the defect in the metabolism of homocysteine. Most common cause is A defect in the enzyme cystathionine β -synthatase.

Results in elevation of homocysteine, methionine, and low levels of cysteine in plasma



Charactristics:

 High levels of homocysteine and methionine in plasma and urine.
 Patients exhibit ectopia (displacement of the lens of the eye)
 Skeletal abnormalities
 Premature arterial disease
 Osteoporosis

6) Mental retardation

Treatment:

Restriction of methionine intake and supplementation with Vit B6, B12, and folate.

Alkaptonuria Rare disease involving deficiency in homogentisic acid oxidase, enzyme in tyrosine degradation pathway.

Urine from a patient with alkaptonuria		
After two hours, the urine is entirely black.		
1 The specimen on the left, which has been standing for fifteen minutes, shows some darkening at the surface, due to the oxidation of homogentisic acid.		
B Vertebrae from a patient with alkaptonuria		
Dense, black pigment deposited on the intervertebral disks of		
on the intervertebrai disks of the vertebrae.		

Characteristics:

- 1) Results in accumulation of homogentisic acidurea.
- 2) Large joint arthritis
- 3) Dense, black pigments deposited on the intravetebral disks of the vertebrae.

Treatment:

Low protein (low in phenylalanine and tyrosine) diet Help reduce the levels of homogenistic acid.

Summary of the metabolism of amino acids

