M1 - Renal, Fall 2007

Lyons, R.; Burney, R.

<http://hdl.handle.net/2027.42/64946>
http://hdl.handle.net/2027.42/64946
Unless otherwise noted, the content of this course material is licensed under a Creative Commons Attribution – Share Alike 3.0 License.

Copyright 2007, Robert Lyons.

The following information is intended to inform and educate and is not a tool for self-diagnosis or a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional. You should speak to your physician or make an appointment to be seen if you have questions or concerns about this information or your medical condition. You assume all responsibility for use and potential liability associated with any use of the material.

Material contains copyrighted content, used in accordance with U.S. law. Copyright holders of content included in this material should contact open.michigan@umich.edu with any questions, corrections, or clarifications regarding the use of content. The Regents of the University of Michigan do not license the use of third party content posted to this site unless such a license is specifically granted in connection with particular content objects. Users of content are responsible for their compliance with applicable law. Mention of specific products in this recording solely represents the opinion of the speaker and does not represent an endorsement by the University of Michigan.

Viewer discretion advised: Material may contain medical images that may be disturbing to some viewers.
Nitrogen Metabolism (and Related Topics)

• Amino Acid Metabolism (Nitrogen metabolism)
• Folate Metabolism (“One-Carbon pathways”)
• Nucleotide Metabolism

Dr. Robert Lyons
Assistant Professor, Biological Chemistry
Director, DNA Sequencing Core
There are also PDF’s of class handouts with supplemental information available in the table of contents for this course.

Supplementary study material on the Web:
http://seqcore.brcf.med.umich.edu/mcb500
Protein Degradation:

- Endogenous proteins degrade continuously
  - Damaged
  - Mis-folded
  - Un-needed
- Dietary protein intake - mostly degraded

Nitrogen Balance - expresses the patient’s current status - are they *gaining* or *losing* net Nitrogen?
Transaminases Collect Amines

General reaction overview:

\[
R_1\text{-}C\text{-}\text{coo}(-) + R_2\text{-}C\text{-}\text{coo}(-) \xrightarrow{\text{\alpha-keto acid (typically alpha-ketoglutarate)}} R_1\text{-}C\text{-}\text{coo}(-) + R_2\text{-}C\text{-}\text{coo}(-)
\]

Details of reaction mechanism:

\[
\text{amino acid}\xrightarrow{\text{H}} \text{amino acid} + \text{H}_2\text{O}
\]

\[
\text{pyridoxal phosphate}\xrightarrow{\text{H}} \text{pyridoxamine phosphate}
\]

\[
\text{pyridoxal phosphate}\xrightarrow{\text{H}} \text{pyridoxamine phosphate}
\]
Transfer the amine back to an acceptor $\alpha$-keto acid
Some amino acid $\alpha$-ketoglutarate $\rightarrow$ some alpha keto acid + Glutamate

In other words, alpha-ketoglutarate is the preferred acceptor, and Glutamate is the resulting amino acid:

In peripheral tissues, transaminases *tend* to form Glutamate when they catabolize amino acids.
Glutamate can donate its amines to form other amino acids as needed.

A specific example - production of Aspartate in liver (described a few slides from now):

\[
\text{Glutamate} + \text{oxaloacetate} \rightarrow \alpha\text{-ketoglutarate} + \text{aspartate}
\]
Getting Amines Into the Liver

Glutamate Dehydrogenase:

\[
\begin{align*}
\text{glutamate} & \quad \xrightarrow{\text{NAD}(P)} \quad \text{NAD}(P)H \\
\text{mito} & \\
\text{α-ketoglutarate} & + \quad \text{ammonia}
\end{align*}
\]

Glutamine Synthetase:

\[
\begin{align*}
\text{glutamate} & \quad \xrightarrow{\text{ATP}+\text{NH}_3} \quad \text{glutamine} \\
\text{ADP}+\text{P}_i &
\end{align*}
\]
In the Liver: Precursors for Urea Cycle

Glutamine is hydrolyzed to glutamate and ammonia:

\[ \text{Glutamine} \rightarrow \text{Glutamate} + \text{Ammonia} \]

Ammonia can also be formed by the glutamate dehydrogenase reaction and several other reactions as well.

Glutamate donates its amino group to form aspartate:

\[ \text{Glutamate} + \text{Oxaloacetate} \rightarrow \text{Aspartate} + \text{α-ketoglutarate} \]
Carbamoyl phosphate synthetase I

bicarbonate → carbonyl phosphate → carbamate → carbamoyl phosphate
Ornithine Transcarbamoylase

Carbamoyl phosphate

Ornithine

Citrulline
Argininosuccinate synthetase

\[
(-)\text{OCC} - \text{C} - \text{CH}_2\text{CH}_2\text{NH}_3 \rightarrow \text{Citrulline}
\]

\[
\text{aspartate} \quad \text{OCC} - \text{C} - \text{CH}_2\text{CH}_2\text{NH}_3 \rightarrow \text{AMP + PP}_i
\]

\[
\text{Argininosuccinate}
\]
Argininosuccinate lyase

Argininosuccinate $\rightarrow$ Fumarate $\rightarrow$ Arginine
Arginase

Arginine → Urea → Ornithine
Getting Amines Into the Liver

Glutamate Dehydrogenase:

\[
\text{glutamate} \xrightarrow{\text{Glutamate Dehydrogenase}} \text{NAD(P)} \xrightarrow{\text{mito}} \text{NAD(P)H} \xrightarrow{\alpha\text{-keto glutarate, ammonia}} \text{glutamate}
\]

Glutamine Synthetase:

\[
\text{glutamate} \xrightarrow{\text{ATP + NH}_3} \text{glutamine} \xrightarrow{\text{ADP + P}_i} \text{glutamine}
\]
CPS I is Stimulated by NAG

\[
\begin{align*}
\text{glutamate} & \quad \text{acetyl CoA} \\
\text{N-acetyl glutamate (NAG)}
\end{align*}
\]

(repeating the figure from page 3 of your handout)

\[
\begin{align*}
\text{bicarbonate} & \quad \text{ATP} \\
\text{carbonyl phosphate} & \quad \text{NH}_3 \\
\text{carbamate} & \quad \text{ATP} \\
\text{carbamoyl phosphate}
\end{align*}
\]
Complicating the picture: Other tissues may be involved
Why is Ammonia Toxic?
Why is Ammonia Toxic?

• Possible neurotoxic effects on glutamate levels (and also GABA) (due to shifting equilibria of reactions involving these compounds)
Why is Ammonia Toxic?

- Possible neurotoxic effects on glutamate levels (and also GABA) (due to shifting equilibria of reactions involving these compounds)

- Possible metabolic/energetics effects:
  - alpha-ketoglutarate levels
  - glutamate levels
  - glutamine
Inherited Defects of Urea Cycle Enzymes: Diagnosis

Defects are diagnosed based on the metabolites seen in the blood and/or urine.

<table>
<thead>
<tr>
<th>Enzyme</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPSD</td>
<td>No elevation except ammonia; diagnosed by elimination.</td>
</tr>
<tr>
<td>OTCD</td>
<td>Elevated CP causes synthesis of Orotate</td>
</tr>
<tr>
<td>ASD</td>
<td>Elevated citrulline</td>
</tr>
<tr>
<td>ALD</td>
<td>Elevated argininosuccinate</td>
</tr>
<tr>
<td>AD</td>
<td>Elevated arginine</td>
</tr>
</tbody>
</table>
CPS I is Stimulated by NAG

\[
\text{glutamate} + \text{acetyl CoA} \rightarrow \text{N-acetyl glutamate (NAG)}
\]

(repeating the figure from page 3 of your handout)

\[
\text{bicarbonate} + \text{ATP} \rightarrow \text{carbonyl phosphate} \rightarrow \text{carbamate} \rightarrow \text{carbamoyl phosphate}
\]
The image depicts the urea cycle, which is a series of biochemical reactions that occur in the liver. The cycle involves the conversion of ammonia into urea, a less toxic byproduct of nitrogen metabolism.

1. **Carbamoyl phosphate** is formed from ATP, bicarbonate, and ammonia.
2. **Urea** is synthesized from ornithine and citrulline.
3. **Argininosuccinate** is cleaved to form arginine and fumarate.
4. **Fumarate** is converted back to succinate, completing the cycle.

The cycle is crucial for the elimination of excess nitrogen from the body as urea.
Clinical Management of Urea Cycle Defects

• Dialysis to remove ammonia
• Provide the patient with alternative ways to excrete nitrogenous compounds:
  * Intravenous sodium benzoate or phenylacetate
  * Supplemental arginine

• Levulose - acidifies the gut
• Low protein diet
Degrading the Amino Acid Carbon Backbone
Easily-degraded products after transamination:

\[ \text{Glutamine} \xrightarrow{\text{glutaminase}} \text{glutamate} + \text{ammonia} \]

\[ \text{Asparagine} \xrightarrow{\text{asparaginase}} \text{aspartate} + \text{ammonia} \]

We also already know how to degrade Glutamine:

Glutamine \(\xrightarrow{\text{glutaminase}}\) glutamate + ammonia

…and by analogy, how to degrade Asparagine:

Asparagine \(\xrightarrow{\text{asparaginase}}\) aspartate + ammonia
Amino Acids are categorized as ‘Glucogenic’ or ‘ketogenic’ or both.

Many amino acids are purely glucogenic:
Glutamate, aspartate, alanine, glutamine, asparagine,…

Some amino acids are both gluco- and ketogenic:
Threonine, isoleucine, phenylalanine, tyrosine, tryptophan

The only PURELY ketogenic Amino Acids:
leucine, lysine
Amino acids with 5-carbon backbones tend to form $\alpha$-ketoglutarate.
Degradation and Biosynthesis of Serine and Glycine

Glycine Synthase:

\[
\begin{align*}
\text{Glycine Synthase:} & \quad (-)\text{OOC-CH-NH}_3^+ \\
& \quad \text{THF} \quad N^5-N^0-\text{methylene THF} \\
& \quad \text{CO}_2 \quad + \quad \text{NH}_4^+ \\
\end{align*}
\]

Serine Hydroxymethyltransferase:

\[
\begin{align*}
\text{Serine Hydroxymethyltransferase:} & \quad (-)\text{OOC-CH-NH}_3^+ \\
& \quad \text{THF} \quad N^5-N^0-\text{methylene THF} \\
& \quad \text{Glycine} \\
\end{align*}
\]

Serine Dehydratase:

\[
\begin{align*}
\text{Serine Dehydratase:} & \quad (-)\text{OOC-CH-NH}_3^+ \\
& \quad \text{H}_2\text{O} \\
& \quad (-)\text{OOC-CH-NH}_3^+ \\
& \quad \text{H}_2\text{O} \\
& \quad \text{NH}_4^+ \\
& \quad (-)\text{OOC-C-OH} \\
\end{align*}
\]
Methionine Cycle
And Biological Methyl Groups
Deficiency: Alkaptonuria

"Ochronosis"

Phenylalanine and Tyrosine
(Normal path shown in black, pathological reaction shown in red)

Phenylalanine

$\text{NH}_3$

$\text{CH}_2\text{CH}(-)\text{COO}$

Enzyme: Phenylalanine hydroxylase

Tetrahydrobiopterin + $O_2$

Dihydrobiopterin + $H_2O$

$\text{NH}_3$

$\text{CH}_2\text{CH(-)COO}$

Tyrosine

Homogentisate

Phenylketonuria (no phenylalanine hydroxylase)

Phenylpyruvate

Deficiency: Alkaptonuria “Ochronosis”

Enzyme: homogentisate dioxygenase

(you don’t need to know the rest)
Branched Chain Amino Acids

Isoleucine  Leucine  Valine

CH₃CH₂CH –CH–COO (+)  CH₃CHCH₂ –CH–COO (+)  CH₃CH –CH–COO (+)
    \    \       \        \    \    \       \        \  \    \    \       \        \   \    \    \       \        \  \    \    \       \        \   \    \    \       \        \   \\
    CH₃  NH₃  (+)    CH₃  NH₃  (+)    CH₃  NH₃  (+)

--------- Transamination  ---------

CH₃CH₂CH –C–COO (−)  CH₃CHCH₂ –C–COO (−)  CH₃CH –C–COO (−)
    \    \       \        \    \    \       \        \  \    \    \       \        \   \    \    \       \        \  \    \    \       \        \   \\
    CH₃       O  \    CH₃       O  \    CH₃       O

--------- Branched-chain α-keto acid dehydrogenase ---------

CH₃CH₂CH –C–S–CoA  CH₃CHCH₂ –C–S–CoA  CH₃CH –C–S–CoA
    \    \       \        \    \    \       \        \  \    \    \       \        \   \    \    \       \        \  \    \    \       \        \   \\
    CH₃       O  \    CH₃       O  \    CH₃       O

NAD⁺, CoASH  NAD⁺, CoASH  NAD⁺, CoASH

NADH + CO₂  NADH + CO₂  NADH + CO₂

(continues on to degradation path similar to β-oxidation of fatty acids)
Synthesis of Bioactive Amines

Tyrosine $\rightarrow$ Dihydroxyphenylalanine (L-DOPA) via Tyrosine hydroxylase

Dopamine $\rightarrow$ Norepinephrine $\rightarrow$ Epinephrine
Synthesis of Bioactive Amines

Tryptophan $\rightarrow$ 5-hydroxytryptophan $\rightarrow$ Serotonin

Tryptophan hydroxylase

PLP-dependent decarboxylation
Synthesis of Bioactive Amines

Glutamate

[Chemical structure image]

γ-aminobutyric acid (GABA)

Histidine

[Chemical structure image]

Histamine
NON-Essential Amino Acids:

Glutamate, aspartate, alanine, glutamine, asparagine, (proline), glycine, serine (cysteine, tyrosine)

Essential Amino Acids:

Arginine (!), phenylalanine, methionine, histidine, Isoleucine, leucine, valine, threonine, tryptophan, lysine