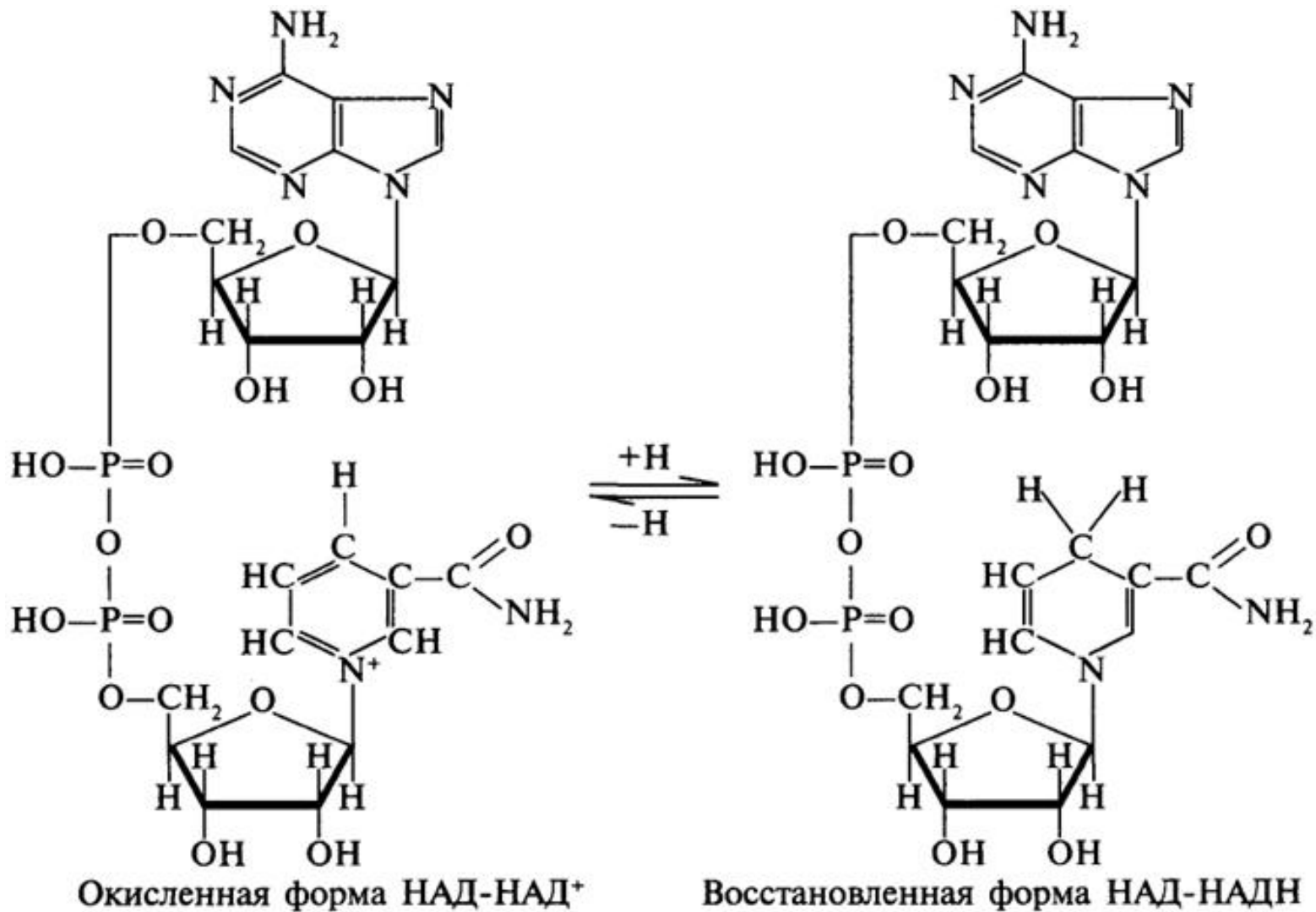
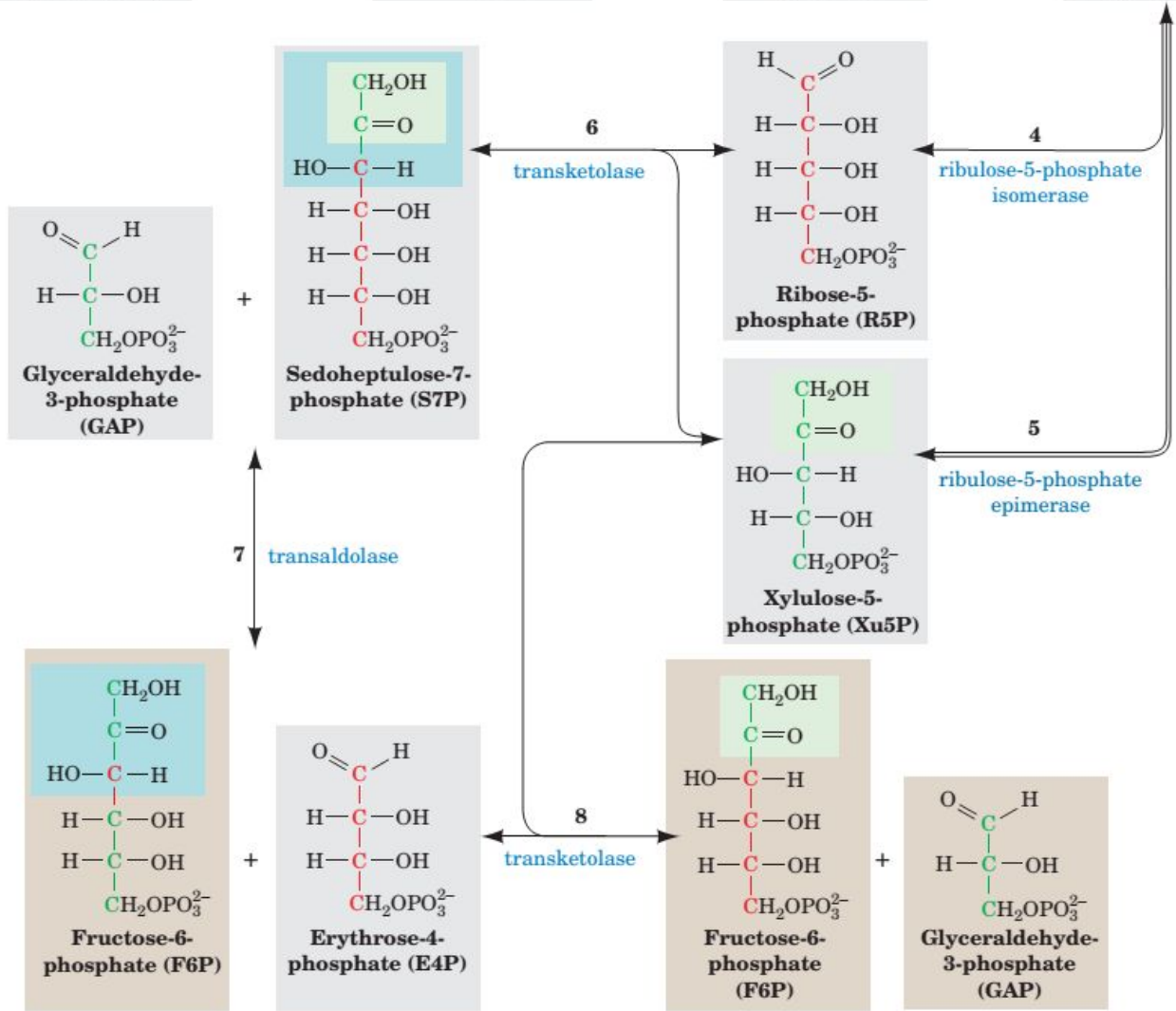
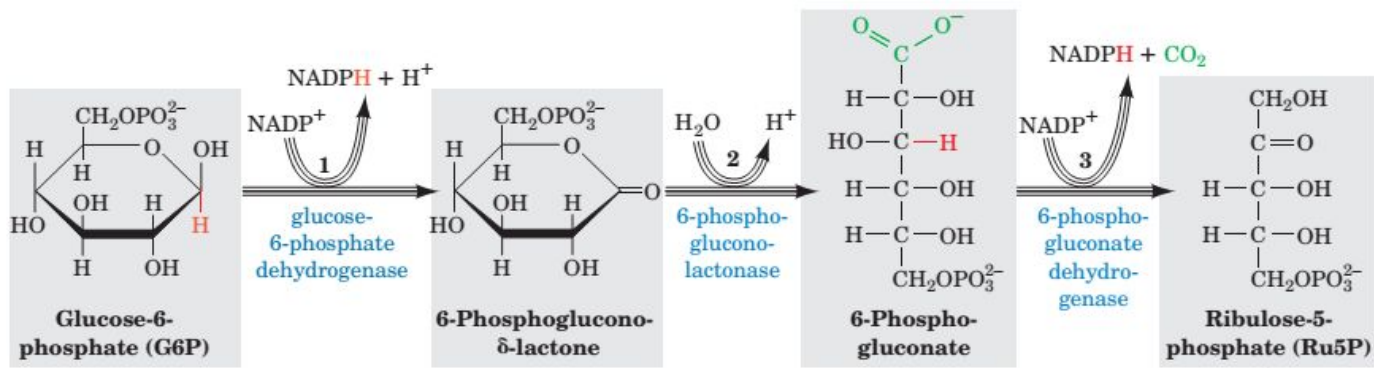


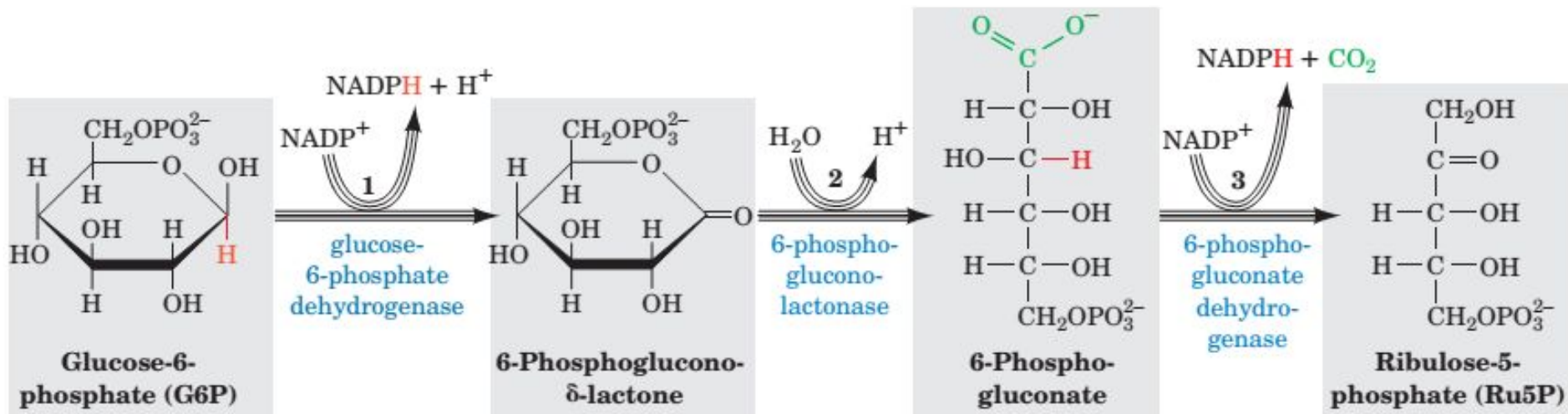
Пентозофосфатный путь (ПФП)
окисления глюкозы. Обмен
других моносахаридов.
Регуляция и патология
углеводного обмена

ПЕНТОЗОФОСФАТНЫЙ ПУТЬ ПРЕВРАЩЕНИЯ ГЛЮКОЗЫ

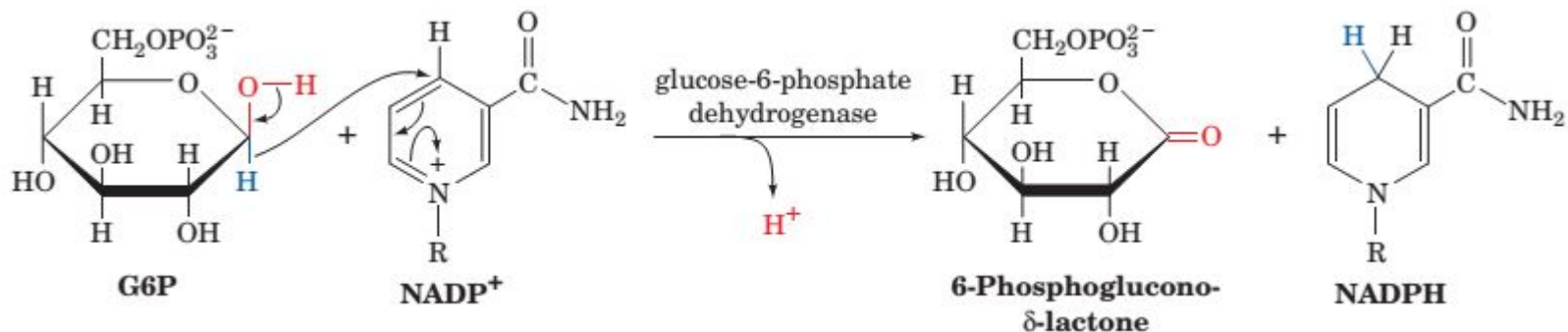




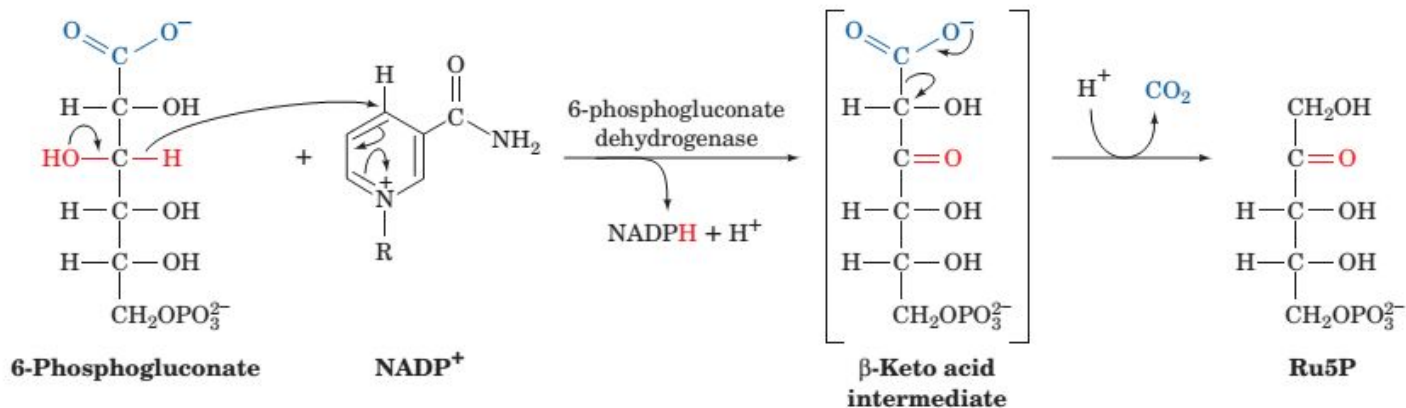
Окислительный этап

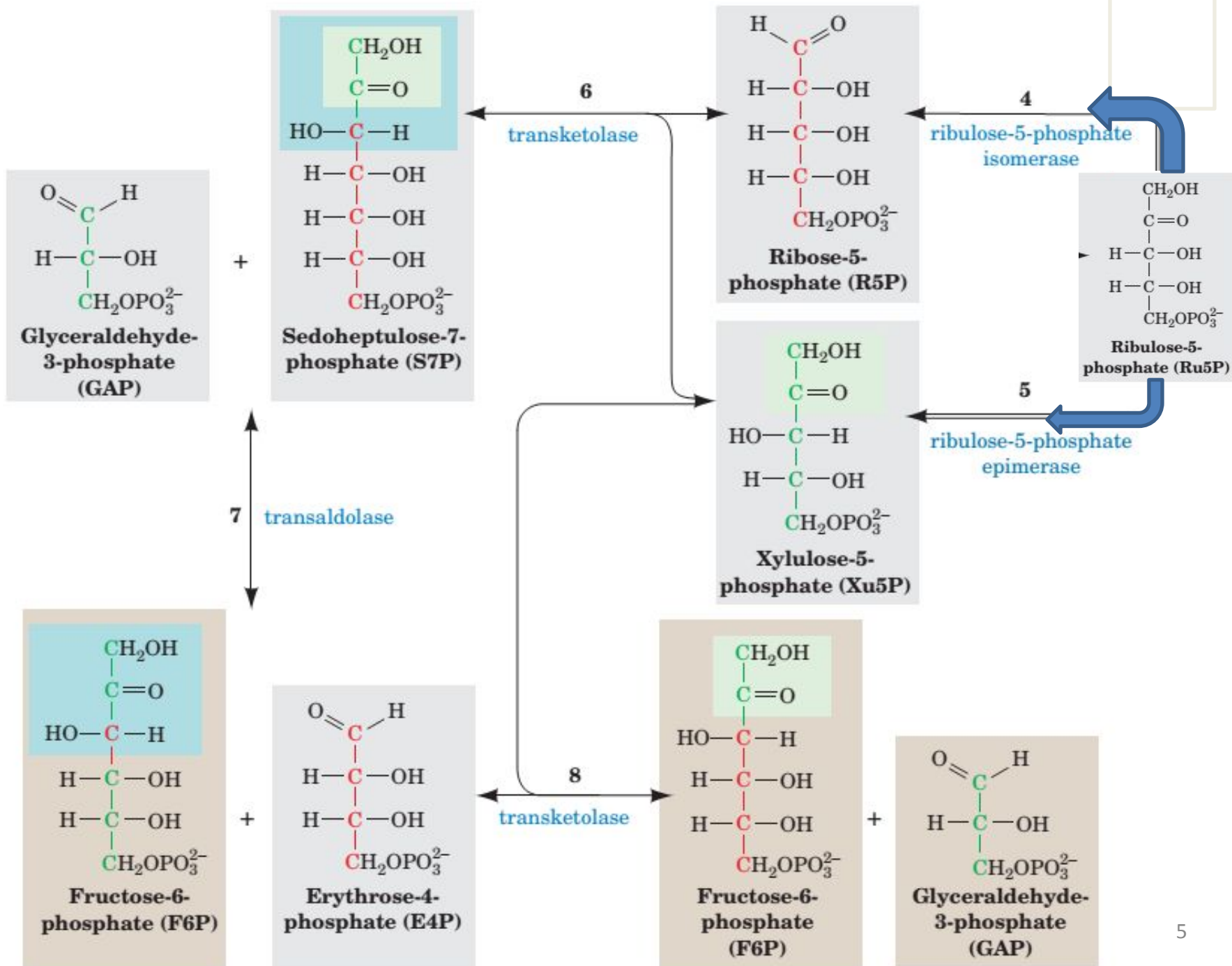


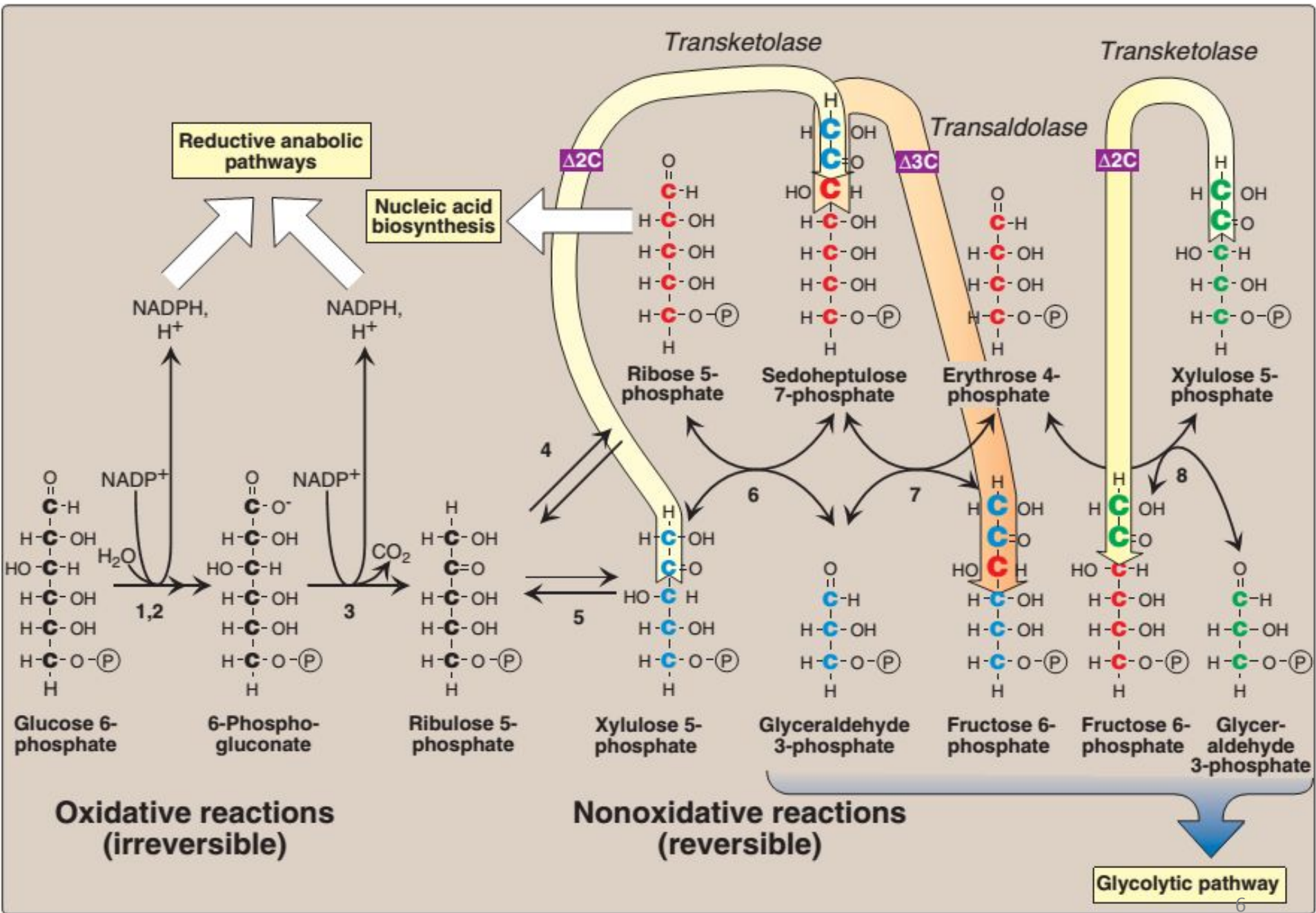
I реакция

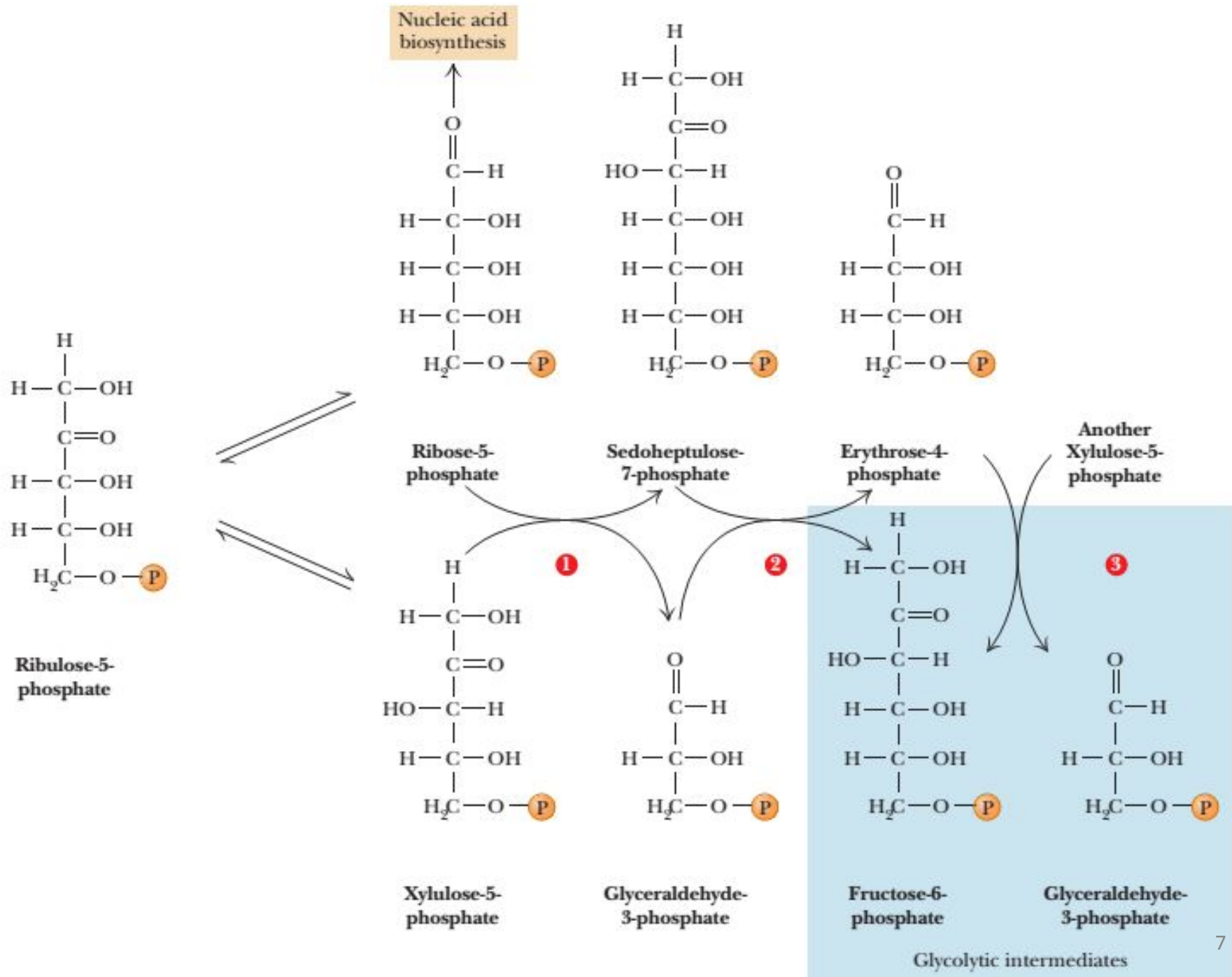


III реакция

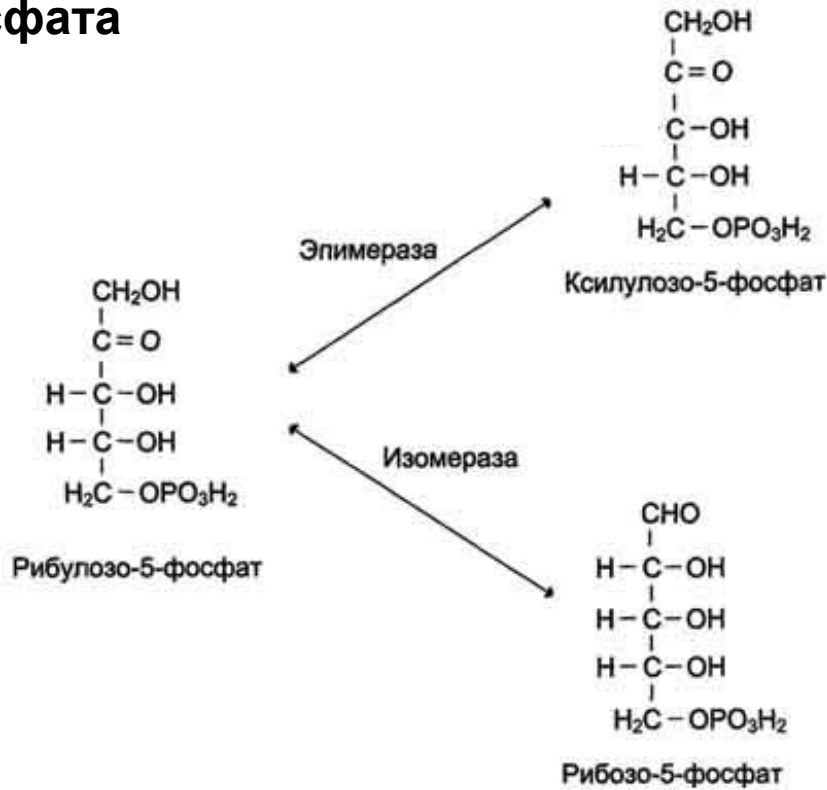




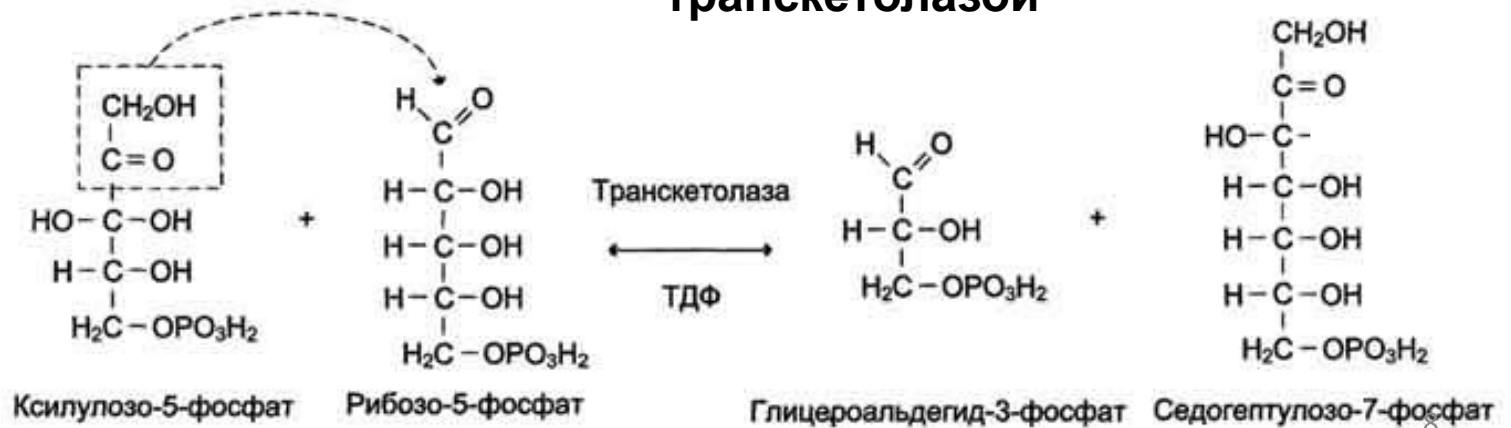




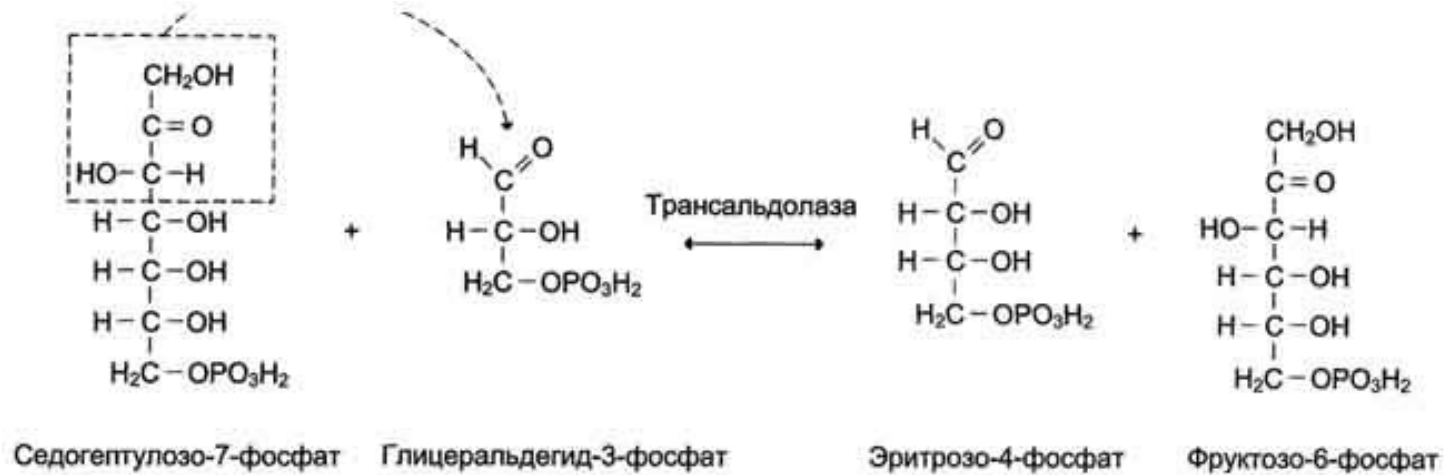
Превращения рибулозо-5-фосфата



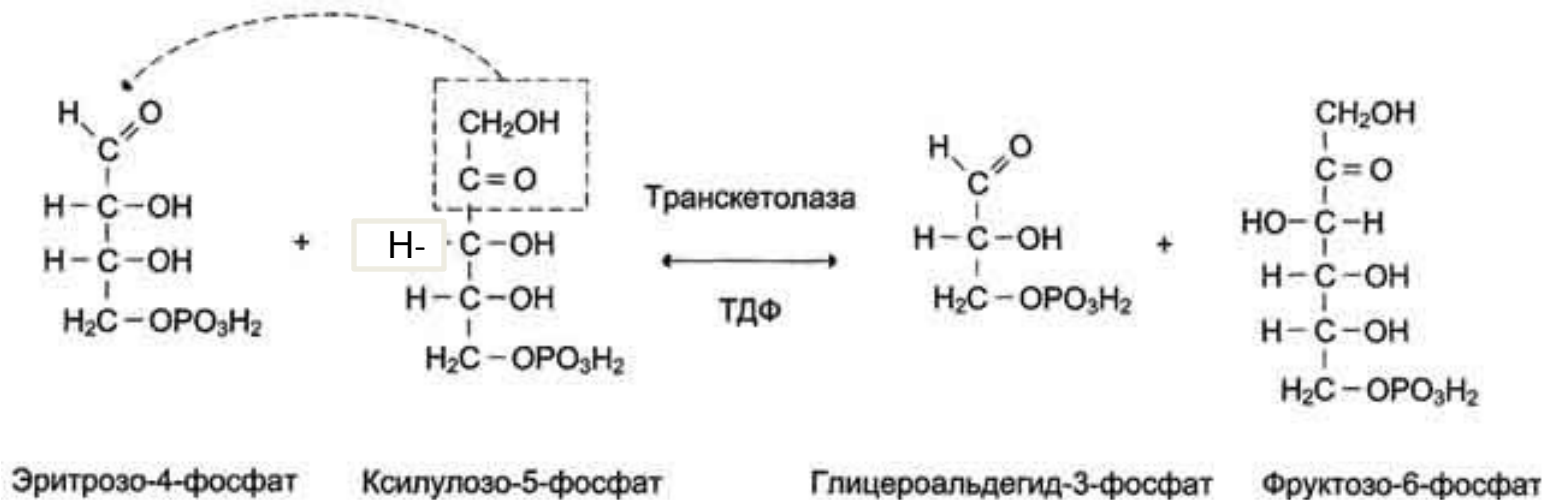
Реакция переноса
 двухуглеродного
 фрагмента,
 катализируемая
 транскетолазой

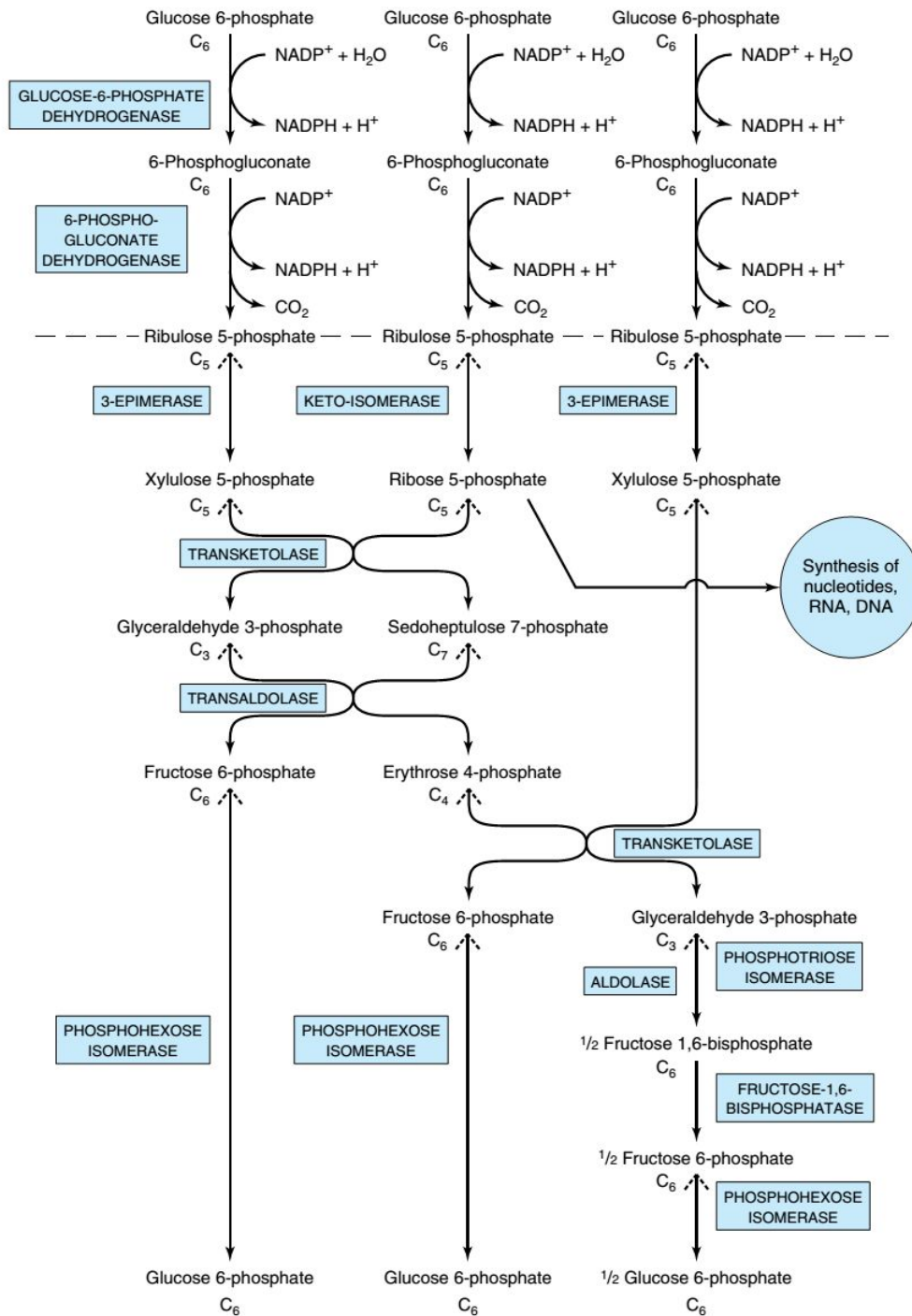


Реакция, катализируемая трансальдозазой

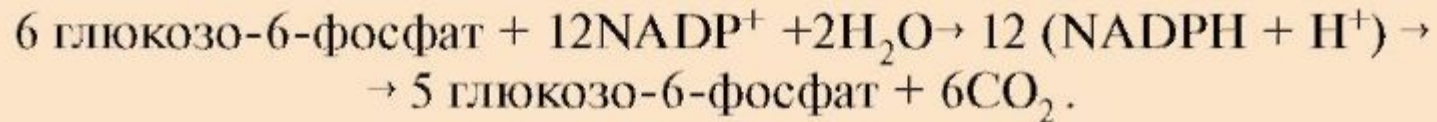


Реакция, катализируемая транскетолазой





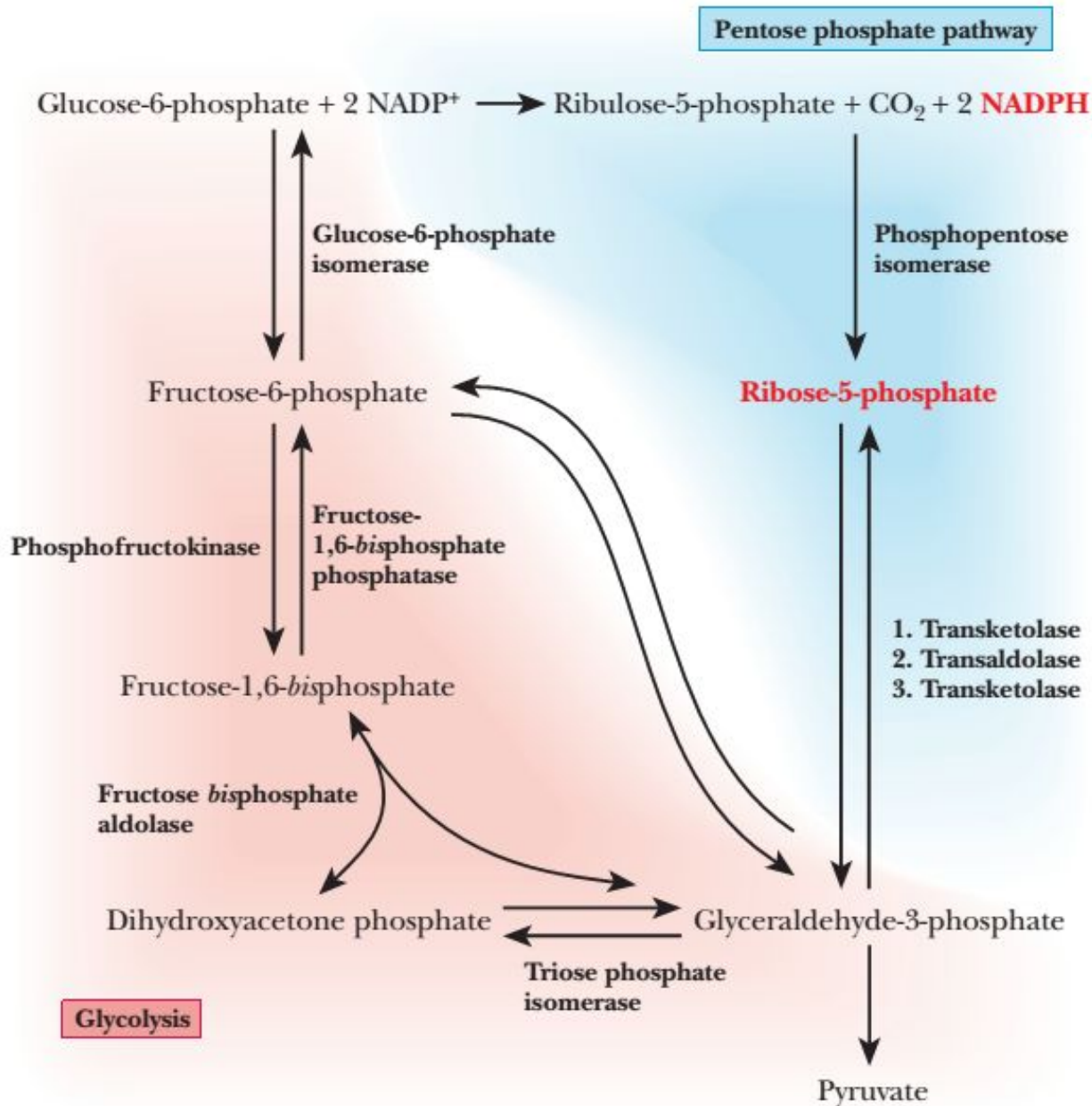
Пентозофосфатный цикл. Окислительный этап синтеза пентоз и этап возвращения пентоз в гексозы (неокислительный этап в обратном направлении) вместе составляют циклический процесс (пентозофосфатный цикл) - за один оборот цикла полностью распадается одна молекула глюкозы. Пентозофосфатный цикл функционирует в основном только в жировой ткани и печени. Суммарное уравнение пентозофосфатного цикла



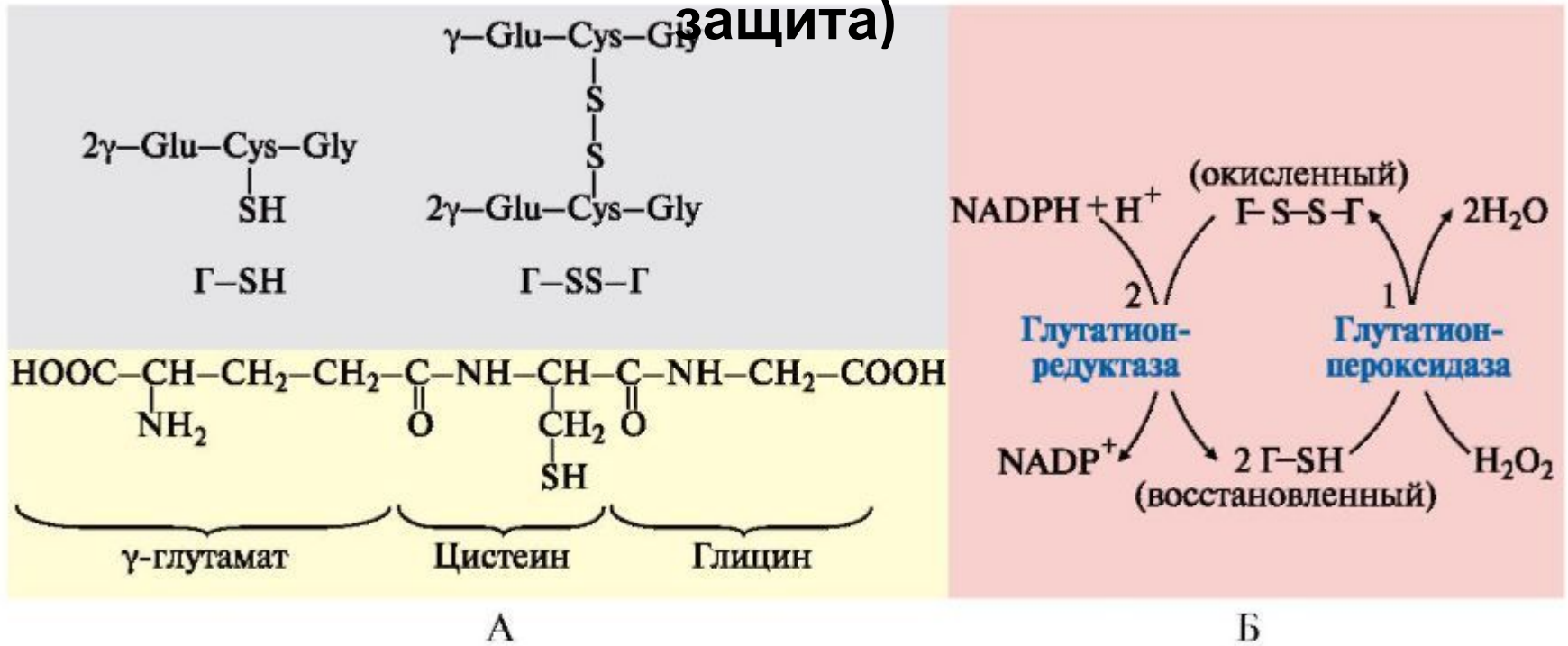
Промежуточные продукты пентозофосфатного пути превращения глюкозы (фруктозо-6-фосфат, глицеральдегид-3-фосфат) могут включаться в пути аэробного и анаэробного окисления и служить источником энергии для синтеза АТФ.

У растений реакции пентозофосфатного пути составляют часть процесса образования гексоз из CO_2 при фотосинтезе.

Взаимосвязь ПФП и гликолиза



Механизм действия глутатиона (антирадикальная защита)



Восстановление глутатиона с участием $\text{NADPH} + \text{H}^+$:

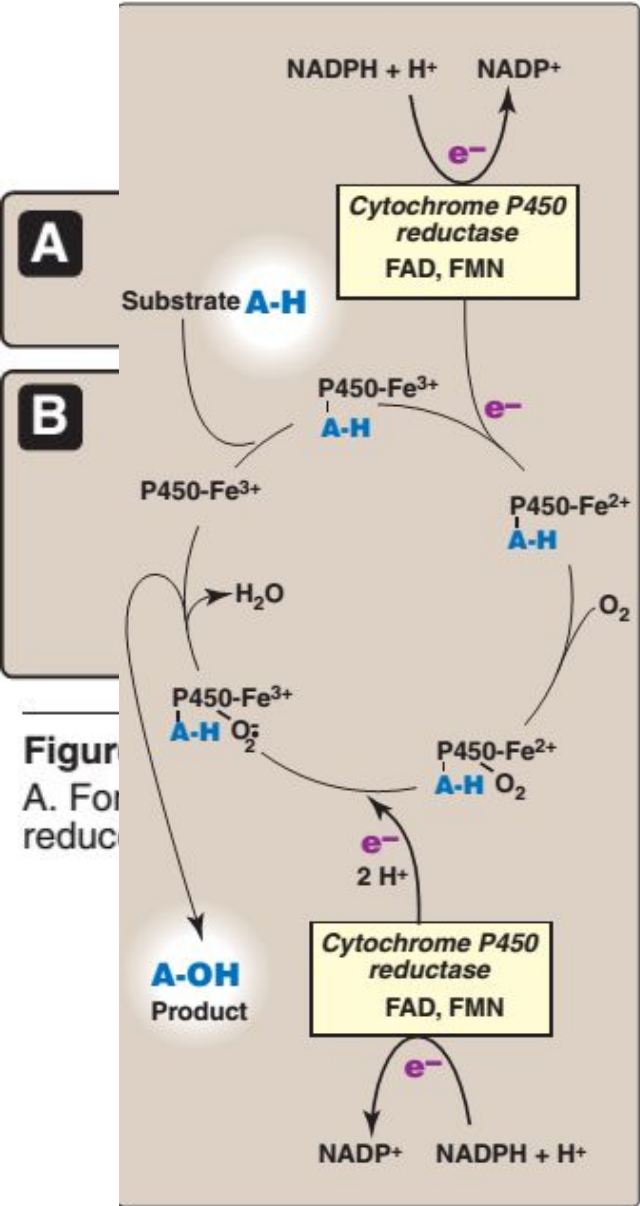
А - Структура глутатиона:

Г-SH - восстановленная форма; Г-S-S-G - окисленная форма;

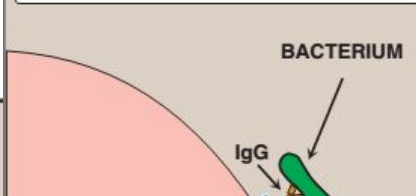
Б - Участие глутатиона в обезвреживании пероксида водорода и его регенерация:

1 - взаимодействие глутатиона с H_2O_2 с образованием воды и окисленной формы глутатиона;

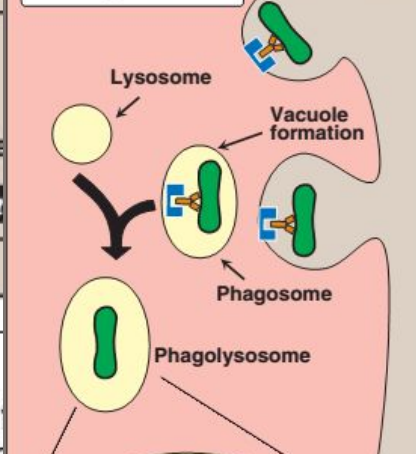
2 - регенерация глутатиона с использованием в качестве донора водорода $\text{NADPH} + \text{H}^+$, образуемой на окислительном этапе пентозофосфатного пути превращения глюкозы



1 Attachment of the pathogen to a phagocytic cell



2 Ingestion of the micro-organism



3 Destruction of the microorganism

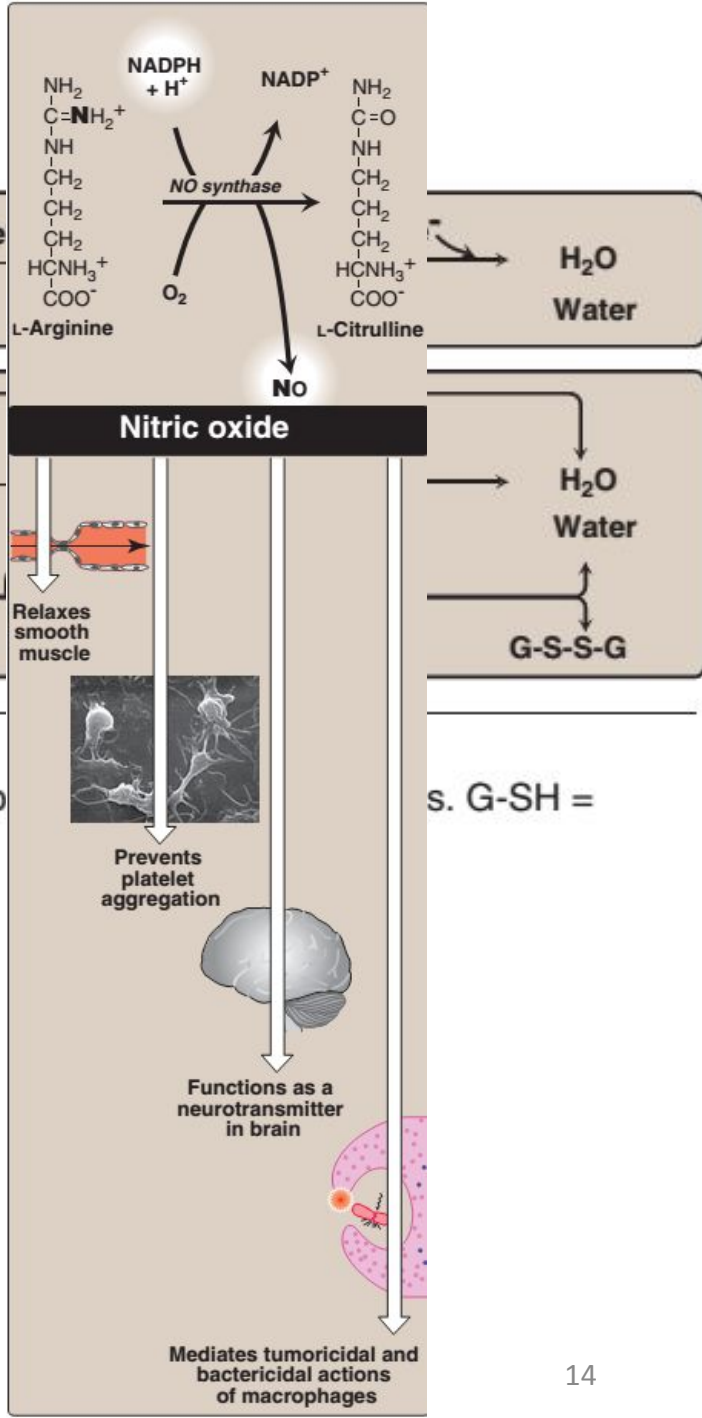
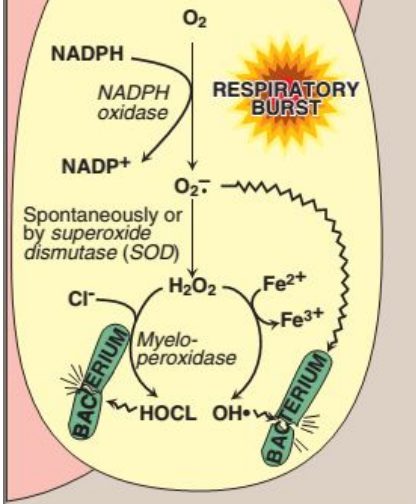
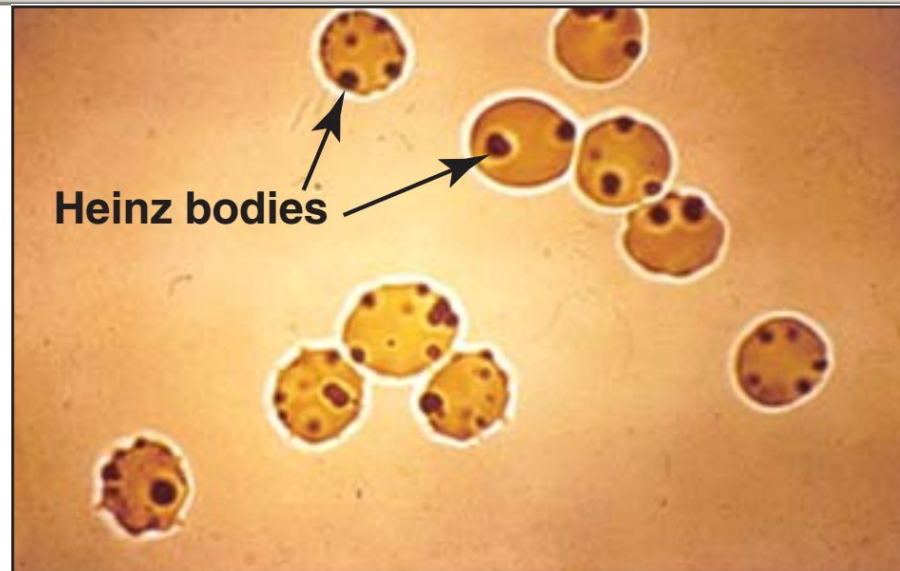
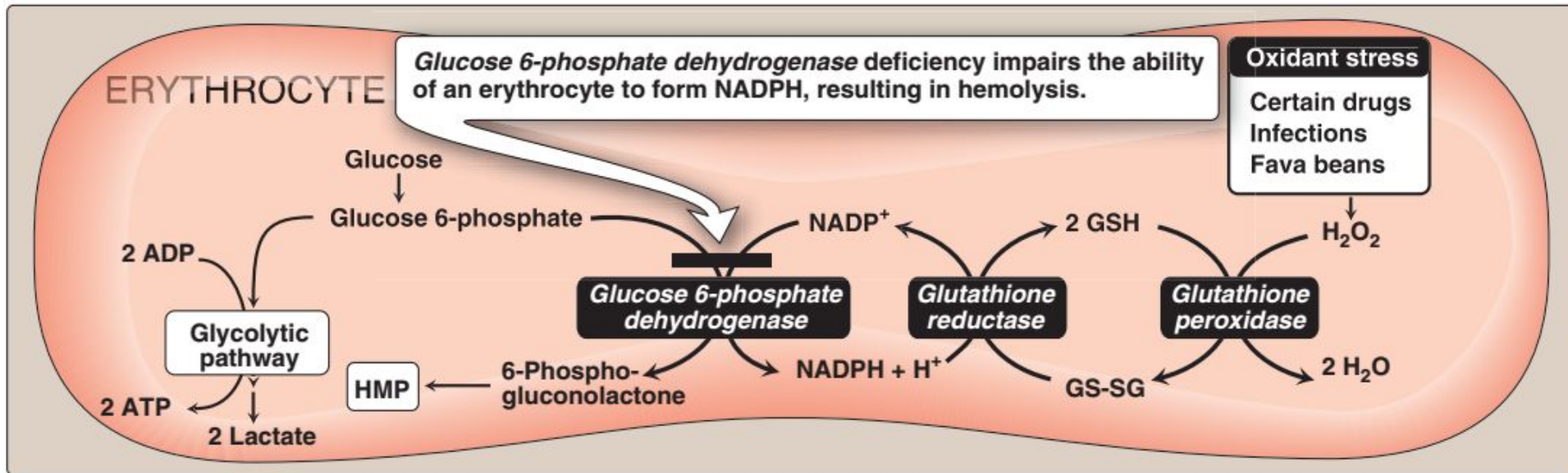
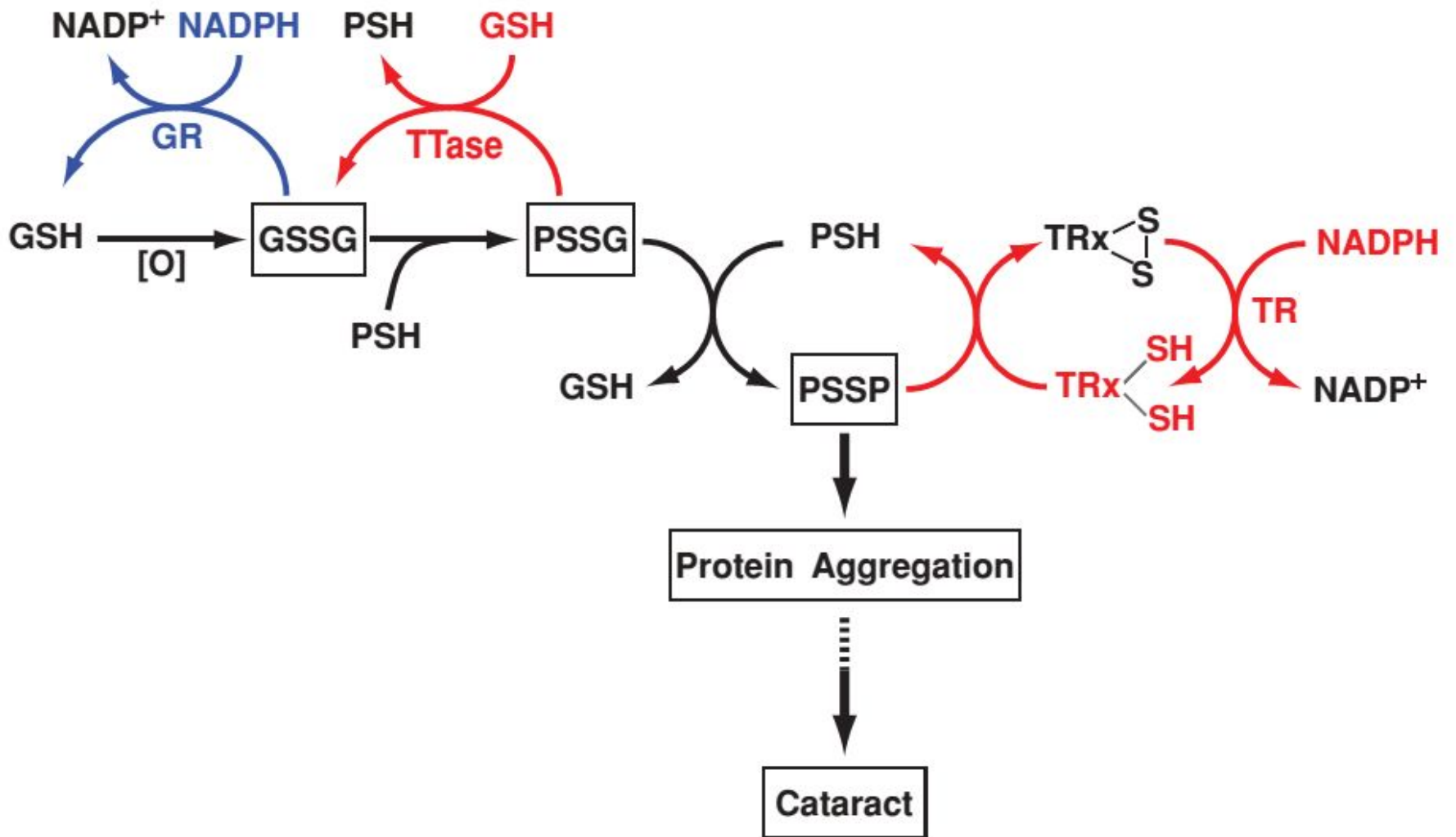


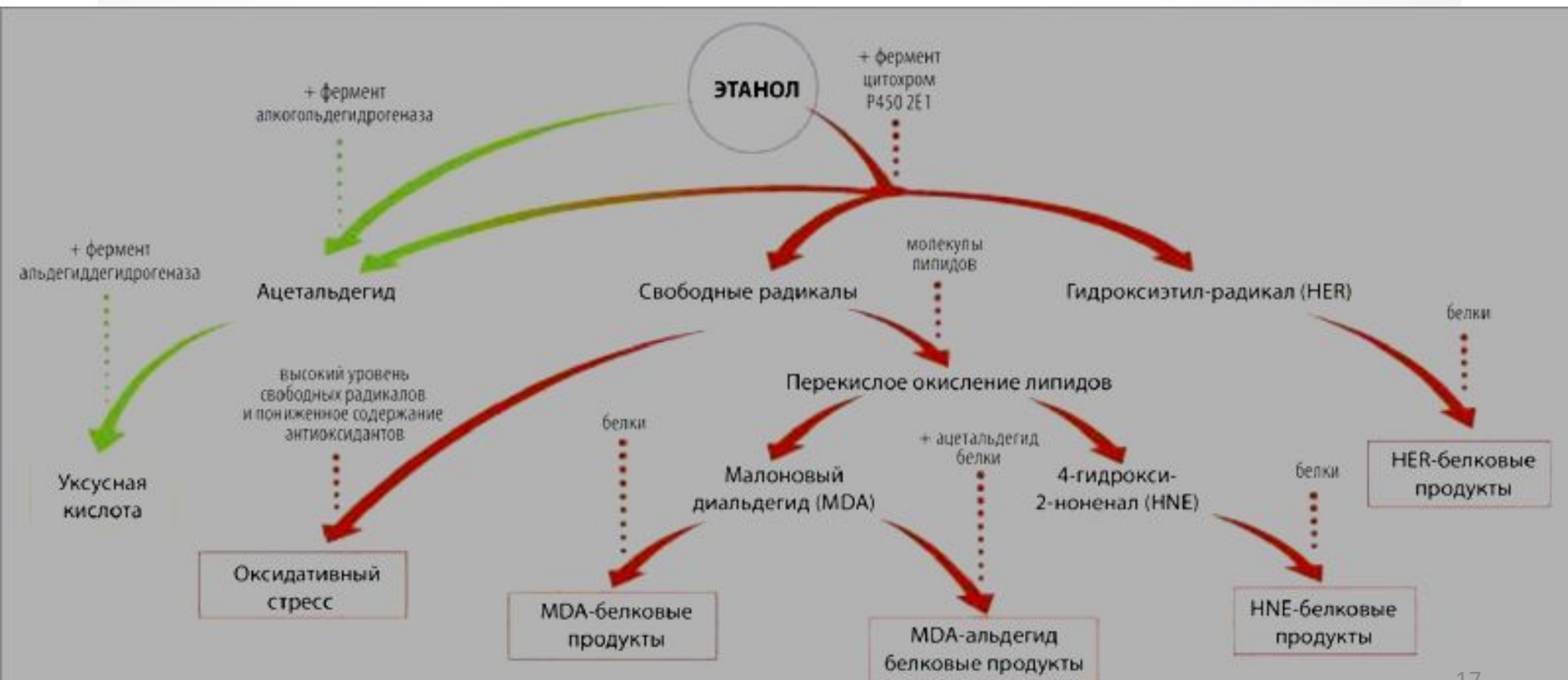
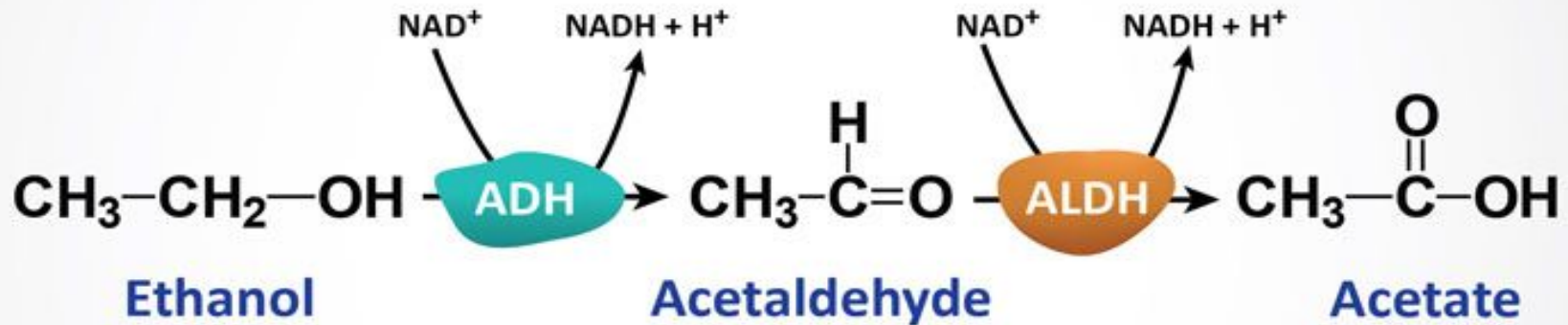
Figure 13.7
Cytochrome P450 monooxygenase cycle. Electrons move from NADPH to FAD to FMN and then to the heme iron.

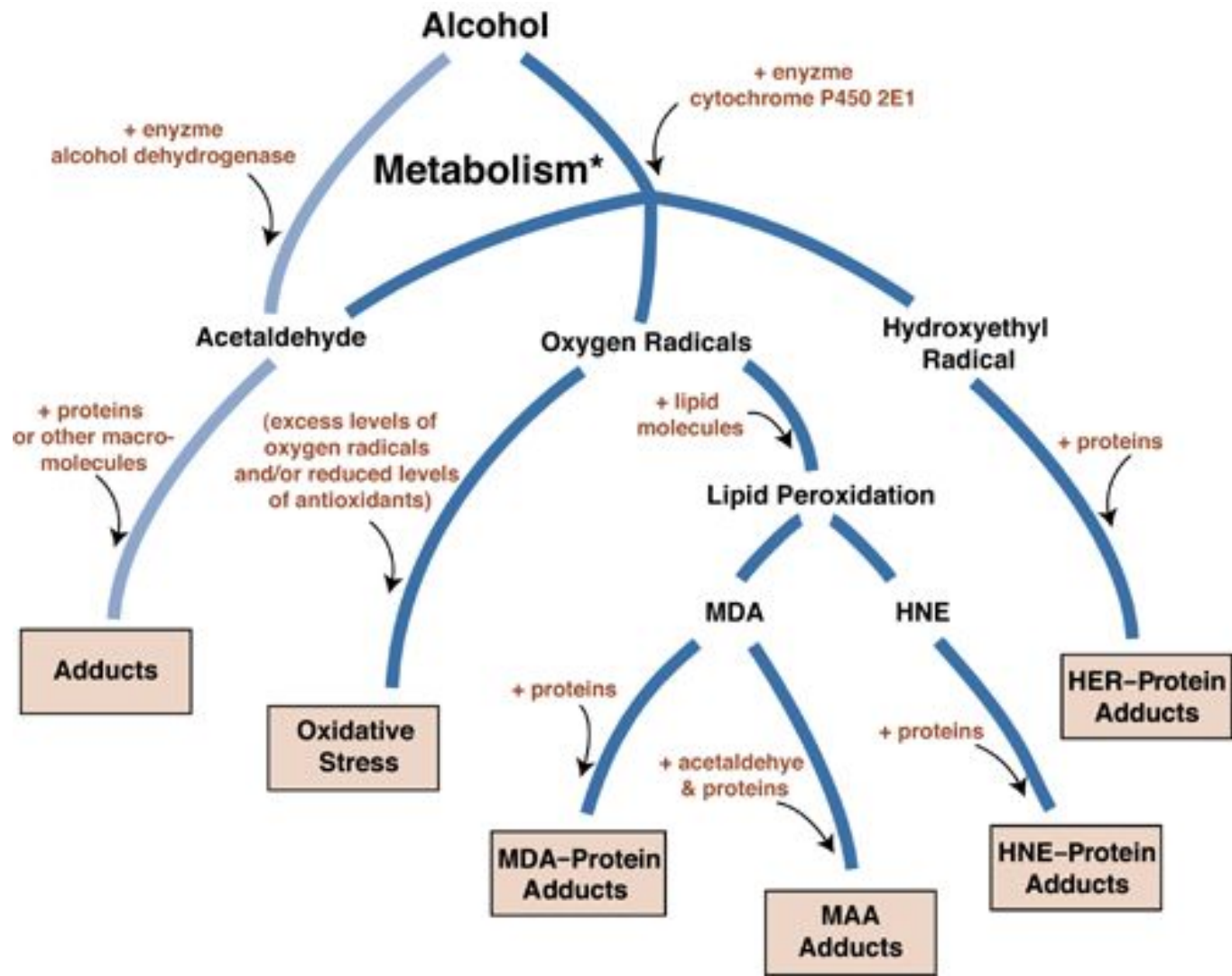
Метаболизм в эритроците



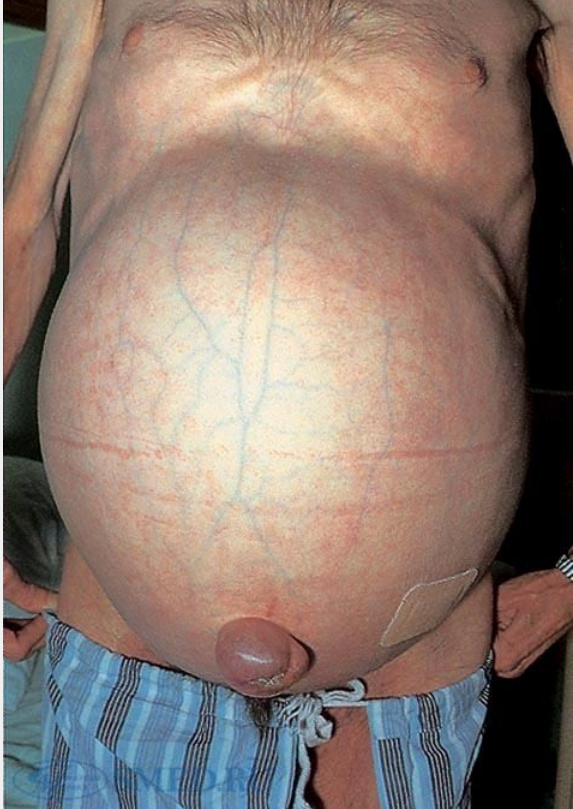
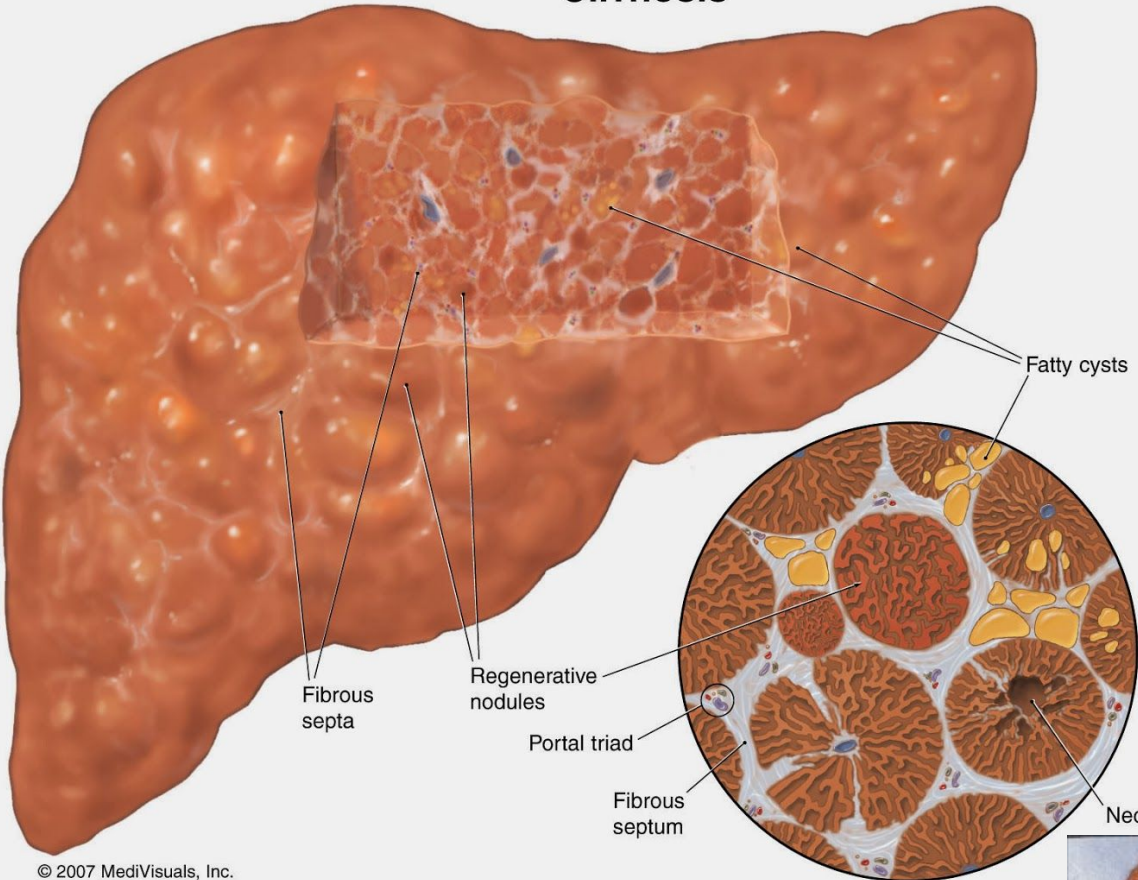


Метаболизм этанола





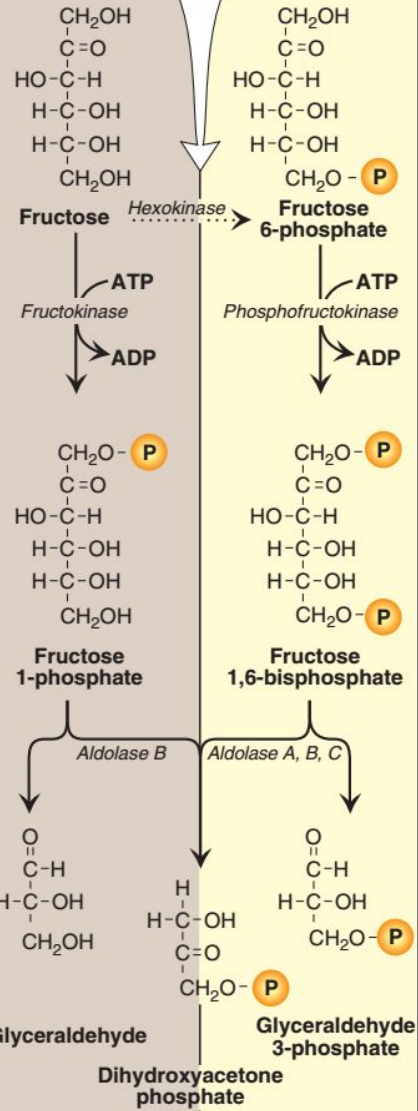
Cirrhosis



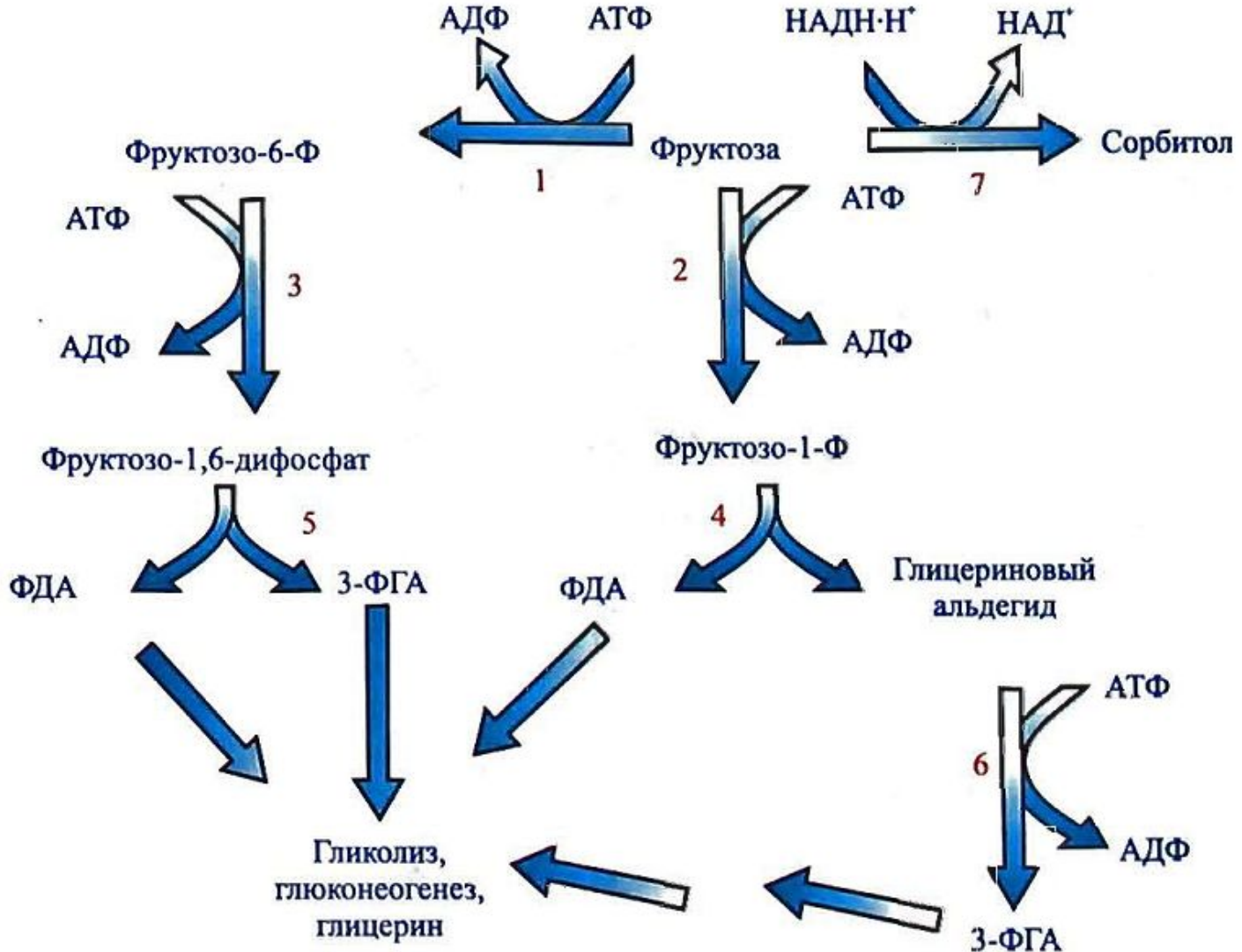
© 2007 MediVisuals, Inc.



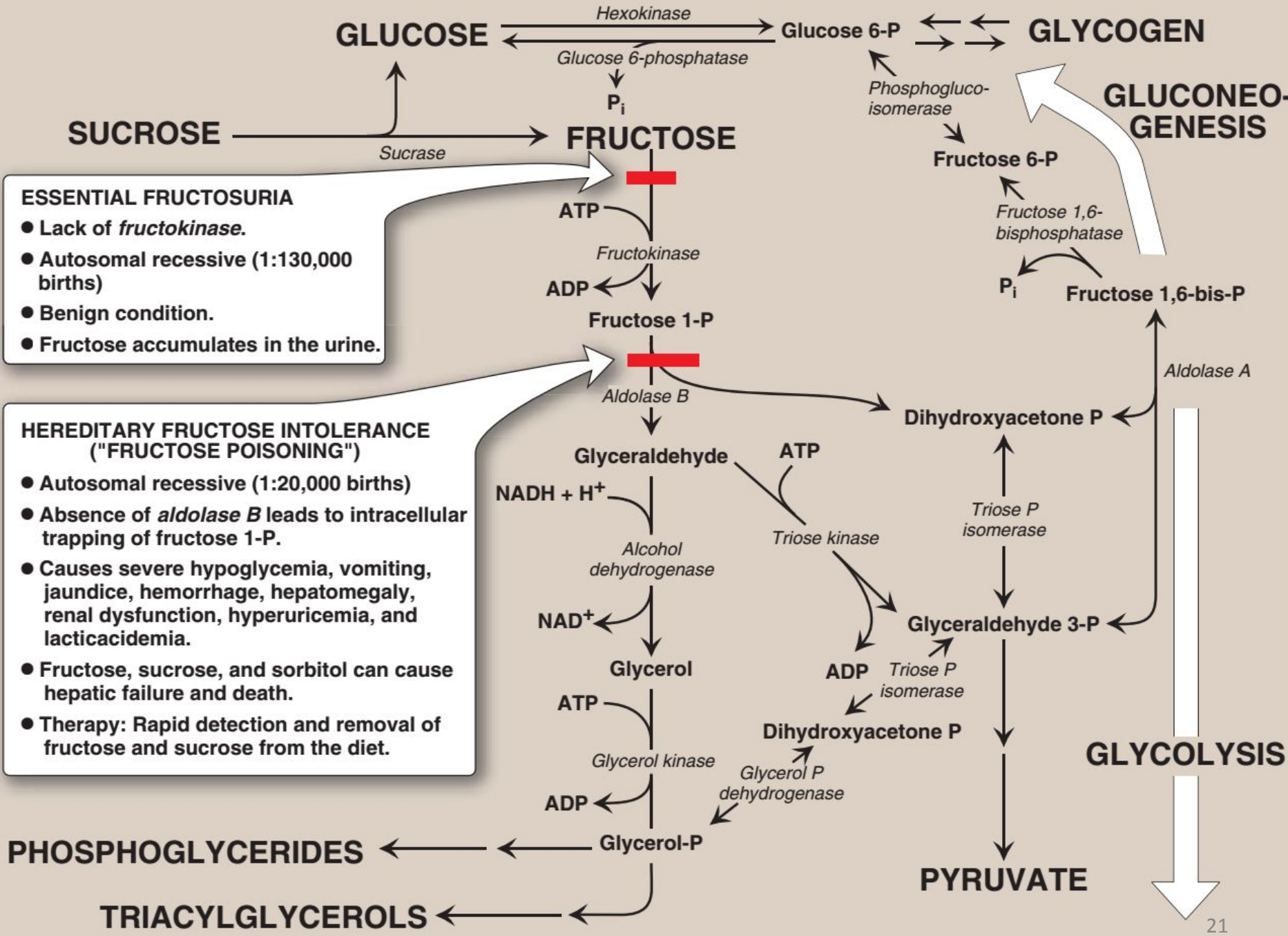
Unless the intracellular concentration of fructose becomes unusually high, *hexokinase* is saturated with and phosphorylates glucose rather than fructose.



Метаболизм фруктозы



1. Гексокиназа; 2. Фруктокиназа; 3. ФФК; 4. Альдолаза В;
5. Альдолаза А; 6. Триозокиназа; 7. Альдозоредуктаза.



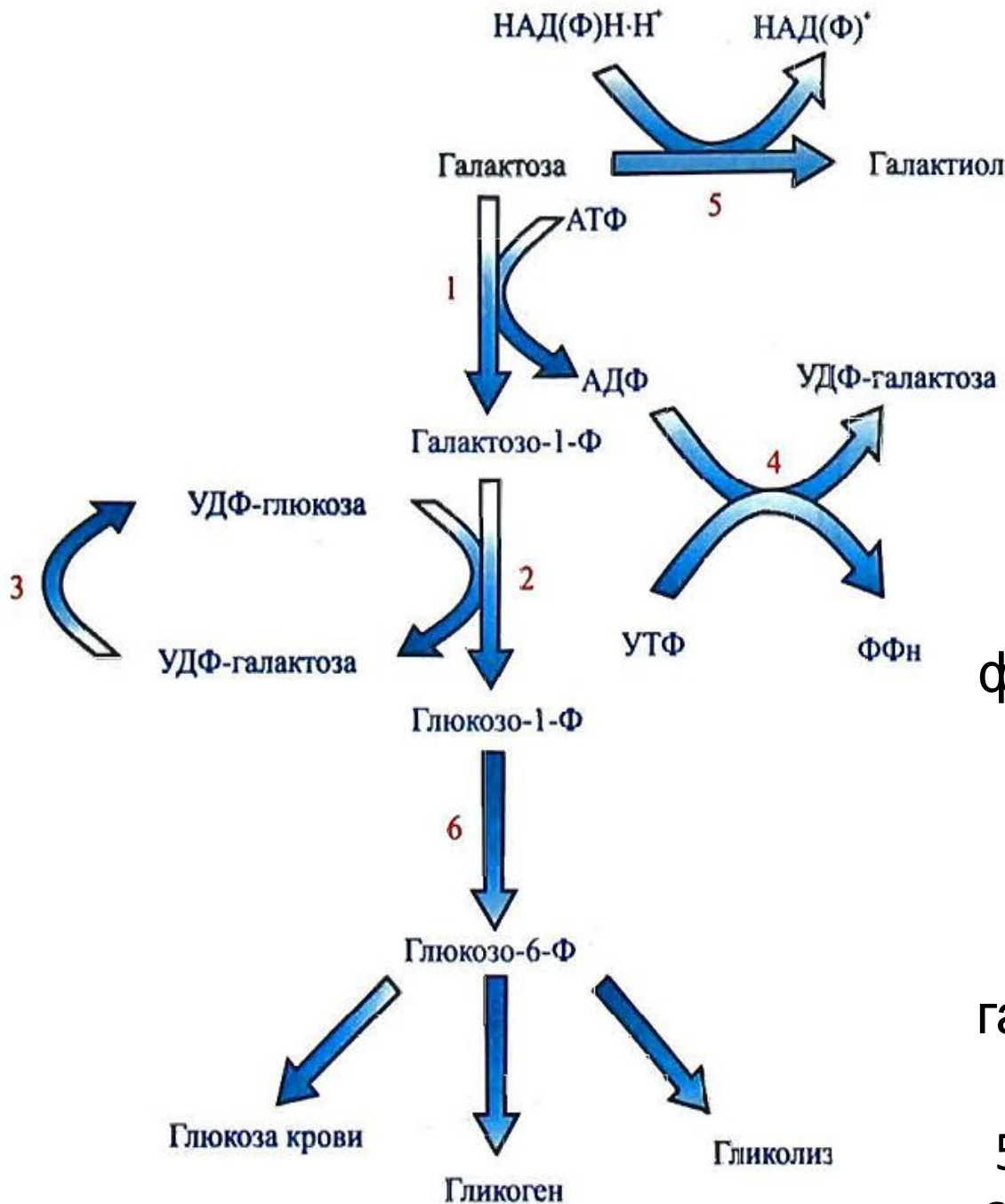
ESSENTIAL FRUCTOSURIA

- Lack of *fructokinase*.
- Autosomal recessive (1:130,000 births)
- Benign condition.
- Fructose accumulates in the urine.

HEREDITARY FRUCTOSE INTOLERANCE ("FRUCTOSE POISONING")

- Autosomal recessive (1:20,000 births)
- Absence of *aldolase B* leads to intracellular trapping of fructose 1-P.
- Causes severe hypoglycemia, vomiting, jaundice, hemorrhage, hepatomegaly, renal dysfunction, hyperuricemia, and lacticacidemia.
- Fructose, sucrose, and sorbitol can cause hepatic failure and death.
- Therapy: Rapid detection and removal of fructose and sucrose from the diet.

Обмен галактозы



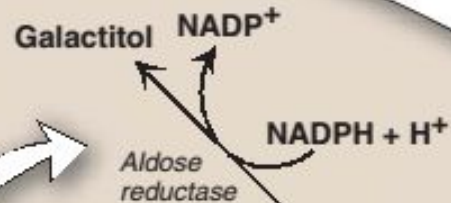
1. Галактокиназа;
2. Галактозо-1-фосфатуридилтрансфераза;
3. УДФ-галактозо-4-эпимераза;
4. УДФ-галактозопирофосфорилаза;
5. Альдозоредуктаза;
6. Фосфоглюкомутаза.

GALACTOKINASE DEFICIENCY

- Rare autosomal recessive disorder
- Causes elevation of galactose in blood (galactosemia) and urine (galactosuria)
- Causes galactitol accumulation if galactose is present in the diet.
- Elevated galactitol can cause cataracts.
- Treatment is dietary restriction.

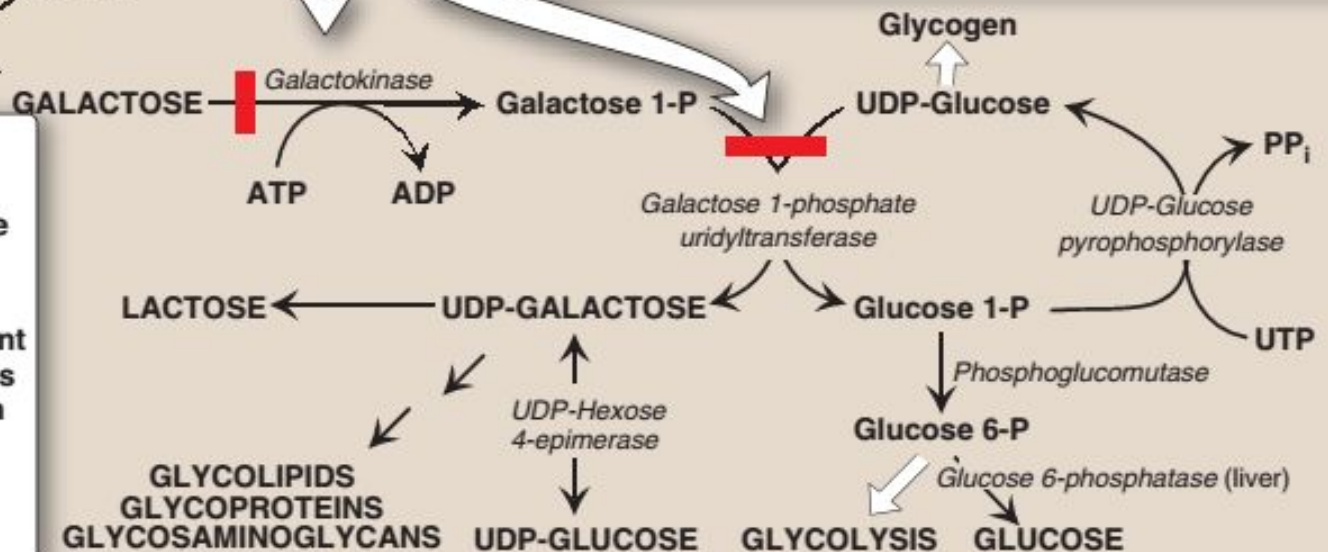
CLASSIC GALACTOSEMIA

- *Galactose 1-phosphate uridylyltransferase (GALT)* deficiency.
- Autosomal recessive disorder (1:30,000 births).
- Causes galactosemia and galactosuria, vomiting, diarrhea, and jaundice.
- Accumulation of galactose 1-phosphate and galactitol in nerve, lens, liver, and kidney tissue causes liver damage, severe mental retardation, and cataracts.
- Prenatal diagnosis is possible by chorionic villus sampling. Newborn screening is available.
- Therapy: Rapid diagnosis and removal of galactose (and therefore lactose) from the diet.
- Despite adequate treatment, at risk for developmental delays and, in females, premature ovarian failure.

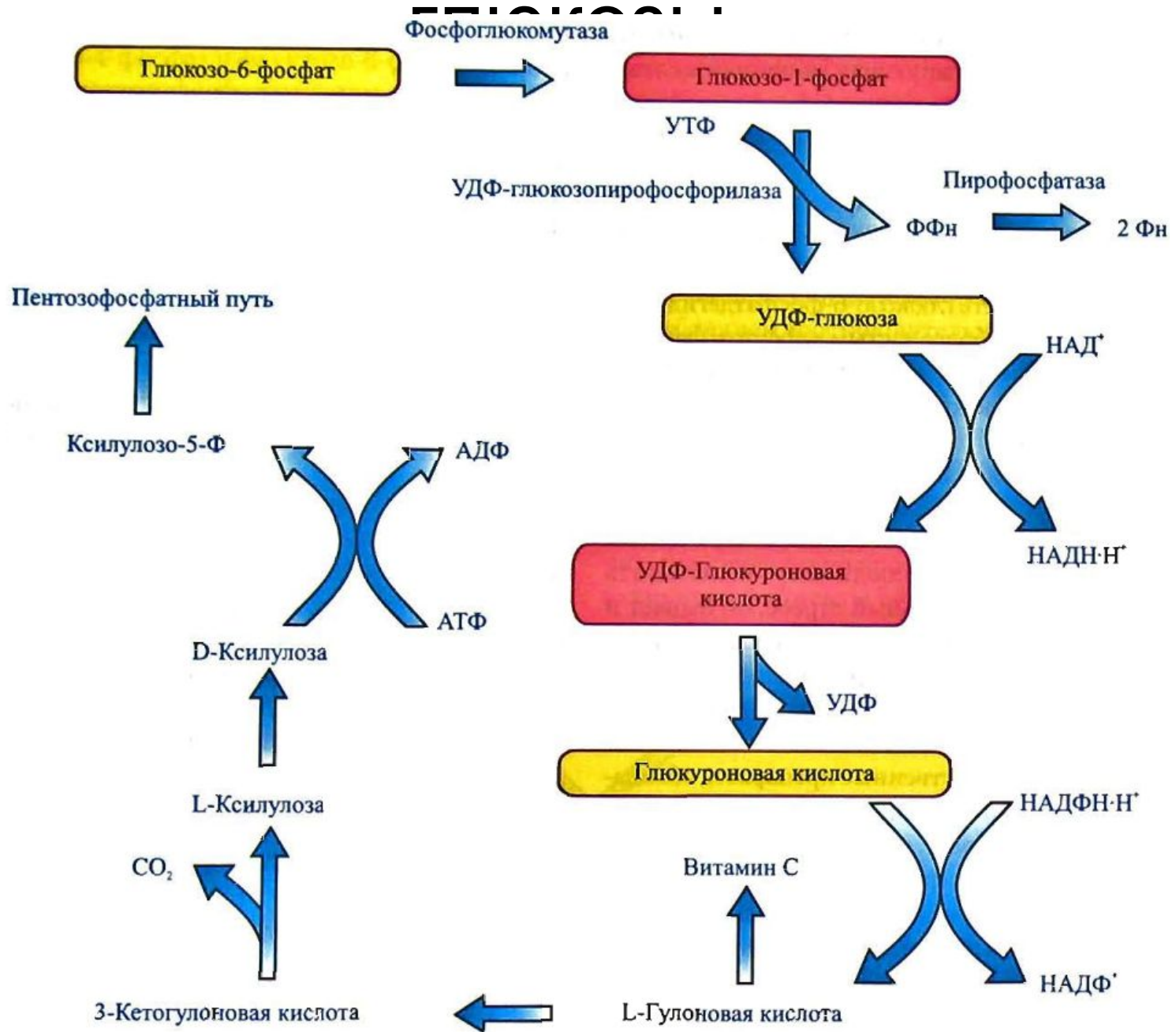


ALDOSE REDUCTASE

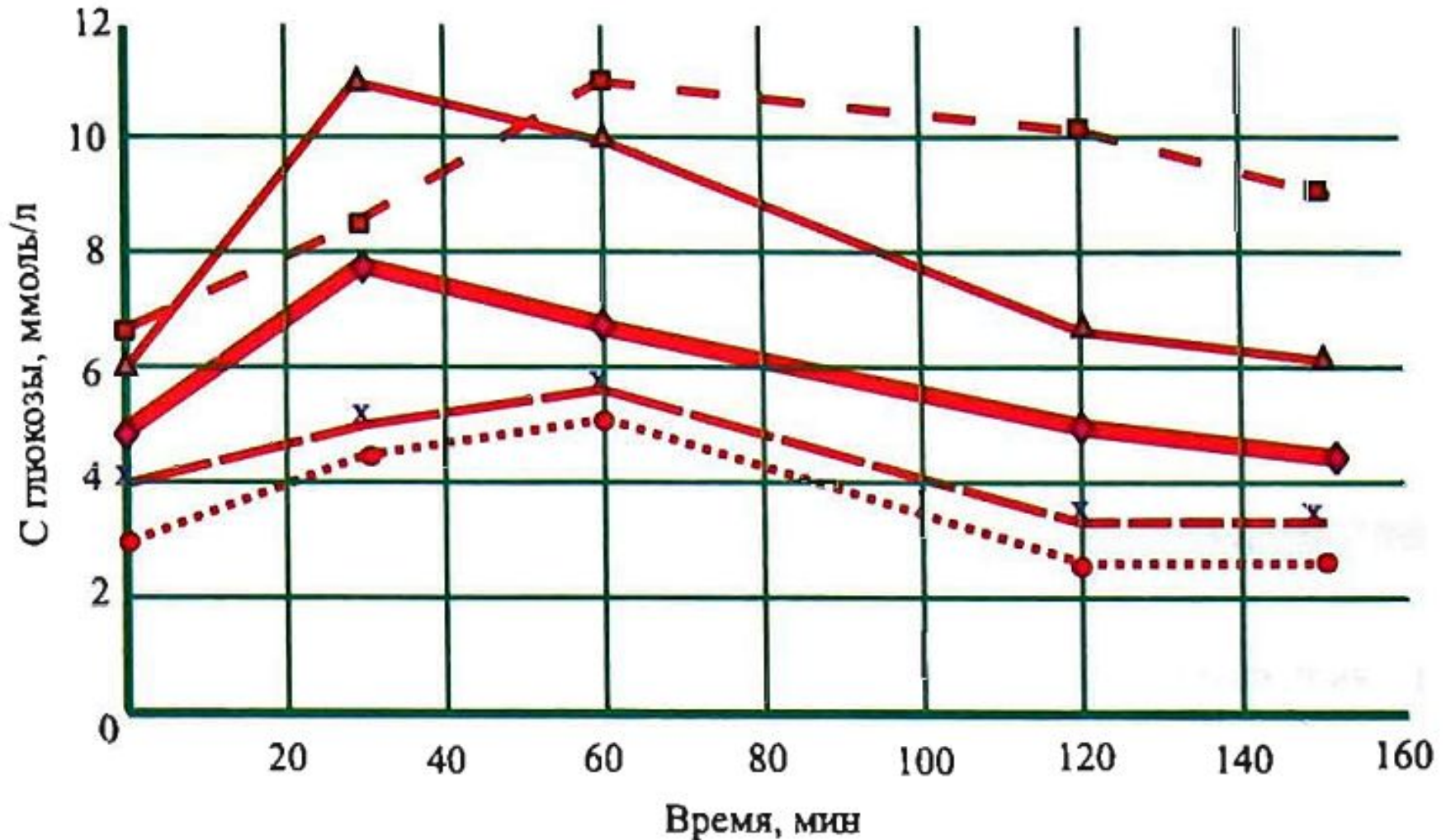
- The enzyme is present in liver, kidney, retina, lens, nerve tissue, seminal vesicles, and ovaries.
- It is physiologically unimportant in galactose metabolism unless galactose levels are high (as in galactosemia).
- Elevated galactitol can cause cataracts.



I люкуроновый путь обмена



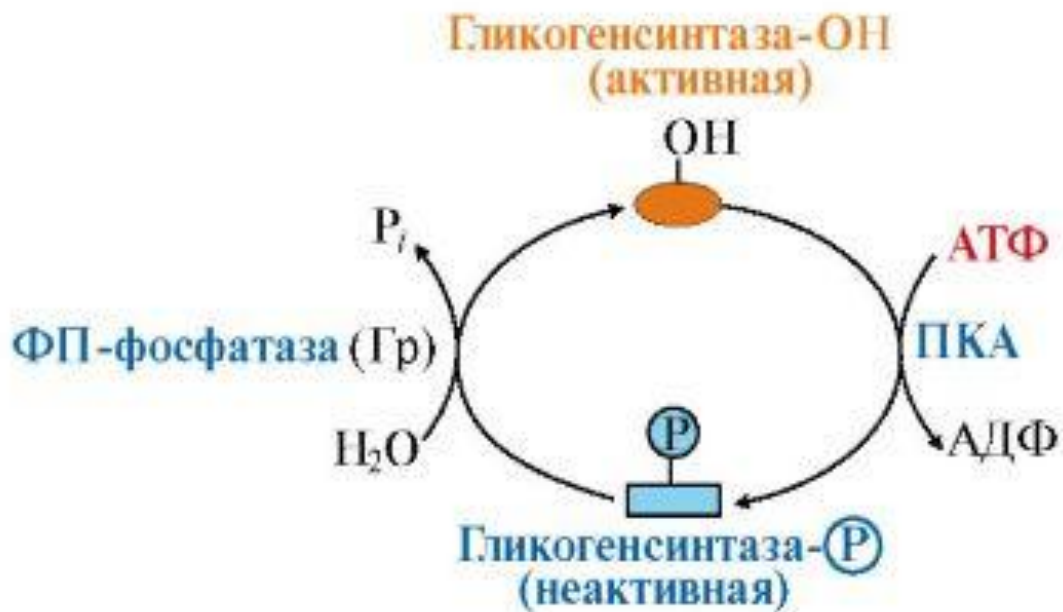
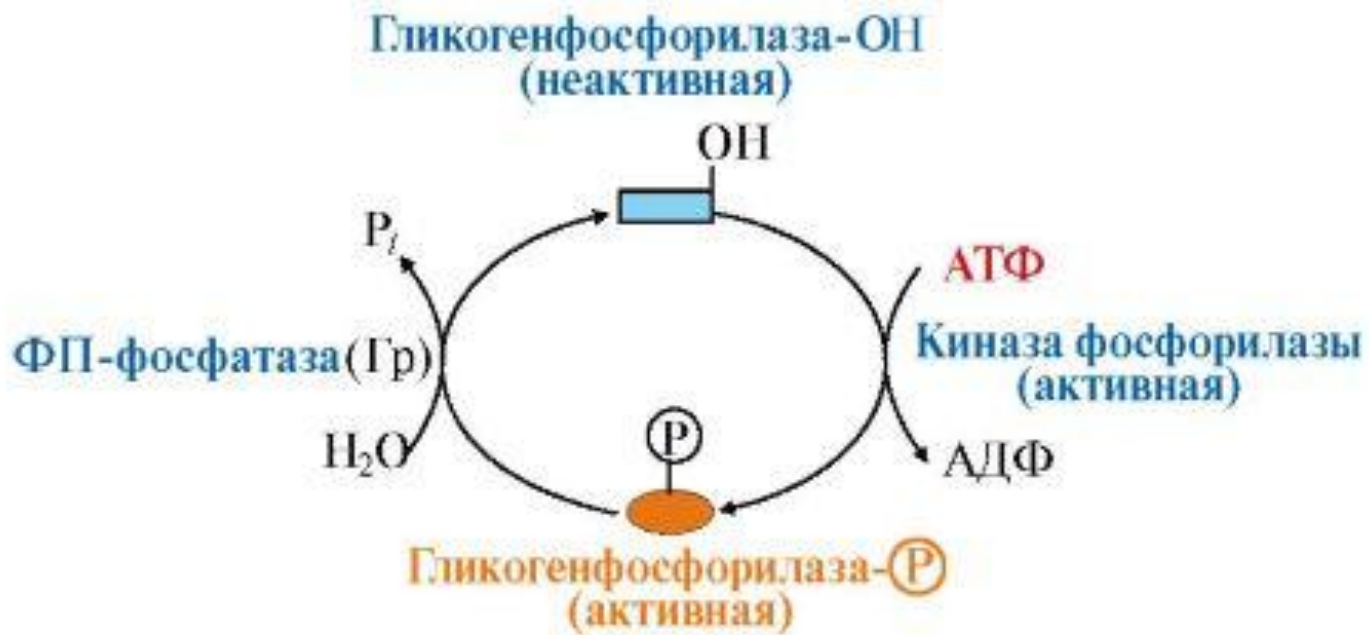
Изменение концентрации глюкозы в норме и при патологиях



◆ норма ● диабет ▲ гипертиреоз x микседема ● гиперинсулинизм

Микседема

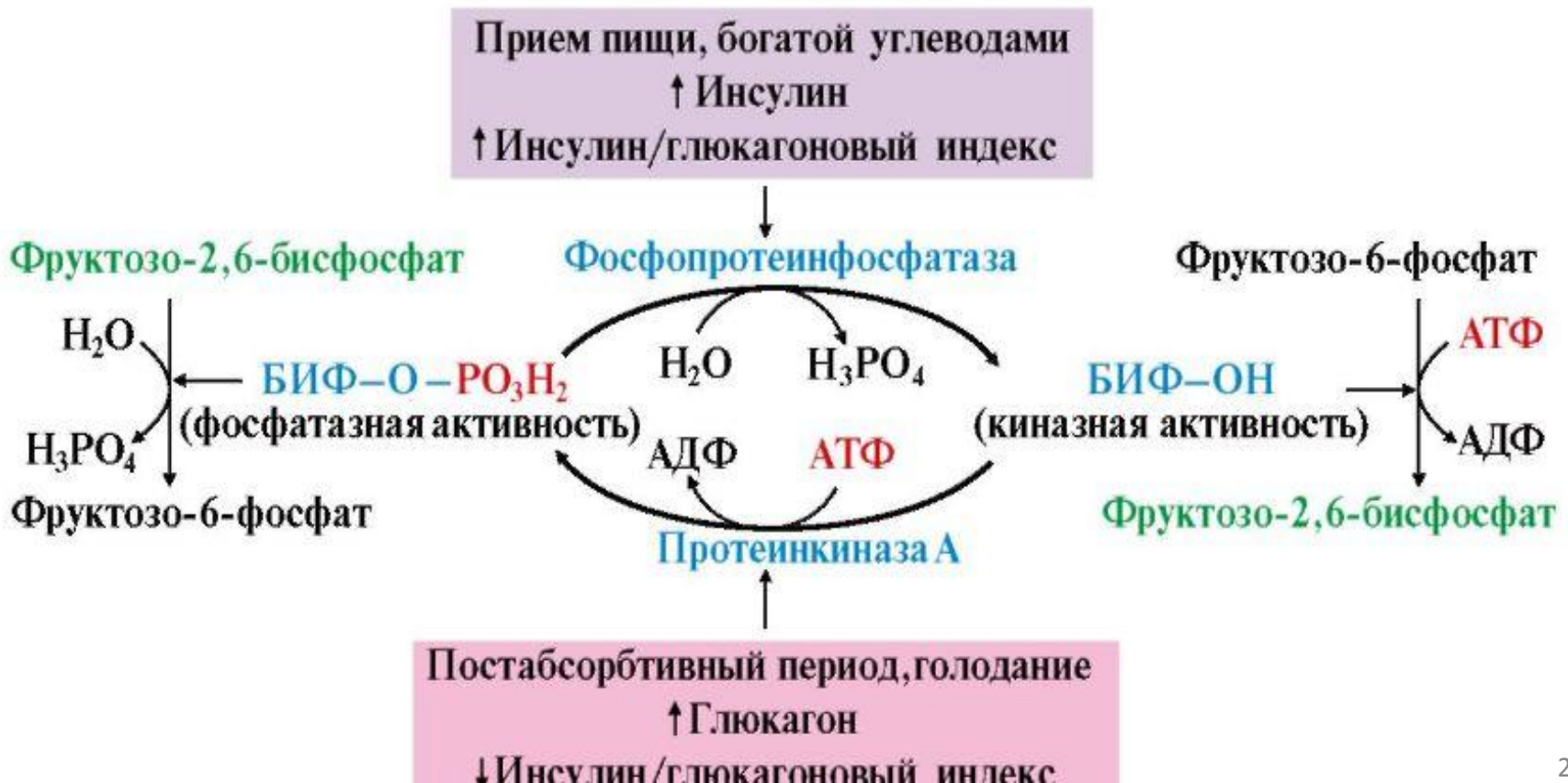




РЕГУЛЯЦИЯ ГЛИКОЛИЗА И ГЛЮКОНЕОГЕНЕЗА В ПЕЧЕНИ

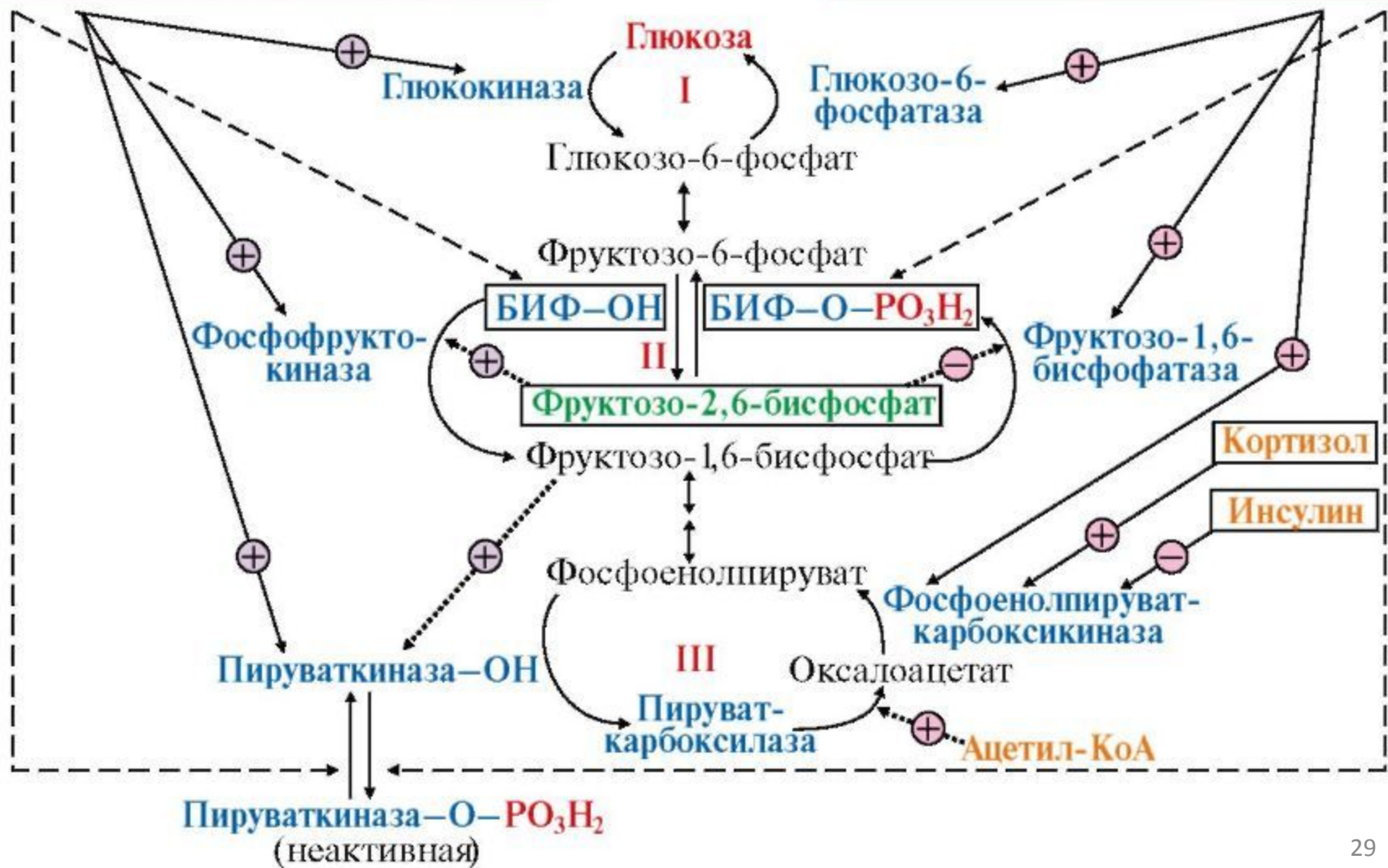
1. Переключение метаболизма печени с гликолиза на глюконеогенез и наоборот происходит при помощи:

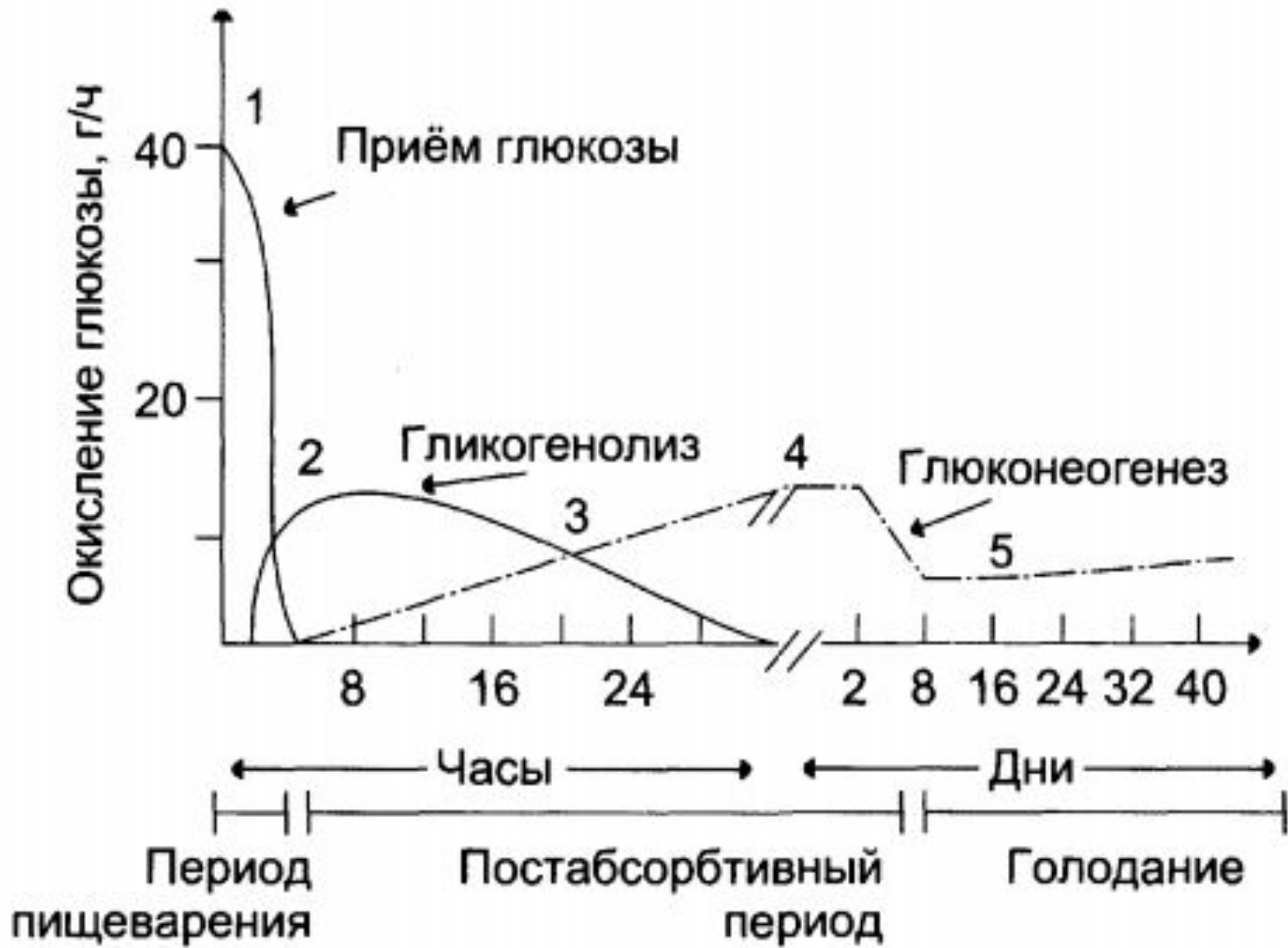
- аллостерических механизмов регуляции активности ключевых ферментов;
- ковалентной модификации ферментов путем фосфорилирования (дефосфорилирования) с участием инсулина и глюкагона;
- индукции (репрессии) синтеза ключевых ферментов, катализирующих реакции субстратных циклов.



Пищеварение
 ↑ Инсулин/глюкагоновый индекс

Голодание
 ↓ Инсулин/глюкагоновый индекс

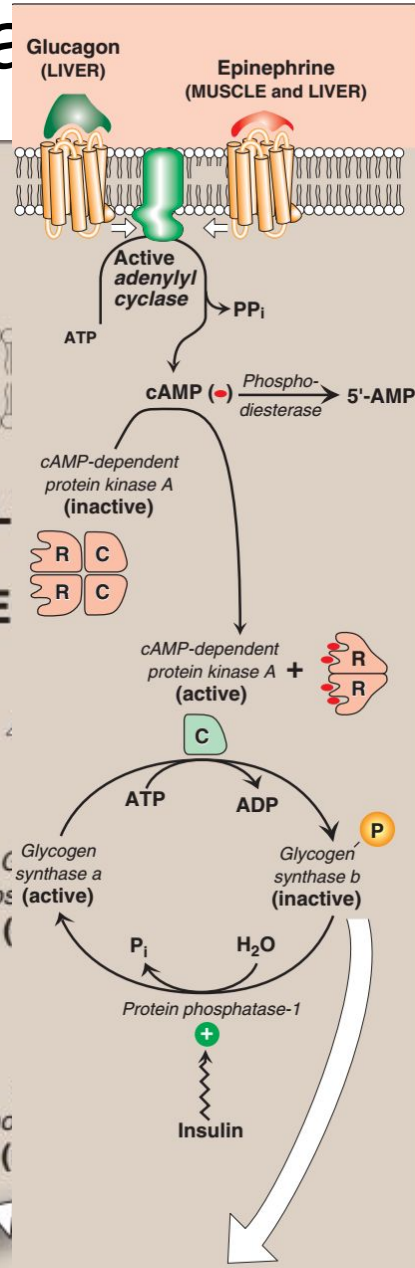




Регуляция пируваткиназы в печени

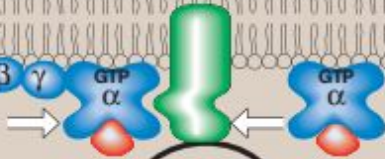


Механизм действия глюкагона адреналина



Glucagon bound to glucagon receptor (LIVER)

Epinephrine bound to β -adrenergic receptor (MUSCLE and LIVER)



ATP $\xrightarrow{\text{Active adenylyl cyclase}}$ cAMP (-) + PP_i
 cAMP (-) $\xrightarrow{\text{Phosphodiesterase}}$ 5'-AMP

cAMP-dependent protein kinase A (inactive) + cAMP (-) \rightarrow cAMP-dependent protein kinase A (active) + C

Glycogen phosphorylase kinase b (inactive) + C $\xrightarrow{\text{ATP}}$ Glycogen phosphorylase kinase a (active) + ADP

Glycogen phosphorylase a (active) + Glycogen (P) $\xrightarrow{\text{ATP}}$ Glycogen + ADP

Glycogen + H₂O $\xrightarrow{\text{Glycogen phosphorylase b (inactive)}}$ P_i + Glycogen
 P_i + Glycogen $\xrightarrow{\text{Glycogen phosphorylase a (active)}}$ Glycogen + H₂O

Protein phosphatase-1 (+) $\xleftarrow{\text{Insulin}}$

ROLE OF CALCIUM IN MUSCLE

During muscle contraction, Ca²⁺ is released from the sarcoplasmic reticulum. Ca²⁺ binds to the calmodulin subunit of *phosphorylase kinase*, activating it without phosphorylation. *Phosphorylase kinase* can then activate *glycogen phosphorylase*, causing glycogen degradation.

ROLE OF AMP IN MUSCLE

In muscle under extreme conditions of anoxia and depletion of ATP, AMP activates *glycogen phosphorylase b* without it being phosphorylated.

GLYCOGEN SYNTHESIS IS INHIBITED

Структурные компоненты ГАГ

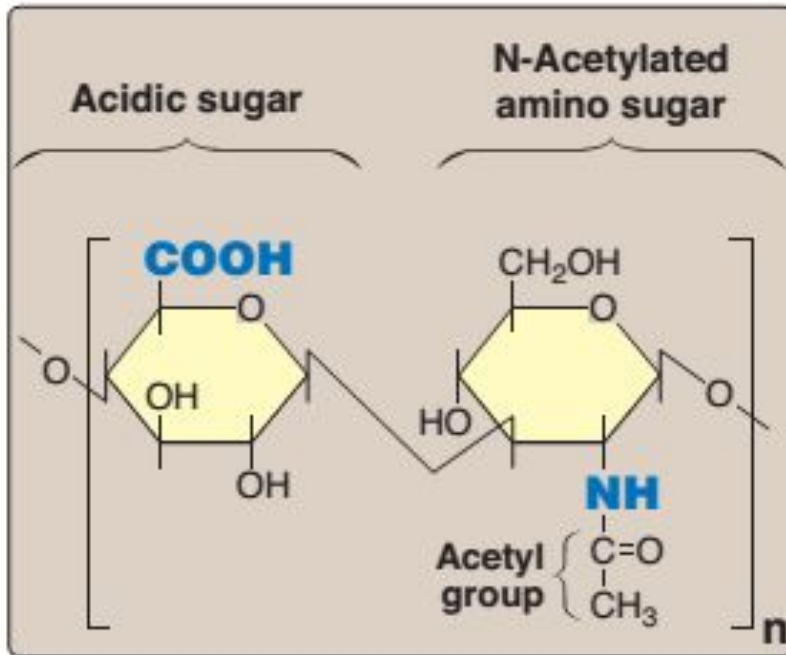


Figure 14.1
Repeating disaccharide unit.

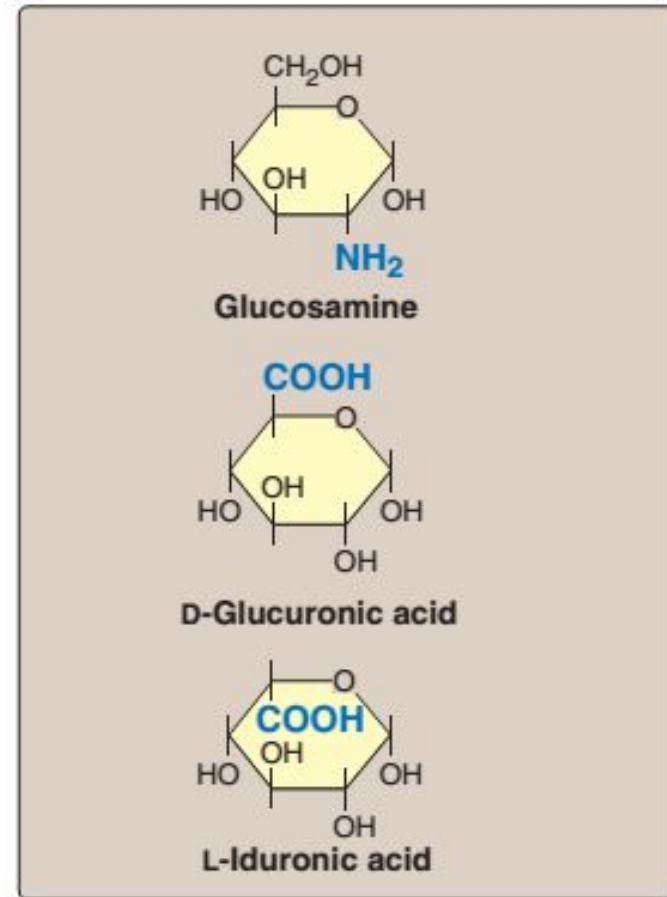
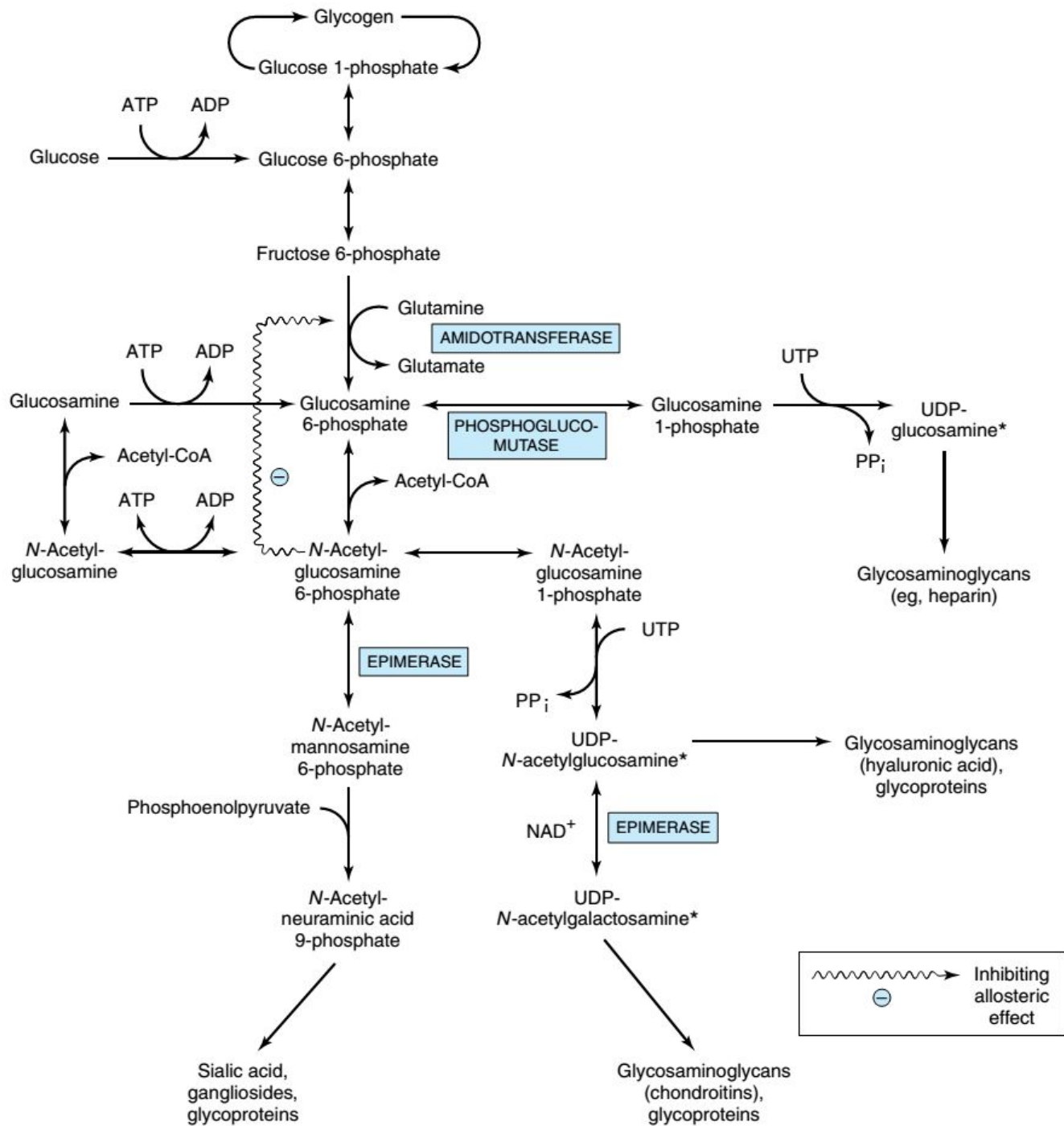
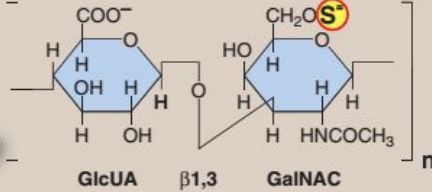
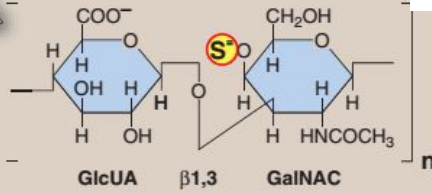


Figure 14.2
Some monosaccharide units found
in glycosaminoglycans.



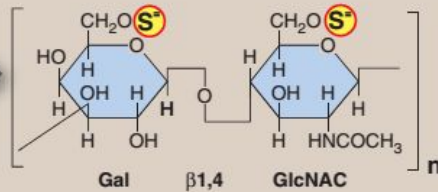
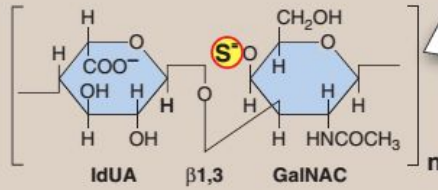
CHONDROITIN 4- AND 6-SULFATES

- Disaccharide unit: N-acetylgalactosamine with sulfate on either C-4 or C-6, and glucuronic acid.
- Most abundant GAGs in the body.
- Found in cartilage, tendons, ligaments, and aorta.
- Form proteoglycan aggregates, often aggregating noncovalently with hyaluronic acid.
- In cartilage, they bind collagen and hold fibers in a tight, strong network.



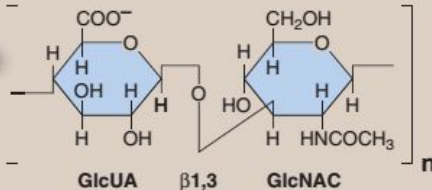
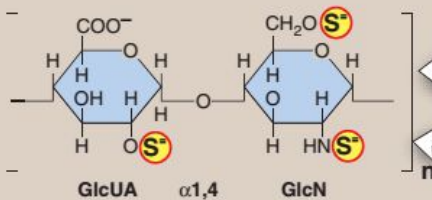
KERATAN SULFATES I and II

- Disaccharide unit: N-acetylglucosamine and galactose (no uronic acid). Sulfate content is variable and may be present on C-6 of either sugar.
- Most heterogeneous GAGs because they contain additional monosaccharides such as L-fucose, N-acetylneuraminic acid, and mannose.
- KS II is found in loose connective tissue proteoglycan aggregates with chondroitin sulfate. KS I is found in cornea.



HYALURONIC ACID (HYALURONATE)

- Disaccharide unit: N-acetylglucosamine and glucuronic acid.
- Different from other GAGs: Unsulfated, not covalently attached to protein, and only GAG not limited to animal tissue, but also found in bacteria.
- Serves as a lubricant and shock absorber.
- Found in synovial fluid of joints, vitreous humor of the eye, the umbilical cord, loose connective tissue and cartilage.



DERMATAN SULFATE

- Disaccharide unit: N-acetylgalactosamine and L-iduronic acid (with variable amounts of glucuronic acid).
- Found in skin, blood vessels, and heart valves.

HEPARIN

- Disaccharide unit: Glucosamine and glucuronic or iduronic acid. Most glucosamine residues are bound in sulfamide linkages. Sulfate is also found on C-3 or C-6 of glucosamine and C-2 of uronic acid (an average of 2.5 S per disaccharide unit).
- α -Linkage joins the sugars.
- Unlike other GAGs that are extracellular compounds, heparin is an intracellular component of mast cells that line arteries, especially in liver, lungs, and skin.
- Serves as an anticoagulant.

HEPARAN SULFATE

- Disaccharide unit: Same as heparin except some glucosamines are acetylated and there are fewer sulfate groups.
- Extracellular GAG, found in basement membrane and as a ubiquitous component of cell surfaces.

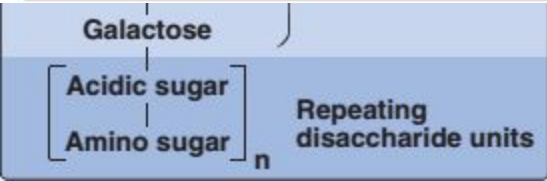
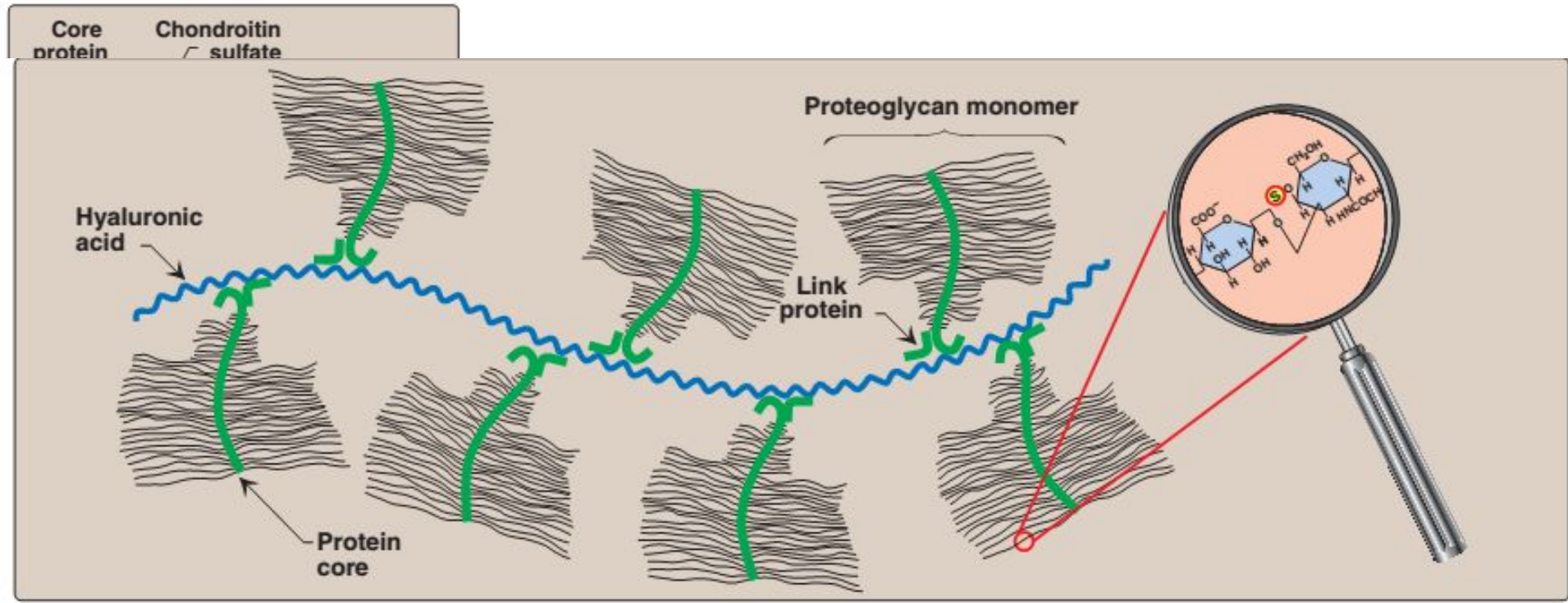
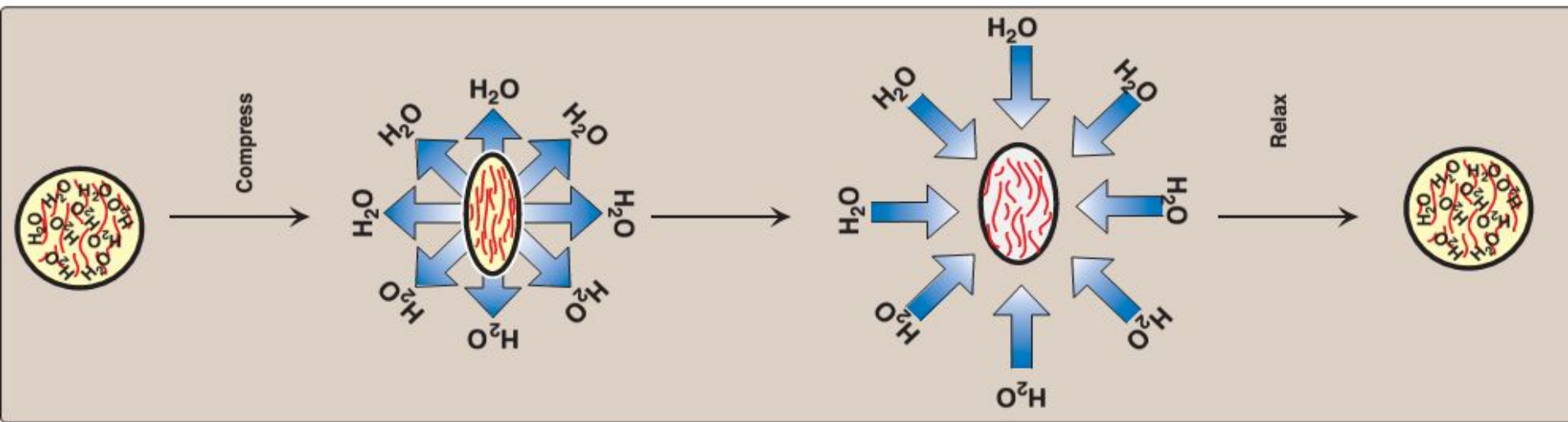
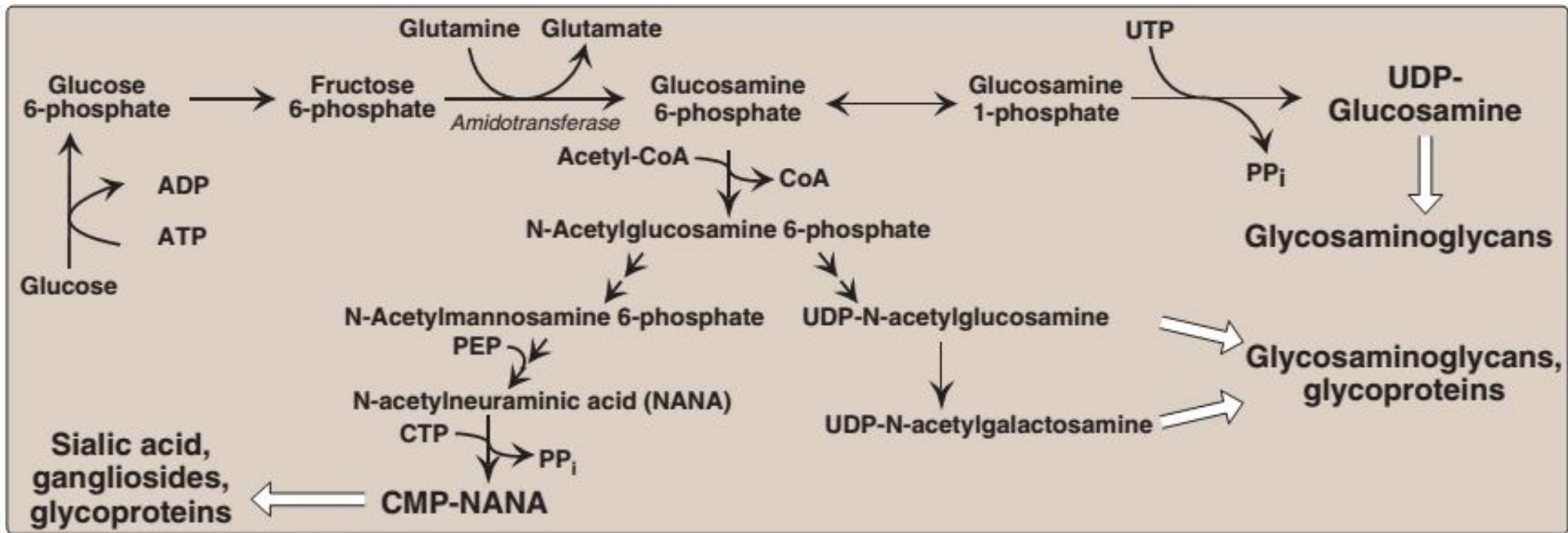


Схема синтеза ГАГ



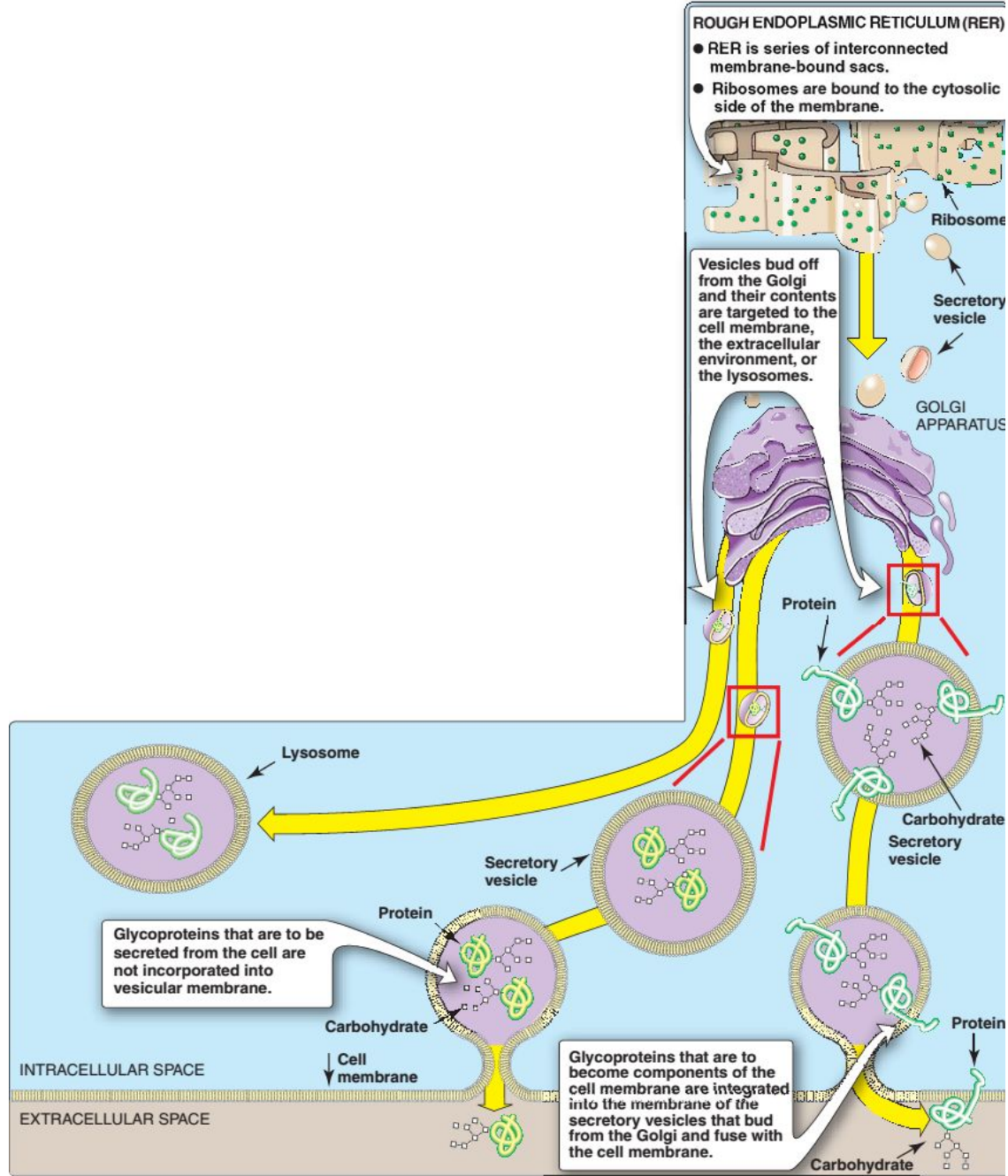


Figure 14.15

Transport of glycoproteins through the Golgi apparatus and their subsequent release or incorporation into a lysosome or the cell membrane.