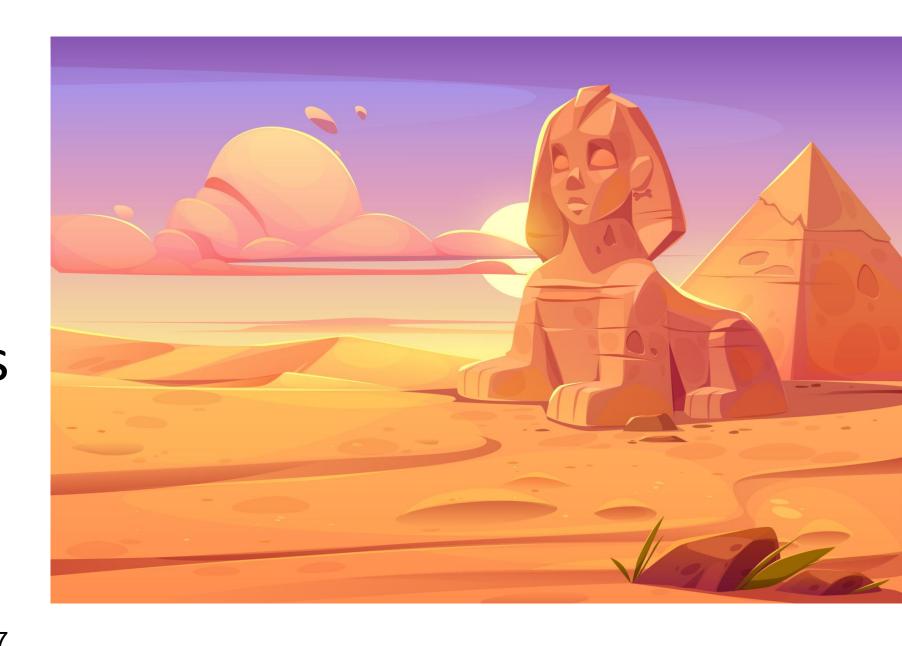
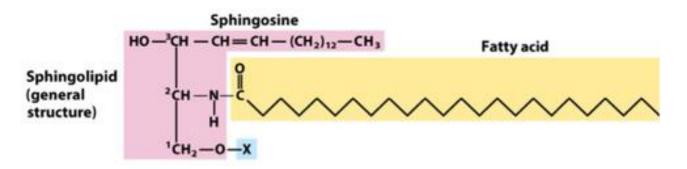
Metabolism of Sphingolipids

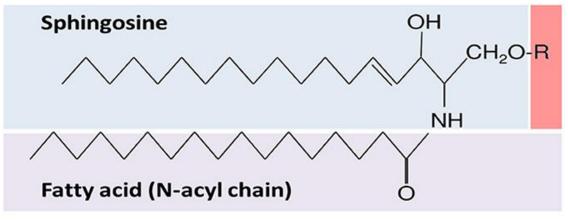
Dr. Diala Abu-Hassan



Structure of sphingolipids





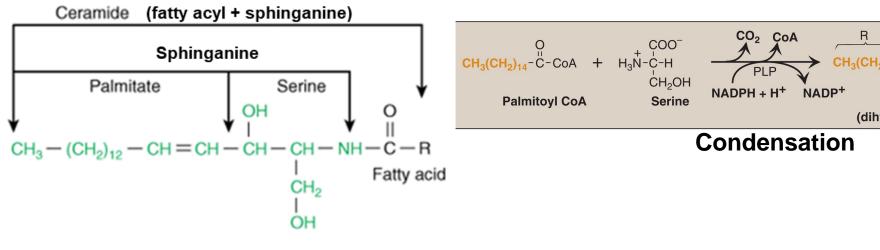


Sphingolipid

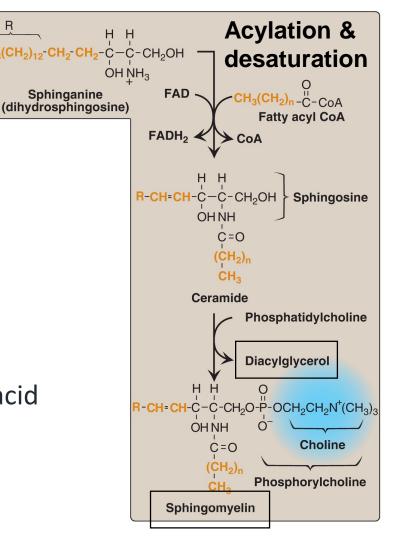
Substitue it (K)	Springonpiu
Н	Ceramides
Phosphocholine	Sphingomyelins
Sugar (s)	Glycosphingolipids
- Single sugar (glucose or galactose)	 Cerebrosides
- Lactose (disaccharide)	 Lactosylceramides
- Oligosaccharide	 Gangliosides
- Sugar + sulfate	 Sulfatides
1970	

Substituent (R)

Synthesis of sphingomyelin



- Palmitoyl CoA condenses with serine producing sphinganine and releasing CoA and CO₂.
 - The reaction requires pyridoxal phosphate and NADPH.
 - The needed energy comes from decarboxylation.
- Sphinganine is acylated at the amino group with a long-chain fatty acid and then desaturated to produce a ceramide.
- Phosphorylcholine from phosphatidylcholine is transferred to the ceramide, producing sphingomyelin and DAG.



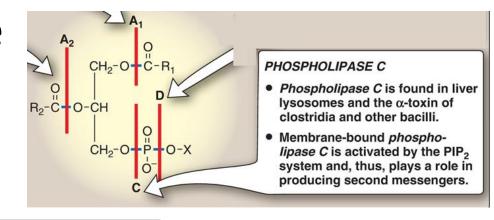
Degradation of sphingomyelin and the deficiency of sphingomyelinase

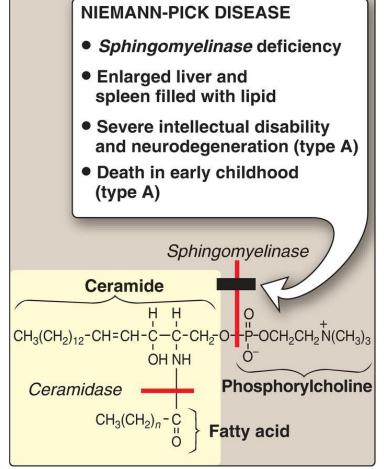
✓ Sphingomyelin is degraded by sphingomyelinase, a lysosomal enzyme and a type of phospholipase C

✓ The ceramide is cleaved by ceramidase into sphingosine and

a free fatty acid

- ✓ The ceramide and sphingosine released regulate signal transduction pathways by influencing the activity of protein kinase C and they also promote apoptosis.
- ✓ Niemann-Pick disease (Types A and B) is an autosomal recessive disease (lysosomal storage disease)
- ✓ Enlarger liver and spleen because of lipid deposits
- ✓ Type A is more severe than B
- ✓ Niemann-Pick disease occurs in all ethnic groups
- ✓ Type A is more frequent in the Ashkenazi Jewish population





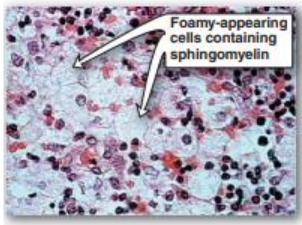
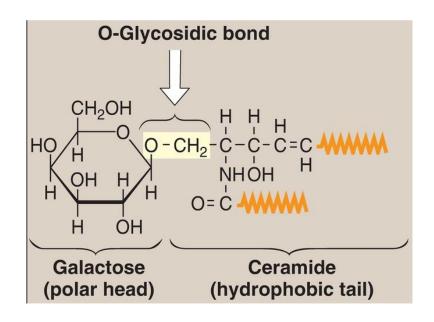


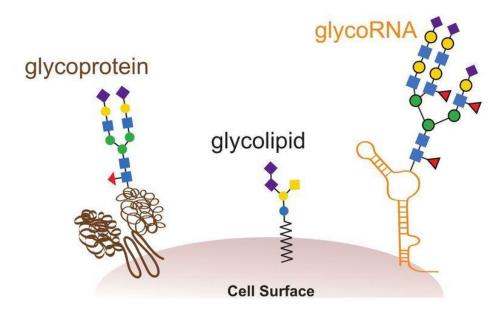
Figure 17.13

Accumulation of lipids in spleen cells from a patient with Niemann-Pick disease.

Glycosphingolipids (glycolipids)

- They are made of ceramide (precursor).
- A sugar(s) is attached to ceramide by an O-glycosidic bond.
- The number and type of carbohydrate moieties determine the type of glycosphingolipid.
- They are localized in the outer leaflet of the plasma membrane and exposed extracellularly (adhesion, recognition, and signaling).
- Their hydrophobic ceramide tail inserts into the outer phospholipid leaflet, while the glycan headgroup extends outwardly.

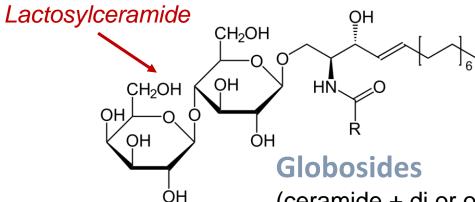




Types of glycolipids

Neutral glycosphingolipids

- Cerebrosides are the simplest.
- Gluco- or Galactocereobrosides



Acidic glycosphingolipids (gangliosides)

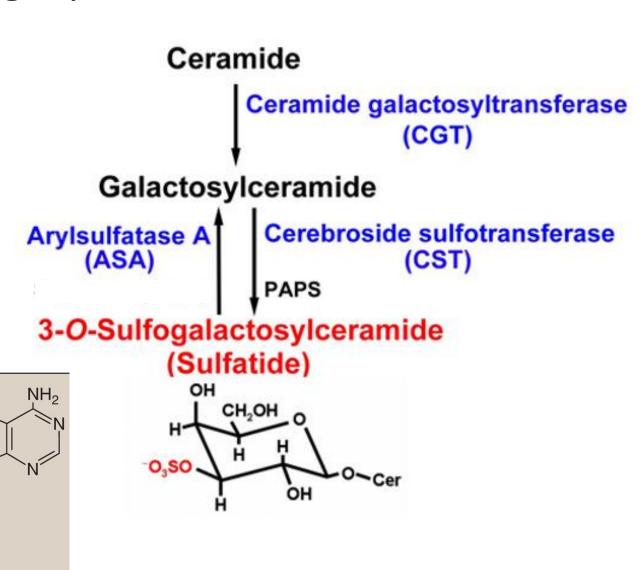
 They are negatively charged at physiologic pH due to attachment of Nacetylneuraminic acid ([NANA] or sialic acid, in gangliosides or by sulfate groups in sulfatides.

N-acetylneuraminic acid.

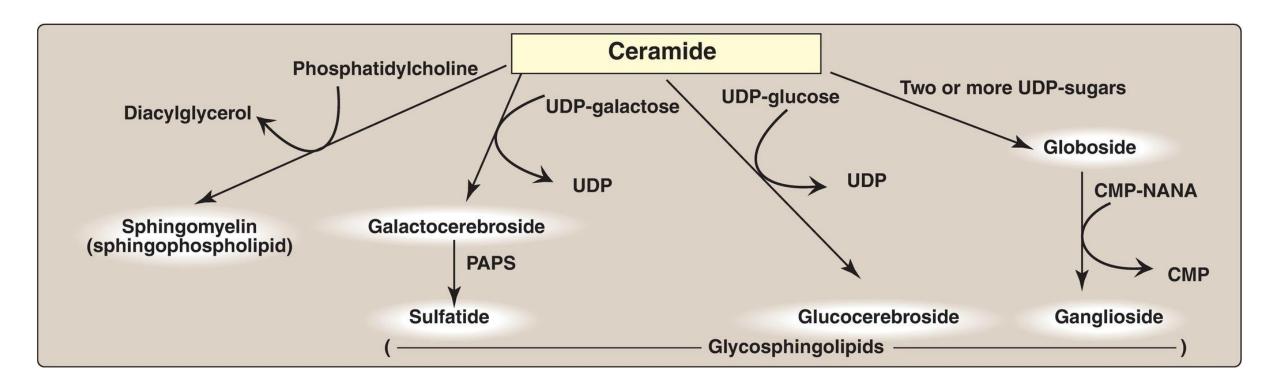
(ceramide + di or oligosaccharides)

Synthesis of Glycosphingolipids and Sulfatides

- Synthesis of glycosphingolipids occurs primarily in the Golgi apparatus by sequential addition of glycosyl monomers transferred from UDP-sugars to the acceptor molecule by glycosyltransferases.
- A sulfate group from the sulfate carrier 3'phosphoadenosine-5'-phosphosulfate (PAPS), is added by a sulfotransferase to a galactose in a galactocerebroside, forming the sulfatide galactocerebroside sulfate.

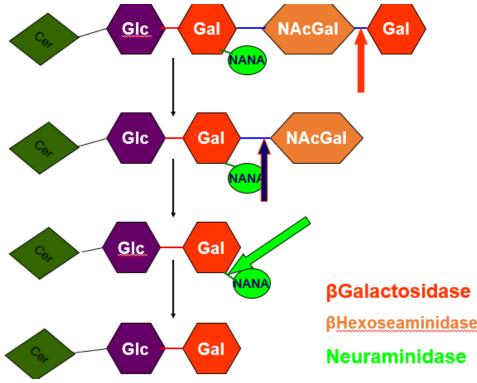


Synthesis of Glycosphingolipids and Sulfatides

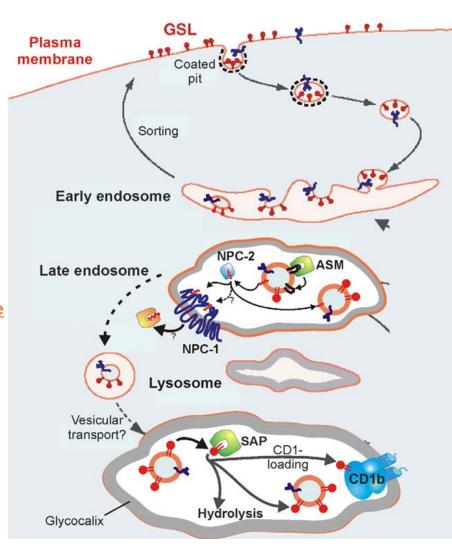


Glycosphingolipid (GSL) degradation

- Glycosphingolipids are phagocytosed into the endosomes that fuse with the lysosomes.
- The lysosomal hydrolases remove the sugars <u>sequentially</u> starting with the last one added and ending with the first one added.

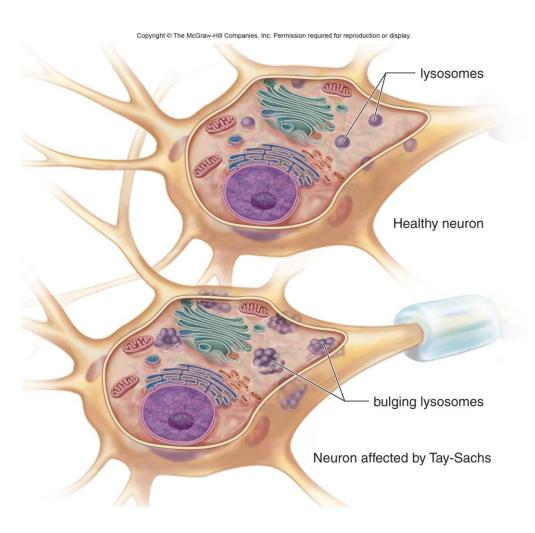


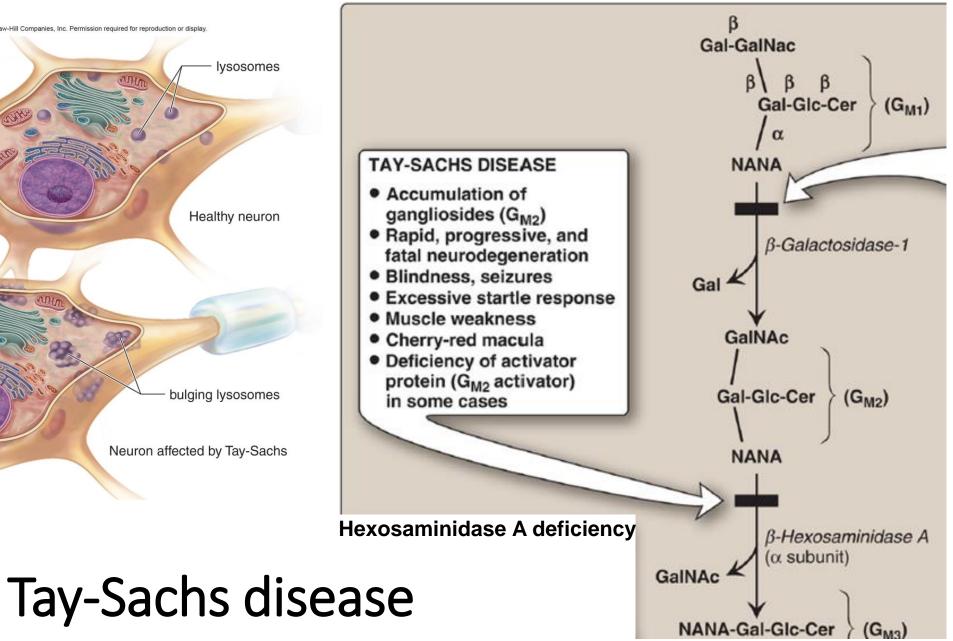
- Defect in the degradation of glycosphingolipid, glycosaminoglycans, and glycoproteins causes "lysosomal storage diseases".
- Sialidase (neuroaminidase) is the glycosidase that removes sialic acid during ganglioside degradation



Application: Sphingolipidoses (lysosomal disease)

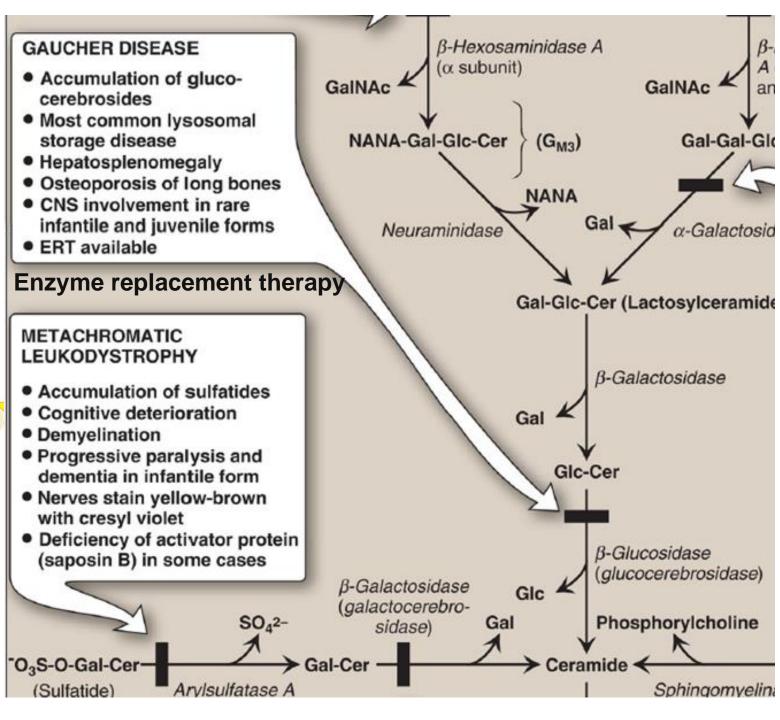
- Sphingolipidoses: lysosomal diseases characterized by mutations in genes that encode lysosomal hydrolases or activator proteins engaged in the intralysosomal degradation of sphingolipids.
- Usually, only a single sphingolipid (the substrate for the deficient enzyme) accumulates in the involved organs.
- The disorders are progressive becoming more severe with aging and can be fatal.
- There is extensive phenotypic variability due to:
 - Allele heterogeneity: different mutations within the same gene (different alleles)
 - Locus heterogeneity: different genes are defective (locus = position, location).
- They are autosomal-recessive disorders, except for Fabry disease, which is X linked.
- The incidence of sphingolipidoses is low in most populations, except for Gaucher and Tay-Sachs diseases, which, like Niemann-Pick disease, show a high frequency in the Ashkenazi Jewish population.





Gaucher disease

* MOST COMMON LYSOSOMAL STORAGE DISORDER

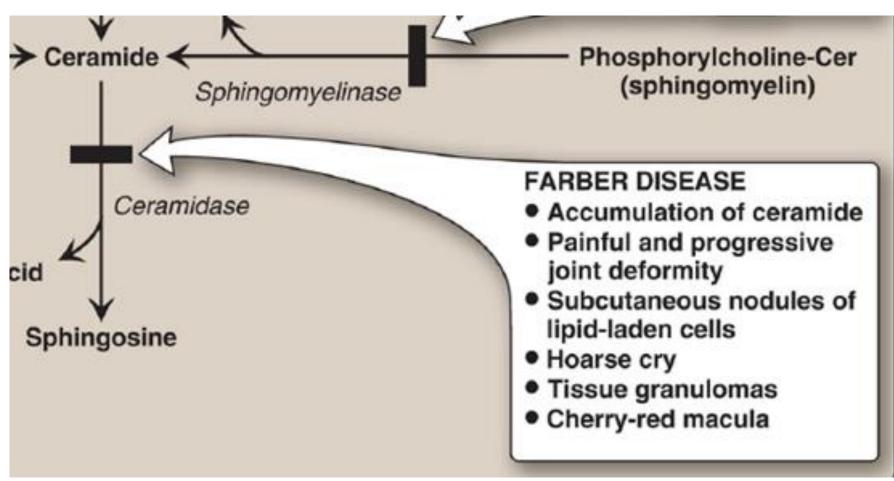


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Deformed joints



Farber disease



Diagnosis and treatment

- Diagnosis:
 - Measure enzyme activity in cultured fibroblasts or peripheral leukocytes
 - Analyzing DNA
- Treatment:
 - Recombinant human enzyme replacement therapy
 - Gaucher disease and Fabry disease (expensive)
 - Bone marrow transplantation:
 - Gaucher disease
- Substrate reduction therapy
 - Gaucher disease: reducing the amount of glucocerebroside produced in the body pharmacologically

