

Pentose Phosphate
Pathway (PPP) or
Hexose
Monophosphate
Shunt

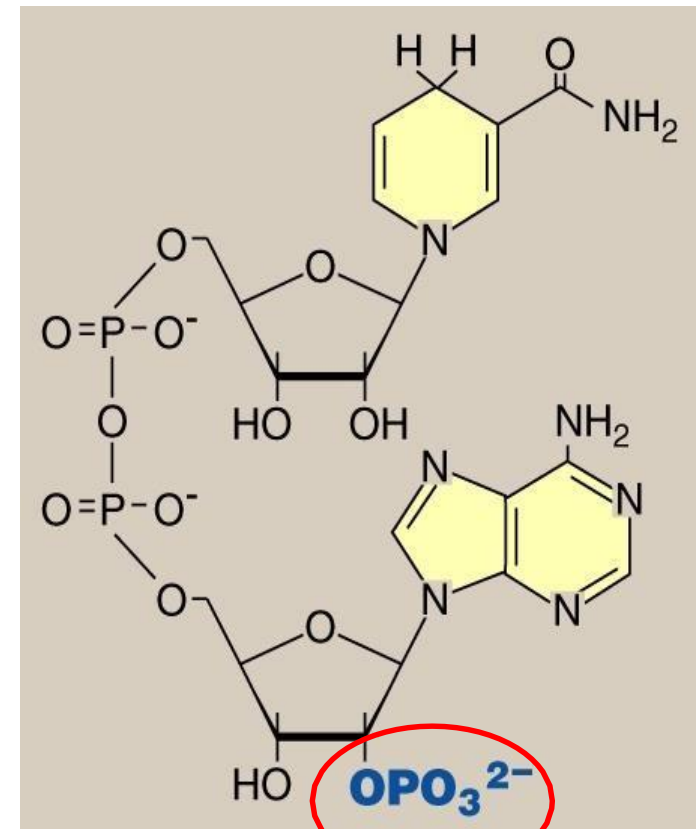


Dr. Diala Abu-Hassan

Functions of the PPP

1. Production of NADPH

- NADPH dependent biosynthesis of fatty acids
 - Liver, lactating mammary glands, adipose tissue
- NADPH dependent biosynthesis of steroid hormones
 - Testes, ovaries, placenta, and adrenal cortex
- Maintenance of Glutathione (GSH) in the reduced form in the RBCs



OH in NADH

2. Metabolism of five-carbon sugars (Pentoses)

- Ribose 5-phosphate (nucleotide biosynthesis)
- Metabolism of pentoses

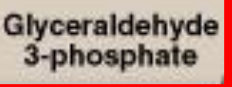
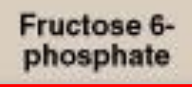
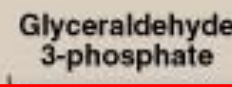
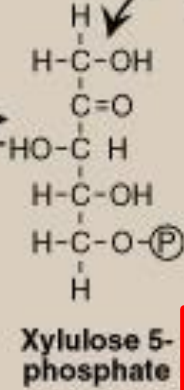
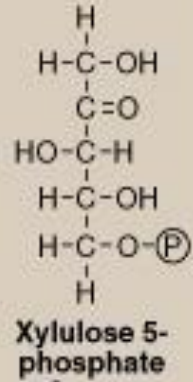
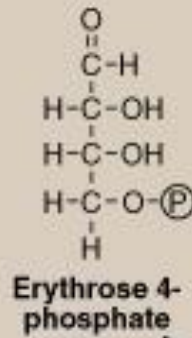
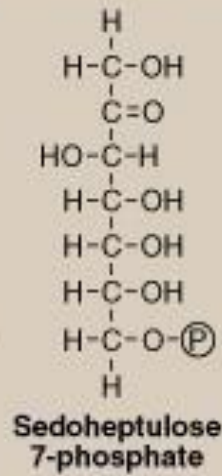
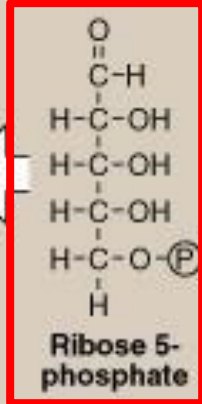
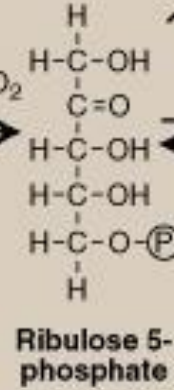
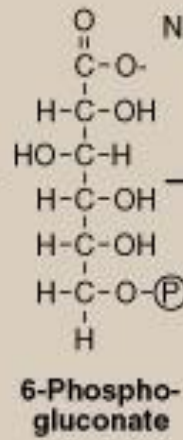
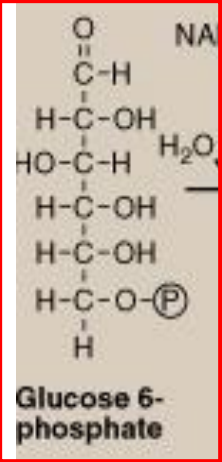
Oxidative reactions (irreversible)

Nonoxidative reactions (reversible)

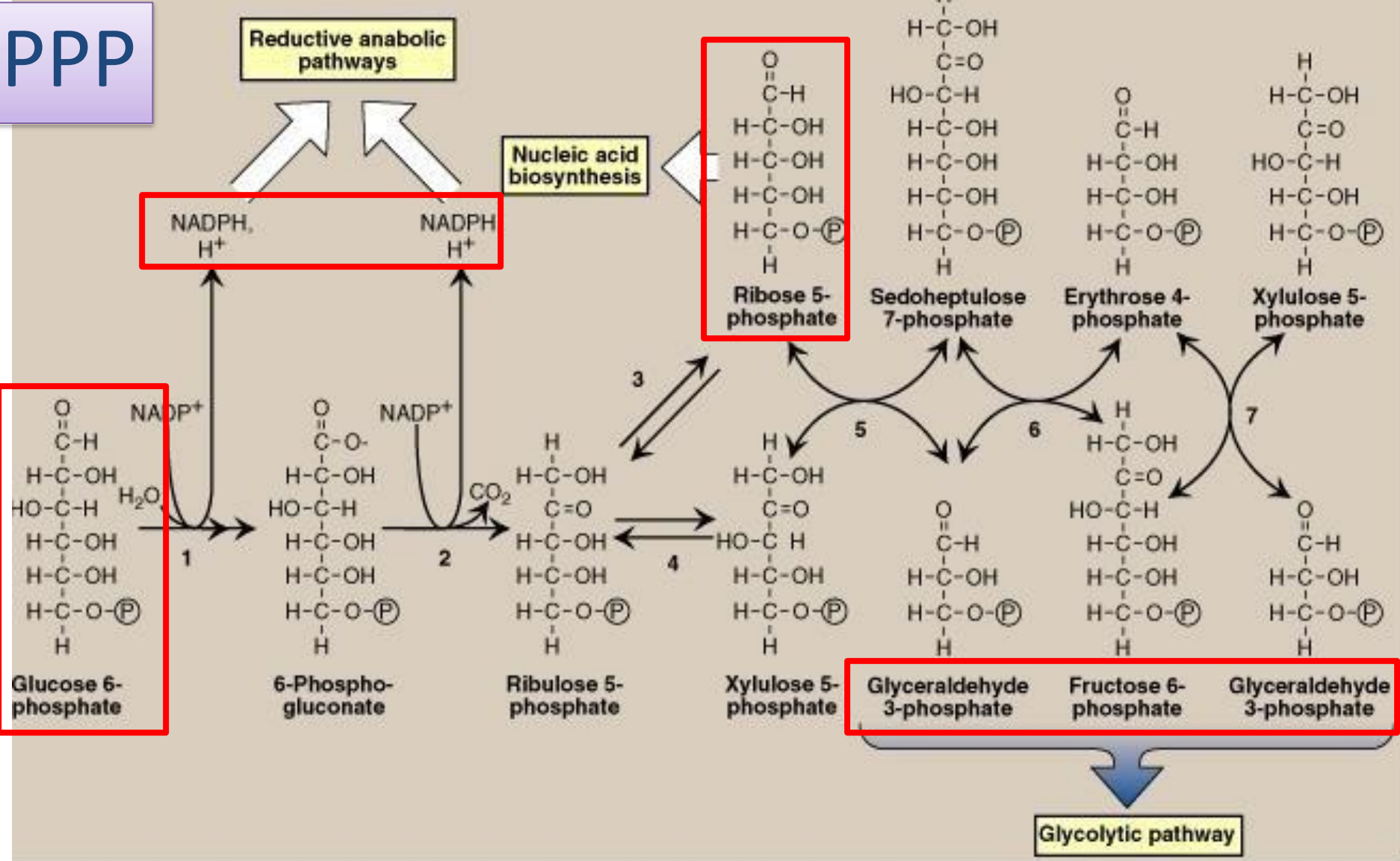
PPP

Reductive anabolic pathways

Nucleic acid biosynthesis



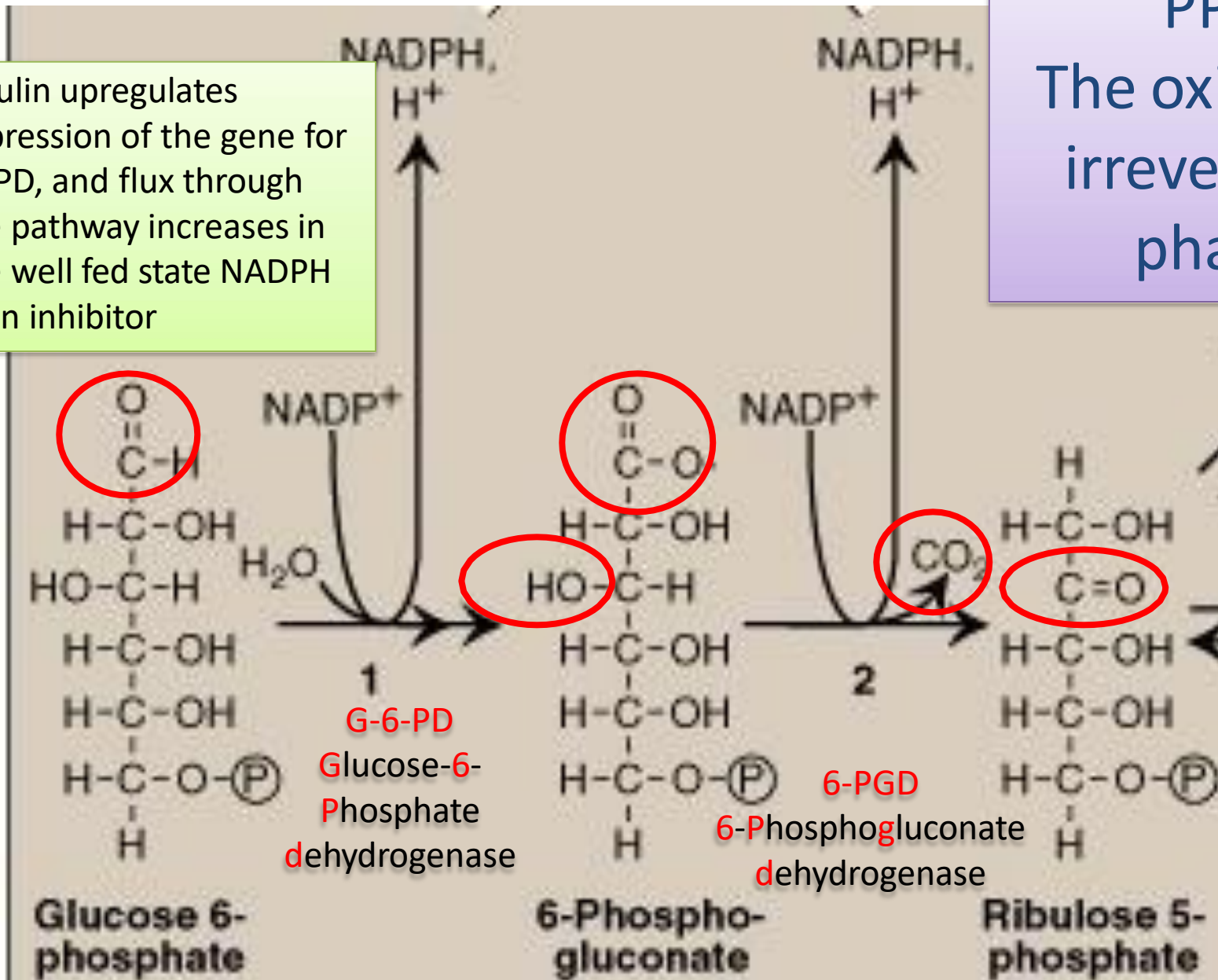
Glycolytic pathway



PPP

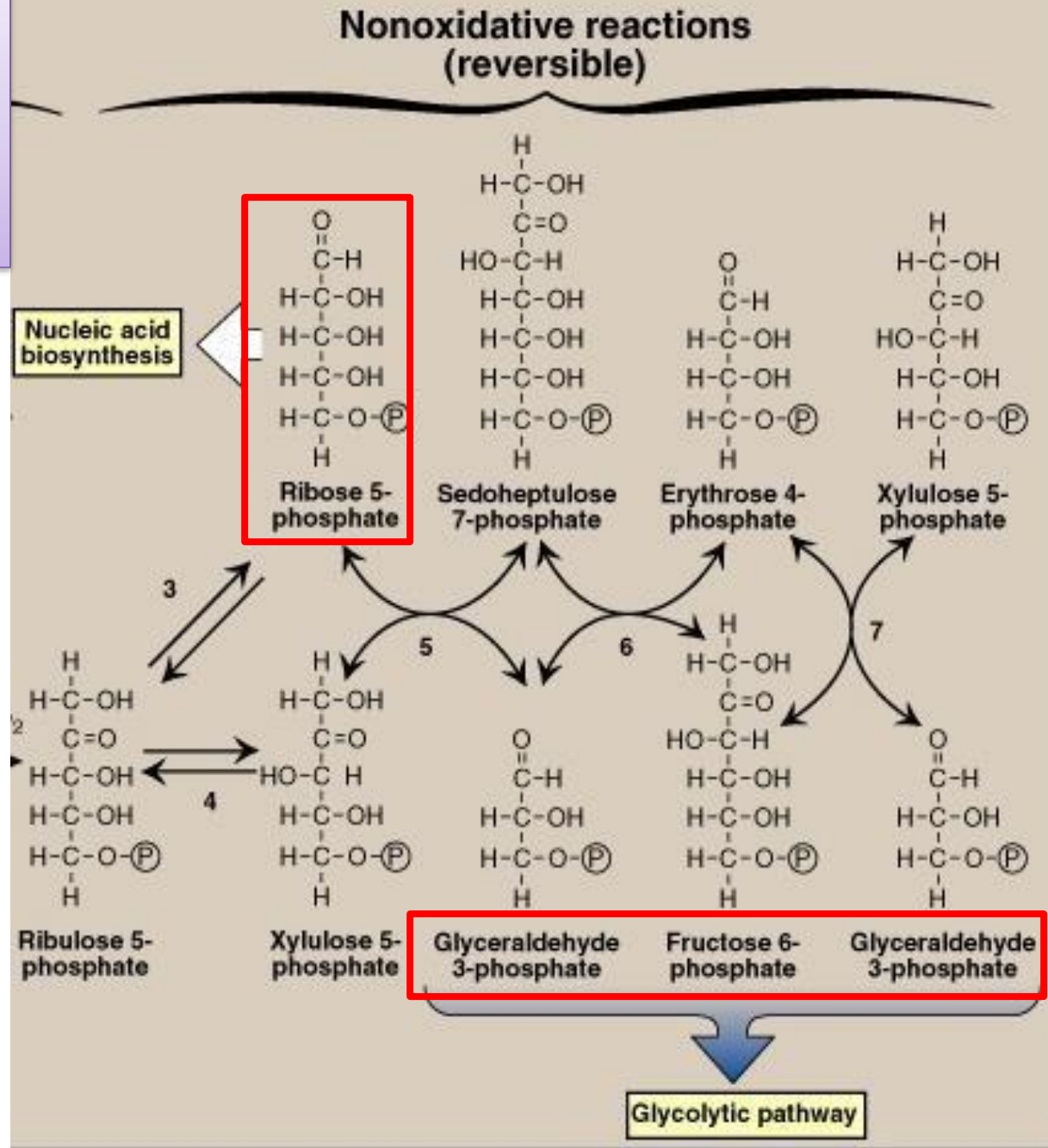
The oxidative irreversible phase

Insulin upregulates expression of the gene for G6PD, and flux through the pathway increases in the well fed state NADPH is an inhibitor



PPP

The non-oxidative reversible phase



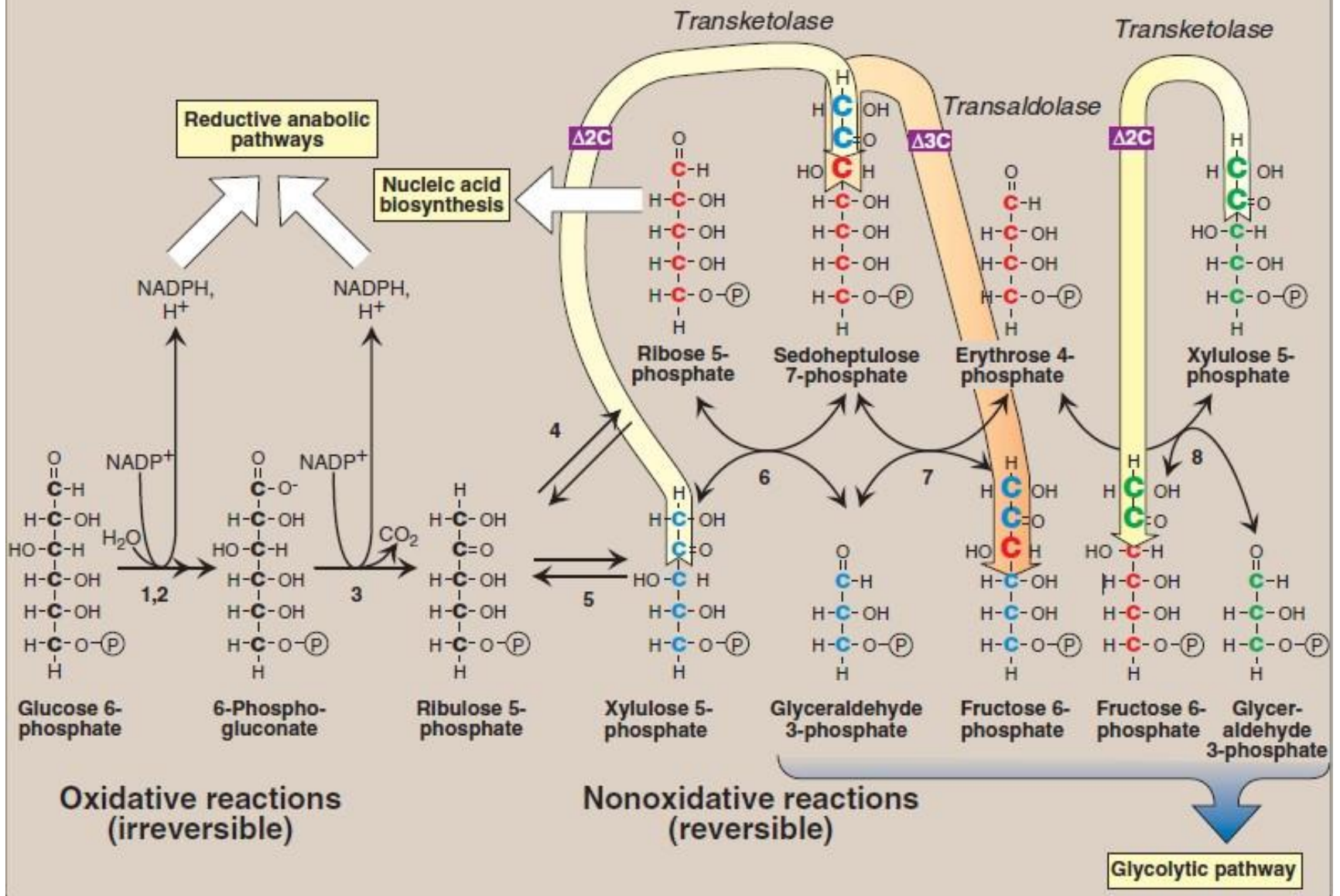
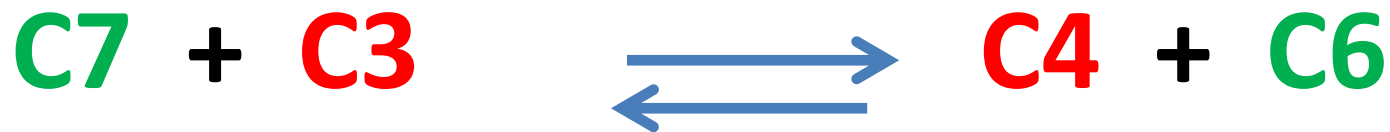


Figure 13.2

Reactions of the hexose monophosphate pathway. Enzymes numbered above are: 1,2) *glucose 6-phosphate dehydrogenase* and *6-phosphogluconolactone hydrolase*, 3) *6-phosphogluconate dehydrogenase*, 4) *ribose 5-phosphate isomerase*, 5) *phosphopentose epimerase*, 6) and 8) *transketolase* (coenzyme: thiamine pyrophosphate), and 7) *transaldolase*. $\Delta 2C$ = two carbons are transferred in *transketolase* reactions; $\Delta 3C$ = three carbons are transferred in the *transaldolase* reaction.

Carbon movements in non-oxidative reactions

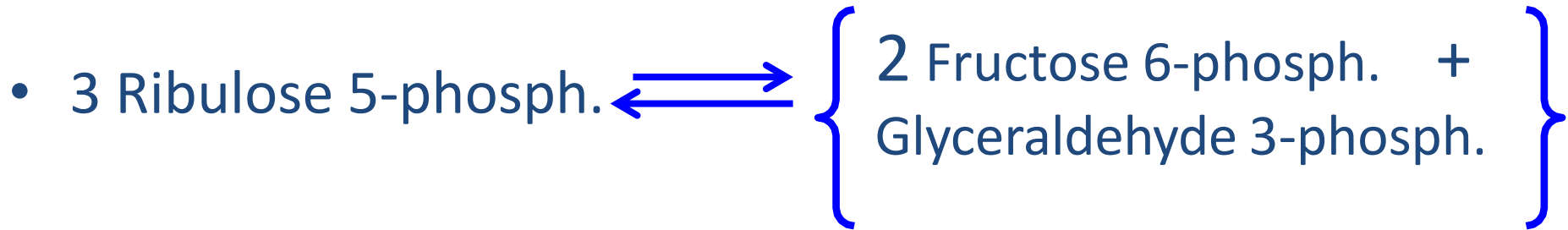


Summary of the non-oxidative reactions

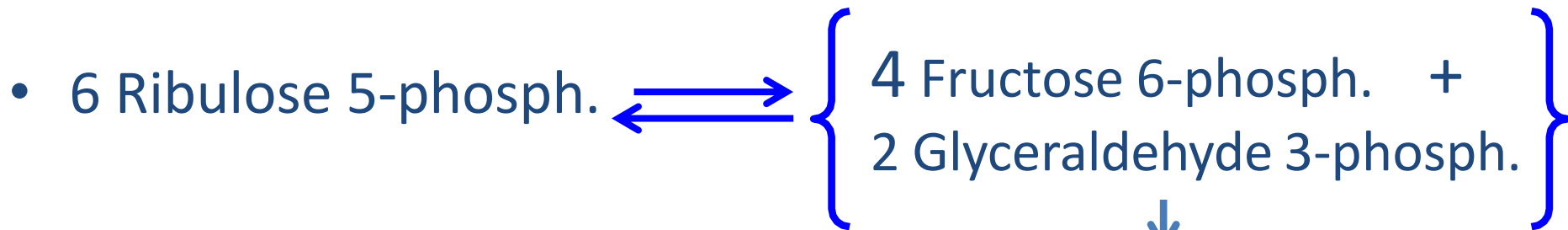
- Reversible reactions
- Transfer of 2 or 3 carbon fragment
- Transketolase (2C), Transaldolase (3C)
- Ketose + aldose \rightleftharpoons ketose + aldose
- From ketose to aldose

- Rearrangement of sugars
- 3 pentose phosph. \rightleftharpoons $\left\{ \begin{array}{l} 2 \text{ hexose phosph} + \\ 1 \text{ triose phosph.} \end{array} \right\}$

The net **non-oxidative** reaction

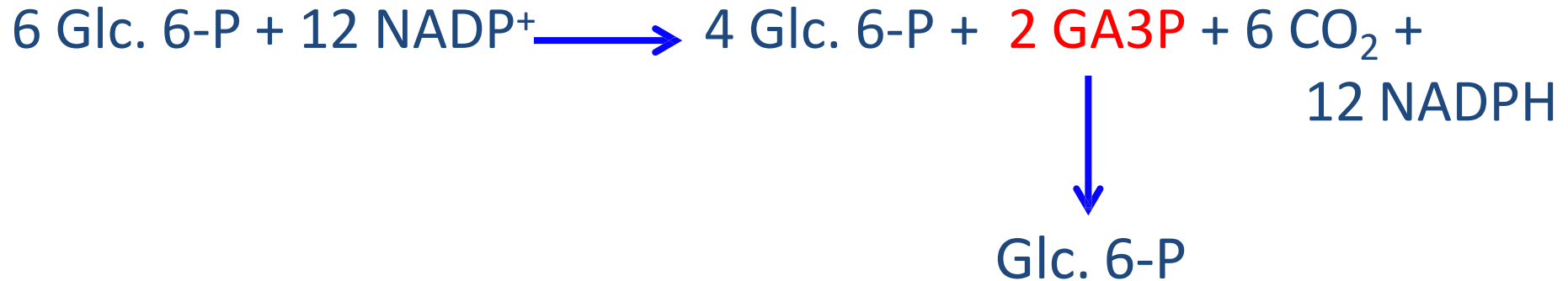


- Multiply by 2



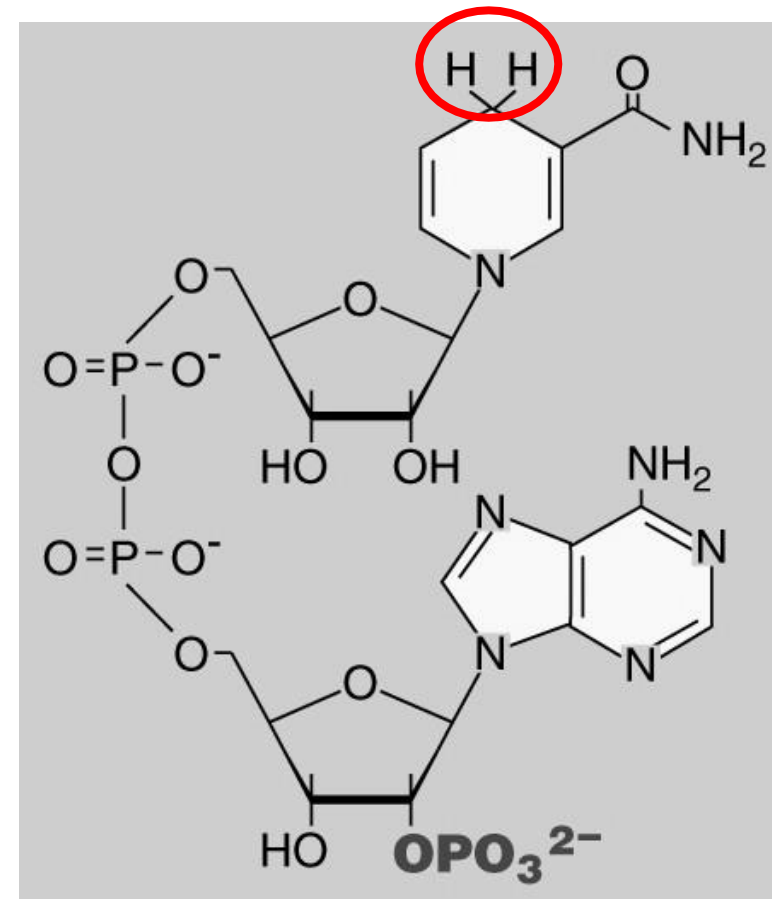
• 5 Fructose. 6-Phosph.

Net Products of the 2 Phases



NADPH vs NADH

- Enzymes can specifically use one NOT the other
- NADPH and NADH have different roles
- NADPH exists mainly in the reduced form (NADPH)
- NADH exists mainly in the oxidized form (NAD⁺)
- In the cytosol of hepatocyte
 - NADP⁺/NADPH \approx 1/10
 - NAD⁺/NADH \approx 1000/1



What are the uses of NADPH?

1. Reductive Biosynthesis

- Some biosynthetic reactions require high energy electron donor to produce reduced product
- Examples: Fatty acids, Steroids ...

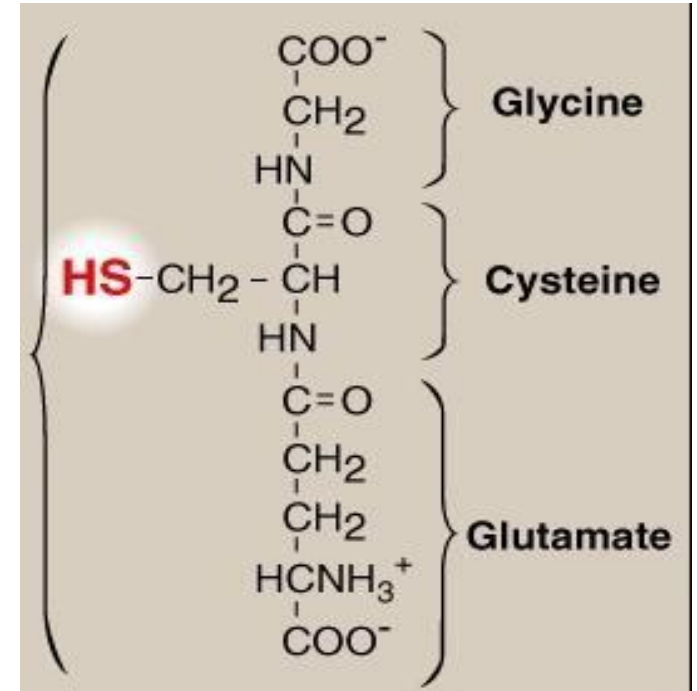
2. Reduction of Hydrogen Peroxide

- H_2O_2 one of a family of compounds known as **Reactive Oxygen Species (ROS)**
- Other: Super oxide, hydroxyl radical,
- Formed continuously
 - As by products of aerobic metabolism
 - Interaction with drugs and environmental toxins
- Can cause chemical damage to proteins, lipids and DNA
→ cancer, inflammatory disease, cell death

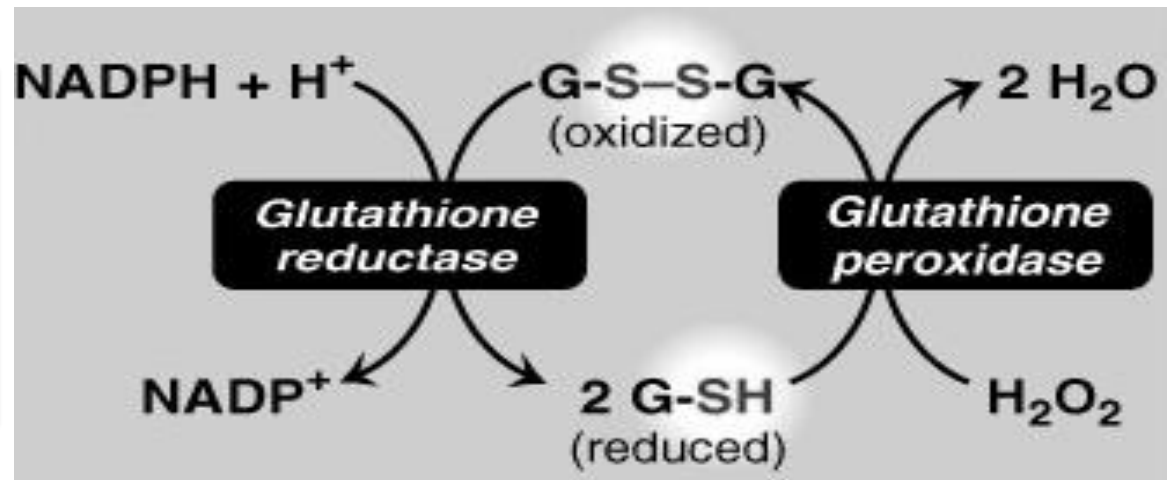
Enzymes that catalyze antioxidant reactions

1. Glutathione peroxidase

- Glutathione is a reducing agent
- Tripeptide
- GSH is the reduced form
- Oxidation → two molecules joined by disulfide (GSSG)
- $2 \text{ GSH} \longrightarrow \text{GSSG}$



Glutathione peroxidase is Selenium requiring Enzyme RBCs are totally dependent on PPP for NADPH production



Enzymes that catalyze antioxidant reactions

2. Super oxide dismutase (**SOD**)



3. Catalase



Anti oxidant chemicals

- Vitamin E, Vitamin C, Carotenoids

Clinical Hint: G6PD Deficiency

- A common disease
- characterized by hemolytic anemia
- 200 – 400 millions individuals worldwide
- Highest prevalence in Middle East, S.E. Asia, Mediterranean
- X-linked inheritance
- > 400 different mutations
- Deficiency provides resistance to falciparum malaria

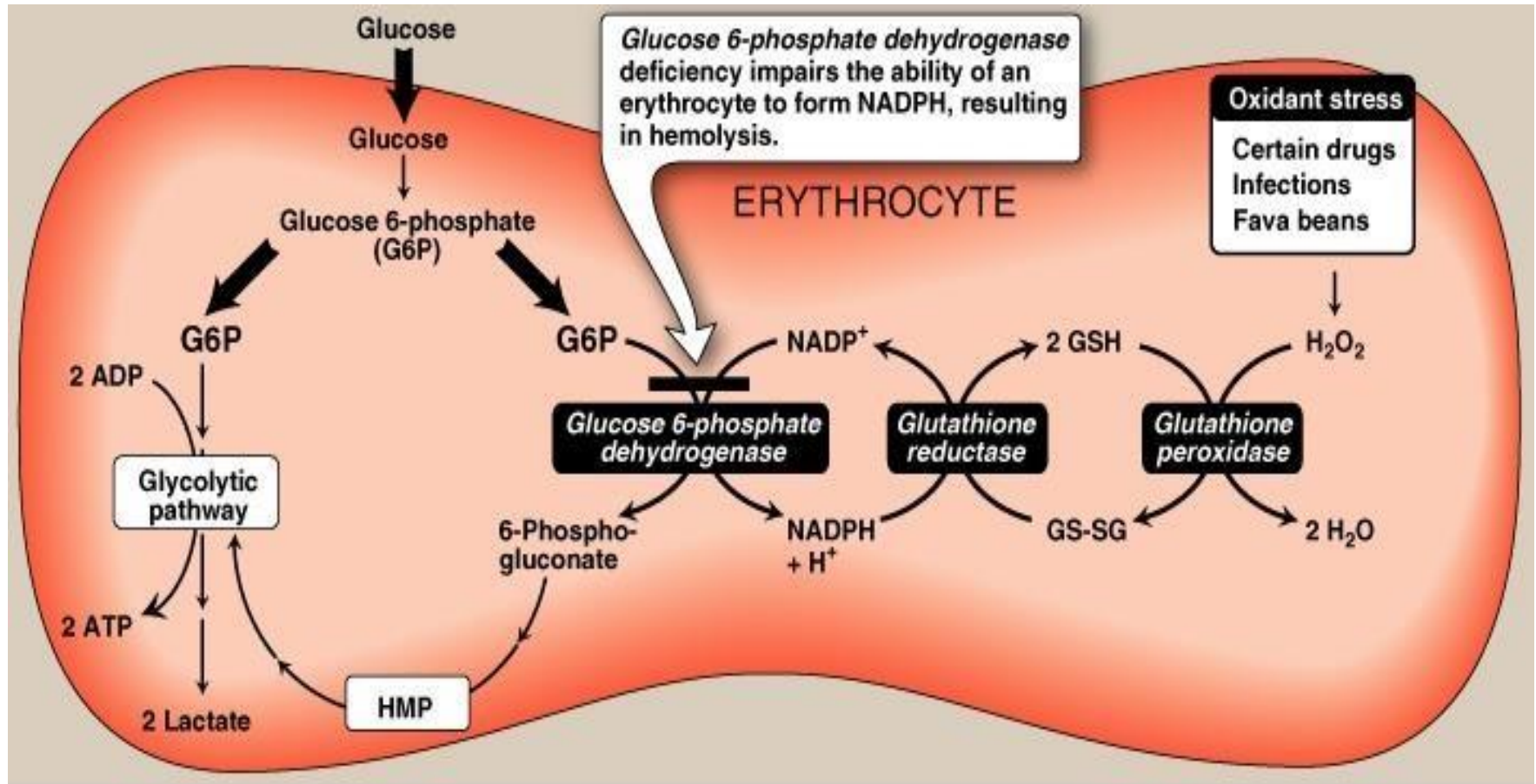
Precipitating Factors in G6PD Deficiency

- Oxidant drugs
 - Antibiotics e.g. Sulfomethxazole
 - Antimalaria Primaquine
 - Antipyretics Acetanalid
- Favism due to vicine and covicine in fava beans in some G6PD deficient patients
- Infection
- Neonatal Jaundice

Role of G6PD in red blood cells

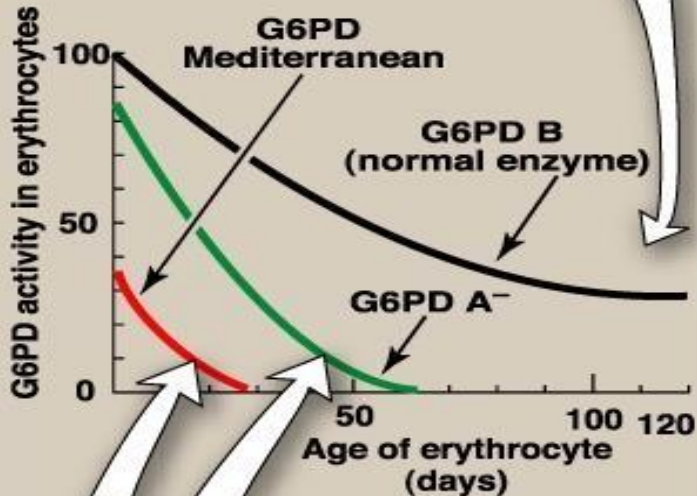


GSH helps maintain the SH groups in proteins in the reduced state
Oxidation → denaturation of proteins and rigidity of the cells



Classification of G6PD Deficiency Variants

Although the activity of the normal enzyme declines as red cells age, even the oldest cells have a sufficient level of activity to provide protection against oxidative damage and hemolysis.



By contrast, very few *G6PD Mediterranean* red cells have sufficient enzyme activity to prevent oxidative damage, whereas a substantial fraction of young *G6PD A⁻* red cells are able to provide protection.

Class	Clinical symptoms	Residual enzyme activity
I	Very severe	<2%
II	Severe	<10%
III	Moderate	10-50%
IV	None	> 60%

- Wild type B
- Mediterranean Variant B⁻ (Class II) : 563C → T
- African Variant A⁻ (Class III); two point mutation
- Majority missense mutation, point mutation
- Large deletions or frame shift; Not Observed

Sources of ROS in the cell

- Oxidases



Most oxidases produce H_2O_2 (peroxidase)

Oxidases are confined to sites equipped with protective enzymes

- Oxygenases
 - Mono oxygenases (hydroxylases)
 - Dioxygenases in the synthesis of prostaglandins, thromboxanes, leukotrienes
- Coenzyme Q in Respiratory chain
- Respiratory Burst (during phagocytosis) O_2^- , OH^\bullet , NO , $HOCl$, H_2O_2
- Ionizing Radiation OH^\bullet

Cytochrome P450 Mono oxygenase

- Mixed function oxygenase
- Super family of structurally related enzymes



- ✓ Mitochondrial system

Synthesis by hydroxylation of steroids, bile acids, active form of Vit. D

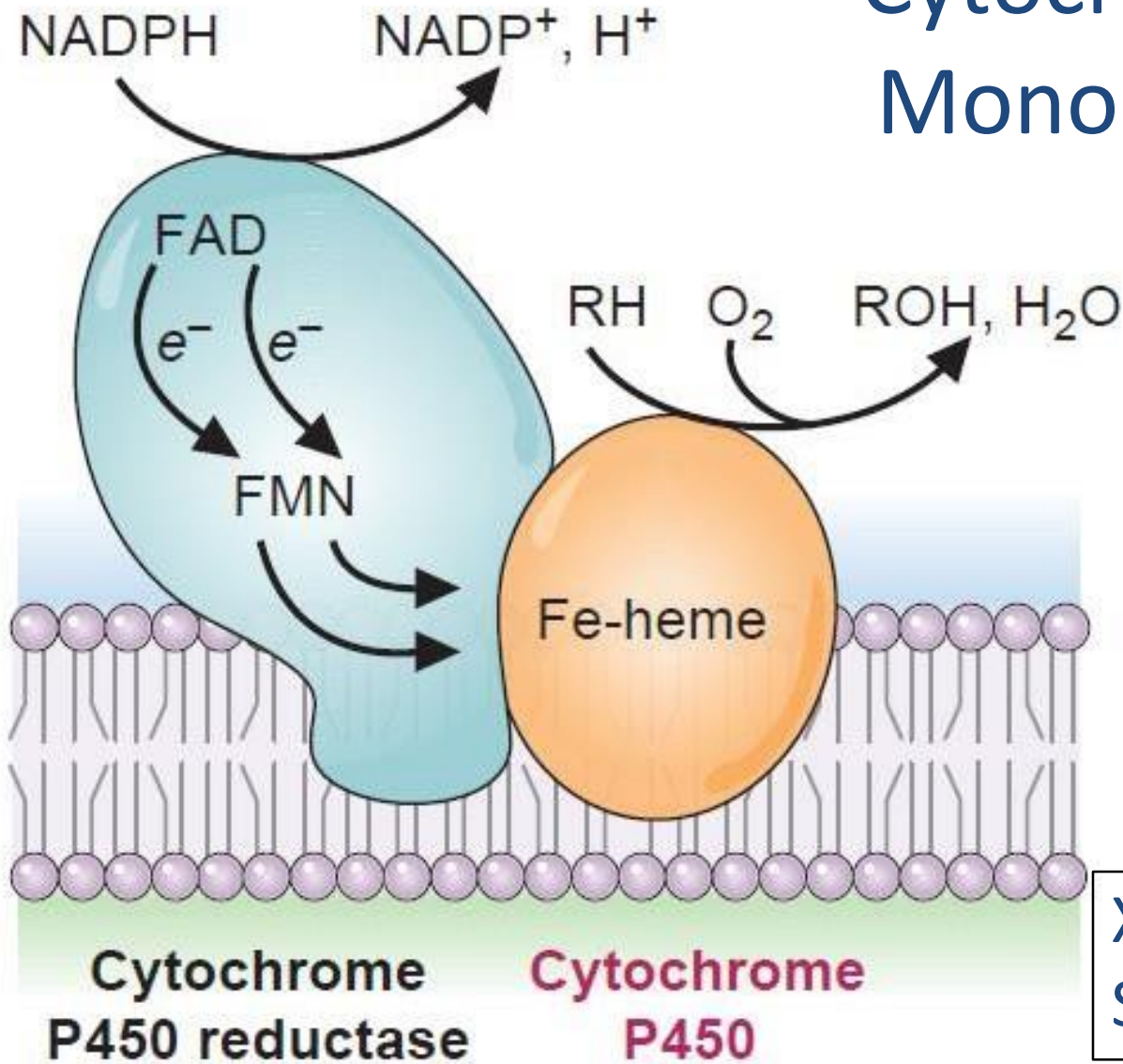
- ✓ Microsomal system

Detoxification of foreign compounds

Activation or inactivation of Drugs

Solubilization to facilitate excretion in urine or feces

Cytochrome P450 Mono oxygenase



Accidental release of free radical intermediates may occur

XH₂: electron donor
S: substrate

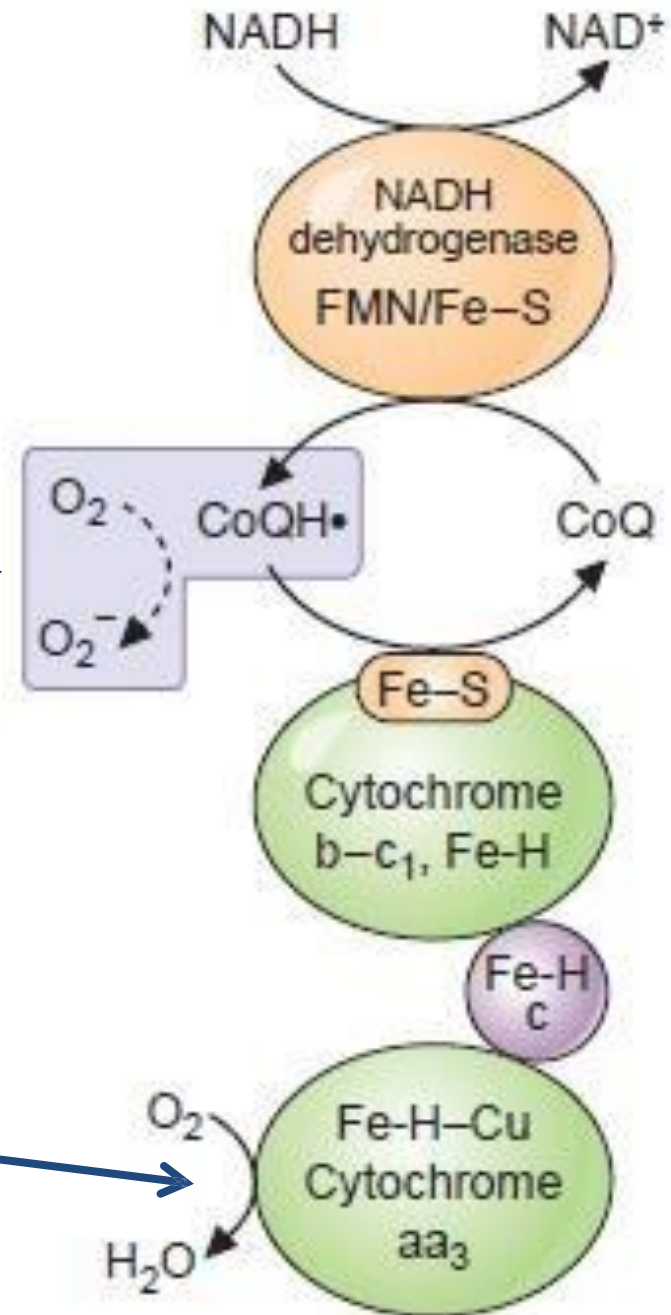


Generation of O_2^- by the respiratory chain

Accidental non-specific interaction

Major source of free radicals

Binuclear center prevents release of free O_2 radicals

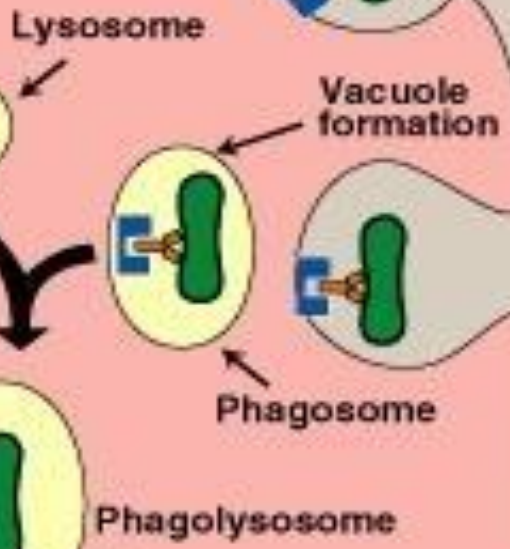
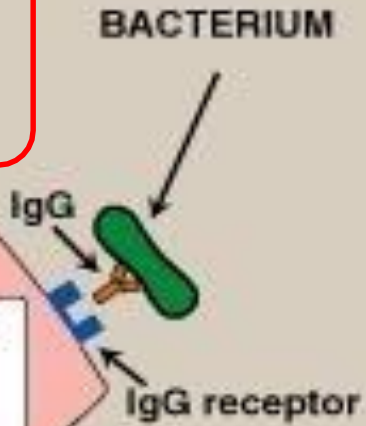


Phagocytosis; the oxygen dependent pathway of microbial killing by WBCs

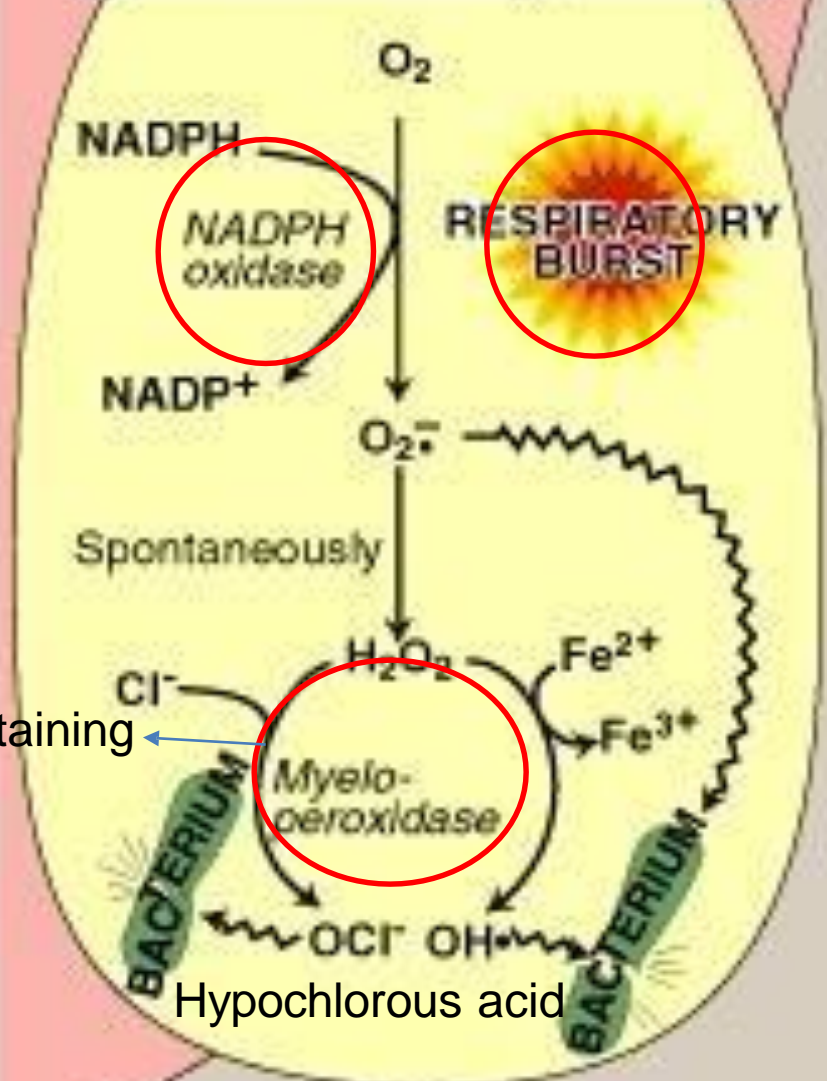
1 Attachment of the pathogen to a phagocytic cell

Rapid consumption of O_2 that accompanies superoxide formation

2 Ingestion of the micro-organism



3 Destruction of the microorganism



Heme containing

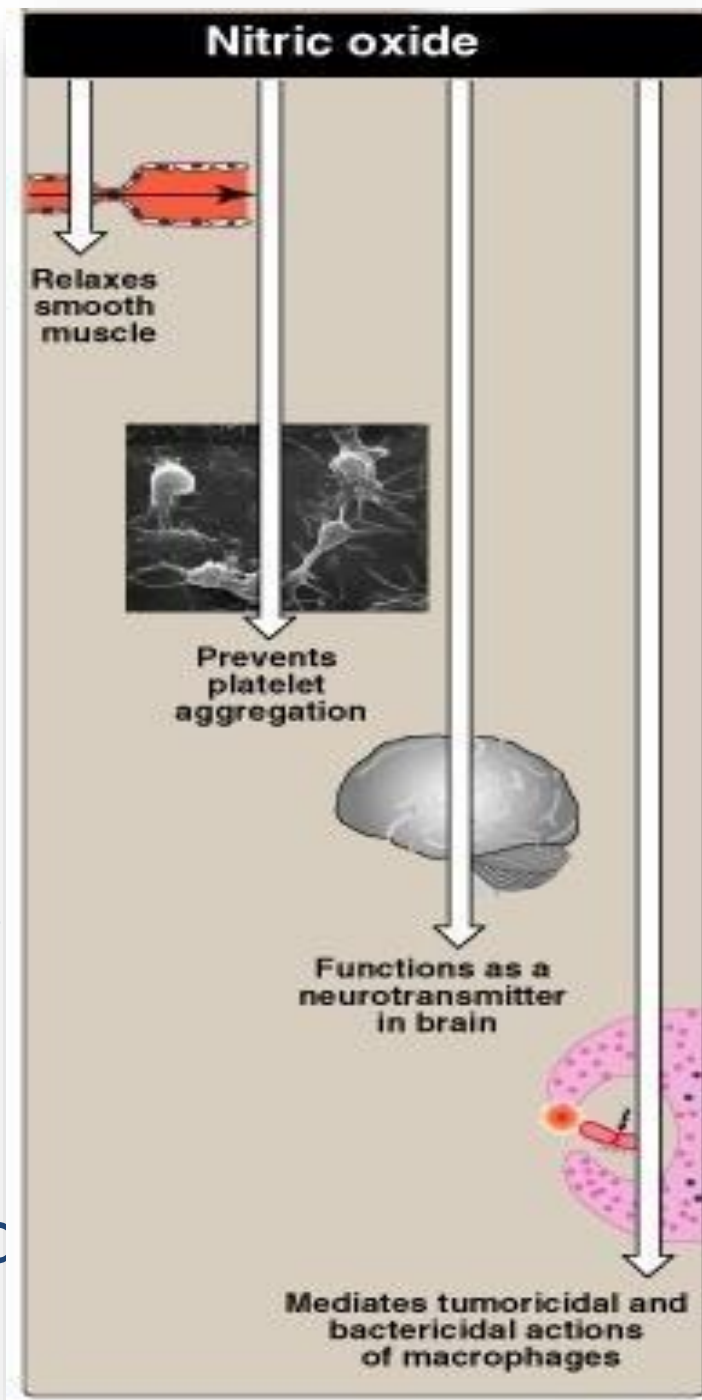
Hypochlorous acid



H_2O_2 can also be reduced to water by catalase or glutathione peroxidase

NO and **R**eactive **N**itrogen **O**xygen **S**pecies (**RNOS**)

- Diffuses readily
- Essential for life and toxic
- Neurotransmitter , vasodilator
- ↓ Platelet aggregation
- At high concentration combines with $O_2^{\bullet-}$ or O_2 to form **RNOS**
- **RNOS** are involved in neurodegenerative diseases and inflammatory diseases



NO Synthesis

NO Synthase

Three isoforms

nNOS neural

eNOS endothelial

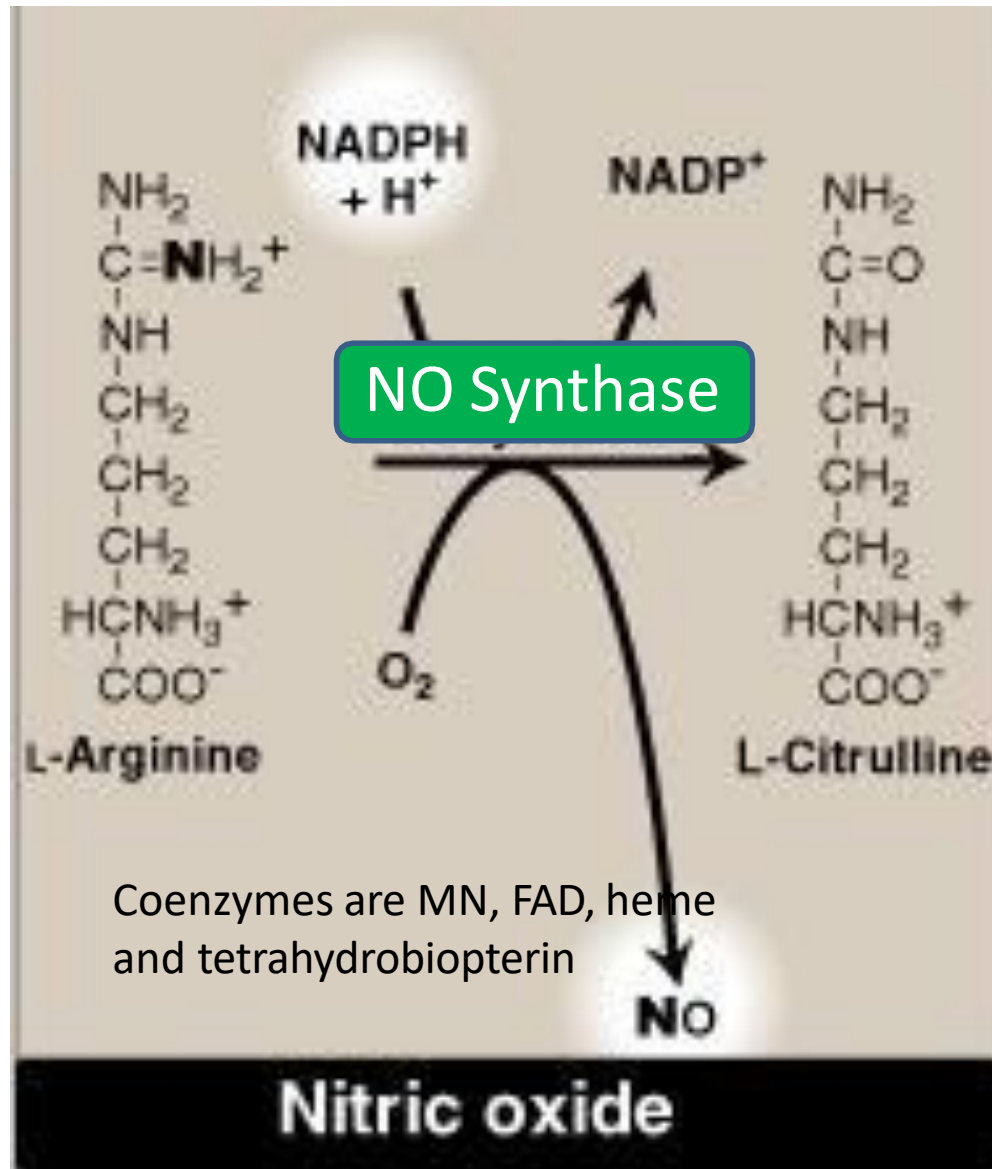
Both are constitutive

iNOS inducible Ca^{+2}
independent

Induction of transcription
in many cells of immune

system $\rightarrow \uparrow \uparrow \text{NO} \rightarrow$

iNOS to kill invading
bacteria



Action of NO on vascular endothelium

Synthesis by endothelial cells  smooth muscle

NO

GTP



cGMP



GMP

Guanylyl cyclase


Protein Kinase G


Phosphorylation of Ca²⁺ channels


↓↓ Ca²⁺ entry into smooth

muscle cells and causes muscle relaxation and lowers blood pressure

NO role during bacterial infections

