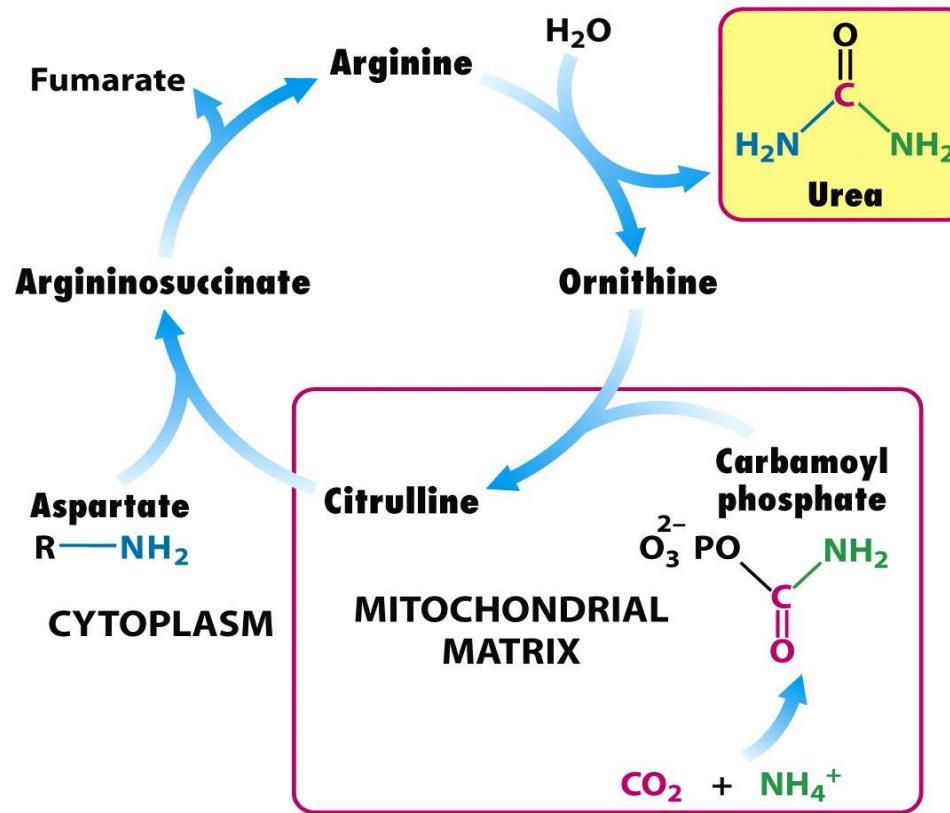


# Amino acid metabolism

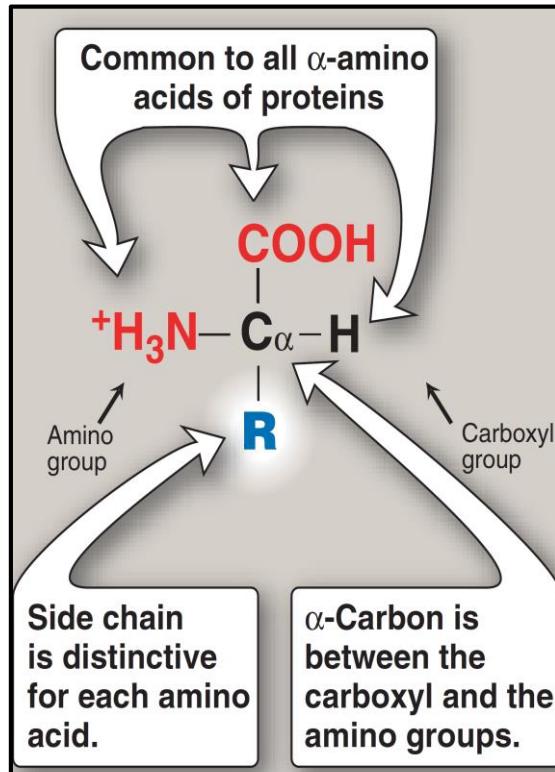


**LPG001**  
**Martin Lidell**

# Lecture outline

- **Amino acids – a short introduction**
- **How do we get access to amino acids?**
- **Biosynthesis of non-essential amino acids**
  - *The origin of the  $\alpha$ -amino group and the carbon skeleton*
- **Degradation of amino acids**
  - *What happens with the amino group and the carbon skeleton?*
  - *The urea cycle*
  - *Transport of nitrogen to the liver (alanine/glutamine)*
- **Examples of some defects in amino acid metabolism**

# Amino acids



Adapted from Figure 1.1 in Biochemistry 5th ed. / Harvey and Ferrier, Lippincott Williams & Wilkins, 2011

## Definition:

An amino acid is a simple organic compound containing both a carboxyl and an amino group

More than 500 different amino acids have been described in nature

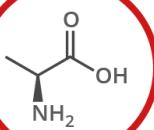
Twenty  $\alpha$ -amino acids (21 if including selenocysteine) are commonly found in mammalian proteins. These proteinogenic amino acids are the only amino acids that are coded for by DNA

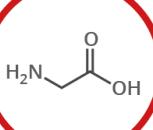
# A GUIDE TO THE TWENTY COMMON AMINO ACIDS

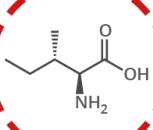
AMINO ACIDS ARE THE BUILDING BLOCKS OF PROTEINS IN LIVING ORGANISMS. THERE ARE OVER 500 AMINO ACIDS FOUND IN NATURE - HOWEVER, THE HUMAN GENETIC CODE ONLY DIRECTLY ENCODES 20. 'ESSENTIAL' AMINO ACIDS MUST BE OBTAINED FROM THE DIET, WHILST NON-ESSENTIAL AMINO ACIDS CAN BE SYNTHESISED IN THE BODY.

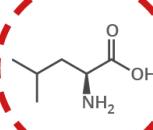
**Chart Key:**  ALIPHATIC  AROMATIC  ACIDIC  BASIC  HYDROXYLIC  SULFUR-CONTAINING  AMIDIC  NON-ESSENTIAL  ESSENTIAL

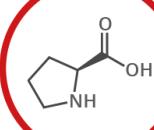
*Chemical Structure*  
single letter code  
**NAME** **A**  
three letter code  
DNA codons

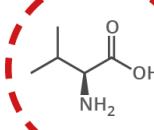
  
**ALANINE** **A**  
*Ala*  
GCT, GCC, GCA, GCG

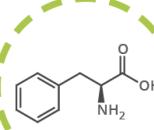
  
**GLYCINE** **G**  
*Gly*  
GGT, GGC, GGA, GGG

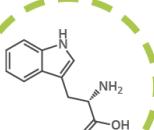
  
**ISOLEUCINE** **I**  
*Ile*  
ATT, ATC, ATA

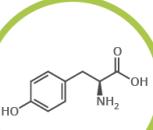
  
**LEUCINE** **L**  
*Leu*  
CTT, CTC, CTA, CTG, TTA, TTG

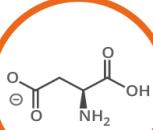
  
**PROLINE** **P**  
*Pro*  
CCT, CCC, CCA, CCG

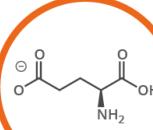
  
**VALINE** **V**  
*Val*  
GTT, GTC, GTA, GTG

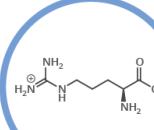
  
**PHENYLALANINE** **F**  
*Phe*  
TTT, TTC

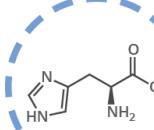
  
**TRYPTOPHAN** **W**  
*Trp*  
TGG

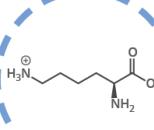
  
**TYROSINE** **Y**  
*Tyr*  
TAT, TAC

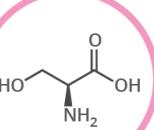
  
**ASPARTIC ACID** **D**  
*Asp*  
GAT, GAC

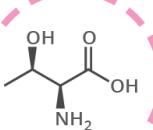
  
**GLUTAMIC ACID** **E**  
*Glu*  
GAA, GAG

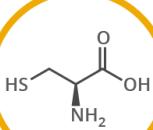
  
**ARGININE** **R**  
*Arg*  
CGT, CGC, CGA, CGG, AGA, AGG

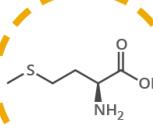
  
**HISTIDINE** **H**  
*His*  
CAT, CAC

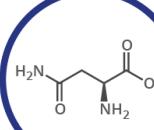
  
**LYSINE** **K**  
*Lys*  
AAA, AAG

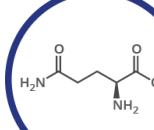
  
**SERINE** **S**  
*Ser*  
TCT, TCC, TCA, TCG, AGT, AGC

  
**THREONINE** **T**  
*Thr*  
ACT, ACC, ACA, ACG

  
**CYSTEINE** **C**  
*Cys*  
TGT, TGC

  
**METHIONINE** **M**  
*Met*  
ATG

  
**ASPARAGINE** **N**  
*Asn*  
AAT, AAC

  
**GLUTAMINE** **Q**  
*Gln*  
CAA, CAG



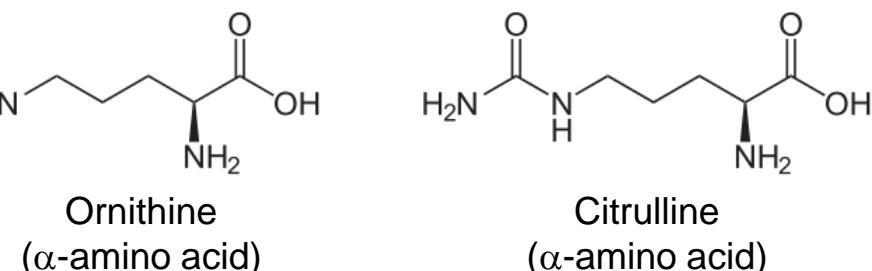
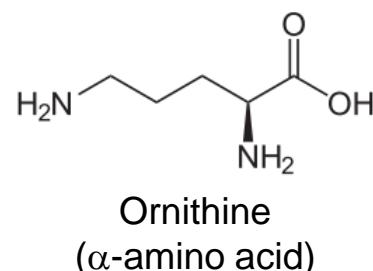
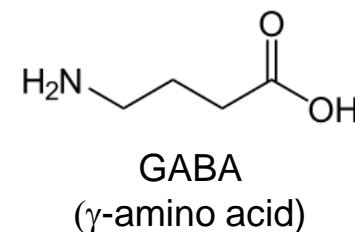
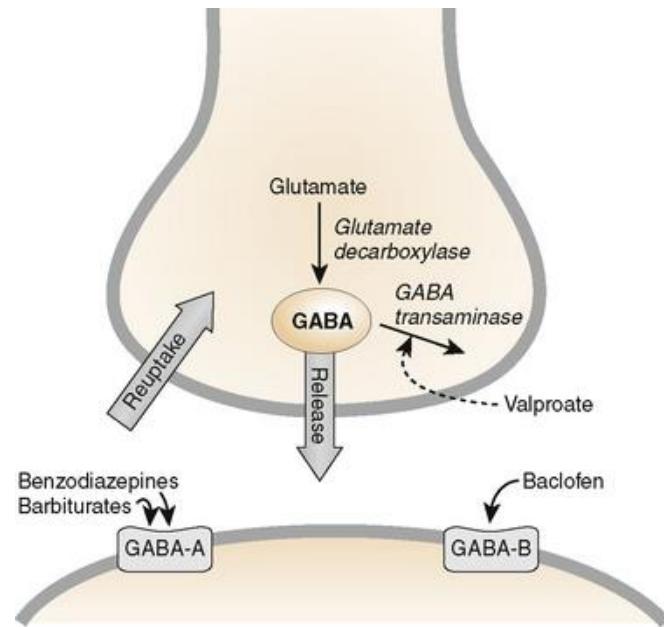
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# Amino acids

– examples of some important non-proteinogenic amino acids

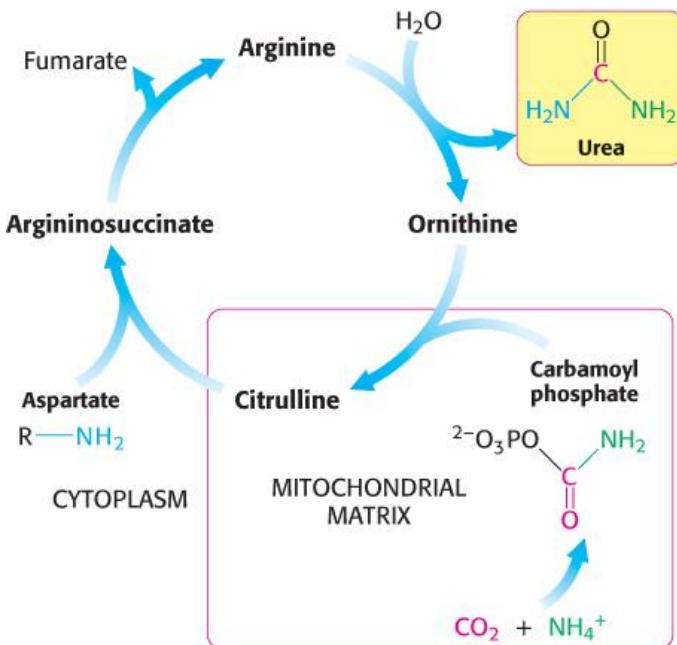
## $\gamma$ -aminobutyric acid (GABA)

an inhibitory neurotransmitter

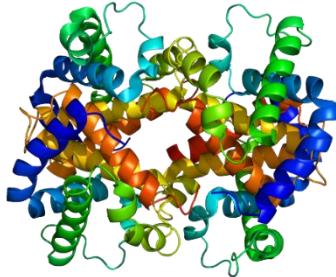


## Ornithine and Citrulline

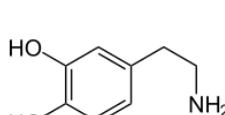
intermediates in the urea cycle



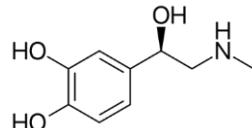
# Why are amino acids essential biomolecules? – some examples



Building blocks in proteins



Dopamine

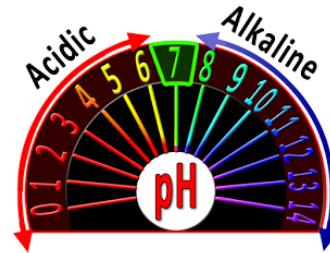


Epinephrine

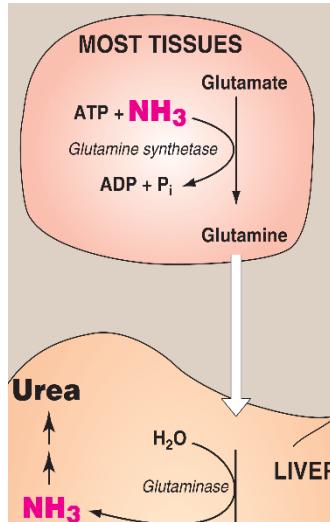
Precursors of important biomolecules  
(neurotransmitters, hormones, etc. etc.)



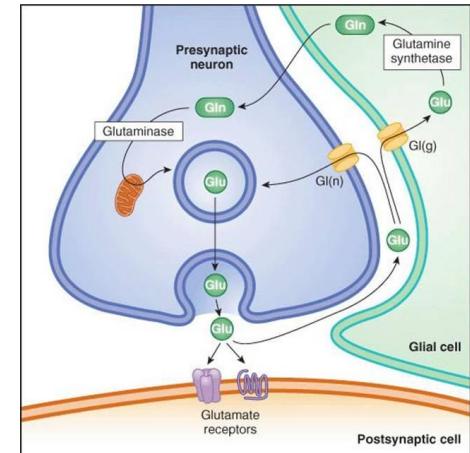
Source of energy



Involved in acid-base homeostasis  
(Gln)



Transport ammonia in a nontoxic form  
(Gln and Ala)

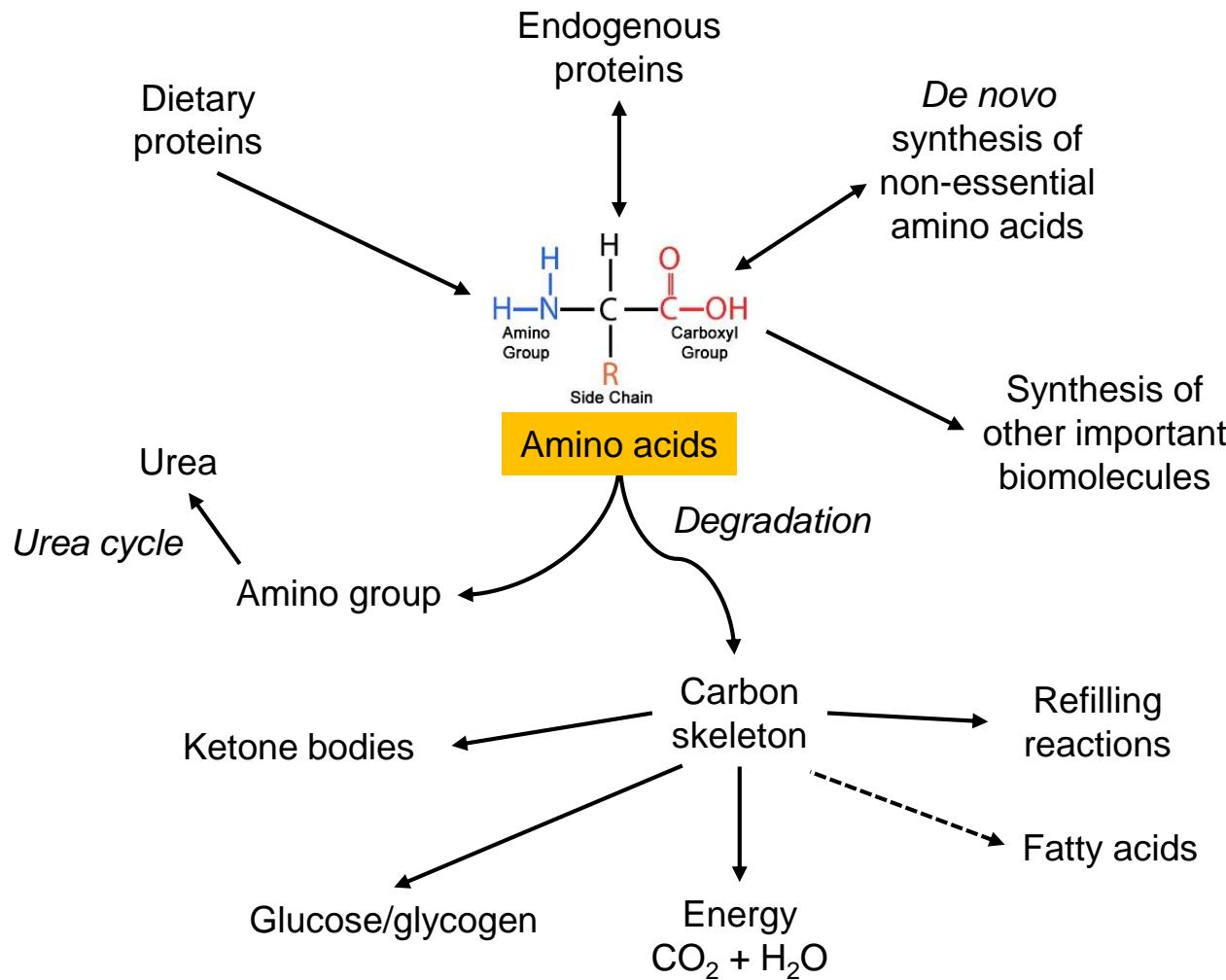


Acts as neurotransmitters  
(e.g. Glu and Gly)



"It's amazing what they can do  
with amino acids these days!"

# Overview of amino acid metabolism



# Digestion of dietary proteins in the gastrointestinal tract

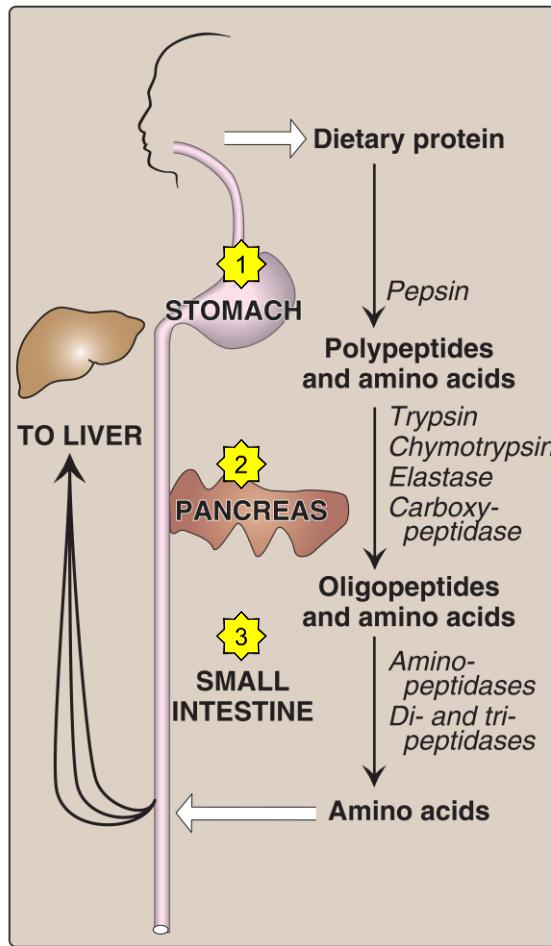


Figure 19.4 in Biochemistry 5th ed. / Harvey and Ferrier  
Lippincott Williams & Wilkins, 2011

# Amino acids, di- and tripeptides are absorbed by the enterocytes and released as amino acids into the blood

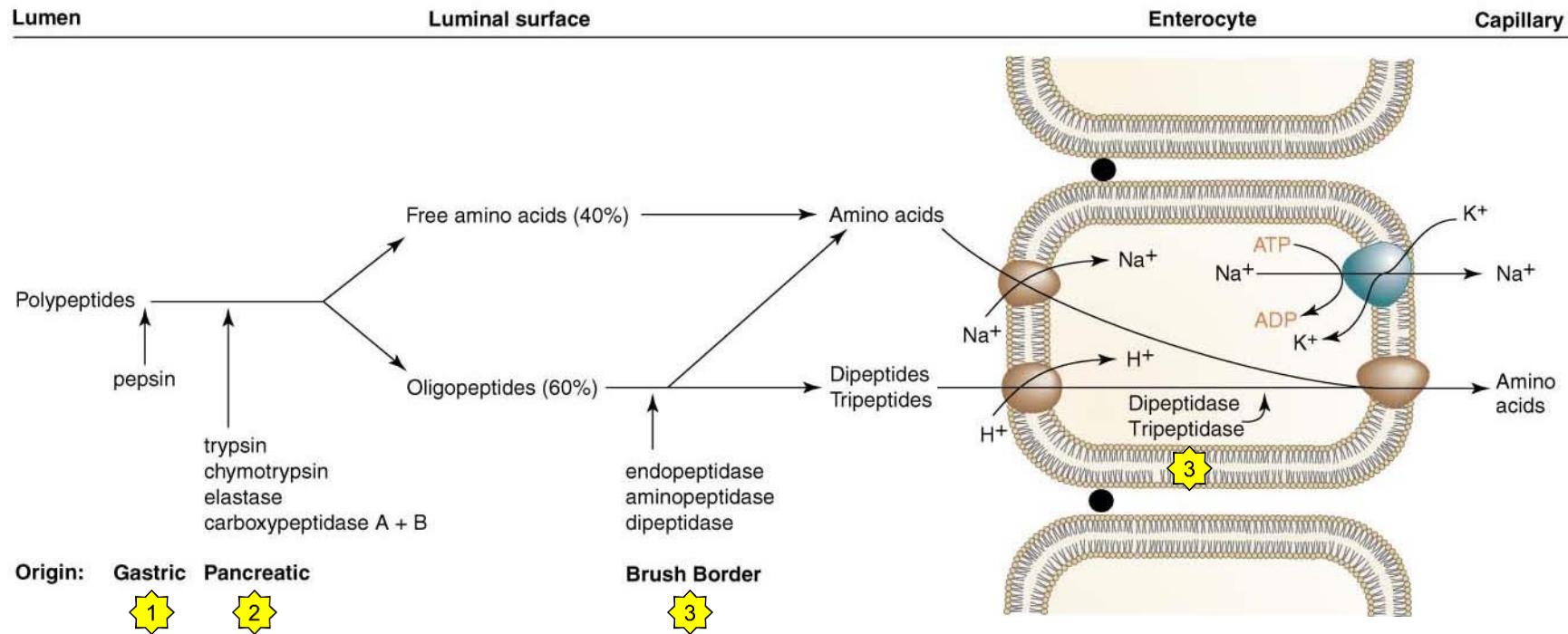


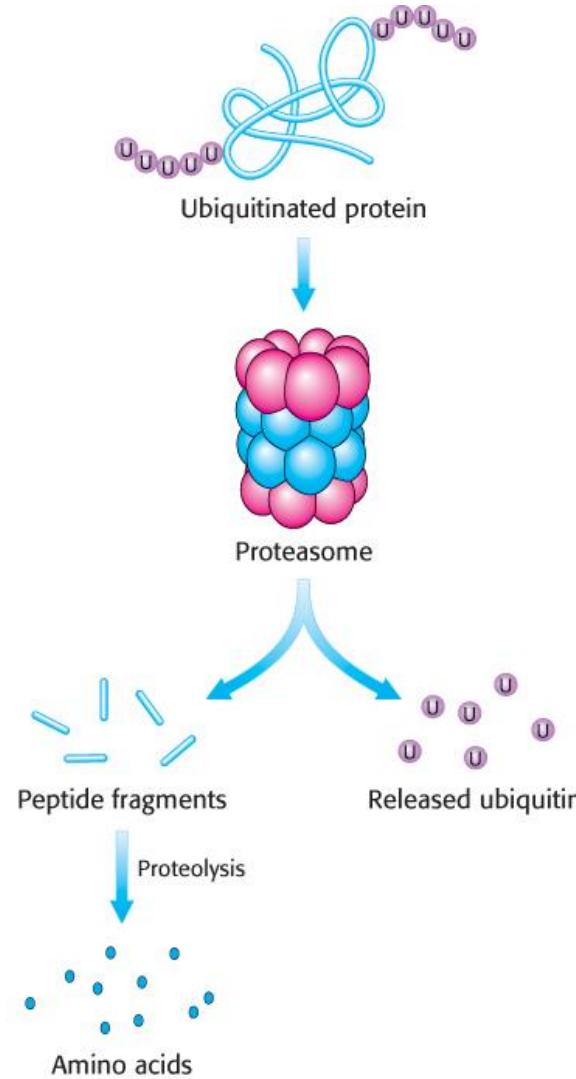
Figure 26.22  
Textbook of Biochemistry With Clinical Correlations 6th Ed.,  
John Wiley & Sons, 2006

The absorbed di- and tripeptides are digested by peptidases into free amino acids that are released into the blood

# Intracellular degradation of endogenous proteins

– released amino acids can be reused

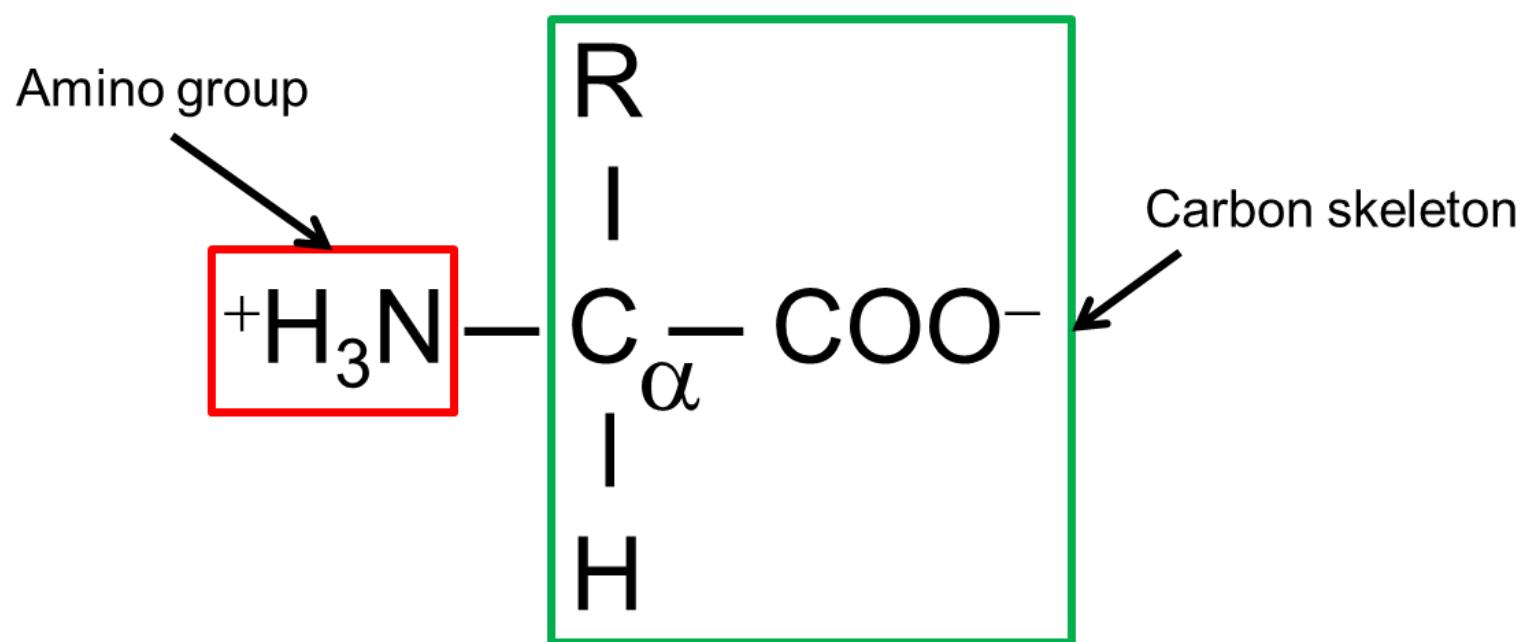
## Proteasomal degradation



Adapted from Figure 23.7  
Biochemistry, 8th ed, Berg et al.  
2015 W.H. Freeman and Company

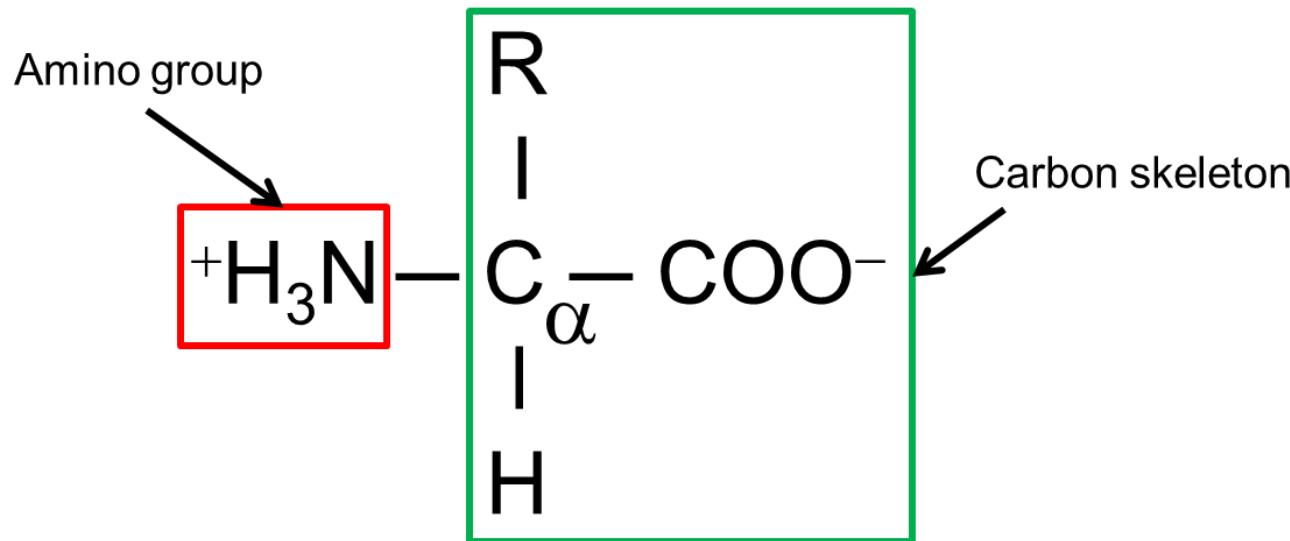
# Biosynthesis of amino acids

– *the  $\alpha$ -amino group and the carbon skeletons*

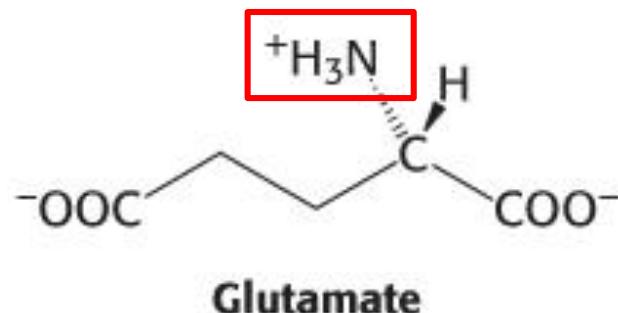


# Biosynthesis of amino acids

## – the $\alpha$ -amino group

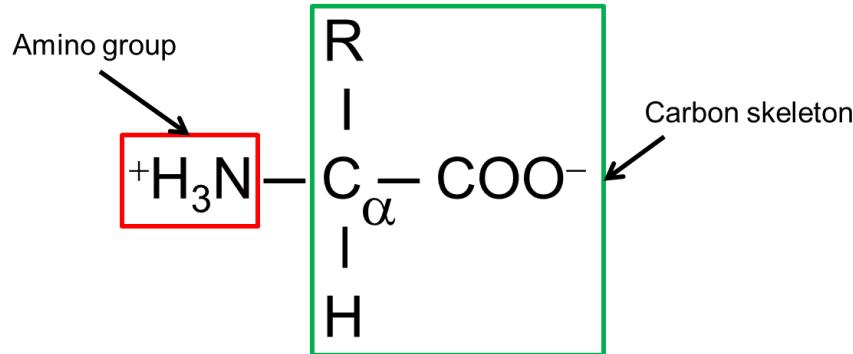


The  $\alpha$ -amino group is most often derived from glutamate



# Biosynthesis of amino acids

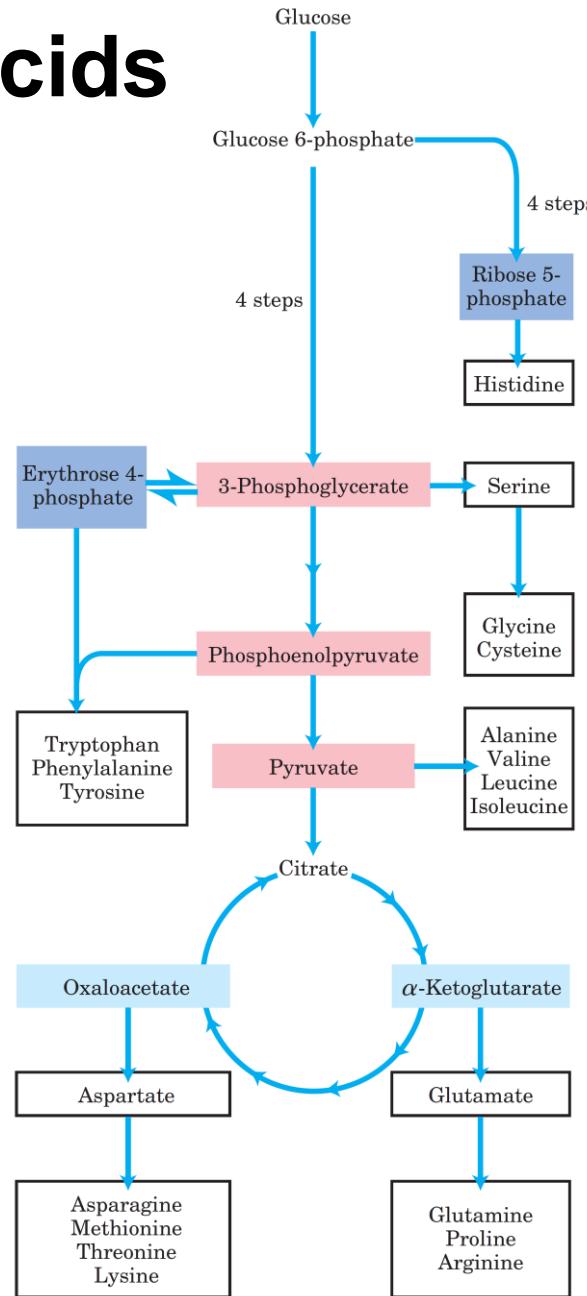
## – the carbon skeletons



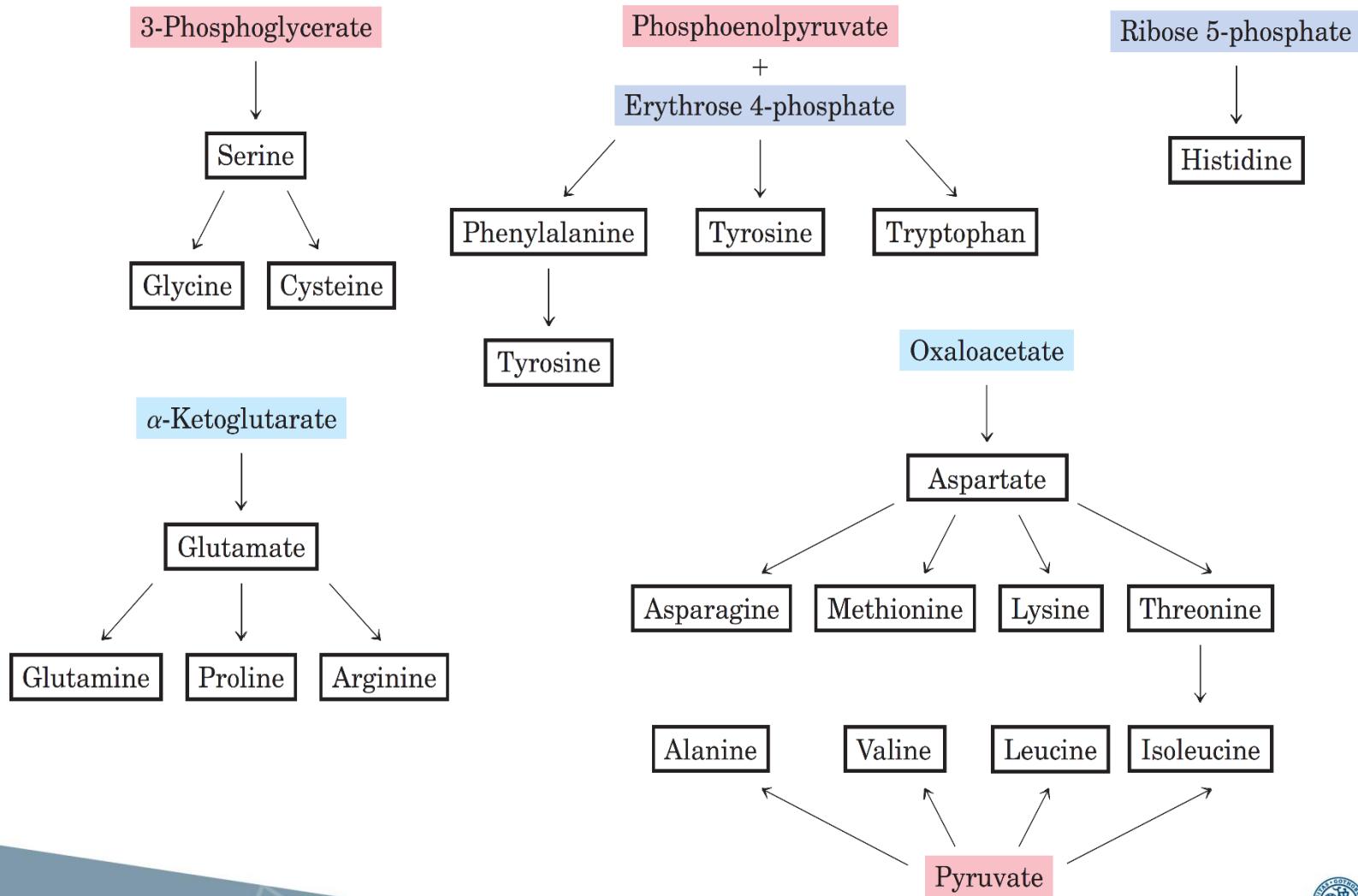
Carbon skeletons are derived from

- Glycolysis
- Pentose phosphate pathway
- Citric acid cycle

Figure 22-9 in "Lehninger principles of biochemistry, 4<sup>th</sup> ed",  
Nelson and Cox, W.H. Freeman, 2005



# Most microorganisms can synthesize all of the common proteinogenic amino acids



# Biosynthesis of amino acids in humans

## – essential and nonessential amino acids

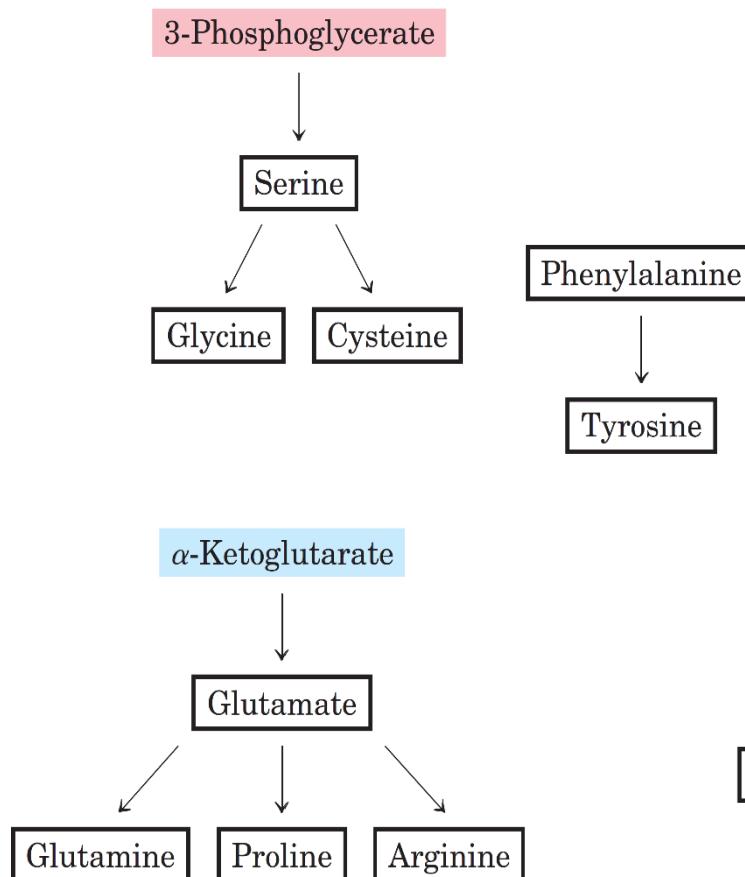
Nonessential	Essential
Alanine	Histidine
Arginine	Isoleucine
Asparagine	Leucine
Aspartate	Lysine
Cysteine	Methionine
Glutamate	Phenylalanine
Glutamine	Threonine
Glycine	Tryptophan
Proline	Valine
Serine	
Tyrosine	

Humans cannot make the essential amino acids; they must be supplied in the diet

Some nonessential amino acids become essential (cannot be synthesized at the required levels) under certain circumstances; they are said to be "conditionally essential".

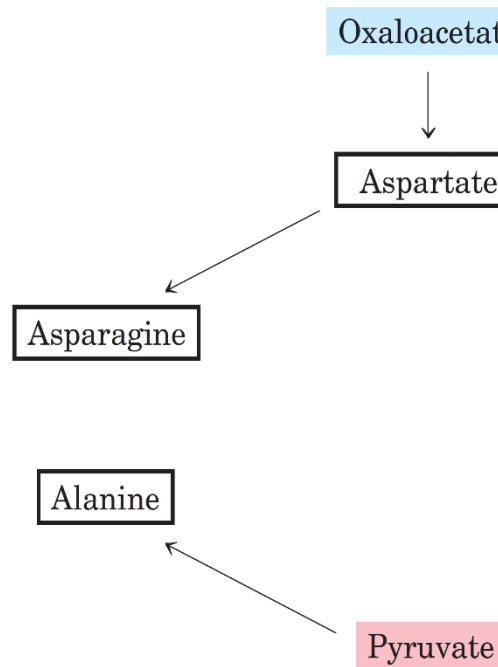
*e.g. arginine is nutritionally essential for the fetus and neonate  
tyrosine is nutritionally essential in individuals with PKU*

# Biosynthesis of nonessential amino acids in humans



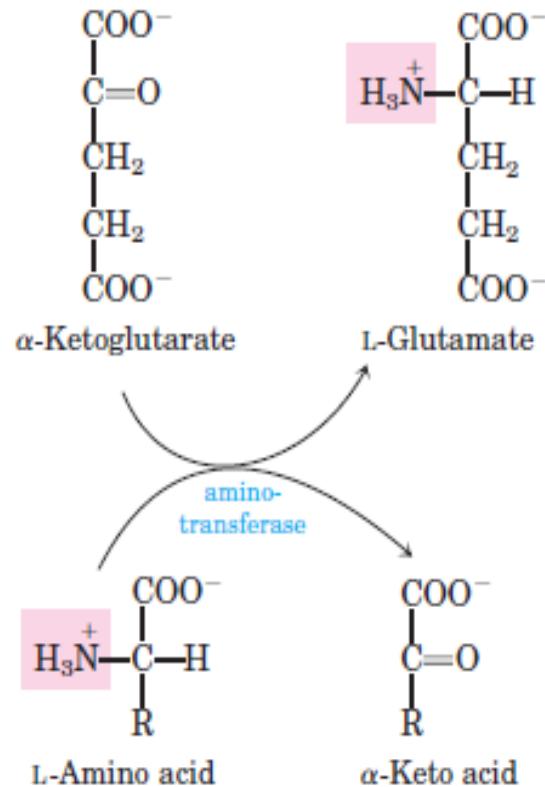
**The carbon skeletons are derived from five precursors**

- *3-Phosphoglycerate*
- *Pyruvate*
- *α-Ketoglutarate*
- *Oxaloacetate*
- *Phenylalanine*



# Formation of glutamate from $\alpha$ -ketoglutarate

Glutamate is primarily formed from  $\alpha$ -ketoglutarate in transamination reactions catalyzed by different aminotransferases (transaminases)



Adapted from Figure 18-4 in "Lehninger principles of biochemistry, 4th ed", Nelson and Cox, W.H. Freeman, 2005

# Aminotransferases/Transaminases

– enzymes transferring amino groups from  $\alpha$ -amino acids to  $\alpha$ -keto acids

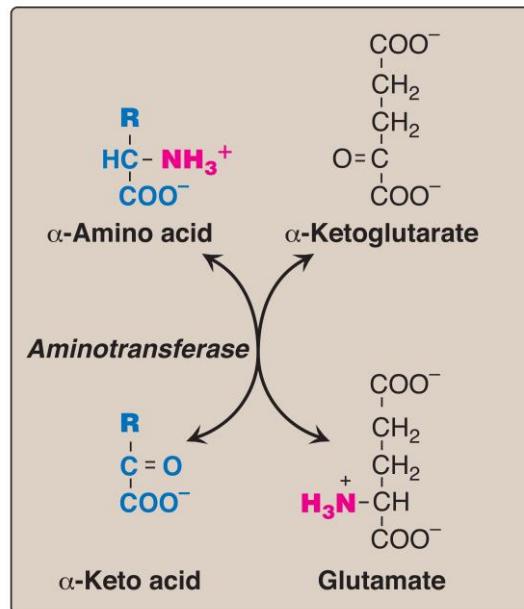


Adapted from Biochemistry, 8th ed,  
Berg et al. 2015 W.H. Freeman and Company

Transfer of an amino group from an  $\alpha$ -amino acid to an  $\alpha$ -keto acid, generating a new  $\alpha$ -keto acid and a new  $\alpha$ -amino acid.

**IMPORTANT!**  
**The reactions are reversible**

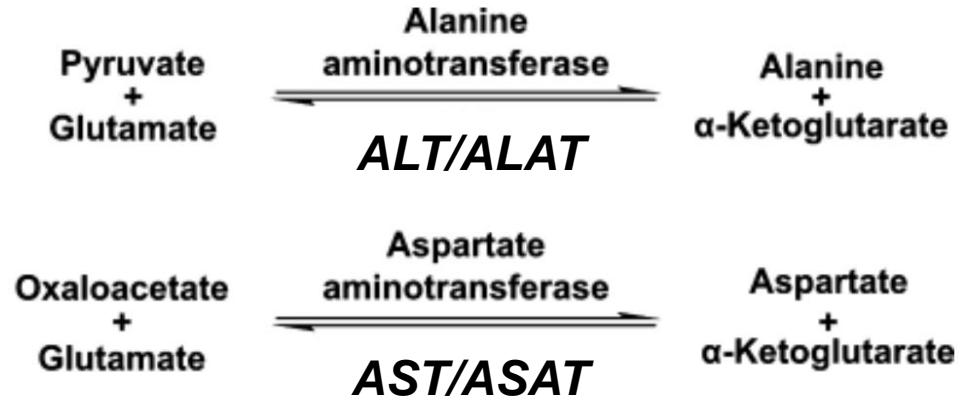
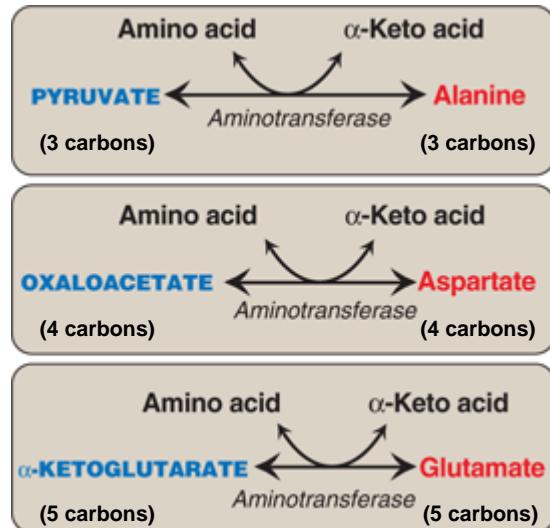
**The enzymes play an essential role in both synthesis and degradation of amino acids**



$\alpha$ -Ketoglutarate/Glutamate is the most common amino group acceptor/amino group donor pair.

Figure 19.7 in Biochemistry 5th ed. / Harvey and Ferrier  
Lippincott Williams & Wilkins, 2011

# ALT and AST – two important aminotransferases



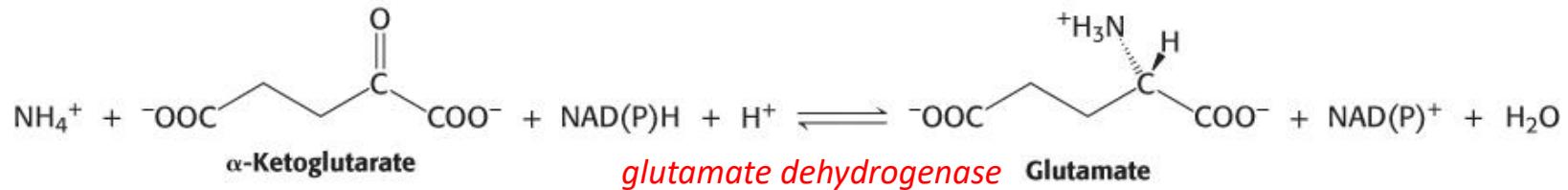
**Amino acids:**  
Alanine, Aspartate, Glutamate

**$\alpha$ -Keto acids:**  
Pyruvate, Oxaloacetate,  $\alpha$ -ketoglutarate

# Aminotransferases as indicators of tissue damage

- Aminotransferases are normally intracellular enzymes
- Elevated plasma levels of aminotransferases indicate damage of cells rich in these enzymes (enzymes leak out into the blood from damaged cells)
- Plasma levels of AST and ALT are elevated in nearly all liver diseases
  - (e.g. *viral hepatitis, long-term excessive alcohol consumption, toxic injury from drugs such as paracetamol*)
- Alanine aminotransferase (ALT) is present primarily in the liver (but also at lower levels in other tissues such as skeletal muscle)
  - Serum elevations of ALT are rarely observed in conditions other than liver disease*
- Aspartate aminotransferase (AST) is found in high concentrations in liver, heart, skeletal muscle, and kidney
  - High levels of AST can be found in cases such as myocardial infarction, acute liver cell damage, viral hepatitis etc..*

# A second route of synthesis of glutamate from $\alpha$ -ketoglutarate

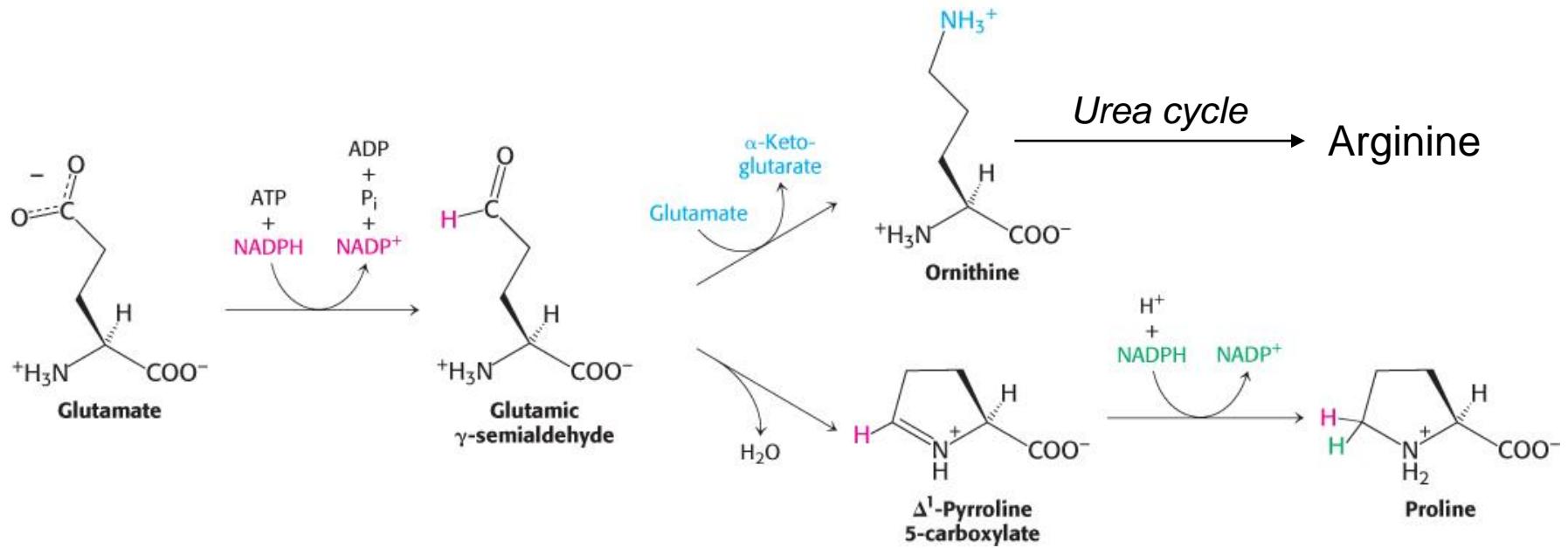


Glutamate dehydrogenase is essentially a liver-specific enzyme (found in the mitochondrial matrix)

Believed to be a minor synthesis route in humans (reverse reaction is normally favoured due to very low intracellular ammonium levels)

# Arginine and proline

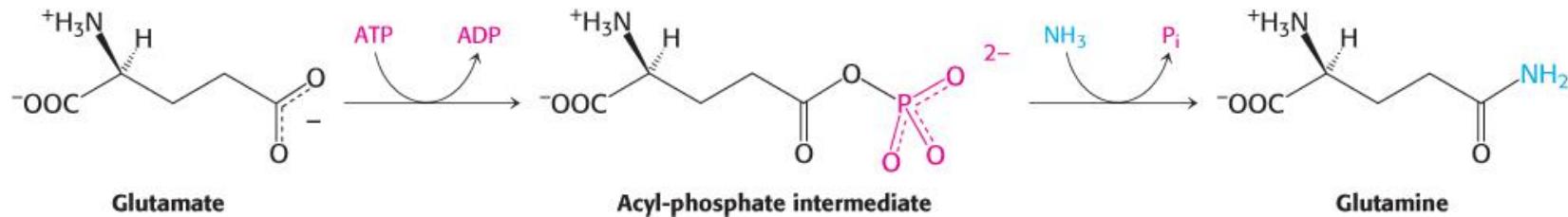
– two amino acids synthesized from glutamate



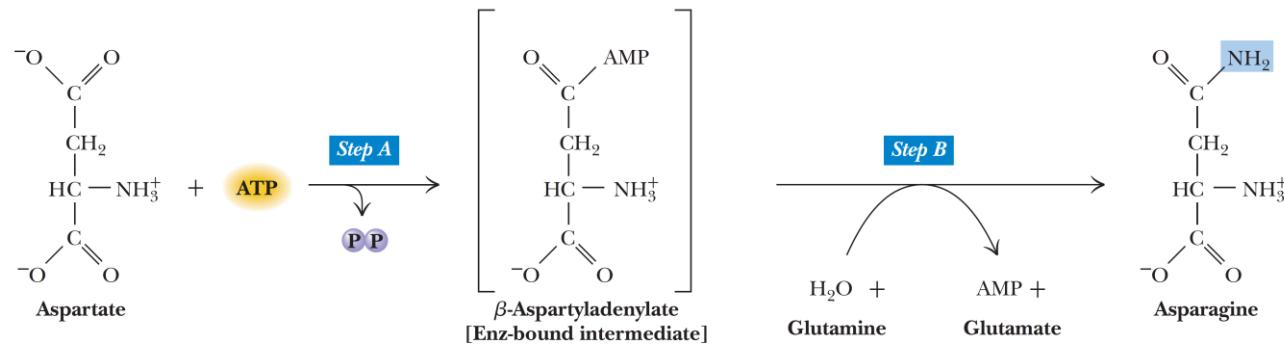
Biochemistry, 8th ed, Berg et al.  
2015 W.H. Freeman and Company

# Glutamine and asparagine

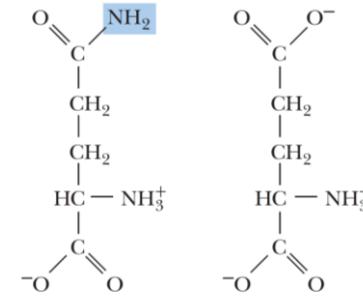
– formed by amidation reactions



Enzyme: glutamine synthetase

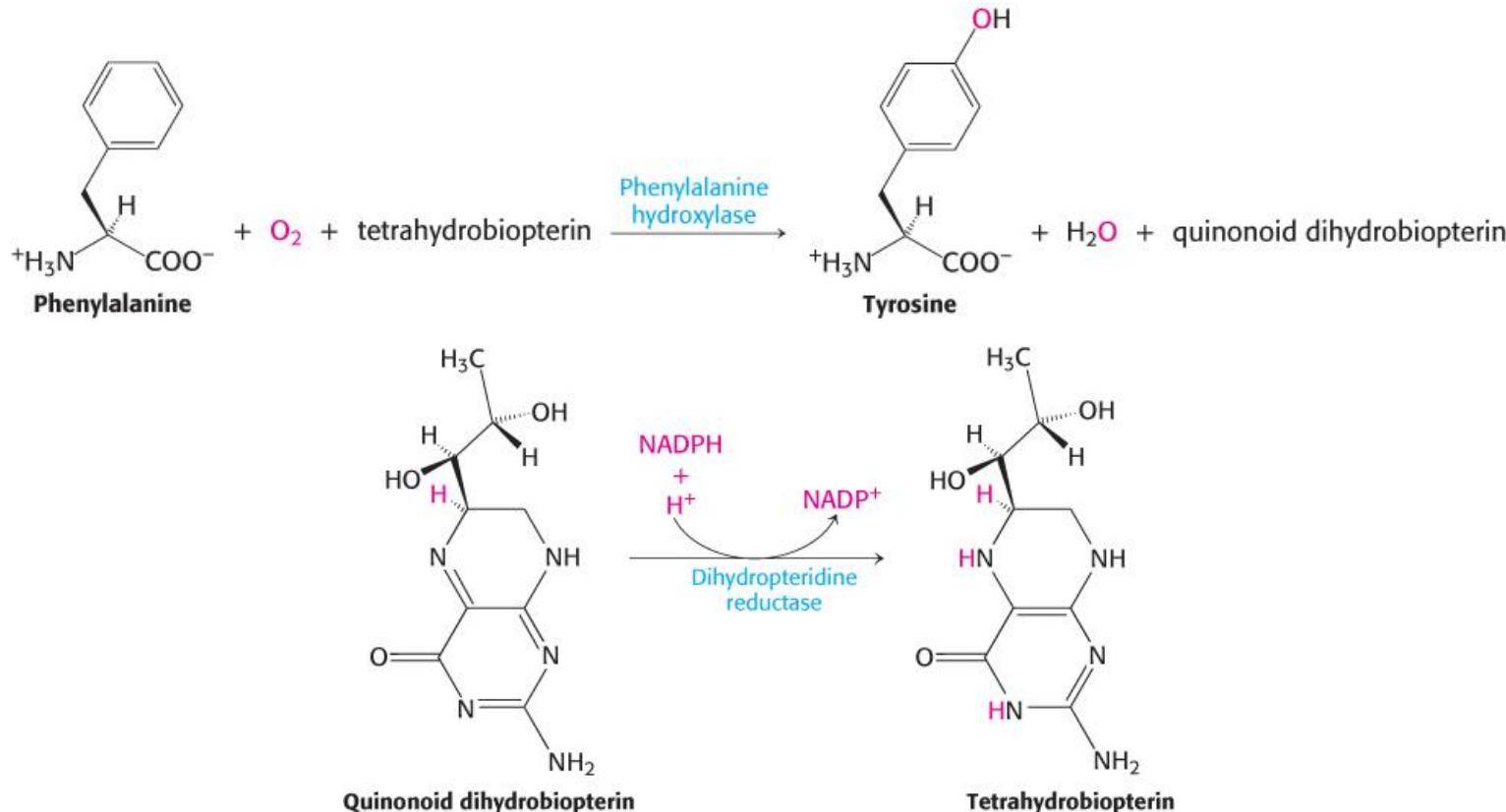


Enzyme: asparagine synthetase

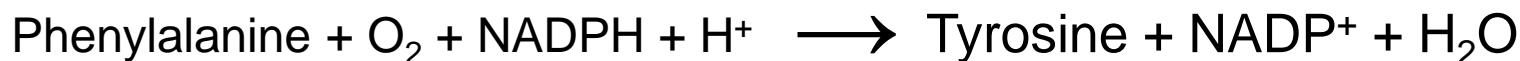


# Tyrosine

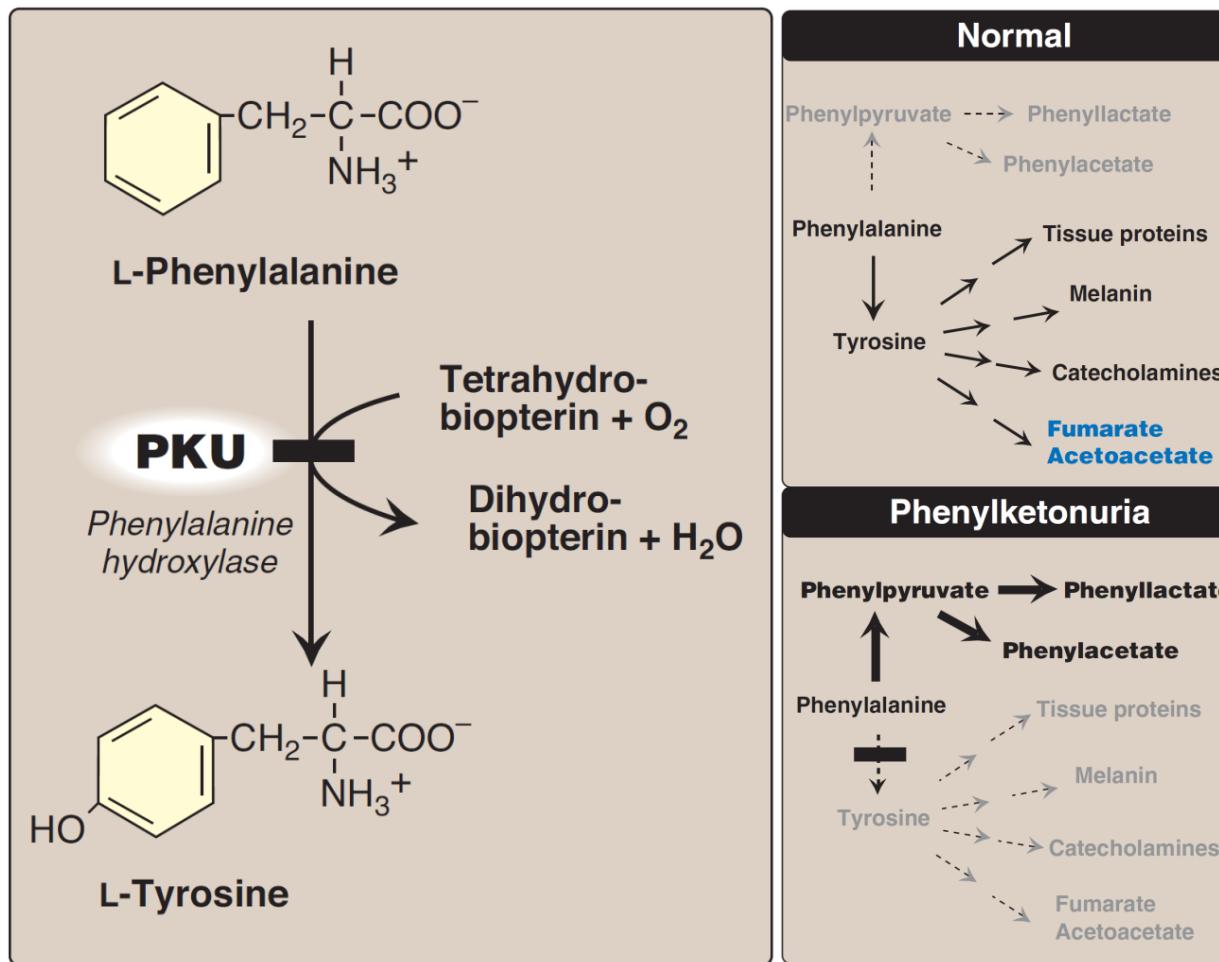
– synthesized by hydroxylation of the essential amino acid phenylalanine



**Overall reaction:**



# Phenylketonuria (PKU)



Autosomal recessive disorder  
(defective *PAH* gene)

Hundreds of mutations  
identified in the *PAH* gene.

Results in an insufficient  
phenylalanine hydroxylase  
activity (caused by a defect  
enzyme and/or a relative  
deficiency of the enzyme)

**Accumulation of:**  
Phenylalanine, phenylpyruvate,  
phenyllactate, phenylacetate

**Deficiency of:**  
Tyrosine and its metabolites

Biochemistry 5th ed. / Harvey and Ferrier  
Lippincott Williams & Wilkins, 2011

# Phenylketonuria (PKU)

**PKU symptoms (without treatment) can be mild or severe and may include:**

- Intellectual disability
- Delayed development
- Neurological problems that may include seizures
- Musty odor in breath, skin or urine (due to high levels of phenylalanine in the body)
- Fair skin and blue eyes (lack of the pigment melanin)
- etc.

## **Treatment:**

Dietary restriction; reduced ingestion of protein. Supplement with amino acid mix (no Phe); tyrosine is now an essential amino acid. Sapropterin (synthetic tetrahydrobiopterin) may help some individuals.

Very good prognosis if the disease is diagnosed, and treatment initiated during the first weeks after birth.



About seven children with PKU is born in Sweden every year

# ”PKU-provet”

## – *nyföddhetsscreening sedan 1965*



Blodprov tas så snart som möjligt efter 48 timmars ålder

### **Syfte med nyföddhetsscreening:**

att hitta barn med någon av ett antal ovanliga men allvarliga medfödda sjukdomar som går att behandla och där en tidig diagnos är viktig för prognosen.

# ”PKU-provet”

– *idag ingår 25 sjukdomar i denna screening*

➤ **Endokrina sjukdomar (2 sjukdomar)**

*Medfödd sköldkörtelhormonbrist (hypotyreos), Medfödd binjurebarkhyperplasi (brist av binjurebarkhormoner)*

➤ **Fel i nedbrytningen eller metabolismen av fettsyror (3 sjukdomar)**

*MCAD-brist, LCHAD-brist och andra defekter i det trifunktionella proteinet, VLCAD-brist*

➤ **Fel i karnitinsystemet (4 sjukdomar)**

*Fel i karnitincykelns beståndsdelar (CPT I, CACT, CPT II), Primär karnitinbrist*

➤ **Organiska acidurier (6 sjukdomar)**

*Isovaleriansyrauri, Propionsyrauri, Metylmalonsyrauri, Glutarsyrauri typ 1, Multipel acyl-CoA dehydrogenasbrist, Betaketotiolasbrist*

➤ **Fel i ureacykeln (3 sjukdomar)**

*Citrullinemi, Argininosuccinatlyasbrist, Arginasbrist*

➤ **Andra fel i omsättningen av aminosyror (4 sjukdomar)**

*Fenylketonuri, Maple syrup urine disease, Tyrosinemti typ 1, Homocystinuri*

➤ **Andra medfödda ämnesomsättningssjukdomar (2 sjukdomar)**

*Biotinidasbrist, Galaktosemi*

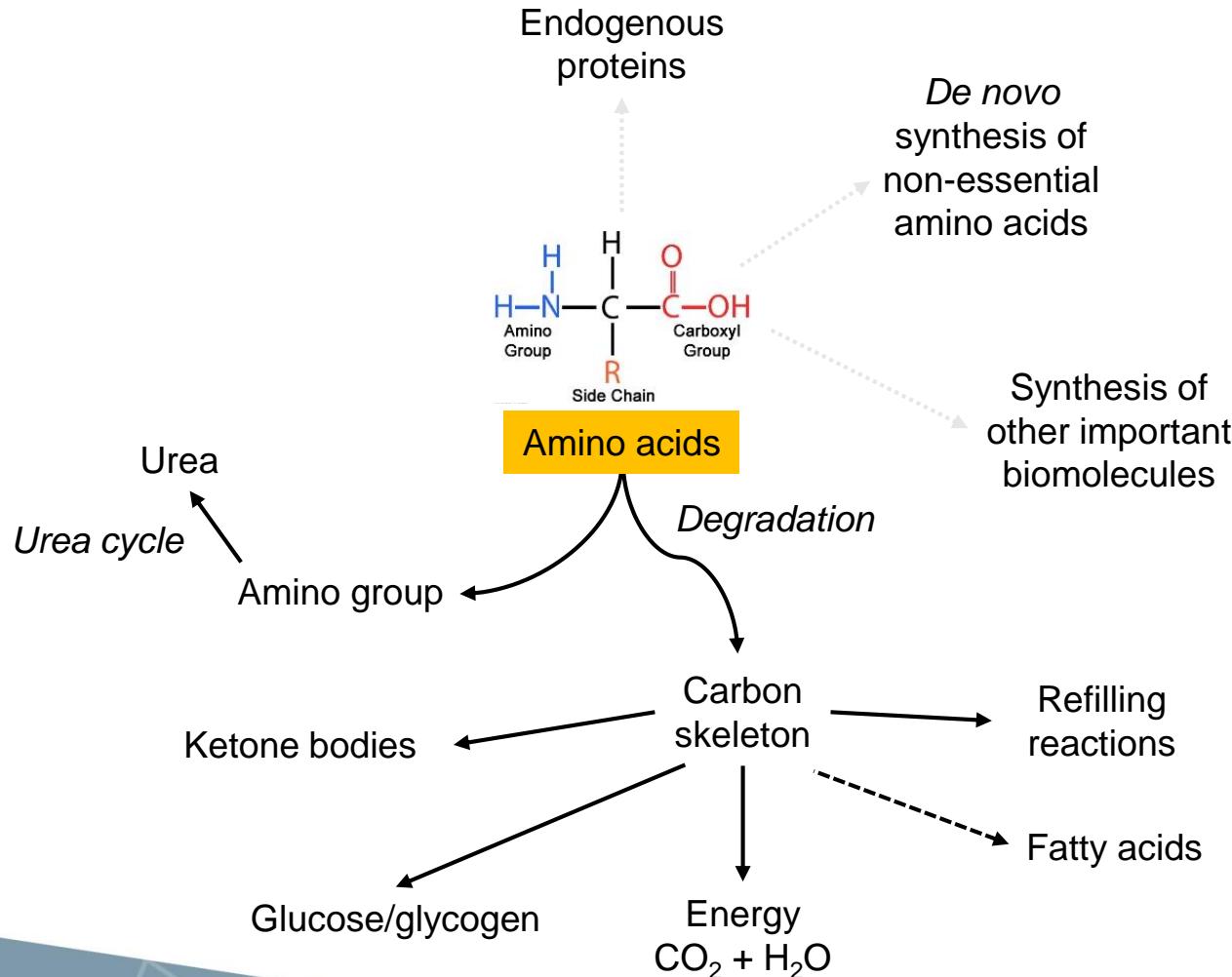
➤ **Svår kombinerad immunbrist (SCID)**

# Summary of part 1

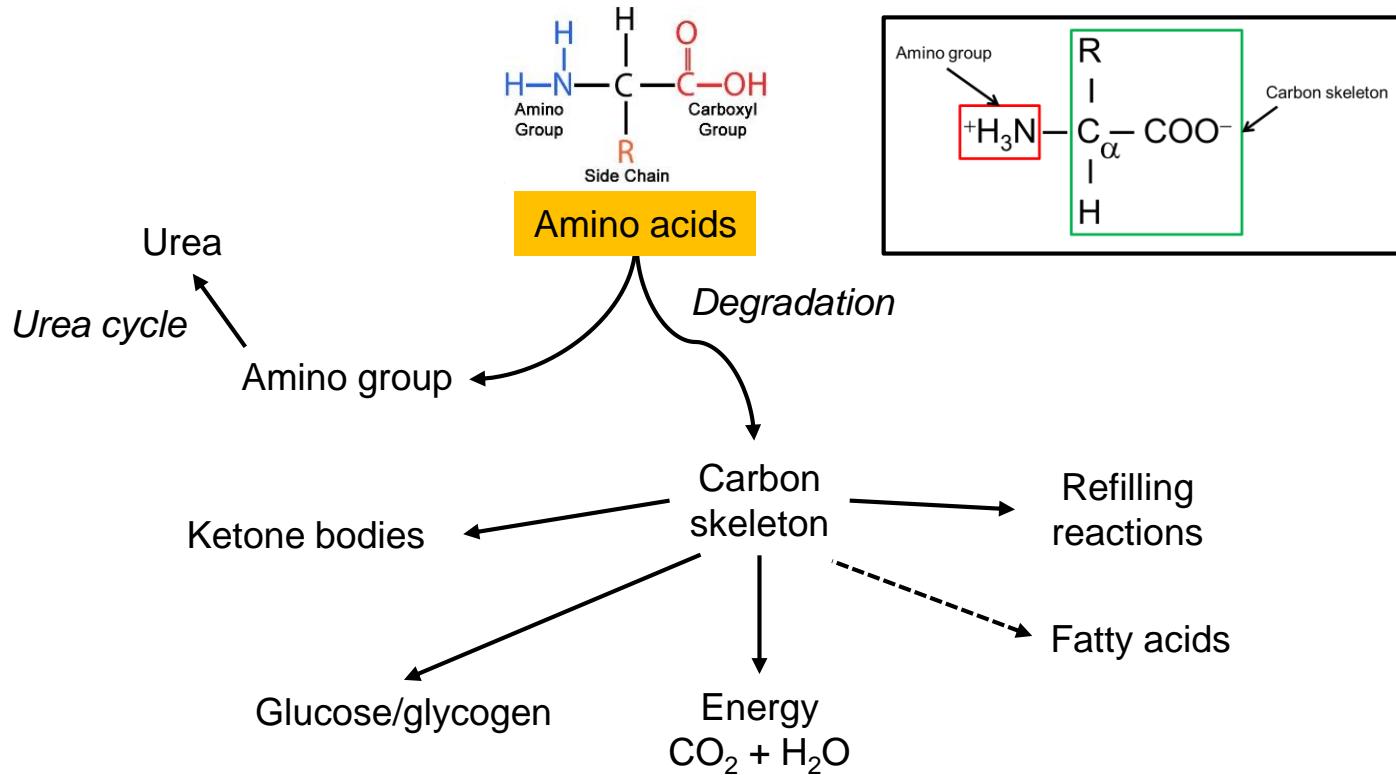
- Amino acids are important as building blocks, signaling molecules, energy source etc
- We get access to amino acids from dietary proteins, degraded endogenous proteins and *de novo* biosynthesis
- Essential amino acids must be supplied in the diet
- Humans can synthesize the eleven nonessential amino acids
  - $\alpha$ -amino group derived from glutamate
  - Carbon skeletons derived from five precursors
- Aminotransferases (transaminases) are essential enzymes for both synthesis and degradation of amino acids
- Phenylketonuria (PKU); an inborn error in tyrosine biosynthesis/phenylalanine degradation

# Excess amino acids cannot be stored

– *amino acids not needed as building blocks are degraded to compounds able to enter the metabolic mainstream*



# How are amino acids degraded?

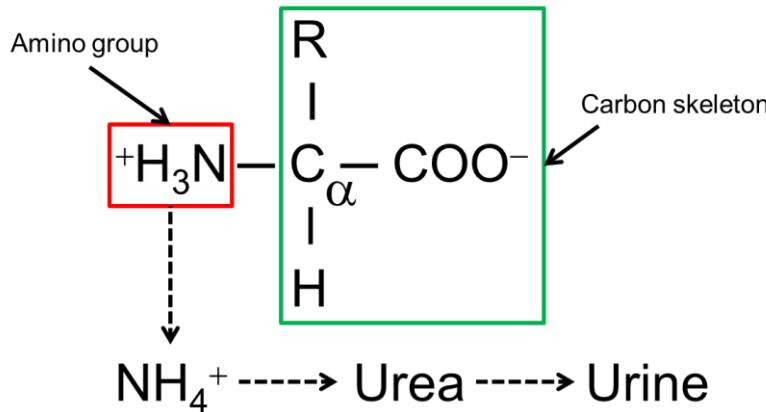


- Removal of the  $\alpha$ -amino group
- Metabolism of the carbon skeleton into pyruvate, one of several citric acid cycle intermediates, acetyl-CoA, or acetoacetyl-CoA
- The major site of amino acid degradation is the liver. Skeletal muscle readily degrade branched-chain amino acids (source of fuel)

# How are amino acids degraded?

**Two steps:**

- Removal of the  $\alpha$ -amino group
- Metabolism of the carbon skeleton



**Challenge for the body:** Handling the amino group (and nitrogen-containing side chains), as degradation involves generation of toxic ammonia (ammonium at physiologic pH)

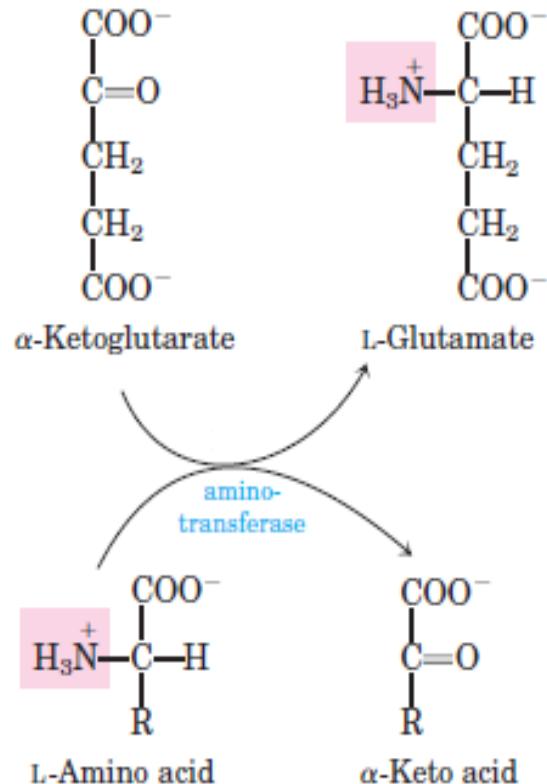
**Solution:** Most amino acid degradation occurs in the liver that can transform toxic ammonia to non-toxic urea in the urea cycle. Ammonia generated in other tissues is transported to the liver in non-toxic transport forms (glutamine/alanine)

# Glutamate is most often an intermediate on the way towards urea

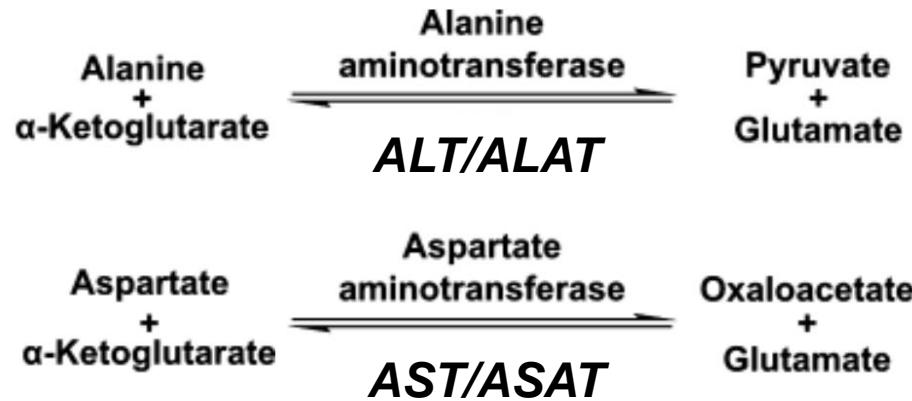
General catabolic process	Amino acid	Nitrogen end product
<i>Amino acids that are converted to other amino acids</i>	Arginine	glutamate
	Asparagine	aspartate
	Glutamine	glutamate
	Histidine	glutamate
	Phenylalanine	tyrosine
	Proline	glutamate
	Serine	glycine
<i>A specific pathway for each amino acid</i>	Glycine	ammonia
	Lysine	glutamate
	Methionine	ammonia
	Serine	ammonia
	Threonine	ammonia
	Tryptophan	ammonia
<i>Transamination/deamination</i>	Alanine	glutamate
	Aspartate	glutamate
	Isoleucine <sup>a</sup>	glutamate
	Leucine <sup>a</sup>	glutamate
	Valine <sup>a</sup>	glutamate
	Ornithine <sup>a</sup>	glutamate
	Tyrosine <sup>a</sup>	glutamate

Adapted from Table 8.9  
Functional Biochemistry in Health and  
Disease, Newsholme and Leech, John  
Wiley & Sons, 2011

# The $\alpha$ -amino group of many amino acids is transferred to $\alpha$ -ketoglutarate to form glutamate

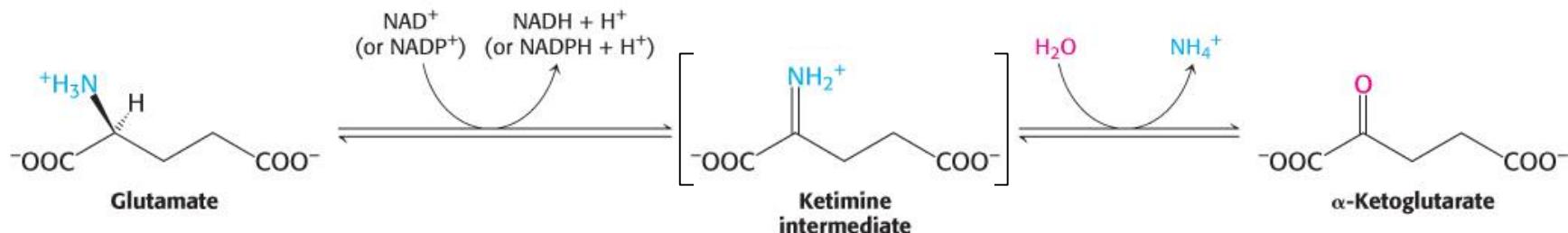


## Examples:



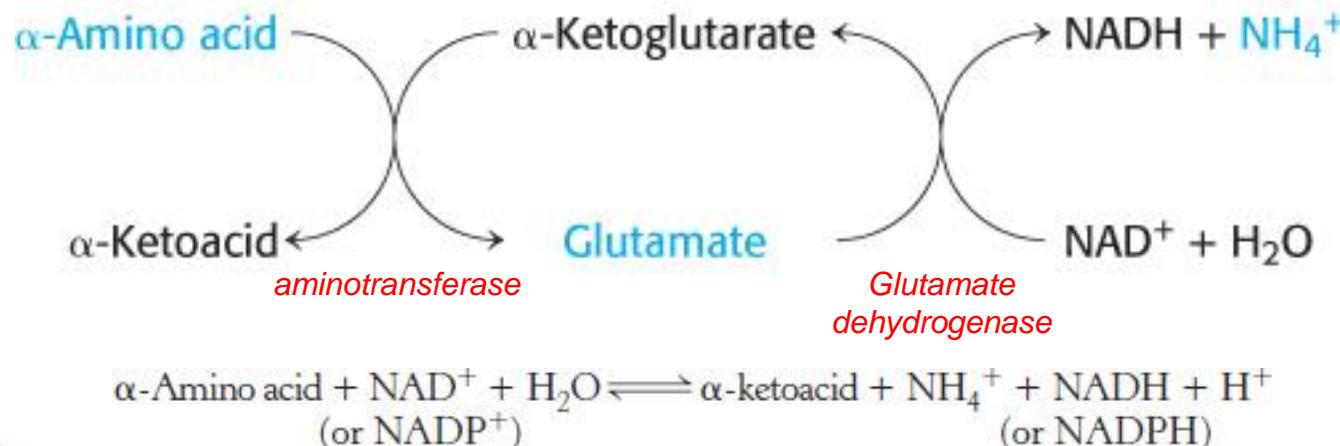
Adapted from Figure 18-4 in "Lehninger principles of biochemistry, 4th ed", Nelson and Cox, W.H. Freeman, 2005

# The amino group of glutamate is converted into ammonium by oxidative deamination



Forward reaction favoured due to very low intracellular  $\text{NH}_4^+$  levels ( $\text{NH}_4^+$  consumed by urea cycle)

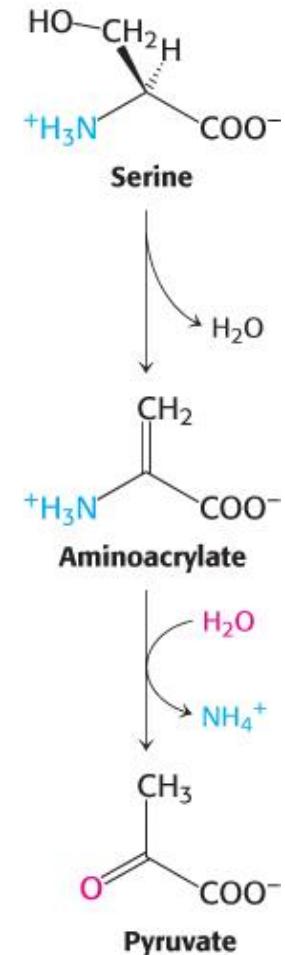
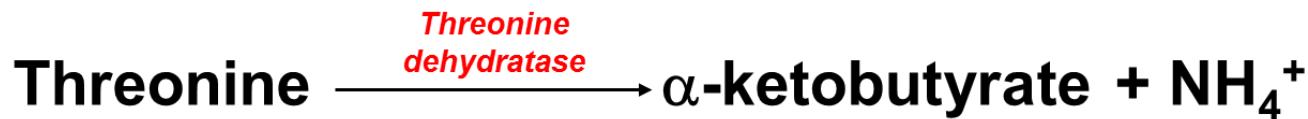
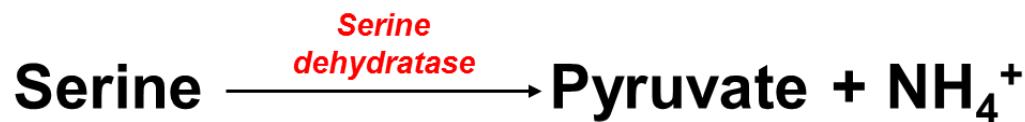
Catalyzed by **glutamate dehydrogenase**  
(essentially a liver-specific enzyme present in the mitochondrial matrix)



# Serine and threonine can be directly deaminated by dehydratases

The enzymes are called dehydratases because dehydration precedes deamination

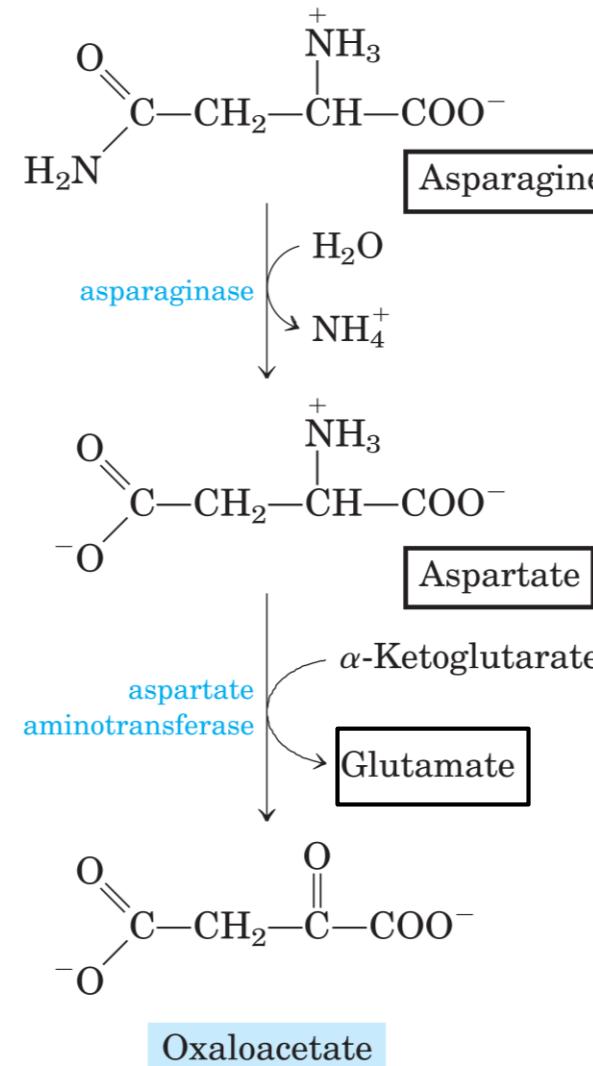
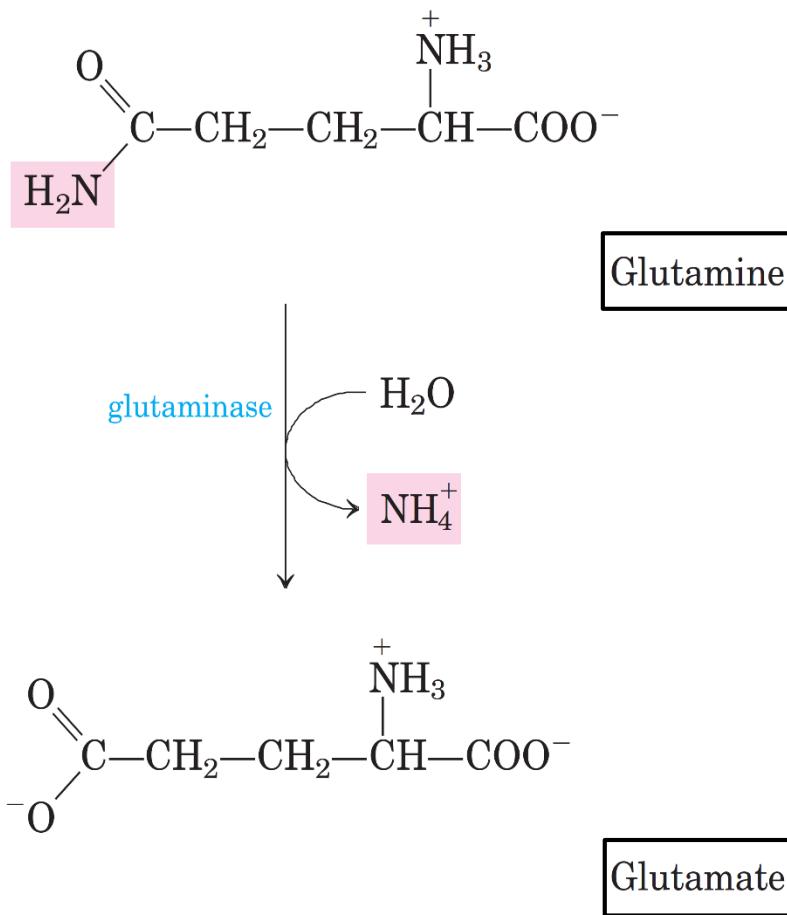
No need for transamination



Adapted from Biochemistry, 8th ed,  
Berg et al. 2015 W.H. Freeman and Company

# The side-chain nitrogen of glutamine and asparagine

– generation of ammonia and glutamate



Adapted from Figures 18-8 and 18-29 in "Lehninger principles of biochemistry, 4th ed", Nelson and Cox, W.H. Freeman, 2005

# Ammonia is toxic to the central nervous system

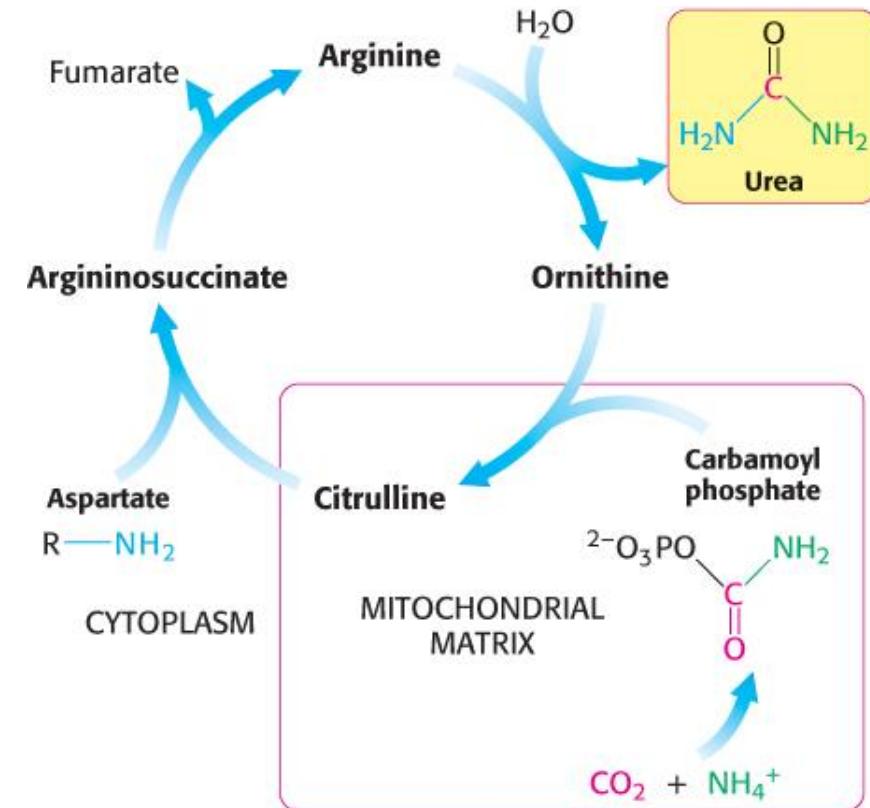
The level of ammonia in the blood must be kept very low  
(even slightly elevated concentrations are toxic to the CNS)

## Solution:

Transform ammonia into non-toxic urea that can be excreted in the urine

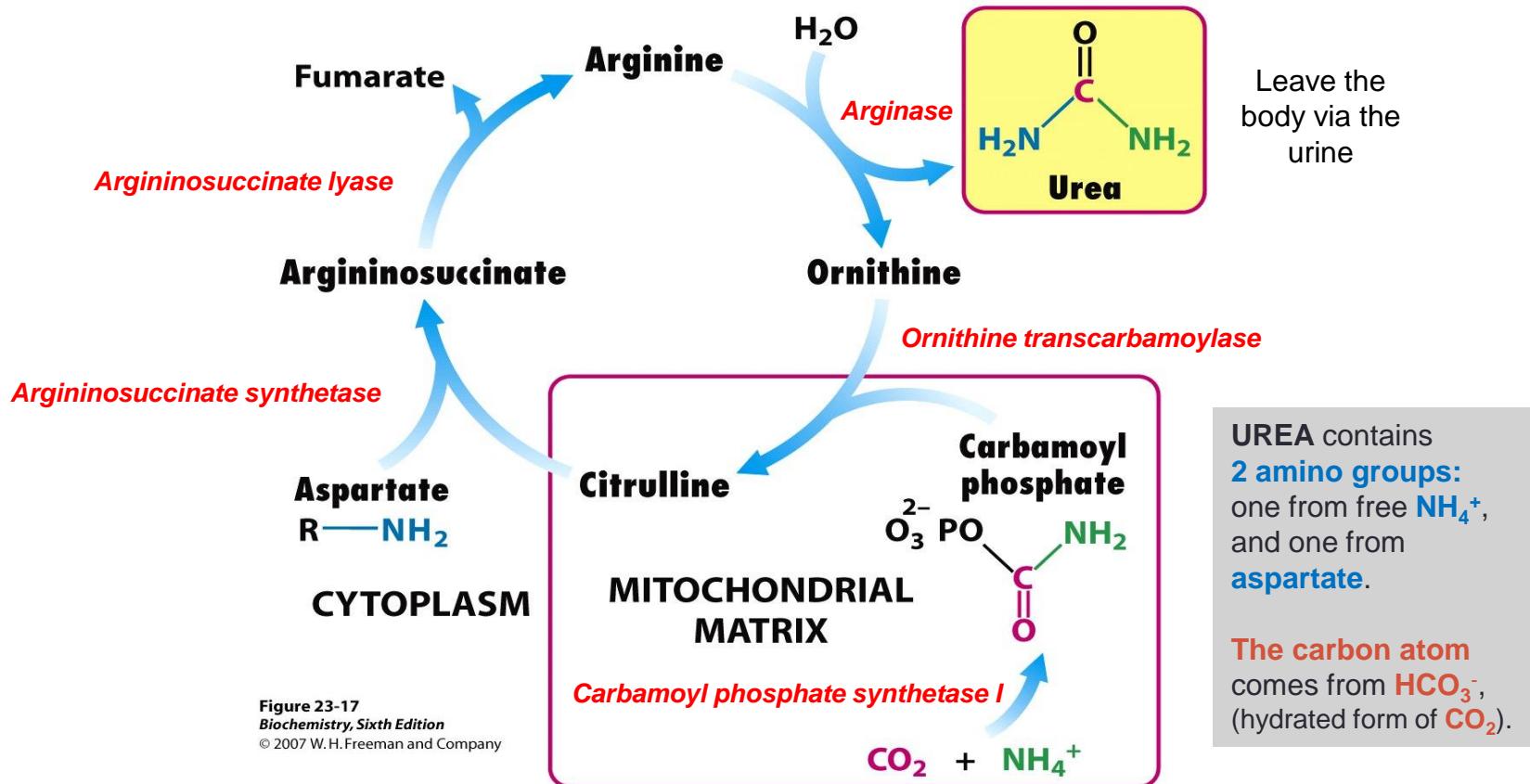
## Occurs in the Urea cycle

The Urea cycle is active only in the liver



# The urea cycle

- transforms toxic ammonia into non-toxic urea

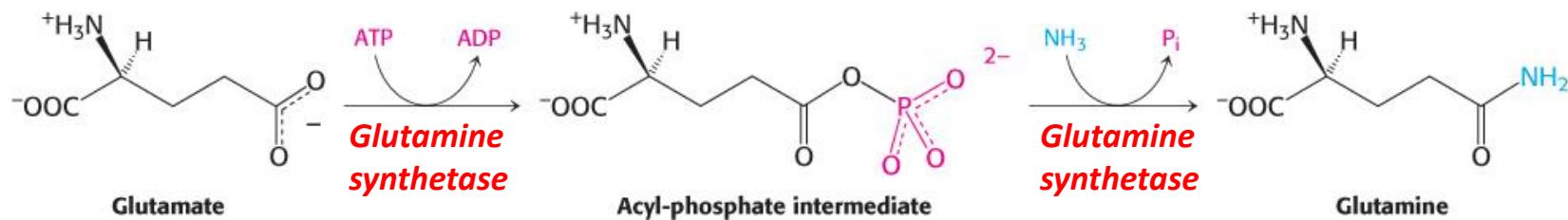


Defects in the urea cycle leads to elevated ammonia levels (hyperammonemia)

High concentrations of ammonia are highly toxic; in particular as it affects the function of the central nervous system

# Why is ammonia toxic to the central nervous system?

Still not fully understood, but it is associated with brain swelling (edema)



## Theory:

High levels of ammonia drives formation of glutamine in astrocytes (express high levels of the enzyme glutamine synthetase).

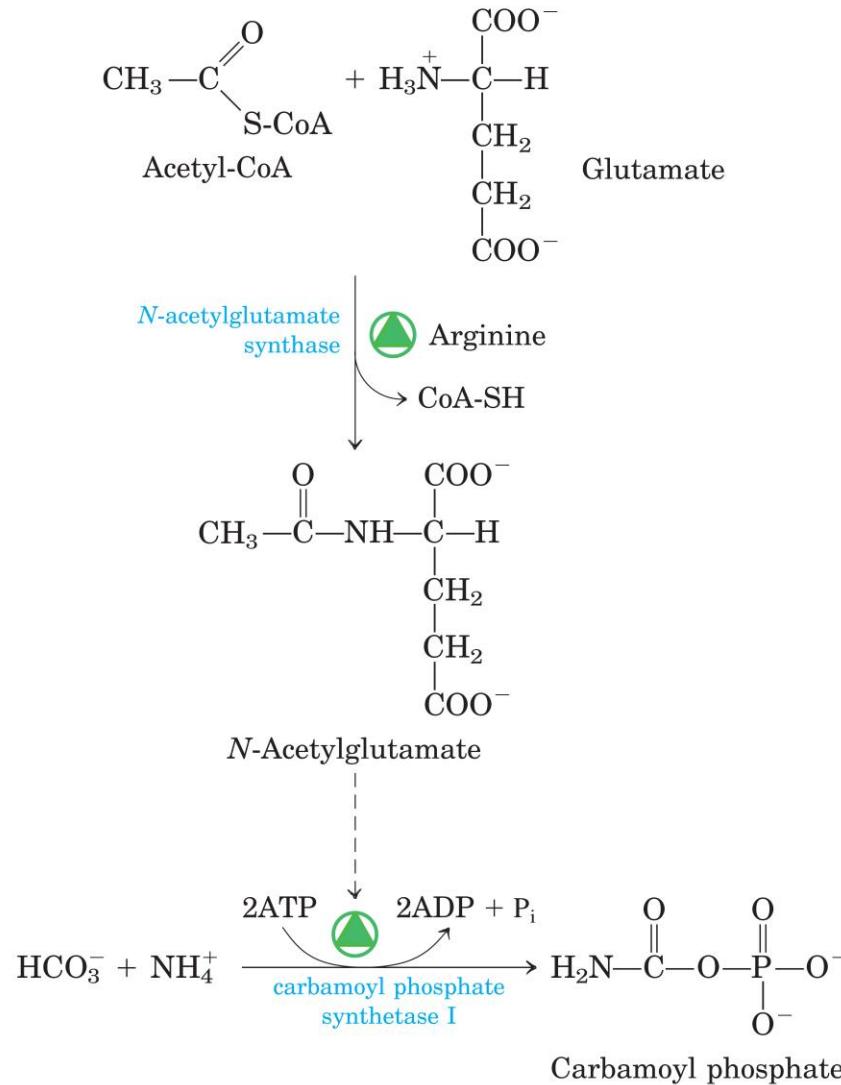
Glutamine is osmotically active; attracts water into the cells leading to astrocytic swelling and brain edema, hampering brain function

# Allosteric regulation of carbamoyl phosphate synthetase I

– regulation of flux through the urea cycle

N-acetylglutamate is an activator of carbamoyl phosphate synthetase I, and thereby the urea cycle.

High levels of glutamate and arginine (reflecting high levels of circulating amino acids) induce synthesis of the activator.



# Defekter i ureacykeln

## - ***Exempel: Argininosuccinatlyasbrist***

Nedärvs autosomalt recessivt (mutationer *ASL* genen); 1-2 fall per 100 000 nyfödda

### **Symtom utan behandling:**

Vid svår *ASL* brist visar sig symptom på ammoniakförgiftning redan under de första levnadsdagarna. Vanliga symptom är oregelbunden och ökad andning, muskelslapphet, kräkningar, alkalos, svullen hjärna, kramper, sviktande livsfunktioner

Sjukdomen kan också visa sig senare i livet och ha ett lindrigare förlopp, med antingen akuta eller kroniska symptom.

### **Behandlingsmål**

Huvudmålet med behandlingen är att hålla ammoniaknivån i blodet på säkra nivåer

Faktorer som infektioner eller plötsligt ökat proteinintag kan stegra ammoniaknivån i blodet

### **Akutbehandling**

Högglikoshaltig energidryck, glukosdropp, läkemedel som ökar utsöndringen av kvävehaltiga ämnen, dialys

### **Långtidsbehandling**

Diet med reducerat intag av protein, läkemedel som ökar utsöndringen av kvävehaltiga ämnen. Levertransplantation utförs som behandling vid störning i ureacykeln då konventionella behandlingar inte haft effekt.

# Drug treatment of argininosuccinate lyase deficiency – arginine and phenylbutyrate

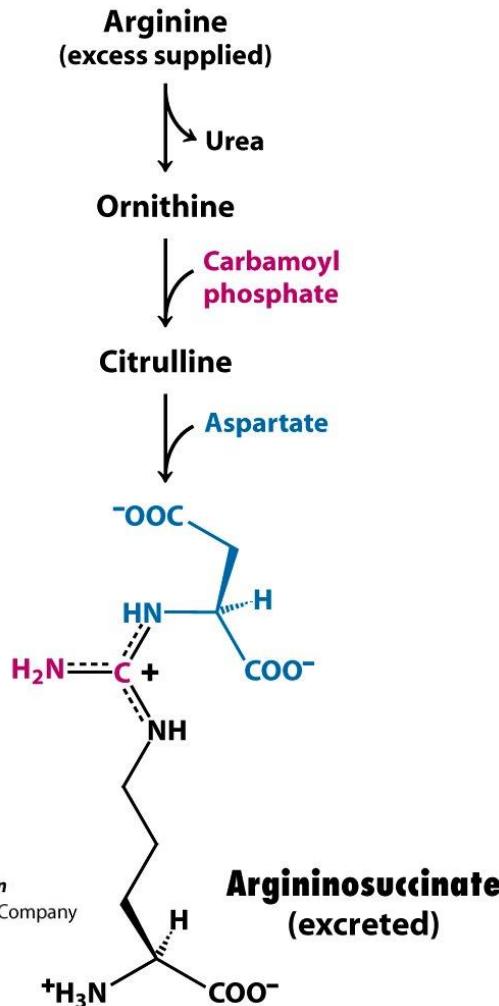
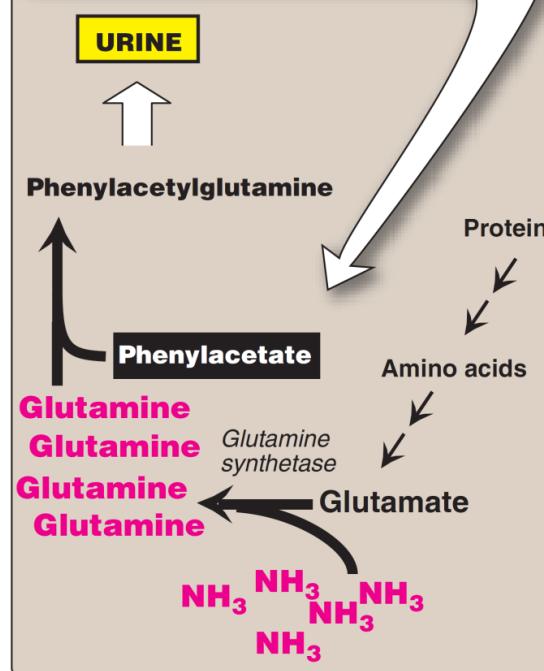


Figure 23-20  
Biochemistry, Sixth Edition  
© 2007 W.H. Freeman and Company

Phenylbutyrate is a prodrug that is rapidly converted to phenylacetate, which combines with glutamine to form phenylacetylglutamine. The phenylacetylglutamine, containing two atoms of nitrogen, is excreted in the urine, thus assisting in clearance of nitrogenous waste.

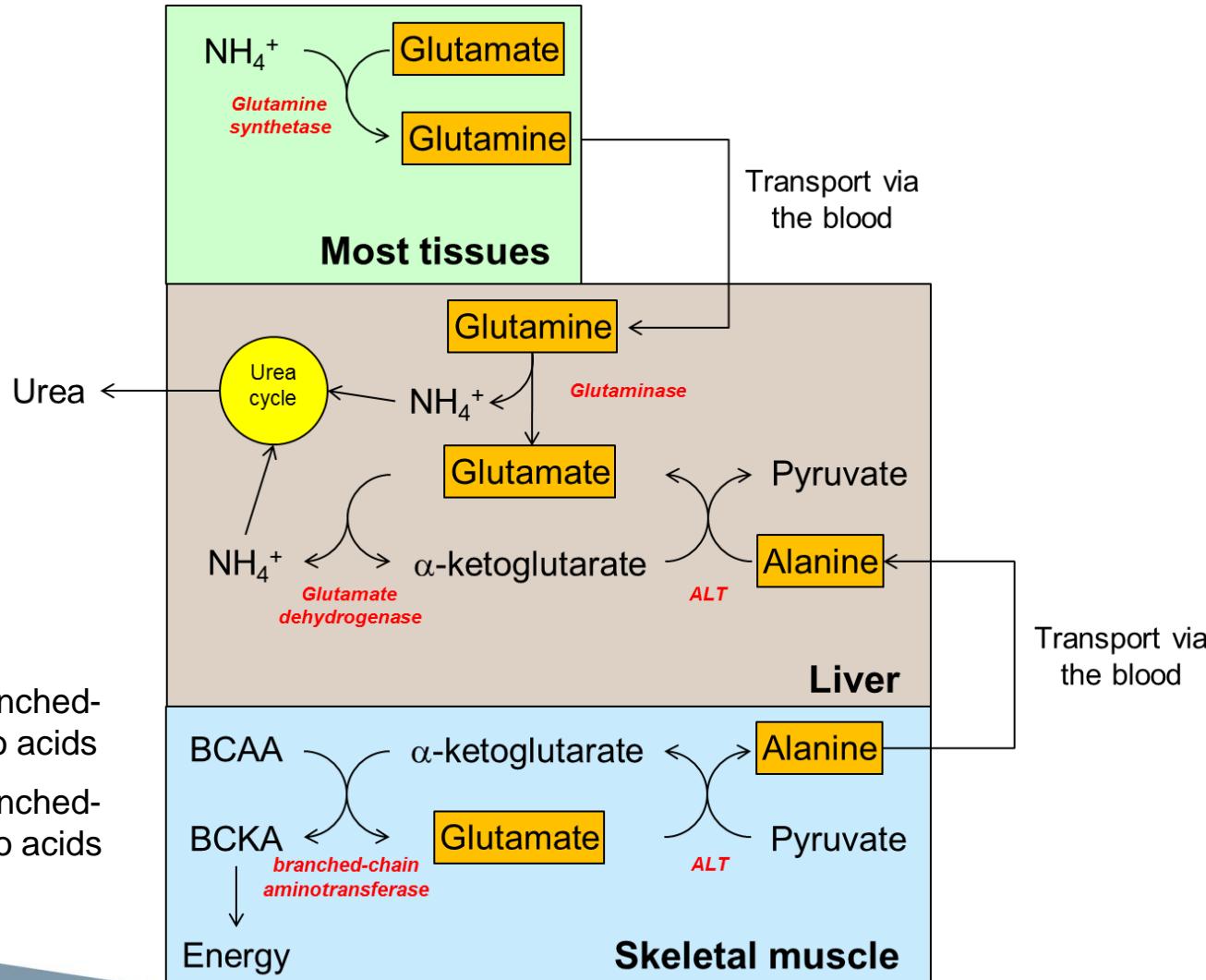


# **Extrahepatic tissues transport nitrogen to the liver for conversion to urea**

- Degradation of amino acids occurs primarily in the liver but other tissues (extrahepatic tissues) can also degrade amino acids
  - e.g. skeletal muscle uses branched-chain amino acids as a source of fuel during prolonged exercise and fasting.
- Extrahepatic tissues lack the enzymes of the urea cycle
- Nitrogen must be released in a non-toxic form that can be transported to, and absorbed by, the liver
- Nitrogen is transported from extrahepatic tissues to the liver in two principal forms; glutamine and alanine

# Glutamine and alanine

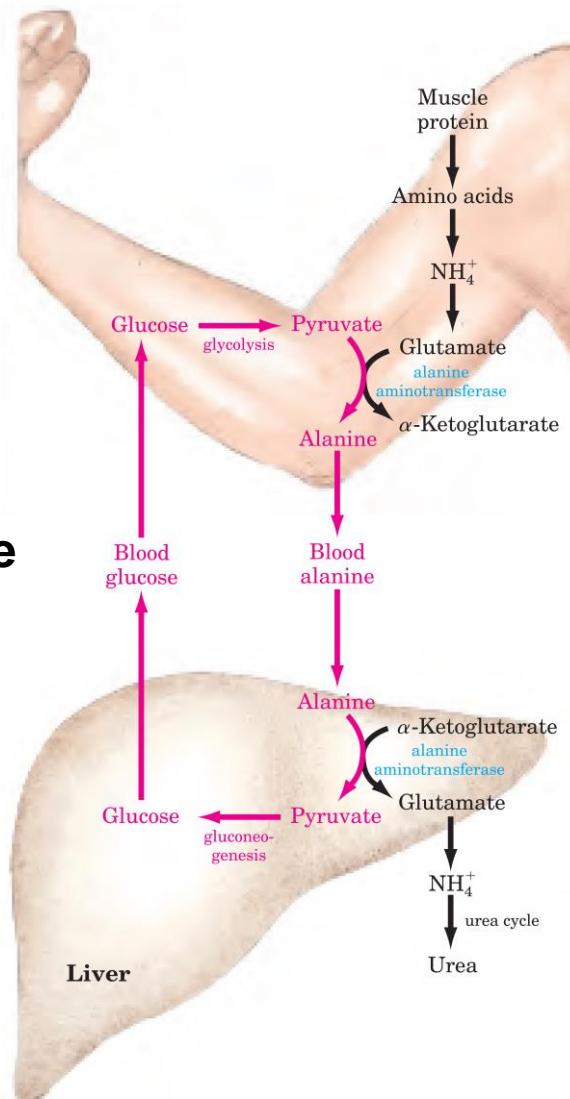
– *nitrogen transport to the liver from extrahepatic tissues*



BCAA = branched-chain amino acids

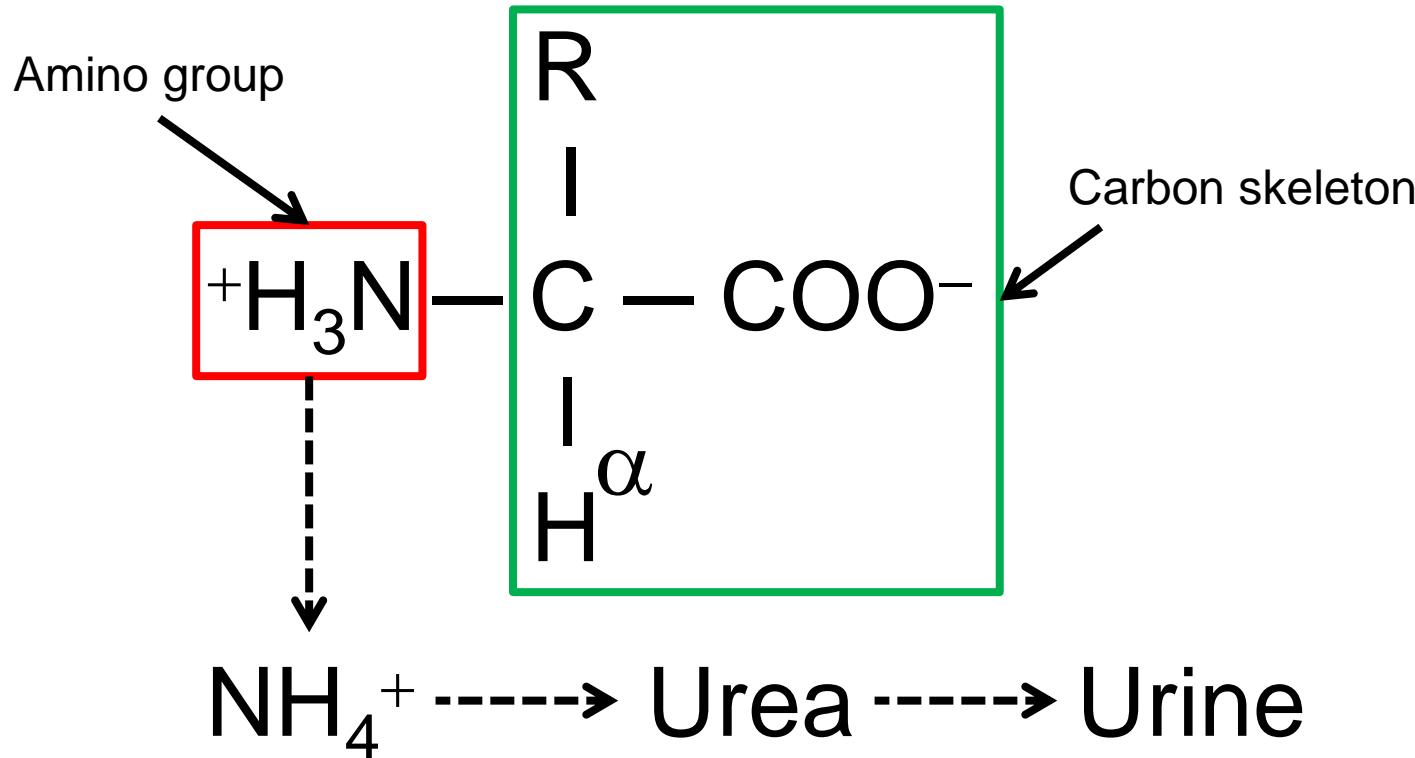
BCKA = branched-chain  $\alpha$ -keto acids

# Alanine transports ammonia from skeletal muscles to the liver

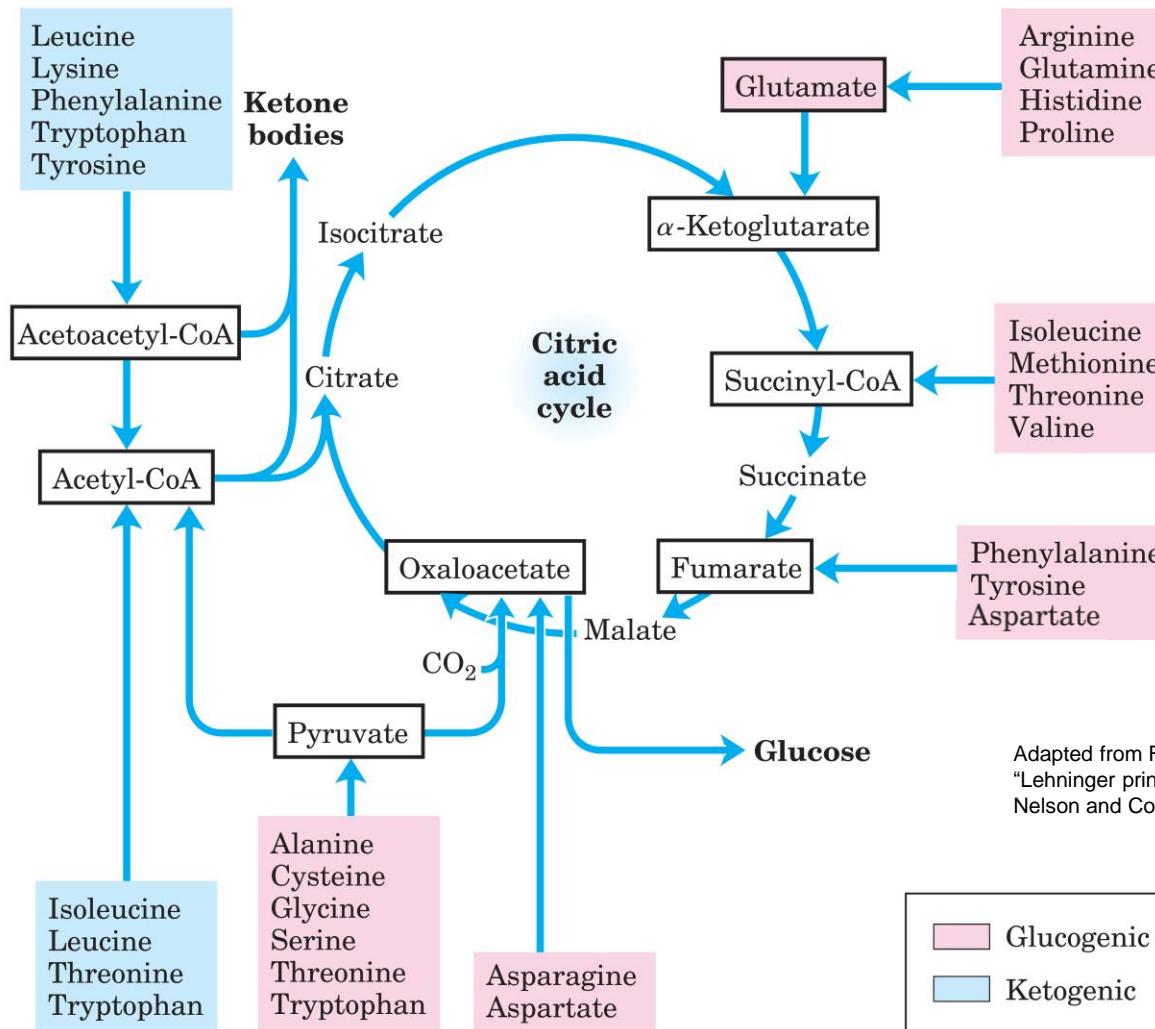


## The glucose-alanine cycle

# Where do the carbon skeletons of the different amino acids end up?



# The carbon skeletons of amino acids ends up in only seven molecules



Adapted from Figure 18-15 in  
"Lehninger principles of biochemistry, 4<sup>th</sup> ed",  
Nelson and Cox, W.H. Freeman, 2005

Glucogenic  
Ketogenic

# The citric acid cycle

– a source for building blocks

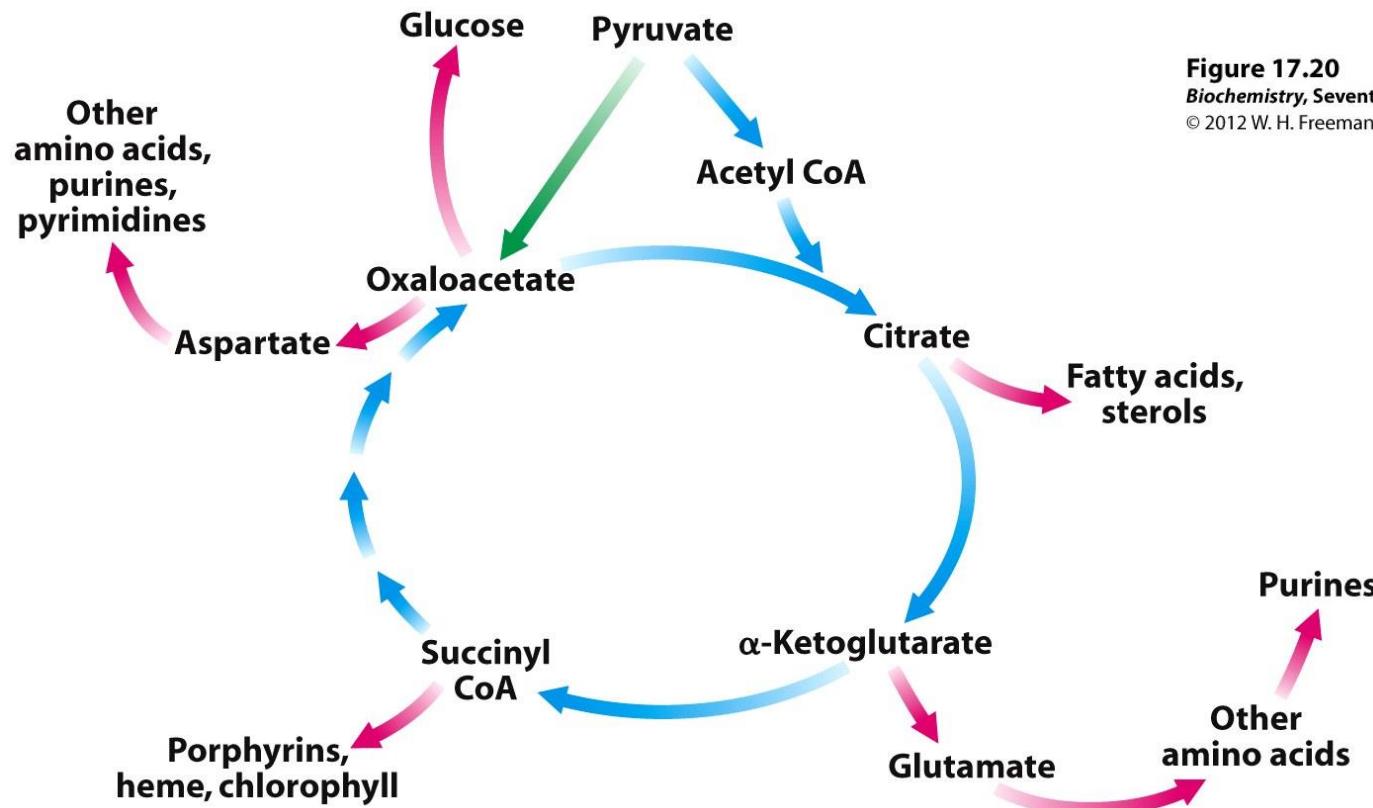


Figure 17.20  
*Biochemistry*, Seventh Edition  
© 2012 W. H. Freeman and Company

***The cycle must be refilled with its constituents to retain its full function!***

# Refilling the citric acid cycle

– *pyruvate and the carbon skeletons of amino acids are important*

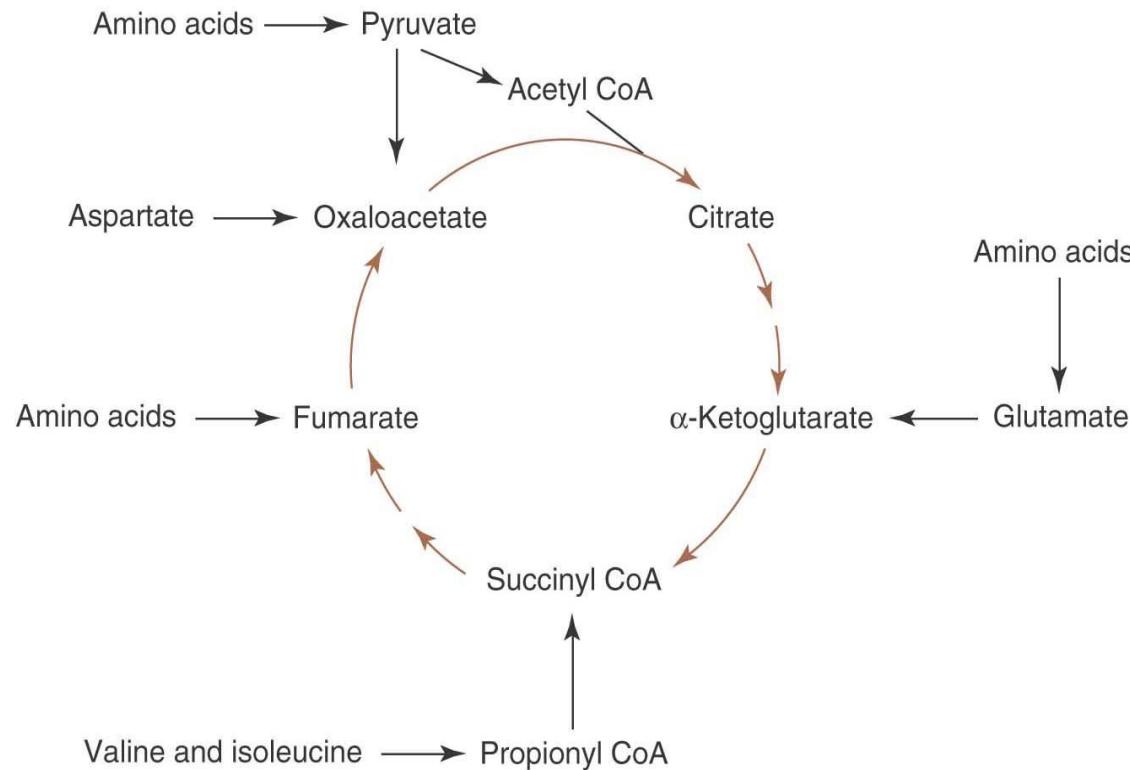


Figure 14.24. Anaplerotic reactions replenish intermediates of the TCA cycle.

*Textbook of Biochemistry With Clinical Correlations, Sixth Edition, Edited by Thomas M. Devlin. Copyright © 2006 John Wiley & Sons, Inc.*

## Anaplerotic reactions = refilling reactions

# Glucogenic and ketogenic amino acids

## Glucogenic amino acids

- Degraded to pyruvate,  $\alpha$ -ketoglutarate, succinyl CoA, fumarate, or oxaloacetate
- Can be converted into glucose (gluconeogenesis)

## Ketogenic amino acids

- Degraded to acetyl CoA or acetoacetyl CoA
- Can give rise to ketone bodies or fatty acids
  - 13 amino acids are pure glucogenic
  - 5 amino acids are both glucogenic and ketogenic (Phe, Iso, Thr, Trp, Tyr; mnemonic "PITTT")
  - Only Lys and Leu are pure ketogenic amino acids

# Oxaloacetate is an entry point into metabolism for aspartate and asparagine

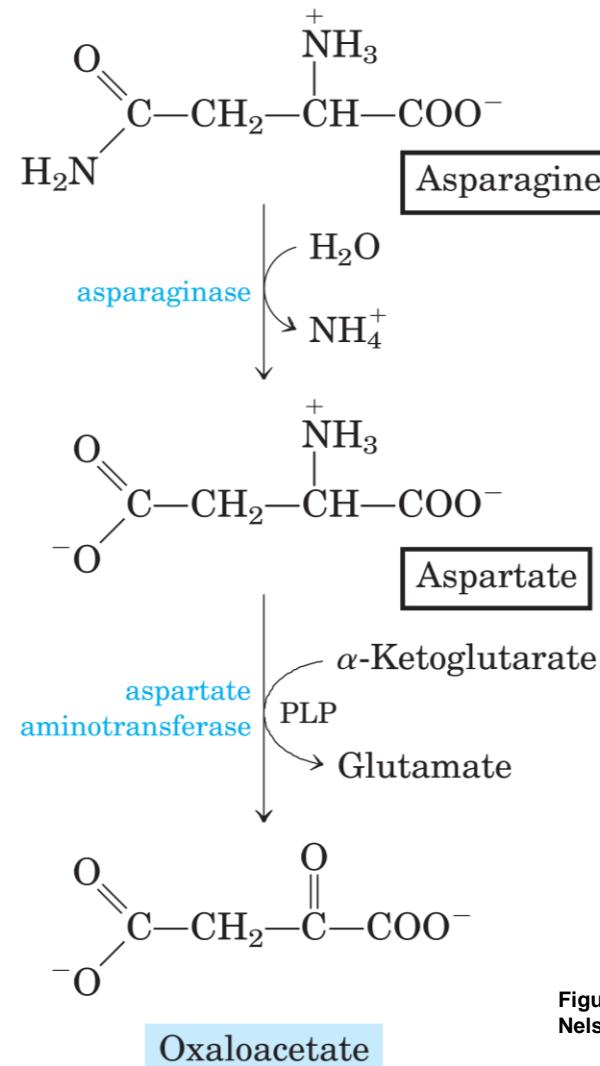
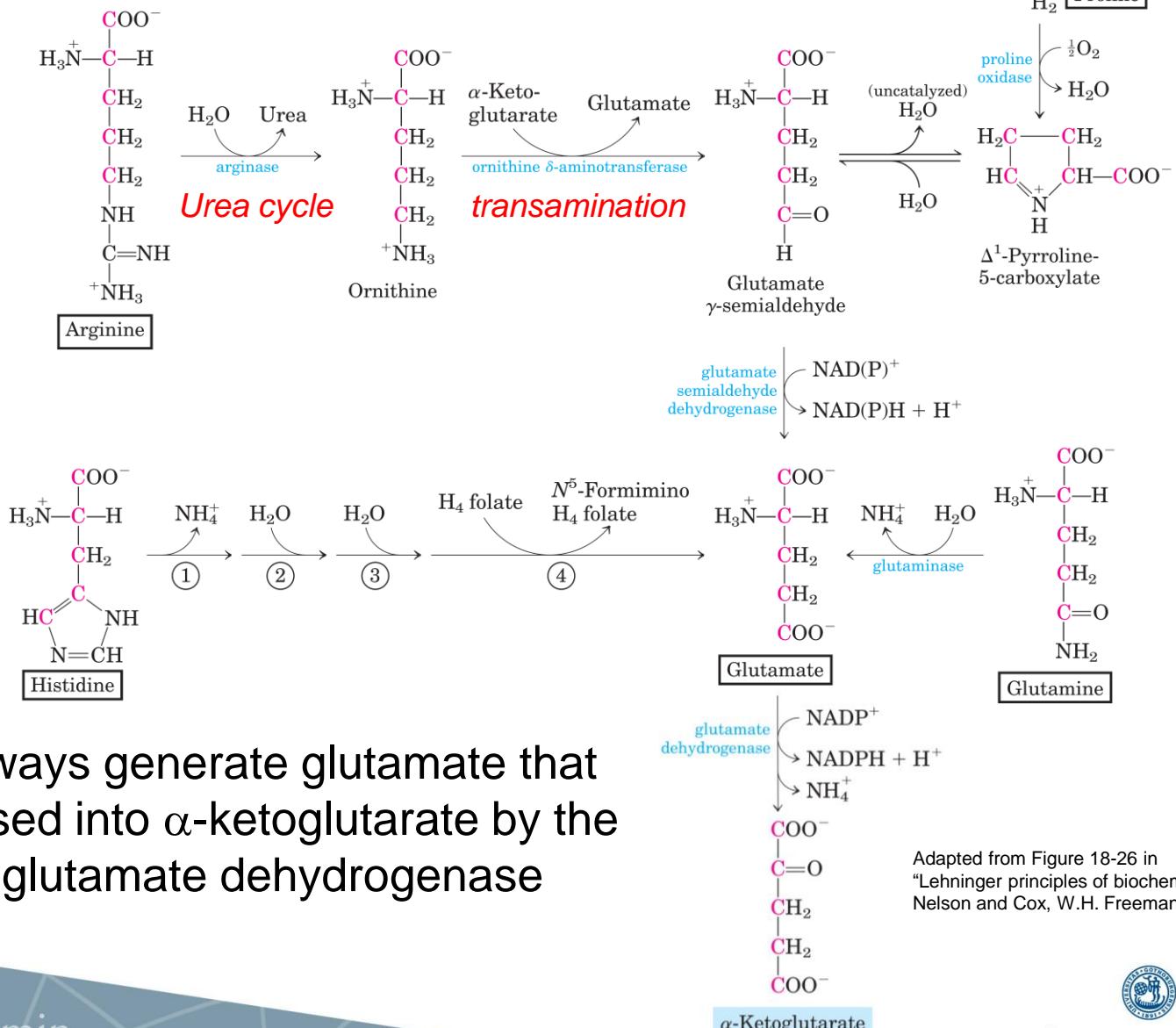


Figure 18-29 in "Lehninger principles of biochemistry, 4th ed",  
Nelson and Cox, W.H. Freeman, 2005

# $\alpha$ -ketoglutarate is an entry point into metabolism for several amino acids



# Degradation pathways that generate acetyl-CoA

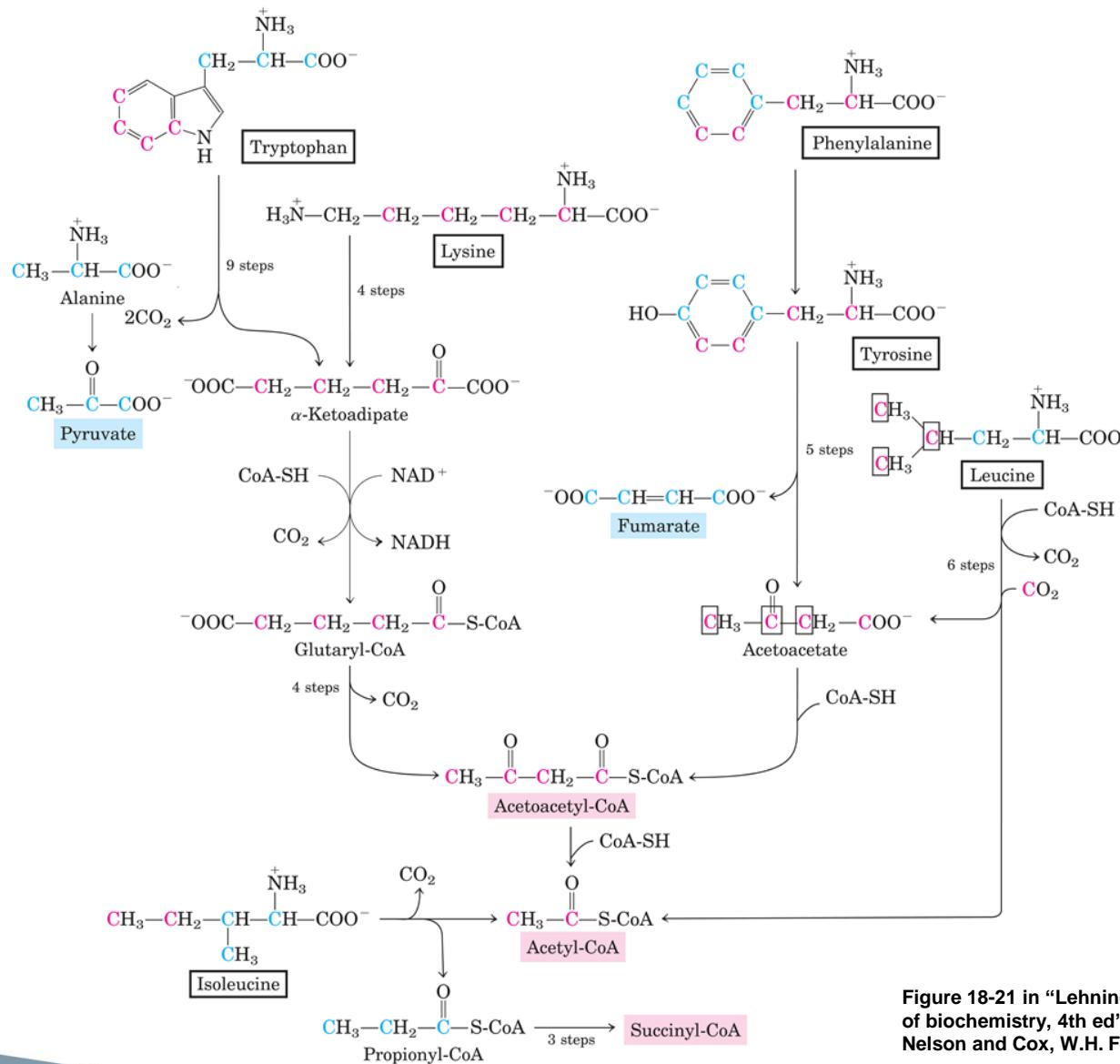
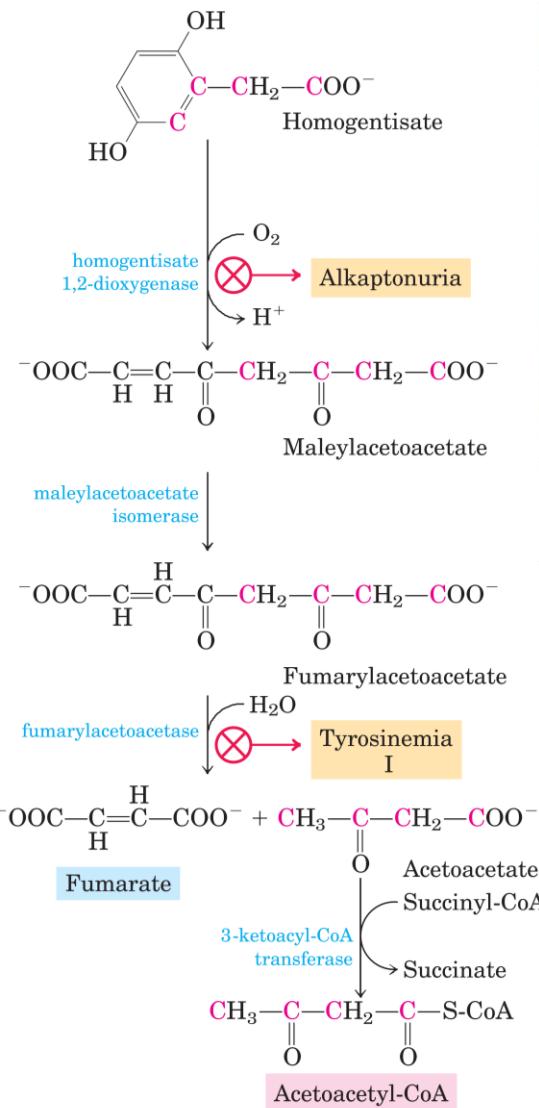
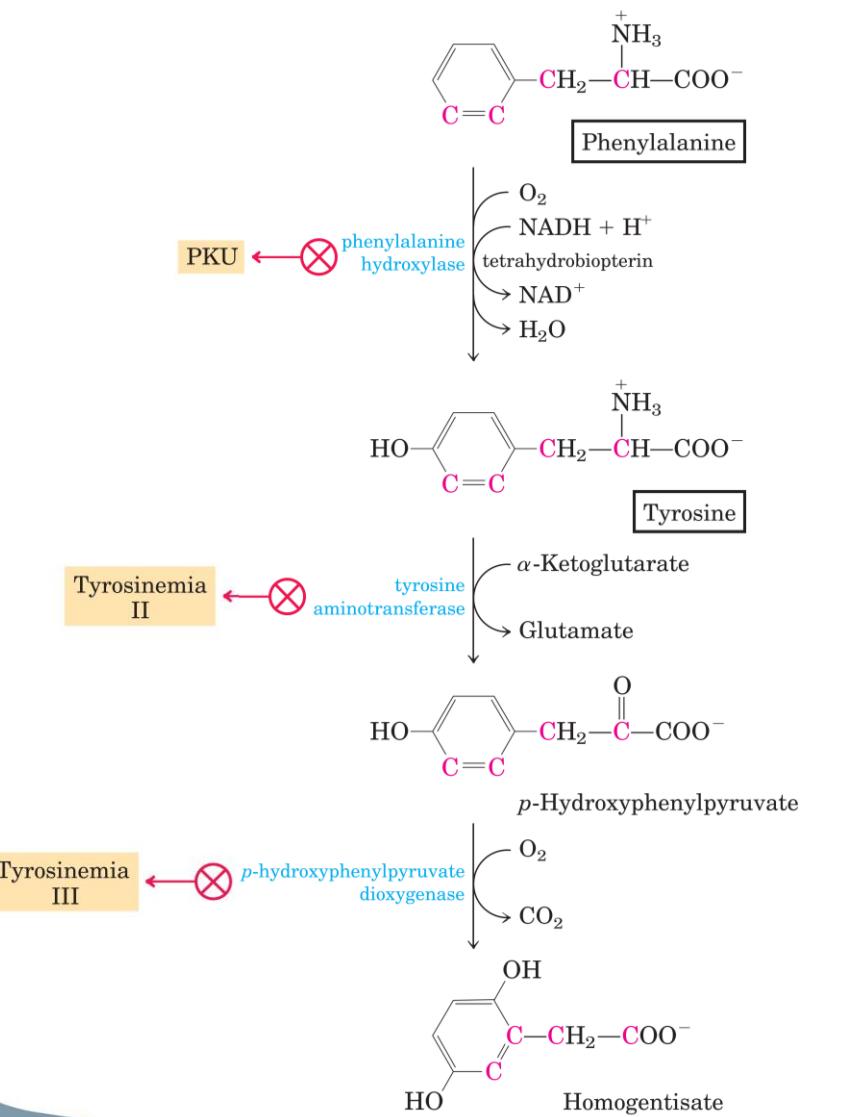


Figure 18-21 in "Lehninger principles of biochemistry, 4th ed", Nelson and Cox, W.H. Freeman, 2005

# Degradation of phenylalanine and tyrosine



# Degradation of branched-chain amino acids

– takes part primarily in skeletal muscle

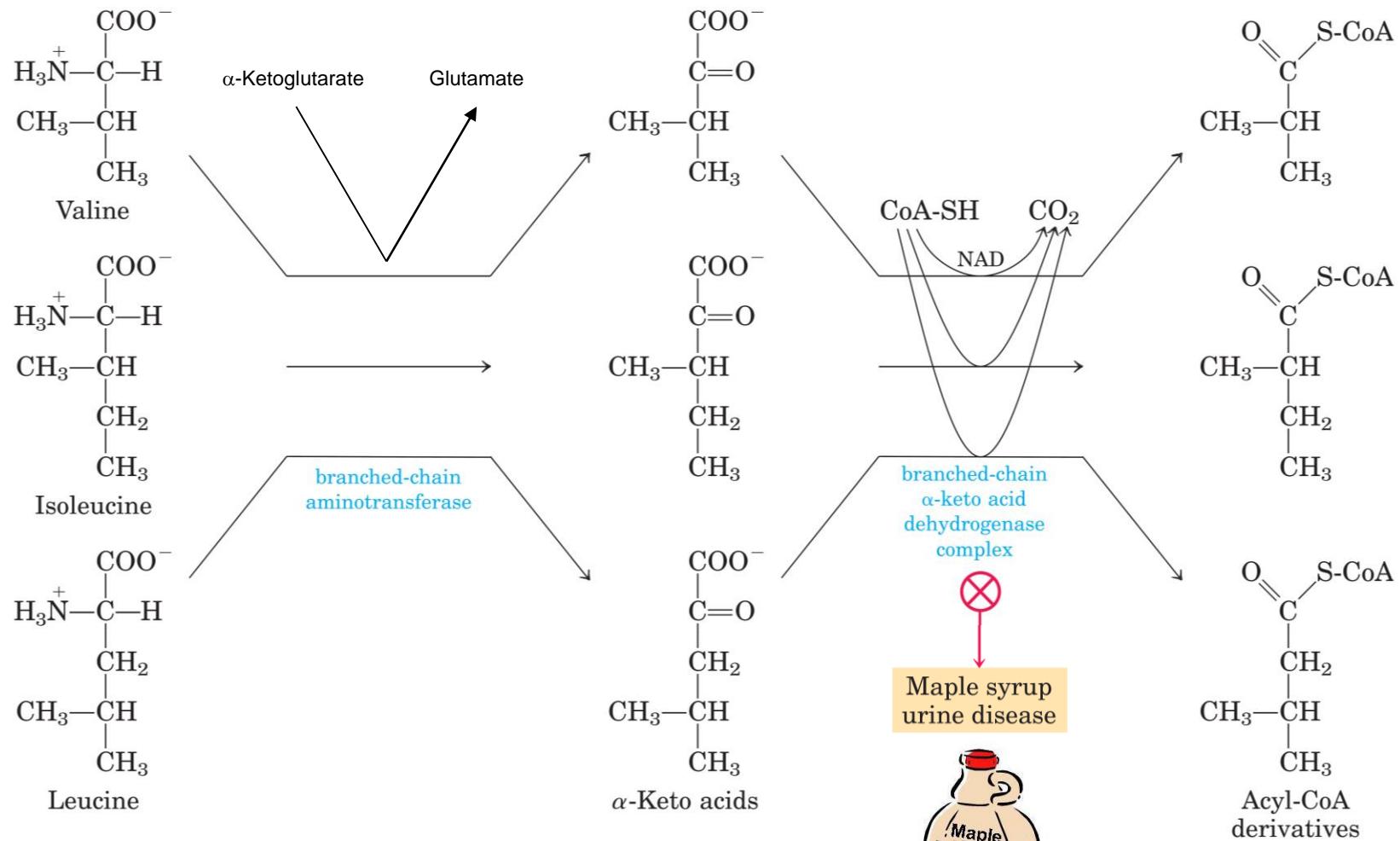


Figure 18-28 in "Lehninger principles of biochemistry, 4<sup>th</sup> ed",  
Nelson and Cox, W.H. Freeman, 2005



# Maple syrup urine disease (MSUD)



Autosomal recessive disorder

Deficiency of the branched-chain  $\alpha$ -keto acid dehydrogenase complex (due to mutations in *BCKDHA*, *BCKDHB*, *DBT* or *DLD*)

≈ 2 cases per 100 000 newborns (Sweden). Common in populations such as the Amish.

Accumulation of branched-chain amino acids (Leu, Iso, and Val) and their corresponding  $\alpha$ -keto acids in tissues, blood and urine

The disorder gets its name from the sweet odor of affected infants' urine

**Symptoms:** Poor feeding, vomiting, lack of energy, abnormal movements, and delayed development. If untreated, MSUD can lead to seizures, coma, and death.

**Treatment:** Protein-restrictive diet (limits the amount of ingested Leu, Iso, and Val) + addition of nutritional formulas providing necessary nutrients (but lacking Leu, Iso and Val). Leu, Iso and Val are added to the diet separately in small amounts.

# Summary of part 2

- Degradation of amino acids proceeds through production of ammonia that is toxic, primarily for the brain
- Ammonia is produced by deamination of amino acids, most often of glutamate produced from other amino acids by transamination
- Amino acid degradation occurs primarily in the liver that is the only organ that can produce non-toxic urea from ammonia
- Ammonia produced in extrahepatic tissues needs to be converted to glutamine or alanine for safe transport to the liver
- The carbon skeletons of amino acids can be used for refilling reactions, production of energy-containing molecules (glucose, ketone bodies, fatty acids) or used for energy

# Some important enzymes to keep in mind

Alanine aminotransferase

Aspartate aminotransferase

Glutamate dehydrogenase

Glutamine synthetase

Glutaminase

Phenylalanine hydroxylase

Carbamoyl phosphate synthetase I

# Amino acid metabolism

## Läsanvisningar

*Detta föreläsningsmaterial*

*Biochemistry, 10th ed, Berg et al.  
2023 W.H., Macmillian Learning*

*Kapitel 23: sidorna 701-703 och 708-731  
Kapitel 25: sidorna 766-790*

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