

THE PENTOSE PHOSPHATE PATHWAY |
THE HEXOSE MONOPHOSPHATE PATHWAY | ^{SHUNT}
THE PHOSPHOGLUCONATE PATHWAY

- A specialized pathway - geared towards production of NADPH and Ribose 5-phosphate (R5P).

i.e a) NADPH — Chemical energy in form of reducing power.

b) R5P — For synthesis of nucleotides
→ Nucleic acids (DNA, RNA)

c) Intercconversion of 3, 4, 5, 6 & 7 Carbon sugars. It is linked to the Glycolytic pathway by its non-oxidative reactions i.e. the interconversion serves as a link between the two pathways.

Active in Liver, Adipose tissue, Mammary gland, RBC, adrenal cortex. It is a Cytosolic pathway.

- It consists of an OXIDATIVE PHASE and a NON-OXIDATIVE PHASE

Glucose

HK

G6P

Pyruvate or Lactate

Glycolysis

PPP

NADPH R5P

G1P

UTP → PPi + H₂O + 2P_i

UDP-glucose

H₂O + 2NAD⁺ → 2NADH + 3H⁺

UDP-glucuronate

H₂O → UDP

Glycosamino-glycans. (e.g. ~~hyaluronate~~) (Hyaluronate)

Glucuronidation of drugs, toxins and bilirubin.

Glucuronate

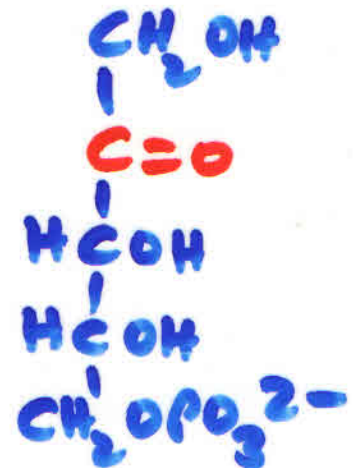
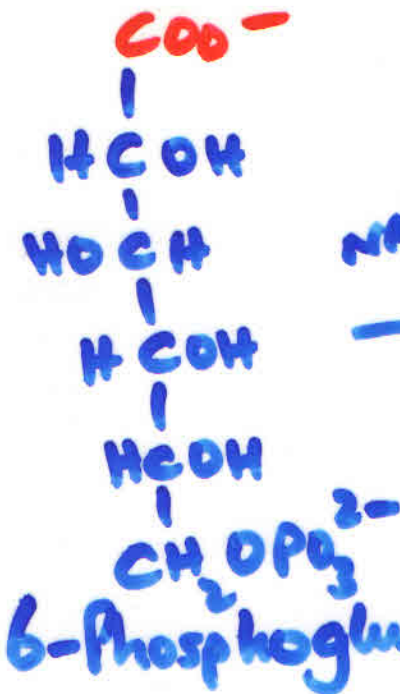
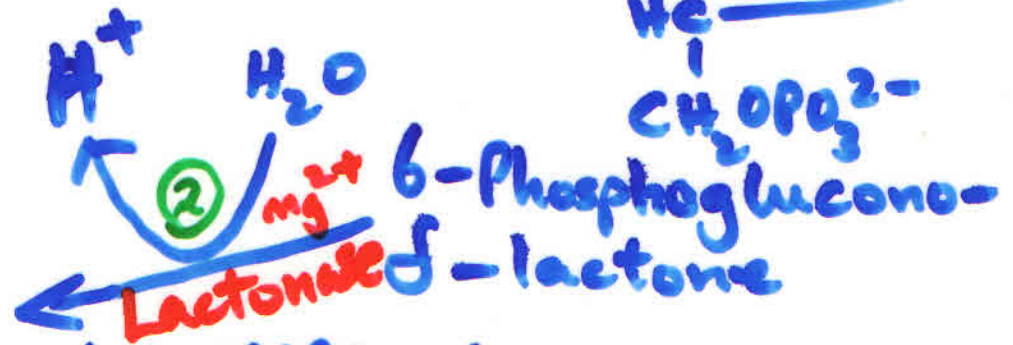
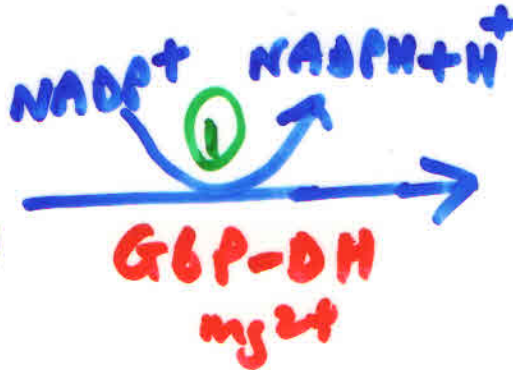
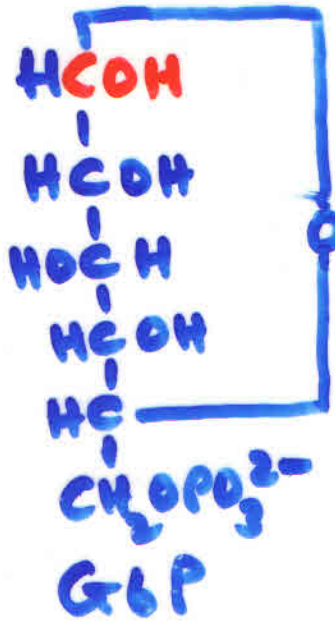
1
2
3

3 = Gulonolactone oxidase (Lacking in man and primates)

L-Ascorbic acid (Vit. C)

OXIDATIVE PHASE (3 STEPS)

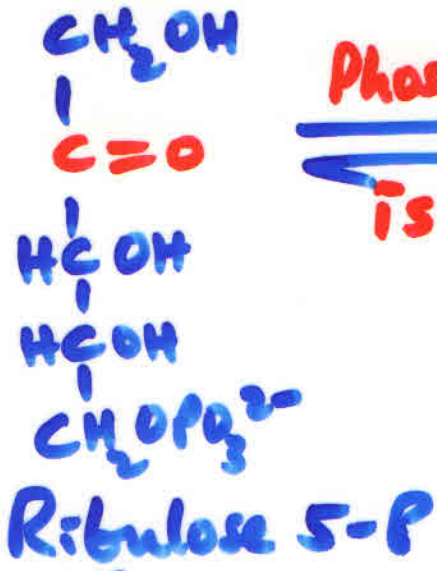
Glucose $\xrightarrow{3 \text{ steps}}$ Ribulose 5-Phosphate



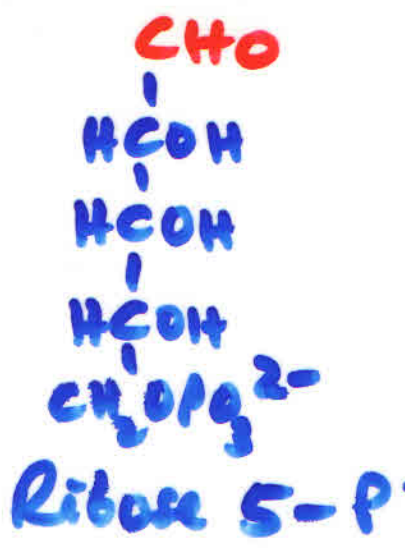
Ribulose 5-phosphate (Ketopentose)

* Dehydrogenation
 Hydrolysis
 Decarboxylation & dehydrogenation
 $\text{G6P} + 2\text{NADP}^+ + \text{H}_2\text{O} \rightarrow \text{Rib.5-P} + 2\text{NADPH} + 2\text{H}^+ + \text{CO}_2$

NON-OXIDATIVE



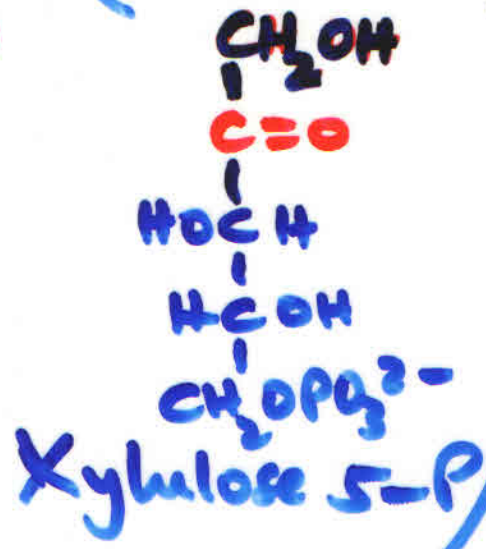
Phosphopentose
 \rightleftharpoons
 isomerase



Similar to -G6P \rightarrow F6P
 -DHAP \rightarrow G3P

- 1) Make ATP, CoA-SH, NAD⁺, FAD, DNA, RNA etc.
- 2) Can be converted to G3P to provide for glycolytic intermediates. This is catalyzed by 2 enzymes.

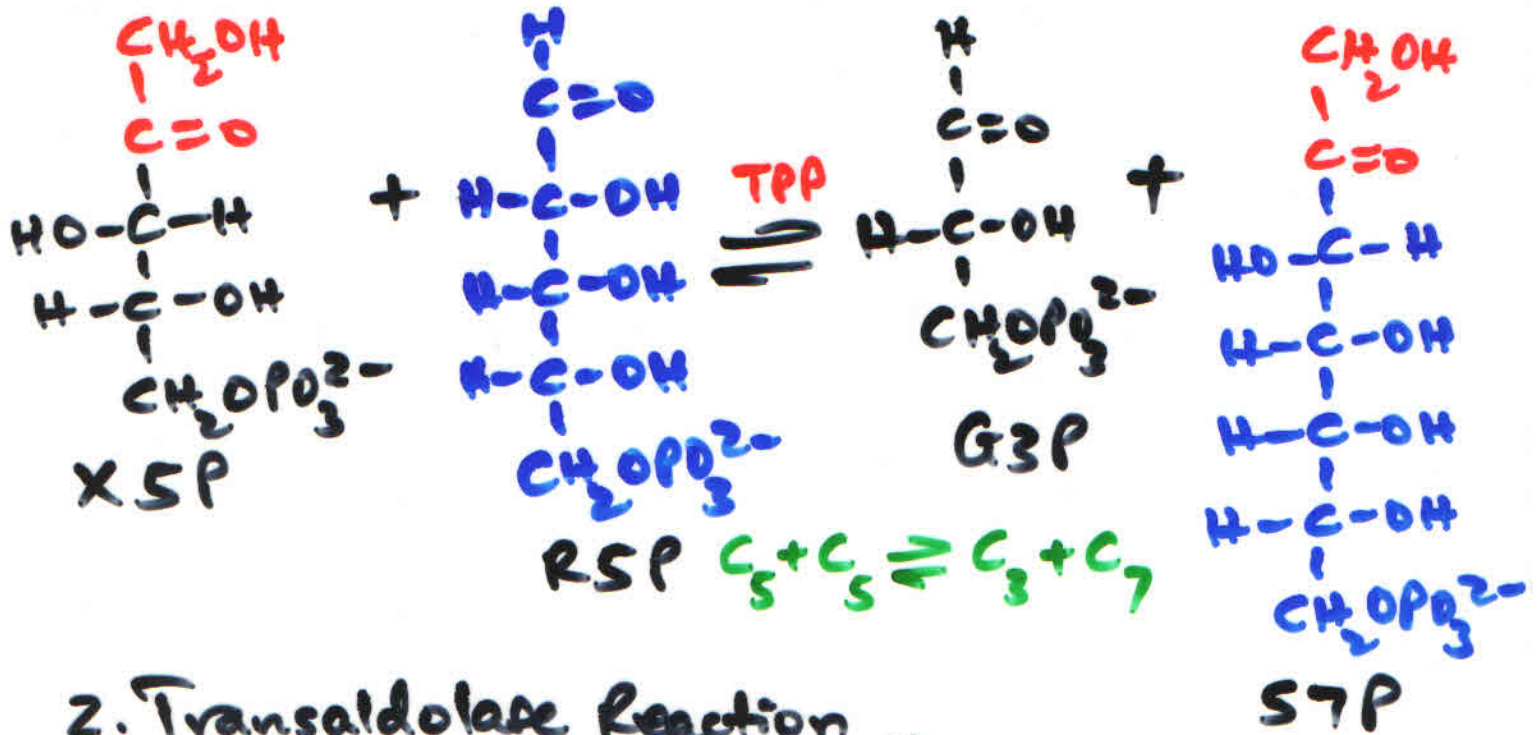
3-Epimerase



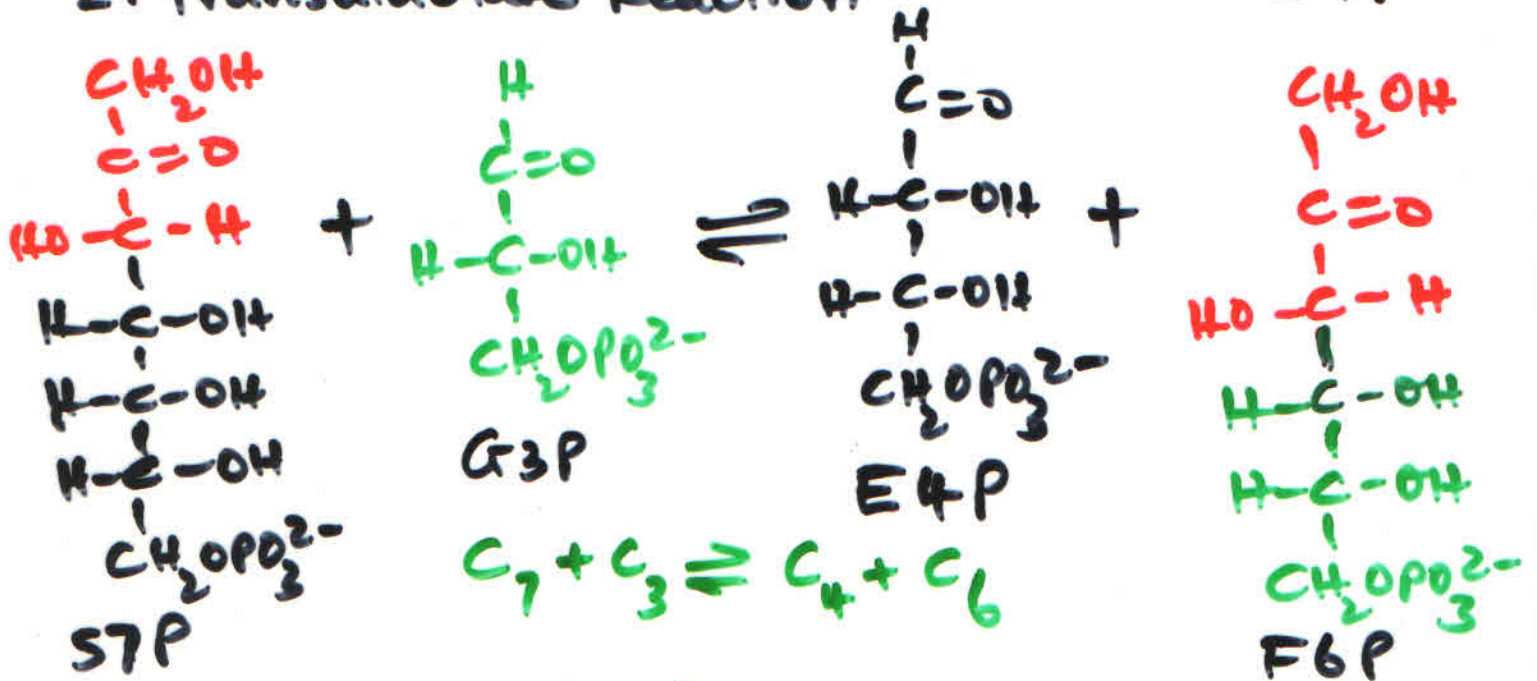
- Transketolase
- Transaldolase

The two enzymes promote the link between PPP and glycolysis.

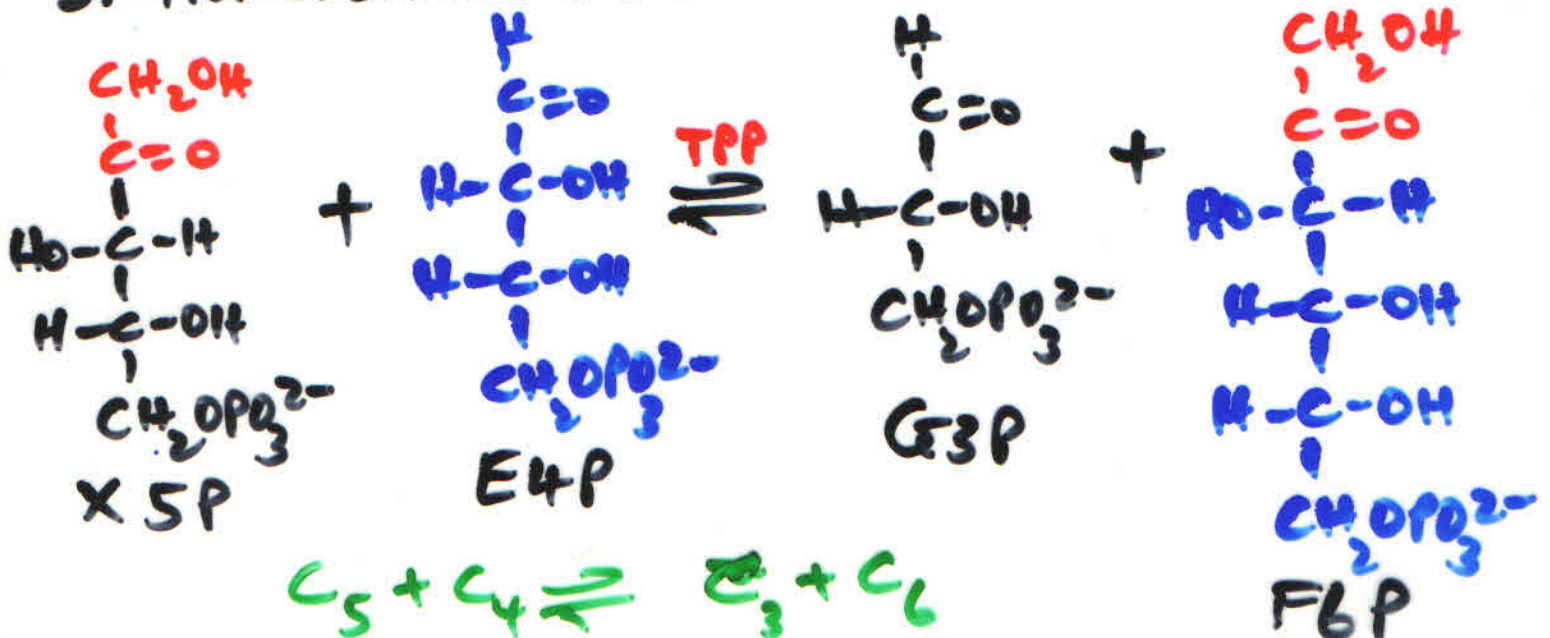
1. Transketolase Reaction



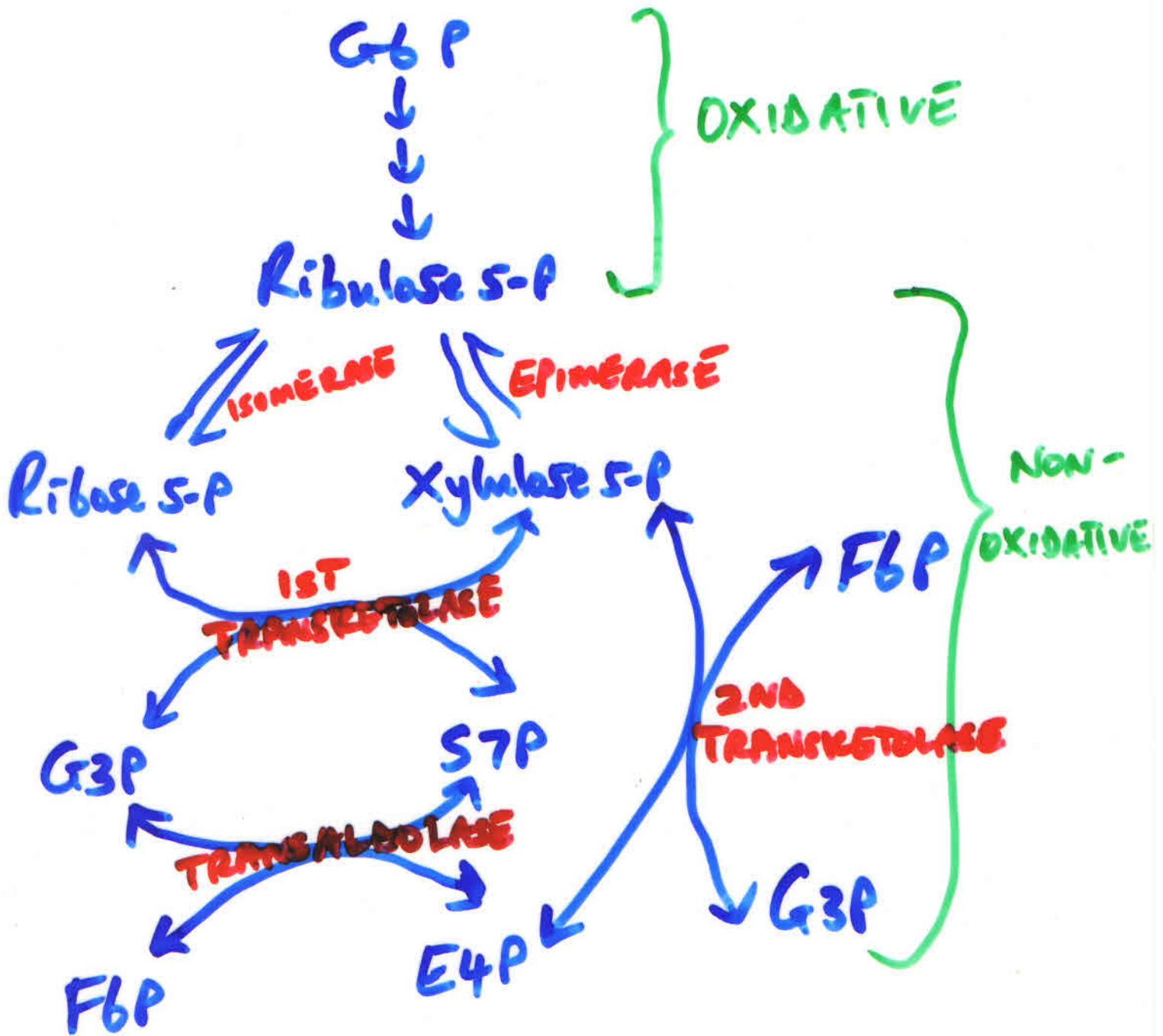
2. Transaldolase Reaction



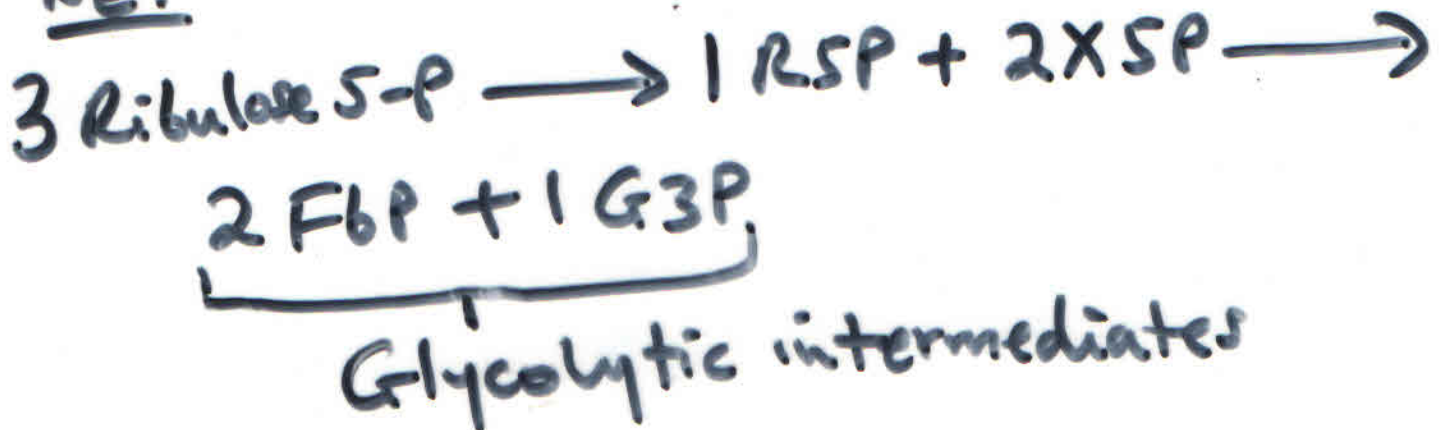
3. Transketolase Reaction



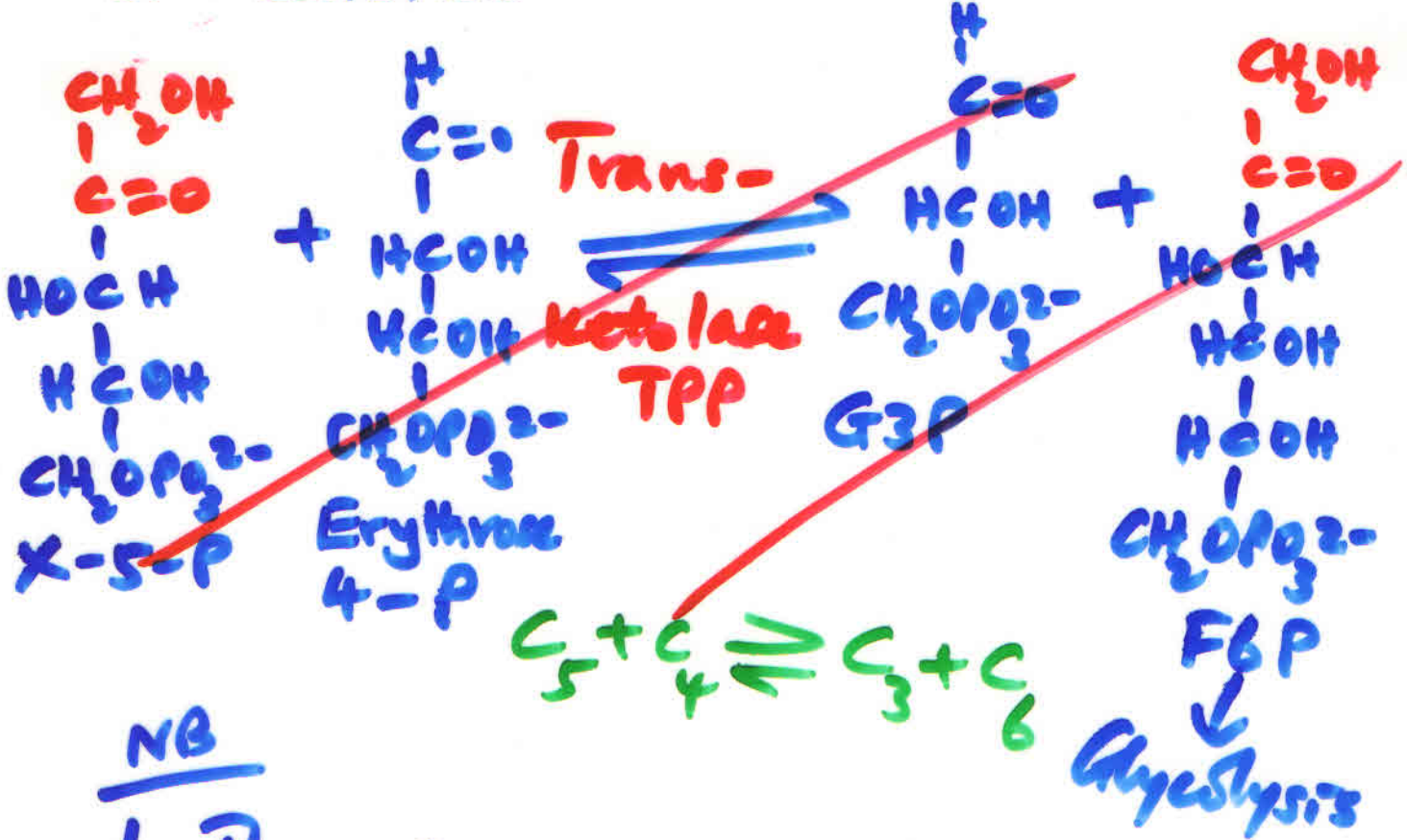
PPP = SUMMARY



NET

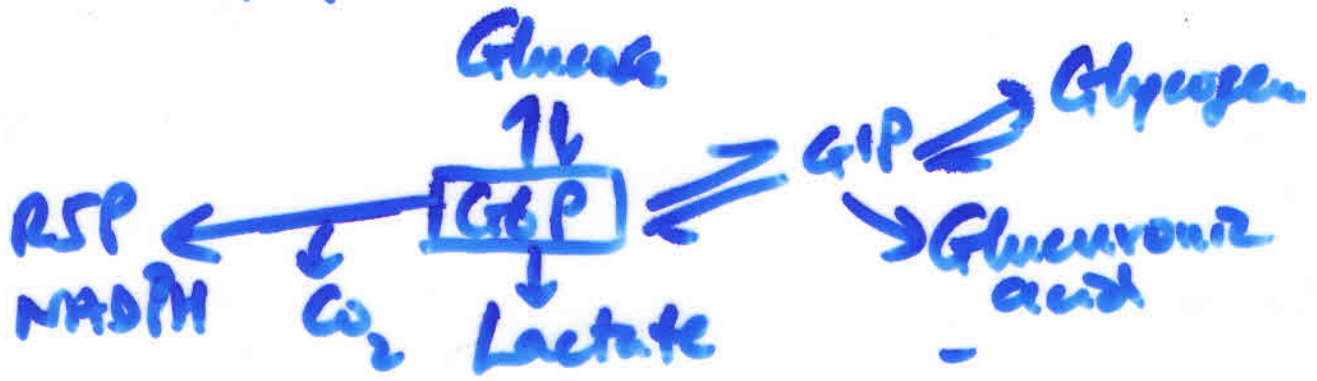


3RD REACTION



NB

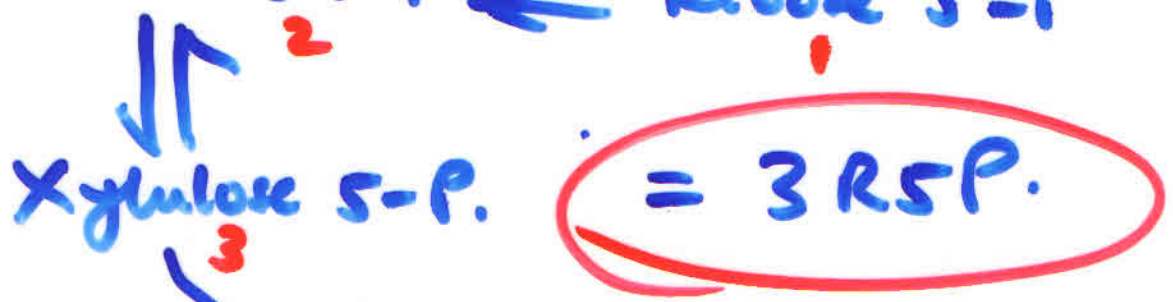
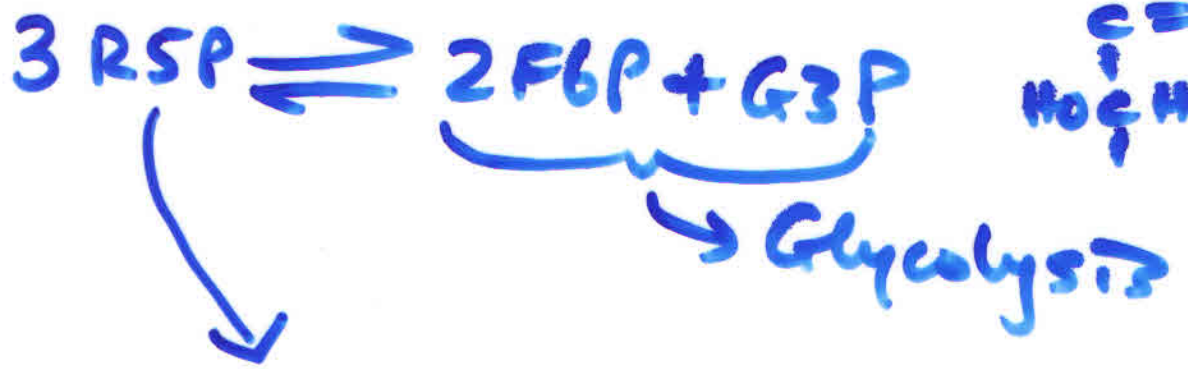
1. The rate of the oxidative phase is controlled by the level of NADP⁺. The [NADP⁺]/[NADPH] is low.
2. The rate of the non-oxidative phase is controlled by the availability of substrates and the need for NADPH, R5P and ATP.



The 2 enzymes create a reversible link.

Transketolase - transfers 2 carbon unit

Transaldolase - 3 carbon unit



3 reversible steps;
2 by Transketolase
1 by Transaldolase

Transketolase

- Has TPP as the prosthetic group.
 - It is a transient carrier of aldehyde group.
- $$\begin{array}{c} \text{CH}_2\text{OH} \\ | \\ \text{C}=\text{O} \\ | \end{array}$$

- The aldehyde group is transferred from a ketose to an aldose (acceptor).
- The enzyme may be defective in its binding ability to TPP causing a neuropsychiatric disorder known as Wernicke-Korsakoff Syndrome. Genetic or lack of Thiamine (B₁). Alcoholics tend to display such a syndrome.

Human RBC

PPP is very active. The NADPH yielded stops unsaturated FAs in the cell membrane from undergoing abnormal reactions with O₂ and to keep Iron atoms of Hb in their normal Fe²⁺ valence state.

Genetic disease - G.6P-DH defective.

- RBC tend to undergo hemolysis - loss of Hb → anemia.
- * - Give some of the antimalarials - anemia worsened. e.g. Primaquine

Black urine

Jaundice

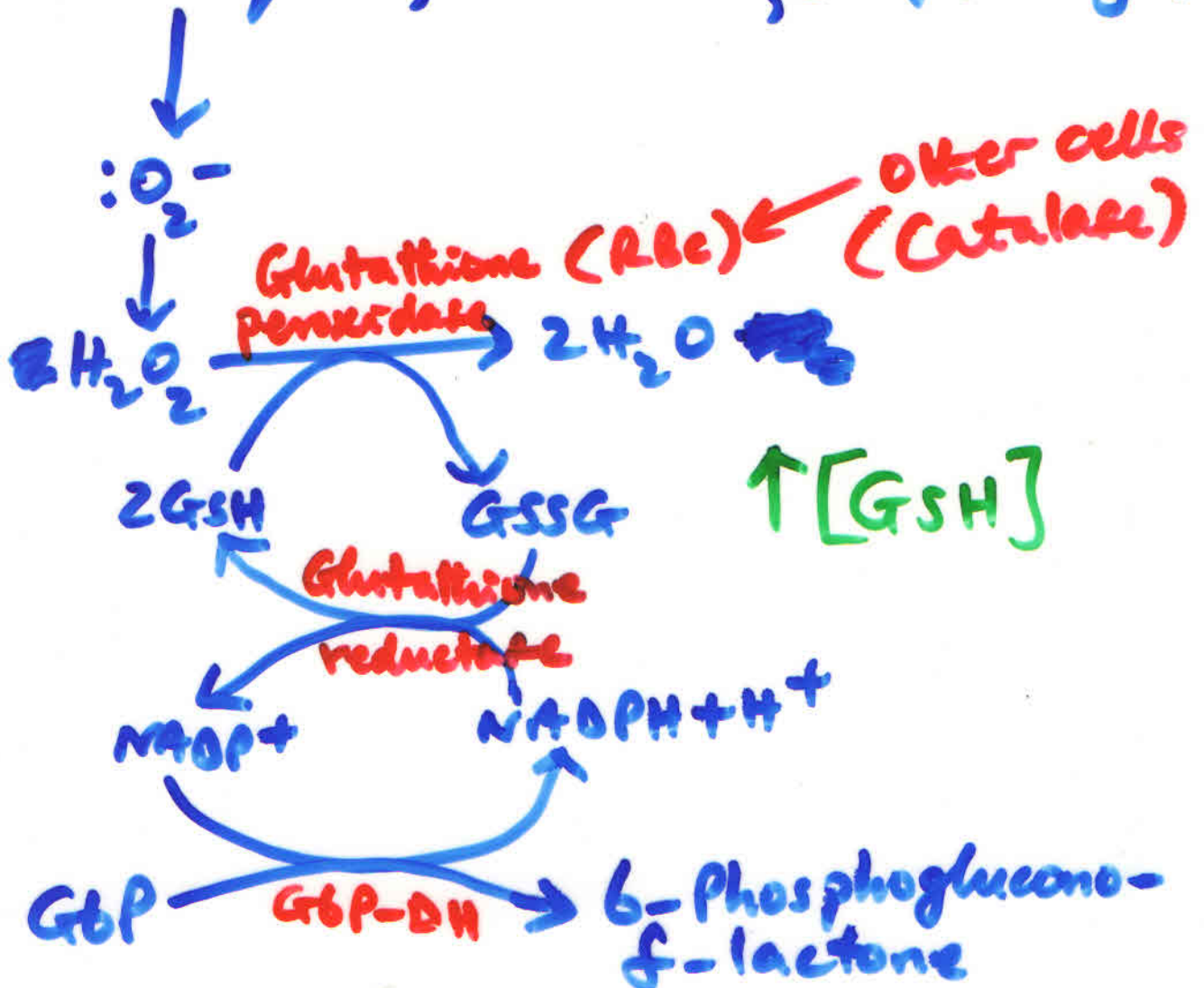
⇒ Death

Hb content drop

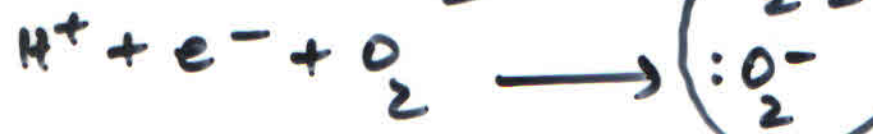
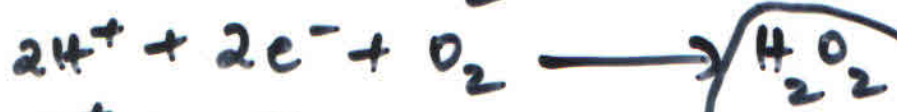
↓ [NADPH]

1. Detoxification of H_2O_2 is inhibited.
2. Cellular damage - lipid peroxidation.
3. Erythrocyte breakdown.
4. Protein and DNA oxidation.

Primaquine, Herbicides, Sulfa drugs:

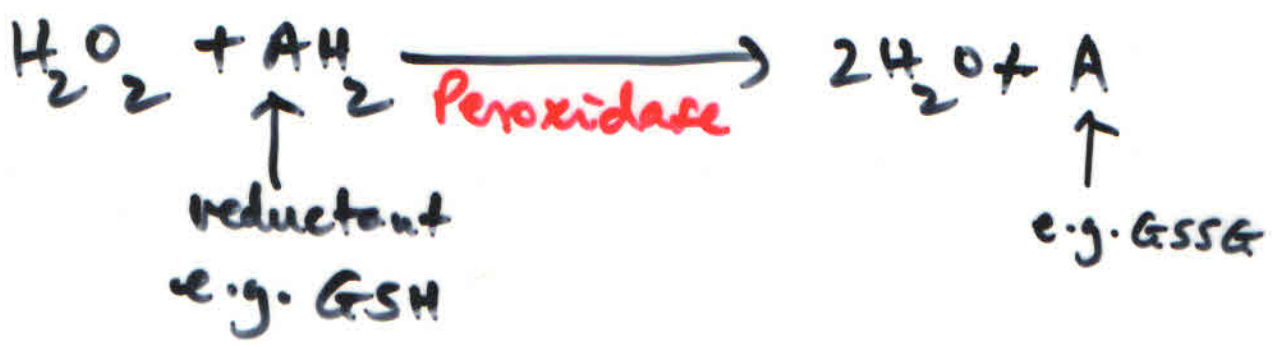
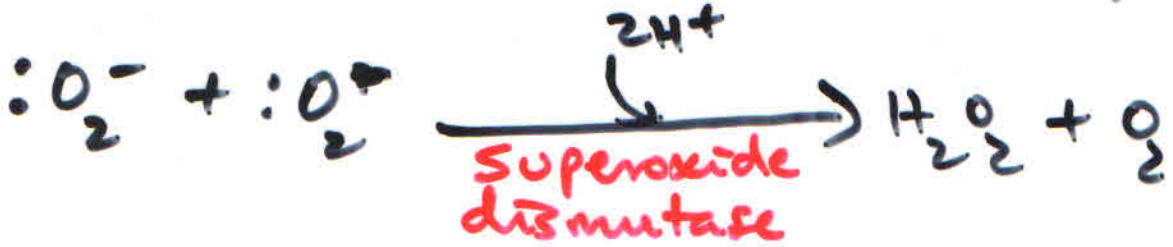
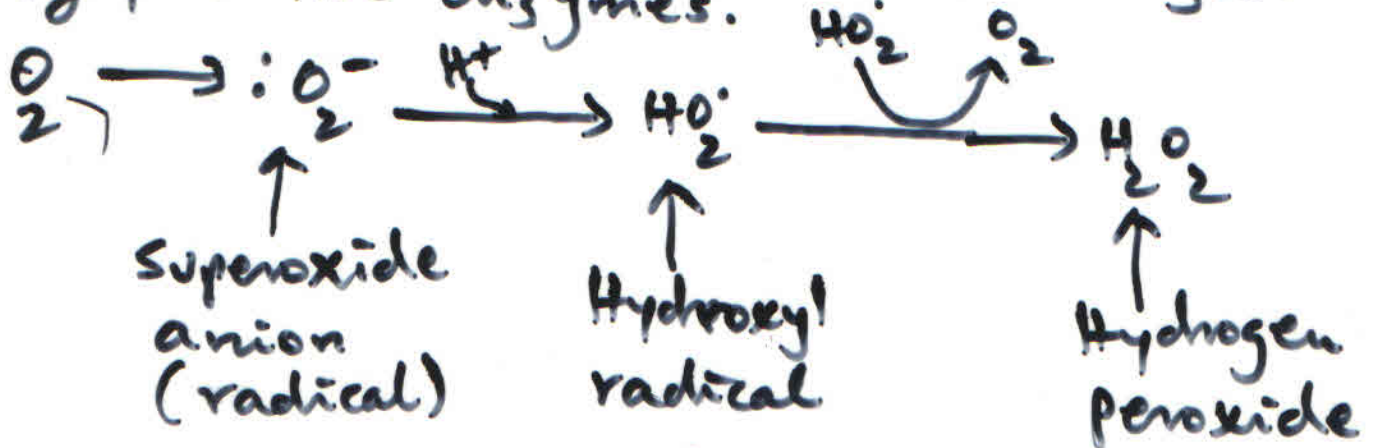


Incomplete reduction of O_2 causes cell injury;



They attack unsaturated fatty acid components of membrane lipids.

Toxic derivatives of O_2 are scavenged by protective enzymes.



Role of NADPH?



The free sulfhydryl (-SH) group of GSH maintain the cysteine residues of Hb and other red-cell proteins in the reduced state.

- GSH also used in detoxification.

Occurrence.

11% of Blacks have G6P-ADH deficiency. Majority have Sickle-cell trait and have reduced GSH.

Advantage - Malaria parasites are unable to survive - so they do not suffer malaria = NYAUA.

GLUCONEOGENESIS

= "formation of new sugar"

It is the synthesis of glucose from non-CHO precursors. An important pathway particularly in BRAIN and RED BLOOD CELL.

It takes place during 1) Starvation

2) Fasting

3) After intense muscle activity

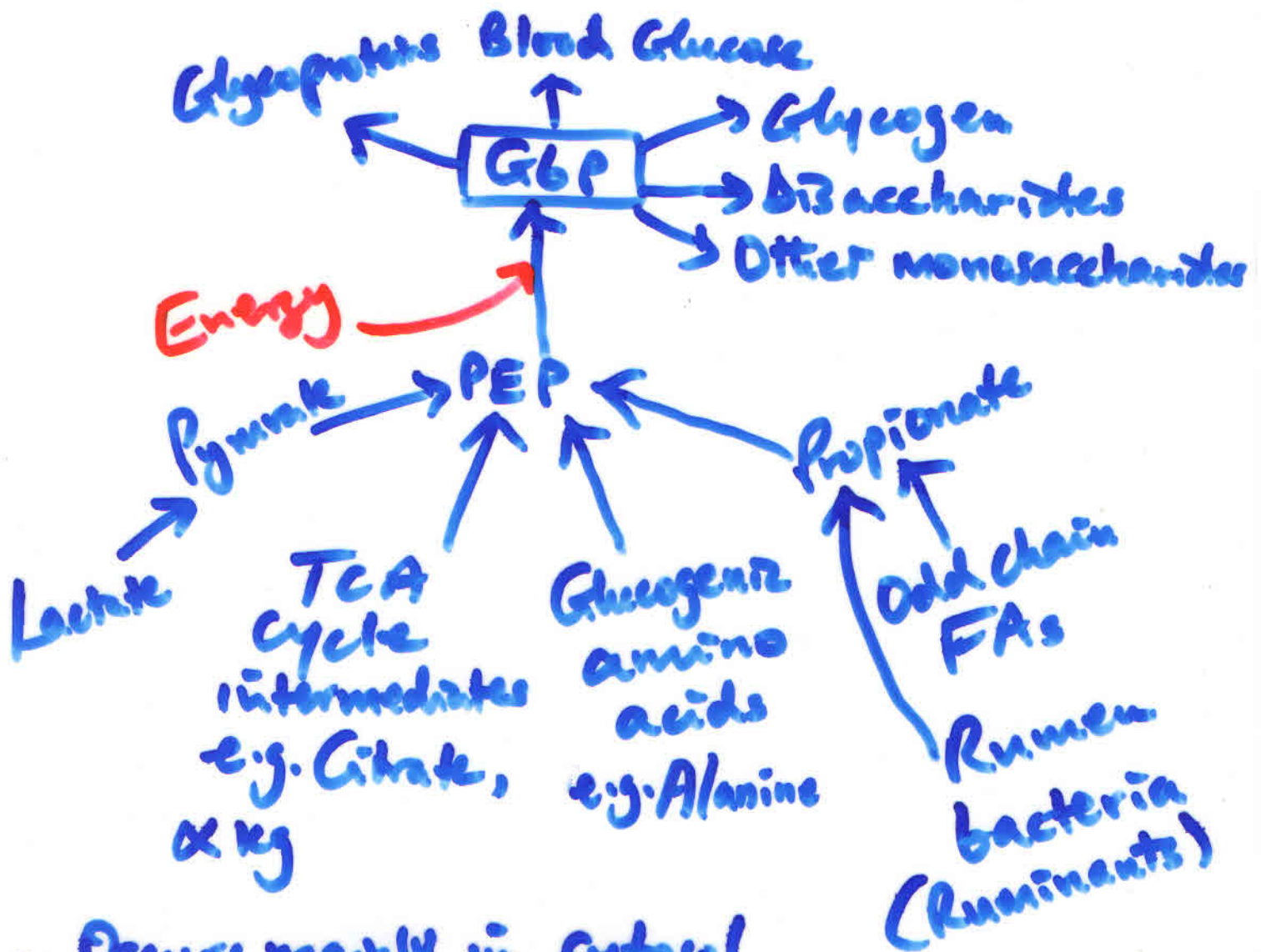
SITE

1) Liver

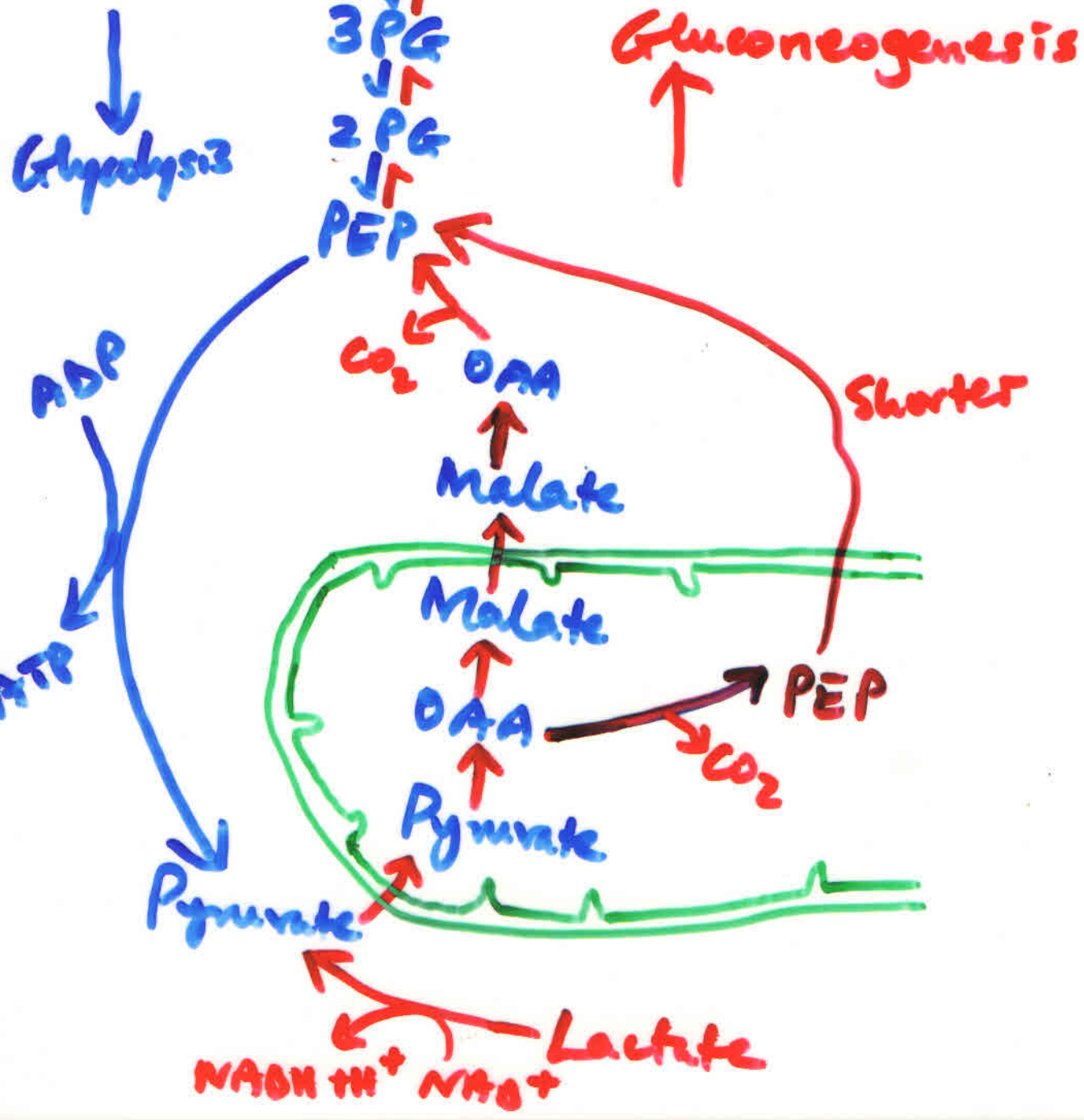
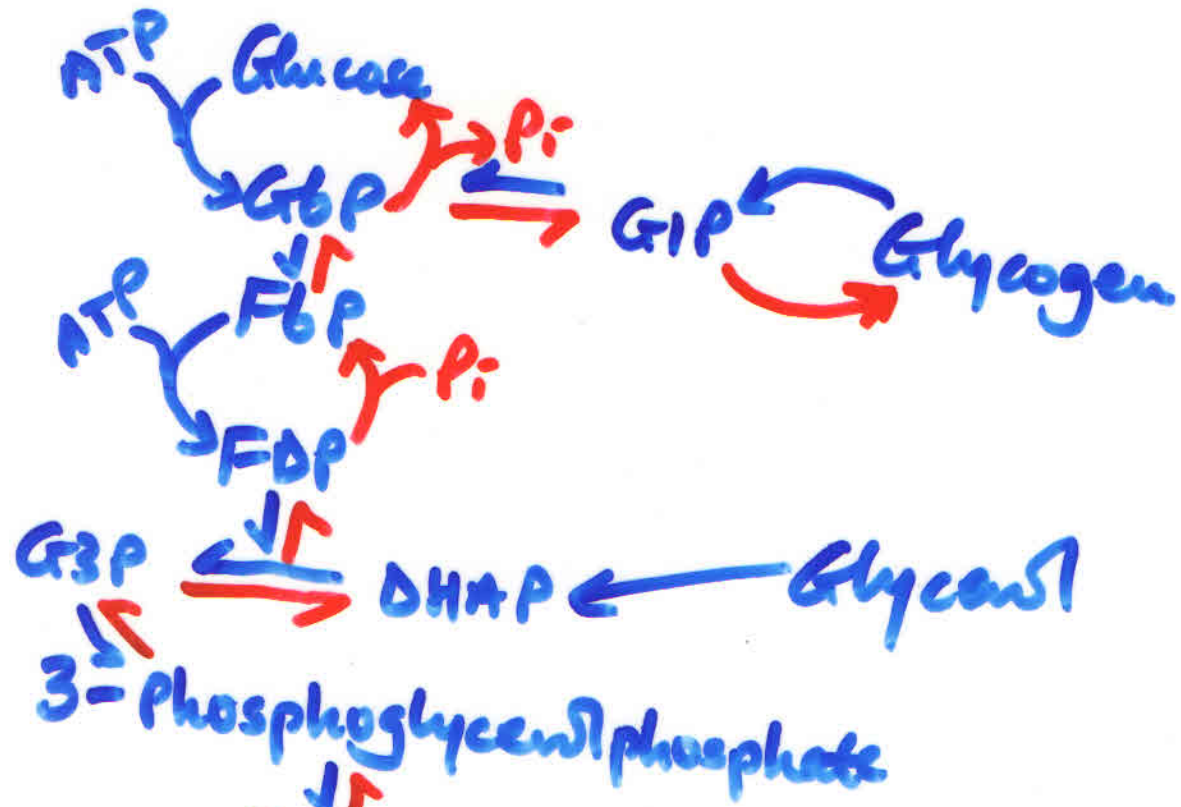
2) Kidney cortex

* 3) Very little in brain, skeletal muscle and heart muscle.

THE LIVER AND KIDNEY HELP TO MAINTAIN THE GLUCOSE LEVEL IN BLOOD SO THAT BRAIN AND MUSCLE CAN USE IT.



- Occurs mainly in cytosol and few reactions in matrix (mit.)



Enzymatic differences between glycolysis and gluconeogenesis

Glycolysis

- 1. Hexokinase
- 2. PFK
- 3. PK

Gluconeogenesis

- 1. Glucose 6-phosphatase (G6Pase)
- 2. FDPase
- 3. Pyruvate Carboxylase
MDH (x2)
PEP-CK

∴ Gluconeogenesis is not a reversal of glycolysis. Glycolysis has 3 irreversible reactions which must be bypassed in gluconeogenesis

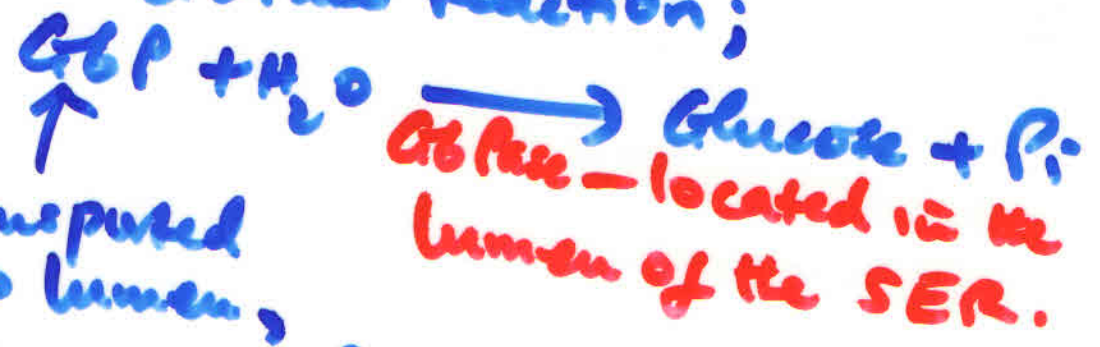
1) The PK reaction is bypassed by 4 enzymatic steps in gluconeogenesis.



2) The PFK reaction is bypassed by the FDPase reaction;



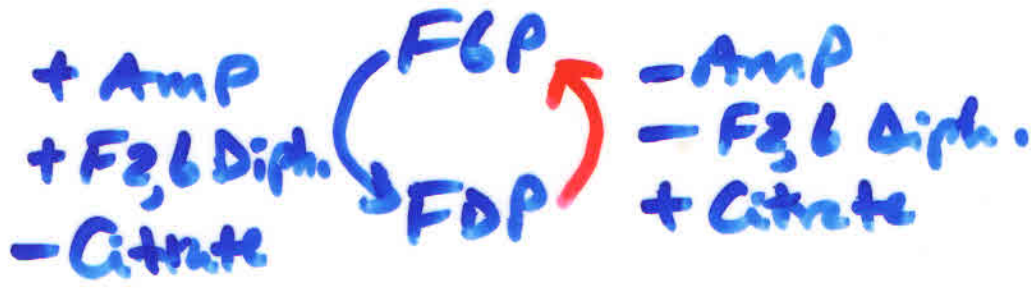
3) The Hexokinase reaction is bypassed by the G6Pase reaction;



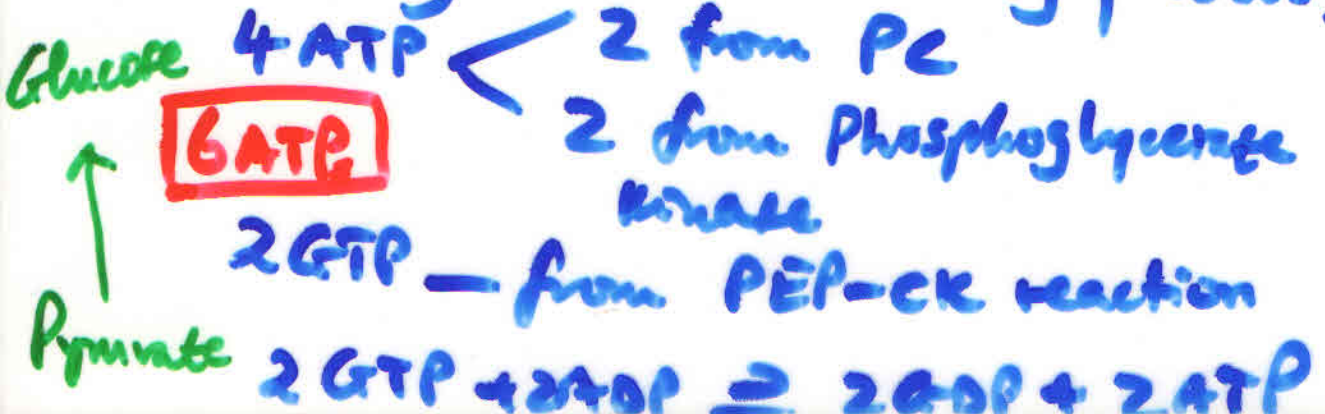
transported into lumen, Glucose and P_i leave lumen into cytosol.

G6Pase - located in the lumen of the SER.

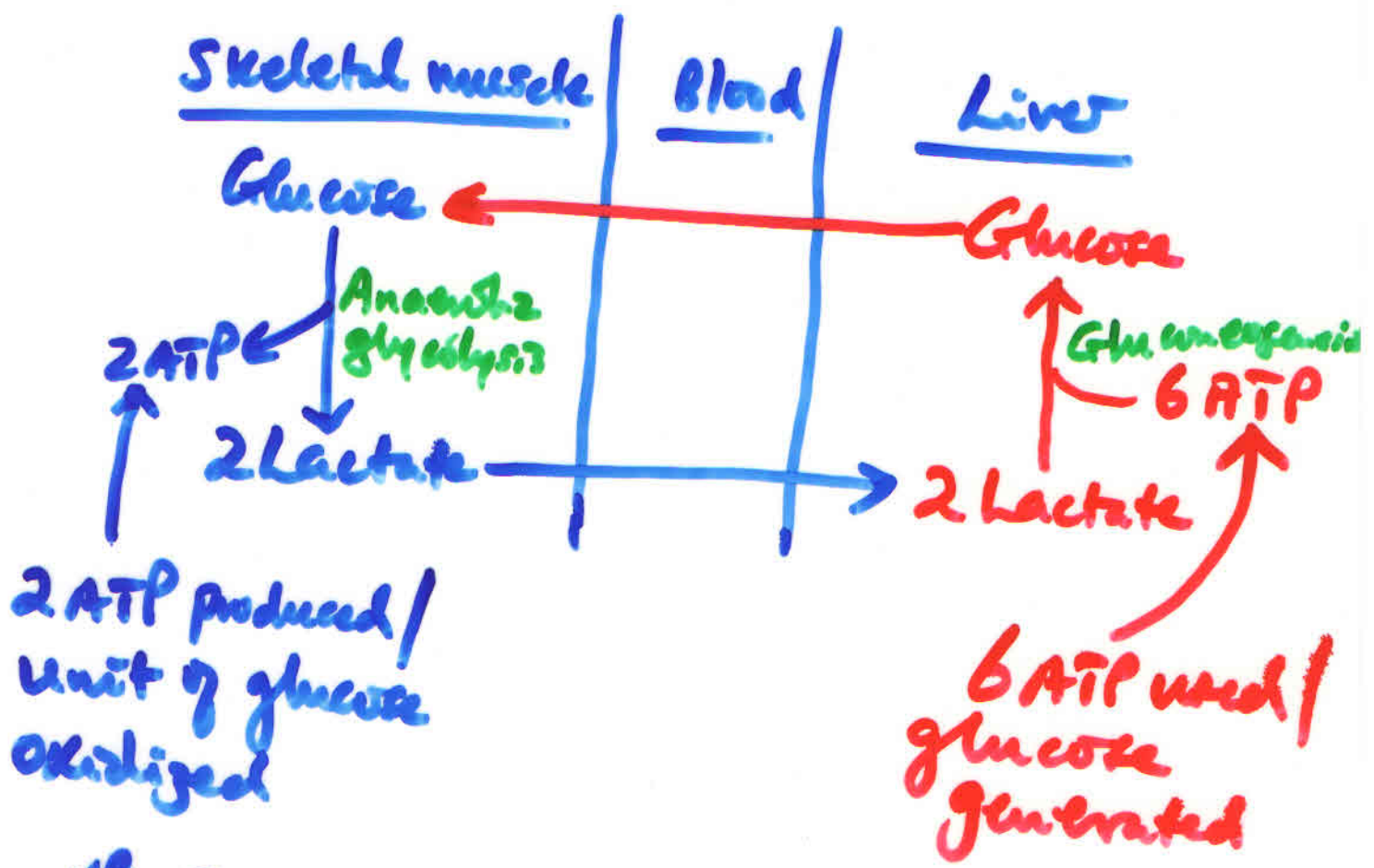
* Gluconeogenesis and glycolysis are reciprocally regulated; e.g. PFK Vs FDPase



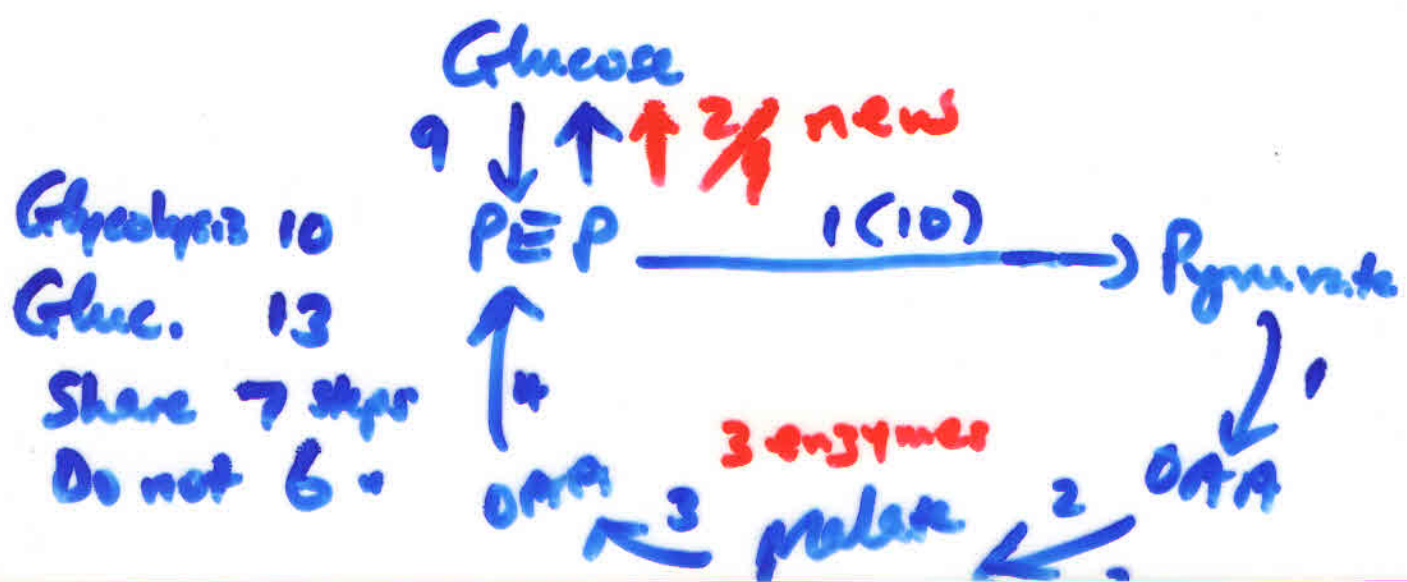
Gluconeogenesis is a costly process;



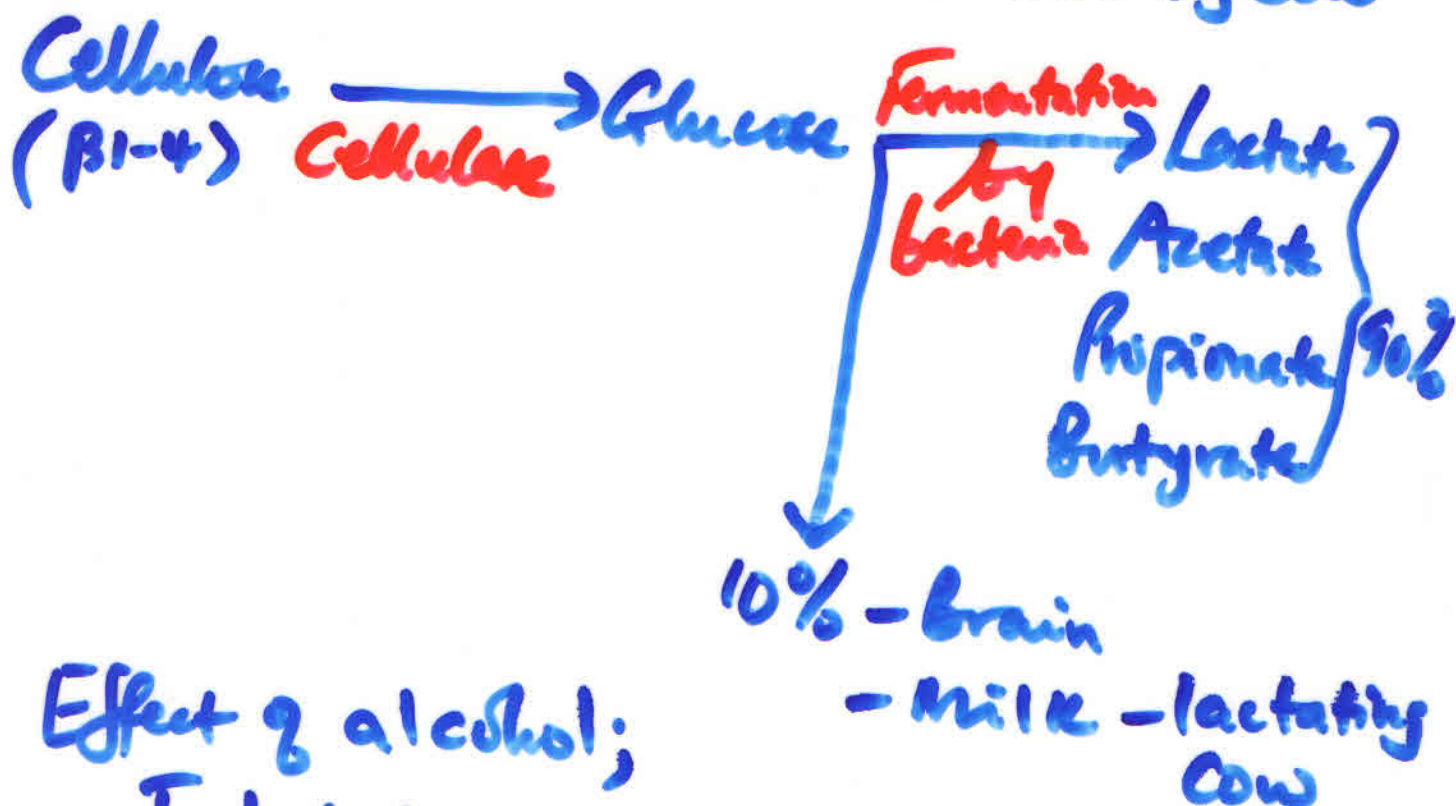
THE CORI CYCLE



NB The pyruvate is reduced to lactate to regenerate NAD^+ for glycolysis. Formation of lactate buys time so that the metabolic burden is shifted from muscle to liver.

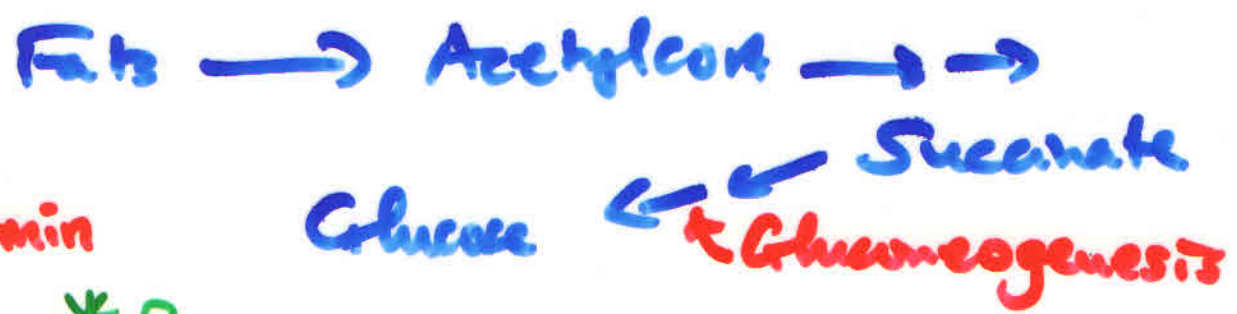


Glucconeogenesis - active in 100
ruminants eg Cow



Effect of alcohol;
Inhibits glucconeogenesis
causing hypoglycemia.

Glucconeogenesis is active in germinating seeds - converts fats and proteins to Glucose.



Metformin

* Recall: Glyoxylate cycle

* Active (X3) in Diabetes Type II.

↓ PEP-CK / G6Pase ↑ Glucose uptake ↑ FA oxidation