# Metabolic functions of liver (not in seminar book)

# Catabolism of hem (Chapter 15)

# Biotransformations of xenobiotics (not in seminar book)

Seminar No. 6

- Chapter 15 (partly) -

### **Glucose metabolism in liver**

- well-fed state (insulin): glycogenesis, glycolysis
- fasting (glucagon): glycogenolysis, gluconeogenesis
- other pathways:

pentose cycle (ribose, other pentoses, NADPH)

the isomeration of glucose to galactose

the conversion of fructose and galactose to glucose

synth. of derivatives: glucuronic acid, glucosamine .....

# Aminoacid metabolism in liver

- synthesis of most plasma proteins
- up-take and degradation of plasma proteins + peptide hormons
- catabolism of AA

(transamination - ALT, deamination - GMD)

- synthesis of non-essential AA
- detoxication of ammonia (urea, glutamine)

# Lipid metabolism in liver

- synthesis of FA and TAG
- synthesis of phospholipids
- synthesis of lipoproteins (VLDL, HDL)
- degradation of TAG/PL CM remnants, IDL, LDL, HDL<sub>2</sub>
  (hepatic lipase, lysosome)
- $\beta$ -oxidation of FA
- synthesis of KB for export only succinyl-CoA:acetoacetate-CoA transferase (for activation of acetoacetate) is not in liver

# **Cholesterol metabolism in liver**

- synthesis of cholesterol
- excretion of cholesterol into bile
- synthesis of bile acids
- conjugation of bile acids
- excretion of bile acids into bile

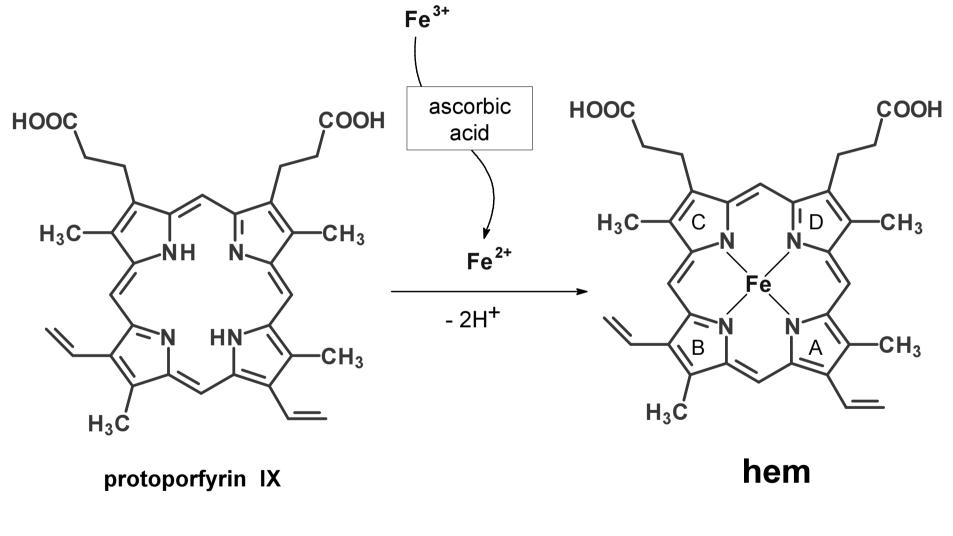
# The localization of metabolic processes (see also p. 56)

Periportal hepatocytes	Perivenous hepatocytes
β-oxidation of FA	glycolysis
CAC	FA/TAG synthesis
gluconeogenesis	Gln synthesis (NH <sub>3</sub> detox.)
glycogen synthesis	
transamination of AA	<b>Biotransformation reactions</b> :
urea synthesis	hydroxylations (cyt P-450)
cholesterol synthesis	conjugations
ROS elimination	ethanol dehydrogenation

# **Catabolism of hem**

p. 88

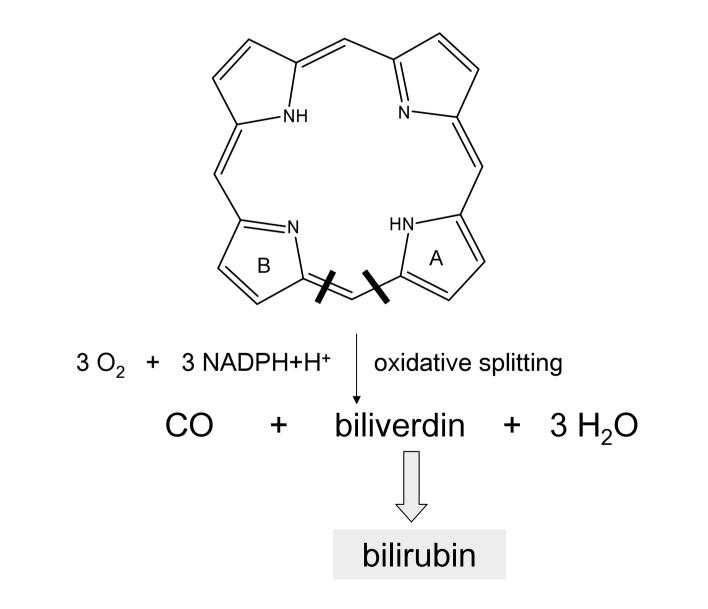
### Hem is a chelate of protoporphyrin IX with Fe<sup>2+</sup>

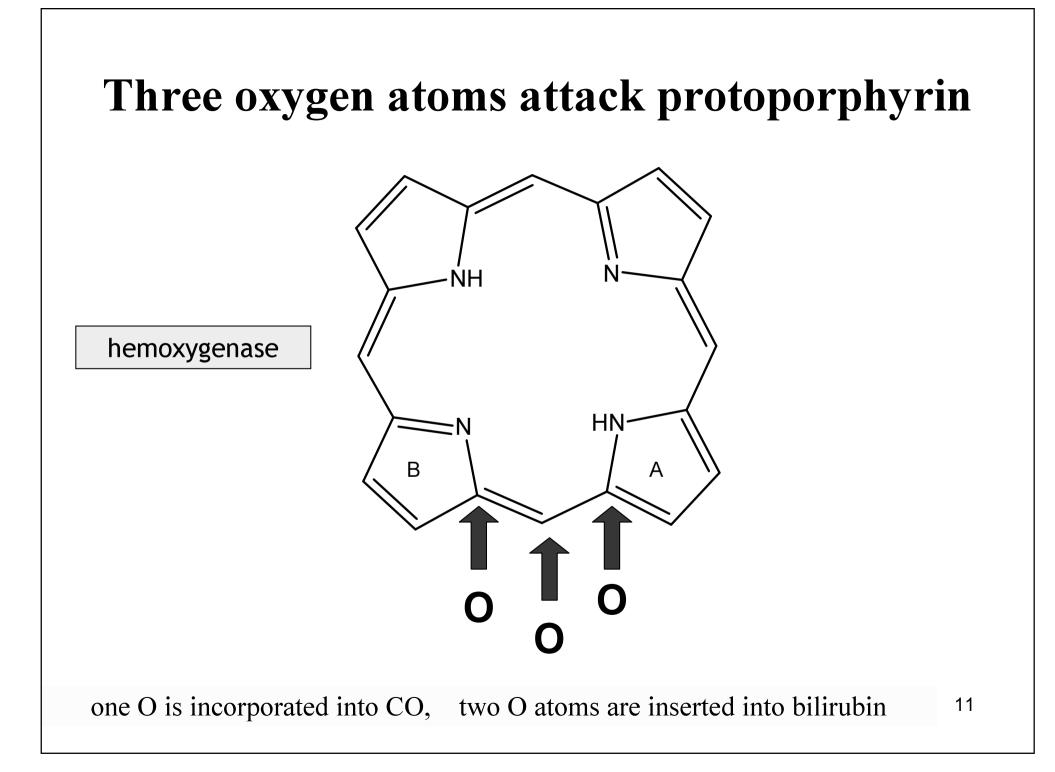


# **Catabolism of hem**

- occurs mainly in spleen, liver, bone marrow
- hemoxygenase (O<sub>2</sub>, NADPH, cytochrome P-450)
- Fe<sup>2+</sup> is released and oxidized to Fe<sup>3+</sup>, bound to ferritin (store)
- -CH= between A/B rings is split off as carbon monoxide (CO)
- two O atoms are attached to the A+B pyrrole rings  $\rightarrow$  biliverdin
- the central -C= bridge between C/D rings in biliverdin is then reduced to -CH<sub>2</sub>- bridge  $\rightarrow$  bilirubin

### Hem degradation provides CO and bilirubin





# Q.

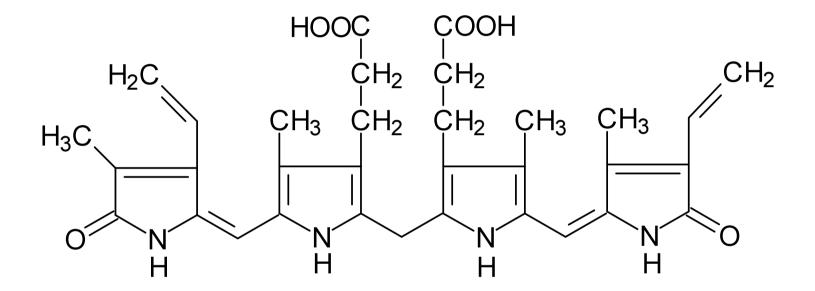
#### What happens with CO in human body?

# **Carbonylhemoglobin (CO-Hb) in blood**

Subject / Situation	CO-Hb (%)*	
Newborns	0.4	
Adults (rural areas)	1-2	Endogenous CO
Adults (big cities)	4-5	
Smokers	10-12	
Traffic policemen	12-15	Exogenous CO
Poisoning	20-50	
Death	55-60	

\* Percentage of total hemoglobin

### **Text-book structure of bilirubin**



bilirubin has eight polar groups:

2 -COOH 2 C=O 4 -NH-

despite it bilirubine is **non-polar compound** 

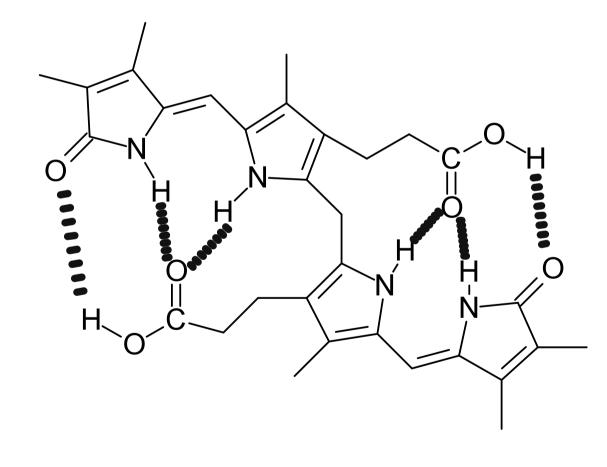
# Q.

#### Why is bilirubin non-polar compound?

# **Properties of bilirubin**

- linear tetrapyrrol system
- free rotation around central  $-CH_2$  is possible
- non-linear conformation arises, stabilized by six intramolecular H-bonds
- all polar groups are involved in H-bonds
- consequence: free bilirubin is non-polar, insoluble in water, in plasma **bound to albumin**

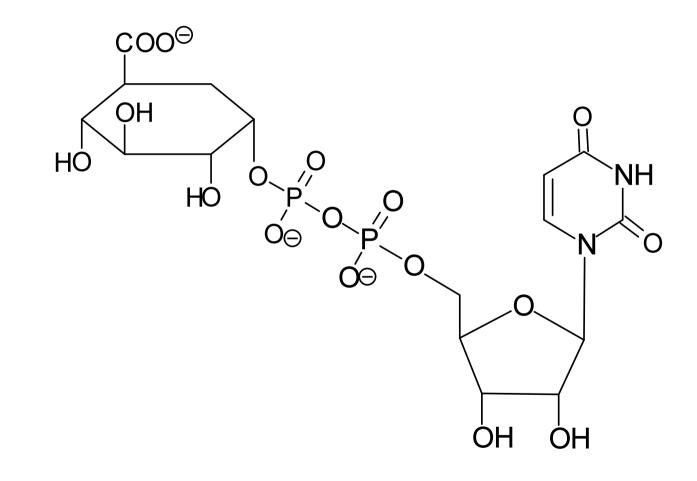
# Real structure of bilirubin with six intramolecular H-bonds



# **Q**.

#### What is UDP-GlcA?

### Uridine diphoshoglucuronic acid



# **Conjugation of bilirubin in liver**

- bilirubin reacts with two molecules of **UDP-glucuronate**
- two highly polar molecules of glucuronate are attached to bilirubin with glycosidic ester bond  $\rightarrow$  bilirubin bisglucuronide
- conjugated bilirubin is soluble in water (bile, plasma, urine)
- conj. bilirubin is excreted with bile into intestine, where it is deconjugated and hydrogenated by microflora → urobilinogens, they are partially absorbed by v. portae and taken up by liver

# Laboratory findings in three types of hyperbilirubinemia

Hyperbilirubinemia	Blood	Urine	
Hemolytic	↑↑ unconjug.	_	
Hepatic	↑↑ both types	↑ conjug.	
Obstruction	↑↑ conjug.	↑ conjug.	
Normal concentr	<u>ı blood</u>		
total bilirubine:	5-20 µmol/l		
unconjugated up t	to: 12 μmol/l		
conjugated up to:	5 µmol/l		21

# **Biotransformation of xenobiotics**

Greek word ξένος [xenos] means stranger

- Xenobiotics do not normally occur in human body
- Chemical industry produces synthetic compounds which do not occur in nature (plastics, pesticides, pigments, food additives) and various pollutans (as side products)
- **Pharmaceutical industry** produces drugs (medications) of synthetic origine or isolated from plants/animals/fungi/bacteria

# **Biotransformation of xenobiotics in cells**

- two phases of biotransformations
- xenobiotics becomes more polar
- they are easily excreted from body (urine, bile stool)

If not biotransformed very hydrophobic xenobiotics would persist indefinitely in body fat !!!

# I. Phase of biotransformation

Reaction	Xenobiotic (example)	
Hydroxylation	aromatic hydrocarbons	
Sulfooxidation	disulfides (R-S-R)	
Dehydrogenation	alcohols	
Reduction	nitro compounds (R-NO <sub>2</sub> )	
Hydrolysis	esters	

Reactions occur mainly in ER, some in cytosol

# **Enzymes of I. phase are rather non-specific**

- great advantage for human body !!
- monooxygenases (cytochrome P-450)
- flavine monooxygenases
- peroxidases
- hydrolases
- alcoholdehydrogenases and other ...

# Cytochrome P-450 (CYP)

- the group of **hem** enzymes (cca 150 isoforms)
- many of them are inducible
- occur in most tissues (except of muscles and RBC)
- mainly in liver

<u>Abbreviation</u>: P = pigment, 450 = wave lenght (nm), at which these

enzymes exhibit intensive absorption after binding CO

# **Mechanism of cytochrome reaction**

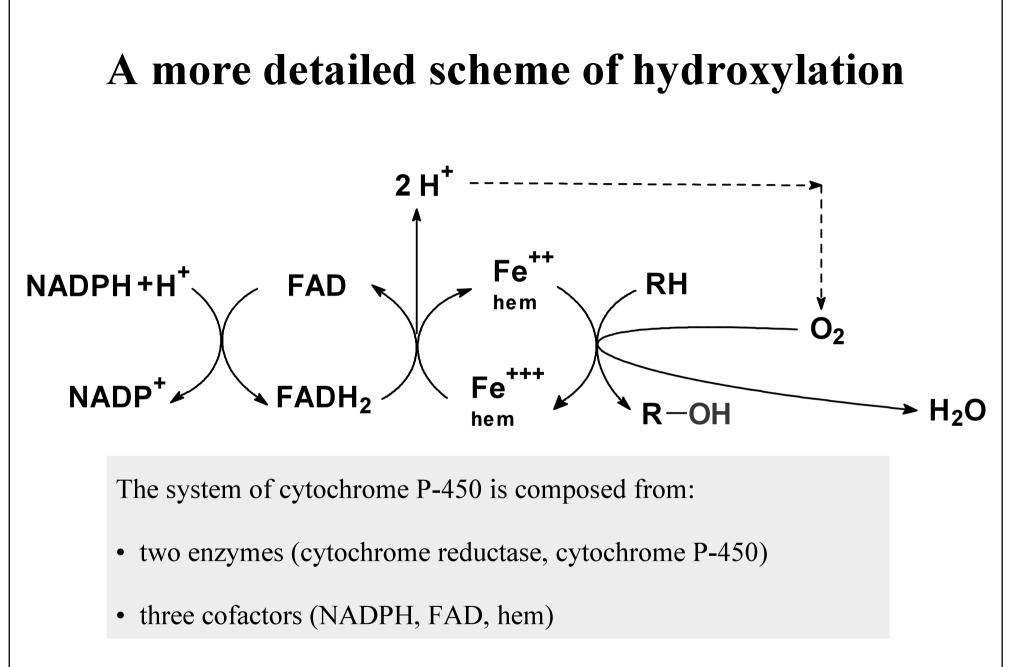
- CYP catalyzes **hydroxylation** ( $R-H \rightarrow R-OH$ )
- substrate reacts with O<sub>2</sub>
- <u>mono</u>oxygenase = from  $O_2$  one atom O is inserted into

substrate (between carbon and hydrogen atom)

- the second O atom makes  $H_2O$ , 2H come from NADPH+H<sup>+</sup>
- dioxygen is reduced to -OH group and water

### **General scheme of hydroxylation**

#### $R-H + O_2 + NADPH + H^+ \rightarrow R-OH + H_2O + NADP^+$

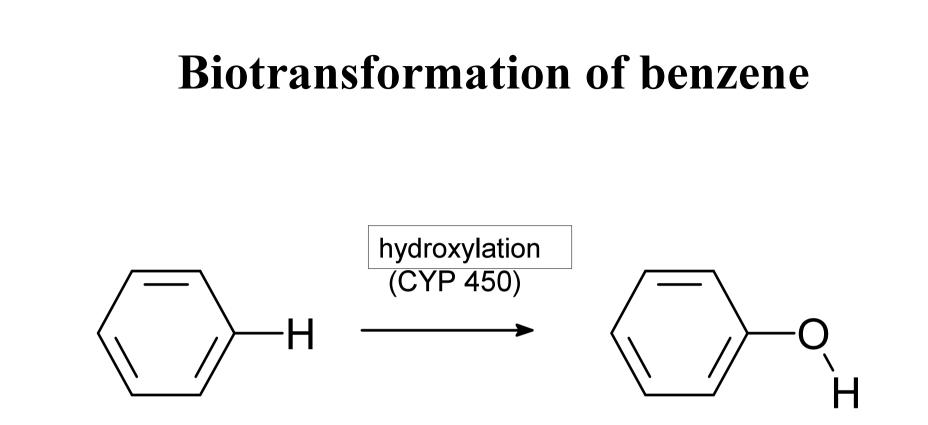


### Main isoforms of cytochrom P-450

СҮР	Substrate	Inducer	Inhibitor
CYP1A2	theophylline	cigarette smoke	erythromycine
CYP2A6	methoxyflurane	phenobarbital	methoxsalem
CYP2C9	ibuprofen	phenobarbital	sulfaphenazole
CYP2C19	omeprazole	phenobarbital	teniposide
CYP2D6	codeine	rifampicine	quinidine
CYP2E1	halothane	alcohol	disulfiram
CYP3A4	diazepam*	phenobarbital	grapefruit
the most abund	ant * and cca	120 other medicaments	
isoform			30

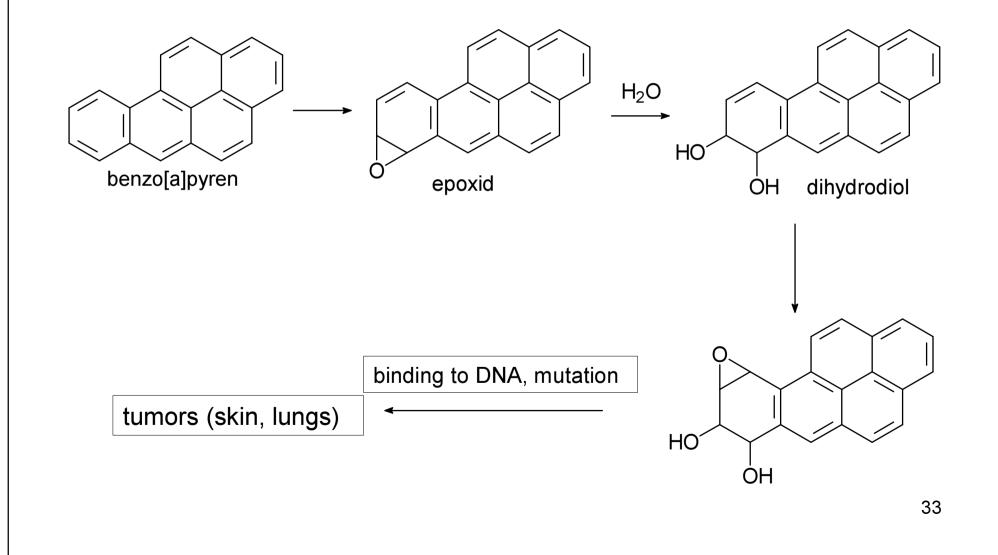
# **Induction and inhibiton of CYP 450**

- some xenobiotics trigger <u>induction of CYP synthesis</u> ⇒ metabolic capacity of CYP increases
- if concurrently aplied inducer + medicament metabolized with the same CYP isoform ⇒ remedy is catabolized faster ⇒ is <u>less effective</u>
- some xenobiotics are **<u>inhibitors of CYP</u>**
- if concurrently aplied inhibitor + medicament metabolized with the same CYP isoform ⇒ remedy is catabolized more slowly ⇒ higher concentration in blood ⇒ <u>adverse effects/overdosing</u>



Chronic benzene exposition can be proved by the detection of phenol in urine (workers in chemical industry, sniffers)

# Biotransformation of polycyclic aromatic hydrocarbons (PAH)



# **II. Phase of biotransformation**

- conjugation synthetic character
- xenobiotic after I. phase reacts with conjugation reagent
- the product is more polar easily excreated by urine
- conjugation reactions are endergonnic they require energy
- reagent or xenobiotic has to be activated

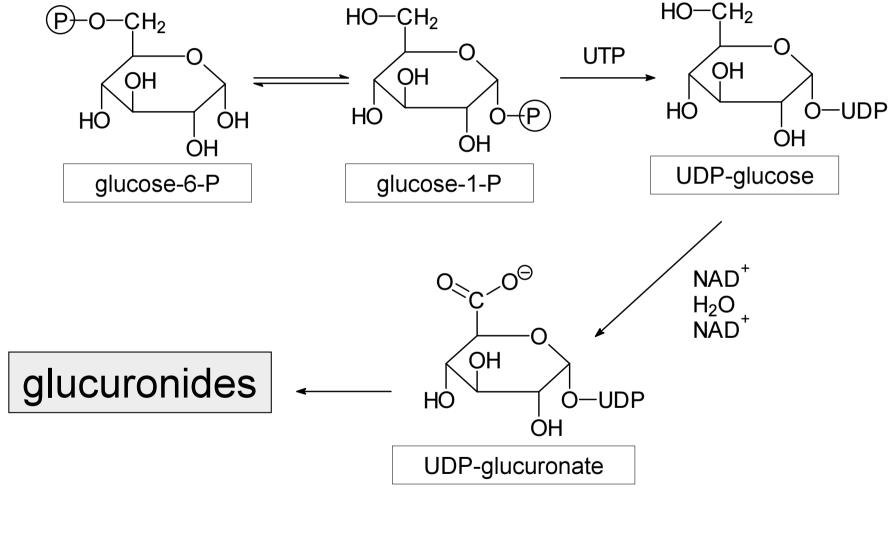
# **Overview of conjugation reactions**

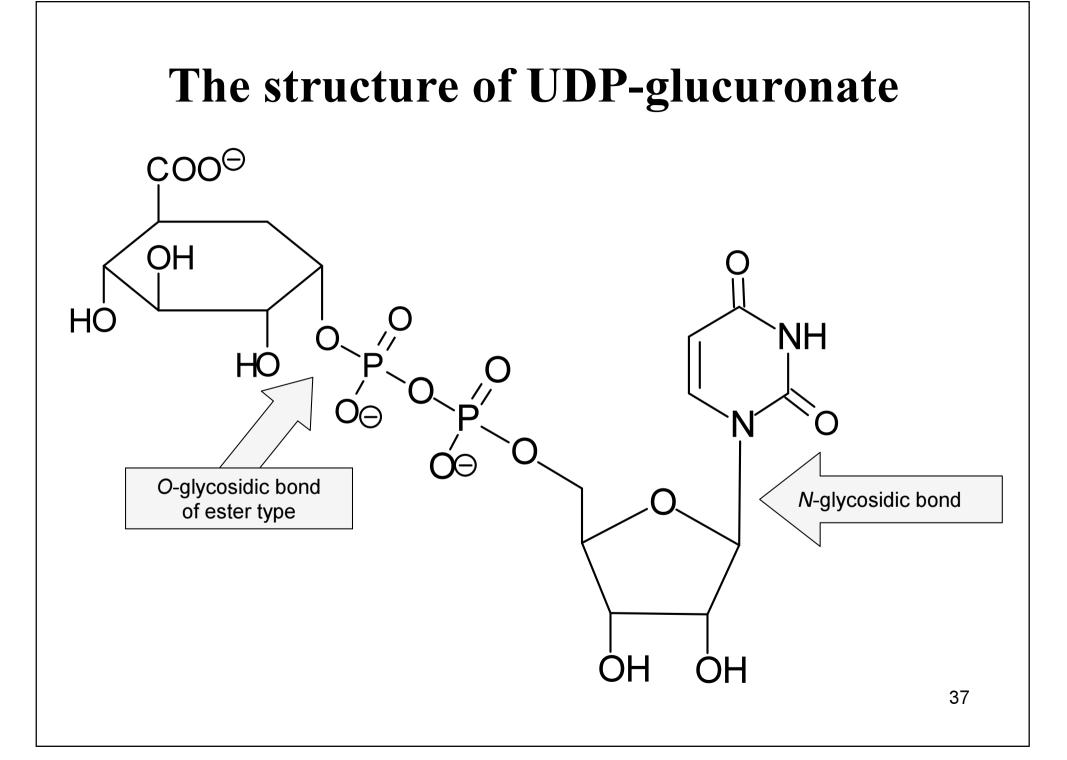
Conjugation	Reagent	Group in xenobiotic
Glucuronidation	UDP-glucuronate	-ОН, -СООН, -NH <sub>2</sub>
Sulfatation	PAPS	-OH, -NH <sub>2</sub> , -SH
Methylation	SAM	-OH, -NH <sub>2</sub>
Acetylation	acetyl-CoA	-OH, -NH <sub>2</sub>
By GSH	glutathione	Ar-halogen
By aminoacid	glycine, taurine	-COOH

GSH = glutathione, PAPS = phosphoadenosine phosphosulfate

SAM = S-adenosyl methionine

# **Biosynthesis of UDP-glucuronate**



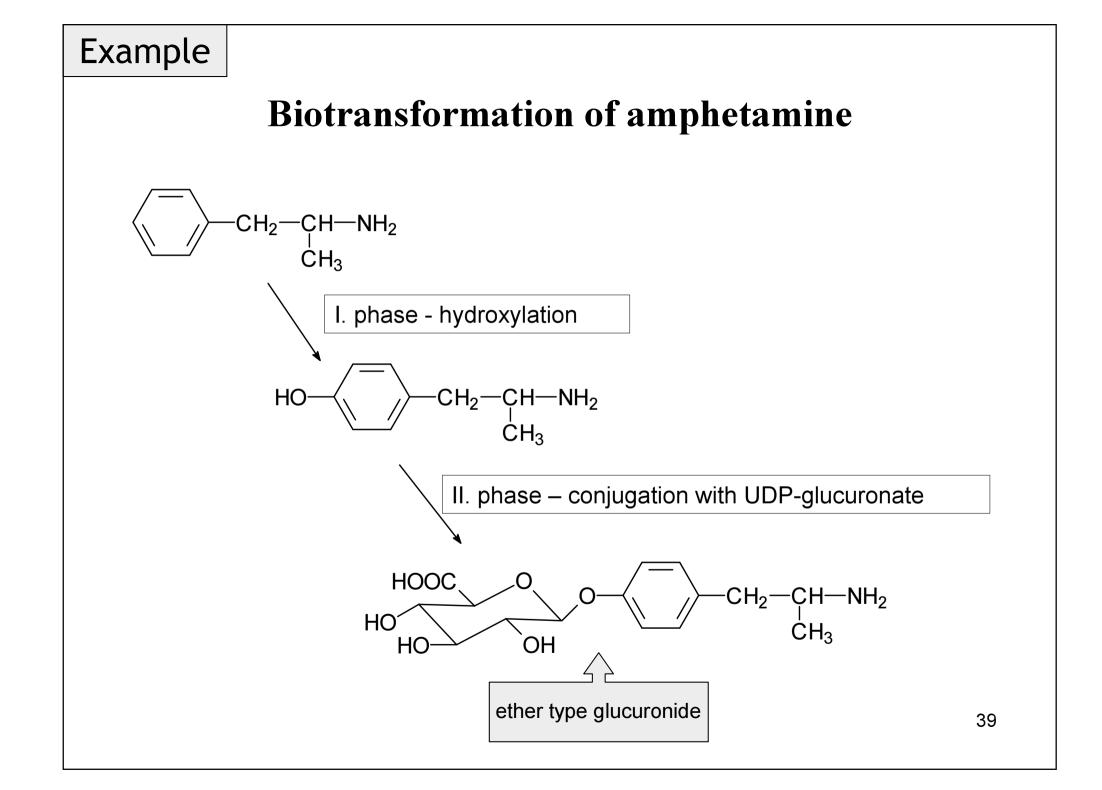


#### Glucuronides are the most abundant conjugates

#### • *O*-glucuronides

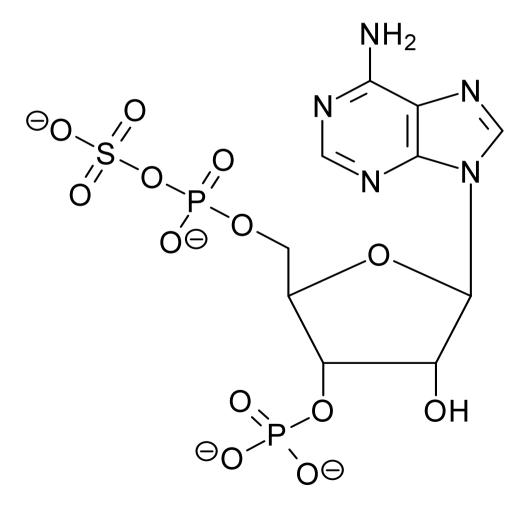
ether type (Ar-O-glucuronide, R-O-glucuronide) ester type (Ar-COO-glucuronide)

- *N*-, *S*-glucuronides
- exogen. substrates: arom. amines, amphetamines, salicylic acid, drugs, flavonoids ...
- endogenous substrates: bilirubin, steroids

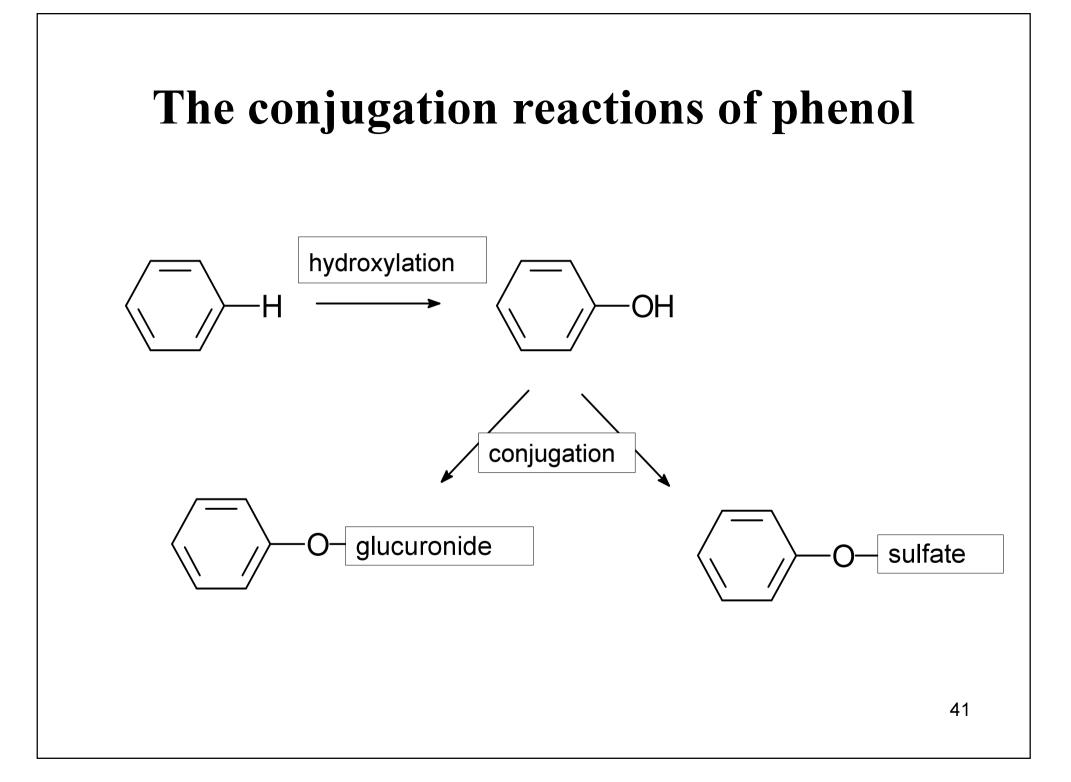


## **PAPS** is sulfatation reagent

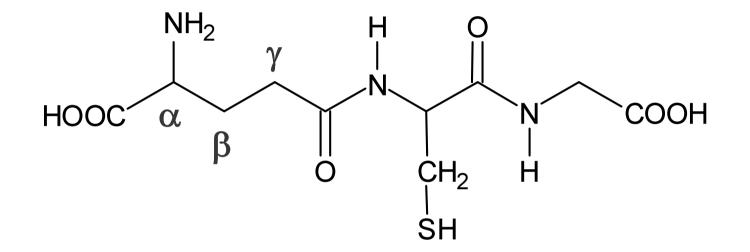
<u>p</u>hospho <u>a</u>denosine <u>p</u>hospho <u>s</u>ulfate



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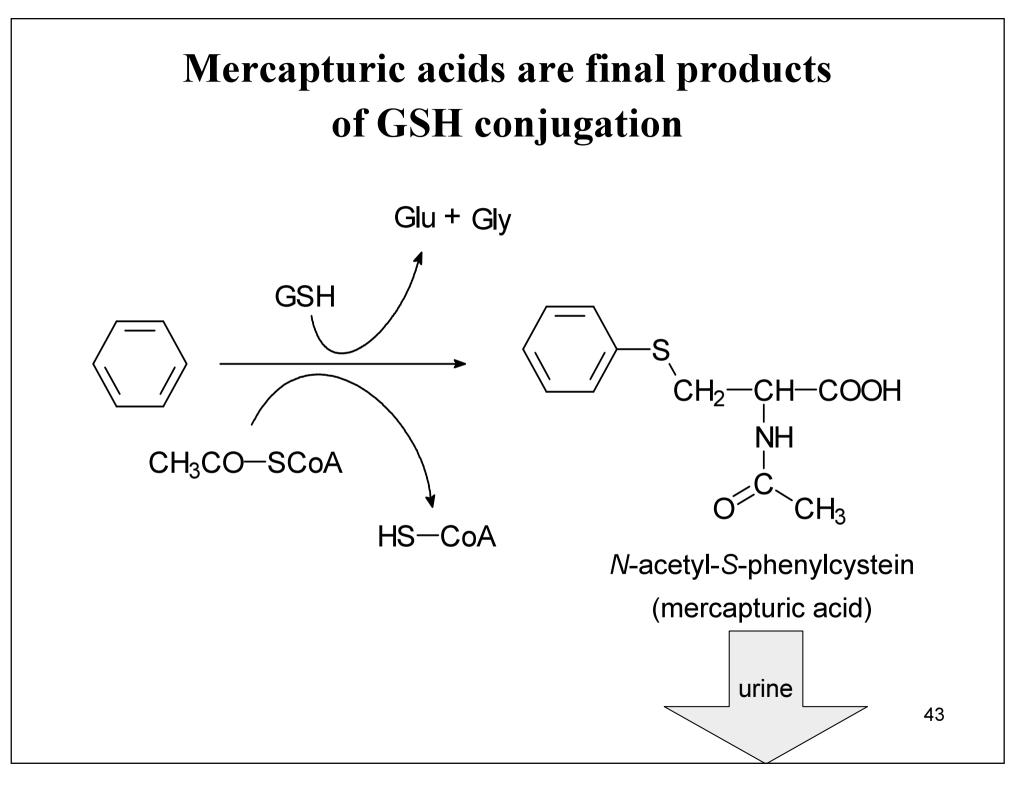


### **Glutathione (GSH)**



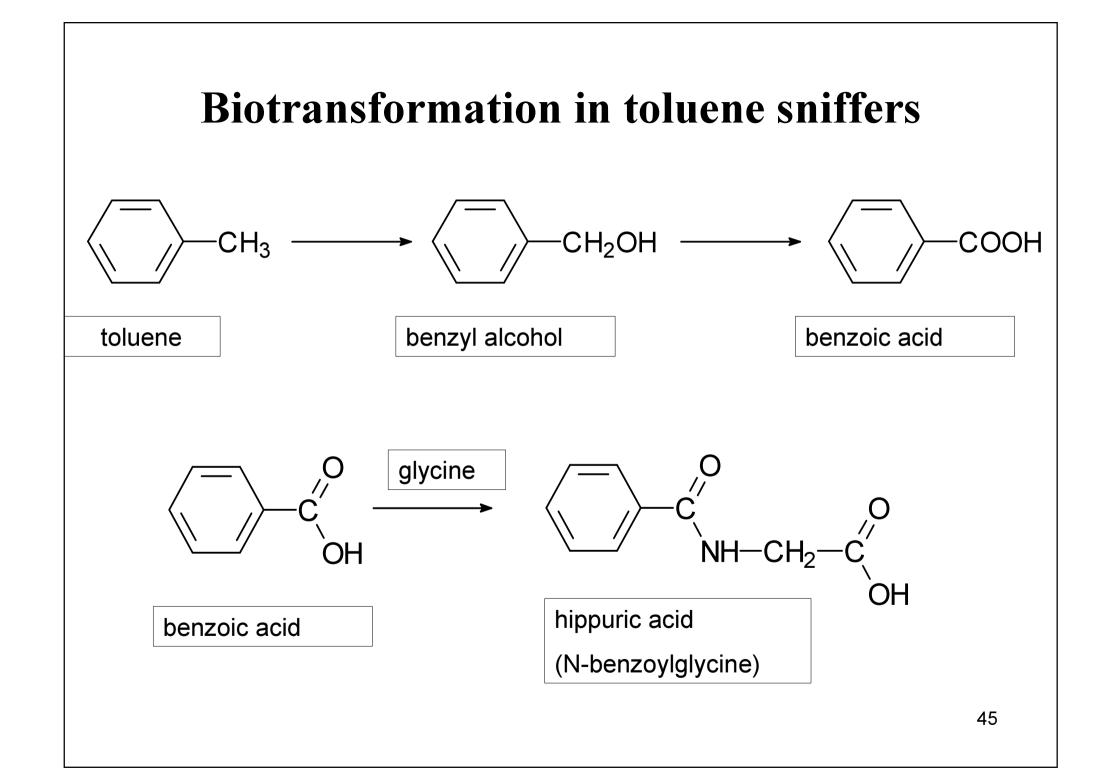
 $R-X+GSH \rightarrow R-SG+XH$ 

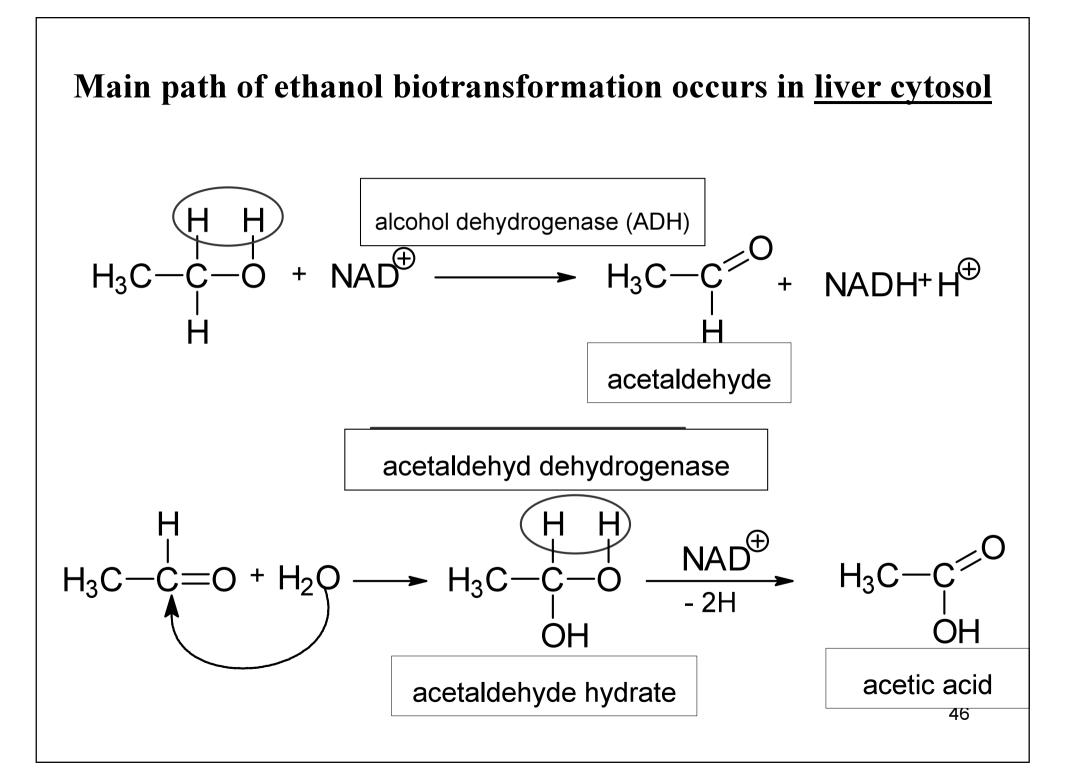
R-X halogen alkanes (arenes)



## **Conjugation with aminoacids**

- glycine, taurine
- xenobiotics with -COOH groups
- the products of conjugation are **<u>amides</u>**
- endogenous substrates bile acids





# Alternative pathway of alcohol biotransformation occurs in <u>endoplasmic reticulum</u>

MEOS (microsomal ethanol oxidizing system, CYP2E1)

 $CH_3-CH_2-OH+O_2 + NADPH+H^+ \rightarrow CH_3-CH=O + 2 H_2O + NADP^+$ 

activated at higher consumption of alcohol = higher blood level of alcohol

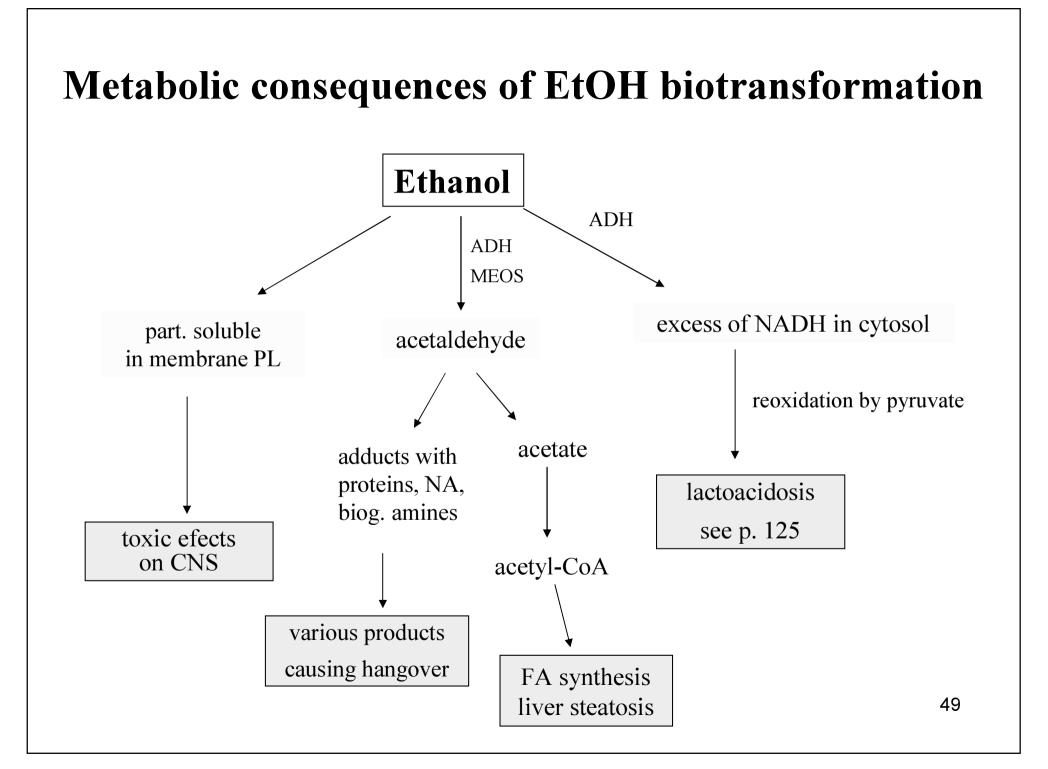
(> 0,5 %) - chronic alcoholics

#### $\Rightarrow$ increased production of acetaldehyde

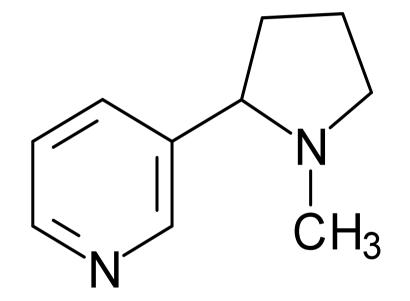
% = per mille = 1/1000

## Q.

## What are the main metabolic consequences of ethanol metabolism?



### Nicotine - the main alkaloid of tobacco



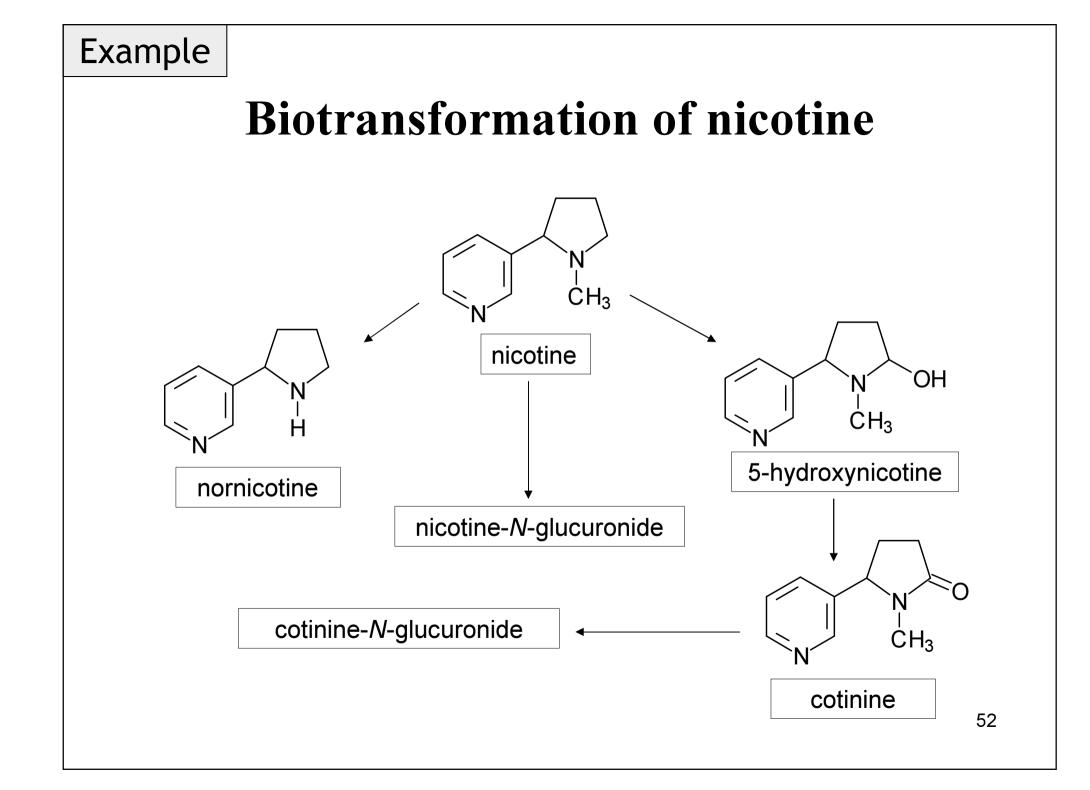
On cigarette box:

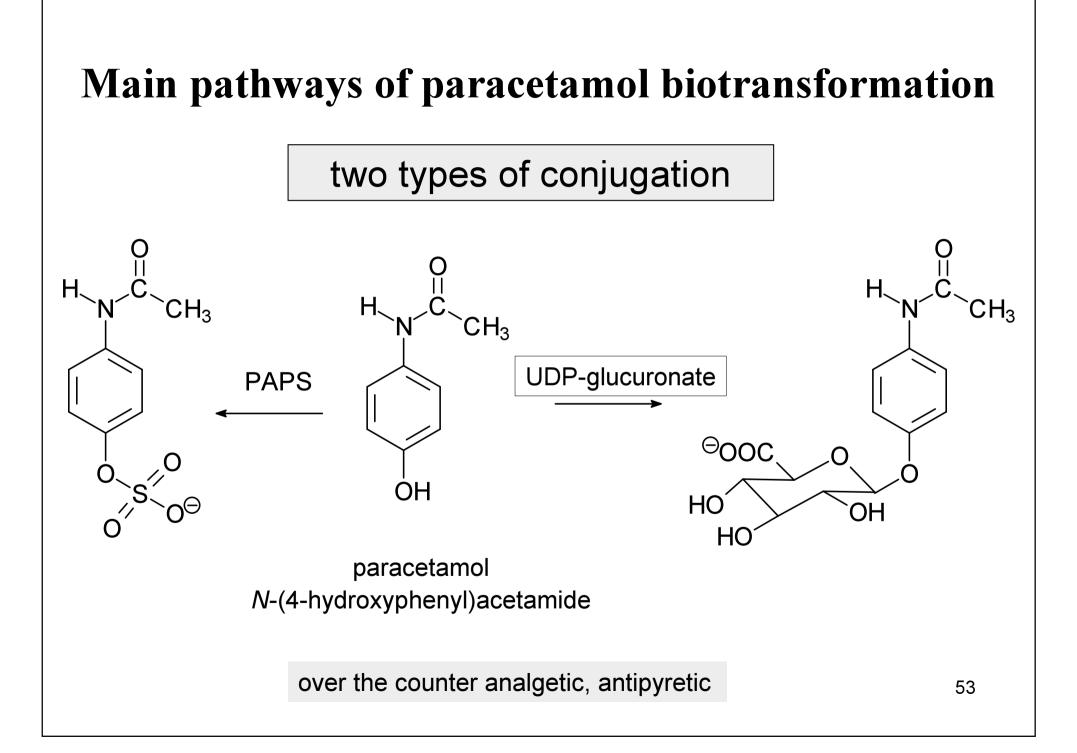
Nicotine: 0.9 mg/cig. Tar: 11 mg/cig.

3-(1-methylpyrrolidin-2-yl)pyridine

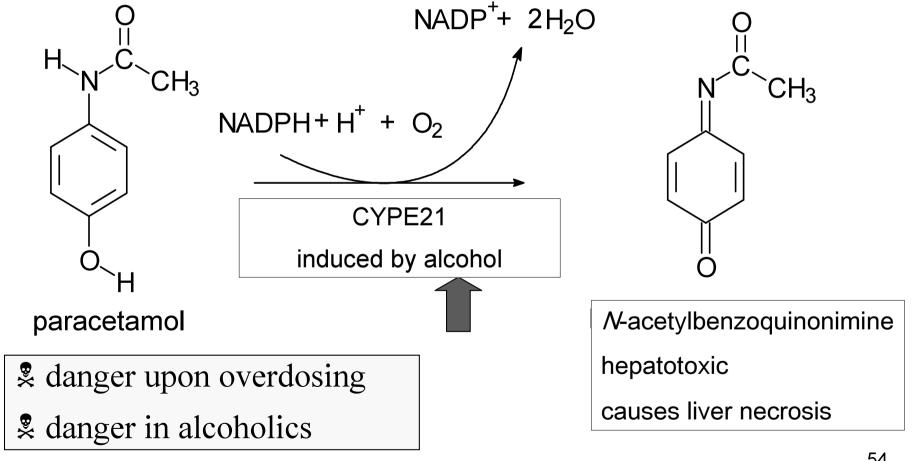
#### **Cigarette smoke contains a number of different compounds**

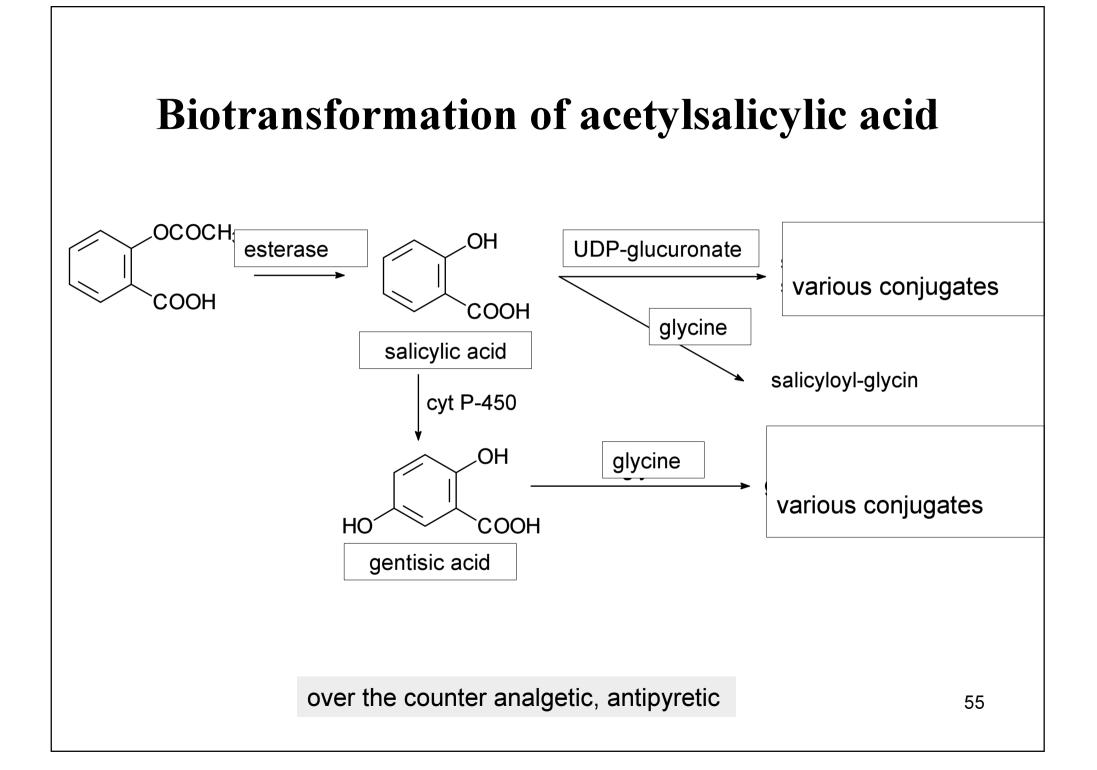
- free nicotine binds to nicotine receptors in brain and other tissues (see page 135)
- CO binds to hemoglobin  $\rightarrow$  carbonylhemoglobin
- **nitrogen oxides** can generate free radicals
- polycyclic aromatic hydrocarbons (PAH)
  (pyrene, chrysene), main components of tar, attack and damage
  DNA, carcinogens
- other substances (N<sub>2</sub>, CO<sub>2</sub>, HCN, CH<sub>4</sub>, terpenes, esters ...)





## Side pathway of paracetamol biotransformation leads to hepatotoxic quinonimine





#### Selected biochemical markers of liver damage

Analyt (serum)	<b>Reference values</b>	Change
ALT	0,1 - 0,8 µkat/l	1
GMD	0,1 - 0,7 µkat/l	<b>↑</b>
GMT	0,1 - 0,7 µkat/l	<b>↑</b>
Bilirubin	5 - 20 µmol/l	<b>↑</b>
Urobilinogens (urine)	up to 17 µmol/l	
Pseudocholinesterase	65 - 200 μkat/l	₽
Urea	3 - 8 mmol/l	₽
Albumin	35 - 53 g/l	₽