



Centrum pro výzkum
toxických látek
v prostředí

BIOMARKERS AND TOXICITY MECHANISMS

07 – Mechanisms Oxidative stress

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Tento projekt je spolufinancován Evropským sociálním fondem a státním rozpočtem České republiky.



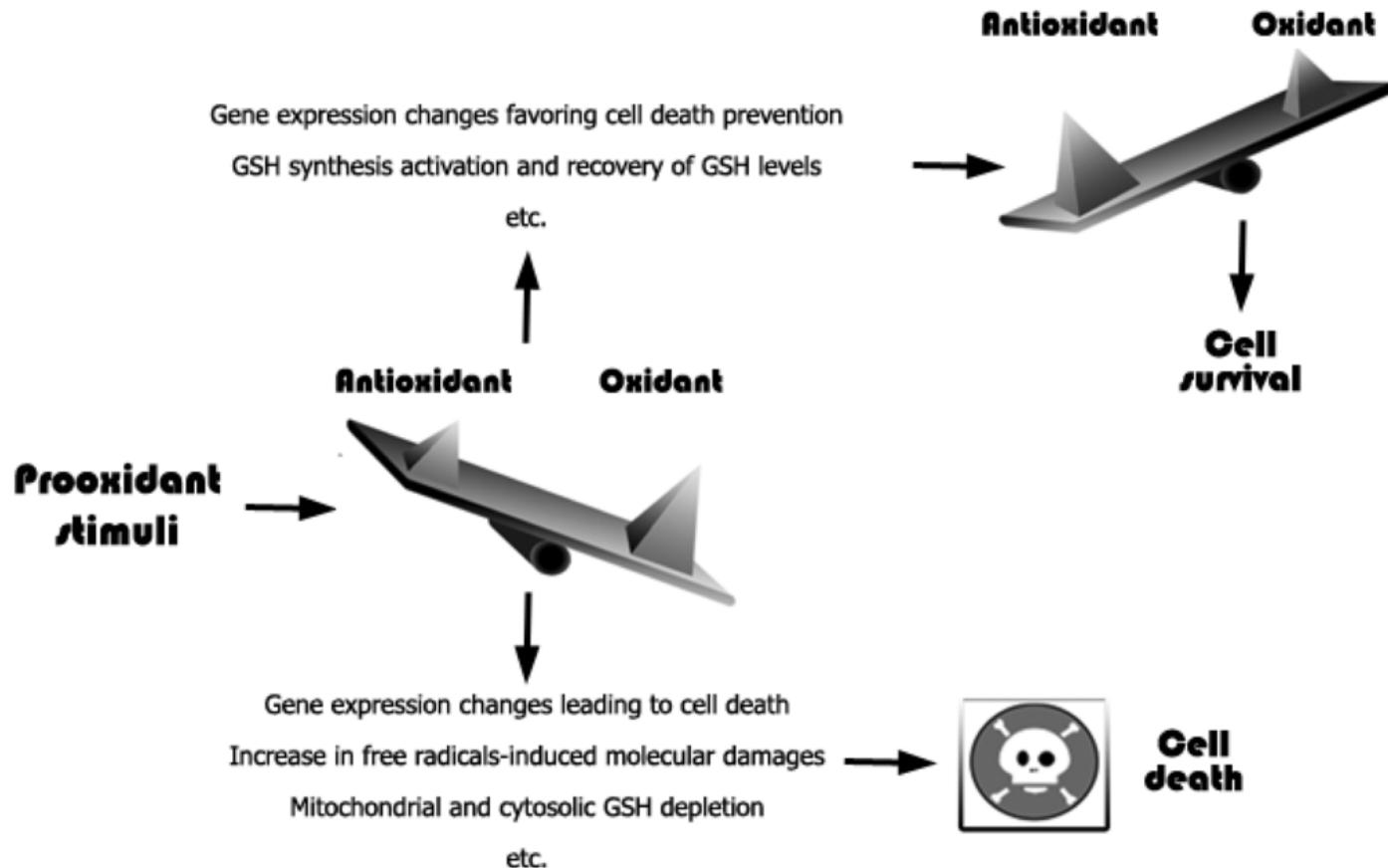
INVESTICE DO ROZVOJE VZDĚLÁVÁNÍ

Importance of redox (oxido-reduction) homeostasis

Traditional view – “**too much oxidants**” is bad

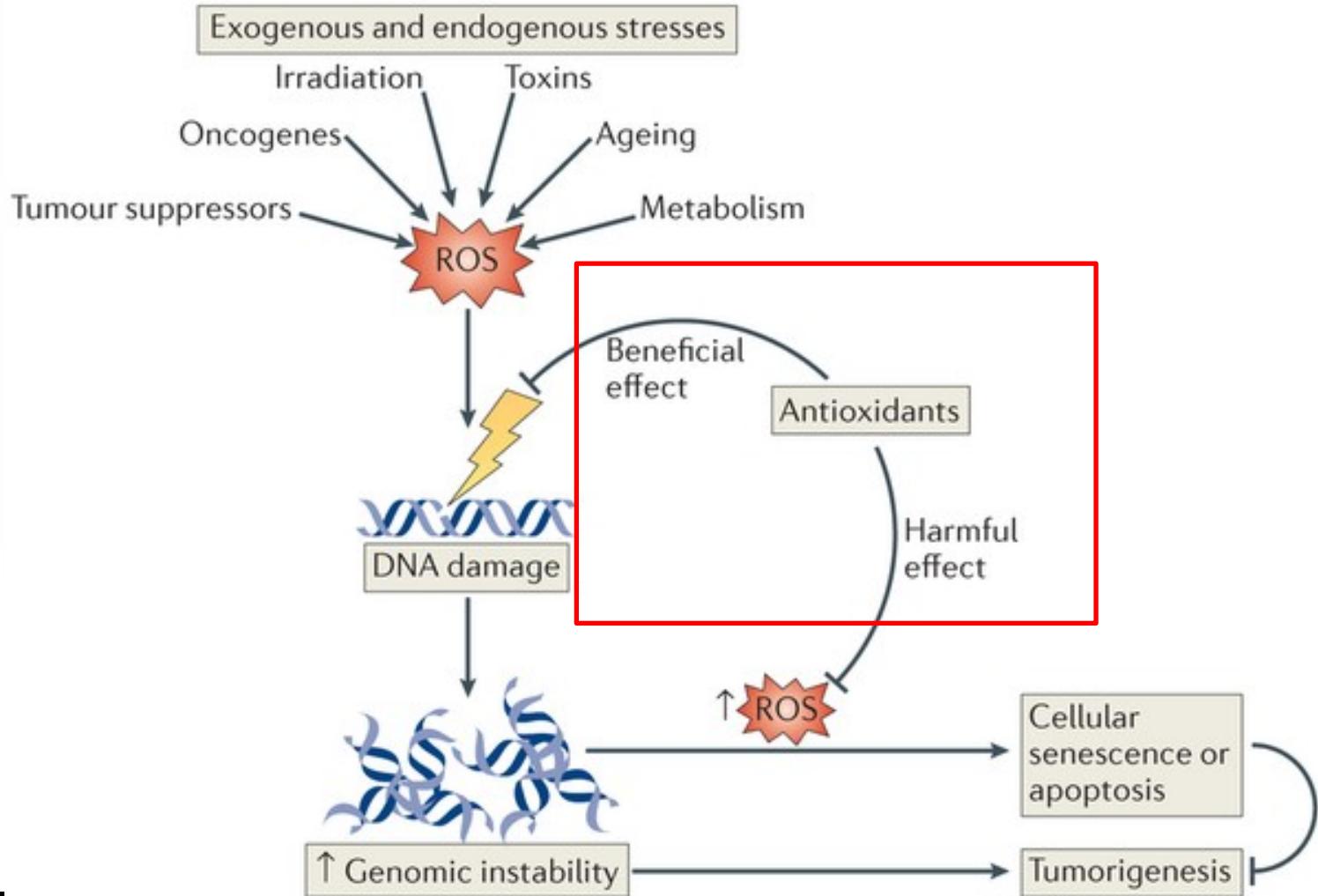
Prooxidants (Oxidative stress) → damage to macromolecules → death

Figure 1. Cellular redox balance control regulatory pathways determining cell viability.



Importance of redox (oxido-reduction) homeostasis

Modified view (2014) – “too much of anything is bad”



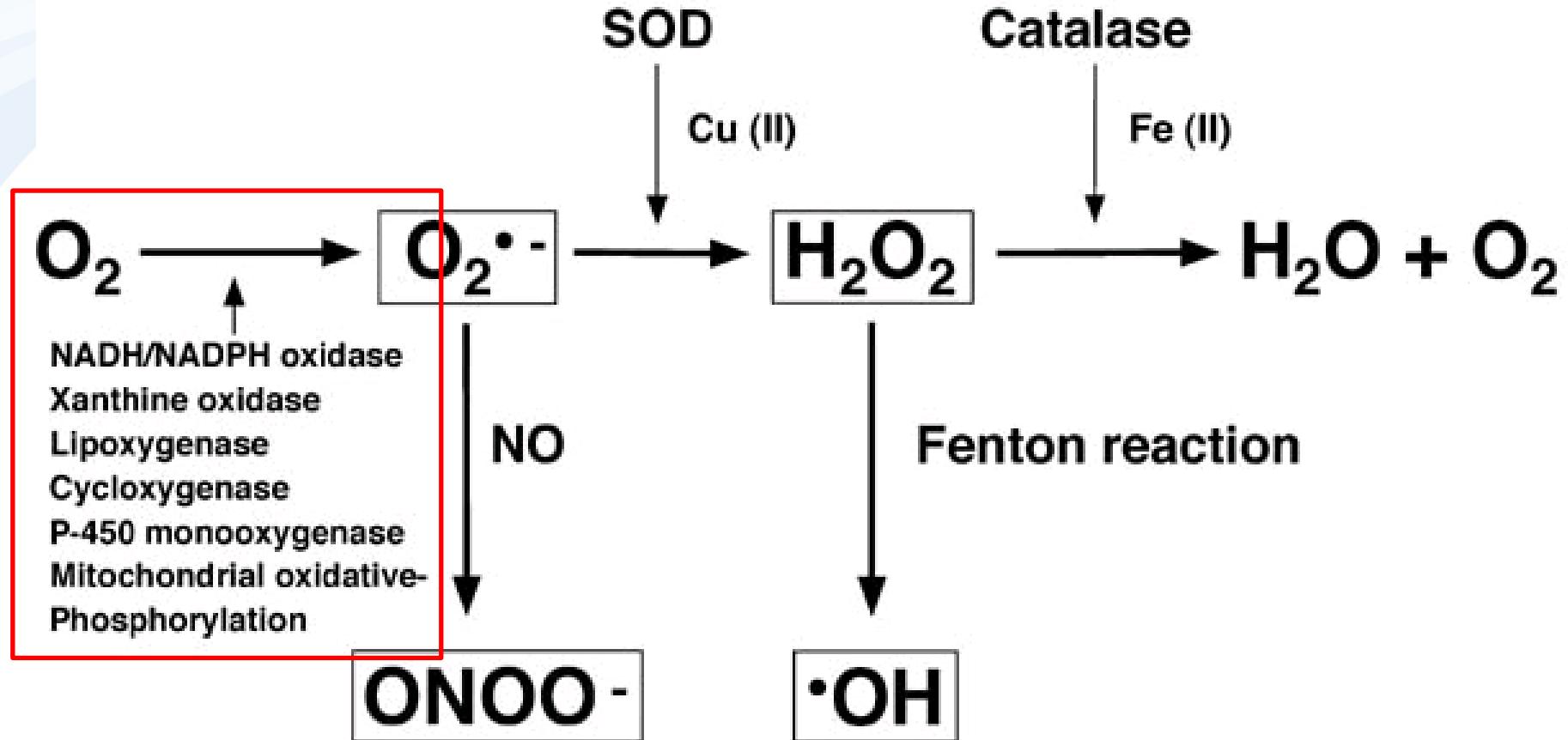
Importance of redox (oxido-reduction) homeostasis

- Redox homeostasis
 - natural homeostatic levels of prooxidants and antioxidants
 - keeping cell metabolism and signalling balanced
- Disruptions of homeostasis
 - depletion of oxygen
 - Change in metabolism, acidosis in tissues, signalling (e.g. TUMORS)
 - Less studied – new field – REDOX SIGNALLING
 - overproduction of prooxidants = oxidative stress
 - GENERAL MECHANISM OF TOXICITY AND A ^N^G



- **Oxygen (O₂)**
 - principal molecule in living organisms
 - terminal acceptor of electrons)
 - highly reactive molecule
 - Formation of reactive derivatives → ROS → toxicity
- **Other reactive molecules and ROS sources**
 - (details follow)
 - production in mitochondria (byproducts of metabolism)
 - redox-cycling (quinones of xenobiotics)
 - Fenton-reaction (metals)
 - oxidations mediated via MFOs (CYPs)
 - depletion of antioxidants (reactive molecules)

Key Reactive Oxygen Species (ROS)



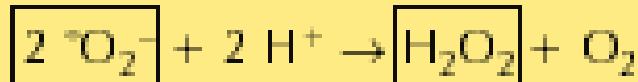
SOD = Superoxide dismutase



Reduction of molecular oxygen to superoxide radical



Dismutation of superoxide radical



Transition metal catalyzed reaction (Fenton reaction)



Haber-Weiss reaction



Me = metal (e.g. $\text{Fe}^{3+}/\text{Fe}^{2+}$)

O_2^\cdot = superoxide radical (superoxide anion)

O_2^\cdot = hydroxyl radical

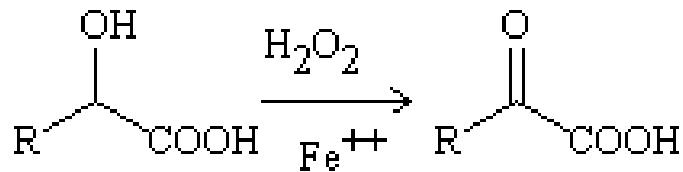
OH^- = hydroxyl anion

H_2O_2 = hydrogen peroxide

TERMS, NAMES, REACTIONS

Fenton reaction

(from organic chemistry classes)



$\text{Fe}^{3+/2+}$

But also OTHER METALS (!)

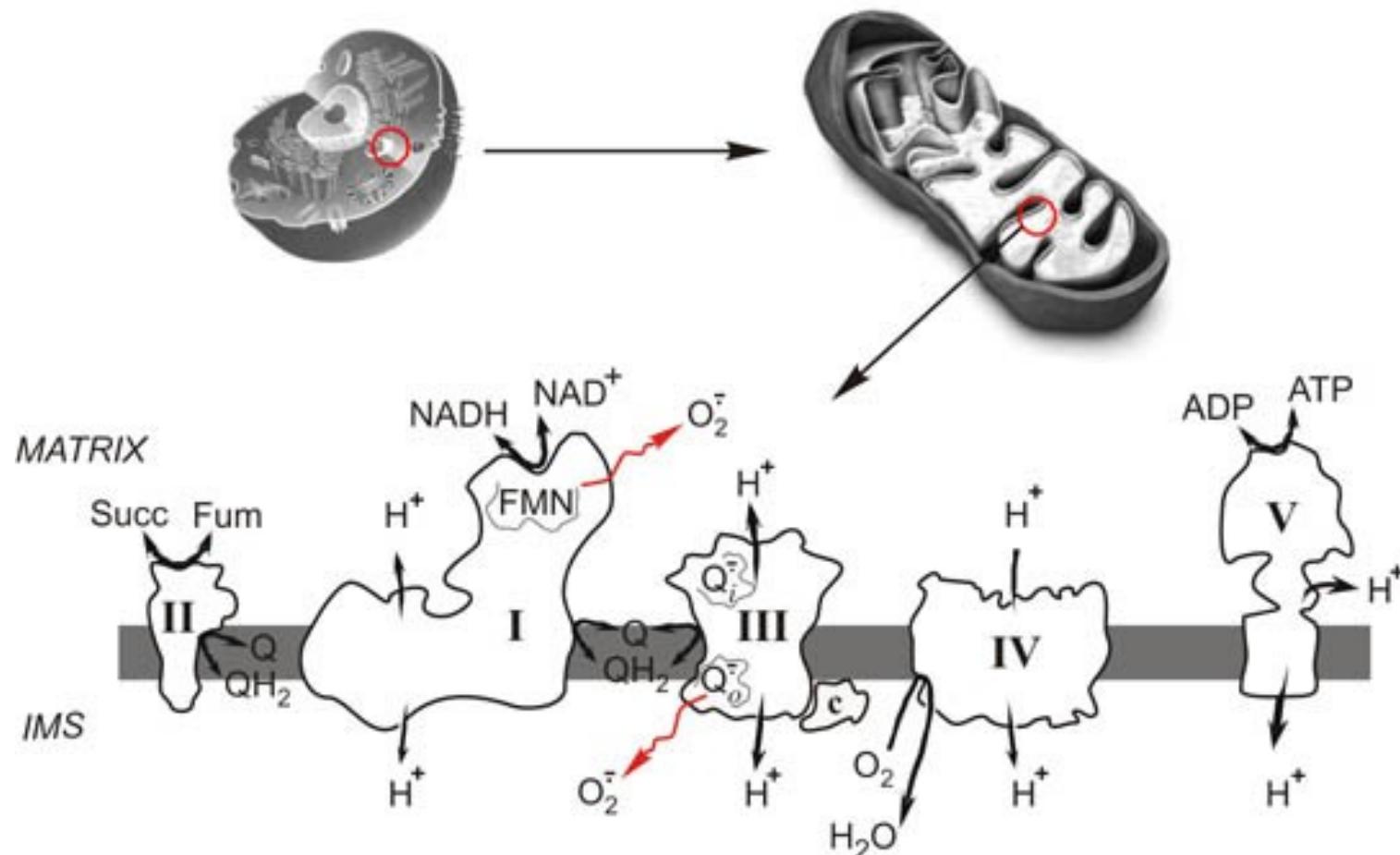
Reactivity of ROS (short rate → instability = reactivity)

ROS	Antioxidant	Rate constant, $M^{-1} \cdot sec^{-1}$
Superoxide anion of oxygen	carnosine	$5.0 \cdot 10^{-5}$
	carnosine	$0.8 \cdot 10^{-5}$
	ascorbate	$2.7 \cdot 10^{-5}$
	α -tocopherol	$2.0 \cdot 10^{-5}$
Singlet oxygen	carnosine	$3 \cdot 10^{-7}$
	imidazole	$2 \cdot 10^{-7}$
	ergothioneine	$2 \cdot 10^{-7}$
	NaN_3	$44 \cdot 10^{-7}$
Hydroxyl radical	carnosine	$(5-8) \cdot 10^{-9}$
		$9 \cdot 10^{-9}$

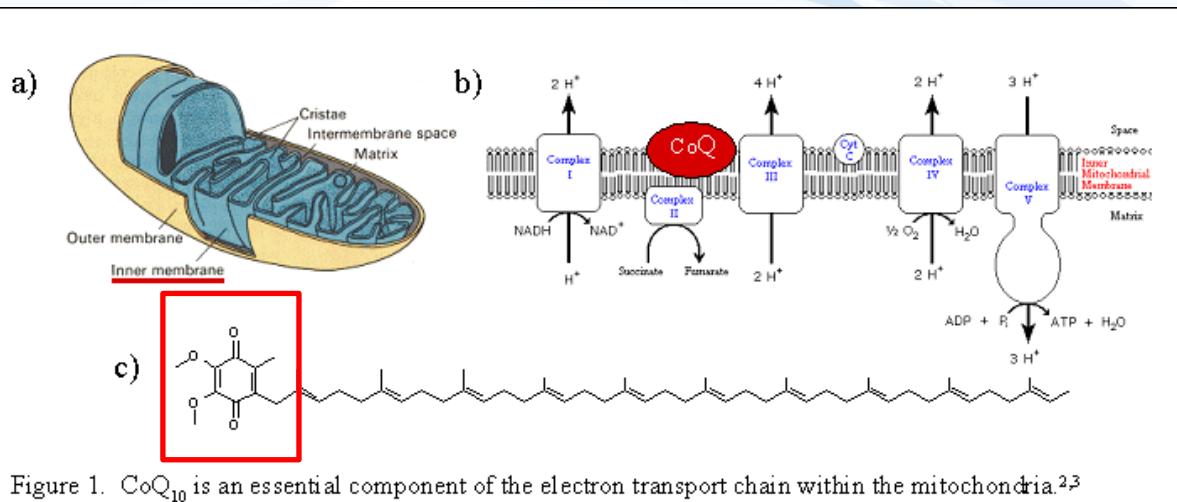


Mitochondria

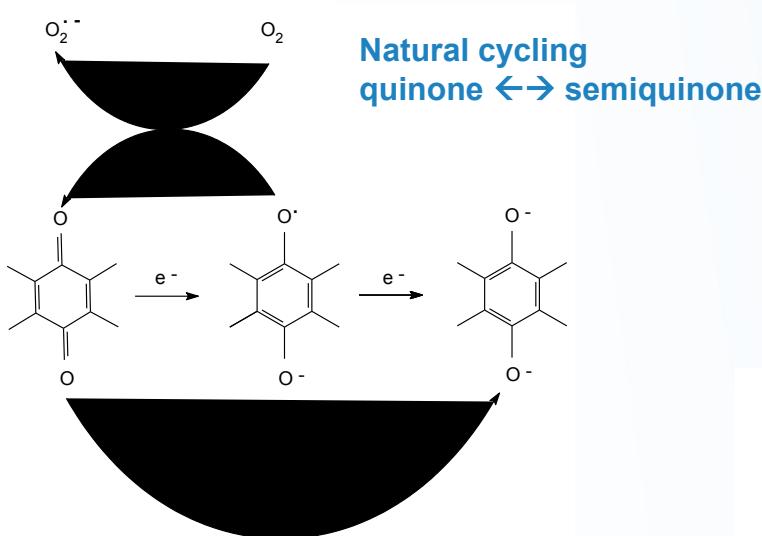
Superoxide production in oxidative respiration



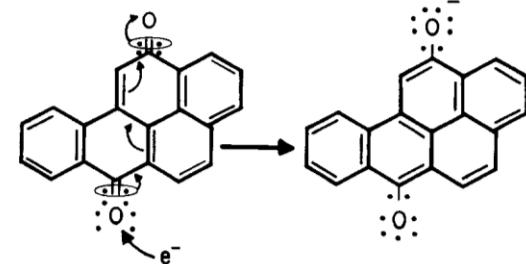
Redox cycling compounds and ROS production



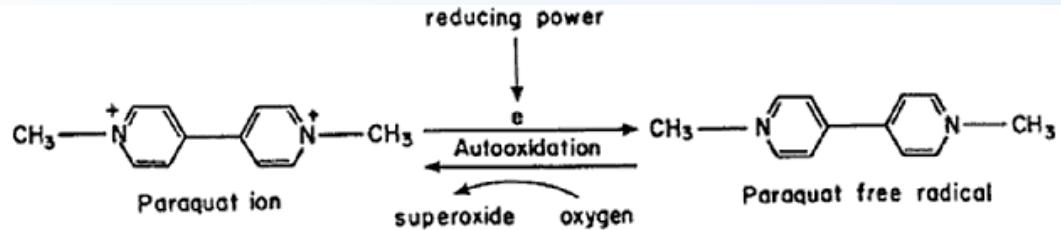
Toxicity =
Interference with
“xeno”quinones
and similar compounds



Example 1 – BaP quinone

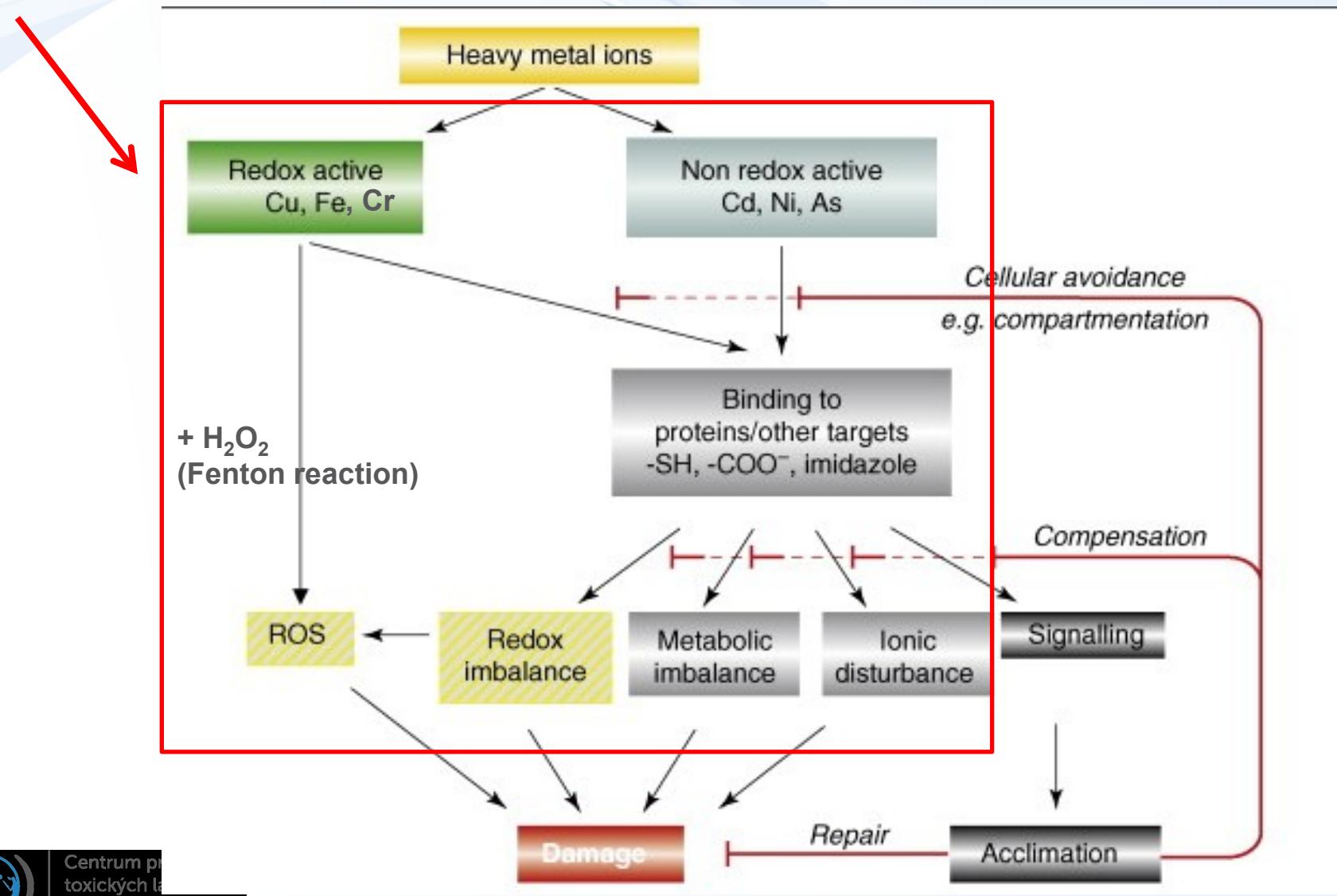


Example 2 – Paraquat pesticide



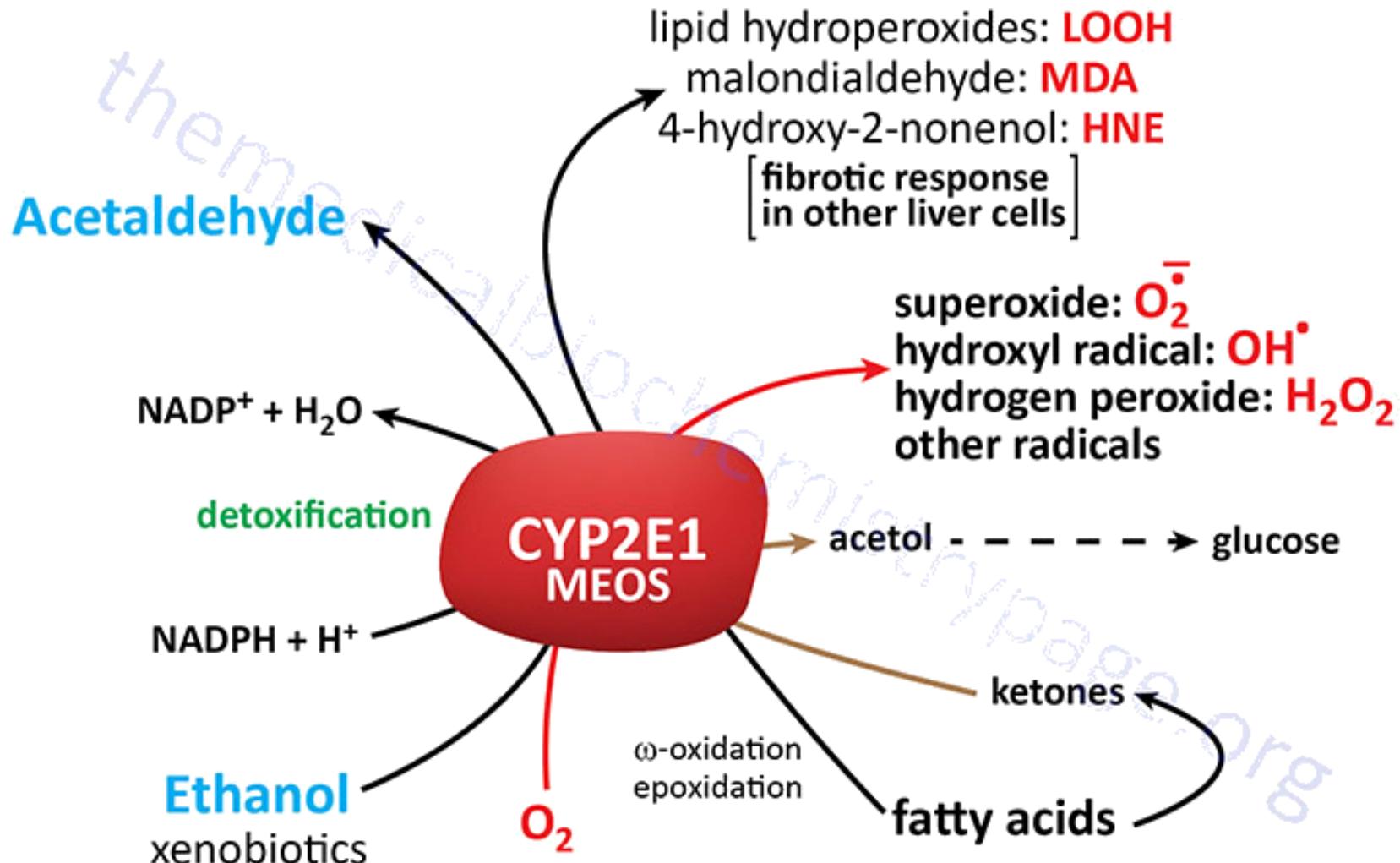
Metals and impacts on redox homeostasis

(* direct ROS production / * binding to proteins)

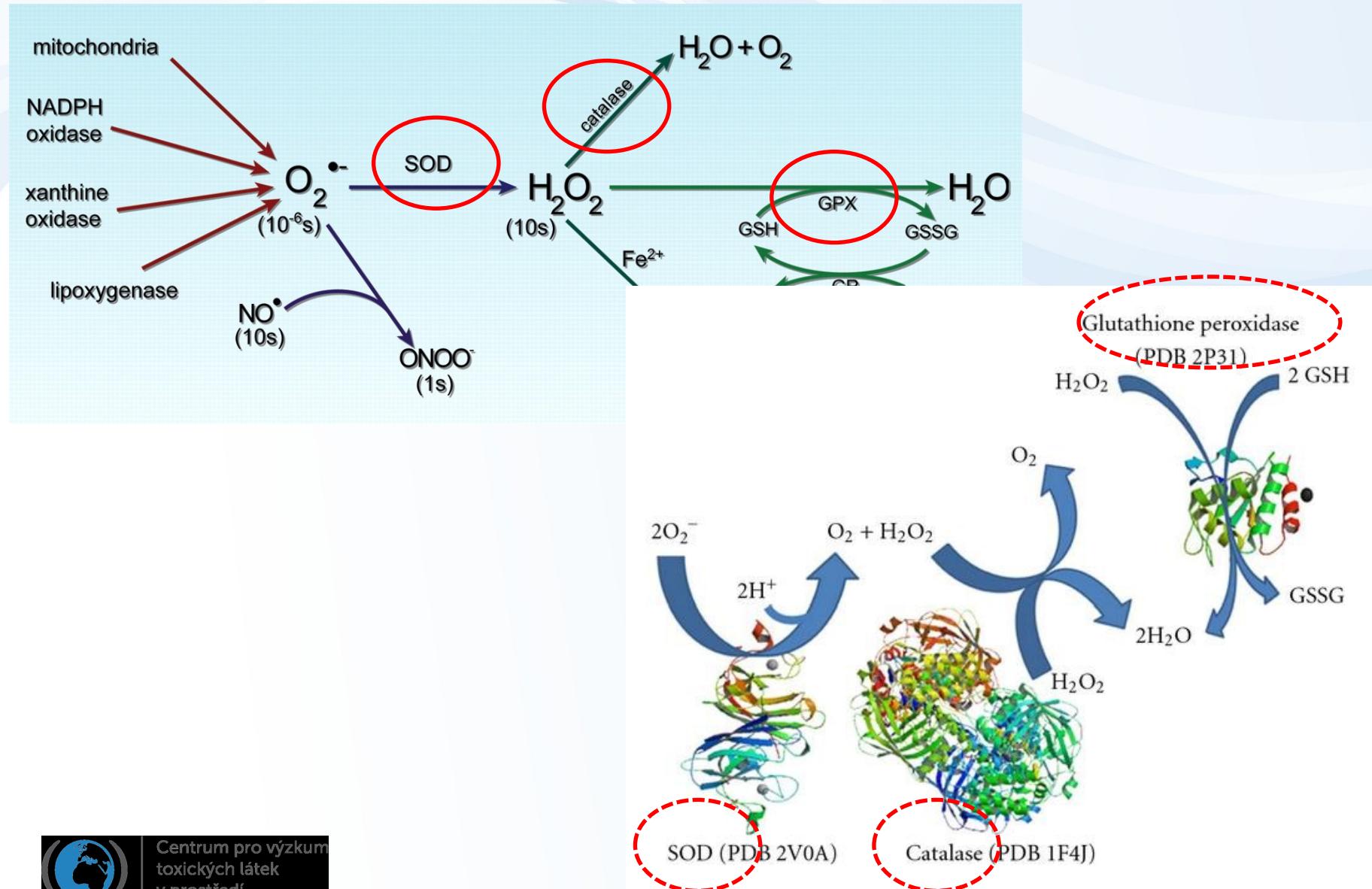


CYP450 as ROS source

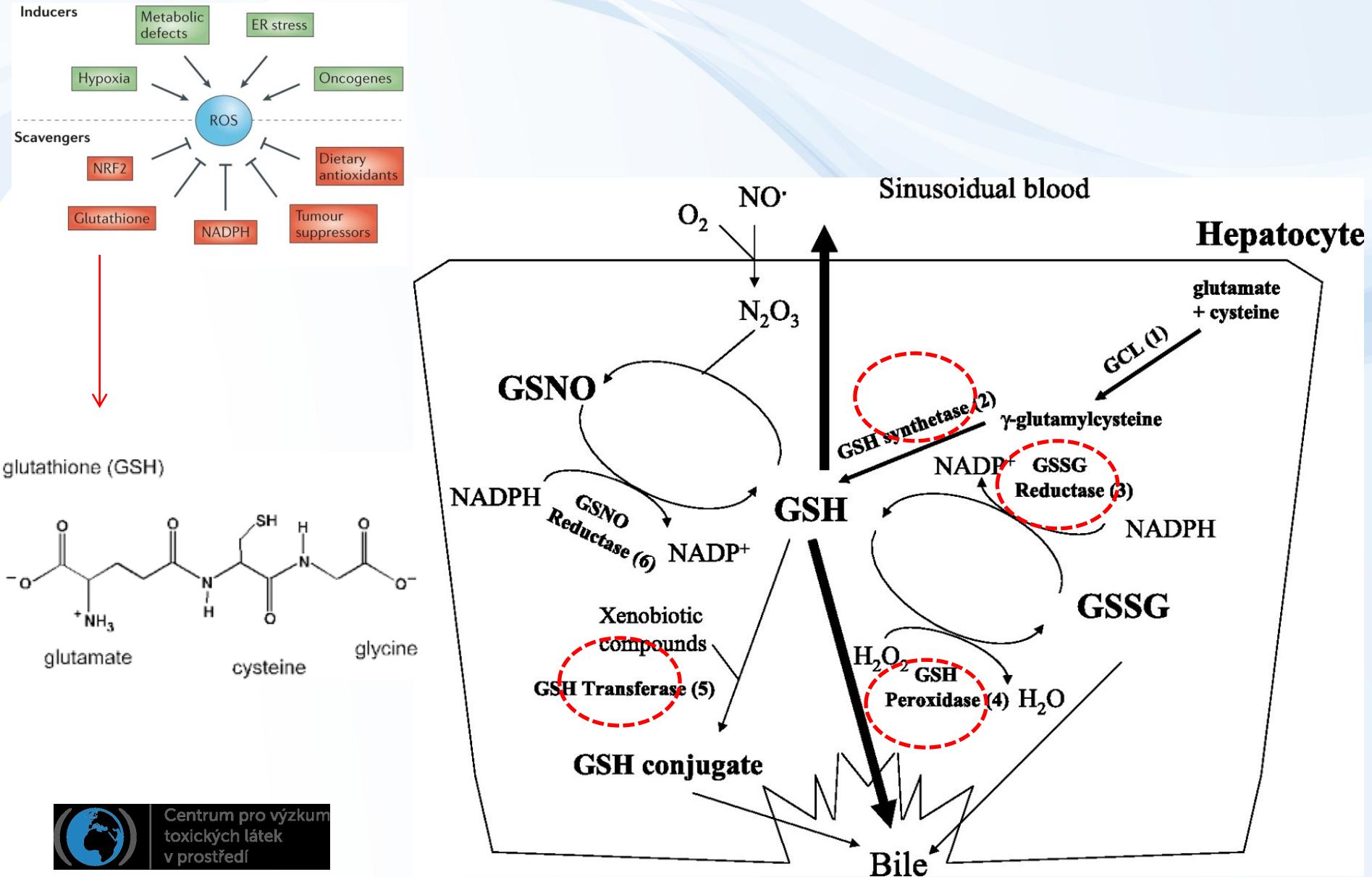
(example CYP2E1, MEOS – microsomal ethanol oxidising system)



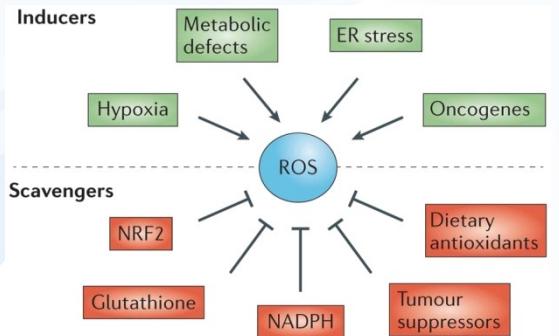
Antioxidant responses 1 - enzymatic



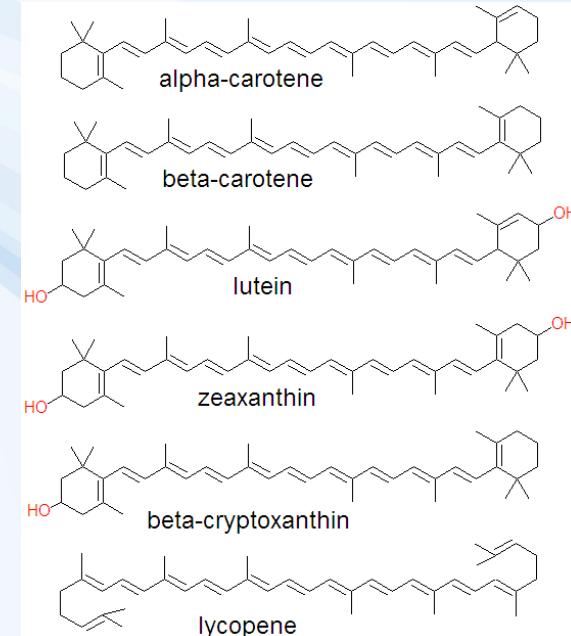
Antioxidant responses 2 – GSH



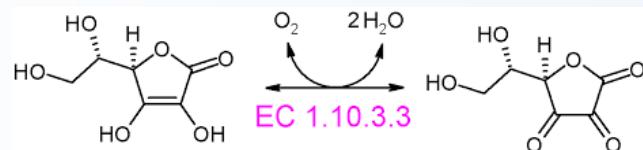
Antioxidant responses 2 – dietary antioxidants



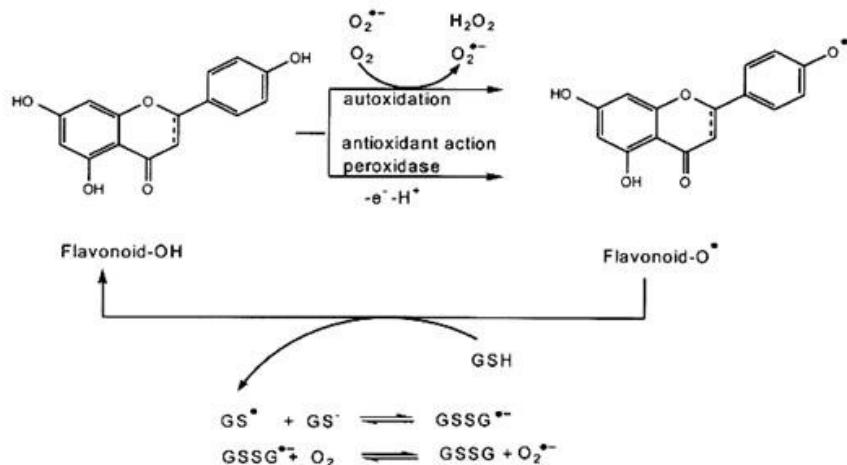
Carotenoids



Ascorbate



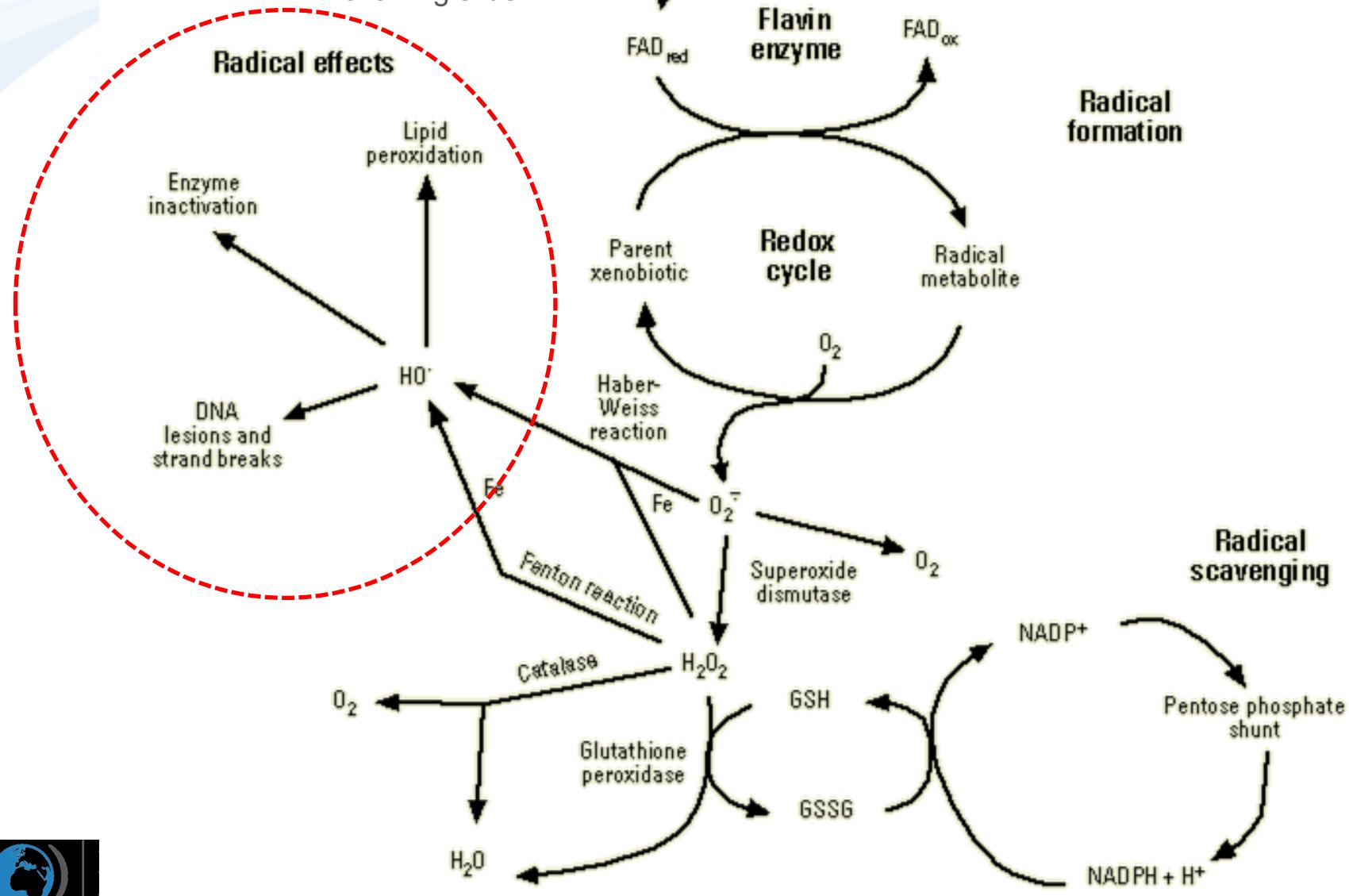
Flavonoids



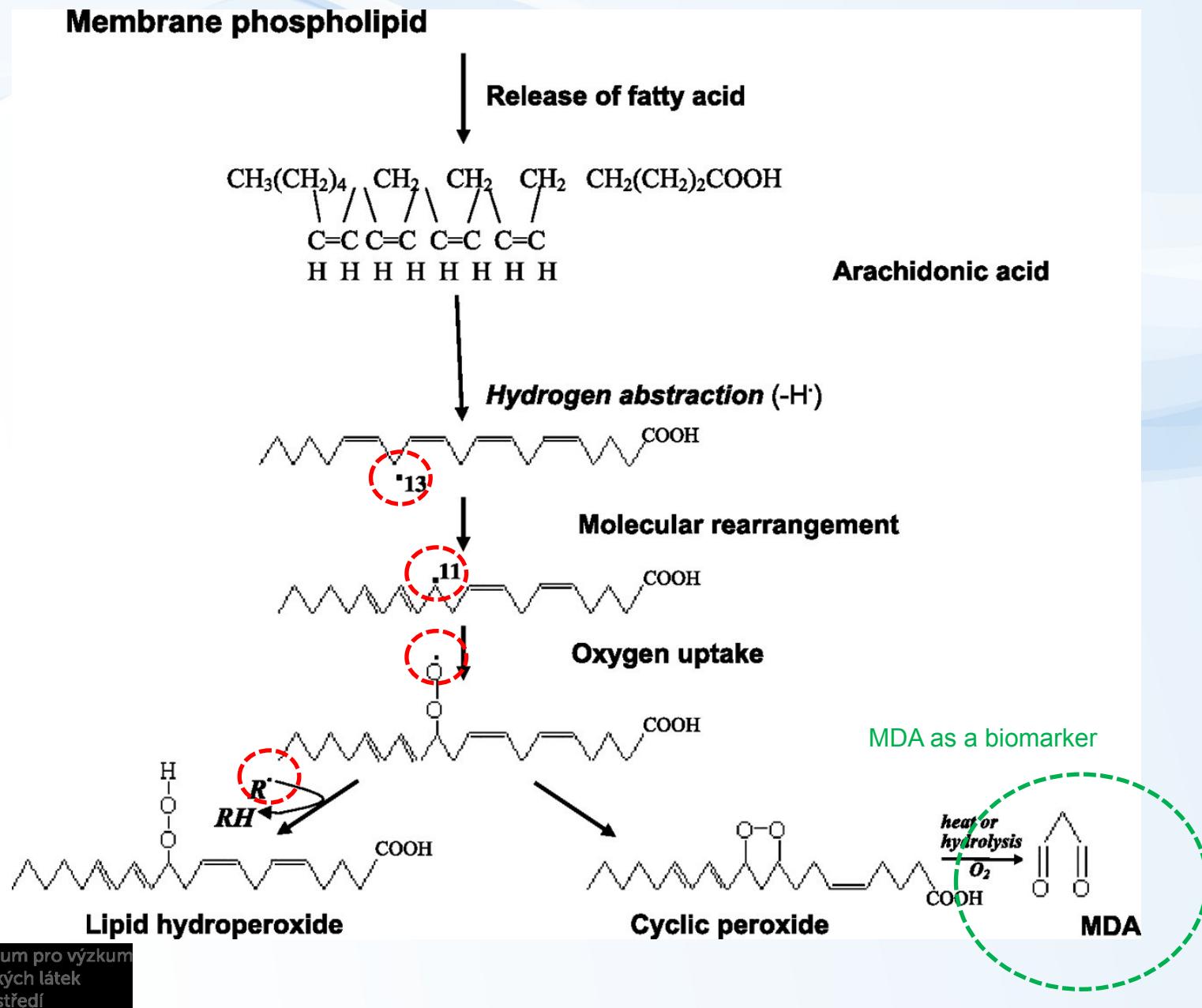
EFFECTS

Enzymes & DNA
→ Other lectures

Lipid peroxidation
→ Following slide



Lipid peroxidation = radical reaction → fast propagation



Biomarkers of oxidative damage

(will be discussed later)

Biomarker	Availability	Frequently Used Assays
Lipid Peroxidation		
F ₂ -isoprostanes	Plasma, urine	GC/MS, HPLC-MS/MS
Oxidized low-density lipoprotein (oxLDL)	Plasma, serum	ELISA
Malondialdehyde (MDA)	Plasma, serum, saliva, urine, exhaled breath condensate	Colorimetry, spectrophotometry, HPLC + fluorescence, GC/MS
Protein Oxidation		
Protein carbonyls	Plasma, serum	ELISA
DNA Oxidation		
8-hydroxy-2-deoxyguanosine (8-OHdG)	Plasma, serum, urine	HPLC-EC, HPLC-MS/MS*, GC/MS, Comet assay*



Health effects of oxidative stress ... multiple

Diseases Related to Oxidative Stress

Diabetes	Heart Disease
Autism	Arthritis
Alzheimer Disease	
Liver Diseases	Cancers
Common Cold	Asthma
Cystic Fibrosis	Parkinson's Disease
Skin Disorders	Blood Vessel Damage
Kidney Failure	Prostate Problems
Crohn's Disease	Dementia
Hypertension	Emphysema
Macular Degeneration	Hepatitis
Athletic Performance [stamina & endurance]	Aging
	Hypertension
	Bronchitis [chronic & acute]
	Chronic Fatigue Syndrome



e.g. acute coronary syndrome (ACS) → myocardial infarction

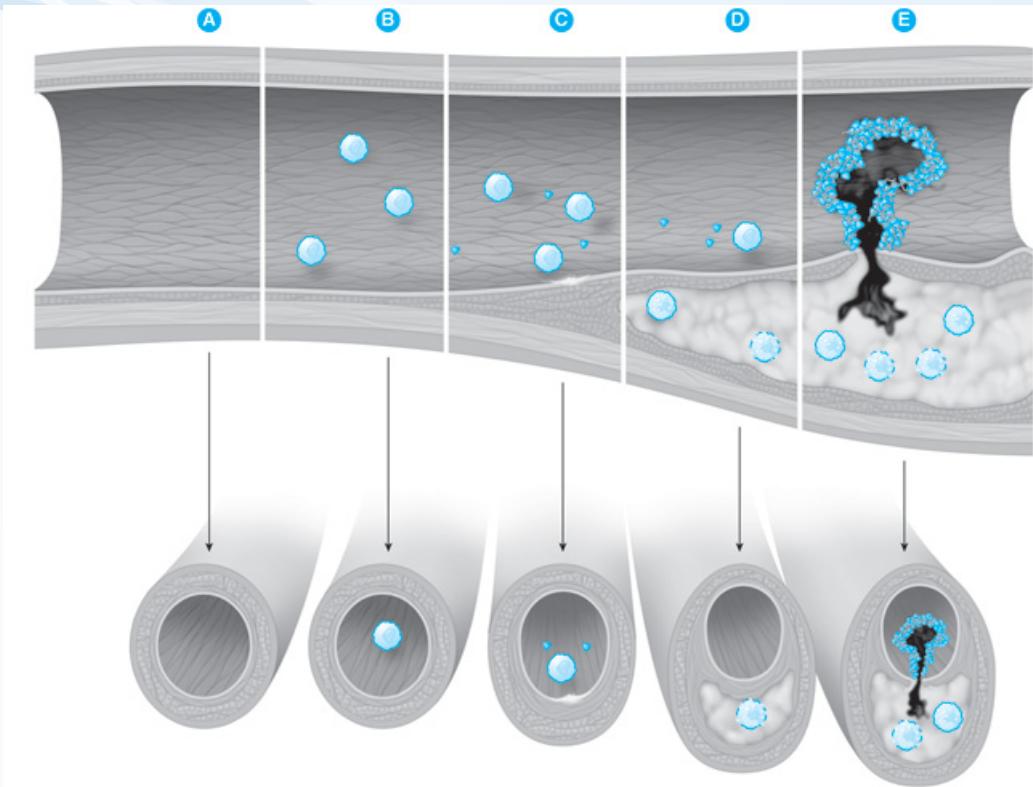


Figure 24-7. Pathogenesis of acutecoronal syndromes. A. A normal coronary artery has an intact endothelium surrounded by smooth muscle cells. B. Endothelial cell activation or injury recruits monocytes and T lymphocytes to the site of injury, leading to development of a fatty streak. C. Continued oxidative stress within a fatty streak leads to development of an atherosclerotic plaque. D. Macrophage apoptosis and continued cholesterol deposition cause further plaque organization, and may induce the expression of additional inflammatory proteins and matrix metalloproteinases. At this stage, the cap of the fibroatheroma remains intact. E. Continued inflammation within an atherosclerotic plaque leads to thinning of the fibrous cap and, eventually, to plaque erosion or rupture. Exposure of plaque constituents to the bloodstream activates platelets and the coagulation cascade, with resulting coronary artery occlusion.

Credit: Figure 24-7: Adapted with permission from Libby P. Current concepts of the pathogenesis of acute coronary syndromes. *Circulation* 2001;104:365–372.

