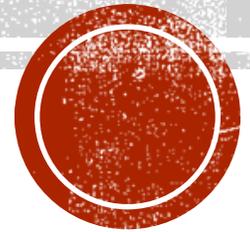


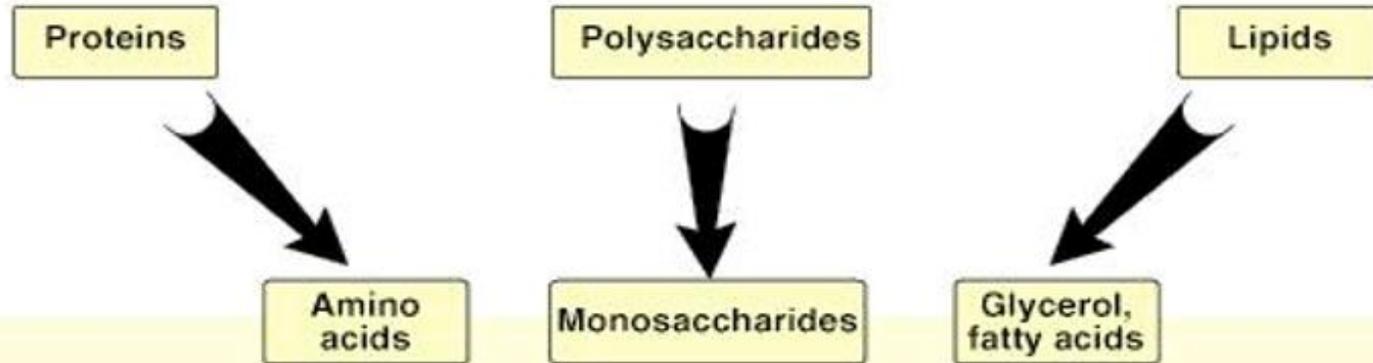
# Glucose Oxidation (II. Krebs's cycle)



# Fate of food staff & stages of metabolism

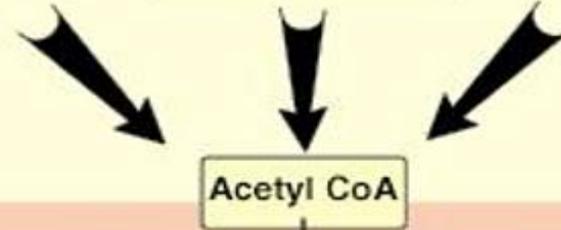
## Stage I:

Hydrolysis of complex molecules to their component building blocks



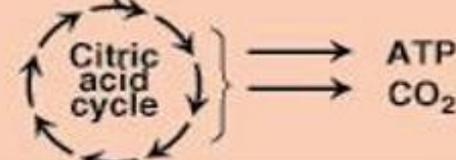
## Stage II:

Conversion of building blocks to acetyl CoA (or other simple intermediates)



## Stage III:

Oxidation of acetyl CoA; oxidative phosphorylation



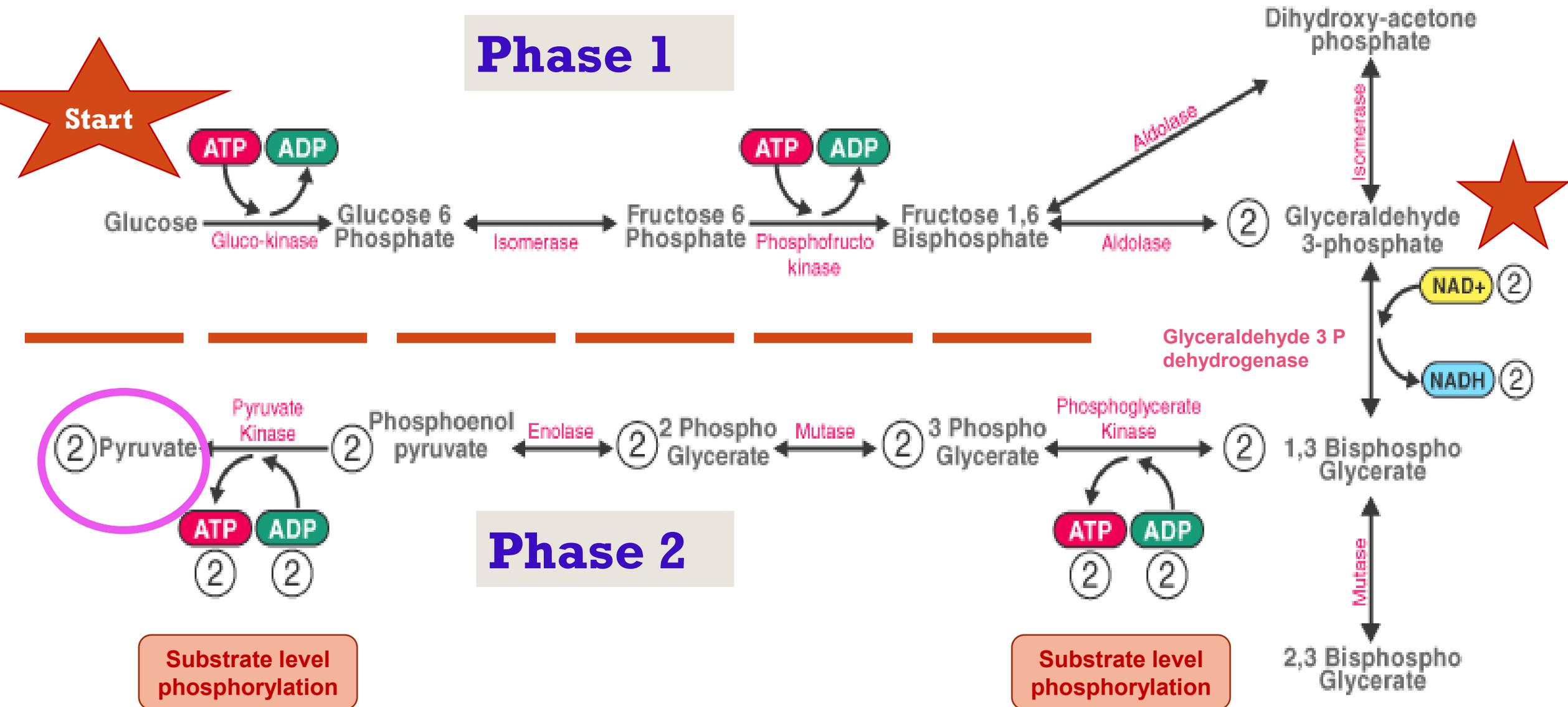
Reduced Coenzyme

(NADH & FADH<sub>2</sub>)

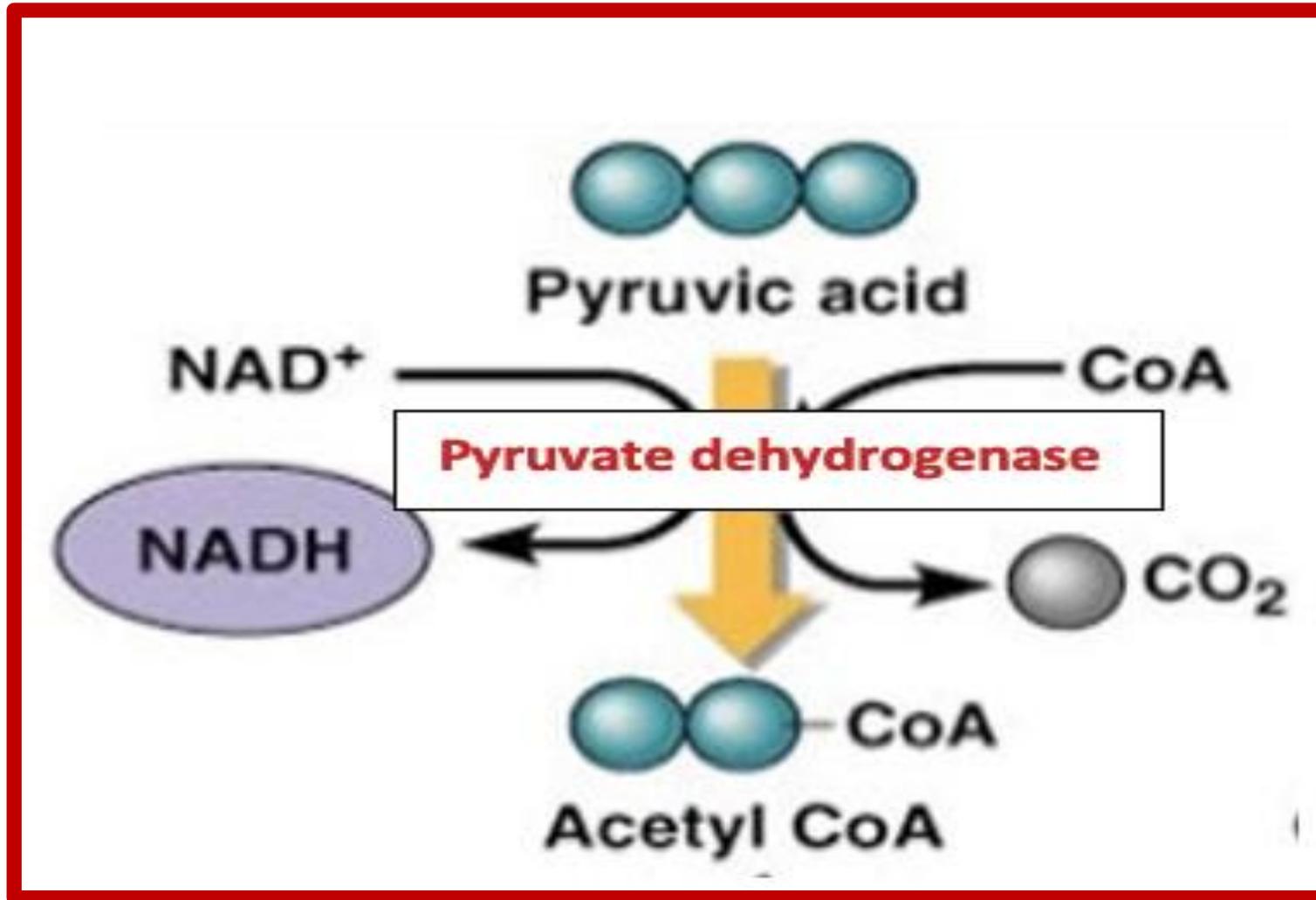
ETC

ATP + H<sub>2</sub>O

# 2 Phases of glycolysis ( 10 enzymatic reactions)

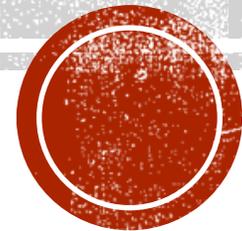


# Oxidative decarboxylation of pyruvate



## **Krebs cycle (TCA)**

- 1. Definition**
- 2. Site**
- 3. Phases (Steps)**
- 4. Products**
- 5. Importance**
- 6. Regulation**



# Krebs cycle / Tricarboxylic acid cycle (TCA)

## Definition:

It is a series of biochemical reactions that are responsible for **complete oxidation of acetyl CoA to 2 CO<sub>2</sub>**, with production of **ATP** and **reducing equivalents** (NADH & FADH<sub>2</sub>)

## Site:

Mitochondria of all cells **except RBCs** (no mitochondria)

# Products of 1 acetyl CoA in Krebs cycle

**2 CO<sub>2</sub>**

**1 ATP**  
(substrate level  
phosphorylation)

**3 NADH+H**

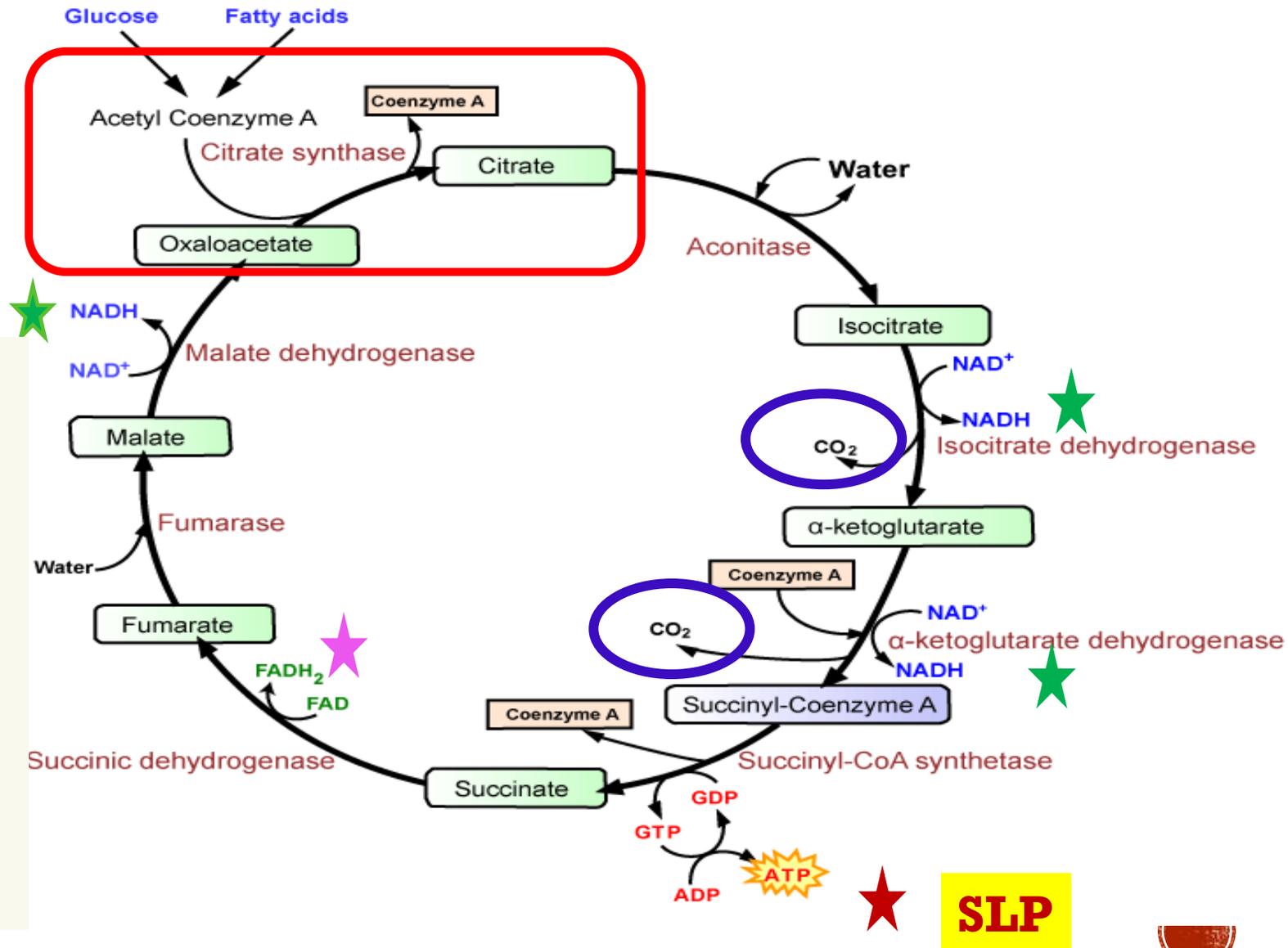
**1 FADH<sub>2</sub>**

# Steps of Krebs cycle

I) **Condensation** of Acetyl CoA (2C) + Oxoacetate (4C) to form **Citrate (6C)**

II) **Oxidation:** series of oxidation reactions to regenerate Oxalacetate. with the release of:

- ✓ **2 CO<sub>2</sub>** → then regeneration of Oxalacetate.
- ✓ **1 ATP** is formed at SLP
- ✓ all energy is captured as **3 NADH+H & 1 FADH<sub>2</sub>**



# Importance of Krebs cycle

1) **Final common metabolic pathway** for oxidation of carbohydrates, fats & proteins

## Stage I:

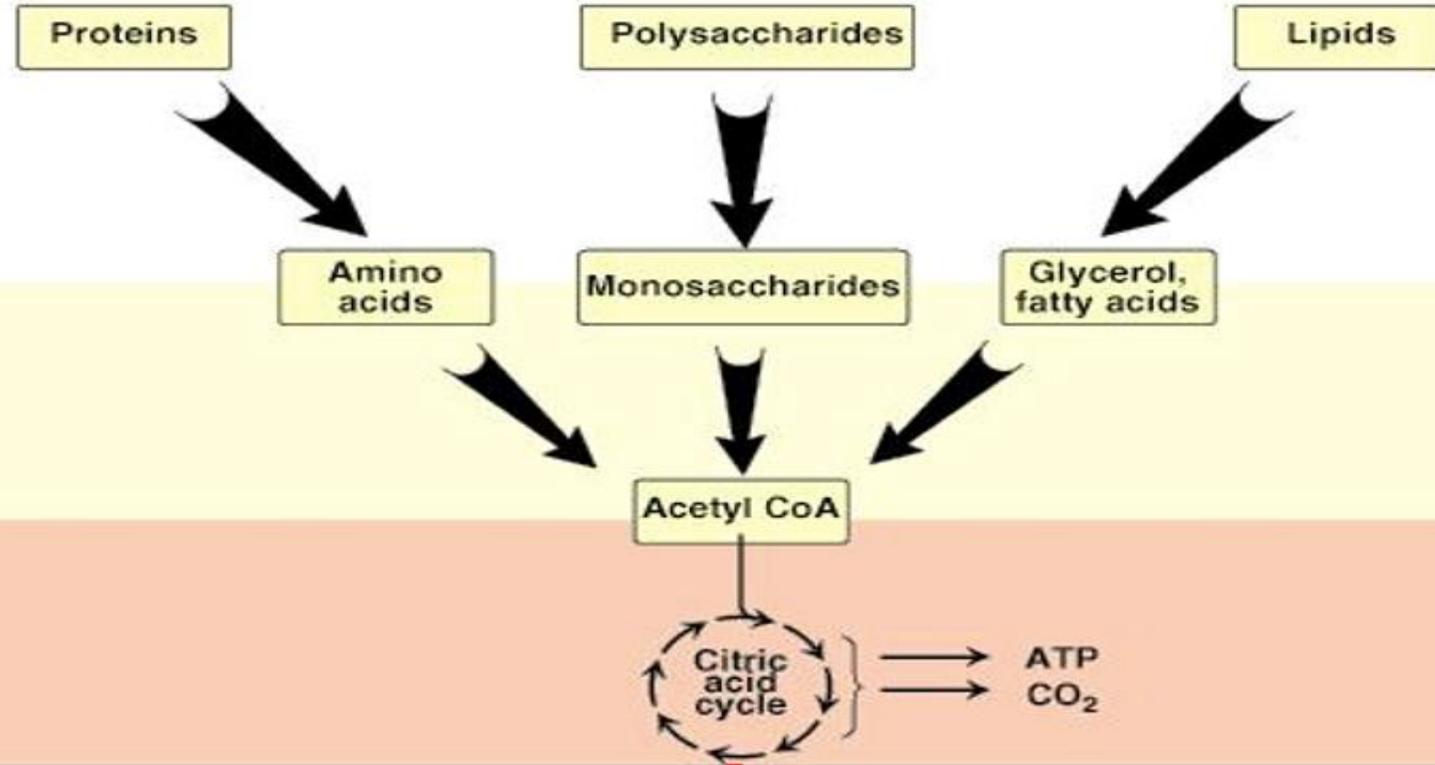
Hydrolysis of complex molecules to their component building blocks

## Stage II:

Conversion of building blocks to acetyl CoA (or other simple intermediates)

## Stage III:

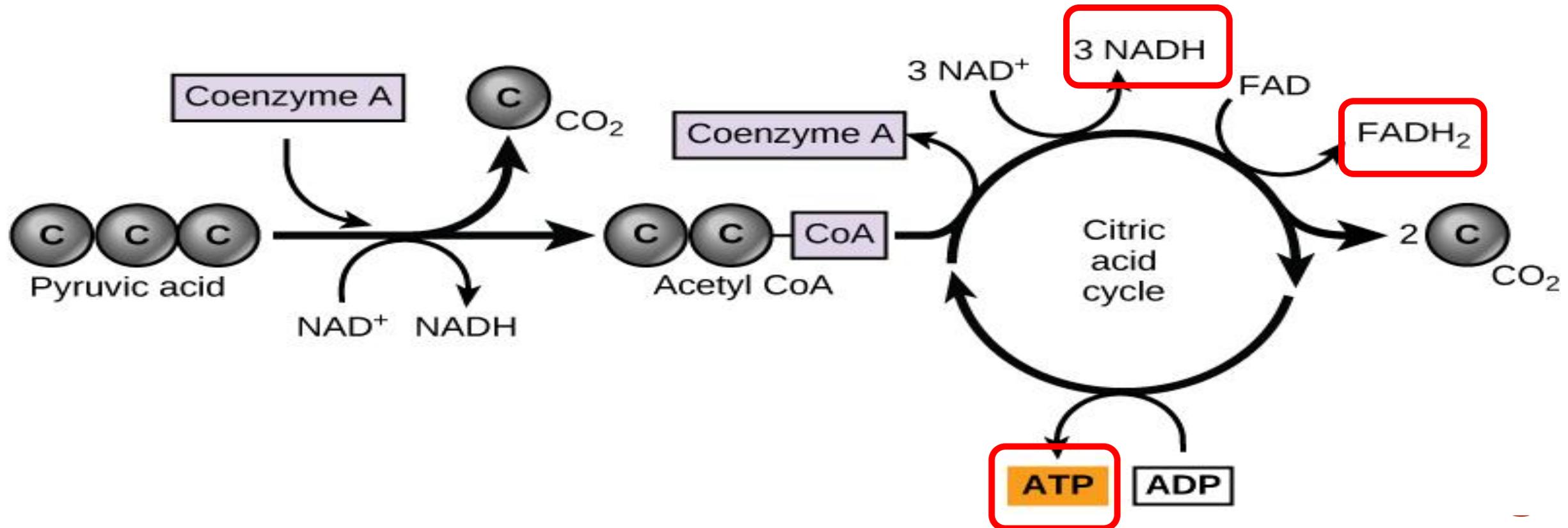
Oxidation of acetyl CoA; oxidative phosphorylation



# Importance of Krebs cycle (cont.)

**2) Energy production / 1 molecule acetyl CoA. (12 ATP)**

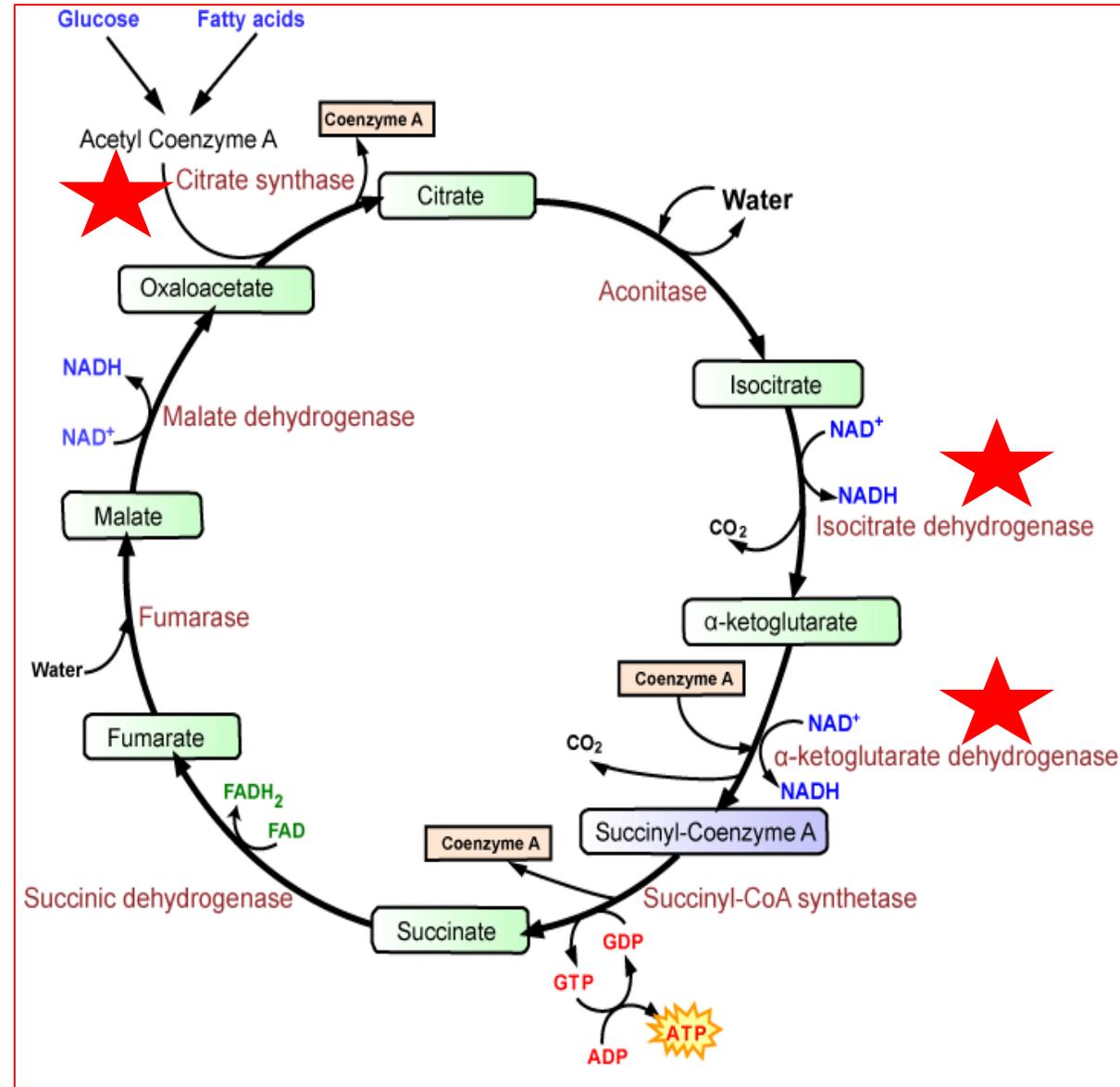
- **1 ATP** : at substrate level phosphorylation
- **1 FADH<sub>2</sub>** → ETC → (1x2) → **2 ATP**
- **3 NADH** → ETC → (3x3) → **9 ATP**



# Regulation of Krebs cycle (Regulatory enzymes of TCA)

❖ Krebs cycle is regulated at the 3 **irreversible steps** catalyzed by:

1. Citrate synthase
2. Isocitrate dehydrogenase
3.  $\alpha$ -ketoglutarate dehydrogenase

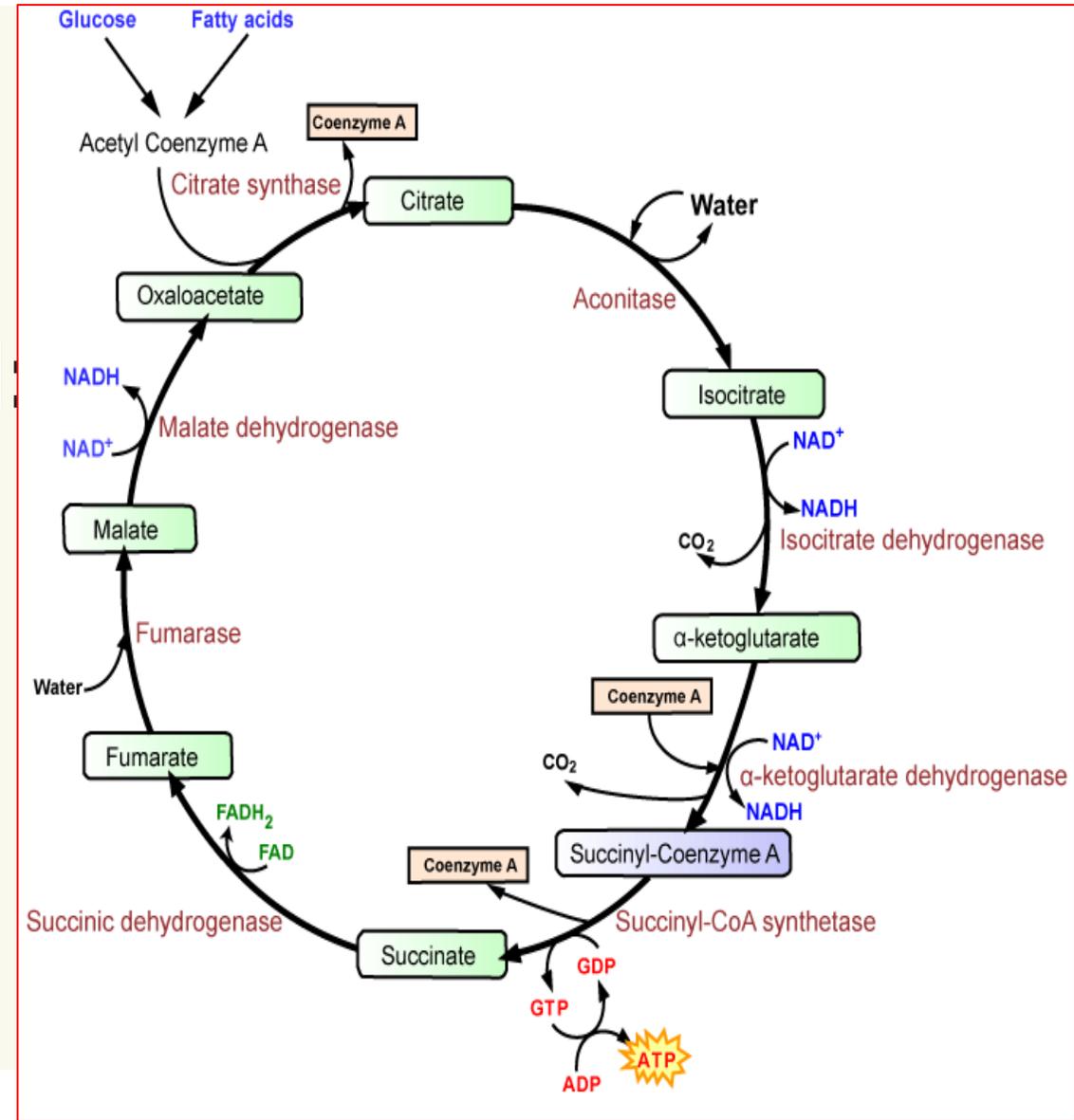


# Regulation of Krebs cycle (energy level of the cell)

❖ Krebs cycle is regulated according to the energy level

1. High ATP or NADH →  
**Down regulate** these 3 enzymes

2. High ADP or NAD →  
**upregulate** of these 3 enzymes



# Regulation of Krebs cycle (activators and inhibitors)

❖ Krebs cycle is activated and inhibited by other molecules:

## Activator of Krebs

1. **Ca** : Activates Citrate synthase enzyme:

*Ca<sup>2+</sup> which increases in concentration during muscular contraction (there is increased energy demand).*

## Inhibitors of TCA cycle:

1. **Fluoroacetate**: inhibits aconitase

2. **Arsenate**: inhibits  $\alpha$  ketoglutarate dehydrogenase

3. **Malonyl COA**: inhibits succinate dehydrogenase

# Complete oxidation of 1 Glucose

Pathway	Energy production	
<b>Aerobic Glycolysis</b> (Glucose → 2 pyruvate)	<b>2 ATP</b> 2 NADH+H → <b>6 ATP</b>	
<b>Oxidative decarboxylation</b> (pyruvate → acetyl CoA)	1 NADH+H → 3 ATP (2 pyruvate → 2 acetyl CoA → 2 NADH = <b>6 ATP</b> )	<b>1 NADH → 3 ATP in ETC</b>
<b>Krebs Cycle</b> (Acetyl CoA → 2 CO <sub>2</sub> , H <sub>2</sub> O)	1 ATP 1 FADH <sub>2</sub> → 2 ATP 3 NADH+H → 9 ATP = 12 ATP (2 acetyl CoA in Krebs cycle (2X 12 = <b>24 ATP</b> ))	<b>1 FADH<sub>2</sub> → 2 ATP in ETC</b>
<b>Total ATPs / 1 glucose</b>	<b>38 ATPs</b>	

- ✓ Complete oxidation of **1** glucose by **aerobic respiration** produces: **38 ATP + 6 CO<sub>2</sub>**
- ✓ NB: **anerobic glycolysis** produces only **2 ATPs** (no O<sub>2</sub> → so, Krebs cycle, ETC are not working)
- ✓ Each ATP = **10,000** calories.



# Summary



**Which one of the following Krebs cycle enzymes is activated by Ca ?**

- a) Fumarase**
- b) Citrate synthase enzyme**
- c) Aconitase**
- d) Succinate dehydrogenase**
- e)  $\alpha$  ketoglutarate dehydrogenase**



**The enzyme of TCA cycle is located in:**

- a) Lysosome**
- b) Plasma membrane**
- c) Nucleus**
- d) Cytoplasm**
- e) Mitochondria**



## MCQs

**The end product of glycolysis (pyruvate) enter TCA as :**

- a) Acetyl CoA**
- b) Pyruvate**
- c) NADH**
- d) Glucose**
- e) Oxalacetate**



## MCQs

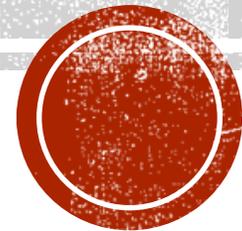
**How many ATPs are produced during oxidation of 1 acetyl CoA molecule in TCA?**

- a) 10**
- b) 13**
- c) 8**
- d) 12**
- e) 6**



# Glucose Oxidation

## III. Pentose shunt



# Hexose Monophosphate Pathway (HMP). (Pentose Shunt)

It is an **alternate** pathway for oxidation of glucose

## Definition:

- It is an alternative pathway for glucose oxidation.
- In which Glucose as (**G6P**) is oxidized and produces:
  - 1- **Pentose-5- phosphate**, and
  - 2- **NADPH** for biosynthetic reactions.

No energy is produced from glucose oxidation in HMP

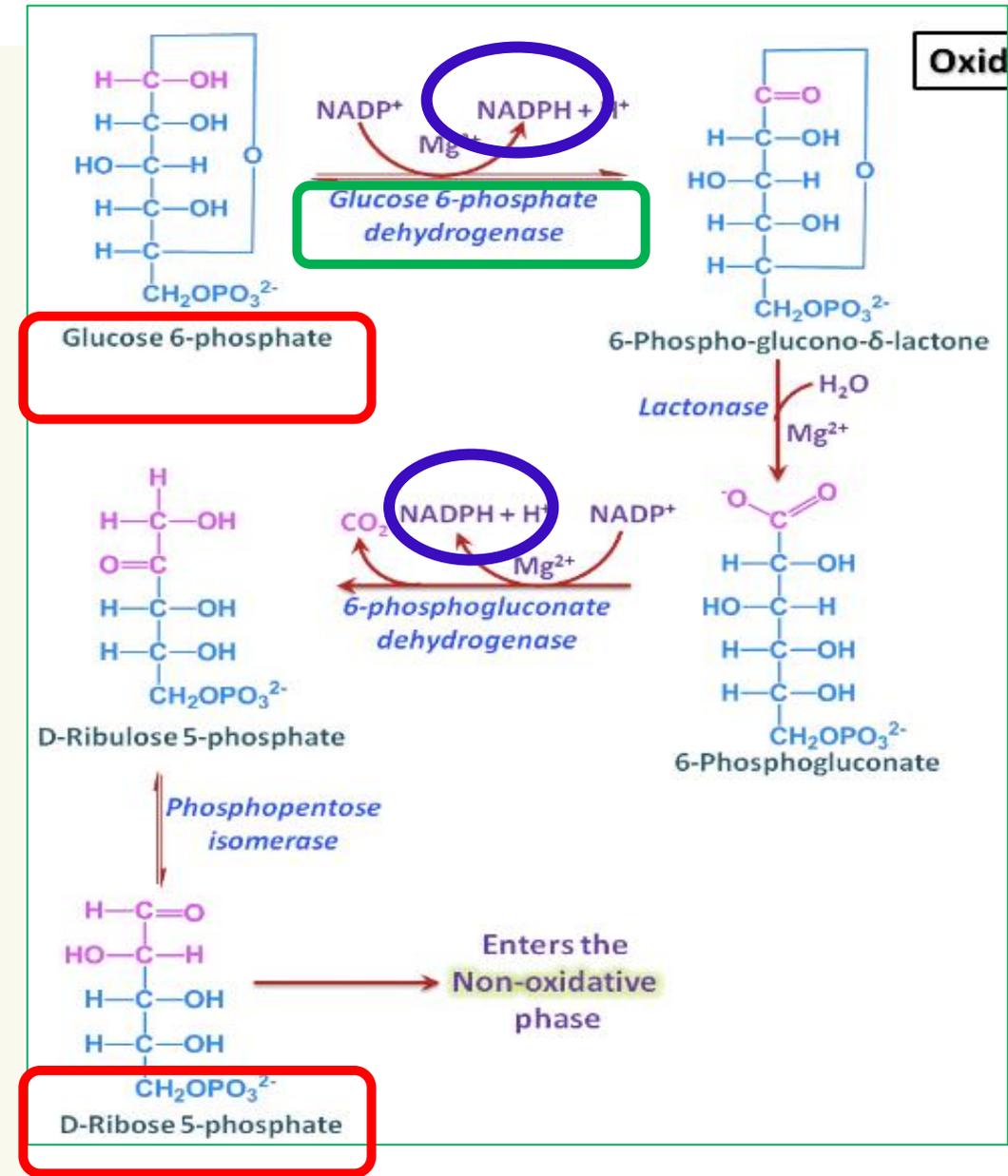
# Hexose Monophosphate Pathway (HMP). (Pentose Shunt)

## Site:

- ✓ **Cytosol** of many cells especially the followings:
  - **Liver** → cholesterol & FAs synthesis
  - **mammary gland, adipose tissue** → FAs synthesis
  - **Testes & ovaries** → male and female sex hormone synthesis
  - **Adrenal gland cortex** → steroid hormone synthesis
  - **Red blood cells** → maintenance of reduced glutathione \*\*\*\*
- ✓ As all these sites undergo **synthetic reactions** that require the presence of **NADPH**

# Phases of HMP

- ✓ **Irreversible**
- ✓ **Start by:** Glucose 6 phosphate (G6P)
- ✓ **End by formation of :** **Ribose 5 P** → enter nonoxidative step
- ✓ **Produce: 2 NADPH**
- ✓ Imp enzyme: **G-6-P dehydrogenase (G6PD)**
- ✓ The 1<sup>st</sup> reaction catalysed by **G-6-P dehydrogenase (G6PD) = (key regulatory enzyme)**



## II. Non-Oxidative phase

✓ Reversible steps

✓ Start by: **Ribose-5-P.**

(for nucleotide synthesis)

✓ Produce :

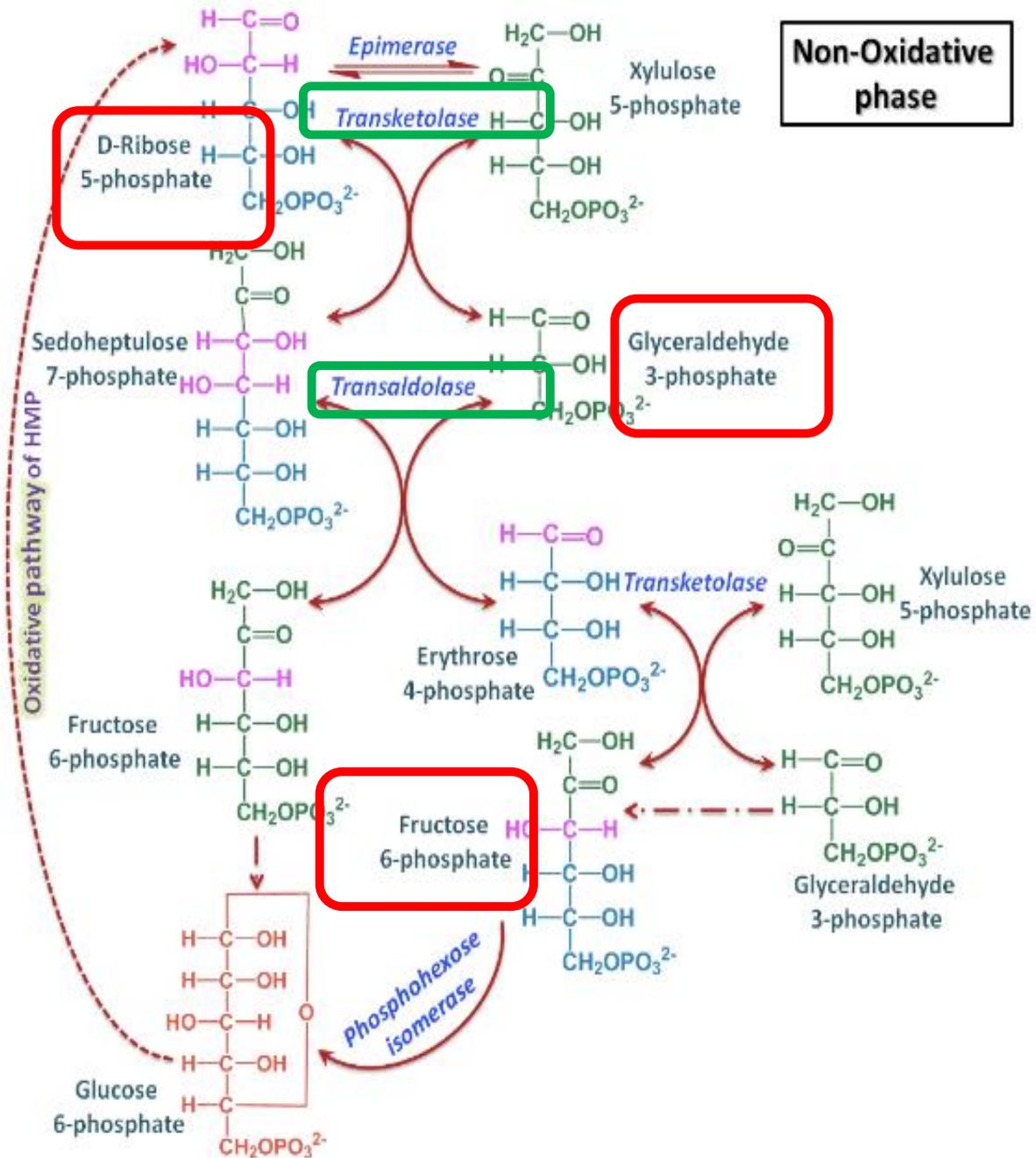
- Fructose 6-phosphate

- Glyceraldehyde 3-phosphate

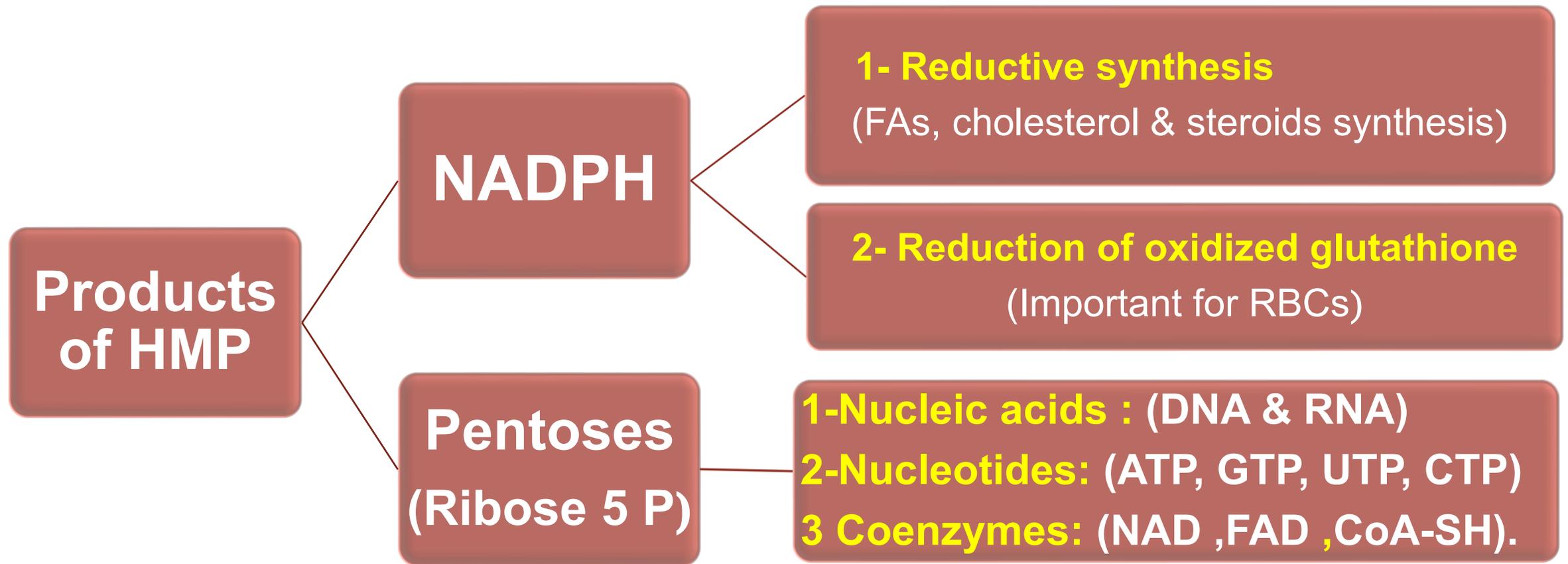
(both may enter glycolysis)

✓ Imp enzymes:

- Transketolase → transfer 2-C
- Transaldolase → transfer 3-C



# Importance, Function (Products) of HMP



# Importance of HMP in RBCs (Glutathione)

## A). In RBC

- ✓ RBC function is to carry Hemoglobin that carry O<sub>2</sub> to the tissue and CO<sub>2</sub> out of the tissue.
- ✓ So, RBCs is exposed heavily to **oxidative stress like H<sub>2</sub>O<sub>2</sub>** that is a powerful oxidant that produces damage of its DNA, proteins & phospholipids → **decrease life span of RBCS.**
- ✓ **Reduced Glutathione** (GSH) helps RBCs to get rid of accumulated H<sub>2</sub>O<sub>2</sub>  
**2 Reduced glutathione(GSH) + H<sub>2</sub>O<sub>2</sub> → oxidized glutathione (GSSG) + 2 H<sub>2</sub>O**
- ✓ As a result, the reduced glutathione will be converted to oxidized glutathione and must be regenerated.



## B) Importance of NADPH produced by HMP in RBCs

1- it is used to regenerate back the **reduced glutathione** from the oxidized one.

✓ **if no NADPH** → no reduced glutathione → accumulation of **H<sub>2</sub>O<sub>2</sub>** inside RBCs → → decrease **life span of RBCS** ( RBCs hemolysis).



2-it is needed for synthesis of **FA & cholesterol** in RBCs membrane.

✓ **If no NADPH** → inhibit **F.A. and cholesterol synthesis** in cell membrane of RBCs → increase fragility of RBCs and haemolysis → decrease **life span of RBCS**.

# Clinical Relevance of HMP (G6PD deficiency, Favism )

## Characters

- ✓ X linked recessive disorder characterized by **haemolytic anaemia** due to genetic deficiency of **G6PD enzyme** .
- ✓ Affects more than 200 million individuals worldwide.
- ✓ **Deficiency of G6PD** → decrease **NADPH** → RBCs cannot deal with the increased **oxidative stress (H<sub>2</sub>O<sub>2</sub>)** → Increasing **fragility and haemolysis**.

# Clinical Relevance of HMP

## Favism (G6PD deficiency)

### Precipitating factors of haemolysis

- ✓ **Not all** patients with G6PD deficiency develop favism and haemolytic anaemia
- ✓ **Some** individual when exposed to factors that increases oxidative stress (like H<sub>2</sub>O<sub>2</sub>) in RBCS will show haemolysis.
- ✓ **These factors like:**
  - 1) **Oxidizing drugs** e.g. **aspirin** , **primaquine** (anti-malarial drugs) , **sulphonamides** ( antibiotics) : all stimulate production of H<sub>2</sub>O<sub>2</sub>.
  - 2) **Favism: eating fava beans:** contain oxidizing agents (divicine).
  - 3) **Infection:** It is the most common precipitating factors of hemolysis in G6PD deficiency due to generation of more ROS.

# Clinical Relevance of HMP

## Favism (G6PD deficiency)

### Mechanism of haemolysis

- ❖ G6PD deficiency → decrease in NADPH → deficiency in reduced glutathione → accumulation of ROS (H<sub>2</sub>O<sub>2</sub>) that leads to:
  - oxidation of polyunsaturated fatty acids present in the cell membrane phospholipids of RBCs → its fragility & hemolysis.

### Treatment

1. **Avoidance** of the above factors
2. **Blood transfusion** during the attack of hemolysis



**Life**  
isn't about  
finding yourself.

...

**Life**  
is about  
creating yourself.

