

# Lipid Metabolism

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# Outline

Preliminary Info

Lipid Synthesis

Lipid b-oxidation

Ketones & Cholesterol

Lipid Transport

Eicosanoids + Structures



# Preliminary

## Types of Lipids:

- Triglycerides
  - Fatty Acids
  - Glycerol
- Cholesterol
- Cholesteryl esters
- Phospholipids
- Unestrified FA
- Sphingolipids

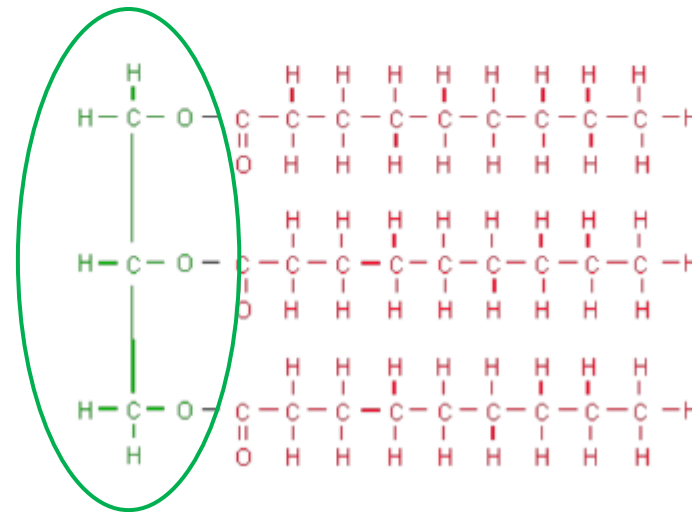
## Uses of Lipids

- Energy reserve
- Cell membrane components
- Fat-soluble vitamins
- Prostaglandins
- Steroid hormones

**Increased chain length: decreased solubility & increased melting temperature**

**Increased number of double bonds (decreased saturation):  
increased solubility & decreased melting temperature**

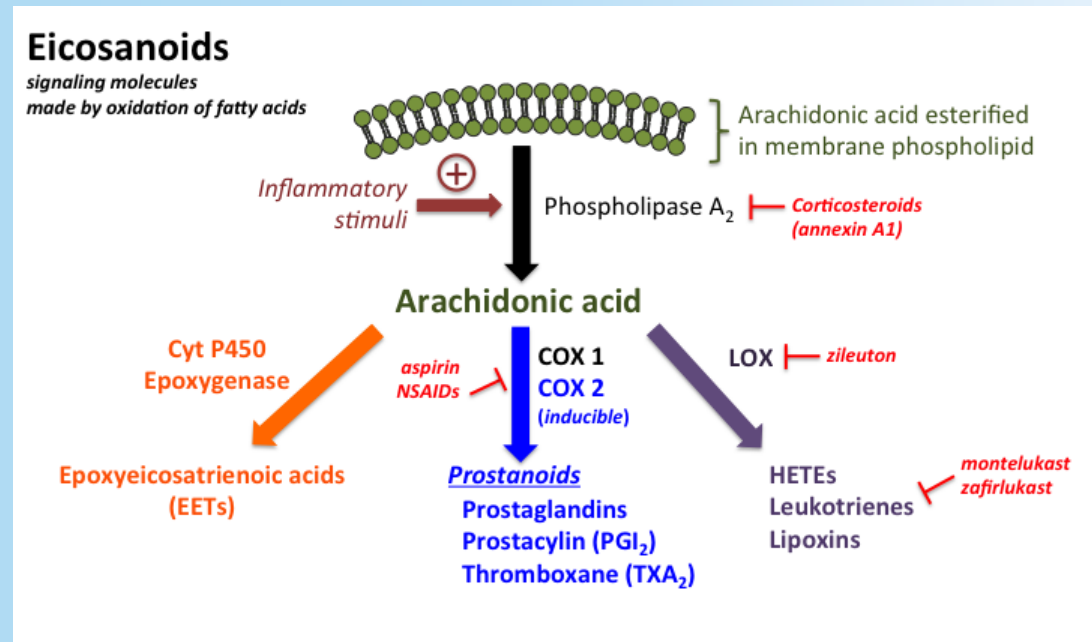
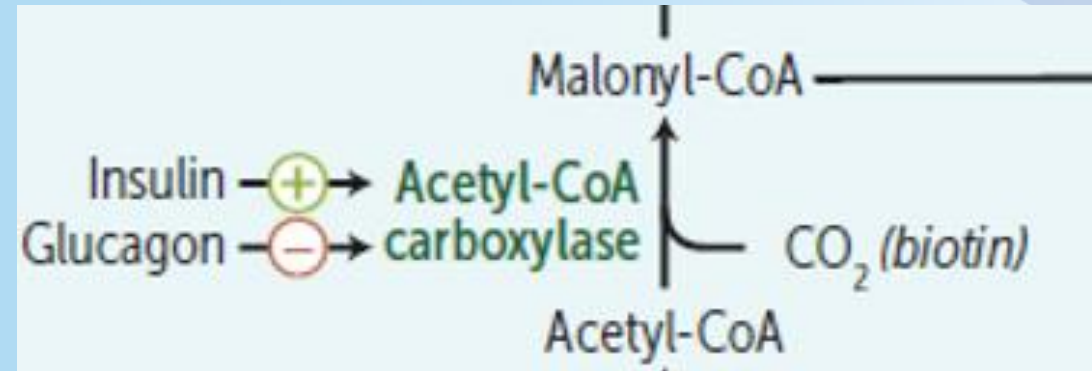
## TRIGLYCERIDE/TRIAGLYCEROL



- Fats are not soluble in water (hydrophobic)
- Glycerol Backbone

# What to look for when studying biochemical pathways

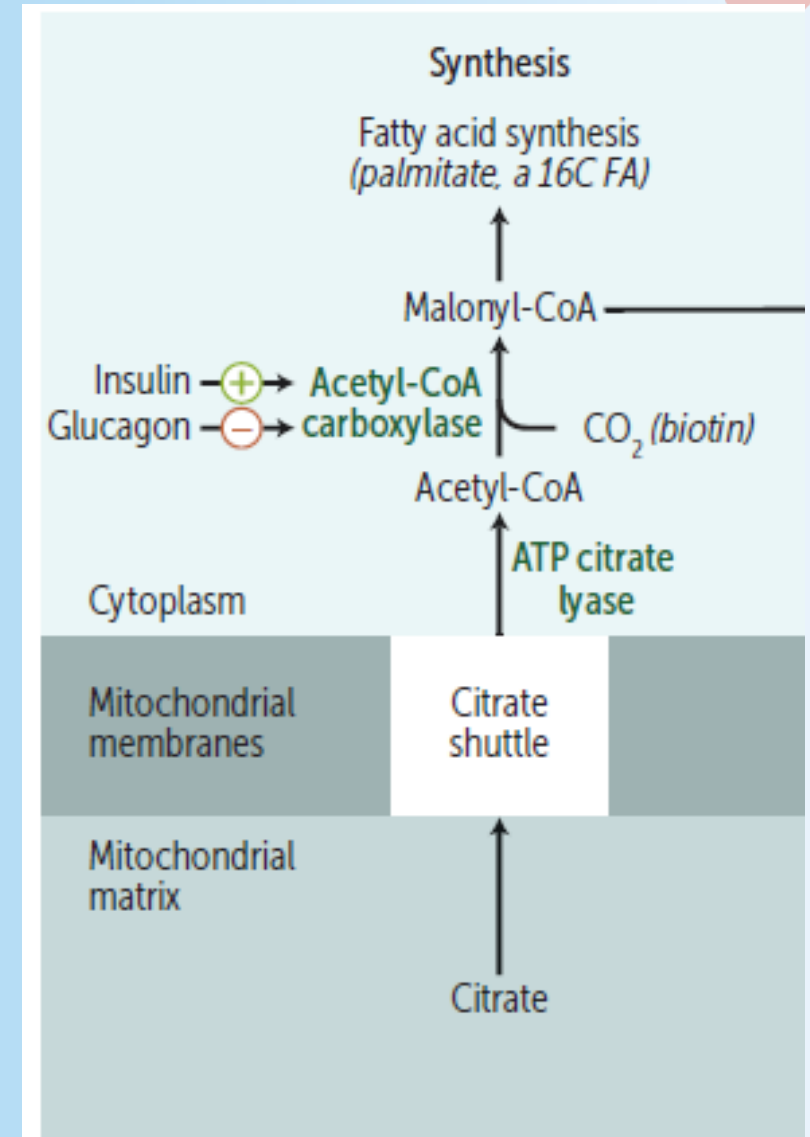
- 1) Enzymes (+ Possible Cofactors)
- 2) Rate limiting steps (Usually Require ATP)
- 3) Pharmacological tie-in [Effects of Insulin and Glucagon]



# Fat synthesis

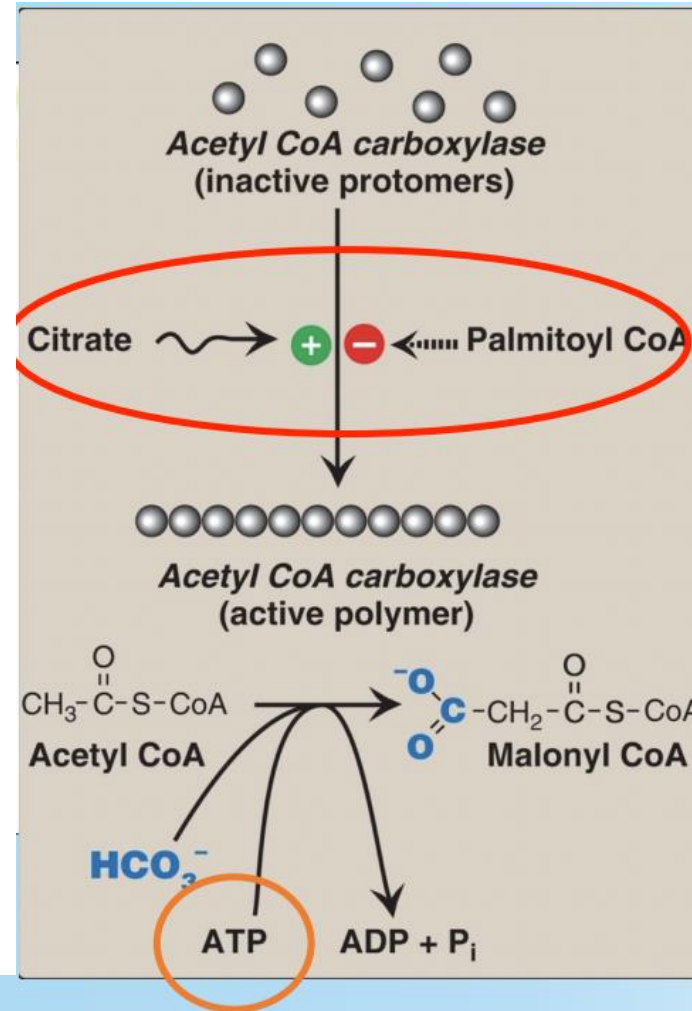
## NOTE:

- Citrate shuttle!
- Citrate is an energy marker
- Fatty Acids **NOT** used by:
  - **RBC's:** Glycolysis only (no mitochondria for  $\beta$ -oxidation of FA's)
  - **Brain:** Glucose & Ketones only!
- Predominantly occurs in Liver and Adipose Tissue



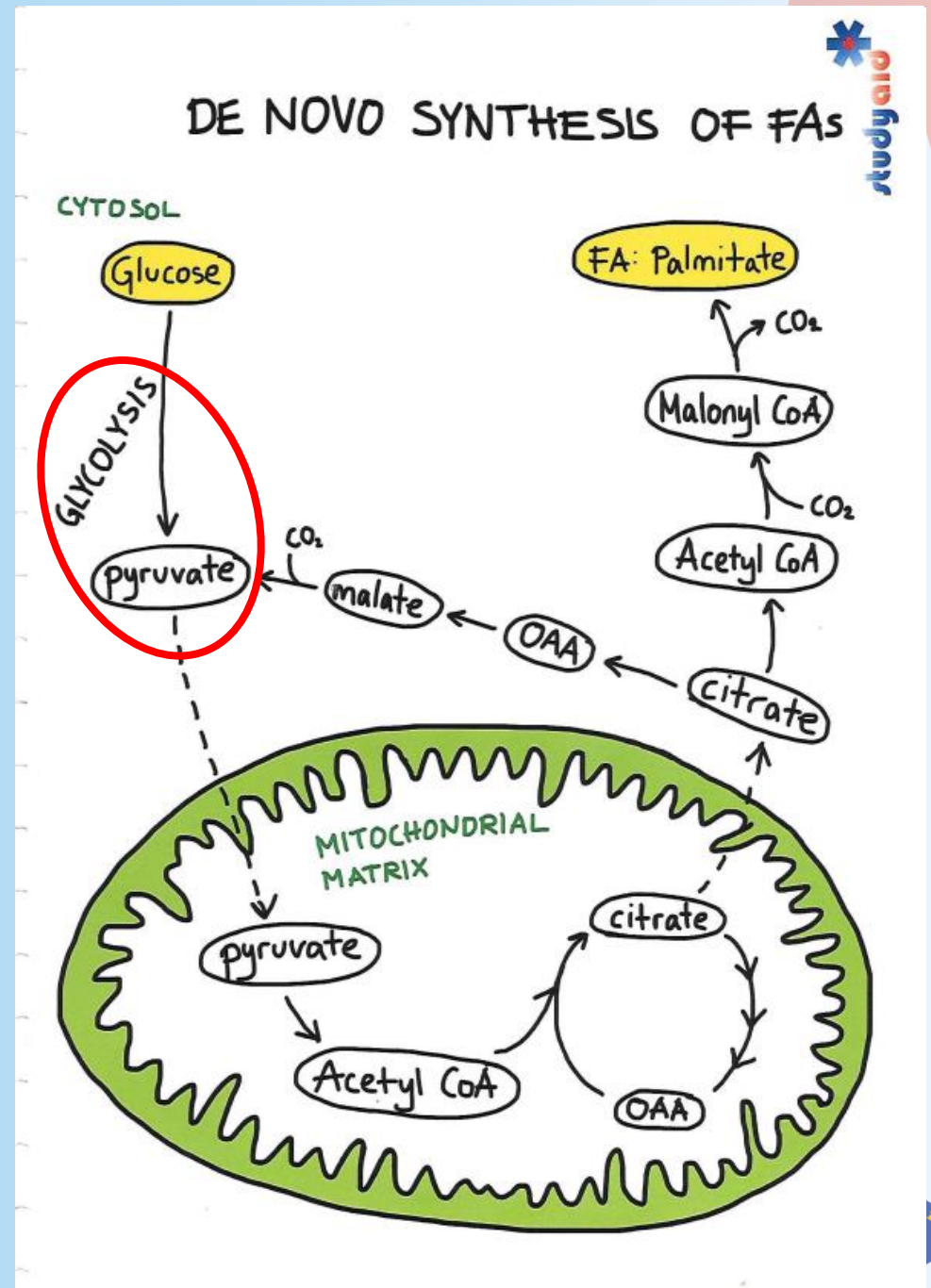
Acetyl CoA carboxylase is the rate limiting enzyme

The rate limiting step is the conversion of Acetyl-CoA to Malonyl-CoA



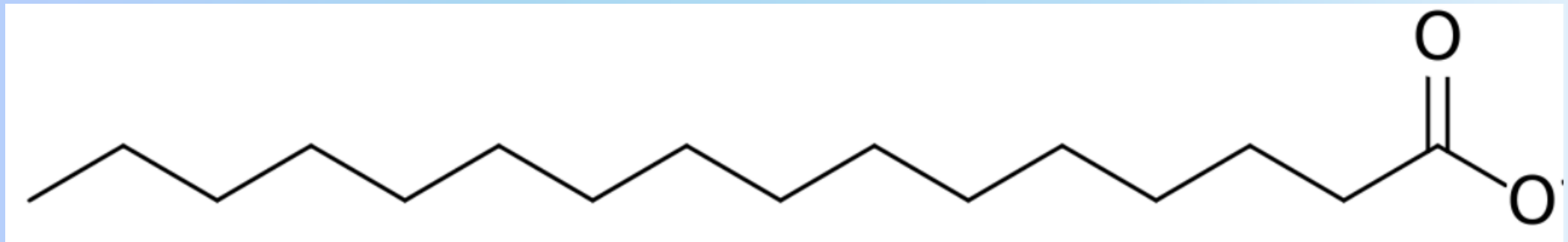
# How to Move Acetyl-CoA?

- Well-Fed state = Influx of Insulin = More Glycolysis = More citrate!
- If cell's energy needs are met (enough ATP and NADH) then citrate accumulates
- Oxaloacetate recycled back into mitochondria through malate shuttle



# Palmitate (16c)

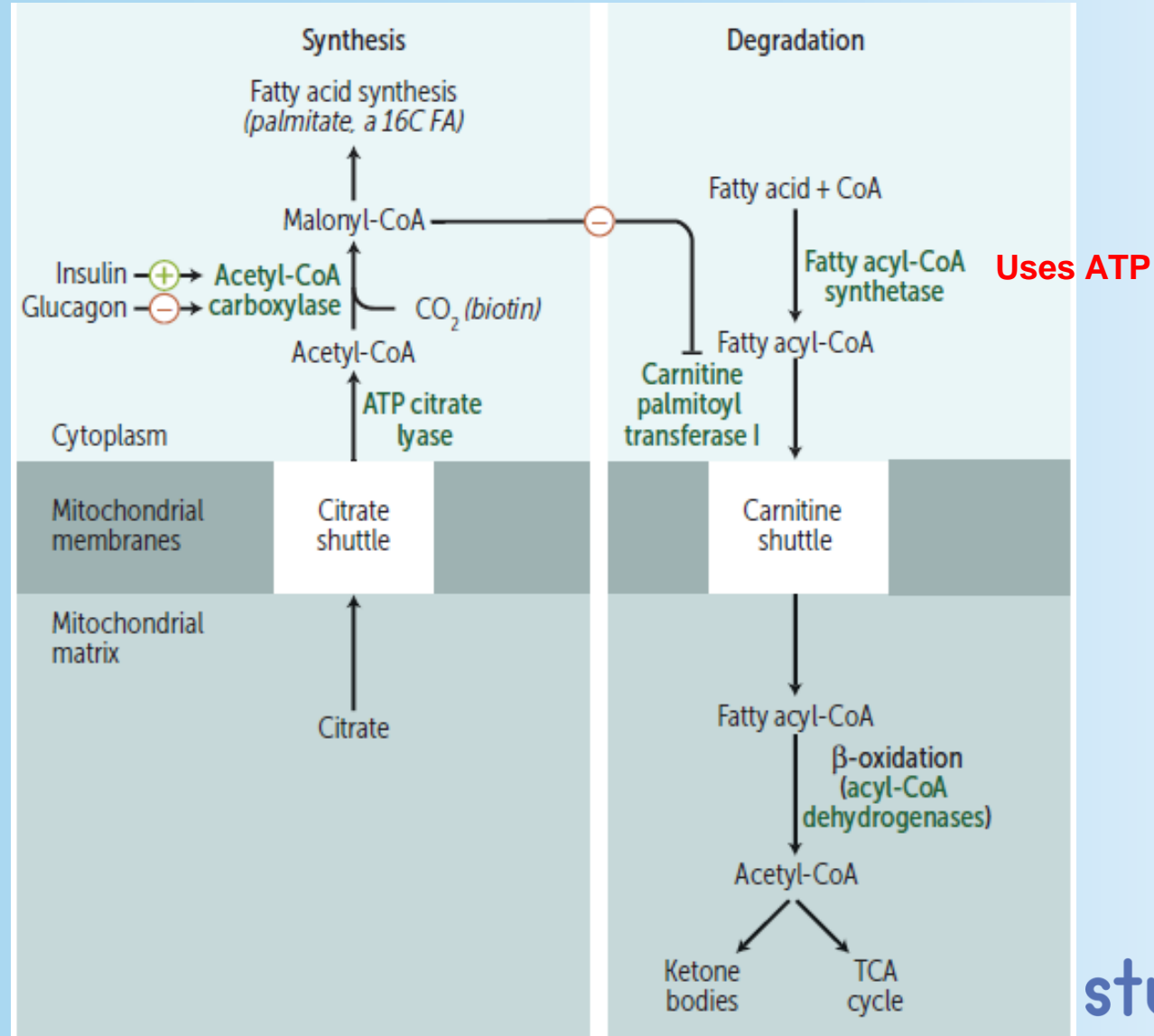
- NADPH is used for final step of Reducing Malonyl-CoA to *Palmitate*





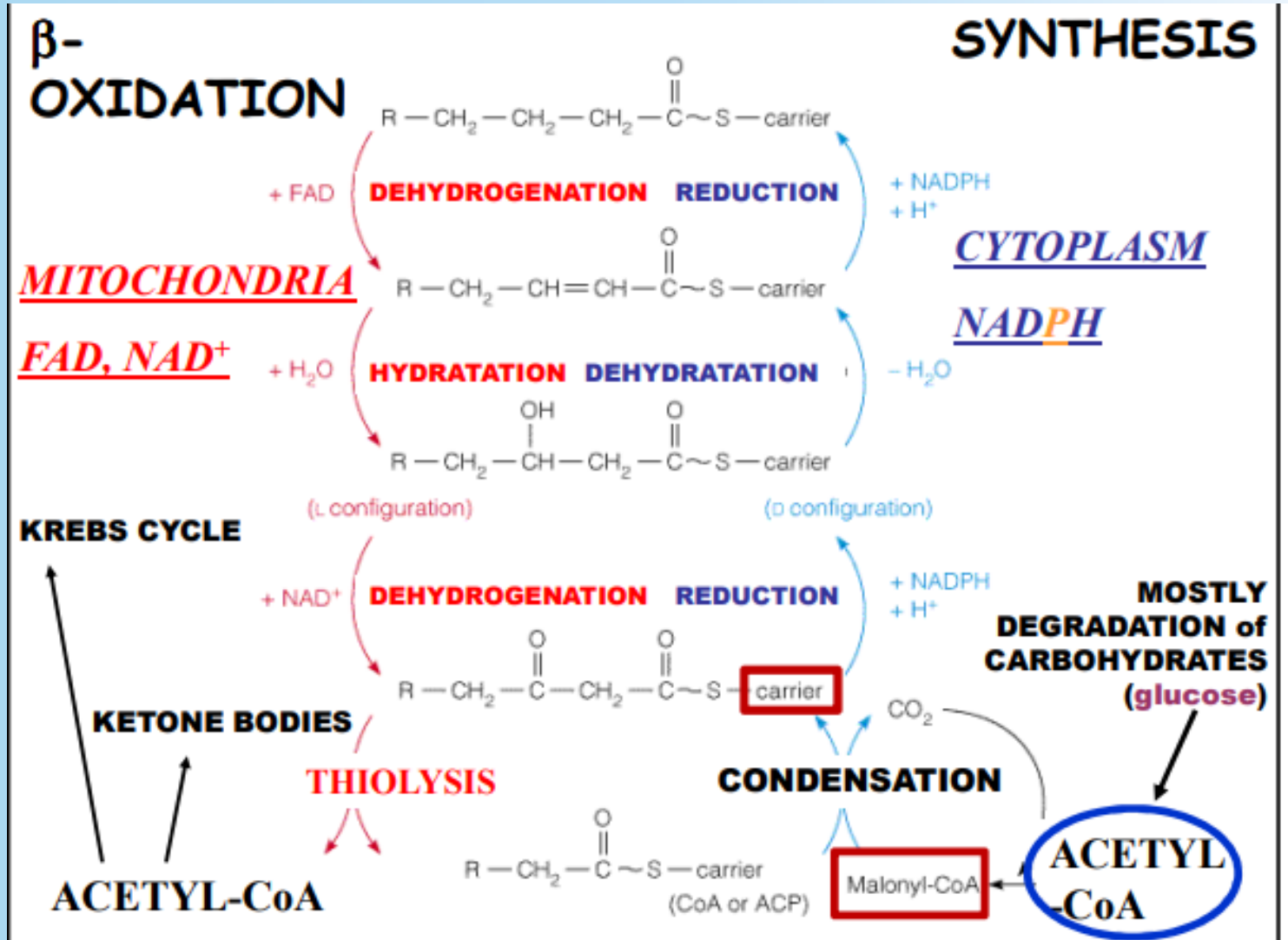
# Fatty acid degradation

NOTE:  
**Malonyl-CoA inhibits CPT1** meaning Fatty Acid synthesis and degradation does not happen simultaneously

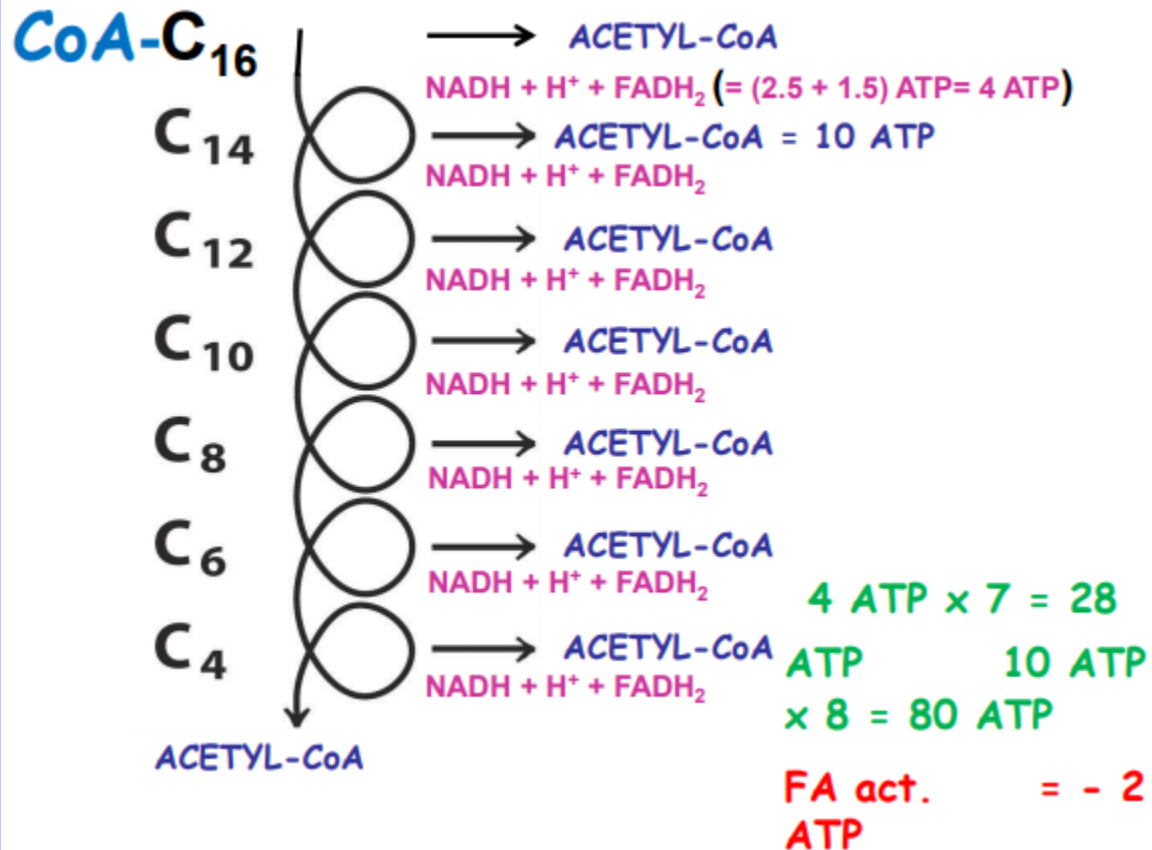


# β-oxidation of FA's

- VLCFA (>20 carbons)  
B-Oxidation in peroxisomes
- Different Acyl CoA  
Dehydrogenases for different  
lengths! (ex. Medium-chain  
acyl-CoA dehydrogenase)



# Energy Output



## β-OXIDATION ATP YIELD

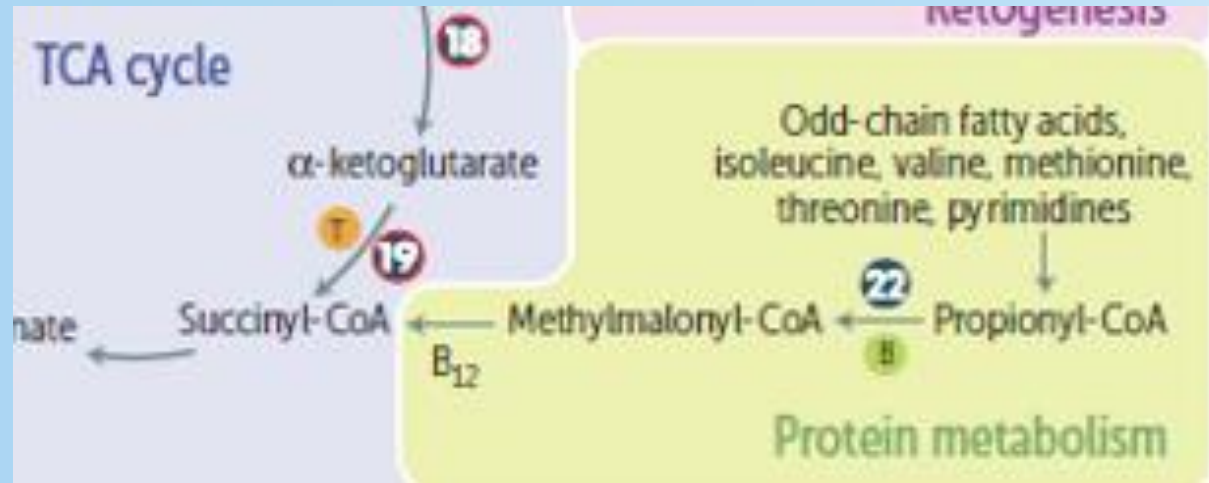
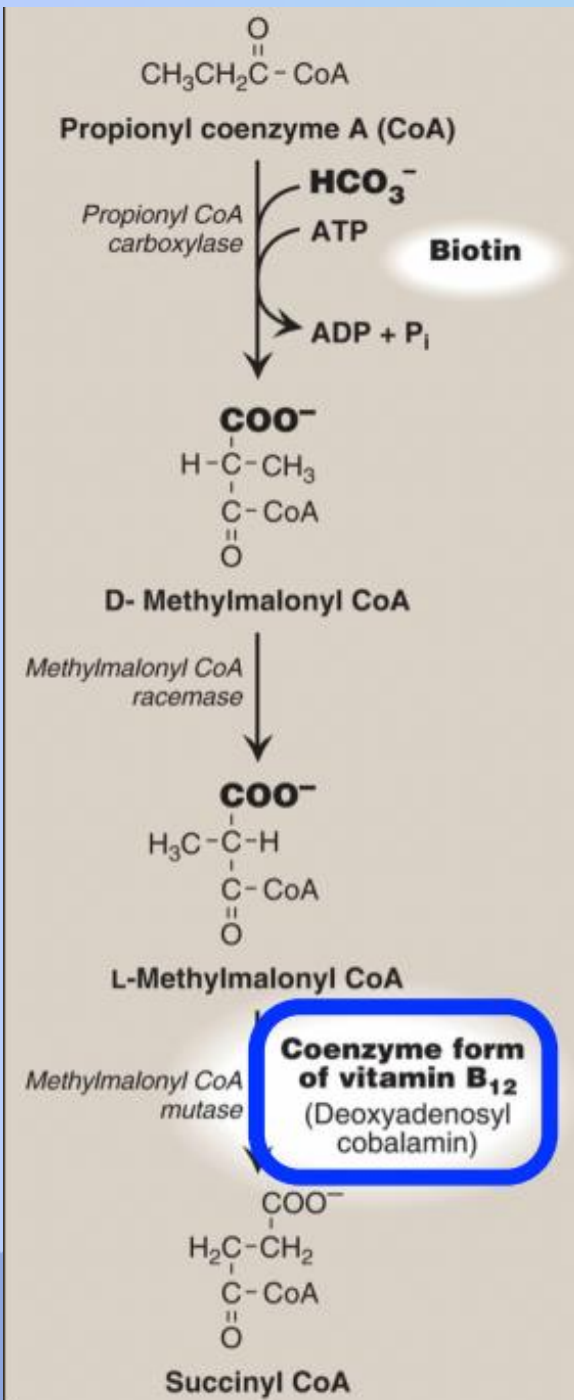
$\text{C}_{16}$  fatty acid →  $16\text{CO}_2$  129 ATP

### Breakdown into steps:

Activation of fatty acid to fatty acyl-CoA	-2 ATP
7 $\text{FADH}_2$ made from forming double bond at C-2 ( $7 \times 2$ )	14 ATP
7 NADH made from oxidations during formation of 3-ketoacyl-CoA ( $7 \times 3$ )	21 ATP
8 acetyl-CoA ( $8 \times 12$ ) through TCA cycle	96 ATP



# What about Odd Chain Fatty Acids?



- Vit B12 deficiency causes buildup of Methylmalonyl-CoA
- Succinyl-CoA straight to TCA cycle

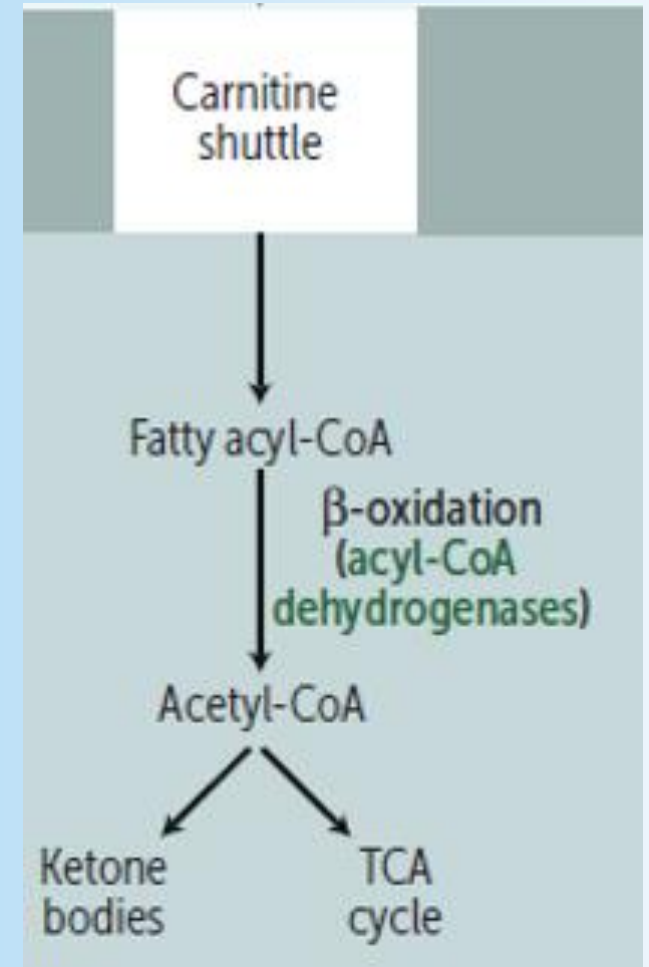
# Medium-chain acyl-CoA dehydrogenase deficiency

Autosomal recessive

No enzyme = Impaired fatty acid breakdown → **Decreased acetyl-CoA**  
+ Buildup of fatty acyl carnitines.  
Hypoketotic Hypoglycemia

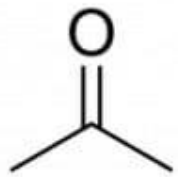
**Symptoms:** Seizures, vomiting, coma, liver dysfunction, hyperammonemia

**Tx** = Avoid fasting

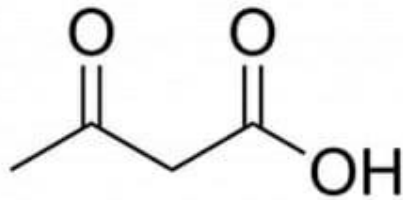


# Ketones

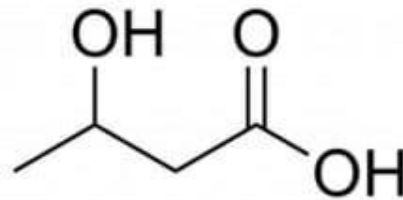
- Generated in the Liver!  
(Sometimes Kidney too)
- Ketones are used by the brain and muscles.
- RBCs can not use ketones (only glucose)



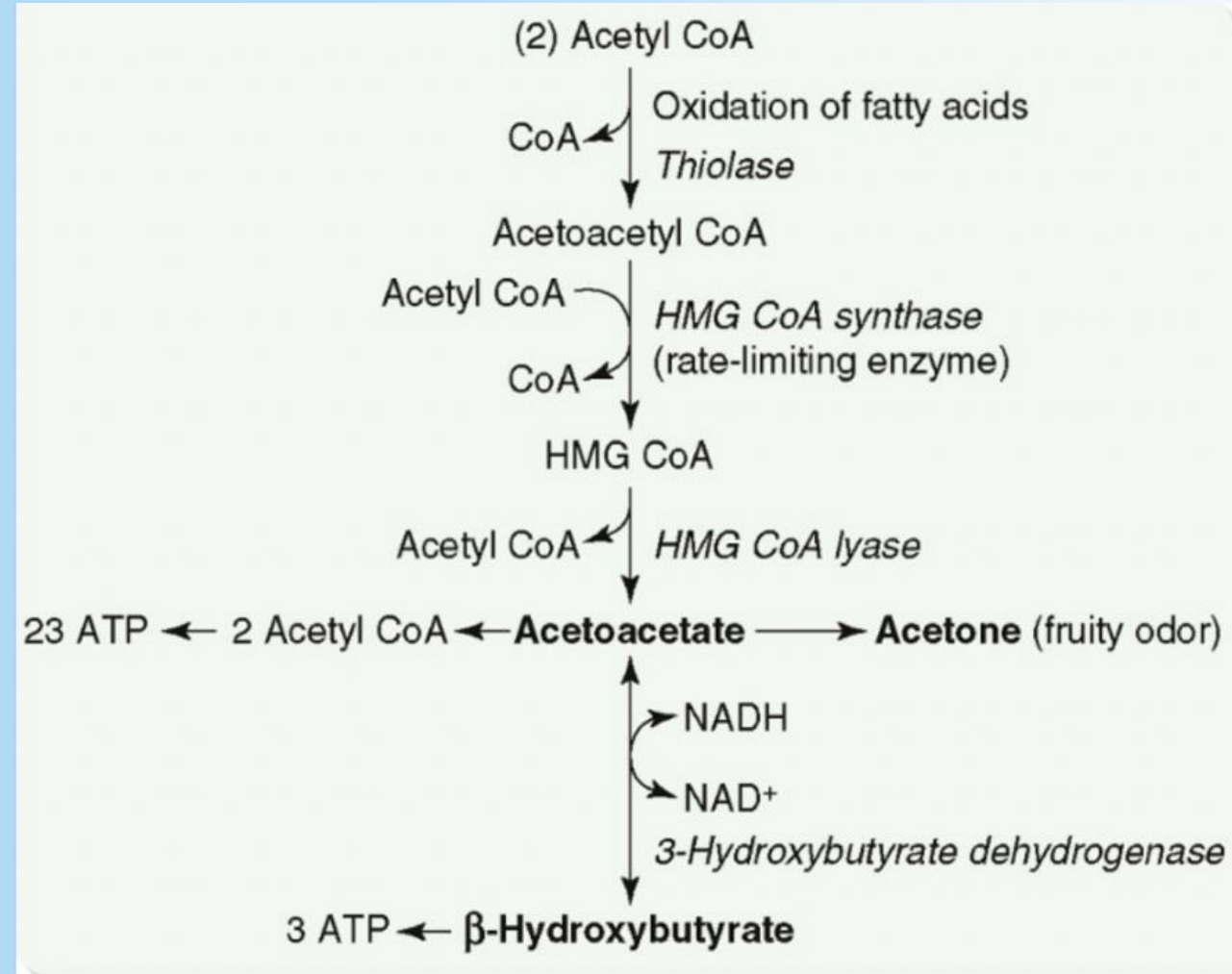
Acetone



Acetoacetic acid



Beta-hydroxybutyric acid  
(Often referred to as  
Beta-hydroxybutyrate)

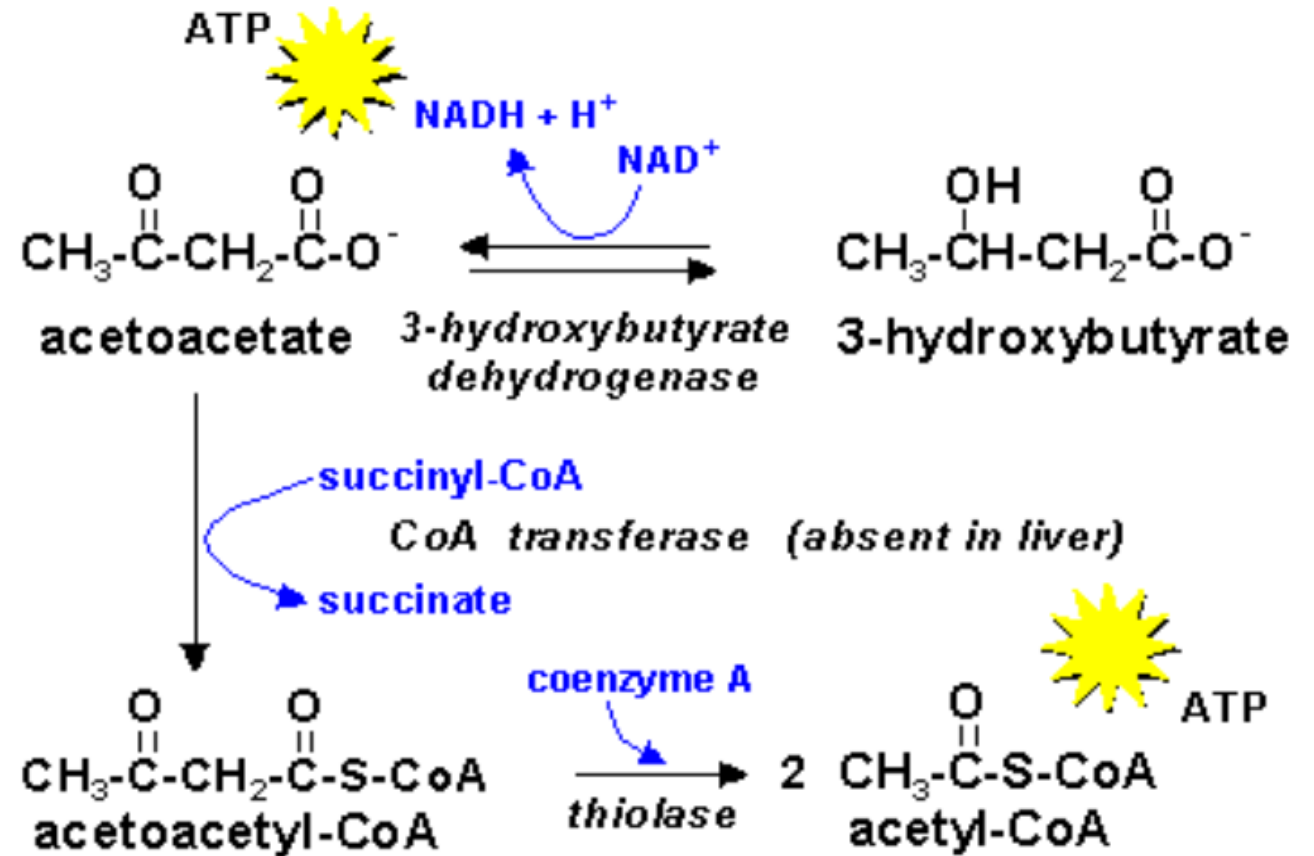




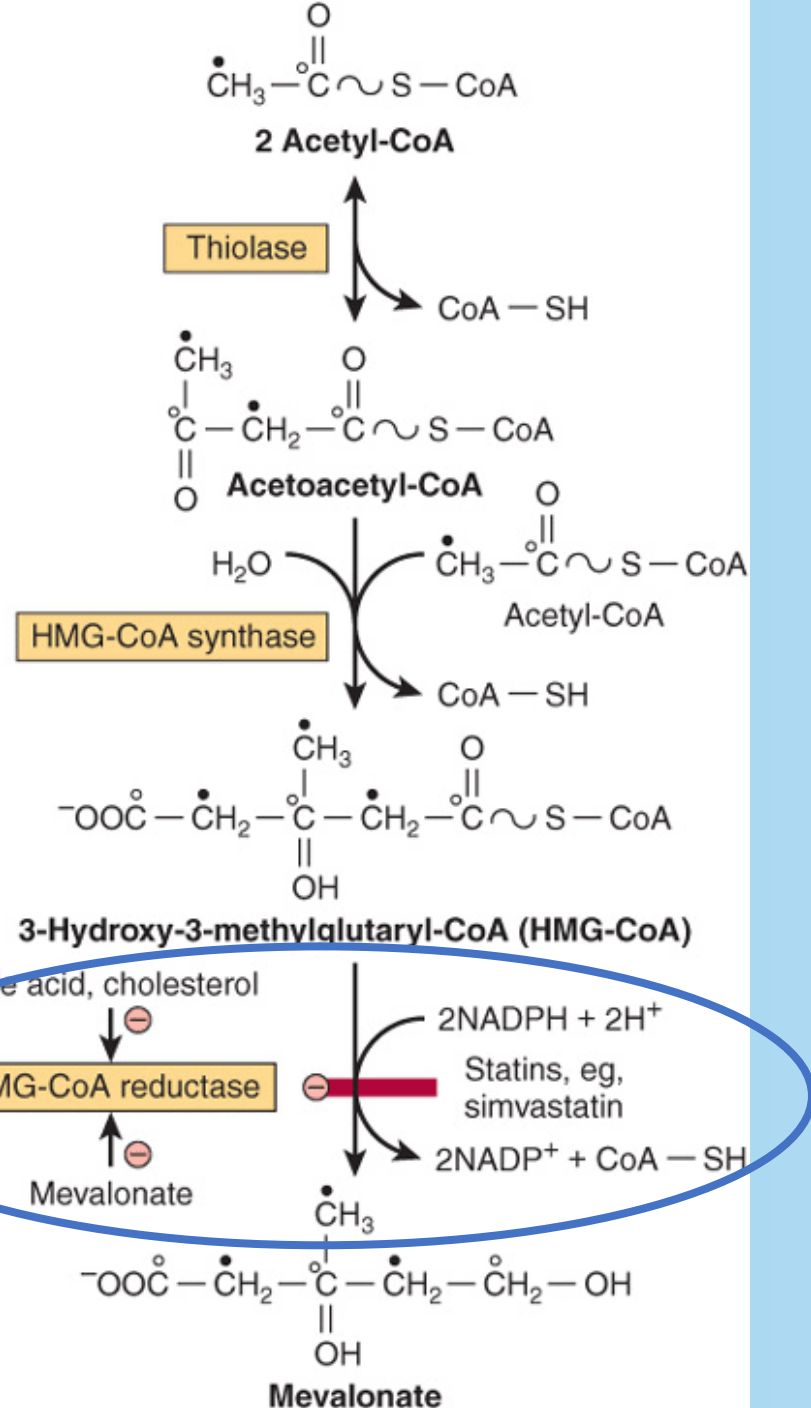
# When are Ketones produced?

- Prolonged starvation & Diabetic Ketoacidosis = oxaloacetate depleted
- Chronic alcohol overuse = NADH excess
- Both of the above processes lead to acetyl-CoA buildup which is shunted to ketone synthesis

## Enzymes in Ketone Body Utilization



# Cholesterol Synthesis



- HMG-CoA reductase = Rate Limiting
- Inhibited by statin drugs and by cholesterol + mevalonate buildup
- Insulin Induces HMG-CoA Reductase
- Glucagon Inhibits HMG-CoA Reductase





# Don't mix these up!

HMG-CoA **Lyase** = **Ketone** production

HMG-CoA **Reductase** = **Cholesterol** synthesis

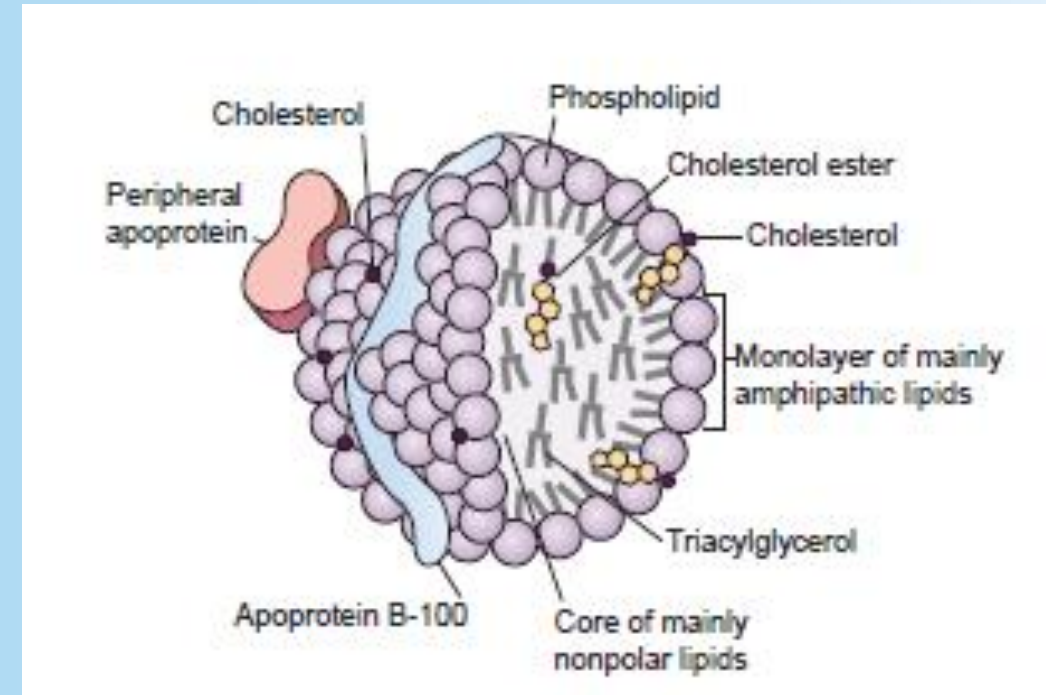


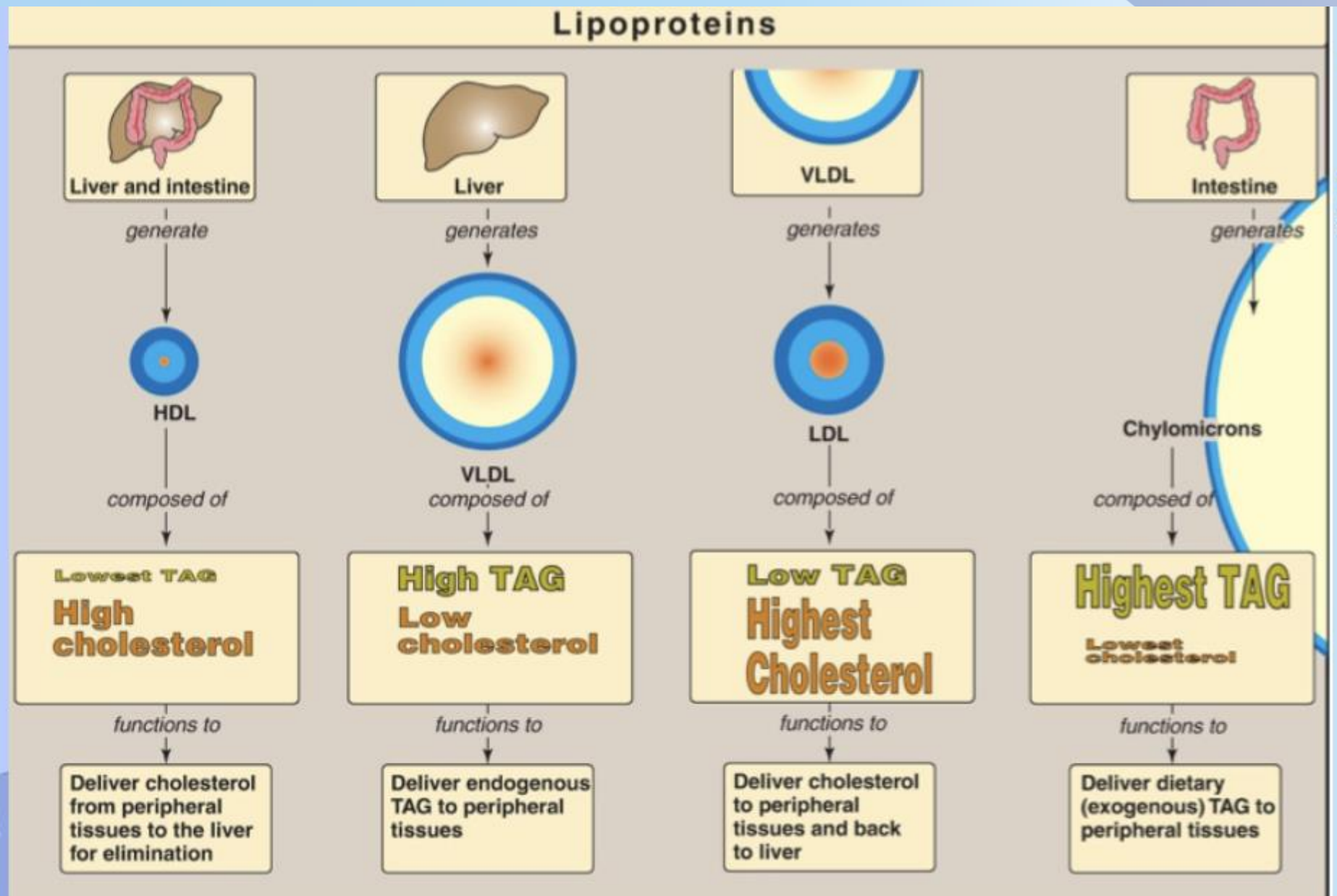
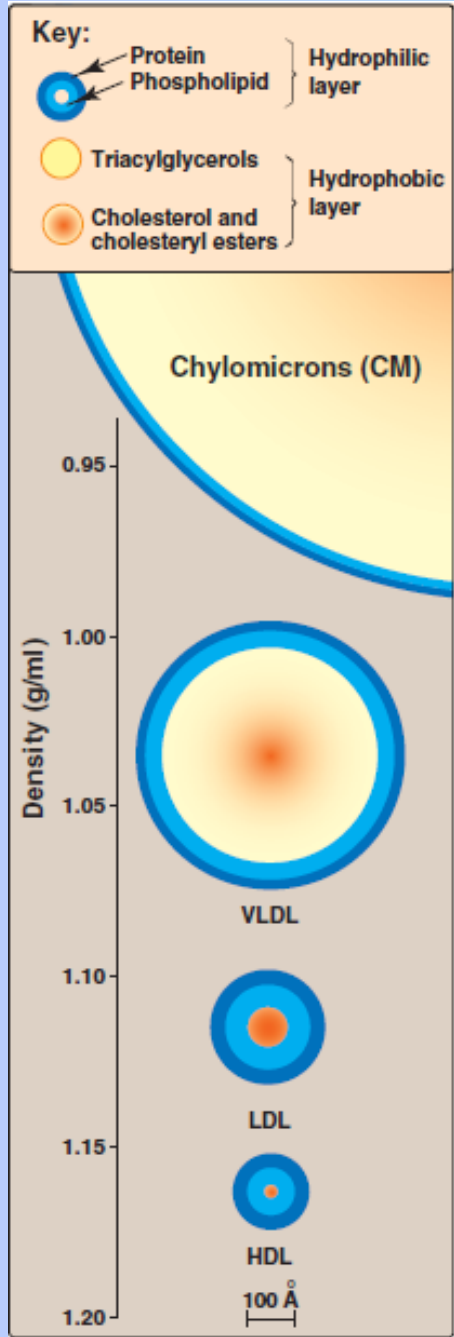
## IMPORTANT

# What are lipoproteins?

- Lipoproteins = transporters for **hydrophobic lipids** in the blood

- Chylomicrons
- Very low-density lipoproteins (VLDL)
- Intermediate-density lipoprotein (IDL)
- Low density lipoproteins (LDL)
- High density lipoprotein (HDL)





**Table I-15-1. Classes of Lipoproteins and Important Apoproteins**

Lipoprotein	Functions	Apoproteins	Functions
Chylomicrons	Transport dietary triglyceride and cholesterol from intestine to tissues	apoB-48 apoC-II apoE	Secreted by intestine Activates lipoprotein lipase Uptake of remnants by the liver
VLDL	Transports triglyceride from liver to tissues	apoB-100 apoC-II apoE	Secreted by liver Activates lipoprotein lipase Uptake of remnants (IDL) by liver
IDL (VLDL remnants)	Picks up cholesterol from HDL to become LDL Picked up by liver	apoE apoB-100	Uptake by liver
LDL	Delivers cholesterol into cells	apoB-100	Uptake by liver and other tissues via LDL receptor (apoB-100 receptor)
HDL	Picks up cholesterol accumulating in blood vessels Delivers cholesterol to liver and steroidogenic tissues via scavenger receptor (SR-B1) Shuttles apoC-II and apoE in blood	apoA-1	Activates lecithin cholesterol acyltransferase (LCAT) to produce cholesterol esters





# Fat transport

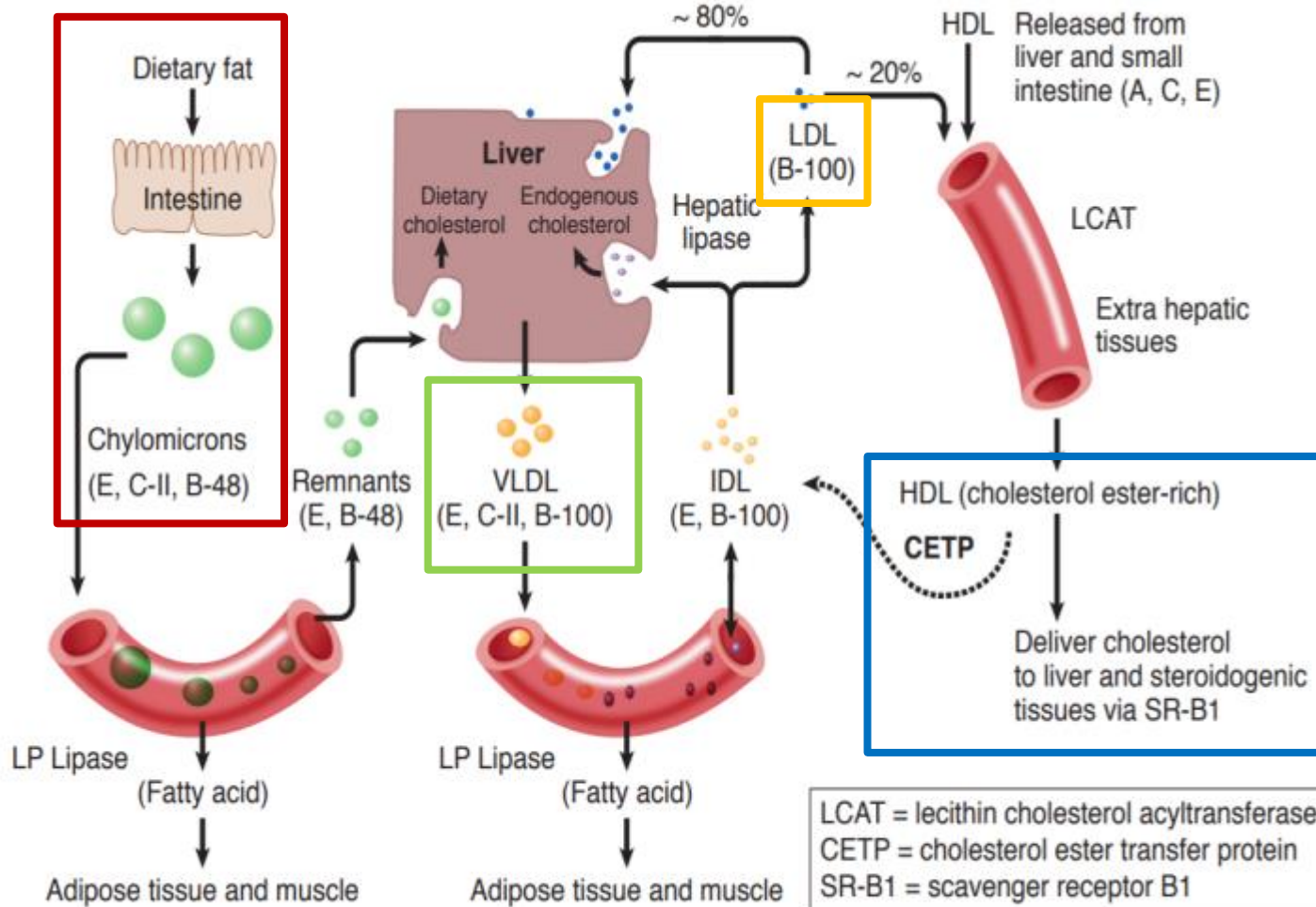


Figure I-15-5. Overview of Lipoprotein Metabolism

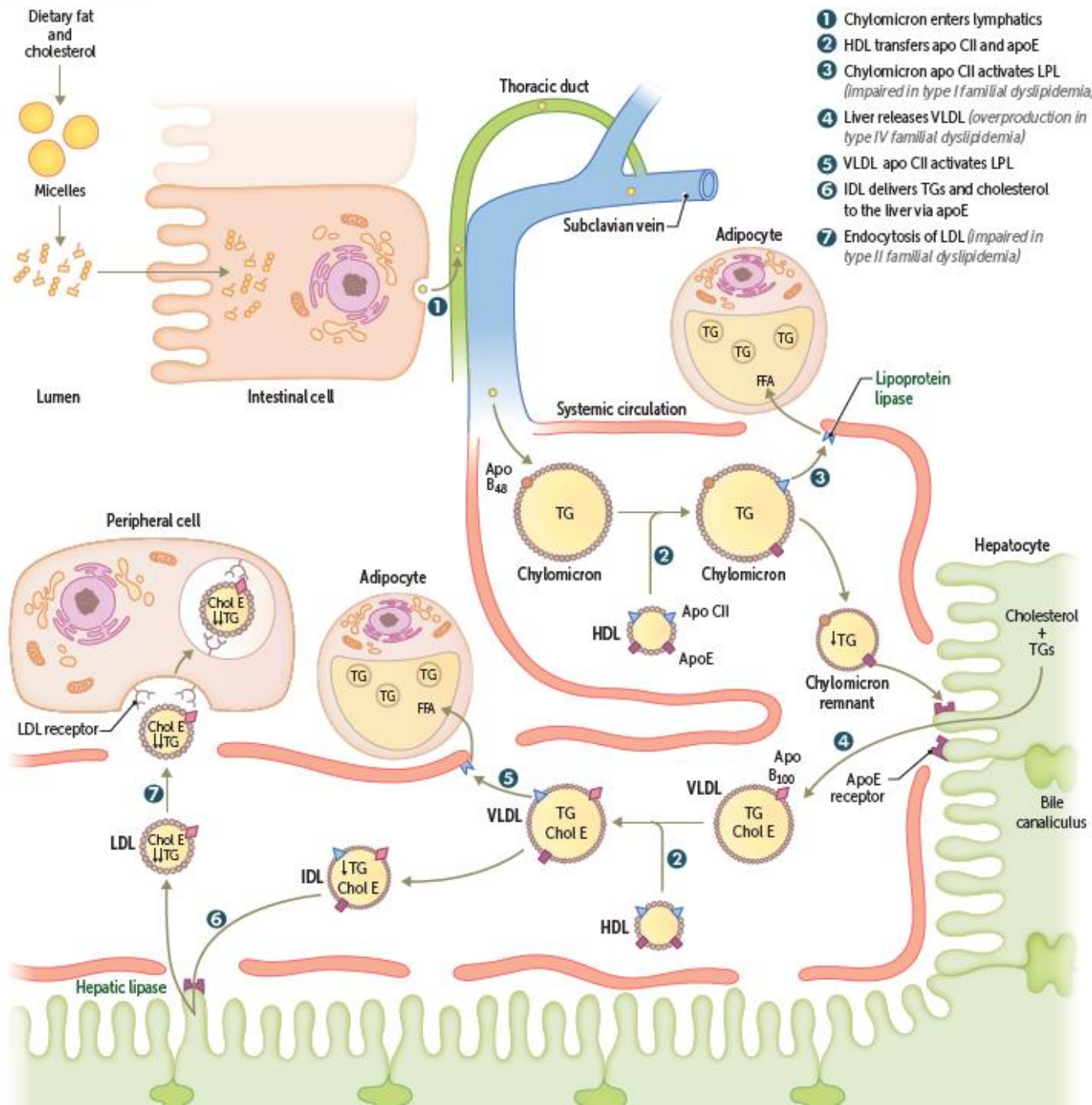
**Chylomicrons:** Bind exogenous dietary fat.  
**C-II** activates **LP lipase B-48** for unique identification

**VLDL:** Newly synthesized endogenous triglycerides from liver to tissues.

**LDL:** Cholesterol to tissues  
**B-100** binds **LDL receptor**

**HDL:** Cholesterol from tissues to liver

## Lipid transport



ApoE for Exit  
(everything except LDL)

ApoA-1 for Activation of  
LCAT

ApoC-2 for Cleaving with  
Lipoprotein lipase

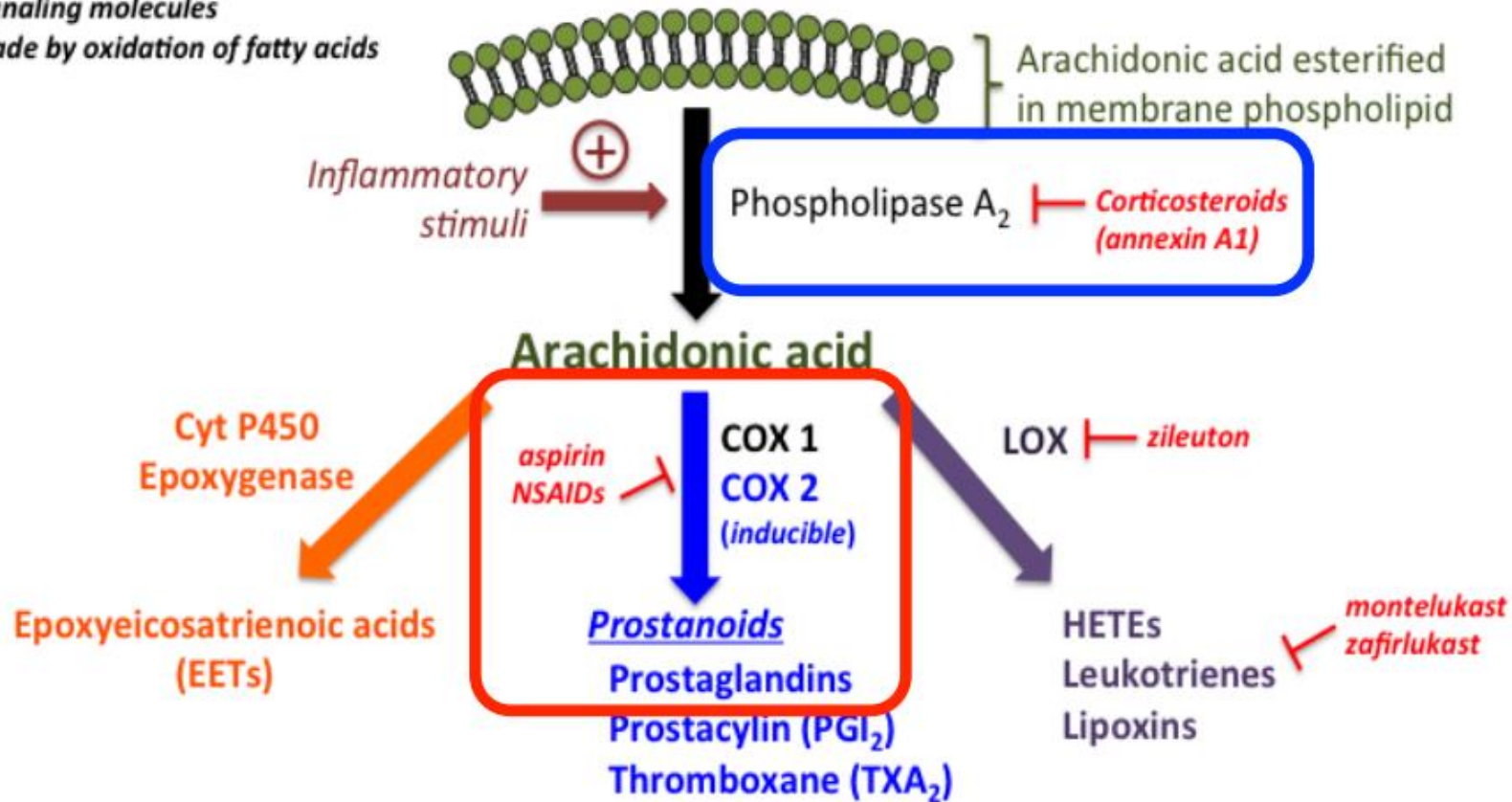
Chylomicrons from  
intestines = B48

VLDL and LDL from  
liver = B100

# Eicosanoids

## Eicosanoids

signaling molecules  
made by oxidation of fatty acids

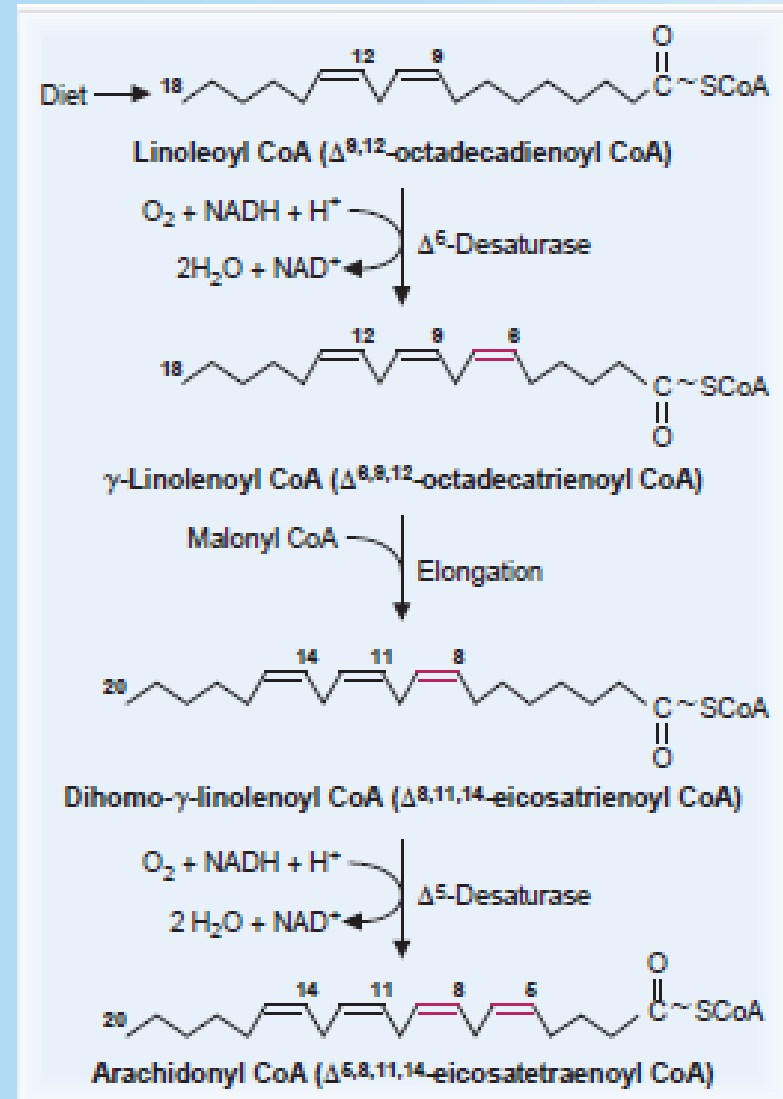


- Steroids inhibit all products of Arachidonic acid
- NSAIDs only inhibit Prostanoid formation

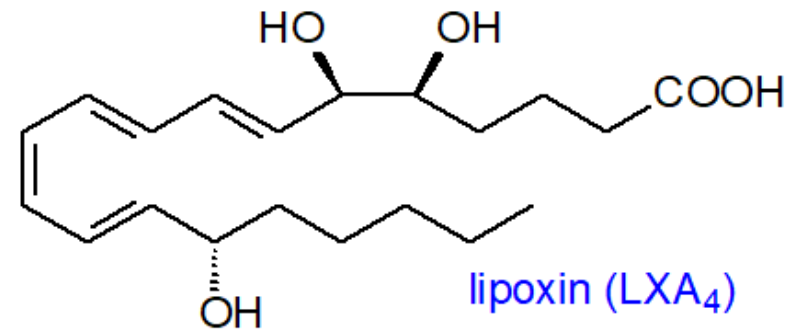
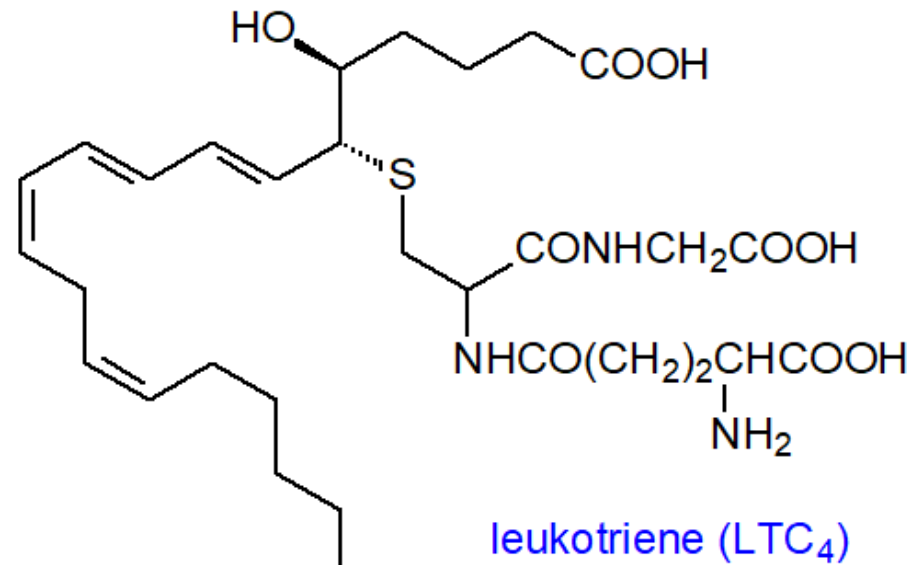
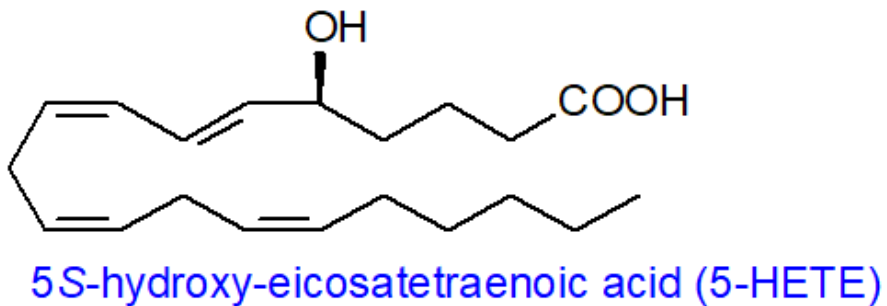
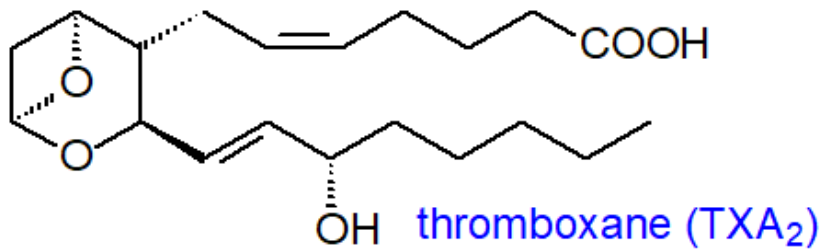
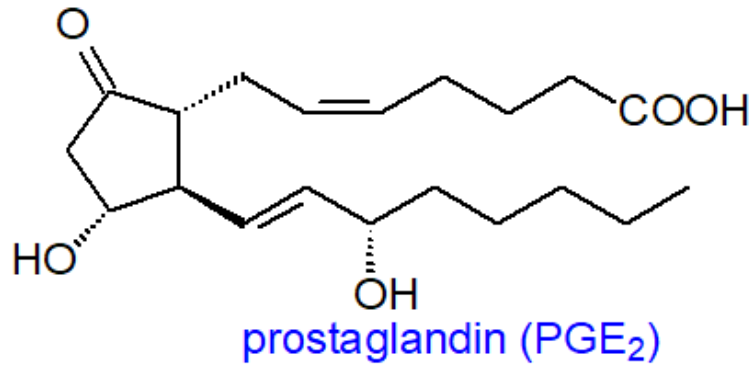


# Where does Arachidonic Acid come from?

- Elongation + Desaturation of **Linoleic acid** leads to **Arachidonic Acid** production

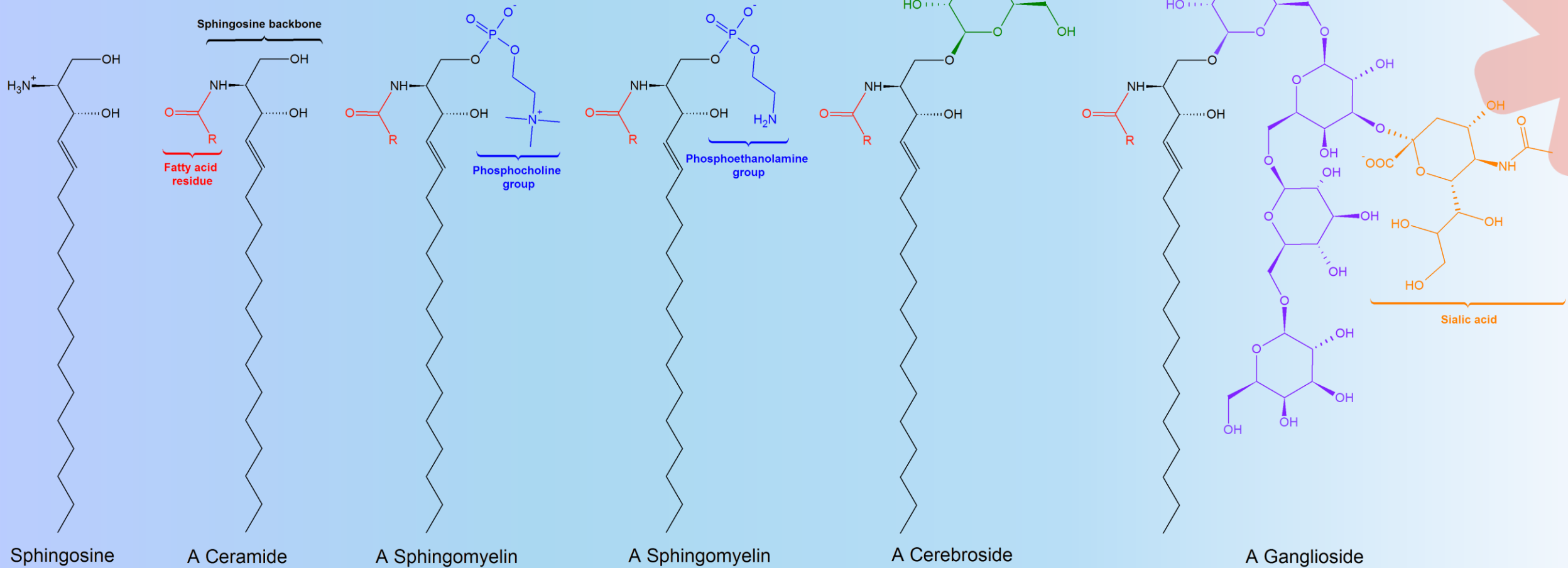


# Important Structures



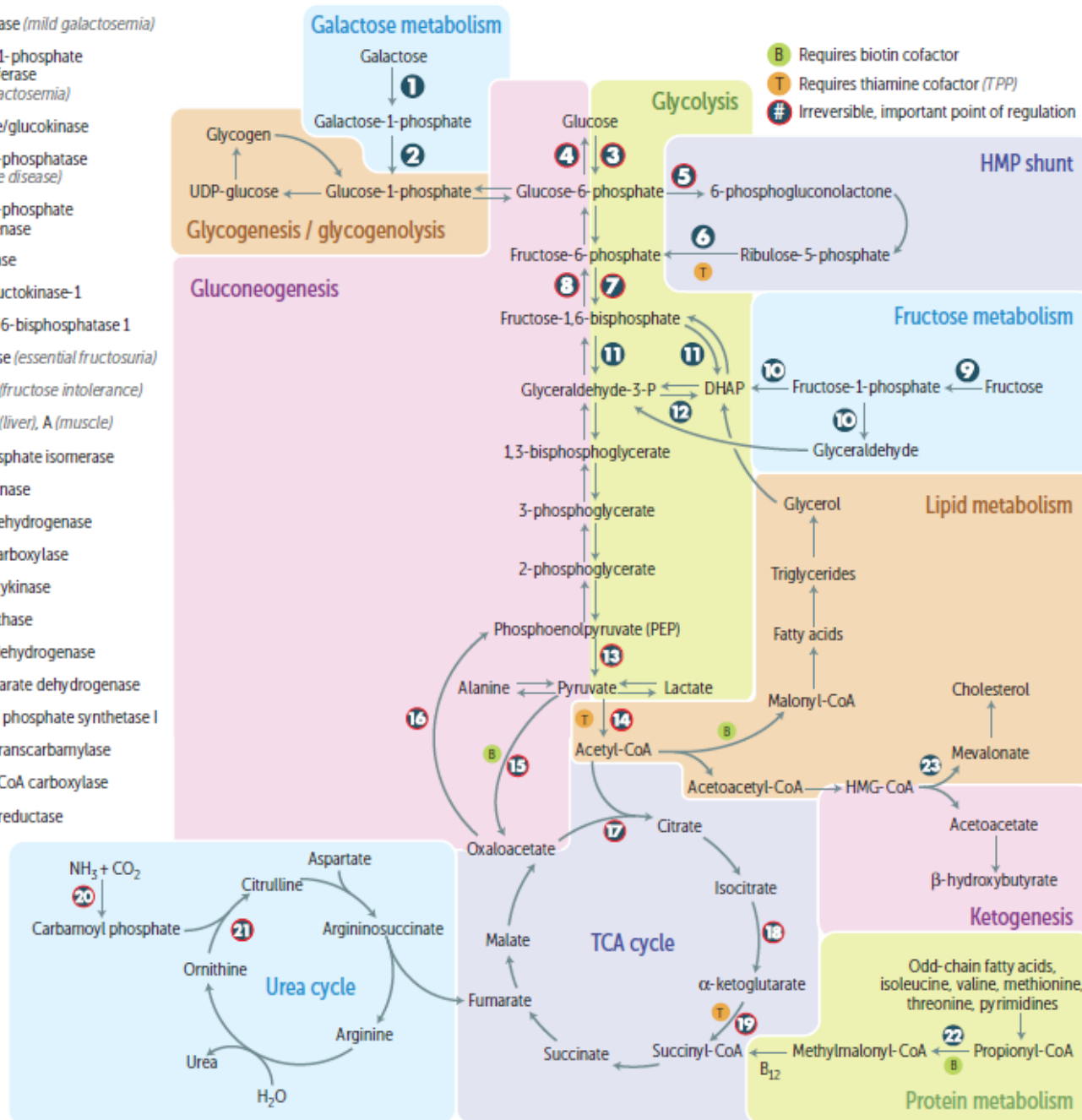
Structures of some key eicosanoids

# Sphingolipids



## Summary of pathways

- 1 Galactokinase (*mild galactosemia*)
- 2 Galactose-1-phosphate uridylyltransferase (*severe galactosemia*)
- 3 Hexokinase/glucokinase
- 4 Glucose-6-phosphatase (*von Gierke disease*)
- 5 Glucose-6-phosphate dehydrogenase
- 6 Transketolase
- 7 Phosphofruktokinase-1
- 8 Fructose-1,6-bisphosphatase 1
- 9 Fructokinase (*essential fructosuria*)
- 10 Aldolase B (*fructose intolerance*)
- 11 Aldolase B (*liver*), A (*muscle*)
- 12 Triose phosphate isomerase
- 13 Pyruvate kinase
- 14 Pyruvate dehydrogenase
- 15 Pyruvate carboxylase
- 16 PEP carboxykinase
- 17 Citrate synthase
- 18 Isocitrate dehydrogenase
- 19  $\alpha$ -ketoglutarate dehydrogenase
- 20 Carbamoyl phosphate synthetase I
- 21 Ornithine transcarbamylase
- 22 Propionyl-CoA carboxylase
- 23 HMG-CoA reductase



Reference: First Aid for the USMLE step 1 2022 pg. 72

## Question Time!



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