

- **NUCLEOTIDE METABOLISM**

# Nucleotide Metabolism

- Chemistry of Nucleotides
- Classification of Nucleotides
- Function of Nucleotides
- Synthesis,degradation and Associated diseases of purine Nucleotides
- Synthesis,degradation and Associated diseases of pyrimidine Nucleotides



# Nucleotides

Nucleotides are composed of a nitrogenous base, a pentose mono saccharides, and one, two or three phosphate groups.

A. Nitrogenous bases: These are either purine or pyrimidines

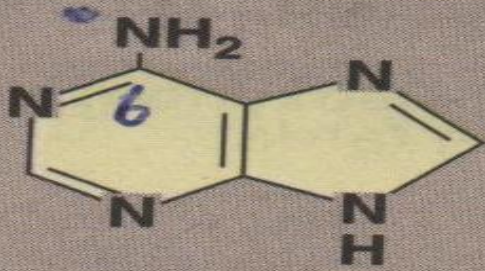
## Purines:

- Adenine → 6 amino purine
- Guanine → 2amino -6- oxy purine

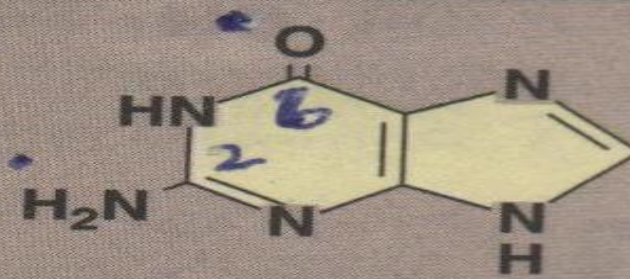
## Pyrimidenes:

- Cytosine → 2-oxy-4 amino pyrimidine
- Uracil : → 2.4 Dioxy pyrimidine
- Thymine → 5-methyl pyrimidine

## DNA and RNA Purines

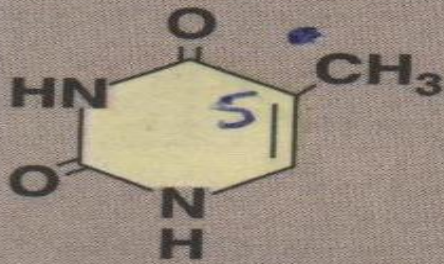


Adenine (A)

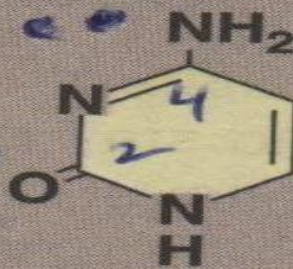


Guanine (G)

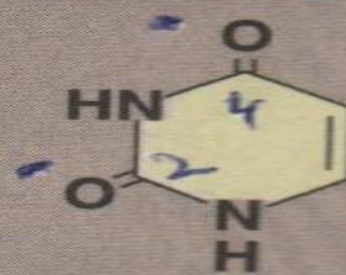
## RNA Pyrimidines



Thymine (T)



Cytosine (C)



Uracil (U)

## DNA Pyrimidines

### Figure 22.1

Purines and pyrimidines commonly found in DNA and RNA.



B. Sugar: Is either Ribose or Deoxy Ribose

Sugar + Nitrogenous base = Nucleoside

Therefore Nucleosides can be either

ribonucleoside or Deoxyribonucleoside e.g

- Adenine + Ribose → Adenosine
- Adenine + Deoxy Ribose → Deoxy Adenosine
- Guanine + Ribose → Guanosine
- Guanine + Deoxy Ribose → Deoxy Guanosine
- Cytosine + Ribose → cytidine
- Cytosine + Deoxy Ribose → Deoxy Cytidine
- Uracil + Ribose → Uridine
- Thymine + Deoxy Ribose → Deoxy Thymidine

- **PHOSPHORIC ACID:**

- Nucleoside + Phosphoric acid  $\longrightarrow$  Nucleotide

- Adenosine +  $\text{H}_3\text{PO}_4$   $\longrightarrow$  AMP

- Guanosine +  $\text{H}_3\text{PO}_4$   $\longrightarrow$  GMP

- Cytidine +  $\text{H}_3\text{PO}_4$   $\longrightarrow$  CMP

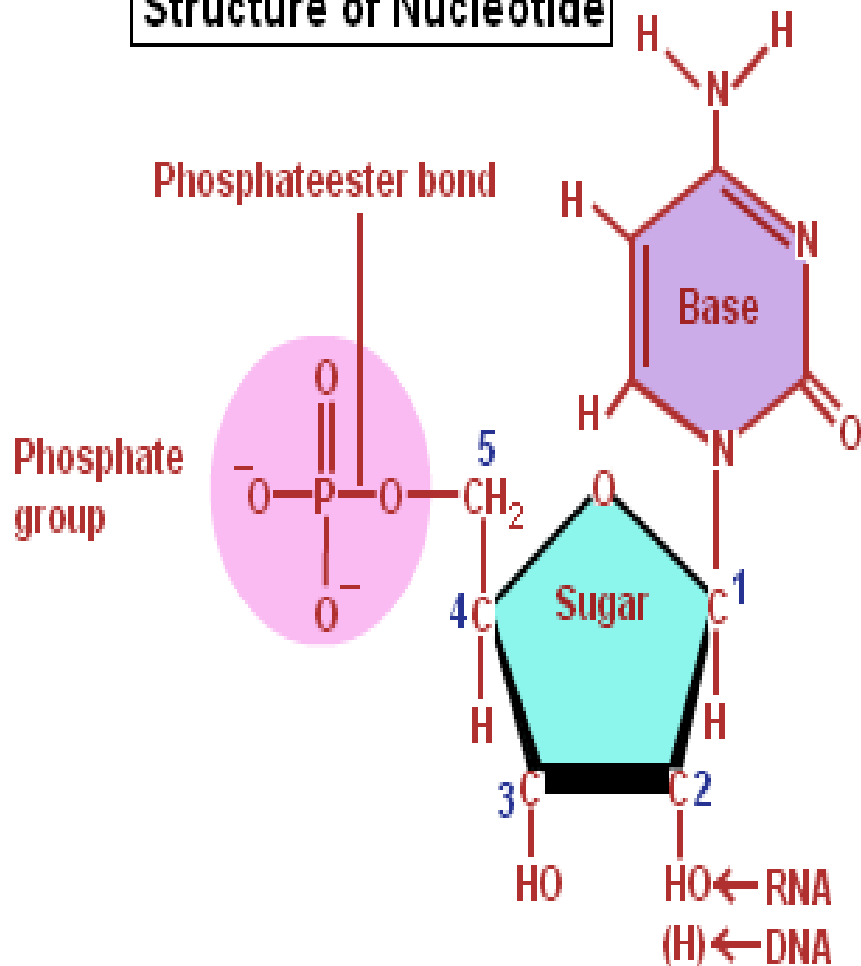
- Uridine +  $\text{H}_3\text{PO}_4$   $\longrightarrow$  UMP

- In case of Mononucleotides, a phosphoric acid molecule forms an ester linkage with one of the OH groups of sugar of a nucleoside.



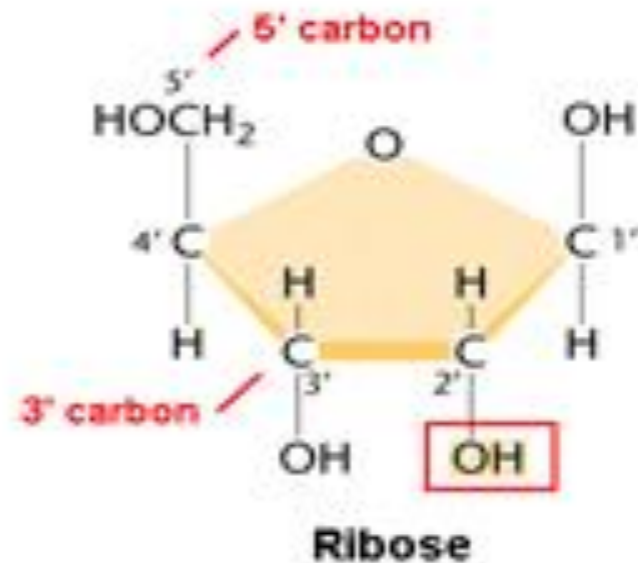
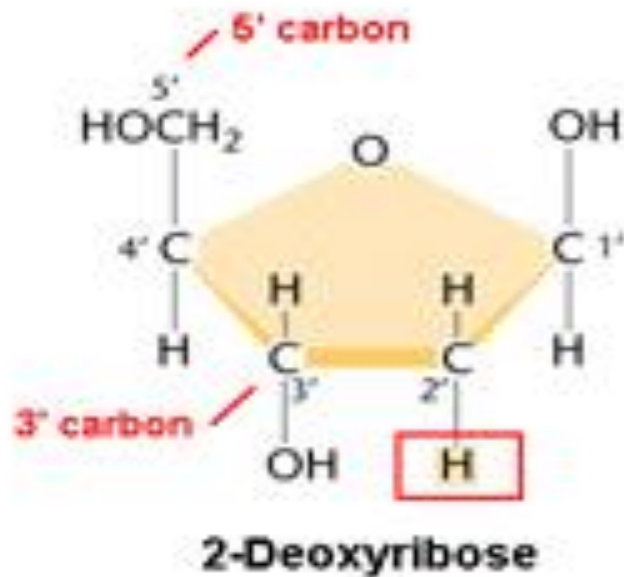
# Phosphoric acid

## Structure of Nucleotide



- In case of Ribose, there are three such places ( C no. 2,3,5 ) where this ester linkage can be formed, but in Deoxy ribose, only two such places i.e.3 & 5, because C no.2 of sugar lack an O<sub>2</sub> atom.

# RIBOSE & DEOXYRIBOSE



Un Common or Unusual minor bases:-

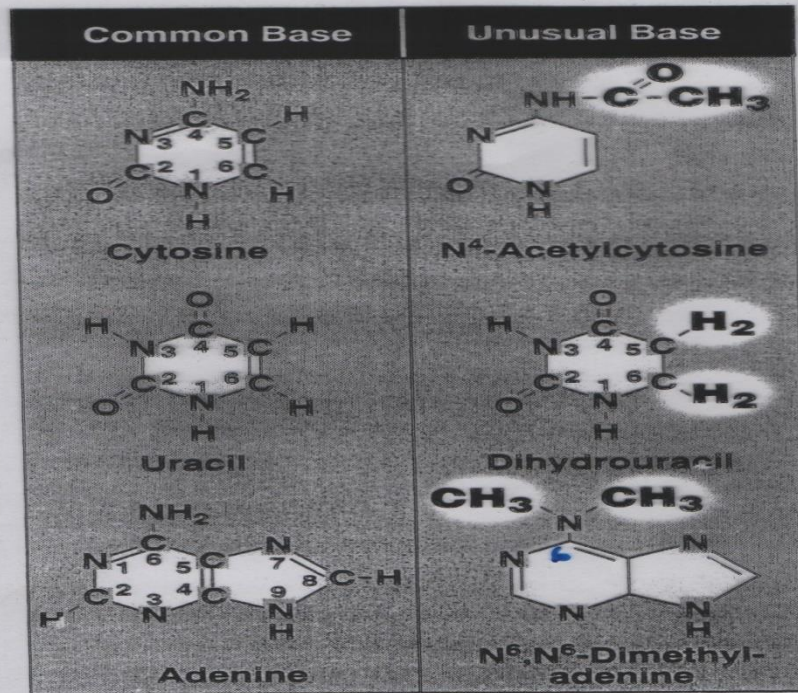


Figure 22.2  
Examples of unusual bases.

Plants have a large number of Purine bases containing methyl substituents and many of them have definite pharmacological properties:-

- 1 - theophylline :- It is 1,3, dimethyl xanthine - It is found in Tea
- 2 - Caffein :- It is, 1,3,7 Trimethyl xanthine .It is present in coffee.



## CLASSIFICATION

- A. *Adenosine nucleotides*: ATP, ADP, AMP and Cyclic AMP.
- B. *Guanosine nucleotides*: GTP, GDP, GMP and cyclic GMP.
- C. *Uridine nucleotides*: UTP, UDP, UMP, UDP-G.
- D. *Cytidine nucleotides*: CTP, CDP, CMP and certain deoxy CDP derivatives of glucose, choline, ethanolamine.
- E. *Miscellaneous*: PAPS ('active' sulphate), "active" methionine (S-adenosyl methionine), certain coenzymes like  $\text{NAD}^+$  and  $\text{NADP}^+$ , FAD and FMN, Cobamide coenzyme, CoA.

**(a) PAPS-Phosphoadenosine phosphosulphate:** It is also known as active sulphate. It is formed from ATP and  $\text{SO}_4^-$ .

The compound is formed in liver. For the reaction Vit. is also necessary.

### Functions

1. The *sulphatases* are enzymes which catalyse the introduction of a  $\text{SO}_4$  group to various biomolecules, e.g.
  - In the biosynthesis of heparin,
  - In the biosynthesis of chondroitin  $\text{SO}_4$  A, B, C and D,
  - In Keratosulphate synthesis, and
  - Formation of 'sulpolipids' (sulfatides).
2. It is also required in the conjugation of phenols, indole, skatole to form "etheral  $\text{SO}_4$ ".

**(b) SAM (S-adenosyl Methionine):** Also known as "active" methionine (See chapter on "Metabolism of Methionine").

- Functions of Nucleotide
- Formation and Degradation of cyclic AMP
- Function of cyclic AMP
- Function of cyclic GMP

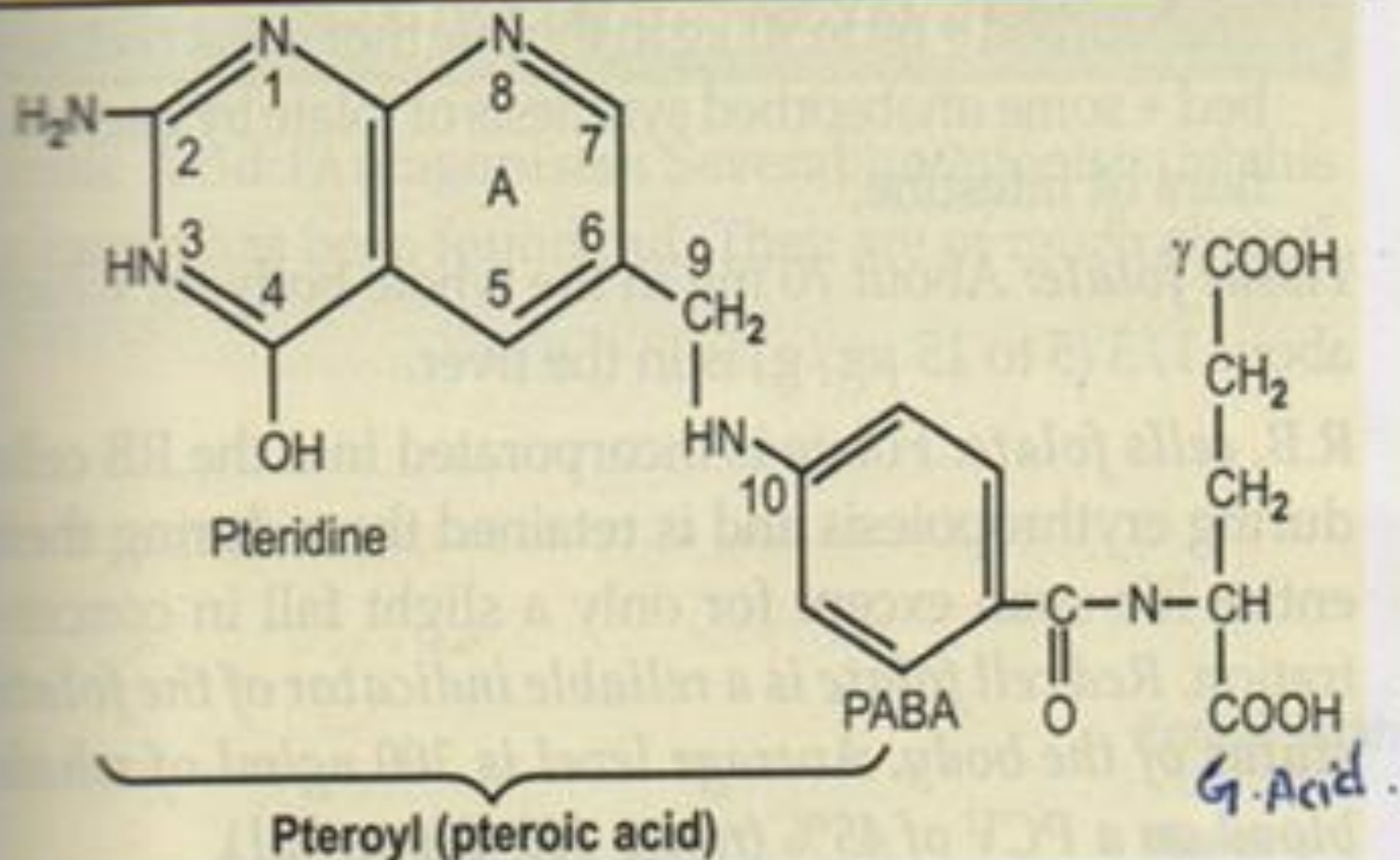


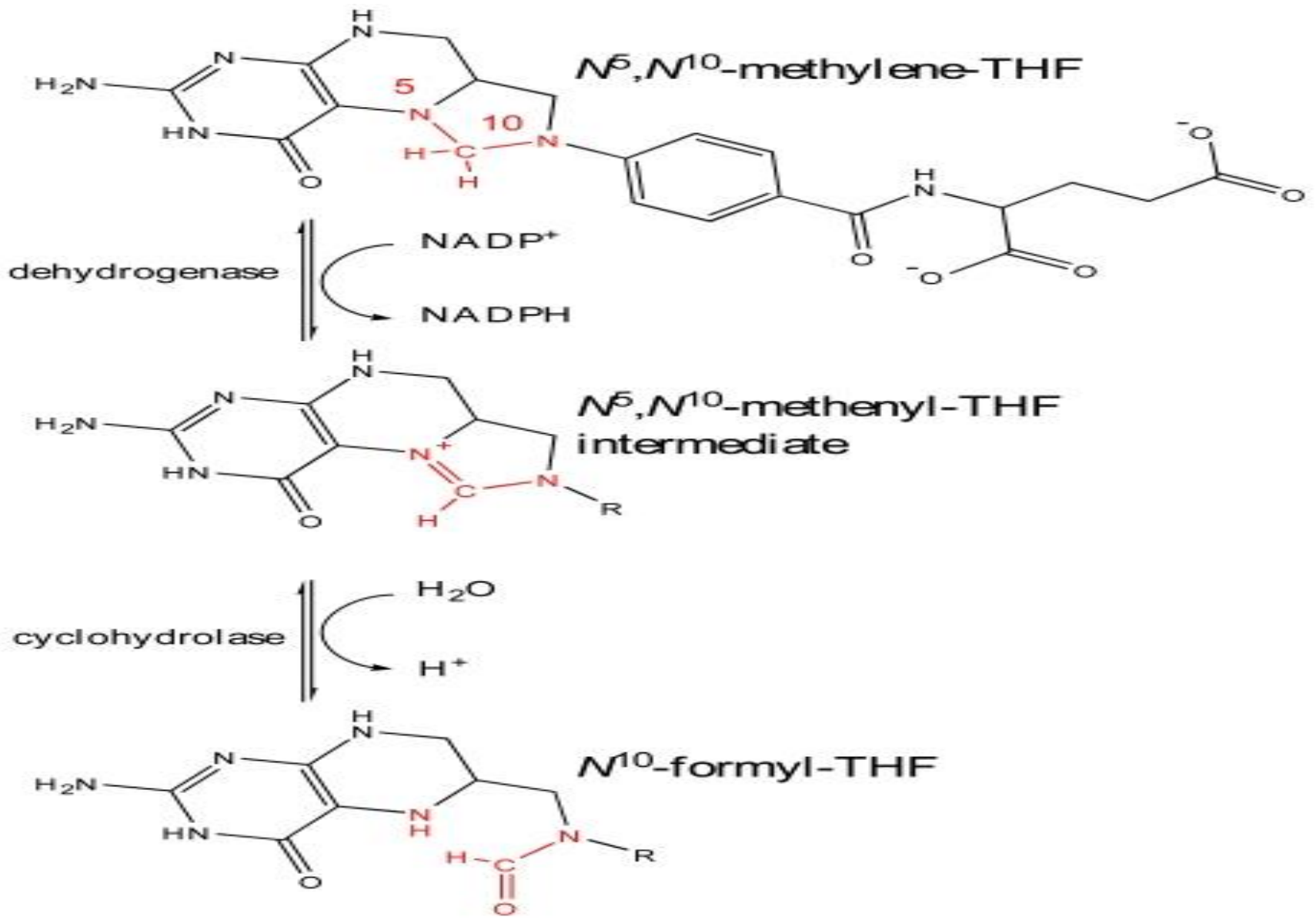
# Folic Acids

- Active coenzyme form is called tetra hydro folate ( H<sub>4</sub> folate)
- Tetra hydrofolate acts as a carrier in transfer of one carbon group
- The one carbon group combines at N<sup>5</sup> ,N<sup>10</sup> or balanced between nitrogen No 5 and Nitrogen No10 of folic acid
- The one carbon unit may be
  1. Formyl group
  2. Formamine group
  3. Methyl group
  4. Methenyl group



## Folic acid (folacin)







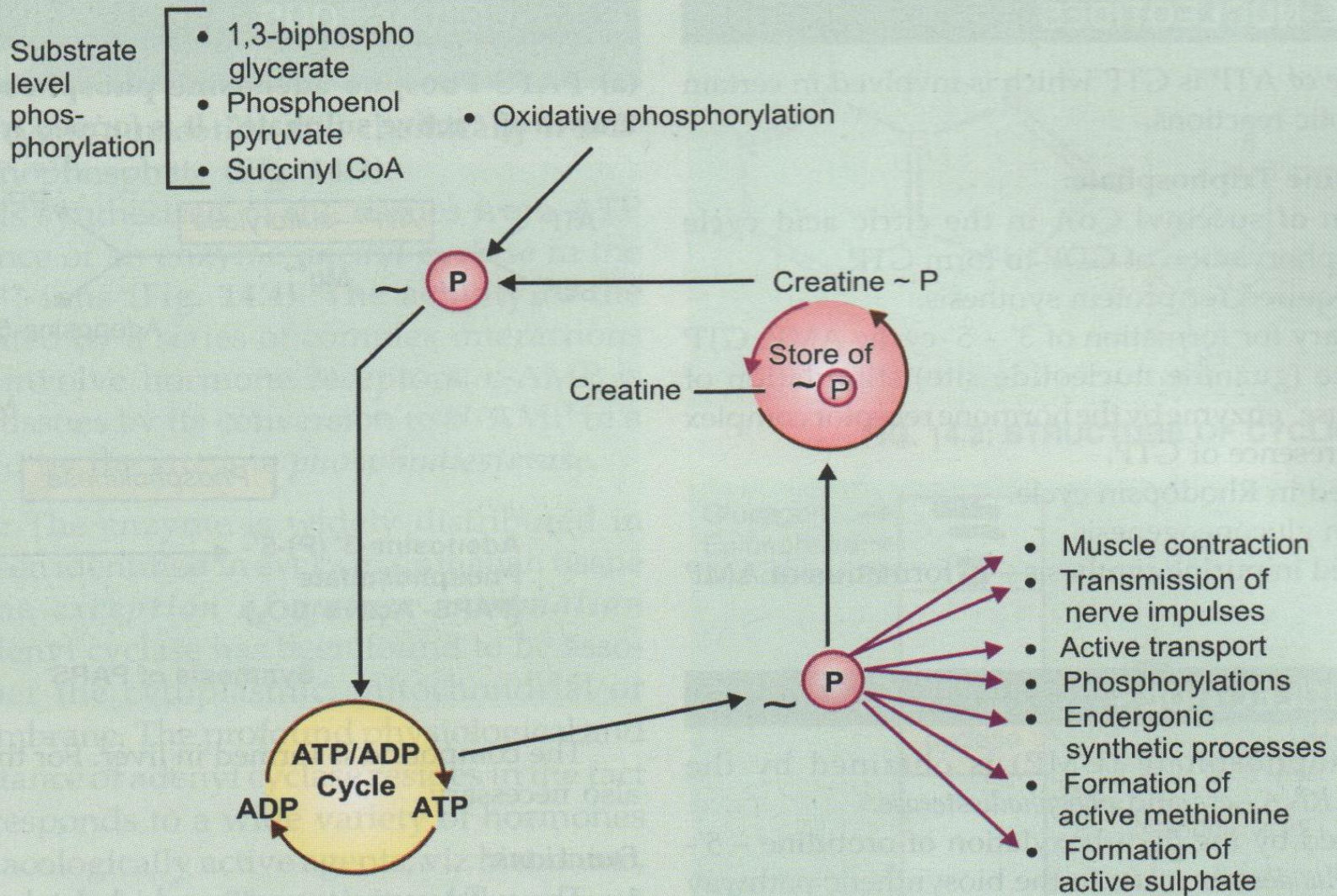
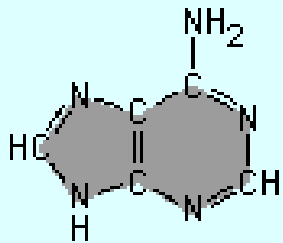


FIG. 14.2: ROLE OF ATP/ADP CYCLE IN TRANSFER OF HIGH ENERGY PHOSPHATE

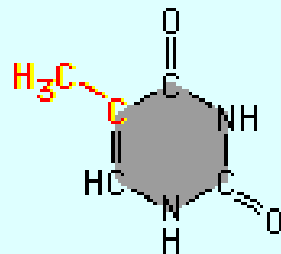
## DNA bases

Purines

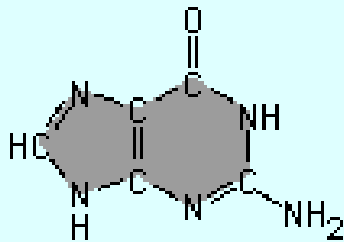


**Adenine (A)**

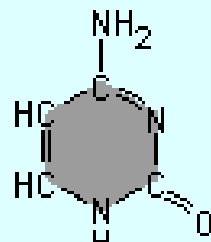
Pyrimidines



**Thymine (T)**



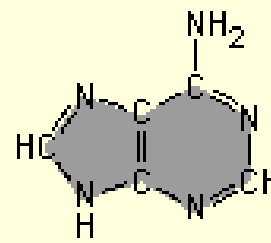
**Guanine (G)**



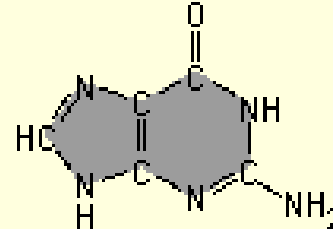
**Cytosine (C)**

## RNA bases

Purines

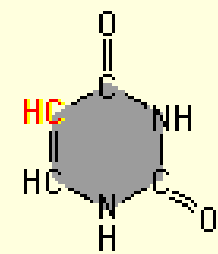


**Adenine (A)**

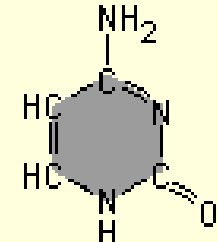


**Guanine (G)**

Pyrimidines

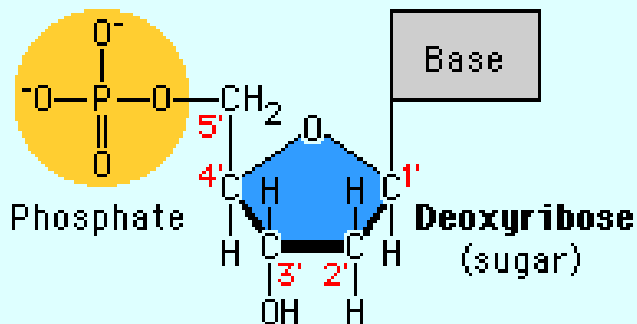


**Uracil (U)**

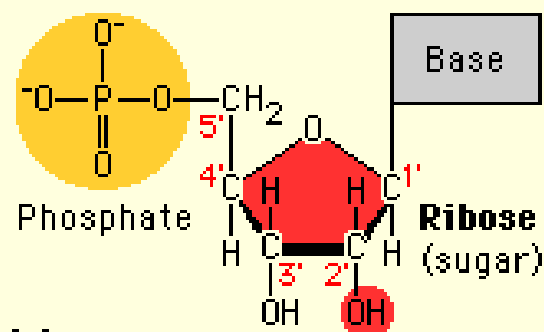


**Cytosine (C)**

## DNA



## RNA



## Nucleotides

# PURINE SYNTHESIS



# There are two basic mechanisms to generate purines and pyrimidines

## 1. *DE NOVO* BIOSYNTHETIC PATHWAYS

(building the bases from simple building blocks)

## 2. SALVAGE PATHWAYS

(the reutilization of bases from dietary or catabolic sources)



DENOVO –SYNTHESIS  
OF  
PURINE NUCLEOTIDES

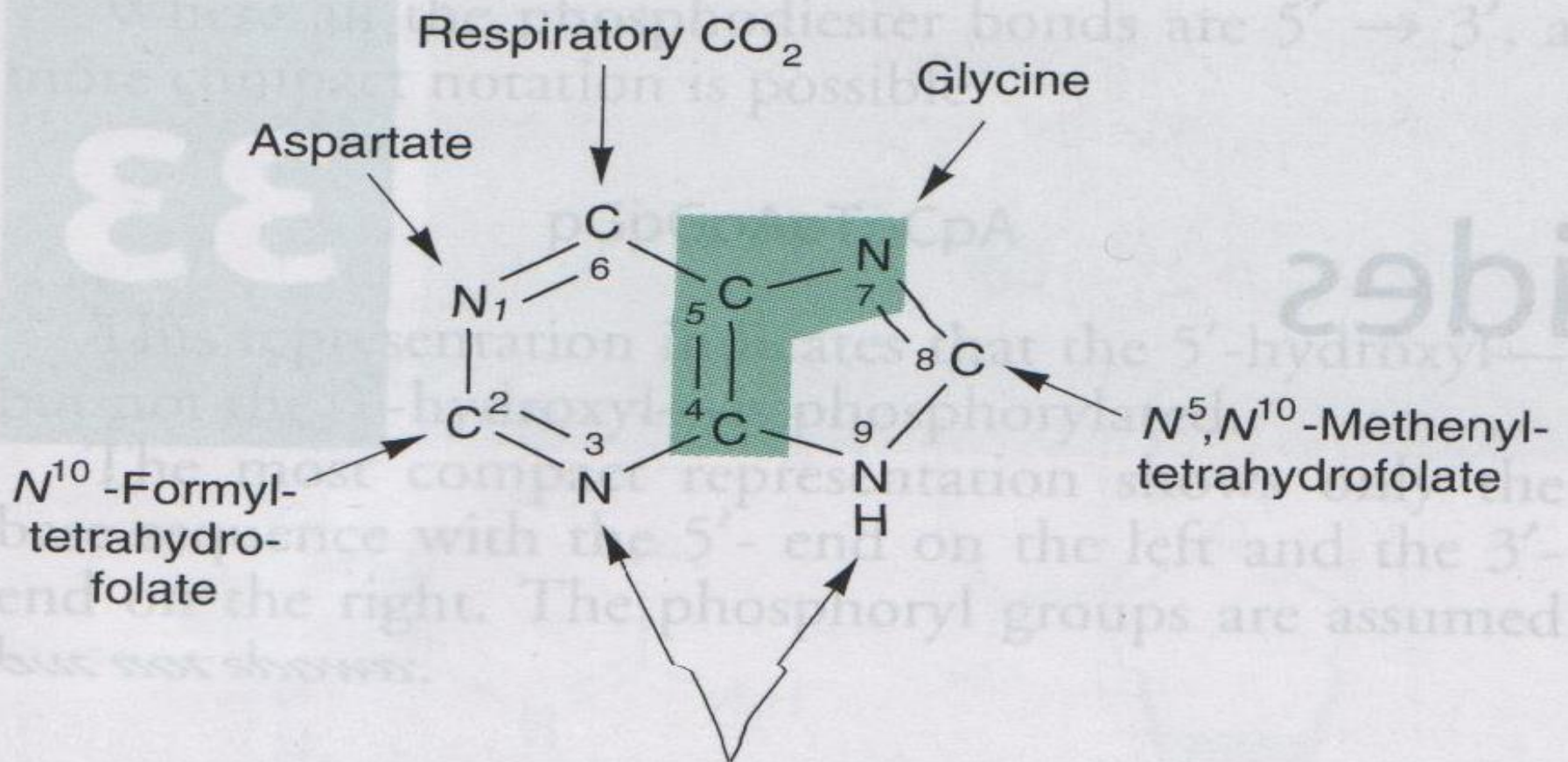
(i.e SYNTHESIS FROM  
AMPHIBOLIC

INTERMEDIATES or synthesis  
from different small compounds )

- Purines are built upon a pre-existing ribose - 5-phosphate
- Liver is the major site of synthesis
- R.B.C , W.B.C and brain cannot synthesized purine by Denovo synthesis.



# Purines: where do the atoms come from?



Amide nitrogen of glutamine

**Figure 33-1.** Sources of the nitrogen and carbon atoms of the purine ring. Atoms 4, 5, and 7 (shaded) derive from glycine.

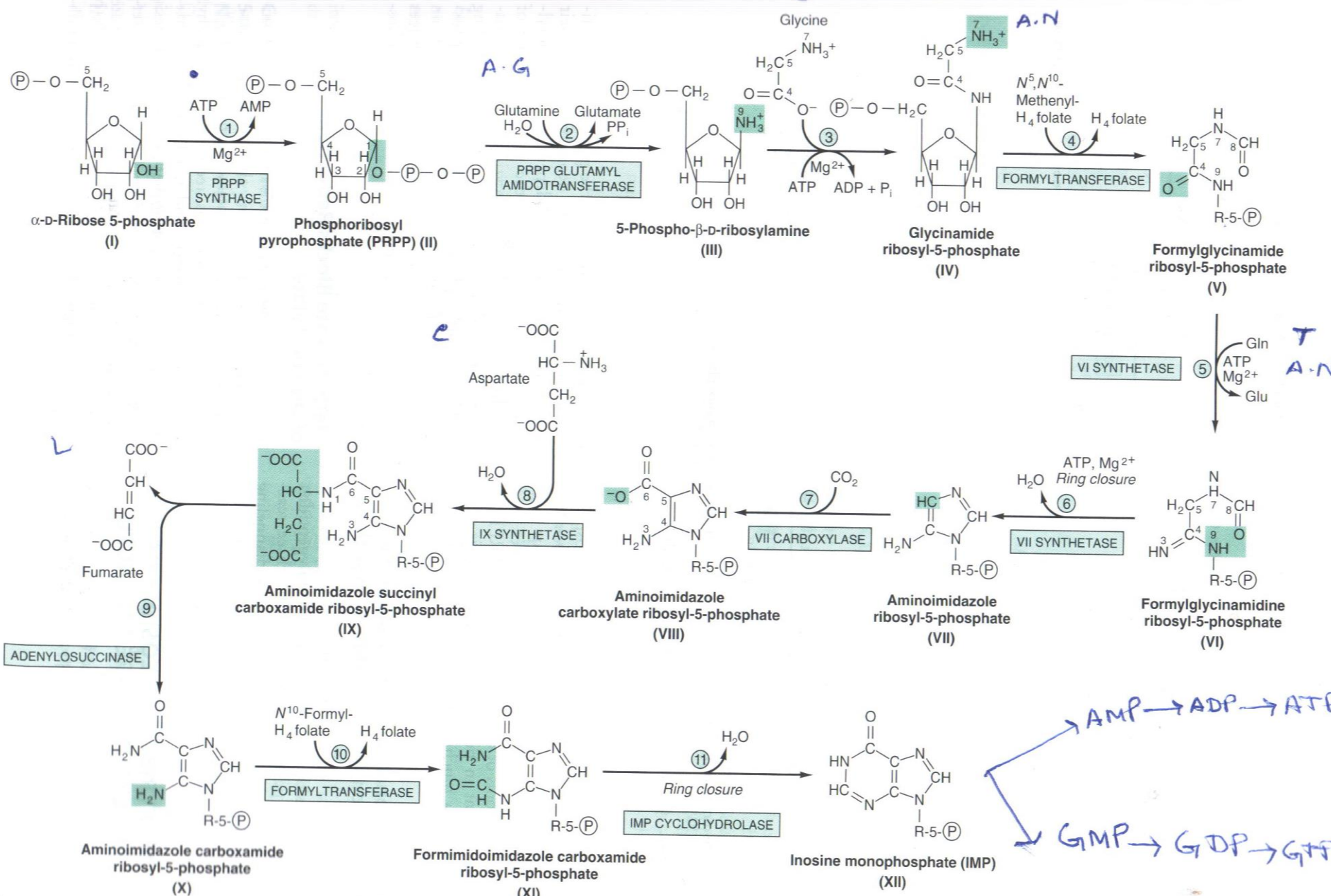
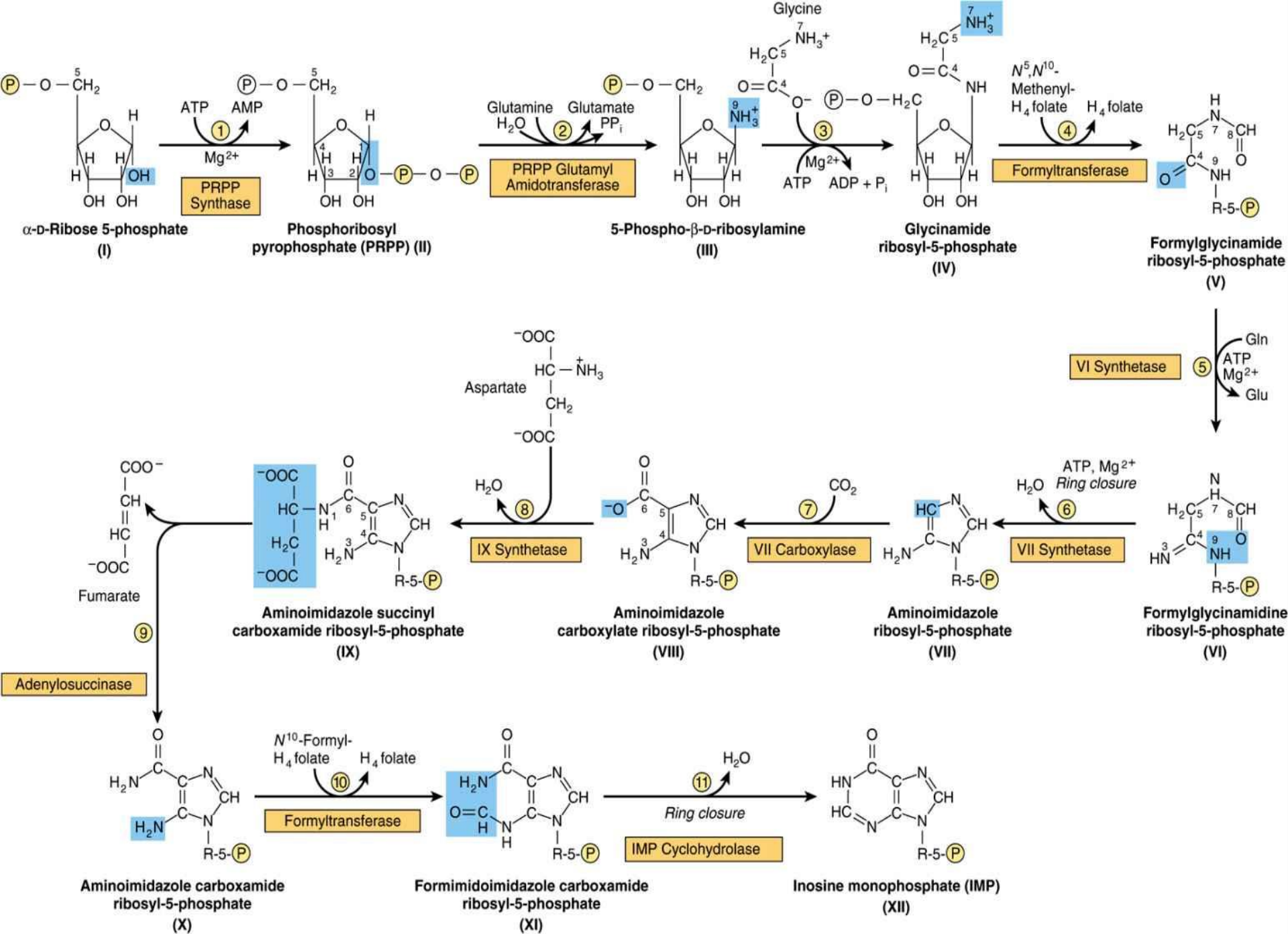
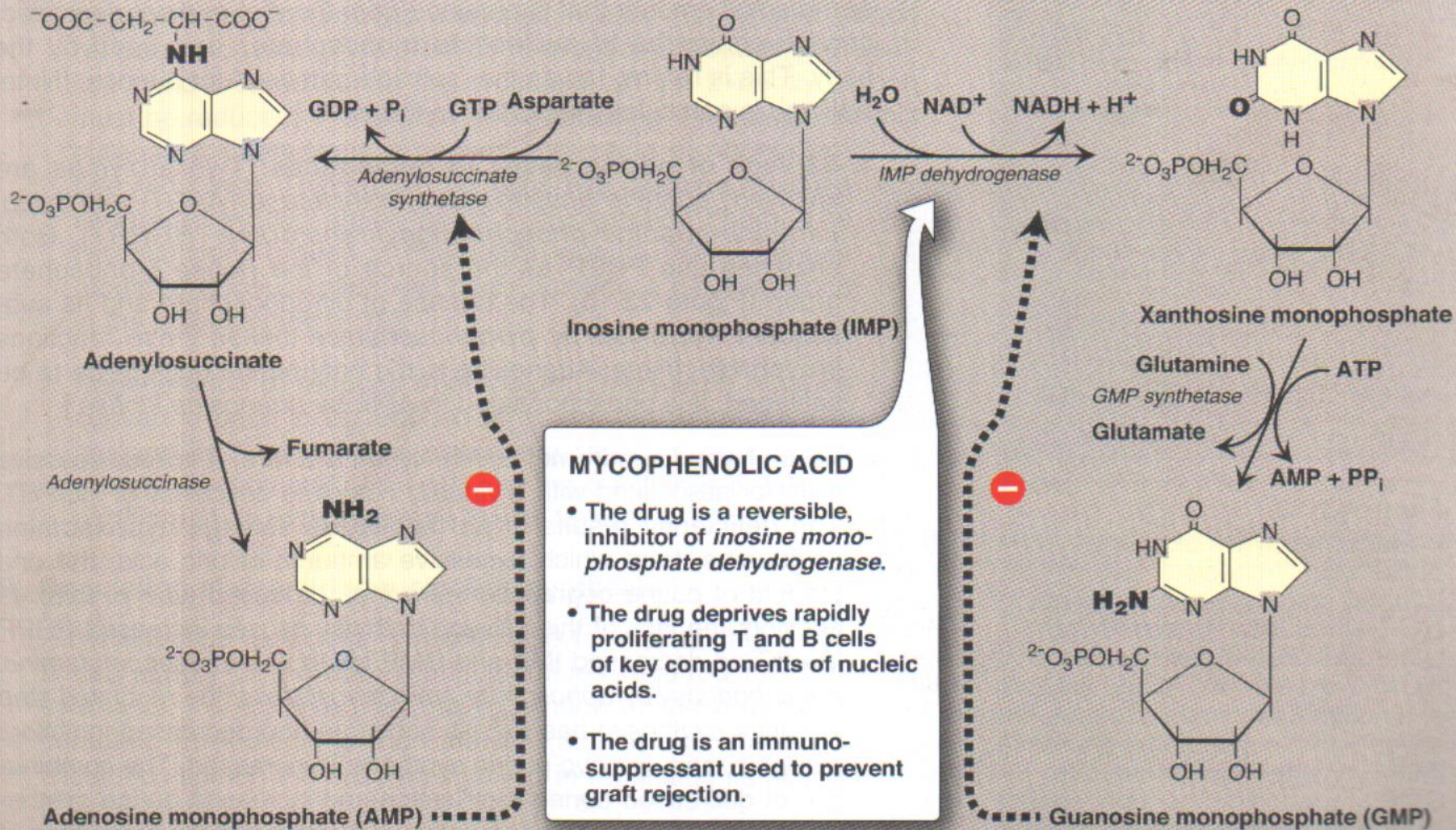


Figure 33-2. Purine biosynthesis from ribose 5-phosphate and ATP. See text for explanations. (P,  $PO_3^{2-}$  or  $PO_2^-$ .)







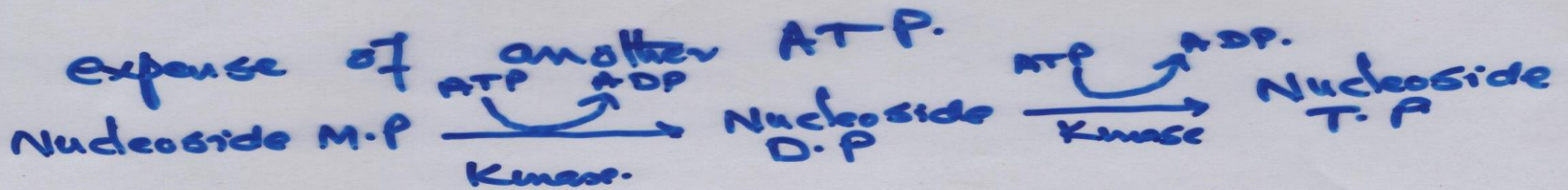
**Figure 22.8**

Conversion of IMP to AMP and GMP showing feedback inhibition. [Note: AMP is also called adenylate. GMP is also called guanylate.] NAD(H) = nicotinamide adenine dinucleotide; GDP = guanosine diphosphate; GTP = guanosine triphosphate; AMP = adenosine monophosphate; P<sub>i</sub> = inorganic phosphate; PP<sub>i</sub> = pyrophosphate.



Phosphoryl Transfer from ATP Converts (9)  
Mono Nucleotides to Nucleosides Di- AND  
Triphosphates :-

The mono nucleotides AMP and GMP  
are converted in to ADP and GDP  
via phosphoryl transfer from ATP  
catalyzed by nucleoside monophosphate Kinase  
GDP is then converted to GTP  
by nucleoside diphosphate Kinase at the



Conversion of ADP to ATP is achieved  
primarily by oxidative phosphorylation and  
secondarily by reactions of glycolysis  
and citric acid cycle

Ribose - 5- Phosphate

PRPP

N<sub>3</sub> and N-9 from Gln.

C-4, C-5, and N-7 from Gly

C-2 and C-8 from FH<sub>4</sub>

C-6 from CO<sub>2</sub>.

N-1 from Aspartate

I.M.P

① Oxidation

ATP

② Gln

G.M.P

GTP

GTP ①  
Aspartate

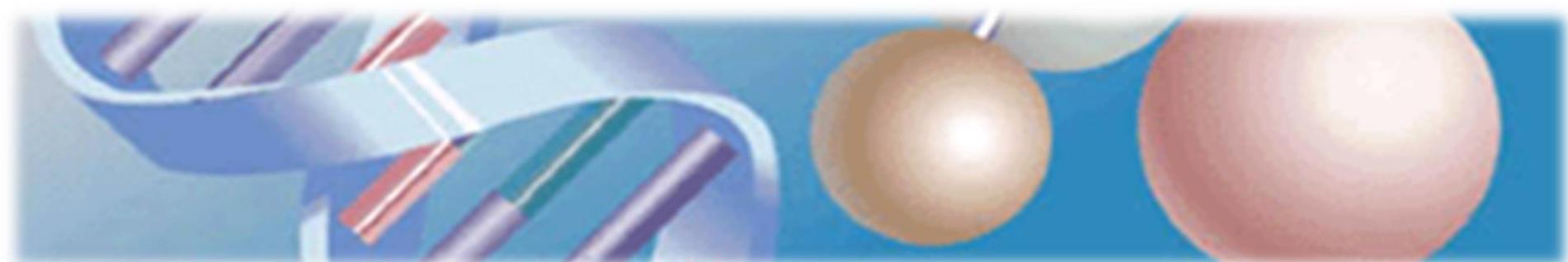
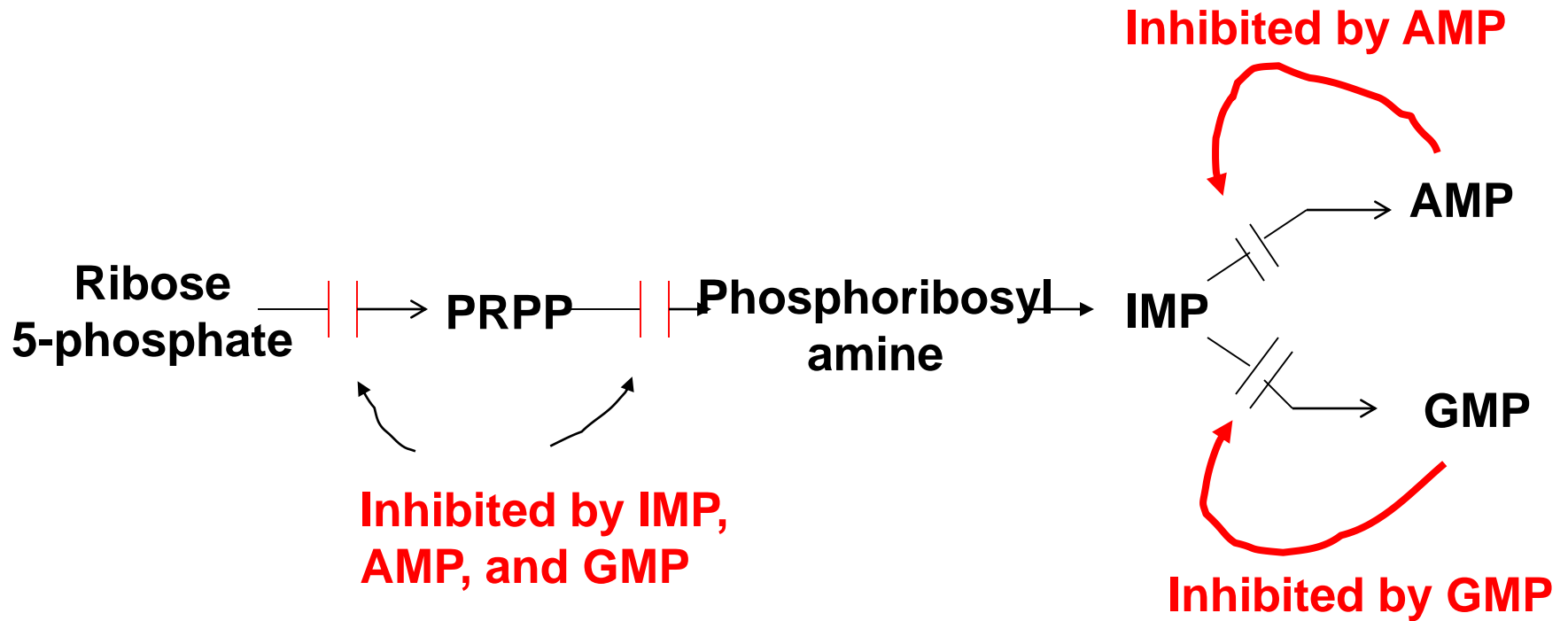
②  
Fumarate

A.M.P

ATP



# The regulation of purine biosynthesis is a classic example of negative feedback



- Antifolate Drugs and Glutamine Analogs  
Block Purine Nucleotide Biosynthesis



- Six ATP utilized in de novo synthesis so energetically expensive process.
- Amino Acid required are Glycine, Aspartic Acid and glutamine.
- Co enzymes and Co factors are, formylated FH<sub>4</sub>, Mg<sup>++</sup>.
- Purines & Pyrimidines are dietarily nonessential
- Purines are synth mainly in the cytosole of liver cell.

- Nucleotides do not enter cell directly but are converted to nucleosides by the cell membrane nucleosidases
- In the cell nucleoside is either converted to the Nucleotide again by a kinase enzyme or degraded to corresponding base by the enzyme nucleoside Phosphorylase .

# SALVAGE PATHWAY FOR PURINES

- Purines that result from the normal turnover of cellular nucleic acids or that are obtained from the diet and not degraded can be reconverted into nucleoside triphosphates and used by the body.

# Significances of salvage pathway

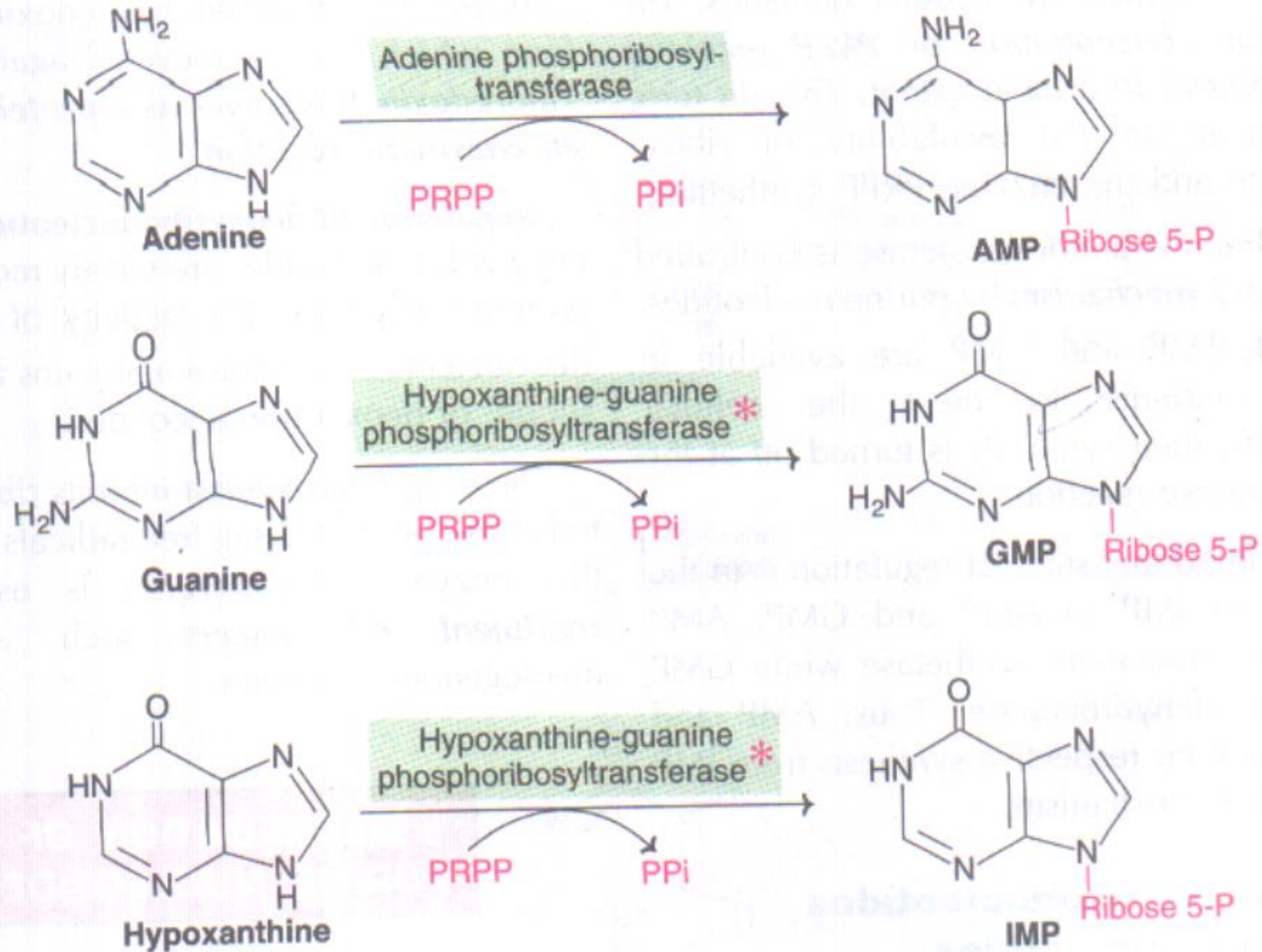
- 1. Denovo synth is expensive in terms of use of high energy phosphate bonds.
- 2. Enzyme PRPP Glutamyl amido Transferase is not present in certain tissues e.g Neutrophil , R.B.C and Brain cells.
- So denosynthesis cannot take place in these tissues.

- Two pathways are available
  1. One step synthesis
  2. Two step synthesis

# ONE STEP SYNTHESIS

Two Enzymes are involved

- i) APRT
- ii ) HGPRT
- Both enzymes utilize PRPP as a source of the R-5-Phosphate group.



**Fig. 17.5 :** Salvage pathways of purine nucleotide synthesis (PRPP–Phosphoribosyl pyrophosphate; PPi–Inorganic pyrophosphate; AMP–Adenosine monophosphate; GMP–Guanosine monophosphate; IMP–Inosine monophosphate; \* Deficiency of HGPRT causes Lesch-Nyhan syndrome).



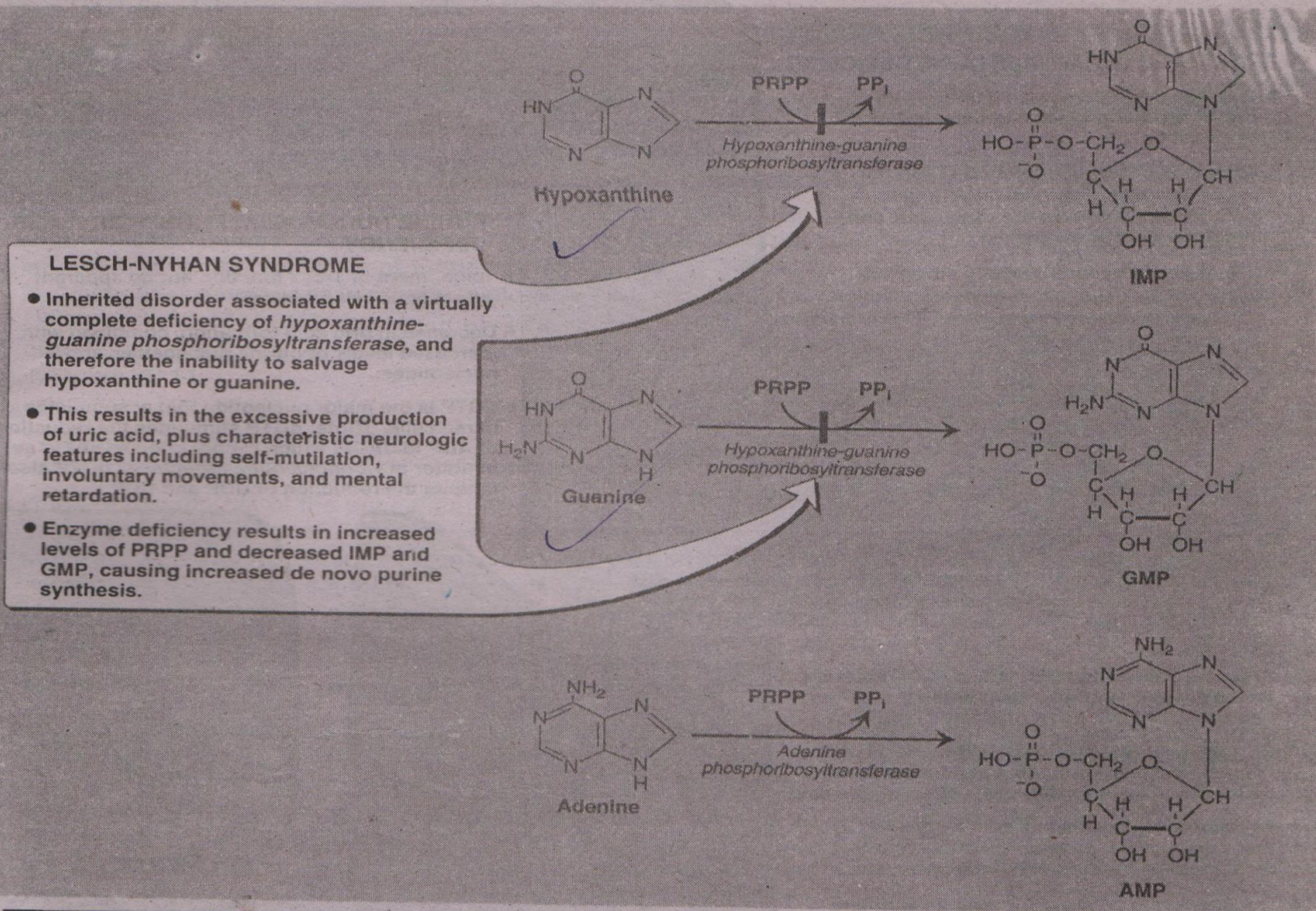


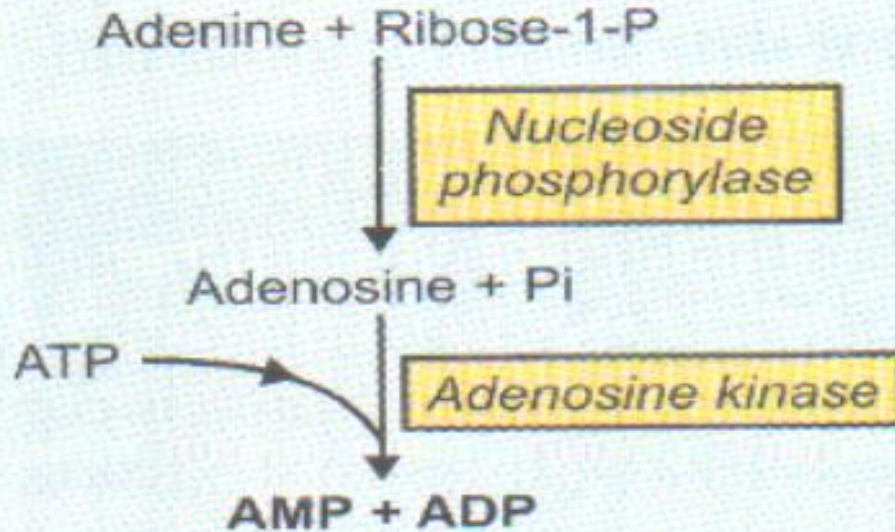
Figure 29.9

Salvage pathways of purine nucleotide synthesis.



# TWO STEP PATHWAY (Nucleoside phosphorylase- Nucleoside kinase pathway)

- *Formation of AMP*



- Neither guanosine nor inosine kinase have been detected
- So adenine is the only purine that may be salvaged by the two steps pathway.



# Regulation of purine synthesis

- PRPP synthetase :

Allosterically inhibited by PRPP and  
AMP, GMP, ADP, GDP, NAD, FAD.

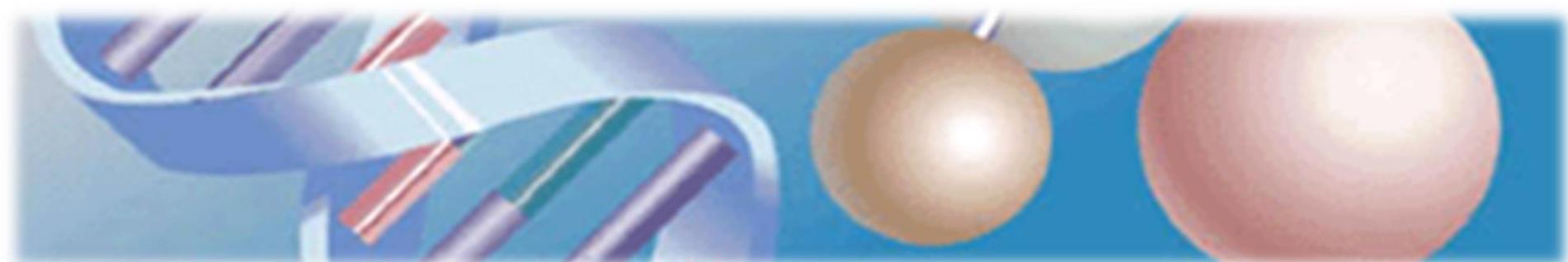
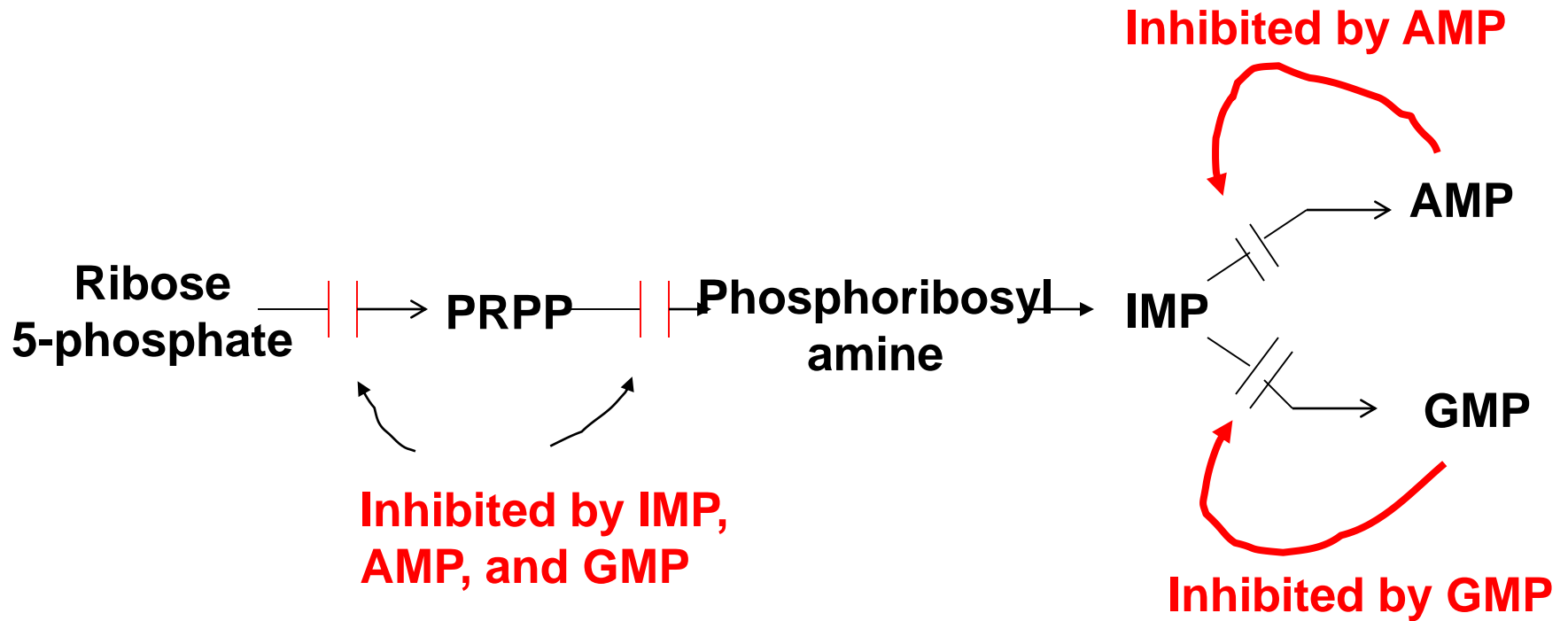
- Glutamin PRPP amidotransferase :

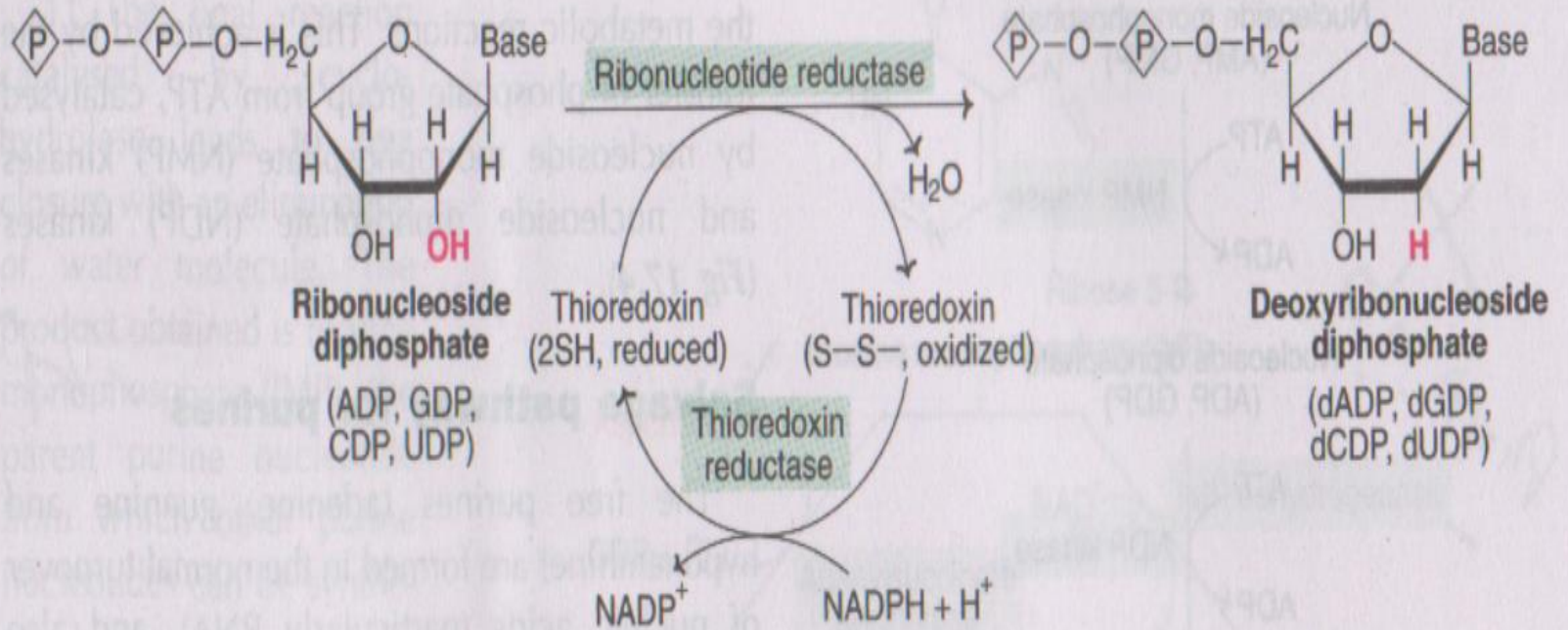
Feedback inhibition by AMP and GMP

- A proper balance between the adenine and guanine conc maintain by adenylosuccinate synthetase and IMP dehydrogenase



# The regulation of purine biosynthesis is a classic example of negative feedback





*Fig. 17.6 : Formation of deoxyribonucleotides from ribonucleotides.*

Ribonucleotide reductase provides the hydrogen atoms needed for reduction from its sulfhydryl groups.

# DEGRADATION OF PURINE NUCLEOTIDES (Formation of uric acid)



**ADENOSINE DEAMINASE (ADA) DEFICIENCY**

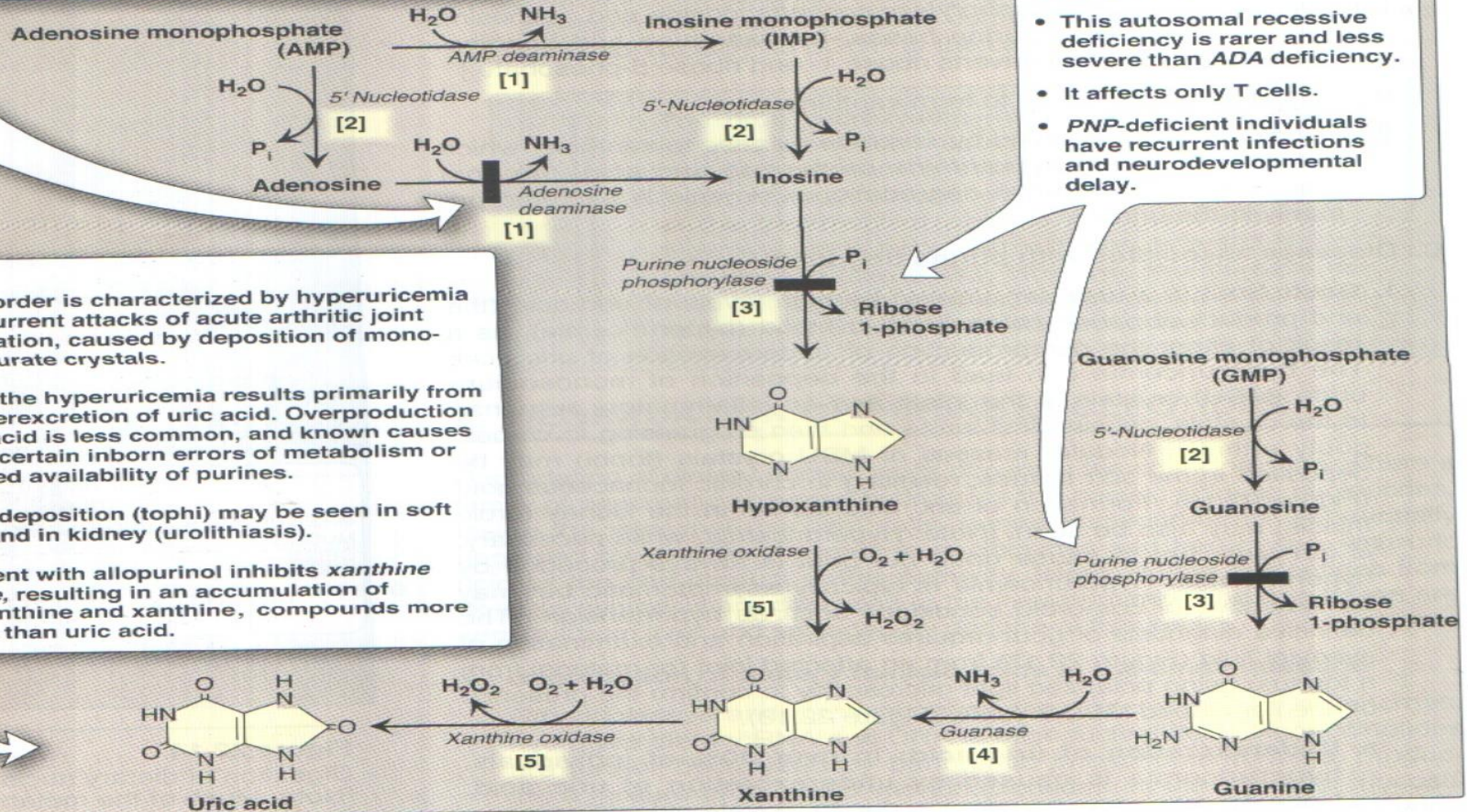
- This autosomal recessive deficiency causes a type of severe combined immunodeficiency (SCID), involving T-cell, B-cell, and natural killer-cell depletion (lymphocytopenia).
- Untreated ADA-deficient children usually die before age 2 years from overwhelming infection; treatments include BMT, ERT, and gene therapy.

**PURINE NUCLEOSIDE PHOSPHORYLASE (PNP) DEFICIENCY**

- This autosomal recessive deficiency is rarer and less severe than ADA deficiency.
- It affects only T cells.
- PNP-deficient individuals have recurrent infections and neurodevelopmental delay.

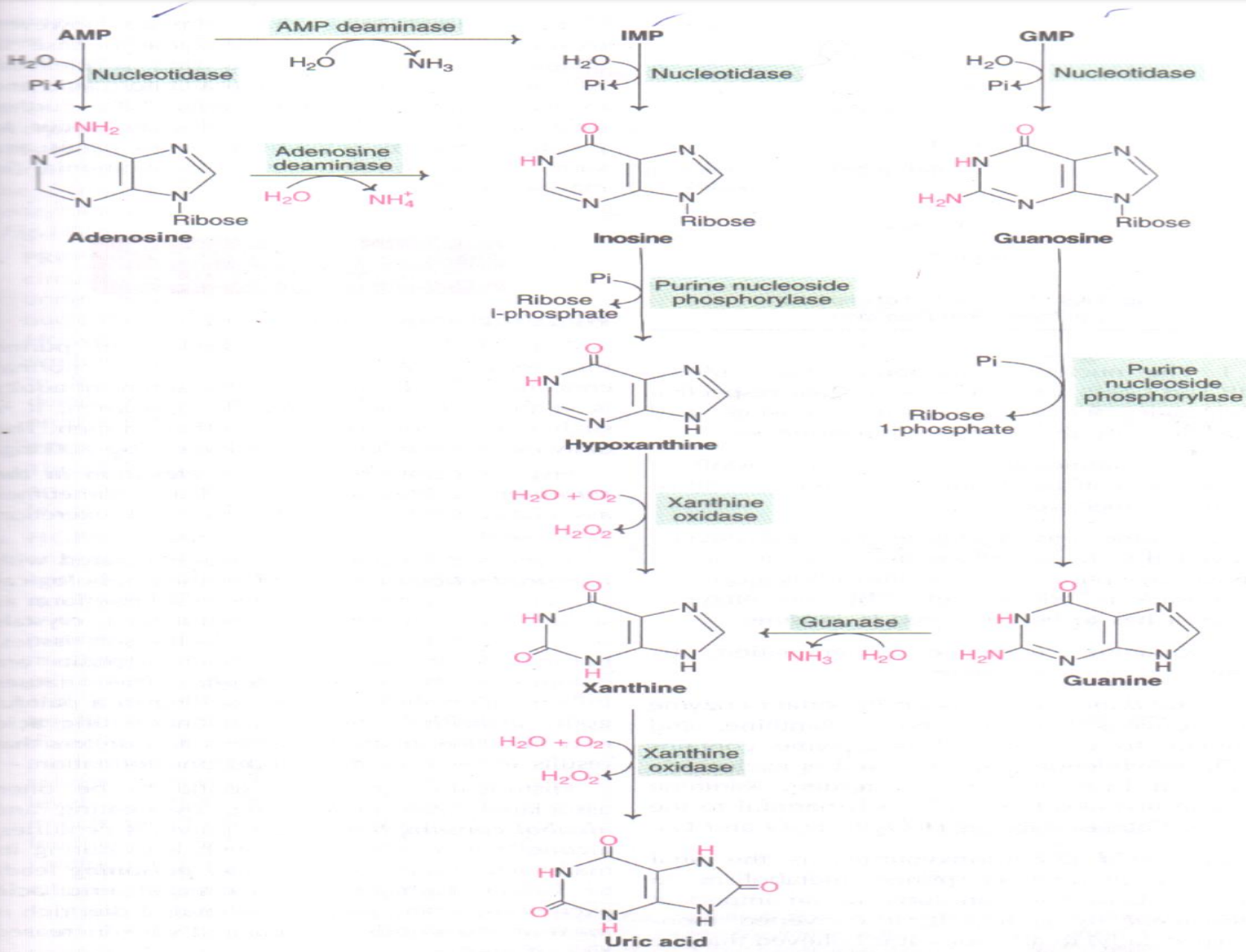
**GOUT**

- This disorder is characterized by hyperuricemia with recurrent attacks of acute arthritic joint inflammation, caused by deposition of monosodium urate crystals.
- In gout, the hyperuricemia results primarily from the underexcretion of uric acid. Overproduction of uric acid is less common, and known causes involve certain inborn errors of metabolism or increased availability of purines.
- Crystal deposition (tophi) may be seen in soft tissue and in kidney (urolithiasis).
- Treatment with allopurinol inhibits *xanthine oxidase*, resulting in an accumulation of hypoxanthine and xanthine, compounds more soluble than uric acid.

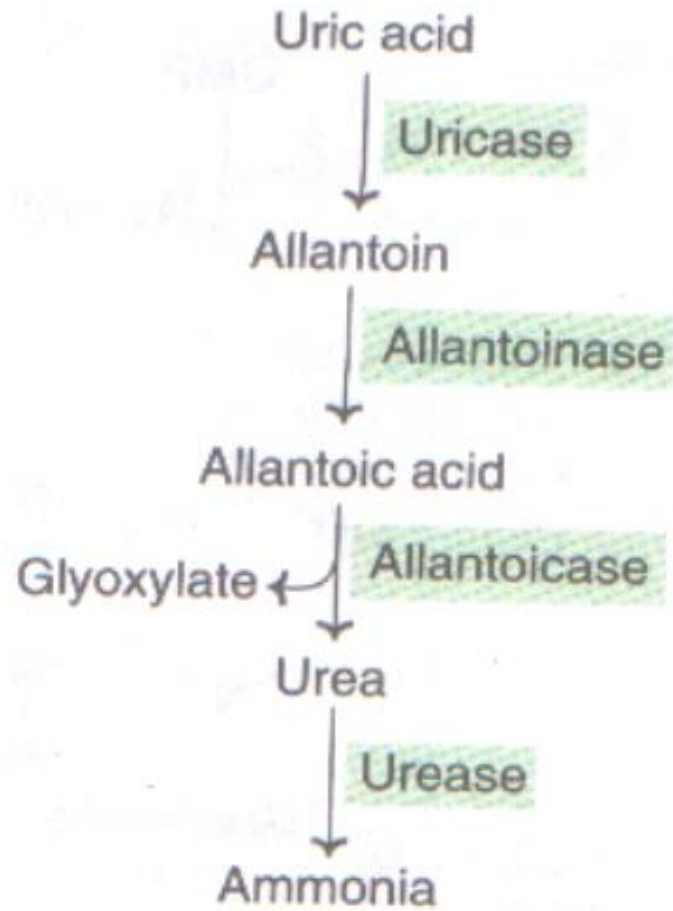
**Figure 22.15**

The degradation of purine nucleotides to uric acid, illustrating some of the genetic diseases associated with this pathway. [Note: The numbers in brackets refer to the corresponding numbered citations in the text.] BMT = bone marrow transplantation; ERT = enzyme replacement therapy;  $\text{P}_i$  = inorganic phosphate.





**Fig. 17.7 :** Degradation of purine nucleotides to uric acid (AMP–Adenosine monophosphate; IMP–Inosine monophosphate; GMP–Guanosine monophosphate).



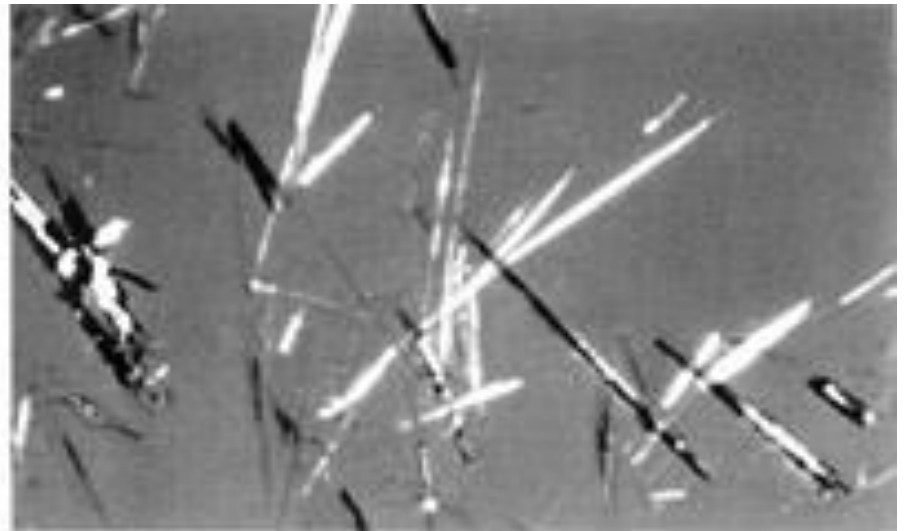
**Fig. 17.8 :** Degradation of uric acid in animals other than man.

- Xanthine oxidase contain FAD ,molybdenum and iron and is exclusively found in liver and small intestine.
- Molecular oxygen is reduced at each stage to super oxide ( $O_2^-$ ) which is converted to  $H_2O_2$  by super oxide dismutase.
- Catalase cleaves  $H_2O_2$  to  $H_2O$  and  $O_2$

# DISORDERS OF PURINE METABOLISM



# Gout



Sodium Urate Crystals

# GOUT

- Gout is not a single disease.
- The term is used to describe a number of disorders in which crystals of Mono sodium urate monohydrate (uric acid) derived from Hyperuricemic body fluid give rise to
- Inflammatory arthritis
- Urolithiasis
- Renal disease

3.4-----7mg/dl in males

2.4-----5.8mg /dl in Females

- Uric acid is formed by oxidation of purine bases , which may be exogenous or endogenous in origin.
- It is formed in the liver and excreted largely through kidneys (2/3),some is excreted in bile,some is converted to urea and amonia by the intestinal bacteria.
- U.A is completely filtered at Glomerulus, reabsorbed at prox conv Tubules and secreted further along the Tubules.

# Hyperuricemia occurs as a result of

- A. Over production of U.A (Metabolic)
- B. Under excretion of U.A (Renal)



# A. Over production

## 1. Genetic disorders

### PRPP synthetase :

Variant forms of PRPP synthetase ,may be

- i. Superactive
- ii. Resistant to feed back inhibition
- iii. Low  $K_m$  for ribose-5-Phosphate

### PRPP glutamylamidotransferase:

The lack of feedback control

### HGPRT deficiency :

Von –Gierke`s disease: (G6-Phosphatase deficiency)

Fructose intolerance

2. High purine intake:

3. Increase tissue breakdown (Treatment of malignancies)

4. Alcohol consumption (lactic acidosis)

## B. Under Excretion

Renal diseases:

Hypertension : (Essential)

Enhances prox Tub reabsorbtion and

Depresses renal Tub secr of U.A.

Diuretic Therapy: (Similar Mechanism)

Diabetes Mellitus:( Increase Insulin. similar mechanism)

# Clinical feature of Gout

1. Metatarso Phalangeal Joint of a great Toe (70%).

- Other Joints may be affected .
- The effected joint is Hot, Red and swollen with shiny overlying skin and dilated veins.
- It is severely painful and Tender.

2. Deposition of urate crystals in soft tissues (Tophaceous gout).

3. Renal Complication

Such as pain in the lumber region due to stone formation and the stones may cause renal failure.

# Von Gierke,s Diseas

- Hyper uricemia occurs due to glucose-6-phosphatase-deficiency



- So more G-6-P will be shunted into HMP Shunt, Resulting in more formation of R-5-P, PRPP and Purine over production .



# Lactic Acidosis

- Increased lactic acid competes with uric acid for excretion, resulting in retention of uric acid .

# Disorders of Purine Catabolism

- 1. Gout
- 2. Lesch-Nyhan Syndrome
- 3. Von Gierke Disease
- 4. Hypouricemia
- 5. Adenosine Deaminase Deficiency
- 6. Purine Nucleoside Phosphorylase Deficiency.

**Table 36-1.** Inherited disorders of purine metabolism and their associated enzyme abnormalities.

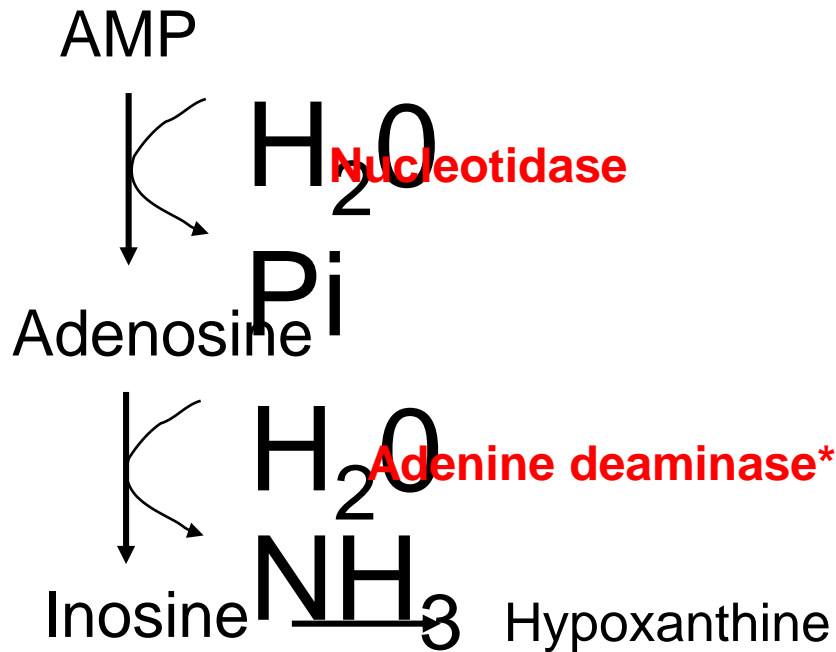
Clinical Disorder	Defective Enzyme	Nature of the Defect	Characteristics of Clinical Disorder	Inheritance Pattern
Gout	PRPP synthetase	Superactive (increased $V_{max}$ )	Purine overproduction and overexcretion	X-linked recessive
Gout	PRPP synthetase	Resistance to feedback inhibition	Purine overproduction and overexcretion	X-linked recessive
Gout	PRPP synthetase	Low $K_m$ for ribose 5-phosphate	Purine overproduction and overexcretion	Probably x-linked recessive
Gout	HGPRTase <sup>1</sup>	Partial deficiency	Purine overproduction and overexcretion	X-linked recessive
Lesch-Nyhan syndrome	HGPRTase <sup>1</sup>	Complete deficiency	Purine overproduction and overexcretion; self-mutilation	X-linked recessive
Immunodeficiency	Adenosine deaminase	Severe deficiency	Combined (T cell and B cell) immunodeficiency, deoxyadenosinuria	Autosomal recessive
Immunodeficiency	Purine nucleoside phosphorylase	Severe deficiency	T cell deficiency, inosinuria, deoxyinosinuria, guanosinuria, deoxyguanosinuria, hypouricemia	Autosomal recessive
Renal lithiasis	Adenine phosphoribosyltransferase	Complete deficiency	2,8-Dihydroxyadenine renal lithiasis	Autosomal recessive
Xanthinuria	Xanthine oxidase	Complete deficiency	Xanthine renal lithiasis, hypouricemia	Autosomal recessive

<sup>1</sup>HGPRTase = hypoxanthine-guanine phosphoribosyltransferase (Figure 36-6).

# SMALL GROUP DISCUSSION

- Severe combined immunodeficiency syndrome
- Fructose intolerance and gout
- Pyrimidine synthesis and degradation
- Orotic Aciduria

# SCID-Severe Combined Immunodeficiency Syndrome



**Autosomal  
recessive  
disorder  
Mutations in  
ADA**





# ADA deficiency

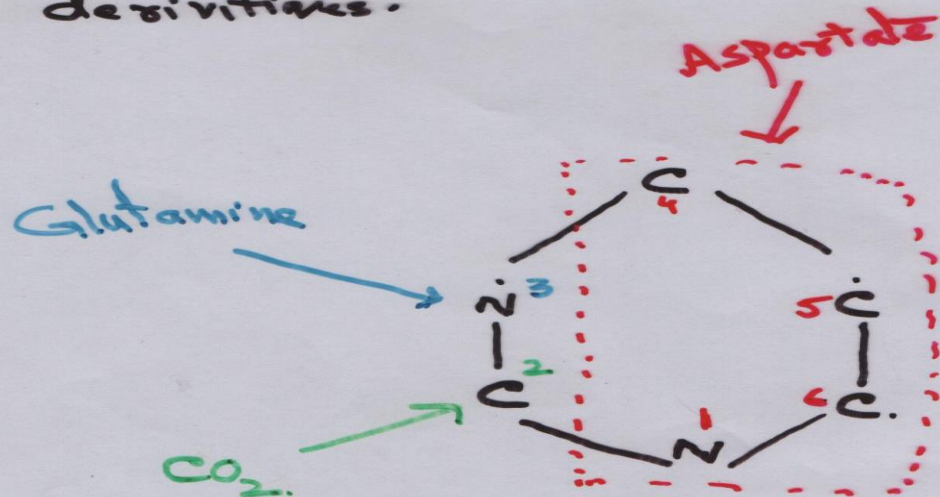
- Lymphocytes have highest concentration of ADA.
- Deficiency of Enzyme results in accumulation of Adenosine, which is converted in the ribonucleotide & deoxy ribonucleotide form.
- As dATP level rises, it inhibits ribonucleotide reductase thus preventing the production of all deoxyribonucleotide containing nucleotides so cell cannot make DNA & divide.
- Since T-cells & B-cells are mitotically most active cells  
so there is decrease in T-cells, B-cells
- Children usually die by the age of 2yrs by infections.

- **PYRIMIDINE SYNTHESIS**

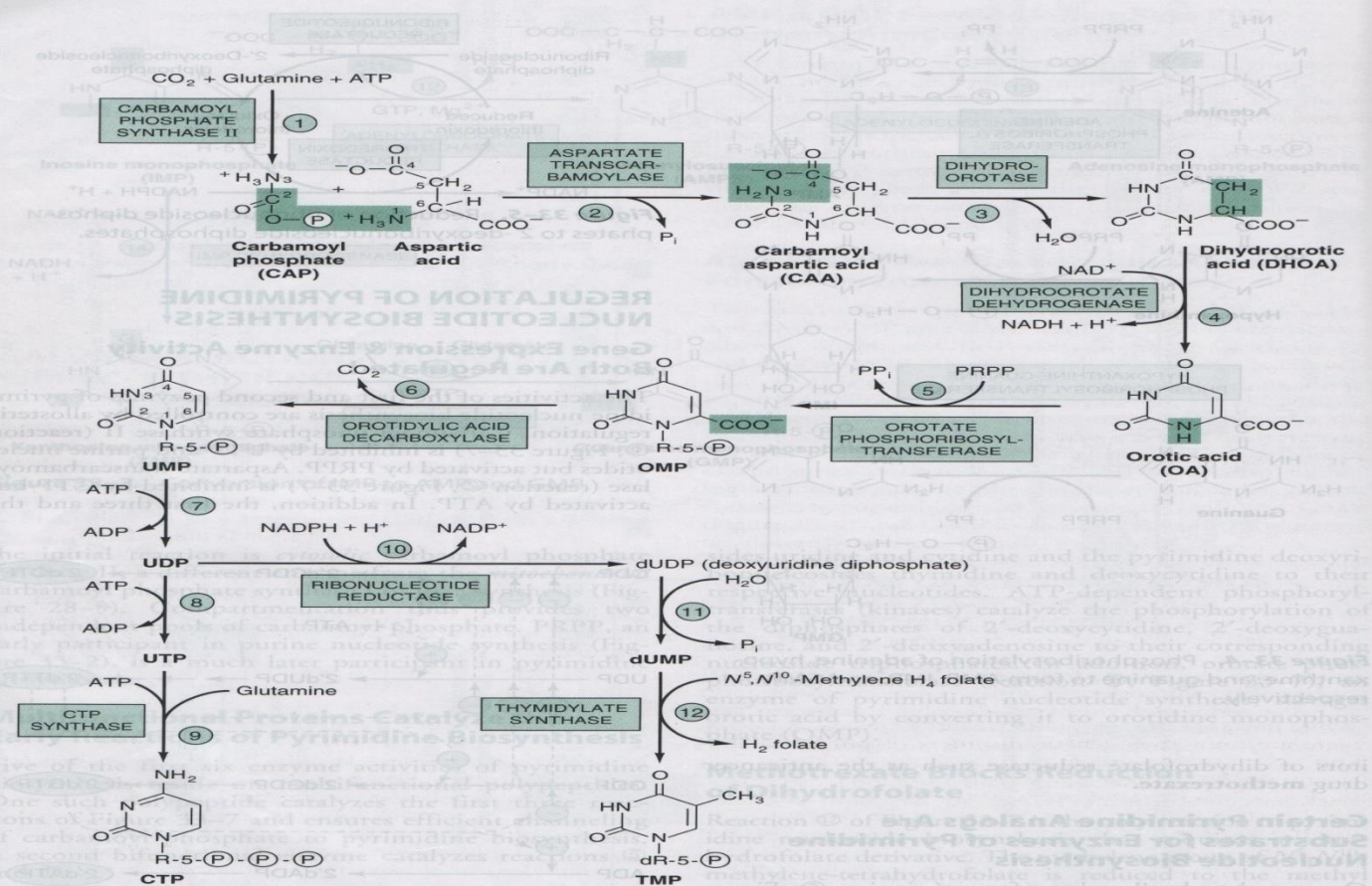
# Pyrimidine Synthesis ::

- Unlike the Synth of Purine ring, where the ring is constructed on a pre-existing ribose-5-phosphate, the Pyrimidine ring is Synth before being attached to ribose-5-Phosp, which is denoted by PRPP.

- Pyrimidine and Purine nucleoside biosynth share several common precursors i.e PRPP, glutamine,  $CO_2$ , aspartate and Tetrahydrofolate derivatives.

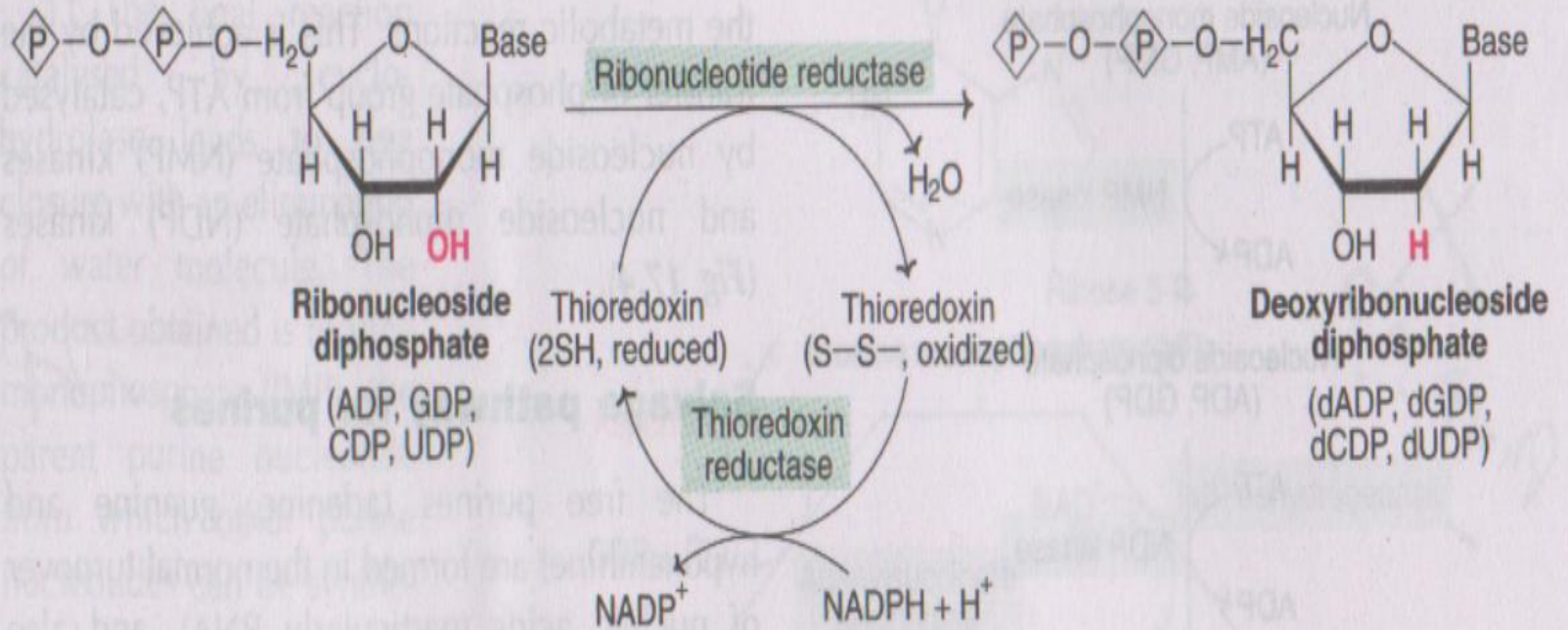


Sources of individual atoms in Pyrimidine ring.



**Figure 33-7.** The biosynthetic pathway for pyrimidine nucleotides.

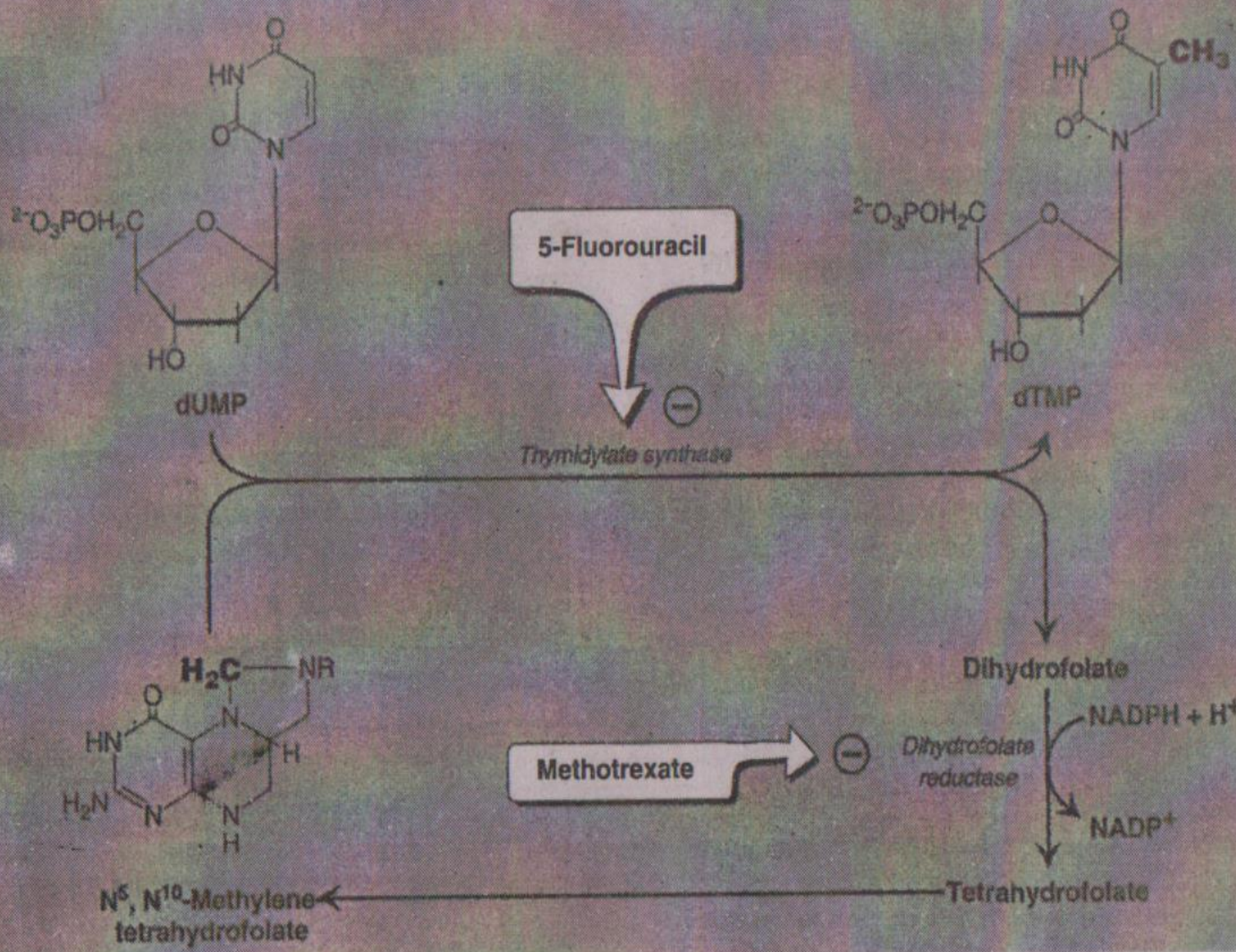




*Fig. 17.6 : Formation of deoxyribonucleotides from ribonucleotides.*

Ribonucleotide reductase provides the hydrogen atoms needed for reduction from its sulfhydryl groups.





**Figure 29.17**

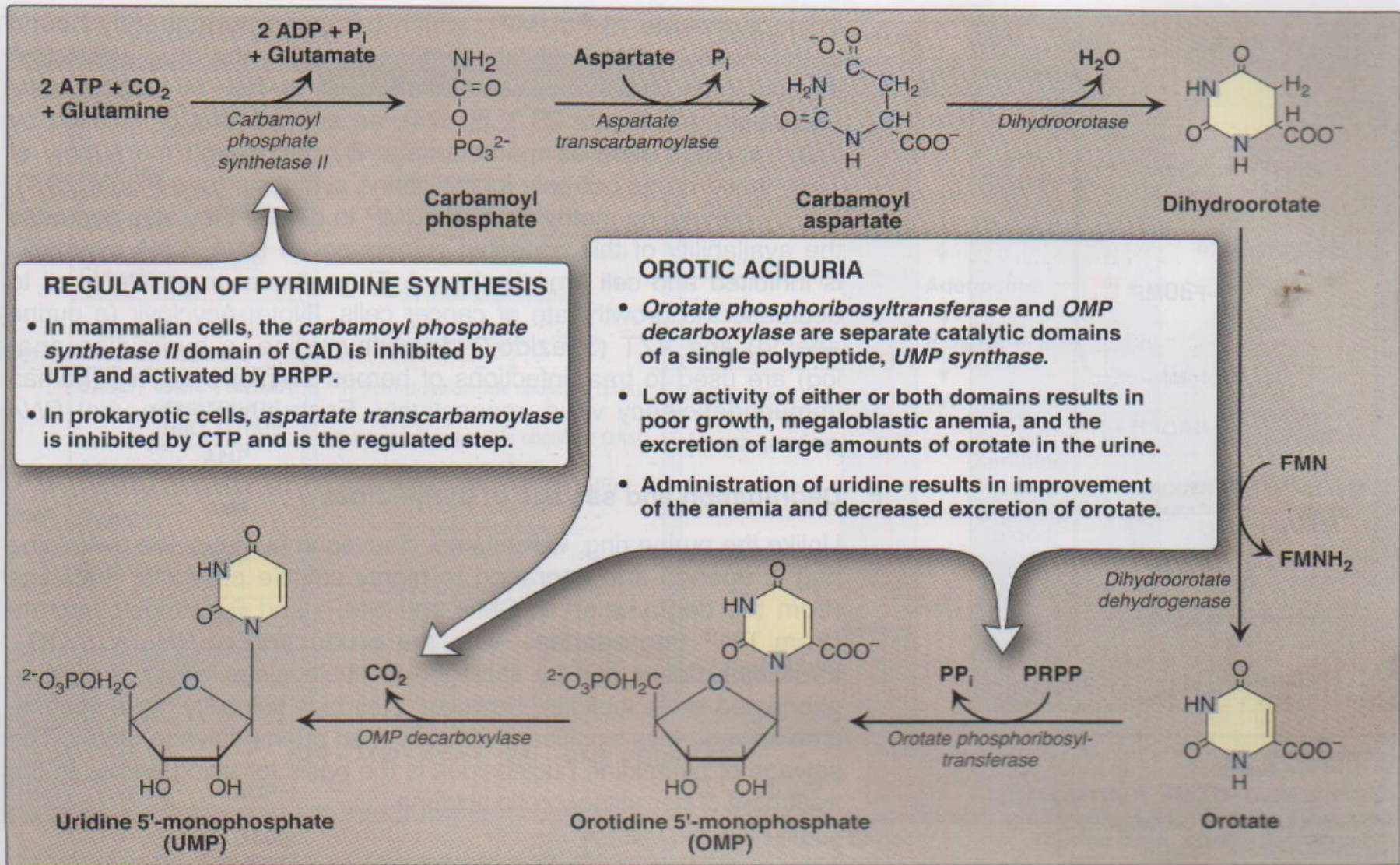
Synthesis of dTMP from dUMP illustrating sites of action of antineoplastic drugs.

1. The first three enzymes of the cycle are domains of single polypeptide chain.
2. Orotate phosphoribosyl Transferase and OMP decarboxylase are domains of single Polypeptide chain.

# Dihydro orotate Dehydrogenase

- Is the only mitochondrial enzyme of the cycle .
- Contain FMN, FAD, Fe, S as Prosthetic group and require NAD as Coenzyme





**Figure 22.21**

*De novo* pyrimidine synthesis. ADP = adenosine diphosphate; P<sub>i</sub> = inorganic phosphate; FMN(H<sub>2</sub>) = flavin mononucleotide; CTP = cytidine triphosphate; PRPP = 5-phosphoribosyl-1-pyrophosphate; PP<sub>i</sub> = pyrophosphate.

# Orotic Aciduria

## **Mainly of two types**

Type-1. Orotate phosphoribosyl transferase and OMP decarboxylase(Both) are deficient.

- Results in accumulation of orotate in blood causing growth retardation .Megaloblastic Anaemia.

Type-2: Deficiency of OMP decarboxylase

- Megaloblastic Aneamia .



## Other causes of orotic Aciduria

1. Reye syndrome-----

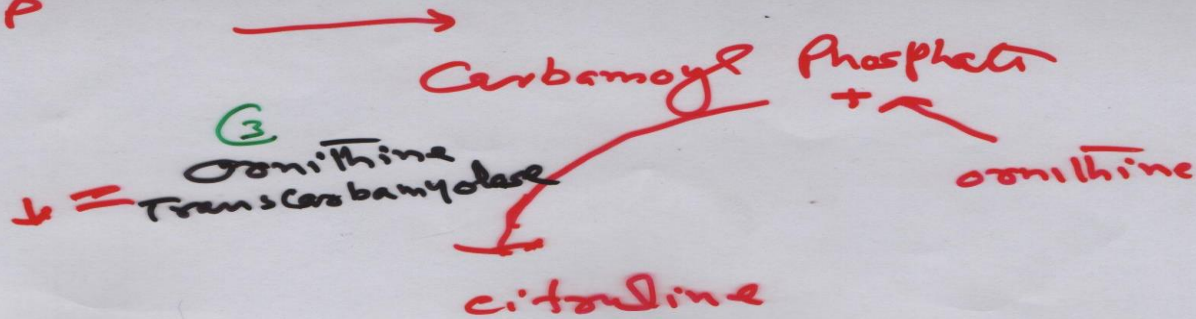
Damaged mitochondria

2. Deficiency of urea cycle enzyme i.e

Ornithine transcarbamoylase.

3. Drugs, e.g Allopurinol and 6-

Azauridine.



Ornithine Transcarbamoylase is deficient  
 or results in increased excretion of  
 orotic acid and uridine.

The underutilized substrate  
 Carbamoyl phosphate exits to the cytosol,  
 where it stimulates pyrimidine biosynthesis,  
 resulting in mild **Orotic Aciduria**.

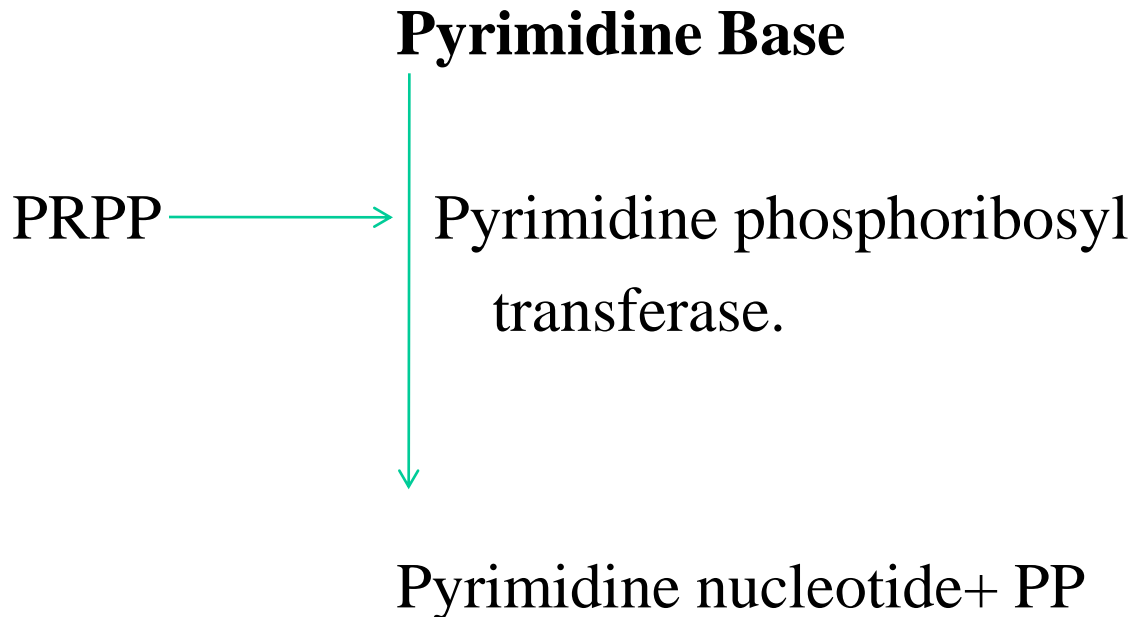
Orotic Aciduria = Result from the absence of either  
 one or both of the enzymes **OPRTase** and **OMP decarboxylase**.  
 This result may in mild **Orotic Aciduria**.  
 These crystals causes U.T. obstr → **Megaloblastic Anemia**.

- Due to feed back inhibition lack, Orotic acid  
 production is excessive. The condition can be treated by  
 feeding Cytidine or Uridine, which are converted to  
 UTP, which acts as feed back inhibitor.

OMP<sup>-</sup> and OPRTase are domains of single polypeptide chain.

# PYRIMIDINE BASE SALVAGE

- The enzyme pyrimidine phosphoribosyl transferase catalyzes the formation of pyrimidine nucleotide, using PRPP as the donor of ribosyl moiety.





## Synthetases:

ATP dependent enzymes catalyzing biosynthetic reactions and belong to Ligases

e.g. - Carbamoyl-Pol Synthetase

- Arginine Succinate Synthetase

- Glutamine Synthetase

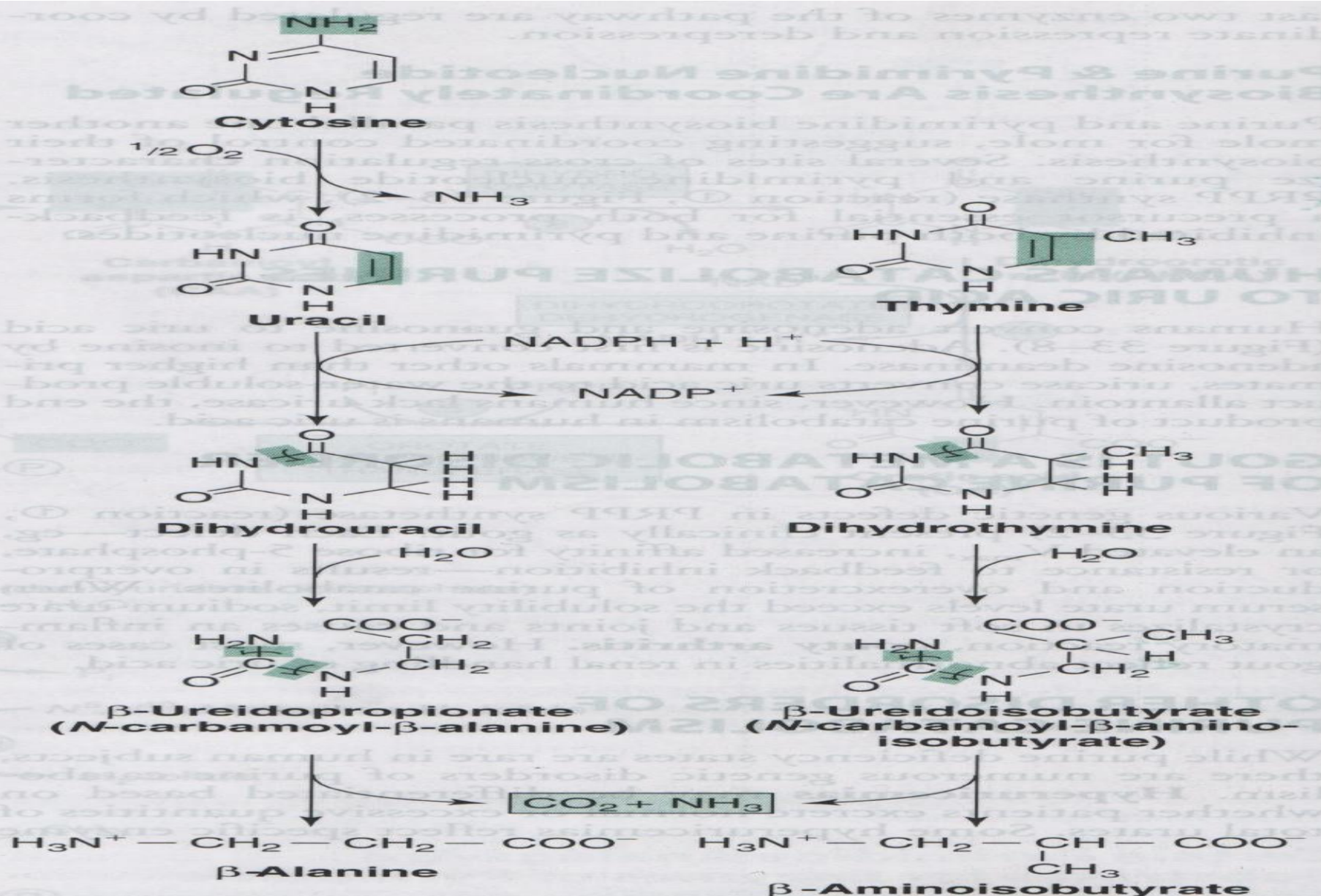
## Synthases:

Enzymes catalyzing biosynthetic reactions but do not require ATP. They belong to classes other than Ligases. e.g.

Glucogen Synthase,

ALA Synthase

IMP Synthase



**Figure 33-9.** Catabolism of pyrimidines. Chinese or Japanese ancestry routinely excrete  $\beta$ -aminoisobutyrate. Humans probably transaminate  $\beta$ -aminoisobutyrate to methylmalonate semialdehyde, which then forms succinyl-CoA (see Figure 20-2).