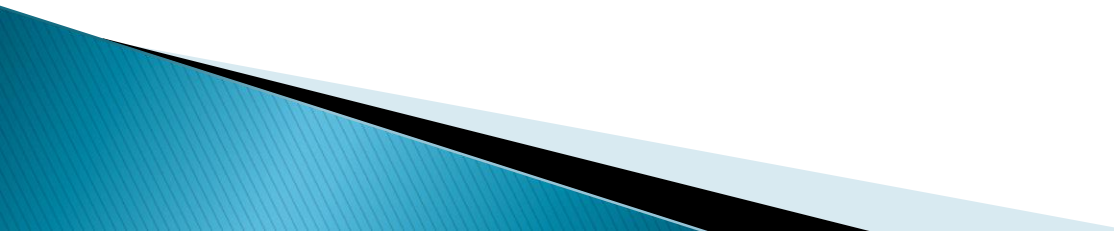


Fructose & galactose metabolism

Dr Gulnaz Begum



Objectives

- ▶ Sources of fructose
 - ▶ Biomedical importance
 - ▶ Conversion of fructose to sorbitol.
 - ▶ Complications due to sorbitol
 - ▶ Disorders of fructose metabolism.
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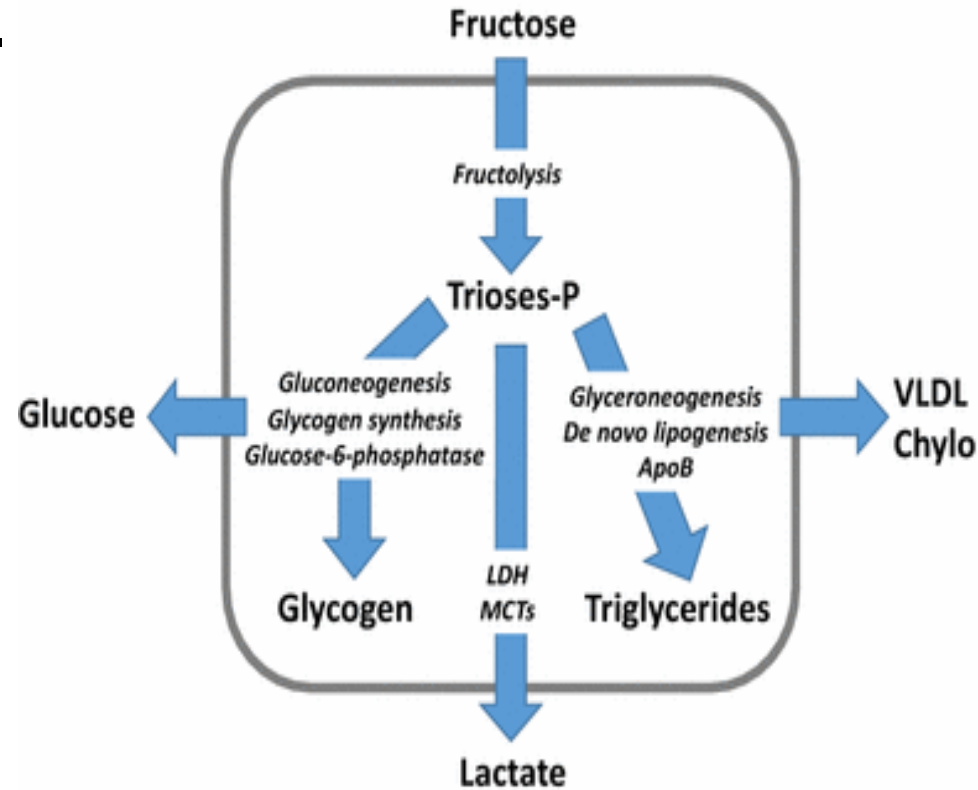
FRUCTOSE METABOLISM

- ▶ Major source of fructose is disaccharide SUCROSE
- ▶ Sucrose is cleaved in the intestines to form GLUCOSE & FRUCTOSE
- ▶ Found in many fruits , HONEY & high fructose corn syrup
- ▶ Entry into cells is not insulin dependent.
- ▶ Absorbed by facilitated diffusion.
- ▶ Taken by portal circulation to liver, there it is converted to glucose.



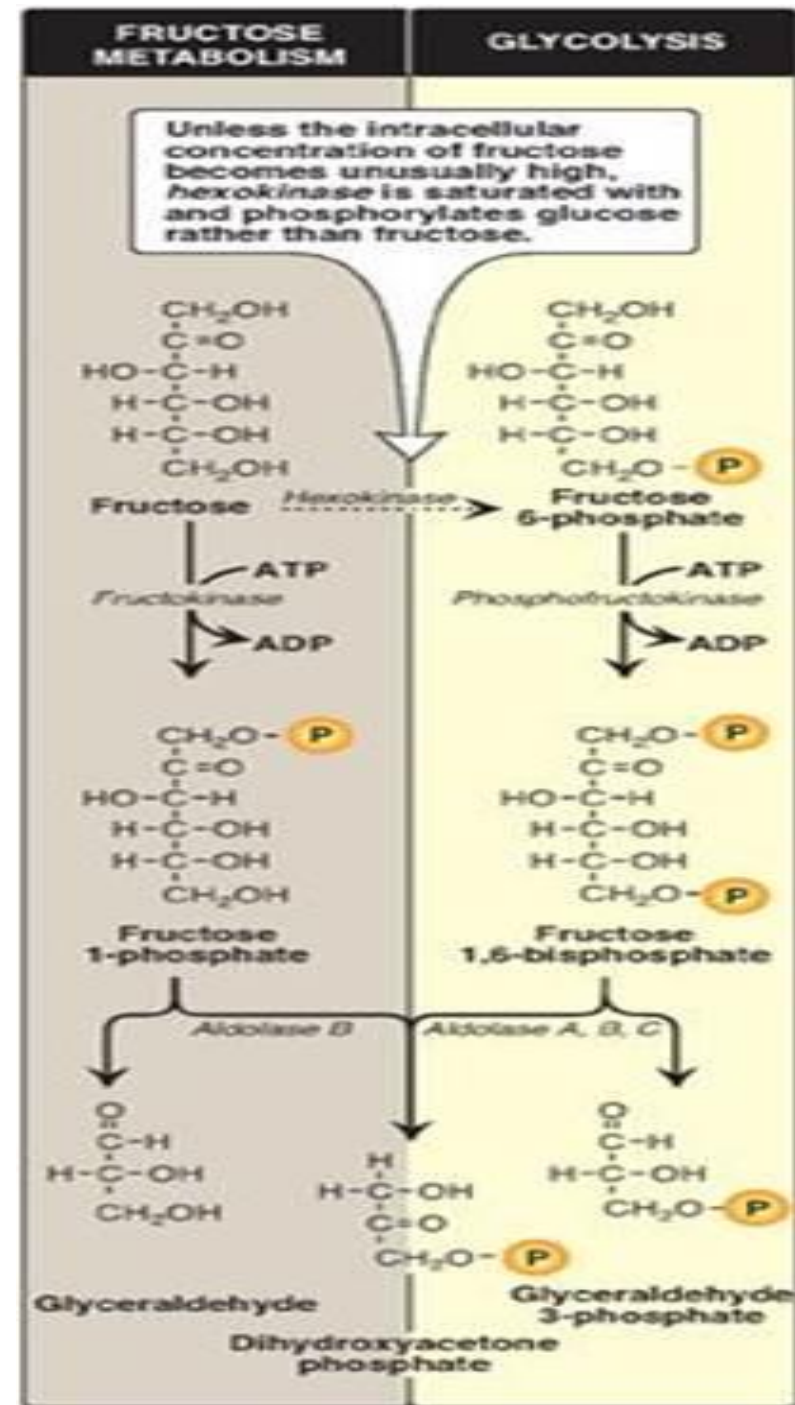
Biomedical importance

- ▶ Good source of energy.
- ▶ Source of energy for spermatozoa.
- ▶ Excess is harmful bcz it increase synthesis of TG.
- ▶ In diabetes through sorbitol pathway causes development of cataract.



Fructose metabolism

- ▶ Fructose is mostly phosphorylated by fructokinase to fructose -1-phosphates, present in liver, muscles, kidneys & intestine.

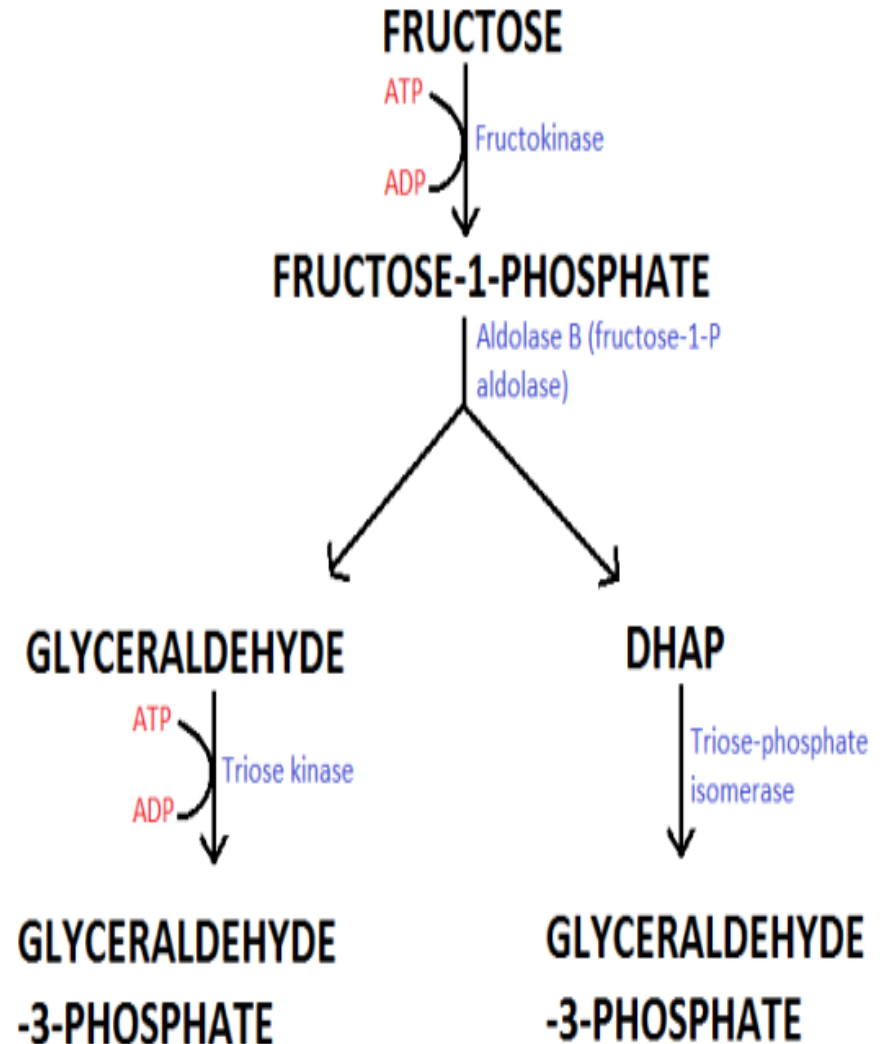


This enzyme cannot phosphorylates glucose.

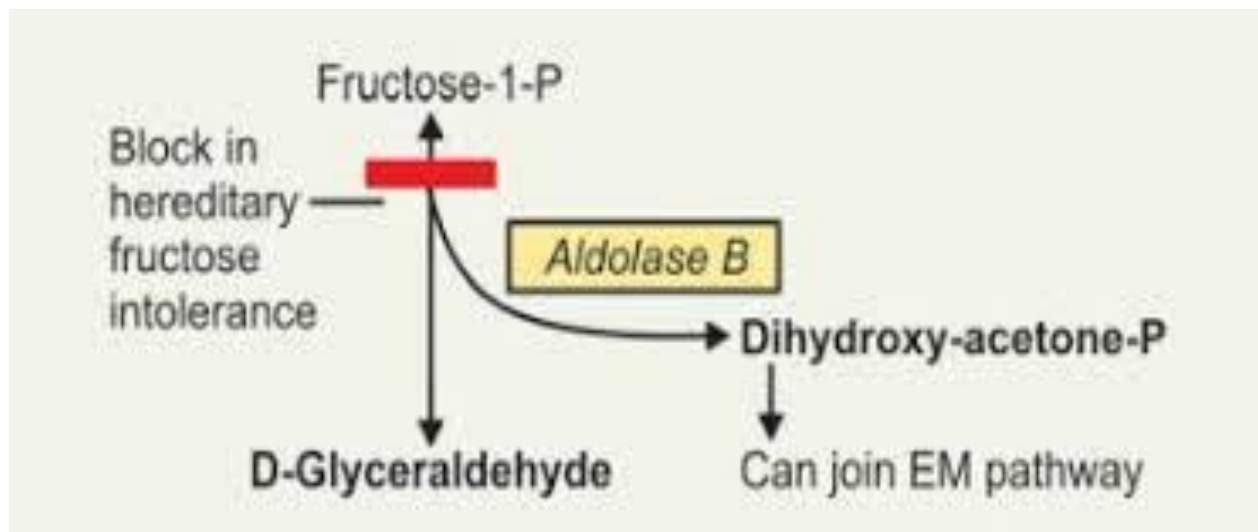
Its activity is Insulin independent.

This is the major pathway for fructose phosphorylation.

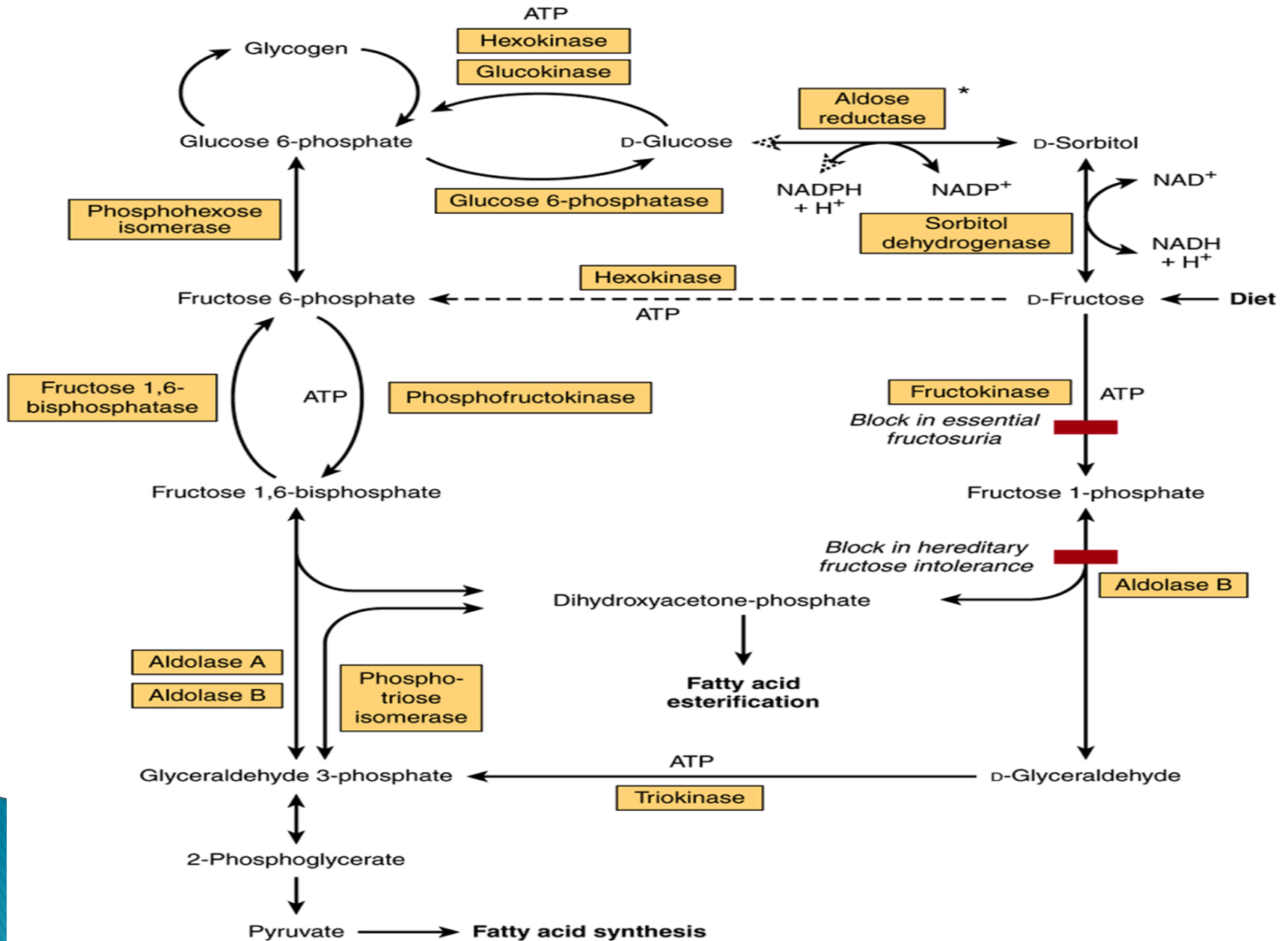
FRUCTOSE METABOLISM



- ▶ Conversion of fructose-1-phosphate to D-glyceraldehyde is catalyzed by aldolase B. Hereditary fructose intolerance occurs due to deficiency of this enzyme.



Fate of D-Glyceraldehyde



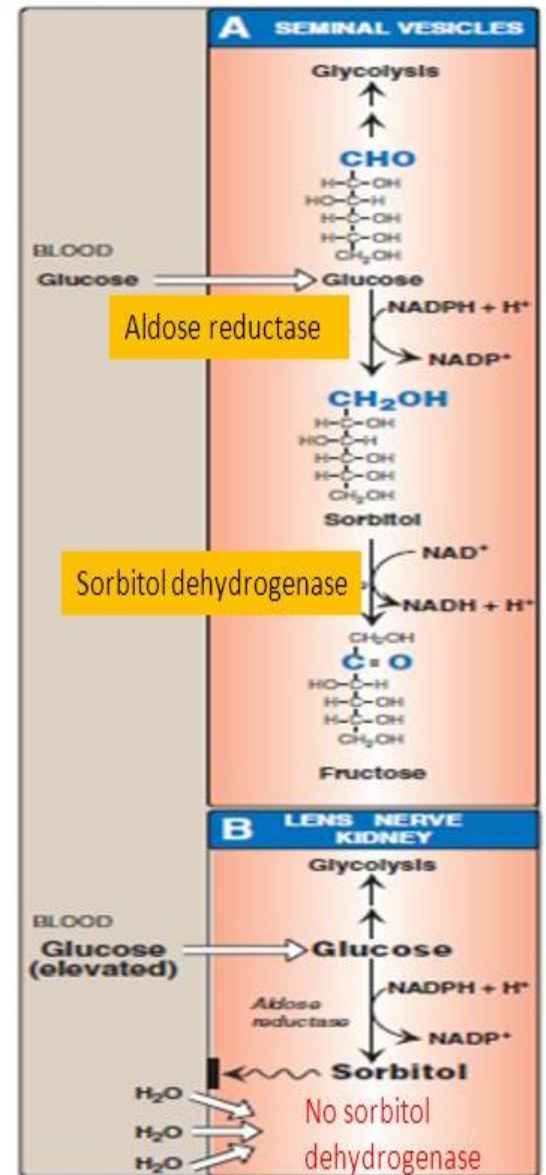
CONVERSION OF GLUCOSE TO FRUCTOSE VIA SORBITOL:

- ▶ SITES OF SYNTHESIS OF SORBITOL:

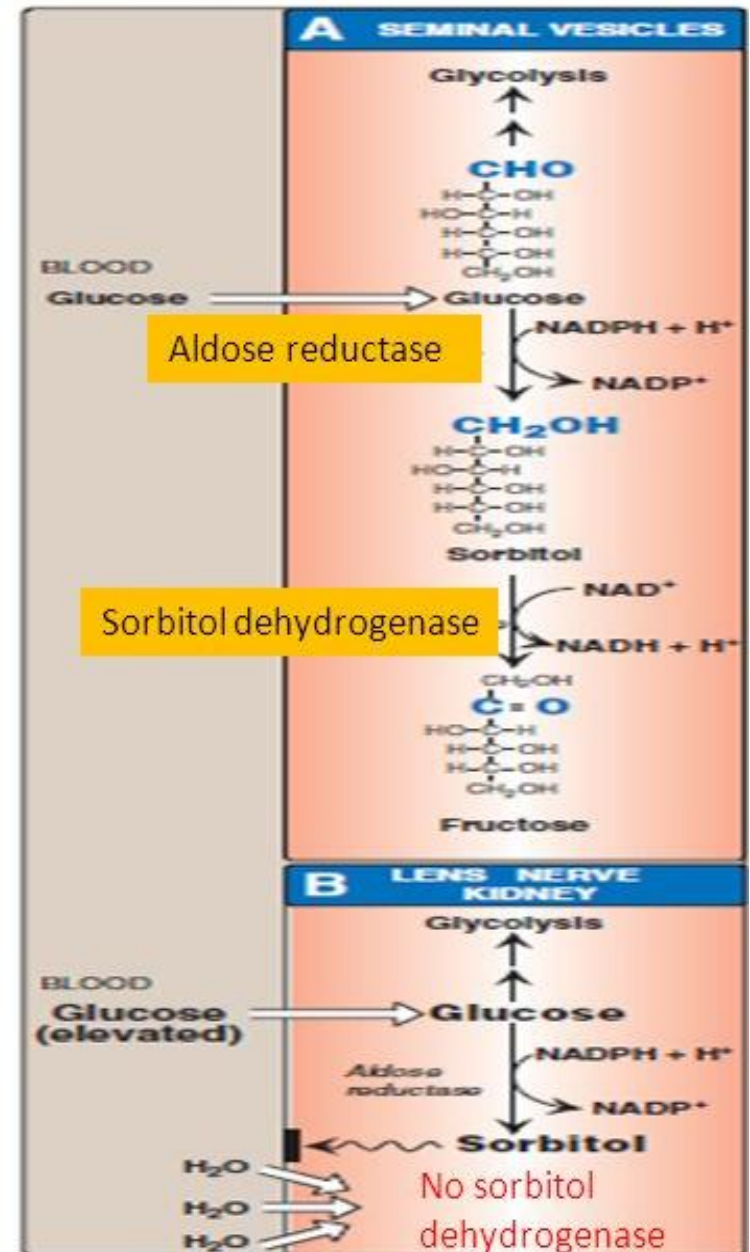
- ▶ Lens, retina, schwann cells of peripheral nerves, liver, kidney, placenta, red blood cells and cells of the ovaries and seminal vesicles.

Sorbitol pathway

- ▶ Fructose is major source of energy for spermatozoa.
- ▶ It is formed from glucose in seminal vesicles.
- ▶ Pathway involve
 1. Reduction of D-glucose to D-sorbitol.
 2. Oxidation of sorbitol to D-fructose.



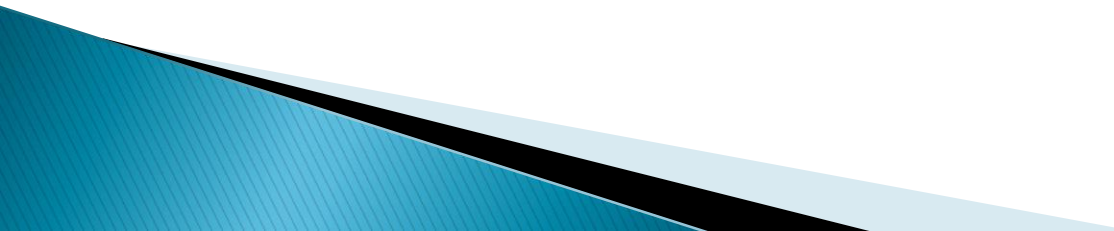
- ▶ **Aldose reductase** is absent in liver but present in lens, retina of eye, kidney, placenta, schwann cells of peripheral nerves. erythrocytes and seminal vesicals.
- ▶ Enzyme **sorbitol dehydrogenase** is either low in activity or absent in these cells.



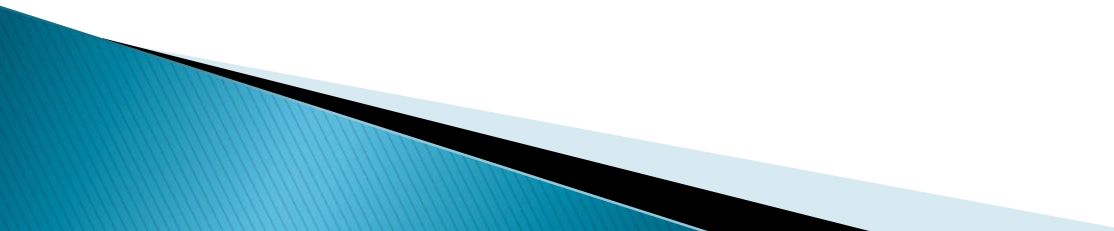
EFFECT OF HYPERGLYCEMIA ON SORBITOL METABOLISM:

Elevated intracellular glucose concentration and adequate supply of NADPH cause aldose reductase to produce significant increase in the amount of sorbitol, which cannot pass efficiently through the cell membranes and in turn remain trapped in the cell.

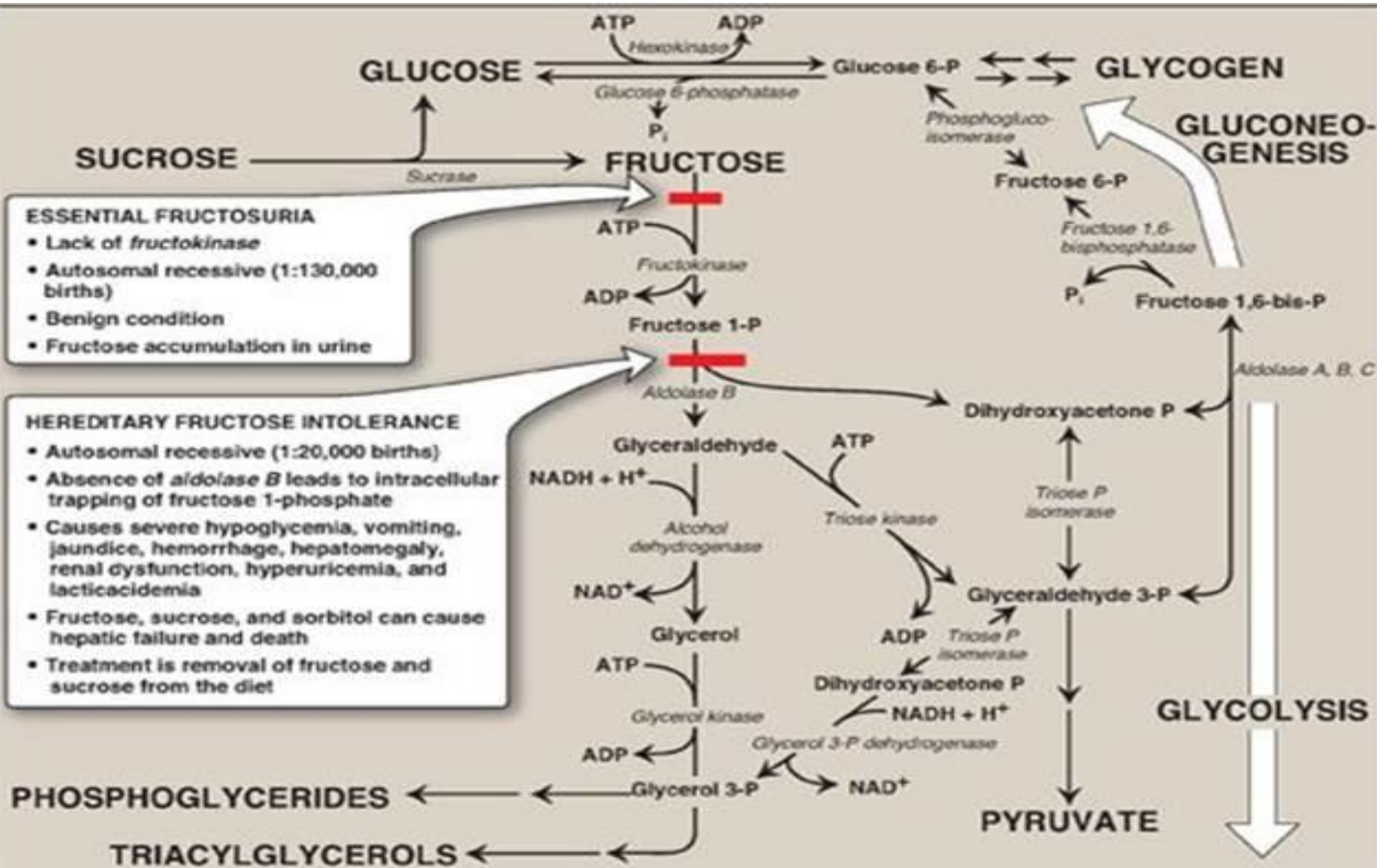
EFFECT OF HYPERGLYCEMIA ON SORBITOL METABOLISM:

- ▶ This is exacerbated when sorbitol dehydrogenase is low or absent (in lens, retina, kidney, nerve cells).
 - ▶ As a result sorbitol accumulates in these cells causing strong osmotic effects and therefore cell swelling as a result of water retention.
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PATHOLOGICAL ALTERATIONS ASSOCIATED WITH DIABETES:

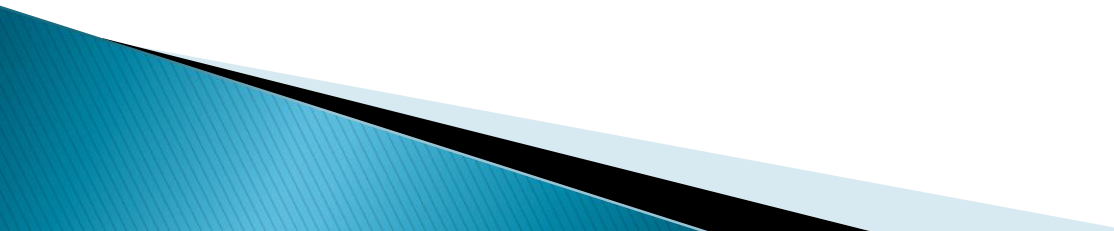
1. Cataract formation.
 2. Peripheral neuropathy.
 3. Diabetic nephropathy.
 4. Diabetic retinopathy.
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Disorders of fructose metabolism

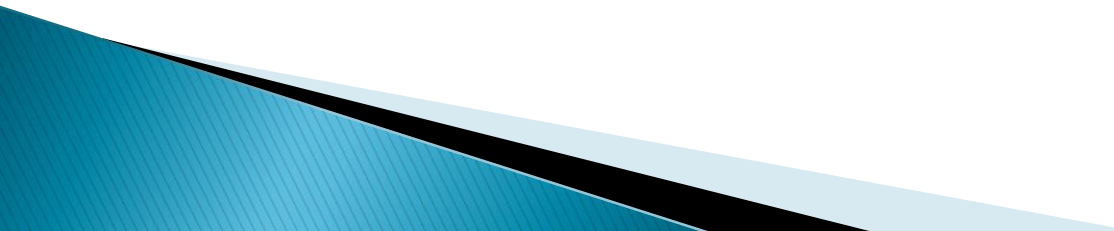


Galactose metabolism

Objectives

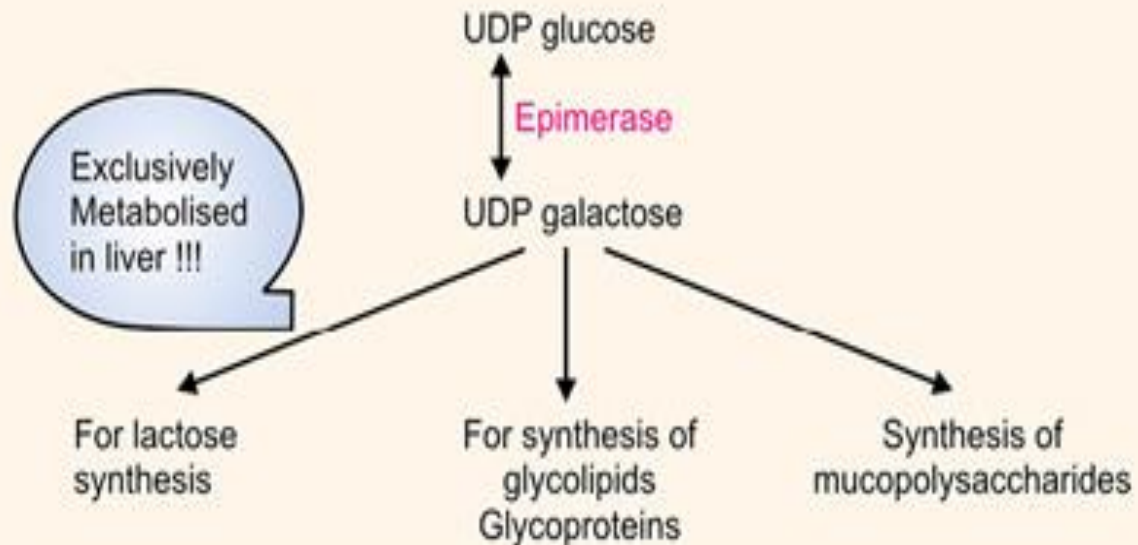
- ▶ Sources of galactose.
 - ▶ Biomedical importance
 - ▶ Metabolism of galactose
 - ▶ Biosynthesis of lactose
 - ▶ Regulation of lactose synthesis
 - ▶ Disorders of galactose metabolism.
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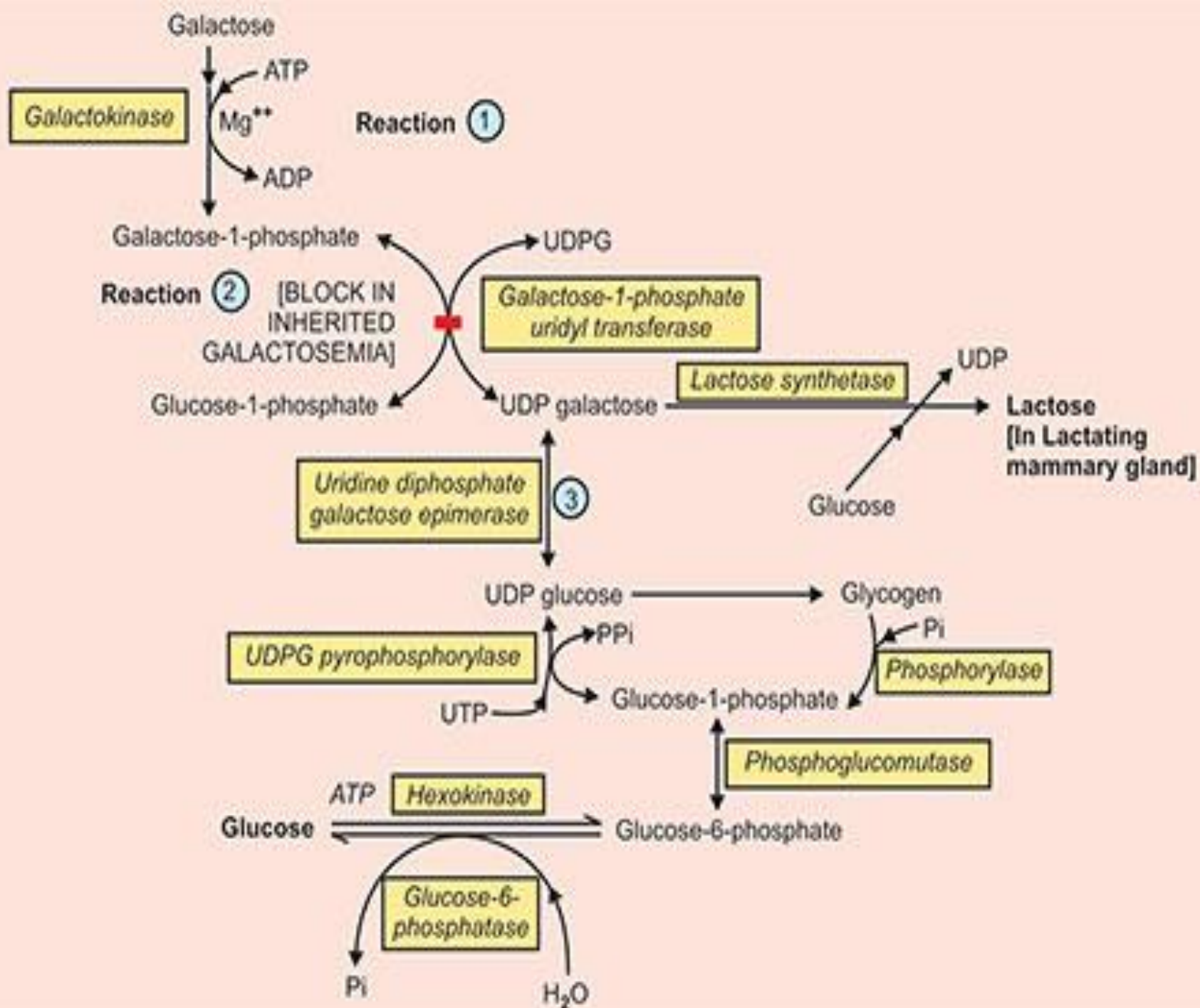
Sources of Galactose

- ▶ Major dietary source of galactose is LACTOSE
 - ▶ Obtained from milk and milk products
 - ▶ Galactose can also be obtained from lysosomal degradation of complex CHO like glycoproteins and glycolipids
 - ▶ Entry into cells is not insulin dependent.
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Biomedical importance

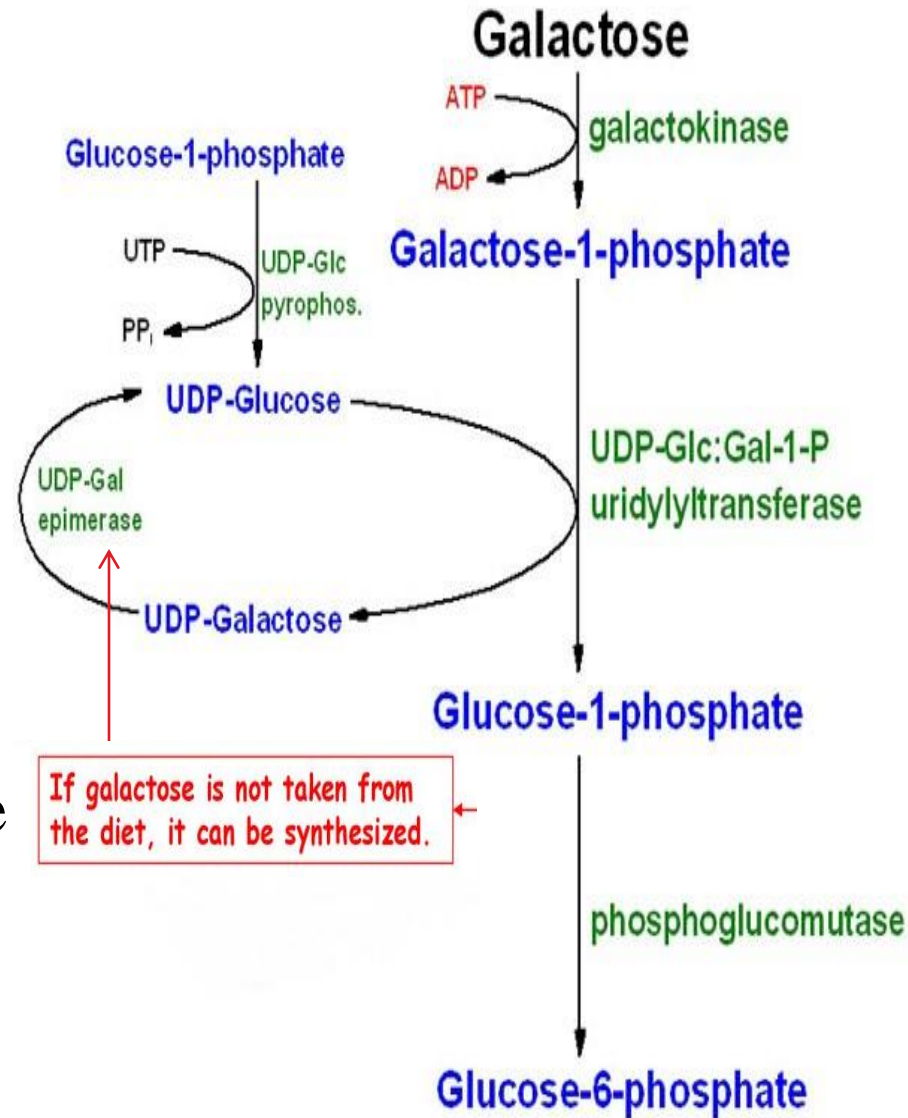
- ▶ Required by mammary glands for synthesis of milk.
- ▶ Brain require for synthesis of glycolipids -- cerebrosides and gangliosides.
- ▶ Synthesis of chondroproteins & mucoproteins.
- ▶ Galactosemia inheretid disorder due to deficiency of enzyme in pathway





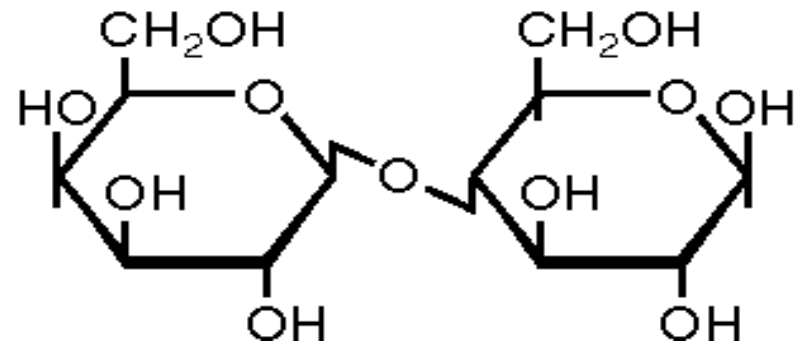
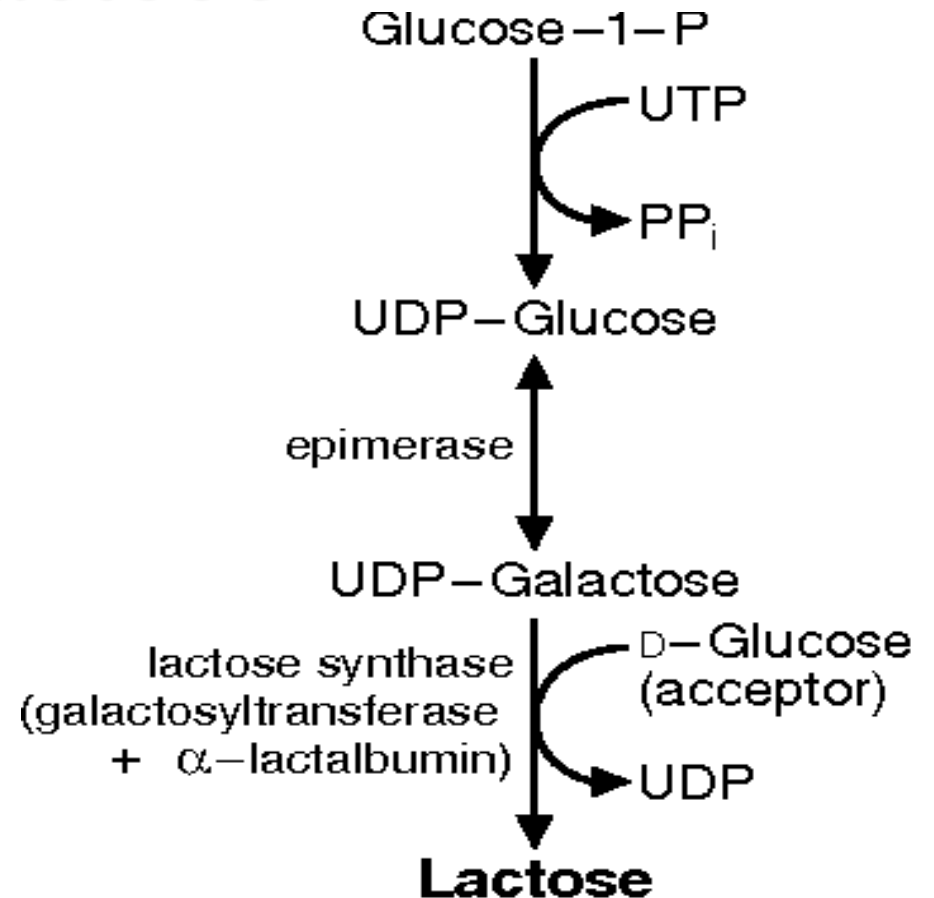
Metabolic pathway

- ▶ First galactose is phosphorylated by Enzyme galactokinase to Galactose-1-phosphate.
- ▶ Galactose-1-P combine with UDP-glucose to form UDP-galactose.
- ▶ UDP-galactose & UDP-glucose are interconvertible by enzyme epimerase .



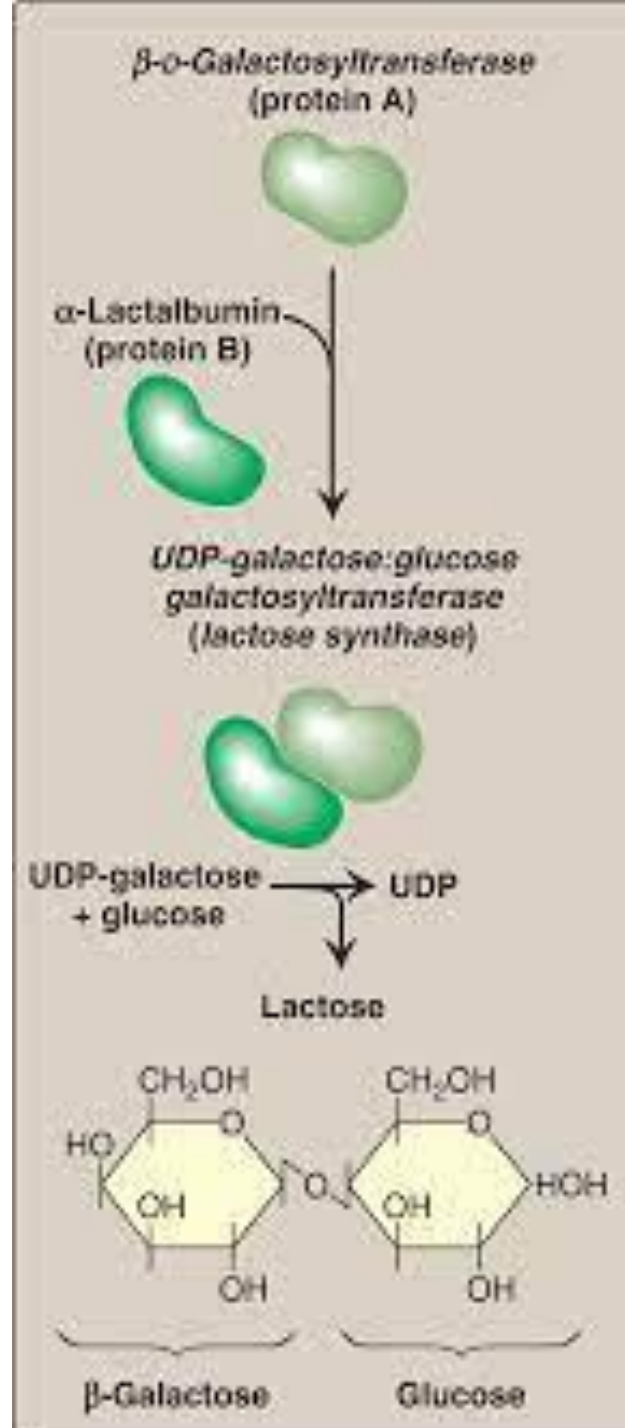
Biosynthesis of lactose

- ▶ UDP-galactose condenses with glucose to form lactose in mammary glands.

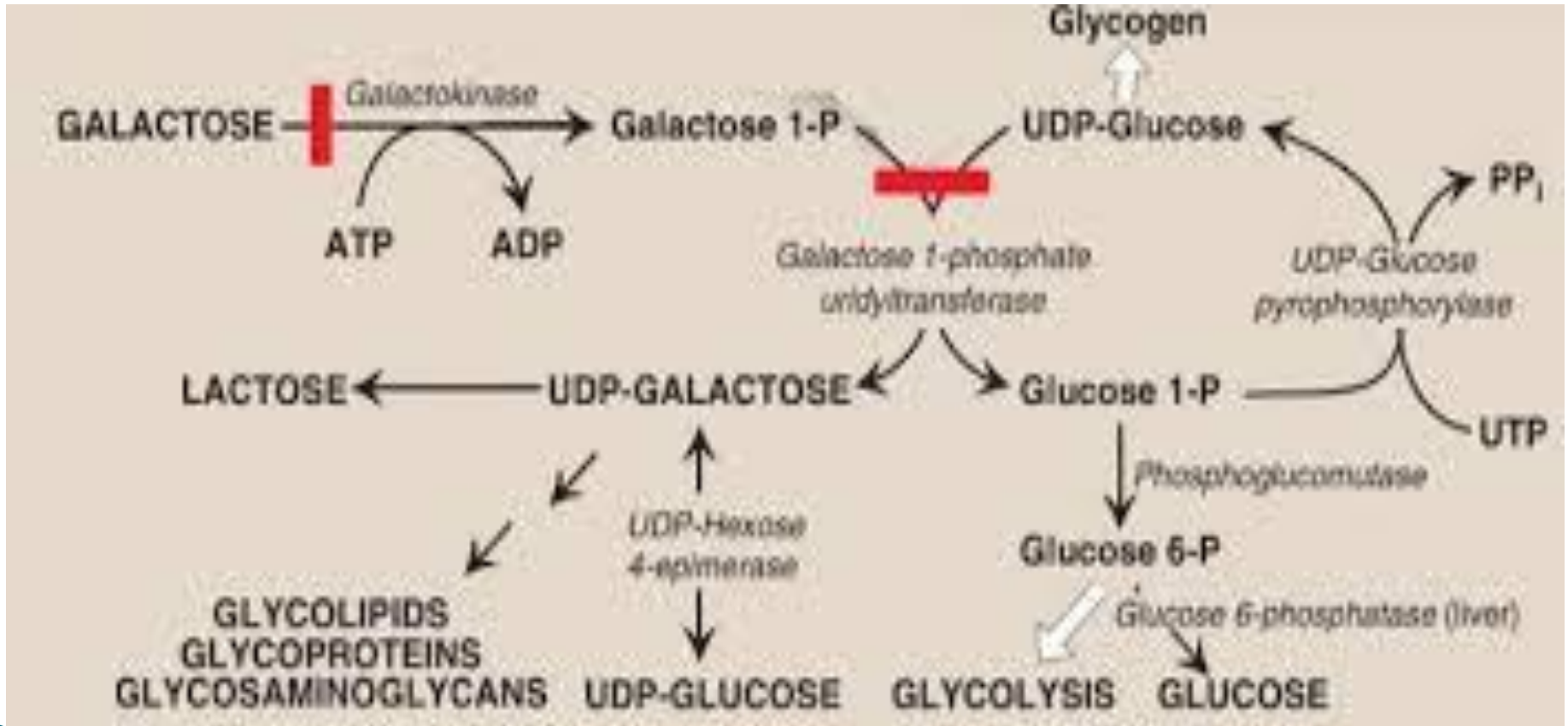


Regulation of lactose synthesis

- ▶ Lactose synthase has two subunits
- ▶ **Catalytic subunit:** galactosyl transferase
- ▶ **Modifier subunit:** α -lactalbumin.
- ▶ Only in mammary glands α -lactalbumin binds with catalytic unit and transfer the galactosyl moiety to glucose forming lactose.



- ▶ Galactosyl transferase in other tissues is involved in transfer of galactosyl moiety for synthesis of glycosamines,



Regulation of lactose synthesis

- ▶ α -lactalbumin in mammary tissue is under the control of hormones.
- ▶ Prolactin: increases synthesis of both subunits.
- ▶ Progesterone: inhibits synthesis of α -lactalbumin.

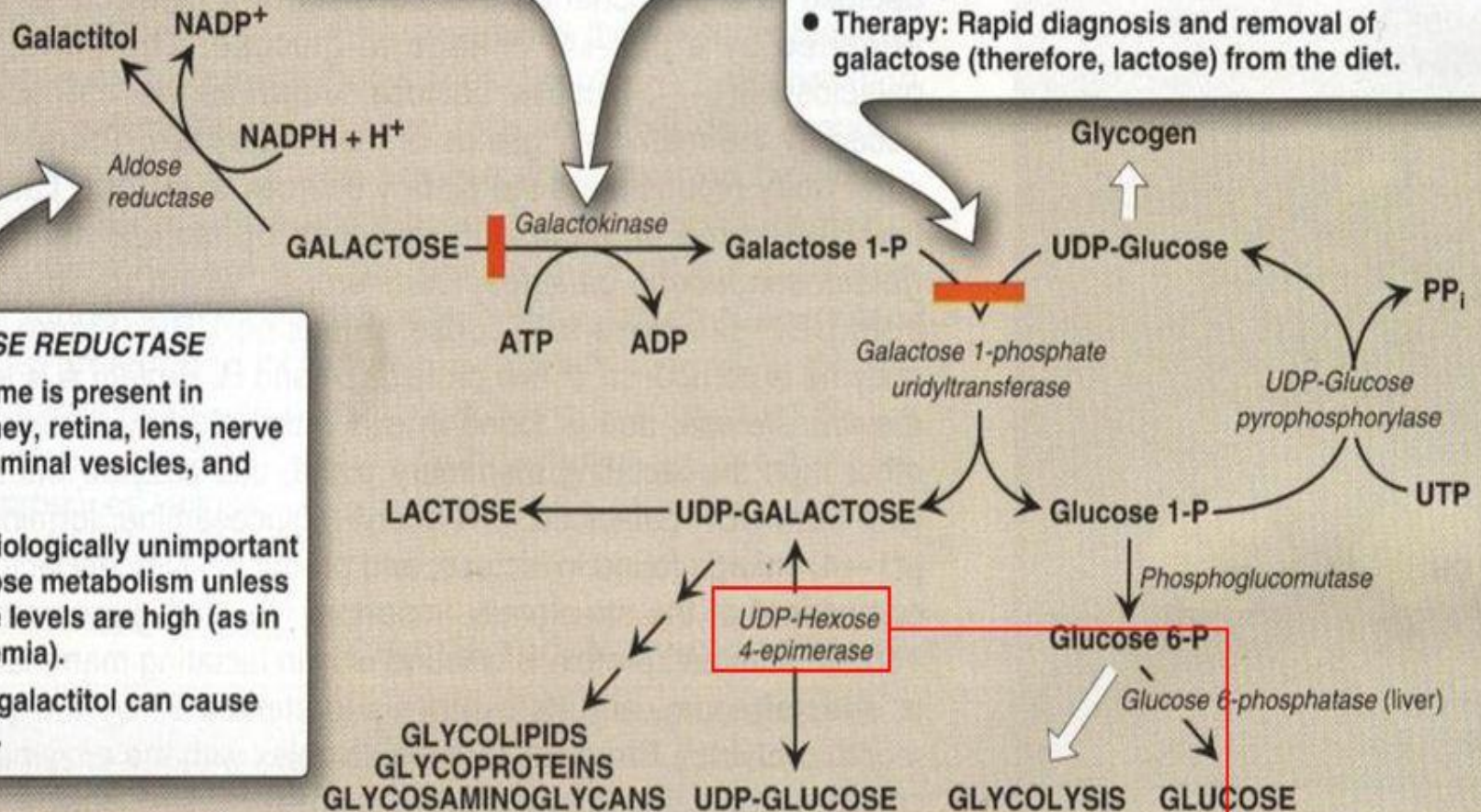
Disorders of galactose metabolism

GALACTOKINASE DEFICIENCY

- This causes galactosemia and galactosuria.
- It causes galactitol accumulation if galactose is present in the diet.

CLASSIC GALACTOSEMIA

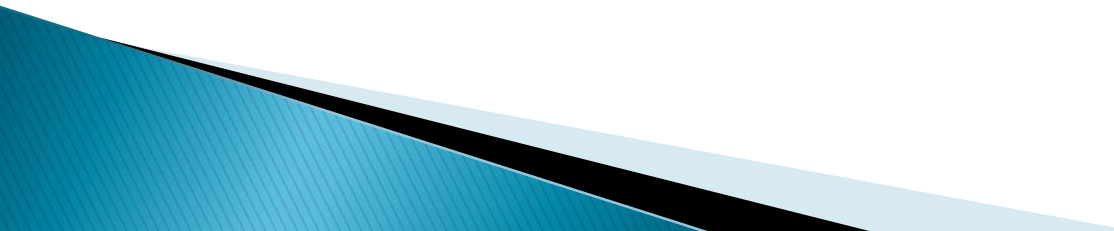
- *Uridyltransferase* deficiency.
- Autosomal recessive disorder (1 in 23,000 births).
- It causes galactosemia and galactosuria, vomiting, diarrhea, and jaundice.
- Accumulation of galactose 1-phosphate and galactitol in nerve, lens, liver, and kidney tissue causes liver damage, severe mental retardation, and cataracts.
- Antenatal diagnosis is possible by chorionic villus sampling.
- Therapy: Rapid diagnosis and removal of galactose (therefore, lactose) from the diet.



ALDOSE REDUCTASE

- The enzyme is present in liver, kidney, retina, lens, nerve tissue, seminal vesicles, and ovaries.
- It is physiologically unimportant in galactose metabolism unless galactose levels are high (as in galactosemia).
- Elevated galactitol can cause cataracts.

References

- ▶ Medical biochemistry by Chatterjea
 - ▶ Lipincott
 - ▶ Satayanayaryn
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Thank
you