Glycolysis

In all tisues, glycolysis which occurs in the cytosol is used for breakdown of glucose to form energy (in the form of ATP) and intermediates that are used in the body for biosynthesis. Mature RBCs or erythrocytes contain no mitochondria, so they are totally dependent upon glycolysis for ATP production.

Biomedical importance of glycolysis

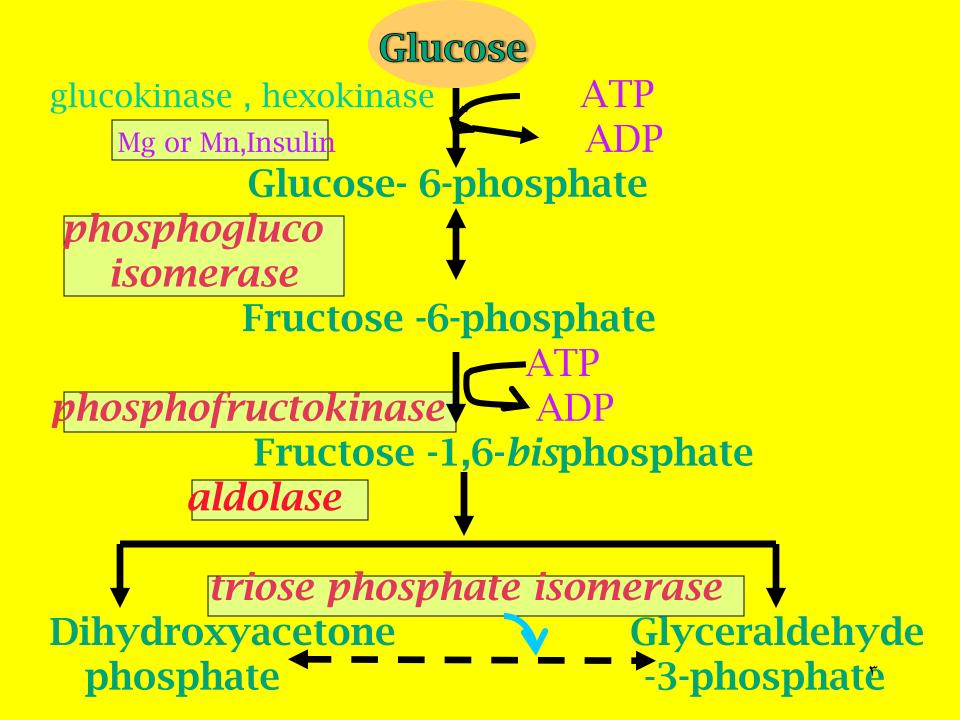
- 1. This pathway is meant for provision of energy.
- 2. It has importance in skeletal muscle as glycolysis provides ATP even in absence of O2.
- 3. In fast growing cancer cells, rate of glycolysis is very high, produces more pyruvic acid. Accumulation of pyruvic acid leads to excessive formation of lactic acid producing local lactic acidosis.
- 4. A genetic defect of hexokinase and pyruvate kinase lead to low ATP production, decrease RBCs, stability and swelling that result in hemolytic anemia.

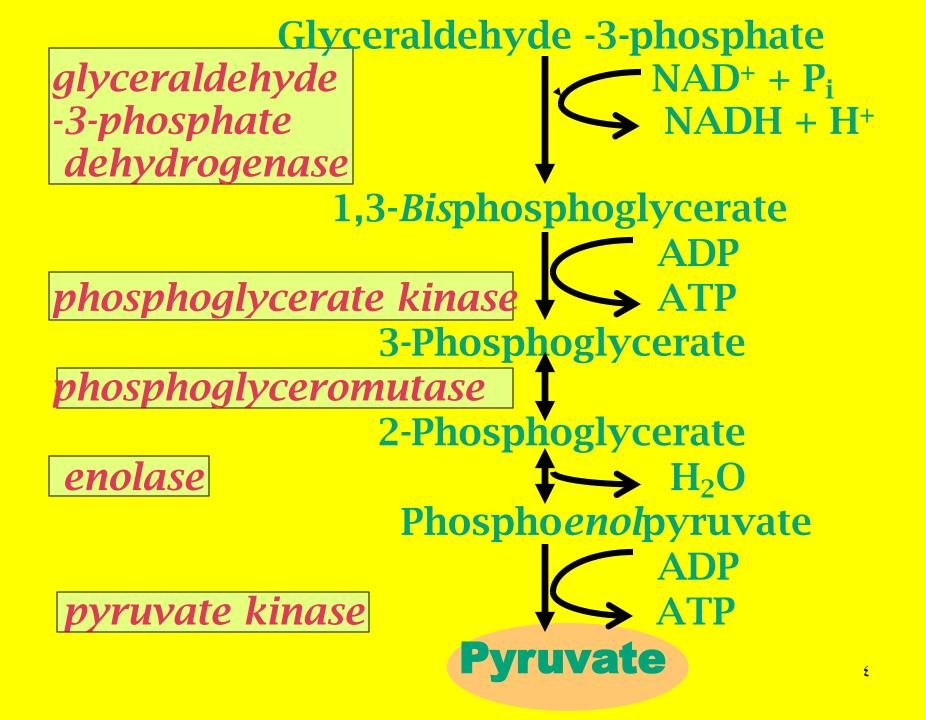
Glycolysis has two stages.

A. An *energy investment* phase. Reactions, 1-5. Glucose to two glyceraldehyde-3-phosphate molecules.

B. An *energy payoff* phase.
Reactions 6-10 . Two glyceraldehyde
-3-phosphate molecules to two pyruvate
plus four ATP molecules.

-- A net of two ATP molecules overall plus two NADH.





Hexokinase

- -Non specific, can phosphorylate any of the hexoses.
- found in all tissues.
- -Km is low = 0.1 mM, hence high affinity for glucose.
- -Allosteric inhibition by G6P.
- No change with glucose feeding. -Main function to make available glucose to tissues for oxidation at lower blood glucose level.

Glucokinase

- -Specific , can phosphorylate glucose only .
- -Found in liver.
- Km is high = 10mM , low affinity for glucose .
- -Not inhibited by G6P.
- Increased by feeding glucose after fasting .
- -Main function to clear glucose from blood after meals and at blood level greater than 100 mg / dl .

Summary of energy relationships for glycolysis (aerobic phase) *Input* = 2 ATP

- **1**. glucose + ATP \rightarrow glucose-6-P
- 2. fructose-6-P + ATP → fructose-1,6 *bis*phosphate
- Output = 4 ATP + 2 NADH
- 2 glyceraldehyde- 3-P + 2 P_i + 2 NAD+→
 2 (1,3- *bis*phosphoglycerate) + 2 NADH
 2 (1,3 *bis*phosphoglycerate) + 2 ADP→
 2 (3-P-glycerate) + 2 ATP
 3 2 PEP + 2 ADP → 2 pyruvate + 2 ATP
- *Net* = 2 ATP and 2 NADH

Two phases of glycolysis 1. Aerobic phase

Aerobic phase includes the conversion of glucose to pyruvate . Oxidation is carried out by dehydrogenation and reducing equivalent is transferred to NAD . NADH + H in the presence of O2 is oxidized in electron transport chain (ETC) producing ATP . In this phase , 8 ATP will be produced per molecule of glucose oxidation .

2. Anaerobic phase

This phase includes the conversion of glucose to lactate. NADH cannot be oxidized ,so no ATP is produced in ETC. But the NADH is oxidized to NAD by conversion of pyruvate to lactate, without producing ATP. In this phase, 2 ATP will be produced per molecule of glucose oxidation. Fate of pyruvic acid depends on the redox state of the tissues :

a)In the presence of O2:pyruvic acid is oxidatively decarboxylated to acetyl CoA.

b)In the absence of O2 : pyruvic acid is converted to lactic acid .

Other fates of pyruvic acid can be summed up as follows :

-Pyruvic acid can be aminated to form the amino acid alanine. -Pyruvic acid can be converted to form glucose in the body. -Pyruvic acid can be converted to malic acid, which is turn can form oxalo acetic acid (OAA). -Pyruvic acid can be converted directly to OAA in the body by CO2 fixation reaction.

1.

(Lactate Fermentation) **Enzyme =** Lactate Dehydrogenase **COO**⁻ **COO**- $C=O + NADH + H^+ = H-C-OH + NAD^+$ CH_3 CH_3 lactate pyruvate - Note : Uses up all the NADH (reducing equivalents) produced in glycolysis. 11

-- *Lactate Dehydrogenase (LDH)* It is an isozyme .Two polypeptides M and H come together to form LDH . It is a tetramer so a mixture is formed : M4 , M3H , M2H2 , MH3 and H4 .

Skeletal muscle and liver contain predominantly the M form ; heart the H form . During and after myocardial infraction (heart attack) , heart cells die releasing LDH into the circulation. -- Diagnostic The function of LDH in muscle is mainly conversion of pyruvic acid to lactic acid, so it is activated by high level of pyruvic acid and inhibited by high level of lactic acid.

In the heart, the reverse occurs, it act for conversion of lactic acid to pyruvic acid in order to supply high energy, so it is inhibited by high level of pyruvic acid and stimulated by high level of lactic acid.

Notes :

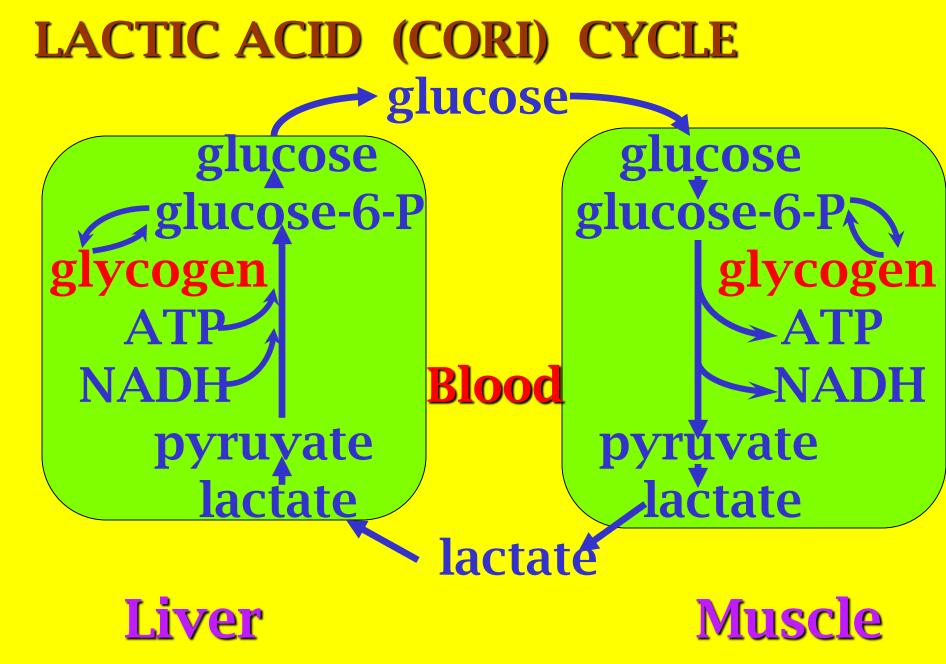
1.The lactate which is formed is transported by blood to liver and become glucose and transport by blood to the tissues.

2. Phosphofructokinase inhibited in high conc. of ATP (when ATP is high, the cell dose not need ATP and glycolysis inhibited) and citrate (high level of citrate indicate the adequate amount of substrate, are entering CAC, therefor, glycolysis slow down).

3.Serum aldolase level are elevated in poly myocytosis, multiple seclerosis and poly neuritis.

4 .A side reaction of the glycolytic pathway occur in which 1,3-Bisphosphoglycerate is converted to 2,3-Bisphosphoglycerate. This is carried by bisphosphoglycerate mutase and this found in RBCs and its functions : a.Regulate the oxygen binding and release of O2 with Hb.

b. In human ,2,3-BPG is a major component of the organic acid-soluble phosphates . c. Facilate transport of O2 from RBCs to the tissues .



-- REGULATION OF GLYCOLYSIS --

Three irreversible kinase reactions primarily drive glycolysis forward.

- 1. Hexokinase (HK).
- 2. Phosphofructokinase (PFK).
- 3. Pyruvate kinase (PK).