

Fatty acid & Triglyceride Synthesis Ketobody Metabolism

Dr Piyush B. Tailor
Associate Professor
Department Of Biochemistry
GMC, Surat

Biosynthesis of Fatty acids

- Excess dietary ***Carbohydrates & Proteins***
- Converted to fatty acids & stored as Triacylglycerol
- **De-novo synthesis** of Fatty acids takes place in
 - Liver
 - Kidney
 - Adipose tissue
 - Lactating Mammary glands.
- **Site:** **Cytoplasm** of the cell
- **Requirements:**
- **Acetyl CoA** – source of Carbon atoms
- **NADPH** – provides reducing equivalents
- **ATP** – energy

⇒ Fatty acid synthesis in **3 stages**

(i) Production of **Acetyl CoA & NADPH**

(ii) Conversion of **Acetyl CoA to Malonyl CoA**

(iii) Reactions of **Fatty acid synthase complex.**

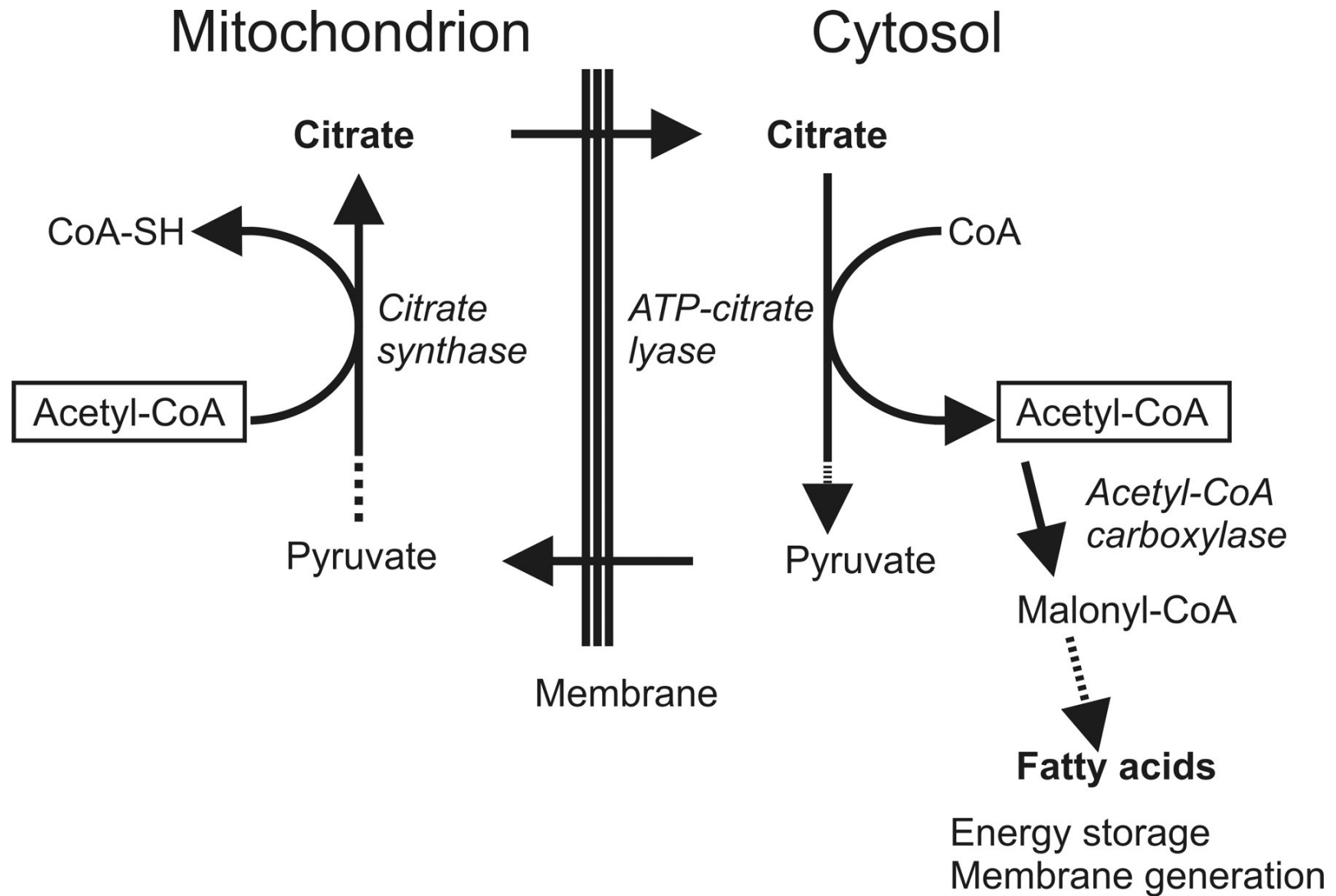
Production of Acetyl CoA & NADPH

Acetyl CoA is produced in mitochondria from oxidation of

- **Pyruvate**
- **Fatty acids**
- **Degradation of Amino acids**
- **Ketone bodies**

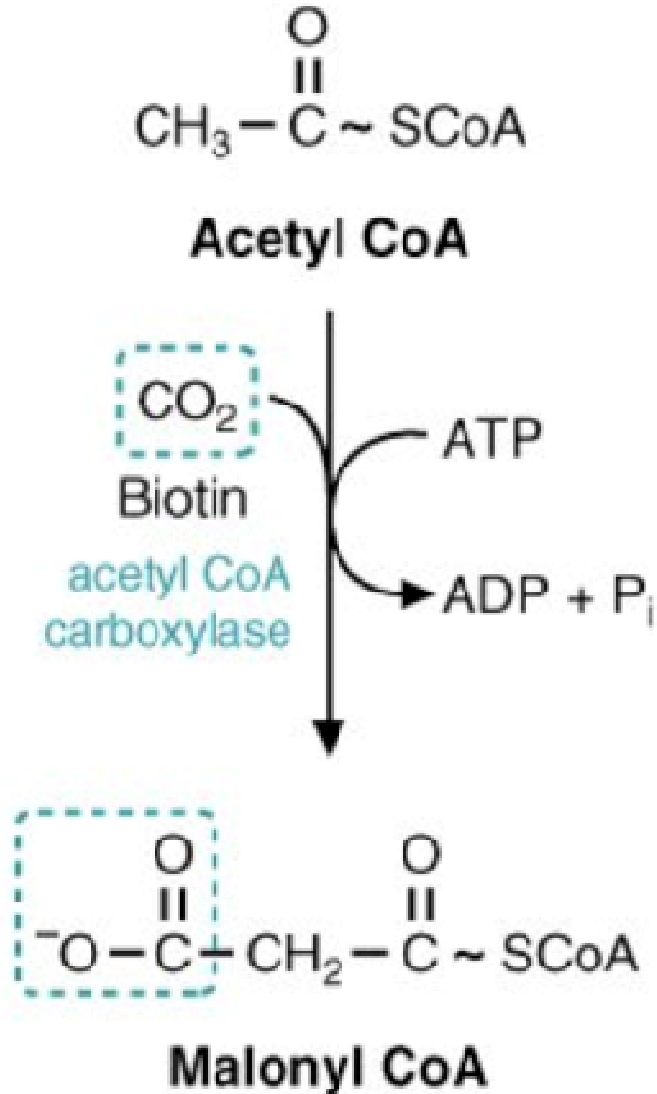
Mitochondrial membrane is impermeable to Acetyl CoA

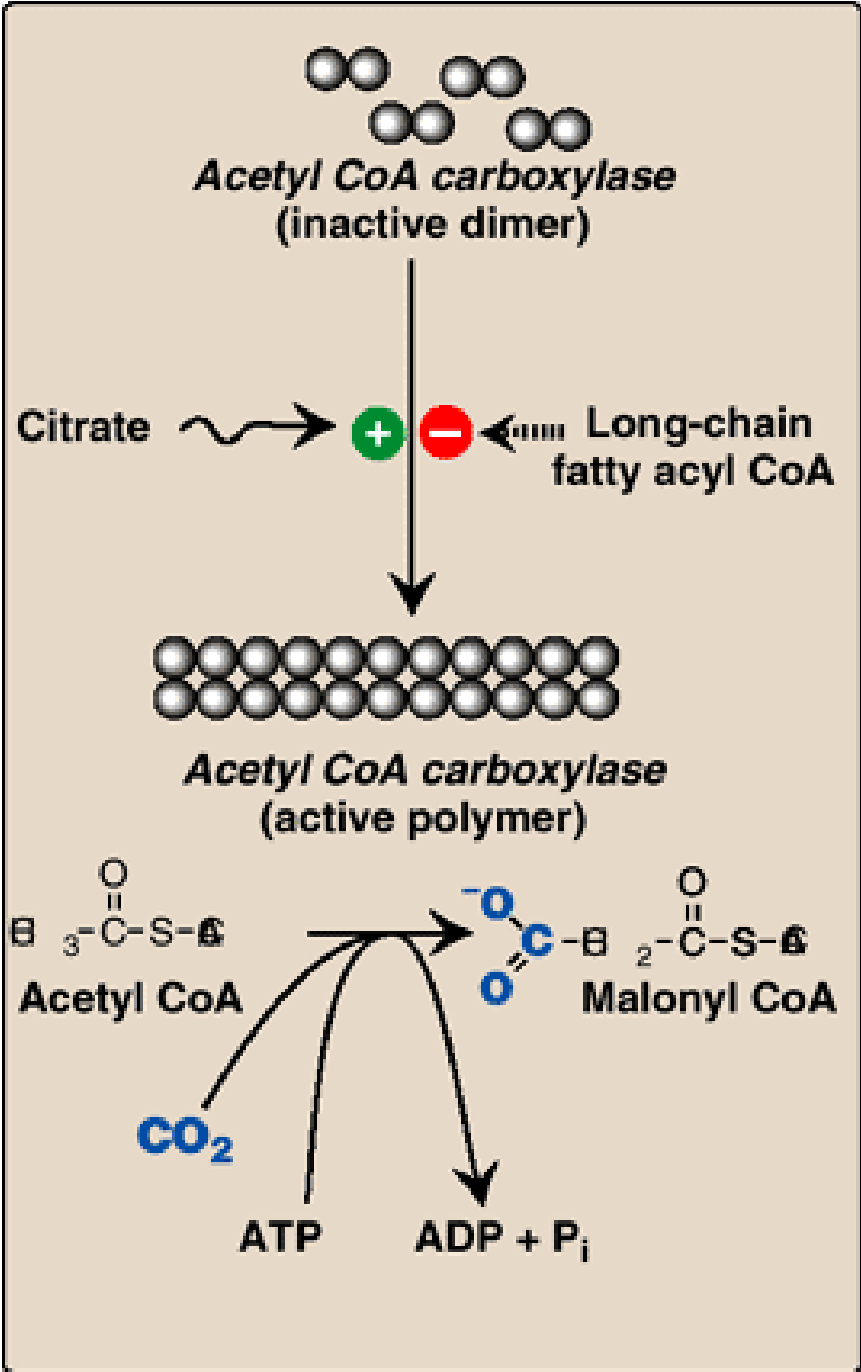
Transfer of Acetyl CoA from Mitochondria to Cytosol



Formation of Malonyl CoA

- Acetyl CoA is carboxylated to Malonyl CoA by
- **Acetyl CoA Carboxylase**
- **This step is the regulating step for Fatty acid synthesis**



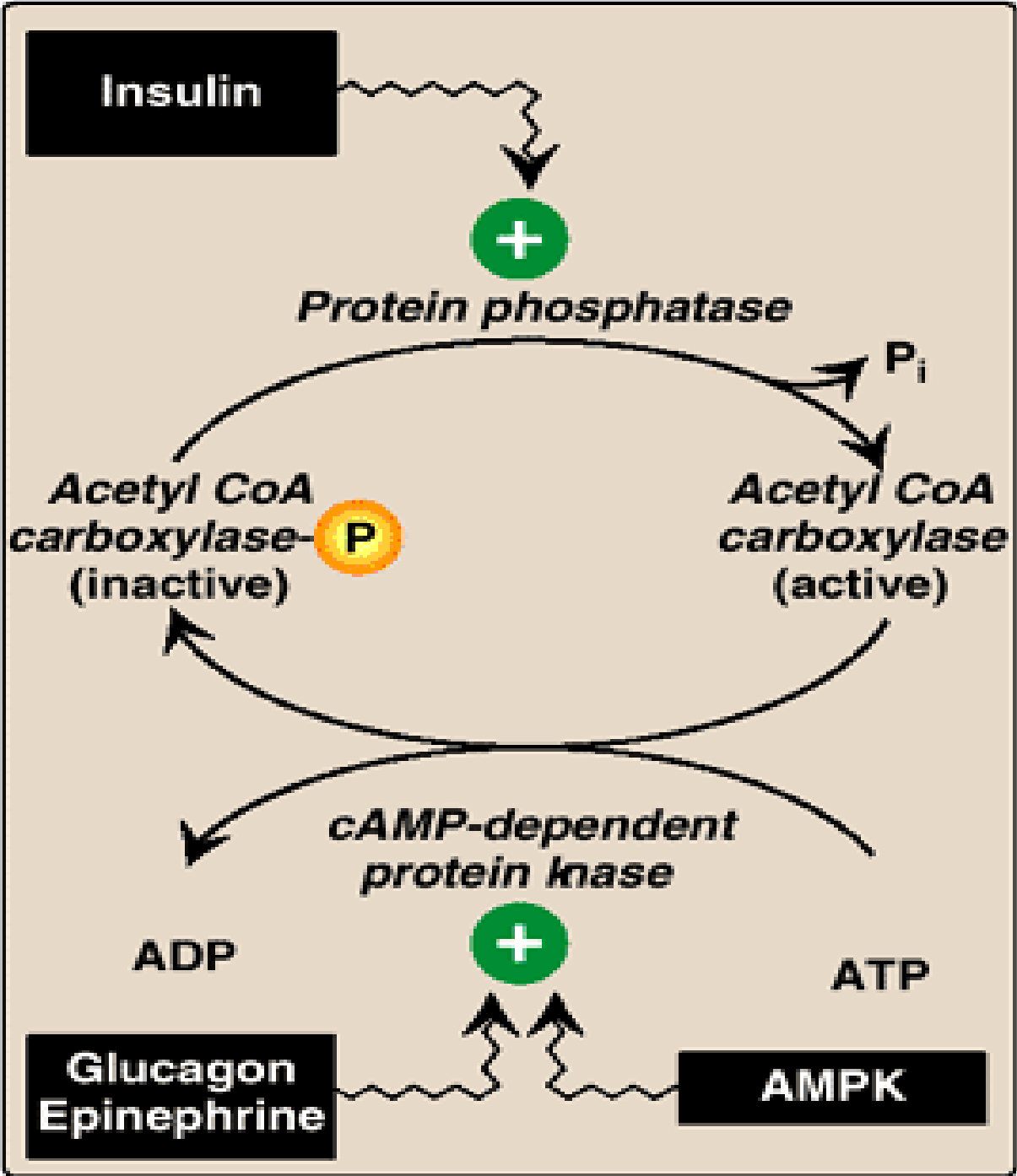


Short term regulation

- Activated by
 - Citrate
 - Insulin
- Inactivated by
 - long-chain fatty acyl CoA
 - Epinephrine & Glucagon

Long term regulation

- Increase
 - Prolonged consumption of a diet containing excess calories
 - High-carbohydrate diets
- Decrease
 - Low-calorie diet and Fasting



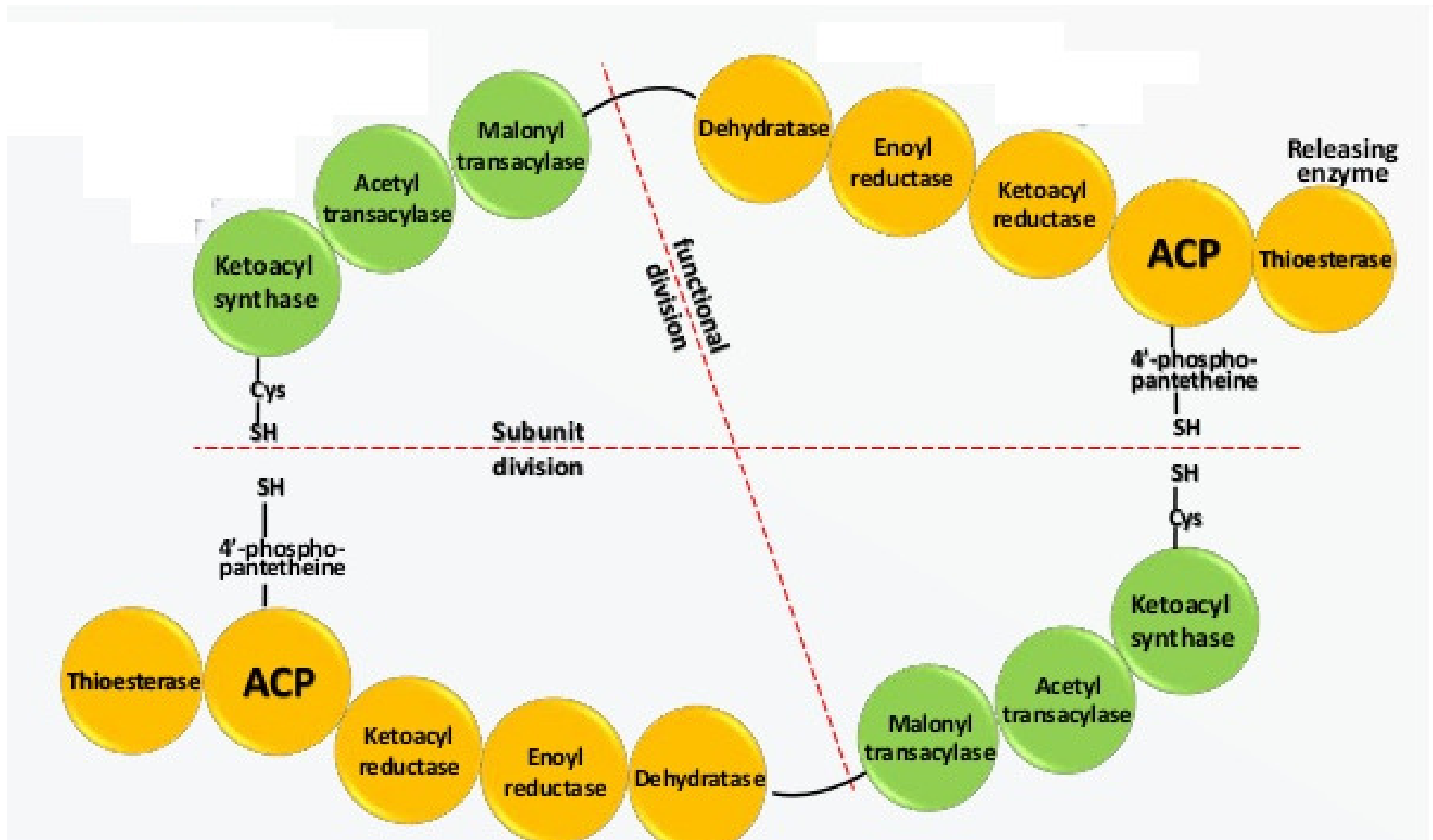
Fatty acid synthase complex:

Fatty acid synthase is a ***Multi enzyme complex***.

Dimer with two identical units.

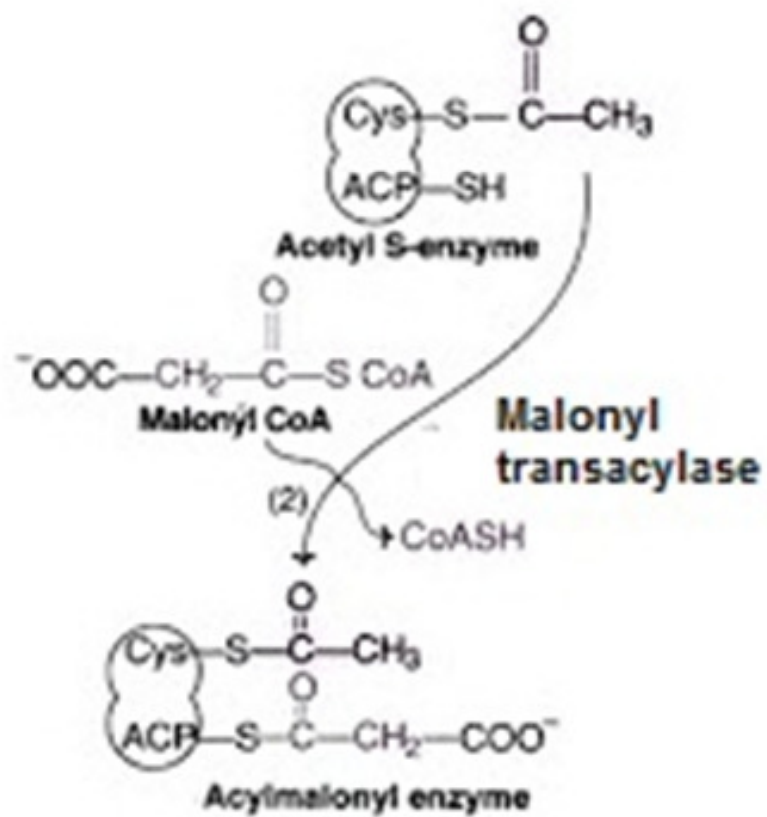
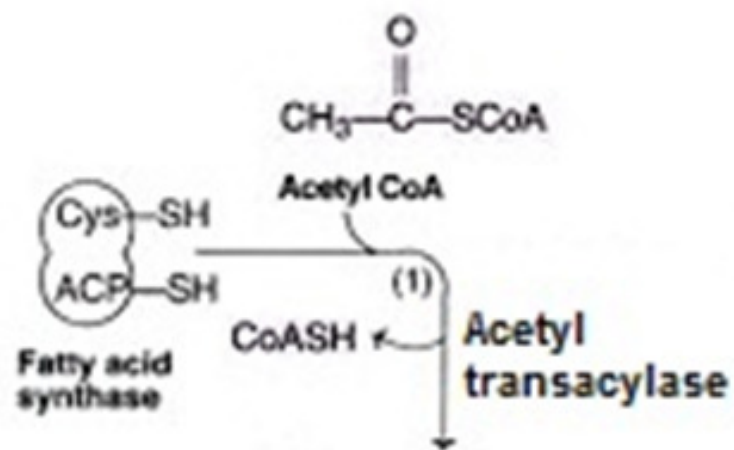
Each unit contains ***7 enzymes*** and ***Acyl Carrier Protein***

Fatty Acid Synthase Complex



Fatty Acid Synthase Complex

1. Acetyl transacylase
 2. Malonyl transacylase
 3. Ketoacyl synthase
 4. Dehydratase
 5. Enonyl reductase
 6. Ketoacyl reductase
 7. Thioesterase
- **Acyl Carrier Protein**



(Unit-1) FA Synthase – KS – Cys – SH – Acetyl CoA

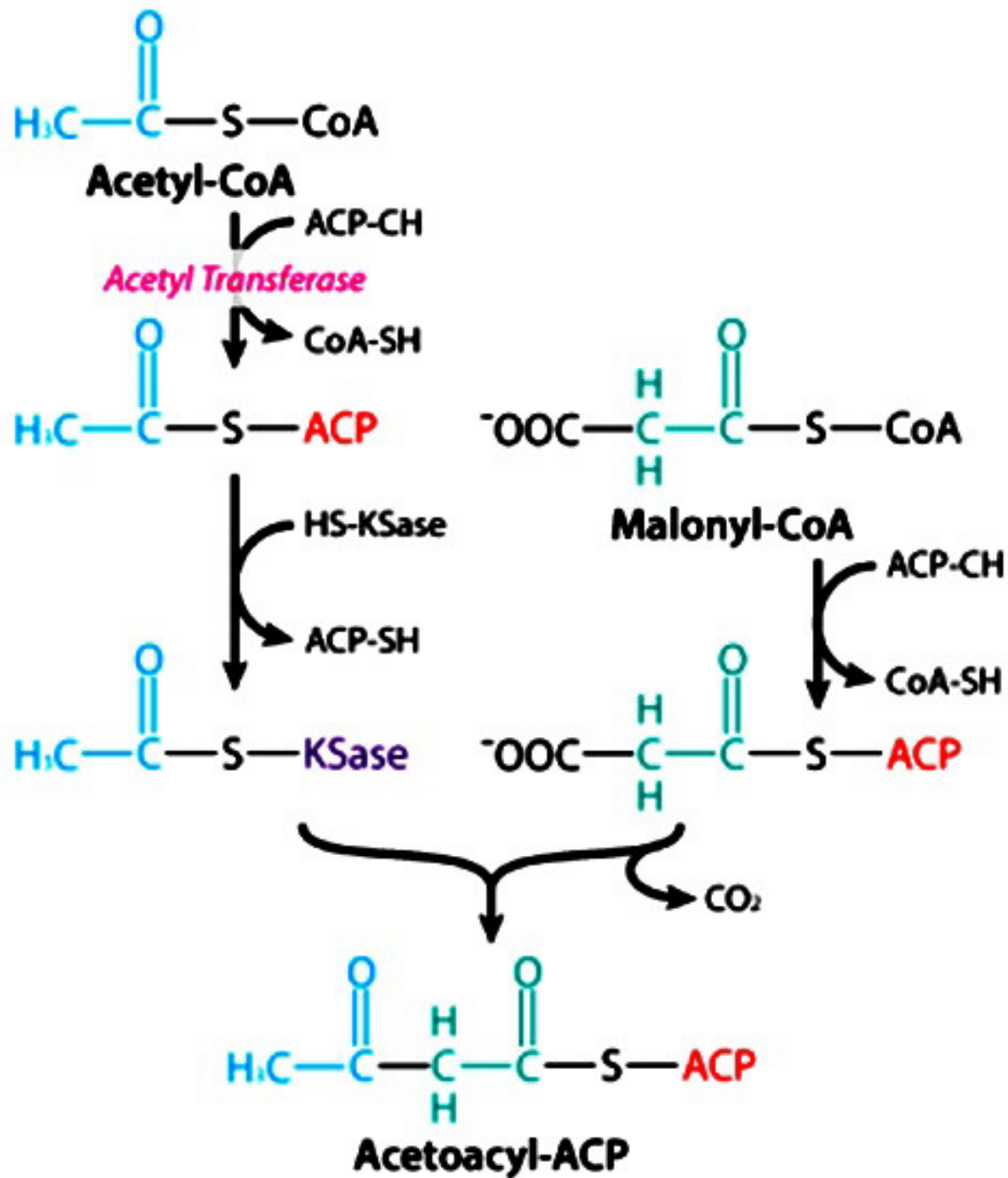
(Unit-2) FA Synthase – ACP – SH – Malonyl CoA

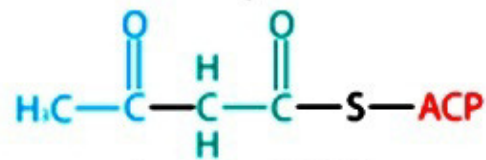


Condensing Enzyme
(Ketoacyl Synthase)

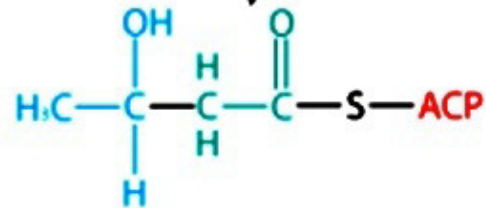
(Unit-1) FA Synthase – KS – Cys – SH

(Unit-2) FA Synthase – ACP – SH – Malonyl – Acetyl CoA

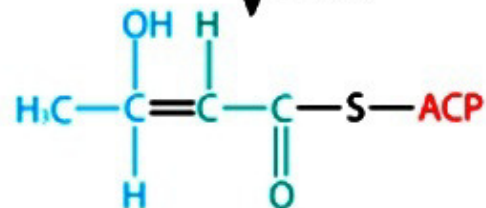




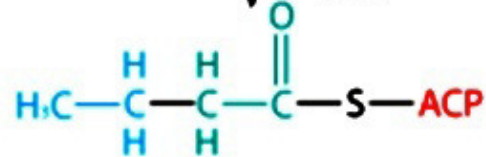
Acetoacetyl-ACP



D- β -Hydroxybutyryl-ACP



Crotonyl-ACP



Butyryl-ACP

(Fatty Acyl-CoA, Elongated by 2 Carbons)

(Unit-1) FA Synthase – **KS** – **Cys** – **SH**

(Unit-2) FA Synthase – **ACP** – **SH** – Butyryl CoA



(Unit-1) FA Synthase – **KS** – **Cys** – **SH** – Butyryl CoA

(Unit-2) FA Synthase – **ACP** – **SH**



(Unit-1) FA Synthase – **KS** – **Cys** – **SH** – Butyryl CoA

(Unit-2) FA Synthase – **ACP** – **SH** – Malonyl CoA



Condensing Enzyme (Ketoacyl Synthase)

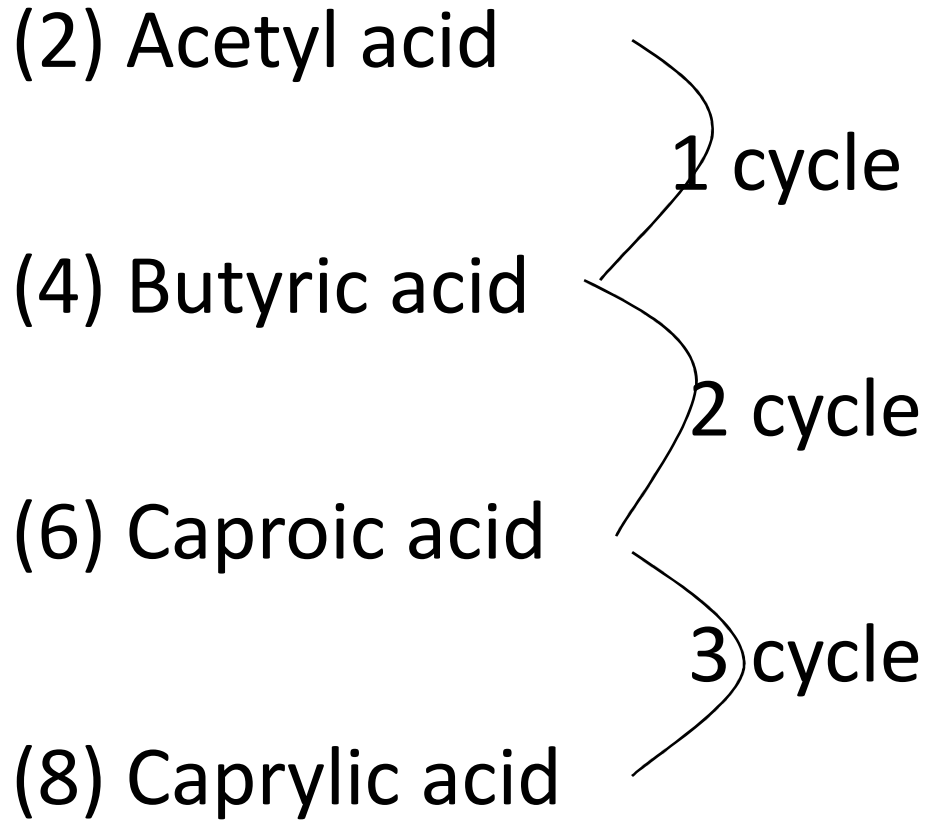
(Unit-1) FA Synthase – **KS** – **Cys** – **SH**

(Unit-2) FA Synthase – **ACP** – **SH** – Malonyl-Butyryl CoA



Repeat Cycle

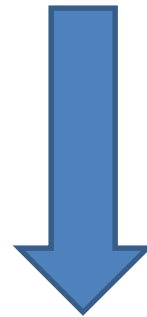
- For 1 cycle carbon chain length increase by 2 carbons



Termination of Fatty Acid Synthesis

(Unit-1) FA Synthase – KS – Cys – SH

(Unit-2) FA Synthase – ACP – SH – Fatty Acyl CoA



Thioesterase

(Unit-1) FA Synthase – KS – Cys – SH

(Unit-2) FA Synthase – ACP – SH

+

Newly Synthesized Fatty Acid

Palmitic acid Synthesis:

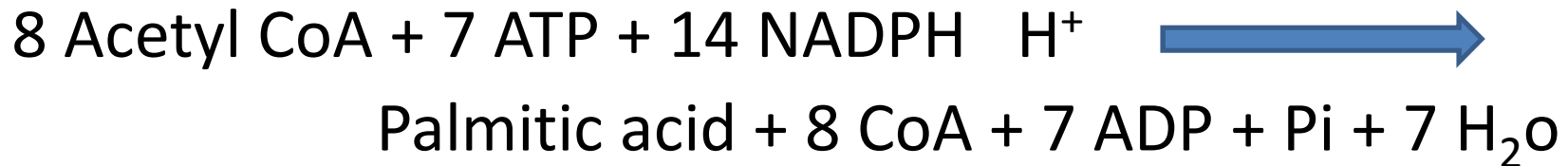
It is a 16 carbon compound.

It requires 8 Acetyl CoA

Requires 7 cycles.

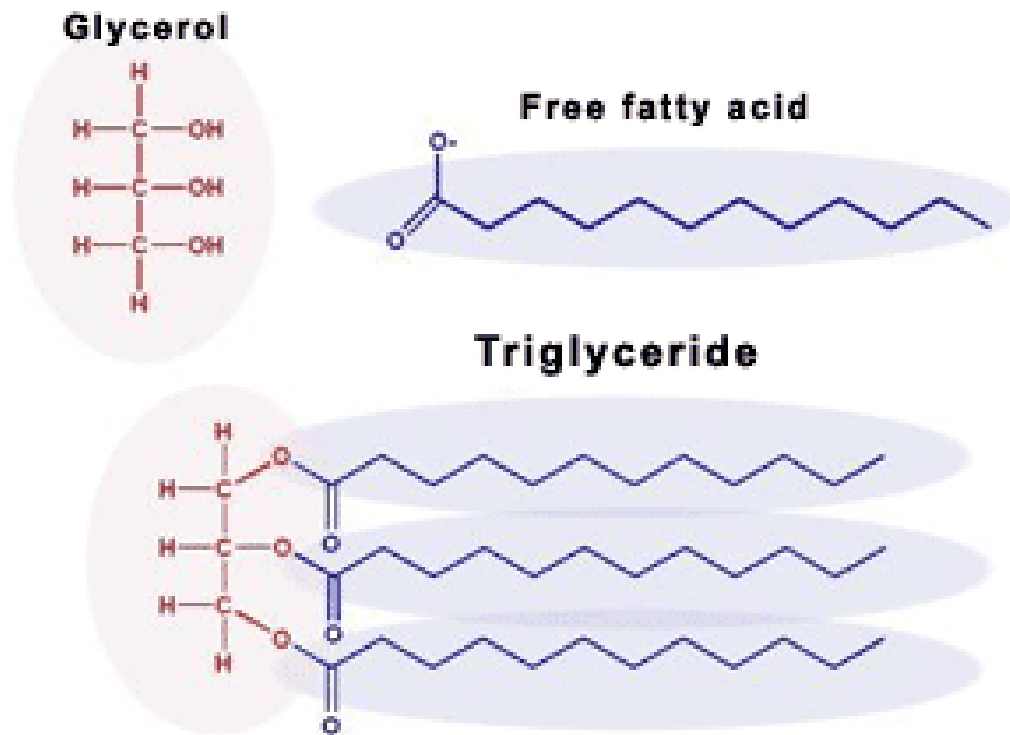
1 step acetyl CoA is added directly,

Than, in **Each cycle 2 Carbons** are added in the **form of Malonyl CoA**



Triglyceride (TG) Synthesis

- Store form of Fat
- TG is store in adipose tissue



Body Fat Percentages of Men



3 - 4%



6 - 7%



10 - 12%



15%



20%



25%



30%



35%



40%

Does TG have direct relation with obesity ?

Does TG have direct relation with obesity ?

- Increase Triglyceride in Blood
 - Increase circulating TG / Chylomicron
 - May remain high for few hours after food ingestion
 - Some metabolic disorder related to TG metabolism
 - **HIGH BLOOD TG DOES NOT MEAN , IT IS OBESITY**
- Obesity – More Body fat (adipose tissue) %
 - Increase storage form of fat (TG)
 - Circulating TG may be normal.
 - **OBESITY DOES NOT MEAN, THERE MUST BE HIGH BLOOD TG.**

Triglyceride Synthesis

- **Precursor for Triglyceride synthesis**
 - **Glycerol – 3 – phosphate**
 - Derived from Glucose
 - **Dihydroxyacetone phosphate**
 - In liver & adipose tissue, from Glycolysis ,Dihydroxy Acetone Phosphate (DHAP) is provided
 - **Monoacylglycerol**
 - Most of our food has TG as fat
 - After digestion, major portion of TG is converted to monoacylglycerol

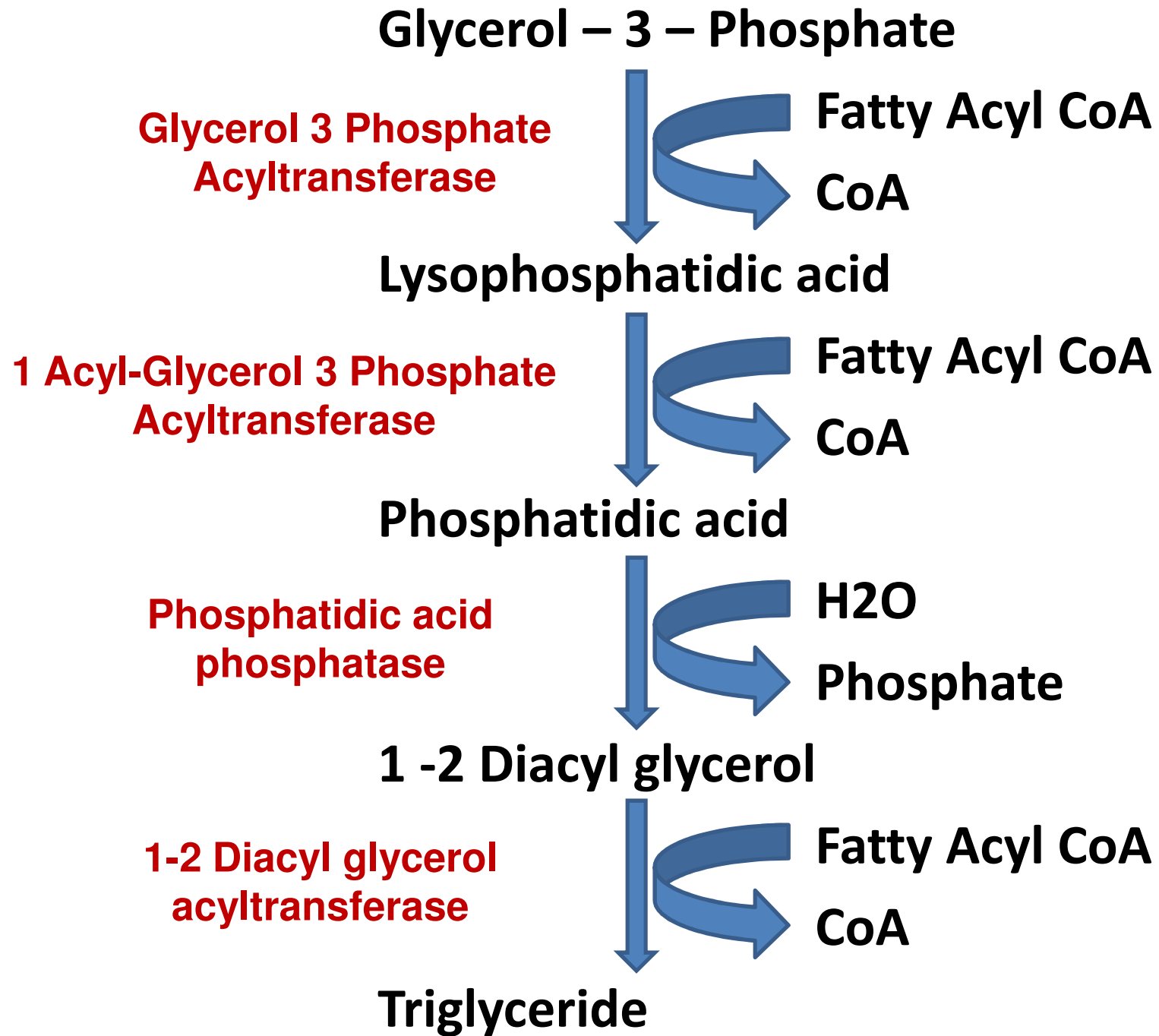
Triglyceride Synthesis

Synthesis of Glycerol – 3 – phosphate

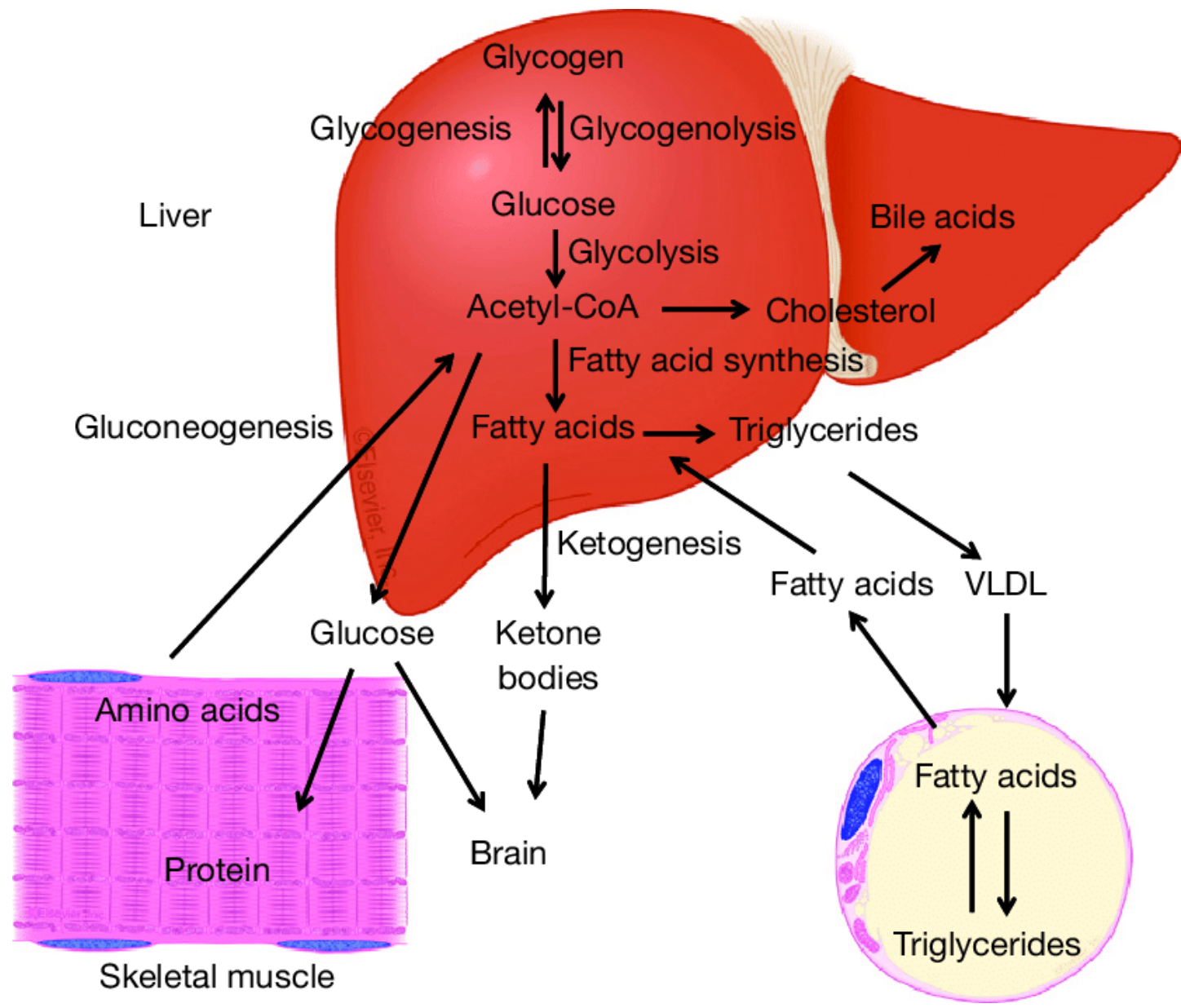


➤ Glycerol kinase

- **Absent in Adipose tissue**
 - **Major source DHAP from glucose**
- **Active in Liver**



Effect of Well fed state & Fasting on TG synthesis



TG Synthesis in DM

- Type – 1 Diabetes Mellitus
 - Deficiency of insulin
 - Increase mobilization of TG from adipose tissue
 - Increase free fatty acid level
 - Insulin deficient , so triglyceride synthesis is also remain inhibited.

TG Synthesis in DM

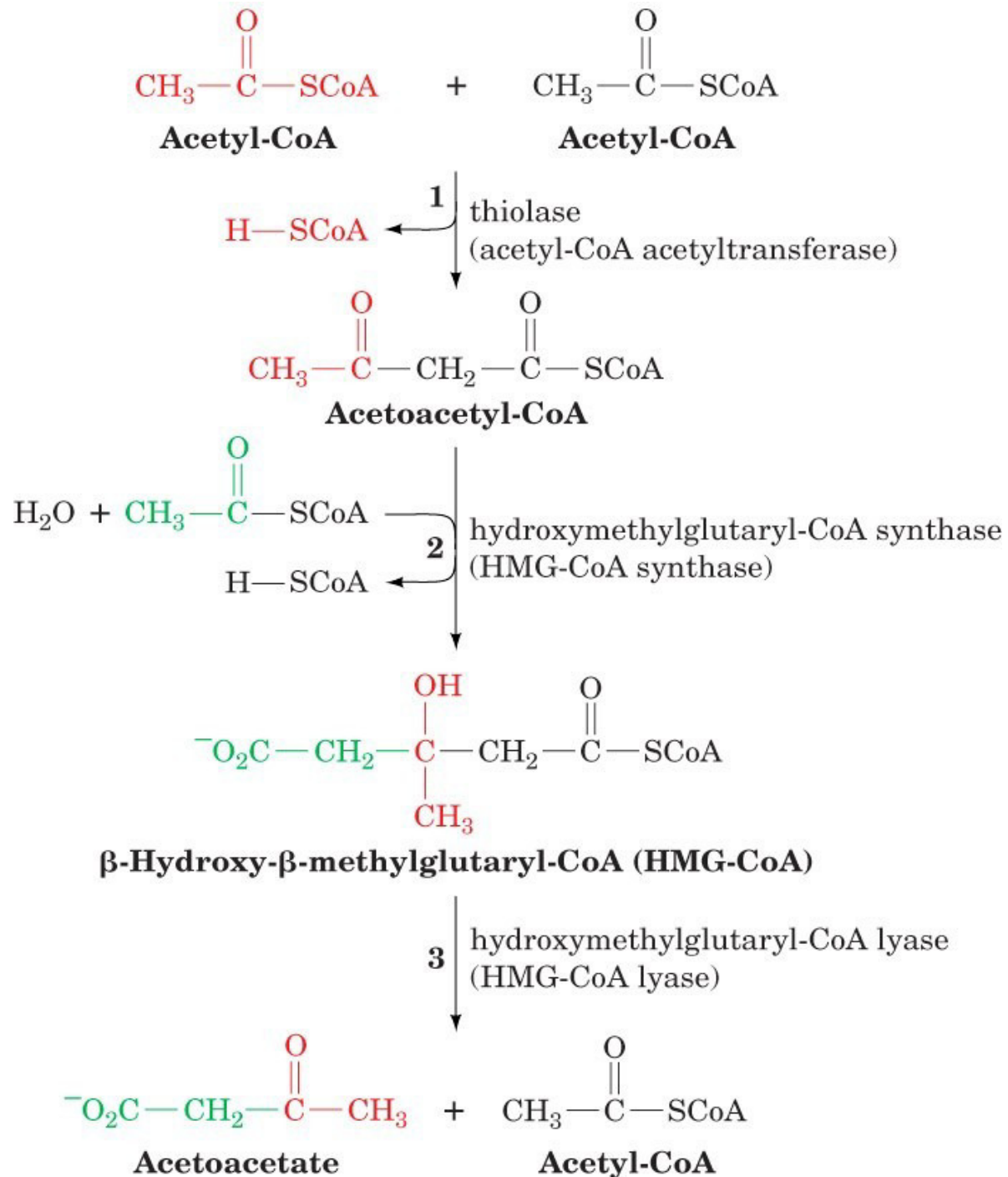
- Type – 2 Diabetes Mellitus
 - High level insulin & Insulin receptor resistance
 - Increase mobilization of TG from adipose tissue
 - Increase Free Fatty acid level – Reaches to Liver
 - Because of high Insulin and high free fatty acid ,
 - Increase Triglyceride synthesis & it's level.
 - Hyper-triglyceridemia
 - Increase VLDL synthesis
 - Increase transport of TG to adipose tissue through VLDL
 - Increase obesity

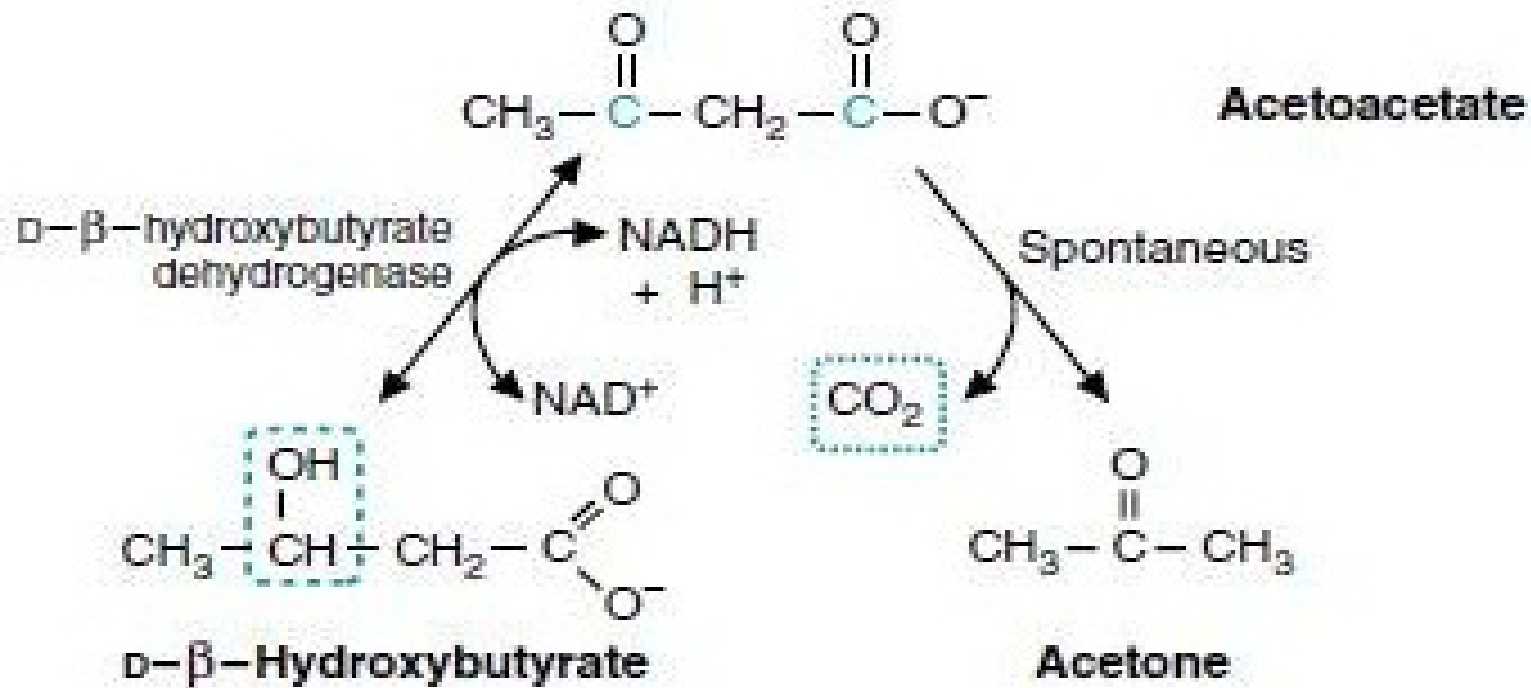
Ketone Body

- **Three Ketobodies**
 - Acetoacetate
 - Beta Hydroxybutyrate
 - Acetone
- Blood Level < 1 mg %
- It utilized by tissue through Ketolysis
 - Cardiac muscle & Renal Cortex (**prefer as fuel**)
 - Skeletal muscle & Brain (**as alternate source of energy**)

Ketone Body Synthesis

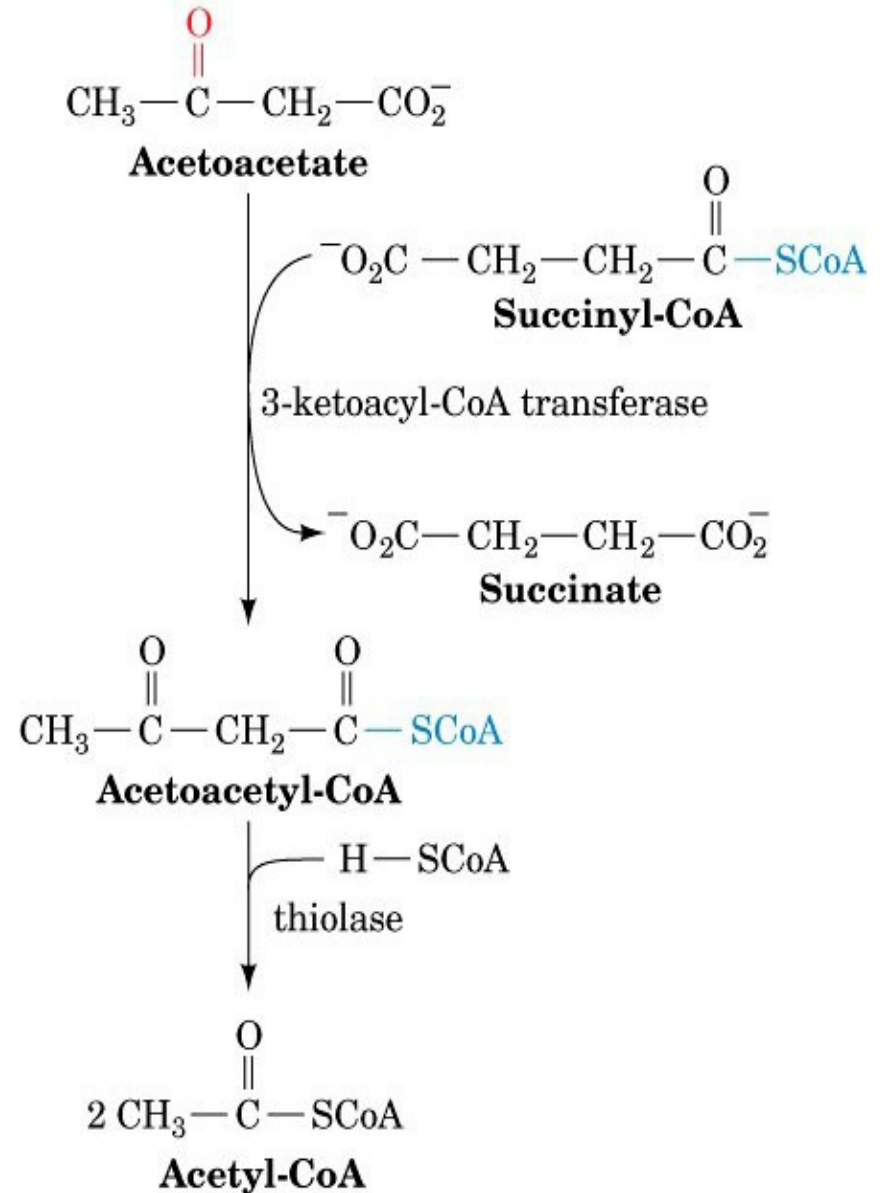
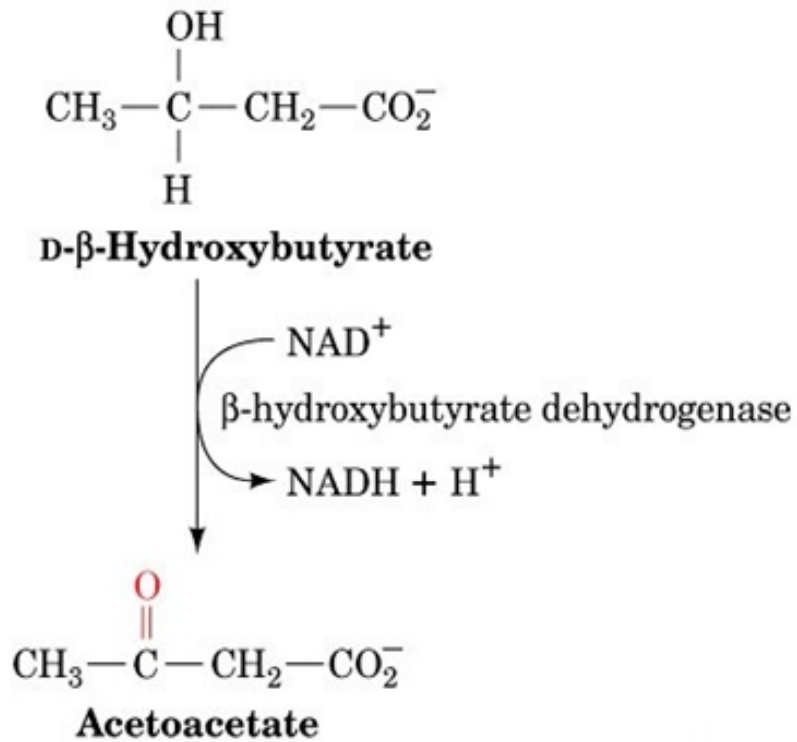
- Significant of Acetyl CoA
 - Enter into TCA Cycle and form Energy
 - Cholesterol synthesis
 - Fatty Acid synthesis
 - Ketone body synthesis
- **In Starvation and Diabetes mellitus, Acetyl CoA takes alternative pathway for ketone bodies synthesis.**
- Synthesized in **Liver Mitochondria**

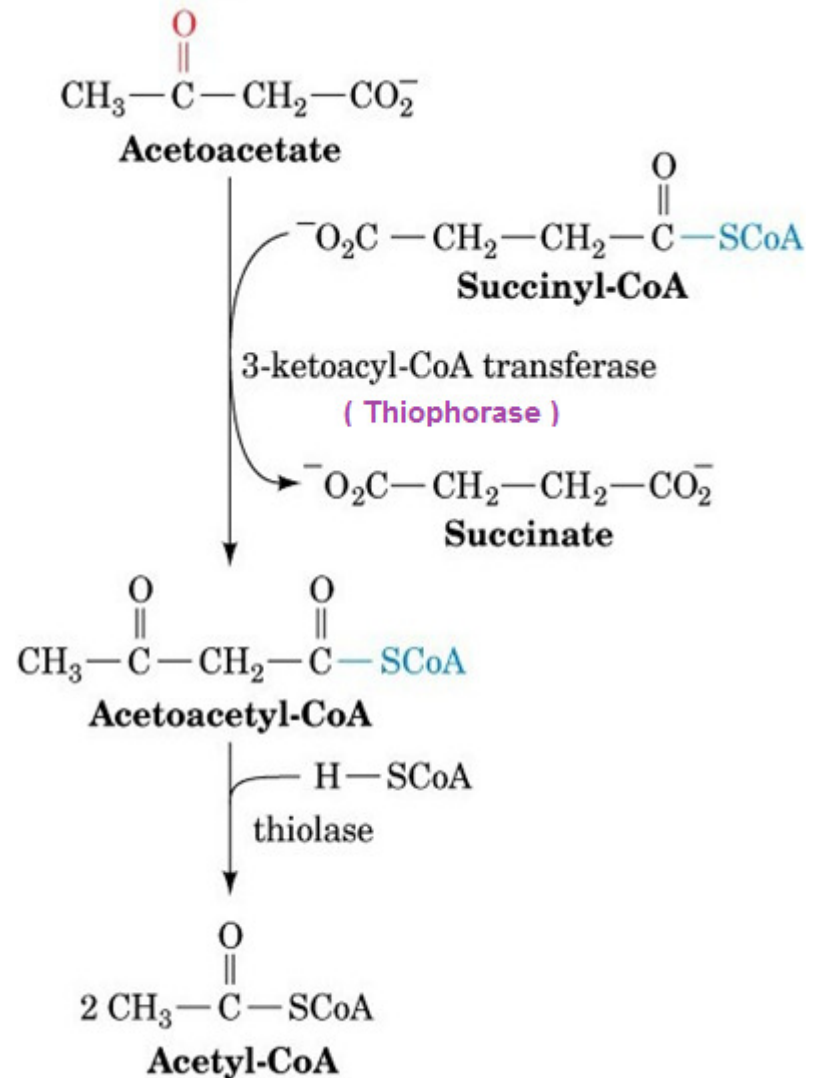
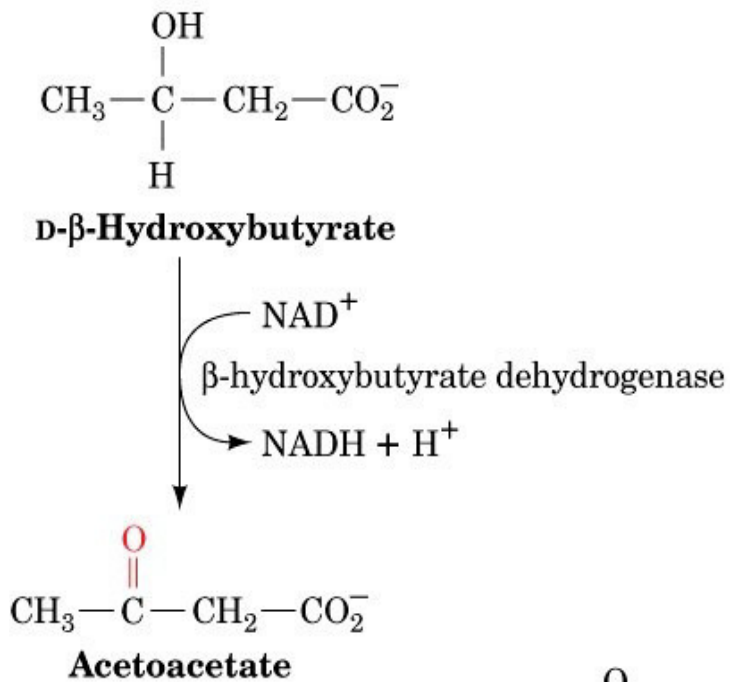




- Primary ketone body – Acetoacetate
- Secondary ketone body – Beta-hydroxybutyrate & Acetone

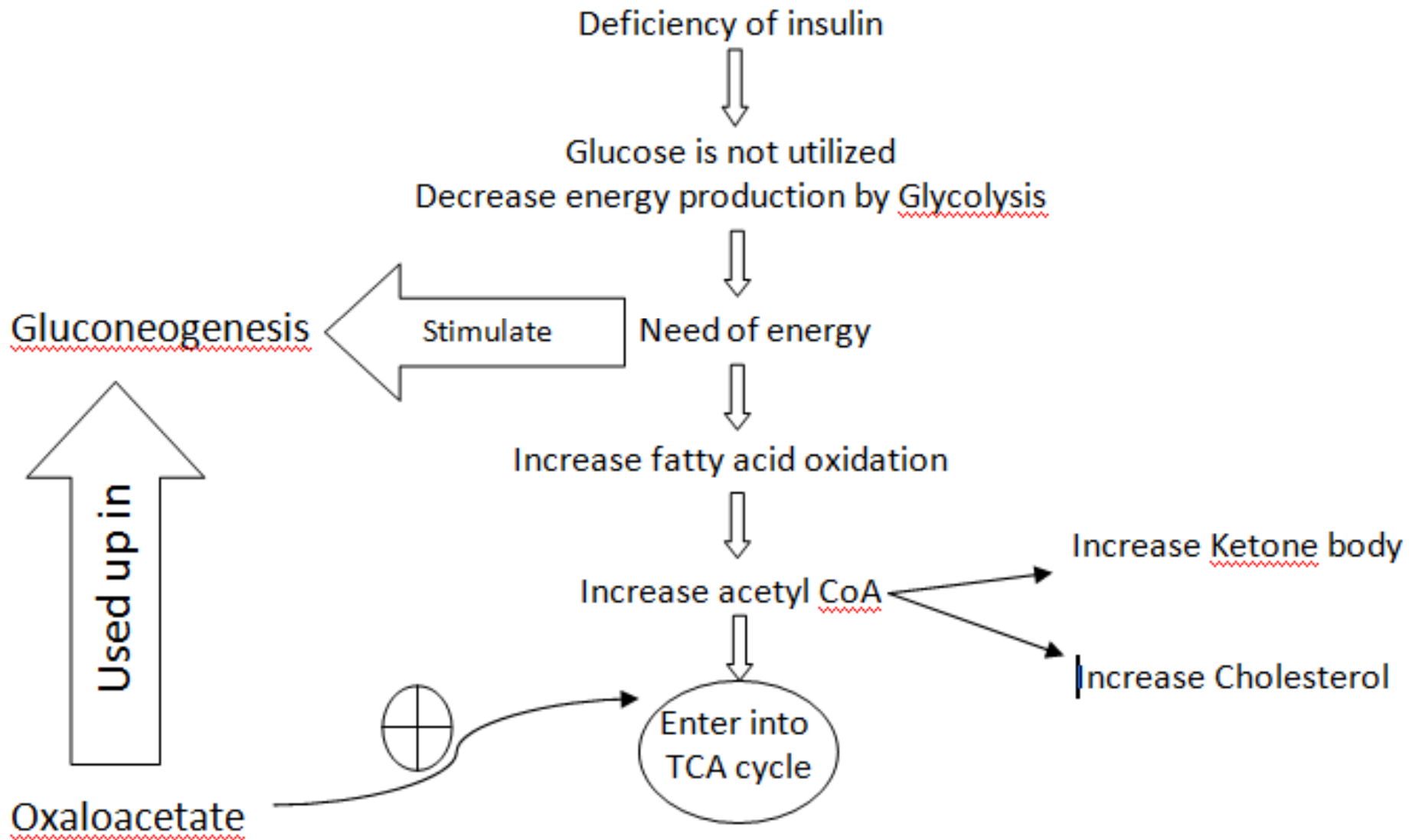
Ketolysis





- Liver lacks thiophorase (ketoacyl-CoA transferase)
- So Liver can not utilized ketone bodied.

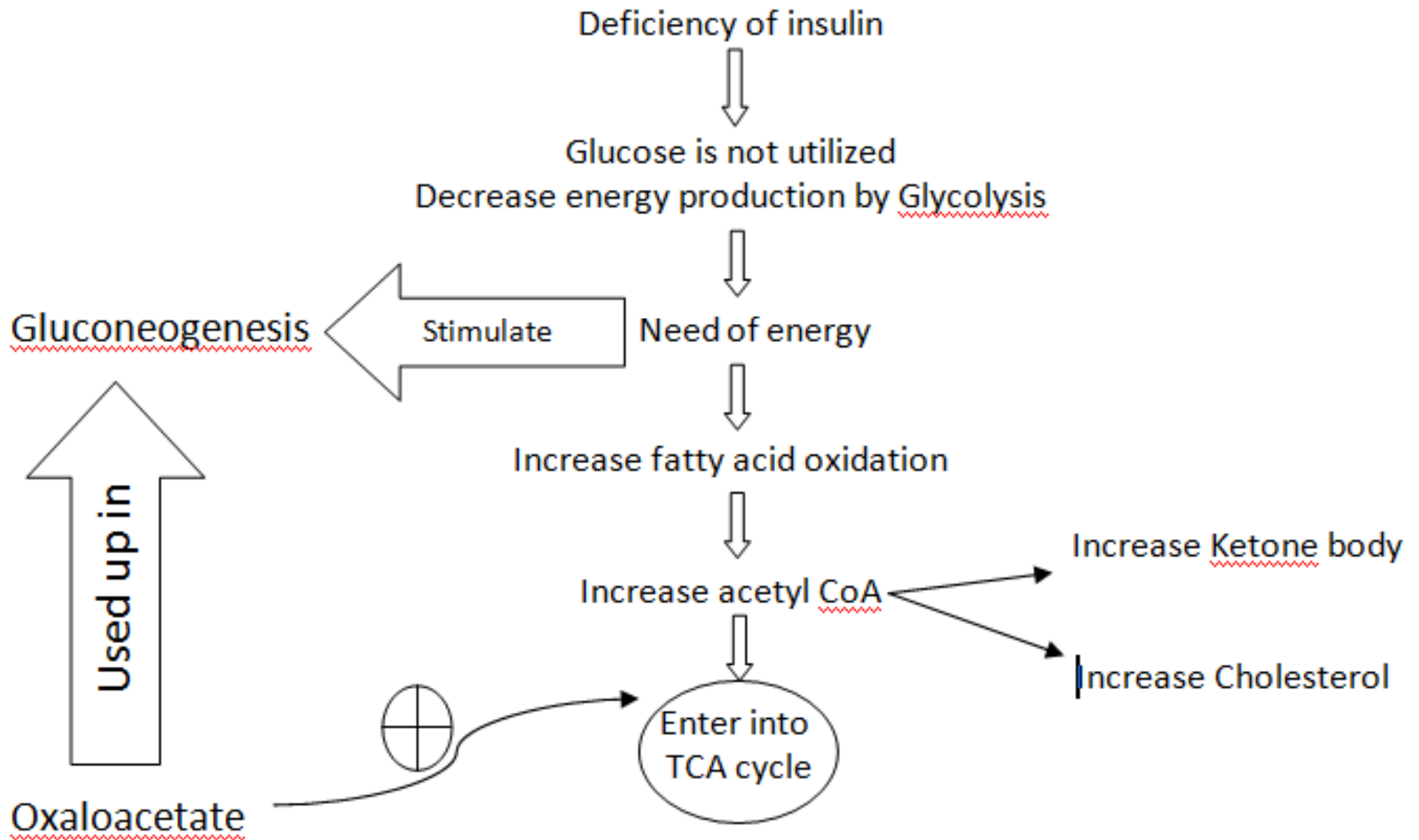
Patient of IDDM have more risk of diabetic ketocidosis than NIDDM.



Patient of IDDM have more risk of diabetic ketocidosis than NIDDM.

- **In type II diabetes mellitus**
 - High glucose level and High insulin level.
 - Decrease sensitivity of receptors
- **So, some amount of glucose can be utilized by cell. Which**
 - Prevent proteolysis – **less formation of Acetyl CoA.**
 - Prevent fatty acid oxidation - **less formation of Acetyl CoA.**
 - Less utilization of oxaloacetate by gluconeogenesis
 - **More Acetyl CoA utilized** into TCA cycle.
- **So less acetyl CoA will be available for ketone body synthesis**
- **So NIDDM have less risk of DKA than IDDM.**

Uncontrolled diabetic mellitus patient has more risk of atherosclerosis.



Uncontrolled diabetic mellitus patient has more risk of atherosclerosis.

- **In Uncontrolled diabetes mellitus,**
 - Glucose can not utilized by Cell
 - More gluconeogenesis
 - More Proteolysis
 - More Fatty acid oxidation for energy production.
 - **So there will be more Acetyl CoA formation.**
- **Simultaneously, due to more to gluconeogenesis**
 - Less oxaloacetate available
 - **which decrease utilization of acetyl CoA into TCA cycle.**
- **That excess acetyl CoA make synthesis of**
 - More cholesterol & More ketone body formation
- **Increase risk of atherosclerosis in long term uncontrolled DM.**

Pathogenesis and consequences
of
Diabetes Ketoacidosis

absolute insulin deficiency

or

Stress, infection, or insufficient insulin intake

Counter regulatory hormones

↑ Glucagon

↑ Cortisol

↑ Catecholamines

↑ Growth Hormone

↑ Lipolysis

↓ glucose utilisation

↑ proteolysis
↓ protein synthesis

↑ Glycogenolysis

↑ FFA to liver

↑ Ketogenesis

↓ Alkali reserve

Acidosis

↑ Lactate

++

↑ Gluconeogenic substrates

↑ Gluconeogenesis

Hyperglycaemia

Glycosuria (osmotic diuresis)

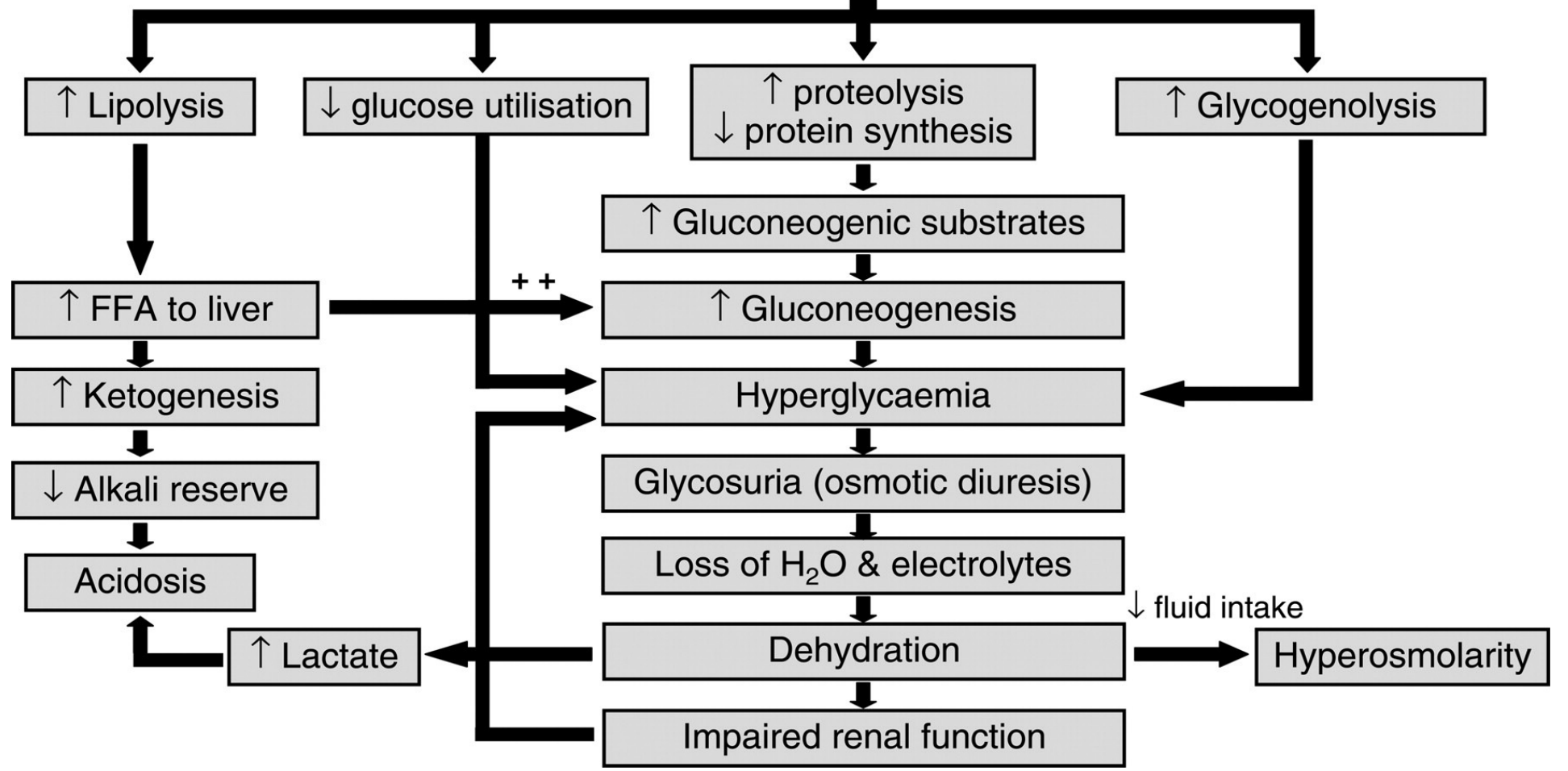
Loss of H₂O & electrolytes

Dehydration

Impaired renal function

↓ fluid intake

Hyperosmolarity



THANK YOU!