

UREA CYCLE

**Presented by:
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**ZOO CC- 410
SEMESTER- IV
UNIT- 4**

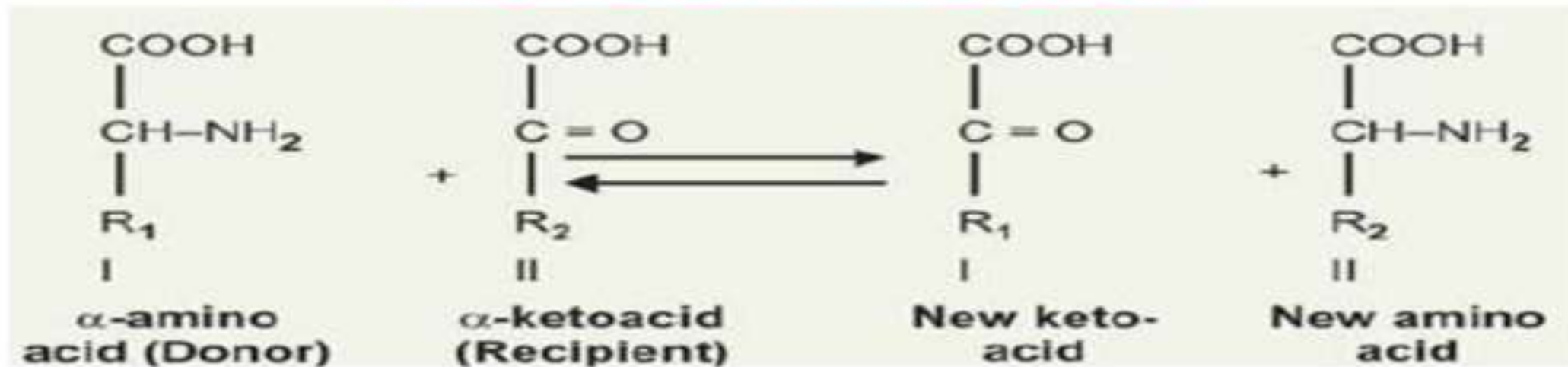
Introduction

- **Urea is water soluble compound that could be excreted in urine.**
- **Urea is the end-product of amino acid metabolism**
- **Urea is used to get rid of the increased amount of ammonia (NH_3) that produces by many processes in human body ...**

Formation of NH_3 and urea can be discussed under the following heads:

- **Transamination**
- **Deamination**
 - **Oxidative deamination**
 - **Non-oxidative deamination**
- **Transdeamination**
- **NH_3 transport**
- **Formation of urea**

Transamination



- Donor amino acid (I) thus becomes a new ketoacid (I) after losing the α -NH₂ group, and the recipient ketoacid (II) becomes a new amino acid (II) after receiving the NH₂ group.
- The process represents only an intermolecular transfer of NH₂ group without the splitting out of NH₃. **Ammonia formation does not take place by transamination reaction.**

Transamination

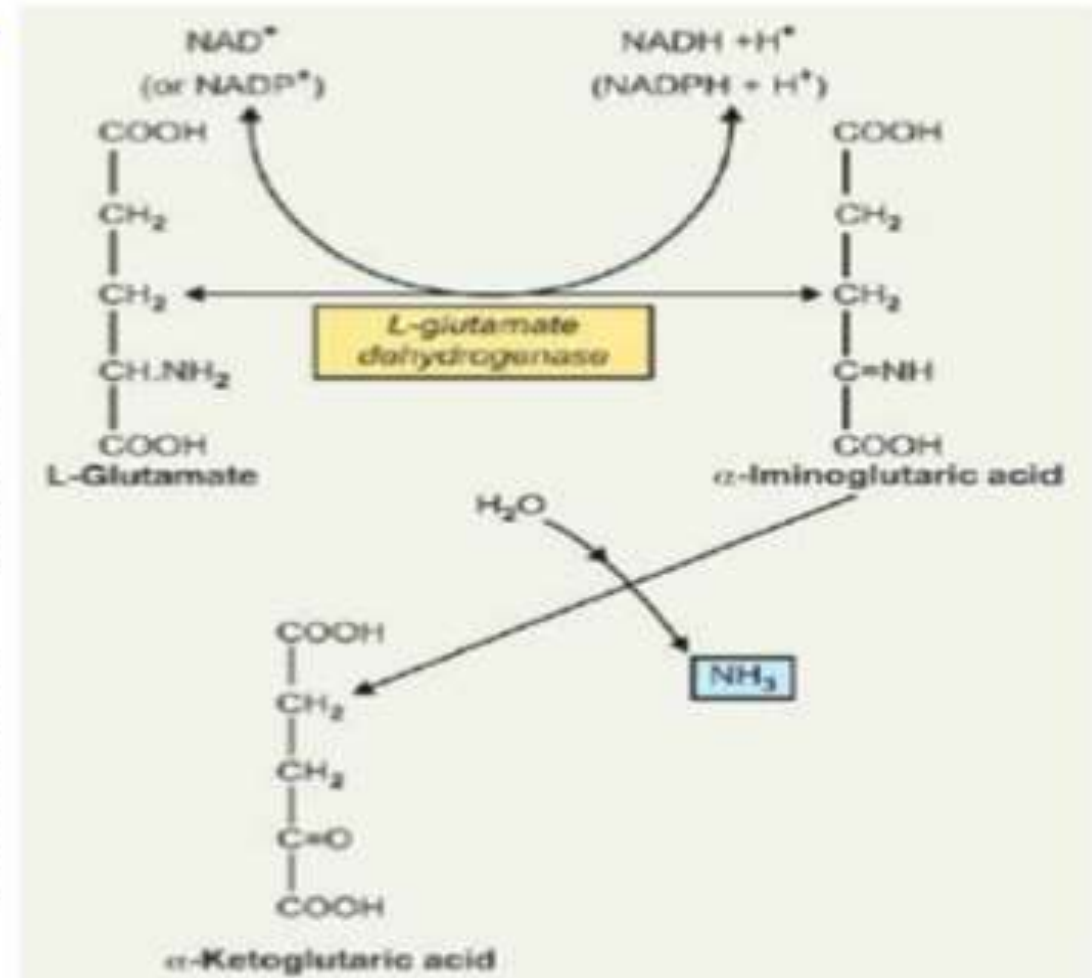
- While most amino acids may act as Donor I, the recipient ketoacids may be either- α -keto-(oxo) glutarate, or oxaloacetate or pyruvate.
- It is to be noted that all of these recipient ketoacids are “components of TCA cycle” and hence they are common metabolites of the cell and are easily available.
- The amino acids formed from these recipient ketoacids are respectively glutamic acid, aspartic acid and alanine.

Deamination

- Deamination is the process by which N- of amino acid is removed as NH_3 .
- It can be of 2 types:
 - A. Oxidative deamination
 - B. Non-oxidative deamination.
- Oxidative deamination is done by amino acid dehydrogenase enzymes (oxidase enzymes)

Transdeamination

- Specific for Deamination of **L-Glutamic Acid**.
- This is done by a specific enzyme called **L-glutamate dehydrogenase**.
- This enzyme is widely distributed in tissues in humans and has high activity, and is specific for L-Glutamate. It requires NAD^+ or NADP^+ as coenzymes
- It is a **regulated enzyme** whose activity is affected by allosteric modifiers as ATP, GTP and NADH which inhibit the enzyme, and ADP activates the enzyme



Transdeamination

- The enzyme L-Glutamate dehydrogenase catalyzes the deamination of L-Glutamate to form **NH₃** and **α-Ketoglutarate**.
- It is to be noted that the reaction is **reversible**, and the equilibrium constant favours **glutamate formation**, but the quick removal of NH₃ to form urea in urea cycle and α-Ketoglutarate to TCA cycle favours onward reaction, i.e. NH₃ formation
- This mechanism seems to be the major pathway for removal of NH₂ group from an L-amino acid and formation of NH₃.

Sources of NH₃

- **Three main sources !!**
- **1- transamination, deamination & transeamination (previously discussed)**
- **2- Absorption from gut produced by intestinal bacteria.**
- **3- Pyrimidine catabolism. (nitrogenous base of nucleic acids)**

Why NH₃ is Toxic?

- Only for 3 main reasons ...
 1. **depletion in intermediates of TCA cycle** (depletion of energy) since α -keto-acids are major intermediates ... (transamination) **← discussed**
 2. **Reduction in synthesis of GABA** (an inhibitory brain neurotransmitter) because the reduction of glutamate since it will converted to glutamin. Gamma- Aminobutyric Acid
 3. **Co-transport in different directions in BBB,** glutamine to out and tryptophan to in, tryptophan have a toxic effect on brain tissues.

How brain get rid of excess NH₃ ?!!

- No urea cycle occurring in brain tissue, so brain have a mechanism to communicate with urea cycle in liver ... HOW ?!!

Brain → glutamate + NH₃ → glutamine

- This reaction is done by **glutamine synthetase enzyme**.
- Glutamine is soluble in blood and can be transported to liver or Kidney ..
- Other enzyme called **glutaminase** is found in these organs (liver and kidney)
- In kidney

Glutamine → NH₃ + glutamate

- NH₃ will dissolve in water and excreted in urine as amonium ions ..

How brain get rid of excess NH_3 ?!!

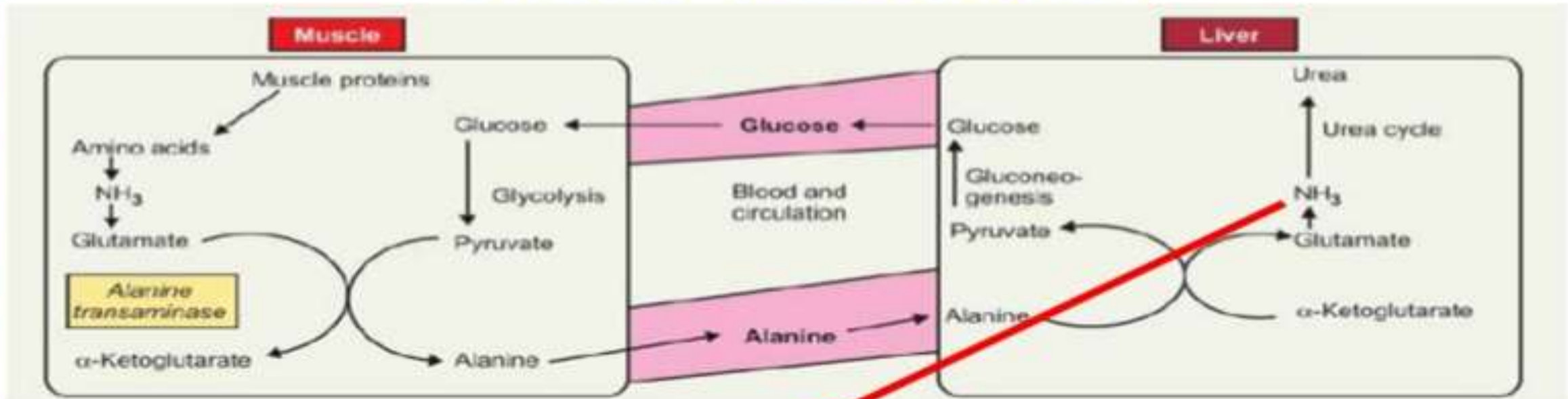
- In liver

Glutamine \rightarrow glutamate + NH_3

- NH_3 will enter urea cycle and to lastly converted to urea ..
- Glutamate will converted to aspartate, another substrate for urea cycle (source of the 2nd NH_3 of urea)

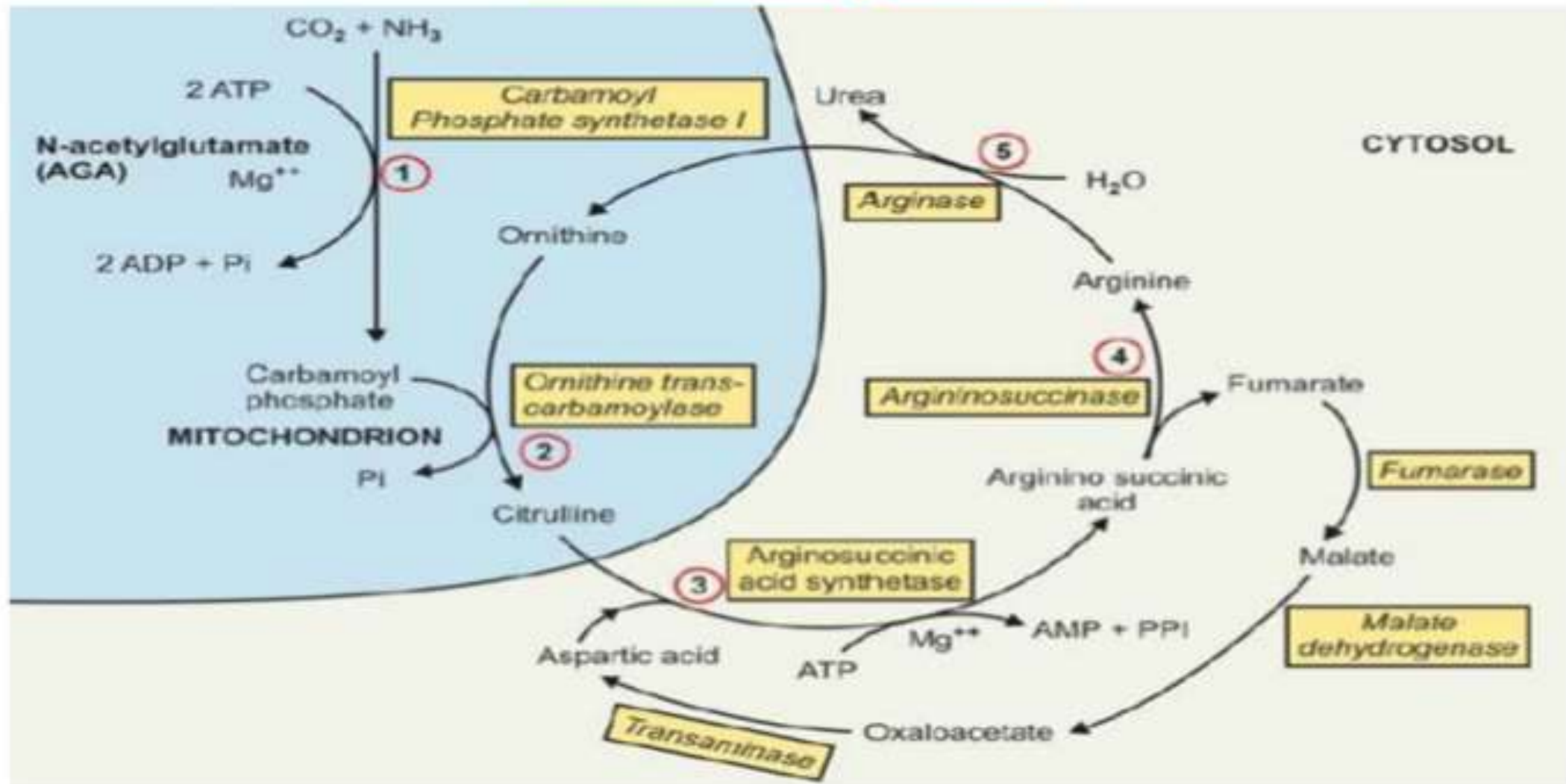
How muscle get rid of excess NH_3 ?!

Glucose-alanine cycle



As aspartate since aspartate is a substrate for urea cycle.

Urea cycle



INTRODUCTION:

- ❖ Urea cycle is the first metabolic cycle to be elucidated.
- ❖ The cycle is known as Krebs-Henseleit Urea cycle.
- ❖ Ornithine is the first member of the reaction, it is also called as Ornithine cycle.
- ❖ Urea is the major end product of protein metabolism (amino acid metabolism) in humans and mammals.
- ❖ Urea has two amino ($-\text{NH}_2$) groups, one derived from NH_3 and the other from aspartate.
- ❖ Urea is synthesized in the liver.
- ❖ Then secreted into blood stream.
- ❖ And taken up by the kidneys for excretion in the urine.
- ❖ Urea synthesis is a five step cyclic process, with five distinct enzymes.
- ❖ The first two enzymes are present in mitochondria while the rest are localized in cytosol.

CHARACTERISTICS:

- ❖ Urea is the major disposal form of amino groups.
- ❖ It accounts for 90% of the nitrogen containing components of urine.
- ❖ The urea cycle is the sole source of endogenous production of arginine.
- ❖ Urea formation takes place in liver.
- ❖ Urea excretion occurs through kidney.

Steps in the urea cycle are

Step 1: Formation of carbamoyl
phosphate

Step 2: Formation of citrulline

Mitochondria

Step 3: Synthesis of Argininosuccinate

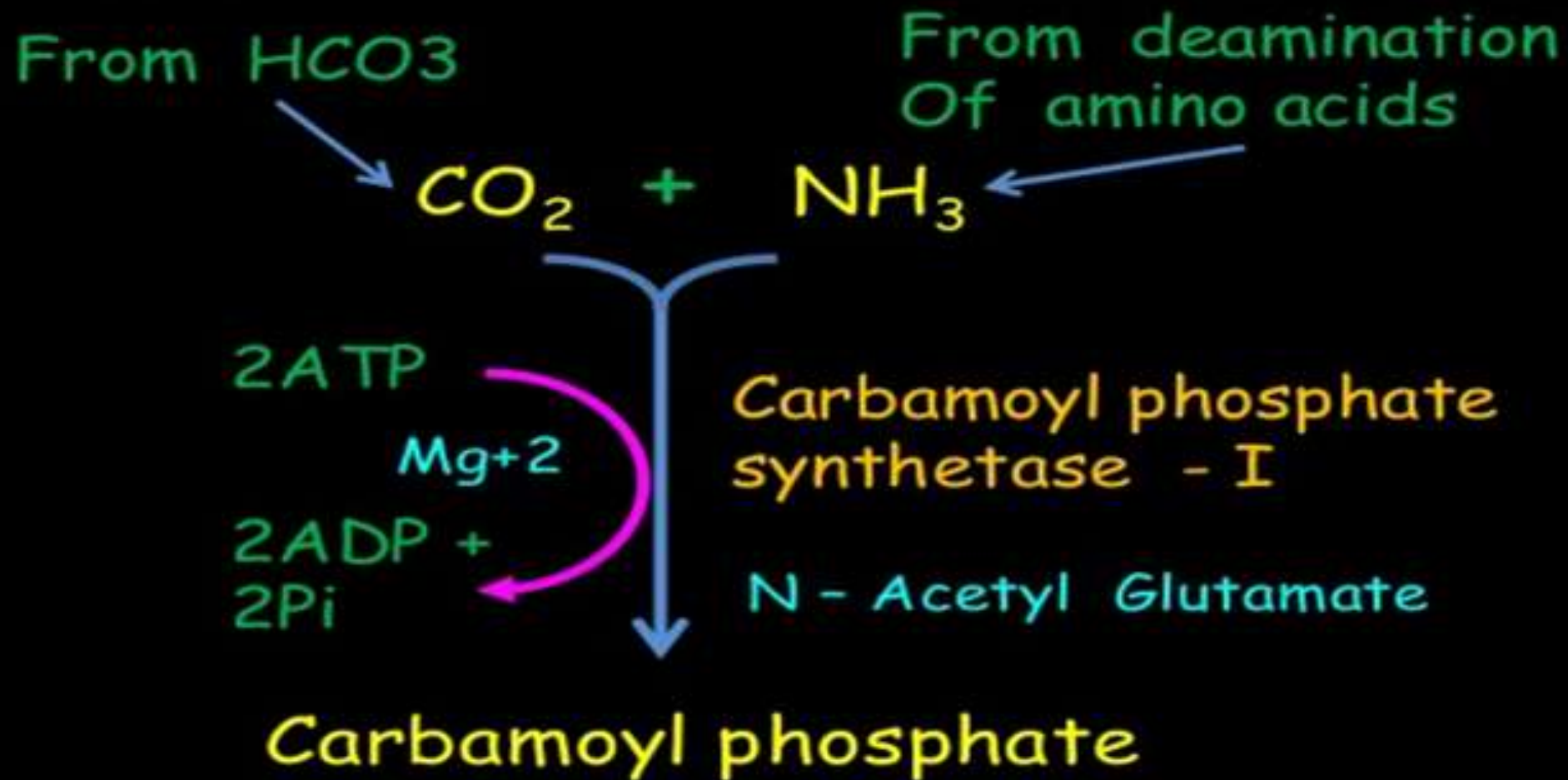
Step 4: Synthesis of Arginine

Step 5: Release of urea and Ornithine

Cytosol

Step 1 : Synthesis of carbamoyl phosphate

Step 1: Takes place in mitochondria



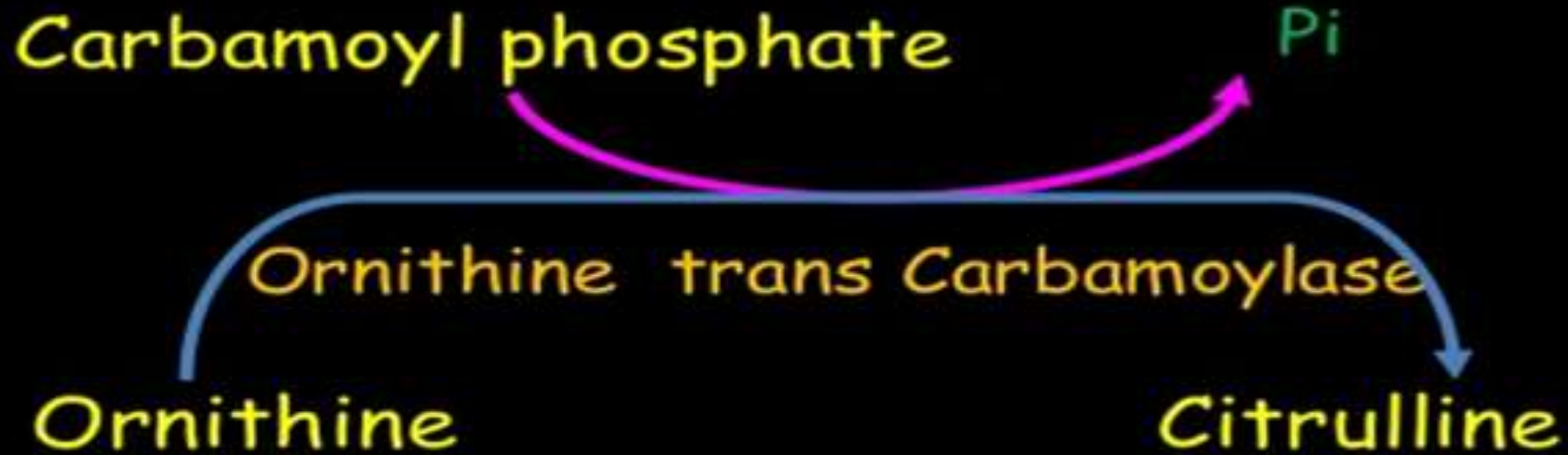
- In liver mitochondria
- NAG allosterically activates CPS-I
- Two high energy phosphate bonds are utilized for the synthesis of carbamoyl Phosphate

Isomers of carbamoyl phosphate synthetase

Carbamoyl Phosphate Synthetase I	Carbamoyl Phosphate Synthetase II
1. Found in mitochondria	Cytosol
2. NH_3 is the substrate	Amide of glutamine
3. Urea synthesis	Pyrimidine synthesis
4. N-acetyl glutamate is a positive effector	N-acetyl glutamate has no effect

Step 2 : Synthesis of Citrulline

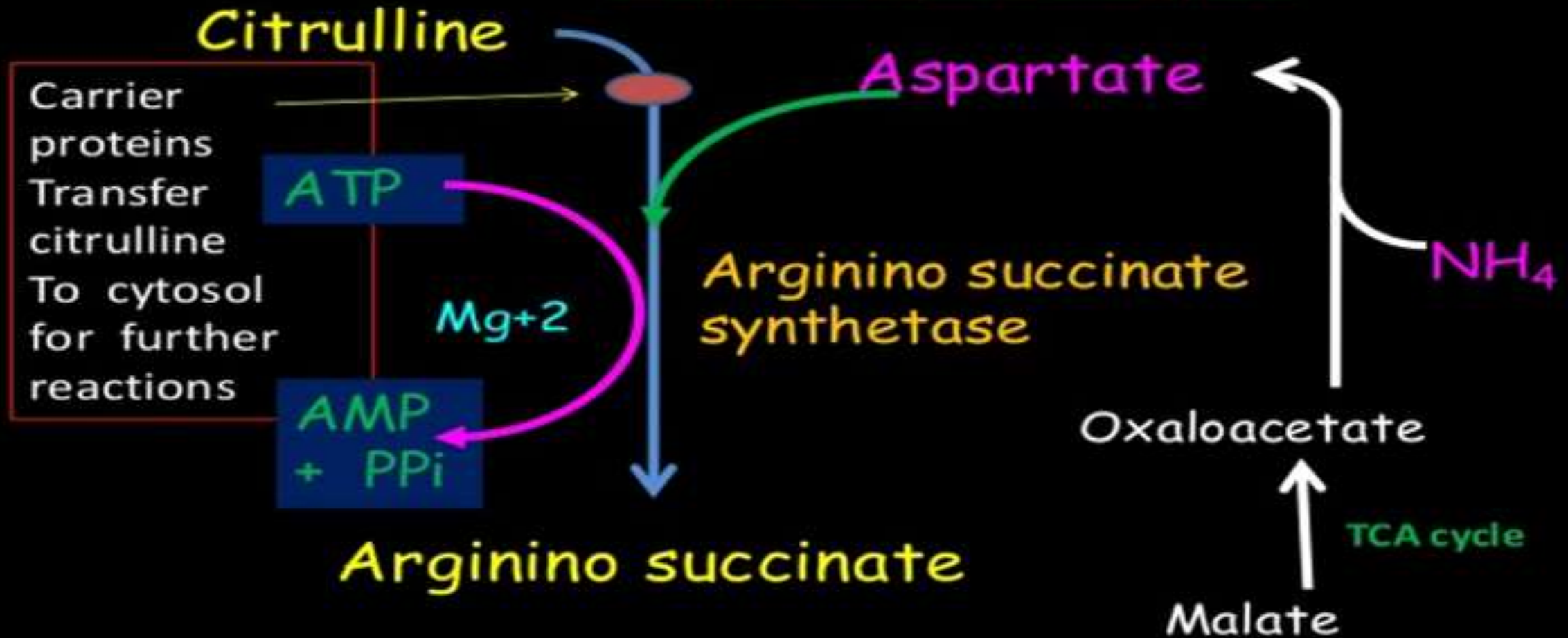
Step 2 : Takes place in mitochondria



Carrier proteins transfer Ornithine from cytosol to mitochondria matrix

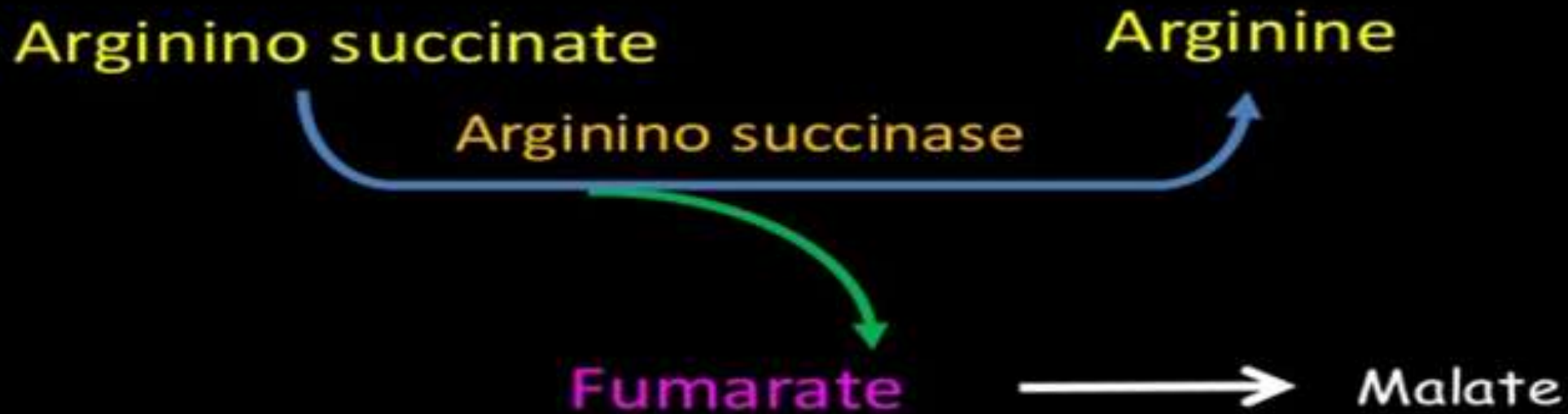
Step 3 : Synthesis of Arginino succinate

Step 3: Takes place in Cytosol



Step 4 : Synthesis of Arginine

Step 4: Takes place in Cytosol

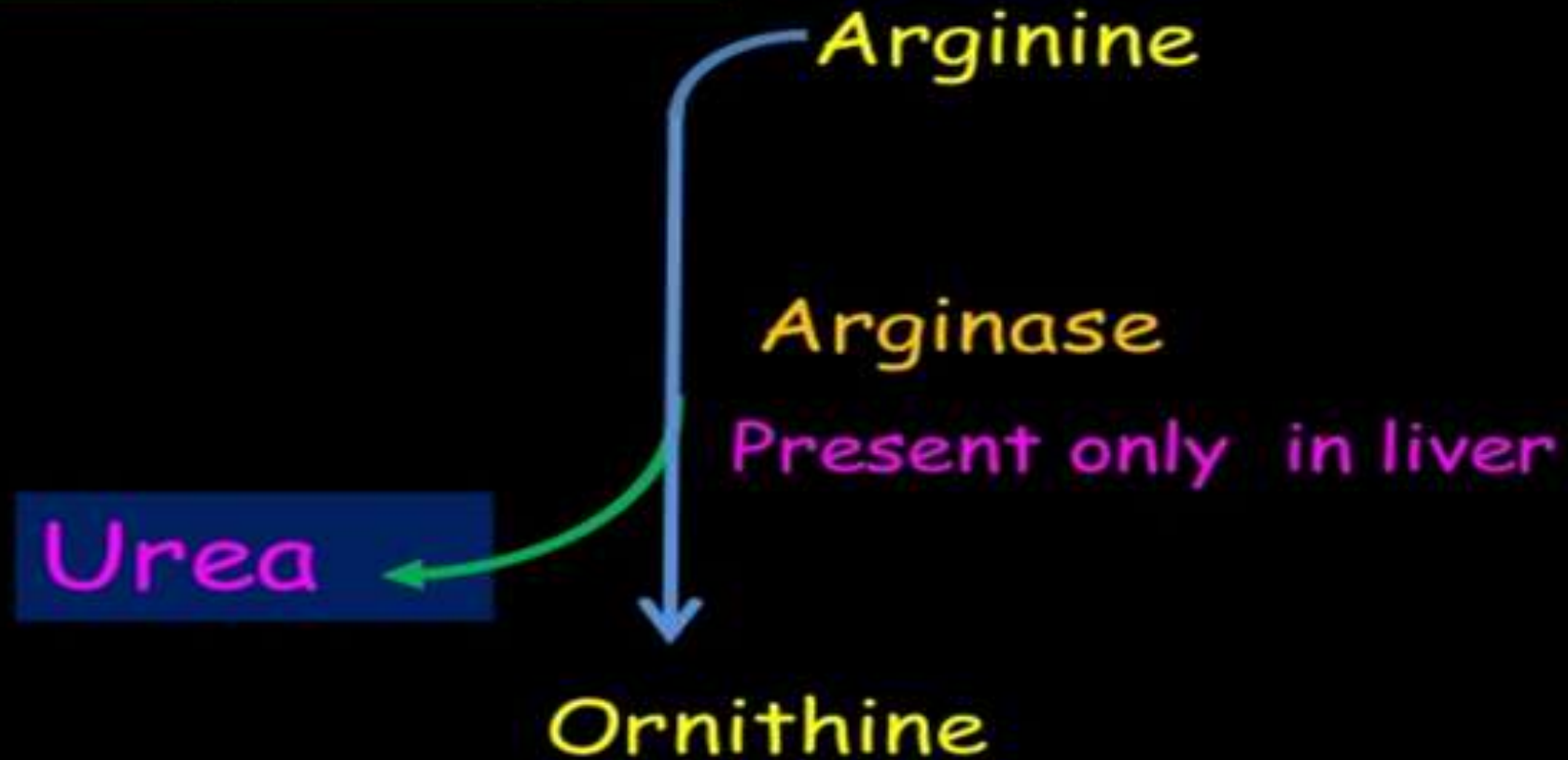


Arginine - Essential amino acid synthesized in adult

- Arginino succinate is cleaved to arginine and fumarate
- Enzyme is present in cytoplasm of liver and kidney tissues
- Link between Urea cycle and TCA cycle
- Fumarate can be converted to malate and then to oxaloacetate by the intervention of certain TCA cycle enzyme
- Aspartate may be regenerated by transamination

Step 5 : Release of Ornithine and Urea

Step 5: Takes place in Cytosol

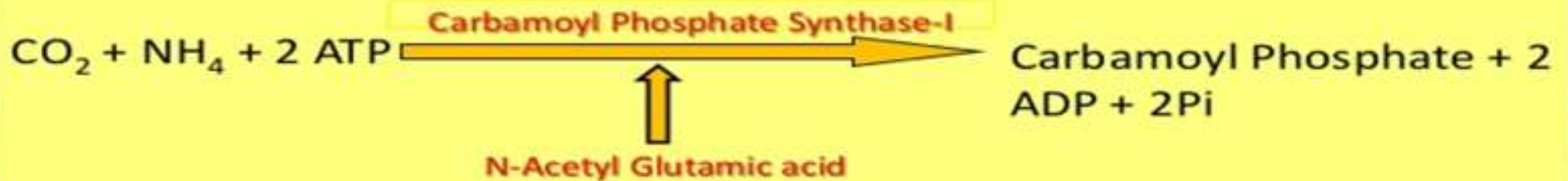


- Release of urea and ornithine

- The guanido group of arginine
Hydrolytically cleaved by arginase
- The urea diffuses into blood from where
it is cleared by the kidneys
- Ornithine will enter mitochondria and
become substrate for reaction 2

SYNTHESIS:

❑ STEP I: - Formation of carbamoyl phosphate



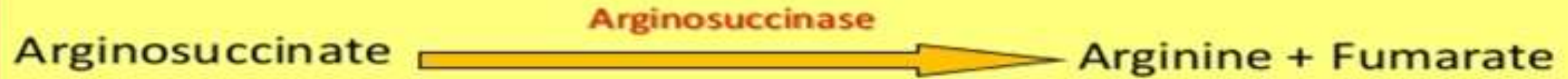
❑ STEP II: - Formation of citrulline



❑ STEP III: - Formation of Argininosuccinate



❑ STEP IV: - Formation of Arginine

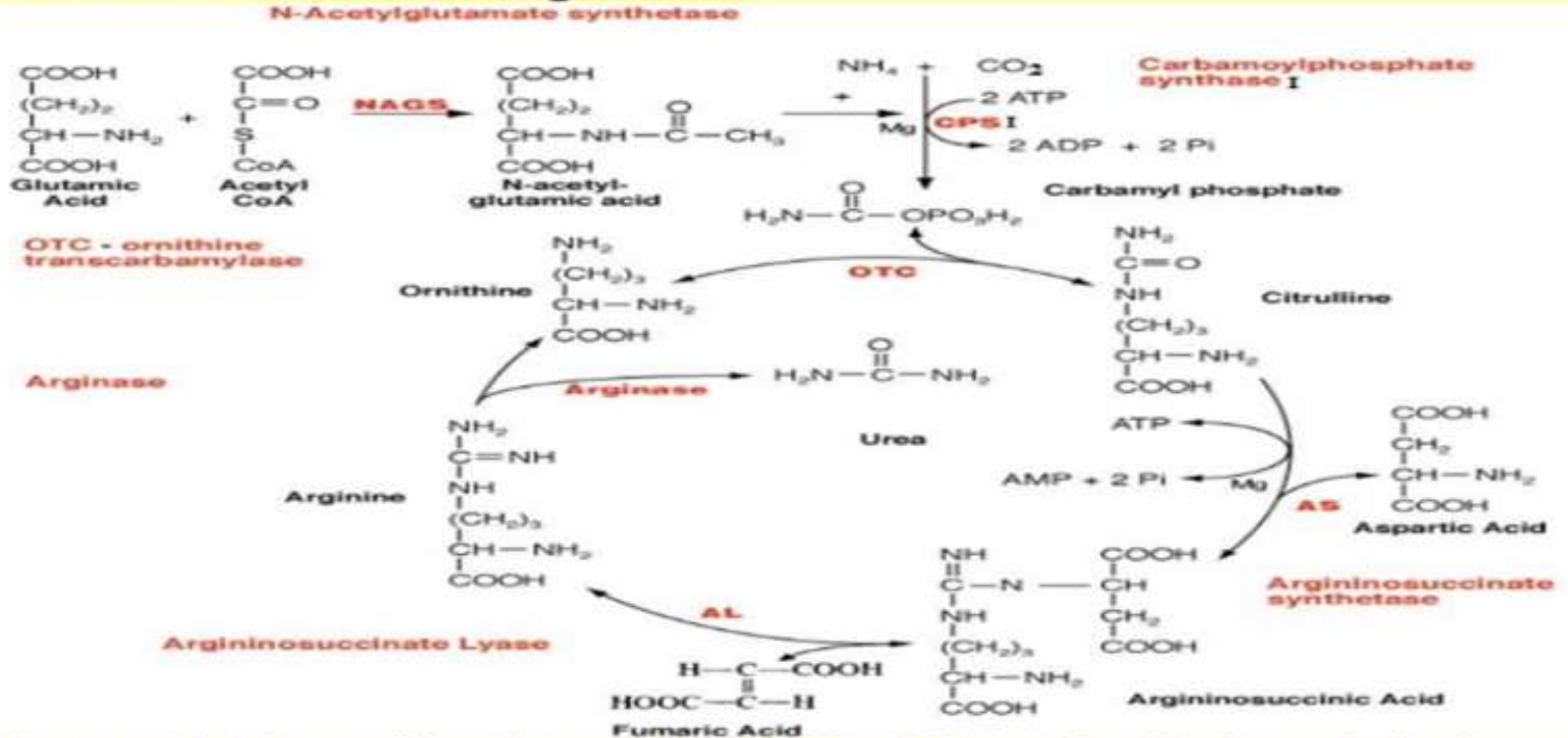


❑ STEP V: - Formation of Urea

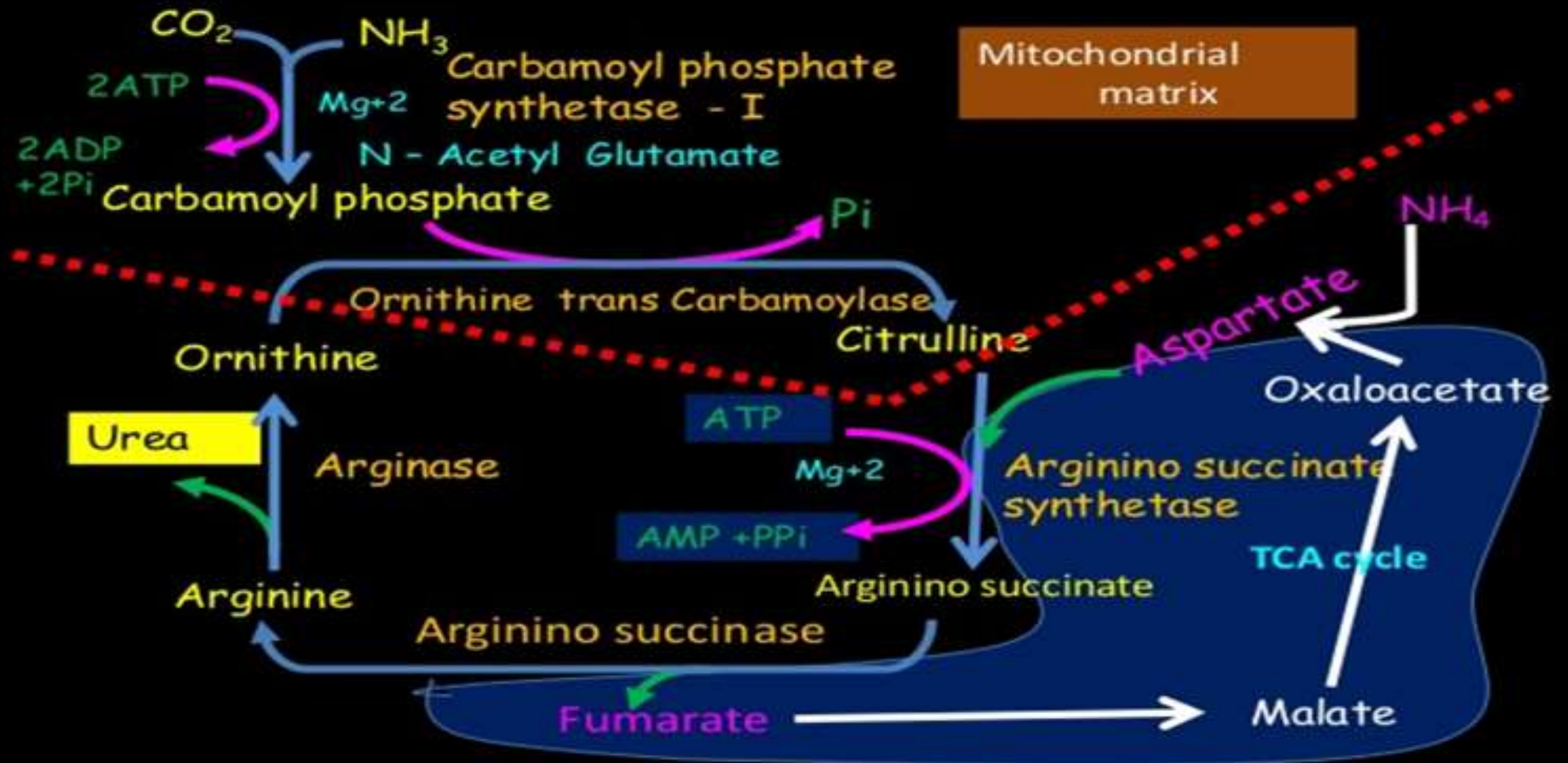


This Ornithine again bind with Carbamoyl Phosphate to form Citrulline. That's why it is a cyclic process.

Overall reaction and energetic:



The urea cycle is irreversible and consumes 4 ATP. Two ATP are utilized for the synthesis of carbamoyl phosphate. One ATP is converted to AMP and PPi to produce arginosuccinate which equals to 2 ATP. Hence 4 ATP are actually consumed.



Blood urea

- Normal level- 15 - 45 mg/dl
- Uremia or azotemia is increased blood urea level due to renal failure
- Normally urea excretion is about 20-30 gm per day
- A high value of blood urea indicates significant reduction in the GFR and kidney disease
- Causes for reduction in GFR--- Pre renal, Renal and Post-renal
- Blood Urea estimation is the screening test for the evaluation of Kidney (renal) function.

Blood Urea Significance (continued): -

Pre-renal:

- This is associated with increased protein breakdown, leading to a negative nitrogen balance.
- Observed after major surgery, prolonged fever, diabetic coma, thyrotoxicosis etc.
- In leukemia & bleeding disorders also, blood Urea is elevated.

Renal:

- In renal disorders like acute glomerulonephritis, chronic nephritis, nephrosclerosis, polycystic kidney, blood Urea is increased.

Post-renal:

- Due to obstruction in the Urinary tract (e.g. tumors, stones, enlargement of prostate gland etc.) blood Urea is elevated.
- This is due to increased reabsorption of Urea from the tubules.

Common symptoms of urea cycle disorders includes

- Elevated blood NH_3 level
 - Aversion to protein intake
 - Tendency for vomiting
 - Mental retardation
 - Coma, convulsions and death
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- Lowering the dietary protein intake has been suggested as a way of treatment



Thank you!

