



Medical Committee  
The University of Jordan

 SLIDE  SHEET

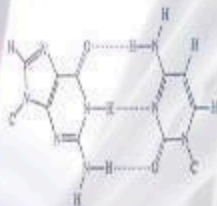


SLIDE : 7- alcohol metabolism



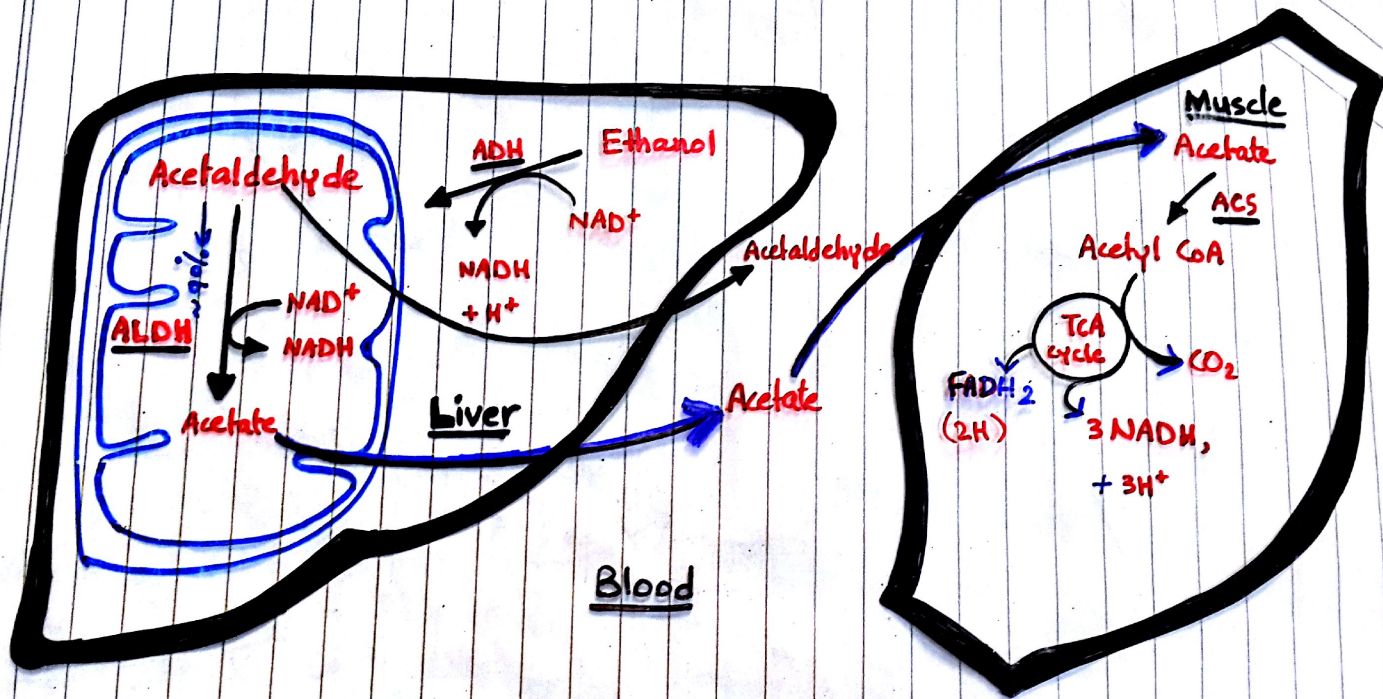
DR.NAME: Nayef Kradshah

Biochemistry

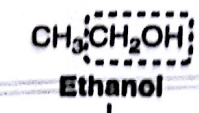


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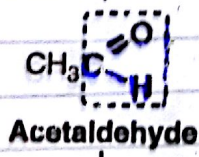
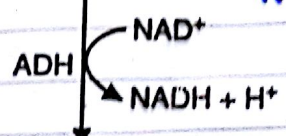
# Overall Metabolism of Alcohol and Acetate



**ADH:** Alcohol dehydrogenase  
**ALDH:** Acetaldehyde dehydrogenase  
**ACS:** Acetyl CoA synthetase



85-90% metabolized in liver cytoplasm  
2-10% excreted by lung + kidneys.



about 90% of acetaldehyde ↓ in liver mitochondria

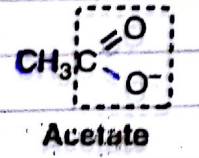
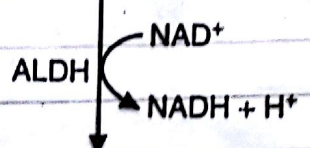
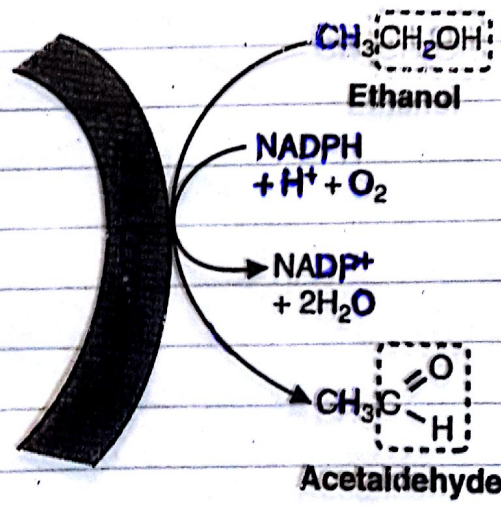
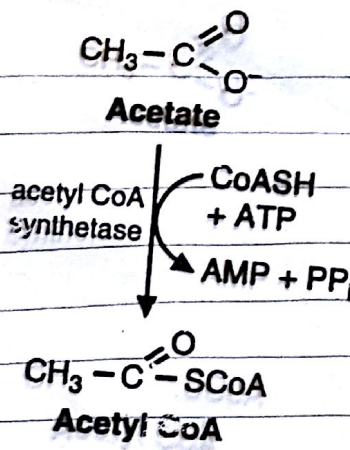


Fig. 25.2. The pathway of ethanol metabolism (ADH, alcohol dehydrogenase; ALDH, acetaldehyde dehydrogenase).



• Accounts for 10-20% of EtOH  
• Has a high K<sub>m</sub> for EtOH

Fig. 25.3. The reaction catalyzed by MEOS (which includes CYP2E1) in the endoplasmic reticulum.



ACS Cytosolic enzyme  
 in muscles & other tissues  
 → Acetyl CoA for  
 cholesterol & FA synthesis  
  
 Mitochondrial ACS is  
 in heart & skeletal muscle  
 → TCA

Fig. 25.4. The activation of acetate to acetyl CoA

CYP2E1 is  
 part of the  
 superfamily of  
 Cyt P450 enzymes

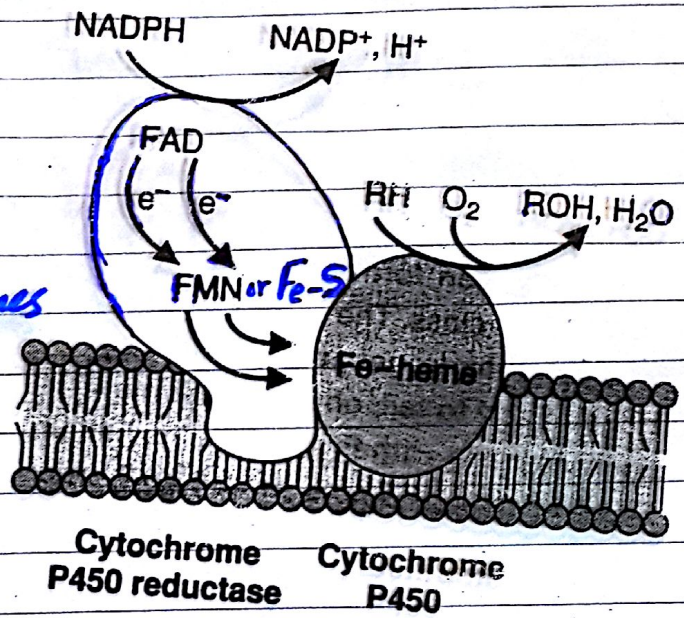


Fig. 25.5. General structure of cytochrome P450 enzymes. O<sub>2</sub> binds to the P450 Fe-heme in the active site and is activated to a reactive form by accepting electrons. The electrons are donated by the cytochrome P450 reductase, which contains an FAD plus an FMN or Fe-S center to facilitate the transfer of single electrons from NADPH to O<sub>2</sub>. The P450 enzymes involved in steroidogenesis have a somewhat different structure. For CYP2E1, RH is ethanol (CH<sub>3</sub>CH<sub>2</sub>OH) and ROH is acetaldehyde (CH<sub>3</sub>COH).

## Metabolism of Ethanol

Ethanol is a dietary fuel that is metabolized to acetate principally in the liver, with the generation of NADH. The principal route for metabolism of ethanol is through hepatic alcohol dehydrogenases, which oxidize ethanol to acetaldehyde in the cytosol (Fig. 25.1). Acetaldehyde is further oxidized by acetaldehyde dehydrogenases to acetate, principally in mitochondria. Acetaldehyde, which is toxic, also may enter the blood. NADH produced by these reactions is used for adenosine triphosphate (ATP) generation through oxidative phosphorylation. Most of the acetate enters the blood and is taken up by skeletal muscles and other tissues, where it is activated to acetyl CoA and is oxidized in the TCA cycle.

Approximately 10 to 20% of ingested ethanol is oxidized through a microsomal oxidizing system (MEOS), comprising cytochrome P450 enzymes in the endoplasmic reticulum (especially CYP2E1). CYP2E1 has a high  $K_m$  for ethanol and is inducible by ethanol. Therefore, the proportion of ethanol metabolized through this route is greater at high ethanol concentrations, and greater after chronic consumption of ethanol.

Acute effects of alcohol ingestion arise principally from the generation of NADH, which greatly increases the  $\text{NADH/NAD}^+$  ratio of the liver. As a consequence, fatty acid oxidation is inhibited, and ketogenesis may occur. The elevated  $\text{NADH/NAD}^+$  ratio may also cause lactic acidosis and inhibit gluconeogenesis.

Ethanol metabolism may result in alcohol-induced liver disease, including hepatic steatosis (fatty liver), alcohol-induced hepatitis, and cirrhosis. The principal toxic products of ethanol metabolism include acetaldehyde and free radicals. Acetaldehyde forms adducts with proteins and other compounds. The hydroxyethyl radical produced by MEOS and other radicals produced during

inflammation cause irreversible damage to the liver. Many other tissues are adversely affected by ethanol, acetaldehyde, or by the consequences of hepatic dysmetabolism and injury. Genetic polymorphisms in the enzymes of ethanol metabolism may be responsible for individual variations in the development of alcoholism or the development of liver cirrhosis.

