



Medical Committee
The University of Jordan



SLIDE



SHEET

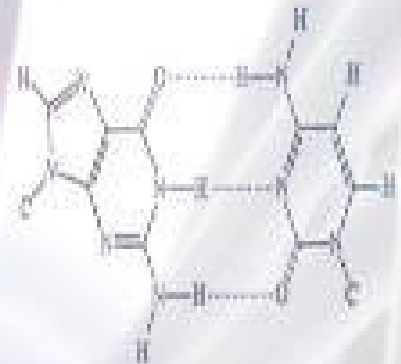


SLIDE : 26



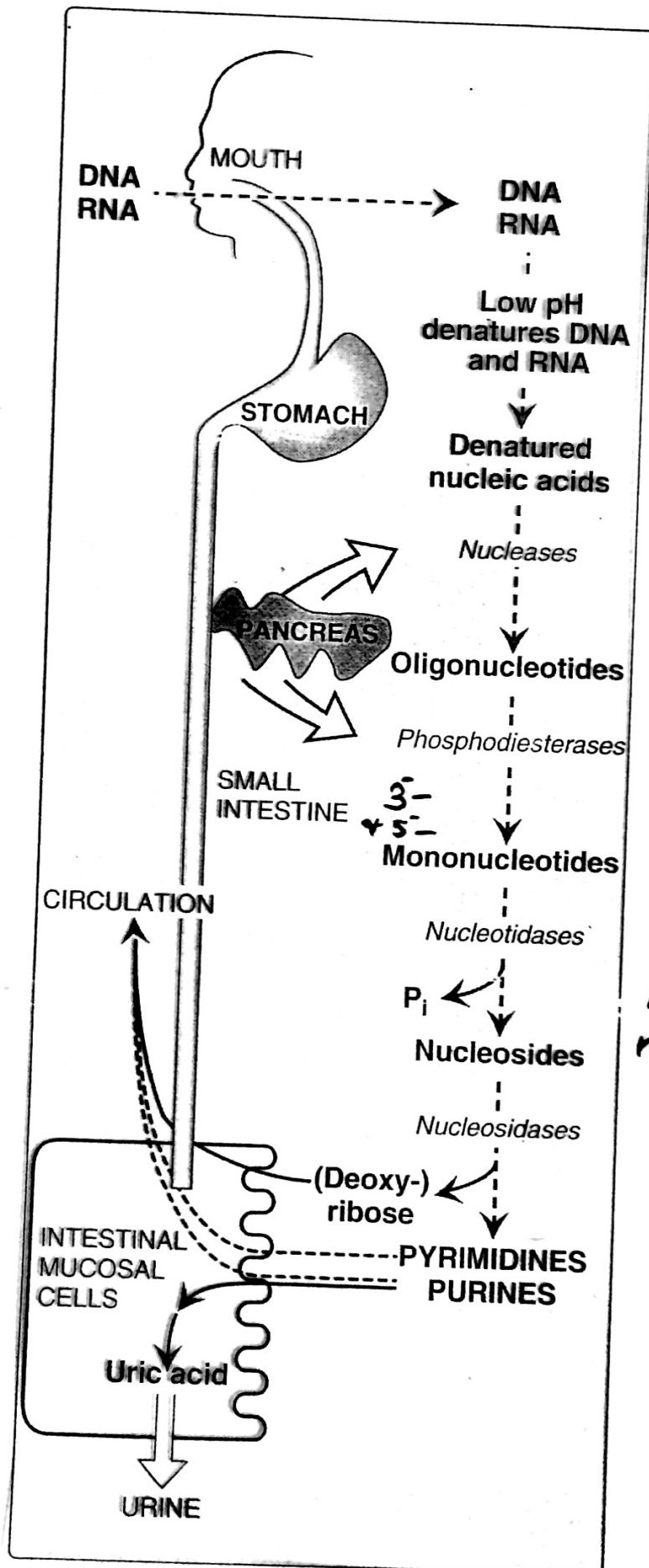
DR.NAME: Dr. Nayef

Biochemistry



Majida Al-Foqaraa'

Digestion of Dietary Nucleic Acids



*nucleic acids rich-food :-
organ meats
anchovies
sardines
dried beans*

Degradation of the Purine Bases:

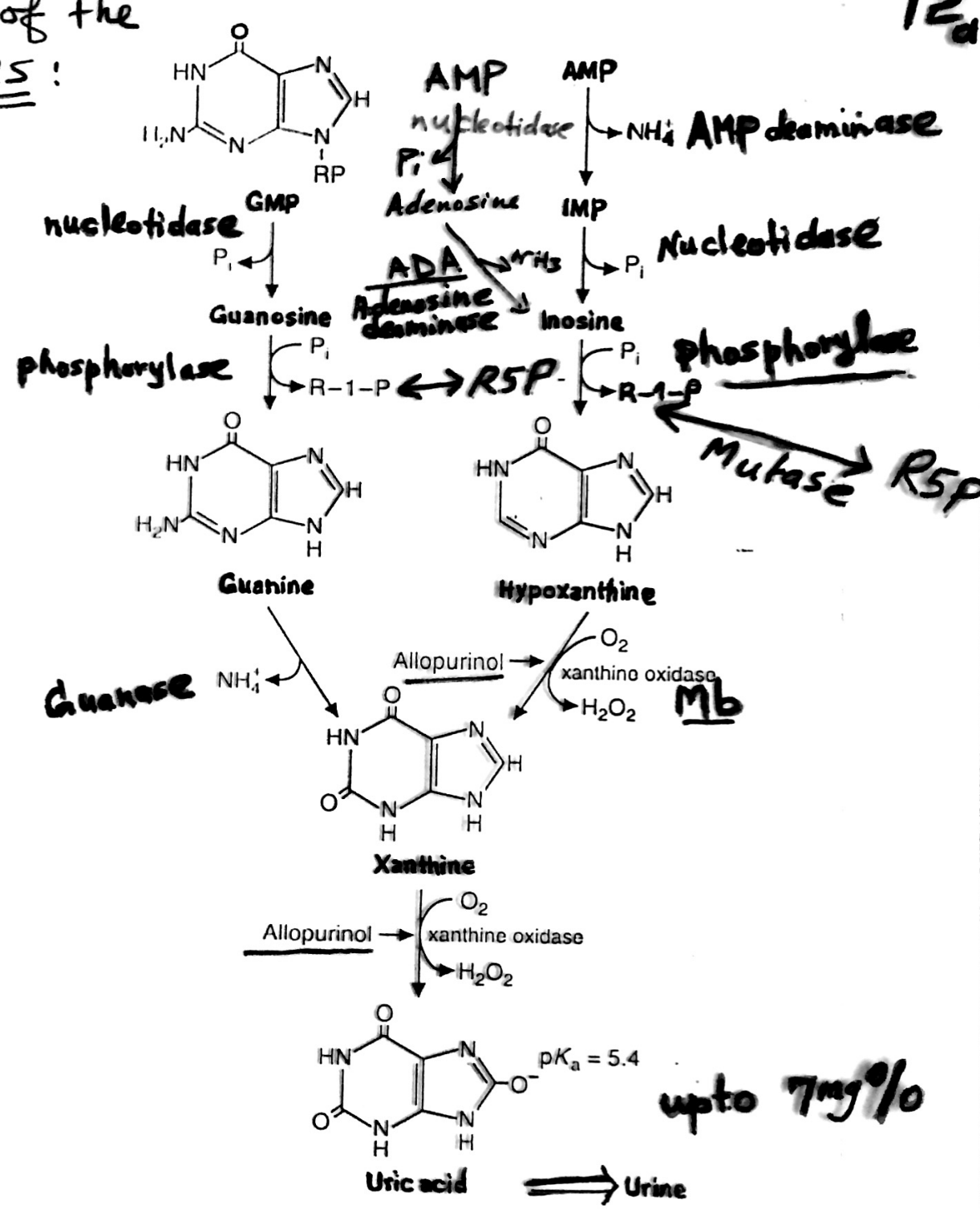
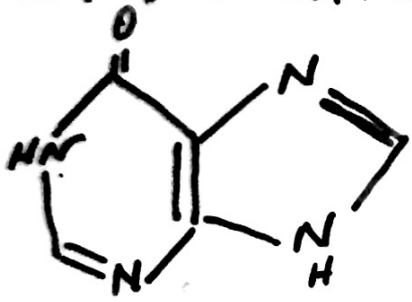


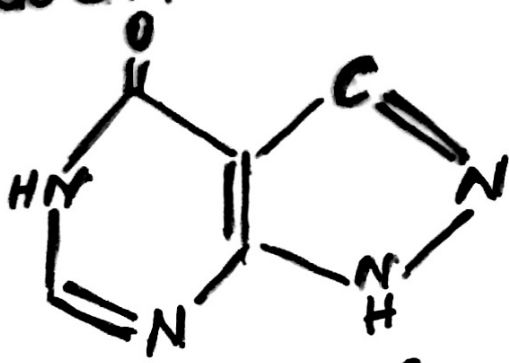
Fig. 41.15. Degradation of the purine bases. The reactions inhibited by allopurinol are cated. A second form of xanthine oxidase exists that uses NAD^+ instead of O_2 as the electron acceptor.

ADA deficiency \rightarrow **15% of SCIDS**
 \rightarrow \uparrow adenosine \rightarrow \uparrow dATP \neq tATP
 \uparrow dATP \rightarrow inhibition of ribonucleotide reductase.
 \rightarrow \downarrow DNA synthesis
 \rightarrow Severe Combined Immunodeficiency
 \rightarrow \downarrow T & B cells

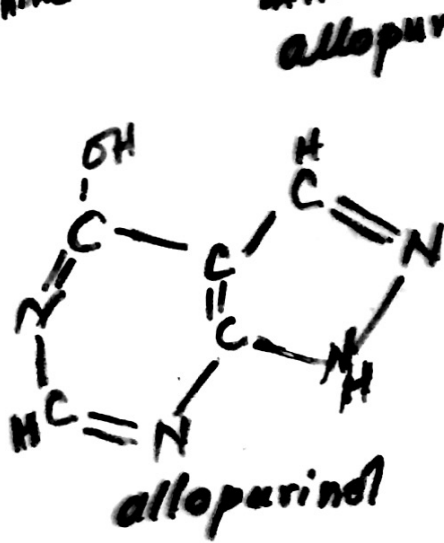
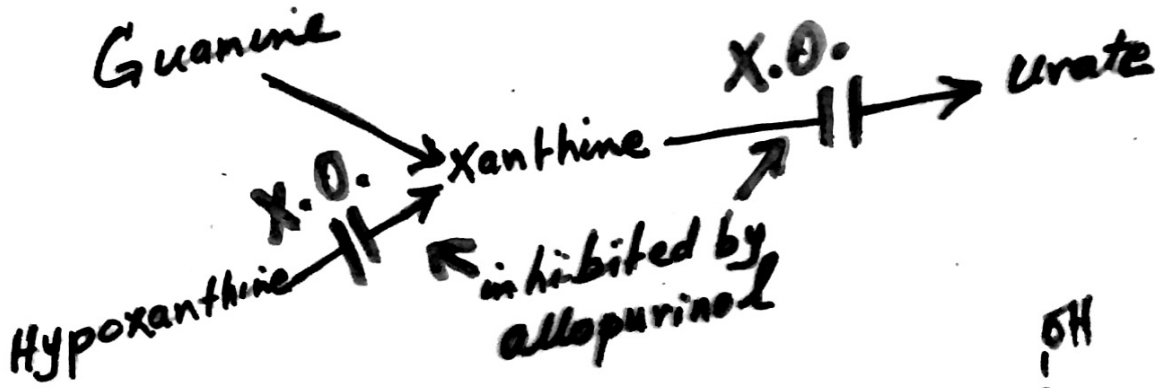
Allopurinol + Treatment of GOUT: -



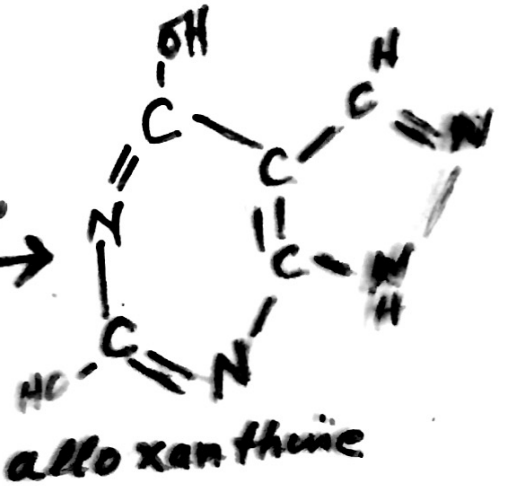
hypoxanthin



Allopurinol

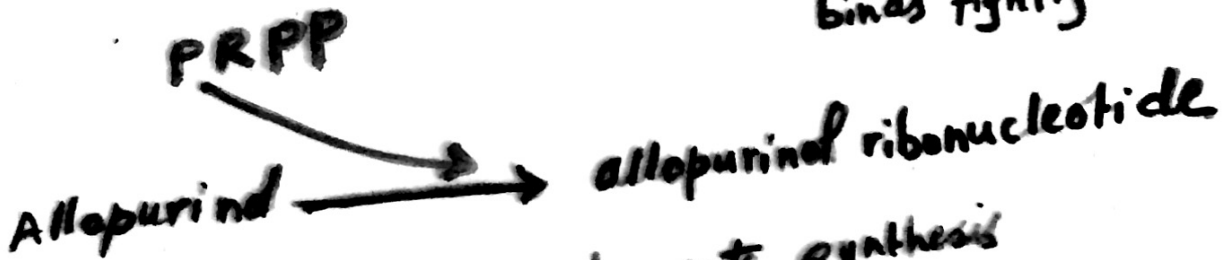


allopurinol



allo xanthine

suicide inhibition binds tightly to enzyme



Net result: - decreased urate synthesis
 decreased purine synthesis: -
 1- sequesters PRPP
 2- amido transferase is inhibited by allopurinol ribonucleotide

Diseases Associated with Purine Degradation: -

- GOUT

over-production of uric acid - less common
Underexcretion of uric acid - more common

Over-Production

- Primary gout

• Increased activity of PRPP synthetase

• Increased V_{max}

• decreased K_m for R5P

• decreased sensitivity to inhibition by purine nucleotides

• Decreased salvage pathway

• Decreased HGPRT activity
(Lesch-Nyhan Syndrome)

- Secondary Hyperuricemia

caused by variety of disorders & lifestyles

• chronic renal insufficiency

• treatment with chemotherapy

• excessive consumption of alcohols and purine-rich foods

• Von-Gierk's disease

- Treatment treatment with allopurinol

Under excretion of Uric acid: -

- Causing of over 90% of cases with hyperuricemia
 - Primary cause is unidentified inherited excretory defect
 - Secondary cause that affect kidney handling of urate e.g. - lactic acidosis increases renal urate reabsorption
- uses of drugs e.g. thiazide diuretics
- exposure to lead
- etc.