

Degradation of HEME

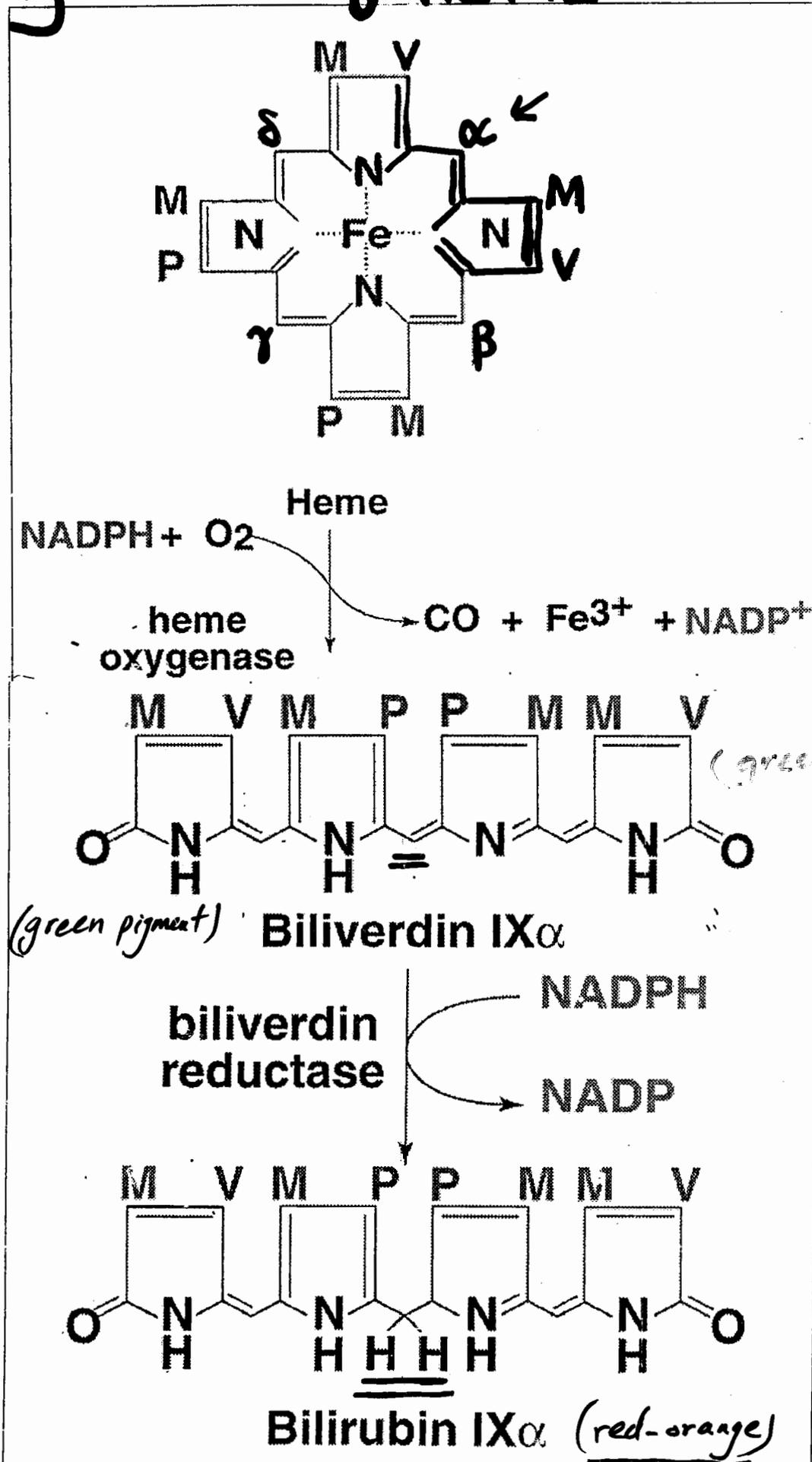


Figure: 24_12b
Formation of bilirubin from heme.

Breakdown of Hemoglobin 2

• After 120 d
mainly (in liver & spleen)

→ Globin

↓
Amino acids

↓
reutilized

• 85% from senescent RBC

→ Heme → Bilirubin

• Biliverdin is
more soluble than
Bilirubin

• Bilirubin is
a Potent Antioxidant

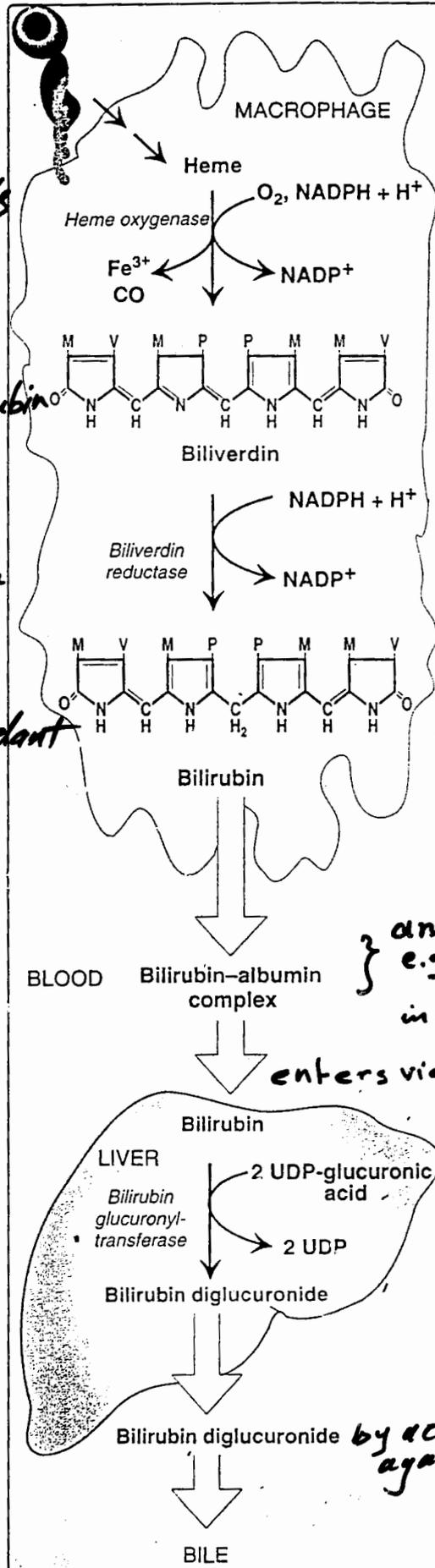
Bilirubin



→ Urobilinogen

↓
Stercobilin
gen

↓
Stercobilin



} anionic drugs
e.g. salicylates, sulfonamides
displace bilirubin
in infants → neural damage

enters via facilitated diffusion

by active transport
against gradient

Conjugation of Bilirubin (CB)

UDP-glucose
dehydrogenase

1. $\text{UDP-Glucose} + 2\text{NAD}^+ \longrightarrow \text{UDP-glucuronate} + 2\text{NADH} + 2\text{H}^+$
2. $2 \text{UDP-glucuronate} + \text{bilirubin IX}_\alpha$

*Monoglucuronide
is an intermediate*

Bilirubin UDP
glucuronyltransferase

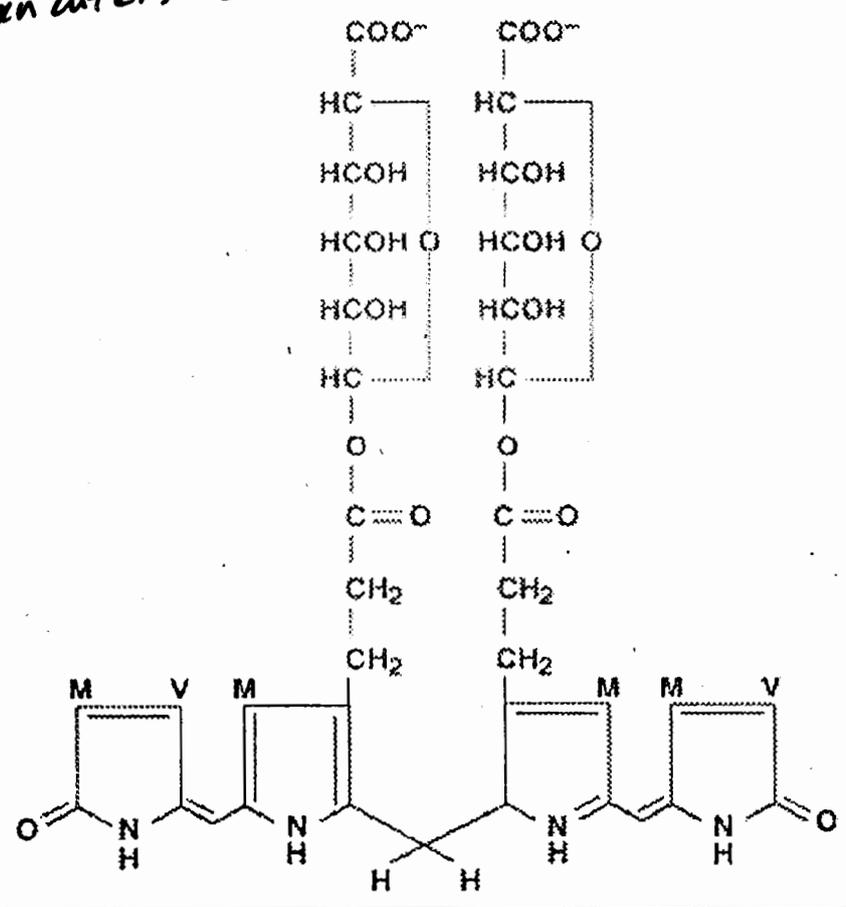
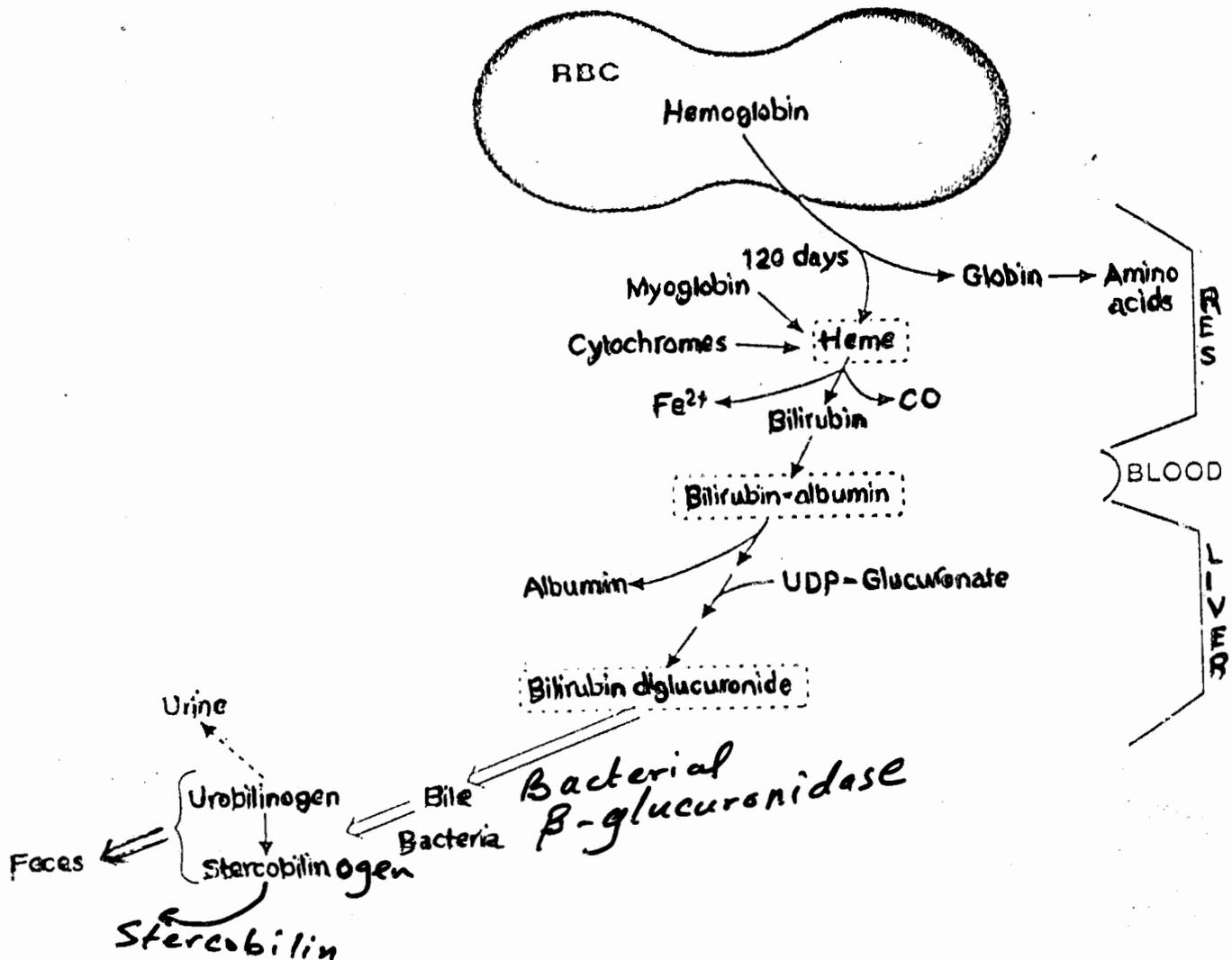


Figure: 24_13
Biosynthesis of bilirubin diglucuronide.
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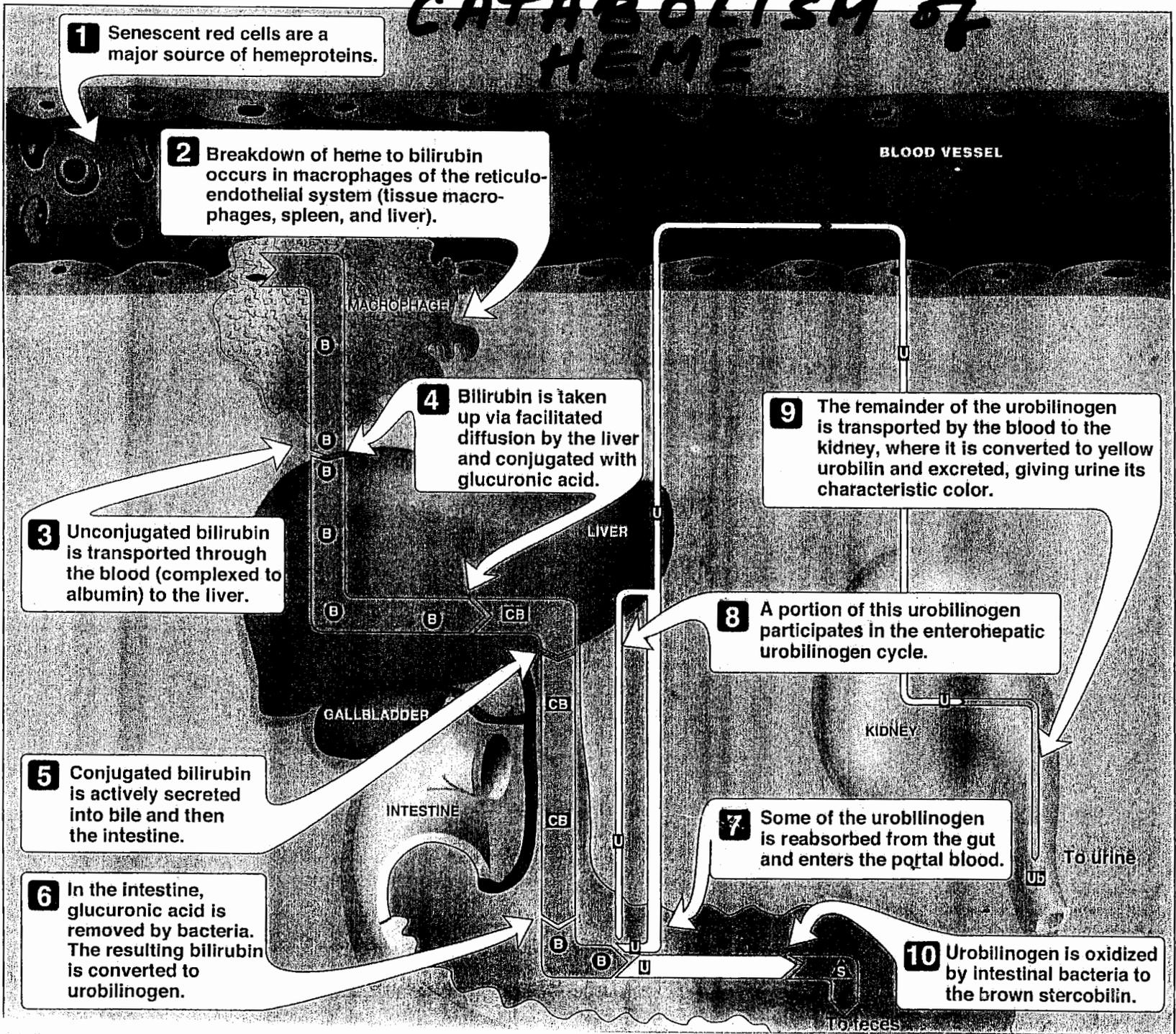
Overview of Heme Degradation

48



CATABOLISM OF HEME

5a



1 Senescent red cells are a major source of hemeproteins.

2 Breakdown of heme to bilirubin occurs in macrophages of the reticulo-endothelial system (tissue macrophages, spleen, and liver).

3 Unconjugated bilirubin is transported through the blood (complexed to albumin) to the liver.

4 Bilirubin is taken up via facilitated diffusion by the liver and conjugated with glucuronic acid.

5 Conjugated bilirubin is actively secreted into bile and then the intestine.

6 In the intestine, glucuronic acid is removed by bacteria. The resulting bilirubin is converted to urobilinogen.

9 The remainder of the urobilinogen is transported by the blood to the kidney, where it is converted to yellow urobilin and excreted, giving urine its characteristic color.

8 A portion of this urobilinogen participates in the enterohepatic urobilinogen cycle.

7 Some of the urobilinogen is reabsorbed from the gut and enters the portal blood.

10 Urobilinogen is oxidized by intestinal bacteria to the brown stercobilin.

To feces

To urine

D2

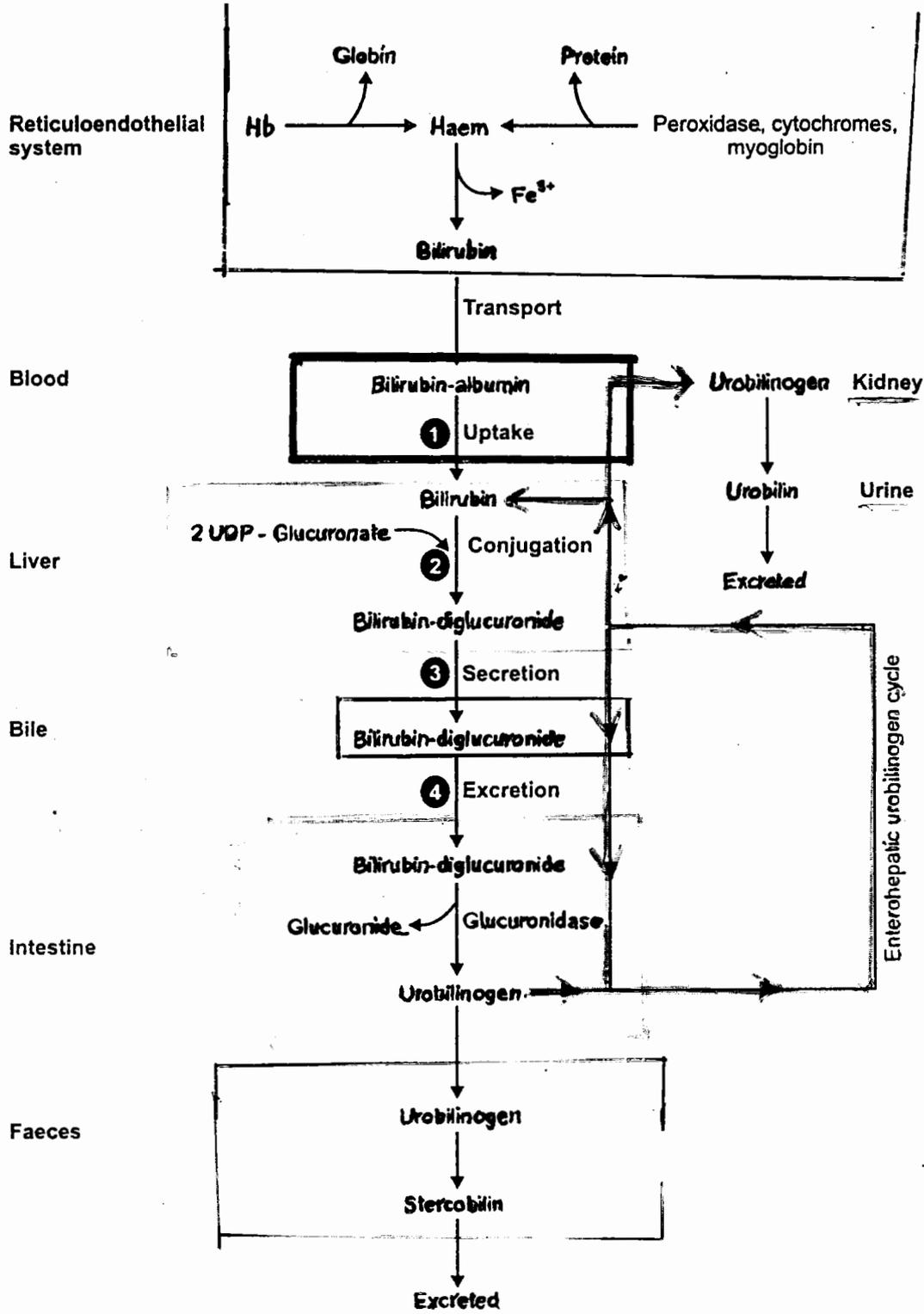
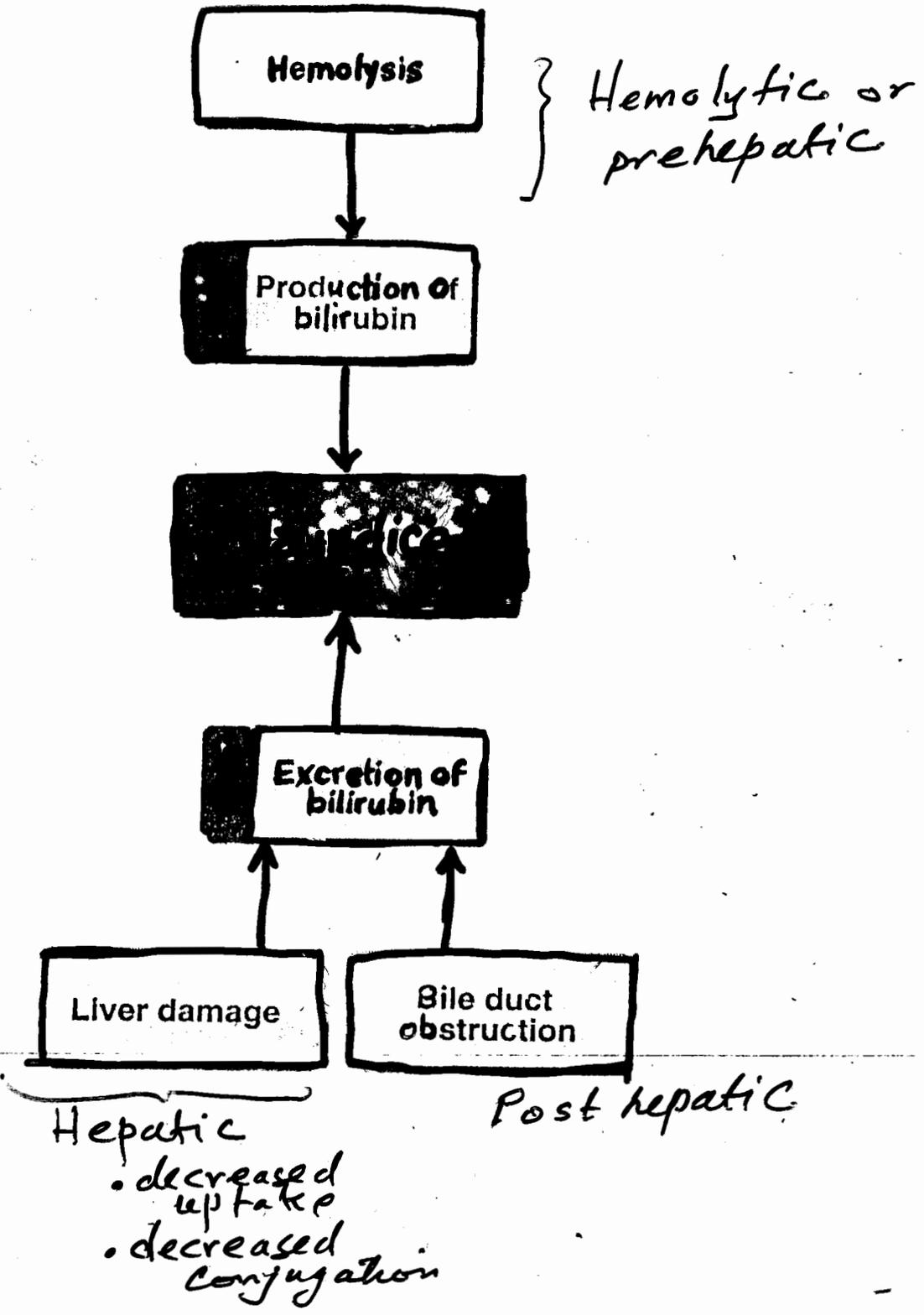
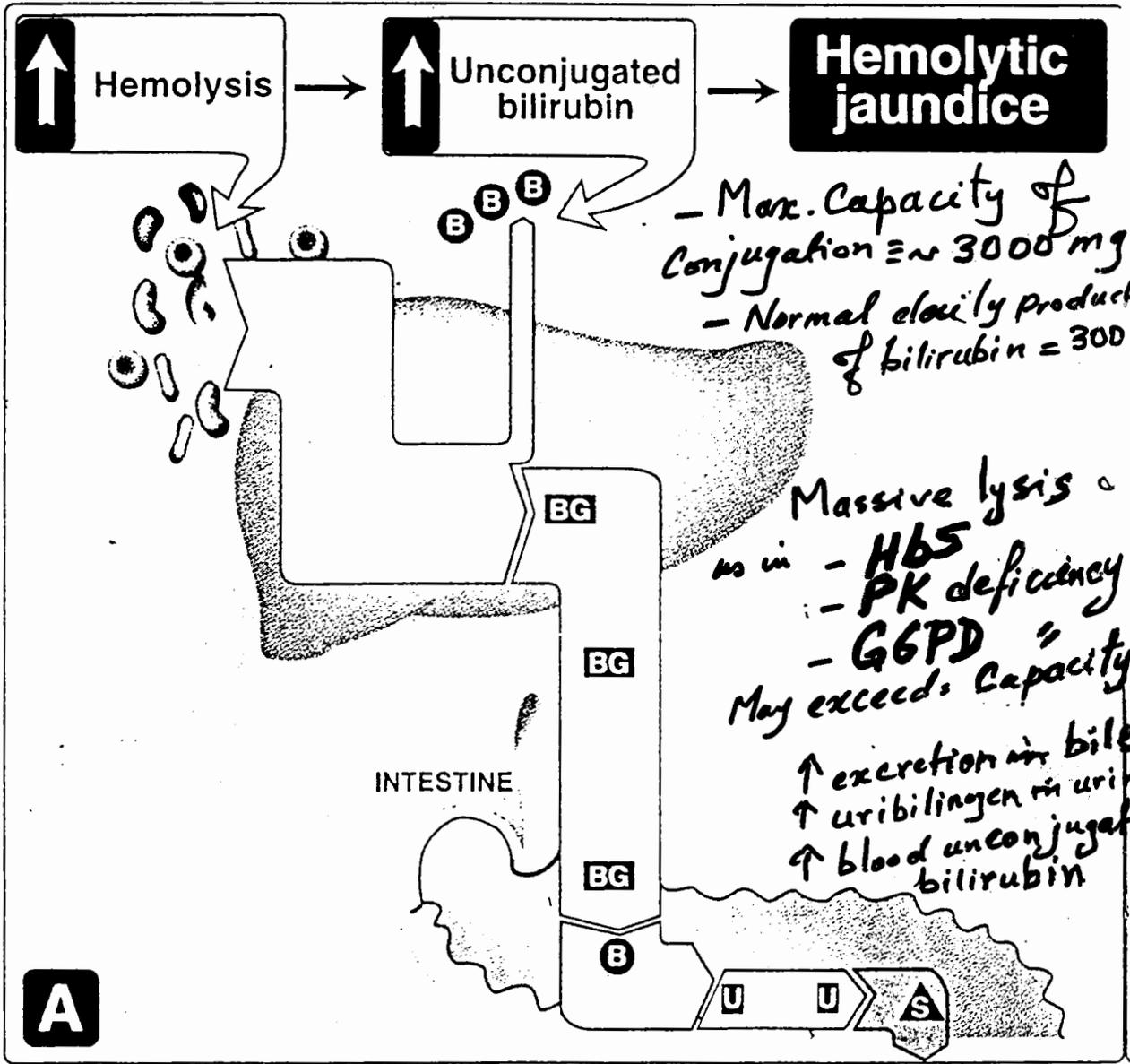


Figure 18.6: Schematic representation of normal bilirubin metabolism

- Total Bilirubin 0.1 to 1.0 mg/dl
- Conjugated bilirubin 0.1 to 0.4 mg/dl
- Unconjugated " 0.2 to 0.7 mg/dl





- Hepato cellular jaundice
 Damage to liver

↑ unconjugated blood bilirubin
 ↓ secretion of conjugated
 ↑ Urobilinogen in urine

- Obstructive Jaundice

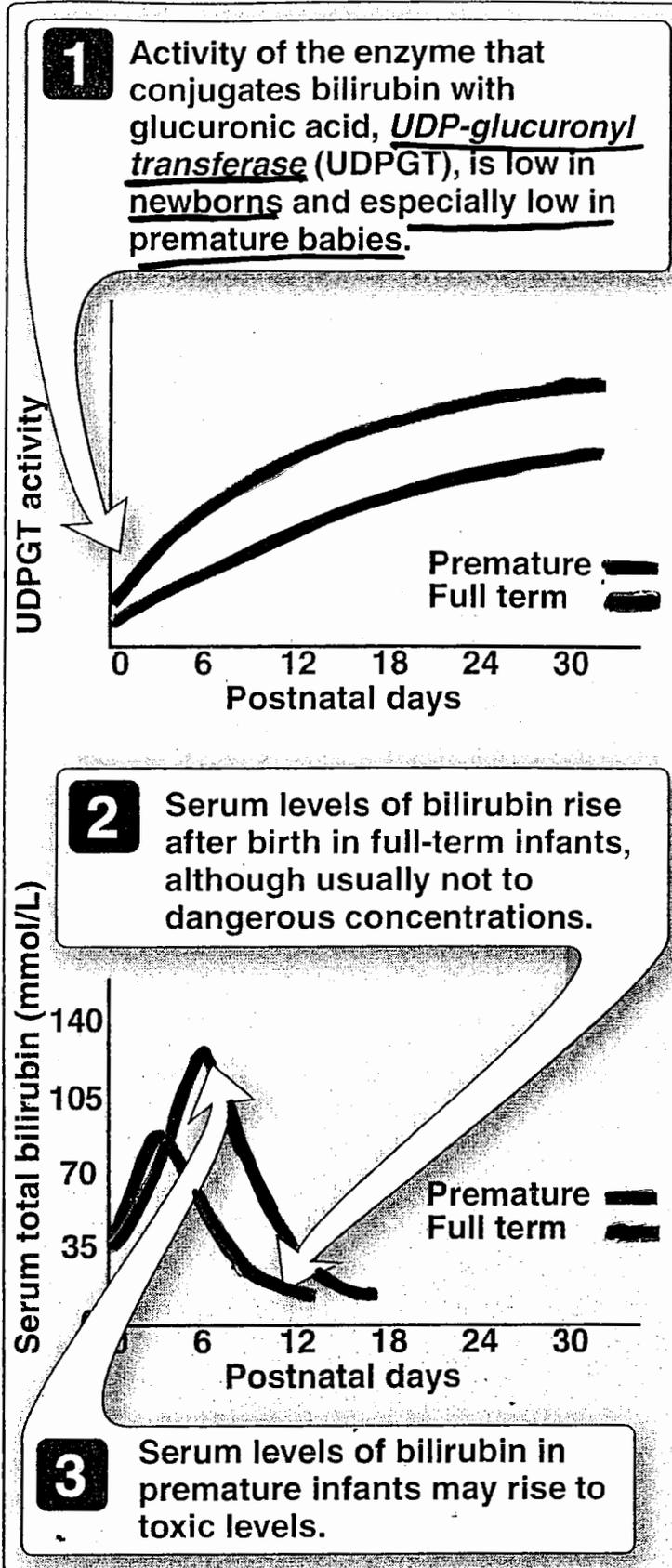


Figure 21.12
Neonatal jaundice.

Jaundice in Newborns

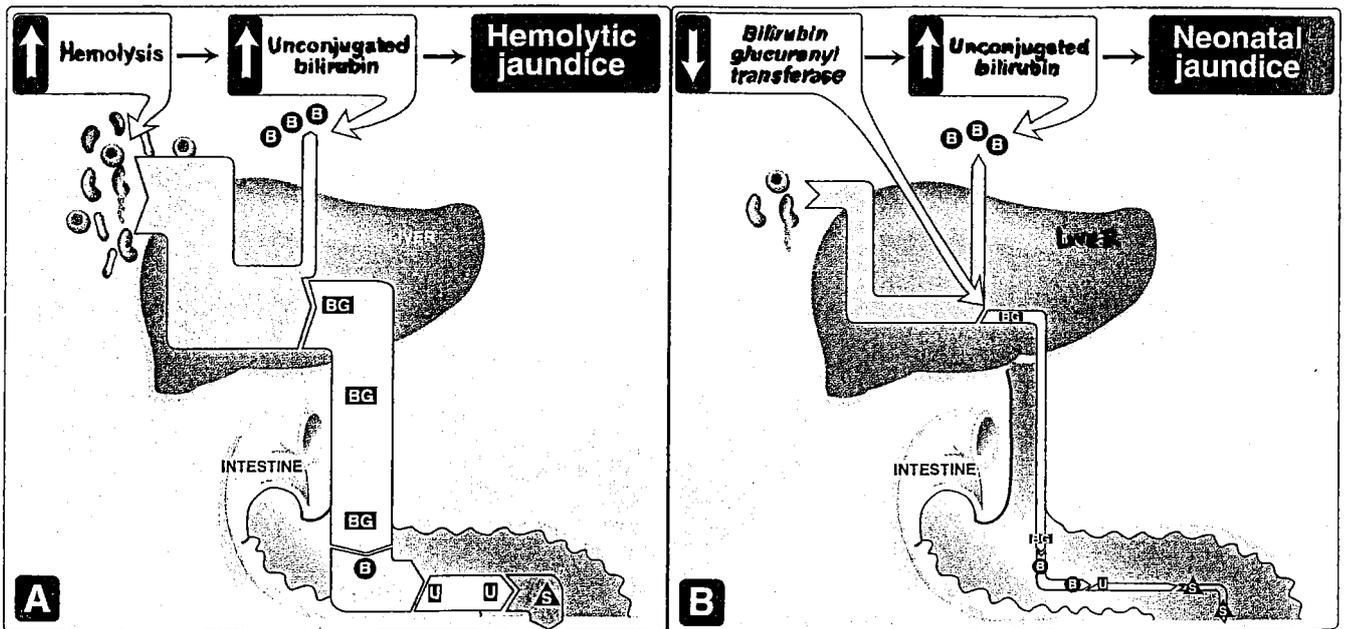


Figure 21.11

Alterations in the metabolism of heme. A. Hemolytic jaundice. B. Neonatal jaundice. [Note: The enterohepatic circulation of urobilinogen is omitted for simplicity.] BG = bilirubin glucuronide; B = bilirubin; U = urobilinogen; S = stercobilin.

- Genetic Deficiency of Conjugation:-
 - Varying degree of transferase deficiency
 - Crigler - Najjar I + II } more severe
 - Gilbert → mild
- Dubin-Johnson & Rotor syndromes (rare deficiency in Protein)
 - Defective secretion of conjugated
- Laboratory test for Bilirubin level
 - ↔ Total
 - ↔ Direct
 - ↔ Indirect
- Laboratory test for Bilirubin level
 - The Van der Bergh reaction
 - Diazotized sulfanilic acid →
 - Methanol → Direct
 - + Methanol → Total
- photo therapy
 - Blue fluorescent light
 - Bilirubin → Polar & water soluble isomer