

وَقُلْ رَبِّ زِدْنِي عِلْمًا



PERIPHERAL NERVOUS SYSTEM



SUBJECT : Biochemistry

LEC NO. : 2

DONE BY : Batool ALzubaidi

#كلىنكالى_إلا_شعطة

Biochemistry of peripheral nerves

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Topics

- Diabetes Mellitus (DM)
- Peripheral neuropathy due to vitamin deficiency/ uremic syndrome

الاسلايد الي محطوط عندها FYI يعني لمعلوماتك مش للامتحان بس انا راح احط هايلايت و اكتب اذا في زيادة عشان اطلع من خطيتكم

كل المحاضرة لمعلوماتكم ما عدا ٤ سلايدات راح احط عندهم نجوم بالازرق

FYI

Diabetes Mellitus (DM)

حكي الحكي عن ال diabet هو فقط مراجعة مش مطلوب منك بالامتحان
الهايلايات الي قراه للاحتياط

- Syndrome of disordered metabolism leading to high blood sugar levels
 - Due to combination of environmental and heredity factors
 - Defect in insulin secretion or action
- Blood sugar levels are controlled by complex interaction of multiple chemicals & hormones (especially insulin made in beta cells of pancreas)
- Signs and symptoms
 - Hyperglycaemia
 - Glycosuria
 - Polyuria
 - Polydipsia
 - Polyphagia



TEST CRITERIA	PREDIABETES	OVERT DIABETES MELLITUS
HbA1c	5.7% to 6.4%	≥ 6.5%
Fasting plasma glucose test (mg/dL)	100 to 125	≥ 126
Plasma glucose after 75 g oral glucose tolerance test	140 to 199	2 hours: ≥ 200
Random plasma glucose test with symptoms of hyperglycemia (mg/dL)	Not applicable	≥ 200

FYI

Type 1: Insulin dependent DM (10%)

- **Cause:** autoimmune destruction of beta cells of pancreas → insulin is absent/ deficient

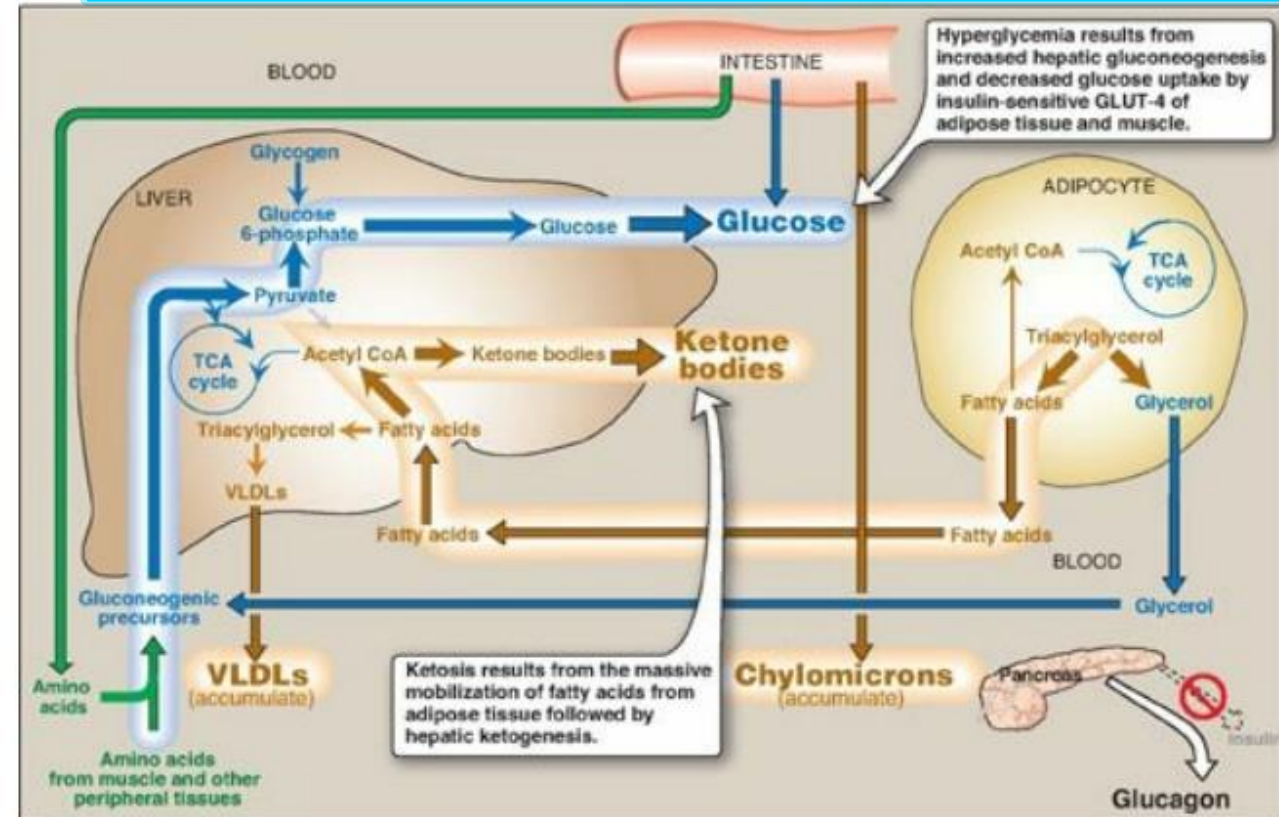
- **Metabolic changes**

- CHO metabolism
- Fat metabolism
- Protein metabolism

- **Symptoms:** fatigue, weight loss, weakness

- **Treatment:** insulin

راح يكون في كثير جلوكونز بالدم جسمك راح يشغل gluconeogenesis و وقتها راح تكون تستهلك amino acids and proteins و راح يصير معك muscle wasting و ثانيا راح تكون تستهلك oxaloacetate و وقتها ال Krebs cycle ما راح تكون تشتغل منيح و راح يتفاقم وجود ال acetyl coA و النتيجة ketosis

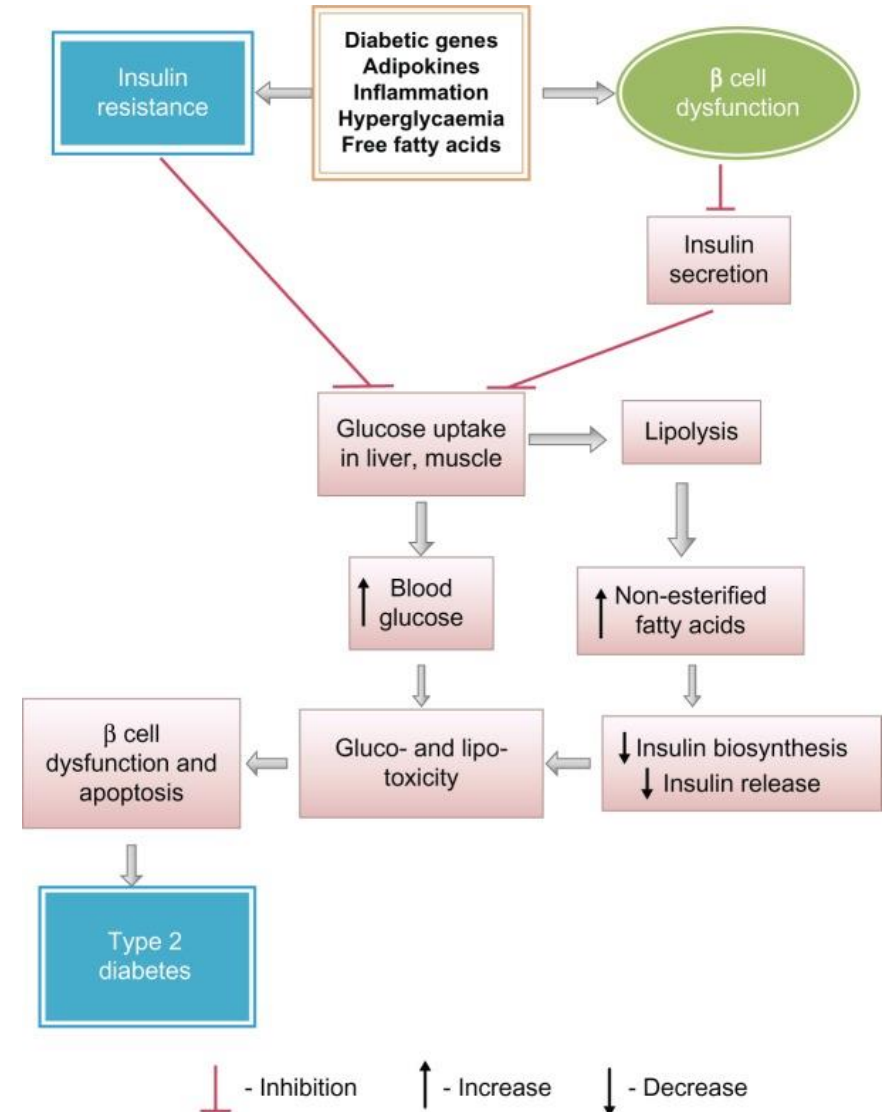


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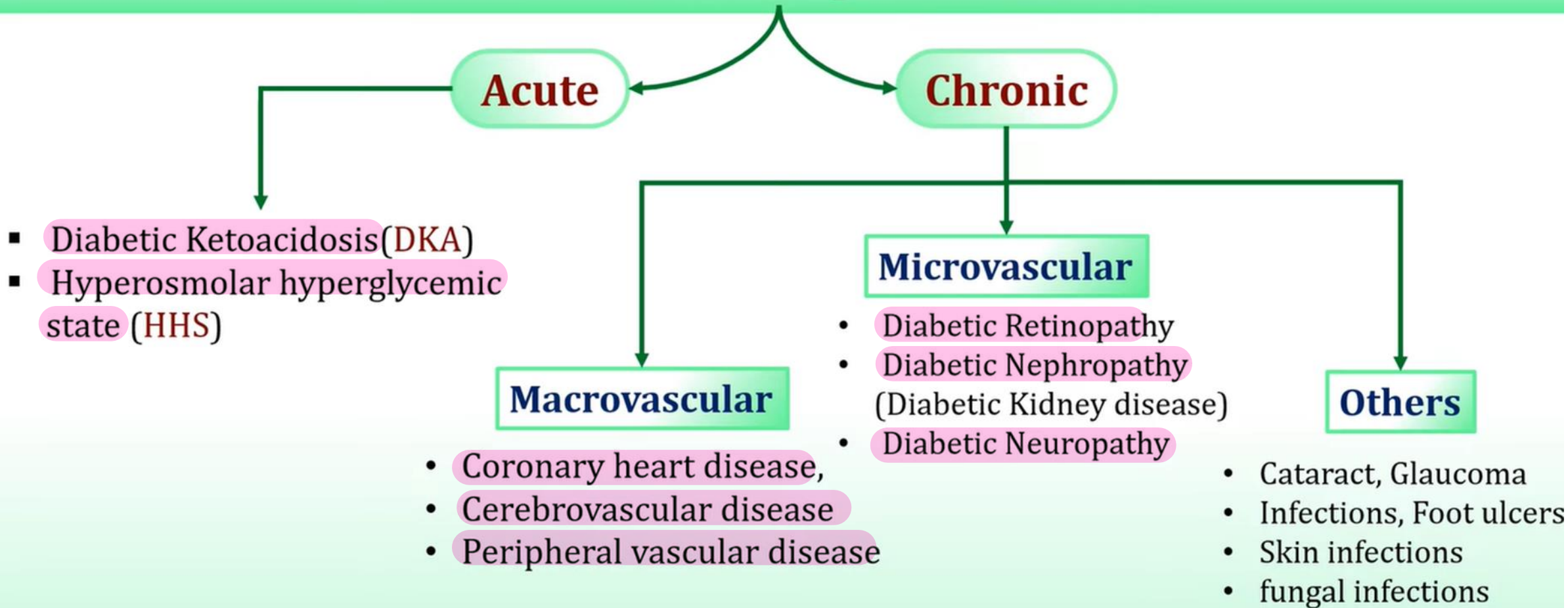
هدول معرضين يصيرلهم hyperosmolar nonketotic hyperglycemia

Type 2: Insulin **in**dependent DM (90%)

- **Cause:** combination of insulin resistance & dysfunctional beta cells
 - Insulin is present in normal to elevated levels
 - Down regulation of insulin receptors
- **Metabolic changes**
 - CHO metabolism (correlated to diet)
 - Fat metabolism
 - Protein metabolism
- **Symptoms:** DM develops gradually with no symptoms at first, most pts are obese
- **Treatment:** diet, weight loss, exercise, oral hypoglycaemic agents, pts might need insulin in end



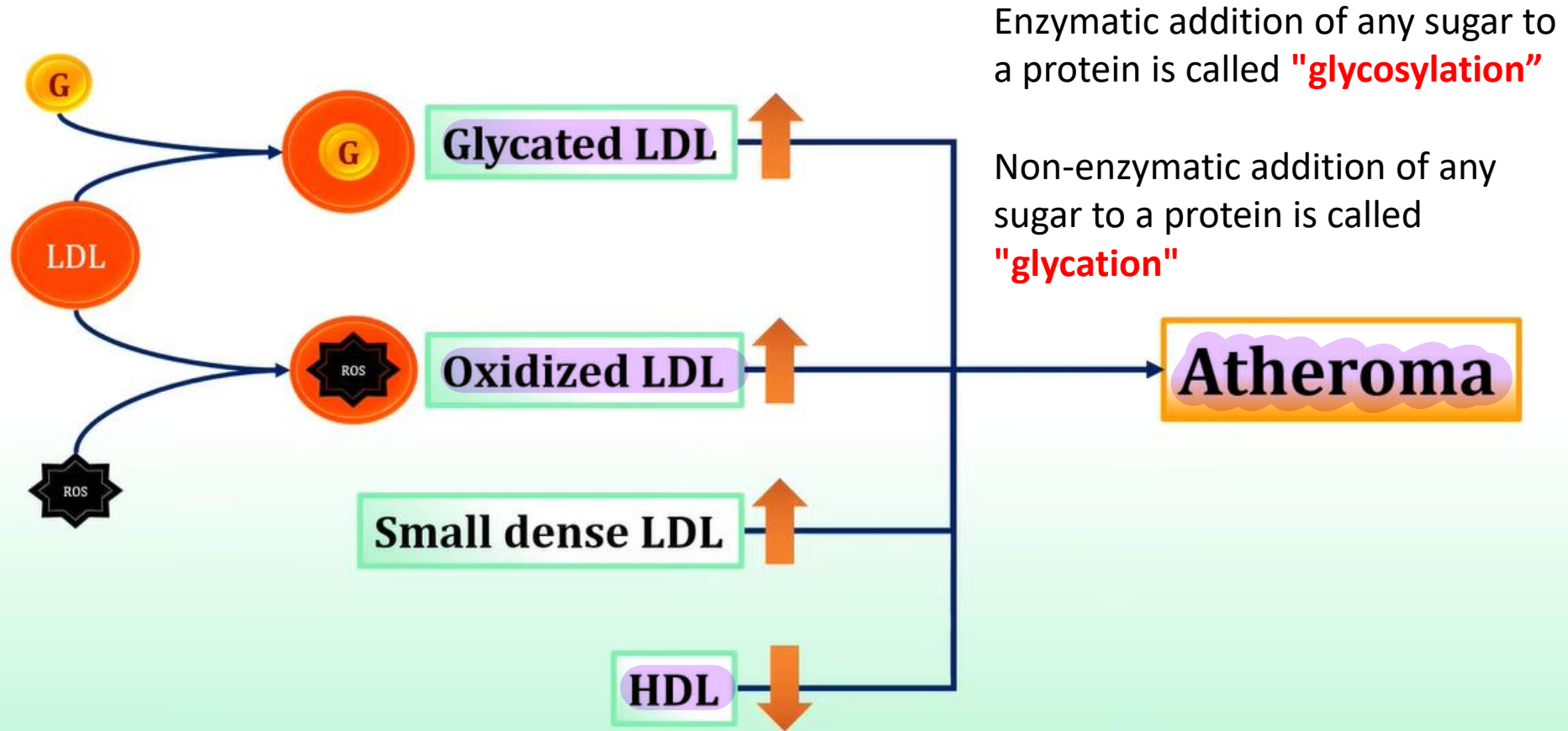
Diabetes: Complications



FYI

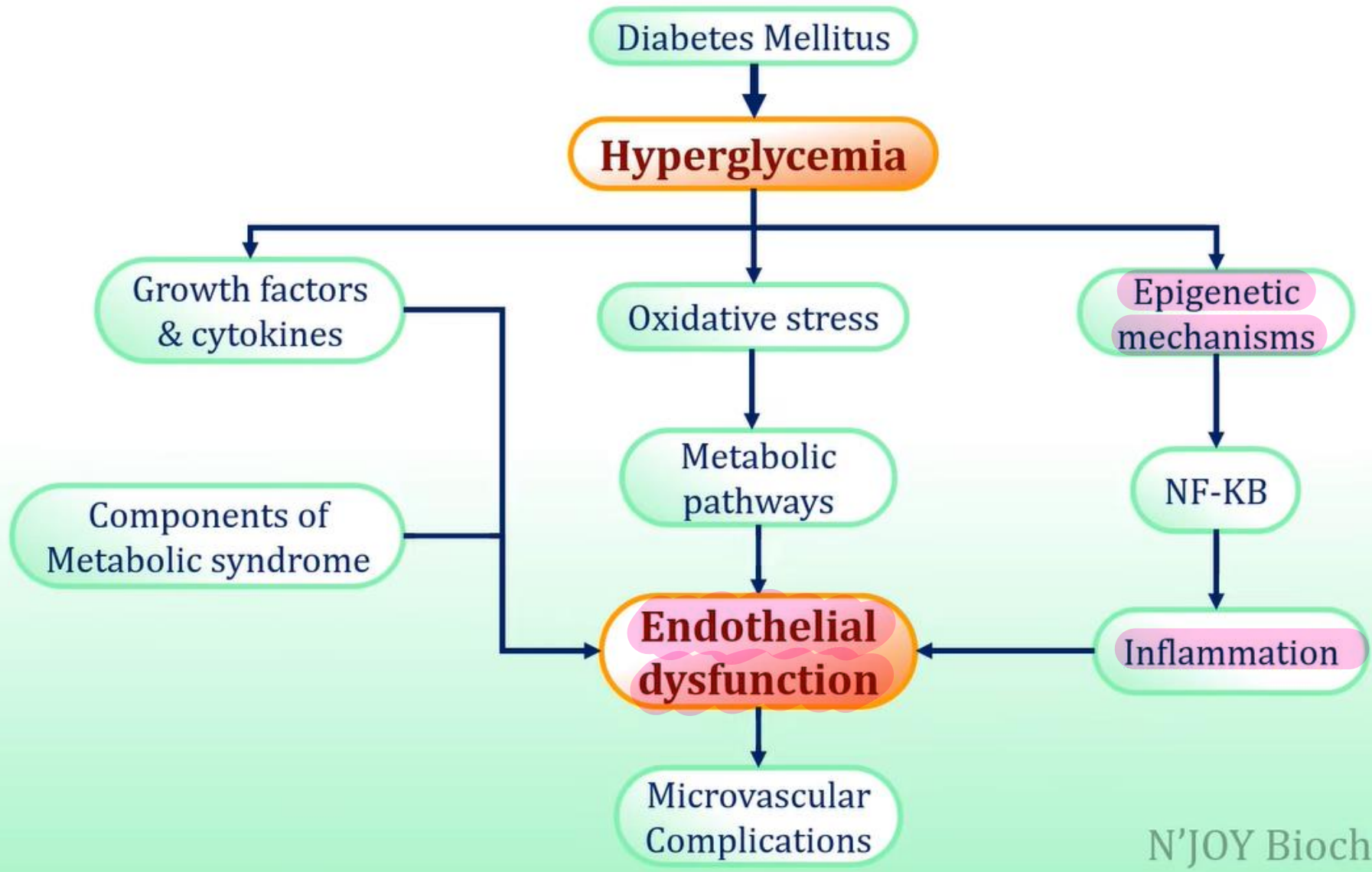
Diabetes and Atherosclerosis: Macrovascular Complications

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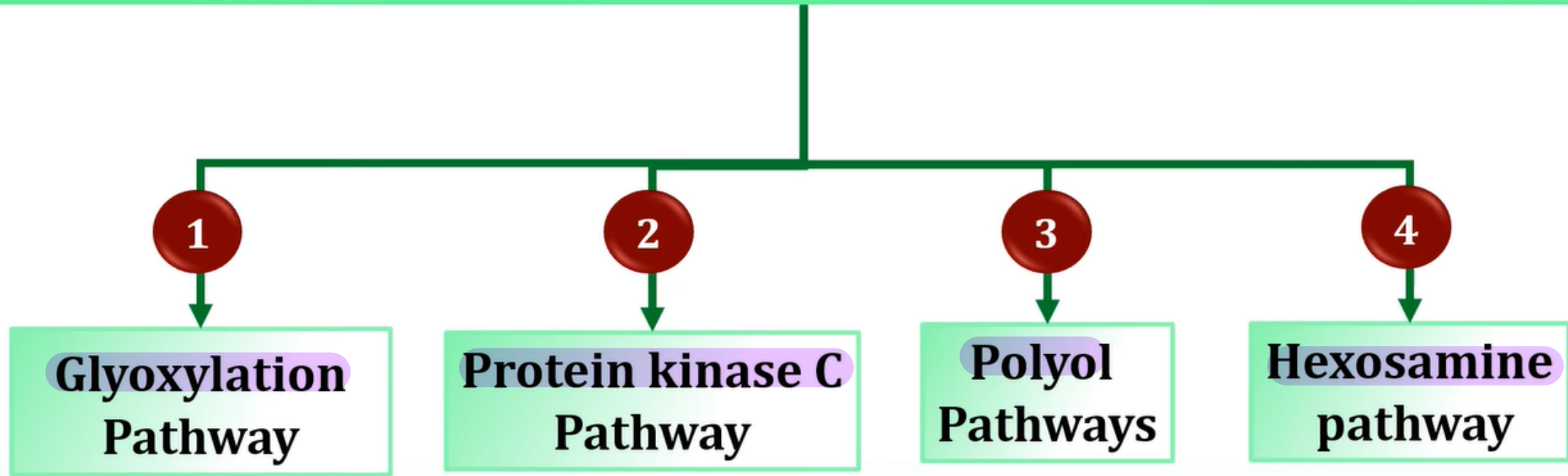
FYI

Molecular Mechanisms of Macro/Microvascular complications



FYI

Hyperglycemia: Activation of Metabolic Pathways



Advanced Glycation end products (AGEs)

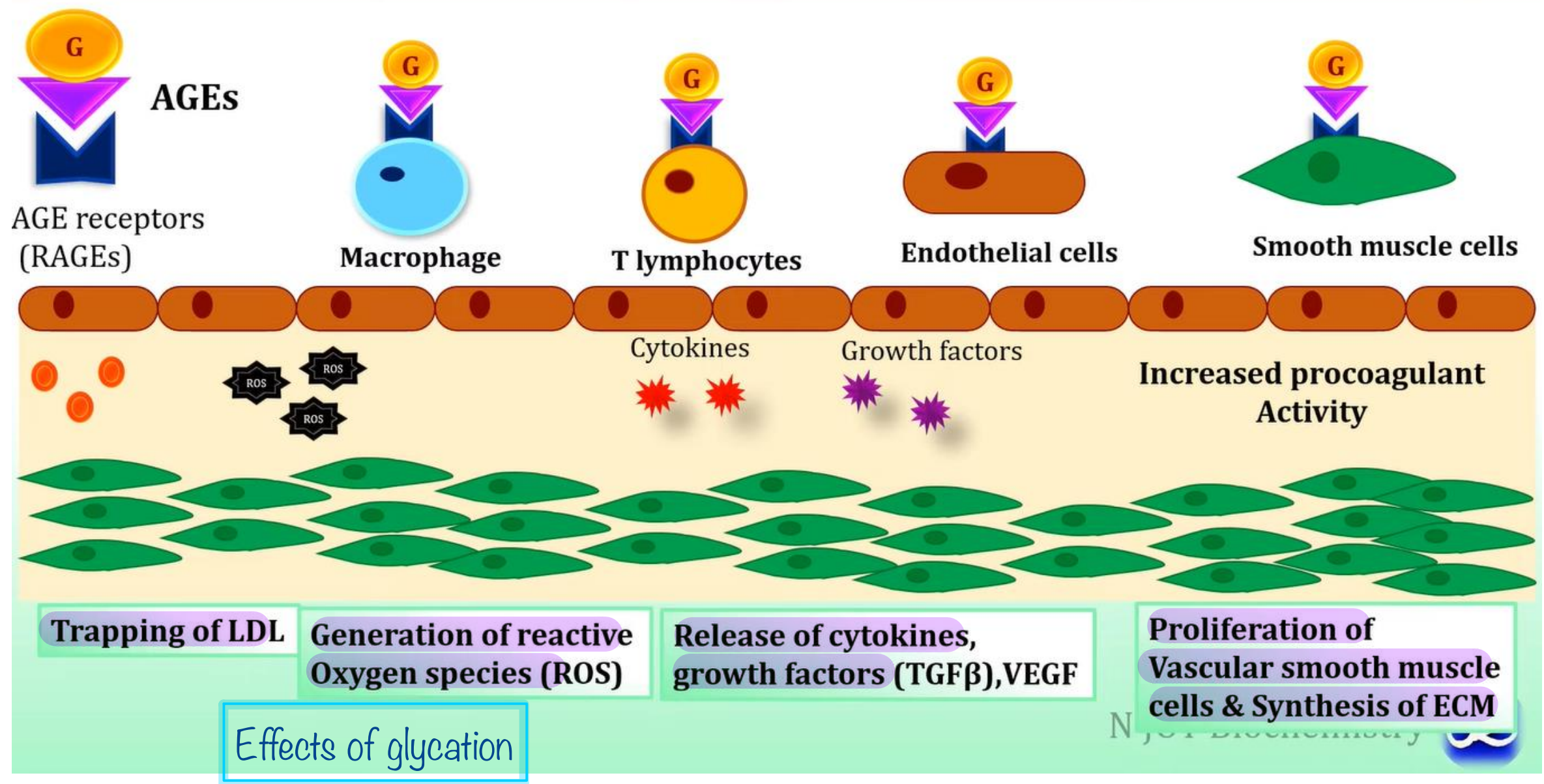
Modification of

- Intracellular protein
- Extracellular matrix protein and components
- Plasma protein

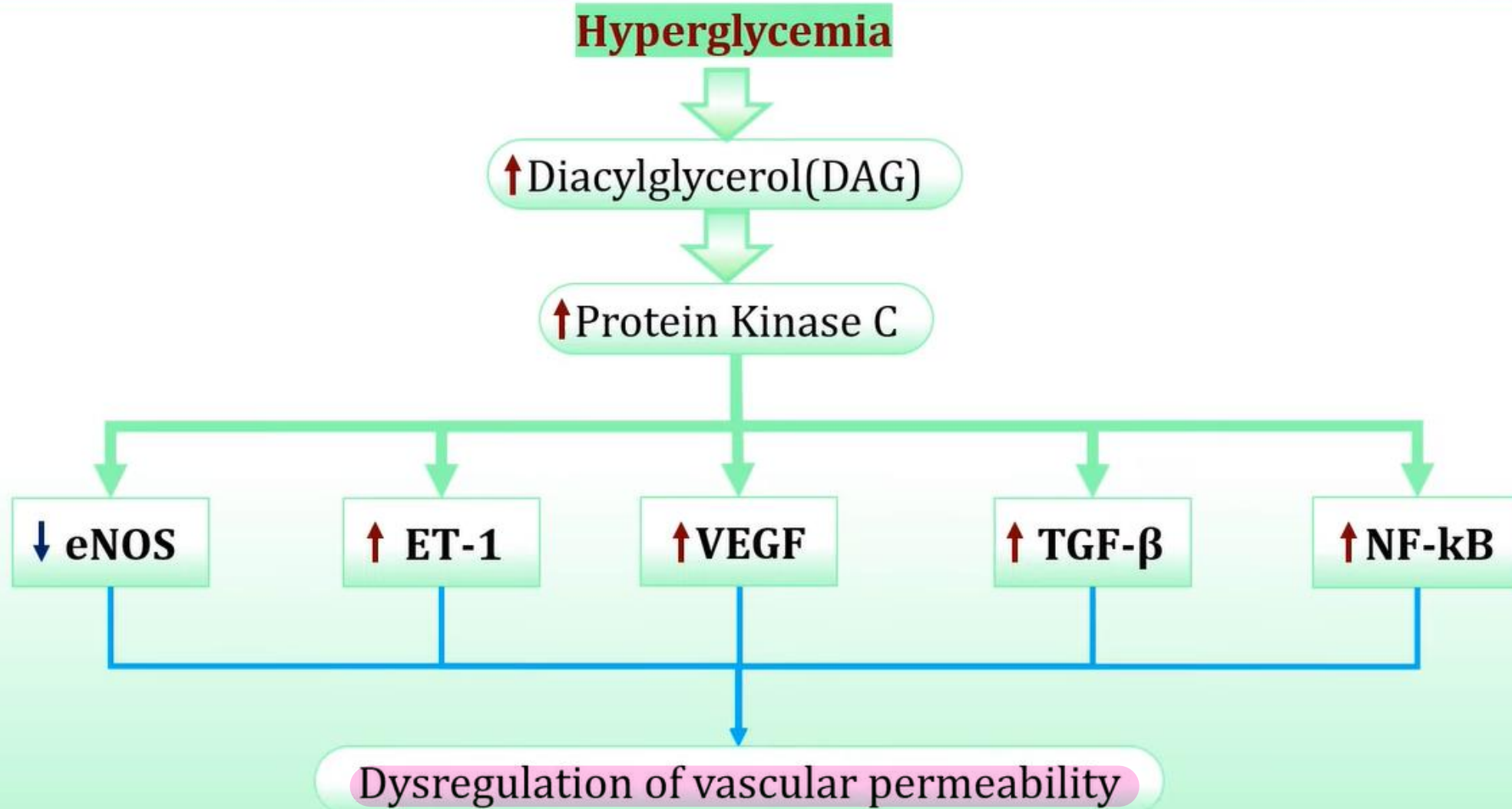


FYI

1: Glyoxylation pathway: Advanced Glycation End Products (AGEs)



2: Activation of Protein kinase C





3: Polyol pathways

- Polyol pathway: Sorbitol is a polyhydric sugar alcohol



High Km
For glucose

Activation of pathway in DM

- Eye lens,
- Kidneys,
- Nervous tissues
(Schwann cells of the nerve sheath)

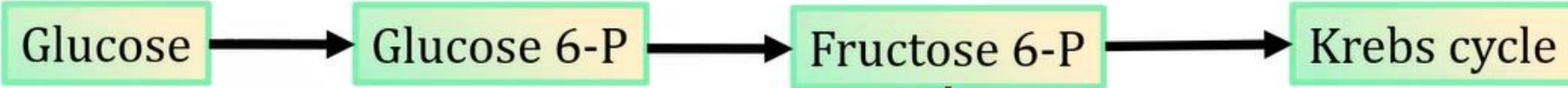
- Liver
- Seminal vesicles
- (Fructose-Fuel of spermatozoa)

- Cataract
- Nephropathy
- Neuropathy

ال sorbitol هو ال alcohol of glucose مفيد
للتحويل من fructose ل glucose خصوصا
بال seminal vesicles و لكن المشكلة بس
يزيد كثير و ما تقدر تتخلص منه بصير عرضة
انك يعمل مضاعفات السكري

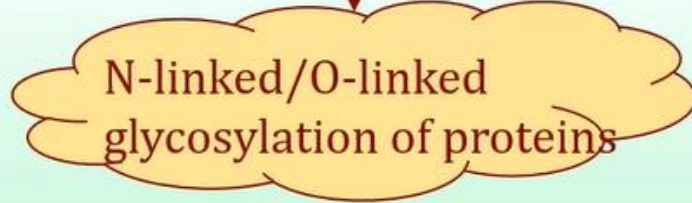
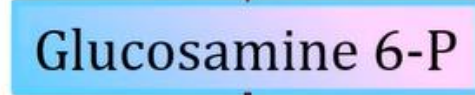
FYI

4: Hexosamine Pathway

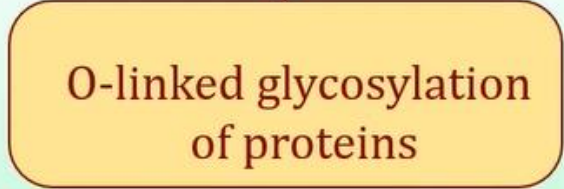


لما يزيد عندك الجلوكوز بدل ما يمشي بالشكل الطبيعي ب krebs ممكن يتحول عن طريق ال glucosamine 6- J fructose 6-phosphate phosphate و يفوت ب downstream نهايته تكون اشياء ما بدك اياها

Glucosamine: fructose 6-P amidotransferase



Golgi/ER



Cytosol/ Nucleus

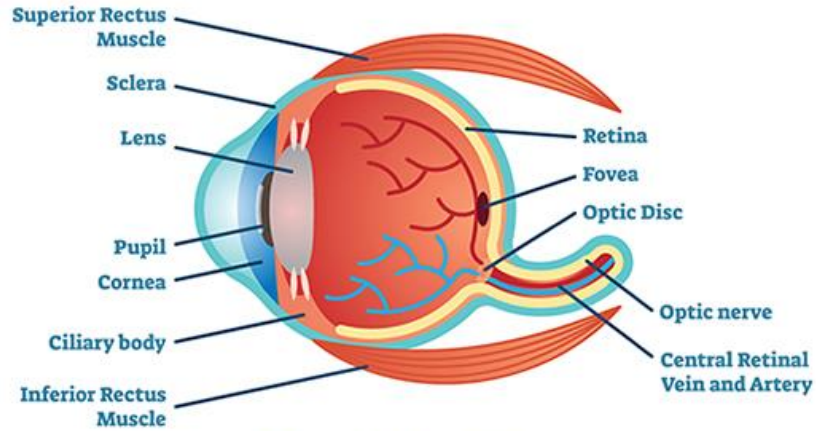
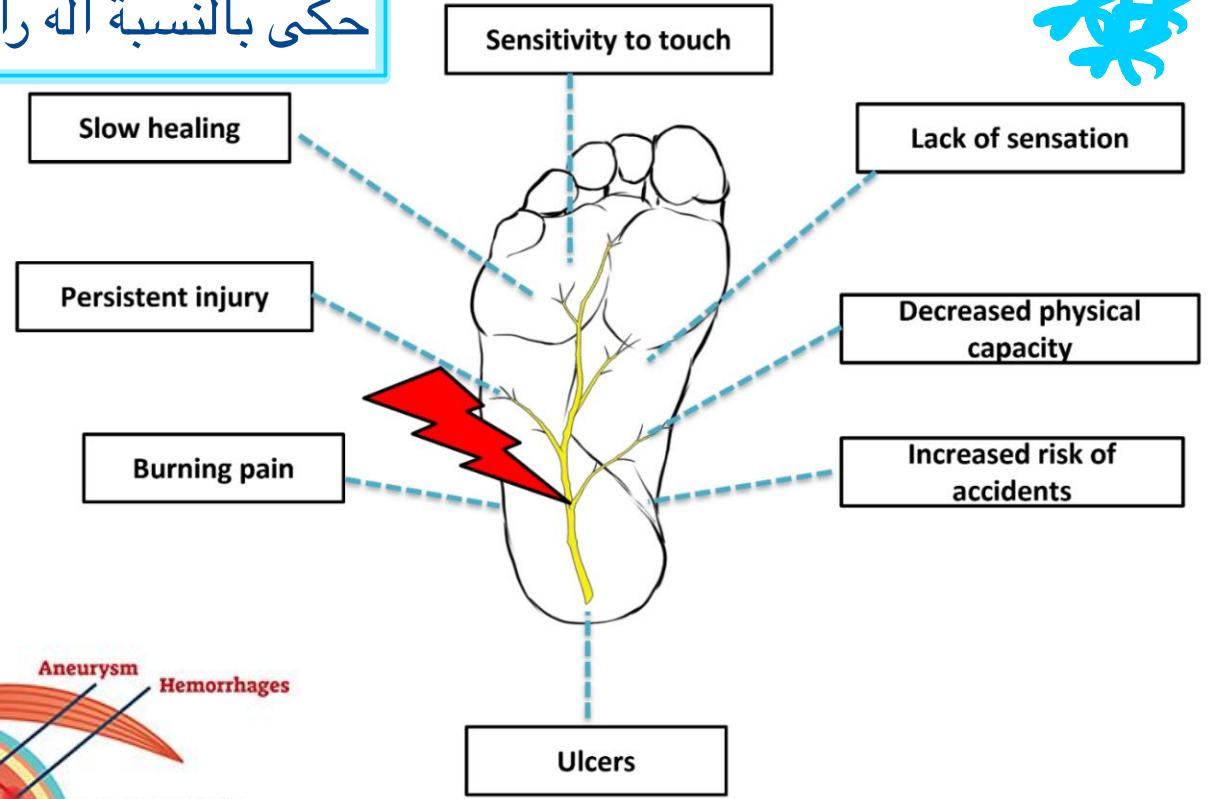
- Increased expression of TGF-β
- Modification of eNOS(Nitric oxide synthase)



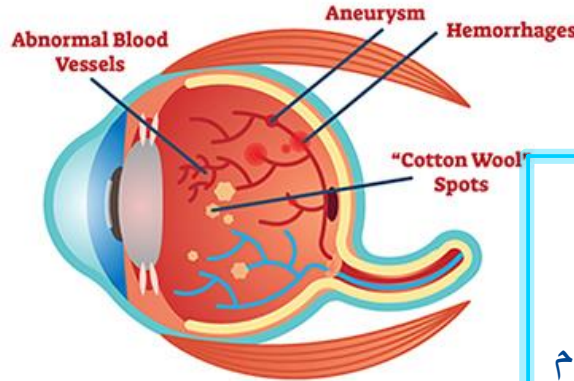
كثير مهم و راح يجي بالامتحان

حكي بالنسبة اله راح يحطلنا اسئلة سهلة

ليش بصير new vessels formation بسبب ال hypoxia ال blood vessels ال
التي بتغذي ال retina ماكله هوا ال permeability سيئة فيها hemorrhages
فبصير activation انه يتكون vessels جديدة .. اشني مهم انه بسبب ال
vessels الجديدة ممكن يتسكر ال drainage تا ع ال eye و يصير glaucoma



Healthy Eye



Diabetic Eye

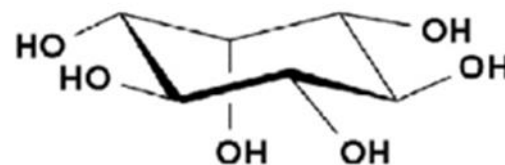
لو جابلنا صورتين ل retina اتطلع على عدد ال vessels و
عدهم قد بعض او لا عشان تحكم هو proliferative او لا

من الفروقات بين ال healthy and diabetic eye اولاً ال
cataract ثانياً diabetic retinopathy و منها نوعين (جدا
مهم جاي بالامتحان) النوع الاول proliferative هو بكون متقدم
و فيه new vessels formation النوع الثاني الـ non
proliferative بصير vascular endothelial dysfunction و
micro aneurysm و hemorrhages و cotton wool
spots و هذول سببهم اختلال ال vascular permeability



Peripheral neuropathy due to vitamin deficiency/ uremic syndrome

- **Uremic syndrome:** terminal manifestation of renal failure
 - Myoinositol is the basis for peripheral neuropathy



myo-inositol

CENTRAL NERVOUS SYSTEM

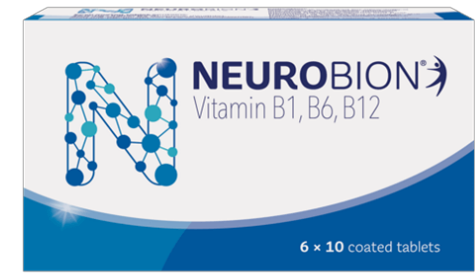
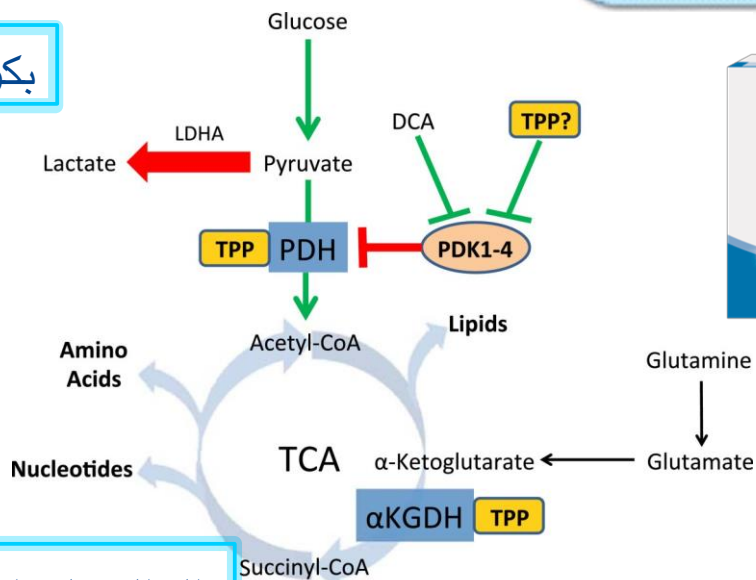
MI is essential for the development and function of peripheral nerves (Chau et al, 2005)

• Vitamins:

pyruvate dehydrogenase enzyme ل cofactor يكون

Co-factor for a keto glutarate dehydrogenase

- **Thiamine (B1)** → reduced ATP → impaired cellular function
- **B6 (pyridoxal phosphate)** → reduced formation of phospholipids (isoniazid interferes with B6 absorption)
 - Toxicity causes sensory neuropathy!
- **B12** → demyelination of nerves



بالحالتين لو زاد او قل vitamin b6 راح يعمل peripheral neuropathy ليش ؟ لانه موجود ب شكلين واحد active و الثاني preactive فلو زاد ال preactive راح يعمل inhibition لل active