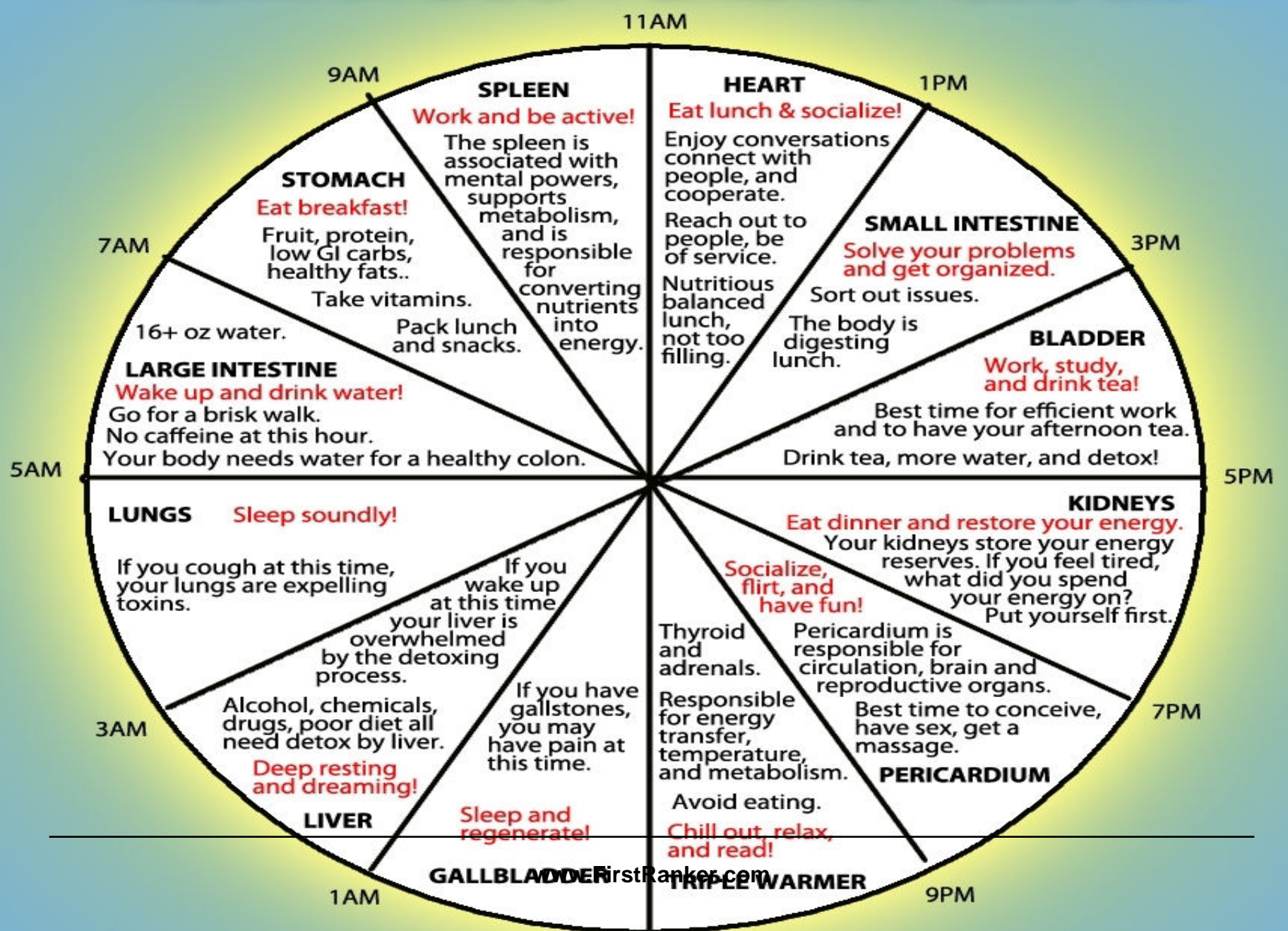


Induction To Todays Topic

HUMAN BODY ENERGY CLOCK



Any Guesses Of Todays Topic???

Energy Metabolism

Bioenergetics

BIOLOGICAL OXIDATION

Specific Learning Objectives

Questions Which Will be Answered

- What is system of Bioenergetics ?
- How is chemical form of energy ATP formed (**Generation**) and utilized (**Operation**) in human body ?
- What Factors are associated to bioenergetics system?
 - Metabolites
 - Enzymes
 - Coenzymes
 - Cofactors
 - Hormones
- Which disorders suffered due to defective system ?

Synopsis

- ❖ **What is Bioenergetics?**
- ❖ **High Energy Compounds**
- ❖ **Substrate Level Phosphorylation**
- ❖ **What is Biological Oxidation?**
- ❖ **Enzymes and Coenzymes of Biological Oxidation Reactions**
- ❖ **Electron Transport Chain (ETC)**

Continued-----

- ❖ **Oxidative Phosphorylation Mechanism**
- ❖ **Inhibitors of ETC and Oxidative Phosphorylation**
- ❖ **Uncouplers- Mode of Action**
- ❖ **Shuttle System**
- ❖ **Factors Involved in Oxidative Phosphorylation mechanism**

Lets Get Introduced To

Human energy

- Energy is the ability to do work
- Work is one form of energy, it is known as mechanical or kinetic energy.
- Energy are found in different forms in human body Energy are of four types;-

Types of energy in human body

- 1-Chemical energy;- Storage form of energy
- 2- electrical energy for nerve impulses
- 3- Heat energy;- Product of metabolism **energy** to keep body temperature at 37degree C
- 4- Mechanical energy;- Capacity to do metabolic work (muscle to be able to move)

What Is Bioenergetics?

- Bioenergetics or biochemical thermodynamics is:
- Study of **energy changes** during biochemical reactions.

Biological Systems Conform to General Laws of Thermodynamics

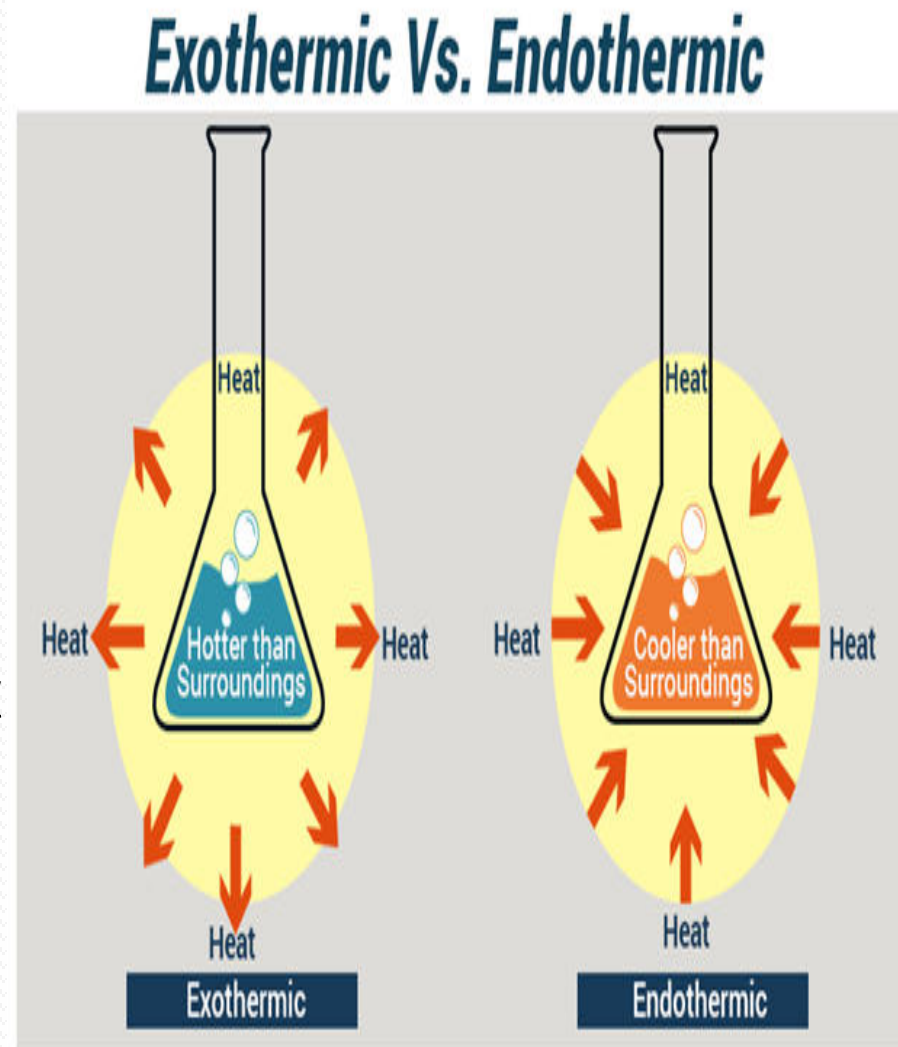
Energy Is Never Destroyed

(Soul is energy never destroyed and it is Immortal)

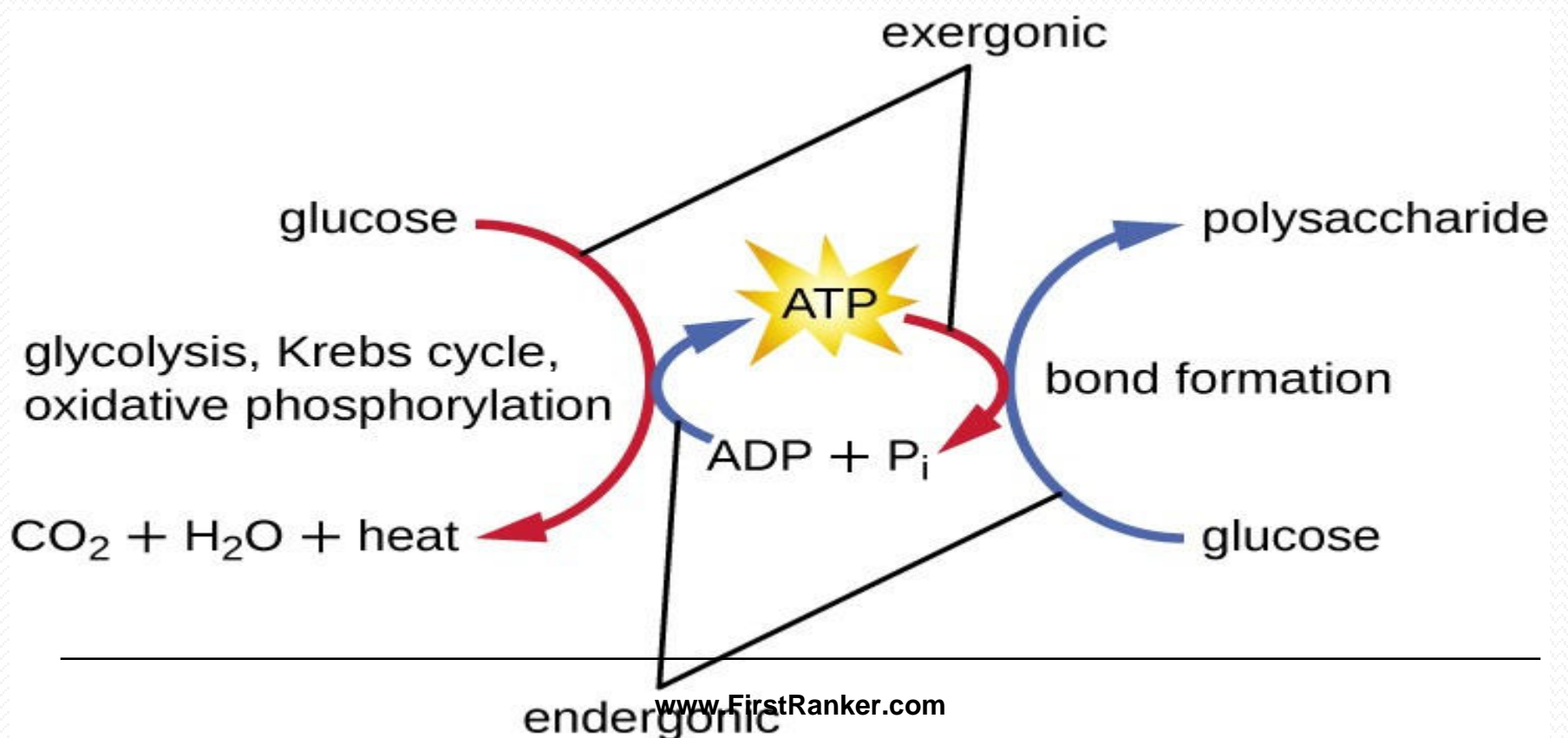
- Total energy of a system, including its surroundings, **remains constant**
- Energy is **neither lost nor gained** during any change
- May be **transformed** into another form of energy
- May be **transferred from one part of system** to another
or

Conditions Of Bioenergetics

- **Isothermic** (mostly)
- **Endothermic/**
Endergonic/Anabolic
- **Exothermic/Exergonic**
/Catabolic



PROCEED BY COUPLING OF EXERGONIC(**Catabolic**) PROCESSES



High Energy Compounds Of Human Body

- High energy compounds are **energy rich compounds**.
- Possess **high energy bonds** in its structures.
- Cleavage of these **high energy bonds** liberate more energy **than that of ATP hydrolysis**.

S.No	Examples Of High Energy Compounds	Free Energy Released On Hydrolysis. Cal/mol
1	Phospho Enol Pyruvate	-14.8
2	Carbamoyl Phosphate	- 12.3
3	Cyclic AMP	-12.0
4	1,3 Bis Phospho Glycerate	-11.8
S.No	Examples Of High Energy Compounds	Free Energy Released On Hydrolysis. Cal/mol
5	Creatine Phosphate	-10.3
6	S Adenosine Methionine (SAM)	-10.0
7	Succinyl CoA	-7.7
8	Acetyl CoA	-7.7
9	ATP	-7.3

TABLE 11–1 Standard Free Energy of Hydrolysis of Some Organophosphates of Biochemical Importance

Compound	ΔG°	
	kJ/mol	kcal/mol
Phosphoenolpyruvate	−61.9	−14.8
Carbamoyl phosphate	−51.4	−12.3
1,3-Bisphosphoglycerate (to 3-phosphoglycerate)	−49.3	−11.8
Creatine phosphate	−43.1	−10.3
ATP → AMP + PP _i	−32.2	−7.7
ATP → ADP + P _i	−30.5	−7.3
Glucose-1-phosphate	−20.9	−5.0
PP _i	−19.2	−4.6
Fructose-6-phosphate	−15.9	−3.8
Glucose-6-phosphate	−13.8	−3.3
Glycerol-3-phosphate	−9.2	−2.2

Significance Of High Energy Compounds

OR

Fates Of High Energy Compound In Catabolic And Anabolic Pathways

- During Catabolic pathways/reaction
- **High energy compounds** follow substrate level phosphorylation reaction.
- High energy compounds **cleave high energy bond** to generate **high energy** used for phosphorylation of ADP with pi at reaction level.
- **Generate ATP at substrate/reaction level.**

Substrate Level Phosphorylation

- Mode of **generation of ATP at substrate level**
- Involves **cleavage of high energy bond** present in high energy compound
- Bond **energy released is used for Phosphorylation reaction**
- **Generates ATP directly and instantly at reaction level** **without involvement of ETC**

Examples Of High Energy Compounds Undergoing Substrate Level Phosphorylation.

S.No	High Energy Compound	Enzyme Catalyzing	Product Obtained	High energy Phosphate Compound Generated	Metabolic Pathway Involved
1	1,3 Bis Phospho Glycerate	Phospho Glycerate Kinase	3 Phospho Glycerate	ATP	Glycolysis
2	Phospho Enol Pyruvate	Pyruvate Kinase	Enol Pyruvate	ATP	Glycolysis
3	Succinyl CoA	Succinate Thio Kinase	Succinate	GTP	Krebs/TCA Cycle

- **During Anabolic pathways/reaction**
- High energy compounds follow **condensation or bond building reactions.**
- High energy compound cleave to generate energy
- Energy used for building C-C bonds.

**HIGH-ENERGY PHOSPHATES
PLAY A CENTRAL ROLE IN ENERGY
CAPTURE AND TRANSFER**

High Energy Compounds Generated In Catabolic Pathways Are Utilized In Anabolic Reactions

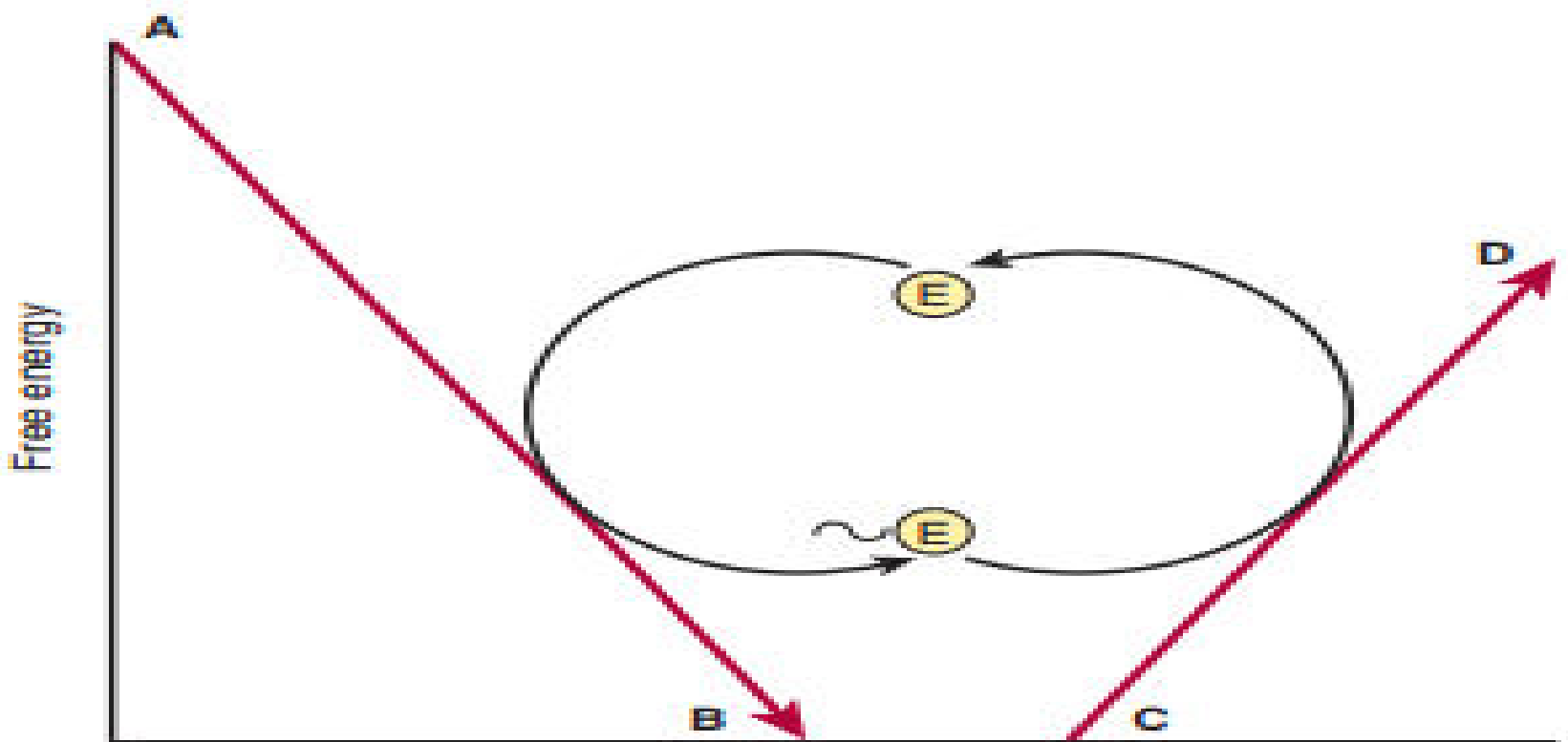


FIGURE 11–3 Transfer of free energy from an exergonic to an endergonic reaction via a high-energy intermediate compound ($\sim \text{E}$).

**HIGH-ENERGY PHOSPHATES
ACT AS
“ENERGY CURRENCY” OF CELL**

Free Energy of hydrolysis Of High Energy Phosphate Bonds has Important Bioenergetics Significance

Adenylate Kinase (Myokinase) Interconverts Adenine Nucleotides

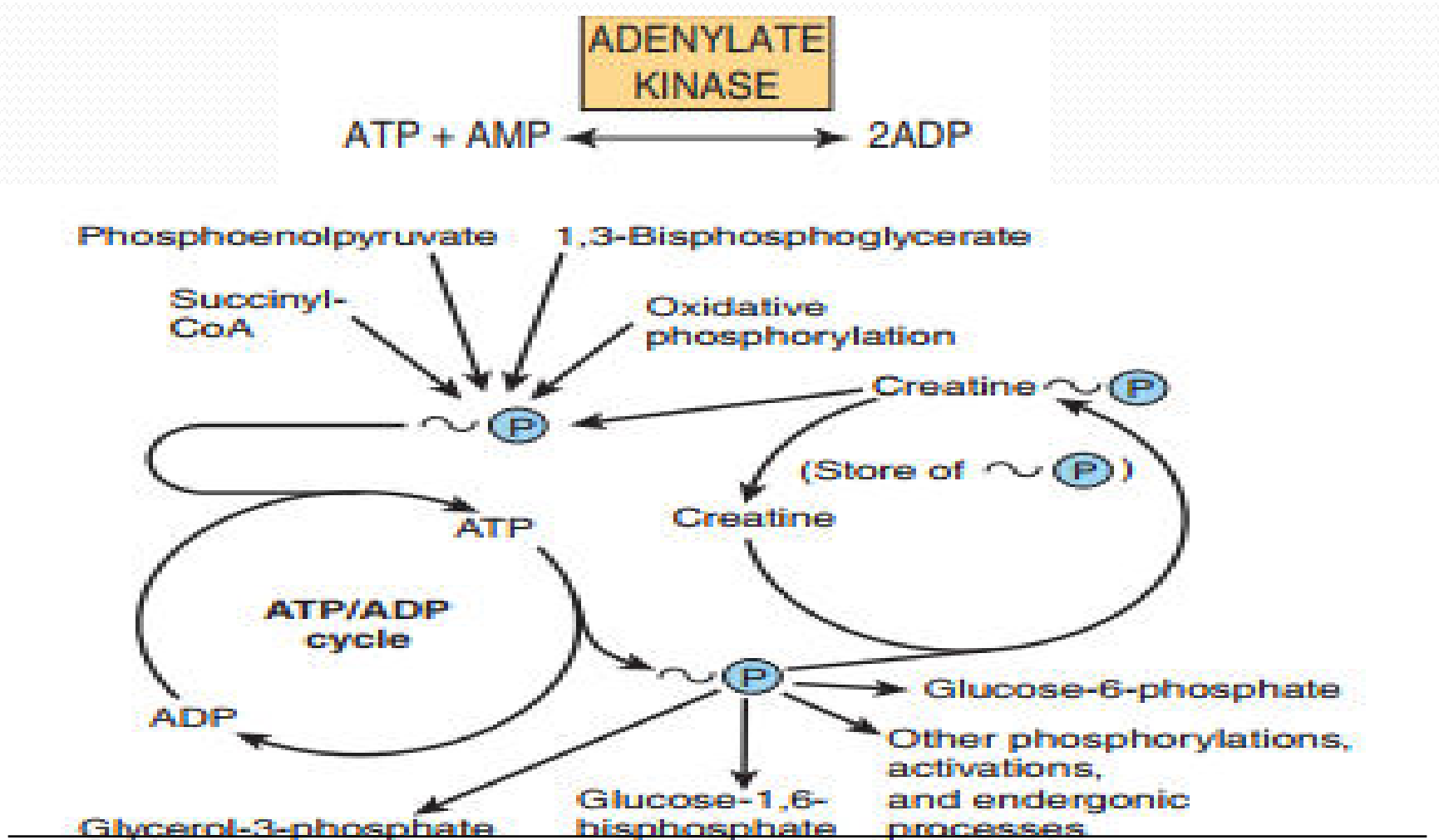


FIGURE 11-7 Role of ATP/ADP cycle in transfer of high-energy phosphate.

Important Features Of ATP

- Contains **three high energy phosphate bonds**
- Drive **endergonic reactions**
- It is **chemical energy currency** of body
- Functions in body as a **complex with Mg^{2+}**
- Biosynthesized by **ATP synthase**
- Couples thermodynamically **Unfavorable reactions to Favorable One**
- ATP synthesis is inhibited by **Uncouplers**

What Is Biological Oxidation?

- Biological oxidations :
- **Oxidation reactions/Process**
- Occurring in living cells.

Importance/Features Of Biological Oxidation

- **Biological Oxidation Reactions/Process :**
 - **Involves Oxygen**
 - **Associated with metabolism**
 - **Generates ATP**
 - **Vital for functioning of cells**
 - **Survival and existence of human body.**

Definition Of Oxidation Reactions

- **Oxidation reactions are biochemical reactions** where there is either:
 - **Removal / Loss of Hydrogen (Dehydrogenation)**
 - **Removal or Loss of Electrons**
 - **Addition of Oxygen (Oxygenation)**

Feature Of Biological Oxidation

- Oxidation of a molecule (electron donor) is always accompanied by reduction of a second molecule (electron acceptor)

- Most predominant type of **Oxidation reaction** in body is:
 - **Dehydrogenation Reaction**
 - Catalyzed by **Dehydrogenases**
- **Dehydrogenases** catalyzes to **remove Hydrogen** from substrates.
- Which are **temporarily accepted** by **Coenzymes**.

Coenzymes and Enzymes of Biological Oxidation Reactions

Coenzymes and Inorganic Cofactors Of Biological Oxidation Reactions

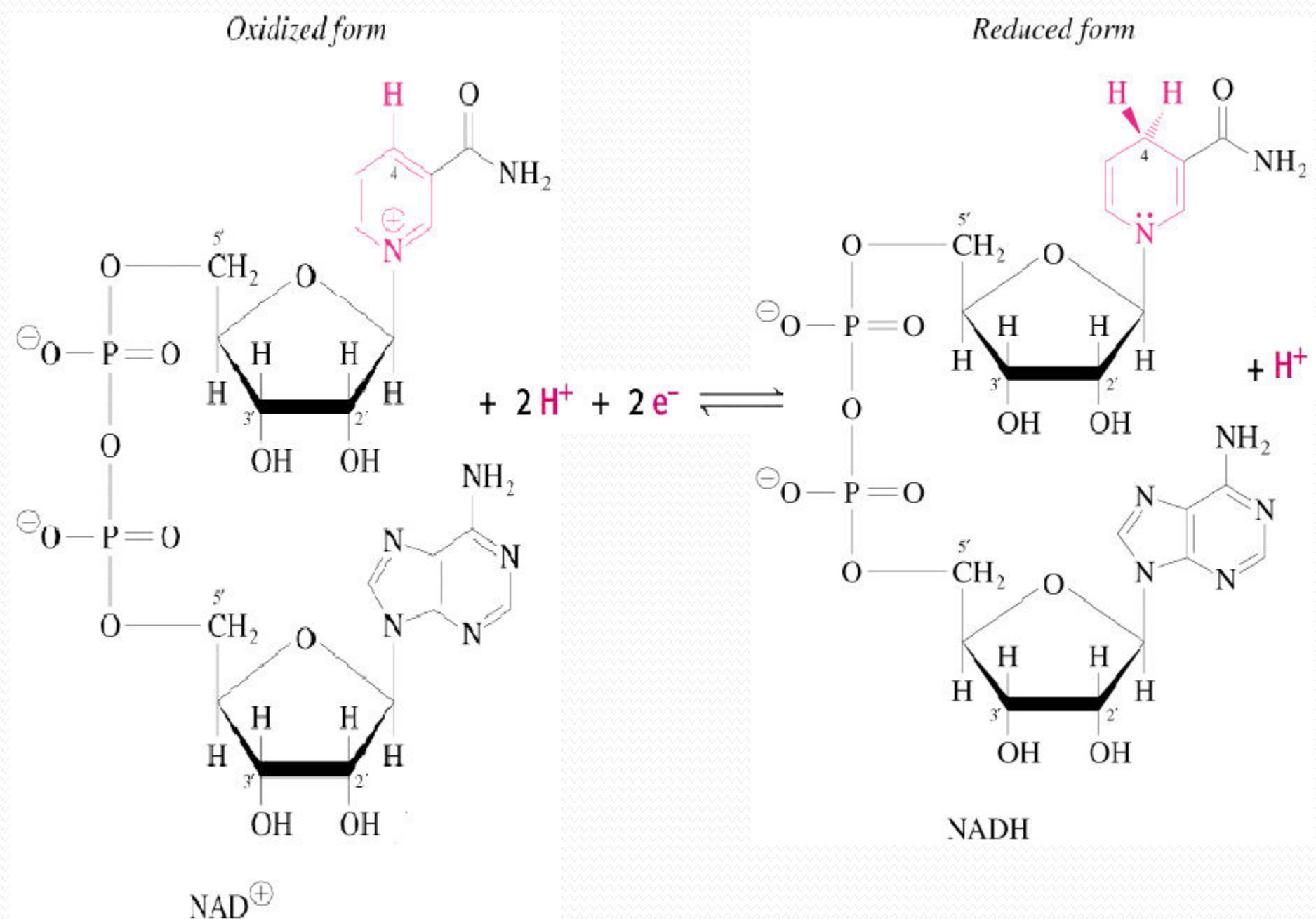
- FMN
- FAD
- NAD⁺
- NADP⁺
- THBP (Tetra Hydro Biopterin)
- Cu⁺⁺
- Fe⁺⁺⁺

● Oxidized Coenzymes **involved in Oxidation/Dehydrogenation reactions.**

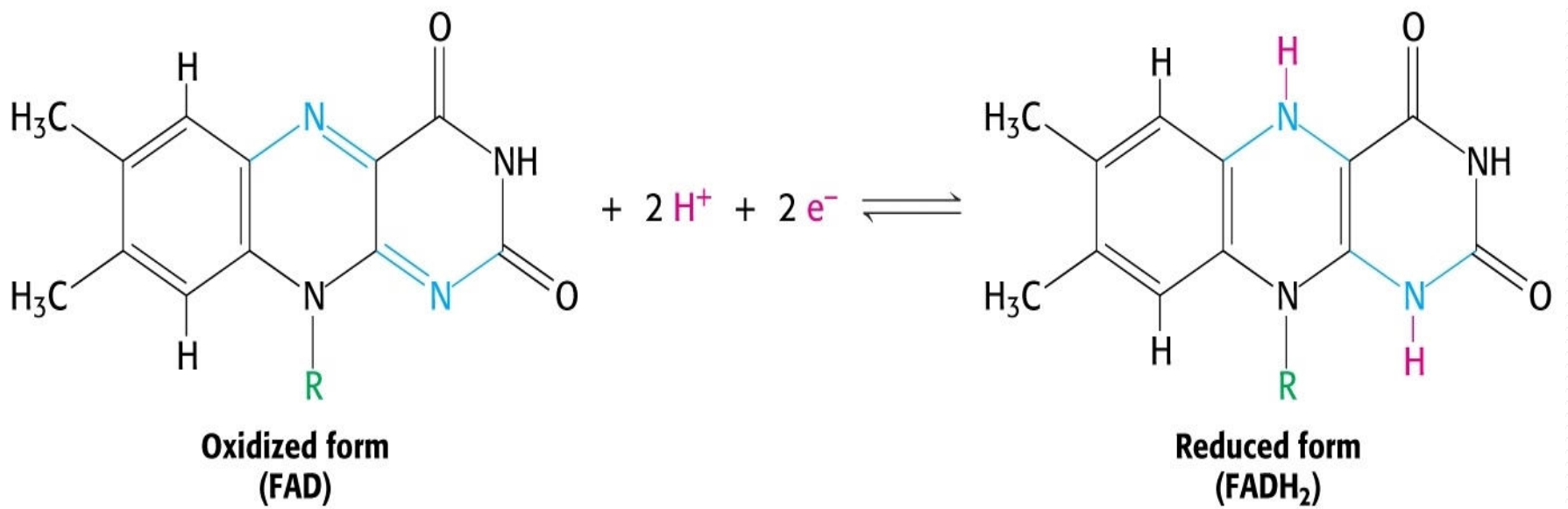
- NAD⁺
- NADP⁺
- FAD
- FMN

- **Oxidized Coenzymes** temporarily accept the hydrogen from substrates and get transformed to **reduced coenzymes**.

- **NADH+H⁺**
- **FADH₂**
- **NADPH+H⁺**
- **FMNH₂**



The reduced and oxidized forms of NAD



The reduced and oxidized forms of FAD

5 Enzymes of Biological Oxidation

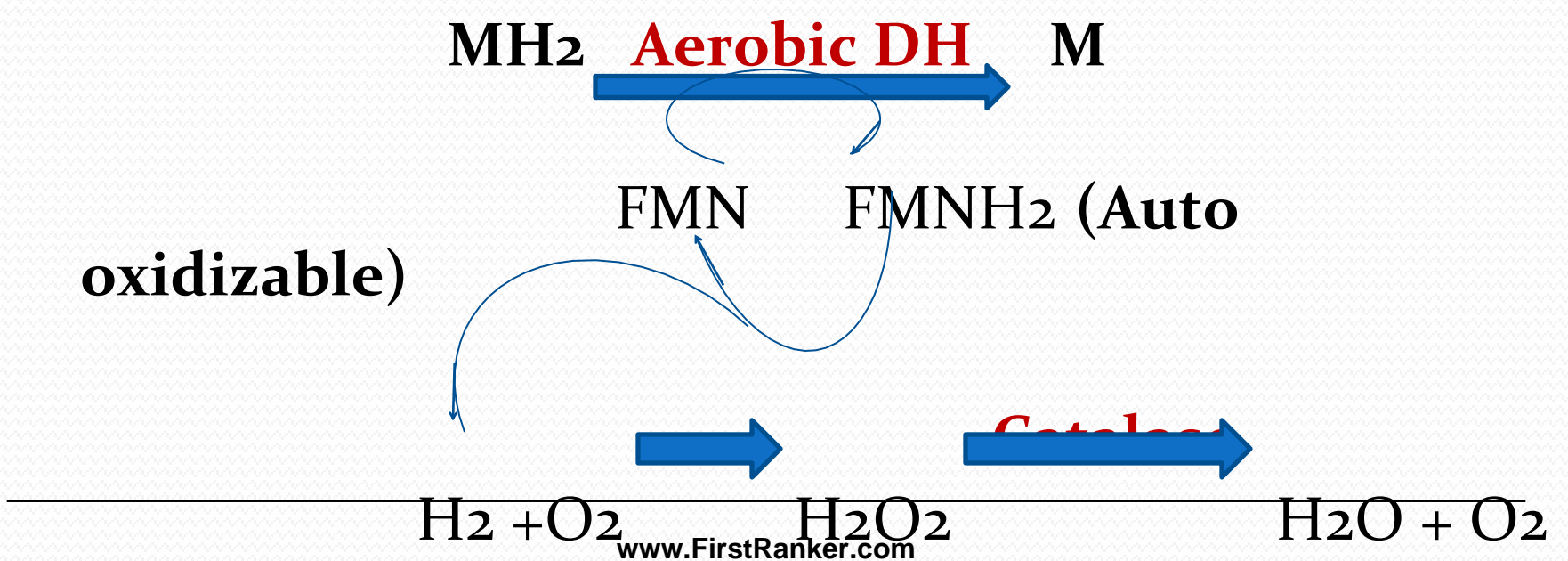
- 1. AEROBIC
DEHYDROGENASES**
- 2. ANAEROBIC
DEHYDROGENASES**
- 3. OXYGENASES**
- 4. OXIDASES**
- 5. HYDROPEROXIDASES**

- All 5 Enzymes of Biological Oxidation reactions are classified in

Class I Oxido Reductases

AEROBIC DEHYDROGENASES

- Aerobic Dehydrogenases are **Flavoproteins**
- Enzymes **covalently bound** to coenzymes FMN or FAD



- FMN/FAD are acceptors of removed Hydrogen
- Reduced Coenzymes (FMNH₂/FADH₂) formed are **auto oxidizable**
- Reduced coenzymes get **reoxidized at reaction level.**
- **Oxygen gets directly involved at reaction level to reoxidize the reduced coenzymes.**

- **H₂O₂ is a byproduct of Aerobic Dehydrogenase activity.**
- **Catalase then detoxify the H₂O₂ to H₂O and O₂.**

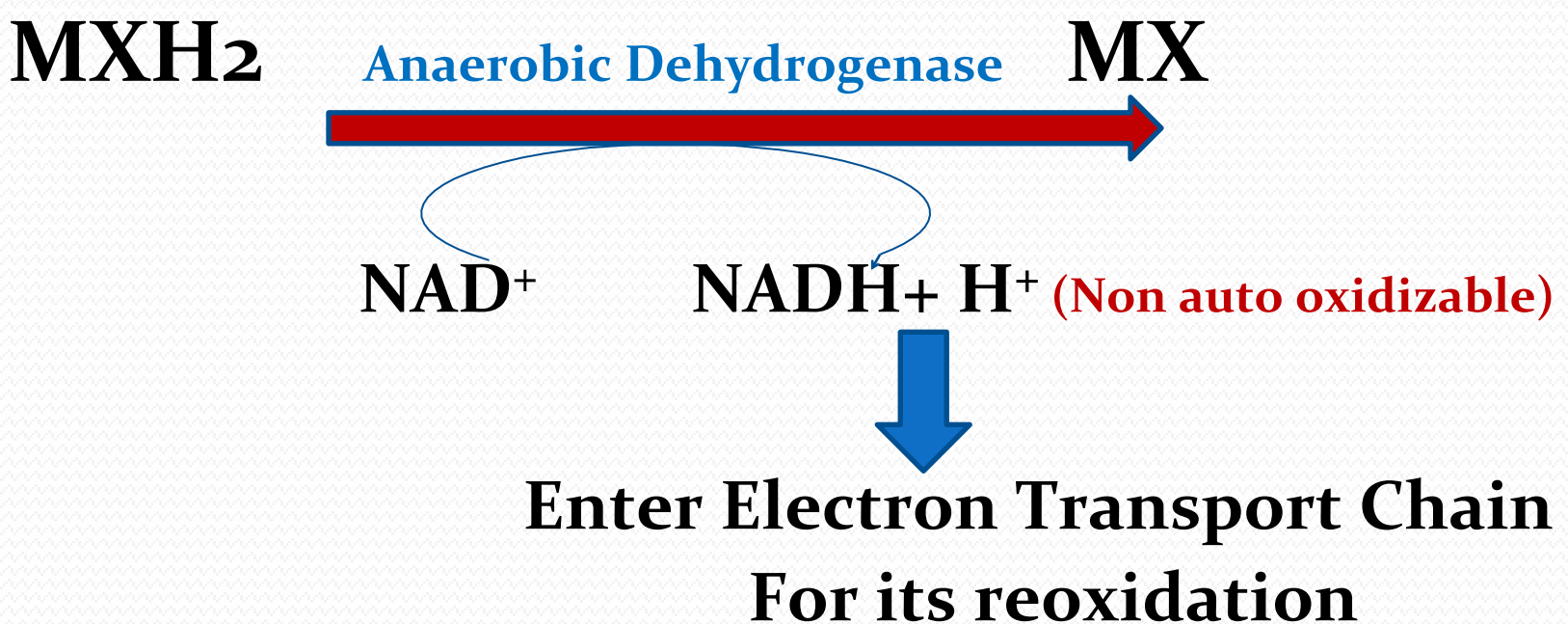
Specific Examples Of Aerobic Dehydrogenases

- **L Amino acid Oxidase**
(Oxidative Deamination of A.A)
- **Xanthine Oxidase**
(Purine Catabolism)
- **Glucose Oxidase**
(Glucose Oxidation to Gluconic acid)
- **Aldehyde Dehydrogenase**
(Alcohol Metabolism)

ANAEROBIC DEHYDROGENASES

- Anaerobic Dehydrogenases catalyzes to **remove hydrogen from substrates.**
- With the help of coenzymes **$\text{NAD}^+/\text{NADP}^+/\text{FAD}$.**

**DEHYDROGENASES CANNOT
USE OXYGEN AS A HYDROGEN
ACCEPTOR**



- Coenzymes temporarily accept the hydrogen from substrates and get reduced to

- $\text{NADH} + \text{H}^+$
- FADH_2
- $\text{NADPH} + \text{H}^+$
- FMNH_2

- Reduced coenzymes formed in Anaerobic Dehydrogenase reactions are :

- Non autoxidizable/not reoxidized at reaction level.

- **Reduced coenzymes**
NADH+H⁺ and FADH₂
formed at Anaerobic
Dehydrogenase reaction
- **Has to enter ETC for its
reoxidation.**
- **Oxygen is involved
indirectly at an end of
ETC as electron and
proton acceptor .**
- **Metabolic water is an
end product of ETC.**

Remember

- Reduced coenzyme **NADPH+H⁺** **do not enter ETC**
- **NADPH+H⁺** is utilized as **reducing equivalent** for **reduction reactions** catalyzed by **Reductases**.

NAD⁺ Dependent Anaerobic Dehydrogenases

Enzymes	Pathway /Reaction
Glyceraldehyde -3-PO ₄ Dehydrogenase	Glycolysis
Pyruvate Dehydrogenase	PDH Complex
Isocitrate Dehydrogenase	TCA cycle
α Ketoglutarate Dehydrogenase	TCA cycle
Malate Dehydrogenase	TCA cycle
Lactate Dehydrogenase	Pyruvate/Lactate metabolism
Glutamate Dehydrogenase	Glutamate metabolism
β Hydroxy Acyl Dehydrogenase	Beta Oxidation of Fatty acids

NADP⁺ Dependent Dehydrogenases

- **Glucose -6-Phosphate Dehydrogenase**
(HMP Shunt)
- **Phospho Gluconate Dehydrogenase**
(HMP Shunt)
- Note **NADPH+H⁺ does not enter ETC** for its reoxidation instead they are involved in reduction reactions.

FAD Dependent Anaerobic Dehydrogenases

- **Succinate Dehydrogenase**
(TCA Cycle)
- **Acyl CoA Dehydrogenase**
(β Oxidation Of Fatty Acids)

FMN Dependent Anaerobic Dehydrogenase

- **NADH Dehydrogenase**
(Warburg's Yellow Enzyme)

**First Component of ETC/
Complex I of ETC**

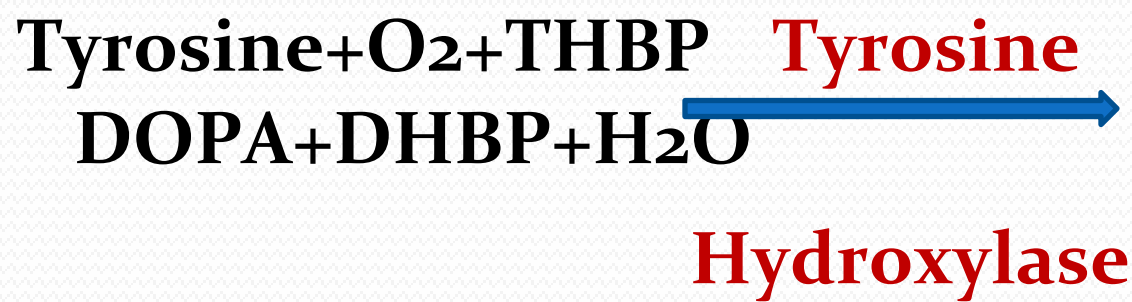
OXYGENASES

- Oxygenases add Oxygen atom from molecular oxygen (O_2) into substrate.
- Form Oxidized Products

OXYGENASES CATALYZE DIRECT TRANSFER AND INCORPORATION OF OXYGEN INTO A SUBSTRATE MOLECULE

Mono Oxygenases

- Mono Oxygenases add **one oxygen atom** from molecular oxygen to the substrate.
- Forms Hydroxyl group (-OH)
- **Monooxygenases** are also termed as **Hydroxylases** or **Mixed Function Oxidase**.



Examples Of Mono Oxygenases

- **Phenylalanine Hydroxylase**
(Phenylalanine to Tyrosine)
- **Tryptophan Hydroxylase**
(Tryptophan to 5HydroxyTryptophan)
- **25 Hydroxylase**
(Vitamin D - Cholecalciferol activation)
- **1 α Hydroxylase**
(Vitamin D - Cholecalciferol activation)

Di Oxygenases

- Dioxygenases are true Oxygenases
- Incorporates two Oxygen atoms from O₂.



Examples Of Dioxygenases

- **Tryptophan Di Oxygenase/ Tryptophan Pyrrolase**
(Tryptophan NFormyl Kynurenine)
- **PHPP Dioxygenase**
- **Cysteine Dioxygenase**
- **Homogentisate Oxidase**
(Homogentisate to 4 Maleyl Acetoacetate)

Cytochromes P450 Are Monooxygenases Important in Steroid Metabolism & for Detoxification of Many Drugs

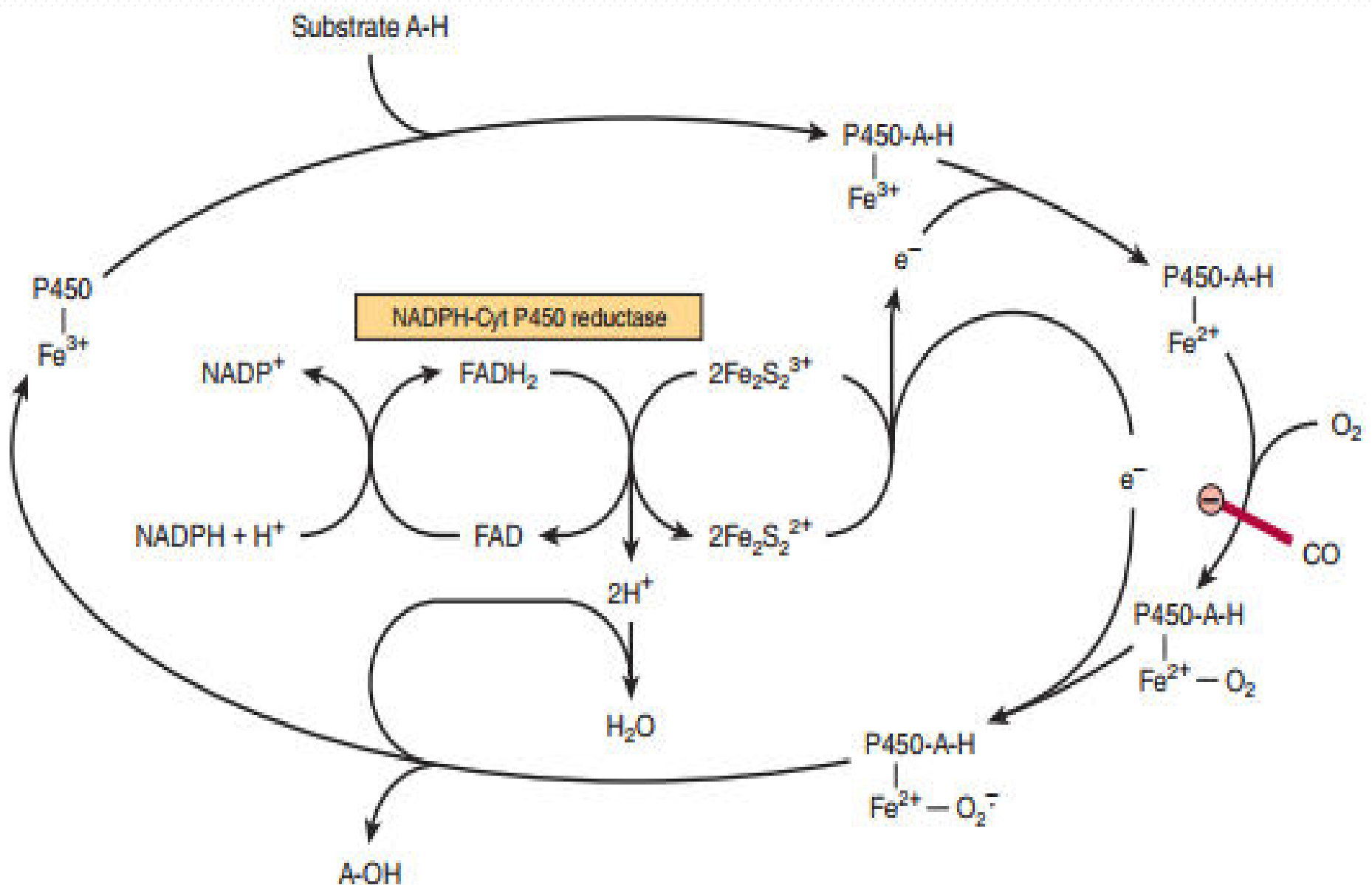


FIGURE 12-6 Cytochrome P450 hydroxylase cycle. The system shown is typical of steroid hydroxylases of the adrenal cortex. Liver microsomal cytochrome P450 hydroxylase does not require the iron-sulfur protein Fe₂S₂. Carbon monoxide (CO) inhibits the indicated step.

Oxidases

- Oxidases involve **activated molecular Oxygen** as Hydrogen (electron and proton) acceptor.
- Oxidases Reduce Oxygen to form Water (H₂O)

**OXIDASES USE OXYGEN
AS A HYDROGEN ACCEPTOR**



Examples Of Oxidases

- **Cytochrome Oxidase**-Classic Example
(**Hemoprotein** ETC enzyme)
- **Ascorbate Oxidase**
- **Mono Amine Oxidase**
- **Catechol Oxidase**

**HYDROPEROXIDASES USE HYDROGEN PEROXIDE
OR AN ORGANIC PEROXIDE AS SUBSTRATE**

- Hydroperoxidases detoxify
Hydrogen Peroxide in body.
- H_2O_2 is a **substrate/reactant**
for Hydroperoxidases.

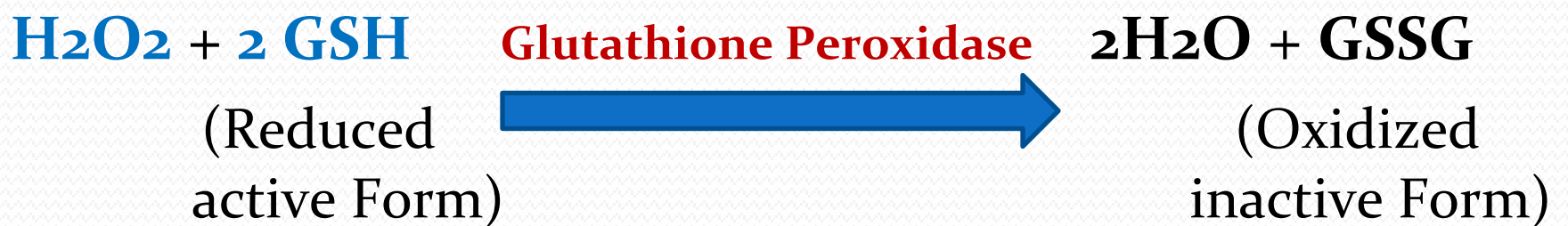
- Hydroperoxidases are **Hemoproteins**.
- Contains **loosely bound Heme as prosthetic group**.
- Hydroperoxidases **prevent accumulation of H_2O_2 in cells**.
- H_2O_2 if accumulated in cells is toxic
 - Leads to disruption of membranes(Hemolysis).
 - Increases risk of cancer and atherosclerosis.

Specific Examples Of Hydroperoxidases

- Peroxidases
- Catalase

**Peroxidases Reduce Peroxides Using Various
Electron Acceptors**

- **Indirectly react with H_2O_2**
- **Glutathione Peroxidase**
(In R.B.C's)
- **Leukocyte Peroxidase**
(In W.B.C's)



• Catalase

- **Directly reacts with H_2O_2 .**
- Associated with Aerobic Dehydrogenase catalyzed reaction.



Biological Oxidation Process

Electron Transport Chain (ETC)

Oxidative Phosphorylation

Synonyms Of ETC

- 1. Electron Transport Chain (ETC)**
- 2. Oxidative Phosphorylation**
- 3. Electron Transport System (ETS)**
- 4. Fate of Reduced Coenzymes of FADH_2 and $\text{NADH} + \text{H}^+$**
- 5. Respiratory Chain**
- 6. Internal/Cellular Respiration**
- 7. Tertiary metabolism**
- 8. Final Oxidative Pathway**

What is Electron Transport Chain?

● **Electron Transport chain**

- **Biological oxidation process very vital for human being survival**
- **Truly Aerobic in nature(indispensable on O₂)**
- **Located and operated at inner membrane of Mitochondria**
- **Alternate Oxidation and Reduction Reactions carried out in process**

What is Oxidative Phosphorylation?

- Oxidation process (ETC) is tightly **coupled with** Phosphorylation of ADP with pi to **generate ATP.**
- Illustrated as Sun and Day Light



- Oxidative Phosphorylation is a **major mode of ATP generation in human body**

What is Fate of ETC/ Oxidative Phosphorylation ?

**REOXIDIZES
REDUCING EQUIVALENTS
(NADH+ H⁺ and FADH₂)**

**GENERATED DURING ANAEROBIC
DEHYDROGENASE REACTION**

• **Electron Transport Chain** **On Operation**

- Transports **Electrons and Protons**
- Through **series of ETC components**
- Finally H_2 is received by **activated molecular Oxygen ($1/2 O_2$)**
- Generates significant **byproduct ATP** and metabolic water at end of process

Condition In which ETC Operates

- ETC operates in **truly aerobic condition.**
- Oxygen unloaded at cellular level by **HbO_2**
- Gets utilized at an end of ETC process. **(Respiratory Chain)**

Site Of Electron Transport Chain

OR

Oxidative Phosphorylation

- ETC is located and operated in all cells which contain **Mitochondria (Power house of Cell)**

(Except mature Erythrocytes which are devoid of mitochondria)

Location of Mitochondrial ETC Complexes

- Inner membrane of Mitochondria
 - Rich In Cardiolipin

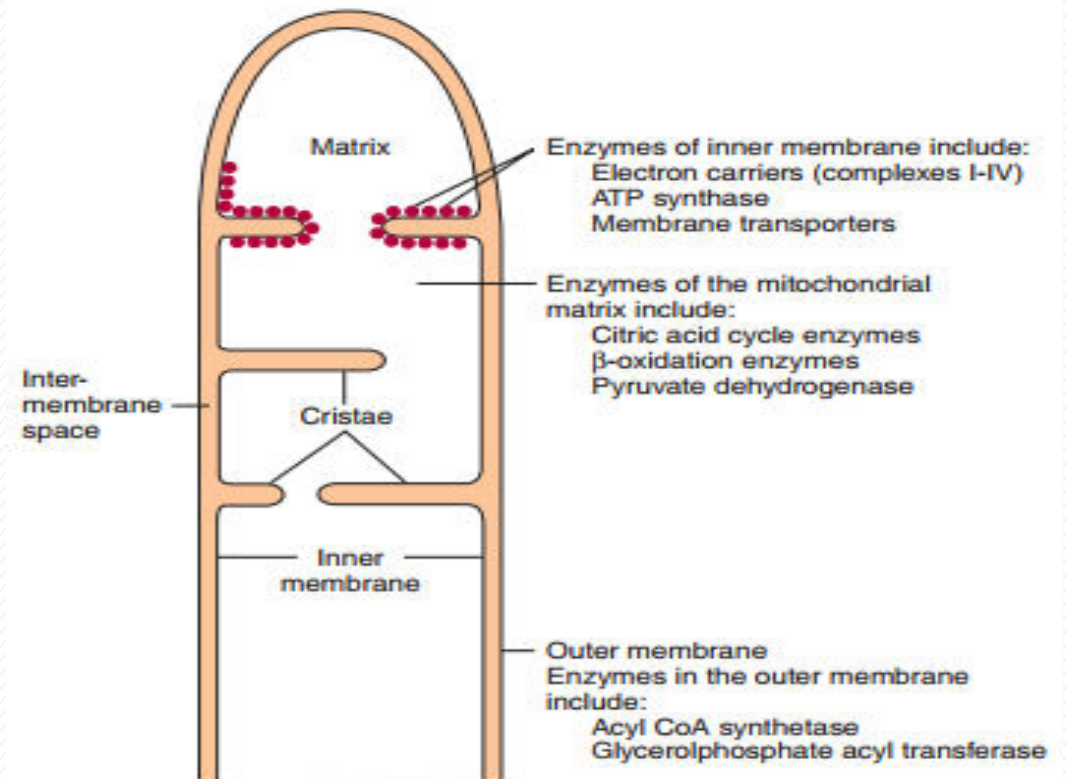
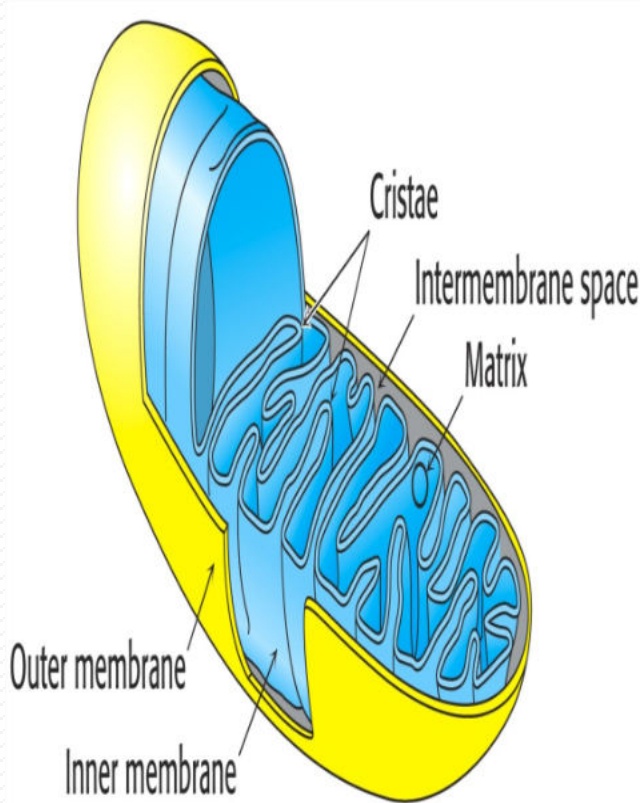


FIGURE 13-1 Structure of the mitochondrial membranes. Note that the inner membrane contains many folds or cristae.

- Components and Enzymes of ETC are arranged towards inner surface of **inner membrane of mitochondria** as:
 - Vectorial conformation
 - Increased order of positive redox potential

Number of Mitochondria Vary in Different cells

**Number of Mitochondria changes
from cell to cell , tissue to tissue,
organ to organ, organism to
organism**

Factors Responsible For Number of Mitochondria in Cell

- **Type of cell, organ and its function**
- **Metabolic status of an individual**
- **Physical activity of an individual**
- **How much energy cell needs to produce?**
- **High number of Mitochondria present in Heart, Rod cells, Sperm, ciliated cells**
- **Muscle cells for example, contain more number of mitochondria compared to Kidney cells.**
- **Marathon runners have more number of mitochondria in their leg muscle cells than people with desk jobs**

Components Of ETC

Series Of Protein Complexes

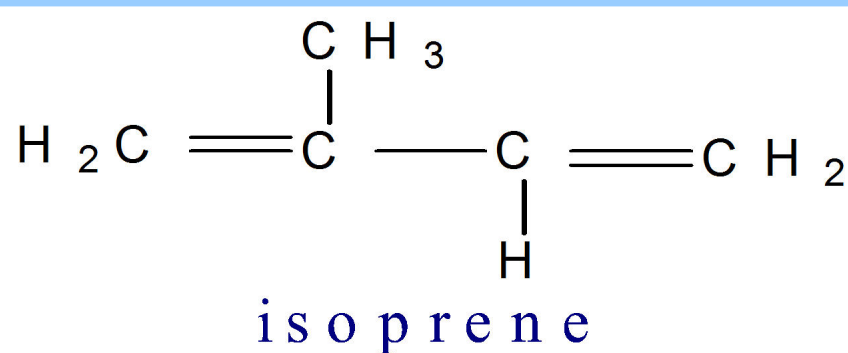
**Flavoproteins & Iron-Sulfur
Proteins (Fe-S), Cytochromes
are Components
of Respiratory Chain Complexes**

1. **Flavo Protein- (First Component)**
NADH Dehydrogenase-FMN and FeS
centers(Warburg's Yellow Enzyme)
2. **Coenzyme Q/ Ubiquinone**
3. **Series of Cytochromes-**
Cytochrome b-Cytochrome c1-
Cytochrome c- Cytochrome aa3

Coenzyme Q / Ubiquinone

- **Coenzyme Q (CoQ)/ Ubiquinone)**
is located in lipid core of
mitochondrial membrane.
- It is a **Quinone derivative**
- **Lipophilic** dissolves in
hydrocarbon core of a membrane.

- COC1C(=O)C(C)C(=O)C1C/C=C\C(C)CCCCCCCC
- coenzyme Q



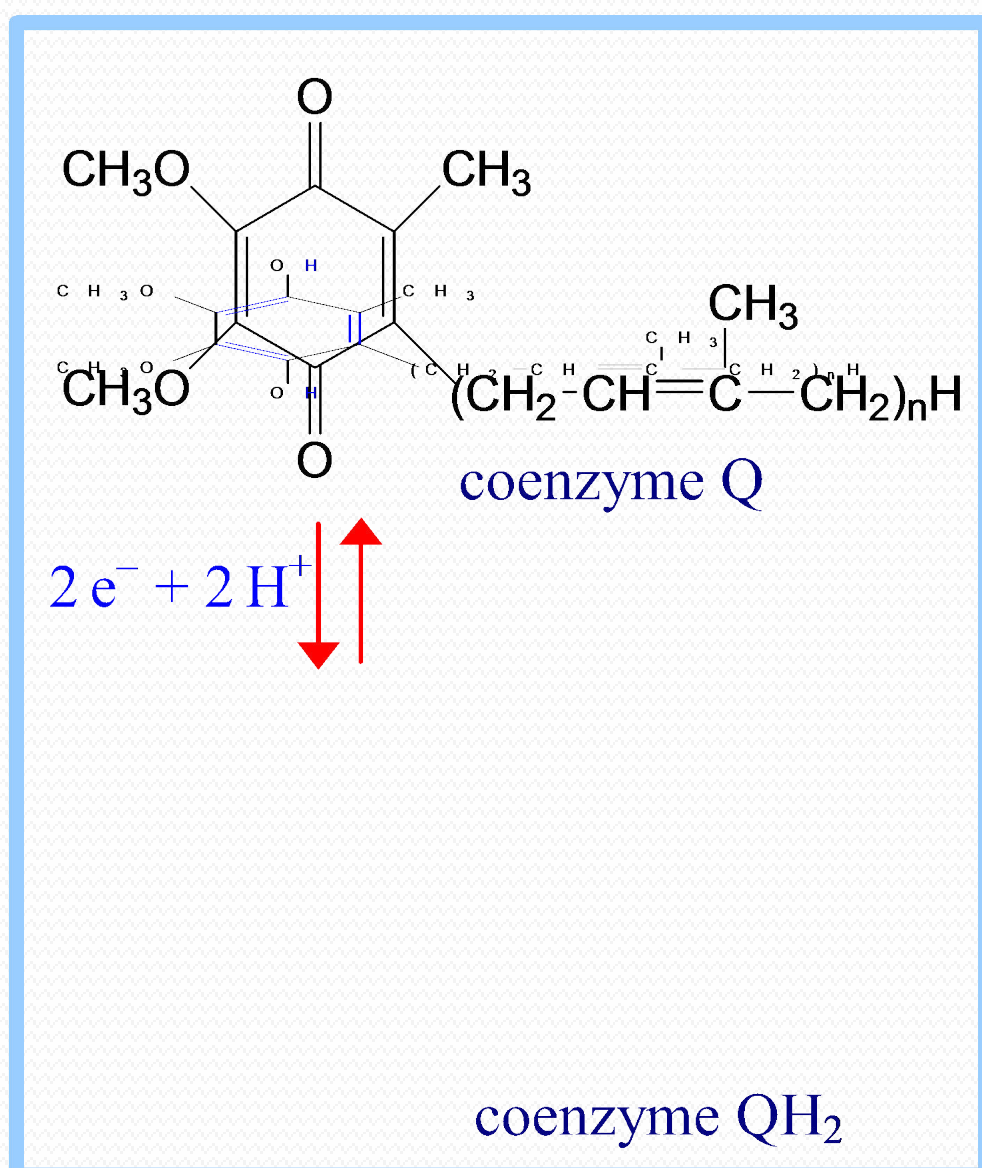
- Coenzyme Q has a long **Poly isoprenoid tail**, with multiple units of isoprene.
- In human cells, most often $n = 10$
- **Q₁₀ isoprenoid tail** is longer than width of a bilayer.
- **Coenzyme Q** functions as a **mobile e⁻ carrier** within mitochondrial inner membrane.
- Its role in trans-membrane **H⁺ transport** coupled to e⁻ transfer (**Q Cycle**).

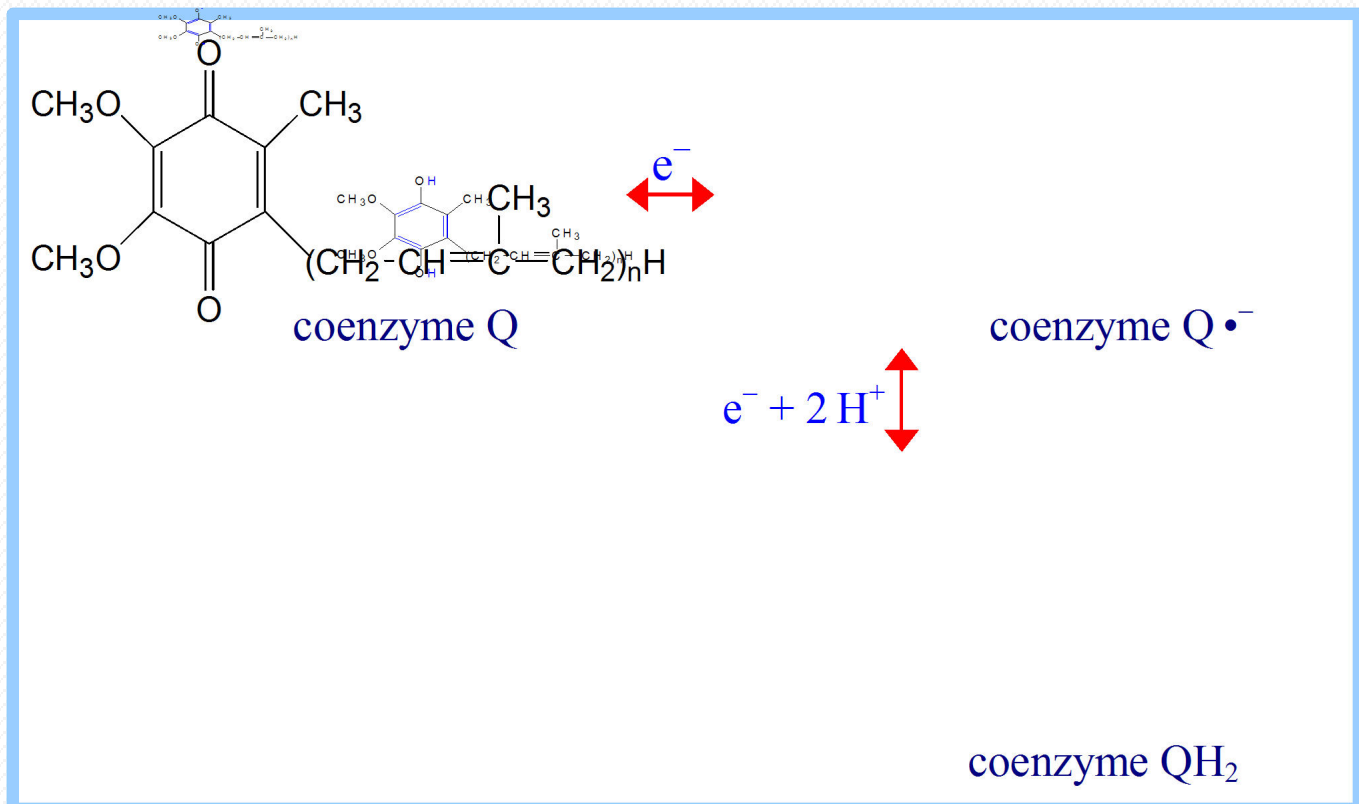
Coenzyme Q

Accepts

Both Protons and Electrons

Quinone ring of coenzyme Q can be reduced to **Quinol** in a $2e^-$ reaction:





When bound to special sites in respiratory complexes, **CoQ** can accept $1e^-$ to form a **semiquinone radical** (**Q \cdot^-**).

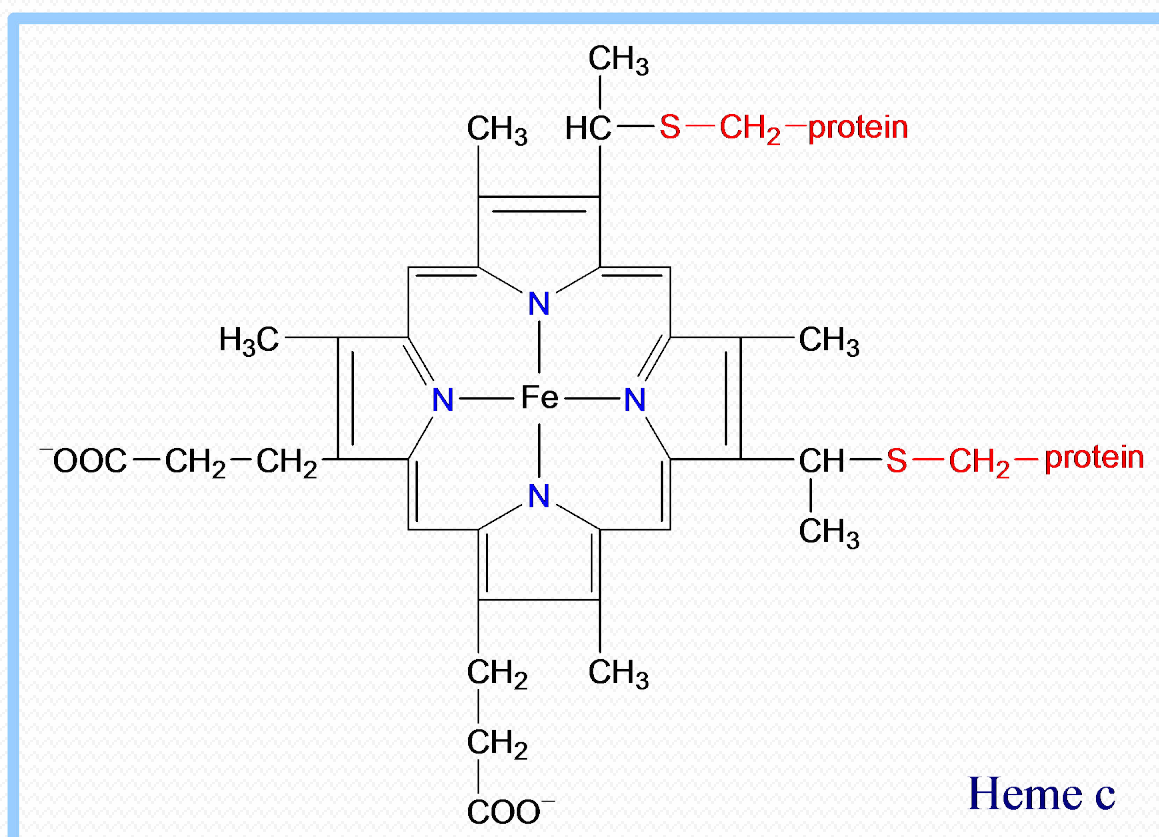
Thus CoQ, like FMN, can mediate between $1e^-$ & $2e^-$ donors/acceptors.

Cytochromes

- **Cytochromes** are Hemoproteins conjugated proteins in ETC
- **Carrier of electrons**
- **Contain heme as prosthetic group**

Cytochrome Heme

- Cytochrome Heme Iron is in transitional state
- **Carries only electrons**
- $\text{Fe (III)} + e^- \rightleftharpoons \text{Fe (II)}$
- Only *one* electron is transferred at a time.



- Cytochrome heme iron can undergo $1 e^-$ transition between ferric and ferrous states:
- $\text{Fe}^{+++} + e^- \rightleftharpoons \text{Fe}^{++}$
(oxidized) (reduced)

Cytochromes May Also Be Regarded as Dehydrogenases

- **Series of Cytochromes** b, c_1, c, aa_3 relay electrons (one at a time, in this order)

- **Cytochrome c** is a small, water soluble protein with a single heme group.

- Cytochromes a & a_3 are often referred to as **Cytochrome Oxidase /complex IV**

- Cytochrome aa_3 has Fe and Cu.

- All Cytochromes except Cytochrome Oxidase are Anaerobic Dehydrogenase activity.
- Cytochromes absorb light at characteristic wavelengths.
- **Absorbance changes** upon oxidation/reduction of Heme Iron

Components of Respiratory Chain are Contained in Protein Complexes Embedded in Inner Mitochondrial Membrane

Five Complexes of Oxidative Phosphorylation

Complexes of Oxidative Phosphorylation

- There exists **5 complexes**
- **Processing Oxidative Phosphorylation to generate ATP**
- Complexes are combination of one or two components
- **Complex I- NADH CoQ Reductase**
NADH Dehydrogenase FMN and FeS centre
- **Complex II – Succinate CoQ Reductase**
Succinate Dehydrogenase FAD and FeS centre
- **Complex III–CoQ Cytochrome C Reductase**
Cytochrome b – Cytochrome c1
- **Complex IV- Cytochrome Oxidase**
Cytochrome aa3
- **Complex V – ATP Synthetase**
Fo and F1 of ATP Synthase

Composition of Oxidative Phosphorylation Complexes

Complex	Name	No. of Proteins	Prosthetic Groups
Complex I	NADH –CoQ Reductase	46	FMN, 9 Fe-S centers
Complex II	Succinate-CoQ Reductase	5	FAD, cyt b ₅₆₀ , 3 Fe-S centrs.
Complex III	CoQ-cyt c Reductase	11	cyt b _H , cyt b _L , cyt c ₁ , Fe-S _{Rieske}
Complex IV	Cytochrome Oxidase	13	cyt a, cyt a ₃ , Cu _A , Cu _B

ETC Components Associated With Multiple Iron Sulfur Centers

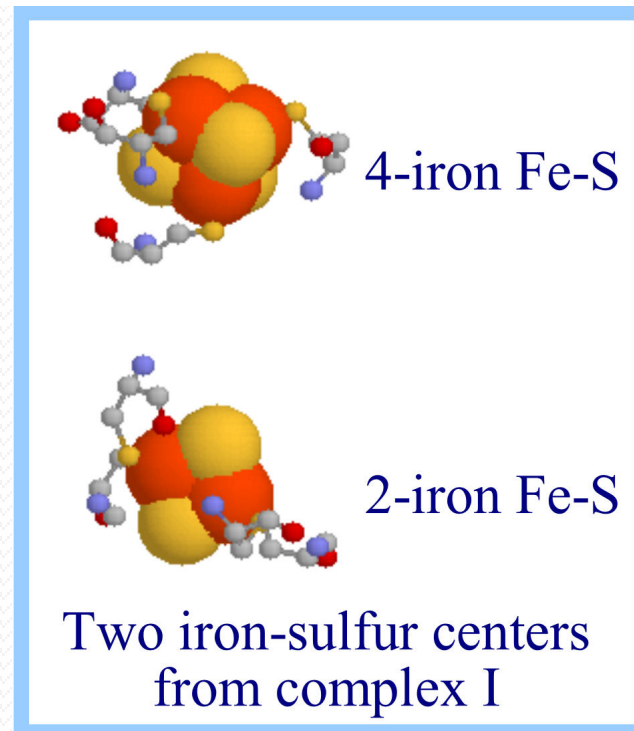
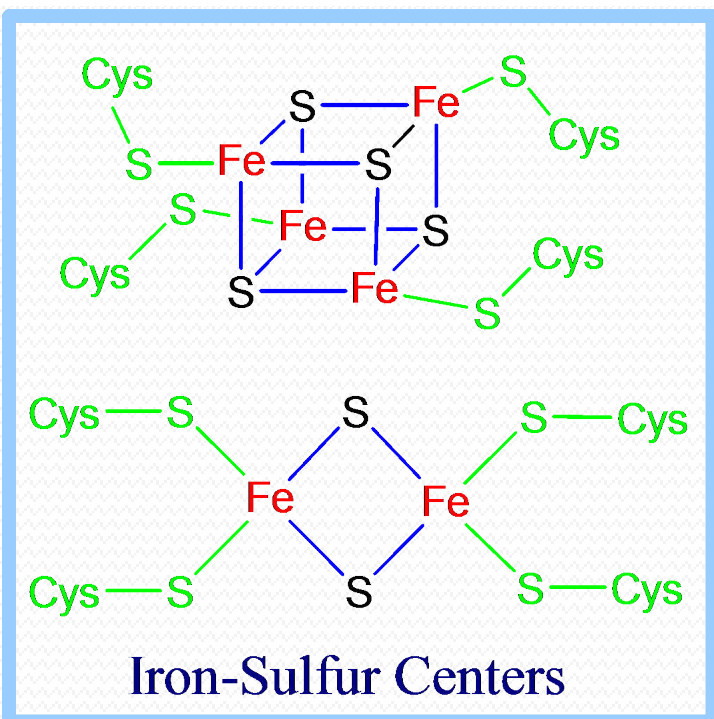
Iron exists in Transitional State
Responsible for Oxidation and
Reduction Reactions

Complex I,II and III contains Iron Sulfur Centers

Complex IV and V do not Contain Iron Sulfur Centers

ETC Components With Iron Sulfur Centers

- NADH Dehydrogenase
- Coenzyme Q-Cytochrome Reductase
- Succinate –Coenzyme Q Reductase



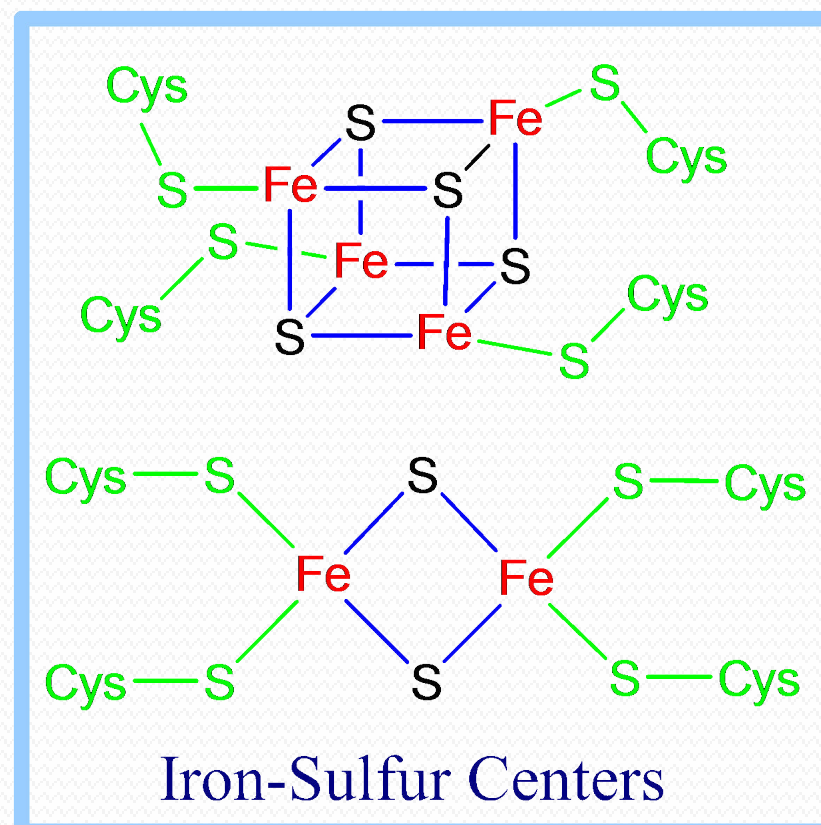
Iron-sulfur centers (Fe-S) are prosthetic groups containing **2, 3, 4 or 8 iron atoms** complexed to elemental & Cysteine **S**.

4-Fe centers have a tetrahedral structure, with **Fe** & **S** atoms alternating as vertices of a cube.

Cysteine residues provide **S** ligands to the iron, while also holding these prosthetic groups in place within the protein.

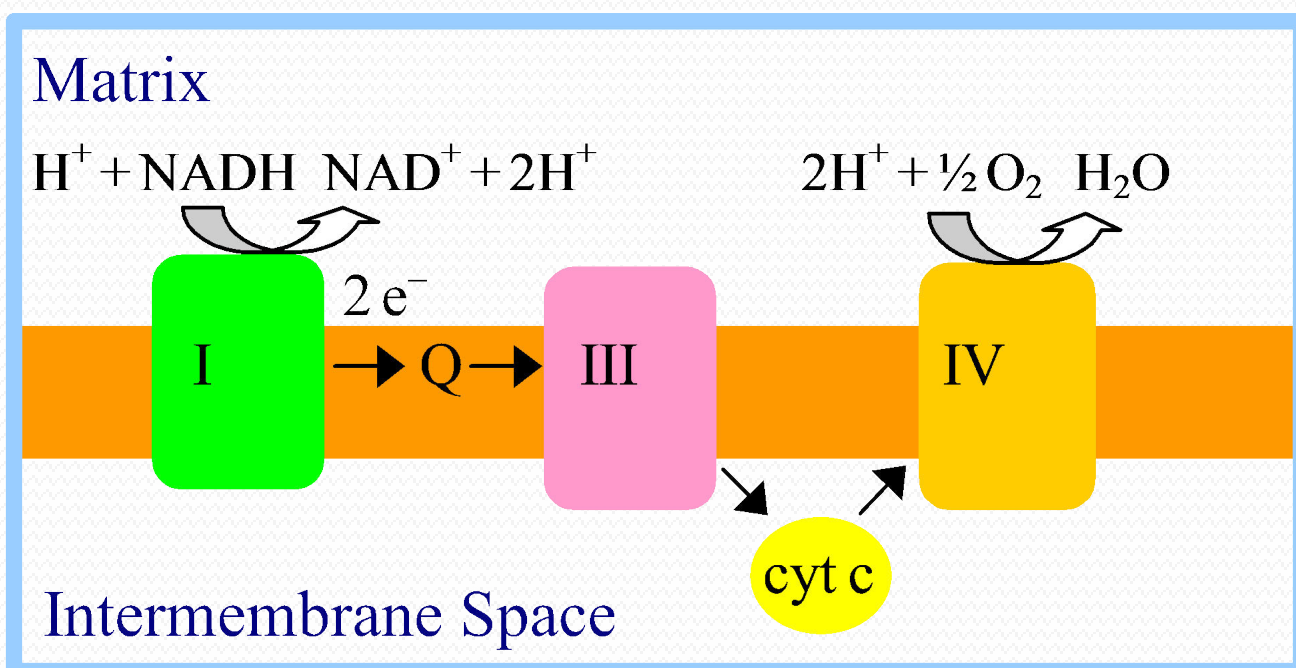
Electron transfer proteins may contain multiple Fe-S centers.

Iron-sulfur centers transfer only one electron, even if they contain two or more iron atoms, because of close proximity of iron atoms.



COMPLEX IV

- **Cytochrome a-a₃/ Cytochrome Oxidase**
large protein
- Both a and a₃ contain heme and Cu
- Does not contain Fe -S clusters
- a₃ Cu binds to oxygen and donates electrons to oxygen
- **Cytochrome a₃** - only component of ETC that can interact with O₂



Cytochrome Oxidase (complex IV) carries out following irreversible reaction:



Four electrons are transferred into complex one at a time from Cytochrome c.

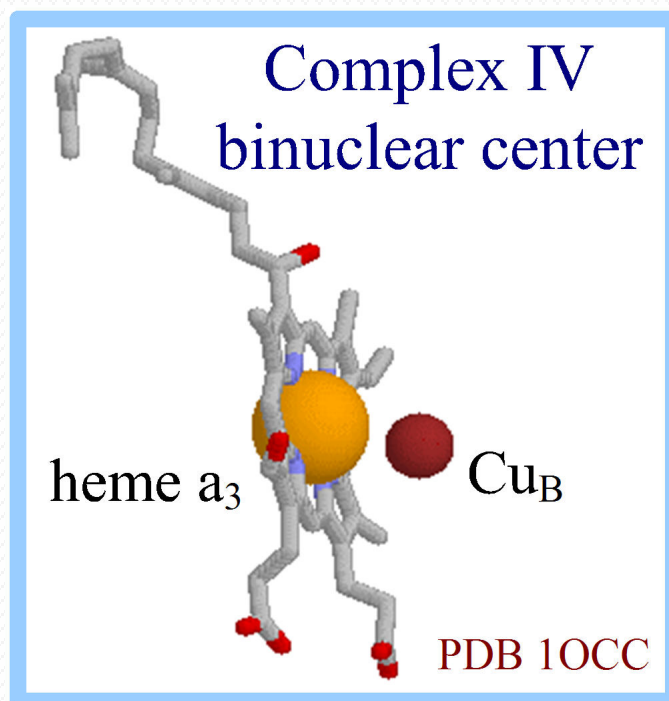
- Complex IV/Cytochrome Oxidase reduces molecular Oxygen to water.

Cytochrome Oxidase

e⁻ from cyt c to a

$\text{Cu(II)} \rightleftharpoons \text{Cu(I)}$

Heme A and Cu act together to
transfer electrons to oxygen



Metal centers of cytochrome oxidase (complex IV):
heme a & heme a₃,
Cu_A (2 adjacent Cu atoms) & Cu_B.

O₂ reacts at a **binuclear center** consisting of heme a₃ and Cu_B.

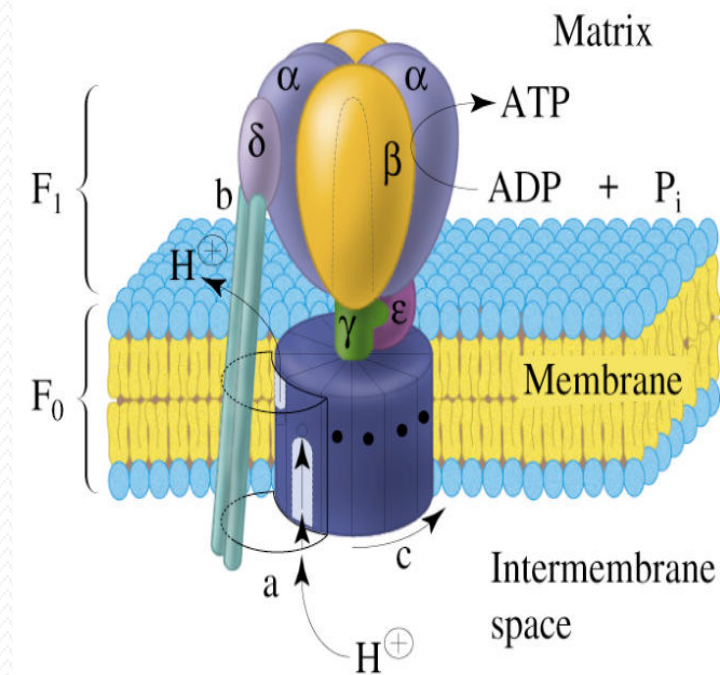
- An **Iron-Copper Center** in Cytochrome Oxidase Catalyzes Efficient O₂ Reduction

Complex V ATP Synthase

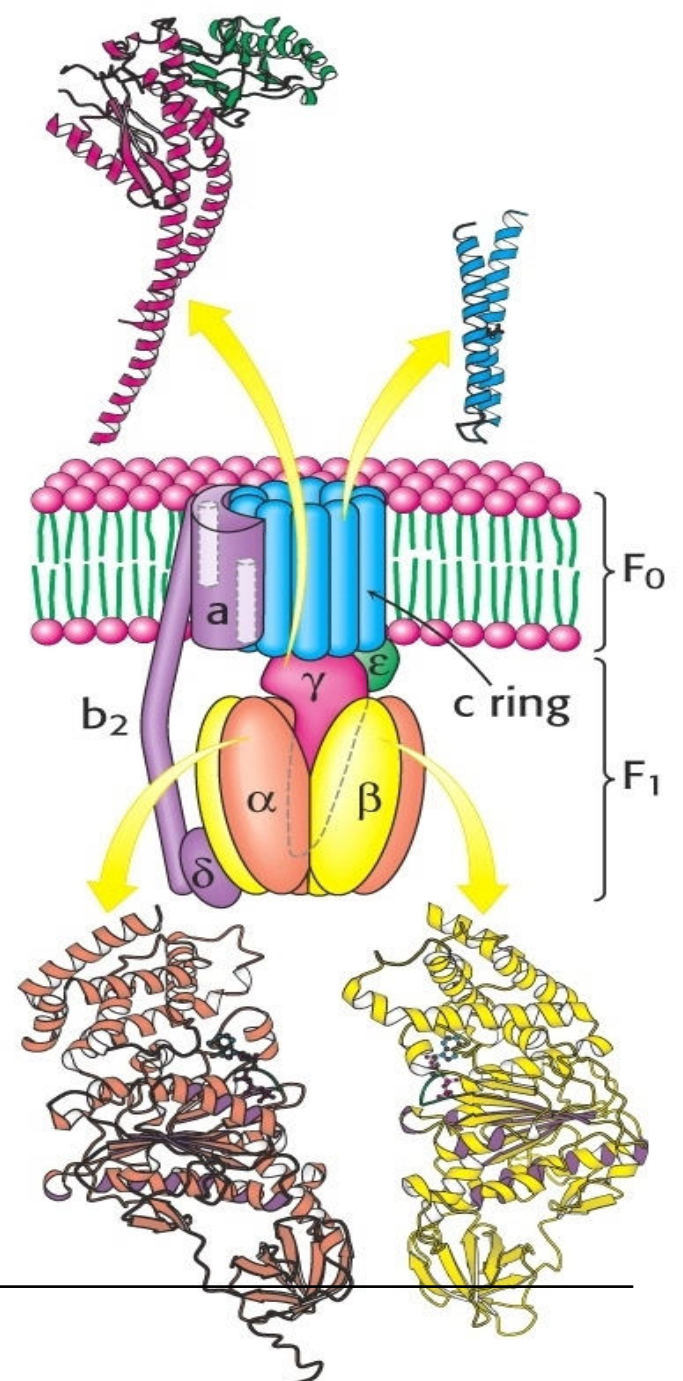
Two units, F_0 and F_1
("knob-and-stalk"; "ball on a stick")

F_1 contains the catalytic subunits
where ADP and P_i are brought
together for combination.

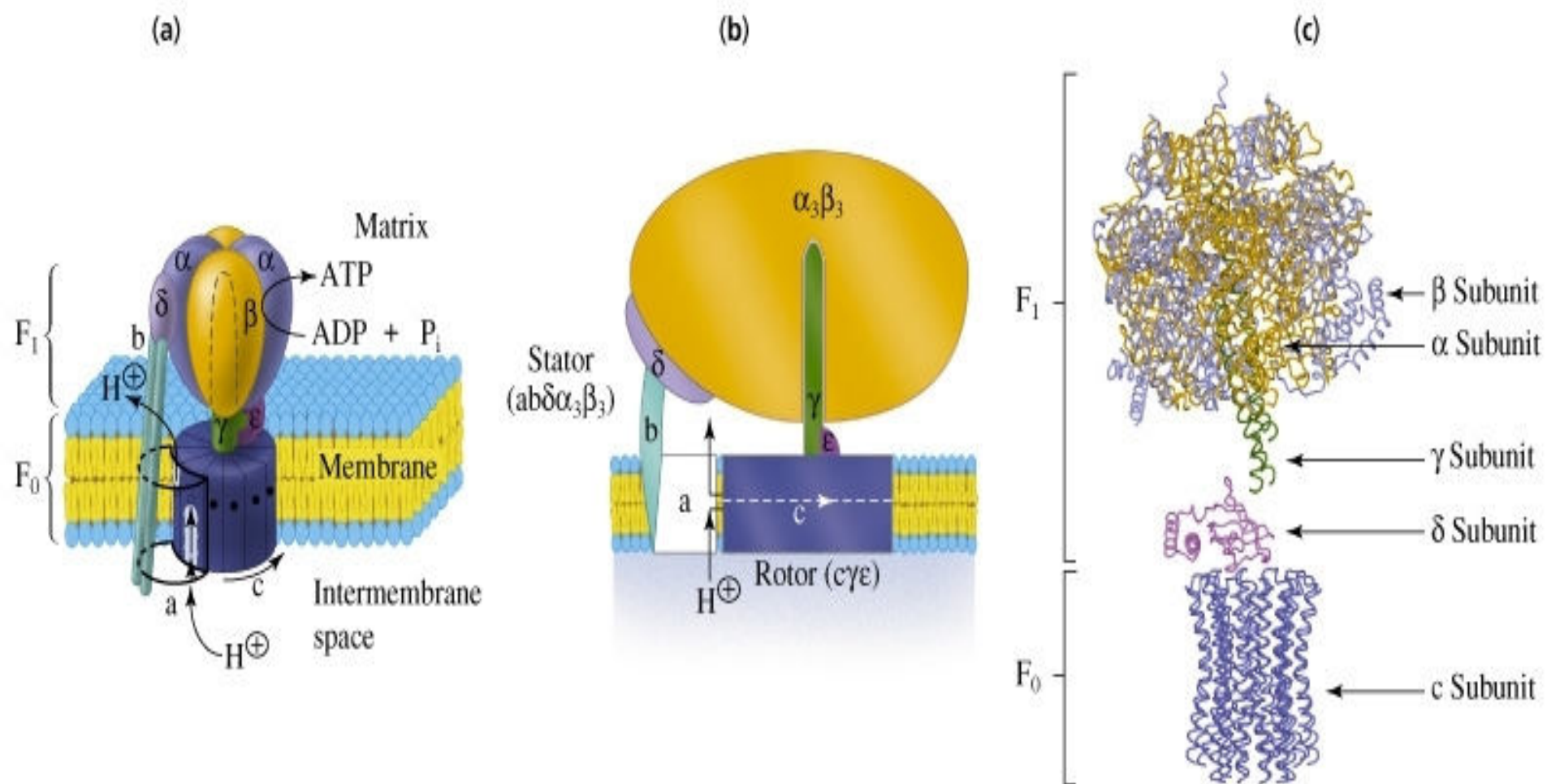
F_0 spans the membrane and serves as
a proton channel.



- F_1 contains 5 types of polypeptide chains - $\alpha_3\beta_3\gamma\delta\epsilon$
- F_0 - $a_1b_2c_{10-14}$
(c subunits form cylindrical, membrane-bound base)
- F_0 and F_1 are connected by a $\gamma\epsilon$ stalk and by exterior column (a_1b_2 and δ)
- Proton channel is - between c ring and a subunit.



Complex V ATP Synthase



How do ATPase and ATP Synthase Differ?

ATPase is an enzyme that **hydrolyze ATP** to form ADP

• ATP synthase **synthesize ATP**

• Both enzyme **found in mitochondr**

F- ATPase/ATP Synthase

- F-ATPase belong to superfamily of related ATP Synthases

F-ATPase is a Rotating Motor

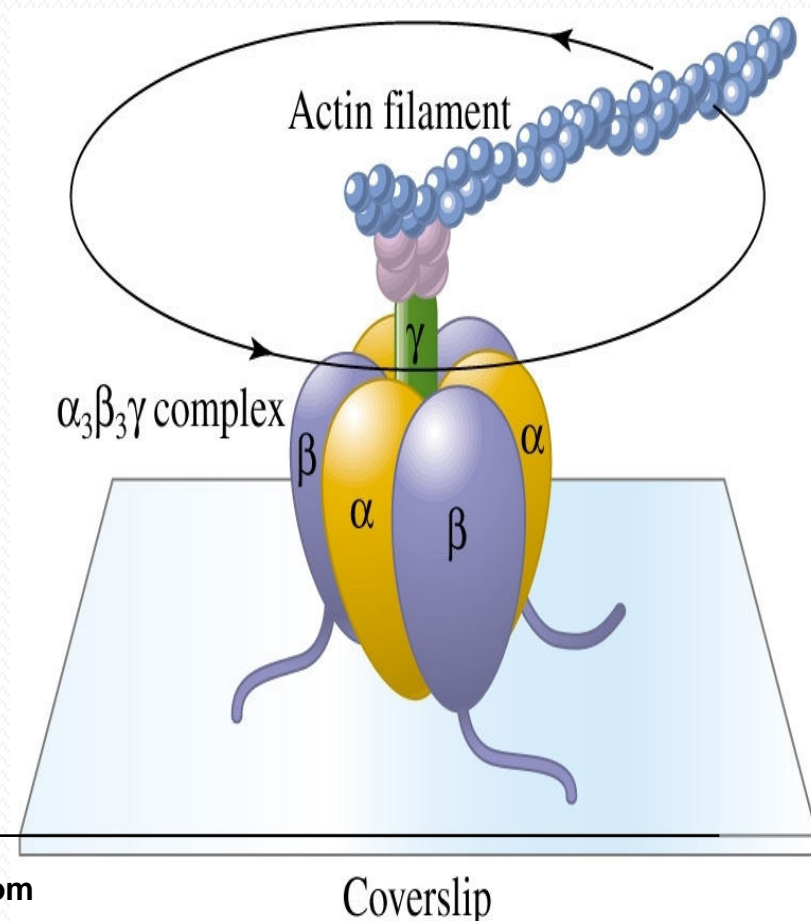
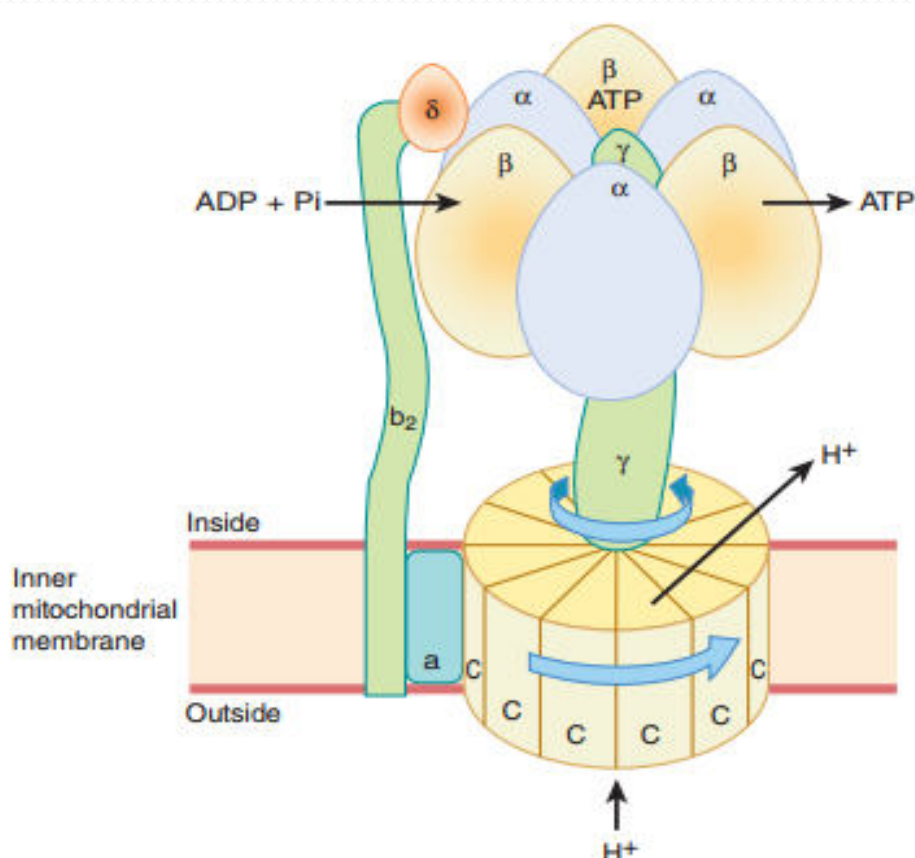


FIGURE 13-8 Mechanism of ATP production by ATP synthase

Mechanism Of Oxidative Phosphorylation

**Salient Features/Required Criteria's
Of
ETC/Oxidative Phosphorylation
OR
Criteria's Required For Oxidative
Phosphorylation**

1

Arrangement Of Electron Transport Chain Components In Increased Order Of Positive Redox Potential

Redox Potentials & Redox Couples

- **FREE ENERGY CHANGES CAN BE EXPRESSED IN TERMS OF REDOX POTENTIAL**

- Redox Potential is a measure of **tendency** of a **redox couple** to **accept or donate electrons** under standard condition.

- Components that have **most negative redox potentials**
- Have **weakest affinity for electrons**
- **Hence has capacity to donate its electrons.**
- Redox couple with **most positive redox potentials** have
- **Strongest affinity for electrons** therefore
- Possess **strongest tendency to accept electrons.**

- During E.T.C there is transfer of reducing equivalents
- From low redox potential to **high redox potential**.
- This **exhibit free energy change** there by liberating heat energy
- Electrons move spontaneously from one component of ETC to another with a
- low redox potential (**a low affinity for electrons**) to a component with a
- high redox potential (**a high affinity for electrons**)

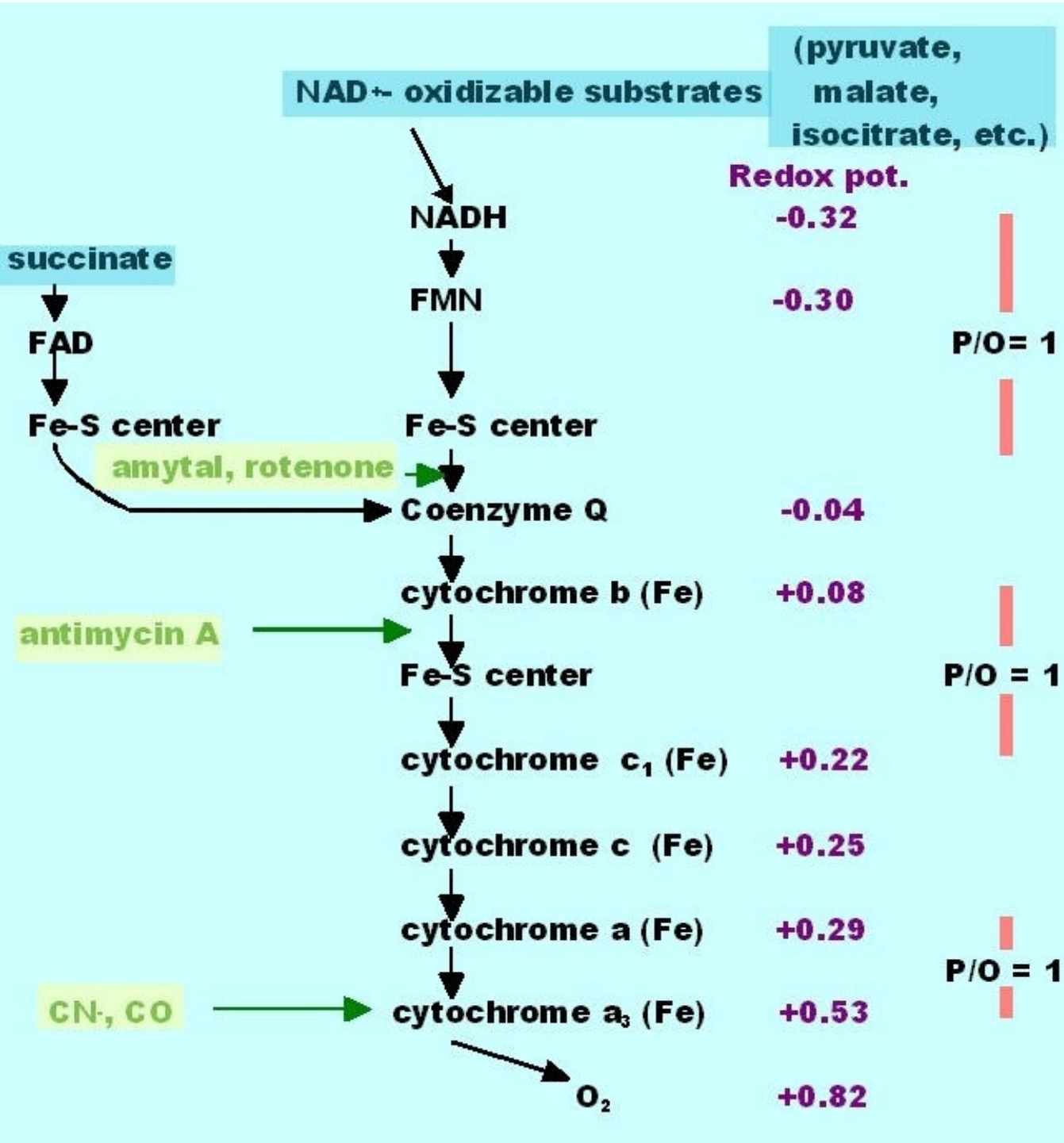
- In ETC electrons move from a carrier with
- **Low redox potential**
(high tendency to **donate electrons**) toward carriers
- **Higher redox potential**
(high tendency to **accept electrons**)

Redox Couple

- Components of ETC has capacity to exist in **oxidant and reduced forms**.
- This pair is known as **redox couple**
 - **CoQ/CoQH₂**
 - **Cyt b Fe⁺⁺⁺/Cyt b Fe⁺⁺**

Sequence of Respiratory Electron Carriers

Inhibitors in green



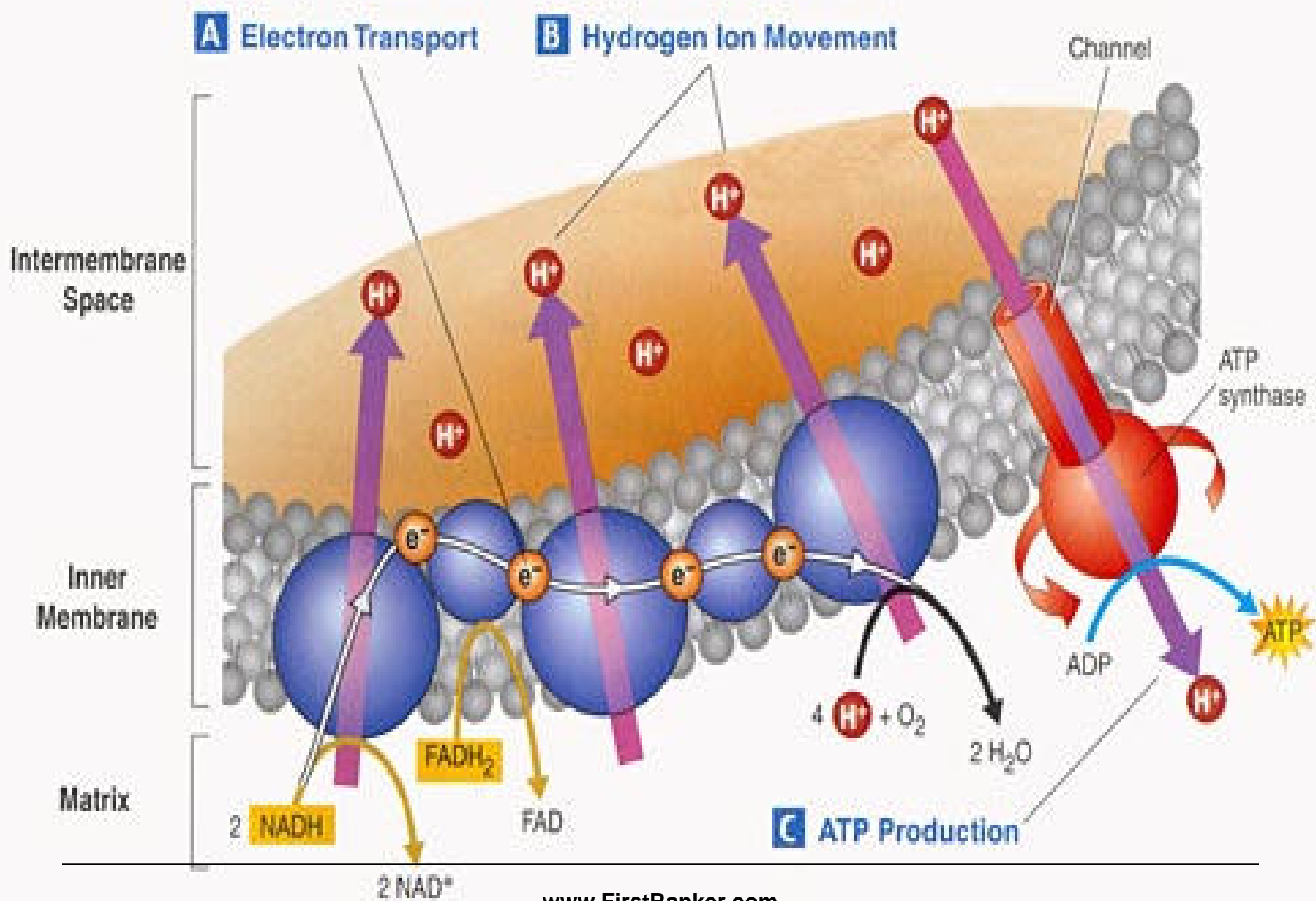
2

Development Of

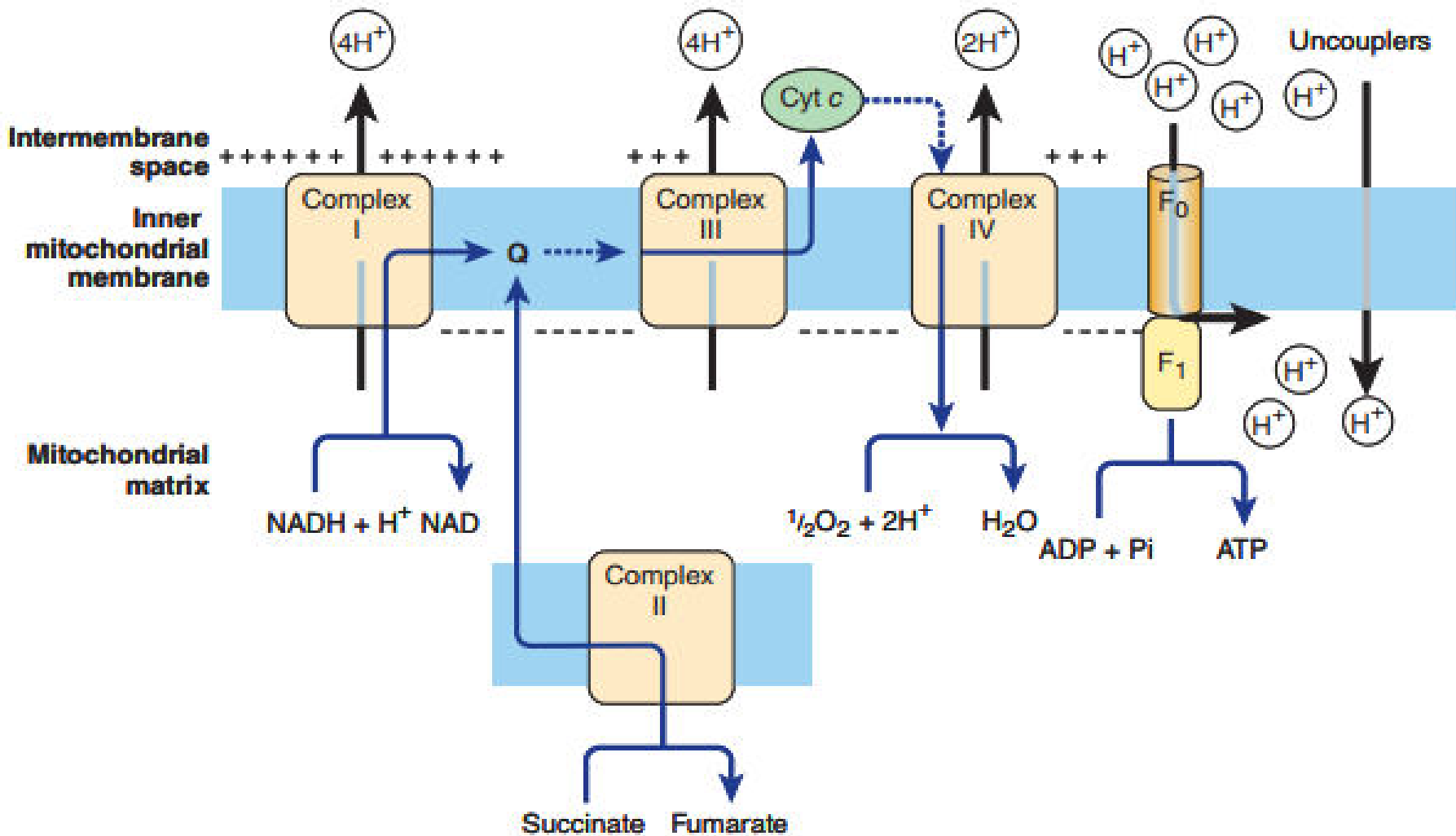
Proton Gradient And Proton Motive Force

In Intermembrane Space

Complex I,III and IV Pumps Protons From Matrix side to Intermembrane Space and generates Proton Motive Force

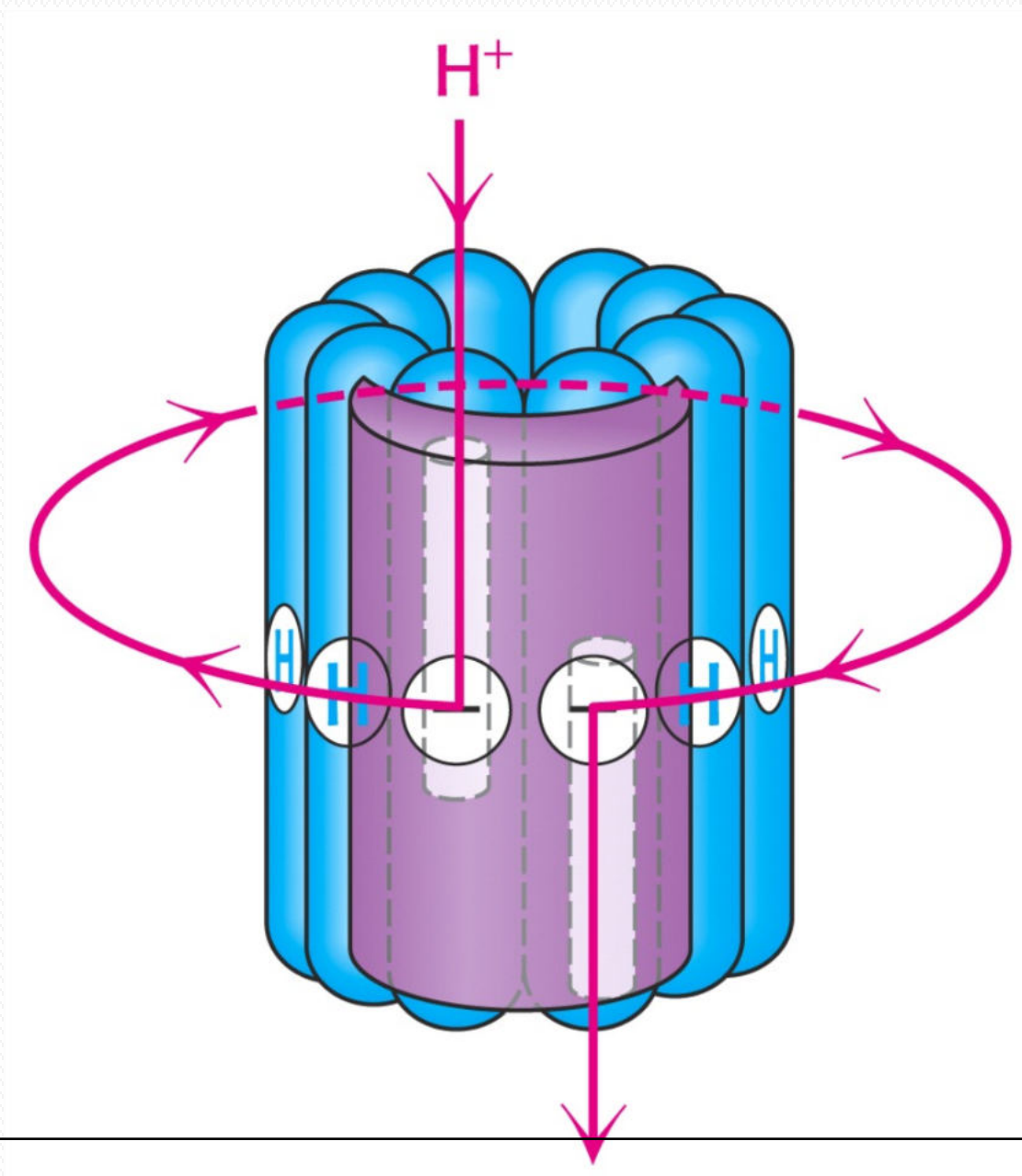


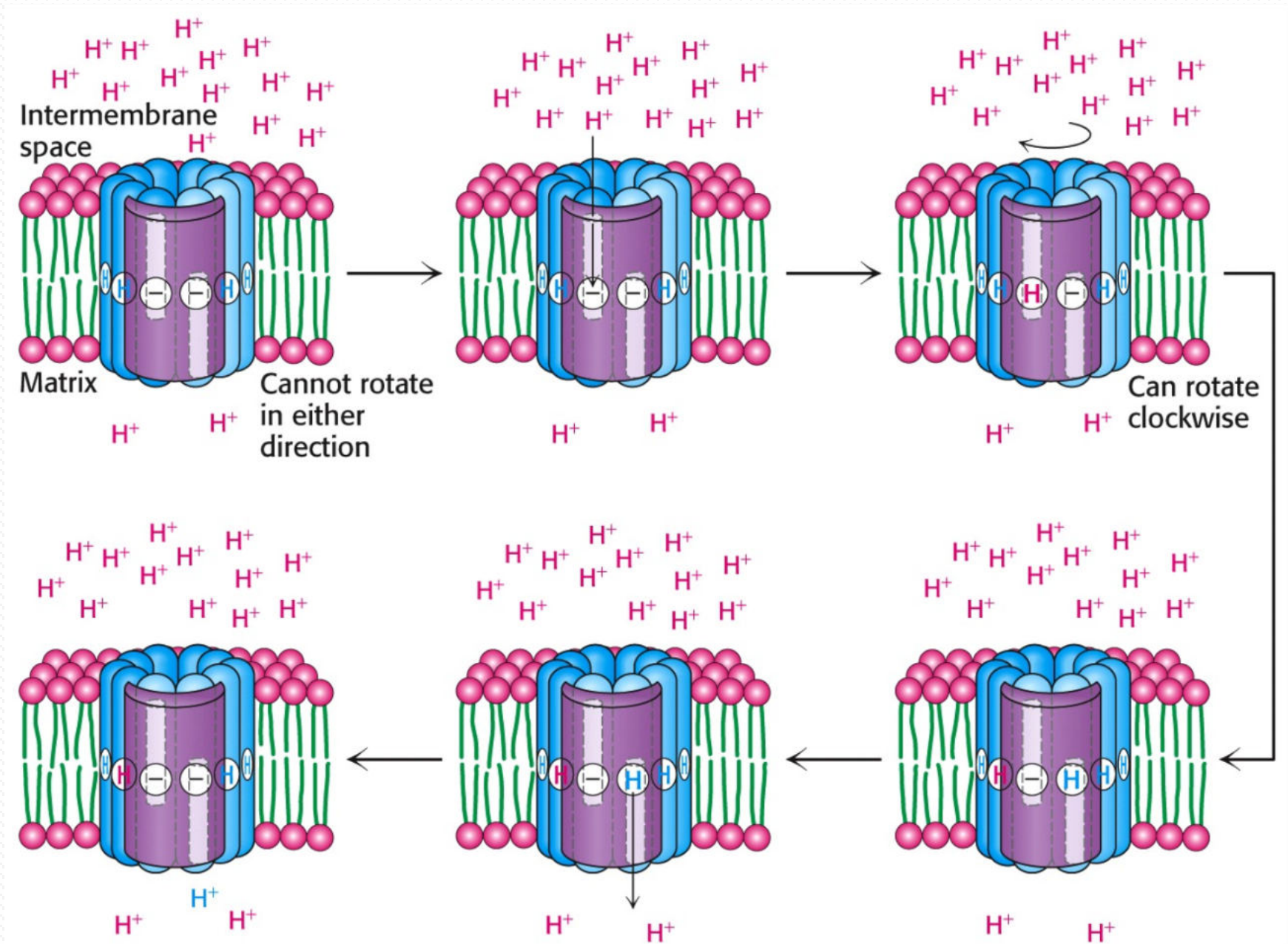
Complex I,III and IV Serve as Proton Channels



- Complex I ,III and IV act as a **Proton Pump**.
- Pump out protons from matrix side to **inter membrane space** of mitochondria.
- Develop a **proton gradient** in inter membrane space.
- This supports the mechanism of **Oxidative Phosphorylation**.

- **A Large Drop in Redox Potential** across each of the three Respiratory Enzyme Complexes (I,III,IV).
- Provides the **Energy for H^+ Pumping**





3

**Free Energy Change Occurs
Due To Transport Of Proton
Pumping and Electron Exchange
During Oxidative Phosphorylation**

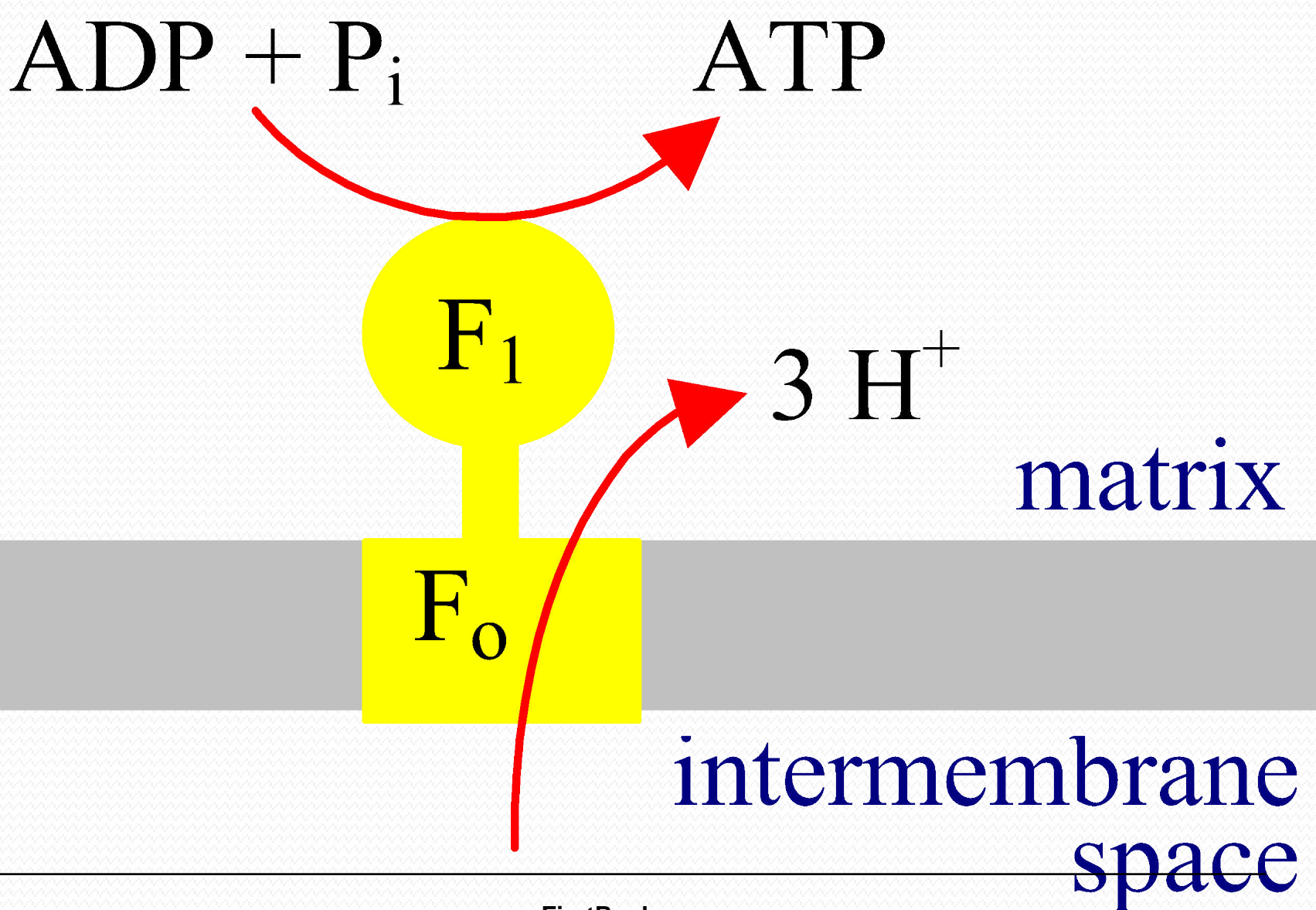
4

**Heat Energy Generated At Certain
Specific Sites During Oxidation
Is Transformed By Chemical
Phosphorylation Reaction of ADP
and pi to form ATP**

5

**ATP Synthase /Complex V
Activation for Phosphorylation
Reaction**

- Proton gradient runs downhill through ATP Synthase to **drive synthesis of ATP**



- ❑ F_1F_0 of ATP Synthase catalyzes phosphorylation reaction for ATP synthesis
- ❑ Transport of H^+ from intermembrane space to into the mitochondrial matrix **through ATP Synthase is mandatory.**
- ❑ Transport of **at least 3 H^+ per ATP is required through ATP Synthase for its activation and catalysis.**
- Thus heat energy is transformed to chemical form of energy (ATP) in Oxidative Phosphorylation.

6

Oxygen is Terminal Acceptor of Protons and electrons During Oxidative Phosphorylation To Generate Metabolic Water

- **Oxygen has highest (most positive) standard redox potential**
- **Most likely to accept electrons from other carriers.**

- Electrons ultimately reduce Oxygen to water (metabolic water)
 - $2 \text{H}^+ + 2 \text{e}^- + \frac{1}{2} \text{O}_2 \rightarrow \text{H}_2\text{O}$

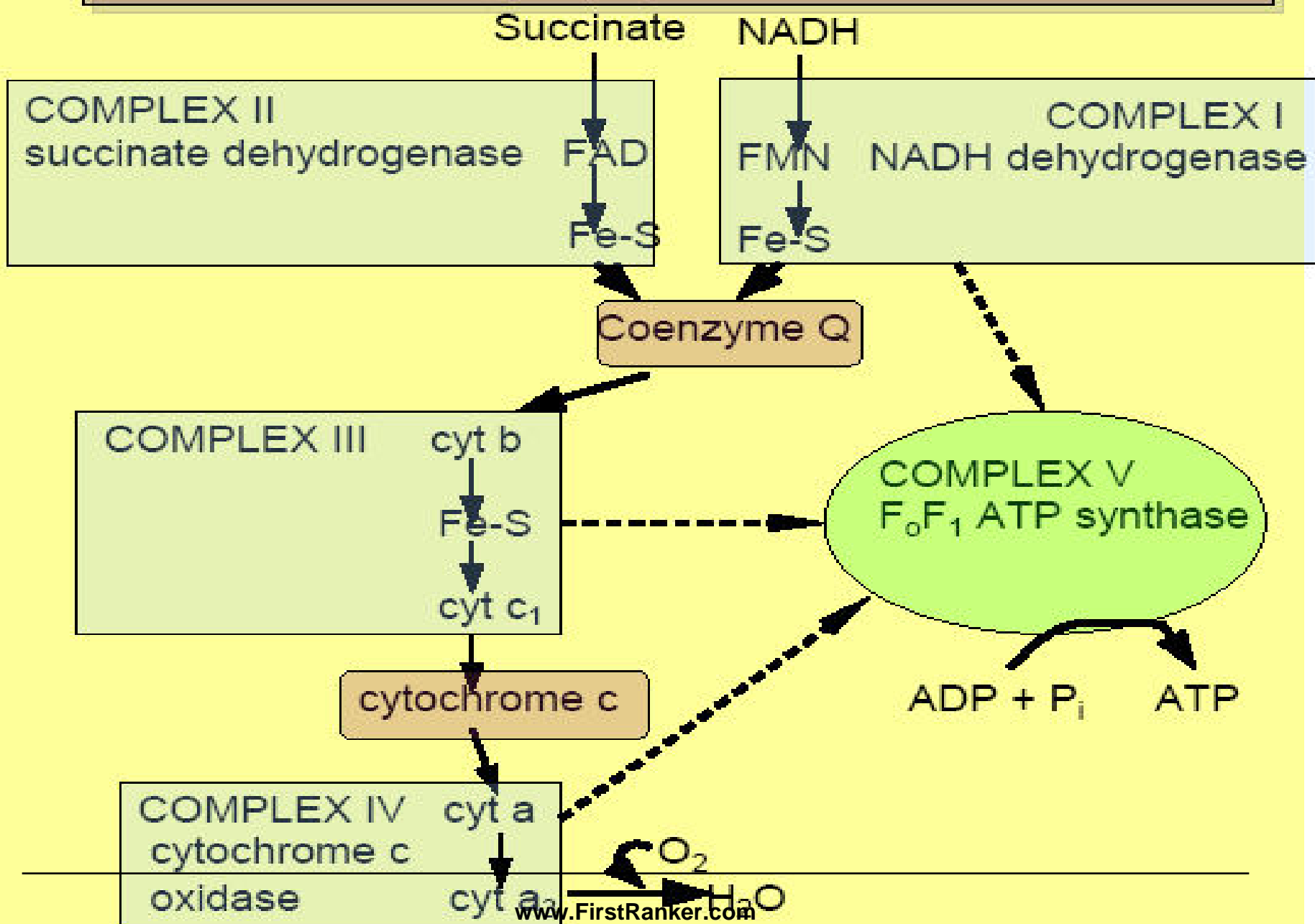
- At end of E.T.C by catalytic activity of **Cytochrome Oxidase**
- **Protons** released at Coenzyme Q and **electrons** transported by Cytochromes are
- **Accepted** by activated molecular **oxygen** ($\frac{1}{2} \text{O}_2$) to form metabolic water.

- www.FirstRanker.com**

7

Coenzyme Q Accepts Electrons Via Complexes I & II

Multiprotein Complexes in Respiratory Assembly



Point To Note

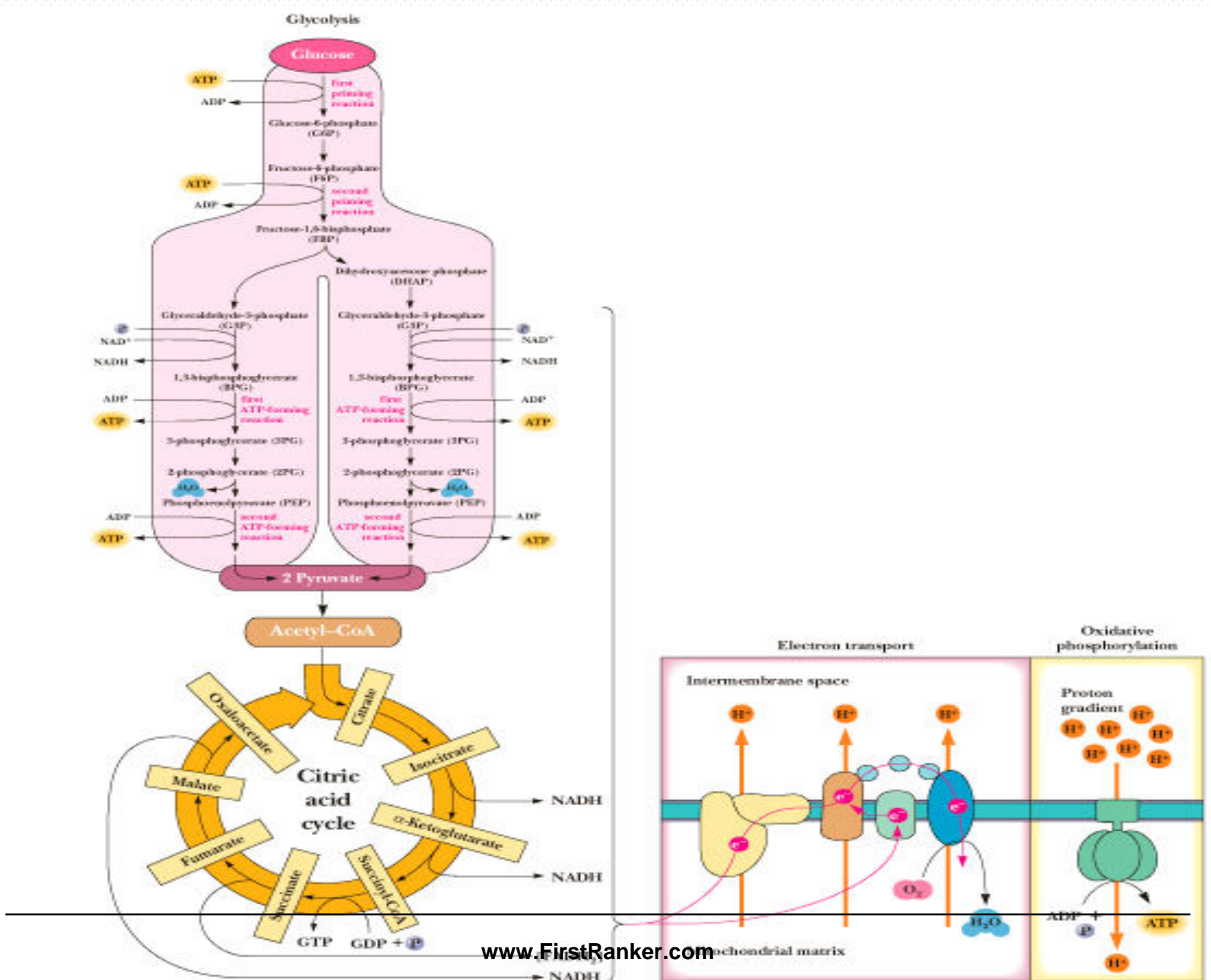
- In ETC electrons flow from
- Most electro negative potential $\text{NADH} + \text{H}^+ (-0.32)$ to most electro positive potential $(+0.82) \frac{1}{2} \text{O}_2$.

**HOW
ETC /Oxidative
Phosphorylation Operates ?**

Most Oxidative Metabolic Pathways

(TCA and Beta Oxidation Of Fatty acids)

Located In Mitochondrial Matrix
Generate Reduced Coenzymes



- Reduced coenzymes $\text{NADH} + \text{H}^+ / \text{FADH}_2$
- Generated during Anaerobic Dehydrogenase reactions of **Carbohydrates, Lipids metabolic pathways.**
- Get reoxidized on entering E.T.C
- Reduced coenzymes $\text{NADH} + \text{H}^+$ and FADH_2 are formed in Mitochondrial matrix:
 - **Oxidative Decarboxylation of Pyruvate** to Acetyl CoA by PDH complex.
 - **Oxidation of Acetyl CoA** by TCA cycle
 - **Beta Oxidation of fatty acids**

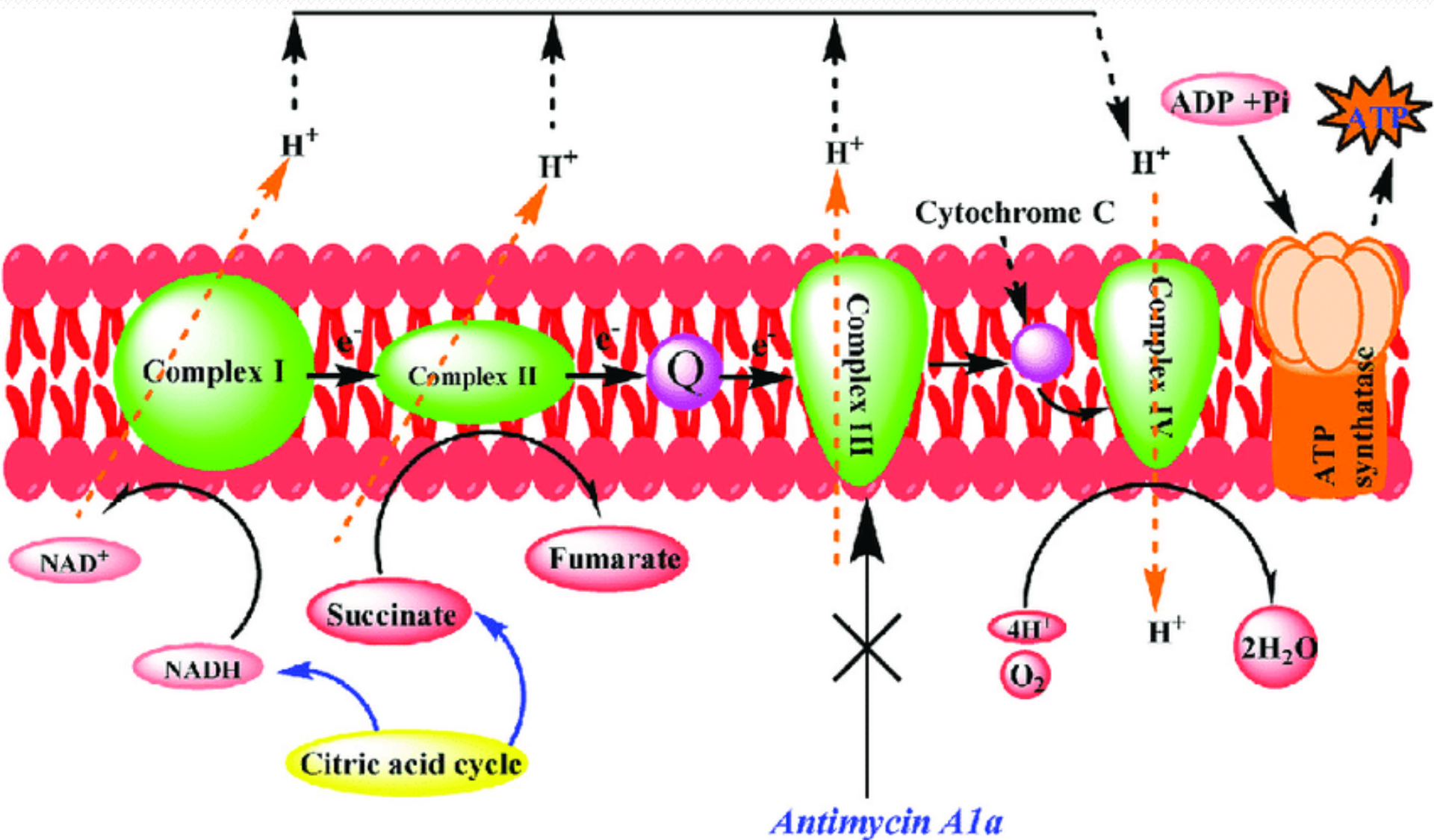
- $\text{NADH} + \text{H}^+$ and FADH_2 are **energy rich molecules**
- Contains a pair of electrons having a high transfer potential.

Entry Of $\text{NADH} + \text{H}^+$ in ETC

- When $\text{NADH} + \text{H}^+$ enters ETC reducing equivalents Protons and Electrons are taken up by **first component /Complex I (Flavoproteins)**
- Then from complex I the reducing equivalents are transferred to CoQ.

Entry Of FADH₂ in ETC

- FADH₂ is generated at Succinate Dehydrogenase reaction (Complex II)
- FADH₂ enters ETC process and its reducing equivalents are **taken up by CoQ**.
- CoQH₂ then here onwards transfers only electrons to series of arranged Cytochromes and **Protons are released in matrix**.

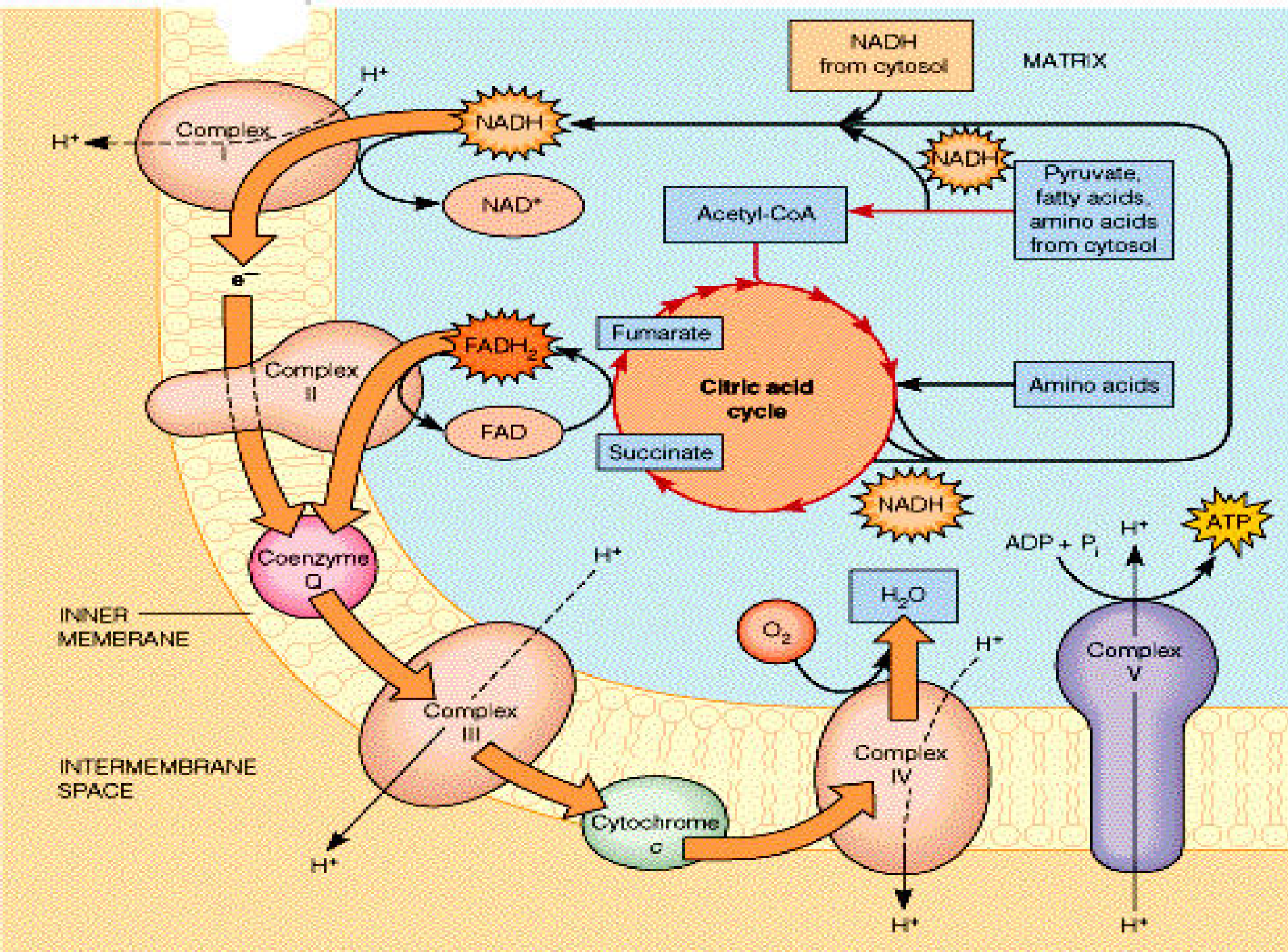


Complex I
NADH-CoQ
oxidoreductase

Complex II
Succinate
dehydrogenase

Complex III
Cytochrome
bc₁ complex

Complex IV
Cytochrome
c oxidase



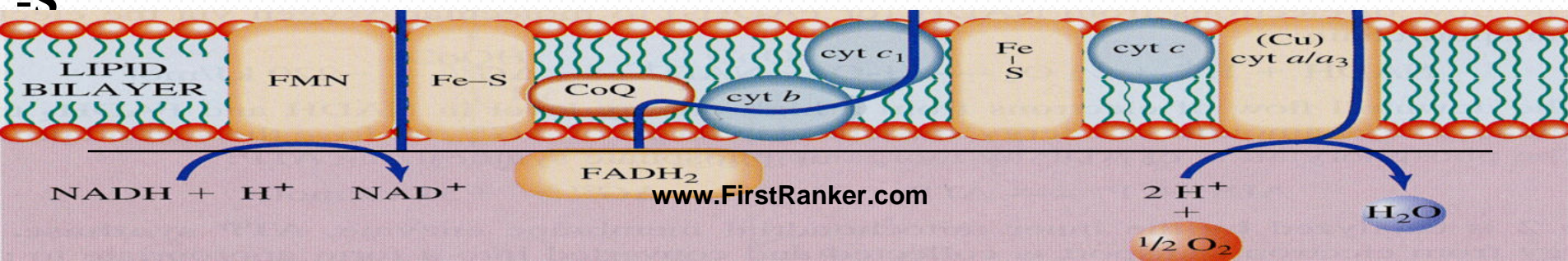
ELECTRON TRANSPORT CHAIN

Series of enzyme complexes (electron carriers) embedded in the inner mitochondrial membrane, which oxidize NADH+H⁺ and FADH₂ and transport electrons to oxygen is called **Respiratory Electron-Transport Chain (ETC)**.

Sequence of Electron Carriers in ETC

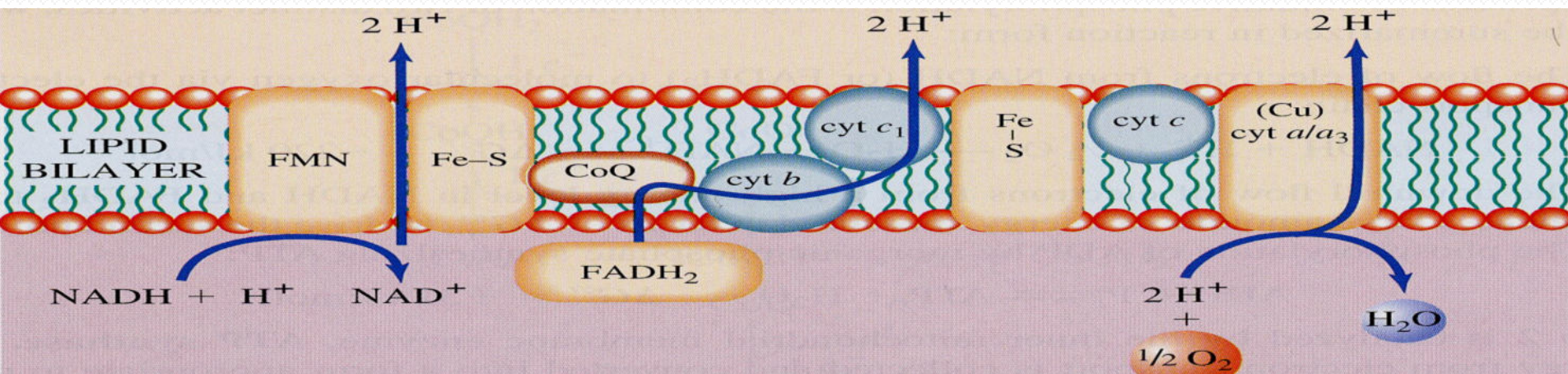
NADH → FMN-Fe-S → Co-Q Fe (cyt b) → cyt c₁ → cyt c → cyt a → cyt a₃ → O

Succinate → FAD Fe



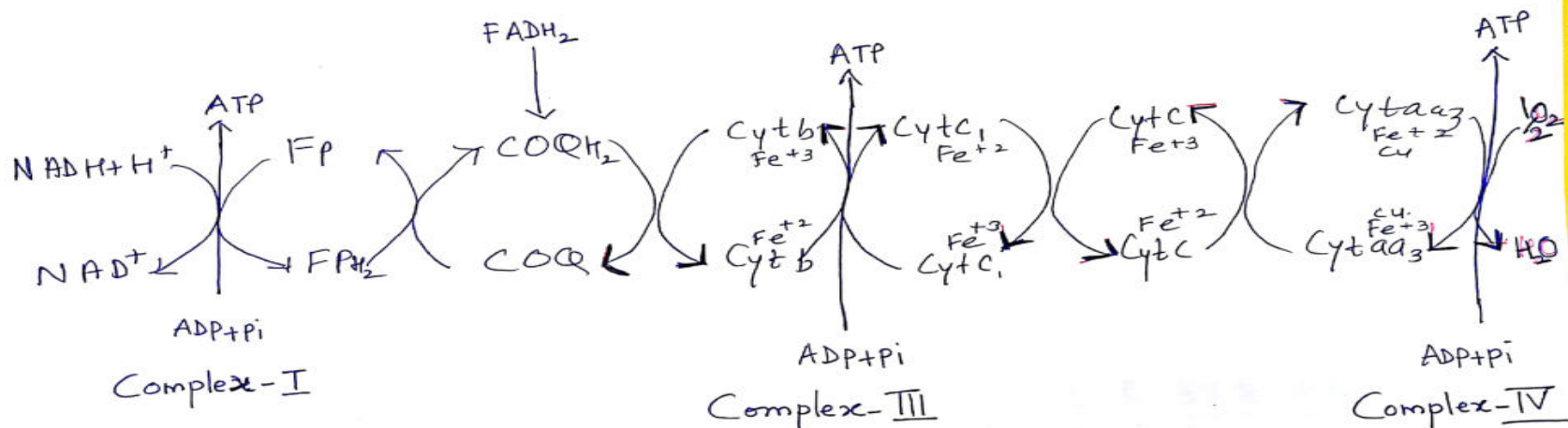
Electrons of NADH or FADH_2 are used to reduce molecular oxygen to water.

A large amount of free energy is liberated.



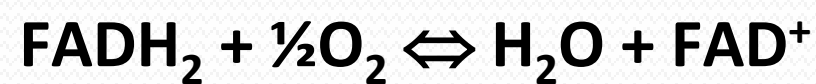
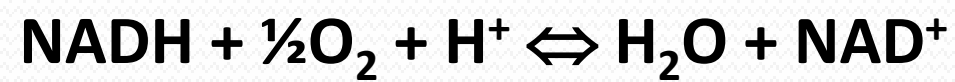
The electrons from $\text{NADH} + \text{H}^+$ and FADH_2 are not transported directly to O_2 but **are transferred through series of electron carriers** that undergo reversible reduction and oxidation.

ETC Process



A PROTON GRADIENT POWERS THE SYNTHESIS OF ATP

Transport of electrons from NADH or FADH₂ to O₂ via the electron-transport chain is exergonic process:



$$\Delta G^{\circ'} = -52.6 \text{ kcal/mol for NADH}$$

$$-36.3 \text{ kcal/mol for FADH}_2$$

This process is coupled to the synthesis of ATP (endergonic process)



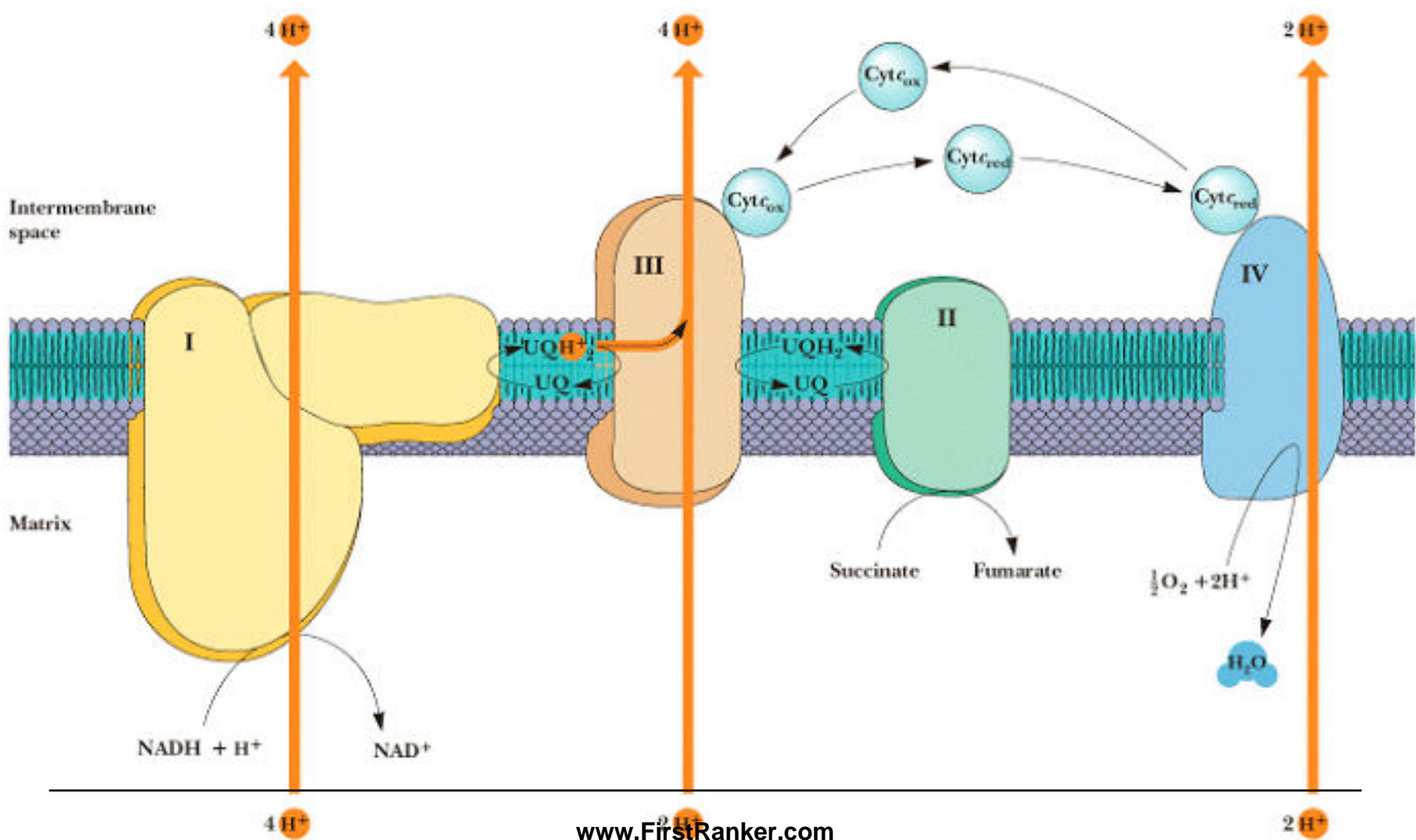
- In E.T.C both **Protons and Electrons** are transferred up to **Coenzyme Q** level.
- At coenzyme Q level protons ($2H^+$) are released in the medium.
- From **Coenzyme Q onwards only electrons** are transferred through a series of Cytochromes in E.T.C.

- Electrons get transfer through series of Cytochromes
- Cytochrome Fe is in transitional state (Ferric/Ferrous).

- In E.T.C there are **alternate reduction and oxidation reactions.**
- Flow of electrons through ETC **complexes leads to pumping of protons** out of the mitochondrial matrix in **intermembrane space.**
- This accumulation of protons generates a **pH/Proton gradient** and a transmembrane electrical potential that creates a **proton motive force.**

- **A Large Drop in Redox Potential** across each of the three Respiratory Enzyme Complexes (I,III,IV).
- Provides the Energy for H^+ Pumping

Electron Transport (Oxidative Process) is coupled to Phosphorylation



- **ATP is synthesized when 3 protons flow back from intermembrane space of mitochondria to mitochondrial matrix through an enzyme complex ATP synthase.**
- **Oxidation of fuels and phosphorylation of ADP are coupled by a proton gradient across an inner mitochondrial membrane.**

- Thus Oxidative phosphorylation is process in which ATP is formed
- As a result of transfer of electrons from NADH or FADH₂ to O₂ by a series of electron carriers.

Mechanism Of Oxidative Phosphorylation

Oxidative Phosphorylation

- **Oxidation** tightly coupled with **Phosphorylation**
- **E.T.C** (Oxidation) Process coupled with **phosphorylation** of ADP+pi to generate ATP.

Hypothesis And Theories Mechanism Of Oxidative Phosphorylation

- **Chemical Coupling Hypothesis**
- **Conformational Coupling Hypothesis**
- **Chemiosmotic Theory**

Chemical Coupling Hypothesis:

- Put forward by **Edward Slater (1953)**
- Proposed **series of high energy phosphorylated intermediates** are produced during E.T.C operation.
- Which are **used to produce ATP**.

Conformational Coupling Hypothesis

- **Paul Boyer 1964**
- Mitochondrial Cristae undergo **conformational change in the components of E.T.C.**
- **E.T.C components attain high energy state** which are responsible for the ATP production.

Chemiosmotic Theory

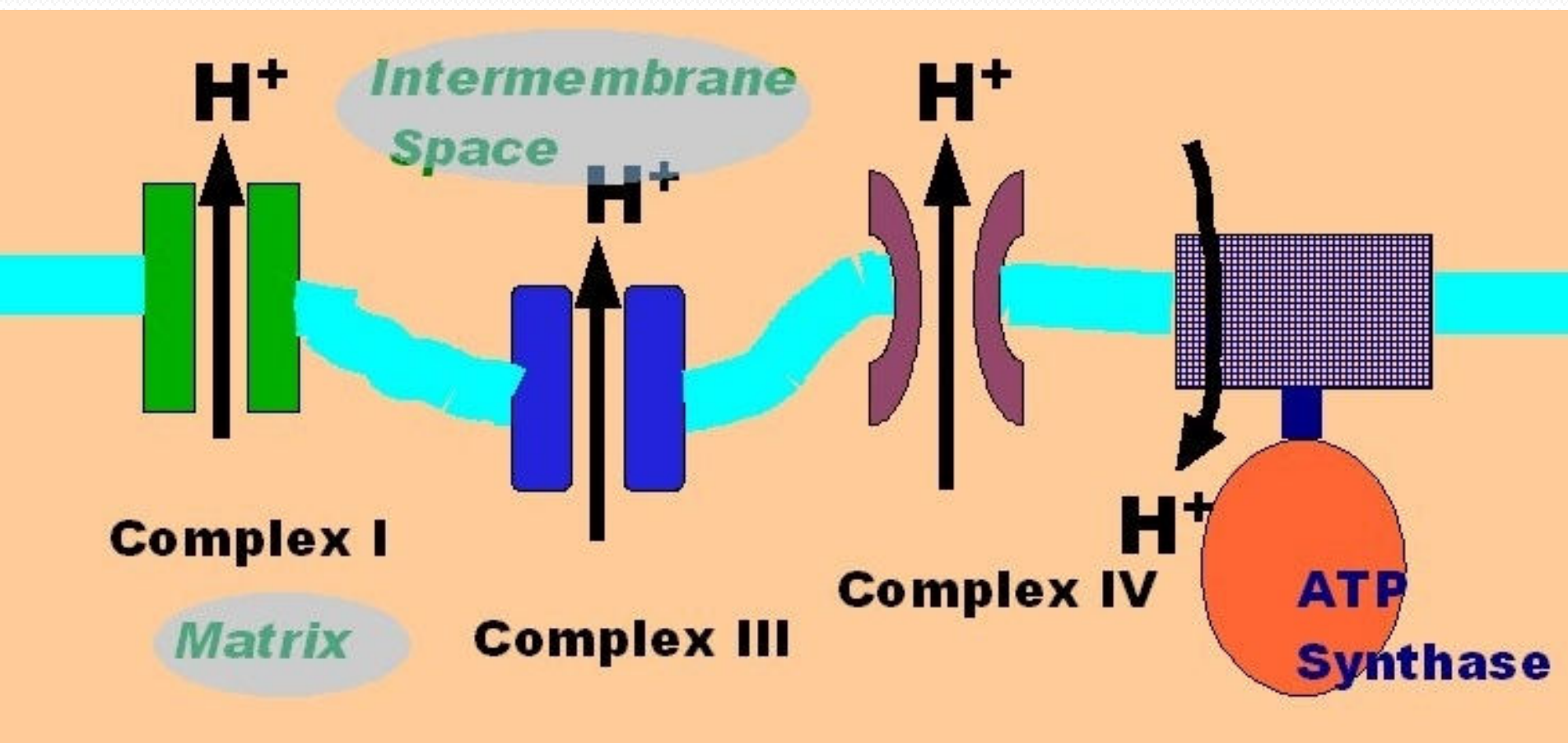


- Put forward by **Peter Mitchell (1961)** (Nobel Prize, 1978)
- **E.T.C process and ATP synthesis is coupled by a proton gradient developed in intermembrane space of mitochondria.**

Mitchell's Postulates for Chemiosmotic Theory

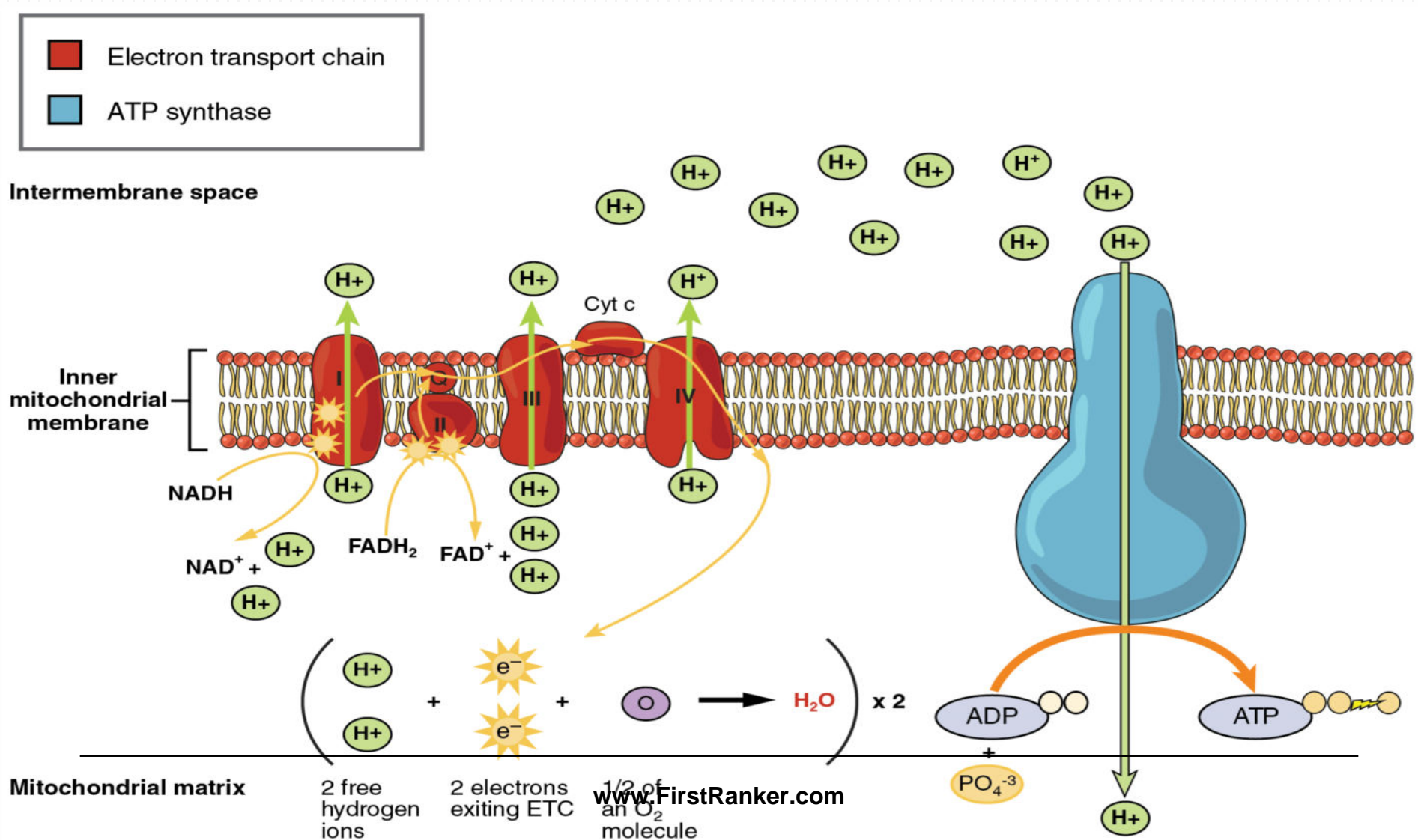
- **Intact inner mitochondrial membrane** is required
- Electrons are pumped through ETC **complexes I,III and IV.**
- Generates a **Proton gradient** and in intermembrane space of mitochondria.

Proton pumps are *Complexes I, III and IV*.



Protons return through ATP synthase

Oxidative Phosphorylation



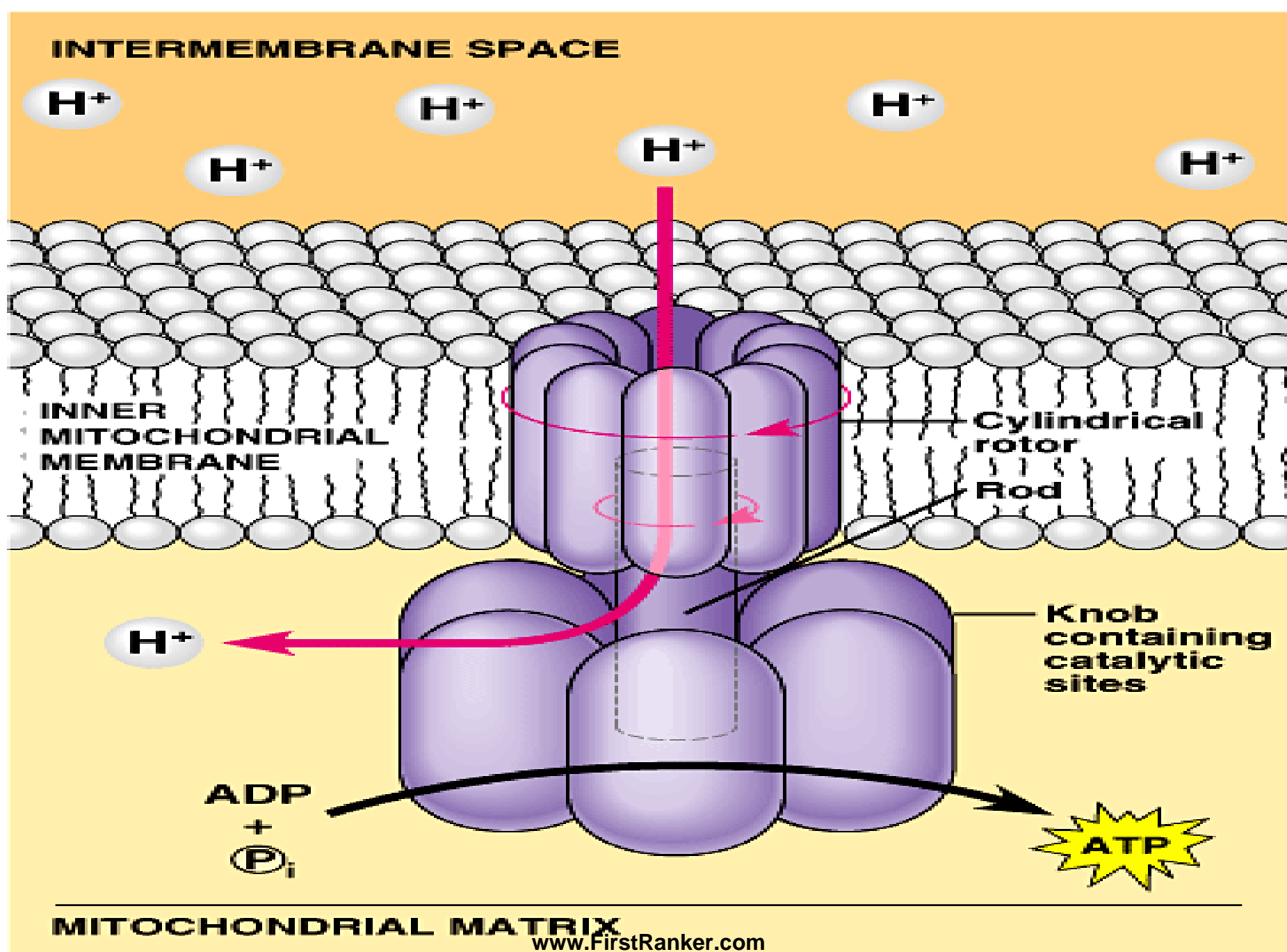
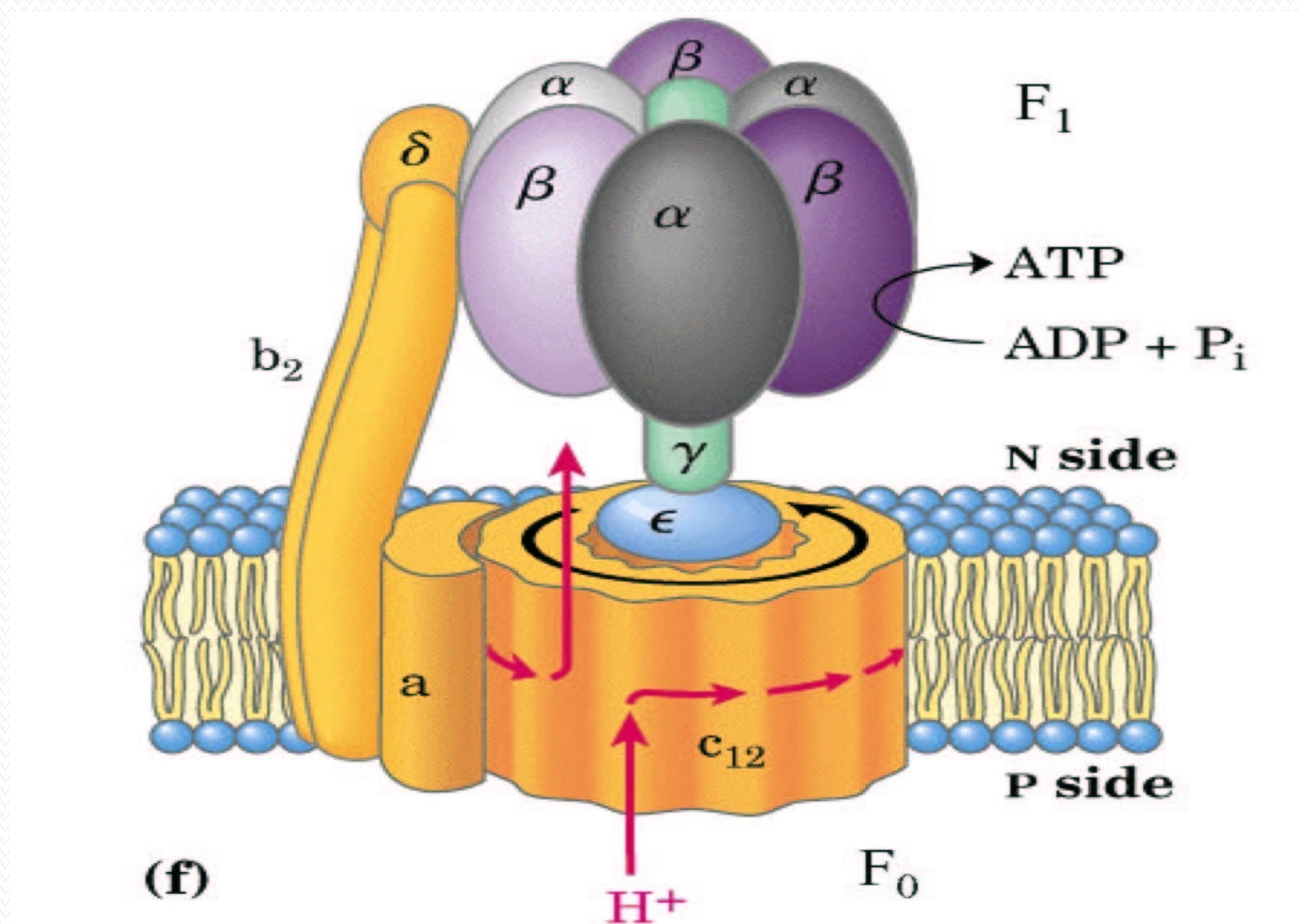
- Proton gradient in inter membrane space creates **Proton Motive Force** due to:
 - Proton gradient have a **thermodynamic tendency**
 - Proton gradient creates **Electrochemical potential difference**
- Proton Motive Force **drives the Protons from** **mitochondrial intermembrane space back to matrix side**
- Through a **specific site of Fo and F1 particle of ATP Synthase.**

- **ATP Synthase catalyzes** the phosphorylation of ADP with pi
- In a reaction driven by **movement of H^+** across the inner membrane back into the matrix **through it**.
- **Translocation of protons through ATP Synthase**
- **Stimulates and activates ATP Synthase**
- For catalytic action of phosphorylation- ADP with pi to form ATP.
- **Supports mechanism of Oxidative Phosphorylation.**

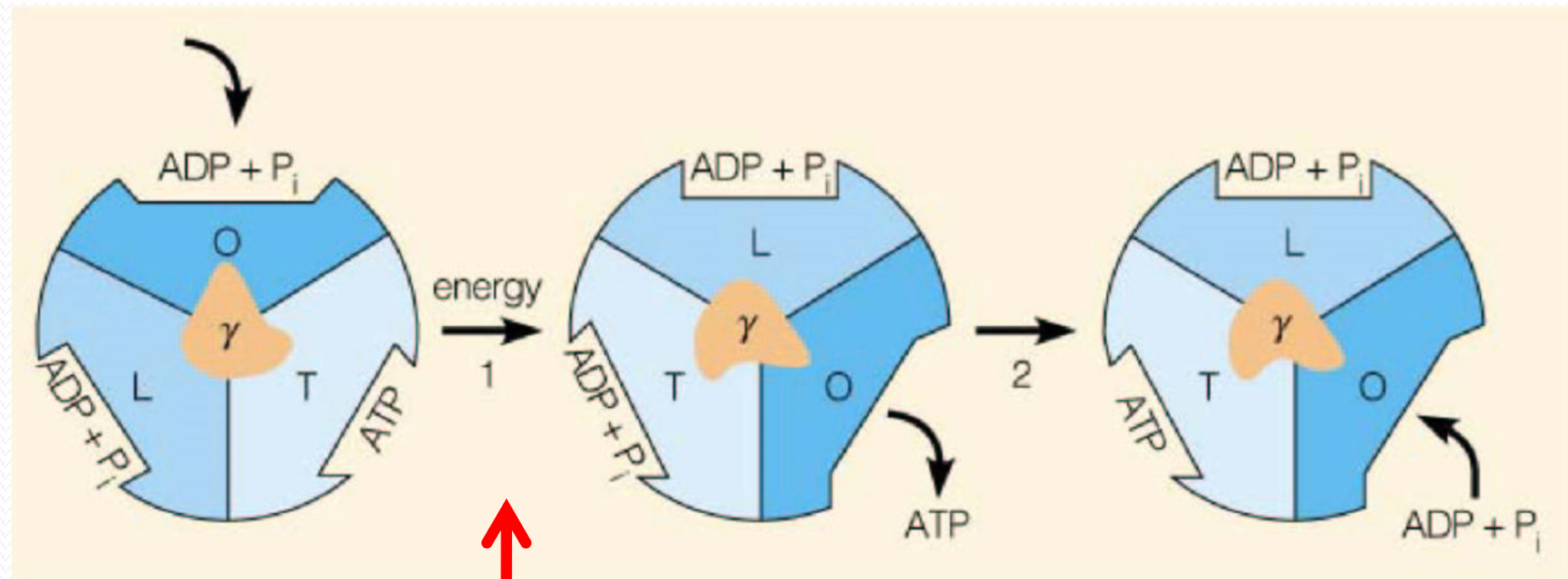
- Flow of three H^+ through an ATP Synthase complex
- Brings a **conformational change** in domains of ATP Synthase
- Which causes the **ATP synthase** activate and catalyze phosphorylation reaction
- To **synthesize ATP** from **ADP + P_i** .

ATP Synthase, a Molecular Mill.





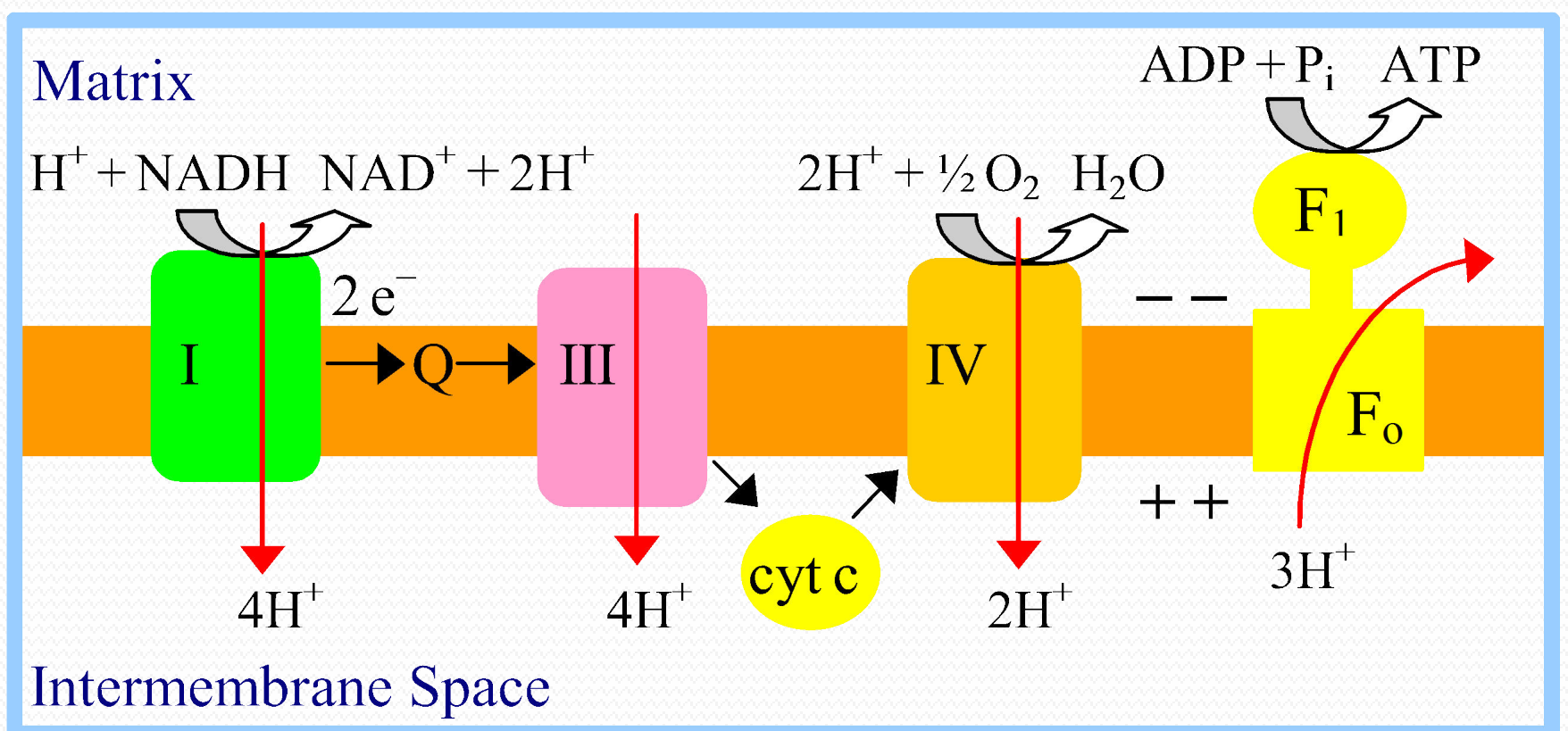
ATP synthesis at F_1 results from
repetitive conformational changes
as γ rotates



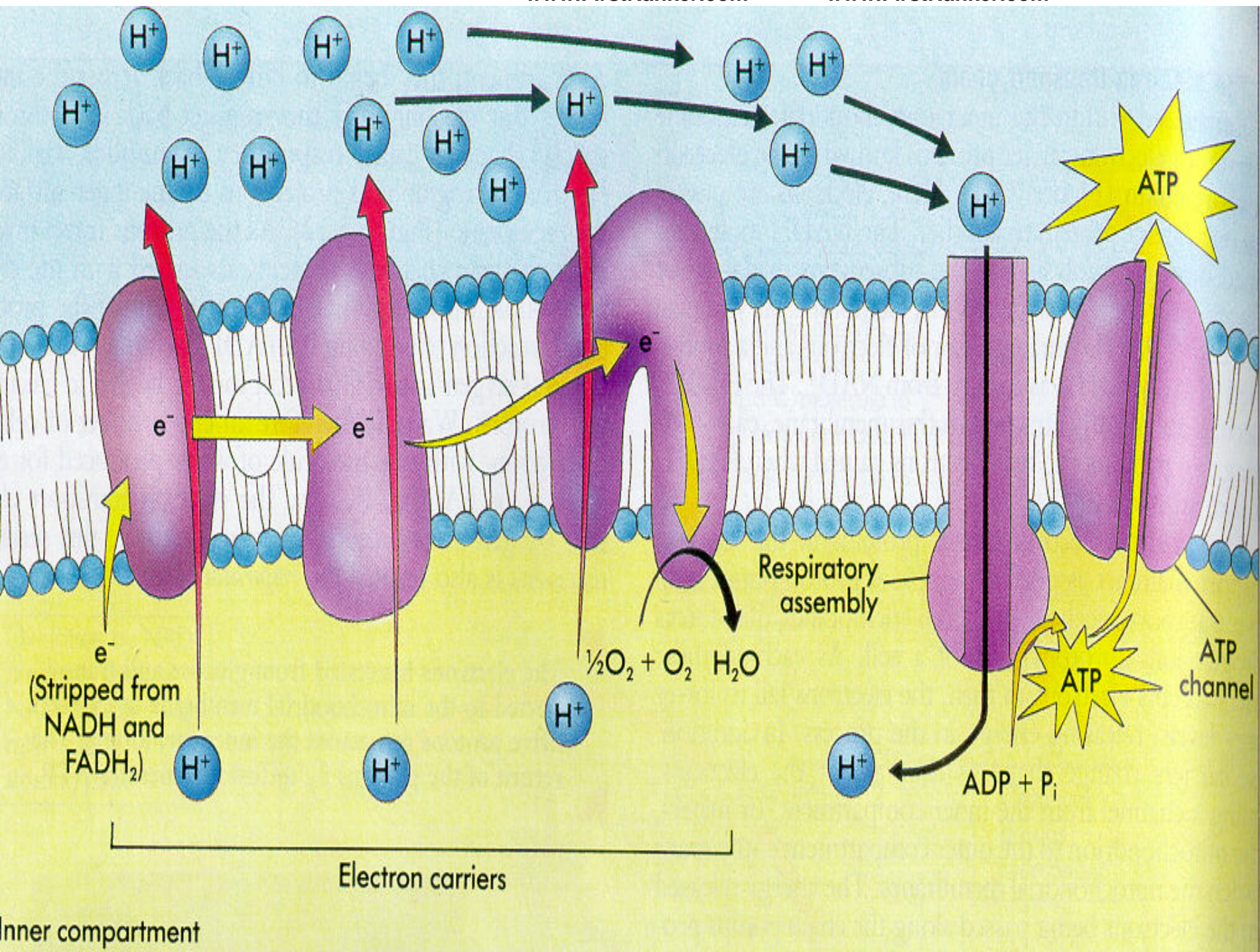
γ rotates 1/3 turn-
energy for ATP *release*

- This process of producing ATP is known as oxidative phosphorylation.
- Entire process of using Proton gradient and proton motive force to make ATP is called **Chemiosmosis**.

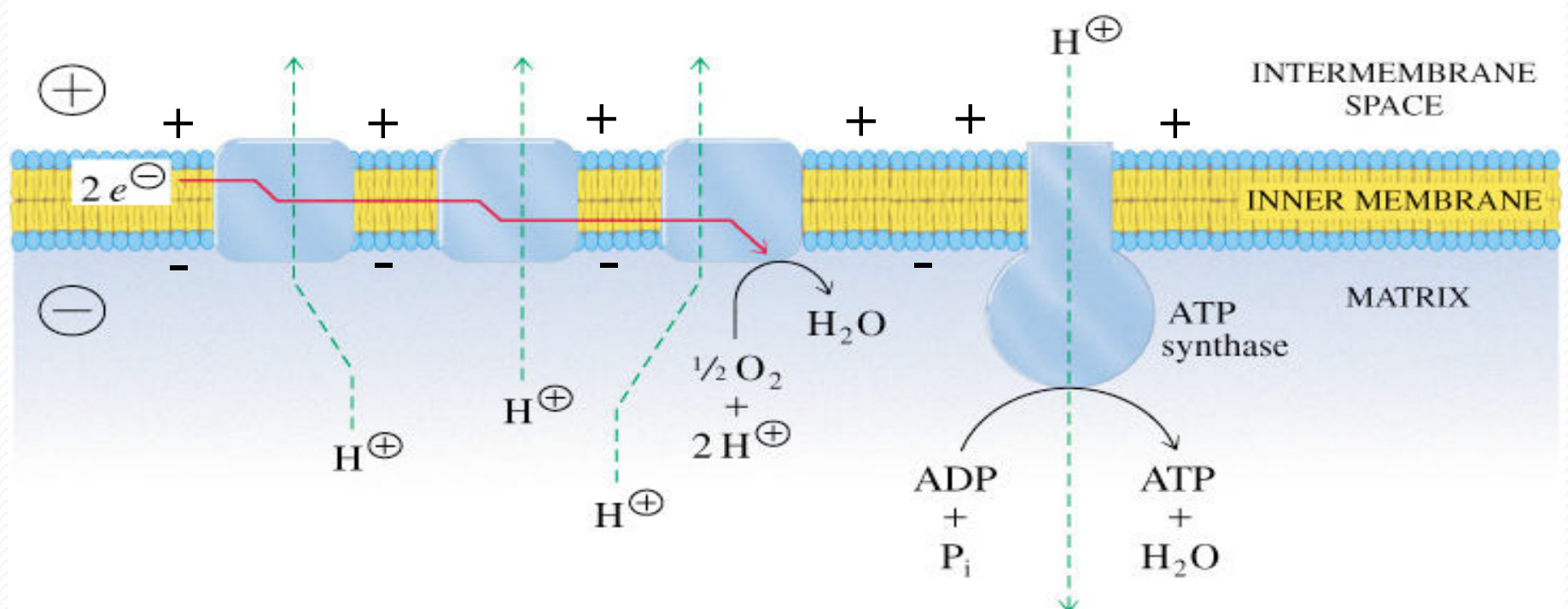
- During oxidative phosphorylation **total energy change is released in small increments.**
- So that energy can be trapped as chemical bond energy and form ATP.



Coupling of ATP synthesis to respiration is **indirect**, via a H^+ electrochemical gradient.



Overview of Oxidative Phosphorylation



As electrons flow through complexes of ETC, protons are translocated from matrix into the intermembrane space.

The free energy stored in the proton concentration gradient is tapped as protons reenter the matrix via ATP synthase.

As result ATP is formed from ADP and P_i .

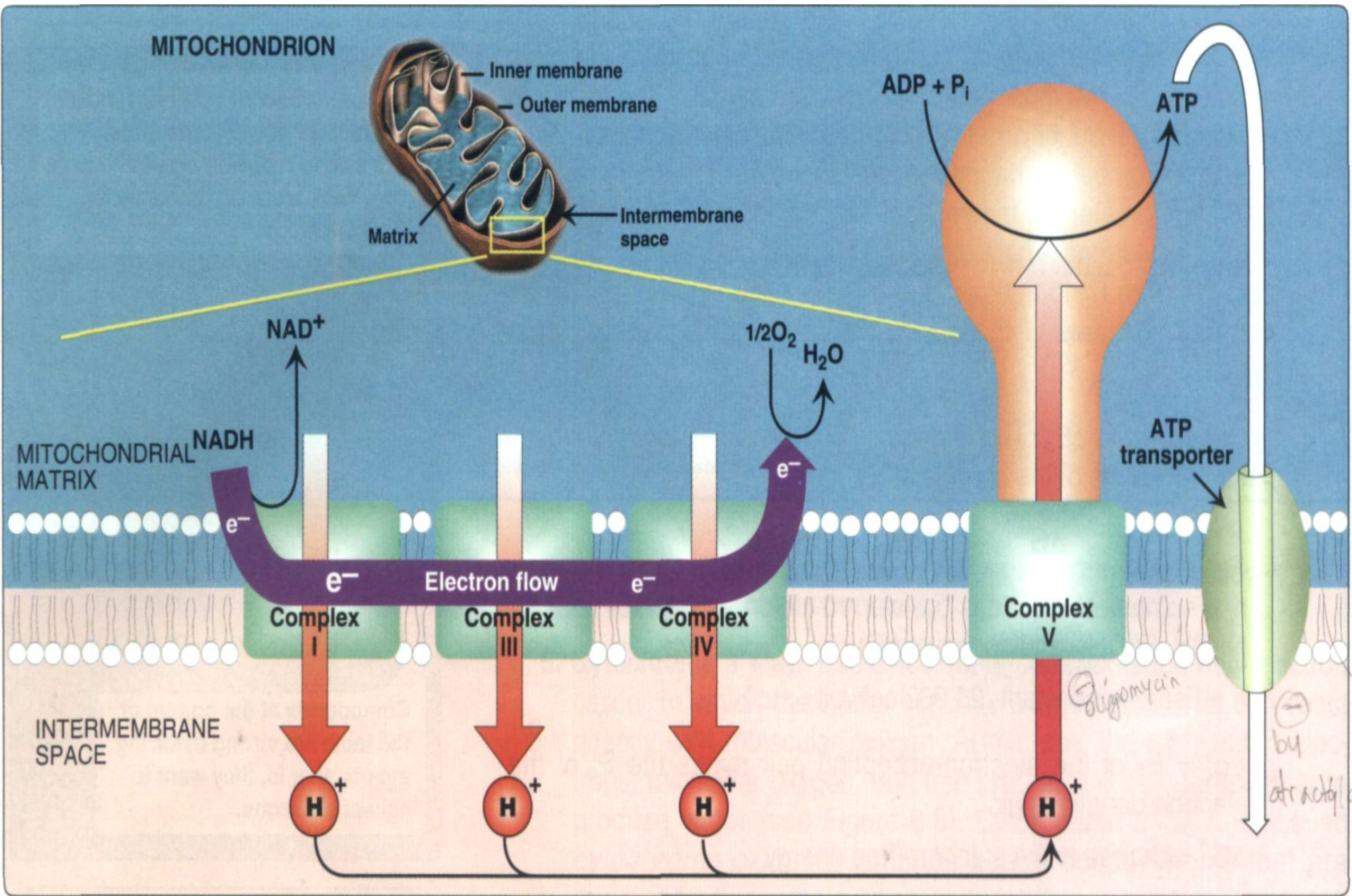


Figure 6.13

Electron transport chain shown coupled to the transport of protons. [Note: Complex II is not shown.]

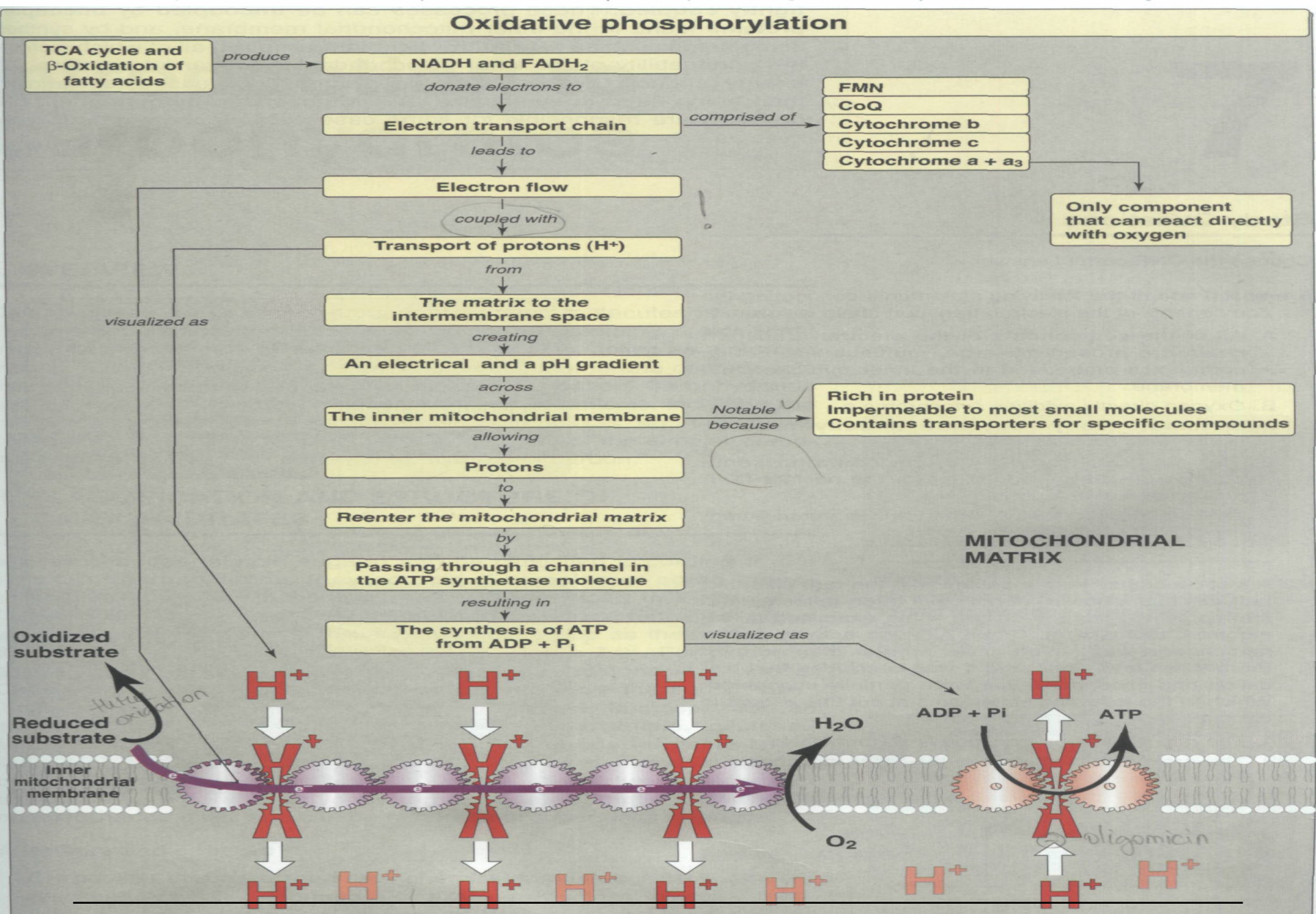
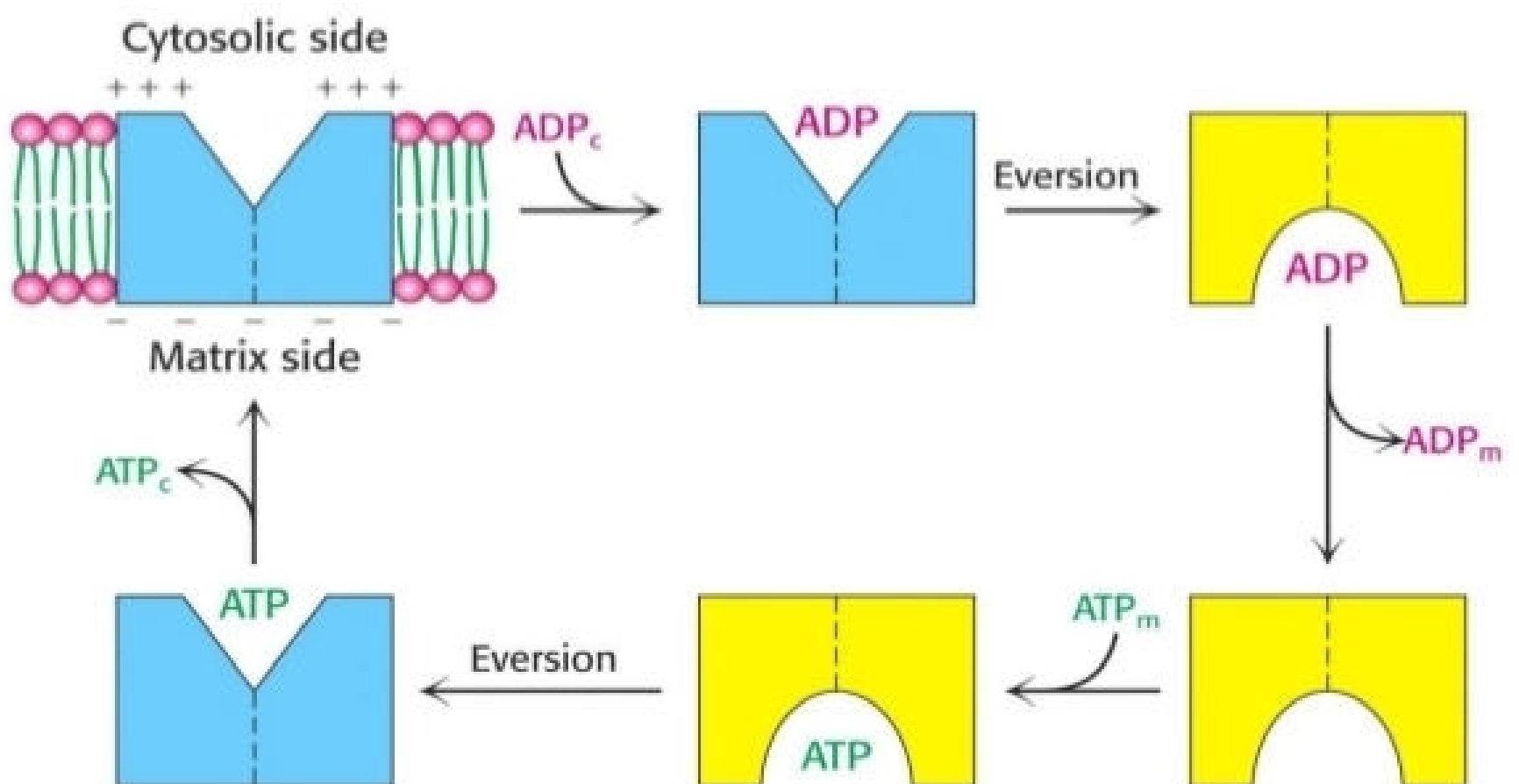


Figure 6.17

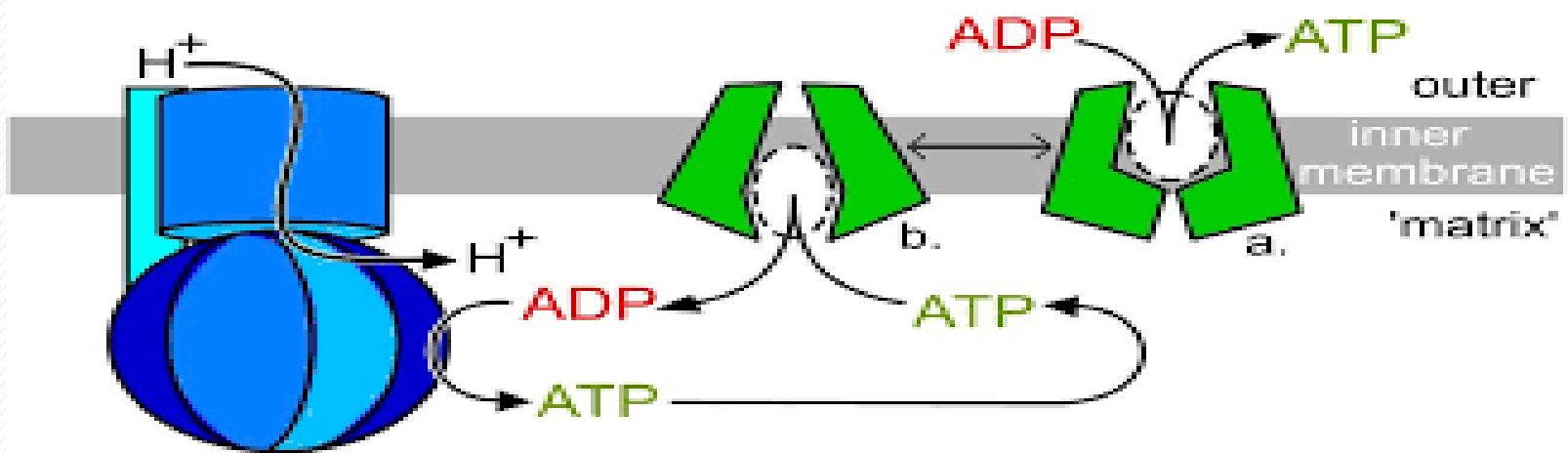
Summary of key concepts for oxidative phosphorylation. [Note: Electron flow and ATP synthesis are envisioned as sets of interlocking gears to emphase the idea of coupling.]

ATP Translocation From Mitochondria Through ATP/ADP Translocases

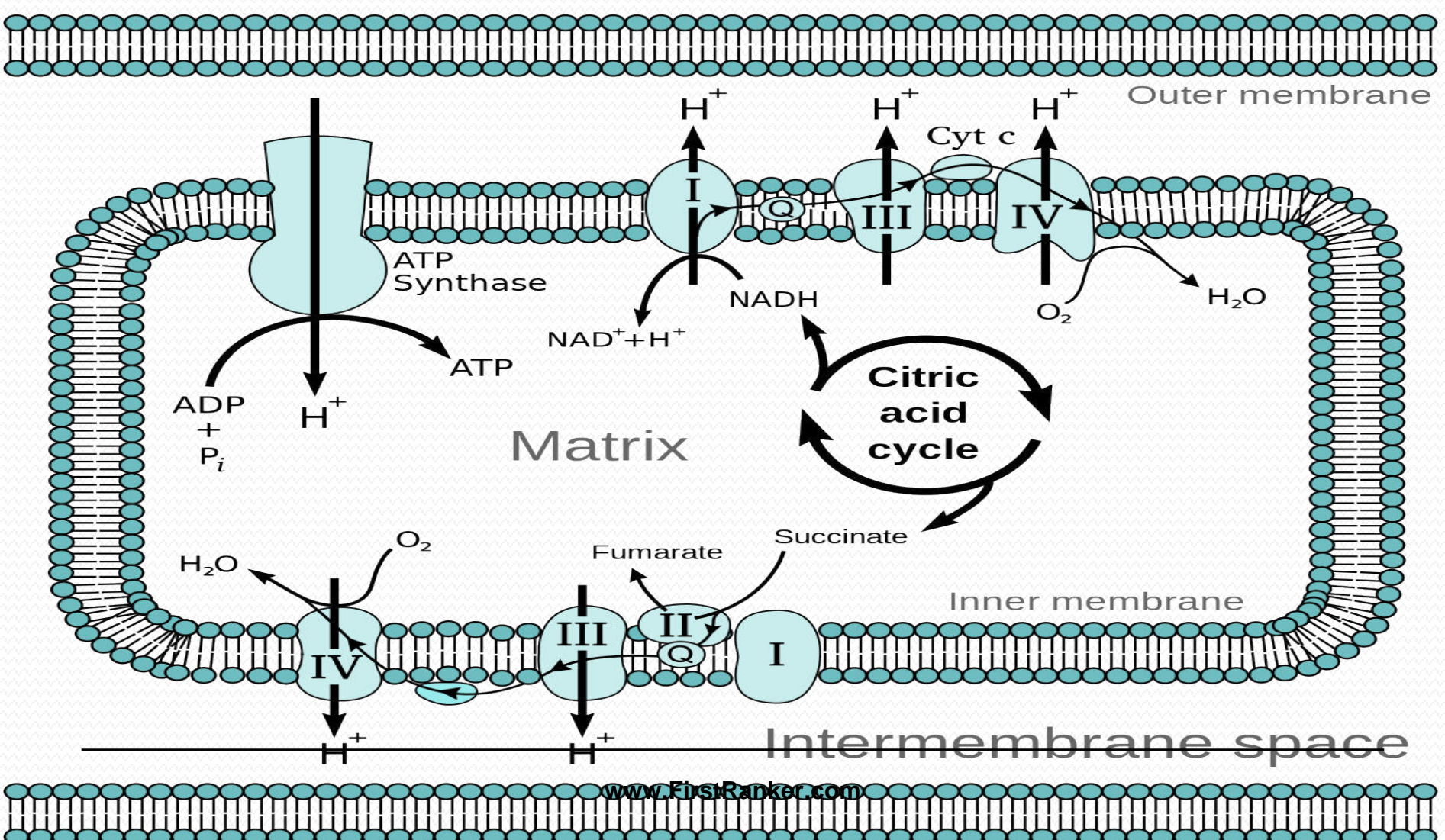
Movement of ATP/ADP Through translocase



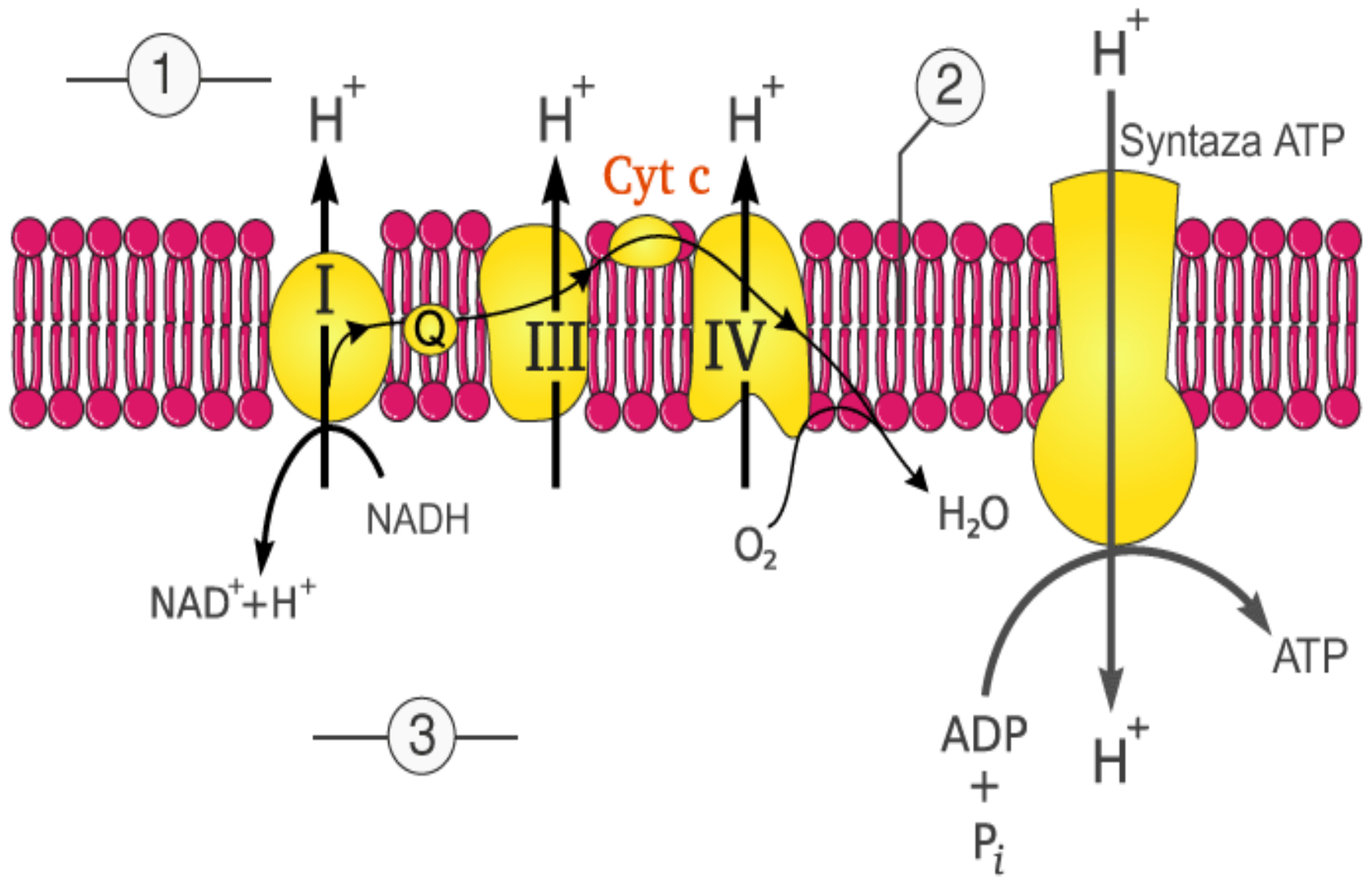
- **ATP molecules** produced in Oxidative Phosphorylation mechanism are
- Transported out of mitochondrial matrix through **specific transporters**



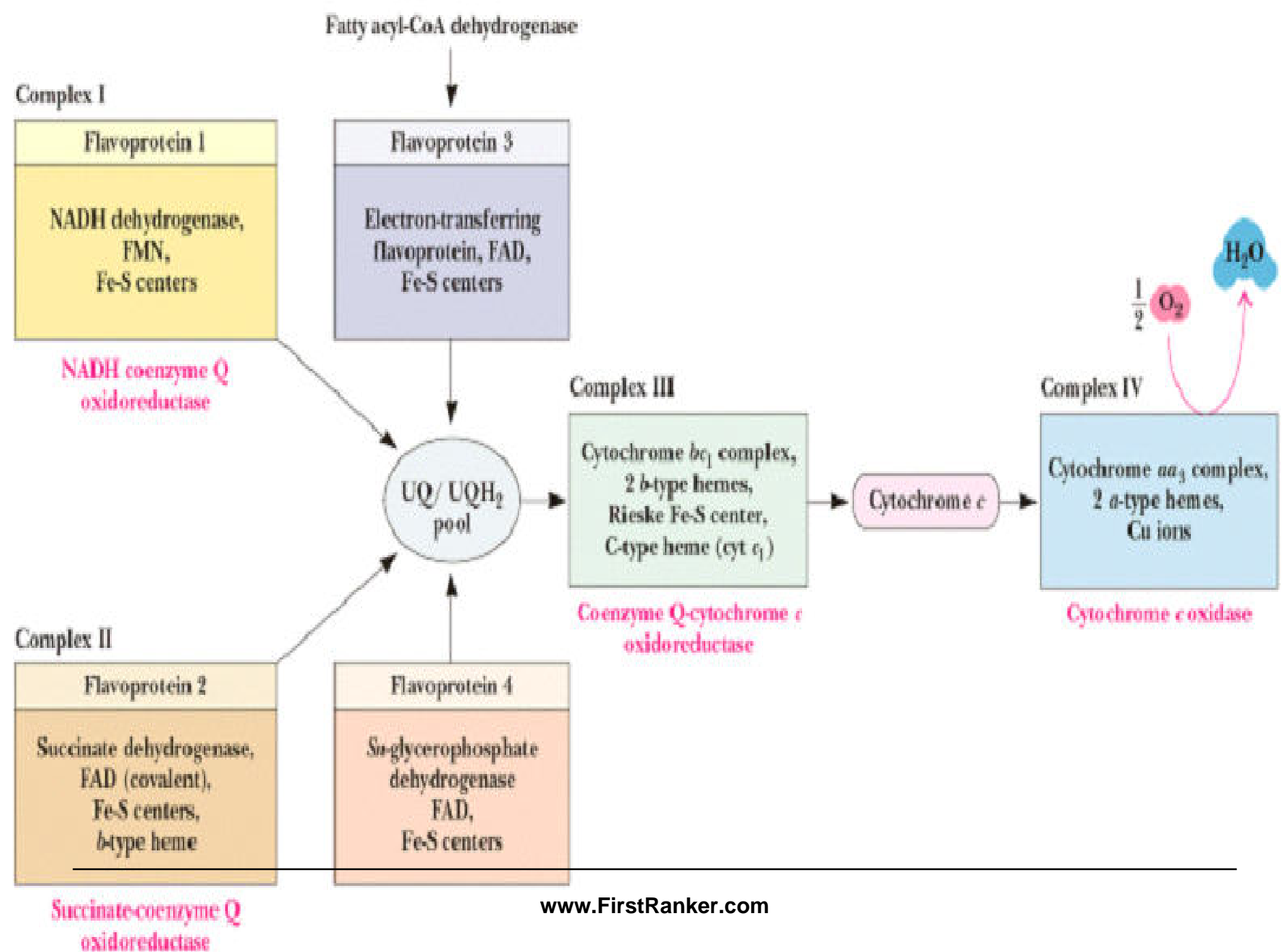
Operation Of ETC

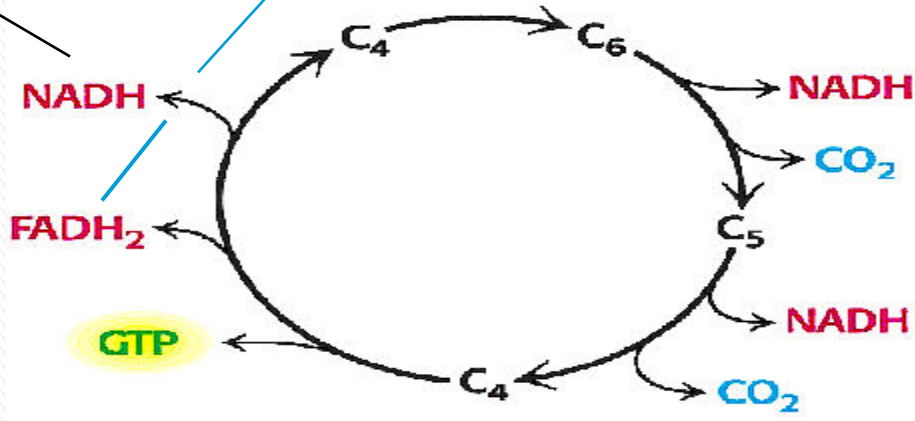
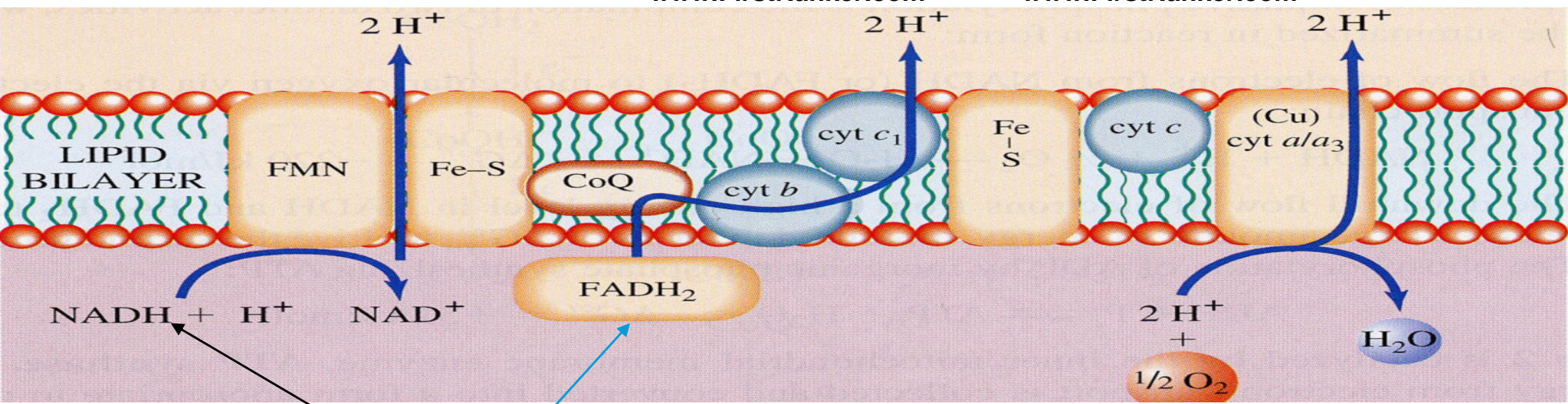


ELECTRON TRANSPORT CHAIN



- 1 Intermembrane Space | 2 Inner Mitochondrial membrane | 3 Mitochondrial Matrix





Glycolysis, Fatty acid oxidation
TCA cycle
supplies NADH and FADH₂ to the Electron Transport Chain

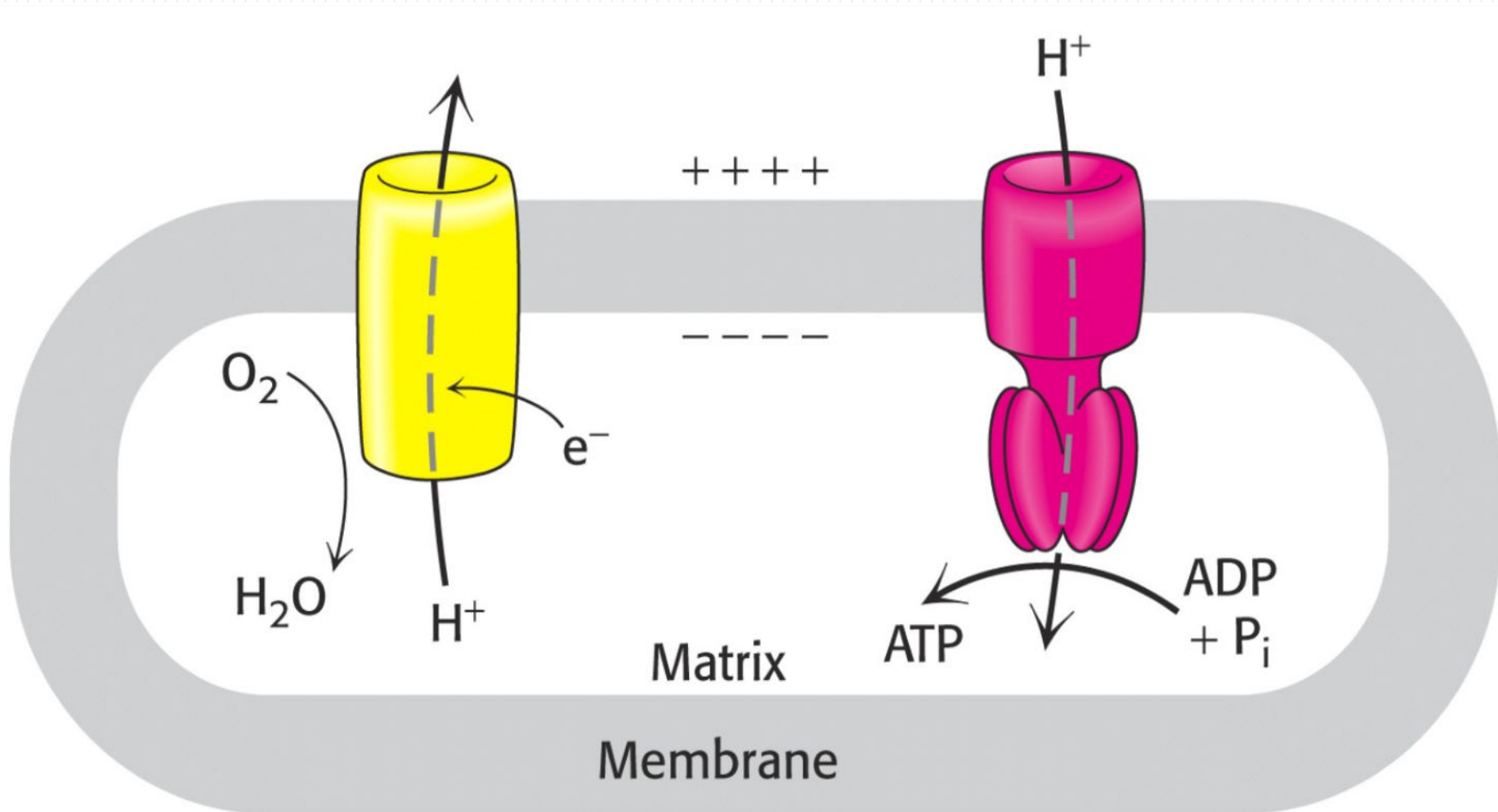
Fatty Acids

Acetyl Co A

Pyruvate

Glucose

Amino Acids



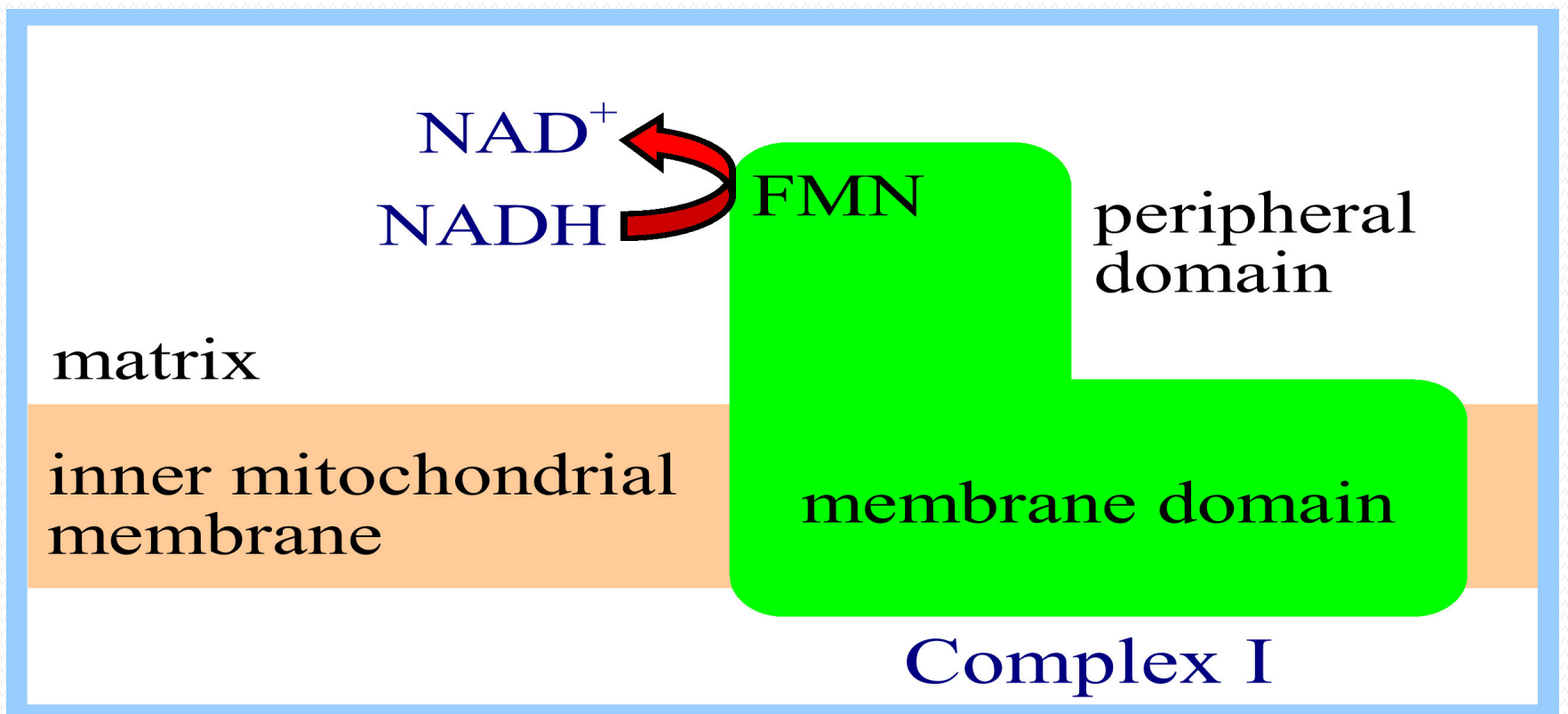
WHY ETC OPERATES ?

- During E.T.C operation **total energy change** is released in small increments
- So that energy can be trapped as chemical bond energy to form ATP.

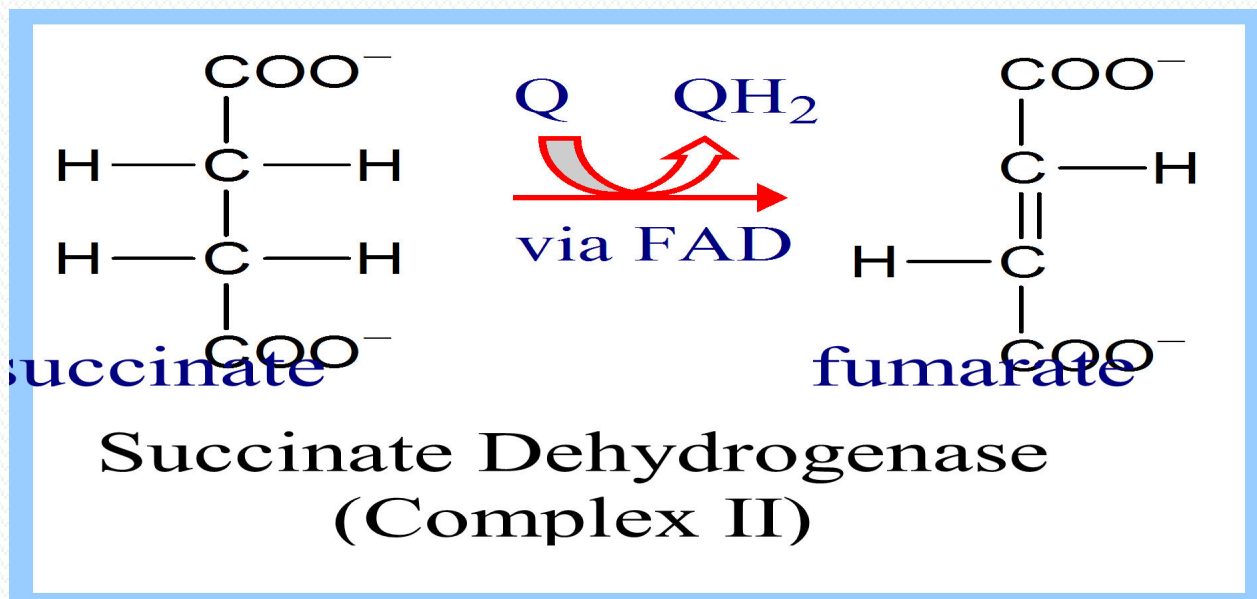
- When **two redox couples** of ETC **differ from each other by 0.22 volts** in **standard redox potential**.
- At this site **free energy** in the form of **heat** released which is more than 7.3 Kcal.
- This free heat energy is conserved to **undergo Phosphorylation reaction** and **generate chemical form of energy-ATP**.
- Sites in E.T.C at which energy liberated is **less than 7.3 Kcal** is simply dissipated in the form of heat.

- **Three sites in E.T.C** (Complex I, III and IV) where heat energy liberated **more than 7.3 Kcal**
- **Utilized for phosphorylation reaction of ADP with pi to form ATP.**
- Electrons are transferred from **$\text{NADH} + \text{H}^+ \rightarrow \text{O}_2$** via multisubunit inner membrane **complexes I, III & IV**, plus **CoQ & Cytochrome c**.
- Within each complex, electrons pass sequentially through a series of electron carriers.

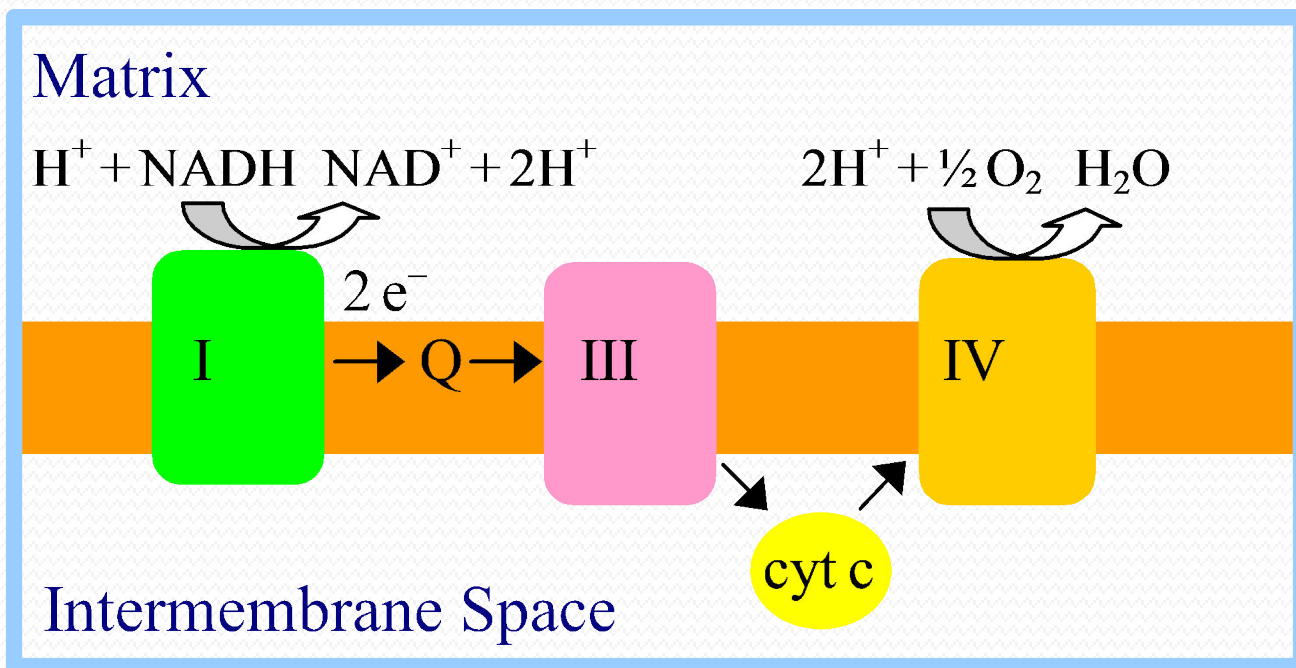
Complex I catalyzes oxidation of $\text{NADH} + \text{H}^+$ with reduction of coenzyme Q:



Coenzyme Q accepts 2e^- and picks up 2H^+ from FPH_2 to yield the fully reduced QH_2 .



- Succinate Dehydrogenase of the Krebs Cycle is also called **complex II** or **Succinate-CoQ Reductase**.
- **FAD** is initial e^- acceptor.
- FAD is reduced to **FADH₂** during oxidation of Succinate to Fumarate.
- FADH₂ generated by Succinate Dehydrogenase reaction gets **reoxidized** by **transfer of electrons** through a series of 3 iron-sulfur centers to **CoQ**, yielding **CoQH₂**.
- **QH₂** product may be reoxidized via **complex III**.
- Providing a pathway for transfer of electrons from Succinate into respiratory chain.



Complex III/ Cytochrome b-c₁ complex accepts electrons from coenzyme **QH₂** that is generated by electron transfer in complexes I & II.

- **Cytochrome c** resides in intermembrane space.
- It alternately binds to complex III or IV during e^- transfer.

Significance Of ETC

- **Reduced coenzymes gets reoxidized to NAD^+ /FAD in ETC for its reutilization in metabolic oxidation reactions.**
- **Reduced coenzymes $\text{NADH} + \text{H}^+$ /FADH₂ give its reducing equivalents to E.T.C components and get reoxidized.**
- **E.T.C generates chemical form of energy ATP as a valuable by product.**

P/O Ratio

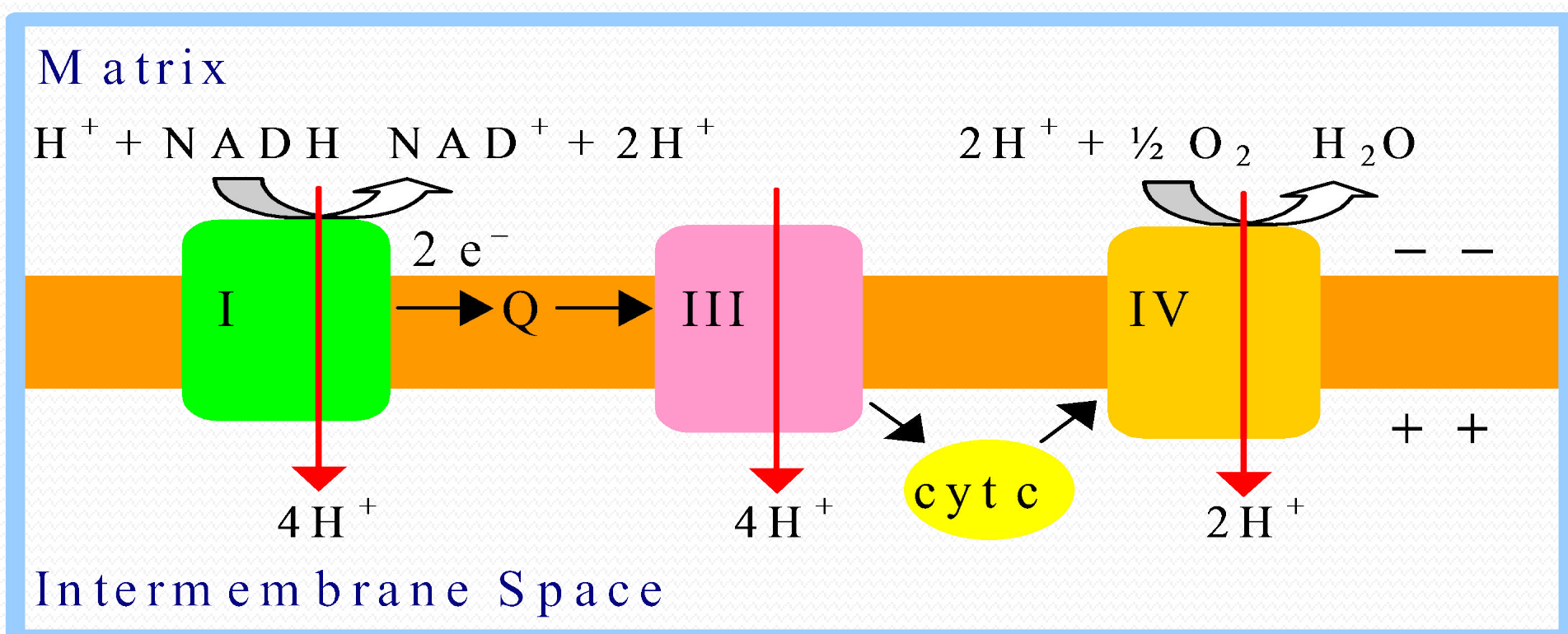
- Ratio of ATPs formed per Oxygen reduced

OR

- Number of ATPs generated per Oxygen atom used in ETC process.

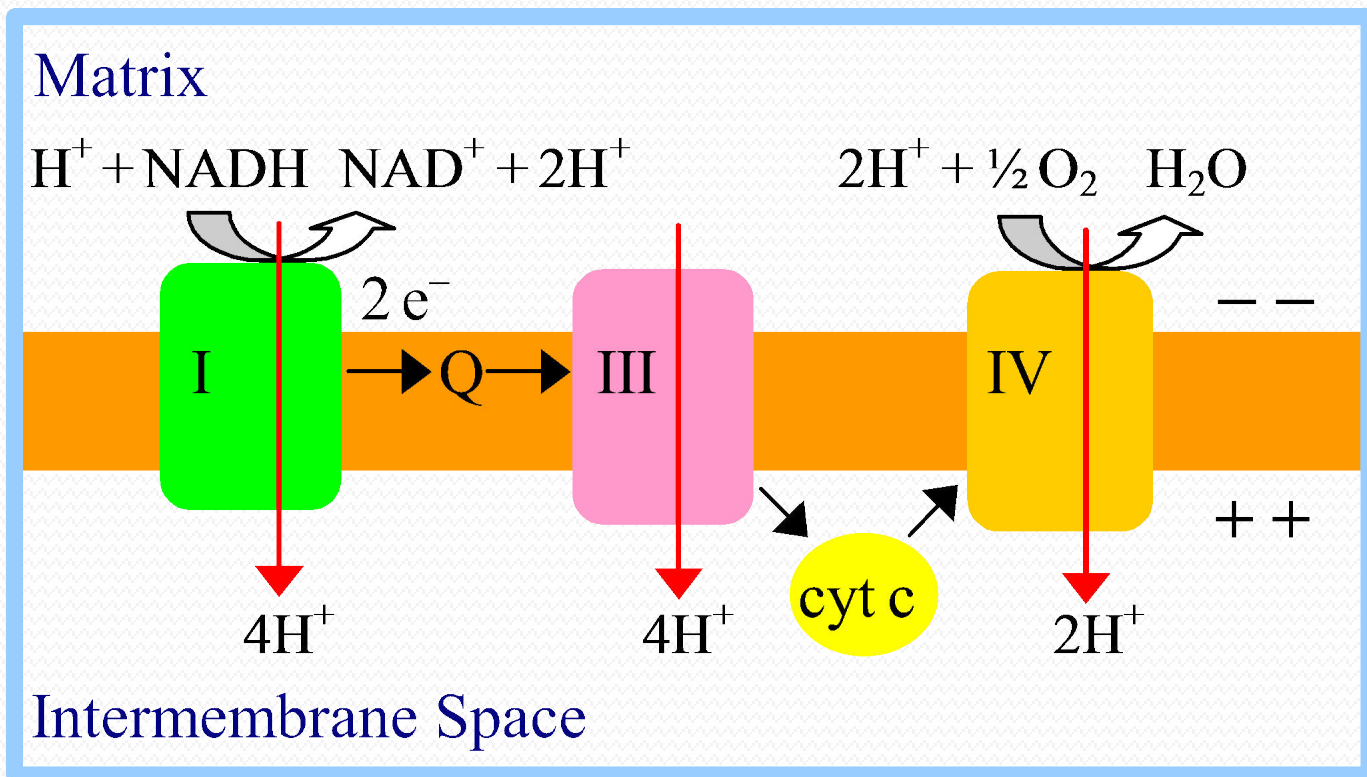
- To make 1 ATP need **30 kJ/mole**
- There needs more than one proton to translocate during ETC process to generate 1 ATP.
- **Ten protons** are pumped out of the matrix during the two electrons flowing from **$\text{NADH} + \text{H}^+$ to O_2** (Complex I, III and IV).
- **Six protons** are pumped out of the matrix during the two electrons flowing from **FADH_2 to O_2** (Complex III and IV).

Spontaneous **electron flow** through each of complexes I, III, & IV is **coupled to H^+ ejection from matrix to intermembrane Space**

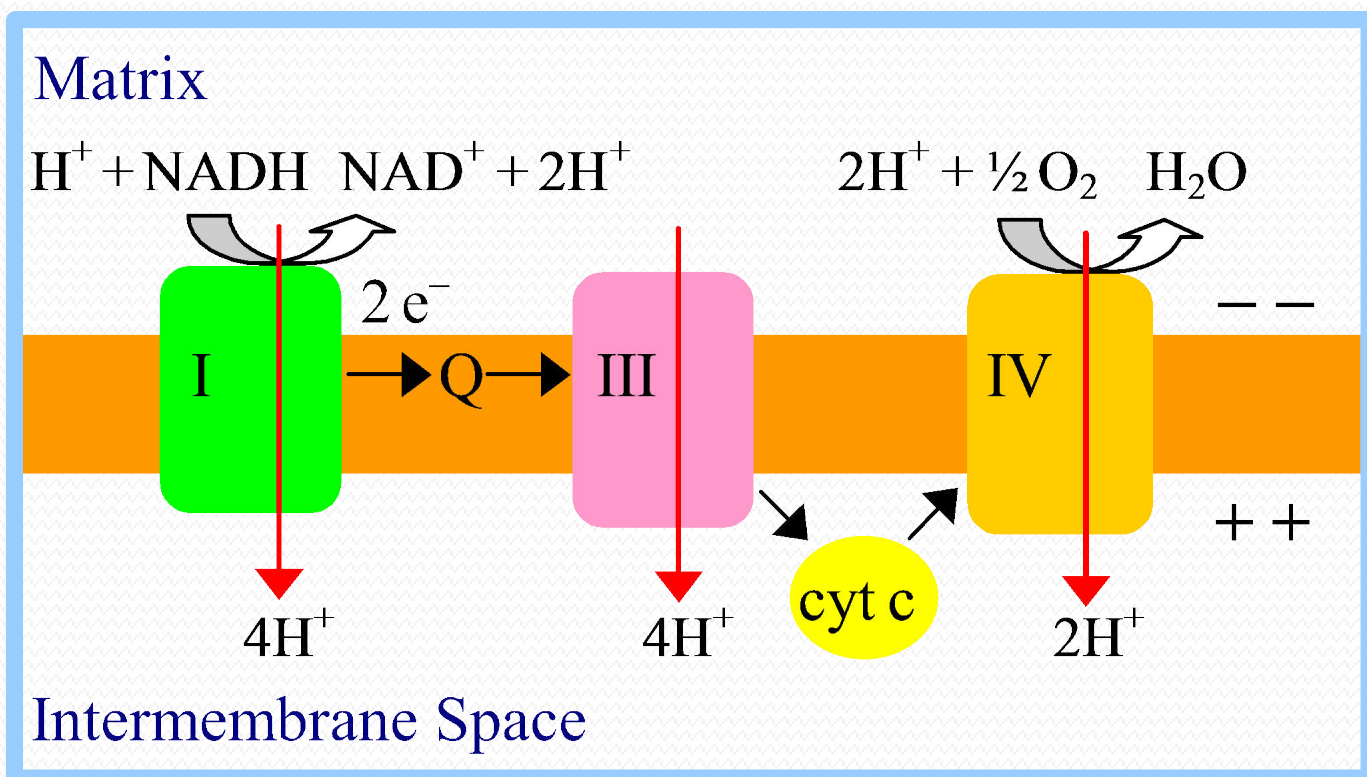


A total of 10 H^+ are ejected from the mitochondrial matrix **per 2 e^-** transferred **from $NADH$** to oxygen via the respiratory chain.

A total of 6 H^+ are ejected from the mitochondrial matrix **per 2 e^-** transferred **from $FADH_2$** to oxygen via the respiratory chain.

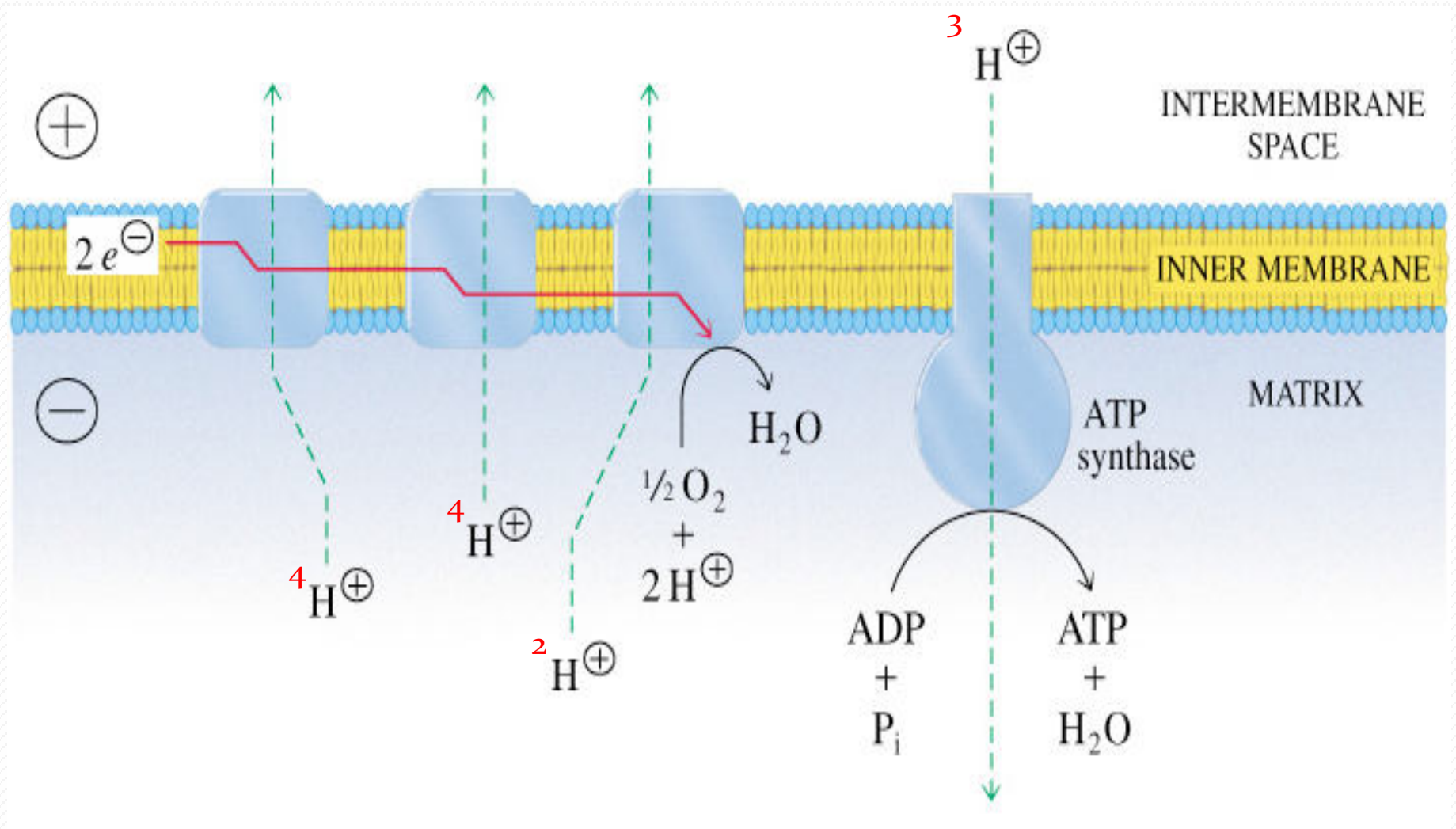


Complex I and **Complex III** transports 4H^+ out of the mitochondrial matrix per 2e^- transferred from NADH.



Thus there are 2H^+ per 2e^- that are effectively transported by **complex IV**.

ATP Yield

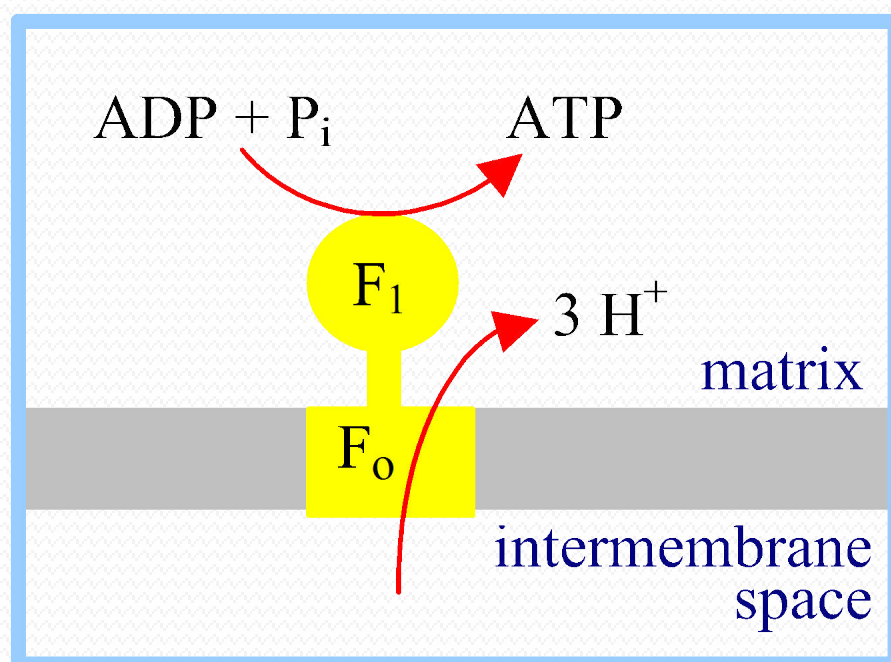


- 10 protons translocates per $NADH + H^+$
- 6 protons translocates per $FADH_2$

- **Proton gradient and Proton motive Force created as electrons transferred to Oxygen forming water**

10 H^+ / $NADH + H^+$

6 H^+ / $FADH_2$



F₁F₀ couples ATP synthesis to H⁺ transport into the mitochondrial matrix. Transport of least **3 H⁺** per ATP is required.

- **Translocation of 3H^+ required by ATP Synthase for each ATP produced**
- **1H^+ needed for transport of Pi .**
- **Net: 4H^+ transported for each ATP synthesized through ATP Synthase.**

P:O Ratio for $\text{NADH} + \text{H}^+$

$$\frac{10\text{H}^+ \times \underline{1\text{ATP}}}{4\text{H}^+} = \mathbf{2.5\text{ATP}}$$

P.O Ratio for FADH_2

$$\frac{6\text{H}^+ \times \underline{1\text{ATP}}}{4\text{H}^+} = \mathbf{1.5\text{ATP}}$$

- **P:O ratio for NADH: $10 \text{ H}^+ / 4 \text{ H}^+ = 2.5 \text{ ATP}$**
- **P:O ratio for FADH₂: $6 \text{ H}^+ / 4 \text{ H}^+ = 1.5 \text{ ATP}$**

ATP Is A Valuable Byproduct Of Oxidative Phosphorylation

- ATP is a high energy phosphate compound
- Biologically important free nucleotide

ATP has Two High Energy Phosphate Anhydride Bonds

- ATP is energy currency of cell.
- Predominantly generated through Oxidative Phosphorylation.

Sites Of ATP Production In ETC

- **3 sites Of ATP Generation in ETC**

- **Site I/Complex I-**

Electrons transferred from Complex I to CoQ

- **Site II/Complex III-**

Electrons transferred from Cyt b to Cyt c₁.

- **Site III/Complex IV-**

Electrons transferred from Cytochrome aa₃/Complex IV/Cytochrome Oxidase to $\frac{1}{2}$ O₂

**Thus ATP Generation
Is Due To Transformation Of
Heat Energy Into Chemical Form Of Bond Energy**

**Which Satisfy Law Of Thermodynamics
Energy Is never Destructed
Energy Is Transformed From One Form To Another
From One System To Another
One Body To Another**

Significance OF ATP

- **ATP allows coupling of thermodynamically unfavorable reactions to favorable reactions.**

- **Uses of ATP generated in Oxidative Phosphorylation**
 - **Synthetic/Anabolic reactions**
 - **Active transport mechanism.**
 - **Muscular contraction**
 - **Nerve impulse conduction.**

- ATP is continually being hydrolyzed and regenerated
- A person at rest consumes and regenerate
~~3 ATP/ sec~~

Staying Alive Energy Wise

- We need 2000 Cal/day or 8,360 kJ of energy per day
- Each ATP gives 30.5 kJ/mole of energy on hydrolysis
- **We need 246 moles of ATP**
- Body has less than 0.1 moles of ATP at any one time
- We need to make 245.9 moles of ATP
- Each mole of Glucose yields 38 ATPs or 1160 kJ
- We need **7.2 moles of Glucose** (1.3 kg or 2.86 pounds)
- Each mole of Stearic acid yields 147 ATPs or 4,484 kJ
- We need **1.86 moles of stearic acid** (0.48 kg or 1.0 pound of fat)

Remember

- **CoQ accepts electrons and Protons by complexes I and II**
- **Acceptance of Protons and Electrons from Complex II by CoQ does not generate ATP**

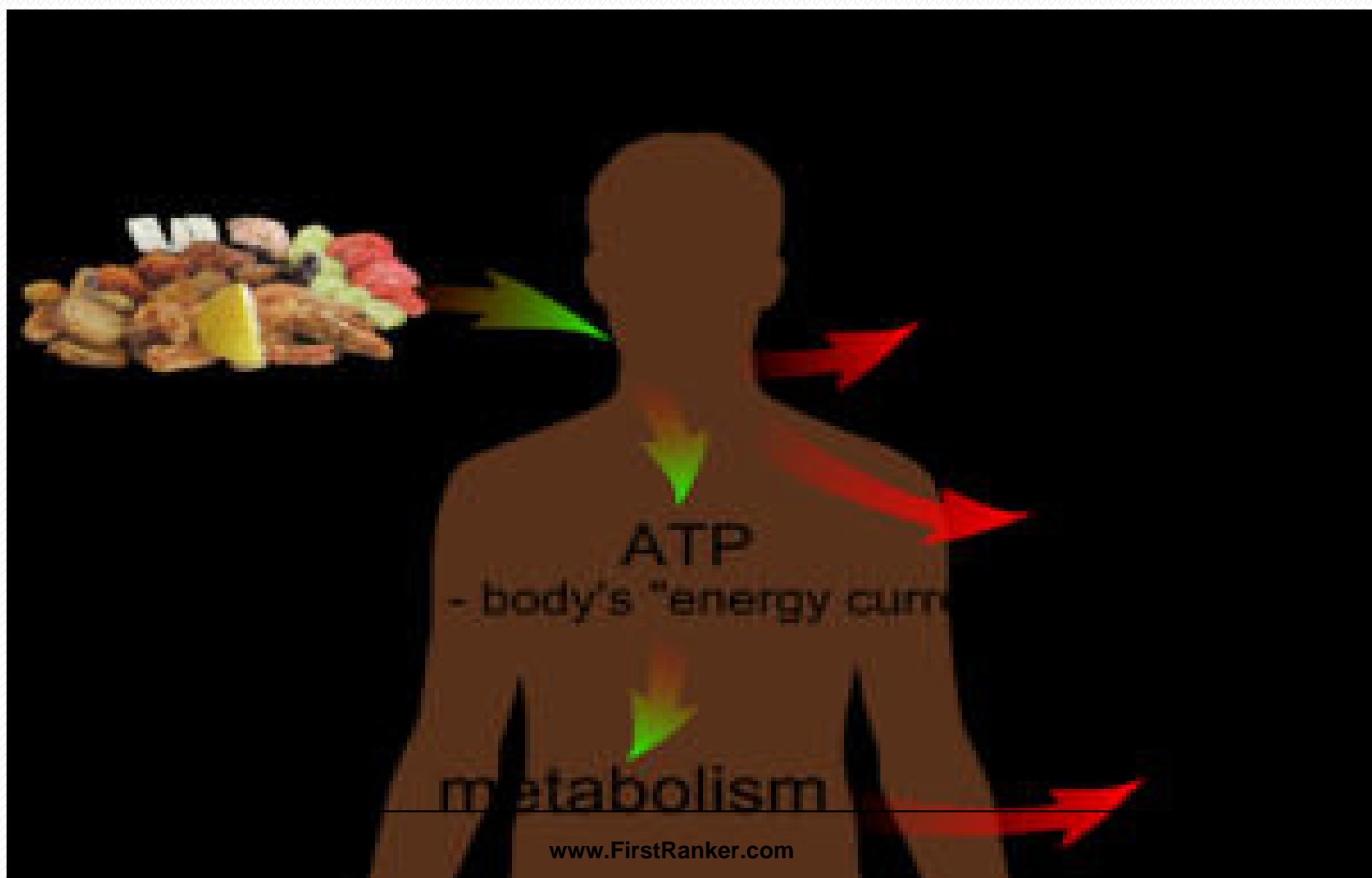
E.T.C is a Mode For Free Radical Generation

- During E.T.C operation there occurs leakage of small amounts of electrons
- Which are transferred directly to oxygen to form super oxide ion (Free radicals/ROS)

What is a Free Radical ?

- Any chemical species with one of more unpaired electrons
- Unstable/Highly Reactive to get stabilized
- Powerful Oxidant
- Short half life (nanoseconds)
- Can exist freely in environment

ETC



Factors For Universal Metabolism

- Nutrition
- Environment
- Life Style Habits

- **Factors Associated To ETC**

- Metabolites- Carbs ,Proteins , Lipids
 - Vitamins , Minerals and Antioxidants
 - Oxygen Concentration
 - Respiration Process
 - Hemoglobin Structure and Function
 - Mitochondrial DNA
-

REGULATORS OF OXIDATIVE PHOSPHORYLATION

Important Direct Substrates

Regulators Of Oxidative Phosphorylation and ATP Generation

- NADH/FADH₂
- O₂
- ADP and pi

Indirect Substances Involved

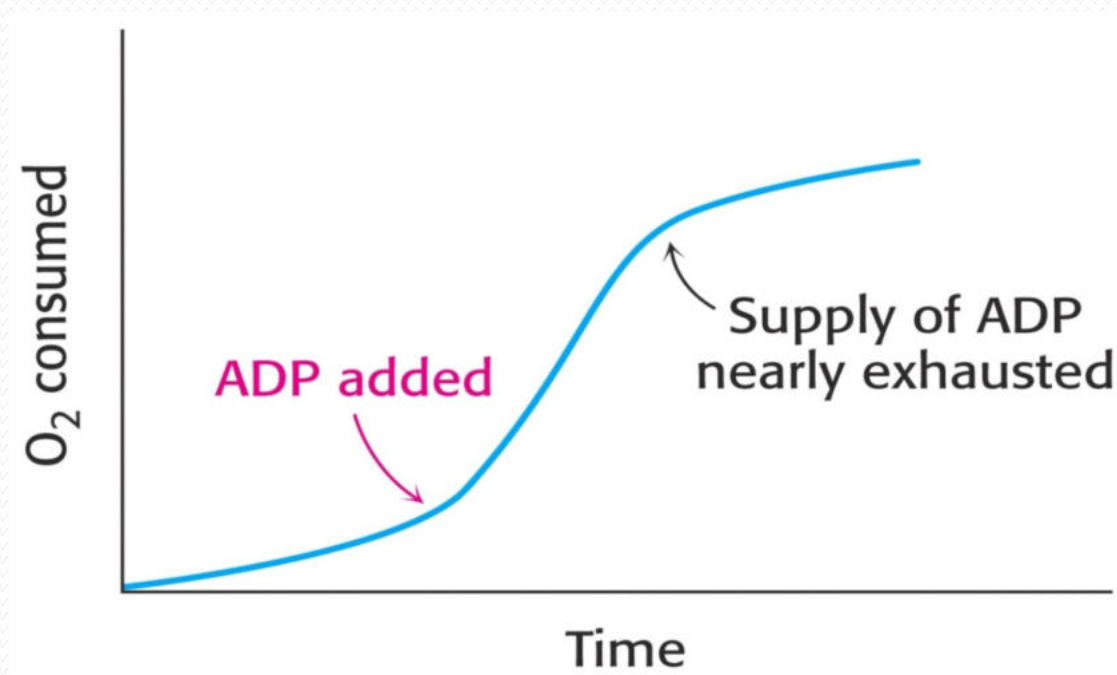
- Glucose
- Fatty acids
- Insulin
- Amino acids and Proteins
- Iron
- Vitamin C
- Vitamin B Complex members- Niacin, Riboflavin

ATP/ADP Ratio
Regulates Mechanism Of
Oxidative Phosphorylation

Respiratory Control

The most important factor in determining the rate of oxidative phosphorylation is the **level of ADP**.

The regulation of the rate of oxidative phosphorylation by the ADP level is called **respiratory control**



- ADP and p_i is required for ETC process.
- Intramitochondrial ratio ATP/ADP is a control mechanism

- At high ATP/ADP ratio
 - **ATP acts as an allosteric inhibitor** for **Complex IV** (Cytochrome Oxidase)
 - Inhibition is reversed by increasing ADP levels.
-
- ADP levels reflect rate of **ATP consumption and energy state of the cell.**
-
- At low ADP levels – **Low oxidative phosphorylation**

- Electron transport is tightly coupled to phosphorylation.
- ATP cannot be synthesized by oxidative phosphorylation unless there is heat energy released from electron transport.
- Electrons do not flow through the electron-transport chain to O_2 unless **ADP is phosphorylated to ATP.**

Inhibitors OF ETC Complexes

OR

Inhibitors Of Oxidative Phosphorylation

ETC Complexes Inhibitors OR Interruptors of Oxidative Phosphorylation Mechanism

- **Enemies/Distractors** of ETC components who stop its normal operation.
- Block ETC operation and stop ATP generation.

ETC Complexes Inhibitors

- Chemical compounds **having affinity for ETC components/complexes**
- Chemically interact with ETC complexes, **bind and inactivate them**
- **Affects normal functional** operation of ETC
- **Low/No ATP production**
- **Cessation of cellular activities**

- **Complex I/ Site I - E.T.C Inhibitors**

- ❖ **Amobarbital /Amytal**
- ❖ **Rotenone (Fish/Rat Poison)**
- ❖ **Mercurials**
- ❖ **Piercidin -A**

(Volatile Anesthetics)

- ❖ **Halothane (Malignant Hyperthermia)**
- ❖ **Fluothane**
- ❖ **Isoflurane**
- ❖ **Sevoflurane**

- **Complex III/ Site II -E.T.C Inhibitors**

- ❖ **British Anti Lewisite (BAL)**
- ❖ **Antimycin -A**
- ❖ **Dimercaprol**

- **Complex IV / Site III / Cytochrome Oxidase Inhibitors :**

- ❖ **Cyanide**

- ❖ **Carbon Monoxide**

- ❖ **H₂S**

- ❖ **Azide**

- ⦿ **Cyanide is most potent inhibitor of ETC**

- ⦿ **It binds to Fe³⁺ of cytochrome oxidase**

blocking mitochondrial respiration leading to cell death.

- ⦿ **Cyanide poisoning causes death due to tissue asphyxia (mostly of CNS)**

Complex V Inhibitors

ATP Synthase Inhibitors

- **Oligomycin**

- **F_o particle** of ATP Synthase serve as **proton channel**
- An antibiotic Oligomycin binds with **F_o particle of ATP Synthase**
- **Do not translocate Protons through it.**
- Inhibits activation of ATP Synthase phosphorylation of ADP to ATP.

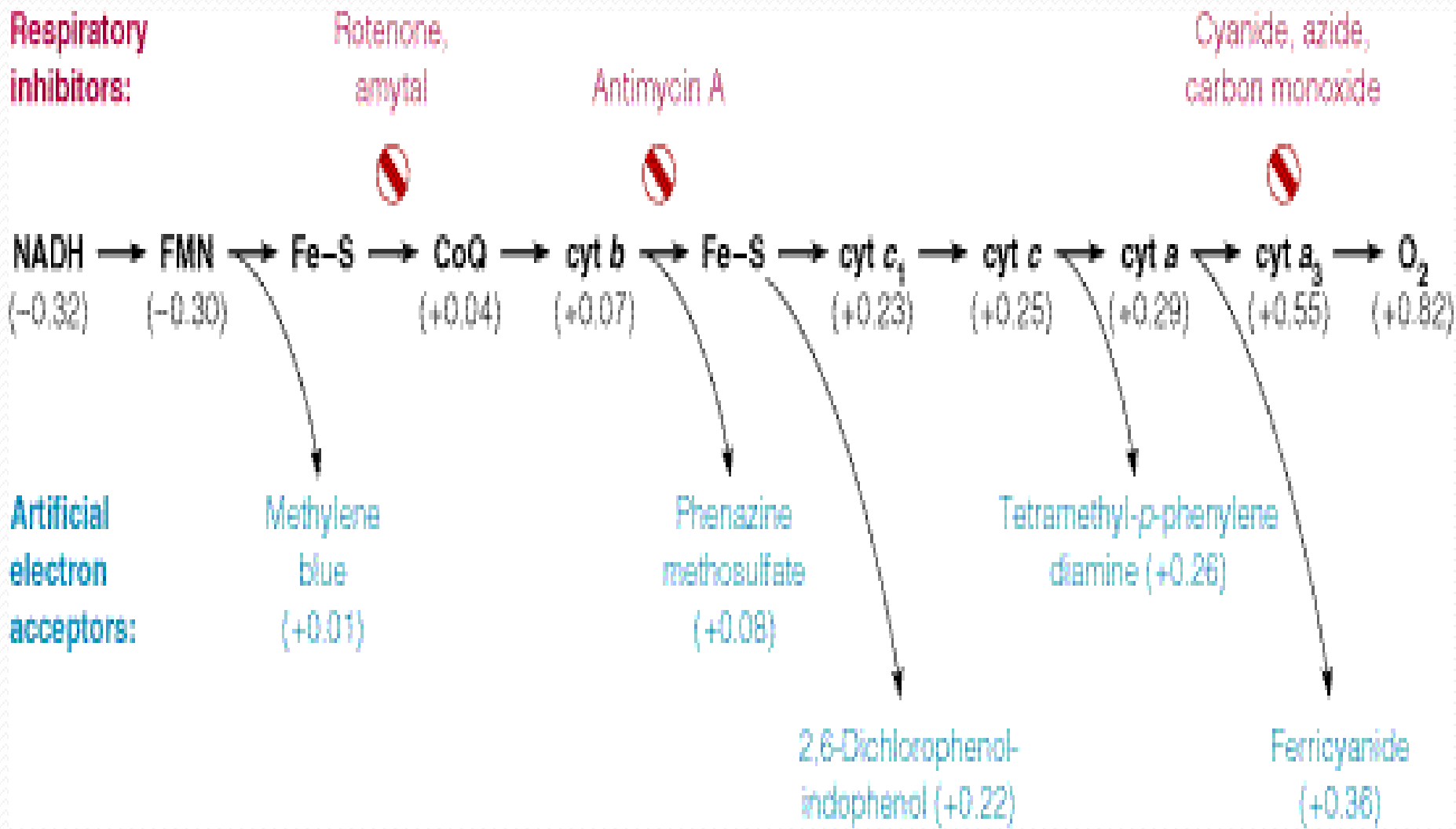
● Atractyloside

- A Glycoside **prevents translocation of ADP** across mitochondrial membrane.
- Make it **unavailable for phosphorylation reaction**

● Bongregate

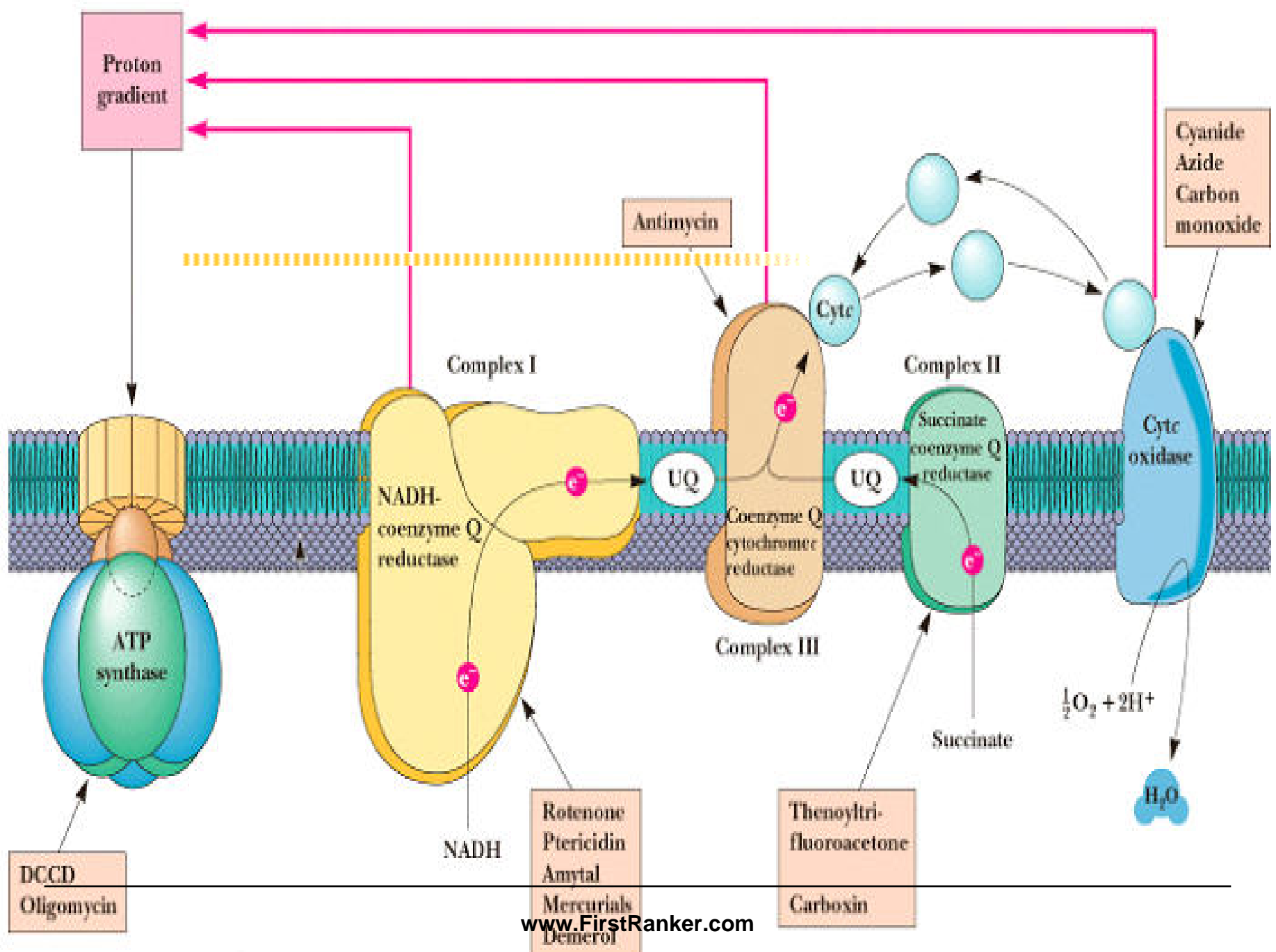
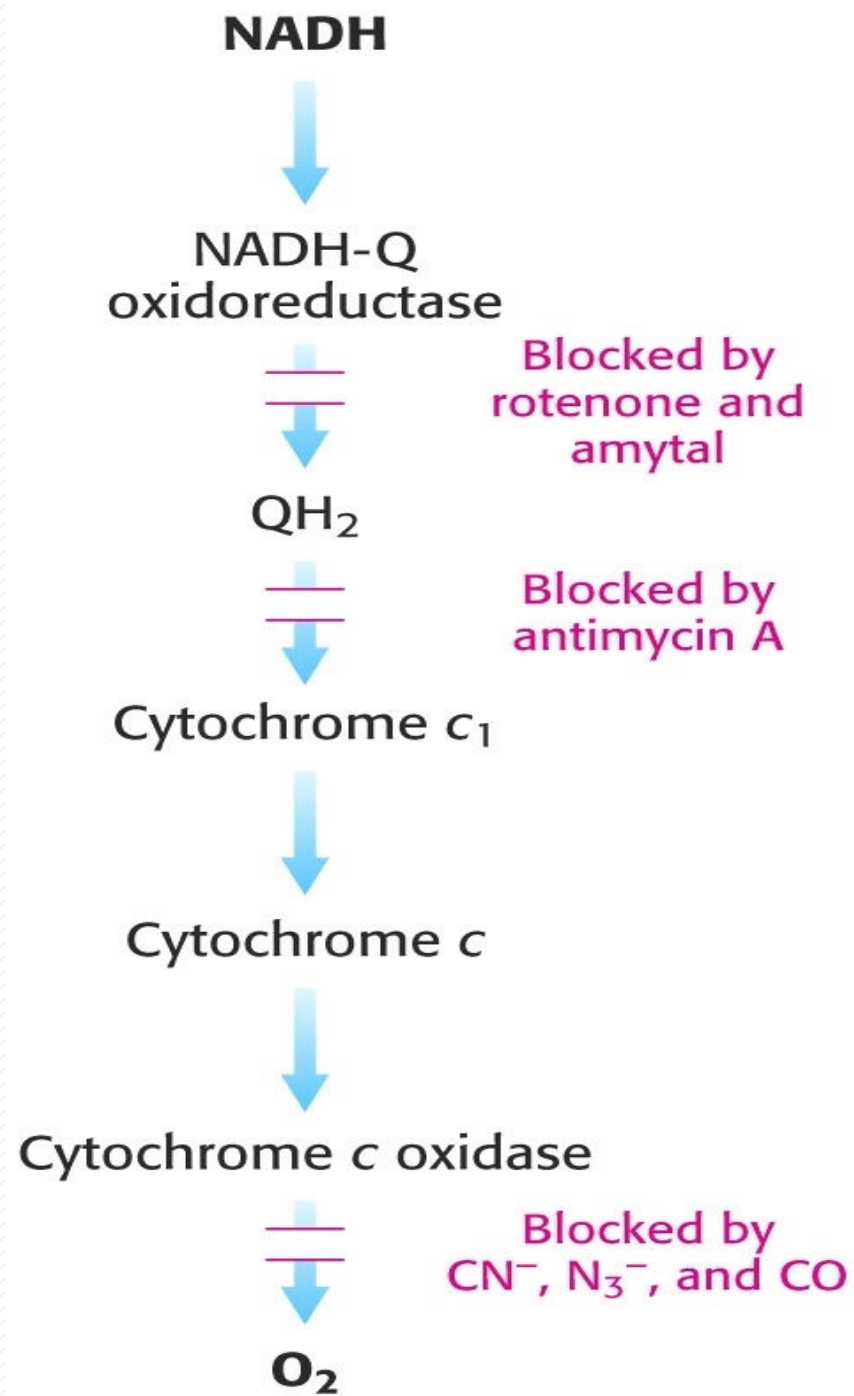
- Pseudomonas toxin has inhibitory action **similar like Atractyloside**.

Artificial Electron Acceptors/ Distractors Of ETC



- These chemicals arrest respiration by inhibition of ETC complexes

Specific inhibitors of Electron Transport Chain and ATP-Synthase



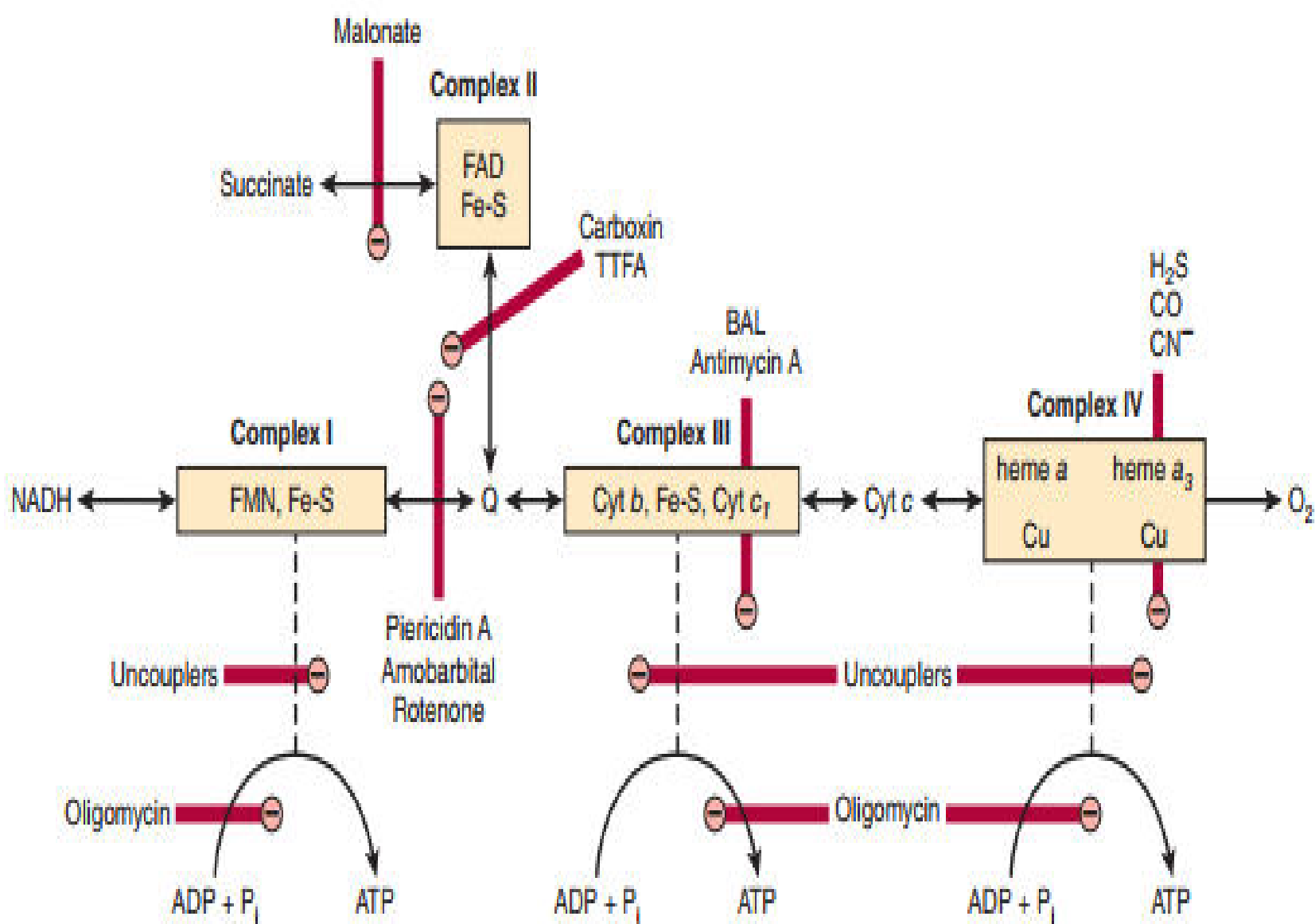


FIGURE 13-9 Sites of inhibition (⊖) of the respiratory chain by specific drugs, chemicals, and antibiotics. (BAL, dimercaprol; TTFA, an Fe-chelating agent. Other abbreviations as in Figure 13-5.)

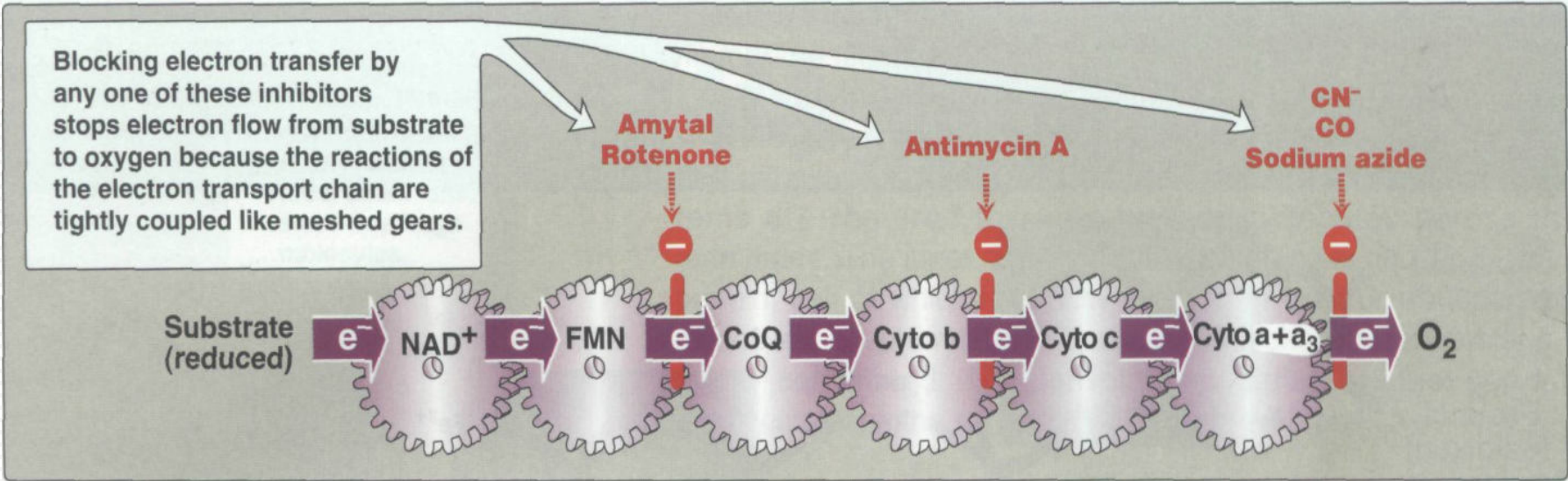


Figure 6.10 Site-specific inhibitors of electron transport shown using a mechanical model for the coupling of oxidation-reduction reactions. [Note: Figure illustrates normal direction of electron flow.]

Uncouplers Of Oxidative Phosphorylation

What are Uncouplers?

- Uncouplers are **chemical agents**
- Uncouplers are mostly **lipid soluble aromatic weak acids**
- They **Uncouple/Delink** two tightly coupled **natural processes**
 - E.T.C (Oxidation) **uncoupled** from **Phosphorylation (ATP generation)**
- They just carry out **Oxidation without Phosphorylation**

Normal cellular respiration



Uncoupling of cellular respiration



**Uncouplers break the
connection between
Electron Transport Chain and
Phosphorylation**

**Electron transport is a motor
Phosphorylation is the transmission**

Uncouplers put the car in NEUTRAL

**Uncouplers Action Illustrates
As Total Solar Eclipse**



- Uncouplers just bring oxidation (E.T.C/Sun Rise) **without phosphorylation**(Interrupted Sun Light)
- **Uncoupler** (Moon In between) **inhibits generation of ATP** (Dark/No Day)

Types Of Uncouplers

Physiological Uncouplers

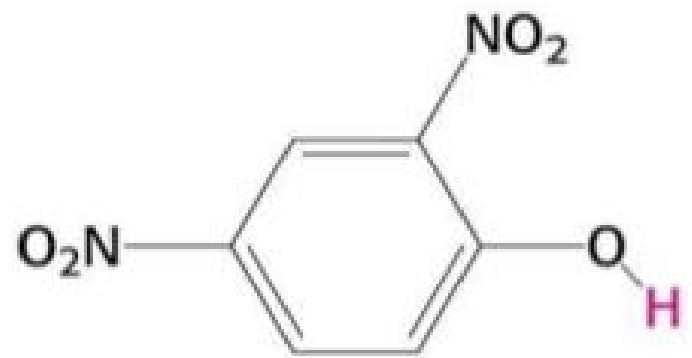
- Thermogenin / **Uncoupling Protein-1**
- Excess of Thyroxine
- Long Chain Fatty acids
- Unconjugated Hyperbilirubinemia

Chemical Uncouplers

- 2,4 Di Nitro Phenol
- Di Nitro Cresol
- Dicumarol
- Aspirin
- *p*-Trifluoromethoxy Carbonyl Cyanide Phenylhydrazine (FCCP)
- Valinomycin
- Pentachlorophenol
- Snake Venom-Phospholipases

2,4-dinitrophenol (DNP)

- ⚙️ A small lipophilic molecule
- ⚙️ A protein carrier
- ⚙️ Can easily diffuse through the IMM
- ⚙️ Also used as drug to lose weight
- ⚙️ Due to many side effects
FOOD & DRUG
ADMINISTRATION has
banned this drug

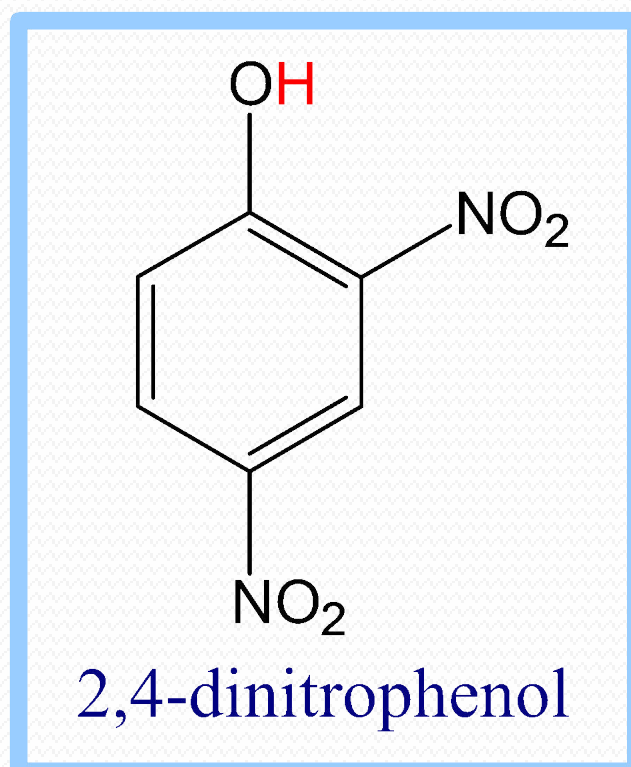


2,4-Dinitrophenol (DNP)

Mode Of Action Of Uncouplers

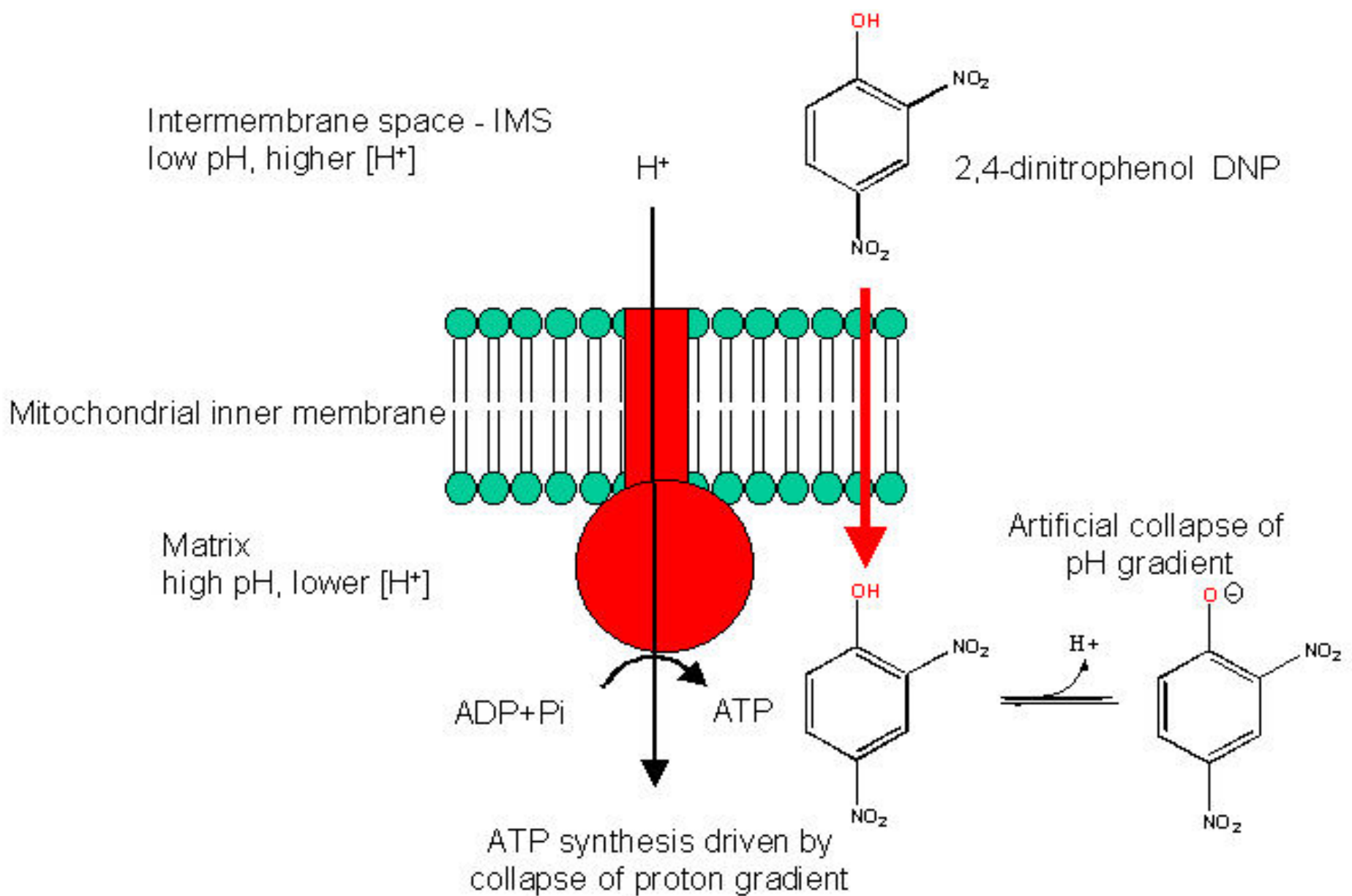
- Certain Uncouplers are **ionophores**, **lipophilic substances**.
- They **carry protons** from intermembrane space across mitochondrial membrane to matrix
- From **site other than specific site**.
(i.e not through F_0 and F_1 particles of ATP Synthase).

- Certain **Uncouplers changes permeability** of mitochondrial membrane to protons.
- Translocate protons easily through mitochondrial membrane.



2,4 DNP dissolve in membrane and function as **carriers for H⁺**.

MITOCHONDRIAL ATP SYNTHESIS



A- Uncouplers

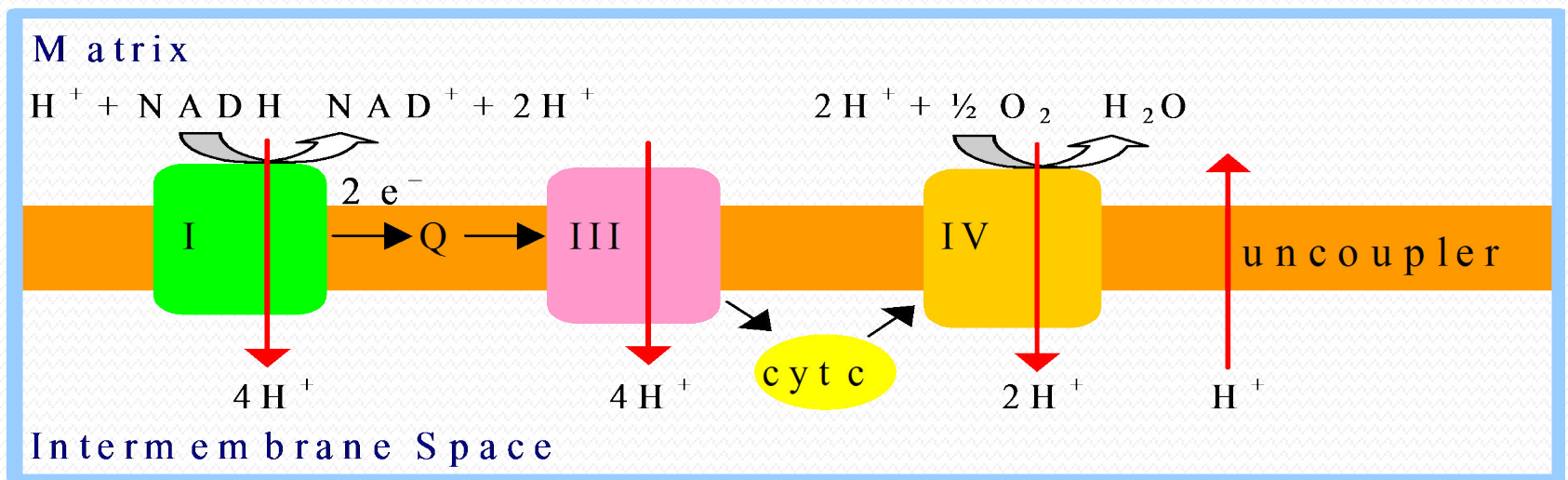
These compounds **abolished the coupling between oxidation and phosphorylation** through increasing the permeability of the IMM



Failure of formation of the electrochemical gradient



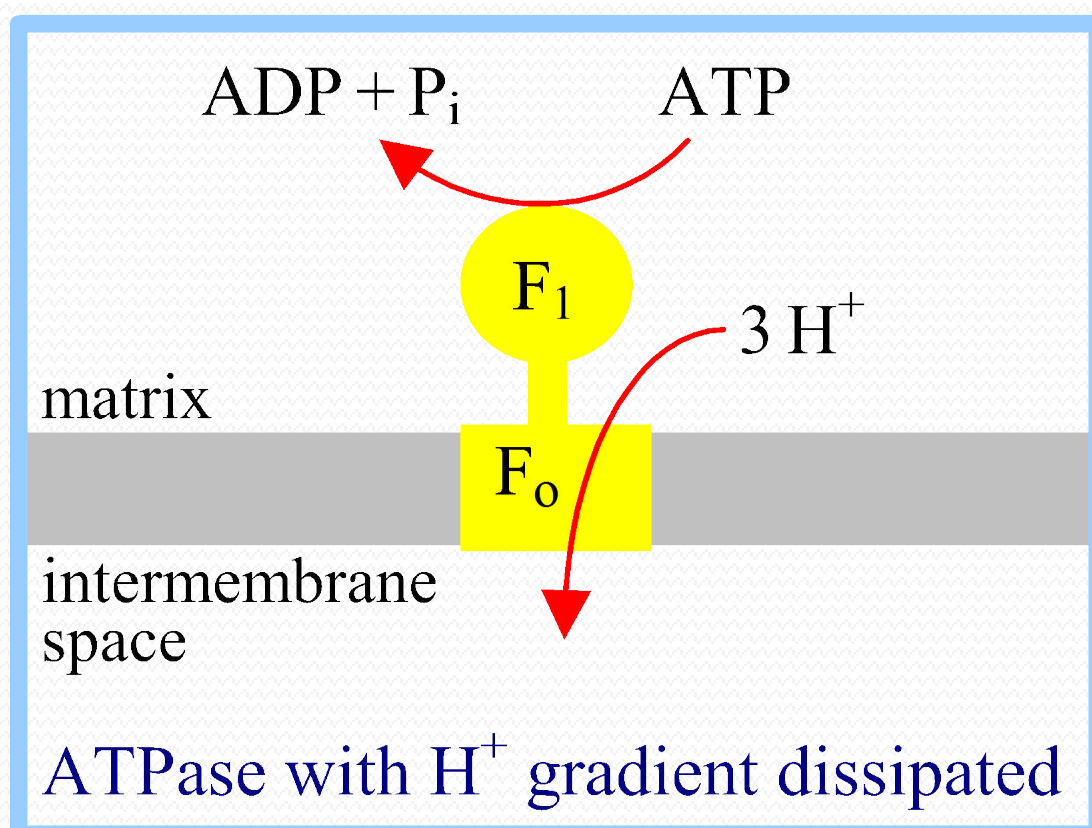
ATP formation stops while oxidation proceeds.



Uncouplers block oxidative phosphorylation by dissipating H^+ electrochemical gradient.

Protons pumped out leak back into mitochondrial matrix,

preventing development of proton gradient and proton motive force.



ATP Synthase reaction **runs backward** in presence of an **uncoupler**.

- ♦ Hydrolysis of ATP is spontaneous.

- Thus Uncouplers by their action **deplete proton gradient of intermembrane space during ETC operation.**

Uncouplers Dissipate More Heat

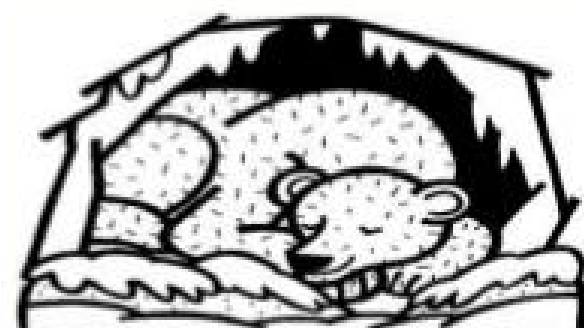
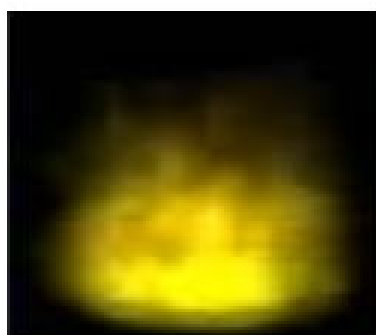
- **Uncouplers Do not allow to develop required proton gradient** and
- Do not form **proton motive force** in the intermembrane space of mitochondria
- **No translocation of Protons through ATP Synthase**
- Causes **no stimulation or activation of ATP Synthase**
- **No catalysis of Phosphorylation of ADP with p_i to generate ATP**

- **During uncoupling phenomena**
- **Free energy released as Heat energy** more than 7.3 Kcal is **not conserved for Phosphorylation reaction** dissipated as it is in form of heat
- A very high heat energy released then causes **swelling of Mitochondria** and exhibit malignant hyperthermia.

Physiological Uncoupling By Uncoupling Protein (UCP-1)

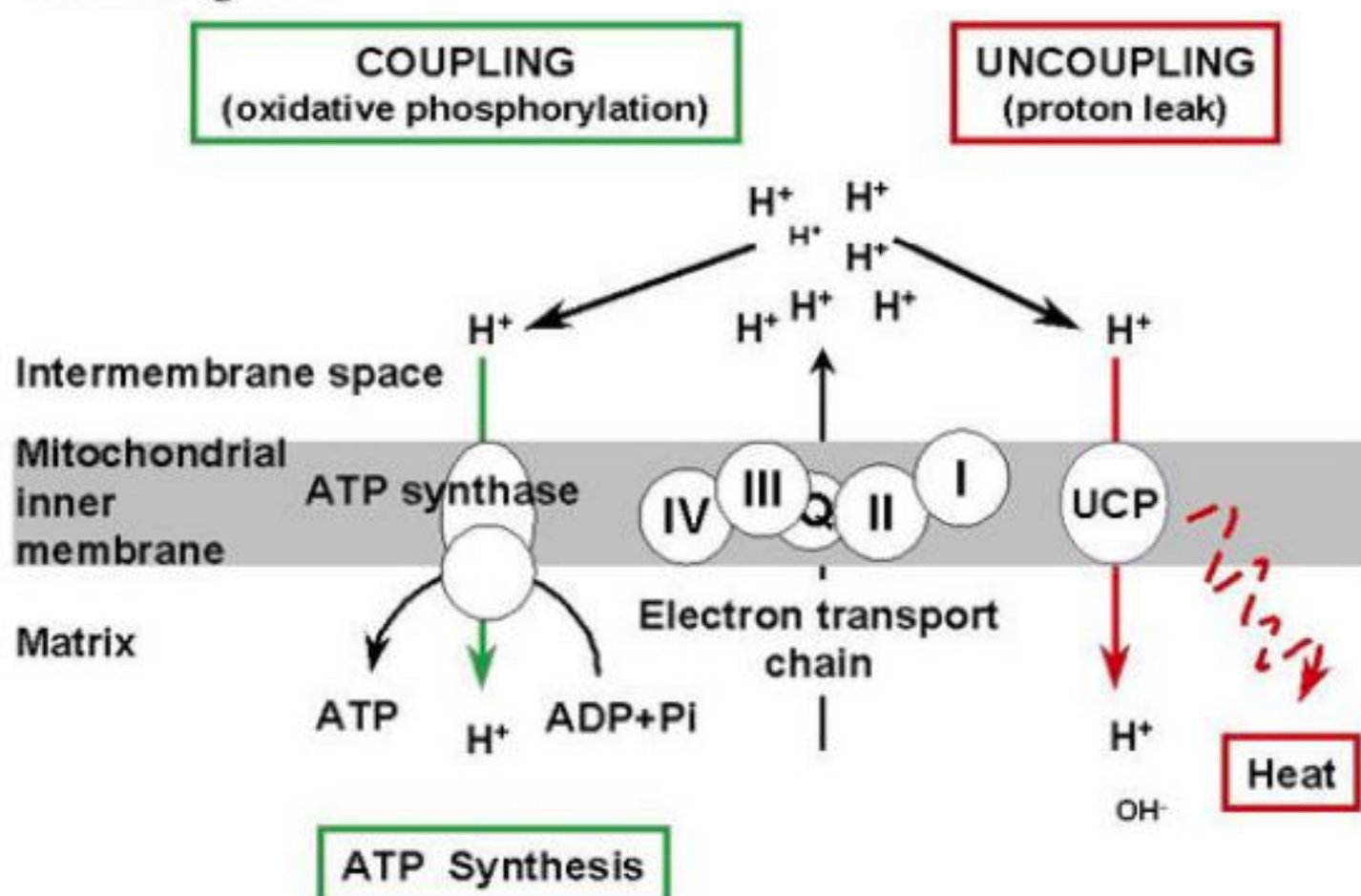
Thermogenine (UCP1):

- It is considered as a **physiological uncoupling protein**.
- It is present in the **brown adipose tissue** of newly born, some people and hibernating animals.
- It allows **protons** to pass the mitochondrial matrix without passing F0-F1 complex.
- **No ATP** is formed and energy is released in the form of heat.

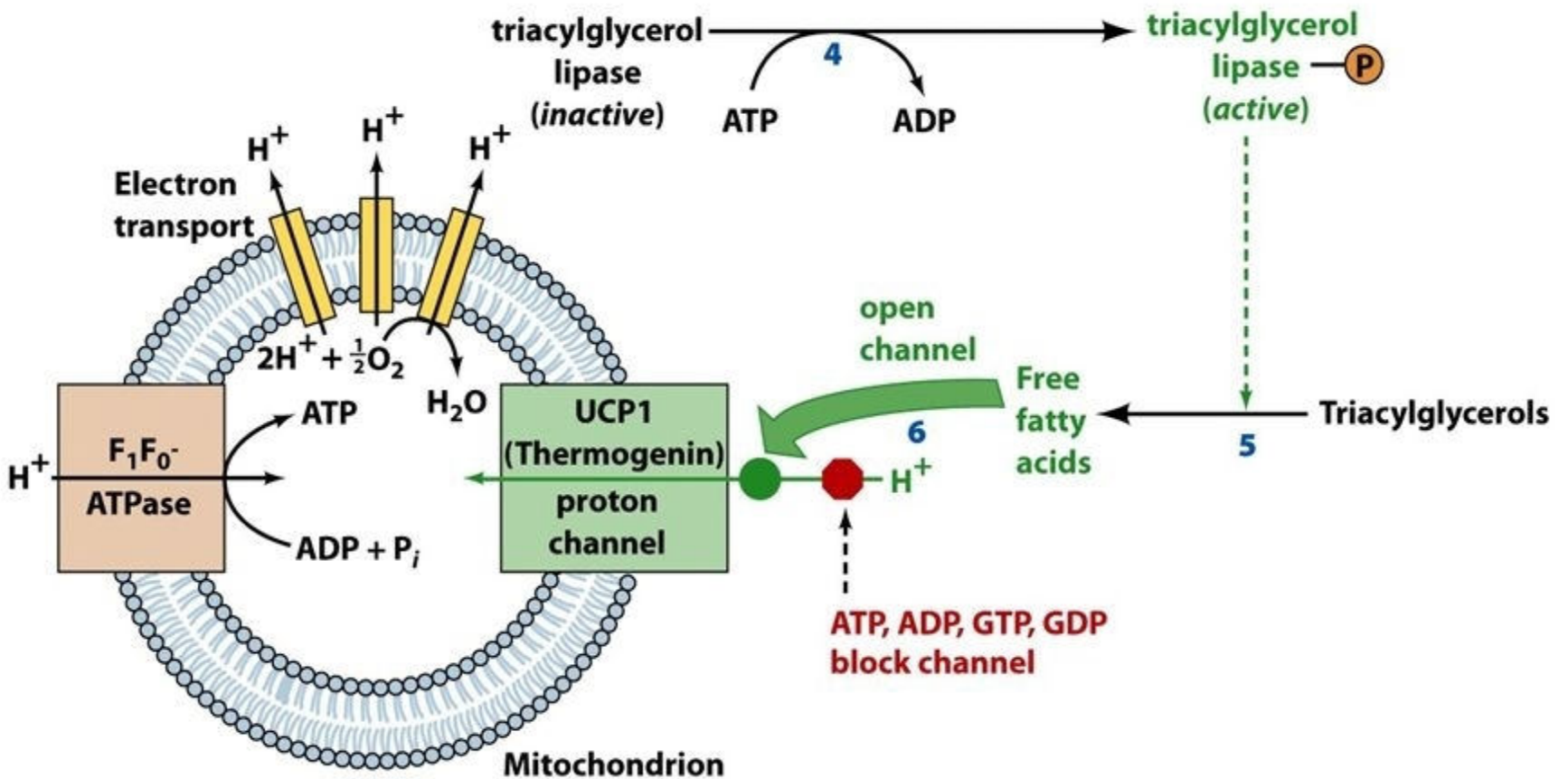


How UCP works

Collins Figure 1



Mechanism of Hormonally-Induced Uncoupling of Oxidative Phosphorylation in Brown Adipose Tissue



© 2008 John Wiley & Sons, Inc. All rights reserved.

- An **Uncoupling Protein (UCP-1)**/ **Thermogenin** is produced in **brown adipose tissue** of **newborn mammals** and hibernating mammals.
- This UCP-1 protein of an inner mitochondrial membrane functions as a **H^+ carrier**.

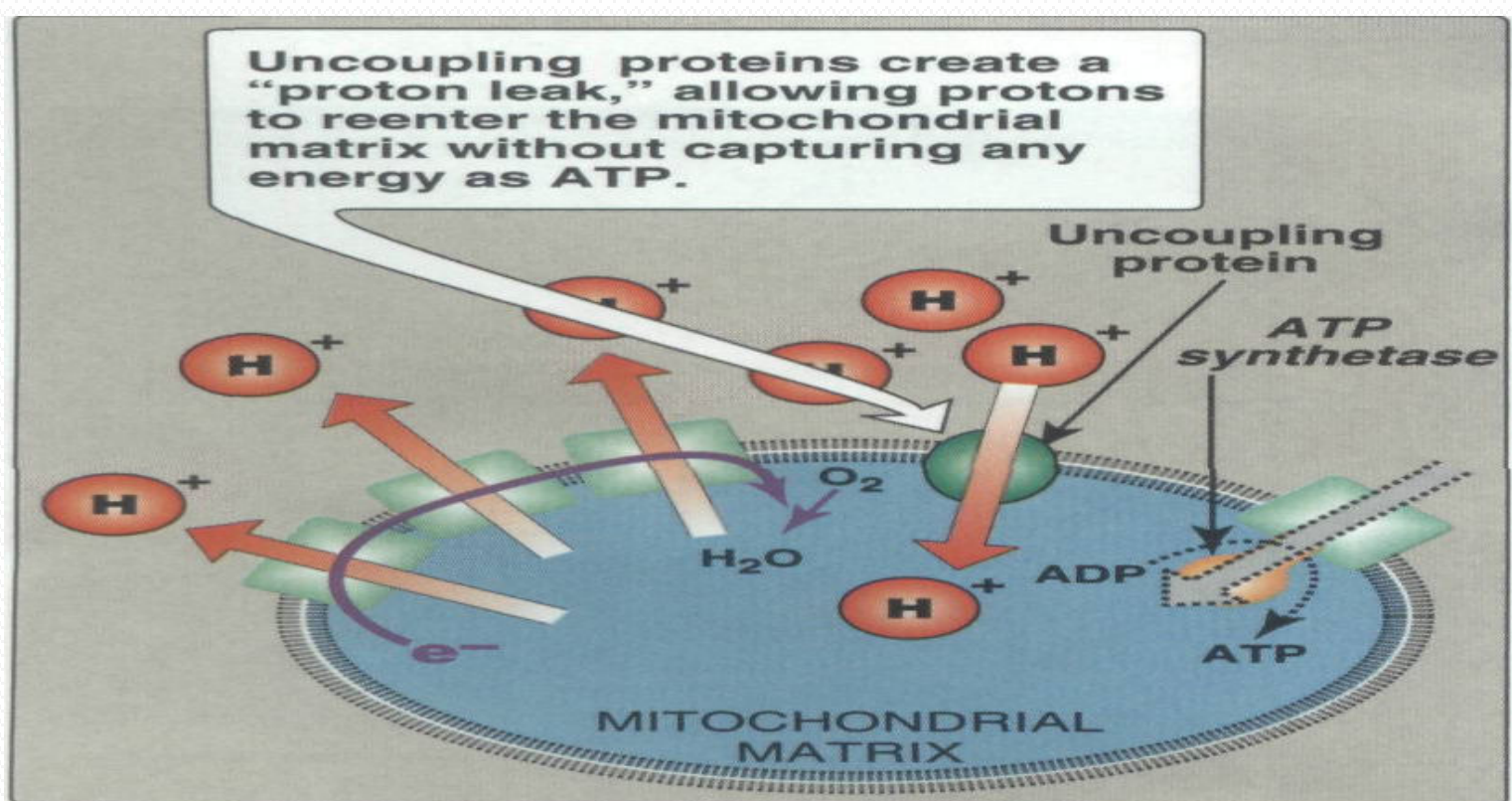
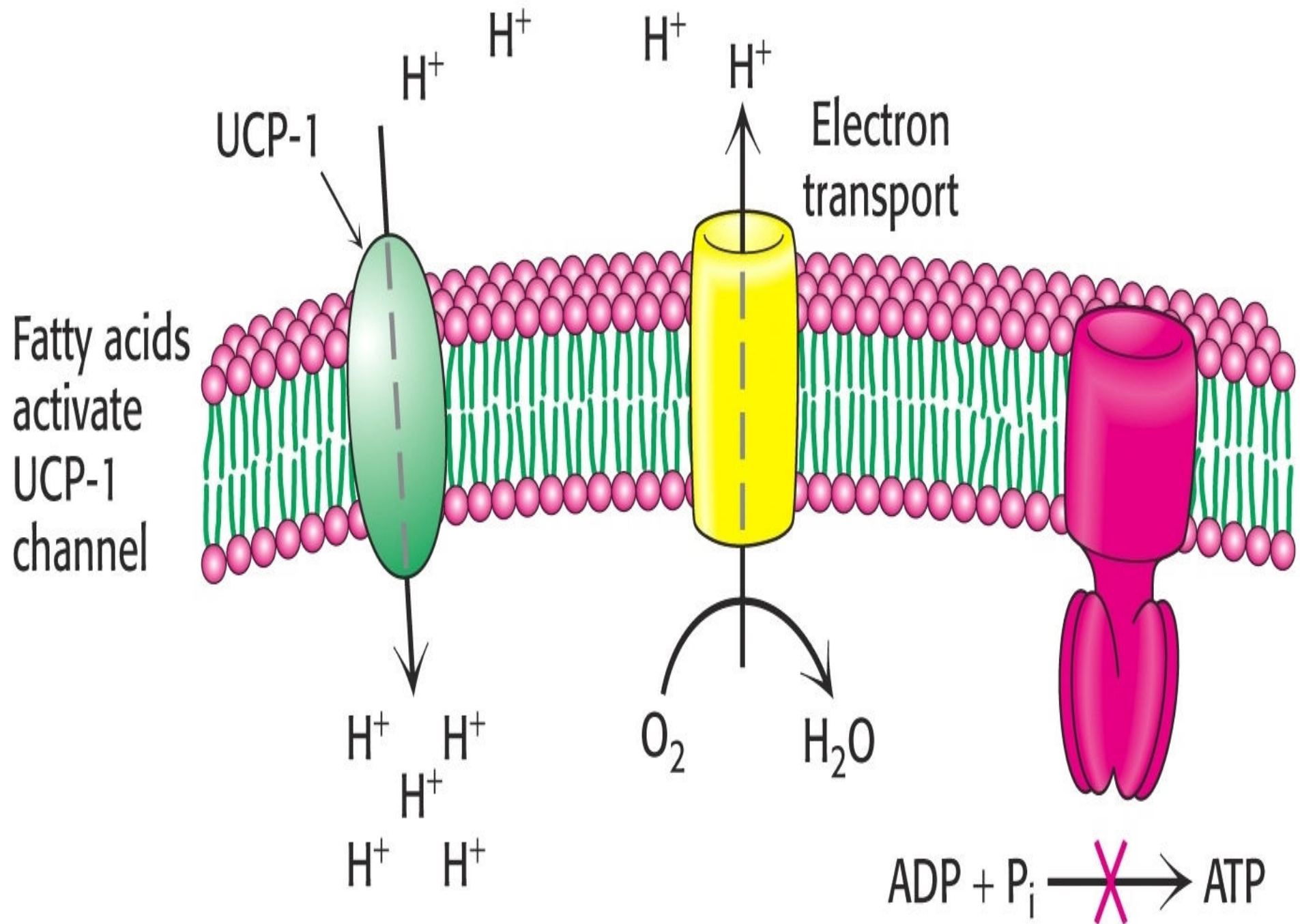


Figure 6.14
Transport of H^+ across mitochondrial membrane by 2,4-dinitrophenol.

- www.FirstRanker.com**

Significance Of Physiological Uncouplers

- In **extreme cold conditions** and in hibernating animals
- Physiological Uncouplers bring uncoupling phenomena
- The heat liberated inside body helps to **restore and maintain body temperature.**

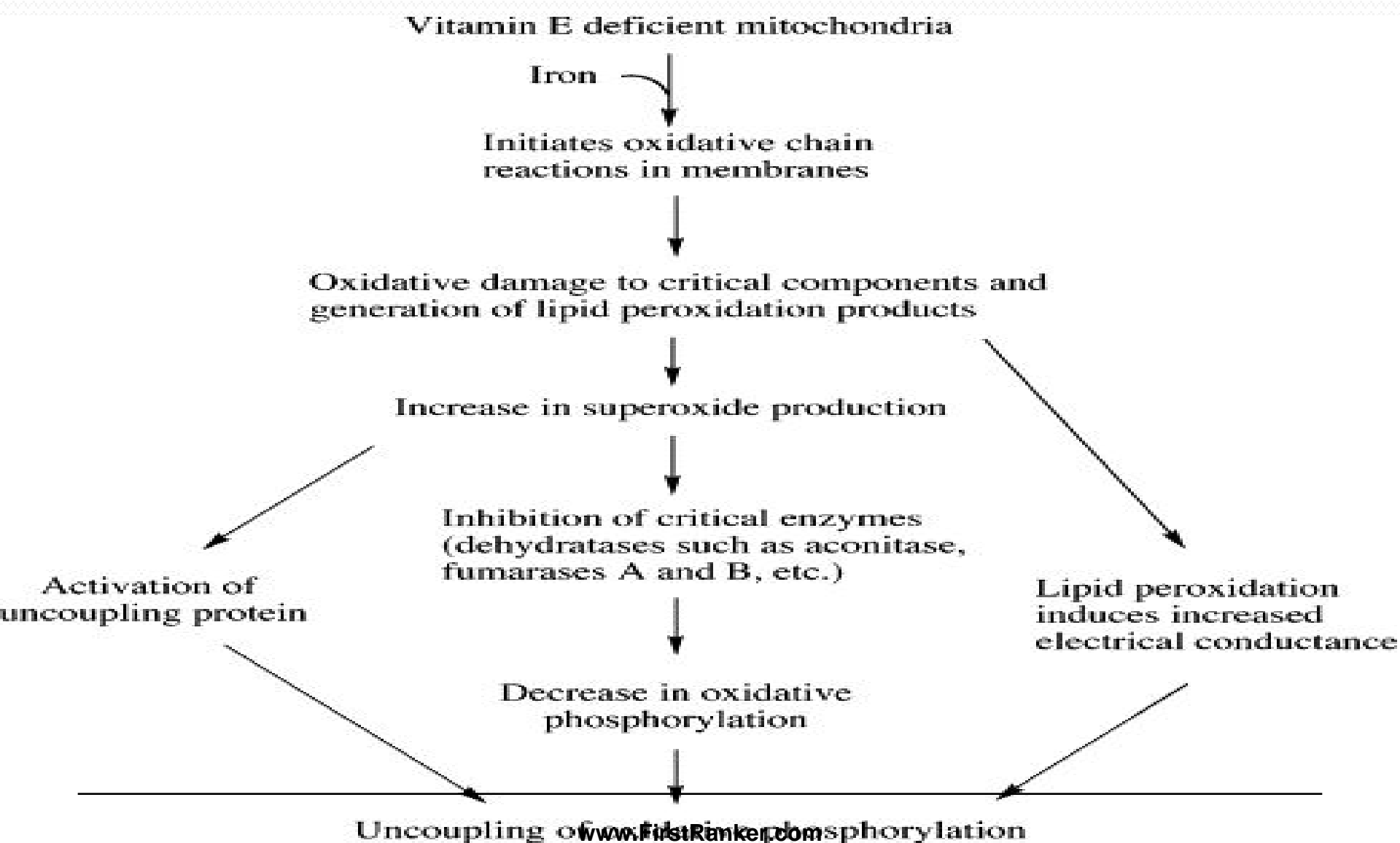
Brown adipose (fat) cells contain natural Uncouplers to warm animals cold adaptation and hibernation.



As per the Required condition Of Body

- This "**non-shivering thermogenesis**" **is costly in terms of respiratory energy**
- Heat energy unavailable for ATP synthesis
- But provides **valuable warming to an organism.**

Effect Of Poor Antioxidant Activity



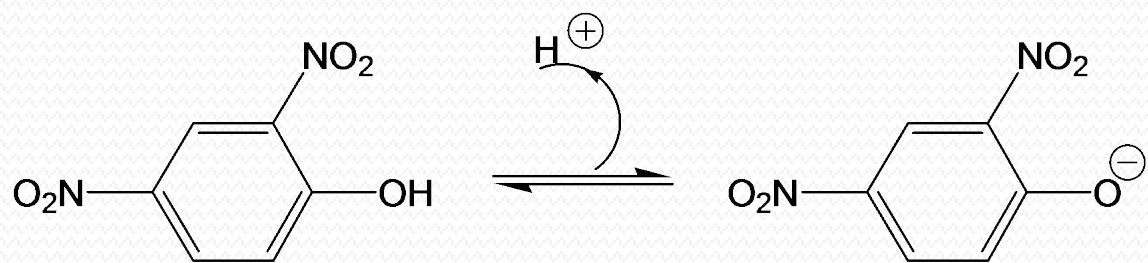


Table 1. Inhibitors of Respiration and Oxidative Phosphorylation

<u>Site-Specific</u>	<u>Target Complex</u>	
Carbon monoxide	IV	Any compound that stops electron transport will stop respiration...this means you stop breathing
Cyanide	IV	
Sodium Azide	IV	
Rotenone	I	
Antimycin A	III	
Amytal	I	
<u>Phosphorylation</u>		Electron transport can be stopped by inhibiting ATP synthesis
Oligomycin	F ₀	
<u>Uncouplers</u>		An uncoupler breaks the connection between ATP synthesis and electron transport
2,4-Dinitrophenol (DNP)	Proton gradient	
Trifluorocarbonylcyanide		
Phenylhydrazone (FCCP)	Proton gradient	

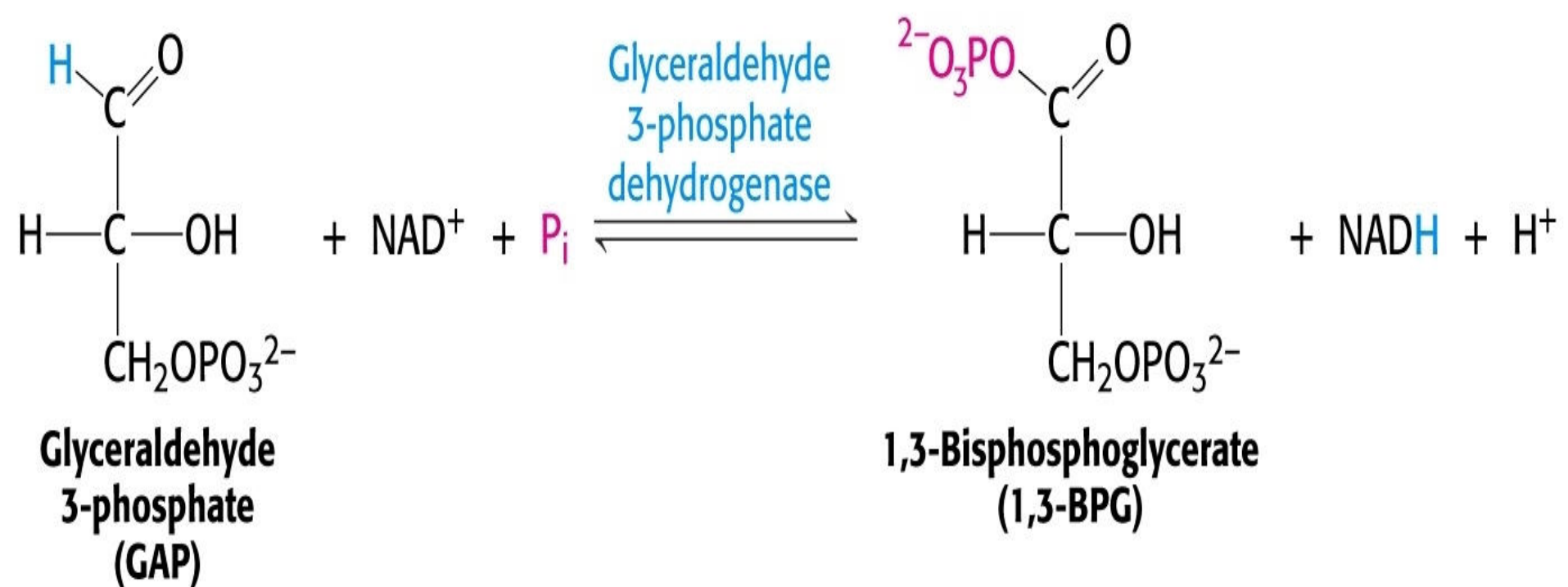
Shuttle Systems

**Shuttling Reducing Equivalents
OF $\text{NADH} + \text{H}^+$
from Cytosol into the
Mitochondrion**

Shuttle

- A **vehicle or aircraft** that travels regularly between two places
- **Biochemical shuttle** is a biochemical system for translocating Protons and electrons **produced during Glycolysis**
- **Across a semipermeable inner membrane of mitochondrion**
- For oxidative phosphorylation mechanism

NADH+H⁺ is generated in the **cytosol** during **Glycolysis**

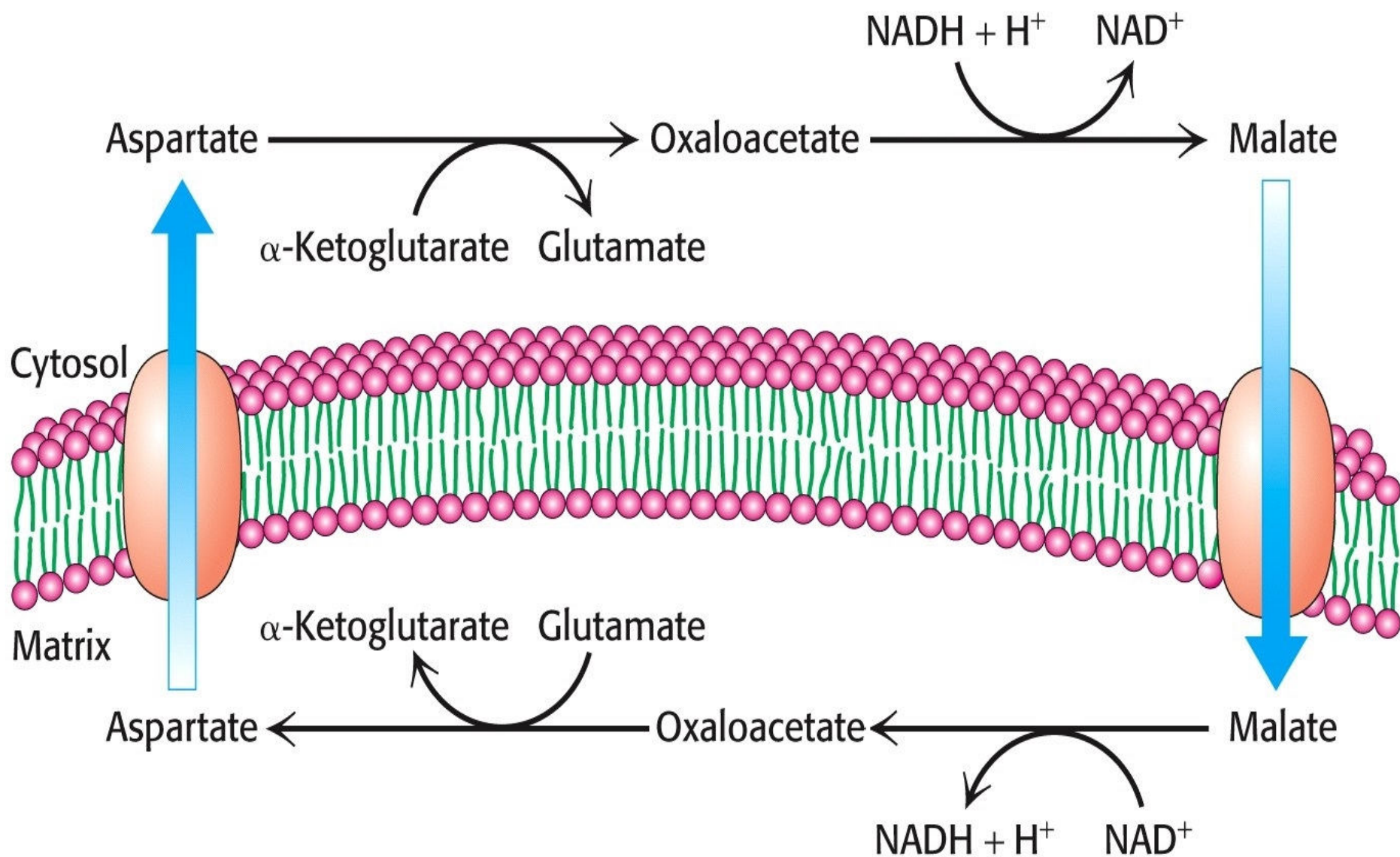


- Cytosolic $\text{NADH} + \text{H}^+$ **itself** is **not carried** across the mitochondrial membrane.
- Instead its **Protons and Electrons** of $\text{NADH} + \text{H}^+$ **are carried through shuttle systems**.
- Since NAD^+ and $\text{NADH} + \text{H}^+$ are **impermeable to** an inner mitochondrial membrane
- This reducing equivalents **must be shuttled** into mitochondrial matrix before they can enter the ETC.

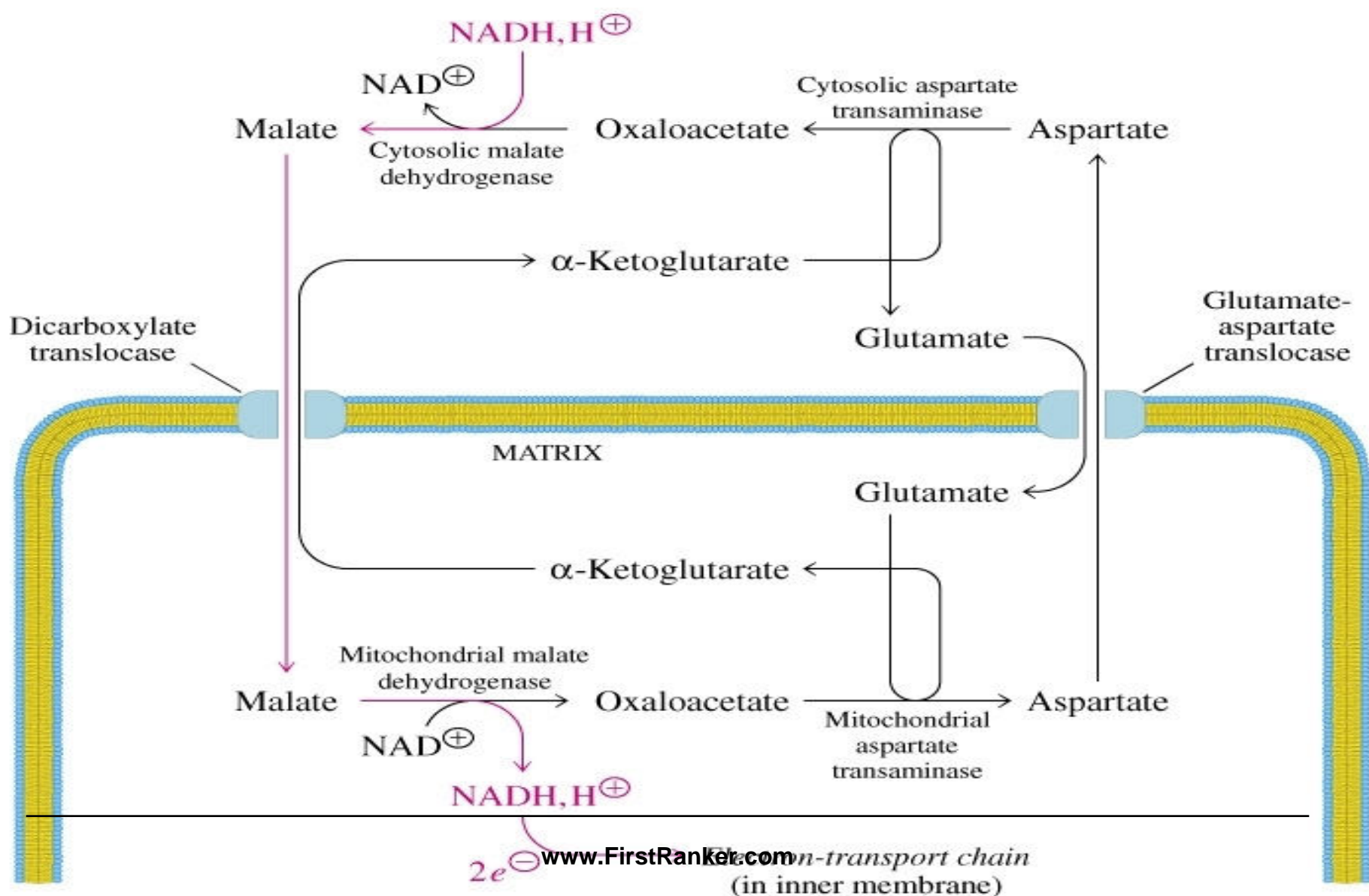
Cytosolic $\text{NADH} + \text{H}^+$ Enter Mitochondria via 2 Shuttle Systems

- **Two shuttles Involved:**
- Malate-Aspartate Shuttle
- Glycerol 3-phosphate Shuttle

Malate-Aspartate Shuttle



Malate/Aspartate Shuttle System

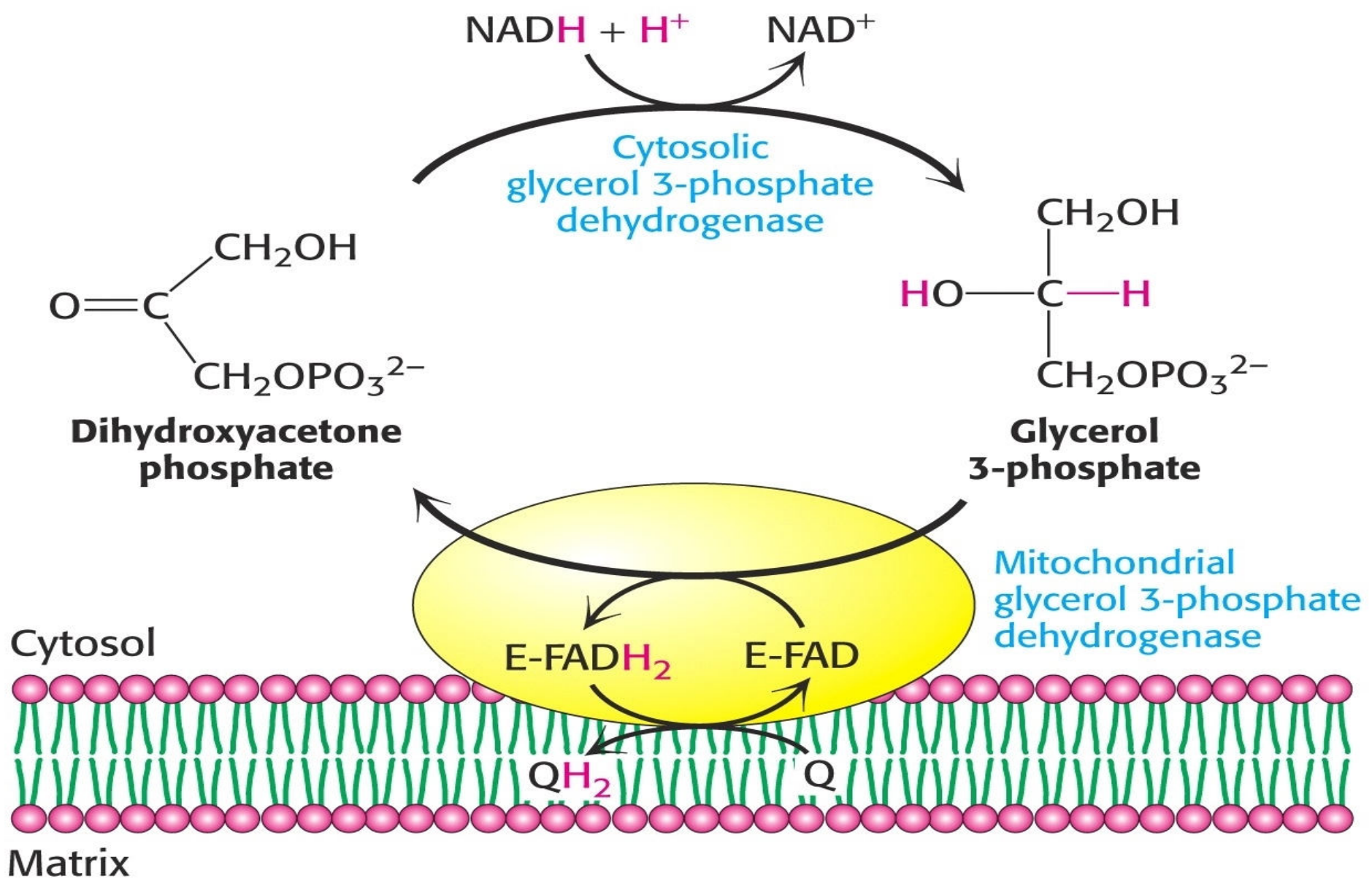


- **Malate Aspartate Shuttle**

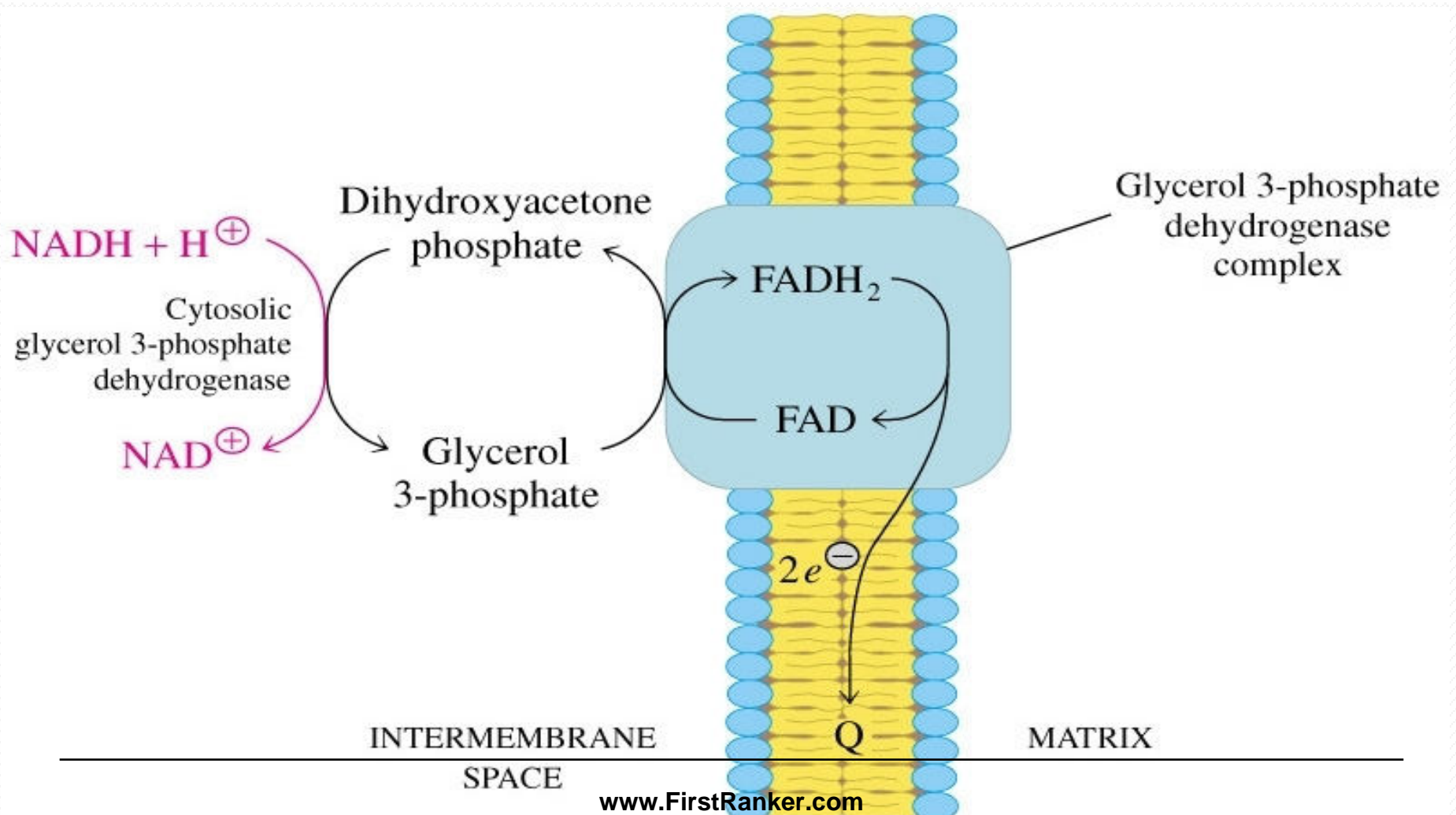
- Active in **Heart and Liver.**
- 2.5 molecules of ATP are produced

Glycerol-3-Phosphate Shuttle

Glycerol-3-Phosphate Shuttle



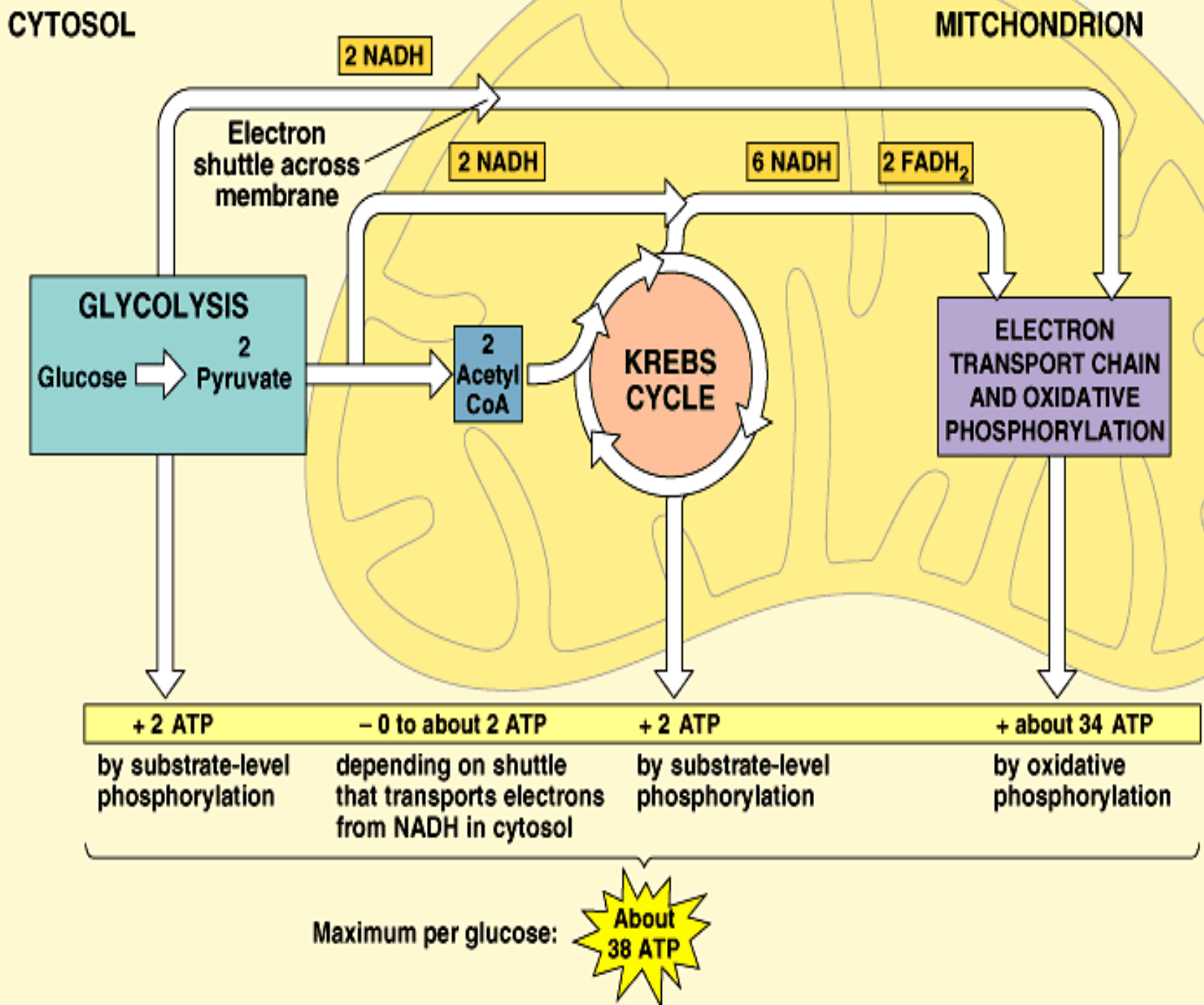
Glycerol 3 Phosphate Shuttle



- **Glycerol Phosphate Shuttle**
- Active in **Skeletal muscles and Brain**
- FADH_2 formed in this enter the electron-transport chain **through CoQ**
- Generates only **1.5 molecules of ATP**

Summary of Shuttle Systems

- **Total ATPs Generated / 1 Glucose Oxidation**
- **Heart and Liver** 32.0 ATP
 - **Uses Malate Aspartate Shuttle**
- **Muscle and Brain** 30.0 ATP
 - **Uses Glycerol phosphate Shuttle**



Factors Affecting Oxidative Phosphorylation Mechanism

- Oxygen supply to cells
- Hemoglobin structure and function
- Respiratory system and its function
- Mitochondrial structure and ETC components.

- **Presence of Nutrients**
- **Enzyme function and Coenzymes availability**
- **Adequate amount of ADP and pi.**
- **Presence of ETC inhibitors**

**Pathological Conditions Affecting
Oxidation Phosphorylation
Mechanism
Which
Lower Down ATP Production**

1. Hypoxia
2. Anemia
3. Ischemia
4. Hemoglobinopathies
5. Emphysema
6. Respiratory Distress Syndrome
7. Asthma
8. Prolonged Starvation
9. Malnutrition
10. Diabetes mellitus
11. ETC inhibition by chemicals/drugs
12. Inherited Disorders of Mitochondria

Inherited /Genetic Disorders

Related To Mitochondrial Oxidative Phosphorylation Mechanism

Mitochondrial DNA

- Mitochondrial genes encode for ETC complexes
 - Complex I
 - Complex III
 - Complex IV
 - Complex V
- Mutations in any one or more genes of mitochondrial DNA controlling mechanism of Oxidative phosphorylation **lead to its inherited disorders**

1. MELAS

- An inherited disorder caused due to **defect of complex I or IV of E.T.C**
- Associated with
 - Mitochondrial Myopathy
 - Encephalopathy
 - Lactate accumulation
 - Acidosis
 - Stroke

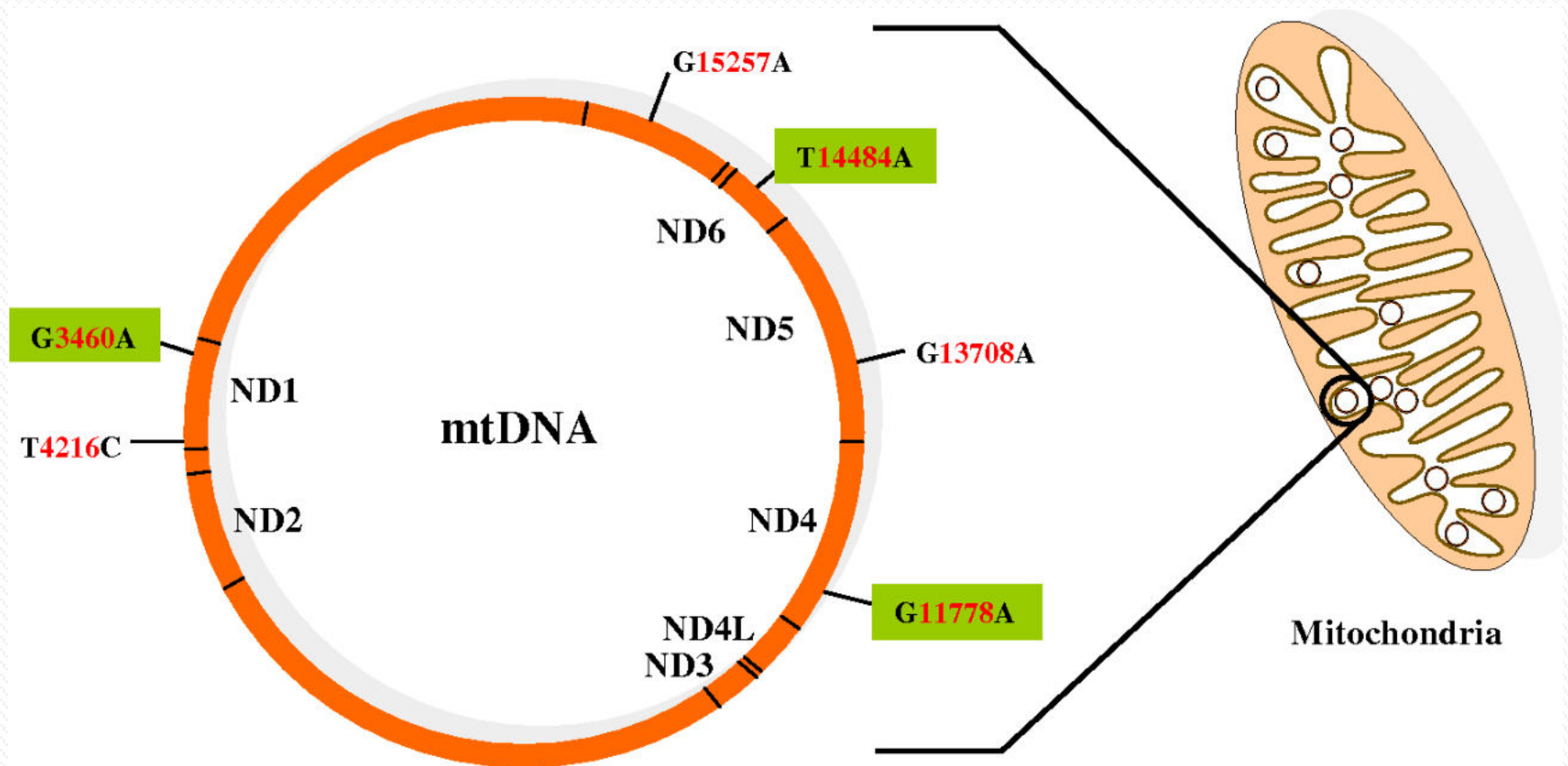
2. Fatal Infantile Mitochondrial Myopathy

- Defect in E.T.C components located in mitochondria
- **Cytochrome c Oxidase defect**
- Associated with renal dysfunction.
- Mostly fatal in early age

3. Leber's Hereditary Optic Neuropathy (LHON)

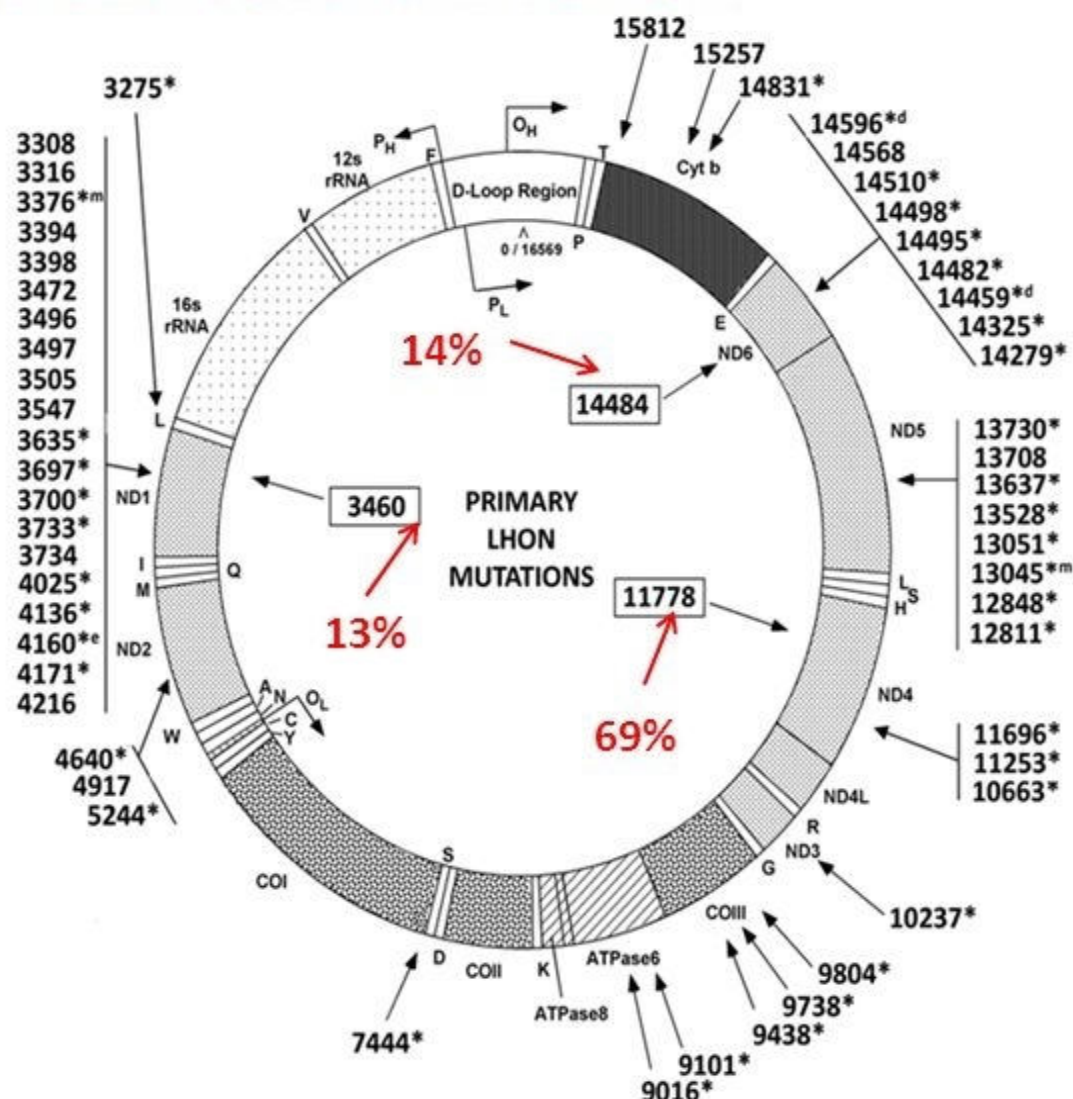
- Caused due to **mutations in mitochondrial DNA**
- Affects oxidative phosphorylation mechanism
- Loss of **bilateral vision due to neuroretinal degeneration.**

Mutant Genes Of LHON



primary LHON mutations

Three point mutations in mtDNA, known as the account for about 90% of cases of LHON worldwide.



LEBER'S HEREDITARY OPTIC NEUROPATHY (LHON)

WHAT IS LHON?

A rare, maternally-inherited progressive disease resulting in irreversible loss of visual acuity and blindness

LHON is a severely disabling disease of the eye leading to blindness in approximately **80% OF PATIENTS** within one year after the onset of symptoms^{1,4,5,7}

A VERY RARE DISEASE



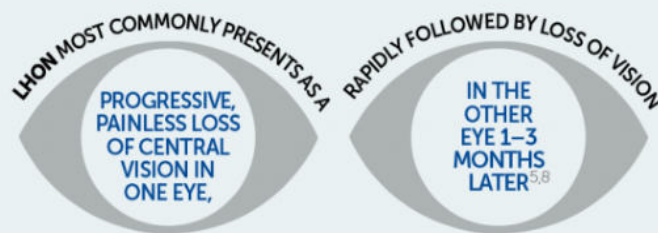
LHON can affect males and females of all ages, but is most commonly diagnosed in young men with an average age of disease onset between

27 and 34 years

Current symptomatic prevalence of LHON in Europe is approximately

2 in 100,000

SIGNS AND SYMPTOMS



An early diagnosis of LHON offers patients the best chance for their condition in the long term⁵

MANAGEMENT



The European Medicines Agency (EMA) is responsible for the evaluation of medicines developed for use in the EU¹⁰

MANY LHON PATIENTS SELF-MEDICATE WITH INTERNET-SOURCED VITAMINS, FOOD SUPPLEMENTS AND PRODUCTS THAT HAVE NOT BEEN THROUGH THE RIGOURS OF THE EMA SCIENTIFIC EVALUATION



FOR FURTHER INFORMATION ON THE MANAGEMENT OF LHON AND APPROVED TREATMENTS THAT CAN **PREVENT AND/OR REVERSE VISION LOSS**, PLEASE CONSULT YOUR LOCAL NEURO-OPHTHALMOLOGIST

IMPACT

Deterioration in vision can have negative effects on⁹



References: 1. Mascialino B, et al. *Eur J Ophthalmol* 2012;22:461-5; 2. OMIM. Leber optic atrophy. <http://omim.org/entry/535000>. Accessed March 2016; 3. EMA. Public summary of opinion on orphan designation: Idebenone for the treatment of LHON. 2011. http://www.ema.europa.eu/docs/en_GB/document_library/Orphan_designation/2009/11/WC500006543.pdf. Accessed March 2016; 4. Yu-Wai-Man P, et al. *Prog Retin Eye Res* 2011;30:81-114; 5. Sadun A, et al. *Expert Rev Ophthalmol* 2012;7:251-9; 6. EMA. EMA/COMP position on review of criteria for orphan designation: Raxone (Idebenone). http://www.ema.europa.eu/docs/en_GB/document_library/Orphan_designation/2009/11/WC500006543.pdf. Accessed March 2016; 7. Yu-Wai-Man P, et al. *Eye (Lond)* 2014;28:521-37; 8. Yu-Wai-Man P, et al. *J Med Genet* 2009;46:145-58; 9. Nazroo J, et al. Changes in vision in older people: causes and impact. <http://www.pocklington-trust.org.uk/Resources/Thomas%20Pocklington/Documents/PDF/Research%20Publications/rf49-changes-in-vision-in-older-people-elsa-3.pdf>. Accessed March 2016; 10. EMA. <http://www.ema.europa.eu/ema/>. Last accessed March 2016

Job number: NC_16_11 Date of preparation: March 2016

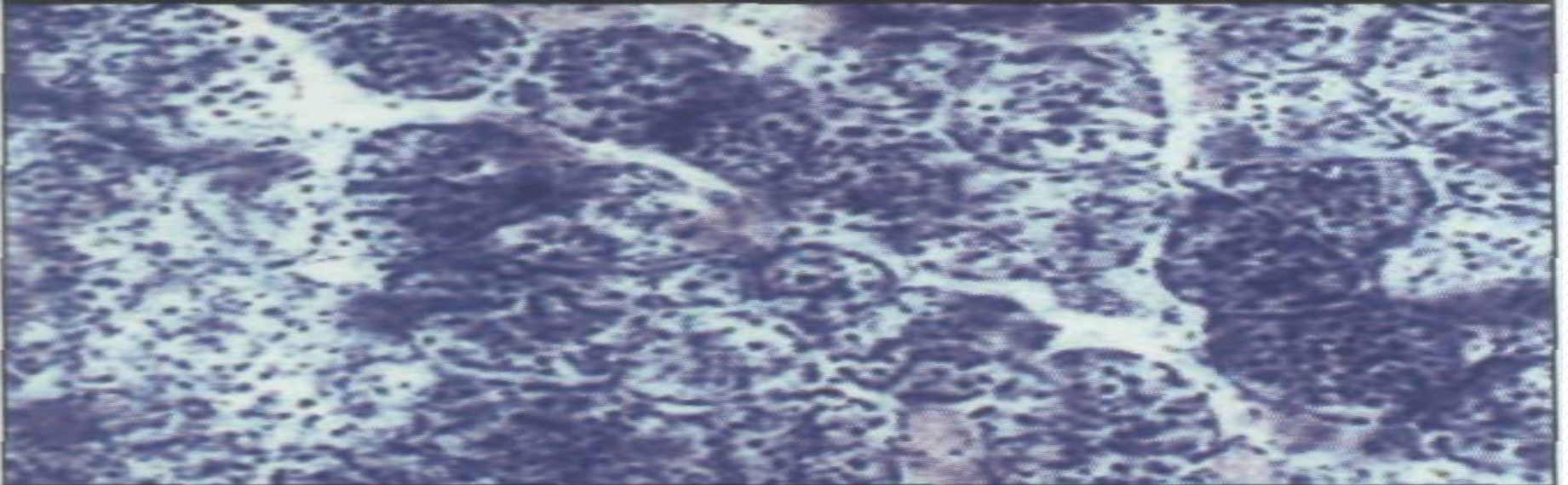
Supported by



Maternally transmission of mutant mtDNA

- LHON is caused by a mtDNA point mutation, it is inherited maternally, and therefore affected or carrier *men* cannot transmit their mutation to their children.
- Affected or carrier *women*, on the other hand, transmit their LHON mutation to all of their children.
- Children of **homoplasmic** women are at the highest risk for LHON disease expression, as they are homoplasmic themselves.
- Children of **heteroplasmic** women, however, receive a variable and unpredictable amount of mutant mtDNA from their mothers, not determined by the extent of maternal heteroplasmy, **and may have insufficient mutant mtDNA to reach the threshold for disease expression**

Normal



Mitochondrial disorder



4. Mitochondrial DNA Deletion Syndrome

Mitochondrial DNA Deletion Syndrome

- **Kearns Sayre syndrome**

Ophthalmoplegia (inability to move eyes)

Ptosis (droopy eyes)

Onset second decade
muscle

- **Pearson syndrome**

Sideroblastic anemia with pancytopenia

Exocrine pancreatic insufficiency

Onset: early infancy

Blood

- Multisystemic disease
- PEO
- Mitochondrial myopathy

KEARNS SAYRE SYNDROME



Condition characterized
by progressive
weakness of **eye** muscles



Affects **1 to 3**
per 100,000
individuals



1st described in **1958** by
Thomas P. Kearns &
George Pomeroy Sayre



Onset before
20 years of age



Caused by genetic or
acquired defect of
mitochondria
metabolism



Symptoms are unsteady
gait, visual issues,
deafness & cardiac
rhythm abnormalities



Diagnosed
by
genetic
testing



Treatment is
symptomatic
& supportive



Complications
are retinal
damage,
dementia, kidney
problems &
loss of vision



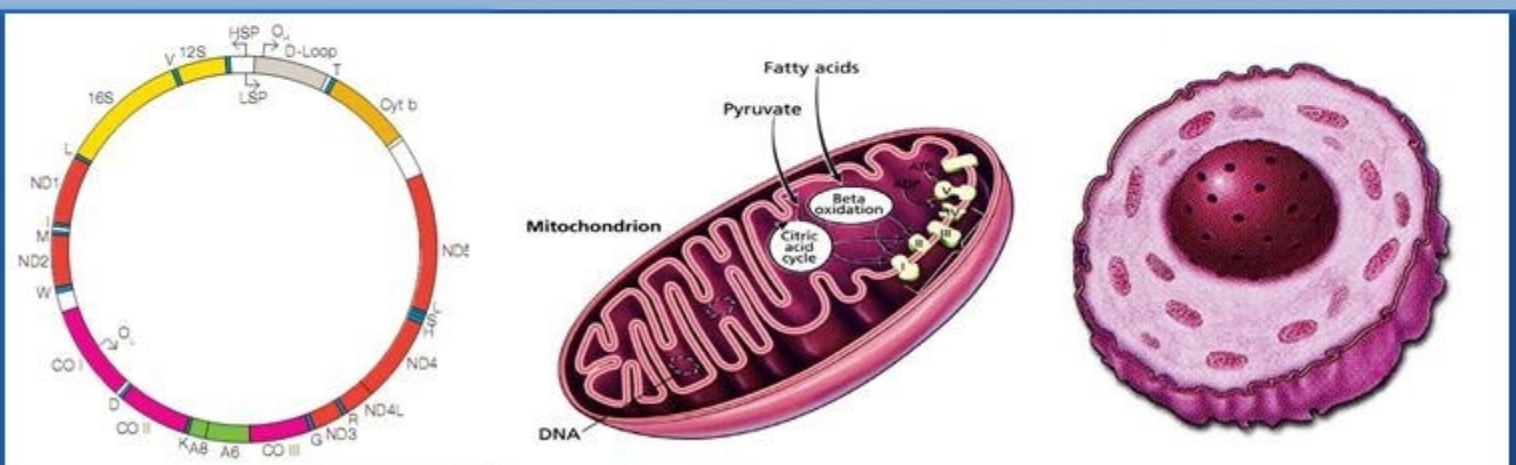
Pacemakers, hearing
aids & hormonal
replacement
needed for normal
life expectancy

Kearns-Sayre syndrome (KSS)

- Cause
 - by a 5,000 base deletion in the mitochondrial DNA
 - Heteroplasmic, not maternally inherited (sporadic)
 - start before the age of 20
- Symptoms
 - vision loss, dysphagia, proximal weakness, hearing loss, cerebellar ataxia and cardiac conduction defects
- Diagnosis and Treatments
 - molecular diagnosis
 - no cures, only palliative medications

Pearson Syndrome

- ❖ The majority of cases are **sporadic**, although more rarely familial cases do occur, which can be **maternally or autosomally inherited**.
- ❖ It can result from either **deletion** or combined **duplication/deletion mutations**.



Pearson Syndrome

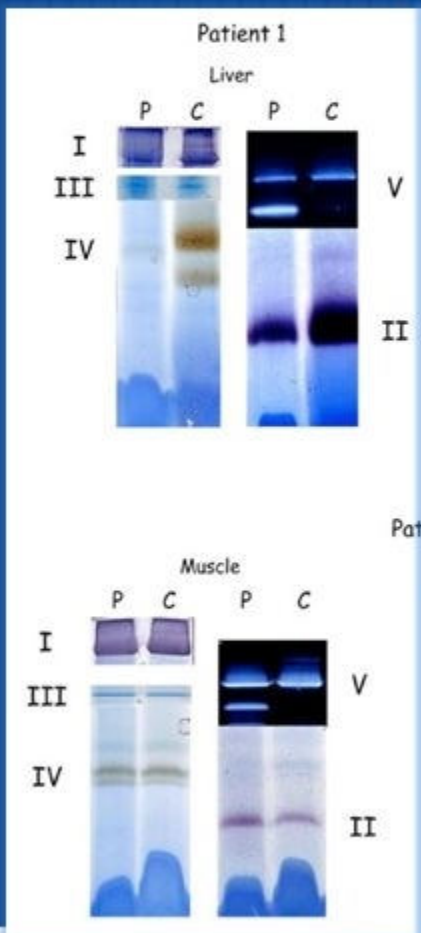
- ❖ It is characterised by a **sideroblastic anaemia** with vacuolisation of marrow precursors, accompanied by **neutropenia**, **thrombocytopenia**, **exocrine pancreatic dysfunction** and **abnormal liver function**, but **neurological symptoms**.



Pearson Syndrome

- ❖ Neonates may be well at birth, but some 40% of patients present in the first year with **persistent hypoplastic anemia**, other **cytopenias**, **low birth weight**, **microcephaly**, and **multiple organ system involvement (GI, neuromuscular, and metabolic)**.
- ❖ **Hydrops fetalis** has also been reported. Anemic newborns may need transfusion.

Pearson Syndrome



- ❖ It is diagnosed by the presence of a single large scale rearrangement of mtDNA, as observed in Southern blot hybridization analysis of blood DNA.
- ❖ Southern blot or long-range PCR for the detection of mtDNA rearrangement is recommended.

5. Luft's Disease



- Luft's Disease is a **mitochondrial disease**
- **First patient** who was diagnosed with this disease was a **30 year old Swedish woman by Dr Rolf Luft**
- Caused by **abnormal mitochondria**

Biochemical Cause

Mitochondria Respire Wildly

- Respiratory control is lost
- **Partial Uncoupling** is caused by an abnormality in mitochondrial membrane
- Electron transport is only loosely coupled to ATP production
- Oxidation process proceed independent of ADP phosphorylation to generate ATP
- An extra energy evolves in form of heat
- This elevates body temperature up to 38.4 °C which raises BMR

Luft's Disease Is Characterized By

- Abnormal excessive production of heat
- Characterized by **hypermetabolism and abnormal transpiration.**
- Patient experiences **excessive sweating during winter**
- Make them to **change their clothes 10 times a day.**

- Onset is in **childhood**
- **Thyroid function is normal**
- Since there is less ATP production and an extra energy is lost in the form of heat
- Metabolic processes are stimulated

Luft's Disease

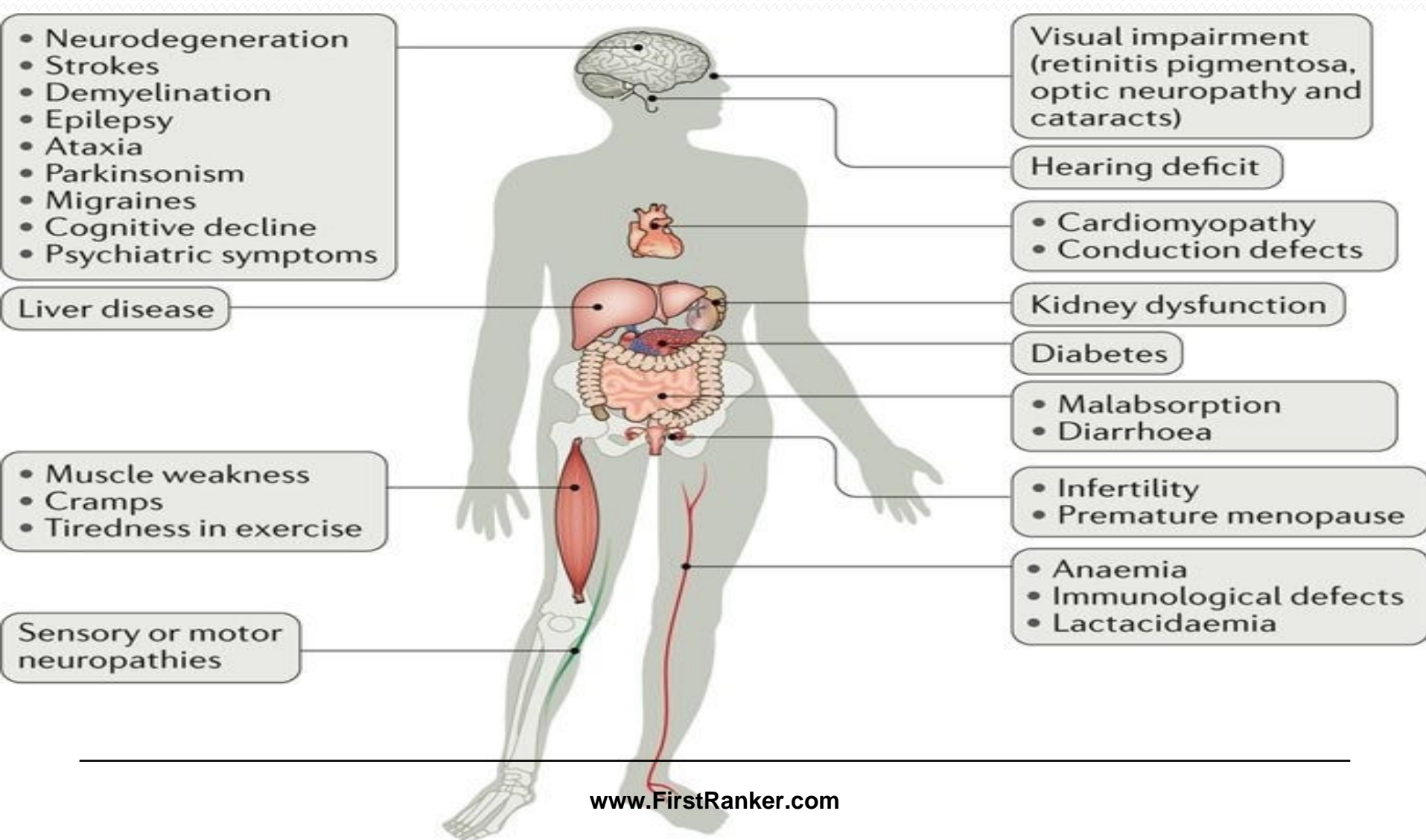
Non Thyroidal Hypermetabolism

- Due to **high BMR** and low ATP production
- **High caloric intake**
- There is failure to put on weight despite a good diet
- There is **progressive weight loss despite increased food intake**
- **Excessive perspiration**
- **Excessive thirst** indicate a state of severe hyper metabolism of non thyroid origin (**since thyroid hormones -T₃ and T₄ are normal**)

Manifestations of Luft's Disease

- Heat intolerance
- Profuse perspiration
- Polydipsia without polyuria
- Severe hyper metabolism
- Polyphagia
- Muscular wasting and weaken
- Absent deep reflexes, and Resting tachycardia.

Multiorgan Dysfunction Risk In Luft's Disease



Case Study

- An elderly couple was brought by ambulance to an emergency department after their daughter noticed that they were both **acting “strangely.”** The couple had been in good health prior to the weekend. Their daughter had gone out to spend the week-end with her friends. The couple had been snowed in at their house until the snowplows cleared the roads. They had plenty of food and were kept warm by a furnace and blankets. On reaching home after two days, their daughter noticed that they both were complaining of **bad headaches, confusion, fatigue, and some nausea.** On arrival to an emergency department, both patients were afebrile with normal vital signs and O₂ saturation of 99 percent on 2 L of O₂ by nasal cannula. Their lips appeared to be very red. Both patients were slightly confused but otherwise oriented. The physical examinations were within normal limits. **Carboxyhemoglobin levels were drawn and were elevated.** What is most likely cause of these patients’ symptoms?

Case 1 – Kearns-Sayre Syndrome

- 16 year-old boy
- CC: Ataxia and droopy eyelids.
- HPI:
 - His ptosis started at age 5 and his parents note that he turns his head more than usual when trying to look around. He also has noted that his balance is off and he occasionally drops objects.
- PMH:
 - short stature
 - diabetes
 - complete heart block
- Exam:
 - Bilateral ptosis and restricted bilateral horizontal eye movements. His fundoscopic exam reveals pigmentary retinopathy. He has 4/5 strength in his proximal arms and legs and is unable to tandem walk.
- Workup:
 - Serum lactate is slightly elevated. CSF shows elevated protein and lactate. Muscle biopsy shows ragged red fibers.
- Genetics: mtDNA deletions, usually sporadic

Questions

- **Long Essays.**
- **Q.1 Define Biological oxidation. Enumerate and Describe various enzymes carrying out biological oxidation reactions with suitable examples.**

- Q.2 Describe Respiratory chain and Give its significance.

OR

- Explain the Electron. Transport chain (E.T.C.) and its significance.

OR

- How the reduced equivalents generated in anaerobic dehydrogenase reactions are reoxidized.

- Q.3 What is oxidative phosphorylation? Explain the mechanism with respect to various theories and hypothesis.

- **Short Notes**
- Cytochromes
- Inhibitors of E.T.C
- Shuttle systems and its significance
- Inhibitors and Uncouplers of oxidative phosphorylation
- Complexes of E.T.C.
- Redox potential and free energy changes.
- Inherited Disorders related to E.T.C. abnormality.
- ATP – Mode of its formation and it's role in the Body.

Short Answer Questions

- Give the sites for ATP generation of in E.T.C.
- Enumerate the High energy compounds of our body
- Substrate level phosphorylation and it's importance.
- Enumerate the Enzymes catalyzing Biological oxidation reactions. Write the class to which these enzymes classified.
- Inherited Disorders of Mitochondrial Dysfunction

- www.FirstFlanker.com

THANK YOU

- Laboratory data showed lactic acidosis,
- Proteinuria
- Glycosuria and
- Generalized aminoaciduria
- Muscle biopsy showed large clumps of granules positive with oxidative enzyme stains and increased lipid droplets. Ultrastructural studies showed large aggregates of mitochondria, many of which were greatly enlarged and contained disoriented or concentric whorls of cristae and paracrystalline inclusions.

- A **1-month-old boy** was admitted because of failure to thrive. He was floppy and had bilateral ptosis, diminished reflexes, and poor suck. He had **aspiration pneumonia**, developed seizures, and died at age 3 1/2 months.
- He was an only child, and family history was negative.
- **Cytochrome c oxidase was absent in fresh frozen sections by histochemical staining.**
- By biochemical assay, cytochrome c oxidase (cytochrome aa₃) was 6% of normal in muscle biopsy and undetectable in autopsy muscle; spectra and content of cytochromes showed lack of cytochrome aa₃, decreased cytochrome b and normal cytochrome cc₁.
- In kidney, cytochrome-c-oxidase activity was 38% of normal and spectra showed decreased cytochromes aa₃ and b.
- The association of fatal infantile mitochondrial myopathy, **lactic acidosis** and renal dysfunction was previously reported by Van Biervliet et al and appears to be a distinct nosologic entity, one of the few biochemically defined mitochondrial myopathies.
- A case of cytochrome c oxidase deficiency primarily affecting skeletal muscle is described. The child was admitted at 4 weeks due to failure to thrive and examination at that time revealed weakness and hypotonia. His condition deteriorated until at 11 weeks respiratory arrest necessitated artificial ventilation and death occurred at 14 weeks. Biochemical investigation showed lactic acidemia and generalized aminoaciduria. Histochemical examination of muscle obtained at biopsy showed strong reactions for some oxidative enzymes, but by contrast cytochrome c oxidase could not be detected. Cytochrome c oxidase activity was less than 5% of control values in an extract of fresh muscle. The reduced-minus oxidized absorption spectra of muscle mitochondrial fractions prepared from post-mortem tissue showed an absence of cytochrome aa₃ and a partial deficiency of cytochrome b. Ultra-structural examination showed abnormal mitochondria with loss of cristae and an abnormal granular matrix. The family history suggests autosomal recessive inheritance.