

# BIOCHEMISTRY PATHWAY SERIES FOR STEP ONE

David Toomey, Section Editor  
Biochemistry  
UMass Med School; Class of 2018

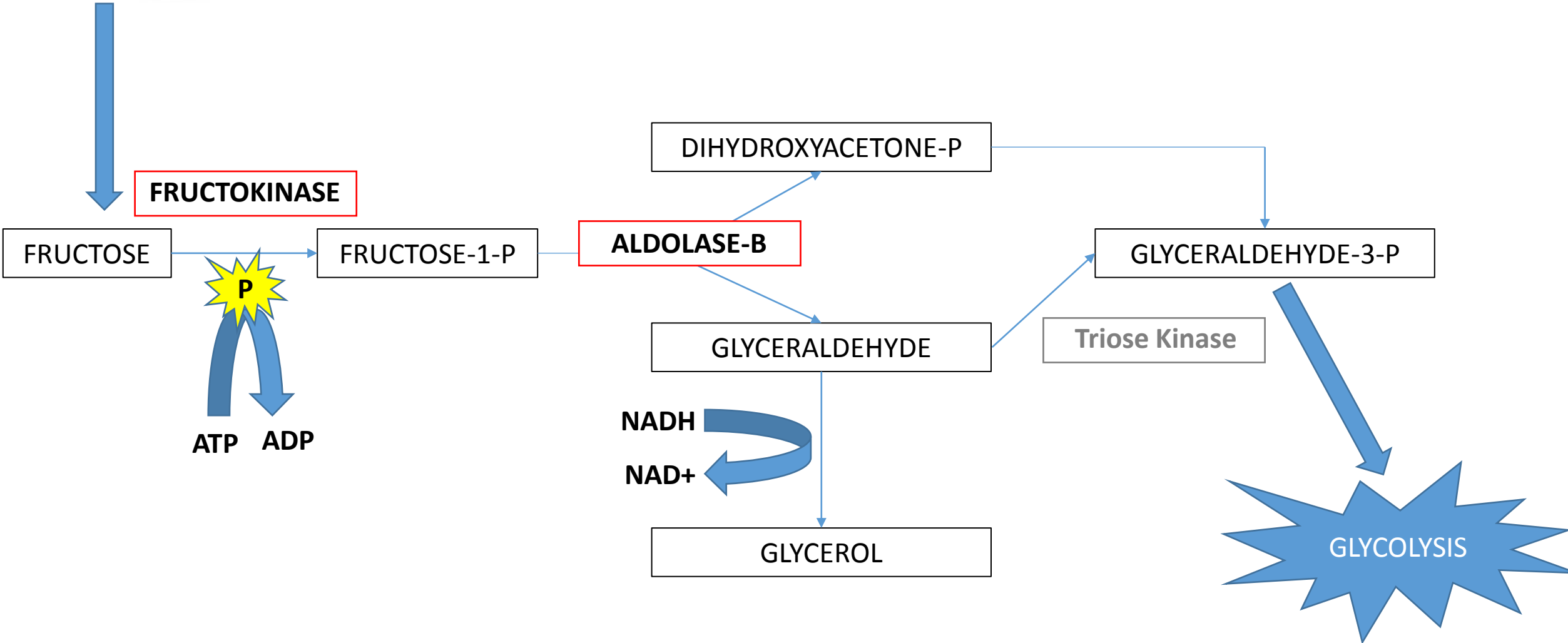
[www.12DaysinMarch.com](http://www.12DaysinMarch.com)  
(email: [Howard@12daysinmarch.com](mailto:Howard@12daysinmarch.com))

# For each pathway:

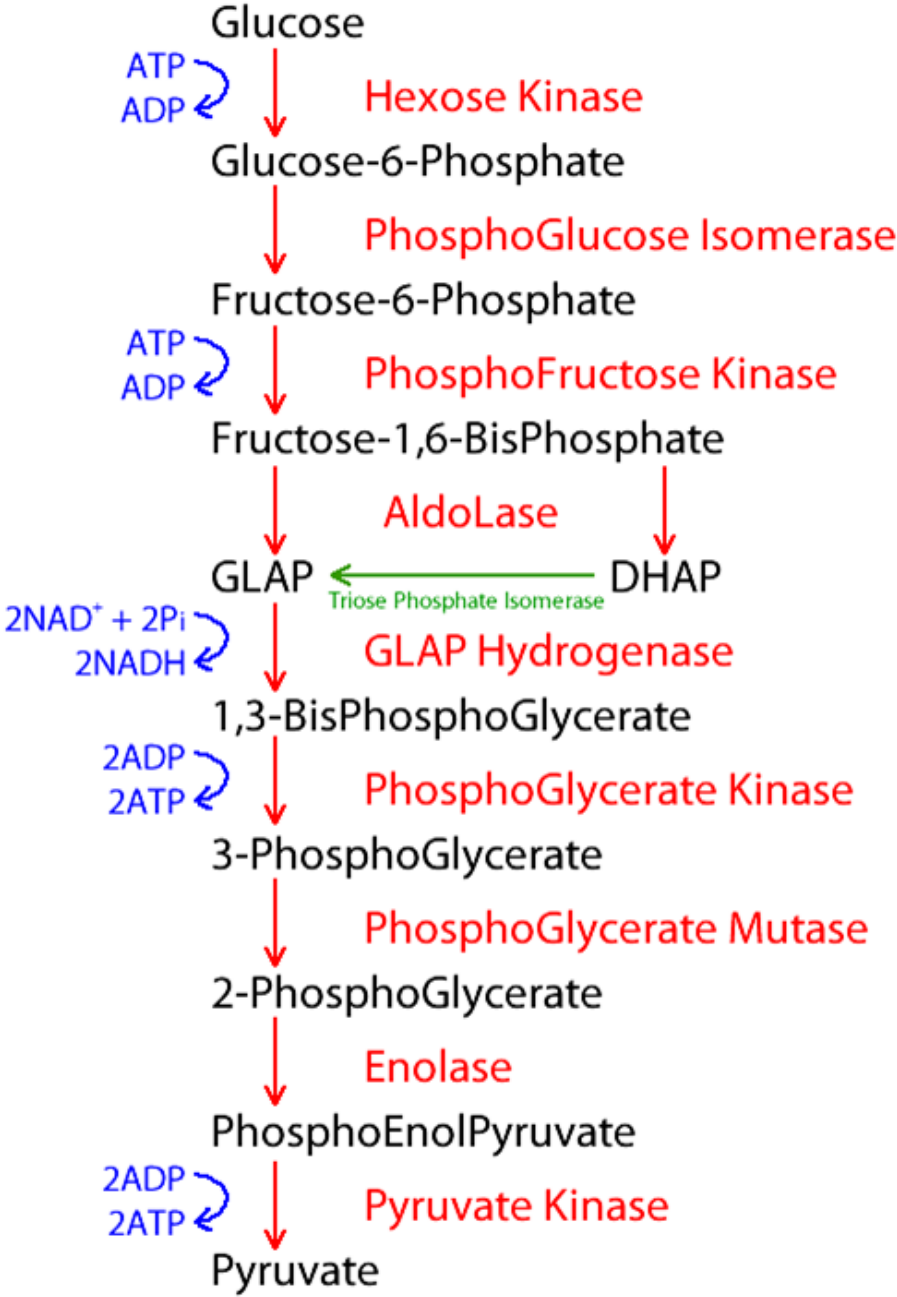
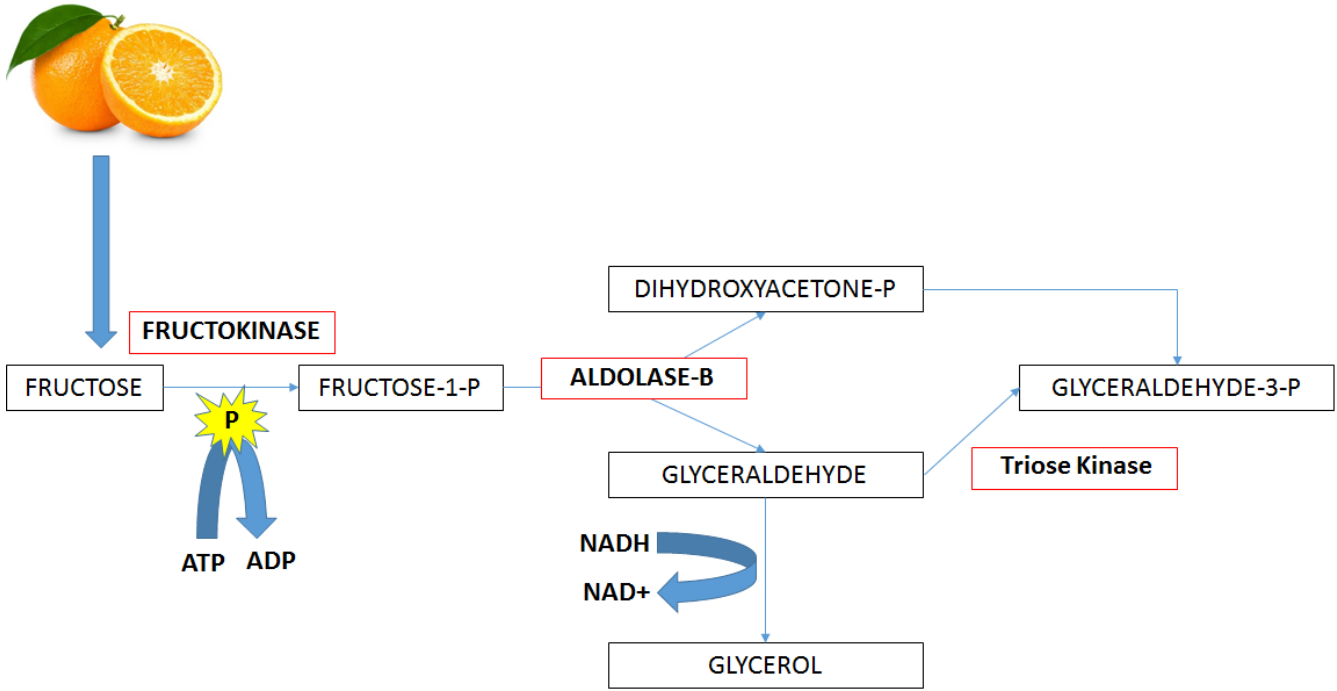
- Where do we start?
- Where do we end?
- What are the goals of the pathway?
- What key enzymes will get us from start to end, and what do they need to function?
- Key disorders related to these pathways
- How do they all come together?
- Summary: Special notes/therapeutics/key derivatives?

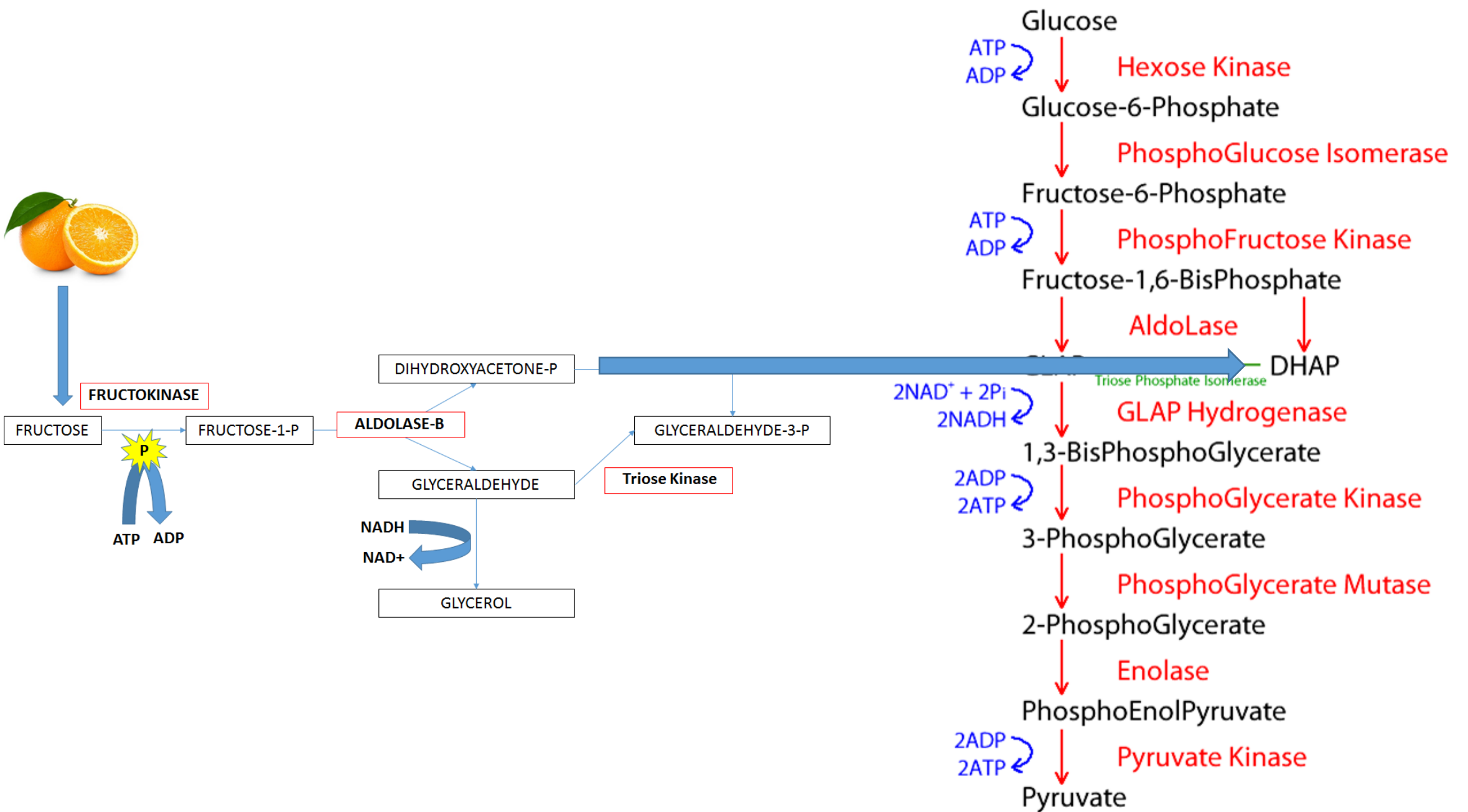
# Fructose Metabolism

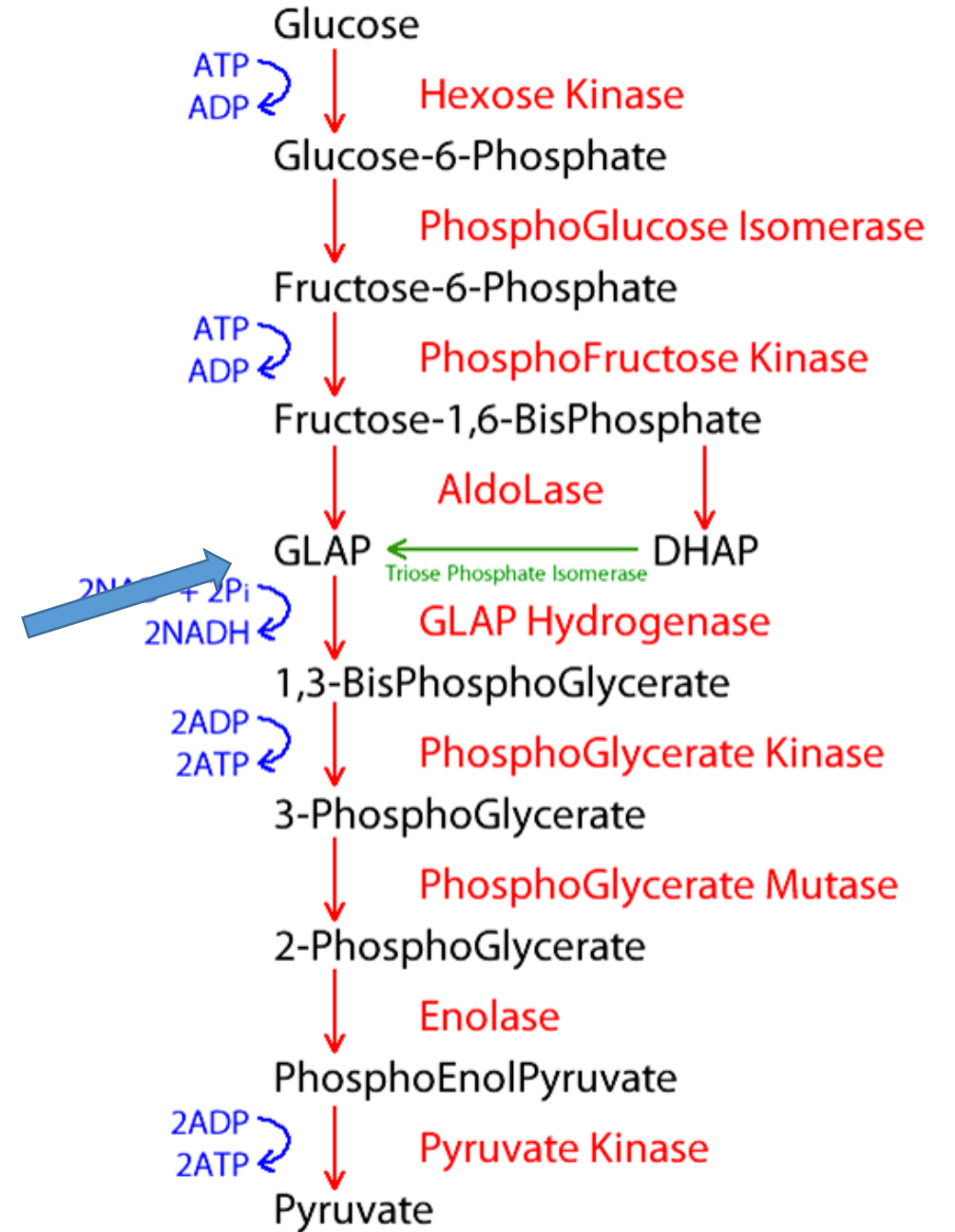
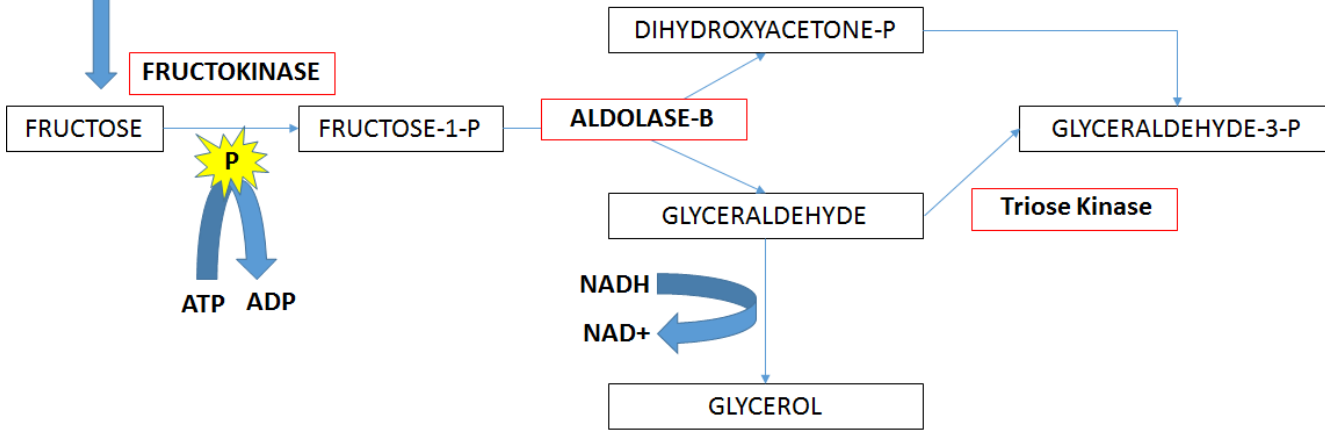
- **Start** with Fructose **end** with Glycerol and Glyceraldehyde 3-P
- **Goal** is to generate useable energy from fructose
- Key enzymes: Fructokinase, Aldolase B
- Disorders: Essential Fructosuria, Fructose Intolerance
- Fits into pathway for Glycolysis



The Pathway: Overview







# For each pathway:

- Where do we start?
  - Fructose
- Where do we end?
  - Glycerol
  - Glyceraldehyde-3-P
- **What are the goals of the pathway?**
- What key enzymes will get us from start to end, and what do they need to function?
- Key disorders related to these pathways
- How do they all come together?



# So what's the goal?

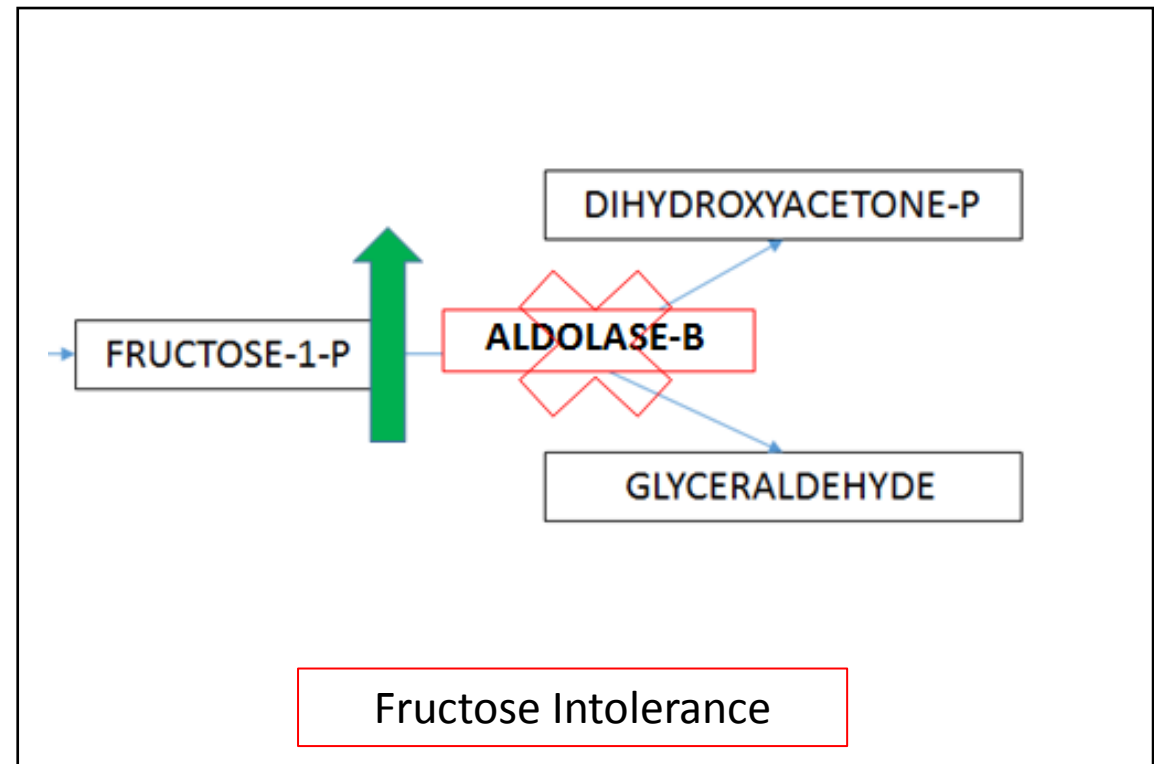
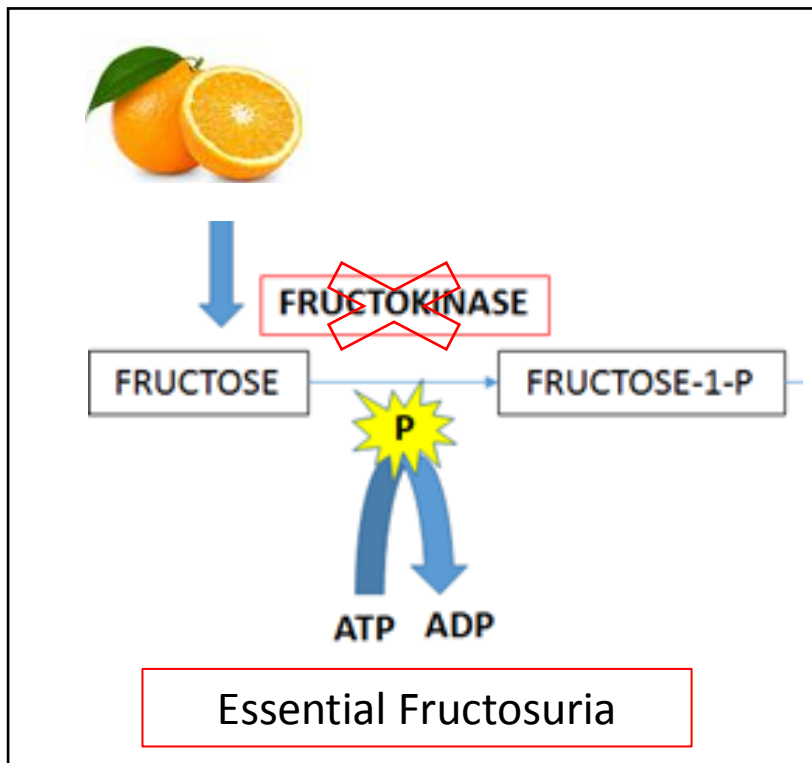
- Take a dietary sugar (fructose) and convert it into a product that can be used in cellular energy pathway (glycolysis)
- Problems in this pathway arise when **enzymes** are **missing** or **deficient**, leading to either a failure to utilize fructose or an accumulation of dangerous byproducts

# For each pathway:

- Where do we start?
  - Fructose
- Where do we end?
  - Glycerol
  - Glyceraldehyde-3-P
- What are the goals of the pathway?
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- **Key disorders related to these pathways**
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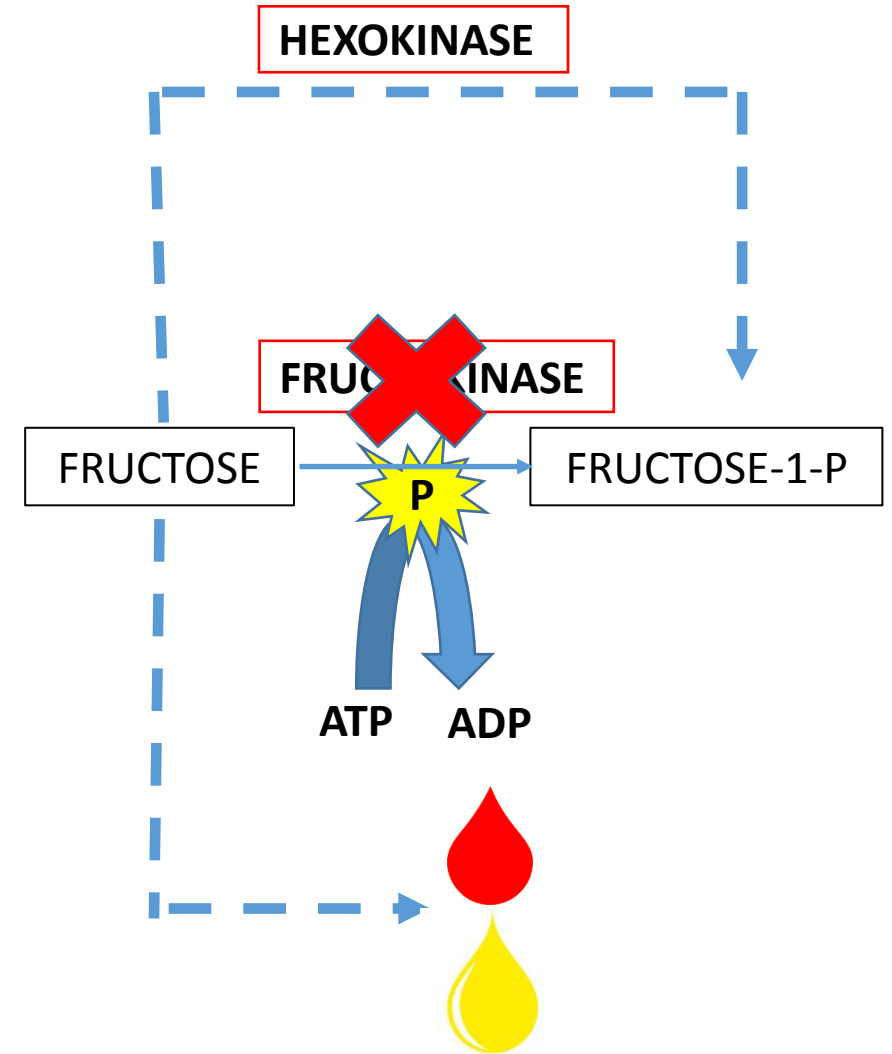
# So what goes wrong and how does it present?

- Two conditions associated with this pathway: **Essential Fructosuria** and **Fructose Intolerance**
- Different enzymes are involved, vastly different clinical presentations



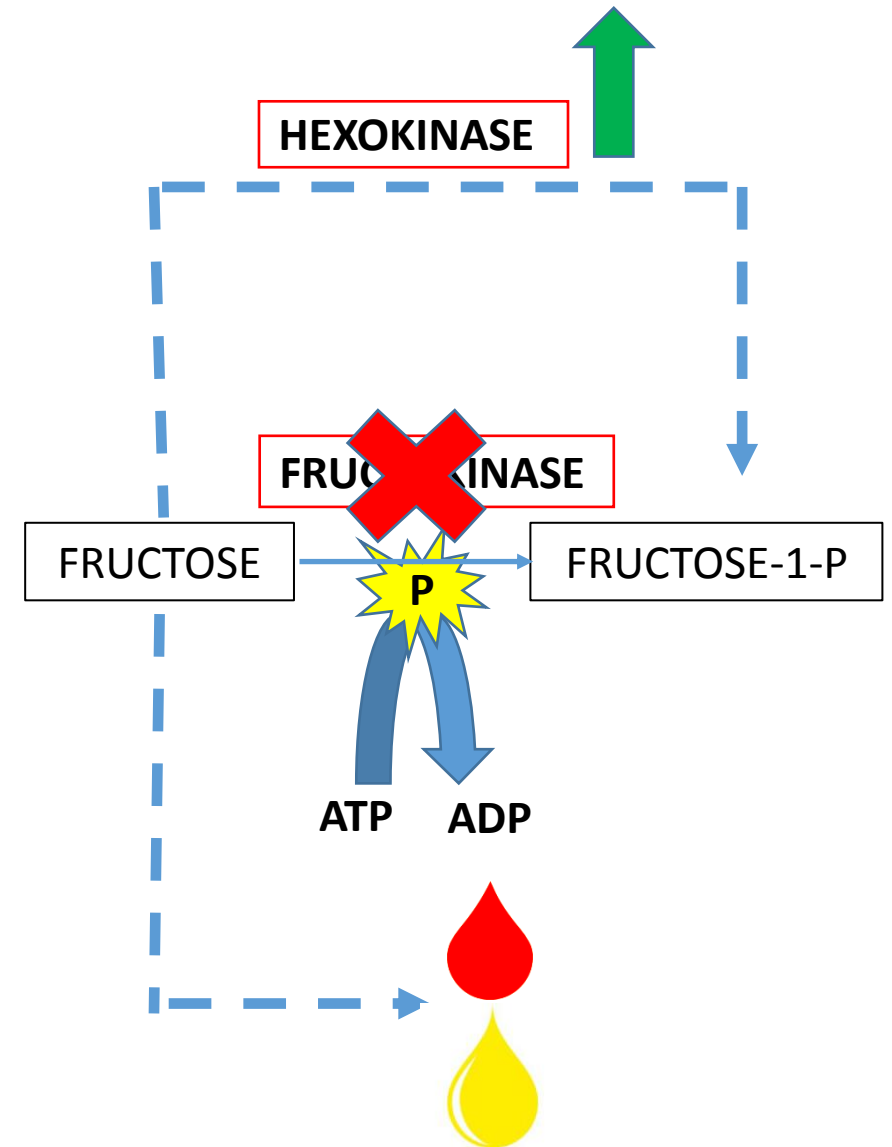
# Essential Fructosuria

- Autosomal recessive condition that is essentially, fructose in the urine
- Lack of enzyme **fructokinase**, which converts **fructose** into **fructose-1-P**
- Without attached phosphate, fructose can't enter cells (just like our friend glucose), and can't be metabolized
- High levels of fructose in urine and blood



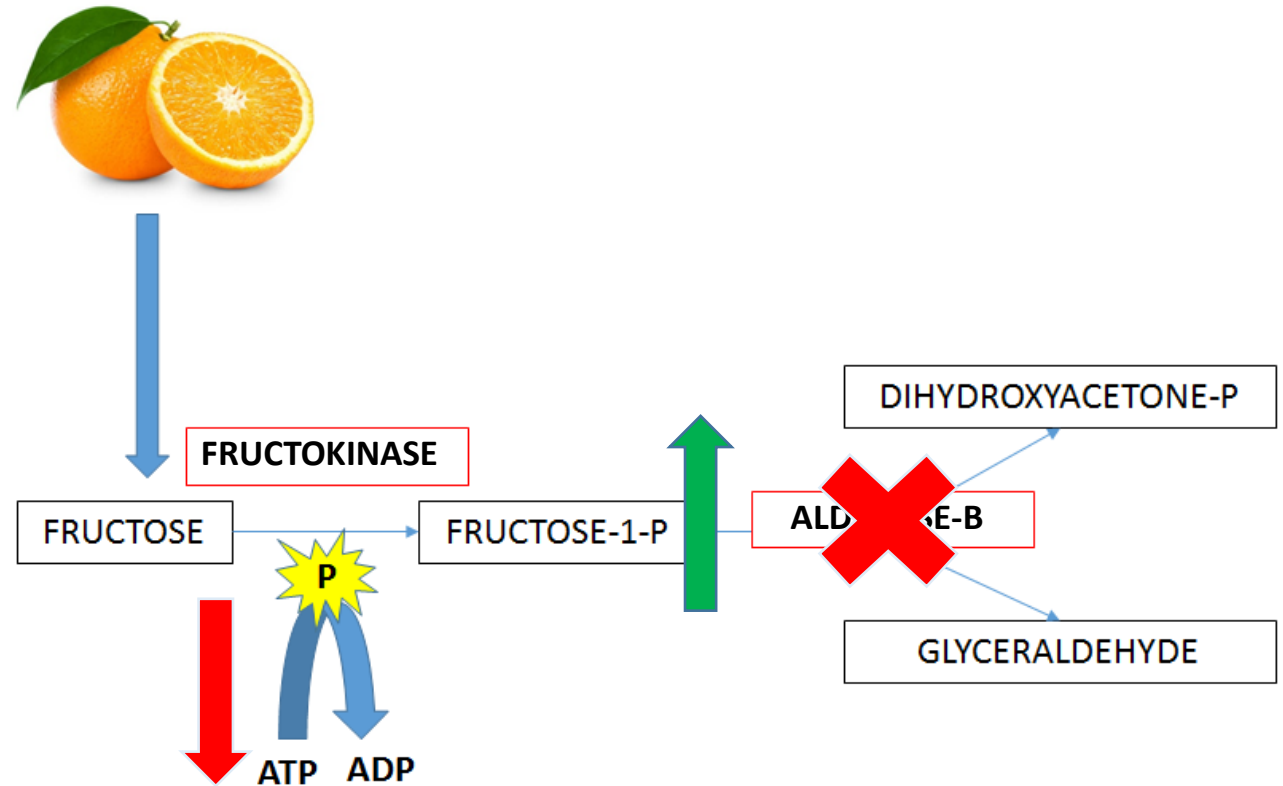
# Essential Fructosuria

- Autosomal recessive condition that is essentially, fructose in the urine
- Lack of enzyme **fructokinase**, which converts **fructose** into **fructose-1-P**
- Without attached phosphate, fructose can't enter cells (just like our friend glucose), and can't be metabolized
- High levels of fructose in urine and blood
- Activates **backup pathway**, where **hexokinase** is upregulated to produce small amounts of F1P, when then completes normal pathway
- **NO CLINICAL SYMPTOMS**, but Fructose is detected in blood and urine



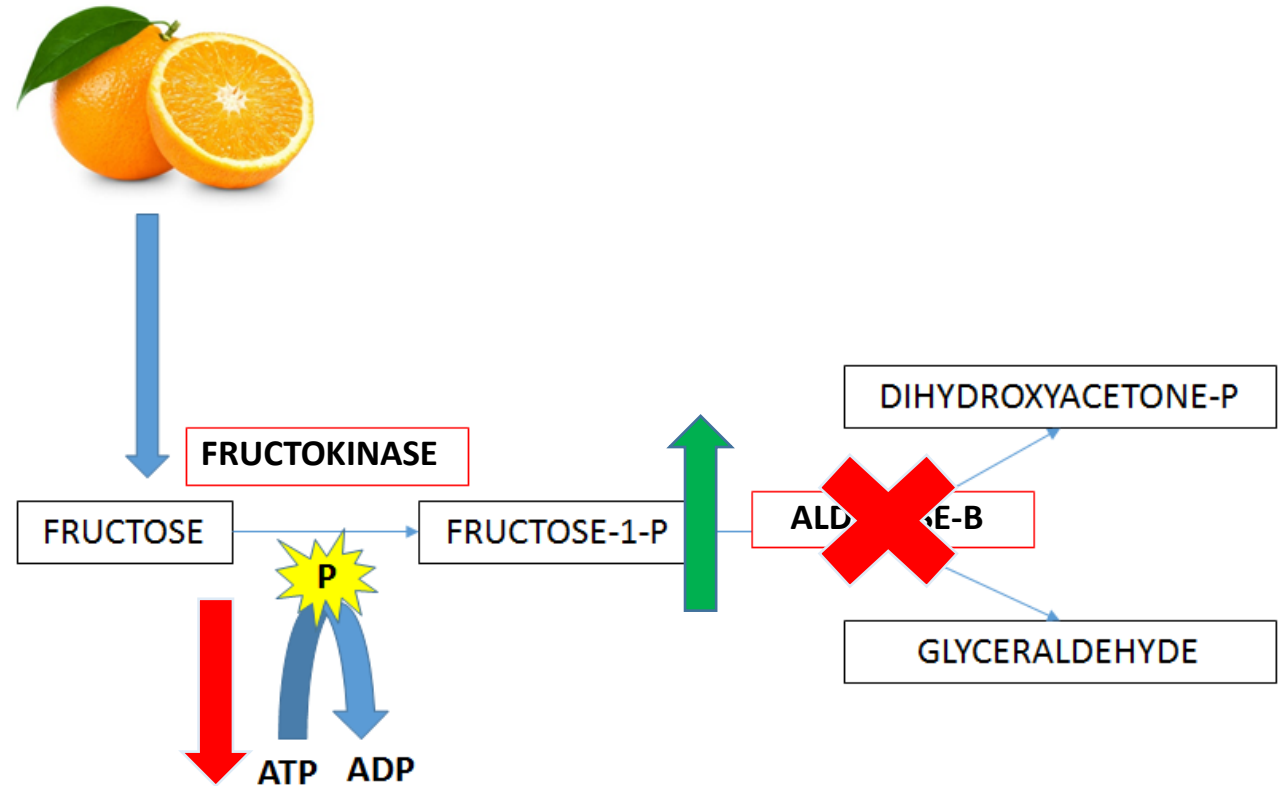
# Fructose Intolerance

- Autosomal Recessive lack of **Aldolase B**
- Cant convert Fructose 1-P to downstream products, causing it to accumulate
- Does **NOT** impact fructokinase, which keeps doing its thing
- Fructokinase keeps burning ATP to attach phosphate to Fructose, which is now “trapped” in cells with nowhere to go (makes phosphate sink)



# Fructose Intolerance

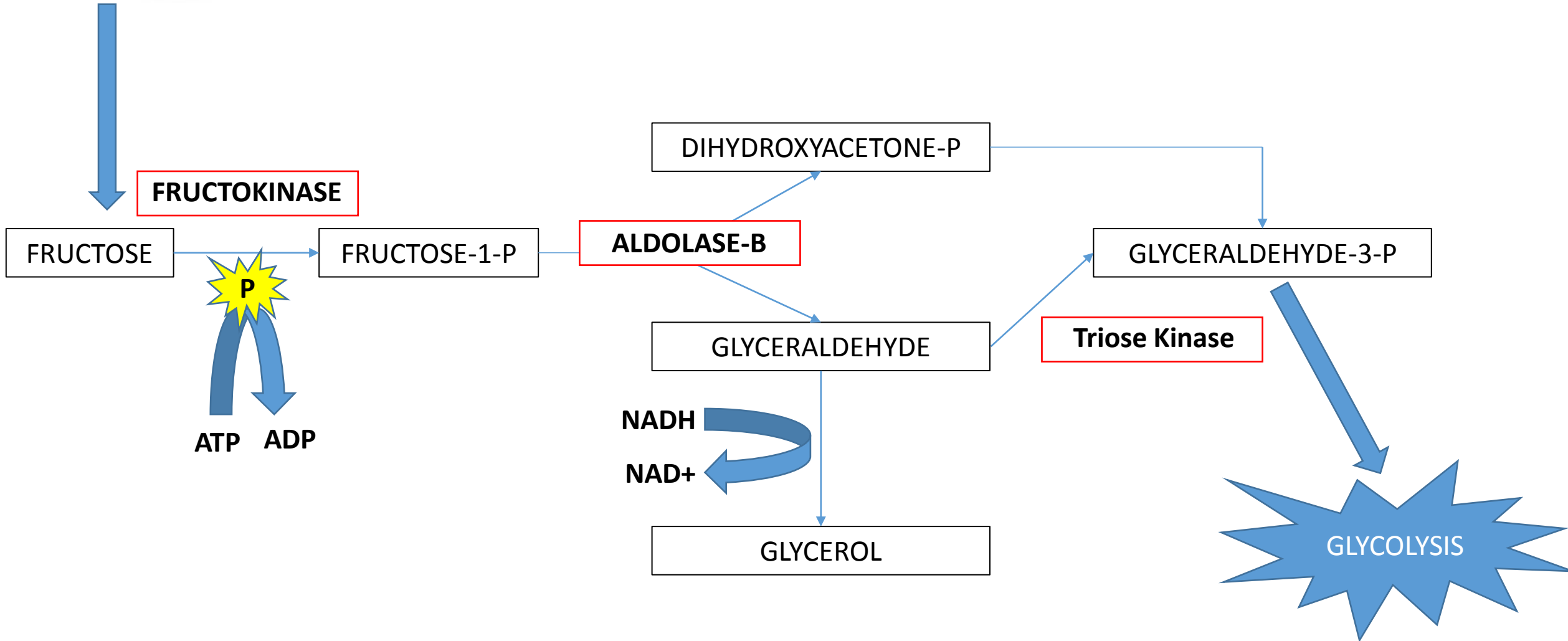
- Autosomal Recessive lack of **Aldolase B**
- Cant convert Fructose 1-P to downstream products, causing it to accumulate
- Does **NOT** impact fructokinase, which keeps doing its thing
- Fructokinase keeps burning ATP to attach phosphate to Fructose, which is now “trapped” in cells with nowhere to go (makes phosphate sink)
- **Symptoms** relate to depletion of ATP and accumulation of F1P in liver cells whenever fructose is consumed:  
**Hypoglycemia, jaundice, hemorrhage, hepatomegaly, hyperuricemia**



# For each pathway:

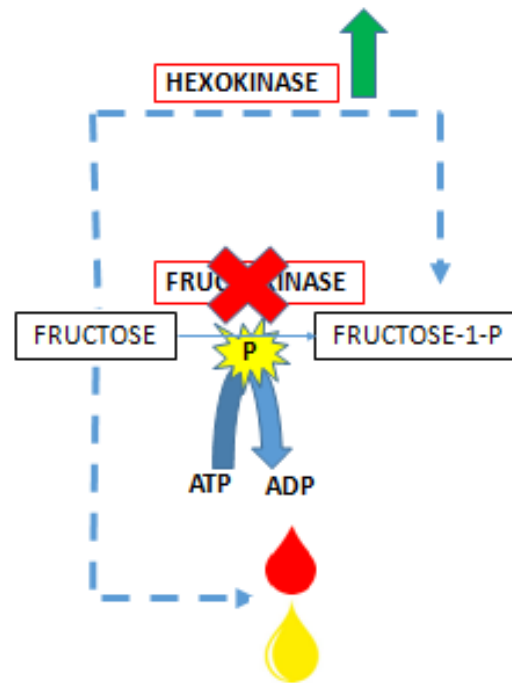
- Where do we start?
  - Fructose
- Where do we end?
  - Glycerol
  - Glyceraldehyde-3-P
- What are the goals of the pathway?
  - Convert dietary sugar (fructose) into a usable product for glycolysis
- What key enzymes will get us from start to end, (and what do they need to function)?
  - Fructokinase (→ Essential fructosuria)
  - Aldolase-B (→ Fructose intolerance)
- Key disorders related to these pathways
  - Essential Fructosuria (fructose in urine; generally asymptomatic; occasional hypoglycemia)
  - Fructose Intolerance (cellular injury from accumulation of F1P and ATP depletion)
- How do they all come together?
- Summary: Special notes/therapeutics/key derivatives?





# Presentations, Treatment, and Key Derivatives

- Essential Fructosuria: Urine smells sweet after a big meal of fruit, honey, etc. Worked up for diabetes and finds fructose in the urine instead of glucose. Runs in the family. No treatment required. Will likely ask about either pattern of inheritance (**recessive**) or missing enzyme (**fructokinase**)
  - **May** ask about what enzyme is upregulated in backup pathway (**hexokinase**)



# Presentations, Treatment, and Key Derivatives

- Essential Fructosuria: Urine smells sweet after a big meal of fruit, honey, etc. Worked up for diabetes and finds fructose in the urine instead of glucose. Runs in the family. No treatment required.
  - Will likely ask about either pattern of inheritance (**dominant**) or missing enzyme (**fructokinase**)
  - **May** ask about what enzyme is upregulated in backup pathway (**hexokinase**)
- Fructose intolerance: Baby develops symptoms of lethargy, jaundice, vomiting, hypoglycemia after first meal containing fructose or sucrose (fruit, honey, etc). Treatment involves **AVOIDING FRUCTOSE AND SUCROSE**
  - Will likely ask about pattern of inheritance (**recessive**), missing enzyme (**aldolase B**), or treatment

**\*\*May ask question about how fructose enters glycolysis → Glyceraldehyde-3-P\*\***

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