









- A key element for cholesterol homeostasis is the balance between:
 - **Cholesterol transport from** liver to peripheral tissues by **LDL** (bad cholesterol carrier)
 - **Reverse cholesterol transport** from peripheral tissues to liver by **HDL** (good cholesterol carrier)

Imbalance results in cholesterol deposition in the wall of blood vessels, thickening of the wall and narrowing of the lumen "Atherosclerosis"

Composition of LDL and HDL

Low density lipoprotein (LDL) Mostly free cholesterol

High density lipoprotein (HDL) Mostly cholesterol ester More % protein More % phospholipids



Low Density Lipoproteins (LDL)

Produced in the circulation as the end product of VLDLs Compared to VLDLs: It contains only apo B-100 Smaller size and more dense Less TG More cholesterol & cholesterol ester **Transport cholesterol from liver to peripheral tissues** Uptake of LDL at tissue level by LDL receptor-mediated endocytosis **Recognized by apo B-100**







LDL: Receptor-Mediated Endocytosis

Receptor-Mediated Endocytosis

- LDL receptor: Cell surface glycoprotein High-affinity, tightly regulated
- LDL/Receptor binding and internalization of the complex by endocytosis
- Release of cholesterol inside the cells for: Utilization Storage as cholesterol ester Excretion
- **Degradation of LDL:** into amino acids, phospholipids and fatty acids
- Degradation or recycling of receptor

LDL Receptor-Mediated Endocytosis: Regulation

Down-regulation: High intracellular cholesterol content Degradation of LDL receptors Inhibition of receptor synthesis at gene level Decrease No. of receptor at cell surface Decrease further uptake of LDL Decrease de novo synthesis of cholesterol

Up-regulation: Low intracellular cholesterol content Recycling of LDL receptors Stimulation of receptor synthesis at gene level Increase No. of receptor at cell surface Increase further uptake of LDL Increase de novo synthesis of cholesterol





PC = Phosphatidylcholine/Lecithin

High Density Lipoproteins (HDL)

- Produced by intestine and liver
- Nascent HDL: Disk-shaped Contains apo A-I, C-II and E Contains primarily phospholipid (PC)
- Mature HDL (HDL₂): First, the HDL₃ collects cholesterol (C) Then, C is converted to CE (C- ester) The HDL₂ is the spherical mature particle

Functions of HDL

- Reservoir of apoproteins e.g., Apo C-II and E to VLDL
- Uptake of cholesterol:

From other lipoproteins & cell membranes

(HDL is suitable for uptake of cholesterol because of high content of PC that can both solublizes cholesterol and acts as a source of fatty acid for cholesterol esterification)

• Esterification of cholesterol: Enzyme:PCAT/LCAT Activator: Apo A-I Substrate: Cholesterol, Co-substrate: PC Product: Cholesterol ester (& Lyso-PC)

Reverse cholesterol transport

Why Is HDL a Good Cholesterol carrier?

- Inverse relation between plasma HDL levels and atherosclerosis How?
- Reverse cholesterol transport involves: Efflux of cholesterol from peripheral tissues and other lipoproteins to HDL₃

Esterification of cholesterol & binding of HDL₂ to liver and stroidogenic cells by scavenger receptor class B (SR-B1)

Selective transfer of cholesterol ester into these cells Release of lipid-depleted HDL₃



Pathogenesis: Modified (oxidized) LDL ... Oxidative stress

Uptake of oxLDL by macrophage scavenger receptor: Scavenger receptor class A (SR-A) Low-affinity, non-specific receptor Un-regulated receptor

Foam cell transformation

Atherosclerotic plaque formation



Athersclerotic plaque Formation

Laboratory Investigation of Atherosclerosis

Serum lipid profile: 10-12 hours (O/N) fasting **Measurement of** Serum triglyceride level (reflect chylomicron and VLDL levels) Serum total cholesterol level (reflect LDL and HDL levels) **Serum HDL-cholesterol level Serum LDL-cholesterol level Others, Serum lipoprotein electrophoresis** Serum apoprotein levels e.g., apo-B

LDL-related Diseases

Hyperlipoproteinemia: Type IIa Hyperlipoproteinemia (Familial hypercholestrolemia)

- Functional defect of LDL-receptor
- Increase plasma LDL level & therefore, plasma cholesterol level
- Pre-mature atherosclerosis and increased risk for early-onset ischemic heart diseases
- Associated with the presence of tendon xanthomas on hands and ankles

THANK YOU ③