

Lipoproteins and Atherosclerosis

By

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Introduction

A key element for cholesterol homeostasis is the balance between:

Cholesterol transport from liver to peripheral tissues by LDL (bad cholesterol carrier)

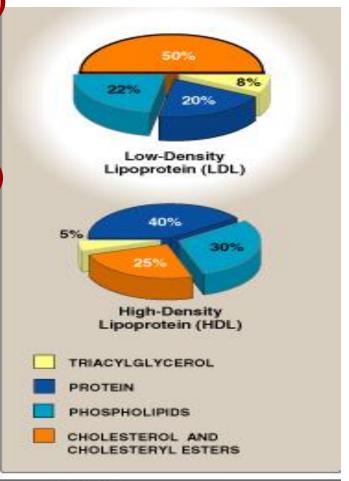
Reverse cholesterol transport from peripheral tissues to liver by HDL (good cholesterol carrier)

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

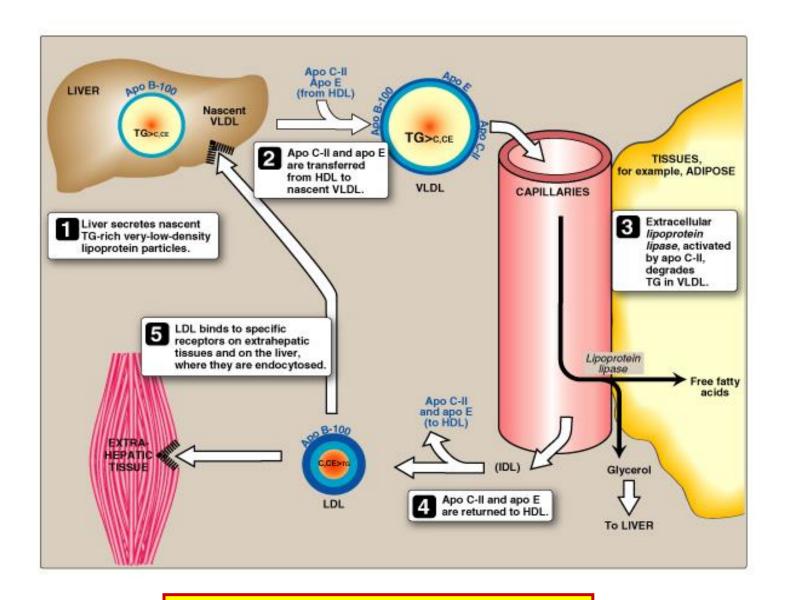
More cholesterol & cholesterol ester

Transport cholesterol from liver to peripheral tissues

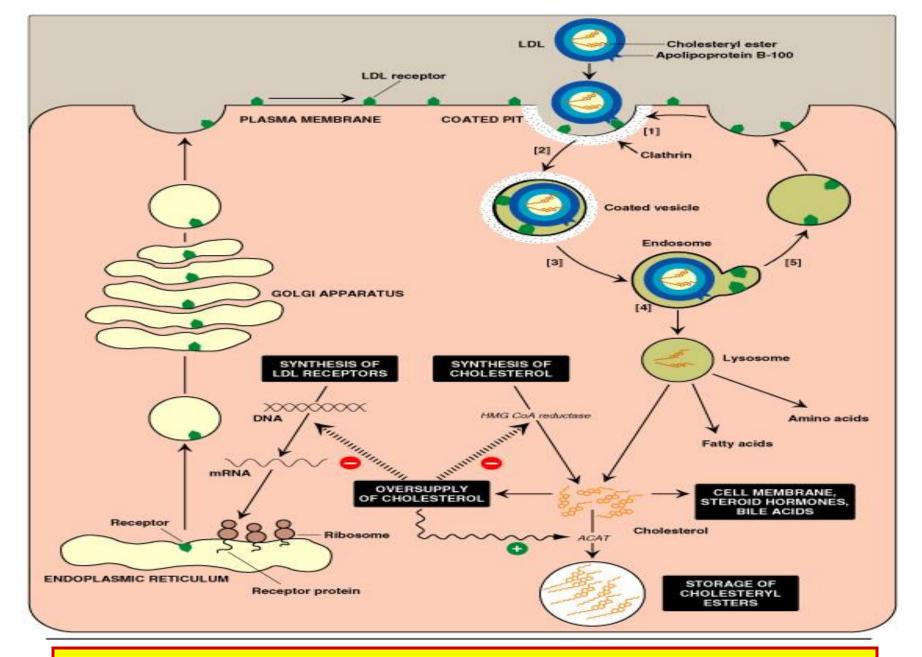
Uptake of LDL at tissue level by

LDL receptor-mediated endocytosis

Recognized by apo B-100



LDL Metabolism



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

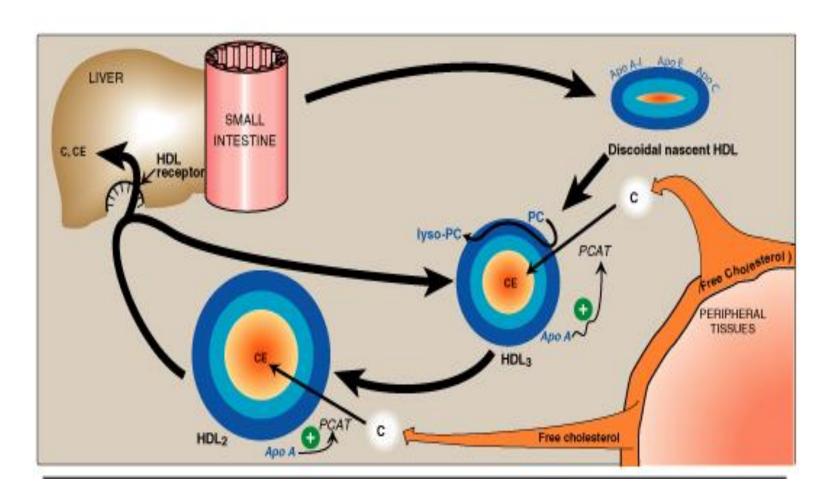
Down-regulation:

High intracellular cholesterol content
Degradation of LDL receptors
Inhibition of recepotor 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 recepotor synthesis at gene level
Increase No. of receptor at cell surface
Increase further uptake of LDL
Increase de novo synthesis of cholesterol

HDL Metabolism



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 HDL_2 to liver and steroidogenic cells by scavenger receptor class B (SR-B1)

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

Atherosclerosis

Pathogenesis:

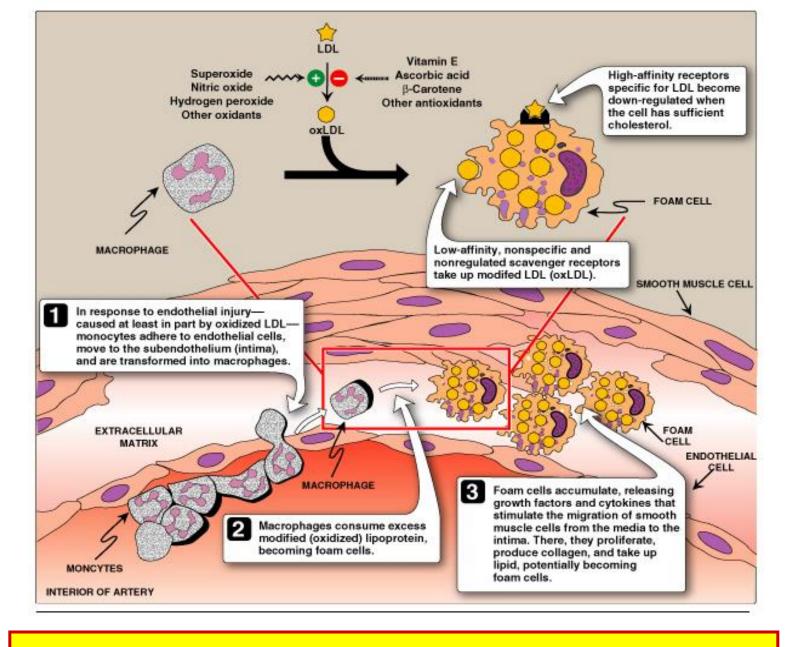
Modified (oxidized) LDL ... Oxidative stress

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

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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
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LDL-related Diseases

Hyperlipoproteinemia:
Type IIa Hyperlipoproteinemia
(Familial hypercholestrolemia)

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 @