









Lipid compounds: Relatively water insoluble

Therefore, they are transported in plasma (aqueous) as Lipoproteins

Lipoproteins and Related Clinical Problems

- Atherosclerosis and hypertension
- Coronary heart diseases
- Lipoproteinemias (hypo- and hyper-)
- Fatty liver

Lipoprotein Structure

Protein part: Apoproteins or apolipoproteins Abbreviations: Apo-A, B, C, D, E Functions: Structural and transport function Enzymatic function Ligands for receptors

Lipid part:

- According to the type of lipoproteins
- Different lipid components in various combinations

Spherical molecules of lipids and proteins (apoproteins)



Outer coat:

- Apoproteins
- Phospholipids
- Cholesterol (Unesterified)

Inner core:

- **TG**
- Cholesterol ester (CE)

Lipoprotein Structure

Types of Lipoproteins

• What's different in various types of lipoproteins?

- They differ in lipid and protein composition and therefore, they differ in
 - Size and density
 - Electrophoretic mobility



60%

20%

15%

Chylomicrons

Very low density Lipoprotein (VLDL)

Low density Lipoprotein (LDL)

High density Lipoprotein (HDL)

Types and Composition of Lipoproteins





Ultracentrifugation of Lipoproteins

Lipoprotein Electrophoresis



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Plasma Lipoproteins

For triacylglycerol transport (TG-rich): - Chylomicrons: TG of dietary origin - VLDL: TG of endogenous (hepatic) synthesis

For cholesterol transport (cholesterol-rich): LDL: Mainly free cholesterol HDL: Mainly esterified cholesterol

Chylomicrons

- Assembled in intestinal mucosal cells
- Lowest density
- Largest size
- Highest % of lipids and lowest % proteins
- Highest triacylglycerol (dietary origin)
- Carry dietary lipids to peripheral tissues
- Responsible for physiological milky appearance of plasma (up to 2 hours after meal)

Very Low Density Lipoproteins VLDLs

- Assembled in liver
- High triacylglycerol (hepatic origin)
- Carry lipids from liver to peripheral tissues
- Nascent VLDL: contains Apo B-100
- Mature VLDL: Apo B-100 plus

Apo C-II and Apo E

(from HDL)

Metabolism of VLDLs

- Assembled and secreted by liver
- Mature VLDLs in blood
- Modifications of circulating VLDLs
- End products: IDL and LDL
- Related diseases:

Hypolipoproteinemia: Abetalipoproteinemia Hyperlipoproteinemias:

Type I hyperlipoproteinemia Familial type III hyperlipoproteinemia





Metabolism of VLDLs: Mature VLDLs

• Assembled and secreted by liver directly into blood as nascent form

 Mature VLDLs: contain Apo B-100 plus Apo C-II and Apo E. ApoC-II is required for activation of lipoprotein lipase

• Lipoprotein lipase is required to degrade TG into glycerol and fatty acids

Lipoprotein lipase

- Extracellular enzyme, anchored by heparan sulfate to the capillary walls of most tissues
- Predominantly present in adipose tissue, cardiac & skeletal muscle
- Requires ApoC-II for activation
- Degrades TG into glycerol and free fatty acids
- Insulin stimulates its synthesis and transfer to the luminal surface of the capillary
- If deficient (or if apo C-II is deficient) → type 1 hyperlipoproteinemia = familial lipoprotein lipase deficiency)

Modifications of Circulating VLDLs

- 1- Degradation of TG by lipoprotein lipase →, VLDLs become
 - **Smaller in size**
 - More dense
- 2- Apo C & Apo E return back to HDL
- **3-** Some TG are transferred from VLDL to HDL in exchange with cholesterol ester (By cholesterol ester transfer protein)



VLDLs-Related Diseases

1- Hypolipoproteinemia Abetalipoproteinemia **Defect in TG-transfer protein Apo B-100 cannot be loaded with lipid Accumulation of TG in liver 2- Fatty Liver (hepatic steatosis) Imbalance between hepatic synthesis of TG** and secretion of VLDLs. **Accumulation of TG in liver**

VLDLS-Related Diseases, continued...

3- Hyperlipoproteinemia

Type I Hyperlipoproteinemia

- Familial Lipoprotein lipase deficiency
- Due to deficiency of lipoprotein lipase or its cofactor (Apo C-II)
- Shows a dramatic accumulation (≥1000 mg/dl) of chylomicrons in plasma
- Usually associated with acute abdomen due to acute pancreatitis
- ↑ plasma TG even in the fasted state
- **Type III Hyperlipoproteinemia**
 - (Familial dysbetalipoproteinemia)
 - due to Apo E deficiency
- Associated with hypercholesterolemia & premature atherosclerosis

THANK YOU ③