## **Purine Degradation & Gout**

## (Musculoskeletal Block)

#### Objectives

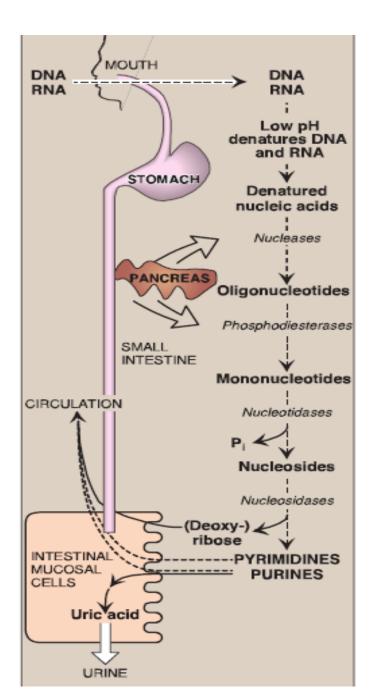
By the end of this lecture, students should be familiar with:

Purine degradation, uric acid formation and its association with gout.

≻Fate of uric acid in humans.

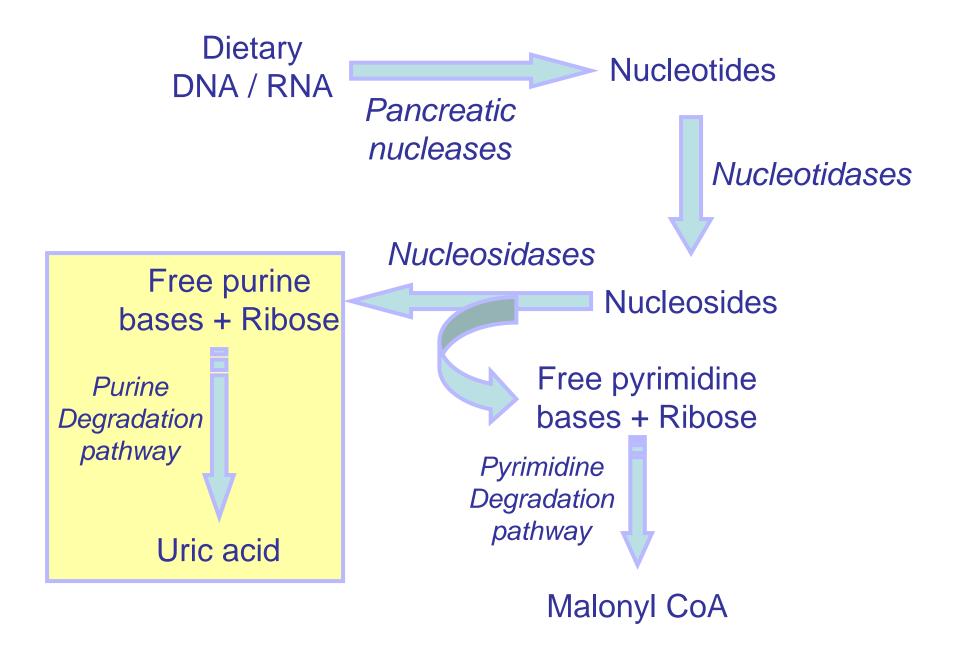
Recognize the importance of uric acid in the pathogenesis of gout.

>Overview of Gout classification and treatment.



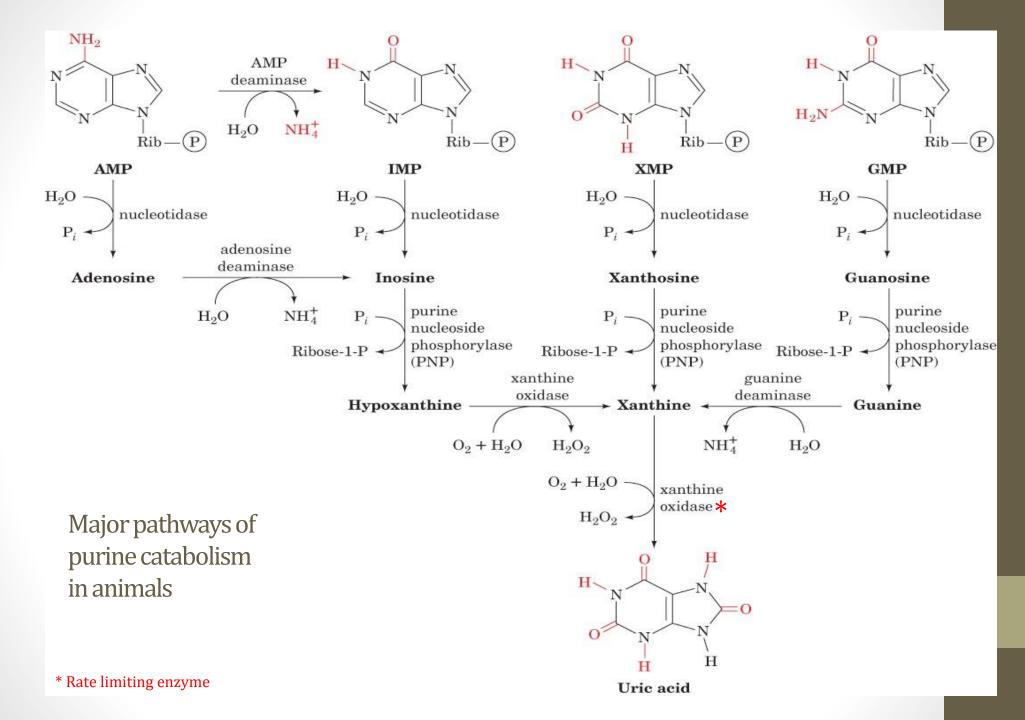
## Purine degradation pathway

- The major source of dietary nucleic acids (purines and pyrimidines) is meat
- Purine and pyrimidine bases are absorbed by the intestine
- The ingested bases are mostly degraded into different products by degradation pathways
- These products are then excreted by the body



## Purine degradation pathway

- Adenosine and guanosine (purines) are finally degraded to uric acid by:
  - Purine degradation pathway

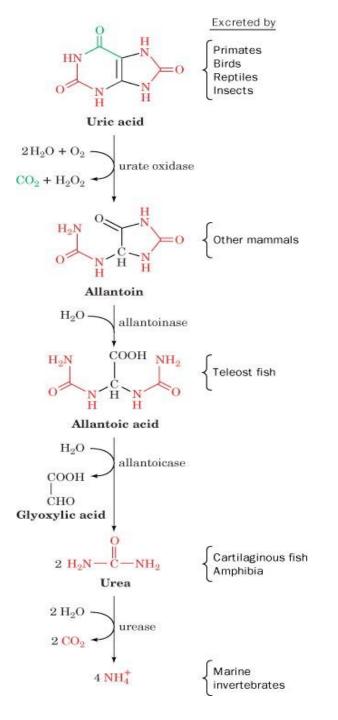


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## Fate of uric acid in humans

- In humans, primates, birds and reptiles the final product of purine degradation is uric acid
- Uric acid is excreted in the urine
- Some animals convert uric acid to other products:
  - Allantoin
  - Allantoic acid
  - Urea
  - Ammonia

Degradation of uric acid to ammonia in some animals



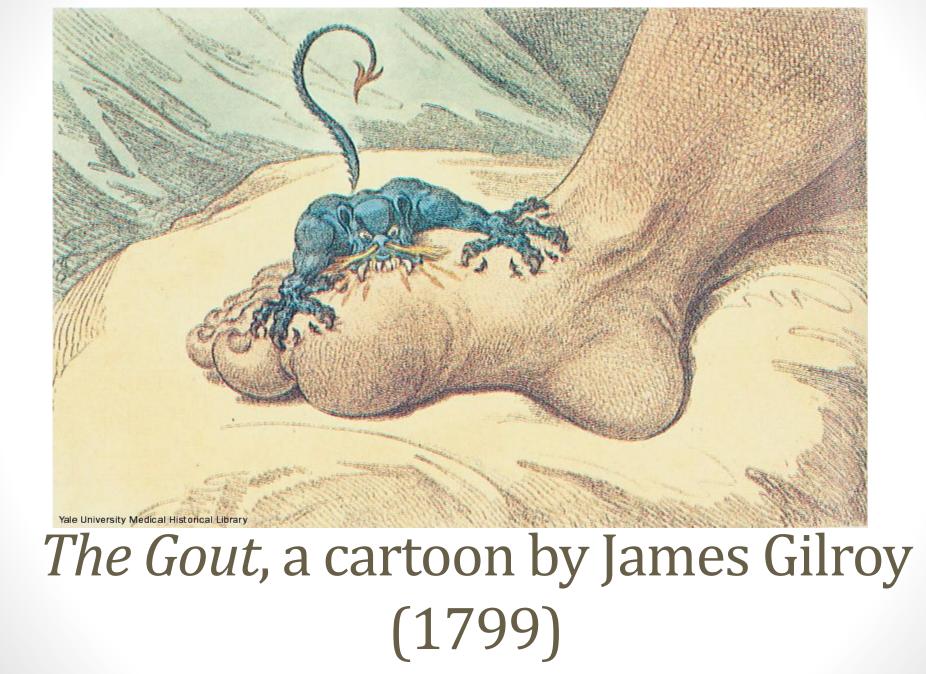
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### Fate of uric acid in humans

- Uric acid is less soluble in water
- Reptiles, insects and birds excrete uric acid as a paste of crystals
- To save water
- Humans excrete uric acid in urine

## Fate of uric acid in humans

- Humans do not have enzymes to further degrade uric acid
- Excessive production of uric acid causes deposition of uric acid crystals in the joints leading to:
  - Gout
  - Hyperuricemia



- Gout is a disease due to high levels of uric acid in body fluids
- 7.0 mg/dL and above
- Uric acid accumulates because of:
  - Overproduction or
  - Underexcretion

- Painful arthritic joint inflammation due to deposits of insoluble sodium urate crystals (especially big toe)
- Affects 3 per 1000 persons
- Sodium urate crystals accumulate in kidneys, ureter, joints leading to chronic gouty arthritis



# Sodium urate crystals in urine



- Inaccurately associated with overeating and drinking
- Alcohol used to be contaminated with lead during manufacture and storage
- Lead decreases excretion of uric acid from kidneys causing hyperuricemia and gout
- Excessive meat comsumption increases uric acid production in some individuals

• Two main causes

• Overproduction of uric acid

• Underexcretion of uric acid

# Classification of Gout

Clinical Category	Metabolic defect
Primary Gout (90% of cases)	
Enzyme defects-Unknown (85% to 90% of cases )	<ul> <li>Overproduction of uric acid</li> <li>-Normal excretion (Majority)</li> <li>-Increased excretion (Minority )</li> <li>Underexcretion of uric acid with normal</li> </ul>
	production
Known enzyme defects – e.g., Partial HGPRT deficiency (rare)	Overproduction of uric acid
Secondary Gout (10% of cases )	
Associated with increase nucleic acid turnover – e,g. Leukaemia	Overproduction of uric acid with increase urinary excretion
Chronic renal disease	Reduced excretion of uric acid with normal production
Inborn errors of metabolism – e.g complete HGPRT deficiency (Lesch-nyhan syndrome)	Overproduction of uric acid with increased urinary excretion
Hypoxanthine-guanine phosphoribosyltransferase (HGPRT)	

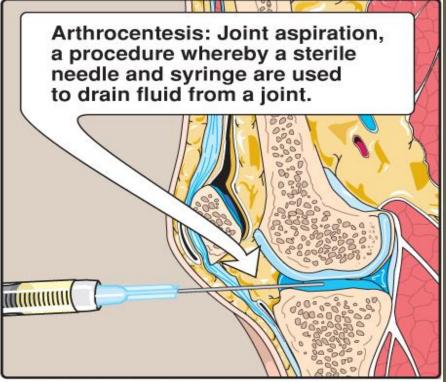
# **Biochemical Diagnosis**

#### □ Joint fluid test

The definitive diagnosis of gout requires aspiration and examination of synovial fluid from an affected joint (or material from a tophus) using polarized light microscopy to confirm the presence of needle-shaped monosodium urate crystals.

#### **Blood test**

It uses to measure the levels of uric acid

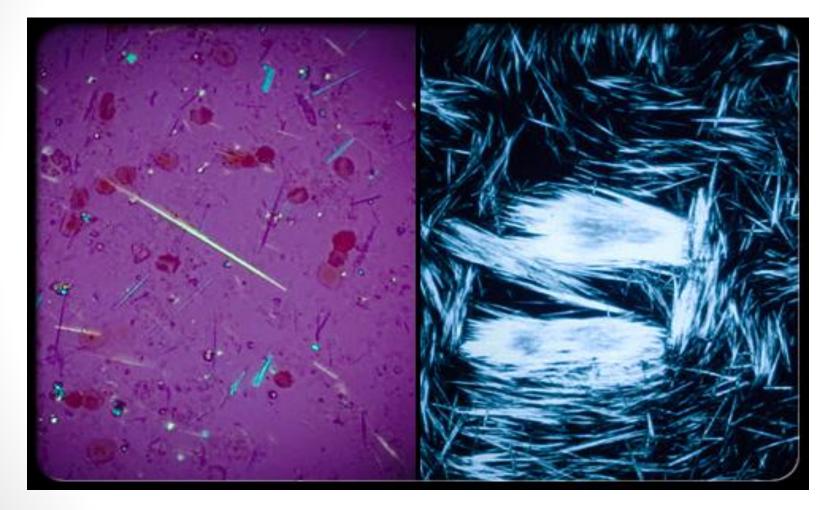


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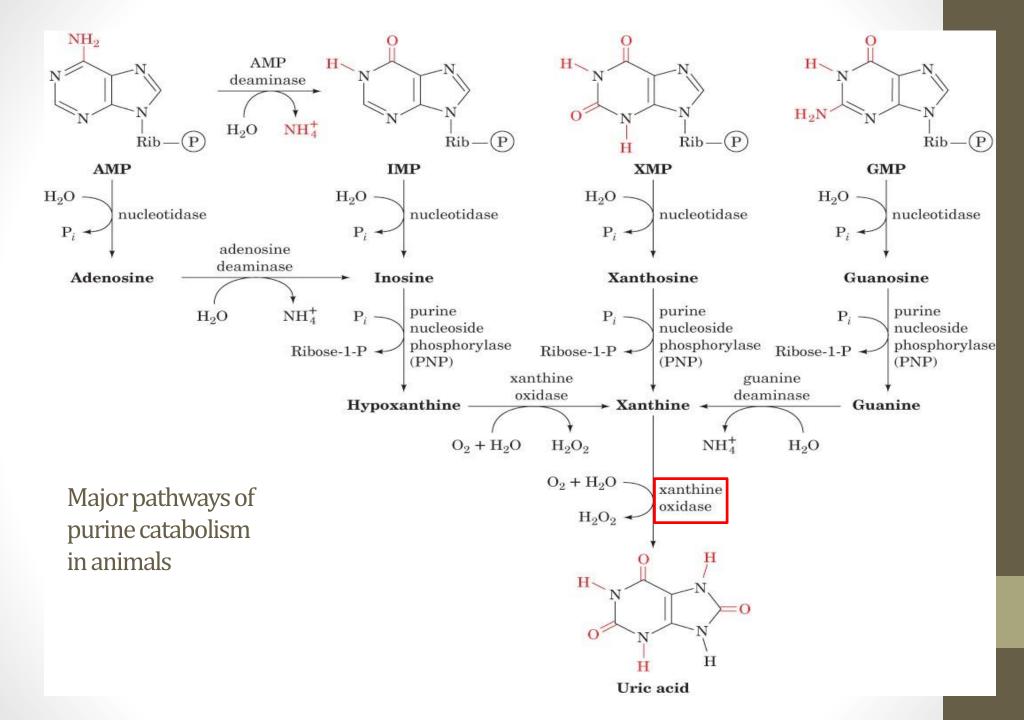


# Monosodium urate crystals



### Treatment

- To reduce pain and inflammation (analgesics, anti-inflammatory drugs)
- To increase uric acid excretion (uricosuric agents)
- To reduce uric acid production Allopurinol (xanthine oxidase inhibitor)



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## Take home message

➤ The biochemical causes that contribute to the development of gout and hyperuricemia are defects in purine degradation pathway and impaired excretion of uric acid.

>Hyperuricemia does not always cause gout.