

Urea Cycle

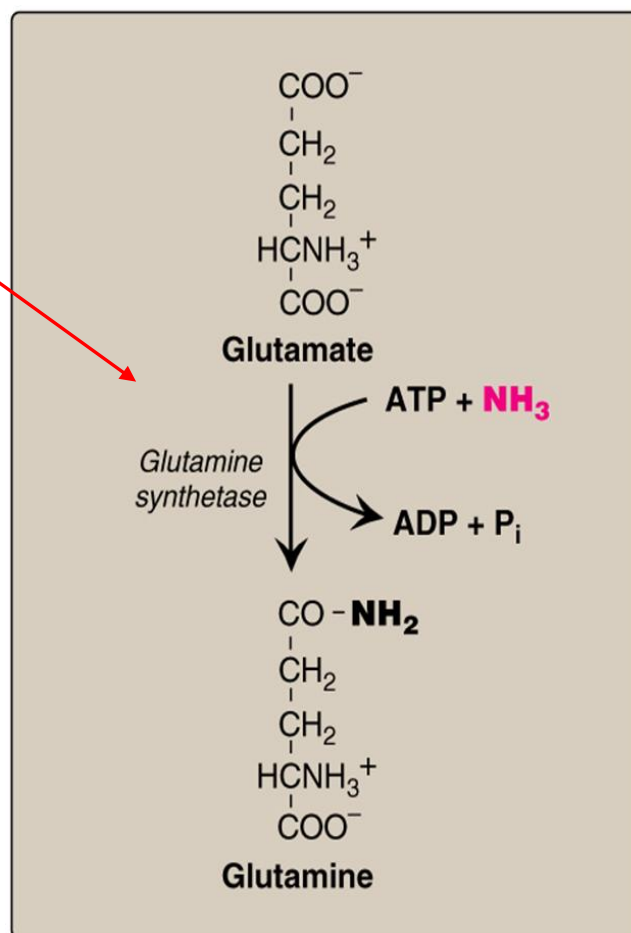
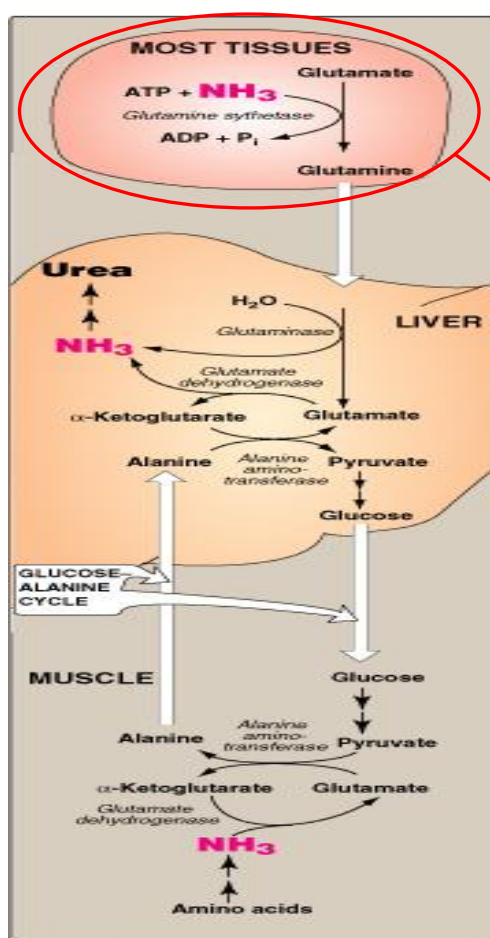
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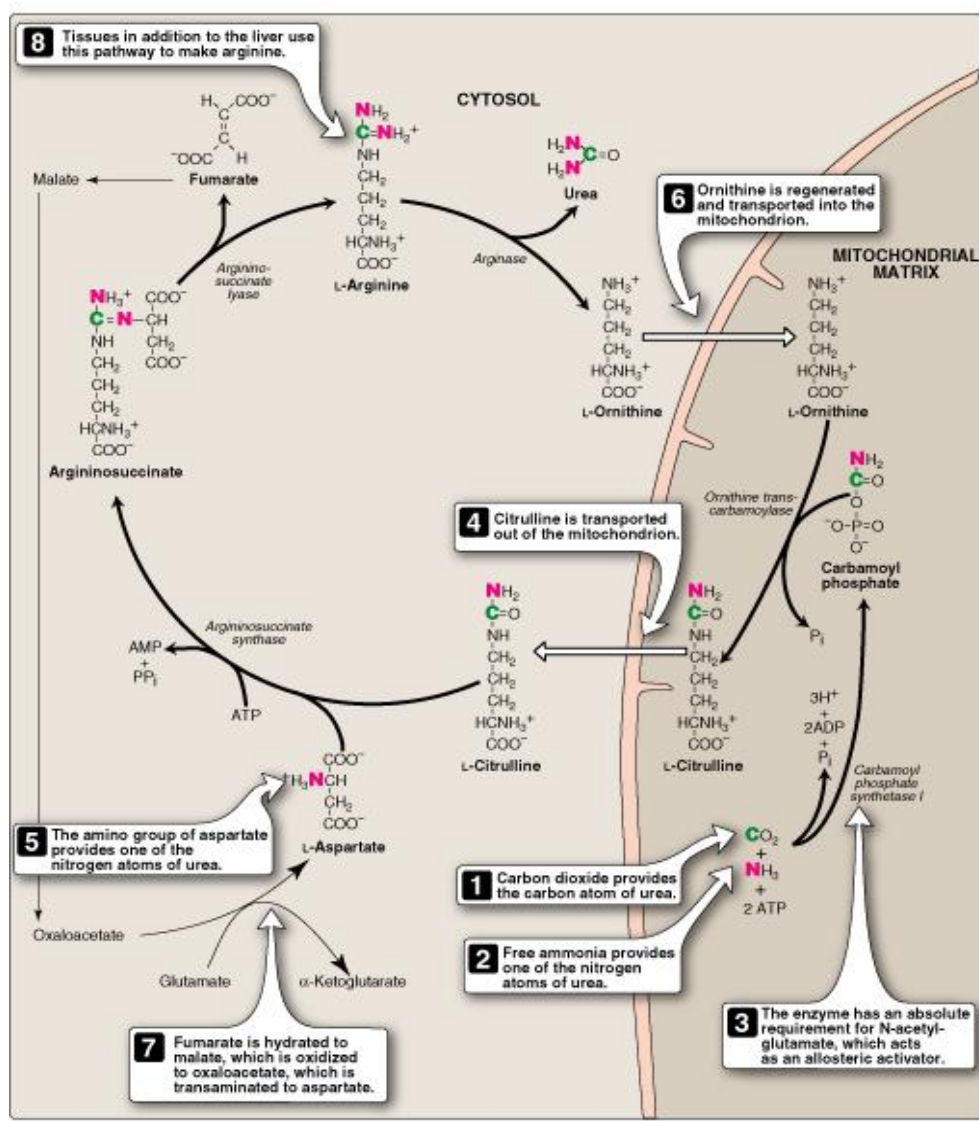
- Unlike glucose and fatty acids, amino acids are not stored by the body.
- Amino acids in excess of biosynthetic needs are degraded.
- Degradation of amino acids involves:
 - Removal of α -amino group \rightarrow Ammonia (NH_3)
 - Remaining carbon skeleton \rightarrow Energy metabolism
- Ammonia is produced by all tissues and the main disposal is via formation of urea in liver
- Urea is from the catabolism of proteins and it has no relationship to uric acid
- Blood level of NH_3 must be kept very low, otherwise, hyperammonemia and CNS toxicity will occur (NH_3 is toxic to CNS)
- To solve this problem, NH_3 is transported from peripheral tissues to liver via formation of:
 - Glutamine (most tissues)
 - Alanine (muscle)

Biosynthetic: *Process of protein synthesis*



❖ Urea Cycle:

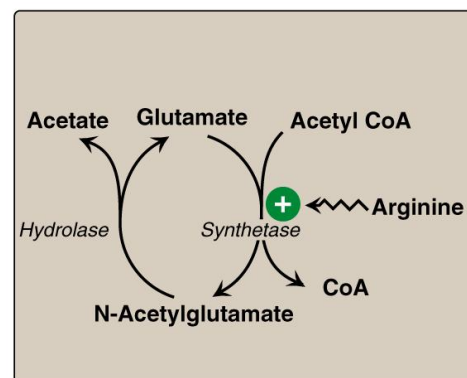
- Urea is the major form for disposal of NH_3
- Urea cycle occurs in the liver
- One nitrogen of urea is from NH_3 and the other nitrogen from aspartate
- Urea is transported in the blood to the kidneys for excretion in urine
- Five enzymes of urea cycle, *if one of these enzymes are absent Hyperammonemia will occur:*
 - Carbamoyl phosphate synthetase I
 - Ornithine transcarbamoylase (OCT)
 - Argininosuccinate synthase
 - Argininosuccinate lyase
 - Arginase



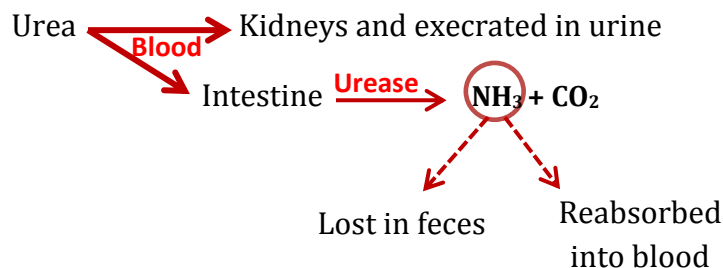
Ammonia provides one nitrogen atom of urea and carbon dioxide with **Carbamoyl phosphate synthetase I** → this will produce **carbamoyl phosphate** → **carbamoyl phosphate** with **ornithine** → will produce **Citruline** by **Ornithine transcarbamoylase (OCT)** in the mitochondria → **Citruline** goes out of the mitochondria with **Aspartate** (which gives one nitrogen atom of urea) by **Argininosuccinate synthase** → **Argininosuccinate** is produced → **Argininosuccinate** convert to **Arginine** by **Argininosuccinate lyase** → **Arginine** convert to **Urea** by **Arginase** .

❖ Regulation :

- Rate-limiting enzyme: Carbamoyl phosphate synthetase I
- N-Acetylglutamate: Activator of the enzyme
- **N-Acetylglutamate** → break down by **hydrolase** into → Acetate + Glutamate
- **Glutamate + Acetyl coA = CoA + N-Acetylglutamate by synthetase**
- **The presence of arginine stimulates the last reaction**
- N-Acetylglutamate is co-factor of **Carbamoyl phosphate synthetase I**



❖ Fate of Urea :



- The action of intestinal urease to form NH_3 is clinically significant in renal failure:

Renal failure → ↑ Blood urea → ↑ Urea to intestine $\xrightarrow{\text{Urease}}$ ↑ NH_3 blood level

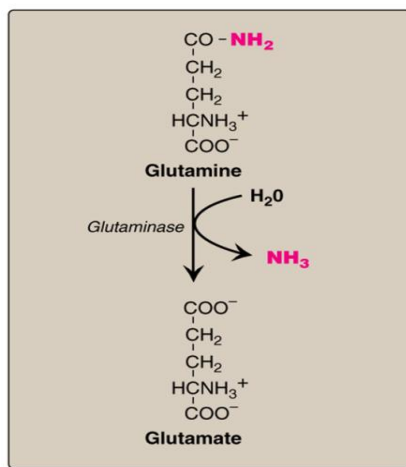
This condition is called (Acquired hyperammonemia)

❖ Sources of Ammonia :

1. Amino acids
2. Glutamine (By renal glutaminase, NH_3 excreted in urine as NH_4)
3. Bacterial urease in intestine
4. Amines e.g., catecholamines
5. Purines & pyrimidines

*The sources are arranged depending on the majority, so **Amino acid** is the **major source** of Ammonia.*

❖ Production of Ammonia by Glutaminase :

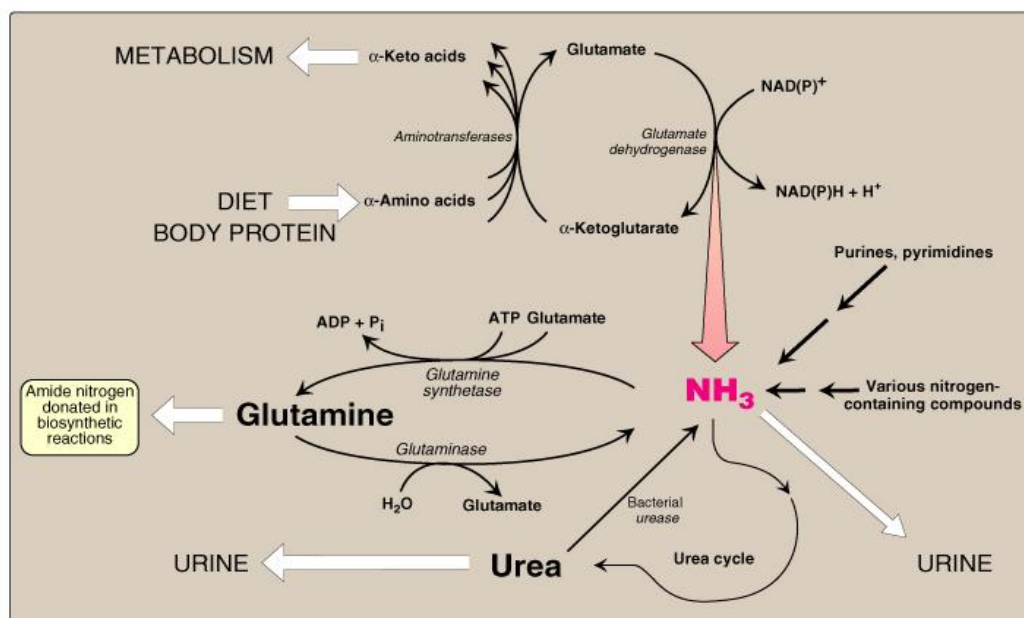


This process is reversible

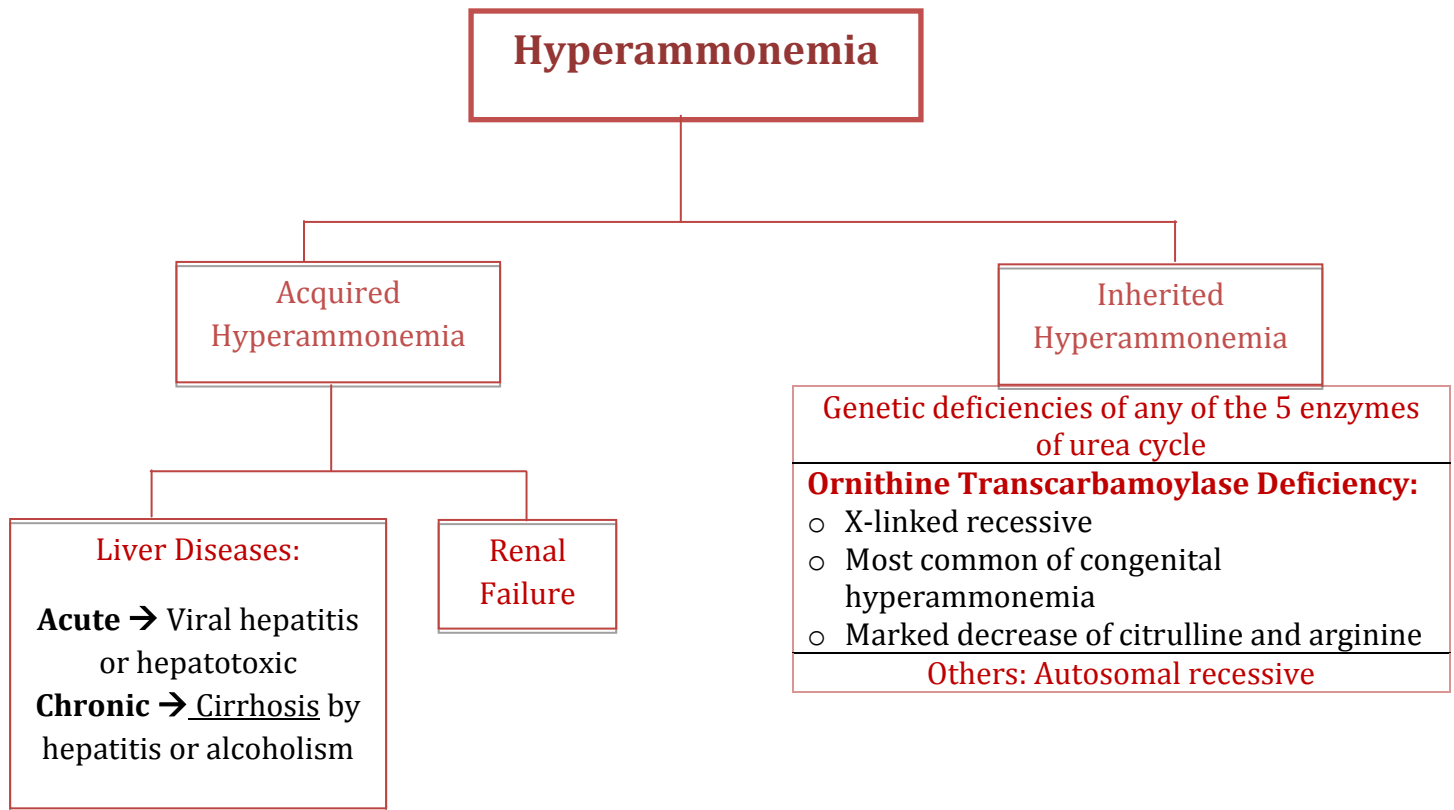
❖ Fates of Ammonia :

- Urea formation by the liver
- Glutamine synthesis in brain (Major mechanism for removal of NH_3 in the brain)
- Glutamine is very active in the brain; because like any other tissues in our body, brain tissue can produce ammonia and cause a lot of damages so the mechanism of the removal of the ammonia in the brain will be very fast.

Summary of sources and Fates of Ammonia :



Normal blood level of ammonia: 5 – 50 $\mu\text{mol/L}$



❖ Clinical Presentation of Hyperammonemia :

- Lethargy and somnolence
- Tremors
- Vomiting and cerebral edema
- Convulsions
- Coma and death