

Biochemistry
Team 434

Vitamin B6 and B12

Biochemistry434@gmail.com

Fat Soluble

A, D, E, K
أكيد

Water Soluble

Non-B-complex
Ex. Ascorbic acid (vitamin C)

B-complex

Not significantly stored in the body (except B12)
Must be supplied regularly in the diet
Excess excreted

-Present in small quantities in different types of food
-Important for growth and good health
-Help in various biochemical processes in cell
-Function as **coenzymes**

Energy-releasing

Thiamine (B1)
Riboflavin (B2)
Niacin (B3)
Biotin
Pantothenic acid

Hematopoietic

Folic Acid
Vitamin B12

Other

Pyridoxine (B6)
Pyridoxal
Pyridoxamine

Vitamin B₆

Forms..?

- Pyridoxine (plants)
- Pyridoxal (animal source)
- Pyridoxamine (animal)

Active form..?

All 3 are converted to **pyridoxal phosphate (PLP)** 90% in muscles.
(next slide)

(PLP) acts as a coenzyme for the following reactions:

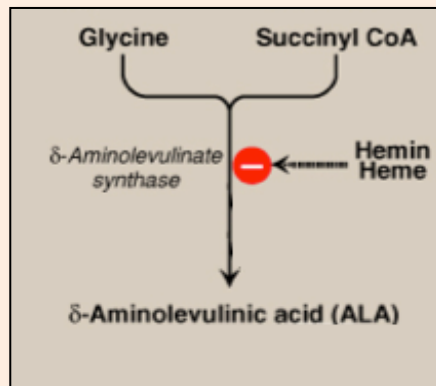
1. Condensation Reaction.

Formation of aminolevulinic acid (ALA)

by ALA synthase..

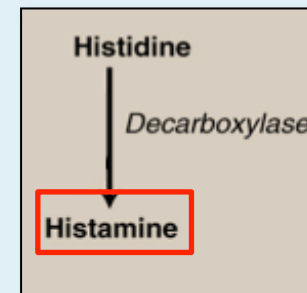
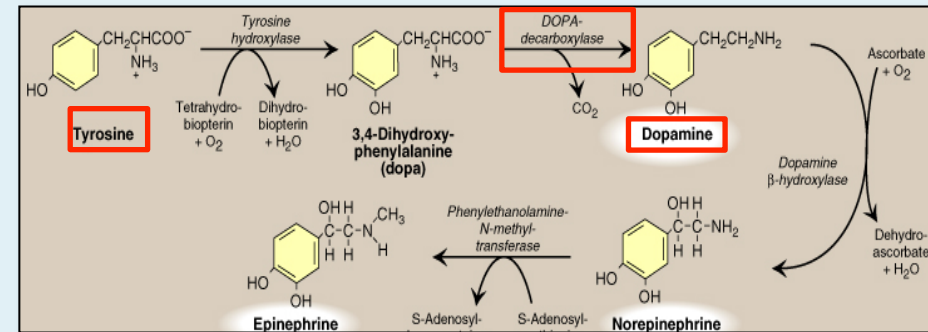
The regulatory step in hemoglobin synthesis

It requires pyridoxal phosphate for formation of (ala)

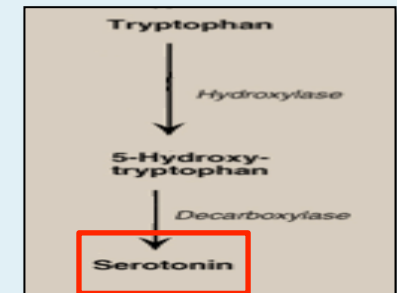


2. Decarboxylation Reaction:

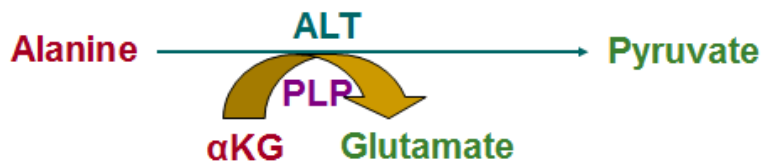
- Formation of Chatecholamines: Dopamine, norepinephrine and epinephrine.
- Formation of Histamine and Serotonin.



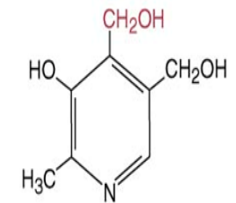
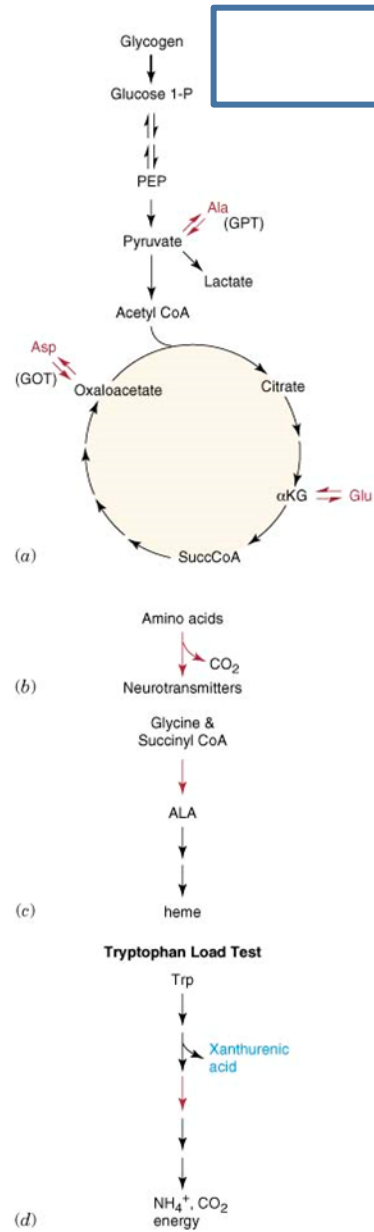
Allergy mediator



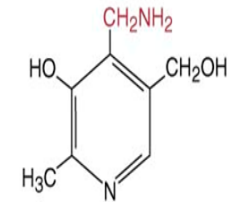
3. Transamination Reaction.



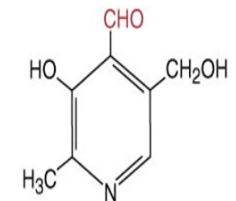
4. Deamination.



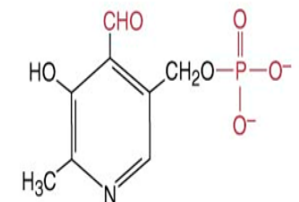
Pyridoxine



Pyridoxamine



Pyridoxal



Pyridoxal phosphate

Figure 28.12. Some important metabolic roles of pyridoxal phosphate.

Figure 28.11. Structures of vitamin B₆.

Vitamin B₆

Disorders of Vitamin B₆ Deficiency..

Causes..?

-Dietary deficiency is rare, but it was observed in: (more common in females)

1. Newborn infants fed on formulas low in B6
2. Women on oral contraceptives
3. Alcoholics

-*Isoniazid* treatment for tuberculosis can lead to vitamin B₆ deficiency by forming inactive derivative with PLP.

Deficiency leads to..?

-Poor activity of PLP-dependent enzymes Causing:

- Deficient amino acid metabolism
- Deficient lipid metabolism
- Deficient **neurotransmitter** synthesis [serotonin, epinephrine, norepinephrine and gamma amino butyric acid (GABA)]

-PLP is involved in the synthesis of sphingolipids, Its deficiency leads to **demyelination** of nerves and consequent **peripheral neuritis**



Mild deficiency leads to:

Irritability
Nervousness
Depression

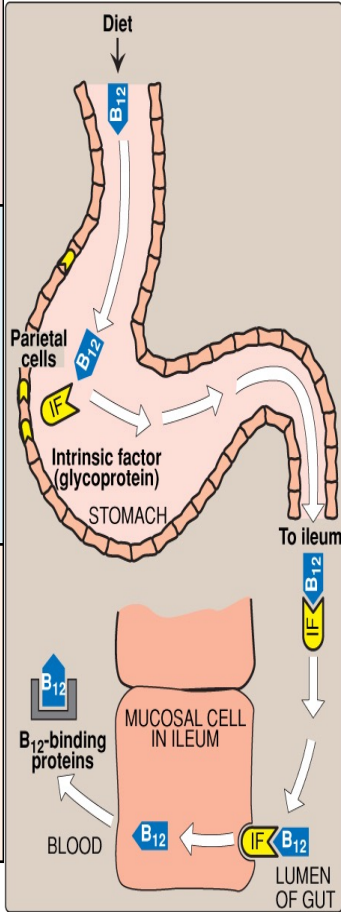
Severe deficiency leads to:

Peripheral neuropathy
Convulsions

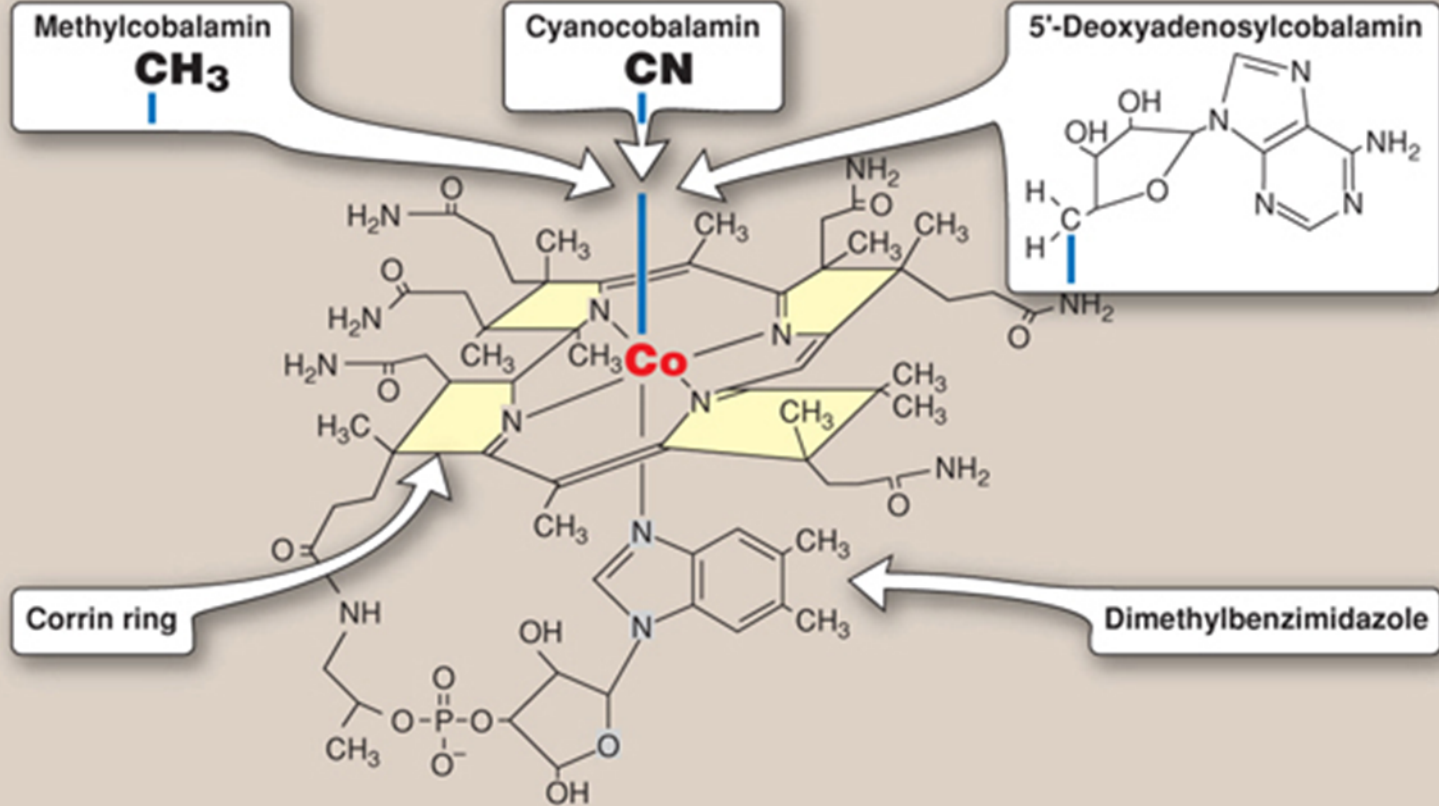
-Cyanocobalamin and Hydroxycobalamin is commercially available form found as supplementary form
 -Adenosylcobalamin the most active

Vitamin B₁₂

Forms	<ul style="list-style-type: none"> • Cyanocobalamin • Hydroxycobalamin • Adenosylcobalamin (major storage form in the liver) • Methylcobalamin (mostly found in blood circulation)
Coenzyme	<p>-Adenosylcobalamin and Methylcobalamin (Coenzymes for metabolic reactions)</p> <p>-Body can convert other cobalamins into active coenzymes see next slide..</p>
Sources	<ul style="list-style-type: none"> • Mainly found in animal liver bound to protein as <ul style="list-style-type: none"> ➢ Methylcobalamin ➢ 5'-deoxyadenosylcobalamin • Not synthesized in the body and must be supplied in the diet
Absorption + Stores	<ul style="list-style-type: none"> • Binds to intrinsic factor and absorbed by the ileum • Intrinsic factor is a protein secreted by cells in the stomach • Liver stores vitamin B₁₂ (4-5 mg) • Only water soluble vitamin that is stored in the body



Vitamin B₁₂



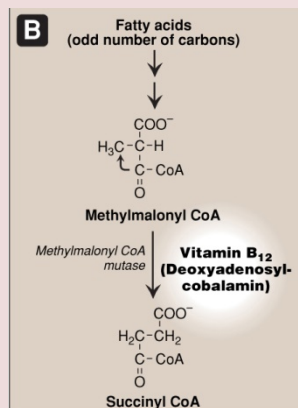
Vitamin B₁₂

Importance..?

- 1-Essential for normal nervous system function and red blood cell maturation.
- 2-Required in 2 reactions:

Conversion of propionyl-CoA to succinyl-CoA

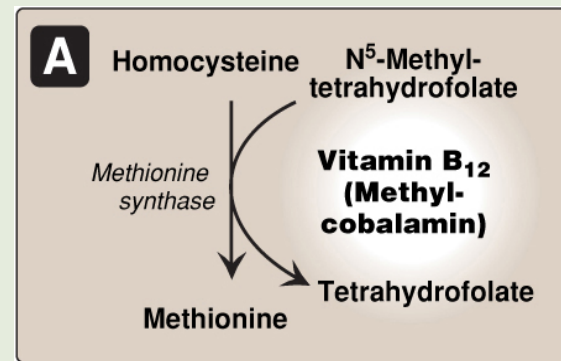
- The enzyme in this pathway, methyl-malonyl-CoA mutase, requires B₁₂



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Conversion of homocysteine to methionine

- Methionine synthase requires B₁₂ in converting homocysteine to methionine



Tetrahydrofolate is the active form found in the body

Vitamin B₁₂

Homocysteine re-methylation reaction is the only pathway where N⁵-methyl TH₄ can be returned back to tetrahydrofolate pool..

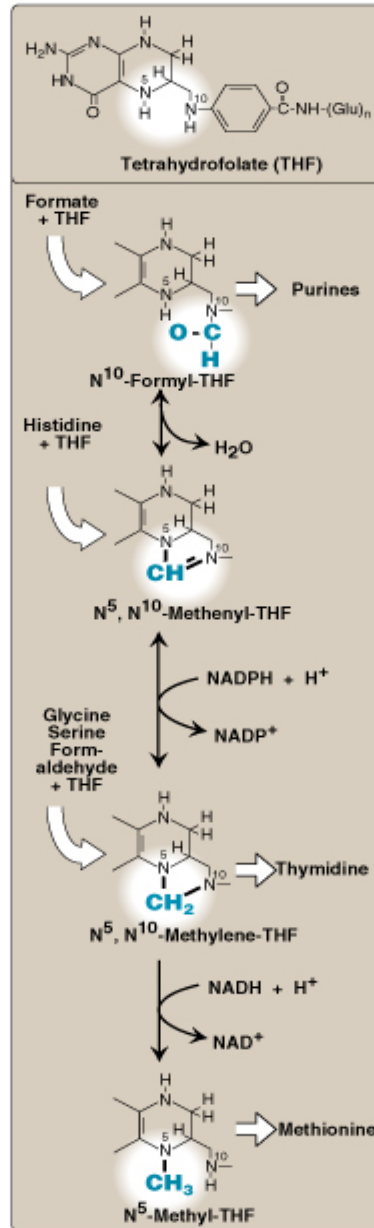
Hence folate is trapped as → N⁵-methyltetrahydrofolate (folate trap)

This leads to folate **deficiency** and deficiency of other TH₄ derivatives (N⁵-N¹⁰ methylene TH₄ and N¹⁰ formyl TH₄) required for purine and pyrimidine syntheses

***TH₄: Tetrahydrofolate**

Interconversion between TH4 carrier of "one-carbon units"

We don't have to memorize the structure



Vitamin B₁₂

Disorders of Vitamin B₁₂ Deficiency

Pernicious anemia

Megaloblastic anemia

Vitamin B₁₂ deficiency is mainly due to the deficiency of intrinsic factor

Demyelination

Myelin sheath of neurons is chemically unstable and damaged

Neuropathy

Peripheral nerve damage

break down the lipid for this myelination, and nerves will be affected.

Vitamin B₁₂

Neuropsychiatric symptoms of Vitamin B₁₂ Deficiency..?

affect both sensory and motor

Neurological symptoms



- Paraesthesia (abnormal sensation) of hands and feet
- Reduced perception of vibration and position
- Absence of reflexes eg: babinski reflex
- Unsteady gait and balance (ataxia)

Psychiatric symptoms



- Confusion and memory loss
- Depression
- Unstable mood

SUMMARY



Vitamins	B6	B12
Forms	<ol style="list-style-type: none"> 1. Pyridoxine 2. Pyridoxal 3. Pyridoxamine 	<ol style="list-style-type: none"> 1. Cyanocobalamin 2. Hydroxycobalamin 3. Adenosylcobalamin (in liver) 4. Methylcobalamin (in blood circulation)
Active Form	Pyridoxal phosphate	Adenosylcobalamin, Methylcobalamin
Function	<p>Work as coenzyme for:</p> <ol style="list-style-type: none"> 1. Transamination 2. Deamination 3. Decarboxylation 4. Condensation reactions 	<ol style="list-style-type: none"> 1. Conversion of Propionyl-CoA to succinyl-CoA 2. Conversion of Homocysteine to methionine
Dietary deficiency observed in	<p>*Rare</p> <ul style="list-style-type: none"> • Newborn infants fed on formulas low in B6 • Women on oral contraceptives • Alcoholics • Isoniazid treatment for tuberculosis 	<p>patients with IF* such as:</p> <ul style="list-style-type: none"> • Autoimmunity • Partial or total gastrectomy
Deficiency diseases	<ul style="list-style-type: none"> • Deficient amino acid metabolism • Deficient lipid metabolism • Deficient neurotransmitter synthesis • Demyelination of nerves and consequent peripheral neuritis 	<ul style="list-style-type: none"> • Pernicious anemia • Demyelination • Neuropathy
Symptoms	<p>Mild deficiency leads to: Irritability, Nervousness, Depression</p> <p>Severe deficiency leads to: Peripheral neuropathy, Convulsions</p>	<p>Neurological symptoms: Paraesthesia of hands and feet Reduced perception of vibration and position Absence of reflexes, ataxia.</p> <p>Psychiatric symptoms: Confusion, memory loss, Depression, Unstable mood</p>

1.The active form of vitamin B6 is:

- A.pyridoxine
- B.hydroxycobalamin
- C.pyridoxal phosphate
- D.pyridoxamine

2.Vitamin B6 is involved in the formation of heme by which of the following reactions ?

- A. decarboxylation
- B. condensation
- C. aminotransduction
- D. deamination

3.Vit B6 deficiency could results in :

- A. bleeding
- B. night blindness
- C. neural tube defects
- D. anexity

4.An other name of vitamin B12 :

- A. riboflavin
- B. ascorbic acid
- C. retinol
- D. cobalamin

5.Vit B12 is mainly stored in liver in the form of :

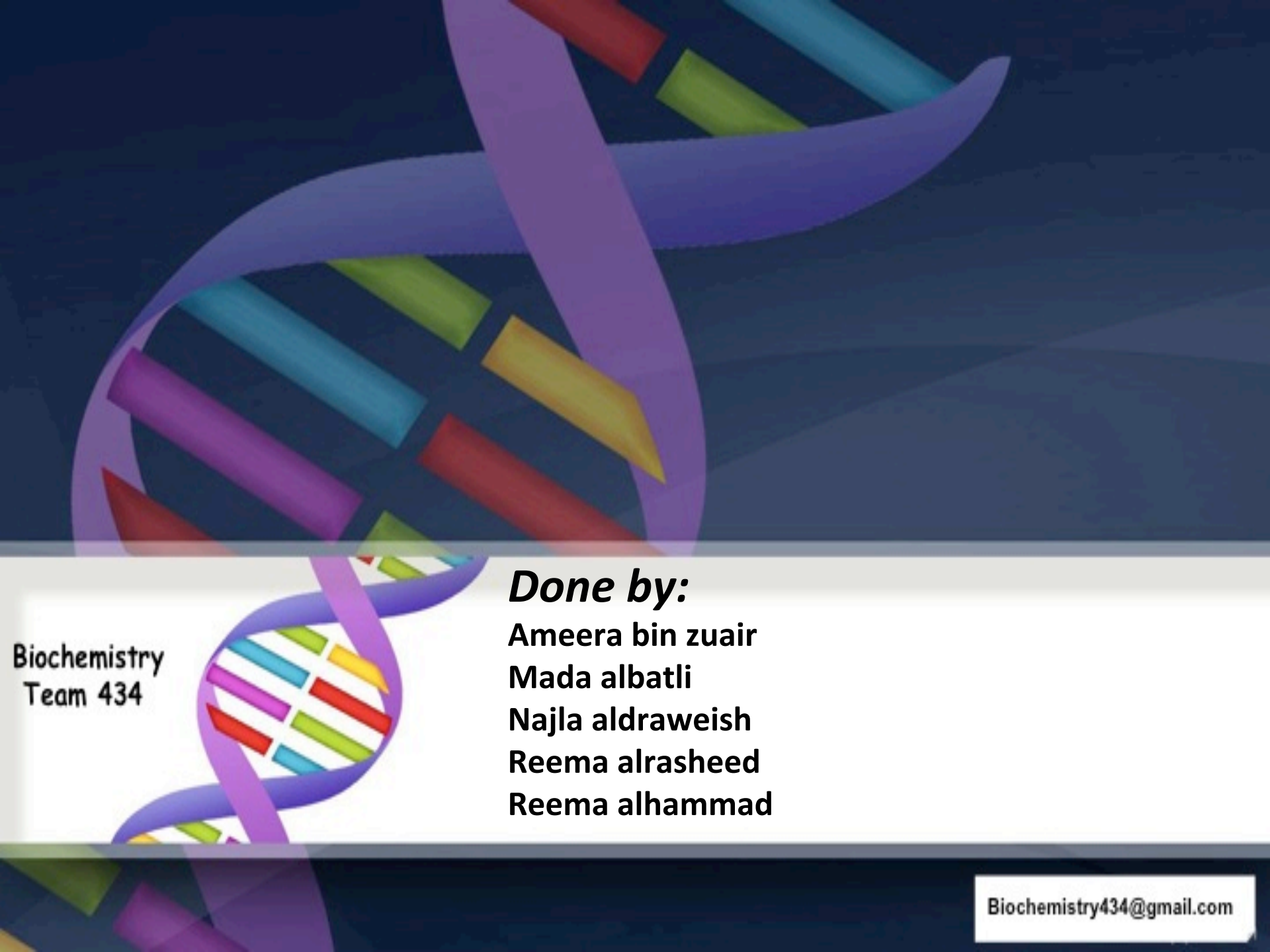
- A. adenosylcobalamin
- B. methylcobalamin
- C. cyanocobalamin
- D. phylloquinone

6.Which of the following is a result of folate trapping ?

- A. neuropathy
- B. ataxia
- C. depression
- D. pernicious anemia

7.Accumulatin of malonyl coA leads to :

- A. abnormal myelin synthesis
- B. decrease intrinsic factor levels
- C. inability to synthesize Pyrimidine
- D. abnormal cell division



Biochemistry
Team 434

Done by:

Ameera bin zuair

Mada albatli

Najla aldraweish

Reema alrasheed

Reema alhammad