

Biochemistry of myelin

Sphingolipids properties	<ul style="list-style-type: none"> 1-Cell transformation 2-Abundant in nervous tissue 3-Also exist in Extra-nervous tissue (e.g.: They are used as cell surface receptors for cholera and Diphtheria toxins as well as for certain viruses). 4- Very antigenic (They're also the source of blood group antigens, various embryonic antigens and some tumor antigens.) 5-Play role in Regulation of growth & development 6-Essential component of membranes
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Sphingolipids chain	<ul style="list-style-type: none"> - are based on the unsaturated long chain amino alcohol called <u>sphingosine</u> $\text{CH}_3 - (\text{CH}_2)_{12} - \text{CH} = \underset{\substack{ \\ \text{OH}}}{\text{CH}} - \underset{\substack{ \\ \text{NH}_2}}{\text{CH}} - \text{CH}_2\text{OH}$ <ul style="list-style-type: none"> - When a long fatty acid chain is attached to the amino group of sphingosine, it will produce Ceramide, which is the parent compound of the most of sphingolipids.
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Ceramide

What is it?

- It's the precursor of sphingomyelin – and the other sphingolipids -.

How is it produced?

- By attaching of a long fatty acid chain to the amino group of sphingosine.

Ceramide = Sphingosine + fatty acid.

Sphingomyelin

What is it?

- It's the major structural lipid in the membranes of nerve tissue.

Sphingomyelin = Ceramide + Phosphorylcholine.

How is it produced?

- By reaction of **ceramide** and phosphatidylcholine. It'll result in separation of phosphatidylcholine to diacylglycerol and phosphorylcholine (**phosphate + choline**) .

Phosphorylcholine will then bind to ceramide to make sphingomyelin

Cerebrosides

What are they?

Cerebrosides = Ceramide + Monosaccharides

How is it produced?

By reaction of ceramide with UDP-Galactose or UDP-Glucose (UDP is a carrier for sugar), then UDP will leave the sugar with ceramide resulting in Gluco/Glactocerebroside

Glactocerebroside

Glactocerebroside may react with PAPS (which is a sulfate carrier) and take Sulfate from it to make Sulfatide, which is an important lipid compenent in the brain.

This is Glactocerebroside (Galactose + ceramide)

Gangliosides

What are they?

Gangliosides = Ceramide oligosaccharides + NANA

-oligosaccharide: is a saccharide polymer containing a small number of monosaccharides (from 3 to 10)

How is it produced?

By reaction of ceramide with two or more UDP-sugars to produce Globoside, which will react with CMP-NANA (CMP is a carrier for NANA) and CMP will leave resulting in the synthesis of a ganglioside

Myelin Structure & Function

What is it?

Myelin is a specialized cell membrane that **ensheathes** an axon to form a myelinated nerve fiber.

It's function:

Myelin sheath insulates the nerve axon to:

- 1- avoid signal leakage.
- 2- greatly speeds up the transmission of impulses along axons.

Myelin is produced by

1-Schwann cells (Exist in Peripheral nerves)

2-Oligodendrocytes (Exist in CNS)

Fatty acid of myelin sheath: Very long chain fatty acids, it's either Lignoceric (24:0) or Nervonic (24:1)

Myelin composition

1-Lipids (80%) **A- Main component: Cerebrosides**
B- Other component: Sphingomyelin
2-Proteins (20%) **e.g., Myelin basic protein (MBP)**

Multiple sclerosis

What is it?

A Neuro-degenerative, auto-immune disease.

How does it happen?

By the breakdown of myelin sheath (demyelination), which leads to a defective transmission of nerve impulses.

Sphingolipidosis

What is it?

An abnormal condition where the Synthesis of sphingolipids is normal; but the Degradation is defective, which will result in Substrate accumulates in organs.

Sphingolipidosis characteristics:

- 1-Autosomal recessive (mostly)
- 2-it's Progressive and may cause early death
- 3- Phenotypic and genotypic variability
- 4-it's rare, Except in Ashkenazi Jewish

Sphingolipidosis Diagnosis

- 1-Measure enzyme activity
- 2-Histologic examination
- 3-DNA analysis

Treatment

- 1-Replacement Therapy: **Recombinant human enzyme.**
- 2-Bone marrow transplantation: **For Gaucher disease.**

Disease	Tay-sachs	Gaucher	Niemann-pick (A+B)	
Deficient Enzyme	β -Hexosaminidase A (α subunit)	β -glucosidase (glucocerebrosidase)	Sphingomyelinase	
Lipid Accumulated	Gangliosides (Gm2)	glucocerebrosides	Sphingomyelin	
Clinical Features	<ul style="list-style-type: none"> -Blindness. -Cherry-red macula. * -muscular weakness and seizures. -Deficiency of activator protein (Gm2 Activator) 	<ul style="list-style-type: none"> -The most common one. -Hepatosplenomegaly -Osteoporosis of long bones. -CNS involvement in rare infantile (in infants) and juvenile (in children) forms. -Enzyme Replacement therapy is usually successful for this disease. 	Type A: <ul style="list-style-type: none"> -Enzyme Activity is reduced to 1% and less than normal. -Fatal Disease 	Type B: <ul style="list-style-type: none"> - Little enzyme act - Chronic Disease.
			<ul style="list-style-type: none"> -More severe. -Death in early childhood. -Hepatosplenomegaly -Neurodegenerative course. -*Cherry red macula 	<ul style="list-style-type: none"> -Less severe form type A -Later onset - Little enzyme act - Hepatosplenomegaly -*Cherry red macula

*Cherry-red macula is: There is an area in the retina that is called macula, it acts as a natural sun-block (it blocks ultraviolet rays that enter and harm the eye), usually it's yellow in color but when it's affected it becomes red under the light.