

Hemoglobin (Hb)			
Hemoglobin		The heme group	
<ul style="list-style-type: none"> A hemeprotein found only in red blood cells Oxygen transport function Contains heme as prosthetic group Heme reversibly binds to oxygen 		<ul style="list-style-type: none"> A complex of protoporphyrin IX and ferrous iron (Fe²⁺) Fe²⁺ is present in the center of the heme Fe²⁺ binds to four nitrogen atoms of the porphyrin ring Forms two additional bonds with: <ul style="list-style-type: none"> ■ Histidine residue of globin chain ■ Oxygen 	
Types of Hb			
Normal			
Hemoglobin A (HbA) (97%)	Fetal Hemoglobin (HbF) (1%)	HbA ₂ (2%)	HbA _{1c}
<ul style="list-style-type: none"> Major Hb in adults Composed of four polypeptide chains: <ul style="list-style-type: none"> ○ Two α and two β chains Contains two dimers of αβ subunits Held together by non-covalent interactions Each chain is a subunit with a heme group in the center that carries oxygen A Hb molecule contains 4 heme groups and carries 4 molecules of O₂ 	<ul style="list-style-type: none"> Major hemoglobin found in the fetus and newborn • Tetramer with two α and two γ chains Higher affinity for O₂ than HbA Transfers O₂ from maternal to fetal circulation across placenta 	<ul style="list-style-type: none"> Appears ~12 weeks after birth Constitutes ~2% of total Hb • Composed of two α and two δ globin chains 	<ul style="list-style-type: none"> HbA undergoes non-enzymatic glycosylation Glycosylation depends on plasma glucose levels • HbA_{1c} levels are high in patients with diabetes mellitus
Forms of HbA		Abnormal	
T-form of Hb	R-form of Hb	Carboxy-Hb	Met-Hb
<ul style="list-style-type: none"> The deoxy form of Hb Taut form The movement of dimers is constrained • Low-oxygen-affinity form 	<ul style="list-style-type: none"> The oxygenated form of Hb • Relaxed form The dimers have more freedom of movement • High-oxygen-affinity form 	<ul style="list-style-type: none"> CO replaces O₂ and binds 220X tighter than O₂ (in smokers) 	<ul style="list-style-type: none"> Contains oxidized Fe³⁺ (~2%) that cannot carry O₂
			Sulf-HB
			<ul style="list-style-type: none"> Forms due to high sulfur levels in blood (irreversible reaction)
Hemoglobin function		Oxygen Dissociation Curve	
<ul style="list-style-type: none"> Carries oxygen from the lungs to tissues Carries carbon dioxide from tissues back to the lungs Normal level (g/dL): <ul style="list-style-type: none"> ■ Males: 14-16 ■ Females: 13-15 		<ul style="list-style-type: none"> The curve is sigmoidal Indicates cooperation of subunits in O₂ binding • Binding of O₂ to one heme group increases O₂ affinity of others • Heme-heme interaction 	

Factors affecting oxygen binding (Three allosteric effectors) :

pO ₂ (partial oxygen pressure)	❖ pH of the environment ❖ pCO ₂ (partial carbon dioxide pressure)	Availability of 2,3-bisphosphoglycerate
P₅₀	The Bohr effect	
<ul style="list-style-type: none"> ■ Indicates affinity of Hb to O₂ ■ P₅₀(mm Hg): the pressure at which Hb is 50% saturated with O₂ ■ High affinity → slow unloading of O₂ ■ Low affinity → fast unloading of O₂ ■ Lung pO₂ is 100 mm → Hb saturation 100% ■ Tissue pO₂ is 40 mm → Hb saturation reduces ■ Hence O₂ is delivered to tissues 	<ul style="list-style-type: none"> • Effect of pH and pCO₂ on: <ul style="list-style-type: none"> ○ Oxygenation of Hb in the lungs ○ Deoxygenation in tissues • Tissues have lower pH (acidic) than lungs • Due to proton generation (two reactions): <ul style="list-style-type: none"> ○ CO₂ + H₂O → HCO₃⁻ + H⁺ • Protons reduce O₂ affinity of Hb <p>DR'S NOTE : Protons reduce O₂ affinity of Hb → fast unloading of O₂ → shift to the right in Oxygen Dissociation Curve</p> <p style="text-align: center;">The Bohr effect</p> <ul style="list-style-type: none"> • Causing easier O₂ release into the tissues • The free Hb binds to two protons • Protons are released and react with HCO₃⁻ to form CO₂ gas (HCO₃⁻ + H⁺ → CO₂ + H₂O) • The proton-poor Hb now has greater affinity for O₂ (in lungs) • The Bohr effect removes insoluble CO₂ from blood stream and Produces soluble bicarbonate 	<ul style="list-style-type: none"> ■ Binds to deoxy-Hb and stabilizes the T-form ■ When oxygen binds to Hb, BPG is released <p>At high altitudes:</p> <ul style="list-style-type: none"> - RBC number increases - Hb conc. increases - BPG increases <p>BPG reduce O₂ affinity of Hb → fast unloading of O₂ → shift to the right in Oxygen Dissociation Curve</p> <p style="text-align: center;">High altitude and O₂ affinity</p> <ul style="list-style-type: none"> • In hypoxia and high altitude <ul style="list-style-type: none"> ○ 2,3 BPG levels rise ○ This decreases O₂ affinity of Hb ○ Thus increases O₂ delivery to tissues <p style="text-align: center;">High O₂ affinity</p> <p>High O₂ affinity is due to:</p> <ul style="list-style-type: none"> ■ Alkalosis ■ High levels of Hb F ■ Multiple transfusion of 2,3 DPG-depleted blood

DR'S NOTE : increase CADET shift the curve to the right

C: CO₂ , A: Acidity , D:DPG , E: Exercise , T : Temperature