



السلام عليكم ورحمة الله وبركاته

**GASTROINTESTINAL
PHYSIOLOGY**
(LECTURE 7)
BILIRUBIN METABOLISM



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LEARNING OBJECTIVES

- ✧ Definition of bilirubin
- ✧ Bilirubin metabolism
 - Bilirubin formation
 - Transport of bilirubin in plasma
 - Hepatic bilirubin transport
 - Excretion through intestine
- ✧ Other substances conjugated by glucuronyl transferase.
- ✧ Differentiation between conjugated & unconjugated bilirubin
- ✧ Other substances excreted in the bile

Definition of bilirubin

- It is the greenish yellow pigment excreted in bile, urine & feces.
- It is water insoluble breakdown product of heme catabolism
- Heme is found in hemoglobin, a principal component of RBCs [Heme: iron + organic compound “porphyrin”].
- Heme source in body:
 - 80% from hemoglobin
 - 20% other hemo-protein: cytochrome, catalase, peroxidase, myoglobin)
- Bilirubin is toxic, therefore, its excretion in the bile is one of the very important functions of the liver.
- Serum bilirubin level is an important clinical marker of hepatobiliary excretory function.

Bilirubin Metabolism

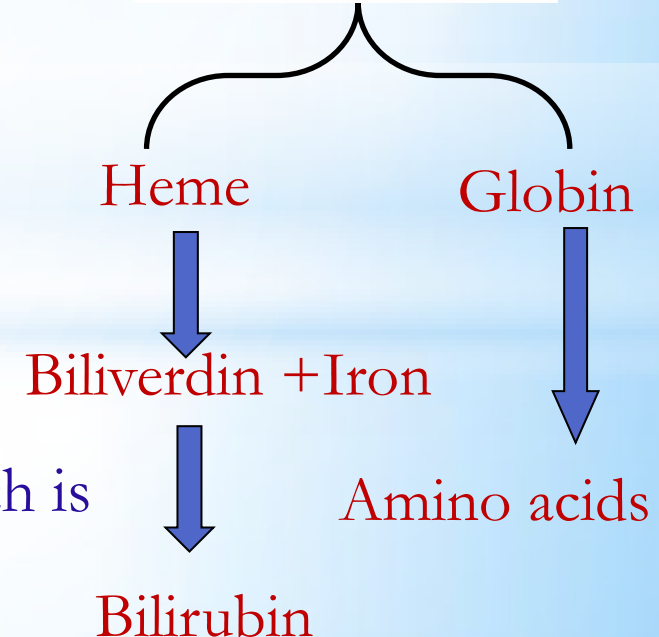
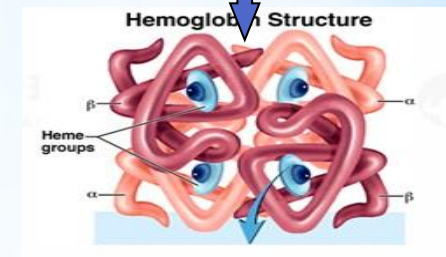
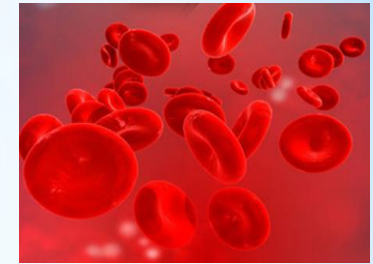
- Bilirubin metabolism involves four discernible steps:

Formation	Plasma Transport	Hepatic Phase <ul style="list-style-type: none">▪ Hepatic uptake▪ Conjugation▪ Biliary excretion	Intestine Excretion
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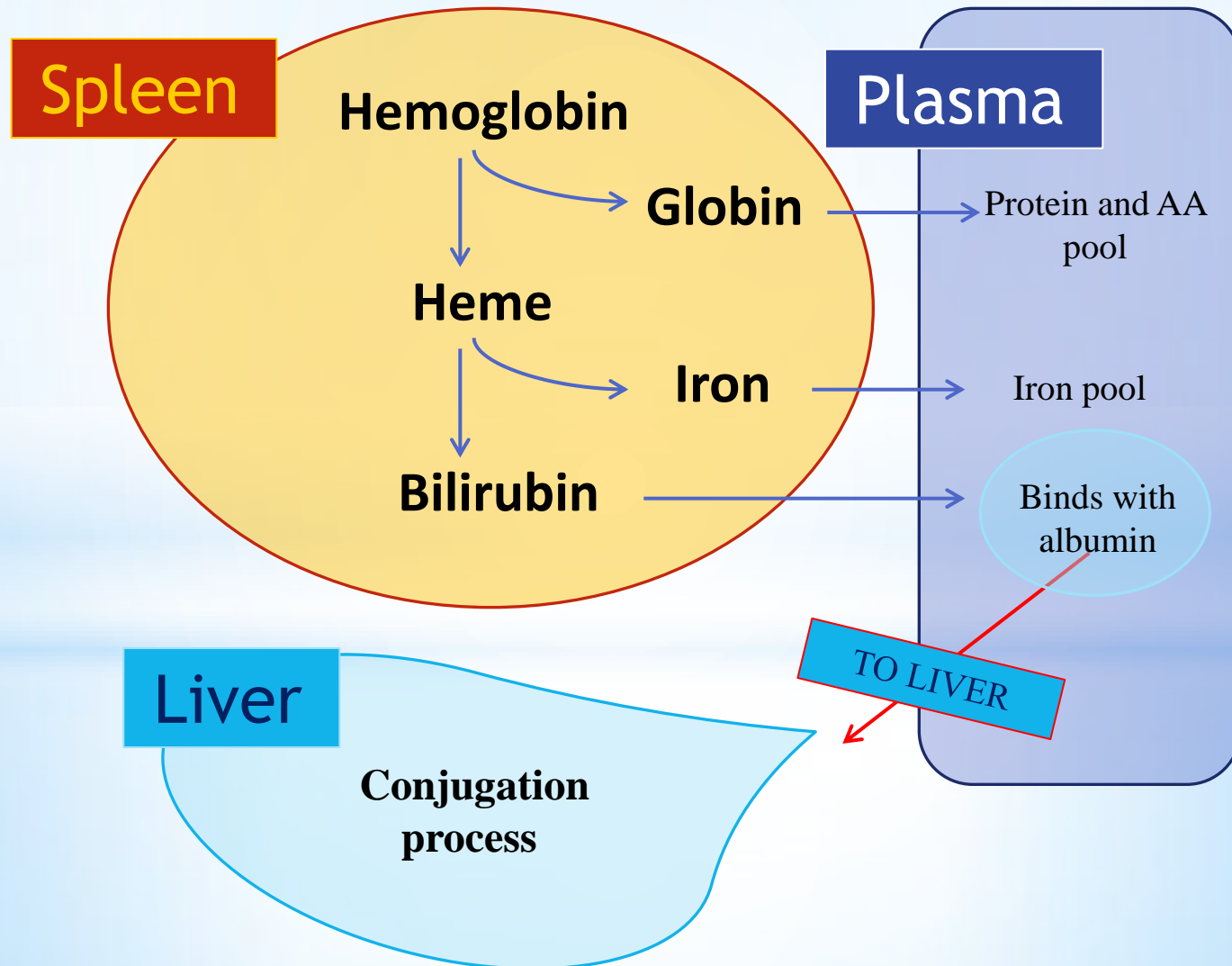
- The four steps are finely balanced. Therefore:
 - Reduction at any step may cause hyperbilirubinemia.
 - Enhancement of the throughput requires induction of multiple genes, probably coordinated by nuclear receptors.

BILIRUBIN FORMATION

- Life span of RBCs is 60-120 days.
- Senescent RBCs are phagocytosed intravascularly or extravascularly in the reticulo-endothelial system.
- The hemoglobin is first split into globin & heme.
- The AA formed from breakdown of globin are stored in the body.
- The heme ring is opened to give:
 - ❖ **Free iron:** Transported in the blood by transferrin and stored in the body as a reservoir for erythropoiesis.
 - ❖ **Bile pigments (biliverdin):** Reduced by biliverdin reductase to free bilirubin which is gradually released into the plasma.

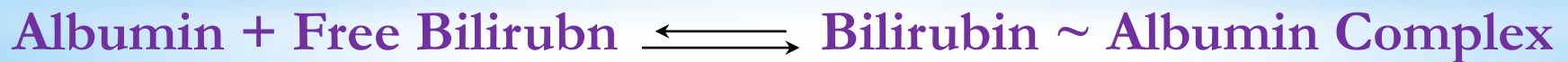
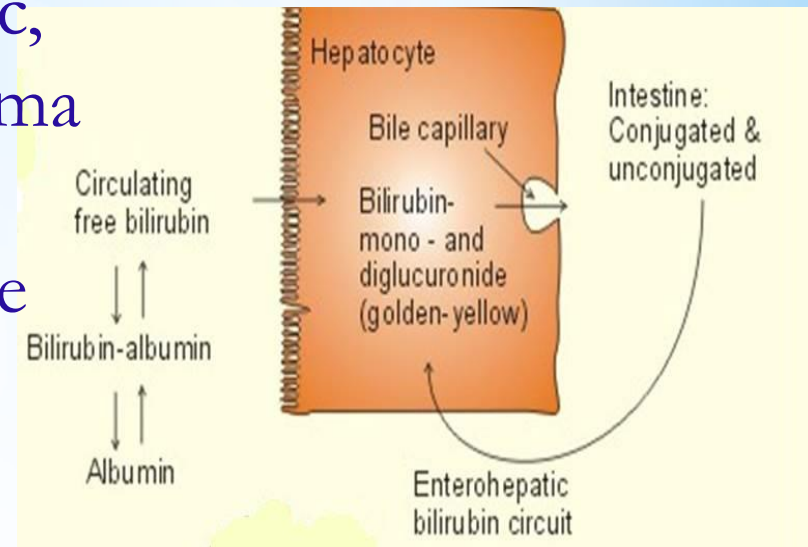


Hemoglobin degrading and bilirubin formation



Transport of Bilirubin in Plasma

- ❖ The free bilirubin is hydrophobic, immediately combines with plasma proteins (mainly albumin and globulin) forming a water soluble compound (**hemobilirubin**, unconjugated, indirect bilirubin) which is rapidly transported to hepatocytes for further metabolism. Even when bound to albumin it's called free bilirubin.



↓
Unconjugated bilirubin
(hemobilirubin)

Transport of Bilirubin in Plasma (Cont.)

Significance: of bilirubin binding to albumin:

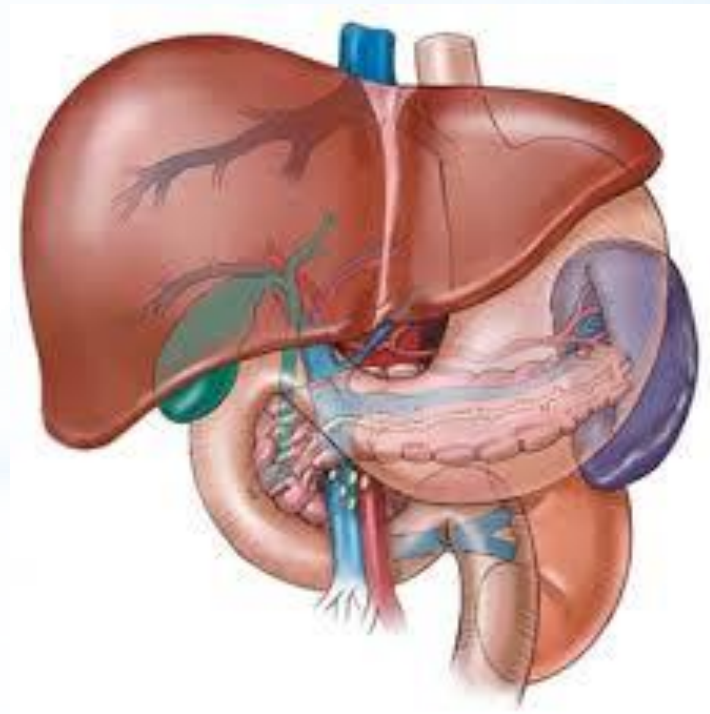
- ❖ Increase the solubility of whole molecule.
- ❖ Prevent unconjugated bilirubin freely come into other tissue, cause damage.

N.B: Certain drugs as sulfonamides and salicylates compete with bilirubin for albumin binding and displace bilirubin to enter into the brain in neonates and increase the risk of kernicterus (a type of brain damage that can result from high levels of bilirubin in a baby's blood). It can cause cerebral palsy and hearing loss.

Hepatic phase

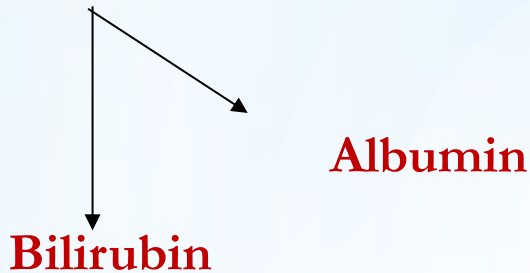
On coming in contact with the hepatocyte surface, unconjugated bilirubin is preferentially metabolized which involved 3 steps:

- A- Hepatic uptake
- B- Conjugation
- C- Secretion in bile



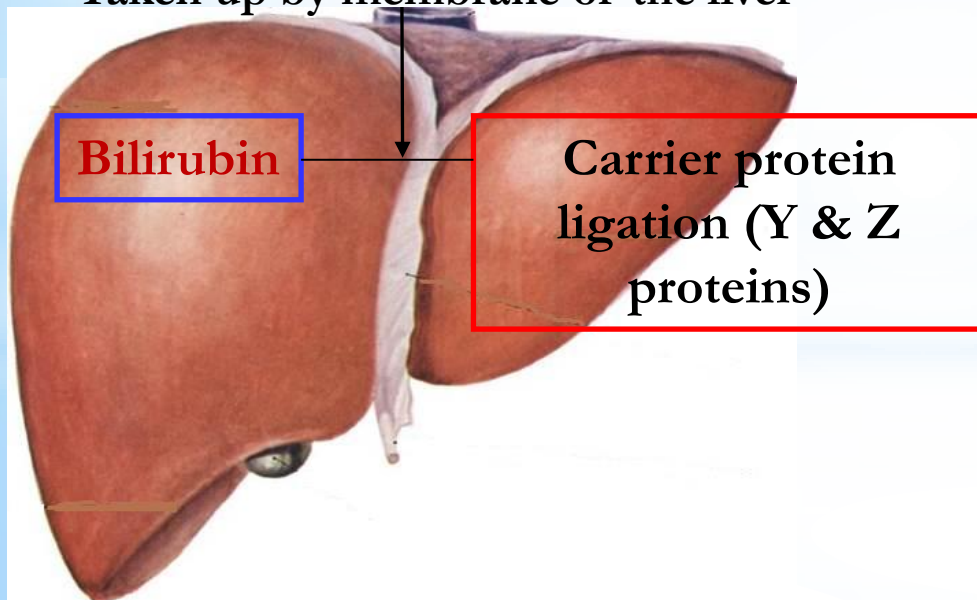
A- Hepatic uptake

Bilirubin ~ Albumin Complex



Bilirubin
(lipid soluble)

Taken up by membrane of the liver



Bilirubin is absorbed through the hepatic cell membrane, mediated by a carrier protein (receptor) & combined with Y & Z proteins that trap the bilirubin inside the cells.

B- Bilirubin Conjugation

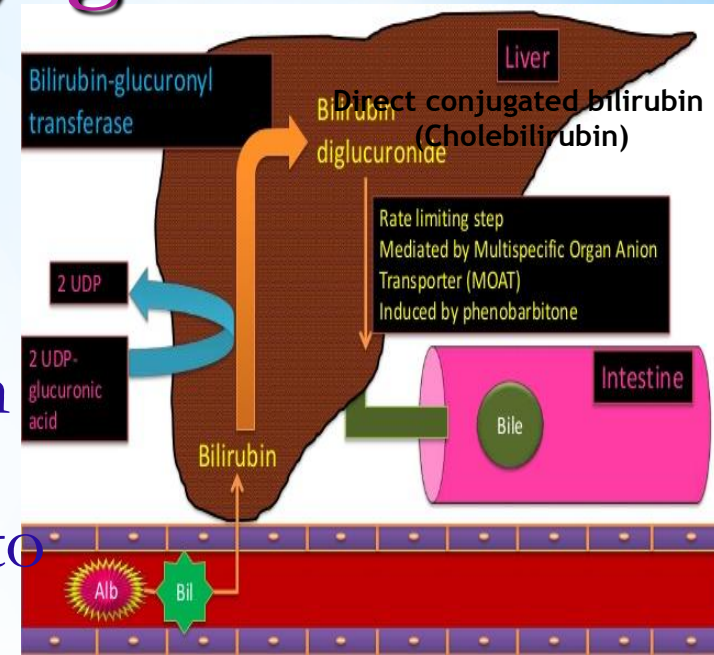
✓ In hepatocytes, in the smooth ER, about 80% of bilirubin conjugates with uridine diphospho-glucuronic acid (UDPGA).

✓ Each bilirubin molecule reacts with 2 UDPGA molecules catalyzed by the enzyme glucuronyl transferase to form bilirubin diglucuronide (cholebilirubin, direct, conjugated bilirubin)

✓ Cholebilirubin is more water soluble than free bilirubin.

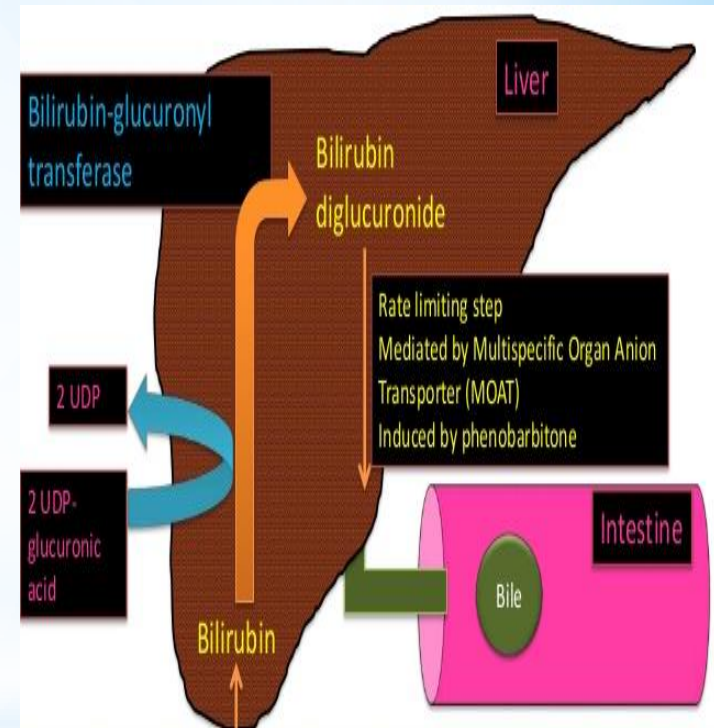
✓ Inherited glucuronyl transferase deficiency causes jaundice.

✓ 20% conjugate with sulphate or other substances.



B- Bilirubin Secretion in Bile

- ❁ Cholebilirubin is actively secreted via the liver cells by an active transport process into the bile canaliculi giving bile its color.
- ❁ This energy-dependent, rate – limiting step is susceptible to impairment in liver disease.
- ❁ In normal adults this results in a daily load of 250-300 mg of bilirubin.
- ❁ Unconjugated bilirubin is normally not excreted.

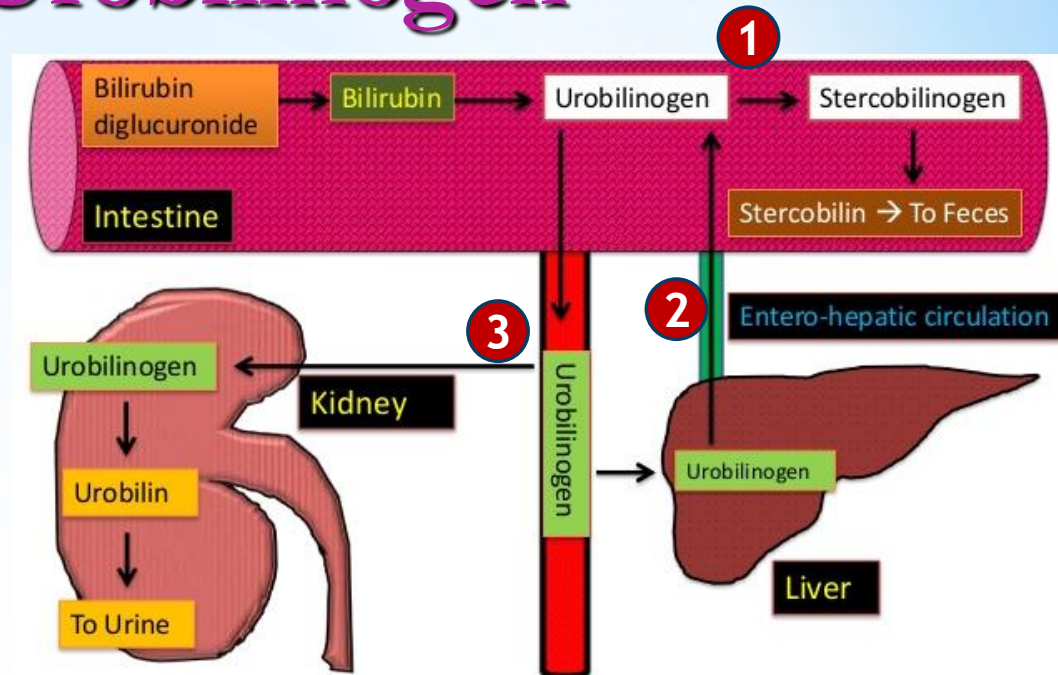


C- Fate of conjugated bilirubin

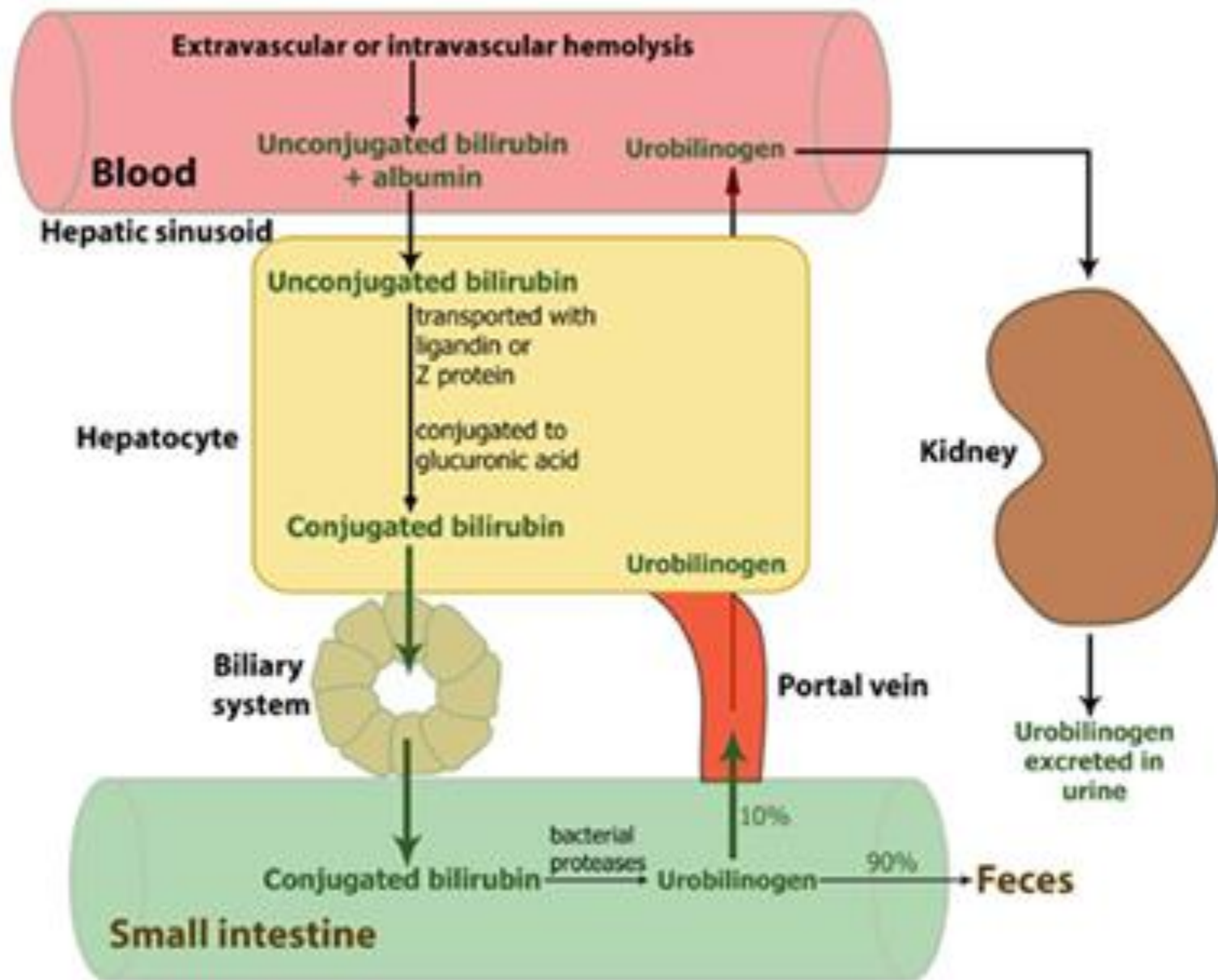
- A small portion of the conjugated bilirubin returns to the plasma and bound less tightly to albumin & is excreted in the urine. this causes a small portion of the bilirubin in the ECF to be of the conjugated type.
- Small amount is deconjugated in the small intestine and absorbed into the portal blood to the liver where it is extracted by the liver cells and conjugate again and excreted in the bile (enterohepatic circulation of bile pigments).
- The majority of conjugated bilirubin passes via the bile ducts to the intestine where it is transformed through bacterial action into urobilinogen which is highly soluble.

Fate of Urobilinogen

- Most of urobilinogen (70%) is converted into stercobilinogen in the intestine, oxidized and excreted in the feces as stercobilin that causes dark brown color of the feces.



- Some of urobilinogen (20 %) is reabsorbed through the intestinal mucosa into the portal vein and reexcreted by the hepatic cells in the bile (enterohepatic circulation).
- Small amount of urobilinogen escapes to the general circulation and excreted by the kidneys in the urine where it is oxidized to urobilin when the urine is exposed to air.



Other Substances Conjugated By Glucuronyl Transferase

- The glucuronyl transferase system in the smooth endoplasmic reticulum catalyzes the formation of the glucuronides of a variety of substances in addition to bilirubin.
- The list includes steroids & various drugs.
- These compounds can compete with bilirubin for the enzyme system when they are present in appreciable amounts.

Substances that increase hepatic glucuronyl transferase activity

- Several substances as barbiturates, antihistamines and anticonvulsants can cause marked proliferation of the smooth endoplasmic reticulum in the hepatic cells, with a concurrent increase in hepatic glucuronyl transferase activity.
- Phenobarbital has been used successfully for the treatment of a congenital disease in which there is a relative deficiency of 2 UDP-glucuronyl transferase.

BLOOD CELLS

Hemoglobin

↓
↳ **Globin**

Heme

↓
↳ O_2
↳ **Heme oxygenase**
↳ **CO**

Biliverdin IX α

↓
↳ **NADPH**
↳ **Biliverdin reductase**
↳ **NADP⁺**

Bilirubin
(Water-insoluble) unconjugated

Stercobilin
excreted in feces

Urobilinogen
formed by bacteria
INTESTINE

Urobilin
excreted in urine

KIDNEY

Reabsorbed into blood

Via bile duct to intestines

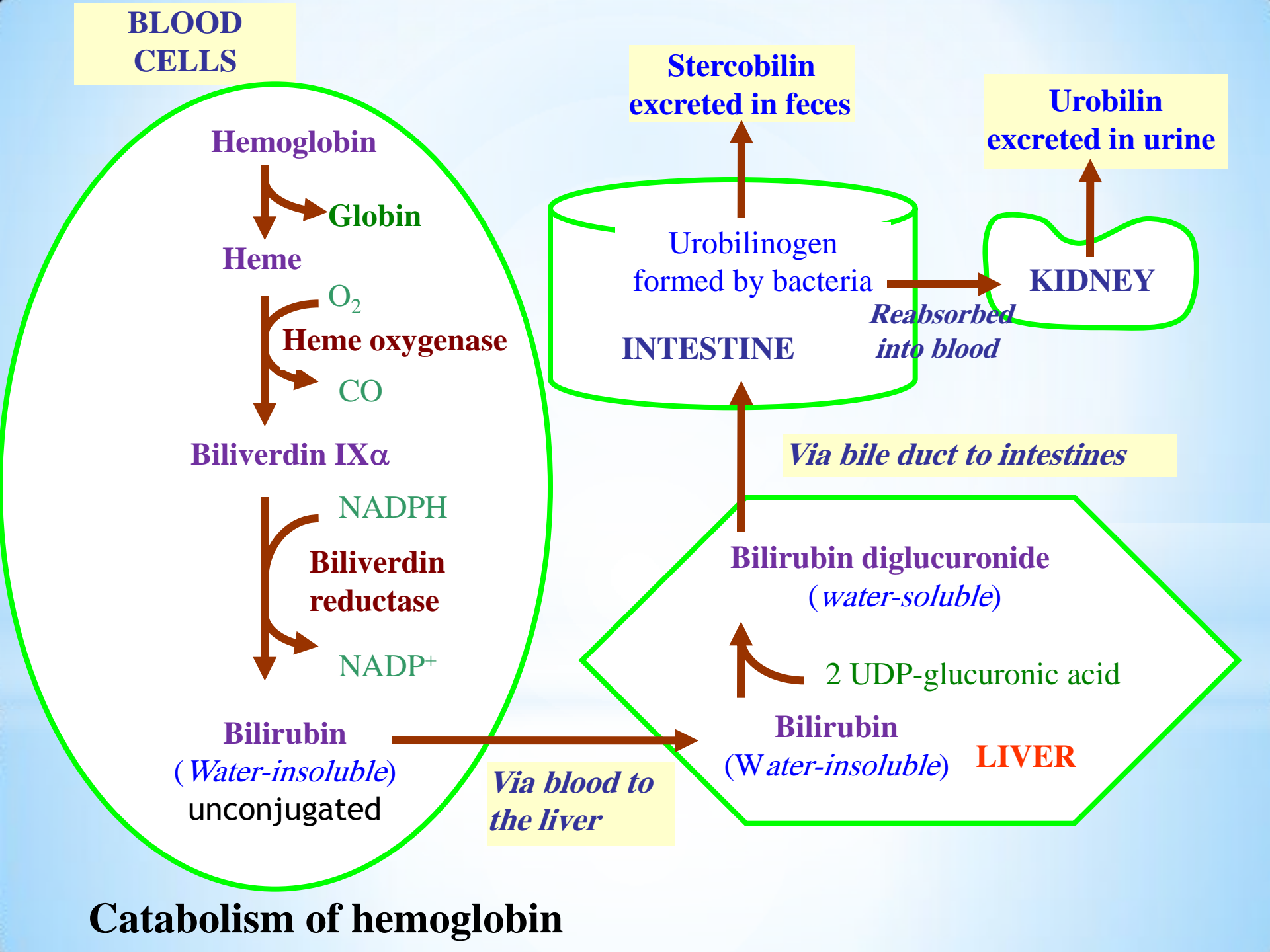
Bilirubin diglucuronide
(water-soluble)

↳ **2 UDP-glucuronic acid**

Bilirubin
(Water-insoluble) **LIVER**

Via blood to the liver

Catabolism of hemoglobin



Summary of bilirubin metabolism

Senescent red cells are major source of heme proteins



Breakdown of heme to bilirubin occur in macrophage of reticuloendothelial system (tissue macrophages, spleen and liver).



Unconjugated bilirubin is transported through blood (complex to albumin) to liver.



Bilirubin is taken into liver and conjugate with glucuronic acid.



Bile is secreted into intestine where glucuronic acid is removed and the resulting bilirubin is converted to urobilinogen.

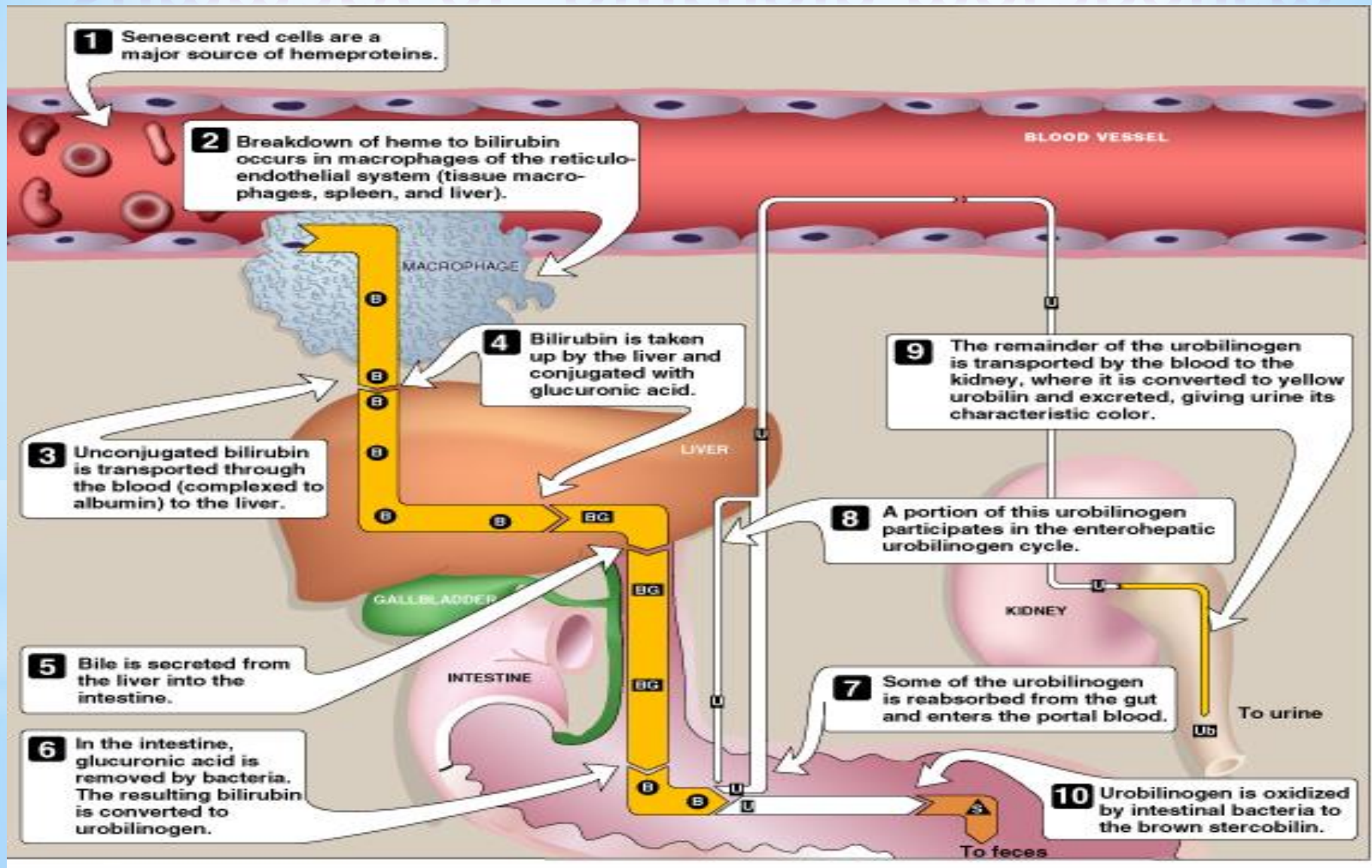


A portion of urobilinogen is reabsorbed into blood, where it is converted to the yellow urobilin and excreted by kidneys.



Urobilinogen is oxidized by intestinal bacteria to the brown stercobilin.

Summary of bilirubin metabolism



Catabolism of heme ● = bilirubin; BG = bilirubin diglucuronide; U = urobilinogen; Ub = urobilin; ▲ = stercobilin.

Types of bilirubin in serum

- ✓ Direct bilirubin: is conjugated (water soluble) bilirubin, it reacts rapidly with reagent (direct reacting).
- ✓ Indirect bilirubin: is unconjugated (water insoluble) bilirubin because it is less soluble, it reacts more slowly with reagent (reaction carried out in methanol).
 - in this case both conjugated and unconjugated bilirubin are measured given **total bilirubin**.
Unconjugated will be calculated by subtracting direct from total and so called indirect.
- ✓ Total bilirubin = D + ID

Knowing the level of each type of bilirubin has diagnostic importance.

Normal Range of bilirubin

1~16 μ mol/l (0.1 ~ 1mg/dl)

4/5 are unconjugated bilirubin, others are conjugated bilirubin.

<1mg/dl Normal

1-2mg/dl Occult

>2mg/dl Jaundice

} **Hyperbilirubinemia**

Major differences between unconjugated and conjugated bilirubin

Feature	Unconjugated bilirubin (Hemobilirubin)	Conjugated bilirubin (Cholebilirubin)
Normal serum level	The chief form of bilirubin in the blood	Present in low conc. in the blood
Water solubility	Absent	Present
Affinity to lipids	Present	Absent
Binding	Bind to albumin	Bind to glucuronic acid
Reaction to reagents	Indirect (Total minus direct)	Direct
Renal excretion	Absent	Present
Affinity to brain tissue	Present (kernicterus), toxic	Absent, less toxic

OTHER SUBSTANCES EXCRETED IN THE BILE

- ✿ Cholesterol & alkaline phosphatase are excreted in the bile.
- In patients with jaundice due to intra or extra hepatic obstruction of the bile duct, the blood levels of these 2 substances usually rise.
- A much smaller rise is generally seen when the jaundice is due to non obstructive hepatocellular disease.
- ✿ Adrenocortical, other steroid hormones & a number of drugs are excreted in the bile and subsequently reabsorbed (enterohepatic circulation)

