

Sphingolipids And Myelin Structure

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Color Index

- Main Text
- Important
- Extra
- Dr.'s Notes
- Girls slides
- Boys slides






Happy Saudi national day!
Click on the picture to find a surprise and enjoy watching the video too

Objectives



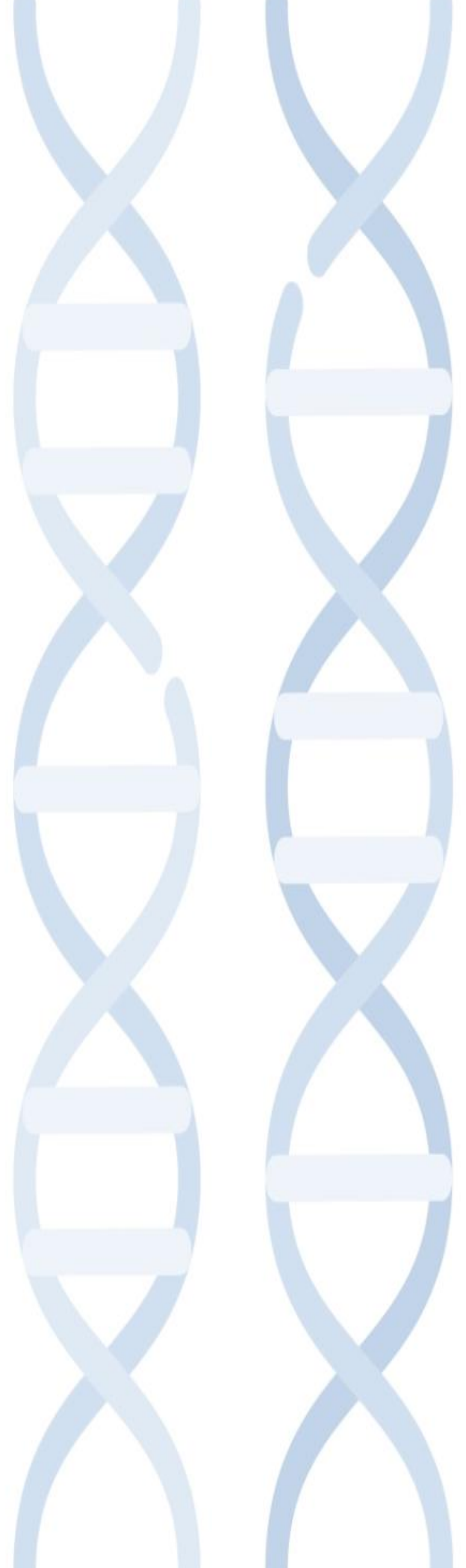
Click on the objective to go to the related slide

-  Recognize the Sphingolipids class of lipids as regard their chemical structure, tissue distribution and functions.
-  Be familiar with the biochemical structure and function of myelin.
-  Learn the basics of biosynthesis of sphingolipids.
-  Be introduced to Sphingolipidoses.

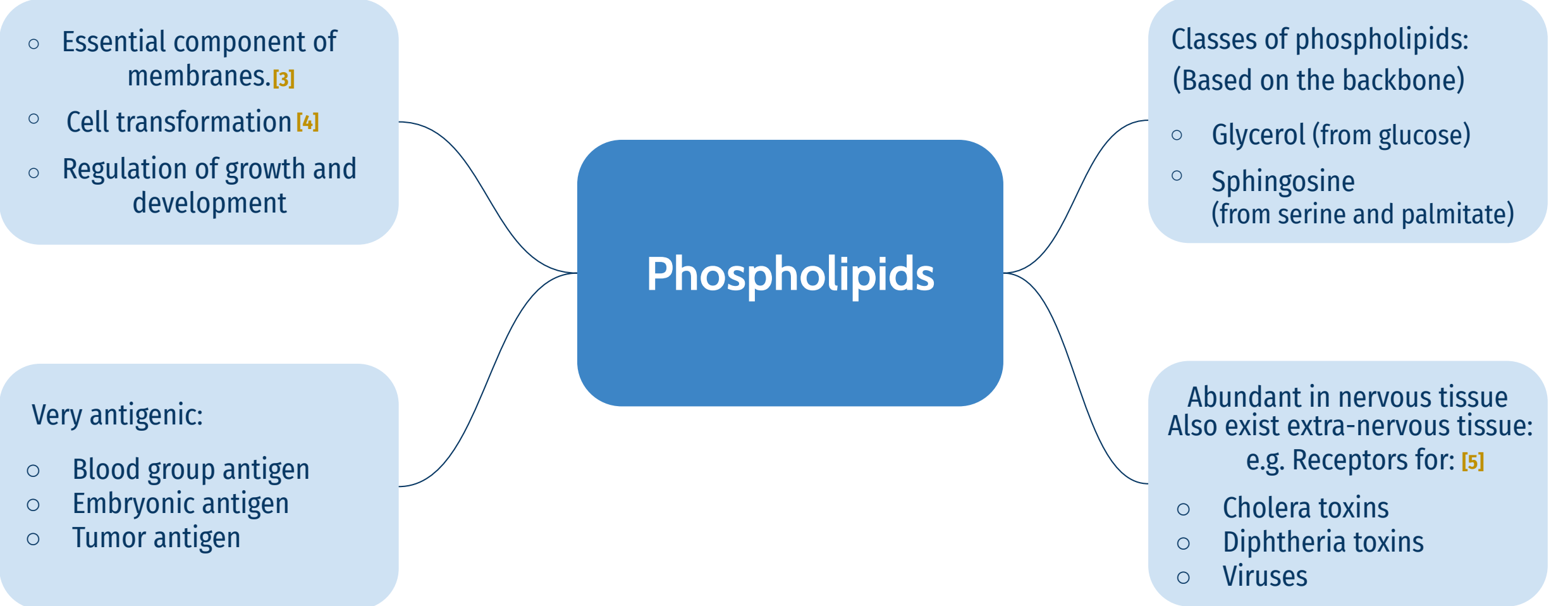
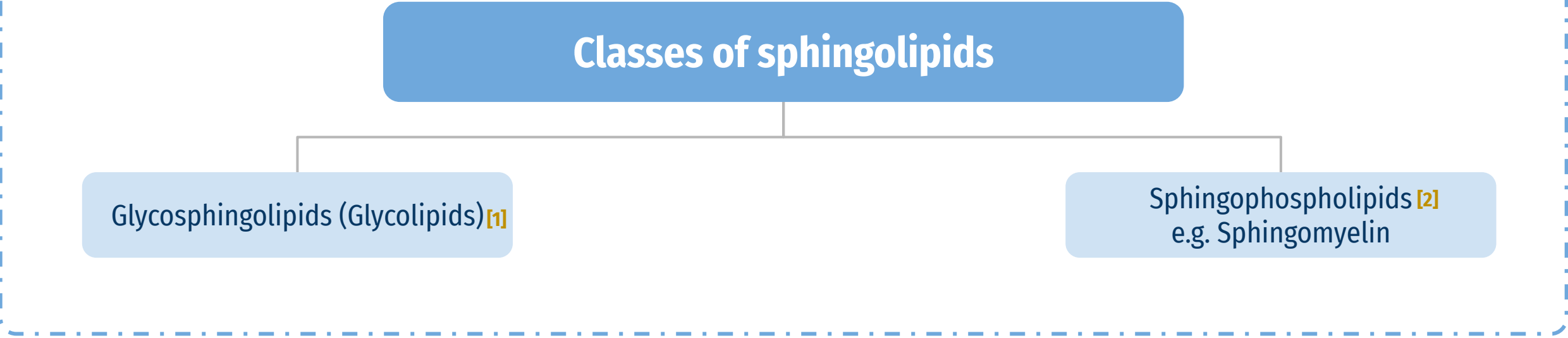


Level 1 (with each lecture you will level up and it will get harder to find the scientist)

Hello my name is Johann Ludwig Wilhelm Thudichum, Find me in this lecture!
Then click me for more info about what I discovered.

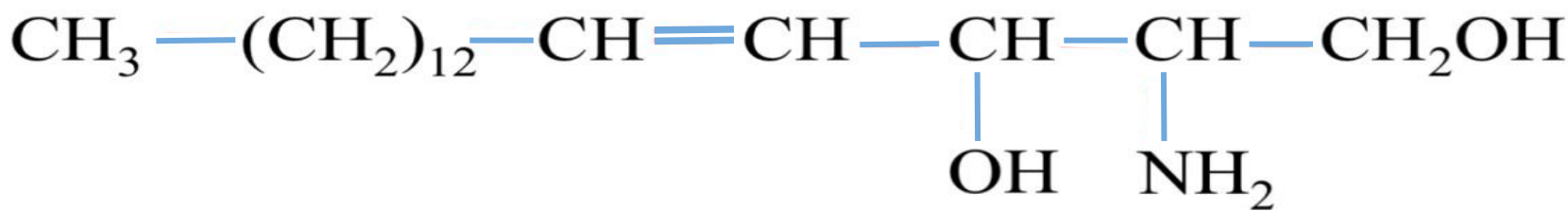


Background



Sphingosine Structure

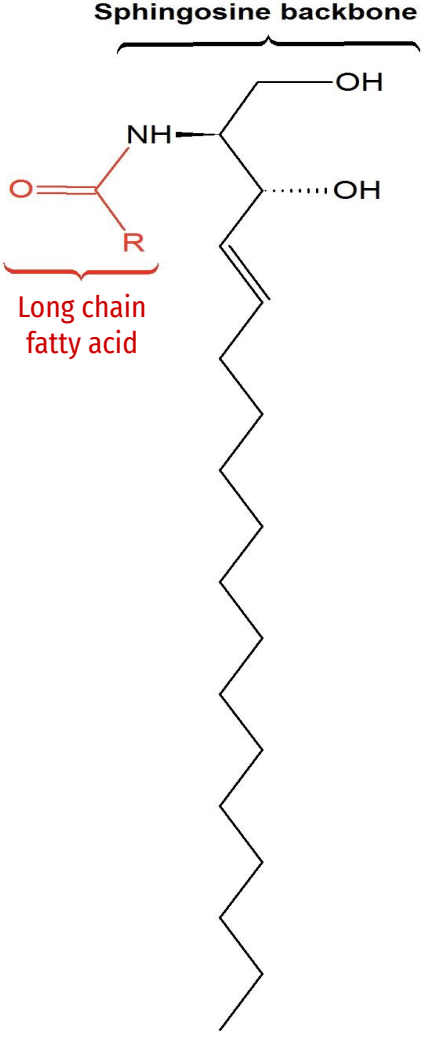
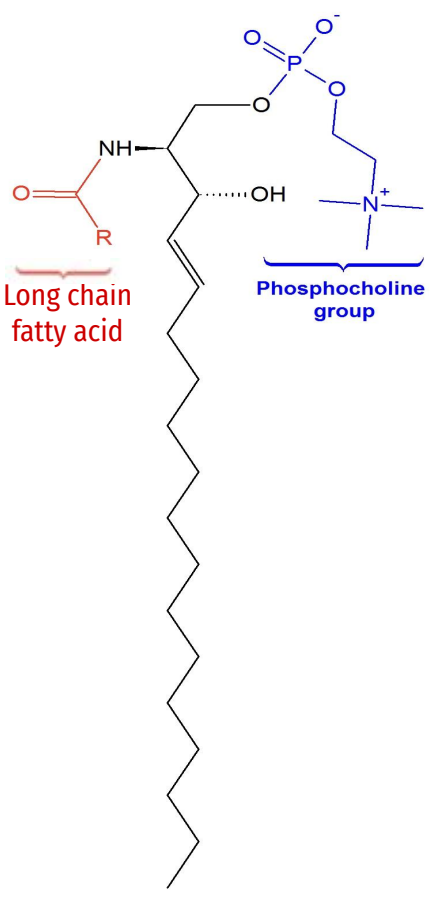
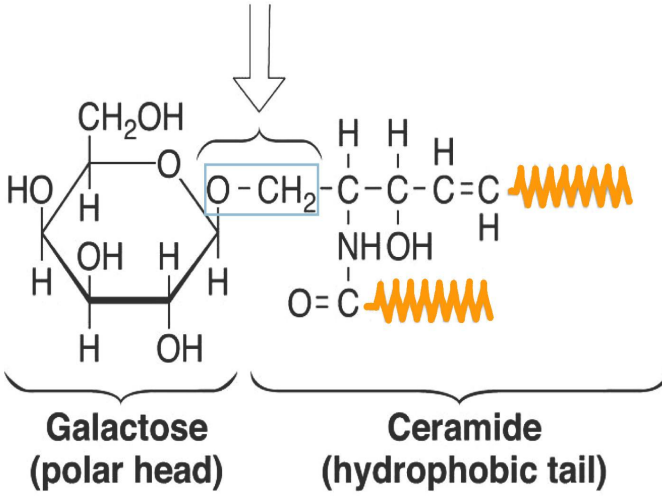
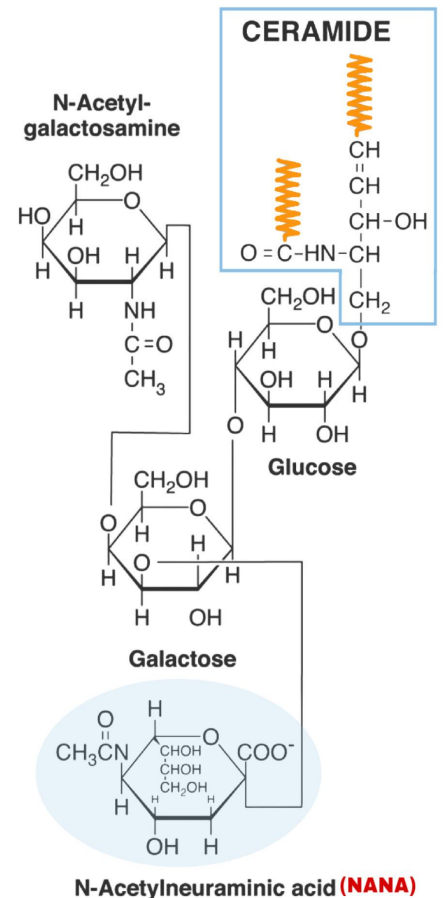
Don't memorize the structure



Long chain, unsaturated amino alcohol [6]

Spingolipids

Don't memorize the structures but know the specific characteristics of each spingolipids

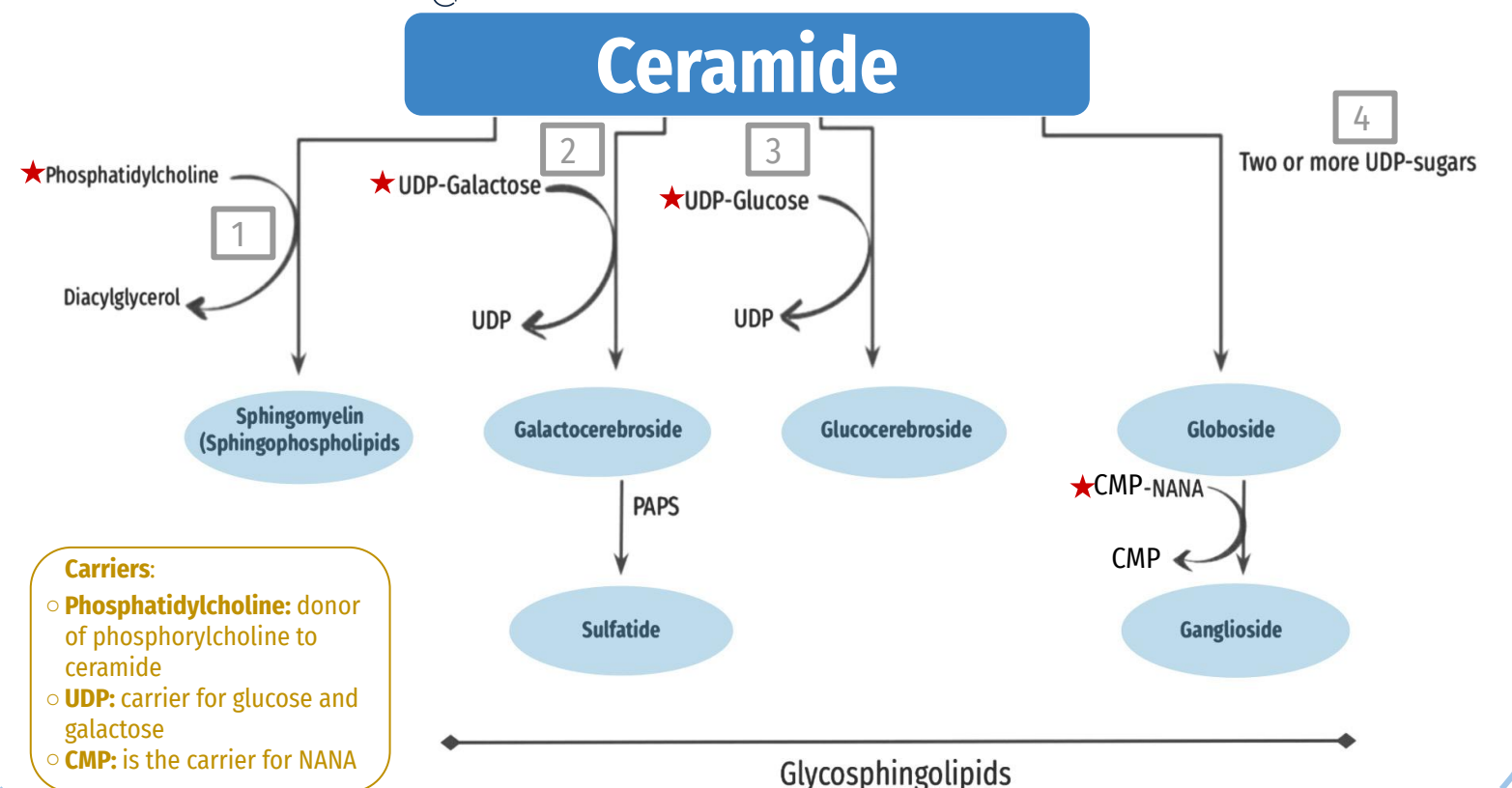
Ceramide: ^[7] Sphingosine + Fatty acid	Sphingophospholipids	Glycosphingolipids	
 <p>A Ceramide</p>	<p>Sphingomyelin : Ceramide + Phosphorylcholine</p>  <p>A Sphingomyelin</p>	<p>Cerebrosides:^[8] Ceramide + Monosaccharide</p> <p>O-Glycosidic bond</p>  <p>Galactose (polar head) Ceramide (hydrophobic tail)</p> <p><small>Click on the pictures for more info</small></p>	<p>Gangliosides:^{[9][10]} Ceramide + oligosaccharides + NANA</p>  <p>N-Acetylneuraminic acid (NANA)</p> <p><small>Click on the pictures for more info</small></p>
<ul style="list-style-type: none"> Ceramide play a key role in maintaining the skin's water-permeability barrier. Decreased ceramide levels are associated with a number of skin diseases. <p>Because of its effect Ceramide is actually a component in skin lotions.</p>	<p>Sphingomyelin is the only significant sphingolipid in humans.</p>	<p>e.g. Galactocerebroside.</p> <p>The polar head can either be glucose then we will call it glucocerebroside or galactose then we will call it galactocerebroside but galactose is more common.</p>	<p>e.g. G_{M2}; G=ganglioside; M=mono molecule of NANA;^[11] 2=the monomeric sequence of the carbohydrate attached to the ceramide</p>

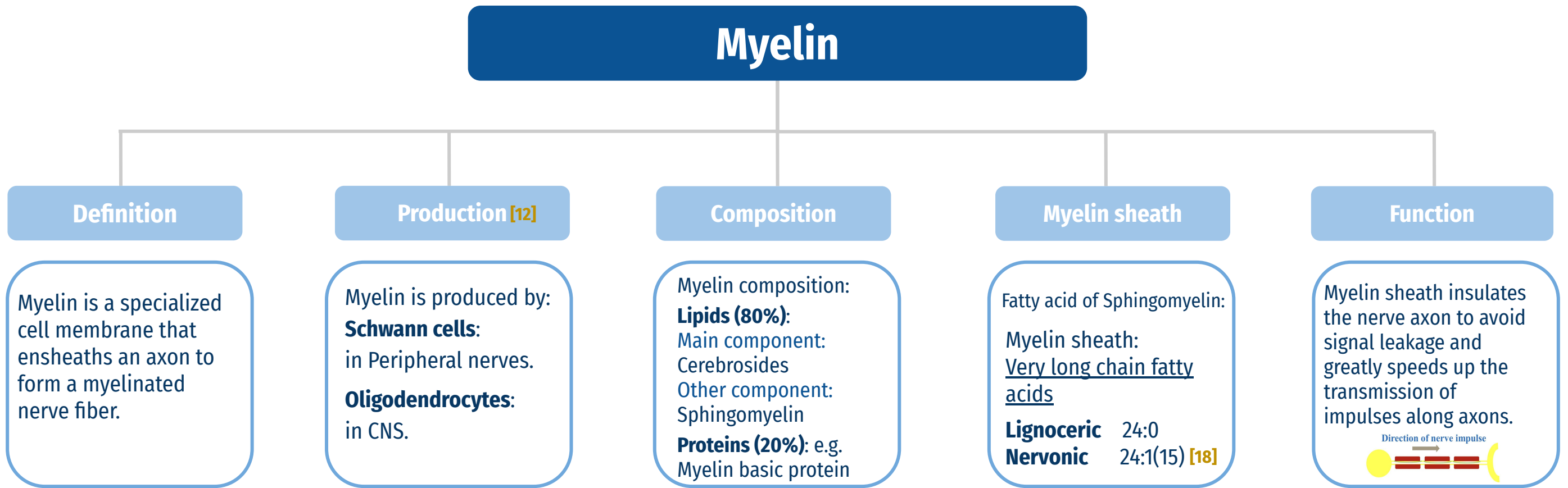
437 Team

- Phosphatidylcholine interacts with ceramide, diacylglycerol goes out and gives us sphingomyelin "the only important sphingophospholipid".
- Galactose is added to ceramide by the carrier UDP "uridine diphosphate", UDP goes out and we get galactocerebroside. We can modify it further by adding a sulfate group with the carrier PAPS, giving us sulfatide.
- Glucose is added to ceramide by the carrier UDP, UDP goes out and we get glucocerebroside.
- Two or more UDP sugars are added to ceramide and we get: globosides. If NANA was added to it by the carrier CMP "cytidine monophosphate", we get gangliosides.

★ Important

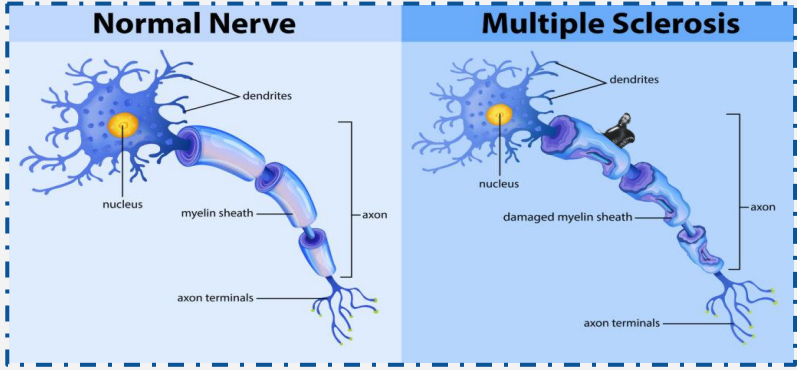
Click on the picture for more info





Multiple sclerosis

- Neuro-degenerative, autoimmune disease.
- Breakdown of myelin sheath (demyelination).
- Defective transmission of nerve impulses.



Sphingolipidoses

- A partial or total missing of a specific **lysosomal acid hydrolase** leads to accumulation of a sphingolipid.
- Lysosomal lipid storage diseases caused by these deficiencies are called **sphingolipidoses**.
- Usually only **a single** sphingolipid accumulates in the involved organs in each disease.

▶ Synthesis is (**Normal**), but Degradation is (**Defective**)

▶ Substrate accumulates in organs

▶ Progressive, **early death**

▶ Phenotypic and genotypic variability [13][14]

▶ **Autosomal recessive** (mostly)[15]

▶ Rare, Except in **Ashkenazi Jewish**

💡 Diagnosis

1. Measure enzyme activity:
 - 1.1 Cultured fibroblasts or peripheral leukocytes.
 - 1.2 Cultured amniocytes or chorionic villi (prenatal).[16]
2. Histologic examination.
3. DNA analysis.[17]

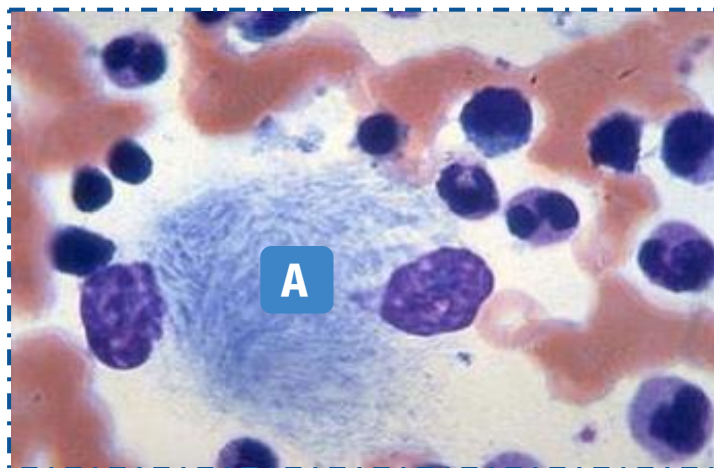
👨🏻‍⚕️ Treatment

- e.g. for Gaucher disease: (it will be explained in the next slide)
1. Replacement Therapy (e.g. recombinant human enzyme).
 2. Bone marrow transplantation.

Sphingolipidoses

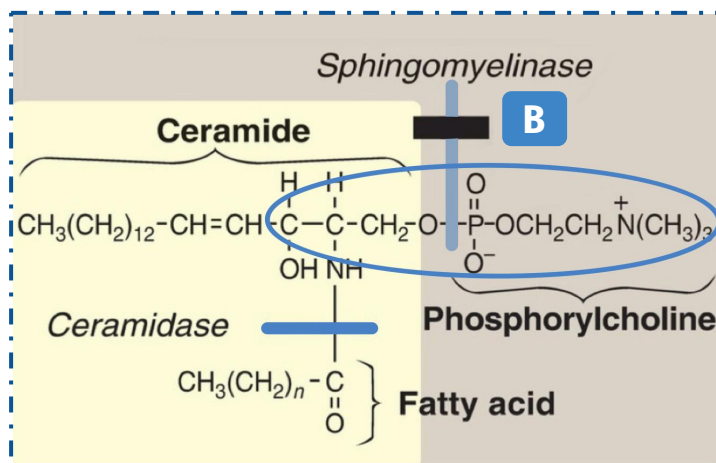
Click on the picture for more info

Gaucher Disease: Click on the picture for more info



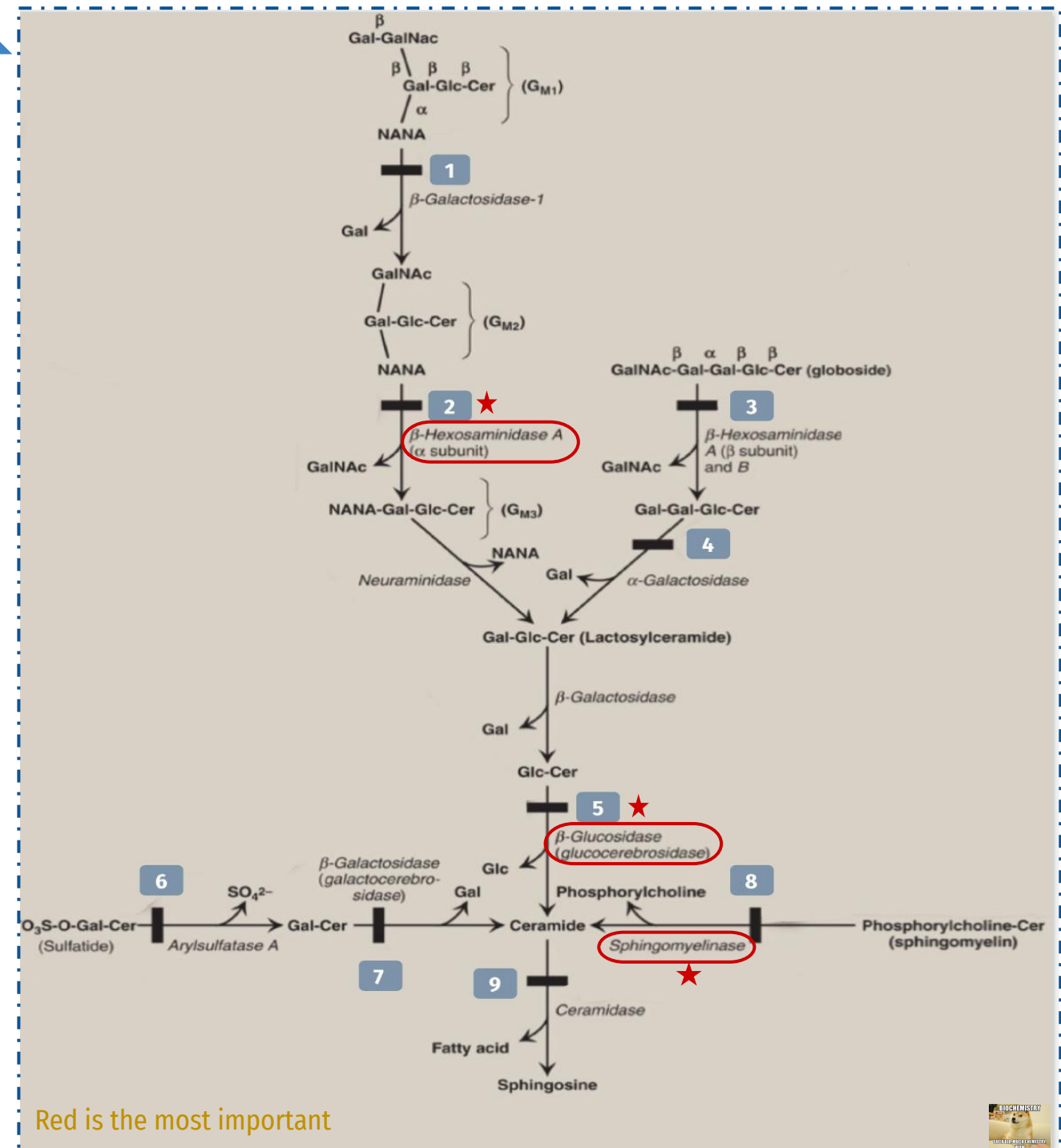
A The "crumpled tissue paper" appearance of the cytoplasm of Gaucher cells is caused by enlarged, elongated lysosomes filled with glucocerebroside.

Niemann-pick disease: Click on the picture for more info



Sphingomyelinase deficiency

1. Enlarged liver and spleen filled with lipid
2. Severe intellectual disability and neurodegeneration (Type A)
3. Death in early childhood (Type A)

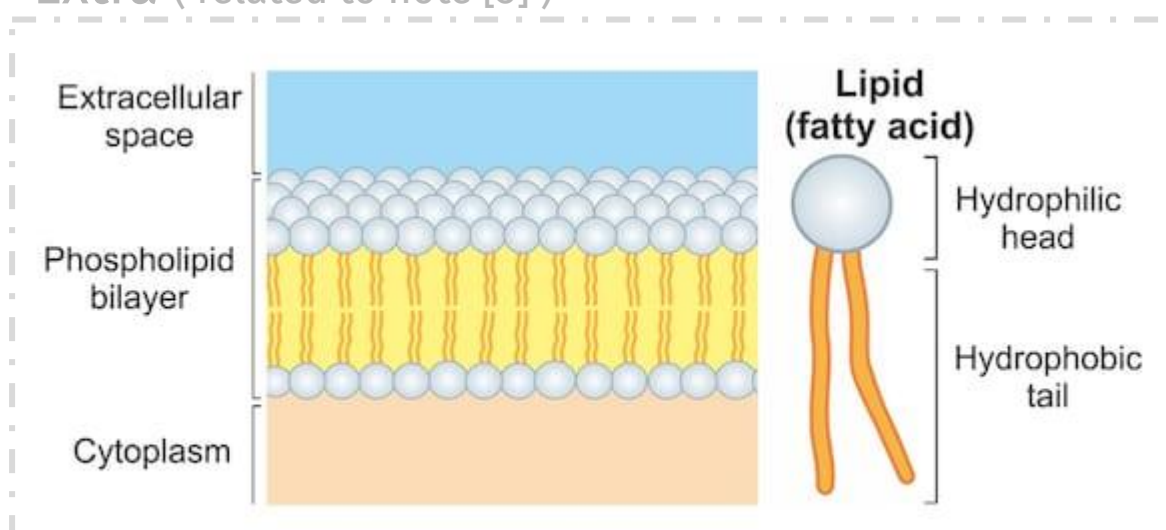


Red is the most important

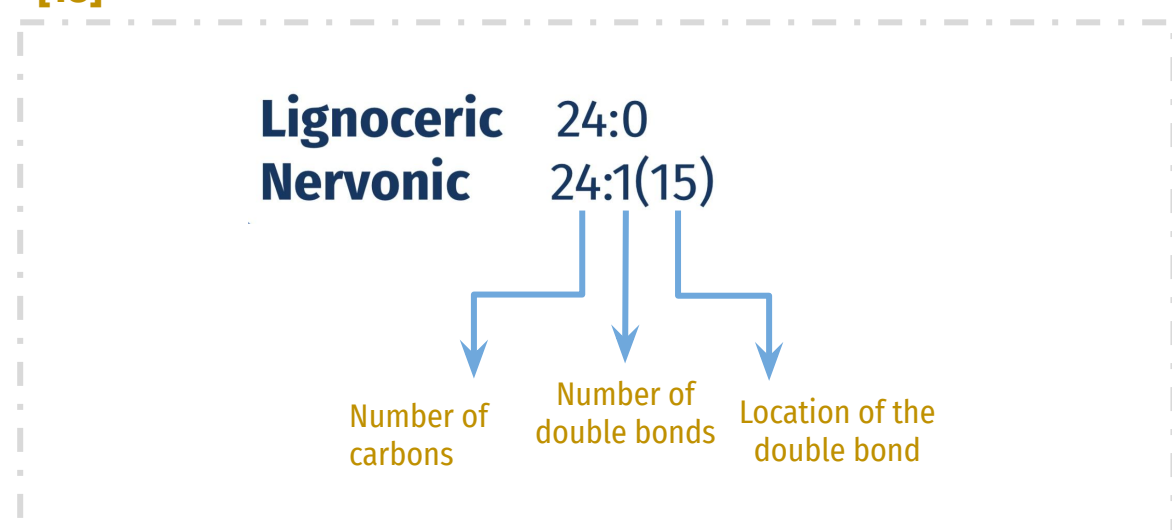
1	Gangliosidosis : Accumulation of gangliosides Gm1 and keratan sulfate • Neurologic deterioration • Hepatosplenomegaly • Skeletal deformities • Cherry-red macula in infantile form.	6	Metachromatic leukodystrophy Accumulation of sulfatides • Cognitive deterioration • Demyelination • Progressive paralysis and dementia in infantile form • Nerves stain yellow-brown with cresyl violet • Deficiency of activator protein (saposin B) in some cases.
2	Tay-Sachs disease : Accumulation of gangliosides Gm2 • Rapid, progressive, and fatal neurodegeneration • Blindness • Cherry-red macula • Muscular weakness • Seizures • Deficiency of activator protein Beta-Hexosaminidase A (Gm2 activator) in some cases.	7	Krabbe disease (globoid cell leukodystrophy) : Accumulation of galactocerebroside • Mental and motor deterioration • Blindness and deafness • Near-total loss of myelin • Globoid bodies (glycolipid-laden macrophages) in white matter of brain.
3	Sandhoff disease : Accumulation of Gm2 and globosides • Same neurologic symptoms as Tay-Sachs (including red macula) but visceral involvement as well.	8	Niemann-pick disease (A+ B) : Accumulation of sphingomyelin • Hepatosplenomegaly • Neurodegenerative course (Type A) • Cherry-red macula . • caused by a missing or malfunctioning enzyme called sphingomyelinase
4	Fabry disease (X linked) : Accumulation of globosides • Red-purple skin rash • Kidney and heart failure • Burning pain in lower extremities • Enzyme replacement therapy.	9	Farber disease : Accumulation of ceramide • Painful and progressive joint deformity • Subcutaneous nodules of lipid-laden cells • Hoarse cry • Tissues show granuloma.
5	Gaucher disease : Accumulation of glucocerebroside • Most common lysosomal storage disease • Hepatosplenomegaly • Osteoporosis of long bones • CNS involvement in rare infantile and juvenile forms • Enzyme Beta-glucosidase replacement therapy.		

- [1] glycolipid is formed by (Glycerol + 2 fatty acids group) and have carbohydrates attached to them (no phosphate group), Glycerol is formed by glucose
- [2] Sphingolipid is formed by “sphingosine + 1 fatty acid group”. Sphingosine is formed by (serine->amino acid) and (palmitate-> fat or oil). sphingophospholipids have phosphate group.
- [3] Phospholipids form an essential component of cell membrane along with cholesterol and proteins. Sphingolipids abundantly present in nerve tissues
- [4] Carbohydrates in phospholipids serve as biomarker for cell transformation. “e.g. when the cell transformed into cancer cell”.
- [5] Polar head group of the phospholipid helps in recognition and formation of receptors (head) —> exposed to extracellular environment (it may be attached to carb to act as receptor)
- [6] (Long chain = 18 carbon ,Unsaturated due to double bond . The NH₂ will be attached to other molecules)
- [7] Ceramide is the parent molecule for all sphingolipids.
- [8] Monosaccharide can be either glucose or galactose, and the majority of cerebroside in the membranes are galactocerebroside. When we have monosaccharide we call it cerebroside when we have 2 or more monosaccharides units we call it globoside
- [9] Gangliosides are present in ganglionic cells.
- [10] Cerebroside are neutral “not charged”, but gangliosides are -ve charged so they are acidic.
- [11] Nana molecule (common name is Sialic acid) in one ganglioside can vary in number, for example if we have 2 (**Di**) NANA the **M** (**Mono**) in GM2 will be replaced by a **D** (**GD2**).
- [12] Schwann cells envelope its membrane around the axon to make myelin sheath. While oligodendrocytes send their dendrites to many axons.
- [13] Phenotypic variability means that the enzyme is completely absent or present but have little activity.
- [14] Genotypic variability means mutation in the enzyme’s gene which will reduced enzyme activity or loss of its activity.
- [15] All sphingolipidoses diseases are autosomal recessive EXCEPT fabry disease which is X linked disease.
- [16] If the parent are carrier of the enzyme mutation or they are going to be affected we can apply prenatal diagnosis.
- [17] If you know all the gene mutations that could lead to the disease then you can apply DNA analysis
 For ex: if there are 10 mutations and we know 3 then we can’t do it.

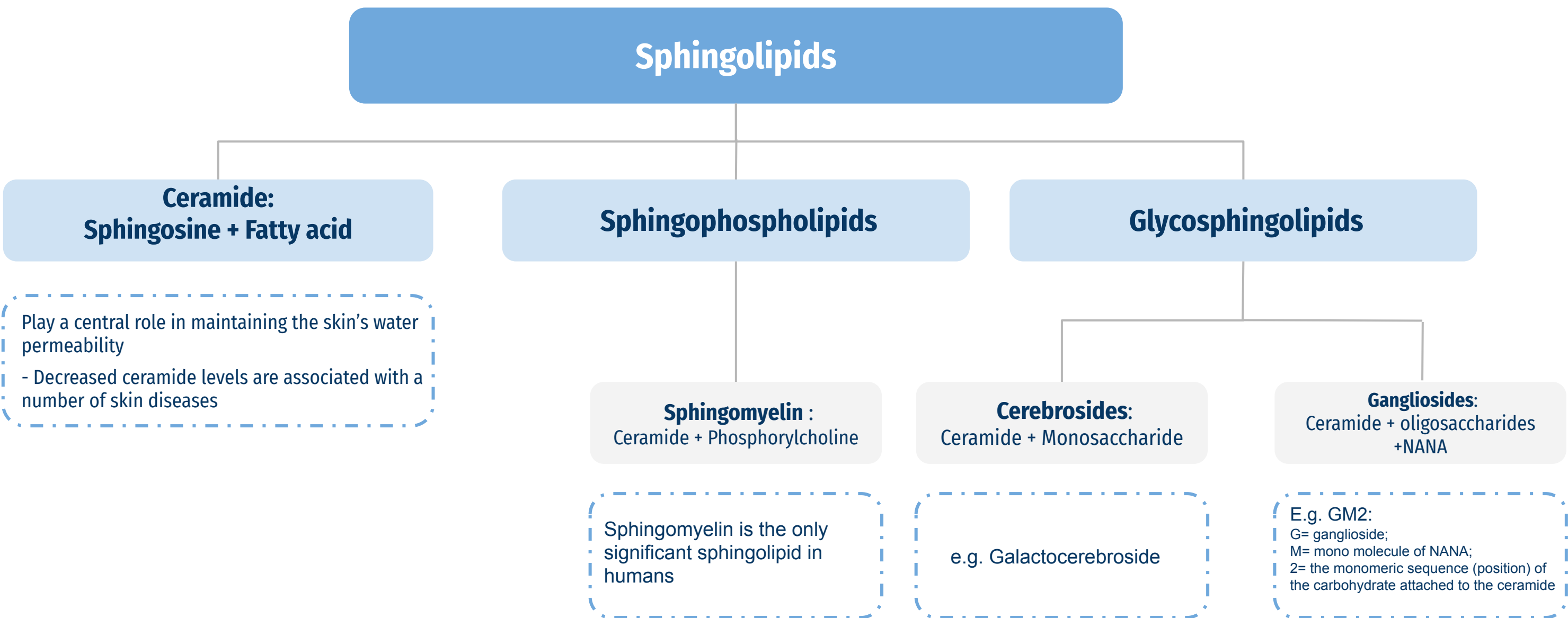
Extra (related to note [5])






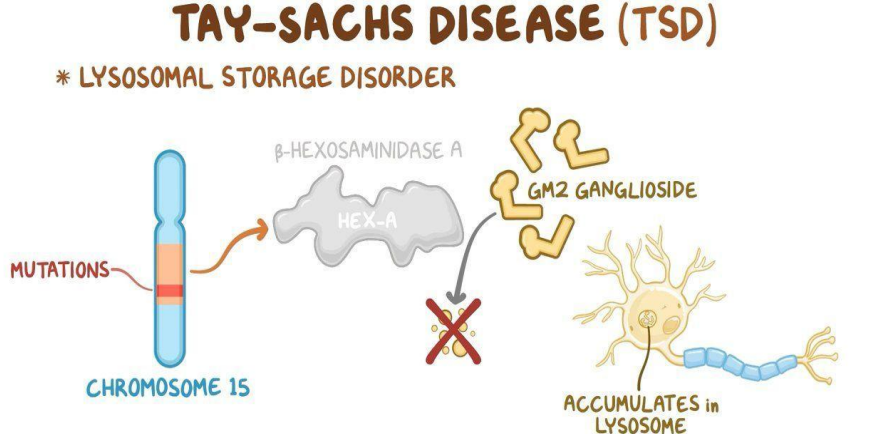
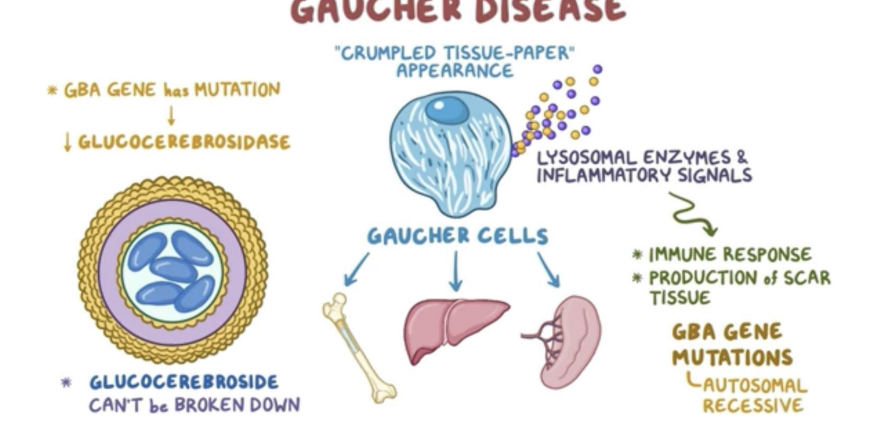
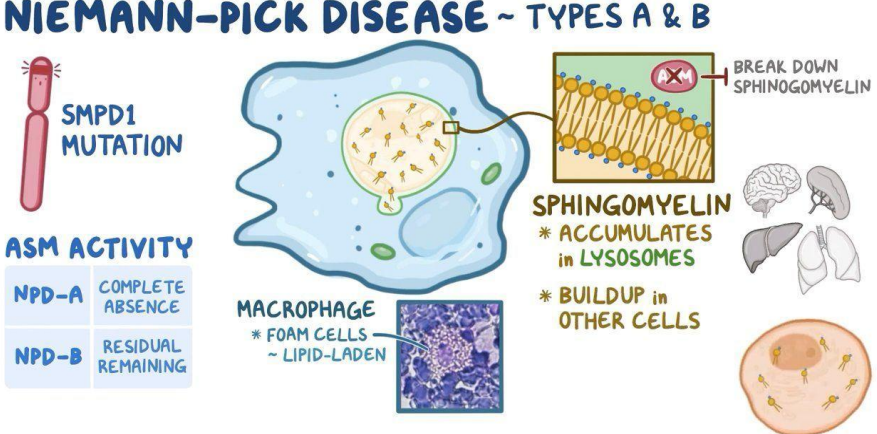
[18]







Summary



Sphingolipidoses

TAY-SACHS DISEASE 	GAUCHER DISEASE 	NIEMANN-PICK DISEASE (A+B) 
<ul style="list-style-type: none"> • Accumulation of gangliosides (GM2). • Deficiency of the enzyme β-Hexosaminidase A • Rapid, progressive and fatal Neurodegeneration. • Cherry-red macula "red spot found in the Retina" • Muscular weakness. • Seizures • Deficiency of activator protein (GM2) in some cases. 	<ul style="list-style-type: none"> • Accumulation of glucocerebroside . • Deficiency of the enzyme β-glucosidase (glucocerebrosidase). • Most common. • Causes osteoporosis in long bones • hepatosplenomegaly "in liver and spleen". • Causes crumpled tissue paper appearance of the cytoplasm. • Treated with replacement therapy and bone marrow transplantation. 	<ul style="list-style-type: none"> • Accumulation of sphingomyelin. • Sphingomyelinase deficiency. • hepatosplenomegaly • Cherry-red macula . • It has two types, A and B: <ul style="list-style-type: none"> - Type A is more severe because the enzyme has almost no activity, it causes severe intellectual disability and death in early childhood. -Type B is less severe, has a later onset and causes little to no neurodegeneration.
<p>TAY-SACHS DISEASE (TSD)</p> <p>* LYSOSOMAL STORAGE DISORDER</p>  <p>CHROMOSOME 15</p> <p>β-HEXOSAMINIDASE A</p> <p>HEX-A</p> <p>GM2 GANGLIOSIDE</p> <p>ACCUMULATES in LYSOSOME</p>	<p>GAUCHER DISEASE</p> <p>* GBA GENE has MUTATION</p> <p>\downarrow GLUCOCEREBROSIDASE</p>  <p>"CRUMPLED TISSUE-PAPER" APPEARANCE</p> <p>LYSOSOMAL ENZYMES & INFLAMMATORY SIGNALS</p> <p>GAUCHER CELLS</p> <p>* IMMUNE RESPONSE</p> <p>* PRODUCTION of SCAR TISSUE</p> <p>GBA GENE MUTATIONS</p> <p>AUTOSOMAL RECESSIVE</p> <p>* GLUCOCEREBROSIDE CANT be BROKEN DOWN</p>	<p>NIEMANN-PICK DISEASE ~ TYPES A & B</p> <p>SMPD1 MUTATION</p>  <p>ASM ACTIVITY</p> <p>NPD-A COMPLETE ABSENCE</p> <p>NPD-B RESIDUAL REMAINING</p> <p>MACROPHAGE * FOAM CELLS ~ LIPID-LADEN</p> <p>BREAK DOWN SPHINGOMYELIN</p> <p>SPHINGOMYELIN * ACCUMULATES in LYSOSOMES</p> <p>* BUILDUP in OTHER CELLS</p>

Take Home Messages

-  Sphingolipids are complex lipids that includes **sphingo-phospholipids and glycolipids**
-  Ceramide is the **precursor of all sphingolipids** Sphingolipids are present **mainly in nerve tissue**, but they are also found extra-neural
-  Myelin sheath **insulates the nerve axon to avoid signal leakage and speed up impulse transmission**
-  Sphingolipidoses are **rare genetic diseases due to defective degeneration of sphingolipids**



 **MCQs****1- Deficiency in beta Hexosaminidase A results in:**

- A-Niemann-pick disease
- B-Gaucher disease
- C-Tay-sachs disease
- D-Sphingomyelin

2- A Neurodegenerative, auto-immune disease that involves the breakdown of myelin sheath:

- A-Multiple sclerosis
- B-Fabry disease
- C-Niemann-pick disease.
- D-Tay-sachs disease.

3- Patient with sphingomyelinase deficiency will most likely develop:

- A-Gaucher disease.
- B-Fabry disease.
- C-Tay-sachs disease.
- D-Niemann-pick disease.

4- Gaucher disease results from deficiency of which ONE of the following enzymes:

- A-Beta hexosaminidase A
- B-Sphingomyelinase
- C-Beta glucosidase
- D-Saposin B

5- in the CNS myelin produced by :

- A-Oligodendrocytes
- B-Schwann cells
- C-macrophages
- D-astrocytes

6- Which one of the following is NOT a diagnosis procedure for Sphingolipidoses:

- A-DNA analysis
- B-PCR
- C-Measurement of enzyme activity
- D-Histologic examination

Answers key

1- C

2- A

3- D

4- C

5- A

6- B

SAQs

1- What is the cause of Sphingolipidoses?

- Partial or total missing of a specific lysosomal acid hydrolase leads to accumulation of a sphingolipid.

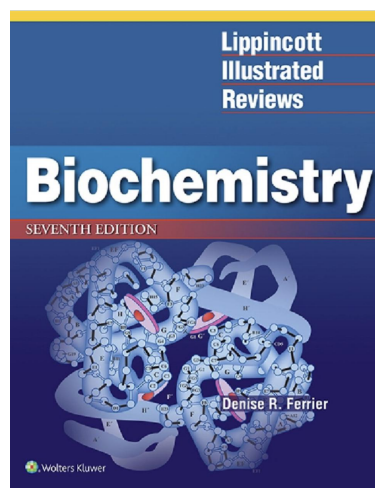
2- What is the product and byproduct of Phosphatidylcholine + Ceramide?

- The product is sphingomyelin and byproduct diacylglycerol

3- A 10 month old male is brought to the pediatrician by his mother who is concerned about his lack of interaction. He was previously playful and happy but now hardly ever smiles. On examination, he is found to have poor muscle tone and a Cherry red macula. Deficiency of which enzyme is most likely?

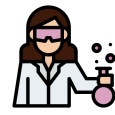
- Deficiency of the enzyme β -Hexosaminidase

Resources [Click on the book to download the resource](#)

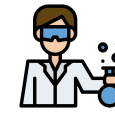




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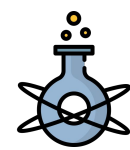
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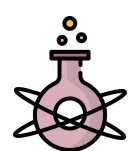
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Special thanks to Fahad ALAjmi for designing our team's logo.