

# G6PD

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**Editing File** 

# **Objectives**



Explain the biochemical basis of G6PD deficiency anemia



Recognize the precipitating factors for G6PD deficiency anemia



Classify various classes of G6PD deficiency anemia (variant enzymes)



Describe the diagnostic methods for G6PD deficiency anemia





# **Background**

### Hexose monophosphate pathway (HMP) or Pentose Phosphate Pathway (PPP):



Major pathway for NADPH production.



An alternative oxidative pathway for glucose.

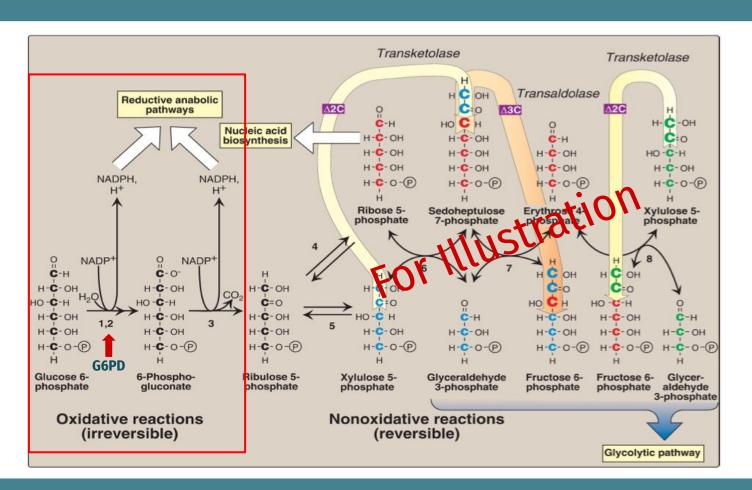


No ATP production.



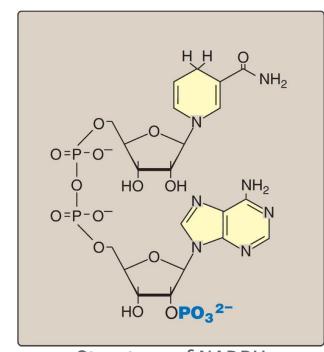
Produces ribose-5-phosphate for nucleotide synthesis

# Pentose Phosphate Pathway (PPP)



### **Uses of NADPH**

- 1. Antioxidant (part of glutathione system)
- 2. Oxygen-dependent phagocytosis by WBCs
- 3. Synthesis of nitric oxide (NO)
- 4. Reductive biosynthesis e.g., fatty acid biosynthesis



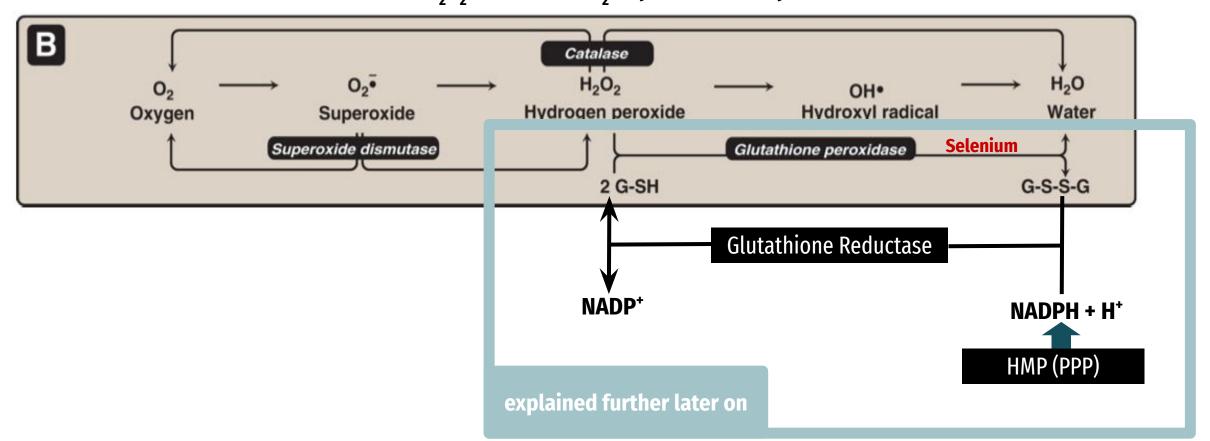
Structure of NADPH

### **Antioxidant Mechanisms**

Let's start with Anti-oxidant mechanisms to understand the relationship between **G6PD** and **Anemia!** 

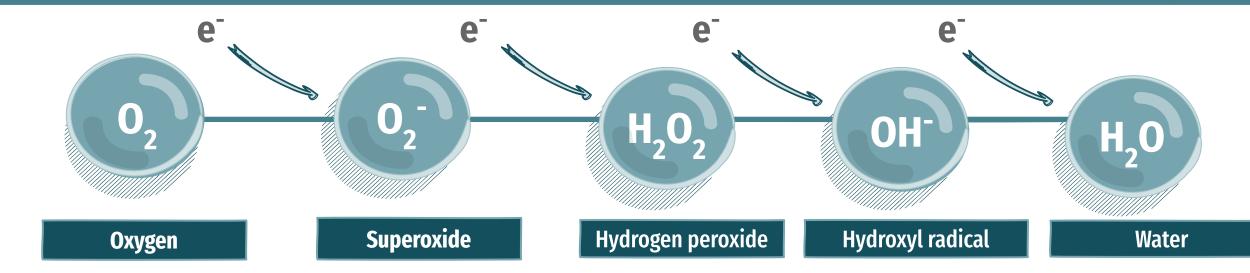
### أُولًا، الغاية ننتهي بنتيجة Harmless:

### H<sub>2</sub>O<sub>2</sub> transform to H<sub>2</sub>O by Glutathione system



# **Reactive Oxygen Species (ROS)**

<u>Click here for the original picture</u>



- Oxygen-derived Free radicals: Superoxide and Hydroxyl radicals
- (O)Non-free radical: Hydrogen peroxide

# Glutathione peroxidase Glutathione Reductase NADP+ NADP+ G6PD (glucose 6 phosphate dehydrogenase G6PD is a key and rate limiting enzyme in the pentose phosphate pathway (PPP)

Aka: Hexose monophosphate pathway (HMP)

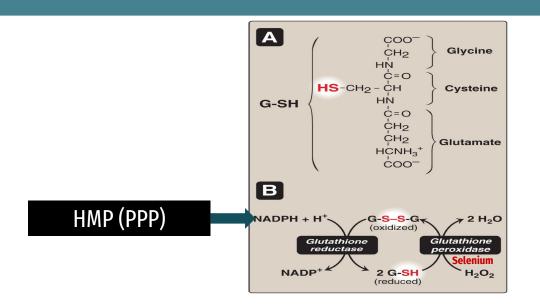
### This information was written/drawn in the pictures of the dr's slides. The original picture in the next slide. **End product** Action **Substrate** Oxidase > loss of e from 2GSH GSSG (Reduced reduced form 2GSH > become peroxidase 1 (Oxidized form) form) oxidized > GSSG 2GSH **Reductase** > gain of **e**<sup>-</sup> from (Reduced form) Glutathione GSSG Reduced glutathione is Reductase<sup>2</sup> essential for maintaining the give e- to the oxidized form (Oxidized normal structure of red blood (GSSG) > become reduced form) cells and for keeping (لحاله (2GSH) hemoglobin in the ferrous NADP NADPH + H (Oxidized Glucose 6 phosphate (Reduced form) dehydrogenase) form) معنى ذلك إن NADPH هو أصل كل العملية How NADPH + H can be formed? By G6PD In which pathway? pentose phosphate pathway (PPP)

so **deficiency** in this enzyme will decreases the anti-oxidant sequence > oxidation stress in many cells

why the oxidation stress is server in RBCs? Because the Other cells have other sources for NADPH

but much severe in RBCs > lead to hemolysis > hemolytic anemia

### **Glutathione System cont...**



This picture was explained in details in previous slide

### **Oxidative Stress**

### Imbalance between oxidant production and antioxidant mechanisms

Whenever oxidation is increased, RBC will need G6PD > if G6PD is insufficient > the oxidative stree will occure

### Oxidative damage to

- DNA
- Proteins
- Lipids (unsaturated fatty acids)

### Oxidative stress and diseases

- Inflammatory conditions e.g.,
   Rheumatoid arthritis Atherosclerosis and coronary heart diseases
- Obesity
- Cancers
- G6PD deficiency hemolytic anemia



# **G6PD Deficiency Hemolytic Anemia:**



Inherited X-linked recessive disease



Most common enzyme-related hemolytic anemia



Highest prevalence: Middle East, Tropical Africa Asia and Mediterranean



~400 different mutations affect G6PD gene, but only some can cause clinical hemolytic anemia.

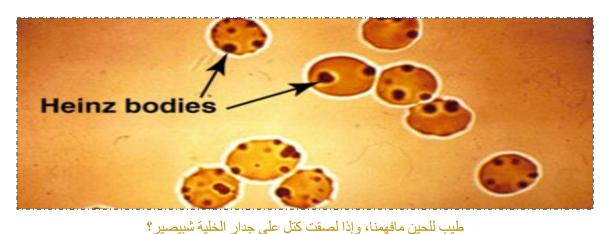


G6PD deficient patients have increased resistance to infestation by falciparum malaria

- 1) This happens because
  - a) Malaria cannot live well in the RBCs if they are hemolyzed
  - b) G6PD deficiency will cause an increase in free radicals which will also damage the parasite

# **Biochemical Basis of G6PD Deficiency Hemolytic Anemia**

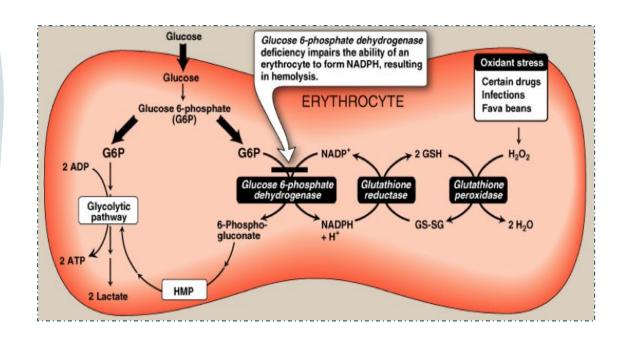
Oxidation of sulfhydryl [because there is little or no reductive agents (NADPH)] (SH) groups of proteins inside RBCs causes protein denaturation and formation of insoluble masses (**Heinz bodies**) that attach to RBCs membranes



RBCs will pass through spleen
طبعًا يستقعد عليها
طبعًا يستقعد عليها
Spleen by its macrophages in sinusoids
بيروح يأكل المكان اللي فيه الترسبات هذي، فالشكل الناتج للخلية بيصير مشوهة كأنه أكل معروم أو معضوض
Known as bite cell

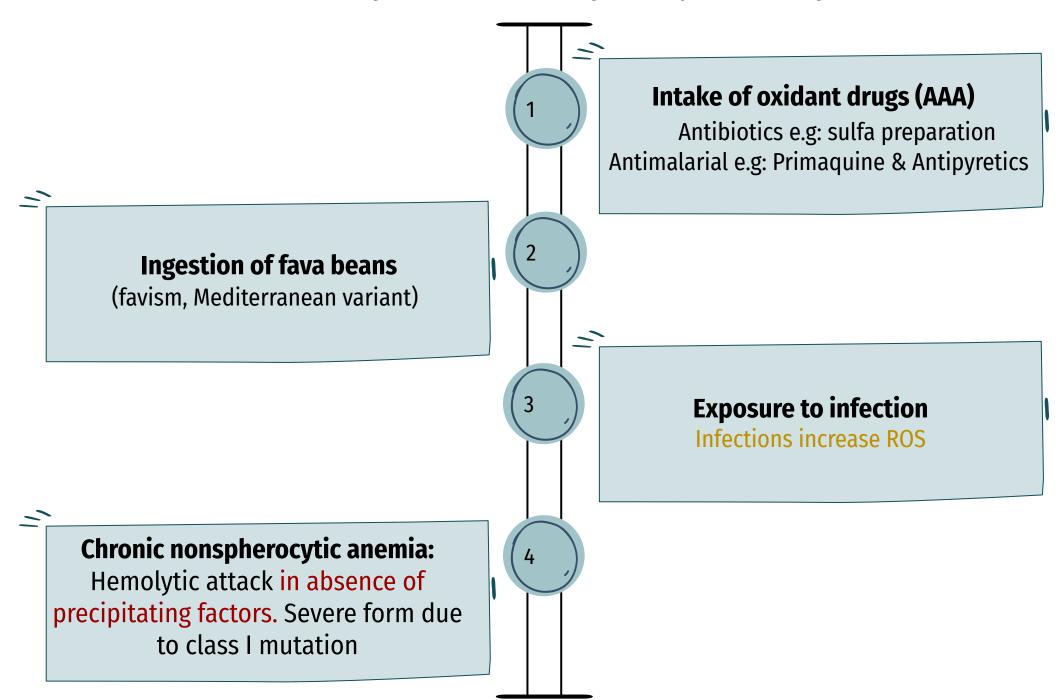
Al though G6PD deficiency affects all cells, it is most severe in RBCs ...... Why?

Other cells have other sources for NADPH production:
e.g., Malic enzyme that converts malate into pyruvate



# Precipitating Factors for G6PD Deficiency Hemolytic Anemia

### **G6PD** deficient patients will develop hemolytic attack upon:



### **Different Classes of G6PD Deficiency Hemolytic Anemia** There are 4 different classes: through 2 criterias: 1- Stability 2- Activity (used in this classification) IV Ш (Severe, e.g. (Very severe) (Moderate: G6PD A-) (Normal) Mediterranea) This classification is based on the residual enzyme activity (Least in class I, and Highest in class IV) Variant Enzymes of G6PD Deficiency Hemolytic Anemia G6PD A- (class III): Although the activity of the normal enzyme declines as red cells age, even the oldest cells have a Moderate, young RBCs sufficient level of activity to provide protection against contain enzymatic activity. oxidative damage and hemolysis. Unstable enzyme, but G6PD Mediterranean kinetically normal G6PD B G6PD A **G6PD Mediterranean (II):** Age of erythrocyte Enzyme with decreased stability and activity (severe). Affect all RBCs By contrast, very few G6PD Mediterranean red cells have sufficient enzyme activity to (both young and old) prevent oxidative damage, whereas a substantial fraction of young G6PD A- red cells are able to provide protection. Diagnosis of G6PD Deficiency Hemolytic Anemia Screening<sup>2</sup> Diagnosis of hemolytic anemia Qualitative assessment of G6PD enzymatic activity Complete Blood Count (CBC) & (UV-based test) reticulocytic count<sup>1</sup> Detection of G6PD gene Quantitative measurement of mutation G6PD enzymatic activity **Confirmatory test: Molecular test:** 1) Results: -RBCs → decreased

Screening is used in some african countries. Since malaria is prevalent in that area, these tests are done before giving anti malaria drugs to prevent

-Reticulocyte count → Increased (due to compensation)

extra oxidative stress.

# **Take Home Messages**



G6PD deficiency impairs the ability of cells to form NADPH.



RBCs are particularly affected because they do not have other sources of NADPH.



NADPH is essential for the anti-oxidant activity of Glutathione peroxidase/reductase system



G6PD deficiency is an X-linked disease characterized by hemolytic anemia.



The precipitating factors of hemolysis includes administration of oxidant drugs, ingestion of fava beans or severe infections.



G6PD deficiency is classified according to the residual activity of the G6PD



Class I variant (the most severe) class is associated with chronic nonspherocytic hemolytic anemia.



NADPH				
Production	Uses	Disease		
<ul> <li>The Major pathway for NADPH production is HMP (hexose monophosphate pathway):</li> <li>An alternative oxidative pathway for glucose</li> <li>No ATP production •Major pathway for NADPH production</li> <li>Produces ribose-5-phosphate for nucleotide synthesis</li> </ul>	<ul> <li>Antioxidant (part of glutathione system)</li> <li>Reductive biosynthesis e.g., fatty acid biosynthesis</li> <li>Oxygen-dependent phagocytosis by WBCs</li> <li>Synthesis of nitric oxide (NO)</li> </ul>	Low NADPH cause oxidative strree What makes NADPH low? G6PD Deficiency hemolytic anemia		
G6PD Deficiency Hemolytic Anemia				
General:	When they develop hemolytic attack?	Claasses of G6PD Deficiency Hemolytic Anemia (based on the residual enzyme activity (Least in class I, and Highest in class IV)		
<ul> <li>Inherited X-linked recessive disease</li> <li>Most common enzyme-related hemolytic anemia</li> <li>~400 different mutations affect G6PD gene, but only some can cause clinical hemolytic anemia</li> <li>G6PD deficient patients have increased resistance to infestation by falciparum malaria</li> </ul>	<ul> <li>Intake of oxidant drugs (AAA):         Antibiotics e.g., sulfa preparation         Antimalarial: e.g., Primaquine         Antipyretics     </li> <li>Exposure to infection</li> <li>Ingestion of fava beans (favism, Mediterranean variant)</li> </ul>	I (Very severe) □ II (Severe, e.g. Mediterranean) □ III: (Moderate: G6PD A-) □ IV: (Normal)		



1- HMP Is major pathway for production of:				
A-ATP	B-NADPH	C-NADH	D-FADH	
2- G6PD deficient patients have increased resistance to:				
A-Cholera	B-salmonella	C- Giardia Lamblia	D-malaria	
3-:HMP Produces for nucleotide synthesis				
A-ribose-3-phosphate	B- glucose -5-phosphate	C-fructose-5-phosphate	D-ribose-5-phosphate	
4-Oxidation of sulfhydryl (SH) groups of proteins inside RBCs will lead to :				
A-Formation of insoluble masses (Heinz bodies)	B- Production ATP	C-Reductive biosynthesis	D-None of them	
5- Which one of the following enzymes converts H2O2 to H2O ?				
A- Glutathione Synthetase	B-Glutathione Peroxidase	C-Glutathione Reductase	D-Superoxide dismutase	
6-Which one of these can produce NADPH ?				
A-Superoxide dismutase	B- Malic enzyme	C-Glutathione Reductase	D-all of them	
6-Which one of these can produce NADPH ?				

Answers key

1- B 2- D 3- D 4- A 5- B 6- B



### 1- Although G6PD deficiency affects all cells, why it is most severe in RBCs?

Other cells have other sources for NADPH production: e.g., Malic enzyme that converts malate into pyruvate

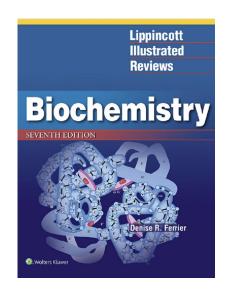
### 2- what is the Uses of NADPH

- 1. Reductive biosynthesis e.g., fatty acid biosynthesis
- 2. Antioxidant (part of glutathione system)
- 3. Oxygen-dependent phagocytosis by WBCs
- 4. Synthesis of nitric oxide (NO)

### 3- Mention 2 factors which will lead to Hemolytic attacks in G6PD Deficient patients?

- 1. Exposure to infection
- 2. Intake of oxidant drugs

# Resources Click on the book to download the resource



# Leaders











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**Special thanks to Sara Alharbi** 

