

# Metabolism of Purine & Pyrimidine Nucleotides

# Biomedical importance

- Biosynthesis is strongly regulated to insure their production in appropriate Quantities and at times suitable to their physiologic demand.
- Genetic disease of Purine metabolism:  
Gout – Lesch-Nyhan syndrome-Adenosine deaminase and purine nucleotide phosphorylase deficiency.

Pyrimidine metabolism:  
Orotic aciduria.

# Purines and Pyrimidines are dietarily nonessential

- Synthesized from amphibolic intermediates.
- Fate of Ingested nucleic acids (dietarily nonessential):

Nucleic acid → Nucleotides (Intestinal tract)



Purine and Pyrimidine bases

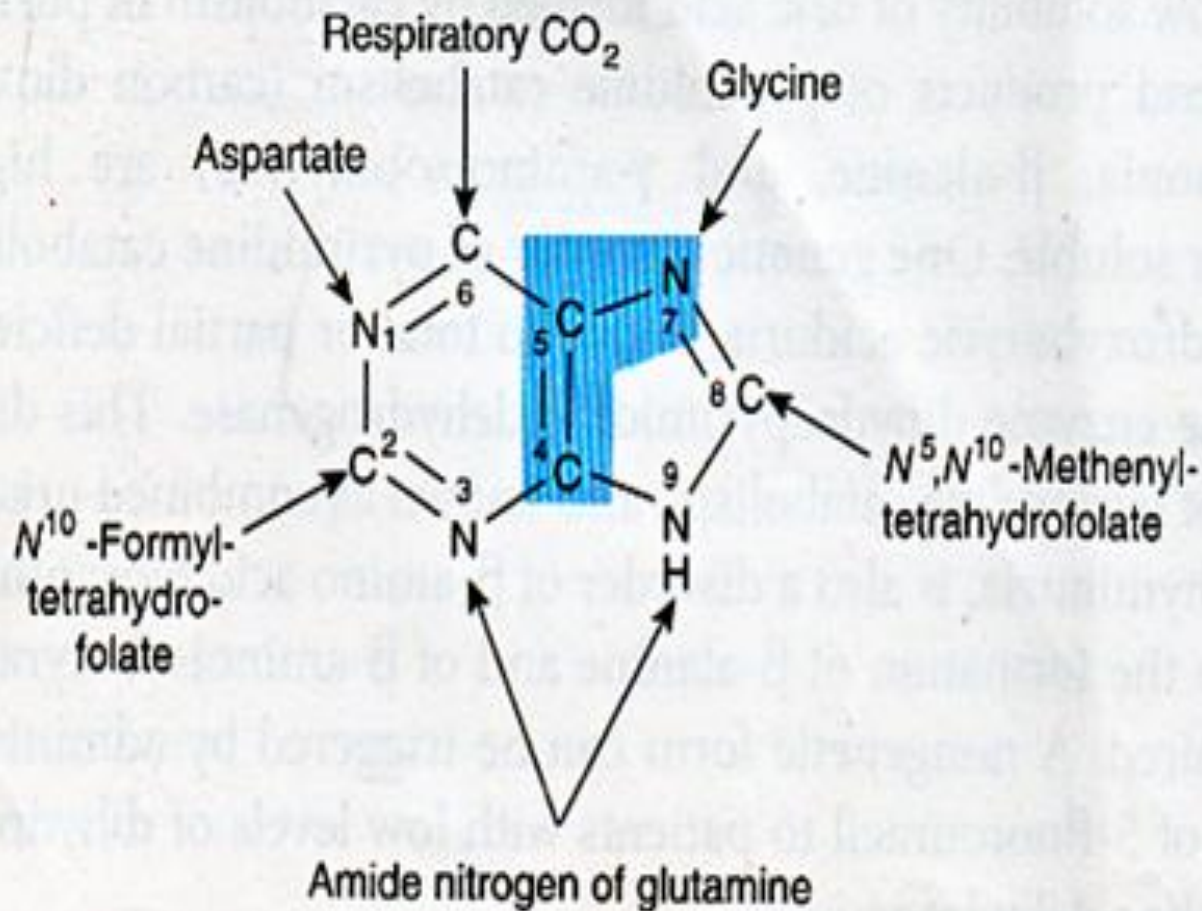


Uric acid (absorbed or excreted in urine)

- Ingested nucleotides cannot be incorporated, Injected compounds can be incorporated.

# Biosynthesis of Purine nucleotides

- Synthesis from amphibolic intermediates.
- Phosphoribosylation of purines.
- Phosphorylation of purine nucleosides.



**FIGURE 33-1** Sources of the nitrogen and carbon atoms of the purine ring. Atoms 4, 5, and 7 (blue highlight) derive from glycine.

# IMP is synthesized from amphibolic intermediates

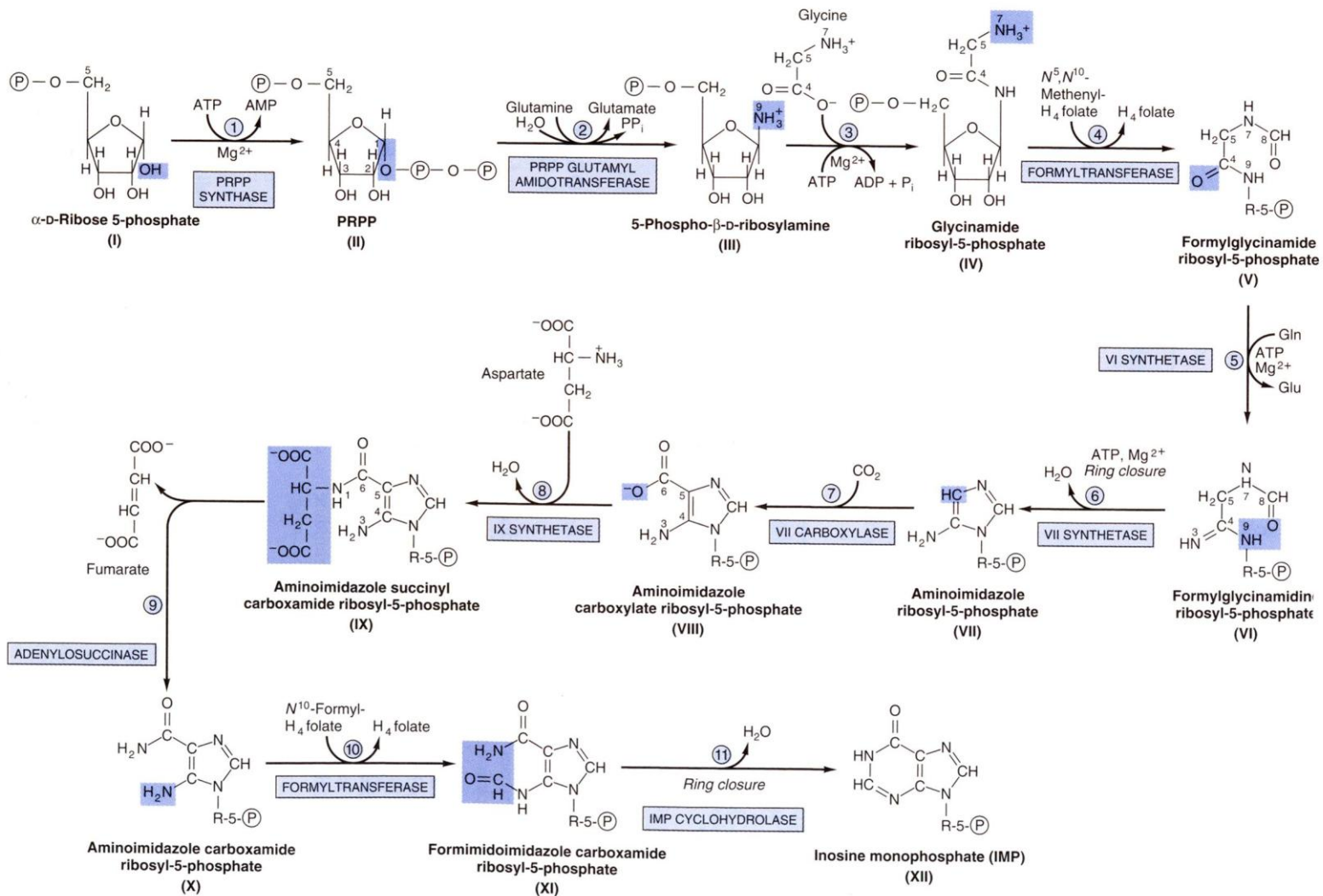
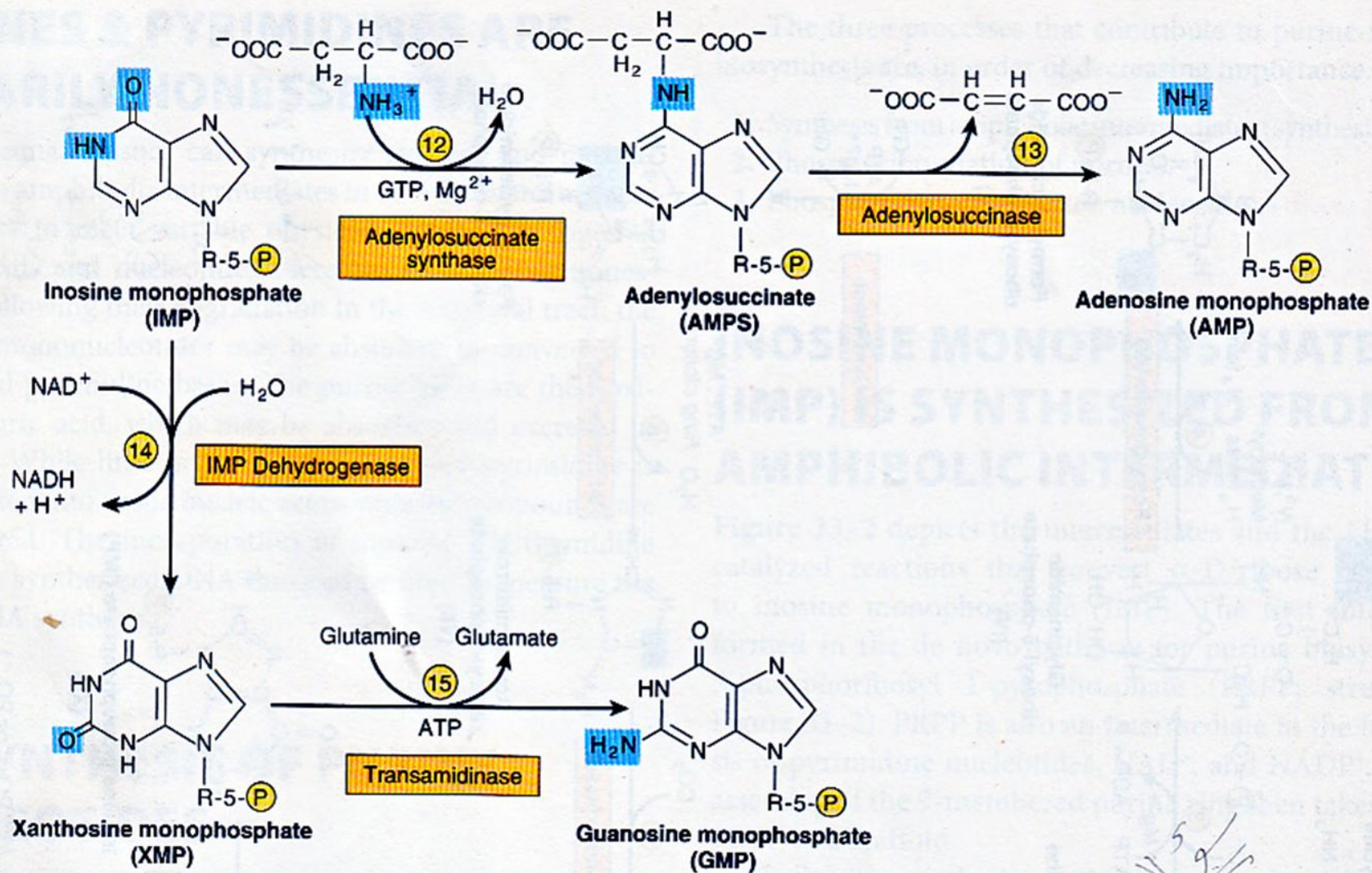


Figure 34-2. Purine biosynthesis from ribose 5-phosphate and ATP. See text for explanations. (Ⓟ  $\text{PO}_4^{2-}$  or  $\text{PO}_4^-$ )

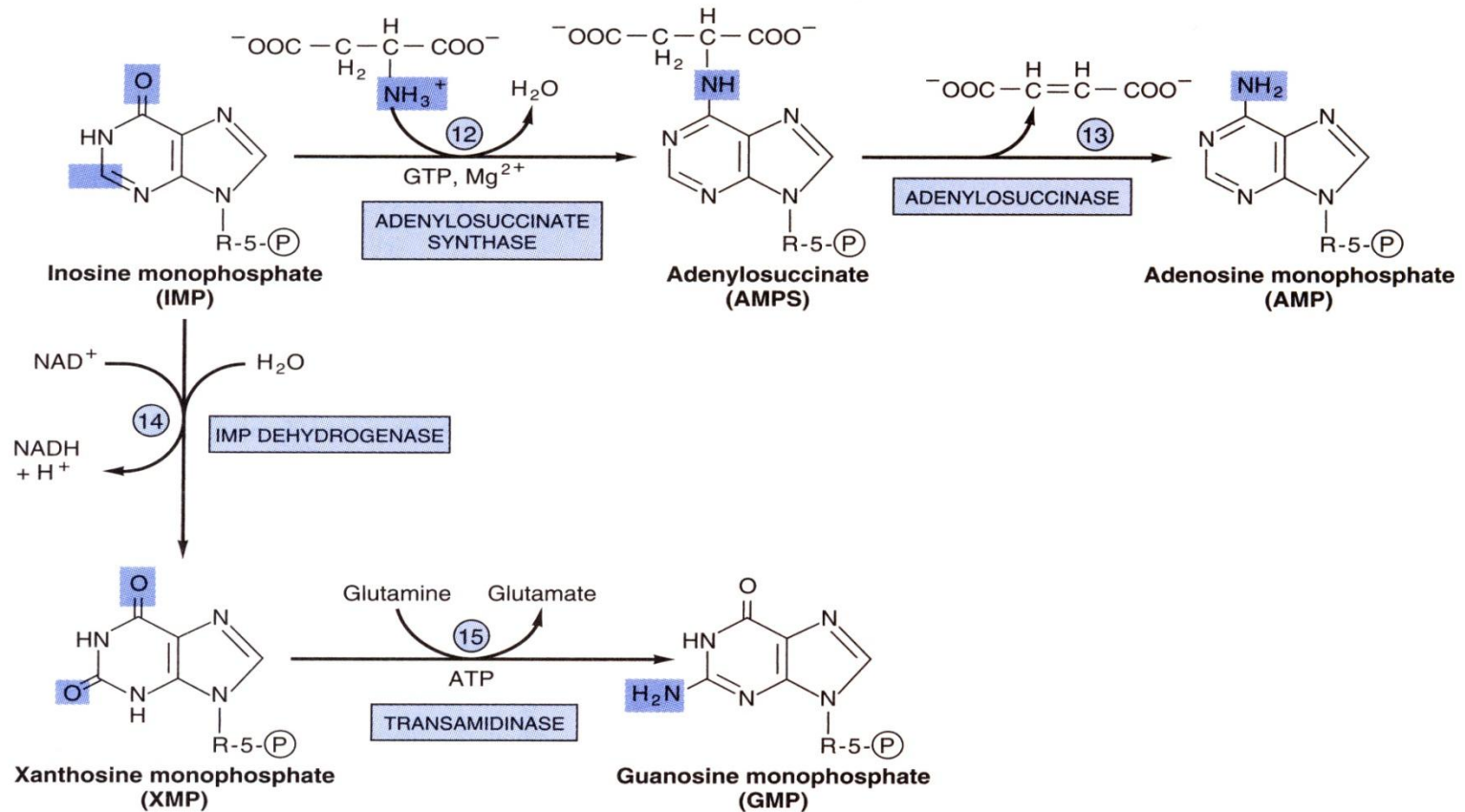


**FIGURE 33-3** Conversion of IMP to AMP and GMP.

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# Conversion of IMP to AMP and GMP

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**Figure 34-3.** Conversion of IMP to AMP and GMP.



## **Intermediates and precursors of purine biosynthesis:**

- Ribose 5 phosphate
- ATP
- Glutamine
- Glycine
- N<sup>5</sup>,N<sup>10</sup> methenyl H<sub>4</sub>Folate
- N<sup>10</sup>Formyl H<sub>4</sub> Folate
- CO<sub>2</sub>
- Aspartate

## **Precursors for conversion of IMP to AMP:**

Aspartate

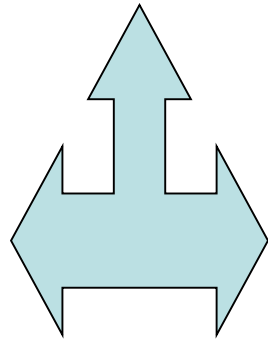
## **Precursors for conversion of IMP to GMP:**

NAD – Glutamine.

Ribose 5 phosphate



IMP



AMP

GMP

# Purine synthesis from Ribose 5 Phosphate and ATP

- Importance of TetrahydroFolate
- Anti Folate drugs and Glutamine Analogs are used in cancer chemotherapy.

Salvage reactions convert Purines  
and their Nucleosides to  
Mononucleotides

Phosphorylation of Purine  
Nucleosides are called Salvage  
Reactions

# 1. PhosphoRibosylation of Purines:

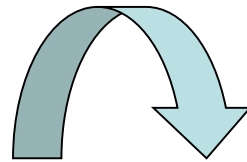
- The Enzyme Ribosyl Transferase catalyses

Adenine → AMP

Hypoxanthine → IMP

Guanine → GMP

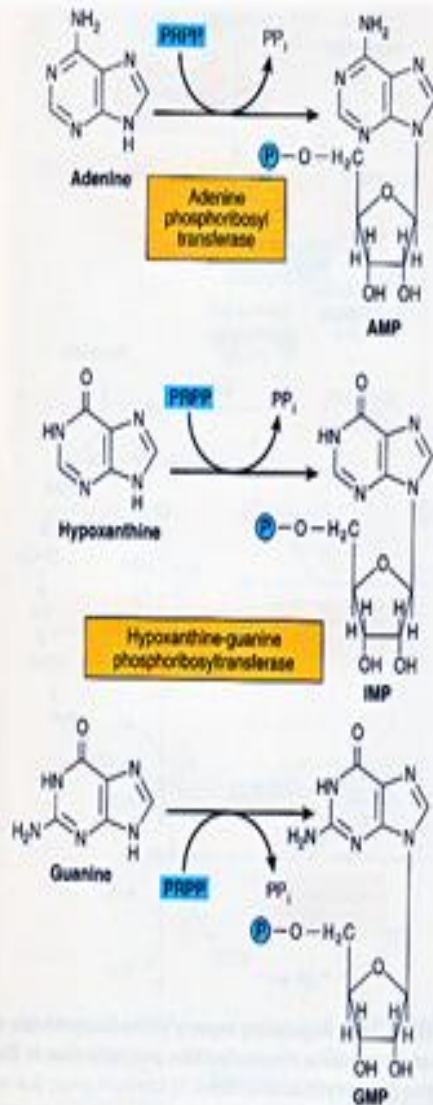
PR-PP



PPI

# 2-Phosphorylation of a Purine Ribonucleoside by ATP→Purine Ribonucleotide+ADP

- The Enzyme Adenosine Kinase catalyzes:  
Adenosine → AMP  
d'Adenosine → d'AMP
- the Enzyme deoxy Cytidine Kinase catalyzes:  
d`Cytidine → d`CMP  
2`deoxyGuanosine → dGMP



**FIGURE 33-4** Phosphoribosylation of adenine, hypoxanthine, and guanine to form AMP, IMP, and GMP, respectively.

# Where And Why Does Salvage Reaction occur:

Where? In the **liver**....it provides Purine and Purine Nucleosides for Salvage reactions.

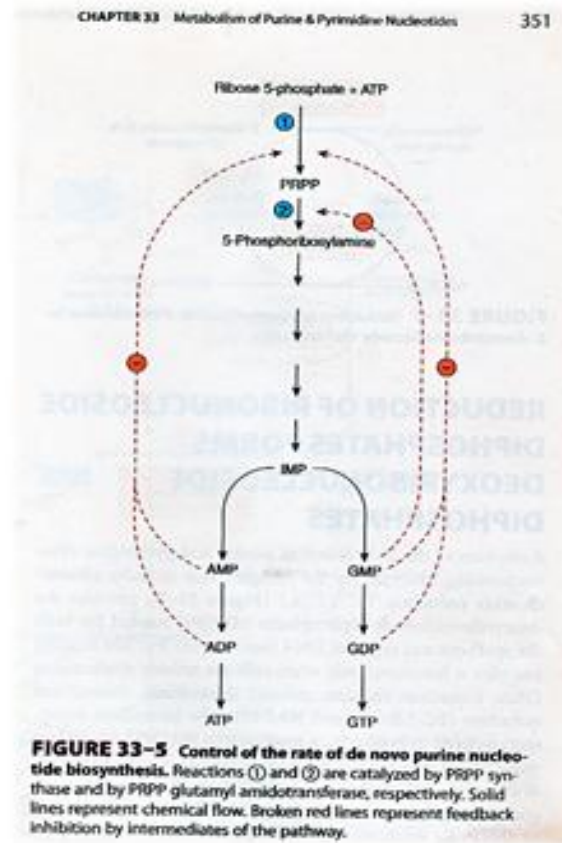
Why? To Provide Nucleotides for tissues incapable of synthesizing them.

Examples:

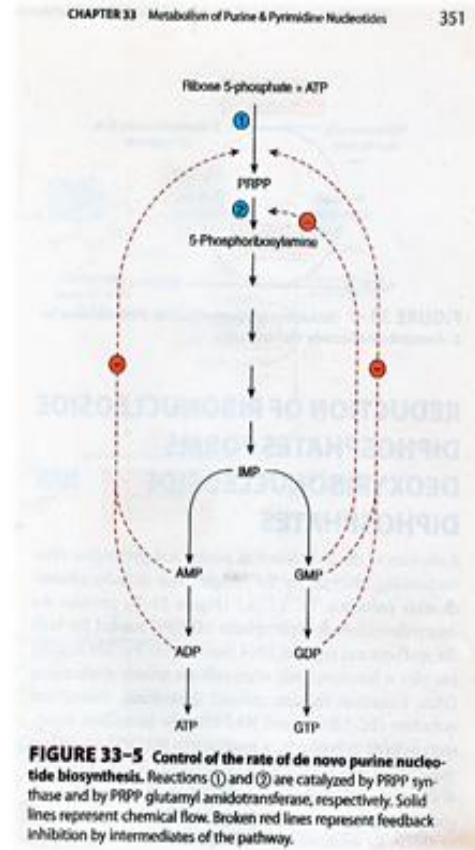
Human brain-Erythrocytes-  
Polymorphonuclear Leukocytes.



# Hepatic Purine Biosynthesis is stringently regulated

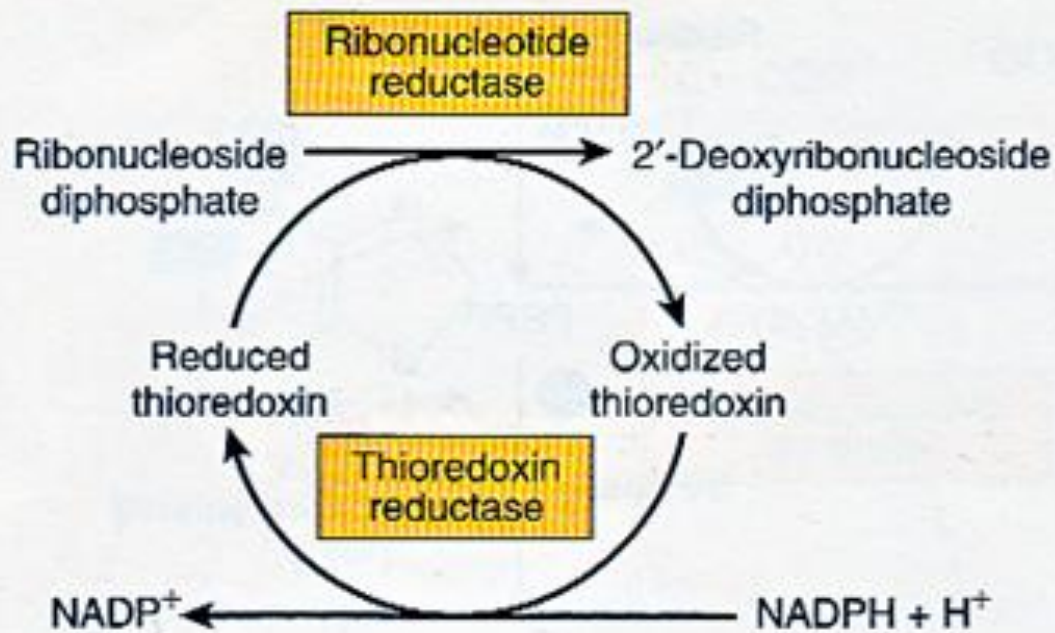


# AMP & GMP Feedback Regulate their Formation from IMP



Reduction of Ribonucleoside  
Diphosphate forms  
Deoxy Ribonucleoside  
Diphosphates

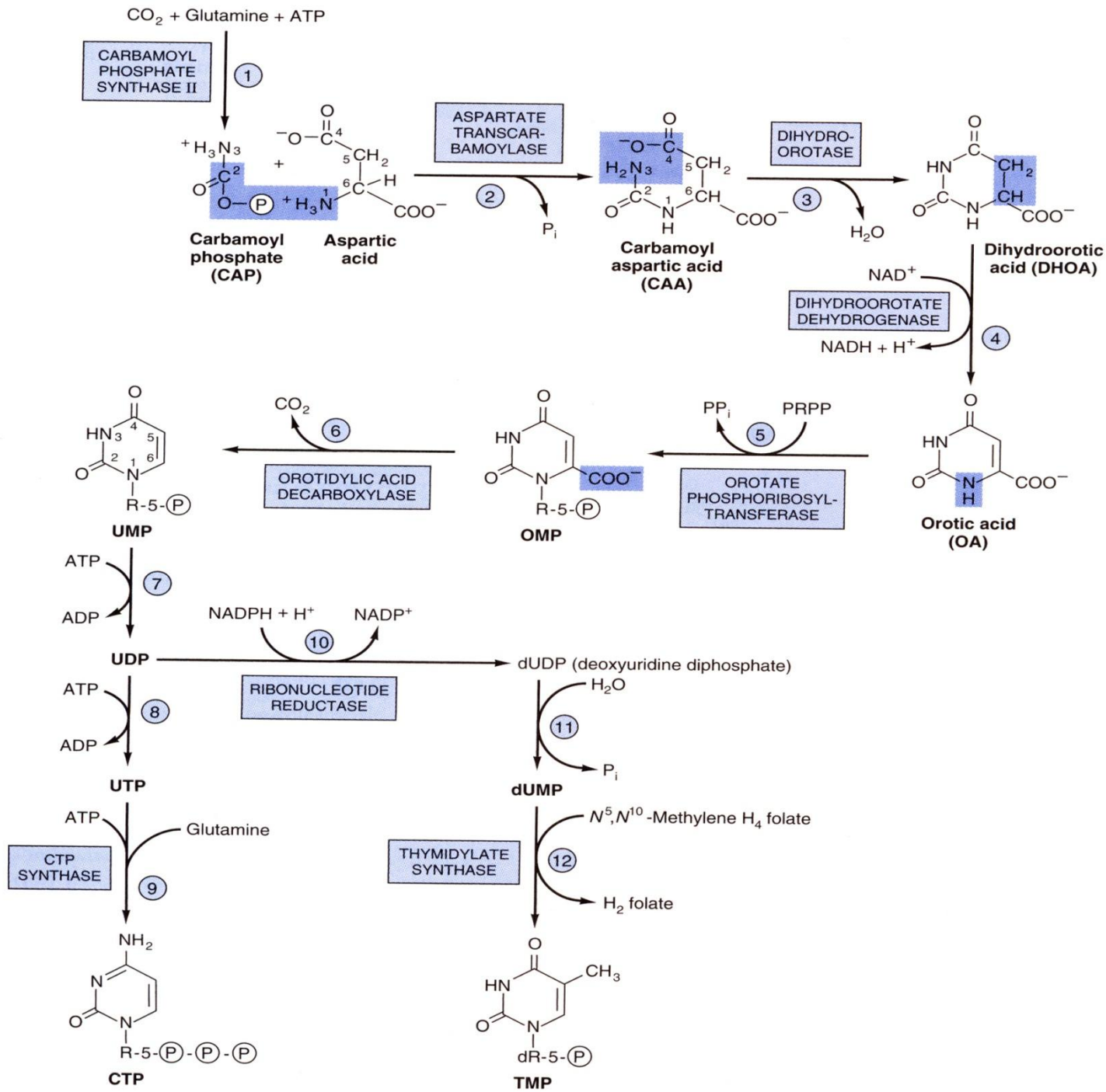
- The Enzyme responsible is:  
**Ribonucleotide Reductase complex**



**FIGURE 33-7** Reduction of ribonucleoside diphosphates to 2'-deoxyribonucleoside diphosphates.

# Biosynthesis of Pyrimidine Nucleotides

- The main enzyme is Carbamoyl Phosphate Synthase II (A cytosolic enzyme).
- Carbamoyl phosphate synthase I is Mitochondrial enzyme involved in Urea cycle.
- The main precursors for synthesis are: Glutamine, ATP, CO<sub>2</sub>, PRPP, N<sup>5</sup> N<sup>10</sup>Methylene H<sub>4</sub> Folate (for TMP only).

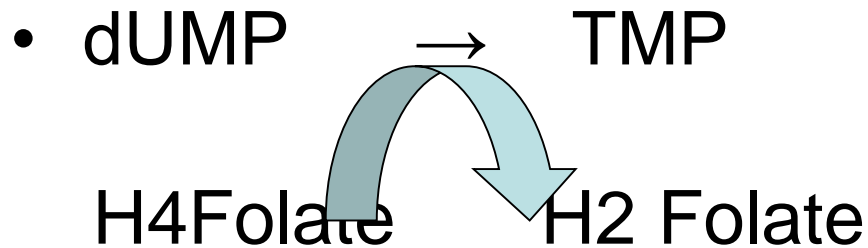


# The DeoxyRibonucleosides of Uracil and Cytosine Are Salvaged

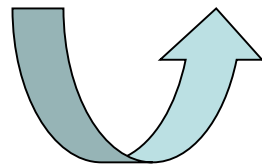
- Uridine Ribonucleoside  
Cytidine Ribonucleoside  
Thymidine deoxyribonucleoside  
Deoxy Citidine

All converted to their Nucleotides Tri Phosphate by the enzyme ATP dependent phosphoryl Transferase (Kinases).

# Methotrexate blocks Reduction of Dihydrofolate



H2 Folate                      H4 Folate



dihydrofolate Reductase

Methotrexate inhibits diHydroFolate Reductase



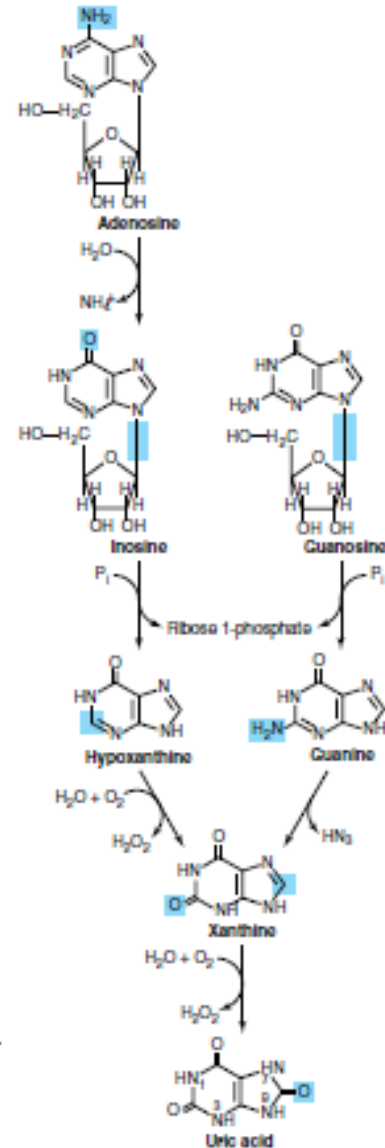
# Regulation of Pyrimidine Nucleotide Biosynthesis

- Gene Expression & Enzyme activity both are regulated
- Purine & Pyrimidine Nucleotide Biosynthesis Are Coordinately Regulated

# Catabolism of Purines

- Humans catabolize Purines to Uric Acid
- In Mammals other than higher primates  
There exists an enzyme **Uricase** converts  
Uric Acid → Allantoin.
- Humans lack Uricase.

# Catabolism of purine nucleotides to Uric acid



# Disorders of Purine Catabolism

- **Gout:**

A Genetic defect in PRPP Synthase causes an overproduction of Purine catabolites(Uric Acid) ,or abnormalities of renal handling of UA.

- **Lesh-Nyhan syndrome:**

A defect in hypoxanthine –guanine phosphoribosyl Transferase (purine salvage enzyme) → overproduction of PRPP → overproduction of purine.

- **Von Geirkes Disease:**

Deficiency of Glucose 6 phosphatase → increase in ribose 5 p → increase of PRPP.

- **Hypouricemia:**

Deficiency of xanthine oxidase (converts xanthine →UA)

- **Adenosine Deaminase & Purine Nucleoside Phosphorylase Deficiency:**

Associated with an immunodeficiency disease (accumulation of dGTP, dATP) → inhibition of Ribonucleotide Reductase → depleting cells of DNA precursors.

# Catabolism of Pyrimidines

- **Catabolism produces water-soluble metabolites:**
- **Pseudouridine is excreted unchanged**

No human enzyme catalyzes hydrolysis or phosphorylation of pseudouridine, therefore it is excreted unchanged.

- **Overproduction of pyrimidine catabolites is only rarely associated with clinically significant abnormalities:**

Disorders of Folate and vit B12 → deficiency of TMP.

- **Orotic aciduria:**

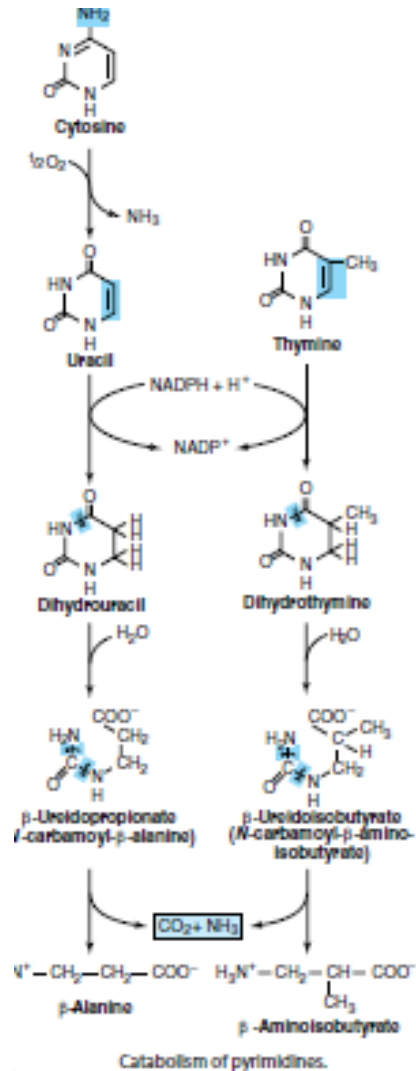
Reye syndrome: Damaged mitochondria → unable to utilize carbamoyl phosphate → available for cytosolic overproduction of Orotic acid.

**Type I Orotic aciduria:** deficiency of orotate phosphoribosyl transferase and orotidylate decarboxylase.

**Type 2 Orotic Aciduria:** deficiency of Orotidylate decarboxylase.

- **Deficiency of a urea cycle Enzyme results in excretion of pyrimidine precursors:**
- **Drugs may precipitate Orotic Aciduria:**

# Catabolism of pyrimidines



**TABLE 33-1 Metabolic Disorders of Purine and Pyrimidine Metabolism**

Defective Enzyme	Enzyme Catalog Number	OMIM Reference	Major Signs and Symptoms	Figure and Reaction
<b>Purine Metabolism</b>				
Hypoxanthine-guanine phosphoribosyl transferase	2.4.2.8	308000	Lesch-Nyhan syndrome, Uricemia, self-mutilation	33-4 ②
PRPP synthase	2.7.6.1	311860	Gout; gouty arthritis	33-2 ①
Adenosine deaminase	3.5.4.6	102700	Severely compromised immune system	33-1 ①
Purine nucleoside phosphorylase	2.4.2.1	164050	Autoimmune disorders; benign and opportunistic infections	33-11 ②
<b>Pyrimidine Metabolism</b>				
Dihydropyrimidine dehydrogenase	1.3.1.2	274270	Can develop toxicity to 5-fluorouracil, also a substrate for this dehydrogenase	33-12 ②
Orotate phosphoribosyl transferase and orotidylic acid decarboxylase	2.4.2.10 and 4.1.1.23	258900	Orotic acid aciduria type 1; megaloblastic anemia	33-9 ⑤ and ⑥
Orotidylic acid decarboxylase	4.1.1.23	258920	Orotic acid aciduria type 2	33-9 ⑥