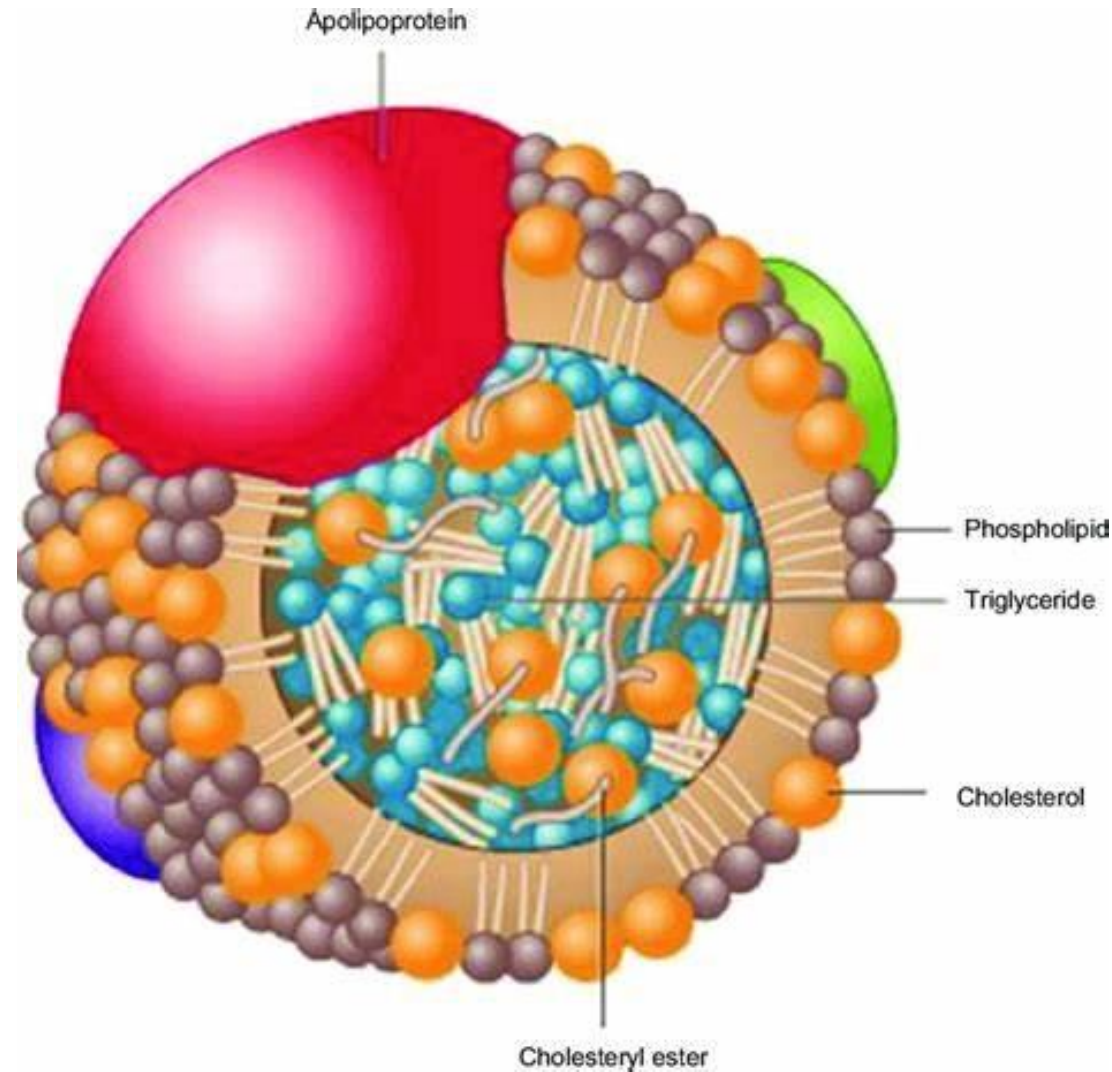


# Metabolism of lipids:

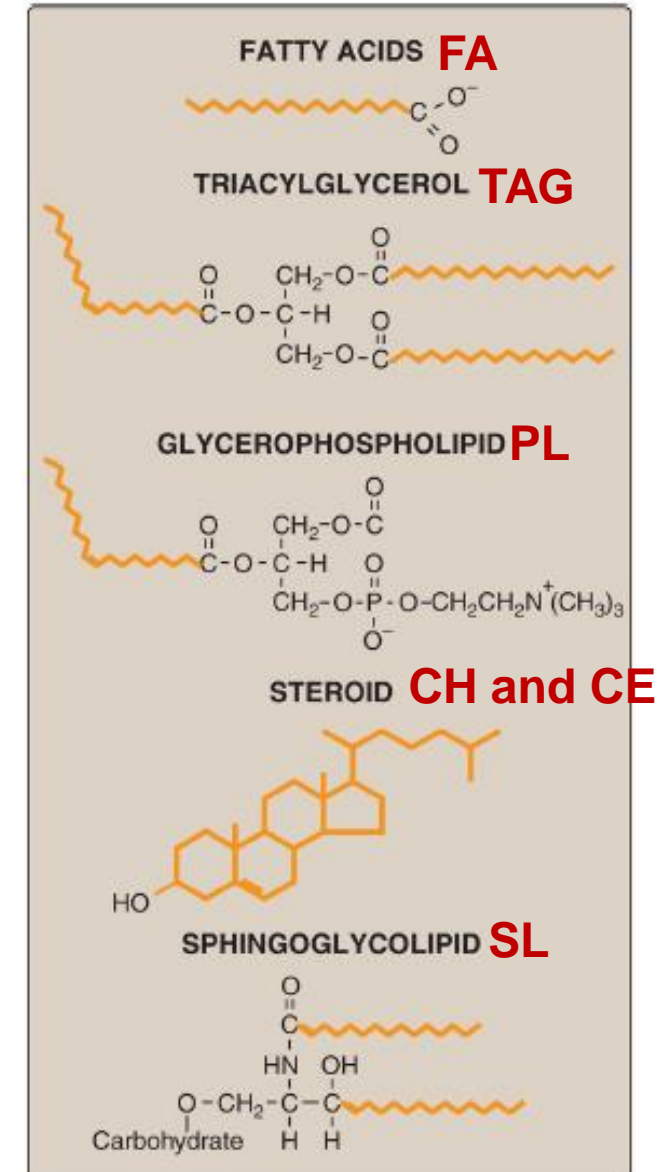
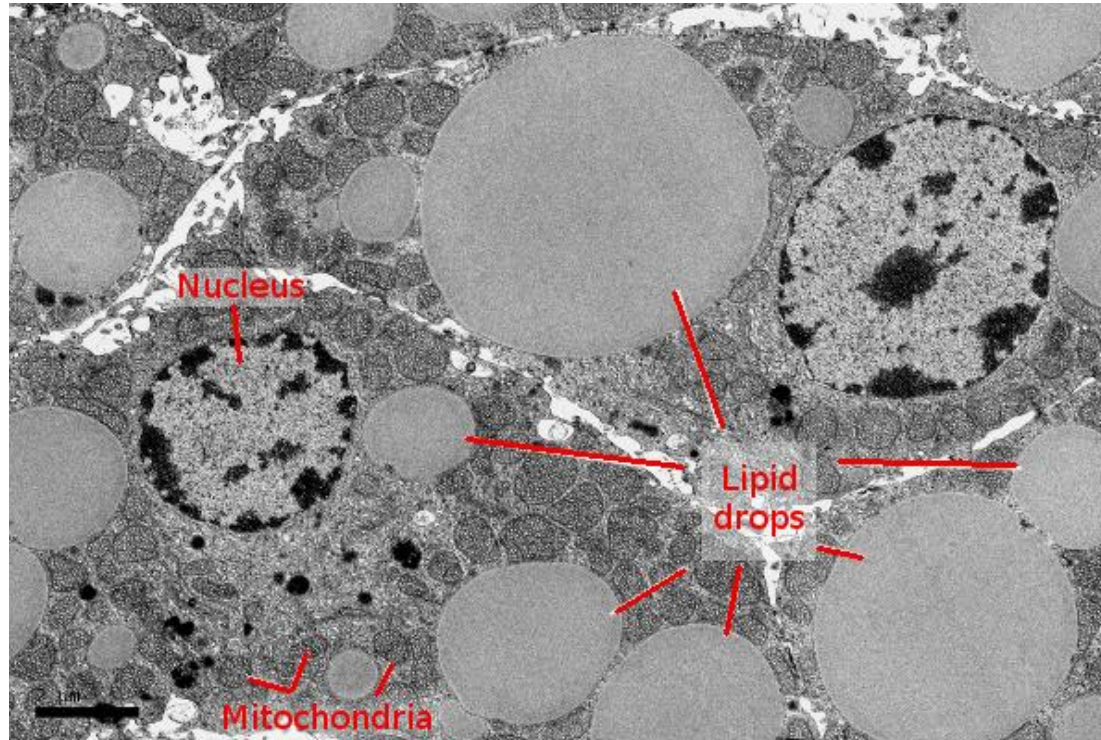
## Absorption and transport

Dr. Diala Abu-Hassan

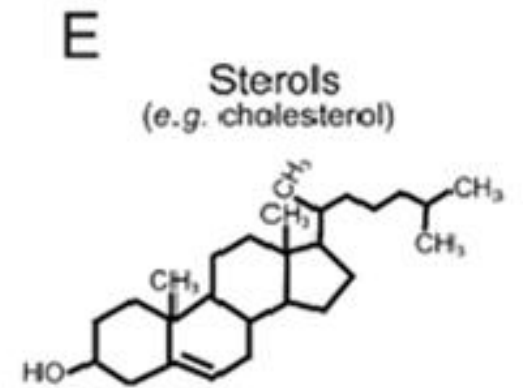
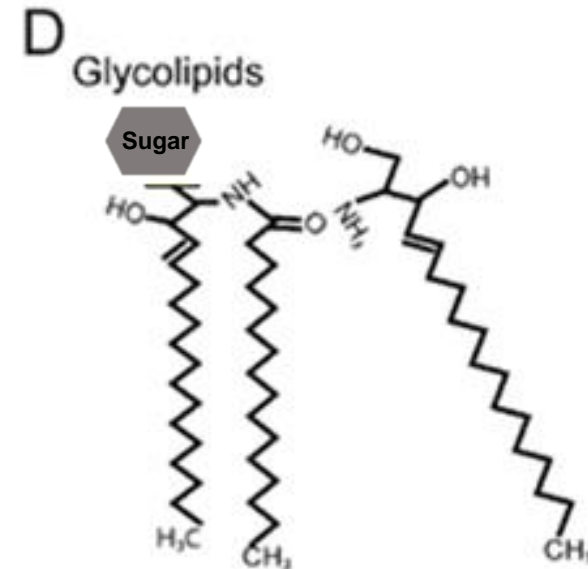
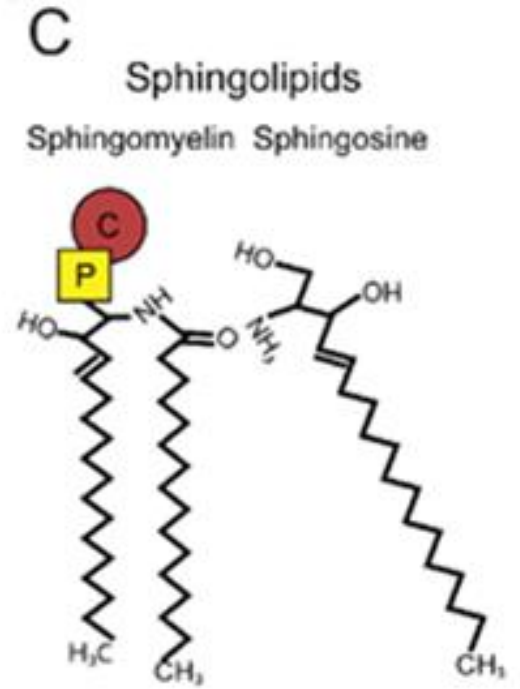
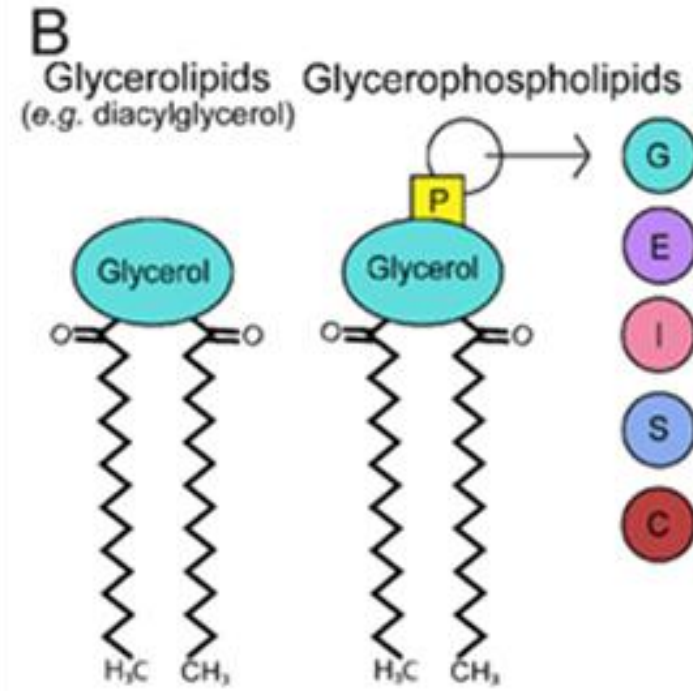
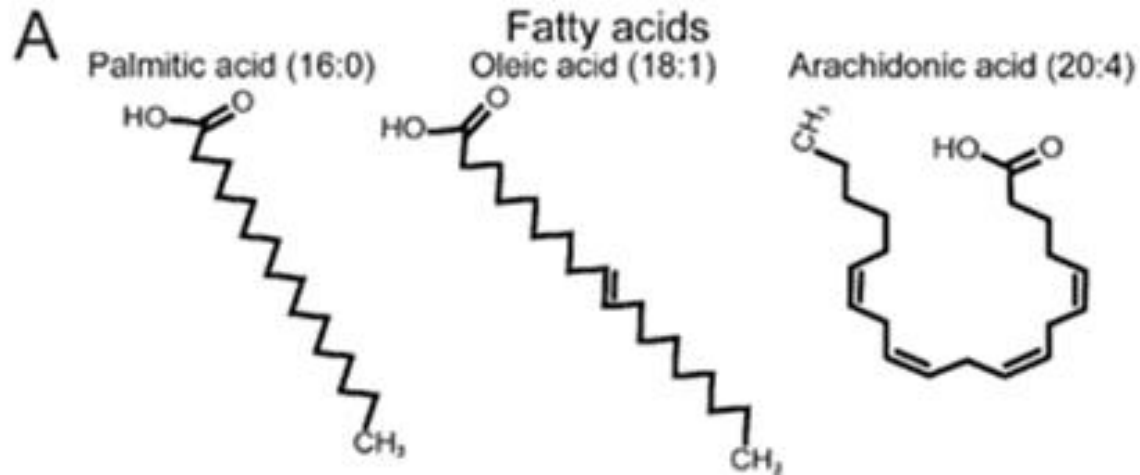


# Lipids-review

- Lipids are heterogeneous, hydrophobic, compartmentalized in membranes, as droplets of triacylglycerol (TAG), or in lipoprotein (LP) particles, or protein-bound.
- Functions: Energy, structures, molecular precursors (e.g., vitamins, signaling)
- The major dietary lipids are triacylglycerol, cholesterol, and phospholipids.



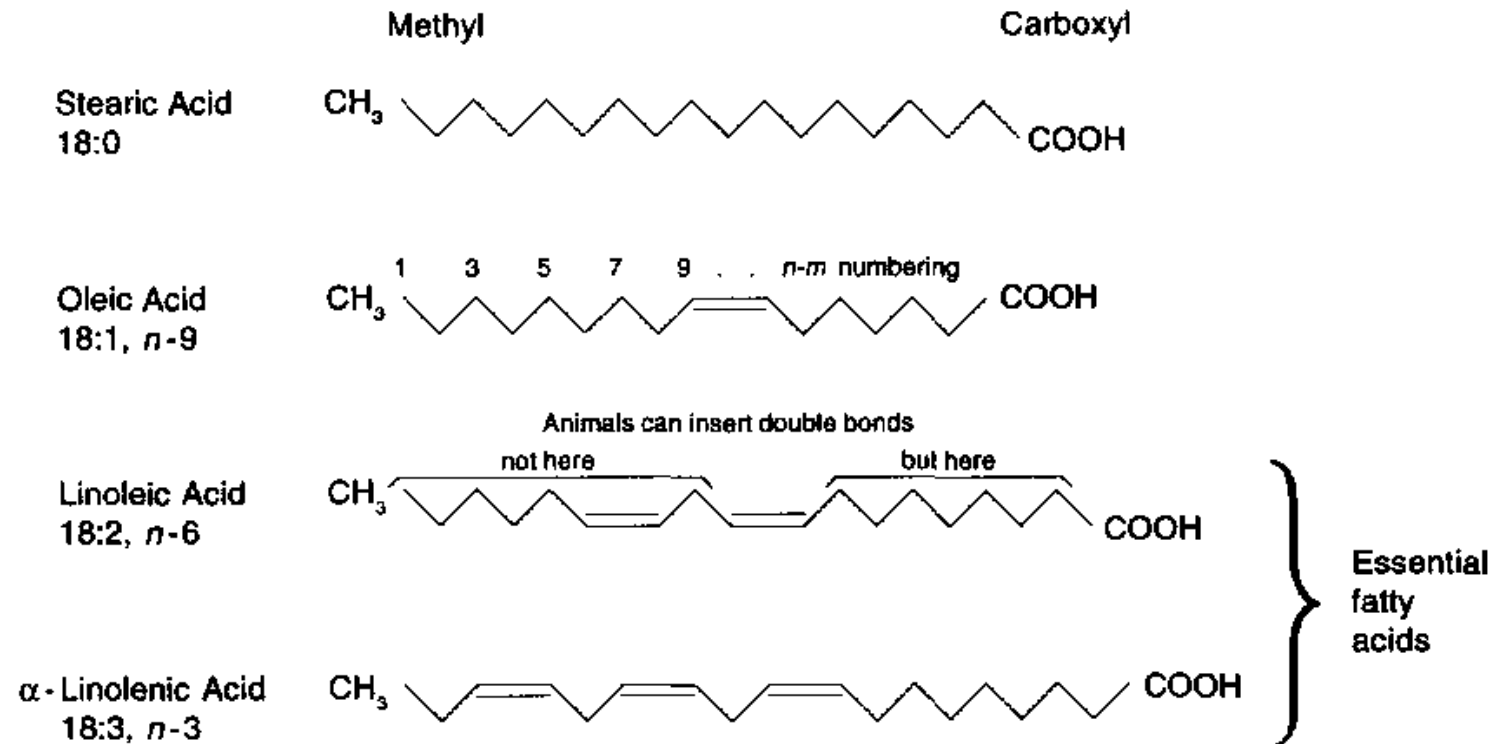
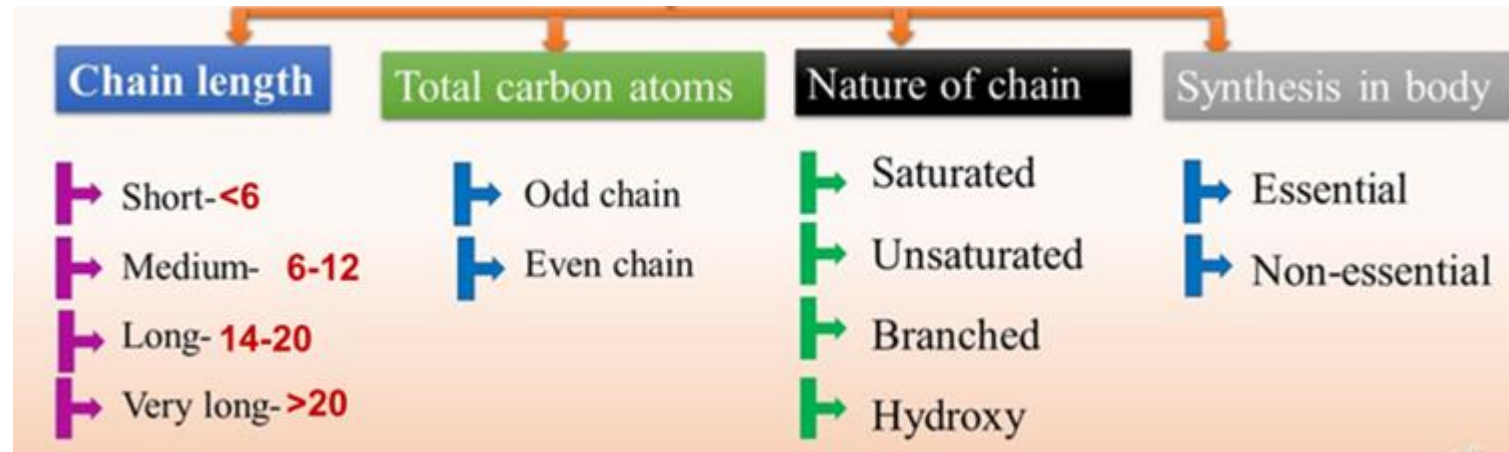
# Structure and classification of lipids





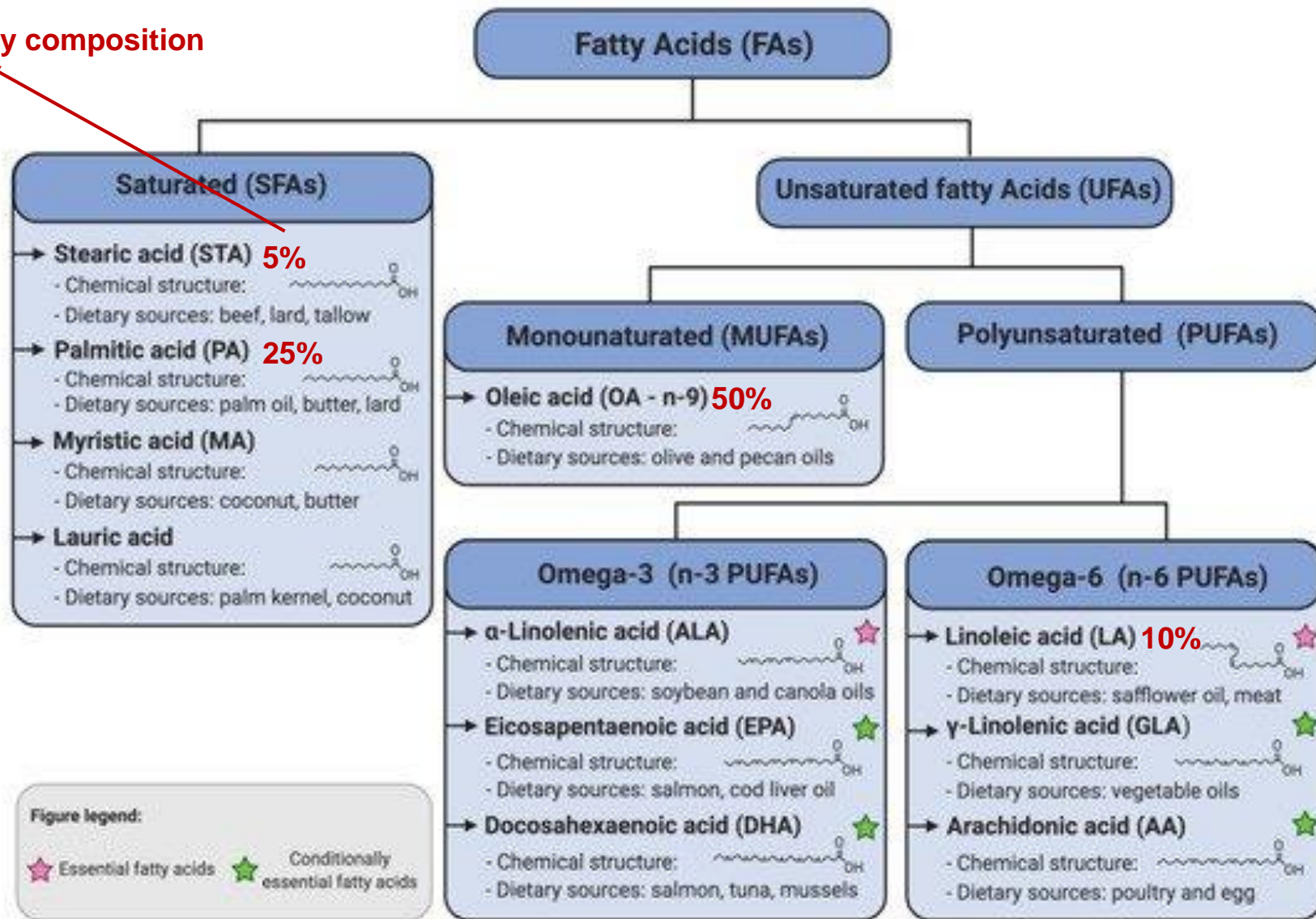
# Fatty Acids

- Double bonds in FA are always spaced at three-carbon intervals.
- The addition of double bonds decreases the melting temperature ( $T_m$ ) of a fatty acid.
- Increasing the chain's length increases the  $T_m$ .
- Membrane lipids typically contain unsaturated long-chain fatty acids (LCFA) to maintain fluidity.
- Fatty acids with double bonds beyond the 10<sup>th</sup> carbon are essential.



# Fatty Acids

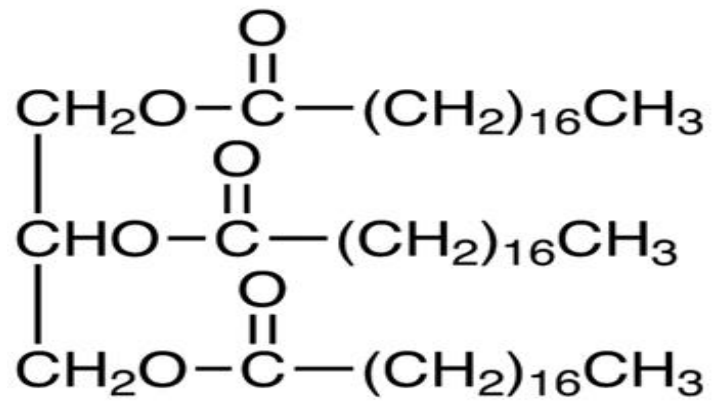
% of human body composition



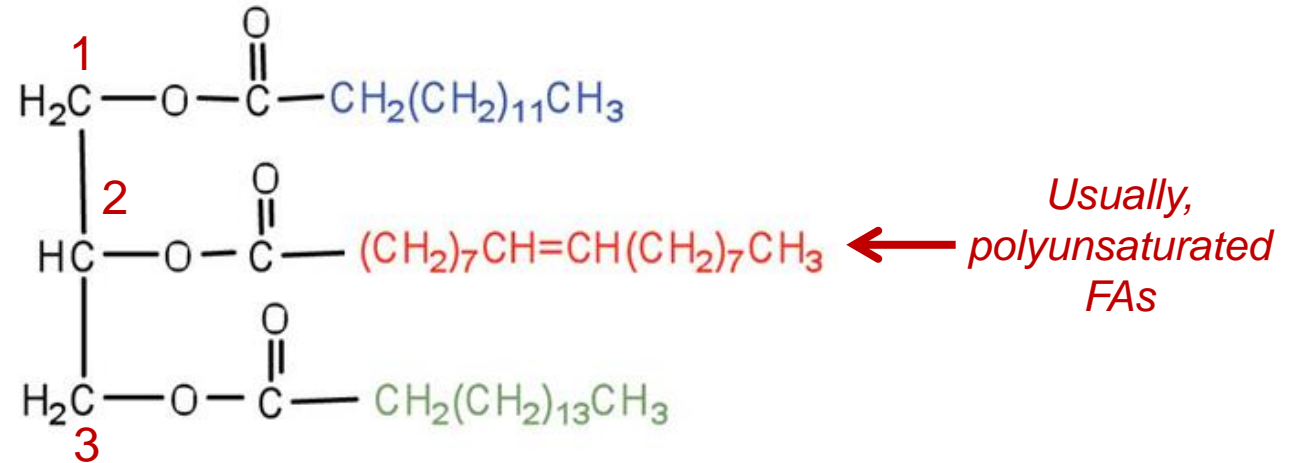
# Forms of fatty acids

- **Free fatty acids (FFA):** occur in all tissues and in plasma (particularly during fasting).
  - >90% of the plasma fatty acids are in the form of fatty acid esters (primarily TAG, cholesteryl esters, and phospholipids) carried by circulating lipoprotein particles.
  - Plasma FFA are transported on albumin from adipose tissue to most tissues.
- FFA can be oxidized (broken up into acetyl CoA) in many tissues:
  - Liver and muscle, to provide energy
  - Liver to synthesize ketone body
- **Structural FA:** membrane lipids as phospholipids and glycolipids
- **Protein-associated FAs** facilitate membrane attachment.
- **FAs are precursors** of the hormone-like prostaglandins
- **Esterified FAs:** in the form of TAG stored in white adipose tissues as the major energy reserve of the body.

# Triacylglycerol



Tristearin  
*a simple triglyceride*



*a mixed triglyceride*

# Digestion of lipids in the stomach

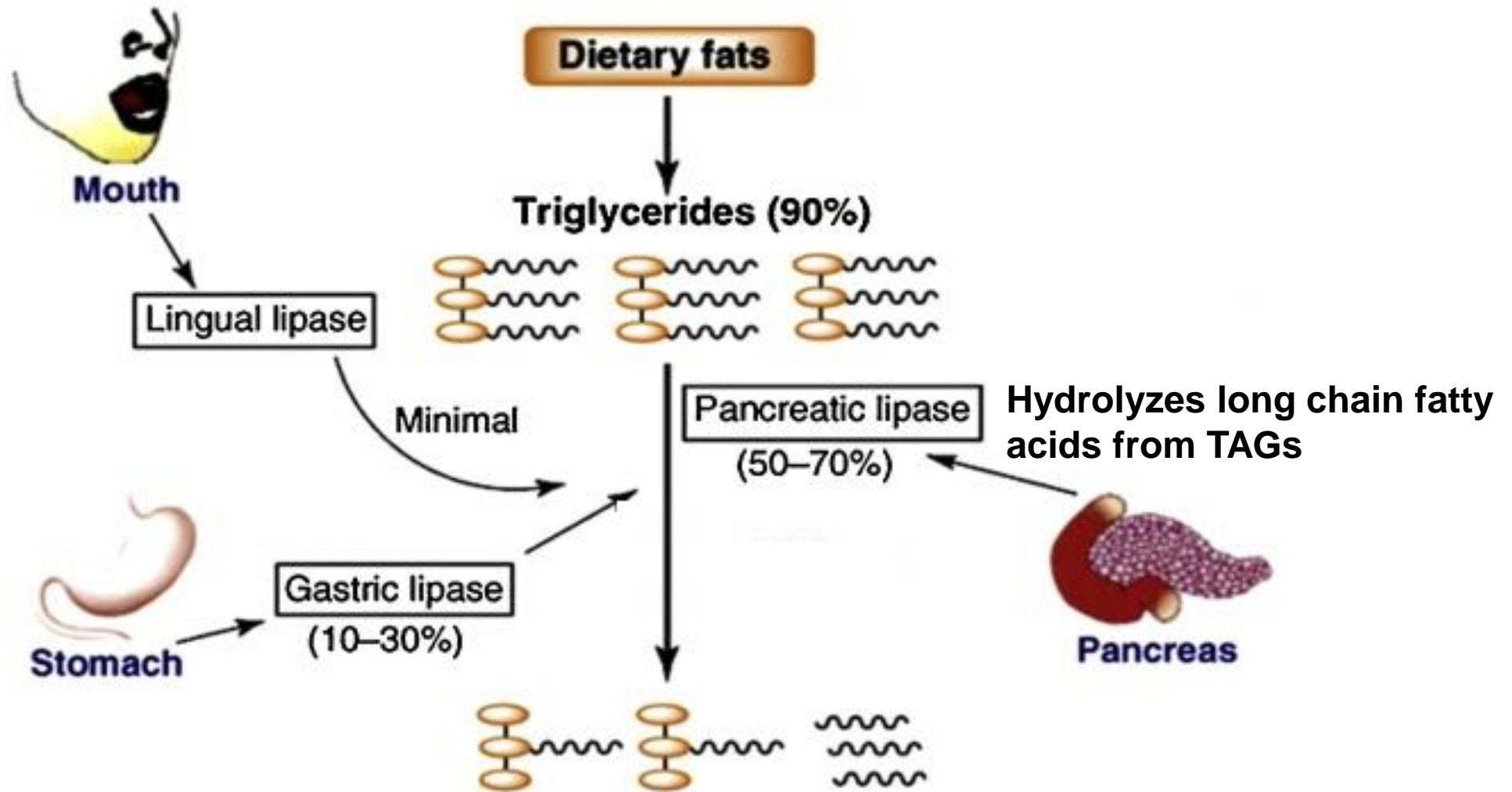
- Acid-stable lipases: lingual lipase and gastric lipase (responsible for 30% of lipid hydrolysis)
- They have an optimum pH of 2.5 – 5.
- They do not require bile acid or colipase for optimal enzymatic activity.
- Gastric lipase will be stopped by long chain free fatty acids
- Main target: triacylglycerols with short- and medium-chain fatty acids ( $\leq 12$  carbons)
- Significant in infants and patients with pancreatic lipase deficiency or pancreatic insufficiency (e.g., cystic fibrosis).
  - The action of lingual lipase is significant in newborn infants.
- Short- and medium-chain fatty are absorbed in the stomach.



<i>Fatty acids</i>	<i>Human milk<sup>a</sup></i> %
4:0	—
6:0	—
8:0	0.16
10:0	1.82
10:1 + 11:0	—
12:0	7.89
13:0	—
14:0	9.45
14:1 + 15:0 + 15:1	0.84
16:0	22.78
16:1 + 17:0 + 17:1	3.04
18:0	6.51
18:1 ( <i>n</i> -9)	28.72
18:2 ( <i>n</i> -6)	15.12
18:3 ( <i>n</i> -6)	0.15
18:3 ( <i>n</i> -3)	0.82
20:0	0.40
20:1	0.21
20:2	0.31
20:3 ( <i>n</i> -6)	0.53
20:4 ( <i>n</i> -6)	0.52
20:5 ( <i>n</i> -3)	0.10
22:0	—
22:1	—
22:4 ( <i>n</i> -6)	0.08
22:5 ( <i>n</i> -6)	0.01
22:5 ( <i>n</i> -3)	0.17
22:6 ( <i>n</i> -3)	0.32
24:0	0.04

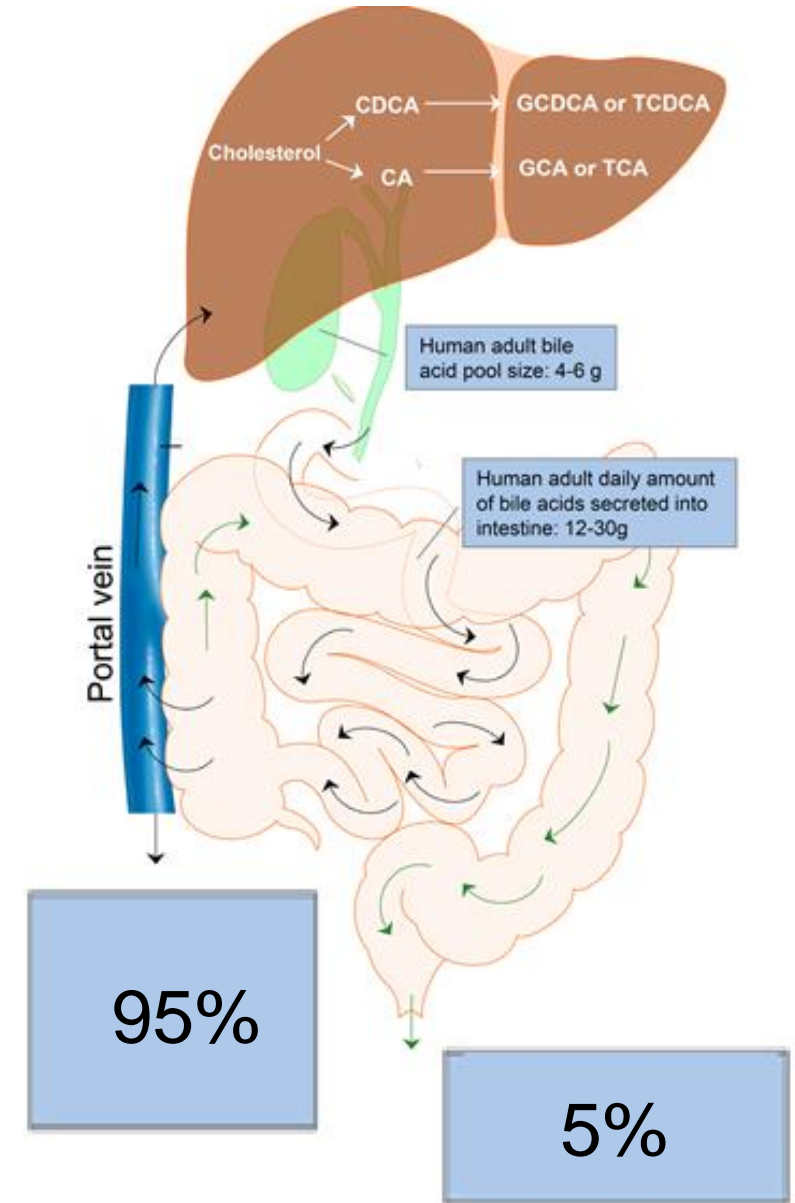
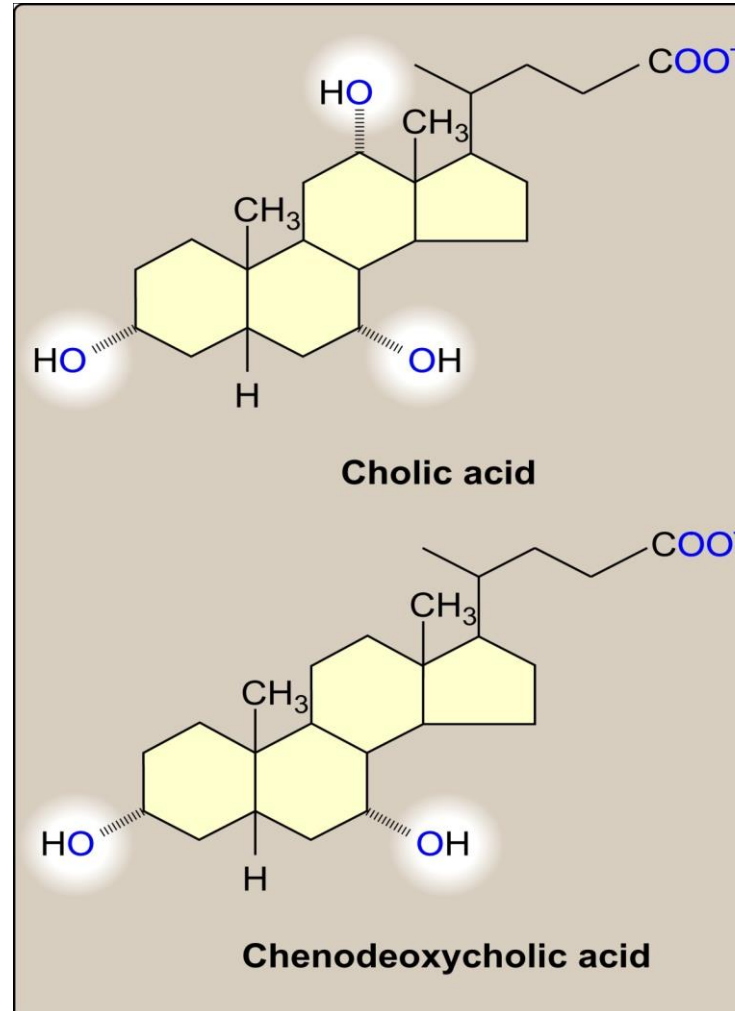
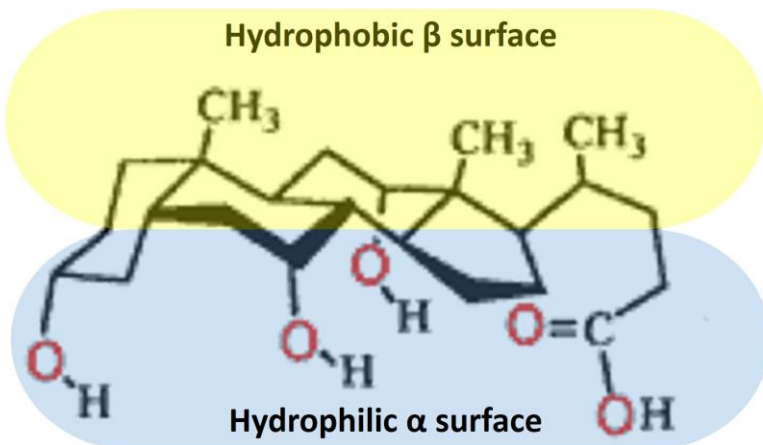


# Degradation of triacylglycerol



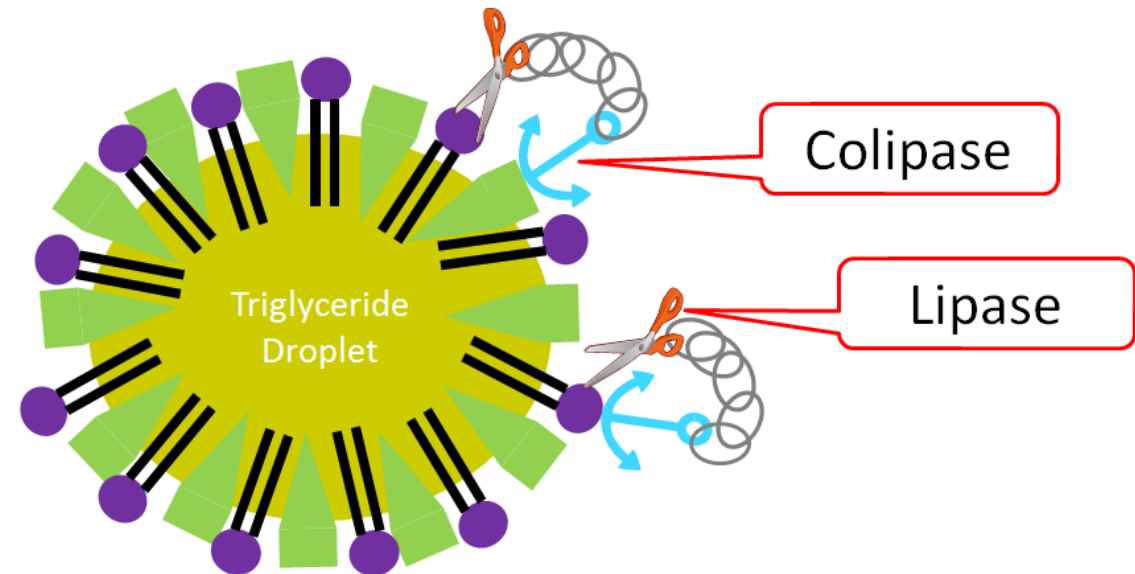
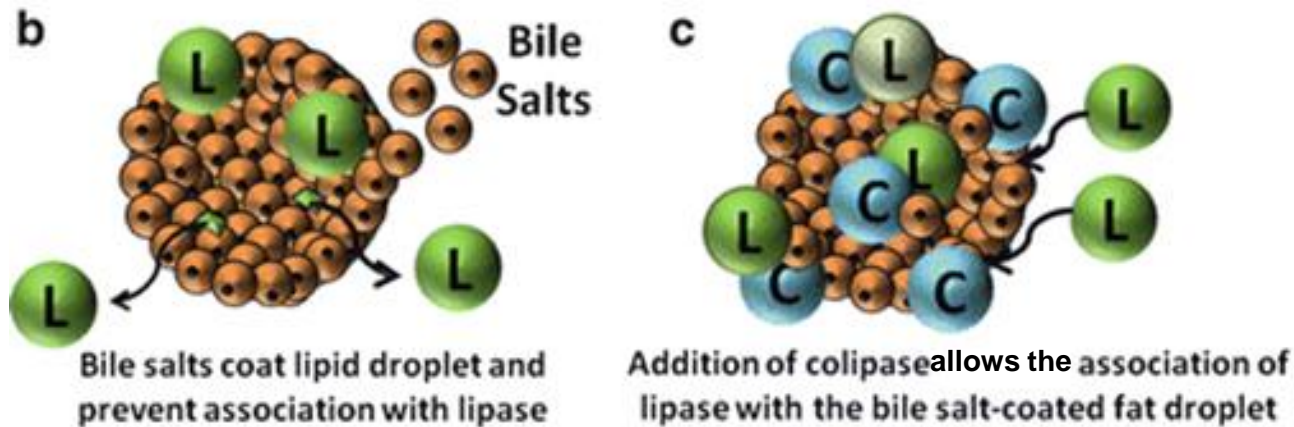
# Emulsification: from drops to droplets

- Emulsification is defined as a process where one liquid is dispersed as small spherical droplets in a second immiscible (not homogeneous) liquid.
- Two mechanisms of emulsification in the duodenum:
  - Peristalsis : mechanical mixing leading to smaller droplets
  - Conjugated bile salts



# Pancreatic lipase: The significance of colipase

*Pancreatic lipase is an interfacial enzyme that is most active at an oil-water interface*

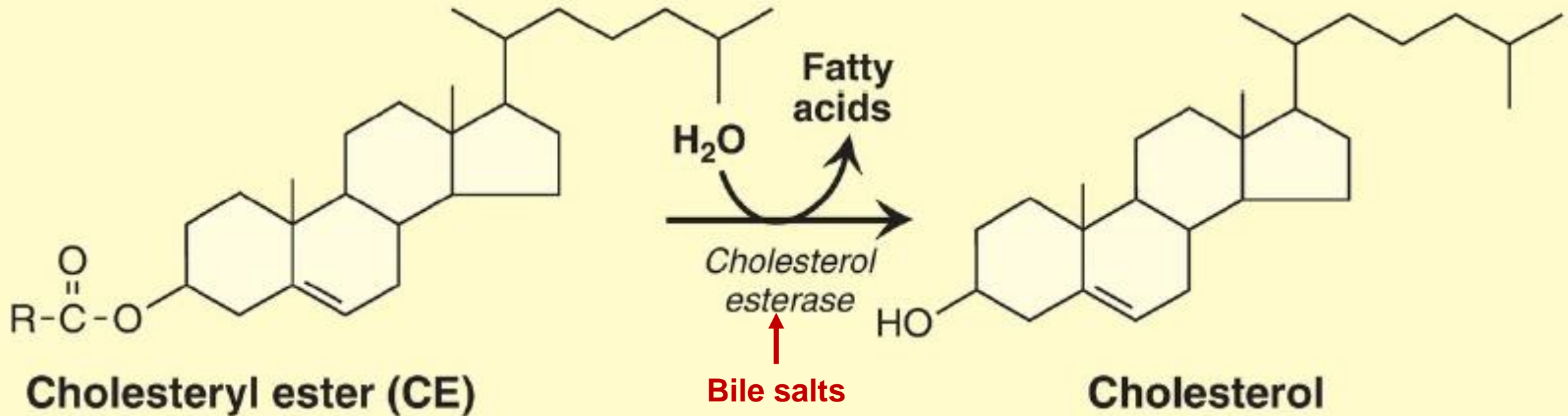


*Combined pancreatic lipase-colipase deficiency is an orphan disease*

Colipase:

- Secreted as a zymogen from the pancreas
- Activated by trypsin
- Anchors lipase into the micelle interface at a ratio of 1:1
- Restores activity of lipase against inhibitors

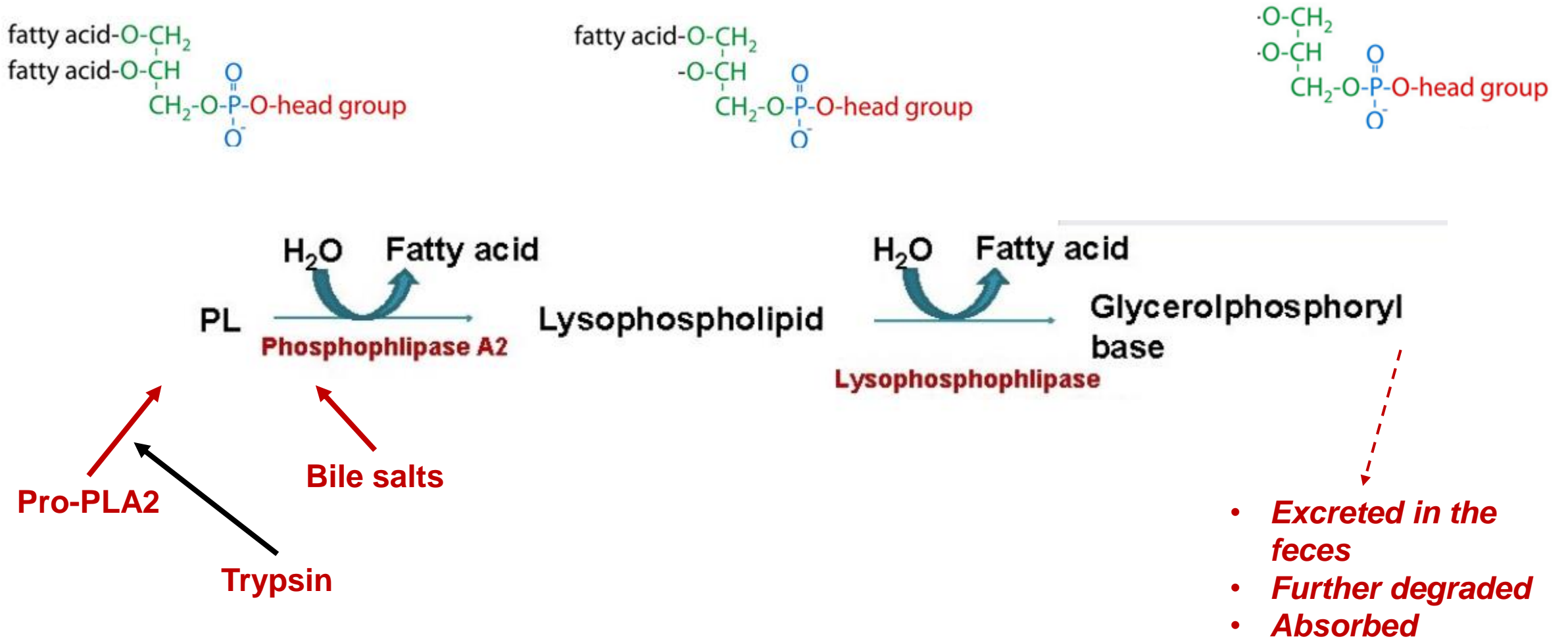
# Degradation of cholesterol esters



**85-90%**

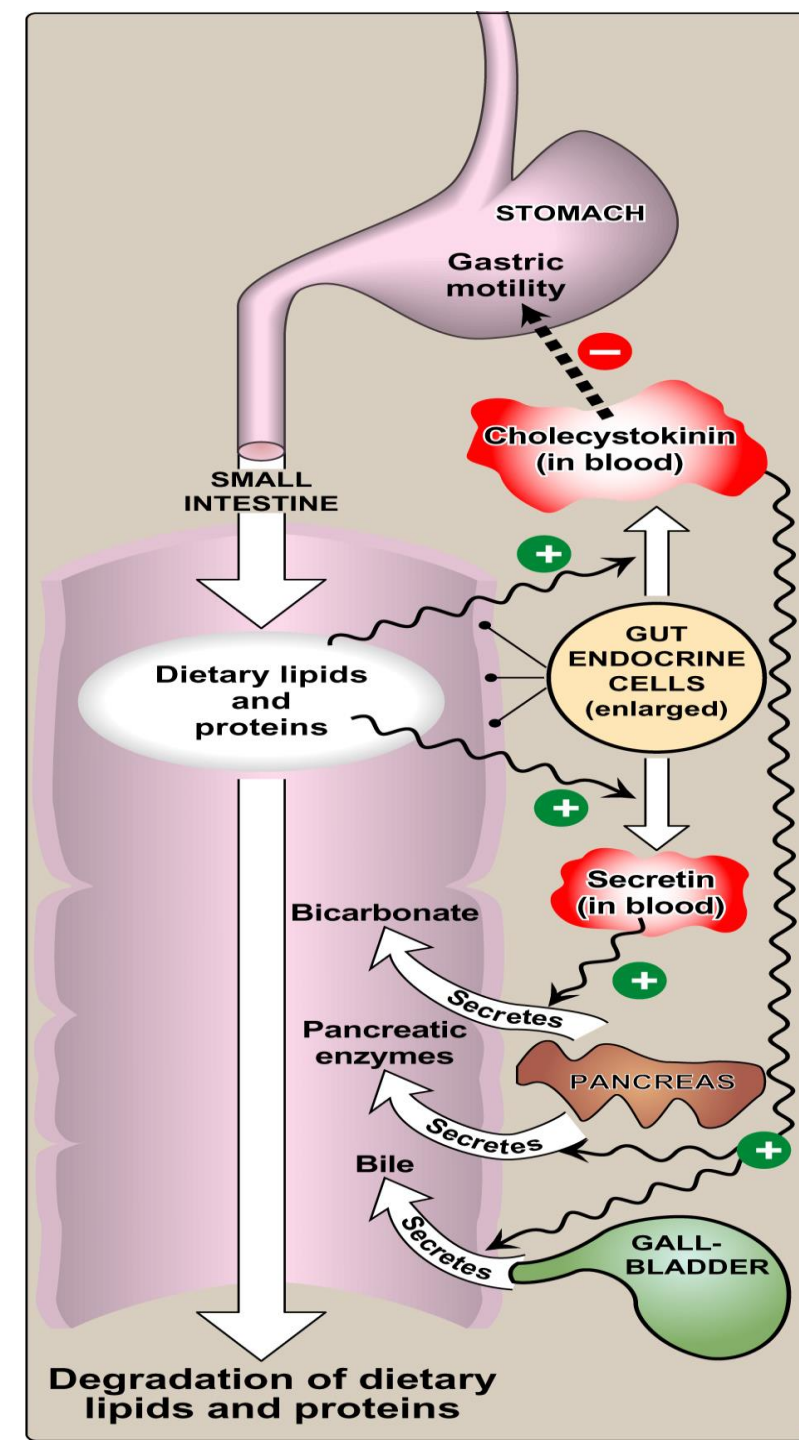


# Degradation of phospholipids



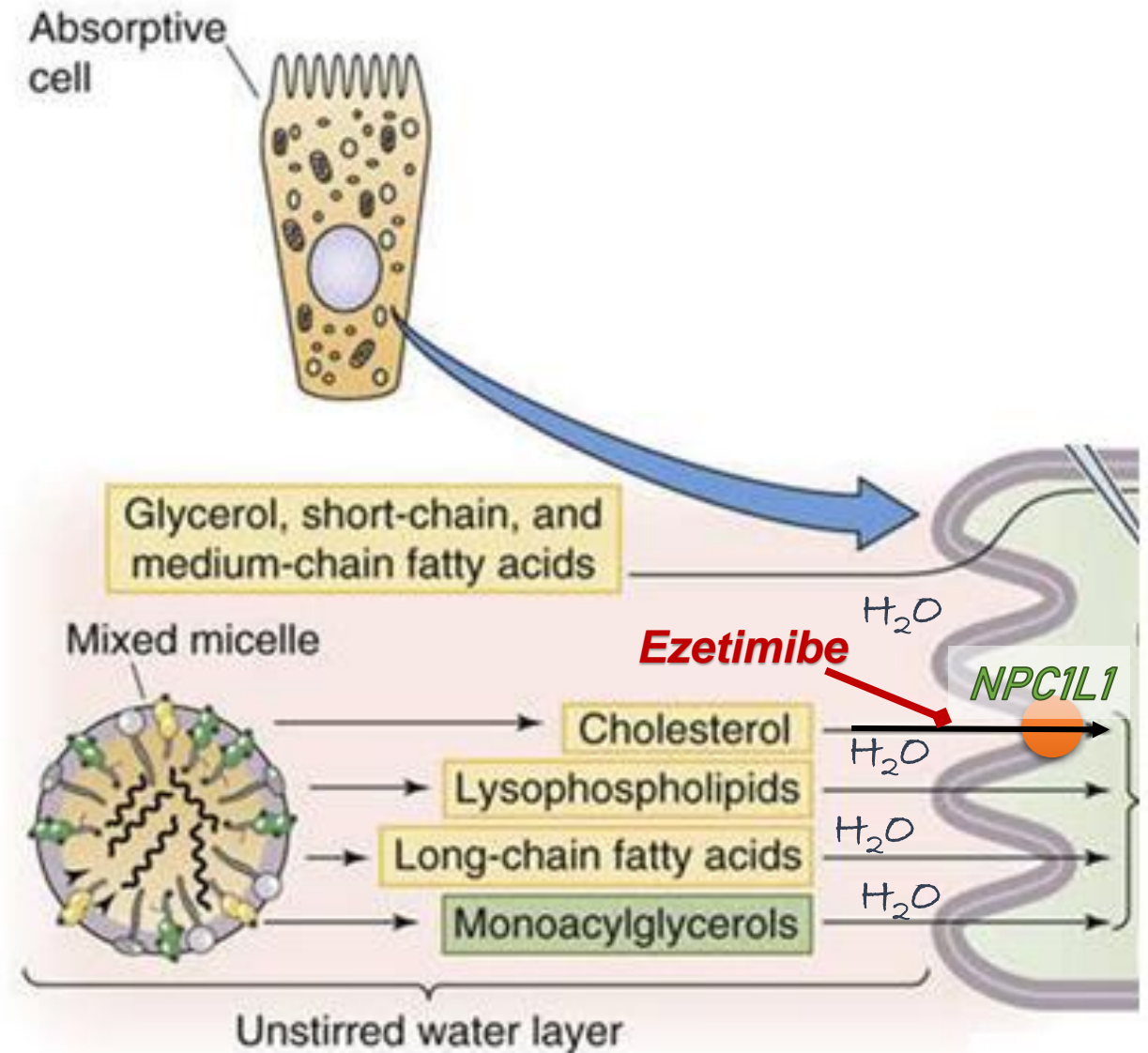
# Hormonal control

- Entry of food (chyme) induces the release **cholecystokinin** (CCK; a peptide hormone) from the duodenum and jejunum.
  - Induces contraction of the gallbladder to release bile (bile salts, phospholipids, and free cholesterol)
  - Acts on the exocrine pancreatic cells to release digestive enzymes
  - Decreases gastric motility to slow down the release of gastric contents
- The low pH of the chyme entering the intestine induces intestinal cells to produce **secretin** (a peptide hormone).
  - Causes the pancreas to release a bicarbonate-rich solution to neutralize the pH and make it optimal for the digestive pancreatic enzymes.
  - Inhibits gastric motility.

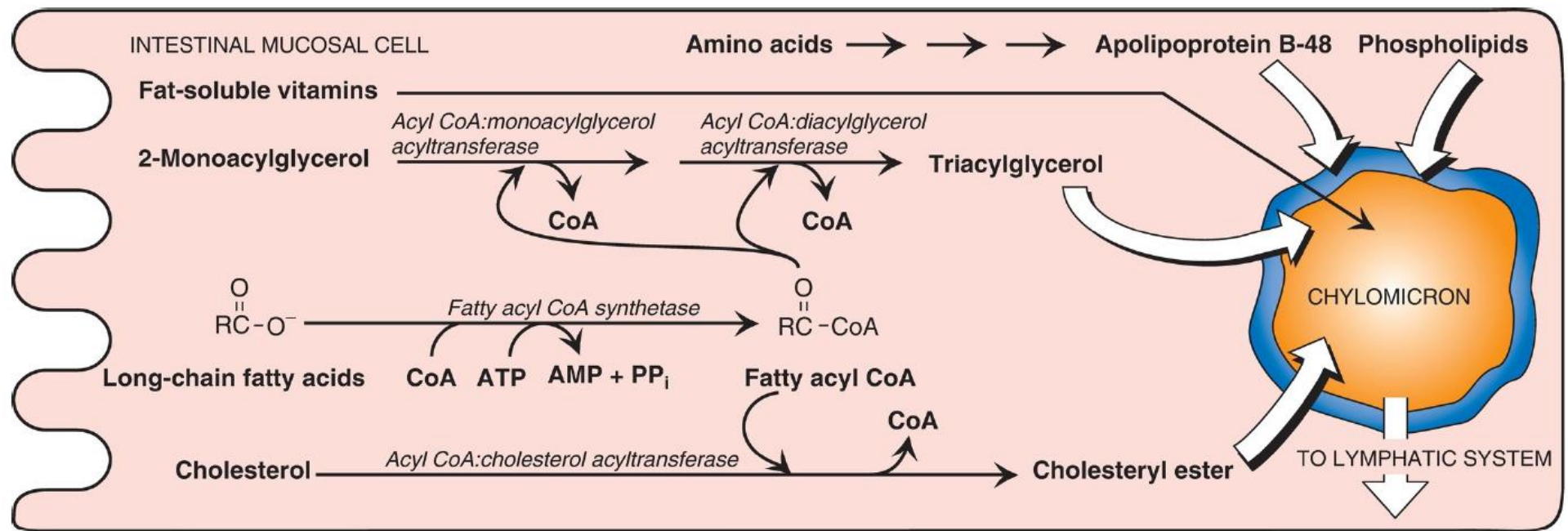


# Absorption by enterocytes

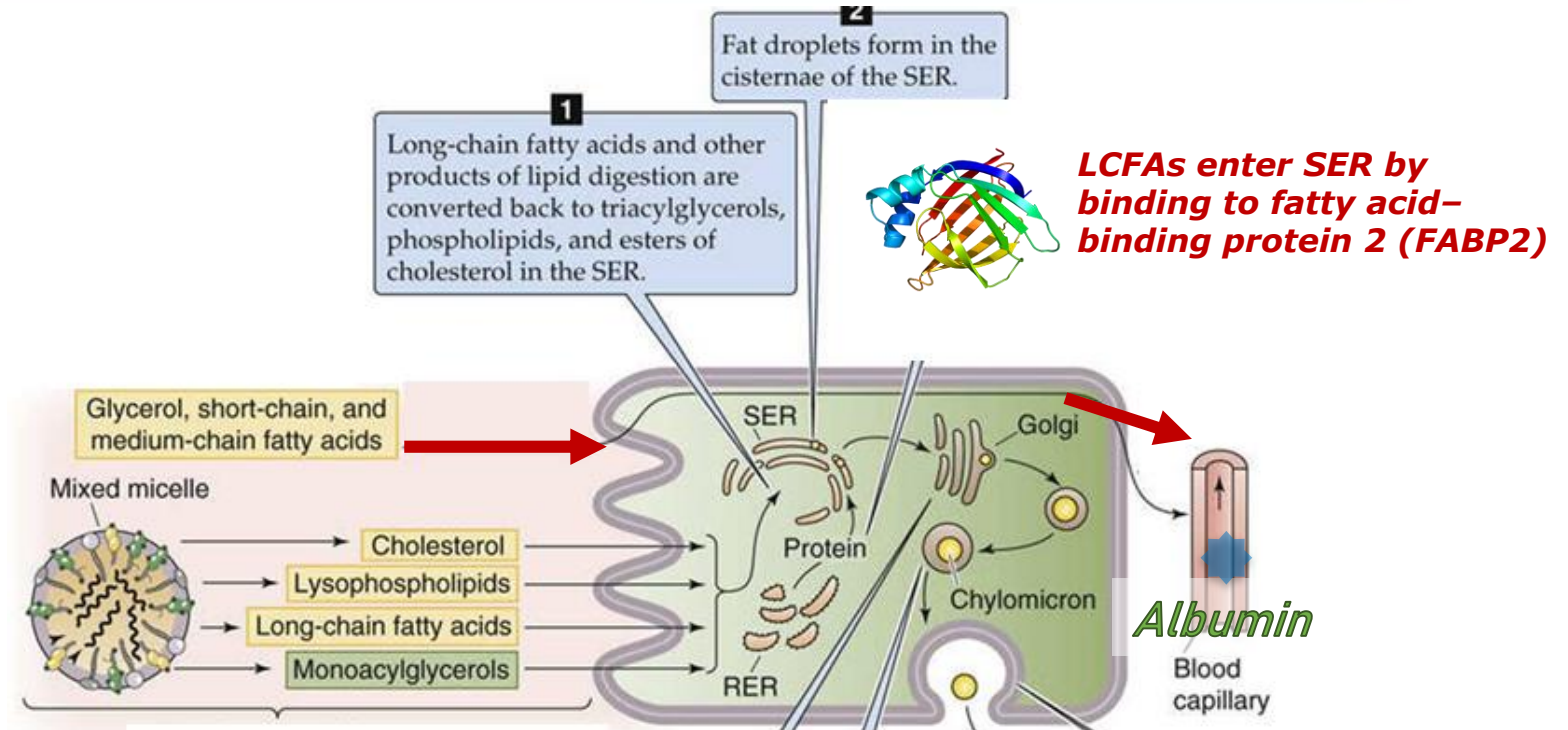
- Mixed micelles are formed in the lumen from free fatty acids (FFA), monoacylglycerol, free cholesterol, bile salts, and fat-soluble vitamins.
- **Cholesterol absorption** is aided by an increase in dietary fat components and is hindered by high fiber content.
- The Niemann-Pick C1 like 1 protein (NPC1L1) is a sterol influx transporter (at the apical membrane) that facilitates the uptake of cholesterol via vesicular endocytosis
- Ezetimibe inhibits cholesterol absorption by suppressing the internalization of NPC1L1/cholesterol complex.
- The uptake of fatty acids across the enterocyte brush-border membrane occurs by passive diffusion and by protein-mediated mechanisms.
- Short- and medium-chain FAs are directly absorbed by passive diffusion.







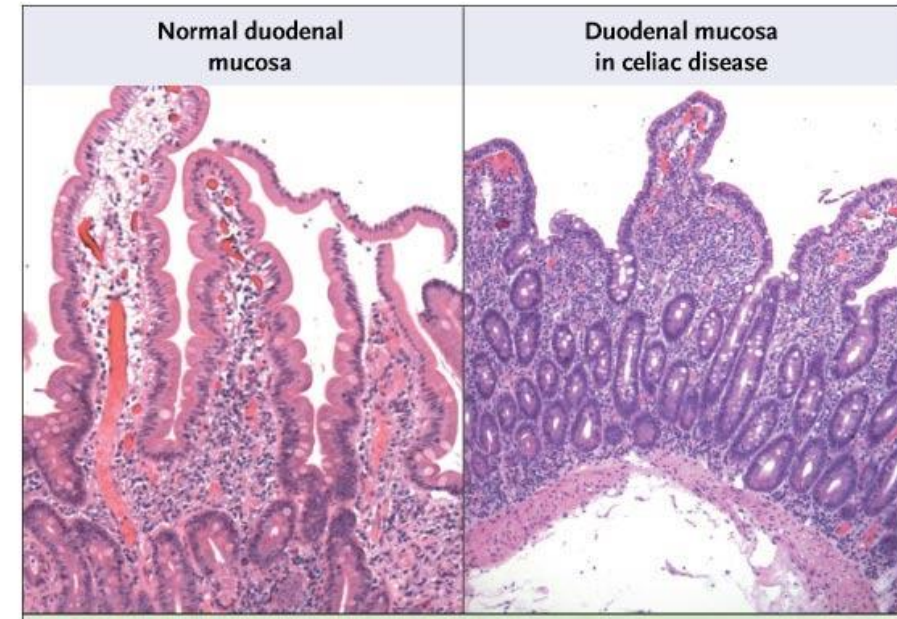
# Reformation of complex lipids





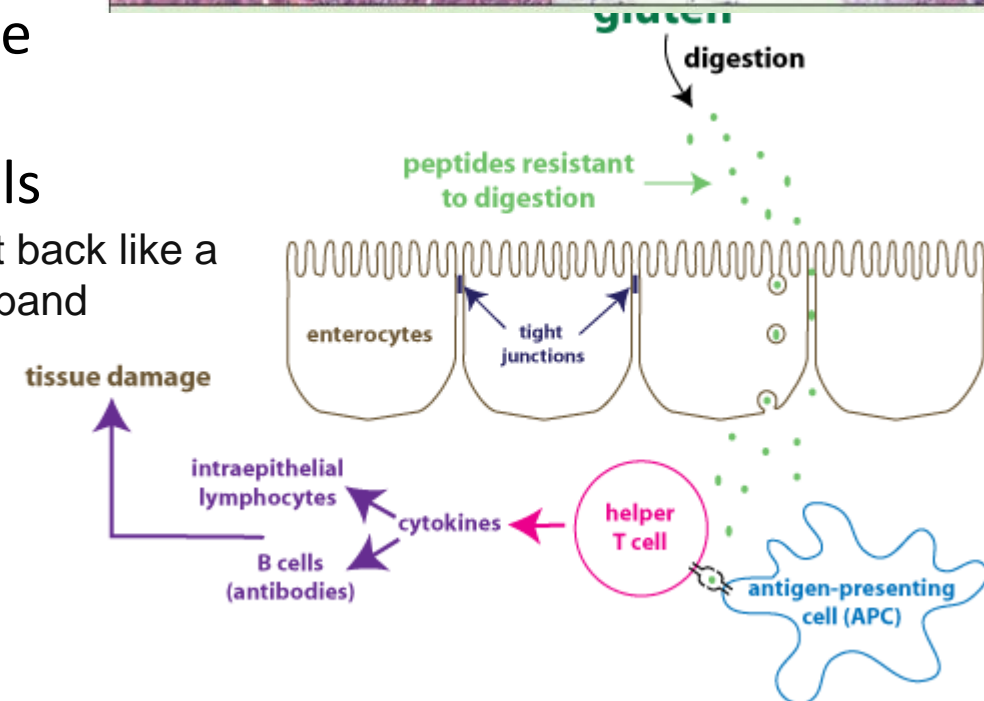
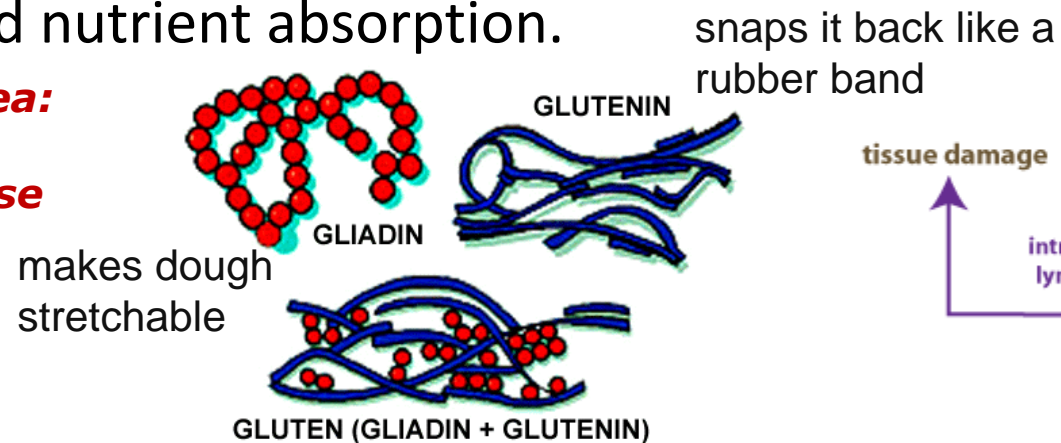
# Celiac disease (CD)

- Fat malabsorption leading to steatorrhea (excess lipids in feces)
- It is an autoimmune response to gliadin, a peptide found in gluten (wheat, rye, and barley).
- Gliadin contains many proline (14%) and glutamine (40%) residues, making it resistant to digestion.
- Lab tests: the presence of anti-tissue transglutaminase (anti-tTG) antibodies.
- Tissue biopsy: absence of villous surface epithelial cells resulting in decreased nutrient absorption.



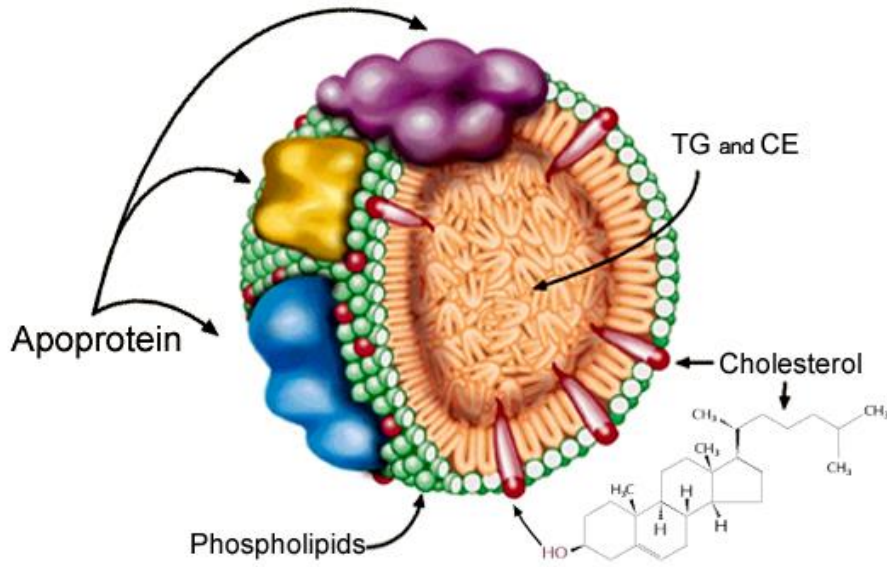
## **Principal causes of steatorrhea:**

- 1. Short bowel disease**
- 2. Liver or biliary tract disease**
- 3. Pancreatic exocrine insufficiency**
- 4. Cystic fibrosis**

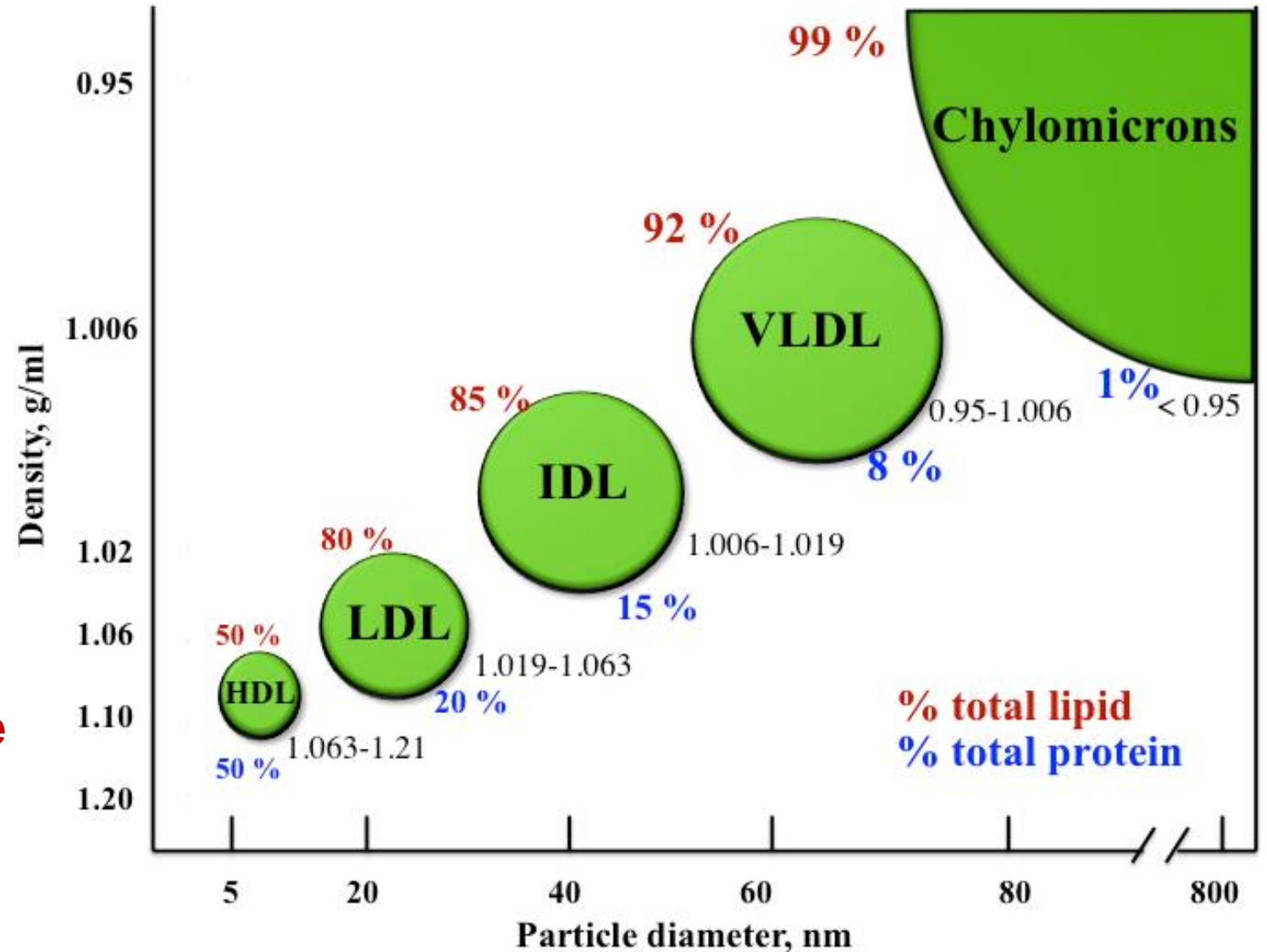


# Lipoproteins

Function: transport of lipids (cholesterol, cholesterol esters, phospholipids & triacylglycerols) in blood plasma.



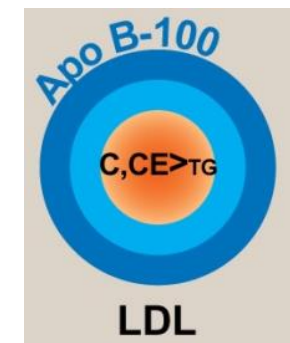
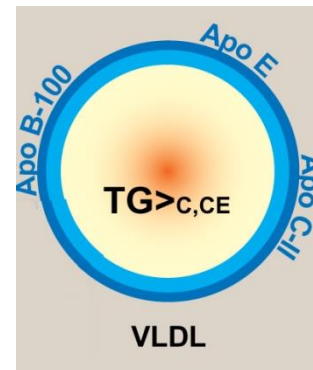
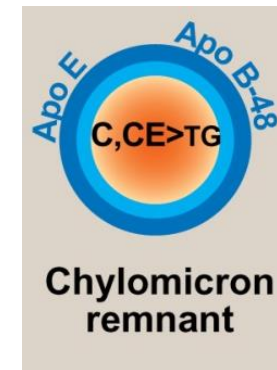
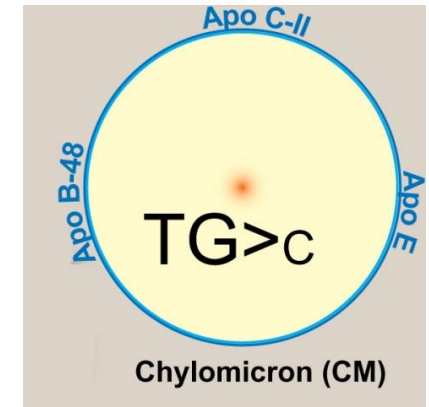
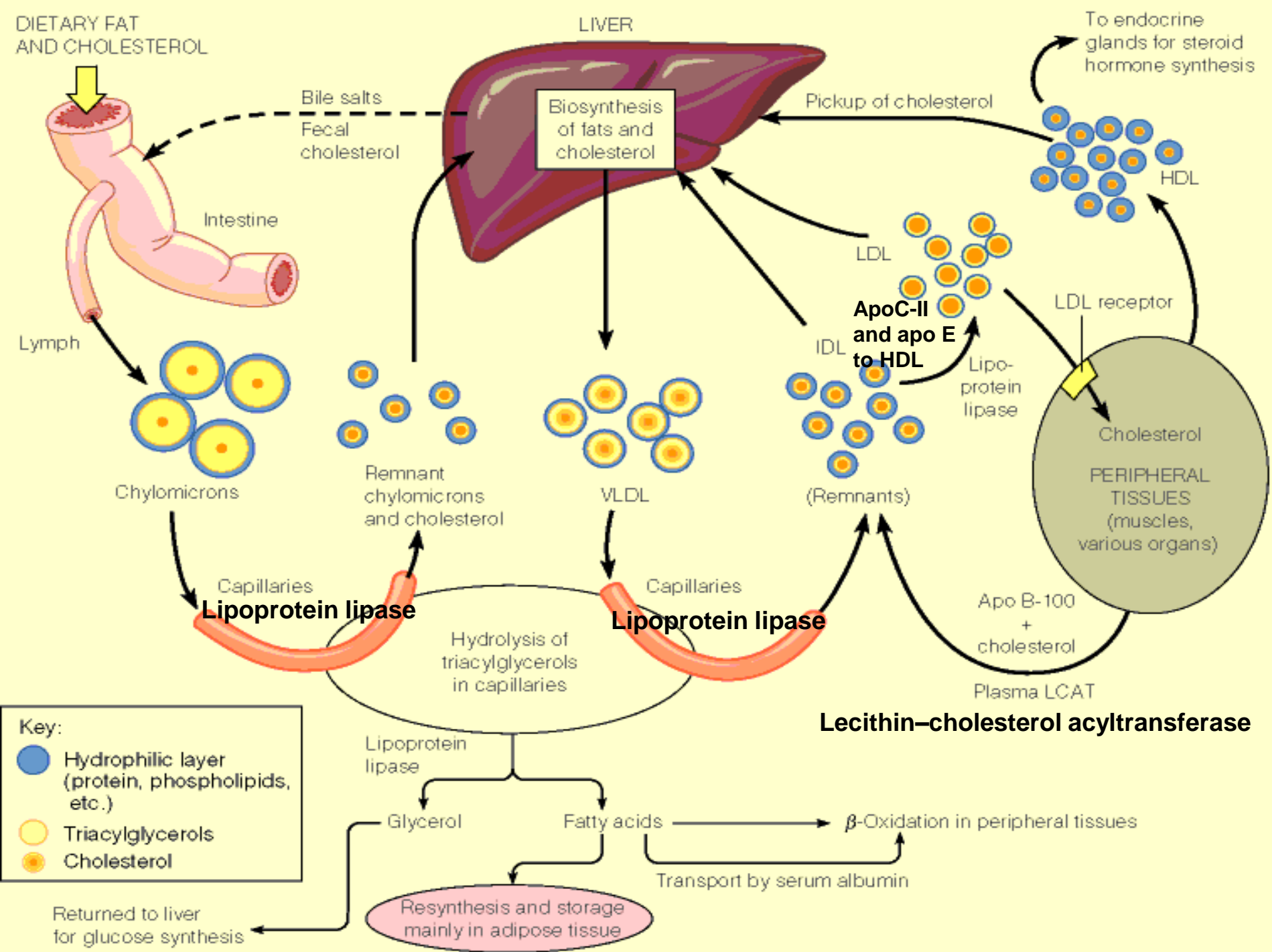
**As lipid content increases, the density decreases**



# Composition of lipoproteins

	Chylomicrons	VLDL	LDL	HDL
Density (g/ml)	< 0.94	0.94-1.006	1.006-1.063	1.063-1.210
Diameter (Å)	2000-6000	600	250	70-120
Site of synthesis	Intestine	Liver	Liver	Liver, intestine
Total lipid (wt%)	99	92	85	50
Triacylglycerols	85	55 Liver	10	6
Cholesterol esters	3	18	50 (bad)	40 (good)
Apolipoproteins	A, C, E, <b>B48</b>	C, <b>B100</b> , E	B100	A, C, E
Function	Transport of <u>dietary</u> TG to the liver	Transport of TG from the liver to peripheral tissues	Transport of cholesterol from the liver to peripheral tissues	Transport of cholesterol from peripheral tissues back to the liver ( <b>cholesterol scavengers</b> )

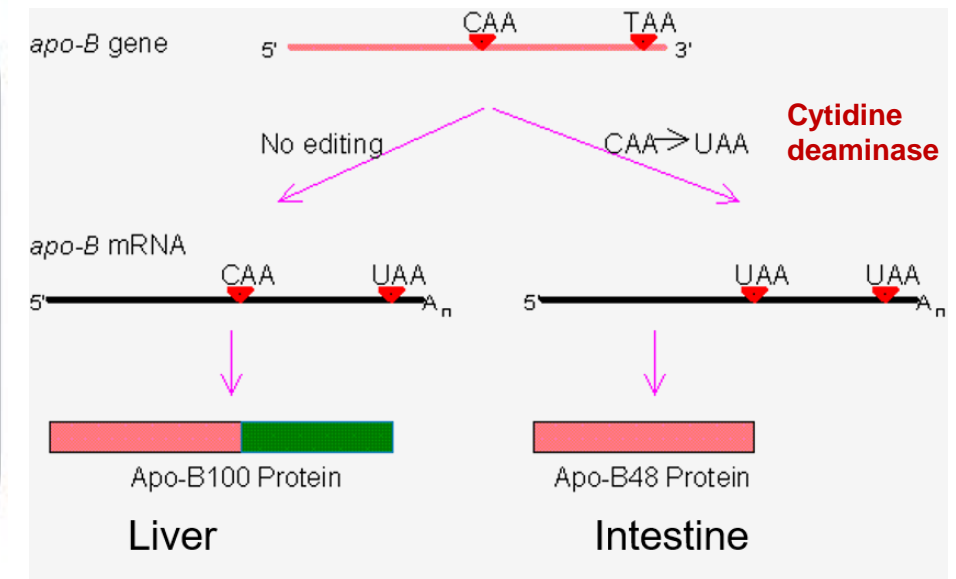
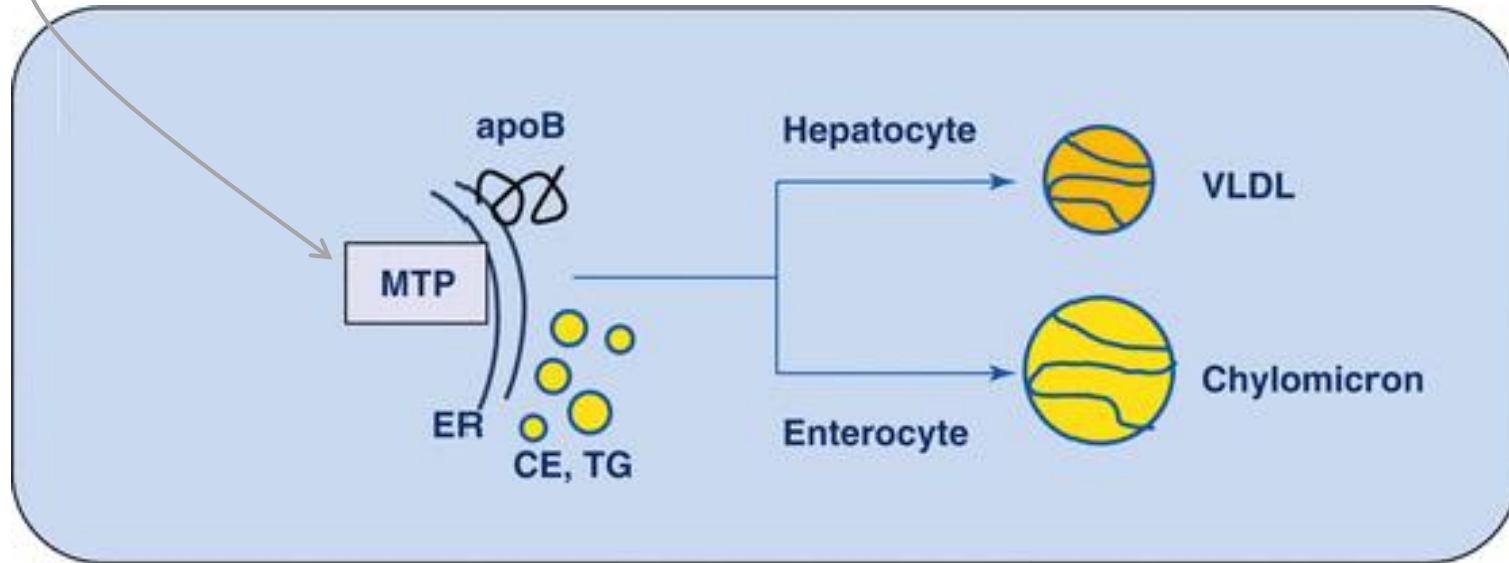
# Lipid transport



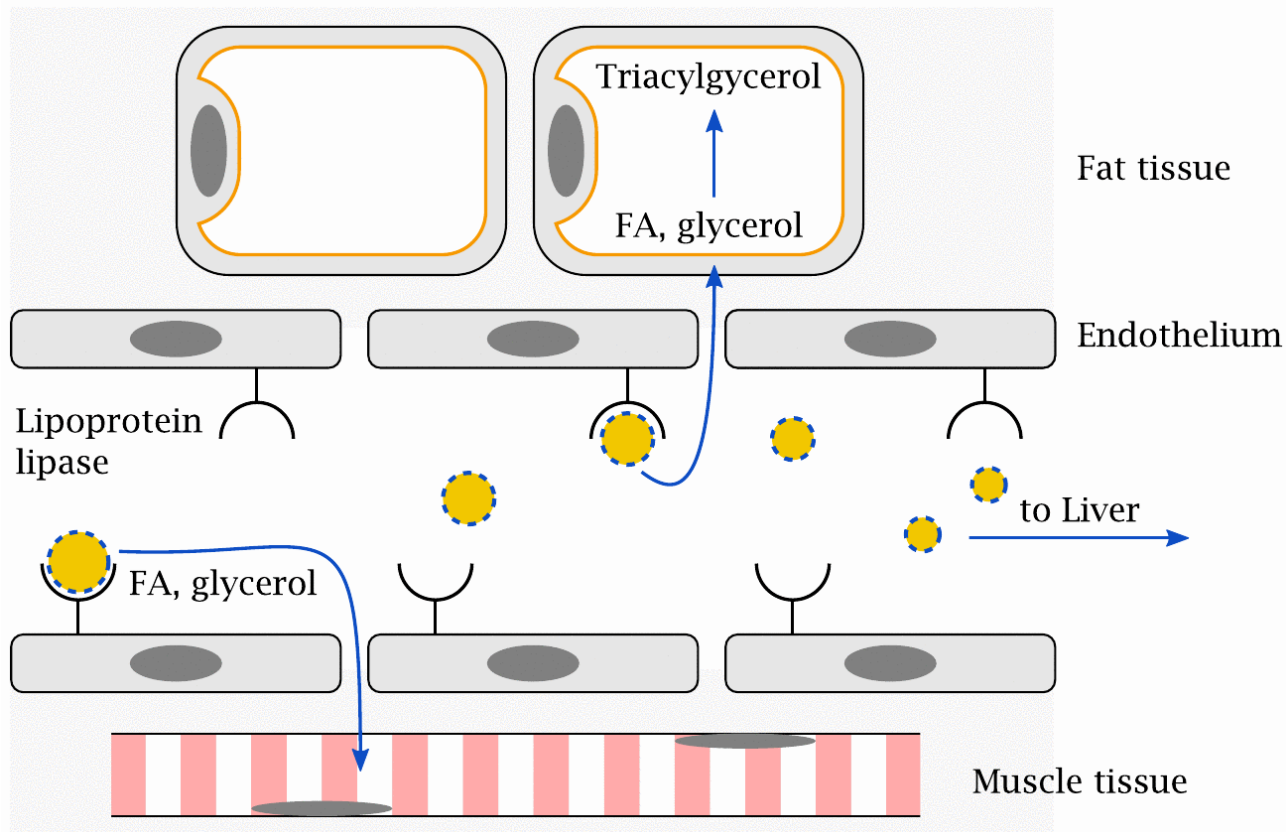


# Formation and release of chylomicrons

- TAG and cholesteryl esters are packaged in chylomicrons made of phospholipids, non-esterified cholesterol, and apolipoprotein B-48.
- Microsomal triglyceride transfer protein (MTP) is essential for the assembly of all TAG-rich apoB-containing particles in the ER.



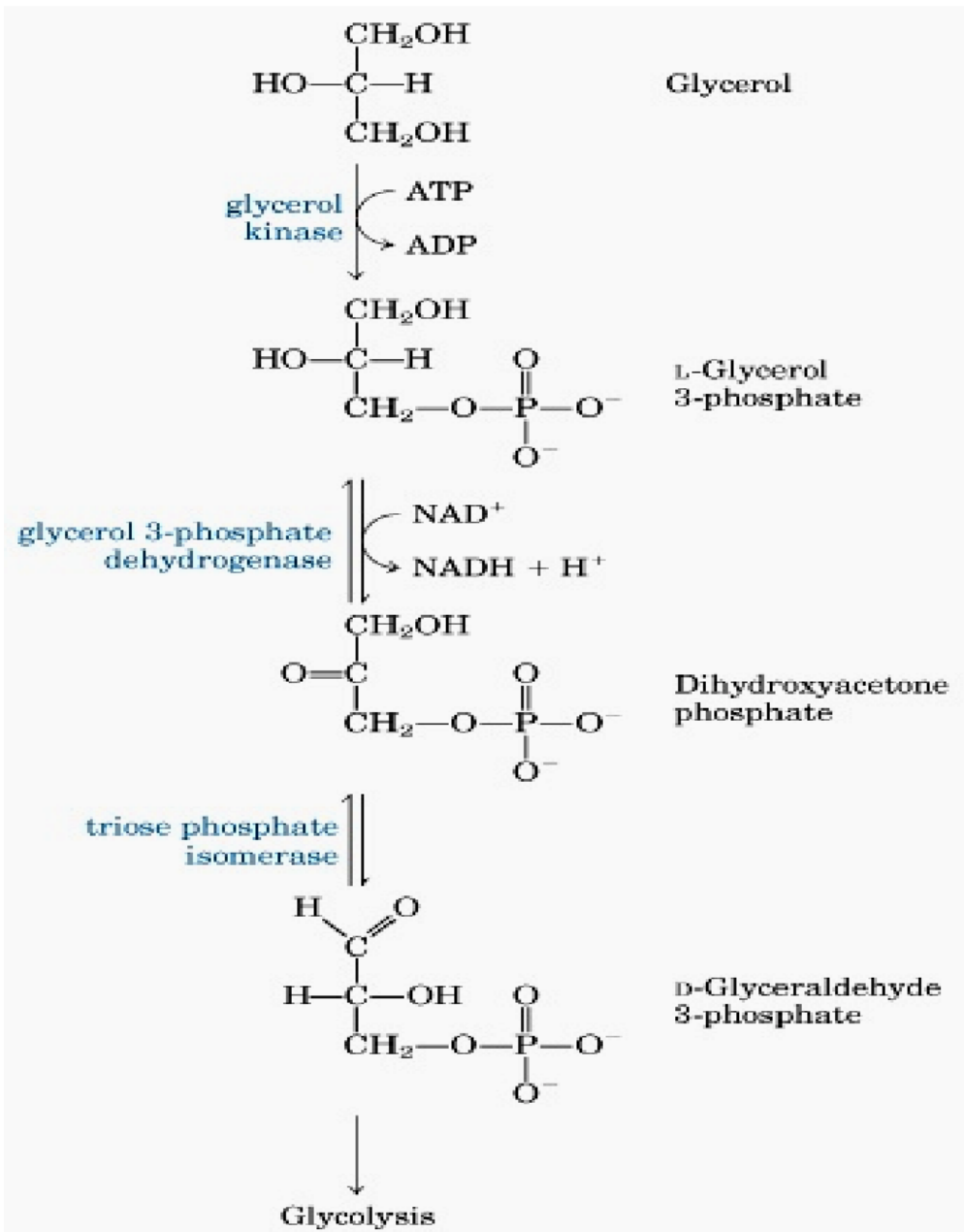
# Fates of TAGs in chylomicrons



- TAGs in chylomicrons are hydrolyzed in the bloodstream by lipoprotein lipases that are anchored into the surface of endothelial cells.
- The resulting fatty acids have two possible fates:
  - (1) When energy is in good supply, they are converted back to TAGs for storage in adipose tissues.
  - (2) When cells need energy, the fatty acids are oxidized into acetyl-CoA.

***Familial chylomicronemia (type I hyperlipoproteinemia) is a rare, autosomal-recessive disorder caused by a deficiency of LPL or its coenzyme apo C-II resulting in fasting chylomicronemia and severe hypertriacylglycerolemia, which can cause pancreatitis.***

# Fate of glycerol



- Glycerol is carried in the bloodstream to the liver or kidneys, where it is phosphorylated and then converted to glyceraldehyde 3-phosphate and dihydroxyacetone phosphate (DHAP) for either glycolysis or gluconeogenesis or synthesis of TAG.

# Summary: What happens inside intestinal cells?

