

Biochemistry (I).-

Types of proteins:-

① Globular proteins

② Fibrous proteins → collagen and elastin.

↳ most common fibrous proteins present in human body.

⇒ Collagen is the most common protein in human body.

tendons - bones - cartilage
برخی فیبروزی

↳ collagenopathies

integumentary system
سی: skin system

⊕ Ehler-Danlos #

⊕ Osteogenesis imperfecta.

OVERVIEW

Collagen and elastin are examples of common, well-characterized fibrous proteins of the extracellular matrix that serve structural functions in the body.

For example, collagen and elastin are found as components of skin, connective tissue, blood vessel walls, and the sclera and cornea of the eye. Each fibrous protein exhibits special mechanical properties, resulting from its unique structure, which is obtained by combining specific amino acids into regular, secondary structural elements.

Types of collagen → more than 25 types.

[categories according to collagen arrangement]

Fibril ولا بساعيني كوين Fibril
network/meshwork. لاهل

COLLAGEN

Collagen is the most abundant protein in the human body. A typical collagen molecule is a long, rigid structure in which three polypeptides (referred to as α chains) are wound around one another in a rope-like triple helix.

3 chains [α -chains]

له بنابر كل واحد يتحد نوع من collagen الى بنية
في α_1 و α_2

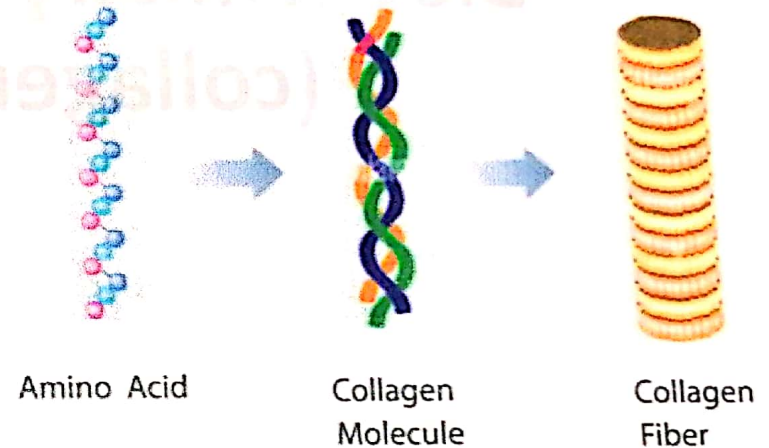
ممكن ان يكون $\alpha_1\alpha_1\alpha_2$ / $\alpha_1\alpha_1\alpha_1$

وهكذا. هي اقل من molecular

of collagen.

- هي الوحدة البنائية لـ collagen / transcription
وبالاعتماد على البروتين.

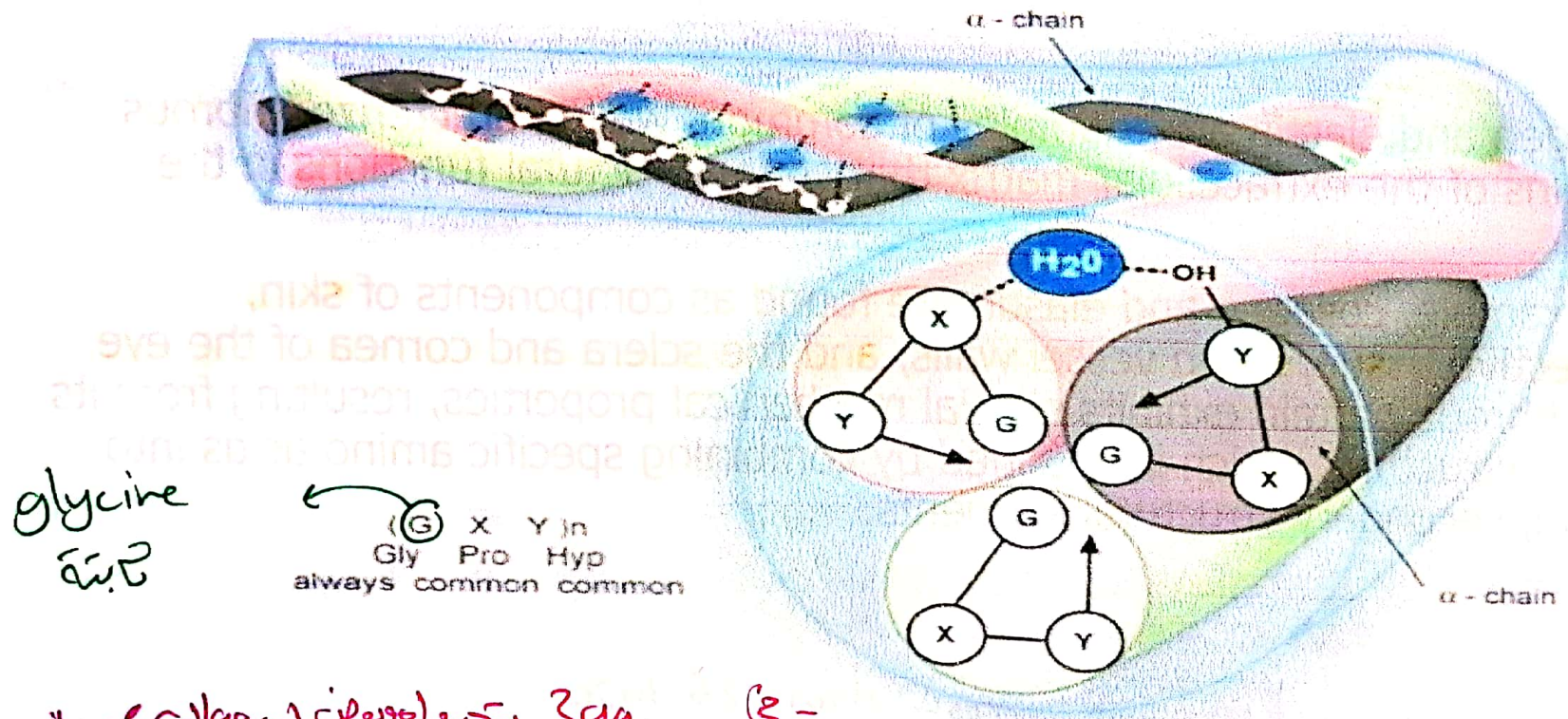
Collagen Structure



alamy

Image ID: 2482407
www.alamy.com

Collagen Triple Helix



(Base unit of collagen) 3 aa. (3 -

1. glycine ثابت ثابت يعني يعني aa - aa - glycine

2. glycine 3rd position دائما

33% / $\frac{1}{3}$ of all aa in collagen.

Glycine is a fixed aa. in the 3rd position.

الامينات السائبة الموجودة في common يكونها

proline و Hydroxyproline [Hyp]

لكن يمكن نلاحظ lysine - glycine و hydroxylysine

⇒ Glycine - proline - hydroxyproline are common

حتى رابعا موجودين لكنهم common ← 20-35% موجود

و يمكن نلاحظ lysine و hydroxylysine

↳ hydroxylation of lysine

↳ only presents in collagen.

فأول ما نشوف hydroxylysine مصفاها البروتين هو collagen.

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الانواع الثلاثة للموجودة chains $(\alpha_1 - \alpha_2)$.

Although these molecules are found throughout the body, their types and organization are dictated by the structural role collagen plays in a particular organ.

In some tissues, collagen may be **dispersed as a gel** that gives support to the structure, as in the extracellular matrix or the vitreous humor of the eye.

In other tissues, collagen may be **bundled in tight, parallel fibers** that provide great strength, as in tendons.

In the cornea of the eye, collagen is **stacked to transmit light** with a minimum of scattering. →

ترتيباً تصفح بهجول ال light ال Cornea

Collagen of **bone** occurs as fibers are arranged **at an angle** to each other to resist mechanical shear from any direction.

في سلاسل عاملين ال right angles سلاسلين وهار بقرية انحد

معنى ال right angles اقول كما يكون حاد ال collagen الموجود

في ال bones . التي يكون ال parallel وهكذا.

اذا ترتيب ال collagen (هو نفس ال collagen في كل ال) ولكن

الترتيب الي يختلف و بحد مكانه تواجهه.

A. Types

(3 types) → Fibril Forming — network forming — Fibril-associated
↳ most common
عنا

The collagen superfamily of proteins includes more than 25 collagen types as well as additional proteins that have collagen-like domains. The three polypeptide α chains are held together by interchain hydrogen bonds.

Variations in the amino acid sequence of the α chains result in structural components that are about the same size (approximately 1,000 amino acids long) but with slightly different properties.

These α chains are combined to form the various types of collagen found in the tissues. For example, the most common collagen, type I, contains two chains called α_1 and one chain called α_2 ($\alpha_1\alpha_2$), whereas type II collagen contains three α_1 chains ($\alpha_1\alpha_1\alpha_1$). The collagens can be organized into three groups, based on their location and functions in the body

بالأخرى ← (α -chains) $\alpha_2 - \alpha_1$
هنا الذي يحدد النوع

① Type I collagen المجموعه
1 α_2 chain - 2 α_1 chains

هناي بلاني
بلاني فيها

→ Type I collagen ههنا اماكن خاصه فيه.

سابقه fibril يا
Parallel
arrays

1. Fibril-forming collagens:

$\alpha + \gamma + \chi Z$

Types I, II, and III are the fibrillar collagens and have the **rope-like structure** described above for a **typical collagen molecule**. In the electron microscope, these linear polymers of fibrils have characteristic banding patterns, reflecting the regular staggered packing of the individual collagen molecules in the fibril.

Type I collagen fibers (composed of collagen fibrils) are found in supporting elements of the high tensile strength (for example, **tendon and cornea**), whereas fibers formed from **type II** collagen molecules are restricted to **cartilaginous structures**. The fibers derived from **type III** collagen are prevalent in more distensible tissues such as **blood vessels**.

Classification of collagen

1. Fibril-forming collagens

- No interruptions in triple helix
- Regular arrangement results in characteristic "D" period of 67 nm
- Diameter : 50-500 nm
- Example : Types I, II, III, V, XI



triple helix structure interruption ماني

بنالغ في collagen داخل 6 collagen داخل فيه

Fibril-forming collagen right or oblique angle

Type II → type I موقع

فهي ال tendon و cornea ال Fibril-forming
Type I ← α_1, α_2 وهما الوجود بشكل اسوي في tendon
group 1 - Type I في tendon

2. Network-forming collagens:

بشكل انسيابي
Types IV and VIII form a three-dimensional mesh, rather than distinct fibrils. For example, type IV molecules assemble into a sheet or meshwork that constitutes a major part of basement membranes.

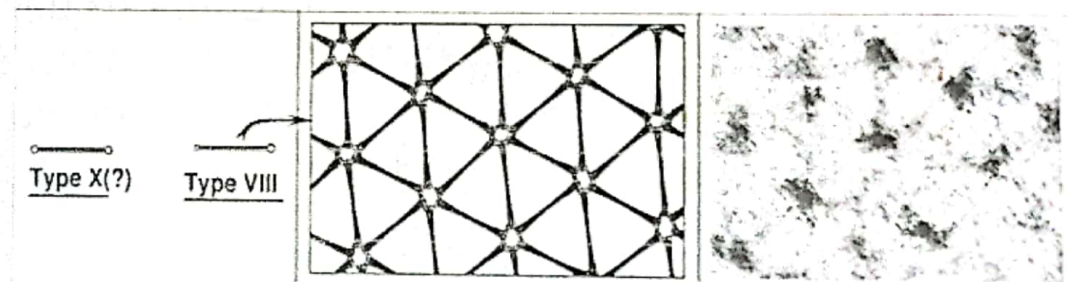
basement membrane.

بعضية شبكة بنفسي
alport syndrome

Classification of collagen

2. Network-forming collagens

- Forms network in basement (Collagen IV) and Descemet's membrane (Collagen VIII)
- Molecular filtration
- Example : Types IV, VIII, X



04/19/10



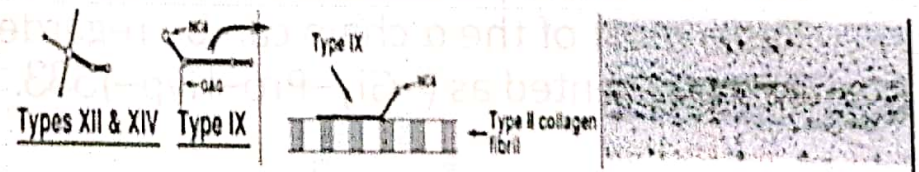
3. Fibril-associated collagens:

Types IX and XII bind to the surface of collagen fibrils, linking these fibrils to one another and to other components in the extracellular matrix

Classification of collagen

3. Fibril-associated collagens with interrupted triple helices (FACITs)

- Short collagens with interruptions
- Linked to collagen II and carries a GAG chain
- Found at the surface of fibril-forming collagens
- Example : Types IX, XII, XIV



بجانب جارية عنا
 انضمت على branches
 type 1 من المجموعة الأولى
 type من المجموعة الثانية
 IX - XII - XIV

Figure 4.2: The most abundant types of collagen.

*Known as **FACITs**: fibril-associated collagens with interrupted triple helices.

TYPE	TISSUE DISTRIBUTION
Fibril-forming	
I	Skin, bone, tendon, blood vessels, cornea
II	Cartilage, intervertebral disk, vitreous body
III	Blood vessels, skin, muscle
Network-forming	
IV	Basement membrane
VIII	Corneal and vascular endothelium
Fibril-associated*	
IX	Cartilage
XII	Tendon, ligaments, some other tissues

لما كانت موجودة في الصف الأول

مستوية للصف الأول
لأنه هو نفسه بس إجابته
بساينالي في
لكل Fibril associated
هو
most common
مستوية بسينغ

B. Structure

1. **Amino acid sequence:** Collagen is rich in proline and **glycine**, both of which are important in the formation of the triple-stranded helix. **Proline facilitates the formation of the helical conformation of each α chain because its ring structure causes "kinks" in the peptide chain**

Glycine, the smallest amino acid, is found in every third position of the polypeptide chain. It fits into the restricted spaces where the three chains of the helix come together. The glycine residues are part of a repeating sequence, $-\text{Gly}-\text{X}-\text{Y}-$, where X is frequently proline, and Y is often hydroxyproline (but can be **hydroxylysine**). Thus, most of the α chain can be regarded as a polytripeptide whose sequence can be represented as $(-\text{Gly}-\text{Pro}-\text{Hyp}-)_3$.

نماذج elastin مسجل بالفيديو

Triple fibrous protein -
not globular

فبريل أو شبكة
Fibril
networking

2. **Triple-helical structure:** Unlike most globular proteins that are folded into compact structures, collagen, a fibrous protein, has an elongated, triple-helical structure that is stabilized by interchain hydrogen bonds.

3. **Hydroxyproline and hydroxylysine:** Collagen contains hydroxyproline and hydroxylysine, which are not present in most other proteins. These residues result from the hydroxylation of some of the proline and lysine residues after their incorporation into polypeptide chains. *in 1st and 2nd position [hydroxylation is most in the 2nd]*

Hydroxylation is, thus, an example of posttranslational modification. [Note: Generation of hydroxyproline maximizes formation of interchain hydrogen bonds that stabilize the triple-helical structure.]

Hydroxyproline can be present in elastin.

galactose أو glucose
collagen
elastin

Glycosylation: The hydroxyl group of the hydroxylysine residues of collagen may be enzymatically glycosylated. Most commonly, glucose and galactose are sequentially attached to the polypeptide chain prior to the triple-helix formation

Steps in collagen biosynthesis

- Transcription [mRNA].
- Translation on rough ER and entry into ER to form a chain of proteins.
- Hydroxylation in the ER (needs vit C)
 لا في العروق → so, vitamin C has a role in collagen synthesis
- Triple helix assembly
- Glycosylation, transport to Golgi, further glycosylation
- Secretion
- Removal of propeptides
- Assembly into fibrils
- Crosslinking

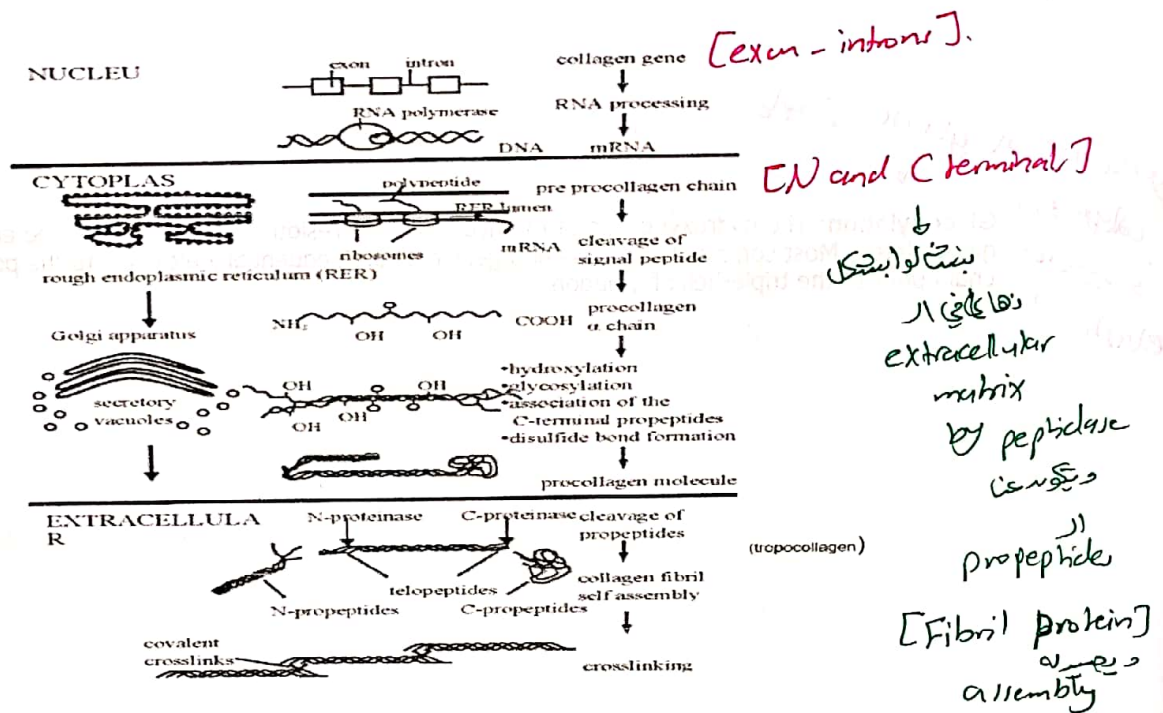
N-terminal
C-terminal
(لا يمتد)

←

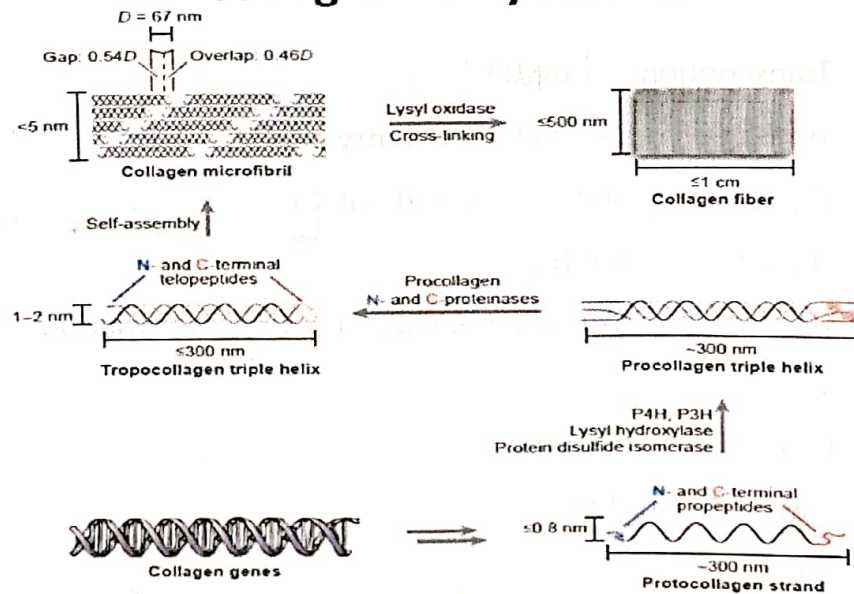
→ so, deficiency in vitamin C [scurvy]
 due to hydroxylation.
 ما في

Scurvy → Friable collagen.

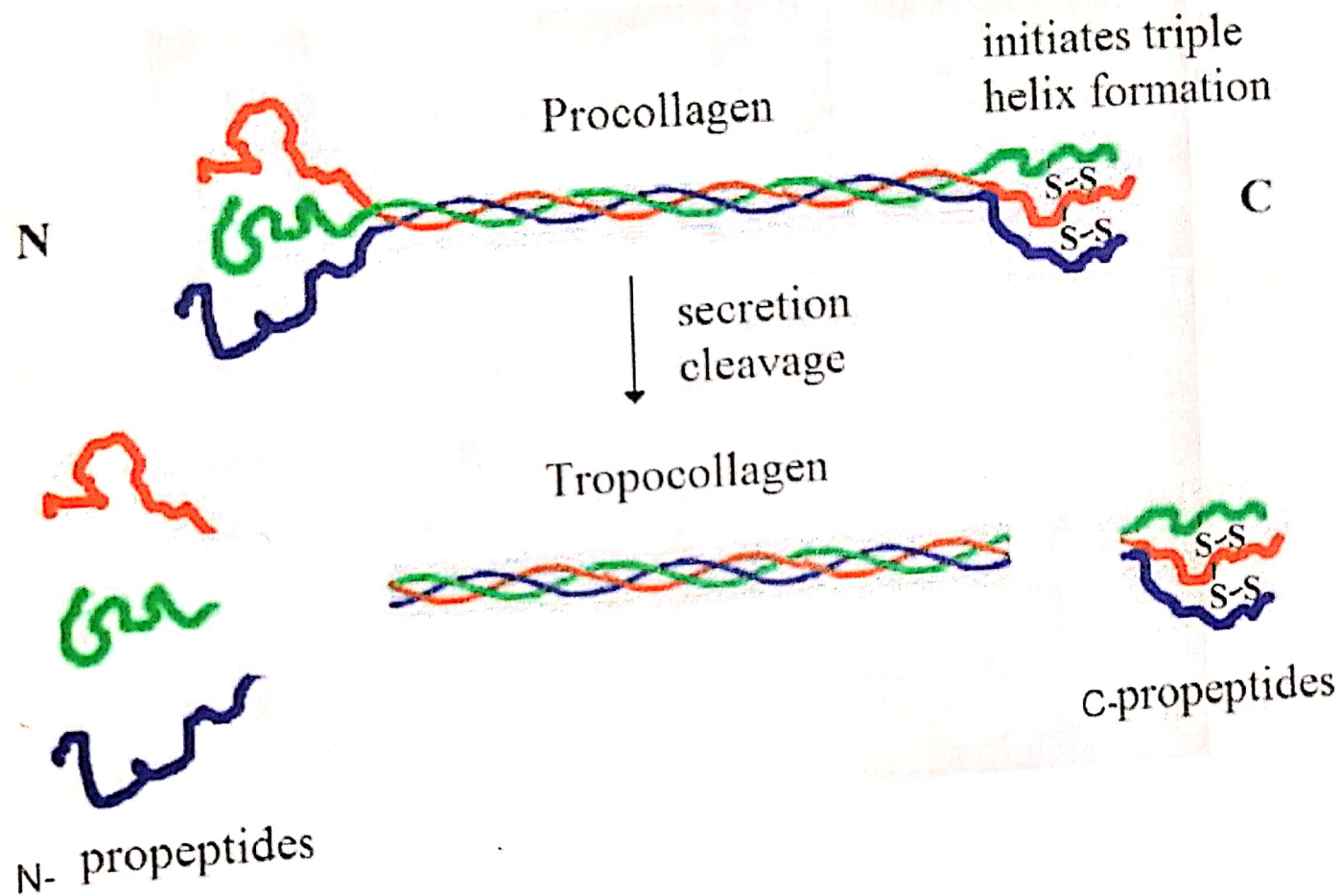
hydroxylysine. → hydroxyproline
 لا في العروق → hydroxylation



Collagen biosynthesis



Transcription → precollagen chain → cleavage of single peptide →
 procollagen α chain → α chain 3-
 procollagen glycosylation + hydroxylation by vitC. →



Collagen diseases: Collagenopathies

1. Ehlers-Danlos syndrome: ^{autosomal} dominant.

Ehlers-Danlos syndrome (EDS) is a heterogeneous group of connective tissue disorders that result from inheritable defects in the metabolism of fibrillar collagen molecules.

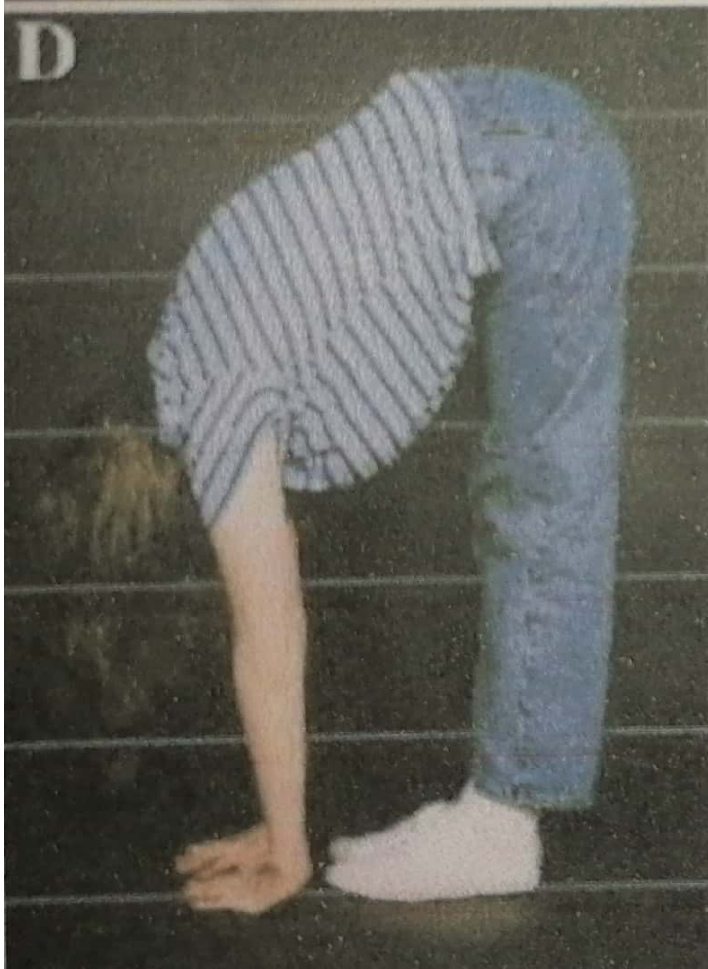
EDS can be caused by a deficiency of collagen-processing enzymes (for example, lysyl hydroxylase or N-procollagen peptidase) or from mutations in the amino acid sequences of collagen types I, III, or V.

The classic form of EDS, caused by defects in type V collagen, is characterized by skin extensibility and fragility and joint hypermobility.

ال N-peptide نديع

- type V → in skin





Fragile - blood vessel - مشكلة في الـ

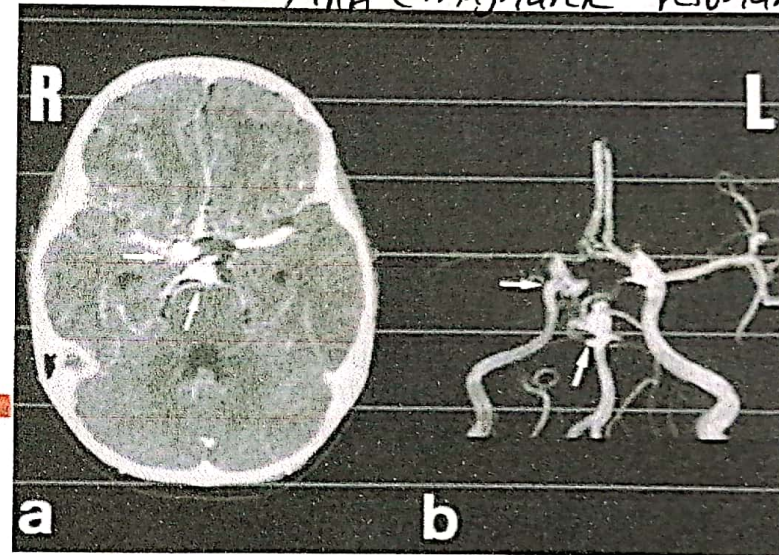
dilatation - aneurysm - مشكلة في الـ

Coronary - thoracic aneurysm - abdominal aorta

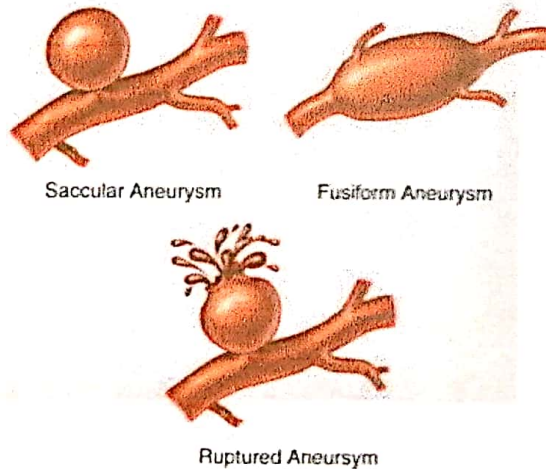
الأنوع - Circle of will's - rupture aneurysm - أكثر الأنوع شيوعاً في الـ

The vascular form, due to defects in type III collagen, is the most serious form of EDS because it is associated with potentially lethal arterial rupture. [Note: The classic and vascular forms show autosomal dominant inheritance.]

MRA (magnetic resonance angiography)



EDS has 5 types - من الأنواع



أنواع - aneurysm

Saccular - Fusiform - Rupture

dilatation - injury to intima - leads to aneurysm - dilation - injury to intima - leads to aneurysm - False - في الـ

liver diseases

- hemophilia C

← autosomal recessive

autosomal dominant ← Cancers

↳ Wilson disease - hemochromatosis - α_1 anti-trypsin.

2. Osteogenesis imperfecta: inheritance is according to its type, but mostly autosomal dominant.

This syndrome, known as brittle bone disease, is a genetic disorder of bone fragility characterized by bones that fracture easily, with minor or no trauma. Over 80% of cases of osteogenesis imperfecta (OI) are caused by dominant mutations to the genes that code for the $\alpha 1$ or $\alpha 2$ chains in **type I collagen**. → in bone.

The most common mutations cause the replacement of glycine (in -Gly-X-Y-) by amino acids with bulky side chains. The resultant structurally abnormal α chains prevent the formation of the required triple-helical conformation. Phenotypic severity ranges from mild to lethal.

↖ $\alpha 1$ &
glycine
مميز

↳ in utero [بجهاز المشيمة]

↳ type 2.

الوفاة

pulmonary
complication

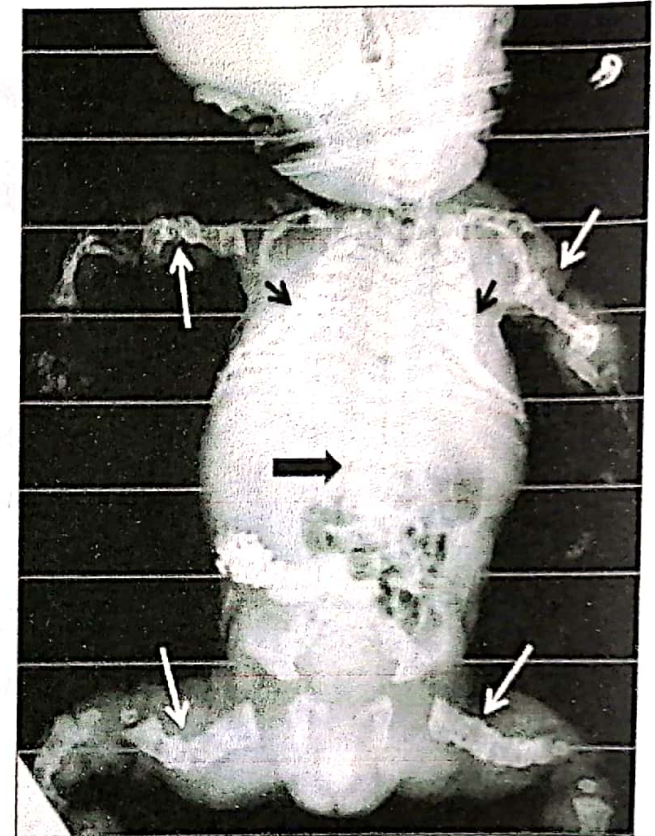
Type I OI, the most common form, is characterized by mild bone fragility, hearing loss, and **blue sclerae**.

Type II, the most severe form, is typically lethal in the perinatal period as a result of pulmonary complications. In utero fractures are seen.

Type III is also a severe form. It is characterized by multiple fractures at birth, short stature, spinal curvature leading to a "humped-back" (kyphotic) appearance, and blue sclerae.

Dentinogenesis imperfecta, a disorder of tooth development, may be seen in OI.

- Blue sclera can be normal
- Blue sclera → iron deficiency anemia
متى blue sclera
OI



kyphosis → قدام
lordosis → لورا
scoliosis → lateral [S]

Mutations of OI

- Mutations in the COL1A1 and COL1A2 genes cause OI (85-90%)
- These mutations typically interfere with the assembly of type I collagen molecules
- A defect in the structure of type I collagen weakens connective tissues, particularly bone, resulting in the characteristic features of OI
- OI types I, II, and IV have an **autosomal dominant** pattern of inheritance (35%=sporadic)

Table

Types of Osteogenesis Imperfecta Based on Modified Sillence Classification^a

Type	Severity	Mutation	Inheritance
I	Mild deformity	COL1A1/2	AD
II	Lethal in utero	COL1A1/2	AD
III	Severe deformity	COL1A1/2	AD
IV	Moderate deformity	COL1A1/2	AD
V	Moderate deformity	Unknown	AD
VI	Moderate-severe deformity	Unknown	AR
VII	Moderate deformity	CRTAP	AR
VIII	Severe deformity-lethal	LEPRE1	AR

Abbreviations: AD, autosomal dominant; AR, autosomal recessive.

^aData from Van Dijk et al.⁹

بگنرما اول طانولدا
most severe
compatible
with life.

SYMPTOMS: (according to types)

← ☐ multiple, frequent fractures → common according to type.

☐ muscle weakness

☐ curved bones

☐ Scoliosis

☐ brittle teeth

☐ short stature

☐ blue sclera

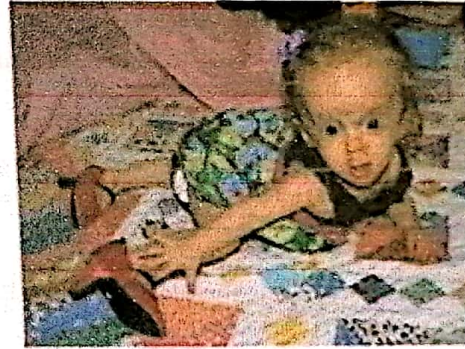
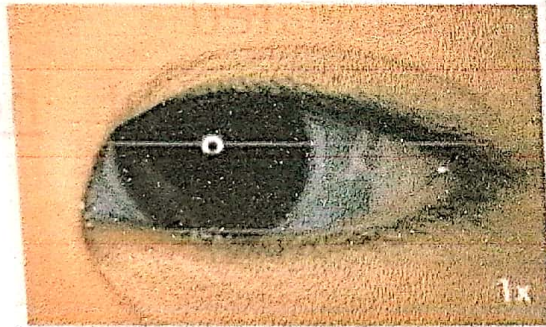
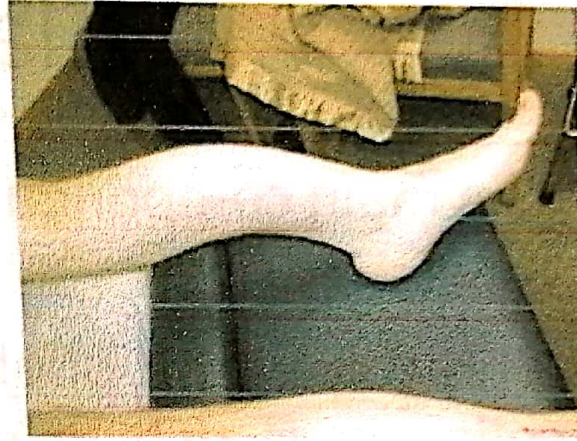
☐ fragile skin

☐ triangular head and face shape

↳ due to delayed closure of fontanelle

لفني anterior و posterior الفونتلين يسكروا باهارة بطولها لا يسكروا ما ينكسر عنده الـ space سوار بر
Fluid ا brain ما يزيد عن ما يكبر راسهم صغور و صحت ثابت.

type ٧ و ١٧
moderate
deformity
يكبروا عادي
و عا صغرا - ينكسروا
أكثر.





Scurvy

(الأسقربوط)

→ ascorbic acid [hydroxylation of procollagen].

Deficiency of vitamin C results in **insufficient hydroxylation of procollagen** and, hence, poor synthesis of collagen, formation of **unstable triple helices preventing formation of normal fibrils**

Non-hydroxylated procollagen chains are then degraded within the cell

This results in weakening of the collagen resulting in skin and gum lesions and weak blood vessels

↳ Friable collagen → easily injured or bleeding person./tissue

Elastin [2nd fibrous protein].

- The main component of elastic fibers is elastin
- A highly hydrophobic protein, which, like collagen, is rich in proline and glycine
- But, unlike collagen, is not glycosylated
- Contains some hydroxyproline but no hydroxylysine

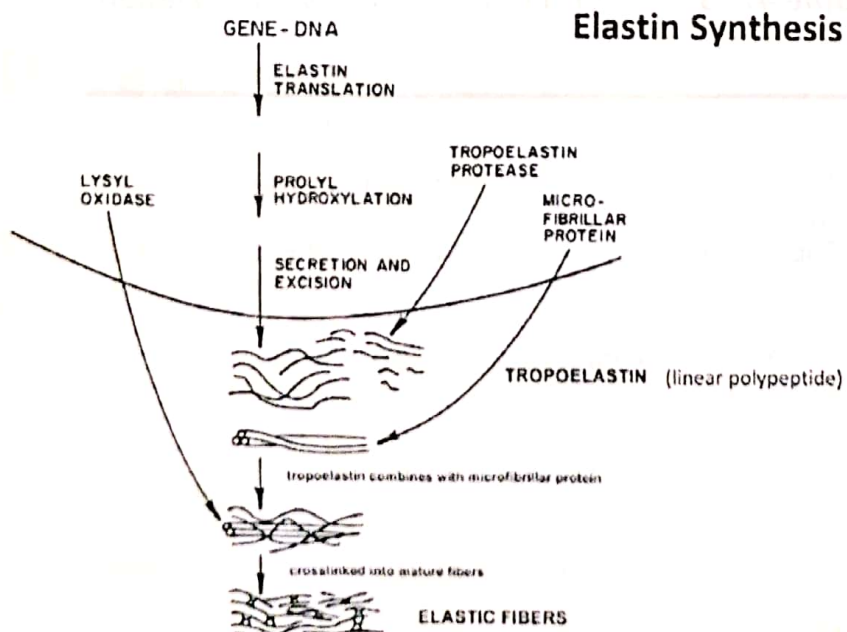
Formation of elastic network

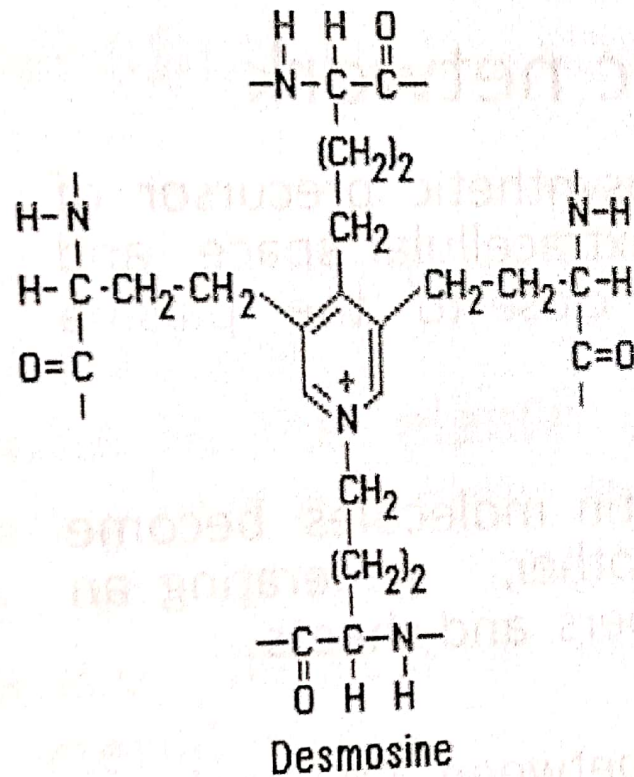
Soluble tropoelastin (the biosynthetic precursor of elastin) is secreted into the extracellular space and assembled into elastic fibers close to the plasma membrane

After secretion, the tropoelastin molecules become highly cross-linked to one another, generating an extensive network of elastin fibers and sheets

The cross-links are formed between lysines by a mechanism similar to that of collagen molecules

Cross-linking في desmosine و collagen
 elastin و





- After secretion and alignment with ECM fibrils, numerous K residues are oxidized by **lysyl oxidase**, a reaction which initiates cross-linking of elastin monomers.
- the process is unique in that three lysine-derived aldehydes (allysyl) cross-link with an unmodified lysine forming a tetrafunctional structure called a **desmosine**.
- The highly stable cross-linking of elastin is what ultimately imparts the elastic properties to elastic fibers.

Table 47-5. Major differences between collagen and elastin.

Collagen	Elastin
1. Many different genetic types	One genetic type
2. Triple helix	No triple helix; random coil conformations permitting stretching
3. (Gly-X-Y) _n repeating structure	No (Gly-X-Y) _n repeating structure → glycine مكتبة
4. Presence of hydroxylysine	No hydroxylysine
5. Carbohydrate-containing	No carbohydrate
6. Intramolecular aldol cross-links	Intramolecular desmosine cross-links
7. Presence of extension peptides during biosynthesis	No extension peptides present during biosynthesis

11 - bonds

Function of elastic fiber

- Elastin is the dominant extracellular matrix protein in **arteries**
- Mutations in the elastin gene causing a deficiency of the protein result in narrowing of the aorta or other arteries as a result of excessive proliferation of smooth muscle cells in the arterial wall

← مشكلة
elastin
بصري

Friability
in
blood
vessel.

lateral narrowing stem dilatation
narrowing - local aneurysm
main component of blood vessel,
collagen

- Most common blood vessel → aorta.

Diseases of Elastic Fiber

[Elastinopathies]

- **Williams** syndrome
- **Marfan's** syndrome
(fibrillin)

Williams Syndrome

- Autosomal dominant disorder
- Occurs in approximately one of every 20,000 births
- **Variability in expressivity**



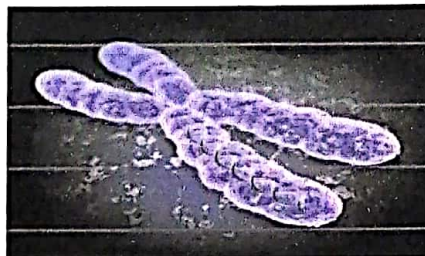
www.speakingchild.com/archives/ds-004.html

عام commonly سیکھ بکھنی ار ادا .

Overall Cause

- Spontaneous deletion on chromosome band 7q11.23.
- Deletion removes more than 25 genes that encode for different functions.

اساسی نی
تھنی
ار elash



Physical Characteristics: elfin

Facial Characteristics

- broad forehead
- flattened nasal bridge
- wide mouth,
- Full cheeks
- puffiness around the eyes
- long philtrum
- Voice: hoarse, abnormal vocal cord elastin



home.sc.rr.com/cmindel/

Down

↓ جود کا

lips

nose

↓ طابین

Problems associated with WS

- Heart & Blood Vessel Defects
- ^{valvular ~ 50% of cases} ~~intravalvular~~ **Supravalvular** aortic stenosis (73%)
- High blood pressure → due to stenosis.
- **Hypercalcemia (15%)** ($\frac{1}{7}$) 1/7 persons.

⊕ Aortic stenosis → Supravalvular - valvular - infravalvular
↳ aortic heart disease

↑ aortic stenosis leads to heart failure
↓ EF ← LV ventricular hypertrophy

Cyanotic - non-cyanotic (تقريباً في الولادة) congenital heart diseases

له سواد أول ما تولد أول مرة

RL side في الـ R

side في الـ L

[deoxygenated to oxygenated] → deoxygenated blood in aorta → cyanosis.

* most common syndrome causing cyanosis is Tetralogy of Fallot

له سواد بعد الولادة على طول

More Symptoms

- Low birth weight, feeding problems
- kidney abnormalities (Stenosis of the renal arteries)
- hearing sensitivity
- musculoskeletal problems
- **Overly friendly but has learning disabilities and usually are mildly retarded** [IQ < 70 - 80]

↳ VSD
↳ pulmonary stenosis
↳ overriding aorta
↳ R ventricular hypertrophy.

* Cyanotic heart disease [T] → Transposition of great vessels -

Total anomalous pulmonary venous return - Tetralogy of Fallot - Tricuspid atresia

* Acyanotic → ASD - VSD - AVSD — / bicuspid valve - PDA. stenosis.

Some examples



Diagnosis

- Diagnosis of Williams syndrome begins with recognition of physical symptoms
- fluorescent in situ hybridization (FISH) test

لہذا تشخیص شروع کریں اور جینز کی تباہی
gene mutation

A 7-month-old child "fell over" while crawling and now presents with a swollen leg.

Imaging reveals a fracture of a bowed femur, secondary to minor trauma, and thin bones). Blue sclerae are also noted. At age 1 month, the infant had multiple fractures in various states of healing (right clavicle, right humerus, and right radius). A careful family history has ruled out nonaccidental trauma (child abuse) as a cause of the bone fractures. Which pairing of a defective (or deficient) molecule and the resulting pathology best fits this clinical description?

- A. Elastin and emphysema
- B. Fibrillin and Marfan disease
- ☒ C. Type I collagen and osteogenesis imperfecta (OI)
- D. Type V collagen and Ehlers-Danlos syndrome (EDS)
- E. Vitamin C and scurvy

non-accidental trauma
أولاد بغير سوء إساءة
child abuse
ولا لا

Correct answer = C. The child most likely has osteogenesis imperfecta. Most cases arise from a defect in the genes encoding type I collagen. Bones in affected patients are thin, osteoporotic, often bowed, and extremely prone to fracture. Pulmonary problems are not seen in this child. Individuals with Marfan syndrome have impaired structural integrity of the skeleton, eyes, and cardiovascular system. Defects in type V collagen cause the classic form of EDS characterized by skin extensibility and fragility and joint hypermobility. Vitamin C deficiency is characterized by capillary fragility.