

LIPIDS

oxylipins

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OXYLIPINS

OXYLIPINS = oxygenated fatty acids biologically active as lipid mediators

eicosanoids

- products of transformation of FA with 20 C
AA (20:4n-6), EPA (20:5n-3), DHGLA (20:3n-6)

docosanoids

- products of transformation of FA with 22 C
DHA (22:6n-3)

octadecanoids

- products of transformation of FA with 18 C
ALA (18:3n-3) (*important to plants*)

OXYLIPINS

OXYLIPINS = oxygenated fatty acids biologically active as lipid mediators

I. production by enzymes

- FA are transformed via several pathways:

Cyclic structures of oxylipins

1. cyclooxygenase pathway

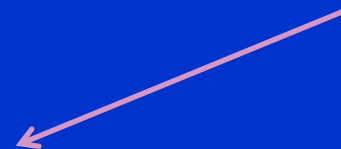
Linear structures of oxylipins

2. lipoxygenase pathway
3. epoxygenase pathway

II. nonenzymatic production

- the reactions are catalysed by **free radicals** *in vivo*
- reactions usually lack stereospecificity

oxidative
stress



EICOSANOIDS

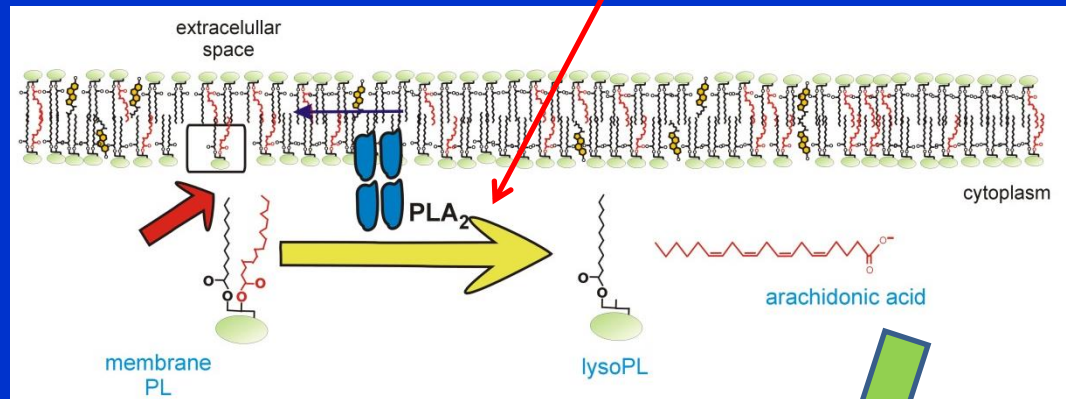
Oxylipins derived from 20 C fatty acid precursor

Arachidonate pathway (cascade)

inhibited by glucocorticoids

↑lipocortins = inhibitors of PLA₂

I. Initiation: AA release from PL by PLA₂

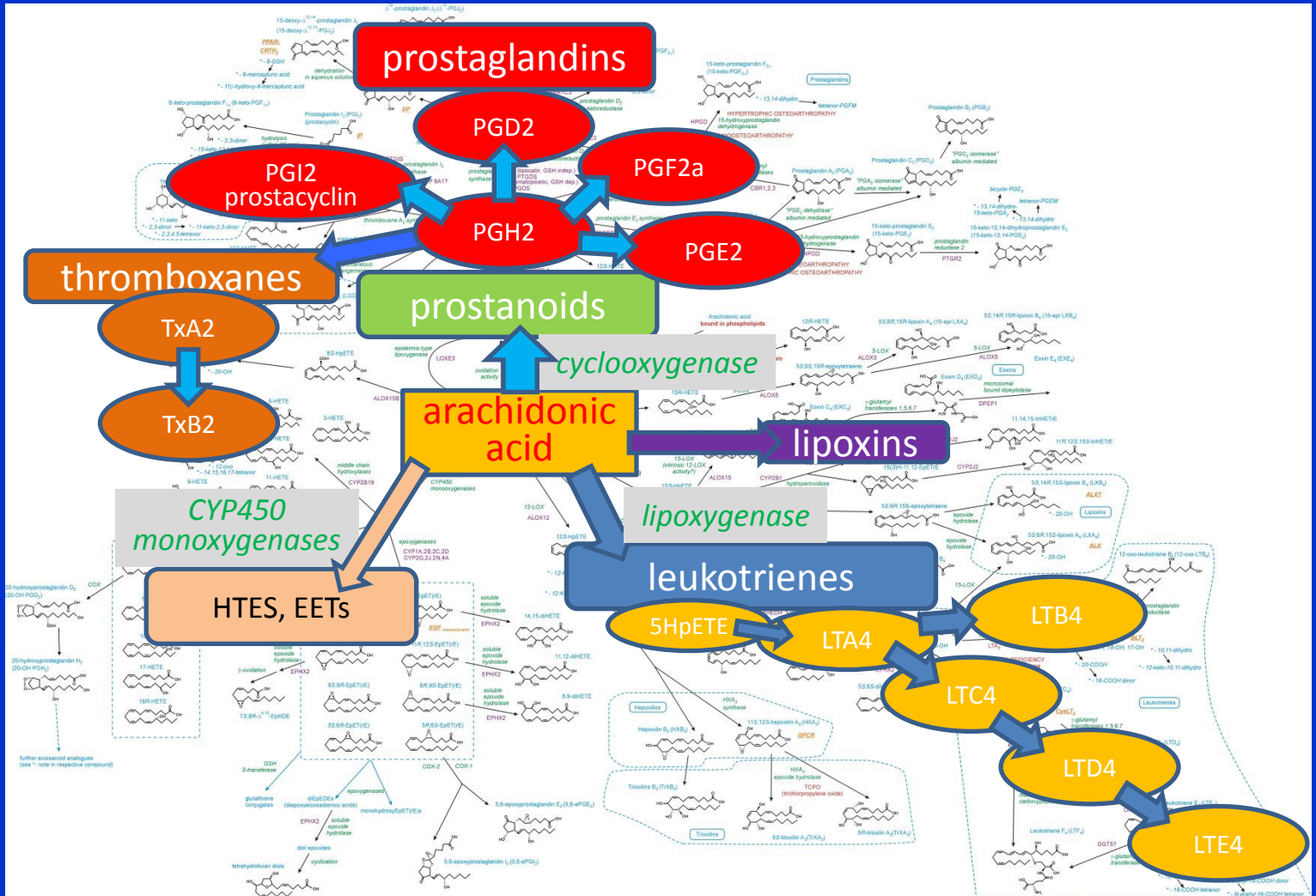


II. Further metabolization by enzymes

- prostanoids (prostaglandins (PG) + thromboxanes (Tx))
- Leukotrienes (LT)
- Lipoxins (Lx)
- HETEs, EETs

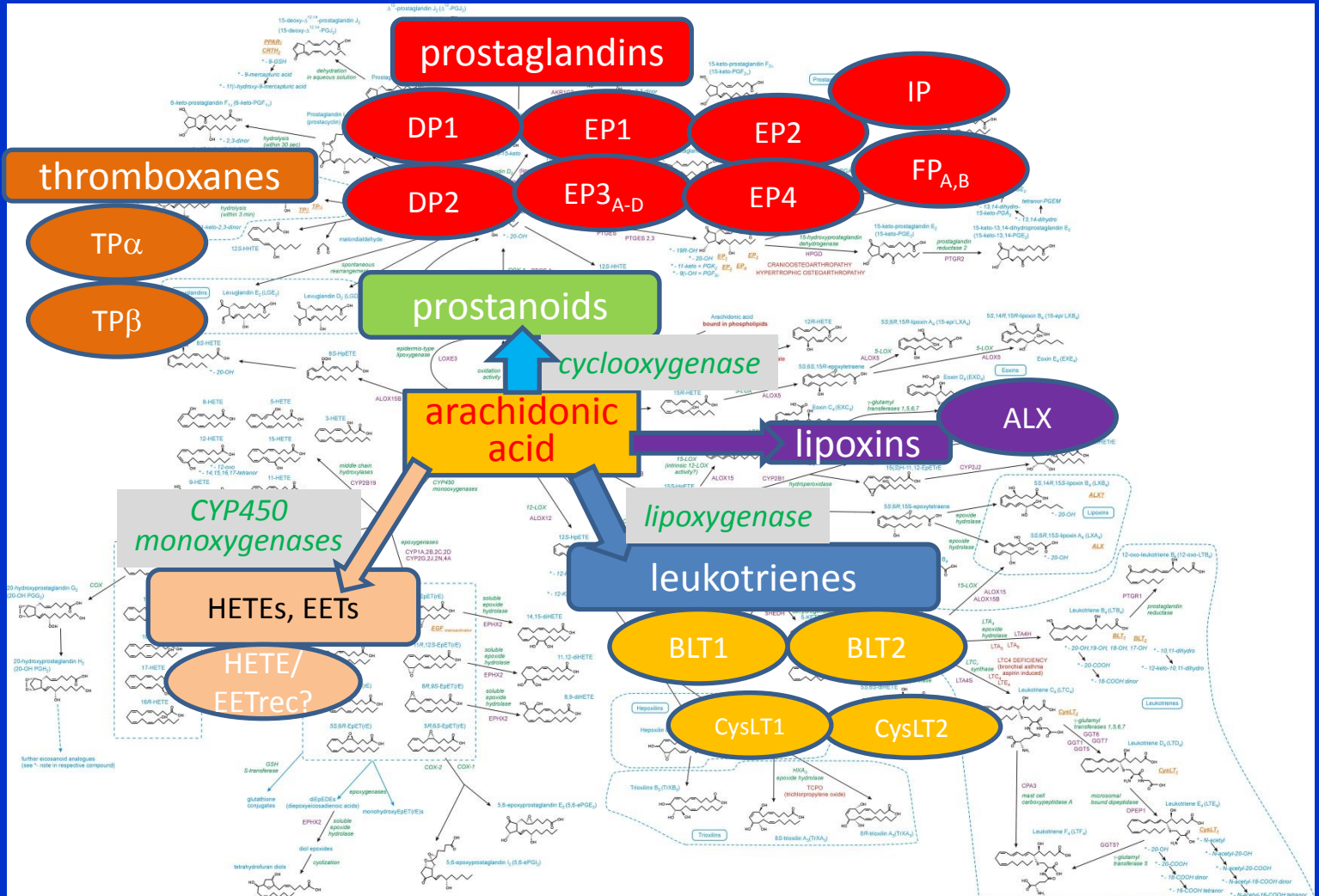
EICOSANOIDS

oxygenated pathways (cascades)



EICOSANOIDS

mode of action – ligands of receptors



EICOSANOIDS

Mode of action

1. ligands of receptors
(G-protein coupled)
2. interaction with nuclear receptors

Short half lives (sec – 5 mins)



- only autocrine/paracrine action
- produced in many cell types (x not in specialized glands)
 - PG (many cell types)
 - Tx (platelets/endothelium)
 - LT (immune system), Lx (immune system)
- wide variety of effects

EICOSANOIDS

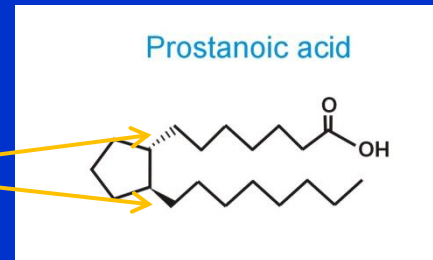
Nomenclature of prostanoids

theoretically from prostanic acid structure

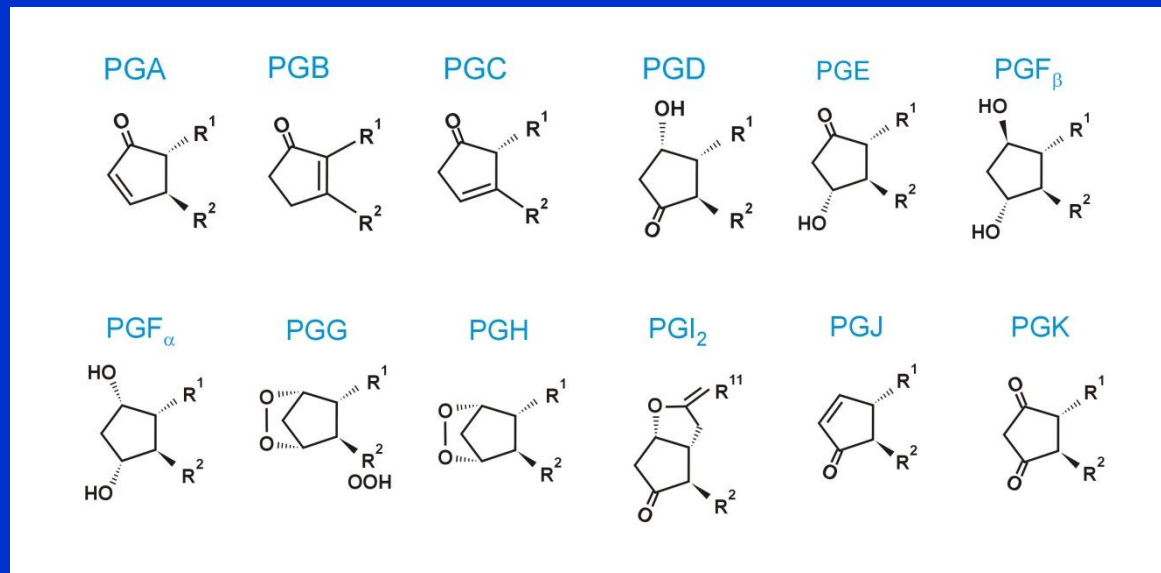
20 C structure

cyclopentane ring

substituents are added *trans-*
on adjacent carbons



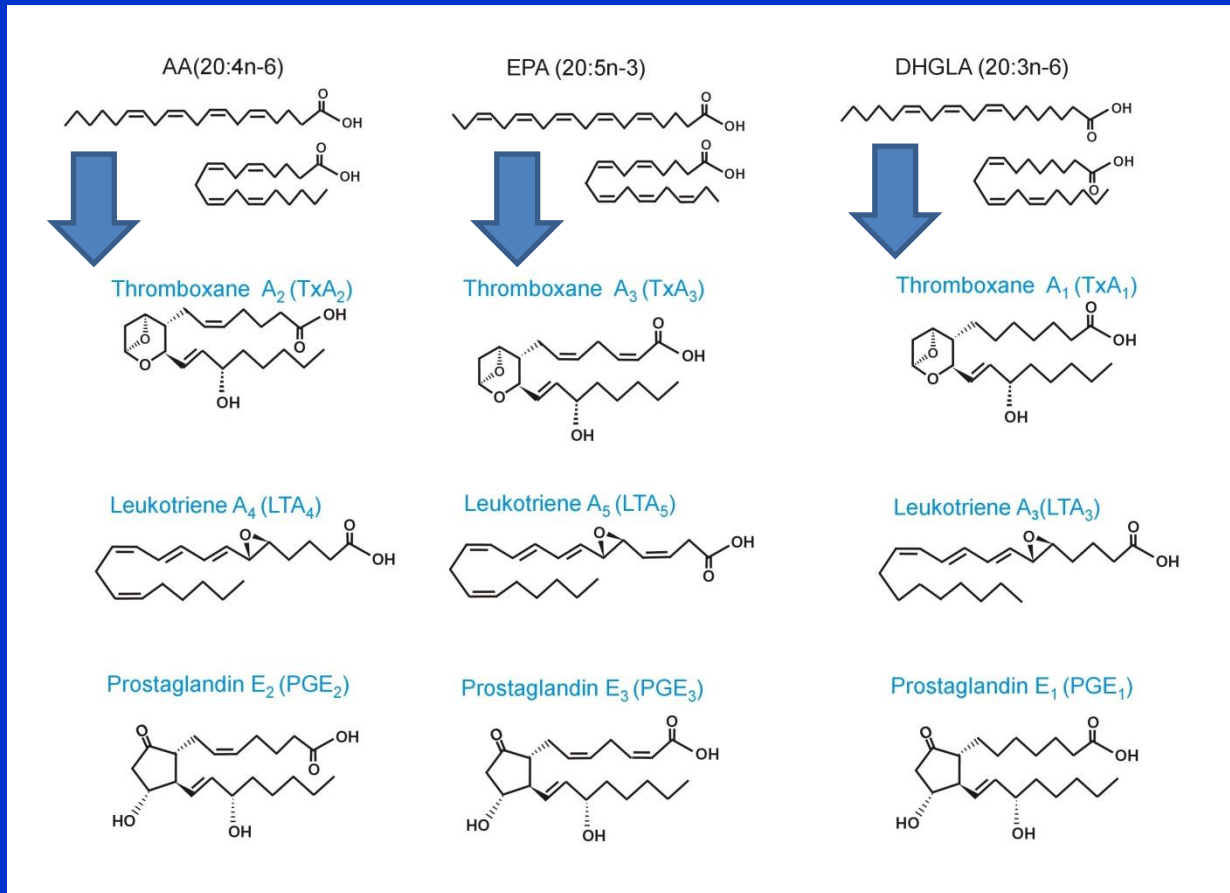
1. type of ring structure (the third letter)



EICOSANOIDS

Nomenclature of prostanoids

2. number of double bonds present (*the number*)



LEUKOTRIENES

Oxylipins derived from 20 C fatty acid precursor

leukos → white blood cells
dendritic cells

biosynthetic pathway

1. lipoxygenase (5-LOX)
in nuclear membrane

LTA₄

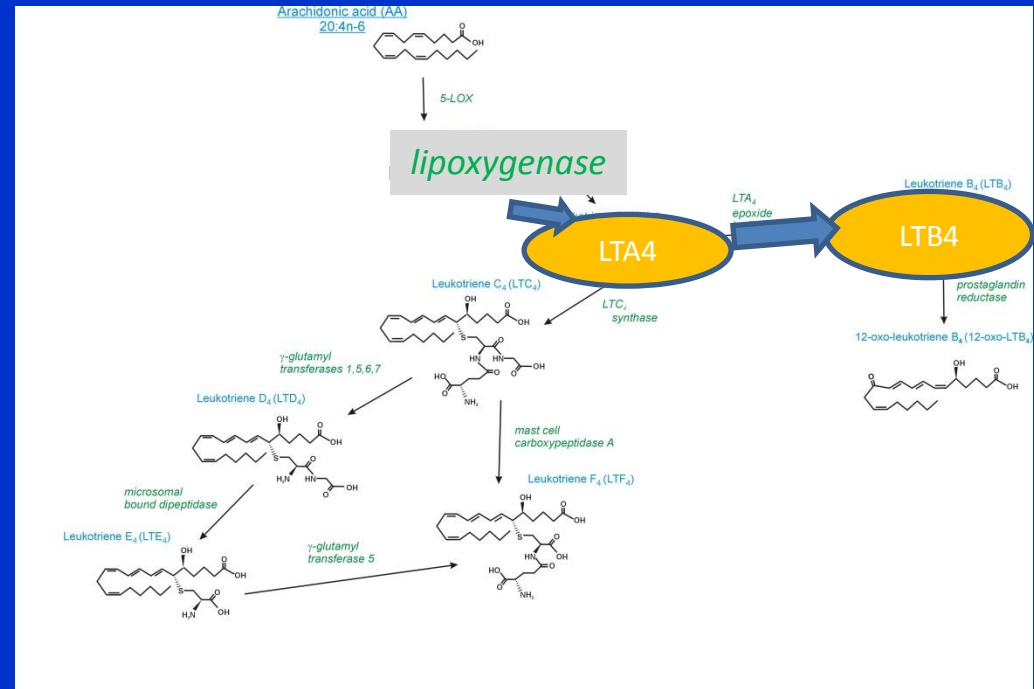
branching point



a) *LTA₄ hydrogenase*

LTB₄

- in leukocytes, promotes inflammation
enhances extravasation, chemoattractant (mechanism)



LEUKOTRIENES

Oxylipins derived from 20 C fatty acid precursor

LTA₄

branching point



b) *LTC₄ synthase*

LTC₄, LTD₄, LTE₄

= peptide leukotrienes
(glutathione residue)

promote inflammation

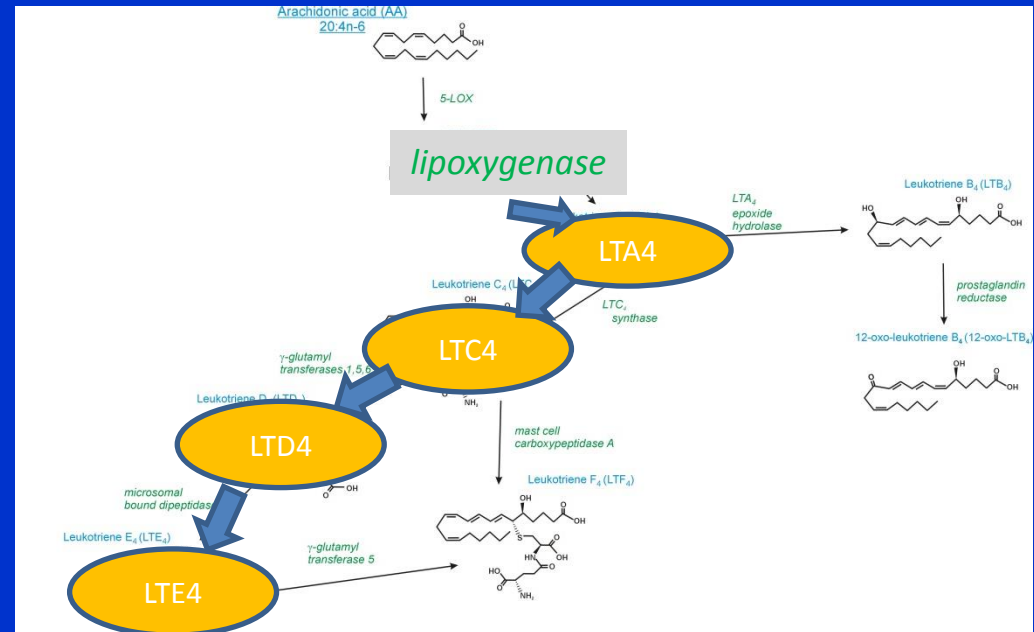
enhance bronchoconstriction (asthma!)

smooth muscle constriction, vasoconstriction

(LTs 100 x more potent than histamine (hist acts in early stage), late response)

mediate allergic reaction: *Slow Reacting Substance of Anaphylaxis (SRS-A)*

mediate later response to an allergen



LEUKOTRIENES

Oxylipins derived from 20 C fatty acid precursor

Pharmacology note

LT rec antagonists (cysLT1 rec)

- LT induce bronchospasms  asthma treatment

generic names -lucasts

montelukast, zafirlukast, pranlukast

PROSTANOIDS

Oxylipins derived from 20 C fatty acid precursor

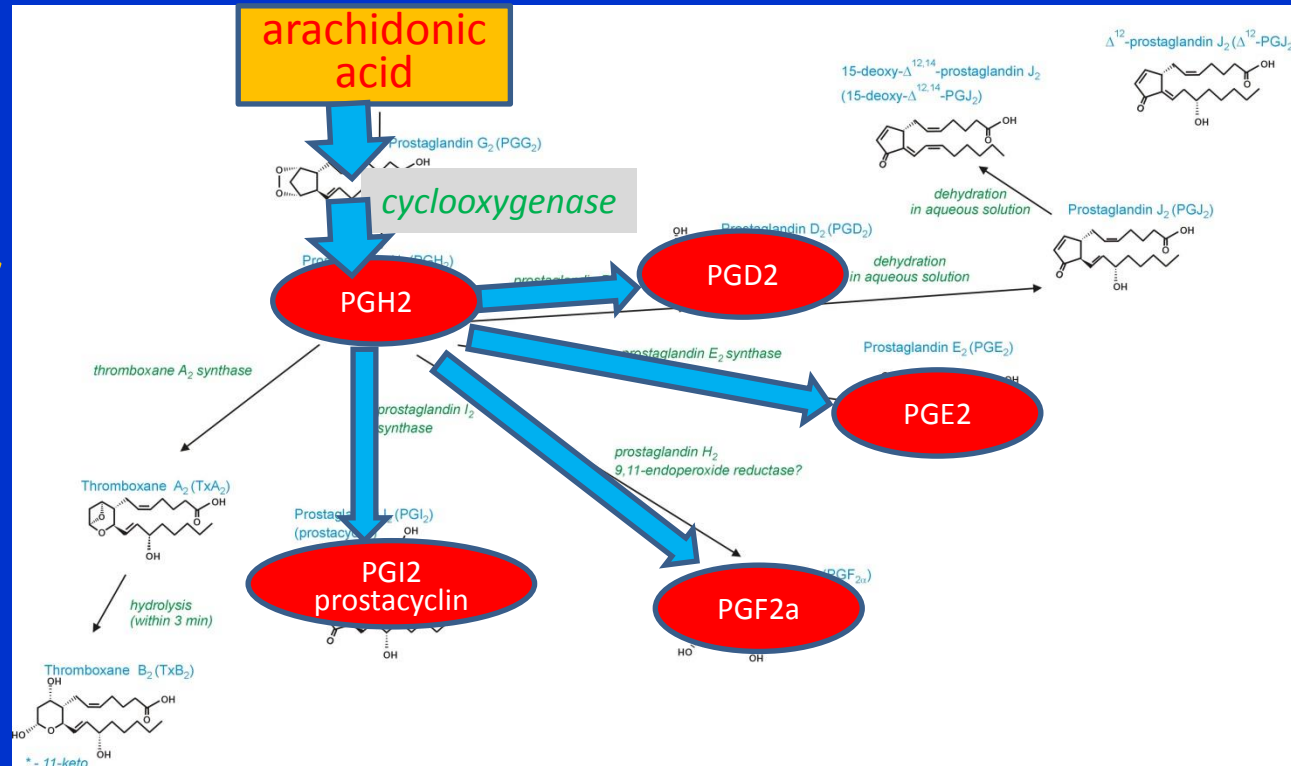
Prosta → *prostate*
(1st isolation of PG from seminal fluid)
biosynthetic pathway

1. cyclooxygenases
(COX-1, COX-2)

PGH₂

branching point
precursor for

prostaglandins
thromboxanes



PROSTANOIDS

Oxylipins derived from 20 C fatty acid precursor

Cyclooxygenases (*prostaglandin endoperoxide H synthases*)

enzymes catalyzing transformation of **AA** → **PGG₂** → **PGH₂**

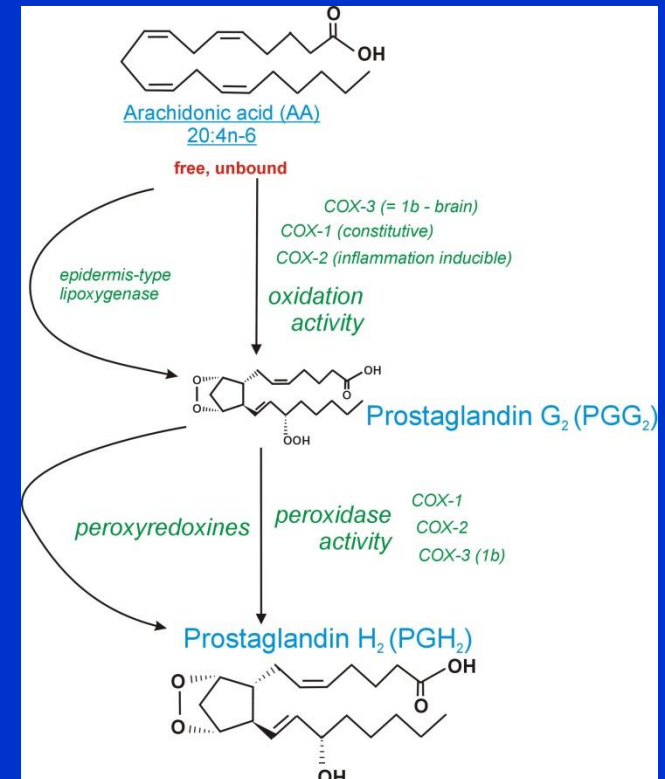
located in ER/nuclear envelope

COX-1

constitutive
in many tissues

COX-2

inducible (constitutive in kidney/brain)
induced by NFκB (proinflamm. transcr fact)
lower substrate specificity than COX-1
(+DHGLA, EPA, 2-AG, anandamide...)



PROSTANOIDS

Oxylipins derived from 20 C fatty acid precursor

Prostaglandin effects

1. Essential homeostatic functions

GIT

- cytoprotection of gastric mucosa (PGs)
 - increase mucus, water, and electrolyte secretion in the stomach (and the intestine)
- decrease in transit time
 - PGE2 and PGF2a: increase the rate of longitudinal contraction

renal physiology

- PGE2: maintaining vascular tone, blood flow, and salt and water excretion (Na⁺ reabsorption)
- PGI2 (PGE2?): increases K⁺ secretion
- PGI2: vasodilator → renal blood flow ↑

PROSTANOIDS

Oxylipins derived from 20 C fatty acid precursor

Prostaglandin effects

1. Essential homeostatic functions

smooth muscles

- vascular

PGE₂, PGI₂: vasodilatation (↑ blood flow → can prolong oedema)

- bronchial

PGFs: bronchial contraction

PGEs: bronchial relaxation

blood physiology

PGE₂: erythropoiesis induction (↑ renal EPO release)

PGI₂, PGE₂: inhibition of platelet aggregation

PGI₂, PGD₂: inhibition of histamine release

PROSTANOIDS

Oxylipins derived from 20 C fatty acid precursor

Prostaglandin effects

1. Essential homeostatic functions

brain/peripheral neuronal tissue

- body temperature

PGD₂: ↓body temperature during sleep (sleep induction)

PGE₂: ↑body temperature as an inflammatory response
thermal centre in brain (anterior hypothalamus)

- pain

dorsal root ganglion neurons expressing IP receptor (PGI₂)

PGD₂, PGE₂: inflammatory pain (*sensitizing pain receptors*)

PROSTANOIDS

Oxylipins derived from 20 C fatty acid precursor

Prostaglandin effects

2. Special circumstances

Birth induction, gestation

PGE₂, PGF_{2a}: uterine smooth muscle contraction (pregnancy)
x nonpregnant: PGE₂ contraction, PGF_{2a} relaxation of uterus

Maintain patent DA (ductus arteriosus)

DA : contains muscle sensitive to
oxygen tension (low O₂)
vasoactive substances (PGE₂ vasodilat.)
(neonatal cardiac surgery)

PROSTANOIDS

Oxylipins derived from 20 C fatty acid precursor

Prostaglandin effects

2. Special circumstances

Inflammation

PGE₂: **pro-inflammatory** (fever induction, pain enhanc.)

anti-inflammatory [inhibits LO-5(LT) and lymphoc. proliferation]

PGI₂: mediator of pain and oedema

PGD₂: in mast cells

PROSTANOIDS

Treatment by prostanoids - special cases

Raynaud's disease

overreaction of limbs to cold/stress → cold fingers/toes in pain

PGEs as vasodilators

Glaucoma (open-angle)

clogged eye's drainage canals → ↑ internal eye pressure →
damage to the optic nerve

PGEs, PGFs: ↑ outflow of aqueous humor

(cave: change in iris color, ↑ growth of eyelashes)

Peptic ulcers

high doses NSAID → acidic + ↓ protection of GIT → ulcers

PGE1: restoration of PG protective effects

Erectile dysfunction

damaged function of corpora cavernosa

PGE1: vasodilator → ↑ blood flow

PROSTANOIDS

Oxylipins derived from 20 C fatty acid precursor

Thromboxanes

thrombus → *platelets (clotting)*

biosynthetic pathway

1. TX synthase

in ER

TxA₂

induction of vasoconstriction

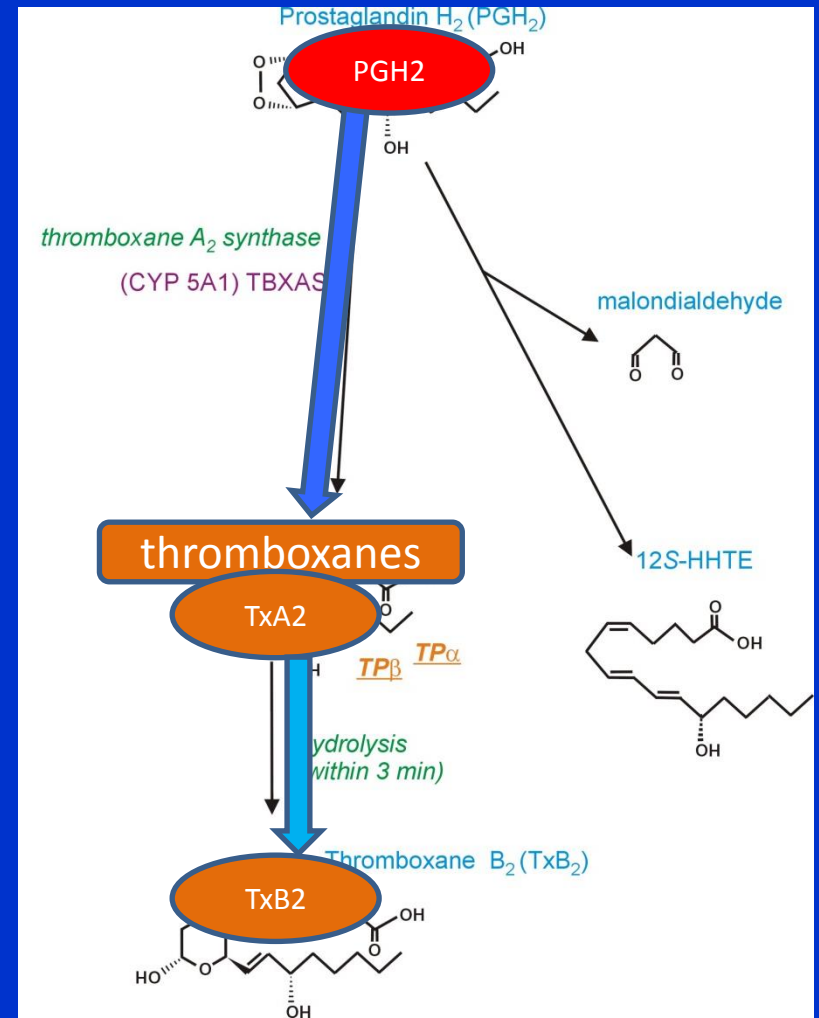
platelet aggregation

spontaneously



TxB₂

inactive



LIPOXINS

Lipoxygenases products of arachidonic acid II

Lipoxins

Inflammation



Resolution of inflammation

PMN infiltration ↓

antiangiogenic effects

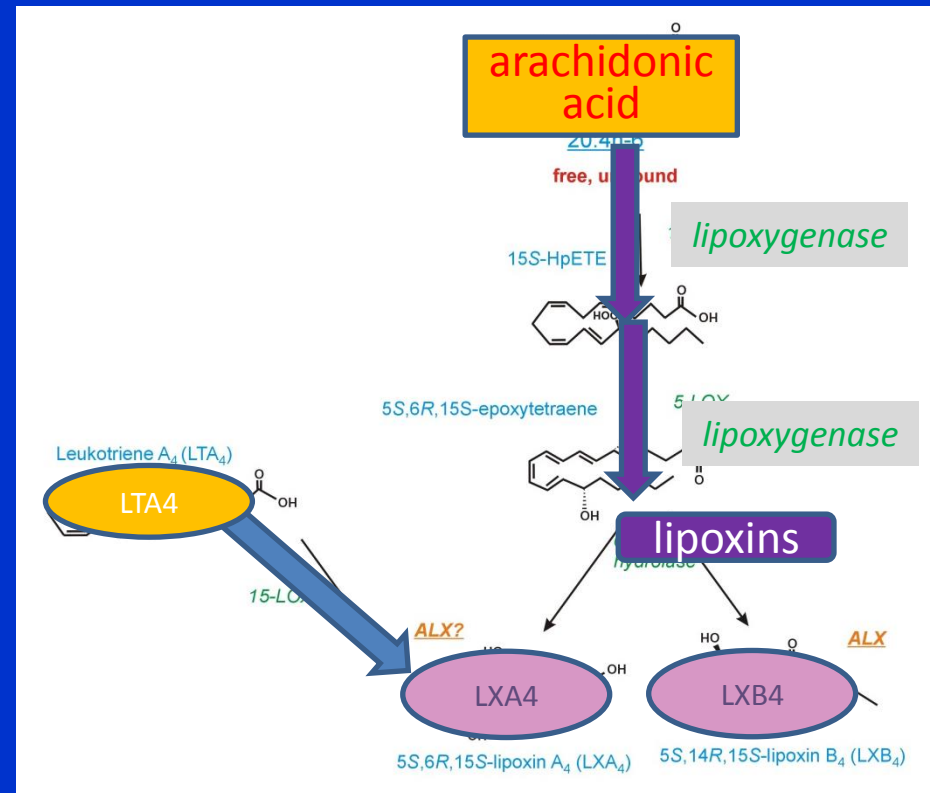
chemoattraction of monocytes

→ wound healing

I. airways (monocytes/epithelium)

II. platelets (need LTA₄)

III. aspirin → forming epi-LXs



EPOXYEICOSATRIENOIC AND HYDROXYEICOSATETRAENOIC ACIDS

CYP450 monooxygenases products from arachidonic acid

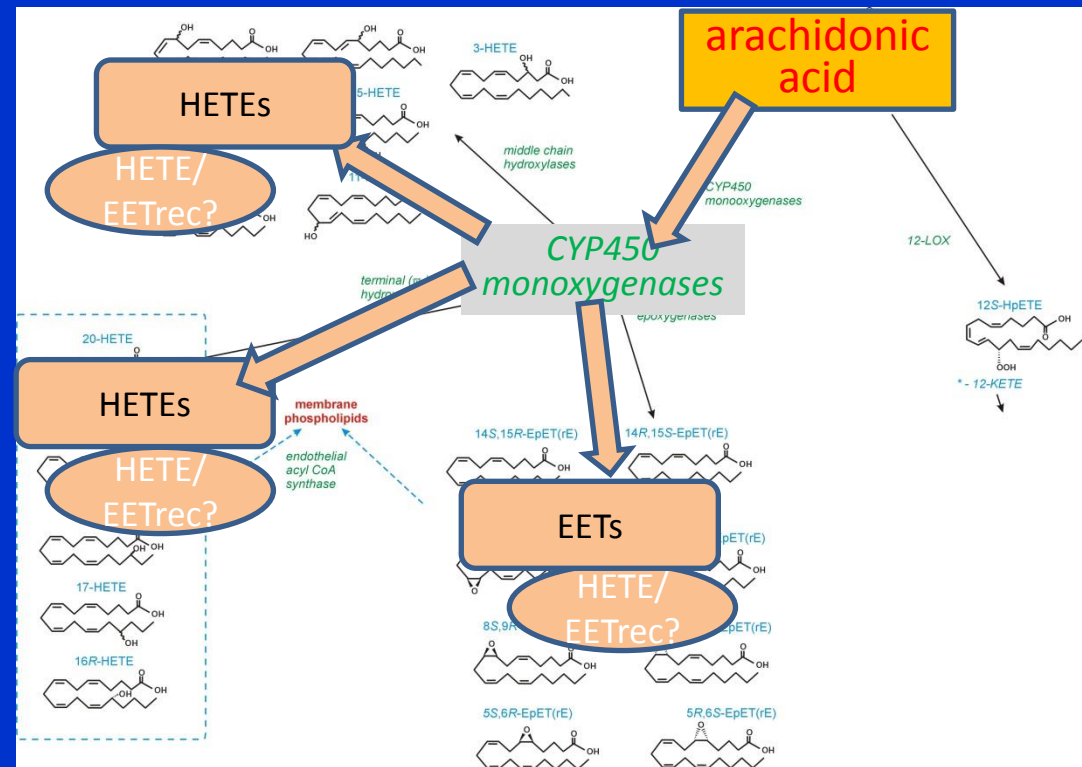
AA is transformed via monooxygenases

ion transport regulation
vascular tone?
renal/lung function



hypertension?

cancer progression?



NSAIDS

Non-steroidal inhibition of COXs

Arachidonate pathway (cascade)

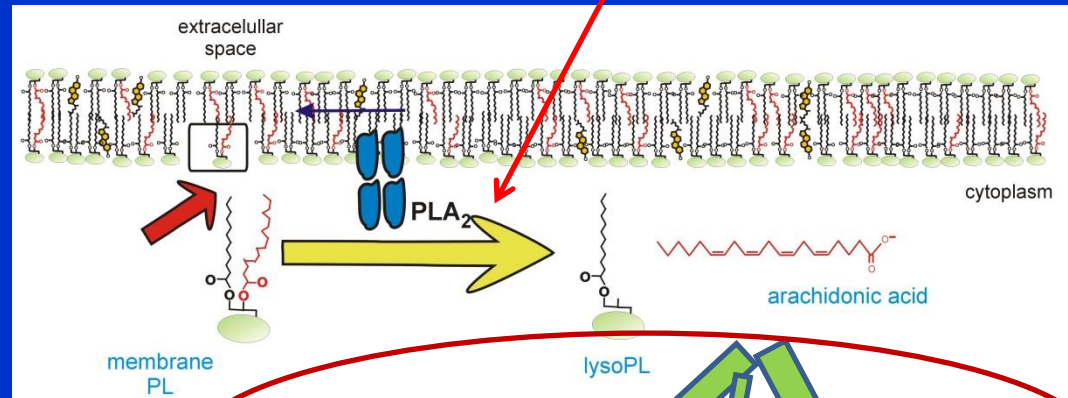
AA must be released from PL by PLA₂



free AA is metabolized

NSAIDs:
act on distal part of the AA cascade

inhibited by glucocorticoids
(steroids)



COX-1 COX-2

LOs

prostanoids

leukotrienes

HETEs

other products

NSAIDS

Non-steroidal inhibition of COXs

types of NSAID

1. Irreversible inhibitors

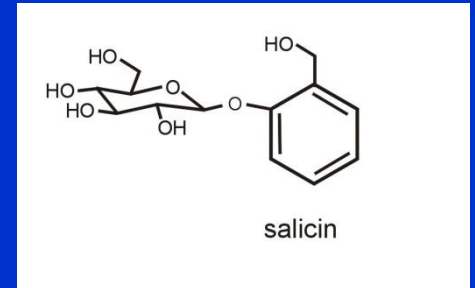
aspirin: acetylation of COXs serine530 (1971 Vane et al.)

→ AA cannot reach the active site of COXs

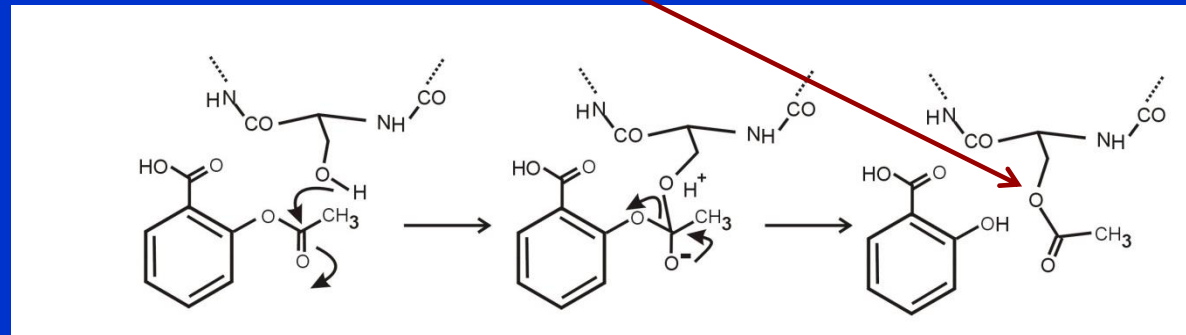
ancient Egypt: treating fever with bark of willow

1826-8 isolation of salicin

(bark of willow/poplar trees)



Aspirin:
better tolerated



NSAIDs

Non-steroidal inhibition of COXs

types of NSAID

2. reversible inhibitors of COX-1 and COX-2

competing with AA on the active site of enzymes

→ inhibition of all PG production

via COX-1 (→unwanted side effects):

including protective effect on GIT mucosa → ulcers (20% long-term)

(some are prodrugs not active in stomach → ulcers ↓)

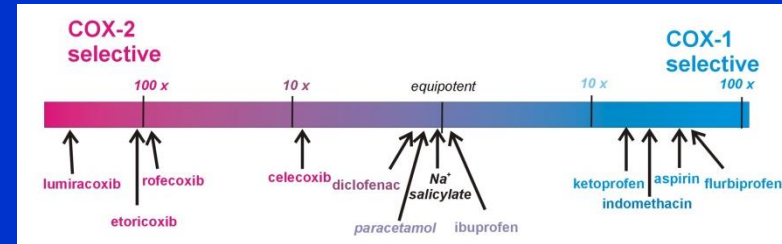
via COX-2 (→beneficial effects):

inflammatory/fever/pain responses

indomethacin, acetaminophen (not for inflammation)

some NSAIDs can also lower LO → LT↓

(some NSAIDs and antiinflammatory effects ↑ diclofenac)



NSAIDs

Non-steroidal inhibition of COXs

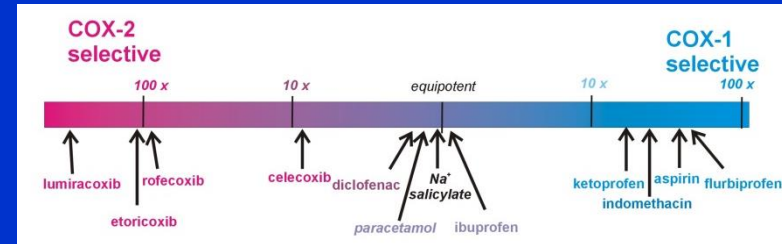
types of NSAID

3. reversible inhibitors of COX-2 (coxibs)

COX-1 isoenzyme is affected only marginally
rofecoxib, celecoxib

→ only inducible effects of COX products are inhibited
by inflammation... (not brain/kidney)

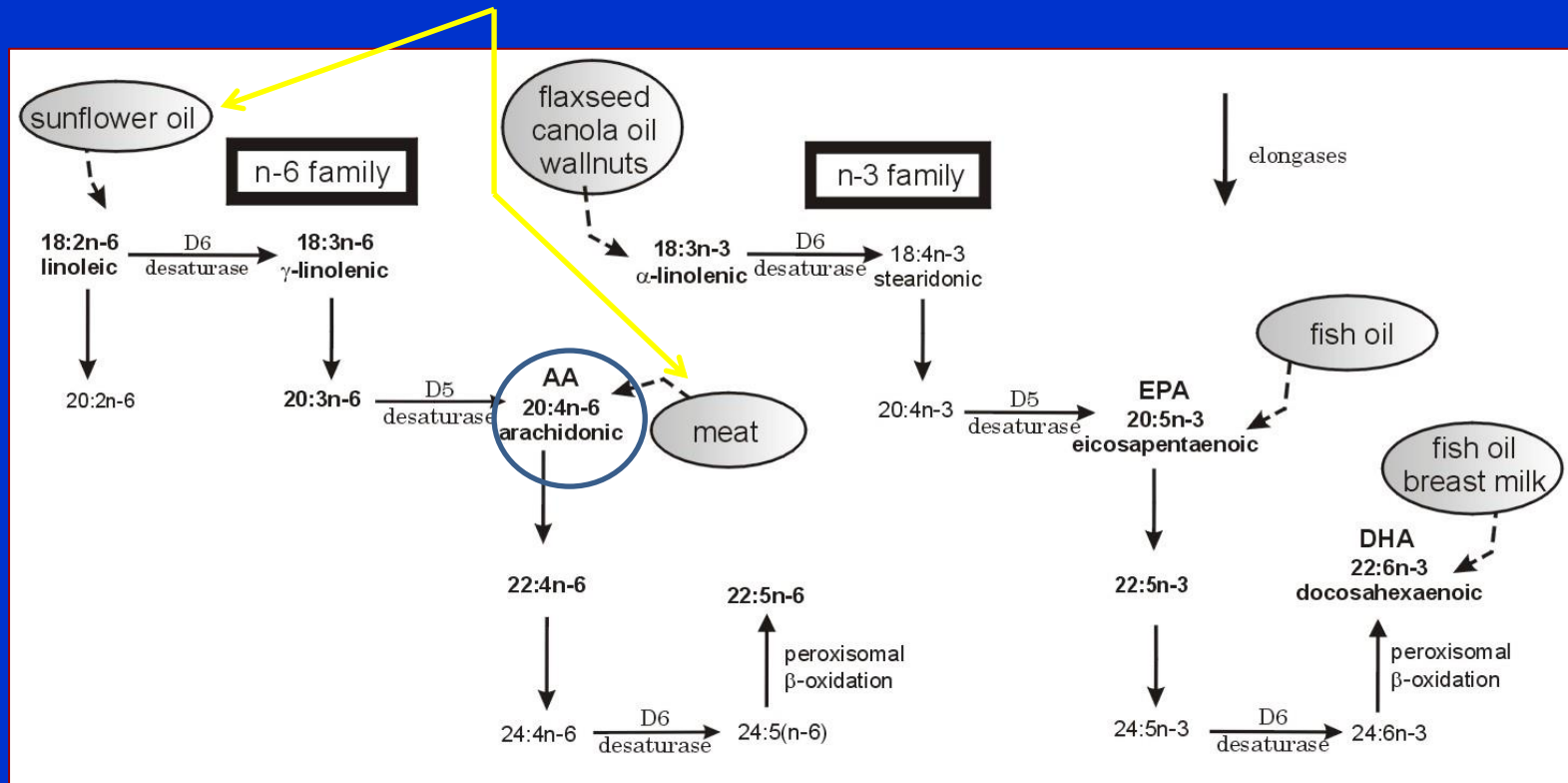
- platelets (COX-1) ↪ TxA2 production ↑ (some coxibs and MI ↑)
- effects on brain? (for those crossing BBB)



ESSENTIALITY OF FA

AA vs ALA/EPA/DHA

arachidonic acid (AA) is main precursor for eicosanoids in human
comes from dietary sources




EICOSANOIDS

Oxylipins derived from 20 C fatty acid precursor

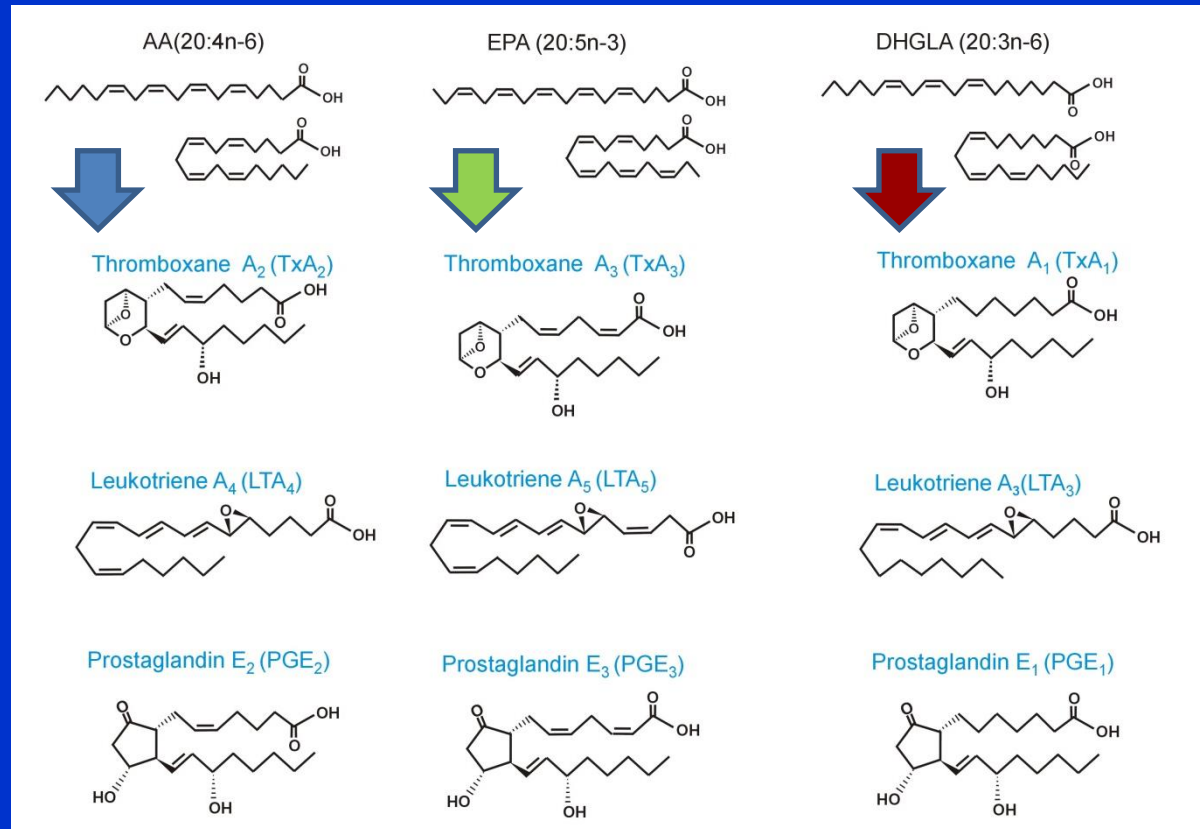
arachidonic acid (AA) is not sole substrate for the enzymes

other eicosanoids
from



eicosapentaenoic acid
EPA, (20:5n-3)

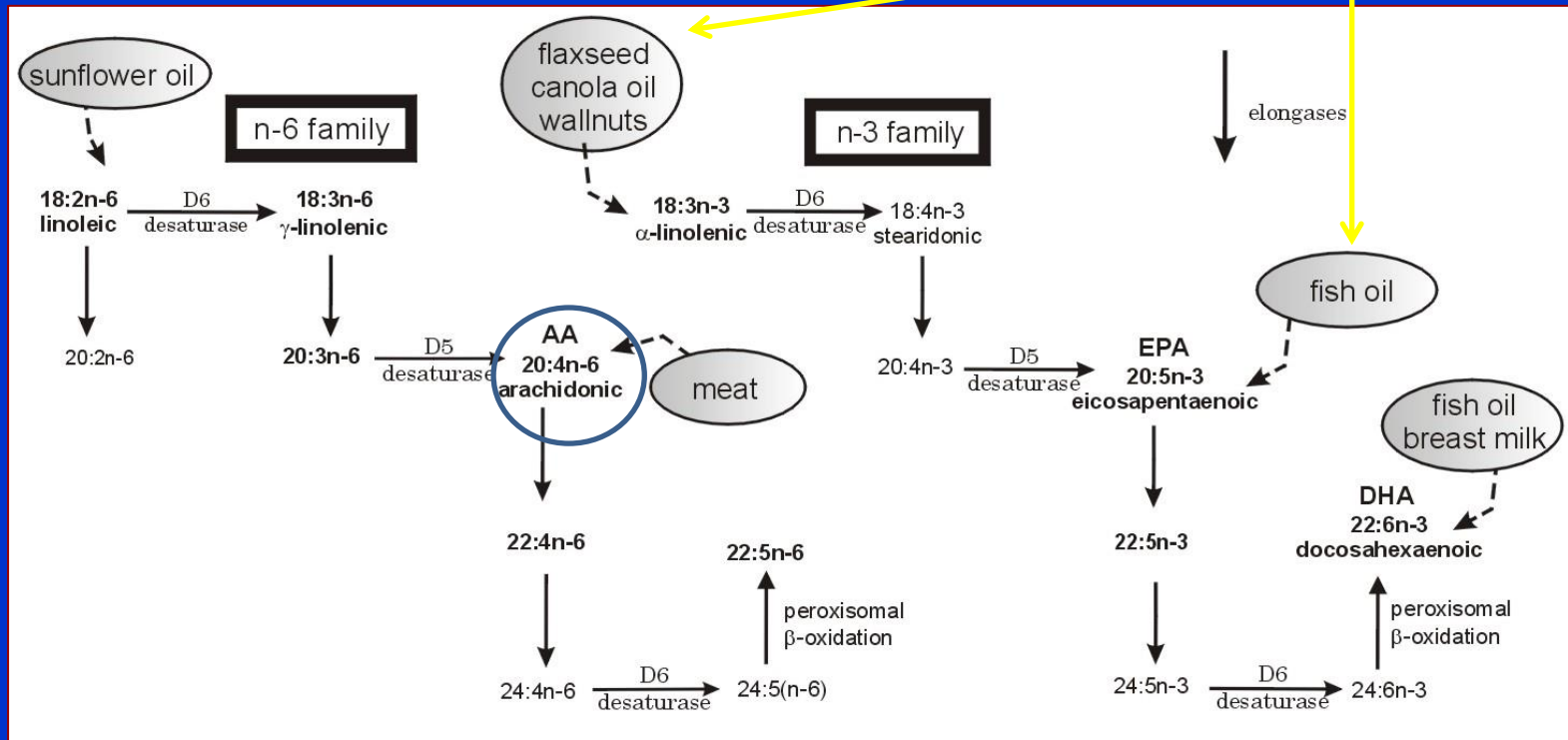
dihomo- γ -linolenic acid
DHGLA, (20:3n-6)



EICOSANOIDS II

Eicosanoids formed from other FA than AA

eicosapentaenoic acid (EPA) can be also precursor for eicosanoids in human
also comes from dietary sources



EPA EICOSANOIDS

EPA analogues of AA metabolites

Thromboxanes series 3

vasodilatating

Prostaglandins series 3

antiarrhythmic

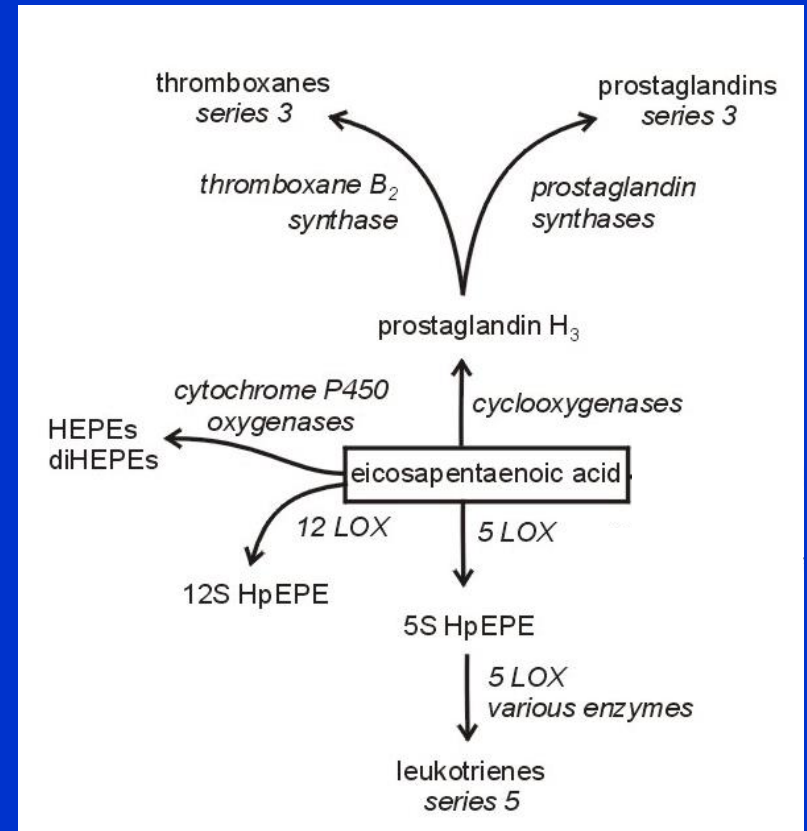
antiinflammatory

Leukotrienes series 5

antiinflammatory



beneficial effects of EPA



DOCOSANOIDS

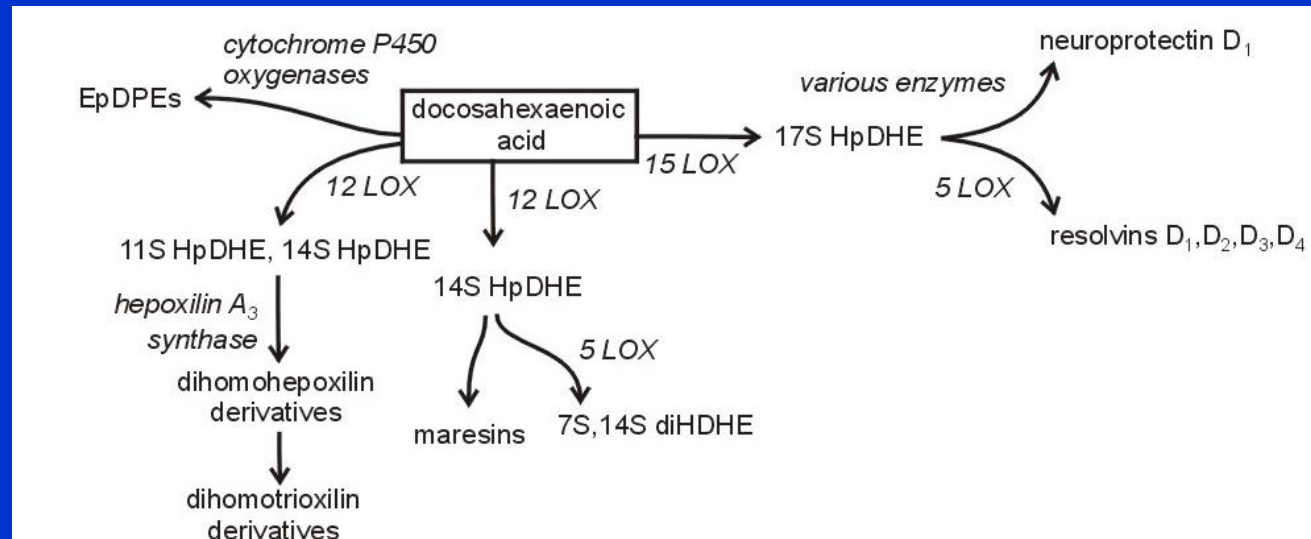
Oxylipins derived from DHA

DHA is not a substrate for COX (unless aspirin acetylated)

Neuroprotectins (neuroprotective effects)

antiinflammatory mode of action

→ resolution of inflammation (**resolvins**)



EFFECTS OF PUFA_{n-3}

Oxylipins derived from DHA, EPA are beneficial

DHA, EPA are essential FA

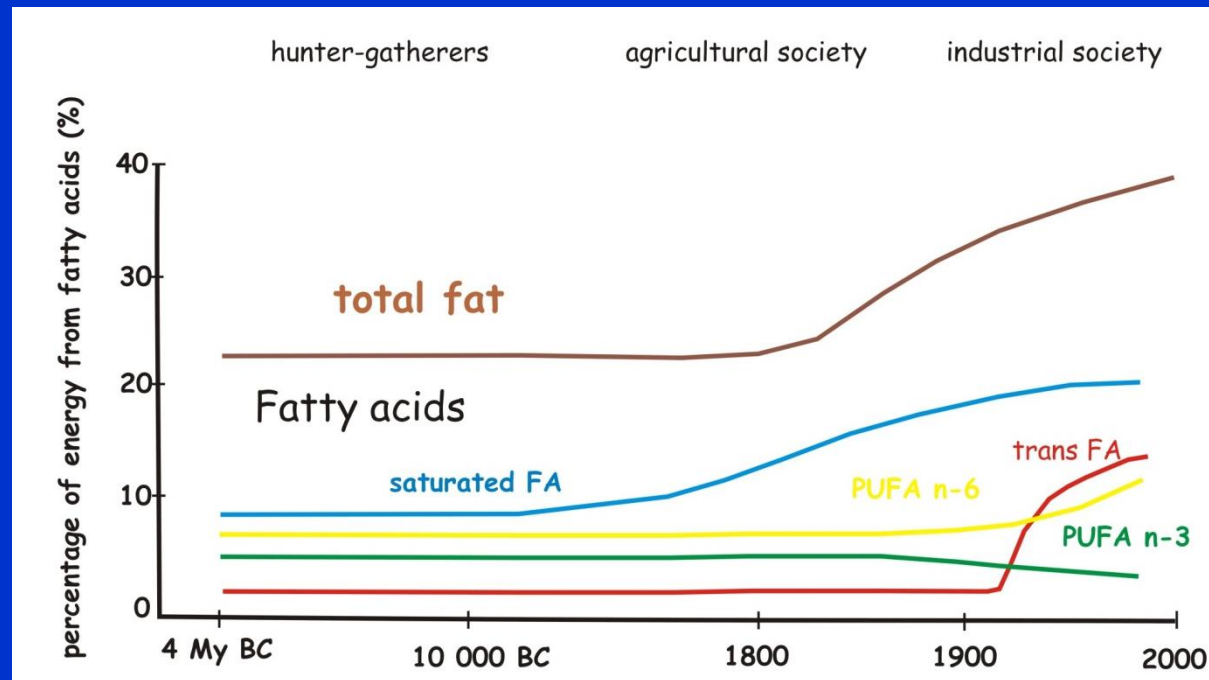
I. dietary sources

recommended ratio
(PUFA_{n-6}/PUFA_{n-3})

1-4/1

typical western diet:
14-25: 1

II. supplementation



NONENZYMATIC PRODUCTION OF OXYLIPINS

FA bound in PL are oxidized nonenzymatically

Relatively high ROS (oxidative stress)

→ attack of C=C in PUFA-PL (-OOH, =O, -OH)

→ cyclizations, fragmentations

(some further reaction can be enzymatic)

arachidonic acid → isoprostanes series 2

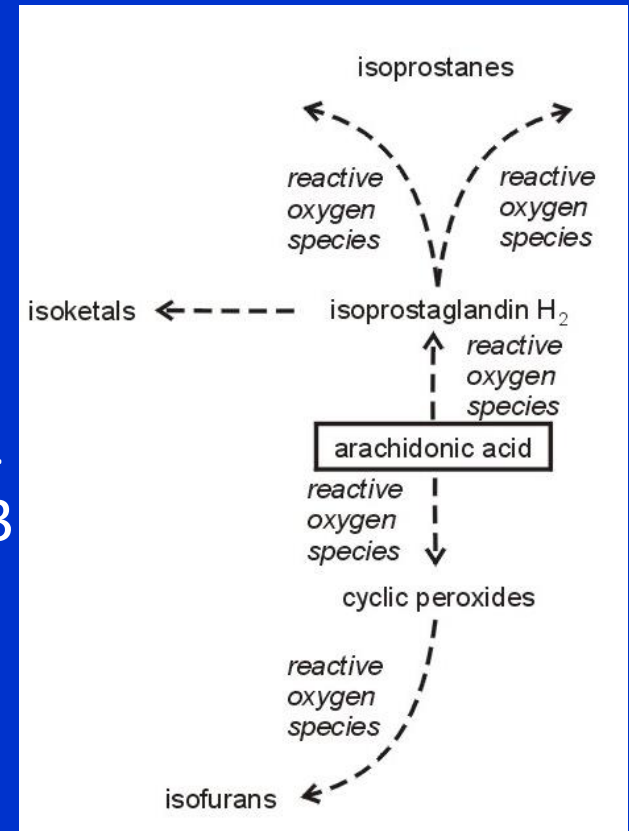
eicosapentaenoic acid → isoprostanes series 3

linoleic acid → HODEs

docosahexaenoic acid → neuroprostanes



indicators of oxidative stress



Further reading

Textbooks, monographs

Biochemistry of Lipids, Lipoproteins and Membranes (5th Ed); Vance DE, Vance JE (Eds.), Elsevier, Amsterdam (The Netherlands) 2008

Lehninger Principles of Biochemistry (6th Ed); Nelson DL, Cox MM (Eds.), Susan Winslow, New York (U.S.A.) 2013

Harper's Illustrated Biochemistry (28th Ed); Murray RK, Bender DA, Botham KM, Kennely PJ, Rodwell VW, Weil PA (Eds.), McGraw-Hill, New York (U.S.A.) 2009

Bioactive lipids; Nicolau A, Kokotos E (Eds.), The Oily Press, Bidgwater (UK) 2004

Articles

Harizi H, Corcuff J-B, Gualde N: Arachidonic-acid-derived eicosanoids: roles in biology and immunopathology. *Trends Mol Med* 2008; **14**: 461-469.

Hammond VJ, O'Donnell VB: Esterified eicosanoids: Generation, characterization and function. *Biochim Biophys Acta* 2012; **1818**: 2403–2412.

Serhan CN, Chiang N: Endogenous pro-resolving and anti-inflammatory lipid mediators: a new pharmacologic genus. *Brit J Pharmacol* 2008; **153**: S200–S215.

Rao PNP, Knaus EE: Evolution of Nonsteroidal Anti-Inflammatory Drugs (NSAIDs): Cyclooxygenase (COX) Inhibition and Beyond. *J Pharm Pharmaceut Sci* 2008; **11**: 81s-110s.

Simopoulos AP: The importance of the ratio of omega-6/omega-3 essential fatty acids. *Biomed Pharmacother* 2002; **56**: 365–379.

Roberts LJ, Fessel JP: The biochemistry of the isoprostane, neuroprostane, and isofuran pathways of lipid peroxidation. *Chem Phys Lipids* 2004; **128**: 173–186.

Web sources

<http://www.cyberlipid.org>

<http://lipidlibrary.aocs.org>

<http://www.lipidmaps.org>

<http://www.chem.qmul.ac.uk/iupac> - IUPAC Nomenclature page

<http://themedicalbiochemistrypage.org> - the Medical Biochemistry Page