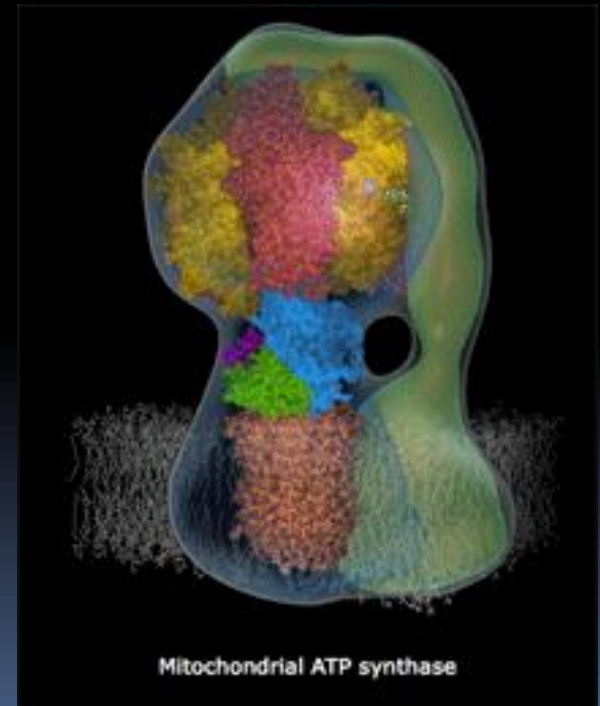
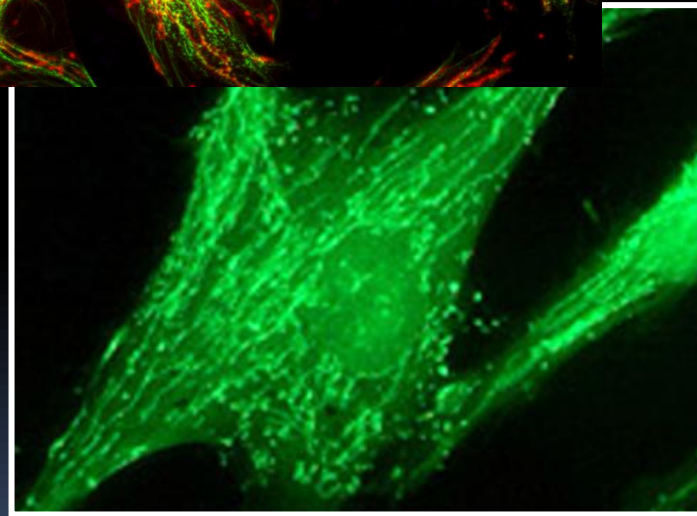
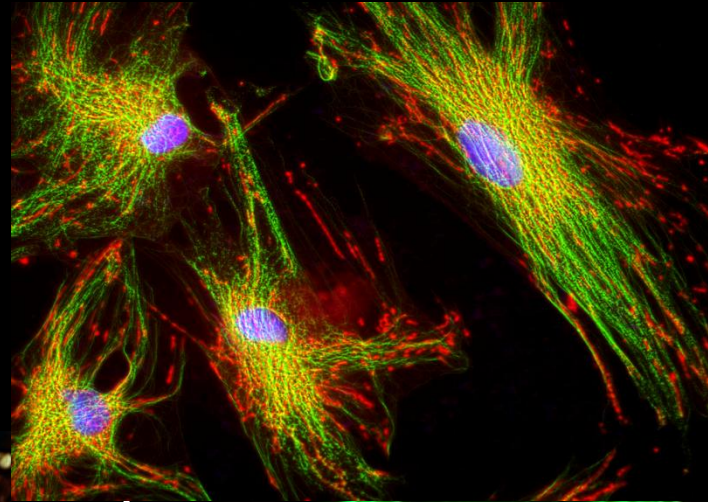
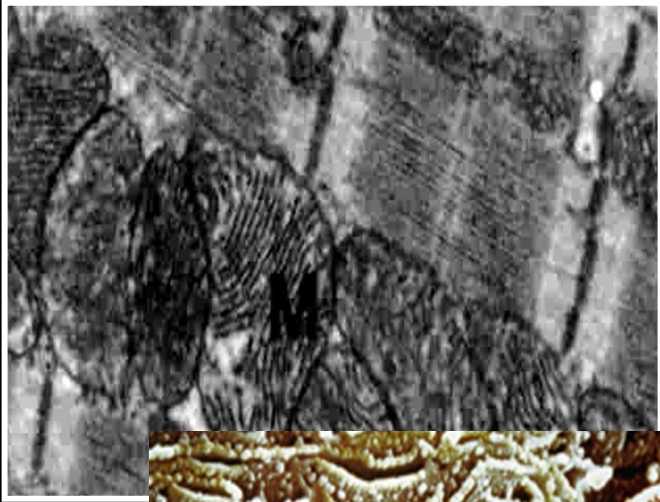


# Mitochondrial disorders and defects of mitochondrial beta oxidation of fatty acids

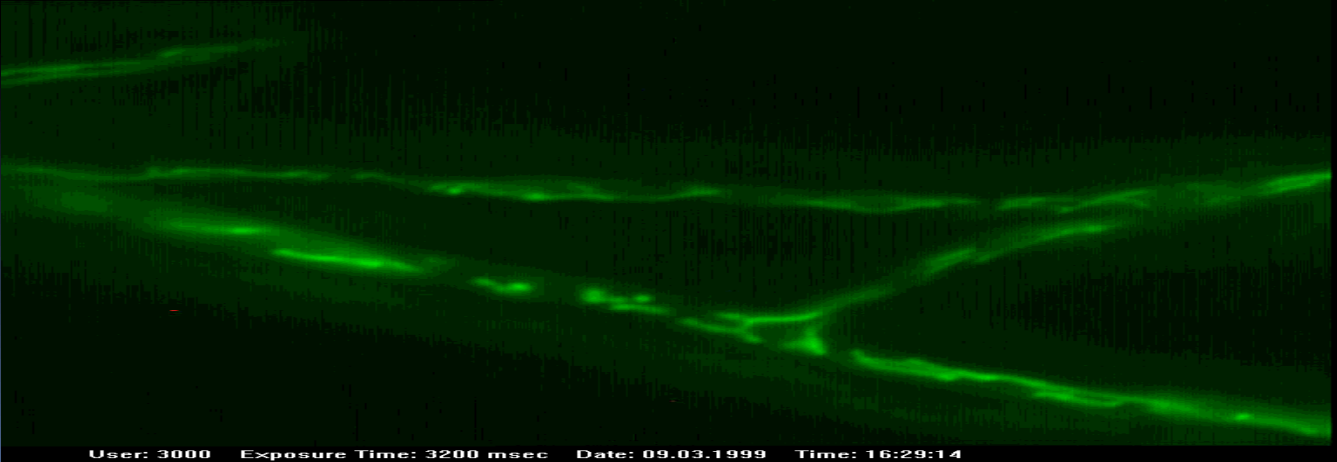
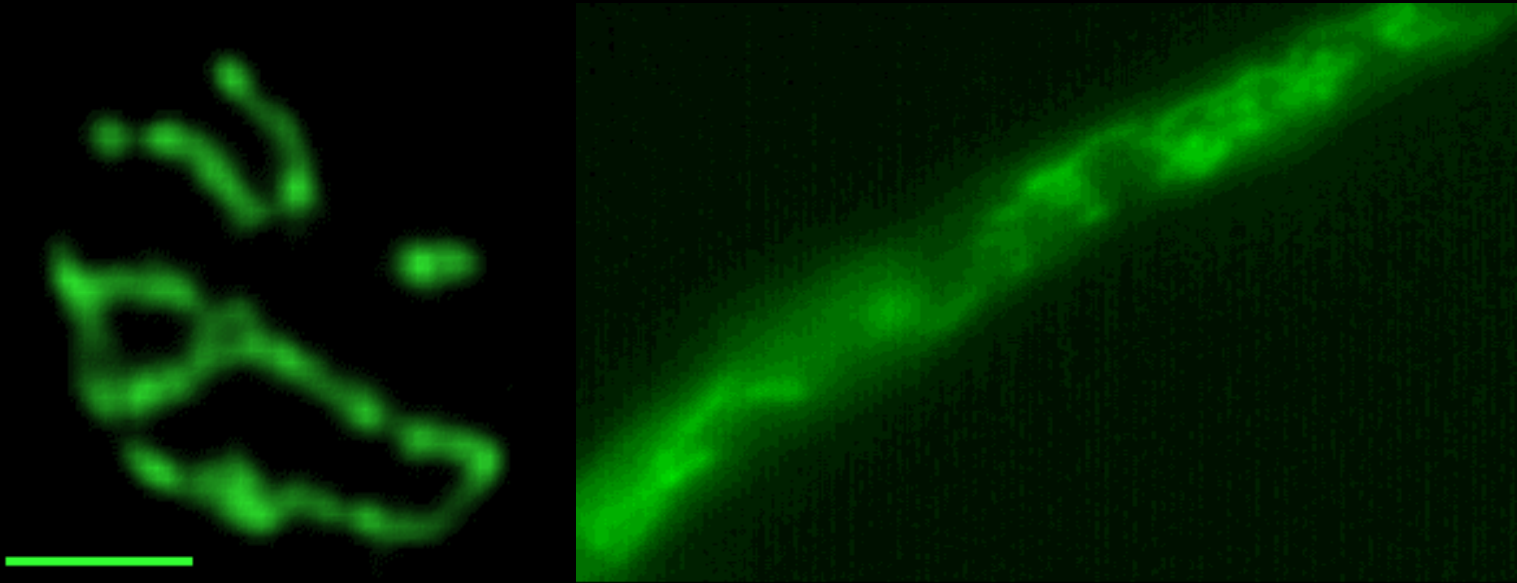
Institute of Inherited Metabolic Disorders  
1.LF



# Mitochondria



# Mitochondria structure



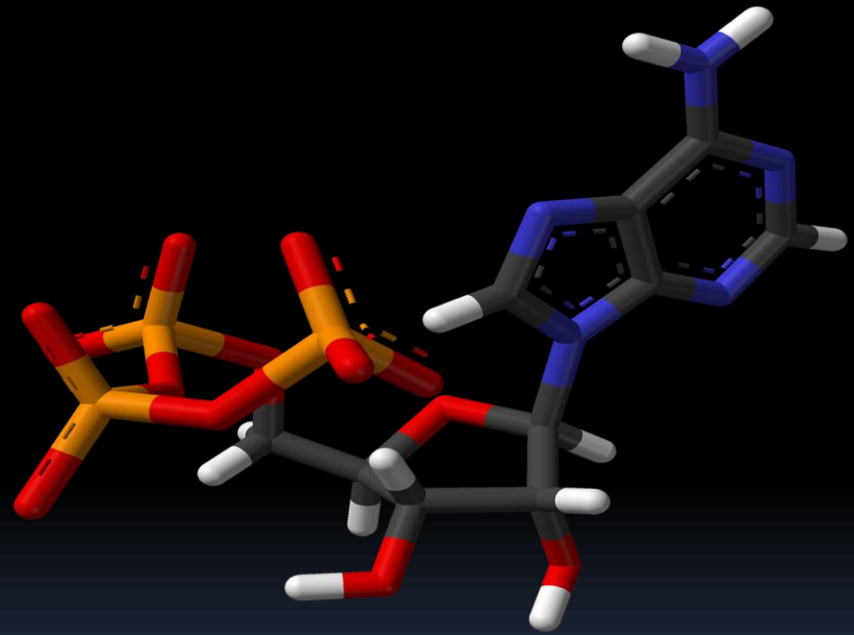
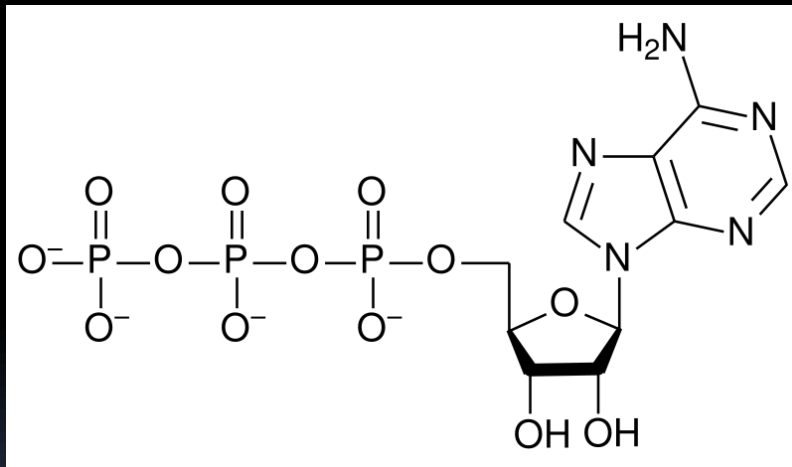
# OXPHOS (oxidative phosphorylation system)

## Respiratory chain

### ATP production – molecule for energy transport in cells

Aerobic oxidation in eukaryotic mitochondria

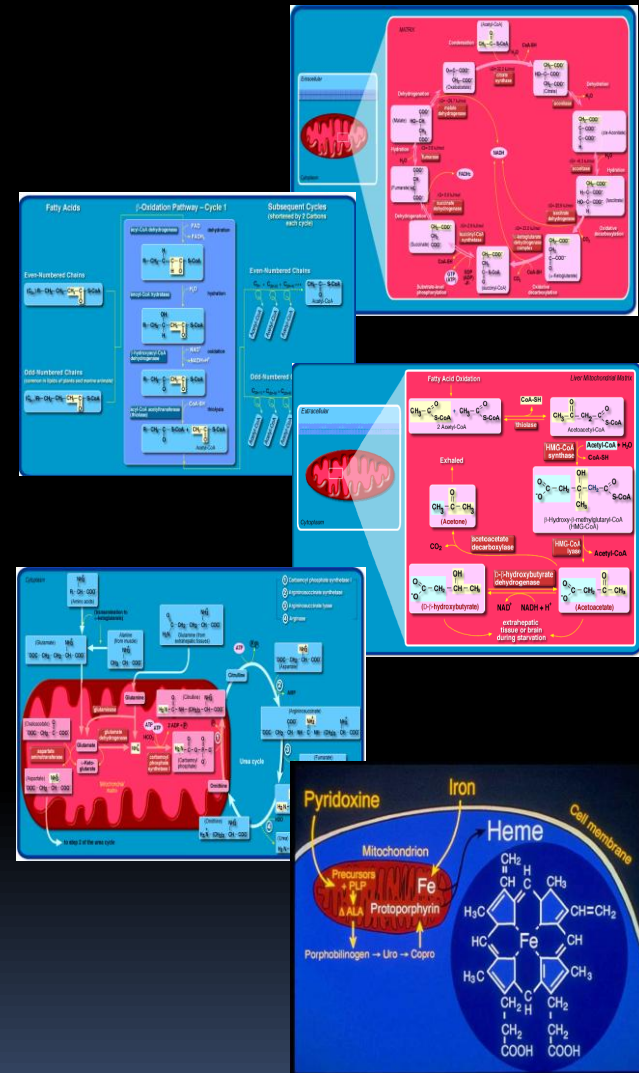
(glycolysis and Krebs cycle)



ATP – adenosine triphosphate

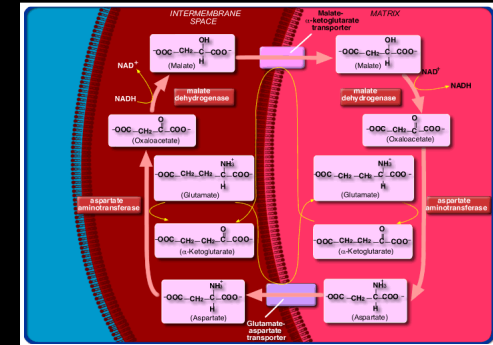
# Metabolic pathways in mitochondria

- ❑ Krebs cycle
- ❑  $\beta$  oxidation FA
- ❑ Ketogenesis
- ❑ Urea cycle
- ❑ Syntesis of haem and phorphyrine
- ❑ ...



# Mitochondriální transportní systém

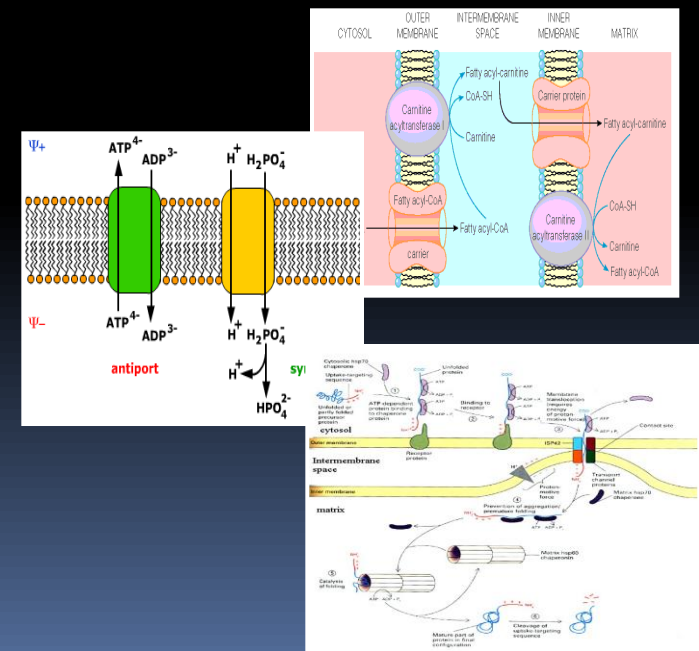
- shuttle for NADH.H<sup>+</sup> transport
  - malate-aspartate shuttle
  - glycerolphosphate shuttle



□ substrates and products transporters

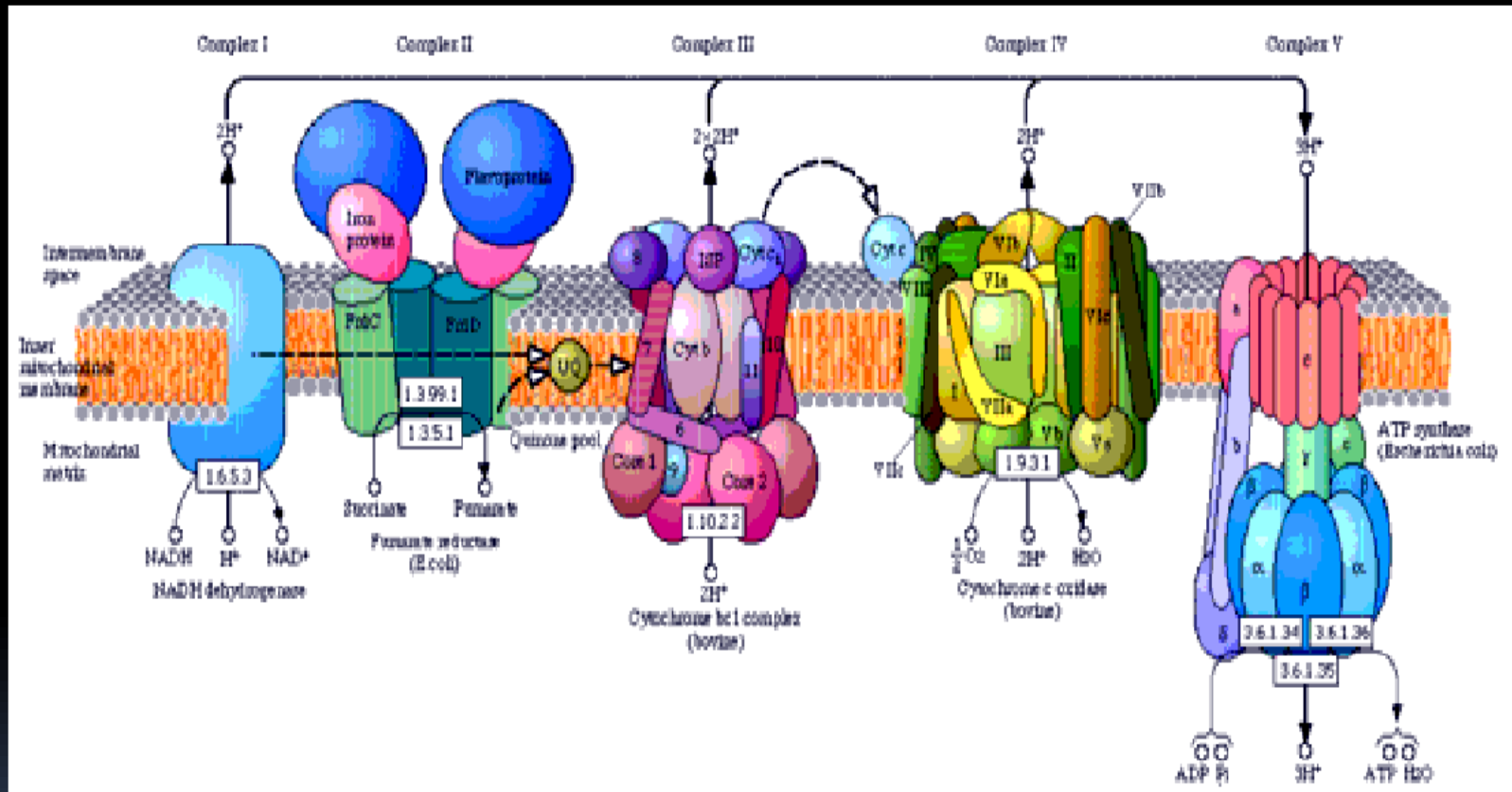
□ ADP/ATP translocator

□ protein import





# Oxidative phosphorylation



> 43

4

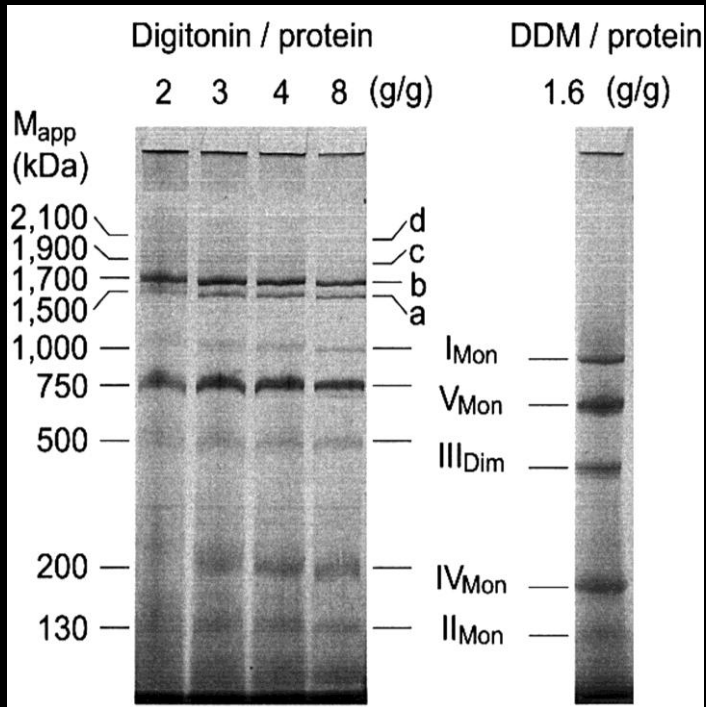
11

13

16

subunits

# Supercomplexes

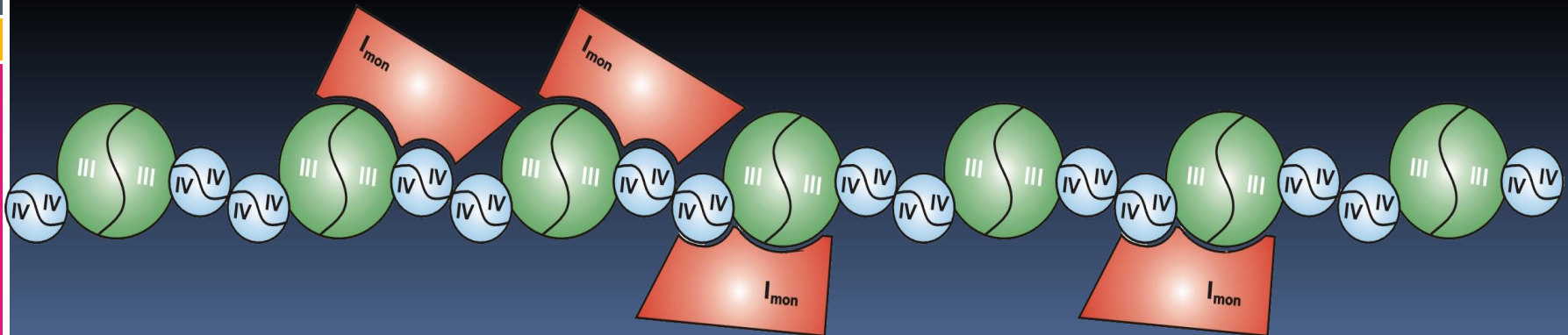


Tissue specificity

(liver, haert, brown adipose tissue ...)

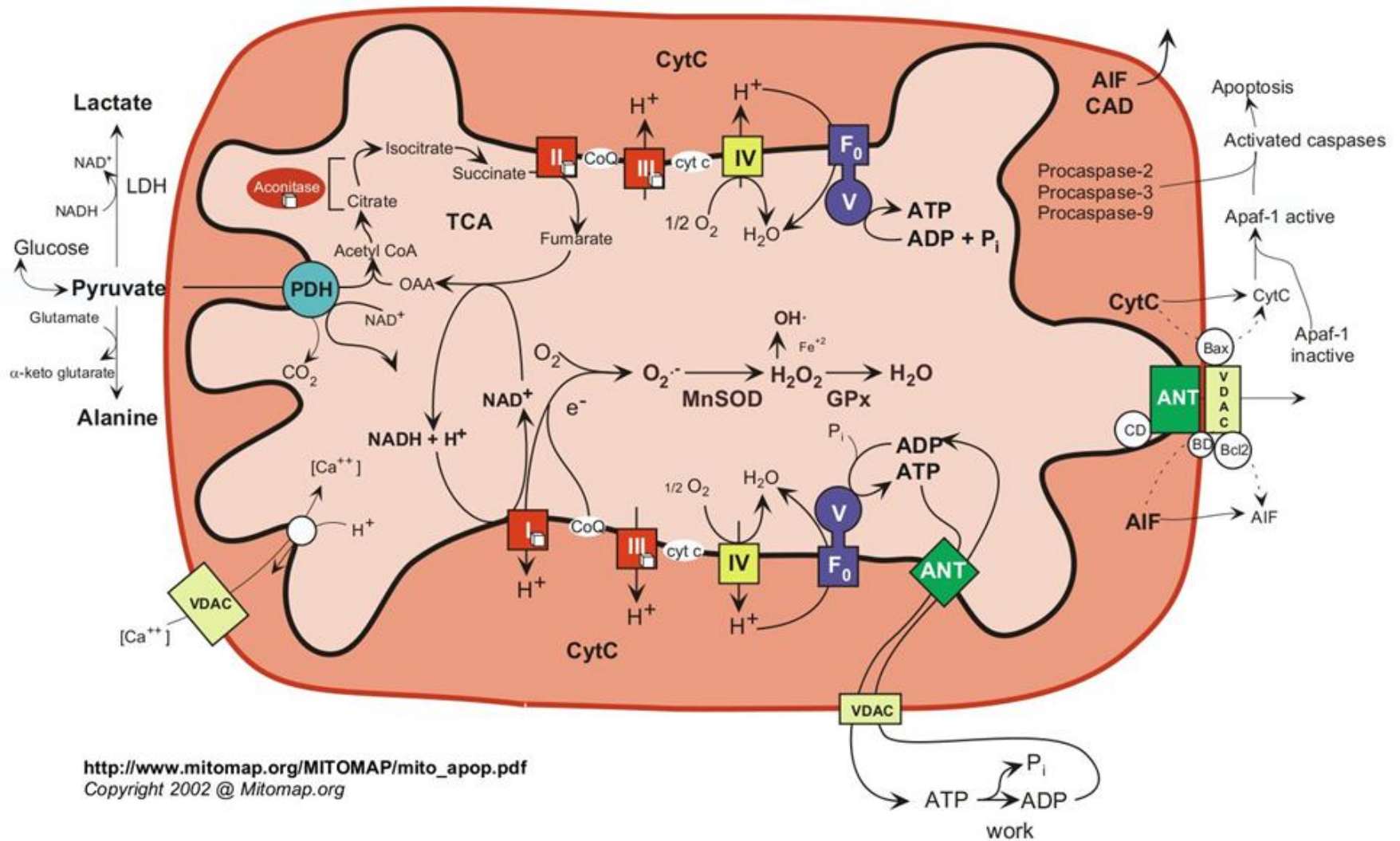
Ontogenetic changes

(perinatal development, ...)





# Mitochondrial Energetics



[http://www.mitomap.org/MITOMAP/mito\\_apop.pdf](http://www.mitomap.org/MITOMAP/mito_apop.pdf)  
 Copyright 2002 @ Mitomap.org

Diagram of the mammalian mitochondrion showing the relationship between energy production, ROS generation, and regulation of apoptosis.

# Mitochondrial disorders

Mitochondrial energy defets

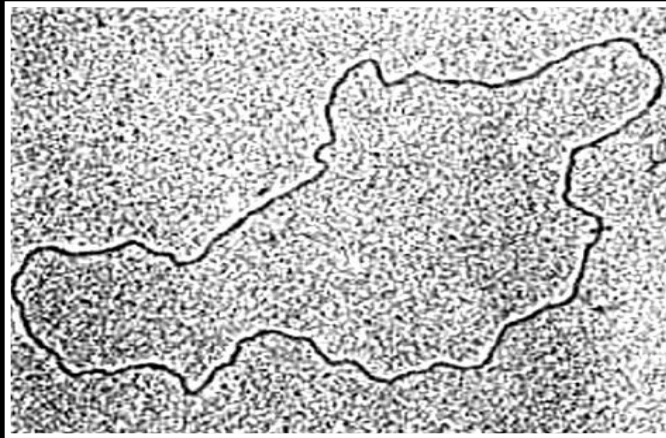
nuclear genes

mitochondrial genes (mtDNA)

- Deficiency of respiratory chain complexes; OXPHOS
- Deficiency of Krebs cycle enzyme and pyruvate dehydrogenase metabolism
- Defects of mitochondrial replication, transcription, translation, repair, assembly or structural proteins...; in fusion and fission processes

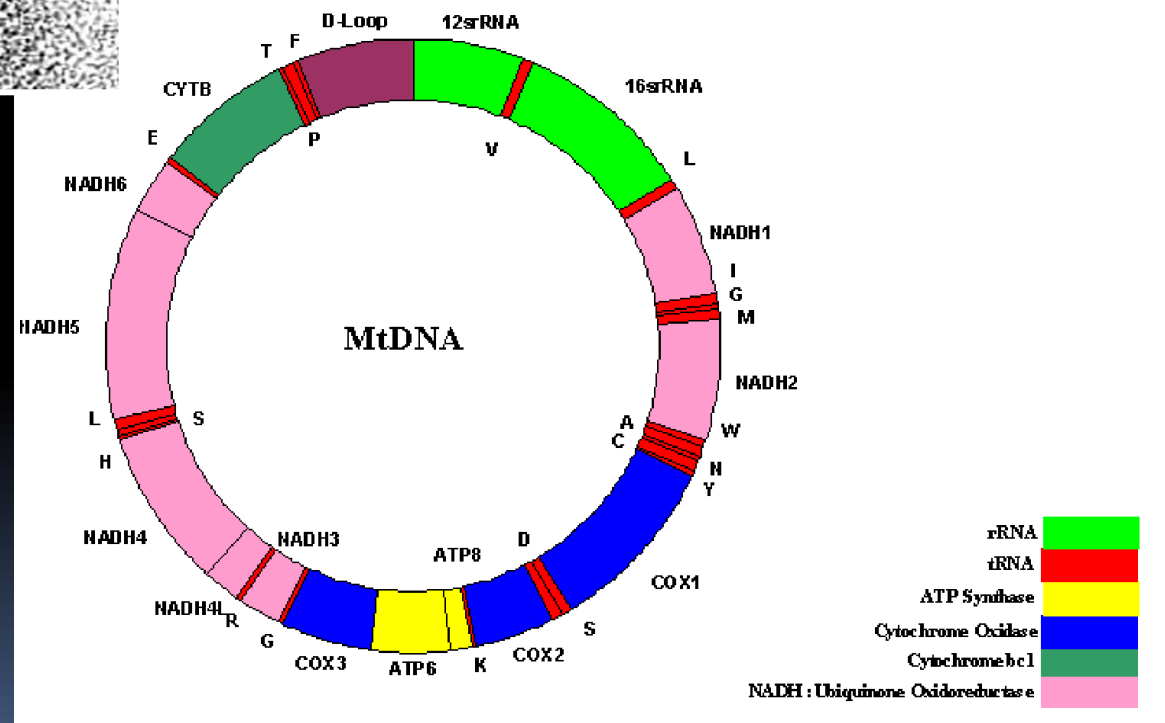
Incidence      1/3000-4000

# Mitochondrial DNA



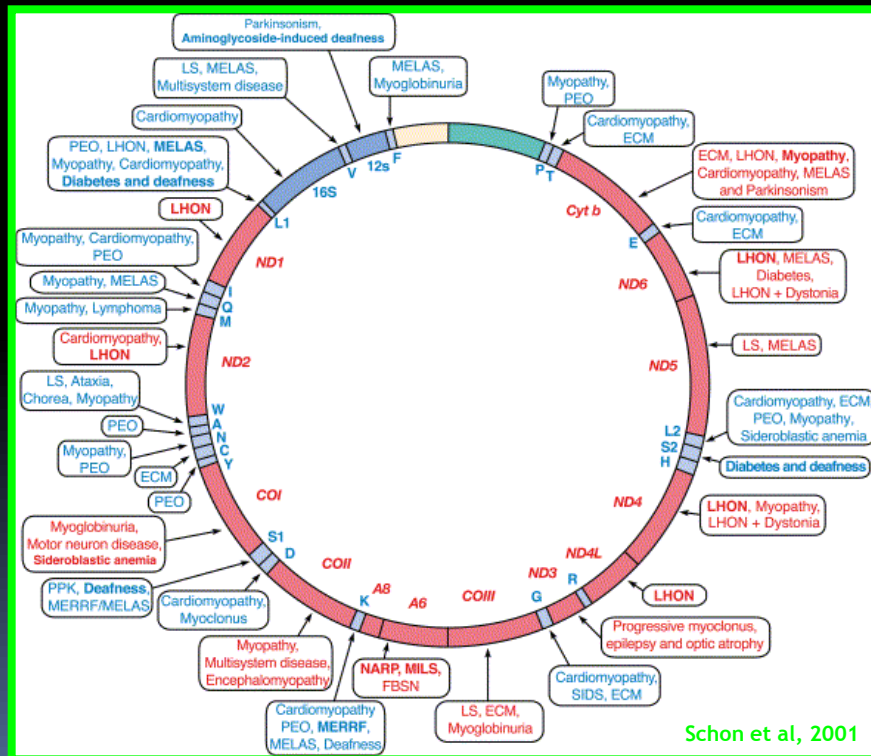
- ❑ 16 569 base pairs
- ❑ 13 mRNA, 2 rRNA; 22 tRNA

- ❑ 2-20 / mito
- ❑ 10-10 000 / bb



# Mitochondrial disorders

- Incidence 1:3500 – 1:4000
- High energy dependend tissues
- Mutation in ncDNA and v mtDNA

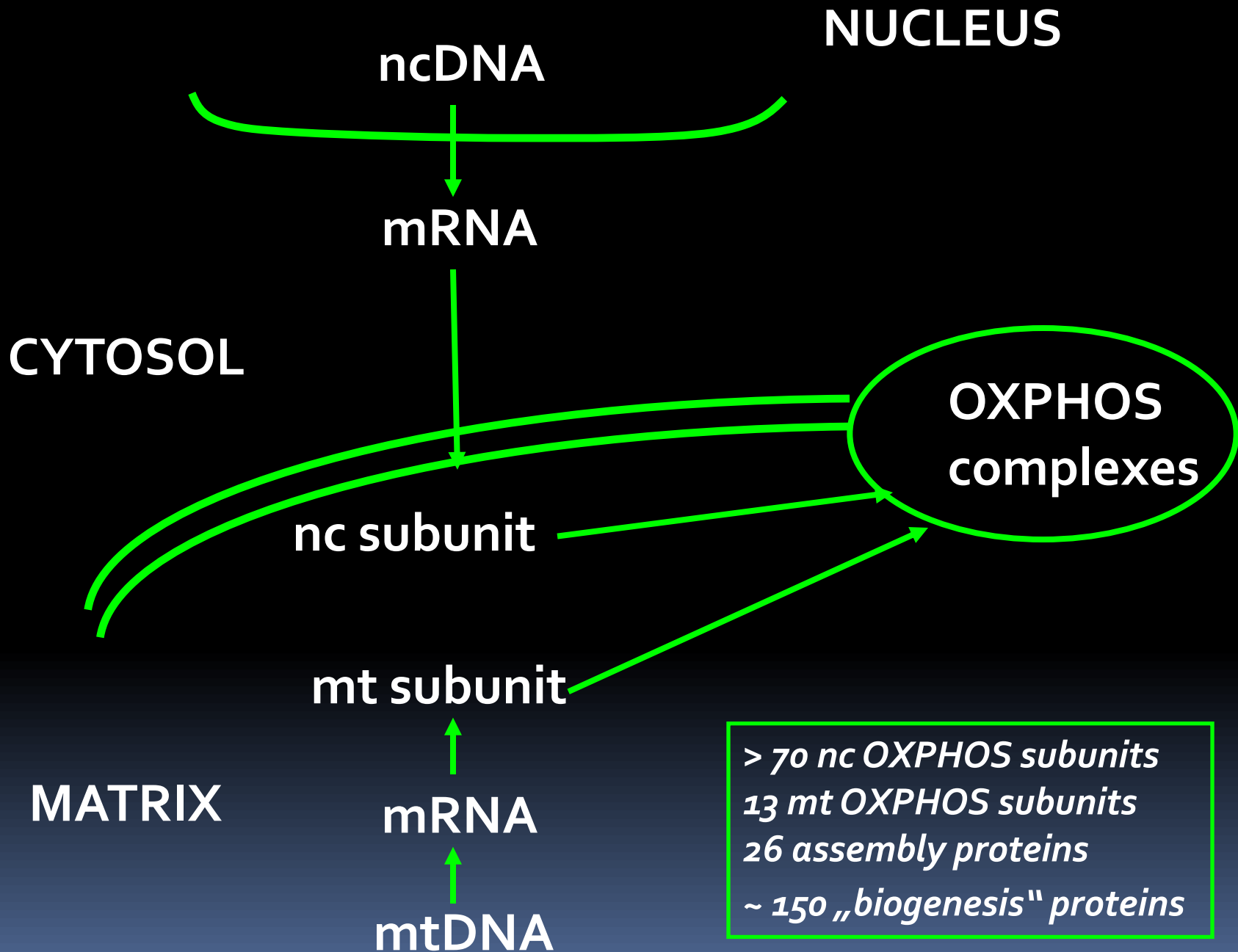


- 13 mRNA, 2 rRNA
- 22 tRNA - >100 mutation
  - ✓ Leu; Lys; Ser
  - ✓ MELAS; MERRF

# Mitochondrial disorders

- 1962 Luft R, et al Luft disease
- 1963 Nass S, Nass MHK DNA v mitochondria
- 1970 Spiro AJ, et al. Respiratory chain defects
- 1974 Berk AS, Clayton DA replication of mtDNA
- 1979 Barrell BG, et al genetic code of mtDNA
- 1981 Andersson S, et al. Sequence in mtDNA
- 1988 Holt IJ, et al. Deletion of mtDNA  
Wallace DC, et al point mutation of mtDNA
- 2000 [www.gen.emory.edu/mitomap.html](http://www.gen.emory.edu/mitomap.html)
  - > 130 point mutations
  - > 70 deletions/duplications

.....





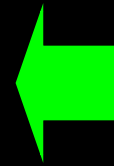
# Genetic of mitochondrial disorders

## mtDNA

- OXPHOS subunits
- rRNA
- tRNA
- Amount of mtDNA

## nDNA

- OXPHOS subunits
- mt biosynthetic system (replication, transcription, translation)
- Protein import and modification
- Assembly factors



**OXPHOS defects**

# Hereditary mtDNA mutation

- **Sporadic mtDNA defects**  
*single deletion/duplication*
- **Maternally inherited mtDNA mutation**  
*point mutations*  
*single deletion/duplication*
- **Autosomal inherited mtDNA mutations**  
*multiple deletions*  
*depletions*

# Point mutations in mtDNA

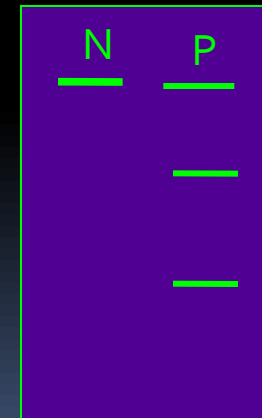
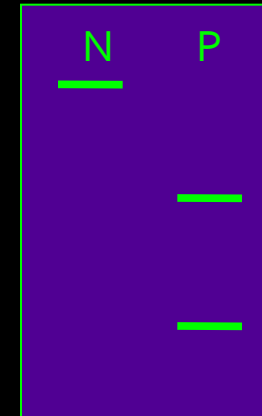
## Homoplasmic form of mtDNA

- OXPHOS proteins (LHON)

## Heteroplasmic form of mtDNA

- tRNA (MERRF, MELAS)
- rRNA (cardiomyopathy)
- OXPHOS proteins  
Leigh, NARP  
LHON

*RFLP*



# Heteroplasmy, mtDNA a diseases

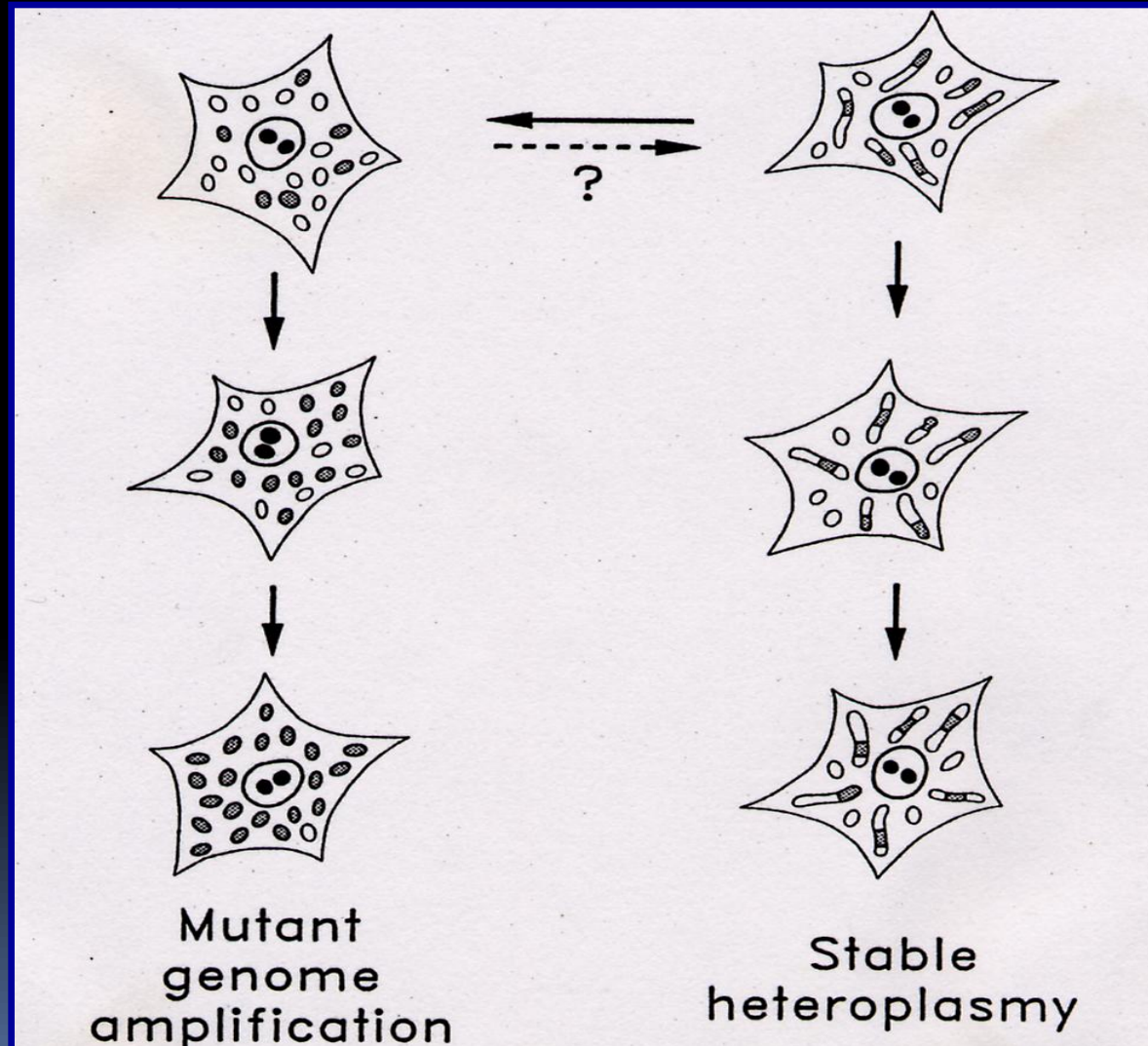
The symptoms of mtDNA diseases often progressively worsen with age

bioenergetic threshold is breached that results in mitochondrial dysfunction.

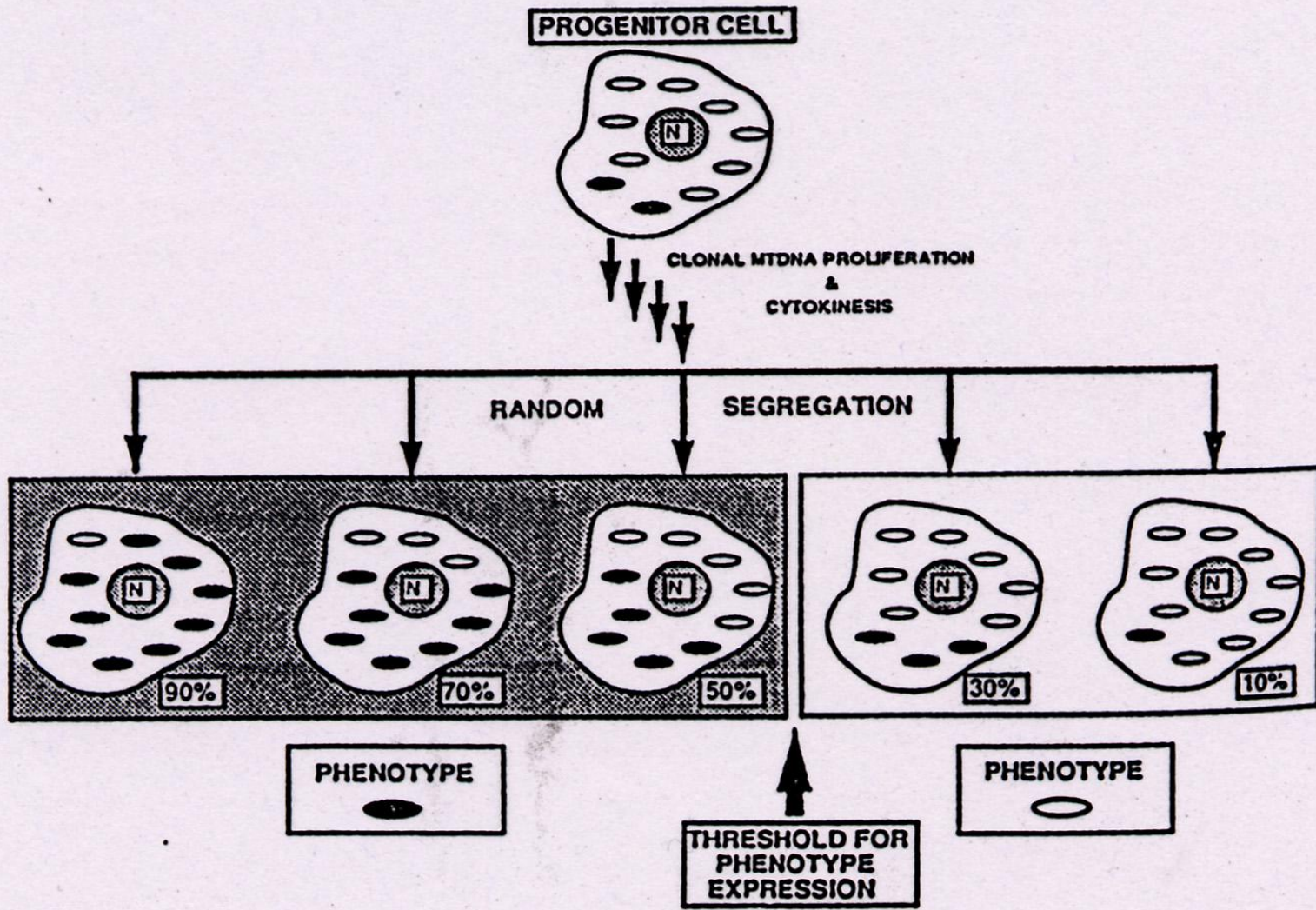
Some organs are particularly dependent on respiratory function: brain, skeletal muscle, heart muscle, and endocrine glands are particularly dependent on respiratory function.

Cells do not lose respiratory function until high loads of pathogenic mtDNA are present, ranging from 60% to 90% depending on the specific mutation.

# Inter- a intramitochondrial heteroplasmy

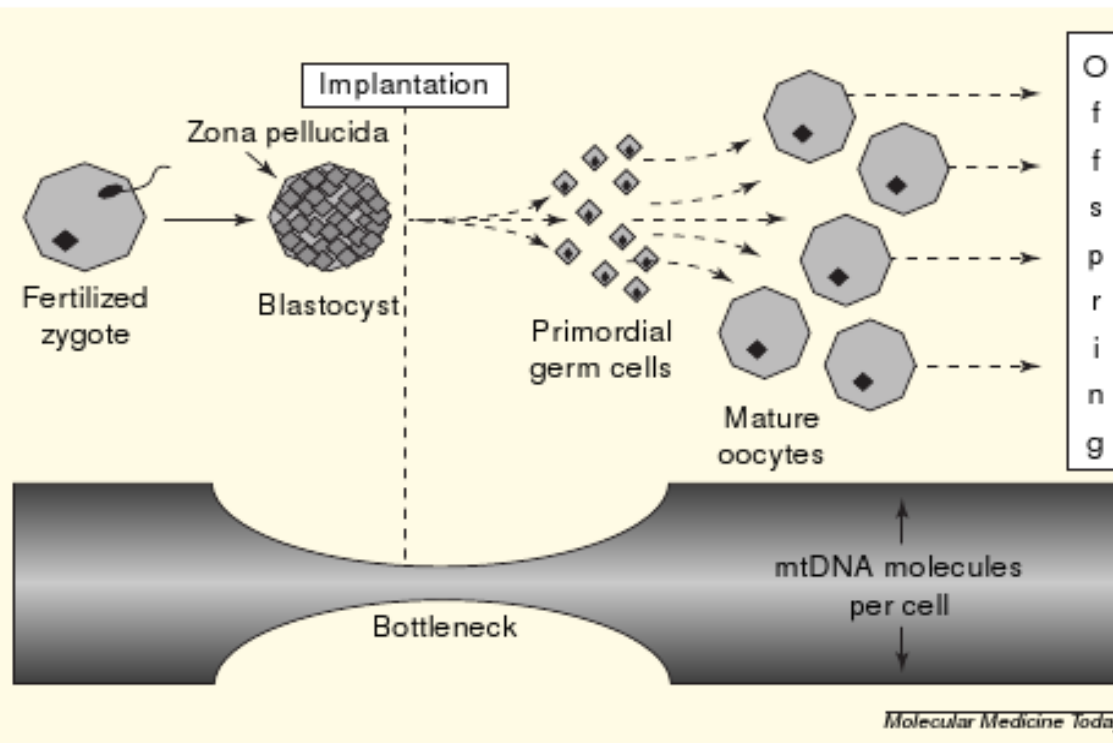


# Segregate mtDNA

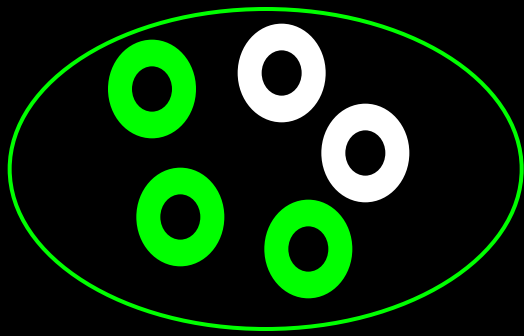




# Mitochondrial genetic bottleneck



**Figure 1.** The mitochondrial genetic **bottleneck**. The mitochondrial genetic bottleneck provides an explanation for the different percentage of mutant mtDNA that can occur in siblings. It is thought that there is a restriction in the number of mtDNA molecules within the cell early in the development of the female germ line. This leads to marked differences in the level of heteroplasmy between primary oocytes within the same female and accounts for the variation amongst offspring.



# Segregations and distribution of mtDNA mutations

## Germinative cells

*(„bottleneck“ effect)*

Speed segregation

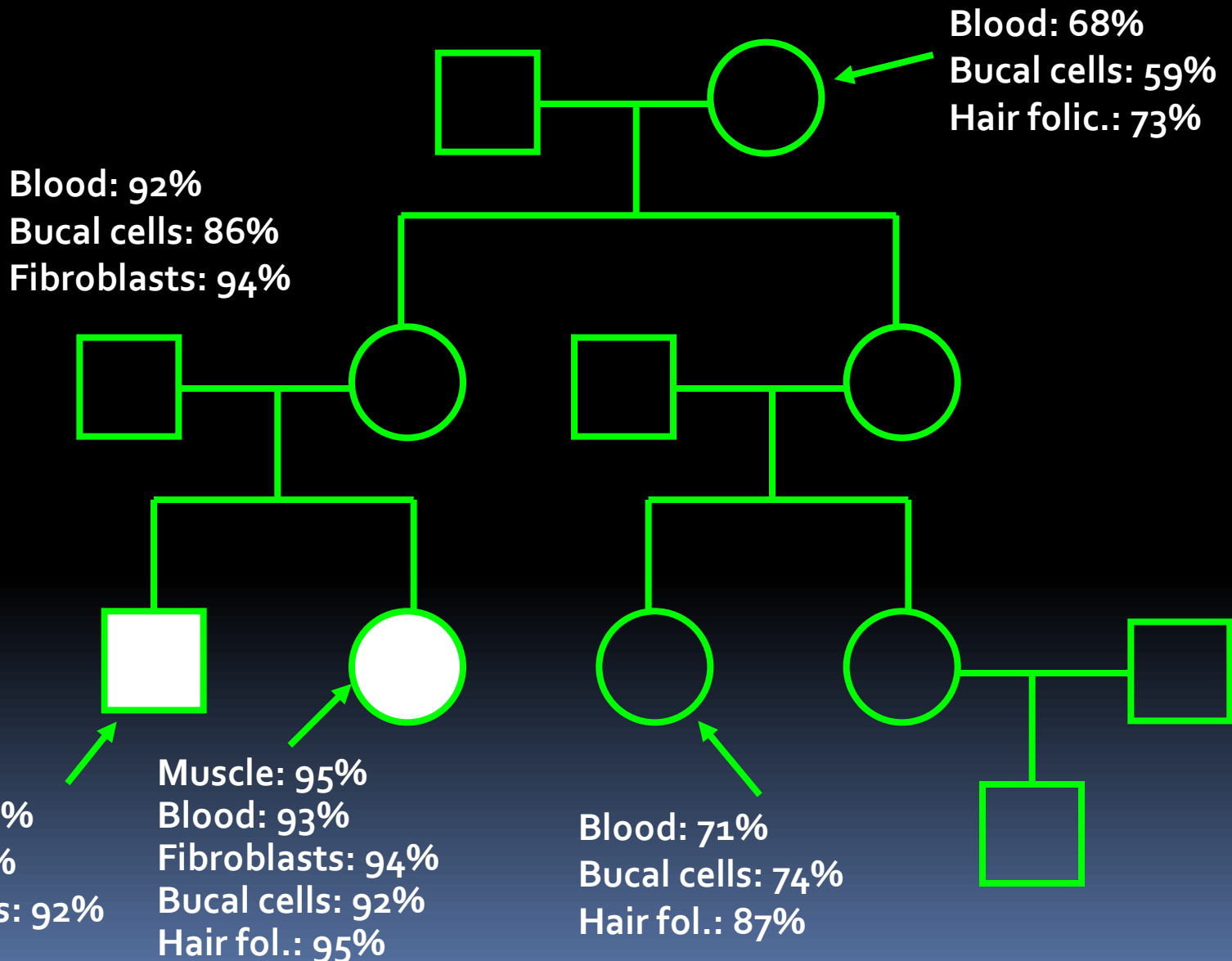
*(homoplasmy trends)*

## Somatic cells

slow segregation

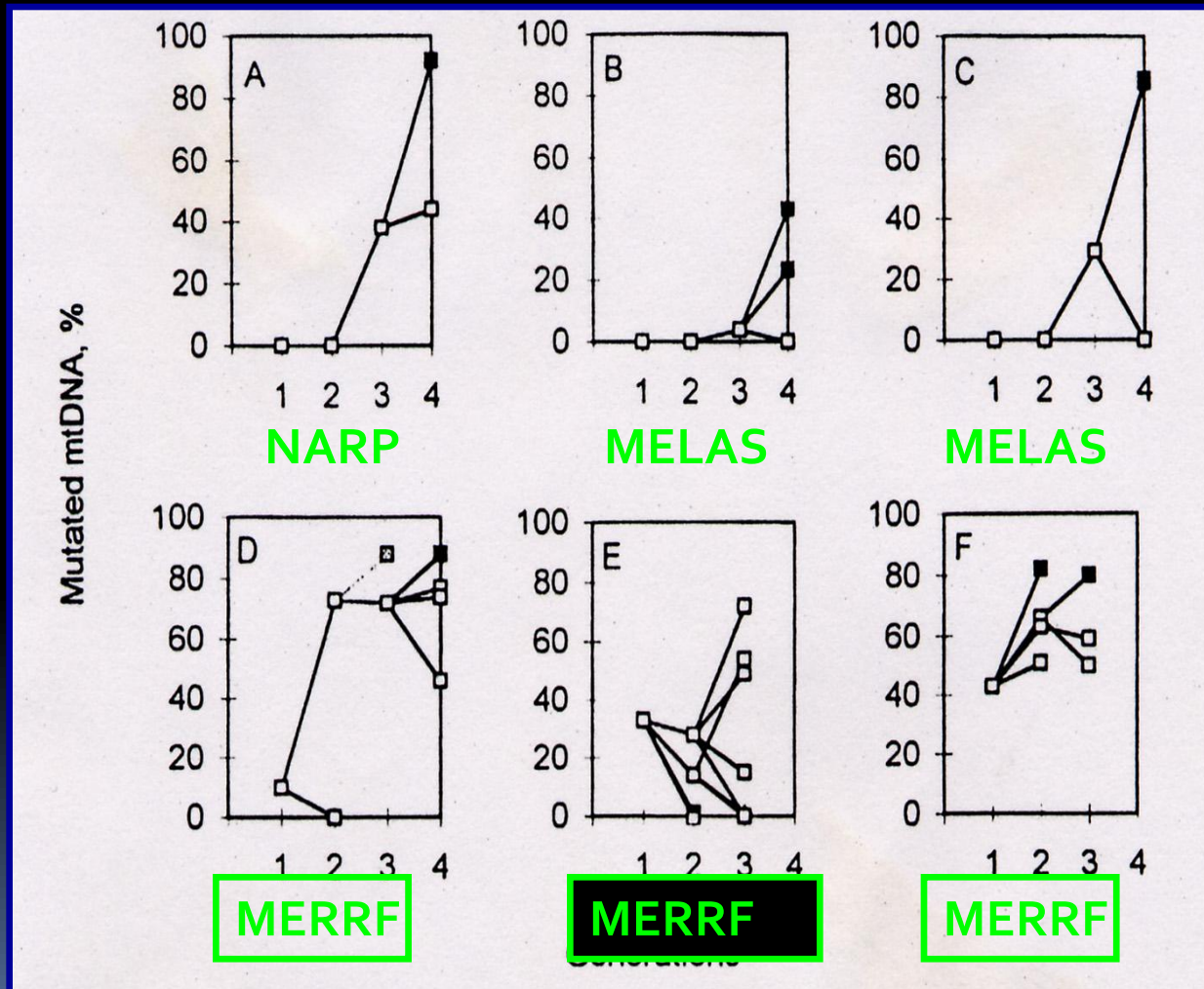
tissue heteroplasmy

# 7512T>C mutation in mtDNA



# Segregation of mtDNA

NARP (8993), MELAS (3243) a MERRF (8344). Of

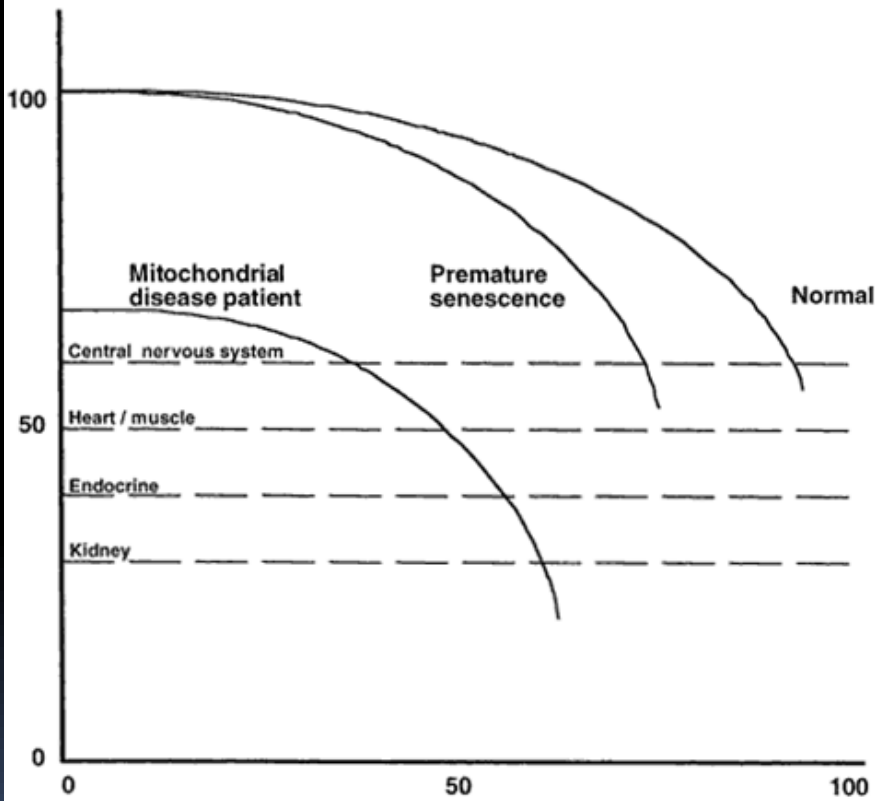


# Threshold effect of OXPHOS defects

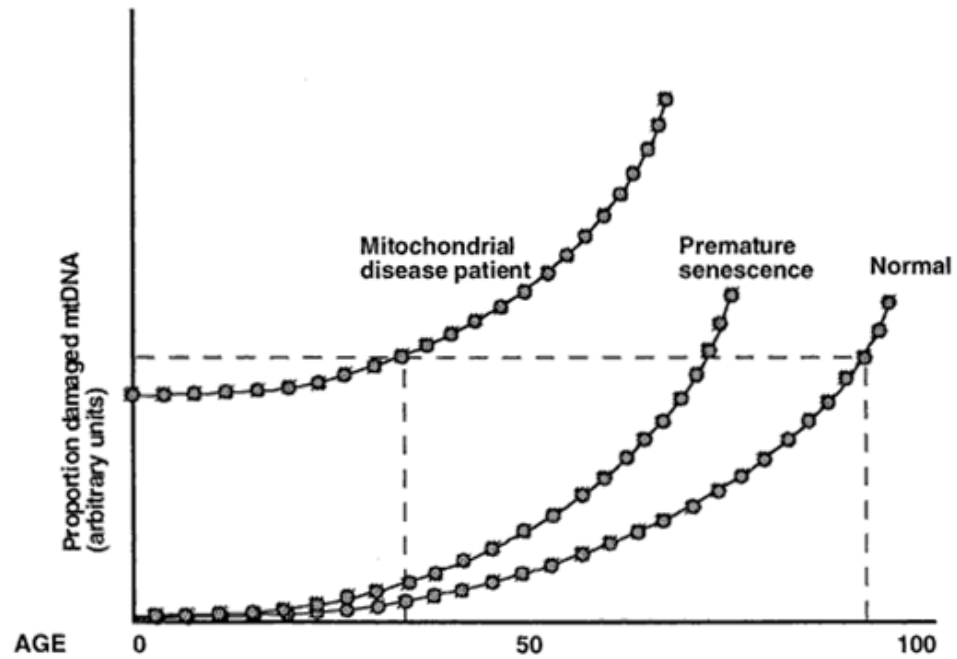
- 0-100% of mutated mtDNA
- Non-linear relation between heteroplasmy and dysfunction - 90%
- Age dependent OXPHOS activity
- Tissue and cell specificity –energetic demands

# Threshold Hypothesis

## OXPHOS Capacity vs. mtDNA Damage



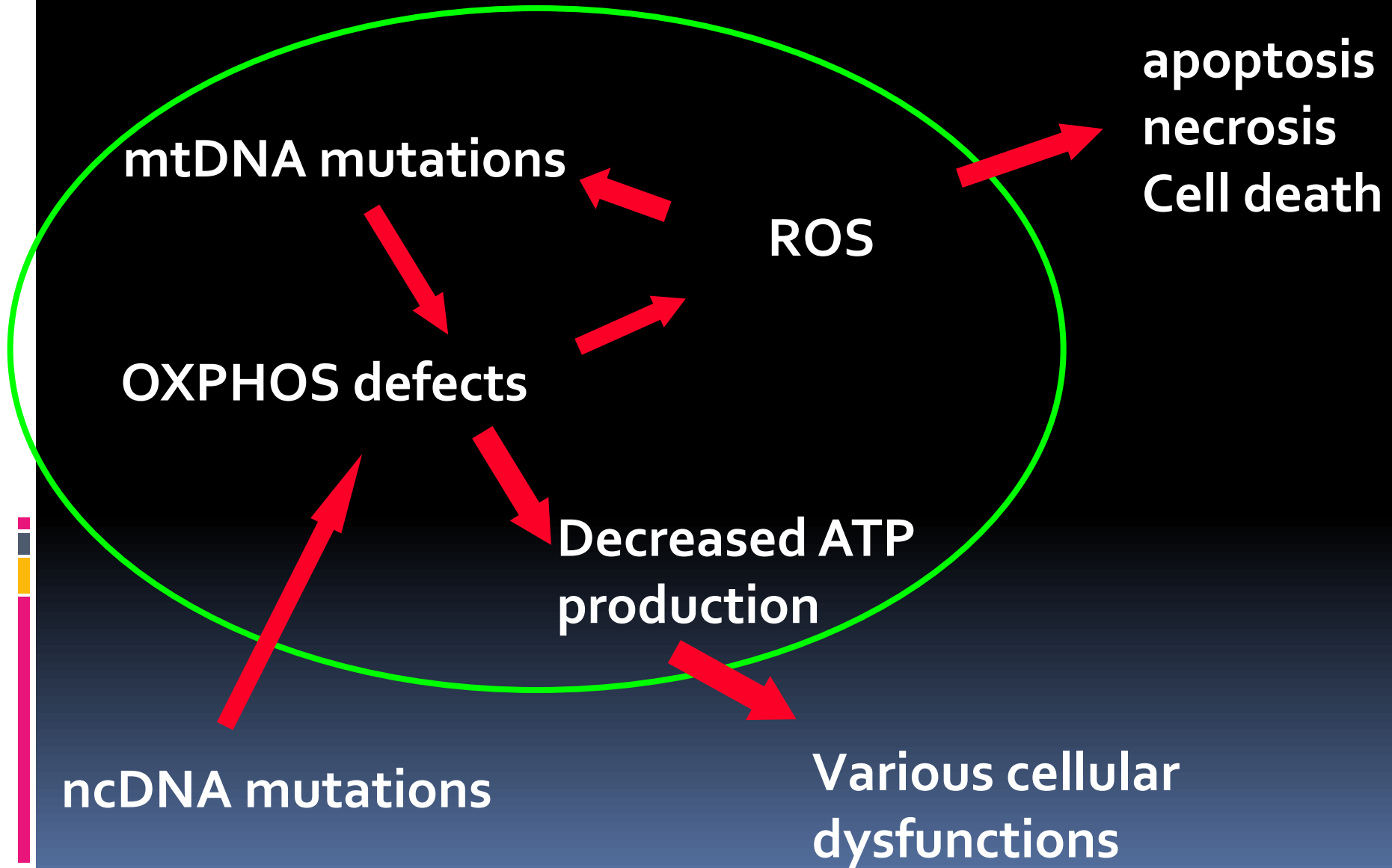
— % OXPHOS capacity



⊖-⊖-⊖ Damaged mtDNA



# Patogenetic mechanisms



hypotonia, cerebellar ataxia, leukodystrophy,  
Friedreich ataxia, hereditary spastic paraplegia,  
Leigh, MERRF, Alpers, Kearns-Sayre syndromes

GH deficiency,  
hypothalamic  
hypocorticism

optic atrophy,  
retinal atrophy,  
ptosis, PEO

hepatic failure,  
Alpers syndrome

anemia,  
neutropenia,  
thrombopenia,  
myelodysplasia

diarrhea, CIPO,  
villous atrophy

mottled pigmentation,  
hypertrichosis

trichothiodystrophy,  
dry brittle hair

sensorineural deafness

facial dysmorphism

hypothyroidism,  
hypoparathyroidism

hypertrophic  
cardiomyopathy,  
heart block,  
sudden death

exocrine pancreatic  
dysfunction,  
diabetes mellitus

proximal tubulopathy,  
tubulointerstitial  
nephritis,  
nephrotic syndrome,  
renal failure

muscle weakness,  
atrophy, hypotonia,  
recurrent myoglobinuria,  
peripheral neuropathy

arthralgia ?  
arthritis ?

**“Any symptom,  
in any organ,  
at any age,  
and with any mode of  
inheritance”**

Munnich *et al*, OMMBID, Ch 99

# MtDNA defects

**LHON** – Leber hereditary optic neuropathy

- 11778 G>A; 3460G>A; 14484 T>C – complex I subunits
- akute/subakute blindness in adults
- 4x in men

**NARP/Leigh syndrome** – neuropathy, ataxy, retinitis pigmentosa

- 8993 T>G and others
- psychomotor retardation, lactic acidosis, basal ganglia nekrosis

**MERRF** – myoclonic epilepsy, ragged red fibres

- 8344 G>A (tRNA pro Lys) and others
- deafness sensorineural

**MELAS** – mit. encephalomyopathy, laktic acidosis, stroke-like episodes

- 3243 A>G (tRNA pro Leu) and others
- diabetes mellitus

.....

# Leigh syndrome

A neurodegenerative disorder usually starting before 1 year of age and leading to death within months or years.

„subacute necrotizing encephalomyelopathy“

Degeneration of basal ganglia, progressive course with motor and developmental decline („plateaus“), irregular breathing, ataxia, hyperlactacidemia, muscle weakness, seizures

Intermediate phenotypes

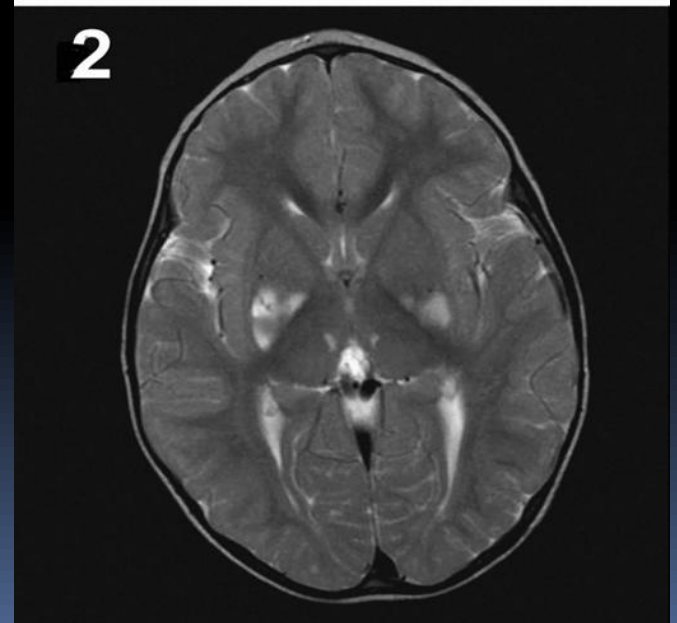
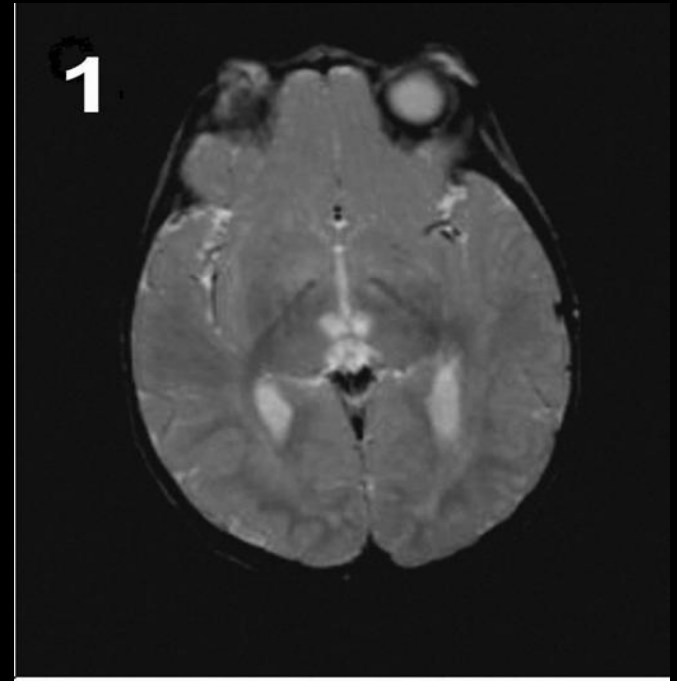
## Defects of OXPHOS:

pyruvate dehydrogenase complex (PDH)(E1 $\alpha$  gene),

cytochrome c oxidase (complex IV) -often putative complex IV assembly gene SURF-1

NADH-ubiquinone oxidoreductase (complex I).  
Both nuclear gene defects and mtDNA mutations

(other complexes of respiratory chain)



# Threshold efekt

mut mtDNA	31 %	82 %	93 %	> 95 %
onset	-	adult	infancy	newborn
symptomes	healthy	ataxy retinopathy	NARP syndrome	Leigh syndrome



# CPEO – Chronic progressive external oftalmoplegy



A



B

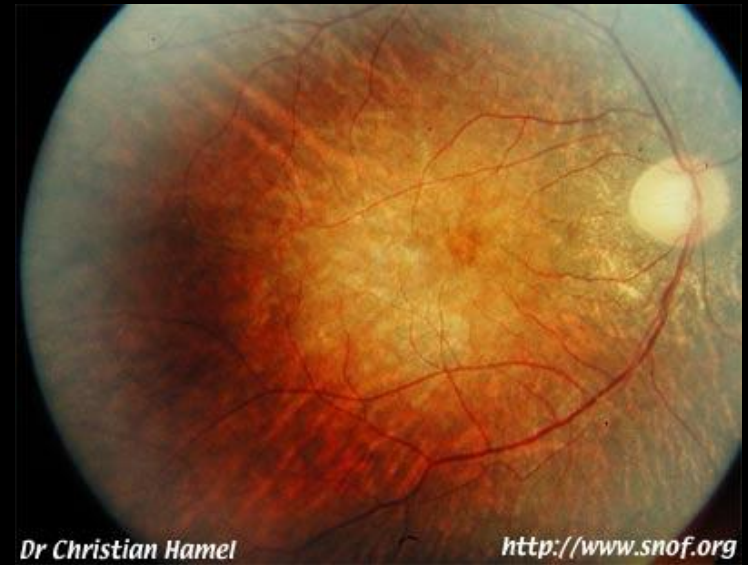
**Table 5.2** MtDNA point mutations associated with CPEO

Gene	MtDNA mutation	Reference
<i>tRNA</i> <sup>Leu(UUR)</sup>	A3243G	21
<i>tRNA</i> <sup>Ile</sup>	T4274C	142
	T4285C	143
	G4309A	144
<i>tRNA</i> <sup>Asn</sup>	A5692G	145
	G5703A	146
<i>tRNA</i> <sup>Leu(CUN)</sup>	T12311C	147
	G12315A	22

Abbreviations: tRNA = transfer RNA, Leu = Leucine, Ile = Isoleucine, Asn = Asparagine.

Point mutations in mtDNA

# Kearns-Sayre syndrome



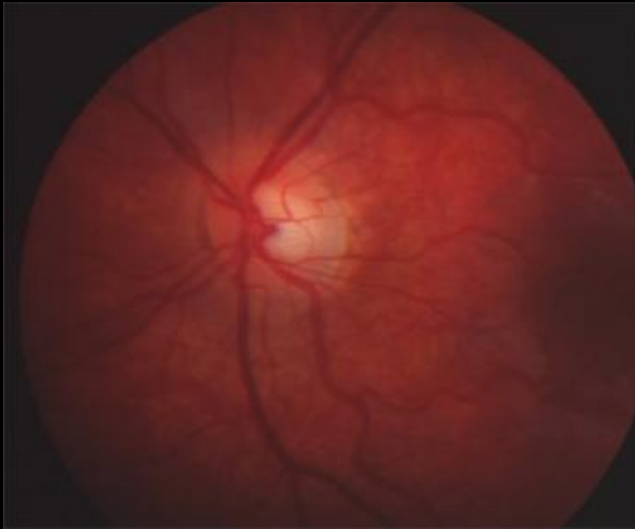
<http://www.snof.org/maladies/kearnsSayre.html>

Ophthalmoplegia, ptosis, and mitochondrial myopathy prior to age 20  
additional symptoms: retinitis pigmentosa and at least one of the following: cardiac  
conduction defects, cerebellar ataxia, or elevated cerebral spinal fluid protein above 100  
mg/dl.

Commonly caused by mtDNA deletions

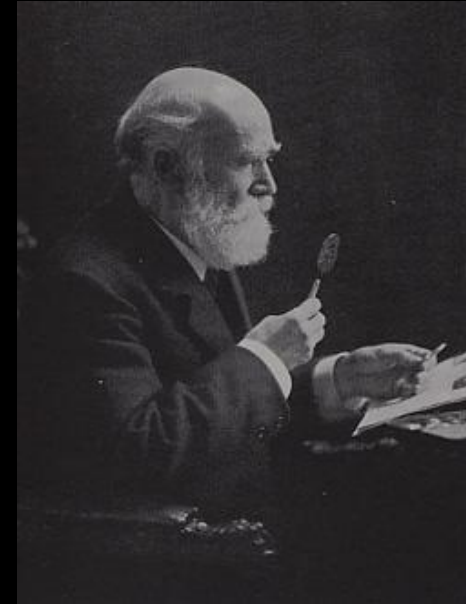


# Leber hereditary optic neuropathy-LHON



<http://www.snof.org/maladies/leber.html>

Theodore Leber



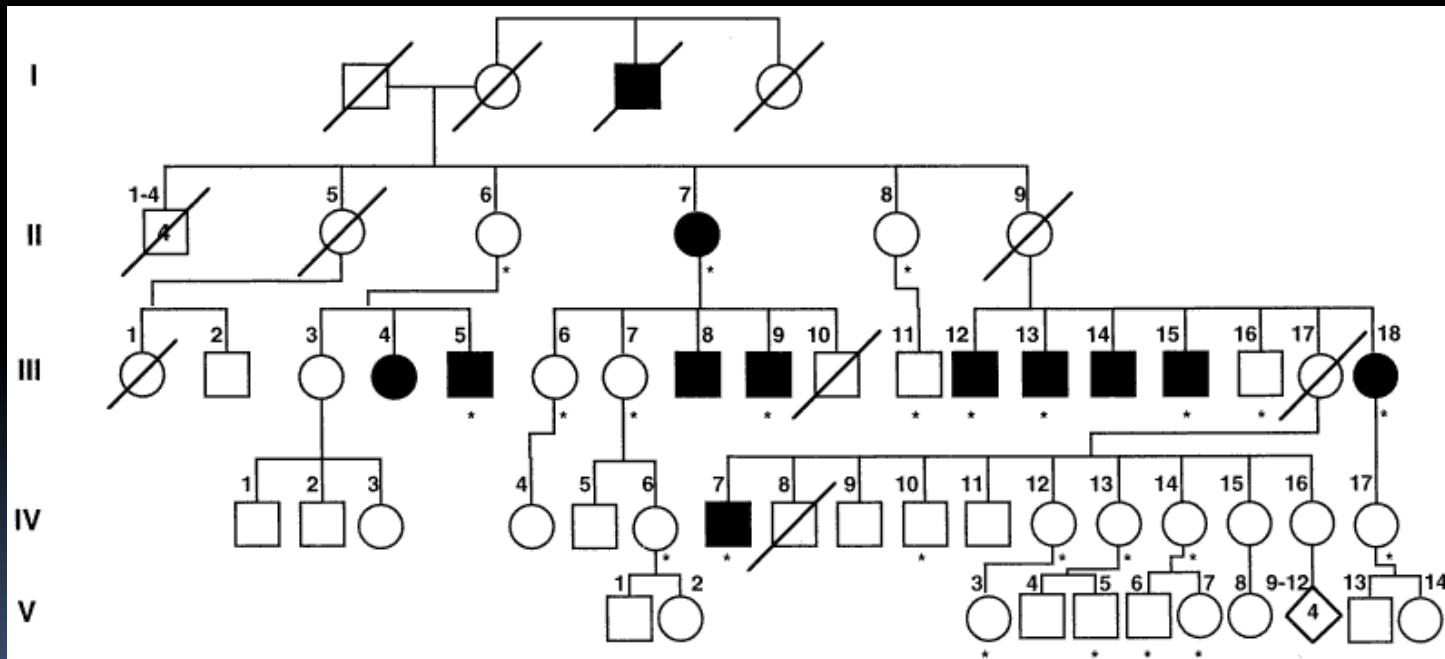
LHON is a **maternally inherited, late-onset, acute, optic atrophy**. In some families also there is also optic neuritis.

Incomplete penetrance (40% males, 10% females develop symptoms)  
Caused by homoplasmic missense mutations in mtDNA (complex I).

More than 90 percent of European and Asian LHON cases result from three mtDNA missense mutations.

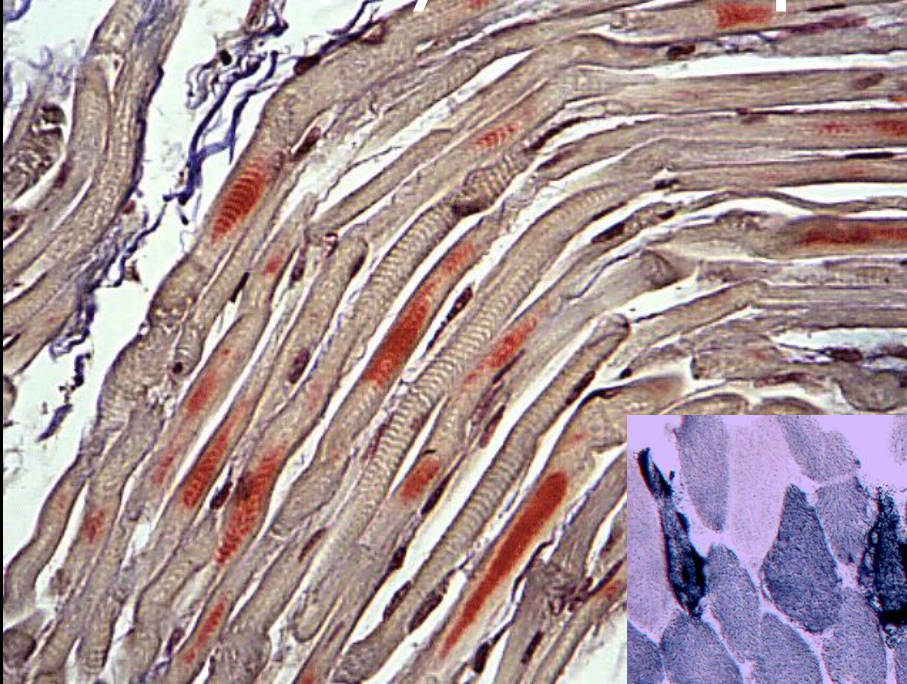
G to A mutation in the MTND4 gene at nucleotide 11778 (MTND4\*LHON11778A) about 50 percent of European cases and about 95 percent of Asian LHON patients. MTND1\*LHON3460A (ND1 Ala52Thr) and MTND6\*LHON14484C (ND6 Met64Val) . A number of rare mutations also appear to cause LHON.

# LHON pedigree - maternal inheritance

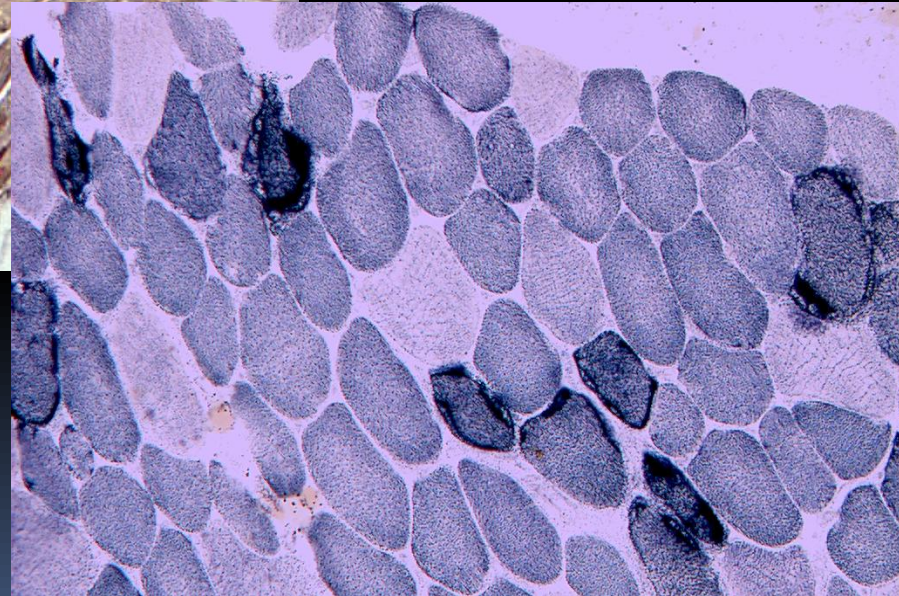


# MtDNA defects– MERRF (myoclonic epilepsy, RRF)

Muscle biopsy

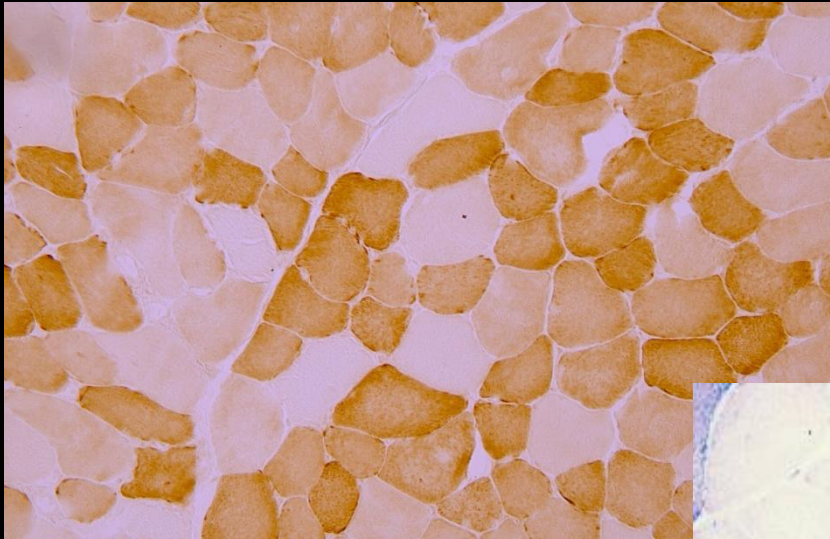


Ragged red  
fibres



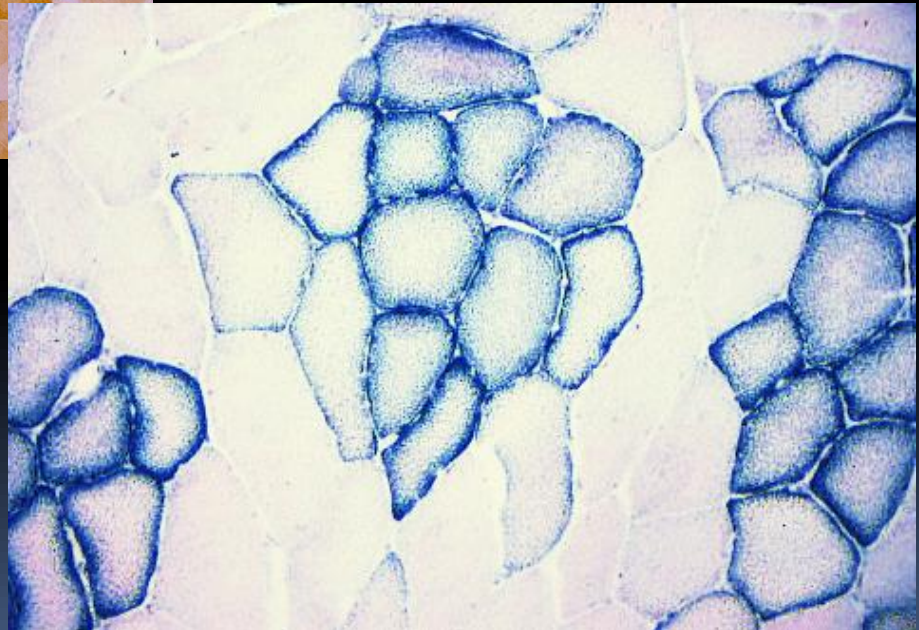


# MtDNA defects Muscle biopsy



COX negative fibres

Subsarcolemmal  
accumulation of SDH



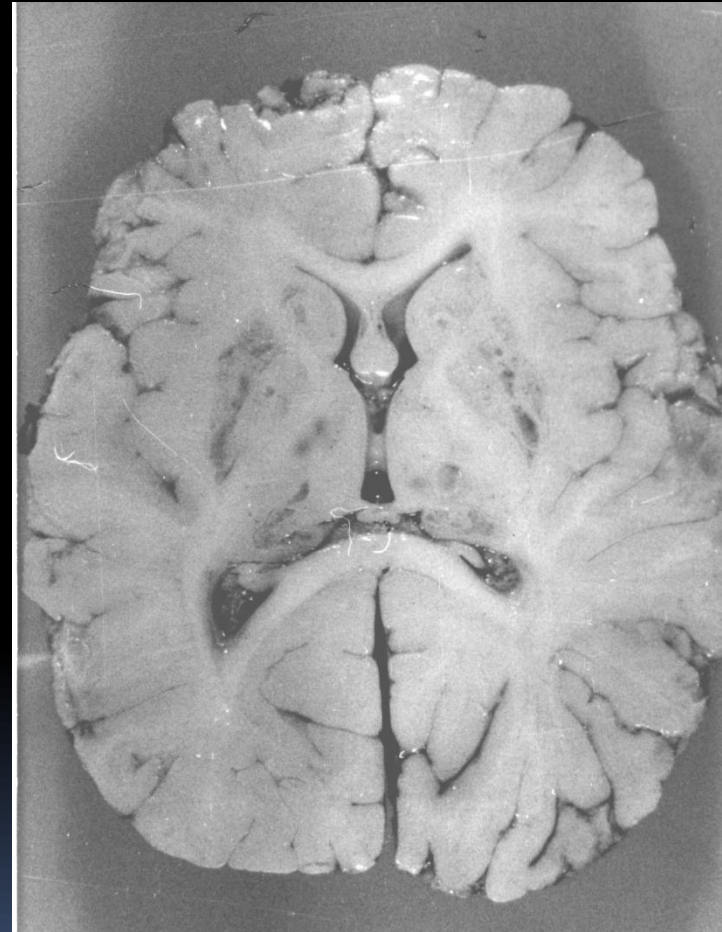
# Nuclear defects of the mtDNA

nuclear DNA - replication, transcription, translation, repair  
assembly or structural proteins...

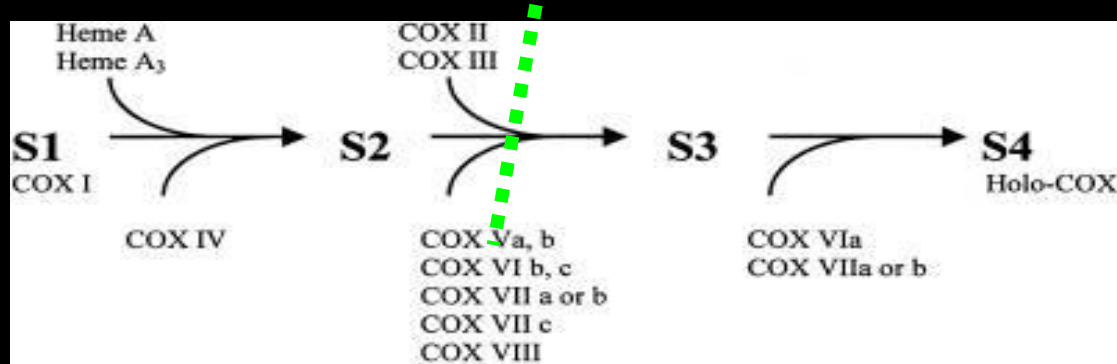
- defects in genes for structural subunits
  - complex I – Leigh syndrome, cardiomyopathy,  
encefalomyopathy, myoclonic epilepsy
  - complex II – ataxy, optical atrophy
    - hereditary paraganglioms
- defects in assembly proteins
  - COX – SURF-1, SCO<sub>2</sub>, SCO<sub>1</sub>, COX<sub>10</sub>, COX<sub>15</sub>, ...
  - ATPase – ATP<sub>12</sub>, TMEM<sub>70</sub>

# Leigh syndrome

- ❑ SURF1 defect  
(assembly protein)
- ❑ severe  
neurodegenerative  
disease
- ❑ newborn, infancy
- ❑ basal ganglia necrosis
- ❑ fatal prognosis

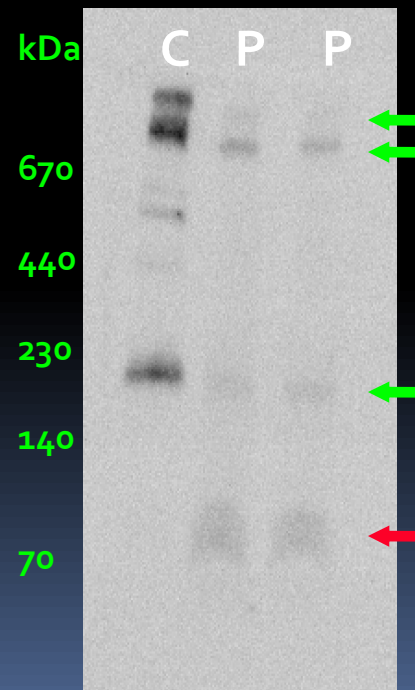


# COX (cytochrom c oxidase) deficiency due to Surf1 protein defect



## Non-completing forms of COX

- ❑ absence of regulating nc-encoded subunits
- ❑ Labilita of subcomplexes
- ❑ H<sup>+</sup>transport defect

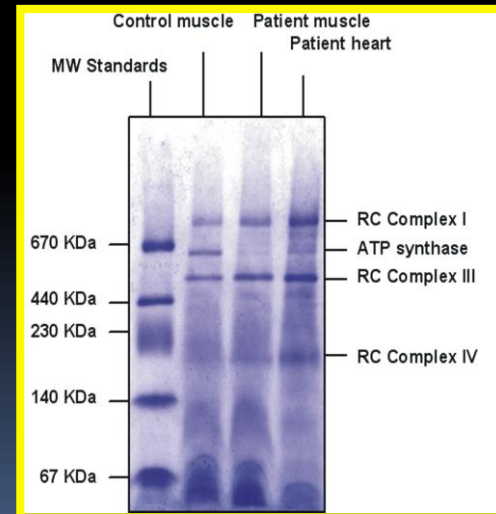




# ATPase defects – nuclear origin

## *TMEM70* protein

Newborn onset	14/14
Death	7/14 (4; 3)
Alive ( $\geq 3$ ; $\geq 5$ ; $\geq 10$ let)	7/14 (3; 2; 3)
Cardiomyopathy	13/14
Hypotony	12/13
Psychomotor retardation	10/10
Hepatomegaly	6/14
Facial dysmorphism	5/14
Hyperlactacidemia	14/14
3-methylglutakon.aciduria	12/12
ATP hydrolysis $< 30\%$	13/13
ATP production $< 30\%$	4/4
Decrease of ATPase level	13/13



# ATPase defects

Mutations in mtDNA    in nuclear DNA

---

„qualitative“

Structural modified  
ATPase complex  
with dysfunction

**X**

„quantitative“

Decreased content  
of ATPase

---

Maternally inherited

**X**

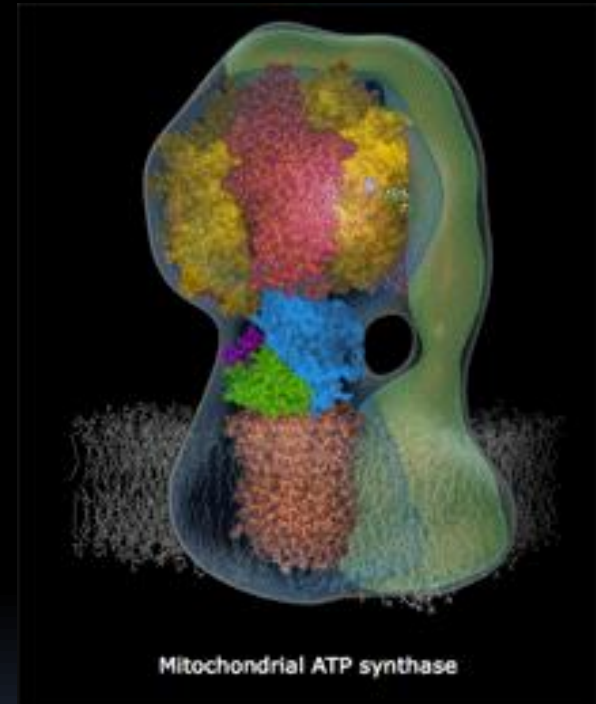
Mendelian inherited

---

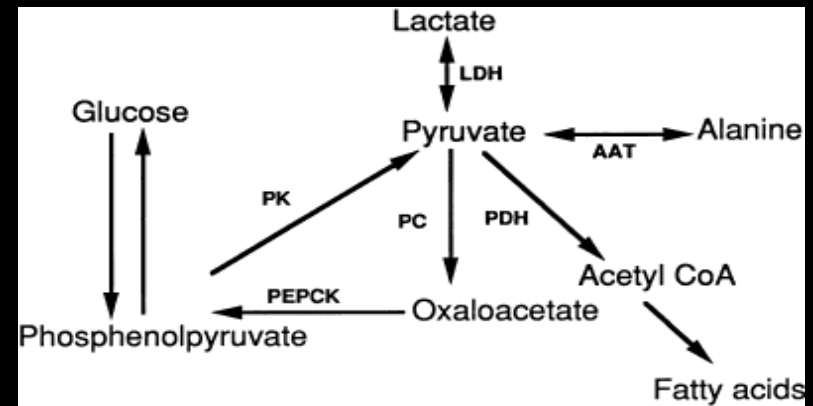
neurologic  
symptomatology

**X**

cardiomyopathy



# Disorders of mitochondrial pyruvate metabolism and citric acid cycle



## *Pyruvate dehydrogenase deficiency*

*Dihydrolipoamid dehydrogenase*, E3 subunit of PDH, multiple 2-oxo acid dehydrogenase deficiency: PDH, 2-ketoglutarate deficiency, branched-chain 2 oxo-acid deficiency

*Pyruvate carboxylase deficiency*

*Phosphoenolcarboxykinase deficiency*

*Fumase deficiency*, - In heterozygotes: predisposition to leiomyomas of skin and uterus, kidney carcinoma

*Succinate dehydrogenase deficiency*

*Pyruvate transporter deficiency*

Lactic acidosis, progressive course, frequent neurological symptoms, muscle symptoms

Autosomal recessive disorders, deficiency of  $\alpha$ -subunit of PDHE1 is X-linked

# Pyruvate dehydrogenases complex

Pyruvate → acetyl-CoA

Dehydrogenase component :E1, subunit  $\alpha$  is X-linked

PDHE1 $\alpha$

Psychomotor retardation, ataxia, seizures

## Phenotypes:

neonatal lactic acidosis,

Leigh encephalopathy : abnormal breathing, apnoe, , ataxia, muscle, developmental delay,

Females: facial dysmorphism, seizures, subcortical and cortical atrophy,

Deficiencies of other subunits are rare

Lactic acidosis, increase of lactate after meals, during fasting  
lowering of lactate levels

Treatment : ketogenic diet, thiamin, dichloroacetate(inhibition of pyruvate kinase)

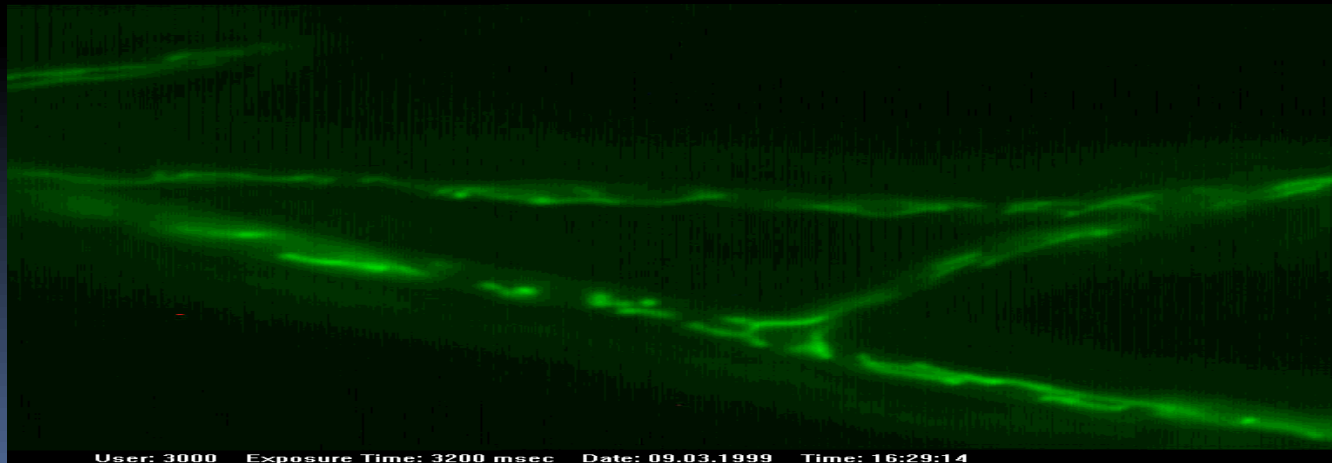
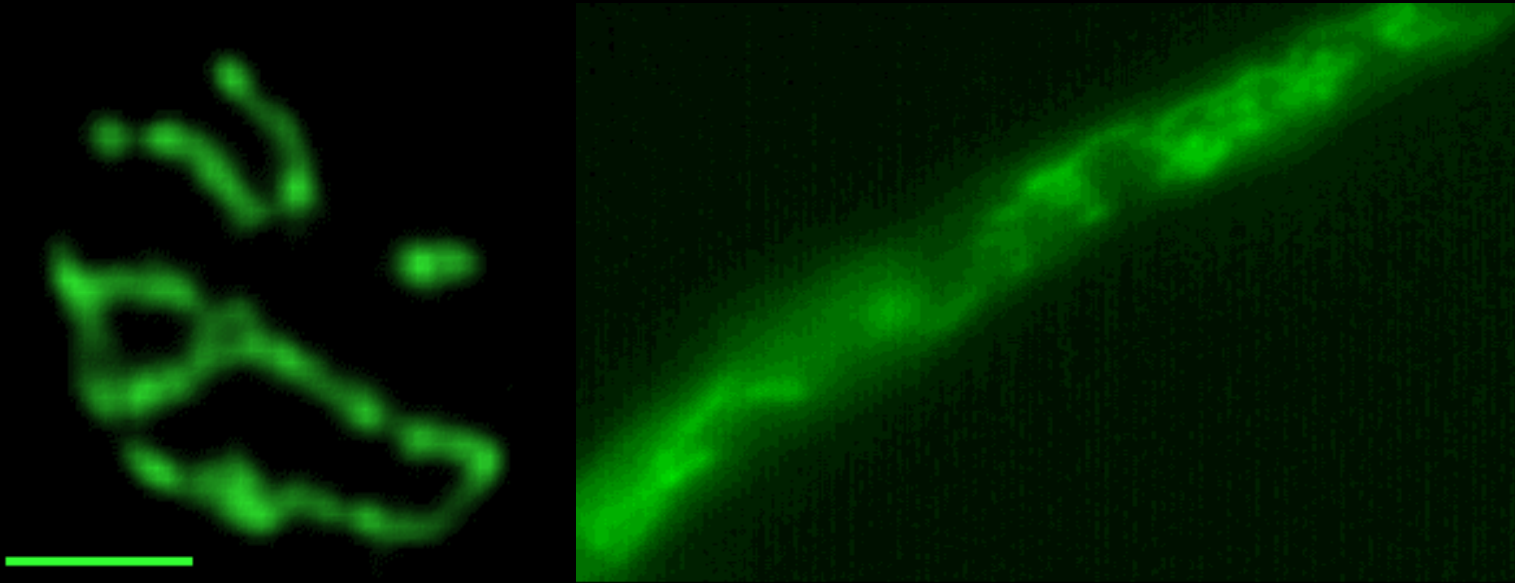
Unfavourable prognosis

# Defects of nuclear DNA

nuclear DNA - replication, transcription, translation, repair ...  
assembly, structural subunits...

- ❑ Integrity and replication of mtDNA – thymidin fosforylase  
ANT<sub>1</sub>, twinkle, polymerase  $\gamma$  (POLG)  
MNGIE (mitochondrial neuro-gastro-intestinal encephalopathy);  
Alpers-Huttenlocher syndrome
- ❑ Transport of proteins
- ❑ Fission / fuse of mitochondria – OPA<sub>1</sub>
- ❑ Stability of mitochondrial membrane – Barth syndrome

# Mitochondrial fusion and fission



# Disorders of mitochondrial-beta oxidation of fatty acids

Carnitine cycle

Beta oxidation

Electron transfer to complex II (glutaric aciduria type II)

Synthesis of ketone bodies, ketolysis

## **Beta oxidation deficiencies:**

Symptoms often develop after fasting (12-16h)

Hypoglycemia

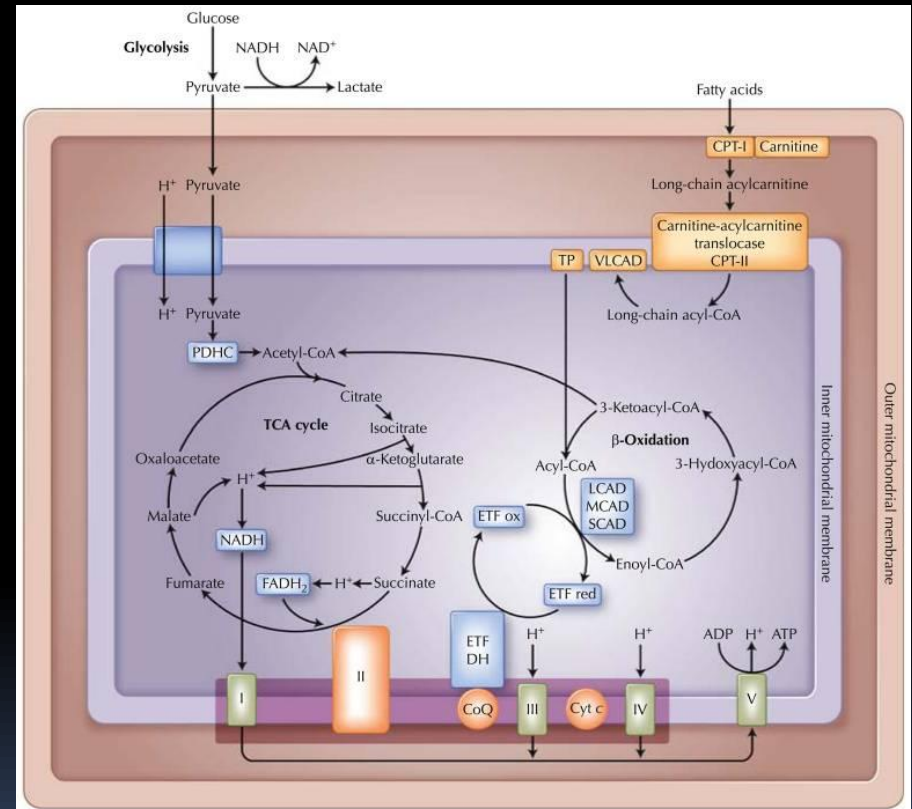
Low ketones

(In some disorders muscle weakness, rhabdomyolysis, cardiomyopathy)



# Disorders of mitochondrial-beta oxidation of fatty acids

- Disorders of FA transport
- Disorders of  $\beta$ -oxidation
- Cardiomyopathy
- Hepatopathy
- Nonketotic hypoglycaemia
- Myopathy



[www.annualreviews.org](http://www.annualreviews.org) (Bennett MJ, Fatty acid oxidation disorders, 2002)

# Carnitine cycle

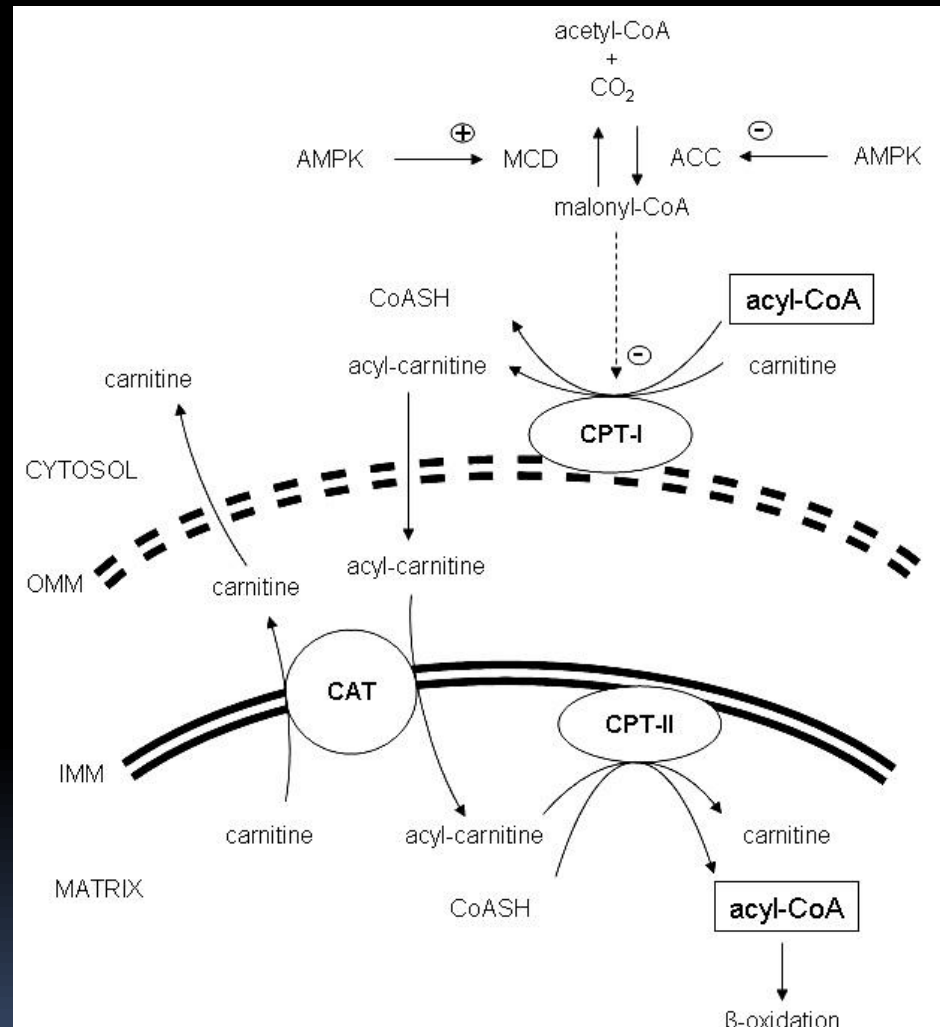
**Long chain free fatty acids** are “activated” to acyl-CoA esters in cytosol and are imported to mitochondria via carnitine cycle

**Medium- and shortchain fatty acids** are imported to mitochondria directly and are activate to CoA esters in mitochondrial matrix

CPT1 - carnitine palmitoyl transferase I

CPT2 - carnitine palmitoyl transferase II

CACT – carnitine /acylcarnitine translocase



# Disorders of mitochondrial-beta oxidation of fatty acids

- CPT I – cardiomyopathy, arrhythmia, liver dysfunction
- CPT II – *Mild adult form*: attacks of rhabdomyolysis after exercise, fasting, old cold. Myoglobinuria.  
*Severe neonatal form*: coma, cardiomyopathy, muscle weakness, congenital malformations of brain and kidneys
- **CACT – carnitine /acylcarnitine translocase** :  
Hypoketotic hypoglycemia after fasting, coma, arrhythmias, apnoea, often death in early infancy

# Disorders of mitochondrial-beta oxidation of fatty acids

- VLCAD – infant.form – SIDS
  - late onset – rhabdomyolysis, hypotony
- LCHAD a MTP (trifunctional protein) – cardiomyopathy, hepatopathy, retinopathy, rhabdomyolysis; neuropathy, Reye-like epizodes
  - HELLP (Hemolysis, Elevated Liver enzymes, Low Platelets) syndrome in pregnancy
  - dg – OH-acylcarnitine
  - th – diet, frequent meals, avoid fasting

# Disorders of mitochondrial-beta oxidation of fatty acids

- MCAD – most common – 1:6000 in Europe
  - prevalent mutation p.K329E
  - newborn screening
  - clinical - Reye like (after fasting, during illness)
    - vomiting, lethargy, seizures, cardiac arrest, hypoglycaemia, hyperammonemia
    - no primary muscle involvement
    - frequently asymptomatic (p.Y67H)
  - laboratory – C6 and C8acylcarnitine, dicarboxylic aciduria, glycine conjugate
  - therapy – avoidance of fasting

# Disorders of mitochondrial-beta oxidation of fatty acids

- SCAD – possible non disease  
mild myopathy
- Glutaric aciduria II type – (ETF) – deficient electron  
transport from FAD dehydrogenases to respiratory chain  
severe form (Reye syndrome, hypoglycemia,  
progr.encephalopathy, (cardio)myopathy)  
mild myopathic form  
cystic renal disease  
laboratory – hypoglycemia, metabolic acidosis,  
elevated lactate

# Disorders of mitochondrial-beta oxidation of fatty acids

- Main symptoms - chron. Weakness, hypotony, exercise intolerance, rhabdomyolysis
- Fasting, infection, surgery, other catabolic state – trigger rhabdomyolysis
- Wide clinical spectrum – acute x chronic
  - infantil x late onset
  - isolated (myopathy) x multisystem impairment (cardiomyopathy, encefalopathy)



**Thank you.**