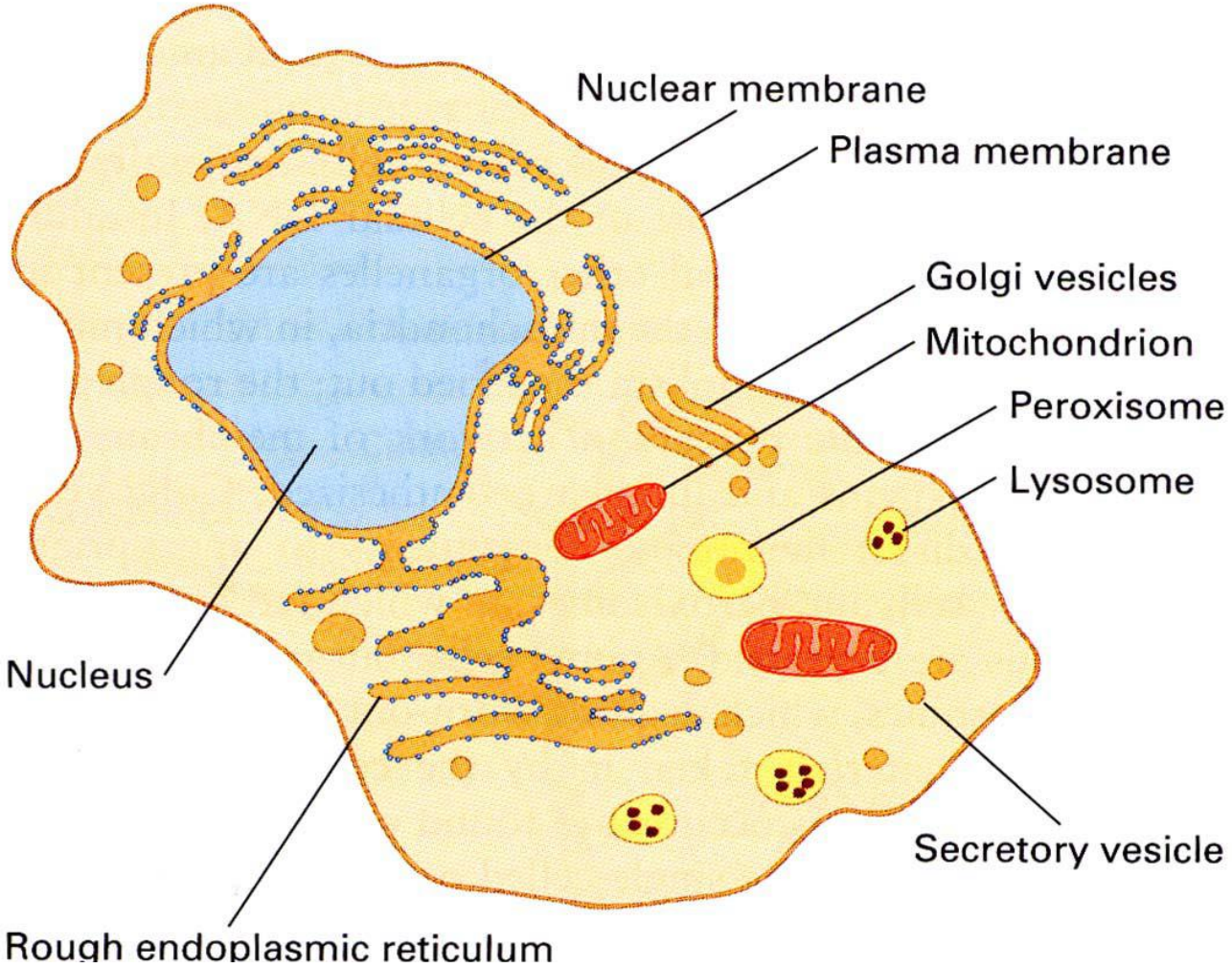
Lysosomes and lysosomal disorders

Eukaryotic cell



Alberts *et al :* Molecular biology of the cell 6 edition

Lysosomes

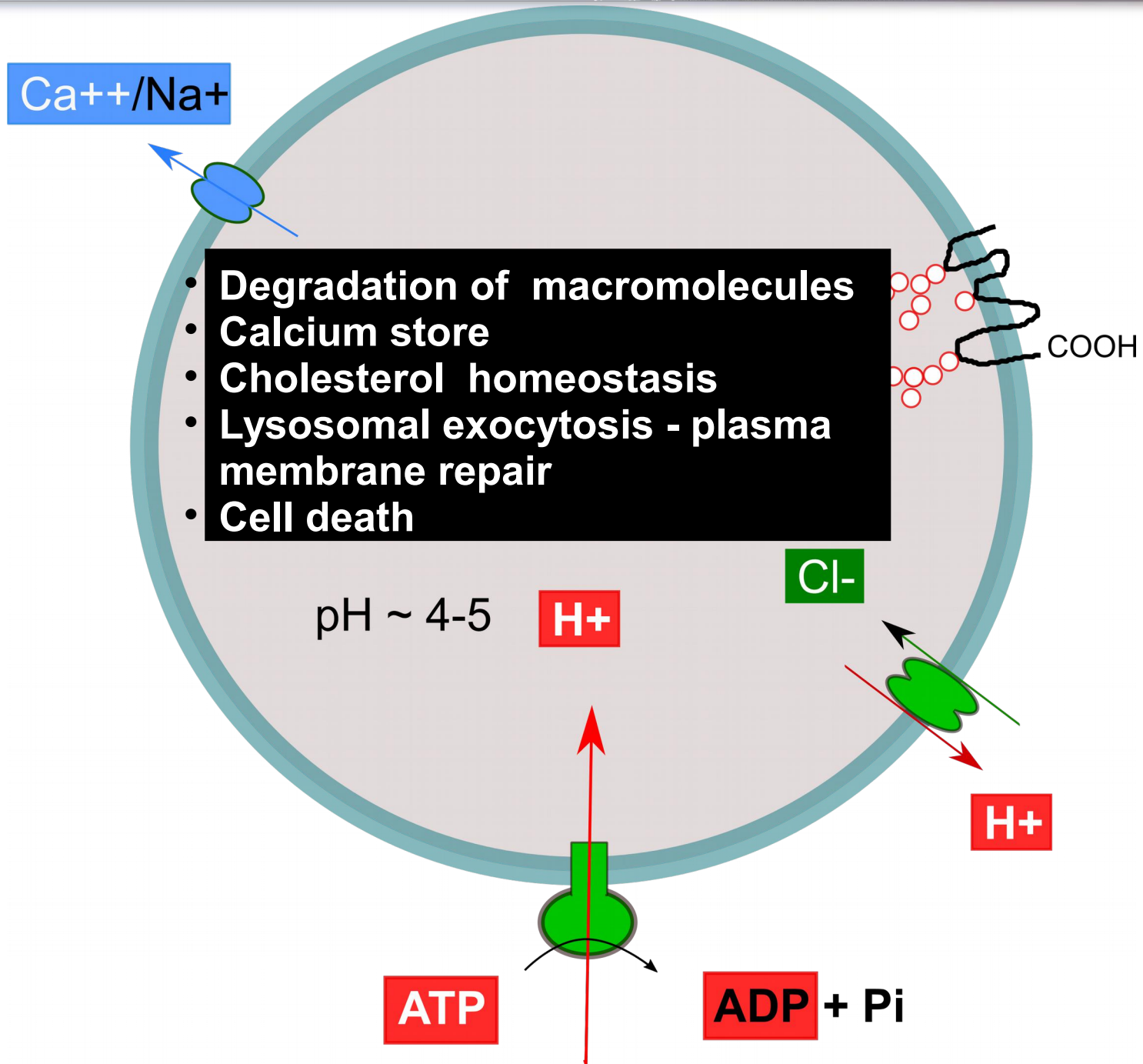
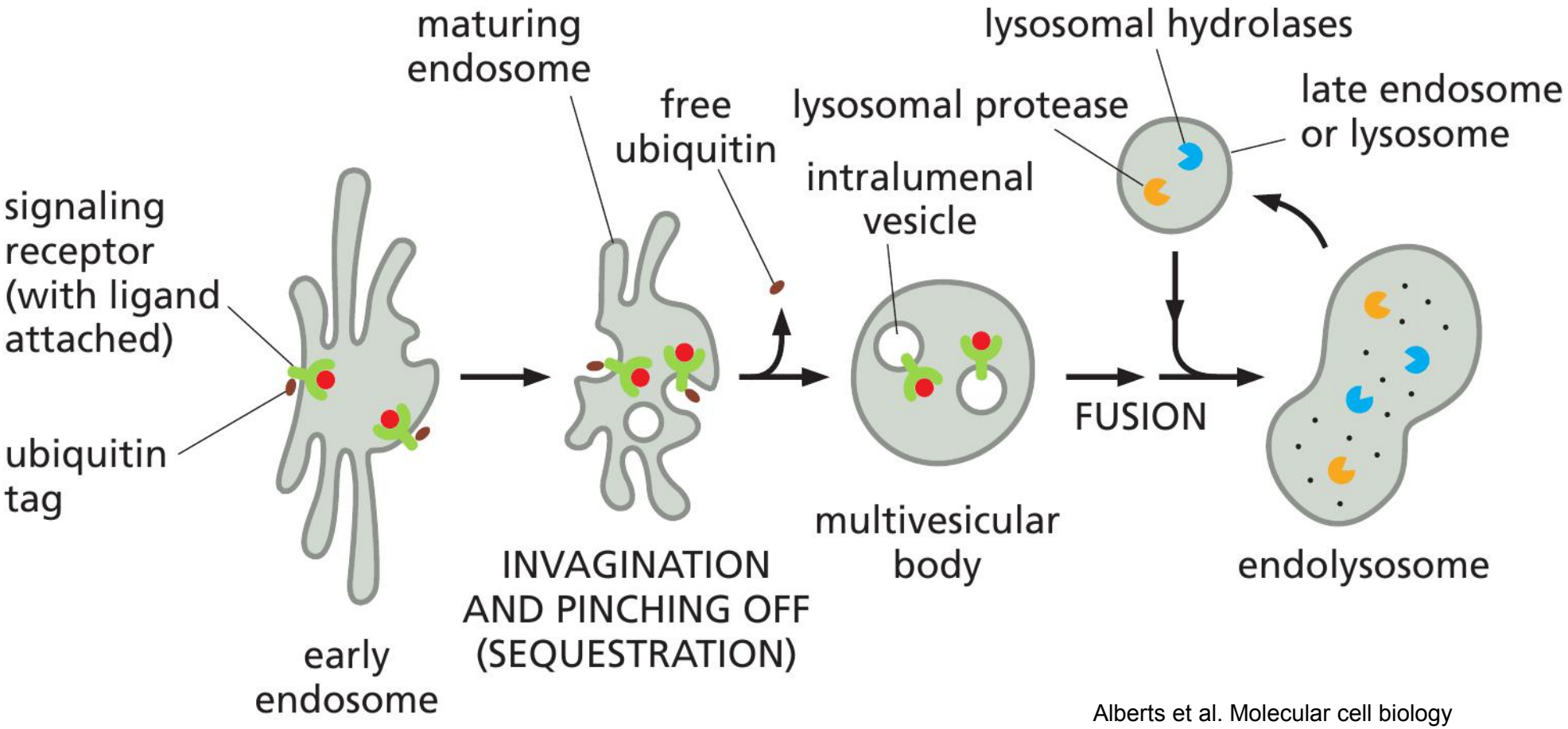


Image M.H.

Late-endosomal Intralumenal vesicles are formed from domains on the endosome membrane

Ubiquitylated membrane proteins are sorted into endosomal membrane domains, which sequestrate to form **intralumenal vesicles**

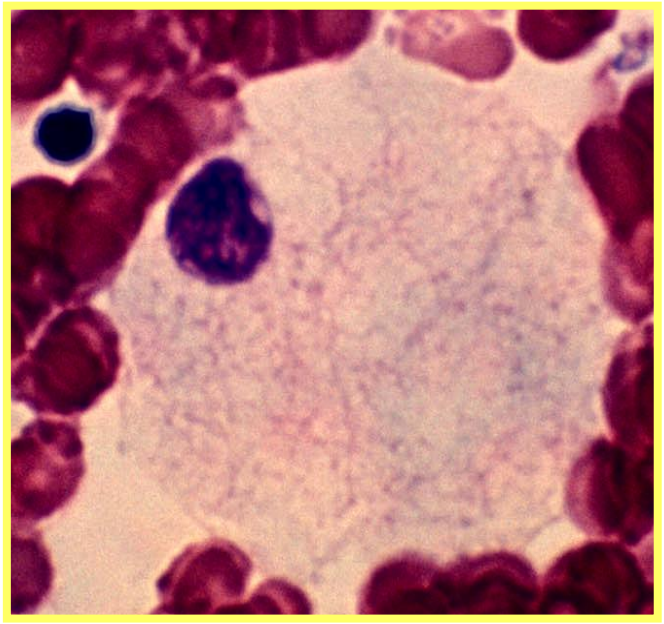
Multivesicular bodies = maturing endosomes with intralumenal vesicles

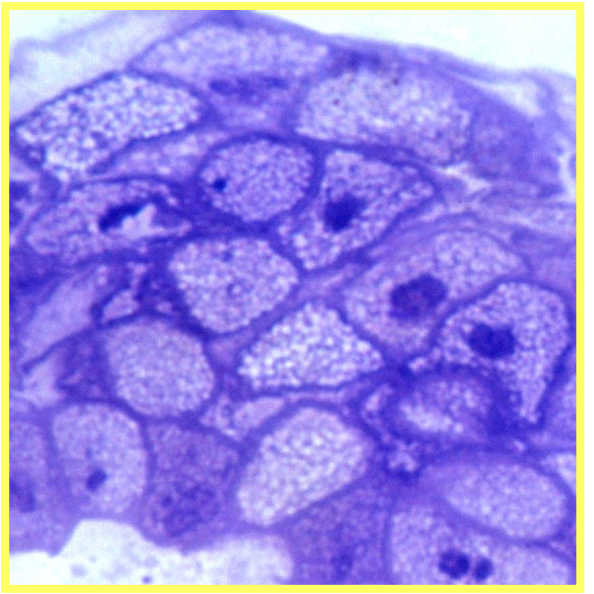


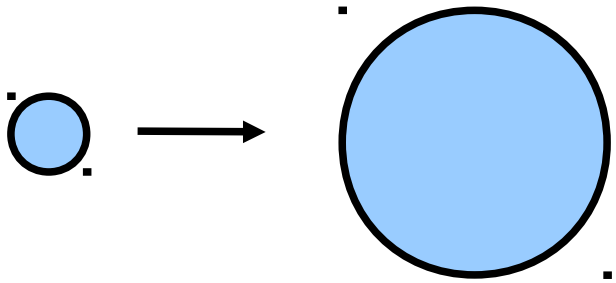
Alberts et al. Molecular cell biology

Lysosomal („storage“) diseases

Deficiencies of proteins from the lysosomal system lead to storage of material in lysosomes

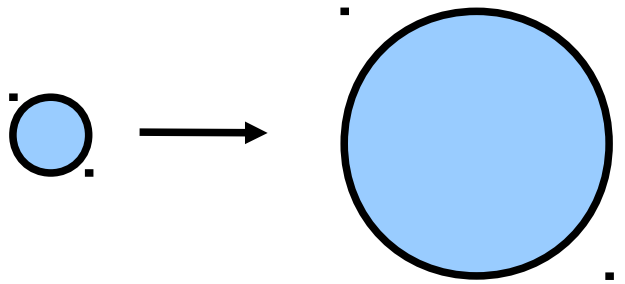






Lysosomal („storage“) diseases

<u>Disorders of transport</u> of enzymes into lysosome or disorders of substrate transport (e.g. due to a disruption of vesicular transport inside the cell) can also lead to lysosomal storage



Lysosomal disorders

Hereditary disorders associated with storage of material within the lysosomes

1. Disorders of glycan degradation - mucopolysaccharidoses and glycoproteinoses
2. Lipidoses
3. Proteinoses
4. Disorders of lysosomal transport of metabolites
5. Disorders of transport of proteins into lysosomes

Lysosomes

Lysosomes

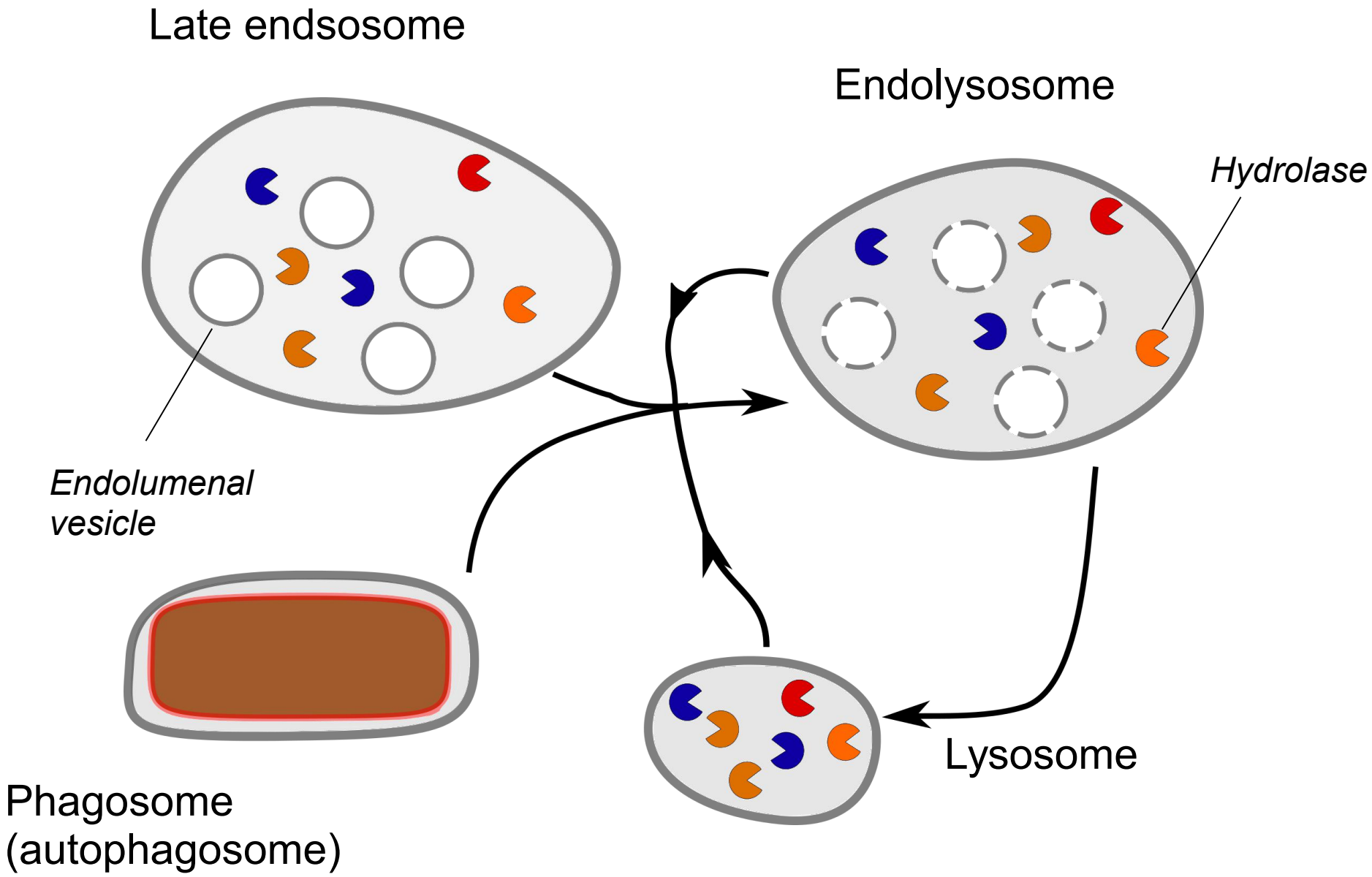
Lysosomes are the principal sites of intracellular degradation of macromolecules

about 40 types of **acid hydrolases** -
proteases, nucleases, glycosidases, lipases, phospholipases, phosphatases, and sulfatases.
acidic pH optimum – protection of cytosol (neutral pH)

acidic environment – (pH 4.5 -5) – maintained by **vacuolar H^+ ATPase**
H+ gradient drives transport of small molecules across the membrane

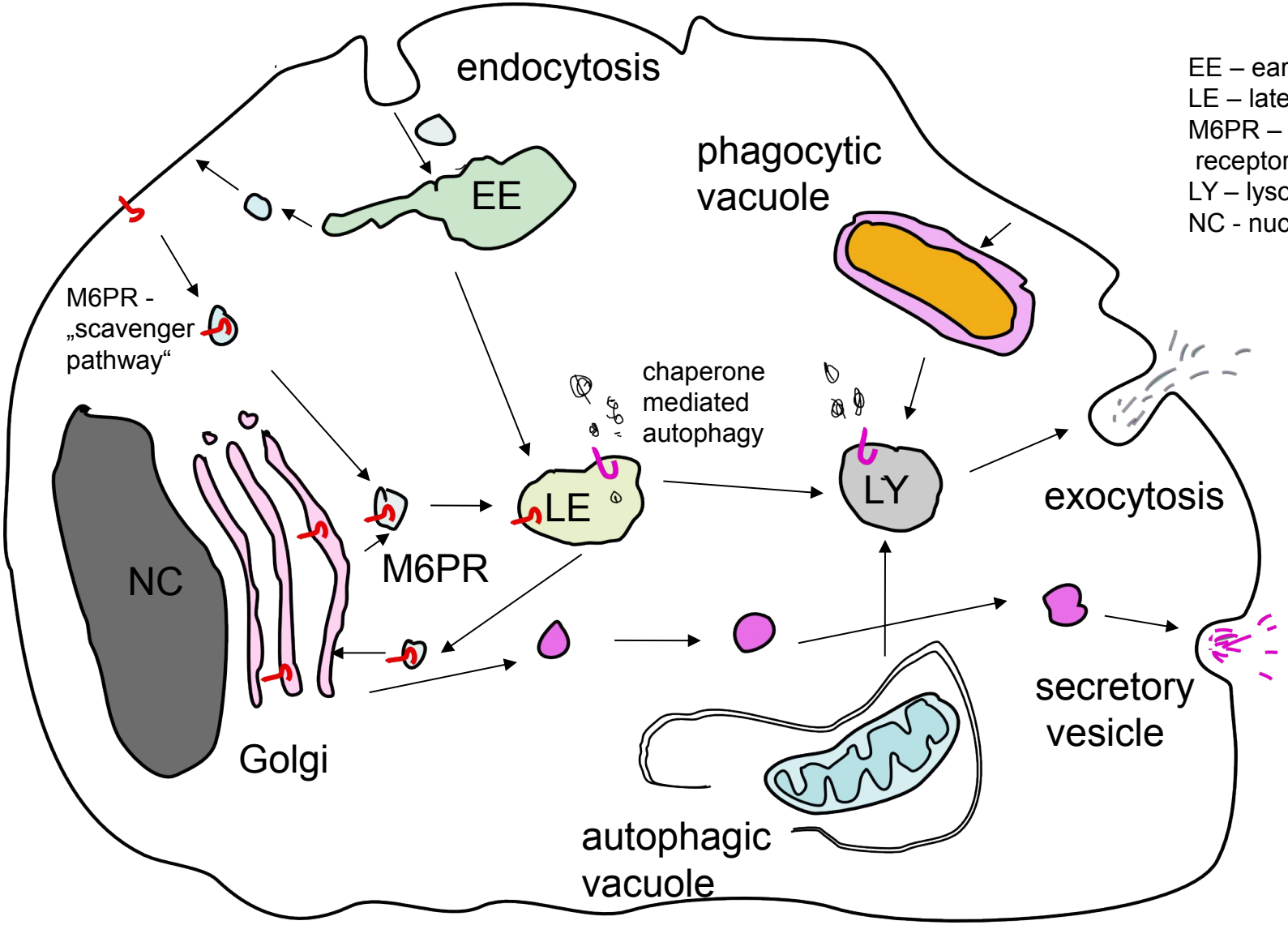
lysosomal membrane proteins are **highly glycosylated** –
protection from proteolytic attack
provide interface for various lysosomal functions

Maturation of lysosomes



adapted from Alberts et al. Molecular cell biology

Lysosomes and vacuolar transport



EE – early endosome
LE – late endosome
M6PR – mannosa-6-phosphate receptor
LY – lysosome
NC - nucleus

Image M.H.

LYSOSOMES

that

KILL !!!

… and their relatives

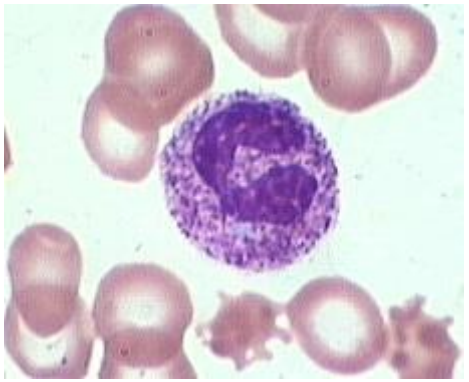
Secretory lysosomes /Lysosome-related organelles

In some cells (often of haematopoietic origin) there are organelles that have properties of <u>both lysosomes and secretory granules</u>

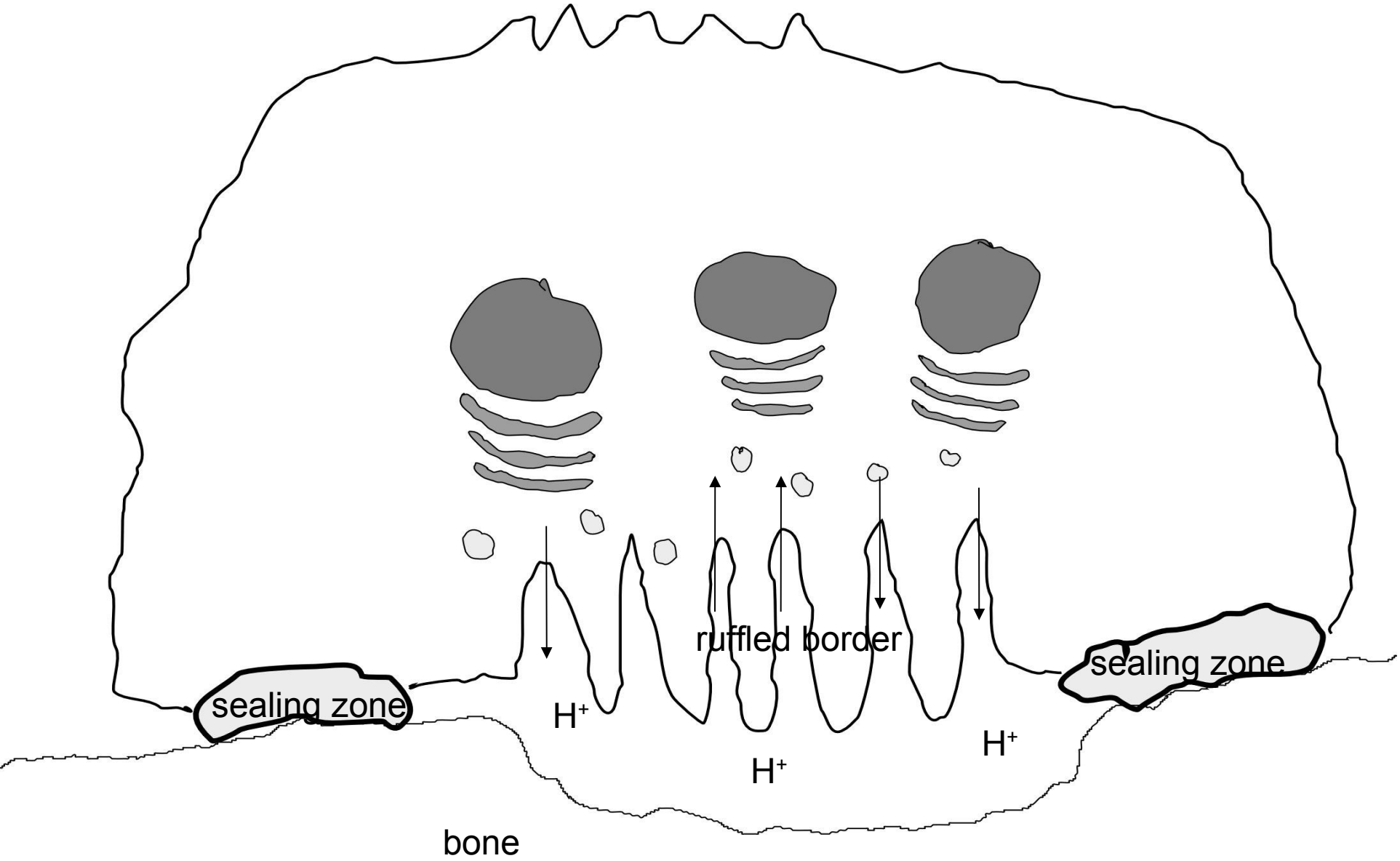
- acidic pH
- lysosomal membrane and lumenal proteins
- exocytosis in response to a stimulus

Lysosome-related organelles (LRO)

-lytic granules (NK cells and cytotoxic T-lymphocytes)
-azurophilic granules →
-melanosomes
-"external" lysosomes of osteoclasts
- delta-granules in platelets



Lysosome-related organelles - osteoclast



Multiple pathways deliver material to lysosomes

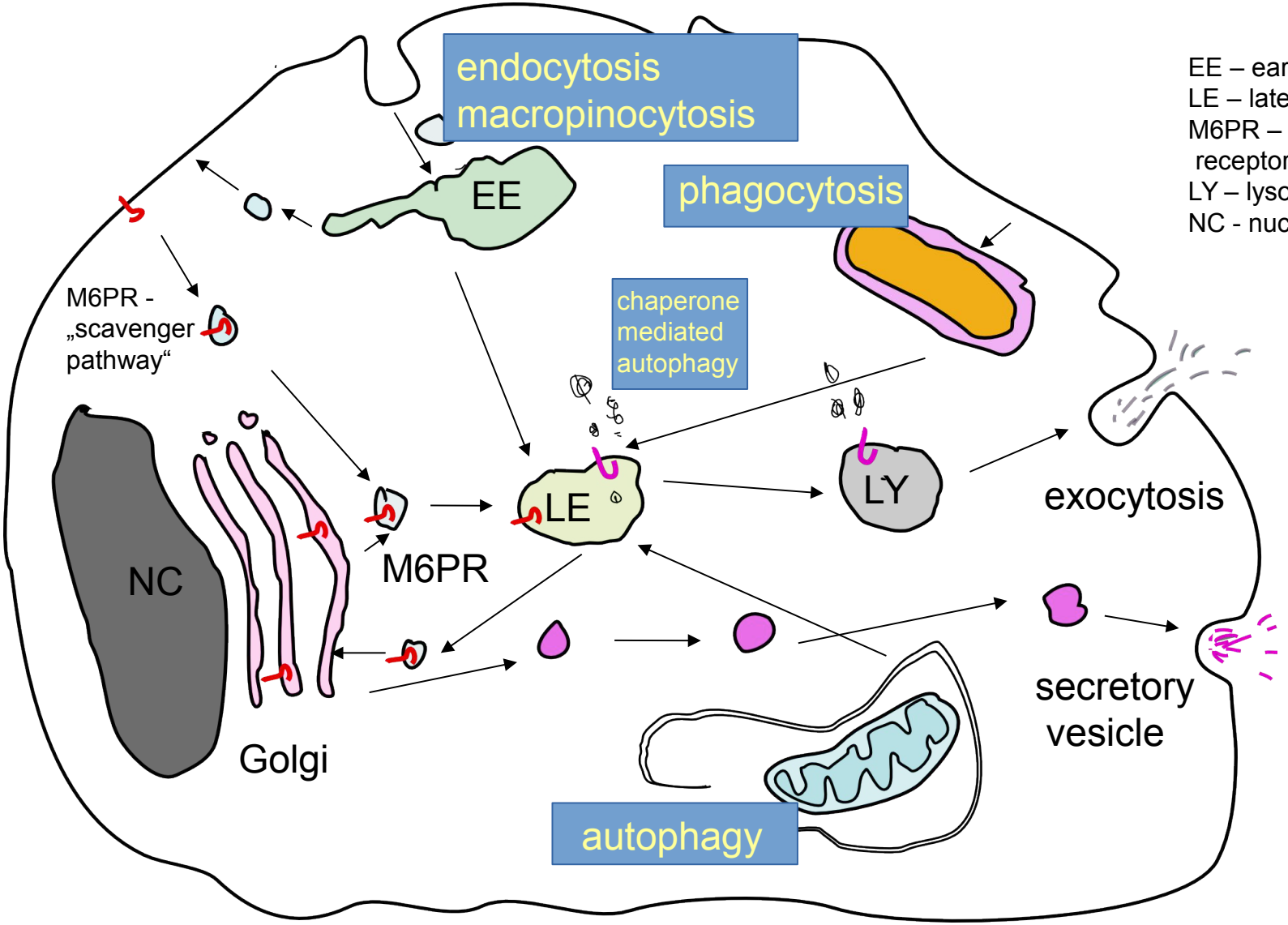


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Image M.H.

Autophagy

Macroautophagy

Microautophagy

Chaperone-mediated autophagy

proteins containing specific signal sequence
translocation of proteins driven by binding of chaperones
internalization via lamp2a receptor in the lysosomal membrane

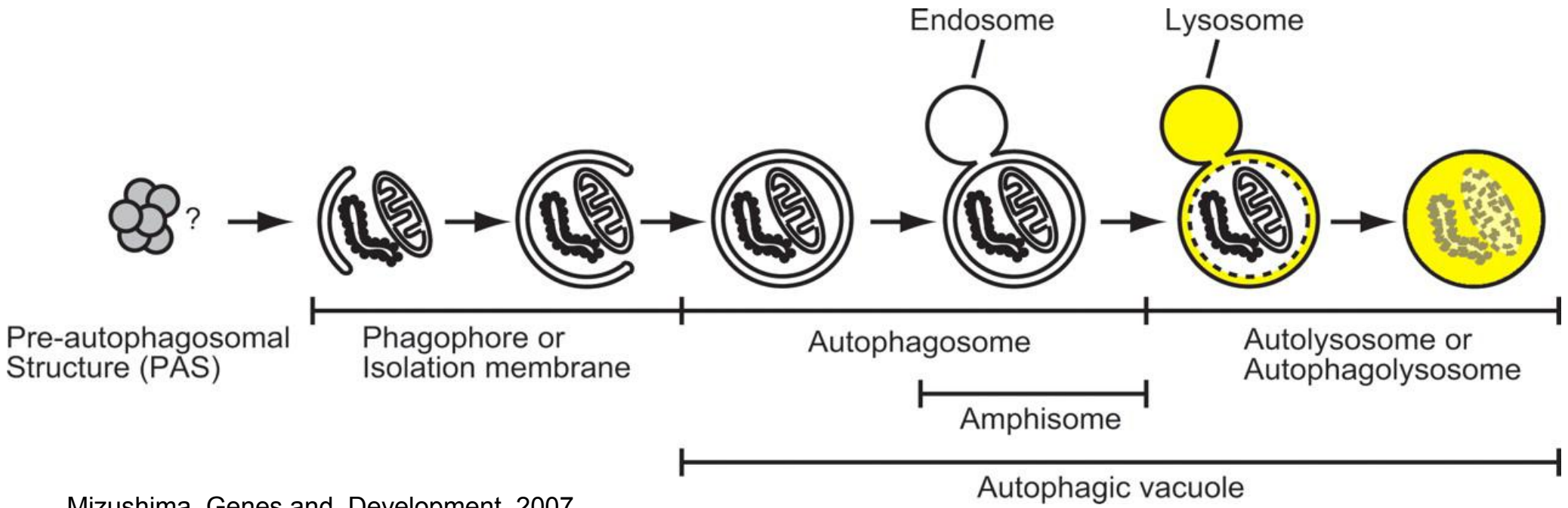
Lysosomal membrane protein **LAMP2** is a receptor involved in fusion of autophagic vacuoles with lysosomes

Autophagy is a process of self-degradation of cellular components

Double-membrane **autophagosomes** sequester organelles or portions of cytosol and fuse with lysosomes

Autophagy is upregulated in response to signals such as:

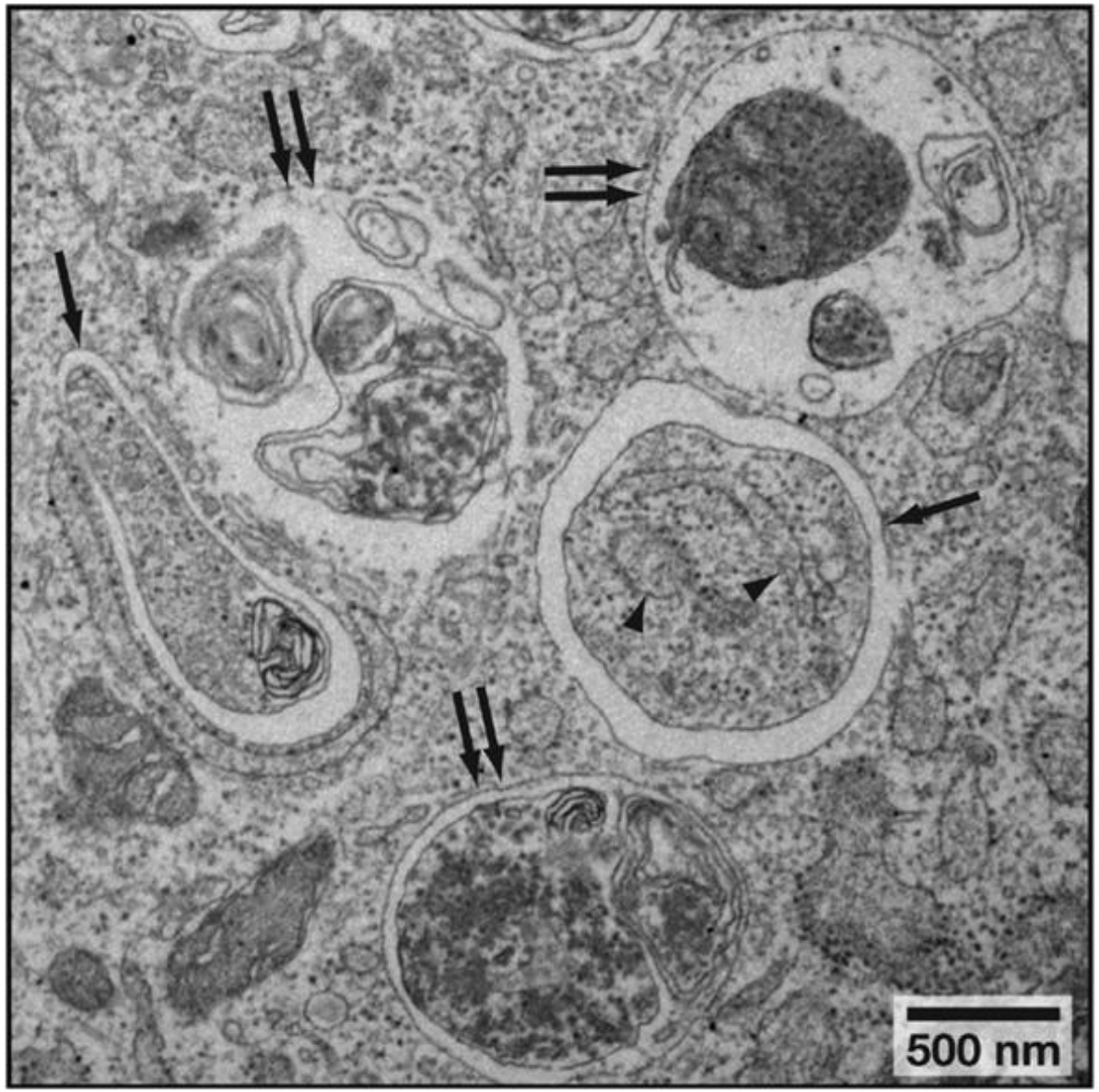
- starvation
- growth factor deprivation
- ER stress
- pathogen infection.



Mizushima, Genes and Development, 2007

Morphology of autophagosome and autolysosome

- Arrows: autophagosomes
- Double arrows: autolysosomes/amphisomes.
- Arrowheads: fragments of endoplasmic reticulum inside the autophagosome



Mizushima, Genes and Development, 2007

Import of lysosomal proteins into lysosome

Soluble lysosomal proteins :

– mannose-6 phosphate receptor

Lysosomal membrane proteins:

- signals in short C-terminal “tail”)
- signals are recognised by adaptor proteins (AP3..)

Other

- glucocerebrosidase, lysosomal acid phosphatase
- prosaposin
- sortilin, LIMPII

Alteration of metabolic, signalling, and transport pathways in lysosomal disorders

Alteration of metabolic, signalling, and transport pathways in lysosomal disorders

- Accumulation of secondary metabolites
- Alterations of calcium homeostasis
- Free radicals and oxidative stress
- Neuroinflammation
- Abnormal autofagy

-

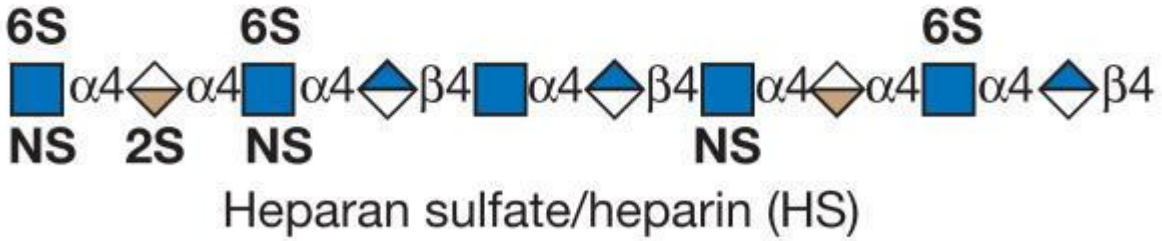
Alteration of metabolic, signalling, and transport pathways in lysosomal disorders

- **<u>Accumulation of secondary metabolites</u>**

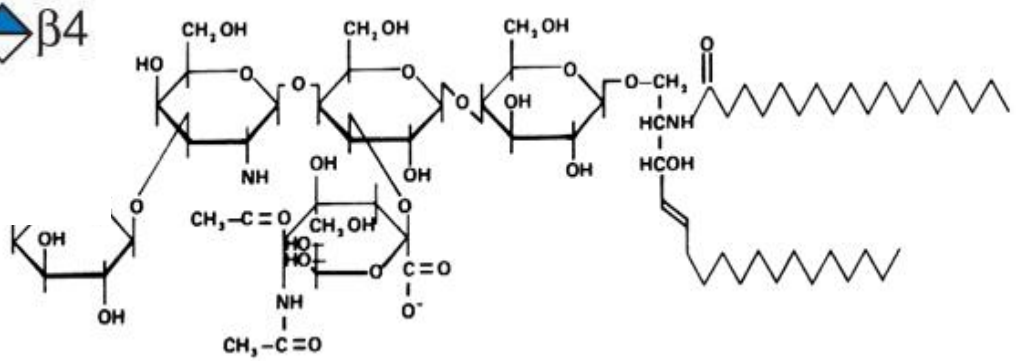
- In many lysosomal disorders are stored also metabolites unrelated to the primary defect, very often lipids or hydrophobic proteins

- Frequently gangliosides GM3, GM2 or cholesterol ... although the protein machinery for their degradation or transport is intact

- Example: in some mucopolysaccharidoses (storage of polysaccharides) is in the brain present storage of glycolipids - gangliosides GM2 a GM3

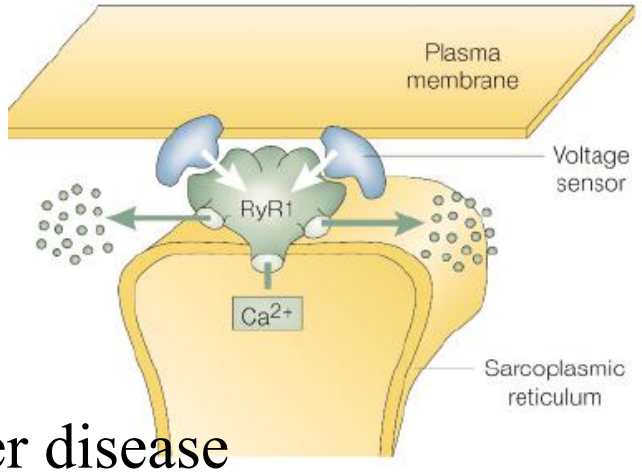


Heparan sulfate/heparin (HS)



Alteration of metabolic, signalling, and transport pathways in lysosomal disorders

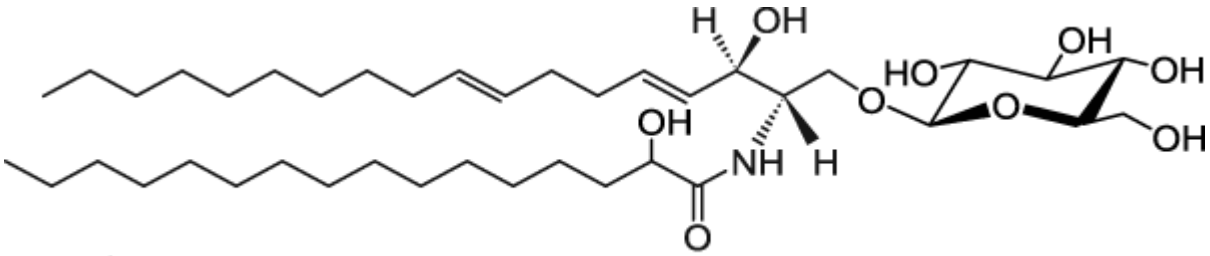
- **<u>Alteration of calcium homeostasis</u>**



- Disorders of calcium homeostasis can contribute to the pathogenesis of the disease

- **Example:**
- Glucosylceramide: the glycolipid stored in Gaucher disease modulates the function of ryanodine receptors in neurons and leads to more prominent release of calcium from ER to cytosol

- In other lysosomal disorders were described different alterations of calcium homeostasis - different mechanisms



Structure of predominant species

–

Alteration of metabolic, signalling, and transport pathways in lysosomal disorders

- **Free radicals and oxidative stress**

- signs of increased production of free oxygen radicals and oxidative stress

- there is no obvious mechanism - secondary elevation of free radical production due to e.g. endoplasmic reticulum stress

- Oxidative stress can contribute to pathogenesis of lysosomal disorders, especially in the brain

Alteration of metabolic, signalling, and transport pathways in lysosomal disorders

- **Neuroinflammation**

- Signs of neuroinflammation is present essentially in all lysosomal disorders with CNS involvement
- Activation of immune system – microglia and astrocytes
- Similar findings are present in „classic“ neurodegenerative disordrders
- Chronic glial activation in lysosomal disorders apparently contributes to neuronal damage

Alteration of metabolic, signalling, and transport pathways in lysosomal disorders

- **Abnormal autophagy**

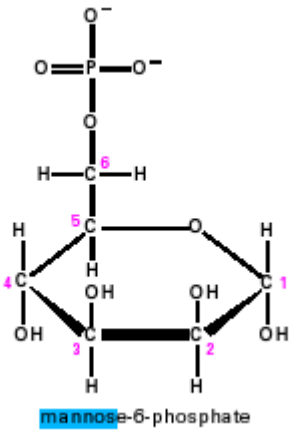
- vacuolar mechanism for degradation of damaged organelles and long-life proteins
- signs of increased autophagy is present in many lysosomal disorders, can lead to cell damage and cell death
- the mechanism of activation of autophagy is not clerar, but may contribute to cell damage

- (Danon disease – deficiency of LAMP2 – accumulation of autophagic vacuoles)

Transport of soluble lysosomal proteins by mannose-6-phosphate receptors

Sorting of proteins containing MP6 signal

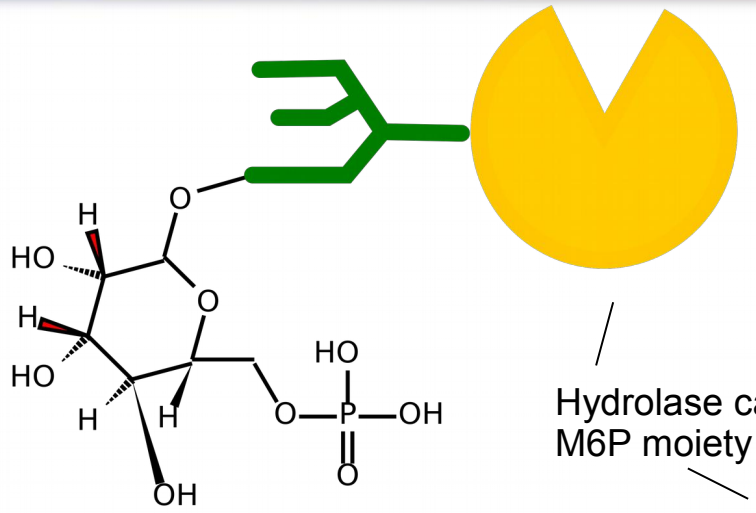
The majority of soluble (luminal) lysosomal proteins is transported into lysosome via mannose-6-phosphate receptor

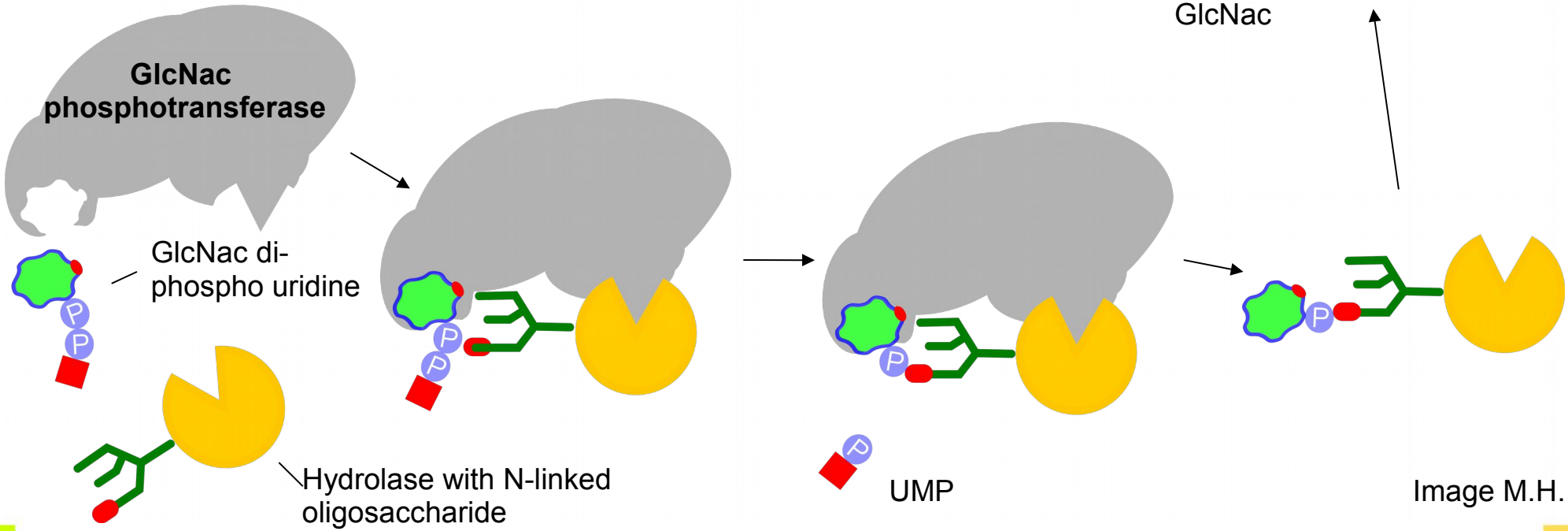


M6P signal is built on N-linked oligosaccharides of hydrolases by Glc Nac phosphotransferase in *cis*-Golgi

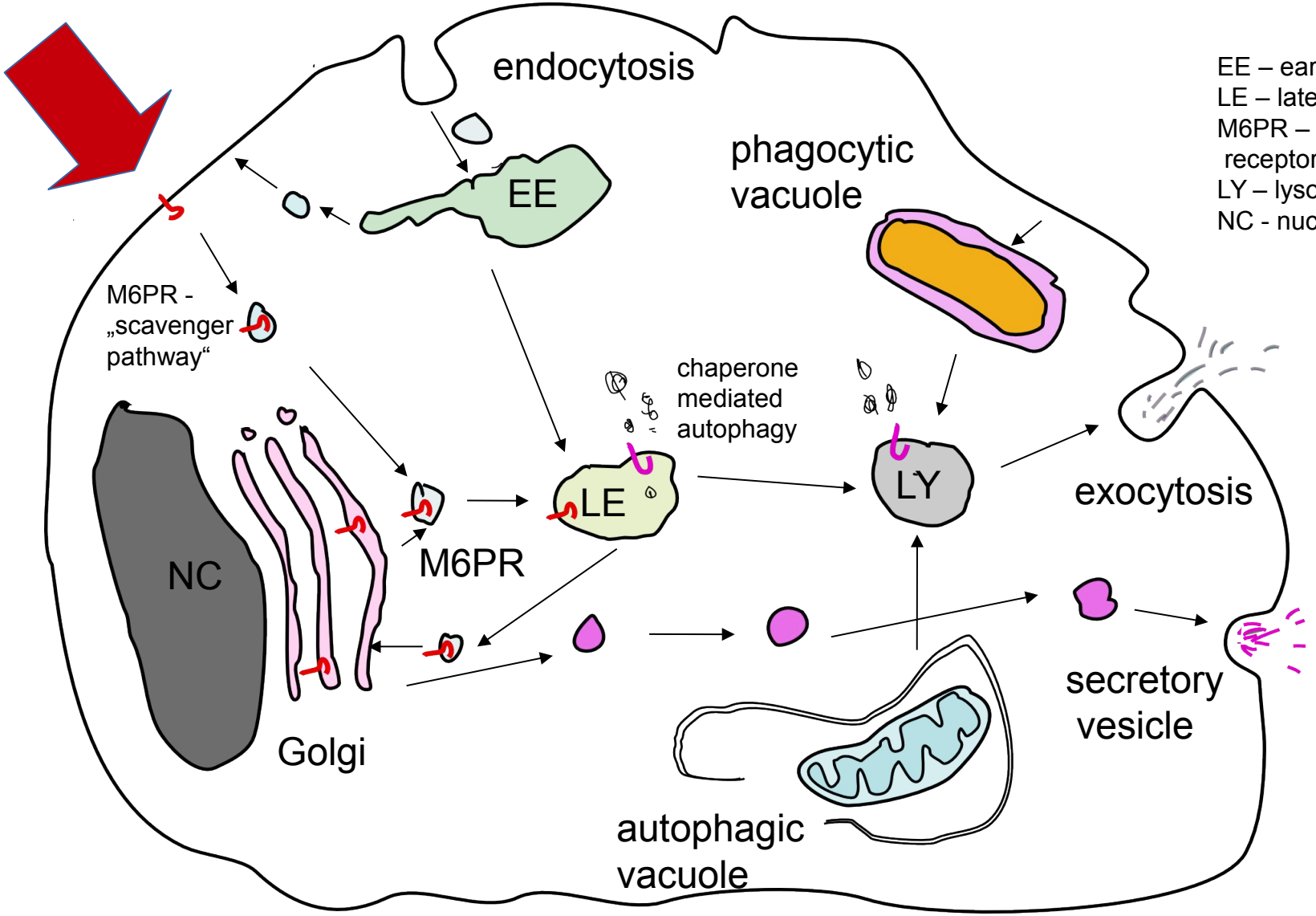
N-acetylglucosamine phosphotransferase (**GlcNac phosphotransferase**) **recognises a 3-D pattern on lysosomal enzymes**

Protective GlcNac group is enzymatically removed in *trans*-Golgi, leaving M6P exposed





MP6 receptors capture lysosomal enzymes by receptor-mediated endocytosis at plasma membrane



EE – early endosome
LE – late endosome
M6PR – mannosa-6-phosphate receptor
LY – lysosome
NC - nucleus

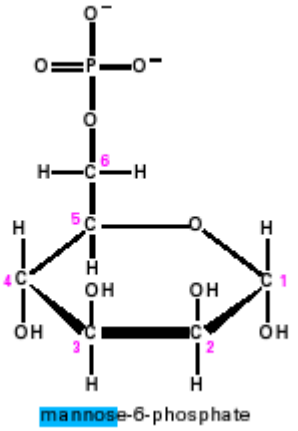
Sorting of proteins containing MP6 signal

protein-M6P-M6PR → **lysosome**

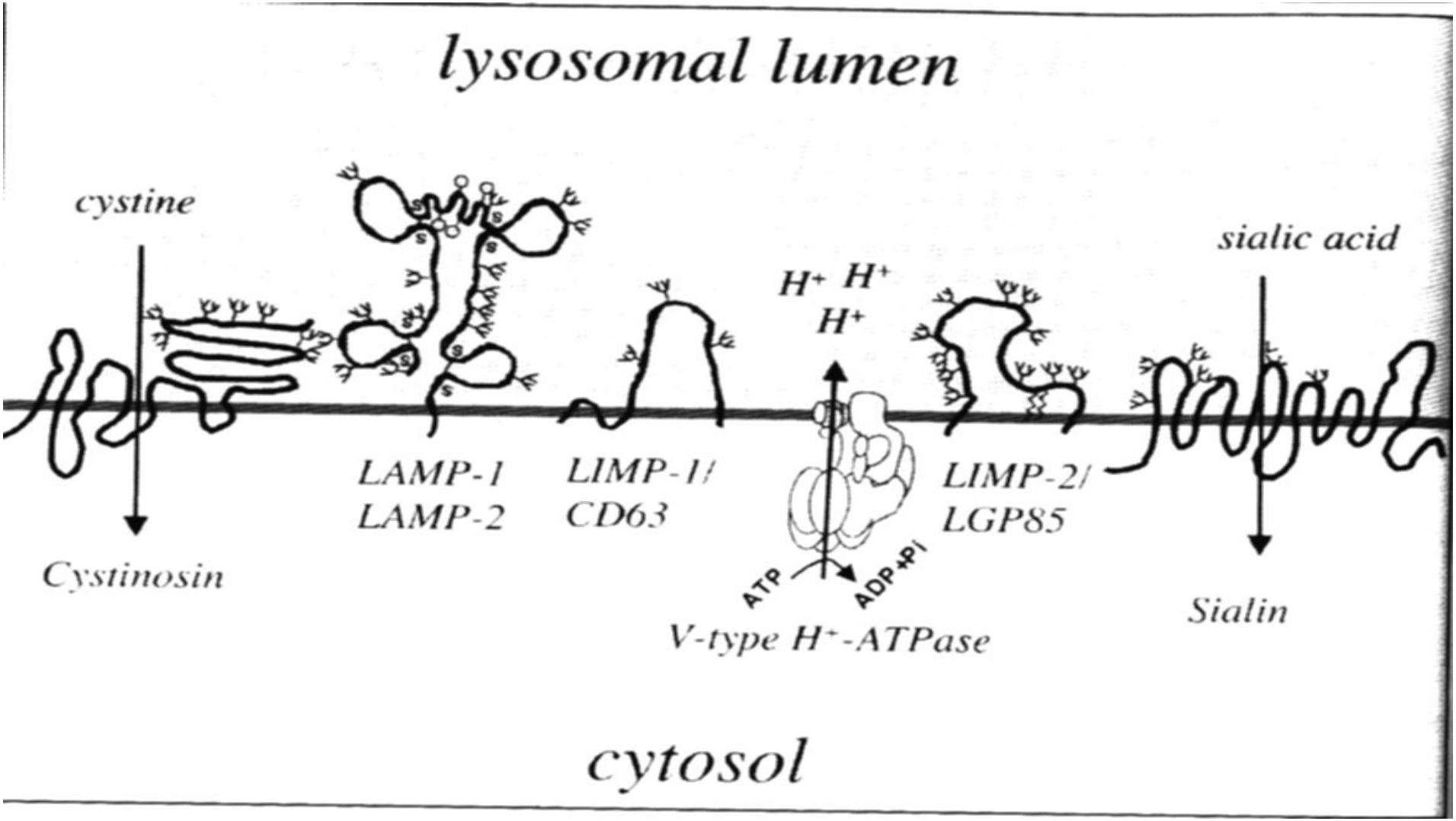
protein-M6P
protein

protein → **Secretion pathway**

cis-Golgi



Lysosomal membrane proteins



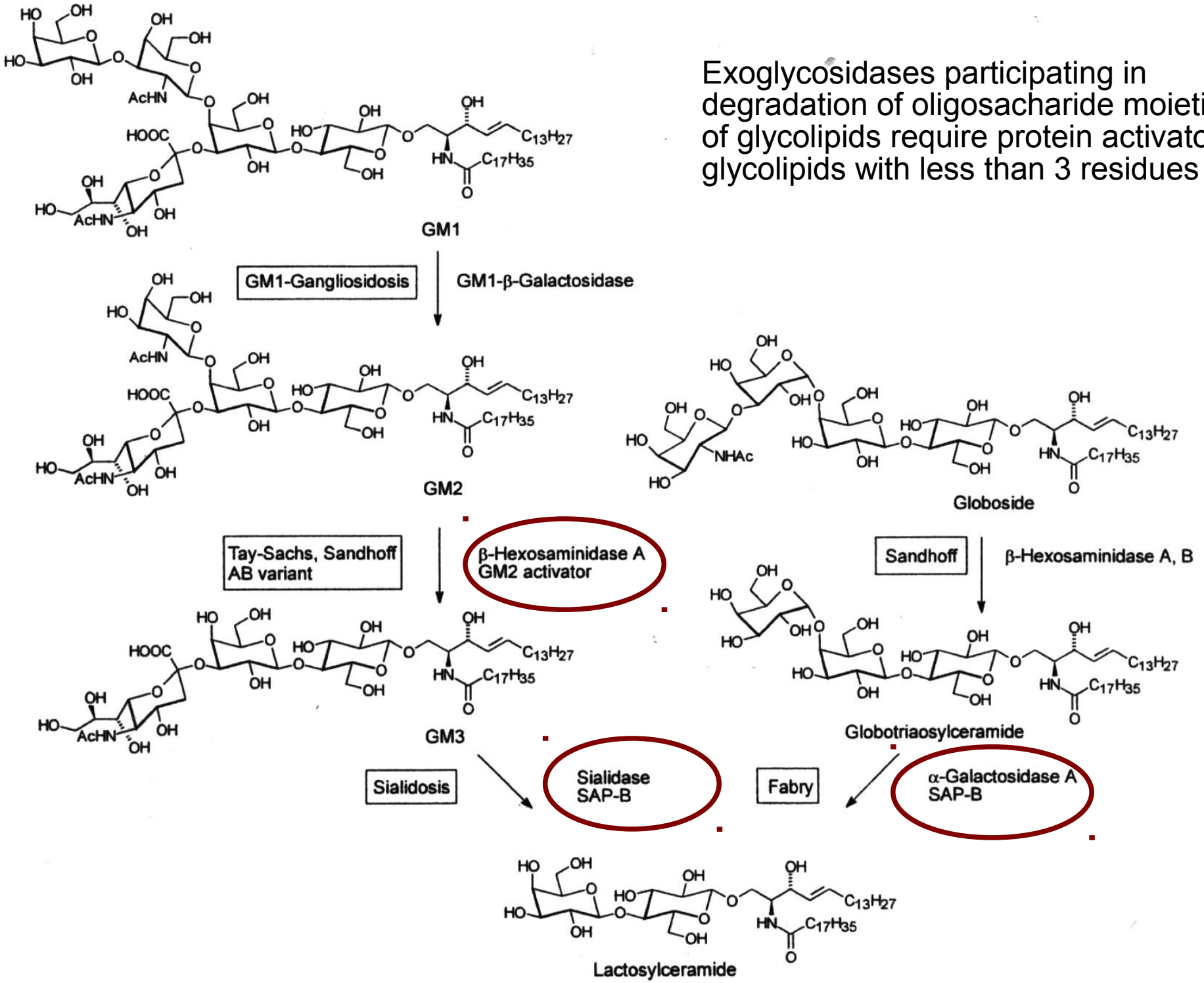
Lysosomal membrane contains more than 100 proteins, majority of which have unknown function. Proteins with known function include receptors, molecules participating in vesicular transport, transporters of small molecules, vacuolar ATPase etc.

Oligosaccharide chains at the inner face of lysosomal mebrane for a glycocalix protecting the membrane from the attack of hydrolases

LAMP 2 (lysosomal associated membrane protein 2) is a receptor for autophagic vacuoles

Activators of lysosomal hydrolases

Exoglycosidases participating in degradation of oligosacharide moieties of glycolipids require protein activators for glycolipids with less than 3 residues

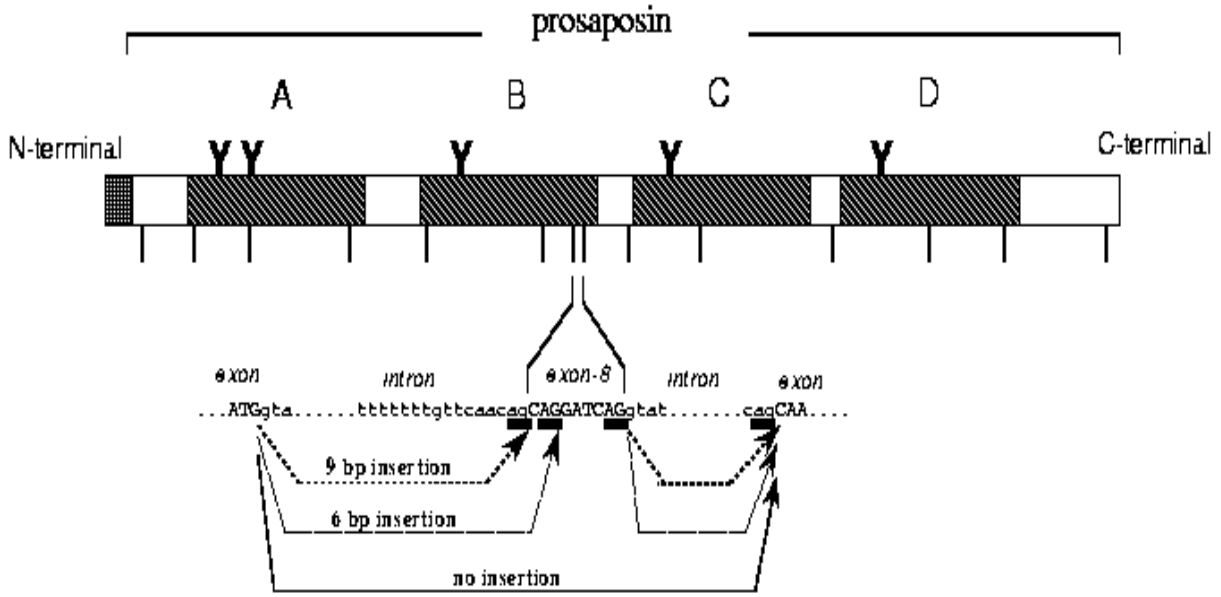


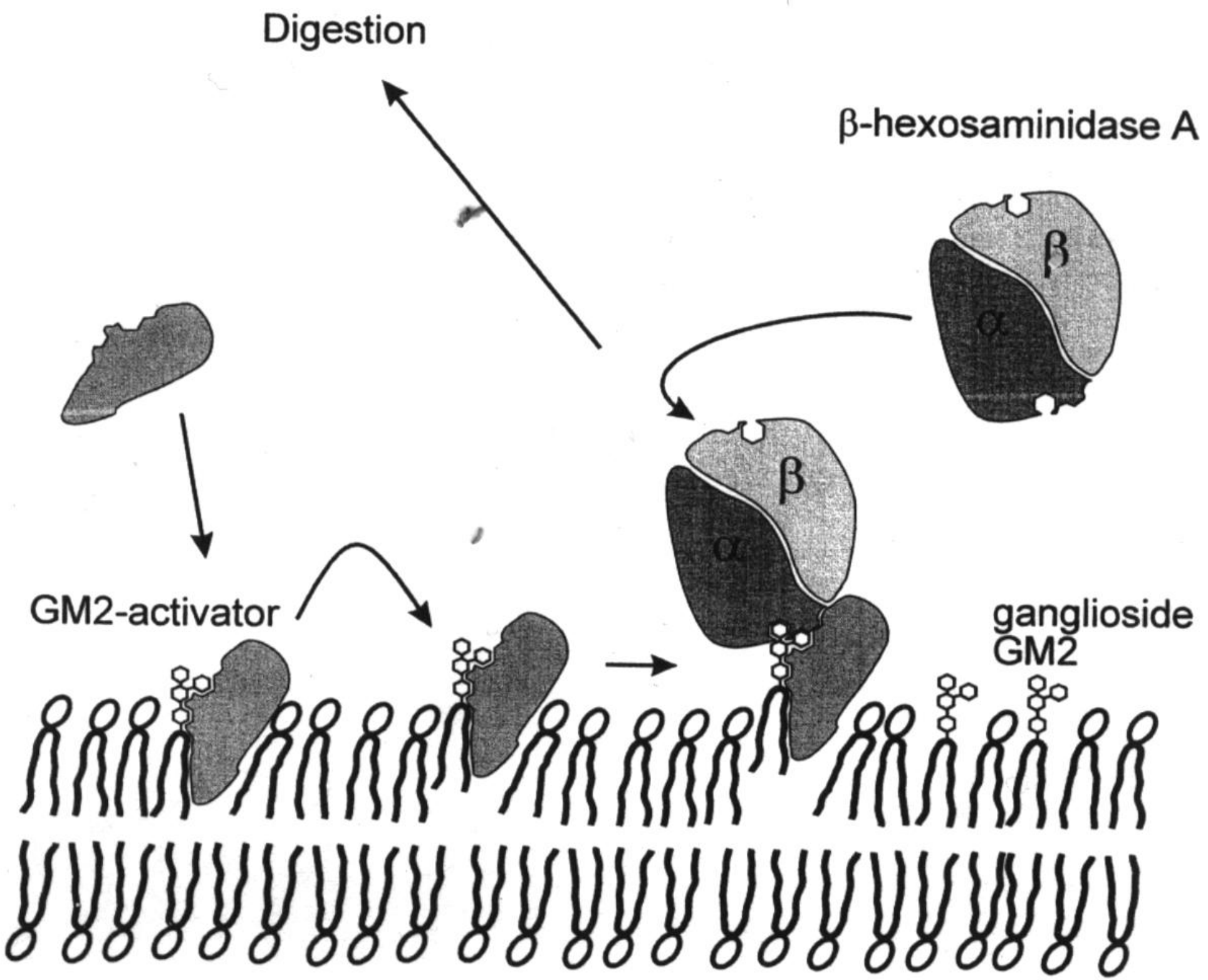
Activators of lysosomal hydrolases

Saposins A,B,C,D

deficits of saposins lead to variant forms of disorders caused by deficiencies of enzymes they activate

GM2 activator
activates
hexosaminidase A




Digestion
β-hexosaminidase A
β
α
β
α
GM2-activator
ganglioside
GM2

Overview of lysosomal disorders

Lysosomal enzymes

30 enzymes – hereditary deficiencies of which cause human diseases

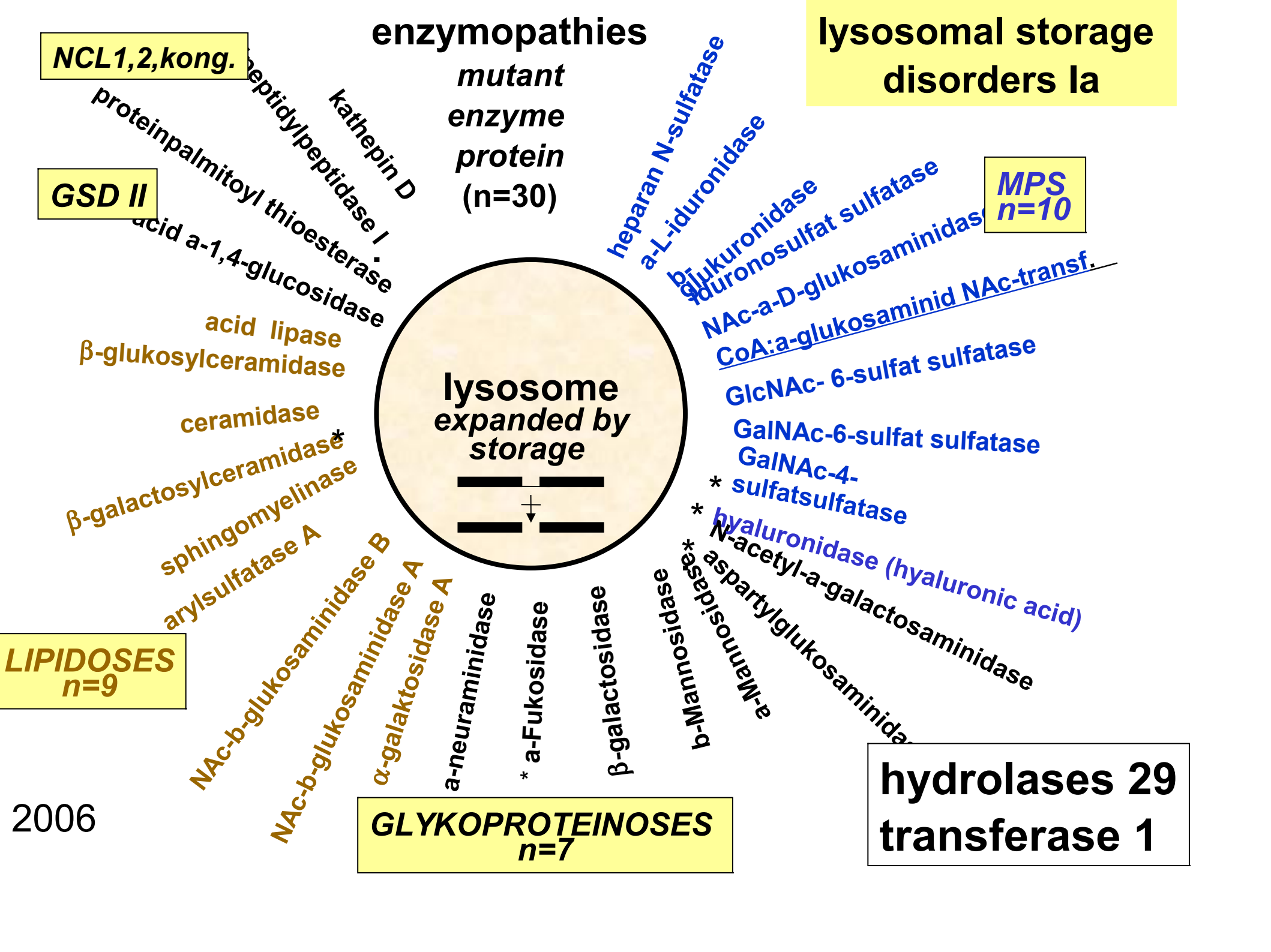
lipids – lipidoses, including sphingolipidoses

glykosaminoglycans – mucopolysaccharidoses

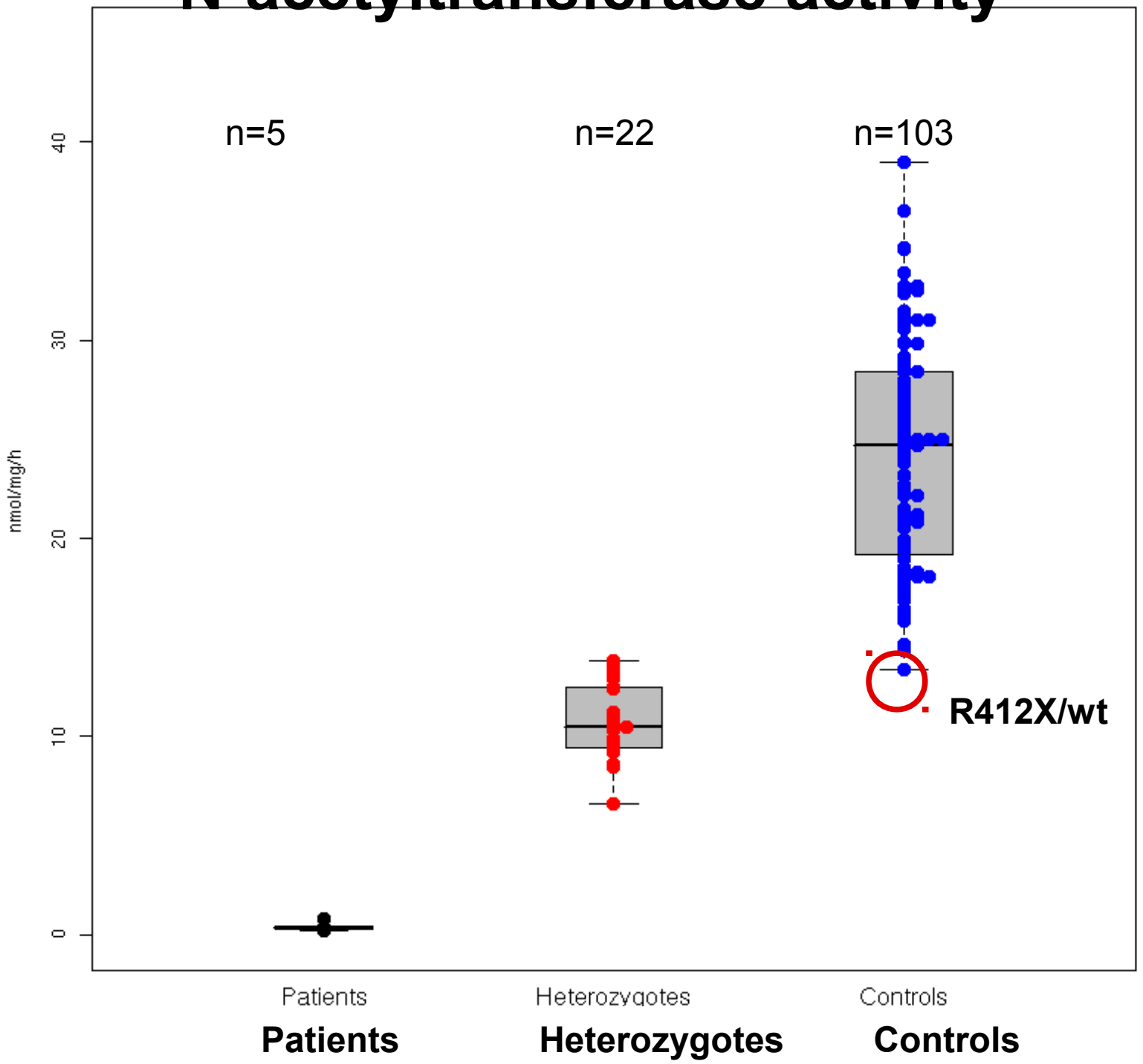
N-glycans, oligosacharides – glycoproteinoses

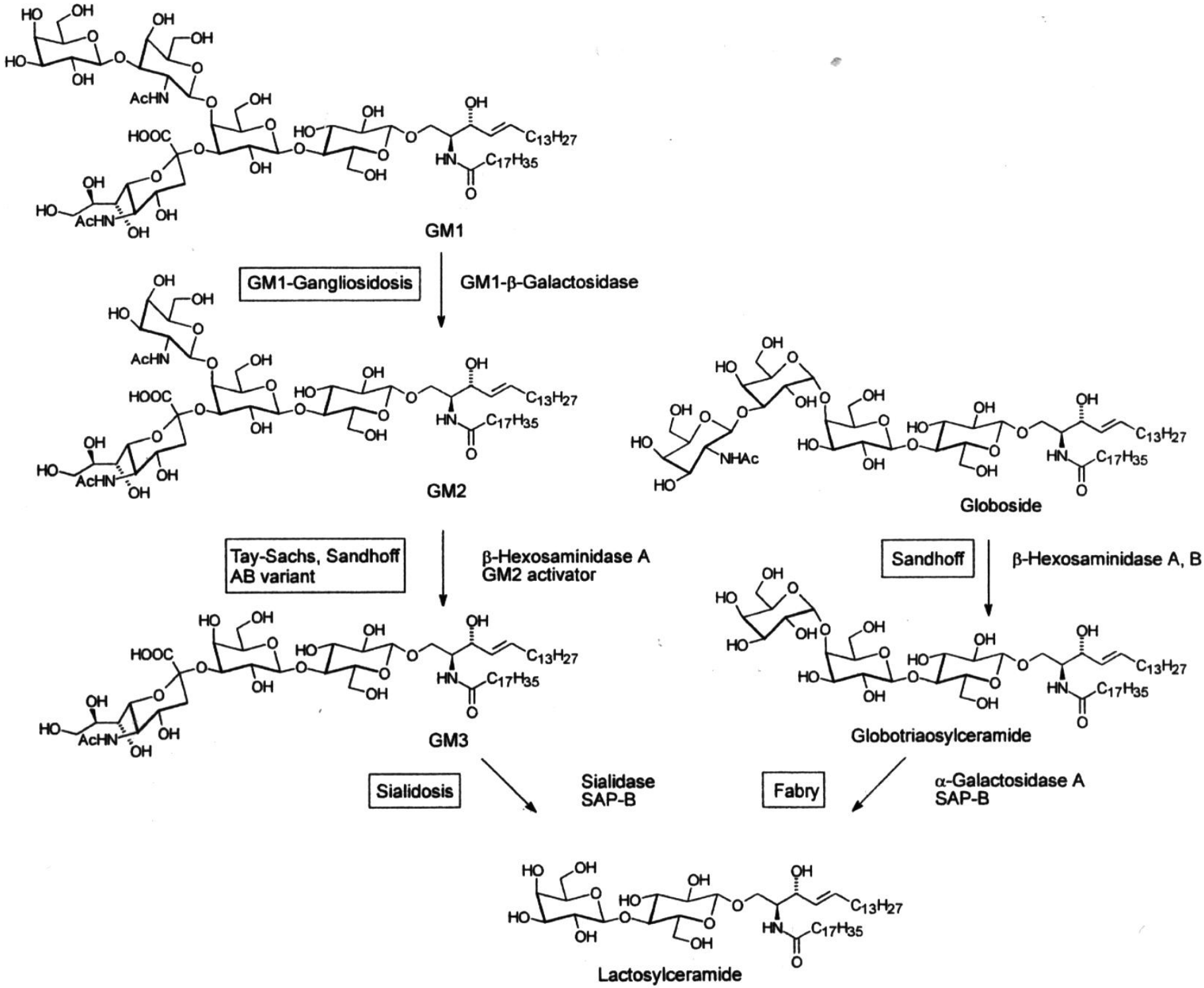
glycogen – glycogenosis type II (Pompe)

proteins – proteinoses


enzymopathies
mutant
enzyme
protein
(n=30)
lysosomal storage disorders la
NCL1,2,kong.
GSD II
proteinpalmitoyl thioesterase
acid a-1,4-glucosidase
kathepin D
acid lipase
β-glukosylceramidase
ceramidase
β-galactosylceramidase
sphingomyelinase
arylsulfatase A
NAc-b-glukosaminidase B
NAc-b-glukosaminidase A
α-galaktosidase A
a-neuraminidase
* a-Fukosidase
β-galactosidase
b-Mannosidase
a-Mannosidase
aspartylglukosaminida
N-acetyl-a-galactosaminidase
hyaluronidase (hyaluronic acid)
* sulfatsulfatase
GalNAc-4-
GalNAc-6-sulfat sulfatase
GlcNAc- 6-sulfat sulfatase
CoA:a-glukosaminid NAc-transf.
NAc-a-D-glukosaminidase
iduronosulfat sulfatase
b-glukuronidase
a-L-iduronidase
heparan N-sulfatase
lysosome
expanded by
storage
MPS
n=10
LIPIDOSES
n=9
GLYKOPROTEINOSES
n=7
hydrolases 29
transferase 1
2006

N-acetyltransferase activity



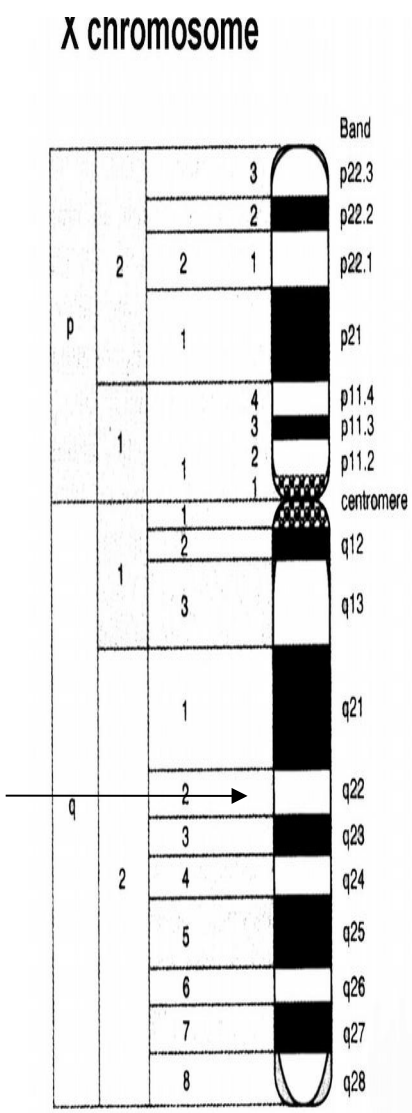

GM1
GM1-Gangliosidosis
GM1-β-Galactosidase
GM2
Globoside
Tay-Sachs, Sandhoff
AB variant
β-Hexosaminidase A
GM2 activator
Sandhoff
β-Hexosaminidase A, B
GM3
Globotriaosylceramide
Sialidosis
Sialidase
SAP-B
Fabry
α-Galactosidase A
SAP-B
Lactosylceramide

Fabry disease – alpha-galactosidase A deficiency

X-linked disease

lysosomal storage of glycolipids with terminal alpha-galactose, predominantly globotriaosylceramide

storage in vessel endothel, smooth muscle of the vessels, cardiomyocytes, glomerules and tubules and other cell types



Fabry disease – clinical picture

hypertrophic cardiomyopathy, arythmias

chronic progressive renal disease leading to renal failure

TIA, parestesias

angiokeratomas , cornea verticilata

X-linked disease

In females the severity of phenotype depends on X-inactivation

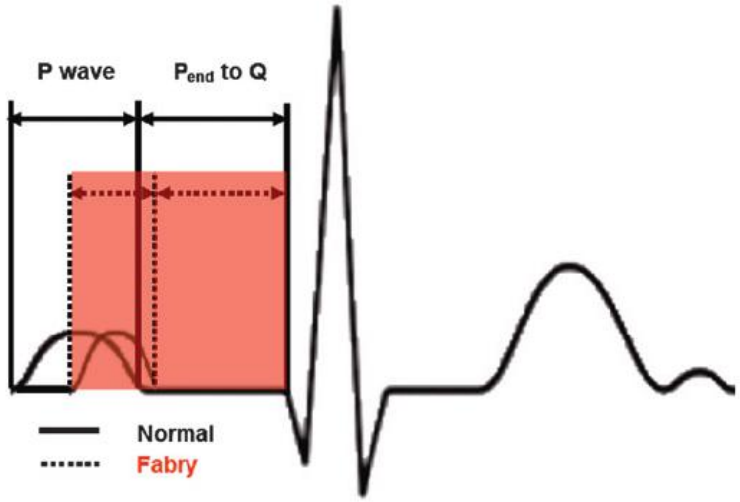


Figure 3 Schematic illustration of the changes in PQ-interval depending on P-wave duration in Fabry disease (FD) compared with normal controls. Shortening of the PQ-interval was predominantly caused by a shorter P-wave duration in patients with FD. Dashed lines, arrows and red zone indicates changes in FD.

Gaucher disease

Lysosomal storage disorder

Deficiency of glucocerebrosidase (acid beta glucosidase)

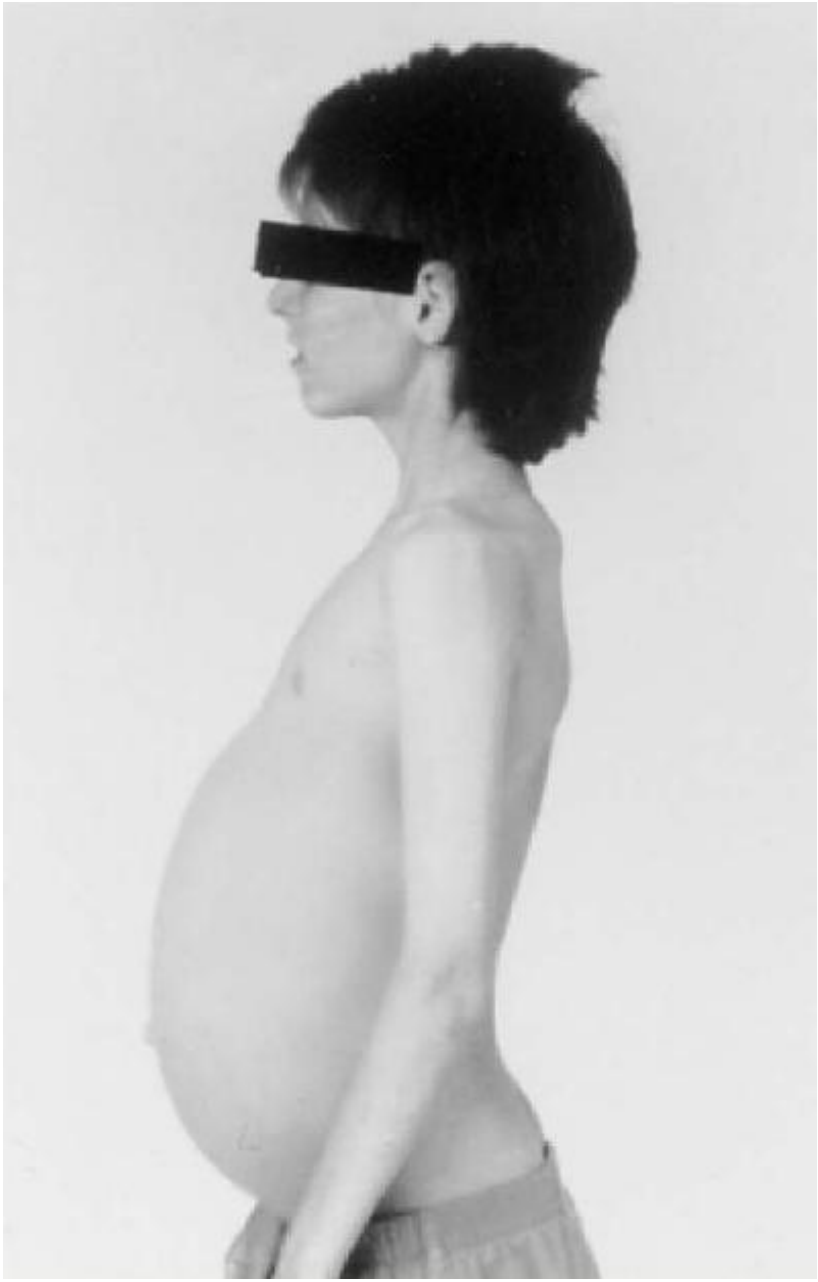
Accumulation of glucosylceramide preferentially in cells of macrophage origin (Gaucher cells)

Multisystem disorder

Hepatomegaly, splenomegaly, bone disease, trombocytopenia, anemia, lung infiltration

In type 2 and 3 Gaucher disease: CNS disease

Clinical variability, chronic progresion
Type 1: chronic non-neuronopathic
Type 2: acute neuronopathic
Type 3: chronic neuronopathic

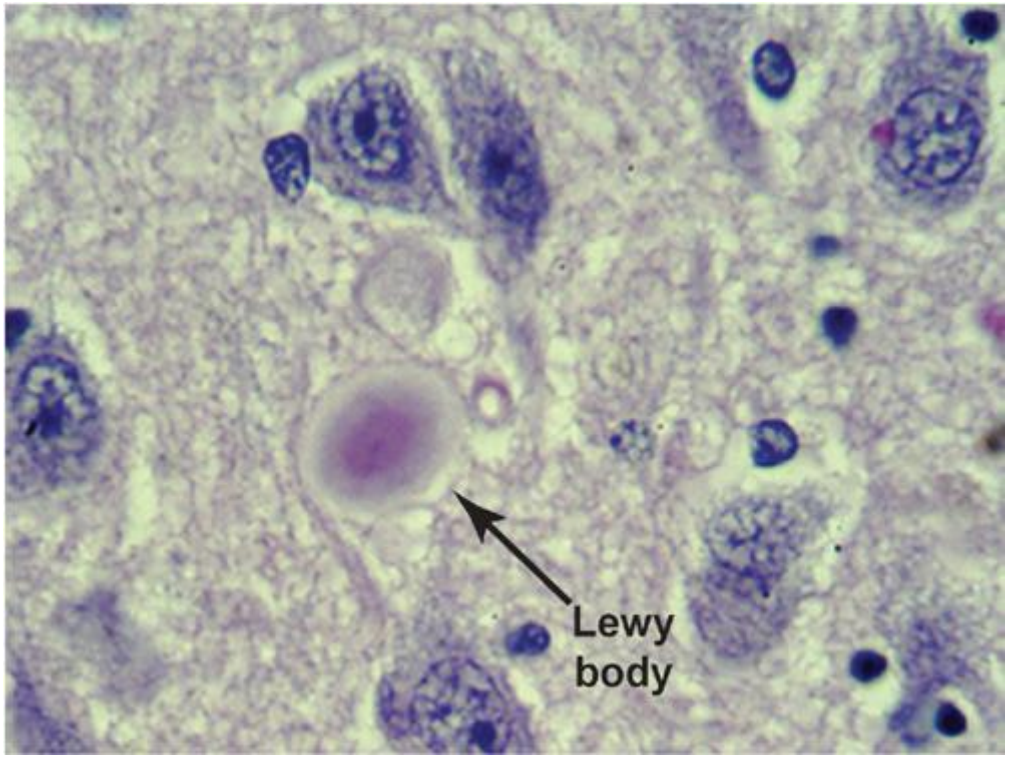


Heterozygosity or homozygosity for a mutation in the glucocerebrosidase gene is a susceptibility factor for Parkinsons disease

Molecular mechanism is not clear , ? tau protein transport disorder ?

Strong epidemiologic evidence for the association

Mutant glucocerebrosidase is present in Lewy bodies in Gaucher patients with Parkinson disorder



Niemann-Pick type C disease

- Disorder of intracellular lipid trafficking, especially of cholesterol
- accumulation of unesterified cholesterol and glycolipids in late endosomes/lysosomes
- Disorder of LDL-derived cholesterolu
- abnormal fusion of late endosomes and lysosomes, abnormal filling of lysosomes with Ca^{++}

Mutations in two cholesterol-transporting proteins : NPC1 and NPC2

NPC1 is more frequent (about 95% of NPC)

- (Note: Niemann-Pick type A and B are caused by the deficiency of acid sphingomyelinase)

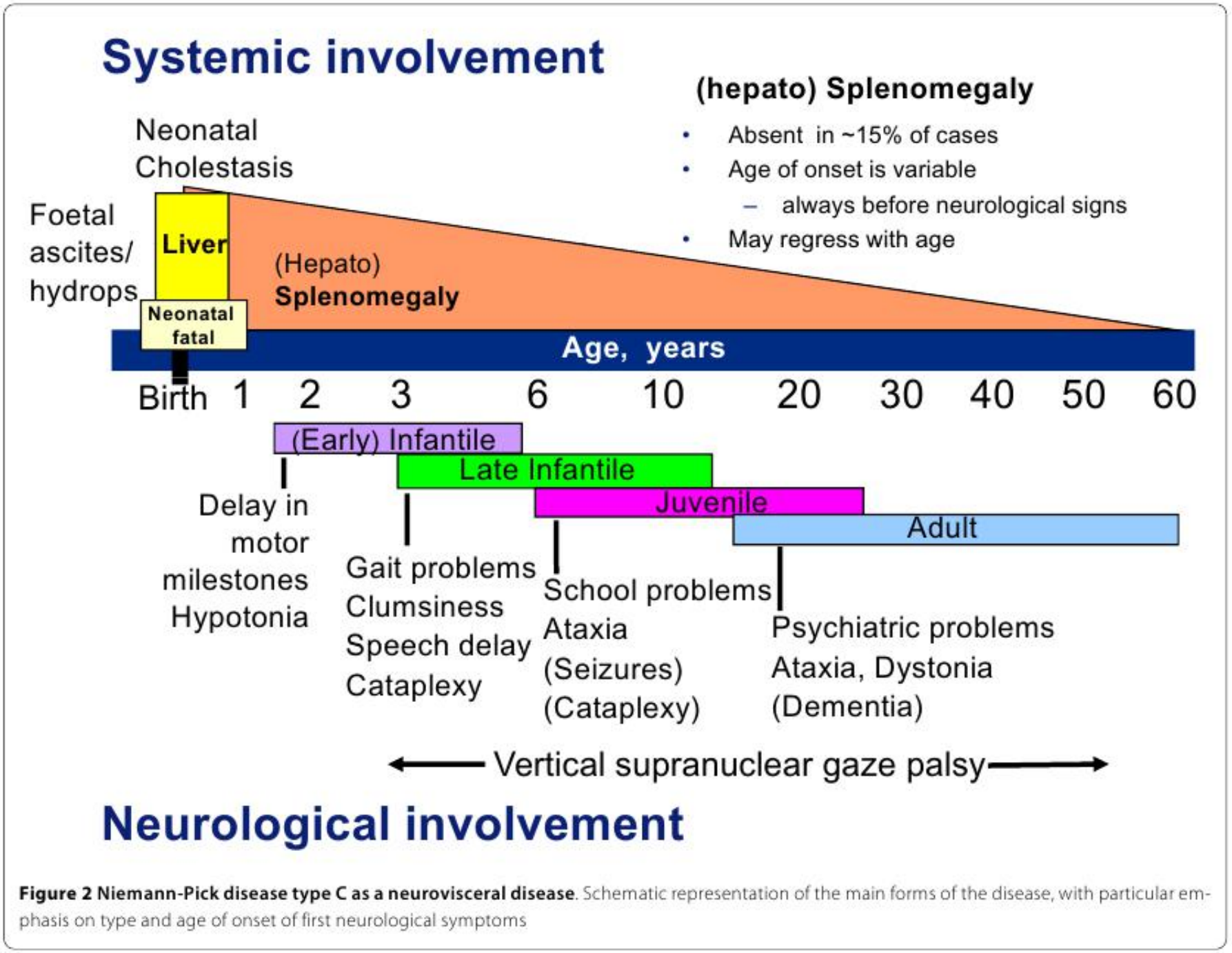


Figure 2 Niemann-Pick disease type C as a neurovisceral disease. Schematic representation of the main forms of the disease, with particular emphasis on type and age of onset of first neurological symptoms

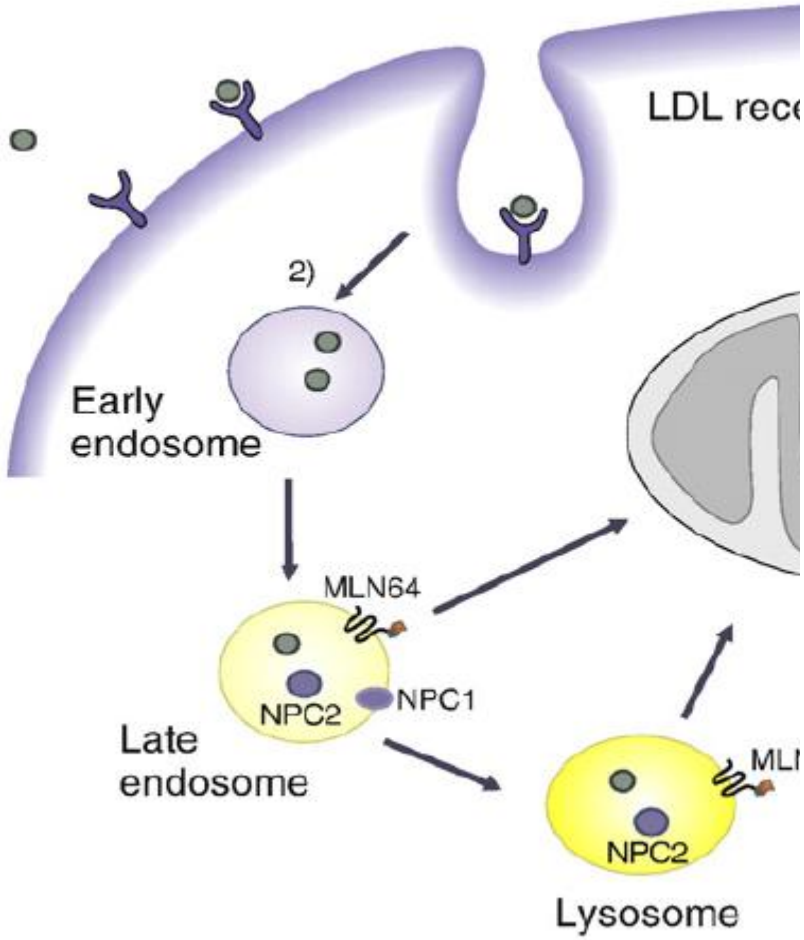
Vanier 2010

Niemann-Pick disease type C

- Disorder of **intracellular lipid traficking**

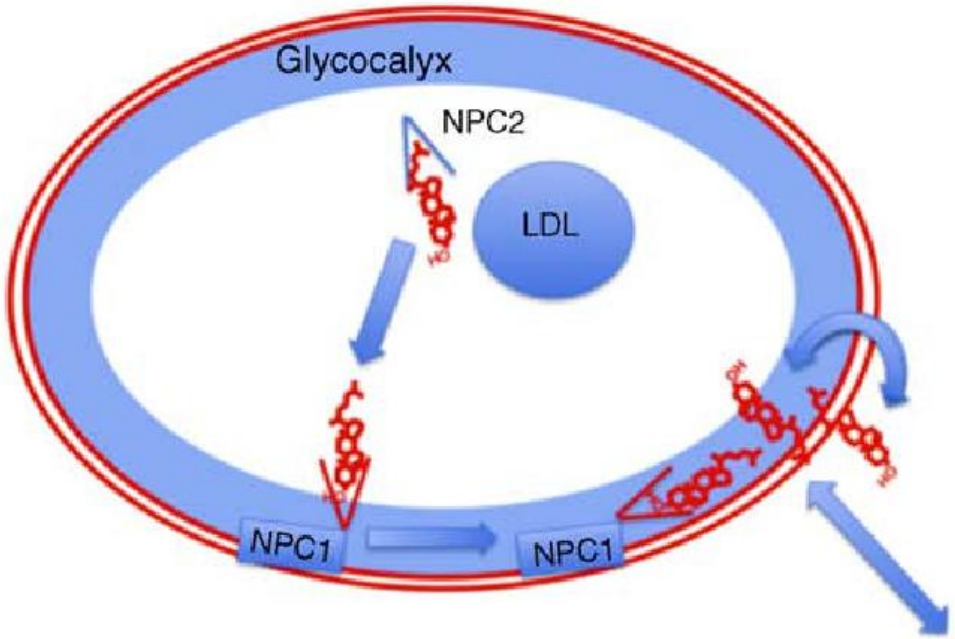
- Neurovisceral disorder : highly variable clinical picture
- Prolonged neonatal jaundice of cholestasis, hepatosplenomegaly or isolated splenomegaly
- Later **progresssive neurological disease** – ataxia , clumsiness, falls, spasticity, seizures, dysarthia or dysphagia
- tyúical signs : vertical gaze palsy, gelastic cataplexy
- **psychiatric signs:** presenile cognitive decline, dementia, paranoia (hallucinations, ...)

Intracellular transport of LDL cholesterol



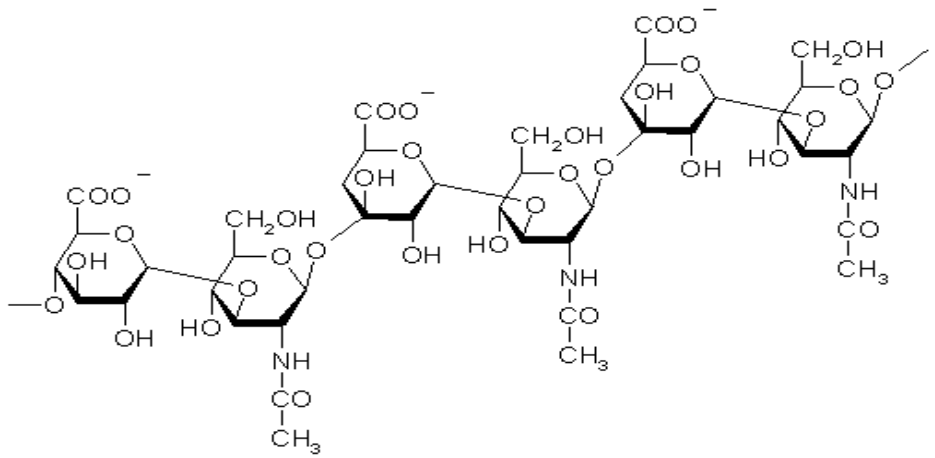
Function of NPC1 and NPC2

- Soluble NPC2 binds LDL-derived cholesterol and transfers it to NPC1
- NPC1 transfers cholesterol molecules across glycocalix at the lumenal face of the lysosome



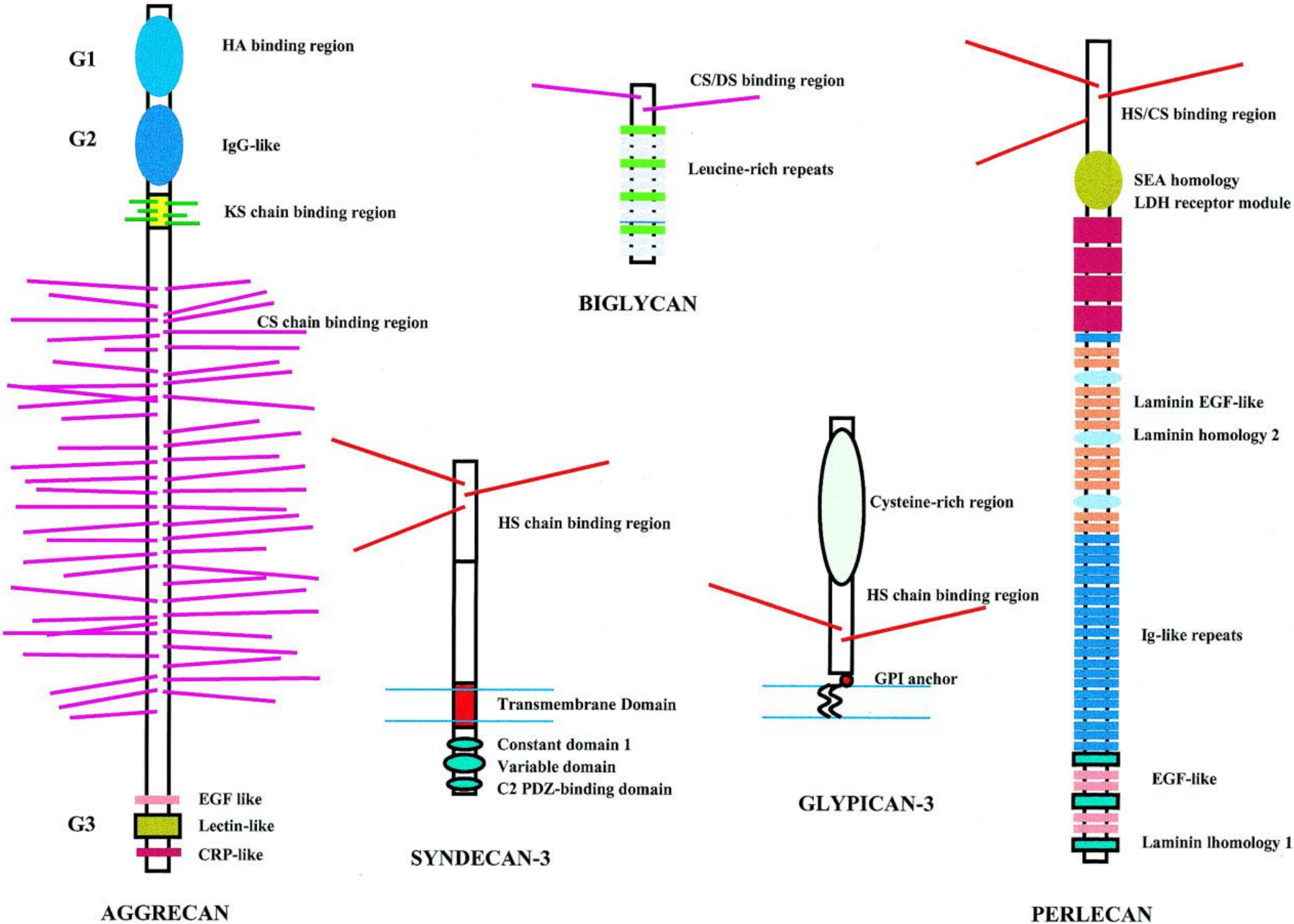
Mucopolysaccharides

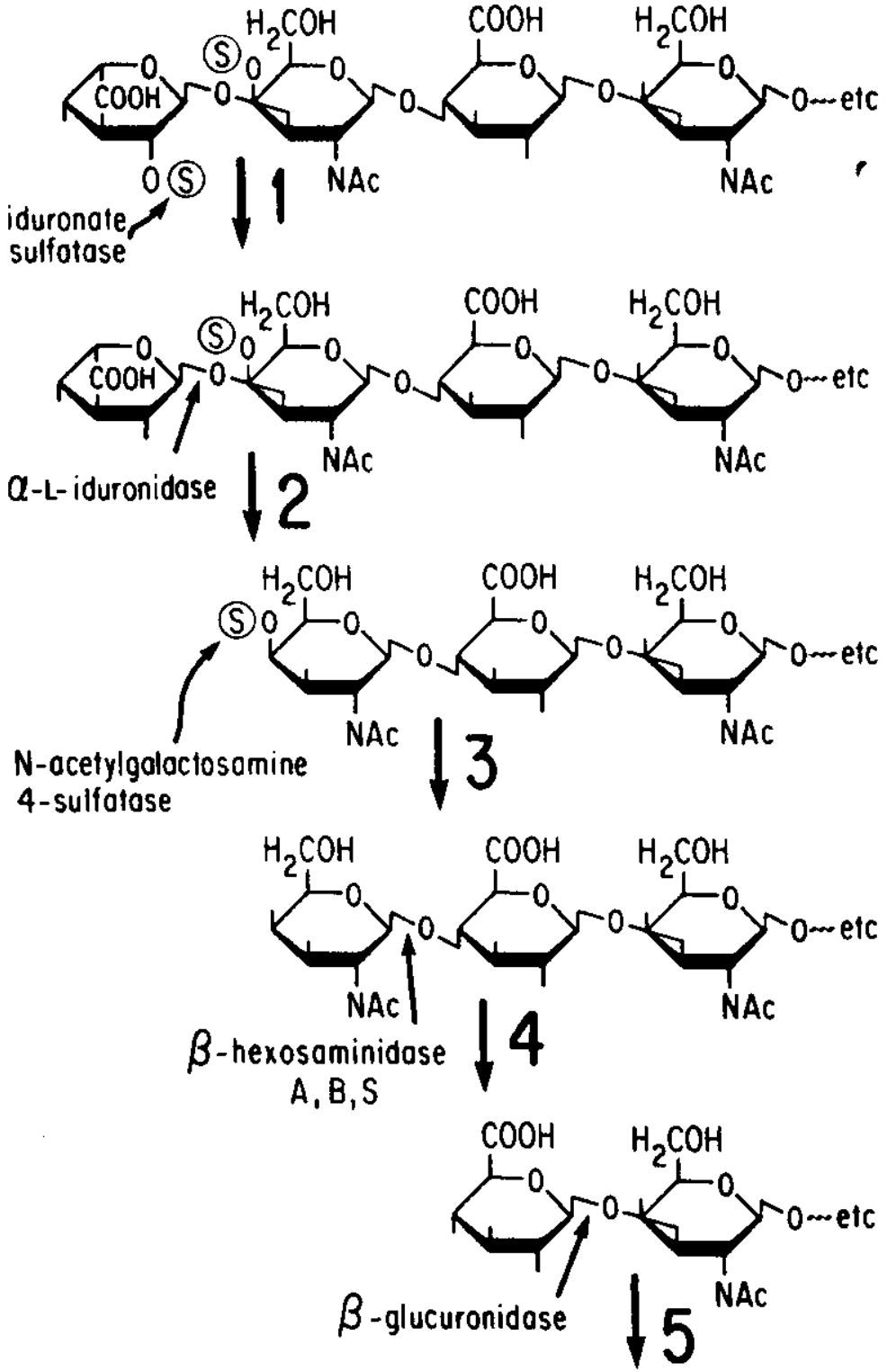
Polysaccharides



Heparan sulfate
Dermatan sulfate
Keratan sulfate
Chondroitin sulfate

Families of proteoglycans expressed in cartilage: representative members




iduronate sulfatase
1
α-L-iduronidase
2
N-acetylgalactosamine 4-sulfatase
3
β-hexosaminidase A, B, S
4
β-glucuronidase
5
etc

Mucopolysaccharidoses

11 disorders

Most common :
MPS I Hurler disease - deficiency of alpha-iduronidase, AR-inheritance
MPS II - Hunter disease - deficiency of iduronate sulfatase , X-linked

Common symptoms
Progressive dementia, hepatosplenomegaly, coarse features (gargoylism), bone disease (dysostosis multiplex),
corneal opacities, cardiac disease

Mukopolysacharidosa III, MPS III
Sanfilippova choroba

In the first years of life normal development
At 2 – 6 years of age prominent hyperactivity, sleep disorders, slowly progressive dementia

Coarse facies, coarse hair
drsné vlasy, small
hepatosplenomegaly

Spasticity, dementia,
death usually
between 15 - 25 years
of age

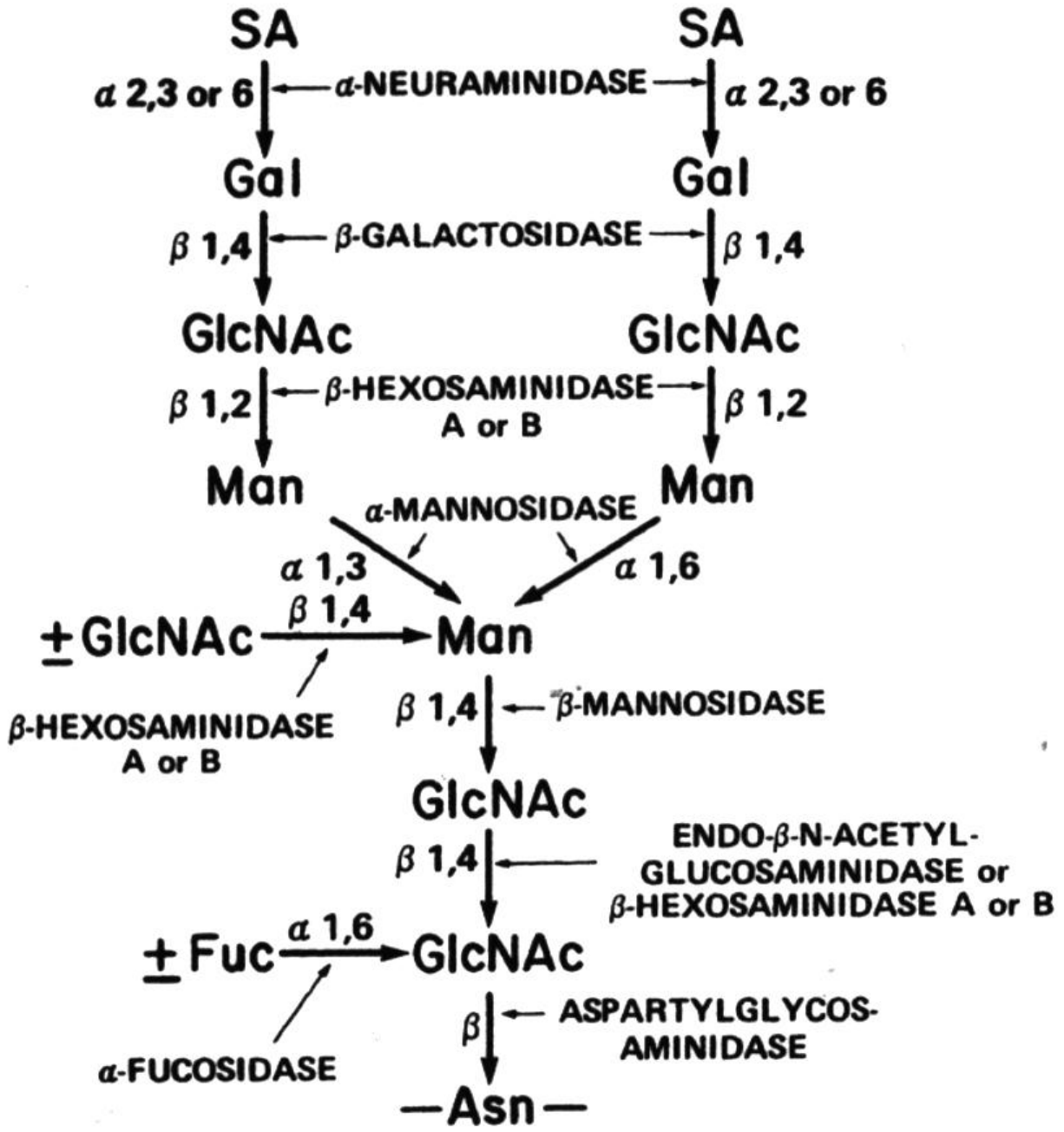


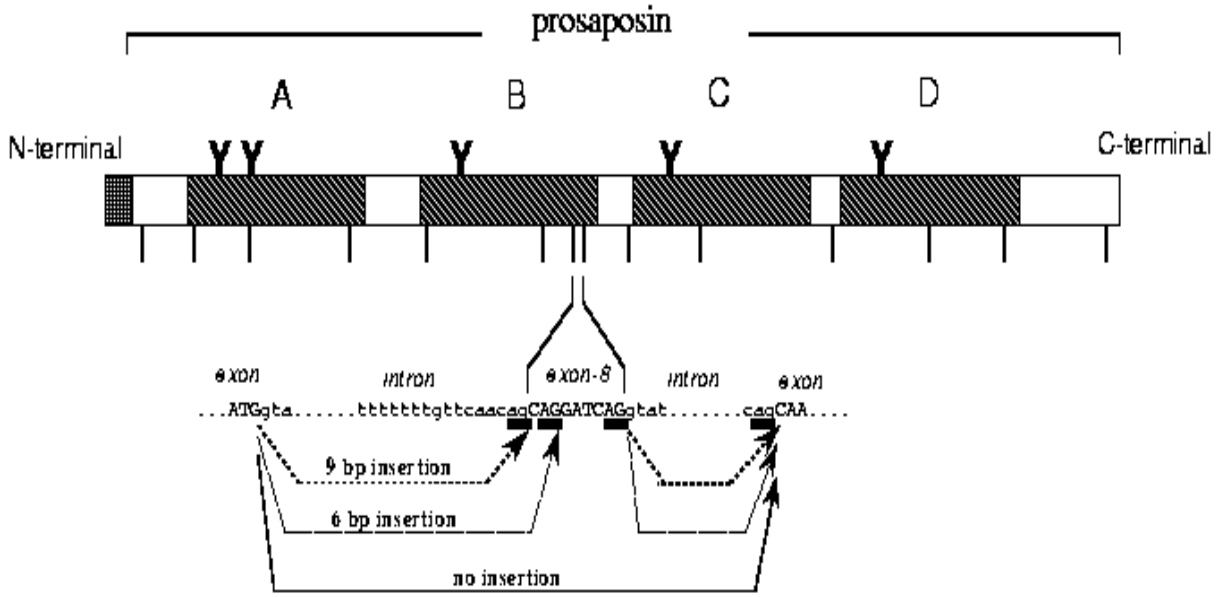
Fig. 140-4 Probable steps in degradation of complex oligosaccharide structure.

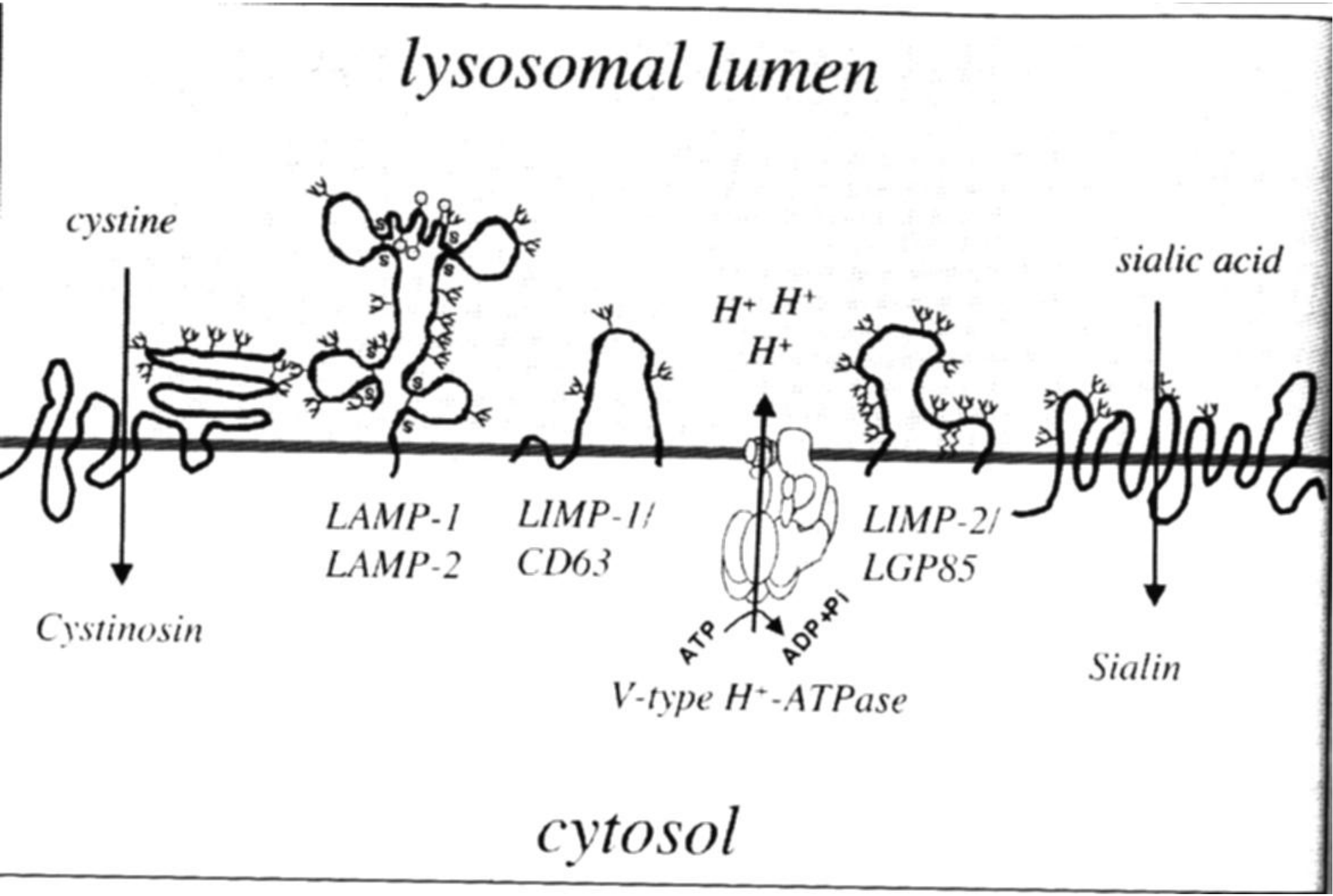
Activators of lysosomal hydrolases

Saposins A,B,C,D

deficits of saposins lead to variant forms of disorders caused by deficiencies of enzymes they activate

GM2 activator
activates
hexosaminidase A




lysosomal lumen
cystine
sialic acid
H+ H+
H+
LAMP-1
LAMP-2
LIMP-1/
CD63
LIMP-2/
LGP85
Cystinosin
ATP
ADP+Pi
Sialin
V-type H+-ATPase
cytosol

I-cell disease (mucolipidosis II)

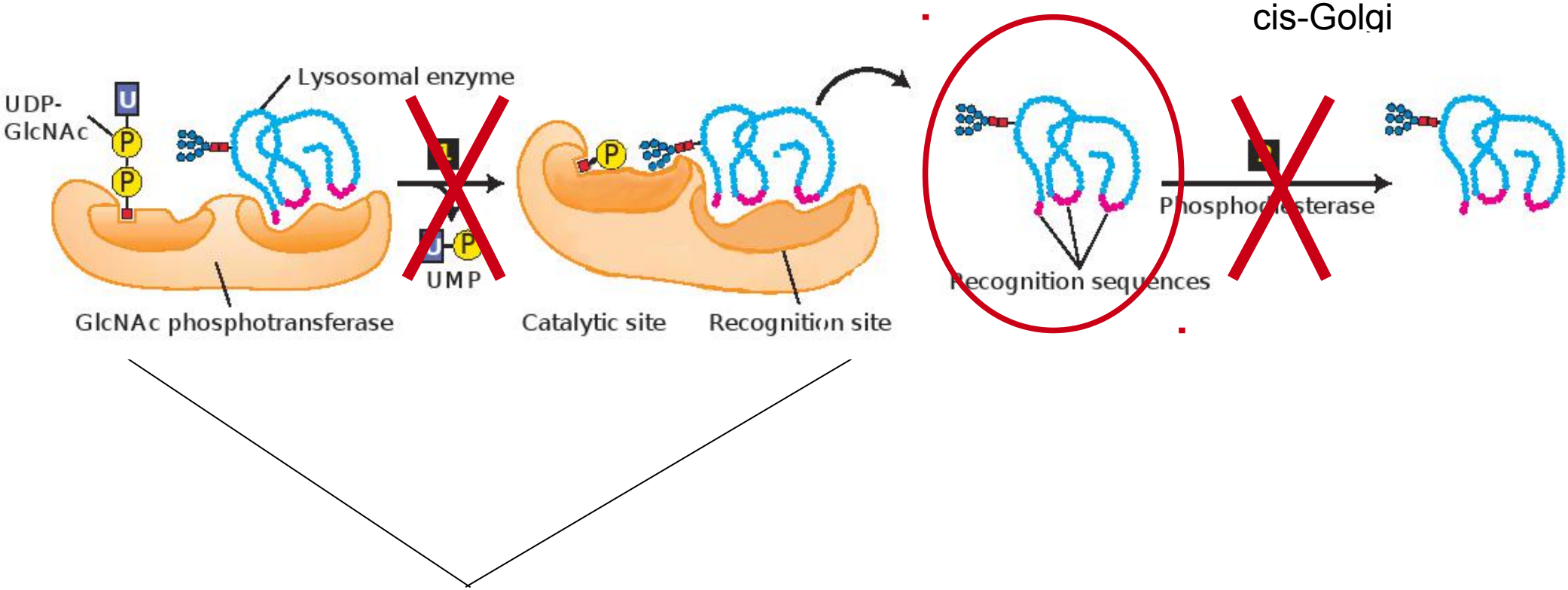
Disorder of transport M6P-tagged lysosomal proteins due to mutations in GlcNAC phosphotransferase

increased activities of lysosomal proteins in extracellular fluid

decreased activities of multiple lysosomal enzymes in lysosomes

enlarged lysosomes

Mutations in GlcNAc transferase gene



Mutations in GlcNAc transferase gene

protein-M6P-M6PR

lysosome

protein

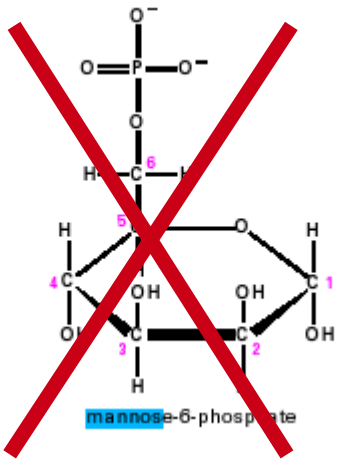
Proteins transported normally by M6PR are not targeted to lysosomes

protein

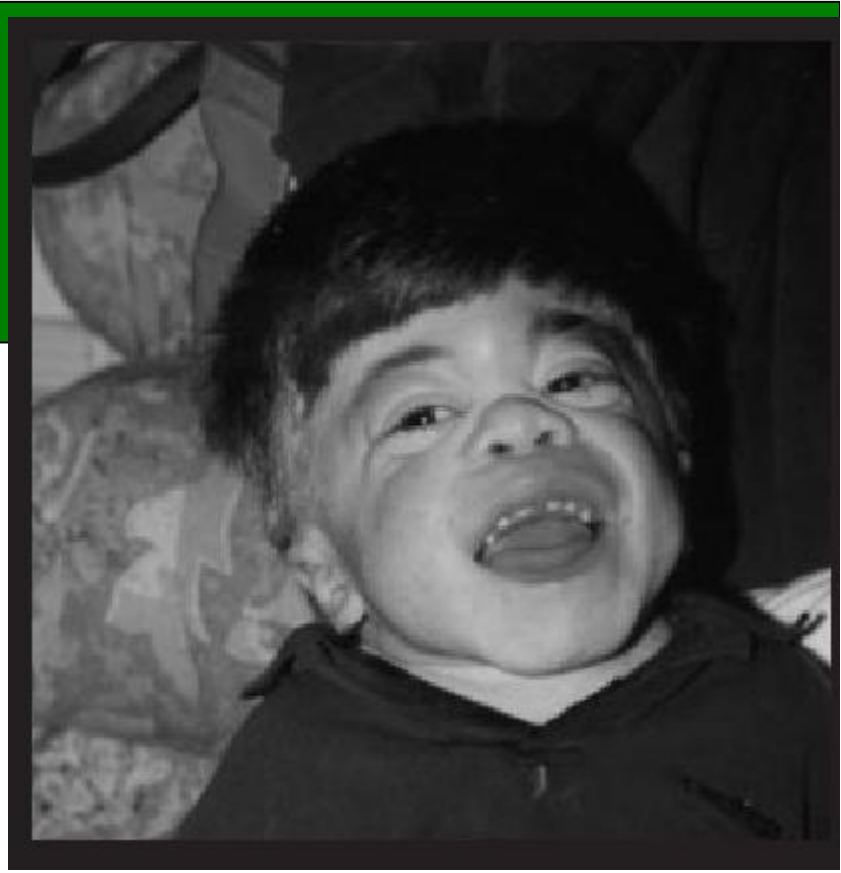
secretion

cis-Golgi

... instead, they are secreted out of the cell.



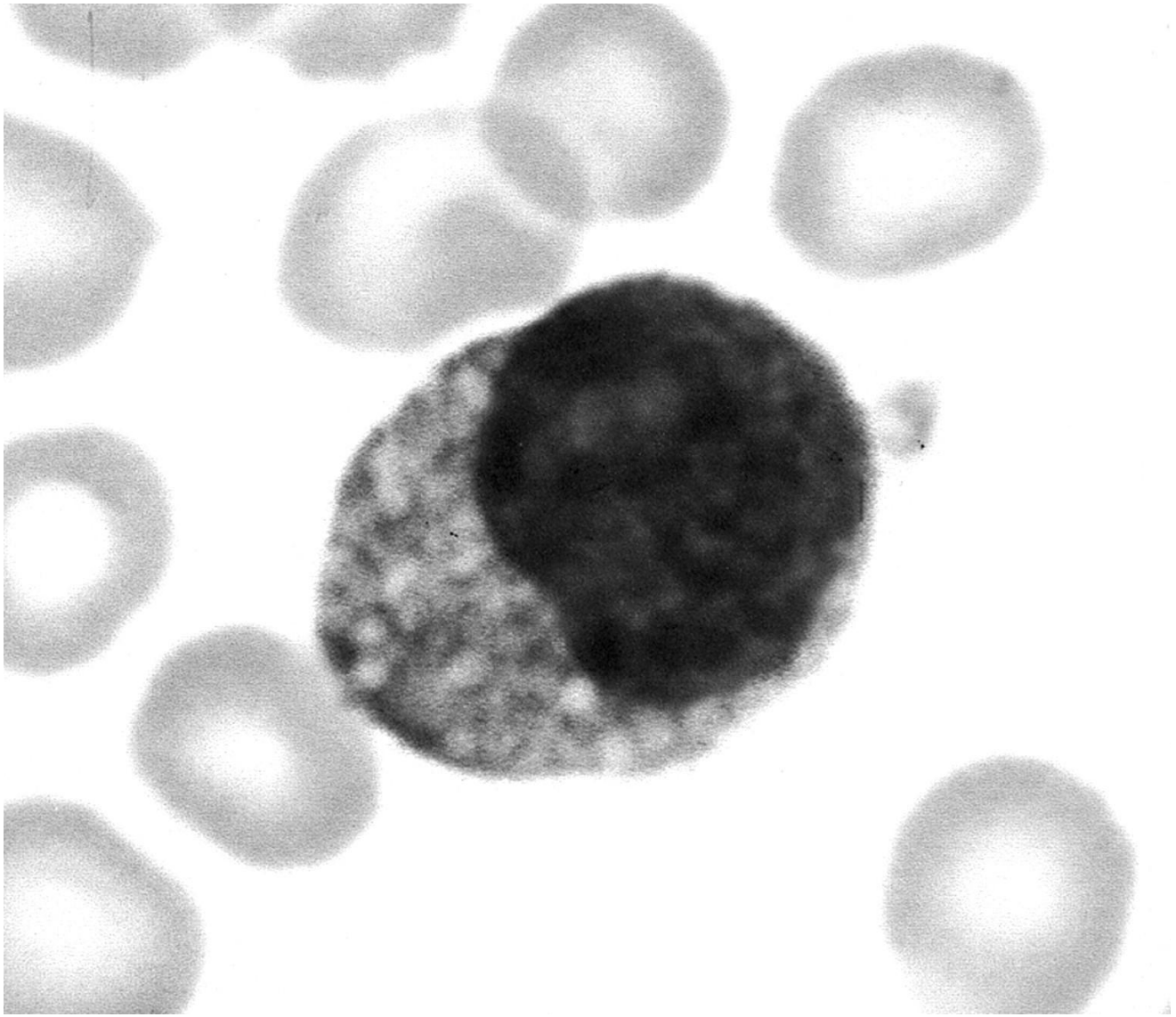
I-cell disease



Coarse facies
thickening of gums
small hepatomegally and
splenomegally
bone disease - dysostosis
multiplex
psychomotor delay, mental deficit
elevated activities of lysosomal hydrolases in plasma, low activities in tissues

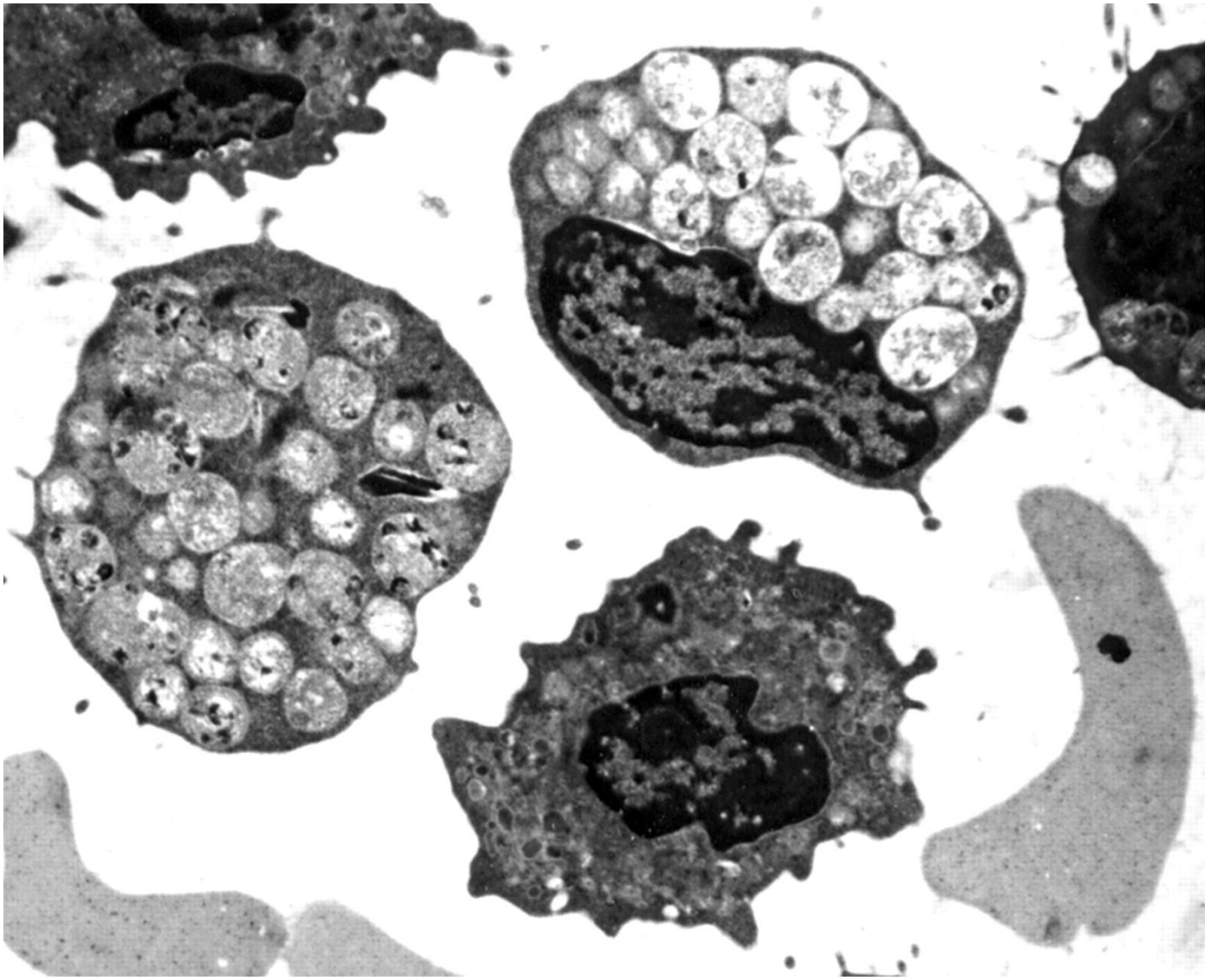
Vacuolization of lymphocytes („Inclusion cell“)
= storage lysosomes

Figure 1 A lymphocyte with many vacuole-like inclusions (original magnification, x900).



van der Meer, W et al. J Clin Pathol 2001;54:724-726

Figure 3 Electron microscopic image of lymphocytic vacuoles containing round osmiophilic structures (original magnification, x15 000).



van der Meer, W et al. J Clin Pathol 2001;54:724-726

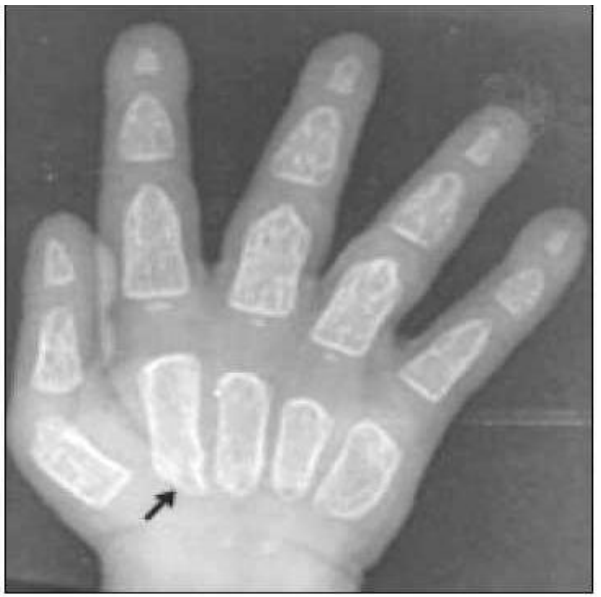


Figure 2 a: X-ray of hand showing shortening of tubular bones and proximal tapering of 2nd to 5th metacarpals

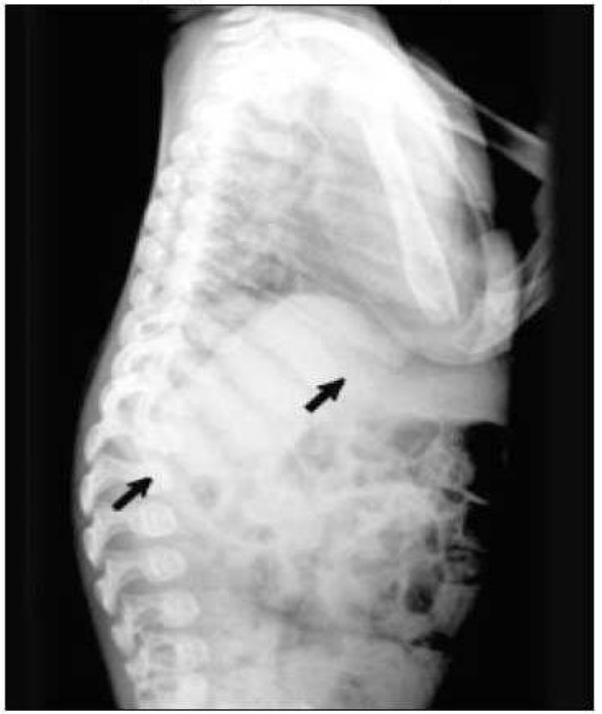


Figure 2b: Lateral X-ray of the spine showing ovoid vertebral bodies and "hammer shaped" vertebrae. The ribs are widened and "oar shaped"

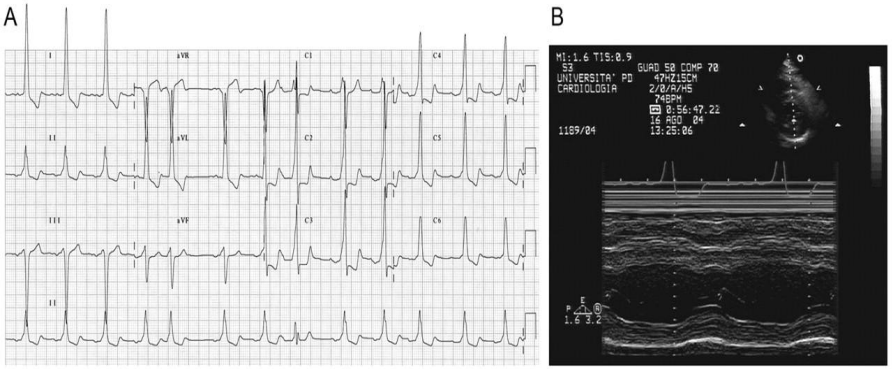
Danon disease – LAMP2 deficiency

Lamp 2 participates in fusion of lysosomes with autophagic vacuoles

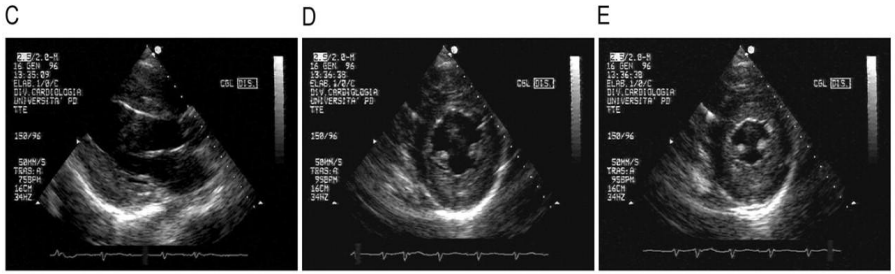
- ırdiomyopathy - usually hypertrophic
- rythmia - typically preexcitation syndrome - WPW

Intelectual disability in some patients

Other symptoms

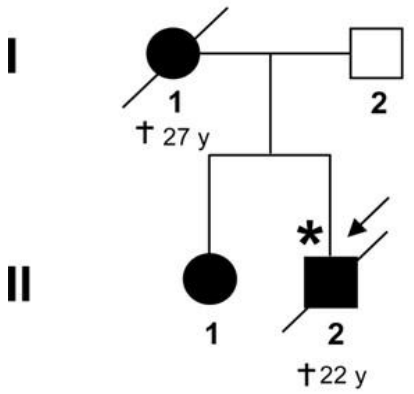


X-linked disease -
females have usually milder phenotype

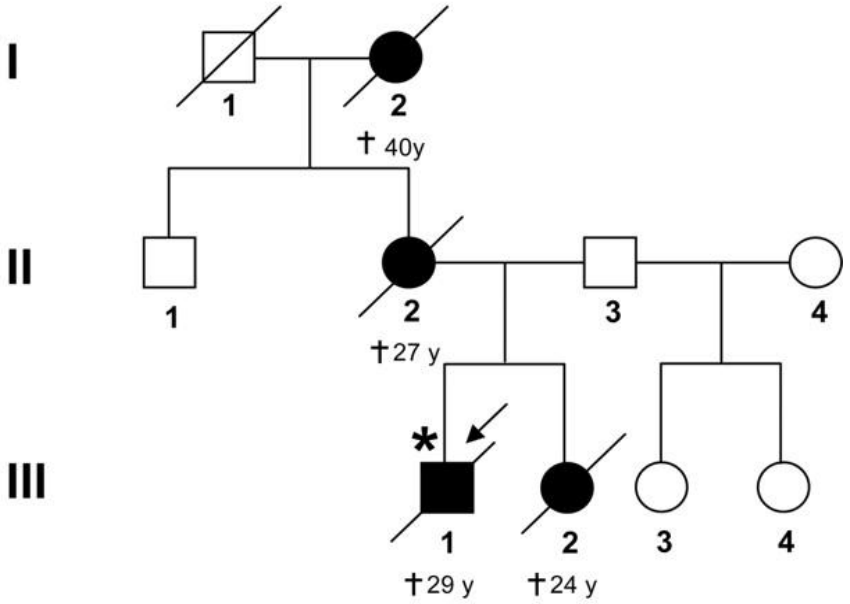


Accumulation of autophagic vacuoles
predominantly in cardiac and skeletal muscle

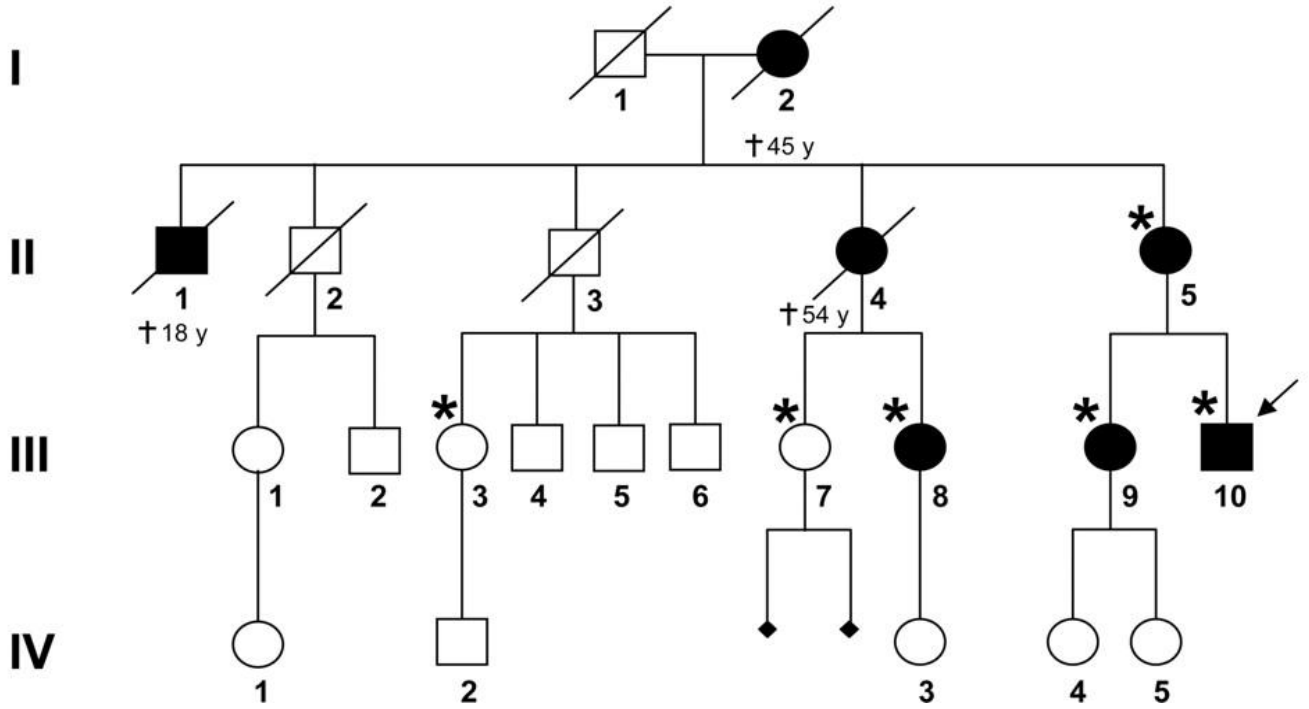
Family 1



Family 2



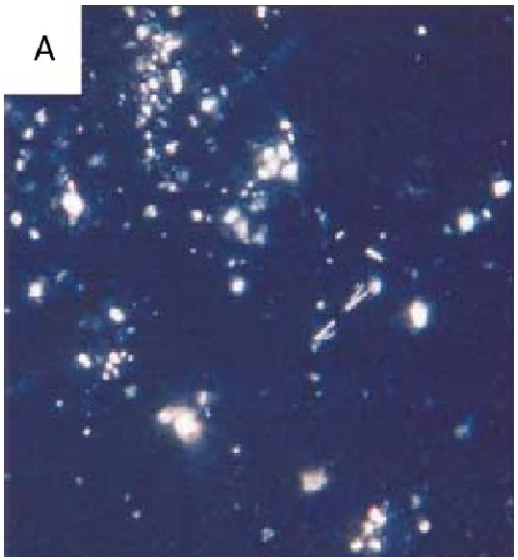
Family 3



Lysosomal transporters deficiencies

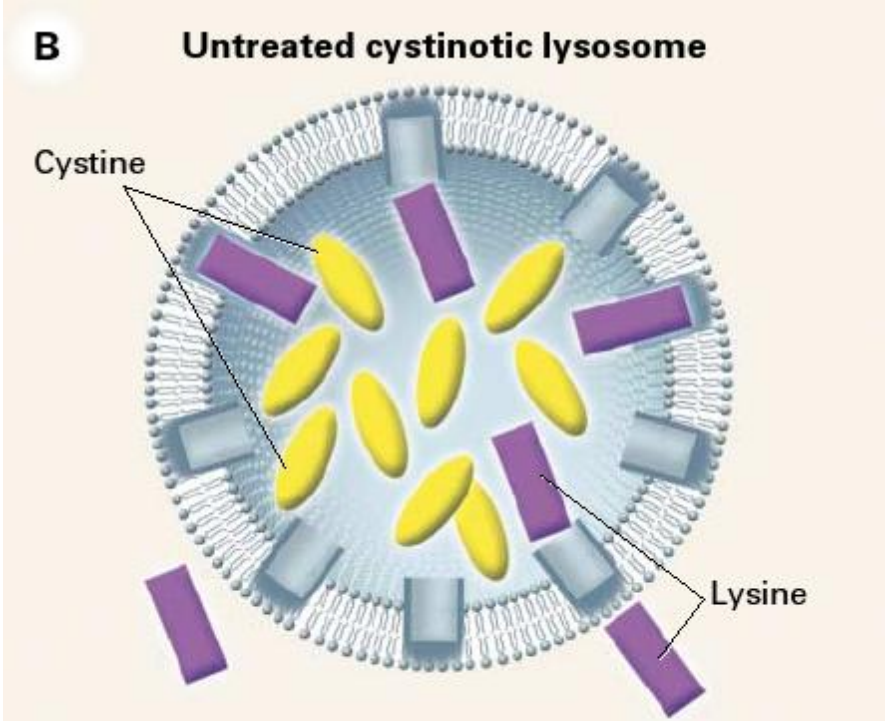
Cystinosis – cystinosin deficiency

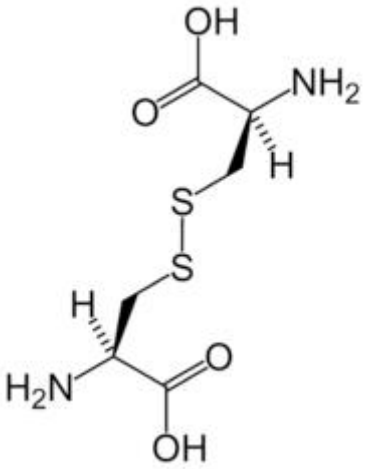
renal disease with Fanconi syndrome
renal failure – renal transplantation
corneal crystals , photophobia
growth retardation
hypothyroidism
normal inteligence



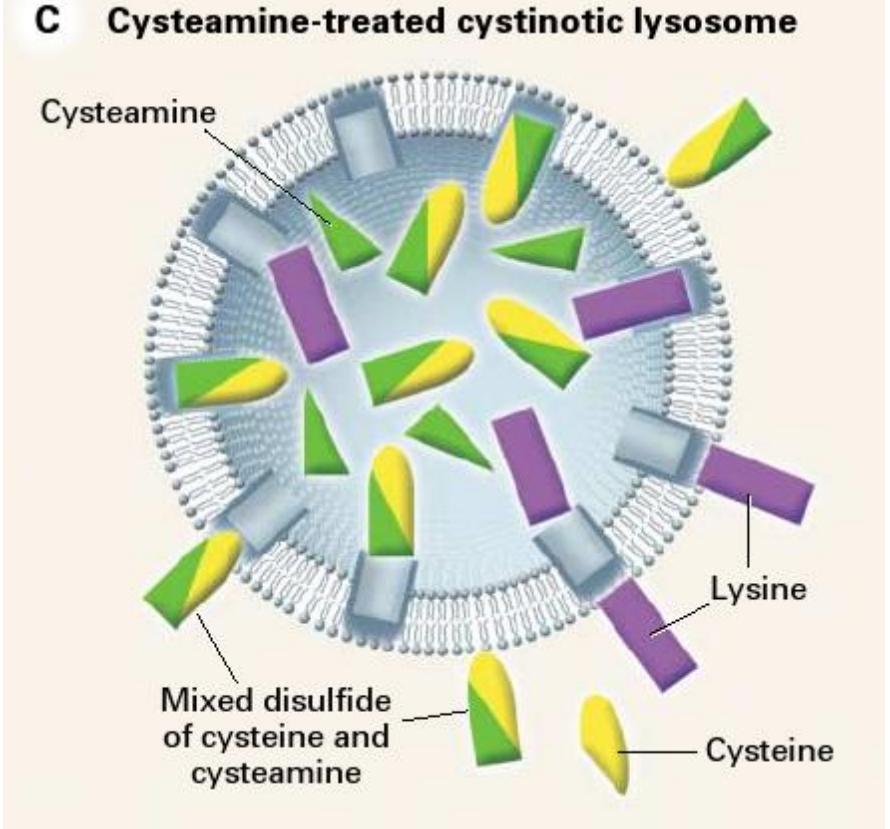
ocular form

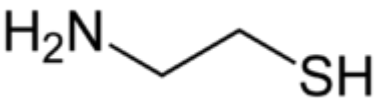
Sialuria – sialin deficiency





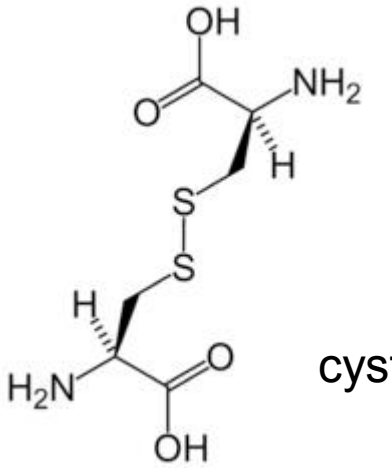
cystine



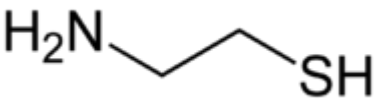


cysteamine

Cystinosis

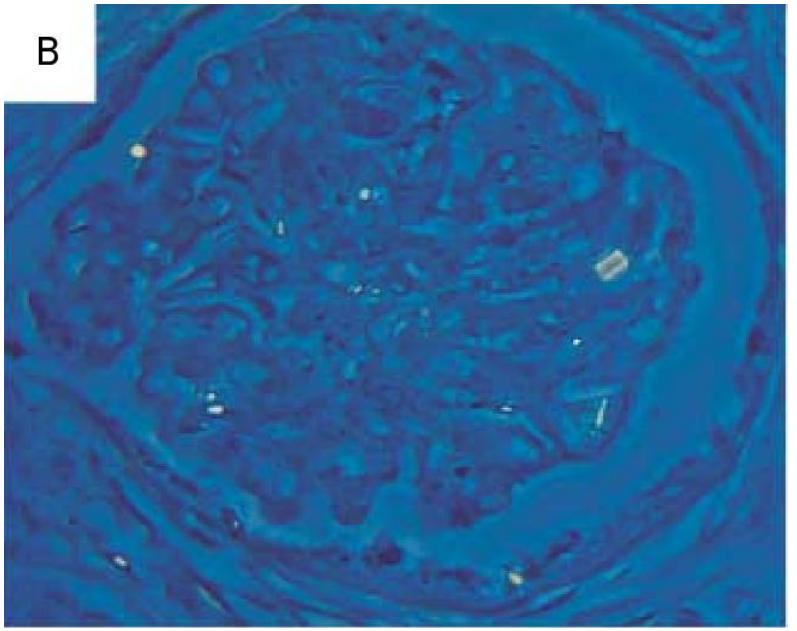


cystin



cysteamin

Cystinosis



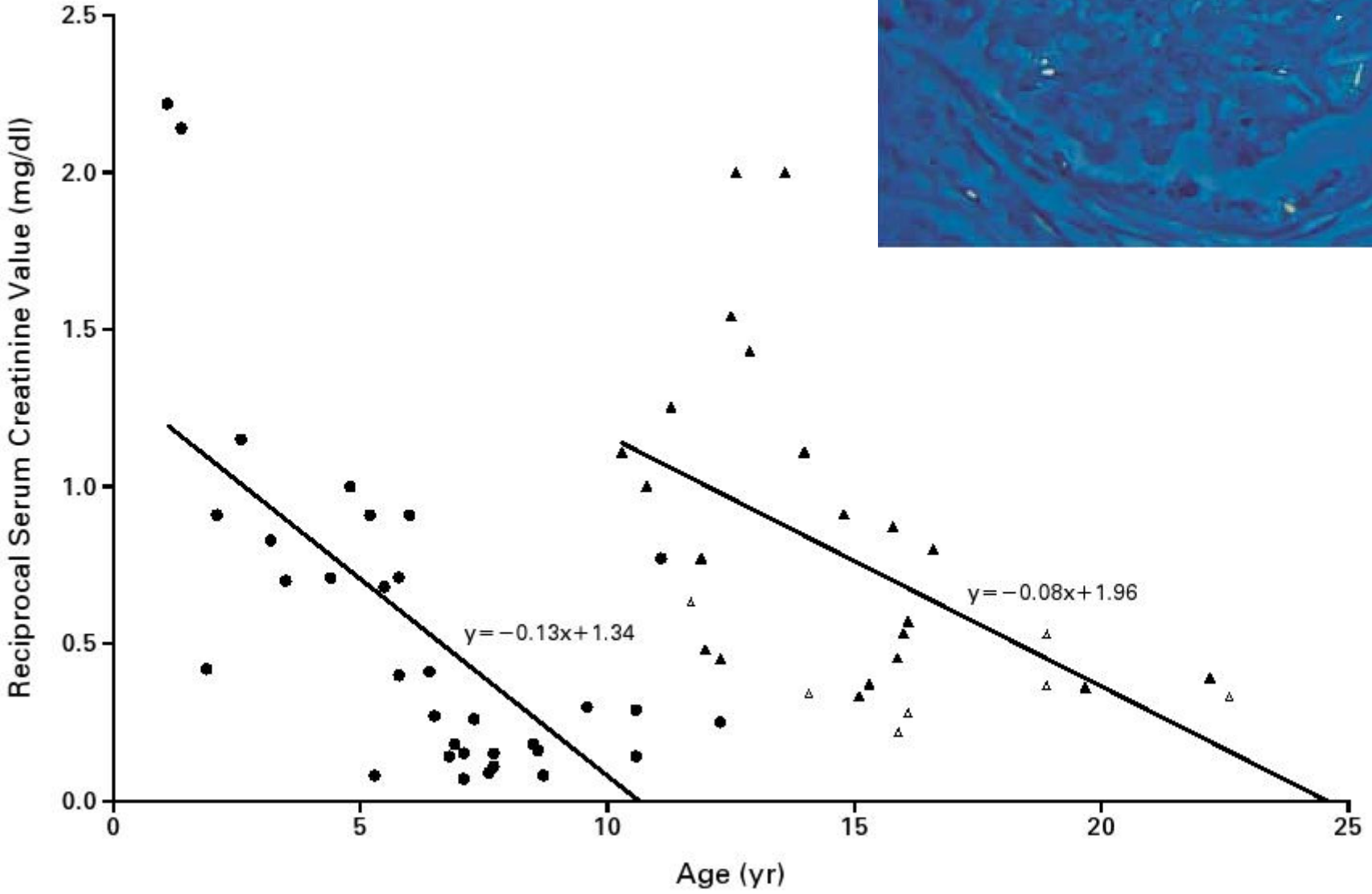


Figure 4. Renal Function in Patients with Cystinosis Treated with Cysteamine and in Untreated Patients, According to Age.

Disorders of lysosome-related organelle biogenesis and function

A group of hereditary disorders often associated with
- albinism (melanosome dysfunction)
- visual impairment
- bleeding tendency(platelet dysfunction)
- inflammatory bowel disease
- lung fibrosis
- immunodeficiency
- “huge lysosomes” in tissues

Heřmanský-Pudlák,Griscelli,
Chediak-Higashi syndromes

Diagnostics and treatment of lysosomal disorders

Treatment

Supplementation of deficient protein

Bone marrow transplantation_

Enzyme replacement therapy

Reduction of stored substrate

substrate inhibition therapy

Bone marrow transplantation

Haematopoietic stem cell transfer

Pro:
In contrast to enzyme replacement therapy can influence CNS disease

Con:
High morbidity and mortality

Lysosomal disorders
Mucopolysacharidosis I
- Modifies natural course of the disease
- Early treatment can prevent neurological disease
- Residual disease

Other MPS disorders
MPS III – no improvement of neurological progression
Other lysosomal disorders

Peroxisomal disorders
X-ALD

http://www.bmtinfonet.org/bmt/bmt.book/chapter.1.html#p13

Enzyme supplementation therapy

Supplementation of deficient enzyme in regular infusions

Gaucher disease (glucocerebrosidase)
Fabry disease (alpha galactosidase A)
Pompe disease (acid alpha glucosidase)
MPS I (alpha iduronidase)
MPS II (alpha iduronate sulfatase)
MPS VI, Maroteaux-Lamy (arylsulfatase B)
Niemann-Picko disease B (acid sphingomyelinase)
MPS IVA, Morquio A, ...

Production of recombinant enzymes

Genzyme, TKT, Biomarin, Shire, Inotech, ...

Enzyme supplementation therapy in Gaucher disease

Receptor-mediated endocytosis

Macrophage targeted glucocerebrosidase
- treatment with exoglycosidases

Mannose receptor
(macrophages, endothelia, liver)

Regular infusions

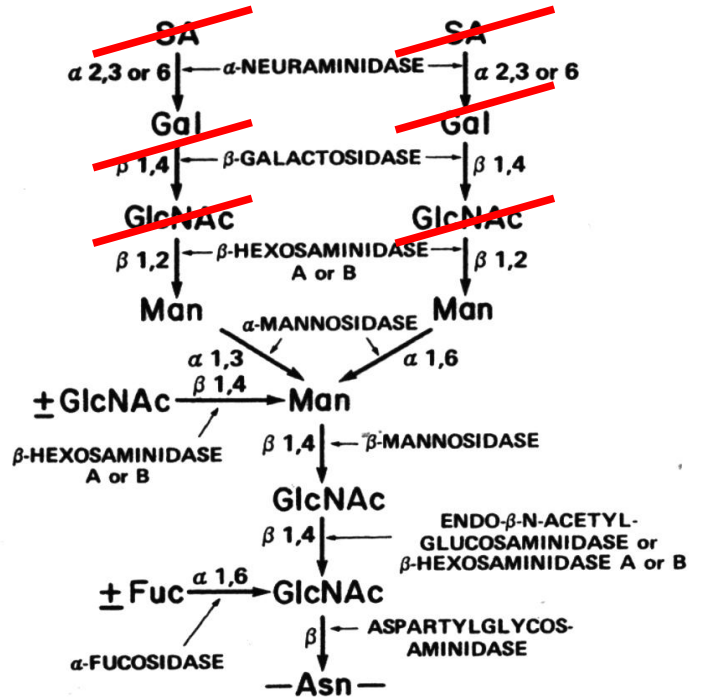


Fig. 140-4 Probable steps in degradation of complex oligosaccharide structure.

Originally glucocerebrosidase isolated from human placentas (Ceredase, Genzyme)

Recombinant enzyme

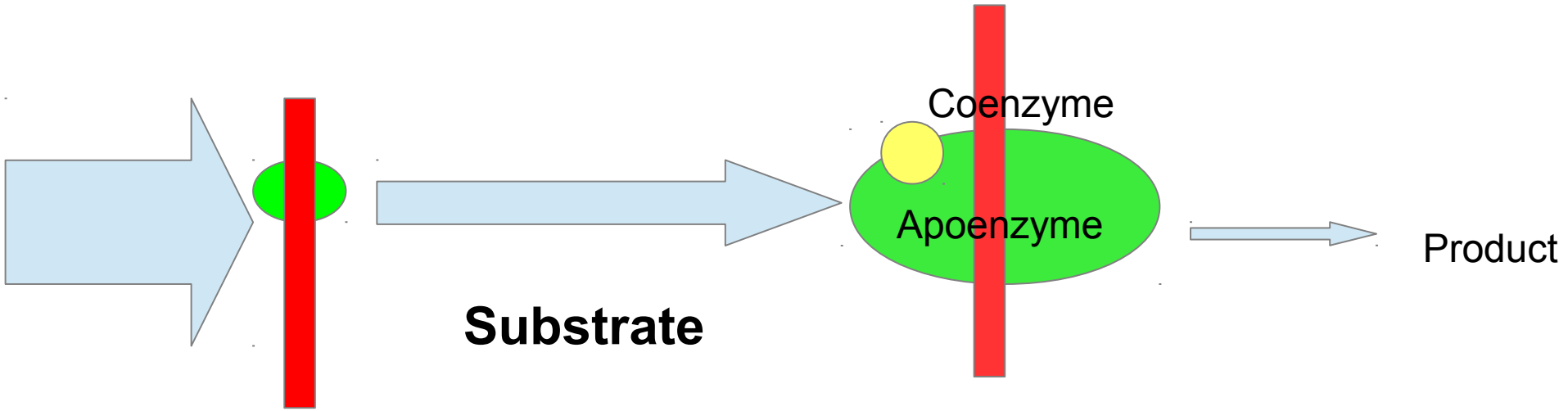
Cerezyme (Genzyme) – Cho cells

Does not cross haematoencephalic barrier

High costs

b) Inhibition of enzymes in the metabolic pathway proximal to the metabolic block

„ Substrate inhibition (reduction) therapy“



Substrate inhibition therapy

Mutant enzymes have residual activities

N-butyldeoxyjirinomycin (Zavesca)

Inhibitor of glucosylceramide synthase

Gaucher disease, GM1 gangliosidosis

Diagnostics

Measurement of metabolites

Enzyme activity measurement

Mutation analysis

Morphological diagnostics