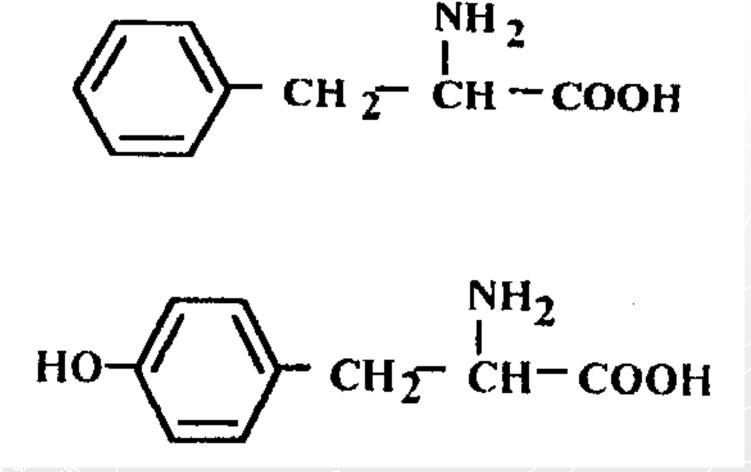
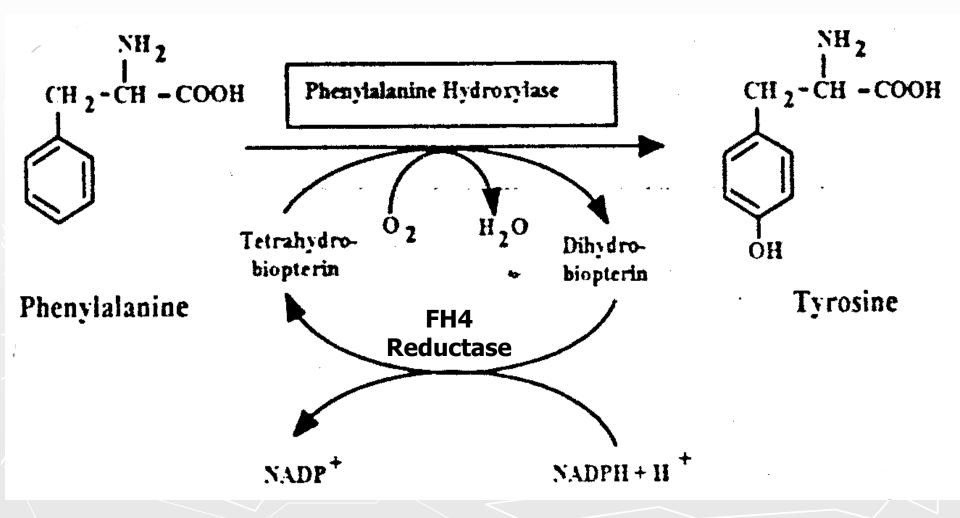
Phenylalanine and Tyrosine



Metabolic pathways of phenylalanine

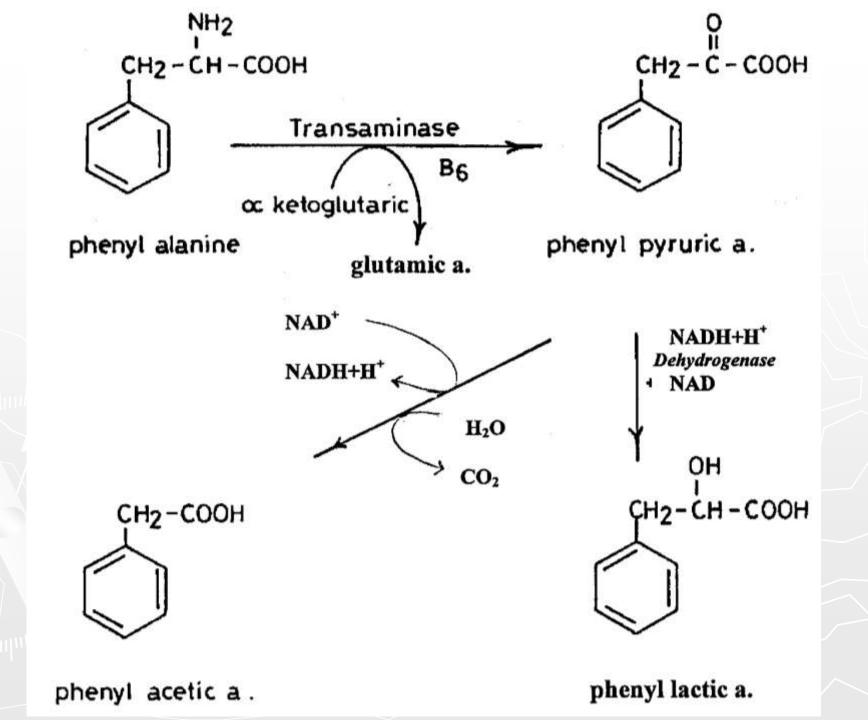
- 1. Protein biosynthesis.
- 2. Tyrosine formation.

Biosynthesis of Tyrosine

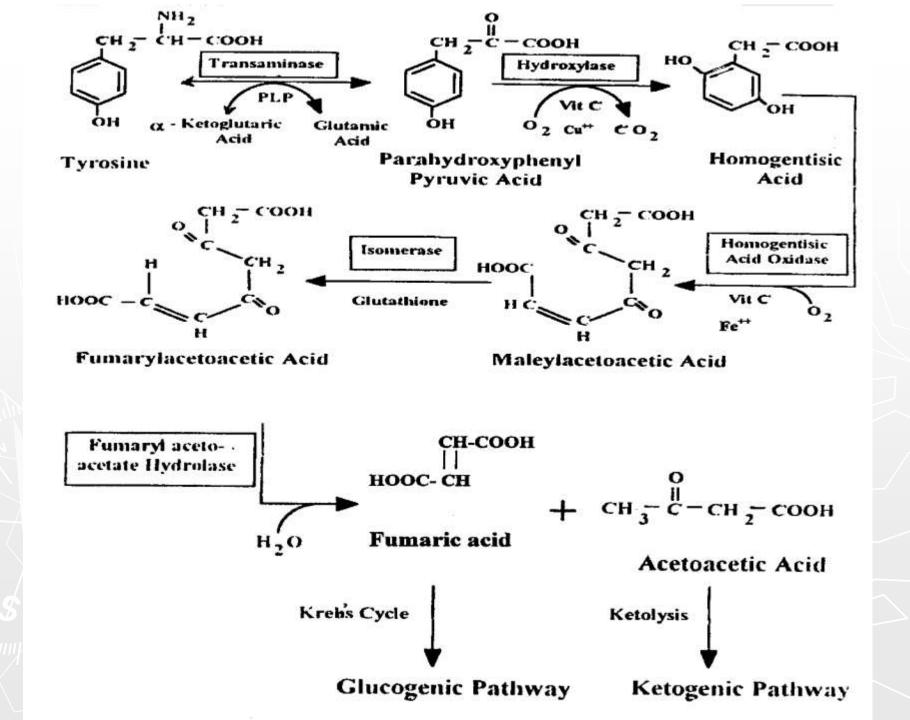


Catabolic pathways of phenylalanine:

- There are 2 pathways for catabolism of phenylalanine:
 - 1) Direct pathway (minor pathway): where phenylalanine by transamination reaction or oxidative deamination forms phenyl-purvic acid which is secreted in urine via its metabolites, and Phenyl-acetic may react with glutamine to yield phenyl-acetyl-glutamine.



Description 2) Phenylalanine is transformed to tyrosine (major pathway): in the liver then tyrosine is catabolized to fumaric acid and acetoacetic acid.

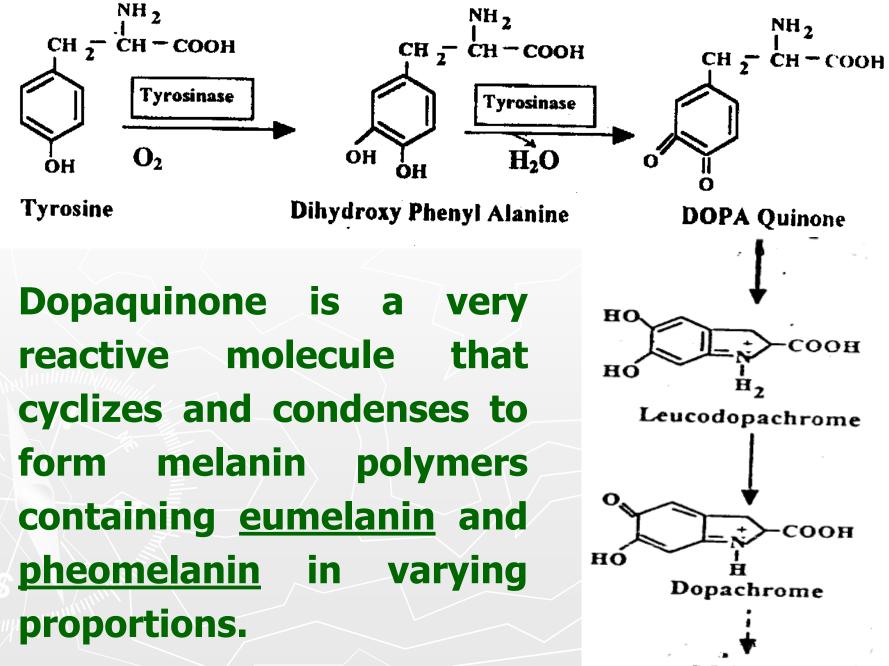


Metabolic pathways of Tyrosine

- **1.** Formation of melanin pigment of skin
- 2. Formation of phenol
- 3. Biosynthesis of epinephrine and nor epinephrine
- 4. Biosynthesis of thyroid hormone.

Formation of Melanin of skin:

- This reaction takes place in the melanocytes (pigment cells).
- When there is defect in melanin synthesis in the skin, hair and eye, this leads to albinism.

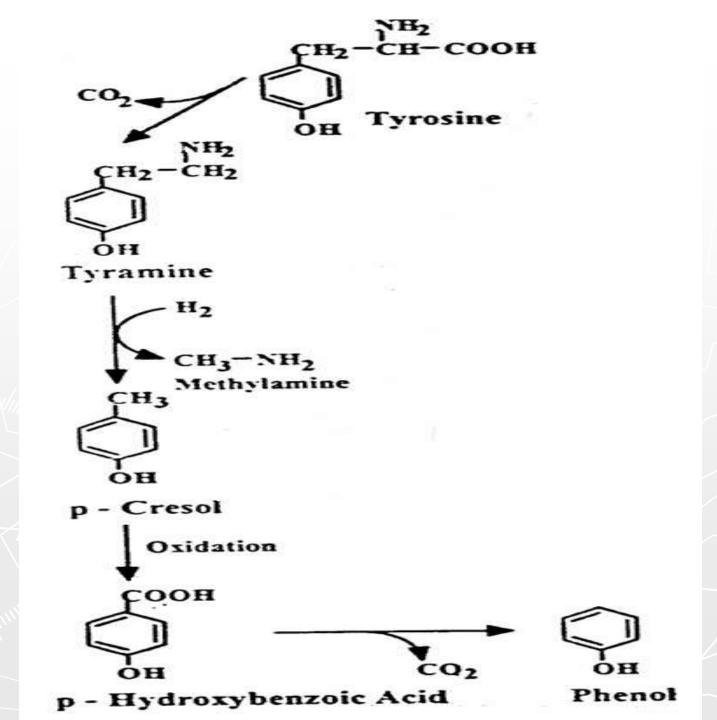


Melanin

/

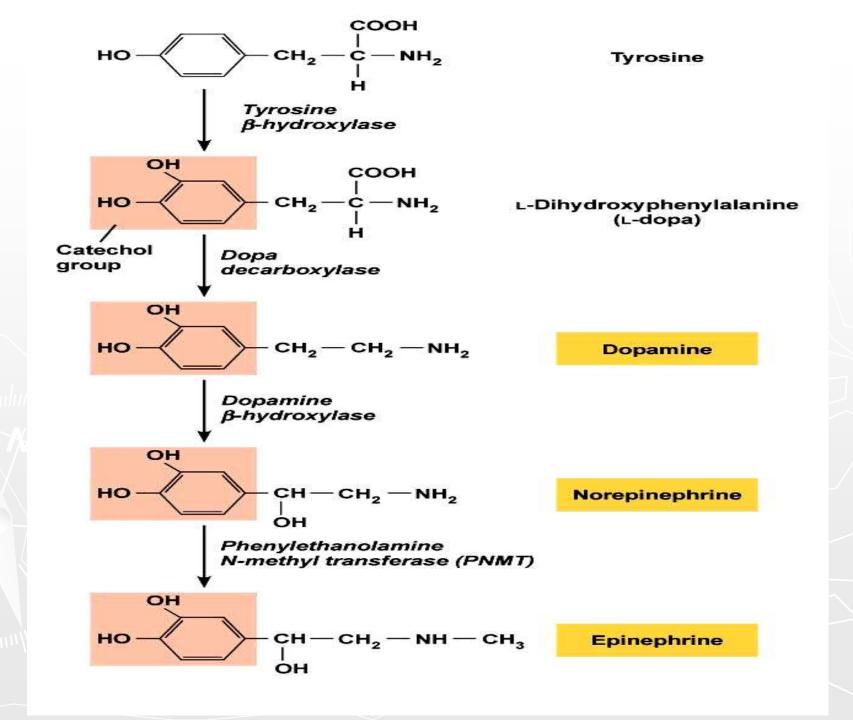
2) Formation of Phenol:

- Through 4 steps:
- Decarboxylation deamination oxidation
 - decarboxylation



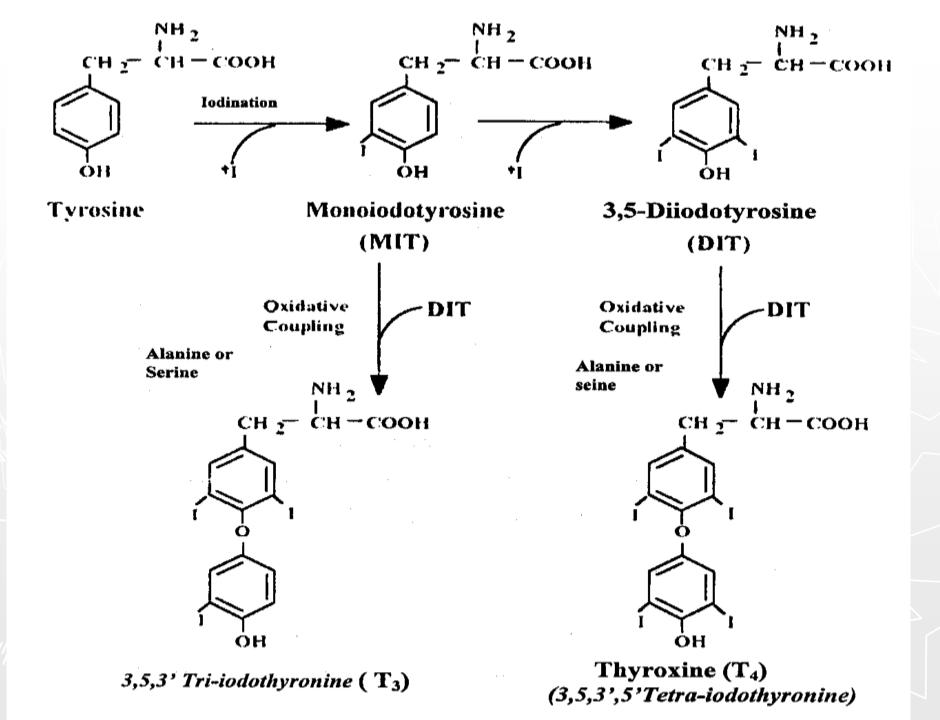
3) Biosynthesis of epinephrine and norepinephrine:

This occurs in cells of neural origins and in adrenal medulla.



4) Biosynthesis of Thyroid

hormones.



Metabolic Disorders of Phenylalanine and Tyrosine Catabolism:

1. Phenylketonuria:

It is inherited metabolic disorder of phenylalanine caused by defective liver phenylalanine hydroxylase.

The disease is characterized by increased phenyl-pyruvic and phenyl-lactic acid in blood and urine and hence, the name of phenylketonuria.

The signs and symptoms

- 1. Mental retardation
- 2. Eczema of the skin
- 3. Mousy odor of urine.

The disease could be diagnosed by increased plasma and urinary levels of phenylalanine and by using ferric chloride test which gives green color.

Treatment is through a diet low in phenylalanine which is terminated at the age of 6 years when high phenylalanine and its derivatives no longer injure the brain. The treatment with low-protein diet continues.