



Sheet# 2

PASSION ACADEMIC TEAM

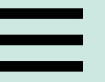
YU - MEDICINE

Endocrine system

Lec. Title : Introduction to
Endocrinology (Part 2)

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* Signal Transduction System

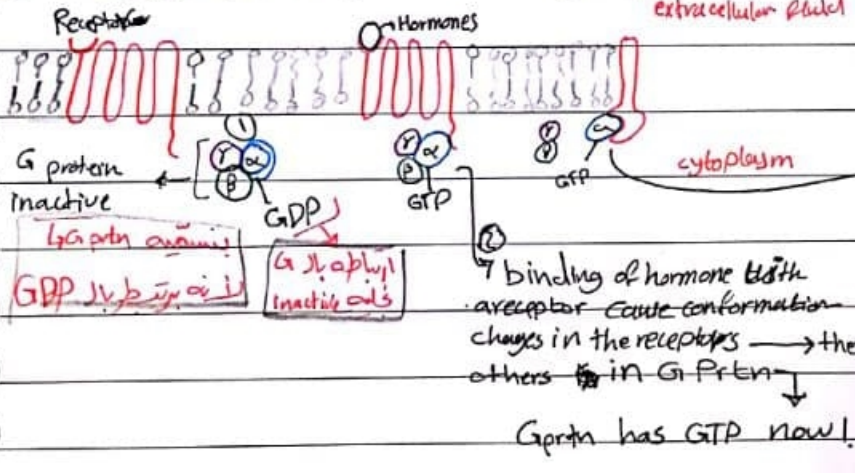
slide 22

the pathway through which kinds of proteins that the signal will transduce to the cell after binding of ligands/hormones.

Pathways

second messenger (used as a kinase)

- 1) G proteins coupled to Adenyl cyclase → cAMP (activation of Gprtns then cyclase)
- 2) G proteins coupled to phospholipase → IP₃ (Inositol trisphosphate), DAG (diacyl glyceride molecule)
- 3) " " " " to Phospholipase A₂ → Arachidonic acid metabolites
- 4) receptor tyrosine kinases phosphoproteins → No second messenger (this receptor is a kinase itself)
- 5) tyrosine kinase-associated Receptors → phosphoproteins
- 6) Guanylyl cyclase (this one which produces cGMP from GTP) → cGMP



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③ the phosphorylation of GDP to GTP, causes dissociation of G prtn to $\alpha + \beta$ & $\alpha + GTP$
 ↓
 bind to another protein and activate it

* why would (G protein) dissociate?

↳ the receptor (adenyl cyclase) has more affinity to $(\alpha + GTP)$ than β subunit.

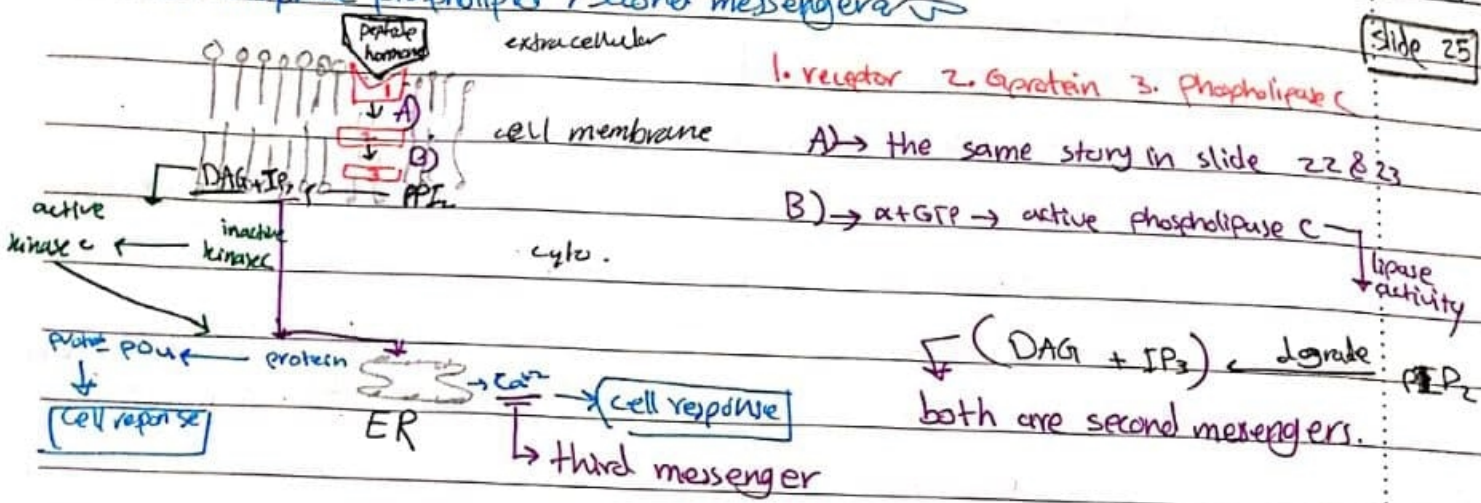
↳ cyclic adenosine monophosphate (cAMP) second messenger mechanism

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α subunit with GTP will activate adenyl cyclase → (u) the receptor will for cAMP from ATP to be the second messenger → converts inactive form of prtn to active form by phosphorylation/or cause deactivation by phosphorylation

* Cell membrane phospholipid, second messenger

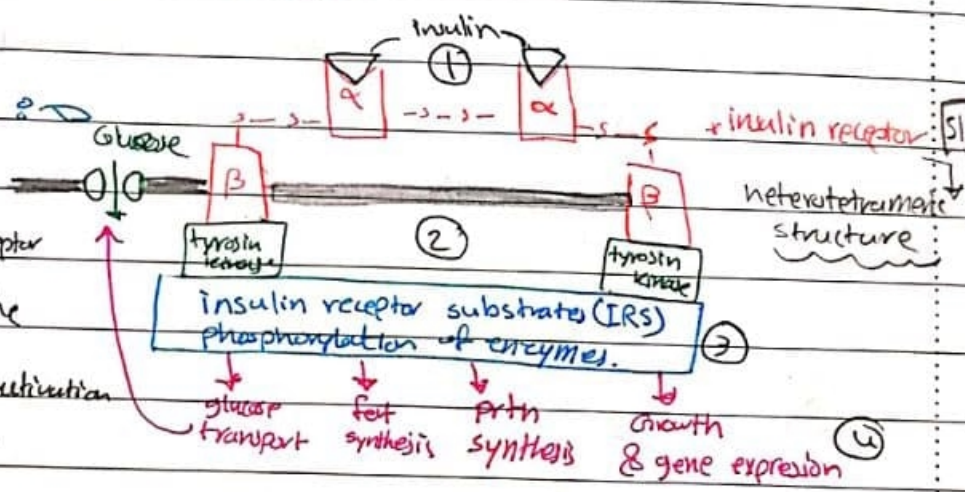
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* The insulin receptor

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- 1) insulin binds with its receptor
- 2) a conformation change in the receptor cause tyrosin kinase activation
- 3) IRS will activate
- 4) these are the cell responses.

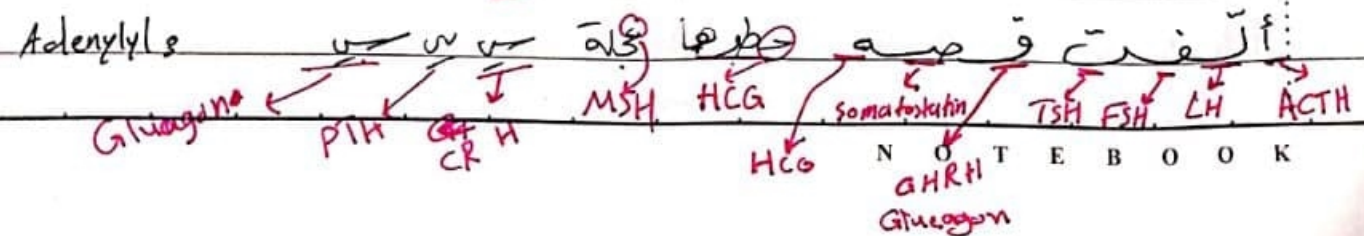
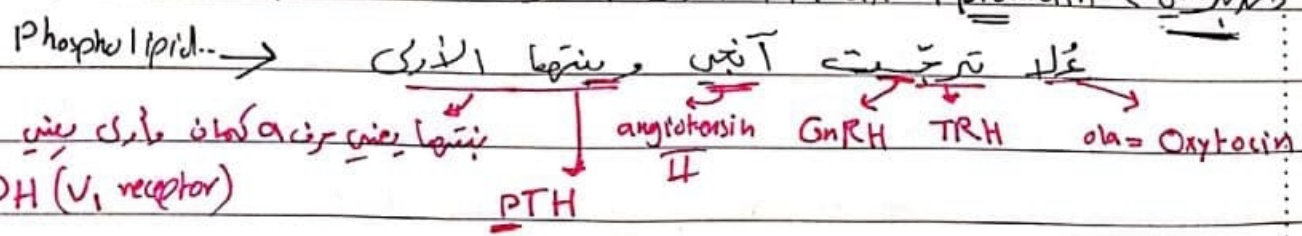


هو الالهة التي تفسر جميع ما يدور في حياتنا من ظواهر طبيعية وحيوية

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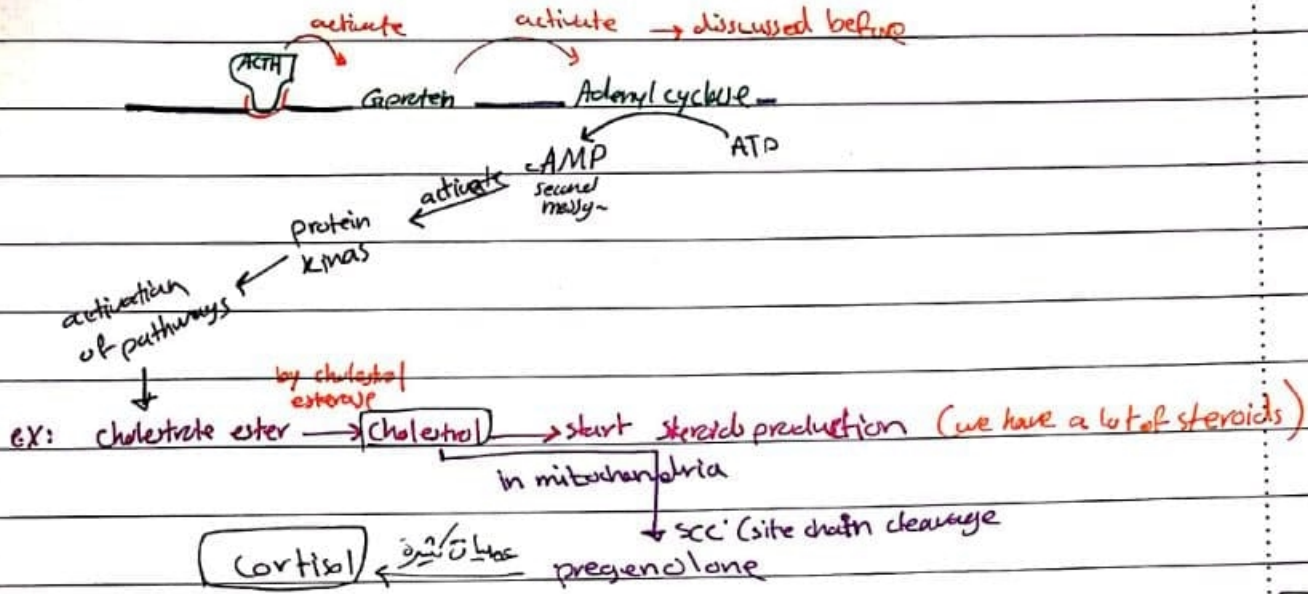
Guanylate cyclase (\rightarrow cAMP) \rightarrow ANP

Tyrosine... \rightarrow insulin + (growth) IGF-1 + GH + prolactin



* steroid Hormone synthesis & secretion

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* the action of steroids going through the binding of intercellular receptor

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they will translocated to ~~nucleus~~ nucleus

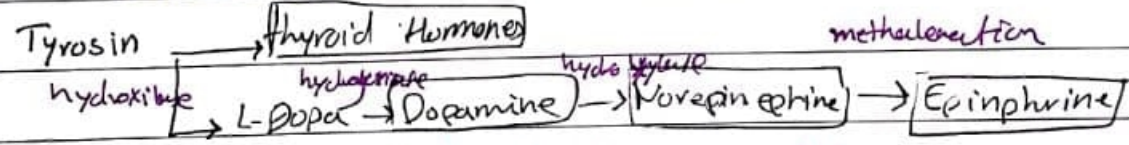
OR the hormone go through nucleus where bind to its receptor

* the receptor bind to response elements (sequence in DNA respond to hormone) by indirect way → activation or inactivation of genes.

slide 30

* synthesis of Amine Hormones

Hormones derived from amino acids



* why this diversity? due to the source of hormones →

- in thyroid glands the hormones will be Thyroid hormones

- in adrenal they will be the others

} due to different enzyme in each type of gland

05/11/2023

Phenylalanine
~ ~ ~ ~ ~

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~ ~ ~ ~ ~

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* processing of preproopiomelanocortin: ↪

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long ~~test~~ preproopiomelanocortin (with signal peptide) → cleavage
fragments → (different hormones) pro structure

* we use this way to save energy in the cells, so we will have different hormones that will integrate eventually in order to homeostasis, rather than having one hormone which may have many problems.

* prepro-oxypheysin & preproressophysine ↪

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prepro structure $\xrightarrow{\text{cleavage}}$ one hormones + transporter for this hormone

* you must know that the numbers show the activity of the hormone. ex: oxytocin will be more oxytocic & milk ejection.

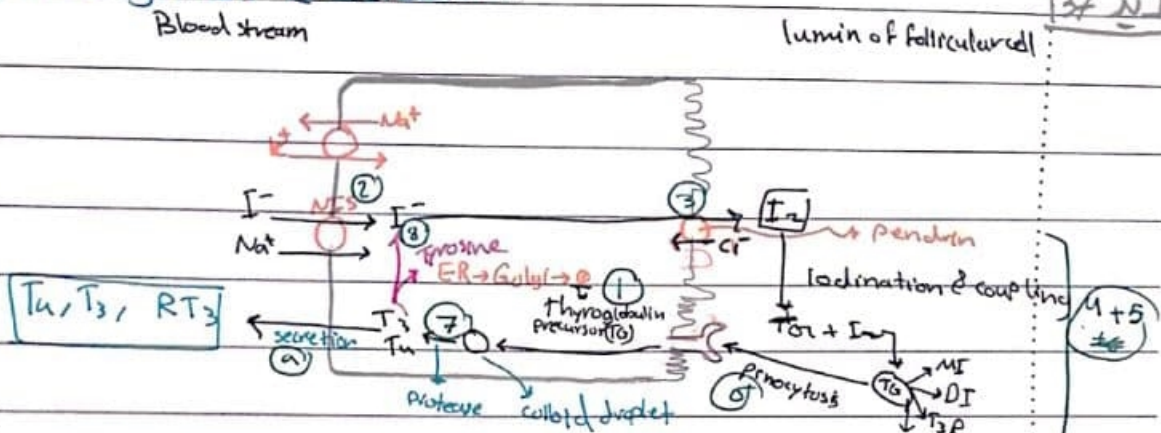
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AVP 1 4 4 Vasopressor & Antidiuretic

dDAVP 4 4 ~~antidiuretic~~ antidiuretic

→ these hormones have some similarity & all of them have (S-S) bridge, the difference in the site of ^{the} bridge or in amino acids included, will make the difference in their activity

*Thyroid hormone synthesis & secretion:



- 1) Synthesis of TG, extrusion into follicular lumen in rough ER, Golgi
- 2) I⁻ pump by basal membrane cells → inhibitors are perchlorate, thiocyanate
- 3) oxidation of I⁻ → I₂ in apical side (luminal) by peroxidase → inhibitor is PTU
- 4) Organification of I₂ into MIT & DIT
- 5) coupling reaction of MIT & DIT into T₃ & T₄ → apical membrane by peroxidase → inhibitor is PPTU
- 6) endocytosis of TG by apical membrane
- 7) Hydrolysis of T₄, T₃, RT₃, MIT, DIT by proteases in lysosomes
- 8) Deiodination of residual MIT & DIT, (recycling of I⁻), intracellularly by deiodinase

*Thyroglobulin exist as a peptide with side chains → modification
 give us: Tyrosine, MIT, DIT, T₃, RT₃, T₄

in peripheral tissues
 T₄ → active T₃
 → inactive RT₃

مکس رین سابقا، باصم
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* Basic structure of adrenocortical & gonadal steroids:

+ steroid hormone depends on the site of synthesis.

Cholesterol \rightarrow progesterone, corticoids (different cells)

\hookrightarrow the precursor as trogens, androgens (depending on gonadal system) of all steroids

* we have 3 layers in adrenal gland: Zona fasciculata & Reticularis & glomerulosa, all of them are responsible for steroids synthesis.

\hookrightarrow In Zona fasciculata & Reticularis \rightarrow

\rightarrow cortisol, corticosterone, androstenedione, Dehydroepiandrosterone. due to action of ACTH

* in glomerulosa \rightarrow

Aldosterone, due to action of ACTH

\hookrightarrow the key molecule is progesterone, used in different zone & as a result many different hormones

* Hepatic metabolism of Cortisol: \rightarrow

\hookrightarrow generate tetrahydrocortisone ^{+4 OH}, tetrahydrocortisone glucuronide with carboxylate molecule, cortisone (used as a drug), ketosteroids

* in gonadal system \rightarrow testosterone production

→ Insulin in the liver → activation → activate glycolysis process [slide 49]
 - formation of cholesterol
 - inhibit gluconeogenesis
 - inhibit break down of fats → we have enough glucose to make energy
 - formation of glycogen Glycogenesis
 → or inactivation.

→ overexpression of preproglucagon [slide 50]
 preproglucagon (1-29) → GIP & glucagon (29) (in pancreatic islets) (A cells)
 → GLP-1, GLP-2 & glicentin (intestine) (L-cells)
 we use these agonists for treatments in Diabetes.

→ formation of Vitamin D₃ [slide 51]
 cholesterol → provitamin $\xrightarrow{\text{UV light}}$ Cholecalciferol → activation process
 1,25-(OH)₂ Cholecalciferol "active form" (by PTH) parathyroid hormone
 or
 21,25-(OH)₂ cholecalciferol in kidney

