

(2.2) Citric Acid Cycle (TCA Cycle) or Kreb's Cycle:-

✓ Overview of Kreb's Cycle:

* The tricarboxylic Acid cycle, also known as kreb's or citric acid cycle, is the final pathway for the metabolism of molecules like Carbohydrates, Fatty Acids and Amino acid.

* All reactions of the TCA Cycle occurs entirely within in the Mitochondrial Matrix

* The Main role of the cycle is to extract electrons from carbon skeleton that are derived from fuel molecules. The electrons are captured in NADH and FADH₂ forms and are transported to electron transport chain

* The cycle is a cyclic process where a small amount of Oxaloacetate facilitates complete oxidation of many acetyl-coA molecules.

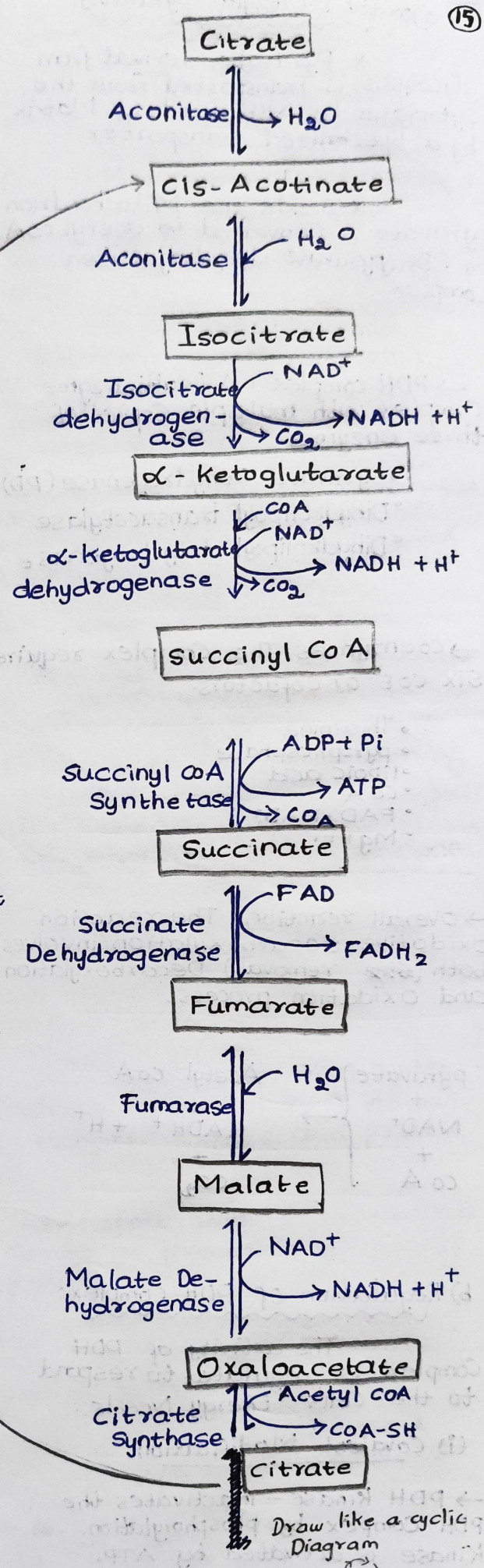
* The entire process is aerobic and requires oxygen as the final oxidant

✓ Biosynthesis of Acetyl CoA:

* The Main entry in the TCA Cycle is the Acetyl CoA a two carbon unit.

* It is followed by two steps.

- a) Oxidative Decarboxylation of pyruvate
- b) PDH Complex Regulation.



a) Oxidative Decarboxylation (pyruvate)

* Pyruvate, derived from glycolysis is transported from the cytoplasm to Mitochondrial Matrix by a specialized transporter.

* Inside the Mitochondrion, pyruvate is converted to acetyl CoA by PDH (pyruvate dehydrogenase) complex.

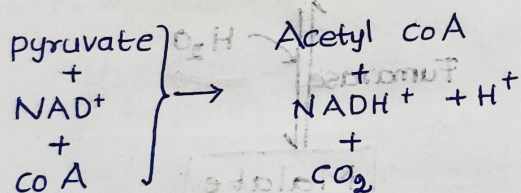
→ PDH complex: A Multienzyme complex with multiple copies of three enzymes

- pyruvate dehydrogenase (PD)
- Dihydrolipoyl transacetylase
- Dihydrolipoyl dehydrogenase

→ Coenzymes: The complex requires six coenzyme or cofactors.

- Thiamine
- pyrophosphate
- lipoic acid
- CoA
- FAD, NAD⁺
- Mg⁺⁺

→ Overall reaction: The reaction of oxidative decarboxylation involves both (~~the~~ removal) decarboxylation and oxidation process.



b) Regulation of PDH Complex:

The activity of PDH complex is regulated to respond to the cell's energy needs.

(i) Covalent Modification:

→ PDH kinase - inactivates the PDH complex by phosphorylation. Kinase is activated by ATP, Acetyl CoA and NADH. It is inhibited by pyruvate, CoA and NAD⁺

phosphate by removing phosphate group. It is stimulated by Insulin, Mg⁺⁺ and Ca⁺⁺

(ii) Allosteric Regulation:

Unphosphorylated, active form of PDH is subjected to direct allosteric inhibition by its products, NADH and Acetyl CoA

✓ Steps of TCA Cycle:

Each cycle involves the following

- * 1 Acetyl CoA molecule
- * 2 CO₂ molecules
- * 3 NADH " (1 NADH = 3 ATP)
- * 1 FADH₂ " (1 FADH₂ = 2 ATP)
- * 1 GTP " (1 GTP ≈ 1 ATP)
- * Regeneration of oxaloacetate

a) Citrate Synthesis:

Acetyl CoA (2C) condenses with oxaloacetate (4C) to form citrate (6C). The reaction is catalyzed by citrate synthase.

b) Isocitrate Formation:

Citrate is isomerized with the intermediate cis-aconitate. Aconitase enzyme requiring Fe⁺⁺ catalyzes both steps.

c) Oxidative Decarboxylation (1st)

Isocitrate dehydrogenase converts isocitrate to α-ketoglutarate. It is a major regulatory step involving oxidation (NADH product) and decarboxylation (CO₂ release).

d) 2nd Oxidative Decarboxylation:

α-Ketoglutarate dehydrogenase converts α-ketoglutarate to Succinyl CoA. This reaction produces the 2nd NADH & releases the 2nd CO₂ molecule.

e) Substrate Level phosphorylation:

Succinyl CoA Synthetase hydrolyzes succinyl CoA to Succinate and CoA. Energy released is used to form GTP. This GTP is further converted as ATP.

f) Dehydrogenation of Succinate:

Succinate dehydrogenase, an enzyme bound to inner mitochondrial membrane (Complex II) oxidizes succinate to fumarate. This transfers electrons to FAD, forming $FADH_2$.

g) Hydration of Fumarate:

Fumarase catalyzes the hydration of fumarate to form L-malate.

h) Dehydrogenation of Malate:

Malate dehydrogenase oxidizes L-malate back to oxaloacetate generating third and final NADH.

The cycle is now complete and the regenerated oxaloacetate can react with another molecule of Acetyl CoA.

✓ Energy Yield:

For each Acetyl CoA molec.

$3 \text{ NADH} \rightarrow 3 \times 3 = 9 \text{ ATP}$
 $1 \text{ FADH}_2 \rightarrow 1 \times 2 = 2 \text{ ATP}$
 $1 \text{ GTP} \rightarrow 1 \times 1 = 1 \text{ ATP}$

} For a Acetyl CoA molec.

∴ Total ATP per turn is 12 ATP Per molecule.

So, On a complete oxidation of one pyruvate molecule, it yields 1 GTP, 4 NADH and 1 $FADH_2$ molecule. That is roughly 15 ATP.

$1 \text{ GTP} \rightarrow 1 \times 1 = 1 \text{ ATP}$
 $4 \text{ NADH} \rightarrow 4 \times 3 = 12 \text{ ATP}$
 $1 \text{ FADH}_2 \rightarrow 1 \times 2 = 2 \text{ ATP}$
15 ATP

✓ TCA Cycle Regulation:

→ The cycle's rate is controlled by the cell's energy status & substrate availability.

(PDH → pyruvate, Dehydrogenase)

→ The Regulation of PDH, the main entry point is critical & is inhibited by NADH, acetyl CoA & ATP.

→ Citrate synthesis is also inhibited by ATP and long chain fatty acetyl CoA.

→ The rate limiting step, Isocitrate Dehydrogenase is activated by ADP & Ca^{2+} while it is inhibited by ATP & NADH.

→ α -ketoglutarate Dehydrogenase is inhibited by its products, ATP, succinyl CoA & NADH.

✓ Amphibolic Role - TCA Cycle:

TCA cycle is Amphibolic in nature. i.e) It is both Anabolic and catabolic in mode of participation.

→ catabolic role: Final oxidation pathway of acetyl CoA from carbohydrates, fats, and protein.

→ Anabolic role: Intermediates serve as precursor of various biosynthesis pathways.

Synthesis	Precursor
* Heme Synth.	Succinyl CoA
* Amino acid Syn.	Oxaloacetate & α -keto glutarate
* Fatty acid Synthesis	Citrate
* Gluconeogenesis	TCA Cycle intermediate Oxaloacetate.

(F) Anaplerotic (filling up) Reactns:

The most imp. anaplerotic reaction is Carboxylation of pyruvate to form oxaloacetate, catalyzed by pyruvate Carboxylase.

Clinical Correlations:

* PDH deficiency - Defective PDH causes accumulation of pyruvate that is converted to lactate leading to lactic acidosis. Mainly affects brain causing weakness, neuro developmental delay & "ataxia"
(Loss of voluntary movement coordn)

* Thiamine deficiency - It is a vit. B1 deficiency, reducing TPP (Thiamine pyrophosphate) impairing PDH & α -ketoglutarate Dehydrogenase activity in TCA cycle, leading to low ATP prdctn.

* Pyruvate Carboxylase Deficiency - Reduces oxaloacetate formation, limiting TCA cycle and gluconeogenesis; Resulting in fasting hypoglycemia, lactic acidosis and impaired energy dependent functions.