

CLASSIFICATION OF INBORN ERRORS OF METABOLISM

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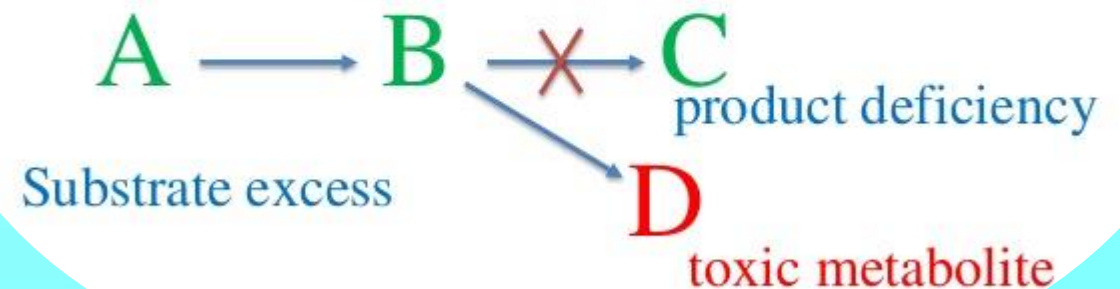
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INTRODUCTION

- Metabolism involves thousands of proteins, mostly enzymes, cofactors, receptors and transporters.
- Congenital metabolic disorders result from the absence or abnormality of an enzyme or its cofactor, leading to either accumulation or deficiency of a specific metabolite.

What is a metabolic disease?

Garrod's hypothesis



CLASSIFICATION

- classification is in line with a system biology practice, and combines biochemistry with cellular biology processes.

Small molecule

Complex molecule

Energy deficit

SMALL MOLECULES

- Almost all these IMD have plasma and/or urine metabolic marker(s) (ie, small diffusible water-soluble molecules) , that can be easily and rapidly measured in emergency.
- like amino acids, organic acids, acylcarnitines, porphyrins, fatty acid, purines, pyrimidines, etc.), or by using specific methods (like metals or galactose metabolites).



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graph LR; A[accumulation] --> B[intoxication]; B --> C[Most treatable]; D[deficiency] --> E[Defective syntheses and transport]; E --> F[Few treatable]
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accumulation

intoxication

Most
treatable

deficiency

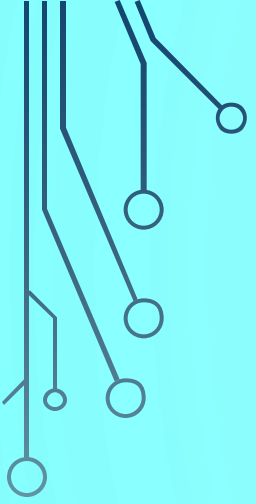
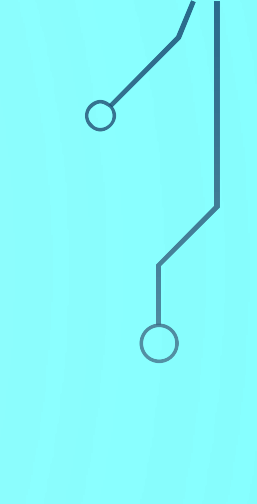


Defective
syntheses and
transport

Few
treatable



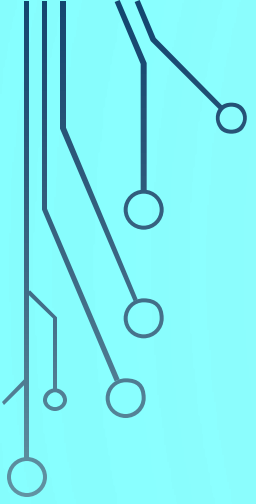
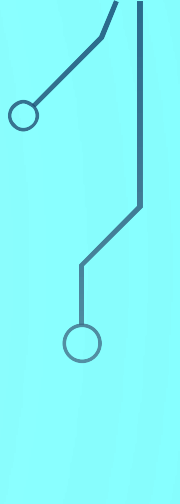


SMALL MOLECULES: ACCUMULATION

- Cause acute or progressive intoxication
- Signs result primarily from accumulation of the compound and reverse
- Do not interfere with fetal development
- Present after a symptom-free interval
- Crisis by food and catabolism
- Most of them are treatable

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- Amino acids catabolism: PKU ,MSUD,TYR,....
 - Organic acids: MMA,PA,IVA,....
 - B vitamins: homocystunuria ,organic aciduria
 - Urea cycle defect
 - Metal: willson
 - Purine and pyrimidine
 - Carbohydrate: galactosemia,HFI

SMALL MOLECULES, DEFICIENCY

- Symptoms result primarily from the defective synthesis or transport of an essential molecule
- May cause neurodevelopment disruption, with congenital presentation
- Share many characteristics with complex group
- Metabolic markers are decreased
- Few of them are treatable

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- Serine,glutamine,asparagine ,glutathione,glycine synthesis defect
 - Disorder of AA,FA transport
 - Disorder copper,Mg,Mn,Zinc,selenium metabolism
 - Neurotransmitters synthesis & transport defect
 - Disorder of purine and pyrimidine metabolism(nucleic acids)

COMPLEX MOLECULES

- Disturb the metabolism of complex molecules that are neither water soluble nor diffusible.
- Complex molecules are glycogen, triglycerides, sphingolipids (SPL), phospholipids (PL), bile acids, glycosaminoglycans, oligosaccharides, glycoproteins, glycolipids and nucleic acids
- very long chain FA and cholesterol, although they are simple molecules, because they can be a source of complex molecules
- Other complex molecules coagulation factors, liposoluble vitamins, hormones

Accumulation

Storage

**Emerging
therapy**

Deficiency

**Complex
molecules
depletion**

**Not
treatable**

**Cell processing
& trafficking
defect**

**Intracellular
vesiculation**

**Not
treatable**



COMPLEX MOLECULES, ACCUMULATION

- Storage of a visible compound
 - Multisystem signs
 - Neurodegenerative
 - May have antenatal signs
 - Emerging therapy
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Glycogen storage disease(cytoplasmic, lysosomal)

MPS

FA, prostaglandins (PZO biogenesis,X-ALD,Refsum,...)

Cholestrol (lysosomal: Niemann -Pick, wolman)

Sphingolipidosis

Lipopigments (lipofucinosi)

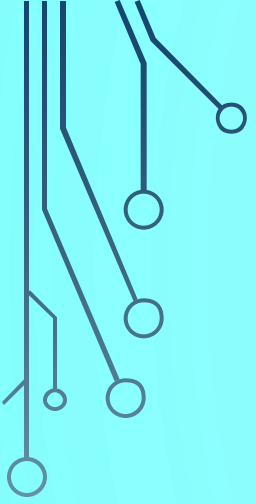
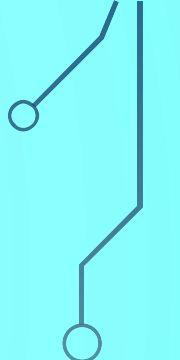


Oligosaccaridosis, glycoproteinosis,sialidosis,mucopolipidosis

Neutral lipid storage disease



COMPLEX MOLECULES, DEFICIENCY

- Only few have metabolic markers
- Diagnosis based on NGS
- Neurodegenerative
- Multisystem
- Antenatal signs
- Most of them are not treatable

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- Glycogen depletion(GSD 0)
 - FA transport, synthesis, recycling, arachidonic derivatives
 - Non mitochondrial FA metabolism
 - Non lysosomal sphingolipid metabolism
 - Phospholipids
 - Cholesterol & bile acids(eg SLO), steroid disorders
 - Disorders of vitamin D,E,K metabolism

CELLULAR PROCESSING & TRAFFICKING DEFECT

Finding similar to complex molecules deficiency

Intracellular vesiculation

Processing and quality control (autophagy)

Synaptic vesicle cycle

Aminoacyl tRNA synthetases

*CDG (congenital disorders of glycosylation)

DISORDERS INVOLVING PRIMARILY ENERGY METABOLISM

- Deficiency in energy production or utilization within liver, myocardium, muscle, brain, and other tissues.
- Diagnosis can be oriented by function tests measuring glucose, lactate, ketones and other energy molecules (AA, OA, Acylcarnitines) in blood, CSF, urine
- Confirmed by enzyme assays and molecular testing

**Cell
membrane
carries**

Clinical picture
depend on
tissue-specific
expression

Partially
treatable

**Cytoplasmic
energy
defect**

Less sever

Most of them
are treatable

**Mitochondrial
defects**

Clinical picture
depend on
tissue-specific &
multisystems

Some are
treatable

ENERGY DEFECTS, MEMBRANE CARRIERS

- Glucose, lactate, pyruvate , ketone bodies are the most important molecules involved energetic carrier defects
- Glucose, monosaccharide transport(Na –glu transport)
- GLUT1 (cerebral),GLUT2 (hepatocyte,beta cell)
- MCT1 (lactate,pyruvate ,ketone transport: EI hyperinsulinism),MCT1 2(creatine transport),MCT8(T3 transport)

MCT:Monocarboxylase

ENERGY DEFECTS, CYTOPLASMIC

- Glycolysis & pentose phosphate pathway defect
- Creatine defect
- GSD(Complex molecules)
- Insulin secretion

ENERGY DEFECTS, MITOCHONDRIAL

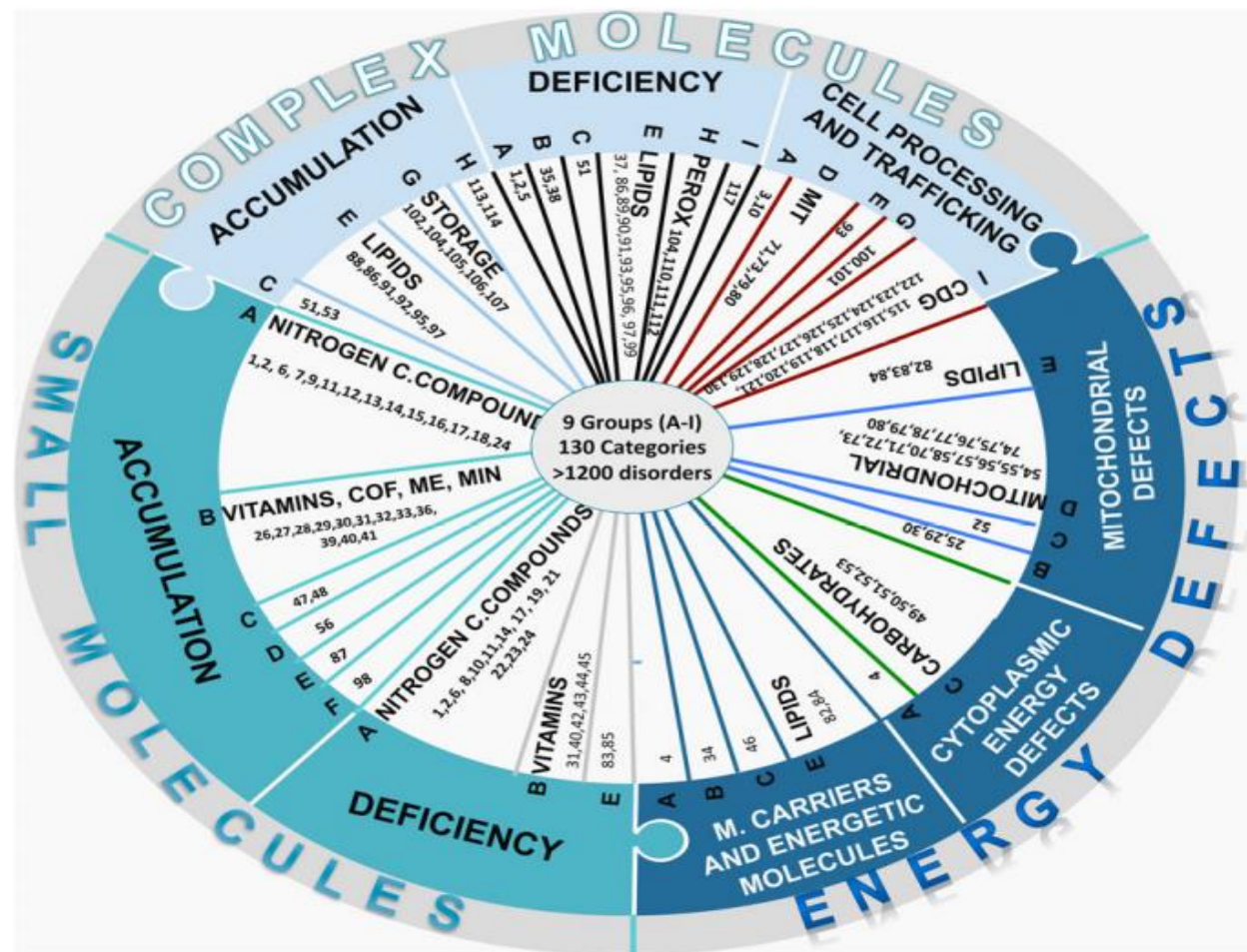
Fatty acid oxidation defect

Ketones metabolism

Pyruvate/lactate oxidation

Krebs cycle defect

Respiratory chain defect



Connection map between the simplified classification and the IMD updated nosology. A, NITROGEN containing compounds; B, VITAMINS, cofactors, metals, minerals; C, CARBOHYDRATES; D, MITOCHONDRIAL disorders; E, LIPIDS; F, TETRAPYRROLES; G, STORAGE disorders; H, PEROXISOME and oxalate; I, CDG

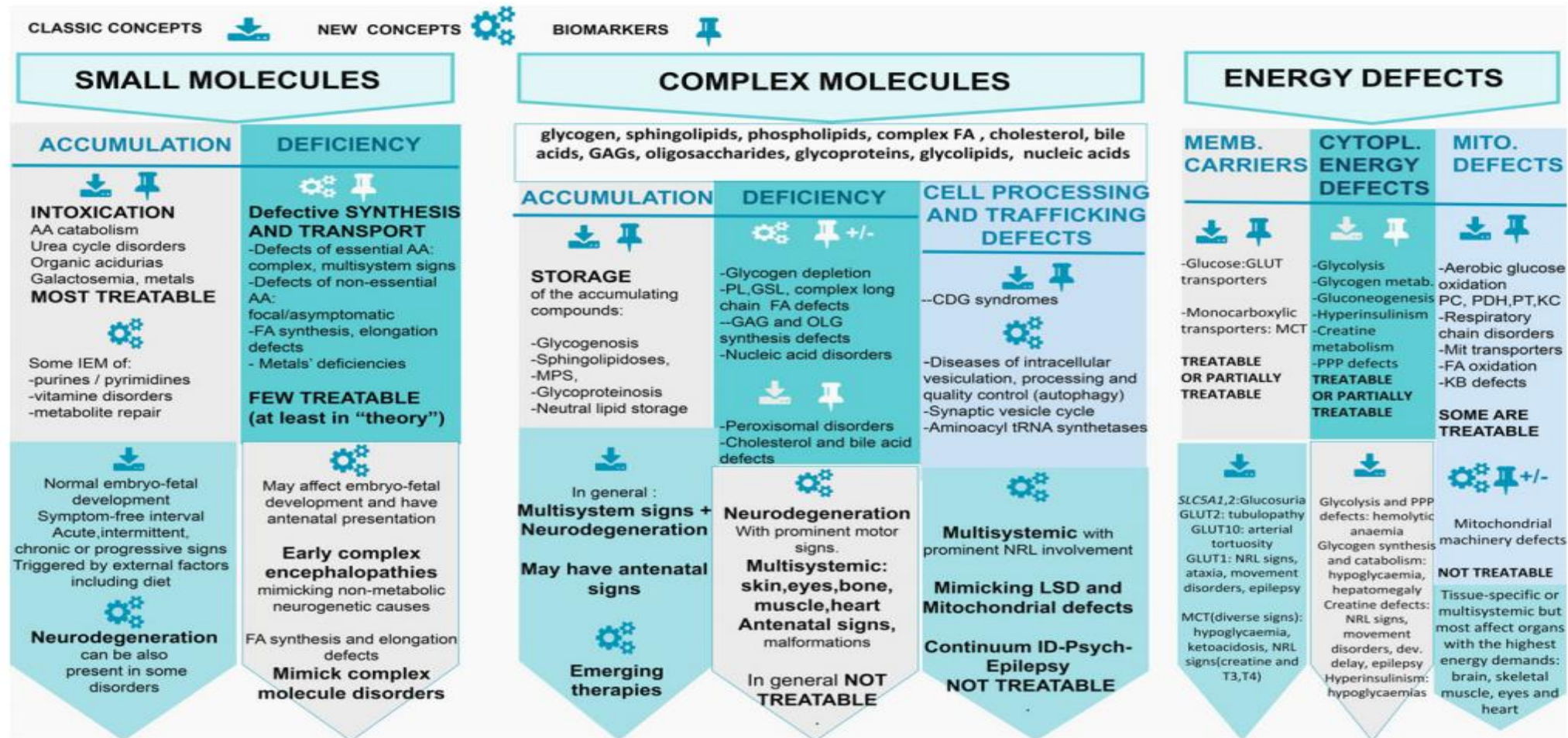


FIGURE 1 Simplified classification « at a glance ». AA, amino acids; CDG, congenital disorders of glycosylation; FA, fatty acids; GAG, glycosaminoglycans; GSL, glycosphingolipids; ID, intellectual disability; IEM, inborn errors of metabolism; KB, ketone bodies; KC, Krebs's cycle defects; LSD, lysosomal storage diseases; Mit, mitochondrial; MPS, mucopolysaccharidosis; NRL, neurological; OLG, oligosaccharides, PC, pyruvate carboxylase deficiency; PDH, pyruvate dehydrogenase deficiency; PL, phospholipids; PPP, Pentose phosphate pathway; PT, pyruvate transporter deficiency; Psych, psychiatric signs

Thanks for
your attention

