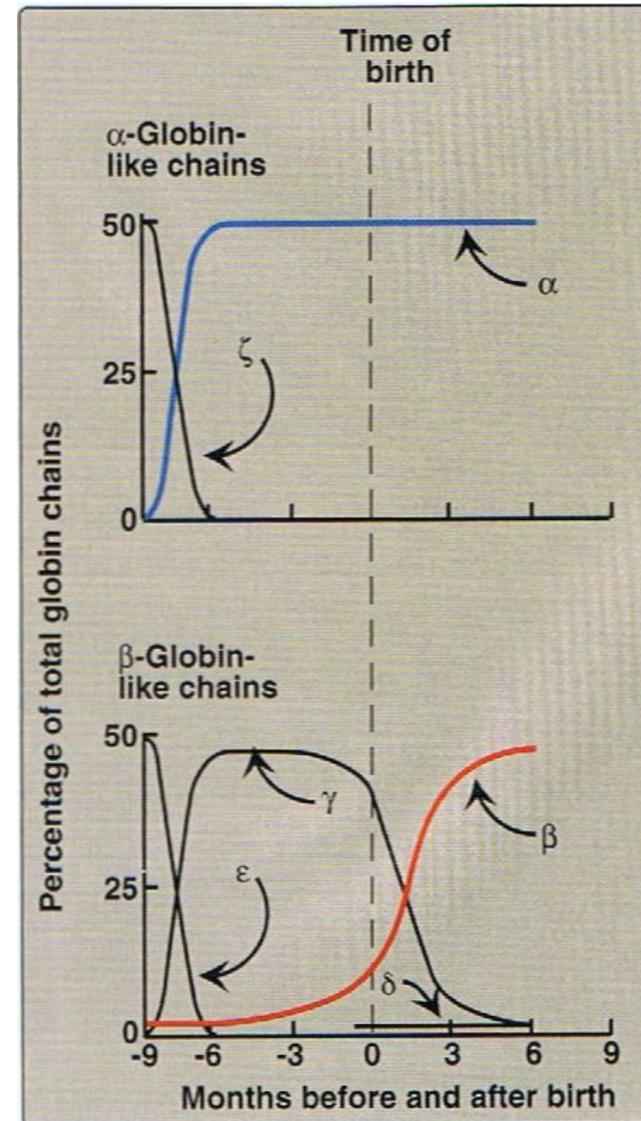


# Minor Hemoglobins

- HbF: in infants
- HbA<sub>2</sub>: After 12 weeks after birth
- HbA<sub>1c</sub>: under unphysiologic conditions (glycosylated)

Form	Chain composition	Fraction of total hemoglobin
HbA	$\alpha_2\beta_2$	90%
HbF	$\alpha_2\gamma_2$	<2%
HbA <sub>2</sub>	$\alpha_2\delta_2$	2–5%
HbA <sub>1c</sub>	$\alpha_2\beta_2$ -glucose	3–9%



# Fetal hemoglobin (HbF)

- HbF is a tetramer consisting of two  $\alpha$  chains identical to those found in HbA, plus two gamma ( $\gamma$ ) chains ( $\alpha\gamma_2$ ). The  $\gamma$  chains are members of the globin gene family
- HbF synthesis during development: In the first few weeks after conception, embryonic hemoglobin composed of two zeta chains and two epsilon chains ( $\zeta_2\varepsilon_2$ ), is synthesized by the embryonic yolk sac.
- Within a few weeks, the fetal liver begins to synthesize HbF in the developing bone marrow. HbF is the major hemoglobin found in the fetus and newborn, accounts for about 60% of the total Hb in the erythrocytes during the last months of fetal life.
- HbA synthesis starts in the bone marrow at about the eighth month of pregnancy and gradually replaces HbF
- Under physiologic conditions, HbF has a higher affinity for oxygen than does HbA, so HbF's binding only weakly to 2,3-BPG.
- In contrast, if both HbA and HbF are stripped of their 2,3-BPG, they then have a similar affinity for oxygen. The higher oxygen affinity of HbF facilitates the transfer of oxygen from the maternal circulation across the placenta to the red blood cells of the fetus.

الهيموغلوبين الذي ينقل الأكسجين في الجنين ويتكون من وحدتي  $\alpha$  ووحدتي  $\gamma$   $\rightarrow$  HbF ونزولهم (  $\alpha_2 \gamma_2$  ) ونسبته يتكون أقل من 2% من نسبة الأكسجين الكلي

HbA  $\rightarrow$  من أكثر الهيموغلوبين انتشاراً في كليات الدم الحمراء ويشكل 90% من نسبة الهيموغلوبين الكلي... ويتكون من وحدتي  $\alpha$  ووحدتي  $\beta$  ....  
HbA<sub>2</sub>  $\rightarrow$  يتكون من وحدتي  $\alpha$  ووحدتي دلتا  $\delta$  ويوجد في الدم بنسبة 2-5% ....

HbA<sub>1c</sub>  $\rightarrow$  نوع من الهيموغلوبين يستخدم لكشف السكر إذا كانت نسبة السكر عالية جارتباه بالسكر عالي وهاد بكشف انوما عند تحكم بالسكر إذا كانت نسبة أكثر  $\frac{1}{5.5}$  وإذا ارتفعت السكر في الهيموغلوبين تكونت HbA<sub>1c</sub> ما يرجع بتعلق ... ويتكون من وحدتي  $\alpha$  ووحدتي  $\beta$  وجليوكوز

HbF =>

يتم تصنيعه بالكبد يتكون من وهدتين من نوع  $\alpha$  وهدتين من نوع  $\gamma$  ال  $\gamma$  يكونو جزء من هينات الهيموغلوبين قدرته على ربط الأوكسجين عالية لأنو  $2,3 \text{ Bpg}$  يتكون قليلة

كيفية تكوينه بعد  $\alpha$  و  $\gamma$  قليلة من الحمل و يتكون عندي *embryonic hemoglobin* ويتكون من سلعتين من أنواع نوع  $\zeta$  و سلعتين من نوع  $\epsilon$  و يتصنع بواسطة الكيس الجنيني ( *embryonic sac* ) ...

\* بعدها كبد الجنين و يبلس يتجمع HbF وهو نسبتو يتكون عالية في الأجنة والكلودين حديثا نسبتو يتكون في الجنين 50% ... (بأخر أسبوع وأسبوع يكون الجنين في أيل الولادة)

\* لخارجير المرأة بالعمرا الثامن يبلس عندي تتجمع HbA وهو يبلس يحل مكان ... HbF

\* بجا انو الو ارتباه بالأوكسجين عالي مفعوع يكون مسؤول عن نقل الأوكسجين من الأم للجنين عبر المشيمة وبعدها كريات الدم الحمراء في الجنين ...

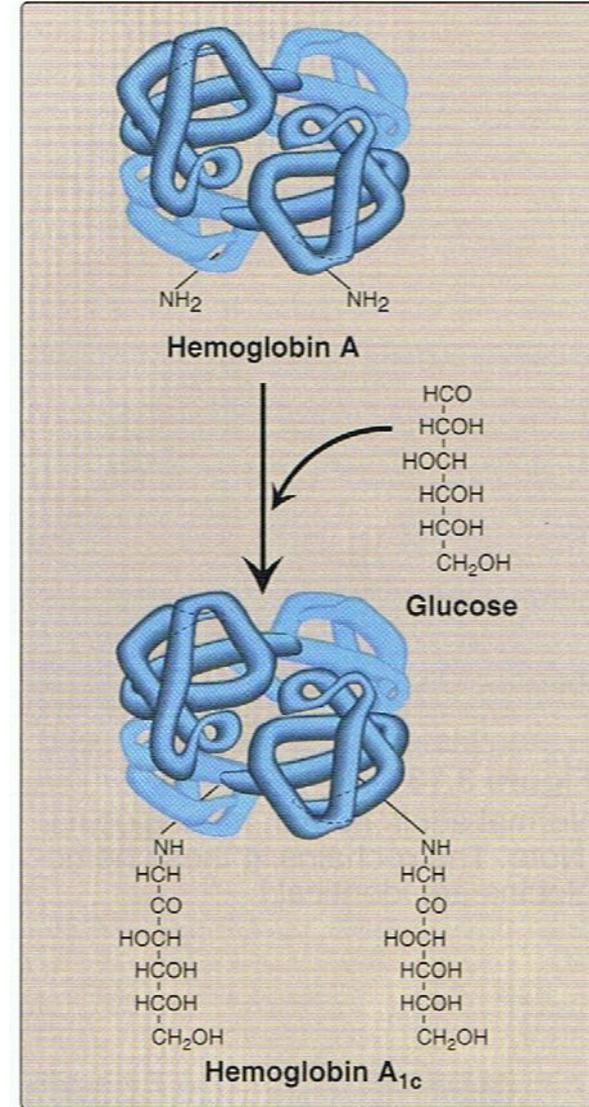
\* هسا انم يكون عندها HbA والطفل HbF الارتباه HbF أعلى فهو اللي يسحب الدم ...

# Hemoglobin A2 (HbA2)

- HbA2 is a minor component of normal adult hemoglobin, first appearing about twelve weeks after birth and, ultimately, constituting about two percent of the total hemoglobin.
- It is composed of two  $\alpha$ -globin chains and two delta- ( $\delta$ ) globin chains ( $\alpha_2\delta_2$ )

# Hemoglobin A1c

- Under physiologic conditions, HbA is slowly and nonenzymically glycosylated, the extent of glycosylation being dependent on the plasma concentration of a particular hexose. The most abundant form of glycosylated hemoglobin is HbA1.
- It has glucose residues attached predominantly to the NH<sub>2</sub> groups of the N-terminal valines of the β-globin chains
- HbA1c are found in red blood cells of patients with diabetes mellitus



HbA<sub>2</sub> ⇒ يتكون نسبته قليلة عن البالغين ويبدأ يتكون بعد 12  
سنة من الولادة ونسبته 2% من كيمياء الدم  
يتكون من 25 و 25 ... delta

HbA<sub>1c</sub> ⇒ مرتبطة بالجلوكوز يكون كبير وبعده الحاقه لتزيم يرتبط  
بالجلوكوز بعد تواجد بفترة طويلة بالدم يتكون نسبته  
بالدم قليلة في الإنسان الطبيعي أما إذا زادت نسبة  
السكر بالدم مع تزيد نسبة عن الطبيعي ...  
والتي الأكثر انتشاراً منه بالدم يكون HbA<sub>1</sub>

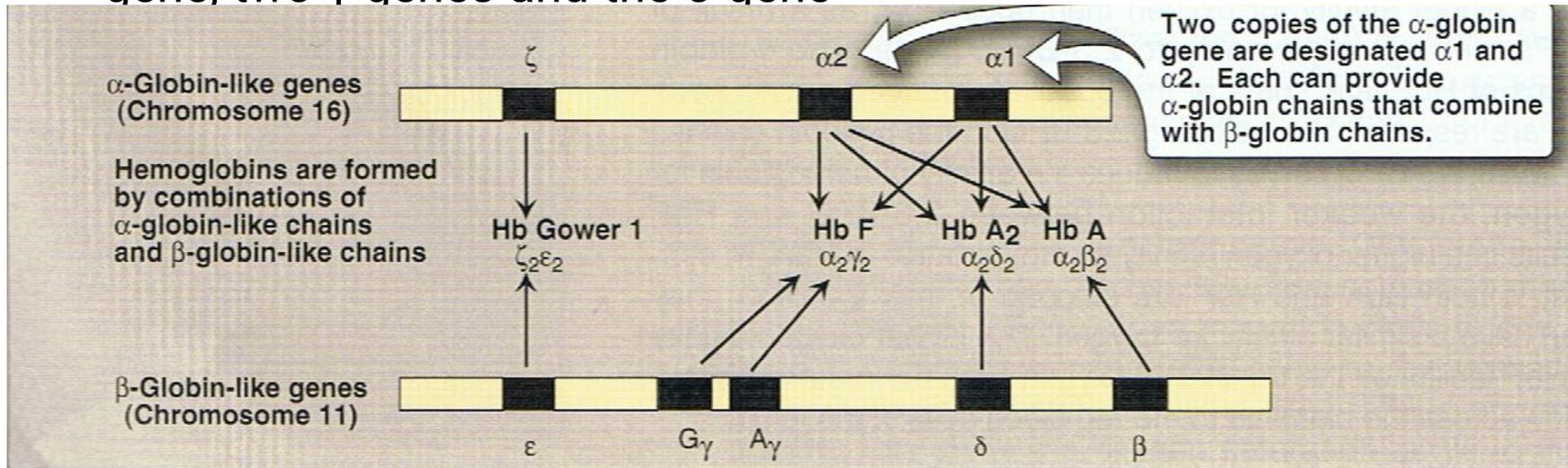
الـ Beta chain يحتوي على Valine الـ Valine الـ N-terminal يرتبط  
مع الجلوكوز

\* الـ دخل بالكشف عن مرض السكر في نوكل ما زاد السكر مع تزيد الأثر فيه ...

# Organization of the globin genes

## Gene family

- The genes coding for the  $\alpha$ -globin-like and  $\beta$ -globin-like subunits of the hemoglobin chains occur in two separate gene clusters (or families) located on two different chromosomes
- The  $\alpha$ -gene cluster on chromosome 16 contains two genes for the  $\alpha$ -globin chains. It also contains the zeta ( $\zeta$ ) gene
- A single gene for the  $\beta$ -globin chain is located on chromosome 11. There are an additional four  $\beta$ -globin-like genes: the epsilon ( $\epsilon$ ) gene, two  $\gamma$  genes and the  $\delta$  gene



# Steps in globin chain synthesis

- Expression of a globin gene begins in the nucleus of red cell precursors, where the DNA sequence encoding the gene is transcribed.
- The RNA produced by transcription is actually a precursor of the messenger RNA (mRNA) that is used as a template for the synthesis of a globin chain.
- Before it can serve this function, two noncoding stretches of RNA (introns) must be removed from the mRNA precursor sequence, and the remaining three fragments (exons) reattached in a linear manner
- The resulting mature mRNA enters the cytosol, where its genetic information is translated, producing a globin chain

organization of the globin genes Gene family  $\Rightarrow$

عندي نوعين من الجينات  $\alpha$  و  $\beta$  ال  $\alpha$  gene يكون على الكروموسوم رقم 16 ويحتوي الكروموسوم على جينيت من نوع  $\beta$  globin ويحتوي على جين من نوع  $\gamma$  Zeta  $\delta$  ....

$\therefore$  B-globin Like genes الجينات من نوع  $\beta$  يتكون على الكروموسوم رقم 11 يتكون في  $\epsilon$  من ال

$\epsilon$  و  $\delta$  و  $\gamma$  و  $\beta$  و  $\alpha$  ...

هنا الصقل بورث  $\leq$  كروموم من الدم و ٢ كروموم من الأب ....

إذا كانو ٢  $B$  فيهم خلل بجيش أول سنة طبيعي لكن بداية السنة الثانية  $B$  ينخفض الدم لأنو بالسنة الأولى لسا يكون في  $HbF$  لكن بالسنة الثانية ما يكون فيه فرع ينخفض الدم ٥ر5 فينعطيه وحدات دم كل أسبوع / شهر حسب الحدة ..

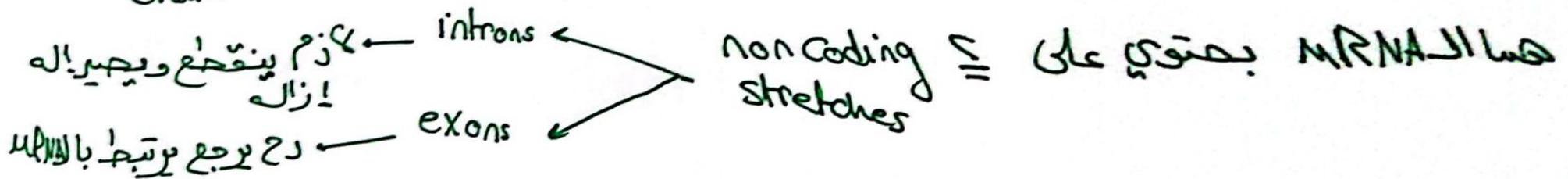
إذا كان 1  $B$  فيه خلل  $B$  يكون عندو أثيميا وهو يكون ١٢, ١٣ مث أكثر من هيك ..

هنا الخلل في  $B$  ينسعيه التاكسيميا وما بموتومن الحرفن نفس بجوتومن

Iron Metabolism لأنو يكون فيه خلل فيه ..

## Steps in globin chain synthesis :-

يبدأ عملية التصنيع في النواة لخلايا الدم الحمراء وبجبر ~~الحمض~~  $unfolding\ DNA$  لا  
بعدها عملية الترجمة الـ  $RNA$  التي خلعت ربح يستخدم لتصنيع الـ  $globin\ Chain$



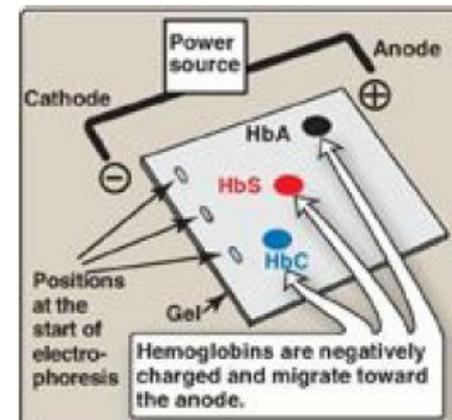
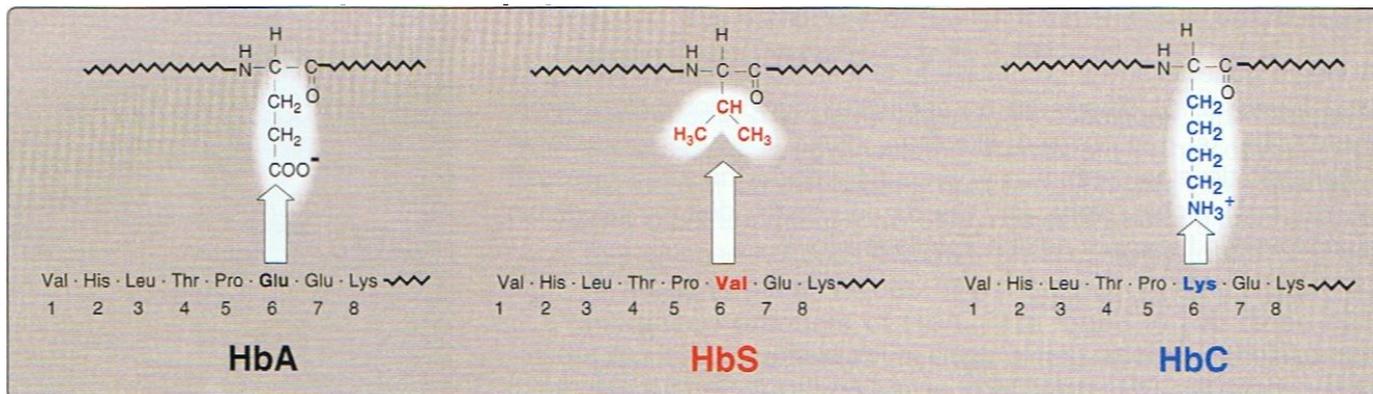
\*الخطاوين بجبر بجبر الـ  $Mutation$  بالترجمة للأميناوأسيد فيجبر خلك  
او يخل الاثرون كلو فرع يجبر في قحعة زيادة والـ  $folding$  يكون غلط

# hemoglobinopathies

- Hemoglobinopathies are disorders caused by:
  - Production of a structurally abnormal hemoglobin molecule
  - Synthesis of insufficient quantities of normal hemoglobin subunits
  - or, rarely, both.

Examples:

- Sickle cell disease (HbS disease) point mutation in  $\beta$  chain (E6V)
- hemoglobin C disease (HbC disease) mutation in  $\beta$  chain (E6K)
- thalassemia syndromes ( $\alpha$  and  $\beta$  thalassemia)



## hemoglobinopathies :-

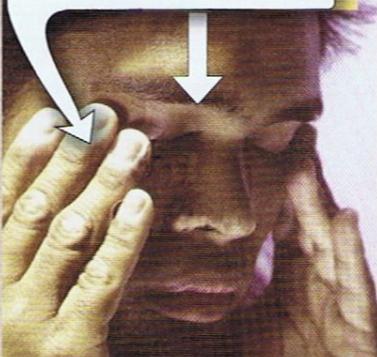
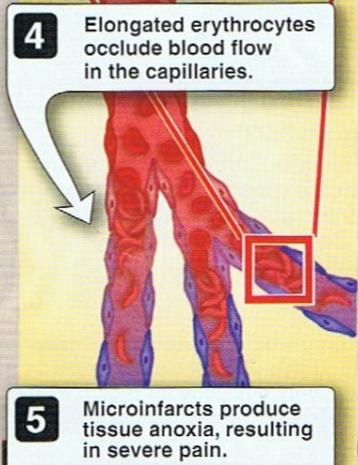
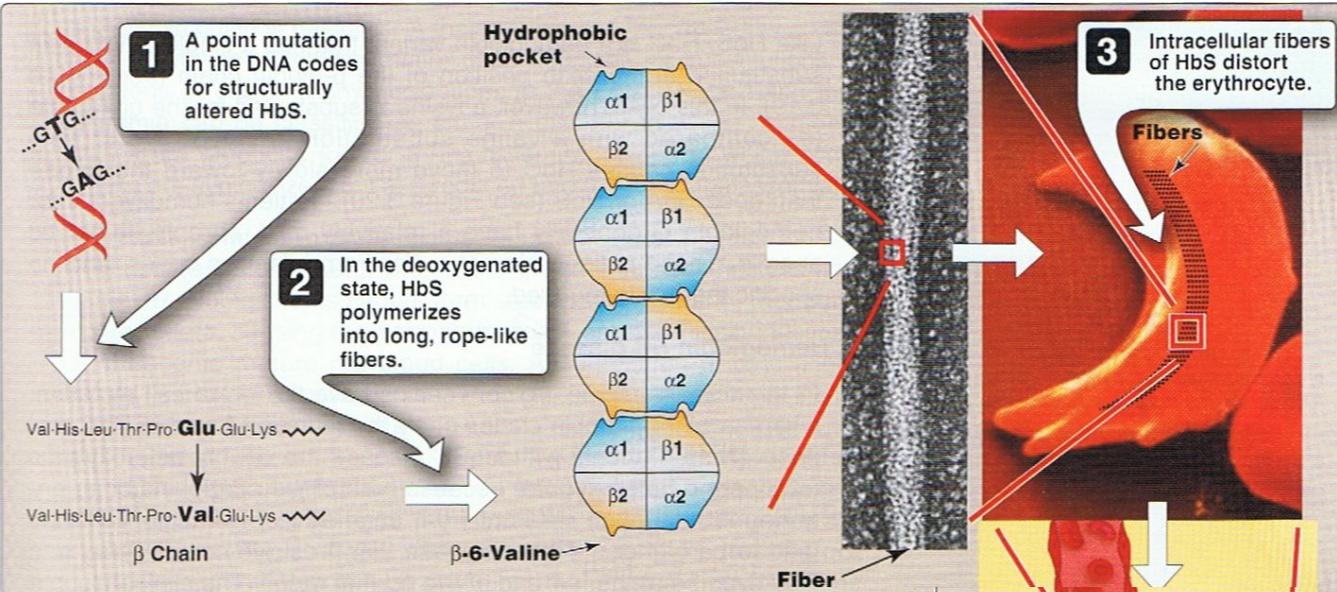
الأمراض إما تكون :- ١. إنتاج هيموغلوبين غير طبيعي ٢. أو كمية غير كافية ٣. أو الأستين مع بعض (حالة نادرة)

1. sickle Cell
2. hemoglobin C disease
3. thalassemia syndromes
4. Methemoglobinemia →

أمثلة :-

# Sickle cell anemia

- The substitution of the nonpolar valine for a charged glutamate residue forms a protrusion on the  $\beta$ -globin
- At low oxygen tension, HbS polymerizes inside the red blood cells, first forming a gel, which assembled later to fibrous polymers producing rigid, misshapen erythrocytes.
- Sickled cells block the flow of blood in the narrow capillaries leading to localized anoxia (oxygen deprivation) in the tissue, causing pain and eventually death (infarction) of cells in the vicinity of the blockage.



Sickle Cell anemia →

(E6V) → ... Valine (-) بال (هف) ...

يكون الشخص طبيعي يتخثر عليه الأعراف من لعانقل كويه الأكسجين يزيد الحصى في الدم  
أو إذا كان حلال على مكان عالي مفتوح أو بجسر بمنحاد

Valine يكون nonpolar يرتبط مع Hydrophobic area فلما يرتبطو بجسر في تخثر في  
ال folding و يجعل polymer على شكل Fibers فيتحول RBC من بناء هوي  
إلى قاسي هسا ال RBC الطبيعية لما تروح لل capillaries بتعمل squeezing  
لكن اللي RBC اللي فيها خلل ما بتعمل squeezing فيتحول Clot فينقطع  
الأكسجين عن الخلايا ...

# factors increase sickling

- Sickling and the severity of disease is enhanced by:
  - decreased oxygen tension as a result of high altitudes or flying in a nonpressurized plane
  - increased pCO<sub>2</sub>
  - decreased pH
  - An increased concentration of 2,3-BPG in erythrocytes.

factors increase sickling →

$\text{pH} \downarrow$ ,  $\text{PCO}_2 \uparrow$ ,  $\text{O}_2 \downarrow$ ,  $2,3\text{BPG} \uparrow$

treatment →

1. ماء كافي
2. مسكن اذا بداي من ألم
3. infection اذا كان عند  
لا توبزير استعمال الاكسجين
4. بنقلو وحدان من برا  
قدرتعالج حول الاكسجين  
الطبيعية
5. لساماجرفو كيف فعاليتو  
لكن احتمال بزير Hbf

# Treatment

- Adequate hydration
- Analgesics
- Aggressive antibiotic therapy if infection is present
- transfusions in patients at high risk for fatal vasocclusions. Intermittent transfusions with packed red cells reduce the risk of stroke
- Hydroxyurea (an anti-tumor drug) decreases the frequency of painful crises and reduces mortality. The mechanism of action is not understood, but it may increase HbF that decreases sickling

# Sickle cell anemia

- The high frequency of the HbS gene among black Africans, despite its damaging effects in the homozygous state
- heterozygotes for the sickle cell gene are less susceptible to malaria, caused by the parasite *Plasmodium falciparum*.
- This organism spends an obligatory part of its life cycle in the red blood cell. Because these cells have a shorter life span than normal, the parasite cannot complete the intracellular stage of its development
- This fact may provide a selective advantage to heterozygotes living in regions where malaria is a major cause of death.

السليبت الافرئقنن اللف بلكون بشرففم ءالكنة ... sickle cell anemia ال

الكلرلا العاءورة ءفاة بال RBC ال RBC الطبعفة بكون ءورة ءفاةفا 120 يوم

لعابصر فف sickle cell anemia رف ثقء ءورة ءفاة RBC فبئفءف الكلرلا رءفا تكمل ءورة

ءفاةفا بال RBC اللف فففا فلل فبئنفءر قبل مارءعل ءورة ءفاةفا وعشان هفك بلكون نسبة! ءفاةفا قلفة

Hemoglobin C disease →

بصر فف ءبءفل بن ال glutamate مع Lysine فبئءفر الشءمن - ال +

وءفا الءالة مار بكون فف ءءا بال polymer لكن بكون فف defective (Hb)

فال RBC رف ءءفر ءورة ءفاةفا اقل من 120 يوم وءموماف بزرءفن 12, 13 وءاعنءر ال infarction ولا باءاةة فف علاءة ...

# Hemoglobin C disease

- Like HbS, HbC is a hemoglobin variant that has a single amino acid substitution in the sixth position of the  $\beta$ -globin chain
- In this case, however, a lysine is substituted for the glutamate (as compared with a valine substitution in HbS)
- Patients homozygous for hemoglobin C generally have a relatively mild, chronic hemolytic anemia. These patients do not suffer from infarctive crises, and no specific therapy is required.

# Hemoglobin SC disease

- In this disease, some  $\beta$ -globin chains have the sickle cell mutation, whereas other  $\beta$ -globin chains carry the mutation found in HbC disease
- Patients with HbSC disease have both of their  $\beta$ -globin genes abnormal, although different from each other
- Compared to sickle cell disease, hemoglobin levels tend to be higher in HbSC disease (may be at the low end of the normal range)
- Patients with HbSC disease to remain well (and undiagnosed) until they suffer an infarctive crisis (beginning in childhood)
- This crisis often follows childbirth or surgery and may be fatal.

## Hemoglobin SC disease

في حاله  $\beta$  globin بحتوي على sickle cell mutation أما  $\beta$  globin الثاني يتحوي الخفاً  
الذي موجود في HbC ... باختصار يكون عندهم 2 Beta مثل طبيعيته  
وبخلافه عن بعض

بغني الـ glutamate بتبدل مع الـ lysine في وحدة من  $\beta$  chain ...  
هنا الحريجن يعيش حياة طبيعيه لكن لما تيجيه حمة بجوت أو منة يحميونهم  
أكسجين ...

# Methemoglobinemias

- Oxidation of the heme component of hemoglobin to the ferric ( $\text{Fe}^{+3}$ ) state forms methemoglobin, which cannot bind oxygen.
- caused by:
  - The action of certain drugs, such as nitrates
  - Endogenous products, such as reactive oxygen intermediates
  - Inherited defects, for example, certain mutations in the  $\alpha$ - or  $\beta$ -globin chain promote the formation of methemoglobin (HbM)
  - Deficiency of NADH-cytochrome  $b_5$  reductase which is responsible for the conversion of methemoglobin ( $\text{Fe}^{+3}$ ) to hemoglobin ( $\text{Fe}^{+2}$ ), leads to the accumulation of methemoglobin
- newborns are particularly susceptible to the effects of methemoglobin-producing compounds

# Methemoglobinemias

- The methemoglobinemias are characterized by “chocolate cyanosis” (a brownish-blue coloration of the skin and membranes) and chocolate colored-blood, as a result of the dark-colored methemoglobin
- Symptoms are related to tissue hypoxia, and include anxiety, headache, and dyspnea. In rare cases, coma and death can occur.

## Methemoglobinemia :-

لها يحير في oxidation  $Fe^{+2}$  مع يتحول  $Fe^{+3}$  وهو ال Ferric

لها يتحول ال Ferric بحير بدل ما يربط  $Fe^{+2}$  روابط بجعل  $Fe^{+3}$  فقط. الرابطة التي يتروك هي الرابطة التي رابطة الاكسجين مع ال heme وفا بحير عندها ارتباط مع الاكسجين

هنا في انزيم NADH-cytochrome b<sub>5</sub> reductase فاد يكون مسؤول عن تحويل Ferric ال  $Fe^{+2}$

إذا كان في حالة بقاء الانزيم فبادي الى تراكمه ... الاطفال معرضون اكثر للإصابة ال  $Fe^{+2}$  مسؤول عن اللون الاثمنر للدم إذا تحول  $Fe^{+3}$  لبني محمر...

ونتيجة نقص الاكسجين بحير brownish colored في البيرة والأغشية

# Thalassemia

- The thalassemias are hereditary hemolytic diseases in which an imbalance occurs in the synthesis of globin chains (either the  $\alpha$ - or  $\beta$ -globin is defective)
- As a group, they are the most common single gene disorders in humans
- Normally, synthesis of the  $\alpha$ - and  $\beta$ -globin chains are coordinated, so that each  $\alpha$ -globin chain has a  $\beta$ -globin chain (formation of  $\alpha_2\beta_2$  (HbA))
- A thalassemia can be caused by a variety of mutations, including entire gene deletions, or substitutions or deletions of one to many nucleotides in the DNA.
- It can be classified as either a disorder in which no globin chains are produced ( $\alpha^0$ - or  $\beta^0$ -thalassemia), or one in which some chains are synthesized, but at a reduced rate ( $\alpha^+$ - or  $\beta^+$ -thalassemia)

Thalassellia →

أحيات ه ه defective بتبين كل الأعراض  
ه ه " ما بتبين الأعراض

الـ defective للـ  $\beta$  بتكون أكثر انتشاراً من  $\alpha$  وزواج الأقارب  
بزييد من نسبة الإصابه ...

بالحالة الطبيعيه بكون تكون  $\alpha$  و  $\beta$  بتناسق فكل  $\alpha$  لها  $\beta$  وحدة وهاد  
اللي بكوني HbA ... بتحدث التاكسيه إما بحذف gene أو استبدال أو حذف  
nucleotides في الـ DNA ...

تصنيفهم بكون حسب الـ globin chains اللي صار فيها disorder  
 $\alpha^e$  ,  $\beta^e$

# $\beta$ -Thalassemias

- In these disorders, synthesis of  $\beta$ -globin chains is decreased or absent, whereas  $\alpha$ -globin chain synthesis is normal
- $\alpha$ -Globin chains cannot form stable tetramers which precipitate, causing the premature death of cells initially destined to become mature red blood cells
- Accumulation of  $\alpha_2\gamma_2$  (HbF) and  $\gamma_4$  (Hb Bart's) also occurs. There are only two copies of the  $\beta$ -globin gene in each cell (one on each chromosome 11)
- Individuals with  $\beta$ -globin gene defects have either  $\beta$ -thalassemia trait ( $\beta$ -thalassemia minor) if they have only one defective  $\beta$ -globin gene, or  $\beta$ -thalassemia major if both genes are defective

# $\beta$ -Thalassemias

- Because the  $\beta$ -globin gene is not expressed until late in fetal gestation, the physical manifestations of  $\beta$ -thalassemias appear only after birth. Those individuals with  $\beta$ -thalassemia minor make some  $\beta$ -chains, and usually do not require specific treatment
- Infants born with thalassemia major have the sad fate of being seemingly healthy at birth, but becoming severely anemic during the first or second year of life (require regular transfusions of blood)
- Although this treatment is lifesaving, the cumulative effect of the transfusions is iron overload (a syndrome known as hemosiderosis), which typically causes death between the ages of 15 and 25 years
- The increasing use of bone marrow replacement therapy has been a boon to these patients

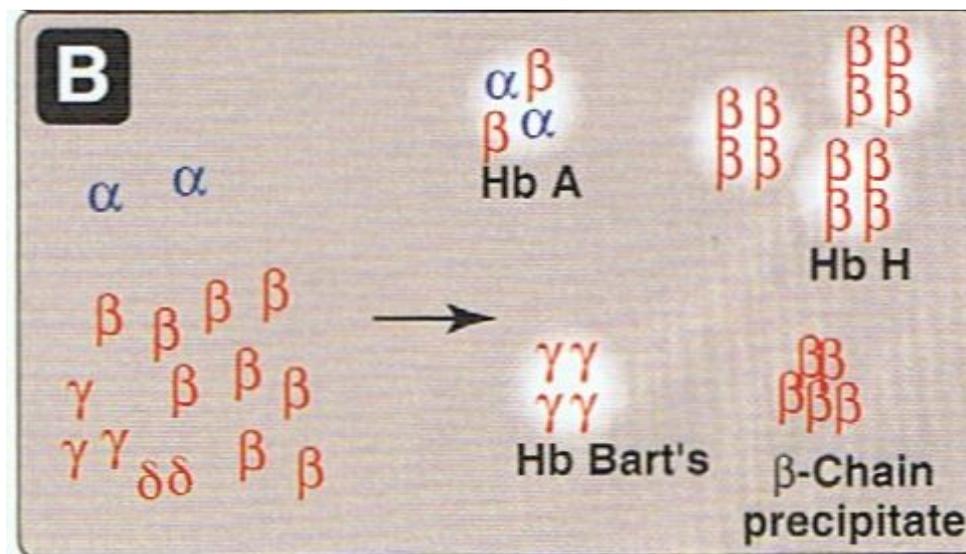


# $\alpha$ -Thalassemia

- These are defects in which the synthesis of  $\alpha$ -globin chains is decreased or absent.
- Because each individual's genome contains four copies of the  $\alpha$ -globin gene (two on each chromosome 16), there are several levels of  $\alpha$ -globin chain deficiencies:
  - If one is defective, the individual is termed a silent carrier of  $\alpha$ -thalassemia (no physical manifestations of the disease)
  - If two are defective, the individual is designated as having  $\alpha$ -thalassemia trait
  - If three  $\alpha$ -globin genes are defective, the individual has hemoglobin H (HbH) disease, a mildly to moderately severe hemolytic anemia
- The synthesis of unaffected  $\gamma$ - and then  $\beta$ -globin chains continues, resulting in the accumulation of  $\gamma$  tetramers in the newborn ( $\gamma_4$ , Hb Bart's) or  $\beta$  tetramers ( $\beta_4$ , HbH)

# $\alpha$ -Thalassemia

- Although these tetramers are fairly soluble, the subunits show no heme-heme interaction.
- Their oxygen dissociation curves are almost hyperbolic, indicating that these tetramers have very high oxygen affinities (useless as oxygen delivers to the tissues)
- If all four  $\alpha$ -globin genes are defective, fetal death result, because  $\alpha$ -globin chains are required for the synthesis of HbF.



high affinity  
ناقص

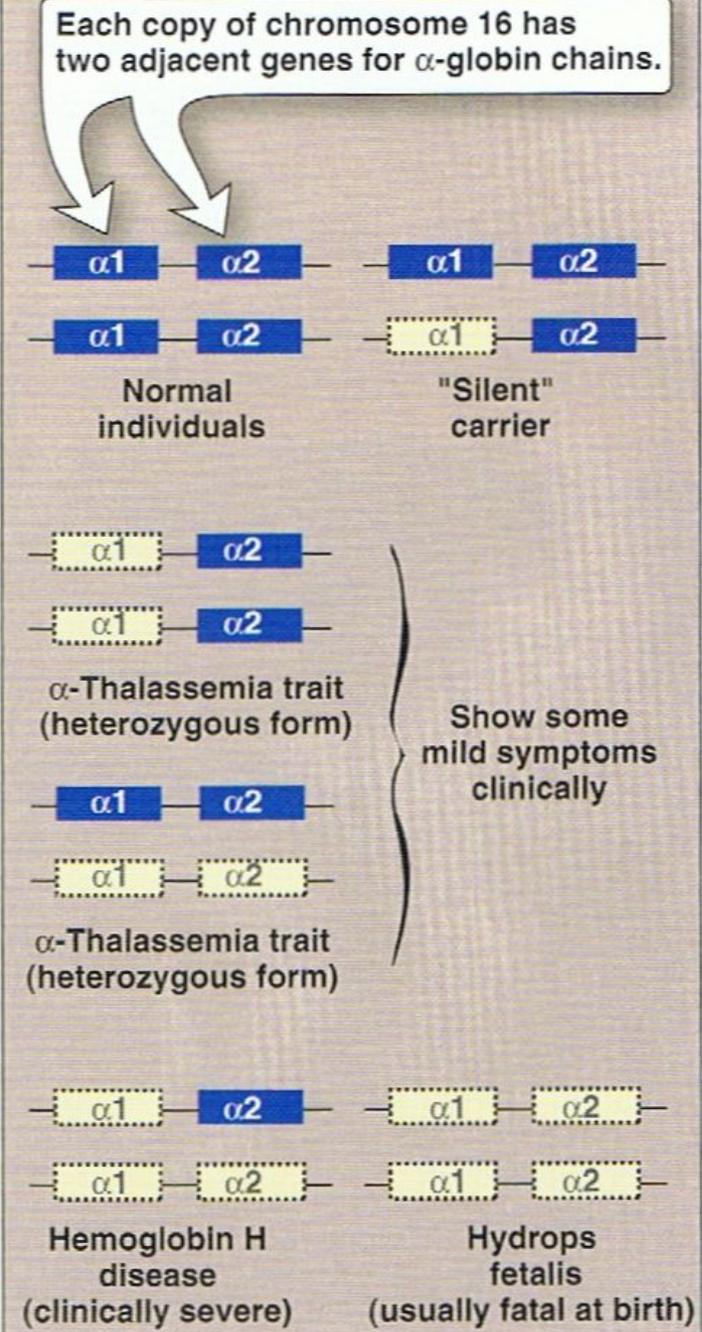
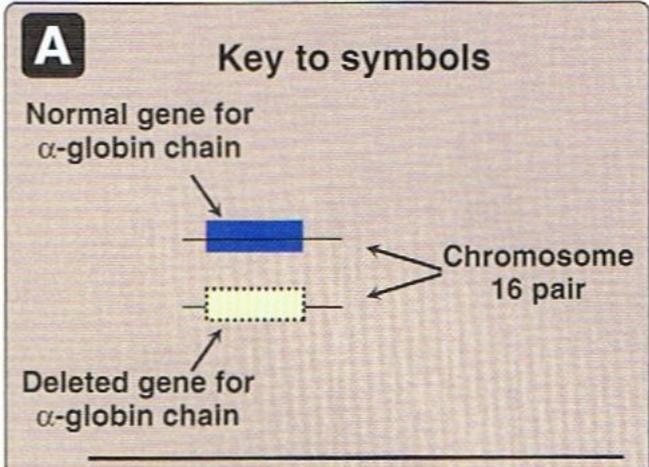
فبكون الو

hyperbolic

oxygen dissociation  
curve

بال  $\alpha$   
thalassaemia

bio



# Hemoglobinopathies

## Synthesis of structurally abnormal hemoglobins

for example

**Hb S**

caused by

Point mutation in both genes coding for  $\beta$  chain

composed of

$\beta_6 \text{ Glu} \rightarrow \text{Val}$

leads to

Decreased solubility in deoxy form

leads to

Polymer formation

leads to

Vascular occlusion

leads to

Pain ("crises")

for example

**Hb C**

caused by

Point mutation in both genes coding for  $\beta$  chain

composed of

$\beta_6 \text{ Glu} \rightarrow \text{Lys}$

leads to

Hemolytic anemia

for example

**Hb SC**

caused by

Different point mutations in each gene coding for  $\beta$  chain

composed of

$\beta_6 \text{ Glu} \rightarrow \text{Val}$   
 $\beta_6 \text{ Glu} \rightarrow \text{Lys}$

leads to

Often asymptomatic

occasional episodes of

Decreased solubility in deoxy form

leads to

Polymer formation

leads to

Vascular occlusion

leads to

Pain ("crises")

## Synthesis of insufficient quantities of normal hemoglobin

for example

$\alpha$ -thalassemias

caused by

Decreased synthesis of  $\alpha$  chains

leads to

Anemia

leads to

Accumulation of  $\gamma_4$  (Hb Bart's) and  $\beta_4$  (Hb H), and  $\beta$ -chain precipitation

for example

$\beta$ -thalassemias

caused by

Decreased synthesis of  $\beta$  chains

leads to

Anemia

leads to

Accumulation of  $\gamma_4$  (Hb Bart's) and  $\alpha$ -chain precipitation

Other

for example

Methemoglobinemia

characterized by

$\text{Fe}^{++} \rightarrow \text{Fe}^{+++}$

leads to

Inability to bind  $\text{O}_2$

leads to

Chocolate cyanosis

حب