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STUDIES ON THE REGULATION OF LEUCINE CATABOLISM IN LIVER AND HEART
Mechanism Responsible for Dichloroacetate Stimulation
of Leucine Oxidation

by

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ABSTRACT

Leucine, an essential amino acid, is important as a substrate for protein, fatty acid, and sterol biosynthesis, as a source of energy, and as a regulator of several metabolic processes. Insulin secretion, urea formation, and glucose oxidation are among the processes that are affected by leucine. The purpose of this study was to learn more about the control of leucine catabolism, a major determinant of leucine availability. The study makes use of isolated hepatocytes, liver homogenates, perfused heart, isolated mitochondria, and extracts of heart mitochondria. Dichloroacetate, a known activator of the pyruvate dehydrogenase complex and stimulator of leucine oxidation in liver, was found in this study to stimulate leucine oxidation by the heart. The mechanisms responsible for the actions of dichloroacetate on leucine catabolism have been established for both liver and heart. Surprisingly, dichloroacetate has different mechanisms of action in these two tissues. Elucidation of the mechanism of action of dichloroacetate on leucine catabolism has made a significant contribution to the understanding of the regulation of leucine catabolism. The α -ketoisocaproate dehydrogenase complex, which catalyzes the second step of leucine catabolism and is analogous in many ways to the pyruvate dehydrogenase complex, was not stimulated by dichloroacetate in liver. Rather, dichloroacetate is dechlorinated by liver cells to form glyoxylate which promotes leucine catabolism by serving as an amino group acceptor for either direct or indirect transamination of leucine. Support for this mechanism includes the following:

(a) amino acids which serve as substrates for glyoxylate aminotransferase

block the stimulatory effect of dichloroacetate on leucine oxidation; (b) glyoxylate stimulates oxidation of leucine; (c) both dichloroacetate and glyoxylate increase the glycine content of isolated hepatocytes; (d) [2-¹⁴C]dichloroacetate is converted by isolated hepatocytes to [¹⁴C]glyoxylate, [¹⁴C]oxalate, and ¹⁴CO₂; and (e) 2-chlorpropionate, which also activates the pyruvate dehydrogenase complex but is not converted to glyoxylate, does not stimulate leucine oxidation. Thus in liver, in contrast to its mechanism of action on pyruvate metabolism, dichloroacetate promotes leucine catabolism by formation of glyoxylate which serves as substrate for the transamination of leucine by glyoxylate aminotransferase. Dichloroacetate also promotes leucine oxidation by heart, but unlike liver, the site is at the α-ketoisocaproate dehydrogenase complex. This conclusion is based on the observation that dichloroacetate increases L-[1-¹⁴C]leucine oxidation to ¹⁴CO₂ but decreases the steady state concentration of α-ketoisocaproate. It also increases the oxidation of [1-¹⁴C]α-ketoisocaproate but not that of [1-¹⁴C]isovalerate. 2-Chloropropionic acid also stimulates leucine oxidation in heart, and thus it follows that activation of leucine oxidation in heart by these activators of pyruvate dehydrogenase is not explained by glyoxylate formation. Furthermore, in the absence of any other oxidizable substrate, the perfused heart oxidizes [1-¹⁴C]leucine to ¹⁴CO₂ at a significant rate and releases only negligible amounts of [1-¹⁴C]α-ketoisocaproate into the perfusion medium. The α-ketoisocaproate dehydrogenase complex assayed in extracts of mitochondria prepared from such perfused hearts was very active. Under such perfusion conditions, dichloroacetate had almost no effect on [1-¹⁴C]leucine oxidation, [1-¹⁴C]α-ketoisocaproate release, or α-keto-

isocaproate dehydrogenase activity. Perfusion of the heart with some other oxidizable substrate, e.g. glucose, pyruvate, or ketone bodies, resulted in an inhibition of [1-¹⁴C]leucine oxidation to ¹⁴CO₂ and the release of large amounts of [1-¹⁴C]α-ketoisocaproate into the perfusion medium. The α-ketoisocaproate dehydrogenase complex, assayed in extracts of mitochondria prepared from such hearts, was almost completely inactivated. The enzyme could be re-activated, however, by incubating the mitochondria at 30°C without an oxidizable substrate. Under these perfusion conditions, dichloroacetate greatly activated [1-¹⁴C]leucine oxidation, decreased [1-¹⁴C]α-ketoisocaproate release into the perfusion medium, and activated the α-ketoisocaproate dehydrogenase complex. It is concluded that leucine oxidation by heart is regulated by the activity of the α-ketoisocaproate dehydrogenase complex which is subject to interconversion between active and inactive forms. Oxidizable substrates establish conditions which inactivate the enzyme. Dichloroacetate, known to activate the pyruvate dehydrogenase complex by inhibition of pyruvate dehydrogenase kinase, also activates the α-ketoisocaproate dehydrogenase complex. This provides strong, albeit indirect, evidence that the α-ketoisocaproate dehydrogenase complex of heart tissue is subject to regulation by interconversion between inactive and active forms by the process of phosphorylation and dephosphorylation.