4.2: Oxygen Transport by the Proteins Myoglobin and Hemoglobin

Oxygen Transport

Many microorganisms and most animals obtain energy by respiration, the oxidation of organic or inorganic molecules by O_2. At 25°C, however, the concentration of dissolved oxygen in water in contact with air is only about 0.25 mM. Because of their high surface area-to-volume ratio, aerobic microorganisms can obtain enough oxygen for respiration by passive diffusion of O_2 through the cell membrane. As the size of an organism increases, however, its volume increases much more rapidly than its surface area, and the need for oxygen depends on its volume. Consequently, as a multicellular organism grows larger, its need for O_2 rapidly outstrips the supply available through diffusion. Unless a transport system is available to provide an adequate supply of oxygen for the interior cells, organisms that contain more than a few cells cannot exist. In addition, O_2 is such a powerful oxidant that the oxidation reactions used to obtain metabolic energy must be carefully controlled to avoid releasing so much heat that the water in the cell boils. Consequently, in higher-level organisms, the respiratory apparatus is located in internal compartments called mitochondria, which are the power plants of a cell. Oxygen must therefore be transported not only to a cell but also to the proper compartment within a cell.

Myoglobin and Hemoglobin

Myoglobin is a relatively small protein that contains 150 amino acids. The functional unit of myoglobin is an **iron–porphyrin complex** that is embedded in the protein (Figure 4.2.1). In myoglobin, the heme iron is five-coordinate, with only a single histidine imidazole ligand from the protein (called the proximal histidine because it is near the iron) in addition to the four nitrogen atoms of the porphyrin. A second histidine imidazole (the distal histidine because it is more distant from the iron) is located on the other side of the heme group, too far from the iron to be bonded to it. Consequently, the iron atom has a vacant coordination site, which is where O_2 binds.

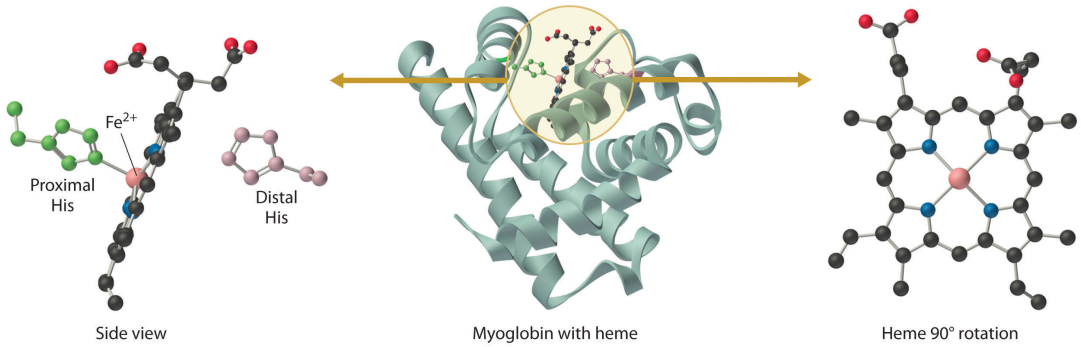

Figure 4.2.1: The Structure of Deoxymyoglobin, Showing the Heme Group. The iron in deoxymyoglobin is five-coordinate, with one histidine imidazole ligand from the protein. Oxygen binds at the vacant site on iron.

In the ferrous form (deoxymyoglobin), the iron is five-coordinate and high spin. Because high-spin Fe^{2+} is too large to fit into the "hole" in the center of the porphyrin, it is about 60 pm above the plane of the porphyrin. When O_2 binds to deoxymyoglobin to form oxymyoglobin, the iron is converted from five-coordinate (high spin) to six-coordinate (low spin; Figure 4.2.2). Because low-spin Fe^{2+} and Fe^{3+} are smaller than high-spin Fe^{2+}, the iron atom moves into the plane of the porphyrin ring to form an octahedral complex. The O_2 pressure at which half of the molecules in a solution of myoglobin are bound to O_2 ($P_{1/2}$) is about 1 mm Hg (1.3×10^{-3} atm).

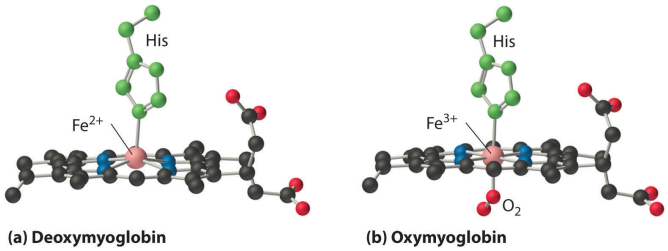

Figure 4.2.2: Oxygen Binding to Myoglobin and Hemoglobin. (a) The Fe^{2+} ion in deoxymyoglobin is high spin, which makes it too large to fit into the "hole" in the center of the porphyrin. (b) When O_2 binds to deoxymyoglobin, the iron is converted to low-spin Fe^{3+}, which is smaller, allowing the iron to move into the plane of the four nitrogen atoms of the porphyrin to form an octahedral complex.

Hemoglobin consists of two subunits of 141 amino acids and two subunits of 146 amino acids, both similar to myoglobin; it is called a tetramer because of its four subunits. Because hemoglobin has very different O_2-binding properties, however, it is not simply a "super myoglobin" that can carry four O_2 molecules simultaneously (one per heme group). The shape of the O_2-binding curve of myoglobin can be described mathematically by the following equilibrium:

$$MbO_2 \rightleftharpoons Mb + O_2 \tag{4.2.1}$$

$$K_{diss} = \frac{[Mb]\,[O_2]}{[MbO_2]} \tag{4.2.2}$$

The O_2-binding curve of hemoglobin is S shaped (Figure 4.2.3). As shown in the curves, at low oxygen pressures, the affinity of deoxyhemoglobin for O_2 is substantially lower than that of myoglobin, whereas at high O_2 pressures the two proteins have comparable O_2 affinities. The physiological consequences of unusual S-shaped O_2-binding curve of hemoglobin are enormous. In the lungs, where O_2 pressure is highest, the high oxygen affinity of deoxyhemoglobin allows it to be completely loaded with O_2, giving four O_2 molecules per hemoglobin. In the tissues, however, where the oxygen pressure is much lower, the decreased oxygen affinity of hemoglobin allows it to release O_2, resulting in a net transfer of oxygen to myoglobin.

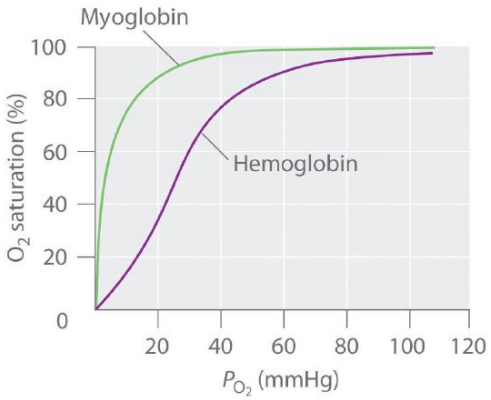

Figure 4.2.3: The O_2-Binding Curves of Myoglobin and Hemoglobin. Plots of Y (fractional saturation) vs L (pO2) are hyperbolic for Mb, but sigmoidal for Hb, suggesting cooperative binding of oxygen to Hb (binding of the first oxygen facilitates binding of second, etc).

The S-shaped O_2-binding curve of hemoglobin is due to a phenomenon called **cooperativity**, in which the affinity of one heme for O_2 depends on whether the other hemes are already bound to O_2. Cooperativity in hemoglobin requires an interaction between the four heme groups in the hemoglobin tetramer, even though they are more than 3000 pm apart, and depends on the change in structure of the heme group that occurs with oxygen binding. The structures of deoxyhemoglobin and oxyhemoglobin are slightly different, and as a result, deoxyhemoglobin has a much lower O_2 affinity than myoglobin, whereas the O_2 affinity of oxyhemoglobin is essentially identical to that of oxymyoglobin. Binding of the first two O_2 molecules to deoxyhemoglobin causes

the overall structure of the protein to change to that of oxyhemoglobin; consequently, the last two heme groups have a much higher affinity for O_2 than the first two.

The affinity of Hb, but not of Mb, for dioxygen depends on pH. This is called the **Bohr effect**, after the father of Neils Bohr, who discovered it.

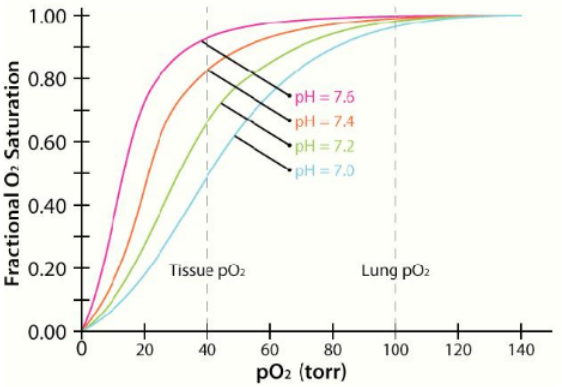

Figure 4.2.4: The Bohr Effect

Decreasing pH shifts the oxygen binding curves to the right (to decreased oxygen affinity). Increased [H^+] will cause protonation of basic side chains. In the pH range for the Bohr effect, the mostly likely side chain to get protonated is His (pKa around 6), which then becomes charged. The mostly likely candidate for protonation is His 146 (on the β chain - CH_3) which can then form a salt bridge with Asp 94 of the β(FG1) chain. This salt bridge stabilizes the positive charge on the His and raises its pKa compared to the oxyHb state. Carbon dioxide binds covalently to the N-terminus to form a negatively charge carbamate which forms a salt bridge with Arg 141 on the alpha chain. BPG, a strongly negatively charged ligand, binds in a pocket lined with Lys 82, His 2, and His 143 (all on the beta chain). It fits into a cavity present between the β subunits of the Hb tetramer in the T state. Notice all these allosteric effectors lead to the formation of more salt bridges which stabilize the T or deoxy state. The central cavity where BPG binds between the β subunits become much smaller on oxygen binding and the shift to the oxy or R state. Hence BPG is extruded from the cavity.

The binding of H^+ and CO_2 helps shift the equilibrium to deoxyHb which faciliates dumping of oxygen to the tissue. It is in respiring tissues that CO_2 and H^+ levels are high. CO_2 is produced from the oxidation of glucose through glycolysis and the Krebs cycle. In addition, high levels of CO_2 increase H^+ levels through the following equilibrium:

$$H_2O + CO_2 \rightleftharpoons H_2CO_3 \rightleftharpoons H^+ + HCO_3^- \tag{4.2.3}$$

In addition, H^+ increases due to production of weak acids such as pyruvic acid in glycolysis .

Hb, by binding CO_2 and H^+, in addition to O_2, serves an additional function: it removes excess CO_2 and H^+ from the tissues where they build up. When deoxyHb with bound H^+ and CO_2 reaches the lungs, they leave as O_2 builds and deoxyHb is converted to oxyHb.

2,3-BPG

Another molecule favoring the release of oxygen by hemoglobin is 2,3- bisphosphoglycerate (also called 2,3-BPG or just BPG - Figure 4.2.5). Like protons and carbon dioxide, 2,3-BPG is produced by actively respiring tissues, as a byproduct of glucose metabolism. The 2,3-BPG molecule fits into the ‘hole of the donut’ of adult hemoglobin. Such binding of 2,3-BPG favors the T-state (tight - low oxygen binding) of hemoglobin, which has a reduced affinity for oxygen. In the absence of 2,3-BPG, hemoglobin can more easily exist in the R-state (relaxed - higher oxygen binding), which has a high affinity for oxygen.

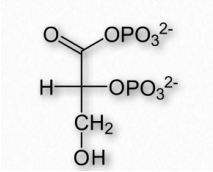

Figure 4.2.5: 2,3- bisphosphoglycerate

Carbon Monoxide

CO is a highly toxic gas without color and odor. It is commonly produced the partial combustion of carbon-containing compounds. It competes with oxygen for hemoglobin binding. Its binding affinity is ~ 200 fold tighter.

Summary

Hemoglobin is a protein found in red blood cells (RBCs) that is comprised of two alpha and two beta subunits that surround an iron-containing heme group. Oxygen readily binds this heme group. The ability of oxygen to bind increases as more oxygen molecules are bound to heme. Disease states and altered conditions in the body can affect the binding ability of oxygen, and increase or decrease its ability to dissociate from hemoglobin.

Carbon dioxide can be transported through the blood via three methods. It is dissolved directly in the blood, bound to plasma proteins or hemoglobin, or converted into bicarbonate. The majority of carbon dioxide is transported as part of the bicarbonate system. Carbon dioxide diffuses into red blood cells. Inside, carbonic anhydrase converts carbon dioxide into carbonic acid (H_2CO_3), which is subsequently hydrolyzed into bicarbonate (HCO_3^-) and H^+. The H^+ ion binds to hemoglobin in red blood cells, and bicarbonate is transported out of the red blood cells in exchange for a chloride ion. This is called the **chloride shift**. Bicarbonate leaves the red blood cells and enters the blood plasma. In the lungs, bicarbonate is transported back into the red blood cells in exchange for chloride. The H^+ dissociates from hemoglobin and combines with bicarbonate to form carbonic acid with the help of carbonic anhydrase, which further catalyzes the reaction to convert carbonic acid back into carbon dioxide and water. The carbon dioxide is then expelled from the lungs.

Q1: what are the differences between concerted model and sequential model?

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