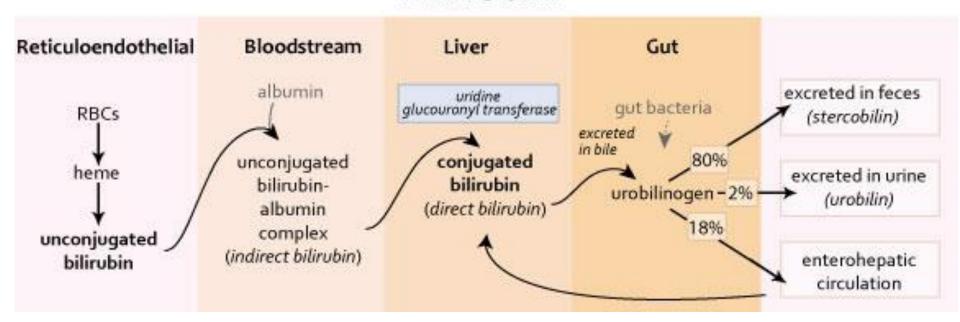
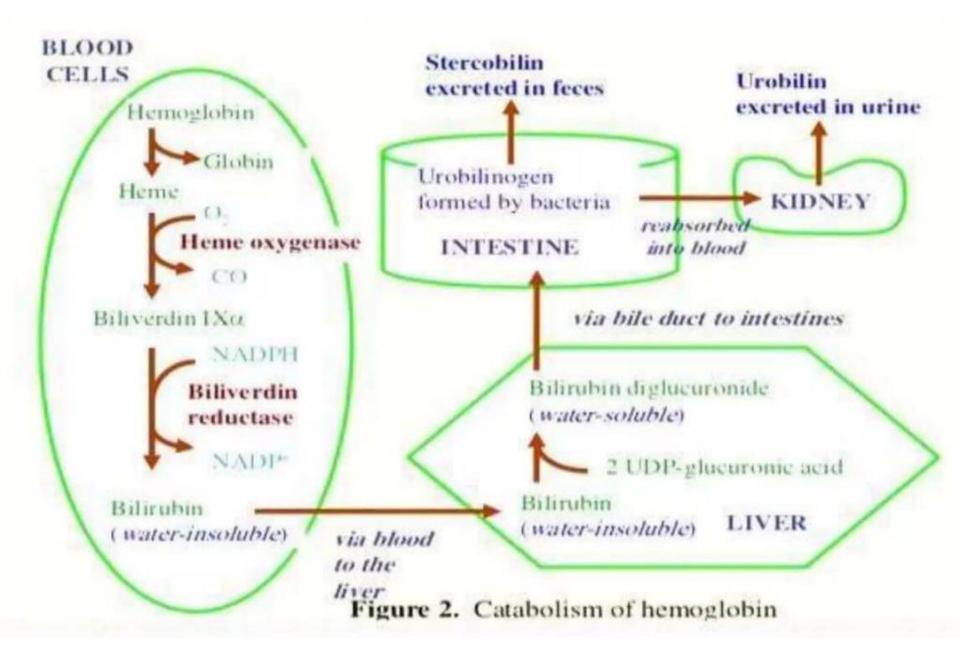
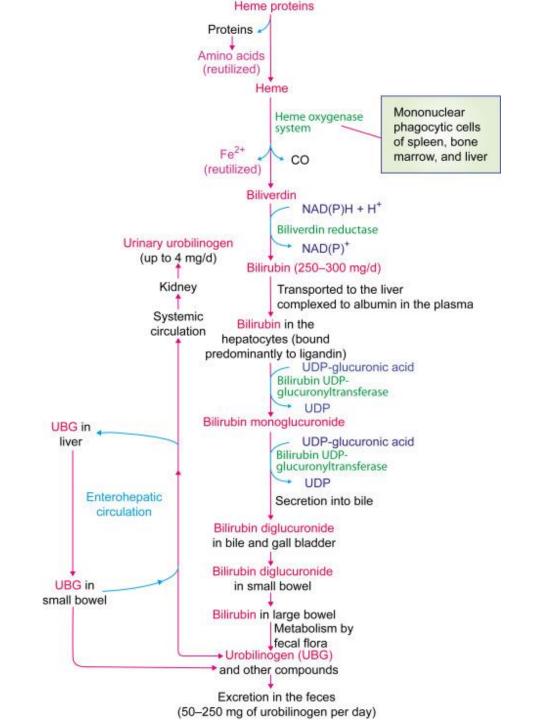
BILIRUBIN METABOLISM

Bilirubin







Uptake of Bilirubin by the liver

Bilirubin is only <u>slightly soluble</u> in plasma thus transported to the liver by binding <u>non-covalently</u> to **albumin**.

Bilirubin dissociates from the carrier albumin molecule and enters a hepatocyte and binds to intracellular proteins; **ligandin** and **Z protein**.

Note: drugs, such as <u>salicylates</u> and <u>sulfonamides</u> can displace bilirubin from albumin, permitting bilirubin to enter the central nervous system. This causes the potential for neural damage in infants.

Formation of Bilirubin diglucuronide (conjugated bilirubin)

The solubility of bilirubin is increased by the addition of two molecules of glucuronic acid. This conjugation process is catalyzed by bilirubin (UDP) glucuronyltransferase.

UDP (uridine diphosphate)-glucuronic acid is the glucuronate donor.

Varying degrees of deficiency of this enzyme result in Crigler-Najjar I and II and Gilbert syndrome, with Crigler-Najjar I being the most severe deficiency.

Excretion of Bilirubin

Enterohepatic urobilinogen and urobilin excretion in the urine:

Some of the urobilinogen is reabsorbed from the gut and enters the portal blood.

A portion participates in the enterohepatic urobilinogen cycle, i.e. taken up by the liver, and then resecreted into the bile.

The remainder is transported by the blood to the kidney, where it is converted to yellow urobilin and excreted, giving urine its characteristic color.

