



# ALCOHOL METABOLISM

SIMPLY\_PATHOLOGY

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### 3 DISTINCT/OVERLAPPING FORMS OF ALD

- ① STEATOSIS / FATTY CHANGE
- ② ALCOHOLIC STEATO HEPATITIS
- ③ STEATO-FIBROSIS.....CIRRHOSIS

ONLY 10-15% OF ALCOHOLICS DEVELOP CIRRHOSIS.

BLOOD ALCOHOL CONC. OF

80mg/dL → LEGAL DEF<sup>N</sup> OF DRUNK DRIVING

200mg/dL → DROWSINESS OCCURS

300mg/dL → STUPOR

AT HIGHER LEVELS → COMA & RESPIRATORY ARREST.



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✓ ETHANOL IS ABSORBED UNALTERED IN STOMACH & SMALL INTESTINE

↓  
LESS THAN 10% IS EXCRETED UNCHANGED IN URINE; SWEAT & BREATH.

↓  
THE AMOUNT EXHALED IS PROPORTIONAL TO BLOOD LEVELS

↓  
FORMS BASIS OF ALCOHOL BREATH TEST.

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AT HIGHER LEVELS → COMA & RESPIRATORY ARREST.

✓ 80gms/MORE PER DAY

↓  
SIGNIFICANT RISK OF SEVERE HEPATIC INJURY.

✓ 160gms/MORE PER DAY X 10-20YRS → FREQ. ASS. WITH SEVERE LIVER INJURY





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### 3 ENZYME SYSTEMS

① ALCOHOL DEHYDROGENASE  
(ADH)

CYTOSOL  
OF  
HEPATO CYTES

ETHANOL  $\xrightarrow{\downarrow}$  ACETALDEHYDE  $\Rightarrow$  MOST PREDOMINANT  
ROUTE OF ALCOHOL  
METABOLISM

② CYTOCHROME P-450 ENZYME SYSTEM  
(CYP2E1)

ENDOPLASMIC  
RETICULUM (MICROSOMES)

ETHANOL  $\xrightarrow{\downarrow}$  ACETALDEHYDE  $\Rightarrow$  (PLAYS AN IMPORTANT  
ROLE ONLY @ HIGHER BLOOD  
ALCOHOL LEVELS)

③ CATALASE  $\Rightarrow$  PEROXISOMES

ETHANOL  $\xrightarrow{\downarrow}$  ACETALDEHYDE (THIS PATHWAY IS OF MINOR  
IMPORTANCE  $\rightarrow$  ONLY 5% OF  
ALCOHOL METABOLISM)



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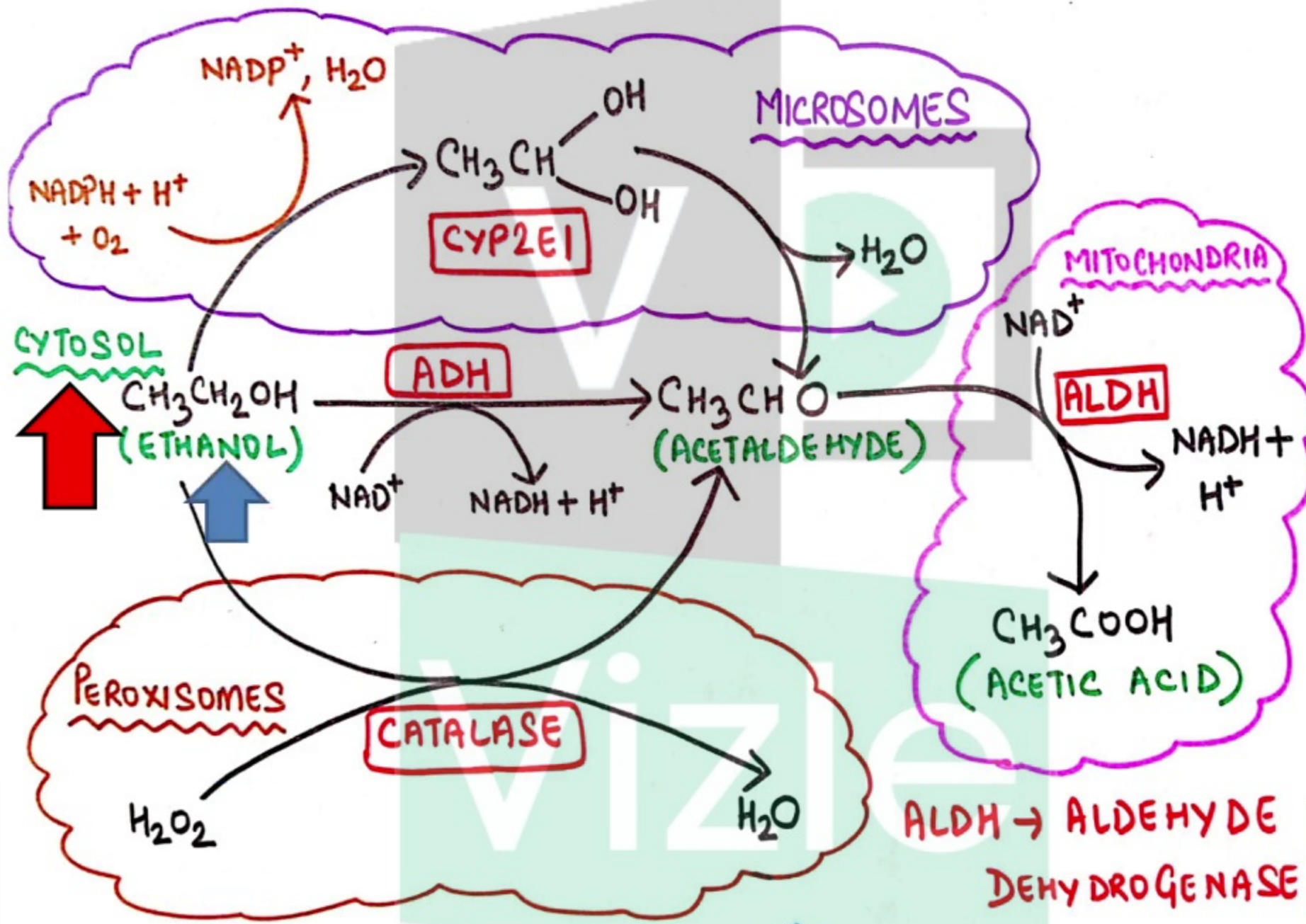
③ CATALASE ⇒ PEROXISOMES

ETHANOL → ACETALDEHYDE

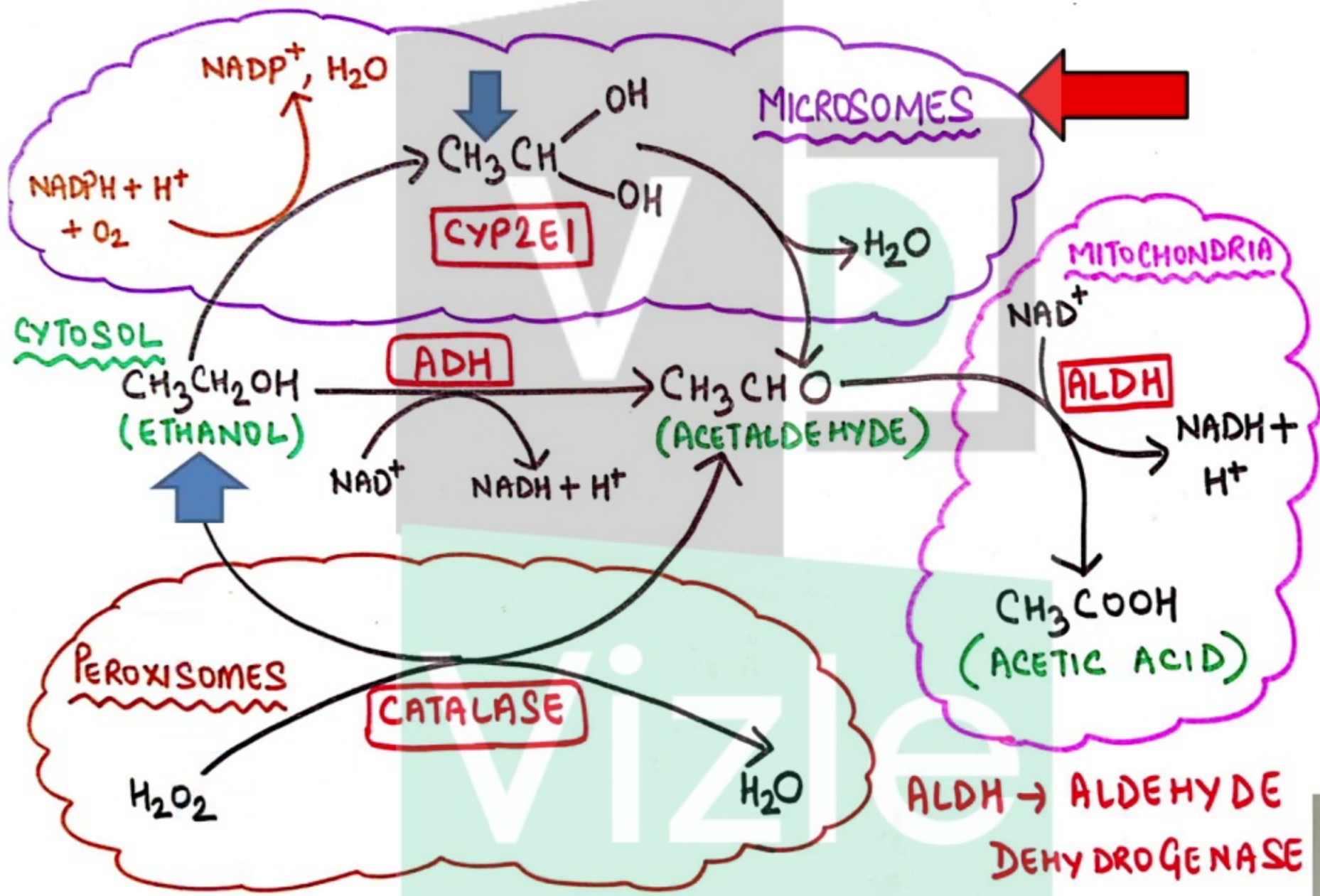
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