

Skeletal muscle physiology for medical students 2022

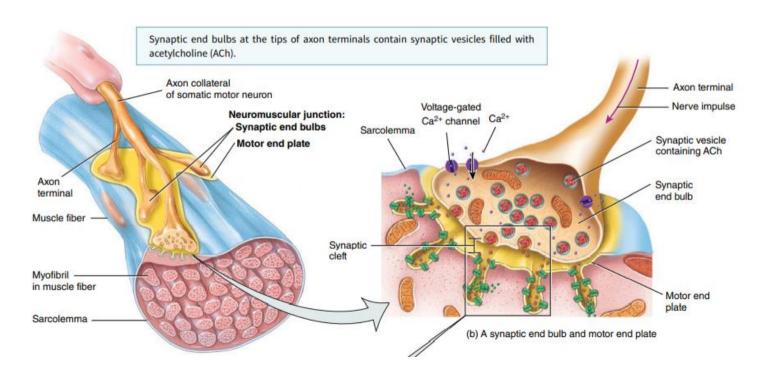
NMJ and excitation-contraction coupling

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Neuromuscular junction (NMJ)



NMJ

The neuromuscular junction has three main parts:

- a presynaptic membrane, which is the membrane of an axon terminal;
- a postsynaptic membrane, which is the membrane of a skeletal muscle fiber and is also called a motor end-plate;
- and a synaptic cleft, which is the gap between the presynaptic and postsynaptic membrane.

When an action potential reaches the axon terminal, it stimulates voltage-gated calcium channels in the membrane to open and extracellular calcium ions flow into the lower motor neuron. Inside the axon terminal are synaptic vesicles that contain neurotransmitters called acetylcholine. The calcium that enters the axon terminal binds to the vesicles (calcium triggers a series of reactions leading to exocytosis) which allows them to fuse with the cell membrane of the axon terminal, releasing the acetylcholine into the synaptic cleft.

NMJ

• Skeletal muscle fibers are innervated by large, myelinated nerve fibers that originate from large motoneurons in the anterior horns of the spinal cord.

 Each nerve fiber, after entering the muscle belly, normally branches and stimulates from three to several hundred skeletal muscle fibers.

NMJ

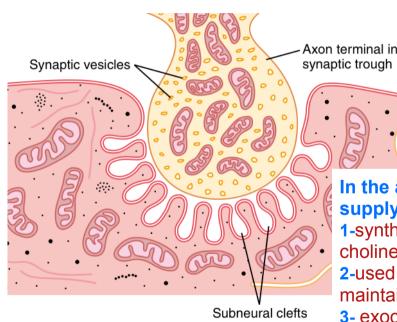
• Each nerve ending makes a junction, called the neuromuscular junction, with the muscle fiber near its midpoint.

 The action potential initiated in the muscle fiber by the nerve signal travels in both directions toward the muscle fiber ends.

Acetylcholine

- In the axon terminal are many mitochondria that supply ATP, the energy source that is used for synthesis of an excitatory transmitter, acetylcholine.
- The acetylcholine in turn excites the muscle fiber membrane.
- Acetylcholine is synthesized in the cytoplasm of the terminal, but it is absorbed rapidly into many small synaptic vesicles which are normally in the terminals.

Excitation of skeletal muscles



Acetylcholine is a typical small molecule transmitter; This transmitter substance is synthesized in the presynaptic terminal from acetyl coenzyme A and choline in the presence of the enzyme **choline** acetyltransferase. Then it is transported into its specific vesicles.

In the axon terminal are many mitochondria that supply (ATP), the energy source that is used for:

- 1-synthesis of an excitatory transmitter, acetylcholine
- 2-used by The Na⁺/K⁺-ATPase (pump) that helps maintain resting potential
- **3-** exocytosis (since vesicular transport is an active process) of ACh vesicles to synaptic cleft.

Release of Acetylcholine

• When an action potential spreads over the terminal, these channels open and allow calcium ions to diffuse from the synaptic space to the interior of the nerve terminal.

• The calcium ions are believed to activate Ca2+-calmodulin dependent protein kinase, which, in turn, phosphorylates synapsin proteins that anchor the acetylcholine vesicles to the cytoskeleton of the presynaptic terminal.

Release of Acetylcholine

 This process frees the acetylcholine vesicles from the cytoskeleton and allows them to move to the active zone of the presynaptic neural membrane adjacent to the dense bars.

• The vesicles then dock at the release sites, fuse with the neural membrane, and empty their acetylcholine into the synaptic space by the process of exocytosis.

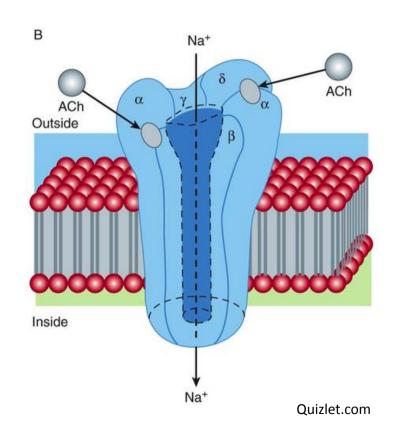
• Acetylcholine receptors in the muscle fiber membrane are acetylcholine-gated ion channels.

 They are located almost entirely near the mouths of the subneural clefts lying immediately below the dense bar areas, where the acetylcholine is emptied into the synaptic space.

 Each receptor is a protein complex. The fetal acetylcholine receptor complex is composed of five subunit proteins, two alpha proteins and one each of beta, delta, and gamma proteins.

• In the adult, an epsilon protein substitutes for the gamma protein in this receptor complex.

two acetylcholine molecules will bind to one ligand-gated ion channel, also called nicotinic receptor.



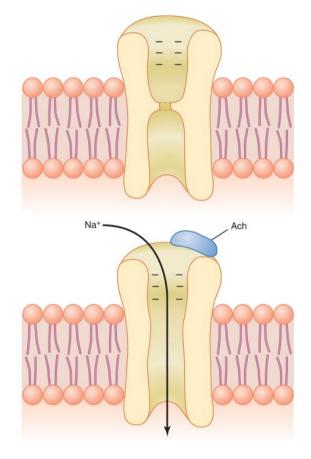
 The channel remains constricted until two acetylcholine molecules attach respectively to the two alpha subunit proteins.

 This attachment causes a conformational change that opens the channel.

• The acetylcholine-gated channel allow the important positive ions: Na+, K+, and Ca++ to move easily through the opening.

• Conversely, negative ions, such as Cl-, do not pass through because of strong negative charges in the mouth of the channel that repel these negative ions.

Because of that; ACh-gated channels are also called Acetylcholinegated **cation** channels



• In practice, far more sodium ions flow through the acetylcholine-gated channels than any other ions, for two reasons:

• First, there are only two positive ions in large concentration: Na+ in the ECF and K+ in the ICF.

• Second, the negative potential on the inside of the muscle membrane, -80 to -90 millivolts, pulls the positively charged sodium ions to the inside of the fiber.

When they open, lots of sodium ions rush into the skeletal muscle fiber, and a few potassium ions leak out of the cell.

But overall there's an increase in positive charge on the inside of the muscle fiber (depolarization).

Because of that; ACh-gated channels are also called "Acetylcholine-gated **sodium** channels" but it's not specific for sodium; it's selective for positively charged ions.

End plate potential

• The principal effect of opening the acetylcholine-gated channels is to allow large numbers of sodium ions to pour to the inside of the fiber, carrying with them large numbers of positive charges.

• This action creates a local positive potential change inside the muscle fiber membrane, called the end plate potential.

It's a graded potential (because it's not cause opening of voltage gated channels)

(Back to Lec-1 for the deferences between graded potential & action potential)

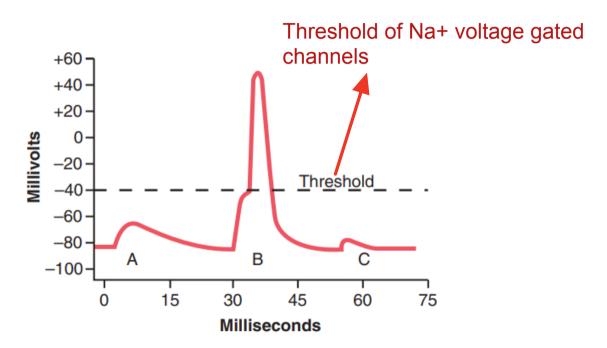
End plate potential

Side Note: usually we give the name of the structure (which the potential located in) to the graded potential.

• A sudden increase in nerve membrane potential of more than 20 to 30 millivolts is normally sufficient to initiate more and more sodium channel opening, thus initiating an action potential at the muscle fiber membrane.

By summation characteristic of graded potential

End-plate potential



Clinical connection

• Botulinum toxin (Botox): blockage of the presynaptic release of acetylcholine at the neuromuscular junction.

wrinkles and TMJ are just examples of the many cosmetic and therapeutic uses of Botox It's used usually to decrease wrinkles.

Also it's used for therapeutic reasons for patients who are clenching their teeth which cause temporomandibular joint pain.

Skeletal muscle action potential

 Initiation and conduction of action potentials in nerve fibers applies equally to skeletal muscle fibers, except for quantitative differences. Some of the quantitative aspects of muscle potentials are as follows:

• 1. Resting membrane potential is about -80 to -90 millivolts in skeletal fibers—the same as in large myelinated nerve fibers.

Skeletal muscle action potential

• 2. Duration of action potential is 1 to 5 milliseconds in skeletal muscle—about five times as long as in large myelinated nerves. Slightly longer than neuronal action potential

 Velocity of conduction is 3 to 5 m/sec—about 1/13 the velocity of conduction in the large myelinated nerve fibers that excite skeletal muscle Slightly slower than neuronal action potential

**Don't memories the numbers

Acetylcholine esterase

• The acetylcholine, once released into the synaptic space, continues to activate the acetylcholine receptors as long as the acetylcholine persists in the space. However, it is removed rapidly by two means:

• (1) Most of the acetylcholine is destroyed by the enzyme acetylcholinesterase, which is in the synaptic space. It destroys acetylcholine a few milliseconds after it has been released from the synaptic vesicles.

Acetylcholine esterase

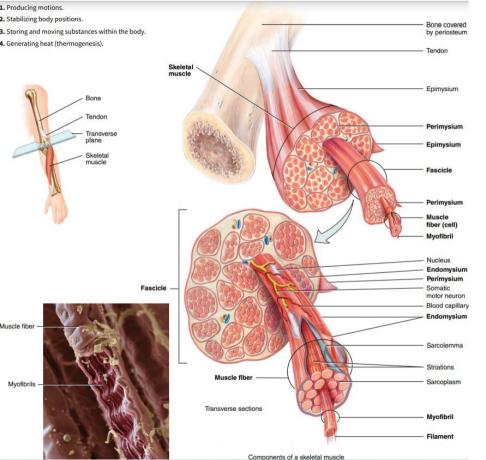
• (2) a small amount of acetylcholine diffuses out of the synaptic space and is then no longer available to act on the muscle fiber membrane.

• The short time that the acetylcholine remains in the synaptic space—a few milliseconds at most—normally is sufficient to excite the muscle fiber. Then the rapid removal of the acetylcholine prevents continued muscle re-excitation.

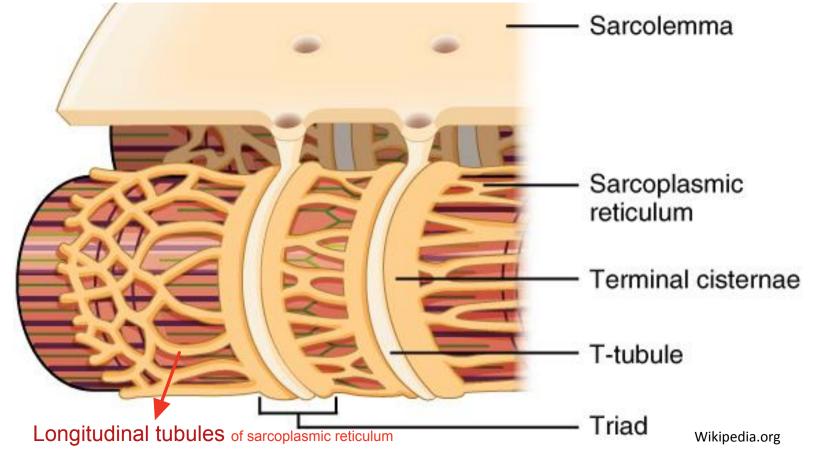
Clinical connection

Myasthenia gravis: Usually cause fatigue symptoms of ocular muscles and diplopia (double vision)

- The most common autoimmune disorder that affects the neuromuscular junction. Patient treated with immunological treatment
- MG is largely a treatable disease but can result in significant morbidity and even mortality.
- Neuromuscular junction disorders such as MG disrupt the cascade of events that lead to reliable muscle contraction.
- In addition, there is a reduction in the number of AChRs and voltage-gated sodium channels as the result of complement-related injury to the postsynaptic membrane in MG.
- the treatment also includes acetylcholine esterase inhibitors such as pyridostegmin (you don't have to remember drug names)



Skeletal muscle



Physiological anatomy of skeletal muscles

• In 98% of muscle fibers in skeletal muscles, each fiber is innervated by one nerve ending, located near the middle of the fiber.

- Each muscle fiber contains several hundred to several thousand myofibrils.
- Each myofibril is composed of thousands of myosin and actin filaments.

Physiological anatomy of skeletal muscles

 The sarcoplasm contains large quantities of potassium, magnesium, and phosphate, plus multiple protein enzymes.
 Also present are tremendous numbers of mitochondria that lie parallel to the myofibrils.

 The sarcoplasmic reticulum has a special organization that is extremely important in regulating calcium storage, release, and reuptake and therefore muscle contraction.

T tubules

• The skeletal muscle fiber is so large that action potentials spreading along its surface membrane cause almost no current flow deep within the fiber.

 Maximum muscle contraction, however, requires the current to penetrate deeply into the muscle fiber to the vicinity of the separate myofibrils.

T tubules

• This penetration is achieved by transmission of action potentials along transverse tubules (T tubules) that penetrate all the way through the muscle fiber from one side of the fiber to the other.

 The T tubule action potentials cause release of calcium ions inside the muscle fiber in the immediate vicinity of the myofibrils, and these calcium ions then cause contraction. This overall process is called excitation-contraction coupling.

T tubules

 Also, where the T tubules originate from the cell membrane, they are open to the exterior of the muscle fiber. Therefore, they communicate with the extracellular fluid surrounding the muscle fiber and contain extracellular fluid in their lumens.

The sarcoplasmic reticulum

• Sarcoplasmic reticulum is composed of two major parts:

- (1) large chambers called terminal cisternae that abut the T tubules.
- (2) long longitudinal tubules that surround all surfaces of the actual contracting Myofibrils.

Excitation of skeletal muscle

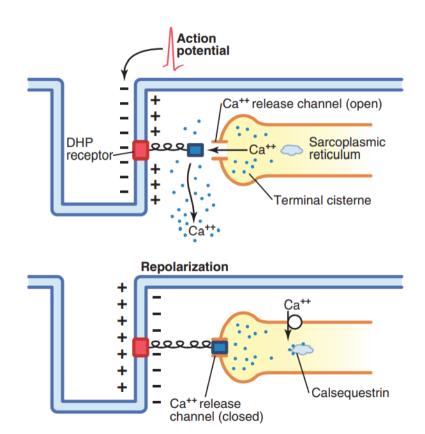
• The action potential of the T tubule causes current flow into the sarcoplasmic reticular cisternae where they abut the T tubule.

 As the action potential reaches the T tubule, the voltage change is sensed by dihydropyridine receptors that are linked to calcium release channels, also called ryanodine receptor channels, in the adjacent sarcoplasmic reticular cisternae.

Calcium release from SR

 Activation of dihydropyridine receptors triggers the opening of the calcium release channels in the cisternae, as well as in their attached longitudinal tubules. These channels remain open for a few milliseconds, releasing calcium ions into the sarcoplasm surrounding the myofibrils and causing contraction.

Calcium release from SR

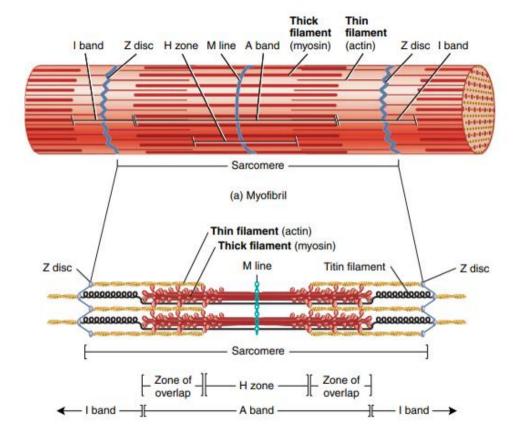


Calcium release from SR

Triad 1 Action potential (4) Repolarization Sarcolemma Sarcoplasm of myofiber (2) RYR1 opening M-line Z-line A-band Sarcomere 3 Contraction binding Sarcomere widening Sarcomere shortening Tropomyosin

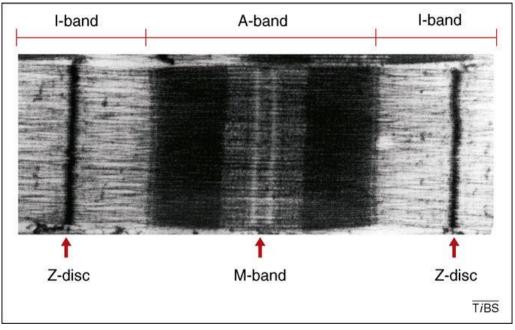
SERCA

Fusto et al. The use of models to understand core myopathies, 2019.



Sarcomere

Sarcomere



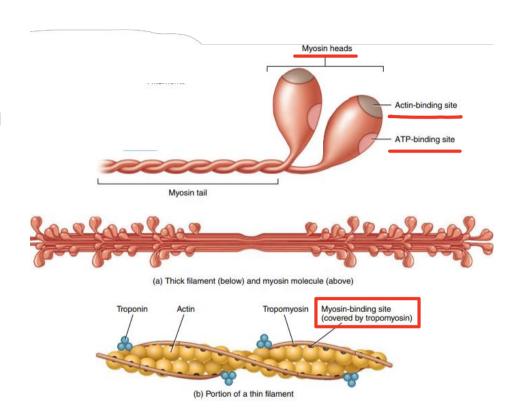
Pinotsis et al. Terminal assembly of sarcomeric filaments by intermolecular beta-sheet formation, 2009.

Titin

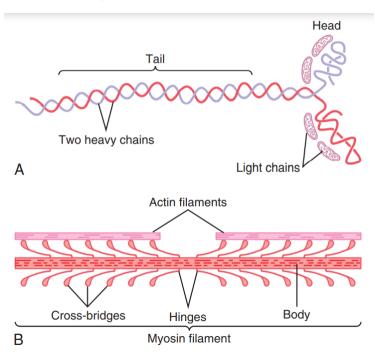
 The side-by-side relationship between the myosin and actin filaments is maintained by a large number of filamentous molecules of a protein called titin.

 Springy titin molecules act as a framework that holds the myosin and actin filaments in place so that the contractile machinery of the sarcomere will work.

Thick and thin filaments



Myosin filament



Myosin filament

- The protruding arms and heads together are called **cross-bridges**.
- Each cross-bridge is flexible at two points called **hinges**: one where the arm leaves the body of the myosin filament, and the other where the head attaches to the arm.
- The hinged arms allow the heads to be either extended far outward from the body of the myosin filament or brought close to the body.
- The hinged heads in turn participate in the actual contraction process.

Myosin head

• Another feature of the myosin head that is essential for muscle contraction is that it functions as an ATPase enzyme.

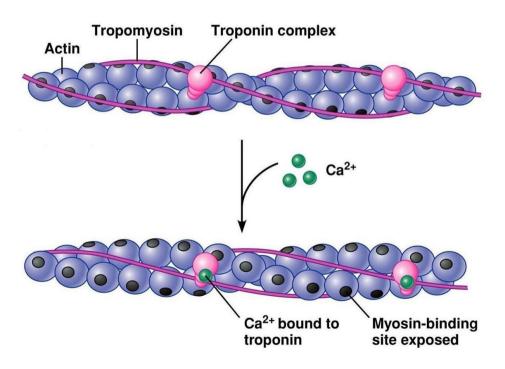
 This property allows the head to cleave ATP and use the energy derived from the ATP's high-energy phosphate bond to energize the contraction process.

Actin filament

 Actin Filaments Are Composed of Actin, Tropomyosin, and Troponin. The backbone of the actin filament is a doublestranded F-actin protein molecule.

• Each strand of the double F-actin helix is composed of polymerized G-actin molecules.

Actin filament



Tropomyosin

• These molecules are wrapped spirally around the sides of the F-actin helix.

 In the resting state, the tropomyosin molecules lie on top of the active sites of the actin strands so that attraction cannot occur between the actin and myosin filaments to cause contraction.

Troponin

• A complex of three loosely bound protein subunits, each of which plays a specific role in controlling muscle contraction:

 Troponin I has a strong affinity for actin, troponin T for tropomyosin, and troponin C for calcium ions.

• This complex is believed to attach the tropomyosin to the actin.

Effect of Calcium on Myosin-Actin binding

• The strong affinity of the troponin for calcium ions is believed to initiate the contraction process.

• In the presence of large amounts of calcium ions, the inhibitory effect of the troponin-tropomyosin on the actin filaments is itself inhibited. The mechanism of this inhibition is not known.



Thank you

Questions

Q1) After the T-tubules are depolarized:

- A) Calcium leaves the T-tubule through dihydropyridine receptor
- B) Calcium leaves the T-tubule through ryanodine receptor
- C) Sodium leaves the terminal cisternae through ryanodine receptor
- D) Calcium leaves the terminal cisternae through calcium pumps
- E) Calcium leaves the terminal cisternae through calcium channels

Q2) The sarcoplasmic reticulum does not:

- A) Surround each myofibril.
- B) Release Ca2+ in response to a muscle action potential.
- C) Has a Ca2+ "pump" in its membrane.
- D) Make up about 95% of the contents of a muscle fibre.

Q3) At the neuromuscular junction

- A) the muscle membrane possesses muscarinic receptors.
- B) there is a one-to-one transmission of excitatory impulses from the motor neurone to the muscle fibres it innervates.
- C) the motor nerve endings secrete noradrenaline.
- D) the typical summed end plate potential (EPP) is usually 10 times the potential necessary to trigger an action potential.

Q4) An action potential in the motor end plate rapidly spreads to the central portions of the muscle cells by means of the:

- A) Z-lines
- B) sarcoplasmic reticulum
- C) pore in the plasma membrane
- D) transverse tubules

Q5) A neurotransmitter activates its receptor on an ion channel of a neuron, which causes the water-filled channel to open. Once the channel is open, ions move through the channel down their respective electrochemical gradients. A change in membrane potential follows. Which of the following best describes the type of channel and mechanism of ion transport?

- A) Ligand gated Facilitated diffusion
- B) Ligand gated Simple diffusion
- C) Ligand gated Secondary active transport
- D) Voltage gated Facilitated diffusion
- E) Voltage gated Simple diffusion
- F) Voltage gated Secondary active transport

A 55-year-old woman visits her physician because of double vision, eyelid droop, difficulty chewing and swallowing, and general weakness in her limbs. All these symptoms worsen with exercise and occur more frequently late in the day. The physician suspects myasthenia gravis and orders a Tensilon test. The test is positive. Use this information when answering Questions 6–7.

Q6) we can increase muscle strength due to an increase in which of the following?

- A) Amount of acetylcholine (ACh) released from the motor nerves
- B) Levels of ACh at the muscle end plates
- C) Number of ACh receptors on the muscle end plates
- D) Synthesis of norepinephrine

Q7) What is the most likely basis for the symptoms described in this patient?

- A) Autoimmune response
- B) Botulinum toxicity
- C) Depletion of voltage-gated Ca++ channels in certain motor neurons
- D) Development of macro motor units after recovery from poliomyelitis
- E) Overexertion Answers

1-E 2-D 3-B 4-D 6-C 7-A

Alte