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# Aβ<sub>1-42</sub> (Amyloid-beta 1-42)

Name: Amyloid-beta (1-42) Abbreviation:  $A\beta_{1-42}$  Type: Peptide fragment Length: 42 amino acids

Molecular weight: ~4.5 kDa Encoded by: APP (Amyloid precursor protein) gene

### □ Origin and Structure

- $A\beta_{1-42}$  is generated from the **proteolytic cleavage** of amyloid precursor protein (APP) by **\beta**-secretase (BACE1) and  $\gamma$ -secretase
- Exists in multiple conformations: monomers, oligomers, fibrils
- $A\beta_{1-42}$  is more **hydrophobic** and prone to aggregation than  $A\beta_{1-40}$

### ☐ Biological and Clinical Significance

- Major component of amyloid plaques found in Alzheimer's disease (AD) brain tissue
- Neurotoxic, especially in its soluble oligomeric forms
- Impairs synaptic plasticity, induces oxidative stress, disrupts calcium homeostasis
- Oligomers may inhibit long-term potentiation (LTP) and memory formation

## ☐ Diagnostic and Research Use

- Cerebrospinal fluid (CSF)  $A\beta_{1-42}$  levels are decreased in Alzheimer's disease due to plaque deposition
- Used in CSF biomarker panels:

  - ↑ Total tau (t-tau)
  - ↑ Phosphorylated tau (p-tau)
- Investigated in **PET imaging** (e.g., with radiotracers like Pittsburgh compound B)
- Animal models of AD often use intraventricular or hippocampal injection of synthetic  $A\beta_{1-42}$

### □ Therapeutic Implications

- Target of **anti-amyloid therapies**, including:
  - Monoclonal antibodies (e.g., aducanumab, lecanemab)
  - Secretase inhibitors (limited success)
  - Aβ-clearance enhancers
- Immunotherapy against  $A\beta_{1-42}$  aims to prevent plaque formation and toxicity

### **△ Pathophysiological Notes**

• Aβ1-42/Aβ1-40 ratio is often more informative than absolute levels

- Accumulation precedes clinical symptoms by years or decades
- Ongoing debate: Amyloid hypothesis vs tau-first hypothesis in AD pathogenesis

## □ References

• PubChem: Aβ<sub>1-42</sub>

• AlzForum: Aβ42 Biomarker

• NCBI: APP gene

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