

MITOCHONDRIAL TRANSLATION IS THE PRIMARY DETERMINANT OF SECONDARY MITOCHONDRIAL COMPLEX I DEFICIENCIES

Kristýna Čunátová^{1,2,3}, Marek Vrbacký¹, Guillermo Puertas-Frias^{1,4}, Lukáš Alán¹, Marie Vanišová⁵, María José Saucedo-Rodríguez¹, Josef Houštěk¹, Erika Fernández-Vizarra^{2,3}, Jiří Neužil^{4,6,7,8}, Alena Pecinová¹, Petr Pecina¹ and Tomáš Mráček^{1*}

¹*Laboratory of Bioenergetics, Institute of Physiology, Czech Academy of Sciences, Prague, Czech Republic*

²*Department of Biomedical Sciences, University of Padua, Padua, Italy*

³*Veneto Institute of Molecular Medicine, Padua, Italy*

⁴*Department of Physiology, Faculty of Science, Charles University, Prague, Czech Republic*

⁵*Laboratory for Study of Mitochondrial Disorders, First Faculty of Medicine, Charles University and General University Hospital, Prague, Czech Republic*

⁶*School of Pharmacy and Medical Science, Griffith University, Southport, Australia*

⁷*Laboratory of Molecular Therapy, Institute of Biotechnology, Czech Academy of Sciences, Prague, Czech Republic*

⁸*Department of Pediatrics and Inherited Diseases, First Faculty of Medicine, Charles University, Prague, Czech Republic*

Individual complexes of the mitochondrial oxidative phosphorylation system (OXPHOS) are not linked solely by their function; they also share dependencies at the maintenance/assembly level, where one complex depends on the presence of a different individual complex. Despite the relevance of this ‘interdependence’ behavior for mitochondrial diseases, its true nature remains elusive. To understand the mechanism that can explain this phenomenon, we examined the consequences of the aberration of different OXPHOS complexes in human cells. We demonstrate here that complete disruption of each of the OXPHOS complexes resulted in a perturbation in energy deficiency sensing pathways, including the integrated stress response (ISR) pathway. The secondary decrease of complex I (cI) level was triggered by both complex IV and complex V deficiency, and it was independent of ISR signaling. On the other hand, we identified the unifying mechanism behind cI downregulation in the downregulation of mitochondrial ribosomal proteins and, thus, mitochondrial translation. We conclude that the secondary cI defect is due to mitochondrial protein synthesis attenuation, while the responsible signaling pathways could differ based on the origin of the OXPHOS defect.

This research was supported by the National Institute for Research of Metabolic and Cardiovascular Diseases (Program EXCELES, ID Project No. LX22NPO5104), funded by the European Union – Next Generation EU.