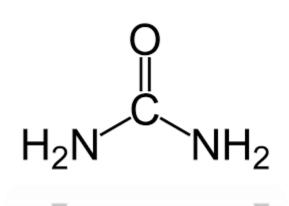
# Estimation of Serum Urea

BCH472 [Practical]

### -Urea:

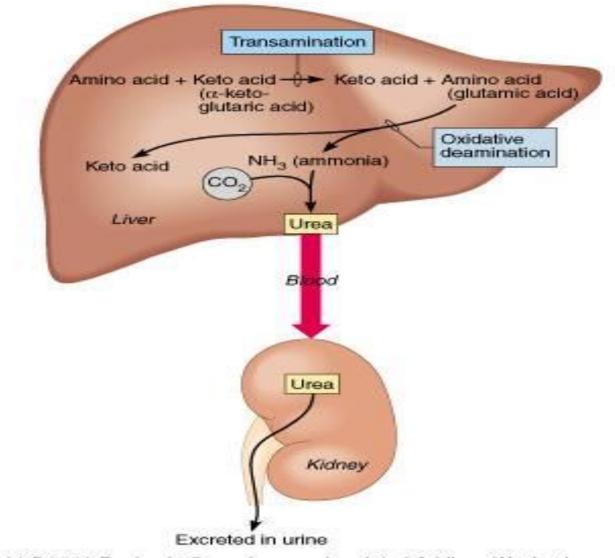
- Urea is the highest non-protein nitrogen compound in the blood.
- Urea is the major excretory product of protein metabolism.
- It is formed by **urea cycle** in the **liver** from **free ammonia** generated during protein <u>catabolism</u>.
- Since historic assays for urea were based on measurement of nitrogen, the term **blood urea nitrogen (BUN)** has been used to refer to <u>urea determination</u>.



# -Urea synthesis:

- Protein metabolism produces amino acids that can be oxidized.
- This result in the release of ammonia which is converted to urea (via urea cycle) and excreted as a waste product.
- Following synthesis in the liver, urea is carried out in the blood to the kidney which is readily filtered from the plasma by <u>glomerulus</u>.
- **Most** of the urea in the glomerular filtrate excreted in the urine, and **some** urea is reabsorbed through the renal tubules.
- The **amount reabsorbed** depends on urine flow rate and **extent of hydration** (the amount of urea reabsorbed increases with dehydration.).
- The concentration of urea in the plasma is determined by:
- → Renal and liver function,
- $\rightarrow$  the protein content in diet,
- $\rightarrow$  and the rate of protein catabolism.

# -Urea synthesis:



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# -Clinical Application:

- Measurement of urea used to in :
- Evaluate renal function.
- To assess hydration status.
- To determine nitrogen balance.
- To aid in the diagnosis of renal diseases.
- To verify adequacy of dialysis .
- Check a person's protein balance.

### 1-<u>Plasma</u> urea Concentration:

- Measurement of **Blood Urea Nitrogen (BUN)** alone is <u>less useful</u> in diagnosing kidney diseases because it's blood level is influenced by dietary protein and hepatic function (why?).
- But its diagnostic value improves with serum creatinine values.

	Туре	Cause	Note
<b>High urea</b> (High urea concentration in plasma is called <b>azotemia</b> )	Pre-renal	<ul> <li>Cognitive heart failure.</li> <li><u>Dehydration.</u></li> <li>High protein diet.</li> <li>Increased protein catabolism.</li> </ul>	<ul> <li>Cognitive heart failure → reduced renal blood flow, less blood is delivered to kidney, then less urea is filtered.</li> </ul>
	Renal	• Renal failure .	
	Post-renal	• Urinary tract obstruction.	
Low urea		<ul><li>Low protein intake.</li><li>Liver disease.</li><li>Pregnancy.</li></ul>	

### 2-<u>Urine</u> urea Concentration:

- The Urine Urea Nitrogen test (UUN) determines how much urea is in the urine to assess the amount of protein breakdown.
- The test can help determine how well the kidneys are functioning, and if the intake of protein is too high or low.
- Specimen: The urine urea nitrogen test is performed by collecting a **24-hour urine sample**.

Cause	
High urea in urine	<ul> <li>Too much protein in the diet.</li> <li>Too much protein breakdown in the body.</li> </ul>
Low urea in urine	<ul><li>Malnutrition.</li><li>Too little protein in the diet.</li><li>Kidney issues.</li></ul>

# Practical Part



• Estimation of blood urea nitrogen (BUN).

#### -Principle (of the kit used):

- The Reagent used contains: Urease, Glutamate Dehydrogenase, NADH, α-ketoglutaric acid, buffers and stabilizers .
- 1. Reaction one: Urea is hydrolyzed in the presence of <u>urease enzyme</u> and water to yield ammonia and carbon dioxide.

$$NH_2 - CO - NH_2 + H_2O \longrightarrow 2NH_3 + CO_2$$

2. Second reaction: The ammonia reacts with α-ketoglutaric acid and reduced nicotinamide adenine dinucleotide (NADH) in the presence of <u>glutamate dehydrogenase (GLDH)</u> to yield glutamic acid and nicotinamide adenine dinucleotide (NAD).

 $\mathbf{NH}_{3} + \text{HOOC-}(\text{CH}_{2})_{2} - \text{CO-COOH} + \mathbf{NADH} + \mathbf{H}^{*} \xrightarrow{\text{GLDH}} \text{HOOC-}(\text{CH}_{2})_{2} - \text{CH}(\text{NH}_{2}) \text{ COOH} + \mathbf{NAD}^{*} + \text{H}_{2}\text{O}$  $\alpha - \text{KETOGLUTARIC ACID} \xrightarrow{\text{GLUTAMIC ACID}} \text{GLUTAMIC ACID}$ 

• The amount of the urea in the sample is proportionally related to the reduced absorbance at 340 nm as a result of NADH oxidation to NAD.

## -Reference Value:

SPECIMEN	UREA NITROGEN	UREA
Serum/Plasma	5-23 mg/dL	10-50 mg/dL
Urine 24 h	9-16g/24h	20-35 g/24 h

#### -Materials:

• BUN-ZYME Kit.

#### -Method:

	Standard	Serum	
<b>Reconstituted Reagent</b>	3ml	3ml	
Pre-warm at 37°C for 2 min. and add:			
Standard	0.025/25µ1	-	
Serum	-	0.025/25µ1	

- After exactly 30 seconds, read and record absorbance  $A_1$  against distilled water at 340 nm.
- At exactly 60 seconds after  $A_1$ , read and record the absorbance  $A_2$  and determine  $\Delta A (A_1-A_2)$ .

# -Calculations of the Results :

UREA NITROGEN (BUN)	UREA	
SERUM OR PLASMA		
Urea Nitrogen (mg/dL) = $\Delta A$ (Sample) x 25 $\Delta A$ (Standard)	Urea (mg/dL) = $\Delta A$ (Sample) x 53.57 $\Delta A$ (Standard)	

# Homework:

- Determine the level of plasma Urea in the following cases and support your answer by some causes :
- 1- liver disease.
- 2- Diet high in protein.
- 3- Dehydration.

### -References:

- Clinical Chemistry: Techniques, Principles, Correlations (Bishop, Clinical Chemistry)Mar 31, 2009,by Michael L. Bishop MS MT (ASCP) CLS (NCA) and Edward P. Fody MD
- <u>http://www.nlm.nih.gov/medlineplus/ency/article/003605.htm</u>