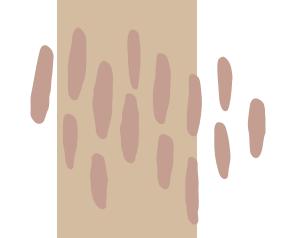


# DETERMINATION OF PLASMA AMYLASE



# Amylase

- Amylase is an enzyme that <u>catalyzes the breakdown of starch and glycogen</u> by hydrolysis of internal α-1,4-glycoside bonds into smaller carbohydrate groups (maltose, oligosaccharides, glucose).
- It is produced in the salivary glands, pancreas, liver, and fallopian tubes and is normally excreted in small amounts in the urine.

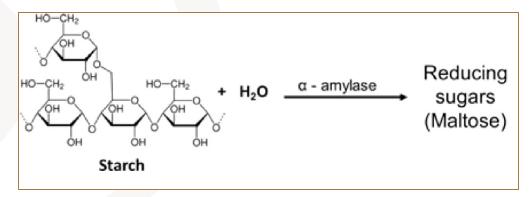


Figure 1. Chemical reaction of amylase

# Amylase main sources

- Among healthy individuals, the pancreas and the salivary glands account for almost all serum amylase, 40-45% from the pancreas and 55-60% from the salivary glands.
- Electrophoresis shows that serum amylase is of 2 main types:
- 1. P-type amylase from the pancreas
- 2. S-type amylase from the  $\underline{s}$ alivary glands

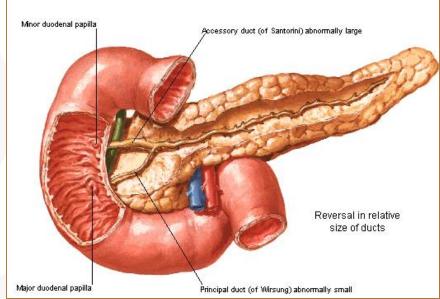


Figure 2. The anatomy of the pancreas

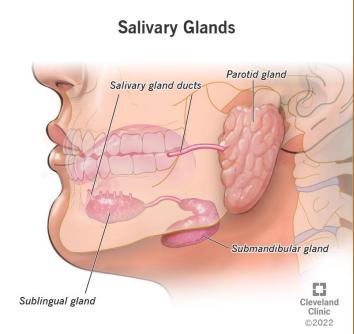


Figure 3. The locations of salivary gland. Source: my.clevelandclinic.org

# Amylase in Serum and Urine

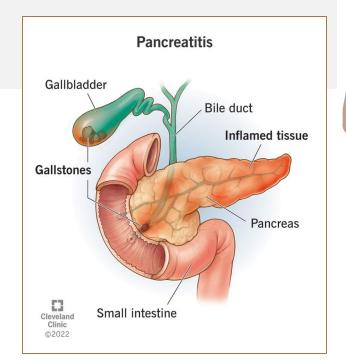
- This test of blood and urine is most often used to distinguish acute pancreatitis and other causes of abdominal pain that require immediate surgery.
- If the pancreas or salivary glands are inflamed, much more of the enzyme enters the blood and, consequently, more amylase is <u>excreted in the urine</u>.
- Serum and urine amylase measurement in addition to other laboratory tests, amylase clearance, amylase isozyme, and measurement of **serum lipase levels**, increase the specify of amylase measurement in the <u>diagnosis of acute pancreatitis</u>.

## Pancreas Function Test

- Blood levels of the pancreatic enzymes amylase and lipase are measured.
- This test used to diagnose and monitor treatment of acute pancreatitis.

• lipase test has become a much more sensitive and specific biomarker in

diagnosing acute pancreatitis.



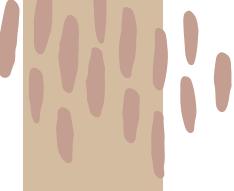


Figure 4. Pathology of acute pancreatitis. Source: my.clevelandclinic.org

## Range of expected values of amylase:

**Serum :** 16 -108 U/L **Urine:** 0 - 14 U/hour

### Increased plasma amylase (hyperamylasaemia):

- 1. Salivary gland inflammation
- 2. Acute pancreatitis
- 3. Pancreatic cancer
- 4. Obstruction of pancreatic duct

### Decreased plasma amylase:

- 1. Pancreatic insufficiency
- 2. Liver disease
- 3. Kidney disease
- 4. Cystic fibrosis
- 5. Pregnancy

# Practical Part

## **Objective:**

To estimate the concentration of amylase in serum.

## Principle (of the used kit):

1-Amylase hydrolyzed p-nitrophenyl D-maltoheptoside (PNPG7) to P-nitrophenylmaltotriose (PNPG3) and maltotetrose:

PNPG7 Amylase (in the sample) PNPG3 + Maltotetrose

2- Glucoamylase hydrolyzes PNG3 to P-nitrophenylglycosie (PNPG1) and glucose:

PNPG3 Glucoamylase PNPG1 + Glucose

3-Then **PNPG1** is hydrolyzed by glycosidase to **glucose** and **P-nitrophenol** which produce a **yellow color** which absorb at 405nm, the rate of **increase** in Ab is measured at 405 nm and is proportional to the amylase activity in the sample:

PNPG1 Glucosidase p-Nitrophenol + Glucose

#### **Materials:**

Amylase (color/kinetic) kit (UDI).

- 2) Applications  $\rightarrow$  2) Simple Kinetics  $\rightarrow$  wave-length (405 nm)  $\rightarrow$  1) Seconds
- $\rightarrow$  Duration (120 sec = 2 min)  $\rightarrow$  Intervals (30 sec)  $\rightarrow$  Print Data Table (off)
- → Press start (2 times)

#### **Method:**

Chemicals	Sample	
Amylase substrate	1.0 ml	
Pre-warm at 37°C for 5 minutes and add:		
Sample1	0.025 ml	

- 1. Mix and incubate at 37°C for **90 seconds** and read the absorbance at **405 nm** against distilled water.
- 2. Continue readings every 30 seconds for 2 minutes and determine  $\Delta A/min$ .

# Results

Time (Seconds)	Absorbance at 405 nm
0	
30	
60	
90	
120	

# **Calculations**

## -Amylase Activity in TEST (U/L)= $\Delta A/\min x \ 4824$

$$\Delta A/Min = (\Delta A1 + \Delta A2) \div 2$$

$$\rightarrow \Delta A1 = (A60s - A30s) + (A30s - A0s)$$

$$\rightarrow \Delta A2 = (A120s - A90s) + (A90s - A60s)$$

## References

- Fischbach FT, Dunning MB. A Manual of Laboratory and Diagnostic Tests. Lippincott Williams & Wilkins, 2009 p. 419-420.
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