D-Xylose Absorption Test





• To learn the technique of D-xylose absorption test and its relation to the function of the upper small intestine.

• To find out whether the malabsorption state of some patients is due to intestinal or pancreatic diseases.

- Introduction:

> The small intestine can be studied in two parts , the upper small intestine and

the lower small intestine.





D- Xylose Absorption Test

- D-Xylose is a type of aldopentose sugar found in plants:
 - 1. It is not metabolized in the body.
 - 2. It is **not** normally present in significant amounts in blood.
 - 3. It is normally easily absorbed by the intestine.

Note: Pancreatic digestive enzymes are not needed for D-Xylose absorption.

Impaired absorption of D- xylose occurs in conditions where

there is *flattening of the intestinal villi such as* celiac

disease and tropical sprue.



The test does of D-xylose level in blood and urine will be low.

•Celiac disease is a serious autoimmune disorder that can occur in genetically

predisposed people where the ingestion of gluten leads to damage in the small

intestine.



•Tropical sprue is a disorder of unknown cause (infection..) affecting people

living in tropical areas who develop abnormalities of the small intestine structure

destruction of the villi.

To do the test, D-xylose is administrated orally, 60% is absorbed in the small intestine (duodenum and jejunum), most is subsequently excreted by the kidneys (about 25% of the dose).

In adults, the standard oral dose is 25 g after which the urinary output during the next five hours is 5.8 g in normal subjects.

> In children, a 5g dose of D- xylose, and the normal output in the urine is 1.25g.

•The amount of D-xylose detected in urine or blood in a specified time interval after administration

of a measured dose of D-xylose, is used to evaluate *malabsorption*.

•Also, it can be used to differentiate between malabsorption's two main different causes;



- The accuracy of the D-Xylose absorption test is affected by two factors:
- 1. Rate of Absorption by Intestine
- 2. Rate of Excretion by Kidneys

\rightarrow Thus, In case of impaired **renal function** the D-xylose level in a 5 hrs urine sample

is low , which can lead to *false diagnosis of celiac disease*.



- Principle:

- D- xylose is a pentose which produces a brown complex with maximum absorption at 475nm when reacted with o- toluidine in the presence of acetic acid and heat.
- Hexoses also reacts with O- toluidine **but** produce a different complex with an absorption peak at 622 nm, this ensures that interference with glucose is minimum.

- Method:

> The patient/volunteer should keep **an over night fast**, in the morning empties

the bladder and discards the urine.

- > Before breaking the fast, 25g of D-xylose in 250ml water is taken by mouth.
- The patient /volunteer should then drink water at one and two hours after

drinking the D-xylose solution .

All urine passed during the next five hours is collected.

- Estimation of D-xylose in urine:

Label 7 test tubes:



- Results and Calculations:

Tubes	Absorbance at 475nm	Mean of abs
T1		
T2		
T3		
T4		
S1		
S2		

 $Concentration of D_xylose in urine = \frac{Mean \ abs \ of \ test}{Mean \ abs \ of \ std} \ x \ Conc. of \ std. x \ D. f$

- Normal value: 5.8-10 g / total volume collected
- Abnormal value: less than 2.5 g / total volume collected





- Conc. Of urine D-xylose = 7.6 g/5 ml

Normal