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RELATIONSHIP BETWEEN URINARY COPPER EXCRETION BETWEEN PATIENTS WITH WILSON DISEASE, BEFORE AND AFTER THE TREATMENT

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Wilson's disease (WD) is an autosomal recessive inherited disease, caused by a mutation in the ATP7B gene, located on chromosome 13, which is responsible for synthesizing enzymes needed to transport copper from the liver to the bile. The disease is characterized by a pathological accumulation of copper, first in the liver and then in the brain, kidneys, bones, and cornea. The biochemical characteristics of WD include decreased serum ceruloplasmin and copper concentrations and increased urinary copper excretion. Determination of copper in the urine by atomic absorption spectrometry is a rapid method for determining excess copper in the body which helps to remove the excess copper in the body through the urine. The aim of this study task is to point out the importance of biomonitoring of urinary copper excretion, using atomic absorption spectrometry, in patients with WD, before and after chelating agent therapy or treatment. The laboratory examination of the copper content in 24hour urine was performed at the PHI University Institute of Clinical Biochemistry in Skopje, at the Clinical Center "Mother Teresa" using atomic absorption with a PinAAcle 900F spectrometer. The relationships between urinary copper excretion in 24h urine between patients with WD, before and after treatment observe high concentration (µg) of copper in 24h urine (108,92±35,44) in patients without chelating agent therapy compare with concentrations of copper in 24h urine (24,49±13,95) with chelating agent therapy. Minimum values of copper in 24-hour urine in patients with and without chelating agent therapy are 91,39 and 4,44 respectively. Maximum values of copper in these two group of patients are 172,88 and 42,94 respectively. Determining the concentration of copper in various biological media is becoming increasingly important, but in WD it has been shown that determining 24-hour urinary copper excretion is important for diagnostic purposes and monitoring.

Keywords: Wilson's disease, copper, urinary copper excretion, monitoring treatment

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