



## A RAPID AND SENSITIVE PROCEDURE FOR DETERMINATION OF COPPER IN RUNNING WATER, URINE AND PLASMA BY ESR

メタデータ	<p>言語: English</p> <p>出版者: 日本法中毒学会</p> <p>公開日: 2013-08-27</p> <p>キーワード (Ja):</p> <p>キーワード (En):</p> <p>作成者: Minakata, Kayoko, Nozawa, Hideki, Watanabe, Kanako, Suzuki, Osamu, Kawai, Kaori, Horio, Fumihiko, Suzuki, Kanako</p> <p>メールアドレス:</p> <p>所属:</p>
URL	<a href="http://hdl.handle.net/10271/1733">http://hdl.handle.net/10271/1733</a>

## A RAPID AND SENSITIVE PROCEDURE FOR DETERMINATION OF COPPER IN RUNNING WATER, URINE AND PLASMA BY ESR

Kayoko MINAKATA<sup>a\*</sup>, Hideki NOZAWA<sup>a</sup>, Kanako WATANABE-SUZUKI<sup>a</sup>, Osamu SUZUKI<sup>a</sup>, Kaori KAWAI<sup>b</sup> and Fumihiko HORIO<sup>b</sup>

<sup>a</sup>*Department of Legal Medicine, Hamamatsu University School of Medicine, 1-20-1 Handayama, Hamamatsu 431-3192, Japan*

<sup>b</sup>*Department of Applied Molecular Biosciences, Graduate School of Bioagricultural Sciences, Nagoya University, Chikusa-ku, Nagoya 464-6801, Japan.*

*Received May 22, 2001*

*Accepted July 10, 2001*

### 水道水・尿・血漿中微量銅のESRによる迅速定量法

南方かよ子<sup>a\*</sup>、野澤秀樹<sup>a</sup>、鈴木(渡部)加奈子<sup>a</sup>、鈴木 修<sup>a</sup>、河合香里<sup>b</sup>、堀尾文彦<sup>b</sup>

<sup>a</sup>浜松医科大学法医学教室 〒431-3192 静岡県浜松市半田山一丁目20番1号

<sup>b</sup>名古屋大学大学院生命農学研究科応用分子生命科学専攻バイオモデリング講座  
〒464-0814 愛知県名古屋市千種区不老町

### Summary

The ESR was applied to quantitation of Cu<sup>++</sup> in running water, urine and plasma. Diethyldithiocarbamate (DDC) reacted with Cu<sup>++</sup> in a wide pH range from 1 to 10. The Cu<sup>++</sup>-DDC complex could be extracted with many organic solvents at these pHs. Among organic solvents tested, 1-octanol was the most suitable solvent, which enabled condensation of Cu<sup>++</sup> by 50 times with one extraction. By this method, we could measure Cu<sup>++</sup> in 1.5 ml of either running water or urine and in 5  $\mu$ l of plasma within 5 min. Bilirubin and anticoagulants such as EDTA, oxalic acid, succinic acid and heparin did not inhibit the reaction of Cu<sup>++</sup> with DDC. Signals of other transition metals were not observed in the ESR spectrum of Cu<sup>++</sup>, though most transition metals reacted with DDC. The Cu<sup>++</sup>-DDC complex in 1-octanol was quite stable and was not decomposed for 3 days under room light at room temperature. Data of Cu<sup>++</sup> levels in actual samples were also presented.

**Key words:** Copper; ESR; Diethyldithiocarbamate; Octanol; Urine ; Plasma

\*Correspondence should be addressed to Kayoko Minakata

©2001 Japanese Association of Forensic Toxicology. All rights reserved. 0915-9601/01/\$11.00

## Introduction

The concentrations of metals are usually measured by colorimetry and atomic absorption spectrophotometry. These methods, however, are not suitable for sensitive determination of  $\text{Cu}^{++}$ . For example, the absorbance at 480 nm of a copper complex with bathocuproine disulfonic acid is not so high ( $\epsilon = 1.3 \times 10^4$ ) [1,2], and the atomic absorption at 324.7 nm specific to copper is also not high [3]; both methods require as much as 2 ml of plasma or serum for measurements of copper. Therefore, much more sensitive and specific methods are needed for measurements of much smaller amounts of  $\text{Cu}^{++}$  present in running water and urine.

The ESR method has been used in the present study, because  $\text{Cu}^{++}$  is paramagnetic, while  $\text{Cu}^+$  is diamagnetic. To maintain  $\text{Cu}^{++}$  stable, we have used a complex of  $\text{Cu}^{++}$  with diethyldithiocarbamate (DDC), which was originally used for colorimetric determinations of metals [4], and used later for condensation of metals in atomic absorption spectrometry. The optimal pH range and solvent composition have been also examined to increase sensitivity and specificity of the present  $\text{Cu}^{++}$  assay method.

## Experimental

### *Materials*

Small plastic tubes with caps, usually used for PCR and tolerable for pH range from 1 to 10 as well as for centrifugation at 13,000 rpm, were obtained from Eppendorf, Netheler-Hinz-GmbH, Hamburg, Germany; quartz hematocrit capillaries from Drummond Scientific Co., Broomall, PA., USA.  $\text{Cu}(\text{NO}_3)_2$  in 0.1 N  $\text{HNO}_3$  for atomic absorption was used for the standard  $\text{Cu}^{++}$  solution. All common chemicals used were of atomic absorption grade or biochemical grade from Wako Pure Chemical Ind., Ltd., Osaka. The putty for sealing the hematocrit capillary was obtained from Oxford Labware, St. Louis, MO, USA. The ultra-pure water having specific conductivity of  $5.5 \times 10^{-8} \text{ S cm}^{-1}$  was used. All glassware and plastics were soaked in conc.  $\text{HNO}_3$  and 0.3 N  $\text{HNO}_3$ , respectively, and rinsed with the ultra-pure water.

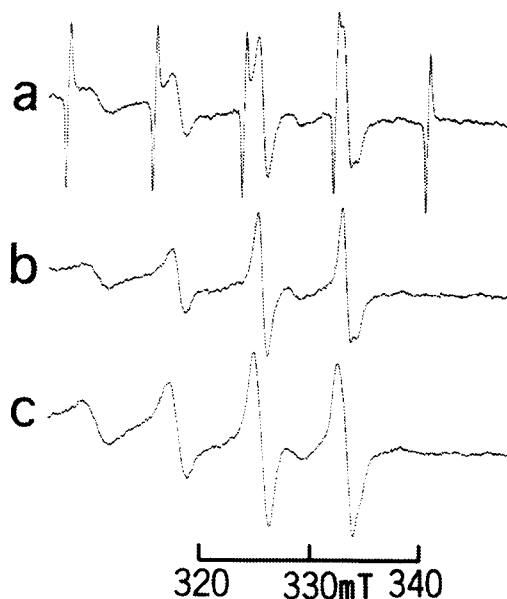
### *ESR conditions*

The ESR measurements were made on a JEOL JES-FE2XG ESR spectrometer (Tokyo). The ESR conditions were: ESR spectrometer setting, 330 mT; sweep range, 100 mT; sweep time, 8 min; response time, 1 s; microwave power, 6 mW; and a modulation width, 2 mT. The peak height at the highest magnetic field of 335 mT was used for the quantitation of copper. It took about 30 s for the measurement.

### *Procedure*

For measurements of  $\text{Cu}^{++}$  in urine or running water, 1.5 ml of the sample solution containing  $\text{Cu}^{++}$ , 15 mg of DDC Na and 30  $\mu\text{l}$  of 1-octanol were placed in a small tube and mixed for 30 s using a vortex mixer. The mixture was centrifuged at 13,000 rpm for 2 min. A 5 -  $\mu\text{l}$  aliquot of the upper 1-octanol layer was drawn into a hematocrit capillary and both sides of the capillary were sealed with putty. It was inserted into a quartz ESR cell to place it into the ESR cavity, and the peak height at 335 mT was measured. The total time required for each assay was within 5 min.

For measurements of  $\text{Cu}^{++}$  in plasma, 5  $\mu\text{l}$  of plasma, 0.75  $\mu\text{l}$  of 1 N  $\text{HNO}_3$ , 0.75  $\mu\text{l}$  of 100 mg/ml DDC Na and 6  $\mu\text{l}$  of 1-octanol were mixed using the vortex mixer, and the following procedure was the same as that for urine or running water.



**Fig. 1 .** Determination of  $g$  value and hyperfine splitting of the  $\text{Cu}^{++}$ -DDC complex in 1-octanol. a is the ESR spectrum of the  $\text{Cu}^{++}$ -DDC complex produced from  $5\ \mu\text{l}$  of the standard  $\text{Cu}^{++}$  dissolved in the ultra-pure water at 2 ppm and extracted with 1-octanol, and measured together with an  $\text{Mn}^{++}$  signal to determine  $g$  value (the center of the signal) and hyperfine splitting (splitting between the lines). b and c are ESR spectra of the complex from  $5\ \mu\text{l}$  of  $\text{Cu}^{++}$  standard solution at 2 ppm measured with modulation width of 1 mT and 2 mT, respectively. Gain setting was  $2.5 \times 10^3$ .

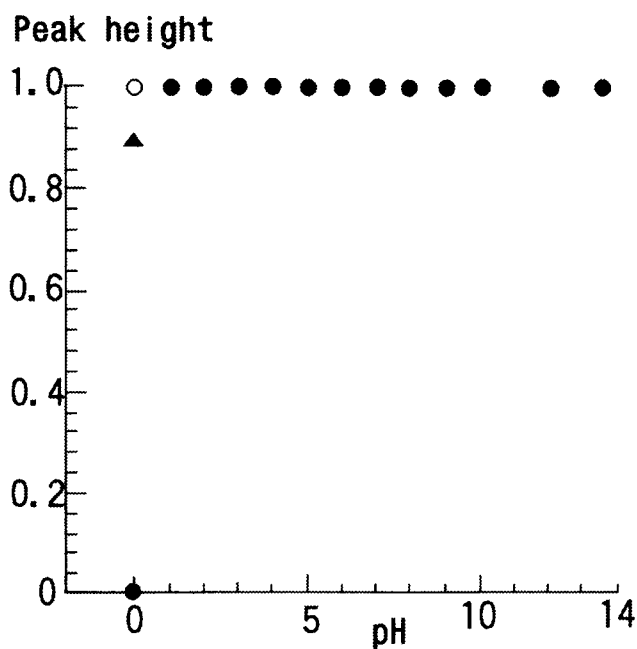
## Results and discussion

### *Optimization of conditions*

Suitable conditions for ESR measurements were examined using  $\text{Cu}^{++}$  standard solutions. As shown in Fig. 1 a,  $\text{Cu}^{++}$ -DDC in 1-octanol shows a characteristic 4-line ESR spectrum with hyperfine splitting with an interval of 8 mT and with a  $g$ -value of 2.047. Thus the peak height at 335 mT was used for  $\text{Cu}^{++}$  quantitation.

As shown in Fig. 2, the  $\text{Cu}^{++}$ -DDC complex was made at several pHs ranging from 0 to 13.6 by dropping appropriate amounts of either 1 N  $\text{HNO}_3$  or 1 N  $\text{NaOH}$ , and was extracted with 1-octanol completely. The complex showed good stability for a wide pH range. The complex extracted at pH 0, however, decreased to 90 % after 1 h and disappeared after 24 h.  $\text{Cu}^{++}$  precipitated in aqueous solution at pHs higher than 10. Since the suitable pH range was so wide that pH adjustment was not required in most cases for running water and urine. To liberate  $\text{Cu}^{++}$  from bound proteins in plasma, the pH of the solution had to be set below 5 [5].  $\text{HNO}_3$  was used to acidify plasma, because  $\text{HNO}_3$  can change  $\text{Cu}^+$  to  $\text{Cu}^{++}$ . The final pH values were 3.3 and 1.5 after addition of 0.1 and 0.15 ml of 1 N  $\text{HNO}_3$  to 1 ml of plasma, respectively.

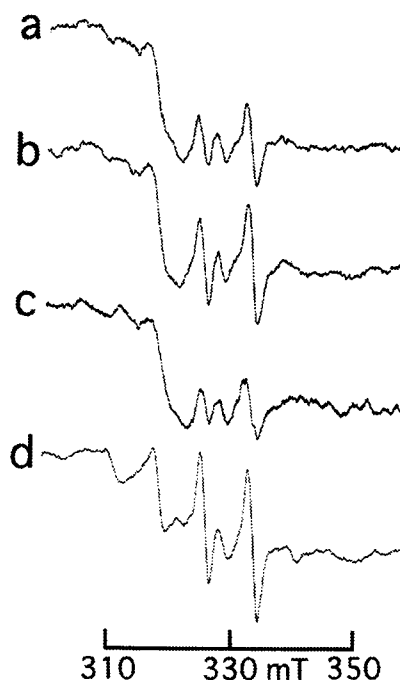
The  $\text{Cu}^{++}$ -DDC complex was extracted completely with most organic solvents, such as toluene,



**Fig. 2 .** Effect of various pHs on the stability of the Cu<sup>++</sup>-DDC complex in 1-octanol. The Cu<sup>++</sup>-DDC complex was produced at pH indicated and extracted with 1- octanol. ○, ▲ and ● indicate the amounts of the complex soon after, 1 h after and 24 h after the extraction, respectively. Various pHs were adjusted by dropping appropriate amounts of either 1 N HNO<sub>3</sub> or 1 N NaOH.

**Table 1 .** Recoveries of the Cu<sup>++</sup>-DDC complex extracted into various organic solvents as a function of water/solvent volume ratios

Solvent	Recovery % volume ratio of water : solvent		
	1 : 1	10 : 1	100 : 1
2-Butanol	100	0	0
1-Butanol	100	0	0
Cyclohexanol	100	70	0
1-Pentanol	100	80	0
1-Hexanol	100	100	60
1-Octanol	100	100	100
Toluene	100	100	100



**Fig. 3 .** ESR spectra of the  $\text{Cu}^{++}$ -DDC complex in 1-octanol obtained from 1.5 ml of  $\text{Cu}^{++}$  standard solution at 10 ppb(a), 1.5 ml of running water(b), 1.5 ml of human urine(c) and 5  $\mu\text{l}$  of human plasma(d). Gain setting was  $3.2 \times 10^3$ . The  $\text{Cu}^{++}$  levels were concentrated 50-fold in a, b and c, and 0.83-fold in d, by the extraction with 1-octanol.

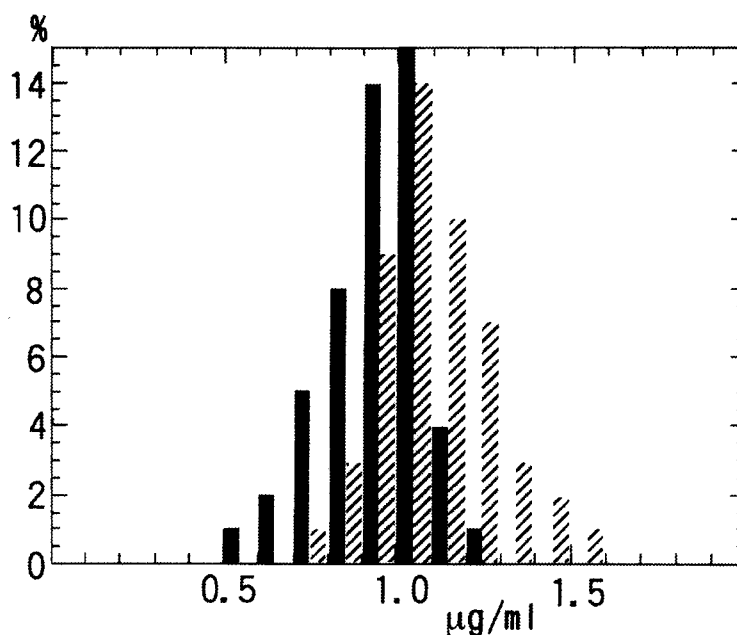
chloroform, pyridine, ethyl acetate and alcohols in a wide pH range. Alcohols were chosen, because they did not dissolve the putty used for sealing the capillary; toluene, chloroform, pyridine and ethyl acetate dissolved the putty. Table 1 indicates the comparison of alcohols suitable for condensation of the complex from dilute aqueous solution. To avoid the interference by salts, the extraction abilities of alcohols were compared without salts in the present work, though the addition of salts facilitates the extraction. 1-Octanol was found to be most suitable to enrich the complex 100-fold with one extraction. In the extraction from running water and urine, however, the volume ratio of water : alcohol = 50 : 1, was adopted, because the manipulation under this condition was easier than that at the ratio of 100 : 1.

Among dozens of chelators, DDC was bound to  $\text{Cu}^{++}$  so strongly that present method could be applied to plasma containing bilirubin or anticoagulants such as EDTA, oxalic acid, succinic acid and heparin; these compounds sometimes result in difficulty for colorimetric assays of  $\text{Cu}^{++}$  [1,2].

Most metals could form complexes with DDC and were extracted with 1-octanol. Some were diamagnetic and some were paramagnetic. Interfering peaks were not observed in the ESR spectra of  $\text{Cu}^{++}$  obtained from running water, urine, plasma and solutions of wet-ashed tissues.

#### *Reliability of the method*

The precision of the present method was evaluated by 10 repeated analyses for two plasma samples.



**Fig. 4 .** Frequency-distribution bar graph of Cu<sup>++</sup> concentrations in male and female human plasma. Solid bars show data obtained from 50 males aged from 20 to 60, and shadowed bars, those obtained from 50 females of the same age range.

The within-run variation was less than 5 %. The recovery was examined by adding Cu<sup>++</sup> at 0.5, 1.0, 1.5, 2.0 ppm to plasma with endogenous Cu<sup>++</sup> content of 1 ppm; the recovery was more than 95 % in any of the four additions.

The Cu<sup>++</sup>-DDC complex in 1-octanol was quite stable and not affected for 3 days under room light at room temperature.

#### *Measurements of Cu<sup>++</sup> in real samples*

Figure 3 shows ESR spectra of the Cu<sup>++</sup>-DDC complex in 1-octanol in some of real samples. In this figure, a, b, c and d show the spectra obtained from 1.5 ml of Cu<sup>++</sup> standard solution at 10 ppb, 1.5 ml of running water, 1.5 ml of human urine and 5 µl of human plasma, respectively. The Cu<sup>++</sup> levels had been concentrated 50-fold in a, b and c, and 0.83-fold in d, by the extraction with 1-octanol. The Cu<sup>++</sup> concentrations were calculated to be 14 ppb, 7 ppb and 1.1 ppm for running water, urine and plasma, respectively.

As shown in Fig. 4, Cu<sup>++</sup> contents in human plasma of healthy 50 males and 50 females (20 - 60 years old for both) were measured. The mean value with SD for males was  $0.94 \pm 0.14$  ppm and that for females was  $1.10 \pm 0.17$  ppm, which were in good agreement with reported values [1,2,6].

#### **Conclusion**

The present method seems very useful for analysis of copper in biological and environmental samples, because of its rapidness and high sensitivity. The present results suggest the possibility for the determination

of other transition metals by ESR, if suitable chelators, pHs and organic solvents are found for them.

### **Acknowledgment**

This work was supported by a Grant-in-Aid for Scientific Research(10670385) from the Ministry of Education, Science, Sports and Culture of Japan.

### **References**

- 1 ) Makino, T.: A sensitive, direct colorimetric assay of serum copper using 5-Br-PSAA. *Clin Chim Acta*, **185**, 7-16 (1989).
- 2 ) Yamashita, S., Abe, A. and Noma, A.: Sensitive, direct procedures for simultaneous determinations of iron and copper in serum, with use of 2-(5-nitro-2-pyridylazo)-5-(N-propyl-N-sulfopropylamino) phenol(Nitro-PAPS) as ligand. *Clin Chem*, **38**, 1373-1375 (1992).
- 3 ) Nixon, D.E., Moyer, T.P., Johnson, P., McCall, J.T., Ness, A.B., Fjerstad, W.H. and Hwehde, M.B.: Routine measurement of calcium, magnesium, copper, zinc, and iron in urine and serum by inductively coupled plasma emission spectroscopy. *Clin Chem*, **32**, 1660-1665 (1986).
- 4 ) Lacoste, R.J., Earing, M.H. and Wiberley, S.E.: Colorimetric estimation of various metal derivatives of sodium diethyldithiocarbamate. *Anal Chem*, **23**, 871-874 (1951).
- 5 ) Holmberg, C.G. and Laurell, C.B.: Investigations in serum copper. III. Caeruloplasmin as an enzyme. *Acta Chem Scand*, **5**, 476-480 (1951).
- 6 ) Milne, D.B. and Johnson, P.E.: Assessment of copper status: effect of age and gender on reference ranges in healthy adults. *Clin Chem*, **39**, 883-887 (1993).