

# Monitoring of novel urinary protein markers in sepsis



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### **PATIENTS AND SAMPLING**

**Control group Septic patients** Healthy individuals ICU patients n=53 (33♂/20♀) n=35 (21♂/14♀) 53± 19 years 66 ±13 years

Simultaneously obtained spot urine and serum samples were analyzed

### **METHODS**

u-ORM (orosomucoid): automated immune turbidimetry (Cobas 8000/c502, Dako reagents) u-ACT (actin): quantitative (ECL) western blot (Syngene, Dako reagents) u-CYSC (cystatin-C): automated immune turbidimetry (Cobas 8000/c502, DiaSys) The concentration data were referred to urinary creatinine (u-CREAT).

SDS PAGE with silver staining

AIMS of the study were to measure non-conventional protein markers in urine and to investigate their clinical relevance in sepsis.

# **URINARY OROSOMUCOID (u-ORM)**

183 amino acids+45% carbohydrates 41-43 kDa Acute phase protein Anti-inflammatory effects Carrier function u-ORM is normal component of urinary proteins







## **URINARY ACTIN (u-ACT)**



374 amino acids, 42 kDa Monomer (G)  $\rightarrow$  Polymer (F) forms Cellular component Functions: muscle contraction, cell motility, cell division, platelets, etc. In circulation it is bound to proteins.

u-ACT has not been studied yet.



## **URINARY CYSTATIN-C (u-CYSC)**



122 amino acids, 13 kDa Well-known protease inhibitor Produced by all nucleated cells







Freely filtrated through the glomeruli Catabolized in the tubuli Serum CYSC is a marker of GFR

u-CYSC might indicate tubular dysfunction e.g.:acute kidney injury (**AKI**)

**CONCLUSIONS**: The early and relevant increase of **u-ORM** suggests that it might be a promising novel **diagnostic marker of** sepsis. U-ACT concentrations might indicate acute kidney injury. U-CYSC is a reliable marker of tubular damage. These novel parameters provide useful information on the septic process and could help clinicians in rapid decision making.

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