



Evaluation of Serum Copper and Chromium among Sudanese Patients with Gallstones

MAIDA MOHAMED AHMED ALEMAM Department of Clinical chemistry Faculty of Medical Laboratory Sciences Al- Neelain University, Sudan MOHAMMED ABBAS ALAWAD Department of Clinical Chemistry Faculty of Medical Laboratory Sciences Al- Neelain University, Sudan AMNA O. M. ELZEIN Department of Clinical Chemistry Faculty of Medical Laboratory Sciences Alzaeim Alazhary University, Sudan NASSR ELDIN M. A. SHRIF Department of Clinical Chemistry Faculty of Medical Laboratory Sciences Alzaeim Alazhary University, Sudan

Abstract:

Background: Cholecystitis and cholelithiasis are the most common disorders affecting the biliary system.

Objectives: The aim of this study was to evaluate the level of serum copper and chromium among Sudanese patients with gallstones patients.

Methods: Cross sectional study was conducted during the period from October to December 2015, fifty sample from known patients with gallstones and fifty samples from healthy person as control. The level of copper and chromium was measured using atomic absorption spectrophotometer 210-VGP methods. Data were collected

using structural questionnaire. Data analysis was carried out by means of statistical package for social science (SPSS version 16).

Results: The mean level of chromium showed significant decreased in gallstones patients when compared with healthy individuals (P.value = 0.016). There was significant increase of copper level in gallstone patients when compared with healthy individuals (P.value = 0.00). There was significant decreased of chromium level in male with p-value (0.001). There was insignificant variation in level of copper in gallstone patients between males and females.

Conclusion: Decrease chromium level and increase of copper level in gallstones patients.

Key words: copper, chromium and gallstones

INTRODUCTION:

The evaluation of trace elements like copper and chromium in human serum not only leads to discoveries of their role in human metabolism but also provides an important basis for the diagnosis of clinical disorders and intoxication.⁽⁸⁾ Cholecystitis and cholelithiasis are the most common disorders affecting the biliary system. There are variations in incidence of gallstone according to geographical distribution. The incidence varies from country to country and even in different parts of the same country.⁽¹⁾ Gallstone disease represents a national health care problem, resulting in more than 600.000 cholecystomies per year.⁽²⁾ despite decades of research, the mechanism of gallstone formation remains incompletely understood. The trace element are believed to play an important role in gallstone formation.^(3,4) there are several types of gallstones; they are (calciumbilirubinate and pure pigment stones), pure cholesterol, a mixture of bilirubin and cholesterol and inorganic stone^{(5).} chromium is essential for maintaining the structural stability of proteins and nucleic acid, also play an important role in glucose and lipid metabolism.^(9,10) There is even evidence to suggest that

chromium promotes fat loss and lean muscle mass retention. $^{(11,12,13)}$ copper is an essential trace element for blood formation, most concentrated in the liver, heart, kidney, brain, bone and muscles and it is essential to blood. $^{(14)}$

MATERIALS AND METHODS

Cross-sectional study was conducted at Medical Military Hospital during the period from October to December 2015. Fifty Gallstones patients aged from 20-80 years, and fifty healthy individuals as control were enrolled in the study. Both groups were gender and age matched. Permission of this study was obtained from to local authorities in the area of the study. An informed consent was obtained from each participant in the study after explaining objectives of the study. Interview and questionnaire was used to collect data. 5 ml of venous blood was collected from each participant. Serum was separated directly from the plain container by centrifugation at (300 rpm) for 5 minutes. Serum levels of chromium and copper was measured using atomic absorption spectrophotometer 210-VGP methods. Statistical analysis was performed using statistical package for windows (SPSS v16). Fisher's exact test was used to assess the categorical variables and student *t*-test or kruskal Walis for continuous variables. Data are presented as mean \pm standard deviation (SD). P value less than 0.05 was considered statistically significant.

RESULTS:

Fifty sample from known patients with gallstones and fifty samples from healthy person as control were enrolled in the study.

As shown in (Table 1), the mean level of chromium showed significant decreased in gallstones patients when

compared with healthy individuals (P.value = 0.016). There was significant increase of copper level in gallstone patients when compared with healthy individuals (P.value = 0.00).

Table (1) comparison of the level of Chromium and Copper between patients and control.

Measured units	Means ± SD		n voluo
	Patients No. =(50)	Control No. =(50)	p- value
Chromium	0.3052 ± 0.27	0.98±0.18	0.016
Copper	1.34±0.46	1.08±0.18	0.000

There was significant decreased of chromium level in male with p-value (0.001).There was insignificant variation in level of copper in gallstone patients between males and females as shown in (table 2)

Table (2) Comparison the levels ofChromium and Copper inGallstone patients according to gender

e No. =(21) Fem	male No. =(29)	p- value
±0.19 0.34	4±0.31	0.001
±0.39 1.30	0±0.51	0.077
	±0.19 0.3	±0.19 0.34±0.31

There was no effect of age on the level of chromium and copper in gallstones patients as shown in (table 3)

Table (3) Comparison the levels ofChromium and Copper inGallstone patients according to age.

	$Means \pm SD$		
Measured units	Age less than 40 years No. =(19)	Age more than 40 years No. =(31)	p- value
Chromium	0.26±0.26	0.32±0.27	0.500
Copper	1.36±0.4	1.35±0. 45	0.786

EUROPEAN ACADEMIC RESEARCH - Vol. IV, Issue 1 / April 2016

Level of chromium was significantly affected by BMI however copper level not affected, as shown in (table 4)

Table (4) Comparison the levels ofChromium and Copper inGallstone patients according to BMI.

Measured units	Normal BMI No. =(31)	Obese No. =(19)	p- value
Chromium	0.27 ± 0.25	0.32 ± 0.27	0.016

DISCUSSION

In this study fifty gallstones patients and fifty age and gender matched healthy individual as control were enrolled in the study .serum chromium and copper were measured. The level of chromium showed significant decreased in gallstones patients when compared with healthy individuals (P.value = 0.016). There was significant increase of copper level in gallstone patients when compared with healthy individuals (P.value = 0.00). this finding was in agreement with study done by Basu, S., et al., and Gupta et al who reported that there was strong relationship between the concentration of these metals and gallstones (18), (19). The study showed that there was insignificant variation in level of copper in gallstone patients between males and females, however there was significant decreased of chromium level in male with p-value (0.001)

Level of chromium was significantly affected by BMI however copper level not affected,(20).No association between the level of chromium and copper this finding was not in agreement with study done by Scobey, et al. due to different population and sample size(21).

CONCLUSIONS

The present study concludes, decrease the level of chromium in gallstones patients, increase the level of copper in gallstones patients, also chromium level was decreased in male while increased in female gallstone patients when compared according to sex, insignificant variation in level of chromium and copper in gallstone patient when compared according to age group. Chromium level was decreased in obese gallstone patients when compared according to body mass index (BMI).

REFERENCES

1. Acalovschi, M., 2001. Cholesterol gallstones: from epidemiology to prevention. Postgraduate Med. J., 77:221-229.

2. SSAT Patient care guidelines (2004) Treatment of gallstone and gallbladder disease J Gastrointest Surg. 8: 363-364.

3. Ashok M, Rautray T R, Pranaba K.Nayak, Vijayan V, Jeyanthi V, Narayana Kalkura S (2003) Energy dispersive X ray fluorescence analysis of gallstones Journal of radioanalytical and Nuclear Chemistry 257(2) 333-335.

4. Rautray T R, Vijayan V, Panigrahi S (2006) Analysis of Indian cholesterol gallstones by particle-induced X-ray emission and thermogravimetry-derivative thermogravimetry Eur. J.Gastroen. Hepat 18(9): 999-1003.

 Siding Zheng and Anthony T. Tu (1987), Spectroscopic Identification of Gallstone, Applied Spectroscopy 41(4): 696-697.
Jayanthi V (1996) Pattern of gallstone disease in Chennai city, South India - a hospital based survey. Journ Assoc Physicians India 44: 461-464.

7. Rathnaswami A, Vijayan J, Omprakash R, Balasubramanian S, Rangabashyam N (1989) Gallstone diseases - our experience. South Indian Journal Clinics 3 : 89-93.

8. Jacob R A (1986) Textbook of Clinical Chemistry, Trace elements, N.W.Tietz(Ed.), Philadelphia, PA, p. 965.

9. Anderson RA, Cheng N, Bryden NA, et al. Elevated intakes of supplemental chromium improve glucose and insulin variables in individuals with type 2 diabetes. diabetes. 1997Nov;46(11):1786-91.

10. Anderson RA. Chromium in the prevention and control of diabetes. Diabetes Metab. 2000 Feb;26(1):22-7.

11. Thomas VL, Gropper SS. Effect of chromium nicotinic acid supplementation on selected cardiovascular disease risk factors. Biol Trace Elem Res.1996Dec;55(3):297-05.

12. Anderson RA. Effects of chromium on body composition and weight loss. Nutr Rev. 1998 Sep;56(9):266-70.

13. Bahadori B, Wallner S, Schneider H, Wascher TC, Toplak H. Effect of chromium yeast and chromium picolinate on body composition of obese, non-diabetic patients during and after a formula diet. Acta Med Austriaca. 1997;24(5):185-7.

14. Hart EB et al: Iron In Nutrition. VII. Copper as a Supplement to Iron for Hemed-globin Building in the Rat. /.Biot. Chem. 77, 1928.

15. Butrimovitz G.P and purdy W.C, Anal, chim. Acta., 1997;94:63.

16. V Jain, A Rai, P Suryavanshi, H Pahwa, S Tiwari, D Amla. Quantitative analysis of copper and zinc in gallstones patients. The internet jornal of surgery. 2008 volume19 Numder 2.

17. Brown RO, Forloines-Lynn S, Cross RE, Heizer WD. Chromium deficiency after long- termtotal parenteral nutrition. Digestive Diseases and Sciences.1986;31(6):661-664.

18-Gupta, S., S. Singh, and V. Shukla, Copper, zinc, and Cu/Zn ratio in carcinoma of the gallbladder. Journal of surgical oncology, 2005. 91(3): p. 204-208.

19- Basu, S., et al., *Heavy and trace metals in carcinoma of the gallbladder*. World journal of surgery, 2013. 37(11): p. 2641-2646.

20- Taher, M.A., Descriptive study of cholelithiasis with chemical constituents analysis of gallstones from patients living in Baghdad, Iraq. International Journal of Medicine and Medical Sciences, 2013. 5(1): p. 19-23.

21-Scobey, M.W., M.S. Wolfe, and L.L. Rudel, *Age-and dietary fat-related effects on biliary lipids and cholesterol gallstone formation in African green monkeys*. J. Nutr, 1992. **122**: p. 917-923.