

February 13, 1964

THE PORPHYRIAS - RECENT ADVANCESCase presentation:

This 32-year old woman was apparently in good health until [REDACTED] 1963 when she began to have abdominal pain of a generalized nature associated with vomiting, dizziness, and muscle aches. On [REDACTED] she was hospitalized at another institution where physical examination was said to be normal except for tanning of the skin and hypoactive tendon reflexes. Over a four-day period colicky pain continued with occasional episodes of disorientation and vomiting. On [REDACTED] following completion of an upper GI series, she had a grand mal seizure. She was given Dilantin and pentobarbital. Lumbar puncture showed an opening pressure of 23 cm of H₂O. Two lymphocytes were seen and total protein was reported as 10.2 mg%. The following day the urine was tested for porphobilinogen with negative results. Forty-eight hours after the convulsion a repeat test was said to be strongly positive for porphobilinogen. Barbiturates were discontinued and chlorpromazine therapy was started with some subjective improvement in pain noted. Despite this therapy the patient developed progressive weakness of the legs, abdomen, and arms and subsequently had difficulty in swallowing. On [REDACTED] her blood pressure decreased to 80/50 and respirations became labored. At this point 100 mg of hydrocortisone was administered and the patient was transferred to Parkland Memorial Hospital. Accompanying laboratory data indicated that the patient had a hemoglobin of 12.0 Gms%. Two white blood cell counts had been obtained of 6,500 and 12,300, both with normal differentials. Of particular interest were the serum electrolyte values recorded below:

BUN	34	37	-
Na	100	128	138
K	3.0	4.1	6.5
Cl	94	81	94
CO ₂	-	32	-
Ca	5.3	-	-

Urine specific gravity on [REDACTED] was 1.020. The nature of fluid therapy in the interval prior to transfer is not known.

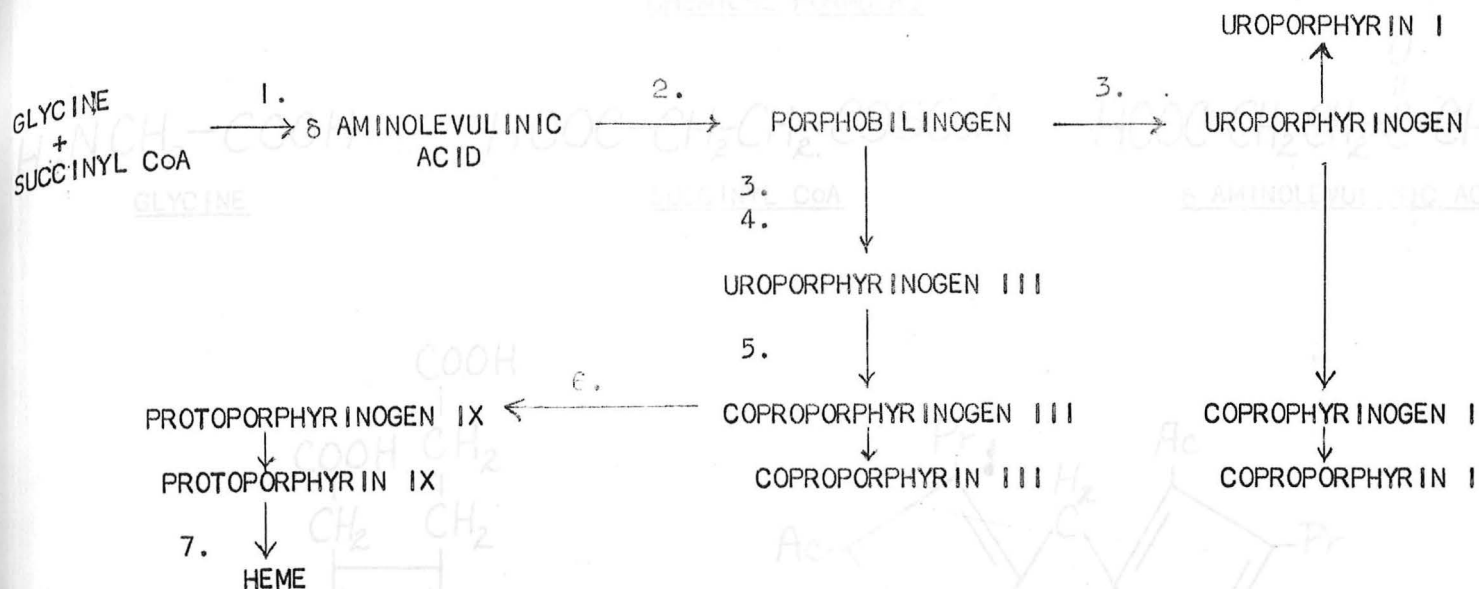
On arrival at [REDACTED] the patient was noted to be almost completely flaccid from the upper chest down. She was tachypneic and showed decreased skin turgor. While conscious she was described as communicating poorly. Pulse was 134, respirations were 36 and shallow and blood pressure was 114/70. The skin was noted to be tanned. Only the upper chest expanded with respiration and breath sounds were not heard over the lower half of the lung fields. No dullness or rales were noted. The heart was normal except for the tachycardia. The abdomen was soft and flaccid with decreased bowel sounds. The liver and spleen were not felt. Complete flaccid paralysis of both legs was noted with absent stretch reflexes. Pain and touch sensations were absent. Cranial nerves V, VII, IX, X, XI, and XII were involved bilaterally.

Additional history was obtained that the patient had had periodic vesicular eruptions of the hands for a number of years. A sister with similar skin manifestations had been hospitalized on at least one occasion with cramping abdominal pain "due to nerves". The mother had a history of grand mal seizures associated with "orange urine".

shortly after admission a tracheostomy was performed and respiration supported with an intermittent positive pressure respirator. The extracellular fluid volume deficit was replenished with isotonic saline. On the second hospital day the systolic blood pressure decreased to 80 and hydrocortisone therapy was started with apparent pressor response. Despite a slight initial improvement the patient developed a fever of 103° and showed periodic Cheyne-Stokes respiration. Tachycardia of 120 to 150 beats per minute was constant. Blood, sputum, and urine cultures were obtained and chloramphenicol and Kanamycin therapy was started. On the fourth hospital day chest x-ray showed patchy infiltrates throughout both lung fields. A technical failure in supported respiration occurred on the same day with a brief cardiac arrest which responded to closed chest massage and IV adrenalin. Azotemia was progressive despite urine outputs recorded between 1000 and 2000 cc per 24 hours. On the sixth hospital day one of three blood cultures was positive for a gram negative rod sensitive to Colistin. The latter drug and Staphcillin were started. Despite all measures the patient became progressively worse, developed profound shock unresponsive to vasopressor agents and died on [REDACTED] 1963. A summary of the laboratory data follows:

	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Hb	13.1	12.4	12.5			11.8	10.2	10.0
Hct		35		35	34			29
WBC	8,450	10,000	9,800			18,200	20,700	17,100
BUN	42	50	74	90	98	105	110	110
CO ₂	28	25	28	23	23	18	20	17
Cl	98	100	105	100	106	111	109	119
Na	133	136	143	137	139	141	140	146
K	5.3	4.2	3.8	4.4	5.1	4.3	5.0	5.5
Blood pH	7.40				7.44		7.40	
Oxygen sat.	98%							
CO ₂ tension	46				29		29	
Albumin		3.4						
Globulin		2.4						
Bilirubin		0.6						
Prothrombin		90%						
Ceph. floc.		3+						
Porphobilinogen	Positive							
Uroporphyrin		30 μg/liter				2 μg/g dry weight		
Hydroxymethylbilan		211 μg/liter				20 μg/g dry weight		
Protoporphyrin		-				40 μg/g dry weight		
Porphobilinogen		2 mg/liter				-		
δ Aminolevulinic acid		6 mg/liter				-		

PORPHYRIN BIOSYNTHESIS

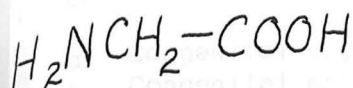


1. δ Aminolevulinic acid synthetase
2. δ Aminolevulinic acid dehydratase
3. Uroporphyrinogen I synthetase (Uro I deaminase)
4. Uroporphyrinogen III cosynthetase (Uro I isomerase)
5. Uroporphyrinogen decarboxylase
6. Coproporphyrinogen decarboxylase (oxidase)
7. Protoporphyrin ferrochelatase

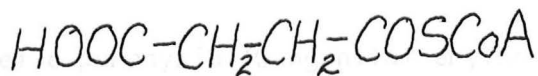
NORMAL EXCRETORY VALUES (maximum)

	<u>Urine</u>	<u>Feces</u>
Uroporphyrin	30 µG/liter	2 µG/g dry weight
Coproporphyrin	211 µG/liter	20 µG/g dry weight
Protoporphyrin	-	40 µG/g dry weight
Porphobilinogen	2 mg/liter	-
δ Aminolevulinic acid	6 mg/liter	-

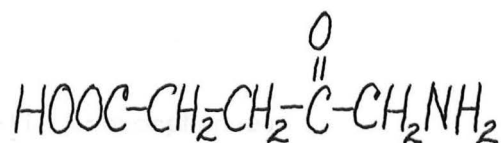
CHEMICAL FORMULAS



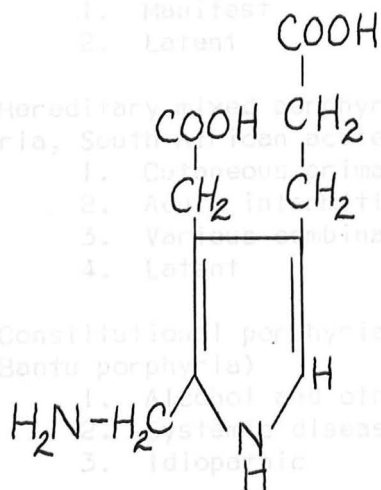
GLYCINE



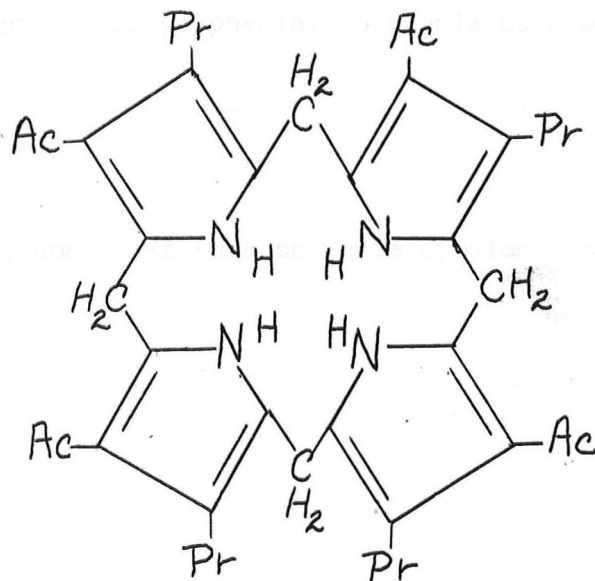
SUCCINYL CoA



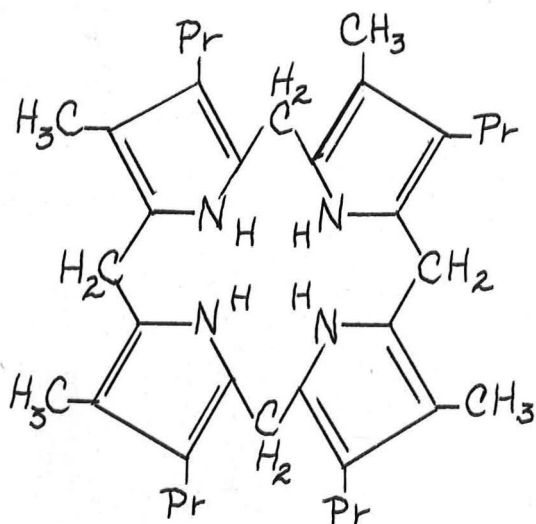
δ AMINOLEVULINIC ACID



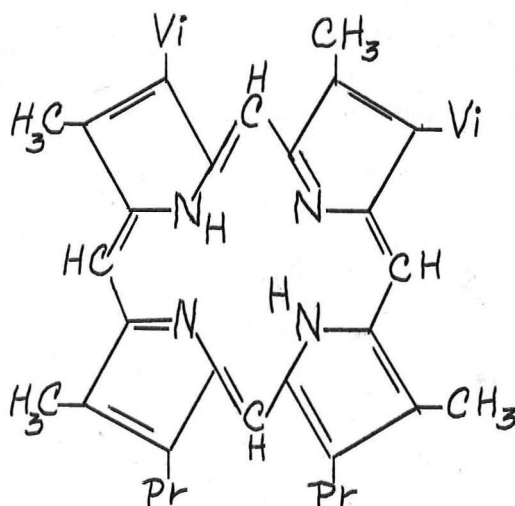
PORPHOBILINOGEN



UROPORPHYRINOGEN III



COPROPORPHYRINOGEN III



PROTOPORPHYRIN-9

CLASSIFICATION OF THE PORPHYRIAS

- I. Erythropoietic Porphyria
 - a. Congenital erythropoietic porphyria (Congenital erythropoietic uroporphyrria)
 - b. Congenital erythropoietic protoporphyria
- II. Hepatic Porphyria
 - a. Hereditary acute intermittent porphyria (Swedish acute intermittent)
 1. Manifest
 2. Latent
 - b. Hereditary mixed porphyria (Variegate, protocoproporphyria, porphyria cutanea tarda hereditaria, South African acute intermittent)
 1. Cutaneous primarily
 2. Acute intermittent primarily
 3. Various combinations
 4. Latent
 - c. Constitutional porphyria (Idiosyncratic, porphyria cutanea tarda symptomatica, South African Bantu porphyria)
 1. Alcohol and other chemicals
 2. Systemic diseases
 3. Idiopathic
 - d. Acquired porphyria
 1. Hepatoma
 2. Hexachlorobenzene

	Neurological	Urine	Feces
+ PBG + ALA + Uro + Copro		+ Uro + Copro	Normal to slight + Uro Copro
+ PBG + ALA (acute episode only)		+ Uro + Copro	Slight Copro + Proto (acute) (normal excretion)
+ PBG + ALA (constant)		+ Uro + Copro	Slight Copro + Proto (acute)
+ PBG + ALA + Uro + Copro		+ Uro + Copro	Normal to slight + Uro and Copro

CHARACTERISTICS OF THE PORPHYRIAS

Type	Inheritance	Anemia	Cutaneous	Neurological	Urine	Feces
Congenital Erythropoietic	Recessive	+	+	-	↑Uro I ↑Copro I	Normal to slight ↑ Uro I Copro I
Congenital Protoporphyria	?	+ -	+	-	↑Copro	↑Proto ↑Copro
Hereditary Intermittent	Dominant	-	-	+	↑PBG ↑ALA (constant)	Slight ↑ Copro ↑Proto (acute) Normal (remission)
Hereditary Mixed	Dominant	-	rare ♀ common ♂	common ♀ rare ♂	↑PBG ↑ALA (acute episode only)	↑Copro ↑Proto ↑Uro (constant, less during acute episode)
Constitutional	Non-Hereditary	-	+	+	↑Uro	Normal to Slight ↑ Uro and Copro
Acquired	Non-hereditary	-	+	-	↑PBG ↑ALA ↑Uro ↑Copro	Slight to moderate ↑ Uro and Copro

PBG=porphobilinogen
PROTO=protoporphyrin

ALA=δ aminolevulinic acid

COPRO=coproporphyrin

URO=uroporphyrin

SIGNS AND SYMPTOMS - THE ACUTE ATTACK

	Waldenstrom (233 cases) ⁵⁰	Goldberg (50 cases) ⁴⁹	Markovitz (69 cases) ⁵¹	Eales (80 cases) ⁴⁸
<u>REVIEW</u>				
1. Schmid, R., "Diseases of Porphyrin Metabolism", J. B. Stanbury, J. F. Brady, and D. S. Frederickson, Eds., McGraw-Hill, 1964, p. 939.	percent	percent	percent	percent
Males	40	38	39	30
2. Saint, E. G., "The Porphyrinopathies", J. Clin. Invest. 1961.				
Females	60	62	61	70
3. Argolias, E., "Porphyrins and Hemoporphyrins", J. Clin. Invest. 1961.				
4. Eales, L., "The Porphyrins and the Porphyrins", J. Clin. Invest. 1961.				
Abdominal pain	85	94	95	90
<u>BIOCHEMISTRY AND REGULATION</u>				
5. Neuberger, A., Muir, H. W. and Gray, C. W., "Porphyrin Metabolism and Congenital Disorders", Nature 163:948, 1950.	59	78	52	80
Vomiting	59	78	52	80
6. Cookson, G. H. and Rimington, C., "Porphyrin Metabolism", Biochem. J. 47:476, 1953.				
Mental changes	55	56	80	55
7. Schwartz, D., "The Succinyl-CoA: Porphobilinogen Synthetase", in Porphyrin Biosynthesis and Metabolism, p. 1, Academic Press, London, 1955.	48	74	46	80
Constipation	48	74	46	80
8. Granick, S., "Porphyrin Biosynthesis, Porphyrin Metabolism, and Congenital Disorders", Tr. N. Acad. Sci. 1962.	42	68	72	53
Paralysis	42	68	72	53
9. Schwartz, H. C., Goldsmith, R., Hill, R. L., O'Brien, G. E., and Schwartz, H. C., "The Biosynthesis of Hemoglobin", J. Clin. Invest. 40:120, 1961.	37	14	36	38
Pyrexia	37	14	36	38
10. Granick, S., "Porphyrin Biosynthesis, Porphyrin Metabolism, and Congenital Disorders", Tr. N. Acad. Sci. 1962.	28	64	51	83
Tachycardia	28	64	51	83
11. Gibson, K. D., Neuberger, A., and Muir, H. W., "Studies on the Biosynthesis of Porphyrin and Bacteriochlorophyll by Rhodospirillum rubrum", J. Biol. Chem. 238:2247, 1963.	10	18	-	12
Seizures	10	18	-	12
12. Gibson, K. D., Neuberger, A., and Muir, H. W., "Studies on the Biosynthesis of Porphyrin and Bacteriochlorophyll by Rhodospirillum rubrum", J. Biol. Chem. 238:2247, 1963.	9	38	24	15
Sensory loss	9	38	24	15
13. Burnham, B. F. and Lascelles, J., "Control of Porphyrin Biosynthesis Through a Negative-Feedback Mechanism", Biochem. J. 87:482, 1963.	9	-	67	69
Diarrhea	9	-	67	69
14. Granick, S., "Induction of the Synthesis of 8-Aminolevulinic Acid Synthetase in Liver Parenchymal Cells in Culture by Chemicals That Induce Acute Intermittent Porphyrin", J. Biol. Chem. 238:2247, 1963.	9	14	-	8
Azotemia	9	14	-	8
15. Sano, S. and Rimington, C., "Excretion of Various Porphyrins and Their Corresponding Porphyrinogens by Rabbits After Intravenous Injection", Biochem. J. 86:413, 1963.	24	48	20	20
Proteinuria	24	48	20	20
16. Richards, F. F. and Scott, J. J., "Glycine Metabolism in Acute Porphyrin", J. Clin. Invest. 20:387, 1961.	4	3	3	3
Leukocytosis	4	3	3	3
17. Olsson, R. A., and Ticktin, H. E., "Zinc Metabolism in Acute Intermittent Porphyrin", J. Lab. Clin. Med. 60:46, 1962.	-	29	51	9
Blindness	-	29	51	9
18. Sano, S. and Rimington, C., "Excretion of Various Porphyrins and Their Corresponding Porphyrinogens by Rabbits After Intravenous Injection", Biochem. J. 86:413, 1963.	-	44	47	23
Cranial nerves	-	44	47	23
ECG abnormalities	-	44	47	23
<u>PHYSIOLOGY AND PHARMACOLOGY</u>				
19. Richards, F. F. and Scott, J. J., "Glycine Metabolism in Acute Porphyrin", J. Clin. Invest. 20:387, 1961.				
20. Olsson, R. A., and Ticktin, H. E., "Zinc Metabolism in Acute Intermittent Porphyrin", J. Lab. Clin. Med. 60:46, 1962.				

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* Articles of particular interest

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- * 8. Granick, S., "Porphyrin Biosynthesis, Porphyria Diseases, and Induced Enzyme Synthesis in Chemical Porphyria". Tr. N. Y. Acad. Sci. 25:53, 1962.
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10. Mauzerall, D. and Granick, S., "The Occurrence and Determination of δ -Aminolevulinic Acid and Porphobilinogen in Urine". J. Biol. Chem. 219:435, 1956.
11. Gibson, K. D., Matthew, M., Neuberger, A. and Tait, G. H., "Biosynthesis of Porphyrins and Chlorophyll". Nature 192:204, 1961.
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16. Onisawa, J. and Labbe, R. F., " δ -Aminolevulinic Dehydratase Activity in Liver and Its Relation to Substrate Concentration". Biochim. Biophys. Acta 56:618, 1962.
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23. Haeger-Aronsen, B., "Porphyria Induced in the Rat by Diethyl-1,4-dihydro-2,4,6-trimethylpyridine-3,5-dicarboxylate". Acta Pharmacol. et Toxicol. 18:165, 1961.
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I. Erythropoietic Porphyria

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