

## Study the activity Of ALT&AST in Serum of diabetic Patients Type II

Tagreed U.Mohammd

Chemistry department , College of Education Ibn AL- Haytham , Baghdad university , Baghdad , Iraq

Email: [tagreedaloom@yahoo.com](mailto:tagreedaloom@yahoo.com)

(Received: 13 / 5 /2012--- Accepted: 9 / 12 / 2012)

### Abstract

Alanine aminotransferase and Aspartate aminotransferase were purified from serum of patients with type 2 diabetes (Non insulin dependent diabetes mellitus) in a 2 steps procedure involving dialysis bag and sephadex G-25 gel filtration (column chromatography). ALT and AST were purified 4.82 fold with 65.38% yield and 3.46 fold with 71.42% yield in serum of patients with type 2 diabetes respectively . The purified enzyme showed single peak . The results of this study revealed that ALT and AST activity of type 2 diabetes serum increased significantly ( $p < 0.001$ ) compared with control group .

**Key word :** Alanine aminotransferase, Aspartate aminotransferase, Purification, Diabetes .

**Abbreviation :** ALT, Alanine aminotransferase; AST, Aspartate aminotransferase; Diabetes Mellitus , D.M , BSA, Bovine Serum Albumin .

### Introduction

Type 2 diabetes mellitus accounts for 80%- 90% of the diagnosed cases of diabetes .

It usually occurs in middle- aged to older obese people and is characterized by hyperglycemia, often with hypertriglyceridemia and other features of the metabolic syndrome. Obesity often precedes the development of type 2 diabetes and is the major contributing factor. Obese patients are usually hyperinsulinemic and have high levels of free fatty acids, which impair insulin action [1] . Alanine aminotransferase (ALT) [EC 2.6.1.2., formerly glutamate-pyruvate transaminase], is a pyridoxal enzyme catalyzing reversible transamination between alanine and 2- oxoglutarate to form pyruvate and glutamate. Through producing those four important intermediary metabolites, ALT plays an important role in gluconeogenesis and amino acid metabolism, particularly during fasting and exercise where glucose is made from pyruvate converted from alanine from alanine through de- transamination by ALT [2,3] .

An ALT test measures the amount of this enzyme in the blood. ALT is found mainly in the liver, but also in smaller amounts in the kidneys, heart, muscles, and pancreas. ALT is measured to see if the liver is damaged or diseased. Low level of ALT are normally found in the blood . But when the liver is damaged or diseased, it releases ALT into the blood stream, which makes ALT levels go up. Most increases in ALT levels are caused by liver damage[4]. High serum ALT levels have also been proposed as a marker of risk for type 2 diabetes [5] .

Aspartate aminotransferase is a pyridoxal-5-phosphate dependent enzyme that catalyses the reversible transfer of an amino group from aspartate to 2-oxoglutarate in order to form oxaloacetate and glutamate [6] .

Aspartate :2-oxoglutarate aminotransferase (EC2.6.1.1, aspartate aminotransferase, AST) is the best studied of aminotransferase. AST is found in many body tissue including the heart, muscle, kidney, pancreas, brain and lung. It is also present in the liver [7] . Low levels of (AST) are normally found in the blood ,when body tissue or an organ such as the heart

or liver is diseased or damaged , additional (AST) as released into the blood stream. The amount of (AST) in the blood is directly related to the extent of the tissue damage. After severe damage ,AST levels rise in (6 to 10) hours and remain high for about four days[8,9] .

The aim of our study is to compare (ALT&AST) activities in patients with type 2 diabetes with that of partially purified enzyme .

### Experimental

#### Chemicals

$K_2HPO_4$ ,  $KH_2PO_4$ , were obtained from Fluka-Switzerland company, Sephadex G-25 from Sigma chemicals company and (ALT& AST) Kit from bio labo (France) .

#### Assay of serum ALT activity

ALT activity was measured by monitoring the concentration of pyruvate hydrazone formed with 2,4- Dinitrophenyl hydrazine, by using kit supplied by Bio labo- France [10] .

#### Assay of serum AST activity

AST activity was measured by monitoring the concentration of oxaloacetate hydrazone formed with 2,4- Dinitrophenyl hydrazine, by using kit supplied by Bio labo- France [10] .

#### Purification of (ALT & AST) from serum patients with type 2 diabetes

##### Step 1: Dialysis

Visking dialysis tube (3/4 diameter HMC Gloucester) were used for dialysis of 10 mL of fresh serum against two liters of phosphate buffer pH (7.4) inside refrigerator. The volume of urine or serum after 18 hours of dialysis was measured and enzyme activity determined in this .

##### Step 2: Gel filtration

The dialyzed serum from step 1 was applied directly to sephadex G-25 column (20x1.5 cm) and developed at a flow rate of 50mL/h and 5mL fractions were out inside a refrigerator .

#### Protein determination

Protein was determined by the procedure of Lowry et al. (1951), with crystalline BSA as standard[11].

All statistical analyses in studies were performed using SPSS version 15.0 for Windows (Statistical Package for Social Science, Inc., Chicago, IL, USA). Descriptive analysis was used to show the mean and standard deviation of variables. The significance of difference between mean values was estimated by Student T-Test. The probability  $P < 0.05$  = significant,  $P > 0.05$  = non-significant.

### Results and Discussion

Figure (1) and Figure. 2 showed that ALT & AST activities in serum of patients with type 2 diabetes is

higher than that of normal and they also exhibited significantly increased in p value ( $p < 0.001$ ).

The mean levels of serum ALT activity ( $156.44 \pm 11.46$ ) U/L and serum AST activity ( $75.2 \pm 11.7$ ) U/L of the patients with type 2 diabetes revealed distinct increase ( $p < 0.001$ ) table (1), (2) with no significant difference between (male & female) patients with type 2 diabetes. In agree with our results, Debasis et al, (2010) observed increasing in diabetes [12]. While Andallu noticed that the activity of AST was enormously elevated ( $p < 0.01$ ) by (243%) in uncontrolled diabetes from that of normals [13].

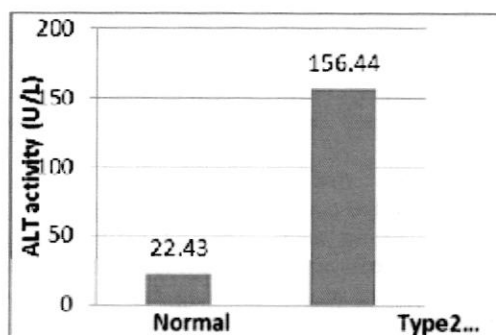


Fig (1): Illustrate values of ALT activity in serum of normal and patients (male & female) with type 2 diabetes

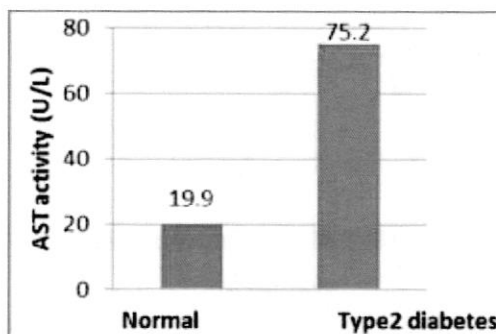


Fig (2): Illustrate values of AST activity in serum of normal and patients (male & female) with type 2 diabetes

The mean levels of serum ALT activity ( $156.44 \pm 11.46$ ) U/L and serum AST activity ( $75.2 \pm 11.7$ ) U/L of the patients with type 2 diabetes revealed distinct increase ( $p < 0.001$ ) table (1), (2) with no significant difference between (male & female)

patients with type 2 diabetes. In agree with our results, Debasis et al, (2010) observed increasing in diabetes [12]. While Andallu noticed that the activity of AST was enormously elevated ( $p < 0.01$ ) by (243%) in uncontrolled diabetes from that of normals [13].

Table (1): Illustrates values of ALT activity in sera of normal and patients type 2 diabetes

| Normal   |              |             |                                     | Type 2 diabetes |             |                                     |       |
|----------|--------------|-------------|-------------------------------------|-----------------|-------------|-------------------------------------|-------|
| Specimen | No. of cases | Age (years) | ALT activity (I.U/L) mean $\pm$ S.D | No. of cases    | Age (years) | ALT activity (I.U/L) mean $\pm$ S.D | P<    |
| Male     | 14           | 40-80       | 22.42 $\pm$ 12.0                    | 19              | 40-75       | 154.57 $\pm$ 12.75                  | 0.001 |
| Female   | 16           | 40-80       | 18.93 $\pm$ 11.19                   | 16              | 40-80       | 150.81 $\pm$ 11.96                  | 0.001 |
| Total    | 30           | 40-80       | 22.42 $\pm$ 11.37                   | 35              | 40-80       | 156.44 $\pm$ 11.46                  | 0.001 |

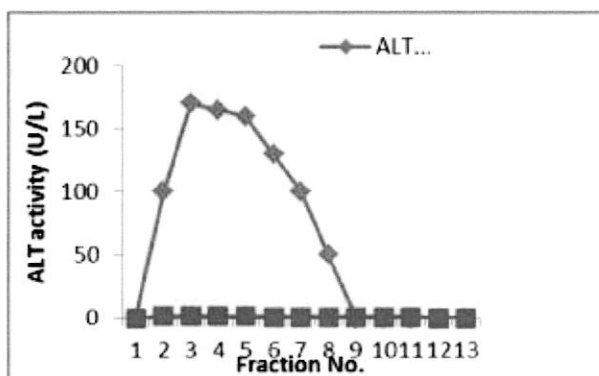
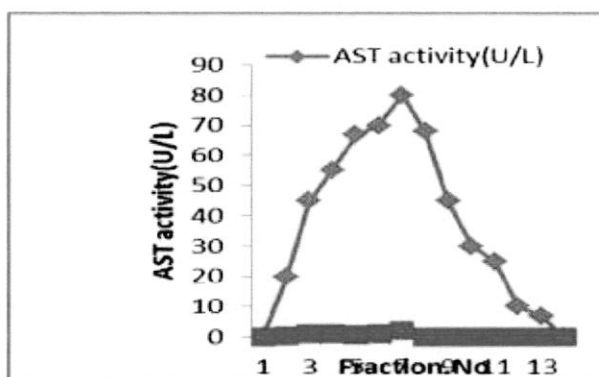
**Table (2): Illustrate values of AST activity in serum of normal & patients with type 2 diabetes**

| Normal   |              |             | Type 2 diabetes                   |              |             |       |
|----------|--------------|-------------|-----------------------------------|--------------|-------------|-------|
| Specimen | No. of cases | Age (years) | AST activity (U/L) mean $\pm$ S.D | No. of cases | Age (years) | P <   |
| Male     | 20           | 40- 70      | 19.4 $\pm$ 6.1                    | 20           | 40-75       | 0.001 |
| Female   | 20           | 40- 65      | 20 $\pm$ 6.2                      | 15           | 40-70       | 0.001 |
| Total    | 40           | 40- 70      | 19.9 $\pm$ 6.1                    | 35           | 40-75       | 0.001 |

The rising ALT levels in patients with type 2 diabetes, because ALT was associated with reduced insulin sensitivity and glucose tolerance as well as rising free fatty acid and triglycerides, a study showed a significant relationship between ALT activity and insulin resistance [14], and Andrad (1998) refer to high serum ALT activity have also been proposed as a marker for type 2 diabetes [15], our results are in agreement with reported data [16,17].

In this experiment there was an apparent rise in serum AST levels in diabetic patients, which could relate to excessive accumulation of amino acid (glutamate) in the serum of diabetic patients as a result of amino acid mobilization from protein stores [18]. These excessive amino acid are then converted

to ketone bodies ( $\alpha$ -keto- glutaric) for which the enzyme AST are needed, leading to increase in enzyme activity [19]. The enzymes in serum of patients with type 2 diabetes were purified with dialysis followed by sephadex G-25 gel filtration, and these enzymes showed a single peak fig (3),(4). The purification procedures of the ALT & AST are summarized in table(3),(4). The results showed that the ALT & AST were purified by dialysis and showed 1.55-fold with a specific activity of 28.07 U/mg protein, and 2.11-fold with a specific activity of 610.16 U/mg of serum. The enzymes were then purified with sephadex G-25 and showed 4.82-fold enzyme purification with a specific activity of 87.17 U/mg protein and 3.46-fold, 1000 U/mg protein of serum patients with type2 diabetes.

**Fig(3): ALanine aminotransferase isolated from serum of patients with type 2 diabetes by gel filtration****Fig(4): Aspartate aminotransferase isolated from serum of patients with type 2 diabetes by gel filtration**

These results indicated the effectiveness of purification method applied in this research confirmed by the high results of purification by sephadex G-25 which were 65.38% and 71.42% respectively table (3,4). In spite of the low yield of purification by dialysis 61.53% and 32.14%

respectively which could be due to the autolysis of the enzyme leading to loss in enzyme activity during dialysis for such long duration. Low activities could also be caused by the presence of unidentified high molecular weight inhibitors or it possibly related to the dialysis of its coenzyme [20].

**Table (3): Purification of Alanine aminotransferase from serum of patients with type 2 diabetes.**

| Purification step | Volume (ml) | protein (mg/ml) | Enzyme activity (u/ml) | Total enzyme activity (U)* | Specific activity(u/mg) | Purification (fold) | Yield% |
|-------------------|-------------|-----------------|------------------------|----------------------------|-------------------------|---------------------|--------|
| Crude serum       | 10          | 7.2             | 130                    | 1300                       | 18.05                   | 1                   | 100    |
| Dialysis          | 5           | 5.7             | 160                    | 800                        | 28.07                   | 1.55                | 61.53  |
| Sephadex G-25     | 5           | 1.95            | 170                    | 850                        | 87.17                   | 4.82                | 65.38  |

One unit of ALT activity was defined as the amount of enzyme producing 1 $\mu$ mol oxaloacetate (pyruvate) per h under standard assay condition .

**Table (4): Purification of Aspartate aminotransferase from serum of patients with type 2 diabetes**

| Purification step | Volume (ml) | Protein (mg/ml) | Enzyme activity (U/ml) | Total enzyme activity (U)* | Specific activity (U/mg) | Purification (fold) | Yield (%) |
|-------------------|-------------|-----------------|------------------------|----------------------------|--------------------------|---------------------|-----------|
| Crude (serum)     | 10          | 0.194           | 56                     | 560                        | 288.6                    | 1                   | 100       |
| Dialysis          | 5           | 0.118           | 36                     | 180                        | 610.16                   | 2.11                | 32.14     |
| Sephadex G-25     | 5           | 0.08            | 80                     | 400                        | 1000                     | 3.46                | 71.42     |

One unit of ALT activity was defined as the amount of enzyme producing 1 $\mu$ mol oxaloacetate (pyruvate) per h under standard assay condition .

In diabetes, the causes and site of intervention in biochemical process are diverse (Larner, 1985) [21], and high level of AST and urea have been implicated [22]. Observation from this study correlate with the reports from previous studies, in that, aspartate aminotransferase (ALT&AST) is released in to the serum especially when there is damage to the hepatic cells as a result of chemical assault. Serum levels of this enzyme there are significant diagnostic value in assessing the level of hepatic damage [12].

Since liver dysfunction is frequently associated with D.M, many clinical reports have indicated that serum enzyme activity derived from the liver such as (ALT& AST) are elevated [23]. The levels of enzyme increased in D.M is ametabolic result already

treatable with pancreas hormones . Befor the availability of sensitive pancreas hormone analysis, increased serum enzyme levels were considered important evidence supporting the diagnosis of D.M [24].

In the present study , the serum ALT activity increased significant compared with serum AST . Alanine aminotransferase measurements are used in the diagnosis and treatment of certain liver disease (e. g., viral hepatitis and cirrhosis) and heart disease. Elevated levels of the transaminases can indicate myocardial infraction, hepatic disease, muscular dystrophy, or organ damage .

Serum elevations of ALT activity are rarely observed except in parenchymal liver disease, since ALT is a more liver- specific enzyme than aspartate aminotransferase table (5) .

**Table(5): Illustrate values of( ALT& AST) activity in serum patients with type 2 diabetes**

| ALT      |             |             |                                    | AST          |             |                                    |       |
|----------|-------------|-------------|------------------------------------|--------------|-------------|------------------------------------|-------|
| Specimen | No. of case | Age (years) | ALT activity(I.U/L) mean $\pm$ S.D | No. of cases | Age (years) | AST activity(I.U/L) mean $\pm$ S.D | P<    |
| Male     | 19          | 40-75       | 154.57 $\pm$ 12.75                 | 20           | 40-75       | 80.1 $\pm$ 10.8                    | 0.001 |
| Female   | 16          | 40-80       | 150.81 $\pm$ 11.96                 | 15           | 40-70       | 71.5 $\pm$ 8.7                     | 0.001 |
| Total    | 35          | 40-80       | 156.44 $\pm$ 11.46                 | 35           | 40-75       | 75.2 $\pm$ 11.7                    | 0.001 |

### Conclusion

Levels of ALT in patients serum with type2 diabetes

were higher than in AST. 4.82 fold with 65.38% yield for ALT, but AST was 3.46 fold with 71.42% yield .

## References

- 1- T.M. Devlin, "Textbook of Biochemistry With Clinical Correlations", John Wiley & Sons, (2011) Ins; United States of America, 7<sup>th</sup> ed., pp 866 .
- 2- SL. Stokham, and MA, Scott, " Fundamentals of Veterinary Clinical Pathology", Ames, Iowa State University Press, 2003, pp 434-459.
- 3- L. Liu, S. Zhong et al. Protein Exp Purif, 60 ,2 (2008): 225-231 .
- 4- E.Elinay, and I. Z. Ben et. al, The American J of Gastroenterology, Vol. 100 (2005): 2201-2204 .
- 5- G. Iacobellis, et. al, World J Gastroenterol, ,11 , 38 (2005): 6018-6021 .
- 6- L. M. Maria Luisa, B. M. Miguel Pedro de Freitas, and A. V. M. Amarillis Paula, 2002 Journal of Biochemistry and Molecular Biology, Vol. 35, No. 2, pp; 220- 227.
- 7- K. Bartsch, R. Schneider and A. Schulz, Appl. Environ. Microbiol, 62, (1996): 3794-3799.
- 8- DC. Daze, Curr. Opin. Invest. Drugs, 8, 9 (2007): 711-717.
- 9- Kochkina , V. Mol Biol, 32 (1998): 460.
- 10- Henry, J. B., "Clinical diagnosis and management by laboratory methods, WB Sandres Company. (1984) London. 7<sup>th</sup> ed . pp;1437.
- 11- Lowery, H. Rosebough, Farr, J. L. and Randall, J., J. Biol. Chem, 193, (1951) p; 265- 275.
- 12- Debasis, DE. Kausik, CH. Kazi, M. A. and Suvra, M. J APP Biomed, 8, (2010): 23- 33.
- 13- Andallu, B. and Vardacharyulu, N. Int. J Diab Dev Countries, 21, (2001) 147- 151.
- 14- Odawara, M. Bannai, C. Saitoh, T. Kawakarni, Y. and Yamahita, K. Diabetes care , 21, (1997): 1210- 1211.
- 15- Andrad, R.J. Lucena, M. Vega, J.L. Torres, M. Salmeron, F.J. Bellot, V. Garcia- Escano, M.D. and Moreno, P., Diabetes care, 21 (1998): 2029- 2030 .
- 16- Olga, S. Ian, F. Denis, St.J. Adrian, S. Ewan, F. Peter, W. Chris, J. Stuart, M.C. and James, Sh., Diabetes, 53, 11 (2004) : 2855- 2860 .
- 17- Martin, R. S. Horacio, A.C. Jose, O.C. Marcelo, A. Raul, E.A. and Beatriz, R., Medicina, 67 (2007): 125- 130 .
- 18- Colev, V. Badescu, M. Paduraru, I. et al, Rom J Intern Med, 32 (1994): 71- 75.
- 19- Kechrid, Z. and Bouzerna, Int. J Diabetes & Metabolism, 11 (2004): 14- 18 .
- 20- Taher, J. M. " Kinetic and Thermodynamic Study on Activity Aspartate aminotransferase( AST) Isoenzymes Partially Purified from urine of diabetic patients" M. Sc. Thesis, College of education, Tikrit university, 2009.
- 21- Akah, P. A. Alemji, J. A. Salawu, O. A. Okoye, T. U. and Offian, N. V., Asian Journal of Medical sciences, 1, 3 (2009): 108- 113.
- 22- Lain-Guelbenzu, B. Murroz- Blanco, J. and Cardness, J., Eur. J. Biochem. , 188 (1990): 529-532 .
- 23- Celik, I. and Yegin, E., Turk J Biol, 26 (2002): 151- 154.
- 24- Miltenyi, M. Korner, A. Tulassay, T. and Szabo, A., Archives of Disease in childhood, 60 (1985): 929- 931.

## دراسة فعالية الانزيمات الناقلة لمجموعة الامين (AST, ALT) من مصل المرضى المصابين بالداء

## السكري النوع الثاني

تفريد علوم محمد

قسم الكيمياء ، كلية التربية أبن الهيثم ، جامعة بغداد ، بغداد ، العراق

Email: tagreedaloom@yahoo.com

( تاريخ الاستلام: 13 / 5 / 2012 ---- تاريخ القبول: 9 / 12 / 2012 )

## الملخص

تضمنت الدراسة الحالية دراسة مقارنة نشاط كل من أنزيم ALT وAST من أمصال المرضى المصابين بالداء السكري النوع الثاني (غير المعتمد على الانسولين) ومن ثم تم تقية كلا الأنزيمين من خلال خطوتين : الأولى باستخدام الديلزة والثانية باستخدام الترشيح بالهلام Sephadex G-25 (كروموتوغرافيا العمود) . بقي الأنزيمان ALT وAST 4.82 مرة مع الناتج 65.38% و3.46 مرة مع الناتج 71.42% من امصال المرضى المصابين بالداء السكري النوع الثاني على التوالي. أعطى كلا الأنزيمين المنقاة بالترشيح الهلامي قمة واحدة. تشير نتائج هذه الدراسة الى أن أنزيم ALT المنقى من امصال المرضى المصابين بالداء السكري النوع الثاني يكون أكثر تحسناً للتلطف الحاصل في خلايا الكبد كما أنه أعطى تغيراً معنوياً ملحوظاً ( $P < 0.001$ ) مقارنة بالأنزيم AST المنقى من امصال المرضى المصابين بالداء السكري النوع الثاني .