

## Overview

### Useful For

Preferred confirmation test for the diagnosis of aminolevulinic acid dehydratase deficiency porphyria

This test is **not useful for** detecting lead intoxication.

### Genetics Test Information

Aminolevulinic acid dehydratase (ALAD) activity can be inhibited in situations including hereditary tyrosinemia type 1, lead intoxication, and exposure to styrene, trichloroethylene, or bromobenzene. These causes should be ruled out when considering a diagnosis of ALAD deficiency porphyria (ADP). This method will not detect a decreased ALAD enzyme activity due to lead intoxication.

**This test will not detect lead intoxication.**

### Testing Algorithm

The following algorithms are available:

- [-Porphyria \(Acute\) Testing Algorithm](#)
- [-Porphyria \(Cutaneous\) Testing Algorithm](#)
- [-The Heme Biosynthetic Pathway](#)

### Special Instructions

- [The Heme Biosynthetic Pathway](#)
- [Informed Consent for Genetic Testing](#)
- [Porphyria \(Acute\) Testing Algorithm](#)
- [Porphyria \(Cutaneous\) Testing Algorithm](#)
- [Informed Consent for Genetic Testing \(Spanish\)](#)

### Method Name

Enzymatic End point/Spectrofluorometric

### NY State Available

Yes

## Specimen

### Specimen Type

Whole blood

### Ordering Guidance

This assay is not useful in assessment of lead intoxication as it reactivates aminolevulinic acid dehydratase that has been

inhibited by lead. The preferred test for lead toxicity is PBDV / Lead, Venous, with Demographics, Blood.

### Necessary Information

1. Patient's age is required
2. Include a list of medications the patient is currently taking.

### Specimen Required

**Patient Preparation:** Patient **must not** consume any alcohol for 24 hours before specimen collection. This is essential as ethanol suppresses aminolevulinic acid dehydratase activity, leading to false-positive results.

**Container/Tube:**

**Preferred:** Green top (sodium heparin)

**Acceptable:** Lavender top (EDTA) or green top (lithium heparin)

**Specimen Volume:** Full tube 4 mL

**Collection Instructions:** Refrigerate specimen as soon as possible.

### Forms

**New York Clients-Informed consent is required.** Document on the request form or electronic order that a copy is on file.

The following documents are available:

[-Informed Consent for Genetic Testing \(T576\)](#)

[-Informed Consent for Genetic Testing-Spanish \(T826\)](#)

### Specimen Minimum Volume

3 mL

### Reject Due To

|                 |        |
|-----------------|--------|
| Gross hemolysis | Reject |
|-----------------|--------|

### Specimen Stability Information

| Specimen Type | Temperature              | Time   | Special Container |
|---------------|--------------------------|--------|-------------------|
| Whole blood   | Refrigerated (preferred) | 7 days |                   |
|               | Ambient                  | 4 days |                   |

### Clinical & Interpretive

#### Clinical Information

Porphyrias are a group of inherited disorders resulting from enzyme defects in the heme biosynthetic pathway. A defect in the second enzyme of this pathway causes 5-aminolevulinic acid (ALA) dehydratase (ALAD) deficiency porphyria (ADP). A marked deficiency of ALAD causes the accumulation and subsequent urinary excretion of large amounts of ALA. Urinary porphobilinogen remains essentially normal, which rules out other forms of acute porphyria.

ADP is an autosomal recessive acute hepatic porphyria that produces neurologic symptoms similar to those seen in acute intermittent porphyria. Symptoms include acute abdominal pain, peripheral neuropathy, nausea, vomiting,

constipation, and diarrhea. Respiratory impairment, seizures, and psychosis are possible during an acute period. ADP is extremely rare with only 8 cases described in the literature since 1979.

The workup of patients with a suspected porphyria is most effective when following a stepwise approach. Molecular confirmation is available; order CGPH / Custom Gene Panel, Hereditary, Next-Generation Sequencing, Varies; specify ALAD Gene List ID: IEMCP-D81317. See [Porphyria \(Acute\) Testing Algorithm](#) or call 800-533-1710 to discuss testing strategies.

### Reference Values

Reference ranges have not been established for patients who are younger than 16 years of age.

> or =4.0 nmol/L/sec

3.5-3.9 nmol/L/sec (indeterminate)

<3.5 nmol/L/sec (diminished)

### Interpretation

Abnormal results are reported with a detailed interpretation including an overview of the results and their significance, a correlation to available clinical information provided with the specimen, differential diagnosis, and recommendations for additional testing when indicated and available.

### Cautions

False-positive values may result from enzyme degradation due to improper specimen handling. It is essential to adhere to instructions outlined in the Specimen Required and the Specimen Stability Information fields.

### Clinical Reference

1. Tortorelli S, Kloke K, Raymond K. Disorders of porphyrin metabolism. In: Dietzen DG, Bennett MJ, Wong ECC, eds. *Biochemical and Molecular Basis of Pediatric Disease*. 4th ed. AACC Press; 2010:307-324
2. Nuttall KL, Klee GG. Analytes of hemoglobin metabolism-porphyrins, iron, and bilirubin. In: Burtis CA, Ashwood ER, eds. *Tietz Textbook of Clinical Chemistry*. 5th ed. WB Saunders Company; 2001:584-607
3. Anderson KE, Sassa S, Bishop DF, Desnick RJ. Disorders of heme biosynthesis: X-linked sideroblastic anemia and the porphyrias. In: Valle D, Antonarakis S, Ballabio A, Beaudet AL, Mitchell GA, eds. *The Online Metabolic and Molecular Bases of Inherited Disease*. McGraw-Hill, 2019. Accessed April 19, 2024. Available at <https://ommbid.mhmedical.com/content.aspx?sectionid=225540906&bookid=2709>
4. Lahiji AP, Anderson KE, Chan A. 5-Aminolevulinic acid dehydratase porphyria: Update on hepatic 5-aminolevulinic acid synthase induction and long-term response to hemin. *Mol Genet Metab*. 2020;131(4):418-423. doi:10.1016/j.ymgme.2020.10.011

### Performance

#### Method Description

Measurement of aminolevulinic acid (ALA) dehydratase activity is based on the rate of synthesis of uroporphyrin from ALA in incubated, lysed erythrocytes. Low yield of uroporphyrin from ALA indicates a deficiency of ALAD.(Unpublished Mayo method)

**PDF Report**

No

**Day(s) Performed**

Tuesday

**Report Available**

2 to 8 days

**Specimen Retention Time**

14 days

**Performing Laboratory Location**

Rochester

**Fees & Codes****Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

**Test Classification**

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. It has not been cleared or approved by the US Food and Drug Administration.

**CPT Code Information**

82657

**LOINC® Information**

| Test ID | Test Order Name     | Order LOINC® Value |
|---------|---------------------|--------------------|
| ALAD    | ALA Dehydratase, WB | 12916-3            |

| Result ID | Test Result Name | Result LOINC® Value |
|-----------|------------------|---------------------|
| 4021      | ALA Dehydratase  | 12916-3             |
| 28399     | Interpretation   | 59462-2             |
| 606468    | Reviewed By      | 18771-6             |