Quanatitative analysis of total \$-subunit of human chorionic gonadotropin concentration in urine by immunomagnetic reduction to assist in the diagnosis of ectopic pregnancy

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ABSTRACT

Background: The initial diagnosis of ectopic pregnancy depends on physical examination, ultrasound, and serial measurements of total βsubunit of human chorionic gonadotropin (hCGβ) concentrations in serum. The aim of this study was to explore the possibility of using quantitative analysis of total hCGβ in urine rather than in serum by immunomagnetic reduction (IMR) assay as an alternative method to diagnose an ectopic pregnancy.

Methods: We established a standard calibration curve of IMR intensity against total hCGβ concentration based on standard hCG\$\beta\$ samples, and used an IMR assay to detect total hCGB concentrations in the urine of pregnant women with lower abdominal pain and/or vaginal bleeding. The final diagnosis of ectopic pregnancy was based on ultrasound scans, operative findings, pathology reports. In this prospective study, ten clinical samples were used to analyze the relationship of total hCGβ IMR signals between urine and serum. Furthermore, 20 clinical samples were used to analyze the relationship between urine IMR signals and serum levels of total hCGβ.

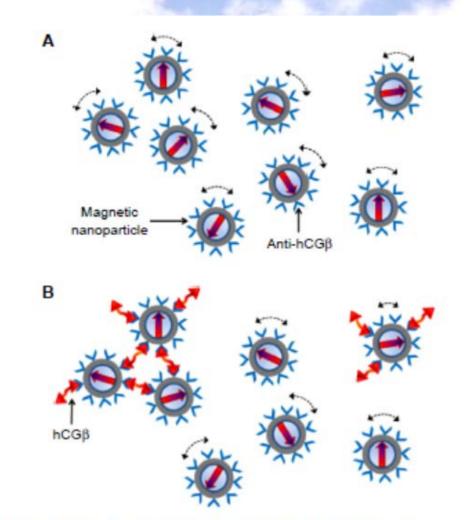
Results: The calibration curve extended from 0.01 ng/mL to 10,000 ng/mL with an excellent correlation (R2=0.999). In addition, an excellent correlation of total hCGB IMR signals between serum was noted (R2=0.994).urine and Furthermore, a high correlation between urine IMR signals and serum levels of total hCGβ was noted (R2=0.862).

Conclusion: An IMR assay can quantitatively analyze total hCGB concentrations in urine, and is a potential candidate for point-of-care testing to assist in the diagnosis of ectopic pregnancy.

Table I The mean value, SD, and CV of hCGβ concentrationdependent IMR signals for the standard calibration curve

φ _{hCGβ} (ng/mL)	Mean (%)	SD (%)	CV (%)
0.01	0.78	0.03	3.85
0.1	0.86	0.014	1.63
I	1.04	0.02	1.92
10	1.33	0.02	1.50
100	1.67	0.02	1.20
1,000	1.81	0.014	0.77
10,000	1.89	0.014	0.74

Abbreviations: hCGB, total B-subunit of human chorionic gonadotropin; IMR, immunomagnetic reduction; SD, standard deviation; CV, coefficient of variation.



stration of the association between hCGB biomarkers and magnetic ranoparticles costed with anti-hCGB antibodies otes: (A) Magnetic nanogarticles oscillate and rotate individually with the spolled external multiple ac magnetic fields before binding with hCGB. (B) Magnetic nanoparticles secome larger or clustered after binding with hCCf), and thus oscillate and notate much more slowly than the original individual magnetic nanoparticles

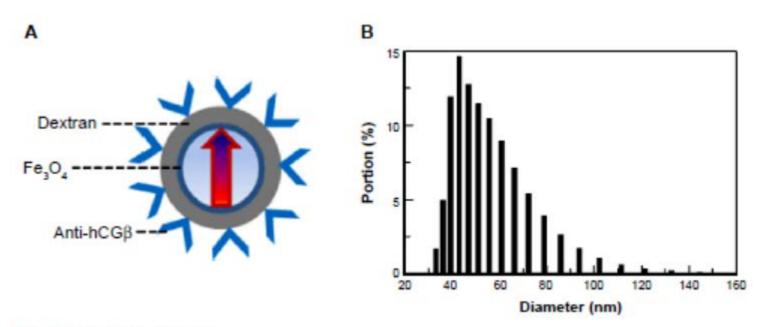
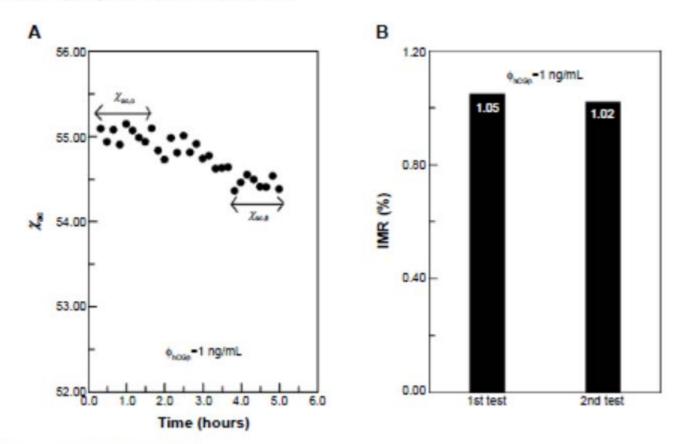


Figure 2 Illustration of magnetic nanoparticles. Notes: (A) Magnetic iron oxide (Fe₁O₂) nanocarticles costed with destran and anti-hCGB antibodies. (B) Statistics of magnetic nanocarticle diameters with the mean of



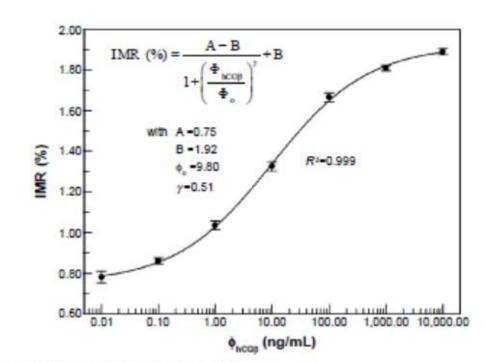
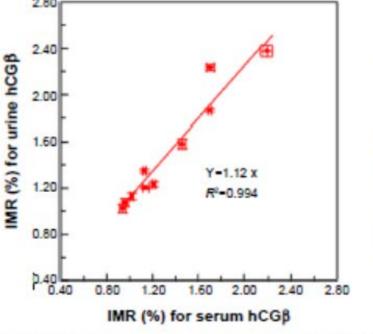


Figure 4 Calibration curve of IMR siznals against hCGB concentrations (RI-0.999). Note: Points represent mean ± standard deviation. Abbreviations: hCGB, total B-subunit of human chorionic consdotrooin; IMR, immuni



IMR signal (%) 2.00 Urine hCG R3-0.862 1.00 8,000 12,000 4,000 Serum hCGB CLIA value (mIU/mL)

Figure 5 Relationship of total hCGβ IMR stanals between urine and serv. Figure 6 Relationship between urine hCGβ IMR stanals and serum hCGβ CLIA Note: Points represent mean ± standard deviation Abbreviations: hCGB, total B-subunit of human charionic consdatracin; IM

Abbreviations: hCGB, total B-subunit of human chorionic sonadotropin; IMR Immunomagnetic reduction; CLIA, chemiluminescence immunoassay.







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