



Drug delivery related to metabolites in human breath – first results of long term clinical studies using MCC/IMS

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Hunter disease is

a mucopolysaccharidosis for

which enzyme replacement therapy

with idursulfase has been offered for 3 ye-

ars. Therapy can be monitored by the urinary concentration of dermatan sulfate and heparin sulfate. A 38-year-old male person suffering from Hunter disease has been treated with idursulfase for a year, showing dramatic clinical improvement. Additionally,

the patient had breath analysis using MCC/IMS every week before enzyme replacement. The patient showed increasing concentrations of a peak P-1.5/0.547 which is rela-

ted to acetone [67-64-1] over the time.

GAG

IMS - Peak height 0.016 IMS Signal height / a.u. 0.012 120 a.u. 0,010 Peak P-77.2/0.601 GAG/ 100 0,008 0,006 0,004 **Hunter Disease** 0.002

124

Time / d

1me Patient Father Mother Patient Father Mother Patient Father Father

BreathDiscovery

The concentrations were higher than the concentrations of all patients ever tested with MCC/IMS.
Furthermore, a peak P-77.2/0.601 was found,

which decreased after few weeks of therapy and needs further biochemical characterisation.

Parallel GC/MSD investigations suggest (S)-(+)-6-Methyl-1-octanol[110453-78-6], Cyclohexanone, 5-methyl-2-(1-methylethyl)- [10458-14-7], Benzaldehyde, 2,5-dimethyl-[5779-94-2], Ethanone, 1-(4-methylphenyl)- [122-00-9], Dodecane [112-40-3] or Decanal [112-31-2].

These preliminary data show that breath analysis in patients with metabolic disorders might give further information about metabolism, especially under enzyme replacement therapy.

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Part of a IMS-Chromatogram of human breath

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