Cat. No. 3335, 3336, 3337

The SPIFE LD Isoenzyme method is intended for the qualitative and quantitative analysis of the lactate dehydrogenase isoenzymes in serum or plasma by agarose electrophoresis using the SPIFE 3000 system.

## **SUMMARY**

Lactate dehydrogenase (LD) (EC 1.1.1.27) is an enzyme found in virtually all human tissues, with the liver, skeletal muscle, heart and kidney having the greatest concentrations. The wide distribution of LD in body tissues limits the usefulness of total LD determinations in diagnosis. Testing for the source of elevated LD activity may be indicated with isoenzyme assessment.<sup>1</sup>

Five isoenzymes of LD can be demonstrated in human serum. Each isoenzyme is designated by a number which is related to its electrophoretic mobility. The most anodic fraction is designated LD<sub>1</sub> and is found primarily in heart muscle. The most cathodic is LD<sub>5</sub> found primarily in liver and skeletal muscle. The others (LD<sub>2</sub>, LD<sub>3</sub> and LD<sub>4</sub>) are found in varying degrees along with LD<sub>1</sub> and LD<sub>5</sub> in all tissues. LD<sub>2</sub> is found in highest concentration in normal human serum, the ratio LD<sub>1</sub>/LD<sub>2</sub> is therefore less than one. Approximately 12-24 hours following myocardial infarction (MI), there is substantial elevation in LD<sub>1</sub> so that the LD<sub>1</sub>/LD<sub>2</sub> ratio following MI will approach or even exceed 1, a phenomenon referred to as "flipped LD". Peak activity is usually reached on day 3-4 and activity may remain elevated for as long as two weeks after infarction. 
<sup>4</sup> The LD "flip" can also be present in pernicious, hemolytic, acute sickle cell or megaloblastic anemias; renal necrosis or in cases of in-vitro or in-vivo hemolysis of any cause.

An elevation of  $\mathrm{LD}_5$  can be seen in skeletal (muscle) injuries and degenerative diseases. It is also increased in many types of liver injuries such as cirrhosis, all types of hepatitis and passive liver congestion.<sup>5</sup>

The mid-zone fractions (LD<sub>2</sub>, LD<sub>3</sub>, LD<sub>4</sub>) may be elevated in cases of massive platelet destruction (pulmonary embolism) and in diseases involving the lymphatic system such as infectious mononucleosis, lymphomas and lymphocytic leukemias.<sup>5</sup>

The isoenzymes of LD have been determined by various methods. <sup>7-11</sup> Electrophoresis provides far more information than the other methods because it allows complete separation of all five isoenzymes with no risk of carryover. The support media used in electrophoresis includes cellulose acetate, agar, agarose and acrylamide gels. <sup>1</sup> The SPIFE LD system is a modification of that of Preston. <sup>8</sup>

# **PRINCIPLE**

The isoenzymes of LD are separated according to their electrophoretic mobility on agarose. After separation, each isoenzyme is detected colorimetrically.

Using the SPIFE LD Isoenzyme system, a tetrazolium salt is reduced with the formation of a colored formazan dye.

## **REAGENTS**

## 1. SPIFE LD Isoenzyme Gel

**Ingredients:** Each gel contains agarose in a sodium barbital buffer with AMPD, aspartic acid, bicine and stabilizers. Sodium azide has been added as a preservative.

**WARNING: FOR IN-VITRO DIAGNOSTIC USE ONLY.** The gel contains barbital which, in sufficient quantity, can be toxic. Refer to Sodium Azide Warning.

**Preparation for Use:** The gels are ready for use as packaged.

**Storage and Stability:** The gels should be stored at room temperature (15 to 30°C) in the protective packaging and are stable until the expiration date indicated on the package. **DO NOT REFRIGERATE OR FREEZE THE GELS.** 

Signs of Deterioration: Any of the following conditions may indicate deteriora-

tion of the gel: (1) crystalline appearance indicating the agarose has been frozen, (2) cracking and peeling indicating drying of the agarose, (3) bacterial growth indicating contamination, (4) thinning of the gel blocks.

## 2. LD Isoenzyme Reagent

# Ingredients (after reconstitution):

NAD	10.0 mM
Lithium lactate	300.0 mM
NBT	11.1 mM
PMS	0.375 ml

## WARNING: FOR IN-VITRO DIAGNOSTIC USE ONLY. DO NOT INGEST.

**Preparation for Use:** Reconstitute each of two vials of reagent with 1.0 mL of LD Isoenzyme Diluent.

**Storage and Stability:** The dry reagent should be stored at 2 to 8°C and is stable until the expiration date indicated on the vial. The reconstituted reagent is stable 48 hours at 2 to 8°C when stored in the dark. If exposed to the light, the color will change from yellow to green to blue. This does not affect the performance characteristics of the reagent.

**Signs of Deterioration:** If the unreconstituted reagent is not a uniformly pale or light yellow, dry powder, it should not be used.

# 3. LD Isoenzyme Diluent

**Ingredients:** The diluent is an AMP, bicine, barbital, aspartate buffer with sodium azide added as a preservative.

WARNING: FOR IN-VITRO DIAGNOSTIC USE ONLY. DO NOT INGEST. Refer to Sodium Azide Warning.

Preparation for Use: The diluent is ready for use as packaged.

**Storage and Stability:** The diluent should be stored at 2 to 8°C and is stable until the expiration date indicated on the vial.

Signs of Deterioration: Discard the diluent if it shows signs of bacterial growth.

## 4. Citric Acid Destain

Ingredients: After dissolution, the destain contains 0.3% (w/v) citric acid.

WARNING: FOR IN-VITRO DIAGNOSTIC USE ONLY. DO NOT INGEST - IRRITANT.

**Preparation for Use:** Pour 11 L of deionized water into the Destain vat. Add the entire package of Destain. Mix well until completely dissolved.

**Storage and Stability:** Store the Destain at 15 to 30°C. It is stable until the expiration date on the package.

Signs of Deterioration: Discard if solution becomes cloudy.

## Sodium Azide Warning

To prevent the formation of toxic vapors, sodium azide should not be mixed with acidic solutions. When discarding reagents containing sodium azide, always flush sink with copious quantities of water. This will prevent the formation of metallic azides which, when highly concentrated in metal plumbing, are potentially explosive. In addition to purging pipes with water, plumbing should occasionally be decontaminated with 10% NaOH.

## **INSTRUMENTS**

A SPIFE 3000 must be used to apply samples, electrophorese and incubate the gels. The gel can be scanned on a separate densitometer such as the QuickScan Touch/2000 (Cat. No. 1690/1660). Refer to the appropriate Operator's Manual for detailed instructions.

# SPECIMEN COLLECTION AND HANDLING

**Specimen:** Serum is the specimen of choice. Plasma from blood specimens collected in heparin or EDTA may be used. Anticoagulants containing oxalate should not be used due to the inhibition of LD by oxalate.<sup>11</sup> Plasma samples should be well centrifuged to eliminate platelets which contain LD.<sup>12</sup>

# **Interfering Substances:**

 Hemolysis: Erythrocytes contain 100-150 times more LD than does serum. Hemolysis may contribute to error in assessment of LD<sub>1</sub> and LD<sub>2</sub> activity.<sup>1-2,11</sup>

- Uremic sera: LD activity is reduced in uremic sera due to the presence of the inhibitors, urea and oxalate, and other unidentified substances. Urea affects LD<sub>5</sub> more than LD<sub>1</sub>.<sup>13</sup>
- 3. Acetone and chloroform inactivate all isoenzymes of LD except LD<sub>1</sub>.14
- 4. For the effect of various drugs on LD activity, refer to Young, et al. 15

**Storage and Stability:** Serum should be tested as soon as possible after collection. Fresh serum is the specimen of choice because different storage conditions have varying effects on the isoenzymes. <sup>11,14,16,17</sup> No one storage temperature is optimum for all the isoenzymes. When storage is required, serum samples may be stored at 15 to 30°C or at 2 to 8°C for up to 48 hours. Storage at 2 to 8°C permits simultaneous storage of serum for both CK and LD isoenzyme studies. <sup>11</sup> Do not freeze the sample as LD<sub>5</sub> is very unstable at freezing temperatures. <sup>11</sup>

#### **PROCEDURE**

Materials Provided: The following materials are provided in the SPIFE LD Isoenzyme Kits. Individual items are not available separately.

Sample Test Size	Cat. No.
60 sample	3335
40 sample	3336
20 sample	3337
SPIFE LD Isoenzyme Gels (10)	
LD Isoenzyme Reagent (20 x 1.0 mL)	
LD Isoenzyme Diluent (2 x 10 mL)	
REP Blotter C (10)	
Blade Applicator Kit - 20 Sample	

## Materials provided by Helena but not contained in the kit:

Item	Cat. No.
SPIFE 3000	1088
QuickScan Touch	1690
QuickScan 2000	1660
CK/LD Control	5134
REP Prep	3100
Gel Block Remover	1115
SPIFE Reagent Spreaders	3706
SPIFE 20-100 Dispo Cup Tray	3366
SPIFE Dispo Sample Cups (Deep Well)	3360
Chamber Cover	8JP34012
Applicator Blade Weights	3387

# STEP-BY-STEP METHOD

Citric Acid Destain (1 pkg)

**NOTE:** If a SPIFE procedure requiring a stain has been run prior to running the LD gels, the stainer unit <u>must</u> be cleaned/washed <u>before</u> washing the gel.

The new software version 1.20 has an automatic wash cycle prompted by initiation of a test which does not use the stainer unit for staining when the previous test did use the stainer for staining. To avoid delays after electrophoresis, this wash cycle should be initiated at least seven (7) minutes prior to the end of the run. To verify the status, press the **TEST SELECT/CONTINUE** button on the stainer until the appropriate test is selected. Place an empty Gel Holder in the stainer unit. If cleaning is required, the "Wash 1" prompt will appear, followed by "Plate out, Holder in" prompts. Press "Continue" to begin the stainer wash. The cleaning process will complete automatically in about 7 minutes. The unit is then ready to process the gel after incubation.

## I. Reagent Preparation

- Reconstitute two vials of the LD Isoenzyme Reagent with 1.0 mL LD Isoenzyme Diluent each.
- 2. Mix well by inversion.

## II. Sample Preparation

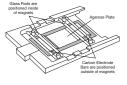
- If testing 41-60 samples, remove three Applicator Blades from the packaging. If testing fewer samples, remove the appropriate number of Applicator Blades from the packaging.
- Place the three Applicator Blades into the vertical slots in the Applicator Assembly identified as 2, 9 and 16. If using fewer Applicator Blades, place them into any of the three slots noted above.

# NOTE: The Applicator Blades will only fit into the slots one way; do not try to force the Applicator Blades into the slots.

- Place an Applicator Blade Weight on top of each Applicator Blade. When placing the weight on the blade, position the weight with the thick side to the right.
- 4. Slide three Disposable Cup strips into rows 1, 3 and 5 of the cup tray.
- Pipette 75-80 μL of patient serum or control into each cup. If testing less than 41 samples, pipette samples into the row of wells that corresponds with applicator placement. Cover the tray until ready to use.

## III. Gel Preparation

- Remove the gel from the protective packaging and discard overlay.
- Place a REP Blotter C on the gel with the longer edge parallel with gel blocks. Gently blot the entire surface of the gel using slight fingertip pressure on the botter, and remove the blotter.



- Dispense approximately 2 mL of REP Prep onto the left side of the electrophoresis chamber.
- 4. Place the left edge of the gel over the REP Prep aligning the round hole on the left pin of the chamber. Gently lay the gel down on the REP Prep, starting from the left side and ending on the right side, fitting the obround hole over the right pin. Use lint-free tissue to wipe around the edges of the gel backing, especially next to electrode posts, to remove excess REP Prep. Ensure no bubbles remain under the gel.
- Clean and wipe the electrodes and Reagent Spreaders (glass rods) with lint-free tissue.
- Place a carbon electrode on the outer ledge of each gel block on the outside of the magnetic posts.
- Place a Reagent Spreader (glass rod) on each inner gel block, inside the magnetic posts. Close the chamber lid.
- Press the TEST SELECT/CONTINUE buttons located on the Electrophoresis and Stainer sides of the instrument until the LD option appears on the displays.

# IV. Electrophoresis Parameters

1) No Prompt

Destain 1

2) No Prompt

Wash 1

3) No Prompt

4) No Prompt

**END OF TEST** 

Dry 1

Using the instructions provided in the appropriate Operator's Manual, set up the parameters as follows for the SPIFE 3000:

Electrophoresis Unit					
,	No Prompt ₋oad Sample 1	00:02	20°C	SPD6	
,	No Prompt ∟oad Sample 2	00:02	20°C	SPD6	
	No Prompt	00.02	20 C	3500	
	₋oad Sample 3 No Prompt	00:02	20°C	SPD6	
Ĺ	₋oad Sample 4	00:30	20°C	SPD6	
,	No Prompt Apply Sample 1	00:30	20°C	SPD6	LOC1
,	No Prompt Electrophoresis 1	6:00	10°C	600 Volt	100mA
7) [	No Prompt	0.00			1001111
	Apply Reagent 1 To Continue, (Continue)		45°C	4 cycles	
	ncubate 1 No Prompt	20:00	45°C		
,	END OF TEST				

Stainer Unit

**REC=REV** 

REC=REV

70°C

VALVE=2

VALVE=7

15:00

10:00

25:00

# V. Electrophoresis

- Open the chamber lid. Place the Cup Tray with samples on the SPIFE 3000.
   Align the holes in the tray with the pins on the instrument.
- Place a reconstituted vial of reagent into each outer hole of the reagent bar, ensuring that the vials are pushed down as far as they can go. Close the chamber lid.
- With LD on the display, press the START/STOP button. An option to either begin the test or skip the operation will be presented. Press START/STOP to begin. The SPIFE 3000 will apply the samples, electrophorese, spread reagent and beep.
- Open the chamber lid, remove and dispose of blades and cups as biohazardous waste.
- 5. Insert a Chamber Cover in the grooves of the chamber.
- Close the chamber lid and press the TEST SELECT/CONTINUE button to start the incubation timer.

## VI. Washing

- At the end of incubation, remove the gel from the chamber and place it on a blotter, <u>agarose side up</u>. Using a blade or straight edge, completely remove and discard the two gel blocks from the gel. The gel blocks interfere with washing. Rinse the Chamber Cover before reuse.
- Attach the gel to the holder by placing the round hole in the gel mylar over the left pin on the holder and the obround hole over the right pin on the holder
- Place the Gel Holder with the attached gel facing backwards into the stainer chamber.
- With LD on the display, press the START/STOP button. An option to either begin the test or skip the operation will be presented. Press START/STOP to begin. The instrument will wash and dry the gel.
- 5. When the gel has completed the process, the instrument will beep. Remove the Gel Holder from the stainer and you can scan the bands.

## VII. Evaluation of the LD Isoenzyme Bands

- Qualitative evaluation: The SPIFE LD Isoenzyme Gel may be visually inspected for the bands.
- 2. Quantitative evaluation: Scan the SPIFE LD Isoenzyme Gel in the QuickScan Touch/2000 on the Acid Violet setting using slit 5.

## Stability of End Product

The LD gels should be scanned for quantitative results within two hours after drying. The gel should be protected from light in the interim.

# Calibration

A calibration curve is not necessary because relative intensity of the bands is the only parameter determined.

## **Quality Control**

The CK/LD Isoenzyme Control (Cat. No. 5134) can be used to verify all phases of the procedure and should be used on each gel run. The control should be used as a marker for proper location of the isoenzyme bands and may also be quantitated to verify the accuracy of quantitations. Refer to the package insert provided with the control for assay values. Additional controls may be required for federal, state or local regulations.

# REFERENCE VALUES

Reference range studies including 53 healthy men and women between the ages of 20 and 60 years old were performed by Helena Laboratories. The following results were obtained:

 $LD_1 = 17.4 - 30.0\%$  $LD_2 = 29.6 - 40.6\%$ 

 $LD_3 = 20.6 - 27.8\%$ 

 $LD_4 = 5.1 - 10.1\%$ 

 $LD_5 = 3.6 - 15.4\%$ 

 $LD_1/LD_2 = 0.5 - 0.9$ 

These values should only serve as guidelines. Each laboratory should establish its own expected value range with this procedure.

## **RESULTS**

Following electrophoresis, five zones of LD activity can be demonstrated. The most anodic zone (LD<sub>1</sub>) migrates with a mobility similar to alpha<sub>1</sub> globulin. The most cathodic zone (LD<sub>5</sub>) travels with the gamma globulin and the remaining three zones have intermediate mobilities. The LD activity in normal serum reflects the breakdown of numerous cells and all five components can be seen. LD<sub>2</sub> predominates, followed

by  ${\rm LD_1}$ .  ${\rm LD_3}$  is present in moderate amounts while  ${\rm LD_4}$  and  ${\rm LD_5}$  usually occur only in minor amounts.

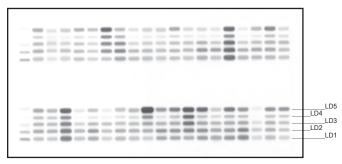


Figure 1: SPIFE LD Gel showing the relative position of the LD isoenzyme bands.

**Calculation of the Unknown** The QuickScan Touch/2000 densitometer will automatically calculate and print the relative percent and the absolute values for each band. Refer to the Operator's Manual provided with the instrument.

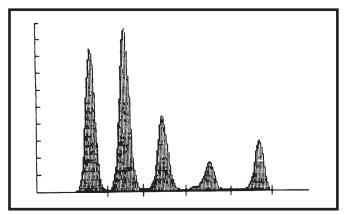


Figure 2: A representative scan of a SPIFE LD pattern.

## LIMITATIONS

The SPIFE LD Isoenzyme Reagent is linear to a total LD of 1000 U/L. Samples with values greater than this should be diluted with deionized water. Results from sensitivity studies showed that the SPIFE LD Reagent is sensitive to 3 U/L.

**Note:** The SPIFE LD method is not designed to identify tumor markers. **Interfering factors:** Refer to SPECIMEN COLLECTION AND HANDLING. **Further Testing Required:** 

- 1. Total LD activity may be determined. Conflicting reports exist about the true value of total serum enzyme levels as compared to the severity of a disease. 1,4,22
- In diagnosing myocardial infarction, CK isoenzyme studies should be performed.<sup>1,4</sup>
- 3. Haptoglobin studies may be performed to rule out hemolysis as a cause of elevated  $LD_1$  and  $LD_2$ .

## INTERPRETATION OF RESULTS

- 1. LD<sub>2</sub> is the LD isoenzyme present in the largest amount in normal serum. 1-4,11
- 2. LD<sub>1</sub> is elevated and may be greater than LD<sub>2</sub> in:
  - a. Myocardial infarction. 1-4,11
  - Duchenne's muscular dystrophy presents a pattern like MI but clinical symptoms help in easily differentiating the two diseases.<sup>18-19</sup>
  - c. Hemolysis (including hemolytic anemias). Hemolytic anemias should be strongly considered whenever total serum LD reaches levels greater than five times normal, and the isoenzymes show an increased LD<sub>1</sub> and LD<sub>2</sub>. Total LD is much higher in hemolytic anemia than in MI unless MI is accompanied by severe shock. Pernicious anemia (PA) in relapse gives an LD pattern like hemolysis. Some of the highest total serum LD values are found in PA.<sup>2,14</sup>
  - d. Renal infarct.<sup>2,11</sup>
- 3. LD<sub>3</sub> is elevated in pulmonary infarctions.<sup>6,11,20</sup>
- 4. LD<sub>4</sub> elevation has not been associated with any particular pathology.
- 5. LD<sub>5</sub> is elevated in hepatic and muscular damage and diseases of the skin.<sup>1</sup>
- 6. Isomorphic patterns:

When total LD is markedly elevated but all the isoenzymes are of normal percentages, the phenomenon is referred to as an isomorphic pattern. Widely divergent groups of clinical diagnoses have shown this type of pattern and include cardiorespiratory diseases, malignancy, fracture, diseases of the central nervous system, infection/inflammation, hepatic cirrhosis and/or alcoholism, trauma without fracture, infectious mononucleosis, hypothyroidism, uremia, necrosis, pseudomononucleosis, viremia and intestinal obstruction.<sup>21</sup> (See LIMITATIONS Note)

7. CK and LD values following open heart surgery:

CK and LD isoenzymes are less specific following open heart surgery than they are in most diagnostic situations. The CK-MB will be elevated due to myocardial damage resulting from the operative procedure as well as trauma to the heart from manipulation and cannulation. The  $\mathrm{LD_1/LD_2}$  may be elevated secondary to hemolysis from extra corporeal circulation.

## PERFORMANCE CHARACTERISTICS

#### **PRECISION**

Within Run studies were run using a patient sample run in replicate on one gel. n = 60

Fraction	Mean	SD	CV%
$LD_1$	26.8	0.5	1.7
$LD_2$	32 3	0.5	1.4
$LD_3$	22.7	0.3	1.5
$LD_4$	8.5	0.3	4.0
LD <sub>5</sub>	9.8	0.4	4.6

Between Run studies were done using a patient sample run in replicate on five qels. n = 300

Fraction	Mean	SD	CV%
$LD_1$	27.1	0.6	2.4
$LD_2$	31.5	0.9	2.8
$LD_3$	23.0	0.4	1.9
$LD_4$	8.6	0.6	6.5
$LD_5$	9.8	0.6	5.8

## **CORRELATION STUDIES**

132 patient specimens were tested on the SPIFE LD method and another commercially available product.

n = 132 Slope = 0.999 Intercept = 0.151 R = 0.980 Y = 0.999X + 0.151 X = TITAN GEL LD Y = SPIFE LD

## LINEARITY

The system has been validated to be linear to 1000 U/L total LD.

# SENSITIVITY

Results from validation studies show that the system is sensitive to 3 U/L.

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