Quebec Cooperative Study of Friedreich’s Ataxia

Taurine in Cerebrospinal Fluid in Friedreich’s Ataxia

B. LEMIEUX, R. GIGUERE, A. BARBEAU, S. MELANCON AND D. SHAPCOTT

SUMMARY: In a previous study we reported low values of taurine and aspartic acid in the CSF of patients with Friedreich’s ataxia, when the results were compared to the literature. Further studies have revealed that unforeseen difficulties with the advertised methodology of sequential multi-sample amino acid analysis were responsible for low values in the determination of these two amino acids in the small volumes necessary for CSF. A corrected method is presented. With the latter method the differences disappear for CSF taurine and aspartic acid, but they remain valid for the previously reported blood and urine values in Friedreich’s ataxia. GABA levels are also normal in Friedreich’s ataxia CSF.

METHOD AND MATERIALS

(a) Patients:
This study was carried out on the CSF of patients previously studied in Phase One, except for two new
patients. All 14 patients have typical Friedreich’s ataxia (group la). However, on the 12 original patients, we obtained 5 new CSF samples and 7 were the original test samples previously analysed which had been stored at -20°C for less than one year.

(b) Controls:
First group (Original controls): CSF was obtained from six males (age 12 to 17) who had undergone lumbar puncture as part of a diagnostic study of their illness or as part of a study with pneumoencephalogram.

Second group (New controls): Using the same selection criteria, CSF from 3 males and 4 females of matched age were chosen for amino acid analysis. In all these control samples the biochemical parameters (protein, glucose, etc.) were within normal limits.

(c) Technique:
As the decrease in amino acid levels in CSF, in both controls and Friedreich’s ataxia patients, was observed only for the first 2 or 3 amino acids eluted from the acidic neutral column, it was evident that we were dealing with a technical problem inherent in the type of apparatus used in the ion exchange chromatography of amino acids. This loss of amino acids could be due either to the deproteinisation technique, or more likely to the incomplete adsorption of sample to the cartridge. Two sets of experiments were designed to investigate this problem.

First experiment: (SSA (Sulfosalicylic Acid) deproteinisation of CSF). Different concentrations of SSA varying from 5 to 150 mg/ml CSF were used with and without previous lyophylisation of the sample and complete analysis of both standard solutions and CSF samples were carried out according to the previous method.

Second experiment: (Amino acid adsorption on the cartridge). A study of the volume of sample in relation to adsorption to the cartridge was made in order to determine the degree of retention of amino acids by the resin (Chromobead C-3). Solutions containing 10 nanomoles of a mixture of amino acids in a volume of 25, 50 or 100 μl (with or without lyophylisation and reconstitution to the original volume) and also 200 μl were added to the sample cartridges in the normal manner and analysed.

Current method for CSF analysis
In order to reduce to a minimum the volume of CSF for better adsorption on the cartridge, we have chosen the process of lyophylisation. CSF was collected by lumbar puncture (usually performed in the morning when the subjects were fasting) with a simultaneous plasma sample. 500 μl of CSF was deproteinized with 500 μl of 9% SSA, with 10 nanomoles of norleucine added as an internal standard. After centrifugation for 10 minutes at 6,000 r.p.m., the supernatant was lyophylized, and the residue was then dissolved in 200 μl of sample buffer. The total volume (200 μl) was added to the cartridge in the usual manner. The concentration of each of the ninhydrin positive substances is expressed in μM/liter of CSF by comparison to a standard mixture of amino acids containing 10 nanomoles in a volume of 200 μl.

TABLE I

<table>
<thead>
<tr>
<th>AUTHORS AND THEIR VALUES FOR TAURINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPROTEINISATION TECHNIQUE</td>
</tr>
<tr>
<td>------------------------------</td>
</tr>
<tr>
<td>1. LAKKE and TEELKEN (1976)</td>
</tr>
<tr>
<td>2. MUTANI et al. (1974)</td>
</tr>
<tr>
<td>3. LEMTEUX et al. (1976)</td>
</tr>
<tr>
<td>4. LIAPPIS et al. (1977)</td>
</tr>
<tr>
<td>5. DICKINSON and HAMILTON (1966)</td>
</tr>
<tr>
<td>6. GJESSING et al. (1972)</td>
</tr>
<tr>
<td>7. ZSIIAGYL et al. (1974)</td>
</tr>
<tr>
<td>8. FERRY et al. (1975)</td>
</tr>
<tr>
<td>9. VAN SANDE et al. (1970)</td>
</tr>
</tbody>
</table>
RESULTS

1) SSA Deproteinisation:
Different concentrations of SSA did not alter the recovery from standard amino acid solutions added to cartridges, either for the first amino acids eluted, such as taurine, or for all other amino acids from the acidic or basic column. A review of the quantity of SSA used by different investigators for the deproteinisation of CSF is shown in Table I with the values for taurine using our new method.

2) Adsorption on the cartridge:
A fixed amount (10 nanomoles) of the first two amino acids eluted from the acidic/neutral column (cysteic acid and taurine) was dissolved in different volumes of sample buffer. The recorder peak areas obtained are shown on Table II. The loss of these amino acids is proportional to the volume of sample solution. There is no statistical difference in the recovery for solutions which had been lyophylised and reconstituted to the original volume.

New method of CSF amino acid determination
Table III shows the result, for control and Friedreich's ataxia patient groups of 23 amino acids analysed by the original and the new methods. There are no statistical differences with either methods for any amino acids. Taurine and aspartic acid in both our controls and Friedreich's ataxia patients were low with the original method, although not different from each other. The values are now higher, but are still not different from each other.

Table IV shows the individual values for taurine and aspartic acid in individual patients by the new method, including their plasma/CSF ratio. The mean and standard deviations are compared with current data from the literature. The apparent slight increase of taurine concentrations in CSF in Friedreich's ataxia could be due to different steps involved in the preparation of the CSF sample, or more likely to the Ion Exchange Chromatographic System which we employ. The aspartic acid...
value is comparable to that reported by van Sande (1970).

**DISCUSSION**

Deproteinisation with different concentrations of SSA with and without lyophylisation did not alter the quantitative analysis of amino acids on Ion Exchange Chromatography. We are not aware of any report on the effect of SSA concentration and lyophylisation on the CSF proteins. As the CSF protein content is about 200 times less than the plasma protein content, there is no need to utilize more than 10 μ-g/ml SSA. Moreover, the amount of SSA or the effect of lyophylisation should theoretically have interfered with all amino acids in the samples.

While carrying out the amino acid adsorption on the cartridge, Essner (1976) published his data on a fast automated chromatographic method for analysis of plasma amino acids. He showed that the cartridge resin did not quantitatively retain those amino acids first eluted from the column, including cysteic acid, homocysteic acid, taurine and phosphoethanolamine, if the volume of the sample exceeded 20 μ l. In reviewing the data of Perry and collaborators (1961, 1968, 1975), using a slow single column system, there are still some slight modifications between the values of amino acids reported and our own with the new method.

Using a fast sequential automated system (TSM), we had followed the instruction manual where it was explicitly mentioned: " Upon aspiration, the sample amino acids are adsorbed on to the cartridge resin, excess fluid passing through. With the exception of cysteic acid, this adsorption is quantitative, provided that the total volume is under 0.5 ml". However, as we have shown here, the sample volume is critical for the efficient retention of cysteic acid and taurine, and it is evident that large volumes should not be used for CSF.

In 4 of the patients with typical Friedreich's ataxia, Dr. H. I., Yamamura of Tucson performed determinations of CSF GABA concentrations. No significant difference was found between the levels in these patients and those in several dozen controls (personal communication).

The results shown in Tables III and IV do not substantiate a decrease or an increase of taurine or aspartic acid in the CSF of Friedreich's ataxia patients, and our previous report could have been misleading due to unsuspected technical problems. However, this difficulty does not apply to the larger volumes studied in blood and urine, where our previous conclusions stand.

**ACKNOWLEDGMENTS**

These studies were carried out under grants from l'Association Canadienne de l'Ataxie de Friedreich. Our sincere thanks go to Dr. H. I., Yamamura of Tucson for performing the determinations of GABA in the CSF.

**REFERENCES**


LEMIRE, B., BARBEAU, A., BIRONIADE, V., SHAPCOTT, D., BRETON, G., GEOFFROY, G. and MELAN...


