

## Oxysterol changes along with cholesterol and vitamin D changes in adult phenylketonuric patients diagnosed by newborn mass-screening

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### ABSTRACT

**Background:** Phenylketonuria (PKU) possibly leads to hypocholesterolemia and lowered vitamin D (VD) status. Metabolism of oxysterols linking with those of cholesterol and VD has never been examined in PKU.

**Methods:** Blood oxysterols along with blood phenylalanine, lipids and VD were examined for 33 PKU adults aged 21–38 years and 20 age-matched healthy controls.

**Results:** Total- and low-density cholesterol, and 25-hydroxy VD<sub>3</sub> were decreased significantly in the PKU group (cholesterols, 10% decrease; 25-hydroxy VD<sub>3</sub> 35% decrease vs. the control group). 24S-hydroxycholesterol (24S-OHC) eliminating brain cholesterol, and 27-OHC and 7 $\alpha$ -hydroxycholesterol (7 $\alpha$ -OHC) representing peripheral and hepatic cholesterol elimination, respectively, were significantly decreased in PKU group: 24S-OHC, 25% decrease,  $p < .01$ ; 27-OHC and 7 $\alpha$ -OHC, 35–40% decrease,  $p < .001$ . 7 $\beta$ -Hydroxycholesterol (7 $\beta$ -OHC) reflecting oxidative stress was increased significantly in PKU group ( $p < .05$ ). 7 $\alpha$ -OHC and 27-OHC levels in PKU group always showed similar values, regardless of other parameters while the 24S-OHC and 7 $\beta$ -OHC levels decreased and increased, respectively, showing significant correlations with phenylalanine level ( $p < .005$ ). 27-OHC level showed a significant positive correlation with the 25-hydroxy VD<sub>3</sub> level in this group ( $p < .001$ ).

**Conclusion:** Blood oxysterol changes predominate over blood cholesterol changes and influence on VD status in adult PKU patients.

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**Abbreviations:** PKU, phenylketonuria; TC, total cholesterol; LDL-C, low-density lipoprotein cholesterol; VD, vitamin D; PTH, parathyroid hormone; 7 $\alpha$ -OHC, 7 $\alpha$ -hydroxycholesterol; 7 $\beta$ -OHC, 7 $\beta$ -hydroxycholesterol; 24S-OHC, 24S-hydroxycholesterol; 27-OHC, 27-hydroxycholesterol.

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### 1. Introduction

Phenylketonuria (PKU: OMIM, 261600) is an autosomal recessive disorder caused by deficiency of hepatic phenylalanine hydroxylase (PAH; EC 1.14.16.1). Diverse unfavorable effects of hyperphenylalaninemia on the central nervous system in children have been well described [1–5]. Unless phenylalanine intake is restricted, they develop convulsions, developmental delay, and mental retardation. Additionally, evidence that high plasma phenylalanine concentrations possibly cause behavioral

abnormalities, cognitive impairment, and emotional disturbance in adults has been reported increasingly [6,7].

Aside from the clinical presentations, various metabolic changes in PKU, particularly changes related to neurological manifestations, have been studied [1–5]. Among them, the most frequently explored are the low productions of neurotransmitters such as serotonin, dopamine and catecholamine, together with disturbance in the transport systems [1–5]. In addition, several studies have demonstrated the possibility

that enhanced oxidative stress is, in part, associated with neurological manifestations in PKU [8–12]. Probably, multiple metabolic factors are associated with the clinical presentations of the disease. Nevertheless, information related to the biochemistry in PKU remains insufficient.

Oxysterols are metabolites originated from cholesterol, and some oxysterols have been implicated in the pathophysiology of neurological disorders [13–18]. Oxysterols are also metabolically connected to vitamin D (VD) (Fig. 1). In PKU, cholesterol and VD productions have

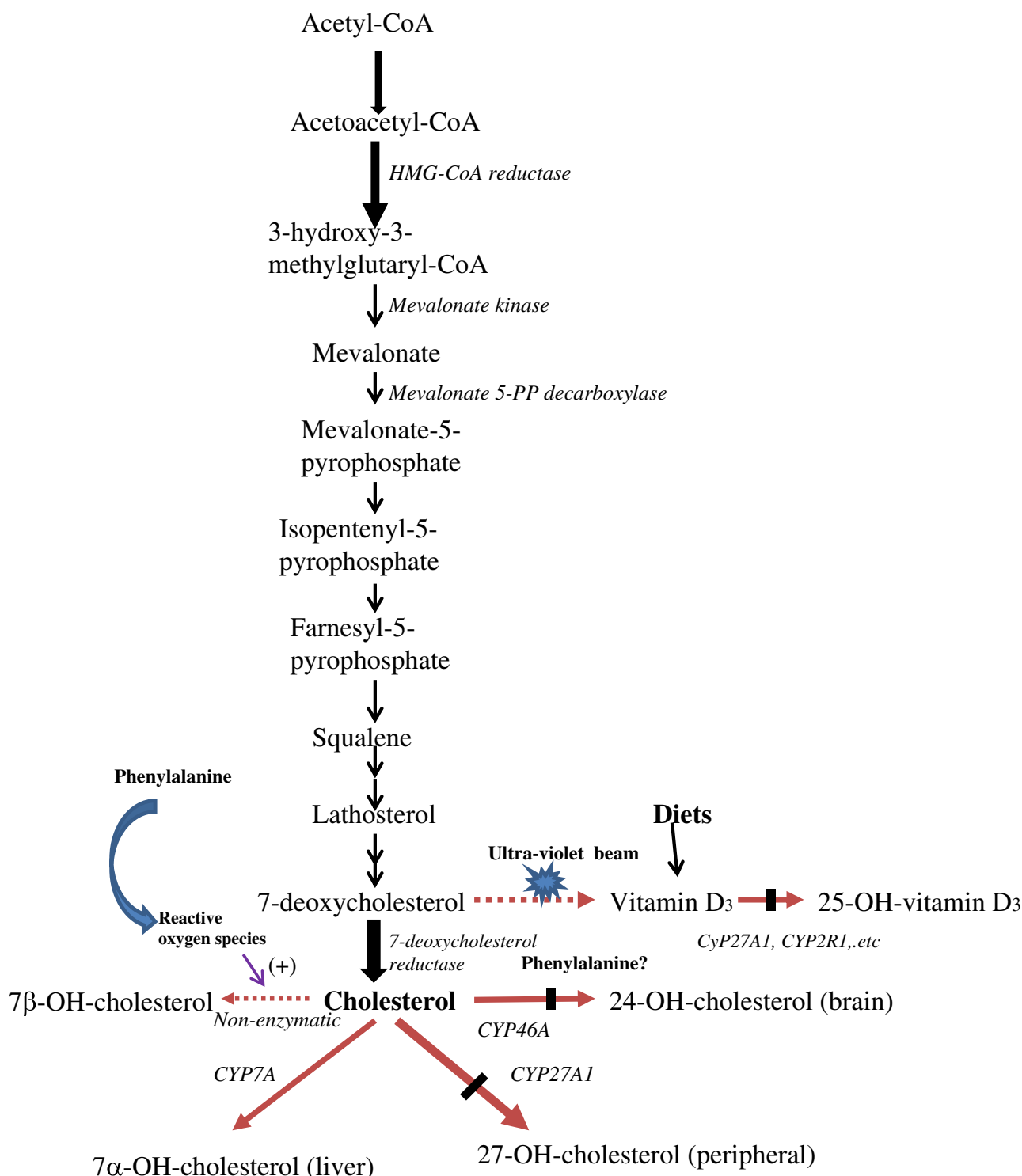


Fig. 1. Metabolic map illustrating cholesterol, oxysterol and vitamin D productions.

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