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A novel liquid chromatography-tandem mass spectrometry method for determination of menadione in human plasma after derivatization with 3-mercaptopropionic acid



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ABSTRACT

Menadione (VK₃), an essential fat-soluble naphthoquinone, takes very important physiological and pathological roles, but its detection and quantification is challenging. Herein, a new method was developed for quantification of VK₃ in human plasma by liquid chromatography-tandem mass spectrometry (LC-MS/MS) after derivatization with 3-mercaptopropionic acid via Michael addition reaction. The derivative had been identified by the mass spectra and the derivatization conditions were optimized by considering different parameters. The method was demonstrated with high sensitivity and a low limit of quantification of 0.03 ng mL⁻¹ for VK₃, which is about 33-fold better than that for the direct analysis of the underivatized compound. The method also had good precision and reproducibility. It was applied in the determination of basal VK₃ in human plasma and a clinical pharmacokinetic study of menadiol sodium diphosphate. Furthermore, the method for the quantification of VK₃ using LC-MS/MS was reported in this paper for the first time, and it will provide an important strategy for the further research on VK₃ and menadione analogs.

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1. Introduction

Vitamin K (VK) is a family of structurally similar and fat-soluble vitamins. All forms of VK share a common naphthoquinone ring, but differ in the position-3 side chain. There are three major types of VK, including phyloquinone (VK₁), menaquinones (VK₂), and menadione (VK₃) (see Fig. 1). VK₁ and VK₂ are the natural compounds. The most common form of VK₂ in humans is menaquinone-4 (MK-4) [1]. Although VK₃ (2-methyl-1,4-naphthoquinone) is considered as a synthetic analog, Davidson et al. [2–4] found that dietary VK₁ can be cleaved to form VK₃ by bacteria in the intestine. It is also an intermediate metabolite in the conversion of VK₁ to MK-4 [5], and plays an important role in blood coagulation as a cofactor for the synthesis of clotting factors in the liver and in bone mineralization [4,6].

Recently, the interest in VK₃ has grown because of its antitumor activity against various human cancer cells [7,8] and other actions [9–11]. It has shown antiproliferative effects against various kinds of cancer cells, including pancreatic [12], hepatic [13], oral cavity [14], breast [15], leukemia [16] and several glioma cell lines [17]. Both *in vivo* and *in vitro* studies showed a synergistic effect when VK₃ was combined with conventional chemotherapeutic agents,

such as 5-fluorouracil, mitomycin C, doxorubicin, bleomycin, cisplatin, dacarbazine and so on [3,18]. The development of the VK₃ prodrugs as antihemorrhagic and anticancer agents is promising, and attracts more and more interest of scientists. To evaluate the safety and efficacy of those developing new drugs or prodrugs of VK₃, it is very important to obtain the plasma concentration data of VK₃ converted by those drugs. In addition, an increasing body of work indicates that VK deficiency may be associated with osteoporosis and possibly with hepatocarcinoma and atherosclerosis [9]. The efficacy of VK in the prevention or treatment of these diseases deserves further studies. Therefore, to detect the low endogenous concentrations and elucidate the effects and molecular mechanisms of vitamin Ks in human, it is essential to establish accurate, sensitive, and selective methods for the quantification of vitamin Ks in human plasma. There are many methods reported in the literature for determination of VK₁ [19] and VK₂ [20] in plasma, but there is no highly sensitive and effective method or LC-MS/MS method reported for the determination of VK₃ in human plasma. The reasons mainly include two aspects. On the one hand, there is no ionizable functional group in its chemical structure, so that the mass spectrometric response of it is very poor, and it is relatively difficult to establish a sensitive and robust LC-MS/MS method for its unchanged form. On the other hand, VK₃ is highly unstable in plasma, its plasma concentration level is very low, and meanwhile it decreases rapidly in plasma [21,22].

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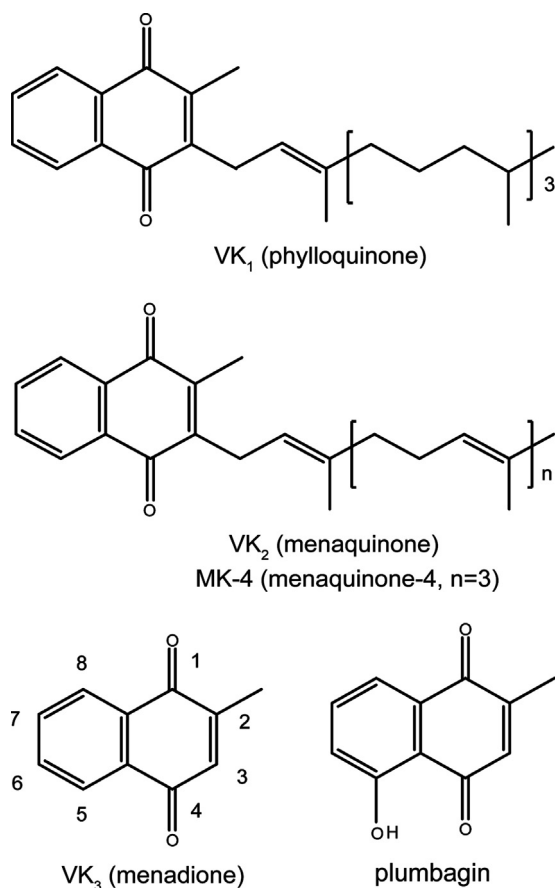


Fig. 1. Chemical structures of vitamin Ks and plumbagin. Note the n on vitamin K₂, which represents the number of unsaturated isoprenyl groups.

Various methods [5,6,23–27] have been reported for the determination of VK₃ in various matrices. Among the methods only a few were reported for the determination of VK₃ in plasma. Akman et al. [23] reported a differential pulse polarographic assay for VK₃ in plasma with a low limit of quantification (LLOQ) of 30 ng mL⁻¹. Hu et al. [24] reported the HPLC method for the determination of VK₃ in rabbit plasma with an LLOQ of 10 ng mL⁻¹. Both methods were not sensitive enough for determining the basal VK₃ level in plasma. Recently, Al Rajabi et al. [5] reported an HPLC method using a C₃₀ column, post-column zinc reduction and fluorescence detection to measure urinary VK₃ with an LLOQ of 0.3 pmol mL⁻¹. The method offered increased sensitivity, but it only applied to the determination of VK₃ in urine not in plasma. Furthermore, VK₃ is not endogenously fluorescent and requires a post-column zinc reduction for fluorescent detection. To the best of our knowledge, although the LC–MS/MS methods for determination of vitamin K₃-glutathione conjugate in hepatocytes [28] and in liver [29] have been published over the years, no successful methods for the quantitative determination of VK₃ using LC–MS/MS are reported so far.

In recent decades, LC–MS/MS has been proven to be an extremely sensitive and specific technique for biomedical analysis. However, some chemical substances are difficult to detect by the wide-spread LC–MS/MS method due to the lack of ionizable functional group. Introducing ionizable group, by a pre-column derivatization method, into the structure of these poorly ionizable drugs is a useful strategy to improve both detection specificity and sensitivity by mass spectrometry [30–32].

Menadiol sodium diphosphate (MSD) is a prodrug of VK₃. It is converted to its active form VK₃ *in vivo*. The drug is currently undergoing phase II clinical trials in China as an antithrombotic

agent. In this study, we developed the sensitive LC–MS/MS method to determine VK₃ in human plasma using a simple derivatization reaction of VK₃ with 3-mercaptopropionic acid. The method was successfully applied to the clinical pharmacokinetic study of MSD, and the plasma concentration–time profiles of VK₃ in human after oral administration of MSD were acquired for the first time. The proposed method also provides a new strategy for the detection of menadiol analogs.

2. Experimental

2.1. Optimization of the derivatization procedures

Derivatization efficiencies were evaluated at various reaction temperatures, time, media, amounts of derivatization reagent and pH levels. The optimum derivatization conditions of VK₃ with MPA were determined by the amounts of the derivatized VK₃.

2.2. Preparation of calibration standard and quality control samples

The primary stock solution of 1.0 mg mL⁻¹ VK₃ was prepared by dissolving accurately weighed amounts of the reference substance in methanol. Working solutions of VK₃ were prepared at concentration levels of 1.5, 5.0, 15, 50, 150, 500, 1000, 1750 and 2500 ng mL⁻¹ by serial dilution of the primary stock solution with methanol. The working solution of the internal standard (IS, 200 ng mL⁻¹) was prepared by diluting a 1.0 mg mL⁻¹ plumbagin stock solution with methanol. All solutions were kept at –20 °C in dark and brought to room temperature before use. The derivatizing reagent was freshly prepared by diluting the 3-mercaptopropionic acid (MPA, 1.22 g mL⁻¹, 20 °C) to the concentration of 122 μg mL⁻¹ with methanol.

We prepared VK₃-free blank plasma by exposing plasma from healthy subjects to light for eight hours [33]. The treated plasma contained no detectable VK₃. The calibration standards of VK₃ were prepared by spiking 20 μL of the corresponding working solutions mentioned above into 1.0 mL treated blank plasma to yield the concentrations of 0.03, 0.1, 0.3, 1.0, 3.0, 10, 20, 35 and 50 ng mL⁻¹ for VK₃. The quality control (QC) samples were prepared using a different stock solution of VK₃ to obtain the plasma concentrations of 0.08, 0.2, 2.0 and 40 ng mL⁻¹.

All operations were performed under red lamps to avoid any losses due to light sensitivity of VK₃ and plumbagin.

2.3. Sample preparation

2.3.1. Extraction procedure

After being drawn from volunteers, the blood samples were collected into heparinized tubes in ice-water bath, and centrifuged immediately at 4 °C to separate the plasma. An aliquot of 1.0 mL plasma sample was transferred to a glass tube in the ice water bath and 20 μL of the IS working solution (200 ng mL⁻¹) was added and vortex-mixed for 10 s. Then 5 mL ethyl acetate was added to the mixture, vortex-mixed for 3 min, and centrifuged for 8 min at 1700 g. The supernatant was separated and evaporated to dryness under a gentle stream of nitrogen in a water bath of 35 °C.

2.3.2. Derivatization procedure

The residue of the extracted plasma sample was reconstituted with 100 μL MPA methanol solution (122 μg mL⁻¹) and 100 μL methanol–water (1:1, v/v). After being vortex-mixed for 3 min, the mixture was reacted at 70 °C for 2 h, and then centrifuged for 5 min at 17000 g. An aliquot of 5 μL supernatant was then used for the LC–MS/MS analysis.

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