DHEAS

General:

DHEAS is predominantly synthesized in the adrenal cortex and is bound in blood to albumin. DHEAS is considered as an indicator for adrenal androgen production. There is diurnal variation similar to cortisol. DHEA is synthesized mainly (70%) in the adrenal cortex, the remaining part is produced in the ovary (10%) and by transformation of DHEAS. Androgen production as well as cortisol synthesis is controlled by ACTH; prolactin has a stimulating effect on the adrenal cortex.

Indication:	Differential diagnosis of hirsutism and virilism in women (adrenal/ovarial), sus-picion of androgen caused ovarian failure, suspicion of adrenal cortex tumor (also without Cushing symptomatology), course control of adrenal cortex tumors, AGS.
Material:	1 ml serum
Stability:	14 days at 2 to 8°C
TAT:	same day, FML
Method:	ECLIA
Units:	µg/ml
Ref.- range:	see report
Comment:	**Increased** level is observed with excessive adrenergic or ovarial androgen production, e.g. AGS (testosterone level is also increased) with 21-OH- or 11-β-OH-deficiency, cortical suprarenal tumors, bilateral suprarenal hyperplasia with secondary Cushing Syndrome (hypothalamus-hypophyseal). A dexamethasone inhibitory test (DMIT) for checking the suprarenal gland function is recommended. **Decreased** level is observed with dexamethasone suppression, anti-androgen therapy, suprarenal gland insufficiency, ovarian-dependent hirsutism or post-prolactin myomectomy.
Note:	If the patient is taking multivitamins or dietary supplements containing high dose of Biotin (> 5 mg), the patient should stop taking it for at least 24 hours , before having the blood collection

For complete list of laboratory test offered at Freiburg Medical Laboratory, please visit
http://www.fml-dubai.com/parameter-listings/

Updated 13/01/2023

DAkkS Deutsche Akkreditierungsstelle D-ML-13455-01-00

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^ non-accredited parameter
*performed in a collaborating laboratory (Germany)