Vitamin B6 Pyridoxine Pyridoxal Phosphate

General:

Biochemistry: 3 naturally occurring and biologically active derivatives of hydroxy-5-hydroxymethylpyridine (pyridoxine, pyridoxal, pyridoxamine) are summarized as vitamin B6. In the cell, pyridoxine is transferred into the coenzyme pyridoxal phoshate in an ATP-dependant phosphorylation reaction and involved in decarboxylation, transamination of amino acids.

Physiology: daily requirement 2.0-2.6 mg, in pregnancy > 4 mg. In addition to nutritional intake, microbial synthesis in the intestinal tract contributes to the supply. Occurrence: liver, kidney, brain, meat, fish, egg yolk, yeast, grain and rice.

Clinical symptoms:

Skin: Eczema-like changes similar to seborrheic dermatitis around eyes, nose and mouth; cheilosis; glossitis.

Pediatrics: cerebral cramp attacks, Vit-B6 dependent anemias, xanthurenaciduria, cysthathioninuria, homocystinuria, hyperornithinemia and oxalosis type I can appear in newborns (deficiency during pregnancy).

Hypervitaminosis occur >2 g/day. Symptoms: neuropathy with ataxia, cerebral convulsions with changes in the EEGs, hypochromic anemias and seborrheic dermatitis.

Indication:	Suspicion of deficiency or over-dosage
Material:	2 ml EDTA-plasma, **Frozen**
Preanalytics:	Please send frozen EDTA-plasma: centrifuge EDTA-blood immediately, freeze the EDTA-plasma and ship to FML frozen.
TAT:	5-7 days*
Method:	HPLC
Units:	ng/ml
Ref.- range:	see report

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

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