

Porphyrins (Urine)

Description	The acute porphyrias (AIP, HCP, VP) may present with abdominal pain, psychiatric disorders or peripheral neuropathy. 75% of attacks are precipitated by either drugs (including oral contraceptives) or alcohol. With the exception of AIP, all the above can be associated with dermatological problems. Lab 'screen' for AIP: measure urine PBG. If negative, provided sample has been collected during an acute attack AIP is unlikely, though not impossible. Patients who present with dermatological involvement require full assessment: urine, faeces and blood should be analysed.
Indication	Investigation of suspected porphyria
Additional Info	For acute porphyrias collect samples when patients are symptomatic.
Concurrent Tests	NA
Dietary Requirements	NA
Interpretation	Measurement of urinary PBG alone is used as the screening for acute porphyria (test may be unreliable if creatinine < 4 mmol/L). However, the investigation of patients presenting with dermatological problems requires urine, faecal and blood analysis. Elevated urinary porphyrins can also occur in conditions other than porphyria e.g alcohol excess, liver disease, renal disease, drugs/toxins, lead toxicity and severe illness.
Collection Conditions	Collect specimen into a plain universal bottle. Protect from light by placing bottle in a brown envelope or wrap in tin foil or black bag. Transport to lab in standard specimen bag with request form attached. Porphyrin analysis is not performed at RLUH and is sent to a referral lab by first class post. Should you require urgent analysis please notify the duty biochemist on x 4236 to arrange for urgent taxi transport of samples.
Frequency of testing	As required