

A novel and an effective analytical approach for the LC-MS determination of ethyl glucuronide and ethyl sulfate in urine

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Abstract An alternative liquid chromatography–mass spectrometry (LC-MS) method based on no discharge (ND) atmospheric pressure chemical ionization (APCI) was developed for the simultaneous determination of ethyl glucuronide (EtG) and ethyl sulfate (EtS) in urine in negative ion conditions. Abundant $[M-H]^-$ species of EtG and EtS were obtained, allowing to reach limits of quantification (0.1 $\mu\text{g/ml}$ for both analytes), accuracy, and precision comparable to those proposed in the literature. Additionally, the LC-ND-APCI-MS method proved to be reliable, requiring little maintenance even when high throughput analyses (i.e., 6,000 samples per year) were required.

Keywords Liquid chromatography · Mass spectrometry · Ethyl glucuronide · Ethyl sulfate

Introduction

Ethyl glucuronide (EtG) and ethyl sulfate (EtS) are nonvolatile, water-soluble ethanol metabolites that have been proposed as efficient markers of alcohol intake and abuse [1–3]. They can be quantified in body fluids for an extended time period after complete elimination of alcohol,

being detectable in serum up to 8 h [4] and in urine up to 80 h after ethanol elimination [5].

A number of analytical methods have been developed for their determination in biological matrices such as gas chromatography–mass spectrometry with derivatization [4, 6], liquid chromatography–mass spectrometry (LC-MS) [7], liquid chromatography–multiple mass spectrometry (LC-MS/MS) [8, 9], liquid chromatography with pulsed electrochemical detection [10], capillary zone electrophoresis [11, 12], and immunochemical tests [13].

The use of electrospray ionization (ESI) and LC-MS/MS methods on the most recent, high-performance mass spectrometric instrumentation enabled the *mise au point* of methods fulfilling guideline requirements for forensic confirmation of analytes and exhibiting low limits of detection (LOD) and low limits of quantification (LOQ) after simple or null sample pretreatment [14]. However, a loss of sensitivity due to matrix effects (defined as the combined effect of all components of the sample other than the target analyte on the measured analyte quantity [15]) has already been described using ESI, when instruments with on-axis interfaces are employed and automated analyses of large sample batches are performed [15, 16]. Indeed, minute droplets originating from the ionization process are capable of inflowing the entrance capillary together with desolvated ions, thus creating a thin layer of neutral species on the entrance capillary inner surface. At high temperature, these neutrals may undergo thermal decomposition and activate the inner surface against EtG and EtS decreasing the intensity of the $[M-H]^-$ signal. In order to overcome these problems, an alternative LC-MS approach based on the use of no discharge (ND) atmospheric pressure chemical ionization was tested for the analysis of EtG and EtS in urine in a forensic setting where thousands of samples need to be processed in a year.

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Materials and methods

EtG and d_5 -EtG were purchased from Medichem (Promochem, Milano, Italy); EtS and d_5 -EtS were prepared by chemical esterification of sulphuric acid with ethanol and d_5 -ethanol [17]. Water was obtained from a Milli-Q Academic system (Millipore, Bedford, MA, USA). Acetonitrile (Sigma, Milano, Italy), formic acid (Sigma, Milano, Italy), and methanol (Fluka, from Sigma, Milano, Italy) while Isolute-NH₂ solid phase extraction columns were obtained from Varian (Harbor City, CA, USA).

Individual stock solutions of EtG, d_5 -EtG (internal standard, IS), EtS, and d_5 -EtS (IS) were prepared in methanol at a concentration of 1 mg/ml and kept for 6 months at -20°C . Working solutions of EtG and EtS were prepared weekly at a concentration of 5 $\mu\text{g}/\text{ml}$ in water. The IS working solutions were prepared weekly at 5 $\mu\text{g}/\text{ml}$ in water. Calibration and quality control samples were prepared by adding suitable amounts of the standards to blank urine, obtaining concentrations in the working range of 0.1–5 $\mu\text{g}/\text{ml}$ in urine. Urine samples (20 ml) were collected from subjects whose driving license had been revoked for alcohol-related problems and were following a regranting protocol. EtG and EtS-free urine samples were collected from healthy volunteers who had not consumed alcohol in the last 7 days. All specimens were stored in plastic containers at -20°C prior to analysis. To urine (125 μl), IS working solutions (200 μl), acetonitrile (2 ml), and 6 M HCl (50 μl) were added. After centrifugation at $3,500\times g$, the supernatant was transferred to an aminopropyl Isolute-NH₂ solid phase extraction column, previously activated by methanol (2 ml), water (2 ml), and acetonitrile containing 0.1% formic acid (2 ml). The column was washed with pentane (2 ml) and dried under vacuum for 10 min. Elution of analytes was performed with 2 ml of water, 0.1% formic acid, and 10 mmol/l ammonium formate (pH 3). EtG and EtS were recovered in the first 0.8 ml of eluate. The whole procedure corresponds to 1: 6.4 urine dilution; 20 μl of eluate was used for injection.

Chromatographic separation was optimized by injection of pure standard solutions in a Hypercarb (Thermo, San José, CA, USA) column (150 \times 2.1 mm; 5 μm) that allows the separation of highly polar compounds with closely related structures. A Spectra System P4000 pump (ThermoFinnigan, San José, CA, USA) was used for gradient elution at a constant flow rate of 0.2 ml/min. The mobile phase compositions were: (a) water, 0.1% formic acid, 10 mmol/l ammonium formate, and pH 3 and (b) acetonitrile, 0.1% formic acid, and 10 mmol/l ammonium formate. The elution was programmed as follows: initial conditions 0% B for 30 s, linear gradient to 80% B in 3 min, 80% B hold from 3.5 to 7 min, and linear gradient to 0% B in 2 min. Re-equilibration time was 6 min with a total run

time of 15 min. The injection volume was 20 μl . Analyte signal intensities were enhanced by postcolumn addition of acetonitrile (0.4 ml/min). All mass spectrometric measurements were obtained using an LCQ-Duo (Finnigan, San José, CA, USA) ion trap mass spectrometer equipped with an APCI source operating in negative ion mode. Optimization of the ion source and MS parameters was performed by direct infusion of a 2.5 $\mu\text{g}/\text{ml}$ solution of EtG and/or EtS with a syringe pump at 40 $\mu\text{l}/\text{min}$, coupled with a T-union to the outlets of two LC pumps, one delivering the mobile phase (water, 0.1% formic acid, 10 mmol/l ammonium formate, and pH 3) at 0.2 ml/min and the other delivering acetonitrile at 0.4 ml/min.

The optimized no discharge APCI parameters were: source vaporizer temperature 500 C and 600°C for EtG and EtS, respectively, entrance capillary voltage 10 V, sheath gas (nitrogen) 40 arbitrary units (a.u.), and entrance capillary temperature 160°C. The corona discharge voltage was switched off.

For resonant collision-induced dissociation experiments, a supplementary radio frequency (rf) voltage (“tickle voltage”) in the range of 0–5 V was applied to the end caps of the ion trap. Helium was used as target gas, at a pressure of 1.46×10^{-3} Pa. During LC-MS runs, acquisition was split into two segments; in the first (3–5.5 min), MS/MS was performed on precursor ions at m/z 221 and m/z 226 for EtG and d_5 -EtG (acquiring product ions in the range m/z 50–230), respectively, and in the second (5.5–7 min), the mass spectrometer was operated in single ion monitoring mode for ions at m/z 125 (EtS) and m/z 130 (d_5 -EtS). A divert valve was used to switch the LC flow to waste from 0 to 3 min and from 7 min to the end of the run.

Results and discussion

The aim of the study was to develop a LC-MS method for EtG and EtS using an alternative ionization method that avoids deposition of neutral species on the entrance capillary inner surface encountered using an on-axis ESI source. This occurrence, particularly relevant when multiple LC injections of urine extracts have to be performed daily, causes a dramatic decrease in the instrument sensitivity that can be restored only by extensive cleaning of the entrance capillary or its substitution.

As an alternative to ESI conditions, we tested the use of an APCI source without any corona discharge as recently proposed by Cristoni et al. [18]. Using ND-APCI, a clear increase of the abundance of protonated (or deprotonated) molecules and a concomitant lowering of chemical background and clustering reactions have been observed for analytes of different chemical classes [19]. Looking at these data and considering the ionic nature of EtG and EtS in

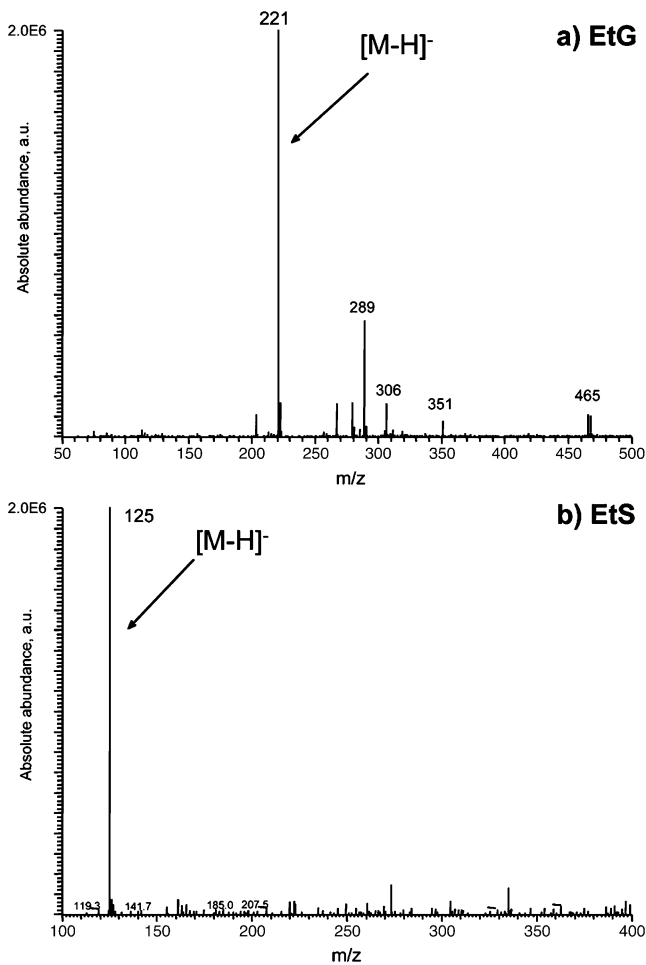


Fig. 1 ND-APCI spectra of **a** EtG and **b** EtS

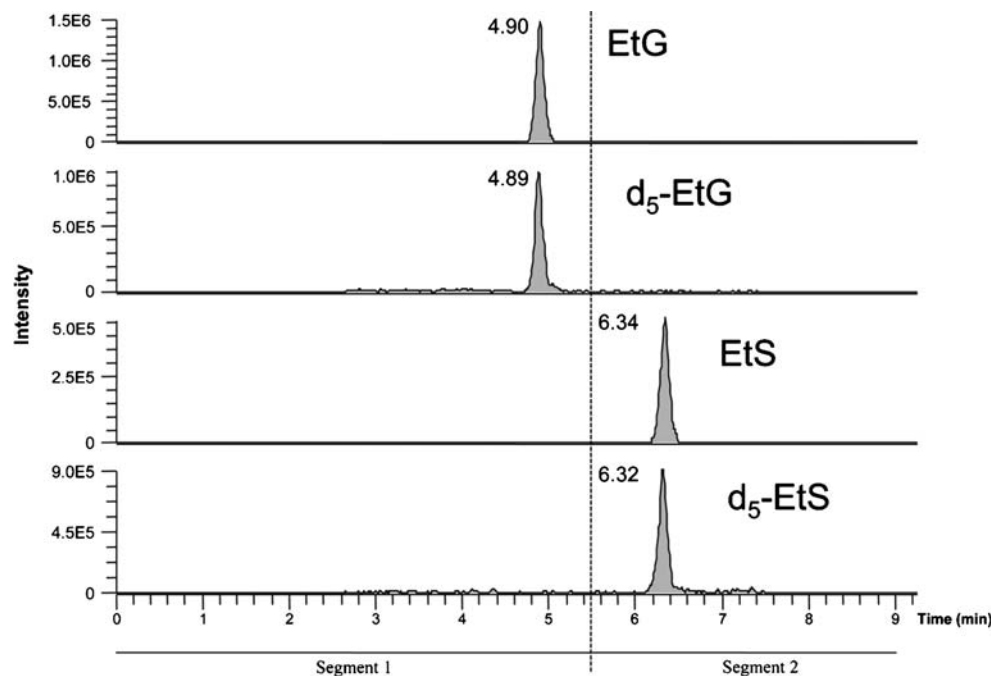
aqueous solution, ND-APCI was considered a promising substitute for ESI.

The mass spectra obtained by infusing 2.5 $\mu\text{g/ml}$ standard solutions of EtG and EtS are shown in Fig. 1. In both cases, the deprotonated molecules led to the most intense signals; worth noting is the low level of chemical background, typical for that obtained by the ND-APCI approach. Once the optimized ionization conditions for the target analytes was reached, a LC-ND-APCI-MS method was developed for the quantitative simultaneous determination of EtG and EtS in urine after solid phase extraction.

For the preliminary validation of the method, specificity was checked by running 20 different blank urine samples. In every case, signal-to-noise (S/N) values were lower than three for selected ion traces. The percentage deviations of relative abundances of the diagnostic ions acquired in the scan function were determined by duplicate analysis of six different urine samples spiked at 0.5 and 2 $\mu\text{g/ml}$ of EtG and EtS, performed on two separate days. RSDs were <20% for urine at 0.5 $\mu\text{g/ml}$ and <14% for urine at 2 $\mu\text{g/ml}$ for both EtG and EtS. Calibration curves were linear in the range 0.1–5 $\mu\text{g/ml}$ in urine. The correlation coefficients of all individual curves exceeded 0.991. When concentrations in real samples were presumed to be higher, sample dilution was undertaken in order to fall into the linearity range.

The LOQ was established at 0.1 $\mu\text{g/ml}$ for both analytes on the basis of the accuracy of five independent determinations at this concentration (deviation from nominal value within 20%). LODs, defined as analyte concentrations giving rise to an S/N ratio=3, were found to be 0.05 $\mu\text{g/ml}$ for both EtG

Fig. 2 Chromatograms of a positive urine sample (EtG 1.7 $\mu\text{g/ml}$ and EtS 0.8 $\mu\text{g/ml}$). *Segment 1*, MS/MS of m/z 221 and 226 (product ion scan). *Segment 2*, single ion monitoring of ions at m/z 125 and 130



and EtS. These values were also obtained by five independent determinations. Intra- and interassay precision, as percent relative standard deviation, assessed by extracting and analyzing four replicates of spiked samples (at 0.5, 1, and 2 µg/ml) on three consecutive days ($n=12$) was satisfactory being <20% in urine for both analytes. Accuracy, in the absence of a certified reference material, was evaluated as percent relative error (i.e., the percentage deviation of the mean result for all analyses from the nominal value of a spiked sample) on the basis of the total data set ($n=12$) at the reported three concentrations and averaged within $\pm 18\%$ of the target values with a RSD of $\leq 15\%$ for both analytes.

The method described was primarily developed to detect EtG and EtS in urine samples collected from subjects whose driving license was suspended for alcohol related problems. As an example, the ion chromatogram related to EtG, d_5 -EtG, EtS, d_5 -EtS obtained for a real sample under ND-APCI conditions is reported in Fig. 2. What is most interesting is that the signal intensity of both $[M-H]^-$ and the ISs were constant after repeated injections of urine extracts in LC.

The license regranting protocol includes the unannounced collection of three to five urine samples over a period of 2–4 weeks. Data obtained from EtG and EtS analysis are used to evaluate the reliability of the alcohol intake declared by the subjects during medical examination and together with other alcohol biomarkers to outline their drinking pattern. A cutoff of 0.3 µg/ml is applied to distinguish accidental alcohol intake (e.g., from medication or food) from conscious alcohol intakes. On the whole, more than 6,000 urine samples from 1,500 subjects need to be processed each year. The LC-ND-APCI-MS method showed to be really robust reducing routine source maintenance and allowing 24 h automated analysis of large batches of samples.

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