THE SUPRARENAL FUNCTION IN SOME INTRACRANIAL LESIONS.

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		2. Valje S
1.	AIN OF THE WORK	1
II.	INTRODUCTION	4
	1- Physiological consideration	4
	2- The adrenal steroids	4
	- The control of cortisol secretion	11
	- Biosynthesis of Adrenal corticoids	16
	- Metabolism of corticoids	18
	- Function of Adrenal cortex	22
	A- Cortisol	22
	B- Aldosterone	25
	C- Androgens	26
	D- Oestrone	27
	3- The suprarenal medulla	28
	- The control of adreno-medallary sec- retion	28
	- Biosynthesis of Adrenaline and nor-adrenaline	30
	- Metabolism of catecholamines	3 2
	- The physiological action of Adrena-	_
	line & Noradrenaline	35
	4- The mode of action of hormone	3 9
III.	RLVIEW OF LITERATURE	40
IV.	HISTORICAL REVIEW FOR DETERMINATION OF COR-	
	TICOSTEROIDS& CATECHOLAMINES	51
	1- Review of Literature for determination of Adrenocorticoids	51
	2- Review of Literature for determination of catecholamines	61

ν.	Materials and Methods 6	9
	1- Materials 6	9
	2- Determination of urinary total 17-OHCS 7	3
	3- Determination of total catecholamines 7	7
	4- Determination of creatinine in urine 8	3O
	5- Determination of plasma ll-hydroxycorticos- teroids 8	33
VI.	RESULTS 8	37
vII.	ANALYSIS OF THE RESULTS	Ю
VIII.	DISCUSSION 10)5
IX.	CONCLUSION11	L7
х.	SUMMARY 11	L9
XI.	REFERENCES 12	21
XII.	ARABIC SUMMARY	

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AIM OF THE WORK

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The adrenal gland is known as an important organ which plays a major role in the deffensive mechanism of the body in the face of stress. Its hormones both cortical and medullary share in this reaction to stress.

It is now established that the adrenal gland activity is influenced by the control of higher centres. Thus the adrenal medulla - which is enbryologically derived from the nervous system - is anatomically and physiologically connected to the autonomic nervous system and its higher centres in the reticular system of the brain stem and further up with the hypothalamus. The adrenal cortex is known to produce 2 varieties of hormones; the gluco-corticoids and mineralocorticoids. Gluco-corticoids secretion is controlled by the activity of the pituitary gland which lies at the base of the brain and is closely connected to the hypothalamus through humeral and nervous pathways. Mineralo-corticoids mainly aldosterone is however controlled only slightly by pituitary activity. Although some higher centres in the mid brain controlling aldosterone secretion has been suggested by some authors, yet its main regulating mechanism is now known to be related to

in a specific to the adversary potables with interpredagate the adversary to investigate the adversary function in some cases with intracranial lesions that may disturb the function of the higher centers of this axis.

Head injury although it acts as a sort of stress that normally result in adrenal over activity, yet with a possible lesion in the hypothalamus or pituitary this reaction on the part of the adrenal would probably be modified.

On the other hand, intracranial lesions of chronic nature with prolonged increase in intracranial pressure or in chronic lesions nearby the hypothalamorituitary area, may be expected to disturb the adrenal function indirectly by causing a dysfunction of its higher centrolling mechanism.

The vital role played by the adrenal in conditions of alread including surjust operation emphasizes the value of knowing centernand wrother adrenal function in disturbed as a result of an intracranial lesion which itself aight need surgical treatment or not.

Another point which stimulated up we do unis work is the well-known observation that steroid therapy is Valuable in reducing brain oedema that results from brain injury or neurosurgical operations. The mechanism underlying the efficiency of steroids in treatment of brain oedema is still not clear, and so it is worthy of further explanation.

INTRODUCTION

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Physiological Consideration

The adrenal (suprarenal) glands, situated at the upper pole of each kidney, have a combined weight of approximately 7 gm in adults. Each gland is composed of 2 parts which are embryologically, anatomically and functionally distinct. The central medulla, a derivative of the sympathetic part of the autonomic nervous system, produces the pressor amines adrenaline and noradrenaline. The outer cortex, which like the gonad is of mesodermal origin, secretes a number of steroid hormones and is composed of three layers of cells which can be recognised histologically. Nearer to the medulla is the zona reticularis, then the zona fasiculata, and outermost the zona glomerulosa.

The Adrenal Steroids

One typified by aldosterone, is produced by the outer zona glomerulosa at a rate of about 200 µg/day. It exerts well defined effects on electrolyte metabolism. The other two groups, namely the adrenal corticesteroids and the androgen (androstendione) influence, among other things, the metabolism of fats, carbohydrates and proteins. Both groups are produced by the inner zona reticularis, with cortisol, synthesised at a rate of approximately

ne my day, reing mantitatively and pasistatively the most important of the adrenal conticoids.

Steroid hormones have a common chemical structure based on a nucleus which consists of three six carbon (A, B, C)rings and one five carbon ring (D), with the position of the carbon numbered as in figure (I). All the adrenocrtical hormones have this same basic structure containing a double bond and oxygen atoms are added at various points.

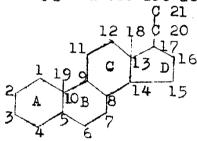


Figure I

The corticosteroids contain 21 carbon atoms where as the adrenal androgen contains only 19.

In Table I and II are depicted the different adrenocorticoids which can be found in blood and urine of man. Some of the compounds recorded in these tables are present in trace amounts only. The adrenocorticoids belonging to the 4-pregnene series are the biologically active ones.

Advanceorticolds and some of their metabolites. isolated from human plasma

-			
No.	Сомр oun d	Year Isol- ated	Authors
1	4-Pregnene-11B,17×,21-trio1 3,20-dione	1953	Bush and Sand-
2	4-Pregnene-11B,21-dio+-3,20-dione	1953	Bush and Sandberg
3	4-Pregnene-172,21-dio1-3,11, 20-trione	1953	Morris and Williams
4	4-Pregnene-21-01,3,11,20- trione	1953	Morris and Williams
5	4-Pregnene-11B,17x,21-triol-3,20-dione	1953	Romanoff et al.
6	4-Pregnene 11B, 21-dio1-3,20-dione	1953	Romanoff et al
7	4-Pregnene-17x,21-dio1-3,20-dione	19 9 5	Eberlein and Bongiovanni
8	Pregnane-3 17 21-triol-20-one	1956	Eberlein and Bongionvanni
9	Pregnane-3. 17 21-triol- 11,20 dione	1956	Vermeulen
10	Pregnane-3, 11B, 17, 21-tetrol 20-one	1956	Vermeulen
11	Pregnane-30,21-diol-11,20 dione	1957	Klein et al.
12	4-Pregnene-20-01-3,20-dione	1958	Tauchstone

No.	Compound	Year Isol.	Authors
13	4-Pregnane 21%- goetoxy-3-11. 20-trione	1560	Weichselbaum an Margr a f
14	4-Pregnene-11B 17≪-dio1-21- acetoxy 3,20-dione	1 963	Margraf et al.
15	4-Pregnene 11B-o1-21-acetoxy-3,20-dione	1963	Margraf

e Means isolated from adrenal veins

Table II

Adrenocorticoids and some of their metabolites isolated from human urine

No.	Compuund	Year Isol.	Authors
1	Pregnane-3: 11B, 17 21 - tetrol20 - one (THF)	1940	Callow and Callow
2.4	Pregnene+11,B,17~,21-trio1-3,20-dione (F)	1948	Mason and Spragne
3	4-Pregnene-174,21-dio1-3,11, 20-trione (E)	1950	Schneider
4	Pregnane-3, 17, 21-triol-11,20-dione (THE)	1952	Schneid er
5 4	Pregnene-17:4,21-dio1,3,11,20- trione (DHE)	1952	Schneider
6	4-Pregnene-11B,21-dio1-3,20-dione (B)	1954	Touchstone et al.
7	4-Pregnene-6B,11B,21-triol-3,20-dione	1954	Burstein et al.
8	Pregnane-3 11B, 21-triol-20-one (THB)	1954	Engel et al.
9	Allopregnane-3×,11B,21-triol-20-one	1954	Engel et al.
10	Pregnane-3 4, 21-diol-21, 20-dione	1 954	Touchstone et al.
11	Pregnane-3-, 17-, 21-triol-20-one	1954	Touchstone et al.
12	4-Pregnene-21-01,3,11,20-trione (A)	1955	Touchstone et al.