



Quantitation of Abnormal Hemoglobins: An assessment of three methods

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ABSTRACT

An assessment of three methods. A comparison of the values of normal and abnormal hemoglobins obtained by cellogel microelectrophoresis, cellulose acetate electrophoresis and DEAE sephadex column chromatography enabled the hemoglobin A₂ values in normal and B-thalassemia trait subjects to be defined. The percentages of E, F, H, and Bart's hemoglobins obtained from two electrophoretic methods are not found to be statistically different

Quantitation of abnormal hemoglobins can be done by several methods. Electrophoresis and chromatography are commonly employed. The assay by DEAE-sephadex column chromatography is limited to slow-moving

hemoglobins and to hemoglobin F¹. Electrophoresis has been improved by changing the size of electrophoretic cells by new types of supporting membrane, and by improved operational

procedures^{2,3,4}. These factors may alter the hemoglobin values. Comparison of A₂ hemoglobin concentration by electrophoresis on different media have been reported^{1,5}. Recently the use of cellulose acetate gel as a supporting medium for the quantitation of hemoglobin types was introduced by various investigators^{2,3,4}. There is an obvious need to compare the hemoglo

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bin values determined on different types of electrophoretic membrane.

This paper represents a comparison of one chromatographic and two electrophoretic determinations of hemoglobin types. The results obtained will be useful in the clinical evaluation of thalassemic disease.

Methodology

The DEAE sephadex chromatography follows the method of Huisman et al⁵. Hb A₂, E and F were separated from other hemoglobins on DEAE sephadex column. Quantitation depended on elution of the hemoglobins and subsequent colorimetric determination. The two electrophoretic methods employed were those of Wasi and Pootrakul⁶ and Chindavanig². In Wasi's method, all types of Hb were separated in an electrophoretic cell on cellulose polyacetate and quantitated colorimetrically. The other method was performed in microelectrophoretic cell with cellulose acetate gel as supporting medium. Quantitation was made densitometrically. The procedures were summarized in Table 1.

Collection and preparation of samples.

Hemolysates containing 150 normal and 145 abnormal hemoglobins obtained from the laboratory service

of two local hospitals were prepared from EDTA venous blood by the method of Chernoff⁷. All samples were analyzed within 3 days of collection. Three methods were performed in parallel on each series of samples. Hemoglobin A₂, E, and F samples were analysed by DEAE sephadex column chromatography. Hemoglobins A₂, E, F, H, and Bart's were quantitated by two electrophoretic methods.

Results and Discussion

Comparison of methods

Results of three determinations for concentrations of hemoglobins A₂, E, F, H and Bart's were shown in Table 2. The A₂ hemoglobin values were compared in Fig. 1. The tests and correlation were shown in Table 3. With the exception of A₂ hemoglobin a good correlation was found between cellulose acetate electrophoresis (CAE) and cellulose acetate gel microelectrophoresis (Figs 3,4, and 5). The A₂ and low E Hb values yielded by the CGME method were higher than those found with DEAE sephadex chromatographic method (DSC).

Normal values of A₂ hemoglobin by cellogel microelectrophoresis ranged from 2.3 to 5.8% with a mean of 4.1% and a standard deviation \pm 0.8%. In B-thalassemia trait the range was 6.0-

to 12.6% with the mean value of 4.83% and a standard deviation of $\pm 1.72\%$. No overlap of Hb A₂ values between normal and B-thalassemia trait persons was noted. Hb A₂ values obtained by electrophoresis on different medium reported by other investigators were compared in Table 4.

Protein interference.

Other proteins which might migrate at the same rate as A_a Hb fraction in the CGME method have been considered. The percentages of hemoglobin A₂ determined by staining and elution were similar. It was concluded that no other proteins migrated in the A₂ fraction with the CGME method.

Influence of instrument and supporting membrane.

By using the same microelectrophoretic cell, cellulose polyacetate membrane is too limited to allow for separation of H and Bart's hemoglobins, as shown in Fig. 2. In contrast, the gelatinized cellulose acetate membrane proves to be capable of detecting these two hemoglobin variants.

We conclude that cellogel microelectrophoretic method is suitable for quantitative determination of abnormal hemoglobins because it is less time consuming⁴ and the processed membrane with densitometric analysis can be preserved of a permanent record. The reproducibility is found to be satisfactory. The method provides highly specific confirmation of hemoglobins A, A₂, E, F, H, and Bart's without previous screening³.

Table 1 Materials and Methods

	DEAE-Sephadex Chromatography (DSC)	Cellulose acetate Electrophoresis (CAE)	Cellogel Microelectrophoresis (CGME)
Equipment for separation	Glass column 70 x 0.09 cm	Toyo electrophoretic system, Model SE-2 Toyo Instrument, Inc. Japan	Microzone electrophoretic system, Beckman Instrument, Inc. Fullerton, Calif. USA,
Supporting	DEAE-Sephadex A-50	Sepraphore III. Gelman	Cellogel, Chemitron, Milan Italy
Buffer	0.007 M phosphate buffer, pH 8.6 with 100 mg. KCN	Tris-EDTA borate buffer pH 8.6 Tris 5.45 g Boric acid 1.546 g EDTA 0.092 g	Tris glycine buffer pH 8.6 Tris 14.1 g Glycine 22.6 g H ₂ O to 1.5 L
Quantity of hemolyseate Migration	100 ul Eluate buffer for A ₂ 0.01 M phosphate buffer pH 8.6 with 100 mg KCN Eluate buffer for 0.01 M phosphate buffer with 0.3 M NaCl pH 6.0	0.75-10 ul 60 min, 450 V	0.25 ul 45 min, 250 V
Quantitation	Eluate of each fraction measured at 415 nm with Beckman DB-G spectrophotometer	Eluate (in H ₂ O) of each fraction measured at 415 nm with Beckmann CB-G spectrophotometer	Stained with Ponceau S. destain with 5% acetic acid, clear in acetic alcohol, scan with densitometer.

Table 2 Comparison of the amount of abnormal hemoglobin components obtained from three methods

Types of Hb	Disease	n	DEAE Sephadex chromatography		Cellulose acetate electrophoresis		Cellogel micro electrophoresis	
			mean \pm S.D., range%	range%	mean \pm S.D., range%	range%	mean \pm S.D., range%	range%
A2	normal	150	2.63 \pm 0.45	1.9 - 3.8	3.30 \pm 0.72	1.6 - 4.7	4.11 \pm 0.82	2.3 - 5.8
			B-thal. traits	50	5.77 \pm 1.12	3.9 - 7.9	6.98 \pm 1.81	4.8 - 12.6
E	Hb E trait	30	29.68 \pm 5.74	16.0 - 40.0	29.45 \pm 5.32	14.2 - 45.6	33.89 \pm 5.52	20.5 - 45.9
			thal. Hb E disease	15	50.92 \pm 14.27	36.0 - 88.0	48.65 \pm 17.44	27.6 - 91.8
F	thal. Hb E disease	15	49.08 \pm 14.27	12.0 - 64.0	51.35 \pm 17.44	8.2 - 72.4	49.36 \pm 15.84	10.6 - 64.1
			Hb H disease	26	11.6 \pm 5.19	2.0 - 22.0	10.08 \pm 6.13	7.05 \pm 3.77
Bart's	thal. Hb Bart's	9	7.05 \pm 3.77	1.1 - 9.30	8.44 \pm 4.02	2.3 - 12.8		

Types 3 The t tests and correlation coefficient of DEAE sephadex chromatography, cellulose acetate electrophoresis and Cellogel microelectrophoresis

Types of Hb	Disease	n	t test and correlation coefficient		Interpretation	Probability
			DSC v.s. CGME	CAE v.s. CGME		
A ₂	normal	150	19.22	9.04	S.D.*	P < 0.01
			0.33	0.30		
	B-thal trait	50	9.17	4.11	S.D.	P < 0.01
			0.63	0.64		
E	Hb E trait	30	3.14	3.40	N.S.**	P > 0.05
			0.60	0.82		
	B-thal Hb E disease	15	0.05	3.40	N.S.	P > 0.50
			0.94	0.85		
F	B-thal Hb E disease	15	0.05	3.40	N.S.	P > 0.05
H	Hb H disease	26	—	1.14	N.S.	P > 0.05
Bart's	Hb Bart's disease	9	—	0.77	N.S.	P > 0.05
				0.76		

* S.D. = Significantly different

** N.S. = Not significantly different

Table 4 Hemoglobin A₂ values in normal controls and in patients with B-thalassemia traits by various technics.

Authors	Medium	No. of test	Normal person mean \pm 1 S.D. range%	No. of test	B-thal. traits mean \pm 1 S.D. range%
Hilgartner ⁸	paper electrophoresis	22	9.88 \pm 3.4 5.0 - 14.3	27	17.3 \pm 4.2 13.2 - 23.4
Hoffman ⁹	paper	10	1.52 \pm 0.51 0.50 - 2.54	7	6.47 \pm 2.0 1.47 - 9.47
Hilgartner ⁸	starch block	22	2.60 \pm 0.40 1.8 - 3.2	37	5.27 \pm 0.35 3.3 - 8.4
Sunderman ¹⁰	starch block	25	2.27 \pm 0.41 1.5 - 3.1	10	4.90 3.2 - 8.2
Rozman ¹⁷	cellulose acetate	42	3.30 \pm 0.40 2.50 - 4.10	12	6.3 \pm 0.7 4.90 - 7.7
Biere ¹²	cellulose acetate	30	2.46 \pm 0.47 1.52 - 3.4	7	5.17 \pm 0.64 4.40 - 6.30
Pabis ⁸	" Cellogel "	-30	2.50 \pm 0.50 1.40 - 3.8	33	6.3 \pm 1.5 4.9 - 10.4
Penalver ⁹	" Cellogel "	50	2.37 \pm 0.23 1.90 - 2.8	30	4.39 \pm 5.2
Huisman ⁷	DEAE-Cellulose	124	2.80 \pm 0.28 1.5 - 3.0	45	4.97 \pm 0.35 3.5 - 6.3
Huisman ⁷	DEAE-sephadex	40	2.65 \pm 0.37 1.9 - 3.2	15	5.6 \pm 0.94 3.9 - 6.7

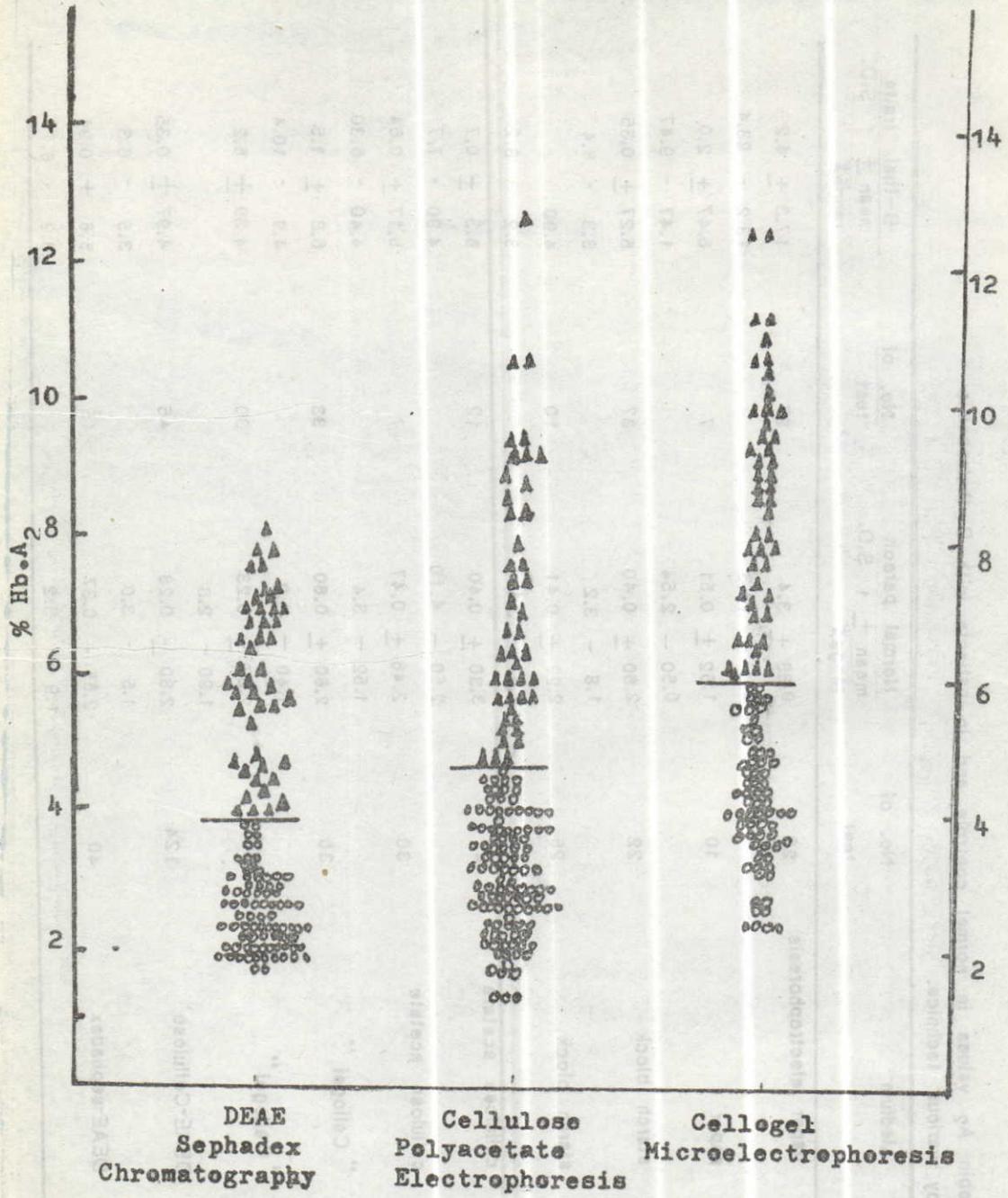


Fig. 1. Comparison of hemoglobin A₂ values as derived by three different methods.

Hemolysates from the control (Normal A₂ levels) are designated as O, and from beta-thalassemia as ▲

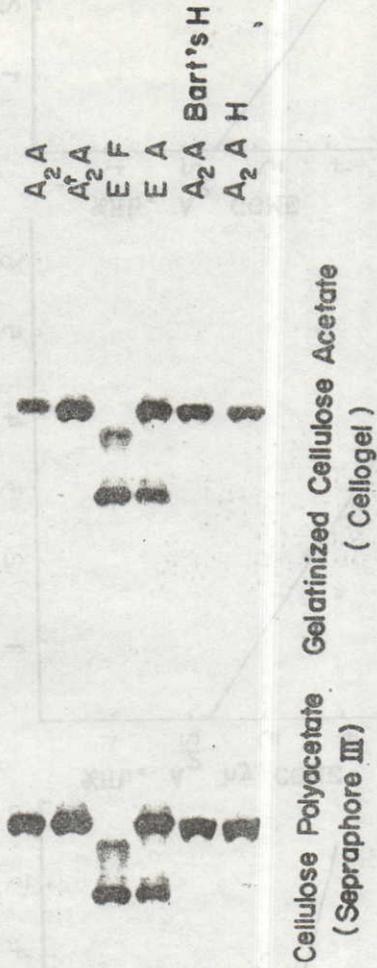
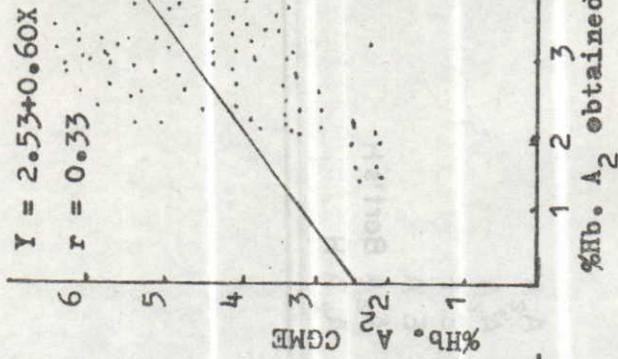
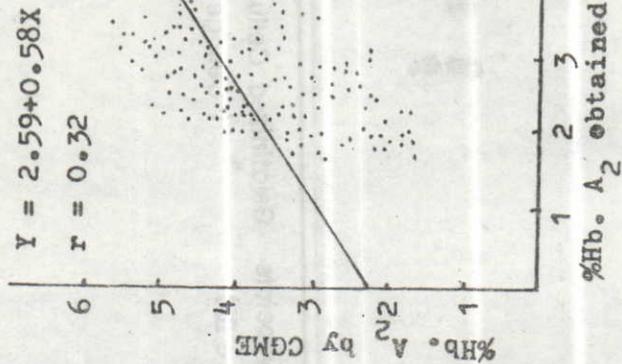
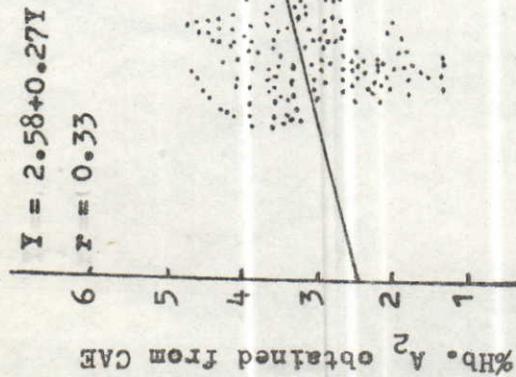


Figure 1. Hemoglobin electrophoresis in microelectrophoretic system using Sephadex III and Cellologel as supporting membrane.



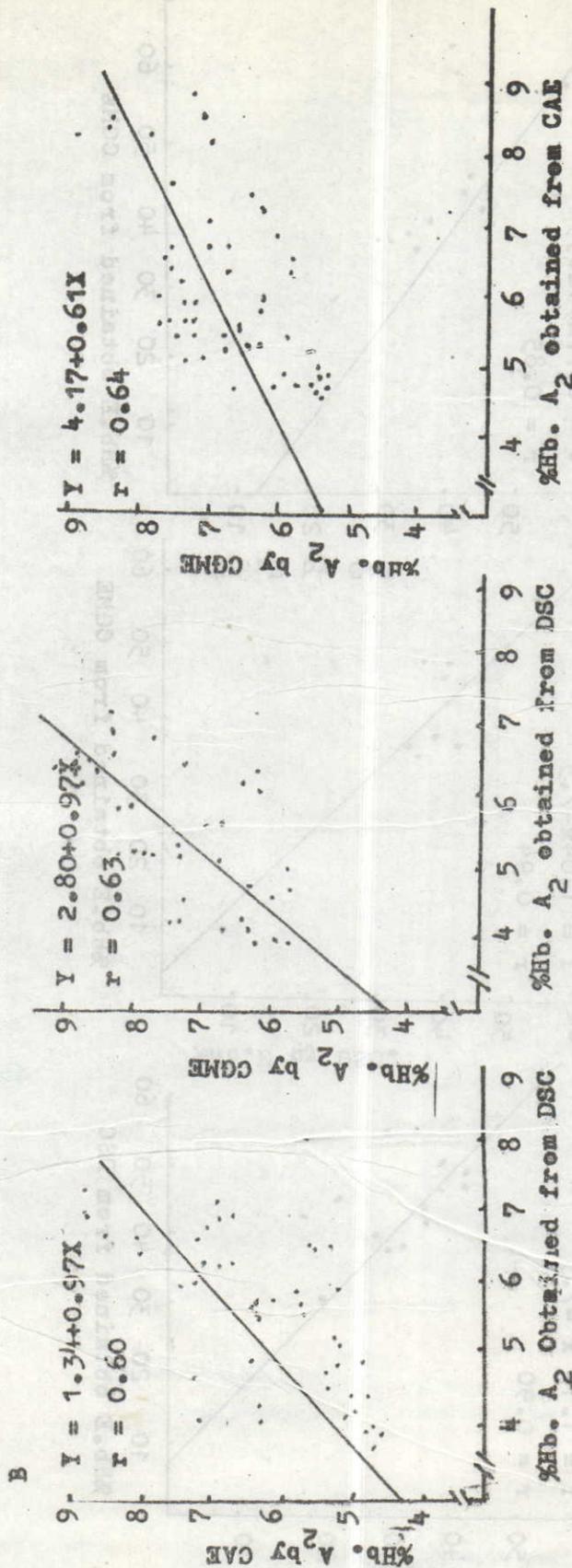


Figure 3 Correlation of hemoglobin A₂ obtained from DSC, CAE, and CGMF

A. hemoglobin A₂ from control n=150 B. hemoglobin A₂ from B-thalassemia trait n=50

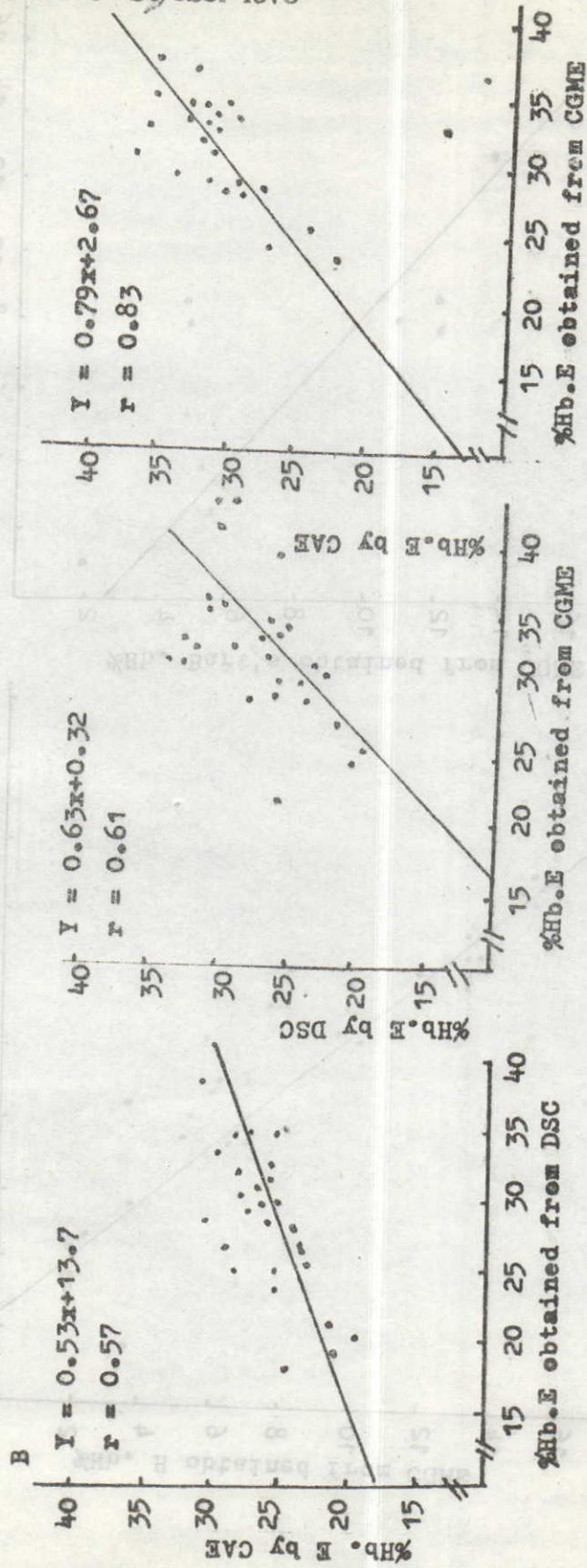


Figure 4. correlation of hemoglobin E values obtained from DSC, DGME and CAE
 A. Thalassemia Hb.E disease subjects n = 15 B. Hemoglobin E traits subject n = 30

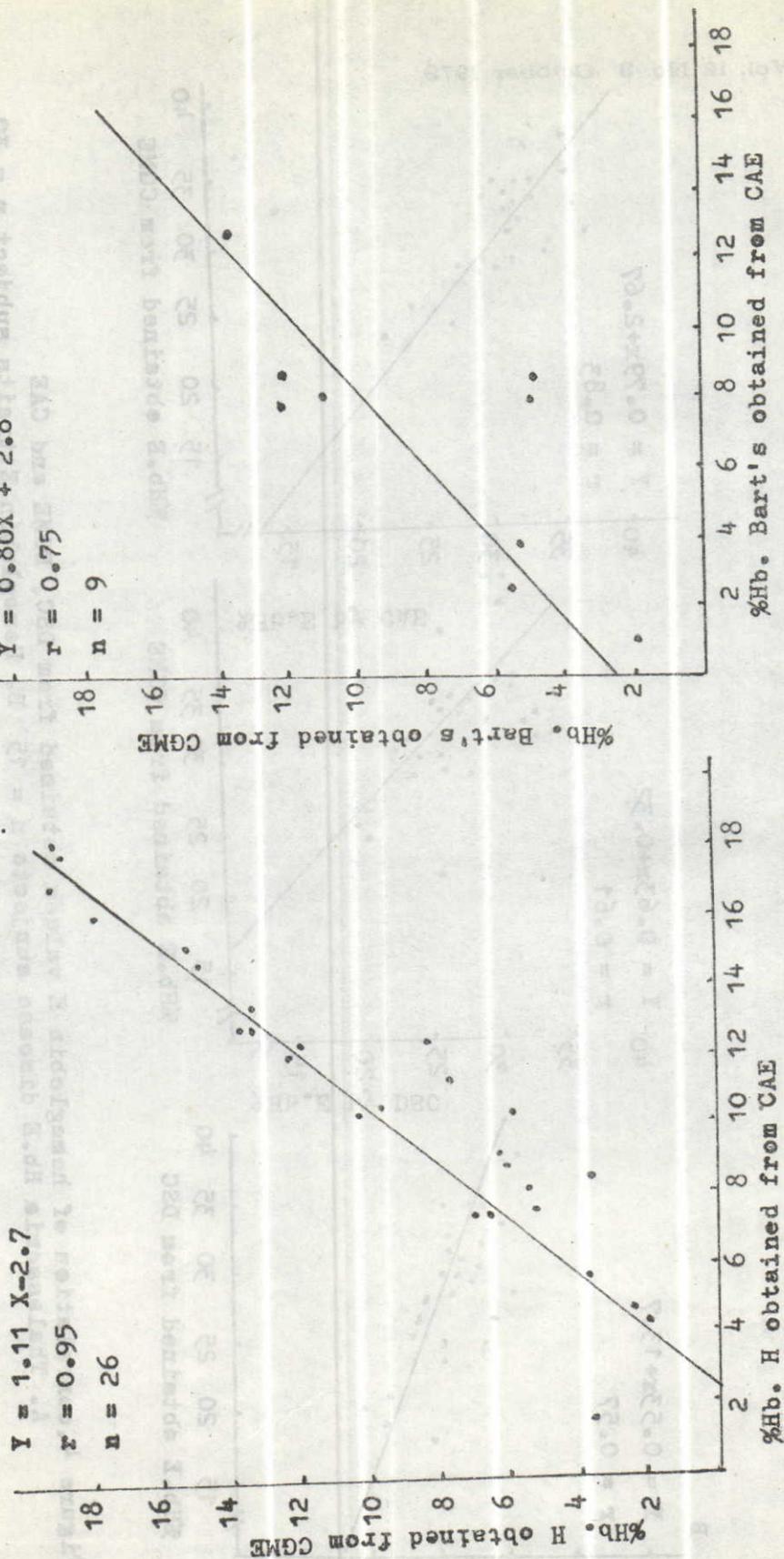


Figure 5. Correlation of hemoglobin H and Bart's obtained from CAE and CGME

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การประเมินผลวิธีการหาปริมาณของฮีโมโกลบิน (เปรียบเทียบ 3 วิธี)

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ย่อเรื่อง

ผู้ทำการทดลองได้รายงานเปรียบเทียบค่าของฮีโมโกลบินที่ปกติและผิดปกติ โดยวิธี Cellogel microelectrophoresis, cellulose acetate electrophoresis และ DEAE sephadex column chromatography ในการตรวจหาฮีโมโกลบินเฮตสองในคนปกติและในคนใช้ทาลาสซีเมีย ชนิด เบต้าไมเนอร์ พบว่ามีสูงเมื่อหาโดยวิธี cellogel microelectrophoresis

ทั้งนี้ อาจเป็นเพราะ มีผล กระทบกระเทือนจากโปรตีนชนิดอื่น นอกเหนือไปจากฮีโมโกลบิน เมื่อย้อมสี และหาค่าโดยใช้เครื่องวัดความเข้มของสี

สำหรับค่าของฮีโมโกลบินอี, เอฟ, เอช และบาร์ท ซึ่งหาโดยวิธีทั้งสามจะไม่แตกต่างกันทางสถิติ

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รับตีพิมพ์ : 15 สิงหาคม 2522