### **Characterizing the Steroidal Milieu in Amniotic Fluid of Mid-Gestation: ALC-MS/MS Study** JUSTUS-LIEBIG-



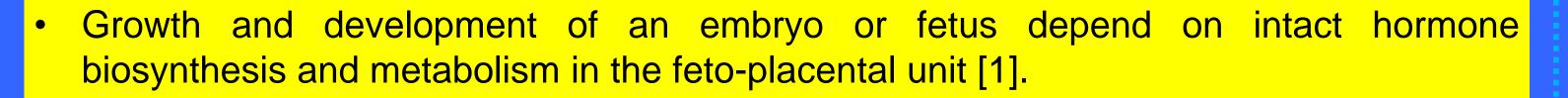
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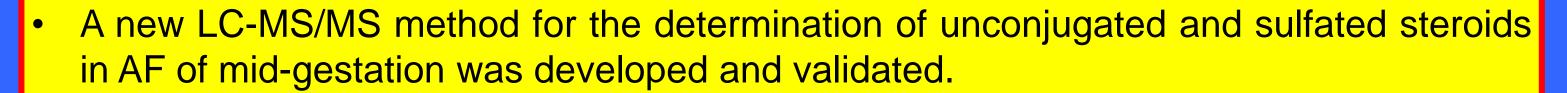
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### Introduction





 Most studies on steroids in AF have been carried out by immunoassays for several decades. Due to cross-reactivity of immunoassays, GC-MS and LC-MS nowadays have become the main prevalent tools for the qualitative and quantitative analysis of



Summary

LC-MS/MS based reference data of 14 sulfated and 6 unconjugated steroids in AF of mid-gestation was provided. Most steroids have been analyzed for the first time in AF of mid-gestation.

#### steroids [2].

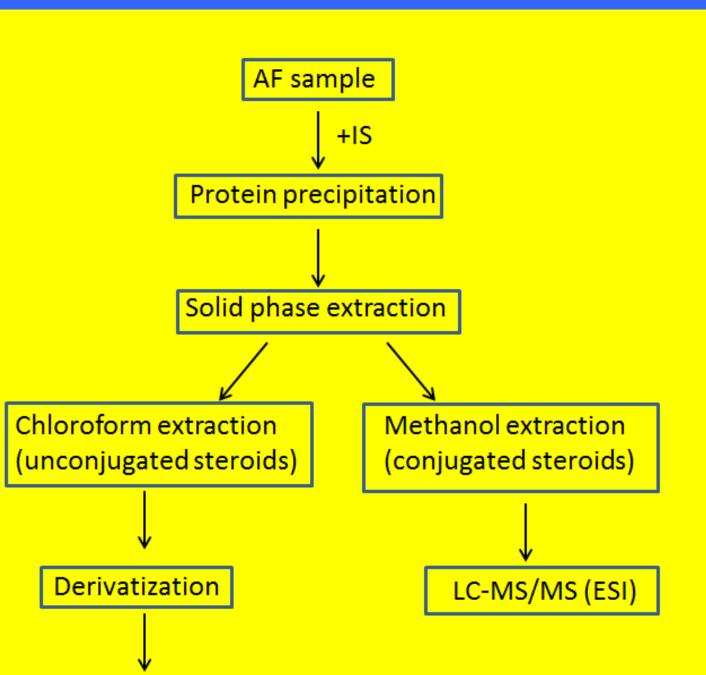
Recently, studies found that with specific uptake carriers(e.g. SOAT), sulfated steroids can also enter cells as unconjugated steroids [3]. As far as we know, except for DHEAS, no other sulfated steroids have yet been quantified in AF by LC-MS/MS [4].

**AIM:** We therefore aimed at developing a LC-MS/MS method to simultaneously determine unconjugated and sulfated steroids in AF of mid-gestation.

# Methodology

- **Instrumental equipment:**
- SL 1200 HPLC system
- TSQ Quantum Ultra (Thermo Fisher)
- Development of the method:
- Sample preparation
- LC conditions
- MS conditions
- Validation of the method:

Specificity Linearity



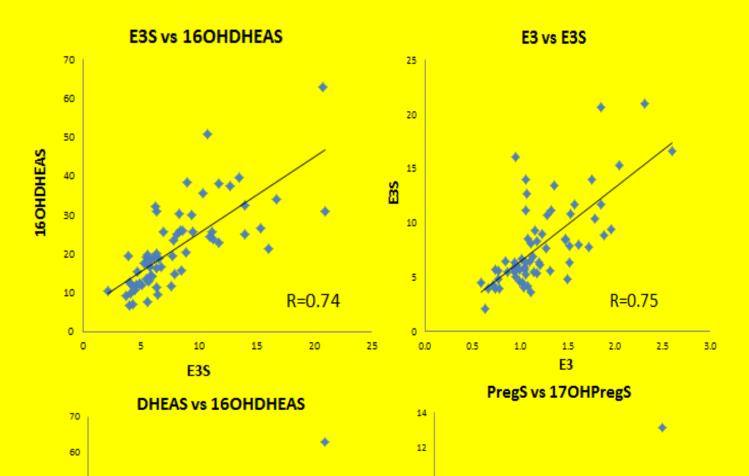
Correlation study confirmed the classical steroid pathway and a sulfated steroid pathway in the feto - placental unit.

### Results

- The levels of 14 sulfated and 6 unconjugated steroids in 65 AF samples of midgestation were measured, see Table 1.
- Only T exhibited a significant sex difference (P<0.0001).
- Strong positive correlations were found between 16OH-DHEAS and DHEAS, 16OH-DHEAS and E3S, 17OHPregS and PregS as well as E3 and E3S.

#### Table 1. Levels of steroids in AF of mid-gestation

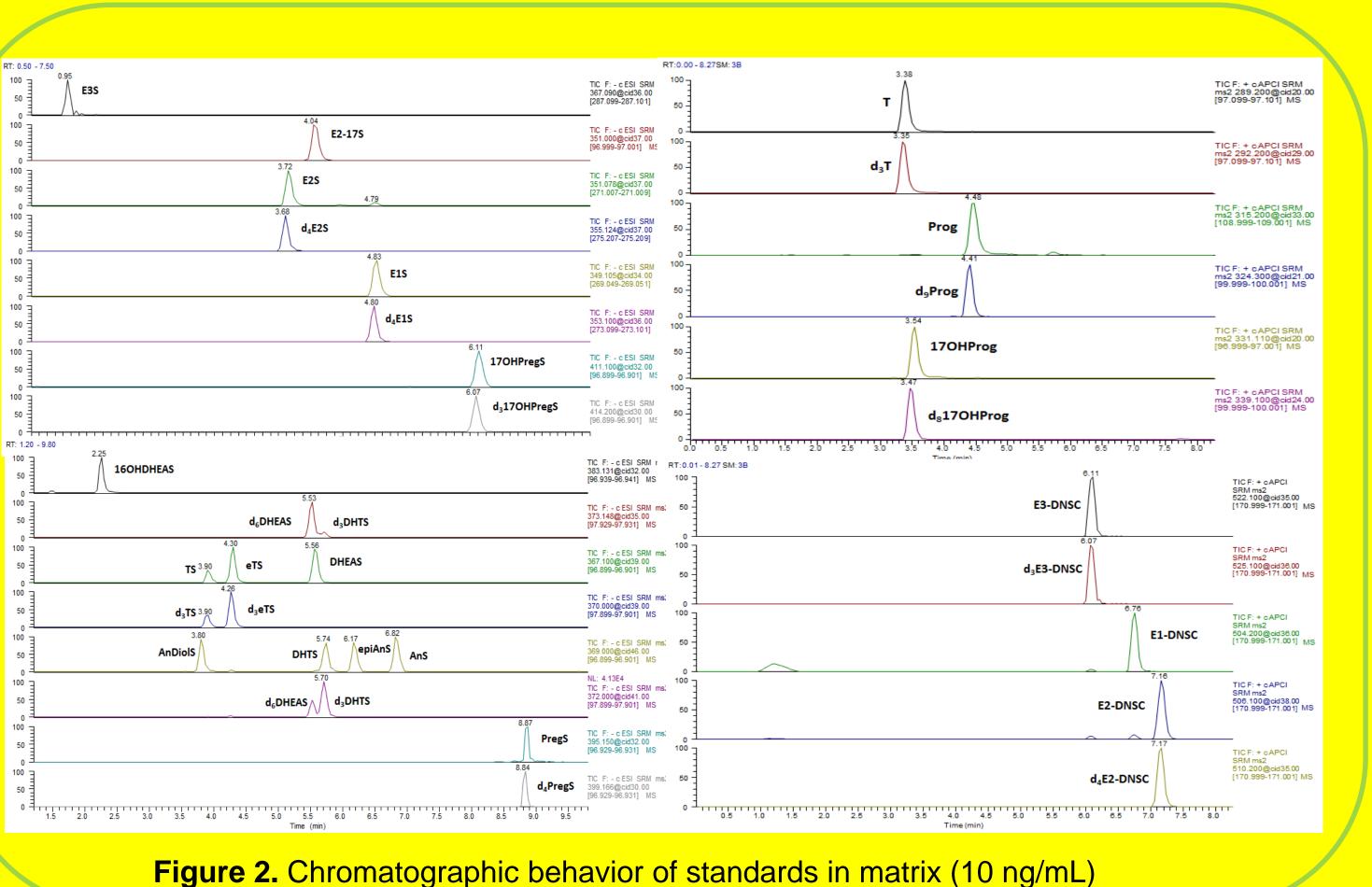
C21 steroids	Concentrations (ng/mL)
	Mean±SD, median(min-max)
Prog	37.4±12.8, 33.9(16.4-78.6)
170HProg	1.0±0.3, 1.0(0.4-2.0)
PregS	8.6±3.7, 8.2(2.6-20.3)
170HPregS	4.9±2.0, 4.5(2.1-13.2)
C19 steroids	
Т	<loq -0.6<="" td=""></loq>
TS	<loq -3.9<="" td=""></loq>
eTS	7.3±3.6, 5.9(2.9-17.8)
DHEAS	4.6±2.4, 3.8(1.5-12.3)
160H-DHEAS	21.5±10.7, 19.3(6.9-62.9)



- Accuracy
- Precision
- Recovery
- Matrix effect

#### LC-MS/MS (APCI)

#### Figure 1. The workflow for sample preparation



DHTS	<loq-7.0< th=""></loq-7.0<>
AnS	9.2±7.4, 7.4(0.9-39.4)
epiAnS	<loq -2.7<="" td=""></loq>
AnDiolS	<loq -1.9<="" td=""></loq>
C18 steroids	
E1	<loq -1.3<="" td=""></loq>
E1S	<loq-25.3< td=""></loq-25.3<>
E2	<loq-0.5< td=""></loq-0.5<>
E2S	<loq -2.3<="" td=""></loq>
E2-17S	<loq -3.7<="" td=""></loq>
E3	1.2±0.4, 1.1(0.6-2.6)
E3S	8.1±4.0, 6.5(2.2-21.0)

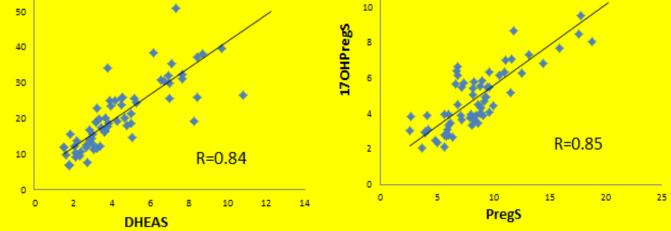
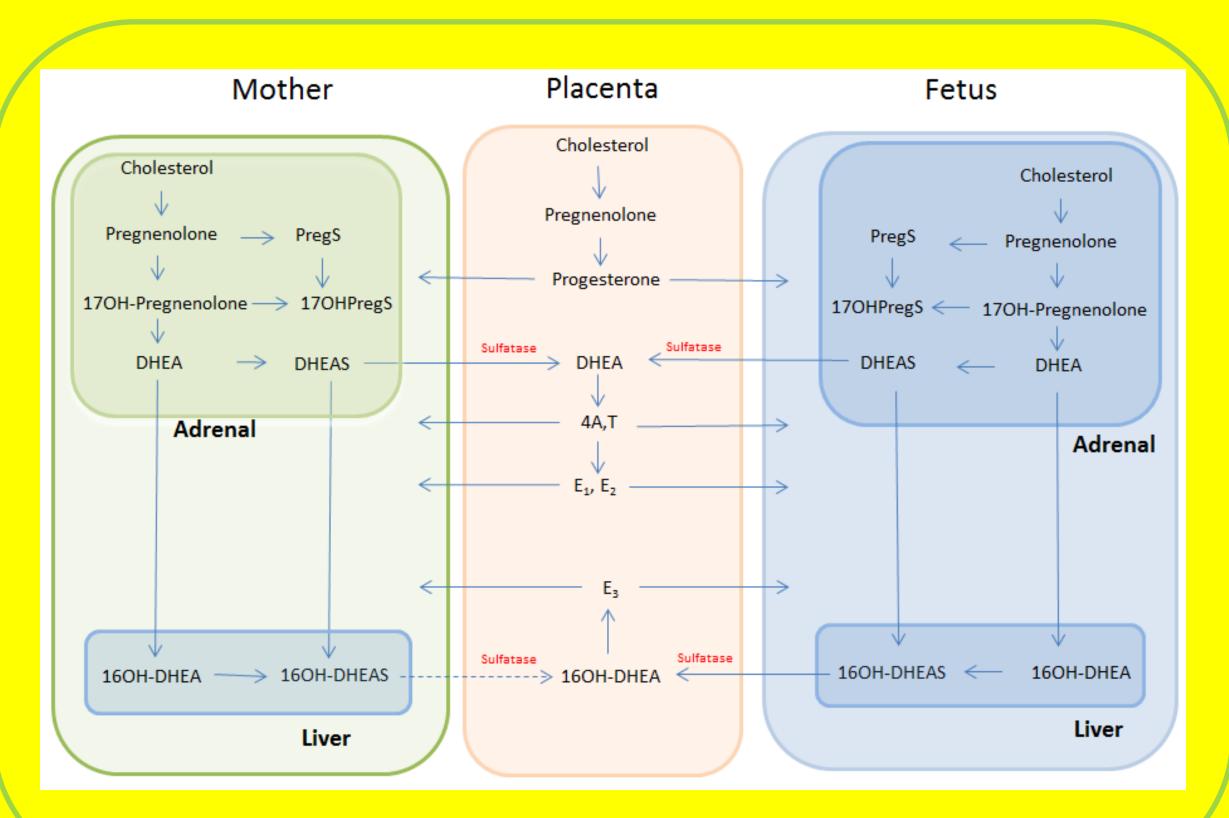


Figure 3. Pearson's correlation between steroid concentrations in AF, X axis represents the concentration for one steroid (ng/mL) and Y axis means concentration for the other steroid (ng/mL).

## Discussion



## Reference

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#### Figure 4. Steroid pathway in the feto-placental unit

 The fetal adrenal produces large amounts of DHEAS. Then, DHEAS is 16αhydroxylated in fetal liver to produce  $16\alpha$ -OH-DHEAS.

- 16 $\alpha$ -OH-DHEAS is the principal precursor of E3 in the placenta. In the fetal compartment, E3 is sulfated at position 3 by sulfotransferase to produce E3S.
- PregS can serve as a substrate for biosynthesis of 17OHPregS in vitro and in human males [5]. This steroidogenic pathway for sulfated steroids seems also to be present in the feto-placental unit [6].





