

## Overview

### Useful For

Measurement of manganese as a part of a profile

Monitoring manganese exposure

Nutritional monitoring

Clinical trials

### Special Instructions

- [Trace Metals Analysis Specimen Collection and Transport](#)

### Method Name

Only orderable as part of a profile. For more information see MNRCU / Manganese/Creatinine Ratio, Random, Urine.

Triple-Quadrupole Inductively Coupled Plasma-Mass Spectrometry (ICP-MS/MS)

### NY State Available

Yes

## Specimen

### Specimen Type

Urine

### Specimen Required

Only orderable as part of a profile. For more information see MNRCU / Manganese/Creatinine Ratio, Random, Urine.

**Supplies:** Urine Tubes, 10 mL (T068)

**Collection Container/Tube:** Clean, plastic urine collection container with no metal cap or glued insert

**Submission Container/Tube:** Plastic, 10 mL urine tube or clean, plastic aliquot container with no metal cap or glued insert

**Specimen Volume:** 3 mL

#### Collection Instructions:

1. Collect a random urine specimen.
2. See [Trace Metals Analysis Specimen Collection and Transport](#) in Special Instructions for complete instructions.

### Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
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Urine	Refrigerated (preferred)	28 days	
	Frozen	28 days	
	Ambient	7 days	

## Clinical & Interpretive

### Clinical Information

Manganese (Mn) is an essential trace element with many industrial uses. Mn is the 12th most abundant element in the earth's crust and is used predominantly in the production of steel. These industrial processes cause elevated environmental exposures to airborne Mn dust and fumes, which in turn have led to well-documented cases of neurotoxicity among exposed workers. Mining as well as iron and steel production have been implicated as sources of exposure.

Inhalation is the primary source of entry for Mn toxicity. Signs of toxicity may appear quickly or not at all; neurological symptoms are rarely reversible. Mn toxicity is generally recognized to progress through 3 stages. Levy describes these stages. "The first stage is a prodrome of malaise, somnolence, apathy, emotional lability, sexual dysfunction, weakness, lethargy, anorexia, and headaches. If there is continued exposure, progression to a second stage may occur, with psychological disturbances, including impaired memory and judgment, anxiety, and sometimes psychotic manifestations such as hallucinations. The third stage consists of progressive bradykinesia, dysarthria, axial and extremity dystonia, paresis, gait disturbances, cogwheel rigidity, intention tremor, impaired coordination, and a mask-like face. Many of those affected may be permanently and completely disabled."<sup>(1)</sup>

Few cases of Mn deficiency or toxicity due to ingestion have been documented. Only 1% to 3% Mn is absorbed via ingestion, while most of the remaining Mn is excreted in the feces. As listed in the United States National Agriculture Library, Mn adequate intake is 1.6 to 2.3 mg/day for adults. This level of intake is easily achieved without supplementation by a diverse diet including fruits and vegetables, which have higher amounts of Mn than other food types. Patients on a long-term parenteral nutrition should receive Mn supplementation and should be monitored to ensure that circulatory levels of Mn are appropriate.

### Reference Values

Only orderable as part of a profile. For further information see MNRCU / Manganese/Creatinine Ratio, Random, Urine.

0-17 years: Not established

> or =18 years: <4.0 mcg/g creatinine

### Interpretation

Manganese in urine represents the excretion of excess manganese from the body and may be used to monitor exposure or excessive nutritional intake.

### Cautions

Specimens collected from healthy, unexposed adults have extremely low levels of manganese. Because of the high environmental concentration of manganese, contamination is always a possibility when considering elevated results. Precautions must be taken to ensure the specimen is not contaminated. Metal-free urine collection procedures must be followed.

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**Clinical Reference**

1. Levy BS, Nassetta WJ: Neurologic effects of manganese in humans: A review. *Int J Occup Environ Health*. 2003 Apr-Jun;9(2):153-163. doi: 10.1179/oeht.2003.9.2.153
2. Paschal DC, Ting BG, Morrow JC, et al: Trace metals in urine of United States residents: reference range concentrations. *Environ Res*. 1998 Jan;76(1):53-59. doi: 10.1006/enrs.1997.3793
3. Rifai N, Horwath AR, Wittwer CT, eds: *Tietz Textbook of Clinical Chemistry and Molecular Diagnostics*. 6th ed. Elsevier; 2018
4. O'Neal SL, Zheng W: Manganese toxicity upon overexposure: a decade in review. *Curr Environ Health Rep*. 2015 Sep;2(3):315-328. doi: 10.1007/s40572-015-0056-x

**Performance****Method Description**

The metal of interest is analyzed by inductively coupled plasma mass spectrometry.(Unpublished Mayo method)

**PDF Report**

No

**Day(s) Performed**

Tuesday

**Report Available**

1 to 7 days

**Specimen Retention Time**

14 days

**Performing Laboratory Location**

Rochester

**Fees & Codes****Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

**Test Classification**

This test was developed, and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the US Food and Drug Administration.

**CPT Code Information**

83785

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
MNCU	Manganese/Creat Ratio, U	27367-2

Result ID	Test Result Name	Result LOINC® Value
614994	Manganese/Creat Ratio, U	27367-2