Overview

Useful For
Evaluating the nutritional intake and intestinal absorption of essential fatty acids

Identifying deficiency of essential and other nutritionally beneficial fatty acids

Monitoring treatment of patients with essential fatty acid deficiencies who are receiving linoleic acid (C18:2w6) and alpha-linolenic acid (C18:3w3)

Method Name
Gas Chromatography-Mass Spectrometry (GC-MS) Stable Isotope Dilution Analysis

NY State Available
Yes

Specimen

Specimen Type
Serum

Necessary Information
1. Patient's age is required.
2. Include information regarding treatment, family history, and tentative diagnosis.

Specimen Required

Patient Preparation:
1. Patient should fast overnight (12-14 hours).
2. Patient must not consume any alcohol for 24 hours before the specimen is drawn.

Collection Container/Tube:

Preferred: Red top

Acceptable: Serum gel

Submission Container/Tube: Plastic vial

Specimen Volume: 0.5 mL

Collection Instructions: Spin down within 45 minutes of draw.

Forms
If not ordering electronically, complete, print, and send an Inborn Errors of Metabolism Test Request (T798) with the specimen.
Specimen Minimum Volume
0.15 mL

Reject Due To

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<th>OK</th>
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<td>Gross lipemia</td>
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<tr>
<td>Gross icterus</td>
<td>OK</td>
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Specimen Stability Information

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<th>Time</th>
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<tr>
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Clinical and Interpretive

Clinical Information
Fats are important sources of energy for tissues and for the function and integrity of cellular membranes. Deficiencies are commonly caused by inadequate dietary intake of lipids due to an unbalanced diet, long-term parenteral nutrition, or by intestinal malabsorption. Linoleic acid, an omega-6 fatty acid, and alpha-linolenic acid, an omega-3 fatty acid, are considered essential fatty acids in that they cannot be made by the body and are essential components of the diet.

The major clinical manifestations associated with essential fatty acid deficiency (EFAD) include dermatitis, increased water permeability of the skin, increased susceptibility to infection, and impaired wound healing. Biochemical abnormalities may be detected before the onset of recognizable clinical manifestations. EFAD can be detected by diminished levels of the essential fatty acids linoleic acid and alpha-linolenic acid, as well as by increases in the triene:tetraene ratio.

Excess dietary fatty acids have been linked to the onset of cardiovascular disease. Elevated levels of linoleic acid can contribute to overproduction of the proinflammatory 2-series local hormones.

Reference Values
Lauric Acid, C12:0

<1 year: 6-190 nmol/mL
1-17 years: 5-80 nmol/mL
> or =18 years: 6-90 nmol/mL

Myristic Acid, C14:0

<1 year: 30-320 nmol/mL
Test Definition: FAPEP
Fatty Acid Profile, Essential, S

1-17 years: 40-290 nmol/mL
> or =18 years: 30-450 nmol/mL

Hexadecenoic Acid, C16:1w9
<1 year: 21-69 nmol/mL
1-17 years: 24-82 nmol/mL
> or =18 years: 25-105 nmol/mL

Palmitoleic Acid, C16:1w7
<1 year: 20-1,020 nmol/mL
1-17 years: 100-670 nmol/mL
> or =18 years: 110-1,130 nmol/mL

Palmitic Acid, C16:0
<1 year: 720-3,120 nmol/mL
1-17 years: 960-3,460 nmol/mL
> or =18 years: 1,480-3,730 nmol/mL

Gamma-Linolenic Acid, C18:3w6
<1 year: 6-110 nmol/mL
1-17 years: 9-130 nmol/mL
> or =18 years: 16-150 nmol/mL

Alpha-Linolenic Acid, C18:3w3
<1 year: 10-190 nmol/mL
1-17 years: 20-120 nmol/mL
> or =18 years: 50-130 nmol/mL

Linoleic Acid, C18:2w6
< or =31 days: 350-2,660 nmol/mL
32 days-11 months: 1,000-3,300 nmol/mL
1-17 years: 1,600-3,500 nmol/mL
Test Definition: FAPEP
Fatty Acid Profile, Essential, S

Oleic Acid, C18:1w9
<1 year: 250-3,500 nmol/mL
1-17 years: 350-3,500 nmol/mL
> or =18 years: 650-3,500 nmol/mL

Vaccenic Acid, C18:1w7
<1 year: 140-720 nmol/mL
1-17 years: 320-900 nmol/mL
> or =18 years: 280-740 nmol/mL

Stearic Acid, C18:0
<1 year: 270-1,140 nmol/mL
1-17 years: 280-1,170 nmol/mL
> or =18 years: 590-1,170 nmol/mL

EPA, C20:5w3
<1 year: 2-60 nmol/mL
1-17 years: 8-90 nmol/mL
> or =18 years: 14-100 nmol/mL

Arachidonic Acid, C20:4w6
<1 year: 110-1,110 nmol/mL
1-17 years: 350-1,030 nmol/mL
> or =18 years: 520-1,490 nmol/mL

Mead Acid, C20:3w9
< or =31 days: 8-60 nmol/mL
32 days-11 months: 3-24 nmol/mL
1-17 years: 7-30 nmol/mL
> or =18 years: 7-30 nmol/mL
Homo-Gamma-Linolenic C20:3w6
<1 year: 30-170 nmol/mL
1-17 years: 60-220 nmol/mL
> or =18 years: 50-250 nmol/mL

Arachidic Acid, C20:0
<1 year: 30-120 nmol/mL
1-17 years: 30-90 nmol/mL
> or =18 years: 50-90 nmol/mL

DHA, C22:6w3
<1 year: 10-220 nmol/mL
1-17 years: 30-160 nmol/mL
> or =18 years: 30-250 nmol/mL

DPA, C22:5w6
<1 year: 3-70 nmol/mL
1-17 years: 10-50 nmol/mL
> or =18 years: 10-70 nmol/mL

DPA, C22:5w3
<1 year: 6-110 nmol/mL
1-17 years: 30-270 nmol/mL
> or =18 years: 20-210 nmol/mL

DTA, C22:4w6
<1 year: 2-50 nmol/mL
1-17 years: 10-40 nmol/mL
> or =18 years: 10-80 nmol/mL

Docosenoic Acid, C22:1
<1 year: 2-20 nmol/mL
Test Definition: FAPEP
Fatty Acid Profile, Essential, S

1-17 years: 4-13 nmol/mL
> or =18 years: 4-13 nmol/mL

Nervonic Acid, C24:1w9
<1 year: 30-150 nmol/mL
1-17 years: 50-130 nmol/mL
> or =18 years: 60-100 nmol/mL

Triene/Tetraene Ratio
< or =31 days: 0.017-0.083
32 days-17 years: 0.013-0.050
> or =18 years: 0.010-0.038

Total Saturated Acid
<1 year: 1.2-4.6 mmol/L
1-17 years: 1.4-4.9 mmol/L
> or =18 years: 2.5-5.5 mmol/L

Total Monounsaturated Acid
<1 year: 0.3-4.6 mmol/L
1-17 years: 0.5-4.4 mmol/L
> or =18 years: 1.3-5.8 mmol/L

Total Polyunsaturated Acid
<1 year: 1.1-4.9 mmol/L
1-17 years: 1.7-5.3 mmol/L
> or =18 years: 3.2-5.8 mmol/L

Total w3
<1 year: 0.0-0.4 mmol/L
1-17 years: 0.1-0.5 mmol/L
> or =18 years: 0.2-0.5 mmol/L
Test Definition: FAPEP
Fatty Acid Profile, Essential, S

Total w6
<1 year: 0.9-4.4 mmol/L
1-17 years: 1.6-4.7 mmol/L
> or =18 years: 3.0-5.4 mmol/L

Total Fatty Acids
<1 year: 3.3-14.0 mmol/L
1-17 years: 4.4-14.3 mmol/L
> or =18 years: 7.3-16.8 mmol/L

Interpretation
Concentrations below the stated reference ranges are consistent with fatty acid deficiencies.

An increased triene:tetraene ratio is consistent with essential fatty acid deficiency.

Cautions
For nutritional assessment, a 12- to 14-hour fast is required; however, infants or persons suspected of having a fatty acid oxidation disorder should not fast before testing owing to the possibility of acute metabolic decompensation. Instead, collect the specimen after the longest fast possible, just before feeding. In the case of a patient on total parenteral nutrition (TPN), specimen can be drawn as normal.

Clinical Reference

Performance

Method Description
Quantitation of fatty acids of specific chain lengths is performed as follows: a 2-step, acid-base hydrolysis is followed by hexane extraction and derivatization with pentafluorobenzyl bromide. Separation and detection are accomplished by capillary gas chromatography electron-capture negative ion-mass spectrometry. Quantitation is based on analysis in the selected ion-monitoring mode by using 13 stable isotope-labeled internal standards. (Lagerstedt SA, Hinrichs DR, Batt SM, Magera MJ, et al: Quantitative determination of plasma C8-C26 total fatty acids for the biochemical diagnosis of nutritional and metabolic disorders. Mol Genet Metab 2001;73:38-45)

PDF Report
No

Day(s) and Time(s) Test Performed
Monday through Friday; 7 a.m.

Analytic Time
Test Definition: FAPEP
Fatty Acid Profile, Essential, S

4 days (not reported Saturday or Sunday)

Maximum Laboratory Time
7 days

Specimen Retention Time
2 months

Performing Laboratory Location
Rochester

Fees and 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 Regional Manager. 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 U.S. Food and Drug Administration.

CPT Code Information
82542

LOINC® Information

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