

Methylmalonic Acid

MMA: A MARKER FOR B VITAMIN DEFICIENCY

Concentration of MMA in blood indicates vitamin B12 deficiency



DESCRIPTION OF THE BIOMARKER

Numerous studies have now established that serum vitamin B_{12} has limited diagnostic value as a standalone marker. Low serum levels of vitamin B_{12} not always represent deficiency, and likewise, severe functional deficiency of the micronutrient has been documented in the presence of normal and even high levels of serum vitamin B_{12} [1, 2].

MMA is considered a more specific marker of vitamin B12 deficiency [3]. Serum values of MMA, ranging from >0.28 to 0.36 μ mol/L indicate B12 deficiency.

CE LABELED ANALYZING METHOD

redhot diagnostics has developed a method with several unique features witch makes the method very reliable:

- The use of a SPE plate in the kit enables the removal of interfering compounds
- The calibrator is labeled with D3- MMA. This excludes interference with intrinsic MMA, and substituting blood in the calibration curve is not needed
- The clolumn separates the isobaric succinic acid from MMA and prevents false positive results

Methylmalonic Acid (MMA) is a biomarker for the assessment of vitamin B_{12} status. Increased concentration of MMA in blood and urine indicates Vitamin B_{12} deficiency.

Vitamin B₁₂ is a nutrient that helps keep your body's blood and nerve cells healthy including DNA synthesis. Vitamin B₁₂ also prevents megaloblastic anemia which makes people tired and weak.

Vitamin B₁₂ deficiency gives rise to severe conditions for the child. MMA is therefore included as one of 25 analyzes in the PKU register

KIT CONTENTS

Art. no. 40-2001 96 determinations including column Art. no. 40-2002 96 determinations, replacement kit

D ₃ -MMA calibrator solution 0.2	
¹³ C ₄ -D ₃ -MMA Int. std solution 10 r	nL
Elution solution 2x30) mL
Reconstitution solution 10 r	nL
Tuning solution 0.5	mL
SPE plate 1 pc	
Column 1 pc	s

QC samples

QC low	Art.no	40-1007	0.5 mL
QC med	Art.no	40-1008	0.5 mL
QC high	Art.no.	40-1009	0.5 mL

Levels of MMA in blood which indicating vitamin B12 deficiency

Reference interval

> 0.28 µmol/L	for persons < 50 years of age
> 0.36 µmol/L	for persons > 50 years of age

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Vitamin B12 deficiency is a multifactorial condition caused by insufficient intake (nutritional deficiency) as well as acquired or inherited defects that disrupt B12 absorption, processing and trafficking pathways (functional deficiency)

Principles of the procedure

Methylmalonic acid is extracted from blood/serum by mixing the sample with extraction solution including the internal standard. The sample is purified on a validated SPE plate. MMA is eluted by the elution buffer and evaporated to dryness, reconstitution buffer is added to the sample and transferred to injection vials for analyze.

The internal standard is ${}^{13}C_4 - D_3$ -MMA and the calibration curve is made with the use of D_3 -MMA

Reproducibility of D3-MMA

Sample	[µmol/	Mean	% Std.
QC low	0.075	0.076	4.8
QC mid	0.75	0.74	4.4
QC high	1.5	1.5	4.3

Reproducibility of ¹³C₄-D₃-MMA, internal standard

Standard deviation for the MS area of D₃-MMA in

blood samples prepared with SPE was 43 % (41 injections). The relatively high standard deviation is due to the variation of the volume eluted from the SPE plate. The reproducibility of QC samples is high (low std dev %, table above) and this shows that labelled IS fully compensate for the different in volume eluted from the SPE plate.

D₃-MMA calibration curve



Detection level (lowest calibrator level) The least detecable level is $0.025 \ \mu M$

Measuring range

The calibrator range is 0.025 to $2.0 \ \mu M$

References

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- 4. Ekatarina, M. et al. An LC-MS/MS method for serum methylmalonic acid suitable for monitoring vitamin B12 status in population surveys. *Anal Bioanal Chem*. 2015 April ; 407(11): 2955–2964
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