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THE DISEASES ASSOCIATED WITH A HIGH ALP LEVEL AMONG JORDANIAN ADULT HOSPITALIZED PATIENTS

ABSTRACT

Objective-Alkaline phosphatase (ALP) is an important enzyme mainly derived from the liver, bones and in lesser amounts from intestines, placenta, kidneys and leukocytes. An increase in (ALP) levels in the serum is frequently associated with a variety of diseases. This study was done in order to determine the diseases associated with a high (ALP) level among Jordanian adult hospitalized patients.

Method-A review was made of medical records of inpatients with high (ALP) level above 1000 IU/L in king Hussein Medical Center. Excluded were cases of (a) patients who have bone involvements with malignancies, (b) pediatric patients younger than 15 years old.

Results-A total of 180 hospitalized patients with eligible medical records were identified (97 males and 84 females, mean age 48.4 + 7.1 years). Their (ALP) levels ranging from 1,001 to 3,067 IU/L, these patients were divided into three groups.

Conclusion-High serum (ALP) levels in hospitalized patients were commonly found in three major group having obstructive biliary diseases, infiltrative liver disease and sepsis. The study results were in accordance with previous reports in developed countries.

INTRODUCTION

Alkaline phosphatase (ALP) comprises a group of enzymes that catalyze the hydrolysis of phosphate esters in an alkaline environment, generating an organic radical and inorganic phosphate. (1) Like other enzymes, this enzyme has many isoenzymes. In healthy adults, this enzyme is mainly derived from the liver, bones and in lesser amounts from intestines, placenta, kidneys and leukocytes(2).

An increase in serum ALP levels is frequently associated with a variety of diseases. Such disorders as extrahepatic bile obstruction intrahepatic cholestasis, infiltrative liver disease and hepatitis are mentioned. Unfortunately, the elevation of ALP less than three times the normal level is considered non specific and insufficient to provide a definite diagnosis. (3)

Markedly elevated serum ALP, hyperalkalinephosphatasemia, is seen predominantly with more specific disorders, including malignant biliary obstruction primary biliary cirrhosis, primary sclerosing cholangitis, hepatic lymphoma and sarcoidosis. (4) On the other hand, according to a recent study(5) , sepsis and malignant obstruction are identified as common causes of hyperalkalinephosphatasemia, whereas diffuse liver metastasis, as well as a number of benign disorders, are relatively less common causes of hyperalkalinephosphatasemia.

In order to determine the diseases associated with markedly elevated serum ALP among Jordanian adult hospitalized patients, a review was made of medical records of individuals in whom an ALP level was equal to or greater than 1,000 IU/L during a one-year period in King Hussein Medical Center

Materials and methods

This study was performed as a retrospective study. A retrospective case review was made on hospitalized patients who had an ALP level equal to or greater than 1,000 IU/L (Hitachi 917 normal 90-290 IU/L) AT THE King Hussien Medical Center .This study focused on one year period, from March 2012 to March 2013. Exclusion was made in cases of (a) patient who have bone involvements with malignancies, (b) pediatric patients younger than 15 years old. The review of the patients medical records during this period identified 180 cases with a conclusive diagnosis for further analysis . The data from the discharge summary of these patients were then recorded including their age and sex, as well as the final diagnosis.

Descriptive statistics were used in analyzing the patient characteristics and laboratory parameter for each group. In addition, unpaired T test was used to assess group differences when appropriate .Independence was tested by Chi square test. A statistical significant differences was accepted as P value <0.05

Results

During the one-year period, a total of 180 hospitalized patients with serum ALP level over 1000 IU/L were identified. They were 110 male and 90 female patients with ages ranging from 21 to 68 years old (mean age 48.4 + 7.1 years). The ALP levels ranged from 1,001 to 3,067 IU/L.

The most common diagnosis in patients with high ALP in our series was malignant biliary obstruction.

This was found in 57 patients, 48 of whom were cases with breast cancer. Of the remaining 10, three were with pancreatic cancer, one with ampullary cancer, one with metastatic cancer, and five with periampullary cancer. The ALP levels ranged from 1,005 to 3,067 IU/L (average 1,869.8 = 325.3 IU/L). In addition, benign duct obstruction from choledocholithiasis was found in another 14 patients, six of which cases were complicated by ascending cholangitis. The ALP level in this group ranged from 1,001 to 2,864 IU/L (average 1,498.3 = 541.2 IU/L). Comparing these two groups, the mean ALP levels in the malignant biliary obstruction group were significantly higher ($P < 0.05$).

The second common group of disorders associated with high serum ALP levels was infiltrative liver disorders. Among the 180 patients in the study, 23 had hepatoma diagnosed based on histology and/or based on clinical features combined with serum AFP levels above 400 IU/L ml. The ALP level in this group ranged from 1,030 to 2,534 IU/L (average 1,449.9 = 35602 IU/L). There were also 26 cases with liver metastasis in which a variety of primary cancers were identified, including ovary, colon, stomach, esophagus, and lung. The ALP levels in this group ranged from 1,207 to 3,004 IU/L (average 1,652.3 = 233.6 IU/L). Interestingly, the mean ALP levels in this group ranged from 1,207 to 3,004 IU/L (average 1,652.3 = 233.6 IU/L). Interestingly, the mean ALP level in patients in the metastatic cancer group was significantly higher than in the primary hepatoma group ($P < 0.05$).

Then, high serum ALP above 1000 IU/L was also common in patients with sepsis. Our data revealed that there were such 41 patients in whom the evidence of the biliary obstruction or local abscess was not demonstrated by imaging techniques. In this group, bacteria were among the most frequently identified organisms (30 cases). In addition, another two cases with fungal infections following systemic chemotherapy exhibited high serum ALP levels. Of interest, a number of common and tropical infections in Jordan were also identified, including malaria (1 case), brucellosis (1 case), Q fever (1 case) and typhoid fever (2 cases). Furthermore, there were 4 patients with disseminated tuberculosis.

In this group of patients with sepsis, the ALP levels ranged from 1,010 to 2,944 IU/L (average 1,668.2 = 498.4 IU/L).

Finally, there was this group of patients with high ALP levels associated with miscellaneous diseases. The 19 patients remaining from the three groups above had the following various disorders: 1) Seven patients with hematological malignancies (4 cases with acute myelocytic leukemia (AML) in blast crisis stage, 2 cases with chronic myelocytic leukemia (CML) and 1 case with non-Hodgkin lymphoma, (ALP levels ranged from 1,015 to 2,987 IU/L, averaging 1,941.1 = 532.4 IU/L); 2) six alcoholic cirrhosis cases (ALP levels ranged from 1,002 to 2,741 IU/L, averaging 1,271.4 = 746.4 IU/L); 3) two pyogenic liver abscess (ALP levels ranged from 1,011 to 1,876 IU/L, averaging 1,443.5 = 432.5 IU/L); 4) four severe preeclampsia cases (ALP levels ranged from 1,476 to 2,132 IU/L, averaging 1,624.0 = 742.4 IU/L).

A summary of the disorders associated with hyperalkaline phosphatemia in patients with different ALP levels is shown in Table 1. Meanwhile, in this retrospective study of the patients' records, no significant correlation between the level of ALP elevation and the group of disorders was detected (Chi-square test, $P > 0.05$) Table 1).

DISCUSSION

Most data indicate that the elevation of serum ALP occurs because of the accelerated de novo synthesis of the enzyme and subsequent regurgitation into the serum. (1,2) A number of diseases are related to the elevation of serum ALP.

The study of the etiologies of high serum ALP can be useful data in diagnosis Sepsis – associated cholestasis is a well-known condition, and increased ALP is a common laboratory finding in the patients with intra-or extra-hepatic cholestasis (6,7) According to the study of Qudah et elevated ALP was common in patients who had liver abscess with superimposed Klebsiella bacteraemia. (8)

In this study, the etiologies of high levels of ALP in 180 Jordanian adult patients were retrospectively examined. As a specific population of hospitalized patients was particularly for this study, the results may not apply to the general outpatient population. Nonetheless, several findings from this study should be noted.

Groups	Alp(1000-19999) IU/L	ALP (2000-2999) IU/L	ALP>3000 IU/L
1.Biliary obstruction	54	16	2
2.Infiltrative liver disease	40	7	1
3.Systemic infection	34	6	1
4.Miscellaneous	13	4	2
Total	141	33	6

Table (1) : summary of 180 cases in this study

Firstly, three major categories of diseased, namely, obstructive biliary diseases, infiltrative liver diseases and sepsis, were identified as the three common disorders associated with serum ALP exceeding 1000IU/L in our series. Unlike a similar previous study (5), high prevalence of malignant biliary obstruction, accounting for approximately 30% of patients in the study, was identified.

Secondly, concerning the patients with infiltrative liver diseases, it was observed that the average serum ALP level in the metastasis group was statistically significant higher than that in the primary hepatoma group.

Finally, some diseases prevailing in Jordan were also identified as exhibiting high serum ALP level, including malaria, brucellosis and typhoid fever. It has previously been suggested that the development of liver dysfunction in these diseased could indicate severity. (1.2)

CONCLUSION

Various disorders were associated with high serum ALP levels in hospitalized patients. The three major underlying etiologies in our series were a) obstructive biliary diseases, B) infiltrative liver diseases and c) sepsis. Our results were in accordance with previous studies in developed countries

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