



Reproductive

Androstanediol glucuronide

Analyte Information





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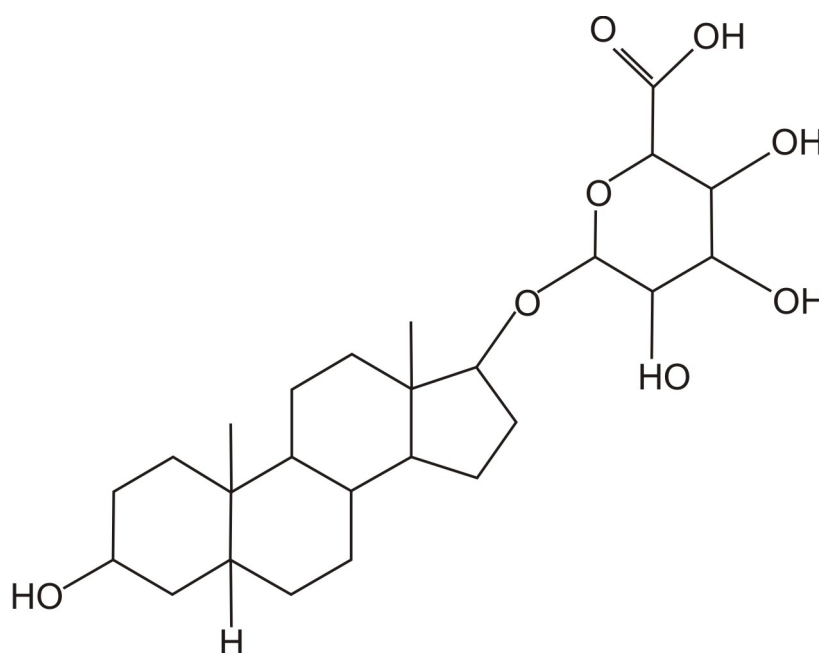
Introduction

3 α -androstanediol glucuronide (3 α -diol G) is the major metabolite of dihydrotestosterone (DHT)¹, a steroid hormone that belongs to the group of androgens.

Its summary formula is C₂₅H₄₀O₈ and its molecular weight (Mr) is 468.58 Da.

The structural formula of androstanediol glucuronide is displayed in Fig.1.

Fig.1: Structural formula of androstanediol glucuronid



3 α -androstanediol glucuronide can be found also under following names: 3 α -diol G; adiol G; 5- α -androstane-3 α , 17 β -diol glucuronide; androstane-3 α , 17 β -diol 3-D-glucuronide; androstane-3 α , 17 β -diol 3- δ -glucuronide.

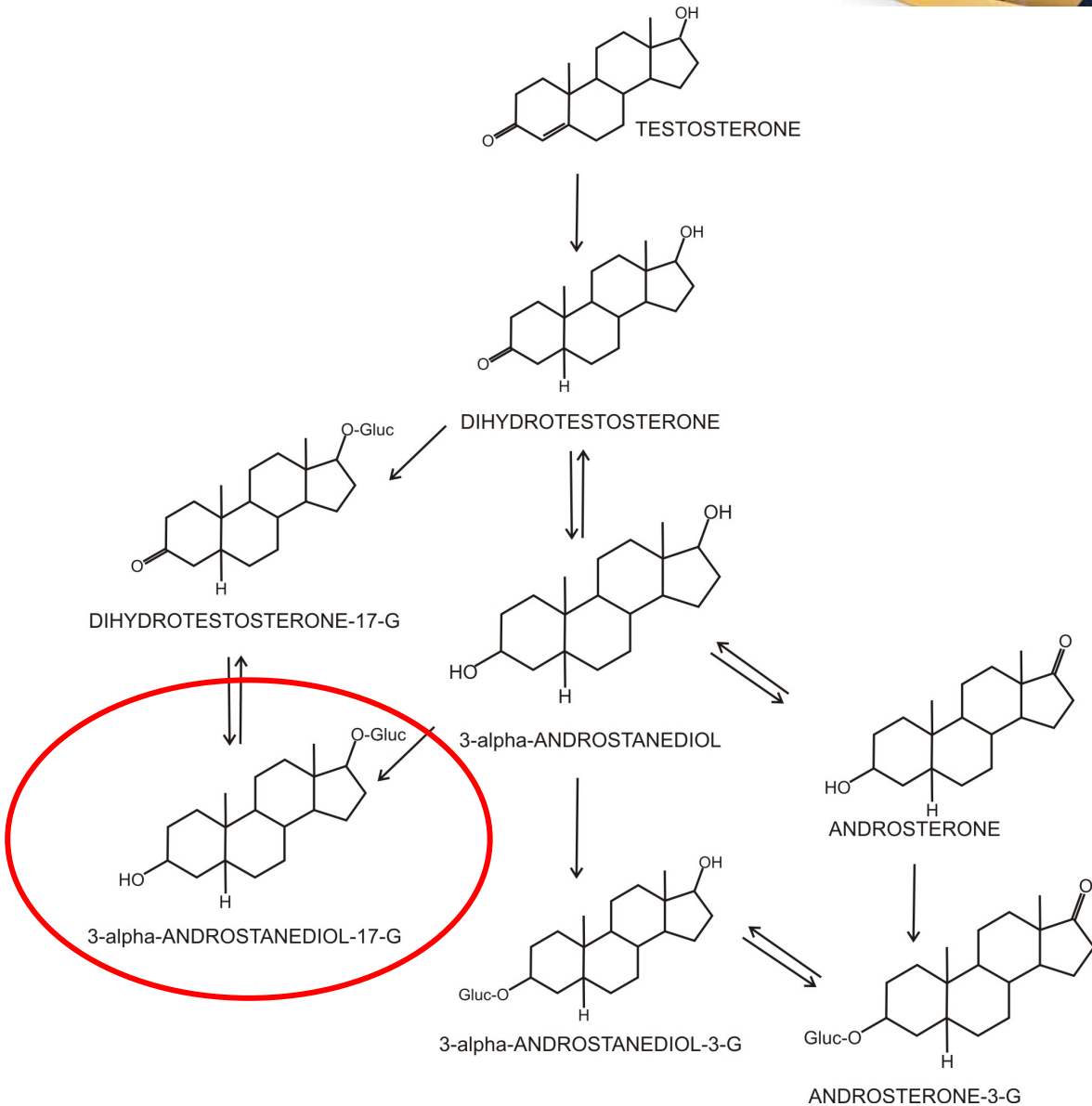
Biosynthesis

3 α -androstanediol glucuronide is by-product of intracellular reduction of DHT (Fig.2). A certain proportion of serum androstanediol may also be derived from dehydroepiandrosterone sulfate (DHEA-S) and androstenedione (ASD). Hence



3 α -androstenediol and 3 α -androstenediol glucuronide are products of androgens degradation.

Fig.2: Androgens conversion



Androgens such as testosterone or androsterone are not able to produce biological effects in tissues (skin and external genitalia) without first being metabolized². These androgens are first converted by the enzyme 5 α -reductase (activated in genital skin³) to the more potent dihydrotestosterone (DHT). DHT is further transformed via 3 α -androstenediol to 3 α -androstenediol glucuronide.



TESTOSTERONE

5 α -reductase

DIHYDROTESTOSTERONE

*3 α -hydroxysteroid
dehydrogenase (3 α HSD)*

**3 α -
ANDROSTANEDIOL
GLUCURONIDE**

*UDP glucuronosyl-
transferase*

3 α -ANDROSTANEDIOL

The sites of androstane diol glucuronidation have not been conclusively defined, supposed sites include the skin and liver^{1,4,5}. Glucuronidation is caused by uridine 5'-diphospho-glucuronosyltransferase (UDP glucuronosyltransferase). 3 α -androstane diol glucuronide may also be synthesized directly from glucuronidated precursors, including androsterone glucuronide¹.

3 α -Androstane diol glucuronide actually represents two different compounds since glucuronide can be conjugated at the 3-carbon position (Adiol 3-G) or at the 17-carbon position (Adiol 17-G). It has been shown that Adiol 17-G is the predominant circulating form of 3 α -androstane diol glucuronide in healthy men and women and that it is also a major 3 α -androstane diol glucuronide isomer derived from DHT.

Metabolism

3 α -androstane diol glucuronide terminates the process of testosterone degradation. In general, glucuronidation is used to assist in the excretion of toxic substances, drugs or other substances that cannot be used as an energy source. Glucuronic acid is attached via a glycosidic bond to the substance; the resulting glucuronide, which has higher water solubility than the original substance, is eventually excreted by the kidneys.

Physiological Function

3 α -androstane diol glucuronide and 3 α -androstane diol are C₁₉ steroids. The presence of a 17-hydroxyl group (retained from testosterone and DHT)



determines their androgenic potency.

Although 3 α -androstenediol and 3 α -androstenediol glucuronide do not appear to produce significant direct androgenic effects, these compounds may reflect testosterone and DHT production⁶. As we can see from Fig.2, interconversion of androstenediol and DHT can occur^{1,4,5}.

As mentioned in the paragraph "Metabolism", the main function of 3 α -androstenediol glucuronide is to enable inactivation and urinary excretion of DHT metabolites.

Levels

As circulating levels of 3 α -androstenediol glucuronide are influenced by the secretion of adrenal and ovarian precursors, it is important to be aware that the androstenediol glucuronide level alone should not be used for diagnostic purposes. Androstenediol glucuronide levels may be elevated due to the increased production of androstenedione and/or testosterone. That said, when these precursor levels are normal, the presence of elevated androstenediol glucuronide may indicate increased peripheral androgen metabolism.

Serum levels of 3 α -androstenediol glucuronide decrease after adrenal suppression with glucocorticoids, implying an important adrenal contribution to its formation^{8,9}. Similarly, ovarian suppression and stimulation studies have demonstrated that this marker is influenced by ovarian precursors, principally androstenedione and testosterone¹⁰. It has been shown that long-term GnRH (gonadotropin-releasing hormone) agonist therapy, which suppresses ovarian hormone production, significantly reduces androstenediol glucuronide levels and that this reduction correlates significantly with the improvement of hirsutism¹¹.

Typical 3 α -androstenediol glucuronide⁷ levels of children and adult males and females are given in the table 1.

For each assay, the relevant reference values are shown in the appropriate Instructions for Use (IFU).



Table 1: Typical 3 α -androstenediol glucuronide levels

Specimen (serum)	Reference interval (ng/mL)
Children (pre-pubertal):	0.10 – 0.60
Adult men:	2.60 – 15.0
Adult women:	0.60 - 3.00

Equation for the conversion of units: 1 ng/mLx2.13 = nmol/L

Diagnostic utility – prospects and possibilities

Measurement of serum 3 α -androstenediol glucuronide provides a useful marker of androgen degradation. Abnormal 3 α -androstenediol glucuronide levels can be found in various disorders, e.g.:

Elevated 3 α -androstenediol glucuronide levels



- idiopathic hirsutism
- hirsutism associated with polycystic ovary syndrome (PCOS)
- acne in females
- congenital adrenal hyperplasia (CAH)

Decreased 3 α -androstenediol glucuronide levels



- disorders of androgen action in men
(e.g., male pseudohermaphroditism)
- dexamethasone administration in hirsute women ⁸

Diagnostic utility – Practical application – Clinical information

Management of diseases with excessive androgen production

The measurement of 3 α -androstenediol glucuronide is a means of assessing skin androgen activity. The skin's sensitivity to androgens depends on the presence of 5 α -reductase enzyme, which converts



testosterone to DHT. Accordingly, the measurement of 3 α -androstenediol glucuronide is an indirect way of testing DHT and 5 α -reductase activity. 3 α -androstenediol glucuronide is measured in conjunction with measurement of testosterone, androstenedione, DHEA-S, and 17 hydroxyprogesterone levels. 3 α -androstenediol glucuronide is a better marker than 3 α -androstenediol because once formed, no conversion to DHT takes place. 3 α -androstenediol can be converted through sulfuryl-transferase to androstenediol sulfatase ¹².

Diagnosis, differential diagnosis, therapy monitoring in hirsutism

A direct correlation between serum 3 α -androstenediol glucuronide levels and 5 α -reductase activity was found in both normal and hirsute women⁶. Serum levels of 3 α -androstenediol glucuronide correlate well with the presence and severity of hirsutism². In hirsute patients' serum, 3 α -androstenediol glucuronide levels also correlate with a clinical diagnosis of hirsutism based on a Ferriman-Gallwey score¹³. The test is useful in differential diagnosis of hirsutism, in connection with other markers, especially when levels of circulating androgens (testosterone, free testosterone, and DHT) are within normal limits⁷. The measurement of 3 α -androstenediol glucuronide in patients being treated for hirsutism is also a useful means to monitor clinical response to therapy⁷. Hirsutism in women has a variety of causes, including the effects of drugs, androgen overproduction by the ovaries or adrenal glands, as well as unknown causes (idiopathic hirsutism). In the case of ovarian androgen overproduction, elevated levels of androstenedione, testosterone, DHT and 3 α -androstenediol glucuronide are seen. In adrenal androgen overproduction, DHEA-S levels are increased as well. In some hirsute patients, the capacity of the hair follicle to convert testosterone to DHT is increased. Several studies have shown that in hirsute women, either with polycystic ovary syndrome (PCOS) or idiopathic hirsutism (IH), the activity of 5 α -reductase in the genital skin was increased. Measurement of 3 α -androstenediol glucuronide is a method by which to indirectly determine the activity of this enzyme.



References

1. Rittmaster R.S.: Androgen conjugates: physiology and clinical significance, *Endocrin. Rev.* ,1993,14,121-132
2. Horton R., Lobo R.A.: *Clinics in endocrinology and Metabolism*, Vol.15, W. B. Saunders,Co., 1986, 293
3. Serafini P., et al.: *J.Clin.Endocrinol.Metab.*, 1985, 60, 349
4. Horton R., Lobo R.A.: Peripheral androgens and the role of androstanediol glucuronide, *Clin. Endocrinol. Metab.*, 1986, 15, 293-306
5. Pang S., Riddick L.: Hirsutism. IN Lifshitz F: *Pediatric Endocrinology, A Clinical Guide*, second edition. Marcel Dekker, New York, 1990, 259-291
6. Paulson R.J., Serafini P.C., Catalino J.A., Lobo R.A.: Measurements of 3 α ,17 β -androstanediol glucuronide in serum and urine and correlation with skin 5 α -reductase activity. *Fertil. Steril.*, 1986, 46, 222-226
7. Alan H.B. WU, PhD, DABCC, FACB: *Tietz Clinical Guide To Laboratory Tests*, 4th edition. W.B. Saunders Company, Philadelphia, 2006, 112-113
8. Meikle A.W., Odell W.D.: Effect of short and long-term dexamethasone on 3 α -androstanediol glucuronide in hirsute women, *Fertil. Steril.*, 1986, 46, 227-231
9. Stanczyk F.Z., et al.: DEX suppressibility and adrenal and ovarian venous effluents of 5 α -reduced C₁₉ conjugates in women, 37th Annual meeting of the Society for Gynecologic Investigation, St.Louis, Mo., Abstract, 1990, 381, 287
10. Matteri R.K., et al.: The ovarian contribution to peripherally derived serum C₁₉ conjugates, *J.Clin.Endocrinol.Metab.*, 1992,75,768
11. Lobo R.A.: Androgen excess In: *Infertility Contraception and Reproductive Endocrinology*, 3rd ed., Mishell D.R. et al. (eds.), Cambridge, Ma., Blackwell Sci. Publications,Inc., 1991, 422
12. Becker A.L., Ed.: *Principles and Practice of Endocrinology and Metabolism*, 3rd ed., Lippincot Williams & Wilkins, 2001, 993-994 Metabolismus
13. Ferriman D., Gallway J.D.: *J.Clin.Endocrinol.Metab.*, 1961, 21, 1440