ON A CAUSE OF POSTOPERATIVE TRANSIENT HYPOALBUMINEMIA: INADEQUATENESS OF HOMOLOGOUS SERUM ALBUMIN FOR THE HOST

Author(s)
KATO, Yasuo; FUNAZU, Takeshi; MIYAMOTO, Nobuaki; KINOSHITA, Shujiro; YAZAKI, Jiro; TERAMATSU, Takashi

Citation

Issue Date
1966-03

URL
http://hdl.handle.net/2433/51697

Type
Departmental Bulletin Paper

Textversion
publisher

Kyoto University
ON A CAUSE OF POSTOPERATIVE TRANSIENT HYPOALBUMINEMIA
(INADEQUATENESS OF HOMOLOGOUS SERUM ALBUMIN FOR THE HOST)

Yasuo KATO, Takeshi FUNAZU,
 Nobuaki MIYAMOTO, Shujiro KINOSHITA,
 Jiro YAZAKI and Takashi TERAMATSU

Department of Surgery (Chairman Prof. Chuzo Nagaishi)
Tuberculosis Research Institute, Kyoto University, Kyoto

(Received for Publication March 3, 1966)

Introduction

After a surgical operation accompanied by considerable bleeding, transient hypoalbuminemia is often found in spite of adequate blood transfusion. This shows that the loss of serum albumin by bleeding cannot be completely supplemented by blood transfusion.

Nutrient deficieny, leakage of protein through kidney and impaired protein anabolism in liver\textsuperscript{1,2,3,4} are often shown after a large surgical operation, and these are generally considered as the main causes of the postoperative hypoalbuminemia.

However, according to our experimental and clinical studies, another factor unmentioned hitherto is the main cause of this transient hypoalbuminemia.

In the following, we will report the results of our studies on which we have based our opinion.

Transient hypoalbuminemia after surgical operation

In Table 1, we present the data of the serum protein of 31 patients on which lung surgery was done in our department\textsuperscript{5}. And this data shows that when bleeding exceeds 2000 cc, the serum protein remains low in spite of the appropriate transfusion.
Table 1. Total serum protein in 31 cases after surgery.

<table>
<thead>
<tr>
<th>Bleeding Amount cc</th>
<th>Serum Protein</th>
<th>decrease</th>
<th>no change</th>
<th>increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 500</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>500 ~1000</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>1000 ~2000</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Over 2000</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

In most cases, this lowering of serum protein is observed from the first day after surgery and it reaches its lowest value at the 8th day and then gradually it attains the normal level in 4 weeks.

Table 2 illustrates the electrophoretical analysis of one patient who had been recorded 2000 cc of bleeding, and had received 2600 cc of whole blood transfusion.

Table 2. Serum protein fraction in the case after surgery.

<table>
<thead>
<tr>
<th></th>
<th>T.P. g/dl</th>
<th>Al</th>
<th>( \alpha_1 )</th>
<th>( \alpha_2 )</th>
<th>( \beta )</th>
<th>( \gamma )</th>
<th>A/G</th>
<th>Al</th>
<th>( \alpha_1 )</th>
<th>( \alpha_2 )</th>
<th>( \beta )</th>
<th>( \gamma )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-operative</td>
<td>8.0</td>
<td>55.0</td>
<td>7.8</td>
<td>5.2</td>
<td>16.9</td>
<td>15.1</td>
<td>1.22</td>
<td>4.40</td>
<td>0.62</td>
<td>0.42</td>
<td>1.35</td>
<td>1.21</td>
</tr>
<tr>
<td>Immediately</td>
<td>7.2</td>
<td>54.0</td>
<td>4.5</td>
<td>5.8</td>
<td>16.1</td>
<td>16.6</td>
<td>1.17</td>
<td>3.96</td>
<td>0.32</td>
<td>0.42</td>
<td>1.16</td>
<td>1.20</td>
</tr>
<tr>
<td>after operation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 day after</td>
<td>7.4</td>
<td>53.8</td>
<td>5.2</td>
<td>6.1</td>
<td>11.5</td>
<td>23.4</td>
<td>1.16</td>
<td>3.98</td>
<td>0.39</td>
<td>0.45</td>
<td>0.85</td>
<td>1.73</td>
</tr>
<tr>
<td>operation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 days after</td>
<td>6.3</td>
<td>54.0</td>
<td>7.2</td>
<td>6.0</td>
<td>12.6</td>
<td>20.2</td>
<td>1.17</td>
<td>3.40</td>
<td>0.45</td>
<td>0.38</td>
<td>0.79</td>
<td>1.27</td>
</tr>
<tr>
<td>5 days after</td>
<td>6.7</td>
<td>56.1</td>
<td>6.7</td>
<td>5.8</td>
<td>15.9</td>
<td>22.0</td>
<td>1.27</td>
<td>3.69</td>
<td>0.45</td>
<td>0.39</td>
<td>1.07</td>
<td>1.47</td>
</tr>
<tr>
<td>1 week after</td>
<td>6.7</td>
<td>57.1</td>
<td>7.2</td>
<td>4.0</td>
<td>10.5</td>
<td>21.2</td>
<td>1.33</td>
<td>3.83</td>
<td>0.48</td>
<td>0.27</td>
<td>0.70</td>
<td>1.42</td>
</tr>
<tr>
<td>2 weeks after</td>
<td>8.2</td>
<td>56.0</td>
<td>6.7</td>
<td>6.0</td>
<td>11.7</td>
<td>20.6</td>
<td>1.27</td>
<td>4.59</td>
<td>0.55</td>
<td>0.49</td>
<td>0.96</td>
<td>1.69</td>
</tr>
</tbody>
</table>

Lobectomy: Bleeding 100 cc, Transfusion of whole blood 1600 cc

It can be seen from this table that lowering of total serum protein is due to the lowered absolute value of albumin.

Similar results were obtained in other cases where lowering of serum protein was seen.

But this finding is not a new one. Many authors reported that transient hypoproteinemia due to lowering of serum albumin was observed after surgery⁴.

However, in those reports, it was thought that the main cause of hypoproteinemia is not in bleeding, but in other trauma of surgery. We could
not agree easily to this suggestion. We saw many cases in which severe
postoperative hypoalbuminemia was seen after severe bleeding even when the
other surgical trauma was not so severe. Further, they consider that the
above phenomenon is caused by lowering of albumin synthesis due to impair­
ing of liver accompanied by bleeding. On the other hand, we think that
the albumin in transfused homologous blood may have some differences in
quality from autologous albumin remaining in the host, and as a result, the
transfused homologous albumin can not be kept in the circulatory system.

The difference of transfusion effect between homologous
and autologous albumin

Therefore the following experiment, using dogs, was designed to mimic
the situation with passive bleeding and transfusion of the same amount of
blood\(^1\).

As a result, hypoalbuminemia was recognized in the group in which
homologous blood transfusion after bleeding was done, but did not appear in
the group in which autologous blood wss replaced after bleeding without any
procedure.

Then, in the next experiments, we prepared blood in which only the
albumin was replaced by albumin of the other dog, while the other com­
ponents were kept unchanged. We called this blood as Homologous albumin
blood*1.

Fig. 1 shows the average results of the total serum protein measurement
of three groups, the control group of only passive bleeding, the autologous
blood transfusion group and the homologous albumin blood transfusion group.

\(^1\) Supplement 1

Two adult dogs, body weight over 10 Kg, were bled about 200 cc in
A.C.D. solution. The sera were respectively separated from the blood, and
crystalline ammonium sulfate (reagent grade) was slowly by added to each
serum in proportion of half saturation in cold room (4°C). The mixture was
centrifuged for 1 hr. at 21,000 rpm (Radius 8 cm). The supernatant fraction
which we regarded as “albumin fraction” and precipitate which we regard as
“globulin fraction” were dialyzed against saline several times. Albumin frac­
tion from dog A and globulin fraction B were together added in solid portion
of the blood of dog B. This mixture, namely artificial blood which we termed
“Homologous albumin” was transfused into dog B. On the other hand, whole
blood from dog C was used as auto-type blood for dog C.
Fig. 1. Total protein after transfusion of auto & homo type blood.

Fig. 2 shows the average results of the serum albumin measurement of the these groups.

Fig. 2. Serum albumin after transfusion of auto & homo type blood.
In these figures, the hypoalbuminemia is more conspicuous in the homo-
type group than in the auto-type group.

Therefore, we have considered that the main cause of the hypoalbumi-
emia observed postoperatively is more related to the homologous blood
transfusion than to the surgical trauma.

However, in the above experiments, the transfused albumin was measured
without differentiating from the original albumin of the host. It could not
be decided whether the hypoalbuminemia in our experiments was caused by
decrease of the transfused albumin or not.

Trace of Transfused Albumin

Therefore, we used albumin labelled with FITC (Fluorescin isothiocyanate)
in the following experiments so as to be able to trace the transfused albumin*2.

Fig. 3 shows the value of serum protein after transfusion of homologous
and autologous serum albumin in rabbits.

*2 Supplement 2

Approximately 60 ml of blood from each rabbit was allowed to clot at
room temperature, then centrifuged and divided into Ca 30 ml serum, and
10.5 g reagent grade (NH₄)₂SO₄ was slowly added to 30 ml of each serum, and
the mixture was allowed to stand overnight at 4°C, then centrifuged for
1 hr. at 21,000 rpm. The supernatant fraction comprised “albumin fraction”
and was repeatedly dialized against phosphate buffered saline (0.85% NaCl-
0.01 M Na-phosphate Buffer pH 6.8) at 4°C until the dialyzates no longer
responded positively to a Nessler test. Ammonium sulfate must be removed
completely before conjugation with FITC since it interferes with the reaction*5.

To conjugate a serum with FITC, equal volume of carbonate bicarbonate
buffer (pH 9.0 0.5 M freshly prepared) was added, solution stirred thoroughly
at 4°C and then was titrated with same buffer to pH 9.0 approximately*9,*10,*11.

One mg FITC per 40 mg of albumin was slowly and gradually added to
buffered albumin solution and stirred efficiently over a period of about 8 hrs.

When conjugation was completed, the mixture was dialyzed with phos-
phate-buffered saline (0.85% NaCl Na-phosphate pH 6.8 0.01 M).

Then serum albumin solution conjugated with FITC was injected intra-
venously into autologous or homologous rabbit which had been previously
bled.
Fig. 3. Total protein after albumin transfusion.

![Graph showing total protein levels over time for auto albumin and homo albumin](average)

Before transfusion, 3 hrs, 6 hrs, 12 hrs, 1 day, 2 days, 3 days

- auto albumin
- homo albumin

**Fig. 4 illustrates the value of serum albumin after transfusion of autologous and homologous albumin individually.** As is shown in this figure, serum albumin is less in the group of autologous albumin transfusion than in the group of homologous albumin, although buffered saline solution of only serum albumin without including the other components of blood was used.

![Graph showing serum albumin levels over time for auto albumin and homo albumin](average)

Before transfusion, 3 hrs, 6 hrs, 12 hrs, 1 day, 2 days, 3 days

- auto albumin
- homo albumin

These results may look contradictory to the former results, but the apparent contradiction will be solved by the next investigation.
Fig. 5 shows the disappearance rate of FITC from serum in the same experiment of Fig. 3 and Fig. 4. FITC disappears more rapidly in the group of homologous albumin transfusion than in the group of autologous albumin, and the decreasing rate in homo-shows always nearly half the value of that in auto.

**Fig. 5. Disappearance rate of FITC from serum.**

On the other hand, the rate of total albumin and FITC conjugated with albumin measured by the method described in supplement 3 is spotted in Fig. 6*3.

*3 Supplement 3

Albumin fraction conjugated with FITC was obtained by boundary electrophoresis with starch.

Every protein fraction was eluted with saline 2 times, measured in accordance with method described by Folin-Ciocaltan and FITC conjugated with each albumin fraction was measured by spectrophotometer with 495 m.μ.
As shown in this figure, the amount of autologous serum albumin conjugated with dye does not show any remarkable change even on the second day after transfusion, and over 60% of homologous albumin with dye disappears from the circulating system on the second day.

From these results, we can presume that the greater part of homologous serum albumin has inadequate qualities for the host and is decomposed rapidly in the liver and other organs.

The degeneration engendered by the artificial procedures involved in the experimentation is only a part of the cause of rapid decomposition of homologous serum albumin, because autologous serum albumin subjected to a similar experimental procedure is not so much decomposed.

**Subfractionation of serum albumin after surgery**

Recently several methods for the subfractionation of serum albumin have been reported. Therefore we tried to make clear by the method of hydroxyapatite column chromatography\(^{13,14}\) what subfraction decreases after trans-
fusion and what part is inadequate for the host.

By this method, we could subfractionate serum albumin to four subfractions, that is, Fr. I eluted by 0.04 M Na-phosphate buffer (pH 6.8) Fr. II by 0.07 M, Fr. III cy 0.11 M and Fr. IV by 0.40 M.

Table 3 shows the normal value of every subfraction in the human. Table 4 shows the value of subfractions of serum albumin in the human after surgery.

### Table 3. Serum Albumin Subfraction in Human.

<table>
<thead>
<tr>
<th>Fr I</th>
<th>Fr II</th>
<th>Fr III</th>
<th>Fr IV</th>
<th>Total Albumin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fr I</td>
<td>Fr II</td>
<td>Fr III</td>
<td>Fr IV</td>
<td>Absolute value (g/dl)</td>
</tr>
<tr>
<td>------</td>
<td>------</td>
<td>--------</td>
<td>-------</td>
<td>-------------------</td>
</tr>
<tr>
<td>No. 1</td>
<td>0.6</td>
<td>71.2</td>
<td>13.8</td>
<td>14.4</td>
</tr>
<tr>
<td>No. 2</td>
<td>5.4</td>
<td>55.1</td>
<td>15.1</td>
<td>24.4</td>
</tr>
<tr>
<td>No. 3</td>
<td>2.2</td>
<td>55.0</td>
<td>20.4</td>
<td>22.3</td>
</tr>
<tr>
<td>No. 4</td>
<td>3.0</td>
<td>53.3</td>
<td>4.0</td>
<td>37.7</td>
</tr>
<tr>
<td>No. 5</td>
<td>3.9</td>
<td>48.3</td>
<td>22.0</td>
<td>26.6</td>
</tr>
<tr>
<td>No. 6</td>
<td>12.2</td>
<td>39.8</td>
<td>10.0</td>
<td>38.0</td>
</tr>
</tbody>
</table>

Fr I Fracti on eluted by 0.04 M phosphate Buffer (pH 6.8) Operation temperature 4°C
Fr II " " 0.07 M " Hydroxylapatite Column 10 cm (diameter 1.5 cm)
Fr III " " 0.11 M "
Fr IV " " 0.40 M "

### Table 4. The result of albumin subfractionation on a case after surgery.

<table>
<thead>
<tr>
<th>Albumin</th>
<th>Relative value</th>
<th>Absolute value (g/dl)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fr I Fr II Fr III Fr IV</td>
<td>Total Albumin Fr I Fr II Fr III Fr IV</td>
<td></td>
</tr>
<tr>
<td>Pre-operative value</td>
<td>3.0 53.3 4.0 37.7</td>
<td>4.01 0.12 2.14 0.16 1.51</td>
</tr>
<tr>
<td>Immediately after operation</td>
<td>2.1 54.1 2.6 41.2</td>
<td>3.65 0.08 1.94 0.10 1.46</td>
</tr>
<tr>
<td>2 days after op.</td>
<td>16.8 53.5 3.2 26.5</td>
<td>3.39 0.57 1.81 0.11 0.90</td>
</tr>
<tr>
<td>4 days</td>
<td>17.8 37.8 1.2 43.2</td>
<td>2.48 0.44 0.94 0.03 1.07</td>
</tr>
<tr>
<td>8 days</td>
<td>7.4 40.9 10.6 41.2</td>
<td>2.88 0.21 1.18 0.31 1.19</td>
</tr>
<tr>
<td>15 days</td>
<td>3.9 40.4 8.8 47.3</td>
<td>3.15 0.12 1.27 0.28 1.49</td>
</tr>
<tr>
<td>30 days</td>
<td>3.4 63.5 4.9 28.0</td>
<td>3.59 0.12 2.28 0.18 1.01</td>
</tr>
</tbody>
</table>

Fr I Fraction eluted by 0.04 M Na-phosphate Buffer (pH 6.8) Operation temperature 4°C
Fr II " " 0.07 M " Hydroxylapatite column 10 cm (diameter 1.5 cm)
Fr III " " 0.11 M "
Fr IV " " 0.40 M "

22
The amount of bleeding in this case is about 2000 cc and the amount of transfused blood is about 2600 cc. The change of serum protein fraction by electrophoresis in this case after surgery is supplementally shown in Table 5.

Table 6. The result of electrophoretical analysis on a case after surgery.

<table>
<thead>
<tr>
<th></th>
<th>Relative value</th>
<th>Absolute value (g/dl)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>T.P. g/dl</td>
<td>Al</td>
</tr>
<tr>
<td>Preoperative</td>
<td>8.1</td>
<td>49.6</td>
</tr>
<tr>
<td>value</td>
<td></td>
<td>8.0</td>
</tr>
<tr>
<td>Immediately after</td>
<td>2 days</td>
<td>6.9</td>
</tr>
<tr>
<td>operation</td>
<td></td>
<td>4 days</td>
</tr>
<tr>
<td></td>
<td>8 days</td>
<td>6.9</td>
</tr>
<tr>
<td></td>
<td>15 days</td>
<td>7.6</td>
</tr>
<tr>
<td></td>
<td>30 days</td>
<td>7.7</td>
</tr>
</tbody>
</table>

Lobectomy: Bleeding 2000 cc, Blood Transfusion 2600 cc

As is shown in Table 4, decreasing of the amount of Fr. II suggests a most important role in post-operative hypoalbuminemia, although Fr. III and Fr. IV also decrease less in quantity compared with the progress of hypoalbuminemia.

In other words, it may be said that the inadequate part of serum albumin for other individuals is in Fr. II.

**Conclusion**

Finally we would like to report the following conclusion of our experiments.

(1) After a surgical operation accompanied by considerable bleeding, transient hypoalbuminemia is unavoidable even with adequate blood transfusion.

(2) The cause of post-operative transient hypoalbuminemia is due to the use of homologous blood.

Most of homologous serum albumin thus given is inadequate in quality for the host.

(3) The inadequate part of homologous serum albumin is in the subfraction Fr. II obtained by hydroxyl-appatite column chromatography.
REFERENCES

9) Suzue & Hamajima: Keiko-Kotaiho.
12) Congress of electrophoresis: Method of electrophoretical experiment 191; Bunko-Do, Tokyo.