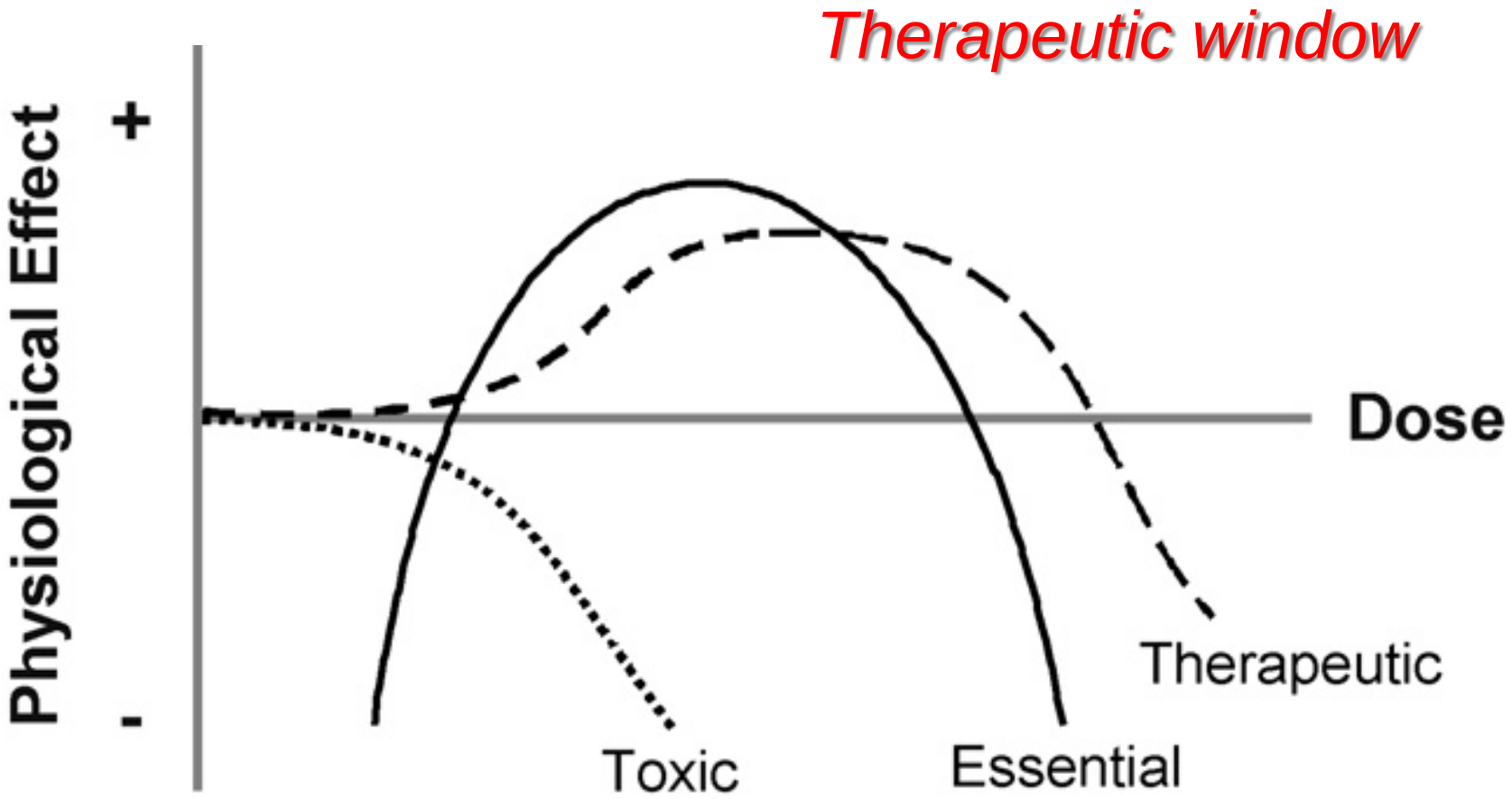
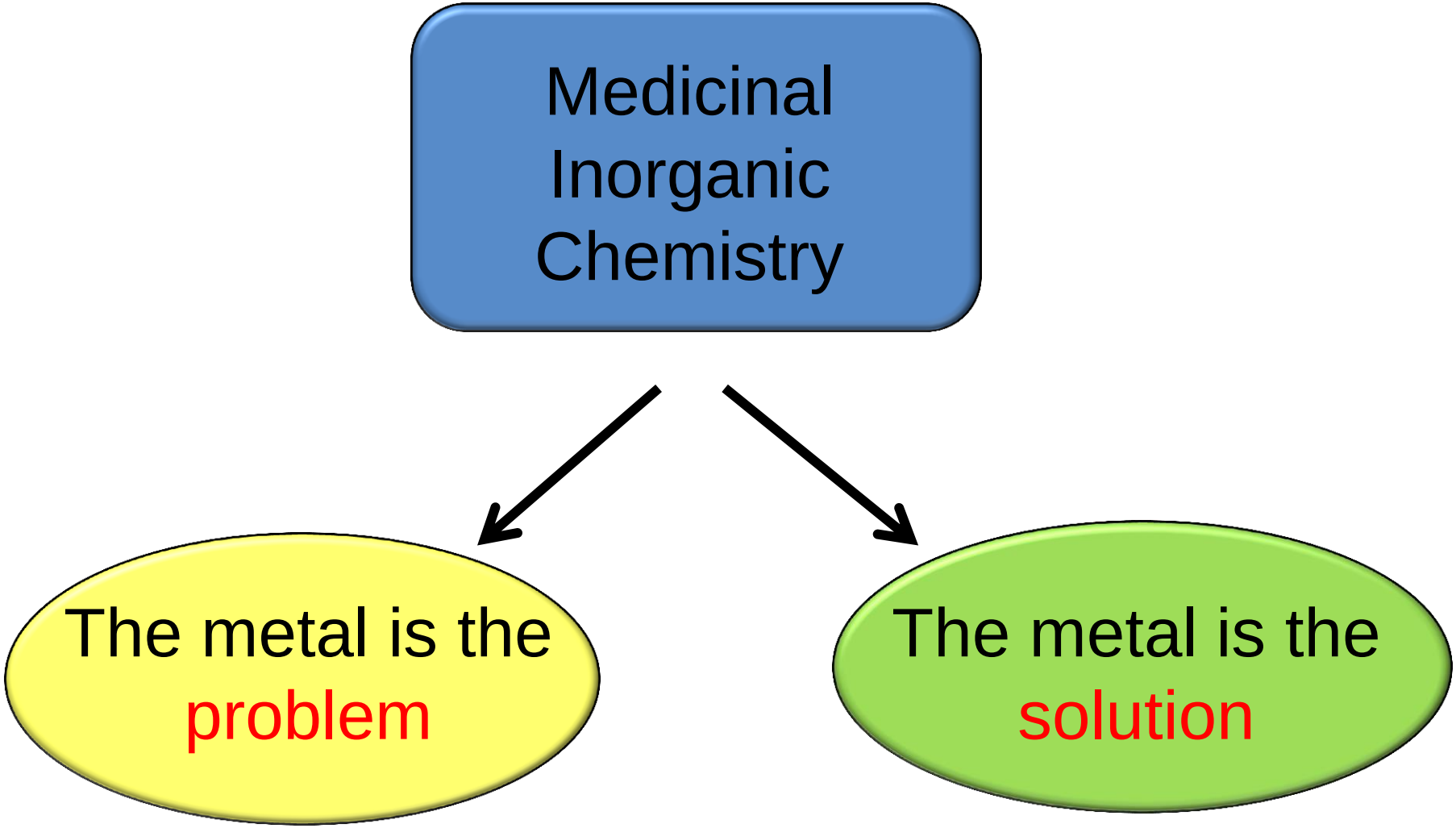
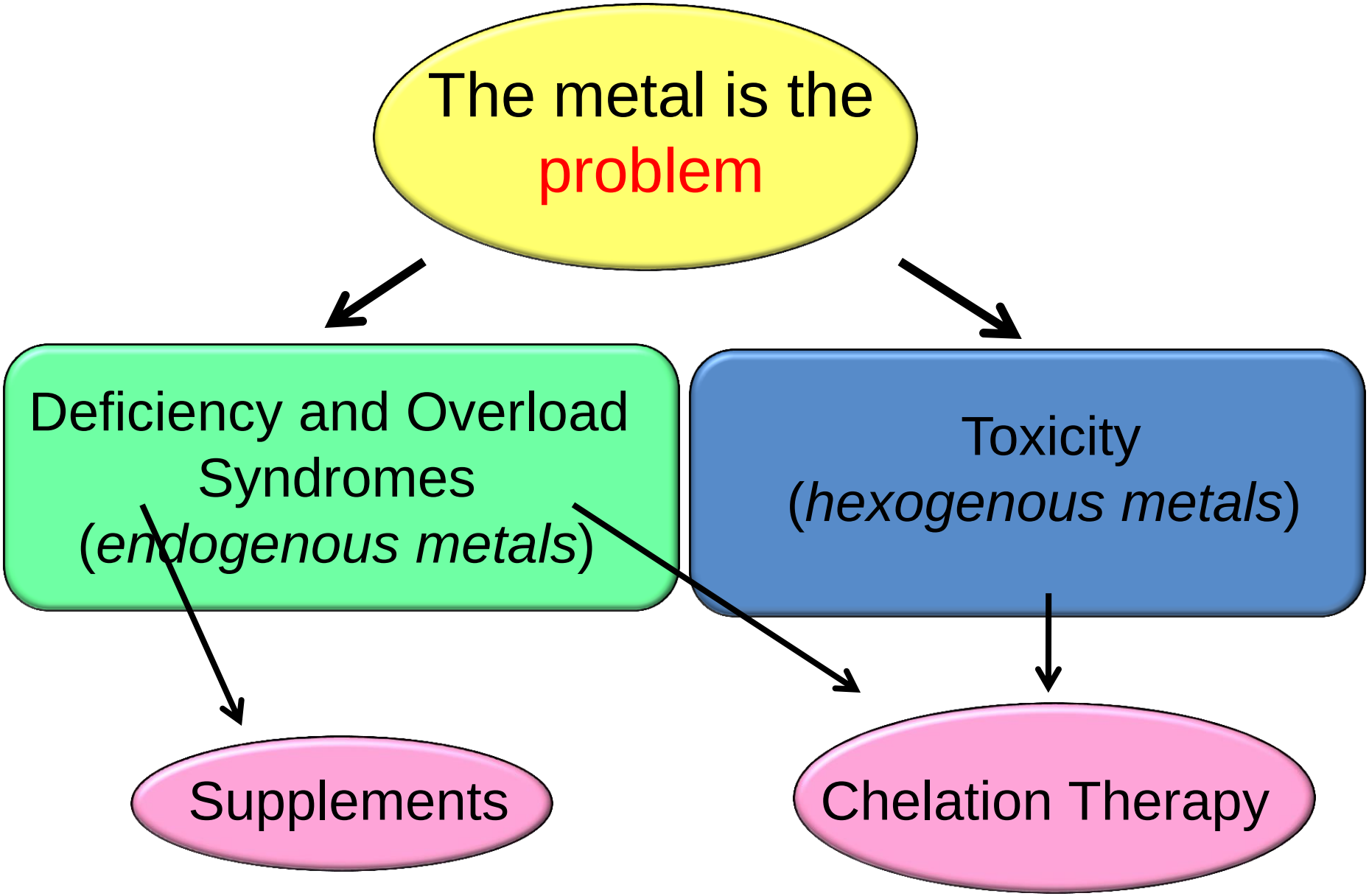
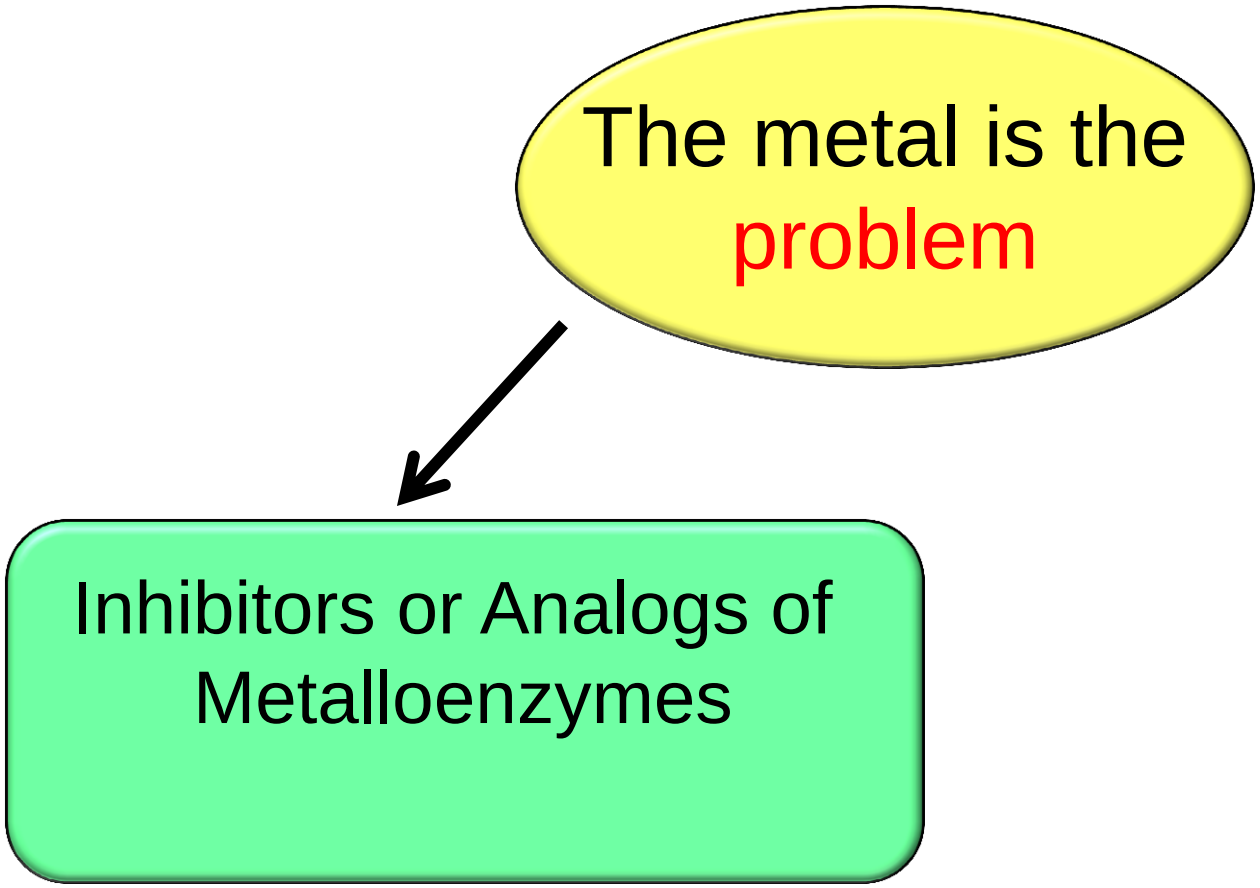
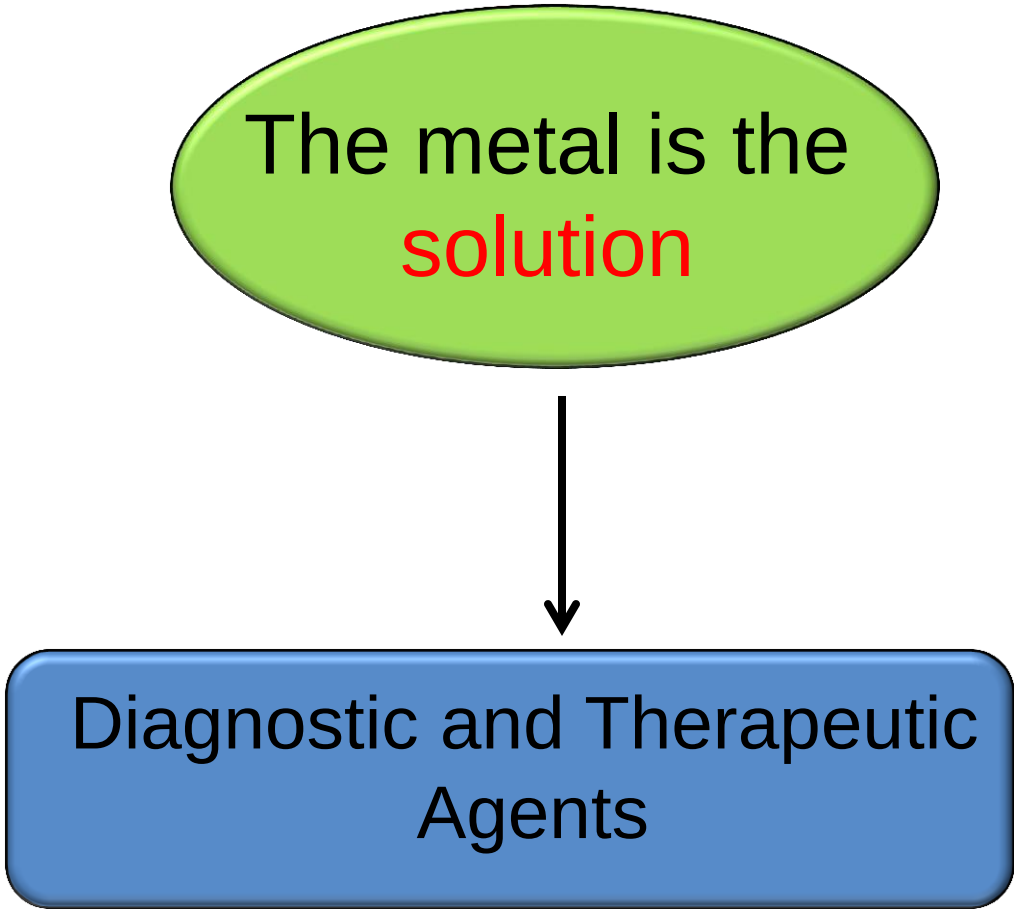
Diagramma di Bertrand




Medicinal Inorganic Chemistry
The metal is the problem
The metal is the solution


The metal is the problem
Deficiency and Overload Syndromes (*endogenous metals*)
Toxicity (*hexogenous metals*)
Supplements
Chelation Therapy


The metal is the problem
Inhibitors or Analogs of Metalloenzymes


The metal is the solution
Diagnostic and Therapeutic Agents

Tossicità di metalli esogeni e altri elementi

Pb

Cd

Tl

Hg

Be

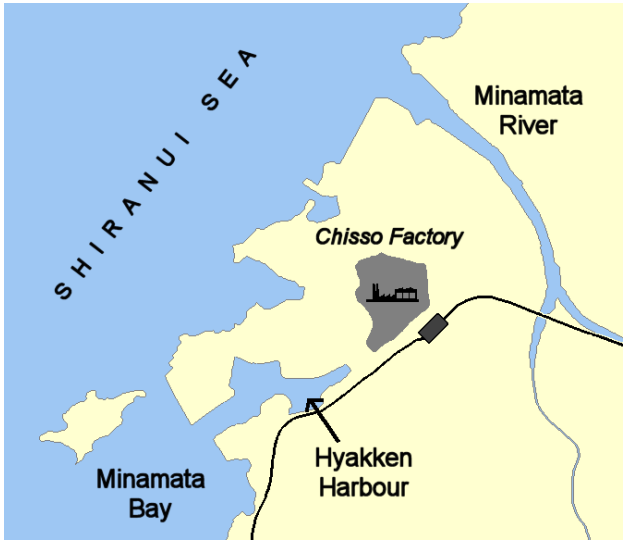
Cr

Itai Itai Disease

As

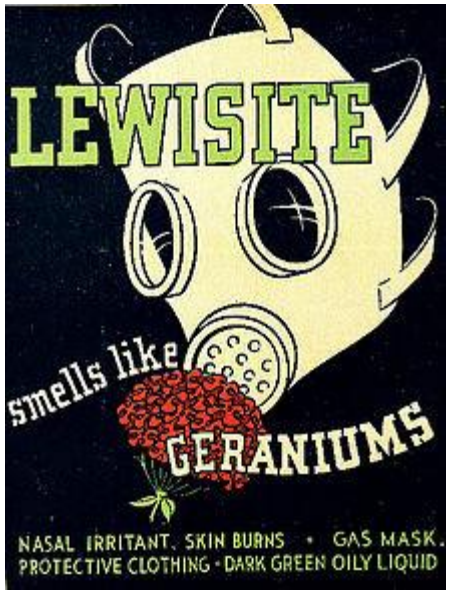
F

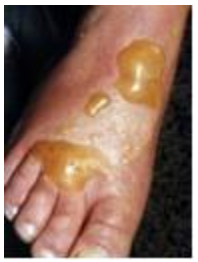
Minamata Disease

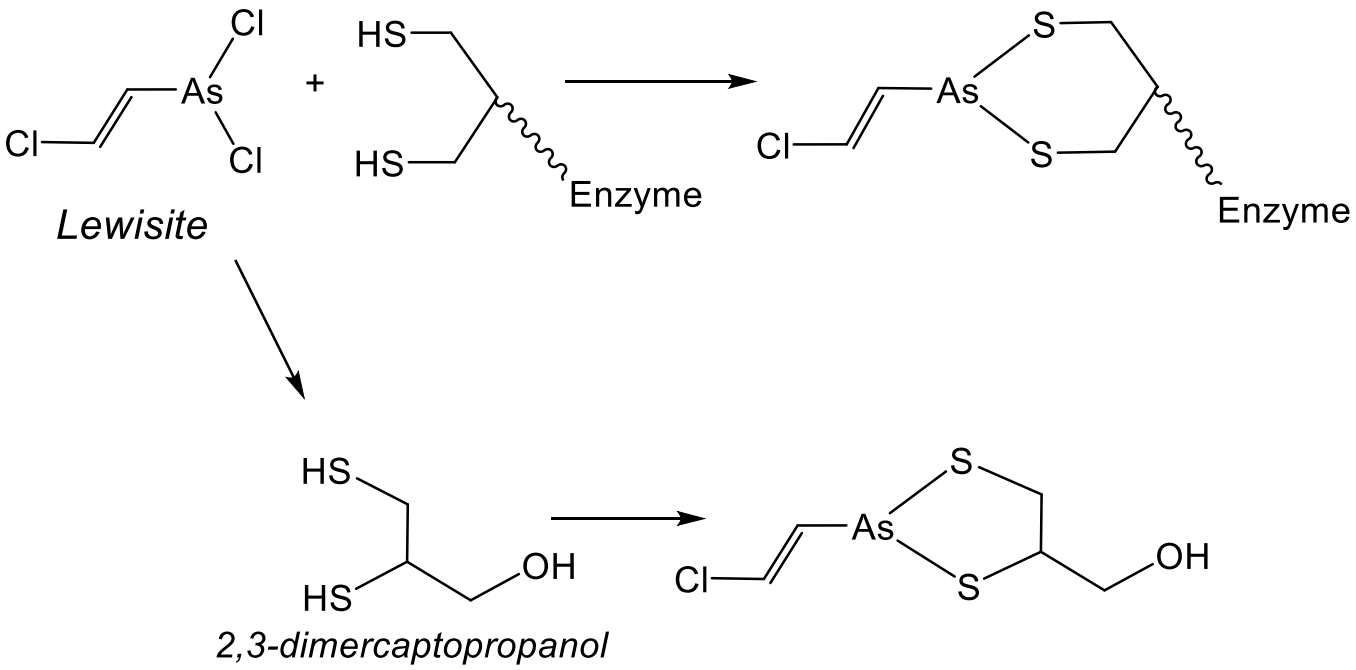


Se

Chelation Therapy





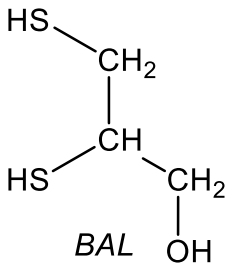


BAL = *British Anti-Lewisite*

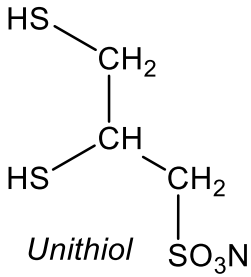
Chelation Therapy

Agent:

- Effective (i.e. match the binding preferences of the ion)
- Selective
- Non toxic
- Resistant to metabolism
- Unexpensive

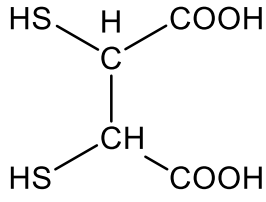


LD_{50} = 105 mg/kg



dimercaptoproane sulfonate

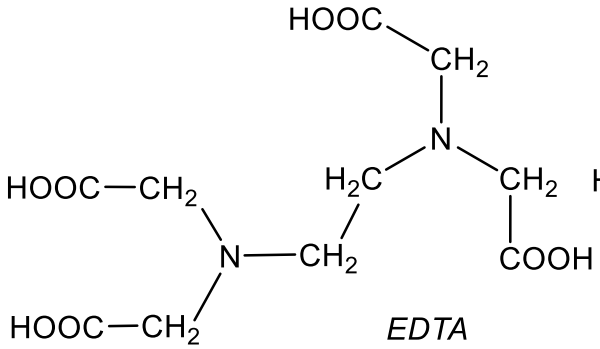
LD_{50} = 2000 mg/kg



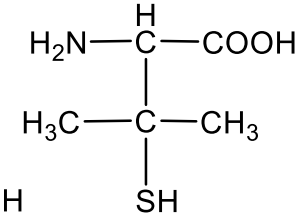
dimercaptosuccinic acid

Adducts:

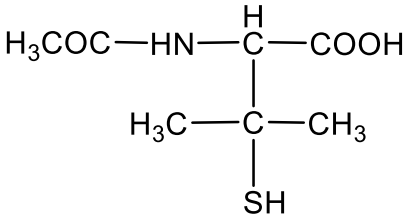
- Stable
- Non toxic
- Highly soluble in water (rapid clearance)
- Resistant to metabolism



EDTA



penicillamine



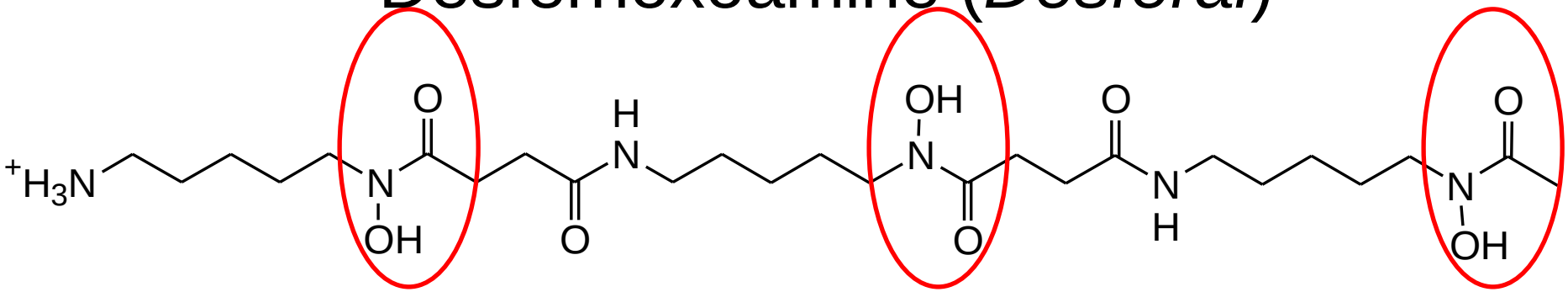
N-acetil-penicillamine

Iron chelation therapy

- Mammals are unable to regulate the export of Fe
- Patients affected by severe forms of anemia (e.g. thalassemia) need frequent blood transfusions
- Transfusions lead to iron overload
- Iron overload, if untreated, leads to premature death
  Fenton chemistry: $Fe^{2+} + H_2O_2 \rightarrow Fe^{3+} + OH^{\cdot} + OH^{-}$
- Chelation therapy is essential

1. Efficacia del chelante
2. Tossicità
3. Costo
4. Modo di somministrazione (*compliance*)

Desferrioxoamine (*Desferal*)



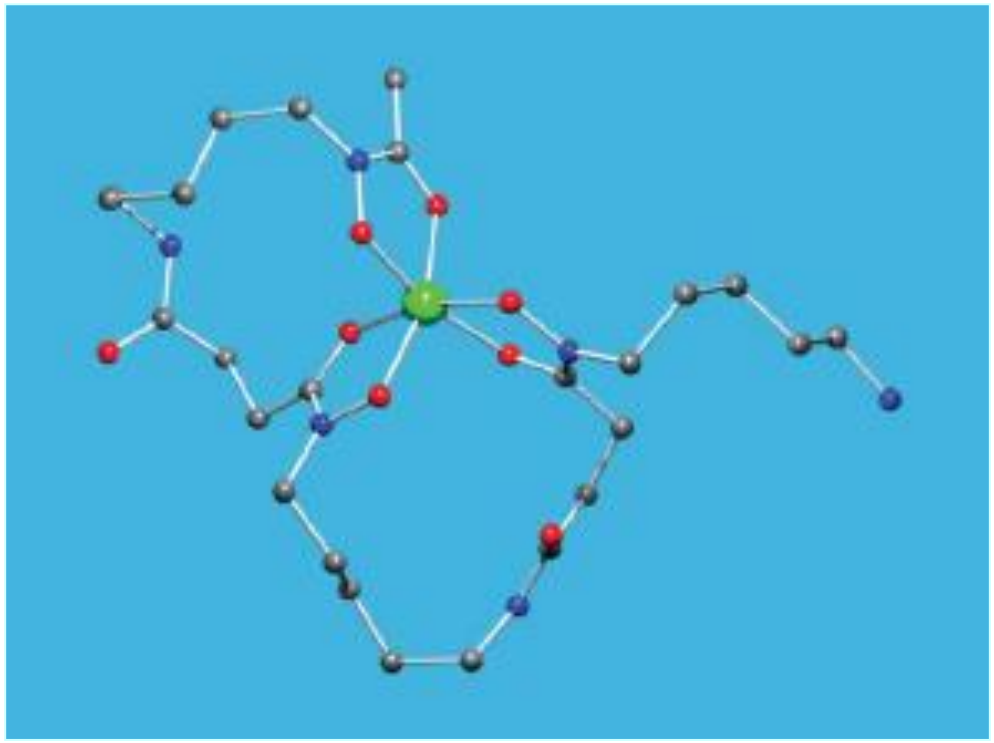
Desferrioxamine B (DFO, *desferal)*

Natural siderophore from *Streptomyces pilosus*

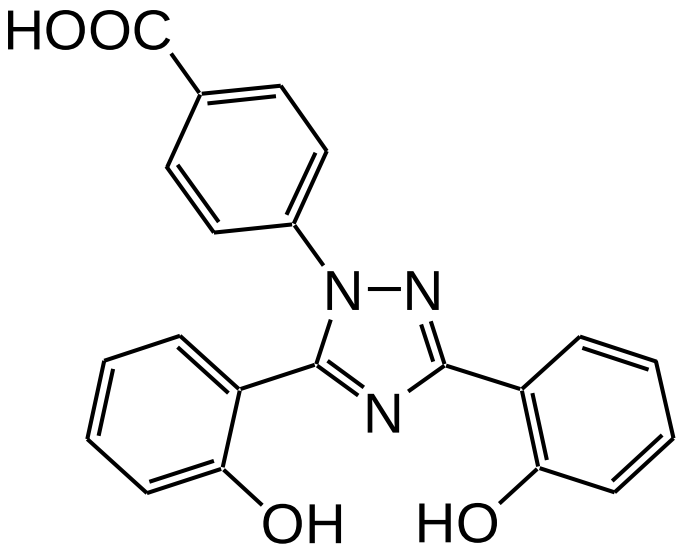
FDA approval: 1968

pFe = 26.6
pFe = -log[Fe^{n+}]

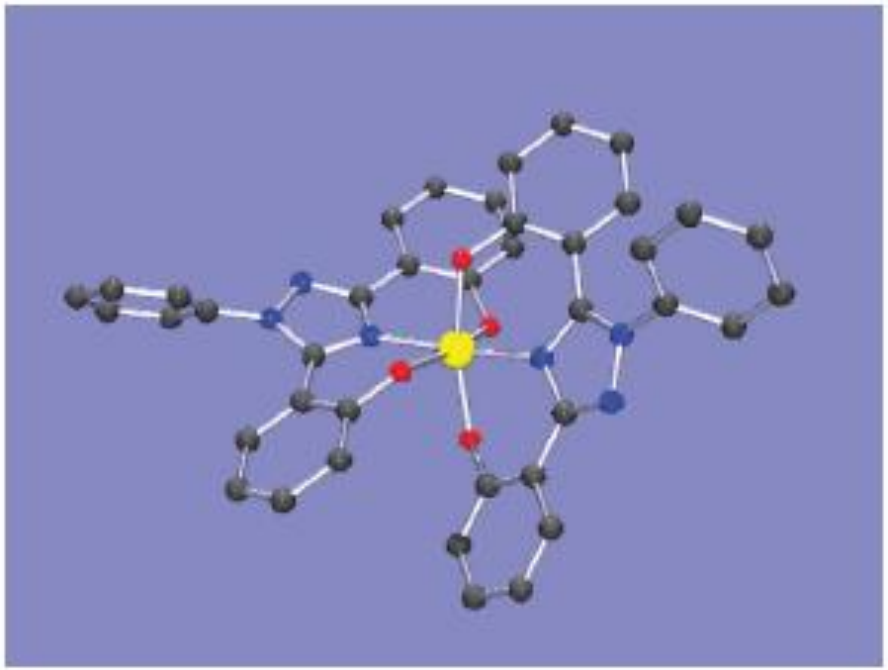
Drawback: very long infusion time: 8 – 12 h



Deferasirox: Orally active



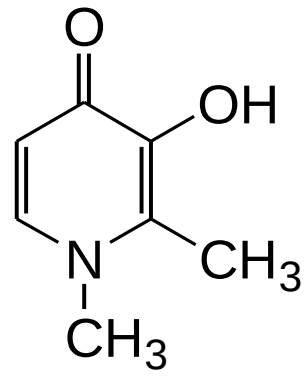
bis-hydroxyphenyl-triazole
deferasirox



pFe = 20

FDA approval: 2005

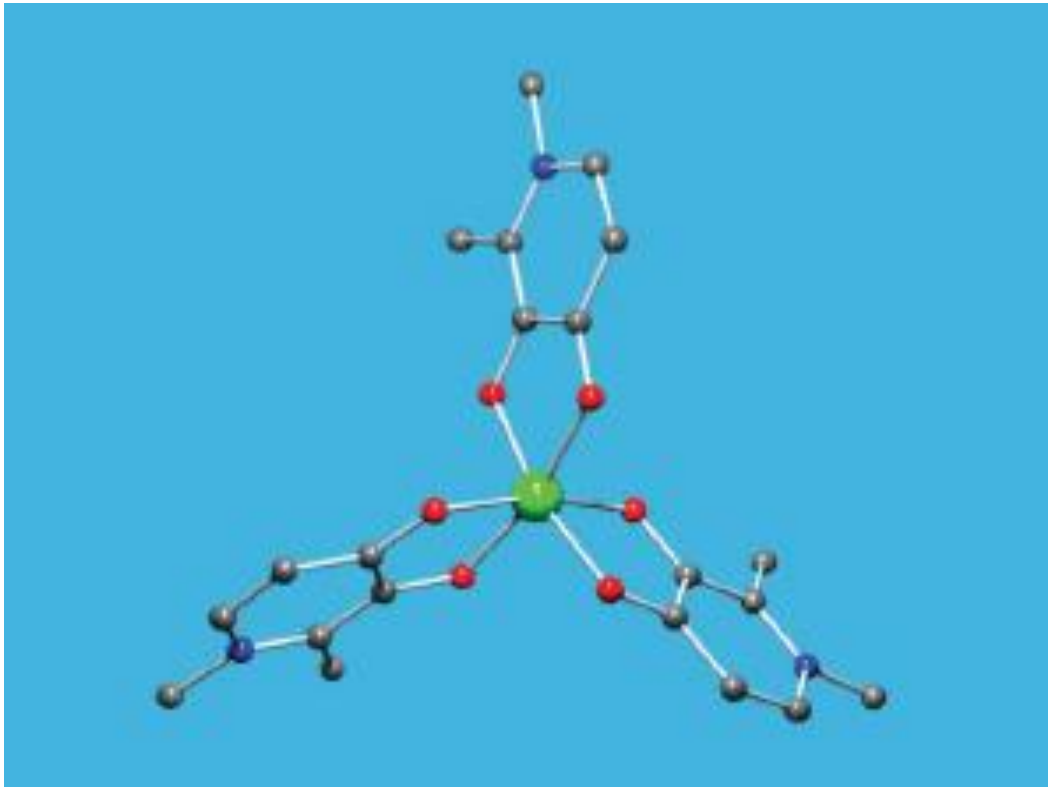
Deferiprone: Orally active

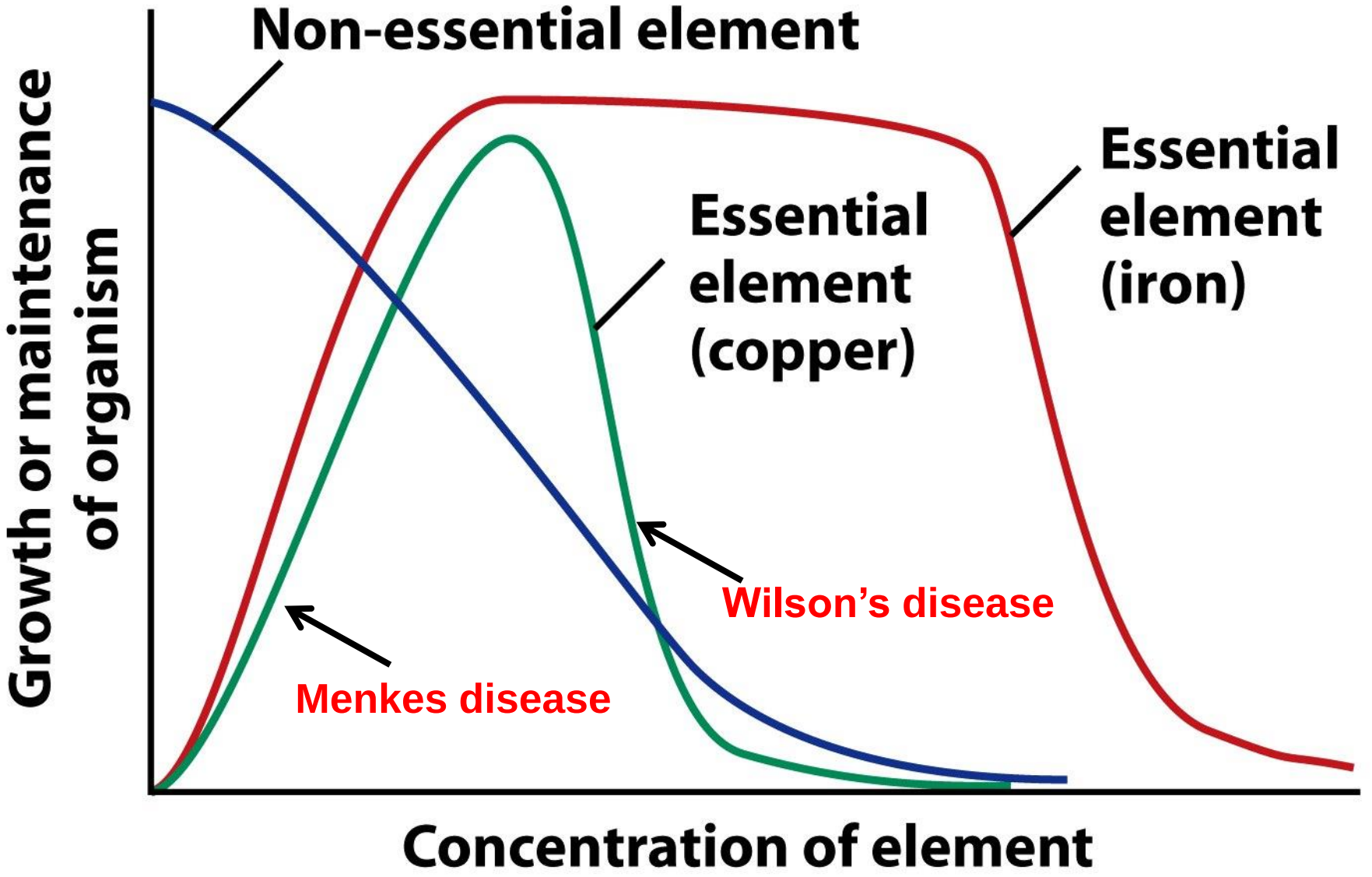


3,4-dihydroxypyridinone
deferiprone

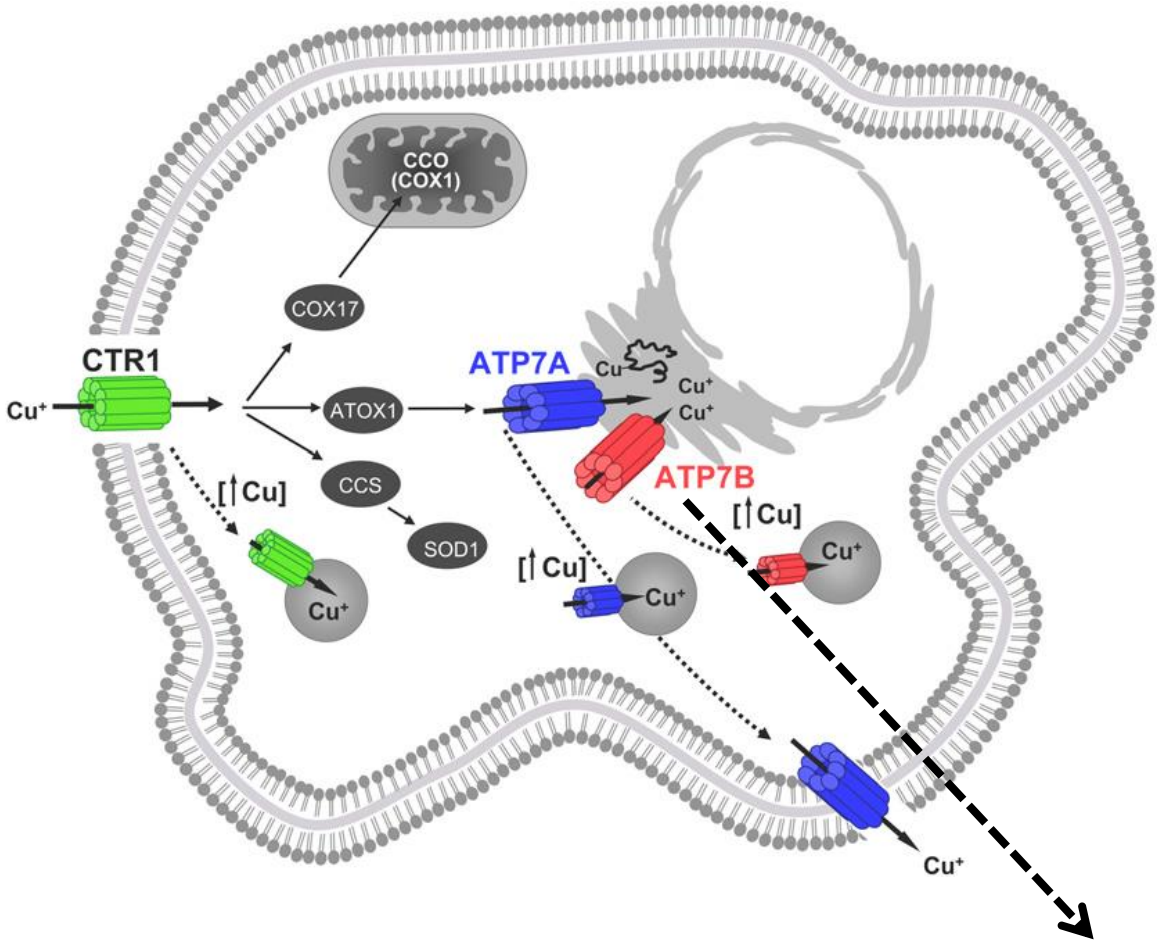
pFe = 20

2011 FDA approval as <u>second-line</u> oral drug

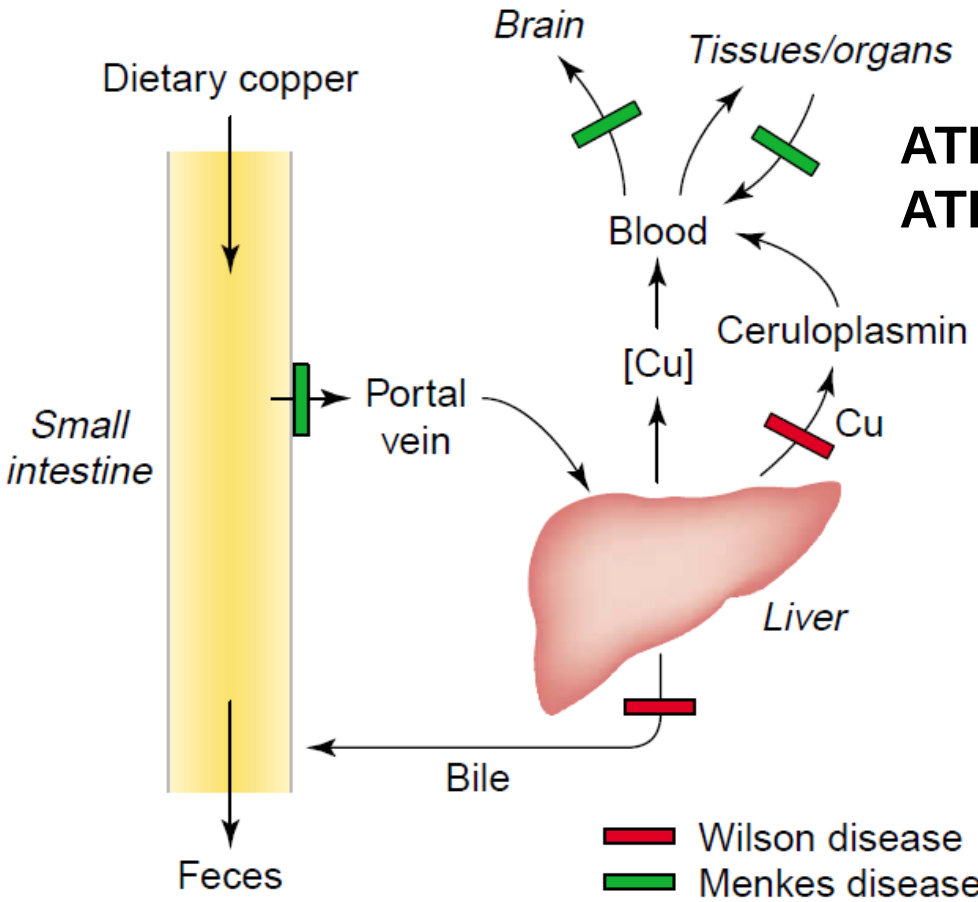



Non-essential element
Essential element (iron)
Essential element (copper)
Wilson's disease
Menkes disease
Growth or maintenance of organism
Concentration of element

Copper homeostasis



ATP7A: ubiquitous
ATP7B: liver, kidneys, brain

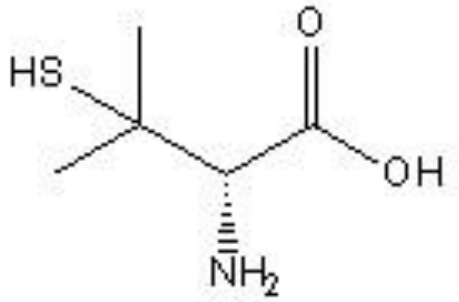


ATP7A: Menkes disease, Cu deficency
ATP7B: Wilson's disease, Cu overload

→ $Cu(II)(His)_2$

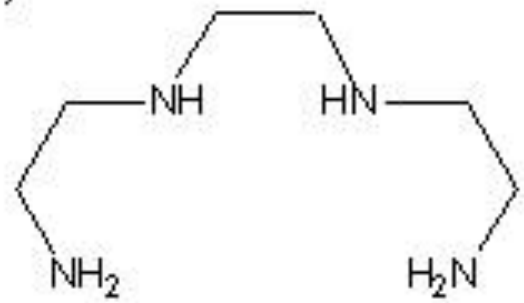
Chelanti per la Sindrome di Wilson (rimozione Cu)

a)



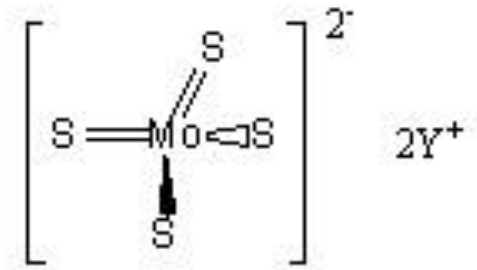
D-penicillamina

b)



Trien *(*o *Trientina*)
(tris-etilenetetrammina)

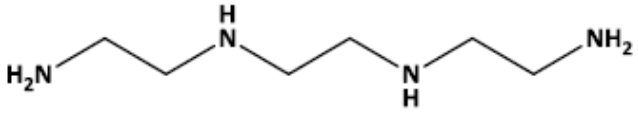
c)



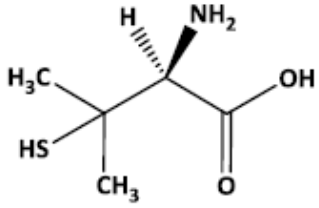
$Y = [NH_4]^+$ or

$Y = [(CH_3)_3NCH_2CH_2OH]^+$

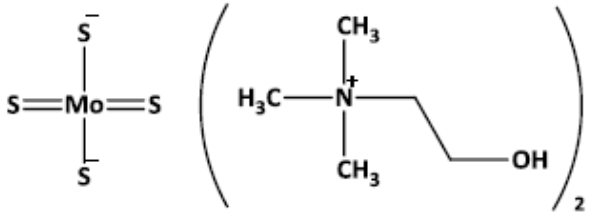
Tetratiomolibdato


H
N
H2N
NH2
N
H

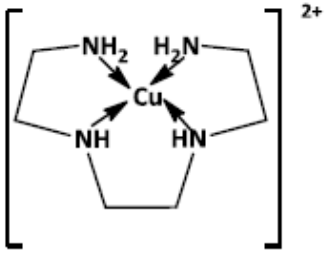
a

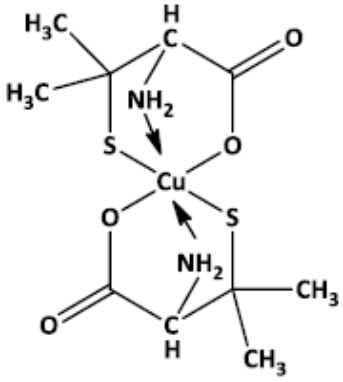

H
NH2
H3C
OH
HS
CH3
O

b


S
S
Mo
S
S
CH3
H3C
N
CH3
OH
2

c


NH2
H2N
Cu
NH
HN
2+


H3C
H
C
O
H3C
NH2
S
O
Cu
O
S
NH2
CH3
O
C
H
CH3

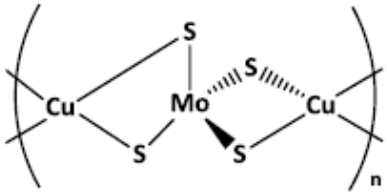

S
Cu
Mo
S
Cu
S
S
n

Table 2. Agents for the Treatment of Wilson Disease

agent	mechanism of action	daily adult dosage
D-penicillamine[a]	reduction and chelation of copper; urinary excretion of copper by mobilizing copper from organs	1−2 g orally in divided doses
triethylenetetramine (Trien)	copper chelator and urinary excretion	0.75−1.5 g orally in divided doses
zinc salts	inhibits intestinal absorption of copper by induction of intestinal cell metallothionein; may also induce hepatic metallothionein	150−200 mg orally in divided doses
british anti-Lewisite (BAL)	copper chelator	3 mL of 10% BAL in peanut oil im
tetrathiomolybdate[b]	blocking the intestinal absorption of copper and a copper chelator	Up to 2 mg/kg orally in divided doses

[a] Administered with supplementation of 25 mg of pyridoxine orally daily. [b] Experimental.