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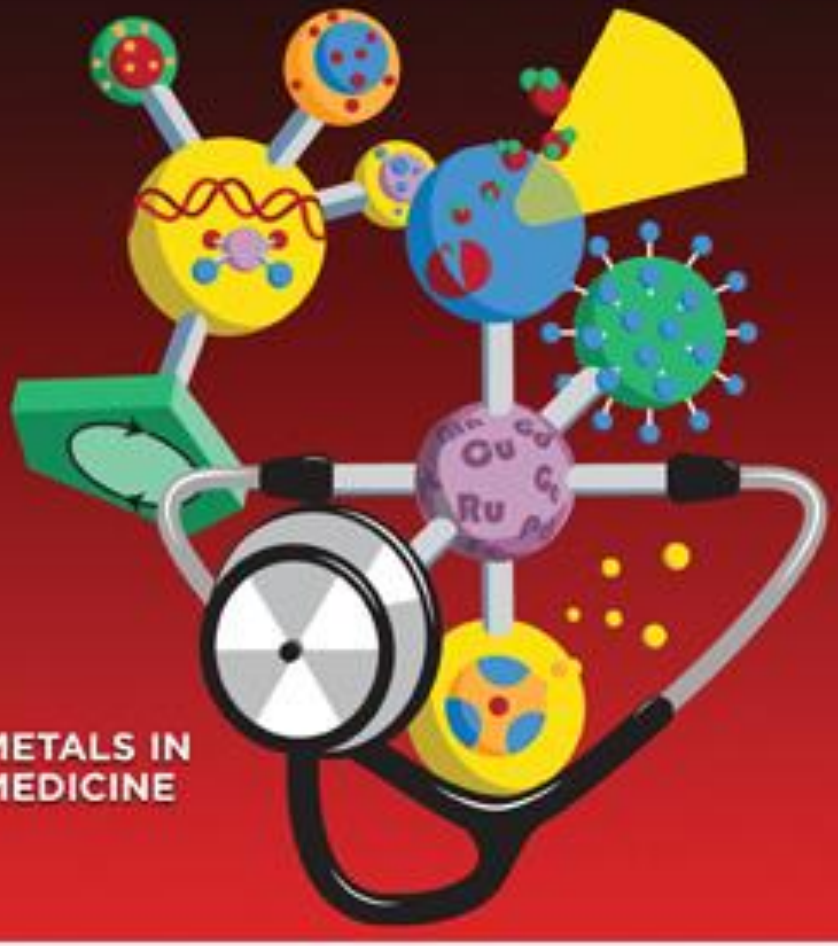
CHEMICAL REVIEWS



METALS IN MEDICINE

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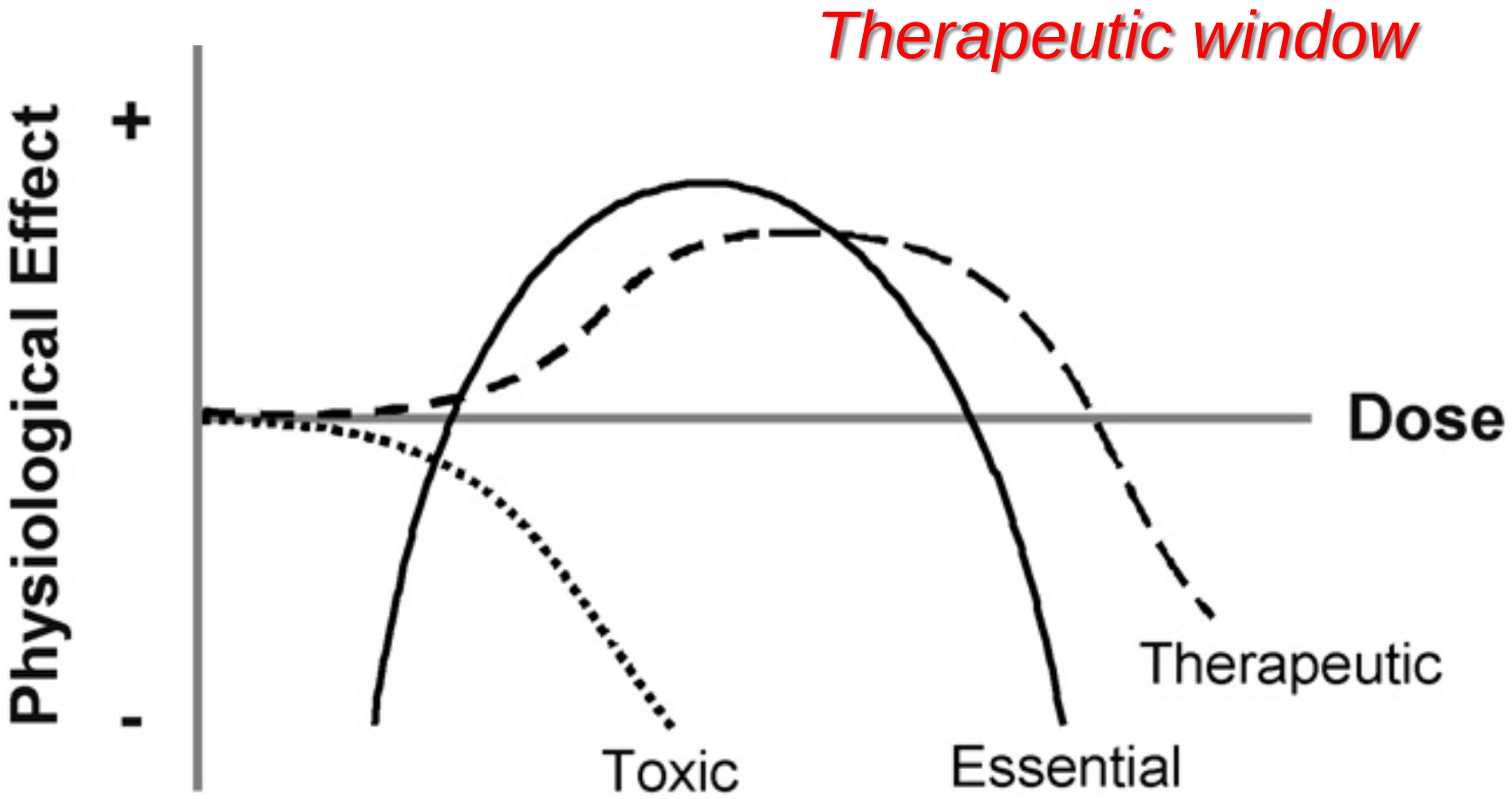
Bertrand's diagram

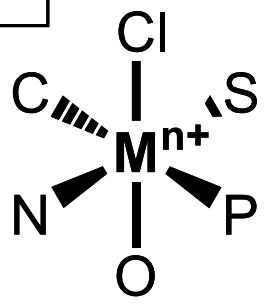


Speciation

Types and number of ligands

Coordination geometry

Ligand exchange

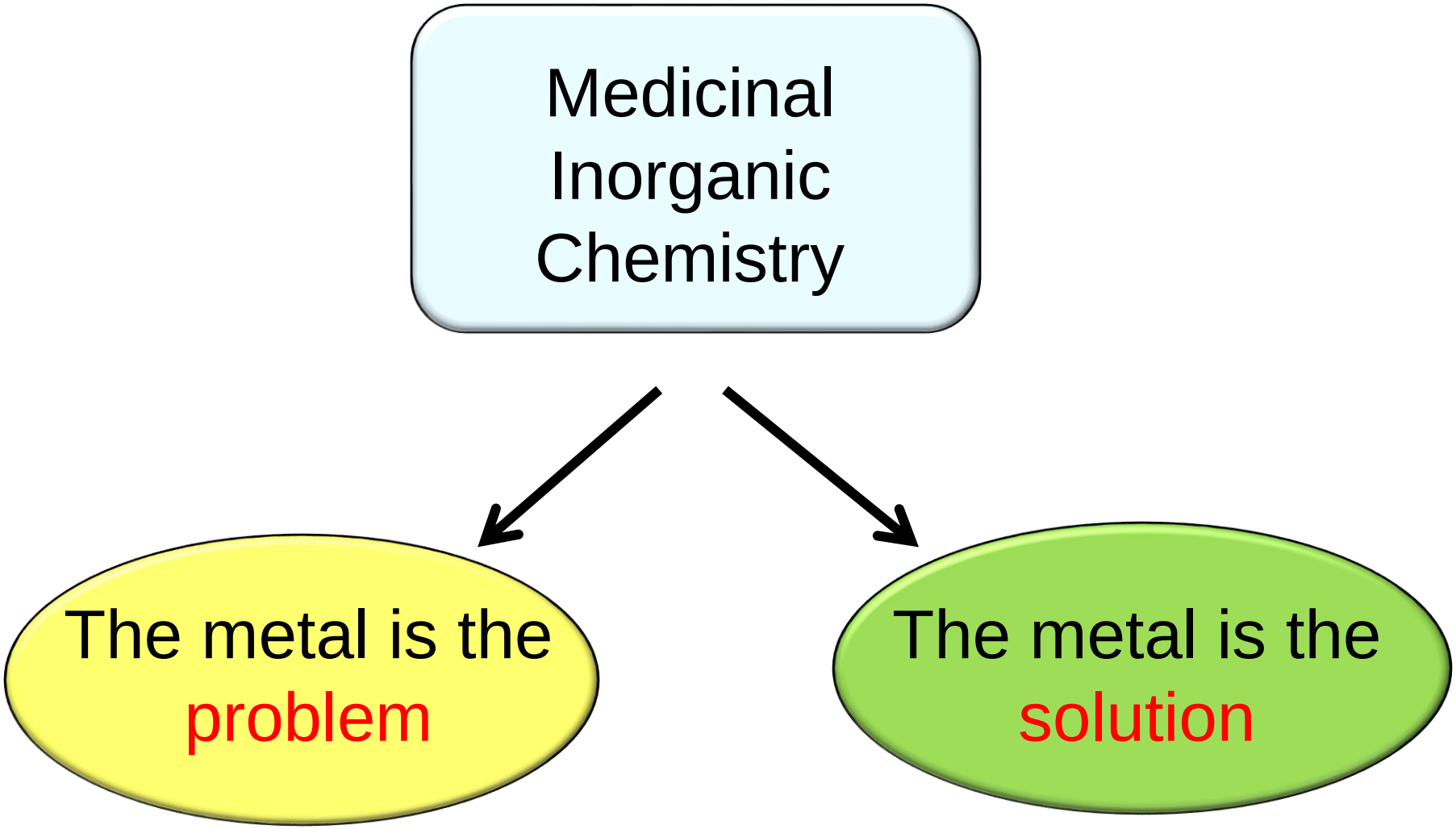


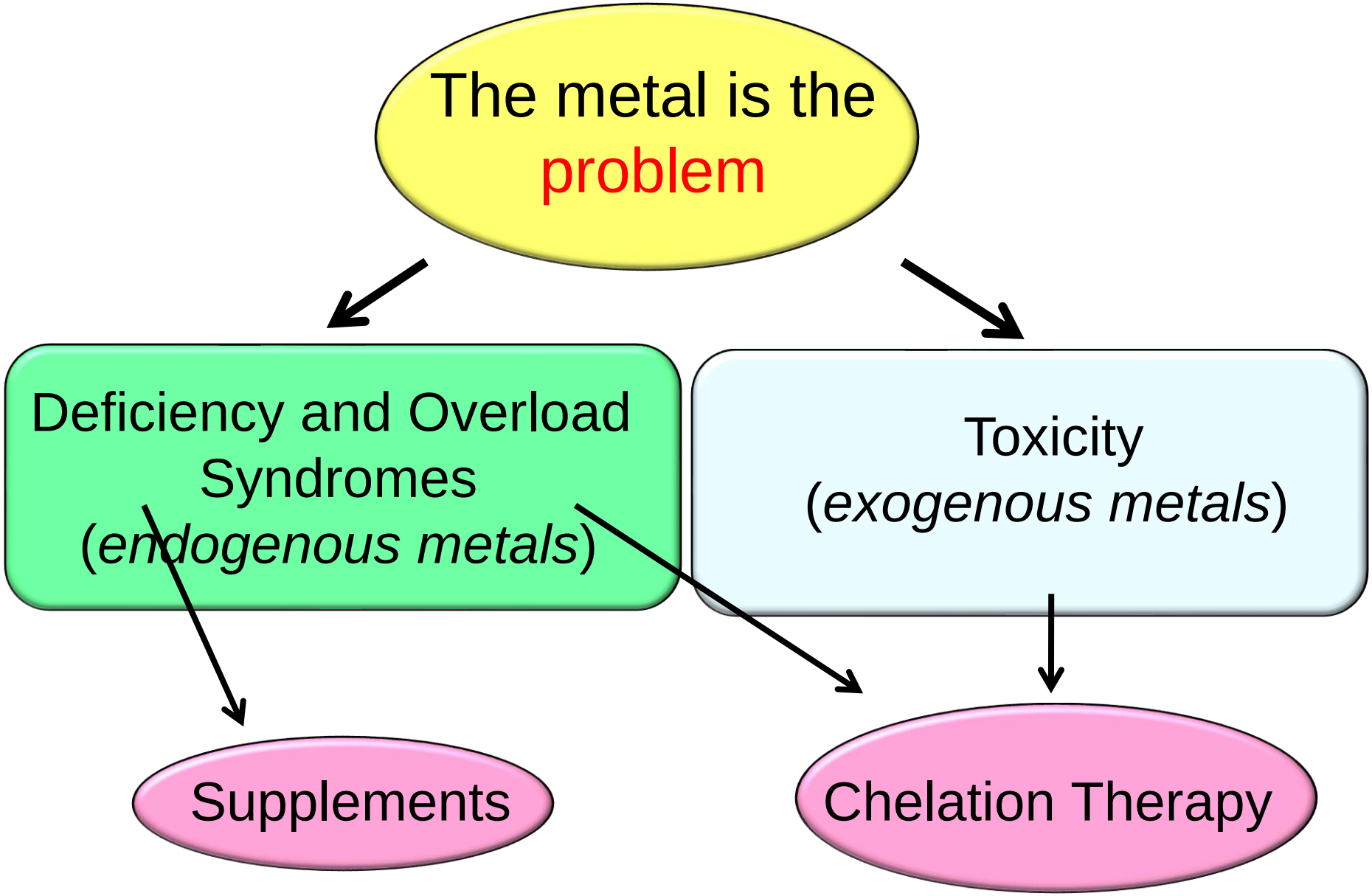
Strengths of coordination bonds

Redox potential: metal- or ligand-centred

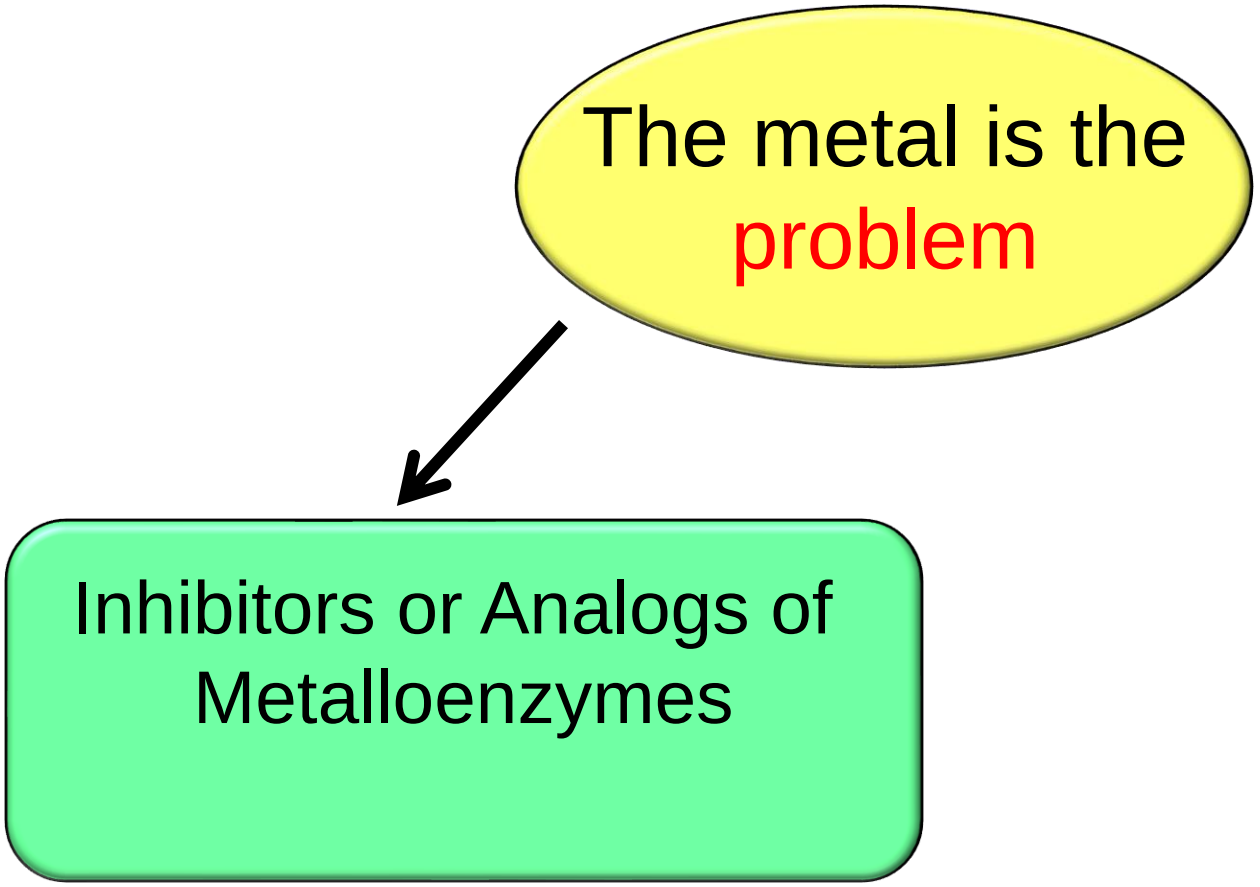
Outer sphere interactions

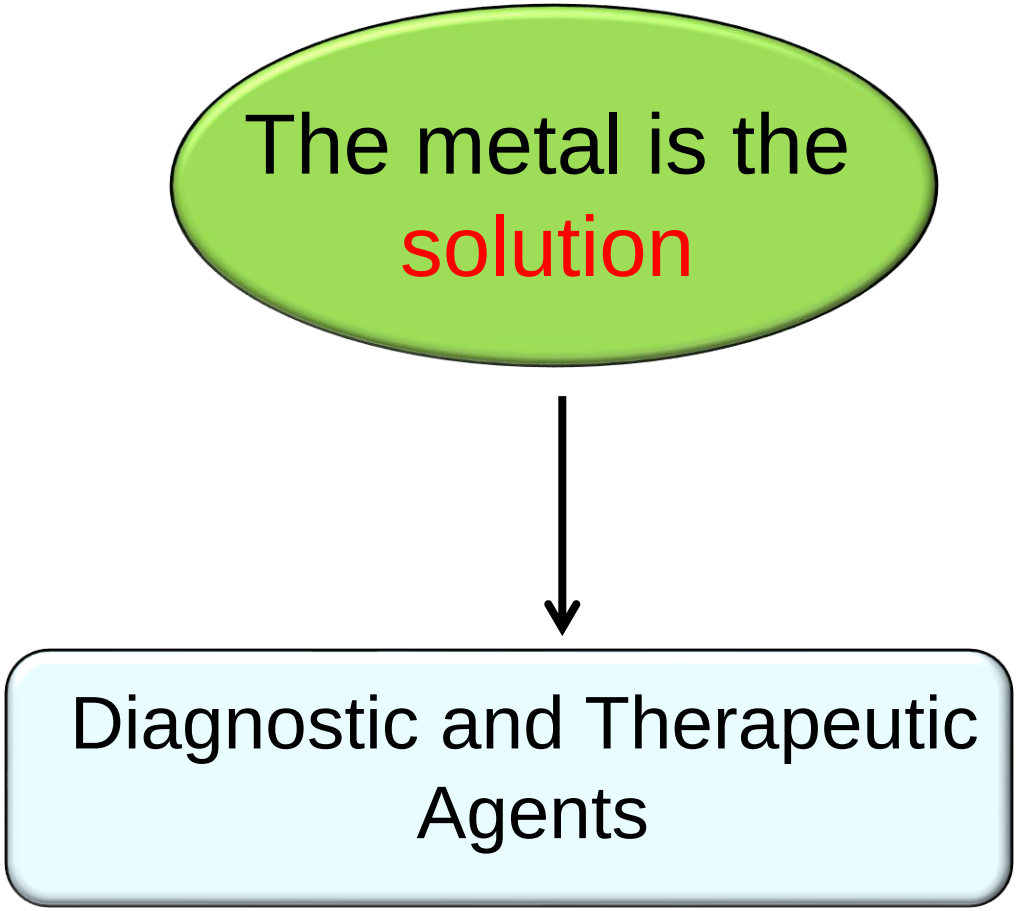
Oxidation state


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 (*exogenous metals*)
Supplements
Chelation Therapy

Malfunctioning of metallo-enzymes




The metal is the
solution
Diagnostic and Therapeutic
Agents

Toxicity of some exogenous elements

Pb

Cd

Tl

Hg

Be

Cr

Itai Itai Disease (Toyama, JP, 1950s, ca 100 death)

Martedì 17 Settembre 2019 (0) Facebook Twitt

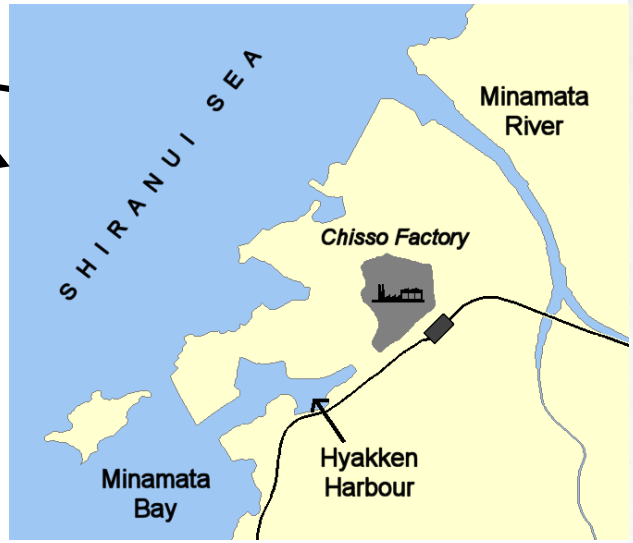
Processo d'appello per il killer del tallio: la procura chiede l'ergastolo

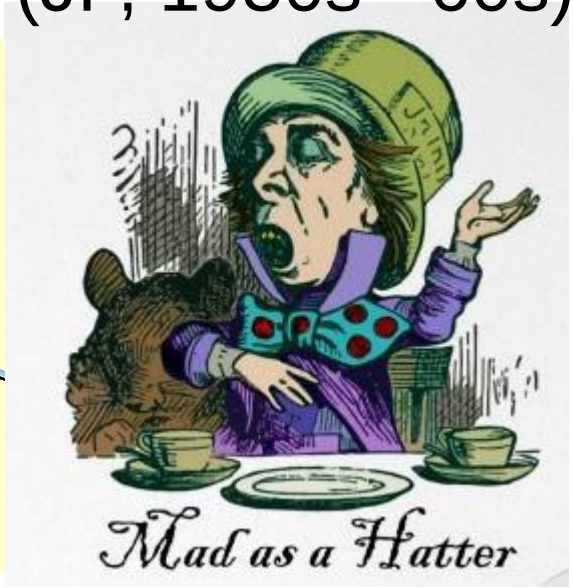
As

F

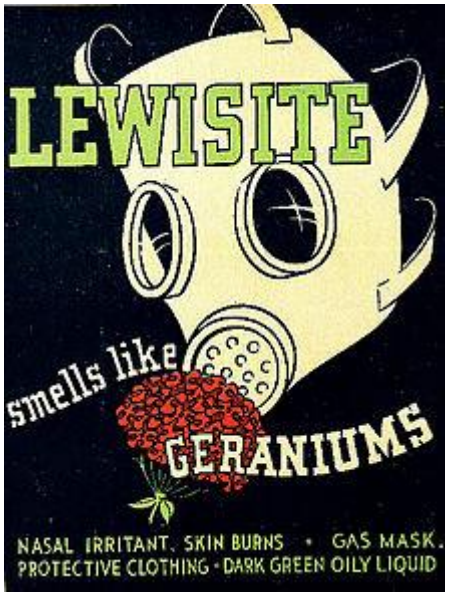
Minamata Disease (JP, 1950s - 60s)

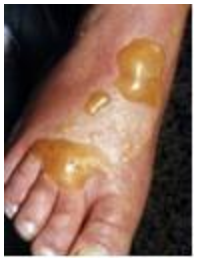
Se

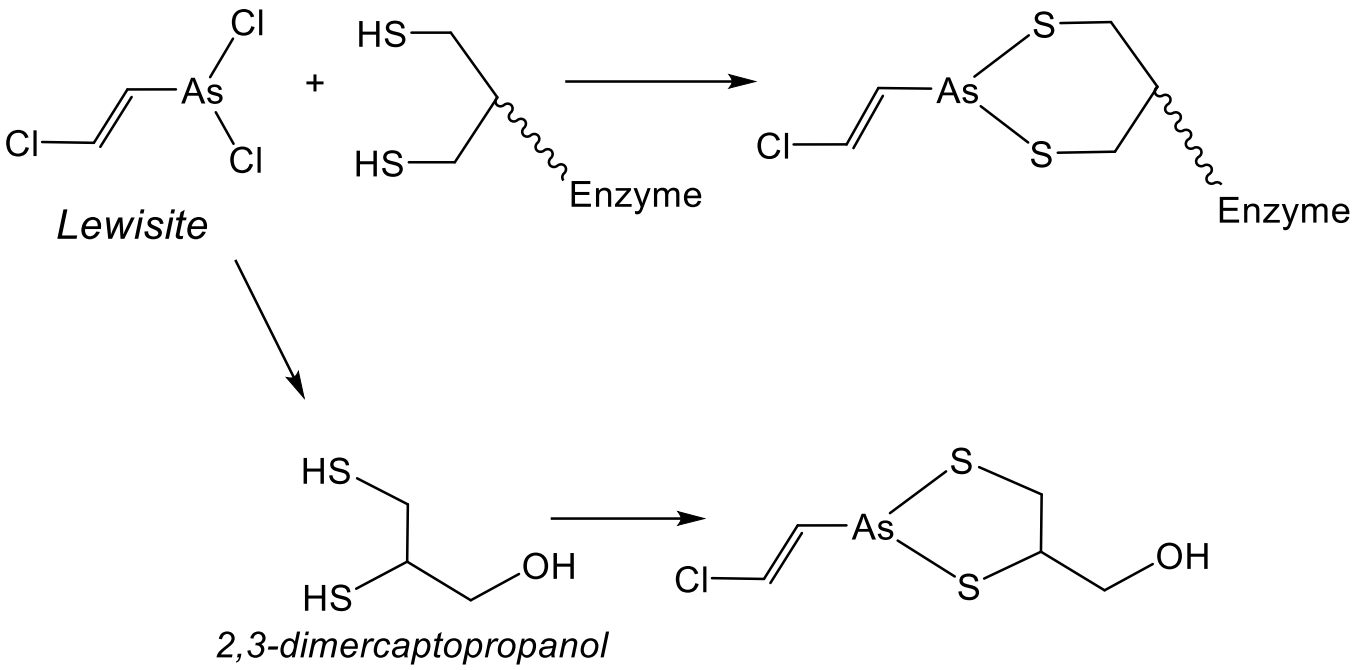




Chelation Therapy







BAL = *British Anti-Lewisite*

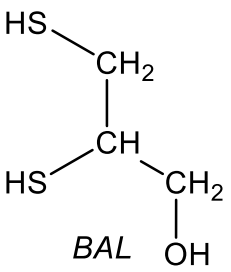
Chelation Therapy

Agent:

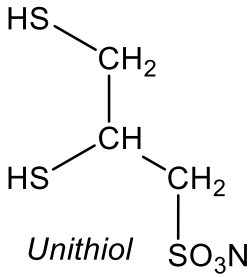
- Effective (i.e. match the binding preferences of the ion)
- Selective
- Non toxic
- Resistant to metabolism
- Unexpensive

Adducts:

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

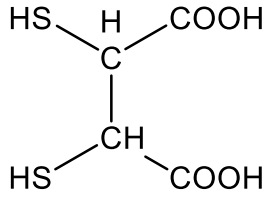


LD_{50} = 105 mg/kg

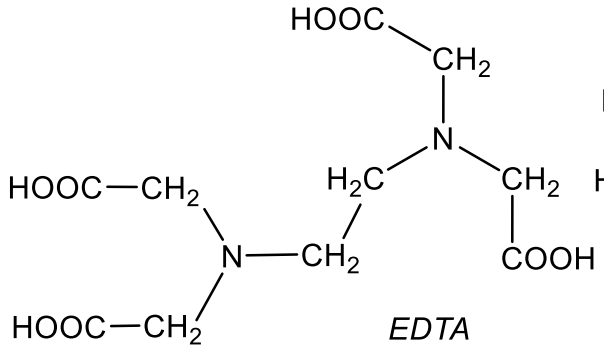


dimercaptoproane sulfonate

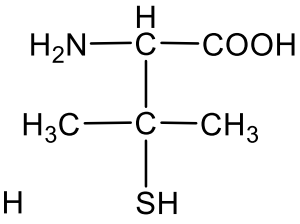
LD_{50} = 2000 mg/kg



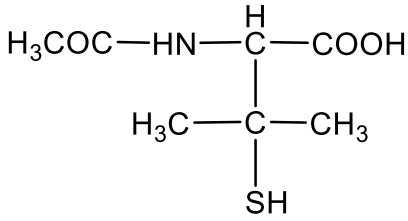
dimercaptosuccinic acid



EDTA



penicillamine



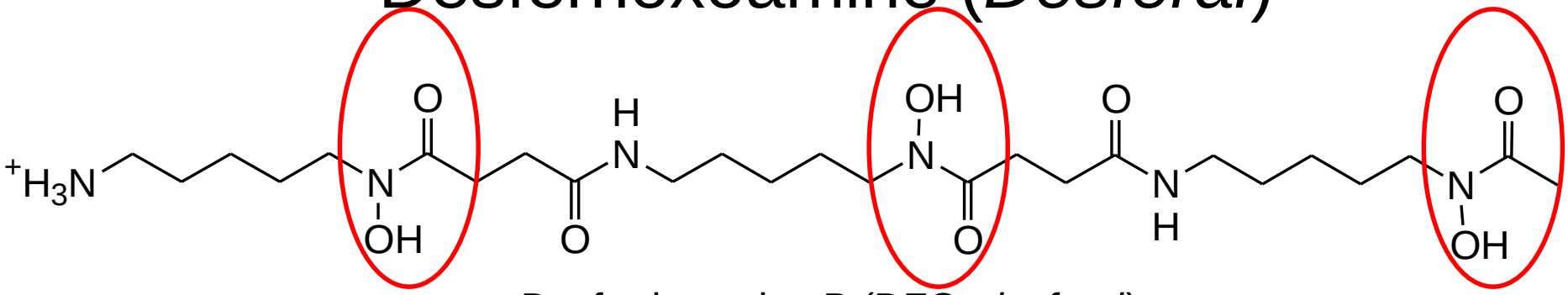
N-acetil-penicillamine

Iron chelation therapy

- Mammals are unable to regulate the export of Fe
- Patients affected by severe forms of anemia (e.g. thalassemia and sickle cell anemia) 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. Efficacy of the chelating agent
2. Toxicity
3. Cost
4. Administration modality (*compliance*)

Desferrioxoamine (*Desferal*)



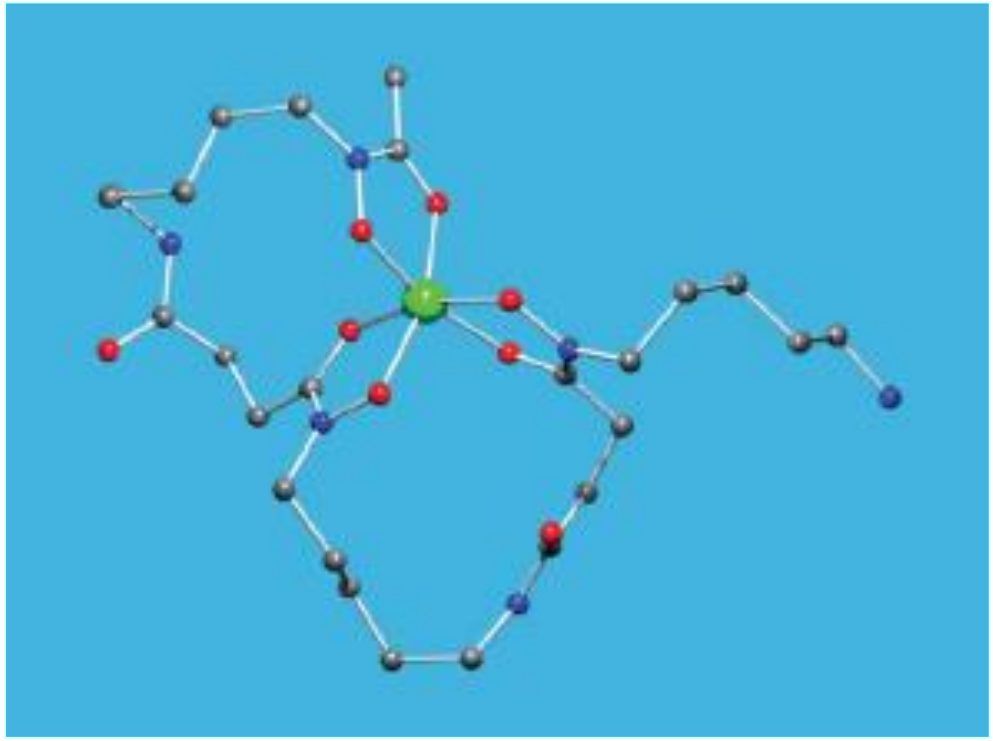
Desferrioxamine B (DFO, *desferal)*

Natural siderophore from *Streptomyces pilosus*

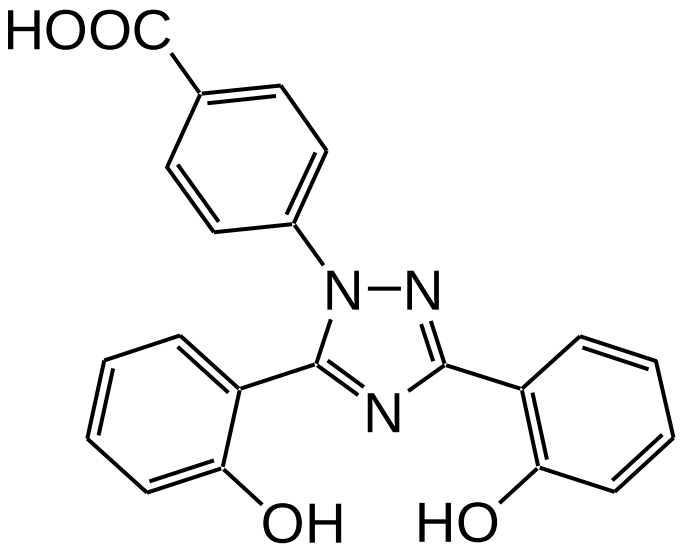
FDA approval: 1968

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

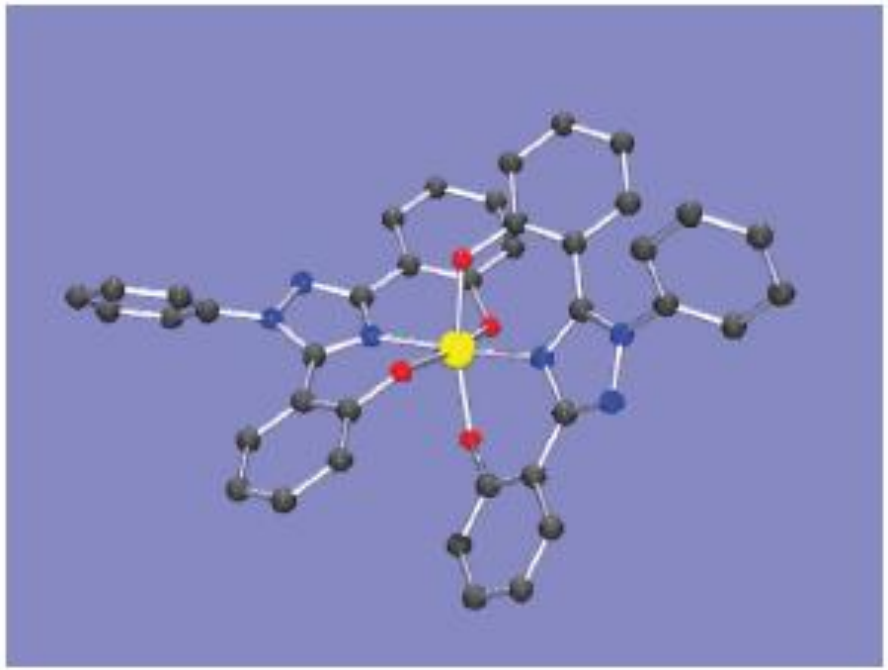
Drawback: very long infusion time: 8 – 12 h



Deferasirox: Orally active



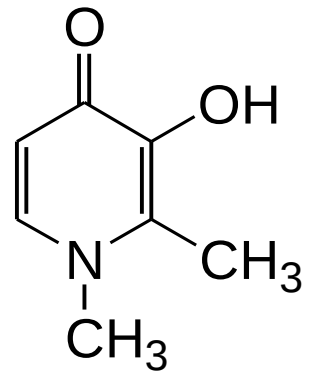
bis-hydroxyphenyl-triazole
deferasirox



pFe = 20

FDA approval: 2005

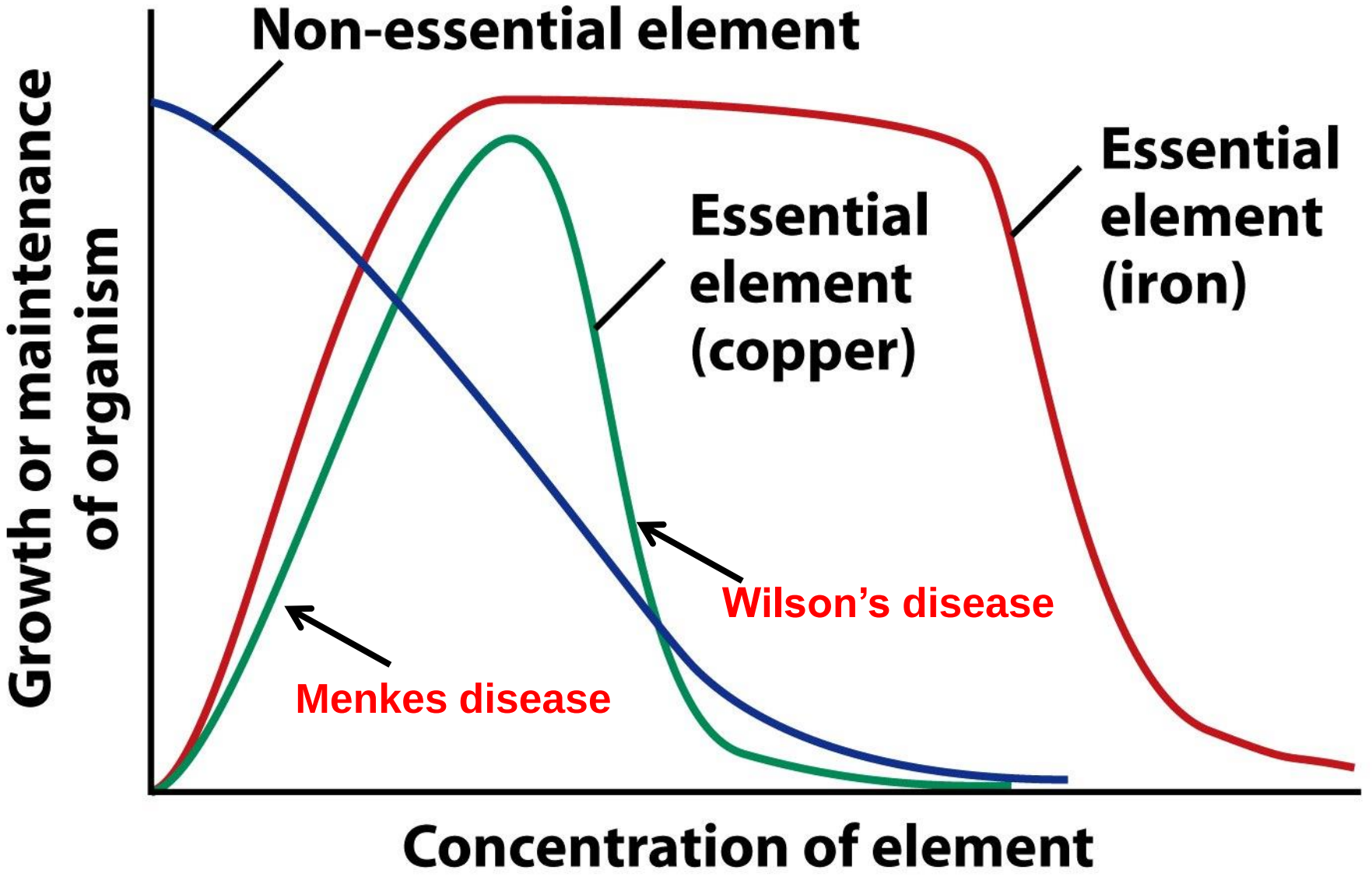
Deferiprone: Orally active

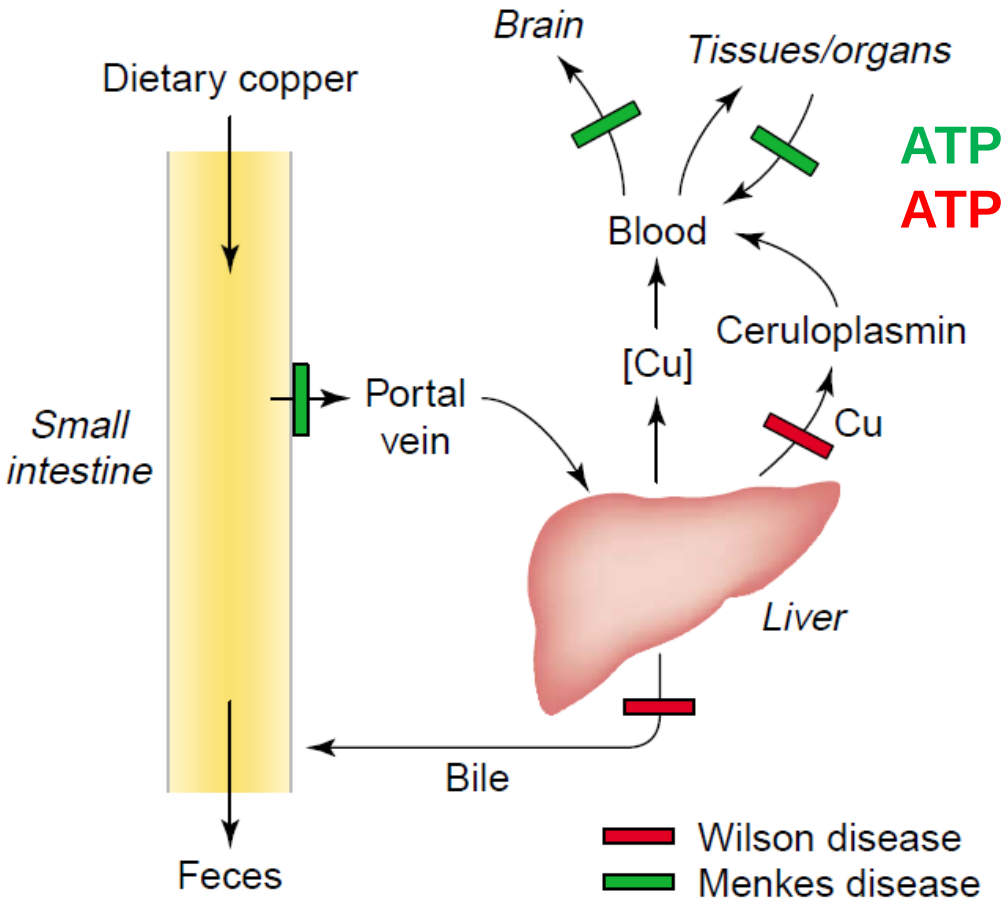


3,4-dihydroxypyridinone
deferiprone

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



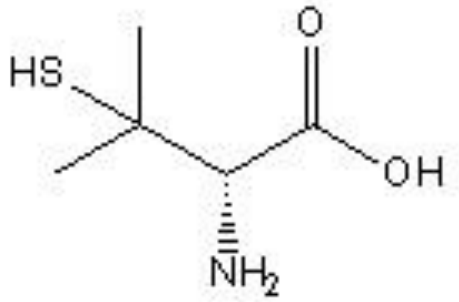
ATP7A: Menkes disease, Cu deficency
ATP7B: Wilson's disease, Cu overload

ATP7A is expressed in most tissues/organs, with the exception of the liver.
ATP7B is found to be predominantly expressed in the liver

→ $Cu(II)(His)_2$

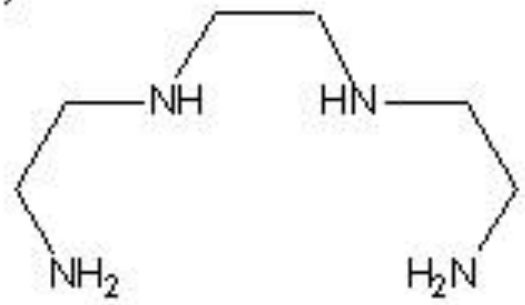
Chelating agents for Wilson Syndrome (Cu removal)

a)



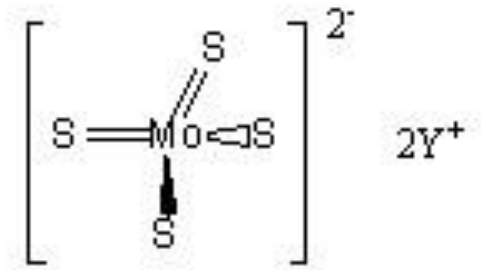
D-penicillamine

b)



Trien (*Trientine*)
(triethylenetetramine)

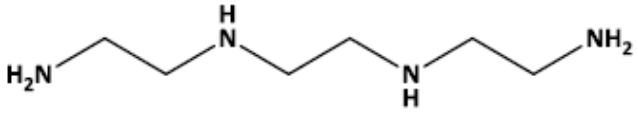
c)



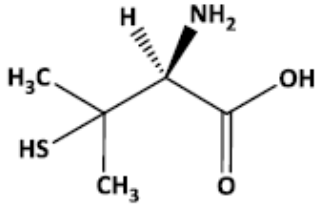
$Y = [NH_4]^+$ or

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

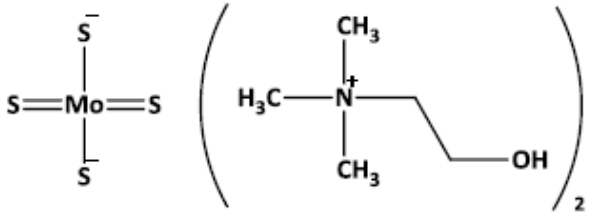
Tetrathiomolybdate


H
N
H2N
NH2
N
H

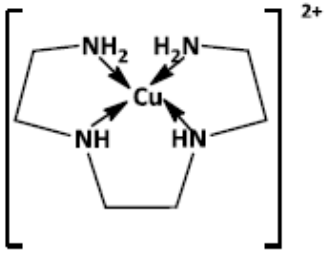
a

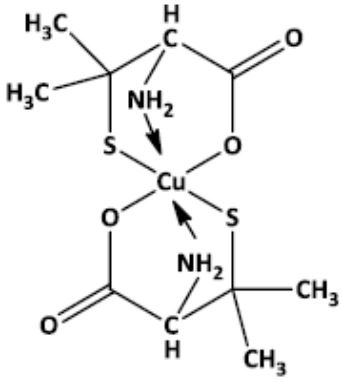

H
NH2
H3C
OH
HS
CH3
O

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

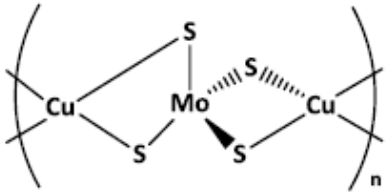

S
Cu
Mo
S
Cu
S
S
n

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.