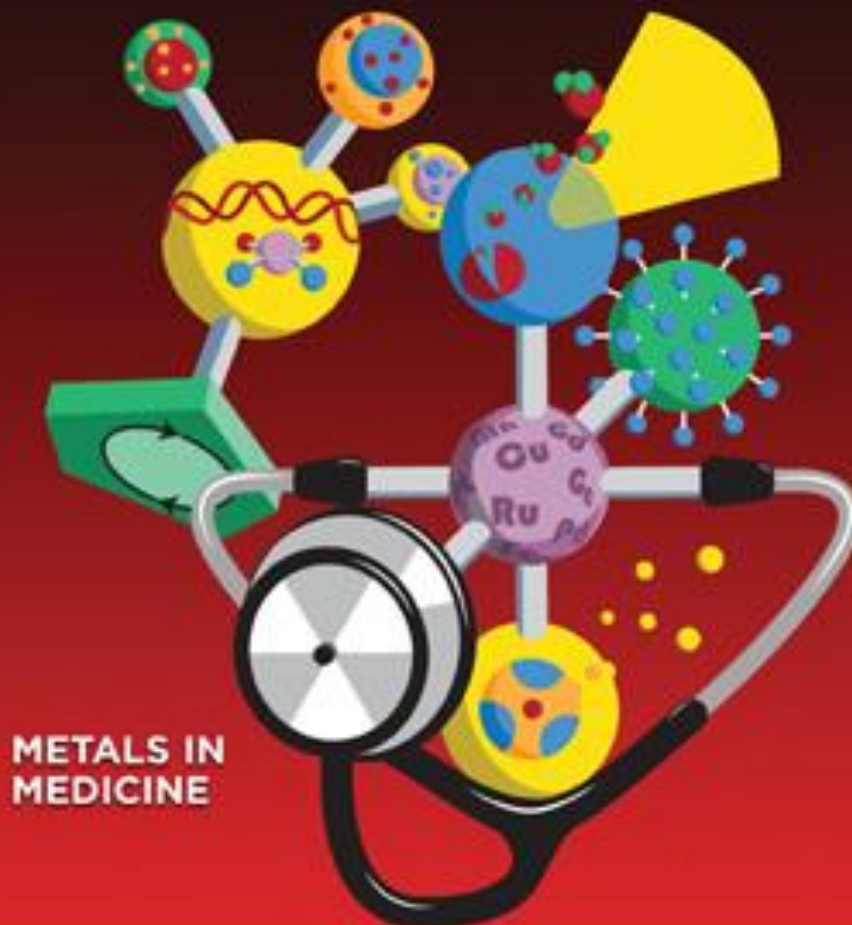


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NUMBER 2
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CHEMICAL REVIEWS



**METALS IN
MEDICINE**

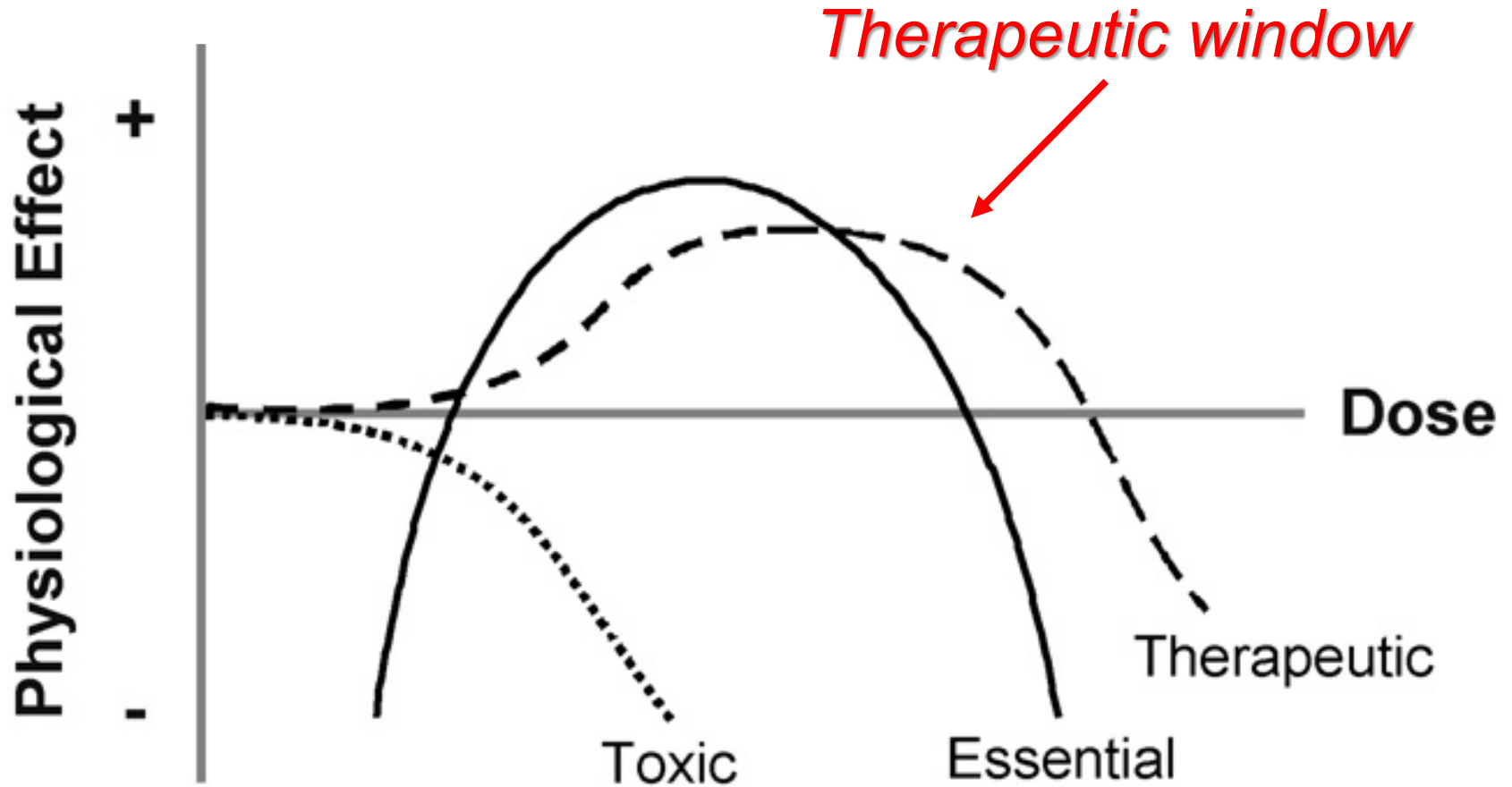
Edited by Enzo Alessio

WILEY-VCH

Bioinorganic Medicinal Chemistry

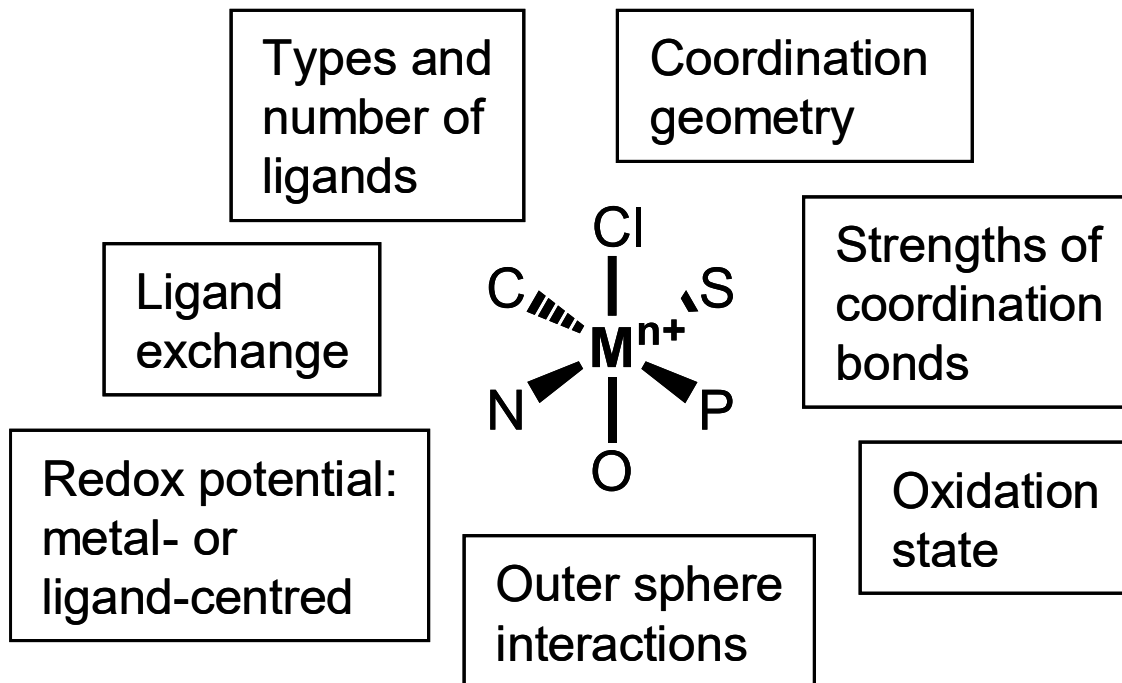


Bertrand's diagram



Therapeutic compounds have no deficiency syndrome

Speciation



Medicinal
Inorganic
Chemistry

```
graph TD; A[Medicinal Inorganic Chemistry] --> B([The metal is the problem]); A --> C([The metal is the solution]);
```

The metal is the
problem

The metal is the
solution

The metal is the
problem

```
graph TD; A([The metal is the problem]) --> B[Deficiency and Overload Syndromes (endogenous metals)]; A --> C[Toxicity (exogenous metals)]; B --> D([Supplements]); C --> D; C --> E([Chelation Therapy]);
```

The diagram is a flowchart with a central yellow oval at the top containing the text 'The metal is the problem', where 'problem' is in red. Two arrows point downwards from this oval to two rounded rectangular boxes. The left box is green and contains the text 'Deficiency and Overload Syndromes (endogenous metals)'. The right box is light blue and contains the text 'Toxicity (exogenous metals)'. From the green box, an arrow points to a pink oval labeled 'Supplements'. From the light blue box, two arrows point downwards: one to the same pink oval 'Supplements' and another to a second pink oval labeled 'Chelation Therapy'.

Deficiency and Overload
Syndromes
(*endogenous metals*)

Toxicity
(*exogenous metals*)

Supplements

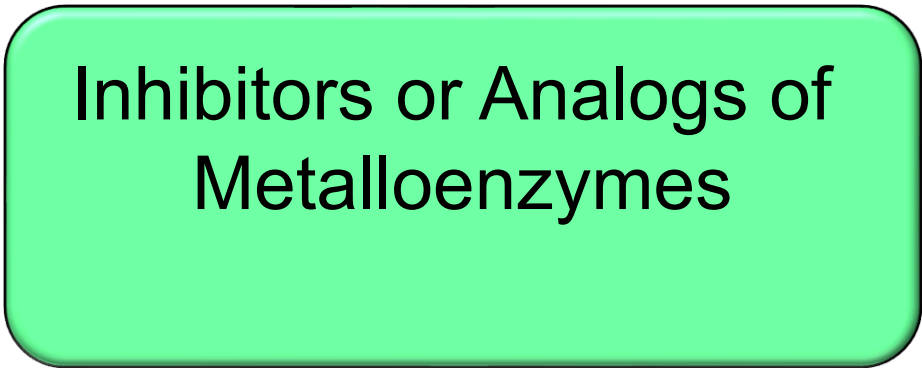
Chelation Therapy

Malfunctioning of metallo-enzymes

The metal is the
problem



Inhibitors or Analogs of
Metalloenzymes



The metal is the
solution



Diagnostic and Therapeutic
Agents

Toxicity of some exogenous elements

Pb

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

Cd

Martedì 17 Settembre 2019 (0)

[Facebook](#) [Twitter](#)

Tl

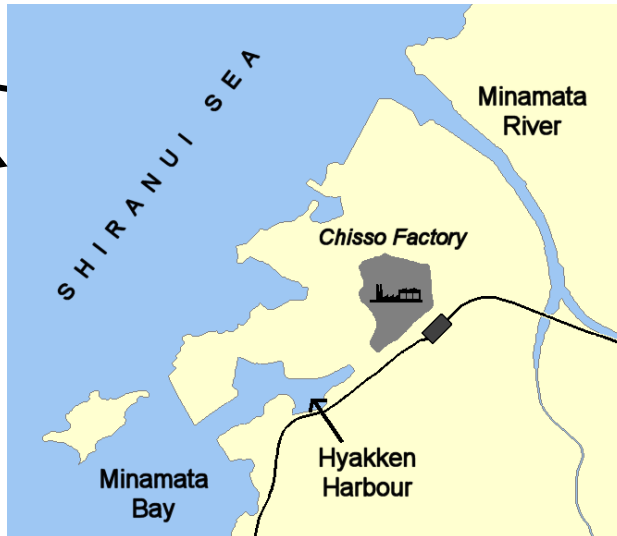
Processo d'appello per il killer del tallio: la procura chiede l'ergastolo

As

Minamata Disease (JP, 1950s - 60s)

F

Hg



Se

Be

Cr

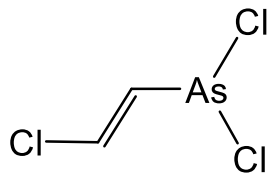
Lewisite: a gaseous As blister agent



Under Military Rule to Guard the Secret, the 800 Men in This Group Were Prisoners in the Methyl Poison Gas Stockade Near Cleveland from Aug. 1 to Nov. 11, 1918. On the Left Is Major Gen. William L. Sibert, in Command of Chemical Warfare Service; on the Right, Colonel F. M. Dorsey, Chief of the Development Division of That Service.

OUR SUPER-POISON GAS

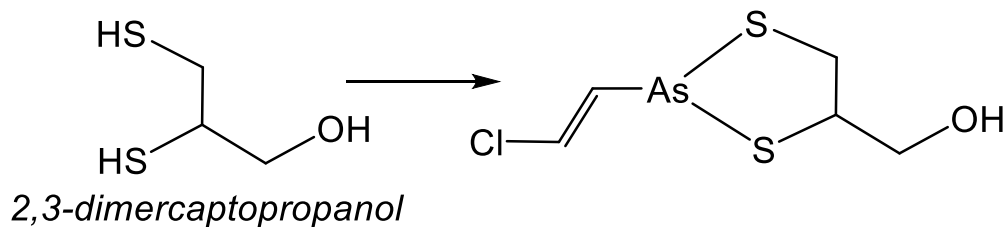
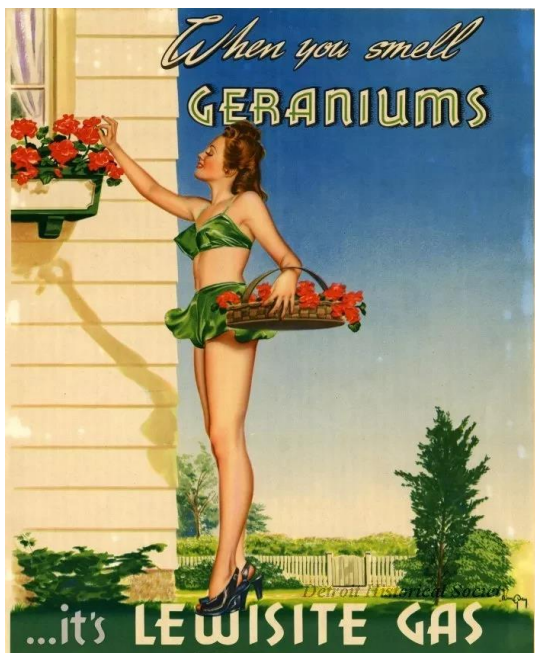
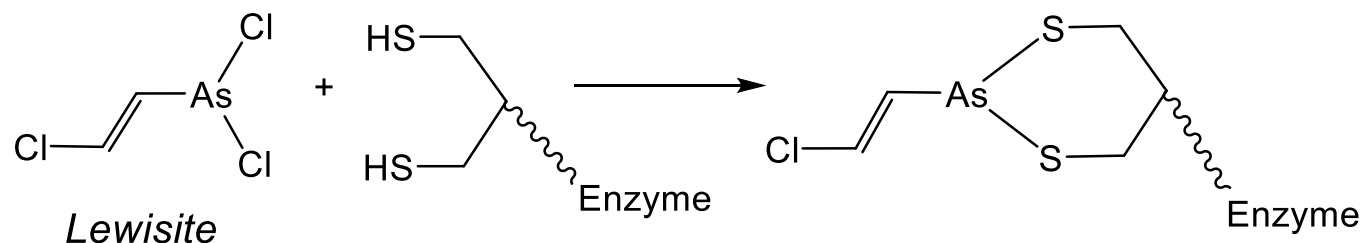
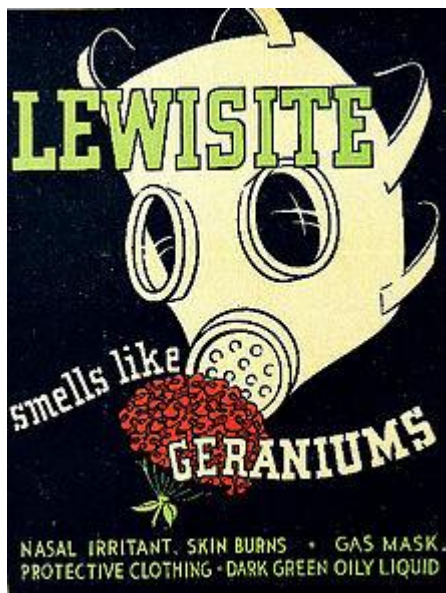
First Story of Compound 72 Times Deadlier Than "Mustard."



Lewisite



Chelation Therapy

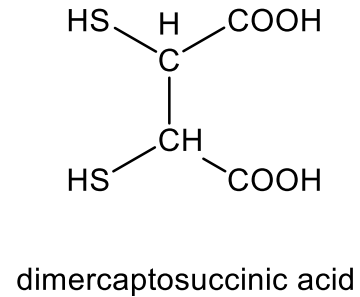
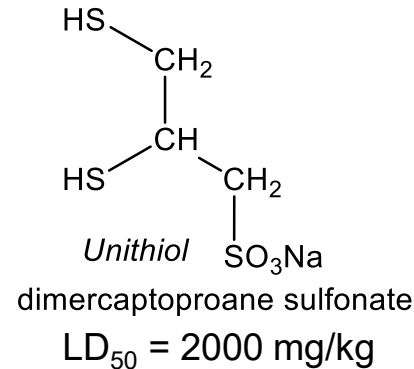
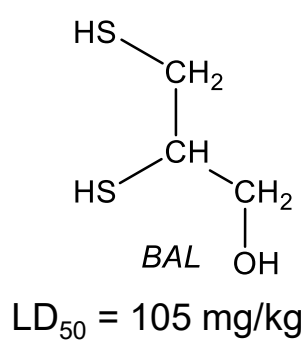


BAL = British Anti-Lewisite

Chelation Therapy

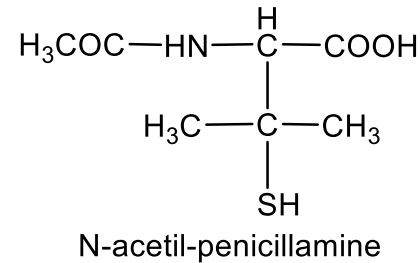
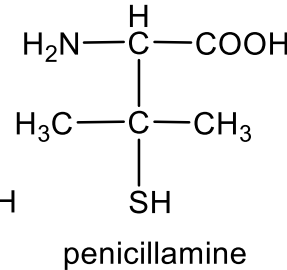
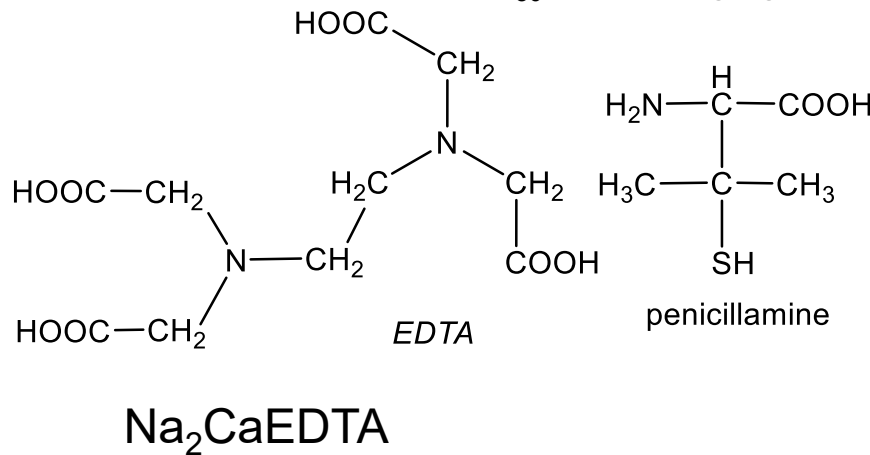
Agent:

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



Adducts:

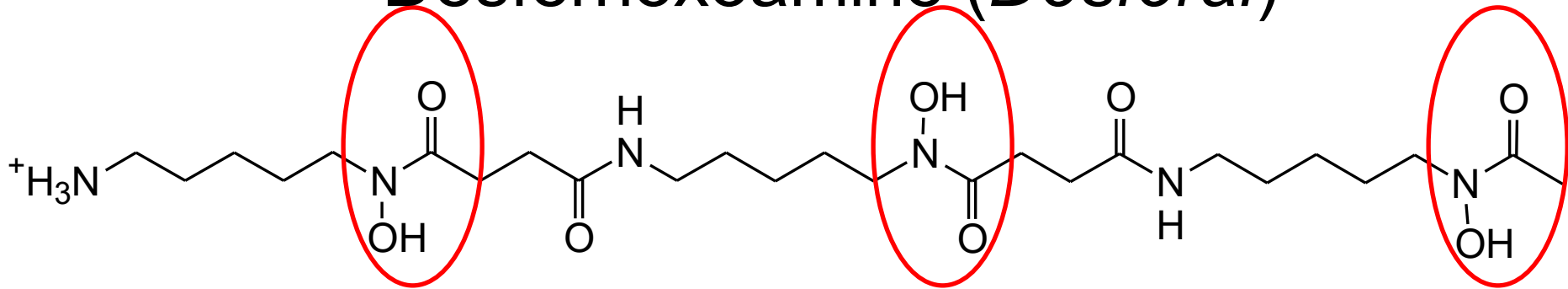
- Stable
- Non toxic
- Highly soluble in water (rapid clearance)
- Resistant to metabolism



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: $\text{Fe}^{2+} + \text{H}_2\text{O}_2 \rightarrow \text{Fe}^{3+} + \text{OH}\cdot + \text{OH}^-$
- Chelation therapy is essential
 1. Efficacy of the chelating agent
 2. Toxicity
 3. Cost
 4. Administration modality (*compliance*)

Desferrioxamine (*Desferal*)



Desferrioxamine B (DFO, *desferal*)

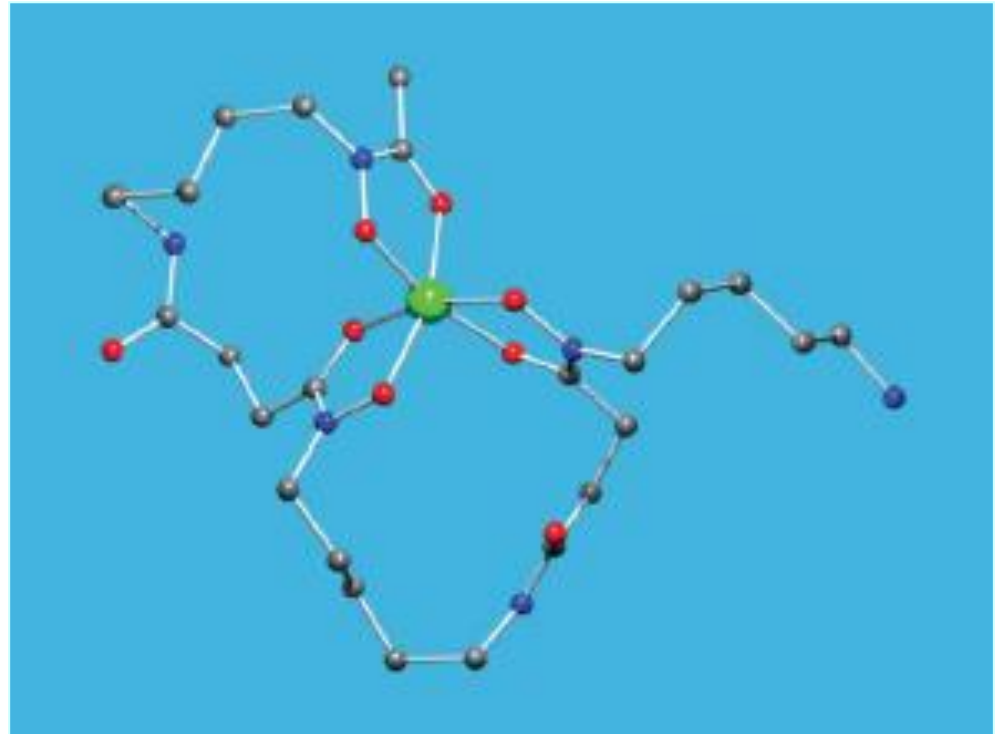
Natural siderophore from *Streptomyces pilosus*

FDA approval: 1968

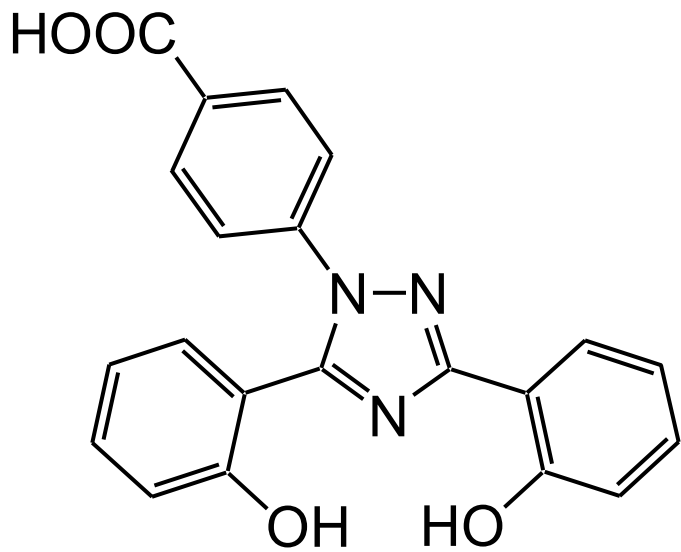
$pFe = 26.6$

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

Drawback: very long
infusion time: 8 – 12 h



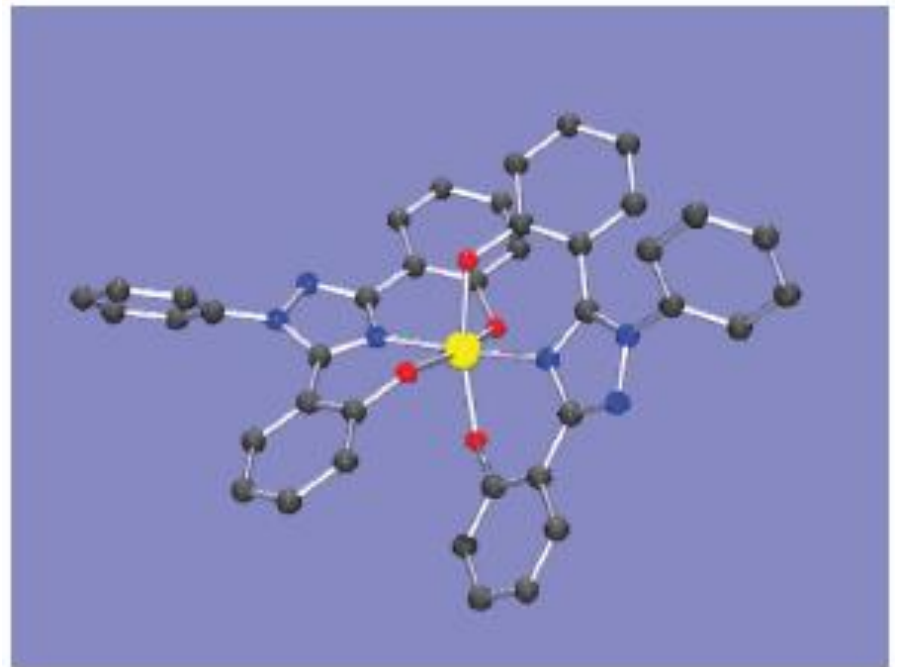
Deferasirox: Orally active



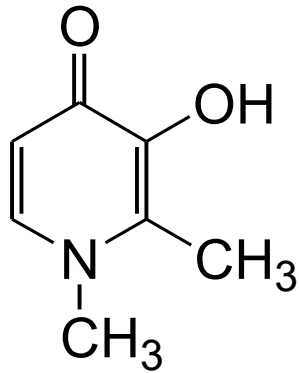
bis-hydroxyphenyl-triazole
deferasirox

pFe = 20

FDA approval: 2005



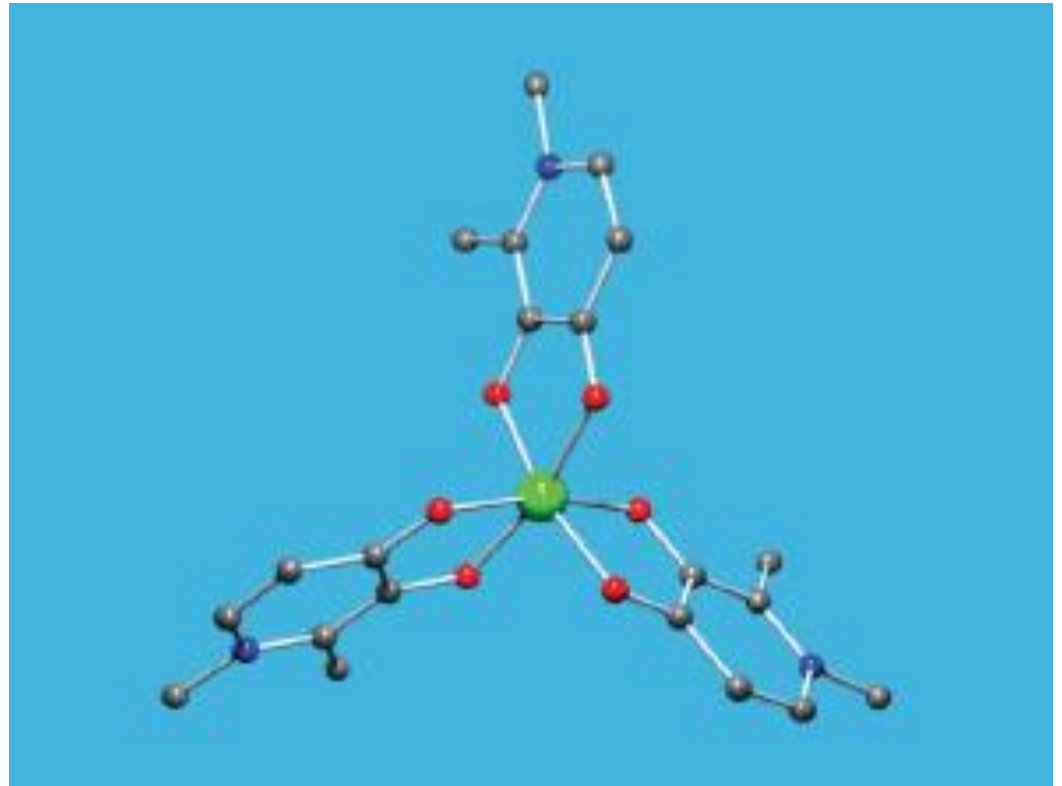
Deferiprone: Orally active

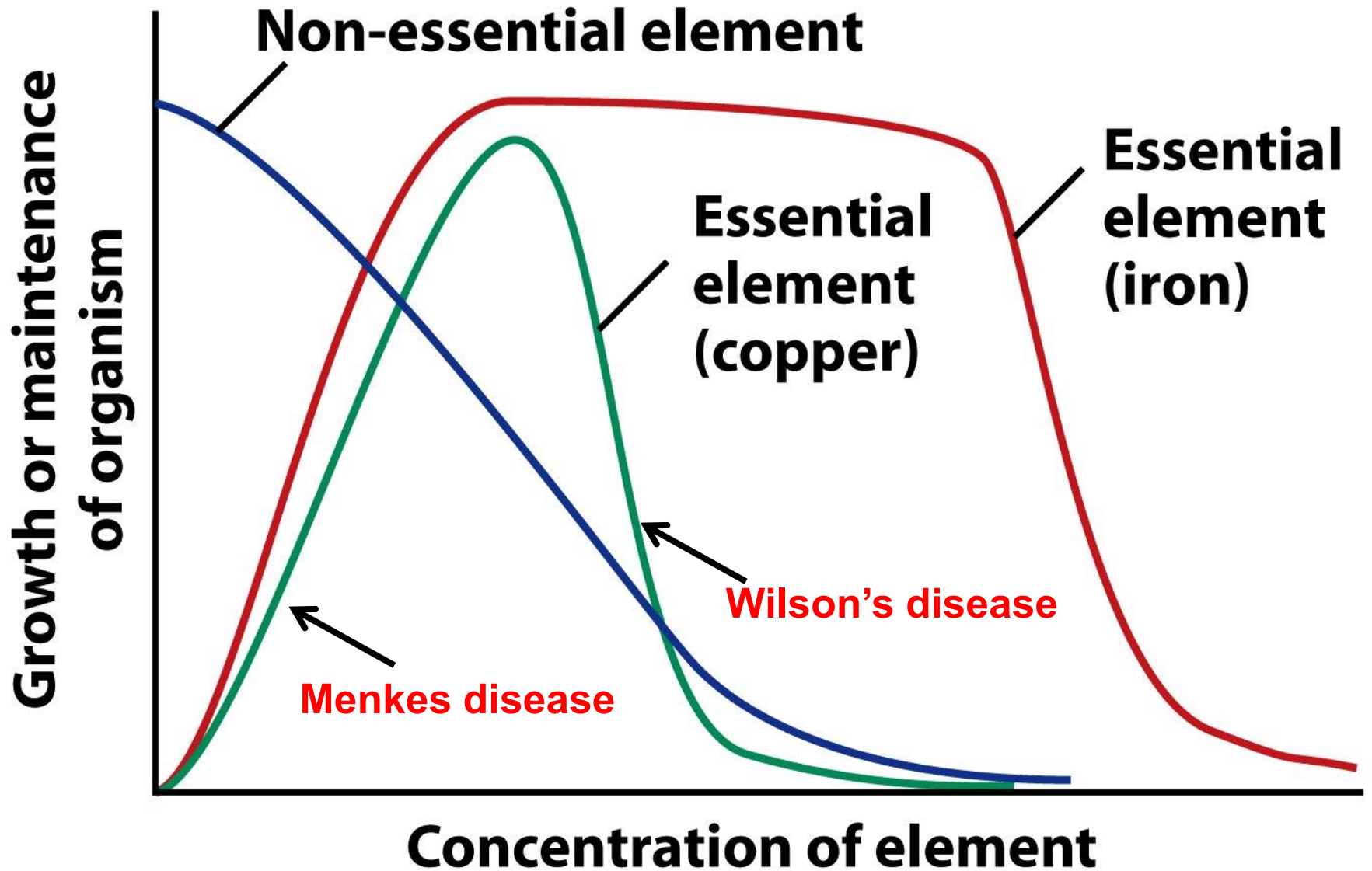


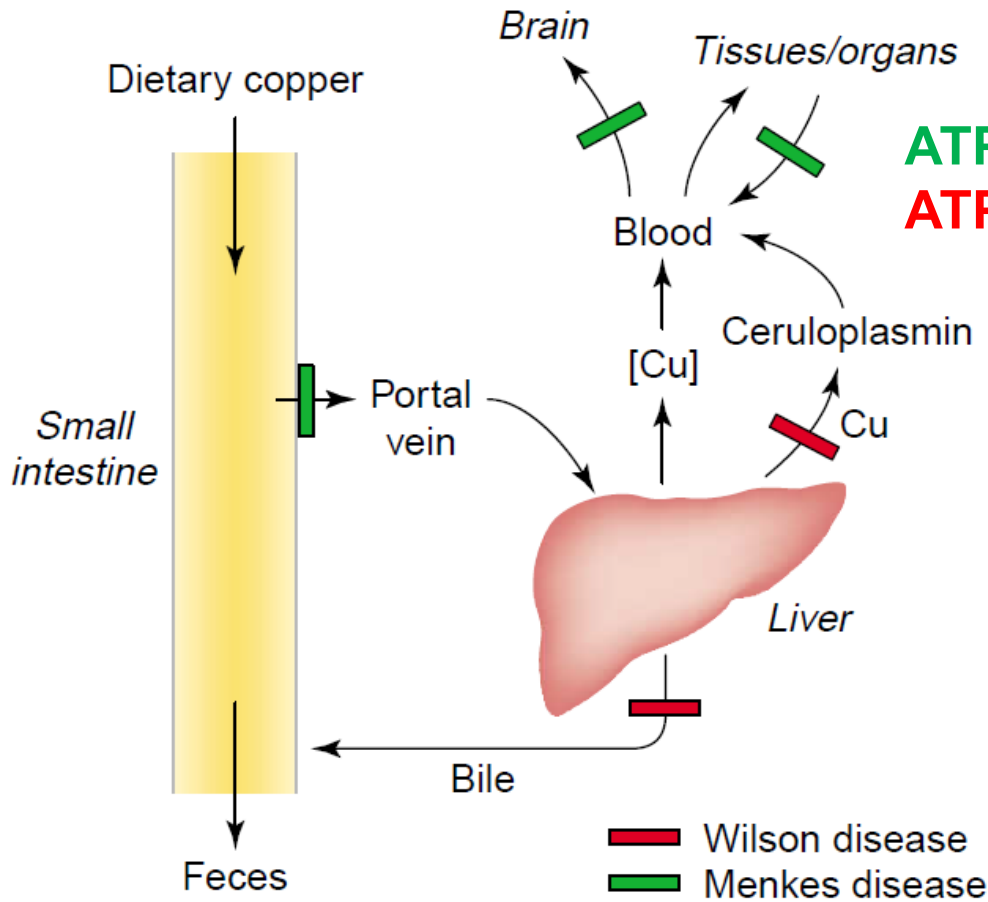
3,4-dihydroxypyridinone
deferiprone

pFe = 20

2011 FDA approval as
second-line oral drug







ATP7A: Menkes disease, Cu deficiency

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



FDA Approves First Treatment for Children With Menkes Disease

For Immediate Release: January 12, 2026

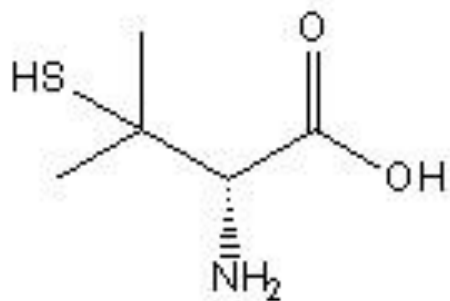
The U.S. Food and Drug Administration today approved the Zycubo (copper histidinate) injection as the first treatment for Menkes disease in pediatric patients.

“With today’s action, children with this devastating, degenerative disease will have an FDA-approved treatment option and the potential to live longer,” **said Christine Nguyen, M.D., Deputy Director of the Office of Rare Diseases, Pediatrics, Urologic and Reproductive Medicine in the FDA’s Center for Drug Evaluation and Research.** “The FDA will continue to work with the rare disease community to advance drug development for patients with Menkes disease and other rare conditions.”

Menkes disease is a neurodegenerative disorder caused by a genetic defect that impairs a child’s ability to absorb copper. The disease is characterized by seizures, failure to gain weight and grow, developmental delays, and intellectual disability. It leads to abnormalities of the vascular system, bladder, bowel, bones, muscles, and nervous system. Children with classical Menkes (90% of those with the disease) begin to develop symptoms in infancy and typically do not live past three years. It affects approximately one in every 100,000-250,000 live births worldwide and is more common in boys.

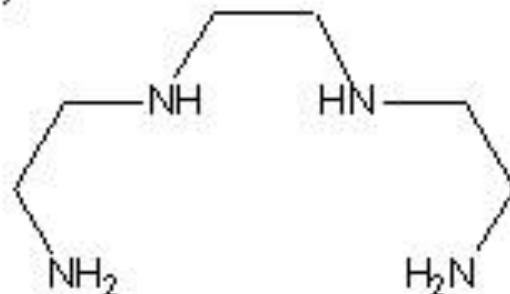
Chelating agents for Wilson syndrome (Cu removal)

a)



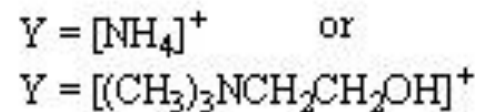
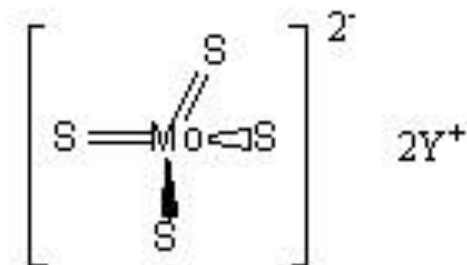
D-penicillamine

b)

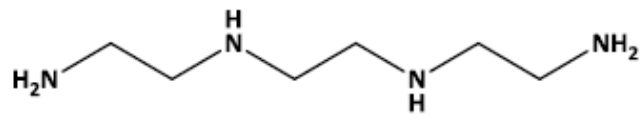


Trien (*Trientine*)
(triethylenetetramine)

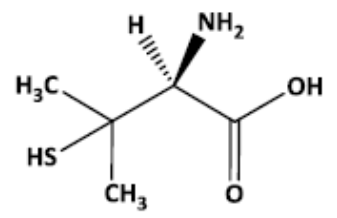
c)



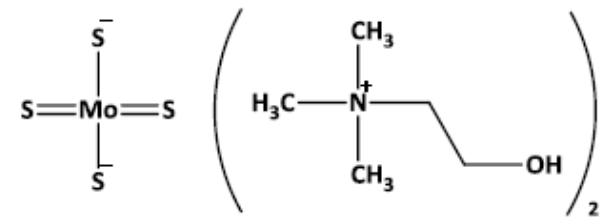
Tetrathiomolybdate



a



b



c

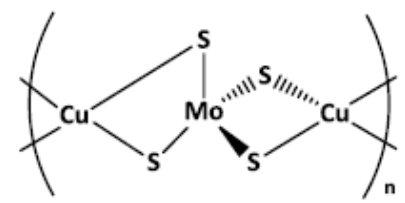
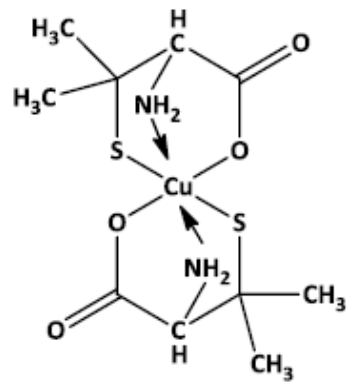
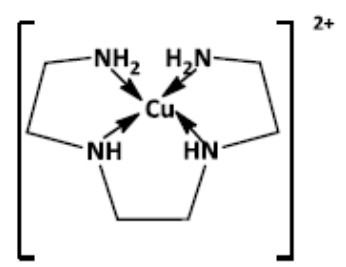


Table 2. Agents for the Treatment of Wilson Disease

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.