

Urinary Steroid Profile

Synonyms

Clinical

Indication

Urinary steroid profiling provides a composite picture of adrenal function. Oestrogen and aldosterone metabolites are not detected under normal circumstances. Steroid metabolism in newborn infants is markedly different from that in children and adults. In the newborn infant a urinary steroid profile avoids difficulties in interpreting results derived by other techniques which may be subject to interference from unusual steroids present at this time of life.

Clinically indicated if requested by Consultant Paediatrician / Endocrinologist in the investigation and diagnosis of disorders of adrenal function such as male pseudo-hermaphroditism, steroid-producing tumours, steroid sulphatase deficiency, congenital adrenal hypoplasia, premature adrenarche / precocious puberty.

A 24hr urine collection allows calculation of daily steroid excretion rates and provides a reliable overview of relative proportions; an untimed sample is informative for identification of inborn errors of steroid metabolism and steroid secreting tumours, but relative proportions require more caution interpretation. When investigating suspected inborn errors of steroid metabolism in newborns, it is important to make a collection before instituting steroid or electrolyte replacement.

Part of Profile /

See Also

Request Form

Combined Pathology Blood form (Yellow/Black) or ICE request form

Availability /

Frequency of

Analysis

Referred test: Analysed by the Clinical Biochemistry Department, UCL Hospital, London 8169, if specific criteria met.

Turnaround Time

2 weeks

Patient

Preparation

Neonatal samples must be 3 days post-natal. A wet, faeces free portion of a disposable nappy can be supplied in place of a liquid sample if it is not possible to obtain a liquid sample.

Sample

Requirements

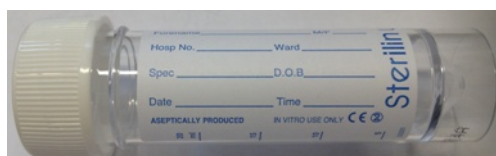
Specimen Type

Urine

Volume

Minimum 5ml. Ideally, a 24 hour urine collection is preferred however a spot urine sample is acceptable.

Container



White Capped Universal

Samples should be transported to laboratory immediately.

Reference Range & Units	Reference ranges are provided by UCLH however we will only report the interpretive comment. The full report is available on request.
Interferences	
Interpretation & Clinical	Appropriate reference data and an interpretation of results based on relevant biochemical and clinical information will be reported by the reference laboratory.
Decision Value (if applicable)	A 24hr urine collection allows calculation of daily steroid excretion rates and provides a reliable overview of relative proportions; an untimed sample is informative for identification of inborn errors of steroid metabolism and steroid secreting tumours, but relative proportions require more caution interpretation.
References	<p>http://www.viopath.co.uk/sites/default/files/upload/SteroidLaboratory/Steroid%20Related%20Disorders.pdf</p> <p>http://www.viopath.co.uk/sites/default/files/upload/guidelines%20gluc%20Rx%2020-08.pdf</p>
Test code	<p>USTE – spot urine</p> <p>24ST – 24hr urine collection</p>
Lab Handling	Store at 4C in the referrals rack however if sample will be stored for longer than 48 hours before sending (i.e. over a weekend), samples should be frozen at -20C in the referrals rack.

