Examination of cerebrospinal fluid

Marta Kalousová

Institute of Medical Biochemistry and Laboratory Diagnostics,

1st Faculty of Medicine and General University Hospital, Charles University, Prague

Cerebrospinal fluid

- clear colorless fluid
- placed in intraventicular and subarachnoidal spaces
- formed in chorioidal plexi of brain ventricles and subarachnoidally
- circulates round brain and spinal cord
- resorbed to venous (80%) and lymphatic (20%) systems

Cerebrospinal fluid

- Volume in adults 120-180 ml
- Volume in small babies 40-60 ml
- daily production 430-580 ml
- hypooncotic, isoosmolar fluid
- ~40-45% is formed as ultrafiltrate of plasma
- Density 1006-1009 kg/m³
- Pressure in horizontal position 0.59-1.96 kPa
- Pressure in vertical position 3.92 kPa

Function of cerebrospinal fluid

- mechanic protection of brain and spinal cord, protection against microorganisms
- transport of biomolecules to the brain
- clearance of catabolites (CO₂, lactate)
- maintenance of constant intracranial pressure

Indications to CSF diagnostics

- Neuroinfection
- Inflammatory/autoimmune diseases
- Stroke, trauma, subarachnoidal bleeding
- Tumours infiltration of meninges
- Defects of BBB
- Defects of circulation of CSF

Collection of cerebrospinal fluid

simultaneus blood collection!

Lumbar puncture (event. suboccipital or ventricular punctures – rare)

Examination of cerebrospinal fluid

Basic

- Color
- Number of elements and erythrocytes
- Total protein
- Glucose
- Lactate
- Spectrophotometry (360-600 nm)

Others

- Albumin (CSF,S)
- Albumin quotient
- IgG, IgM (CSF, S)
- Ig quotient
- Oligoclonal IgG
- Specific proteins

Composition of cerebrospinal fluid

age dependent!

Parameter	CSF	Serum (*plasma)
Total protein	(0) 0.2-0.4 (0.6) g/l	65-85 g/l
Albumin	120-300 mg/l	35-53 g/l
Na ⁺	145-165 mmol/l	137-146 mmol/l
K+	2.4-3.4 mmol/l	3.8-5.0 mmol/1
Cl-	113-131 mmol/l	97-108 mmol/1
Glucose	2.2-4.2 mmol/l	3.9-5.6 mmol/1
Lactate	1.2-2.1 mmol/l	0.5-2.0 mmol/l *
Elements	<10/3 (i.e.<10 in 3 µl) lymphocytes (70%) and monocytes (30%), no erythocytes	

Spectrophotometry of cerebrospinal fluid

- Indication bleeding → detection of oxyhemoglobin, methemoglobin and bilirubin
- **Oxyhemoglobin** fresh bleeding, abs max 415 nm (+smaller peeks at 540 nm and 575 nm)
- Methemoglobin encapsulated hematomas, abs max 405-408 nm (+smaller peeks at 540 nm, 575 nm, 620-630 nm)
- Bilirubin
 - non-conjugated old bleeding, abs max 450-460 nm conjugated - BBB defect, high concentration gradient, abs max 420-430 nm
- Cave arteficial bleeding!

Pathological findings in CSF biochemistry

- Glucose ↓ in meningitis, mainly purulent, also in bleeding
- Lactate 1 in purulent meningitis, malignant infiltration of meninges, stroke with severe hypoxia, metabolic disesase (mitochondrial encephalopathy)
- Total protein 1 in BBB defects, in intrathecal synthesis of immunoglobulins
- **Chloride** \downarrow in TBC meningitis

Coefficient of energetic bilance (CEB)

 $CEB = 38 - 18 * \frac{LACTATE_{CSF}}{GLUCOSE_{CSF}}$



Pathological findings in CSF cytology

- Pleocytosis = increased number of elements polynuclear pleocytosis – purulent meningitis mononuclear pleocytosis – non-purulent neuroinfections tumorous pleocytosis
- Oligocytosis = normal number of elements non-physiological composition of elements

Relationship number of elements – total protein

 Protein-cytologic dissociation – increased total protein, normal number of elements, present in tumours and blockade of CSF circulation – compresive syndrome, late phase of chronic neuroinfections

Froin's syndrome

- Cyto-protein dissociation in early acute phase of meningitides
- **Protein-cytologic association** elevation of both proteins and elements

Albumins and globulins in CSF

- in normal CSF, the same relationship as in serum (60% albumin, 40% globulins)
 physiological A/G Q ~ 1.5
- \uparrow IgG in **inflammation** $\rightarrow \downarrow$ A/G Q
- defect BBB without inflammation → ↑ A/G Q (albumin as small molecule increases faster)

Albumin and immunoglobulin quotients

Albumin quotient

• indicator of function of BBB

Immunoglobulin quotient

 indicator of intrathecal synthesis off immunoglobulines





Delpech-Lichtblau's quotient

IgG _{CSF} Alb _{serum}

Q = -----

Alb_{CSF} IgG serum

>0.65 (0.7) – intrathecal synthesis of immunoglobulins

Reiber's graph



- 1 normal finding
- 2 isolated defect of BBB
- **3** defect of BBB and
 - intrathecal synthesis of Ig
- 4 isolated intrathecal synthesis of Ig
- **5** preanalytical or analytical errors

Isoelectric focusation

• electrophoresis, in which proteins are divided in pH gradient according to their isoelectric point (pI), performed both in CSF and serum

proteins have negative charge in pH > pI and positive charge in pH< pI, in pI the charge is 0

during isoelectric focusation, proteins pass to regions with their pI and concentrate there

Isoelectric focusation – results

specific detection of oligoclonal production of IgG

- I polyclonal IgG corresponding in CSF and serum normal finding
- **II** oligoclonal IgG in CSF but not in serum local synthesis of IgG – inflammatory and autoimmune disease of CSN



III – abnormal IgG in CSF more frequent and/or more intensive than in serum – local synthesis of IgG in CNS and production of antibodies in the organism – inflammatory and autoimmune disease of CSN

IV – "mirror pattern" – abnormal IgG in CSF and serum – systemic immune activation without local synthesis of IgG in CNS and defect of BBB

V – monoclonal IgG both in CSF and serum - *paraprotein*

Other markers

- Viral and bacterial antigens Herpes simplex, Mycobacterium tuberculosis, Borrelia burgdorferi
- Structural proteins markers of damage S100 protein, NSE (neuron specific enolase), MBP (myelin basic protein)
- Autoantibodies anti MBP (myelin basic protein) IgG, anti MAG (myelin associated glycoprotein) IgM
- β_2 -microglobulin hematological malignancies
- •

Purulent neuroinfection

Elements >900/3 Neutrophil granulocytes Total protein >2 g/l Glucose in CSF <40% S- Glu Lactate > 3,5 mmol/l

Non-purulent neuroinfection

Elements tens-hundreds/3 Lymphocytes Total protein < 2 g/l or N Glucose N Lactate < 3,5 mmol/l

Subarachnoidal bleeding

Bloody CSF Yellow CSF after centrifugation Spectrophotometry: Oxyhemoglobin Bilirubin Phagocyted erythrocytes Total protein $\uparrow -\uparrow \uparrow$ Glucose N−↓ Lactate ↑

Malignant infiltration

Elements N - thousands
Malignant elements
Total protein N - ↑↑
Glucose ↓
Lactate ↑↑

Chronic inflammatory disease – MS

Elements tens-hundreds/3
Lymphocytes, plasmatic cells
Total protein N or slightly ↑
Glucose N
Lactate N
IEF 2 oligocloral IgG

Literature and additional material

- Zima T.: Laboratory diagnostics. Galén, Praha 2003, p. 363-389. *in Czech*
- Glosová L.:Cytological atlas of cerebrospinal fluid. Galén, 1998. *in Czech*
- Reiber H., Otto M., Trendelenburg Ch., Wormek A.,:Reporting Cerebrospinal Fluid Data: Knowledge Base and Interpretation Software Clin Chem Lab Med 2001; 39(4):324–332 © 2001 by Walter de Gruyter · Berlin · New York
- Biochemical findings: Dr. Mrázová, Institute of Clinical Chemistry and Laboratory Diagnostics, General University Hospital, Prague
- Case reports: Dr. Černá, Department of Pediatrics, General University Hospital, Prague