

Identification of Chemical Component of Gallstones using FT-IR Spectroscopy, SEM and EDS in Al-Nasiriya City, South of Iraq

Aliaa shakir abd Al-ameer¹, Zina saleh hassan², Mohammed Adil Ahmed³

^{1,2}University of Thi-qar, college of science, department of chemistry/Iraq

³Al-Hussan Hospital-Nasiriya city -south of Iraq/Iraq

Email: aliaa_chem@sci.utq.edu.iq

Abstract

This study focus on the identification the chemical component of gallstones obtained from 66 patients, 57female and 9 male. Range 19 to 55 years (2 patients above 70), the gallstones were removed during surgical operations at Al-hussain hospital (Al-Nasiriya city) using FTIR spectroscopic method. The identification shows four main kinds of gallstones found in patients, were identified as pure cholesterol (30.30%), pure calcium bilirubinate(15.15%), cholesterol mixed with calcium bilirubinate (47%) and cholesterol mixed with calcium carbonate(7.57%) gallstones. Incidence of gallstones was higher in age between 20 and 50 years. The majority of gallstones were removed from the female than male 6.33:1. Also, in this work, Scanning electron microscopy (SEM) and energy dispersive x-ray spectroscopy (EDS) were applied for a study of the morphological structure and determination of major and trace element composition of gallstone samples.

Keywords: gallstones, FTIR spectroscopy, SEM, EDS

1. Introduction

Gallstone is a common digestive disease, formation in the gallbladder, bile duct and liver [1]. There are three kinds of gallstones found in patients, white, black and brown. The main component of white stones (sometime yellow in color) is cholesterol.

Brown stones are usually contain calcium bilirubinate and black stones typically form in gallbladder result when excess bilirubin enters the bile and polymerizes into calcium bilirubinate [2].

The identification of the components of gallstones is essential as it provides information that could be useful for practitioners to find out the underlying cause of gallstone and to decide whether to treat Gallstone patients therapeutically or surgically. Unfortunately, gallstone composition is heterogeneous, and varies within and amongst the populations around the world [2].

The prevalence of gallstone disease is rising for more reasons, longer life expectancy and altered nutritional habits, fat, fertile, flatulent ,female of 50 years and people who have cirrhosis, biliary tract infection and hereditary blood disorders such as sickle cell anemia ,Diets high in cholesterol and fat [3].

2. Materials And Methods

Sixty six gallstones, collected from gallbladders of patients after surgeons using cholecystectomy surgery, were provided by Al-hussain hospital. All gallstones removed during surgery were placed on sterile gauze to air dry and then washed

Carefully with doubly distilled deionized water (to removed bile and debris) and dried over silica gel for. After noting the morphological features such as color and shape, the other relevant information's about the patients such as age, sex, number of calculi and the date of operation were obtained from hospital records.

The gallstones from each patient was ground separately with pestle and mortar. This process produced a fine homogeneous powder. Then stored in a sample tube, kept over silica gel in dark cabinet until analyzed for composition. Few milligrams of the resulting powder were mixed convenient milligrams of potassium bromide and pressed to generate KBr disk with. These slices were measured using FT-IR spectrometer on in the range of 400-4000 cm⁻¹ resolution. The gallstones were classified by comparing the respective absorption peaks with the values reported in the literature. The SEM micrographs and the elemental composition of GS samples were taken by using SEM, EDS (LUM TGSCAN BRNO-mir3 Czech Republic)

3. Results and Discussion

The type of gallstones identified by FTIR spectra is presented in table 1. Their occurrence and percentage, out of 66 gallstones 20(30.30%) were identified pure cholesterol, 10(15.15%) pure calcium bilirubinate, 31(46.96%) cholesterol Mixed with calcium bilirubinate, 5(7.57%) cholesterol mixed with calcium carbonate.

Table 1: Type, number and percentage of stones from 66 patients :

| Type of stones | No.of stones | Percentage% |
|---------------------------|--------------|-------------|
| Pure cholesterol | 20 | 30.30 |
| Pure calcium bilirubinate | 10 | 15.15 |

| | | |
|------------------------------------|----|-------|
| Cholesterol + calcium bilirubinate | 31 | 46.96 |
| Cholesterol + calcium carbonate | 5 | 7.57 |

Table 2: patient's distribution according to gender

| sex | No. of patients | Percentage % |
|--------|-----------------|--------------|
| female | 57 | 86.36 |
| meal | 9 | 13.64 |

Table 3: percent distribution of patients according to age

| Age | Number | Percentage % |
|-------|--------|--------------|
| 10-19 | 1 | 1.5 |
| 20-29 | 15 | 22.73 |
| 30-39 | 20 | 30.30 |
| 40-49 | 21 | 31.81 |
| 50-59 | 7 | 10.60 |
| 60-69 | - | - |
| 70-79 | 2 | 3.03 |

Pure cholesterol gallstones

The FT-IR spectrum of a pure cholesterol gallstone is shown in Fig. 1, the absorption band at 2935.61 cm⁻¹ due to asymmetric stretching of CH₂, a CH₂ symmetric stretching absorption band at 2868.70 cm⁻¹, a CH₂ symmetric bending absorption band at 1374.57 cm⁻¹, and a C-C stretching absorption band at 1056.58 cm⁻¹ [4]. A broad OH stretching absorption band appears at 3397.12 cm⁻¹.

Calcium bilirubinate gallstones

triplet bands at (1663.00, 1626.39 and 1570.33) cm⁻¹, The first two bands were observed for bilirubin, and the 1570.33 cm⁻¹ band was observed only when the carboxylic acid of bilirubin is conjugated with metal ion such as calcium, forming calcium bilirubin [5]. a shoulder band appears at 1699.37 cm⁻¹ was assigned to vibration of a non-conjugated carboxylic acid [5, 6]. The absorption bands at 1442.56 cm⁻¹ were assigned to the pyrrole ring deformation and was observed for the FT-IR spectrum of a calcium bilirubinate gallstone is shown in Fig. 2. The spectrum had characteristic doublet absorption band at 3394.88 cm⁻¹ and 3233.51 cm⁻¹. One of the doublet at 3394.88 cm⁻¹ is sharp was assigned as a N-H stretching vibration of the pyrrole groups, and the broad band at 3233.51 cm⁻¹ as the lactam N-H stretching vibration [7]. The spectrum also shows both bilirubin and calcium bilirubin, The absorption band at 1247.03 cm⁻¹ was assigned for amino C-N/carboxylate C-O stretching, and at 699.16 cm⁻¹ for the lactam ring deformation. The spectrum matched well with the FT-IR spectrum of pure calcium bilirubinate reported by [5, 8].

3-Cholesterol Gallstones mixed with calcium bilirubinate Fig.3, shows the FT-IR spectrum of cholesterol gallstones mixed with calcium bilirubinate. The spectrum consisted of the characteristic absorption band of calcium bilirubinate at (3393.62, 2933.93, 1666.77, at (2936.86, 1373.85, and 1055.16) cm⁻¹.

4-Cholesterol gallstones mixed with calcium carbonate As shown in Fig. 4, The FT-IR spectra of cholesterol gallstones mixed with calcium carbonate consisted of the spectrum of calcium carbonate which is known to have a broad absorption band at 1474.05 cm⁻¹. As well as sharp band at 854.35 cm⁻¹ [1] in addition to the absorption bands

of cholesterol at (3393.12, 2936.27, 2872.70, and 1056.70) cm⁻¹. The asymmetric bending absorption band of the of cholesterol at 1474.05 cm⁻¹ was superimposed on the broad absorption band of CO₂- ion and the resultant band had a higher intensity than that of the pure cholesterol gallstone [5].

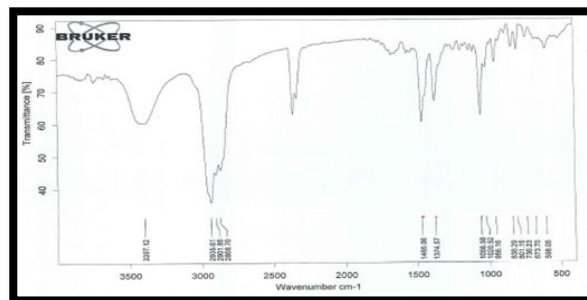


Fig. 1 FT-IR spectrum of pure cholesterol gallstone

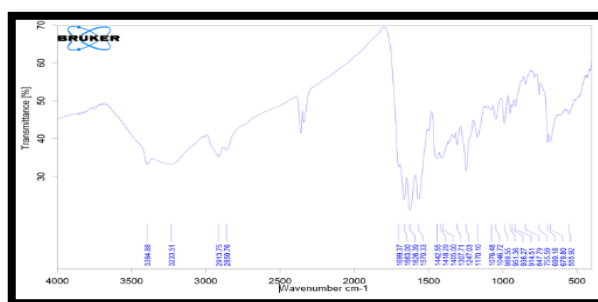


Fig. 2 FT-IR spectrum of calcium bilirubinate gallstone.

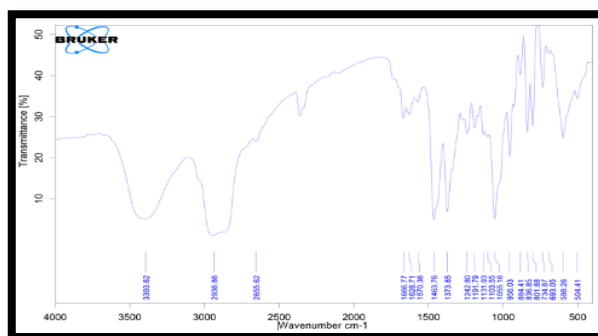


Fig.3 FT-IR spectrum of cholesterol mixed with calcium bilirubinate gallstones

5-SEM and EDS techniques

The combination of SEM and EDS allows the visualization, identify the chemical characterization and mineralogical of the gallstones. Fig (5) shows the SEM of the studied gallstone samples. This figure shows plate-like cholesterol crystals with laminar

Shaped and thin layered structures. The SEM image of the mixed gallstone sample is presented in Fig. (7) With the corresponding

ED's spectrum (Fig.8). The SEM of mixed cholesterol showed different morphology from pure cholesterol stones, the stones were mainly composed of irregular plate-like cholesterol and needle-like bilirubinate deposits with white calcium salts particles. The main elements composition of mixed stones as shown by ED's spectrum

was carbon, Oxygen, calcium and few elements like Cu.

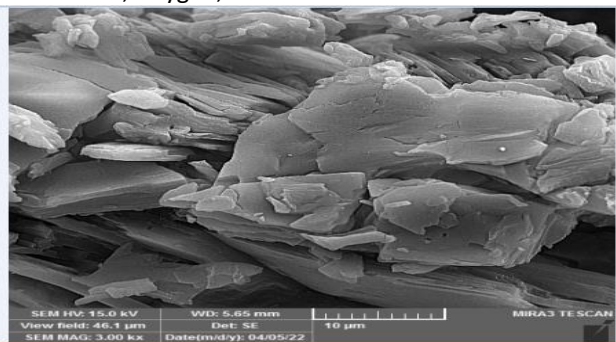


Fig. (5).scanning electron microscopy of pure cholesterol sample.

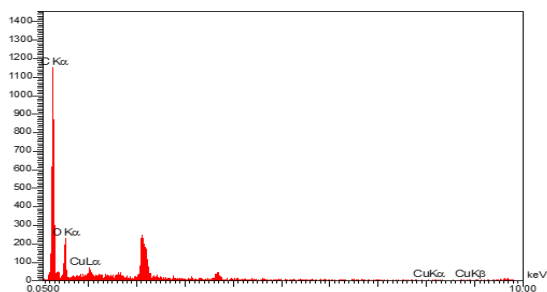


Fig. (6). EDS of pure cholesterol gallstone sample

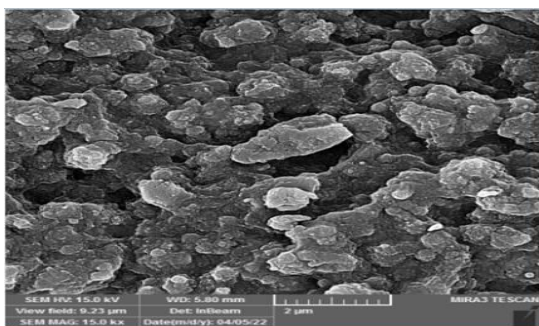


Fig (7). Scanning electron microscopy of mixed cholesterol gallstone sample

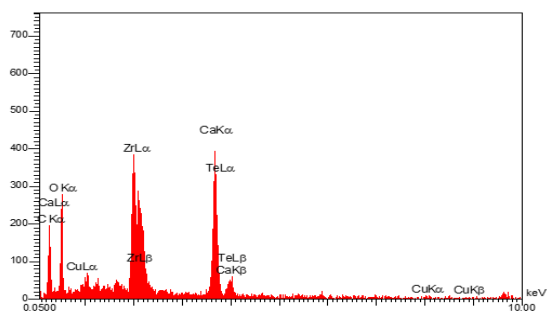


Fig. (8). EDS of mixed cholesterol gallstone sample

4. Discussion

The present study finding that majority (84.83 %) of the gallstones were pure cholesterol (30.3%) or mixed with calcium bilirubinate (46.96%) and calcium carbonate (7.57%). The important epidemiological risk factors for cholesterol gallstones included sedentary life style [9], obesity [10], female gender [11],

As compared to male (13.6%), in a ratio of female:male was (6.3:1). This is agreement with studies by other authors. Some authors believe that under the influence of female sex hormones, the muscle may relax which causes to dilate biliary passage and duodenal content of

pancreatic secretion regurgitates into gallbladder and promote conditions which favour the formation of gallstones. suggests that Aging [12], diabetes mellitus [13-16], femininity [11], parity [17, 18] and a diet low in calcium [19, 20], rich in saturated fats [20], and simple sugars [21]. In generally the gallstone composition mainly depends on dietary habits of the patients. The study also have been observed that gallstone disease was predominantly seen in female (86.3%)

5. Conclusion

FT-IR spectroscopy is an interested and convenient method for identification the type of gallstones, It is fast technique and required only small amount of sample. In our study the more common age group for development of gallstones was 20-49 years and female was more predominant than male. The result revealed that pure cholesterol or mixed with calcium bilirubinate or calcium carbonate is the most predominant component of gallstones in Nasiriya city, cholesterol and bilirubin are the main risk factors of gallstones diseases.

Reference

1. Grünhage F, Lammert F. Pathogenesis of gallstones: a genetic perspective. *Best Practice & Research Clinical Gastroenterology*. 2006;20(6):997-1015. <https://doi.org/10.1016/j.bpg.2006.05.007>
2. Sikkandar S, Jayakumar S, Gunasekaran S, Renugadevi T, Alwar B. Study on the analysis of human gallstones using Fourier transform infrared spectroscopic technique. *Int J ChemTech Res*. 2011;3(1):149-54. Available from: <https://www.aafp.org/pubs/afp/issues/2000/0315/p1673.html>
3. Gaharwar A. Factors favouring cholelithiasis in North Indian population. *IOSR J Pharm*. 2013;3(5):1-3.
4. Trotman BW, Morris III TA, Sanchez HM, Soloway RD, Ostrow JD. Pigment versus cholesterol cholelithiasis: identification and quantification by infrared spectroscopy. *Gastroenterology*. 1977;72(3):495-8. [https://doi.org/10.1016/S0016-5085\(77\)80263-1](https://doi.org/10.1016/S0016-5085(77)80263-1)
5. Suo T, Peng P, Feng M, Liu H, Ai Z, Tong S, Yang X, Qin X. Fixed-point and stratified analysis of the fine structure and composition of five gallstones with Fourier transform infrared (FT-IR) specular reflection spectroscopy. *Microscopy Research and Technique*. 2012;75(3):294-9. <https://doi.org/10.1002/jemt.21057>
6. Laloum E, Dao NQ, Daudon M. Cluster Analysis of Gallstone FT-IR Spectra: Tests on Simulated Mixture Spectra and Comparison between Spectral and Morphological Classification of Human Gallstones. *Appl Spectrosc*. 1998;52(9):1210-21. Available from: <http://opg.optica.org/as/abstract.cfm?URI=as-52-9-1210>
7. Toscano RA, Dulce M, de Moura MdF, de Farias RF. TG and DSC investigation of gallstone samples collected from patients submitted to cholecystectomy. *Thermochemica acta*. 2004;410(1-2):125-31. <https://doi.org/10.1016/j.tca.2003.07.002>
8. Ha BJ, Park S. Classification of gallstones using Fourier-transform infrared spectroscopy and photography. *Biomaterials Research*. 2018;22(1):1-8.

<https://doi.org/10.1186/s40824-018-0128-8>

9. Simko V. Physical exercise and the prevention of atherosclerosis and cholesterol gall stones. *Postgraduate medical journal*. 1978;54(630):270-7.

<http://doi.org/10.1136/pgmj.54.630.270>

10. Amaral J, Thompson WR. Gallbladder disease in the morbidly obese. *The American journal of surgery*. 1985;149(4):551-7. [https://doi.org/10.1016/S0002-9610\(85\)80055-6](https://doi.org/10.1016/S0002-9610(85)80055-6)

11. Keane P, Colwell D, Baer H, Clanachan A, Scott G. Effects of age, gender and female sex hormones upon contractility of the human gallbladder in vitro. *Surgery, Gynecology & Obstetrics*. 1986;163(6):555-60.

12. Chen C-Y, Lu C-L, Huang Y-S, Tam T-N, Chao Y, Chang F-Y, Lee S-D. Age is one of the risk factors in developing gallstone disease in Taiwan. *Age and ageing*. 1998;27(4):437-41.

<https://doi.org/10.1093/ageing/27.4.437>

13. Jørgensen T. Gall stones in a Danish population. Relation to weight, physical activity, smoking, coffee consumption, and diabetes mellitus. *Gut*. 1989;30(4):528-34. <http://doi.org/10.1136/gut.30.4.528>

14. Hüdepohl M. Diabetes mellitus and the formation of gallstones. *ZFA Zeitschrift für Allgemeinmedizin*. 1983;59(19):1086-91.

15. Pazzi P, Trevisani L, Sartori S, Sighinolfi D, Alvisi V. Diabetes and cholelithiasis. *Gut*. 1990;31(12):1422.

<https://doi.org/10.1136/gut.31.12.1422>

16. Liu C-M, Tung T-H, Liu J-H, Lee W-L, Chou P. A community-based epidemiologic study on gallstone disease among type 2 diabetics in Kinmen, Taiwan. *Digestive Diseases*. 2004;22(1):87-91.

<https://doi.org/10.1159/000078740>

17. Everson GT. *Pregnancy and gallstones*. Wiley Online Library; 1993. p. 159-61.

18. Lindseth G, Bird-Baker MY. Risk factors for cholelithiasis in pregnancy. *Research in nursing & health*. 2004;27(6):382-91. <https://doi.org/10.1002/nur.20041>

19. Cuevas A, Miquel JF, Reyes MS, Zanlungo S, Nervi F. Diet as a risk factor for cholesterol gallstone disease. *Journal of the American College of Nutrition*. 2004;23(3):187-96.

<https://doi.org/10.1080/07315724.2004.10719360>

20. Jonnalagadda SS, Trautwein EA, Hayes K. Dietary fats rich in saturated fatty acids (12: 0, 14: 0, and 16: 0) enhance gallstone formation relative to monounsaturated fat (18: 1) in cholesterol-fed hamsters. *Lipids*. 1995;30(5):415-24.

<https://doi.org/10.1007/BF02536299>

21. Tsai C-J, Leitzmann MF, Willett WC, Giovannucci EL. The effect of long-term intake of cis unsaturated fats on the risk for gallstone disease in men: a prospective cohort study. *Annals of internal medicine*. 2004;141(7):514-22. <https://doi.org/10.7326/0003-4819-141-7-200410050-00007>

<https://doi.org/10.7326/0003-4819-141-7-200410050-00007>