## Composition for detecting $\beta$ -1,3-glucan, preparation method thereof and diagnostic kit detecting $\beta$ -1,3-glucan

<u>Bu-Soo Park</u>, Yong-Soon Hwang, Bu-Soo Park, Jeong-Min Kim, Jong-Won Yoon Samyang Genex Biotech Research Institute, 63-2 Hwaam-Dong, Yusung-Gu, Daejeon, Korea Tel.: +82-42-865-8346; fax: +82-42-865-8398; e-mail: probusoo@genex.co.kr

## Abstract

The study related to a composition for detecting  $\beta$ -1,3-glucan in a test sample, a preparation method thereof and a diagnostic kit for detecting  $\beta$ -1,3-glucan. In the method, as chelatingagent which is used to chelate calcium ions in collecting the sample comprising a mixture of plasma and hemocyte lysate from insects and in the separation process to obtain a phenoloxidase composition, any of chelating agents known in the field can be used without limitation, and can be EDTA, EGTA or citric acid, for example 1),2). To treat the insect sample with the buffer solution containing the a chelating agents is by column chromatography. A column packed with resin can be loaded with an insect sample, and eluted with the buffer solution containing a chelating agent to obtain fractions. The composition that can detect  $\beta$ -1,3-glucan specifically down to 20pg/ml can be purified by column chromatography. What is Fungi Kit? Fungi Kitis a fungal diagnostic kit to detect  $\beta$ -1,3-glucan, a complex carbohydrate polymer originated from the cell walls of all fungi, in human bloods.  $\beta$ -1,3-glucan in infected human body bloods can be used as potential diagnostic markers of fungal infection 3,4,5. Fungi Kit responds to fungal  $\beta$ -1,3-glucan by enzymatic color reaction. Fungi Kitis very specific and sensitive to  $\beta$ -1,3-glucan (20pg/ml), and easy to perform. Why is it important to detect fungal infection earlier? Invasive fungal infections have emerged as a major cause of morbidity and mortality in immunocompromised patients. However, culture and histopathology for the diagnosis of fungal infections have the limited sensitivity and specificity. Unfortunately, the rate of positive blood cultures, even with full blown invasive disease, is only around 50%. The value of earlier diagnosis is becoming more widely appreciated. Early diagnosis can be benefit, reducing patient anxiety, minimizing the need for additional diagnostic test and eliminating the use of ineffective antifungal treatment.

## References

- Masaaki ASHIDA, Kuninori KINOSHITA and Paul T. BREY, Studies on prophenoloxidase activation in the mosquito Adees aegypti, Eur.J.Biochem, Vol(188), 507~515(1990).
- So Young LEE, Tae Hyuk Kwon, In vitro activation of prophenoloxidase by two kinds of prophenoloxidase activating factors isolated from hemolymph of coleopteran, Holotrichia diomphalia larvae, Eur. J. Biochem, Vol (254), 50~57 (1998).
- 3. TAKASHIGE MIYAZAKI, SHIGERU KOHNO, plasma(1->3)- β-D-Glucan and Fungal Antigenmia in Patients with Candidaemia, Aspergillosis, and Cryptococcosis, Journal of Clinical Microbiology, Dec.1995, 3115~3118.
- 4. Masakazu Tsuchiy, Nobuo Asahi, Detection of peptidoglycan and  $\beta$ -glucan with silkworm larvae plasma test, FEMS immunology and Medical Microbiology, Vol(15), 129~134.
- 5. Noriko N.Miura, Naohito Ohno, Blood Clearance of(1->3)- β-glucan in MRL lpr/lpr Mice, FEMS immunology and Medical Microbiology, Vol(13), 51~57(1996).