

# URINARY N-ACETYL- $\beta$ -D-GLUCOSAMINIDASE (NAG) AND RETINOL BINDING PROTEIN (RBP) AS PROSPECTIVE DIAGNOSTIC MARKERS FOR FLUORIDE-INDUCED NEPHROTOXICITY IN HUMANS

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**SUMMARY:** Chronic fluoride toxicity is known to cause dental, skeletal, and non-skeletal fluorosis with the kidneys being highly sensitive to fluoride (F) due to their anatomical and functional makeup. The aim of the present study was to investigate if two known urinary markers for renal impairment, when mainly due to tubular injury, N-acetyl- $\beta$ -D-glucosaminidase (NAG) and retinol binding protein (RBP), could be used as diagnostic markers for F-induced nephrotoxicity in humans. The NAG and RBP levels were evaluated in four different experimental groups: G1 control; G-2 nephrotic syndrome patients with minimal change disease (MCD) with a normal level of F in the body fluids; G-3 nephrotic syndrome patients with a high level of F in the body fluids; and G-4 fluorosis patients. In the G-1 and G-2 groups no significant changes were present in the urinary and serum NAG and RBP levels ( $p>0.05$ ). In the G-3 and G-4 groups a significant increase was present in the urinary NAG and RBP levels ( $p<0.05$ ) while the serum NAG and RBP levels were unchanged ( $p>0.05$ ). The findings reveal that fluoride toxicity caused renal impairment resulting in raised urinary RBP and NAG levels and that these can thus be considered as prospective diagnostic markers for fluoride nephrotoxicity in humans.

Key Words: Diagnostic markers; Fluoride-induced nephrotoxicity; Minimal change disease in kidney (MCD); N-acetyl- $\beta$ -D-Glucosaminidase (NAG); Retinol binding protein (RBP); Nephrotoxicity; Renal tubular injury.

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