Porphyria (Acute) Testing Algorithm*

**Symptoms:**
- Neurovisceral attacks (abdominal pain, neuropathy, psychiatric symptoms)
- Tachycardia and hypertension

**Possible acute porphyria:**
- Acute intermittent porphyria (AIP)
- Variegate porphyria (VP)*
- Hereditary coproporphyria (HCP)*
- Aminolevulinic acid dehydratase deficiency porphyria (ADP)

**To differentiate ADP from tyrosinemia type I and heavy metal intoxication order:**
- ALAD / Aminolevulinic Acid Dehydratase (ALAD), Whole Blood
- OAU / Organic Acids Screen, Urine
- HMCRU / Heavy Metals/Creatinine Ratio, with Reflex, Urine OR
- HMDB / Heavy Metals Screen with Demographics, Blood

**Decreased ALAD activity**
- Confirms ADP

**Normal ALAD activity**
- Excludes ADP

**Isolated ALA increase**

**Normal results—was urine collected during an acute episode?**

**YES**
- Excludes acute porphyrinas

**NO**
- Retest during acute episode

**Increased porphobilinogen, possible increases in uroporphyrin, coproporphyrin, and/or ALA**

**Perform:**
- PBGD / Porphobilinogen Deaminase (PBGD), Whole Bloodf
- FQPPS / Porphyrins, Feces

**Decreased PBGD activity**
- AIP – Family studies may be warranted

**Increased coproporphyrin III/I ratio (<10) and protoporphyrin**
- VP – Family studies may be warranted

**Increased coproporphyrin III/I ratio (>10) and coproporphyrin III**
- HCP – Family studies may be warranted

**Normal PBGD activity and fecal porphyrin profile**
- Excludes VP and HCP
- AIP not excluded*

**HMBSZ / HMBS Gene, Full Gene Analysis**
**PPOXZ / PPOX Gene, Full Gene Analysis**
**CPOXZ / CPOX Gene, Full Gene Analysis**

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a. 80% of patients with VP have cutaneous symptoms
b. 20% of patients with HCP have cutaneous symptoms
c. Specimens collected during symptomatic period will be most informative
d. ALAD test is not useful for lead intoxication cases
e. 5% of AIP patients have normal PBGD activity in erythrocytes
f. Specimens collected during asymptomatic period will be most informative.

* Interpretive report provided for all tests in this algorithm