Opioids in 28 dental plaque samples from patients undergoing long-term medication and comparison with samples from lethal intoxications

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Aims

Alternative matrices such as non-mineralized dental biofilm (plaque) can provide crucial information in post-mortem toxicology, but often data is scarce to interpret the results. Therefore, we aimed to gain information about drug concentration ranges in plaque samples from patients undergoing long-term medication. Plaque samples from patients in opioid replacement therapy (ORT) were investigated and the data were put into context with the drug results from post-mortem plaque samples in two lethal intoxications with methadone and morphine.

Methods

Results & Discussion – Clinical Study

Clinical study

28 patients in ORT

Study group 1: n=25

- Methadone or Polamidon[®]
 (= levomethadone) syrup
- 25 120 mg/d
- Study group 2: n=3
 - Substitol[®] capsules
 (= slow-release morphine)
 - 600 1,400 mg/d
- Plaque sampling ~24 h after the last and immediately before the next regular daily dose

Lethal intoxications

- Case 1: methadone
- Case 2: morphine
- Plaque sampling post-mortem

Sample Preparation



Fig. 1: Study group 1 – methadone and EDDP concentrations in plaque *EDDP positive but not quantifiable

Study group 1:

- Wide concentration range:
- Methadone: 42 ~49,000 pg/mg
 EDDP: ~2.1 610 pg/mg
- No correlation between daily dose and plaque concentration
- Compliance of the subjects?
 Additional abusive uptake (e.g. patient 10?) or
 - "Drug holidays" = absence from the medical practice (e.g. patient 11 and 12?) ...should be considered

Study group 2:

- Morphine < methadone plaque concentration despite higher doses
 - Different modes of application (capsule vs. syrup)
- *Patient 26 and 27: additional findings of
 6-MAM (71 and ~110 pg/mg)



Plaque sampling



Study group 2	26	27	28	-
Dose [mg/d]	600	1,000	1,400	
Morphine [pg/mg]	120#	480#	400	
Normorphine [pg/mg]	n.d.	n.d.	n.d.	400 pg/mg

Tab. 1: Study group 2 – morphine and normorphine concentrations in plaque, n.d. = not detected

- ➢ Codeine (57 and ~22 pg/mg)
 → Heroin co-use!
 - Biases plaque results: ...Higher morphine plaque concentrations than solely under long-term medication?

Results & Discussion – Lethal Intoxications

Case 1

- 31 \bigcirc , in ORT with methadone
- Overdosed herself with methadone
- Dosage, mode of application and time of uptake unknown
- Tab. 2: Case 1 methadone and EDDP concentrations in blood and plaque

Case 1	Methadone	EDDP
Femoral blood [ng/mL]	6,700 ‡	260
Plaque [pg/mg]	~110,000	1,900
	80x ↑	60x ↑
thar	n median of stud	lv aroup 1

Case 2

- 86 \bigcirc , suffered from Alzheimer's disease
- Victim of an extended suicide by her husband
- Fatal oral morphine dose (liquid)
- Survived 1.5 days in hospital under naloxone therapy

Tab. 3: Case 2 – morphine and normorphine concentrations in blood and plaque

Case 2	Morphine	Normorphine		
Femoral blood [ng/mL]	1,500🕆	not analyzed		
Plaque [pg/mg]	~8,100	~52		
	20x ↑	\checkmark		
than median of study aroun 2				



10 min ultrasonication



LC-MS/MS-Analysis^[1]

but time gap between drug uptake and death possibly < 24h

Conclusions

The clinical study provides first data regarding plaque concentrations in patients under long-term medication with a special focus on opioids. High variances were observed, especially in study group 1. However, the presented data will help to interpret drug results in plaque, particularly in intoxication cases: Plaque concentrations in lethal intoxications are expected to be at least one order of magnitude higher than under therapeutic substance use, always keeping in mind possibly different settings of the cases (e.g. mode of application, time of uptake). although different modes of application and heroin co-use in study group

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Reference

[1] K. Henkel et al., Full validation of a method for the determination of drugs of abuse in non-mineralized dental biofilm using liquid chromatography-tandem mass spectrometry and application to postmortem samples, Talanta 176 (2018)