

## Overview

### Useful For

Detecting and monitoring titanium exposure and potential implant status in patients with orthopedic implants

### Special Instructions

- [Metals Analysis Specimen Collection and Transport](#)

### Method Name

Triple-Quadrupole Inductively Coupled Plasma Mass Spectrometry (ICP-MS/MS)

### NY State Available

Yes

## Specimen

### Specimen Type

Whole blood

### Specimen Required

**Patient Preparation:** High concentrations of gadolinium and iodine are known to interfere with most metal tests. If either gadolinium- or iodine-containing contrast media has been administered, **the specimen should not be collected for at least 96 hours.**

**Supplies:** Metal Free B-D Tube (EDTA), 6 mL (T183)

**Collection Container/Tube:** Plain, royal blue-top (EDTA) plastic trace element blood collection tube

**Specimen Volume:** 1.0 mL

#### Collection Instructions:

1. See [Metals Analysis Specimen Collection and Transport](#) for complete instructions.
2. Send whole blood specimen in original collection tube. **Do not aliquot.**

### Specimen Minimum Volume

0.3 mL

### Reject Due To

Gross hemolysis	OK
Gross lipemia	OK
Gross icterus	OK

### Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Whole blood	Refrigerated (preferred)	28 days	
	Ambient	28 days	
	Frozen	28 days	

## Clinical & Interpretive

### Clinical Information

Titanium is the ninth most abundant element in the earth's crust. Its light weight and high strength are useful in alloys for diverse applications. There is no evidence that titanium is an essential element. Due in part to titanium's oxide formation propensity, the element is considered to be nontoxic. Soils, drinking water, and air all contain trace amounts of titanium. The food processing industry uses large quantities of titanium as a food additive; processed foods contain higher levels than are found in most produce and organic food products. The average daily oral intake through food consumption is 0.1 to 1 mg/day, which accounts for more than 99% of exposure. Gastrointestinal absorption of titanium is low (approximately 3%), and the majority of ingested titanium is rapidly excreted in the urine and stool. The total body burden of titanium is usually in the range of 9 to 15 mg, a significant portion of which is contained in the lungs. Titanium dust entering the respiratory tract is nonirritating and is almost completely nonfibrogenic in humans.

Titanium-containing alloys are used in some artificial joints, prosthetic devices, and implants. Titanium dioxide allows osseointegration between an artificial medical implant and bone. Despite their wide use, exposure to these materials has not been linked to toxicity. In one study, patients monitored up to 36 months following joint replacement with titanium-containing joints showed a statistically significant increase in detectable titanium. While titanium concentrations are not a measure of toxicity, they are useful in determining whether implant breakdown is occurring. Blood titanium concentrations are likely to be increased above the reference range in patients with metallic joint prosthesis. Prosthetic devices produced by Zimmer Company and Johnson and Johnson typically are made of aluminum, vanadium, and titanium. This list of products is incomplete, and these products change occasionally; see prosthesis product information for each device for composition details.

### Reference Values

0-17 years: Not established

> or =18 years: <2 ng/mL

### Interpretation

Clinically, this test is used to detect and monitor titanium exposure and potential implant status in patients with orthopedic implants. Increased concentrations in blood have been proposed as a marker of component wear.

### Cautions

Titanium is a trace metal commonly used in alloys and readily present in the environment. Thus, contamination of the collection site and of the specimen must be avoided. Failure to use metal-free collection procedures and devices may cause falsely increased results. See Specimen Required for collection and processing information.

### Clinical Reference

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6. Liu TK, Liu SH, Chang CH, Yang RS. Concentration of metal elements in the blood and urine in the patients with cementless total knee arthroplasty. *Tohoku J Exp Med.* 1998;185(4):253-262
7. Krachler M, Domej W, Irgolic KJ. Concentrations of trace elements in osteoarthritic knee-joint effusions. *Biol Trace Elem Res.* 2000;75:253-263
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## Performance

### Method Description

Titanium in blood is analyzed by inductively coupled plasma triple-quadrupole mass spectrometry in mass shift mode using ammonia as a reaction gas, gallium as an internal standard, and a salt matrix calibration.(Unpublished Mayo method)

### PDF Report

No

### Day(s) Performed

Wednesday

### Report Available

2 to 8 days

### Specimen Retention Time

14 days

### Performing Laboratory Location

Rochester

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**Fees & Codes****Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

**Test Classification**

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. It has not been cleared or approved by the US Food and Drug Administration.

**CPT Code Information**

83018

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
TIWB	Titanium, B	59753-4

Result ID	Test Result Name	Result LOINC® Value
614612	Titanium, B	59753-4