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VI International Conference on Novel Psychoactive Substances (NPS), Maastricht, The Netherlands



NEW GC-MS APPROACH FOR ANAESTHETICS DETECTION IN COMPLICATED BIOLOGICAL MATRICES. DETECTION OF CARFENTANYL IN PUTRID TISSUE, A CASE STUDY

C. Petrucci*, S. G. Zelenina, T. V. K. Tagirova*

* Department of Diagnostic and Public Health, Section of Forensic Medicine, University of Verona, Verona, Italy

† Institute of Forensic Medicine, United States, Moscow, Russian Federation

‡ RUG, Groningen, The Netherlands

INTRODUCTION

- a. Last year in Russia, approx. 0.03% from total seized drugs were fentanyl and/or its analogues¹
- b. According to results (2012-2018) from the Russian forensic and toxicology laboratories, 1-5% of drugs found in biological samples (mostly urine) were fentanyls. This happened in cities which have common borders with European countries, such as Pskov, Saint-Petersburg and Kalliningrad. In Yekaterinburg, the capital of Ural region, this percentage is 2. In other regions this ratio was close to zero²
- c. In the European Union, over 70% of the 1.600 or so seizures of new synthetic opioids reported in 2016 were fentanyl derivatives as reported by the EMCDDA. They accounted for the 2.3% of the total number of seizures³

Objective: Creation of a new GC-MS approach for carfentanyl and related compounds detection in complicated biological matrices

MATERIALS AND METHODS

LLE

To 5mL of biological samples (blood, urine and tissue products) 10mL of distilled water and 0.5mL of a saturated solution of NaOH were added and extracted with 10mL of hexane. The extract was evaporated and reconstructed in 150µL of acetonitrile

SPE

Biological fluids were extracted on Bond Elute Certify cartridges. Protein fragments of homogenate were precipitated with TCA and then underwent the same treatment as biological fluids

RESULTS & DISCUSSION

GC-MS

- a. For sensitive FULL SCAN Confirmation step of SIM fentanyl detection⁴: creation of SIM methods including minor and isotopic ions for each target substances
- b. Opportunity to get full spectra from SIM results for individual target substances (SIM-SPECTRA) suitable for AMDIS MS LIB identification
- c. SIM-SPECTRA confirmation step after standard GC-MS-SIM screening

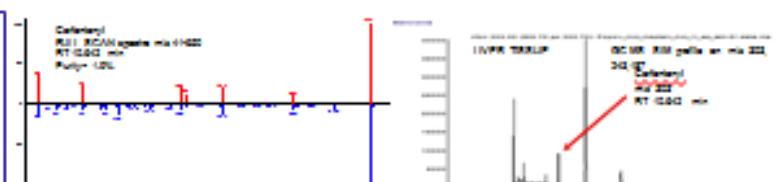


Figure 1. Full Scan and SIM spectra of carfentanyl in the liver tissue. Sample treated with LLE after heptane extraction with add cleanup/re-extraction step. The cleanliness of the obtained spectra is shown in this figure.

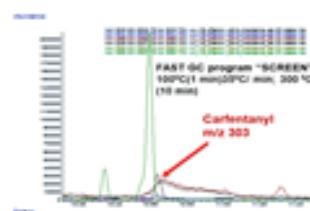


Figure 2. Separation of overlapped carfentanyl and urinary matrix peaks by using different GC SIM program (m/z 303, 243, 187 were detected). Good separation of overlapping peaks but using a slow program has decreased carfentanyl intensity (peaks are not so sharp)

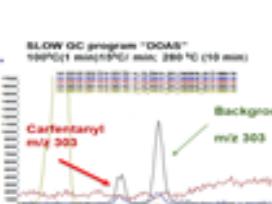


Figure 3. Removal of the urinary matrix peak (closed to carfentanyl) containing m/z 303 ion by derivatization of heptane extract with BSTFA (Carfentanyl does not form the TMS derivative)

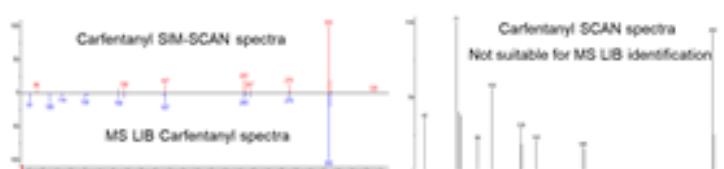


Figure 4. GC-MS confirmation of fentanyl by SIM identification in putrid liver tissue. For sensitive FULL SCAN confirmation step⁴ of SIM fentanyl detection SIM methods were created including minor and isotopic ions for each target substance. It was an opportunity to get full spectra from SIM results for individual target substances (SIM-SPECTRA) suitable for AMDIS MS LIB identification. SIM-SPECTRA confirmation step was used after standard GC-MS-SIM screening

One segment SIM-SPECTRUM fentanyl method for Shimadzu GC-MSQ 2010 Ultra and Agilent 5975-77

303	304	305	316	275	247	243	187	154	158	276	244	105	0.00	0.00
329														
345	260	261	230	218	203	215	202	172	158	160	145	148	110	257

m/z 303 M+ Carfentanyl, RT=10.64 min. * - locked on diphenylamine (5.54 min)
m/z 257 3-MF: Isotope 1 RT= 9.69 min; Isotope 2 RT= 9.98 min
m/z 245 M+ fentanyl, RT= 9.56 min
LOD: 170 ng/ml SCAN mode; 35 ng/ml for SIM and SIM-SPECTRA mode
No losses of sensitivity of GC-SIM detection using SIM-SPECTRA method were observed

CONCLUSION

- ✓ The best carfentanyl S/N was at the heptane extraction of "liquid around tissue" (LLE with basic hydrolysis). This has proved a better sample treatment than SPE for putrid biological samples
- ✓ Addition of matrix ions in SIM screening method lead to an increase in specificity of carfentanyl GC-MS detection
- ✓ The use of fentanyl's GC-MS SIM SPECTRA allows to confirm the presence of target substances with 10 times high sensitivity

Fast LLE method for the preparation of
cadaver tissue for GC-MS and HPLC-MS/MS
analysis
Case Study. Detection of Carfentanyl
in putrid tissue

Savchuk Sergey PhD, Dr.Chem, Russian Centre of Forensic Medical
Expertise, Sechenov University, Moscow









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Development of a rapid screening LC-MS/MS method for determination of 145 illegal drugs including NPS and their metabolites in urine

Shchekina Ksenia^{1,2}, Sergey Sautchuk³, Svetlana Appolonova²
¹ Schenck First State Medical University, Institute of Pharmacy and Translational Medicine
² Department of Diagnostics and Public Health, Section of Forensic Medicine, University of Verona, Verona, Italy
³ Russian Center for Forensic Medical Expertise of Ministry of Health, Moscow, Russian Federation


Introduction

In recent years drug abuse has become an ongoing global problem mainly because of the yearly emergence of new psychoactive substances (NPS) on the black market of illegal drugs. NPS imitate the mechanisms of action of "traditional" illegal drugs, showing hallucinogenic, stimulant, sedative or euphoric effects being usually synthesized by altering the chemical structures of the already controlled compounds with minor modifications. However, rapid appearance and variety of physicochemical properties of each

NPS causes difficulties for its determination in biological matrices during forensic and toxicological investigations. Analytical methods routinely used in toxicological laboratories are mainly focused on determination of parent compounds. At the same time, the main issue in identification of synthetic NPS, especially synthetic cannabinoids, is their fast metabolism, that results in the fact that most of the native compounds could not be detected in commonly used matrices. For this reason it is needed to develop a screening method that will cover the detection of the most spread illegal drugs, including NPS together with their main active metabolites.

The aim of this study was to develop a fast LC-MS/MS qualitative screening method for determination of 145 illegal drugs and their metabolites, including the most popular NPS, in urine. The method was approved on 50 confirmed positive samples providing high levels of sensitivity and detectability, along with short and simple sample preparation.

Materials & Methods

Sample preparation

The dilute-and-shoot method for the developed screening procedure was as follows: 1 ml of urine was transferred to a plastic 1.5 ml eppendorf vial with following addition of 100 µl of solution containing acetonitrile:water (70:30), the resulted solution was vortexed for 30 seconds and centrifuged 5 min with 13'000 rpm. After 40 µl of supernatant was transferred to a new vial with addition of 60 µl of distilled water, vortexed and transferred to a vial for LC-MS analysis.

LC-MS/MS method

Validation

The LC-MS analysis were conducted using UPLC ACQUITY system connected to a Xevo TQ-S mass spectrometer (Waters Corporation, USA) with negative ionization ESI mode. The separation was achieved using chromatographic column Acclaim PLC 1.8 µm, 2.1 × 100 mm maintained at 40 °C. Mobile phases consisted of 0.1% formic acid in water with addition of mM ammonia for elution and 0.1% acetonitrile (mobile phase A) and 0.1% formic acid in acetonitrile with addition of mM ammonia formate and 0.1% water (mobile phase B). The flowrate was 0.4 mL/min with elution gradient program as follows: 0 min - 1% B, 1 min - 1% B, 8 min - 99% B, 9 min - 99% B, 9.1 min - 1% B, 10-99 min - 1% B, the total run time was 11 min. The mass detector parameters were as follows: cone voltage - 20 V; desolvation gas flow rate - 1000 L/h, source temperature - 140 °C, desolvation gas temperature - 300 °C, capillary voltage - -3000 V. MRM transition are presented in the table 1.

Results & Discussion

Validation of the presented qualitative screening method was performed according to the UNODC requirements for validation of analytical methods for testing of illegal drugs [3]. The limits of detection (LOD) were calculated for 40 drugs of abuse (listed by the absence of several standard solutions). Assessment consisted of estimation of selectivity, limits of detection (LOD), precision and stability related to the developed screening method. The method was tested on 50 confirmed positive urine samples that were provided from different regions of Russian Federation.

#	Name	Drug formula	LOD (ng/mL)	LOD (µg/mL)	LOD (µg/L)
1	Alprazolam	C ₁₇ H ₁₂ N ₂ O ₃	2.04	1.42	1.42
2	Alprazolam	C ₁₇ H ₁₂ N ₂ O ₃	2.04	1.42	1.42
3	Alprazolam (Dose)	C ₁₇ H ₁₂ N ₂ O ₃	2.04	1.42	1.42
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8-9 APRIL 2019, MAASTRICHT, NETHERLANDS

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DI VERONA

FAST LLE METHOD FOR THE PREPARATION OF CADAVER TISSUE FOR GC-MS AND HPLC-MS/MS ANALYSIS. CASE STUDY. DETECTION OF CARFENTANYL IN PUTRID TISSUE

C. Palacio, A. J. Savchenko,^{1,2} F. Tagliari¹

¹ Department of Diagnostics and Public Health, Section of Forensic Medicine, University of Verona, Verona, Italy
² Sechenov First Moscow State Medical University, Moscow, Russian Federation

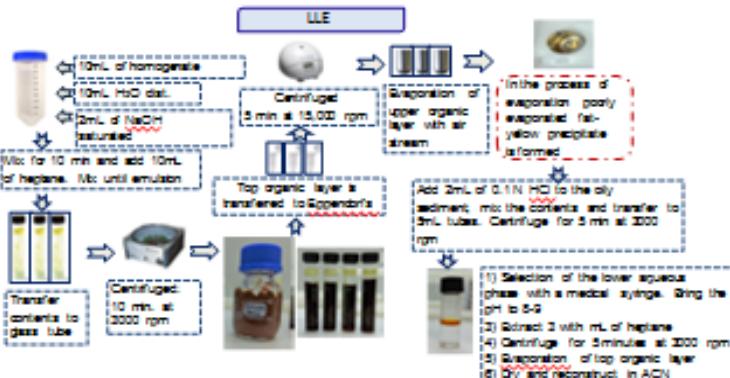
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OBJECTIVE: Creation of a new GC-MS approach for carfentanyl and related compounds detection in complicated biological matrices

MATERIALS AND METHODS



RESULTS & DISCUSSION

GC-MS

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- SIM-SPECTRA confirmation step after standard GC-MS-SIM screening

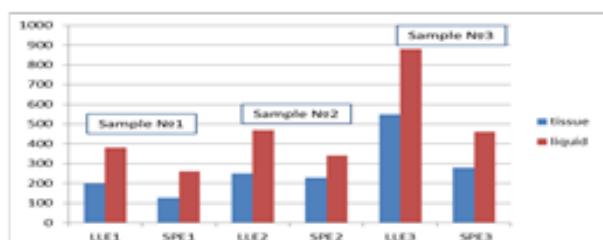
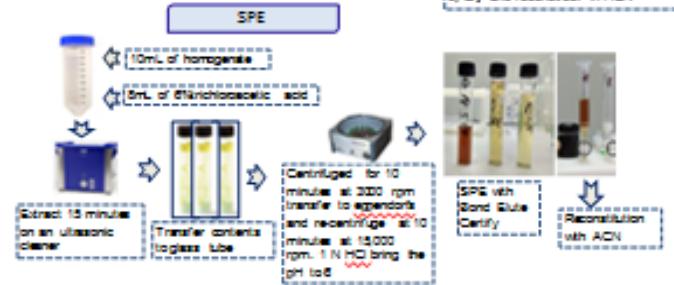
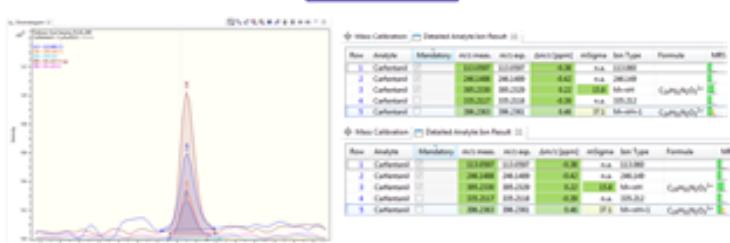
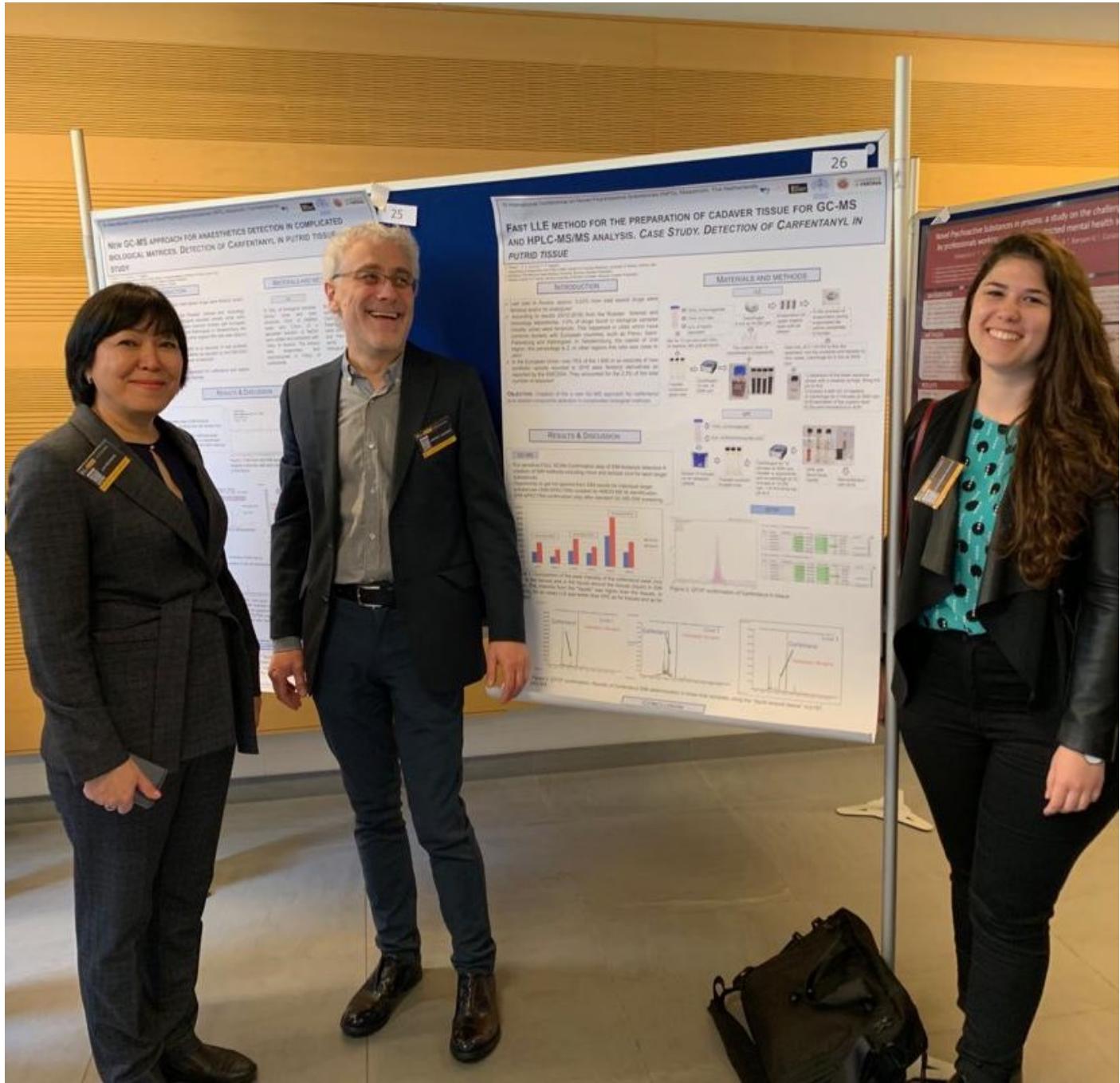


Figure 1. Comparison of the peak Intensity of the carfentanyl peak (m/z 303) in the tissues and in the liquids around the tissues (liquor). In SIM mode. The Intensity from the "liquids" was higher than the tissues. In addition, for all cases LLE was better than SPE as for tissues and as for "liquids".



QTOF





**Laboratory diagnostics of acute poisoning with
3,4-methylenedioxo- α -pyrrolidinohexanophenone (3,4-MDPHP) in the Sverdlovsk region**

Maria A. Gofenberg^{1,2,3}, Vadim A. Shevyrin⁴



1. Sverdlovsk Regional Poison Treatment Centre, Regional Psychiatric Hospital, Yekaterinburg, Russian Federation
2. Regional Narcological Clinic, Yekaterinburg, Russian Federation
3. The Urals State Medical University of the Ministry of Healthcare of the Russian Federation
4. Ural Federal State University named after the first President of Russia B.N. Yeltsin, Russian Federation

E-mail: Hoffenberg@yandex.ru

Introduction

In recent years, synthetic cathinones in Russia occupy a leading position in the etiology of acute drug poisoning. In 2018, cases of acute poisoning of 3,4-methylenedioxo- α -pyrrolidinohexanophenone (3,4-MDPHP) were detected in the Sverdlovsk region. 3,4-MDPHP is a structural analogue of MDPV and has a psychostimulant effect. Upon admission to the intensive care unit and intensive care, patients using MDPHP experienced psychosis, vomiting, hyperthermia.



The aim of this study is the identification of metabolites of 3,4-MDPHP in the biomaterial of patients with acute poisoning.

Methods

The study was conducted on clinical blood and urine specimens, collected from patients admitted to the intensive care unit of Sverdlovsk Regional Poison Treatment Centre, from January to October 2018.

Sample preparation

Urine and blood samples were collected at the time of presentation to the hospital.

Urine samples. For the cleavage of glucuronides 0.5 ml phosphate buffer (pH 4.8) and 25 μ L β -glucuronidase were added to 1.0 ml of urine and the sample was incubated at 55 °C for one hour. The mixture was shaken, centrifuged, the supernatant was transferred to a pre-prepared mixed phase solid phase extraction cartridge SampleQ Evidex (200 mg / 3 ml) (Agilent Technologies). To urine samples without hydrolysis and after hydrolysis, 2 ml of 1/15 M phosphate buffer (pH 4.8) was added. The contents of the vials were centrifuged at 3000 rpm for 10 minutes, the centrifuge was separated from the sediment and added to an SPE cartridge.

The column was preconditioned with 2 ml of methanol and 2 ml of 1 / 15M phosphate buffer (pH 4.8). The column was washed with 1 ml of 1 / 15M phosphate buffer (pH 4.8) and 1 ml of 10% methanol. The base fractions were eluted using 2 ml of methylene chloride / isopropanol / 25% ammonium hydroxide (2 / 1 / 0,1 v/v). The second fractions were eluted using 2 ml of n-hexane / ethyl acetate (2/1 v/v). The eluate was evaporated to dryness and reconstructed in 100 μ l of the mobile phase for LCMS or 100 μ l of ethyl acetate for GCMS.

Blood samples. Acetonitrile (500 μ L) and zinc sulfate (1.0 g) were added to 500 μ L of plasma, obtained by centrifuging whole blood at 2500 rpm. After extraction and centrifugation, supernatant was blown to dryness with air at room temperature and reconstructed.



Assay

A comprehensive screen for synthetic cathinone and its metabolites was carried out using gas chromatography/mass spectrometry and liquid chromatography/high-resolution tandem mass spectrometry.

GC-MS analysis of the extracts dissolved in ethyl acetate was performed with gas chromatograph equipped with single quadrupole mass selective detector Shimadzu GCMS-QP2010 Ultra (Shimadzu Corporation, Japan) with use DB-17 ms column (30m×0.25mm×0.33um).

Biotransformation products were analyzed using HPLC/HRMS of the Agilent 1290 Infinity II chromatographic system coupled with the Agilent 6545 Q-TOF LC/MS tandem quadruple time-of-flight mass spectrometry detector (Agilent Technologies, USA).

Results and discussion

Most of the ingested dose of 3,4-MDPHP is excreted unchanged in the urine. A large peak of the unchanged substance was detected on the chromatograms when screening plasma and urine using the GC-MS method (Fig. 1, 2).

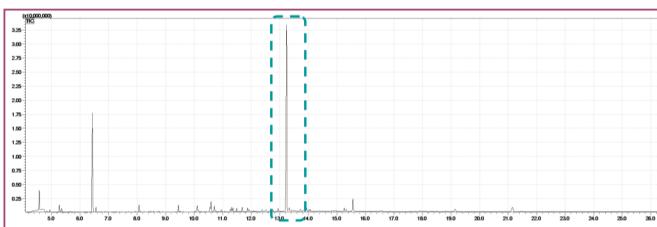


Fig.1 Total ion chromatogram of the urine of a patient with acute poisoning with 3,4-MDPHP

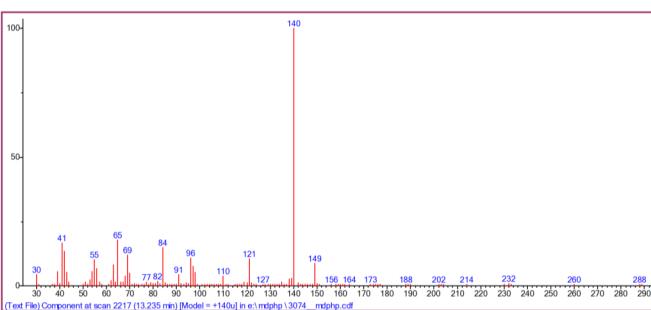


Fig.2 Mass spectrum of 3,4-MDPHP

Search of metabolites was carried out on the assumption that the metabolism of 3,4-MDPHP, as well as the fragmentation of molecules, would be similar to 3,4-MDPV and other cathinones. The main metabolite is the product of oxidation of the unchanged compound along the pyrrolidine ring at position 2 with the formation of a lactam cycle (Fig. 3). HRMS analysis indicated the protonated molecule $[M+H]^+$ with m/z 304.1539, which corresponds to the compound with the formula $C_{17}H_{21}NO_2$ (exact value 304.1543, accident error -0.4 ppm for sample). Pathways of fragmentation of the main metabolite of 3,4-MDPHP correspond to the directions of fragmentation of the oxo-metabolite 3,4-MDPV.

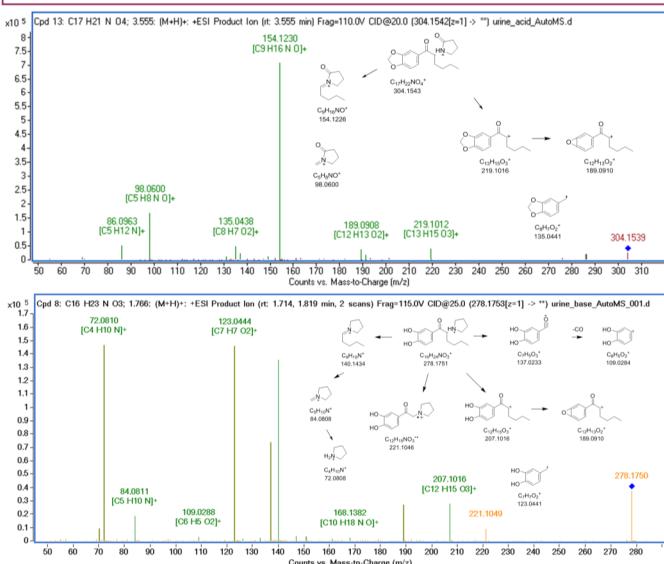


Fig.3. CID spectra of the main metabolites of 3,4-MDPHP

The second direction of biotransformation is associated with the dealkylation of the methylenedioxy substituent on the benzene ring, followed by methylation of the hydroxyl group in position 3.

One of the obtained spectra showed a $[M+H]^+$ with m/z 278.1750, which corresponds to the compound $C_{16}H_{20}NO_3$ (Fig.3). The presence of the ions with m/z 140.1434, m/z 84.0808 and m/z 72.0808 indicated an unaltered pyrrolidine ring. The ions with m/z 123.0441, 137.0233 and 109.0284 indicates the loss of a carbon atom occurred in the methylenedioxy group.

Identified a range of metabolites obtained by opening the pyrrolidine ring with the formation of aliphatic aldehyde and its subsequent oxidation to carboxylic acid. In such compounds, ions with m/z 304.1543, 274.1438 and 228.1383 while maintaining signal with m/z 149.0233 confirm that all structural changes are focused on the pyrrolidine ring.

In addition, metabolites have been identified with simultaneous opening of the pyrrolidine ring and dealkylation of the methylenedioxy group. Another metabolic pathway of 3,4-MDPHP is associated with the reduction of the ketone group.

The main pathways of reactions I phase biotransformation are presented in Fig. 4.

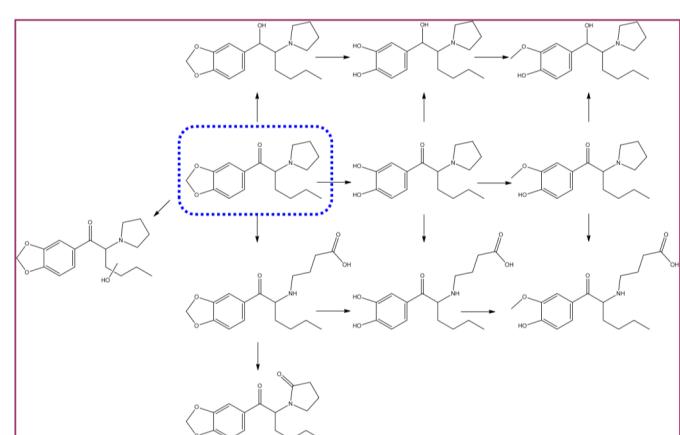
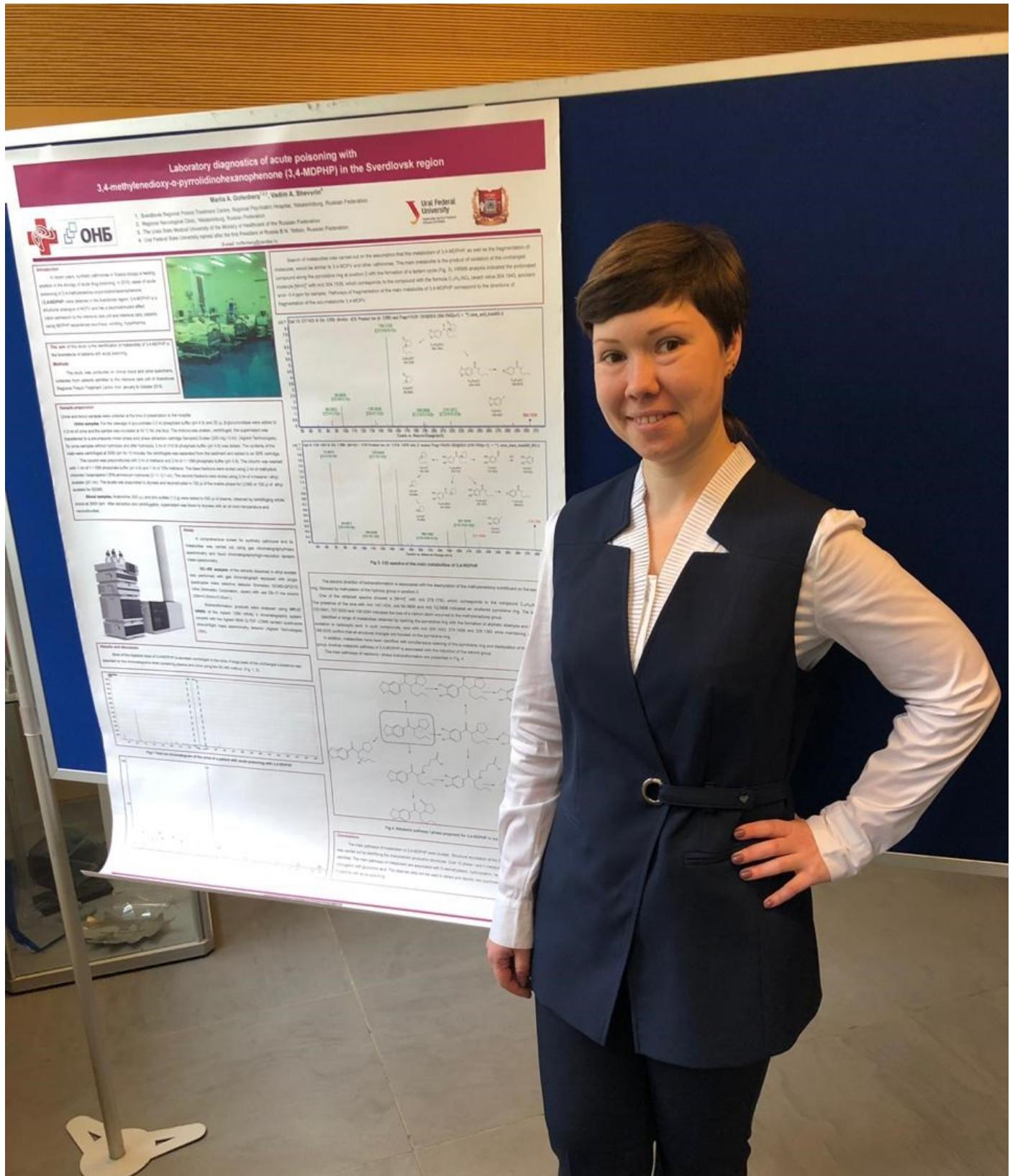


Fig.4. Metabolic pathway I phase proposed for 3,4-MDPHP in humans

Conclusions:

The main pathways of metabolism of 3,4-MDPHP were studied. Structural elucidation of the 3,4-MDPHP and its metabolites was carried out by identifying the characteristic production structures. Over 10 phase I and II metabolites of 3,4-MDPHP have been identified. The main pathways of metabolism are associated with O-demethylation, hydroxylation, reduction of the ketone group and conjugation with glucuronic acid. The obtained data can be used to detect and identify new psychoactive substances in the biomaterial of patients with acute poisoning.

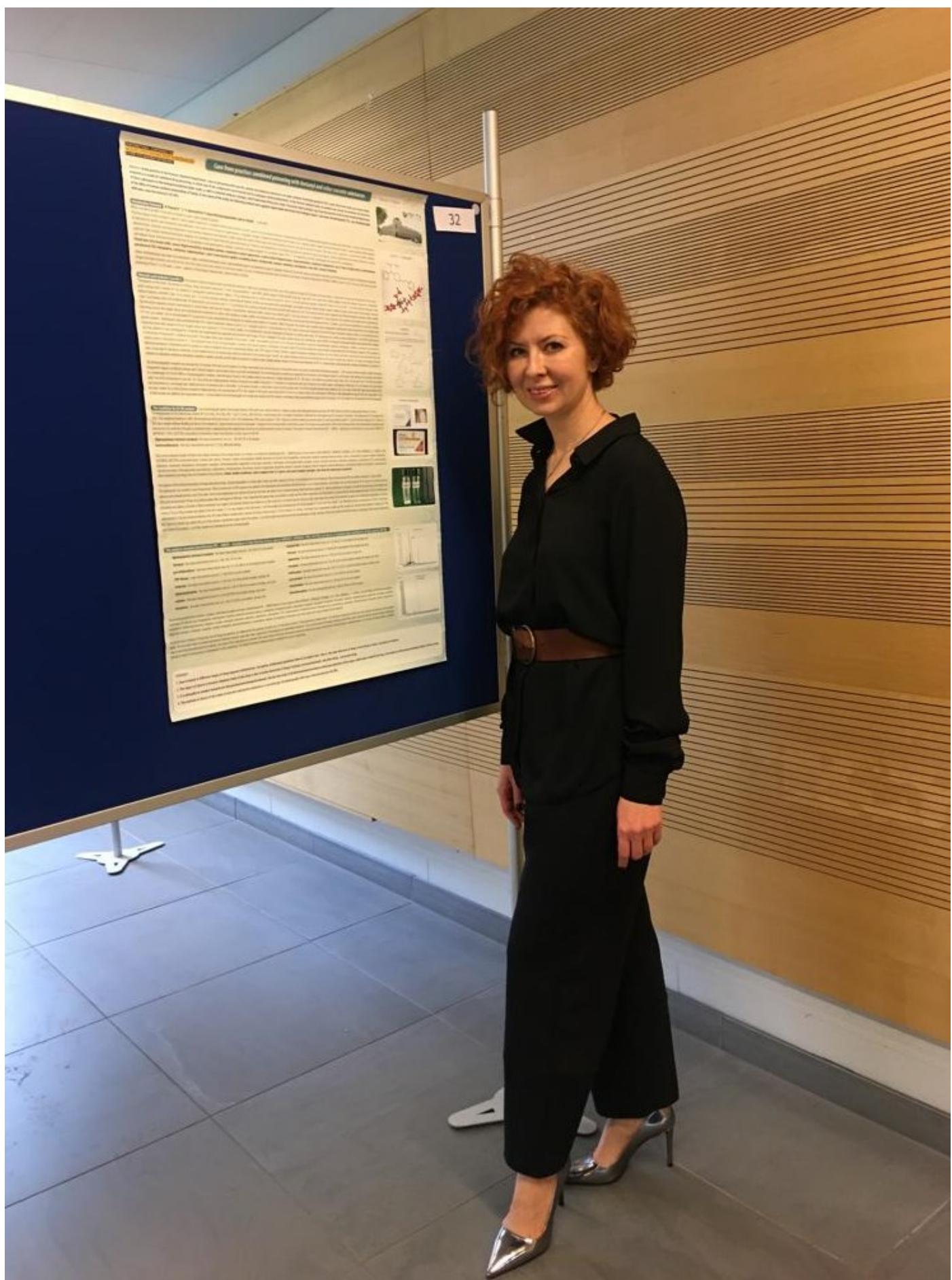




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Identification of psychoactive substances and their metabolites in human urine, blood, hair and nails in case of combined use of ADB-FUBINACA and alpha-PVP

 Liliya Rizvanova¹, Sergey Savchuk^{2,3*}
¹ Nizhnevartovsk Psychoneurological Hospital, Khanty-Mansi Autonomous District -Yugra, Russian Federation. *Email: gernion-kd@yandex.ru
² Russian Center of Forensic Medical Expertise, Moscow, Russian Federation. **E-mail: serg-savchuk@yandex.ru
³ LM. Sechenov First Moscow State Medical University, Moscow, Russian Federation.


Introduction

Two men (D., 29-years-old and G., 32-years-old) were hospitalized in January 2018 in a state of acute intoxication after smoking a small amount of unknown to them "spice" and intravenous use of alpha-PVP. Because both of them suddenly felt badly, their behavior became inadequate, vomiting occurred, a girlfriend of one of them called an ambulance.

In addition to mental and behavioral disorders, the following intoxication symptoms were observed: nausea, vomiting, impaired coordination, tremor, mydriasis, tachycardia, tachypnea, hypertension, hyperthermia. Distress was reduced in both patients. Laboratory studies indicated leukocytosis, hyperglycemia, elevated aminotransferases. Venous blood gas analysis showed respiratory acidosis with elevated anion interval. The coagulation parameters were normal. An alcohol blood test was negative.

Patient D. by the time of hospitalization in a state of coma, he regained consciousness on the second day of treatment. On the third day of treatment, the following symptoms were observed in both patients: retardation, severe muscle weakness, drowsiness, slow thinking and dysarthria. A decrease in cognitive function was observed. Behavior, mental and somatic conditions of both men returned to normal after 7 days in the hospital after drug consumption. The aim of the study was to identify markers of new psychoactive substances (NPS) that caused changes in the mental and somatic conditions of patients in biological samples (urine, blood, hair, nails).

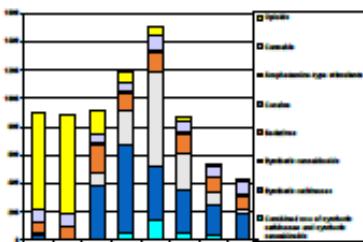


Fig. 1 Trends in drug use among the examined persons in 2011-2018

Sample preparation

Samples of urine, blood, fingernails, hair on the head and amputa were taken on the first day of hospitalization.

- 3.0 ml of urine
- 1.5 ml of blood

Samples were hydrolyzed and extracted twice after adjustment to pH 8-9, then to pH 2-3 with heptaneethyl acetate (7:1v/v). Evaporated extracts were silylated with a mixture of BSTFA+1% TMCS / ethyl acetate (1:1v/v) and analyzed by GC-MS or dissolved in acetonitrile and analyzed by LC-MS-MS.

- 100 mg of head hair
- 100 mg of amputa hair
- 30 mg of fingernails

Samples were rinsed 5 times with 1.5 ml of methanol for 15 min. All the washings were evaporated, reconstituted in 100 µl of acetonitrile and analyzed. After the methanol washings, the samples were cut in small fragments and sonicated for 4 hours with 3 ml of methanol. Finally, the extracts were evaporated, in 100 µl of acetonitrile and analyzed by GC-MS and LC-MS-MS.

GC-MS conditions

GC-MS analysis of prepared samples was performed with an Agilent 7890A gas chromatograph connected to a 5975C mono-quadrupole mass-selective detector (Agilent Technologies). The GC conditions were [4.5]: Rxi-5ms capillary column (30 m x 0.25 mm internal diameter, 0.25 µm film thickness, Restek); 280 °C interface temperature, 280 °C Injector temperature; injection mode, splitless; injection volume, 1 µl; carrier gas (He), flow rate 1.2 ml/min; oven temperature program, initial temperature at 100 °C (1-min hold) followed by ramp at 25 °C/min up to 300 °C (7-min hold). The MS conditions were: ion source temperature, 230 °C; ionization mode, electron ionization (EI) at 70 eV; detection gain, 1.478 V; identification, scan mode; scan range, m/z 41-850; solvent delay, 3 min.



LC-MS-MS conditions

LC-MS-MS analysis of prepared samples was performed using a Dionex UltiMate 3000 HPLC system coupled to an Amazon speed Bruker mass spectrometer. Chromatographic separation was performed using a column Acclaim® RSLC 120 C18 2.2 µm, 120A 2.1 x 100 mm (Dionex). For gradient elution, the mobile phases 2 mM ammonium formate, 0.1% formic acid, 1% acetonitrile in deionized water (mobile phase A) and 2 mM ammonium formate, 0.1% formic acid, 1% deionized water in acetonitrile (mobile phase B) were used with the time program: 0-1 min 1% eluent B, 1-6 min gradient up to 2% eluent B, 6-9 min 95% eluent B. Final conditioning for 2 min 1% eluent B. The flow rate was 0.5 ml/min. The column oven was set to 40 °C, the autosampler was set to 12 °C. The MS conditions were: capillary voltage, 4500V, nitrogen temperature (drying gas), 320 °C; nebulizing gas pressure, 29.3 psi. The detection was performed in the MSL, MS2, MS3 (full scan) mode, mass range, 70-800 m/z; using the Toxuplex Custom.M method in a mode of simultaneous registration of positive and negative ions in the search windows of target substances [5].

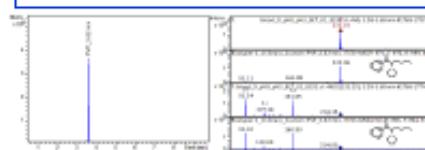


Fig. 3 Alpha-PVP, LC-MS-MS extracted ion chromatogram and mass-spectra.

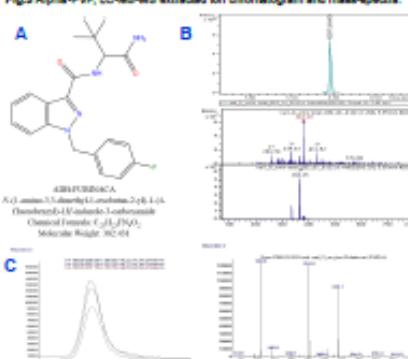
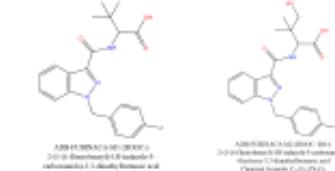


Fig. 4 ADB-FUBINACA chemical structure (A), LC-MS-MS extracted ion chromatogram and mass-spectra (B), GC-MS extracted ion chromatogram and mass-spectra (C).



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Results

Alpha-PVP was found in all urine, blood, nails and hair samples. ADB-FUBINACA was found in washings of fingernails and head hair and a little amount in sonicated nail extract. Parent substance was not found in blood and urine. ADB-FUBINACA marker (-COOH) was found in blood and urine. ADB-FUBINACA marker(-COOH-OH) was found only in urine.

Compounds which were found in urine, blood, nails and hair (patient D., 29-years-old)

Identified substance/metabolite	Intensity, mV	Nails	Head hair	Ampit hair	Blood	Urine
α-PVP	3.5 mV	2.2 mV	4.7 mV	3.0 mV	1.3 mV	
ADB-FUBINACA	2.2 mV	3.4 mV	n.d.	n.d.	n.d.	
ADB-FUBINACA marker(-COOH)	n.d.	n.d.	n.d.	6.8 mV	4.0 mV	
ADB-FUBINACA marker(-COOH-OH)	n.d.	n.d.	n.d.	n.d.	4.7 mV	

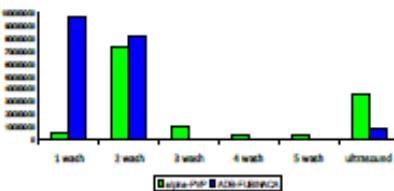


Fig. 6 Profile of compounds which were found in washings and in ultrasonic extract of the fingernails of D., 29-years-old. On the Y-axis the intensity of the chromatographic peaks are shown at the base ion.

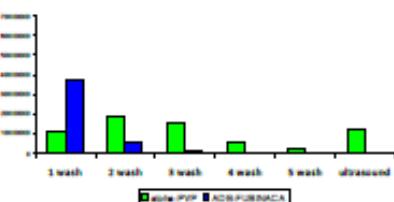


Fig. 7 Profile of compounds which were found in washings and in ultrasonic extract of the head hair of D., 29-years-old. On the Y-axis the intensity of the chromatographic peaks are shown at the base ion.

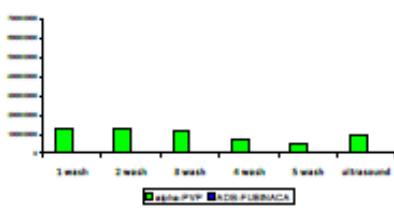


Fig. 8 Profile of compounds which were found in washings and in ultrasonic extract of the amputa hair of D., 29-years-old. On the Y-axis the intensity of the chromatographic peaks are shown at the base ion.

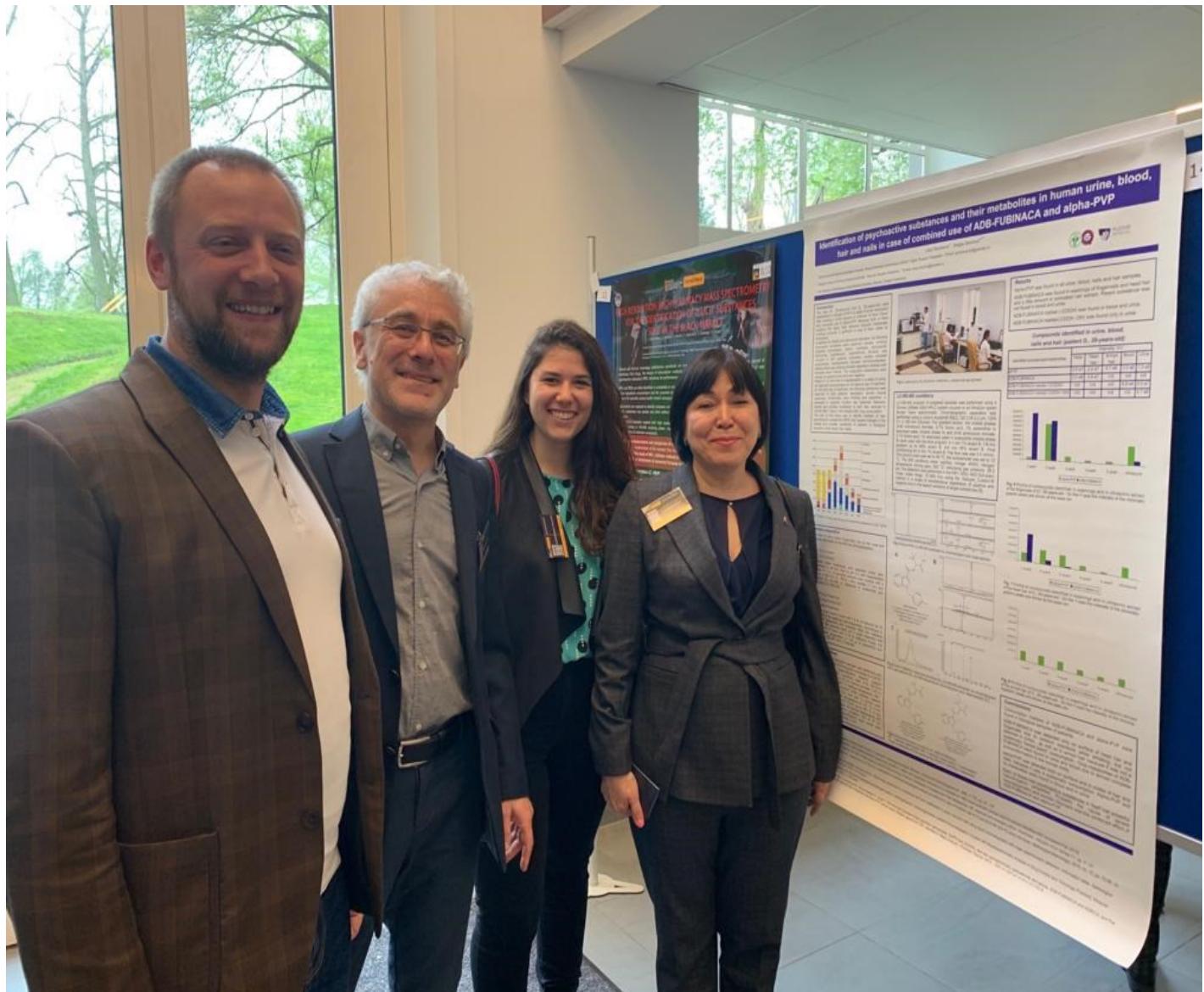
Conclusions

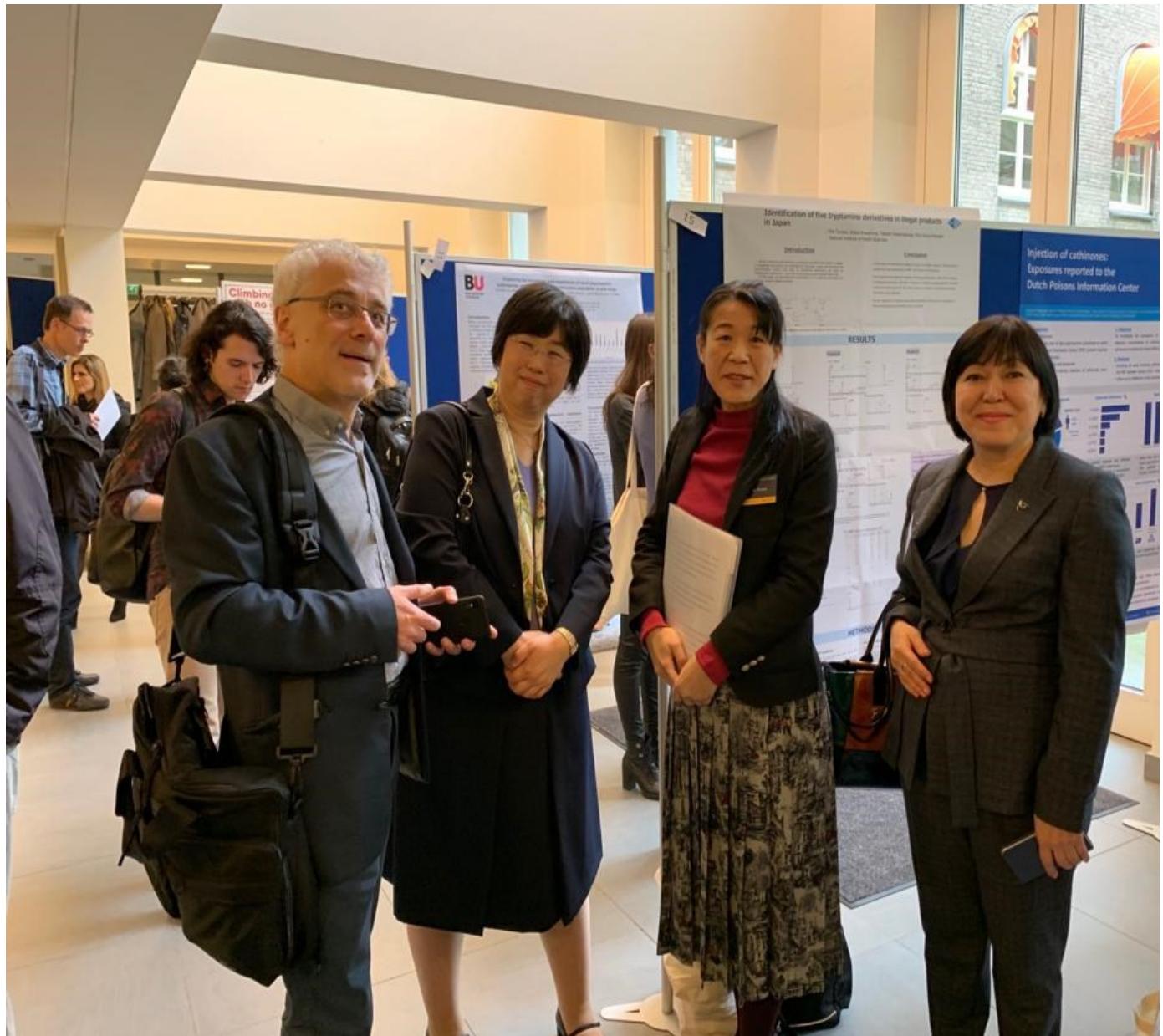
Consumption markers of ADB-FUBINACA and alpha-PVP were found in biological samples of patients.

ADB-FUBINACA was detected only on surface of head hair and fingernails due to passive exposure while smoking, but not detected in cortex, as well as in amputa hair because it was not a systematic "herbal blend" consumption. Only metabolites of ADB-FUBINACA were found in urine and blood due to almost complete biotransformation in the human body.

alpha-PVP was detected both on surface and in cortex of hair and nails, because it was a systematic consumption. Alpha-PVP and its metabolites were found in blood and in urine.

Each of these new psychoactive substances in itself has powerful hallucinogenic properties. Probably the cause of severe neuropsychiatric and somatic disorders was the combined effect of ADB-FUBINACA and alpha-PVP.







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