Fluorescein Sodium What is it?

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Fluorescein sodium is an important diagnostic tool in the ophthalmic community today. As ophthalmic photographers we need to understand what this substance is, how it works, and correctly inform patients about it.

Many substances give off light when excited by heat energy or electromagnetic radiation. When a substance emits light during excitation of its atoms by light energy, i.e., the atoms absorb the energy of the light, and stops the release of light when the excitation ceases, the light emitted from the substance is called fluorescence. The fluorescein dye molecules during an angiogram absorb the incoming blue light energy, raising the electrons to a higher energy level. Immediately after the exciting light ceases, the electrons release the extra energy absorbed and drop back to their original energy level. That we can see and photograph minute details of an eye from this released light we call fluorescence is due to the properties of the interesting substance we call fluorescein sodium.

Fluorescein sodium, or sodium fluorescein, is also known as uranine, resorcinolphthalein, or D&C Yellow #8, and is a dye made principally from two petroleum products called resorcinol and phthalic anhydride.

Petroleum is an oily substance, naturally occurring, composed mainly of a mixture of gaseous, liquid, and solid hydrocarbons. Resorcinol is a member of the phenol group of chemicals extracted from this mixture. Phthalic anhydride is synthesized from naphthalene, another petroleum component, in the presence of a catalyst at almost 500 degrees Celcius. Each of these two substances is used in combination with other chemicals to form stable compounds, including plastics, which are used in everyday life.

The dye is manufactured by mixing seven parts of resorcinol with five parts of phthalic anhydride at 195 degrees Celcius. It is boiled, filtered, precipitated, refiltered, dissolved, reprecipitated, and purified—a process done in several steps and with several solutions, most notably sodium hydroxide, so that at the end of the process it is a pure substance that may be used to make the injectable solution, a topical solution, or dye-impregnated paper strips. Water, sodium hydroxide, and/or hydrochloric acid, are added to the dye powder to make the injectable form.

In its finished form, the dye has a pH range of 8.0 to 9.8 which means it is a strong alkali. Alkalis are substances whose pH is greater than 7, while acids are less than 7. Both acids and alkalis may cause tissue damage. The manufacturer’s inserts in each package of injectable dye do, in fact, warn against extravasation of the dye because the alkalinity can cause tissue damage. When the solution is made neutral or acidic it loses its fluorescent property.

There are other forms of fluorescein than the sodium salt which we use, but they are not notable for their fluorescence. Bright dyes such as rose bengal and eosine are also derivatives of phthalic anhydride and resorcinol, but in combination with other substances such as bromine or iodine instead of sodium. Fluorescein sodium is very potent, that is, it fluoresces brightly, and has been reported as being detectable in dilutions as great as 1:40,000,000.

As with most other injectable solutions it is available by prescription.

Used since its discovery in 1871 in activities as varied as medicine, exploring caves, and measuring water flow, fluorescein sodium has become a major part of the modern ophthalmic armamentarium.

REFERENCES

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