

## PRODUCT DATA SHEET

### N-omega-CD<sub>3</sub>-Octadecanoyl-ceramide trihexoside

**Catalog number:** 1537

**Common Name:** N-C18:0-CD<sub>3</sub>-CTH;  
N-C18:0-CD<sub>3</sub>-Gb<sub>3</sub>; N-  
Octadecanoyl-CD<sub>3</sub>-  
globotriaosylceramide; N-  
Stearoyl-CD<sub>3</sub>-ceramide  
trihexoside

**Source:** semisynthetic, porcine RBCs

**Solubility:** chloroform/methanol, (2:1); DMSO

**CAS number:** N/A

**Molecular Formula:** C<sub>54</sub>H<sub>98</sub>D<sub>3</sub>NO<sub>18</sub>

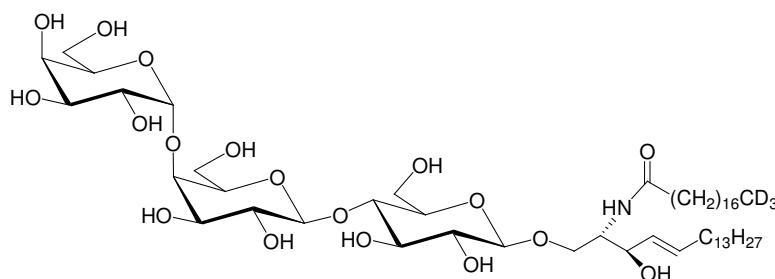
**Molecular Weight:** 1055

**Storage:** -20°C

**Purity:** TLC > 98%

**TLC System:** chloroform/methanol/DI water,  
(65:25:4 by vol.)

**Appearance:** solid



#### **Application Notes:**

This high purity deuterated product is ideal for the identification of ceramide trihexoside in samples and biological systems. Ceramide trihexoside (CTH) is a glycosphingolipid found mostly in mammalian cell membranes. It is involved in cellular signaling and has been identified as a receptor for various toxins including shiga toxins and shiga-like toxins.<sup>1</sup> Some toxins, such as veratoxins from *Escherichia coli*, require specific fatty acids on the ceramide portion of CTH to show affinity in binding. An accumulation of CTH in the cellular membranes due to a lack of alpha-galactosidase to convert it into lactosyl ceramide results in Fabry disease.<sup>2</sup> This product can be used as an excellent standard for the identification of CTH in Fabry disease by HPLC<sup>3</sup> and mass spectrometry.<sup>4</sup> An inability to convert CTH to globoside due to mutations in the gene sequence leads to the P<sup>k</sup> blood group phenotype. It appears that under certain conditions CTH can enhance anticoagulant activity. CTH has also been studied as a tool to investigate lymphocyte activation.<sup>5</sup>

#### **Selected References:**

1. S. Ashkenazi and T. G. Cleary, "Rapid method to detect shiga toxin and shiga-like toxin I based on binding to globotriaosyl ceramide (Gb3), their natural receptor." *J Clin Microbio.* June; 27(6): 1145-1150, 1989
2. S. Bekri, O. Lidove, R. Jaussaud, B. Knebelmann, F. Barbey. "The role of ceramide trihexoside (globotriaosylceramide) in the diagnosis and follow-up of the efficacy of treatment of Fabry disease: a review of the literature". *Cardiovasc Hematol Agents Med Chem* 4 (4): 289-97, October 2006
3. J. E. Groener, B. J. Poorthuis, S. Kuiper, M. T. Helmond, C. E. Hollak, J. M. Aerts. "HPLC for simultaneous quantification of total ceramide, glucosylceramide, and ceramide trihexoside concentrations in plasma." *Clin Chem.*, Apr;53(4):742-7, 2007. Epub Mar 1 2007
4. K. Mills, A. Johnson, B. Winchester. "Synthesis of novel internal standards for the quantitative determination of plasma ceramide trihexoside in Fabry disease by tandem mass spectrometry." *FEBS Lett.*, Mar 27;515(1-3):171-6, 2002
5. C. Menge, I. Stamm, M. Wuhler, R. Geyer, L. H. Wieler, G. Baljer. "Globotriaosylceramide (Gb3)/CD77) is synthesized and surface expressed by bovine lymphocytes upon activation in vitro." *Vet Immunol Immunopathol.*, Nov;83(1-2):19-36, 2001

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