# TIME TREND OF CONCENTRATIONS OF DIOXIN LIKE PCBs, PCDFs, AND PCDDs IN BLOOD OF YUSHO PATIENTS.

<u>Kajiwara J</u><sup>1</sup>, Todaka T<sup>2</sup>, Hirakawa H<sup>1</sup>, Hori T<sup>1</sup>, Inoue S<sup>3</sup>, Tobiishi K<sup>1</sup>, Onozuka D<sup>1</sup>, Takao Y<sup>1</sup>, Nakagawa R<sup>1</sup>, Iida T<sup>1\*</sup>, Yoshimura T<sup>1</sup>, and Furue M<sup>2</sup>

- 1 Fukuoka Institute of Health and Environmental Sciences, 39 Mukaizano, Dazaifu, Fukuoka 818-0135, Japan
- 2 Department of Dermatology, Graduate School of Medical Sciences, Kyushu University, Fukuoka 812-8582, Japan
- 3 Japan Food Hygiene Association, 2-6-1 Jingumae, Shibuya-Ku, Tokyo 150-0001, Japan
- \* Kitakyushu Life Science Center, 1-4 Nakabarushinmati, Tobata-ku, Kitakyushu 840-0003, Japan

#### **Abstract**

We determined the dioxin-like isomers concentration in the blood of Yusho patients collected in the fiscal years 2002 to 2005 and in those of normal controls living in Fukuoka Prefecture. The blood samples of 103 Yusho patients were collected in each of these 4 years, their ages being over 60 years old in fiscal year 2004. Blood samples from a total of 127 normal controls were also collected in Fukuoka prefecture in 2004. We compared these concentrations with the levels of dioxin-like isomers for each group. The mean concentration of 2,3,4,7,8-PeCDF in the blood of Yusho patients did not show significant change, while the mean concentration of 1,2,3,4,7,8-HxCDF was gradually decreased from 70 to 59 pg/g lipid. Then, we divided the 103 Yusho patients into three groups based on 2,3,4,7,8-PeCDF concentration according to the diagnostic criteria for Yusho. The 2,3,4,7,8-PeCDF concentrations of low and middle level groups which were similar to those of the normal controls showed no change. However, the high concentration group was still decreased.

### Introduction

In 1968, a case of mass poisoning, the so-called Yusho incident<sup>1</sup>, occurred in western Japan due to the contamination of cooking oil by heat-degraded polychlorinated biphenyls (PCBs). As the results of a survey, the cause of Yusho disease is thought to be ingested toxic substances, including not only PCBs but also polychlorinated dibenzofuran (PCDFs), polychlorinated quarterphenyls (PCQs), and polychlorinated terphenyls (PCTs) in Kanemi rice oil. The medical aspects of this poisoning have been demonstrated by many researchers. Since 1995, extensive studies have been performed by the Yusho study group involving follow-up surveys of the human tissues and/or blood concentrations of the casual compounds in Yusho patients as well as clinical trials for regarding the acceleration of the excretion of these compounds in Yusho patients.

We have reported that high levels of toxic substances such as PCDFs have persisted in Yusho patients even up through 1995, more than 27 years after the original incident<sup>2</sup>. The data obtained in the latest follow-up survey was reported in Dioxin 2006<sup>3</sup>.

In the present study, we determined the dioxin-like isomers concentration in the blood of Yusho patients collected in the fiscal years 2002 to 2005 and in normal controls living in Fukuoka Prefecture, and compared these concentrations with the levels of dioxin-like isomers. We also studied the time trend of dioxin-like isomer concentrations in the blood of Yusho patients for 38 years after the incident.

### **Materials and Methods**

Blood samples were collected from a total of 1,381 people who had given their informed consent at their medical checkups through the fiscal years 2002 to 2005 years. The blood samples of 103 Yusho patients were collected in each of these 4 years, their ages being over 60 years old in fiscal year 2004. Blood samples from a total of 127

normal controls were also collected in Fukuoka prefecture in 2004. The ages of the controls ranged from 60-86 years old, which matches the age of the Yusho patients. Ten mL of blood samples were collected using a vacuum blood collecting pipe containing heparin and stored at 4°C for later analysis. The details of the method of blood lipid extraction, purification, and mass-spectrometric measurements have been described elsewhere<sup>4</sup>.

#### **Results and Discussion**

Table 1 shows the concentrations of PCDDs, PCDFs, and non-ortho- PCBs in the blood of Yusho patients and of normal controls. In 103 Yusho patients, the mean TEQ concentrations of PCDDs, PCDFs, and non-ortho- PCBs in the blood were 19-21, 110-130 and 11-13 pg-TEQ/g lipid, respectively. However, the levels found in the normal controls were 15, 10, and 12 pg-TEQ/g lipid, respectively. The levels of PCDDs and non-ortho-PCBs were similar in these groups; however, the levels of PCDFs in the Yusho patients were 11-13 times higher than that of normal controls, respectively. The concentrations of the dominant Yusho isomers (2,3,4,7,8-PeCDF and 1,2,3,4,7,8-HxCDF) in Yusho patients were compared with those in normal controls. The mean concentrations of 2,3,4,7,8-PeCDF and 1,2,3,4,7,8-HxCDF in the blood of Yusho patients were, respectively about 11.6-13.3 and 11.6-14.0 times higher than those of normal controls, and even after the passage of 34-37 years, the levels of these substances remain high in victims of this accident. In this term, the mean concentration of 2,3,4,7,8-PeCDF did not show significant change, while the mean concentration of 1,2,3,4,7,8-HxCDF gradually decreased from 70 to 59 pg/g lipid. Masuda et al.<sup>5</sup> reported that the half-lives of these compounds were 11.7 years in the case of

Table 1 Concentrations of PCDDs, PCDFs, and non-ortho -PCBs in the blood of Yusho patients and normal controls

(pg/glipid) Normal controls (N = 127) Yusho patients(N=103) 2002 2003 2005 2004 2004 Mean Mean Mean Med Med Mear Med Med Mean Med Range Range Range Range Range 2.3.7.8-TCDD ND-49 ND-44 13 ND-17 ND-43 17 ND-39 17 1.7 16 14 18 16 19 18 1.2.3.7.8-PeCDD 12 3.6-47 10.3 10 2.2-45 4.0 10 2.2-39 8.7 12 2.4 - 409.7 9.0 3.2-20 8.7 1,2,3,4,7,8-HxCDD 3.2 ND-9.8 2.8 2.6 ND-8.3 2.4 2.7 ND-8.5 2.5 3.1 ND-10 2.8 3.6 ND-13 3.2 54 43 1.2.3.6.7.8-HxCDD 58 6.0 - 29045 56 3.8-350 41 6.4 - 26056 4.0 - 27043 28 7.3 - 7025 5.5 4.0 4.3 3.8 4.9 ND-20 4.5 ND-16 3.8 1.2.3.7.8.9-HxCDD ND-15 4.8 ND-12 3.4 ND-19 4.3 1,2,3,4,6,7,8-HpCDD 75 11-560 59 39 12-170 33 52 14-200 45 47 17-210 39 79 18-470 62 960 700 190-2600 210-2300 640 260-3300 650 1200 180-7600 930 OCDD 170-9200 790 660 760 790 2,3,7,8-TCDF 1.5 ND-5.2 1.4 1.3 ND-3.3 1.6 ND-7.2 1.4 3.5 ND-25 1.9 1.0 ND-4.5 ND 0.5 0.9 ND-5.6 0.5 ND-9.9 ND-4.6 1.2.3.7.8-PeCDF 1.1 ND-6.3 ND 0.9 ND-4.1 1.5 ND 0.70 ND 2.3.4.7.8-PeCDF 240 6 1-1900 120 210 6.4-2000 110 210 5 1-1600 100 210 6.0-1700 120 18 60 - 3716 70 ND-740 ND-20 1.2.3.4.7.8-HxCDF ND-670 22 66 20 58 ND-600 18 59 ND-550 19 5.0 4.4 1,2,3,6,7,8-HxCDF 25 2.1 - 17012 24 ND-230 12 21 ND-160 10 22 ND-160 11 5.7 ND-16 5.2 1.5 ND-6.6 ND 1.3 1.2 2.3.4.6.7.8-HxCDF ND-5.3 ND 1.2 ND-5.5 ND ND-4.4 ND 1.2 ND-5.2 ND ND 1.2.3.7.8.9-HxCDF 1.0 ND-2.3 ND ND ND ND ND ND ND ND 1.2.3.4.6.7.8-HpCDF ND-40 ND-23 2.5 ND-24 ND-17 ND-14 3.1 2.5 3.0 2.7 2.2 2.8 2.2 2.2 ND 1,2,3,4,7,8,9-HpCDF ND-2.6 ND ND ND ND ND ND 1.0 ND 1.0 ND-3.4 ND ND-18 OCDF ND ND ND ND ND-10 ND ND ND ND 3.4.4'.5-TCB(#.81) ND-25 ND-19 ND-25 5.9 ND 5.5 ND 5.5 ND-24 ND 5.5 ND 5.6 ND-24 ND 3.3'.4.4'-TCB(#77) ND-46 11 ND-70 ND-140 ND-31 12 11 8.6 ND-32 ND 10 9.5 ND 8.4 ND 3.3'.4.4'.5-PeCB(#126) 110 22-420 94 100 22-290 96 14-350 83 100 ND-310 87 110 17-520 89 3.3'.4.4'.5.5'-HxCB(#169) 230 34-1100 190 210 36-1100 170 160 24-770 130 170 25-860 140 16-190 58 Total PCDD 1100 240-9800 890 900 230-2800 820 890 270-2500 760 920 310-3600 790 1300 210-8100 1000 Total PCDF 340 18-2700 170 320 15-2900 150 300 14-2400 140 300 15-2400 150 37 15-86 35 59-740 Total non-ortho PCBs 360 76-1200 310 320 93-1200 280 270 56-870 230 290 57-1000 250 190 160 Total 1800 410-10000 1500 1500 390-4900 1400 1500 350-4000 1300 1500 470-4200 1400 1600 290-8500 1300 T PCDDs-TEO 21 5.1-79 18 19 3.5-83 18 4.1-67 16 20 3.8-72 18 5.0-35 15 16 15 3.7-1100 T PCDFs-TEQ 130 3 9-1000 64 120 58 112 3.1-900 55 110 3 5-910 61 10 3 5-34 9.6 T non-ortho PCBs-TEQ 13 2.7-45 12 12 3.1-32 11 11 1.7-38 98 12 1 4-34 99 12 2.0 - 5494 Total TEO 163 12-1100 99 150 12-1200 83 142 8 9-980 80 150 12-1000 88 37 12-100 35 0.33 lipid (%) 0.34 0.24-0.56 0.36 0.27-0.53 0.35 0.35 0.26-0.51 0.35 0.34 0.28-0.46 0.34 0.33 0.22-0.49 0.32 69.7 58-88 70.7 59-89 Age(years) 61-91

ND:less than the determination limit, Med.:Median, TEQ:toxic equivalent quality (WHO 1998)

the Yusho patients. In 2002, we divided the 103 Yusho patients into three groups based on 2,3,4,7,8-PeCDF

concentration according to the diagnostic criteria for Yusho: group Pe-L: n=22, <30 pg/g lipid, group Pe-M: n=13, 30-50 pg/g lipid, and group Pe-H: n=68, >50 pg/g lipid.

Figure 1 shows the time trend of 2,3,4,7,8-PeCDF mean concentration for each group. The Pe-H group's mean concentration of 2,3,4,7,8-PeCDF gradually decreased and the Pe-M and Pe-L group's mean concentrations of 2,3,4,7,8-PeCDF were not changed. The Pe-H, Pe-M, and Pe-L group's mean concentrations of 2,3,4,7,8-PeCDF were 340-300, 40-35 and 18-16 pg /g lipid, respectively. However, the level found in the normal controls was 18 pg /g lipid. The levels of the Pe-L and Pe-M groups were similar to those of the normal controls; however, the level of the Pe-H group was 17-19 times higher than that of the normal controls, respectively.

The concentrations of the dominant Yusho isomers (2,3,4,7,8-PeCDF and 1,2,3,4,7,8-HxCDF) in Yusho patients gradually decreased over 34-37 years, while

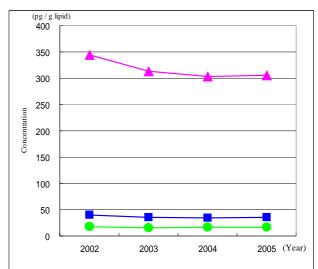


Fig 1 Time trend of 2,3,4,7,8-PeCDF mean concentratin in the blood of Yusho patients

:Group Pe-H(>50 pg/g lipid), :Group Pe-M(30-50 pg/g lipid), :Group Pe-L(<30 pg/g lipid)

the concentrations of 2,3,4,7,8-PeCDF of the Pe-L and Pe-M groups which were similar to those of the normal controls showed no change. However, the high concentration Pe-H group showed a further decrease.

## Acknowledgment

This work was supported in part by a Grant-in-Aid for scientific research from the Ministry of Health Labour and Welfare, Japan.

## References

- 1. Kuratsune, M;(1996) YUSHO a human disaster caused by PCBs and related compounds. Kuratsune M, Yoshimura H, Hori Y, Okumura M and Masuda Y (ed), pp1-11, Kyushu University Press, Fukuoka.
- 2. Iida T, Hirakawa H, Matsueda T and Nakagawa R; (1997) Fukuoka Acta Med. 88 169-176.
- 3. Todaka T, Hirakawa H, Kajiwara J, Hori T, Tobiishi K, Iida T, Yoshimura T and Furue M (2006) Organohalogen Compounds 68 2492-2496.
- 4. Todaka T, Hirakawa H, Tobiihi K and Iida T (2003) Fukuoka Igaku Zasshi 94 148–157.
- 5. Masuda Y, Kuroki H, Haraguchi K, Saito H and Ryan J J (1993) Fukuoka Igaku Zasshi 84 236–242.