

# Dioxin profiles in two Spanish families in follow-up studies of accidental poisoning by consuming contaminated olive oil

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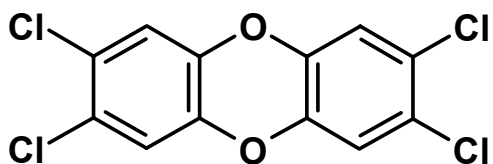
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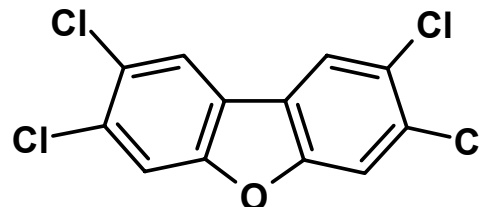
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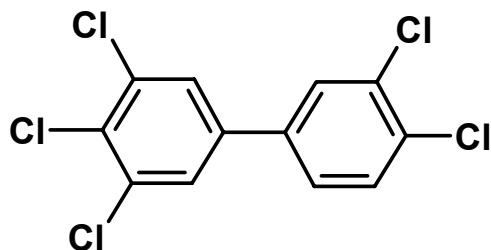
# Environmental polyhalogenated dioxins, furans and dioxin-like PCBs



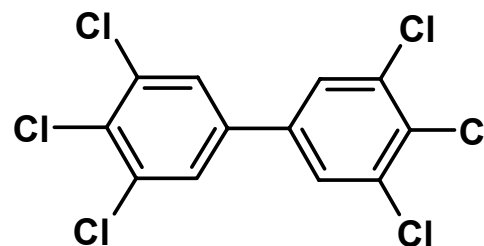
Dioxins (PDDs)



Furans (PDFs)



Biphenyls



- Human exposure episodes noted from 1940s
- First shown experimentally as toxic in the 1970s
- Now overwhelming amount of data

# Dioxin exposure in humans

- **Chloracne**- most proven association
- **Hepatic toxicity**- increase in liver enzymes in plasma
- **Cardiovascular diseases**- in occupational exposure
- **Diabetes**- no consistent findings
- **Fertility and reproduction**- possible changes in sex ratio, endometriosis, sperm counts
- **Neurological/psychological**- possible but variable
- **Neurobehavioural**- possible
- **Immunological**- no consistent findings
- **Cancer**- regarded as probable human carcinogen but still political rather than perhaps scientific issue

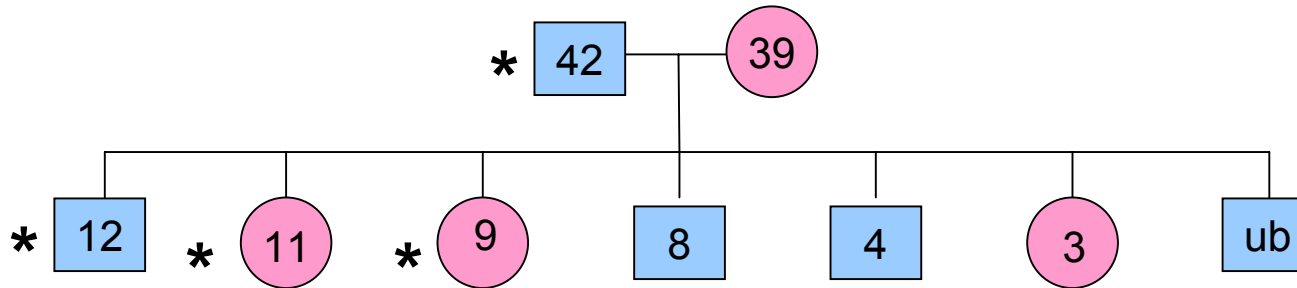
## Chloracne in humans

- Chloracne occurs at acute high exposure; can take a long time disappear
- Characterised by pernicious, persistent cutaneous cysts and plugs
- Dose response not clear
- Some evidence for genetic susceptibility
- In AH-responsive mice, Hairless gene (*Hr*) is also required to see a response

## Chloracne in Spanish family

- 1982 a whole family from Cordoba province appeared to have been poisoned by consuming cheap oil contaminated by storage in a plastic container used previously for other purposes.
- 1983 Sample of olive oil sent to MRC from Seville to confirm presence of HCB -which seemed odd.
- Pentachlorophenol and higher chlorinated dibenzo-*p*-dioxins also found.
- Eventually (1987), complete analysis of PDDs and PDFs in oil performed in Umea.

# Chloracne in 1st Spanish family



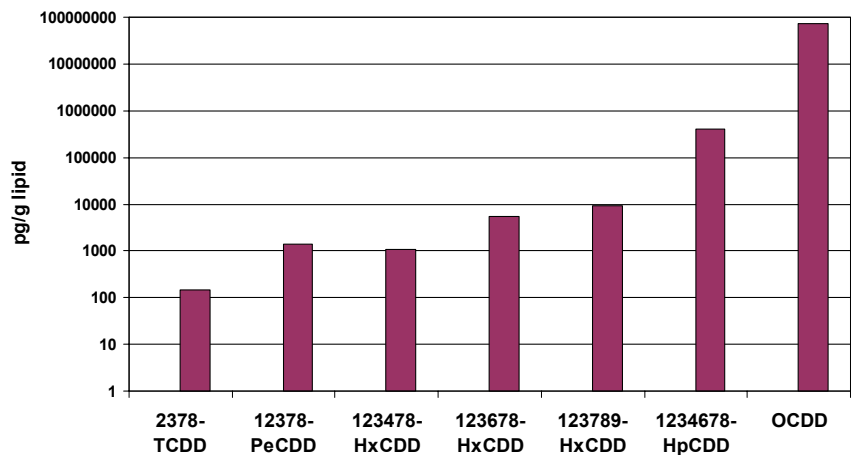
- Whole family presented to clinic in August 1982
- Eldest son was worst affected but all developed clear chloracne
- By November 1983 acneiform lesions mostly disappeared
- Boy born September 1982. Developed convulsions. Mother stopped feeding
- 1987 \* Blood samples taken from worst original cases and combined to be analysed in Sweden

# Chloracne in some of first family

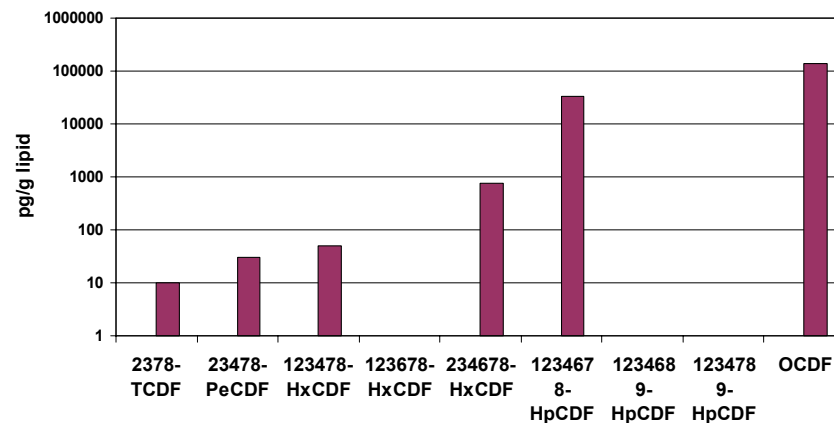


# First Spanish family

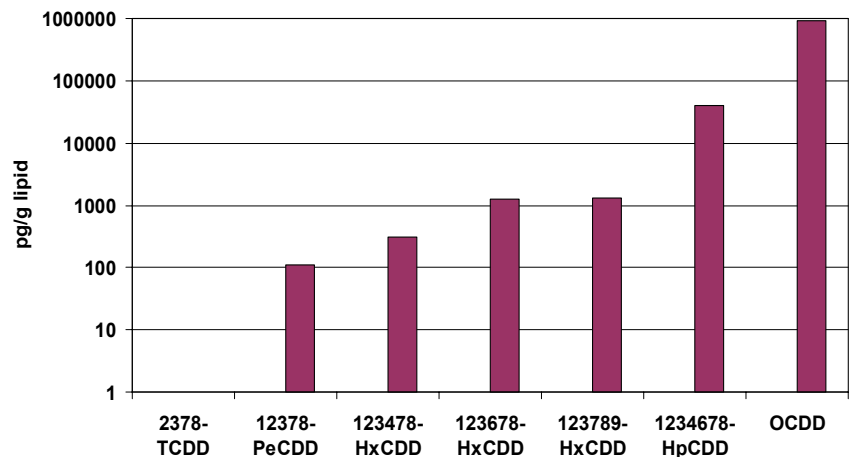
## PDDs in oil



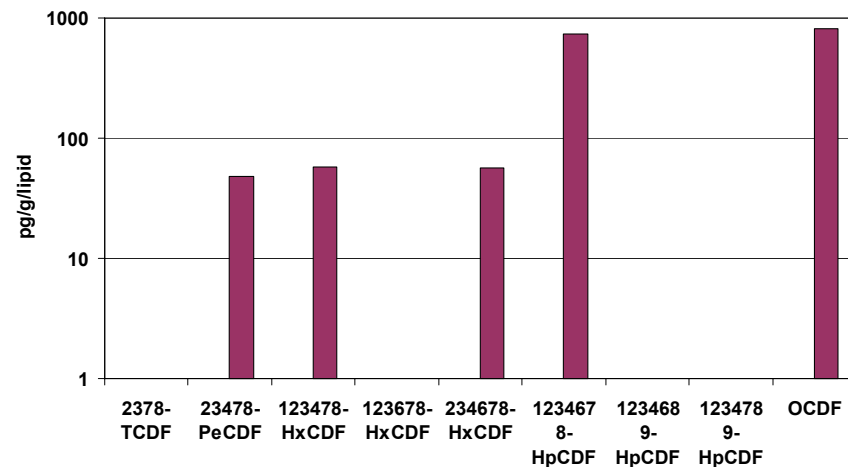
## PCDFs in oil



## PDDs in pooled sera in 1987



## PCDFs in pooled sera 1987





- Difficulty to assess true risks from PDDs when most clinical associations very weak
- Are there any biomarkers that can be detected in high body burden 'dioxin' cases that are not showing clinical symptoms?
- Marmosets very sensitive to changes in immune competence----humans?
- PDDs can affect hepatic haem synthesis –here?

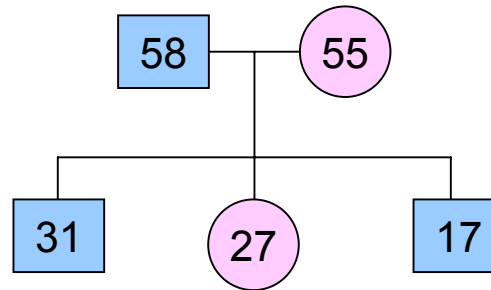
## FRAMEWORK 1993-1997

### Assessment of early signs of biological action following human exposure to polyhalogenated dibenzo-*p*-dioxins and related substances

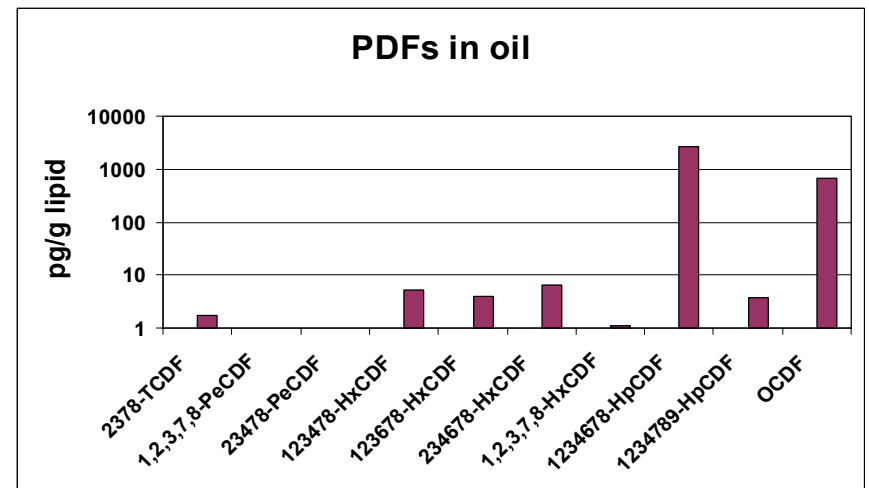
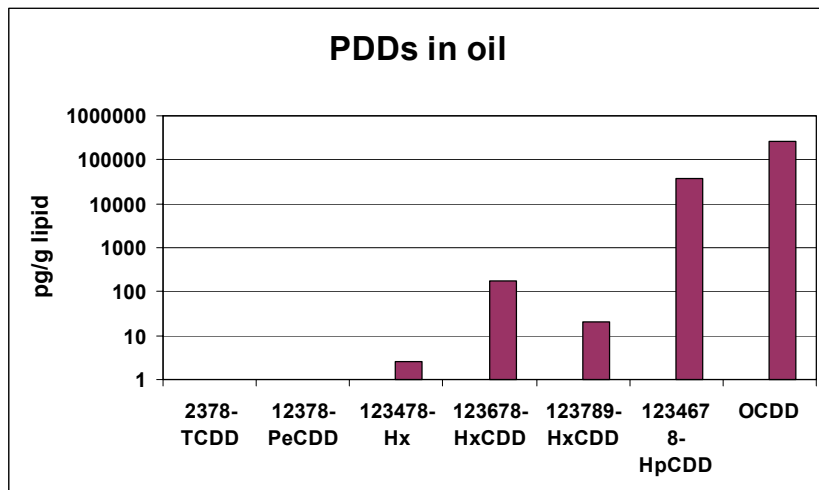
Cohorts chosen all reported with chloracne and likely to have high body burdens of dioxins

- Family from Seville, Spain, poisoned by contaminated olive oil.
- Trichlorophenol workers, Spolano, Czech Republic, exposed to TCDD.
- Cohort of workers engaged in PCBs manufacture, Slovak Republic.
- Small cohort, Chesterfield, UK, possibly exposed to TCAB and TCAOB in 3,4-dichloroaniline manufacture. (No dioxins were detected).
- Austrian workers exposed to TCDD in manufacture of 2,4,5-trichlorophenol. (Neuberger et al 1999, Environ. Res. A, 81, 206-214)

## Second Spanish family



- 1990 2<sup>nd</sup> family referred to dermatological clinic apparently poisoned in a similar but unrelated incident
- Not as severe as family 1



## Aims with Spanish families

- Compare blood levels of PDDs and PDFs in 1990 with levels in 1996 to see how much and what had declined.
- Determine whether any immunological components or functions abnormal with high PDDs/PDFs body burden
- Early work had suggested presence of novel porphyrin in the Spanish urine that might indicate residual hepatic toxicity

# Protocol

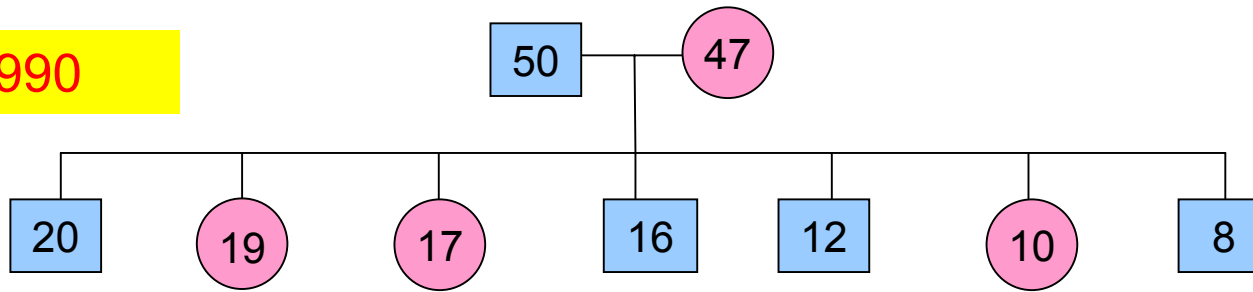
Sevilla 1996  
Collection of blood and urine

Umea  
blood PDDs

Berlin  
blood lymphocytes

Leicester  
urinary porphyrins

# Family 1 1990



Age	50	47	20	19	17	16	12	10	8
<b>Kg</b>	100	80	54	54	56	51	43	35	22
pg/g lipid									
<b>2378-TCDD</b>	2.8	ND	ND	ND	ND	ND	ND	ND	ND
<b>12378-PeCDD</b>	77	28	71	25	24	22	ND	ND	ND
<b>123478-HxCDD</b>	220	77	240	78	71	52	30	32	29
<b>123678-HxCDD</b>	860	360	1100	370	350	370	180	180	50
<b>123789-HxCDD</b>	920	330	230	140	200	50	48	26	ND
<b>1234678-HpCDD</b>	46000	16000	14000	8200	9400	2100	2600	1800	1600
<b>OCDD</b>	300000	240000	210000	180000	140000	20000	28000	17000	14000

# 1996

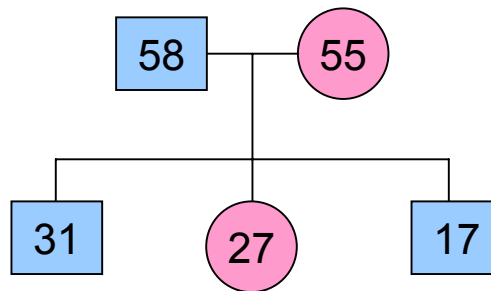
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Age	56	53	26	25	23	22	18	16	14	3	2
<b>Kg</b>	102	70	60	63	58	65	68	53	43		
pg/g/lipid											
<b>2378-TCDD</b>	2.4	<1.1	<1.5	<1.3	<1.2	<1.4	<1.6	<1.2	<1.8	<9.9	<8.0
<b>12378-PeCDD</b>	54	29	16	9.5	21	9.4	8.7	8.0	6.1	45	30
<b>123478-HxCDD</b>	150	76	53	32	59	12	18	16	<6.2	110	27
<b>123678-HxCDD</b>	640	400	240	150	310	150	130	100	45	350	140
<b>123789-HxCDD</b>	880	400	32	68	210	20	30	30	28	160	42
<b>1234678-HpCDD</b>	37000	14000	1400	3100	4600	190	390	420	220	2600	720
<b>OCDD</b>	660000	380000	37000	110000	130000	6100	13000	9000	3000	45000	11000

# Family 2



(1990)

(1996)

Age	58	55	31	27	17
<b>Kg</b>	74	75	67	58	83
pg/g lipid					
<b>2378-TCDD</b>	1.7	ND	ND	ND	ND
<b>12378-PeCDD</b>	32	12	13	28	11
<b>123478-HxCDD</b>	150	52	55	94	17
<b>123678-HxCDD</b>	3500	1700	1300	2700	1700
<b>123789-HxCDD</b>	1200	480	360	800	390
<b>1234678-HpCDD</b>	54000	62000	53000	84000	64000
<b>OCDD</b>	170000	190000	190000	280000	180000
<b>2378-TCDF</b>	2.6	4.9	1.7	3.6	3.1
<b>23478-PeCDF</b>	26	16	6.1	18	25
<b>123478-HxCDF</b>	44	27	18	36	23
<b>123678-HxCDF</b>	17	11	6.5	13	8.8
<b>234678-HxCDF</b>	50	37	20	13	22
<b>1234678-HpCDF</b>	2300	2400	2100	13	3000
<b>1234789-HpCDF</b>	27	26	13	13	21
<b>OCDF</b>	1200	1800	1200	13	1300

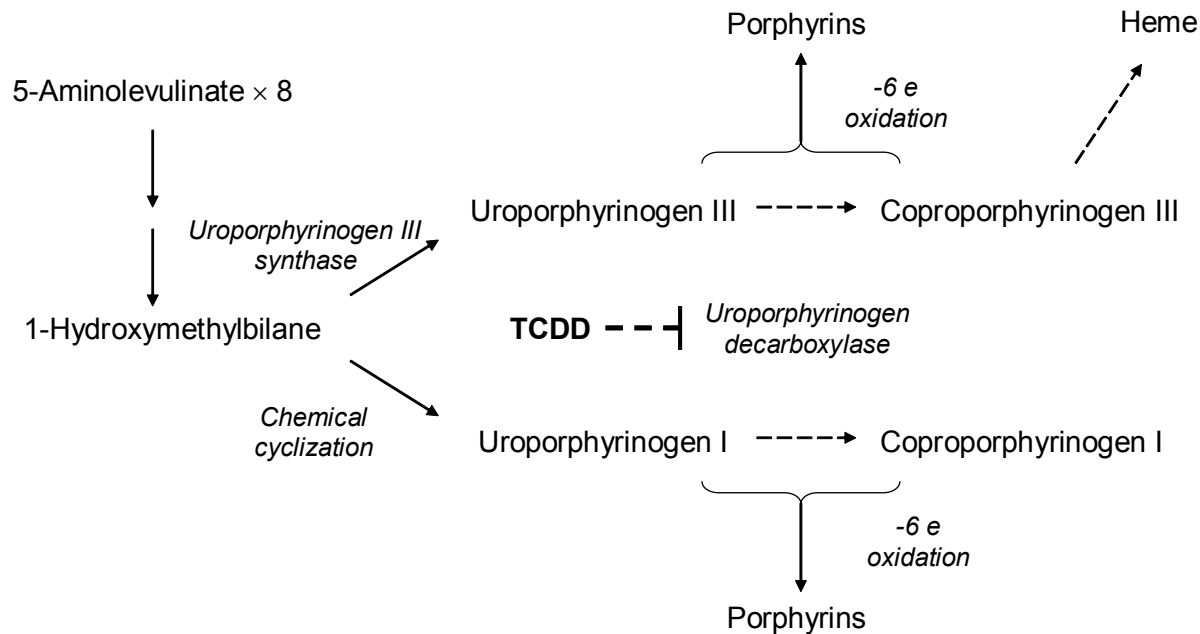
Age	64	61	33	23
<b>Kg</b>	72	73	56	90
pg/g lipid				
<b>2378-TCDD</b>	<0.97	<1.1	<1.1	<0.27
<b>12378-PeCDD</b>	13	14	7.2	0.51
<b>123478-HxCDD</b>	61	49	22	2.5
<b>123678-HxCDD</b>	1500	1400	1000	180
<b>123789-HxCDD</b>	550	250	150	20
<b>1234678-HpCDD</b>	66000	26000	16000	38000
<b>OCDD</b>	440000	330000	180000	270,000
<b>2378-TCDF</b>	4.1	3.2	7.5	1.7
<b>23478-PeCDF</b>	21	14	25	<0.25
<b>123478-HxCDF</b>	21	14	10	5.1
<b>123678-HxCDF</b>	9.0	6.00	5.0	3.9
<b>234678-HxCDF</b>	8.8	5.6	5.1	6.7
<b>1234678-HpCDF</b>	1600	1000	840	2700
<b>1234789-HpCDF</b>	7.8	<3.2	<2.8	3.7
<b>OCDF</b>	NA	N/A	N/A	670

## Immunological components and functions

- Spanish volunteers categorised as:
  - 4 Older (48-65) Ref. population of 39 selected from control Seveso data
  - 9 Younger (18-32) Ref. population 44.
- 4/9 of younger group had higher number of lymphocytes cf Seveso, but sub-populations depleted. However, higher exposures in ref.range.
- No variations from standards and refs for older.



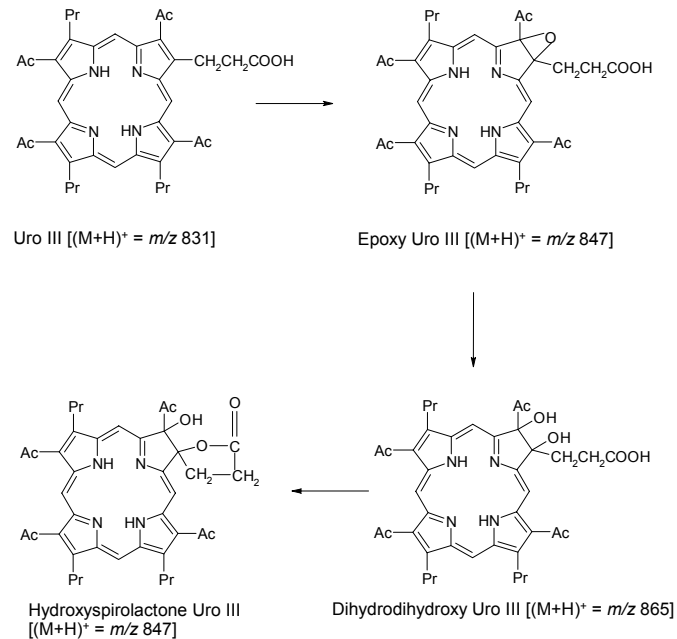
# Urinary porphyrins



In preliminary studies, a porphyrin of unknown structure was observed in urine from 1st family.

1996

- 5 volunteers (all 1<sup>st</sup> family) showed abnormal porphyrin, probably an oxycoproporphyrin
- Similar was detected in urine from some Austrian patients
- Recent work has shown new oxyuroporphyrins in TCDD mouse liver



# Summary

- 2 Spanish families showed continued retention of higher PDDs and to a less extent PDFs
- Decline in blood levels over 6 years was observed in some family members in others rises were observed
- No clear correlation of levels with immuno competence was observed.

Thanks

- EU
- C. Rappe, M. Hansson, A. Rodriguez-Pichado, A. Ferrer-Dufo, D. Neubert, R. Neubert, J.B. Greig, C.K. Lim