

Association between occupational exposure to benzene and chromosomal alterations in lymphocytes of Brazilian petrochemical workers removed from exposure

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Abstract We aimed to investigate the association between chronic exposure to benzene and genotoxicity in the lymphocytes of workers removed from exposure. The study included 20 workers with hematological disorders who had previously worked in the petrochemical industry of Salvador, Bahia, Brazil; 16 workers without occupational exposure to benzene served as the control group. Chromosomal analysis was performed on lymphocytes from peripheral blood, to assess chromosomal breaks and gaps and to identify aneuploidy. The Kruskal-Wallis test was used to compare the mean values between two groups, and Student's t test for comparison of two independent means. The frequency of gaps was statistically higher in and the exposed group than in the controls $(2.13 \pm 2.86 \text{ vs. } 0.97 \pm 1.27,$ p = 0.001). The frequency of chromosomal breaks was significantly higher among cases (0.21 ± 0.58) than among controls (0.12 ± 0.4) (p=0.0002). An association was observed between chromosomal gaps and breaks and occupational exposure to benzene. Our study

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showed that even when removed from exposure for several years, workers still demonstrated genotoxic damage. Studies are still needed to clarify the long-term genotoxic potential of benzene after removal from exposure.

Keywords Occupational exposure · Benzene · Chromosomal aberrations · Aneuploidy

Introduction

Workers in the petrochemical industry are exposed to a mixture of pollutants from different sources, such as lead (Pb), gasoline, benzene, toluene, and xylene (Martínez et al. 2014). In many parts of the world, some industrial processes still employ the controlled use of benzene (Chanvaivit et al. 2007; Ji et al. 2012). Benzene is considered a ubiquitous environmental contaminant, as it is a component of cigarette smoke, gasoline, and automobile emissions (Borgie 2014; Fracasso et al. 2010).

Benzene toxicity, caused by chronic exposure to benzene, is characterized by a specific set of symptoms (malaise, myalgia, drowsiness, dizziness, and recurrent infections). However, effects on bone marrow are the most significant symptoms, initially manifesting as anemia, leukopenia, thrombocytopenia, or a combination of the three (West et al. 2000; Schnatter et al. 2005; Maffei et al. 2005).

Benzene exposure is associated with genetic damage such as aneuploidy, sister chromatid exchange (SCE),



micronucleus, and chromosomal aberrations (CA), along with an increased risk for leukemia (Tung et al. 2012; Carrieri et al. 2012). Specific chromosomal aneuploidies and aberrations have been detected in the blood cells of benzene-related leukemia patients, as well as in healthy benzene-exposed workers. Studies have shown an increase in the rates of monosomy (in chromosomes 5, 6, 7, 10, 16, and 19) and trisomy (in chromosomes 5, 6, 7, 8, 10, 14, 16, 21, and 22) associated with benzene exposure in a dose-dependent manner (Pedersen et al. 2006; Zhang et al. 2011; Zhang et al. 2005a). Celi and Akbaş (2005) conducted a study of gasoline station attendants, and found significant differences in SCE values in the exposed workers compared with controls (p<0.01).

It is not known whether benzene causes DNA damage and mutation; controversial results have been reported in the literature. Chemical mutagenicity is a complex process that depends on individual genetic susceptibility, as well as on the duration and severity of exposure, and can be influenced by other modifying factors (Mrdjanović et al. 2014).

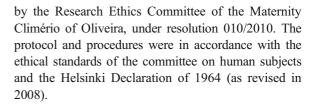
The aim of our study was to investigate the long-term association between occupational exposure to benzene and genotoxicity, by studying the lymphocytes of workers removed from exposure to benzene between the preceding 3 and 13 years.

Materials and methods

Study population

The exposed group (cases) included 20 male workers from the petrochemical industry of Salvador, Bahia, who had ceased occupational exposure to benzene in the preceding 3 to 13 years. The study also included 16 controls without a history of occupational exposure to benzene. The cases were recruited through the Workers Health Study Center (CESAT); all had confirmed hematological abnormalities, such as a leukocyte count lower than $4 \times 10^9/L$ or a neutrophil count lower than $2 \times 10^9/L$.

All subjects were interviewed about their work, lifestyle habits (such as smoking and alcohol consumption), medication use, and disease status. The cases were matched with controls for age and gender. Signed informed consent forms were obtained from all patients and subjects prior to the study. The study was approved



Peripheral blood lymphocyte cultures

Peripheral blood was collected by venous puncture, and 0.5 mL of whole blood was added to 5 mL in RPMI-1640 cell culture medium supplemented with 20 % fetal calf serum and 2 % phytohemagglutinin. Peripheral blood lymphocyte cultures were incubated at 37 °C from 60 to 72 h. Three cultures were prepared for each individual (cases and controls). The procedure for staining chromosomes to obtain G banding followed the method of Seabright (1971), with some modifications. For analysis of breaks and gaps, the slides were treated with Giemsa stain. Fifty metaphases per individual were analyzed.

Statistical analysis

Epi Info (Centers for Disease Control and Prevention, Atlanta, GA, USA) was employed to calculate frequencies and comparisons of means of gaps, chromosomal breaks, and aneuploidy in the two groups using the Kruskal-Wallis one-way analysis of variance, with alpha set at 0.05, and Student's *t* test for comparison of two independent means.

 Table 1
 Epidemiological characteristics of individuals exposed to benzene poisoning and controls

Characteristic	Cases	Controls	p value
Mean age	52.4	51.4	>0.05
Smoker	5 %	18.75 %	0.303
Coffee drinker	90 %	93.75 %	1.000
Disease	10 %	31.25 %	0.024
Use of medication	40 %	56.25 %	0.526
Mean leukocytes	3244	6668	>0.05
Mean neutrophils	1400	3892	0.001
Mean monocytes	234	344	0.001



Table 2 Means of chromosomal gaps, breaks, and aneuploidy from cultures of lymphocytes of cases and controls

	Cases	Controls	p value*
Gaps	2.13 ± 2.86	0.97 ± 1.27	0.001
Breaks	0.21 ± 0.58	0.12 ± 0.4	0.0002
Aneuploidies	0.031 ± 0.18	0.027 ± 0.17	0.614

^{*}Kruskal-Wallis test

Results

The mean age among the cases was 52.4 years, ranging from 38 to 67 years; mean age among controls was 51.4 years, ranging from 37 to 72 years. Coffee consumption was observed in 90.0 % of cases and 93.75 % of controls. The consumption of alcohol was more frequent among cases (81.25 %) than among controls (50.0 %); smoking was more frequent among controls (18.75 %) than among cases (5.0 %). Hypertension was the most-reported disease in both groups. However, there were no significant differences in general characteristics and lifestyle habits between cases and controls (Table 1).

The main hematological difference in the cases recruited for this study was the reduced number of leukocytes and neutrophils. Neoplastic diseases were not reported by cases.

Table 2 shows that the frequency of gaps was more prevalent in cases (2.13 ± 2.86) than in controls (0.97 ± 1.27) (p=0.001). The frequency of chromosome breaks was also higher among cases (0.21 ± 0.58) than among controls (0.12 ± 0.4) (p=0.0002). The frequency

Fig 1 Metaphase showing a chromosomal break found in one of the cases

of aneuploidy was not statistically different between cases and controls (p=0.614) (Table 2). An increased frequency of aneuploidy in specific chromosomes reported in the literature was not observed.

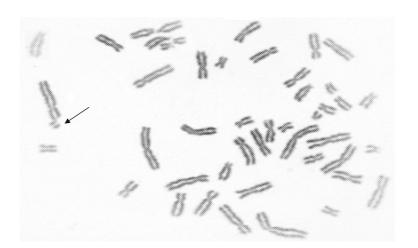
Figure 1 shows a chromosomal break found in one of

Figure 1 shows a chromosomal break found in one of the cases. Unidentified chromosomes were observed in eight cases and five controls (Fig. 2); a quadriradial chromosome was found in one case (Fig. 3).

Discussion

In the present study, we found significant differences for gaps and chromosomal breaks when comparing cases and controls (p = 0.001 and 0.0002, respectively). This finding concurs with other studies that report the clastogenic and mutagenic potential of benzene (Bindhya et al. 2010; Mrdjanovic et al. 2014). Discordant findings were obtained by Lovreglio et al. (2014), Gonçalves et al. (2005) and Trevisan et al. (2014), who found no difference in the frequency of CA between individuals exposed to benzene and matched controls. However, as gaps and chromosomal breaks are not specific to benzene, we cannot exclude the possibility that the observed genotoxic effects could also depend on other pollutants present in the complex toxic mixture of chemicals encountered in the petrochemical industry (Schettgen et al. 2009; Mansi et al. 2012). Nonetheless, the findings are in accord with a diagnosis of benzene toxicity (Ministério da Saúde 2004).

Few studies have examined the duration of genetic alterations caused by benzene. Augusto et al. (1993) observed that 48 % of patients 5 years removed from





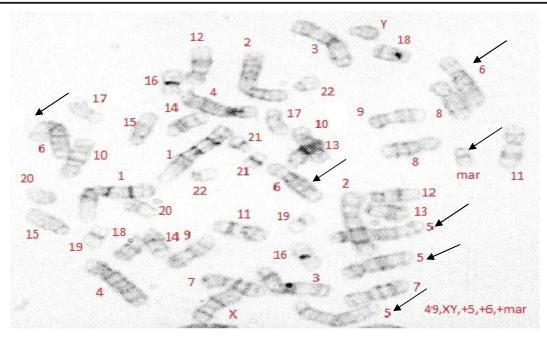


Fig 2 Metaphase showing trisomy of chromosomes 5 and 6 and a marker chromosome, found in one of the cases

exposure to benzene did not exhibit normalized blood cells. According to Forni (1996), the levels of CA remained elevated for 30 years after exposure to benzene. Giver et al. (2001), in experiments with mice that received oral doses of benzene, observed the persistence of 14 % of aneuploid cells up to 8 months after exposure. In the present study, we observed differences in the frequency of gaps and chromosomal breaks between cases and controls.

Benzene genotoxicity can be influenced by individual genetic susceptibility and effect-modifying

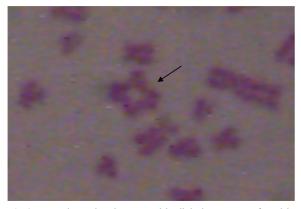


Fig 3 Metaphase showing a quadriradial chromosome found in one case

factors. Environmental exposures and lifestyle factors are known to modulate metabolite proportions and contribute to DNA damage. In the general population, non-occupational exposure to benzene varies from 1 to 10 ppb, and is derived mainly from motor vehicle exhaust fumes and cigarette smoke. However, some benzene metabolites are also present in coffee (hydroquinone and catechol) and many foods (phenol). Age, smoking status, and length of occupational exposure must also be carefully considered as additional factors in the evaluation of DNA damage (Tunsaringkarn et al. 2011; Mrdjanović et al. 2014; Mansi et al. 2012; Lovreglio et al. 2014). Bukvic et al. (1998) observed that the occurrence of SCE was significantly associated with both age and smoking.

Zhang et al. (2011) found an increase in the frequency of specific aneuploidies, such as monosomy of chromosomes 5 and 7 or trisomy of chromosomes 8 and 21, in workers exposed to benzene. In the present study, the principal kind of aneuploidy observed was monosomy. However, this occurrence was quite varied, and did not involve chromosomes specifically mentioned in the literature. The frequency of aneuploidy was higher in the cases, but there was no statistically significant difference when compared with controls. The small



sample size may have been insufficient to detect differences.

The presence of structural rearrangement, such as dicentric chromosomes, unidentified chromosomes, and quadriradials, is reported in some studies as a possible marker of the clastogenic effect of benzene (Fracasso et al. 2010; Santiago et al. 2014). In this study, unidentified chromosomes were found in eight cases and five controls, and a quadriradial was found in one case.

As clinical signs of chronic poisoning by benzene only develop some time after exposure, CA present in peripheral blood lymphocytes have been shown to be an early and sensitive biomarker of exposure. These CA, when persistent, are associated with an increased risk of developing cancer and therefore should be investigated further. In some cases, deaths from acute erythroleukemia, brain tumors, lung cancer, and paranasal sinus cancer were attributed to exposure to high concentrations of benzene (Forni 1996; Zhang et al. 2005b).

Conclusion

The present study found that chronic exposure to benzene was associated with genotoxic effects in peripheral lymphocytes of 20 males with leukopenia who had been removed from exposure in the preceding 3 to 13 years. These data are supported by other studies that have shown that individuals exposed to benzene for long periods presented with persistent hematological and genetic damage. In addition, studies of individuals exposed to benzene reported gaps and chromosomal breaks as the chromosomal abnormalities most often detected (Santiago et al. 2014; Marchetti et al. 2012). However, because of the small sample size and possible confounding factors, studies are still needed to clarify the genotoxic effects of benzene even after cessation of occupational exposure.

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Compliance with ethical standards Signed informed consent forms were obtained from all patients and subjects prior to the study. The study was approved by the Research Ethics Committee

of the Maternity Climério of Oliveira, under resolution 010/2010. The protocol and procedures were in accordance with the ethical standards of the committee on human subjects and the Helsinki Declaration of 1964 (as revised in 2008).

Competing interests The authors declare that they have no competing interests.

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