GGT remained significantly higher than unexposed but the mean GGT did not.

Other than GGT, we did not find any significant elevations in liver enzymes or other liver function tests between our exposed groups and unexposed in the adjusted analyses. We did not find any significant differences between our exposure subgroups and unexposed with regards to medical history of hepatitis after employment, jaundice, or cirrhosis. Two workers in our Only PCP chloracne group had abnormal liver consistency on physical exam which was significantly higher than the unexposed.

Previous studies of PCP-exposed workers have not reported increased GGT. Zober did not find elevated GGT among workers producing PCP or applying PCP[Zober]. Jones did not find differences in serum GGT between workers occupationally exposed to PCP and unexposed workers[Jones]. Baxter did not find elevated GGT among workers engaged in the production of PCP and unexposed workers[Baxter]. None of these studies of PCP-exposed workers, however, compared serum GGT of PCP-exposed workers with chloracne to unexposed workers.

Previous studies of TCDD-exposed individuals have observed elevated GGT compared to referent groups. May found elevated GGT levels in TCDD exposed workers with chloracne 10 years after their last exposure to TCDD[May]. Moses et al found significantly higher GGT among TCDD-exposed workers with chloracne compared to those without chloracne[Moses]. Mocarelli et al found mild elevations in GGT in children exposed to the highest concentration of TCDD in the Seveso accident[Mocarelli]. Calvert et al found a significant interaction between TCDD exposure and alcohol with out of range GGT in workers more than 15 years after last exposure[Calvert]. The mechanism by which TCDD elevates GGT is unknown. Some investigators have suggested that GGT may be a marker of microsomal enzyme induction[Whitfield].

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