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Short Communication

COMPARATIVE EVALUATION OF THE FREQUENCY OF CHROMOSOMAL ABERRATIONS AND THE SCE NUMBERS IN PERIPHERAL LYMPHOCYTES OF WORKERS OCCUPATIONALLY EXPOSED TO VINYL CHLORIDE MONOMER

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There are now available plenty of authoritative data on the carcinogenic [1-3, 13] and mutagenic [1,2,10] activity of vinyl chloride monomer. Increased frequency of chromosomal aberrations detectable in peripheral lymphocytes of chronically exposed workers has been reported by numerous authors [4-6, 11,12].

We have repeatedly analysed, using routine cytogenetic techniques [8], 3 blood samples from each of 9 workers occupationally exposed for 10-27 years to relatively high mean annual doses of vinyl chloride monomer (about 20-150 ppm of air). In the third blood sample series we also used the SCE technique [14] and compared the frequency of detected chromosomal aberrations with the number of SCEs in each sample. The blood samples from 8 healthy persons were used as controls and were collected with the 3rd blood sampling from the vinyl chloride (VC) workers. The control persons were matched for age and sex and they were not exposed to known mutagens during 3 months before the time of blood collection.

The results are summarized in three tables. Tables 1 and 2 show the instability and non-homogeneity in the frequency of chromosomal aberrations over a period of two years. Mostly chromatid and chromosome breaks were detected; chromatid and chromosome exchanges occurred only sporadically.

Table 2 compares the frequency of chromosomal aberrations and the number of SCE per cell in 7 blood samples. There is an apparent increase in both parameters in comparison with control levels.

The mathematical evaluation of our results was calculated only for the 3rd collection. Conventional aberrations in VC workers were non-homogeneous.

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with the cells dividing 3 times during the same period. This effect was not

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TABLE 1

CHROMOSOMAL ANALYSES OF 9 WORKERS OCCUPATIONALLY EXPOSED TO VINYL CHLORIDE (TYPES OF ABERRATION)

Exposure (years)	Aberrant cells (%)	Number of chromatid breaks /100 cells	Number of chromatid exchanges /100 cells	Number of chromosome breaks /100 cells	Number of chromosome exchanges /100 cells	Number of dicentric chromosomes /100 cells
F.H.	1 11	5	1	4	0	1
25-27	2 0	0	0	0	0	0
	3 11	5	0	4	3	0
J.P.	1 4	4	0	0	0	0
16-18	2 2	0	0	1	1	0
	3 2	1	0	0	1	0
K.K.	1 2	2	0	0	0	0
15-17	2 7	6	1	0	0	0
	3 3	3	0	0	0	0
A.H.	1 1	1	0	0	0	0
14-16	2 1	1	0	0	0	0
	3 6	2	0	4	0	0
M.M.	1 0	0	0	0	0	0
13-15	2 1	0	0	0	1	0
	3 7	3	0	4	0	0
E.J.	1 3	1	1	0	1	0
12-14	2 6	4	0	2	0	0
	3 11	2	1	8	0	0
J.K.	1 1	0	0	1	0	0
12-14	2 4	3	0	1	0	0
	3 3	3	0	0	0	0
F.M.	1 1	1	0	0	0	0
11-13	2 2	1	0	1	0	0
	3 1	1	0	0	0	0
A.T.	1 4	2	0	1	0	1
10-12	2 1	0	0	1	0	0
	3 3	0	0	3	0	0
8 controls (mean)	1.8	1	0	0.8	0.2	0

The frequency of SCEs was significantly higher in cells of VC workers in comparison with controls. The level of significance was $P < 0.001$, according to the t test.

The detailed control data are in Table 4. The medical histories, and the smoking and drinking habits of workers tested are presented in Table 3. Smoking and other habits of workers appeared to have no effect on the frequency of any chromosomal changes.

Our positive results are contradictory to findings reported by Hansteen [7] who did not observe any increase either in the frequency of aberrations or in the SCE numbers. However, the subjects examined by this author had been exposed to very low doses of vinyl chloride (0.1 ppm) and only for the relatively short period of two years. This can be taken as a further proof that VCML

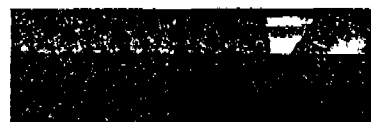


TABLE 2

CHROMOSOMAL ANALYSES OF 9 WORKERS

	Exposure		1st aberr (%) ^a
	years	ppm	
E.H.	25-27	20-150	11
J.P.	16-18	20-80	4
K.K.	15-17	15-70	2
A.H.	14-16	20-150	1
M.M.	13-15	20-90	0
E.J.	12-14	20-150	3
J.K.	12-14	20-90	1
F.M.	11-13	20-90	1
A.T.	10-12	20-90	4
Mean			
8 controls (mean)			

^a 100 cells were scored per sample.

^b 50 cells were scored per sample.

^c Significantly increased in comparison with controls.

induced chromosomal changes the vinyl chloride monomer.

Our results seem to lead to routine and SCE — are equally mutagenicity in vivo. The increase in the sensitivities of the two tests was about the same.

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TABLE 3

MEDICAL HISTORY, AND SMOKING

	Diagnostic radiation	Smoking
E.H.	—	+
J.P.	—	±
K.K.	+	—
A.H.	—	—
M.M.	—	—
E.J.	—	+
J.K.	—	—
F.M.	—	++
A.T.	—	—

BLE 2

CYTOSOMAL ANALYSES OF 9 WORKERS OCCUPATIONALLY EXPOSED TO VINYL CHLORIDE

Exposure hrs	ppm	1st collection		2nd collection		3rd collection	
		aberrant cells (%) ^a	aberrant cells (%) ^a	aberrant cells (%) ^a	aberrant cells (%) ^a	SCE/cell ^b	SCE/cell ^b
27	20-150	11	0	11 ^c	17.50 ^c		
18	20-80	4	2	2	9.56		
17	15-70	2	7	3	15.02 ^c		
16	20-150	1	1	6			
15	20-90	0	1	7 ^c	15.26 ^c		
14	20-150	3	6	11 ^c	16.41 ^c		
14	20-90	1	4	3	10.60		
13	20-90	1	2	1	12.22 ^c		
12	20-90	4	1	3			
					5.2 ± 1.3	13.80 ± 1.13	
					1.8 ± 0.4	9.41 ± 0.40	

^a0-100 were scored per sample^b0-100 were scored per sample^csignificantly increased in comparison with control values

luced chromosomal changes depend both on dose and length of exposure to vinyl chloride monomer.

Our results seem to lead to a conclusion that the two cytogenetic methods — metaphase and SCE — are equally suitable for testing of high-dose vinyl chloride mutagenicity in vivo. The increase of SCEs in our results is more homogeneous. The sensitivities of the two methods to detect mutagenic activity seem to be about the same.

TABLE 3

MEDICAL HISTORY, AND SMOKING AND DRINKING HABITS OF WORKERS TESTED

Diagnostic radiation	Smoking	Drinking	Drugs
I	+	+	Menrobamat Papaverin
	+	++	Chloramphenicol Syntophyllin
II		+	-
		±	Solutan Syntophyllin
M		+	-
	+	+	Bellaspone
III	++	++	Superpyrin Thiopyrimin
IV		+	Ketazone

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TABLE 1
CHROMOSOMAL ANALYSIS OF 8 CONTROLS

	Aberrant cells ^a (%)	SCI/cell ^b	Smoking	Drinking
M.K.	3	10.88		
J.K.	0	8.22		
V.B.	3	10.30	++	+
J.S.	3	10.16	++	+
K.B.	1	10.46		
M.Ku.	1	8.26	-	-
Z.P.	2	7.94	±	-
R.S.	1	9.02		+
Mean	1.8 ± 0.4	9.41 ± 0.40		

^a 100 cells were scored per sample.

^b 50 cells were scored per sample.

The controls were not exposed to X-rays and drugs at the time of blood collection.

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