

Increased urinary excretion of zinc and copper by mercuric chloride injection in rats

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The effects of HgCl_2 on urinary excretion of Zn, Cu and metallothionein at different time intervals were observed in male Wistar rats. The rats were given a daily intraperitoneal injection of $^{203}\text{HgCl}_2$ (0.5 or 1.0 mg Hg kg^{-1}) for 2 days. ^{203}Hg , Zn, Cu and metallothionein in urine, kidney and liver were analyzed. Significant increases in urinary Zn and Cu concentrations were found in HgCl_2 -dosed groups. Elevated urinary Zn and Cu concentrations were accompanied by an increased metallothionein excretion in urine at different time periods. Zn concentration in urine remained elevated during the entire observation period of 7 days. There were also increased concentrations of Cu and Zn in the renal cortex in one of the two exposed groups. The results indicate that urinary Cu and Zn are related to the manifestation of renal toxicity and/or the synthesis of metallothionein in kidney induced by mercury.

Keywords: mercury, zinc, copper, metallothionein

Introduction

Toxic effects of metals and their compounds on animals or human beings can be potentiated or prevented depending on the metabolic status of essential elements; on the other hand, the metabolism of essential elements can also be affected by exposure to metals. It may be of interest to hypothesize that the disturbance in the homeostasis of essential elements might contribute to one of the mechanisms of toxicity of metals. In recent years, many studies have indicated the existence of interactions among metals either *in vivo* or *in vitro* (Nordberg 1978, Holt *et al.* 1980, Day *et al.* 1984, Funk *et al.* 1987). When animals were exposed to inorganic mercury, a significant increase in kidney Cu concentration was found (Szymanska & Zelazowski 1979). In rat kidneys, metallothionein (MT) synthesis induced by Hg is accompanied by changes in endogenous Cu (Suzuki & Yamamura 1979, Tandon *et al.* 1980, Brzezniacka & Chmielnicka 1985). Hg also increases the retention of Zn in rat liver and kidney (Magos & Webb 1976, Lee *et al.*

1983). One previous study has shown an increased urinary excretion of endogenous Zn and Cu at 1 day after administration of inorganic Hg and/or sodium selenite (Chmielnicka *et al.* 1986). Bogden *et al.* (1980) suggested that the classical nephrotoxic effects of inorganic Hg may be due, in part, to the associated elevated Cu levels.

However, the results reported above mainly concerned the changes in metal concentrations in tissues; little information is available about the excretion of urinary Zn and Cu at different time periods when animals have been exposed to HgCl_2 . The purpose of this study was to investigate the effects of HgCl_2 exposure on the urinary excretion of Zn and Cu, as well as its relationship to MT turnover induced by HgCl_2 .

Materials and methods

Animals

Eighteen male Wistar rats weighing 150–190 g were obtained from ALAB (Stockholm, Sweden). After conditioning for 1 week in a temperature/light-controlled room, they were divided into three groups and housed individually in metabolic cages. Food (Ewos-ALAB rat/mouse food powder) and tap water were provided *ad libitum*. After an adaptation period of 24 h in metabolic cages and

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collection of the urine for a baseline value, the control group (group A) received intraperitoneally 0.9% normal saline (1.0 mg kg^{-1} body mass). Group B was given a daily intraperitoneal dose of $0.5 \text{ mg Hg kg}^{-1}$ body mass as HgCl_2 labeled with ^{203}Hg ($0.2 \mu\text{Ci } ^{203}\text{Hg}/1.0 \text{ mg Hg}$) for 2 days. Group C was given the radiolabeled HgCl_2 $1.0 \text{ mg Hg kg}^{-1}$ by the same route and with the same 2-day schedule. Urine samples were collected at the following intervals after the first HgCl_2 injection: 4, 8, 12, 16, 24, 28, 32, 36, 48 h and 3, 4, 5, 6 and 7 days.

Analysis of samples

Samples of urine (1–5 ml) were used for measuring ^{203}Hg with a standard and blank by using a Packard auto-gamma scintillation spectrometer. One whole kidney and one piece of liver were removed for the measurement. For metal analysis urine was digested with an equal volume of concentrated nitric acid; 100–250 mg renal cortex and liver was dried at 105°C for 16 h and then ashed at 450°C in an automatically controlled furnace for 24 h. The ashed samples were dissolved in 1.0 M nitric acid. Zn and Cu concentrations were measured by atomic absorption spectrophotometry in the flame mode with deuterium background correction (AA 875 series, Varian). For quality control purposes, bovine liver from the National Bureau of Standards (SRM 1577a) was analyzed. The recovery of Zn and Cu were 102% and 93.5% of the values specified for SRM 1577a, respectively. MT in urine and tissue homogenate were measured by the Cd/hemoglobin affinity assay method (Eaton & Toal 1982). Renal cortex and liver tissue thus were homogenized in 0.01 M Tris pH 8.0 and ultracentrifuged. Supernatant was taken for MT measurement. Creatinine determination was performed as described by Hare (1950). The difference between groups of metal and MT concentrations were compared by using the rank-sum test performed by the statistical package of Status 11 from Foresco AB (1988).

Results

Urinary Zn, Cu, Hg and MT excretion after injections of HgCl_2 labeled with ^{203}Hg are shown in Figures 1 & 2 at different time points. As seen in Figure 1, following the injection of HgCl_2 , the urinary excretion of Zn and Cu increased in both groups B and C compared with group A. The urinary Zn concentration in Group C started to increase significantly between 8 and 12 h, and the urinary Zn levels in both groups remained higher during the whole experimental period. A significant increase in urinary Cu excretion was also demonstrated in group C. The increased Cu excretion in urine appeared as early as 8 h after HgCl_2 injection in group C and recovered to the control level after 36 h.

For purposes of comparison the MT and Hg

concentrations in urine (previously reported in relation to Ca, Mg excretion by Liu *et al.* 1991) are given in Figure 2; the highest peak of MT in urine did not occur at the same time as that for Zn or Cu.

Urinary concentration of Hg in group C was much higher than that group B. Following the increased level of urinary Hg, a significantly increased excretion of total urinary protein was observed in group C (data not shown) concomitantly with the increase in MT excretion; statistically significant increase of total protein in urine was not observed in group B except for a marginal effect at the time interval 2–3 days which may be a chance observation (Liu *et al.* 1991).

When these rats were sacrificed 7 days later, the concentrations of Zn and Cu in renal cortex was found to be significantly increased in group B, while the corresponding values in group C were not significantly increased (Table 1). No changes were found for Zn and Cu in liver of rats exposed to HgCl_2 . There were significant increases of Hg and MT in both renal cortex and liver of rats injected with HgCl_2 (Table 2). The concentrations of Hg in kidney and MT in renal cortex were much higher than that in liver in both groups B and C.

Discussion

The most important observation in this study is the illustration of the time relationships between increased urinary excretion of Zn and Cu and the excretion of MT and Hg. Such relationships have not previously been reported in rats injected with HgCl_2 . It is known that both Cd and Hg, which are nephrotoxic, can produce an increase of the renal Cu concentration (Szymanska & Zelazowski 1979, Bogden *et al.* 1980). Also, kidney Zn concentration was increased after HgCl_2 exposure (Bogden *et al.* 1980). In the present study, an increased excretion of urinary Zn and Cu and, in addition, increased renal Cu and Zn concentrations in rats injected with HgCl_2 were observed. These changes may be related to the increased renal MT synthesis induced by Hg as suggested also by other authors (Chmielnicka *et al.* 1986). This explanation appears to be plausible since mercury itself has been shown to induce the synthesis of MT in the kidney of rat (Piotrowski *et al.* 1974, Cherian & Clarkson 1976) and rabbits (Nordberg *et al.* 1974). MT identified in rat liver and kidney with exposure to cadmium is known to be rich in Zn and Cu (Webb 1982). This is similar to the observation in the present study that an increased renal Hg level in kidneys was parallel to increased Cu and MT concentrations in the same organ.

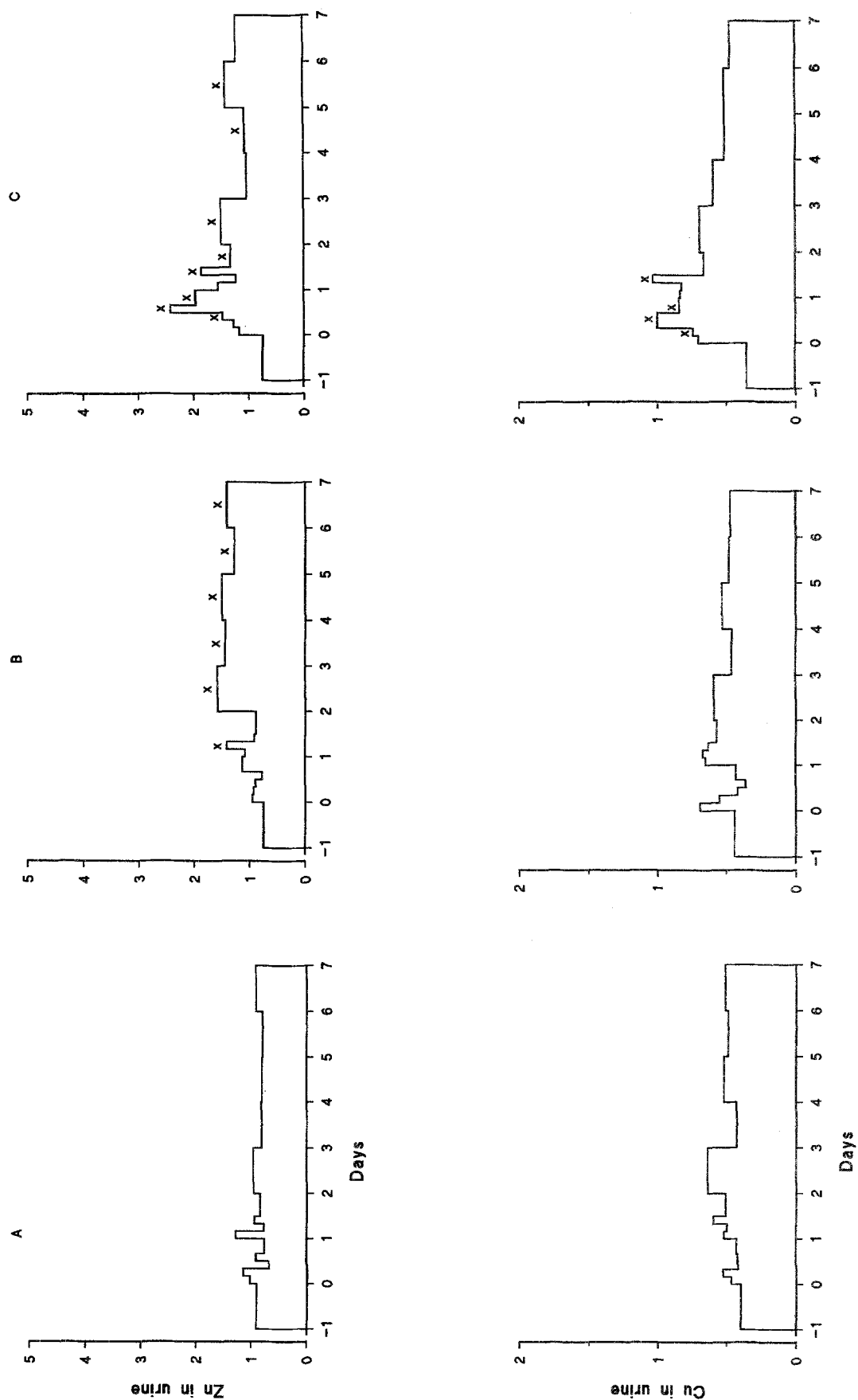


Figure 1. Excretion of urinary Zn (top panel) and Cu (bottom panel) [$\mu\text{g mg creatinine}^{-1}$] for groups A–C. Values are presented as geometric means; (x) $P < 0.05$ (rank-sum test), as compared with group A.

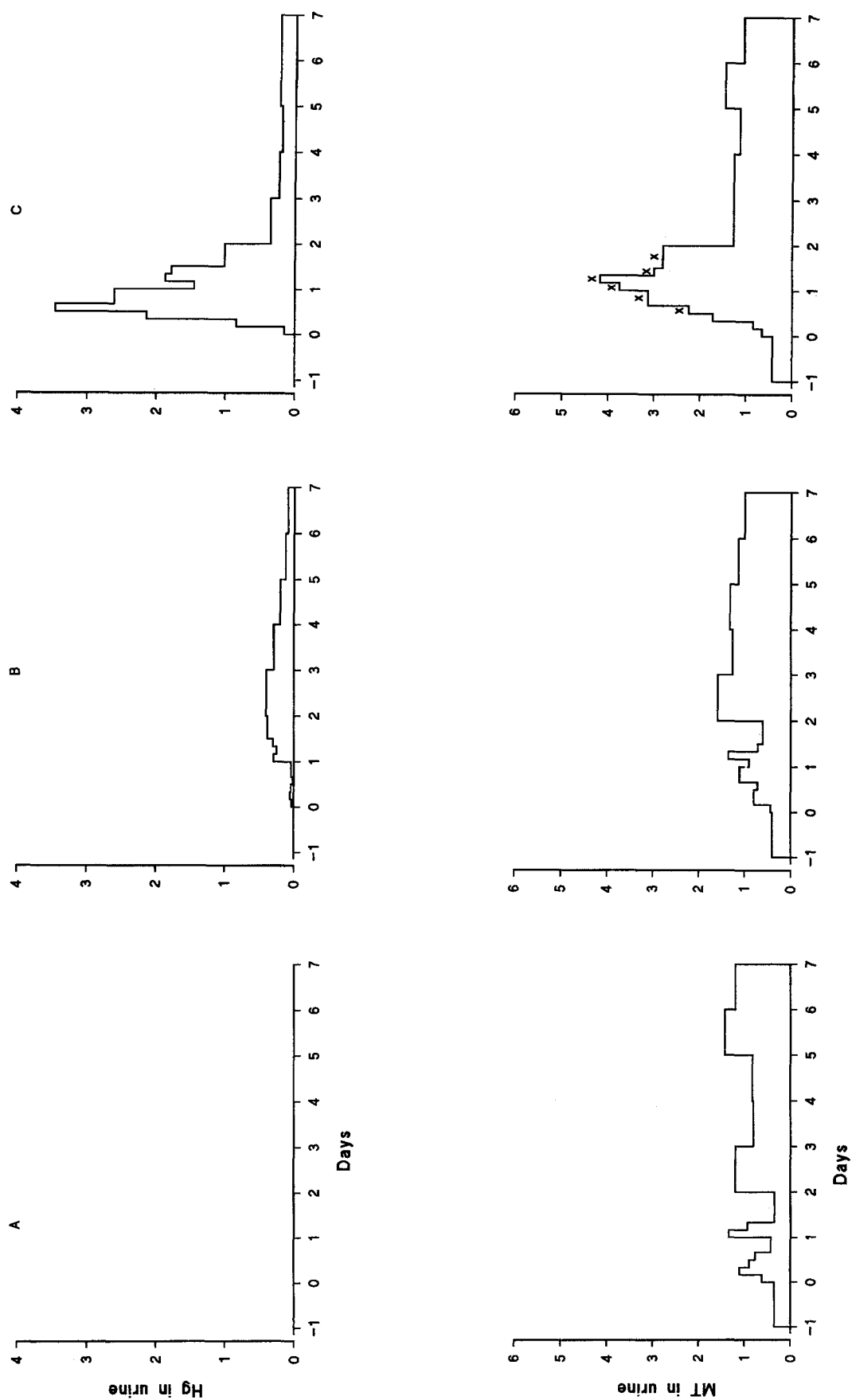


Figure 2. Excretion of urinary Hg (top panel) and MT (bottom panel) [$\mu\text{g mg creatinine}^{-1}$] for groups A–C. Values are presented as geometric means; (x) $P < 0.05$ (rank-sum test), as compared with group A.

Table 1. Renal cortex and liver concentrations of Zn and Cu in rats injected with HgCl₂

Group	Concentration (mean \pm SEM $\mu\text{g/g}$ wet mass)			
	Renal cortex		Liver	
	Zn	Cu	Zn	Cu
A	43.5 \pm 0.85	13.5 \pm 3.23	43.5 \pm 1.88	4.4 \pm 0.69
B	48.2 \pm 1.84*	27.3 \pm 4.86*	44.7 \pm 2.2	5.1 \pm 0.73
C	52.2 \pm 3.92	19.9 \pm 3.59	45.3 \pm 4.86	4.9 \pm 0.94

Group A received two daily intraperitoneal (i.p.) saline injections of 1.0 ml kg⁻¹; group B was injected i.p. with ²⁰³HgCl₂ at 0.5 mg Hg kg⁻¹ body mass on two consecutive days; group C were injected i.p. with ²⁰³HgCl₂ at 1.0 mg Hg kg⁻¹ body mass on two consecutive days. All rats were killed on the 7th day.

**P* < 0.05 compared to group A (rank-sum test).

The peak increases of Zn (12–16 h) and Cu (8–12 h) in urine occurred before the peak excretion of urinary MT (24–32 h). This is similar to the situation for excretion of Ca and Mg (Liu *et al.* 1991). Whanger & Deagen (1983) found that, although not as effective as Cd, Hg could cause an accumulation of Zn in MT in the kidney by dietary Hg exposure in rats. In another study, with two successive intraperitoneal injections of 1.3 mg kg⁻¹ in rats, little Zn was induced in urinary MT (Sato *et al.* 1989). Thus, the increased urinary and renal Zn concentrations could be partly due to the non-MT-bound components with an acute exposure such as in the present study. The increased urinary Zn excretion did not completely follow the pattern of urinary MT excretion in the present study. An increase of the Cu content of renal MT by daily subcutaneous injection in rats has been reported (Szymanska & Zelazowski 1979). It is known that, in Cd-exposed

animals, the content of Cu in renal MT depends upon the species of animal (Suzuki 1979). Rats and guinea-pigs have high Cu content in renal MT while many other animals, e.g. mice and hamsters, have low Cu after exposure to Cd.

The importance of increased urinary Zn and Cu excretion might be a reflection of a disturbance in the homeostasis of essential elements that might, in turn, be a mechanism for HgCl₂ nephrotoxicity. Vogel (1960) reported necrosis of the renal proximal tubular epithelium in mice given high doses of Cu. Mercury-poisoned chicks on Cu-deficient diets had a lower mortality rate than those with normal dietary Cu intake (Hill *et al.* 1964). Possibly, Cu may be released from MT by mercury and exert a toxic effect on the nephron (Bogden *et al.* 1980). The transitory necrotic damage of the proximal tubules caused during repeated injections of Cd was reported to be accompanied by a rapid decrease of the Cu content in the kidney MT (Suzuki 1984). Another possibility is that the increased urinary excretion of Cu may be partly due to the increased urinary excretion of copper-binding MT caused by renal tubular damage similar to that observed in humans with Cd-induced tubular damage (Nogawa *et al.* 1984). This might also explain the observation in the present study that a statistically significant increase of Cu in renal cortex was observed only in the low-dose group (Table 1). The total amount of Cu excreted via urine during the period of 0–36 h after the first injection of HgCl₂ was 19.6 μg in group C and 7.5 μg in group B.

The urinary Zn excretion in the present study increased significantly at about 12 h and reached the highest level at 16 h and, moreover, remained high even on the 7th day. Thus, in inorganic Hg exposure, an increased excretion of Zn and/or Cu

Table 2. Renal cortex and liver concentrations of Hg and MT in rats injected with HgCl₂

Group	Concentration ($\mu\text{g g}$ wet mass ⁻¹)							
	Hg				MT			
	Kidney		Liver		Renal cortex		Liver	
	GM	Range	GM	Range	GM	Range	GM	Range
A	–	–	–	–	0.8	0.1–6.2	1.8	1.0–3.9
B	15.6	3.1–25.1	0.2	0.1–0.5	19.0	2.9–103.8*	5.8	1.3–27.2*
C	14.5	7.2–53.6	0.8	0.1–2.0*	100.8	52.8–161.1*	6.5	2.8–22.3*

GM = geometric mean value. Group A received two daily intraperitoneal (i.p.) saline injections of 1.0 ml kg⁻¹; group B was injected i.p. with ²⁰³HgCl₂ at 0.5 mg Hg kg⁻¹ body mass on two consecutive days; group C was injected i.p. with ²⁰³HgCl₂ at 1.0 mg Hg kg⁻¹ body mass on two consecutive days. All rats were killed on the 7th day.

**P* < 0.05 (rank-sum test) as compared to group A (MT) or group B (Hg).

might be an indicator of nephrotoxicity. However, further studies of this possibility in animals and human beings seem warranted.

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