

Tobacco smoke iron: an initiator/promoter of multiple diseases

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Abstract Tobacco smoking enhances risk for a diversity of acute and chronic diseases. Iron is a constant prominent component of mainstream tobacco smoke. The manifold toxic activities of inhaled iron could be responsible for a notable portion of the spectrum of smoking-related diseases.

Keywords Impaired hearing · Infection · Iron · Neoplasm · Osteoporosis · Tobacco smoke · Vascular disease

Introduction

Tobacco smoking has long been known to increase risk of a considerable variety of disease conditions. Among these are impaired hearing; fungal, bacterial, and viral infections; neoplasms of respiratory and gastrointestinal tracts; osteoporosis; and, not least, such vascular disorders as coronary artery and cerebrovascular diseases (Table 1). In recent years, it has become apparent that these same illnesses are enhanced by excessive iron in specific tissue sites (Weinberg 2007).

Toxic iron in tobacco smoke

That a portion of iron from tobacco leaf and cigarette paper is present in mainstream smoke is well established. The iron content of tobacco has been reported to be 440–1150 µg/g; of cigarette paper, 420 µg/g (Mussala-Rauhamaa et al. 1986). Approximately 0.1% of the cigarette iron is present in mainstream smoke. Thus, a one pack/day smoker can inhale over 1 µg of iron per day (Thompson et al. 1991). Alveolar macrophages of smokers have up to six times as much iron as in macrophages of non-smokers (McGowan and Henley 1988; Mateos et al. 1998). Although about 75% of the intracellular metal is incorporated in insoluble hemosiderin, the remainder is found in ferritin and can be released by polyhydroxybenzenes in tobacco smoke (Wesselius et al. 1994; Lapenna et al. 1995).

Among the >4,000 compounds in tobacco smoke are numerous mutagens and carcinogens (Newcomb and Carbone 1992). The iron component, however, not only is mutagenic and carcinogenic but also uniquely possesses several additional toxic activities. As noted in Table 2, a salient role of iron is that of stimulating microbial and neoplastic cell growth. The metal is essential for proteins required for DNA synthesis and energy production. In the replication of human immunodeficiency virus, five iron dependent and iron regulated steps have been described (Drake-smith and Prentice 2008).

Another critical attribute of iron is its catalytic production of dangerous amounts of hydroxyl (free)

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Table 1 Examples of disease conditions enhanced by tobacco smoke

Disorder	Relative risk as compared with non-smokers	References
Impaired hearing	Current smokers 1.7 Passive smokers 1.9	Cruickshanks et al. (1998)
Infection		
Fungal (<i>Cryptococcus neoformans</i>)	Current smokers 2.0	Hajjeh et al. (1999)
Bacterial		
<i>Legionella pneumophila</i>	Current smokers 2–10	Edelstein (2008)
<i>Mycobacterium tuberculosis</i>	Ever smokers 4.2	Gajalakshmi et al. (2003)
<i>Neisseria meningitidis</i>	Smoking mothers who had ill children 3.5	Fischer et al. (1997)
<i>Streptococcus pneumoniae</i>	Current smokers 4.1 Passive smokers 2.5	Nuorte et al. (2000)
Viral (HIV)	Current smokers 4.5 ^a	Abbud et al. (1995)
Neoplasms		
Lung cancer	Male smokers 22 Female smokers 12	Newcomb and Carbone (1992)
Oral cancer	Male smokers 27 Female smokers 6.0	Newcomb and Carbone (1992)
Hepatic cancer	Male smokers 1.5 Female smokers 1.45	Chen et al. (2003)
Hepatic cancer	>20 pack-years 4.9	Marrero et al. (2005)
Colonic adenoma	>40 pack-years 3.3	Kikendall et al. (1989)
Osteoporosis	Male smokers 2.3	Seeman et al. (1983)
Vascular disease		
Coronary artery	Male smokers 2.5	McBride (1992)
Cerebrovascular	Female smokers 3.0	McBride (1992)

^a Fold increase in viral antigen load in alveolar macrophages

radicals. In aminoglycoside antibiotic ototoxicity, the 1:1 drug–iron complex is required for radical generation (Forge and Schacht 2000). Neoplastic cell initiation, osteoblast suppression, and vascular cell toxicity likewise are attributed to iron-catalysed hydroxyl radical formation.

Perspectives

Excessive iron in specific tissue sites can be acquired by inhalation, ingestion or injection, or by destruction of such iron loaded cells as erythrocytes. Our ability to prevent accumulation of hazardous levels of unbound (free) iron can be offset by behavioral and environmental factors. Especially troublesome is inhalation of such iron contaminated vehicles as tobacco smoke, ferriferous industrial aerosols, coal

dust, asbestos, and subway air particulates (Weinberg 1999).

In the association of smoking with enhanced respiratory tract infection and neoplasms, the role of inhaled iron is more prominent than that of ingested or injected iron. On the other hand, ingested and injected routes of iron entry can be more accountable than inhaled iron for the development of non-respiratory tract disorders. Nevertheless, patients at elevated risk for diseases of iron loading by either ingestion (e.g., hemochromatosis, African siderosis) or by erythrocyte injection (thalassemia, myelodysplasia) should be cautioned about inhaling materials laden with iron such as tobacco smoke.

Moreover, it is now becoming apparent that, for all individuals, prevention of excessive iron acquisition by each of the three routes, coupled with methods of

Table 2 Examples of diverse roles of iron in disease causation

Disorder	Role of iron	References
Impaired hearing	Activation of aminoglycoside toxicity	Forge and Schacht (2000)
Infection		
Fungal (<i>Cryptococcus neoformans</i>)	Nutrient essential for growth	Boelaert and Blasi (1999)
Bacterial		
<i>Legionella pneumophila</i>	Nutrient essential for growth	Viswanathan and Cianciotto (2001)
<i>Mycobacterium tuberculosis</i>	Nutrient essential for growth	Boelaert et al. (2003) and Basaraba et al. (2008)
<i>Neisseria meningitidis</i>	Nutrient essential for growth	Zarantonelli et al. (2007)
<i>Streptococcus pneumoniae</i>	Nutrient essential for growth	Lambert and Hunter (1990)
Viral (HIV)	Promotion of viral replication	Drakesmith and Prentice (2008)
Neoplasms	Initiation via OH radical formation to cause point mutations, DNA cross linking, and strand breaks Promotion via serving as a nutrient essential for growth	Weinberg (1996)
Osteoporosis	Suppression of osteoblast activity	Weinberg (2006)
Vascular disease	Oxidation of low density lipoprotein to result in atheromatus foam cells Impairment of endothelium-dependent vasorelaxation	Yuan et al. (1996) Day et al. (2003)

deironing, can promote an increase in overall health and longevity (Weinberg 2007).

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References

- Abbud RA, Finegan CK, Guay LA, Rich EA (1995) Enhanced production of human immunodeficiency virus type 1 by in vitro-infected alveolar macrophages from otherwise healthy cigarette smokers. *J Infect Dis* 172:859–863
- Basaraba RJ, Bielefeldt-Ohmann H, Eschelbach EK, Tolmay AE, Taraba LC, Shanlay CA et al (2008) Increased expression of host iron-binding proteins precedes iron accumulation and calcification of primary lung lesions in experimental tuberculosis in the guinea pig. *Tuberculosis (Edinb)* 88:69–79. doi:10.1016/j.tube.2007.09.002
- Boelaert JR, Blasi E (1999) Cryptococcosis and smoking: the potential role of iron. *J Infect Dis* 180:1412. doi:10.1086/315045
- Boelaert JR, Gomes MS, Gordeuk VR (2003) Smoking, iron and tuberculosis. *Lancet* 362:1243–1244. doi:10.1016/S0140-6736(03)14529-1
- Chen Z-M, Liu B, Boreham J, Wu Y, Chen J, Peto R (2003) Smoking and liver cancer in China: case control comparison of 36,000 liver cancer deaths versus 17,000 cirrhosis deaths. *Int J Cancer* 107:106–117. doi:10.1002/ijc.11342
- Cruickshanks KJ, Klein R, Klein BK, Wiley TL, Nordahl DM, Tweed TS (1998) Cigarette smoking and hearing loss. *J Am Med Assoc* 279:1715–1719
- Day SM, Duquaine D, Mundada LV, Menon RG, Khan BV, Rajagopalan S et al (2003) Chronic iron administration increases vascular oxidative stress and accelerates arterial thrombosis. *Circulation* 107:2601–2606
- Drakesmith H, Prentice A (2008) Viral infection and iron metabolism. *Nat Rev Microbiol* 6:541–552. doi:10.1038/nrmicro1930
- Edelstein PH (2008) Legionnaire's disease. In: Goldman L, Ausiello D (eds) Cecil medicine, 23rd edn. Saunders Elsevier, Philadelphia, pp 2261–2265
- Fischer M, Hedberg K, Cardosi P, Phikaytis BD, Hoesly FC, Steingart KR et al (1997) Tobacco smoke as a risk factor for meningococcal disease. *Pediatr Infect Dis* 16:979–983. doi:10.1097/00006454-199710000-00015
- Forge A, Schacht J (2000) Aminoglycoside antibiotics. *Audiol Neurotol* 5:3–22. doi:10.1159/000013861
- Gajalakshmi V, Peto R, Kanaka TS, Jha P (2003) Smoking and mortality from tuberculosis and other diseases in India: retrospective study of 43,000 adult male deaths and 35,000 controls. *Lancet* 362:507–515. doi:10.1016/S0140-6736(03)14109-8
- Hajjeh RA, Conn LA, Stephen DS, Baughman W, Hamill B, Gravis E et al (1999) Cryptococcus population-based multistate active surveillance and risk factors in human immunodeficiency virus-infected patients. *J Infect Dis* 179:449–454. doi:10.1086/314606

- Kikendall JWS, Bowen PE, Burgess MB, Magnetti C, Woodward J, Langenberg P (1989) Cigarettes and alcohol as independent risk factors for colonic adenoma. *Gastroenterology* 97:660–664
- Lambert CC, Hunter RL (1990) Low levels of unsaturated transferrin as a predictor of survival in pneumococcal pneumonia. *Ann Clin Lab Sci* 20:140–146
- Lapenna D, de Gioia S, Mezzattgi A, Ciofani G, Consoli A, Marzio L, Cuccurollo F (1995) Cigarette smoke, ferritin and lipid peroxidation. *Am J Respir Crit Care Med* 151:431–435
- McBride PE (1992) The health consequences of smoking. *Cardiovascular disease. Med Clin North Am* 76:333–353
- McGowan SE, Henley SA (1988) Iron and ferritin contents and distribution in human alveolar macrophages. *J Lab Clin Med* 111:611–617
- Marrero JA, Fontana RJ, Fu S, Conjeevaram HS, Su GL, Lee AS (2005) Alcohol, tobacco and obesity are synergistic risk factors for hepatocellular carcinoma. *J Hepatol* 42:218–224
- Mateos F, Brock JH, Perez-Arellano JL (1998) Iron metabolism in the lower respiratory tract. *Thorax* 53:594–600
- Mussala-Rauhamae H, Salmela SS, Lepannen A, Pyysalo H (1986) Cigarettes as a source of some trace and heavy metals and pesticides in man. *Arch Environ Health* 41:49–55
- Newcomb PA, Carbone PP (1992) The health consequences of smoking. *Med Clin North Am* 76:305–329
- Nuorte JP, Butler JG, Farley MM, Harrison LF, McGeer A, Kolczak MS, Beinan RF (2000) Cigarette smoking and invasive pneumococcal disease. *N Engl J Med* 342:681–689
- Seeman E, Melton RJ, O'Fallon WM, Riggs BL (1983) Risk factors for osteoporosis in men. *Am J Med* 75:977–982
- Thompson AB, Bohling T, Heires A, Lindner J, Rennard SI (1991) Lower respiratory tract iron burden is increased in association with cigarette smoking. *J Lab Clin Med* 117:493–499
- Viswanathan VK, Cianciotto NP (2001) Role of iron acquisition in *Legionella pneumophila* virulence. *Microbe* 67:253–258
- Weinberg ED (1996) The role of iron in cancer. *Eur J Cancer Prev* 5:19–36
- Weinberg ED (1999) The development of awareness of the carcinogenic hazard of inhaled iron. *Oncol Res* 11:109–113
- Weinberg ED (2006) Iron loading: a risk factor for osteoporosis. *BioMetals* 19:633–635
- Weinberg ED (2007) Iron loading in humans: a risk factor for enhanced morbidity and mortality. *J Nutr Environ Med* 16:43–51
- Wesselius LJ, Nelson ME, Skikne BS (1994) Increased release of ferritin and iron by iron-loaded alveolar macrophages in cigarette smoking. *Am J Respir Crit Care Med* 150:690–695
- Yuan XM, Lik W, Olsson AG, Brunk UT (1996) Iron in human atheroma and LDL oxidation by macrophages following erythrophagocytosis. *Atherosclerosis* 124:61–73
- Zarantonelli ML, Szatanik M, Georgini D, Hong E, Huerra M, Guillou F, Alonso JM, Taha MK (2007) Transgenic mice expressing human transferrin as a model for the study of meningococcal infection. *Infect Immun* 75:5609–5614