Cardiac and Non-cardiac Malformations Produced by Mercury in Hamsters

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The susceptibility of the developing mammalian embryo to the adverse effects of mercury is well documented. A variety of organic mercury compounds have been demonstrated to produce embryotoxic effects in experimental animals (MURAKAMI et al. 1956; RAMEL 1967; OHARAZAWA 1968; SPYKER and SMITHBERG 1972). HARADA (1978) recently summarized the reports of human intrauterine methylmercury poisoning ie., congenital Minamata disease, resulting from the ingestion of contaminated food. Ongoing studies in this laboratory have involved several different aspects of the embryotoxicity produced by inorganic mercury in hamsters including a dose response study (GALE and FERM 1971), the interaction of mercuric acetate with cadmium and zinc (GALE 1973), the effect of different routes of administration (GALE 1974), the placental permeability of 203 Hg (GALE and HANLON 1976) and the embryotoxic response in several different hamster strains (GALE 1980).

Little is known regarding a human syndrome of congenital malformations characterized by ectopia cordis, internal cardiac defects and abnormalities of the diaphragm and ventral body wall. Most papers regarding this human syndrome are clinical reports describing the characteristics and management of specific cases; only speculative information is provided regarding etiology and possible embryopathic mechanisms (TOYAMA 1972). The observation that a similar syndrome, which will be designated CNC for cardiac and non-cardiac malformations, can be produced by mercury in hamsters (GALE 1974) prompted the present study. The specific goals of this study were: 1) to study the effect of treating pregnant hamsters at different times during embryonic organogenesis to determine the time which produces the highest incidence of the CNC syndrome and whether different treatment times modify the morphological characteristics of the inclusive malformations and 2) to study the structural features of all mercury-induced external and internal abnormalities of the CNC syndrome in late gestation fetuses.

MATERIALS AND METHODS

The timed-pregnant LVG hamsters (Lakeview Hamsters, Inc.) utilized in this study were housed individually in solid bottom cages in a room at $72^{\circ}F$ with a 12-hr light and 12-hr dark lighting cycle and were provided with food and water and libitum. Females were bred in the evening and separated from the males

the following morning. The separation time was considered as the first gestation day. The treated animals were injected with a single dose (15 mg/kg, SC) of mercuric acetate (certified, Fisher Scientific Co.) at 8 AM, Noon or 5 PM on day 7,8, or 9 of gestation. Control animals received demineralized distilled water (5 ml/kg, SC). The pregnant animals were killed by an overdose of ether on either gestation day 12 or 15. All fetuses were examined for external malformations and the number of resorption sites was recorded. All of the 12th gestation day and half of the 15th gestation day fetuses were fixed in Bouin's solution. The 15th gestation day, Bouin's fixed fetuses were dissected in order to determine the types and frequency of internal malformations. Tables of binomial confidence limits (MAINLAND et al. 1956) were utilized to determine the statistical significance of the incidence of resorptions and malformations among the different treatment times of mercurytreated animals and between the treated vs. control animals. Differences were significant when p < 0.05.

RESULTS AND DISCUSSION

The tables summarize the significant manifestations of mercuric acetate-induced embryotoxicity following the administration of this salt at nine times during the period of embryonic organogenesis in hamsters. Tables 1 and 2 present the data on the frequency of resorptions and the incidence of external abnormalities in fetuses examined on gestation days 12 and 15 respectively. While the severity of the fetal edema varied from slight to marked distention of the entire animal, in most of the fetuses the edema was most noticeable on the dorsal region between the neck and tail. Retarded fetuses are those in which the stage of development is delayed from 0.5 to 2 days when compared with controls. The "ventral wall defect" category includes a whole spectrum of abnormalities. In the simplest form a small opening is detectable in the ventral midline of the thorax through which a small portion of the heart is visible. An intermediate condition exists in which the heart protrudes through a larger opening i.e., ectopia cordis, and the intact diaphragm is visible. In the most severe cases the defect involves the thorax and the wall of the abdomen cranial to the site of attachment of the umbilical cord, both the heart and liver are ectopic and the diaphragm is defective ventrally. Another abnormality is characterized by different degrees of distention of the ventral thoracic wall in the region of the pericardial cavity. A comparison of the data on resorptions as well as abnormal, edematous and retarded fetuses in Tables 1 and 2 demonstrates that in general most of the externally detectable manifestations of mercury embryotoxicity are more severe in the fetuses examined on gestation day 12 vs. 15. fact two categories of embryotoxicity ie., ventral wall defects and pericardial cavity distention were detected only in the 12th gestation day fetuses.

Pericardial Distended Cavity EXTERNALLY VISIBLE EFFECTS ON MERCURY ON 12TH GESTATION DAY HAMSTER FETUSES 35 31 31 31 31 31 31 31 31 Defects Ventral Wa11 10 11 10 10 10 8 000000000 Retarded Fetuses 00000000 Percent* Mercuric acetate-treated animals Edematous Fetuses 000000 Abnormal Controls Fetuses Resorp-Sites tion 51 23 23 47 46 46 Fetuses Live No. 53 38 30 30 40 25 37 39 54 77 77 62 65 82 82 90 55 Implantation No. of 55 38 38 25 41 41 40 40 42 42 110 122 98 82 107 97 97 102 116 Females TABLE 1. No. ∞ ∞ ∞ ~ ~ ∞ ∞ ∞ ∞ Treatment Day-Time Noon Noon Noon Noon Noon 5PM 8AM 5PM 8AM 5PM 8AM 5PM 8AM

Underlined % are significantly different statistically from corresponding controls. * % = No. : No. Implantation sites X 100

Noon

6 σ

 ∞

5PM

∞

TABLE 2. EXTERNALLY VISIBLE EFFECTS OF MERCURY ON 15TH GESTATION DAY HAMSTER FETUSES

	(P	No. Implan-	No.	No south the	Percent*	Edomatons	Rotarded
irearment Day-Time	ro. Females	Sites	Fetuses	Sites	Fetuses	Fetuses	Fetuses
			Merc	Mercuric acetate	acetate-treated a	animals	
7 8AM	9	74	56	24	5	3	0
7 Noon	7	98	42	51	21	13	2
7 5PM	7	89	55	38	24	18	0
8 8AM	7	9/	29	12	16	12	0
8 Noon	9	73	61	16	51	51	32
8 5PM	9	58	50	14	5	2	2
9 8AM	9	65	56	14	2	2	0
9 Noon	9	83	69	17	&	8	0
9 5PM	9	26	43	23	0	0	0
			Controls	rols			
7 8AM	က	34	34	0	0	0	0
7 Noon	က	38	37	က	0	0	0
7 5PM	က	42	42	0	0	0	0
8 8AM	ო	27	27	0	0	0	0
8 Noon	ო	45	38	16	0	0	0
8 5PM	4	50	65	2	0	0	0
9 8AM	က	39	39	0	0	0	0
9 Noon	ო	26	26	0	0	0	0
9 5PM	m	33	32	က	0	0	0
* % = No.	· No. Imp	lantation	Implantation sites X 100	100	-11		1004000
Underlined	1 % are s1	gnilicant	Ly dliter	% are significantly different statistically from corresponding controls	cally rrom	correspond	ing controls

Table 3 demonstrates that mercury also produces several internal malformations, which are detectable in fetuses late in gestation ie., on day 15 of the 16-day gestation period. The mercury-induced cleft palate involved varying degrees of incomplete fusion of the secondary palatal shelves with one another and the posterior edge of the intact primary palate. Hydrocephalus consisted of slight to moderate dilation of the lateral brain ventricles. The most significant internal malformation involved the heart. This cardiac damage was characterized by varying degrees of dilation of the ventral wall of the conus cordis and right ventricular portions of the heart. In a few of the most severely dilated hearts the truncus arteriosus was also affected.

Several conclusions can be drawn from this study. 1) The administration of mercuric acetate to pregnant hamsters at nine different times during the period of organogenesis produces marked embryotoxicity including embryonic death as well as external and internal abnormalities in living fetuses examined on gestation day 12 or 15. Based on the incidence figures in the tables, the most significant categories of embryotoxicity include resorptions. retardation, edema, pericardial cavity distention (Table 1) and abnormal hearts (Table 3). Some of the other categories including ventral body wall defects (Table 1), cleft palate and hydrocephalus (Table 3) were present but at much lower frequencies which were often not significantly different from control values. 2) No single treatment time appeared to be the optimal time for producing embryonic damage ie., the incidence of each of the categories of embryotoxicity varied among the different treatment times. 3) For those categories of embryotoxicity compared between day 12 and day 15 of gestation the frequencies are generally much lower in the older fetuses. In fact the ventral body wall defects and the distended pericardial cavity abnormalities were detected exclusively in the day 12 fetuses. One possible explanation is that such abnormalities are transient in nature. Another possibility could be that many of the abnormal day 12 fetuses die within the following three day interval. The generally lower incidence of resorptions for each of the different treatment times in the day 15 group vs the day 12 group argues against this latter possibility. 4) A high incidence of abnormal hearts characterized by a dilation and attenuation of the wall of the conus cordis and right ventricle is produced by the mercury ex-The underlying cause for this defect is not presently While there is some evidence in the literature regarding possible causes for this type of selective heart dilation (WARKANY 1971) discussion will be deferred until the completion of more detailed histological study of the malformed hearts.

Malformations of the ventral body wall with and without ectopic thoracic and abdominal organs include a wide spectrum of abnormalities which are given the general term celosomias (DUHAMEL 1963). For an understanding of some postulated mechanisms of formation of celosomias the reader is referred to the descriptions by PATTEN (1953), CANTRELL et al. (1958), KANAGASUNTHERM and VERZIN (1962) and DUHAMEL (1963). The celosomias produced by

INTERNAL MALFORMATIONS PRODUCED BY MERCURY IN 15TH GESTATION DAY HAMSTER FETUSES	No. Percent* of Fetuses with:	Dilated	action No. Cleft Hydro- Abnormal Conus Right ites Fetuses Palate cephalus Hearts Cordis Ventricle	Mercuric acetate-treated animals	18 9 0 47 47	16 10 8 38 38	30 18 16 59 55	0 0 74	27 48 16 77 74	19 26 17 70 70	36 31 26 79 79	31 7 5 60 60		Controls	34 34 0 0 0 0 0	38 37 0 0 0 0 0	42 42 0 0 0 0 0 0		38 0 0 2	49 0 0 2 2	39 0 0 10 10	26 0 0 0 0 0	33
RMATIONS PRODUCED BY M	No.	į	nses	Mercu	. 18	16	30	30	27	19	36	31	20		34 34 0	38 37 0				67			33 32
TABLE 3. INTERNAL MALFO		,	Females		M	on 3	7 W	8AM 3	on 3	M 2	4 W	on 3	ж 3		M 3	on 3	5PM 3	М 3	on 3	M 4	М 3	on 3	ν.
		; ;	Day-Time		7 8.4	7 No	7 SE	8 8A	8 No	8 5P	9 8A	oN 6	9 SF		7 8A	7 No	7 5P	8 8A	8 No	8 5P	9 8A	oN 6	9 5 P

Underlined % are significantly different statistically from corresponding controls * % = No. ÷ No. Implantation sites X 100

mercury in hamsters include a wide spectrum of defects ranging from small openings with no ectopic organs to large openings involving the thorax and upper abdominal wall through which both the heart and liver protrude. The literature includes cases encompassing a comparable range of severity in man and experimental animals (GREIG 1926; BLATT and ZELDES 1942; MILLHOUSE and JOOS 1959; KANAGASUTHERAM and VERZIN 1962; FRANKLIN 1971). At the cellular level mercury alters the function of the plasmalemma (PASSOW et al. 1961), lysosomes and mitochondria (GOLDWATER 1971) and inhibits enzymes (PASSOW et al. 1961) and mitosis (BERLIN et al. 1969). One or more of these factors selectively acting on the mesoderm of the cranial fold of the developing ventral body wall could be the initial event leading to the production of the celosomias, pericardial cavity distention and heart dilation observed in this study.

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