

## **Mercury Distribution Studies Involving Complexes of Low-Molecular Weight Thiols and Methylmercury**

James E. Balthrop, Joe L. Wade, and Sylvia Braddon-Galloway

National Marine Fisheries Service, Southeast Fisheries Center, Charleston Laboratory, P.O. Box 12607, Charleston, SC 29412-0607

Most methylmercury ( $\text{CH}_3\text{Hg}$ ) circulating through the body is found in the red blood cells (Norseth and Clarkson, 1970). Naganuma and Imura (1979) demonstrated that this  $\text{CH}_3\text{Hg}$  in human erythrocytes was bound to a low molecular weight substance having an elution profile on gel filtration and a  $R_f$  value on thin layer chromatography similar to glutathione. Before entering the general circulation,  $\text{CH}_3\text{Hg}$ , like all substances absorbed by the intestine, must pass via the portal circulation to the liver. In fact, the liver is the first major organ with the opportunity to transform or metabolize absorbed nutrients and toxicants. Experiments by Norseth and Clarkson (1970) have shown that the concentration of  $\text{CH}_3\text{Hg}$  in the liver rises very rapidly and reaches a peak within one day after an injection of  $\text{CH}_3\text{Hg}$ . However, the concentration of  $\text{CH}_3\text{Hg}$  in the liver drops rapidly by days 2 and 3. This drop appears to result from the transport of  $\text{CH}_3\text{Hg}$  out of the liver into bile (Refsvik, 1982). A prerequisite for the normal movement of  $\text{CH}_3\text{Hg}$  from the liver into the bile is a high concentration of glutathione in the liver (Refsvik, 1978). Refsvik and Norseth (1975) demonstrated that glutathione bound to  $\text{CH}_3\text{Hg}$  is the predominant mercury compound in rat bile. In addition, a small amount of methylmercuric cysteine is found in the bile of  $\text{CH}_3\text{Hg}$  exposed animals. Thus, it is generally observed that  $\text{CH}_3\text{Hg}$  is associated with thiols in biological materials.

One of the metabolic roles of low molecular weight thiol compounds may be the formation of thiol-methylmercury complexes which can be preferentially translocated across cell membranes. The co-administration of equimolar amounts of the thiol, L-cysteine, with  $\text{CH}_3\text{Hg}$  increased the short-term accumulation of  $\text{CH}_3\text{Hg}$  in liver, kidneys and cerebrum, but reduced the level of  $\text{CH}_3\text{Hg}$  found in plasma (Thomas and Smith, 1982). This modification of the distribution pattern of  $\text{CH}_3\text{Hg}$  by co-administering low molecular weight thiol compounds further suggests that thiol-methylmercury complexes may play a role in the tissue deposition process. In fact,

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Send reprint requests to James E. Balthrop at National Marine Fisheries Service, Southeast Fisheries Center, Charleston Laboratory, P.O. Box 12607, Charleston, South Carolina 29412-0607

treatment of rats with  $\text{CH}_3\text{Hg}$  has produced a low molecular weight  $\text{CH}_3\text{Hg}$  complex in cerebral cytosol. This complex accounted for approximately one-third of the soluble  $\text{CH}_3\text{Hg}$  and was identified by column chromatography and electrophoresis to be methylmercury-glutathione (Thomas and Smith, 1979). The object of this study is to determine if  $\text{CH}_3\text{Hg}$  and thiol complexes of  $\text{CH}_3\text{Hg}$  are absorbed and distributed in a manner dependent upon the status of a known ameliorative agent of  $\text{CH}_3\text{Hg}$  toxicity, selenium.

## MATERIALS AND METHODS

The  $\text{CH}_3\text{Hg}$  complexes of cysteine, homocysteine and glutathione were prepared by mixing equimolar amounts of the thiol and methylmercury ( $^{203}\text{Hg}$ ) chloride (Amersham)<sup>1</sup> in 0.1 M Tris-HCl, pH 8.0 (Refsvik and Norseth, 1975). The methylmercury complex with cysteine-glycine was prepared by mixing a pH 5.0 solution of cysteine-glycine with a solution of methylmercury chloride ( $^{203}\text{Hg}$ ) in 0.1 M Tris-HCl, pH 8.0 in equimolar proportions (Refsvik and Norseth, 1975).

The thiol-methylmercury complexes were applied to 20 x 20 cm Silica Gel G Redi-Plates (Fisher Scientific). The plates were developed at room temperature in a 70/30 n-propanol/25% ammonia solvent system (Refsvik and Norseth, 1975). Visualization of  $\text{CH}_3\text{Hg}$  was accomplished by spraying with a 0.10% dithizone solution in chloroform (Iwata et al., 1981). To determine the extent of complexation of  $\text{CH}_3\text{Hg}$  by the thiols each plate was divided into 1 cm sections, the silica scraped and counted for  $^{203}\text{Hg}$  in a Beckman 8000 gamma counter. The percent  $\text{CH}_3\text{Hg}$  complexed was: glutathione 93%, homocysteine 95%, cysteine 91%, and cysteine-glycine 93%. The Rf values for the  $\text{CH}_3\text{Hg}$  complexes were: methylmercury 0.12, methylmercury-glutathione 0.44, methylmercury-cysteine 0.71, methylmercury-cysteinylglycine 0.63, and methylmercury-homocysteine 0.56.

Female 21 day old ICR mice (Harlan Sprague Dawley) were placed on selenium-deficient ( $< 0.05 \mu\text{g/g Se}$ ) or selenium-control ( $0.5 \mu\text{g/g Se}$ ) diets for a period greater than 5 weeks before the start of each experiment. The selenium status (liver selenium and blood GSH-peroxidase) of such animals was reported previously (Balthrop and Braddon, 1985). Animals ( $n = 4$  or  $5$ ) were exposed to 5 nmoles  $\text{CH}_3\text{Hg/g}$  body weight by either subcutaneous (SC) or intraperitoneal (IP) injections of thiol-methylmercury complexes diluted in phosphate buffered saline. Animals were injected once daily for 7 days. Twenty-four hours after the final injection the animals were killed. The blood, brain, liver, kidneys, and small intestine of each animal were immediately removed, rinsed in

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<sup>1</sup> Mention of trade names or products does not imply endorsement by the National Marine Fisheries Service, NOAA.

saline and blotted dry. Tissues were then weighed and counted for  $^{203}\text{Hg}$ . Results were calculated as percent of recovered dose and concentration of mercury (nmoles  $\text{CH}_3\text{Hg/g}$  tissue). A Student's t-test was used to compare the means.

## RESULTS AND DISCUSSION

The relative distributions of  $\text{CH}_3\text{Hg}$  found in blood, brain, liver, kidney and intestine are shown in Figures 1-4. The results show that there is no difference in the distribution of  $\text{CH}_3\text{Hg}$  due to the selenium status of the animal nor due to the route of  $\text{CH}_3\text{Hg}$  administration (SC or IP). Furthermore, exposure to each of the four complexes of  $\text{CH}_3\text{Hg}$  resulted in the same tissue distribution of  $\text{CH}_3\text{Hg}$  as exposure to uncomplexed  $\text{CH}_3\text{Hg}$ . The liver accumulated approximately 35% of the recovered  $\text{CH}_3\text{Hg}$  while the kidney and intestine each accumulated approximately 25%. The blood accounted for approximately 15% of the recovered  $\text{CH}_3\text{Hg}$  while the brain, the major target tissue for  $\text{CH}_3\text{Hg}$  intoxication, contained approximately 1% of the recovered  $\text{CH}_3\text{Hg}$ .

The concentration of  $\text{CH}_3\text{Hg}$  (nmoles/g tissue) found in the blood, brain, liver, kidney and intestine are shown in Figures 5-8. Once again the results show no differences due to the selenium status of the animals nor due to the route of administration. Furthermore, exposing the animals to complexes of low molecular weight thiols and  $\text{CH}_3\text{Hg}$  resulted in the same tissue  $\text{CH}_3\text{Hg}$  concentration as exposing the animals to uncomplexed  $\text{CH}_3\text{Hg}$ . The kidney contained the highest concentration of  $\text{CH}_3\text{Hg}$  (140-180 nmoles/g), while the liver and intestine contained lower but about equal concentrations of methylmercury (40-60 nmoles/g). The blood had the next to lowest concentration (20 nmoles/g), while the brain had the lowest concentration of the five tissues (10-15 nmoles/g).

Our data provide evidence that  $\text{CH}_3\text{Hg}$  when complexed to thiols is absorbed and distributed throughout the body in a manner similar to uncomplexed  $\text{CH}_3\text{Hg}$ . This may be due to the fact that, following either subcutaneous or intraperitoneal injection,  $\text{CH}_3\text{Hg}$  or thiol-complexes of  $\text{CH}_3\text{Hg}$  are quickly delivered to the liver via the general circulation. The demonstrated conversion in the liver of  $\text{CH}_3\text{Hg}$  to  $\text{CH}_3\text{Hg}$ -glutathione (Refsvik and Norseth, 1975) may be paralleled by liver metabolic interconversions of the injected thiol complexes. Thus the injected  $\text{CH}_3\text{Hg}$ -thiol complexes may lose their distinct identities and all become one similar, though undefined compound.

The relative tissue concentrations of mercury observed in our experiment compares favorably with those found by Fang (1980). He reported the highest level of mercury to be in the kidney and the lowest level in the brain. However, he calculated a 16.8 blood:brain mercury ratio and this is much higher than our ratio of approximately 2. This discrepancy could be due to the fact that the level of  $\text{CH}_3\text{Hg}$  in the brain continues to rise slowly for days

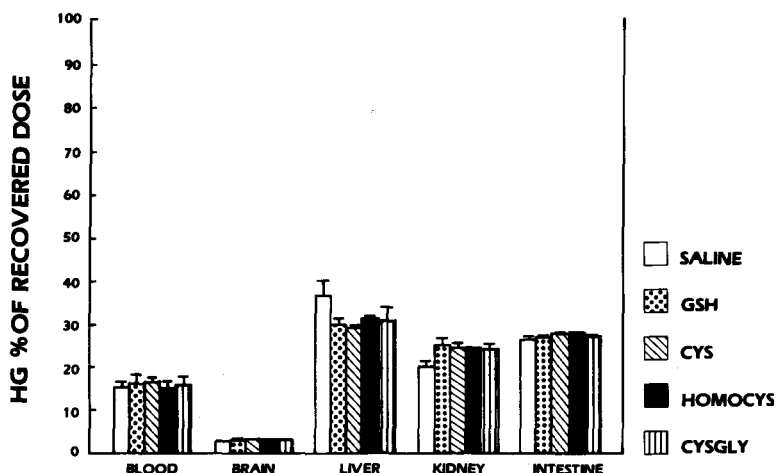


Figure 1. Tissue distribution of methylmercury in selenium deficient mice intraperitoneally exposed to low molecular weight thiol-methylmercury complexes. Selenium deficient mice were injected intraperitoneally daily for 7 days and killed 24 hours after the last injection. The daily dose was 5 nmoles methylmercury/g body weight. The reported values are means  $\pm$  SE; n=4-5.

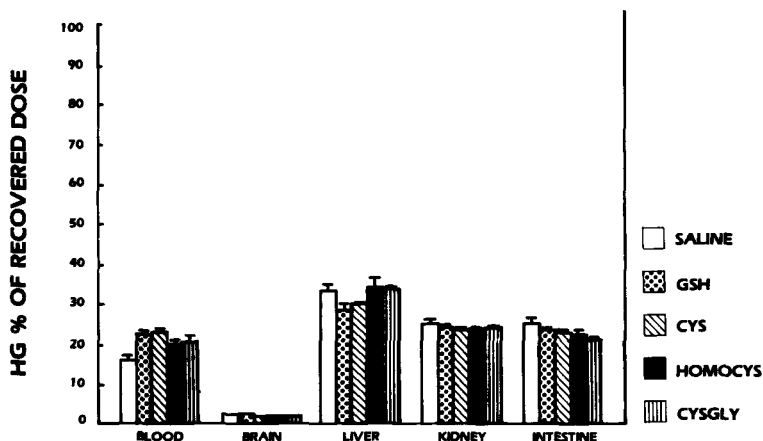


Figure 2. Tissue distribution of methylmercury in selenium control mice intraperitoneally exposed to low molecular weight thiol-methylmercury complexes. Selenium control mice were injected intraperitoneally daily for 7 days and killed 24 hours after the last injection. The daily dose was 5 nmoles methylmercury/g body weight. The reported values are means  $\pm$  SE; n=4-5.

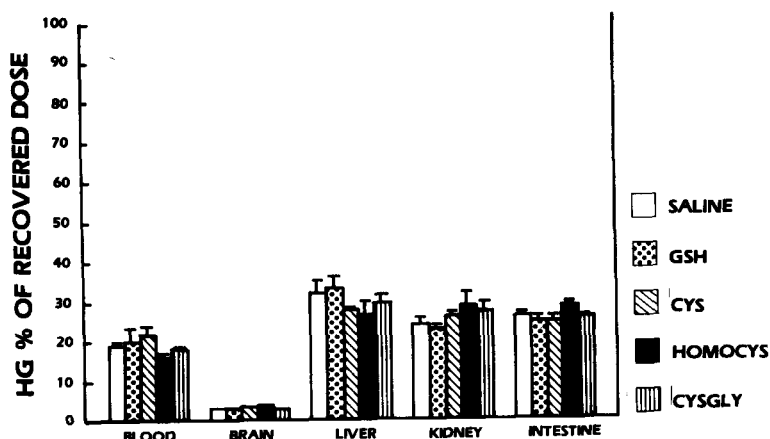


Figure 3. Tissue distribution of methylmercury in selenium deficient mice subcutaneously exposed to low molecular weight thiol-methylmercury complexes. Selenium deficient mice were injected subcutaneously daily for 7 days and killed 24 hours after the last injection. The daily dose was 5 nmoles methylmercury/g body weight. The reported values are means  $\pm$  SE; n=4-5.

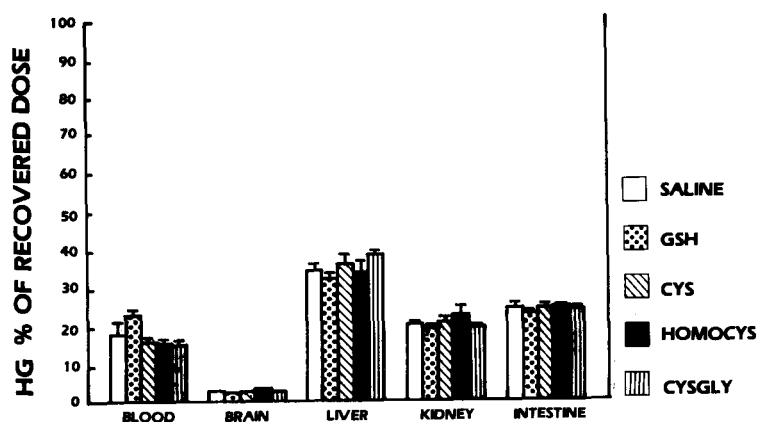


Figure 4. Tissue distribution of methylmercury in selenium control mice subcutaneously exposed to low molecular weight thiol-methylmercury complexes. Selenium control mice were injected subcutaneously daily for 7 days and killed 24 hours after the last injection. The daily dose was 5 nmoles methylmercury/g body weight. The reported values are means  $\pm$  SE; n=4-5.

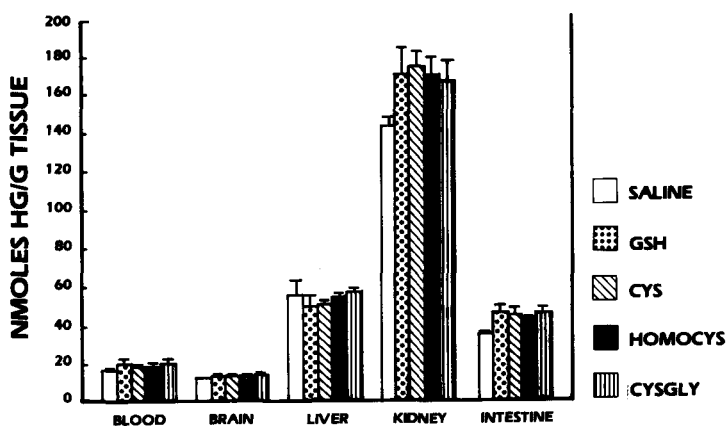


Figure 5. Tissue concentration of methylmercury in selenium deficient mice intraperitoneally exposed to low molecular weight thiol-methylmercury complexes. Selenium deficient mice were injected intraperitoneally daily for 7 days and killed 24 hours after the last injection. The daily dose was 5 nmoles methylmercury/g body weight. The reported values are means  $\pm$  SE; n=4-5.

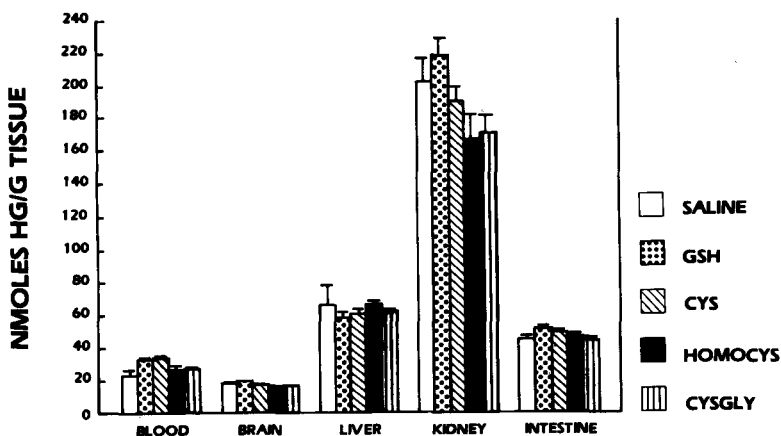


Figure 6. Tissue concentration of methylmercury in selenium control mice intraperitoneally exposed to low molecular weight thiol-methylmercury complexes. Selenium control mice were injected intraperitoneally daily for 7 days and killed 24 hours after the last injection. The daily dose was 5 nmoles methylmercury/g body weight. The reported values are means  $\pm$  SE; n=4-5.

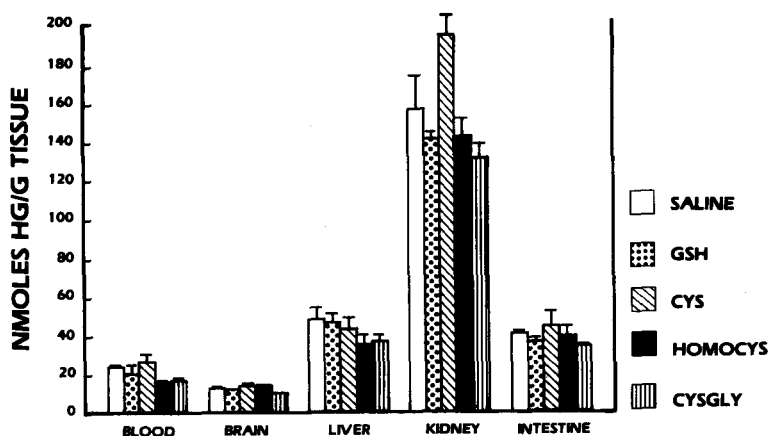


Figure 7. Tissue concentration of methylmercury in selenium deficient mice subcutaneously exposed to low molecular weight thiol-methylmercury complexes. Selenium deficient mice were injected subcutaneously daily for 7 days and killed 24 hours after the last injection. The daily dose was 5 nmoles methylmercury/g body weight. The reported values are means  $\pm$  SE; n=4-5.



Figure 8. Tissue concentration of methylmercury in selenium control mice subcutaneously exposed to low molecular weight thiol-methylmercury complexes. Selenium control mice were injected subcutaneously daily for 7 days and killed 24 hours after the last injection. The daily dose was 5 nmoles methylmercury/g body weight. The reported values are means  $\pm$  SE; n=4-5.

(Mehra and Kanwar, 1980). Fang's ratio is calculated after mercury exposure for 2 days, while our data was obtained after exposing animals to  $\text{CH}_3\text{Hg}$  for 7 days.

The selenium status of the animals had no effect on the accumulation and distribution of  $\text{CH}_3\text{Hg}$  following exposure to thiol-methylmercury complexes. This is different from the results of Thomas and Smith (1984) in which they reported that co-administration of sodium selenite with  $\text{CH}_3\text{Hg}$  had an effect on mercury distribution and increased the concentration of methylmercury in the brain.

It is important to note that their study was short term (5-60 minutes) and that, even though the concentration of  $\text{CH}_3\text{Hg}$  in the liver was significantly increased by selenite co-administration at 5 and 20 minutes, it was not increased at 60 minutes after injection. In addition, our study did not involve co-administration of selenite but rather used different selenium dietary regimes.

Our data suggest that the selenium status of the consumer has little if any effect on the distribution and accumulation of injected mercury. Considering our results along with those of Thomas and Smith (1984), it appears that metabolic interactions of selenium with  $\text{CH}_3\text{Hg}$  may occur only when the metals are concurrently administered. Further research is needed to investigate whether or not selenium alters the chemical form of circulating  $\text{CH}_3\text{Hg}$ .

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