

Biochemical Assessment of the Hepatic and Hematological Functions of Printing Workers

Shimaa Tarek Ahmed*, Hoda Hassan Baghdadi, Fatma Mohamady El Demerdash

Pharmaceutical Chemistry Institute of Graduate Studies and Research, Alexandria University, Sharqi, Egypt

ABSTRACT

Background: In the printing industry, volatile organic compounds main sources are the uses of organic solvents, fountain solutions and cleaning agents. Biological monitoring of exposure to toxic chemicals in the workplace is a fundamental tool to evaluate human health risks and to improve occupational safety.

Aims and objectives: To investigate the effects of occupational exposure to organic solvents on some hepatic and hematological parameters among printing workers.

Materials and methods: This study was conducted in local printing company with two groups; the control group included (26) male healthy volunteer donors and the second is the workers group included (26) male volunteer workers, who have been exposed to chemicals for long time (10 years). Statistical analysis was employed.

Results: Hemoglobin and the red blood cell count of workers group were significantly lower than control group while, liver transaminases and lactate dehydrogenase enzymes were found significantly higher among printing workers as compare to the control group.

Conclusions: This study observed that the printing workers developed biochemical alterations in hematological and the hepatic enzymes with time. However, regular follow-ups are required and further studies to get better insights into the results.

Keywords: Liver enzymes; Hematological parameters; Organic solvents; Printing workers; Occupational exposure

INTRODUCTION

The origins of printing can be traced back several centuries [1,2]. Printing operations use materials that may adversely affect air, water, and land [3-5]. The most important chemical hazards associated with the printing industry come from: pre-press chemicals; printing inks; fountain solutions; cleansing solvents; and adhesives and glues [6-10].

Printing industry, within various printing techniques, is abundant with a specific source and processes that commonly emit high levels of Volatile Organic Compounds (VOCs), such as carbonyls, alcohols, alkanes, alkenes, esters, aromatics, ethers, and amides. Although necessary and required as components of inks, alcohol, cleaners, solvents, emulsions, thinners, retardants and de-emulsifiers, the increased emissions of VOCs and their

resulting impact on the air quality are now considered as a major environmental concern. [3,4,9,11].

All types of organic solvents are lipophilic volatile liquids at room temperature [12-14]. Adverse health effects related to exposure to organic solvents through inhalation and skin contact in the workplace. Exposure of solvent vapours affects not only the lungs but the whole circulatory system and hence the whole body. Solvents accumulate principally in lipid and fat-rich cells in the nervous system, brain, bone marrow, liver, and body fat. Long-term health effects may be damage to internal organs such as liver, kidneys and lungs, etc. after absorption into the body [15-19].

Correspondence to: Shimaa Tarek Ahmed, Pharmaceutical Chemistry Institute of Graduate Studies and Research, Alexandria University, Sharqi, Egypt, E-mail: shimaatarek_06@yahoo.com

Received: August 18, 2021; **Accepted:** September 01, 2021; **Published:** September 08, 2021

Citation: Ahmed ST, Baghdadi HH, El Demerdash FM (2021) Biochemical Assessment of the Hepatic and Hematological Functions of Printing Workers. J Clin Toxicol. S19:003.

Copyright: © 2021 Ahmed TS, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

MATERIALS AND METHODS

Prior to participation in this study, all volunteers were advised about the procedure and signed the informed consent. The participants were told about the aim of the study, and they were informed that the data would be used for scientific purposes only. They were also given the right to refuse or participate in the study.

The experimental design of this study contains two groups randomly selected at a local printing company at Alexandria city, Egypt: the first one is the control group included (26) male healthy volunteer donors of different age, sex, socio-economic level who were working in the other divisions of the same factory were classified into the control group and the second is the workers group included (26) male volunteer workers were also, who have been exposed to chemicals for long time (10 years).

Sample collection

Five milliliters venous blood samples were collected and aliquot were anticoagulant with (Ethylene Diamine Tetra acetic Acid) (EDTA). Plasma was obtained by centrifugation of the samples at 3000 rpm for 10 minutes.

Statistical analyses: All measurements were triplicate performed in independent experiments for all treatments. The results were expressed as mean \pm Standard Error (SE). Statistical analyses were made with one-way Analysis of Variance (ANOVA), when differences were found, multiple comparisons by Tukey's post-hoc test using the SPSS version 21. The criterion for statistical significance was $p < 0.05$.

RESULTS

The mean values and standard error of Hemoglobin (Hb), the Red Blood Cell Count (RBCs) of workers group were significantly lower than control group, $13.51 \pm 0.34/\text{cm}$ vs. $14.82 \pm 0.59/\text{cm}$ and $4.73 \pm 0.33 \text{ g/dl}$ vs. $5.19 \pm 0.40 \text{ g/dl}$ ($p < 0.05$); respectively as represented in Figure 1.

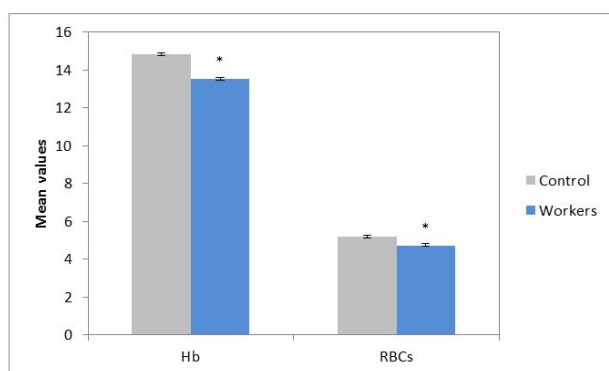


Figure 1: Hemoglobin (Hb) and Red Blood Cell count (RBCs) in control group (26) and workers group (26). Data are expressed as mean \pm SE. Significant lower than control ($P < 0.05$).

Workers showed increased alanine aminotransferase (ALT), Aspartate aminotransferase (AST) and Lactate de-Hydrogenase (LDH) levels when compared to the control as summarized in

Figure 2 and Table 1, however, the values were within the normal range.

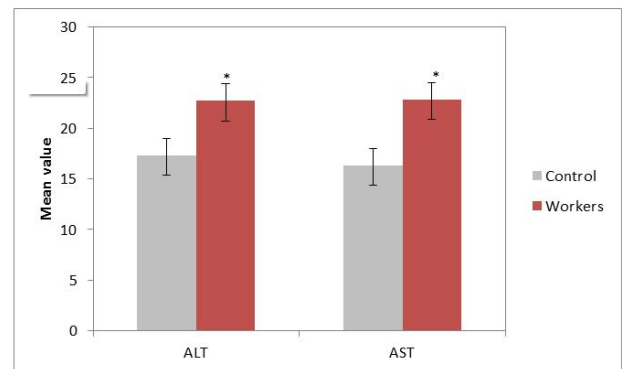


Figure 2: Alanine aminotransferase (ALT) and Aspartate aminotransferase (AST) in control group (26) and workers group (26). Data are expressed as mean \pm SE. Significant higher than control ($P < 0.05$).

DISCUSSION

Human are environmentally and occupationally exposed to hazardous agents which can affect biological systems and cause many types of diseases in various organs such as heart, liver, kidney, lung, nervous system, and skin [11,20].

Biological monitoring of toxic chemicals exposure in the workplace is a fundamental tool to evaluate human health risks and to improve occupational safety [21]. Workers in printing industries may be exposed to potentially hazardous levels of solvents, inks, adhesives, organic and inorganic pigments, polycyclic aromatic hydrocarbons, acrylates, lead, paper dust, and noise [11,19,22]. Dealing with exposure to a mixture of chemicals, risk assessment has to consider possible synergetic or additive effects in workers' health [10].

Organic Solvents (OSs) have various effects on human health [23]. Exposure to organic solvents can occur by inhalation or absorption through the skin, but inhalation is usually the main route of entry. It may occur despite the use of protective clothing, because solvents may penetrate certain types of gloves or cloth. Solvent mixtures are frequently used. Therefore, effects may also be caused by combined exposures [24].

VOCs exposure has been known to result in immunologic, respiratory, carcinogenic, reproductive, neurologic, and cardiovascular effects [16,19,25,26].

Solvents are a large group of chemicals which are used industrially in the production of paints, glues, coatings, degreasing agents, dyes, polymers, pharmaceuticals and printing inks. They have three characteristics in common, namely they are volatile liquids at normal temperature, evaporate and become incorporated into environmental air as volatile organic compounds [10,11].

Organic Solvents (OSs) are known to be hematotoxic, they are known to have a deleterious effect on bone marrow. Therefore, the clinical manifestations of these organic solvents range widely from anemia to leukemia [27].

Analyzing changes in haematological parameters that can be assessed used as a functional state of many tissues. Our findings are in agreement with [23,28,29] where low level of blood hemoglobin and RBCs in exposed workers when compared with control values, while in contrast with other studies of [30-32] didn't show any significant difference between workers and control.

The liver function tests will help to detect the abnormalities and the extent of liver damage [9]. Clinical assessments of enzyme activities in blood are important guide in diagnosis of diseases and serial estimations help in assessing prognosis [33].

Transamination is one of the processes involved in protein metabolism which catalyzed transfer of a particular group from one substrate to another, is a key physiological process in all forms of life [33,34]. The activities of transaminases enzymes (ALT and AST) are widely used to assess the liver function and detect hepatic disorders [35,36]. Elevated plasma transaminase concentrations are indicative of hepatocyte damage and good indicator of the type of cell damage [37].

Solvents may damage liver cells and liver transaminases may be used to monitor liver damage. Liver disease cannot be confirmed with a blood chemistry test, but clinically, ALT is most commonly used as a biomarker of liver damage. Unlike membrane-bound enzyme, cytosolic enzyme does not leak into blood. Healthy plasma membranes should be impermeable to macromolecules such as enzymes. It is generally accepted that increased cytosolic enzyme in the blood occurs secondary to cell membrane damage or cell necrosis [15].

Through analyzing the hepatic transaminase, the observed elevation in our results are in consistency with the previous findings of [15,18,21,28,38-40] but our results were not in agreement with those of [29,30,32,41-43] who reported that the liver function tests in their studies did not show any exposure-related abnormality, while decreased ALT and AST activities were reported in [44].

Increased activities of ALT and AST released into circulation due to hepatocytes damage induced by oxidative stress which induced by organic solvent. This elevation of enzymes correlates with the number of damaged cells [15,31,34,36,45,46]. Therefore, increased AST and ALT are biomarkers of hepatic injury rather than hepatic dysfunction.

Lactate De-Hydrogenase (LDH) that catalyses the reversible conversion of pyruvic acid and lactic acid, has wide spread activity in numerous body tissue, could be raised in acute myocardial infarction, liver disorders, carcinomatosis, leukemia's, renal tubular necrosis, pulmonary infarction, renal necrosis, muscle diseases[33,35,47].

Results indicated in Table 1 [48] that observed increased in LDH activities in the exposed group may have been because of the hepatocellular necrosis leading to leakage of the enzyme into the blood stream.

Functional and organic damage caused by organic solvents can be referred to inflammation, dysfunction of cytochrome P450, mitochondrial dysfunction, and oxidative stress and in consequence result in increasing oxidative stress. Under the

permissible limit exposure to organic solvent could cause induced liver injury referred to oxidative stress. Thus, the oxidative damage caused by free radicals is thought to be a basic mechanism underlying hepatotoxicity by organic solvents, causing the release of liver enzymes in the circulation [15,46].

Parameter	Control N (26)	Workers N (26)	P value
LDH	293.08 ± 10.04	327.46 ± 13.83*	P<0.05

Note: Data presented as mean ± SE, Significant higher than control (P<0.05).

Table 1: Distribution of mean value of Lactate Dehydrogenase (LDH) in control and worker groups.

CONCLUSION

Among chronic exposure to organic solvents; periodic medical examination and laboratory investigations are mandatory to find out early hazardous health effects.

Our findings point to the use of screening tests assessing hematological and hepatic biochemical function in printing industry workers.

printing workers during their routine work should use protective devices since workers are constantly exposed to organic solvents and because of adverse effects it may cause on their health without knowing when it may happen, it is important they do period medical check-up.

ACKNOWLEDGMENTS

This study was a part of Postgraduate Ph.D. of the first author Ahmed under the supervision of Prof. (Dr.) Baghdadi and Prof. (Dr.) El-Demerdash.

REFERENCES

1. IARC. Monographs on the Evaluation of Carcinogenic Risks to Humans. Printing Processes and Printing Inks, Carbon Black and Some Nitro Compounds. International Agency For Research On Cancer. World Health Organization. 1996;65.
2. Kipphan H. Handbook of Print Media-Technologies and Production Methods. Springer. 2001.
3. Chea AC. Causes and Sources of Waste in the Printing Industry in Ghana: A Study of Printing Houses in the Cities of Accra and Kumasi. International Research Work. 2008;1:22-31.
4. Kiurski JS, Maric BB, Aksentijevic SM, Oros IB, Kecic VS. Occupational hazards in printing industry. Int J Environ Sci Technol. 2016;13:955-972.
5. Mendoza CA, Castorena TF, de León MB, Cisneros B, López CL, Rojas García AE, et al. Occupational toluene exposure induces cytochrome P450 2E1 mRNA expression in peripheral lymphocytes. Environ Health Perspect. 2006;114:494-499.
6. Decharat Somsiri. Prevalence of acute symptoms among workers in printing factories. Advances in Preventive Medicine. 2014.
7. Ibrahim AA, Hakim SA, Gewely M, Wassif GO. Occupational Exposures and Health Profile among Workers in an Egyptian Printing Press. Egypt J Community Med. 2019;37:75-83.

8. Prica M, Kecic V, Adamovic S, Radonić J, Sekulić MT. Occupational Exposure to Hazardous Substances in Printing Industry. Proceedings of 8th International Engineering Symposium at Bánki. 2016.
9. Sutton P, Wolf K, Quint J. Implementing Safer Alternatives to Lithographic Cleanup Solvents to Protect the Health of Workers and the Environment. *J Occup Environ Hyg.* 2009;6:174-187.
10. Viegas S. Occupational exposure to volatile organic compounds in the Portuguese printing industry. *Environmental Health and Biomedicine.* 2011;15:233-238.
11. Hussain A, Shahid A, Aslam S, Qazi JI. Occupational exposure to cleaning solvents among workers of screen printing units in Pakistan: A preliminary survey. *Issues Bio Sci Pharma Res.* 2014;2:045-048.
12. Keski SP. Occupational chronic solvent encephalopathy in Finland 1995-2007: incidence and diagnostic methods. *People and Work Research Reports 94.* Finnish Institute of Occupational Health. 2011.
13. Ridgway P, Nixon TE, Leach JP. Occupational exposure to organic solvents and long-term nervous system damage detectable by brain imaging, neurophysiology or histopathology. *Food Chem Toxicol.* 2003;41:153-187.
14. White RF, Proctor SP. Solvents and neurotoxicity. *Lancet.* 1997;349:1239-1243.
15. Chang WJ, Kyu TJ, Park HY, Jong DJ, Duk HL. The Relationship of Liver Function Tests to Mixed Exposure to Lead and Organic Solvents. *Occup Environ Med.* 2013;25:5.
16. Chen JD, Wang JD, Tasi SY, Chao WI. Effects of occupational and nonoccupational factors on liver function tests in workers exposed to solvent mixtures. *Archives of Environmental Health.* 1997;52:270-274.
17. Guo H, Lee SC, Chan LY, Li WM. Risk assessment of exposure to volatile organic compounds in different indoor environments. *Environmental Research.* 2004;94:57-66.
18. Sancini A, Caciari T, Chighine A, Gioffrè PA, Andreozzi G, Sacchi L, et al. Workers of the printing industry and hepatic damage. *Ann Ig.* 2014;26:321-329.
19. Tsai CJ, Mao IF, Ting JY, Young CH, Lin JS, Li WL. Quality of Chemical Safety Information in Printing Industry. *Ann Occup Hyg.* 2016;60:361-370.
20. Soleimani E, Moghadam RH, Ranjba A. Occupational exposure to chemicals and oxidative toxic stress. *J Toxicol Environ Health Sci.* 2015;7:1-24.
21. Moro Angela M, Brucker N, Charao M, Bulcao R, Freitas F, Baierle M, et al. Evaluation of genotoxicity and oxidative damage in painters exposed to low levels of toluene. *Mutation Research.* 2012;746:42-48.
22. Leung MKH, Chun-Ho L, Chan Alan HS. Occupational Exposure to volatile organic compounds and mitigation by push-pull local exhaust ventilation in printing plants. *J Occup Health.* 2005;47:540-547.
23. Rudrama DK, Reddy KD, Jael PM. Assessment of DNA Damage in Workers Exposed to Organic Solvents. *Int J Pure Appl Biosci.* 2016;4:153-158.
24. Hegazy IS, El-Raghi HA, Mohammed AM, Rizk SA, Badawy NA, Rashad HM. Prevalence of Renal Impairment among Workers of a Paint Manufacturing Factory. *J Occup Med.* 2016;1:1003.
25. Cherry N, Labrèche F, Collins J, Tulandi T. Occupational exposure to solvents and male infertility. *Occup Environ Med.* 2001;58:635-640.
26. Kim, Jin H, Moon JY, Park EY, Lee KH, Hong YC. Changes in oxidative stress biomarker and gene expression levels in workers exposed to volatile organic compounds. *Ind Health.* 2011;49:8-14.
27. Abdel MN, Aal Khaled A, Ghandour N, Mona EB, Shaltout E. Assessment of Hematotoxicity and Genotoxicity among paint Workers in Assiut Governorate: a case control study. *Egypt J Forensic Sci.* 2018;8:6.
28. Taofeeq O, Gassal OR, Olusegun TO, Oyebola GA, Mohammed KD, Abdullahi MS. Organic Solvent Exposure: Hepatotoxicity, Nephrotoxicity, and Haematotoxicity Assessment amongst Vehicle Spray Painters in Ile-Ife, Nigeria. *Am J Environ Prot.* 2015;3:95-99.
29. Tharshanapriya K, Sagadevan P, Jayaramjayaraj K, Bhuvanewari V. Occupational risk assessment using biochemical and genotoxicity studies among construction painters. *Indo Am j Pharm Sci.* 2017;4:1559-1564.
30. Ukai H, Shiro T, ShunenInui, Yoshiko I, Toshio K, Shin IS. Occupational exposure to solvent mixtures: effect on health and metabolism. *Occup Environ Med.* 1994;51:523-529.
31. Khan AA, Sultan R, Zamani GY, Ur-Rahman S. Biochemical and hematological analysis after exposure to hazardous materials during shoe making. *J Biol Sci.* 2013;4:116-138.
32. Padmanaban P, Deepti GN, Sarkar G, Mahuya S. Biochemical parameters of paint workers in Puducherry. *Chron Young Sci.* 2011;2:59-60.
33. Chatterjea MN, Shinde Rana. *Textbook of Medical Biochemistry.* Eighth Edition. Jaypee Brother Medical Publishers. 2012.
34. Gajera HP, Patel SV, Golakiya BA. *Fundamentals of Biochemistry A Textbook.* International book distributing co. 2008.
35. Bishop ML, Fody EP, Schoeff LE. *Clinical Chemistry Principles, Techniques, and Correlations,* Eighth Edition. Wolters Kluwer. 2018.
36. Marshall WJ, Bangert SK. *Clinical Biochemistry Metabolic and Clinical Aspects.* First Edition. 1995.
37. Crook MA. *Clinical Biochemistry and Metabolic Medicine* Eighth Edition. Hodder Arnold. 2012.
38. Kaido T, Honda Y, Kitamura K. Association between liver dysfunction and hyperglycemia in Japanese male workers at printing and papermaking plants. *J Occup Health.* 2002;44:301-306.
39. Hussein A, Abdalla M, Hussein J, Shousha W, Mohamed A. Antioxidants in shoe-makers exposed to organic solvents. *Res J Appl Sci.* 2008;4:1107-1117.
40. Ibrahim KS, Amer NM, El-dossuky EA, Emara AM, Abd El-Fattah, Abd El-Samei M, et al. Hepatic Dysfunction and Immune Suppression among Egyptian Workers Occupationally Exposed to Benzene. *Sematic Scholar.* 2014.
41. Lundberg I, Hakansson M. Normal serum activities of liver enzymes in Swedish paint workers with heavy exposure to organic solvents. *Br J Ind Med.* 1985;42:596-600.
42. Chen JD, Wang JD, Jang JP, Chen YY. Exposure to mixtures of solvents among paint workers and biochemical alterations of liver function. *British Am J Ind Med.* 1991;48:696-701.
43. Mohammadi S, Mehrparvar A, Labbafinejad Y, Attarchi MS. The effect of exposure to a mixture of organic solvents on liver enzymes in an auto manufacturing plant. *J Public Health.* 2010;18:553-557.
44. Wang DH, Ishii K, Seno E, Yane S, Horike T, Hideki Y, et al. Reduced serum levels of ALT and GGT and high carbohydrate intake among workers exposed to toluene below the threshold limit values. *Ind Health.* 1998;36:14-19.
45. Lieberman M, Peet A. *Marks' Basic Medical Biochemistry-A Clinical Approach,* Fifth Edition. Wolters Kluwer. 2018.
46. Rahul GN, Vyas S, Sankhla M, Punjabi P. Biochemical assessment of the hepatic functions of the petrol pump workers of Jaipur city. *Natl J Physiol Pharm Pharmacol.* 2017;7:1099-1103.
47. Satyanarayana U, Chakrapani U. *Biochemistry,* Fourth Edition. Wiley. 2013.
48. Hasani IW, Sharaf NE, El-Desouky MA, Abdel SAA, Mohamed MS. Hepatic impairment among workers of furniture manufacture occupationally exposed to solvents in Egypt. *J Arab Soc Med Res.* 2015;10:82-87.