total-TEQ value of blood (pg TEQ per g lipid). Further, we can deduce liver dioxin levels, by the equation of y = 1.74x + 52.9 with a correlation coefficient of 0.73, with x = total-TEQ value of blood. Iida *et al.* (1999) also demonstrated the presence of a good correlation between the blood and liver in levels of several congeners of PCDDs, PCDFs and Co-PCBs, although they did not study on total-TEQ.

We recently clarified that about 50% of the total-TEQ of dioxins ingested are excreted, 22% in feces and 29% in sebum (Kitamura et al., 2001). The fate of the remaining 50% is not known. One possibility is accumulation in the body. Therefore, we examined the effect of age on dioxin levels and it was revealed that total-TEQ and the major five congeners contributing largely to the total-TEQ increased with age in bile, blood and liver. Accumulation rate of dioxins was estimated to be 0.99, 0.70 and 1.91 pg total-TEQ/ g lipid / year in bile, blood and liver, respectively. However, it is necessary to pay attention to that these rates might be largely affected by historical exposure size. The accumulation rate was about 2 times higher in the liver than in the bile or blood. It is noteworthy that dioxins are estimated to be present at age naught in the blood and liver, however, they appear in bile after about age 20. Two possible mechanisms can be considered: secretion to bile might occur after accumulation of dioxins in liver at some levels, or metabolism of dioxins might change after age 20.

It was calculated that daily secretion of dioxins from bile is 54 pg, which corresponds to 30~40% of the total ingestion of dioxins of the Japanese, based on the data from a study by the Ministry of Health and Welfare (Toyoda *et al.*, 1999). Since our previous study (Kitamura *et al.*, 2001) indicated that 80% of dioxins to which intestines are exposed might be absorbed, prevention of absorption from intestines would be one important approach to reducing body burden of dioxins. Aozasa *et al.* (2000) reported efficient elimination of dioxins by feeding chitosan-bound chlorophilline to rats. This line of study may be useful to reduce body burden of dioxins in humans.

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Table 1. Diagnoses at death

Female			Male			
Age	Disease	Age	Disease			
29	Acute myelocytic leukemia	21	Cerebral palsy			
33	Spinal cord tumor	50	Brain tumor			
53	Polyarteritis	52	Dissecting aneurysm			
58	Pancreatic carcinoma	63	Acute cardiac infarction			
73	Rheumatoid arthritis	63	Lung cancer			
74	Malignant lymphoma, Diabetes mellitus	65	Pulmonary fibrosis			
75		66	Pancreatic carcinoma			
76	Acute myelocytic leukemia	67	Hepatoma, Gastric cancer			
77	Urinary bladder cancer	68	Primary biliary cirrhosis			
83	Cor pulmonale	68	Urothelial cancer			
84	Urothelial cancer	68	Malignant lymphoma, Colon cancer			
85	Ovarian cancer	68	Prostate cancer			
		73	Lung cancer			
		77	Hepatoma, Malignant lymphoma			
		77	Lung cancer			

Table 2. PCDD/PCDF/Co-PCB Levels in Bile, Blood and Liver

	Mean ± SD (pg / g lipid)				Mean ± SD (pg TEQ / g lipid)				
_	Bile		Bloo	d	Live	er	Bile	Blood	Liver
2,3,7,8-TCDD	3.6 ±	3.5	2.6 ±	2.0	8.0 ±	6.5	3.6 ± 3.5	2.6 ± 2.0	8.0 ± 6.5
1,2,3,7,8-PeCDD	10.5 ±	8.3	9.9 ±	6.4	24.4 ±	16.8	10.5 ± 8.3	9.9 ± 6.4	24.4 ± 16.8
1,2,3,4,7,8-HxCDD	2.9 ±	2.9	4.1 ±	3.1	10.8 ±	6.1	0.3 ± 0.3	0.4 ± 0.3	1.1 ± 0.6
1,2,3,6,7,8-HxCDD	29.7 ±	24.7	41.1 ±	24.9	101.4 ±	52.7	3.0 ± 2.5	4.1 ± 2.5	10.1 ± 5.3
1,2,3,7,8,9-HxCDD	4.2 ±	3.2	6.1 ±	4.8	12.7 ±	6.3	0.4 ± 0.3	0.6 ± 0.5	1.3 ± 0.6
1,2,3,4,6,7,8-HpCD	20.0 ±	47.4	43.0 ±	111.8	143.9 ±	170.4	0.2 ± 0.5	0.4 ± 1.1	1.4 ± 1.3
OCDD		595.7	548.4 ±	614.7	2646.9 ±	3856.6	0.0 ± 0.1	0.1 ± 0.1	0.3 ± 0.4
2,3,7,8-TCDF	1.1 ±	1.2	0.9 ±	1.0	2.4 ±	1.8	0.1 ± 0.1	0.1 ± 0.1	0.2 ± 0.2
1,2,3,7,8-PeCDF	0.6 ±	0.6	0.9 ±	0.7	3.0 ±	2.3	0.0 ± 0.0	0.0 ± 0.0	0.2 ± 0.1
2,3,4,7,8-PeCDF	19.7 ±	16.4	17.7 ±	13.0	61.3 ±	40.1	9.9 ± 8.2	8.8 ± 6.5	$30.6 \pm 20.$
1,2,3,4,7,8-HxCDF	5.6 ±	4.2	8.4 ±	6.7	32.2 ±	19.3	0.6 ± 0.4	0.8 ± 0.7	3.2 ± 1.9
1,2,3,6,7,8-HxCDF	6.4 ±	6.4	10.5 ±	9.3	53.9 ±	38.2	0.6 ± 0.6	1.1 ± 0.9	5.4 ± 3.5
2,3,4,6,7,8-HxCDF	2.8 ±	2.4	5.9 ±	7.0	26.8 ±	19.2	0.3 ± 0.2	0.6 ± 0.7	2.7 ± 1.9
1,2,3,7,8,9-HxCDF	0.3 ±	0.5	0.7 ±	0.8	2.7 ±	2.4	0.0 ± 0.1	0.1 ± 0.1	0.3 ± 0.3
1,2,3,4,6,7,8-HpCD	2.2 ±	3.1	5.3 ±	6.2	53.0 ±	61.6	0.0 ± 0.0	0.1 ± 0.1	0.5 ± 0.6
1,2,3,4,7,8,9-HpCD	0.2 ±	0.6	0.7 ±	1.1	8.0 ±	6.6	0.0 ± 0.0	0.0 ± 0.0	$0.1 \pm 0.$
OCDF	0.3 ±	0.6	0.7 ±	1.1	8.2 ±	10.7	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0
3,3',4,4'-TCB	34.2 ±	78.4	62.4 ±	62.4	209.9 ±	369.2	0.0 ± 0.0	0.0 ± 0.0	0.0 ± 0.0
3,3'4,4',5-PeCB	124.8 ±	104.6	122.4 ±	71.3	352.8 ±	180.0	12.5 ± 10.5	12.2 ± 7.1	35.3 ± 18.9
3,3'4,4'5,5'-HxCB	126.7 ±	244.4	121.0 ±	87.5	274.4 ±	162.1	1.3 ± 2.4	1.2 ± 0.9	2.7 ± 1.
ncop-	376.0 ±	648.8	655.2 ±	723.9	2948.1 ±	4017.7	18.0 ± 13.8	18.1 ± 10.9	46.6 ± 25.
PCDDs	376.0 ±	30.6	51.6 ±		251.4 ±		11.5 ± 9.3	11.6 ± 8.4	$43.2 \pm 24.$
PCDFs	39.1 ± 285.6 ±		305.8 ±		837.1 ±		13.7 ± 11.1	13.5 ± 7.6	$38.0 \pm 19.$
Co-PCBs Total		773.1	1012.6 ±		4036.6 ±		43.2 ± 30.9	43.1 ± 24.2	127.8 ± 57.

Table 3. Comparisons of PCDD / PCDF/ Co-PCB Levels among Bile, Blood and Liver

	Bile / Blood	Liver / Blood	Liver / Bile	
	Mean ± SD	Mean ± SD	Mean ± SI	
pg/g lipid	1.5 ± 1.5	3.3 ± 2.7	3.7 ± 5.3	
2,3,7,8-TCDD	1.1 ± 0.6	3.2 ± 3.2	3.1 ± 2.4	
1,2,3,7,8-PeCDD	0.7 ± 0.4	3.7 ± 2.9	7.0 ± 6.0	
1,2,3,4,7,8-HxCDD	0.7 ± 0.5	3.1 ± 2.5	$6.5 \pm 7.$	
1,2,3,6,7,8-HxCDD 1,2,3,7,8,9-HxCDD	0.7 ± 0.3 0.8 ± 0.7	3.1 ± 2.6	4.4 ± 4.6	
	0.7 ± 0.6	9.3 ± 12.1	24.8 ± 41.6	
1,2,3,4,6,7,8-HpCDD	0.7 ± 0.0 0.8 ± 1.1	7.2 ± 6.6	20.4 ± 33.	
OCDD	0.8 ± 1.1	7.2 = 0.0		
2,3,7,8-TCDF	1.5 ± 1.8	2.1 ± 1.3	$2.6 \pm 2.$	
1,2,3,7,8-PeCDF	0.8 ± 1.2	3.9 ± 3.7	$6.4 \pm 10.$	
2,3,4,7,8-PeCDF	1.1 ± 0.6	4.2 ± 2.2	$4.9 \pm 4.$	
1,2,3,4,7,8-HxCDF	0.8 ± 0.5	5.4 ± 3.6	$7.9 \pm 5.$	
1,2,3,6,7,8-HxCDF	0.7 ± 0.5	7.6 ± 6.7	$15.2 \pm 16.$	
2,3,4,6,7,8-HxCDF	0.7 ± 0.6	7.3 ± 5.8	$16.3 \pm 16.$	
1,2,3,7,8,9-HxCDF	0.7 ± 1.7	4.0 ± 5.0	$5.6 \pm 8.$	
1,2,3,4,6,7,8-HpCDF	0.5 ± 0.6	21.6 ± 34.3	$39.6 \pm 58.$	
1,2,3,4,7,8,9-HpCDF	0.5 ± 1.1	8.5 ± 8.8	$12.3 \pm 13.$	
OCDF	0.1 ± 0.2	6.1 ± 10.7	$18.9 \pm 33.$	
3,3',4,4'-TCB	0.8 ± 1.2	8.1 ± 13.7	13.6 ± 27	
3,3'4,4',5-PeCB	1.1 ± 0.7	3.8 ± 2.7	4.8 ± 4	
3,3'4,4'5,5'-HxCB	0.9 ± 0.9	2.9 ± 1.8	6.8 ± 7	
Congener group-pg TEO	Q/g lipid			
PCDDs	1.0 ± 2.1	1.9 ± 1.9	2.7 ± 4	
PCDFs	0.9 ± 1.4	3.5 ± 4.3	3.7 ± 5	
Co-PCBs	1.0 ± 1.5	2.0 ± 1.4	2.7 ± 3	
Total	1.1 ± 2.8	2.6 ± 3.2	3.2 ± 7	

Table 4. Daily Secretion of Dioxins into Bile

pg TEQ/day						
PCDDs	22.8 ±	23.2				
PCDFs	14.3 ±	14.3				
Co-PCB	$16.7 \pm$	17.7				
Total	53.9 ±	52.5				

Table 5. Relation between age and retraissTEQ

Table 3. Relation bet	moon age a		n equation*	Correlation	
Dioxin congeners	Organ	a	b	coefficient	P value
20 congeners (total)	Bile	0.991	-20.870	0.520	< 0.01
20 Congeners (voice)	Blood	0.704	-2.370	0.473	< 0.05
	Liver	1.910	4,360	0.539	< 0.01
2,3,7,8-TCDD	Bile	0.082	-1.739	0.386	< 0.05
2,3,7,0-1000	Blood	0.048	-0.567	0.402	< 0.05
	Liver	0.182	-3.820	0.467	<0.05
1,2,3,7,8-PeCDD	Bile	0.203	-2.761	0.407	< 0.05
1,2,3,7,010000	Blood	0.185	-2.088	0.479	< 0.05
	Liver	0.238	8.857	0.236	>0.05
1,2,3,6,7,8-HxCDD	Bile	0.065	-1.261	0.438	< 0.05
1,2,5,0,7,0 121022	Blood	0.031	2.074	0.210	>0.05
	Liver	0.099	3.699	0.313	>0.05
2,3,4,7,8-PeCDF	Bile	0.206	-3.548	0.421	<0.05
2,5,1,7,010021	Blood	0.199	-4.102	0.511	< 0.01
	Liver	0.494	-1.526	0.411	< 0.05
3,3'4,4',5-PeCB	Bile	0.280	-5.732	0.446	<0.05
3,3 4,4 ,3 1 002	Blood	0.089	6.459	0.208	>0.05
	Liver	0.474	4.370_	0.440	<0.05

^{*} Regression equation, y = ax + b pg TEQ /g lipid

Legends to Figures

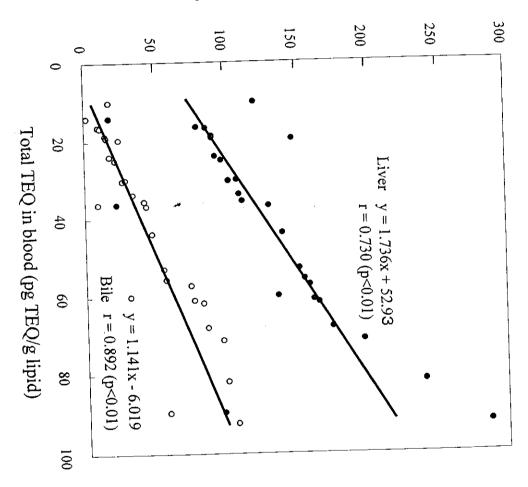
Fig. 1.

Dioxin TEQ: Relationship among blood, bile and liver. Open circles indicate bile and blood TEQ, and closed circle liver and blood TEQ of each autopsy sample.

Fig.2.

Relationships between age and total-TEQ, and age and major five dioxin congeners. 2a), total-TEQ in bile, blood and liver: 2b), 2,3,7,8-TCDD in bile, blood and liver: 2c), 1,2,3,7,8-PeCDD in bile, blood and liver: 2d), 1,2,3,6,7,8-HxCDD in bile, blood and liver: 2e), 2,3,4,7,8-PeCDF in bile, blood and liver: 2f), 3,3'4,4',5-PeCB in bile, blood and liver.

Total TEQ in bile and liver (pg TEQ/g lipid)



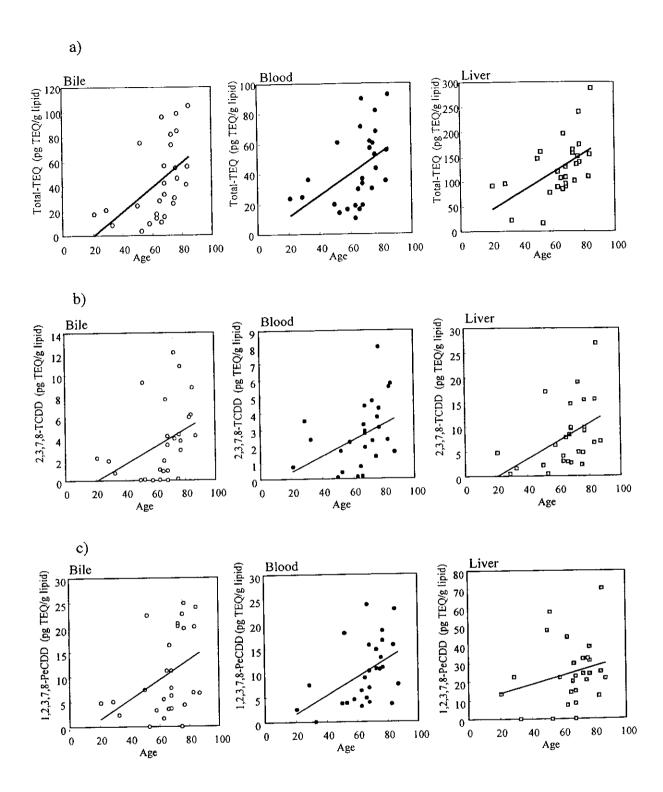


Fig. 2-1, Kitamura et al

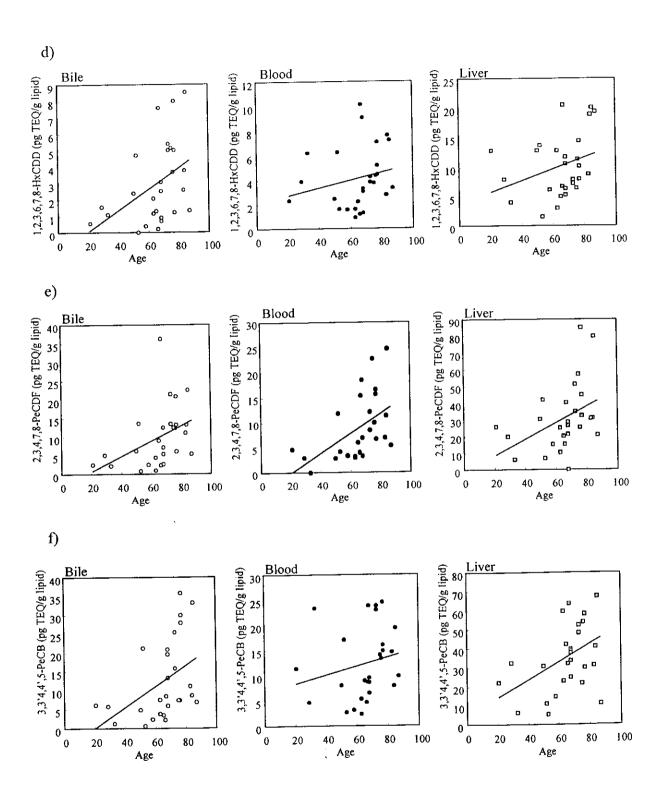


Fig. 2-2 Kitamura et al