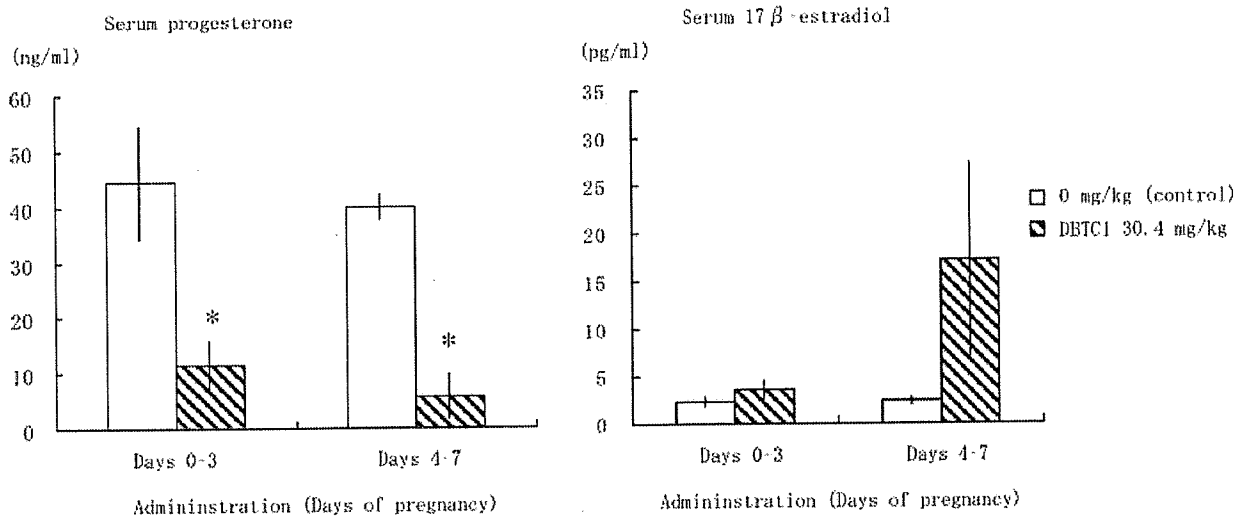

Fig. 1. Serum progesterone and 17β-estradiol levels in female mice given DBTCl on days 0–3 or days 4–7 of pregnancy. Blood samples were collected on day 4 or day 8 of pregnancy, 24 h after the last administration of DBTCl. Values are given as the mean ± SEM of seven or eight mice. *Significantly different from the control group, $P < 0.05$.

the resorption of implantation sites. The most striking adverse effects of DBTCl on reproduction and development were a decrease in pregnancy rate, complete implantation failure, when DBTCl was given to mice on days 0–3 of pregnancy. The findings of an increased incidence of preimplantation embryonic loss in successfully mated females, and an increased incidence of postimplantation embryonic loss and low fetal weight in pregnant females survived until scheduled sacrifice after the administration of DBTCl on days 0–3 of pregnancy may suggest that DBTCl adversely affects preimplantation embryos and also the later survival and growth of embryos/fetuses when administered during the preimplantation period. On the other hand, the predominant adverse effects of DBTCl on reproduction and development were postimplantation loss, complete litter loss, when DBTCl was given to mice on days 4–7 of pregnancy. The findings of an increase in the incidence of postimplantation embryonic loss and a decrease in the fetal weight after administration of DBTCl on days 4–7 of pregnancy may suggest that DBTCl has effects on the later survival and growth of embryos/fetuses when administered during the peri-implantation period. Considered collectively, these findings indicate that the manifestation of adverse effects of DBTCl on reproduction and development varies with the stages of pregnancy at the time of maternal exposure.

The corpora lutea are essential up to the end of pregnancy in mice (Deansely, 1966). The embryo transport process in mice is triggered by progesterone and requires progesterone activity for its maintenance (Kendle and Lee, 1980). In mice, 24 h of progesterone priming is not only adequate for implantation, but this priming has a long-term effect on implantation (Huet-Hudson and Dey, 1990). In our previous studies in rats, increases in the incidences of early embryonic loss were observed after the administration of DBTCl during early pregnancy (Ema and Harazono, 2000ab). The suppression of uterine decidualization and reduced levels of serum progesterone were found in female rats given DBTCl on days 0–3 or days 4–7 of pseudopregnancy (Harazono and Ema, 2003), and lowered reproductive parameters in female rats given DBTCl were recovered by the administration of progesterone (Ema et al., 2003). Based on these findings, we hypothesized that the decline in serum progesterone levels in pregnant animals was a primary mechanism for the implantation failure due to DBTCl in rats. In the present study in mice, a decline in serum progesterone levels was detected after the administration of DBTCl during early pregnancy. These findings are in good agreement with previous findings that DBTCl induced early embryonic loss and decreased serum progesterone levels in pregnant rats. There is a similarity in the effects of DBTCl on progesterone levels in early pregnancy in rats and mice, and these suggest that the decline in the serum progesterone levels is also the factor responsible for the DBTCl-induced pregnancy failure in mice. Early pregnancy failure was also caused by systemic activation of the CD-40 immune costimulatory pathway in mice (Erlebacher et al., 2004). They noted that pregnancy failure resulted from impaired progesterone synthesis by the corpus luteum of the ovary, an endocrine defect in turn associated with ovarian resistance to the gonadotropic effects of prolactin and that pregnancy failure also required the proinflammatory cytokine TNF-a and correlated with the luteal induction of the prolactin receptor signaling inhibitors suppressor of cytokine signaling 1

(Socs1) and Socs3. Our results of the present study may support their argument. To further evaluate the adverse effects of DBTCl during early pregnancy, determination of the gene expression profile in the uterus of mice and rats is currently in progress.

In conclusion, DBTCl adversely affects the initiation and maintenance of pregnancy when administered during early pregnancy in mice, and the present data suggest that the decline in progesterone is the responsible factor for the early pregnancy failure in mice.

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Prenatal developmental toxicity study of the basic rubber accelerator, 1,3-di-*o*-tolylguanidine, in rats

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Abstract

Pregnant rats were given 1,3-di-*o*-tolylguanidine (DTG) by gavage at 0, 10, 20 or 40 mg/kg bw/day on days 6–19 of pregnancy and the pregnancy outcome was determined on day 20 of pregnancy. At 40 mg/kg bw/day, deaths were observed in four out of 24 females. The incidences of females showing mydriasis at 20 and 40 mg/kg bw/day and showing decreased locomotor activity at 40 mg/kg bw/day were significantly increased. Alopecia, bradypnea, prone position and tremor were also observed at 40 mg/kg bw/day. The maternal body weight gain at 20 and 40 mg/kg bw/day and food consumption at 40 mg/kg bw/day were significantly reduced. A significantly decreased weight of the gravid uterus, increased incidence of postimplantation loss, decreased number of live fetuses, and lowered weights of fetuses and placentae were found at 40 mg/kg bw/day. The incidences of the total number of fetuses with external malformations at 40 mg/kg bw/day and with skeletal malformations at 20 and 40 mg/kg bw/day were significantly increased. Significantly higher incidences of fetuses with brachydactyly and short tail and defects of caudal vertebrae, phalanges and metacarpals were observed at 40 mg/kg bw/day. Delayed ossification was also noted at 40 mg/kg bw/day. The data indicate that DTG is teratogenic at maternal toxic doses and the NOAELs of DTG for maternal and developmental toxicity are 10 mg/kg bw/day in rats.

Keywords: Di-*o*-tolylguanidine; Rubber accelerator; Sigma ligand; Prenatal developmental toxicity; Teratogenicity; Malformation; Rat

1. Introduction

1,3-Di-*o*-tolylguanidine (CAS No. 97-39-2; DTG) is produced in the million pound range annually in the USA [1] and used as a basic rubber accelerator [2]. DTG is known to be a selective ligand receptor for the sigma site in the mammalian central nervous system [3]. Many findings have suggested that the sigma site plays a role in movement and posture through its association with brainstem and forebrain motor control circuits [4]. DTG has been reported to cause hypothermia after intraperitoneal injection in mice [5] and subcutaneous or intracerebroventricle injection in rats [6,7]. Intraperitoneal injection of DTG reduced the pain behavior in the acute phase, but increased pain behavior in the tonic phase in the formalin test in mice [8], and produced significant, but short-lived, increases in the withdrawal latencies in mice [5]. In rats, DTG also caused circling behavior after unilateral intranigral injection [4], decreased locomotor activity after intraperitoneal injection [9,10], increased bladder capacity after intravenous injection in the anaesthetized condition [11], and no change in immobility time in the forced swimming test after intraperitoneal injection [12].

It is generally assumed that the biological effects produced by chemicals should be studied in laboratory animals to investigate possible influences in human health, and the results of animal tests on chemical toxicity are relevant to humans [13]. Toxicological studies on DTG have given little information on acute animal toxicity [14]: intraperitoneal LD50 was 25 mg/kg bw in mice; the oral LD50 was 500 mg/kg bw in rats; the lowest published lethal dose of oral administration was 80 mg/kg bw in rabbits; and the lowest published lethal dose was 120 mg/kg bw after oral administration in mammals, species unspecified. We recently investigated the reproductive and developmental toxicity of DTG, according to the OECD guideline 421 reproduc-

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tion/developmental toxicity screening test in rats given DTG by gavage at 0, 8, 20 or 50 mg/kg bw/day [15], to obtain the preliminary information on the reproductive and developmental effects of DTG, because the testing for reproductive and developmental toxicity has become an important part of the overall toxicology. Males were given DTG for a total of 49 days beginning 14 days before mating, and females were given DTG for a total of 40–49 days beginning 14 days before mating to day 3 of lactation throughout the mating and gestation period. In this screening study, deaths in both sexes at 50 mg/kg bw/day, lowered body weight gain and food consumption in males at 50 mg/kg bw/day and females at 20 and 50 mg/kg bw/day, and neurobehavioral changes such as mydriasis, decreased locomotor activity, bradypnea, prone position, tremor and/or salivation in both sexes at 20 and 50 mg/kg bw/day were found. Although no effects of DTG were detected on the estrous cyclicity, precoital interval, copulation, fertility and gestation indexes, numbers of corpora lutea and implantations, and gestation length, significant decreases in the number, body weight and viability of offspring and a significant increase in the incidence of fetuses with external malformations were noted at 50 mg/kg bw/day. Oligodactyly, anal atresia and tail anomalies were frequently observed at the highest dose. The total number of fetuses with external malformations, but not individual malformation, was significantly increased at 50 mg/kg, and the teratogenic effect of DTG was strongly suggested. However, this screening test does not provide complete information on all aspects of reproduction and development due to the relatively small numbers of animals in the dose groups and selectivity of the endpoints. Only external examination in the newborn rats was performed, and no internal or skeletal examinations were carried out in this screening test. The prenatal developmental toxicity study was therefore conducted to accurately evaluate the developmental toxicity, including the teratogenicity of DTG in rats.

2. Materials and methods

This study was performed in compliance with OECD guideline 414 Prenatal Developmental Toxicity Study [16] and in accordance with the principles for Good Laboratory Practice [17], "Law for the Humane Treatment and Management of Animals" [Law No. 105, October 1, 1973, revised June 15, 2005] and "Standards Relating to the Care and Management, etc. of Experimental Animals" [Notification No. 6, March 27, 1980 of the Prime Minister's Office].

2.1. Animals

International Genetic Standard (Crj: CD (SD) IGS) rats were used throughout this study. This strain was chosen because it is most commonly used in toxic studies, including reproductive and developmental toxicity studies, and historical control data are available. Males at 11 weeks of age and females at 10 weeks of age were purchased from Atsugi Breeding Center, Charles River Japan, Inc. (Yokohama, Japan). The rats were acclimatized to the laboratory for five days prior to the start of the experiment. Male and female rats found to be in good health were selected for use. Animals were reared on a sterilized basal diet (CRF-1; Oriental Yeast Co., Ltd., Tokyo, Japan) and filtered tap water ad libitum, and they were maintained in an air-conditioned room at 22 ± 3 °C, with a relative humidity of 50 ± 20%, a 12-h light/dark cycle, and ventilation of 10–15 air changes/hour. Virgin female rats were mated overnight with male rats. The day when the sperm in the vaginal smear and/or vaginal plug were detected was considered to be day 0 of pregnancy. The copulated females were distributed into four groups to equalize the female body weights among groups. The copulated females were housed individually.

2.2. Chemicals and dosing

DTG was obtained from Sumitomo Chemical Co., Ltd. (Tokyo, Japan). DTG, a white powder, is slightly soluble in hot water and alcohol, soluble in chloroform, and very soluble in ether, and its melting point is 179 °C, specific gravity is 1.10 and molecular weight is 239.3 [2]. The DTG (Lot no. 34K21) used in this study was 99.5% pure, and it was kept in a dark place at room temperature. The purity and stability of the chemical were verified by analysis before and after the study. Rats were dosed once daily by gastric intubation with DTG at a dose of 0 (control), 10, 20 or 40 mg/kg bw on days 6 through 19 of pregnancy. The dosage levels were determined based on the results of our reproduction/developmental toxicity screening test [15], in which deaths at 50 mg/kg bw/day and neurobehavioral changes and lowered body weight gain and food consumption at 20 and 50 mg/kg bw/day in females, and decreases in the number, body weight and viability of offspring and increased incidence of fetuses with malformations at 50 mg/kg bw/day were found. DTG was suspended in 0.5% (w/v) carboxymethylcellulose–Na solution with 0.1% (w/v) Tween 80. The volume of each dose was adjusted to 5 ml/kg body weight based on daily body weight. The control rats were given only 0.5% (w/v) carboxymethylcellulose–Na solution with 0.1% (w/v) Tween 80. The stability of formulations has been confirmed for up to 8 days. During use, the formulations were maintained under such conditions for less than 7 days, and each formulation was analyzed for concentration of DTG and the results revealed 90.3–99.5% of the intended concentration.

2.3. Observations

All females were observed daily during the pre-administration period and on the day of sacrifice, and twice a day (before and after administration) during the administration period for clinical signs of toxicity. Maternal body weight was recorded on days 0, 3 and 6–20 of pregnancy. Food consumption was recorded on days 0, 3, 6, 9, 12, 15, 18 and 20 of pregnancy. The pregnant rats were euthanized by exsanguination under ether anesthesia on day 20 of pregnancy. The peritoneal cavity was opened, and the uterus was removed from the maternal body and weighed. The numbers of corpora lutea, implantation sites, live and dead fetuses and resorptions were counted. The live fetuses were removed from the uterus and sexed, weighed and inspected for external malformations and malformations within the oral cavity. Approximately one-half of the live fetuses in each litter were randomly selected, fixed in alcohol, stained with alizarin red S and alician blue [18] and examined for skeletal anomalies. The remaining live fetuses in each litter were fixed in Bouin's solution. Their heads were subjected to free-hand razor-blade sectioning [19], and the thoracic areas were subjected to microdissecting [20] to reveal internal abnormalities.

2.4. Data analysis

The statistical analysis of fetuses was carried out using the litter as the experimental unit. Maternal body weight, body weight gain, adjusted weight gain, weight of the gravid uterus, food consumption, numbers of corpora lutea, implantations and live fetuses, fetal weight and placental weight were analyzed for statistical significance as follows. Bartlett's test of homogeneity of variance was used to determine if the groups had equivalent variances at the 5% level of significance. If the variances were equivalent, the groups were compared by one-way analysis of variance. If significant differences were found, Dunnett's multiple comparison test was performed. If the groups did not have equivalences, the Kruskal–Wallis test was used to assess the overall effects. Whenever significant differences were noted, pair-wise comparisons were made using the Mann–Whitney *U*-test. The incidences of pre- and postimplantation embryonic loss and fetuses with malformations and variations and sex ratio of live fetuses were analyzed using Wilcoxon's rank sum test. The rates of pregnancy, nonpregnancy and females showing clinical signs of toxicity were analyzed with Fisher's exact test. The 0.05 level of probability was used as the criterion for significance.

Table 1
Maternal findings in rats given DTG on days 6–19 of pregnancy

Dose (mg/kg)	0 (control)	10	20	40
No. of rats	24	24	24	24
No. of pregnant rats	24	24	24	24
Initial body weight	256 ± 13	256 ± 13	256 ± 13	256 ± 13
No. of females showing clinical sign of toxicity				
Death	0	0	0	4
Alopecia	2	2	3	2
Bradypnea	0	0	0	2
Decreased locomotor activity	0	0	1	11**
Mydriasis	0	0	12**	24**
Prone position	0	0	0	3
Salivation	0	0	2	2
Soil of perigenital	0	0	1	4
Tremor	0	0	0	2
Body weight gain during pregnancy (g)[a]				
Days 0–6	40 ± 8	39 ± 8	40 ± 8	39 ± 8
Days 6–15	50 ± 7	49 ± 9	37 ± 11**	23 ± 10**
Days 15–20	77 ± 9	77 ± 9	71 ± 10	47 ± 16**
Days 0–20	167 ± 17	165 ± 21	148 ± 24**	109 ± 21**
Adjusted weight gain[b]	88 ± 15	87 ± 19	77 ± 15	49 ± 17**
Food consumption during pregnancy (g/day)[a]				
Days 0–6	23 ± 2	23 ± 2	23 ± 2	23 ± 2
Days 6–15	26 ± 2	26 ± 2	24 ± 3	20 ± 3**
Days 15–20	28 ± 2	28 ± 3	26 ± 2	22 ± 3**
Days 0–20	25 ± 2	26 ± 2	24 ± 2	21 ± 2**
Weight of gravid uterus (g)[a]	79 ± 10	78 ± 11	72 ± 15	59 ± 10**

[a] Values are given as the mean ± S.D.
[b] Adjusted weight gain refers to maternal weight gain excluding the gravid uterus.
** Significantly different from the control ($p < 0.01$).

3. Results

Table 1 shows the maternal findings in rats given DTG on days 6–19 of pregnancy. At 40 mg/kg bw/day, death was found on day 8 of pregnancy in two females and on days 7 and 19 of pregnancy in one female each. Statistically significant increases in the incidence of mydriasis occurred at 20 and 40 mg/kg bw/day, and in decreased locomotor activity at 40 mg/kg bw/day. Additional findings that appeared to be treatment related, but not statistically significant were decreased locomotor activity at 20 mg/kg bw/day, salivation and soil of the perigenital area at 20 and 40 mg/kg bw/day, and bradypnea, prone position and tremors at 40 mg/kg bw/day. These signs were observed consistently throughout the dosing period and relatively higher incidences of these signs were noted during the early administration period. Maternal body weight gain was significantly decreased on days 6–15 and 0–20 of pregnancy at 20 mg/kg bw/day, and on days 6–15, 15–20 and 0–20 of pregnancy at 40 mg/kg bw/day. Adjusted weight gain, the net weight gain of maternal rats during pregnancy, and the weight of the gravid uterus were also significantly reduced at 40 mg/kg bw/day. At this dose, food consumption was significantly lowered on days 6–15, 15–20 and 0–20 of pregnancy.

Table 2 presents the reproductive findings in rats given DTG on days 6–19 of pregnancy. No dam with total litter loss was observed in any group. No effects of DTG were found on the numbers of corpora lutea and implantations, or the incidence of preimplantation loss. At 40 mg/kg bw/day, a significantly increased incidence of postimplantation loss, a decreased number of live fetuses and lowered weights of male and female fetuses and placentae were noted. The sex ratio of live fetuses was significantly reduced in the DTG-treated groups.

The summarized results of external and internal examinations in fetuses of rats given DTG on days 6–19 of pregnancy are shown in Table 3. No fetuses with external malformations were observed in the control group. One fetus with cleft palate was found at 10 mg/kg bw/day. Fetuses with external malformations were found in 13 out of the 328 fetuses (three out of the 24 litters) at 20 mg/kg bw/day and 33 out of the 251 fetuses (11 out of the 20 litters) at 40 mg/kg bw/day, and significantly increased incidence of the total number of fetuses with external malformations was noted at 40 mg/kg bw/day. Incidences of fetuses with brachydactyly and with short tail were increased at 20 and 40 mg/kg bw/day, and significantly increased incidences were found at 40 mg/kg bw/day. As for internal malformations, one fetus each with microphthalmia in the control and 20 mg/kg bw/day groups, one fetus with dilatation of the lateral ventricles in the control group and one fetus with undescended testes in the 40 mg/kg bw/day were observed. Variations in the internal organs were observed in 11–19 fetuses in all groups. However, no significant differences in the incidences of

Table 2
Reproductive findings in rats given DTG on days 6–19 of pregnancy

Dose (mg/kg)	0 (control)	10	20	40
No. of litters	24	24	24	20
No. of litters totally resorbed	0	0	0	0
No. of corpora lutea per litter[a]	15.7 ± 2.1	14.8 ± 1.6	14.9 ± 1.9	15.3 ± 1.5
No. of implantations per litter[a]	15.3 ± 1.9	14.7 ± 1.8	14.2 ± 2.7	15.2 ± 1.4
% Preimplantation loss per litter[b]	2.4	0.9	5.6	0.9
% Postimplantation loss per litter[c]	3.5	3.4	4.8	16.4**
No. of live fetuses per litter[a]	14.8 ± 1.9	14.2 ± 2.1	13.7 ± 2.9	12.6 ± 1.9**
Sex ratio of live fetuses (male/female)	0.56	0.49*	0.46*	0.46*
Body weight of live fetuses (g)[a]				
Male	3.64 ± 0.17	3.72 ± 0.18	3.59 ± 0.24	3.19 ± 0.31**
Female	3.42 ± 0.16	3.53 ± 0.25	3.41 ± 0.18	3.03 ± 0.26**
Placental weight (g)[a]	0.47 ± 0.04	0.47 ± 0.03	0.50 ± 0.16	0.40 ± 0.04**

[a] Values are given as the mean ± S.D.
[b] (No. of preimplantation embryonic loss/no. of corpora lutea) × 100.
[c] (No. of resorptions and dead fetuses/no. implantations) × 100.
* Significantly different from the control ($p < 0.05$).
** Significantly different from the control ($p < 0.01$).

fetuses with internal malformations and variations were detected between the control and DTG-treated groups.

The summarized results of skeletal examinations in the fetuses of rats given DTG on days 6–19 of pregnancy are presented in Table 4. Fetuses with skeletal malformations were found in one out of the 184 fetuses (one out of the 24 litters) in the control group, one out of the 176 fetuses (one out of the 24 litters) at 10 mg/kg bw/day, 13 out of the 170 fetuses (six out of the 24 litters) at 20 mg/kg bw/day, and 26 out of the 130 fetuses (12 out of the 20 litters) at 40 mg/kg bw/day. Significantly higher incidences of the total number of fetuses with skeletal malformations were observed at 20 and 40 mg/kg bw/day. Incidences of fetuses with absence, fusion or malposition of the caudal vertebrae and with absence or fusion of phalanges were higher at 20 and 40 mg/kg bw/day, and significantly increased incidences of fetuses with these malformations and fetuses with the absence or fusion of metacarpals were found at 40 mg/kg bw/day. Although skeletal variations in the vertebral column, ribs and sternebrae were observed in all groups, no significant differences in the incidences of fetuses with skeletal variations were detected between the control and DTG-treated groups. A significantly delayed ossification, as evidenced by the numbers of sacral and caudal vertebrae, sternebrae, and metatarsi, was also noted at 40 mg/kg bw/day.

4. Discussion

In order to obtain further information on the reproductive and developmental toxicity of DTG, the present study was conducted in compliance with OECD guideline 414 Prenatal Developmental Toxicity Study [16]. DTG was given to pregnant rats during the time of implantation to the term of pregnancy to

Table 3
External and internal examinations in fetuses of rats given DTG on days 6–19 of pregnancy

Dose (mg/kg)	0 (control)	10	20	40
External examination				
Total no. of fetuses (litters) examined	354 (24)	341 (24)	328 (24)	251 (20)
Total no. of fetuses (litters) with malformations	0	1	13 (3)	33 (11)**
Cleft palate	0	1	0	0
Brachydactyly	0	0	8 (3)	31 (11)**
Short tail	0	0	7 (2)	10 (7)**
Internal examination				
Total no. of fetuses (litters) examined	170 (24)	165 (24)	158 (24)	121 (20)
Total no. of fetuses (litters) with malformations	1	0	1	1
Microphthalmia	1	0	1	0
Dilatation of lateral ventricles	1	0	0	0
Undescended testes	0	0	0	1
Total no. of fetuses (litters) with variations	16 (10)	11 (9)	13 (7)	19 (12)
Thymic remnants in neck	13 (10)	8 (7)	12 (7)	17 (11)
Dilated renal pelvis	2 (2)	2 (2)	0	0
Left umbilical artery	1	1	1	2 (2)

** Significantly different from the control ($p < 0.01$).

Table 4
Skeletal examinations in fetuses of rats given DTG on days 6–19 of pregnancy

Dose (mg/kg)	0 (control)	10	20	40
Total no. of fetuses (litters) examined	184(24)	176(24)	170(24)	130(20)
Total no. of fetuses (litters) with malformations	1	1	13(6)*	26(12)**
Split cartelige of thoracic centrum	0	0	1	1
Fused cartilage of cervical vertebral arches	0	1	1	1
Fused cartilage of ribs	1	0	0	0
Absence, fusion or malposition of caudal vertebrae	0	0	8(3)	10(8)**
Absence or fusion of phalanges	0	0	5(3)	18(9)**
Fusion of metacarpal/metatarsal and phalanx	0	0	0	2(2)
Absence or fusion of metacarpals	0	0	0	4(4)*
Shortening of tibia and fibula	0	0	0	1
Total no. of fetuses (litters) with variations	10(7)	16(9)	16(11)	12(8)
Bipartite ossification of thoracic centrum	0	2(1)	1	0
Dumbbell ossification of thoracic centrum	0	1	0	0
Unossified thoracic centrum	1	1	0	1
Variation of number of lumbar vertebrae	1	0	0	2(1)
Wavy ribs	0	1	1	0
Short supernumerary rib	9(6)	12(7)	14(10)	4(4)
Short 13th rib	0	0	0	2(2)
Sacralization of lumbar vertebra	0	0	0	2(1)
Bipartite ossification of sternebra	0	0	1	1
Asymmetry of sternebra	0	0	0	1
Degree of ossification[a]				
No. of sacral and caudal vertebrae	7.3 ± 0.5	7.5 ± 0.5	7.5 ± 0.5	7.0 ± 0.6*
No. of sternebrae	4.6 ± 0.4	4.8 ± 0.5	4.6 ± 0.4	4.2 ± 0.4*
No. of metatarsals	8.0 ± 0.0	7.9 ± 0.3	7.8 ± 0.4	6.7 ± 1.4*

[a] Values are given as the mean ± S.D.
* Significantly different from the control ($p < 0.05$).
** Significantly different from the control ($p < 0.01$).

characterize the effects of DTG on embryonic/fetal development. The findings of the present study confirmed the results of a previous screening study and extended the understanding of the reproductive and developmental toxicity of DTG. The present data showed that the prenatal oral administration of DTG produced maternal toxicity, as evidenced by deaths, neurobehavioral changes, decreased body weight gain and reduced food consumption, and developmental toxicity, as evidenced by a high incidence of postimplantation loss, a decreased number of live fetuses and lower weight of fetuses, and teratogenicity, as evidenced by a higher incidence of fetuses with external and skeletal malformations.

DTG is a specific sigma receptor ligand [3] and sigma receptor ligands can modulate neurotransmissions, including the noradrenergic, glutamatergic and dopaminergic system [10,21,22]. The systemic injection of DTG has been reported to cause neurobehavioral changes in rats [4,6,7,9,22]. The present study shows that the oral administration of DTG also induced neurobehavioral changes at 20 and 40 mg/kg bw/day in pregnant rats. Lowered body weight gain at 20 and 40 mg/kg bw/day and food consumption at 40 mg/kg bw/day were also observed in pregnant rats. These findings indicate that DTG is maternally toxic at 20 mg/kg bw/day and higher.

The sex ratio (males/females) was significantly lowered in all DTG-treated groups. The values for sex ratio were 0.429–0.521 in the background control data for the last 6 years in the laboratory performed present study. Statistically significant changes in the sex ratio observed in the present study were considered to be unrelated to the administration of DTG, because the values for sex ratio in the DTG-treated groups were within the range of the historical control data, no increased embryonic/fetal deaths were detected at 10 and 20 mg/kg bw/day and the control value for the sex ratio was very high in the present study. A decreased number of live fetuses, increased incidence of postimplantation loss, and reduced weights of fetuses and placentae were detected at 40 mg/kg bw/day. A decreased number of live fetuses and increased incidence of postimplantation loss indicate embryonic/fetal lethality, and reduced weights of fetuses and placentae indicate intrauterine growth retardation. These findings indicate that DTG is toxic to embryonic/fetal survival or fetal growth at 40 mg/kg bw/day when administered during the time of implantation to the term of pregnancy.

In our previous reproductive and developmental screening test [15], the total number of fetuses with external malformations, but not individual malformation, was significantly increased at 50 mg/kg. At this dose, oligodactyly and tail anomalies were frequently observed, and the teratogenic effect of DTG was strongly suggested. No malformed fetuses were found at 20 mg/kg bw/day in our previous study. In the present study, morphological examinations in the fetuses of exposed mothers revealed increased incidence of fetuses with external and skeletal malformations at 20 and 40 mg/kg bw/day.

Fetuses with external, internal and/or skeletal malformations and/or variations were found in all groups. The malformations and variations observed in the present study are of the types that occur spontaneously among the control rat fetuses [23–26]. At 40 mg/kg bw/day, significantly higher incidences of the total number of fetuses with external and skeletal malformations were detected, and significantly higher incidences of individual types of external and skeletal malformation were also noted. At 20 mg/kg bw/day, the incidence of the total number of fetuses with skeletal malformations was significantly higher than that of control group. Although the incidence of individual types of skeletal malformation was not significantly increased at 20 mg/kg bw/day, types of external and skeletal malformations observed at this dose were the same as those observed at 40 mg/kg bw/day. Consideration of the sum of these findings suggests that a conservative estimate of the LOAEL for the teratogenic dose of DTG is 20 mg/kg bw/day in rats when administered during the time of implantation to the term of pregnancy. DTG caused suppression of body weight gain and neurobehavioral changes in dams and abnormally morphological development and developmental delay in the offspring of rats at 20 and 40 mg/kg bw/day. Therefore, the teratogenic effects of DTG at doses without maternal toxicity, a selective teratogenicity of DTG, was not found in the current study. There are no available reports in which the developmental toxicity of DTG is assessed in any other animal species. Further studies are needed to confirm the reproductive and developmental toxicity of DTG in additional species. Developmental neurotoxicity and multigeneration studies are also required to support the conclusion of the prenatal hazard of DTG.

In conclusion, DTG caused maternal neurobehavioral changes and decreased body weight gain at 20 mg/kg bw/day and higher, embryonic/fetal deaths and lowered fetal weight at 40 mg/kg bw/day, and increased incidence of fetuses with malformations at 20 mg/kg bw/day and higher when administered during the time of implantation to the term of pregnancy in rats.

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Developmental toxicity of dibutyltin dichloride in cynomolgus monkeys

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Abstract

Dibutyltin dichloride (DBTCl) has been shown to be teratogenic in rats. The present study was conducted to determine the teratogenic potential of DBTCl given to pregnant monkeys during the entire period of organogenesis. Cynomolgus monkeys were dosed once daily by nasogastric intubation with DBTCl at 0, 2.5 or 3.8 mg/kg on days 20–50 of pregnancy, the whole period of organogenesis. The pregnancy outcome was determined on day 100 of pregnancy. In both DBTCl-treated groups, a significant increase in the incidence of pregnant females with soft stool and/or diarrhea, and with yellowish stool was observed. Maternal body weight gain at 3.8 mg/kg and food consumption at 2.5 and 3.8 mg/kg were decreased during the administration period. The survival rate of fetuses at terminal cesarean sectioning was decreased in the DBTCl-treated groups and significantly decreased at 2.5 mg/kg. There were no changes in the developmental parameters of surviving fetuses, including fetal body weight, crown-rump length, tail length, sex ratio, anogenital distance and placental weight, in the DBTCl-treated groups. No external, internal or skeletal malformations were found in the fetuses in any group. Although internal and skeletal variations were found, no difference in the incidence of fetal variation was noted between the control and DBTCl-treated groups. No effect on skeletal ossification was observed in fetuses in the DBTCl-treated groups. The data demonstrate that DBTCl is embryolethal but not teratogenic in cynomolgus monkeys.

Keywords: Dibutyltin; Organotin; Teratogenicity; Embryolethality; Monkey

1. Introduction

Organotin compounds are widely used in agriculture and industry. The most important non-pesticidal route of entry of organotin compounds into the environment is through the leaching of organotin-stabilized polyvinyl chloride (PVC) by water [1], and its use in antifouling agents, resulting in the entry of organotin into the aquatic environment [2]. Disubstituted organotin compounds are commercially the most important derivatives, being used as heat and light stabilizers for PVC plastics to prevent degradation of the polymer during melting and the forming of the resin into its final products, as catalysts in the production of polyurethane foams, and as vulcanizing agents for silicone rubbers [3,4]. The identification of dibutyltin (DBT) and tributyltin (TBT) in aquatic marine organisms [5,6] and marine products [7] has been reported. TBT is degraded spontaneously and biochemically via a debutylation pathway to DBT in the environment [8,9]. Organotin compounds are introduced into foods by the use of pesticides and antifoulants and via the migration of tin from PVC materials [4].

We previously demonstrated that tributyltin chloride (TBTCl) during early pregnancy caused early embryonic loss [10–12], and TBTCl on days 10–12 and on days 13–15, but not on days 7–9 of pregnancy, produced fetal malformations in rats [13]. The predominant malformation induced by TBTCl was cleft palate [13,14]. It has been reported that TBT is metabolized to DBT and MBT, and DBT was metabolized to monobutyltin (MBT) [15–17]. DBT is also reported to have toxic effects on reproduction and development in rats [18]. The oral administration of dibutyltin dichloride (DBTCl) during early pregnancy caused early embryonic loss in rats [19–21]. The oral administration of DBTCl to rats throughout the period of organogenesis resulted in a significant increase in the incidence of fetuses with malformations [22], and rat embryos were highly susceptible to the

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teratogenic effects of DBTCl when it was administered on day 7 and 8 of pregnancy [23]. Dibutyltin diacetate (DBTA) [24–28], dibutyltin maleate, dibutyltin oxide, and dibutyltin dilaurate [26] were teratogenic in rats when administered orally. Developmental toxicity studies on butyltins suggest that the teratogenicity of DBT is different from that of tetrabutyltin (TeBT), TBT and MBT in its mode of action because the period of susceptibility to teratogenicity and the types of malformations induced by DBT are different from those induced by TeBT, TBT and MBT [29,30]. DBTCl had dysmorphogenic effects in rat embryos in a whole embryo culture system [31,32]. DBT was detected in rat maternal blood at 100 ng/g and embryos at 720 ng/g at 24 h after gavage of DBTA at 22 mg/kg on day 8 of pregnancy [27]. The dysmorphogenic concentrations of DBTCl in cultured embryos were within the range of levels detected in maternal blood after the administration of a teratogenic dose of DBT. These findings suggest that DBT itself is a causative agent in DBT teratogenesis, which may be due to direct interference with embryos.

As described above, the teratogenic effects of organotin compounds, including DBT, were extensively investigated in rodents [18]. No reports on the assessment of the teratogenicity of DBT in any other species are available. It appears that conclusive evidence in support of the teratogenicity of DBT is still lacking, because the teratogenicity of DBT only has been reported in a single animal species. Studies in non-rodents would be of great value in estimating the teratogenicity of DBT in humans. The present study was conducted to determine the teratogenic potential of DBTCl given to pregnant cynomolgus monkeys during the entire period of organogenesis.

2. Materials and methods

2.1. Animals

Cynomolgus monkeys (*Macaca fascicularis*) were used in this study. The monkeys were obtained from Guangxi Primate Center of China (Guangxi, China) through Guangdong Scientific Instruments and Materials Import/Export Co. (Guangzhou, China). The monkeys were quarantined for 4 weeks, and confirmed to be free from tuberculosis, *Salmonella* and *Shigera*. The animals were maintained in an air-conditioned room at 23.0–29.0 °C, with a relative humidity of 45–58%, under a controlled 12/12 light/dark cycle, with a ventilation rate of 15 air changes/hour, and were housed individually, except during the mating period. The monkeys were fed 108 g/day of diet (Teklad global 25% protein primate diet; Harlan Sprague-Dawley Inc., Madison, USA) and tap water ad libitum from automatic lixit devices. Healthy male and female monkeys were selected for use. Only females showing 25–32 days menstrual cycles were used in the experiment. Each female monkey was paired with a male of proven fertility for three consecutive days between days 11–15 of the menstrual cycle. The visual confirmation of copulation and/or the presence of sperm in the vagina were considered evidence of successful mating. When copulation was confirmed, the

Table 1
Maternal findings in monkeys given DBTCl on days 20–50 of pregnancy

	Dose (mg/kg)		
	0 (control)	2.5	3.8
Number of pregnant females	12	12	10
Number of females showing toxicological signs			
Death	0	0	0
Soft stool/diarrhea	1	12*	10*
Yellowish stool	0	8*	8*
Vomiting	0	3	3
Initial body weight	3.53 ± 0.59	3.49 ± 0.43	3.79 ± 0.36
Body weight gain during pregnancy (g)[a]			
Days 0–20	76 ± 114	42 ± 160	73 ± 142
Days 20–51	57 ± 237	−242 ± 423	−556 ± 526*
Days 51–100	710 ± 162	755 ± 174	848 ± 263
Food consumption during pregnancy (g/day)[a]			
Days 20–21	99 ± 18	93 ± 23	76 ± 33
Days 23–24	91 ± 27	71 ± 31	55 ± 31*
Days 27–28	77 ± 28	47 ± 19*	37 ± 34*
Days 30–31	63 ± 32	33 ± 15*	22 ± 10*
Days 34–35	88 ± 25	53 ± 42	23 ± 17*
Days 37–38	86 ± 28	53 ± 42*	25 ± 24*
Days 41–42	87 ± 27	59 ± 59	36 ± 29*
Days 44–45	95 ± 22	62 ± 40	41 ± 31*
Days 48–49	98 ± 18	70 ± 48	59 ± 44
Days 51–52	94 ± 20	97 ± 24	71 ± 39
Days 55–56	102 ± 12	107 ± 2	100 ± 20
Days 58–59	106 ± 7	108 ± 0	104 ± 10
Days 62–63	106 ± 7	108 ± 0	106 ± 5
Days 80–81	108 ± 0	108 ± 0	108 ± 0
Days 90–91	106 ± 7	108 ± 0	108 ± 0
Days 99–100	108 ± 0	108 ± 0	108 ± 0

[a] Values are given as the mean ± S.D.
* Significantly different from the control, $p < 0.05$.

median day of the mating period was regarded as day 0 of pregnancy. Pregnancy was confirmed on day 18 or 19 of pregnancy by ultrasound (SSD-4000, Aloka Co., Mitaka, Japan) under anesthesia induced by intramuscular injection of 5% ketamine hydrochloride (Sigma Chemical Co., St. Louis, USA). Pregnant females, weighing 2.51–4.50 kg on day 0 of pregnancy, were allocated randomly to three groups, each of 10–12 monkeys, and housed individually. Animal experiments were performed at Shin Nippon Biomedical Laboratories, Ltd. (SNBL; Kagoshima, Japan) during 2004–2005 in compliance with the Guideline for Animal Experimentation (1987) [33], and in accordance with the Law Concerning the Protection and Control of Animals (1973) [34] and the Standards Relating to the Care and Management of Experimental Animals (1980) [35]. This study has been approved by the Institutional Animal Care and Use Committee of SNBL and performed in accordance with the ethics criteria contained in the bylaws of the committee of SNBL.

2.2. Dosing

The monkeys were dosed once daily with DBTCl (lot no. GG01, 98% pure, Tokyo Kasei Kogyo Co., Ltd., Tokyo, Japan) at 0, 2.5 or 3.8 mg/kg by nasogastric intubation on days 20–50 of pregnancy, i.e., the entire period of organogenesis [36]. Dosing was terminated in the dams in which embryonic/fetal loss occurred. The dosage levels were determined from the results of previous studies in rats, in which DBTCl administered by gavage at 7.6 or 15.2 mg/kg on days 0–3 and days 4–7 of pregnancy caused significant increases in pre- and/or post-implantation embryonic loss in rats [19–21], and in which DBTCl by gavage at 5, 7.5 or 10.0 mg/kg throughout the period of organogenesis resulted in a significant increase in the incidence of fetuses with malformations [22]. DBTCl was dissolved in olive oil (Wako Pure Chemical Industries, Ltd., Osaka, Japan). The dose volume was adjusted to 0.5 ml/kg of the most recent body weight. The control monkeys received olive oil only.

2.3. Observations

The pregnant monkeys were observed for clinical signs of toxicity twice a day during the administration period and once a day during the non-administration period. The body weight was recorded on days 0, 20, 27, 34, 41, 51, 60, 70, 80, 90 and 100 of pregnancy. The food consumption was recorded on days 20, 23, 27, 30, 34, 37, 41, 44, 48, 51, 55, 58, 62, 80 and 90 of pregnancy. Embryonic/fetal heartbeat and growth were monitored using ultrasound under anesthesia induced by intramuscular injection of 5% ketamine hydrochloride on days 25, 30, 35, 40, 50, 60, 70, 80, 90 and 99 of pregnancy. In the dams in which embryonic/fetal cardiac arrest was confirmed by ultrasound, necropsy was performed under anesthesia induced by intraperitoneal injection of pentobarbital Na (Tokyo Kasei Kogyo Co., Ltd., Tokyo, Japan). The uterus, including the embryo/fetus and placenta and ovaries, was removed from the maternal body and stored in 10% neutral buffered formalin. Dead or aborted embryos/fetuses were morphologically examined.

Terminal cesarean sectioning was performed on day 100 of pregnancy, under anesthesia induced by intramuscular injection of 5% ketamine hydrochloride (0.1–0.2 ml/kg) and inhalation of isoflurane (0.5–2.0%, Dainippon Pharmaceutical Co. Ltd., Osaka, Japan), and contraction was induced with atropine (0.01 mg/kg, Tanabe Seiyaku Co. Ltd., Osaka, Japan). The fetus and placenta were removed from the dams. The placenta was weighed and stored in 10% neutral buffered formalin. Dams that underwent cesarean sectioning were not necropsied.

Fetal viability was recorded, and the fetuses were anesthetized by intraperitoneal injection of pentobarbital Na and euthanized by submersion in saline for 30–40 min at room temperature. Fetuses were sexed and examined for external anomalies after confirmation of the arrested heart-beat. Fetal and placental weights were recorded. The head width, tail length, crown-rump length, chest circumference, paw and foot length, distance between the eyes, umbilical cord length, volume of amniotic fluid and diameters of the primary and secondary placentae were measured. After the completion of external examinations, fetuses were examined for internal anomalies. The peritoneal cavity was opened and the organs were grossly examined. The brain, thymus, heart, lung, spleen, liver, kidneys, adrenal glands and testes/uterus and ovaries were weighed and stored in 10% neutral buffered formalin. The eyeballs, stomach, small and large intestine, head skin and auricles were stored in 10% neutral buffered formalin. Fetal carcasses were fixed in alcohol, stained with alizarin red S [37] and examined for skeletal anomalies. The number of ossification centers of the vertebral column, and lengths of the ossified parts of the humerus, radius, ulna, femur, tibia and fibula were recorded. Histopathological evaluations were performed on single

Table 2
Reproductive and developmental findings in monkeys given DBTCl on days 20–50 of pregnancy

	Dose (mg/kg)		
	0 (control)	2.5	3.8
Number of pregnant females	12	12	10
Number of females with embryonic/fetal loss	1	8*	4
Number of females with live fetuses until terminal cesarean section	11	4*	6
Number of live fetuses at terminal cesarean section	11	4*	6
Sex ratio of live fetuses (male/female)	6/5	1/3	3/3
Body weight of live fetuses (g)			
Male	133 ± 13	125	112 ± 24
Female	118 ± 12	108 ± 20	118 ± 13
Anogenital distance (cm)[a]			
Male	2.0 ± 0.2	1.9	1.7 ± 0.4
Female	1.0 ± 0.1	1.0 ± 0.2	1.0 ± 0.1
Crown-rump length (cm)[a]			
Males	12.8 ± 0.6	12.4	12.4 ± 0.7
Female	12.6 ± 0.4	12.3 ± 0.5	12.6 ± 0.1
Tail length (cm)[a]			
Male	11.8 ± 1.2	11.8	11.4 ± 0.7
Female	11.9 ± 0.8	11.7 ± 1.7	12.4 ± 0.6
Placental weight (g)[a]	42.4 ± 7.2	38.9 ± 6.2	37.5 ± 9.1
Number of a single placenta	1	1	3

[a] Values are given as the mean ± S.D.
* Significantly different from the control, $p < 0.05$.

placentas and accessory spleens after fixation, paraffin embedding, sectioning and staining with hematoxylin and eosin.

2.4. Analysis of plasma steroids hormone levels

Blood samples were collected from the femoral vein on day 51 of pregnancy, 24 h after the last administration of DBTCl. The plasma was separated and stored at −80 °C for the later assay of steroid hormones. Plasma progesterone and 17β-estradiol were measured by Teizo Medical Co. Ltd. (Kawasaki, Japan) using liquid chromatography-electrospray ionization Tandem Mass Spectrometry (LC-MS/MS, Applied Biosystems/MDS SCIEX). The detection limits of plasma progesterone and 17β-estradiol were 10.0 pg/ml and 0.25 pg/ml, respectively. The intra- and inter-assay coefficients of variation for 17β-estradiol were below 6.4 and 8.9%, respectively. The intra- and inter-assay coefficients of variation for progesterone were below 9.0 and 7.9%, respectively.

2.5. Data analysis

The data was analyzed by MUSCOT statistical analysis software (Yukums Co. Ltd., Tokyo, Japan) using the dam or fetus as the experimental unit [38]. Data were analyzed using Bartlett's test [39] for the homogeneity of variance. When the variance was homogeneous, Dunnett's test [40] was performed to compare the mean value in the control group with that in each DBTCl group. When the variance was heterogeneous, the data were rank-converted and a Dunnett-type test [41] was performed to compare the mean value in the control group with that in each DBTCl group. The incidences of maternal and embryonic/fetal deaths and anomalous fetuses were analyzed by Fisher's exact test. The 0.05 level of probability was used as the criterion for significance.

3. Results

Table 1 presents maternal findings in monkeys given DBTCl on days 20–50 of pregnancy. No maternal death occurred in any group. In both DBTCl-treated groups, a significant increase in the incidence of females with soft stool and/or diarrhea, and with yellowish stool was observed. Soft stool and/or diarrhea were observed in one of the 12 females in the control group and in all females of the DBTCl-treated groups. In both groups treated with DBTCl, yellowish stool was noted in eight females and vomiting was observed in three females. Body weight gain on days 0–20, during the pre-administration period, did not significantly differ among the groups. Body weight gain on days 20–50, during the administration period, was lower in the DBTCl-treated groups, and significantly decreased at 3.8 mg/kg. No significant decrease in body weight gain on days 51–100, during the post-administration period, was found in the DBTCl-treated groups. Food consumption during the administration period was significantly reduced at 2.5 mg/kg and higher. Relatively marked decreases in the body weight gain and food consumption were observed in dams showing abortion or embryonic/fetal death.

The reproductive and developmental findings in monkeys given DBTCl on days 20–50 of pregnancy are shown in Table 2. The incidence of females with embryonic/fetal loss was increased in the DBTCl-treated groups, and a significant difference was noted at 2.5 mg/kg. Embryonic/fetal loss was observed in one of the 12 females in the control group, eight of the 12 females in the 2.5 mg/kg group and four of the 10 females in the 3.8 mg/kg group. Abortion occurred on day 30 of pregnancy in the control group, and on day 35, 44, 46, 49 or 60 of pregnancy at 2.5 mg/kg. Embryonic/fetal death was found on day 35, 40 or 64 of pregnancy at 2.5 mg/kg, and on days 38, 40 or 50 (two embryos) of pregnancy at 3.8 mg/kg. External examinations was performed in five of the eight embryonic/fetal losses at 2.5 mg/kg and four of the four embryonic/fetal losses at 3.8 mg/kg, and no anomalies were detected. Eleven, four and six females in the control, 2.5 and 3.8 mg/kg groups, respectively,

Table 3
Morphological findings in fetuses of monkeys given DBTCl on days 20–50 of pregnancy

	Dose (mg/kg)		
	0 (control)	2.5	3.8
Number of fetuses examined	11	4	6
External examination			
Number of fetuses with malformations	0	0	0
Internal examination			
Number of fetuses with malformations	0	0	0
Number of fetuses with variations	0	0	1
Accessory spleen	0	0	1
Skeletal examination			
Number of fetuses with malformations	0	0	0
Number of fetuses with variations	0	1	1
Short supernumerary rib	0	1	1
Degree of ossification[a]			
Number of ossified centers of vertebral column	53.6 ± 0.8	53.0 ± 1.2	54.2 ± 1.0
Skeletal length (mm)[a]			
Humerus	23.6 ± 0.8	23.3 ± 1.3	23.6 ± 1.2
Radius	23.0 ± 1.0	22.3 ± 1.6	23.1 ± 1.7
Ulna	24.6 ± 1.0	23.9 ± 1.5	24.3 ± 2.2
Femur	22.3 ± 1.2	21.8 ± 1.3	22.7 ± 1.6
Tibia	21.5 ± 1.3	20.5 ± 1.7	21.7 ± 1.4
Fibula	19.8 ± 1.0	19.0 ± 1.8	19.9 ± 1.6

[a] Values are given as the mean ± S.D.

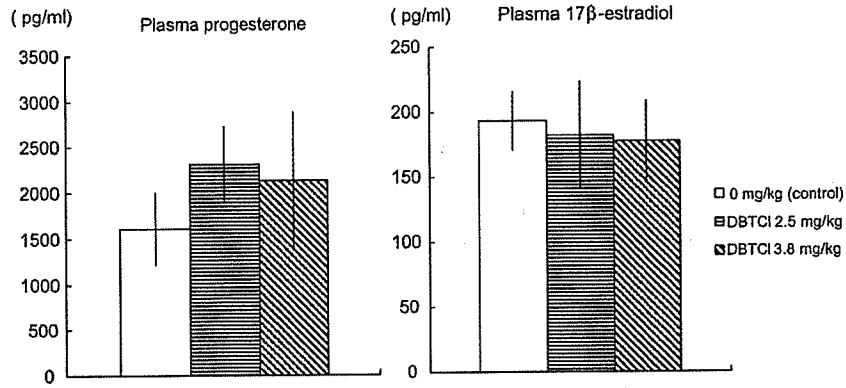

Fig. 1. Plasma progesterone and 17β-estradiol levels in pregnant monkeys given DBTCl on days 20–50 of pregnancy. Blood samples were collected on day 51 of pregnancy, 24 h after the last administration of DBTCl. Values are given as the mean ± S.E.M. of 5–10 monkeys.

had live fetuses at terminal cesarean sectioning. There were no significant differences between the control and DBTCl-treated groups in parameters of fetal growth, such as body weight, crown-rump length and tail length. No significant differences in the head width, chest circumference, paw and foot length, distance between the eyes, umbilical cord length, volume of amniotic fluid and diameters of the primary and secondary placentae were also noted between the control and DBTCl-treated groups (data not shown). No significant differences between the control and DBTCl-treated groups were found in the sex ratio of live fetuses, anogenital distance or placental weight. A single placenta was observed in one dam in the control group, one dam in the 2.5 mg/kg group and three dams in the 3.8 mg/kg group.

Table 3 shows the morphological changes in fetuses of monkeys given DBTCl on days 20–50 of pregnancy. No external, internal or skeletal malformations were found in fetuses in any group. Although internal and skeletal examinations revealed one fetus with an accessory spleen at 3.8 mg/kg, and one fetus with a short supernumerary rib at both 2.5 and 3.8 mg/kg, no difference in the incidence of fetuses with variation was noted between the control and DBTCl-treated groups. There were no differences between the control and DBTCl-treated groups in the number of ossified centers of the vertebral column or length of the humerus, radius, ulna, femur, tibia or fibula.

Although a significant decrease in the absolute weight of the brain and lung, and increase in the relative weight of the spleen were observed in male fetuses at 3.8 mg/kg, no significant difference in the relative weight of the brain and lung or in absolute weight of the spleen was detected between the control and DBTCl-treated groups. There were no differences in absolute and relative weights of the fetal thymus, heart, lung, liver, kidneys, adrenal glands or testes/uterus and ovaries between the control and DBTCl-treated groups (data not shown). Histopathological examinations revealed no abnormalities in single placenta and accessory spleen, and the histological structures of single placenta and accessory spleen were similar to those of normal placenta and spleen.

Plasma progesterone and 17β-estradiol levels are shown in Fig. 1. Although higher levels of plasma progesterone were observed in the DBTCl-treated groups, no statistically significant difference was noted between the control and DBTCl-treated groups. There were no significant differences in the plasma 17β-estradiol levels between the control and DBTCl-treated groups.

4. Discussion

In previous studies, the teratogenic effects of DBT were investigated in rats. The teratogenicity of DBT should be studied using other animal species to gain a better understanding of the developmental toxicity of butyltins. Non-human primates appear to provide an especially appropriate model for teratogenicity testing because of their high ranking on the evolutionary scale [42]. The close phylogenetic relatedness of old world monkeys to humans appears to render them most desirable as models in teratology studies [43]. The similarities in placentation and embryonic development indicate considerable value in the use of monkeys for investigating the developmental toxicity of chemicals [44]. In the present study, we determined the developmental toxicity, particularly the teratogenicity, of DBTCl in monkeys after administration over the entire period of organogenesis.

The doses of DBTCl set in the present study were expected to induce maternal toxicity, such as decreases in maternal body weight gain and food consumption, and were given to monkeys during organogenesis to characterize the effects of DBTCl on embryonic/fetal development. Toxicological sign, as evidenced by the significant increase in the incidence of pregnant females showing soft stool/diarrhea and yellowish stool, was found at 2.5 and 3.8 mg/kg. A significant decrease in the maternal body weight gain accompanied by significantly reduced food consumption was noted at 3.8 mg/kg. A significant decrease in food consumption was also found at 2.5 mg/kg. These maternal findings indicate that more severe adverse effects on pregnant females were noted at 3.8 mg/kg and DBTCl exerts maternal toxicity at 2.5 mg/kg and higher when administered during the entire period of organogenesis in monkeys.

Embryonic/fetal loss was observed in one dam in the control group and eight dams in the 2.5 mg/kg group and four dams in the 3.8 mg/kg group. The increased incidence of pregnant females with embryonic/fetal loss was observed at 2.5 and 3.8 mg/kg, and a significantly increased incidence of these females was found

at 2.5 mg/kg. Embryonic/fetal loss occurred on days 35–64 of pregnancy at 2.5 mg/kg, and on days 38–50 of pregnancy at 3.8 mg/kg. The embryonic mortality during organogenesis in cynomolgus monkeys of 2.4–18.2% has been reported [45]. Binkerd et al. [46] also noted that post-implantation embryonic loss was 5.4% in vehicle control pregnancies in developmental toxicity studies. Average abortion rate in cynomolgus monkeys was 26.1% in control data from 24 teratogenicity studies, and most of the abortions (66.7%) occurred during organogenesis [47]. In the background control data from 1994 to 2004 of the laboratory that performed this study, the post-implantation embryonic loss was 8.8% (29 of the 330 pregnancies). Because the incidence of embryonic/fetal loss in the DBTCl-treated groups was greater than in the historical control values, it was considered to be due to the administration of DBTCl. The data indicate that DBTCl at 2.5 mg/kg was sufficient to induce embryonic/fetal loss and the latter half of organogenesis was more susceptible for DBTCl-induced embryonic loss in cynomolgus monkeys.

We previously reported that DBTCl during early pregnancy caused pre- and post-implantation embryonic loss in pregnant rats [19,20] and that DBTCl suppressed uterine decidualization and reduced the levels of serum progesterone in pseudopregnant rats at doses that induced implantation failure [48]. We also showed that the suppression of uterine decidualization was reversed by administration of progesterone in pseudopregnant rats [48], and that progesterone protected against DBTCl-induced implantation failure [21]. Based on these findings, we hypothesized that the decline in serum progesterone levels was a primary factor for the implantation failure due to DBTCl in rats. However, no significant changes in plasma progesterone levels were noted in monkeys after the administration of DBTCl during organogenesis. The peripheral serum progesterone levels during the first 8 days of pseudopregnancy were essentially similar to those found in pregnant rats, and the serum progesterone levels rose steadily to a peak on day 4 and remained at a plateau of approximately 70 ng/ml until day 8 of pseudopregnancy [49]. In cynomolgus monkeys, plasma progesterone levels had distinct two peaks, one about 15 days postbreeding and another at about days 23–25, the progesterone decline which followed the second peak reached minimal levels (1–2 ng/ml) by about day 45 of pregnancy, and progesterone levels increased gradually throughout the rest of pregnancy with average levels of approximately 4 ng/ml [50]. In our previous study [48], rat blood samples were obtained on day 4 or 9 of pseudopregnancy. At these stages, progesterone levels could be steadily rising or remained at a plateau in pseudopregnant rats. In the present study, blood samples were collected from pregnant monkeys that were carrying their offspring and had not suffered from miscarriage on day 51 of pregnancy. At this stage, progesterone levels could be remained at a nadir in pregnant cynomolgus monkeys. The discrepancy in the effect of DBTCl on serum progesterone levels between rats and monkeys may be explained by the differences in the status and stage of pregnancy. Further studies are required to characterize more precisely the relationship between embryonic loss and maternal progesterone levels in monkeys given DBTCl.

Decreases in the absolute weights of the brain and lung, and an increase in the relative weight of the spleen, which were observed in male fetuses at 3.8 mg/kg, were not thought to de due to the toxic effects of DBTCl on fetal development, because these changes were not found in female fetuses and differences were not detected in the relative weight of the brain and lung or the absolute weight of the spleen in male fetuses. Any adverse effects on the parameters of fetal growth were also not detected in the surviving fetuses of dams given DBTCl. These findings indicate that DBTCl is not toxic to fetal growth at up to 3.8 mg/kg when administered over the entire period of organogenesis. Placental examinations revealed single placenta in all groups. In the background control data of the laboratory that performed the present study, the incidence of single placenta over a period of 10 years was 0–66.7% (mean = 13.0%, 26 of the 213 pregnancies). Histopathological examinations of single placenta revealed no changes, and the histological structure of single placenta was similar to that of normal placenta. These findings indicate that the single placenta observed in the present study was of no toxicological significance.

In the morphological examinations of the fetuses of exposed dams, a few fetuses with morphological changes were found in the DBTCl-treated groups. An accessory spleen was observed in one fetus at 3.8 mg/kg, and a short supernumerary rib was found in one fetus at both 2.5 and 3.8 mg/kg. In the background control data of the laboratory that performed the present study, the accessory spleen over the last 10 years was not observed. Leemans et al. [51] noted that the exact frequency of accessory spleen is not known, but is estimated to be between 10 and 30% in humans, and the immunohistological structure of the accessory spleen was similar to that of the normal spleens. In the present study, histopathological examinations of the accessory spleen revealed no changes, and the histological structure of accessory spleen was similar to that of the normal spleen. The accessory spleen observed in the present study contained only a minute amount of accessory tissue, and it was not considered to be a malformation. Short supernumerary rib is classified as skeletal variation [52], and the incidence of this change in the historical control data of the laboratory that performed the present study was 13.3% (31 of the 240 fetuses). DBTCl caused no skeletal retardation, as evidenced by no significant changes in the number of ossified centers of the vertebral column or the length of the humerus, radius, ulna, femur, tibia or fibula. Chahoud et al. [53] noted that variations are unlikely to adversely affect survival or health, and might result from a delay in growth or morphogenesis; the fetuses otherwise following a normal pattern of development. Furthermore, morphological examinations of aborted or dead embryos/fetuses in the DBTCl-treated groups revealed no anomalies. Considered collectively, these findings suggest that the morphological changes observed in the fetuses in the present study do not indicate a teratogenic response, and that DBTCl possesses no teratogenic potential in cynomolgus monkeys.

In conclusion, the administration of DBTCl to pregnant cynomolgus monkeys throughout organogenesis had an adverse effect on embryonic/fetal survival, but had no adverse effects on fetal morphological development, even at a maternal toxic

dose level. The data from the present study indicate that DBTCl shows embryonic/fetal lethality in monkeys.

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