

Table 2: Reproductive findings in rats given DBHCB on days 5-19 of pregnancy.

	Dose (mg/kg)					Historical control values ^d
	0 (control)	62.5	250	1000		
No. of litters	17	18	17	18	652 (48 studies)	
No. of litters totally resorbed	0	0	0	0		
No. of corpora lutea per litter ^a	16.9 ± 2.0	16.3 ± 1.1	17.1 ± 1.7	16.6 ± 1.9	13.8-17.5	
No. of implantations per litter ^a	16.2 ± 1.4	15.8 ± 1.1	16.6 ± 1.6	15.1 ± 3.4	13.1-16.3	
% Preimplantation loss per litter ^b	3.8	3.0	2.3	9.4	0.9-13.6	
% Postimplantation loss per litter ^c	4.9	3.3	4.0	6.3	0-11.5	
No. of live fetuses per litter ^a	15.4 ± 1.5	15.3 ± 1.3	16.0 ± 1.8	14.2 ± 3.6	12.4-15.5	
Sex ratio of live fetuses (male/total)	0.51	0.47	0.48	0.48	0.38-0.59	
Body weight of live fetuses (g) ^a						
Male	3.88 ± 0.22	3.87 ± 0.30	3.92 ± 0.19	4.00 ± 0.26	3.56-4.01	
Female	3.68 ± 0.19	3.69 ± 0.31	3.70 ± 0.14	3.79 ± 0.29	3.33-3.81	

^aValues are given as the mean ± SD.

^b(No. of preimplantation embryonic loss/no. of corpora lutea) × 100.

^c(No. of resorptions and dead fetuses/no. implantations) × 100.

^dHistorical control values were obtained from the studies performed in SNBL during 1996-2004 using Crj: CD (SD) IGS rats.

Table 3: Morphological examinations in fetuses of rats given DBHCB on days 5-19 of pregnancy.

	Dose (mg/kg)					Historical control values ^b
	0 (control)	62.5	250	1000		
External examination						
Total no. of fetuses (litters) examined	262 (17)	275 (18)	272 (17)	255 (18)	9178 (652); 48 studies	
Total no. of fetuses (litters) with malformations	0	0	0	0	0-0.8%	
Skeletal examination						
Total no. of fetuses (litters) examined	136 (17)	141 (18)	141 (17)	132 (18)	3741 (516); 29 studies	
Total no. of fetuses (litters) with malformations	0	0	0	0	0-1.3%	
Total no. of fetuses (litters) with variations	18 (7)	12 (10)	11 (8)	17 (11)	3.6-19.2%	
Asymmetry of sternbrae	1	1	0	0	0-2.8%	
Dumbbell ossification of thoracic centrum	1	3 (3)	2 (1)	2 (2)	0-5.5%	
Splitting of thoracic centrum	0	0	0	1	0-3.0%	
Full supernumerary ribs	0	0	1	0	0-4.4%	
Short supernumerary ribs	16 (6)	8 (6)	9 (7)	14 (8)	0.3-17.1%	
Short 13th ribs	0	0	0	1	0%	
Degree of ossification ^a						
No. of sacral and caudal vertebrae	8.0 ± 0.4	8.0 ± 0.5	8.2 ± 0.4	8.1 ± 0.3	7.5-8.4	
No. of sternbrae	5.4 ± 0.5	5.5 ± 0.6	5.7 ± 0.3	5.4 ± 0.5	4.7-5.7	
Internal examination						
Total no. of fetuses (litters) examined	126 (17)	134 (18)	131 (17)	123 (18)	3459 (510); 30 studies	
Total no. of fetuses (litters) with malformations	0	0	0	0	0-0.8%	
Total no. of fetuses (litters) with variations	2 (2)	5 (4)	8 (6)	10 (6)	0-22.4%	
Thymic remnants in neck	1	2 (2)	2 (2)	3 (3)	0-10.0%	
Dilated renal pelvis	0	0	3 (2)	3 (2)	0-14.2%	
Dilated ureter	1	3 (2)	6 (4)	7 (4)	0-14.2%	
Convulsed ureter	0	0	0	1	0-3.8%	

^aValues are given as the mean ± SD.

^bHistorical control values were obtained from the studies performed in SNBL during 1996-2004 using Crj: CD (SD) IGS rats.

pelvis, dilated ureter and/or convoluted ureter, were observed in all groups, including the control group. However, no significant differences in the incidences of the total number of fetuses with internal variations and individual internal variation were found between the control and DBHCB-treated groups.

DISCUSSION

The current study was conducted to determine the prenatal developmental toxicity of DBHCB. The data showed that the prenatal oral administration of DBHCB did not produce any adverse effects, including morphological anomalies in fetuses of rats.

DBHCB was given to pregnant rats during the time of implantation to the term of pregnancy, to characterize the effects of DBHCB on embryonic/fetal development. The number of implantations was slightly reduced, and incidence of pre-implantation loss was slightly increased in the high-dosage group, a finding associated with the tendency for reduced maternal body weight gain during the administration period, with an increase in maternal body weight gain after completion of the administration period. These differences were probably associated with the variability in litter sizes in the high-dosage group and unrelated to the administration of the test chemical. No significant changes in any maternal parameters were noted, even at 1000 mg/kg. No significant changes in embryonic/fetal survival or growth parameters were found, even at 1000 mg/kg. These findings indicate that DBHCB is not toxic to maternal animals, embryonic/fetal survival, or fetal growth when administered during the time of implantation to the term of pregnancy.

Morphological examinations in the fetuses of exposed mothers revealed no fetuses with external malformations. However, some fetuses with skeletal and/or internal variations were found in all groups. The variations observed in the current study are of the types that occur spontaneously among the control rat fetuses (Kameyama et al., 1980; Morita et al., 1987; Nakatsuka et al., 1997; Barnett et al., 2000). A skeletal variation (i.e., full supernumerary ribs) has been described as a warning sign of possible teratogenicity and is known to occur in the presence of perturbation of maternal homeostasis. All other variations, short supernumerary ribs, sternbral variations, and bilobed centra of the vertebral column, are frequent variations, which were considered to be normal findings (Kimmel and Wilson, 1973). Although several types of skeletal variations, including full supernumerary ribs, were found in the control and DBHCB-treated groups, no consistent tendency was noted in the incidence of fetuses with these alterations. No significant differences between the control and DBHCB-treated groups were observed in the incidences of the total number of fetuses with skeletal variations or individual types of skeletal variation. Furthermore, these incidences were within the ranges of the background control data in the laboratory-performed current study. As for the internal variations, there was an increasing trend, according to the increasing doses, in the total number of

fetuses with internal variations and the number of fetuses with dilated renal pelvis or ureter. In the current study, the incidences of fetuses with internal variations, with dilated renal pelvis, and with dilated ureter at 1000 mg/kg were 7.5%, 2.1%, and 5.4%, respectively. In the background control data in the current study, these values were 0–22.4%, 0–14.2%, and 0–14.2% (Table 3). Because the incidences of fetuses with internal variations were within the range of the historical control data, and there were no statistically significant differences between the control and DBHCB-treated groups, these findings were considered unrelated to DBHCB and simply expression of the normal background incidence of such findings. Chahoud et al. (1999) noted that variations are unlikely to adversely affect the survival or health, and this might result from a delay in growth or morphogenesis that has otherwise followed a normal pattern of development. The alterations observed in the current study are not thought to be due to the administration of DBHCB, because they have occurred at a very low incidence and are of types that occur sporadically among control rat fetuses. Consideration of these findings together suggests that the morphological changes in fetuses observed in the current study do not indicate a teratogenic response and that DBHCB possesses no teratogenic potential in rats.

There was no available data for human exposure to this chemical. Actual human exposure to DBHCB may be estimated to be very low, because this chemical was not detected from polyethyleneterephthalate bottles in Brazil (Monteiro et al., 1998) and from polyethylene products in Japan (Kawamura et al., 1997). Consideration of these findings and the results of the current study together suggests that the risk of adverse effects of DBHCB on prenatal development of offspring is very low.

CONCLUSION

The current results showed that the administration of DBHCB to pregnant rats during the time of implantation to the term of pregnancy had no adverse effects on maternal rats and embryonic/fetal development, even at 1000 mg/kg no observed adverse effect levels. Based on these findings, it is concluded that the (NOAELs) of DBHCB for both dams and fetuses were 1000 mg kg⁻¹ day⁻¹ 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.

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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 DBTCI 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]. DBTCI 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 DBTCI 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 DBTCI 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 DBTCI 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 heart-beat 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.

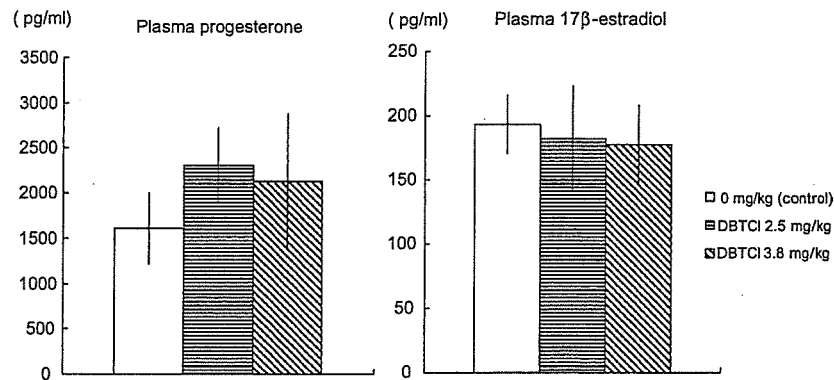


Fig. 1. Plasma progesterone and 17 β -estradiol levels in pregnant monkeys given DBTCl on days 20–50 of pregnancy. Blood samples were collected on day 51 of pregnancy, 24 h after the last administration of DBTCl. Values are given as the mean \pm S.E.M. of 5–10 monkeys.

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 17 β -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 17 β -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 be 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 DBTCI shows embryonic/fetal lethality in monkeys.

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Evaluation of developmental toxicity of 1-butanol given to rats in drinking water throughout pregnancy

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Abstract

The objective of this study was to evaluate the developmental toxicity of 1-butanol in rats. Pregnant rats were given drinking water containing 1-butanol at 0.2%, 1.0% or 5.0% (316, 1454 or 5654 mg/kg/day) on days 0–20 of pregnancy. A significant decrease in maternal body weight gain accompanied by reduced food and water consumption was found at 5.0%. No significant increase in the incidence of pre- and postimplantation embryonic loss was observed in any groups treated with 1-butanol. Fetal weight was significantly lowered at 5.0%. Although a significant increase in the incidence of fetuses with skeletal variations and decreased degree of ossification was found at 5.0%, no increase in the incidence of fetuses with external, skeletal and internal abnormalities was detected in any groups treated with 1-butanol. The data demonstrate that 1-butanol is developmental toxic only at maternal toxic doses. No evidence for teratogenicity of 1-butanol was noted in rats. Based on the significant decreases in maternal body weight gain and fetal weight, it is concluded that the no observed adverse effect levels (NOAELs) of 1-butanol for both dams and fetuses are 1.0% (1454 mg/kg/day) in rats.

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Keywords: 1-Butanol; Developmental toxicity; Teratogenicity; Fetal abnormality; Rat

1. Introduction

1-Butanol (CAS no. 71-36-3, *n*-butanol; *n*-butyl alcohol), a flammable colorless liquid with a rancid sweet odor, is widely used as an organic solvent and intermediate in the manufacture of other organic chemicals (IPCS/WHO, 1987). Exposure of the general population is mainly through its natural occurrence in food and beverages and its use as a flavoring agent (IPCS/WHO, 1987).

Several reports on the developmental toxicity of 1-butanol are available. Nelson et al. (1989a) reported the results of a developmental toxicity study in which SD rats were exposed to 1-butanol by inhalation for 7 hr/day on days 1–19 of pregnancy at 3500, 6000 and 8000 ppm (equivalent to estimated daily absorbed doses of 350, 600 and 800 mg/kg). They observed maternal deaths at 8000 ppm, decreases in maternal food consumption and fetal weight at 6000 and 8000 ppm, and an increased incidence of rudimentary cervical ribs at 8000 ppm, and concluded that 1-butanol was not a selective developmental toxicant in rats. Nelson et al. (1989b) conducted a behavioral teratology study in which female SD rats were given 1-butanol by inhalation at 3000 or 6000 ppm for 7 hr/day throughout pregnancy (the maternal exposure group); male rats were

Abbreviations: NOAEL, no observed adverse effect level

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similarly exposed for 6 weeks and mated to unexposed females (the paternal exposure group), and offspring were behaviorally and neurochemically examined. The data from all tests in their study were within the range of control data in other research conducted by their laboratory. Sitarek et al. (1994) reported a significant increase in the incidence of fetuses with abnormalities after administration of 1-butanol at 0.24–4.0% (300–5000 mg/kg/day) in drinking water during the pre-mating period for 8 weeks and throughout the mating and pregnant period. No maternal toxicity was found at any dose of 1-butanol. The no observed adverse effect level (NOAEL) was not derived from the results of their study, because significant increases in the incidence of fetuses with dilation of the subarachnoid space and dilation of the lateral ventricle and/or third ventricle of the brain were found even at the lowest dose (0.24%). They have concluded that 1-butanol is a developmental toxicant and produces anomalies in the skeleton and central nervous system.

The present study was conducted to determine whether or not morphological abnormalities could be produced in fetuses of rats given 1-butanol prenatally and designed to replicate the observations of the study by Sitarek et al. (1994).

2. Materials and methods

This study was performed in compliance with regulatory guidelines (MHW, 1997a) and accordance with the principles for Good Laboratory Practice (MHW, 1997b) and "Guidance for Animal Care and Use" of Ina Research, Inc.

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 reproductive and developmental toxicity studies and historical control data are available. Males at 10 weeks of age and females at 9 weeks of age were purchased from Tsukuba Breeding Center, Charles River Japan, Inc., (Yokohama, Japan). The rats were acclimated to the laboratory for 7 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 basal diet (NMF; Oriental Yeast Co., Ltd., Tokyo, Japan) and water ad libitum and maintained in an air-conditioned room at 21–25 °C, with a relative humidity of 40–70%, a 12-h light/dark cycle, and ventilation with 16 air charges/hour. Virgin female rats were mated overnight with male rats. The day when sperm were detected in the vaginal smear was considered to be day 0 of pregnancy. The pregnant rats, weighing 217–273 g and 10–11

weeks of age, were distributed using a computerized randomization procedure (TOXstaff 21 system) into 4 groups of 20 rats each and housed individually.

2.2. Chemicals and dosing

1-Butanol was purchased from Wako Pure Chemical Industries, Ltd. (Osaka, Japan). The 1-butanol used in this study was 99.9% pure and a special grade reagent (Lot no. CER5688), and it was kept in a dark place at room temperature under airtight conditions. The purity and stability of the chemical were verified by analysis before and after the study. Rats were given 1-butanol in their drinking water at a concentration of 0 (control), 0.2%, 1.0% or 5.0% on day 0 through day 20 of pregnancy. The dosage levels were determined based on the results of our range-finding study in which administration of 1-butanol in the drinking water on days 0–20 of pregnancy caused decreases in maternal body weight gain and food and water consumption and tended to reduce in fetal weight at 4% and 7% in rats. 1-Butanol was dissolved in distilled water (Otsuka Pharmaceutical Factory, Inc., Naruto, Japan). The control rats were given only water. The stability of formulations in a dark and cool place under airtight conditions has been confirmed for up to 3 days. During use, the formulations were maintained under such conditions for no more than 3 days and were 95.7–103.5% of the target concentration.

2.3. Observations

The maternal body weight and water consumption were recorded daily, and food consumption was recorded every 3 or 4 days. The pregnant rats were euthanized by exsanguinations under ether anesthesia on day 20 of pregnancy. The peritoneal cavity was opened, and the numbers of corpora lutea, implantation sites and live and dead fetuses and resorptions were counted. The live fetuses removed from the uterus were sexed, weighed, measured among their crown-rump length, and inspected for external malformations and malformations within the oral cavity. Approximately one-half of the live fetuses in each litter were randomly selected and fixed in alcohol, stained with alizarin red S (Dawson, 1926) and examined for skeletal anomalies. The remaining live fetuses in each litter were fixed in Bouin's solution. Their heads were subjected to a free-hand razor-blade sectioning (Wilson, 1973) and the thoracic areas were subjected to microdissecting (Nishimura, 1974) to reveal internal abnormalities. The placental weight was also measured.

2.4. Data analysis

The statistical analysis of fetuses was carried out using the litter as the experimental unit. The initial body

weight, body weight gain and food and water consumption of pregnant rats, numbers of corpora lutea, implantations and live fetuses per litter, fetal weight and crown-rump length and placental weight were analyzed with Bartlett's test (Snedecor and Cochran, 1980) for homogeneity of variance at the 5% level of significance. If it was homogeneous, the data were analyzed using Dunnett's multiple comparison test (Dunnett, 1955) to compare the mean of the control group with that of each dosage group, and if it was not homogeneous, the mean rank of the 1-butanol-treated groups was compared with that of the control group with the Dunnett type test. The Dunnett type test was used for the incidences of pre- and postimplantation embryonic loss and fetal anomalies and sex ratio of fetuses to compare the mean rank of groups treated with 1-butanol and that of the control group. The incidence of dams with anomalous fetuses was analyzed by Chi-square test or Fisher's exact test. The significance of differences from the control group was estimated at probability levels of 1% and 5%.

3. Results

Table 1 shows the maternal findings in rats given 1-butanol during pregnancy. No death was found in female rats of any group. All females in all groups became pregnant. The body weight gains on days 0–7 of pregnancy were significantly reduced at 5.0%. The body

weight gain during the whole period of pregnancy was also significantly decreased at 5.0%. No significant decrease in the body weight gain was noted at 0.2 or 1.0, except for a transient decrease on days 0–2 of pregnancy at 1.0%. The food consumption on days 0–7, days 7–14, days 14–20 and days 0–20 of pregnancy was significantly lower in the 1.0% and 5.0% groups than the control group. The water consumption on days 0–7 at 1.0 and 5.0% and on days 7–14, days 14–20 and days 0–20 at 5.0% was significantly decreased. The mean daily intakes of 1-butanol were 316 mg/kg for the 0.2% group, 1454 mg/kg for the 1.0% group and 5654 mg/kg for the 5.0% group.

Reproductive findings in rats given 1-butanol during pregnancy are presented in Table 2. No litters totally resorbed were found in any group. No effects of the administration of 1-butanol were observed on the numbers of corpora lutea, implantations, pre- or postimplantation loss, resorptions or dead or live fetuses or sex ratio of live fetuses. The body weights of male and female fetuses were significantly lower in the 5.0% group than in the control group. There was no significant difference in the crown-rump length of male and female fetuses or placental weight between the control and groups treated with 1-butanol.

A summary of morphological findings in live fetuses of rats given 1-butanol during pregnancy is shown in Table 3. One fetus with spina bifida in the control group and one fetus with thread-like tail and anal atresia in the 0.2% group were observed. Skeletal examination

Table 1
Maternal findings in rats given 1-butanol on days 0–20 of pregnancy

Dose (%)	0 (Control)	0.2	1.0	5.0
No. of rats	20	20	20	20
No. of pregnant rats	20	20	20	20
No. of dead rats	0	0	0	0
Initial body weight	245 ± 14	247 ± 13	245 ± 11	244 ± 12
<i>Body weight gain during pregnancy (g)^a</i>				
Days 0–7	44 ± 7	45 ± 7	40 ± 6	20 ± 28**
Days 7–14	40 ± 6	41 ± 5	41 ± 7	42 ± 10
Days 14–20	78 ± 14	82 ± 8	84 ± 7	75 ± 11
Days 0–20	162 ± 19	168 ± 16	165 ± 15	146 ± 16**
<i>Food consumption during pregnancy (g)^a</i>				
Days 0–7	179 ± 12	180 ± 16	164 ± 12*	138 ± 21**
Days 7–14	193 ± 14	194 ± 17	177 ± 14**	160 ± 11**
Days 14–20	176 ± 14	175 ± 15	161 ± 12**	143 ± 11**
Days 0–20	548 ± 38	548 ± 46	503 ± 34**	441 ± 34**
<i>Water consumption during pregnancy (ml)^a</i>				
Days 0–7	284 ± 28	305 ± 37	258 ± 29*	175 ± 34**
Days 7–14	318 ± 35	337 ± 48	299 ± 40	239 ± 80**
Days 14–20	328 ± 47	342 ± 47	334 ± 46	256 ± 85**
Days 0–20	930 ± 105	983 ± 126	890 ± 106	669 ± 182**
Mean daily intakes of 1-butanol (mg/kg) ^a	0	316 ± 30	1454 ± 186	5654 ± 1402

*,** Significantly different from the control, * $P < 0.05$ and ** $P < 0.01$.

^a Values are given as the mean ± SD.

Table 2
Reproductive findings in rats given 1-butanol on days 0–20 of pregnancy

Dose (%)	0 (Control)	0.2	1.0	5.0
No. of litters	20	20	20	20
No. of litters totally resorbed	0	0	0	0
No. of corpora lutea per litter ^a	16.4 ± 3.6	16.7 ± 3.0 ^d	16.1 ± 2.1	16.3 ± 2.6
No. of implantations per litter ^a	14.3 ± 2.8	15.1 ± 1.7	15.2 ± 1.2	14.7 ± 2.5
% Preimplantation loss per litter ^b	9.0	9.0 ^d	4.4	9.2
% Postimplantation loss per litter ^c	6.0	5.4	3.7	8.0
No. of live fetuses per litter ^a	13.4 ± 2.6	14.3 ± 1.4	14.7 ± 1.5	13.5 ± 2.5
Sex ratio of live fetuses (male/female)	128/139	145/140	149/144	131/139
<i>Body weight of live fetuses (g)^a</i>				
Male	4.18 ± 0.27	4.00 ± 0.24	4.04 ± 0.25	3.83 ± 0.18**
Female	3.97 ± 0.25	3.86 ± 0.20	3.83 ± 0.16	3.59 ± 0.17**
<i>Fetal crown-rump length (mm)^a</i>				
Male	40.5 ± 1.2	40.3 ± 1.4	40.2 ± 1.2	39.7 ± 1.3
Female	39.4 ± 1.2	39.4 ± 1.2	39.3 ± 1.1	38.5 ± 1.4
<i>Placental weight (g)</i>				
Male	0.50 ± 0.05	0.49 ± 0.05	0.48 ± 0.06	0.50 ± 0.06
Female	0.49 ± 0.05	0.48 ± 0.05	0.47 ± 0.05	0.49 ± 0.06

** Significantly different from the control, $P < 0.01$.

^a Values are given as the mean ± SD.

^b (No. of preimplantation embryonic loss/no. of corpora lutea) × 100.

^c (No. of resorptions and dead fetuses/no. implantations) × 100.

^d Value was obtained from 19 pregnant rats.

revealed one fetus with supernumerary thoracic vertebral bodies and malpositioned thoracic vertebrae at 1.0%. Although the total number of fetuses with skeletal variations was significantly increased at 5.0%, the number of fetuses with individual skeletal variations was not significantly increased, except for fetuses with short supernumerary ribs at 5.0%. A significantly lower number of forepaw proximal phalanges was observed at 5.0%. Membranous ventricular septum defect occurred in one fetus of the control and 0.2% groups and 3 fetuses in 3 dams of the 5.0% group. One fetus with a double aorta in the control group and one fetus with a left umbilical artery in the control and 2.0% groups were observed. Thymic remnants in the neck were found in 4–11 fetuses of the control and groups treated with 1-butanol. However, there was no significant difference in the incidence of fetuses with internal abnormalities between the control and groups treated with 1-butanol.

4. Discussion

The present study was conducted to determine the developmental toxicity of 1-butanol and designed to replicate the observations of the study by Sitarek et al. (1994). The data showed that prenatal administration of 1-butanol did not produce morphological anomalies in fetuses of rats. Thus, we have been unable to confirm the results of Sitarek's study in which prenatal exposure to 1-butanol produced fetal anomalies.

The doses of 1-butanol used in the present study expected to induce maternal and/or developmental toxic-

ity, such as a decrease in maternal body weight gain and fetal weight, were given to pregnant rats during the whole period of pregnancy to characterize the effects of 1-butanol on embryonic/fetal development. Maternal toxicity, a significant decrease in body weight gain, was found at 5.0%. Maternal food and water consumptions were also reduced in this dose group. Although the only significant decrease in maternal body weight gain was observed on days 0–2 of pregnancy at 1.0%, this decrease was occasional and discontinuous and seems unlikely to be of toxicological significance. In this dose group, decreases in the maternal food consumption during the whole period of pregnancy and water consumption during the early period of pregnancy, which were unaccompanied by the continuous changes in body weight gain, were observed. No significant changes in maternal parameters were noted in the 0.2% group. These findings in maternal rats indicate that 1-butanol exerts maternal toxicity at 5.0% (equivalent to 5654 mg/kg/day) when administered during the entire period of pregnancy in rats.

No significant increase in the incidence of postimplantation loss was found at any dose of 1-butanol, and significantly decreased weights of male and female fetuses were found at 5.0%. No significant adverse effects on reproductive parameters were detected at 0.2% and 1.0%. These findings indicate that 1-butanol is not toxic to embryonic/fetal survival up to 5.0% or fetal growth up to 1.0% when administered during the whole period of pregnancy.

As for morphological examinations in the fetuses of exposed mothers, a few fetuses with external, skeletal

Table 3
Morphological examinations in fetuses of rats given 1-butanol on days 0–20 of pregnancy

Dose (%)	0 (Control)	0.2	1.0	5.0
<i>External examination</i>				
Total no. of fetuses (litters) examined	267 (20)	285 (20)	293 (20)	270 (20)
Total no. of fetuses (litters) with abnormalities	1 (1)	1 (1)	0	0
Spina bifida	1 (1)	0	0	0
Thread-like tail and anal atresia	0	1 (1)	0	0
<i>Skeletal examination</i>				
Total no. of fetuses (litters) examined	139 (20)	147 (20)	152 (20)	140 (20)
Total no. of fetuses (litters) with abnormalities	0	0	1 (1)	0
Supernumerary of thoracic vertebral bodies and malpositioned thoracic vertebrae	0	0	1 (1)	0
Total no. of fetuses (litters) with variations	28 (11)	23 (12)	52 (17)	69 (20)**
Bipartite ossification of thoracic centra	1 (1)	1 (1)	1 (1)	7 (5)
Dumbbell ossification of thoracic centra	0	1 (1)	2 (2)	3 (3)
Bipartite ossification of lumbar centra	0	0	0	2 (2)
Supernumerary lumbar vertebrae	4 (1)	1 (1)	5 (3)	5 (2)
Lumbarization	0	0	1 (1)	1 (1)
Bipartite ossification of sternebrae	1 (1)	1 (1)	1 (1)	1 (1)
Misaligned sternebrae	0	0	0	1 (1)
Cervical ribs	2 (2)	3 (3)	3 (3)	7 (5)
Full supernumerary ribs	5 (2)	1 (1)	10 (5)	9 (5)
Short supernumerary ribs	20 (10)	18 (9)	43 (16)	55 (19)**
Wavy ribs	0	0	0	1 (1)
Degree of ossification ^a				
No. of sacral and caudal vertebrae	8.4 ± 0.5	8.4 ± 0.4	8.3 ± 0.5	8.1 ± 0.3
No. of sternebrae	5.9 ± 0.2	5.8 ± 0.2	5.8 ± 0.2	5.8 ± 0.2
No. of forepaw proximal phalanges	1.6 ± 1.3	1.6 ± 0.9	1.2 ± 1.1	0.3 ± 0.4**
<i>Internal examination</i>				
Total no. of fetuses (litters) examined	128 (20)	138 (20)	141 (20)	130 (20)
Total no. of fetuses (litters) with abnormalities	7 (6)	9 (6)	11 (8)	14 (9)
Membranous ventricular septum defect	1 (1)	1 (1)	0	3 (3)
Double aorta	1 (1)	0	0	0
Left umbilical artery	1 (1)	0	1 (1)	0
Thymic remnant in neck	4 (4)	8 (5)	10 (8)	11 (8)

** Significantly different from the control, $P < 0.01$.

^a Values are given as the mean ± SD.

and/or internal abnormalities were found in all groups. The abnormalities observed in the present study are not thought to be due to the administration of 1-butanol, because they have occurred at a very low incidence and are of types that occur sporadically among control rat fetuses (Kameyama et al., 1980; Morita et al., 1987; Nakatsuka et al., 1997; Barnett et al., 2000). Several types of skeletal variations were also found in the control and groups treated with 1-butanol. These skeletal variations are frequently observed in fetuses of rats at term (Kimmel and Wilson, 1973; Kameyama et al., 1980; Morita et al., 1987; Nakatsuka et al., 1997; Barnett et al., 2000). In the 5.0% group, a significant increase in the incidence of fetuses with skeletal variations and fetuses with short supernumerary ribs, but not full supernumerary ribs, and a significant decrease in the degree of ossification were accompanied by a significant decrease in the fetal weight. These findings show a correlation between these morphological alterations and growth retardation in fetuses. Although a skeletal variation, i.e., full supernumerary ribs, is a

warning sign of possible teratogenicity, short supernumerary ribs, sternebral variations, and bilobed centra of the vertebral column are normal variations (Kimmel and Wilson, 1973). Chahoud et al. (1999) noted that variations are unlikely to adversely affect survival or health and this might result from a delay in growth or morphogenesis that has otherwise followed a normal pattern of development. Consideration of these findings together suggests that the morphological changes in fetuses observed in the present study do not indicate a teratogenic response and that 1-butanol possesses no teratogenic potential in rats.

In Sitarek's study (1994), significant increases in the incidences of wavy ribs at 300 mg/kg/day, dilation of the subarachnoid space and dilation of the lateral ventricle and/or third ventricle of the brain at 300 mg/kg/day and higher, dilation of the renal pelvis and external hydrocephaly at 1000 mg/kg/day, internal hydrocephaly at 1000 mg/kg/day and higher, and supernumerary ribs and delayed ossification at 5000 mg/kg/day were found. A significant decrease in fetal crown-rump length was

also observed at 5000 mg/kg/day. Based on these findings, Sitarek et al. (1994) concluded that 1-butanol had adverse effects on the morphological development of fetuses in rats. However, we did not confirm their findings. We have demonstrated here that prenatal 1-butanol has no adverse effect on the morphological development of rat offspring. There are some differences between Sitarek's study and the present study in experimental conditions, such as duration of administration and rat strain used in the experiments. Sitarek et al. (1994) administered 1-butanol to female rats for 8 weeks before mating and throughout the mating and pregnancy period and found fetal anomalies, such as hydrocephaly and dilation of the cerebral ventricles and the renal pelvis. On the other hand, we gave 1-butanol to female rats during the whole period of pregnancy and did not detect fetuses with these anomalies. Administration during the pre-mating and mating period is thought to be excluded from the susceptible period for induction of morphological anomalies such as hydrocephaly/dilation of the cerebral ventricles and dilation of the renal pelvis, because rat fetuses are susceptible to induction of these anomalies during mid and late pregnancy (Wood and Hoar, 1972; Kameyama, 1985). The strain difference of rats used in the experiments may explain the discrepancy in the findings regarding fetal anomalies between the studies. In Sitarek's study (1994), Imp: DAK rats obtained from their own breeding colony were used. No detailed information on this strain of rats was available (Sitarek et al., 1994). In their study, dilation of the lateral ventricle and/or third ventricle of the brain was observed in 2% of fetuses (one of the 12 litters) in the control group. In their another study using Imp: DAK rats, extension of the lateral ventricle and/or third ventricle of the brain was observed in 11.7% of fetuses (8 of the 17 litters) in the control group (Sitarek et al., 1996). However, these anomalies were not found in the control group of their studies using Wistar rats (Baranski et al., 1982), Imp: Lodz rats (Sitarek, 1999, 2001) and Imp: WIST rats (Sitarek and Sapota, 2003). The incidences of dilation of the cerebral ventricles in Imp: DAK rats are thought to be higher than those in the background control data of other strains of rats. The fetal incidence of hydrocephaly/dilation of cerebral ventricles in the control rats of reproductive studies conducted between 1986 and 1993 in 63 research institutes is reported to be 0–0.09% and 0–0.26%, respectively (Nakatsuka et al., 1997). In Crj: CD (SD) IGS rats which were used in the present study, the incidence of dilation of the lateral ventricles of the brain in 19 studies conducted during 1998–2000 is reported to be 0–0.06% in fetuses and 0–0.44% in litters (Barnett et al., 2000). Thus, hydrocephaly/dilation of the cerebral ventricle is not commonly observed in fetuses of common strains of rats.

The difference in terminology used for classification of structural anomalies in fetuses may also explain the

discrepancy in the findings regarding fetal anomalies between the studies. Sitarek et al. (1996) stated that minor abnormalities, such as enlarged lateral ventricle and/or third ventricle, are quite frequent in rat fetuses and without having the dose-dependent relationship should not be taken alone as evidence of tested chemical fetotoxicity. However, the Fourth Berlin Workshop on Terminology in Developmental Toxicity noted that changes affecting brain ventricles are more likely to be classified as malformations and classification should be based on the historical control incidences, the nature of the organ affected and the severity (Solecki et al., 2003). In Sitarek's study (1994), dilation of the subarachnoid space was observed in fetuses of rats given 1-butanol at 300 mg/kg/day and higher. This anomaly was also found in fetuses in Imp: DAK rats given *N*-cyclohexyl-2-benzothiazolesulfenamide (Sitarek et al., 1996) and Imp: Lodz rats given *N*-methylnmorpholine (Sitarek, 1999). No information on the definition of this anomaly was available in their reports. We are unaware of this anomaly in other literature (Kameyama et al., 1980; Morita et al., 1987; Nakatsuka et al., 1997; Horimoto et al., 1998; Barnett et al., 2000; Solecki et al., 2003).

In conclusion, the administration of 1-butanol to pregnant rats throughout pregnancy had adverse effects on maternal rats and embryonic/fetal growth but had no adverse effects on fetal morphological development even at a maternally toxic dose. The data indicate that 1-butanol induces developmental toxicity only at maternally toxic doses in rats. Based on the significant decreases in maternal body weight gain and fetal weight at 5.0%, it is concluded that the NOAELs of 1-butanol for both dams and fetuses are 1454 mg/kg/day (1.0% in drinking water) in rats.

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