Table 5
Developmental findings in rats given tetrahydrofurfuryl alcohol (THFA) by gavage

	Dose (mg/kg/day)				
	0	15	50	150	500
No. of pregnant females	12	10	12	11	12
No. of corpora lutea[a]	17.7 ± 2.1	16.5 ± 2.7	17.8 ± 1.5	16.4 ± 2.0	17.0 ± 2.8
Implantation index[a,b]	88.8 ± 7.4	93.5 ± 7.4	90.7 ± 8.0	84.5 ± 13.1	87.9 ± 23.7
No. of implantation sites[a]	15.6 ± 1.3	15.3 ± 1.9	16.1 ± 1.8	13.7 ± 2.1	14.5 ± 3.7
No. of litters	12	10	12	4	0
Delivery index[a,c]	95.3 ± 7.1	94.7 ± 6.2	91.9 ± 5.9	46.4 ± 14.0*	
Total no. of pups born[a]	14.8 ± 1.6	14.5 ± 2.1	14.8 ± 1.7	7.0 ± 1.4**	
Live birth index[a,d]	100 ± 0	100 ± 0	98.8 ± 2.8	43.1 ± 29.3*	
No. of live pups on PND 0[a]	14.8 ± 1.6	14.5 ± 2.1	14.6 ± 1.8	3.0 ± 2.2**	
No. of dead pups on PND 0[a]	0	0	0.2 ± 0.4	4.0 ± 2.2**	
Sex ratio of live pups (male/female)	86/92	72/73	82/93	6/6	
Viability index on PND 4[a,e]	98.9 ± 2.6	99.3 ± 2.1	97.7 ± 3.5	26.7 ± 46.2	
No. of live pups on PND 4[a]	14.7 ± 1.6	14.4 ± 2.1	14.3 ± 2.0	1.3 ± 2.3**	
Body weight of live pups on PND 0 (g)[a]					
Male	7.3 ± 0.7	7.4 ± 0.5	7.1 ± 0.6	5.9 ± 0.6	
Female	7.0 ± 0.6	7.0 ± 0.5	6.9 ± 0.6	6.3 ± 0.1	
Body weight of live pups on PND 4 (g)[a]					
Male	11.8 ± 1.0	11.5 ± 0.7	11.0 ± 1.1	9.1	
Female	11.2 ± 1.0	10.9 ± 0.7	10.7 ± 0.9	8.4	
External examination of pups					
No. of pups (litters) examined	178 (12)	145 (10)	176 (12)	28 (4)	
No. of pups (litters) with malformations	0 (0)	0 (0)	0 (0)	1 (1)	
General edema	0 (0)	0 (0)	0 (0)	1 (1)	
Internal examination of pups					
No. of pups (litters) examined	178 (12)	144 (10)	175 (12)	27 (4)	
No. of pups (litters) with malformations	0 (0)	0 (0)	0 (0)	0 (0)	
No. of pups (litters) with variations	8 (6)	3 (2)	18 (7)	1 (1)	
Thymic remnants in the neck	6 (4)	3 (2)	14 (5)	1 (1)	
Left umbilical artery	2 (2)	0 (0)	4 (4)	0 (0)	

[a] Values are given as the mean ± S.D.
[b] Implantation index (%) = no. of implantation sites/no. of corpora lutea × 100.
[c] Delivery index (%) = total no. of pups born/no. of implantation sites × 100.
[d] Live birth index (%) = no. of liver pups on PND 0/total no. of pups born × 100.
[e] Viability index on PND 4 (%) = no. of liver pups on PND 4/no. of live pups on PND 0 × 100.
* Significantly different from the control group ($P < 0.05$).
** Significantly different from the control group ($P < 0.01$).

not ordinarily carnivorous, including nonhuman primates, are nevertheless likely to eat dead and moribund offspring, as well as those with malformations that involve skin lesions allowing the loss of body fluids or the exposure of viscera [21].

The malformations and variations found in the current study are those that occur spontaneously among control rats [22–24], and the incidence in the THFA-treated group was very low and not different from that of the control group. However, in the present study, only external and internal examination was performed for pups, and no skeletal examinations were performed. Furthermore, the effects of THFA on the morphological development of offspring could not be evaluated at higher doses because a sufficient number of offspring was not obtained. To accurately evaluate prenatal developmental toxicity, including teratogenicity, it is necessary to interrupt pregnancy a few hours or days before the expected term, either by hysterectomy or the necropsy of maternal animals [21,25]. Such a prenatal developmental toxicity study of THFA is only available as a dose range-finding study using a small number of animals [11]. In this study, an insufficient number of fetuses were morphologically examined due to high embryonic loss at 500 mg/kg and above. This prenatal study adopted a wide dose range, and the next lowest dose was 100 mg/kg. Prenatal developmental effects of THFA at the higher dose should be examined with a sufficient number of dams and fetuses.

The present study was performed in compliance with the OECD guideline 421 "Reproduction/Developmental Toxicity Screening Test" [13]. This screening test guideline 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 endpoints, and, therefore, had reduced power in detecting any small effects. Although the results of the current study clearly showed the adverse effects of THFA on the reproduction and development of rats, information on the effects of THFA on reproduction and development is not sufficient at this time. The present results showed that a full reproductive and developmental toxicity study of THFA is required.

In conclusion, the results of this reproductive and developmental toxicity study provide a more comprehensive toxicity profile of THFA than has been previously reported, and the NOAELs for parental and reproductive/developmental toxicity were concluded to be 50 mg/kg/day.

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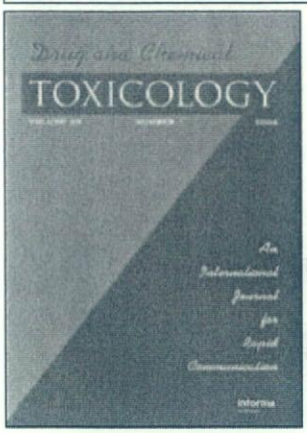

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A 52-Week Repeated Dose Toxicity Study of Ultraviolet Absorber 2-(2'-Hydroxy-3',5'-di-**tert**-butylphenyl)benzotriazole in Rats

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A 52-Week Repeated Dose Toxicity Study of Ultraviolet Absorber 2-(2′-Hydroxy-3′,5′-di-*tert*-butylphenyl)benzotriazole in Rats

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A 52-week repeated dose toxicity study of an ultraviolet absorber, 2-(2′-hydroxy-3′,5′-di-*tert*-butylphenyl)benzotriazole (HDBB), was conducted according to OECD TG 452 under GLP. CD(SD)IGS rats were given HDBB by gavage at 0, 0.1, 0.5, or 2.5 mg/kg/day in males and 0, 0.5, 2.5, or 12.5 mg/kg/day in females. No substance-related deaths or clinical signs of toxicity were observed in any group; however, a lowered body weight was found from day 36 to the end of the 52-week administration period at 2.5 mg/kg in males. At the completion of the dosing period, a decrease in red blood cells at 0.5 mg/kg and higher, and in hematocrit at 2.5 mg/kg, was detected in males. Blood biochemical changes, including increases in the levels of alkaline phosphatase and glucose and the A/G ratio, were also found at 0.5 mg/kg and higher in males and at 12.5 mg/kg in females. At necropsy, absolute and relative liver weight was increased at 0.5 mg/kg and higher in males and at 12.5 mg/kg in females. Histopathological changes were observed in the liver; centrilobular hypertrophy of hepatocytes at 0.5 mg/kg and higher in males, and at 12.5 mg/kg in females, and altered hepatocellular foci at 0.5 mg/kg and higher, and cystic degeneration and lipofuscin deposition in hepatocytes at 2.5 mg/kg in males. Based on these findings, the no observed adverse effect level was concluded to be 0.1 mg/kg/day in male rats and 2.5 mg/kg/day in female rats.

Keywords Benzotriazole UV absorber, Chronic toxicity, Rat, Gender-related difference.

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INTRODUCTION

Ultraviolet (UV) absorbers are added to plastics to prevent polymer degradation due to UV rays, such as loss of strength, reduced flexibility and electric properties, discoloration, scratching, and loss of gloss (Commerce Online, 2007; Tenkazai.com, 2007). Currently, many kinds of UV absorbers are used: benzotriazoles, benzophenones, salicylates, cyanoacrylates, nickels, triazines, etc. Among them, benzotriazole UV absorbers are known to have the most excellent absorption capacity with a full spectrum of UV absorption and are, therefore, used in a variety of polymers.

2-(2′-Hydroxy-3′,5′-di-*tert*-butylphenyl)benzotriazole (CAS No. 3846-71-7; HDBB) is a benzotriazole UV absorber added at ~0.02%–2% mainly to unsaturated polyester resin, polycarbonate, vinyl chloride resin, polyacrylic acid ester, polyacetal, polyolefin, polymethacrylic acid ester, and polyamide (METI, 2006). From these resins, plastic resin products, such as building materials and automobile components, are manufactured. In addition, HDBB is also used in printing or sensitive materials and coating compounds, all intended for UV absorption.

In spite of such widespread use, no reliable data were available on the toxicity of HDBB; therefore, this chemical was selected as an object substance in an existing chemical testing program by the Japanese Government (MHLW, 2003; 2006). Previously, we reported the result of a 28-day repeated dose toxicity study of HDBB conducted under this program (Hirata-Koizumi et al., 2007). In this study, CD(SD)IGS rats were administered HDBB by gavage at a dose of 0.5, 2.5, 12.5, or 62.5 mg/kg/day. As a result, adverse effects, mainly on the liver and heart, were found at all doses in males and at 12.5 mg/kg and higher in females. Anemic changes and histopathological changes in the kidneys and thyroids were also observed at the higher dose. These changes remained after the 14-day recovery period. The no observed adverse effect level (NOAEL) for females was concluded to be 2.5 mg/kg/day based on the induction of hypertrophy and increased mitosis of hepatocytes, and the degeneration and hypertrophy of the myocardium at 12.5 mg/kg. On the other hand, the NOAEL for males could not be determined because hypertrophy and decreased incidence of fatty change of hepatocytes and bile duct proliferation were noted at the lowest dose of 0.5 mg/kg. Considering the toxic effects observed at a relatively low dose and the incomplete recovery, more severe damage induced by longer exposure was a concern; therefore, a chronic toxicity study was performed under the Japanese existing chemical testing program. We here report the details of the results of a 52-week repeated dose toxicity study in rats.

MATERIALS AND METHODS

This study was performed in compliance with the OECD Guideline 452 "Chronic Toxicity Studies" (OECD, 1981) and in accordance with the principles

for Good Laboratory Practice (OECD, 1998; EA, MHW and MITI, 2000) at the Safety Assessment Laboratory, Panapharm Laboratories Co., Ltd. (Kumamoto, Japan).

Chemicals

HDBB was obtained from Shipro Kasei Kaisha, Ltd. (Osaka, Japan). The HDBB (Lot no. S4-034-1) used in this study was 100% pure, based on analysis using liquid chromatography, and it was kept at room temperature. The purity and stability during the study were verified by analysis before and after animal experiments. HDBB was dissolved in corn oil once or twice a week and kept in a dark, cool place until dosing since stability under these conditions was confirmed for up to eight days. The concentrations of formulations were confirmed to be 98.0%–102.0% of the target by analysis using high-performance liquid chromatography (HPLC). All other reagents used in this study were of specific purity grade.

Animals

Crj: CD (SD) IGS rats (SPF, five weeks old) were purchased from Atsugi Breeding Center, Charles River Laboratories Japan, Inc. (Yokohama, Japan). After a seven- or eight-day acclimation, they were subjected to treatment at six weeks of age. Rats found to be in good health were selected and assigned to four groups of 20 males and 20 females by stratified random sampling based on body weight.

All animals were maintained in an air-conditioned room at 21–27°C, with a relative humidity of 47%–60%, a 12-h light/dark cycle, and ventilation with 13–15 air changes/h. They were housed individually, except during the acclimation period, in stainless steel hanger cages. A basal diet (CRF-1; Oriental Yeast Co., Ltd., Tokyo, Japan) and sodium-hypochlorite-added well water were provided *ad libitum*.

This experiment was approved by the Ethical Committee for Animal Experiments of Panapharm Laboratories, Co., Ltd. and performed in accordance with the Guidance for Animal Experiments of Panapharm Laboratories, Co., Ltd.

Experimental Design

Male and female rats were given HDBB once-daily by gavage for 52 weeks at 0 (vehicle control), 0.1, 0.5, or 2.5 mg/kg/day and at 0, 0.5, 2.5, or 12.5 mg/kg/day, respectively. The dosage levels were determined based on the results of our previous 28-day repeated dose toxicity study in rats given HDBB by gavage at 0.5, 2.5, 12.5, or 62.5 mg/kg/day, in which adverse effects, mainly on the liver and hearts, were found at all doses in males, and at 12.5 mg/kg and more in females (Hirata-Koizumi et al., 2007). The volume of each dose was

adjusted to 5 mL/kg of body weight, based on the latest body weight. At the end of the 13-week administration period, 10 males and 10 females from each group were euthanized for the assessment of hematology, blood biochemistry, organ weights, and macroscopic and microscopic findings. The remaining animals in all groups (10 rats/sex/dose) were fully examined at the completion of the 52-week administration period.

All animals were observed daily before and after dosing for clinical signs of toxicity. Body weight and food consumption were recorded weekly for the first 13 weeks of the administration period, and once every four weeks for the remainder of the dosing period. At weeks 13 and 52 of the dosing period, fresh urine was collected. It was examined microscopically for urinary sediment and analyzed for dipstick parameters, such as occult blood, pH, protein, glucose, ketone bodies, bilirubin, and urobilinogen. In addition, a 24-h urine sample was also collected for the determination of sodium, potassium, and chlorine levels, color, specific gravity, osmotic pressure, and volume of urine.

Prior to necropsy at the end of the 13- and 52-week dosing periods, blood was collected from the caudal vena cava in the abdomen under deep anesthesia by the intraperitoneal (i.p.) injection of pentobarbital sodium after overnight starvation. One portion of the blood was treated with ethylenediaminetetraacetic acid (EDTA)-2K and examined for hematological parameters, such as red blood cell count, hemoglobin, hematocrit, mean corpuscular volume (MCV), mean corpuscular hemoglobin (MCH), mean corpuscular hemoglobin concentration (MCHC), white blood cell count, platelet count, reticulocyte count, and differential leukocyte count. Prothrombin time (PT) and activated partial thromboplastin time (APTT) were measured using plasma separated from another blood sample treated with 3.8% sodium citrate. Serum from the remaining portions of blood was analyzed for blood biochemistry (total protein, protein fraction ratio, albumin-globulin (A/G) ratio, glucose, total cholesterol, triglycerides, phospholipid, total bilirubin, urea nitrogen (BUN), creatinine, aspartate aminotransferase, alanine aminotransferase, alkaline phosphatase (ALP)., calcium, inorganic phosphorus, sodium, potassium, and chlorine).

Following the collection of blood, all animals were sacrificed by exsanguination, and organs and tissues of the entire body were macroscopically observed. The brain, pituitary, thymus, thyroids (including parathyroids), heart, lungs (including bronchus), liver, spleen, kidneys, adrenals, testes, epididymides, ovaries, and uterus were then excised and weighed. The trachea, pancreas, lymph nodes (mandibular and mesenteric), tongue, sublingual gland, submandibular gland, parotid gland, esophagus, stomach, duodenum, jejunum, ileum, cecum, colon, rectum, urinary bladder, eyeballs, optic nerve, Harderian gland, spinal cord (pectoral and lumbar part), sciatic nerve, seminal vesicles, prostates, vagina, mammary gland, aorta (thoracic), bone (sternum and femur including bone marrow), skeletal muscle (biceps femoris

muscle), and skin (hypogastric) as well as the above organs were fixed in 10% neutral-buffered formalin solution (following Bouin's fixation for testes and epididymides, and 2.5% glutaraldehyde fixation for eyeballs, optic nerve, and Harderian gland). Histopathological examination of these organs was conducted for all animals found dead or moribund, and for scheduled-sacrifice animals in the control and highest dose groups. In addition, the livers of males in the lowest dose group and of both sexes in the middle-dose group were examined, since test substance–related changes were found in the higher group. Paraffin sections for microscopic examination were routinely prepared and stained with hematoxylin and eosin.

Data Analysis

Parametric data, such as body weight, food consumption, urinalysis findings (sodium, potassium, chlorine, specific gravity, osmotic pressure, and volume), hematological and blood biochemical findings, and organ weights were analyzed by Bartlett's test (Bartlett, 1937) for homogeneity of distribution. When homogeneity was recognized, Dunnett's test (Dunnett, 1964) was conducted for comparison between control and individual treatment groups. If not homogenous, data were analyzed using Steel's multiple comparison test (Steel, 1959). For dipstick parameters, color, and sediment of urine, the grades were converted into numeric values, for which Steel's multiple comparison test (Steel, 1959) was conducted. Macroscopic and histopathological findings were analyzed using Fisher's exact test (Fisher, 1973) and Mann-Whitney's U test (Mann and Whitney, 1947), respectively. These analyses were all conducted by a two-tailed test with a significance level of 1% and 5%.

RESULTS

One male at 2.5 mg/kg was found dead on day 54 of the administration period. Two males at 0.1 mg/kg were also found dead on days 231 or 357 of the administration period. In addition, one female at 12.5 mg/kg was found moribund and was, therefore, euthanized on day 354 of the administration period.

In animals surviving to completion of the 13- or 52-week administration period, no substance-related clinical signs of toxicity were observed; however, body weight was significantly lowered from day 36 to the end of the 52-week dosing period at 2.5 mg/kg in males. A significant increase in food consumption was also detected on days 120, 204–288, and 364 of the dosing period in this group of males.

Examination at Completion of the 13-Week Administration Period

With urine analysis, a significant increase in osmotic pressure and specific gravity was detected at 2.5 mg/kg in males. No changes were noted in other parameters of urinalysis in any HDBB-treated groups (data not shown).

In hematological examination, a significant decrease in hemoglobin and hematocrit at 0.5 mg/kg and higher, decrease in red blood cell count, and increase in platelet count at 2.5 mg/kg was found in males (Table 1). In females, a significant decrease in hematocrit and MCV was noted at 12.5 mg/kg (Table 2). Blood biochemical examination revealed a significant increase in serum levels of glucose, BUN, and ALP at 0.5 mg/kg and higher in males (Table 3) and of total protein at 12.5 mg/kg in females (Table 4). A significant change in the serum protein fraction, such as an increase in albumin and decrease in α_2- and β-globulin at 0.5 mg/kg and higher in males, and at 12.5 mg/kg in females, and a decrease in α_1-globulin at 0.5 mg/kg and higher in males, was also found with a significant increase in the A/G ratio at 0.5 mg/kg and higher in males, and at 12.5 mg/kg in females. There were no substance-related changes in other blood biochemical parameters, including total bilirubin level (data not shown).

At necropsy, enlargement of the liver was observed in five of nine males at 2.5 mg/kg and in one of ten females at 12.5 mg/kg, and the absolute and relative liver weight was significantly increased at 0.5 mg/kg and higher in males, and at 12.5 mg/kg in females (Tables 5 and 6). A significant increase in

Table 1: Hematological findings in male rats given HDBB by gavage.

Dose (mg/kg/day)	0	0.1	0.5	2.5
At completion of the 13-week administration period				
No. of animals	10	10	10	9
Red blood cells ($10^4/\mu L$)	855 ± 27	870 ± 29	828 ± 43	807 ± 22**
Hemoglobin (g/dL)	15.6 ± 0.4	15.5 ± 0.5	15.0 ± 0.6*	14.3 ± 0.6**
Hematocrit (%)	43.3 ± 1.6	43.2 ± 1.2	41.6 ± 1.8*	40.0 ± 1.3**
MCV (fL)	50.6 ± 1.6	49.6 ± 1.1	50.3 ± 0.9	49.6 ± 2.6
MCH (pg)	18.3 ± 0.5	17.8 ± 0.5	18.1 ± 0.5	17.7 ± 1.0
MCHC (g/dL)	36.1 ± 0.7	35.9 ± 0.4	36.0 ± 0.7	35.7 ± 0.5
Reticulocyte ($10^4/\mu L$)	15.8 ± 2.8	16.3 ± 1.8	16.2 ± 3.2	14.8 ± 3.6
Platelet count ($10^4/\mu L$)	103.4 ± 11.2	108.7 ± 8.2	112.9 ± 16.0	130.5 ± 27.1*
PT (s)	15.2 ± 2.7	14.9 ± 1.1	15.1 ± 1.5	14.3 ± 1.4
APTT (s)	24.6 ± 1.9	24.1 ± 1.9	23.0 ± 1.5	23.5 ± 3.1
At completion of the 52-week administration period				
No. of animals	10	8	10	10
Red blood cells ($10^4/\mu L$)	840 ± 68	780 ± 145	754 ± 133*	778 ± 66*
Hemoglobin (g/dL)	14.0 ± 1.1	13.1 ± 2.7	12.7 ± 2.1	12.9 ± 1.1
Hematocrit (%)	44.2 ± 2.9	41.3 ± 7.4	40.3 ± 5.7	40.7 ± 3.6*
MCV (fL)	52.7 ± 2.1	53.1 ± 1.2	53.9 ± 4.5	52.3 ± 2.3
MCH (pg)	16.7 ± 0.8	16.7 ± 0.7	16.9 ± 1.0	16.6 ± 0.7
MCHC (g/dL)	31.7 ± 0.8	31.5 ± 1.5	31.3 ± 1.1	31.8 ± 0.3
Reticulocyte ($10^4/\mu L$)	18.2 ± 8.4	20.1 ± 9.8	27.1 ± 20.4	15.7 ± 3.3
Platelet count ($10^4/\mu L$)	106.5 ± 12.6	110.2 ± 28.5	123.7 ± 28.5	140.1 ± 13.6**
PT (s)	13.5 ± 1.0	13.8 ± 1.0	14.5 ± 1.9	21.8 ± 9.0**
APTT (s)	21.5 ± 1.5	20.9 ± 2.7	21.2 ± 2.6	29.5 ± 9.3

Values are expressed as the mean ± SD.
*Significantly different from the control, $p < 0.05$; **significantly different from the control, $p < 0.01$.

Table 2: Hematological findings in female rats given HDBB by gavage.

Dose (mg/kg/day)	0	0.5	2.5	12.5
At completion of the 13-week administration period				
No. of animals	10	10	10	10
Red blood cells ($10^4/\mu L$)	768 ± 38	793 ± 40	762 ± 23	753 ± 25
Hemoglobin (g/dL)	13.9 ± 0.5	14.1 ± 0.6	13.8 ± 0.4	13.4 ± 0.5
Hematocrit (%)	40.1 ± 1.7	40.7 ± 2.2	39.5 ± 0.9	38.1 ± 1.2*
MCV (fL)	52.2 ± 1.1	51.3 ± 0.7	51.9 ± 1.3	50.6 ± 1.0**
MCH (pg)	18.1 ± 0.4	17.7 ± 0.4	18.1 ± 0.5	17.7 ± 0.5
MCHC (g/dL)	34.6 ± 0.5	34.6 ± 0.6	35.0 ± 0.3	35.1 ± 0.5*
Reticulocyte ($10^4/\mu L$)	16.5 ± 3.4	13.9 ± 1.9	14.8 ± 3.4	13.7 ± 1.6
Platelet count ($10^4/\mu L$)	106.1 ± 12.1	110.4 ± 6.8	117.4 ± 11.6	106.2 ± 9.9
PT (s)	11.7 ± 0.5	11.7 ± 0.3	11.7 ± 0.3	11.8 ± 0.4
APTT (s)	19.2 ± 1.5	19.7 ± 0.9	19.0 ± 1.6	19.2 ± 1.5
At completion of the 52-week administration period				
No. of animals	10	10	10	9
Red blood cells ($10^4/\mu L$)	707 ± 100	708 ± 62	730 ± 55	673 ± 115
Hemoglobin (g/dL)	13.2 ± 1.4	13.5 ± 0.8	13.5 ± 1.0	12.3 ± 1.5
Hematocrit (%)	40.3 ± 3.8	41.0 ± 2.5	41.3 ± 3.0	37.3 ± 4.4
MCV (fL)	57.5 ± 4.3	58.1 ± 2.3	56.6 ± 2.4	56.1 ± 4.8
MCH (pg)	18.8 ± 1.0	19.1 ± 0.7	18.5 ± 0.8	18.4 ± 1.4
MCHC (g/dL)	32.7 ± 0.9	33.0 ± 0.5	32.7 ± 0.6	32.9 ± 0.4
Reticulocyte ($10^4/\mu L$)	14.9 ± 8.9	16.4 ± 9.6	13.9 ± 5.8	17.1 ± 15.1
Platelet count ($10^4/\mu L$)	90.2 ± 10.0	94.2 ± 14.7	101.5 ± 13.9	105.6 ± 11.9*
PT (s)	12.3 ± 0.8	12.9 ± 0.7	12.5 ± 0.5	12.1 ± 0.5
APTT (s)	18.4 ± 0.9	18.5 ± 0.9	17.7 ± 1.4	17.7 ± 1.2

Values are expressed as the mean ± SD.
*Significantly different from the control, $p < 0.05$; **significantly different from the control, $p < 0.01$.

the relative weight of the brain, heart, kidneys, and testes was also found at 2.5 mg/kg in males, but the absolute weight was not significantly changed. On histopathology, centrilobular hypertrophy of hepatocytes, accompanied with eosinophilic granular cytoplasm, was observed in the liver (Tables 7 and 8). The incidence was significantly increased at 2.5 mg/kg in males and at 12.5 mg/kg in females.

Examination at Completion of the 52-Week Administration Period

Urinalysis revealed a significant increase in osmotic pressure at 0.5 mg/kg and higher in males, while it was significantly decreased at 12.5 mg/kg in females. A significant increase in urine volume was also detected at 12.5 mg/kg in females (data not shown).

On hematological examination, a significant decrease in the red blood cell count at 0.5 mg/kg and higher, and in hematocrit at 2.5 mg/kg in males, and increase in platelet count at 2.5 mg/kg in males, and at 12.5 mg/kg in females was found (Tables 1 and 2). In addition, PT was significantly prolonged at 2.5 mg/kg in males. In the blood biochemical examination, a significant

Table 3: Blood biochemical findings in male rats given HDBB by gavage.

Dose (mg/kg/day)	0	0.1	0.5	2.5
At completion of the 13-week administration period				
No. of animals	10	10	10	9
Total protein (g/dL)	5.8 ± 0.3	5.8 ± 0.2	5.7 ± 0.5	5.8 ± 0.5
A/G ratio	1.22 ± 0.12	1.30 ± 0.09	1.67 ± 0.23**	2.09 ± 0.27**
Protein fraction ratio				
α_1-Globulin (%)	18.7 ± 1.6	17.9 ± 1.6	15.6 ± 1.3**	12.1 ± 2.4**
α_2-Globulin (%)	7.1 ± 0.7	6.8 ± 0.6	5.9 ± 0.6**	5.6 ± 0.6**
β-Globulin (%)	15.2 ± 0.8	14.4 ± 0.6	11.5 ± 1.0**	9.9 ± 0.7**
γ-Globulin (%)	4.2 ± 0.5	4.3 ± 0.6	4.6 ± 0.8	5.0 ± 1.4
Albumin (%)	54.8 ± 2.3	56.6 ± 1.6	62.4 ± 2.9**	67.4 ± 3.0**
ALP (IU/L)	164 ± 23	216 ± 57	373 ± 60**	619 ± 115**
Glucose (mg/dL)	121 ± 9	120 ± 7	154 ± 13**	151 ± 9**
BUN (mg/dL)	12.3 ± 1.1	11.8 ± 1.7	14.2 ± 1.7*	14.8 ± 1.8**
At completion of the 52-week administration period				
No. of animals	10	8	10	10
Total protein (g/dL)	5.8 ± 0.2	5.8 ± 0.3	5.8 ± 0.5	5.8 ± 0.2
A/G ratio	1.01 ± 0.21	1.01 ± 0.29	1.42 ± 0.31**	1.75 ± 0.30**
Protein fraction ratio				
α_1-Globulin (%)	19.2 ± 2.2	18.2 ± 1.8	15.2 ± 2.4**	13.4 ± 2.0**
α_2-Globulin (%)	7.5 ± 0.5	7.1 ± 1.4	6.1 ± 1.3*	5.0 ± 1.1**
β-Globulin (%)	17.9 ± 2.3	18.5 ± 4.5	15.3 ± 3.0	12.7 ± 2.2**
γ-Globulin (%)	5.7 ± 2.3	6.9 ± 3.1	5.2 ± 1.7	5.8 ± 1.2
Albumin (%)	49.7 ± 5.4	49.3 ± 8.4	58.1 ± 5.4**	63.2 ± 4.7**
ALP (IU/L)	141 ± 42	165 ± 56	364 ± 87**	565 ± 137**
Glucose (mg/dL)	125 ± 27	115 ± 11	139 ± 17	125 ± 16
BUN (mg/dL)	9.1 ± 1.5	8.8 ± 0.9	10.4 ± 1.9	12.8 ± 1.5**

Values are expressed as the mean ± SD.
*Significantly different from the control, $p < 0.05$; **Significantly different from the control, $p < 0.01$.

increase in the levels of ALP at 0.5 mg/kg and higher in males, and at 12.5 mg/kg in females, of BUN at 2.5 mg/kg in males, and of glucose at 12.5 mg/kg in females was found (Tables 3 and 4). For the serum protein fraction ratio, a significant increase in albumin and decrease in α_1- and α_2-globulin at 0.5 mg/kg and higher, and a decrease in β-globulin at 2.5 mg/kg was detected in males. The A/G ratio was significantly increased at 0.5 mg/kg and higher in males. No substance-related changes were found in other blood biochemical parameters, including total bilirubin level (data not shown).

At necropsy, enlarged liver was observed in seven of ten males at 0.5 mg/kg, nine of ten males at 2.5 mg/kg, and five of nine females at 12.5 mg/kg, and light gray macules were grossly detected in the liver of two of ten males at 2.5 mg/kg and of one of nine females at 12.5 mg/kg. Absolute and relative liver weight was significantly increased at 0.5 mg/kg and higher in males, and at 12.5 mg/kg in females (Tables 5 and 6). A significant increase in the relative weight of the brain, pituitary, thyroids, lungs, heart, kidneys, testes, and epididymides at 2.5 mg/kg in males was also found, but no statistically significant

Table 4: Blood biochemical findings in female rats given HDBB by gavage.

Dose (mg/kg/day)	0	0.5	2.5	12.5
At completion of the 13-week administration period				
No. of animals	10	10	10	10
Total protein (g/dL)	6.2 ± 0.4	6.3 ± 0.2	6.4 ± 0.4	6.7 ± 0.5*
A/G ratio	1.78 ± 0.16	1.87 ± 0.22	1.93 ± 0.19	2.24 ± 0.31**
Protein fraction ratio				
α_1-Globulin (%)	13.8 ± 1.0	12.9 ± 1.7	12.6 ± 1.6	12.9 ± 1.8
α_2-Globulin (%)	5.6 ± 0.8	5.6 ± 0.2	5.5 ± 0.6	4.7 ± 0.5*
β-Globulin (%)	12.6 ± 0.9	12.4 ± 1.2	12.1 ± 1.4	9.9 ± 0.8**
γ-Globulin (%)	3.9 ± 0.8	4.3 ± 1.0	4.2 ± 1.0	3.6 ± 1.1
Albumin (%)	64.0 ± 2.0	64.9 ± 2.8	65.7 ± 2.2	68.9 ± 2.9**
ALP (IU/L)	92 ± 30	107 ± 25	101 ± 31	136 ± 81
Glucose (mg/dL)	119 ± 13	117 ± 10	118 ± 15	130 ± 10
BUN (mg/dL)	14.5 ± 1.7	14.3 ± 1.7	13.6 ± 1.1	14.1 ± 1.8
At completion of the 52-week administration period				
No. of animals	10	10	10	9
Total protein (g/dL)	6.4 ± 0.3	6.7 ± 0.2	6.7 ± 0.3	6.5 ± 0.5
A/G ratio	1.79 ± 0.25	1.69 ± 0.17	1.73 ± 0.17	2.00 ± 0.19
Protein fraction ratio				
α_1-Globulin (%)	13.5 ± 1.6	14.2 ± 1.6	12.8 ± 1.4	12.1 ± 1.0
α_2-Globulin (%)	4.8 ± 0.6	4.8 ± 0.5	5.0 ± 0.9	4.1 ± 0.4
β-Globulin (%)	13.2 ± 1.5	13.5 ± 0.7	13.6 ± 1.6	12.2 ± 1.2
γ-Globulin (%)	4.6 ± 0.9	4.9 ± 1.2	5.4 ± 1.2	5.0 ± 1.2
Albumin (%)	63.9 ± 3.1	62.6 ± 2.5	63.3 ± 2.3	66.5 ± 2.1
ALP (IU/L)	57 ± 26	59 ± 16	57 ± 14	86 ± 20**
Glucose (mg/dL)	103 ± 9	110 ± 9	106 ± 16	119 ± 16*
BUN (mg/dL)	13.4 ± 2.7	12.6 ± 2.8	12.7 ± 3.1	12.1 ± 2.0

Values are expressed as the mean ± SD.
*Significantly different from the control, $p < 0.05$; **significantly different from the control, $p < 0.01$.

change was noted in the absolute weight. As observed at the end of the 13-week administration period, centrilobular hypertrophy of hepatocytes with eosinophilic granular cytoplasm was observed on histopathological examination, and the incidence was significantly increased at 0.5 mg/kg and higher in males, and at 12.5 mg/kg in females (Tables 7 and 8). In addition, significant increases in the incidence of cystic degeneration and lipofuscin deposition in hepatocytes at 2.5 mg/kg, and of altered hepatocellular foci (clear cell foci) at 0.5 mg/kg and higher were found in the liver of males.

DISCUSSION

In the present study, one male receiving the highest dose of 2.5 mg/kg died early in the dosing period. Although the cause of death was not identified on histopathological examination, it is unlikely that this death was due to treatment with HDBB because no deaths in this group occurred during the remaining dosing period. Other the deaths of two males at 0.1 mg/kg and the

Table 5: Relative organ weight in male rats given HDBB by gavage.

Dose (mg/kg/day)	0	0.1	0.5	2.5
At completion of the 13-week administration period				
No. of animals	10	10	10	9
Body weight[a]	530.1 ± 32.1	566.3 ± 42.2	546.5 ± 40.3	450.1 ± 27.8**
Brain[b]	0.42 ± 0.02	0.40 ± 0.03	0.42 ± 0.03	0.49 ± 0.03**
Pituitary[c]	2.7 ± 0.3	2.5 ± 0.2	2.6 ± 0.2	2.8 ± 0.2
Thyroids[c]	3.8 ± 1.0	4.7 ± 0.8	4.5 ± 1.1	4.1 ± 0.7
Heart[b]	0.29 ± 0.03	0.29 ± 0.02	0.30 ± 0.02	0.33 ± 0.02**
Lungs[b]	0.29 ± 0.02	0.28 ± 0.03	0.30 ± 0.02	0.31 ± 0.03
Liver[b]	2.75 ± 0.10	2.82 ± 0.23	3.71 ± 0.21**	5.12 ± 0.72**
Kidneys[b]	0.62 ± 0.04	0.62 ± 0.02	0.67 ± 0.06	0.70 ± 0.07*
Testes[b]	0.65 ± 0.07	0.62 ± 0.07	0.61 ± 0.06	0.81 ± 0.07**
Epididymides[b]	0.26 ± 0.02	0.25 ± 0.02	0.23 ± 0.02*	0.28 ± 0.03
At completion of the 52-week administration period				
No. of animals	10	8	10	10
Body weight[a]	819.9 ± 145.4	792.5 ± 140.4	842.4 ± 136.3	614.2 ± 97.3**
Brain[b]	0.30 ± 0.04	0.31 ± 0.07	0.29 ± 0.04	0.39 ± 0.05**
Pituitary[c]	2.0 ± 0.2	2.0 ± 0.5	1.9 ± 0.3	2.8 ± 0.3**
Thyroids[c]	3.8 ± 0.9	3.9 ± 1.0	4.1 ± 0.8	4.9 ± 0.9*
Heart[b]	0.23 ± 0.02	0.25 ± 0.04	0.25 ± 0.03	0.31 ± 0.03**
Lungs[b]	0.23 ± 0.02	0.24 ± 0.05	0.23 ± 0.02	0.29 ± 0.03**
Liver[b]	2.22 ± 0.25	2.26 ± 0.20	2.95 ± 0.47**	4.13 ± 0.62**
Kidneys[b]	0.47 ± 0.05	0.48 ± 0.08	0.51 ± 0.06	0.68 ± 0.09**
Testes[b]	0.45 ± 0.06	0.47 ± 0.10	0.46 ± 0.07	0.61 ± 0.15**
Epididymides[b]	0.16 ± 0.03	0.18 ± 0.04	0.17 ± 0.02	0.22 ± 0.06*

Values are expressed as the mean ± SD.
*Significantly different from the control, $p < 0.05$; **significantly different from the control, $p < 0.01$.
[a]Body weight after overnight starvation following the last dosing (g).
[b]g/100 g body weight.
[c]mg/100 g body weight.

moribund sacrifice of one female at 12.5 mg/kg were related to pituitary, renal, or muscular disorders, which was not observed in scheduled-sacrifice animals, and were considered incidental.

In scheduled-sacrifice animals, a lowered body weight was found at 2.5 mg/kg in males. This change was not observed even at the highest dose of 62.5 mg/kg in the previous 28-day repeated dose toxicity study of HDBB (Hirata-Koizumi et al., 2007). Since increased food consumption, blood glucose, and A/G ratio were noted in both previous 28-day and present 52-week studies, prolonged disturbance of metabolic homeostasis might affect body weight gain. Increased relative weight of the brain, heart, kidneys, testes, etc., without changes in the absolute weight, which was noted at 2.5 mg/kg in males in the present study, is considered to be due to the lowering of body weight.

Anemic changes, such as decreased red blood cell count, hematocrit, and hemoglobin, were also found at 0.5 mg/kg and higher in males in the current study. In females, slight changes indicative of anemia, such as decreased hematocrit and MCV, were noted at 12.5 mg/kg at the end of the 13-week

Table 6: Relative organ weight in female rats given HDBB by gavage.

Dose (mg/kg/day)	0	0.5	2.5	12.5
At completion of the 13-week administration period				
No. of animals	10	10	10	10
Body weight[a]	304.1 ± 26.9	303.0 ± 31.0	297.0 ± 17.5	299.8 ± 23.1
Brain[b]	0.68 ± 0.06	0.69 ± 0.05	0.70 ± 0.03	0.70 ± 0.05
Pituitary[c]	5.6 ± 0.5	6.1 ± 0.7	6.4 ± 1.0*	6.2 ± 0.8
Thyroids[c]	5.5 ± 1.1	5.9 ± 0.8	6.5 ± 1.1*	6.2 ± 0.7
Heart[b]	0.32 ± 0.02	0.30 ± 0.02	0.32 ± 0.02	0.32 ± 0.03
Lungs[b]	0.37 ± 0.03	0.37 ± 0.02	0.36 ± 0.02	0.38 ± 0.03
Liver[b]	2.63 ± 0.14	2.63 ± 0.18	2.80 ± 0.18	3.88 ± 0.50**
Kidneys[b]	0.70 ± 0.25	0.64 ± 0.07	0.64 ± 0.05	0.66 ± 0.06
Ovaries[c]	26.1 ± 4.0	26.5 ± 3.2	26.9 ± 4.6	27.0 ± 4.0
Uterus[b]	0.19 ± 0.03	0.22 ± 0.04	0.19 ± 0.03	0.21 ± 0.03
At completion of the 52-week administration period				
No. of animals	10	10	10	9
Body weight[a]	423.2 ± 87.2	441.8 ± 71.4	481.0 ± 104.7	425.8 ± 71.4
Brain[b]	0.54 ± 0.12	0.51 ± 0.07	0.47 ± 0.10	0.52 ± 0.08
Pituitary[c]	6.6 ± 2.3	7.0 ± 3.8	7.1 ± 3.2	7.4 ± 2.4
Thyroids[c]	5.7 ± 1.1	5.5 ± 1.3	5.9 ± 1.1	6.4 ± 1.4
Heart[b]	0.28 ± 0.04	0.28 ± 0.04	0.26 ± 0.04	0.29 ± 0.03
Lungs[b]	0.33 ± 0.07	0.30 ± 0.05	0.29 ± 0.07	0.32 ± 0.05
Liver[b]	2.48 ± 0.39	2.42 ± 0.14	2.45 ± 0.32	3.54 ± 0.41**
Kidneys[b]	0.55 ± 0.08	0.54 ± 0.06	0.52 ± 0.13	0.63 ± 0.09
Ovaries[c]	16.0 ± 3.3	14.3 ± 4.4	13.5 ± 5.5	14.3 ± 2.5
Uterus[b]	0.24 ± 0.08	0.22 ± 0.06	0.22 ± 0.09	0.25 ± 0.08

Values are expressed as the mean ± SD.
*Significantly different from the control, $p < 0.05$; **significantly different from the control, $p < 0.01$.
[a]Body weight after overnight starvation following the last dosing (g).
[b]g/100 g body weight.
[c]mg/100 g body weight.

administration period but not at the completion of the 52-week administration period. The previous 28-day study also showed anemic effects of HDBB at 2.5 mg/kg and higher in males (Hirata-Koizumi et al., 2007). Since no change in the serum bilirubin level or hemosiderin accumulation in the liver, spleen, or kidneys were found in both the present 52-week and previous 28-day studies, anemic changes seem at least not to come from the hemolytic action of HDBB. In order to clarify the mechanisms, further study is required.

In the previous 28-day study, histopathological changes in the liver and heart were observed at 0.5 mg/kg and higher in males, and at 12.5 mg/kg and higher in females (Hirata-Koizumi et al., 2007). At higher doses, histopathological changes were also found in the kidneys and thyroids. In the current study, histopathological changes were observed in the liver. At the end of the 13-week administration, the incidence of centrilobular hypertrophy of hepatocytes was increased at 2.5 mg/kg in males and at 12.5 mg/kg in females, and this change was accompanied with eosinophilic granular cytoplasm. In addition to these changes, increased incidences of altered

Table 7: Histopathological findings in the liver of male rats given HDBB by gavage.

		Dose (mg/kg/day)				
	Grade	**0**	**0.1**	**0.5**	**2.5**	
At completion of the 13-week administration period						
No. of animals		10	10	10	9	
Centrilobular hypertrophy of hepatocytes[a]	+	0	0	3	6	] **
	++	0	0	0	3	
Focal necrosis	+	1	0	1	2	
At completion of the 52-week administration period						
No. of animals		10	8	10	10	
Centrilobular hypertrophy of hepatocytes[a]	+	0	0	5*	7	] **
	++	0	0	0	1	
Focal necrosis	+	1	0	3	4	
Lipofuscin deposition in hepatocytes[b]	+	0	0	0	6**	
Altered hepatocellular foci	+	0	1	7**	6	] **
	++	0	0	0	1	
Cystic degeneration of hepatocytes	+	0	2	2	4*	

Values represent the number of animals with findings.
+ = mild; ++ = moderate.
*Significantly different from the control, $p < 0.05$; **significantly different from the control, $p < 0.01$
[a]Accompanied with eosinophilic granular cytoplasm.
[b]Identified by the Schmorl method, Berlin blue staining, and the Hall method.

Table 8: Histopathological findings in the liver of female rats given HDBB by gavage.

		Dose (mg/kg/day)			
	Grade	**0**	**0.5**	**2.5**	**12.5**
At completion of the 13-week administration period					
No. of animals		10	10	10	10
Centrilobular hypertrophy of hepatocytes[a]	+	0	-	0	6**
Focal necrosis	+	0	-	1	0
At completion of the 52-week administration period					
No. of animals		10	10	10	9
Centrilobular hypertrophy of hepatocytes[a]	+	0	-	0	4*
Focal necrosis	+	2	-	0	0
Lipofuscin deposition in hepatocytes[b]	+	0	-	0	2

Values represent the number of animals with findings.
+ = mild; - = not examined.
*Significantly different from the control, $p < 0.05$; **significantly different from the control, $p < 0.01$.
[a]Accompanied with eosinophilic granular cytoplasm.
[b]Identified by the Schmorl method, Berlin blue staining, and the Hall method.

hepatocellular foci (clear cell foci) at 0.5 mg/kg and higher and of cystic degeneration and lipofuscin deposition in hepatocytes at 2.5 mg/kg were found in males at the completion of the 52-week administration.

Centrilobular hypertrophy of hepatocytes with eosinophilic granular cytoplasm is known to be a characteristic change observed in rodents administered with peroxisome proliferators, such as fibrate hypolipidemic drugs and phthalate plasticizers (Cattley and Popp, 2002). Prolonged exposure to these substances has been shown in many studies to induce liver tumors in rats and mice (IARC, 1995), and preferential growth of altered hepatocytes, as detected in the present 52-week study, could be observed in the developmental process. In addition, increased mitosis of hepatocytes, indicating hepatocellular proliferation, was observed in the higher dose group in the previous 28-day study of HDBB (Hirata-Koizumi et al., 2007). Further longer-term studies are needed to precisely evaluate whether HDBB induces liver tumors in rats. In the current study, lipofuscin deposition in hepatocytes was also apparent at the completion of the 52-week administration. While lipofuscin accumulates in hepatocytes with aging, increased amounts of lipofuscin have also been reported in the liver of rats treated for long periods with peroxisome proliferators (IARC, 1995; Cattley and Popp, 2002). Based on these findings, HDBB might exert an effect on the liver via the mechanism of peroxisome proliferation, although the ultrastructure or peroxisome-associated enzyme was not analyzed in the current study. The hepatic changes caused by this mechanism are considered not to be significant for human risk assessment (Hasegawa et al., 2004) because primates are much less sensitive to peroxisome proliferators than rodents (Elcombe and Mitchell, 1986; Blaauboer et al., 1990). For HDBB, however, the incidence of cystic degeneration of hepatocytes was increased at the end of the current 52-week study, and increased incidence of focal necrosis, vacuolar degeneration of hepatocytes, and bile duct proliferation in the liver was found in the previous 28-day study (Hirata-Koizumi et al., 2007). These changes may not be necessarily associated with the mechanism of peroxisome proliferation. Considering the possible induction of neoplastic change in the liver by mechanisms relevant to humans, further study is required.

In the current study, histopathological changes in the heart were not detected even at the highest dose of 2.5 mg/kg in males and 12.5 mg/kg in females, at which degeneration and hypertrophy of the myocardium or cell infiltration were found in the previous 28-day study (Hirata-Koizumi et al., 2007). Although the cause of this difference between studies is not clear, the borderline dose of HDBB for affecting the heart is considered to be around 2.5 mg/kg in males and 12.5 mg/kg in females. As functional parameters are considered to be more sensitive than histopathological changes in the heart (Glaister, 1992), further studies are required to clarify the adverse effects of HDBB on cardiac function. Histopathological changes in the kidneys and

thyroids, detected in the previous 28-day study (Hirata-Koizumi et al., 2007), were also not observed in the present study, which would be due to the low dosage administered; however, changes in osmotic pressure, specific gravity, or volume of urine, and/or increase in the levels of BUN, noted at 0.5 mg/kg and higher in males and at 12.5 mg/kg in females, suggest renal effects of HDBB.

Based on these findings in the current study, the NOAEL for chronic toxicity of HDBB was concluded to be 0.1 mg/kg/day in male rats and 2.5 mg/kg/day in female rats based on the induction of altered hepatocellular foci and/or hypertrophy of hepatocytes. This result showed that male rats are nearly 25 times more susceptible to HDBB toxicity than female rats, which is consistent with the results of the previous 28-day study (Hirata-Koizumi et al., 2007). Since male rats showed higher susceptibility to various effects of HDBB (on the liver, blood, etc.) consistently, sex-related variations in toxicokinetic determinants, such as metabolism and elimination, might increase the blood concentration of causative substances (i.e., HDBB or its metabolites) in males. In order to clarify the cause of the sexual differences in the HDBB toxicity, we are planning a toxicokinetic study of HDBB, which would include the identification of metabolites and the related metabolic enzyme as well as measurement of the blood concentration of HDBB both after single and repeated administration of HDBB to rats.

Gender-related differences in toxic susceptibility have been documented for other substances. For example, a recent subchronic toxicity study using F344 rats showed that fluoranthene, a polycyclic aromatic hydrocarbon, had greater effects on males than females, especially in the kidneys (Knuckles et al., 2004). In contrast, it was reported that female rats exhibited a greater susceptibility to hypothermic effects and inhibition of hypothalamic cholinesterase by a carbamate cholinesterase inhibitor, rivastigmine (Wang et al., 2001). For such gender differences, sexual hormones must play an important role. In fact, Wang et al. (2001) reported that orchidectomy completely abolished the above-mentioned sex differences in hypothalamic cholinesterase inhibition induced by rivastigmine. Since testosterone decreased cholinesterase inhibition in gonadectomized males and females, it is apparent that testosterone interferes with the effects of rivastigmine. It is interesting to investigate the role of sex steroids in the mediation of sex differences in toxic susceptibility to HDBB; therefore, we are currently performing a repeated-dose toxicity study of HDBB using male and female castrated rats.

CONCLUSIONS

The current results showed that the oral administration of HDBB for 52 weeks principally affected the liver. The NOAEL for chronic toxicity was concluded to be 0.1 mg/kg/day in male rats and 2.5 mg/kg/day in female rats.

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A 28-Day Repeated Dose Toxicity Study of Ultraviolet Absorber 2-(2′-Hydroxy -3′,5′-di-*tert*-butylphenyl) benzotriazole in Rats

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To examine the possible repeated-dose toxicity of an ultraviolet absorber, 2-(2′-hydroxy-3′,5′-di-*tert*-butylphenyl)benzotriazole (HDBB), CD(SD)IGS rats were administered HDBB by gavage at a dose of 0 (vehicle: corn oil), 0.5, 2.5, 12.5, or 62.5 mg kg^{-1} day^{-1} for 28 days. At the completion of the administration period, a decrease in red blood cells, hemoglobin, and hematocrit was noted only in males at 2.5 mg/kg and more. Blood biochemical changes were noted at 0.5 mg/kg and more in males and at 62.5 mg/kg in females. Histopathologic changes were observed principally in the liver (vacuolar degeneration and hypertrophy of hepatocytes, bile duct proliferation, etc.) and in the heart (degeneration and hypertrophy of myocardium and cell infiltration). These changes were noted at 0.5 mg/kg and more in males and at 12.5 mg/kg and more in females. At higher doses, hypertrophy of tubular epithelium in the kidneys and diffuse follicular cell hyperplasia in the thyroids in both sexes and increased severity of basophilic tubules in the kidneys and extramedullary hematopoiesis in the spleen in males were also detected. After the 14-day recovery period, these changes mostly recovered in females but not in males. Based on these findings, no observed adverse effect level (NOAEL) was concluded to be less than 0.5 mg kg^{-1} day^{-1} in male rats and 2.5 mg kg^{-1} day^{-1} in female rats.

Keywords Benzotriazole, Gender-related difference, Rat, Repeated dose toxicity, UV absorber

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