## LETTER TO THE EDITOR

## THIOACETAMIDE TOXICITY AND THE LUNG: HISTOLOGICAL ANALYSIS

Sir,

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Selenium is a naturally occuring micronutrient and trace element that has a narrow margin between beneficial and harmful levels. The role of selenium when administered in carefully titrated doses was studied on thioacetamide induced experimental liver cirrhosis. Ethical clearance from the Institutional Animal Ethics Committee was obtained.

Thioacetamide (TA) is one of the several agents that produce centrilobular necrosis of the liver and has been so employed. The effects of TA are not limited to the liver as profound structural and functional changes have been described in the kidney (1), thymus (2), spleen (3) and the intestine (4). These modifications may alter the response seen in the liver and influence the host response in general. The following report concerns the response of the lung to this agent.

Healthy male albino rats of Wistar strain (100–200 g) were maintained in our animal house on standard laboratory diet and water ad libitum for 1 week prior to experimentation. The animals were kept in individual plastic cages with natural light and dark cycles and a temperature of 28±4.0°C. The duration of the study was 16 weeks. The animals were divided into four

groups. Group 1 (n = 10) continued to be on food and water ad libitum and served as control. Group 2 (n = 10) received TA (0.3 g/L) of drinking water (5, 6) and food ad libitum for 16 weeks. Group 3 (n = 10) rats received TA (0.3 g/L) and sodium selenite (4 mg/L) of drinking water (7) and food ad libitum for 16 weeks. Group 4 (n = 10) received TA (0.3 g/L) of drinking water for the first 8 weeks and sodium selentee (4 mg/L) of drinking water for the latter 8 weeks with food ad libitum for the duration of the study. The fluid intake in ml was measured daily and the body weight in grams (g) was measured once a week. At the end of the study, all the animals were anesthetized with diethyl ether. The abdomen and thorax were opened by a midline incision. The liver, spleen, kidneys and lungs were identified, removed, blotted and weighted promptly. Biopsy bits from liver, spleen, kidney and lung of rats belonging to all the groups were fixed in 10% formalin overnight. Tissue sections of 2-3 mm thickness were dehydrated in alcohol, cleared in xylene and tissue blocks were made in the paraffin wax. Sections of 5 µ thickness were cut, dewaxed xylene, rehydrated and stained with haematoxylin and eosin. Stained sections were studied under light microscope after mounting in D.P.X. (Distrene Dibutylphthalate) (8).

In contrast to the profound structural and functional changes that were described in the kidney (1) and spleen (3), no histological changes were found in these organs in this study. Sections from lungs of all rats belonging to groups 2 and 3 showed focal interstitial pneumonia. Alveolar walls were thickened due to oedema, mild fibrosis and inflammatory cell infiltration by lymphocytes and plasma cells. Many air spaces were distorted and obliterated due to both oedema fluid and macrophages and other air spaces were cystically dilated (Fig. 1). Sections from the liver of all rats

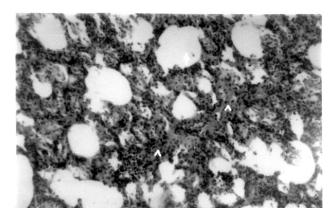


Fig. 1: Section of the lung showing thickened alveolar walls due to oedema, mild fibrosis and inflammatory cell infiltration by lymphocytes and plasma cells (arrow head). Many air spaces are distorted and obliterated due to both oedema fluid and macrophages and other air spaces are cystically dilated (arrow) H and E  $10 \times 100$ .

belonging to groups 2 and 3 showed cirrhosis with or without dysplasia (one section showed evidence of cholangiocarcinoma). There was a decrease in the mean weight of the lung and liver of animals in groups 2 and 3 versus group 1 (control) that was statistically significant at P<0.05 using analysis of variance and Dunnett's test there

after. A 20% and 10% mortality in groups 2 and 4 respectively was noted in the course of the study, (sections of the liver of the rat in group 4 that died in the 7th week of the study, showed evidence of cirrhosis). The remaining animals that survived in group 4 showed no histological evidence either of liver cirrhosis or focal interstitial pneumonia. Animals in groups 2, 3 and 4 that received thioacetamide showed decreased activity and bristling of fur but otherwise ate and drank in a manner similar to the controls.

It seems clear that two not necessarily exclusive possibilities may explain the basis of the alveolar lesion of focal intersitial pneumonia resulting from TA ingestion. A direct toxic injury of the alveoli by TA or its toxic metabolites (9) as TA is extensively metabolised during its passage through the body (10) may explain the toxicity to a select population of cells (1).

Secondly opportunistic infection due to decreased immunity because of toxic injury to cells of immune system (2). Intersitial pneumonia is caused by a wide variety of agents such as respiratory synctial virus, influenza, parainfluenza virus, cytomegalovirus, adenoviruses, rhinoviruses and coxackie viruses (11). Infection of the upper respiratory tract with these organisms are quite common. Occasionally infection extends lower down to involve the interstitium of the lungs. Circumstances favouring such extension of infection arise

from decreased immunity which predisposes various organs to infection by opportunistic organisms. The significance of this chemically induced lung lesion in TA toxicity remains to be identified.

Animals that received sodium selenite along with TA showed evidence of liver

cirrhosis with no mortality. Animals that received sodium selenite after TA showed evidence neither of liver cirrhosis nor mortality (except one). These observations help us to conclude that selenium in carefully titrated doses mitigates the damage in experimentally induced liver cirrhosis.

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