



REVIEW: CARBON TETRACHLORIDE TOXICITY

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Carbon tetrachloride is a colorless liquid (b.p.76.54°C) with a sweet, chloroform like odor. It is soluble in acetone, ethanol, benzene, carbon disulfide; moderately soluble in water. Since its vapour is noninflammable, Carbon tetrachloride is widely used as an industrial solvent and as fire extinguisher under the commercial name PYRENE. Carbon tetrachloride is used as a solvent for the recovery of tin in tinsplating waste and in the manufacture of semiconductors. It is also used in petrol additives, refrigerants, metal degreasing, and as a catalyst in the production of polymers. Carbon tetrachloride is also used as a chemical intermediate in the production of fluorocarbons and pesticides. Wide dissemination of Carbon tetrachloride in the environment represents a serious and somewhat undefined hazard for the health of mankind.

Keywords : *CCl₄, Lipid peroxidation, Cirrhosis, Oxidative stress.*

Carbon tetrachloride is one of the hydrocarbons that has a widespread use in various industries as a solvent (El-Dossouky et. al., 1978). It is also used in medicine as vermifuge in the treatment of hookworm disease. On the other hand, exposure to CCl₄ by inhalation, ingestion or absorption through the skin resulted in many cases of poisoning (Boger et. al., 1987). CCl₄ is a potent hepatotoxin in a variety of experimental animals and man. It induces necrosis, cirrhosis and hepatic carcinoma (Zimmerman and Ishak, 1978). Earliest known studies on carbon tetrachloride are those of Graham (1915) who tested its effects on liver glycogen in pups. Meyer and Pessoa (1923) also reported on its toxicity and later on Davis (1924) first of all studied the effect of diet on carbon tetrachloride toxicity. Following pathological parameters Gardner et. al. (1925), Mann et. al. (1931), Bollman and Mann (1932) and Moon (1934) reported on the nature of lesions produced by carbon tetrachloride. Cameron and Karunaratne (1936) described the histopathology of liver in details after CCl₄ poisoning.

The effects on early changes of nucleus were studied by Doljanski and Rosin (1944). Stowell and Lee (1950) made an extensive histochemical study of liver after CCl₄ treatment. Aterman (1954, 1957, 1962) also estimated the toxic effects of CCl₄ on structure and function of the liver and fibrosis. Wahi et. al. (1955) pioneered the studies on acute liver injury with special reference to histological, histochemical and aminoacid incorporation into proteins. Calvert and Brody (1958) reported rise of Na⁺ and Ca⁺ and fall of K⁺ and Mg⁺⁺ concentrations. Decline in cytoplasmic as well as mitochondrial enzymes was also recorded (Rees and Sinha, 1960). Recknagel and Anthony (1959) observed fatty changes and then Recknagal and Lombardi (1961) worked out the pathogenesis of fatty liver after CCl₄ treated rats. Ultrastructural studies were made by Aizawa (1962) with reference to vacuolar degeneration. Smuckler et. al. (1962) investigated intracellular defects in protein synthesis. Phenomenae like an increase in parenchymal triglycerides (Schotz and Recknagel, 1960), inhibited release of fats from the effected cells and elimination of triglycerides from the cell in the form of lipoprotein complex (Heimberg et.al.,1962) were also investigated. Recknagel and Ghosal (1966) concluded that CCl₄ damages endoplasmic reticulum by promoting the peroxidation of membranous lipids. Rana and Agarwal (1971), Rana (1976) studied the effects of CCl₄ on enzymes, lipids and connective tissue. Biochemical studies on CCl₄ induced liver injury have developed rapidly and the historical aspects have been nicely reviewed by Slater (1972). Morphological changes were reviewed by Smuckler (1976). Mechanistic studies on carbon tetrachloride hepato- toxicity have been studied by Diaz Gomez et.al. (1975). Younes et.al. (1980) reported the effects of CCl₄ on glutathione - S - transferase activity. Experimental studies have confirmed that CCl₄ to be toxic needs activation to CCl₃ and CI free radicals (Recknagel and Glende, 1973). This activation appears to occur during the reduction of cytochrome P-450 complex by NADPH catalysed by the P-450 reductase (D'Acosta et. al., 1973). CCl₃ radical later initiates a lipid peroxidation process. The effects of both the free radicals and the lipid peroxidation have been postulated to be involved in the process ending in necrosis (Castro et.al.,1972) and dysenzymia (Rana,1980). Noguchi et.al.,(1982) related the early loss of polypeptides in liver microsomes of CCl₄ treated rats to cytochrome P-450 content. The effect of malotilate on experimental liver fibrosis (cirrhosis) induced by carbon tetrachloride was described by Monna (1983). Studies by Davies et. al.,(1986) show that carbon tetrachloride and 2 - isopropyl - 4 - pentenamide induced activation of cytochrome P- 450 leads to heme - derived protein adducts. Igarashi et. al., (1986) reported the antifibrotic effect of malotilate on liver fibrosis induced by carbon tetrachloride in rats. Co-exposure to ethanol, acetone or isopropanol is known to potenti- ate the toxicity of carbon tetrachloride (Charbonneau et. al., 1986). Exposure to other chlorinated compounds, such as chlordecone, also potentiates the toxicity of carbon tetrachloride (Curtis et. al., 1979). Glende and Pushpendran (1986) discussed the role of phospholipase activation as a secondary mechanism of carbon tetrachloride induced hepatocyte injury. An immuno-histochemical evidence for alterations in

specific forms of rat hepatic microsomal cytochrome P- 450 during acute carbon tetrachloride intoxication was established by Moody et. al.(1986). Okuno et. al.(1986) examined the drug metabolizing activity of rat liver during long term administration of carbon tetrachloride and also, the latter's relationship with the content of hydroxyproline in the liver. Doolittle et. al., (1987) established a relationship between hepatotoxicity and induction of replicative DNA synthesis following single or multiple doses of carbon tetrachloride. The effect of alpha-naphthyl isothiocyanate and carbon tetrachloride interaction on hepatocellular calcium transport was studied by Agarwal and Zinermon (1989). Clawson (1989) attributed carbon tetrachloride hepatotoxicity to early 'metabolism dependent' effects and later 'metabolism independent' effects. Kim et. al. (1990) studied the effect of oral dosing vehicles on the acute hepatotoxicity of carbon tetrachloride in rats. It has been known for many years (Theirs et.al., 1960) that carbon tetrachloride intoxication in rats leads to an accumulation of calcium within the mitochondria. Carbon tetrachloride mediated hepatotoxicity is preceded by an increase in total liver calcium content (Recknagel,1983).

It has been known for long time that a part of the liver injury caused by carbon tetrachloride may have originated through the free radical reactions to the metabolism of CCl_4 in the liver and subsequent initiation of lipid peroxidation (Bacon et. al., 1983; Brattin et. al., 1985). This ultimately causes the body to experience oxidative stress and seems to play a major role in the pathogenesis of both acute and chronic liver damage. During the last decades, application of this compound has been further shown to be an excellent tool for the study of experimental oxidative injury due to its rapid metabolism in the liver to free radical and following deleterious effects in the liver. Recently, it has been shown that administration of CCl_4 to rats leads to distinctive formation of both non-enzymatically and enzymatically derived eicosanoids (Morrow et. al., 1990; Basu,1999).

CYP-450 activates carbon tetrachloride into its reactive intermediate trichloromethyl radical (Recknagel et. al., 1989), which is further converted to a peroxy radical (Slater,1987). CCl_4 metabolites react with polyunsaturated fatty acids to propagate a chain reaction leading to lipid peroxidation or bind covalently to lipids and proteins, resulting in destruction of cell membranes and also induced liver damage (Recknagel et. al., 1989). Many different natural compounds could alleviate the toxicity of carbon tetrachloride and other toxic agents through inhibition of lipid peroxidation, which generated from CCl_4 metabolism (Biasi et. al., 1991). For example, vitamin E, d- α -tocopherol is the most important endogenous lipid soluble antioxidant and is thought to play a major role in protecting cellular membranes against lipid peroxidation and associated loss of protein sulphhydryl groups (Bjorneboe et. al., 1990). Also pretreatment of rats with α - tocopherol was found to protect the brains against the toxicity of CCl_4 (El-Demerdash et. al., 1999). It has been found that the administration of d- α -tocopherol acetate (Gallagher,1961), α -tocopherol(Biasi et.al.,1991) or liposomes containing α -tocopherol protected against CCl_4 induced liver toxicity in rats (Yao et.al.,1994). In addition,the administration of the

succinate ester form of α -T, α -tocopherol hemisuccinate (TS), could alleviate the hepatotoxic effects of a wide variety of toxic agents (Ray and Fariss,1994). However, in another study, d- α -tocopherol acetate administration to rats provided no protection against CCl₄ induced liver toxicity(Wolfgang et.al.,1990).

In addition to its hepatocellular toxicity, CCl₄ also has been shown to affect the immune system. Mice exposed orally to 500 mg/kg CCl₄ exhibited suppressed T-cell dependent immune responses as measured by decreased splenic antibody forming cells. These mice also had elevated plasma interleukin-2 and transforming growth factor β , measured 24 and 48 hours after exposure(Delaney et.al., 1994). However, a previous study showed that hepatotoxicity from CCl₄ occurs at much lower concentrations than does toxicity to the immune system (Smialowitz et.al.,1991).

A physiologically based pharmacokinetic model for carbon tetrachloride has been developed in the rat (Paustenbach et.al.,1988).In this model, it was estimated that 60% of inhaled CCl₄ is metabolized, and that 96% of the metabolized CCl₄ forms biological adducts which degrade slowly with a half life of 24 hours.The remaining 4% of the metabolized CCl₄ becomes CO₂.

Over the years, various evidences suggest that reactive free radical species are physiologically relevant to exert a variety of biochemical reactions that regulate many of our important physiological functions including defence against microorganisms, cell signalling , vascular control, cell generation and degeneration, control of cellular homeostasis (Bogdan,2001), and presumably many other unknown essential functions.

Very little is known about link between non-enzymatically generated free radical and cyclooxygenase(COX) catalysed reactive pathways. Indeed, induced oxidative injury and subsequent inflammatory response have recently been demonstrated following CCl₄ administration to rats (Basu,1999). It was postulated that cyclooxygenase dependent inflammatory response through PGF₂ α formation in CCl₄-induced hepatotoxicity may be a secondary effect to oxidative injury and might have a conceivable link between inflammatory response and oxidative injury involving both non-enzymatic and enzymatic oxidation of arachidonic acid.

Although many diseases are speculated to be associated with the disorder in free radical induced lipid peroxidation (Gutteridge, 1993), direct evidence of involvement of lipid peroxidation is limited. However, recently more reasonable evidence of isopentane formation is shown in CCl₄ induced lipid peroxidation (Basu 1998b, 1999; Sodergren et. al., 2001), atherosclerosis (Sentman et. al., 2001), liver injury (Nanji et. al., 1994), ischemic-reperfusion injury (Basu et. al., 2000; Liu et. al., 2002), chronic obstructive pulmonary disease (Pratico et. al., 1998a), septic shock (Basu et. al., 2001c), diabetes (Helmersson et. al., 2002), various

rheumatic diseases (Basu et. al., 2001a) and neurodegenerative disorders (Montine et. al., 1999). The role of free radical in the CCl₄ induced toxicity has been shown to be a major pathway of non-enzymatically induced lipid peroxidation, which subsequently affects various enzyme activities of the body and thereby is possibly also linked to enzymatically induced lipid peroxidation. During the initial phase of CCl₄ toxicity following its administration, a large amount of CCl₄ converts to trichloromethyl radical or other radicals, which in turn accelerate several metabolic pathways. These radicals appear to affect the adjacent lipids in the tissues to induce lipid peroxidation. Esterified arachidonic acid is an essential part of lipids *in vivo* that are found in the tissues, which can be metabolised in the liver and other tissues in different kinetics to form esterified isopentanes from arachidonic acid have previously been discussed (Lawson et. al., 1999).

Previous studies by Nishida et. al., (1996) have shown transient increases in mouse hepatic lipid peroxides with carbon tetrachloride following a single i.p. dose at 1 ml/kg upto 4 h that was followed by a greater elevation after 12 h. The transient elevation in lipid peroxides was concomitant with a decrease in hepatic GSH, however, the oxidative stress observed was accompanied by cytotoxicity. In the further study, Cabre et. al., (2000) administered rats hepatotoxic doses twice a week for 9 weeks and observed a decrease in GSH, free radical production and a correlation between GSH peroxidase activity and lipid peroxidation in the liver. These studies show a strong correlation between liver GSH depletion and lipid peroxidation in rodents.

Supporting evidence for the role of oxidative stress in carbon tetrachloride - induced liver injury was shown in a study of Sundari et. al., (1997) in which statistically significant increases in hepatic protein carbonyls were seen concomitant with a decrease in glutamine synthase activity. Lipid peroxidation has been linked to protein binding in a study by Hartley et. al., (1999) where malondialdehyde and 4-hydroxynoneal modified proteins were observed *in vivo*. Localization of these proteins was found in zone 2 progressing to zone 3 of the liver, areas known to contain high levels of cytochrome P-450, implicating carbon tetrachloride metabolites in the oxidative responses.

Pro-inflammatory and cytotoxic cytokines are shown to be involved in liver injury and their role in inflammation of hepatotoxicity is increasing (Blazka et. al., 1995; Luster et. al., 2001). A number of enzyme systems of the body are also impaired by CCl₄ toxicity (Glende et. al., 1976). A loss of aminopyrine desmethylase, cytochrome P-450 and glucose-6-phosphatase activity was observed after CCl₄ induction (Gonzalez Padron et. al., 1996). It has also recently been shown that CCl₄ can induce prostaglandin formation through the cyclooxygenase pathway (Sodergren et. al., 2001).

Hepatic cirrhosis or liver fibrosis is known to be an irreversible distortion of the normal tissue architecture; this alteration develops during chronic liver damage (Sokol,2002). Carbon

tetrachloride under laboratory conditions is one of the most common and widely used liver intoxicators today (Lee et. al., 2001). CCl₄ action is based on membrane lipid peroxidation and induction of trichloromethyl radical (CCl₃), resulting in severe cell damage (He et. al., 2006).

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