

Dr. Masaaki Nakamura

○アブストラクトデータ

Methylmercury exposure and neurological outcomes in Taiji, the birthplace of traditional whaling in Japan

Masaaki Nakamura, Ken-ya Murata, Ichiro Nakanishi, Akira Yasutake, Noriyuki Hachiya, Ken-ichiro Miyamoto, Mineshi Sakamoto, Fusako Usuki, Tomoyoshi Kondo

Methylmercury (MeHg) exposure occurs primarily through the consumption of fish, but the environmental threat to human health is poorly understood. Taiji is famous as the birthplace of traditional whaling in Japan, and the geometric mean hair mercury level is reportedly higher than that in the general Japanese population. However, the investigation of the health impact associated with MeHg in Taiji residents has not been performed so far. Our study aimed to determine whether there were undesirable health consequences (especially neurological abnormalities) with MeHg exposure in Taiji. After a preceding hair mercury survey (724 residents) to assess MeHg exposure, the subjects of the present study (194 residents) underwent a neurological examination. Audiometry, MRI, and EMG were performed for the subjects with hearing impairment or sensory disturbance. The geometric mean of hair mercury of the male and female subjects was 9.97 and 6.19 ppm in the preceding hair mercury survey and 17.2 and 12.1 ppm in the present study. Hair mercury levels of 2.2% subjects (preceding hair mercury survey) and 6.2% subjects (present study) were higher than 50 ppm, the level for NOAEL set by WHO. No subject presented with the perioral sensory disturbance which was often present in MeHg poisoning. Taken together with the neurological findings and laboratory results of MRI and EMG, sensory disturbance was diagnosed as follows: cervical spondylosis (3 subjects), cervical spinal canal stenosis (3 subjects), lumbar spondylosis (2 subjects), lumbar spinal canal stenosis (3 subjects), lumbar disk herniation (one subject), carpal tunnel syndrome (3 subjects), ulnar palsy (one subject), polyneuropathy (5 subjects), carpal tunnel syndrome (3 subjects), ulnar palsy (one subject), sciatic pain (one subject), and tarsal tunnel syndrome (one subject). Two among 12 subjects beyond 50 ppm showed a decrease of vibratory sensation, but ataxia and abnormality of combined sensation (two-point discrimination, graphesthesia, and stereognostic sense), which was often present in MeHg poisoning, were not seen. There was no dose-response relationship between hair mercury levels and all neurological signs, although a dose-response relationship was observed between age and some neurological signs. These findings suggested that the apparent adverse effects of MeHg exposure on neurological symptoms may not follow MeHg exposure in Taiji. A future study is warranted to determine the reason why clear undesirable health consequences were not seen despite the high MeHg exposure.

○発表データ



Methylmercury exposure and neurological outcomes in Taiji, the birthplace of traditional whaling in Japan



National Institute for Minamata Disease
Masaaki Nakamura

Taiji



- The birthplace of traditional whaling in Japan
- The majority of the townsman engaged in whaling and whaling-related work in the past.

Background

1. WHO has announced in 1990 that a hair mercury level of 50–125 ppm corresponds to “no observed adversary effect level” (NOAEL) of MeHg for adults.
2. Afterwards, however, there have been some reports (Amazonian studies) suggesting the possible MeHg intoxication in adults whose hair mercury levels are below 50 ppm.



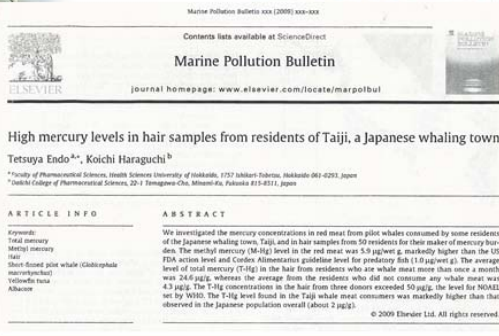
The threshold level that MeHg toxicity elicits in adults is still controversial.

Taiji



Purpose

The aim of this study is to investigate health effects of MeHg on adults.

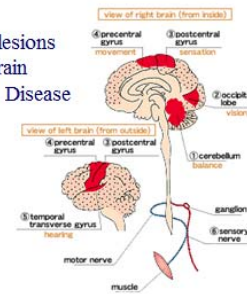


Methods- 1

- 1) preceding hair mercury survey: 724 residents (344 males and 380 females)

Methods- 1

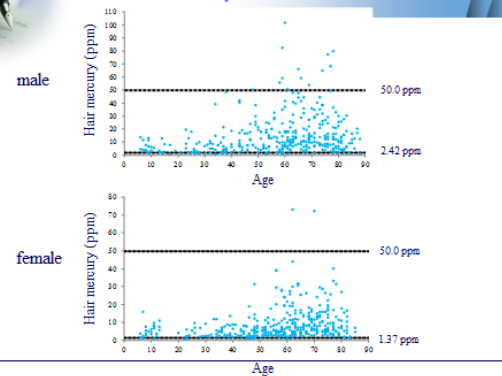
Localized lesions of the brain in Minamata Disease



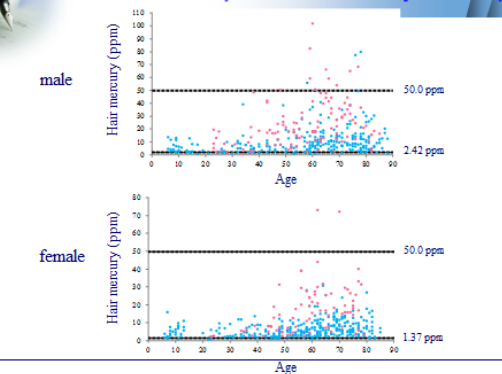
Methods- 1

- 1) preceding hair mercury survey: 724 residents (344 males and 380 females)
- 2) Detailed neurological examination
 - a) Objects: 194 residents (117 males and 77 females)
 - b) Neurological examination: three certified neurologists, authorized by the Japanese Society of Neurology
 - c) Detailed examination: audiometry: 32 subjects
MRI: brain: 8 subjects;
cervical: 10 subjects;
lumbar: 9 subjects)
EMG: 24 subjects

Distribution of hair mercury concentration of the 724 residents



Distribution of hair mercury concentration of the present study



Summary of Neurologic diagnosis

clinical diagnosis	N
polyneuropathy	13
multiple cerebral infarction	2
late effects of cerebral infarction	1
parkinsonism	1
postural tremor	4
cervical spondylosis	5
cervical spinal canal stenosis	4
cervical disc herniation	1
thoracic outlet syndrome	1
carpal tunnel syndrome	4
ulnar palsy	1
birth palsy	1
lumbar spinal canal stenosis	3
lumbar spondylosis	2
lumbar disk herniation	2
sciatic pain	1
tarsal tunnel syndrome	1
Minamata disease (MeHg poisoning)	0

Methods- 2

- 3) Analysis of health consequence by MeHg
 - a) Clinical evaluation
 - b) Associations between the neurological outcomes and hair mercury concentration, age and gender.
 - c) Detailed assessment of 12 residents whose mercury concentrations were over 50 ppm, the level for NOAEL set by WHO

Distribution of hair mercury concentration of the 724 residents

Gender	male	female	total
N	344	380	724
Age (years)			
Min	6	6	6
Max	88	92	92
Arithmetic mean	57.5	56.4	56.9
Hair mercury (µg/g)			
Min	0.6	0.7	0.6
25 Percentile	5.1	3.5	4.0
Median	10.6	5.9	7.7
75 Percentile	19.5	11.0	14.6
Max	101.9	73.1	101.9
Geometric mean	10.0	6.2	7.8
Hair mercury ≥ 50 µg/g (N)	14	2	16

Distribution of hair mercury concentration of the present study

Gender	male	female	total
N	117	77	194
Age (years)			
Min	20	24	20
Max	85	79	85
Arithmetic mean	56.7	59.5	57.8
Hair mercury (µg/g)			
Min	1.1	2.1	1.1
25 Percentile	11.1	5.9	7.9
Median	18.7	15.1	17.8
75 Percentile	32.7	24.3	28.7
Max	101.9	73.1	101.9
Geometric mean	17.2	12.1	14.9
Hair mercury ≥ 50 µg/g (N)	10	2	12

Associations of neurologic findings with hair mercury concentrations, age and gender-1

Neurologic findings	analysis	Adjusted odds ratios or adjusted regression coefficients (95% confidence intervals)		
		age	hair (MeHg) as a reference	hair mercury concentration (ppm)
cranial nerve	brachioradial	logistic	0.05 (1.00, 1.02)	1.55 (0.66, 3.65)
	reflex	logistic	0.05 (1.00, 1.02)	1.55 (0.66, 3.65)
muscular weakness	upper limb	logistic	0.94 (0.84, 1.05)	0.12 (0.010, 1.42)
	lower limb	logistic	0.02 (0.91, 1.14)	0.12 (0.010, 1.42)
sensory	paresthesia	logistic	1.12 (1.04, 1.21)	1.10 (0.58, 2.11)
	numbness	logistic	1.12 (1.04, 1.21)	1.10 (0.58, 2.11)
coordination	balance	logistic	1.25 (1.05, 1.47)	1.22 (0.15, 16.8)
	gait	logistic	1.19 (0.94, 1.44)	1.22 (0.15, 16.8)
tremor	postural	logistic	1.12 (1.04, 1.21)	1.10 (0.58, 2.11)
	reflex	logistic	1.12 (1.04, 1.21)	1.10 (0.58, 2.11)
cervical spondylosis	+10	logistic	1.12 (1.04, 1.21)	1.10 (0.58, 2.11)
	+15	logistic	1.12 (1.04, 1.21)	1.10 (0.58, 2.11)
lumbar spondylosis	+10	logistic	1.12 (1.04, 1.21)	1.10 (0.58, 2.11)
	+15	logistic	1.12 (1.04, 1.21)	1.10 (0.58, 2.11)
lumbar disk herniation	+10	logistic	1.12 (1.04, 1.21)	1.10 (0.58, 2.11)
	+15	logistic	1.12 (1.04, 1.21)	1.10 (0.58, 2.11)
sciatic pain	+10	logistic	1.12 (1.04, 1.21)	1.10 (0.58, 2.11)
	+15	logistic	1.12 (1.04, 1.21)	1.10 (0.58, 2.11)
tarsal tunnel syndrome	+10	logistic	1.12 (1.04, 1.21)	1.10 (0.58, 2.11)
	+15	logistic	1.12 (1.04, 1.21)	1.10 (0.58, 2.11)
Minamata disease (MeHg poisoning)	+10	logistic	1.12 (1.04, 1.21)	1.10 (0.58, 2.11)
	+15	logistic	1.12 (1.04, 1.21)	1.10 (0.58, 2.11)

Associations of neurologic findings with hair mercury concentrations, age and gender-2

Range of hair mercury concentration of four quartiles	
1	1.1 ppm to 7.9 ppm
2	7.9 ppm to 17.8 ppm
3	17.8 ppm to 28.7 ppm
4	28.7 ppm to 101.9 ppm

Associations of neurologic findings with hair mercury concentrations, age and gender-2

Neurologic findings	analysis	Adjusted odds ratios or adjusted regression coefficients (95% confidence interval) (reference)		reference	
		age	hair mercury concentration		
cranial nerve	abnormalities hearing loss	logistic regression	1.02 (0.94, 1.12)	upper limb	
		logistic regression	1.02 (0.94, 1.12)	lower limb	
		logistic regression	1.02 (0.94, 1.12)	hand	
		logistic regression	1.02 (0.94, 1.12)	Chaddock	
muscular weakness	upper limb	logistic regression	0.92 (0.77, 1.09)	trough sensation	
	lower limb	logistic regression	1.02 (0.94, 1.12)	pain sensation	
tremor	postural	logistic regression	1.12 (0.94, 1.35)	vibratory sense	
	finger-to-finger	logistic regression	1.02 (0.94, 1.12)		
coordination	finger-to-nose	logistic regression	1.02 (0.94, 1.12)		right upper limb (0)
	heel-toe	logistic regression	1.02 (0.94, 1.12)		left upper limb (0)
	heel-toe tap	logistic regression	1.02 (0.94, 1.12)	right lower limb (0)	
	heel tapping test	logistic regression	1.02 (0.94, 1.12)	left lower limb (0)	
eye-hand standing	right foot +1s	logistic regression	1.02 (0.94, 1.12)	right index finger (mm)	
	right foot +2s	logistic regression	1.02 (0.94, 1.12)	right palm (0)	
	left foot +1s	logistic regression	1.02 (0.94, 1.12)	left index finger (mm)	
	left foot +2s	logistic regression	1.02 (0.94, 1.12)	left palm (0)	
simple gait	logistic regression	1.02 (0.94, 1.12)	monopodia (0)	linear regression	
	logistic regression	1.02 (0.94, 1.12)	monopodia (0)	linear regression	

Associations of neurologic findings with hair mercury concentrations, age and gender-3

Neurologic findings	analysis	Adjusted odds ratios or adjusted regression coefficients (95% confidence interval) (reference)		reference	
		age	hair mercury concentration		
cranial nerve	abnormalities hearing loss	logistic regression	1.02 (0.94, 1.12)	upper limb	
		logistic regression	1.02 (0.94, 1.12)	lower limb	
		logistic regression	1.02 (0.94, 1.12)	hand	
		logistic regression	1.02 (0.94, 1.12)	Chaddock	
muscular weakness	upper limb	logistic regression	0.92 (0.77, 1.09)	trough sensation	
	lower limb	logistic regression	1.02 (0.94, 1.12)	pain sensation	
tremor	postural	logistic regression	1.12 (0.94, 1.35)	vibratory sense	
	finger-to-finger	logistic regression	1.02 (0.94, 1.12)		
coordination	finger-to-nose	logistic regression	1.02 (0.94, 1.12)		right upper limb (0)
	heel-toe	logistic regression	1.02 (0.94, 1.12)		left upper limb (0)
	heel-toe tap	logistic regression	1.02 (0.94, 1.12)	right lower limb (0)	
	heel tapping test	logistic regression	1.02 (0.94, 1.12)	left lower limb (0)	
eye-hand standing	right foot +1s	logistic regression	1.02 (0.94, 1.12)	right index finger (mm)	
	right foot +2s	logistic regression	1.02 (0.94, 1.12)	right palm (0)	
	left foot +1s	logistic regression	1.02 (0.94, 1.12)	left index finger (mm)	
	left foot +2s	logistic regression	1.02 (0.94, 1.12)	left palm (0)	
simple gait	logistic regression	1.02 (0.94, 1.12)	monopodia (0)	linear regression	
	logistic regression	1.02 (0.94, 1.12)	monopodia (0)	linear regression	

Summary of neurological findings of 12 residents whose hair mercury concentrations were over 50 ppm

No.	sex	hair mercury (ppm)	wide-based gait	abnormalities hearing loss	cerebellar sign	sensory disturbance and two-point discrimination (mm)
1	M	50.4	(+)	(-)	(-)	(-)
2	M	50.6	mid (+)	(-)	(-)	reduced vibratory sense of the lower limbs 2s, 4s
3	M	54.0	(-)	low (+)	(-)	two-point discrimination 2.0, 2.6
4	M	59.2	(+)	(+)	(-)	two-point discrimination 1.2, 1.2
5	M	59.2	(-)	(-)	(-)	two-point discrimination 2.0, 2.0
6	M	65.0	(-)	(-)	(-)	two-point discrimination 2.5, 3.3
7	M	66.2	(-)	(-)	(-)	(-)
8	M	68.4	(-)	(-)	(-)	reduced vibratory sense of the lower limbs 2s, 2s
9	F	72.2	(-)	(-)	(-)	reduced vibratory sense of the lower limbs 2s, 2s
10	F	73.1	(-)	(-)	(-)	two-point discrimination 3.0, 3.0
11	M	82.6	(-)	(-)	(-)	(-)
12	M	101.9	(-)	(-)	(-)	reduced vibratory sense of the lower limbs 4s, 7s

Conclusion

- The hair mercury level in Tajiri residents was markedly higher than that in other areas of Japan.
- Although detailed clinical neurological examinations showed several clinical findings in some residents, they were not due to MeHg exposure but other neurological causes.
- Multivariable analytical study demonstrated that there were no significant correlations between hair mercury concentrations and neurological outcomes, while some of the findings were correlated with ages.

Collaborators

- ◆ Ken-ya Murata, Ichiro Nakanishi, Tomoyoshi Kondo (Wakayama Medical University)
- ◆ Noriyuki Hachiya, Ken-ichiro Miyamoto, Fusako Usuki, Mineshi Sakamoto (National Institute for Minamata Disease)
- ◆ Akira Yasutake (Kumamoto University)