

1: Management of Gout & Hyperuricemia – EMDEX Online

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Published online Jun The authors have declared that no competing interests exist. Conceived and designed the experiments: Gave final approval of the version to be submitted and any revised version: Received Aug 14; Accepted Jun 3. This article has been corrected. This article has been cited by other articles in PMC. Abstract Objective To explore the correlation between maternal magnetic field MF exposure in daily life and embryonic development. Methods A cross-sectional study was conducted among pregnant women who were seeking induced abortion of unwanted pregnancies. Participating women were asked to wear an EMDEX Lite magnetic field meter for a h period to obtain MF exposure level within 4 weeks following the abortion. Embryonic bud and sac lengths were measured through B-mode ultrasound before the surgical abortion. Embryo sections were prepared and examined for histological changes, and the apoptosis status of the deciduas was examined using the TUNEL apoptosis assay. MF exposure was associated with a higher degree of apoptosis, but the association was not statistically significant. We failed to find a statistical correlation between MF exposure and embryonic sac length and histological changes in the first trimester. Conclusion Prenatal MF exposure may have an adverse effect on embryonic development. Introduction Humans are ubiquitously exposed to magnetic fields MFs from power lines, domestic appliances, computers, printers, communication devices, and medical devices. Both in vivo and in vitro studies have shown associations between MFs and adverse health effects that include increased risk of miscarriage [1] – [3] , lowered sperm quality [4] , and up-regulation genes involved in apoptosis [5] – [7]. However, the biological hazard of MFs remains controversial. Among the populations that may be of interest to MF studies, pregnant women are perhaps most vulnerable because of the susceptibility of the fetus to environmental insults. Animal studies showed that pulsed magnetic fields may hinder embryonic development in vivo and alter normal neural function, at certain intensities and frequencies [8] – [11]. Based on animal studies, the entire pregnancy is sensitive to MF exposure, with the early stage of pregnancy being more susceptible [12]. Human studies on MFs and embryonic development are very limited. The rates of miscarriage have increased with increasing level of maximum MF exposure, with a threshold of approximately 16 mG [3]. It is conceivable that any abnormal reproductive outcome may be preceded by changes in the embryo. However, no studies have reported on the effect of electromagnetic field exposure on embryonic development in humans. The present study was performed to explore the association between maternal MF exposure during pregnancy and embryonic development in the first trimester in a cross-sectional study. Materials and Methods Participants The study was conducted among pregnant women seeking induced abortion in a maternal and child health center in Shanghai, China from to The abortion was induced in this center by vacuum aspiration in the first trimester. Women were eligible for the study if 1 they were aged between 18 and 35 years; 2 they did not have known chronic diseases hypertension, hyperlipidemia, gallbladder disease, or diabetes or diseases of the reproductive system uterine myoma, endometriosis, or ovarian cyst ; 3 they had completed less than 12 weeks of gestation and the abortion was due to unwanted pregnancy instead of medical reasons; and 4 they were willing to wear an EMDEX Lite magnetic field meter for 24 h on a typical day within 4 weeks following the abortion. Among women who seek for induced abortion, were eligible and To make sure that the current MF measurement would accurately reflect relevant MF exposure during early pregnancy, those who had undergone significant changes in their working and living conditions or lifestyles in the previous 6 months such as taking vacation, change of work shift, or change of residence, were not included in the present study. All participants provided written informed consent. In-person interview Information on demographic characteristics, lifestyle factors, reproductive and contraceptive history, use of electrical appliances, and occupational exposure history was collected by trained interviewers using a structured questionnaire. The meter has been widely used in epidemiologic research, although studies have shown that it may underestimate personal exposure [13]. MF levels were measured in milligauss mG. The meter was set to collect MF

measurements every 4 seconds in the frequency range of 40–60 Hz, which is predominately associated with power-line MFs. This design was implemented to avoid changes in any routine daily activities owing to the MF level display. Participants were asked to wear the EMDEX Lite meter at the waist the nearest position to the fetus during a typical day and to place it next to their beds during sleep. All measurements during the 24 h period were ranked based on MF levels. Percentiles were then used to evaluate the potential effect of MF level. Among participants, 19 women were excluded from the analysis because they reported poor representativeness. All the remaining women completed at least 22 h of measurement; a majority women completed 24 h of measurement.

Embryonic development measurement The length, width, and height of the embryonic sac and the length of the embryonic bud were examined by two radiologists using transvaginal ultrasonography which was regularly practiced in the study center. In addition, these parameters were just used for evaluating the embryonic development status, instead of as indices of nonviable pregnancy in the study. The maximum values for the length, width, and height of the embryonic sac were used to examine the correlation between MF exposure during pregnancy and embryonic sac development. Embryonic sac length was obtained for all participants. The gestational age was range from 5 to 12 weeks, among them, 71 The gestational sac is first seen at approximately 5 weeks of gestational age and yolk sac at about 6 weeks [14]. Embryonic bud could be detected logically after the day yolk sac could be detected. In this study, embryonic bud length was detected and measured for 65 Among them, 38 We also examined the apoptosis in deciduas, which has been reported to be greatly intensified in case of miscarriage [15]. The specimens were examined for pathologic change under a light microscope. Higher grayscale indicates more apoptotic cells [16]. The technician was blinded to the MF level during the test procedure. TWA was defined as the time-weighted exposure intensity. We used a general linear regression model to examine the correlation between maternal MF exposure and embryonic development after controlling for potential confounders. The number of known potential confounders was likely limited because of: We evaluated common sociodemographic characteristics and known risk factors for embryonic development by univariate analysis to ensure that they truly did not confound the association between maternal MF exposure and embryonic development. Because of the skewed distribution of MF exposure measurements, these variables were log transformed before they were included in the regression model. Because embryonic development status varies greatly depending on the gestational week, we conducted sensitivity analyses within a narrow spectrum of gestational age 7–8 completed weeks. We also examined the association using odds ratio by categorizing the MF level according to its median and the embryonic development parameters according to their 25th or 75th percentiles, as shorter embryonic sac or bud length and higher grayscale indicate adverse embryonic development. The statistical software package SAS version 9. Women with a higher education level were less likely to be exposed to higher TWA levels, and this difference was statistically significant. Participants with a history of passive smoking or vaginal bleeding during the present pregnancy had higher MF exposure levels, whereas alcohol drinkers had a lower exposure level than non-drinkers, but none of these differences were statistically significant.

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