

Opinion

Mercury toxicity and amyotrophic lateral sclerosis

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Abstract

Recent clinical, experimental and epidemiological studies report that ALS is thought possibly due to a multi-stage process, arising from a combination of genetic susceptibility and environmental factors, which alone or superimposed, perhaps on genetic polymorphism yet to be identified, may contribute to the incidence rate of sporadic ALS. In particular, a large amount of evidence suggests that mercury is toxic to motor neurons and may be a risk factor for ALS, playing a part in its pathogenesis. In fact, there have been case reports of ALS or ALS-like symptoms associated with mercury exposure, thus raising the possibility that mercury could be one of the non-genetic factors of the multistep process that is thought to underlie ALS. In order to give recent elucidations on the putative relationship between mercury exposure and ALS, we reviewed all the papers reported in the literature and published on Pubmed from 2006 to 2022. Despite a number of pathogenetic mechanisms that have been linked to mercury, evidence linking exposure to mercury to ALS is not consistent and discordant and, based on the evaluation of the articles, which emerged from our analysis that to date no convincing correlation between mercury and ALS has been established and no conclusive evidence has been enlightened suggesting increased mercury exposure is associated with ALS.

Mercury (Hg), the 80th element of the Periodic table, belonging to group IIB, is a widespread heavy metal of well-known toxicity, which exists in the environment in a multitude of chemical and physical states, all of them giving toxic health effects, despite some forms are more toxic than others: inorganic mercury (Hg⁺ Hg²⁺, iHg), organic mercury compounds (methyl mercury, MeHg and ethylmercury) and elemental mercury or quick-silver (metallic mercury and vapor mercury, Hg⁰) [1,2]. A lot of natural and anthropogenic sources put out mercury in the global ecosystem, thus increasing surprisingly in the recent years the rate of intoxication [3,4]. In fact, environmental, occupational, or intentional exposures to this bio-accumulative metal xenobiotic are frequently related to the development of toxicity and neurological damaging effects [5]. In particular, human toxicity depends on the form of mercury, the dose and the rate of exposure, thus determining its absorption, distribution and excretion pattern in the body: for example, the brain represents the primary target organ for inhaled mercury vapor [6]. The capacity of mercury in causing neurodegenerative diseases may be connected to its ability in inducing oxidative stress by producing more Reactive Oxygen Species (ROS) within the central nervous system (CNS) [7,8] or by reducing the cellular oxidative defense. MeHg is bioaccumulated throughout the food chain, reaching the most toxic concentrations in larger predatory fish and marine mammals, which are then consumed by humans [9,10]; therefore, the ingestion of

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MeHg-contaminated fish and seafood accounts for the most relevant source of non-occupational human exposure to this metal. MeHg and mercury vapor are the two forms that can be absorbed by a living organism, resulting in toxicity [11]. Whether the location of elemental mercury, in its vapor form, in the brain is poorly understood, it seems to be the proximate form of CNS mercury [12]. It has been demonstrated that the presence of mercury in motor neurons causes a reduction in the activity of Superoxide Dismutase (SOD), leading to the formation of oxidative stress which is implicated in the pathogenesis of Amyotrophic Lateral Sclerosis (ALS) [13].

In order to give recent elucidations on the putative relationship between mercury exposure and ALS, we reviewed all the papers reported in the literature and published on Pubmed, resources of the National Center for Biotechnology Information (NCBI) (<http://www.ncbi.nlm.nih.gov>), from 2006 to 2022, by using as search strategy the following keywords, or combination of them: “mercury exposure and Amyotrophic Lateral Sclerosis” or “mercury toxicity and genetic susceptibility in Amyotrophic Lateral Sclerosis”.

ALS is a neurodegenerative disease characterized by the simultaneous degeneration of lower (spinal and bulbar) and upper (corticospinal) motor neurons, leading to progressive muscle atrophy and paralysis [14]. About 10% of ALS cases are familial (FALS), usually inherited as dominant traits. The



remaining 90% of cases of ALS are sporadic (SALS), occurring without a family history [15]. Recent clinical, experimental and epidemiological studies report that ALS is thought possibly due to a multi-stage process [16], arising from a combination of genetic susceptibility and environmental factors [17,18], which alone or superimposed, perhaps on genetic polymorphism yet to be identified, may contribute to the incidence rate of SALS. Overexposure to heavy metals is known to be neurotoxic; in particular, a large amount of evidence suggests that mercury is toxic to motor neurons and may be a risk factor for ALS, playing a part in its pathogenesis [12,19,20]. Due to the evidence that *in vitro* and *in vivo* experiments have highlighted that mercury deposits in the nervous system and damages the axons of motor neurons, a typical pathological change of ALS neuronal degeneration, a number of case reports suggest a putative association of ALS or ALS-like symptoms with mercury exposure [12,19,21-27], thus raising the possibility that mercury could be one of the non-genetic factors of the multistep process that is thought to underlie ALS [28]. In fact, mercury is able to tie up to and deplete free sulfhydryl groups of protein resulting in a decline of the SOD activity and leading to oxidative stress. On the other side, some case-control studies [8,29,30] didn't find an association between Hg exposure and ALS.

Anyway, despite some suggestive sparse evidence have been provided for Hg involvement in the etiology of ALS, it doesn't seem convincing in full because the investigation for this association has not been extensively conducted and, to date, the epidemiological literature about this evidence is rather conflicting and discordant [22,31-33].

Based on the evaluation of the articles, which emerged from our analysis that to date no convincing correlation between mercury and ALS has been established and no conclusive evidence has been enlightened suggesting increased mercury exposure is associated with ALS. Surely, further analytical epidemiological investigations for this putative association have to be extensively conducted, due to the knowledge of scientific literature on this topic being still limited and much more remains to be done to deliver certain results.

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