

Immunomodulatory effects of short-term exposure to fine particulate matter from smog episode in Ostrava region: *in vitro* study

T. Brzicová¹, I. Lochman², P. Danihelka¹, A. Lochmanová³, K. Lach² and V. Mička²

¹VŠB – Technical University of Ostrava, Ostrava, 700 30, Czech Republic

²Department of Immunology and Allergology, Institute of Public Health Ostrava, Ostrava, 702 00, Czech Republic

³Faculty of Medicine of Ostrava, University of Ostrava, Ostrava, 703 00, Czech Republic

Keywords: PM_{2.5}, Health Effects, Immunological Assays, Ostrava Region

Presenting author email: tana.brzicova@vsb.cz

Many efforts were devoted to reduce air pollution in industrialized countries during the past few decades in response to findings that heavily polluted air is significantly associated with increased morbidity and mortality of exposed population (Pope et al., 1992; Dockery et al., 1993). However, despite these attempts, there are still many regions, where extended presence of air pollution sources hampers to achieve air pollution levels considered to be without significant adverse impact on human health.

An example of such a region, where limit values for PM₁₀ and PM_{2.5} recommended by WHO guidelines, as well as national legislative limits, are regularly exceeded, is the Ostrava region. The Ostrava region is located in the northeast of the Czech Republic and represents an area with one of the most polluted air in Europe. This undesirable state is caused by geomorphological and meteorological conditions of the Ostrava basin in combination with various and numerous air pollution sources. Temperature inversion occurring during the winter season further contributes to the accumulation of air pollutants by constraining their dispersion. Under inversion conditions, concentrations of PM_{2.5} can achieve few hundreds µg/m³.

Thus, population in Ostrava is exposed to high concentrations of airborne particles with diverse sizes and chemical compositions. Other pollutants present in the air can bind to the particle surface and together, they form a “chemical cocktail”, a multicomponent mixture whose adverse health effects are difficult to predict or estimate from measurement of PM concentrations in the air. Data from epidemiology studies suggest the adverse health impact on the local population and shortened life expectancy associated with heavy pollution by airborne particles (Tomášková et al., 2007).

The precise mechanisms of how inhaled airborne particles exert their adverse health effects remain still unclear. However, recent research suggests the crucial role of the immune system in the development, as well as in the worsening of many serious pulmonary and cardiovascular disorders (Seaton et al., 1999; Li et al., 2008).

The presented study was aimed at *in vitro* evaluating of potential harmful health effects of a fine particulate matter sample (PM_{2.5}) mediated through

changes in various types of the immune response. The tested particle sample was collected during a smog episode in Ostrava-Radvanice and represents real airborne particulate matter to which the population in the Ostrava region is exposed during inversion situations. Using four *in vitro* immunological assays, we evaluated the changes in selected parameters of the immune response (reactive oxygen species generation, allergenic properties, T-lymphocyte proliferation, selected cytokine release), which could serve as markers of non-specific adverse action of particulate matter on human health.

Even if certain immunomodulatory effects of airborne particles were observed, changes in evaluated immune response parameters were not significant to prove impact on the immune cells' functions of healthy persons during short-term exposure. Obtained data indeed cannot exclude health risks of long-term exposure to airborne particles, especially for individuals with genetic predisposition to certain diseases or already existing disease.

This study emphasizes the *in vitro* assessment of complex effects of airborne particles in conditions similar to actual ones in an organism exposed to particle polluted air.

This work was supported by the project INEF CZ.1.05/2.1.00/01.0036.

Dockery, D.W., Pope, III, C.A., Xu, X., Spengler, J.D., Ware, J.H., Fay, M.E., Ferris, B.G. Jr., Speizer, F.E. (1993) *New Engl. J. Med.* **329**, 1753-1759.

Li, N., Xia, T., Nel, A.E. (2008) *Free Radic. Biol. Med.* **44**, 1689-1699.

Pope, III, C.A., Schwartz, J., Ransom, M.R. (1992) *Arch. Environ. Health.* **47**, 211-217.

Seaton, A., Soutar, A., Crawford, V., Elton, R., McNerlan, S., Cherrie, J., Watt, M., Agius, R., Stout, R. (1999) *Thorax.* **54**(11), 1027-1032.

Tomášková, H., Tomášek, I., Šlachťová, H., Šebáková, H. (2011) *Hygiena.* **56**(1), 5-10.