

Analysis of selenium and heavy metals by ICP-MS in patients with long-term dental titanium and/or amalgam fillings: does selenium deficiency increase the accumulation of mercury and aluminium in patients?

José Joaquín Merino^{1,2,3}, José M. Parmigiani-Izquierdo⁴, Fabio Camacho-Alonso⁵, María Eugenia Cabaña-Muñoz⁴

¹ Facultad de Farmacia. Dpto. Farmacología, Farmacognosia y Botánica. Universidad Complutense de Madrid (U.C.M)

² Instituto Pluridisciplinar (UCM), Madrid, Spain

³ Grupo de Medicina Regenerativa, Instituto de Investigación Sanitaria Hospital 12 de Octubre (imas12), Madrid

⁴ Clínica CIROM, Murcia, Spain

⁵ Universidad de Murcia (Spain)

✉ josejmer@ucm.es

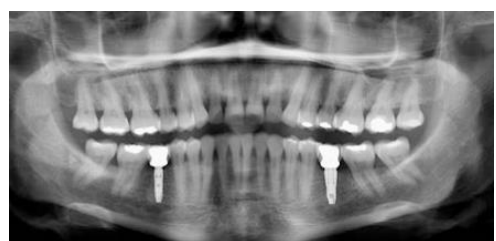
INTRODUCTION

- The release of mercury (Hg⁺⁺) from dental amalgams can induce oxidative stress and contribute to cognitive impairments in patients with long-term dental Titanium (Ti) and/or amalgams.
- Selenium (Se) readily binds to heavy metals (especially mercury –Hg⁺⁺- and Cd -cadmium) to create harmless, metabolically inert compounds.
- Heavy metal exposure triggers high levels of free radicals. Se is a key component of antioxidant enzymes like glutathione peroxidase (Gpx), which neutralize these free radicals and protect cells from degradation
- Selenium and SOD-1 are protect against oxidative stress and cellular damage
- Se and mercury have a strong affinity for one another. Mercury binds so strongly to selenium that it can sometimes deplete the body's natural selenium reserves, leading to deficiency symptoms.
- titanium alloys (Ti 6Al-4V) are biocompatible biomaterial in odontology. Although titanium is generally considered safe for patients, recent studies suggest certain adverse effects.
- However, the link between selenium deficiency and heavy metals (mercury and aluminium) accumulation and depression have not been evaluated in patients with long-term dental titanium implants and/or amalgam fillings (at least 15 years in their mouth).

AIM

- ❖ To determine whether a selenium deficit could increase mercury and aluminium accumulation in patients with long-term titanium and dental implants (**A + I group**, n = 57) as compared to their levels in participants with long-term dental amalgams alone (**A group**, n = 55), and control subjects (**without dental biomaterials**, n = 30).
- ❖ To achieve this, we compared Se/Hg⁺⁺ and Se/Al ratios in hair samples by ICP-MS spectrophotometry (hair) between A+I, A, and control groups
- ❖ The Beck's test was performed to assess possible differences in depressive behaviour.

PROTOCOL. Study groups



A + I group (n = 57): long-term titanium implants and dental amalgams
A group (n = 55): patients with Dental amalgams alone
Control subjects (**without dental biomaterials (n = 30)**).

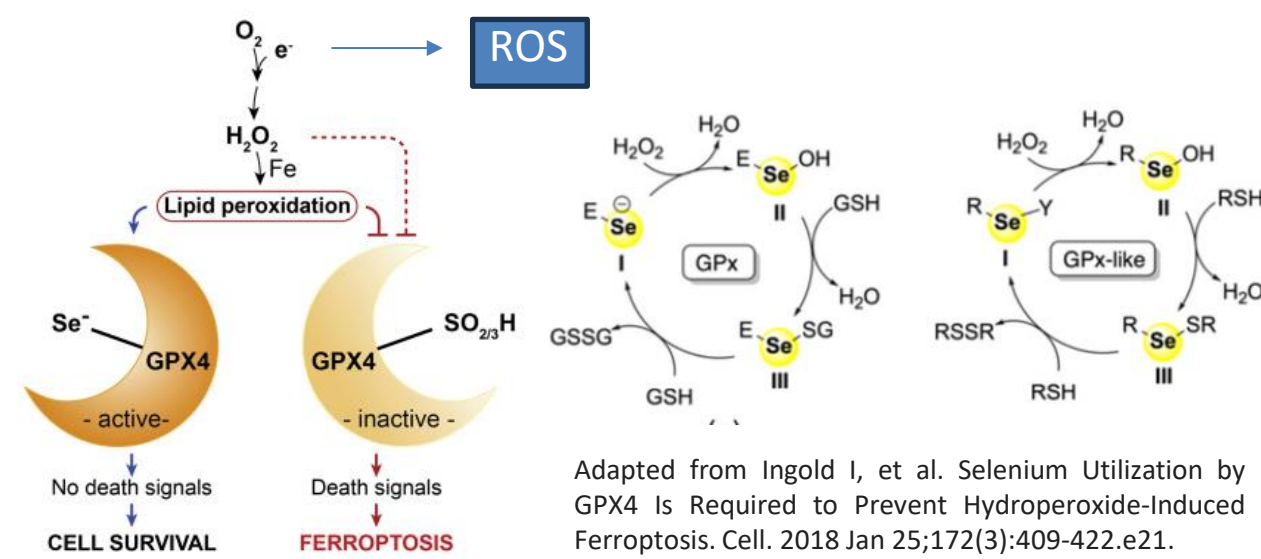


➤ Selenium (Se) and heavy metals (Hg⁺⁺, Ag, Pb, Ag) were quantified by ICP-MS in hair samples of patients with long-term dental titanium implant (A+I)

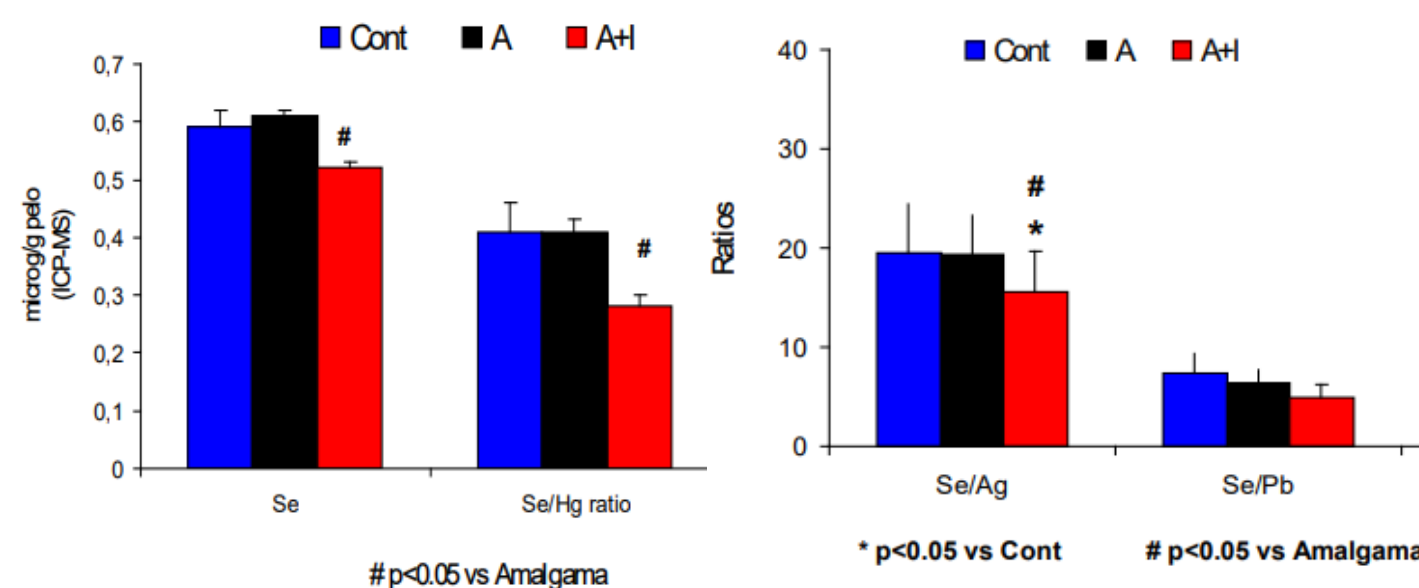


➤ In addition, their systemic proinflammatory cytokines (IL-1 beta and MCP-1) were measured by ELISA (pg/mL) levels

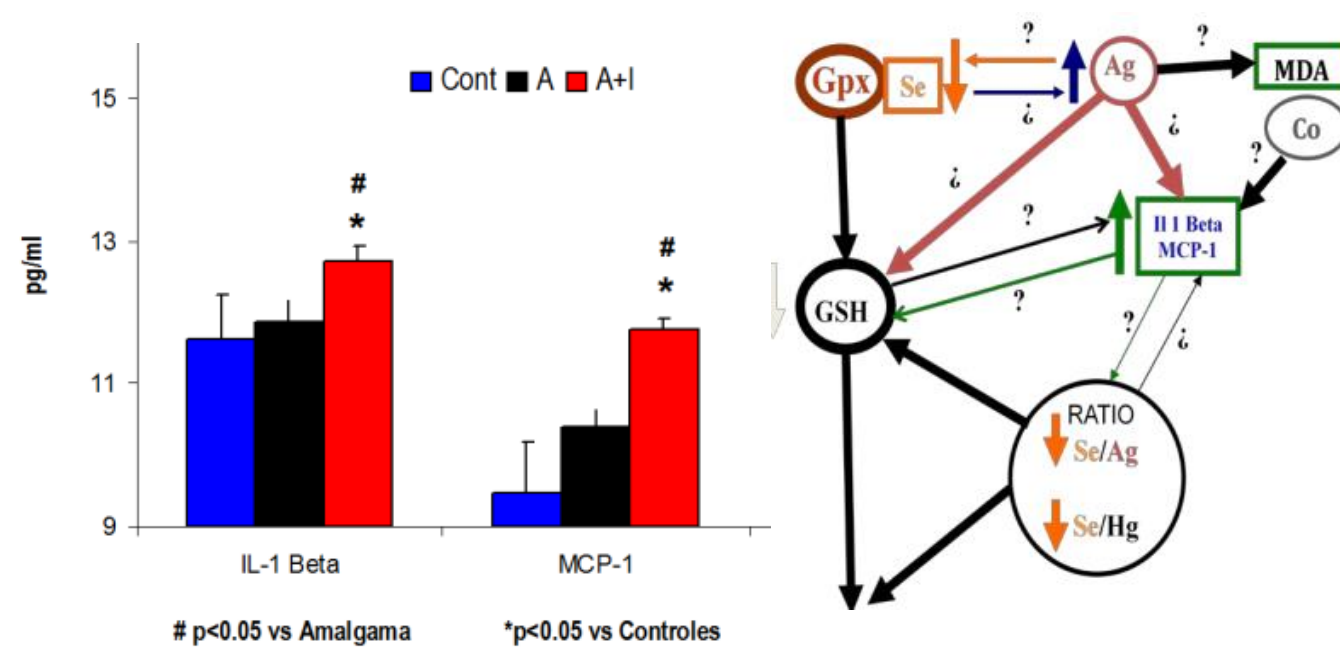
Selenium is necessary for Glutathione peroxidase and SOD-1 activity



DECREASED Se/Hg⁺⁺ and REDUCED Se/Ag ratios in patients with long-term dental titanium implants (A+I) as compared to patients with long-term dental amalgams alone (A)



Increased IL-1 beta and MCP-1 production in plasma of patients with long-term dental titanium implants (A+I) as compared to those with long-term dental amalgams alone (A)



CONCLUSION

- ❖ Increased plasma IL-1 beta and MCP-1 levels were observed in patients with long-term dental titanium implants (A+I)
- ❖ Patients with long-term titanium implants have low selenium levels that contribute to mercury and aluminium accumulation
- ❖ Depression scores did not differ between patients with long-term dental titanium implants and/or dental amalgams in the Becks scale