

Autometallographic demonstration of gold in human fetal liver and placenta

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A 19-year-old woman suffering from rheumatoid arthritis for one and a half year had an abortion medio November 1984. Menstruation was regular and she had approximately 21 weeks' of amenorrhea. Pregnancy was estimated by scanning to be in its nineteenth week. She received 50 mg sodium-aurothiomalate (Myocrisine) per week intramuscularly for a period of 21 weeks prior to conception, for a total of 1050 mg sodium-aurothiomalate prior to the termination of pregnancy. The fetus and placenta were examined for external abnormalities immediately after a prolonged delivery (8 h). No macroscopic malformations were found.

Tissue sections were processed using a histochemical technique based on autometallography [1–3] in order to visualise trace amounts of gold at the light and electron microscopic levels. The prolonged delivery caused serious damage to the tissues. Gold was found in the lysosomes of fetal hepatocytes (Fig. 1) and in fibroblasts in the connective tissue of the villus core (Fig. 2). Gold was not detected in other cells or structures of the fetal liver or placenta.

Our results demonstrate that gold is transported across the human placenta barrier and accumulates in fetal hepatocytes and fibroblasts of placenta. These findings are in agreement with the observations made by Rocker and Henderson 1976 [4], who upon subjecting tissue samples from a human fetus of 20 weeks to an electron microscope microanalysis found gold deposits in placenta, liver, and kidney, without mentioning specific cell types. In addition, Cohen et al. 1981 [5] reported venous serum gold levels that demonstrated the transplacental passage of gold in a full-term neonate. The ultrastructural localization of gold in lysosomes of fetal hepatocytes has previously been visualized in rats [6] but not in human tissue.

Sodium-aurothiomalate has been shown to be teratogenic in rats [7] and rabbits [8]. Reports of malformations in humans are sparse and controversial. The fetal material

used by Rocker and Henderson 1976 [4], Cohen et al. 1981 [5], and us did not have any obvious malformations. However, Rogers et al. 1980 [9] published data describing a possible teratogenic effect of gold in an infant of a mother who had been exposed to sodium aurothiomalate before and during pregnancy. The infant was born with a cleft lip and palate, and brain abnormalities.

Transplacental transport and ultrastructural localization of gold in human placenta and fetal liver has now been documented. Since malformations in the offspring of

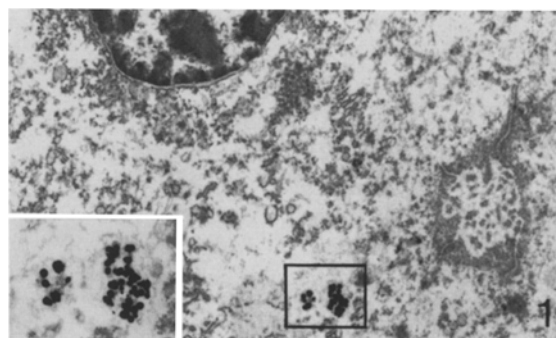


Fig. 1. Electron micrograph showing a fetal hepatocyte accumulating gold in the lysosomes. $\times 15\ 600$. Inset: $\times 36\ 000$

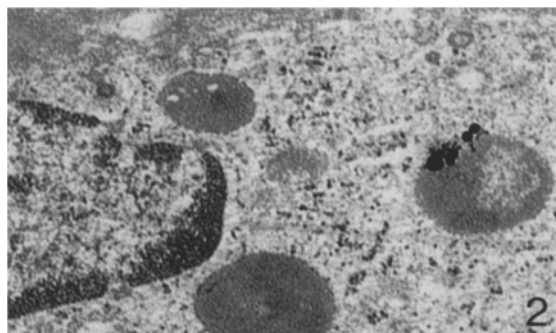


Fig. 2. Electron micrograph showing a fibroblast from the connective tissue of the villus core containing gold in the lysosome. $\times 25\ 200$

mothers that have received sodium-aurothiomalate have been described, avoidance of gold therapy during pregnancy must still be recommended.

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Announcement

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