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# Magnetite in the Human Body: Biogenic vs. Anthropogenic

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# Magnetite in the Human Body: Biogenic vs. Anthropogenic

## **Abstract**

Magnetite is an iron-oxide mineral that occurs naturally on Earth. Because it is also an important component of many anthropogenic materials (e.g., coal fly ash) and synthetic products (e.g., black toner powders), magnetite can be released to the environment through human activities (1). In PNAS, Maher et al. (2) describe the abundant presence in the human brain of magnetite nanoparticles, some of which they attribute to air pollution. This finding could have major implications.

## **Disciplines**

Earth Sciences | Environmental Sciences | Physical Sciences and Mathematics



on the surfaces of the conducting airways of the upper respiratory system, whereas smaller particles (<2.5  $\mu\text{m}$  across,  $\text{PM}_{2.5}$ ) can migrate to the deepest parts of the lung where the gas exchange takes place (9). Ultrafine particles (<100 nm), or nanoparticles, may penetrate through the cell tissue that lines the respiratory tract and translocate into the blood circulation and into extrapulmonary organs, but also, via the olfactory nerve, into the central nervous system (10). In PNAS, Maher et al. (2) invoke this latter mechanism for the transfer of air pollution-derived magnetite nanoparticles to the brains of the studied individuals. These authors use the mostly spherical shapes of the magnetite as one of the main arguments for their hypothesis: Spherical shapes are typical of combustion-derived particles (e.g., in diesel exhaust) in contrast to abrasion-derived particles (e.g., brake-wear particles), which are typically irregularly shaped and angular, or to endogenous particles, which tend to be euhedral because they grew in situ (e.g., within the brain) (7). The electron microscope images presented by Maher et al. (2) document that two types of magnetite, spherical and euhedral, are present in the studied brains, suggesting that they were derived from two different sources, one external (from air pollution) and one internal (i.e., biogenic). This conclusion is further supported by the presence of other transition-metal nanoparticles, which are common in airborne PM from polluted areas.

One of the questions that arises from the discovery of externally derived magnetite in brain tissue is whether or not the abundant additional magnetite adversely affects human health. It is well known from epidemiological and toxicological studies that exposure to  $\text{PM}_{2.5}$  is linked to increases in mortality and hospital admissions due to respiratory and cardiovascular diseases (11). There is increasing evidence that coarser particles may also produce deleterious health effects (12). In addition to being dependent on size, however, the interactions are influenced by other particle characteristics, including structure, chemical composition, shape, surface area and reactivity, sorptive properties, and solubility. The adverse health effects include chronic bronchitis, exacerbation of asthma, fibrosis, and lung cancer (13). The mechanisms behind these diseases, as well as their dependence on particle properties, are still poorly known. The most likely mechanisms involve the excessive production

of free radicals [e.g., reactive oxygen species (ROS)], which can lead to oxidative damage to cell membranes, proteins, and DNA, as well as to the release of chemical substances that trigger and perpetuate inflammation (14, 15).

In regard to the human health effects of magnetite, published data exist for both the brain and the respiratory system. For example, the presence in the brain of magnetite may be linked to several neurodegenerative diseases, including Alzheimer's disease, and oxidative stress appears to play a key role in the pathogenesis (16, 17). In vitro experiments with human lung cells, which were exposed for 24 h to different magnetite size fractions (including nanoparticles) and doses, revealed that the studied particles, although being only slightly cytotoxic, led to increased ROS formation, mitochondrial damage, and genotoxic effects (18). The results allowed for the conclusion that ROS formation plays an important role in the genotoxicity of magnetite in lung cells. On the other hand, magnetite nanoparticles might be considerably less toxic when surface-modified (i.e., coated) (19).

The presence of magnetite in humans, however, also has other potential implications, including possible biological disorders linked to the weak magnetic fields generated by cellular phones, electric power lines, and appliances, or high-field saturation effects from exposure to strong magnetic fields during MRI procedures (7). At the same time, nanoparticles of magnetite are of special interest in the biomedical sciences, because they can be used as carriers for targeted drug delivery (20). Moreover, magnetite nanoparticles can be exploited for hyperthermia-based cancer therapy, where the heat induced by application of an alternating magnetic field causes necrosis of cancer cells but does not damage the surrounding normal tissue (21). Various researchers have further proposed that endogenous magnetite might play a key role in perception, transduction, and long-term storage of information in the human brain and in other organisms (22).

The occurrence of magnetite in cell tissues therefore represents an intriguing dichotomy: On the one hand, the mineral can play a key role in magnetoreception and navigation, and thus survival, of various types of organisms, and on the other hand, it can impart deleterious effects in humans, especially when they are exposed to high PM concentrations in polluted urban environments.

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