Original Research Article

Investigating The Association Between Blood Lead Levels, Packed Cell Volume, and Blood Group In Blood Donors In A Tertiary Healthcare Facility In Port Harcourt

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ABSTRACT

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| **Aims:** To identify if any relationship exists between blood lead levels, packed cell volume and blood group of blood donors in a tertiary hospital in Port Harcourt.**Study design:** A descriptive, cross-sectional study.**Place and Duration of Study:** Blood bank of the department of Haematology and Blood Transfusion of the University of Port Harcourt Teaching Hospital, Port Harcourt, Nigeria, between March 2023 to May 2023.**Methodology:** We included 246 donors, all were male, aged 18-55 years. Biodata and other relevant information were obtained using a semi-structure questionnaire, after consent to participate in the study was obtained. 5mls of blood was drawn from the antecubital fossa and Packed Cell Volume and blood group was determined. Blood Lead concentration was measured using Solaar thermo elemental atomic absorption spectrophotometer. Statistical analysis was done by SPSS version 21. Ethical approval was obtained.**Results:** The relationship between donor blood lead levels, and packed cell volume and blood group were both statistically insignificant at P =0.238 and 0.061 respectively. However, the age of donors showed a significant relationship with blood lead levels, P = 0.013.**Conclusion:** No statistically significant relationship exists between Blood Lead levels and Packed Cell Volume or blood group of donors. |

*Keywords: [Packed cell volume, blood donors, blood group antigens, blood lead levels, Port Harcourt]*

1. INTRODUCTION

Lead, Pb is one of the heavy metals that is found in abundance in the earth’s crust1 and it is readily available for use in a number of sectors. The levels of lead in soil, undersurface water, and ambient air have increased significantly due to population explosion and increased anthropologic activities such as mining, use of lead in petroleum products, artisanal refining of petroleum products, and use of lead in paint manufacturing;2 and with these, there is the attendant increase in the levels of lead that gets into the human body by inhalation of contaminated air, ingestion of water and other edible items which are common sources of food, and by permeation through the skin following contact with leaded products.3 Lead is stored in tissues and organs in the body like bone marrow, kidneys, skin, and plasma including red cells, white cells and platelets.4, 5 While there is no known beneficial use of lead in tissues, there is ample evidence of its harmful effects.6, 7

Lead is a divalent metal like ferrous iron, the form in which dietary iron is absorbed from the lining of the small intestine. This organic ferrous iron first binds to a divalent metal transporter 1 (DMT1) protein which is found on the luminal surface of the small intestine; the DMT1 serves to transport ferrous iron into the enterocytes. In the enterocytes, iron passes through ferroportin, a transmembrane channel found on the basolateral surface of enterocytes, into the portal circulation, and is transported to tissues which have need for iron. Lead is known to compete with iron for binding to DMT1,8, 9 inhibit the enzymes ferrochelatase and delta aminolaevulinic acid dehydratase, δ-ALAD which plays critical role in the process of formation of haemoglobin,10 and also generates reactive oxidation species, ROS.11 Overall, high BLLs can cause iron deficiency anaemia; as such, patients with higher-than-normal BLLs are expected to have haemoglobin concentrations which are smaller than the lower limit of normal for patients age and sex, and vice versa.

The WHO and other regulatory organisations have identified that the risk of lead toxicity is high when blood lead levels exceed 5μg/dl. This means BLLs which are equal to or higher than this value could cause abnormal erythropoiesis, eventually leading to iron deficient erythropoiesis or frank iron deficiency anaemia, an effect that has been documented.12

Blood groups are defined by antigens which are expressed either directly on the cell surface or bound to other molecules found on the surface of the cells.13 The presence of these antigens predisposes patients to a number of health conditions,14 and at the same time, may protect against other kinds of diseases like infectious diseases.15 These blood group antigens are glycoproteins and some of them are susceptible to enzyme modification; enzymes are known to use iron as cofactor in their metabolism, so, it is plausible that if Pb replaces iron in the enzymes, there could be a modification of the activity of these enzymes, and by extension, the structure and possible function of the antigens on cells. While it is tempting to think that certain blood groups predispose individuals to higher BLLs than others, there is documented evidence to support this.

The aim of this study was to compare BLLs with packed cell volume (PCV) and blood group of those who donate blood and assess if there is a statistically significant relationship between high BLLs and PCV and blood group of donors.

2. METHODOLOGY

The study is a descriptive, cross-sectional study carried out on 246 blood donors at the blood bank of a tertiary healthcare facility in Port Harcourt, that gave consent to participate. Sociodemographic data of participants were collected using a locally developed questionnaire. Following routine antiseptic measures, 5mls of blood was drawn from the antecubital fossa of the participants and transferred into labelled tri-potassium EDTA bottles. Less than 0.5mls was used to measure the packed cell volume, and forward blood grouping was by the tile method; the remainder of the samples were pooled and transported in a cold chain to a peripheral laboratory for measurement of BLLs using Solaar thermos elemental atomic absorption spectrophotomer. Statistical analysis was conducted by SPSS version 21, and the Chi square test was used to determine the association between blood group, packed cell volume, and BLLs in the study participants. Ethical approval was obtained from the institution.

3. RESULTS and discussion

Male donors made up 100% of participants. Most donors, 65.4% of participants, were aged 18 – 25 years, with the age of 26 – 35 years making up the next highest participation at 25.2%. Others were 36 – 45 years at 8.1% and 46 – 55 years making up 1.3% of donors. Those who had completed or were enrolled in a tertiary institution of learning were 93.1%, while 6.5% only had secondary education; 0.4% had only primary level education. The result shows a statistically significant relation between BLL >5μg/dl and age of the participants (P = 0.013), while participants’ level of education did not show statistically significantly relation to BLLs (P = 0.615).

**Table 1. Age and level of education of participants**

|  |  |  |
| --- | --- | --- |
| **Variables** | **Frequency (n=246)** | **Percentage** |
| **Age** |   |   |
| 18-25 years | 161 | 65.4 |
| 26-35 years | 62 | 25.2 |
| 36-45 years | 20 | 8.1 |
| 46-55 years | 2 | 0.8 |
| Nil | 1 | 0.4 |
| **Level of education** |   |   |
| Primary | 1 | 0.4 |
| Secondary | 16 | 6.5 |
| Tertiary | 229 | 93.1 |

**Table 2. Association between sociodemographic characteristics with lead levels of participants**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Variables** |  **Lead Levels** | **Total** | **Chi square** | ***P* value** |
|  | **<5µg/dl****n(%)** | **>5µg/dl****n(%)** | **N (%)** |  |  |
| **Age group** |   |   |   |   |   |
| 18-25 years | 6 (46.2) | 155 (66.5) | 161 (65.4) | 12.622 | 0.013\* |
| 26-35 years | 3 (23.1) | 59 (25.3) | 62 (25.2) |   |   |
| 36-45 years | 3 (23.1) | 17 (7.3) | 20 (8.1) |   |   |
| 46-55 years | 1 (7.7) | 1 (0.4) | 2 (0.8) |   |   |
| **Education level** |   |   |   |   |   |
| Primary | 0 (0.0) | 1 (0.4) | 1 (0.4) | 1.608 | 0.615 |
| Secondary | 1 (7.1) | 15 (6.4) | 16 (6.5) |   |   |
| Tertiary | 12 (92.3) | 217 (93.1) | 229 (93.1) |   |   |

Participants PCV showed mean ±SD of 41.12 ± 2.57, median PCV of 41.0 and range (min-max) of 36-49. More of donors had PCV of either 40% or 42% and association between BLLs and PCV was insignificant (P =0.238); in the same vein, Pearson correlation coefficient showed coefficient of 0.0046; a value which shows absence of a meaningful relation between BLLs in these donors and their PCV.



**Figure 1: Normal distribution of the packed cell volume of participants**



**Figure 2: Correlation between packed cell volume and blood Lead levels of participants (Pearson=0.046; p value=0.238)**

The blood group characteristics of the participants are O Rh D+ve donors made up 65.0%, followed by A Rh D+ve donors making up 13.4%; B Rh D +ve donors were 9.8%, followed by O Rh D-ve donors making 7.3%, A Rh D-ve of 2.4%, while B Rh D-ve was 1.6% and AB Rh D+ve was 0.4%.

**Table 3. Proportion of various blood groups among participants of the study**

|  |  |  |
| --- | --- | --- |
| **Blood group** | **Frequency(n=246)** | **Percentage** |
| A Negative | 6 | 2.4 |
| A Positive | 33 | 13.4 |
| AB Positive | 1 | 0.4 |
| B Negative | 4 | 1.6 |
| B Positive | 24 | 9.8 |
| O Negative | 18 | 7.3 |
| O Positive | 160 | 65.0 |



**Figure 3: Blood group distribution among study participants**

BLL measured in micrograms per deciliter (ug/dL), showed a mean ±SD value of 35.94 ± 19.09, a median of 32.0ug/dL, and a range (Min-Max) = 2.30 - 91.40. The BLLs of the participants showed a normal distribution, with the highest values between 20ug/dl and 40ug/dl. Values as high as 80ug/dl are also noted, though these are seen in very few participants.



**Fig 4: Blood Lead levels of study participants showing normal distribution**

BLL of >5ug/dL is the value above which lead toxicity is likely to occur. Using this value in the study, the results show that 94.7% of participants have BLLs above the safe limit, while the remainder 5.3% of the participants had acceptable BLLs. This suggests that most of the blood donated in the bank has significantly high mean BLLs.



**Figure 5: Pie chart showing proportion of normal and toxic lead levels among study participants (<µg/dl denotes acceptable Lead level while >5µg/dl denotes levels at which toxicity has been proven to occur)**

**Table 4. Association between significant blood Lead and blood group among participants**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Variables** |  **Lead Levels** | **Total** | **Chi square** | ***P* value** |
|  | **<5µg/dl****n(%)** | **>5µg/dl****n(%)** | **N (%)** |  |  |
| **Blood group** |   |   |   |   |   |
| A Negative | 2 (15.4) | 4 (1.7) | 6 (2.4) | 12.025 | 0.061 |
| A Positive | 0 (0.0) | 33 (14.2) | 33 (13.4) |   |   |
| AB Positive | 0 (0.0) | 1 (0.4) | 1 (0.4) |   |   |
| B Negative | 0 (0.0) | 4 (1.7) | 4 (1.6) |   |   |
| B Positive | 2 (15.4) | 22 (9.4) | 24 (9.8) |   |   |
| O Negative | 1 (7.7) | 17 (7.3) | 18 (7.3) |   |   |
| O Positive | 8 (61.5) | 152 (65.2) | 160 (65.0) |   |   |

All donors that participated in this study were males. This may not be unconnected with the fact that males tend to have higher PCV than females, because of physiologic reasons, for which reason they are more likely to have the required minimum PCV for blood donation to take place. The study also shows that donors aged 35 years and below are the most involved in donation, making up more than 9/10th of the total population. This is consistent with other studies done in these parts which showed that most blood donors are male.16, 17 The age of donors relates significantly to BLLs (p = 0.013). This may be so because Pb is a ready source of pollution18, 19 and readily gains entry into the body by a lot of means. In the body, more Pb tends to accumulate in tissues/organs than is excreted in sweat and faeces, and as such, there is a net positive in the quantities in the body, as we age.20

Of the few available studies which assess the relationship between BLLs and PCV, conclusions differ on whether there is statistically significant association between them. Our study showed P = 0.238 and a Pearson correlation coefficient of 0.046 for BLLs and PCV of donors, suggesting that blood lead does not cause reduced or increased PCV or vice versa. This is consistent with findings obtained from an older study amongst refinery workers and marketers of petroleum products in the outskirts of Port Harcourt, in which the PCV of the control group was slightly lower compared with the non-exposed, control group, but not statistically significant (P >0.05).21 However, in a more recent study on haemorrheologic parameters in Spray-painters in Port Harcourt, it was identified that the PCVs of the painters were higher than in the control group.22 Though both of these Port Harcourt studies in review did not directly measure BLLs, marketing of petroleum products, working in refinery, and spray-painting are jobs which increase exposure to Pb, so it can be safely assumed that the study population had higher BLLs compared with controls. This same explanation can be adduced to the findings in a study done among bakery workers and administrative staff that was carried out in another State in the Niger Delta of the country; the study in reference assessed the PCV in both groups and identified that it was significantly lower (p = 0.002) for the exposed than the control groups.23

In the South Eastern parts of the country, findings also differ; in a study among battery workers in Nnewi,24 it was identified that BLLs in exposed individuals was significantly higher than control populations, with these exposed individuals showing significantly lower PCV (P<0.000). Among automobile workers, generator mechanics and petrol station attendants in Abuja, it was identified that BLLs in automobile workers and generator mechanics was significantly higher than in the non-exposed population (P <0.04). Further, the study showed reduced PCV in the generator mechanics category compared with controls, with p < 0.001.25 Similar findings were obtained among automobile workers in Lagos, Nigeria; this study identified that apprentices who had less exposure to the job, and so smaller BLLs compared with masters and join-men, had significantly higher PCV (P <0.001).26 This negative correlation was also reported in a study done on battery-repair workers in Lagos State, however, in this study, the compared parameters were BLLs and RBC count (P = 0.008);27 RBC count can be considered an indirect measure of PCV as low RBC reflects low PCV and vice versa, if every other haematologic parameter are normal.28 Similarly, in an Indian study involving 43 children aged 4 – 12 years, in which a BLL of >10μg/dl was taken as significant, it was shown that children with BLLs >10ug/dl showed lower PCV as opposed to those with <10μg/dl who were used as control population. This Indian study also documented significant relationship between BLL >10μg/dl and derangements in liver function.29 Using petrol station workers versus a non-exposed, control group in the Middle-East, a study showed that BLLs are related significantly with reduced red blood cell parameters like haematocrit (P = 0.006).30

Between waste-collectors and occupationally non-exposed control group, a study in Pakistan showed that blood levels of heavy metals, including Pb, were significantly elevated in the exposed group and that Pb had the highest blood levels compared with other heavy metals assessed; study also noted significantly (p<0.05) reduced haemoglobin concentration in the workers as opposed to the control group.31

These findings are totally contrary to those of a study done to assess haematologic and cardiovascular damage among electronic waste workers in Bangladesh, wherein it was noted that with confounding variables considered, these workers had significantly higher levels of PCV and RBC count (P < 0.05), compared with those who were not exposed;32 similar increase in PCV was noted in the study among spray-painters in Port Harcourt.22 A plausible explanation is that the toxicity of Pb, and indeed other heavy metals, causes an immediate compensatory increase in erythropoiesis, so that more RBCs are produced, as is evident in another study which showed increased percentage of reticulocytes (%RET) among patients who were exposed to Pb via inhalation;33 however, this was not the case in the Bangladeshi study as only those who had been involved in e-waste management for minimum of 5 years were included in the study.

Regarding blood group and BLLs, a search of the literature does not show any result of an association between blood groups and BLLs. However, our study reports an absence of a significant relationship between these parameters (P = 0.061). This suggests that no blood group can raise the tendency to increase blood lead levels or to reduce it.

4. Conclusion

Donor blood group and PCV remain very important and considered parameters in transfusion medicine, and the findings in this study shows there is no significant association between BLLs, PCV, and blood group of donors, further adding to the opposing views regarding the relationship between BLLs and PCV.

Consent

Duly obtained from all participants.

Ethical approval

Ethical approval was obtained from University of Port Harcourt Ethics and Research committee.

COMPETING INTERESTS DISCLAIMER:

Authors have declared that they have no known competing financial interests OR non-financial interests OR personal relationships that could have appeared to influence the work reported in this paper.

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