



Haematological and Pathophysiological Alterations

Induced by Rodenticides in Rats

A THESIS

Submitted to the Zoology Department, Faculty of Science Assiut University , Assiut For

The Degree of Master of Science in Zoology (Animal Physiology)

BY

Zeinab Hassan Sayed Abd el-Aal

B. Sc. In Zoology, Faculty of Science, Assiut University, (2012)

Supervised by

Prof. Dr. Hossam El-Din M. Omar

Prof. of Animal Physiology and head of Zoology Department, Faculty of Science, Assiut University

Prof. Dr. Magdy Wilson

Prof. of Animal Harmful Pests Institute of Plant Protection Research

Dr. Sohair M. M. Ragab

Lecturer of Animal Physiology, Zoology Department, Faculty of Science, Assiut University

Zoology Department Faculty of Science, Assiut University (2019)

CONTENTS

Subject	Page	
ACKNOWLEDGEMENT	•••••	Ι
CONTENT	•••••	II
LIST OF TABLES	•••••	VI
LIST OF FIGUERS	•••••	VIII
List of abbreviations		XVI
AIM OF THE WORK		1
INTRODUCTION		2
LITERATURE REVIEW		5
Rodents: An emerging economic and health problem	••••••	5
Multifaceted brodifacoum toxicity: Targeting several animal species	••••••	7
Aspirin	•••••	14
Toxic effects of acetylsalicylic acid	•••••	18
Dicoumarol	••••••	19
Control management		21

Integrated Pest Management	••••••	22
Habitat Management		22
Traps	••••••	23
Rodenticides	•••••	23
Biological control	•••••	24
Reproductive inhibition	•••••	25
Ultrasonics	•••••	26
MATERIALS AND METHODS	•••••	27
field studies	•••••	27
Experimental protocol	•••••	29
Animals	•••••	29
Chemicals	•••••	29
Determination of LD50 of rodenticides used in the experiment	••••••	29
Brodifacoum	••••••	29
Dicumarol	•••••	32
Experimental design	•••••	32

Collection and preparation of sample	•••••	33
Estimation of hematological parameters	••••	34
Complete blood picture	•••••	34
Estimation of haemostatic parameters	••••••	34
Bleeding and clotting time	••••••	34
Pro-thrombin time	••••••	35
Factor VII	••••••	35
Factor IX		36
Ionized calcium		37
Estimation of plasma biochemical parameters	••••••	37
Aspartate aminotransferase activity	••••••	37
Alanine aminotransferase activity	••••••	38
Creatinine	•••••	40
Urea		41
Uric acid	•••••	43

Estimation of total protein	•••••	44
Oxidative stress parameters	•••••	45
Histological examination	•••••	51
Statistical analysis	•••••	51
EXPERIMENTAL RESULTS	•••••	52
Histopathological Result	••••	88
DISCUSSION	•••••	126
SUMMARY	•••••	141
REFERENCES	••••••	144
ARABIC SUMMMARY	•••••	١

List of Tables

 Table (1): Acute feeding bait toxicity of brodifacoum to *R. rattus*

 individuals collected from Manfalut city of Assiut Governorate.

Table (2): Relative abundance of different rodent species from different habitats in Manfalut city of Assiut Governorate during (2016-2018).

Table (3): Population of rodent species from different habitats in Manfalut city of Assiut Governorate during (2016/2017).

Table (4): Population of rodent species from different habitats inManfalut city of Assiut Governorate during (2017/2018).

Toble (5): Dominance and Abundance degree of rodent species from different habitats in Manfalut city of Assiut Governorate during (2016-2018).

Table (6): Effects of brodifacoum, dicumarol, acetylsalicylic acid and their combinations on the parameters of liver and kidney functions

Table (7): Effects of brodifacoum, dicumarol, acetylsalicylic acid and their combinations on the haemostatic parameters

 Table (8): Effects of brodifacoum, dicumarol, acetylsalicylic acid

 and their combinations on lipid peroxidation levels

 Table (9): Effects of brodifacoum, dicumarol, acetylsalicylic acid

 and their combinations on nitric oxide levels

 Table (10): Effects of brodifacoum, dicumarol, acetylsalicylic acid

 and their combinations on superoxide dismutase activity

 Table (11): Effects of brodifacoum, dicumarol, acetylsalicylic acid

 and their combinations on catalase activity

Table (12): Effects of brodifacoum, dicumarol, acetylsalicylic acid

 and their combinations on reduced glutathione level (mg/mg protein)

Table (13): Effects of brodifacoum, dicumarol, acetylsalicylic acid and their combinations on erythrocytic indices, platelet count and mean platelet volume

Table (14): Effects of brodifacoum, dicumarol, acetylsalicylic acid

 and their combinations on total and differential leucocytic count.

List of Figures

Figure (1): Mechanisms of antithrombotic effects of aspirin .

Figure (2): A diagrammatic representation of the experimental groups

Figure (3): The standard curve of AST activity.

Figure (4): The standard curve of ALT activity.

Figure (5): The standard curve of total protein.

Figure (6): The standard curve of lipid peroxidation.

Figure (7): The standard curve of nitric oxide.

Figure (8): The standard curve of GSH.

Figure (9): Distribution of rodent species in field crops at Manfalut city of Assiut Governorate during (2016/2017-2017/2018).

Figure (10): Distribution of rodent species in buildings at Manfalut city of Assiut Governorate during (2016/2017-2017/2018).

Figure (11): Distribution of rodent species in poultry farms at Manfalut city of Assuit Governorate during (2016/2017-2017/2018).

Figure (12): The changes in the liver and kidney functions parameters in the different experimental groups.

Figure (13): The changes in the haemostatic parameters in the different experimental groups.

Figure (14): The changes in lipid peroxidation levels.

Figure (15): The changes in nitric oxide levels.

Figure (16): The changes in superoxide dismutase activities.

Figure (17): The changes in catalase activities.

Figure (18): The changes in glutathione levels.

Figure (19): The changes in erythrocytic indices, platelet count and mean platelet volume in the different experimental groups.

Figure (20): The changes in white blood cells and differential leucocytic count in the different experimental groups.

Figure (21): liver of control group showing normal central vein (blue arrow) with normal portal tract showing hepatic artery (black arrow), bile duct (red arrow) and portal vein (PV) (H&E X 200)

Figure(22): High power view of liver section of control group showing normal central vein (CV) and normal hepatocytes arranged in single-cell cords (blue arrow) with average intervening blood sinusoids (black arrow) (H&E X 400).

Figure (23): Liver of BDF group showing markedly dilated central vein filled by hemolyzed blood (CV) (H&E X 200).

Figure (24): Liver of BDF group showing markedly dilated central veins filled by hemolyzed blood (CV) and surrounded by hepatocytes showing marked hydropic degeneration (blue arrow) (H&E X 200).

Figure (25): Liver of BDF group showing average central vein surrounded by hepatocytes with deeply stained nuclei. Note: Necrotic area were observed in region of portal area(Black arrow).(H&E X 400).

Figure (26): Liver of DIC group showing markedly dilated central vein filled by hemolyzed blood (CV) with expanded portal tract showing dilated portal vein (blue arrow) (H&E X 200).

Figure (27): High power view of liver section of DIC group showing average central vein (CV) surrounded by hepatocytes showing apoptosis (blue arrows) and bi-nucleation (black arrow) (H&E X 400).

Figure (28): Liver of DIC group showing markedly dilated central vein filled by hemolyzed blood (CV) surrounded by hepatocytes showing marked hydropic degeneration (blue arrows) (H&E X 400).

Figure (29): Liver of DIC group showing areas of necrosis (blue arrows) with some hepatocytes showing karyomegally (black arrow) (H&E X 400).

Figure (30): Liver of ASA group showing dilated central vein filled by hemolyzed blood (CV) Note: Patches of degenerated hepatocytes with deeply stained pyknotic nuclei were seen (blue arrows) (H&E X 200).

Figure (31): Liver of ASA group showing mildly dilated central vein (CV) surrounded by hepatocytes showing karyomegally (blue arrow) and bi-nucleation (black arrow) (H&E X 400).

Figure (32): Liver of ASA group showing hepatocytes with eosinophilic cytoplasm. Note: Necrotic area (black arrow)(H&E X 400).

Figure (33): Liver of ASA+BDF group showing markedly dilated central vein filled by hemolyzed blood (CV) and expanded portal tract (PT) surrounded by fibrotic area. Note: Infilteration of inflammatory cells (blue arrow) (H&E X 200).

Figure (34): Liver of ASA+BDF group showing markedly dilated portal vein filled by hemolyzed blood (PV) surrounded by edematous portal tract (blue arrow) with bi-nucleated hepatocytes (black arrow) (H&E X 400).

Figure (35): Liver of ASA+BDF group showing markedly dilated central vein filled by hemolyzed blood (CV) surrounded by degenerated hepatocytes with pyknotic nuclei.(blue arrows) Note: Necrotic area(green arrows), apoptotic nuclei (black arrows) (H&E X 400).

Figure (36): Liver of ASA+DIC group showing massive area of necrosis (blue arrows) (H&E X 200).

Figure (37): High power view of liver section of ASA+DIC group showing marked area of necrosis (blue arrows) (H&E X 400).

Figure (38): Liver of ASA+ DIC group showing markedly dilated central vein filled by hemolyzed blood (CV) and surrounded by apoptotic hepatocytes (blue arrows) with expanded portal tract showing dilated portal vein (black arrow) (H&E X 200).

Figure (39): Kidney of control group showing normal glomeruli (blue arrows), renal tubules (black arrow) and interstitium (H&E X 200).

Figure (40): High power view of kidney of control group showing normal glomerulus (G), Bowman's space (blue arrows) and normal proximal tubules showing brush borders (black arrow) (H&E X 400).

Figure (41): Kidney of BDF group showing relatively thin cortex (double-headed red arrow), distorted glomeruli (blue arrows) with dilated tubules (black arrow) (H&E X 200).

Figure (42): Kidney of BDF group showing distorted atrophied glomeruli (blue arrows) with dilated blood vessel filled by hemolyzed blood (black arrow) (H&E X 200).

Figure (43): High power view of kidney of BDF group showing distorted atrophied glomeruli (G) with widened Bowman's space (blue arrow) and proximal tubules showing degenerated epithelial lining with loss of brush borders (red arrows) (H&E X 400).

Figure (44): Kidney of DIC group showing markedly distorted atrophied glomeruli (blue arrows) with markedly dilated blood vessel filled by hemolyzed blood (black arrows) (H&E X 200).

Figure (45): High power view of kidney of DIC group showing markedly distorted atrophied glomeruli (blue arrows) with widened Bowman's space (BS) (H&E X 400).

Figure (46): Kidney of DIC group showing large area of renal cortical necrosis (blue arrows) (H&E X 200).

Figure (47): Kidney of ASA group showing normal glomeruli (blue arrows) with scattered distorted and atrophied glomeruli (black arrow) (H&E X 200).

Figure (48): High power view of kidney of ASA group showing one normal glomerulus (blue arrow) with another distorted and atrophied glomerulus (black arrow) (H&E X 400).

Figure (49): Kidney of ASA group showing normal glomeruli (blue arrows) and dilated blood vessel filled by hemolyzed blood (black arrow) (H&E X 200).

Figure (50):(ASA+BDF group): Kidney showing markedly distorted atrophied glomeruli (blue arrows), and dilated congested blood vessels (black arrows) (H&E X 200).

Figure (51): High power view of kidney of ASA+BDF group showing distorted atrophied glomeruli (blue arrows) the proximal tubules showing apoptosis (red arrow) and loss of brush borders (black arrow) (H&E X 400).

Figure (52): Kidney of ASA+DIC group showing area of necrosis (blue arrows) with scattered glomeruli with hypercellularity (black arrow) (H&E X 200).

Figure (53): High power view of kidney of ASA+DIC group showing glomeruli with hypercellularity (G), and areas of tubular necrosis (blue arrows) (H&E X 400).

Figure (54): Kidney of ASA+ DIC group showing distorted atrophied glomerulus (blue arrow), and interstitium showing dilated blood vessels (black arrow) with thick fibrous bands (red arrow) (H&E X 200).

Figure (55): Lung of control group showing normal bronchioles (B), normal blood vessels (BV) and alveolar walls (blue arrows) (H&E X 200).

Figure (56): Lung of BDF group showing bronchioles (B) with ulcerated lining (blue arrow), markedly dilated blood vessel filled by hemolyzed blood (BV) and intra-alveolar edema (black arrow) (H&E X 200).

Figure (57): Lung of BDF group showing bronchioles (B) with ulcerated lining (blue arrow), markedly emphysematous alveolei (black arrows) (H&E X 200).

Figure (58): Lung of DIC group showing average bronchioles (B), markedly thickened alveolar walls (blue arrows) and area of necrosis and emphysema (black arrows) (H&E X 200).

Figure (59): Lung of DIC group showing normal bronchioles (B) markedly thickened alveolar walls (blue arrow) and dilated blood vessel with surrounding edema (black arrows) (H&E X 200).

Figure (60): Lung of ASA group showing normal bronchioles (B), dilated blood vessel filled by hemolyzed blood (BV) and intraalveolar edema (blue arrows) (H&E X 200).

Figure (61): Lung of ASA+BDF group showing bronchioles (B) with ulcerated lining (blue arrow), dilated blood vessel filled by hemolyzed blood (BV) with thickened alveolar walls (black arrows) (H&E X 200).

Figure (62): Lung of ASA+ BDF group showing markedly alveolar emphysema (blue arrows) (H&E X 200).

Figure (63): Lung of ASA+DIC group showing bronchiole (B) with ulcerated lining (blue arrows, markedly dilated blood vessel filled by hemolyzed blood (BV) with area of marked inflammation (black arrow) (H&E X 200).

Figure (64): Another view of lung of ASA+DIC group showing intra- and extra-bronchiolar marked inflammation (blue arrows) with area of necrosis (black arrow) (H&E X 200).

Figure (65): Brain of control group showing normal white matter with normal astrocytes (blue arrow) and normal neurons (black arrow) (H&E X 400).

Figure (66): Brain of BDF group showing demylination (blue arrows) (H&E X 400).

Figure (67): Brain of DIC group showing marked demylination (blue arrows) (H&E X 200).

Figure (68): Another view of brain of DIC group showing massive area of necrosis in cerebral cortex (blue arrows) (H&E X 400).

Figure (69): Brain of ASA group showing marked demylination (blue arrows) (H&E X 200).

Figure (70): Brain of ASA group showing marked neuronal degeneration (blue arrows) (H&E X 400).

Figure (71): Brain of ASA+BDF group showing marked demylination (blue arrows) (H&E X 200).

Figure (72): Brain of ASA+DIC group showing marked vacuolar degeneration (blue arrows) (H&E X 200).

Figure (73): Another view of brain of ASA+ DIC group showing deposition of amyloid-like material (blue arrows) (H&E X 400).

Figure (74): Brain of ASA+DIC group showing marked

demylination (blue arrows) (H&E X 200).

Figure (75): Heart of control group showing normal muscle fibers (blue arrow) with normal blood vessels (black arrow) (H&E X 200).

Figure (76): High power view of heart of control group showing normal muscle fibers with normal cell borders (blue arrow) and normal nuclei (black arrow) (H&E X 400).

Figure (77): Heart of BDF group showing necrotic muscle fibers with eosinophilic cytoplasm and no nuclei (blue arrows) (H&E X 400).

Figure (78): Heart of BDF group showing necrotic muscle fibers with eosinophilic cytoplasm and no nuclei (blue arrow), inflammatory infiltrate (black arrow) and intervening edema (yellow arrow) (H&E X 400).

Figure (79): Heart of DIC group showing necrotic muscle fibers (blue arrow), with marked intervening edema (black arrow) (H&E X 400).

Figure (80): Heart of DIC group showing markedly swollen muscle fibers with markedly pyknotic nuclei (blue arrows) (H&E X 400).

Figure (81): Heart of ASA group showing markedly vacuolated myocardium (blue arrows) (H&E X 400).

Figure (82): Heart of ASA+BDF group showing scattered muscle fibers with pyknotic nuclei (blue arrows), and others showing intracytoplasmic vacuoles (black arrows) (H&E X 400).

Figure (83): Heart of ASA+BDF group showing marked myocardial edema (blue arrows) (H&E X 400).

Figure (84): Heart of ASA+DIC group showing necrotic muscle fibers with no nuclei (blue arrows) with marked myocardial edema (black arrow) (H&E X 400).

Figure (85): Heart of ASA+DIC group showing markedly necrotic muscle fibers (blue arrow) with myocardial edema (black arrow) (H&E X 400).

Summary

Rodents pose a serious practical problem to crop fields not only by causing damage to various growth stages of plant but also by causing contamination in transportation and storage, the control of rodents is an urgent necessity.

Superwarfarins are very potent, long-lasting anticoagulant rodenticides inhibit the enzyme vitamin K epoxide reductase, thus reducing the recycling of Vit K, which is necessary for activation of several clotting factors. Amongst the superwarfarins typically incorporated into rodent bait, brodifacoum is the most widely used. The biologic potency of BDF is thought to be attributable to their high lipid solubility and increased affinity for hepatic tissue and enzymes. However, its inhibitory effect on blood clotting activity and Vitamin K cycle in the liver of rats seems to be transient.

Dicumarol counteracts the haemostatic mechanism through inhibition of Vit K epoxide reductase. This suppresses the recycling of Vit K and prevents the γ -carboxylation of glutamate residues in the clotting factors. DIC induced haemorrhage in cattle and calves accompanied by prolonged prothrombin and activated partial thromboplastin times.

An emerging genetic resistance against rodenticide represents one of the most challenges to eradication programs. Previous studies tried to overcome this practical issue using combination baits which have low cost and ecotoxicological concern but from humanness viewpoint have long days-to-death. Therefore, development of interventions that take another step wide jump on the road to enhance efficacy of anticoagulant rodenticide is highly recommended. The antithrombotic effect of Acetylsalicylic acid is well established and it

Summary

is mediated *via* acetylation of blood clotting factors and suppression of its synthesis, inhibition of platelets, prevention of thrombin formation, and acceleration of fibrinolysis.

This thesis was undertaken to identify the possible synergistic effect of BDF or DIC in combination with ASA as a new formulation of rodenticide with respect to the potential changes in haemostatic, haematological, liver and kidney function and oxidative stress parameters in addition to the histopathology of some target organs in a hope to translate the findings to the practical field.

The results of this study revealed that:

- Rats exposed to combination of either BDF or DIC with ASA were characterized by a significant prolongation in CT and PT, and decrease in factors VII and IX while increase ionized Ca levels versus those exposed only to BDF or DIC. The addition of ASA to BDF caused more increase in BT, while addition of ASA to DIC caused more decrease in factor VII level.
- 2. Administration of ASA with BDF resulted in induction of oxidative stress as manifested by increase in plasma LPO level and decrease of CAT activity in lung and heart and kidney SOD compared to administration of BDF alone. There was increase in brain LPO, NO and GSH levels in kidney, and decrease in liver and heart SOD, liver CAT and Lung NO activities.
- 3. Anticoagulant effect of BDF or DIC was highly potentiated evident by a marked reduction in PLT count. The obvious decrease in EOS, LYM and MON count indicate the immunosuppressive effect of DIC when combined with ASA.
- 4. The combination of ASA with BDF or DIC exaggerate the histopathological changes in the studied targeted organs.

In conclusion : Co-admistration of ASA with any of BDF or DIC improves their efficacy as rodenticides.

Future recommendations

Further studies are needed to:

1. Explore in depth the molecular mechanisms by which ASA synergistically enhances the anticoagulant effects of BDF and DIC.