

Abstract Presentations

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Airway inflammation and oxidative stress in biomass fuel (BMF) smoke exposed women as assessed by exhaled carbon monoxide (eCO) levels

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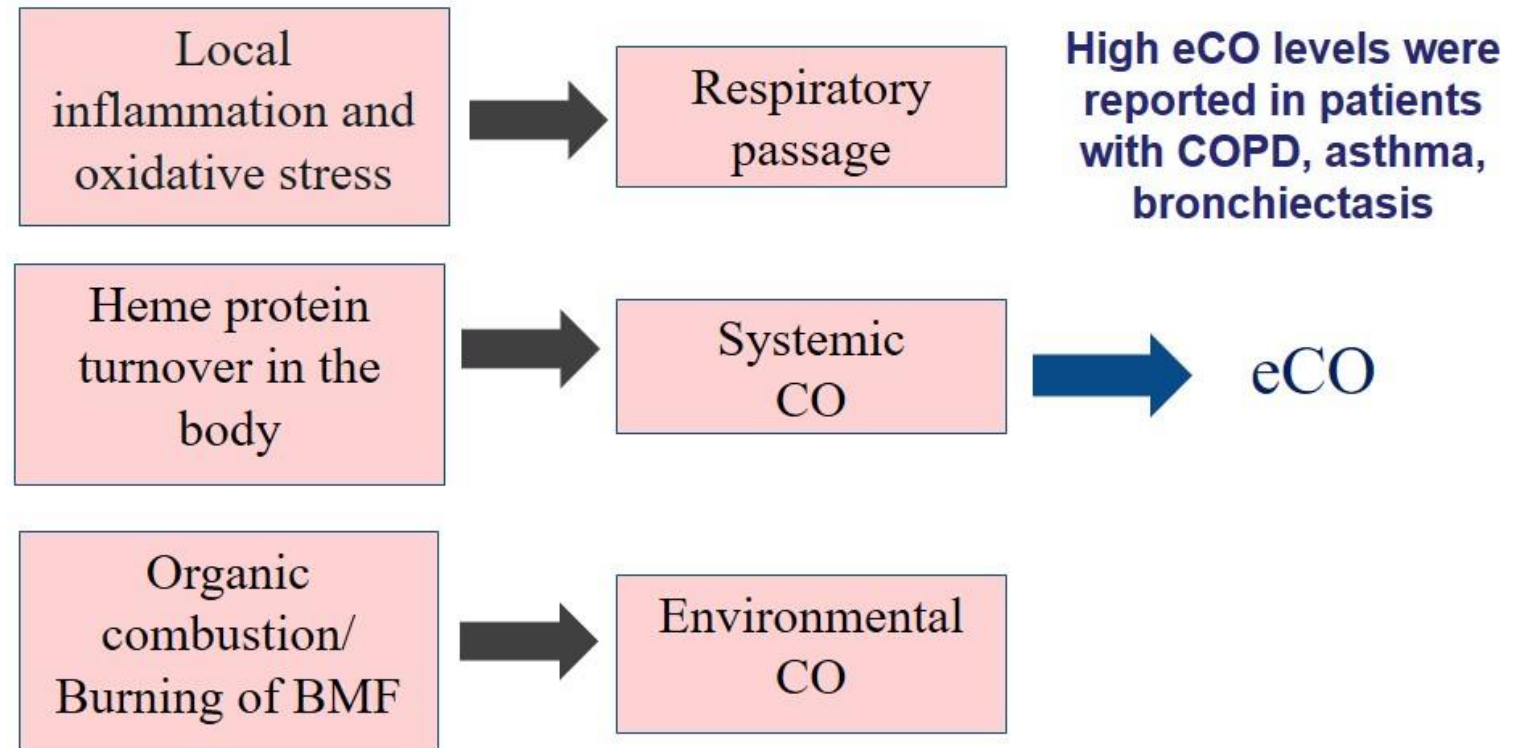
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Introduction

- **Exposure to BMF smoke is a main cause for respiratory diseases.**
- **eCO is being studied as a biomarker of air way inflammation and oxidative stress.**

Sources of eCO



Ryter and Choi 2014, Horvath et al., 1998, Zhou et al., 2014, Kharitonov and Barnes, 2001, Mazzatenta et al., 2013

Aim

- **To assess the airway inflammation and oxidative stress in a population of women exposed to biomass fuel smoke by eCO level**

Method

- Cross sectional study
- Women primary cooks over 18 years of age using BMF (n=400)
- Pregnant women were excluded
- Ethical approval by Faculty of Medical Sciences, USJP

Method *ctd*



Exposure Index

- Hours of cooking per day × Years of cooking
- Low exposure group: $EI \leq 150$ hours-years
- High exposure group: $EI > 150$ hours-years

Ventilation

- **Good ventilation:** Kitchens with both chimneys and windows
- **Poor ventilation:** Kitchens with no chimneys & no windows and kitchens with no chimney + windows

eCO

- Using **Micro⁺™ Smokerlyzer (Bedfont Scientific, UK)**

Results

(n=400, excluded 12)



Table 1: Baseline parameters

	Mean \pm SD
Age	46 years \pm 14SD
Exposure index	170 \pm 108SD
eCO (ppm)	2.22 \pm 1.4

Table 2: Number of participants with eCO categories

eCO (ppm)	n (%)
1-5	367 (94.6%)
6-10	21 (5.4%)
> 10	0

Results *ctd*

(n=400, excluded 12)

Table 3: eCO values with exposure index and kitchen ventilation

		n	Mean ± SD ppm	Mean rank	p-value
Exposure index	High exposure group	184	2.34±1.5	206	0.029
	Low exposure group	204	2.11±1.4	183	
Ventilation	Poor ventilation	102	2.65±1.9	217	0.009
	Good ventilation	286	2.07±1.2	186	

Mann-Whitney U test

Groups with higher exposure index and poorly ventilated kitchens had significantly higher eCO.



Discussion and conclusion

- Inflammation and oxidative stress of airways, as a result of longer durations of exposure to BMF smoke and in the presence of poor ventilation may elevate the levels of eCO women exposed to BMF smoke.
- Environmental CO might contribute to the eCO, if the breath test was performed soon after cooking using BMF.
- eCO could be a potential marker for screening of inflammation and oxidative stress in the airways in BMF smoke exposed population.

References



- Horvath, I., Loukides, S., Wodehouse, T., Kharitonov, S.A., Cole, P.J., Barnes, P.J., 1998. Increased levels of exhaled carbon monoxide in bronchiectasis: a new marker of oxidative stress. *Thorax* 53, 867–870. <https://doi.org/10.1136/thx.53.10.867>
- Kharitonov, S.A., Barnes, P.J., 2001. Exhaled Markers of Pulmonary Disease. *Am J Respir Crit Care Med* 163, 1693–1722. <https://doi.org/10.1164/ajrccm.163.7.2009041>
- Mazzatenta, A., Di Giulio, C., Pokorski, M., 2013. Pathologies currently identified by exhaled biomarkers. *Respiratory Physiology & Neurobiology* 187, 128–134. <https://doi.org/10.1016/j.resp.2013.02.016>
- Ryter, S.W., Choi, A.M.K., 2013. Carbon monoxide in exhaled breath testing and therapeutics. *J. Breath Res.* 7, 017111. <https://doi.org/10.1088/1752-7155/7/1/017111>
- Zhou, M., Liu, Y., Duan, Y., 2012. Breath biomarkers in diagnosis of pulmonary diseases. *Clinica Chimica Acta* 413, 1770–1780. <https://doi.org/10.1016/j.cca.2012.07.006>

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