

Effect of Cigarette Smoke Exposure and Exercise on Abortion, Placental Vascularization, Human Chronic Gonadotropin Hormone and Birthweight

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The purposes of this investigation were to examine the effects of exercise and smoking throughout pregnancy on placenta growth and vascularization, human chorionic gonadotropin hormone (HCG) level and birthweight. Rats in group 1 were selected as control group and were not in exposure of smoke and not exercised. Rats in group 2 were exercised for 5 days in week for 3 weeks. Rats in group 3 were in the cigarette smoke exposure without exercise. Finally, rats in group 4 were forced to exercise and were in the exposure of cigarette smoke, simultaneously. Six rats from each group were killed after 3 weeks of pregnancy and the number of blood vessels, placenta decidual thickness, and HCG level were analyzed. Birthweight and weight of offspring after 60 days in each group were also evaluated. Results showed that the number of blood vessels and HCG level were decrease in animals which exposed to smoke and exercise ($P < 0.05$), however, the placenta decidua thickness did not changed significantly. The offspring birthweight in group 4 was decreased significantly ($P < 0.001$) in comparison with control group. Accordingly, the offspring birthweight in group 3 and 4 was decrease significantly compared to group 2 ($P < 0.01$). On the other hand, the weight of offspring in day 60 in group 3 was less than group 4. In conclusion, both exercise and smoking have negative effect on blood vessels, HCG level, and offspring birthweight, however, there is synergic effect when rats were in exposure of smoke and exercise, simultaneously.

Keywords: Cigarette Smoke, Exercise, Pregnancy, Placenta, Birthweight.

Cigarette smoking in the around the world is a critical challenge for women and children's health. Cigarette smoke contains about 4800 compounds of which at least 60 are classified as carcinogens. Cigarette smoking causes 30% of all cancer deaths in developed countries. It is estimated that cigarette smoking kills over 1000000 people each year by causing lung cancer and many other neoplasmas. In addition to lung cancer,

cigarette smoking is an important cause of esophageal, oral, oropharyngeal, hypopharyngeal, and laryngeal cancers as well as pancreatic cancer, bladder cancer, liver, colon, nose, and myeloid leukemia, and cancer of the renal¹⁻⁵. Some other components have adverse effects on the cardiovascular, respiratory, reproductive, and nervous systems⁶⁻¹⁰. The World Health Organization reports that the smoking rates for women (≤ 15 -year old) range between 7-24% in the U.S., Europe, and Australia. It has been widely reported that smoking during pregnancy or secondhand smoke, as involuntary smoking, have

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negative reproductive effects including reduced fetal growth, low birth weight, premature delivery, spontaneous abortion, placental abruption, perinatal mortality and ectopic pregnancy as well as increased risk of fetal mortality. Furthermore, maternal smoking accounts for an estimated 20–30% of all low birthweight babies, as well as for 14% of all preterm deliveries, and some 10% of all infant death¹¹⁻¹⁴. In several animal models and the human, regular maternal exercise reduces birthweight. Recent findings suggested that regular, sustained, moderate to high intensity exercise during pregnancy might change vessel growth, blood flow, surface area and the configuration of the villous tree. Furthermore, the concern was heightened by the other reports indicating to reduction in all villous dimensions in placenta from human pregnancies at high altitude, and morphometric outcome is similar to that seen with regular exercise throughout pregnancy¹⁵⁻¹⁸. Thus, the current study was undertaken to determine if exercise can attenuate the negative effect of cigarette smoke exposure during pregnancy.

MATERIAL AND METHODS

Animals

All animal experiments were conducted according to the Guide for Care and Use of Laboratory Animals of Zanjan University of Medical Sciences, Zanjan-Iran (National Institutes of Health Publication No 85-23, revised 1985).

Experimental Design

Thirty two adult female Wistar rats (weighing 200-250 g, aged 8 weeks) were divided into four groups (n=8). In group 1 (Control group) animals were not exposed to smoke and not exercised. To investigate the effect of smoke and exercise, animals were exposed to smoke or forced to exercise 5 days in a week for 3 weeks, respectively. Rats in group 4 were both in exposed to smoke (rats were exposed, for 6 hours for 5 days in a week for 3 weeks to tobacco smoke,) and exercised (swimming program was used as an exercise model) [19, 20]. Animals had free access to food and water under standard lighting conditions (12-h light: 12-h darkness). The presence of vaginal plug proved the natural pregnancy and this day was considered as day

one of the pregnancy²¹.

Blood sampling and hormonal assay

After 3 weeks 6 rats from each group were sacrificed (by cervical dislocation) and their placenta decidual thickness and the number of blood vessels and abortion were evaluated. The number of identified blood vessels was counted by a built-in function in ImagePro software (Media Cybernetics, Bethesda, MD, USA). Human chorionic gonadotropin is a pregnancy hormone secreted by the placental syncytiotrophoblast cell layer that has been linked to fetal growth and various placental, uterine and fetal functions²². The anticoagulated blood samples using sodium citrate were collected and HCG level was measured with enzyme-linked immunosorbent assay (ELISA) method (Diaplus, USA). The offspring birthweight and their weight after 60 days of remained rats were also measured^{23, 24}.

Tissue preparation and morphological staining

To evaluate the morphology of the tissues, the sections were stained by routine hematoxylin and eosin technique and examined under light microscope. Tissues from each group were fixed in formaldehyde, embedded in paraffin wax, sectioned at 6 micrometer and stained using hematoxyline and eosin (H&E) technique. After preparation of the sections, 3 slides were chosen randomly from each sample and at least four fields of view were measured from each slide. The following blood vessels number and the placenta decidual thickness were measured in each field of view²⁵.

Statistical Analysis

The number of blood vessels in each group was compared using paired t-test. Independent Student's t-test was used to compare the proportion of cells in the same region of the tissue between the treated and control groups. The sufficient number of our samples was approved by statistically normality test. Data were expressed as mean \pm SD and P values of less than 0.05 were considered statistically significant.

RESULTS AND DISCUSSION

Effect of smoke and exercise on HCG level

Fig. 1 represents the effect of exposure to smoke and exercise on the HCG level in rats in four investigated groups. As shown in both smoke

Table 1. Effect of cigarette smoke and exercise on the placenta decidua thickness and blood vessels number

Group	Control	Smoke	Exercise	Smoke/Exercise
Placenta decidua thickness (µm)	502.28 ± 148.8	489.5 ± 517	517.9 ± 119.7	456.5 ± 112.1
Blood vessels number	17.3 ± 7.1	15.1 ± 3.9	11.1 ± 5.4*	9.3 ± 4.6**

Values are expressed as mean±SEM of each group. The results were analyzed to be statistically significant at *P<0.05, **P<0.01, ***P<0.001 significantly different from control group.

exposed and smoke exposed-exercised groups the level of HCG were decreased, however, the decrease in HCG level was significant in smoke exposed-exercised group (P<0.05). Furthermore, results indicated that the level of HCG did not decrease in exercised rat which were not in exposure of smoke.

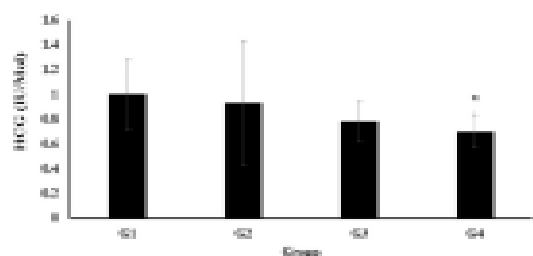
Effect of cigarette smoke and exercise on the abortion

As shown in Fig. 2 the exercise and smoke alone did not have significant effect on number of

abortion. However, in rats in group which exposed to cigarette smoke and exercised simultaneously, the number of abortion was increased significantly (P<0.001). This finding indicated that the exercise in the smoke exposure had negative effect on the fetal growth.

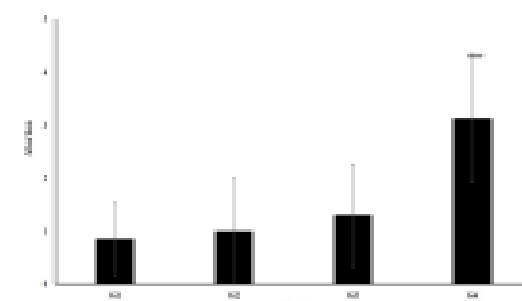
Effect of cigarette smoke and exercise on the birthweight and offspring weight after 60 days

Effects of cigarette smoke on birthweight are mainly as a results of fetal growth limitation.



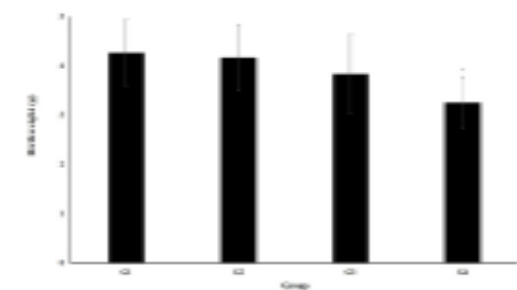
Values are expressed as mean±SEM of each group. The results were analyzed to be statistically significant at *P<0.05, **P<0.01, ***P<0.001 significantly different from control group.

Fig. 1. The effect of smoke and exercise on HCG level



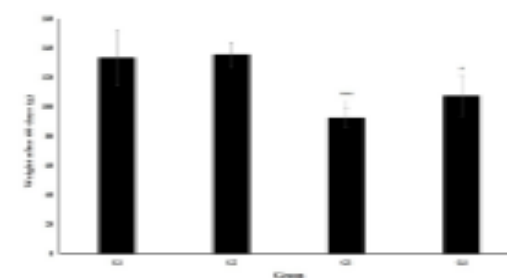
Values are expressed as mean±SEM of each group. The results were analyzed to be statistically significant at *P<0.05, **P<0.01, ***P<0.001 significantly different from control group.

Fig. 2. The number of abortion in different groups



Values are expressed as mean±SEM of each group. The results were analyzed to be statistically significant at *P<0.05, **P<0.01, ***P<0.001 significantly different from control group.

Fig. 3. Effect of cigarette smoke and exercise on the birthweight of offspring



Values are expressed as mean±SEM of each group. The results were analyzed to be statistically significant at *P<0.05, **P<0.01, ***P<0.001 significantly different from control group.

Fig. 4. Effect of cigarette smoke and exercise on the offspring weight after 60 days

The mechanisms underlying the effects of cigarette on fetal growth are not well defined and are likely to be multifactorial. Fig. 3 represents the effect of cigarette smoke and exercise on the birthweight of offspring. Results indicated that simultaneous cigarette smoke exposure and exercise, during pregnancy, resulted in decrease in birthweight of offspring. These results were in accordance with earlier results which indicated that, exercised rats which were in exposure of smoke during pregnancy resulted in lower offspring birthweight. Accordingly, exercise or smoke exposure alone showed negative effect on birthweight of offspring, however were not significant.

Fig. 4 also represents the effect of smoke and exercise alone and simultaneously on the offspring weight after 60 days. Like earlier results, exercise alone did not show significant effect on offspring weight after 60 days. However, surprisingly in the case of offspring weight after 60 days, exposure with smoke during pregnancy showed higher negative effect than rats which exercised in the exposure of cigarette smoke.

Effect of cigarette smoke and exercise on the placenta tissue

It is well recognized that smoking during pregnancy resulted in fetal hypoxia and increases the risk of perinatal problems. The placental pathologies related to maternal smoking are essential in many of the adverse developmental effects. Maternal smoking alters the placenta blood flow and balance between proliferation and differentiation of the cytotrophoblast. Furthermore, the changes in gene and protein expression in the cytotrophoblast, regulates cellular responses to oxygen tension, are also observed. These changes were seen in the placentas of smokers in less severe than women exposed to secondhand smoke during pregnancy²⁶⁻³⁰. Previous studies showed that smoking induces a generalized dysfunction of both villous and invasive trophoblasts in early pregnancy. Biochemical markers of placental function show that maternal levels of oestriol, oestradiol, HCG, and human placental lactogen (HPL) hormones were lower in smokers than non-smokers pregnant women³¹⁻³³. Literature review showed that placental development is influenced by a change of environmental factors which alter oxygen tension and placental perfusion such as chronic pulmonary disease, diabetes, smoking, diet

and sustained exercise. Furthermore, many reports indicated that maternal smoking has been associated with thickening of the trophoblastic basement membrane, increased collagen in the villous mesenchyme and decreased vascularization of the placenta³⁴⁻³⁶. Placenta decidual thickness was measured in the all of four groups. Results indicated that, placenta decidual thickness in rats which were in the cigarette smoke exposure, exercised, or rats which exercised in the exposure of smoke did not change significantly in comparison with rats in control group. Results also showed that, in all of treated groups the number of blood vessels was decreased, however, only the number of blood vessels in rats exposed in cigarette smoke and exercised was decreased significantly ($P < 0.05$).

CONCLUSIONS

Cigarette smoke is a complex mixture of toxic chemicals including nicotine, carbon monoxide, and several renowned carcinogens and mutagens which absorbed through the pulmonary vasculature and transported via the bloodstream. These toxins cause cytotoxicity, genotoxicity, and tumorigenicity throughout the body. Furthermore, in addition to the harmful effects of on cardiovascular and pulmonary physiology, cigarette smoking affects the reproductive system. Smoking have been found to be associated with infertility, ectopic pregnancy, and spontaneous abortion menstrual abnormalities. Results of the present study indicated that, exposure to cigarette smoke and exercise simultaneously showed synergic negative effect on placenta tissue, HCG hormone level, birthweight and weight of offspring weight after 60 days. Therefore, it is suggested that animals or humans which are in the exposure of cigarette smoke avoided from exercise.

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Conflict of interest statement

The authors declare that there are no conflicts of interest.

REFERENCES

1. Hecht, SS, Cigarette smoking and lung cancer: chemical mechanisms and approaches to prevention. *The lancet oncology*. 2002; **3**: 461-469
2. Conde-Agudelo, A, Althabe, F, Belizán, JM et al., Cigarette smoking during pregnancy and risk of preeclampsia: a systematic review. *American journal of obstetrics and gynecology*. 1999; **181**: 1026-1035
3. Hecht, SS, Cigarette smoking: cancer risks, carcinogens, and mechanisms. *Langenbeck's Archives of Surgery*. 2006; **391**: 603-613
4. Thun, MJ, Lally, CA, Calle, EE et al., Cigarette smoking and changes in the histopathology of lung cancer. *Journal of the National Cancer Institute*. 1997; **89**: 1580-1586
5. Ghanbarzadeh, S, Khorrani, A, Arami, S, Preparation of optimized Naproxen nano liposomes using response surface methodology. *Journal of Pharmaceutical Investigation*. 2014; **44**: 33-39
6. Ambrose, JA, Barua, RS, The pathophysiology of cigarette smoking and cardiovascular disease: an update. *Journal of the American college of cardiology*. 2004; **43**: 1731-1737
7. Health, UDo, Services, H, The health consequences of involuntary exposure to tobacco smoke: a report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. 2006; 709:
8. Ockene, IS, Miller, NH, Cigarette smoking, cardiovascular disease, and stroke a statement for healthcare professionals from the American Heart Association. *Circulation*. 1997; **96**: 3243-3247
9. Sopori, M, Effects of cigarette smoke on the immune system. *Nature Reviews Immunology*. 2002; **2**: 372-377
10. Henningfield, JE, Stapleton, JM, Benowitz, NL et al., Higher levels of nicotine in arterial than in venous blood after cigarette smoking. *Drug and alcohol dependence*. 1993; **33**: 23-29
11. Leonardi-Bee, J, Britton, J, Venn, A, Secondhand smoke and adverse fetal outcomes in nonsmoking pregnant women: a meta-analysis. *Pediatrics*. 2011; **127**: 734-741
12. Hanke, W, Sobala, W, Kalinka, J, Environmental tobacco smoke exposure among pregnant women: impact on fetal biometry at 20–24 weeks of gestation and newborn child's birth weight. *International archives of occupational and environmental health*. 2004; **77**: 47-52
13. Roquer, J, Figueras, J, Botet, F et al., Influence on fetal growth of exposure to tobacco smoke during pregnancy. *Acta Paediatrica*. 1995; **84**: 118-121
14. Kleinman, JC, Pierre, MB, Madans, JH et al., The effects of maternal smoking on fetal and infant mortality. *American Journal of Epidemiology*. 1988; **127**: 274-282
15. Clapp, JF, Kim, H, Burciu, B et al., Beginning regular exercise in early pregnancy: effect on fetoplacental growth. *American journal of obstetrics and gynecology*. 2000; **183**: 1484-1488
16. Clapp, JF, Kim, H, Burciu, B et al., Continuing regular exercise during pregnancy: effect of exercise volume on fetoplacental growth. *American journal of obstetrics and gynecology*. 2002; **186**: 142-147
17. Jackson, M, Gott, P, Lye, S et al., The effects of maternal aerobic exercise on human placental development: placental volumetric composition and surface areas. *Placenta*. 1995; **16**: 179-191
18. Bergmann, A, Zygmunt, M, Clapp, J, Running throughout pregnancy: effect on placental villous vascular volume and cell proliferation. *Placenta*. 2004; **25**: 694-698
19. Khabour, OF, Alzoubi, KH, Al-Sheyab, N et al., Investigating the Effects of Exposure to Waterpipe Smoke on Pregnancy Outcomes Using an Animal Model. *Nicotine & Tobacco Research*. 2015: ntv275
20. Volpato, GT, Damasceno, DC, Sinzato, YK et al., Oxidative stress status and placental implications in diabetic rats undergoing swimming exercise after embryonic implantation. *Reproductive Sciences*. 2014: 1933719114556485
21. Dorfeshan, P, Salehnia, M, Moazzeni, SM, Ovarian stimulation affects the population of mouse uterine NK cells at early pregnancy. *BioMed research international*. 2013; 2013:
22. Korevaar, TI, Steegers, EA, de Rijke, YB et al., Reference ranges and determinants of total hCG levels during pregnancy: the Generation R Study. *European journal of epidemiology*. 2015; **30**: 1057-1066
23. Mannelli, C, Ietta, F, Carotenuto, C et al.,

- Bisphenol A Alters-hCG and MIF Release by Human Placenta: An In Vitro Study to Understand the Role of Endometrial Cells. *Mediators of inflammation*. 2014; 2014:
24. Eskiciođlu¹, F, Özdemir, AT, Turan, GA et al., The efficacy of complete blood count parameters in the diagnosis of tubal ectopic pregnancy. *Ginekol Pol*. 2014; 85
 25. Sinai Talaulikar, V, Kronenberger, K, Bax, BE et al., Differences in collagen ultrastructure of human first trimester decidua basalis and parietalis: implications for trophoblastic invasion of the placental bed. *Journal of Obstetrics and Gynaecology Research*. 2014; 40: 80-88
 26. Naeye, RL, Effects of maternal cigarette smoking on the fetus and placenta. *BJOG: An International Journal of Obstetrics & Gynaecology*. 1978; **85**: 732-737
 27. Albuquerque, CA, Smith, KR, Johnson, C et al., Influence of maternal tobacco smoking during pregnancy on uterine, umbilical and fetal cerebral artery blood flows. *Early human development*. 2004; **80**: 31-42
 28. Campbell, S, Pearce, J, Hackett, G et al., Qualitative assessment of uteroplacental blood flow: early screening test for high-risk pregnancies. *Obstetrics & Gynecology*. 1986; **68**: 649-653
 29. Abel, EL, Smoking during pregnancy: a review of effects on growth and development of offspring. *Human Biology*. 1980: 593-625
 30. Ghanbarzadeh, S, Arami, S, Pourmoazzen, Z et al., Improvement of the antiproliferative effect of rapamycin on tumor cell lines by poly (monomethylitaconate)-based pH-sensitive, plasma stable liposomes. *Colloids and Surfaces B: Biointerfaces*. 2014; **115**: 323-330
 31. Michnovicz, JJ, Hershcopf, RJ, Naganuma, H et al., Increased 2-hydroxylation of estradiol as a possible mechanism for the anti-estrogenic effect of cigarette smoking. *New England Journal of Medicine*. 1986; **315**: 1305-1309
 32. Supervia, A, Nogues, X, Enjuanes, A et al., Effect of smoking and smoking cessation on bone mass, bone remodeling, vitamin D, PTH and sex hormones. *Journal of Musculoskeletal and Neuronal Interactions*. 2006; **6**: 234
 33. Ghanbarzadeh, S, Garjani, A, Ziaee, M et al., CoQ10 and L-carnitine attenuate the effect of high LDL and oxidized LDL on spermatogenesis in male rats. *Drug research*. 2014; 64: 510-515
 34. Mochizuki, M, Maruo, T, Masuko, K et al., Effects of smoking on fetoplacental-maternal system during pregnancy. *American journal of obstetrics and gynecology*. 1984; 149: 413-420
 35. Genbacev, O, McMaster, MT, Zdravkovic, T et al., Disruption of oxygen-regulated responses underlies pathological changes in the placentas of women who smoke or who are passively exposed to smoke during pregnancy. *Reproductive Toxicology*. 2003; **17**: 509-518
 36. Zdravkovic, T, Genbacev, O, McMaster, M et al., The adverse effects of maternal smoking on the human placenta: a review. *Placenta*. 2005; 26: S81-S86.