

Exposure to mercury from dental amalgams: a threat to society

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The intention of this article is to call the reader's attention to the underestimated, yet very serious issue of chronic exposure to elemental mercury from dental amalgams.

Dental amalgam is an alloy used for tooth fillings that contains about 50 % of elemental mercury and has been used in hundreds of millions of patients for the last 160 years throughout the world (1). According to the 2001-2004 statistics, 181.1 million people in the US have 1.46 billion restored teeth, mostly with dental amalgam (2). As its use continues in dentistry, it is quite likely that the rate of exposure to mercury keeps increasing. Additionally, mercury is used as a preservative or antiseptic in pharmaceutical and cosmetic products and is present in the human food chain, especially in fish.

With each chewing and brushing of the teeth, dental amalgam releases low levels of elemental mercury, but due to its properties it goes undetected by the exposed person. It is generally considered safe for adults and children above six years of age by regulatory bodies such as the US Food and Drug Administration (US FDA). However, more and more evidence suggests that mercury-containing dental materials could be a source of chronic exposure to mercury (3). It is estimated that 30 μg of mercury particles per cm^2 of dental amalgam is released every day (4). The risk of exposure is greater in persons having more than one filling, and mercury toxicity is greater than that of lead. According to the World Health Organization (WHO) (5) no level of mercury exposure can be considered harmless. Furthermore, the WHO believes that dental amalgam accounts for 84 % of daily exposure to mercury.

Mercury release from dental amalgam has become a major risk factor for a number of diseases. It has been evidenced to produce neurological and renal impairments (6-8). It binds to the sulphhydryl groups of enzymes and may have toxic effects on the cardiovascular, gastrointestinal, respiratory, and reproductive system (7, 9). Epidemiological studies also suggest that mercury from amalgams may be harmful for humans and responsible for several chronic diseases (10). A cohort study in Swedish women established a link between mercury release and myocardial infarction, stroke, diabetes, and cancer (11). A study in humans conducted by Sandborough-Englund et al. (12) found high mercury concentrations in biological fluids such as plasma, blood, and urine of a population with dental amalgams.

Harmful effects of mercury from dental amalgams are in fact unavoidable. Its release is enhanced by chewing, brushing, and changes in the pH of saliva (13). In a study by Pizzichini et al. (14) mercury in the saliva lowered total antioxidant activity (TAA) and caused a number of diseases. A number of studies have proved that mercury released from dental amalgam reacts with many other metals to yield different bonds that generate reactive oxygen species and increase oxidative stress (14-16).

The effects of mercury after release from dental amalgam or other sources may affect human life very badly (17), and every action is called for to minimize human exposure (18).

Unfortunately, in general medical practice, no physician seeks to rule out mercury poisoning when they are trying to establish the cause of a chronic disease or other diagnosis. This is of course the case