

Unrevealed Zinc Deficiency in Children Susceptible to Seasonal Allergy

Enkhzol Malchinkhuu MD, Assoc.Prof

Department of Pediatrics, School of Medicine, Mongolian National University of Medical Sciences, Ulaanbaatar, Mongolia

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The increase of allergic diseases worldwide in recent years has drawn more attention and need for deeper studies into changes of human lifestyle and environment. The results from a few clinical studies have indicated the relevance of nutritional zinc deficiency in the increased number of allergies¹⁻⁴.

Zinc is a microelement essential for cell proliferation and differentiation and so, impaired zinc homeostasis may lead to certain health issues such as delays in physical development and puberty, troubled immune response or neural sensitivity breakdowns⁵. Zinc is the second most abundant metal in the human body after iron with 1.5-3 grams in the body and there is no organ that stores it for further need making it possible to have zinc deficiency with a poor diet^{6,7}.

Richter and Larivee reported in 2003 that zinc deficiency leads to increase of eosinophils in respiratory tract and Prasad et al. revealed that a zinc-deficient diet for 4 weeks led to functional impairment of the Th1 helper T cell response^{8,9}. The plasma concentration of circulating zinc is 13.8-22.9 $\mu\text{mol/l}$ with high turnover and skin retains 6% of it^{10,11}. Zinc content in hair, skin and cardiac muscle remains relatively stable while it fluctuates in plasma, liver and in bones¹². Zinc is detected as a trace element in hair and this is the main method to assess the nutritional balance. The method is non-invasive and is able to determine the balance of minerals over a certain period of time¹³.

In 2010, researchers from Brazil measured zinc concentration in plasma and hair from infants and toddlers aged between 6-24 months of age in the relation with their physical development. They detected zinc deficiency by plasma concentration in 11.2% of participants and by hair sampling in 16.8%. The average zinc concentration in plasma was 15.4 $\mu\text{mol/l}$ or 139.5 $\mu\text{g/gr}$ and in hair 16 $\mu\text{mol/l}$ or 134.3 $\mu\text{g/gr}$ ¹⁴. Chinese researchers in 2015 studied 4206 children aged 3-4 years old and 3896 children 4-5 years old assessing their physical development, IQ, and adaptability in the relation to zinc concentration. They found the concentration in boys to be 84.25 +34.16 $\mu\text{g/gr}$ and, in girls 76.37 +29.46 $\mu\text{g/gr}$. From all 8102 children 1253 (15.46%) had zinc deficiency without significant differences in age and gender¹⁵.

In Mongolia, Dr.Enkhjargal and Dr.Batjargal in collaboration with New Zealand researchers

collected blood from 242 children aged 6-36 months old and measured blood levels of hemoglobin, ferritin, zinc, selenium and vitamin D. They reported that 78% of children had deficiency in two or more microelements¹⁶.

In our study, we compared hair zinc concentration in 44 healthy and 24 children with seasonal rhinitis aged between 3-11 years old. We have found significant differences in hair zinc concentration of 3-5-year-old healthy boys compared to those with seasonal rhinitis (124.66 ± 28.28 vs. 150.52 ± 11.44 $\mu\text{g}/\text{gr}$) and also in girls with rhinitis compared to normal girls (106.26 ± 24.31 vs. 115.0 ± 20.03 $\mu\text{g}/\text{gr}$). In children 6-11 years of age as well zinc was diminished in hair of boys with seasonal rhinitis compared to the zinc in the hair of healthy boys (102.75 ± 12.14 vs. 142.96 ± 14.25 $\mu\text{g}/\text{gr}$) with a similar decrease in girls (107.31 ± 12.36 vs. 158.33 ± 12.17 $\mu\text{g}/\text{gr}$).

In our study, we used the hair for the first time to detect the trace elements in Mongolian children and tried to relate the zinc deficiency to certain allergic disorders such as seasonal rhinitis. There is a need to broaden out our research to include young children with wheezing, asthma or atopic dermatitis.

References

1. Seaton A, Godden DG, Brown K. Increase in asthma: a more toxic environment or a more susceptible population? *Thorax* 1994; 49: 171-4.
2. Litonjua AA, Rifas-Shiman SL, Ly NP, Tantisira KG, Rich-Edwards JW, et al. Maternal antioxidant intake in pregnancy and wheezing illnesses in children at 2 years of age. *Am J Clinical Nutr* 2006; 84: 903-11.
3. Nurmatov U, Devereux G, Sheikh A. Nutrients and foods for the primary prevention of asthma and allergy: systematic review and meta-analysis. *J Allergy Clin Immunol* 2011; 127: 724-33.
4. Peroni DG, Bonomo B, Casarotto S, Boner AL, Piacentini GL. How changes in nutrition have influenced the development of allergic diseases in childhood. *Ital J Pediatr* 2012; 38: 22.
5. Zalevski PD, Truong-Tran AQ, Grosser D, Jayaram L, Murgia C. Zinc metabolism in airway epithelium and airway inflammation: basic mechanisms and clinical targets. *Pharmacol Ther* 2005; 105: 127-49.
6. Ozdemir O. Zinc and allergy relation. *MOJ Immunol* 2014; 1: 00005.
7. Hambidge KM, Krebs NF. Zinc deficiency: a special challenge. *J Nutr* 2007; 137: 1101-5.
8. Richter M, Bonneau R, Girard M, Beaulieu C, Larivee P. Zinc status modulates bronchopulmonary eosinophil infiltration in a murine model of allergic inflammation. *Chest* 2003; 123: 4468.
9. Prasad AS. Effects of zinc deficiency on Th1 and Th2 cytokine shifts. *J Infect Dis* 2000; 182: S62-8.
10. Rink L, Gabriel P. Zinc and the immune system. *Proc Nutr Soc* 2000; 59: 541-52.
11. Prasad AS. Discovery of human zinc deficiency: its impact on human health and disease. *Adv Nutr* 2013; 4: 176-90.
12. Tapiero H, Tew KD. Trace elements in human physiology and pathology: zinc and metallothioneins. *Biomed Pharmacother* 2003; 57: 399-411.
13. Wolowiec P, Michalak I, Chojnacka K, Mikulewicz M. Hair analysis in health assessment. *Clin Chim Acta* 2013; 419: 139-71.
14. Beinner MA, de Barros Correia Menezes MA, Borba da Silva JB, de Amorim FR, Jansen AK, Lamounier JA. Plasma zinc and hair zinc levels, anthropometric status and food intake of children in a rural area of Brasil. *Rev Nutr Campinas* 2010; 23: 75-83.
15. Gao S, Tu DN, Li H, Cao X, Jiang JX, Shi Y, et al. Relationship between zinc and the growth and development of young children. *Genet Mol Res* 2015; 14: 9730-8.
16. Lander RL, Enkhjargal Ts., Batjargal J, Bailey KB, Diouf S, et al. Multiple micronutrient deficiencies persist during early childhood in Mongolia. *Asia Pac J Clin Nutr* 2008; 17: 429-40.