



ETHYLENE OXIDE

Identity

Name (parent)	Ethylene oxide
UN number	1040
CAS number	75-21-8
Intervention value (AGW in mg/m ³)	100
Structure	C ₂ H ₄ O

Occurrence

Chemical state (at 20 °C)	Gas
Physical appearances	Flammable gas with a sweet odor
Industrial products	Ethylene oxide is used to make other chemicals, especially ethylene glycol (which is used to make antifreeze and polyester). Further used in insecticides and to sterilize medical equipment and supplies.

Physicochemical properties

Molecular weight	44.1
Vapor pressure (mbar at 25 °C)	1500
Octanol/water partition coefficient (log Ko/w)	-0.3 [1]
Water solubility (in mg/L at 25 °C)	Completely soluble

Toxicokinetics (parent)

Uptake by inhalation	The average alveolar retention of ethylene oxide is 75% - 80% [2].
Uptake by skin absorption	Absorption of gas: <i>in vitro</i> study using human cadaver skin: percutaneous absorption was 1.3% and 46% under occlusion [3].
Uptake via gastrointestinal tract	unlikely to occur
Distribution	rapidly distributed throughout the body
Metabolism	Hydrolysis by epoxide hydrolase and conjugation by glutathione-S-transferase [4]
Excretion via lungs	Excretion of CO ₂ and ethylene oxide. In rats, 12% of ¹⁴ C-ethylene oxide was exhaled as CO ₂ and 1% as ethylene oxide [4].
Excretion via urine	Primary excretion route. In rats, 59% of ¹⁴ C-ethylene oxide was excreted in urine [4].
Excretion via feces	Minor excretion route. In rats, 4.5% of ¹⁴ C-ethylene oxide was excreted in feces [4].

Toxicodynamics

Toxicity	Neurotoxicity, irritation of the eyes, skin, and mucous membranes. Dermal contact with liquid ethylene oxide causes a freezing effect comparable to frostbites [4].
Classifications for carcinogenicity	Group 1, known human carcinogen [5].
Classifications for reprotoxicity	Embryo and fetal toxicity. Exposure increases the rate of miscarriages in female workers. Male and female reproductive systems are target organs for ethylene oxide, cited in ATSDR [4].
Classifications for sensitizing properties	Exposure to ethylene oxide can cause type I, type III and type IV hypersensitivity reactions [6].



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Biological monitoring

Biomarkers	N-2-Hydroxyethylvaline (HOEtVal)		N-acetyl-S-(2-hydroxyethyl)cysteine / hydroxyethylmercapturic acid (HEMA) in urine
Molecular weight	161.2		207.25
Involved enzymatic metabolism	Glutathione-S-transferase		Glutathione-S-transferase
Biological material	Blood		Urine
Type of sample	Venous blood		Spot urine
Sampling strategy	Timing of blood sampling is not critical [7]		Several spot samples within a few hours after the accident
Excretion pattern	Hemoglobin adducts have the life-span of the erythrocytes (126 days)		Monophasic excretion HEMA in urine. Half-life HEMA in urine: < 5 h [8]
Materials	Vacutainer tubes, containing coagulant (heparin, sodium edentate). Syringes and needles sterilized by γ -radiation [7]		Polystyrene universal container
Transportation	Within 24 h at 4°C [7]		4°C [8]
Storage	-20°C		-20°C [8]
Stability	> 5 month at -20°C (After lysis of the erythrocytes) > 4 years at -20°C (after globin isolation) [9]		At -70°C for > 6 years [10]
Measurement principle	GC-MS		HPLC-APCI-MS-MS [10] LC-MS-MS [11]
Aliquot for 1 analysis	5 mL		1 mL [10] 2mL [11]
Limit of quantification	<ul style="list-style-type: none"> - 10 pmol HOEtVal / gr of Hb (detection limit) [9] - 19 pmol / gram globin (detection limit) (DFG) - Not possible to determine because quantification limit was well below the average background value in non-smokers, non-occupationally exposed people; 5 pmol / g globin was measurable without analytical difficulty [7] 		LOD: 0.68 $\mu\text{g} / \text{L}$ in a 1 mL urine sample (HPLC-APCI-MS-MS) [10] LOD: 0.5 $\mu\text{g} / \text{L}$ urine (LC-MS-MS) [11]
Recommended adjustments	Adjustment for globin content of blood		Adjustment for creatinine
Preferred units for expression of results	$\mu\text{g}/\text{L}$		μg HEMA / g creatinine
Conversion factor	1 μg HOEtVal / L blood = 43.2 pmol / gr globin (DFG)		1 μg HEMA/ g creatinine = 0.55 $\mu\text{mol}/\text{mol}$ creatinine 1 μg HEMA / L urine = $4.8 \cdot 10^{-3}$ $\mu\text{mol} / \text{L}$ urine
Biological exposure value US	BEL value: 6.8 nmol HOEtVal / g globin [12]		n/a
Biological exposure value Germany [13]	Ethylene oxide in air (mg/m^3) 0.92 1.83 3.66	Concentration HOEtVal ($\mu\text{g}/\text{L}$ blood) 45 90 180	n/a
Background value	20 pmol / g globin (non-smokers) [7]		2.8 $\mu\text{g} / \text{g}$ creatinine (smokers, United

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		States) 1.1 µg/ g creatinine (non-smokers, United States) [10]
Possible confounders	Smoking, occupational exposure GST polymorphism [8]	Not specific for ethylene oxide, it is also a metabolite of other chemical such as vinyl chloride and ethylene dibromide. Smoking, occupational exposure GST polymorphism [8]
Remark	Other possibilities for biomonitoring are the determination of ethylene oxide in blood or end-exhaled air [2].	

References

1. <http://www.gasdetection.com/TECH/eto.html>.
2. Brugnone F, Perbellini L, Faccini GB, Pasini F, Bartolucci GB, DeRosa E. Ethylene oxide exposure. Biological monitoring by analysis of alveolar air and blood. *Int Arch Occup Environ Health*. 1986;58(2):105-12.
3. Wester RC, Hartway T, Serranzana S, Maibach HI. Human skin in vitro percutaneous absorption of gaseous ethylene oxide from fabric. *Food Chem Toxicol*. 1997 May;35(5):513-5.
4. ATSDR. Toxicological profile for ethylene oxide. 1990.
5. IARC. Agents reviewed by the IARC monographs, volumes 1-99. 2008 12-05 [cited; Available from:]
6. Bousquet J, Michel FB. Allergy to formaldehyde and ethylene-oxide. *Clin Rev Allergy*. 1991 Fall-Winter;9(3-4):357-70.
7. Boogaard PJ. Use of haemoglobin adducts in exposure monitoring and risk assessment. *J Chromatogr B Analyt Technol Biomed Life Sci*. 2002 Oct 5;778(1-2):309-22.
8. Haufroid V, Merz B, Hofmann A, Tschopp A, Lison D, Hotz P. Exposure to ethylene oxide in hospitals: biological monitoring and influence of glutathione S-transferase and epoxide hydrolase polymorphisms. *Cancer Epidemiol Biomarkers Prev*. 2007 Apr;16(4):796-802.
9. Bono R, Vincenti M, Meineri V, Pignata C, Saglia U, Giachino O, et al. Formation of N-(2-hydroxyethyl)valine due to exposure to ethylene oxide via tobacco smoke: A risk factor for onset of cancer. *Environ Res*. 1999 Jul;81(1):62-71.
10. Calafat AM, Barr DB, Pirkle JL, Ashley DL. Reference range concentrations of N-acetyl-S-(2-hydroxyethyl)-L-cysteine, a common metabolite of several volatile organic compounds, in the urine of adults in the United States. *J Expo Anal Environ Epidemiol*. 1999 Jul-Aug;9(4):336-42.
11. Schettgen T, Musiol A, Kraus T. Simultaneous determination of mercapturic acids derived from ethylene oxide (HEMA), propylene oxide (2-HPMA), acrolein (3-HPMA), acrylamide (AAMA) and N,N-dimethylformamide (AMCC) in human urine using liquid chromatography/tandem mass spectrometry. *Rapid Commun Mass Spectrom*. 2008 Sep;22(17):2629-38.
12. Boogaard PJ, Rocchi PS, van Sittert NJ. Biomonitoring of exposure to ethylene oxide and propylene oxide by determination of hemoglobin adducts: correlations between airborne exposure and adduct levels. *Int Arch Occup Environ Health*. 1999 May;72(3):142-50.
13. Deutsche, Forschungsgemeinschaft. List of MAK and BAT values 2008, Commission for the investigation of health hazards of chemical compounds in the work area, Report no. 44. 2008.