

## Teratogenicity of Bisphenol-A (BPA) in Pregnant RAT

*Osama Sharf-El Deen, Sayed Bakry, Walid Ali Abo Shaeir,  
Fathy Elshaer Mohammed and Mohammed Adel*

Department of Zoology, School of Science, Al Azhar University, Nasr City 11884, Cairo, Egypt

**Abstract:** Bisphenol- A (BPA) is an organic compound with two phenol functional groups. Bisphenol- A (BPA) is a widely used industrial plasticizer with known estrogenic properties. It is used in the manufacture of epoxy resins and polycarbonate plastics. This study was designed to evaluate and assess the possible teratogenicity of BPA administrated to pregnant rats. Sixty pregnant *Wistar albino* rats (10 RAT/group) were administrated oral doses of Bisphenol- A (300 & 600 mg/kg /day) from 6<sup>th</sup> up to both 15<sup>th</sup> and 19<sup>th</sup> days (GD15 & GD19) of gestation. While, control groups received Olive oil only. The obtained data revealed that, pregnant rats treated with Bisphenol- A showed states of instability, nervousness, twitching of head, agitation, hazy movement and marked reduction in food intake as well as reduction in the body weight. Uteri were removed and dissected to evaluate the intrauterine growth retardations as well as skeletal malformation. BPA doses induced reduction in implantation sites, foetal body weight, with a symmetrical distribution of embryos in both uterine horns. Increase in both mortality and resorption rates were reported. BPA also induced decrease in the embryonic crown rump values and induced severe skeletal anomalies on both 15<sup>th</sup> and 19<sup>th</sup> days of gestation. In conclusion, this study shaded more light on the teratogenicity of BPA on embryonic development and the adverse effects on the pregnant female rats.

**Key words:** Bisphenol-A • Embryo Teratogenicity • Skeletal Malformations • Pregnant Rats

### INTRODUCTION

Estrogenic endocrine disruptors (EEDs) are environmental compounds that are able to bind to estrogen receptors (ERs) and evoke biological responses. Several authors exerts a great efforts to demonstrate the estrogenic activity of EED *in vitro* and *in vivo*. One of these EED is bisphenol-A (BPA) [1]. BPA is classified as an endocrine disruptor with weak estrogenicity [2]. Its estrogenic potency was estimated to be 10,000-fold less than that of 17 $\beta$ -estradiol (E2) [3, 4], which may reflect the affinity of BPA for the classical nuclear estrogen receptors (ERs) [5-6]. However, numerous studies demonstrate that BPA at concentrations that are too low to efficiently activate nuclear ERs also have cellular effects [7-9].

BPA reportedly have the potential to produce widespread adverse effects through their endocrine disrupting activity, such as carcinogenicity, neurotoxicity, immunotoxicity, interference with the cardiovascular

system, reproductive abnormalities, developmental toxicity and so on [8,10]. Many studies in animal models have reported that prenatal exposure to BPA could induce birth defects [11,12]. Embryotoxic and teratogenic potential of BPA have been of particular concern in recent years.

Bisphenol- A (BPA) is an organic compound with two phenol functional groups. Bisphenol A (BPA) is a widely used as industrial plasticizer with known estrogenic properties. Human exposure to bisphenol A (BPA), a high production volume chemical, is ubiquitous due to its widespread use in numerous products including polycarbonate plastics and epoxy resins such as those used to line food and beverage containers [13,14], in medical equipment, thermal paper and personal care products [15,16]. While the primary source of BPA exposure is through food, there is uncertainty with regard to the amount of exposure that can also occur dermally and through air [2,17-20]. However, recent evidence also indicates that exposure may occur through dermal contact with thermal paper, used widely in cash register receipts

[21&22]. BPA can leach from products made with these materials [23-25]. The general human population can be exposed to BPA mainly via ingestion, inhalation and skin contact at micrograms per kilogram of body weight daily [2-26]. Heat and either acidic or basic conditions accelerate hydrolysis of the ester bond linking BPA monomers, leading to release of BPA into food and liquid and making human environmental exposure inevitable and ubiquitous [13,27]. BPA also has been detected in the amniotic fluid, maternal and fetal plasma and placental tissue of pregnant women and in breast milk of lactating mothers and adipose tissue [28-31]. Many studies indicate that the developing fetuses is more sensitive to estrogenic chemicals than the adults [13].

Studies on human populations have correlated higher BPA exposure with disorders such as cardiovascular diseases, diabetes, liver dysfunction and male sexual dysfunction [26, 32,33,34 ], dyslipidemia, obesity and high blood pressure [35-38,]. Laboratory studies on animals have demonstrated multiple adverse effects of BPA, including the development of the male and female reproductive tracts, obesity and other aspects of metabolic function, development of the brain and neurobehaviors and development of the mammary gland and its response to chemical carcinogens and induction of cancer [39-43]. However, it may also be argued that low doses of BPA could have adverse effects on human reproductive and developmental health [44,45].

Bisphenol-A accumulates in the fatty tissues of pregnant adult females [46]. BPA is particularly potent during fetal and neonatal development because the liver has limited capacity to deactivate BPA in fetuses and newborns. Exposure of the developing fetus to BPA is of particular concern as the compound readily crosses the placental barrier of pregnant rat and women and accumulates both in the placenta and in the fetus and potentially impacting the developing fetus [47-50]. It was shown that prenatal exposure to BPA is associated with changes in hypothalamic pituitary gonadal axis function, mammary development and cognitive function as well as sex-specific behaviors in the offspring [51,2]. Also continued exposure to BPA during gestation is likely to have an impact on the development of the fetus and may lead to intra-uterine growth retardation [52].

The reproductive system is a main target of endocrine disruptors. Extensive laboratory studies have revealed multiple adverse effects of BPA on the reproductive system. In the male reproductive system, effects of BPA

include decreased sperm motility, impaired spermatogenesis and decreased fertility of male offspring [53,54]. In the female reproductive system, BPA may target the mammary gland, the ovary, the oviduct, the uterus and the placenta, also, BPA increased human ovarian cancer cell proliferation in a dose-dependent manner [36,55-58]. A recent study demonstrates that CD-1 mice exposed to environmentally relevant BPA levels during the perinatal period (gestation day 8 to postnatal day 16) showed decrease in reproductive capacity, although the causes of such a decrease have not been determined [59]. It was reported that BPA exposure (10.125 mg/mouse/day, ~400 mg/kg/day) during (1<sup>st</sup> -4<sup>th</sup>) days of gestation led to fewer implantation sites [60]. So, this study was aimed to shed more light on the effects of BPA exposure on embryonic development in pregnant rats.

## MATERIALS AND METHODS

**Chemicals:** Bisphenol-A (BPA) was purchased from Sigma -Aldrich Chemical Co., St. Louis, USA.)Catalog number (CAS:80-05-7)) Batch (133027). Dissolved in few drops of alcohol and made as micro - crystalline suspension up to desired volume with olive oil, purchased from Sigma -Aldrich Chemical Co.

**Animals, Mating and Condition:** This study was carried out using sexually mature male and female *Wistar albino* rats (160-180gm), purchased from the animal house of VACSERA, Giza, Egypt. Rats were healthy and acclimated to the laboratory environment for 2 weeks before use. Temperature and relative humidity were maintained at 23±2°C and approximately 50% respectively, with a 12 hr: 12 hr light: dark photoperiod. They were housed in stainless steel cages and given a standard diet and water ad libitum throughout the study. The proestrous females cohabited in a ratio of (male / two females). On the next morning sperm-positive females and females with a vaginal plug were considered to be in Day 0 of pregnancy [61,62].

**Experimental Groups:** Sixty bred females were divided into six groups (10 pregnant rats /group) according to approximately equal mean body weight. Olive oil served as the vehicle for the two control groups, while the other four groups were treated with Bisphenol-A doses of 300 and 600 mg/kg body weight and sacrificed at both 15<sup>th</sup> and 19<sup>th</sup> day of gestation respectively [68,69].

**Maternal-Foetal Investigation:** Maternal-Fetal investigations were conducted according to the US Environmental Protection Agency (EPA) TSCA (Toxic Substances Control Act) Test Guidelines [63]. All animals were observed twice daily for mortality and toxicological effects. Body weight and feed consumption values were recorded during treatment. Post exposure observations were performed approximately a half hour after exposure. On (GD 15<sup>th</sup> & 19<sup>th</sup>), all females were euthanized via carbon dioxide inhalation and a cesarean section and a macroscopic postmortem examination were performed on each. The uteri of apparently non pregnant Rats were stained with 10% silver nitrate and examined for evidence of implantation sites. Fetuses were removed from uteri, weighed, sexed and examined for external malformations and measured for crown rump values. Implantation sites, live, dead, resorbed fetuses indices were calculated. After recording all measurements and parameters, fetuses were divided into two groups. The first group was fixed in Bouin's solution for morphological investigations [64], while the second group was placed in Formaldehyde 10% to dissolve the body fats, then transferred to potassium hydroxide (1%) to clear the skeletons and applying Alizarin red S to stain the ossified skeletal bones [65,66]. After staining, the fetuses were examined for skeletal anomalies.

**Statistical Procedure:** Data were expressed as mean  $\pm$  standard error of mean (S.E). Student's t-test was employed to determine the significance of differences between treated and control means [67].

## RESULTS

**Maternal Body Weights:** Body weights of pregnant rats at both 15<sup>th</sup> and 19<sup>th</sup> days of gestation showed that BPA causes remarkable reduction when compared to control and these reductions were dose dependent and statistically significant as shown in Table 1.

**Fetal Investigations:** Numbers of implantation sites in pregnant rats treated with BPA doses at both 15<sup>th</sup> and 19<sup>th</sup> days of gestation showed decrease when compared to the control groups. This decrease reached (-13 % & -24%) and (-25 % & -44%) at 15<sup>th</sup> & 19<sup>th</sup> days of gestation respectively as shown in Table 1.

Referring to embryonic mortality, it was calculated that BPA induced significant increase in the number of

dead embryos among embryos obtained from BPA treated groups. This increase reached (+ 89.06 % & + 88.62 %) and (+ 91.15 % & + 92.74 %) at both 15<sup>th</sup> day 19<sup>th</sup> day of gestation respectively. Also, increasing the mortality rate was dose and time dependent as shown in Table 1.

The fetuses were identified as living or dead by responding to prick technique using fine needle. Also, significant decrease was observed in the number of live fetuses when compared with the embryos from the control groups. This decrease in live embryos reached approximately (- 34.02 % & - 42.98 %) and (- 30.10% & - 53.76 %) at 15<sup>th</sup> and 19<sup>th</sup> day of gestation respectively. Also, significant reduction was observed in the crown-rump values of fetuses from treated groups as shown in Table 1 and Plate 1. This reduction reached (-27.16% & -54.9%) and [-21.63% & -44.44] in rat embryos at both 15<sup>th</sup> and 19<sup>th</sup> days of gestation respectively. Total resorption of rat embryos from pregnant rats treated with BPA doses was significantly increased when compared to the control group. This increase reached (13.1% & 11.71%.) and [11.68% & 15.17%) at both 15<sup>th</sup> and 19<sup>th</sup> day of gestation respectively.

### **Assessment of Bone Calcification and Anomalies:**

Examining alizarin red-S stained skeletal bones of rat embryos using dissecting microscope revealed that BPA induced reduction in the ossification of the skull bones and these reductions were dose and time dependent. The most affected skeletal parts were skull bones, which manifested in incomplete ossification. Ribs abnormalities, included irregular shape ribs, missed ribs and incomplete ossification as represented in Table (2) and Plates (3&4).

Incomplete ossification, missed central discs vertebrae, delayed ossification as well as scoliosis of vertebral column and missing of some cervical and some thoracic vertebrae were recorded in some fetuses from pregnant rats treated with PBA doses at both 15<sup>th</sup> and 19<sup>th</sup> days of gestation respectively.

BPA doses induced a very harmful effect on the limbs of rat embryos at both 15<sup>th</sup> and 19<sup>th</sup> days of gestation. Examining both fore-and hind limbs of rat embryos revealed incomplete ossification of several bones as Carpals, metacarpals, fore phalanges, tarsal, metatarsal and hind phalanges. In addition, all bones of the treated fetuses showed retardation in their length and size when compared with those of control.

Table 1: Effect of Bisphenol-A doses on the pregnant Rats and their offspring at both stages

Groups	Stage 15 <sup>th</sup> Days			Stage 19 <sup>th</sup> Days		
	GI Control	GII 300 mg	GIII 600 mg	GIV Control	GV 300 mg	GVI 600 mg
Mother body Weight	216.1±1.1	204.2±2.8*	199.6±1.9*	230±0.8	221.3±2.3*	210.3±2.7**
Implantation Sites	10 ± 0.5	8.7± 0.3*	7.6±0.6**	9.5 ±0.61	8.56±0.4**	6.92± 0.4**
% of change	100 %	-13 %	- 24 %	100 %	- 25 %	- 44 %
Still live Embryos	9.7 ± 0.4	6.4±0.61*	5.53±0.67**	9.3 ± 0.5	6.5±0.46**	4.3± 0.72**
% of change	100 %	- 34 %	- 42.9 %	100 %	- 30.10 %	-53.76 %
Dead Embryos	0.3 ± 0.05	1.16±0.43**	1.18±0.28**	0.2±0.02	1.06±0.04**	1.57±0.12**
% of change	100 %	+89.06%	+88.6 %	100 %	+91.15 %	+ 92.74 %
Resorbed Embryos	0.00	1.14±0.02	0.89 ±0.01	0.00	1.00 ±0.01	1.05 ±0.04
% of change	0.00	13.1 %	11.71 %	0.00	11.68 %	15.17 %
Crown rump	1.73±0.04	1.26±0.03**	0.78±0.05**	3.42 ± 0.03	2.68± 0.03**	1.9± 0.06**
% of change	100 %	-27.16 %	-54.91 %	100 %	-21.63 %	-44.4 %
Embryo body weight	0.93±0.04	0.33±0.03**	0.22± 0.01**	4.17 ±0.09	2.12±0.07**	1.51±0.02**

Data expressed as mean ± SD. \*\* = highly Significant. %= percent of change from control.

Table 2: Teratogenic effect of (BPA) doses on the skeletal system of the rat embryos at both stages

Groups & Doses		Stage 15 <sup>th</sup> Days		Stage 19 <sup>th</sup> Days	
		GII 300 mg	GIII 600 mg	GV 300 mg	GVI 600 mg
Skull	Incomplete Ossification	65.21	70.41	66.51	78.49
	Complete ossification	34.79	29.59	33.49	21.51
Ribs	Irregular Shape	23.18	32.51	20.39	25.45
	Missed	20.22	23.10	24.55	19.96
	Incomplete ossification	36.42	29.23	35.26	38.21
	Complete Ossification	20.18	15.16	19.18	16.38
Vertebral centra	Missed	64.28	72.37	40.16	61.44
	Scoliosis	5.20	9.18	29.72	18.40
	Normal	30.52	18.45	30.12	20.16
Fore limbs	Incomplete	66.88	75.38	64.77	73.56
	Ossification				
	Complete ossification	33.12	24.62	35.23	26.44
Hind limbs	Incomplete Ossification	71.83	79.85	65.36	72.43
	Complete Ossification	28.17	20.15	34.64	27.57

The data represented as percentage (%)

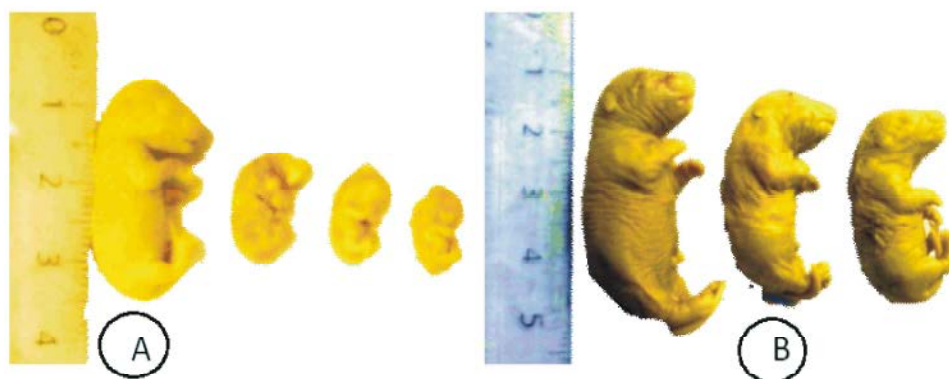


Plate 1: A&B- photograph showing a lateral view of fetus's size obtained from control and treated pregnant rat after 15<sup>th</sup> and 19<sup>th</sup> days of gestation

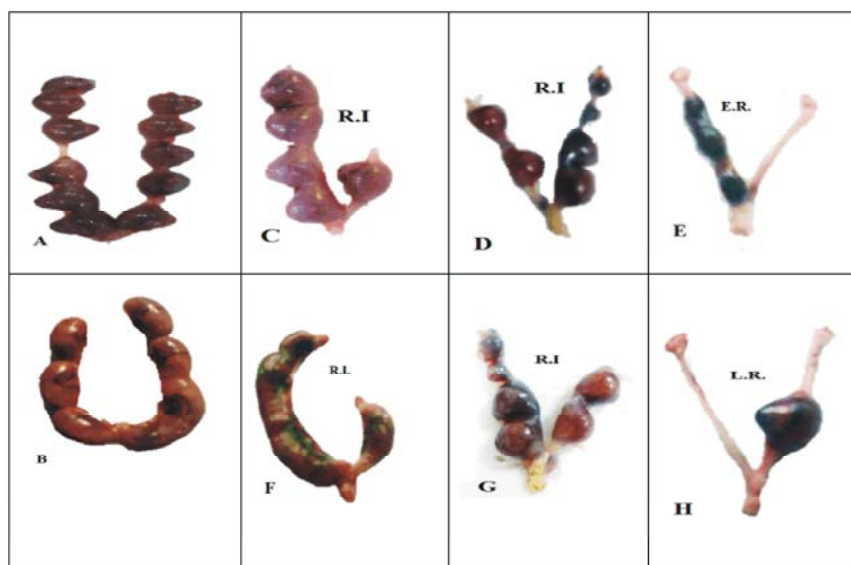


Plate 2: A&B-Photomicrograph of control uterus on both 15<sup>th</sup> and 19<sup>th</sup> day of gestation respectively, showing normal distribution of embryos. C,D& E –Uteri from treated rats from 6<sup>th</sup> up to 15<sup>th</sup> day of gestation showing (S.H.) shortness of horn, both early and late resorbed embryos (L.R&E.R). While (F,G & H) Uteri from treated rats from 6<sup>th</sup> up to 19<sup>th</sup> day of gestation showing shortness of horn, early and late resorbed (E.R.)

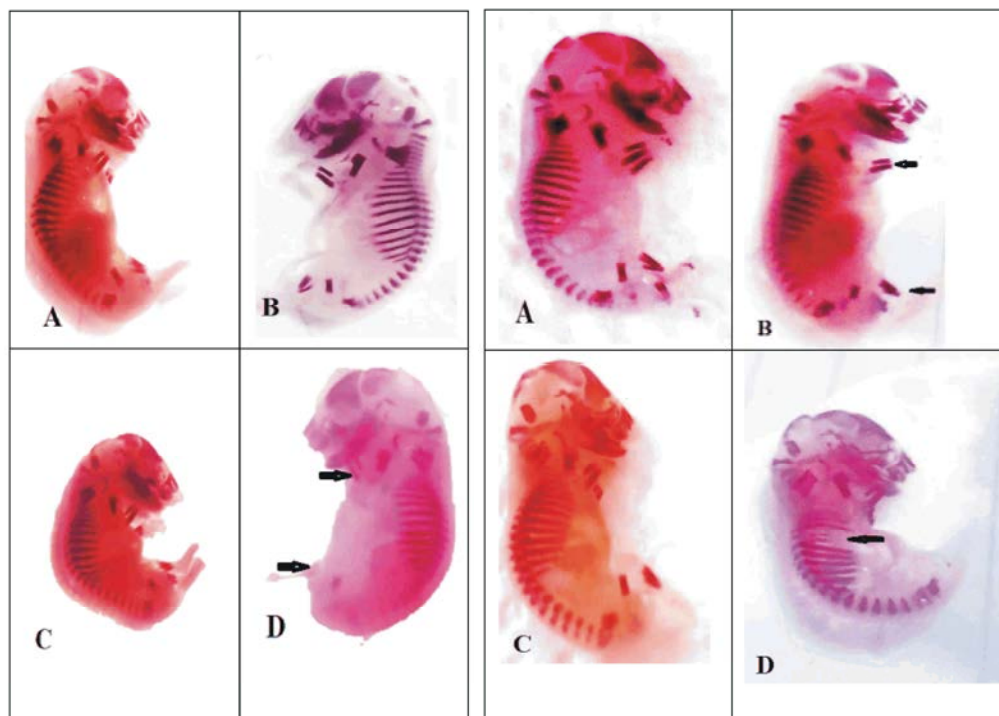


Plate 3

Plate 4

Plate 3: A-Photomicrograph showing a lateral view of fetus's skeleton obtained from control on 15<sup>th</sup> day of gestation, B,C&D- treated rat embryos after 15<sup>th</sup> days of gestation, showing abnormal ossification of the skull parts, forelimbs and hind limbs (black arrows) at 15<sup>th</sup> stage

Plate 4: A-Photomicrograph showing a lateral view of fetus's skeleton obtained from control on 19<sup>th</sup> day of gestation, B,C&D treated rat embryos after 19<sup>th</sup> days of gestation, showing abnormal ossification of the skull parts, missed ribs, forelimbs and hind limbs (black arrows) at 19<sup>th</sup> stage

## DISCUSSION

In the present developmental toxicity study, treatment of the pregnant rats with Bisphenol-A from day 6 up to 15<sup>th</sup> and 19<sup>th</sup> of gestation resulted in several deleterious effects not only on the pregnant rats but also on their offspring. These effects manifested in reduction of maternal body weight elevated mortality and resorption rates, foetal growth retardation and skeletal malformations as compared to control ones. Increase the rate of resorption is in agreement with results obtained by [68] who reported increase in foetal death and resorption in offspring of pregnant Sprague-Dawley rats administered a high BPA level during the entire gestational period. Also, this phenomenon of decrease in number of implantation sites, resorption and teratogenicity is confirmed when pregnant rats and mice treated with BPA (600mg/kg) and (10.125 mg/mouse/day, ~400 mg/kg/day) from day 0 - 15<sup>th</sup> of gestation [69,70& 62].

It is well defined that progesterone has an important role in maintenance of pregnancy by decreasing the contractility of the gravid uterus, thus allowing decidual cells to develop in the uterine endometrium and these cells then exert a great role in the nutrition of the early embryo and it was reported that BPA administration to the pregnant rats able to impair this process and hence induce reduction in the body weight of rat embryos, which support the results of this study [71].

BPA inhibits follicle growth and decreases steroidogenesis *In vitro* follicle culture system which resulting in decrease in estradiol, estrone, testosterone androstenedione, dehydroepiandrosterone sulfate and progesterone levels produced by the follicles which impair the reproductive axis physiologically [72].

In contradiction with the results of this study some authors reported that no increase in percentage resorptions per litter whose mothers were exposed to BPA during gestation [73]. Also, they attributed this difference the amount of dose and time of administration. While, in this study the whole gestation period was covered and investigated using the dose allowed from the Environmental Protection Agency (EPA) and resulted in significant deleterious effects to rat embryos at different dose and time levels. On the other hand, several reports support our results as those whom administered a high BPA level (300 mg/kg) during the entire gestational period to Sprague-Dawley rats resulted in reduced the weight of the fetuses.

Prenatal exposure to BPA was correlated with adverse effects on fetal growth parameters such as low birth weight (LBW) and small for gestational age [74] showing

that exposure to endocrine-disrupting compounds in utero caused fetal growth retardation and low birth weight offspring in sheep. This combined with the fact that in utero exposure to an estrogenic agents, is associated with intrauterine growth restriction (IUGR) as BPA mimics estrogen in its actions, continued exposure to BPA during gestation is likely to have an impact on the development of the fetus [75].

In addition, it was suggested that exposure of placental cells to low doses of BPA may cause detrimental effects, leading *In vivo* to adverse pregnancy outcomes such as preeclampsia, IUGR, prematurity and pregnancy loss [76].

Some studies described how BPA induce developmental toxicity to rat embryos *In vitro* and explained that BPA directly damaging embryos by inducing cell death and inhibiting cell proliferation and differentiation. Moreover, BPA can cause abnormal expression of inducible nitric oxide synthase (iNOS) in the embryonic cells, which might be a potential mechanism for its developmental toxicity in cultured rat embryos [60].

Regarding skeletal malformations resulted in this study, BPA doses administered to pregnant rats significantly increased the incidence of fetal skeletal malformations. Which supported by several authors reporting that skeletal ossification sites were decreased in fetuses exposed to 1000 mg/kg BPA group, but it was suggested to be a delay in ossification rather than anomalies due to maternal toxicity [68].

Also, BPA *In Vitro* can influence cell growth and morphological differentiation resulting in malformed embryos with small forebrain and midbrain, small fore limb bud and abnormal optic and abnormal flexion. These irregularities clearly demonstrate that BPA is developmentally toxic to rats. In addition, BPA may act via reducing calcitonin secretion and plasma calcium levels, while suppressing directly osteoblasts and osteoclasts among vertebrates as it suppresses Tartrate-resistant acid phosphatase (TRAP) and alkaline phosphatase (ALP) activities that are markers of osteoclasts and osteoblasts, respectively as reported in goldfish by Li *et al.*, 2010 and Berger *et al.*, 2007 [77,78].

In conclusion, this study also, sends several warnings to the mankind to exert more efforts at national and international levels to informing the world community about the deleterious effects of BPA as one of the endocrine disruptors agents not only on the pregnant dams but also on their offspring and should be make rules and precautions from the contamination and ingestion of such compounds to save ourselves and our offspring from the serious harmful effects.

## REFERENCES

1. Sonnenschein, C. and A.M. Soto, 1998. An updated review of environmental estrogen and androgen mimics and antagonists. *J. Steroid Biochem. Mol. Biol.*, 65: 143-150.
2. Vandenberg, L.N., M.V. Maffini, C. Sonnenschein, B.S. Rubin and A.M. Soto, 2009. Bisphenol-A and the great divide: a review of controversies in the field of endocrine disruption. *Endocr Rev.*, 30: 75-95.
3. Milligan, S.R., A.V. Balasubramanian and J.C. Kalita, 1998. Relative potency of xenobiotic estrogens in an acute *in vivo* mammalian assay. *Environ Health Perspect.*, 106: 23-26.
4. Cummings, A.M. and S.C. Laws, 2000. Assessment of estrogenicity by using the delayed implanting rat model and examples. *Reprod Toxicol.*, 14: 111-117.
5. Fang, H., W. Tong, R. Perkins, A.M. Soto, N.V. Prechtel and D.M. Sheehan, 2000. Quantitative comparisons of *in vitro* assays for estrogenic activities. *Environ Health Perspect.*, 108: 723-729.
6. Hewitt, S.C. and K.S. Korach, 2011. Estrogenic activity of bisphenol A and 2,2-bis(p-hydroxyphenyl)-1,1,1-trichloroethane (HPTE) demonstrated in mouse uterine gene profiles. *Environ Health Perspect.*, 119: 63-70.
7. Sekizawa, J., 2008. Low-dose effects of bisphenol A: a serious threat to human health? *Toxicol. Sci.*, 33: 389-403.
8. Kavlock, R.J., G.R. Daston, C. DeRosa, P. Fenner-Crisp, L. Earl Gray, S. Kaattari, G. Lucier, M. Luster, M.J. Mac and C. Maczka, 1996. Research needs for the risk assessment of health and environmental effects of endocrine disruptors: a report of the U.S. EPA-sponsored workshop. *Environ. Health Perspect.*, 104: 715-740.
9. Shuo, X., D. Honglu, A.S. Mary, S. Xiao and Y. Xiaoqin, 2011. Preimplantation exposure to bisphenol A (BPA) affects embryo transport, preimplantation embryo development and uterine receptivity in mice. *Reprod Toxicol.*, 32(4): 434-441.
10. Witorsch, R.J., 2002. Endocrine disruptors: can biological effects and environmental risks be predicted? *Regul. Toxicol. Pharmacol.*, 36: 118-130.
11. Richter, C.A., L.S. Birnbaum, F. Farabollini, R.R. Newbold, B.S. Rubin, C.E. Talsness, J.G. Vandenberg, D.R. Walser-Kuntz and F.S. Vom-Saal, 2007. *In vivo* effects of bisphenol-A in laboratory rodent studies. *Reprod. Toxicol.*, 24: 199-224.
12. Sone, K., M. Hinago, A. Kitayama, J. Morokuma, N. Ueno, H. Watanabe and T. Iguchi, 2004. Effects of 17 $\beta$ -estradiol, nonylphenol and bisphenol-A on developing *Xenopus laevis* embryos. *Gen. Comp. Endocrinol.*, 138: 228-236.
13. Vandenberg, L.N., R. Hauser, M. Marcus, N. Olea and W.V. Welshons, 2007. Human exposure to bisphenol A (BPA). *Reprod Toxicol.*, 24(2): 139-177.
14. Schecter, A., N. Malik, D. Haffner, S. Smith, T.R. Harris, O. Paepke and L. Birnbaum, 2010. Bisphenol A (BPA) in U.S. food. *Environ. Sci. Technol.*, 44(24): 9425-9430.
15. Welshons, W.V., S.C. Nagel and F.S. Vom Saal, 2006. Large effects from small exposures. III. Endocrine mechanisms mediating effects of bisphenol A at levels of human exposure. *Endocrinology*, 147: S56-S69.
16. Dodson, R.E., M. Nishioka, L.J. Standley, L.J. Perovich, J.G. Brody and R.A. Rudel, 2012. Endocrine disruptors and asthma-associated chemicals in consumer products. *Environ. Health Perspect.*, 120(7): 935-943.
17. Biedermann, S., P. Tschudin and K. Grob, 2010. Transfer of bisphenol A from thermal printer paper to the skin. *Anal. Bioanal. Chem.*, 398(1): 571-576.
18. Rubin, B.S., 2011. Bisphenol A: an endocrine disruptor with widespread exposure and multiple effects. *J. Steroid Biochem. Mol. Biol.*, 127: 27-34.
19. Geens, T., D. Aerts, C. Berthot, J.P. Bourguignon, L. Goeyens, P. Lecomte, G. Maghuin-Rogister, A.M. Pironnet, L. Pussemier, M.L. Scippo, J. Van Loco and A. Covaci, 2012. A review of dietary and non-dietary exposure to bisphenol-A. *Food Chem. Toxicol.*, 50(10): 3725-3740.
20. EFSA, 2013. Draft scientific opinion on the risks to public health related to the presence of bisphenol A (BPA) in food stuffs—exposure assessment. In EFSA Panel on Food Contact Materials, Enzymes, Flavourings and Processing Aids. Edited by European Food Safety Authority E. Italy: Parma; 2013.
21. Biedermann, S., P. Tschudin and K. Grob, 2010. Transfer of bisphenol-A from thermal printer paper to the skin. *Anal. Bioanal. Chem.*, 398: 571-576.
22. Ehrlich, S., A.M. Calafat, O. Humblet, T. Smith and R. Hauser, 2014. Handlignog thermal receipts as a source of exposure to bisphenol A. *JAMA*, 311: 859-60.

23. Le, H.H., E.M. Carlson, J.P. Chua and S.M. Belcher, 2008. Bisphenol A is released from polycarbonate drinking bottles and mimics the neurotoxic actions of estrogen in developing cerebellar neurons. *Toxicol. Lett.*, 176: 149-156.
24. Wagner, M. and J. Oehlmann, 2009. Endocrine disruptors in bottled mineral water: Total estrogenic burden and migration from plastic bottles. *Environ. Sci. Pollut. Res. Int.*, 16: 278-286.
25. Guergana, M., L.B. Stephanie, T.M. K. Anne and B. Catherine, 2014. Bisphenol-A: Epigenetic Reprogramming and Effects on Reproduction and Behavior., *It. J. Environ. Res. Public Health*, 11: 7537-7561.
26. Lang,, I.A., T.S. Galloway, A. Scarlett, W.E. Henley, M. Depledge and R.B. Wallace, 2008. Association of urinary bisphenol A concentration with medical disorders and laboratory abnormalities in adults. *JAMA*, 300: 1303-1310.
27. Hoekstra, E.J. and C. Simoneau, 2013. Release of bisphenol A from polycarbonate: A review. *Crit. Rev. Food Sci. Nutr.*, 53: 386-402.
28. Ikezuki, Y., O. Tsutsumi, Y. Takai, Y. Kamei and Y. Taketani, 2002. Determination of bisphenol- A concentrations in human biological fluids reveals significant early prenatal exposure. *Hum. Reprod.*, 17: 2839-2841.
29. Kuruto-Niwa, R., Y. Tateoka, Y. Usuki and R. Nozawa, 2007. Measurement of bisphenol A concentrations in human colostrum. *Chemosphere.*, 66: 1160-1164.
30. Schonfelder, G., W. Wittfoht, H. Hopp, C.E. Talsness, M. Paul and I. Chahoud, 2002. Parent bisphenol- A accumulation in human maternal fetal-placental unit. *Environ. Health Perspect.*, 110: A703-A707.
31. Shunzhe, S., Z. Ling, Z. Hongyuan, W. Wei and J. Lihong, 2014. Perinatal BPA Exposure Induces Hyperglycemia, Oxidative Stress and Decreased Adiponectin Production in Later Life of Male Rat Off spring. *Int. J. Environ. Res. Public Health.*, 11: 3728-3742.
32. Ranjit, N., K. Siefert and V. Padmanabhan, 2010. Bisphenol-A and disparities in birth outcomes: a review and directions for future research. *J. Perinatol.*, 30: 2-9.
33. Li, D.Z., D. Zhou, Y. Qing, T.W. He and M. Miao, 2010. Occupational exposure to bisphenol-A (BPA) and the risk of self-reported male sexual dysfunction. *Hum Reprod.*, 25: 519-527.
34. Ben-Jonathan, N., E.R. Hugo and T.D. Brandebourg, 2009. Effects of bisphenol- A on adipokine release from human adipose tissue: Implications for the metabolic syndrome. *Mol. Cell. Endocrinol.*, 304: 49-54.
35. Elobeid, M.A. and D.B. Allison, 2008. Putative environmental-endocrine disruptors and obesity: areview. *Current Opinion in Endocrinology. Diabetes and Obesity*, 15(5): 403-408.
36. Newbold, R. R., W.N. Jefferson and E. Padilla-Banks, 2009. "Prenatal exposure to Bisphenol-A at environmentally relevant doses adversely affects the murine female reproductive tract later inlife". *Environmental Health Perspectives*, 117(6): 879-885.
37. Janesick A.B. Blumberg, 2012. Obesogens, stem cells and the developmental programming of obesity. *Int. J. Androl.*, 35(3): 437-448.
38. Romano, M.E., D. Savitz and J.M. Braun, 2014. Challenges and Future Directions to Evaluating the Association Between Prenatal Exposure to Endocrine-Disrupting Chemicals and Childhood Obesity. *Current Epidemiology Reports*, 1(2): 57-66.
39. Rubin, B.S. and A.M. Soto, 2009. Bisphenol A: Perinatal exposure and body weight. *Mol Cell Endocrinol.*, 304: 55-62.
40. Holladay, S.D., S. Xiao, H. Diao, J. Barber, T. Nagy and X. Ye, 2010. Perinatal bisphenol -A exposure in C57B6/129svj male mice: potential altered cytokine/chemokine production in adulthood. *Int. J. Environ. Res. Public Health*, 7: 2845-2852.
41. Richter, C., L.S. Birnbaum, F. Farabollini, R.R. Newbold, B.S. Rubin, C.E. Talsness, J.G. Vandenberg, D.R. Walser Kuntz and F.S. Vom Saal, 2007. *In vivo* effects of bisphenol A in laboratory rodent studies. *Reprod Toxicol.*, 24(2): 199-224.
42. Vandenberg, L.N., S. Ehrlich, S.M. Belcher, N. Ben-Jonathan, D.C. Dolinoy, E.R. Hugo, P.A. Hunt, R.R. Newbold, B.S. Rubin, K.S. Saili, A.M. Soto, H.S. Wang, F.S. and Vom Saal, 2013. Low dose effects of Bisphenol A: An integrated review of in vitro, laboratory animal and epidemiology studies. *Endocr Disruptors.*, 1(1): e25078.
43. Vandenberg, L.N., R.G. Roy, K. Kurunthachalam, A.T. Julia, B. Van- B. Richard, A.D.C.L. Carrie, Y. Yang, R.N. Retha, P. Vasantha, S.V.S. Frederick and J.W. Tracey, 2014. A round robin approach to the analysis of bisphenol a (BPA) in human blood samples. *Environmental Health*, 13: 25.



44. Goodman, J.E., R.J. Witorsch, E.E. McConnell, I.G. Sipes, T.M. Slayton and C.J. Yu, 2009. Weight-of-evidence evaluation of reproductive and developmental effects of low doses of bisphenol-A. *Crit. Rev. Toxicol.*, 39: 1-75.
45. Sekizawa, J., 2008. Low-dose effects of bisphenol A: a serious threat to human health? *Toxicol. Sci.*, 33: 389-403.
46. Fernandez, M.F., J.P. Arrebola, J. Taoufiki, A. Naval 'on, O. Ballesteros, R. Pulgar, J.L. Vilchez and N. Olea, 2007. Bisphenol-A and chlorinated derivatives in adipose tissue of women. *Reproductive Toxicology*, 24: 259-264.
47. Takahashi, O. and S. Oishi, 2000. Disposition of orally administered 2,2-Bis(4-hydroxyphenyl) propane (Bisphenol-A) in pregnant rats and the placental transfer to fetuses. *Environmental Health Perspective.*, 108(10): 931-935.
48. Balakrishnan, B., K. Henare, E.B. Thorstensen, A.P. Ponnampalam and M.D. Mitchell 2010. Transfer of bisphenol A across the human placenta. *Am. J. Obstet Gynecol.*, 202: 025.
49. Nishikawa, M., H. Iwano, R. Yanagisawa, N. Koike, H. Inoue, 2010. Placental transfer of conjugated bisphenol A and subsequent reactivation in the rat fetus. *Environ Health Perspect.*, 118: 1196-1203.
50. Kalyan, C.C., A.V.V. Catherine, L.S. Matthew, D.R. Barrie and K.M. Gordon, 2014. Maternal Bisphenol A Exposure Impacts the Fetal Heart Transcriptome. *PLoS ONE*, 9(2): e89096.
51. Markey, C.M., E.H. Luque, M. Munoz De Toro, C. Sonnenschein and A.M. Soto, 2001. In utero exposure to Bisphenol-A alters the development and tissue organization of the mouse mammary gland. *Biology of Reproduction*, 65: 1215-1223.
52. Markey, C.M., B.S. Rubin, A.M. Soto and C. Sonnenschein, 2002. Endocrine disruptors: from Wingspread to environmental biology. *The Journal of Steroid Biochemistry and Molecular Biology*, 83: 235-244.
53. Salian, S., T. Doshi and G. Vanage, 2009. Perinatal exposure of rats to Bisphenol- A affects the fertility of male offspring. *Life Sci.*, 85: 742-752.
54. Toyama, Y. and S. Yuasa, 2004. Effects of neonatal administration of 17beta-estradiol, beta-estradiol 3-benzoate, or bisphenolA on mouse and rat spermatogenesis. *Reprod Toxicol.*, 19: 181-188.
55. Takeda, Y., X. Liu, M. Sumiyoshi, A. Matsushima, M. Shimohigashi and Y. Shimohigashi, 2009. Placenta expressing the greatest quantity of bisphenol- A receptor ERR{gamma} among the human reproductive tissues: Predominant expression of type-1 ERRgamma isoform. *J. Biochem.*, 146: 113-122.
56. Imanishi, S., N. Manabe, H. Nishizawa, M. Morita, M. Sugimoto and M. Iwahori, 2003. Effects of oral exposure of bisphenol -A on mRNA expression of nuclear receptors in murine placenta assessed by DNA microarray. *J. Reprod Dev.*, 49: 329-336.
57. Park, S.H. Park, K.Y. Kim, B.S. An, J.H. Choi and E.B. Jeung, 2009. Cell growth of ovarian cancer cells is stimulated by xenoestrogens through an estrogen-dependent pathway, but their stimulation of cell growth appears not to be involved in the activation of the mitogen-activated protein kinases ERK-1 and p38 J. *Reprod. Dev.*, 55: 23-29.
58. Jehane, I.E., M.E. Shaymaa and A.E.G. Akmal, 2015. Bisphenol A induces oxidative stress and DNA damage in hepatic tissue of female rat offspring. *The Journal of Basic & Applied Zoology*, 71: 10-19.
59. Cabaton, N.J., P.R. Wadia, B.S. Rubin, D. Zalko, C.M. Schaeberle and M.H. Askenase, 2011. Perinatal Exposure to Environmentally Relevant Levels of Bisphenol A Decreases Fertility and Fecundity in CD-1 Mice. *Environ Health Perspect.*, 119: 547-552.
60. Berger, R.G., T. Hancock and D. De Catanzaro, 2007. Influence of oral and subcutaneous bisphenol-A on intrauterine implantation of fertilized ova in inseminated female mice. *Reprod Toxicol.*, 23: 138-144.
61. Gray, L.E., 1991. Delayed effects on reproduction following exposure to toxic chemicals during critical periods of development. In: Cooper, R.L. Goldman, J.M. Harbin, T.J. Aging and Environmental Toxicology: Biological and Behavioral Perspectives. Johns Hopkins University Press, Baltimore, pp: 183-210.
62. Ali, M.O., E.E. El-Nahass, M.O. Diamond and G. Desouki, 1989. Embryo toxic effect of Diabetes mellitus. *Al-Azhar Medical J.*, 17(4): 421-428.
63. EPA, 1998. Health Effects Test Guidelines OPPTS 870.3800 Reproduction and Fertility Effects.
64. Wilson, J.G. and J. Warkany, 1965. *Teratology: principles and techniques*. Chicago: University of Chicago Press.

65. Peters, P.W.J., 1965. Double staining of fetal skeletons for cartilage and bone. In: Wilson JG, Wurunkany J, editors. Chicago: University of Chicago Press, pp: 153.
66. Hayes, A.W., 1994. Principle and method of toxicology. New York: Raven Press. Health Canada (1991) Dimethoate. In: Guidelines for Canadian drinking water quality- documents. Available at <http://www.hc-sc.gc.ca/hecs-sesc/water/dwgsup.htm>.
67. Steel, R.G. and J.H. Torrie, 1981. Principle and Procedure of Statistics. A Biometric Approach, Second ed. McGraw- Hill Book Company, New York, USA.
68. Kim, J.C., H.C. Shin, S.W. Cha, W.S. Koh, M.K. Chung and S.S. Han, 2001. Evaluation of developmental toxicity in rats exposed to the environmental estrogen Bisphenol-A during pregnancy. *Life Science*, 69(22): 2611-2625.
69. Roy George, K. and N.A. Malini, 2012. Maternal exposure to xenoestrogen Bisphenol-A on embryo fetal development and teratogenic potential in *Rattus norvegicus*. *The Bioscan an International Quarterly Journal of Life Sciences*, 7(3): 517-520.
70. Varayoud, J., J.G. Ramos, V.L. Bosquiazso, M. Lower, M. Muñoz-de-Toro and E.H. Luque, 2011. Neonatal Exposure to Bisphenol-A Alters Rat Uterine Implantation-Associated Gene Expression and Reduces the Number of Implantation Sites. *Endocrinology*, 152(3): 1-11.
71. Hamilton, W.J. and H.W. Mossman, 1986. Teratogenic Potential of Phenytoin in different strains of mice. *Proceeding of Indian National Science Academy*, 90: 156-160.
72. Peretz, J., R.K. Gupta, J. Singh, I. Hernández Ochoa and J.A. Flaws, 2011. Bisphenol-A Impairs Follicle Growth, Inhibits Steroidogenesis and Downregulates Rate-Limiting Enzymes in the Estradiol Biosynthesis Pathway. *Toxicological Sciences*, 119(1): 209-217.
73. Morrissey, R.E., J.D. George, C.J. Price, R.W. Tyl, M.C. Marr and C.A. Kimmel, 1987. The Developmental Toxicity of Bisphenol A in Rats and Mice. *Fundamental and Applied Toxicology*, 8(4): 571-582.
74. Manikkam, M., E.J. Crespi, D.D. Doop, C. Herkimer, J.S. Lee, S. Yu, M.B. Brown, D.L. Foster and V. Padmanabhan, 2004. Fetal programming: prenatal testosterone excess leads to fetal growth retardation and postnatal catch-up growth in sheep. *Endocrinology*, 145: 790-798.
75. Bamigboye, A.A. and J. Morris, 2003. Oestrogen supplementation, mainly Diethylstilbestrol, for preventing miscarriages and other adverse pregnancy outcomes, *The Cochrane Database of Systematic Reviews*, (3): CD004353.
76. Benachour, N. and A. Aris, 2009. Toxic effects of low doses of Bisphenol-A on human placental cells. *Toxicology and Applied Pharmacology*, 241(3): 322-328.
77. Li, D., H. Fan, W.J. Ye and H.F. Hou, 2010. Developmental Toxicity of Bisphenol-A on PostImplantation Rat Embryos Cultured in Vitro. *Journal of Health Science*, 56(1): 57-64.
78. Berger, R.G., T. Hancock and D. De Catanzaro, 2007. Influence of oral and subcutaneous bisphenol-A on intrauterine implantation of fertilized ova in inseminated female mice. *Reprod Toxicol.*, 23: 138-144.