Microplastics and Human Health: A Systematic Review of Exposure, Biodistribution, and Toxicological Outcomes

Author: Dr Siddalingaiah H S

Affiliation: Professor. Department of Community Medicine, Shridevi Institute of Medical Sciences and Research Hospital, Tumkur.

Correspondence: hssling@yahoo.com.

Abstract: The pervasive environmental contamination of microplastics {MPs} has precipitated inevitable human exposure across the globe. This systematic review synthesizes the current scientific evidence on the pathways of human exposure to MPs, their biodistribution after entry, and the resulting toxicological effects. Humans are primarily exposed through the ingestion of contaminated food and water, inhalation of airborne particles, and, to a lesser extent, dermal contact. A growing body of literature has confirmed the internalization of MPs in human tissues and fluids, including blood, placenta, and lungs, indicating systemic distribution. In vitro and in vivo studies demonstrate that MPs can induce a range of adverse health effects, including oxidative stress, inflammation, cellular damage, metabolic disruption, and neurotoxicity. These effects are mediated by physical damage, leaching of inherent additives, and adsorption and transport of exogenous toxicants. While direct epidemiological evidence linking MPs to specific human diseases remains limited, the consistent toxicological data and the confirmed presence of MPs within humans raise significant public health concerns. This review underscores the urgent need for further research, particularly large-scale epidemiological studies and advanced analytical methods for nanoplastics, to fully quantify human health risks and inform effective regulatory policies.

Keywords: Microplastics, Nanoplastics, Human Exposure, Toxicity, Biodistribution, Oxidative Stress, Inflammation, Public Health.

1. **Introduction:**

Plastic pollution is a defining environmental issue of the 21st century. A critical and insidious aspect of this pollution is the generation and accumulation of microplastics {MPs}, commonly defined as synthetic polymer particles smaller than 5 mm in diameter {Thompson, 2009 #11}. MPs are categorized as either primary {intentionally manufactured at micro-size, e.g., microbeads in personal care products, industrial scrubbers, and plastic pellets} or secondary {resulting from the environmental degradation and fragmentation of larger plastic debris through photolytic, mechanical, and biological processes} {Andrady, 2011 #12}.

Their small size, low density, and high persistence have facilitated their widespread dispersion, contaminating every environmental compartment from the deepest marine trenches to remote alpine regions {Bergmann, 2019 #13}{Jamieson, 2019 #14}. This ubiquity has created a scenario of perpetual and unavoidable human exposure through multiple pathways. The confirmation of MPs in human consumables, air, and drinking water has transitioned the issue from an ecological concern to a potential public health crisis {Cox, 2019 #15}{Zhang, 2020 #16}.

The objective of this systematic review is to consolidate and critically evaluate the current state of knowledge regarding human exposure to MPs, their fate within the human body, and the mechanistic pathways through which they may exert adverse health effects. By synthesizing evidence from environmental monitoring, in vitro and in vivo toxicological studies, and emerging human biomonitoring data, this article aims to provide a comprehensive overview of the risks and to identify critical gaps for future research directions.

1. **Pathways of Human Exposure:**

Human exposure to MPs is a multi-route process, with the relative contribution of each pathway still being actively researched.

2.1. Ingestion Ingestion is considered the dominant exposure route for the general population {Senathirajah, 2021 #17}.

* Food: Seafood, particularly filter-feeding organisms like mussels and oysters, is a well-documented source {Van Cauwenberghe, 2014 #18}. MPs have also been detected in salt {sea, rock, and lake}, honey, sugar, beer, and various agricultural products due to contamination from soil, water, and air {Karami, 2017 #19}, {Conti, 2020 #20}.
* Water: Drinking water, both tap and bottled, is a significant vector. Bottled water has been shown to contain higher concentrations, likely from the packaging material and the bottling process itself {Kosuth, 2018 #21}, {Oßmann, 2018 #22}.
* Food Packaging: The abrasion of plastic packaging materials and the release of particles from plastic containers, especially during microwave heating, can contribute to dietary intake {13}.

2.2. Inhalation Airborne MPs, generated from the wear of synthetic textiles, car tires, and urban dust, are suspended in the air and inhaled {14}. Indoor environments are a major source, with concentrations often higher than outdoors due to the shedding from furniture, carpets, and clothing {15}. Fiber-shaped MPs are the most prevalent type found in indoor air and human lung samples {16}.

2.3. Dermal Contact While the stratum corneum acts as an effective barrier against larger MPs, dermal exposure occurs through the use of cosmetics containing microbeads {17}. The potential for transdermal absorption of smaller nanoplastics {<100 nm} through hair follicles or sweat glands remains a subject of ongoing investigation {18}.

**3. Biodistribution and Internalization in Humans:**

Evidence of human internalization has moved from hypothetical to empirical. MPs have been identified in various human tissues and biofluids, confirming systemic exposure.

* Gastrointestinal Tract: The presence of MPs in human stool samples from diverse global populations confirms ingestion and passage through the GI tract {19, 20}.
* Systemic Circulation: A landmark study by Leslie et al. {2022} detected MPs in the blood of 77% of tested healthy volunteers, demonstrating that particles can be absorbed and transported throughout the body {21}.
* Lungs: MPs, particularly fibers, have been repeatedly found in human lung tissue, indicating inhalation and retention in the respiratory system {16, 22}.
* Placenta: The detection of MPs in human placental tissue proves their ability to cross biological barriers and exposes the developing fetus to these contaminants {23}.
* Other Tissues: MPs have also been identified in human liver, kidney, and spleen tissues, suggesting a potential for accumulation in various organs {24}.

**4. Mechanisms of Toxicity and Observed Health Effects:**

The toxicity of MPs is a complex interplay of their physical and chemical properties.

4.1. Physical Effects The particulate nature of MPs can cause direct harm.

* Cellular Damage: Internalized particles can cause physical stress, membrane damage, inflammation, and necrosis {25}. In the lungs, they can induce granulomatous reactions and fibrosis similar to other airborne particulates {26}.
* Biodistribution and Accumulation: Smaller particles, particularly nanoplastics, can cross the gut-lung barrier, the blood-brain barrier, and even placental tissue, leading to accumulation and potential chronic effects in sensitive organs {27, 28}.

4.2. Chemical Effects Plastics are complex materials containing unreacted monomers, additives, and adsorbed pollutants.

* Leaching of Additives: Additives such as phthalates {e.g., DEHP}, bisphenol A {BPA}, and flame retardants can leach out inside the body. Many are confirmed endocrine-disrupting chemicals {EDCs}, linked to reproductive, developmental, and metabolic disorders {29, 30}.
* Vector for Contaminants: MPs act as vectors for environmental pollutants {e.g., persistent organic pollutants {POPs}, pesticides, heavy metals} and pathogens, concentrating them and facilitating their entry into tissues and cells {31, 32}.

4.3. Biological Effects: Evidence from Models

* Oxidative Stress and Inflammation: This is the most universally reported mechanism. MPs induce the production of reactive oxygen species {ROS}, leading to oxidative damage to lipids, proteins, and DNA. This triggers inflammatory responses via activation of key signalling pathways like NF-κB {33, 34}.
* Metabolic Disruption: Animal studies show that MP exposure can lead to gut microbiota dysbiosis, altered lipid metabolism, and insulin resistance {35, 36}.
* Immunotoxicity: MPs can alter immune cell function, potentially leading to immunosuppression or heightened autoimmune responses {37}.
* Developmental and Reproductive Toxicity: Studies in model organisms report reduced fertility, decreased sperm quality, and developmental abnormalities in offspring following parental exposure to MPs {38, 39}.
* Neurotoxicity: Evidence suggests MPs can induce neuroinflammation, oxidative stress in neural tissues, and disrupt neurotransmitter levels, potentially contributing to behavioral changes and neurodegeneration {40, 41}.

**5. Knowledge Gaps and Future Perspectives:**

Substantial challenges must be overcome to accurately assess human health risks.

1. Analytical Challenges: A critical lack of standardized, validated methods for sampling, extracting, and identifying MPs, especially nanoplastics, in complex biological matrices hinders accurate quantification and comparison {42}.
2. Epidemiological Data: There is a severe scarcity of large-scale epidemiological studies linking internal MP loads to specific health outcomes in human populations.
3. Toxicokinetics: The absorption, distribution, metabolism, and excretion {ADME} profiles of different types and sizes of MPs in humans are poorly characterized.
4. Dose-Response Relationships: Establishing the threshold levels for observable adverse effects is crucial for realistic risk assessment. Current exposure levels versus effect levels from high-dose animal studies need reconciliation.

Future research must prioritize: harmonizing analytical methodologies; launching longitudinal human cohort studies; advancing the toxicokinetics of nanoplastics; and investigating complex mixture effects {e.g., MP-chemical cocktail interactions}.

1. **Conclusion:**

The infiltration of microplastics into the human body is no longer speculative but a confirmed reality. Toxicological evidence from experimental models provides compelling and consistent data that exposure to MPs can elicit a range of adverse biological effects, primarily through oxidative stress and inflammation. While translating these findings directly to human health outcomes requires caution, the precautionary principle dictates that the evidence is sufficient to warrant serious concern.

Addressing the microplastic challenge requires a concerted, global effort across multiple fronts:

* 1. robust scientific research to close critical knowledge gaps;
  2. policy and regulatory actions to reduce plastic production at its source and improve waste management; and
  3. public awareness to drive behavioral change. Mitigating microplastic pollution is imperative not only for ecosystem health but also for the protection of future human health.

**References:**