Serum Trace Elements (Zinc, Copper and Magnesium) Status in Iraqi Patients with Acne Vulgaris : (Case- Controlled Study) Basil OM Saleh*,1, Zainab N. H. Anbar** and Ali Y. Majid***

- * Department of Physiological Chemistry, College of Medicine, University of Baghdad, Baghdad, Iraq.
- ** Department of Biochemistry, Baghdad College of Pharmacy, Baghdad, Iraq.
- ***Poisoning Consultation Center, Baghdad Teaching Hospital, ,Baghdad,Iraq.

Abstract

Recently on the dermatological fields, the serum levels and the roles of Zn, Cu and Mg have been studied especially in acne vulgaris, but the results were controversial. The aim of the present study is to investigate a relationship between the severity of acne and the serum levels of zinc (Zn), copper (Cu) and magnesium (Mg) and to demonstrate the status of serum levels of zinc, copper, and magnesium in Iraqi male patients with acne vulgaris and to compare it with those of healthy controls. This case controlled study was conducted in the Department of Dermatology and Venerology and in the Poisoning Consultation Center of Baghdad Teaching Hospital between May 2009 to January 2010. Forty- five male patients with acne vulgaris, their ages ranged from 18-30 (21.82±3.77) years and 45 healthy male subjects as controls, their ages ranged from 18-30 (22.18±3.85) years were included in this study. Patients were subdivided into three groups according to the severity of their acne; mild acne group (n=15), moderate (n=15) and severe acne group (n=15). Investigations included serum estimation of Zn, Cu and Mg in both patient and control groups. The data obtained from this study showed that the (mean±SD) values of serum levels of Zn was significantly decreased in severe acne group compared with controls, mild and moderate type of acne group (P< 0.05). Serum Mg concentration was significantly lower in severe acne group compared with mild and moderate acne group (P< 0.05). With regard to serum Cu, there were no significant differences among groups of patients with acne vulgaris. This study revealed a significant association between serum levels of either Zn or Mg with the severity of acne.

Key words: Acne vulgaris, zinc, copper, magnesium.

الخلاصة

أن مستوى وأهمية الخارصين والنحاس والمغنيسيوم في مصول المرضى المصابين بالأمراض الجلدية, وخاصة مرض حب الشباب تم دراسته ولكن النتائج كانت متباينة أن هدف هذه الدراسة هو تقييم مستوى العناصر المعننية(الخارصين, النحاس, المغنيسيوم) في مصول الذكور العراقيين المصابين بمرض حب الشباب والذكور الأصحاء ودراسة العلاقة بين مستوى هذه العناصر وشدة حب الشباب لقد تم أجراء هذه الدراسة في قسم الأمراض الجلدية و التناسلية والمركز الاستشاري للسموم في مستوى هذه التغليمي الفترة من أيار ٩٠٠٦ و لغاية كانون الثاني ٢٠١٠. ٥٥ ذكر مصاب بحب الشباب تتراوح أعمار هم بين (١٨- ٣٠ سنة), المعدل المعاري لأعمار هم هو (٢٠١٨ - ٢٧,٣٠) سنة و ٥٥ ذكر صحيح (مجموعة السيطرة) بنفس الفئة العمرية (١٨- ٣٠ سنة), المعدل بالانحراف المعياري لأعمار هم هو (٢٠١٨ - ٣٠,٣٠) سنة و ٥٥ ذكر صحيح (مجموعة السيطرة) بنفس الفئة العمرية (١٨- ٣٠ سنة), المعدل بالانحراف المعياري لأعمار هم هو (٢١ - ٢٠, ٢٠, ٣٠ مستوى البسيط وعددهم ١٥, فئة حب الشباب النوع المرضى تم تقسيمها لي ثلاث فئات حسب شدة حب الشباب فقوص تشمل تحديد مستوى الخارصين, النحاس, والمغنيسيوم في مصول الأشخاص المغنيسيوم) حب الشباب النوع السيد عدم وجود فرق إحصائي معنوي لدى فئة حب الشباب النوع الشديد مقارنة مع مجموعتي المرضى والأصحاء لكن, مستوى الخارصين قد أخفض بمستوى إحصائي معنوي لدى فئة حب الشباب النوع السيط معنوي في مستوى المغنيسيوم الدى فئة حب الشباب النوع البسيط معنوي في مستوى المغنيسيوم لدى فئة حب الشباب النوع البسيط مع شدة الدراسة بأن هناك علاقة معنوية بين مستوى كل مستوى النحاس, لايوجد فرق معنوي بين فئات حب الشباب . يمكن الاستنتاح من هذه الدراسة بأن هناك علاقة معنوية بين مستوى كل مستوى النحاس والمغنيسيوم في مصول المرضى المصابين بحب الشباب مع شدة المرض.

Introduction

Acne vulgaris is the most common cutaneous disorder manifested by comedones, papules, pustules and cysts. The etiology of acne appears to be multifactorial, involving follicular hyperkeratinization, hormonal function, proliferation of Propionibacterium acnes, increased sebum production and inflammation ⁽¹⁾. Despite a significant body of scientific literature, the sequence of events

leading to the production of acne lesions is not well understood ⁽¹⁾. Specific dietary agents and certain supplements are known to enhance the health and appearance of the skin by improving immune function at the skin level and providing therapeutic bioactive agents that assist in the treatment of many skin conditions, such as psoriasis, eczema and acne ^(2, 3).

1Corresponding author E- mail: Basil omsal@yahoo.com

Received: 21/2/2011 Accepted: 9/10/2011 It has become increasingly clear nutritional factors such as vitamins and minerals are involved in the pathogenesis of acne (4). Previous studies over the last three decades have shown that zinc(Zn) levels are lower in patients with acne than healthy subjects and that oral and topical combination of zinc may be of therapeutic value (5,6). Pohit et al. in 1985 suggest that people with acne have lower-than-normal levels of Zn in their bodies (7). This fact alone does not prove that taking zinc supplements will help acne, but several small double-blind studies involving a total of more than 300 people have found generally positive results (8). The results of El-Saaiee et al. in 1983 revealed differences in the copper and iron content of the sera between 30 individuals complaining of moderate acne vulgaris type II and healthy individuals, although they were statistically not significant. The Zn content showed no changes compared to the control group (9). Recently, Nasiri et al. in 2009 indicated that serum zinc levels in 30 Iranian acne patients were lower than that of 35 healthy controls; however, this difference was not significant (P= 0.32)⁽¹⁰⁾. Many studies including an epidemiological Iraqi study had showed that acne vulgaris in general was more common in males than females (74.24%) versus (61.9%) (11,12,13). So the aims of the present study are 1) to demonstrate the status of serum levels of zinc, copper, and magnesium in Iraqi male patients with acne vulgaris and to compare it with those of healthy controls and 2) to investigate the relation between the severity of acne and the serum levels of the elements of respect.

Subjects and Methods

This case controlled study was carried out in the Department of Dermatology and Venerology and in the Poisoning Consultation Center of Baghdad Teaching Hospital from May 2009 to January 2010. The study involved 45 male patients with acne vulgaris, aged range between 18-30 (mean±SD; 21.82± 3.77 years). Patients were divided into three groups according to the severity of their acne. A mild acne group that included 15 patients, a moderate acne group of 15 patients. Scoring the severity of acne was according to the following rule:

- **1.** Mild acne: In which the count of papules is less than 10 and the count of pustules is less than 20.
- **2.** Moderate acne: In which the count of papules ranges from 10 to 30 and the count of pustules ranges from 20 to 40.

3. Severe acne: In which the count of papules is more than 30 and the count of pustules is more than 40 ⁽¹⁴⁾. Exclusion criteria were intake of oral zinc, magnesium, or copper supplements or multivitamins containing such elements three months before the study, and the presence of any metabolic disease that affected serum elements levels. Control group involved were 45 healthy males without acne, and were matched for age 18-30 years (mean±SD; 22.18±3.85 years), and body mass index (mean±SD; 23.04±1.38 Kg/m2).

Five milliliters of peripheral venous blood was collected from each patient and control male in plain test tubes, left to clot, then centrifuged at 2500 rpm for 10 minute. The separated serum stored at -20°C until the time of mineral assay. Serum zinc, copper, and magnesium were determined using flame atomic absorption spectrophotometer (AA-646 Shimazdzu, Japan). Samples were diluted 1:10 with nbutanol solution as diluents (15). Levels of serum Zn, Cu, and Mg were calculated after application of absorbancies on suitable calibration curve for each element made from standard solutions. SPSS version 6 for window was used for all statistical analysis. Statistical significance was assessed by ANOVA and student t-tests. The linear regression test was applied for the correlation between different parameters, and the significance of the r-value was checked using t-test. P-values of less than 0.05 were considered significant.

Results

Table 1 shows the clinical and biochemical data for healthy male subjects and male patients with acne. The results revealed that there were no significant differences in mean (±SD) values of age and BMI between healthy controls and the mild, moderate and severe type of acne. Table 1, also shows the mean(±SD) values of serum Zn, Cu, and Mg in patients with mild-, moderate-, and severeacne types and male controls group. Concerning serum Zn levels in patients with severe acne type where was a significant lower levels (79.67±7.19 mg.dl) than that of healthy males (102.42±18.10 mg/dl, P=0.0001), mild acne type(116.67 ± 12.34 mg/dl, P= 0.0001), and moderate acne type(95.67±9.58 mg/dl, P= 0.003). Furthermore, patients with moderate type of acne had significantly lower levels of serum Zn mean (±SD) value than that of mild acne type (P= 0.0001). The mean ($\pm SD$) value of serum Cu levels did not differ significantly (p=0.085) among the acne group types and controls as well as among the acne patient

 1.20 ± 0.18^{b}

Parameters	Controls (n=45)	Mild acne (n=15)	Moderate acne (n=15)	Severe acne (n=15)
Age(year)	22.18±3.85	21.33±3.41 NS	22.07±4.32 NS	22.06±3.75 NS
BMI(Kg/m ²)	23.04±1.38	22.91±1.24 NS	22.6±1.33 NS	22.77±1.41 NS
Zn(mg/dl)	102.42±18.10 a	116.67±12.34 ^a	95.67±4.58 ^b	79.67±7.19 °
Cu(mg/dl)	97 56+14 48 a	102 67+22 82 a	98 67+18 85 a	95 33+15 06 a

Table 1: Clinical and biochemical data for healthy male controls, - mild, - moderate, and - severe types of acne vulgaris patients.

-BMI: body mass index

Mg(mg/dl)

1.29±0.18 b

groups themselves. With the regard to serum Mg serum level, the mean (±SD) value of serum Mg was significantly decreased in severe type of acne patients (1.13±0.20 mg/dl) when compared with that of mild acne type (1.29±0.18 mg/dl, P= 0.011), moderate (1.20±0.18 mg/dl, p=0.011) with no significant differences in the level of serum Mg compared to control group. Furthermore, the results of the present study revealed a significant correlation among the serum levels of the studied elements (Zn, Cu, and Mg) in the mild, moderate and severe type of patients with acne vulgaris (p<0.05). As shown in the following figures:

1.14±0.17 a

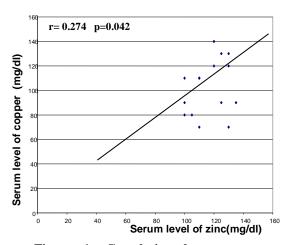
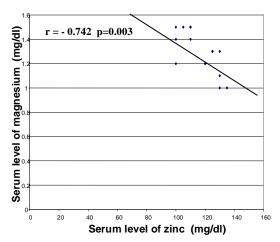


Figure 1: Correlation between serum levels of copper and zinc in mild acne patients



1.13±0.20 a

Figure 2: Correlation between serum levels of magnesium and zinc in mild acne patients

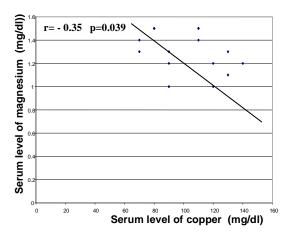


Figure 3: Correlation between serum levels of magnesium and copper in mild acne patients

⁻NS: non significant

⁻Values with non identical superscripts(a, b and c) within each parameter were considered significant.

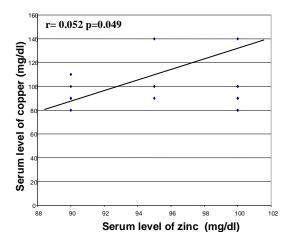


Figure 4: Correlation between serum levels of copper and zinc in moderate acne patients

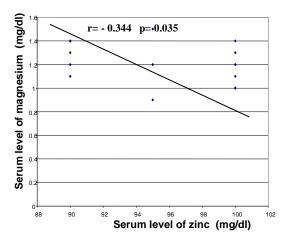


Figure 5: Correlation between serum levels of magnesium and zinc in moderate acne patients

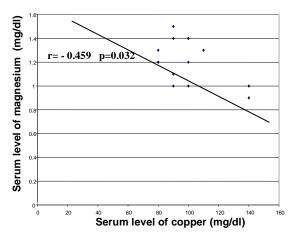


Figure 6: Correlation between serum levels of magnesium and copper in moderate acne patients

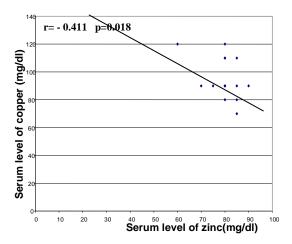


Figure 7: Correlation between serum levels of copper and zinc in severe acne patients

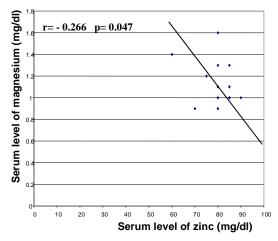


Figure 8: Correlation between serum levels of magnesium and zinc in severe acne patients

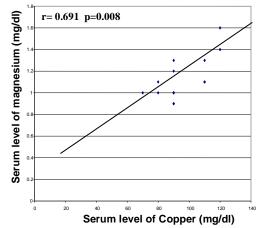


Figure 9: Correlation between serum levels of magnesium and copper in severe acne patients

Discussion

The present study showed that serum Zn levels in patients with the severe type of acne were significantly lower than that of healthy controls, mild, and moderate types of acne. These data are in agreement with that reported by Michaelsson et al in 1977 and Amer et al. in 1982 (16,17) who showed that serum Zn level was significantly reduced in severe acne male patients compared with controls. These authors suggested that low levels of zinc in the serum of patients with severe acne may provide a rational for the beneficial effect of oral zinc treatment seen in clinical practice (16). The mineral zinc is emerging as vital nutrient for skin health and appearance. Zinc nutritional status is necessary for oil gland function, local skin hormone activation, wound healing, skin inflammation control and regeneration of skin cells. Zinc supplementation has been used with success in the treatment of many acne cases (18). Studies indicated that most individuals consume only 8-9 mg/day of zinc from dietary sources, whereas the recommended daily acquirement (RDA) for zinc is set at 15 mg/day for adults (19). A review reported by Preston R in 2002, indicated that lack of zinc is a recipe for acne (20). Nasiri et al. in 2009 concluded from their study that zinc as antiinflammatory element may play a role in the pathogenesis of acne, and there is a need for further studies (10). The present study also found that serum magnesium level was significantly decreased in severe type of acne compared with mild and moderate type of acne patients. Magnesium is a vital element for the production of proteins and enzymes in every tissue of the body. This includes the proteins and enzymes of skin cells where new cells are constantly being produced. It is also absolutely essential for the proper use of Pyridoxine, and it was suggested that taking of about 500 mg of the intended element each day is essential (20).Copper is an important element for numerous metalloenzymes and metalloproteins such as superoxide dismutase that are involved and antioxidant metabolism. in energy Superoxide dismutase (Cu-metalloenzyme) protects human skin cell from peroxidative damage, as human keratinocytes contain high concentrations of polyunsaturated fatty acids and also possess a significant ability to generate a reactive oxygen species (ROS), mainly superoxide anion and hydrogen peroxide (21) .Although, this study showed that there were no significant differences in serum copper level among patients with different type of acne with control groups. Further studies are needed to show the beneficial effect of Cu compounds in prevention and treatment of

acne vulgaris. In Conclusion; this study revealed significant association between each of Zn and Mg levels with the severity of acne.

Acknowledgments

We would like to thank lecturer Maysa Jalal (M Sc clin. Biochem.) for help with statistical calculations.

References

- 1. Vora S, Ovhal A, Jerajani H, et al. Correlation of facial sebum to serum insulin like growth factor-1 in patients with acne. British J of Dermatology 2008; 159:990-991.
- **2.** Aesoph, Lauri M. A Holistic approach to skin protection. Nutrition Science News 1998; 3(4): 204-208.
- **3.** Boelsma E. Nutritional skin care; Health effects of micronutrients and fatty acids. American J of Clinical Nutrition 2001; 73(5):853-864.
- **4.** Katzman M, Logan AC. Acne vulgaris: nutritional factors may be influencing psychological sequelae. Med Hypotheses 2007; 69: 1080-1084.
- **5.** Dreno B, Foulc P, Reynaud A, et al. Effect of zinc gluconate on propionibacterium acnes resistance to erythromycin in patients with inflammatory acne: in vitro and in vivo study. Eur J Dermatol 2005; 15: 152-155.
- **6.** Niren NM, Torok HM. Nicomide improvement in clinical outcomes study (NICOS): results of an 8-week trial. Cutis 2006, 77(1 Suppl): 17-28.
- **7.** Pohit J, Saha KC, Pal B. Zinc status of acne vulgaris patients. J Appl Nutr 1985; 37; 18-25.
- **8.** Verma KC, Saini AS, Dhamija SK. Oral zinc sulfate therapy in acne vulgaris: a double-blind trial. Acta Derm Venereol 1980; 60: 337-340.
- **9.** El-Saaiea L, Abdel-Aal H, El-Mahdy H, and Abdel-Aal AM. Serum copper, iron and zinc in cases of acne vulgaris. J Med 1983; 14(2): 125-136.
- **10.** Nasiri S, Ghalamkarpour F, Yousefi M, and Sadighha A. Serum zinc levels in Iranian patients with acne. Clinical and Experimental Dermatology 2009; 34:pp e446.
- **11.** Daniel F, Dreno B, Poli F, Auffert N, Beylot C. Epidemiological study of acne in secondary school pupils in France autumn 1996. Ann Dermatol Venereol 2000; 127: 273-8.
- **12.** Smithard A, Glazebrook C, Williams HC. Acne prevalence knowledge about acne and

- psychological morbidity in mid adolescence: a community based study. Br J Dermatol 2001; 145:274-9.
- **13.** Al-Battat RA. Scarring and non scarring facial acne vulgaris and the frequency of skin diseases .A thesis submitted to the Scientific Council of Dermatology and Venereology -Iraqi Board for Medical Specializations 2006.
- **14.** Toyoda M, Morhashi M. Pathogenesis of acne. Med Electron Microsc 2001;34:29-40.
- 15.Meret S, Henkin K.I. Clin.Chem. 1971; 17:369. Cited by: Gowenlock H A, McMurray R J, McLauchlan MD.Varly Practical Clinical Chemistry. 1988, 6th ed.Heinemann MEDICAL Books.
- **16.** Michaelsson G, Vahlquist A, Juhlin L. Serum zinc and retinol-binding protein in acne. Br J Dermatol 1977; 96:283-286.

- **17.** Amer M, Bahgat M, Tosson Z, et al. Serum zinc in acne vulgaris.Inter J Dermatol 1982;21:481-484.
- **18.** The Doctors' Vitamin and Mineral Encyclopedia(S. Hendler). Simonand Schuster, 1990:pp 195-207(zinc).
- **19.** Nutrition for Living second Edition, the Benjamin/Cummins Puplishing Companies, Inc.,1988:p338.
- **20.** Preston R. Acne-how to prevent and overcome acne forever. Published by the International Institute of Nutritional Research. 2002.
- **21.**Wong W Y, Filk G, Groenen PMW, Swinkels DW, ThomasCMG, Copius-PeereboomJHJ, MekusHMWM and Steegers-Theunissen RPM .The impact of calicuim, magnesium, zinc and copper in blood. Toxicology.2001;15:131-136.