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A systematic review of the impacts of exposure to micro- and nanoplastics on human tissue accumulation and health

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Abstract: Micro- and nano-plastics (MNPs) pollution has become a pressing global environmental 1 2 issue, with growing concerns regarding its impact on human health. However, evidence of the 3 effects of MNPs on human health remains limited. This paper reviews the three routes of human 4 exposure to MNPs, which include ingestion, inhalation, and dermal contact. It further discusses the 5 potential routes of translocation of MNPs in human lungs, intestines and skin, and analyses the 6 potential impact of MNPs on the homeostasis of human organ systems, and provides an outlook on 7 future research priorities for MNPs in human health. There is growing evidence that MNPs are 8 present in human tissues or fluids. Lab studies, including in vivo animal models and in vitro human-9 derived cell cultures, revealed that MNPs exposure could negatively affect human health. MNPs 10 exposure could cause oxidative stress, cytotoxicity, disruption of internal barriers like the intestinal, 11 the air-blood and the placental barrier, tissue damage, as well as immune homeostasis imbalance, 12 endocrine disruption, and reproductive and developmental toxicity. Limitedly available 13 epidemiological studies suggest that disorders like lung nodules, asthma, and blood thrombus might 14 be caused or exacerbated by MNPs exposure. However, direct evidence for the effects of MNPs on 15 human health is still scarce, and future research in this area is needed to provide quantitative support 16 for assessing the risk of MNPs to human health.

Keywords: Micro- and nano-plastics; Environmental exposure; Human system homeostasis; Health
effects; Risk assessment

19

20 1. Introduction

21 Microplastics (MPs) are plastic fragments with a particle size of ≤ 5 mm, while nanoplastics 22 (NPs) are typically considered to have a particle size of $\leq 1 \mu m$ [1]. Despite consistent efforts to 23 reduce plastic manufacturing and enhance plastic recycling, an estimated 250 million metric tons 24 (Mt) of plastic waste will enter the aquatic system and 460 million Mt will enter the soil system 25 from 2016 to 2040 [2]. Plastic waste that enters the environment includes primary micro- and 26 nanoplastics (MNPs), such as those added to personal care and cosmetic products [3], as well as 27 secondary MNPs produced by the fragmentation of larger plastics through physical, chemical and 28 biological processes [4]. MNPs are ubiquitous in the global biosphere and can be found in oceans 29 [5], lakes [6], rivers [7], indoor air [8], outdoor air [9], and soil [10], as well as in seafood [11], 30 drinking water [12], beverages [13], and salt [14].

31 Humans are inevitably and continuously exposed to MNPs, raising concern about their 32 potential risk to human health [15-19]. However, it is unclear whether MNPs directly affect human 33 health, due to limitations in human tissue sampling, lack of epidemiological investigations and of 34 in situ detection methods. Current studies have shown that MNPs not only exhibit particulate 35 toxicity to organisms but also induce chemical toxicity [20, 21]. The toxicity of particles with similar 36 sizes to MNPs, such as PM_{10} (aerodynamic equivalent diameter less than 10 μ m), $PM_{2.5}$ 37 (aerodynamic equivalent diameter less than 2.5 µm), and engineered nanoparticles, has extensively 38 been studied [22]. Epidemiological studies have shown a significant correlation between PM_{2.5} and 39 human respiratory morbidity and mortality [22]. In addition, long-term exposure to engineered 40 nanoparticles can cause lung damage and cardiovascular disease [23]. To date, there is a paucity of 41 epidemiological studies examining the potential health effects of MNPs in humans. However, 42 available evidence from in vitro studies using human cells and in vivo studies using animal models, 43 such as mice and rats, indicates that exposure to MNPs may induce inflammation, oxidative stress, 44 cytotoxicity and respiratory disease [24, 25]. Moreover, it is important to note that MNPs not only contain a range of plastic additives, including dyes, plasticizers, and antioxidants, but also serve as 45 46 carriers of persistent organic chemicals, heavy metals, and pathogenic microorganisms, all of which

47 can be toxic and have potential carcinogenic and mutagenic effects on human health [20, 26]. There48 is thus an urgent need to understand the potential impact of MNPs on human health.

49 We collected and analyzed the available literature mostly published before June 2023 based on 50 the database of Web of Science, ScienceDirect and Google Scholar using the keyword 51 "microplastics" OR "nanoplastic", and the articles were grouped with different categories including 52 "atmosphere or air", "seafood, drinking water, salt, sugar or honey", "translocation or 53 accumulation", "system, lung, intestinal or placenta", and "toxicity, human, cell or rat" to 54 summarize the new progresses. We found that MNPs have been detected not only in human feces 55 [27], urine [28], and sputum [29] but also in the lungs [30] and intestines [31]. Moreover, they have 56 been found to enter the blood [32], thrombus [33], closed body fluids [34], liver [35], and even the 57 placenta [36]. Meanwhile, the number of studies on the impact of MNPs on the health of model animals or human cells has exponentially increased, yielding fresh insights into our understanding 58 59 of the effects of MNPs on human health. This review aims to discuss the exposure pathways of 60 MNPs, the potential uptake, transport, and accumulation mechanisms of MNPs in the human body, 61 and the potential toxicity to human organ systems. By summarizing current knowledge, this review 62 hope to provide insights for further research to better understand the impact of MNPs on human 63 health.

64 2. Pathways of exposure of MNPs to humans

In order to evaluate the impact of MNPs on human health, it is crucial to elucidate the pathways and levels of human exposure. The three primary routes of human exposure to MNPs are inhalation, ingestion, and dermal contact. Therefore, it is imperative to thoroughly investigate these pathways and their associated exposure levels to accurately assess the potential risks and hazards of MNPs to human health.

70 2.1. Inhalation

71 2.1.1. Indoor air

72 It is estimated that individuals spend approximately 89% of their daily time indoors, 73 highlighting the significance of MNPs concentration in indoor air to human health [8]. The different 74 functions of indoor spaces affect the abundance of MNPs. In Paris, the abundance of MPs ranged 1.1-18.2 fibers/m³ in apartment air and 4.0-59.4 fibers/m³ in offices [9]. In nail salons, the 75 abundance of MPs in the environment is 46 particles/m³ [37]. The deposition rate of MPs also varies 76 in different indoor environments, with the highest in the home [up to 1.96×10^4 particles/(m²·day)] 77 and lowest in the classroom $[6.20 \times 10^3 \text{ particles}/(\text{m}^2 \cdot \text{day})]$ [38]. Zhang et al. [8] detected 5.5 times 78 as many MPs in the dormitory air $[9.9 \times 10^3 \text{ particles}/(\text{m}^2 \cdot \text{day})]$ as in the office $[1.8 \times 10^3 \text{ particles}/(\text{m}^2 \cdot \text{day})]$ 79 80 particles/ $(m^2 \cdot day)$]. The abundance or deposition rate of MPs in indoor air can vary significantly 81 from room to room. This variation is primarily influenced by factors such as the room's function, 82 the flow of people, and the concentration of MPs in the outdoor air [8]. The variability can be 83 attributed to differences in the detection methods employed by researchers [8, 9]. Additionally, Zhan 84 et al. [39] detected an abundance of MPs in the indoor air of electronic waste dismantling facilities, 85 ranging from 2.6 to 11 particles/m³. These MNPs pose a greater risk to human health, as they may 86 contain flame retardants, heavy metals, or poly-brominated diphenyl ethers (PBDEs). Currently, 87 researchers mainly used two methods of collection, active and passive sampling, but the data from 88 both methods cannot be compared because passive sampling can only respond to the amount of 89 MNPs that can be deposited in the air [40]. At present, the majority of MPs in indoor air are fiber 90 with sizes $>20 \mu m$ [41]. Future research needs to focus on MNPs with particle sizes $<2.5 \mu m$, as 91 suspended MNPs with smaller particle sizes are more easily inhaled by people.

Infants or children tend to spend more time indoors compared to adults [42]. However, the abundance of MPs in indoor air below 1 m is very poorly documented. In addition, infants and children are more likely to inhale or ingest indoor dust, which also contains high levels of MPs. Concentrations of polyethylene terephthalate (PET) and polycarbonate (PC) in indoor dust in 12 countries ranged from 38 to $1.2 \times 10^5 \,\mu g/g$ and < 0.11 to 1,700 $\mu g/g$, respectively [43]. In Shiraz, the abundance of MPs in school dust was 195 particles/g [44]. Therefore, different living situations and ages need to be considered when assessing the health risks of MNPs in indoor air to humans.

99 **2.1.2. Outdoor air**

100 The outdoor environment is more extensive, and the air is more mobile than indoors. The 101 concentration of MNPs is generally lower in the outdoor environment compared to indoors. In 102 Wenzhou, China, the outdoor abundance of MPs $(189 \pm 85 \text{ particles/m}^3)$ was one order of magnitude lower than indoors $(1,583 \pm 1,180 \text{ particles/m}^3)$ [45]. Similarly, in Paris, France, the abundance of 103 MPs in indoor and outdoor air range 1-60 particles/m³ and 0.3-1.5 particles/m³, respectively [9]. 104 105 The abundance of MPs in outdoor air exhibited regional differences, with MPs being more abundant 106 in urban air than in rural air, and in northern Chinese cities than in southern cities [45, 46]. For 107 example, Liu et al. [47] estimated that Shanghai residents inhaled approximately 21 particles/day 108 outdoors, while in Wenzhou, urban residents inhaled 3,360 particles/day from outdoor air, and 1,515 109 particles/day for rural residents [45]. MPs in outdoor air have a considerably smaller impact on 110 human health than in indoor air. However, further investigation of the concentrations of MNPs in 111 the air around sites such as roads, construction sites or landfills is needed to assess the potential 112 health risks of MNPs to people living or working in these environments.

113 Based on the above information, people are constantly inhaling MNPs, but the amount of MNPs inhalation into the body remains uncertain. Zhang et al. [48] roughly estimated the annual 114 human inhalation of MPs through indoor and outdoor air to be $1.9 \times 10^3 - 1.0 \times 10^5$ and $0 - 3.0 \times 10^7$ 115 particles, respectively. However, they overlooked the variations in daily respiration rates among 116 117 different demographic groups, including men and women, as well as adults and children. Cox et al. 118 [42] further subdivided the population, with the highest amount of MPs inhaled annually by adult males at 6.2×10^4 particles and the lowest amount by female children at 3.9×10^4 particles. However, 119 120 there is still a great gap between the current estimate and the actual amount of MNPs inhaled by 121 human beings. On the one hand, human beings will still exhale some of the MNPs when they breathe 122 out, and on the other hand, the concentration of NPs in the air is still unknown in general.

123 **2.2. Ingestion**

124 **2.2.1. Seafood**

125 MNPs have been found in over 690 marine species, including the seafood humans regularly consume, such as fish, mollusks, and crustaceans [49-51]. Nearly half of the 338 fish species 126 127 investigated contained MPs, with an average abundance of 3.5 ± 0.8 particles/fish [52]. MPs are 128 predominantly detected in fish intestines but rarely in fish meat [52]. In contrast, mollusks such as 129 oysters, mussels, and clams are consumed whole by humans. The highest abundance of MPs in 130 oysters is 99.9 particles/individual in some waters with high MP contamination [53]. Mollusks 131 obtained on the market contain fewer MPs than mollusks caught directly, presumably because the 132 marketed soft-bodied creatures have been cleaned [54]. Crustaceans, such as crabs and shrimp, also 133 have edible and inedible parts. The inedible parts (4.4 particles/animal) primarily consist of the 134 stomach and gills, which contain an average concentration of MPs four times that of the edible parts 135 (1.2 particles/animal) [55]. To minimize exposure, it is advisable not to consume the intestines and 136 stomachs of shrimp or crab. Additionally, when assessing human exposure to MPs through seafood 137 consumption, it is crucial to focus on the edible portion of the seafood for a more accurate evaluation.

138 2.2.2. Drinking water and beverages

139 There are significant differences in the abundance of MPs found in tap and bottled water (Table 140 1). Oßmann et al. [56] detected that the abundance of MPs in bottled water is up to $2,649 \pm 2,857$ particles/L in single-use PET bottles and $6,292 \pm 10,521$ particles/L in glass bottles, which is by far 141 142 the highest abundance of MPs in bottled water [57]. Therefore, in addition to the packaging itself, 143 other sources of contamination must also be considered, such as cleaning, packaging, and transport. 144 The majority of MPs in bottled water have a particle size between 1 and 5 µm [57]. Overall, the 145 abundance of MPs in tap water was lower than in bottled water, with the current maximum 146 abundance of MPs in tap water being 930 particles/L [58]. The effort of boiling tap water before 147 drinking fails to diminish the number of MNPs in the water [59]. Based on the available data, 148 Danopoulos et al. [12] estimated that the maximum annual intake of MPs for adults from consuming tap water and bottled water was 4.58×10^5 and 3.57×10^7 particles, respectively. 149

150 MNPs also have been detected in beer, tea, soft drink, and milk [13, 60, 61]. The most essential 151 component of beverages is water, and the presence of MNPs in water can lead to beverage

152 contamination. Shruti et al. [60] investigated four beverage categories, and the most contaminated with MPs was beer (less than 28 ± 5.29 particles/L). Li et al. [13] investigated 15 brands of beer 153 from various nations and detected that the abundance of MPs ranged from 1.2×10^4 to 9.7×10^4 154 particles/L. This is mainly due to the different identification methods used. Shuri et al. [60] did not 155 156 count MPs <100 µm using microscopy, whereas Li et al. [13] counted all MPs <5 mm using 157 microscopic Raman. In addition, tea also contains MPs, especially when brewed in tea bags. During 158 the brewing process, around 50 plastic particles per tea bag will detach from the tea bags and fall 159 into the tea [62]. Milk and related dairy derivatives are one of the human body's primary sources of 160 protein and calcium, but are currently contaminated with MPs [63, 64]. The abundance of MPs in milk varies considerably from country to country, with 3-11 particles/L in Brazil [63], 164-427 161 particles/L in India [64], and 2.04×10^3 - 1.0×10^4 particles/L in Switzerland [61]. In the future, 162 163 continuous monitoring of MNPs in drinking water and beverages will be of utmost importance. 164 Equally vital will be the establishment of appropriate standards for bottled water to effectively 165 regulate the levels of MNPs.

166 2.2.3. Salt, sugar, and honey

MNPs are present not only in food, but also in food spices like salt, sugar, and honey (Table 1) 167 168 [14, 65, 66]. MNPs are commonly found in different types of salt, including sea salt, rock salt, and 169 lake salt, with an abundance range from 0 to 39.8 particles/g and predominantly presenting a fibrous 170 and fragmented shape [67, 68]. The annual intake of MPs through salt consumption by adults ranges 171 from 35.8 to 36,172 particles [68]. Sugar and honey also have been found to be contaminated with 172 MNPs. In Bangladesh, MPs were detected in all sugar samples, with a mean abundance of 344 ± 32 173 particles/g [65]. The abundance of MPs in honey was relatively low at 22-114 particles/L [66]. 174 Other food spices (cooking oil, monosodium glutamate and soy sauce) also need to be examined for 175 the presence of MNPs to ensure food safety.

176 **2.2.4. Crops and livestock**

177 At present, MNP contamination in crops and livestock remains unknown. However, laboratory

178 studies have shown that crops can take up MNPs. In hydroponic experiments, wheat (Triticum 179 aestivum L.), lettuce (Lactuca sativa), and carrots (Kurodagosun) could take up MNPs [69, 70]; 180 Moreover, in soil experiments, MNPs were taken up by lettuce (Lactuca sativa), rice (Orvza sativa 181 L.) and peanut (Arachis hypogaea L.) and accumulated in the stems and leaves of lettuce, the seeds 182 of rice and the peanut [71, 72]. These results raise concerns about crops in heavily MNP-183 contaminated soils. Although crops tend to absorb few MNPs under natural exposure, long-term 184 consumption of crops containing MNPs may adversely affect human health. Livestock is not 185 immune to MNP contamination, with about 46 particles/gizzards in chicken in the family yard [73]. 186 MPs were also detected in edible snails (*Helix pomatia*) [74]. Therefore, it is crucial to pay attention 187 to the risk of human exposure to MNPs through the food chain, particularly to NPs, which are more 188 likely to be transmitted through the food chain and have biomagnification effects.

Furthermore, the rice or meat that we purchase in our daily lives is directly sourced from the 189 190 market, making them susceptible to MNP contamination during production, packaging, or 191 transportation processes [75, 76]. Dessi et al. [75] detected MPs in all 52 rice samples from Australia, 192 and the average concentration of MPs in rice was $67 \pm 26 \ \mu g/g dry$ weight. Kedzierski et al. [76] 193 also detected MPs in packaged meat with abundances ranging from 4.0 to 18.7 particles/kg. The 194 researchers also discovered that rinsing rice with water was effective in significantly reducing MP 195 contamination [75]. However, it was observed that MPs on the surface of packaged meat were more 196 difficult to remove through simple rinsing due to their stronger adhesion to the meat [76]. Therefore, 197 washing food before consumption is necessary, especially for packaged meats that need to be 198 carefully cleaned.

The assessment of MNPs ingested via the ingestion exposure pathway is inherently more complex than inhalation, mainly due to the wide range of food types consumed by humans. A recent review has attempted to extrapolate to human exposures, reporting annual ingestion of $(0-5.5)\times10^4$ particles (seafood) [77], $(0-4.7)\times10^3$ particles (drinking water) [48], $(0-7.3)\times10^4$ particles (table salt) [48] and a mean amount of 1.9×10^{10} particles (fruit and vegetables) [78]. Furthermore, the ingestion of MPs through dust should not be overlooked. According to estimates, adults have an annual intake of $4.0 \times 10^2 - 2.5 \times 10^4$ particles, while infants and young children have an annual intake of $7.2 \times 10^2 - 4.5 \times 10^4$ particles [79]. However, there is a lack of investigations on the concentration of MNPs in foods such as vegetables, fruits, rice, wheat or meat. Moreover, these foods are essential components of the human diet, making it challenging to accurately estimate the amount of MNPs ingested through dietary intake at present. Therefore, it is crucial to take into account the dietary composition of the local population and the concentration of MNPs in food when evaluating the MNP intake among individuals.

212 **2.3. Dermal contact**

213 Human skin is directly exposed to MNPs, which can be detected in personal care products, 214 such as toothpaste, hand soap, face wash, and sunscreen [80, 81]. Prior to 2018, MNPs were used 215 in large quantities in personal protective equipment to replace natural substances such as pumice, 216 oatmeal, or almonds in order to exfoliate and deep cleanse the skin [82]. Concerns were raised about 217 the presence of <100 nm particles in personal skin care products that might breach the dermal barrier 218 and pose health risks [83]. In addition, plastic components in human protheses generate MNPs as a 219 result of normal wear and tear, thereby putting them into direct contact with the skin [84]. Moreover, 220 airborne MNPs can settle with dust and come into contact with the skin [85]. To date, there are no 221 literature estimates of the amount of MNPs absorbed by dermal contact. However, due to the current 222 lack of investigation of NPs, the effects of NPs on human skin are still not negligible, especially in 223 cases where there are wounds or infections on the skin surface.

224 **3.** Tissue accumulation and translocation of MNPs in the human body

In recent years, MNPs have been increasingly detected in various human body fluids and organs, suggesting that they can escape the body's immune cells and translocate across the biological barriers into the circulatory system, eventually accumulating in organs or tissues (Table 2). However, restricted by ethical considerations and limited detection techniques, the translocation and accumulation of MNPs in humans were scarcely investigated. This review thus refers to existing knowledge of other kinds of particles which should help understand the properties of MNPs that affect accumulation in the human body (Fig.1).

232 **3.1.** Accumulation and translocation of MNPs in the lung

233 Inhalation might be the most likely pathway to the human body for MNPs [48]. Various types 234 and shapes of MNPs have been found in the respiratory system, including those in the alveoli, with 235 abundance ranging from 0.56 to 1.42 particles/g [30, 86]. The mean size of these particles was 236 reported to be $1,730 \pm 150 \mu m$ [87]. These findings were obtained despite the fact that MNPs can 237 be eliminated by nasal hair blockage, mucus cilia adhesion or macrophage phagocytosis, and 238 subsequently cleared out by coughing or sputum. However, some MNPs are still able to evade these 239 clearance mechanisms, and can adhere or embed themselves, eventually accumulating in the 240 respiratory system and even translocating into circulation. [29, 88, 89]. Particle size plays a 241 significant role in the clearance, accumulation, and translocation of MNPs. Particles with sizes 242 ranging from 0.5 to 5 µm can be easily cleared through alveolar macrophages and mucus villi, while 243 larger fibers and fragments (15-20 µm) are more difficult to clear. [84, 90]. As a result, larger fibers 244 and fragments tend to accumulate in lung tissue, and the researchers detected MPs in human lung 245 tissue in the particle size range of 1.6–1,450 µm [30, 86]. Additionally, the thin and lengthy natures 246 of fibers enable their decreased mobility and increased adhesion to the lungs, consequently causing 247 lung accumulation. Respirable particles typically have a size smaller than 10 μ m, whereas fibers 248 that enter the lungs can reach lengths of thousands of microns, posing a long-term health hazard that 249 cannot be overlooked.

250 A small fraction of MNPs may be able to cross the alveolar wall, enter the capillaries, and 251 ultimately the bloodstream. The translocation of particles could be size-dependent. For instance, 252 studies in mice have shown that nanoparticles with sizes of up to 200 nm can pass through the air-253 blood barrier (ABB) [91]. Similarly, human exposure experiments have found that carbon particles 254 with sizes below 100 nm can penetrate across the ABB [92]. In addition, aging can affect the 255 translocation of nanoparticles across the air-blood barrier. In neonates, the transport of gold 256 nanoparticles is not size-dependent, while in adult animals, smaller nanoparticles (5 nm) can cross 257 the ABB more efficiently than larger nanoparticles (100 nm) [93]. The ABB also can be influenced

by the surface charge of nanoparticles, and negatively charged particles easier cross the barrier [91]. NPs might cross the ABB through the large gaps formed between alveolar epithelial cells or through the endocytosis of cells (Fig.1B) [94]. Further investigation is needed to determine whether MPs can cross the ABB. The mechanisms by which MNPs in the environment cross the ABB are more complex due to their different forms, particle size range, and surface charge.

263 **3.2.** Accumulation and translocation of MNPs in the intestine

MNPs that enter the digestive system are subject to a similar pathway as those entering the 264 265 respiratory system. When water and food containing MNPs enter the human digestive tract, the 266 intestinal tract are exposed to MNPs directly or indirectly. However, MNPs are difficult to digest 267 and degrade in the body [95]. The majority of MNPs in the human digestive tract could be excreted 268 by the body. Schwabl et al. [96] reported nine distinct types of MPs in human feces with sizes 269 ranging from 20 to 500 µm. The abundance of MPs in human feces ranged from 1 to 36 particles/g 270 [96, 97]. Surprisingly, the concentration of MNPs in infant feces was higher than in adults [98], 271 suggesting that infants and children are exposed more to MNPs than adults.

272 The researchers further found that MNPs accumulate in the human intestine and can even 273 translocate into the circulatory system. The abundance of MPs in the dead human colon was $28 \pm$ 274 15 particles/g, indicating accumulation of MPs in the intestine over a long period of time [31]. MNPs 275 in the intestine could be translocated into the circulatory system through three main channels (Fig.1 276 A) [99]. The first channel involves the endocytosis of epithelial cells, which is mainly capable of 277 translocating nanoscale particles. In vitro experiments have demonstrated that plastic particles <100 278 nm can permeate the barrier of Caco-2 (human colon cancer)/HT29 (human cell line)+Raji-B 279 (lymphoblast-like cell line) cells and even traverse the intestinal barrier [100]. The ecological corona 280 generated by particles of plastic exposed to the environment is more conducive to the passage of 281 NPs across the intestinal barrier [101]. The second channel involves the transcytosis transport of 282 microfold (M) cells in the Peyer's patches of the ileum, which is thought to be the main mode of translocation of MNPs [84, 99]. M cells can translocate particles smaller than $<10 \,\mu$ m to the mucosal 283 284 lymphoid tissue and concentrate them on the plasma membrane side of the Peyer's patch [84, 102].

In *in vitro* experiments, M cells co-cultured with Caco-2 cells were more likely to take up fluorescent MPs than a single Caco-2 culture [103]. The third channel is the persorption process, which involves the shedding of intestinal epithelial cells from their villi-like tips, and generates pores that allow big particles to pass through. The experiment showed that PVC particles of 5–110 µm can pass through the intestinal barrier via persorption [104].

However, a gap still exists between current *in vitro* cellular experiments and the actual human intestinal absorption mechanism of MNPs. For instance, it is uncertain whether MNPs in the gut are completely detached from food and irregular MNPs have the same fate in the gut as spherical particles. Additionally, further research is needed to determine the distribution of MNPs in different regions of the gastrointestinal tract, such as the small intestine, colon, duodenum, jejunum, and ileum. The translocation rate of MNPs in the intestine should be further estimated through *in vivo* models.

297 **3.3. Accumulation and translocation of MNPs in the skin**

298 The skin, being the largest organ of the human body, serves as a barrier that prevents the 299 penetration of particulate matter. However, there is currently a lack of research on the accumulation 300 and transfer of MNPs on the skin. Alvarez-Roman et al. [105] observed that PS microspheres (20 301 and 200 nm) preferentially accumulate in the follicular openings of porcine skin and increase over 302 time. Whereas the mechanism by which these NPs penetrate the skin barrier remains unclear. Based 303 on previous advances in nanoparticle research, NPs have the potential pathways to penetrate the 304 skin barrier [106, 107]. Currently, there are three pathways by which NPs are transferred from the 305 outer skin to the body: i) via cellular bypass (<1-4 nm); ii) via sweat glands and hair follicles (4-20306 nm) and iii) damaged skin (21–45 nm) [106]. Indeed, when the skin is severely damaged, there is a 307 possibility that larger-sized NPs can penetrate through.

308 3.4. MNPs accumulation in organs

309 After crossing the intestinal barrier and the air-blood barrier, MNPs enter the circulation system.

310 The largest blood vessel in the human body, the aorta, has a diameter of about 25,000 µm and the 311 smallest capillary is about 8 µm [108], which allows convenient transfer of different sizes of MNPs 312 through the bloodstream circulation in the human body and eventually accumulation in organs, 313 tissues and body fluids (Table 2). Researchers detected the presence of PET and PC-type plastics in 314 human blood for the first time [32], although their size was not determined. More investigations are 315 needed to reveal the kinetics of MNPs in blood. Recently, MPs also have been found in human 316 thrombosis ($\sim 5 \mu m$), the liver (4–30 μm) and even the placenta (5–10 μm) [33, 35, 36], by Raman 317 or infrared spectroscopy. In the future, it is necessary to observe MNPs in vivo by labeling them 318 with radioisotopes or upconversion fluorescence, and in situ image their location using positron 319 emission computed tomography or photoacoustic imaging techniques.

320 4. Potential effects of MNPs on human organ systems

The potential impact of MNPs on health is a major concern. The human body mainly consists of nine organ systems, namely the digestive, respiratory, circulatory, reproductive, nervous, immune, endocrine, urinary, and locomotor systems, whose functional balances are required for human wellbeing. In this paper, the effects of MNPs on these nine organ systems are summarized through knowledge derived from *in vivo* and *in vitro* toxicological studies (Fig. 2).

326 4.1. Digestive system

The digestive system plays a vital role in breaking down food, absorbing nutrients, and eliminating waste [109]. However, MNPs might have adverse effects on the intestinal tract. MNPs can potentially impact nutrient absorption in the human intestine, disrupt intestinal homeostasis, and ultimately lead to intestinal diseases [110-117].

Preliminary experiments have shown that MNPs inhibit lipid digestion and reduce the absorption of vitamin D3 [110, 111], causing nutritional imbalances. The main reason is that MNPs can agglomerate nutrients and reduce their bioavailability or affect the activity of the corresponding enzymes. Additionally, fibrous MPs featured honeycomb-like pores that competitively absorb 335 nutrients [112].

336 A stable intestinal microbiota is essential for human health. MNPs altered the human intestinal 337 microbiota and caused an imbalance in intestinal microecology. In vivo exposure experiments in 338 model animals showed that MPs alter bacterial abundance in the intestine of mice, feeding 339 polyethylene (PE) MPs showed significant increased abundances in Staphylococcus alongside with 340 a decrease in Parabacteroides [113], and feeding polystyrene (PS) MPs decreased Actinobacteria 341 abundance [114]. The concentration of MPs also affected the intestinal microbiota, and a high 342 concentrations of PE MPs (600 µg/day) increased intestinal microbial species, bacterial abundance, 343 and flora diversity in mice [113]. Considering the possible access of environmental MNPs that carry 344 microorganisms and even pathogenic bacteria to the human digestive system, their impacts on the 345 stabilization of the intestinal flora deserve carefully examination.

MNPs negatively affect human intestinal cells. In human colonic epithelial cells CCD841CoN
and small intestinal epithelial cells HIEC-6, 0.1 µm PS microspheres caused cellular oxidative stress
and 5 µm PS exposure resulted in higher levels of mitochondrial depolarization [115]. Therefore,
MNPs exposure in the intestine causes intestinal barrier dysfunction, metabolic disorders, immune
response, inflammation, and ultimately to the development of related diseases [113-117].

351 Risks from co-interactions of MNPs and other contaminants such as heavy metals also should 352 be cautiously considered. Once these contaminants have entered the human body through MNPs as 353 the carrier, their release could greatly impair human health. In an *in vitro* human digestive model, 354 both lead (Pb) and chromium (Cr) could be desorbed from MPs into simulated gastric and intestinal 355 fluids. This is indicative of increased risk of the metals to human health [118, 119]. On the other 356 hand, no significant desorption of benzophenone-3 from MNPs occurred in the simulated human 357 gastrointestinal fluid [120]. Desorption behaviors of pollutants from MNPs in the human gastrointestinal system should be differential, based on the type/size of MNPs, as well as pH and 358 359 the presence of surfactants in the surrounding intestinal environment.

360 **4.2. Respiratory system**

MPs have been detected in both the upper respiratory tract (sputum, nasal cavity) [88] and lower respiratory tract (alveoli, lung tissue) [87, 121] of humans, which raises concerns about their potential health effects on the respiratory system. Although there is still no direct link between MNPs and human respiratory disease, recent research suggests that MNPs may alter endogenous surfactants of human lungs, impair lung cells, and increase their susceptibility to lung disorders such as pulmonary fibrosis, pulmonary frosted glass nodules, and asthma [122-127].

367 Lung surfactants play an important role in reducing alveolar surface tension and preventing 368 invasion by exogenous particles [122]. Researchers discovered an abundance of 9.18 particles/100 369 mL in alveolar lavage fluid, 97.06% of which were fibers [87]. Shi et al. [123] found that MPs 370 modify the phase behavior, surface tension, and membrane structure of simulated lung surfactants, 371 as well as increase the amount of reactive oxygen species (ROS) in lung surfactants by in vitro 372 simulations. MNPs were more accessible to lung cells by altering the composition of the pulmonary 373 surfactants, and ROS damaged DNA and caused lung damage [123]. The toxicity of MPs to human 374 lung cells could be correlated to the concentration and size of MPs [124, 125]. Low doses of PS 375 particles (10 µg/cm²) cause cytotoxic, inflammatory effects in lung epithelial cells (BEAS-2B) and 376 disrupt lung barrier function, while high concentrations $(1,000 \text{ }\mu\text{g/cm}^2)$ increase the risk of occurrence of chronic obstructive pulmonary disease [125]. The smaller sized MNPs are more toxic 377 378 to human lung cells, which could be attributed to the higher bioactivity and greater intracellular 379 accumulation of smaller NPs [124].

380 MNPs might be able to cause lung diseases. In mice, 5 µm PS MPs were found to persist in 381 lungs, initiated oxidative stress and chronically damaged epithelial tissues, elicited inflammation 382 and consequently activated the Wnt/-catenin signaling that led to lung fibrosis. In addition, inhaled 383 tire wear plastic ($<1 \mu m$) induced pulmonary fibrosis injury [126]. Moreover, fibrous MPs may be 384 associated with the formation of ground glass nodules in the lung. By comparison with human lung 385 tumors and normal tissue, fibrous MPs were more frequently detected in tumor tissues (58%) than 386 in normal tissues (42%). In people more exposed to MPs in their living or working environment, 387 fibrous MPs were detected in 72% of tumor tissues [127]. To date, the toxicity of MNPs on the 388 respiratory system is not well understood and requires further investigations.

389 4.3. Circulatory system

The circulatory system supplies oxygen and nutrients to the various tissues in the body and removes waste products. A recent study has identified the presence of PET, PS, PE and poly (methyl methacrylate) (PMMA) plastics (>700 nm) in the blood of 22 healthy individuals, with an average concentration of 1.6 μ g/mL of MNPs [32]. Moreover, MNPs have been identified in human thrombus [128], raising concerns about their potential impact on the human circulatory system. Current evidence suggests that MNPs may be harmful to red blood cells and could potentially affect angiogenesis and platelet function, even leading to thrombosis in humans [129-133].

397 Once entering the circulation, MNPs interact with different components of the blood such as 398 plasma proteins, red blood cells, platelets, and peripheral blood lymphocytes. On the one hand, 399 MNPs absorb plasma proteins to form a multilayer corona on the exterior, resulting in an 400 aggregation effect [129]. On the other hand, MNPs adsorb to the surface of blood erythrocytes, and 401 certain NPs (amino-modified) induce erythrocyte hemolysis [130]. Particulate matter also causes 402 the aggregation and activation of platelets and ultimately the formation of blood thrombosis [131]. 403 In addition, MNPs cause cytotoxicity and genotoxicity in human peripheral blood lymphocytes 404 [132]. Moreover, PS MPs reduce the biological activity of endothelial cells, which in turn inhibits 405 angiogenic and wound-healing signaling pathways, thus impacting the development of new blood 406 vessels and wound healing [133]. When blood vessels are injured, endothelial cells promote 407 coagulation and thrombosis by synthesizing and secreting a variety of coagulation-related molecules. 408 These effects are also related to the particle size, shape, and surface charge of MNPs.

409 Current research on the effects of MNPs on the human circulatory system is still limited, and 410 there are several research deficiencies to be addressed. Firstly, most studies have been conducted *in* 411 *vitro*, and there is a lack of *in vivo* studies that can provide more conclusive evidence. Moreover, 412 most studies have focused on the acute effects of MNPs, while chronic exposure studies are needed 413 to understand the long-term effects of MNPs on the circulatory system. Another research deficiency 414 is the lack of standardized protocols for such studies. There is a need for standardized methods for 415 the characterization and quantification of MNPs in blood samples to facilitate comparison between 416 studies. In addition, there is a need for standardized protocols for assessing the effects of MNPs on 417 blood components, including red blood cells, platelets, and peripheral blood lymphocytes.

418 **4.4. Reproductive system**

Researchers have recently paid increasing attention to the potential impact of MNPs on the human reproductive system since MPs were discovered in the human placenta [36]. One of the concerns is the potential threat to future generations posed by MNP effects on reproductive health. *In vivo* animal research has demonstrated that MNPs can cause reproductive toxicity and may also have health effects on the offspring [134-139].

Studies on mice and rats have shown that MNPs can cause reproductive toxicity in both males 424 425 and females [134-136]. PS particle exposure at high levels (30 mg/kg body weight) produced 426 ovarian inflammation and decreased oocyte quality in mice [135]. PS particles similarly induced 427 testicular inflammation, decreased sperm quality, and damaged the blood-testis barrier in mice [134]. 428 In addition, the reproductive system of female rats is more susceptible to MNPs than that of males 429 [136]. Moreover, Deng et al. [137] demonstrated that exposure to MNPs at a concentration of 50 430 mg/kg of food also influenced the testicular and sperm quality of mice. The underlying mechanisms 431 behind the reproductive toxicity of MNPs are not yet fully understood, but inflammation and lipid 432 metabolic abnormalities may play a significant role [137]. Future research could focus on 433 identifying the specific pathways through which MNPs exert their effects on reproductive health, 434 such as changes in gene expression or disruption of hormonal signaling.

To further investigate the effects of MNPs on mouse offspring, Deng et al. [137] found that prolonged exposure of male mice to MNPs decreased body weight and liver mass in the offspring, as well as causing disorders of lipid metabolism. In addition, prolonged maternal exposure to MNPs can cause impaired energy metabolism in the offspring [138]. Recent research detected significantly higher MPs in the placentas of pregnant women with intrauterine growth restriction (302 440 particles/13 placentas) than in normal placentas (6 particles/13 placentas) [139]. As mentioned 441 earlier, MNPs have been shown to have transgenerational effects on reproductive health in animal 442 models. Future research could investigate whether these effects are also present in humans, and 443 whether they are passed down through multiple generations.

444 **4.5.** Nervous system

The nervous system is a complex network of neurons that regulates the body's physiological activities [140, 141]. However, there is a paucity of research on the effects of MNPs on the human nervous system. Currently, *in vivo* animal tests have demonstrated that 2 μ m PS particles can cross the blood-brain barrier and aggregate in the brain of mice [142]. Qi et al. [143] also discovered exogenous fine particles (such as malayaite and anatase TiO₂) in human cerebrospinal fluids, but no micron-level particles have been identified in the human brain. This suggests that NPs have likely permeated the human brain.

Lee et al. [142] further found that MPs affected learning and memory in the brains of mice continuously fed with 2 μ m of PS MPs (0.016 mg/g) for eight weeks. This may be mainly due to the fact that PS particles entering the brain cause neuroinflammation in the hippocampus, which in turn alters genes and proteins that contribute to synaptic plasticity [142]. In addition, Wang et al. [144] also found that PS particles (5 μ m) induced oxidative stress and reduced acetylcholine levels in mice, resulting in learning and memory impairment. The neurotoxicity of MPs was also dependent on dose, size, composition, and shape [144].

Based on current research advances, future *in vivo* and epidemiological research is needed to investigate the potential long-term effects of long-term exposure to MNPs on the human nervous system, including cognitive function and behavior. Additionally, there is a need to explore the effects of MNPs on neural networks and specialized neurons in the human brain by examining changes in neurotransmitter levels, gene expression, and synaptic plasticity following exposure to MNPs, and to study the effects of MNPs on specific populations, such as children, the elderly and individuals with pre-existing neurological disorders. This will help to identify potential vulnerabilities and 466 inform targeted interventions to protect these populations.

467 **4.6. Immune system**

468 The immune system is a network of lymphoid organs, tissues, cells, humoral substances, and 469 cytokines that work together to defend the body [145]. An important function of the immune system 470 is to eliminate invading bacteria, foreign cells, macromolecular compounds (antigens), and 471 extraneous particles. MNPs trigger a local or systemic immunological response when entering an 472 organism, and some MNPs generate a protein corona on their surface that enables them to escape 473 the immune system [129]. Experiments on animals or cells have shown that MNPs can lead to 474 increased secretion of pro-inflammatory cytokines, disrupting immune homeostasis and ultimately 475 leading to immune system disorders such as autoimmune diseases [146-152].

476 Secretion of pro-inflammatory cytokines is essential for maintaining homeostasis of the 477 immune system. In in vitro human peripheral blood mononuclear cell experiments, Han et al. found 478 that both acrylonitril-butadiene-styrene (ABS) and polyvinylchloride (PVC) particles induced the 479 release of interleukin 6 (IL-6) and tumor necrosis factor- α (TNF- α) and that the particle size and 480 concentration of plastic particles affected the release of IL-6 and TNF- α [147]. Larger PVC (75– 481 200 μ m) tended to induce the release of IL-6 and TNF- α ; And smaller ABS (25–75 μ m) particles 482 resulted in the elevated release of IL-6 at higher concentrations (1,000 μ g/mL). Conversely, larger 483 ABS (75–200 μ m) particles showed a tendency to induce the release of TNF- α across all 484 concentrations $(10-1,000 \,\mu\text{g/mL})$ [147]. In addition, mice were exposed to PE particles through the 485 diet and the PE particles were found to induce an intestinal immune response. This resulted in 486 increased levels of interleukin-1 α (IL-1 α) and decreased levels of interleukin 2 (IL-2) [113]. 487 Moreover, PS particles cause a maternal-fetal immunological imbalance in mice, which might 488 ultimately result in abortion due to reduced immune cells and the proportion of macrophages [148]. 489 An immune system overreacting to MNPs can lead to massive inflammation, resulting in an 490 imbalance in the homeostasis of the immune response.

491

Autoimmune diseases are a group of diseases in which an immune response to an autoantigen

leads to damage or dysfunction of the tissues and organs. In addition to genetic factors, autoimmune diseases can be triggered by environmental factors [149]. Numerous studies have demonstrated that air pollution might exacerbate autoimmune disorders. Particularly, ambient fine particulate matter may raise the incidence of systemic lupus erythematosus [150], type 1 diabetes [151], and rheumatoid arthritis [152]. Similarly, environmental MNPs have a strong propensity to induce autoimmune disorders.

The immune system is present in various organs throughout the body, including the spleen, lymph nodes, and bone marrow, among others. Future research should investigate the impact of MNP exposure on immune system function in different organs and even overall immune system health. Research is also needed to investigate the effects of MNP exposure on different immune cell populations, including T cells, B cells, macrophages, and dendritic cells.

503 **4.7. Endocrine system**

504 The endocrine system is responsible for regulating the normal physiological activities of the 505 body through hormones. Despite limited toxicity to the endocrine system, MNPs can carry and 506 desorb some endocrine-disrupting chemicals (EDCs), such as bisphenol A, phthalates, or steroid 507 hormones [26, 153]. There is growing evidence from laboratory animal studies and epidemiological 508 studies that EDCs can interfere with the development of the endocrine system and affect the function 509 of organs that respond to hormonal signals [153], leading to a variety of health problems such as 510 reduced sperm quality and sex hormone concentrations, effects on child development, type 2 511 diabetes, obesity, etc [154, 155]. Furthermore, Deng et al. [156] showed that the presence of MNPs 512 significantly increased the absorption of EDCs in the intestine and increased their reproductive 513 toxicity. It is therefore necessary to focus on the interaction between MNPs and EDCs in organisms 514 and to further investigate their combined toxicity to organisms. In addition, other endocrine 515 disruptors such as polychlorinated biphenyls (PCBs) and dioxins are also present in the environment 516 and can enter the body through adsorption on the surface of MNPs, and their release in the body and 517 combined toxicity with MNPs require more attention.

518 **4.8.** Urinary system

519 The urinary system is the main metabolic pathway of the body and maintains stability within 520 the organism. Unquestionably, MNPs can also penetrate the urinary system and harm the kidneys 521 and bladder. At the cellular level, exposure of human embryonic kidney cells (HEK 293) to PS particles drastically reduces cell proliferation and causes cellular oxidative stress [157]. In addition, 522 523 PS particles cause mitochondrial dysfunction, endoplasmic reticulum stress, inflammation and 524 autophagy in kidney cells [158]. At the organ level, PS particles (50-400 µm) can accumulate in the 525 kidney, with 600 nm PS particles aggregating while 4 µm PS particles appearing as single particles 526 [159]. MNPs also cause significant kidney quality decrease, histopathological lesions, kidney inflammation, and endoplasmic reticulum stress [158, 159]. In addition, PS particles produce 527 bladder epithelial necrosis and inflammation, with 1-10 µm particles causing the most severe 528 529 necrosis and 50-100 µm particles causing the most severe inflammatory damage [160].

Animal studies have shown that MNPs (100 nm, 3 µm) are excreted in mouse urine [161], and 530 531 recent studies have shown that MPs are also present in human urine [28]. Pironti et al. detected 532 seven irregular MPs with particle sizes of approximately 4-15 µm in urine samples from six individuals, the main types being PP, PE, polyvinyl acetate, and PVC [28]. Based on the 533 534 aforementioned studies, future research needs to focus on improving the detection methods for the concentration and particle size range of MNPs in human urine to accurately assess the glomerular 535 536 filtration rate. Furthermore, future studies should investigate the potential effects of MNP exposure 537 on urinary protein filtration and reabsorption.

538 **4.9.** Locomotor system

539 MNPs have been shown to inhibit the mobility of fish, soil animals, and birds [162-164], but 540 their effect on the human locomotor system is negligible. However, individuals who use prostheses 541 need to be aware that wear and tear can produce MNPs that may cause inflammation and possible 542 rejection, thereby affecting mobility [165]. MNPs may also affect movement by influencing the 543 central nervous system. For example, one study found that feeding mice food containing MPs resulted in shorter walking distances and slower locomotion [166].

545 5. Future research recommendations

Based on the above discussion, research on the effects of MNPs on mammalian and, in particular, human health is still in its early stages. There are significant gaps regarding the quantification of the concentrations of MNPs in different foods, the intake of MNPs by different routes of exposure in humans, the absorption and transfer of MNPs in the human body, and the mechanisms of the health effects of MNPs on humans after ingestion. Therefore, systematic and indepth studies on the effects of MNPs on human health are needed. Recommendations for future research are as follows.

i. Standardize MNPs detection methods and establish quality control and quality assurance
 systems to avoid contamination and facilitate comparison between studiesBased on the nature of
 MNPs, a standard formula for converting MNPs from abundance to mass concentration needs to be
 established, which allows for a more realistic and]comparable assessment of daily human exposure.

557 ii. Develop *in vitro* models that simulate the complexity of human tissues and organs to better 558 understand the accumulation and transfer of MNP in the human body. There is a further need to 559 develop innovative techniques for characterizing and studying MNPs, including advanced imaging 560 techniques and novel analytical tools for better in situ imaging and characterization.

561 iii. Standardize *in vitro* cellular and model animal experiments for dose-response studies of 562 MNPs. Evaluate and compare the toxicity and mechanism of action of different types and particle 563 sizes of MNPs. And conduct long-term epidemiological studies to assess the chronic effects of 564 MNPs on human health. Particularly vulnerable populations, including pregnant women, children, 565 and the elderly, may be more susceptible to the toxic effects of MNPs.

iv. Based on the one health framework, the issue of MNPs requires interdisciplinary collaboration and scientific and technological innovation [162]. There is a need to strengthen communication and cooperation between professionals in different fields, explore new research 569 methods and technologies, and promote the solution to MNPs problems.

570 Author contributions

Y.D.F.: conceptualization, investigation, writing-original draft, writing-original revise. C.T.:
conceptualization, investigation, Writing-original draft, supervision, project administration,
writing- eview & editing. R.J.L., D.W., J.Y.: writing-review & editing. Y.K.X., W.J.G.M.P.:
supervision, writing-review & editing. Y.M.L.: conceptualization, supervision, writing-review &
editing.

576 Declaration of competing interests

577 The authors declare that they have no conflicts of interest.

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1072 Figure 1. The possible absorption, transfer and accumulation mechanisms of micro- and nanoplastics in







1075 Figure 2. Potential health risks of micro- and nano-plastics to nine human organ systems.

Table 1. Presence of micro- and nano-plastics in the daily human diets.

Species	Location	Abundance	Size (µm)	Туре	Shape	Detection method	Reference
Skipjack Tuna	Southern Coast of	4 particles/fish	500-5,000	/	Filament (84%),	Stereomicroscope	[167]
(Euthynnus affinis)	Java, Indonesia				angular (11%),		
Deep-sea fish	South China Sea	Stomachs: 1.53±1.08	0-1,000 (68.9%-76.7%)	1	Film, fiber	Optical microscope	[168]
		particles/g					
		intestines: 4.82±4.74					
		particles/g					
Oysters	South Australia	0.09±0.01 particles/g	1	LDPE, PE	Fiber (61.8%),	FTIR	[169]
		wet weight			fragment (37.7%),		
Mussel (Perna	Hong Kong	0.21-1.83 particles/g	40–1,000	PP (56%), PE	Fragment, fiber	Raman	[51]
Viridis)		wet weight		(25%), PET			
				(10%)			
Brown shrimp	Bangladesh coast	3.40±1.23 particles/g	1,000–5,000 (40%)	PA, rayon	Fiber (57%), particle	μ-FTIR	[170]
(Metapenaeus		digestive tract	500-1,000 (17%)		(29%), fragment		
monocerous)					(14%)		
Tiger shrimp	Bangladesh coast	3.87±1.05 particles /g	1,000–5,000 (70%)	PA, rayon	Fiber (32%), particle	μ-FTIR	[170]
(Penaeus monodon)		digestive tract	500-1,000 (27%)		(16%), fragment		
					(26%)		
Whiteleg shrimp	Malaysia	20.8±3.57 particles /g	/	/	Film (93%–97%)	Microscope	[50]
(Litopenaeus		wet weight					
vannamei)							
Argentine red	Argentina	7,050±4,178 particles/g	/	/	Sphere (70%)	Microscope	[50]
shrimp (Pleoticus	Southwest Atlantic,	wet weight					

muelleri)	FAO 41						
Dried fish	Taiwan, Thailand,	0-0.56 particles/g	/	PE (35%), PET	Fiber, fragment, film	μ-Raman, FTIR	[11]
	Japan , China,	(dried fish)		(26%), PS			
	South Korea,			(18%)			
	Vietnam and Sri						
	Lanka						
Tap water	China	440±275 particles/L	1-50 (31.25%-100%)	PE (26.8%), PP	Fragment: 53.85%-	μ-Raman	[171]
			50-100 (1.47%-31.25%)	(24.4%),	100%,		
			100–300 (1.72%–31.25%)	PE+PP	fiber: 1.18%-		
				(22.0%)	30.77%.		
					sphere: 2.27%-		
					36.36%.		
Tap water ^a	Barcelona	$1 \text{ ng/L}-9 \mu\text{g/L}$	0.7–20	PE. PP		HPLC-HRMS	[172]
	Metropolitan Area						
Drinking water	Mexico City	18±7 particles/L	100–1,000 (75%)	PTT, EP	Fibers	μ-Raman	[173]
Bottled water	Kermanshah , Iran	8.5±10.2 particles/L	1,280-4,200	PET, PS, PP	fragment (93 %),	FTIR, Raman	[174]
Mineral water					fiber (7%)		
Bottled water	China	2-23 particles/bottle	25-5,000	Cellulose	Fiber, fragment	μ-FTIR	[175]
				(71.16%),			
				PET (6.98%),			
				PE (6.05%)			
Soft drinks	Mexico	ND-7 particles/L	100–3,000	PA	Fiber	Microscope	[60]
Cold tea	Mexico	1-6 particles/L	100–2,000	PA	Fiber	Microscope	
Beer	Mexico	ND-28 particles/L	100–3,000	PA	Fiber, fragment	Microscope	
Milk	Switzerland; France	2,040-10,040	≥5,<20	PE (31%), PS	/	µ-Raman	[61]

Table salts	Africa	1.68±1.83 particles/kg	>50, <5000	(27%), PES (23%) PVA, PP, PE	fragment, fiber, granule	FTIR	[176]
Table salts	India	115–575 particles/kg	100–200 (37.7%), 200– 500 (31.2%), 500–1,000 (16.2%) >1000 (15%)	PE (78%), PE (19%), PVC (3%)	Fibers (88.5%), film (4.9%), pellet (2.9%)	μ-FTIR	[14]
Sugar	Bangladeshi	343.7±32.08 particles/kg	<300 (64%)	ABS (25%), PVC (18%), PET (15%)	Fiber (38.4%), fragment (28.4%), film (25.2%)	FTIR	[65]

^a mass concentrations. LDPE, low-density polyethylene; PP, polypropylene; EP, epoxy resin; PET, polyethylene terephthalate; PE, polyethylene; PA, polyamide; PES, polyester; PVC, polyvinyl chloride; PVA, polyvinyl acetate; ABS, acrylonitrile butadiene styrene; FTIR, fourier transform infrared; HPLC–HRMS, high performance liquid chromatography- high-resolution mass spectrometry.

Human body	Digestion	Detection	Sample	Туре	Shape	Abundance	Size (µm)	Reference
sample	methods	method	Number					
Lung	H ₂ O ₂ (30%,	μ-FTIR, Raman	100	Cotton, rayon, PE	Fiber (>90%)	Tumor tissues:	1,450±980	[86]
	v/v)					38 particles/50 samples,		
						normal tissues: 27		
						particles/50 samples		
Lung	Enzymatic	Raman	20	PP (35.1%), PE	Fragment (87.5%),	0.56 particles/g of lung	Fragment : 1.60-	[30]
				(24.3%), cotton	fiber (12.5%),	tissue	5.56	
				(16.2%)			fiber: 8.12-16.80	
Lung	$30\% \ H_2O_2$	μ-FTIR	13	PP (23%), PET	Fragment (67%),	1.42±1.50 particles/g	12–2,475	[121]
				(18%), resin (15%)	fiber (22%)			
Bronchoalveolar	No	μ-FTIR	44	Rayon (40.48%),	Fiber (97.06%)	9.18±2.45 particles/100 mL	1,730±150	[87]
lavage fluid				PE (19.05%),				
				cellulose (16.67%)				
Sputum	HNO ₃ ,	FTIR	22	PU, PE, PVC	-	18.75-91.75 particles/10	20-500	[29]
	NaOH					mL		
Sputum	30% KOH	Polarized light	16	Couriers: PC	Couriers: fiber	Couriers:26.9-161.5	-	[88]
		microscopy		(24.2%), PVC	(94.3%),	particles/g		
				(23.0%);	office staff: fiber	Office staff: 0.4-1.4		
				office staff: PVC	(83.3%)	particles/g		
				(39.1%), PA				
				(24.8%)				
Nasal lavage fluid	30% KOH	FTIR	16	Couriers: PA	Couriers: Fiber	Couriers:17.6-728.6	-	[88]

 Table 2. Presence of micro- and nano-plastics in human tissues or fluids.

				(25.3%), PE (22.9%); office staff: PVC (41.1%), PA (21.6%)	(83.8%); office staff: fiber (87%)	particles/g; office staff: 0.9–3.3 particles/g		
Human blood ^a	Proteinase K	Pv-GC/MS	22	(31.0%) PET. PE	-	1.6 µg/ml	≥0.7	[32]
Thrombi	30%KOH	Raman	26	LDPE	Fragment	1 particle/26 sample	~5	[33]
Liver, spleen, kidney	КОН	Raman	Liver(11), spleen(3), kidney(3)	PS, PVC, PET	000	1.4 particles/g	4-30	[35]
Placenta	10% KOH	Raman	43	PE, PS	Film, fiber, fragment	Normal:6 particles/30 sample IUGR:302 particles/13 sample	Normal:7.3–27.6 IUGR: 2.9–34.5	[139]
Placenta	10% KOH	Raman	6	РР	Fragment	4 particles/6 placentas	~5-10	[36]
Breast milk	10% KOH	Raman	34	PE (38%), PVC	Fragment	26 particles/34 samples	2-12	[177]
				(21%), PP (17%)				
Human colectomy	10% KOH	FTIR	11	PC, PA, PP	Fiber (96.1%),	28.1±15.4 particles/g	800-1,600	[31]
Adult stool ^a	H ₂ O ₂ 30%,	FTIR	26	PET, PP, PS	-	1-36 particles/g	20-800	[178]
Infant stool ^a	КОН	LC-MS/MS	6	PET, PC	-	PET: 5,700-82,000 ng/g PC: 49-2,100 ng/g	-	[98]
Meconium ^a	КОН	LC-MS/MS	3	PET, PC	-	PET: 3,200–12,000 ng/g PC: 110 ng/g	-	
Adult stool		FTIR	8	PP (62.8%), PET (17.0%), PS (11.2%)		20 particles/10g	50-500	[96]

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Adult stool ^a	КОН	LC-MS/MS	10	PET, PC	-	PET: <16,000 ng/g	-	[98]
						PC: 37-620 ng/g		
Urine	КОН	Raman	6	PP PE PVC PVA	fragment	-	4-15	[34]
onne	Ron	Tumun	0	11,12,170,170	nuginent		1 15	[51]

^a mass concentrations. PP, polypropylene; PET, polyethylene terephthalate; PE, polyethylene; PU, polyether urethane; LDPE, low-density polyethylene; PC, polycarbonate; PA, polyamide; PVC, polyvinyl chloride; PVA, polyethylene vinyl acetate; FTIR, Fourier-transform infrared spectroscopy; Py-GC/MS, pyrolysis gas chromatography-mass spectrometry; LC–MS/MS, liquid chromatography-tandem masa spectrometry. IUGR, intrauterine growth restriction.



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Highlights

Human exposure to micro- and nano-plastics (MNPs) via inhalation, ingestion and dermal contact are summarized.

MNPs have an intrinsic capability to escape and to translocate to the circulatory system.

MNPs have the potential to disrupt homeostasis, leading to oxidative stress, cytotoxicity, tissue damage, and systemic dysfunction.

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