

## 2-Butanone – Addendum for re-evaluation of the BAT value

### Assessment Values in Biological Material – Translation of the German version from 2014

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2-butanone, methyl ethyl ketone, BAT value, biological tolerance value, biomonitoring

<b>BAT value (2013)</b>	<b>2 mg 2-butanone/l urine</b> Sampling time: end of exposure or end of shift
<b>MAK value (1961)</b>	<b>200 ml/m<sup>3</sup> <math>\approx</math> 600 mg/m<sup>3</sup></b>
Absorption through the skin (1996)	H
Carcinogenicity	–

In 1988 the biological tolerance value (BAT value) for 2-butanone [78-93-3] (methyl ethyl ketone) was established at 5 mg 2-butanone/l urine at the end of exposure or end of shift (translated in Angerer 1995). The derivation was based on data available for the relationship between external and internal exposure, taking into consideration the MAK value (maximum workplace concentration) of 200 ml/m<sup>3</sup> as reference value for the setting of the BAT value. The MAK value for 2-butanone was last confirmed in 2000 (Greim 2000). Its evaluation was based on the irritation to eyes, nose and throat, which had been reported at exposure concentrations of 100 to 200 ml/m<sup>3</sup> without clear dose-response relationship. Exposure levels of 300 ml/m<sup>3</sup> and more, however, were clearly not tolerated. Except for the known neurotoxicity which occurs only in combination with n-hexane and comparable  $\gamma$ -diketone formers, no systemic toxicity was described.

## Re-evaluation

The BAT value for 2-butanone was mainly established on the basis of three field studies, which provided exact data for the parameters of the regression equations for the relationship between 2-butanone concentrations in the air and those in urine (Ghittori et al. 1987; Miyasaka et al. 1982; Perbellini et al. 1984). In these three studies the calculated average concentrations in urine correlating with an inhalation exposure to 200 ml 2-butanone/m<sup>3</sup> are between 2.1 and 5.3 mg/l (see Table 1). The two lower values corresponded to the analytical values obtained in investigations by Angerer et al. (1985), which were, however, determined mainly in persons wearing respiratory protection. Recalling that these values are average values for collectives exposed to ambient air concentrations at the level of the limit value, a BAT value of 5 mg 2-butanone/l urine was set as ceiling value.

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**Tab. 1** Parameters reported from field studies on the correlations between 2-butanone in air and the resulting concentration of 2-butanone in urine

$C_{\text{air}}$ [ml/m <sup>3</sup> ]	$C_{\text{urine}}$ for an exposure at the level of the MAK value (200 ml/m <sup>3</sup> $\approx$ 600 mg/m <sup>3</sup> ) [mg/l]	Equation $C_{\text{urine}} = \beta \times C_{\text{air}} + \text{offset}$	References
< 100 <sup>a)</sup>	5.3	$C_{\text{urine}} [\mu\text{g/l}] = 26.3 \times C_{\text{air}} [\text{ml/m}^3] + 53.0$	Miyasaka et al. (1982)
$\leq 92$	2.1	$C_{\text{urine}} [\mu\text{g/l}] = 3.2 \times C_{\text{air}} [\mu\text{g/l}] + 196$	Perbellini et al. (1984)
$\leq 330^{\text{a)}$	2.2	$C_{\text{urine}} [\text{mg/l}] = 0.0032 \times C_{\text{air}} [\text{mg/m}^3] + 0.32$	Ghittori et al. (1987)
$\leq 268$	2.5	$C_{\text{urine}} [\text{mg/l}] = 0.004 \times C_{\text{air}} [\text{mg/m}^3] + 0.118$	Imbriani et al. (1989)
$\leq 356$	1.4	$C_{\text{urine}} [\text{mg/l}] = 0.00389 \times C_{\text{air}} [\text{ml/m}^3] + 0.656$	Jang et al. (1993)
$\leq 224$	5.2	$C_{\text{urine}} [\text{mg/l}] = 0.026 \times C_{\text{air}} [\text{ml/m}^3] - 0.056$	Yoshikawa et al. (1995)
$\leq 6$	6.7	$C_{\text{urine}} [\mu\text{g/l}] = 33.4 \times C_{\text{air}} [\text{ml/m}^3] + 36.8$	Kawai et al. (2003)

<sup>a)</sup> not given, estimated from figure

Since the last evaluation of the BAT value several new field studies have been conducted allowing the derivation of exposure-concentration relationships (see Table 1; reviews by Gobba et al. 1997; Imbriani and Ghittori 2005). In the overall view of the published studies a clear dichotomy is found with regard to the derived values equivalent to the MAK value: the values in the Japanese studies (Kawai et al. 2003; Miyasaka et al. 1982; Yoshikawa et al. 1995) are, at 5.2 to 6.7 mg 2-butanone/l, almost twice as high as those in the Italian studies (Ghittori et al. 1987; Imbriani et al. 1989; Perbellini et al. 1984). The unusual high value in the study by Kawai et al. (2003) can be attributed to the fact that the values were extrapolated from a comparably wide scattering point cloud in the low-dose range. The slope of the regression line in the study by Ghittori et al. (1987) on the other hand is potentially calculated too low. The Korean study (Jang et al. 1993), which by far results in the lowest estimate, is only of limited use for the evaluation due to the low number of only 14 test persons. Due to obvious mistakes made when converting different dimensions, the correlation given in the study by Ong et al. (1991) is not further taken into consideration here.

In addition to the above-mentioned field studies, the results of chamber exposure studies are available in which, with two exceptions, the excretion of 2-butanone in urine was however either not determined or not reported. Liira et al. (1990b) investigated the 2-butanone excretion in five male test persons after 4-hour exposure to 200 ml/m<sup>3</sup>, with and without co-exposure to ethanol. The concentration at the end of the exposure was about 2 mg/l urine and increased to up to two and a half times this value after ethanol exposure. Tomicic et al. (2011) exposed 10 men and 15 women to 100 ml/m<sup>3</sup> for six hours under resting conditions and obtained average concentrations of 1.0 mg/l urine (men) and 1.44 mg/l urine (women without hormonal contraception).

Theoretically, as alternative parameters, 2-butanone concentrations in alveolar air and in blood as well as the determination of 2-butanone metabolites (3-hydroxy-2-butanone, 2,3-butanediol) in urine could be considered (Brown et al. 1987; Brugnone et al. 1983; Liira et al. 1988, 1990a; Perbellini et al. 1984). However, available data are insufficient and, at present, there is no apparent advantage in the use of these parameters over the determination of unchanged 2-butanone in urine.

The BAT value is thus established on the basis of the results from the field studies on the excretion of 2-butanone in urine. The conspicuous discrepancy between the Asian and the Italian studies can be first and foremost explained by the different activity of the oxidizing enzyme cytochrome P450 2E1 (Bolt et al. 2003). Differences in analytical methods and operating procedures (high/low dermal absorption) are in principle also possible explanations. For this reason, the European studies are preferred for the derivation of the BAT value. The results of the European field studies have been confirmed by the results of the chamber studies by Liira et al. (1990b) and Tomicic et al. (2011).

The **BAT value** is therefore established at

**2 mg 2-butanone/l urine.**

Sampling should be carried out at the end of exposure or end of shift.

## Notes

### Competing interests

The established rules and measures of the Commission to avoid conflicts of interest ([https://www.dfg.de/en/dfg\\_profile/statutory\\_bodies/senate/health\\_hazards/conflicts\\_interest/index.html](https://www.dfg.de/en/dfg_profile/statutory_bodies/senate/health_hazards/conflicts_interest/index.html)) ensure that the content and conclusions of the publication are strictly science-based.

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