# ORIGINAL ARTICLE

# HEALTH RISK OF OCCUPATIONAL EXPOSURE IN WELDING PROCESSES II. IMMUNOLOGICAL EFFECTS

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*Summary*: Many of epidemiological studies have certified the relationship between welding and various forms of health damages. In our study we performed an immunological research within a group of twenty men, working in the risky environment of manufacturing of stainless steel constructions (11 welders and 9 grinders, average age was 31 years, 55 % of smokers, average time period in welding occupational exposure was 8 years). The exposed group of men was compared with a group of healthy blood donors, marked as the control group (people with various types of employment, living in same locality as a people from exposed group). People within the control group were not occupationally exposed to harmful chemical compounds (from 30 to 100 men were chosen for the individual immune parameters, average age of the whole group was 38 years, 40 % of smokers). When compared with the control group, the exposed group of welders and grinders showed higher level of C3 complement (p<0.001), orosomucoid (p<0.05), beta-2-microglobulin (p<0.001), neopterin (p<0.001) and all fagocytic cells (p<0.001). On the contrary, in the group of exposed people decreased values of IgA (p<0.001), IgG (p<0.001), IgM (p<0.001), transferin (p<0.001), alpha-1-antitrypsin (p<0.001), alpha-2-macroglobulin (p<0.001), haptoglobulin (p<0.001) and ceruloplasmin (p<0.05) were found. Some of these changes were characteristic for the exposed group. They could be considered as precursors of biological markers of effect for given type of exposure.

Key words: Welding; Grinding; Occupational exposure; Health risk; Immunotoxicity

# Introduction

Apart from the standard forms of biological monitoring of occupational exposure, represented by the analysis of original chemical substances or their metabolites in body fluids and by the analysis of enzyme activity changes, the area of immunotoxicological methods seems to be as a new promising approach (6,21,43). Investigated immune changes can contribute to the elucidation of the way of action of the toxic agents and represent also very sensitive markers of exposure (11,15,21,25,44). The immunotoxicological methods enable us to assess an impairment of the complex immunological processes (anti-infectious, anti-tumour immunity) including an influence of the partial functions of immunity (phagocytosis, production of cytokines, synthesis of antibodies etc.). A substantial effort should be dedicated to the complex description of immune system involving both, immunosuppressive and immunostimulating effects, and leading to the allergic or autoimmune reactions (31,32,46). However, actual scientific literature reported only limited number of immunological findings after occupational exposure (9,11,40,41).

The welding and grinding technologies belong among the well-known pollutant sources of occupational environ-

The toxicHigher health risk level of exposure to welding fumes is evident from the facts mentioned above. In spite of this reality, we have found only a limited number of articles, describing the changes of cellular or humoral immunological including<br/>unological markers after exposure to welding fumes (6,8,20,41,42).y (phago-<br/>antibodiesPresented work contributes to the better understanding to<br/>the relationships between given exposure and the immuno-<br/>logical changes within exposed people.unosupp-<br/>g to the al-<br/>wer, actual<br/>of immu-Methods

For immunological study a group of 20 workers (men), occupationally exposed to welding fumes was chosen (11 welders, 9 grinders, average age was 31 years, 55 % of smokers,

ment (4,5,28,38,39). Many epidemiological studies have already confirmed the correlation between the welding

and various forms of health damages, including cancer (3,13,14,16,22,24,36). The malignant diseases were repre-

sented as a lung, bladder, throat and pancreatic carcinomas

or as an increased risk of myeloid leukemia. In addition to

the malignancies, the cases of contact dermatitis (2,33), lo-

calized skin erythema and asthma were described (27,34).

average time period in welding occupational exposure was 8 years). The welding of stainless steel materials has been practiced by WIG method in protective atmosphere of argon. At the technologies of investigated industrial plant there was no possibility to construct an adequate control group of non-exposed workers. Due to this fact the immunological findings of the exposed group of workers were statistically compared with the findings of a group of healthy blood donors (men), marked as the control group (people of various types of occupations, living at the same locality as people from the exposed group). People from the control group were not occupationally exposed to harmful chemical compounds (from 30 to 100 men were chosen for the individual immune parameters, average age of the whole group was 38 years, 40 % of smokers).

#### Air analysis

Hygienic characteristics of investigated occupational environment and the results of cytogenetic analysis of exposed and control groups are described in work Borská et al. (7).

## Biological samples and immunological methods

Coagulated and non-coagulated blood samples were collected from all persons of exposed and control groups. Phagocytic activity was tested through the yeast's ingestion and expressed as the count of phagocytic and phagocytosis capable cells. ELISA method was used to determine serum level of neopterin and beta-2-microglobulin. ELISA method was also used for the determination of IL-1 beta (Quantikine RDS, USA) and the total IgE (Immunotech, France) concentrations in serum. The IgE, IgA and IgM levels, C3 and C4 components of the complement, alpha-1-antitrypsin, alpha-2-macroglobulin, ceruloplasmin, orosomucoid, prealbumin, haptoglobin, transferin and CRP were determined by nephelometry methods, through the immunoreagencies of Beckman Company (USA).

#### Statistical analysis

For statistic evaluation of our results the "Sigma Stat System" by the Jandel Company (USA) was used. After control over normality of the data (Kolmogorov-Smirnov test), t-test and non-parametric Mann-Whitney tests were used for the comparison of investigated groups. The statistical process included the calculation of arithmetic means and standard deviations in particular subsets of analyzed parameters. In the next step, significance of the differences between calculated means of the subsets was tested.

# **Results**

### Cellular immunity

When compared with the control group  $(47.5 \pm 8.25\%)$  the exposed group of welders and grinders showed increased count of all phagocytic cells  $(61.15 \pm 8.21\%)$  on the highest level of significance (p<0.001) (Tab. 1).

parameter Mean ± SD n Mean  $\pm$  SD n p value test (welders) (welders) (controls) (controls) Phag. efficiency of leuco (%) 61.15 ± 8.21 20  $47.5 \pm 8.25$ 50 < 0.001 t-test Phag. efficiency of phago (%)  $50.5 \pm 10.9$ 20 NO NO NO NO IgG (g/l)  $9.46 \pm 1.01$ 20  $13.39 \pm 3.06$ 100 < 0.001 Mann-Wh  $2.08 \pm 0.67$ 20  $2.75 \pm 0.77$ 100 < 0.001 Mann-Wh IgA(g/l) $1.10 \pm 0.33$ 20  $1.70 \pm 0.72$ < 0.001 Mann-Wh IgM (g/l) 100  $1.05 \pm 0.19$ 20  $0.71 \pm 0.19$ C3 complement (g/l) 100 < 0.001 Mann-Wh  $0.29 \pm 0.07$ 20  $0.30 \pm 0.09$ 0.4 Mann-Wh C4 complement (g/l)100  $269.55 \pm 405.81$ 20 129.30 ± 207.49 0.458 IgE total (IU/ml) 100 Mann-Wh  $1.44 \pm 0.16$ 20  $0.92 \pm 0.38$ 48 < 0.001 Mann-Wh Beta-2-microglobulin (mg/l) 20  $11.86 \pm 2.08$  $8.35 \pm 2.62$ 48 < 0.001 Neopterin (nmol/l) t-test  $3.35 \pm 1.34$ 20  $2.59 \pm 1.45$ IL-1beta (pg/ml) 35 0.062 t-test  $2.52 \pm 0.32$ 20  $3.00 \pm 0.45$ Transferrin (g/l) 50 < 0.001 t-test 20 Alpha-1-antitrypsin (g/l)  $1.45 \pm 0.23$  $3.15 \pm 0.68$ 50 < 0.001 t-test Alpha-2-macroglobulin (g/l)  $1.54 \pm 0.28$ 20  $2.05 \pm 0.52$ 50 < 0.001 t-test Haptoglobin (g/l)  $1.25 \pm 0.53$ 20  $1.62 \pm 0.31$ 50 < 0.001 t-test Orosomucoid (g/l)  $0.89 \pm 0.18$ 20  $0.75 \pm 0.18$ 50 0.004 t-test Prealbumin (g/l)  $0.31 \pm 0.03$ 20  $0.32 \pm 0.05$ 50 0.943 t-test  $0.37 \pm 0.05$ Ceruloplasmin (g/l) 20  $0.42 \pm 0.08$ 50 0.018 t-test CRP (g/l)  $2.93 \pm 6.27$ 20  $2.50 \pm 1.25$ 50 0.642 t-test

Tab. 1: Statistical comparison of the exposed group of welders and grinders with the control group.

Mean - arithmetic mean; SD - standard deviation; n - number of persons; NO - no data; Mann-Wh - Mann Whitney test

#### Humoral immunity

The parameters of humoral immunity of the exposed group revealed a number of differences in comparison with the control group (Tab. 1). Significant elevation (p<0.001) has been observed within the levels of C3 component of the complement (exposed group  $1.05 \pm 0.19$  g/l; control group  $0.71 \pm 0.19$  g/l), neopterin (exposed group  $11.86 \pm 2.08$  nmol/l; control group  $8.35 \pm 2.62$  nmol/l) and beta-2-mic-roglobulin (exposed group  $1.44 \pm 0.16$  mg/l; control group  $0.92 \pm 0.38$  mg/l). The increase on the level of significance of p<0.01 has been observed in the case of orosomucoid (exposed group  $0.89 \pm 0.18$  g/l; control group  $0.75 \pm 0.18$  g/l).

On the contrary, significant decrease (p<0.001) has been found within the levels of immunoglobulin IgA (exposed group 2.08  $\pm$  0.67 mg/l; control group 2.75  $\pm$  0.77 mg/l), immunoglobulin IgM (exposed group 1.10  $\pm$  0.33 g/l; control group 1.70  $\pm$  0.72 g/l) and total immunoglobulin IgG (exposed group 9.46  $\pm$  1.01 g/l; control group 13.39  $\pm$ 3.06 g/l), transferin (exposed group 2.52  $\pm$  0.32 g/l; control group 3.00  $\pm$  0.45 g/l), alpha-1-antitrypsin (exposed group 1.45  $\pm$  0.23 g/l; control group 3.15  $\pm$  0.68 g/l), alpha-2-macroglobulin (exposed group 1.54  $\pm$  0.28 g/l; control group 2.05  $\pm$  0.52 g/l) and haptoglobin (exposed group 1.25  $\pm$  0.53 g/l; control group 1.62  $\pm$  0.31 g/l). The decrease on the level of significance of p<0.05 has been observed in the case of ceruloplasmin (exposed group 0.37  $\pm$  0.05 g/l, control group 0.42  $\pm$  0.08 g/l).

## Discussion

Heavy metals (4,10,23,29) belong to the dominant harmful inorganic agents generated by the welding processes. In described occupational environment it is also possible to find even a lot of hazardous organic materials (for example polycyclic aromatic hydrocarbons) and physical agents (UV radiation) (17,18). According to the great variability of welding environment, it was quite difficult to perform an efficient group of tests for immunological evaluation (monitoring) of occupational risk (6).

The immune system takes part on keeping the homeostasis under variable conditions of internal and external environment (37). It keeps this role due to the ability of macrophages to swallow up noxious agents, too. This process - phagocytosis - is a significant mechanism of body defense and represents the most important part of natural nonadaptive immunity (11). It is also important factor of inflammation and autoimmune reactions. The number and activity of phagocyting cells that are in a direct contact with noxious agents can indicate the load of immune system. Scientific data about the influence of welding operations to phagocytosis are numerous but the results are often controversial in the meaning of the immunosuppressive and immunostimulant effects (20). In our previous study we have found a significant decrease in the total number of all phagocytic cells in the group of welders, working in an average

15 years with the stainless steel (6). In presented study we have found a significant increase of the total number of all phagocytic cells in the group of welders and grinders (workers were exposed to the welding fumes in an average about 8 years). According to these facts we suppose the occupational air contamination and exposure duration as the most important factors of phagocytosis influence.

Neopterin is produced by macrophages. The production is under influence of interferon gamma. Neopterin seems to be a sensitive indicator of immune activation (particularly the cellular activation) (45). It can also serve as a sensitive marker of changes in the system of cytokines that enable to evaluate the endogenous activity of cytokines. It has been proved that the majority of diseases, associated with activation of immune system (including high secretion of neopterin in all malignant tumors), increase the level of neopterine in urine and plasma (19,35). In accordance with the facts described above and with the results of our previous study (6) we have found significantly higher level of neopterine in exposed group of welders and grinders, too.

Beta-2-microglobulin is a part of HLA-I complex situated on a cell membranes. The increase of beta-2-microglobulin activity, as an important marker of activation of immune system, can be observed within many immunopathological and infectious conditions (26,30). Increased expression of beta-2-microglobulin is associated with higher exposure to antigenic substances. This situation indicates the presence of an exogenous substance in organism. The expression is usually being influenced by many factors, among others even by interferones and tumor necrosis factor alpha (12). In our study we have found significantly higher level of beta-2-microglobulin in exposed group of welders and grinders. In our previous study we have found significantly higher level of beta-2-microglobulin only in the case of exposed welders (6).

Pluripotent cytokine IL-1-beta represents key cytokine, produced by the antigen presenting cells (1). The changes within its concentration can be expected anywhere, where the immune system encounters an exogenous material (12). In a contrast to the results of our previous study (6) we have not found significantly increased level of IL-1-beta in the exposed group of welders and grinders.

The complement belongs among the most important defense mechanisms of an organism. Recognition of the antigen by specific antibody starts its classical cascade activation (12). For description of the complement function, the determination of its two important components C3 and C4 was chosen within presented study. Significant increase in the C3 component level in exposed welders was described by Hanovcová et al. (20) while significant increase in the C4 component level was described by Ulrich et al. (42). When we compared exposed group with the control we have found significantly higher level of C3 component only.

Production of antibodies is indicated as a principal function of specific humoral immunity (12). About 10 % of total plasma immunoglobulins belong to IgM class. The

IgM class is an antibody of early immune response for the most of antigens and represents also the most effective immunoglobulin class in the system of the complement fixation. All authors, Ulrich et al. (42), Hanovcová et al. (20) and Borská et al. (6) mentioned significant immunosuppressive effect of welding processes on the IgM level. We observed important decrease of the IgM level in stainless steel welders and grinders even in presented study.

About 75 % of total plasma immunoglobulins belong to IgG class. Boshnaková et al. (8) and Hanovcová et al. (20) have already observed decreased levels of IgG immunoglobulins in welders. Significantly lower IgG levels in exposed welders and grinders have been found also in presented study.

About 15 % of total plasma immunoglobulins belong to IgA class that is presented in both, monomeric and polymeric form. Wagner et al. (44) described significantly higher IgA levels in grinders. On the contrary with their results we found a significantly lower IgA levels in the exposed group of welders and grinders.

The interactions of chemical substances with endogenous macromolecules can lead to hypersensitive reactions. The simplest marker of the 1<sup>st</sup> type of hypersensitivity is a total level of IgE immunoglobulins. This indicator is very often markedly increased within the people suffering from atopy (12). In our previous work (6) we found significantly higher levels of total IgE in welders, working in an average about 15 years in welding processes. In presented study has not been found any significant difference in investigated levels of total IgE between exposed group (working in an average about 8 years in welding processes) and control group. We suppose that duration of professional exposure can play a significant role in variation of IgG expression, similarly as in the case of variation of phagocytosis.

The levels of proteins which are called "acute phase proteins" (alpha-1-antitrypsin, alpha-2-macroglobulin, transferin, orosomucoid, ceruloplasmin, haptoglobin, prealbumin and C-reactive protein) varied markedly during enhanced load of organism (trauma, surgery operations, malignity, stress, infections). Some of these proteins perform special transport functions and their levels are decreased during the acute inflammation (transferin, haptoglobin, prealbumin). The levels of other proteins are usually elevated during inflammation (CRP, alpha-1-antitrypsin, alpha-2-macroglobulin, orosomucoid, ceruloplasmin) (12). In accordance to our previous results (6) and to the results of Hanovcová et al. (20) we found significant changes of the proteins of acute phase when exposed and control groups were compared.

# Conclusion

The complex character of exposure of stainless steel welders and grinders exclude simple applications of immunological tests for purposes of biological monitoring. However, in a large spectrum of used immune markers we have found a number of significant variations particularly characteristic for observed exposed group. We could think about these changes like about the precursors of biological markers of effect in early phases of damage of an organism.

### References

- Antonini JM, Krisha-Murthy GG, Brain JD. Responses to welding fumes: lung injury, inflammation and the release of tumor necrosis factor-alpha and interleukin-1beta. Exp Lung Res 1997;23(3):205-27.
- Basketter DA, Briatico-Vangosa G, Kaestner W et al. Nickel, cobalt and chromium in consumer products: a role in allergic contact dermatitis? Contact Dermatitis 1993;28(1):15-25.
- Becker N. Cancer mortality among arc welders exposed to fumes containing chromium and nickel. Results of a third follow-up: 1989–1995. J Occup Environ Med 1999;41(4):294–303.
- Bencko V, Cikrt M, Lener J. The toxic metals in occupational and non occupational human environment. Praha: Grada, 1995:228.
- Bencko V, Marth E. Toxic metals and metalloids-immunological aspects of environmental exposure. Umweltmed Forsch Prax 1999;4(4):189–90.
- Borská L, Andrýs C, Fiala Z et al. Immunological profile of workers exposed to emissions from stainless steel welding process. Pracov Lék 2000;52(2):63-8.
- Borská L, Fiala Z, Šmejkalová J, Tejral J. Health risk of occupational exposure in welding processes. I. Genotoxic risk. Acta Med (Hradec Králové) 2003;46(1): 25-29.
- Boshnakova E, Divanyan H, Zlatarov I et al. Immunological screening of welders. J Hyg Epidemiol Microbiol Immunol 1989;33(4):379-82.
- Burchiel SW. The effects of environmental and other chemicals on the human immune system: the emergence of immunotoxicology. Clin Immunol 1999;90(3): 285-6.
- Cikrt M. The handbook of prevention in medical practice V. The prevention of adverse factors from occupational setting and work technologies. Praha: SZÚ, 1998:486-622.
- Colosio C, Barcellini W, Corsini E. Immunotoxicology in occupational and environmental medicine: prospectives, limitations, and research objectives. Med Lav 1998;89(3):203-25.
- Cruise JM, Lewis RF. Atlas of Immunology. Springer Verlag: Heidelberg, 1999:451.
- Currie CL, Monk BE. Welding and non-melanoma skin cancer. Clin Exp Dermatol 2000;25(1):28-9.
- Danielsen TE, Langard S, Andersen A. Incidence of cancer among welders and other shipyard workers with information on previous work history. J Occup Environ Med 2000;42(1):101–9.
- Descotes J, Nicolas B, Vial T et al. Biomarkers of immunotoxicity in man. Biomarkers 1996;1:77-80.
- Droste JH, Weyler JJ, Van Meerbeeck JP et al. Occupational risk factors of lung cancer: A hospital based case-control study. Occup Environ Med 1999;56(5): 322-7.
- 17. EPA. The determination of benzo[a]pyrene and other polynuclear aromatic hydrocarbons in ambient air using gas chromatography and high performance liquid chromatography analysis. EPA TO-13. Cincinnati, OH: Environmental Protection Agency. Office of Health and Environmental, Assessment Environmental Criteria and Assessment Office, 1988.
- Fiala Z, Borská L, Vyskočil A et al. Polycyclic aromatic hydrocarbons II. Toxic effects. Acta Med (Hradec Králové) Suppl 2000;43(3):37-61.
- 19. Fuchs D, Weiss G, Wachter H. Neopterin, biochemistry and clinical use as a marker for cellular immune reactions. Int Arch Allergy Immunol 1993;101:1-6.
- Hanovcová I, Chýlková V, Tejral J et al. Long-term monitoring of the immune reactivity of stainless steel welders. Centr Eur J Publ Hith 1998;6:51-6.
- Hastings KL. What are the prospects for regulation in immunotoxicology? Toxicol Lett 1998;28:102-103:267-70.
- 22. IARC. IARC Monographs on the evaluation of the carcinogenic risk of chemicals to humans: chromium, nickel and welding. Vol. 49. Lyon, France: World Health Organization, International Agency for Research on Cancer, 1990:648.
- 23. Jirák Z et al. Occupational medicine. Part 3. Occupational hygiene in basic manufacturing processes. Civop-Centrum. Praha: Pragoline, 1996:144.
- Jockel KH, Ahrens W. Lung cancer and welding: results from a case-control study in Germany. Am J Ind Med 1998;33(4):313-20.
- Kimber I. Biomarkers of immunotoxicity in man. Hum Exp Toxicol 1995; 14:148-9.
- 26. Kimlová I, Kuklová D, Menčík M. The concentrations of beta-2-microglobuline in serum and urine after exposure to cadmium and nickel. Pracov Lék 1990; 42(6):246-7.
- Kogevinas M, Anto JM, Soriano JB et al. The risk of asthma attributable to occupational exposures: A population-based study in Spain. Am J Respir Crit Care Med 1996;154(1):137-43.

- Korczynski RE. Occupational health concerns in the welding industry. Appl Occup Environ Hyg 2000;15(12):936-45.
- 29. Kučera J, Bencko V, Papáyová A et al. Monitoring of occupational exposure in manufacturing of stainless steel constructions. Part I: Chromium, manganese, molybdenum, nickel and vanadium in the workplace air of stainless steel welders. Centr Eur J publ Hlth 2001;9(4):171-5.
- Langer P, Kausitz J, Tajtakova M et al. Further studies of blood levels of some tumor markers in the polluted by polychlorinated biphenyles and control population. Neoplasma 2001;48(2):139-43.
- National Research Council. Biologic markers in immunotoxicology. National Academy Press Washington DC, 1992:206.
- Pallardy M, Kerdine S, Lebrec H. Testing strategies in immunotoxicology. Toxicol Lett 1998;28:102-103:257-60.
- Shah M, Lewis FM, Gawkrodger DJ. Nickel as an occupational allergen: A survey of 368 nickel- sensitive subjects. Arch Dermatol 1998;134(10):1231-5.
- Sobaszek A, Boulenguez C, Frimat P et al. Acute respiratory effects of exposure to stainless steel and welding fumes. J Occup Environ Med 2000;42(9):923–31.
- Solichova D, Melichar B, Blaha V. Biochemical profile and survival in nonagenarians. Clin Biochem 2001;34(7):563-9.
   Sorahan T, Burges DC, Hamilton L et al. Lung cancer mortality in nickel/chro-
- mium platters, 1946-95. Occup Environ Med 1998;55(4):236-42. 37. Stites DP, Terr AI. Basic and clinical immunology. Praha: Victoria Publishing,
- 1994;3:744.
   Tejral J, Srb V, Šmejkalová J et al. The health state evaluation of selected occu-
- pations. Voj Zdrav Listy 1997;67(7):142-6.
- 39. Tejral J, Fiala Z, Bencko V et al. The health state of persons occupationally exposed to chromium, nickel, manganese and polycyclic aromatic hydrocarbons. Acta Med (HradecKrálové) Suppl 1999;42(2):65-9.

- Tulinská J, Lišková A, Kubová J. Immunotoxic effect of xenobiotics in occupational and non-occupational environment. Immunosuppression. Pracov Lék 1998;1:13–23.
- Tuschl H, Weber E, Kovac R. Investigations on immune parameters in welders. J Appl Toxicol 1997;17:377-83.
- 42. Ulrich L, Moravík J, Miškovič P et al. The relationship between immunology changes and exposure to metals in welders. Pracov Lék 1990;42(2):147-51.
  43. Van Loveren H, De Jong WH, Vanderbriel RJ et al. Risk assessment and immunology.
- 4.3. Van Loveren H, De Jong WH, Vanderbriel KJ et al. Kisk assessment and immunotoxicology. Toxicol Lett 1998;28:102–103:261–5.
- 44. Wagner V, Wagnerová M. Ekoimmunology. Praha: Avicenum, 1988:228.
- Wachter H, Fuchs D, Hausen D et al. Neopterin. Biochemistry-methods-clinical application. New York: Walter de Gruyter Berlin, 1992:294.
- 46. WHO. Environmental Health Criteria Document. Principles and methods for assessing direct immunotoxicity associated with exposure to chemicals. EHC, 1996;180:203.

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