

Overview

- 96 % of breakfast cereals and 90 % of cereal based baby foods analyzed presented mycotoxins;
- 92 % of breakfast cereals and 60 % of cereal based baby foods revealed co-occurrence of mycotoxins;
- 2 to 7 mycotoxins were found simultaneously in the same sample;
- 32 different combinations of mycotoxins were found in all analyzed samples.

Assessment of mixtures of mycotoxins in cereal based foods available in Portuguese market

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Introduction

Mycotoxins are secondary metabolites of fungi that cause toxic and carcinogenic outcomes in humans and animals exposed to them¹. These toxins affect several commodities including cereal grains and their finished products, infant formula and baby foods². Cereals play a vital role in diet because they are not only providing humans with essential macronutrients for growth and maintenance but also supply other important vitamins, minerals, and micronutrients for optimal health³. Processed cereal samples that can be mixtures of different raw materials, are prone to contain various types of mycotoxins. A previous Portuguese study of the children food consumption revealed that about 50 % of children aged between 12 and 36 months consumes breakfast cereals⁴. This study, performed under the Mycomix project (PTDC/DTP-FTO/0417/2012), aims to determine the incidence and levels of 21 mycotoxins and metabolites (AFB₁, AFB₂, AFG₁, AFG₂, AFM₁, OTA, NIV, NEO, DAS, FUS-X, DON, 15-ADON, 3-ADON, HT-2, T-2, VER, T-2 TETROL, T-2 TRIOL, FB₁, FB₂ and ZEA), in breakfast cereals and cereal based baby foods, available in the Portuguese market.

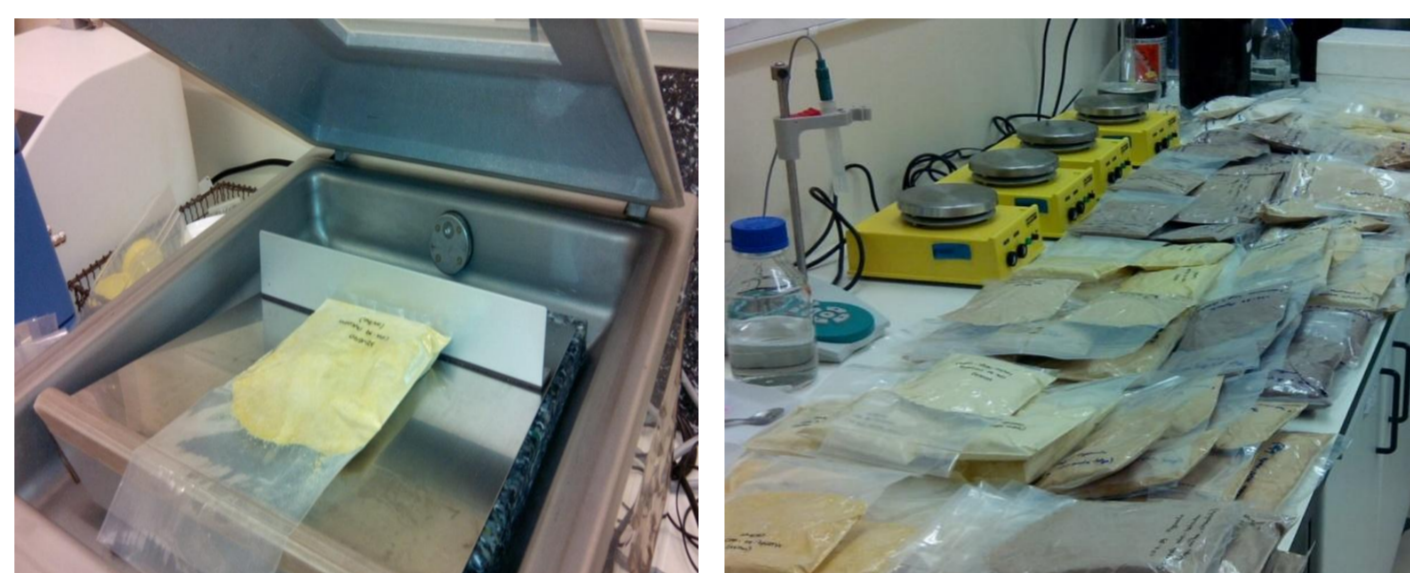
Material and Methods

26 breakfast cereal samples:

- Wheat, Maize, Oat, Rice, Multigrain, Chocolate;
- Breakfast cereals primarily marketed for children;
- 1 Kg each sample;⁵
- Purchased in Lisbon, in 2014.

20 cereal based baby food samples:

- Wheat, Maize, Rice, Multigrain;
- 1 Kg each sample;⁵
- Purchased in Lisbon, in 2015.



Extraction with Methanol:Water (80:20)
Purification with IAC VICAM® AflaOchra
HPLC-FLD, with Kobra-cell derivatization

AFM₁, AFB₁, AFB₂,
AFG₁, AFG₂, OTA

Extraction with Methanol:Water (75:25)
Centrifugation, dilution and injection
Internal Standard - ¹³C₁₈-ZEA
UPLC-MS/MS

ZEA

Extraction with Methanol:Water (75:25)
Centrifugation, dilution and injection
UPLC-MS/MS

FB₁, FB₂

Extraction with QuEChERS
Purification with dispersive SPE
Derivatization: BSA+TMCS+TMSI
GC-MS

DON, NIV, NEO, DAS, FUS-X,
VER, T-2 TETROL, T-2 TRIOL
15-ADON, 3-ADON, T-2, HT-2

Results and Discussion

Table 1 – Method performance for the determination of the analyzed mycotoxins by HPLC-FLD, UHPLC-MS/MS and GC-MS/MS.

| | AFM ₁ | AFB ₁ | AFB ₂ | AFG ₁ | AFG ₂ | OTA |
|----------------------------------|------------------|------------------|------------------|------------------|------------------|---------------|
| Linearity (µg kg ⁻¹) | 0.100 – 1.000 | 0.040 – 0.400 | 0.030 – 0.300 | 0.045 – 0.450 | 0.030 – 0.300 | 0.200 – 2.000 |
| LOD (µg kg ⁻¹) | 0.011 | 0.003 | 0.001 | 0.006 | 0.010 | 0.006 |
| LOQ (µg kg ⁻¹) | 0.032 | 0.009 | 0.004 | 0.018 | 0.029 | 0.019 |
| Recovery (%) | 83 | 73 | 57 | 87 | 57 | 71 |

| | FB ₁ | FB ₂ | ZEA |
|----------------------------------|-----------------|-----------------|--------------|
| Linearity (µg kg ⁻¹) | 2.5 - 800 | 2.5 - 800 | 0.24 – 10.00 |
| LOD (µg kg ⁻¹) | 0.06 | 0.12 | 0.12 |
| LOQ (µg kg ⁻¹) | 0.18 | 0.36 | 0.40 |
| Recovery (%) | 70 | 68 | * |

| | DON | NIV | T-2 | HT-2 | NEO | DAS | FUS-X | 15-ADON | 3-ADON | VER | T2-Tetrol | T-2 Triol |
|----------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|
| Linearity (µg kg ⁻¹) | 15 - 360 | 25 - 360 | 25 - 360 | 25 - 450 | 15 - 360 | 15 - 360 | 15 - 360 | 75 - 360 | 75 - 360 | 35 - 450 | 15 - 360 | 15 - 360 |
| LOD (µg kg ⁻¹) | 0.4 | 5.6 | 6.8 | 6.4 | 1.3 | 3.1 | 2.8 | 2.5 | 17.3 | 19.2 | 10.5 | 0.9 |
| LOQ (µg kg ⁻¹) | 1.2 | 18.4 | 22.3 | 21.1 | 4.2 | 10.1 | 9.2 | 8.3 | 57.0 | 63.3 | 34.6 | 3.0 |
| Recovery (%) | 93 | 46 | 44 | 93 | 103 | 117 | 99 | 131 | 92 | 135 | 84 | 74 |

* Internal standard ¹³C₁₈-ZEA used. Recovery (%) not determined.

All these results, with the exception of nivalenol and T2 recoveries, were in agreement with the criteria mentioned in the Commission Regulation (EC) No. 401/2006 and showed that the analytical methods applied are adequate for mycotoxins determinations.

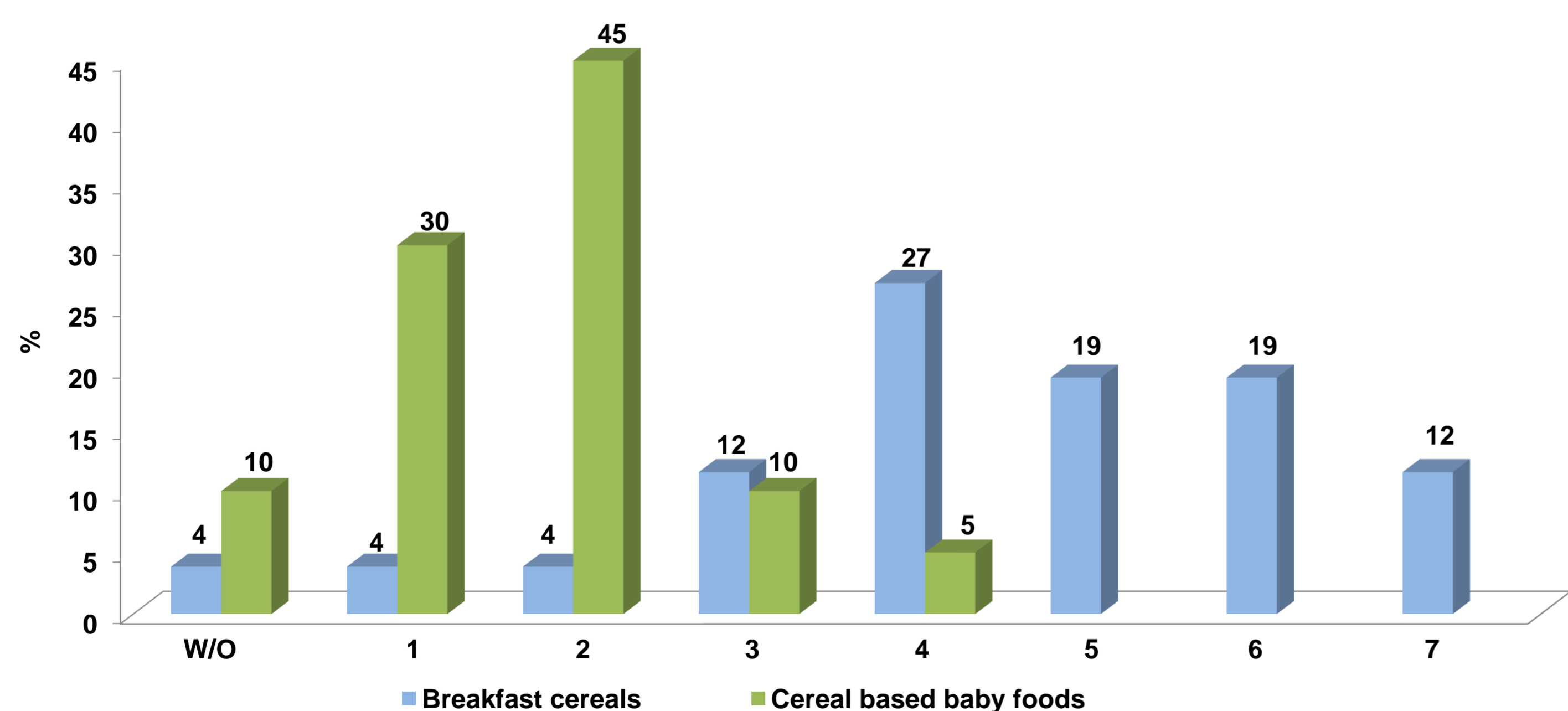


Figure 1 – Co-occurrence of mycotoxins in breakfast cereal and cereal based baby food samples. The X-axis represents the number of mycotoxins determined in the same sample (W/O = no mycotoxins detected) and the Y-axis the respective percentage.

Co-occurrence of mycotoxins (2 to 7, simultaneously) was highly observed in the analyzed samples:

92 % in breakfast cereals and 60 % in cereal based baby foods.

Table 2 – Occurrence of mycotoxins (µg kg⁻¹) in 26 breakfast cereal samples and 20 cereal based baby foods, purchased in supermarkets in Lisbon region. AFG₂, NEO, DAS, FUS-X, DON, 15-ADON, 3-ADON, HT-2, T-2, VER, T-2 TETROL, T-2 TRIOL were not detected in breakfast cereal samples. DON, NIV, NEO, DAS, FUS-X, DON, 15-ADON, 3-ADON, HT-2, T-2, VER, T-2 TETROL, T-2 TRIOL analysis in cereal based baby foods are still in course.

| | AFM ₁ | AFB ₁ | AFB ₂ | AFG ₁ | AFG ₂ | OTA | FB ₁ | FB ₂ | DON | NIV | ZEA | |
|-------------------------|--------------------------------|------------------|------------------|------------------|------------------|-----|-----------------|-----------------|------|-------|------|------|
| Breakfast cereals | > LOD (n) | 3 | 19 | 7 | 1 | 0 | 18 | 15 | 10 | 16 | 1 | 19 |
| | > LOD (%) | 12 | 73 | 27 | 4 | 0 | 69 | 58 | 38 | 62 | 4 | 73 |
| | Maximum (µg Kg ⁻¹) | 0.024 | 0.130 | 0.011 | 0.014 | ND | 0.100 | 67.0 | 14.0 | 207.8 | 27.1 | 5.61 |
| Cereal based baby foods | > LOD (n) | 8 | 0 | 1 | 2 | 0 | 10 | 7 | 0 | * | * | 3 |
| | > LOD (%) | 40 | 0 | 5 | 10 | 0 | 50 | 35 | 0 | * | * | 15 |
| | Maximum (µg Kg ⁻¹) | 0.190 | ND | 0.002 | 0.016 | ND | 0.263 | 0.860 | ND | * | * | 0.98 |

* Analysis still in course. ND = Not detected.

• All samples presented levels below the maximum limits established by the Commission Regulation 1881/2006⁶, when available.

• 96 % of the breakfast cereals samples and 90 % of the cereal based baby food samples were contaminated with mycotoxins (values > LOD).

• Cereal based baby foods with milk presented a maximum value of 0.190 µg AFM₁ kg⁻¹. There is no legislation for the presence of AFM₁ in cereal based baby foods and the maximum admissible level for AFM₁ in infant formulae is 0.020 µg kg⁻¹.

• Breakfast cereals presented a maximum value of 0.130 µg AFB₁ kg⁻¹. There is also no legislation for the presence of AFB₁ in breakfast cereals and it should be noted that the maximum levels admissible for AFB₁ in cereal based baby foods is 0.100 µg kg⁻¹.

• ZEA, AFB₁, OTA, DON and FB₁ were the most commonly detected mycotoxins in breakfast cereals, ranging between 58 % and 73 % of samples with contents above LOD.

• OTA, AFM₁ and FB₁ were the most commonly detected mycotoxins in cereal based baby foods with 50 %, 40 % and 35 % of the samples with contents above LOD, respectively.

Breakfast Cereals

22 different combinations of mycotoxins

The most frequent were:

- AFB₁+AFB₂+OTA+ZEA (n=2) and
- OTA+FB₁+DON+ZEA (n=2)

Cereal based baby foods

10 different combinations of mycotoxins

The most frequent was:

- OTA+FB₁ (n=3)

Conclusions

The present study evaluated for the first time the occurrence of mycotoxins mixtures in breakfast cereals and cereal based baby foods marketed in Portugal, with the analysis of 21 mycotoxins and their metabolites. These results contribute to increase the knowledge on mycotoxin contents in these food matrix and highlight an urgent need for further studies in order to overcome the absence of legislated limits for mycotoxins in breakfast cereals other than DON and FB₁ and also the absence of legislated limits for mycotoxin mixtures in food. The last issue assumes particular importance considering the potential interactions that could occur between mycotoxins and its potential impact on human and, mainly, children health.