



## A Review on Teratogenesis: Current Perspective

Renu Sharma, Disha Kesharwani\*, Sandhya Mishra, Maneesha Kumari  
Assistant Professor, Columbia Institute of Pharmacy, Raipur, Chhattisgarh, India.  
\*Corresponding author's E-mail: [disha@columbiaiop.ac.in](mailto:disha@columbiaiop.ac.in)

Received: 10-06-2023; Revised: 20-08-2023; Accepted: 26-08-2023; Published on: 15-09-2023.

### ABSTRACT

Teratogenesis is derived from Greek word "Terato" which means monster. Teratogenesis results in the development of morphologically abnormal individuals. These may include conditions like intellectual disabilities that don't have any visible structural deformities. This defect is mainly produced by teratogens which is genesis of physical and functional defect in human's embryo and fetus. Teratogens have a variety of effects on embryos, including physical deformities, issues with the child's behavioral or emotional development, and a decreased IQ in the child. Teratogens can also have an impact on pregnancies. Physical agents, metabolic circumstances, infections, and finally, medications and chemicals, are the four groups into which teratogens are divided. A few examples of teratogens are prescription medications like thalidomide, environmental poisons like cadmium, and environmental pollutants like pesticides and endocrine disruptors. Viruses, such as the rubella and Zika viruses, physical constriction of the uterus, and a poor diet are additional causes of teratogenesis. This review will examine the drug's history, the scope and kind of the harm it caused, as well as the drug's mechanisms of action, including recent molecular developments and fresh research.

**Keywords:** Teratology, patents, Embryo deformity, Etiology.

### INTRODUCTION

A prenatal toxic condition known as teratogenesis is characterized by structural or functional flaws in the growing embryo or fetus. In this phenomena, birth abnormalities and malformations such as intrauterine growth retardation, fetal or embryonic mortality, and transplacental carcinogenesis take place. The word "teratology," which means "study of monsters," is Greek in origin. Teratology is the study of mechanisms that cause anomalies and birth disorders carried by environmental causes other than genetics<sup>1-5</sup>. Teratogens are any substances capable of resulting in a birth abnormality or malformation. Although in several cases, the causes of abnormalities were not revealed clearly. The birth defects might be genetic, chromosomal, or environmental (for example, medications). However, some of the factors promoting teratogenicity are depicted in figure-1<sup>6-8</sup>.

Different types of the teratogens are-

- **Chemical substances**, such as prescription medications like thalidomide and retinoic acid; illicit substances such as alcohol and cocaine; environmental toxins including heavy metals like cadmium; and pollutants like pesticides linked to reproductive and fertility problems, like diethylstilbestrol during pregnancy.
- **Infections** including as rubella and Zika virus.
- **Physical constraint** or in-utero damage, such as clubfoot from oligohydramnios, where the amniotic fluid is lost and the foetus is restricted, can occur. Amniotic band syndrome is one kind of physical harm that occurs to a fetus while it is still inside the mother. In severe situations, the condition can result in death.

- **Hyperthermia**
- **Maternal conditions** like gestational diabetes<sup>9-16</sup>.

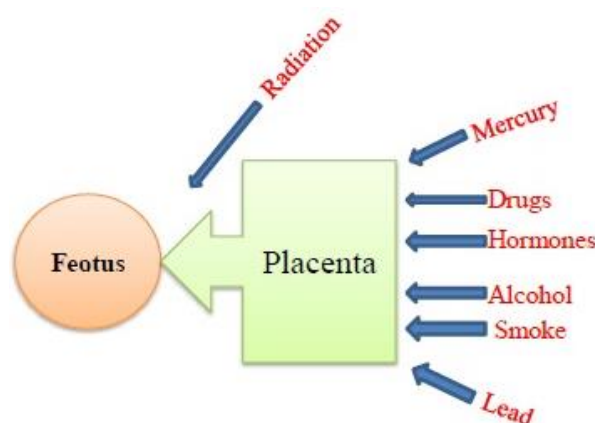


Figure 1: Factors promoting teratogenicity

### History of Teratology

Experimental teratology was first described in 1928 in this study exposure to therapeutic radiation during pregnancy it causes microcephaly baby in pregnant women. The 1930s saw the publishing of a series of studies using pregnant pigs fed a diet lacking in vitamin A, which marked the beginning of teratology as a contemporary science<sup>17-28</sup>. The majority of the abnormalities encountered by these piglets, which lacked eyes, were similar. OsefWarkany, a physician, is recognized as the founder of experimental teratology. He was the first to demonstrate, in the 1930s and 1940s of the previous century, that foreign causes can also cause CDDs in mammals<sup>29-32</sup>. Various important events in the history relevant to teratogenesis is shown in table 1.

**Table 1:** Various important events in the history of teratogenesis

Year	Event
1905	The first experimentally induced developmental toxicity in mammals. Embryonic lethality induced by X-rays in cats.
1921	The first experimentally induced teratogenicity in mammals. Disorders in limbs in pigs induced by lipid diet.
1928	The first experimentally induced teratogenicity in mammals. Disorders in limbs in pigs induced by lipid diet.
1929	The first description of malformations in humans caused by exogenous factors. Microcephalia caused by X-ray irradiation of the pelvis.
1933	Deficiency of vitamin and the first month before pregnancy and during pregnancy.
1995	Recognition of food deficiency leading to malformations in animals. Eye disorders in pigs due to hypo- vitaminosi

The prevalence of abnormalities is higher in situations like spontaneous abortions than in live-born newborns, which may be a reflection of the fact that many of the most severe issues are insurmountable barriers to survival. The study of teratogenesis is critical for ensuring that medications are secure and/or do not cause birth defects, that is, that they are nonteratogenic. For this reason, teratogenesis research is crucial for ensuring that pharmaceuticals are safe<sup>33-36</sup>.

Presently, the molecular mechanism of some of the teratogens is known but for some of the reproductive toxicants and foetotoxicants it is still nameless. Reproductive toxicants can cause disturbances in cell division, enzyme system, water electrolyte balance, membrane characteristics, energy transfer to foetal development and mutation. The factors causing birth defects can vary and their etiology is unknown.

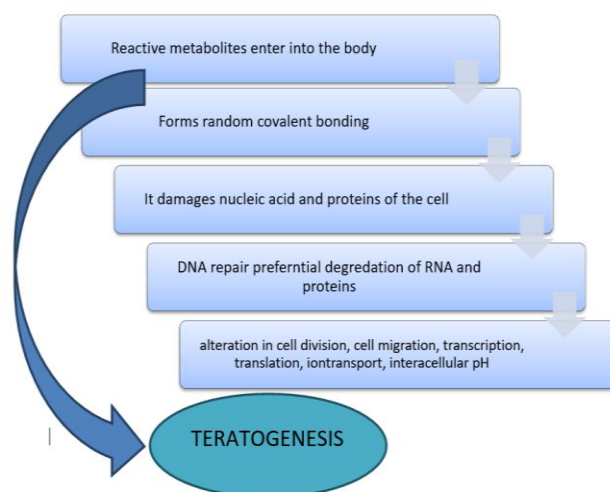
Initially for understanding the situation and providing the drafted information to health professionals and public, the

two teratology information centers were established in 1990<sup>37-39</sup>.

1. European Network of Teratology Information Services (ENTIS)
2. Organization of Teratology Information Specialists (OTIS)

**TERATOGENESIS ETIOLOGY**

The branch of embryology specialized in studying the etiology of abnormal development of embryo is known as “Teratology”. There are two etiological groups in which various teratogens participates for inducing congenital anomalies (1) primarily environmental (2) multifactorial origin. The sequence followed in the development of teratogenesis is depicted in figure 2<sup>43-48</sup>.



**Figure 2:** Etiology of teratogenesis

**ELEMENTS CAUSING TERATOGENESIS**

Most foods or dietary ingredients have teratogenic effects, in addition to medications. Foods that include preservatives typically have a greater teratogenic effect. Therefore, packaged foods are prohibited during pregnancy. Direct or indirect exposure to various harmful chemicals during pregnancy can also leads to teratogenesis in the developing embryo. The major causative agents as like foods, medications, chemical and infections are enlisted in the table no. - 2, 3, 4 and 5<sup>30-41</sup>.

**Table 2:** Food products causing Teratogenicity

S.no	Chemical constituents	Category	Animal involved in research	Effect
1	Sodium benzoate	Preservative	Long term consumption (mice)	<ul style="list-style-type: none"> <li>• Carnio facial deformation</li> <li>• Mandibular hyperplasia</li> </ul>
2	Potassium benzoate	Preservative	Long term consumption (mice)	<ul style="list-style-type: none"> <li>• Congenital eye abnormality</li> <li>• Mal formed lenses</li> </ul>
3	Asparatame	Artificial sweetener	Long term consumption (chick)	<ul style="list-style-type: none"> <li>• Retardation of brain</li> <li>• Formation anencephaly</li> </ul>
4	Vitamin A	Fortifying agent	-	<ul style="list-style-type: none"> <li>• Facial nerve paralysis</li> </ul>

				<ul style="list-style-type: none"> <li>• Under developed upper jaws</li> <li>• Malformed ears</li> </ul>
5	Taratzine	Colouring agent	-	<ul style="list-style-type: none"> <li>• Hepatorenal damage</li> <li>• cardiomegaly</li> </ul>
6	Carrageenan	Stabilizers	Chick embryo	Prevention of cell activity and morphogenesis as Carrageenan binds to cell
7	Alcohols	Chemical	Chicken and fish	<ul style="list-style-type: none"> <li>• Mortality eye defects</li> <li>• facial defects</li> </ul>

**Table 3:** Teratogenicity due to medications

S.no	Drugs	Maternal condition	Adverse impact on embryo
1	ACE inhibitors (Benzapril, Ramipril, Qunaipril, Perindopril, Trandopril)	<ul style="list-style-type: none"> <li>• Hypertension</li> </ul>	<ul style="list-style-type: none"> <li>• Neonatal renal failure</li> <li>• pulmonary</li> <li>• Hypoplasia</li> <li>• death</li> </ul>
2	Methimazole	<ul style="list-style-type: none"> <li>• Hyperthyroidism</li> </ul>	<ul style="list-style-type: none"> <li>• Skull Hypoplasia</li> <li>• psychomotor delay</li> <li>• growth retardation</li> <li>• scalp defects</li> </ul>
3	<ul style="list-style-type: none"> <li>• Amiodarone</li> <li>• Radioiodine</li> </ul>	<ul style="list-style-type: none"> <li>• Thyroid</li> </ul>	<ul style="list-style-type: none"> <li>• Neonatal thyroid dysfunction</li> <li>• Fetal Goitryhypothyroidism</li> <li>• Goitre</li> </ul>
4	Trimethoprim	<ul style="list-style-type: none"> <li>• Bacterial infection</li> </ul>	<ul style="list-style-type: none"> <li>• Neural tube defects</li> <li>• Oral defects</li> <li>• cardiovascular defect</li> </ul>
5	Indomethacin	<ul style="list-style-type: none"> <li>• Fever</li> <li>• Inflammation</li> <li>• Premature labour hydramnios</li> </ul>	<ul style="list-style-type: none"> <li>• Oligohydramnios</li> <li>• anuria</li> <li>• premature closure of ductus arteriosus</li> </ul>
6	Quinine	<ul style="list-style-type: none"> <li>• Leg cramps</li> <li>• Malaria</li> </ul>	<ul style="list-style-type: none"> <li>• Deafness</li> <li>• Abortion</li> </ul>
7	Misoprostol	<ul style="list-style-type: none"> <li>• Peptic ulcer disease</li> <li>• Cervical ripening</li> </ul>	<ul style="list-style-type: none"> <li>• Congenital anomalies</li> </ul>
8	Penicillamine	<ul style="list-style-type: none"> <li>• Cystinuria</li> <li>• Rheumatoid arthritis</li> </ul>	<ul style="list-style-type: none"> <li>• Connective tissue abnormalities</li> </ul>
9	Thalidomide	<ul style="list-style-type: none"> <li>• Insomnia</li> <li>• Oesophagus ulcers</li> <li>• Oropharyngeal associated with AIDS</li> </ul>	<ul style="list-style-type: none"> <li>• Limb reduction</li> <li>• Urogenital and gastro intestinal defect</li> <li>• Carnival nerve anomalies</li> </ul>
11	Retinoids	<ul style="list-style-type: none"> <li>• Dermatologic disease</li> </ul>	<ul style="list-style-type: none"> <li>• Organogenesis</li> </ul>
12	Cyclophosphamide	<ul style="list-style-type: none"> <li>• cancer,transplant rejection</li> </ul>	<ul style="list-style-type: none"> <li>• Organogenesis</li> </ul>
13	Methylene blue	<ul style="list-style-type: none"> <li>• Twin pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>• Jejunalartesia</li> </ul>

**IN VITRO DIAGNOSTIC METHODS**

There are several in-vitro diagnostic methods which help in diagnosis of the condition. It can be classified into following classes

- (a) Preliminary screen for developmental toxic agents
- (b) Estimation of mechanism of normal and abnormal embryogenesis.

The European Centre for the Validation of Alternative Methods (ECVAM) on its 17<sup>th</sup> meeting endorsed three scientifically validated methods.

1. Embryonic Stem Cell Test (EST) – Two permanent murine cell lines i. e. D3 (Embryonic tissue) and 3T3 fibroblast cell (adult tissue) are used.
2. Micromass Test
3. Whole Embryo Culture Test <sup>41-42</sup>



**Table 4:** Chemical causing teratogenesis

S.no	Chemicals	Malformation
1	Mercury	Brain development disorder
2	Cadmium	Limb anomalies
3	Poly chlorinated biphenyls	Intra uterine growth retardation

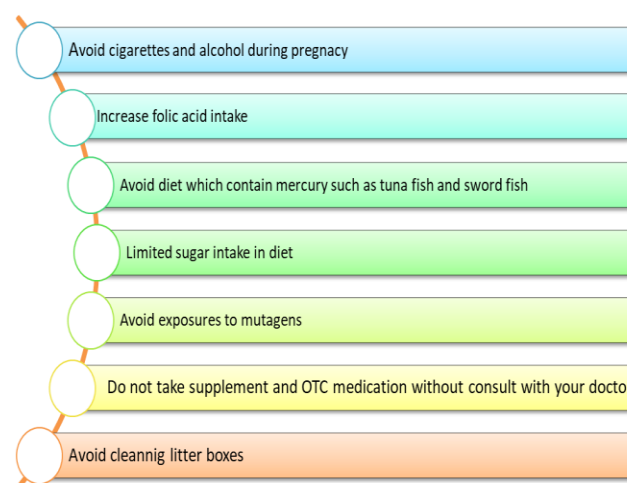
**Table 5:** Infections causing teratogenesis

Infections	Malformation
Cytomegalovirus	<ul style="list-style-type: none"> <li>Brain and sensory anomalies</li> </ul>
HIV	<ul style="list-style-type: none"> <li>Growth failure</li> <li>microcephaly</li> <li>carino facial defects</li> </ul>
Rubella	<ul style="list-style-type: none"> <li>Intrauterine growth retardation</li> <li>Cardiac defects</li> <li>Deafness and eye defects</li> </ul>
Zika virus	<ul style="list-style-type: none"> <li>Microcephaly</li> </ul>

**PREVENTION OF TERATOGENESIS**

Teratology has become a big problem today and it is necessary to have new idea and new strategies to stop it. Teratogenesis starts from the womb of the mother and there is no cure for it after the birth of a child, it can be prevented by avoiding teratogen at the different stages of pregnancy. Counselling for pregnancy is the greatest

approach to prevent teratogens. Planning for pregnancy enables you to manage long-term medical concerns and make modifications to their lifestyle, such as stop smoking and many more. The preventive measures that must be taken during the pregnancy is shown in the figure 3<sup>43-51</sup>.



**Figure 3:** Preventive measures for teratogenesis

**RECENT ADVANCEMENT IN TERATOGENESIS**

As research is a continuous process, various patents have been published and granted in the field of efficient and fast diagnosis and treatment of teratogenesis. Some of the work published in recent years is cumulated in the below given table 6.

**Table 6:** Patents related to teratogenesis

S.No.	Title	Patent No.	Published Work	Inventor	Date of Publication	Reference
1	Evaluation of teratogenesis cause by Chinese patent drug by using zebra fish embryo	CN107228925A	This strategy effectively examined the possible teratogenesis of Chinese patent drugs, frequently carried out toxicity analyses by using zebra fish embryo	YaoMeicun, ChenJiefeng, ChenZuanguang, Liao Min, LiuTong, Liu Mengping, Huang Danping	2017-10-03	52
2	The procedure for finding Teratogenesis-causing compounds in tobacco chemical fertilizer and their use	CN1069706772A	The present invention extracts teratogen in tobacco compound fertilizer using the method of science.	Chen Zepeng Wan Shuqing Lin Xianfeng	2017-05-24	53
3	Molecular genetic marker related to pig sperm teratogenesis rate and application thereof	CN110714085A	They summarized a report regarding swine sperm teratocarcinoma related molecular genetic marker.	Li Zhili Yuan Sheng Zhang Nan Chi Shihong Yu Weiwei Kwong Wai Kin Wang Meihong	2020-01-21	54

4	Blocking the effect of teratogens on a fetus	EP0616534A1	They described about the agents which can block the effects of teratogens on fetus as well as host.	William F. Geber	1994-09-28	55
5	Method of determining teratogenic risk	WO2013131841A1	They described about the method for determining the risk of drug induced teratogenesis. They utilized pluripotent stem cells.	Eric Chiao, Sei KAMEOKA, Kyle L. Kolaja	2015-05-18	56

## CONCLUSION

Teratogenesis is a process that results in deformities or birth abnormalities in an embryo or fetus. Teratogens are the agents that affect the prenatal development in many ways and cause various abnormalities. There are a number of teratogens of food, drug, chemical, and infectious origin. This review describes about the history, etiology, teratogens, in- vitro diagnostic methods and prevention methods for teratogenesis. It causes severe problems and some efficient methods should be discovered to cure this.

## ACKNOWLEDGEMENT

The author wants to thank Columbia Institute of Pharmacy, Raipur, Chhattisgarh, India, India for providing infrastructural and all laboratory facilities. The authors are also grateful to the Department of Science and Technology (DST-FIST) Letter no-SR/FST/COLLEGE/2018/418, New Delhi for providing financial assistance.

## CONFLICT OF INTEREST

There was not any potential conflict of interest between the authors.

## FINANCIAL SUPPORT

No funding agency was involved.

## ETHICS STATEMENT

No animal study was performed during the above stated study.

## DATA AND MATERIALS

The data supporting the findings of the article is available within the article.

## REFERENCES

- Blach FB, Giri LA. Explicar y manipular: el caso contra Günter Dörner. *Tecnología y Sociedad*. 2021 Dec 24(10).
- Brent RL. Utilization of developmental basic science principles in the evaluation of reproductive risks from pre- and postconception environmental radiation exposures. *Teratology*. 1999 Apr;59(4):182-204.
- Rutledge JC, Generoso WM. Malformations in pregastrulation developmental toxicology. *Reproductive and developmental toxicology*. New York: Marcel Dekker. 1998 Mar 27:73-86.
- Hale F. Pigs born without eyeballs. *Journal of Heredity*. 1933;24:105-6.
- Hamilton HC, Harned BK. The effect of the administration of sodium bromide to pregnant rats on the learning ability of the offspring: III. Three-table-test. *The Journal of Psychology*. 1944 Oct 1;18(2):183-95.
- Hayes TB, Anderson LL, Beasley VR, De Solla SR, Iguchi T, Ingraham H, Kestemont P, Kniewald J, Kniewald Z, Langlois VS, Luque EH. Demasculinization and feminization of male gonads by atrazine: consistent effects across vertebrate classes. *The Journal of steroid biochemistry and molecular biology*. 2011 Oct 1;127(1-2):64-73.
- Lee BE, Feinberg M, Abraham JJ, Murthy AR. Congenital malformations in an infant born to a woman treated with fluconazole. *The Pediatric infectious disease journal*. 1992 Dec 1;11(12):1062-4.
- Pursley TJ, Blomquist IK, Abraham J, Andersen HF, Bartley JA. Fluconazole-induced congenital anomalies in three infants. *Clinical Infectious Diseases*. 1996 Feb 1;22(2):336-40.
- Aleck KA, Bartley DL. Multiple malformation syndrome following fluconazole use in pregnancy: report of an additional patient. *American journal of medical genetics*. 1997 Oct 31;72(3):253-6.
- Mastroiacovo P, Mazzone T, Botto LD, Serafini MA, Finardi A, Caramelli L, Fusco D. Prospective assessment of pregnancy outcomes after first-trimester exposure to fluconazole. *American journal of obstetrics and gynecology*. 1996 Dec 1;175(6):1645-50.
- Jick SS. Pregnancy outcomes after maternal exposure to fluconazole. *Pharmacotherapy: The Journal of Human Pharmacology and Drug Therapy*. 1999 Feb;19(2):221-2.
- Burrow GN. Thyroid function and hyperfunction during gestation. *Endocrine Reviews*. 1993 Apr 1;14(2):194-202.
- Mestman JH, Goodwin TM, Montoro MM. Thyroid disorders of pregnancy. *Endocrinology and metabolism clinics of North America*. 1995 Mar 1;24(1):41-71.
- Ecker JL, Musci TJ. Treatment of thyroid disease in pregnancy. *Obstetrics and gynecology clinics of North America*. 1997 Sep 1;24(3):575-89.
- Mestman JH. Hyperthyroidism in pregnancy. *Endocrinology and metabolism clinics of North America*. 1998 Mar 1;27(1):127-49.





16. Momotani N, Yoshimura Noh J, Ishikawa N, Ito K. Effects of propylthiouracil and methimazole on fetal thyroid status in mothers with Graves' hyperthyroidism. *The Journal of Clinical Endocrinology & Metabolism*. 1997 Nov 1;82(11):3633-6.
17. Hale F. The relation of vitamin A to anophthalmos in pigs. *American Journal of Ophthalmology*. 1935 Dec 1;18(12):1087-93.
18. Warkany J, Schraffenberger E. Congenital malformations of the eyes induced in rats by maternal vitamin A deficiency. *Proceedings of the Society for Experimental Biology and Medicine*. 1944 Oct;57(1):49-52.
19. WARKANY J. Effect of maternal rachitogenic diet on skeletal development of young rat. *American Journal of Diseases of Children*. 1943 Nov 1;66(5):511-6.
20. Fonseca W, Alencar AJ, Pereira RM, Misago C. Congenital malformation of the scalp and cranium after failed first trimester abortion attempt with misoprostol. *Clinical Dysmorphology*. 1993 Jan 1;2(1):76-80.
21. Gonzalez CH, Vargas FR, Perez AB, Kim CA, Brunoni D, Marques-Dias MJ, Leone CR, Neto JC, Llerena Jr JC, de Almeida JC. Limb deficiency with or without Möbius sequence in seven Brazilian children associated with misoprostol use in the first trimester of pregnancy. *American Journal of Medical Genetics*. 1993 Aug 1;47(1):59-64.
22. Gonzalez CH, Marques-Dias MJ, Kim CA, Sugayama SM, Da Paz JA, Huson SM, Holmes LB. Congenital abnormalities in Brazilian children associated with misoprostol misuse in first trimester of pregnancy. *The Lancet*. 1998 May 30;351(9116):1624-7.
23. Castilla EE, Orioli IM. Teratogenicity of misoprostol: data from the Latin-American collaborative study of congenital malformations (ECLAMC). *American journal of medical genetics*. 1994 Jun 1;51(2):161-2.
24. DR G. Limb defects and omphalocele in a 17 week fetus following first trimester misoprostol exposure. *Teratology*. 1994;49:418.
25. Vargas FR, Brunoni D, Gonzalez C, Kim C, Meloni V, Conte A. Investigation of the teratogenic potential of misoprostol. *Teratology*. 1997;55:104.
26. Czeizel A. A case-control analysis of the teratogenic effects of co-trimoxazole. *Reproductive Toxicology*. 1990 Jan 1;4(4):305-13.
27. Hernández-Díaz S, Werler MM, Walker AM, Mitchell AA. Folic acid antagonists during pregnancy and the risk of birth defects. *New England journal of medicine*. 2000 Nov 30;343(22):1608-14.
28. Hayes TB, Anderson LL, Beasley VR, De Solla SR, Iguchi T, Ingraham H, Kestemont P, Kniewald J, Kniewald Z, Langlois VS, Luque EH. Demasculinization and feminization of male gonads by atrazine: consistent effects across vertebrate classes. *The Journal of steroid biochemistry and molecular biology*. 2011 Oct 1;127(1-2):64-73.
29. Warkany J, Nelson RC. Appearance of skeletal abnormalities in the offspring of rats reared on a deficient diet. *Science*. 1940 Oct 25;92(2391):383-4.
30. Cohlán SQ. Excessive intake of vitamin A as a cause of congenital anomalies in the rat. *Science*. 1953 May 15;117(3046):535-6.
31. Fraser FC, Wilson JG, editors. *Handbook of teratology*. Plenum Publishing Corporation; 1977.
32. Wilson JG. Experimental studies on congenital malformations. *Journal of Chronic Diseases*. 1959 Aug 1;10(2):111-30.
33. Kalter H. *Teratology in the twentieth century: congenital malformations in humans and how their environmental causes were established*. Elsevier; 2003 Jun 6.
34. Werler MM. Teratogen update: smoking and reproductive outcomes. *Teratology*. 1997 Jun;55(6):382-8.
35. Lindley AA, Becker S, Gray RH, Herman AA. Effect of continuing or stopping smoking during pregnancy on infant birth weight, crown-heel length, head circumference, ponderal index, and brain: body weight ratio. *American journal of epidemiology*. 2000 Aug 1;152(3):219-25.
36. England LJ, Kendrick JS, Gargiullo PM, Zahniser SC, Hannon WH. Measures of maternal tobacco exposure and infant birth weight at term. *American journal of epidemiology*. 2001 May 15;153(10):954-60.
37. Woods SE, Raju U. Maternal smoking and the risk of congenital birth defects: a cohort study. *The Journal of the American Board of Family Practice*. 2001 Sep 1;14(5):330-4.
38. Wang X, Zuckerman B, Pearson C, Kaufman G, Chen C, Wang G, Niu T, Wise PH, Bauchner H, Xu X. Maternal cigarette smoking, metabolic gene polymorphism, and infant birth weight. *Jama*. 2002 Jan 9;287(2):195-202.
39. Carmella SG, Borukhova A, Akerkar SA, Hecht SS. Analysis of human urine for pyridine-N-oxide metabolites of 4-(methylnitrosamino)-1-(3-pyridyl)-1-butanone, a tobacco-specific lung carcinogen. *Cancer epidemiology, biomarkers & prevention: a publication of the American Association for Cancer Research, cosponsored by the American Society of Preventive Oncology*. 1997 Feb 1;6(2):113-20.
40. Pearson RM. In-vitro techniques: can they replace animal testing?. *Human Reproduction*. 1986 Dec 1;1(8):559-60.
41. Beckman DA, Brent RL. Mechanisms of teratogenesis. *Annual review of pharmacology and toxicology*. 1984 Apr;24(1):483-500.
42. Feldkamp ML, Carey JC, Byrne JL, Krikov S, Botto LD. Etiology and clinical presentation of birth defects: population based study. *bmj*. 2017 May 30;357.
43. Van Gelder MM, Van Rooij IA, Miller RK, Zielhuis GA, de Jong-van den Berg LT, Roeleveld N. Teratogenic mechanisms of medical drugs. *Human reproduction update*. 2010 Jul 1;16(4):378-94.
44. KHOURY MJ, FLANDERS WD, JAMES LM, ERICKSON JD. Human teratogens, prenatal mortality, and selection bias. *American journal of epidemiology*. 1989 Aug 1;130(2):361-70.
45. Mazzu-Nascimento T, Melo DG, Morbioli GG, Carrilho E, Vianna FS, Silva AA, Schuler-Faccini L. Teratogens: a public health issue—a Brazilian overview. *Genetics and Molecular Biology*. 2017 May 22;40:387-97.
46. Shepard TH. *Teratogenesis. In Mutation, Cancer, and Malformation 1984* (pp. 499-527). Boston, MA: Springer US.
47. Valladares DA, Rasmussen SA. An update on teratogens for pediatric healthcare providers. *Current opinion in pediatrics*. 2022 Dec 1;34(6):565-71.
48. Lindhout D, Omtzigt JG. Pregnancy and the risk of teratogenicity. *Epilepsia*. 1992 Jul;33:41-8.
49. West JR, Goodlett CR. Teratogenic effects of alcohol on brain development. *Annals of medicine*. 1990 Jan 1;22(5):319-25.



50. Fraga LR, Vianna FS, Del Campo M, Sanseverino MT, Schuler-Faccini L. Teratogenesis: Experimental Models, Mechanisms and Clinical Findings in Humans. *Frontiers in Genetics*. 2022 May 9;13:901400.
51. Christian MS, Brent RL. Teratogen update: evaluation of the reproductive and developmental risks of caffeine. *Teratology*. 2001 Jul;64(1):51-78.
52. Meicun Y., Jiefeng C., Zuanguang C., Min L., 2017., A kind of method of the potential teratogenesis of utilization zebrafish embryo fast evaluation Chinese patent drug. China Patent CN107228925A.
53. Xianfeng L., Zepeng C., Shuqing W., The procedure for finding Teratogenesis-causing compounds in tobacco chemical fertilizer and their use China Patent CN1069706772A
54. Shujan J., Jian G., Jinfeng Y., Wenming Li., Hui L., 2010., Cloning of pig reproductive traits related gene zar1 and its application in marker-assisted selection. China Patent CN110714085A
55. Gaber F. W., Blocking the effect of teratogens on a fetus. European patent EP0616534A1
56. Chio E., Kameoka S., Kolaja K.L., Methods of determining teratogenic risks. WIPO(PCT) WO2012131841A1

**Source of Support:** The author(s) received no financial support for the research, authorship, and/or publication of this article.

**Conflict of Interest:** The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

For any questions related to this article, please reach us at: [globalresearchonline@rediffmail.com](mailto:globalresearchonline@rediffmail.com)

New manuscripts for publication can be submitted at: [submit@globalresearchonline.net](mailto:submit@globalresearchonline.net) and [submit\\_ijpsrr@rediffmail.com](mailto:submit_ijpsrr@rediffmail.com)

