

Introduction

Heavy metal pollution has been widely studied because it causes environmental and public health problems worldwide [1]. Heavy metals and metalloids (Hg and As) can be not degraded and these elements are easily enriched in soils. They can enter the human body through the food chain and accumulate continuously [2]. The extensive use of sewage irrigation, pesticides and chemical fertilizers makes the content of heavy metals continuously accumulate and aggravate in farmland [3]. The contamination of agricultural products with heavy metals has become an important factor that restricts the sustainable development of agriculture and rural economies. Therefore, it is urgent to determine the level of heavy metals in farmland and take corresponding measures to solve the series of resulting ecological issues.

Rice is one of the main staple crops in Jiangsu Province. When the cadmium content of rice is excessive, it will affect rice growth, development, yield and quality. In particular, cadmium accumulation poses a serious threat to the life and health of humans and livestock due to biological amplification in the food chain and even affects the quality and safety of rice [4]. In comparison with its tolerance of other heavy metals and metalloids, rice has a stronger tolerance to Cd, however, Cd easily becomes concentrated in rice [5]. Li et al. [6] conducted field and pot experiments to evaluate the factors affecting heavy metal accumulation in rice grain and subsequently to explore the differences among rice cultivars when exposed to Cd. The results showed that of the tested metals, Cr and Cd were the dominant contaminants in samples from the test areas, with 100.0% and 59.6% of all grain samples exceeding the maximum permissible concentration. Lei et al. [7] demonstrated the pollution conditions and human health risks by determining the concentrations of the heavy metals (Pb, Cd, Cu, and Zn) in paddy soils and white rice around seven mining-affected areas in Hunan Province. The ranges of concentrations of Pb (23.9-1595.8 mg/kg), Cd (0.3-9.5 mg/kg), Cu (31.2-321.5 mg/kg) and Zn (56.1-3478.9 mg/kg) in all paddy soils were significantly higher than the background values for Hunan Province and even exceeded the maximum permissible concentrations for paddy soil quality recommended by the Ministry of Environmental Protection of China. Rogan et al. [8] demonstrated that the heavy metal contamination of paddy soils and rice from Kocani field (eastern Macedonia) resulted from irrigation with riverine water that was impacted by past and present base-metal mining activities and acid mine drainage. Very high concentrations of As, Cd, Cu, Pb and Zn were found in the paddy soils (47.6, 6.4, 99, 983 and 1.245 $\mu\text{g/g}$) and rice (0.53, 0.31, 5.8, 0.5 and 67 $\mu\text{g/g}$) in the western part of Kocani field. Hence, it is necessary to determine the degree of heavy metal pollution in farmland to avoid excessive heavy metal enrichment in rice.

If plants are stressed at seed germination by heavy metals, the quality of seed germination directly affects the quality and yield of crops [9]. Low concentrations of heavy metals can promote the germination of crop seeds, while high concentrations will inhibit their germination [10]. Under the same conditions, different tissues of the same variety have different physiological and biochemical mechanisms for absorbing heavy metals due to the differences in their external morphology and internal structure, and the accumulation of heavy metals in these tissues is quite different. Zhang et al. [11] reported that heavy metal accumulation varied among plant organs and that accumulation decreased in the order roots>stems>leaves. The bioaccumulation factor (BCF) results revealed that during the grain-filling stage, the rice had high BCF values (>1) for Cd and Zn. Heavy metals in the environment can enter the human body through respiratory tract inhalation, skin contact, diet, etc., and food consumption is the main absorption pathway. Lan et al. [12] assessed the human health risk from heavy metals (Pb, Zn, Cu, Cd and As) in rice grains collected from a mining-impacted and a noncontaminated area in South Hunan Province using an *in vitro* simulation method. Chen et al. [13] investigated the uptake and accumulation of Cd by leek and rape. The bioavailability of Cd in human gastric juice and the human health risk from Cd in vegetables grown in Cd-polluted soil and soil remediated with amendments (zeolite + earthworm attapulgite + earthworm manure) were determined using an *in vitro* simulation test and a health risk assessment, respectively.

To evaluate the level of heavy metal pollution in soil, it is necessary to consider human activity as well as the geochemical background values of the metals. Additionally, natural diagenesis may cause changes in background values. The geo-accumulation index proposed by Muller (1969) [14] takes this factor into account, thereby addressing a shortcoming of other evaluation indexes, e.g. potential ecological hazard index [15], enrichment factor [16] and Nemerio comprehensive index [17], etc. The geo-accumulation index method is extensively used to assess heavy metal pollution in soils since the method considers the influence of the geological background [14]. Additionally, heavy metals enter the body and affect human health via ingestion, inhalation and dermal contact. The health risk assessment model is able to assess the health risk from individual heavy metals based on these three pathways (non-carcinogenic risk and carcinogenic risk) [18]. Therefore, this study aimed to (1) evaluate the level of heavy metal pollution in a paddy soil in a Nanjing suburb by the geo-accumulation index method; (2) study the heavy metal concentrations in rice roots using the bio-concentration factor; (3) assess the cumulative carcinogenic and non-carcinogenic risks via health risk assessment; and (4) investigate the inadvertent ingestion of heavy metals by humans through rice based on *in vitro* tests.

the noncarcinogenic doses of the different exposure pathways indicated that $CDI_{ing-nc} > CDI_{dermal} > CDI_{inh-nc}$ for children, which may be due to the hand-to-mouth habits of children. CDI_{ing-nc} was clearly the main exposure pathway for local residents. Before rice sowing, the HI values of heavy metals in soil for children were significantly higher than those for adults, implying that children were more easily affected by the heavy metals in soils. Their HI value was lower in comparison with the other literature, which may be caused by main farmland and no chemical plants in the study. A similar phenomenon was also found at the rice harvesting stage, and the HI values for children were higher than those

for adults. Surprisingly, in both adults and children, the HI values before rice sowing were obviously higher than those at the rice harvesting stage. This situation occurred because several heavy metal elements were absorbed by rice during the growth process, decreasing their content in soil throughout the rice growth stage. The HI values for adults and children for heavy metals before rice sowing were 0.0984 and 0.634, respectively, indicating that these metals have little influence on the human body. The HI values for adults and children for heavy metals at the rice harvesting stage were 0.146 and 0.879, respectively. The order of HI values at the harvesting stage was $Pb > As > Cd > Hg > Cr > Zn > Cu$

Table 4. Non-carcinogenic doses and hazard exposure of metals in soil samples to children and adults through three routes.

Life stages	Non-carcinogenic risks	Heavy metals						
		Cr	Cd	Pb	Cu	Zn	Hg	As
Adult (before sowing of rice)	CDI_{ing}	1.31E-04	1.79E-06	7.83E-05	4.20E-05	1.09E-04	4.50E-07	2.39E-05
	CDI_{inh}	5.96E-08	8.13E-10	3.56E-08	1.91E-08	4.93E-08	2.04E-10	1.09E-08
	CDI_{dermal}	2.09E-05	1.00E-06	1.88E-06	1.67E-05	8.66E-06	8.98E-08	2.86E-06
	HQ_{ing}	8.74E-05	7.16E-05	7.83E-05	4.20E-05	1.09E-04	4.50E-07	2.39E-06
	HQ_{inh}	3.97E-06	3.25E-05	2.54E-04	4.77E-07	1.64E-07	1.28E-06	3.62E-06
	HQ_{dermal}	1.07E-03	4.00E-02	1.34E-02	4.19E-04	3.62E-04	2.81E-03	3.97E-02
	HI	1.16E-03	4.01E-02	1.37E-02	4.61E-04	4.71E-04	2.81E-03	3.97E-02
Children (before sowing of rice)	CDI_{ing}	1.00E-03	1.37E-05	5.98E-04	3.20E-04	8.28E-04	3.43E-06	1.82E-05
	CDI_{inh}	3.47E-08	3.35E-10	3.93E-08	9.19E-09	5.52E-08	1.10E-10	5.44E-09
	CDI_{dermal}	1.12E-04	1.53E-06	6.69E-05	3.59E-05	9.28E-05	3.85E-07	2.04E-06
	HQ_{ing}	6.67E-04	5.46E-04	5.98E-04	3.20E-04	8.28E-04	3.43E-06	1.82E-05
	HQ_{inh}	2.31E-06	1.34E-05	2.81E-04	2.30E-07	1.84E-07	6.90E-07	1.81E-06
	HQ_{dermal}	5.75E-03	6.12E-02	4.78E-01	8.97E-04	2.76E-03	2.15E-02	6.08E-02
	HI	6.42E-03	6.17E-02	4.79E-01	1.22E-03	3.59E-03	2.15E-02	6.08E-02
Adult (Harvest stage)	CDI_{ing}	7.63E-05	7.37E-07	8.65E-05	2.02E-05	1.21E-04	2.43E-07	1.20E-05
	CDI_{inh}	5.96E-08	8.13E-10	3.56E-08	1.91E-08	4.93E-08	2.04E-10	1.09E-08
	CDI_{dermal}	1.22E-05	1.18E-07	1.38E-05	3.23E-06	1.94E-05	3.88E-08	1.91E-06
	HQ_{ing}	5.09E-05	2.95E-05	8.65E-05	2.02E-05	1.21E-04	2.43E-07	1.20E-05
	HQ_{inh}	3.97E-06	3.25E-05	2.54E-04	4.77E-07	1.64E-07	1.28E-06	3.62E-05
	HQ_{dermal}	6.25E-04	4.71E-03	9.86E-02	8.07E-05	4.05E-04	1.52E-03	3.99E-02
	HI	6.80E-04	4.77E-03	9.89E-02	1.01E-04	5.27E-04	1.52E-03	4.00E-02
Children (Harvest stage)	CDI_{ing}	5.82E-04	5.62E-06	6.60E-04	1.54E-04	9.27E-04	1.85E-06	9.14E-05
	CDI_{inh}	3.47E-08	3.35E-10	3.93E-08	9.19E-09	5.52E-08	1.10E-10	5.44E-09
	CDI_{dermal}	6.52E-05	6.30E-07	7.39E-05	1.73E-05	1.04E-04	2.08E-07	1.02E-05
	HQ_{ing}	3.88E-04	2.25E-04	6.60E-04	1.54E-04	9.27E-04	1.85E-06	9.14E-05
	HQ_{inh}	2.31E-06	1.34E-05	2.81E-04	2.30E-07	1.84E-07	6.90E-07	1.81E-05
	HQ_{dermal}	3.34E-03	2.52E-02	5.28E-01	4.32E-04	3.09E-03	1.16E-02	3.05E-01
	HI	3.74E-03	2.54E-02	5.29E-01	5.87E-04	4.02E-03	1.16E-02	3.05E-01

Table 8. Bioavailability of heavy metals in different digestive stages of adults and children.

Age	Target	Simulated gastric absorption stage (%)				
		Pb	Zn	Cu	Cd	As
Adult	Maximum values	153	51	134	11	2
	Minimun values	184	51	126	10	1
	Average values	168	57	130	11	1
	PTWI*	429	—	—	60	129
Children	Maximum values	109	36	95	8	1
	Minimun values	131	36	90	7	1
	Average values	120	41	92	8	1
	PTWI*	107	—	—	30	64
	Target	Simulated intestinal absorption stage(%)				
		Pb	Zn	Cu	Cd	As
Adult	Maximum values	14	931	450	2	6
	Minimun values	17	744	425	2	4
	Average values	16	837	437	2	5
	PTWI*	429	—	—	60	129
Children	Maximum values	10	663	321	1	5
	Minimun values	12	530	302	1	2
	Average values	11	596	311	1	4
	PTWI*	107	—	—	30	64

Note: “*” refers to the conversion of weekly tolerance to daily tolerance.

In-vitro Simulation Test of Cd, Pb, Cu and Zn

Table 6 shows the bioavailability of Pb, Zn, Cu, Cd and As in rice from the study area in the simulated gastric and intestinal stages. The bioavailability of Zn and Cd in rice in the study area was higher than that in the simulated intestinal stage, while the bioavailability of Pb, Cu and As was lower than that in the simulated intestinal stage [12]. The difference in the bioavailability of Pb, Zn, Cd and Cu may be caused by the different acid conditions in the stomach. The bioavailability of As in the simulated stomach stage and the simulated intestinal stage in the study area was low, which implied that the bioavailability of As in the simulated experiment was not affected by the acidic conditions. Since the national food hygiene standard (GB2762-2012) does not include Zn and Cu as pollutant indicators, the per tolerable weekly intake (PTWI) of Zn and Cu in rice was not considered in this study. The standard showed that the PTWI values of Cd and As were 7.00 $\mu\text{g}/\text{kg}$ and 15 $\mu\text{g}/\text{kg}$, respectively [12]. The limit values for Pb in adults and children are 50.00 $\mu\text{g}/\text{kg}$ and 25.00 $\mu\text{g}/\text{kg}$, respectively. For adults weighing 60 kg and children weighing 30 kg, the daily intake of Cd should not exceed 60.00 and 30.00 $\mu\text{g}/\text{d}$, respectively, the daily intake of Pb should not exceed 428.57 and

107.14 $\mu\text{g}/\text{d}$, respectively, and the daily intake of As should not exceed 128.57 and 64.29 $\mu\text{g}/\text{d}$ [12]. Table 7 shows that the average daily intake of Pb, Zn, Cu, Cd and As content ranges from 215-258, 2919-3652, 613-650, 33-36, and 117-213 $\mu\text{g}/\text{d}$, respectively. The average daily intake of Pb, Zn, Cu, Cd and As in the study area was 153-184, 2078-2600, 436-463, 23-28 and 83-152 $\mu\text{g}/\text{d}$, respectively. In this study, only children were at risk of ingesting more than the weekly limit for Pb by eating rice grown in the study area.

Table 8 shows the total amount of heavy metals ingested by adults and children by eating the local rice. The bioavailable amounts of the heavy metals did not exceed the PTWI values, indicating that there was no health risk from eating the local rice. However, the bioavailability of Pb, Zn, Cu, Cd and As in rice in this study area was higher in the simulated gastric digestion stage than in the simulated small intestine stage, which may be related to the acidic environment in the stomach. In the simulated small intestine stage, the intestinal fluid was alkaline, which led to a decrease in the bioavailability of heavy metals in rice. Since the absorption function of the human digestive tract to food was mainly reflected in the small intestine stage, the availability of heavy metals in rice in the simulated small intestine stage plays a more important role in the

