

'NERVE GAS ON FIRE': BURN PATIENT WITH ORGANOPHOSPHATE INHALATION EFFECTS

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INTRODUCTION

Burn inhalational injury are a significant cause of morbidity and mortality. Organophosphates (OP) compounds are widely used as pesticides and chemical warfare agents. When these substance accidentally involved in burn injuries, early detection of sign and symptoms are important in tackling such issues. We present a case of burn injury that involved suspected OP as part of the burnt material discovered much later.

CASE DESCRIPTION

A 56 years old lady was brought in to Emergency Department with low GCS 7/15 (E4V2M3) post inhaled burn injury from burnt rice husk. Patient able to maintain her airway with SPO2 98%room air and no soot in airway noted with TBSA 5%, however noted patient to be involuntarily passing motions, diaphoresis and persistent bradycardia. Initial parameters to have CK (Creatinine Kinase) raised, acute kidney injury and mild transaminitis. On further investigations noted patient to have diarrhoea, sweating and pinpoint pupils. Patient subsequently was intubated. CT Brain performed noted to have normal findings. Further history from relatives noted that patient burnt rice husk with a bottle of unknown content. Hence, atropine was given but much later.

DISCUSSION

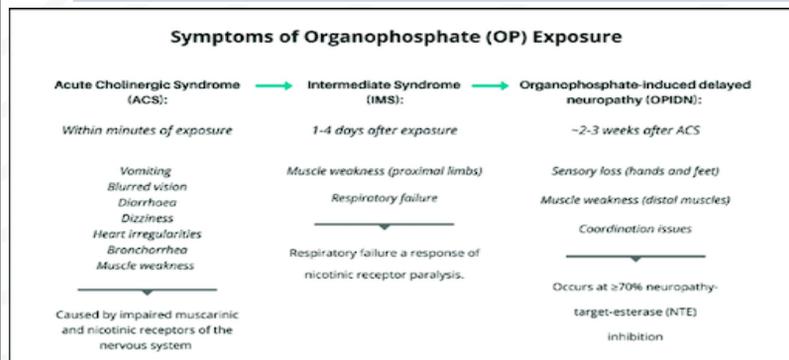
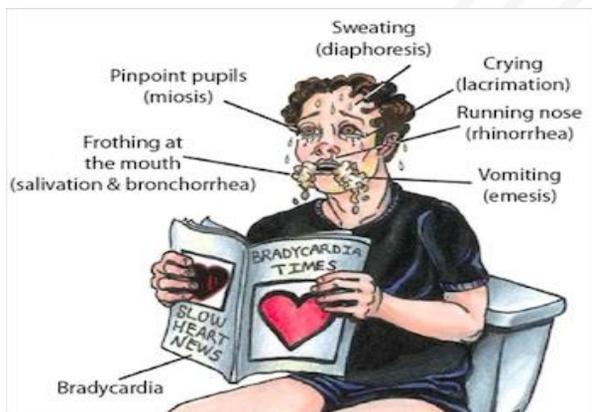
In burn patients, OP exposure can further exacerbate respiratory compromise due to airway edema and inhalation injury. OP exposure in burn victims requires prompt and early administration of antidote ie atropine. In this case, the focus was much on the burn injury whereas the OP toxicity was only realized later.

CONCLUSION

This case highlights the need to be aware that burn injuries in the farm can also involve pesticides and herbicides which could be inhaled to complicate management. High index of suspicion should be maintained for early detection and better outcome.

KEYWORDS

Burn Inhalation, Organophosphates Poisoning



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