A close-up photograph of a champagne bottle being opened. The cork is flying off to the right, and a large, frothy spray of champagne is erupting from the neck of the bottle. The background is dark, making the bright, white foam and the golden liquid stand out. The bottle's neck is wrapped in a gold foil, and a small red label is visible near the base of the neck.

Congratulations
With your
20th Anniversary

Carbon Monoxide Intoxication & Smoke Inhalation

Ignace Demeyer, MD, PhD

Emergency Medicine, Onze-Lieve-Vrouw Hospital, AALST

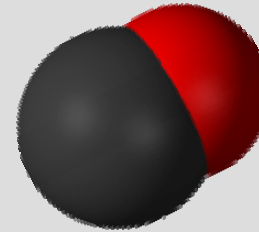
Definitions

What is in a word ?

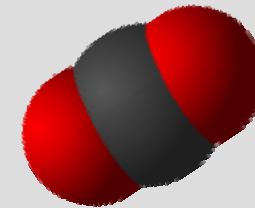


definitions

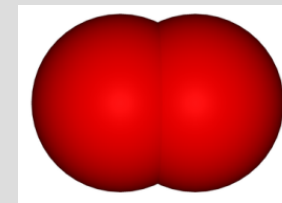
- Carbon Monoxide = CO



- Carbon Dioxide = CO₂



- Oxygen (di-oxide) = O₂



Overview

- Introduction
- CO and our world
- CO in the human being
 - Endogenous CO
 - Toxicity CO
 - Symptoms CO intox
 - Pregnancy and CO
 - Treatment CO intox



Properties of CO

Gas:

colorless

odorless

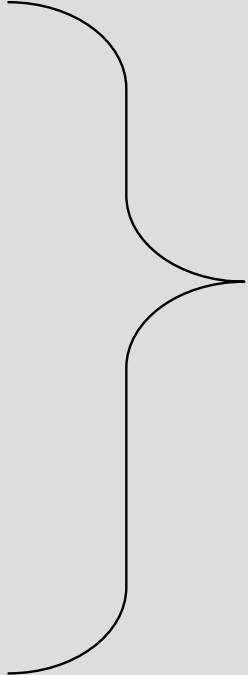
tasteless

nonirritating

Properties CO

colorless
odorless

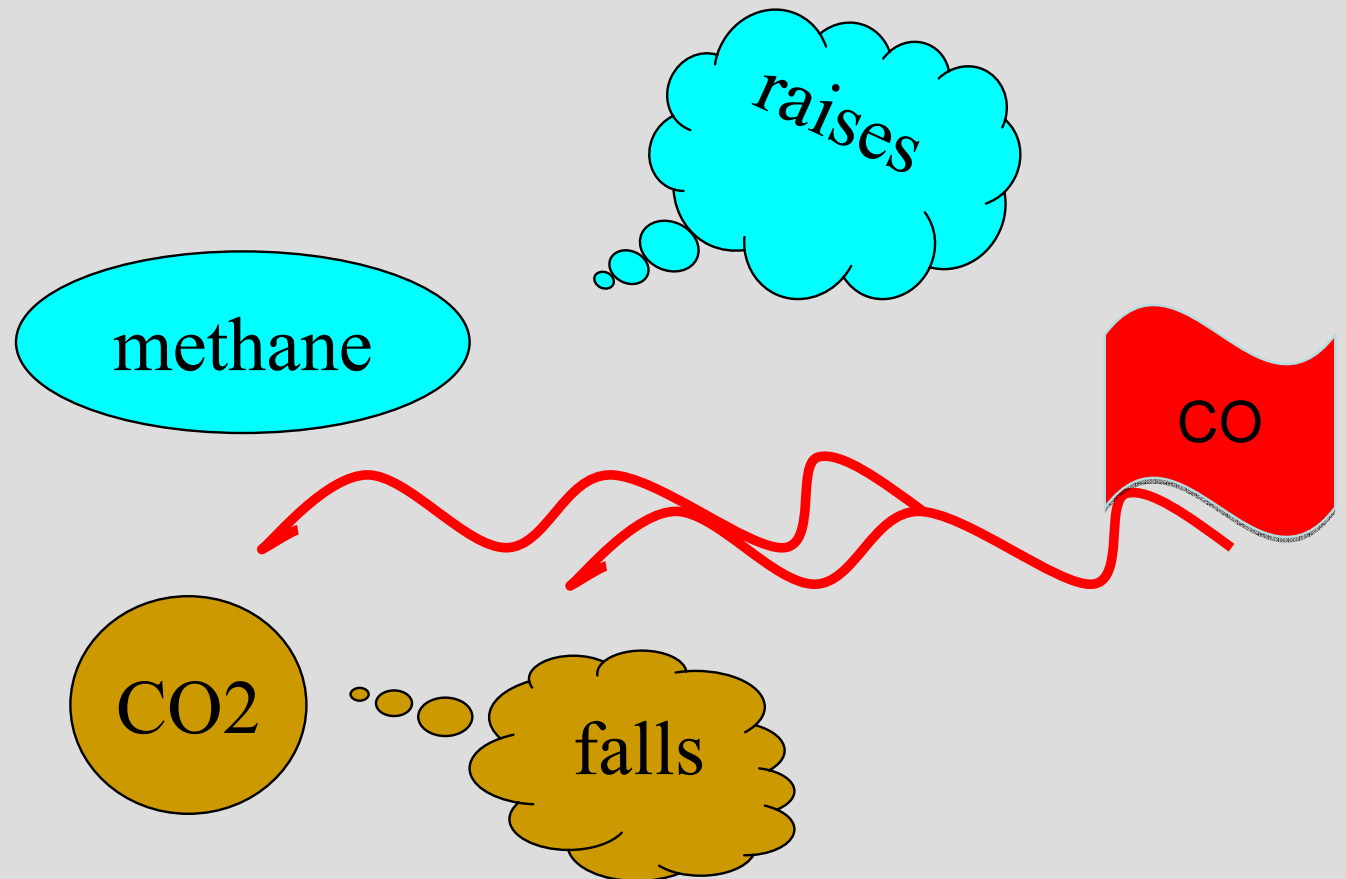
tasteless
nonirritating



not detectable
by
human beings

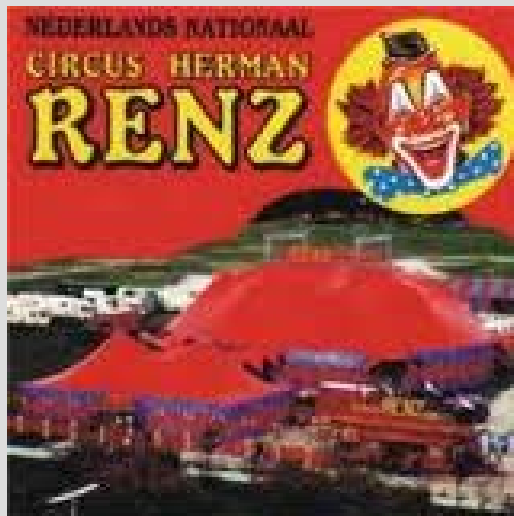
Properties CO

Density air: 1.25 kg/m³
Gas Specific CO: 0.967 times airdensity



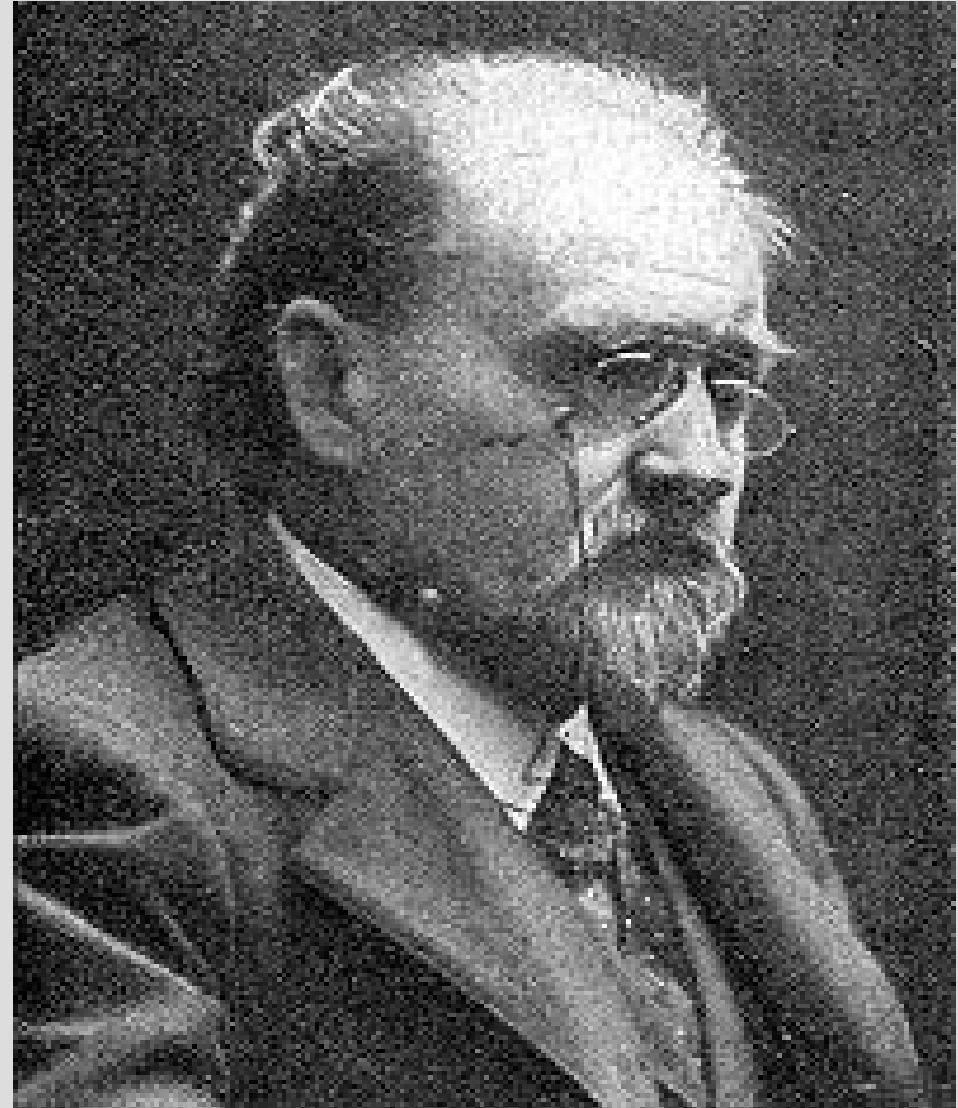
CO victims

- Herman en Diana RENZ
- 1996



CO victim

- Emile Zola
- French Writer
 - Germinal
 - J'accuse
- 21 sep 1902



CO abused

- Chelmno death camp
- WW II, 1941, Polen, Lódz
- 153 000 death
- Aktion T4 (euthanasia program)



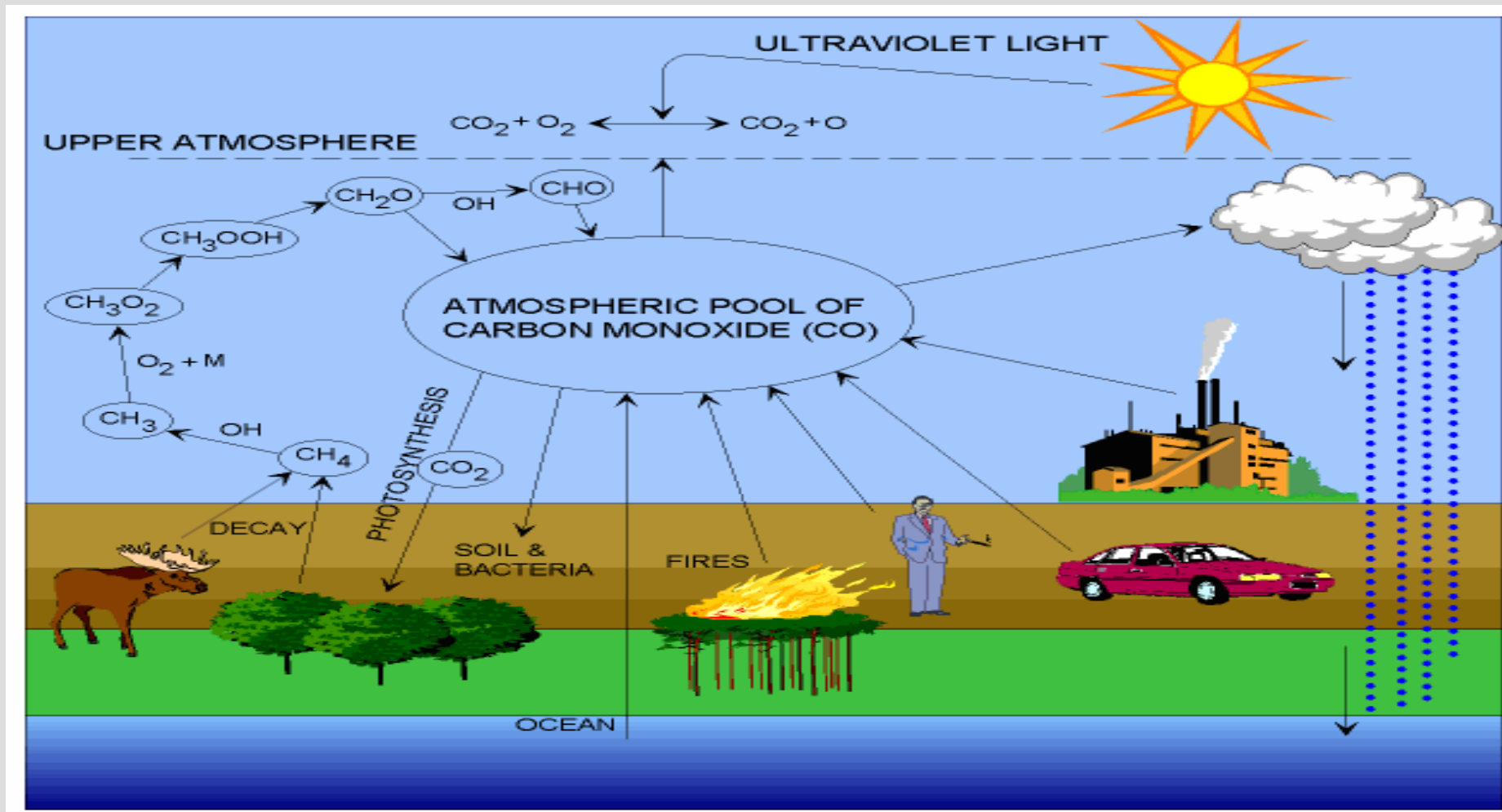


CO use

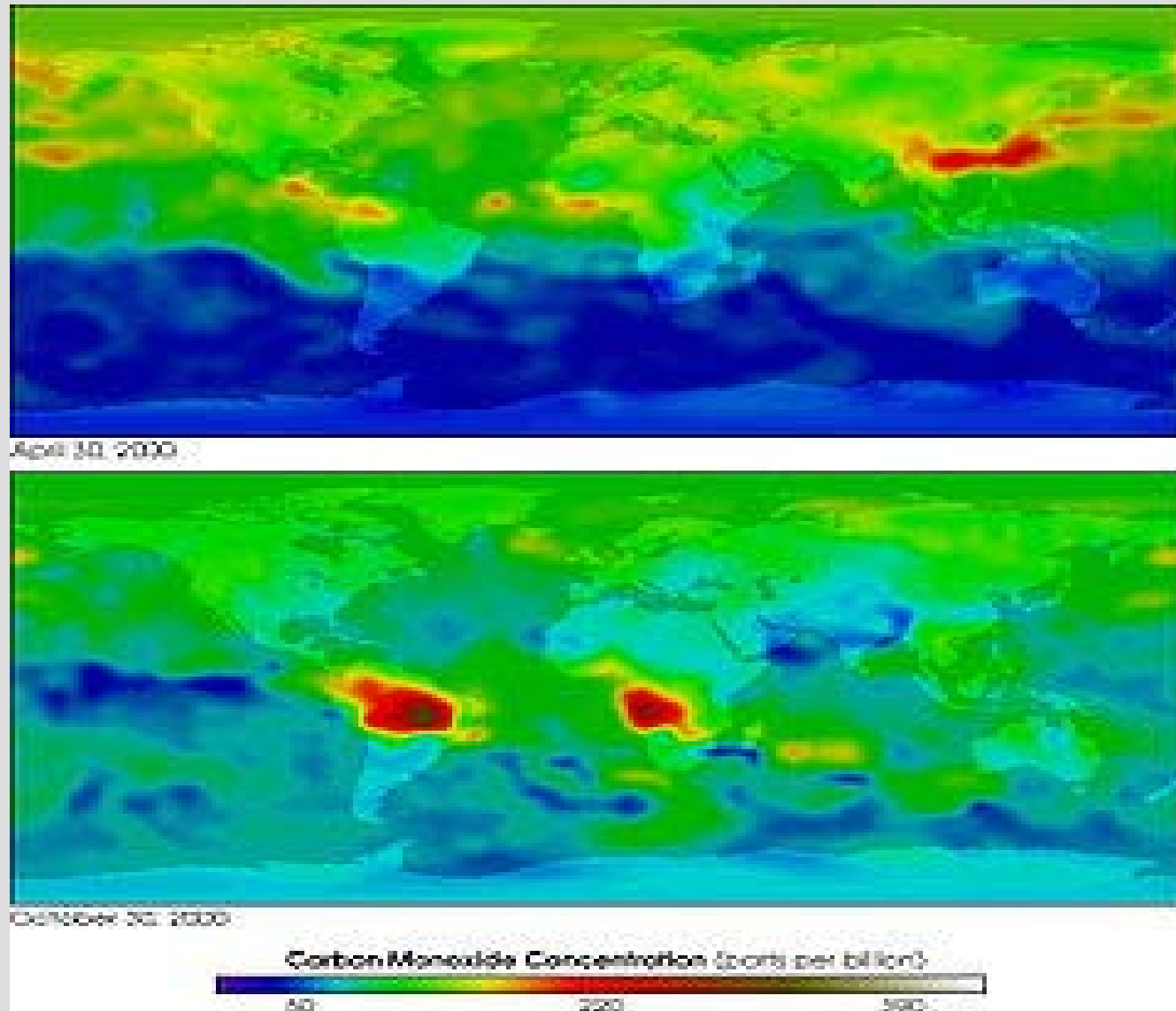
“Construction of a Simplified Wood Gas Generator for Fueling Internal Combustion Engines in a Petroleum Emergency”

The US Federal Emergency Management Administration
March 1989

Exogenous sources CO



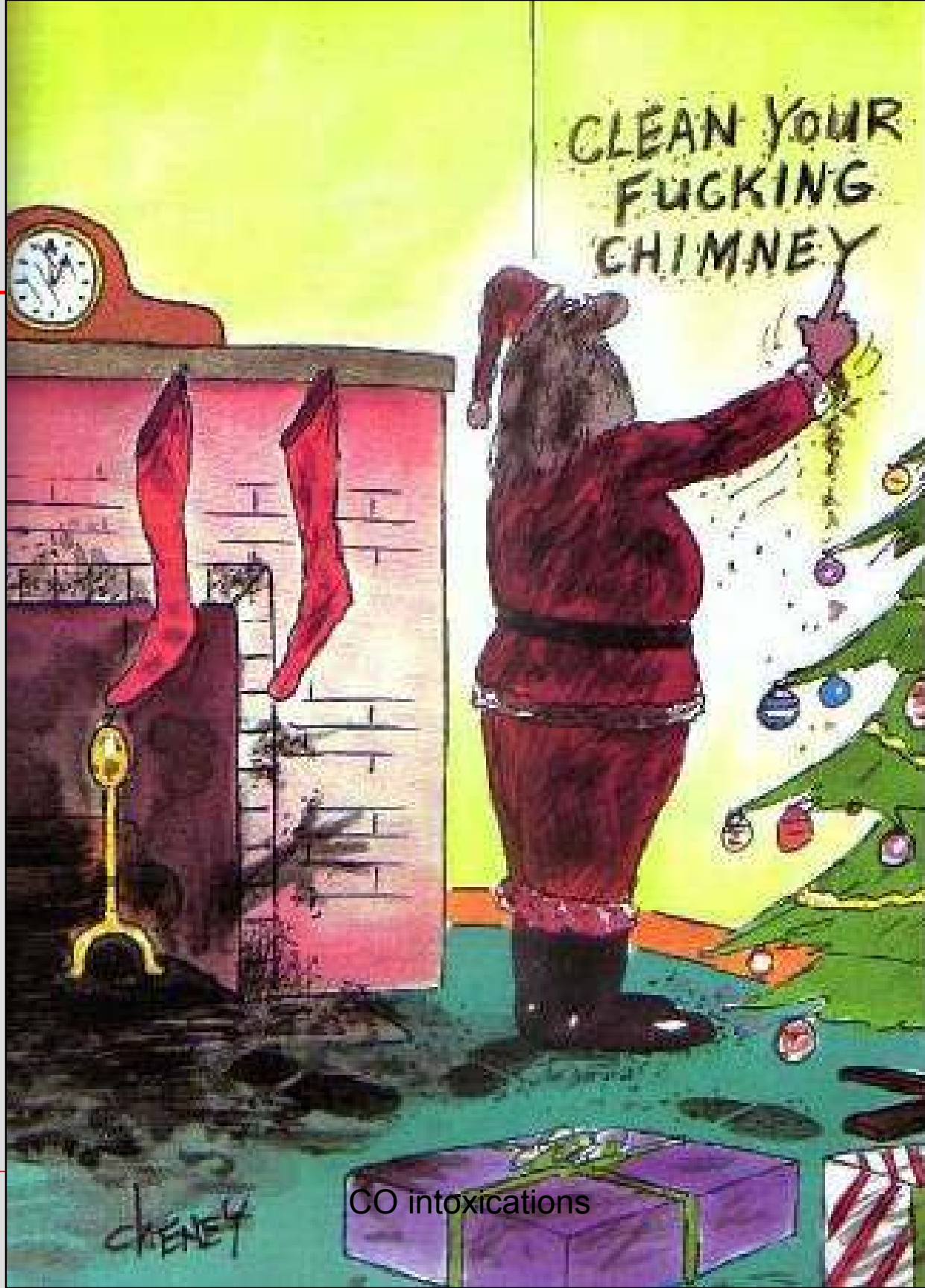
Volcano activity, Amazon wood



Ppm: parts per million

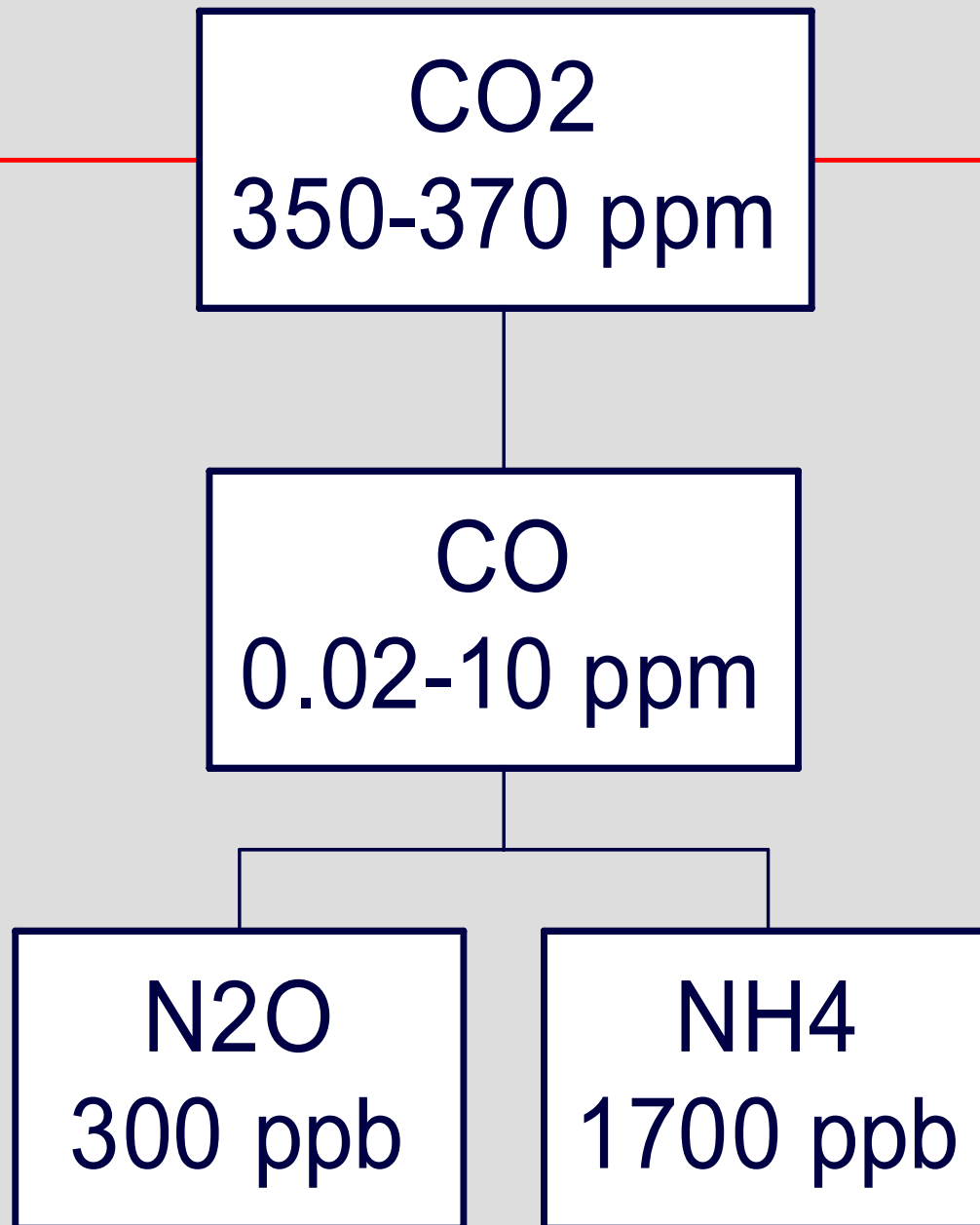
- 1% = 10.000 ppm
- 0.05% = 500ppm
- Atmospheric conc:
< 0,001%

5	%	CO	=	50,000	PPM	CO
4	%	CO	=	40,000	PPM	CO
3	%	CO	=	30,000	PPM	CO
2	%	CO	=	20,000	PPM	CO
1	%	CO	=	10,000	PPM	CO
0.5	%	CO	=	5,000	PPM	CO
0.4	%	CO	=	4,000	PPM	CO
0.3	%	CO	=	3,000	PPM	CO
0.2	%	CO	=	2,000	PPM	CO
0.1	%	CO	=	1,000	PPM	CO
0.05	%	CO	=	500	PPM	CO
0.04	%	CO	=	400	PPM	CO
0.03	%	CO	=	300	PPM	CO
0.02	%	CO	=	200	PPM	CO
0.01	%	CO	=	100	PPM	CO
0.005	%	CO	=	50	PPM	CO
0.0035	%	CO	=	35	PPM	CO



Concentrations at CO source (ppm)

- 0.1 nature reserve seaside
- 0.5 tot 5 average house
- 100 à 200 Mexico City
- 5000 chimney
- 7000 car exhaust (without catalysator)
- 30 000 pure cigarettesmoke



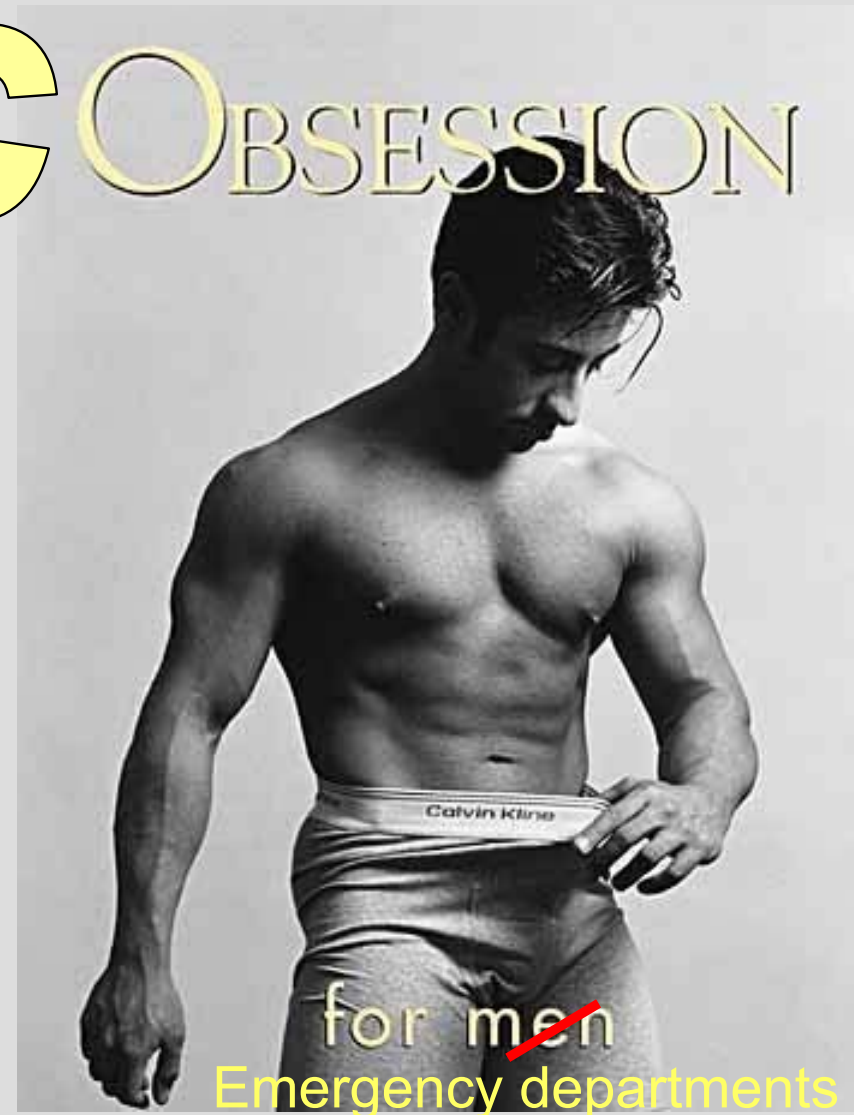
Incomplete Burning



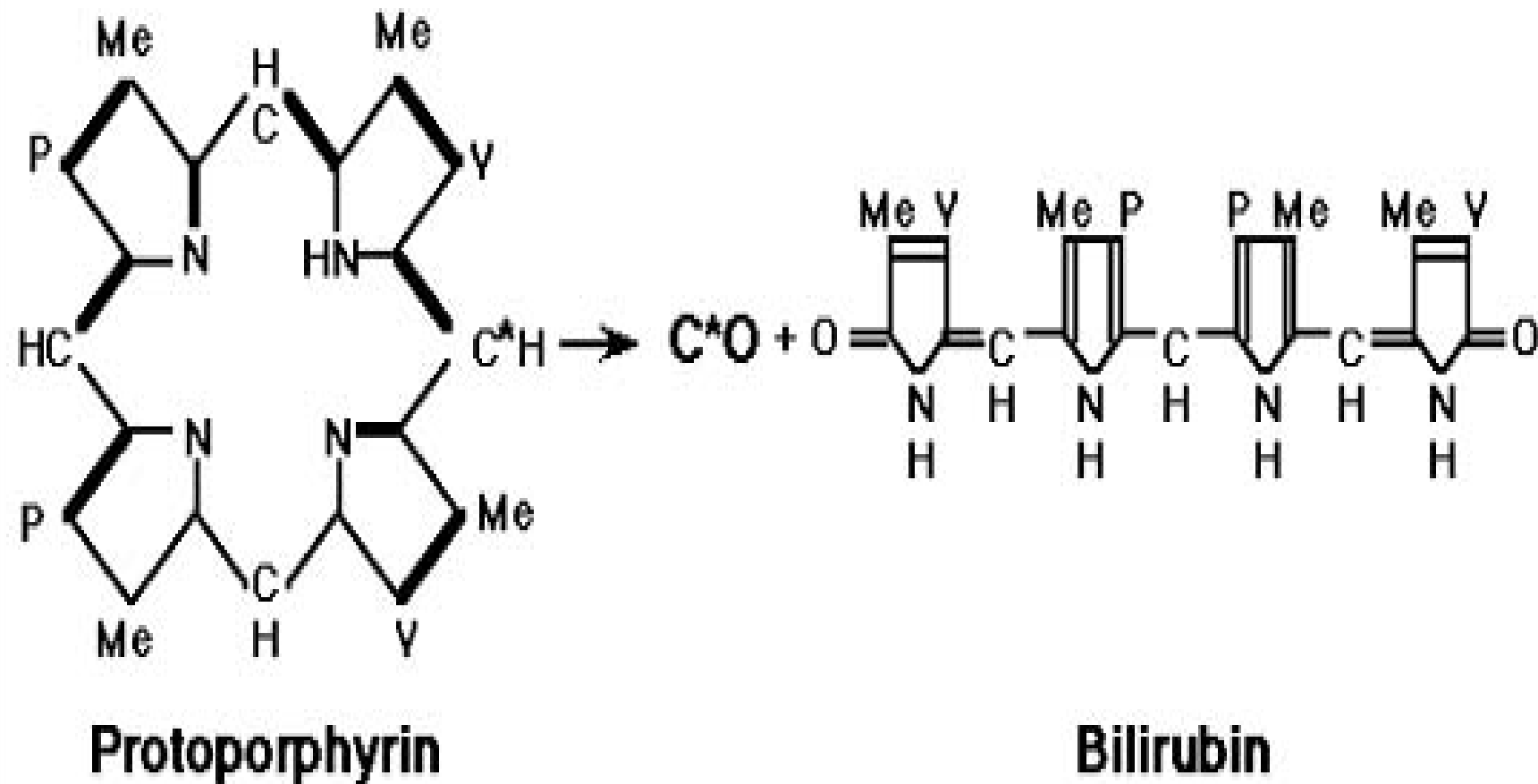
CO and Human Being

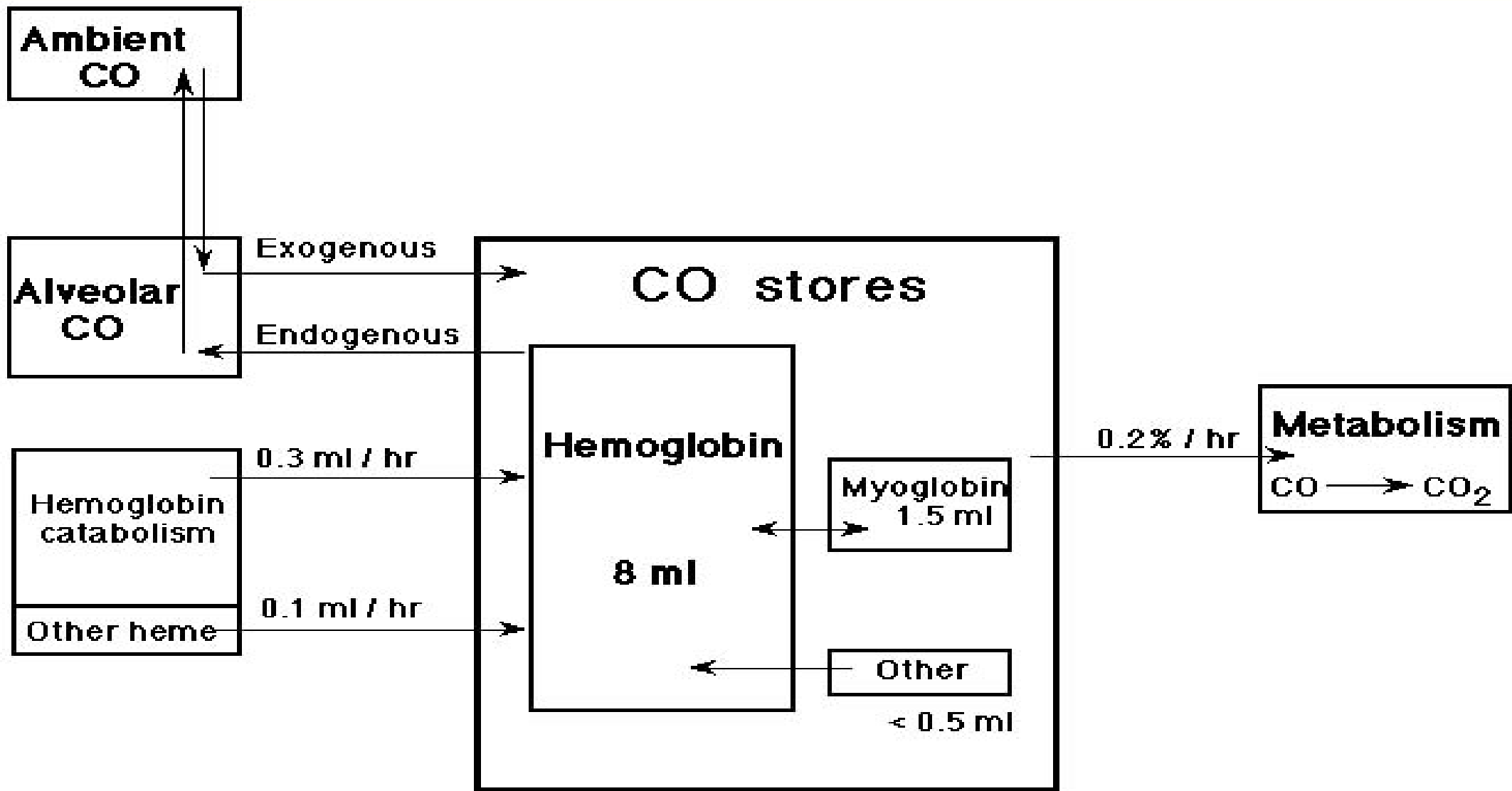
- Endogenous CO
 - Production
 - Metabolism
- Toxicopathophysiology
 - Pharmacodynamics
 - Pharmacokinetics
 - Pregnancy
 - Symptoms
 - Therapy

COBSESSION



Endogenous CO production





CO levels

- Non smoker: 3 % (0 doesn't exist !!)
- Smokers: 10 – 15 %

Technical Paper 11

DEPARTMENT OF THE INTERIOR
BUREAU OF MINES
JOSEPH A. HOLMES, DIRECTOR

THE USE OF MICE AND BIRDS FOR
DETECTING CARBON MONOXIDE
AFTER MINE FIRES AND EXPLOSIONS

BY

GEORGE A. BURRELL

U. S. Bureau of Mine
RECEIVED

D. Harrington

Denver, Colorado.

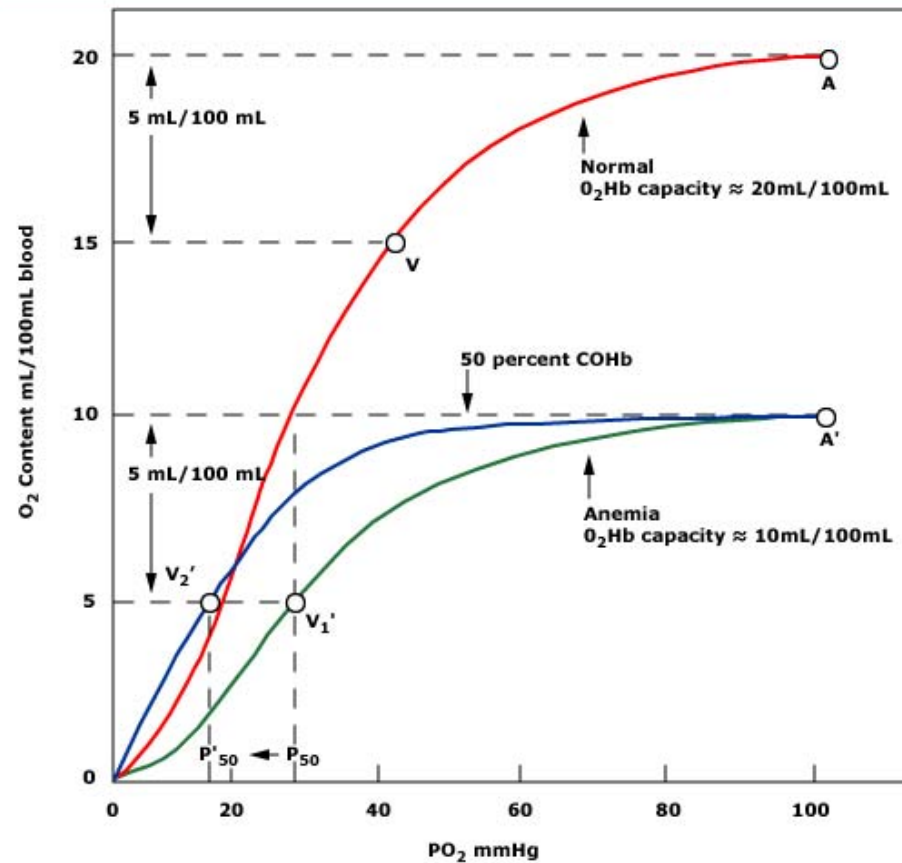


WASHINGTON
GOVERNMENT PRINTING OFFICE
1912

CO and hemoglobin

- CO molecular very similar to O₂ en CO₂
- Hb affinity CO: 240 times > O₂
- removes O₂ from Hb and very strong adhesion
- 4 bindingplaces O₂ on Hb
- Allosteric change impairs 'off-load' of oxygen to peripheral tissues

Effect of carboxyhemoglobinemia on oxygen content and delivery



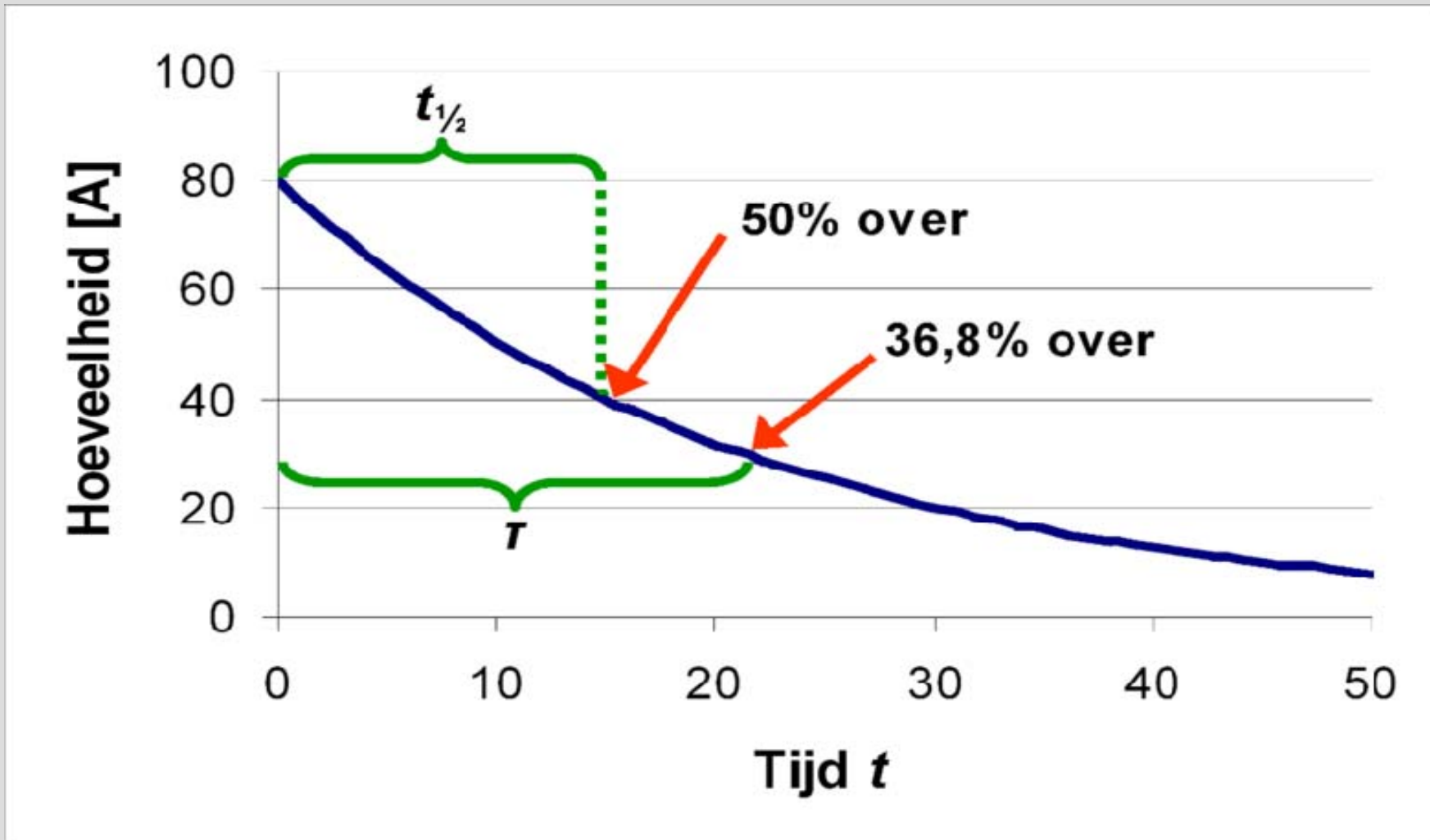
Red curve demonstrates the normal relationship between arterial (A) and venous (V) oxygen content. In general, a difference in arterial and venous oxygen content of 5 mL per 100 mL blood is expected at rest. The green line depicts the effect of a 50 percent decrease in hemoglobin concentration, which decreases arterial (A') and venous (V'1) oxygen content but does not change the partial pressure at which hemoglobin is 50 percent saturated (P_{50}). The blue curve shows the effect of a 50 percent carboxyhemoglobinemia (COHb), which both decreases oxygen carrying capacity (A') and impairs peripheral unloading of oxygen from hemoglobin under conditions of low oxygen tension (V'2), shifting P_{50} to the left (P'_{50}). These changes result in a profound reduction in both oxyhemoglobin saturation and delivery of oxygen to peripheral tissues.

myoglobin

- Hemoprotein myoglobin:
 - 60% more affinity for O₂
 - Impaired oxygen consumption
 - Reduced cardiac output and hypotension

Delayed release of CO from myoglobin
results in delayed return of symptoms and
COHb

Half live (T50)



T50 COHb

- $t_{1/2} =$ 3 à 5 hrs at 21% O₂
- $t_{1/2} =$ 30 à 80 min at 100% O₂
- $t_{1/2} =$ 15 à 20 min at 2.5 ATM 100%

- **IMPORTANT :**
 - initial COHb (T₀) via $t_{1/2}$ recalculating
 - moment of intox is important

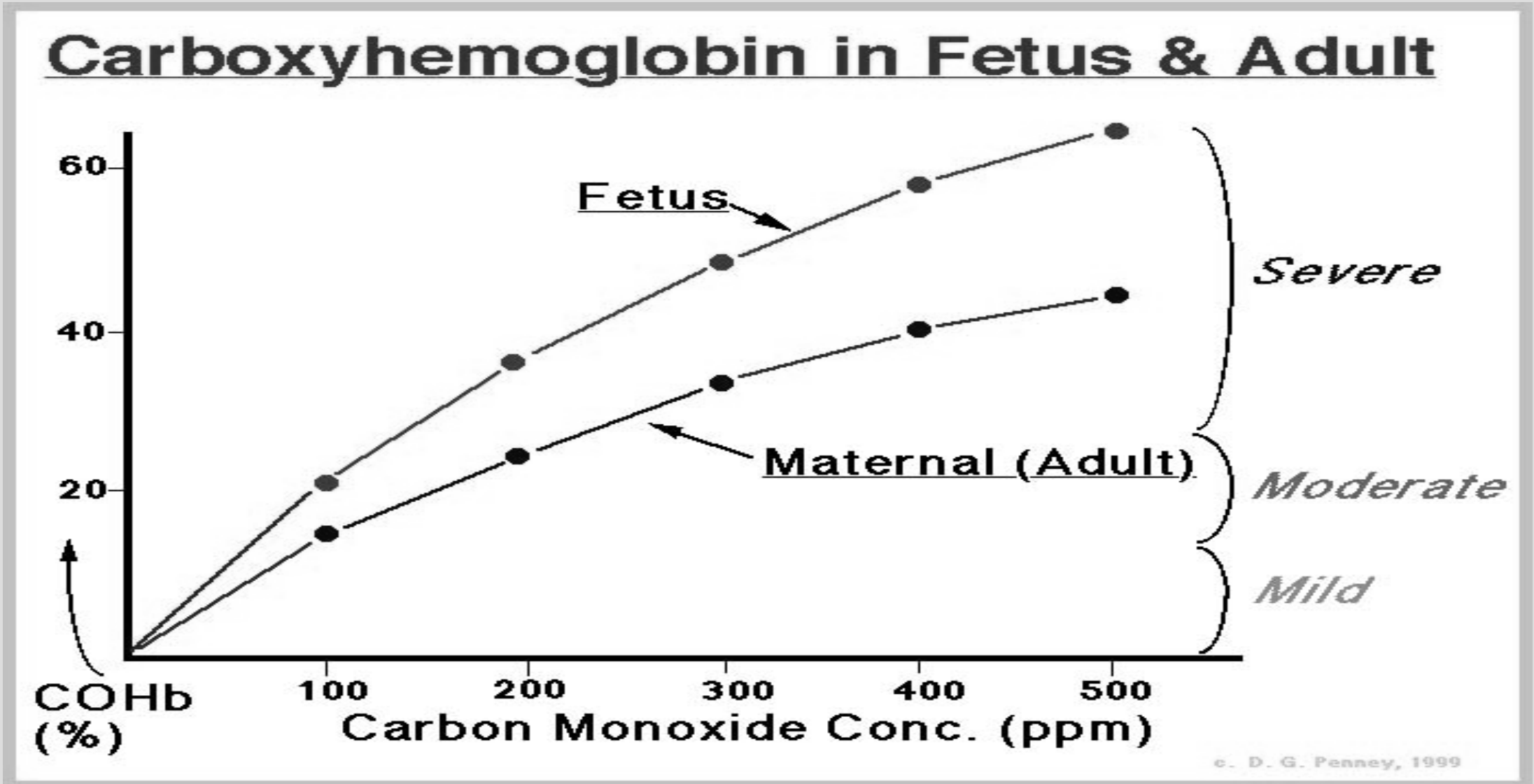
Cytotoxicity CO: 15% extravascular

1. Myoglobine
2. Cytochrome
3. Hyperoxidase lipids
 - perivascular polynuclear cells
 - protease --> xanthine dehydrogenase -
-> xanthine oxydase
4. Glutamate release

Cytochrome oxidase

- Mitochondrial respiratory enzyme chain
- CO binds with cytochrome oxidase
 - Aerobic metabolism endangered
 - ATP synthesis reduced
- Anaerobic mechanisms started:
 - Lactic acidosis
 - Cell death

CO and pregnancy



CO: Diagnosis !

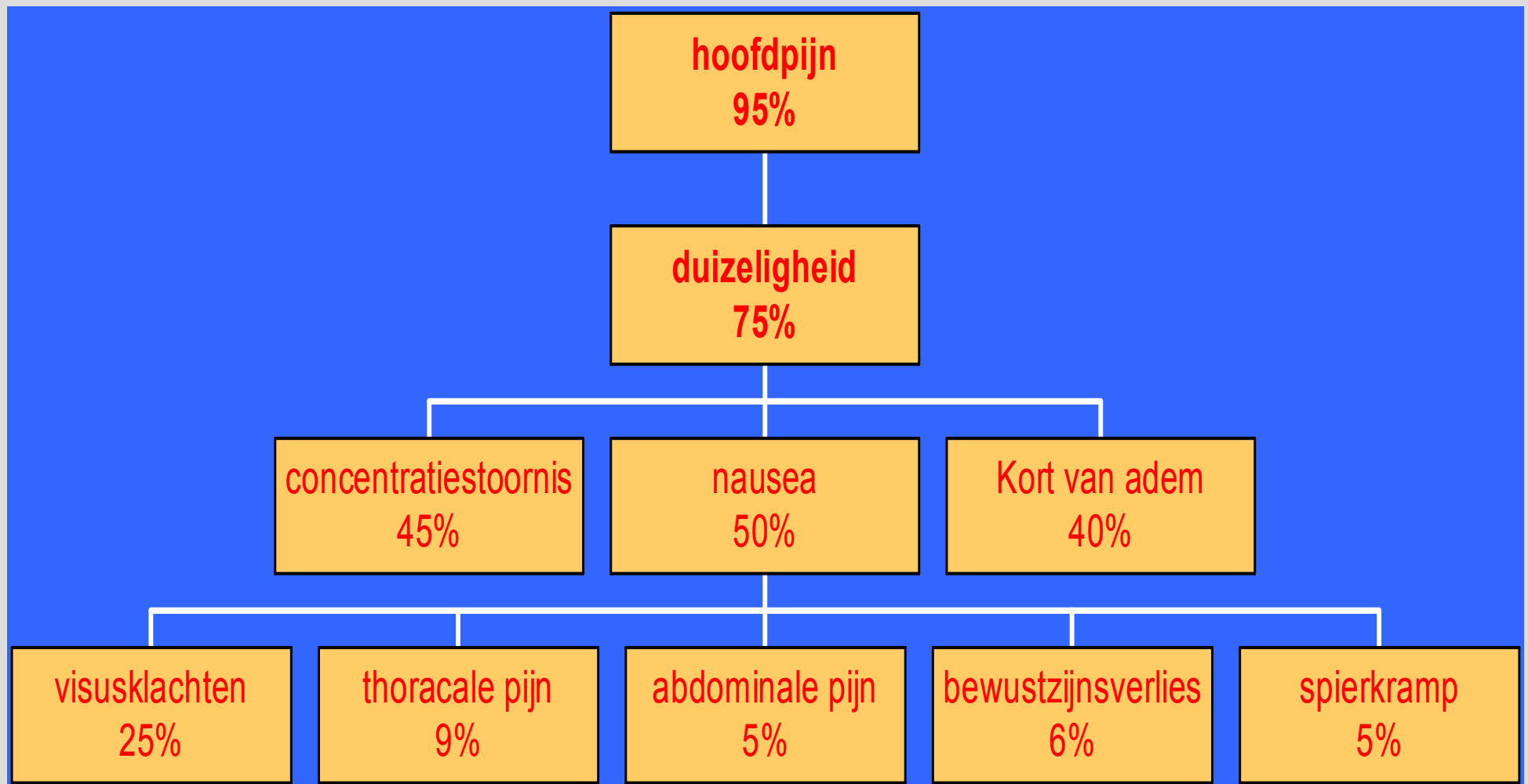


Symptoms CO intoxication

- Typical ???
 - Cherryred lips (carboxymyoglobine !)
- Atypical:
 - tachycardia
 - tachypnoeic
 - Late sign!! In cellular hypoxia
 - Carotic bodies (PaO₂ sens) drive resp centr
 - Pulmonary edema

headache

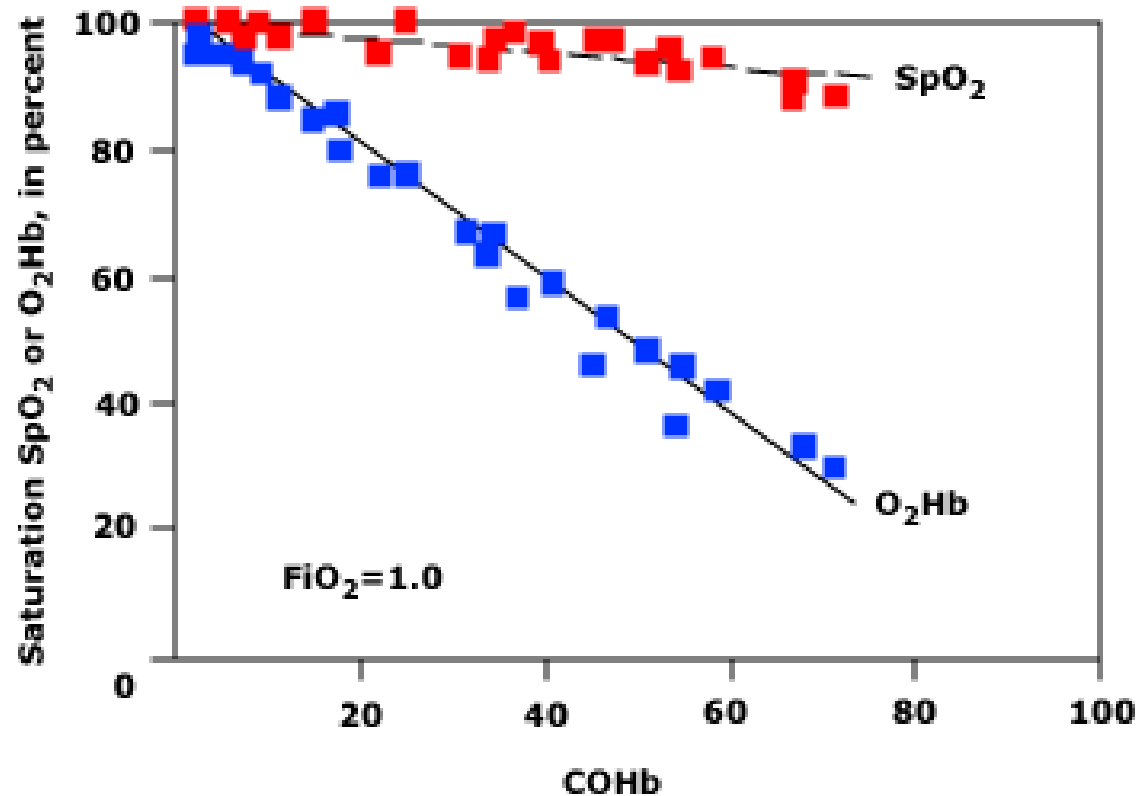




COHb and peripheral O2 saturation

- oxyHb : absorbs infrared (850-1000nm)
- deoxyHb : absorbs red light (600-750nm)
- Detection after absorption of arterial & venous
- at peak (=pulse) more absorption arterial blood
- SaO2 via algorithm in software ratio red/infrared

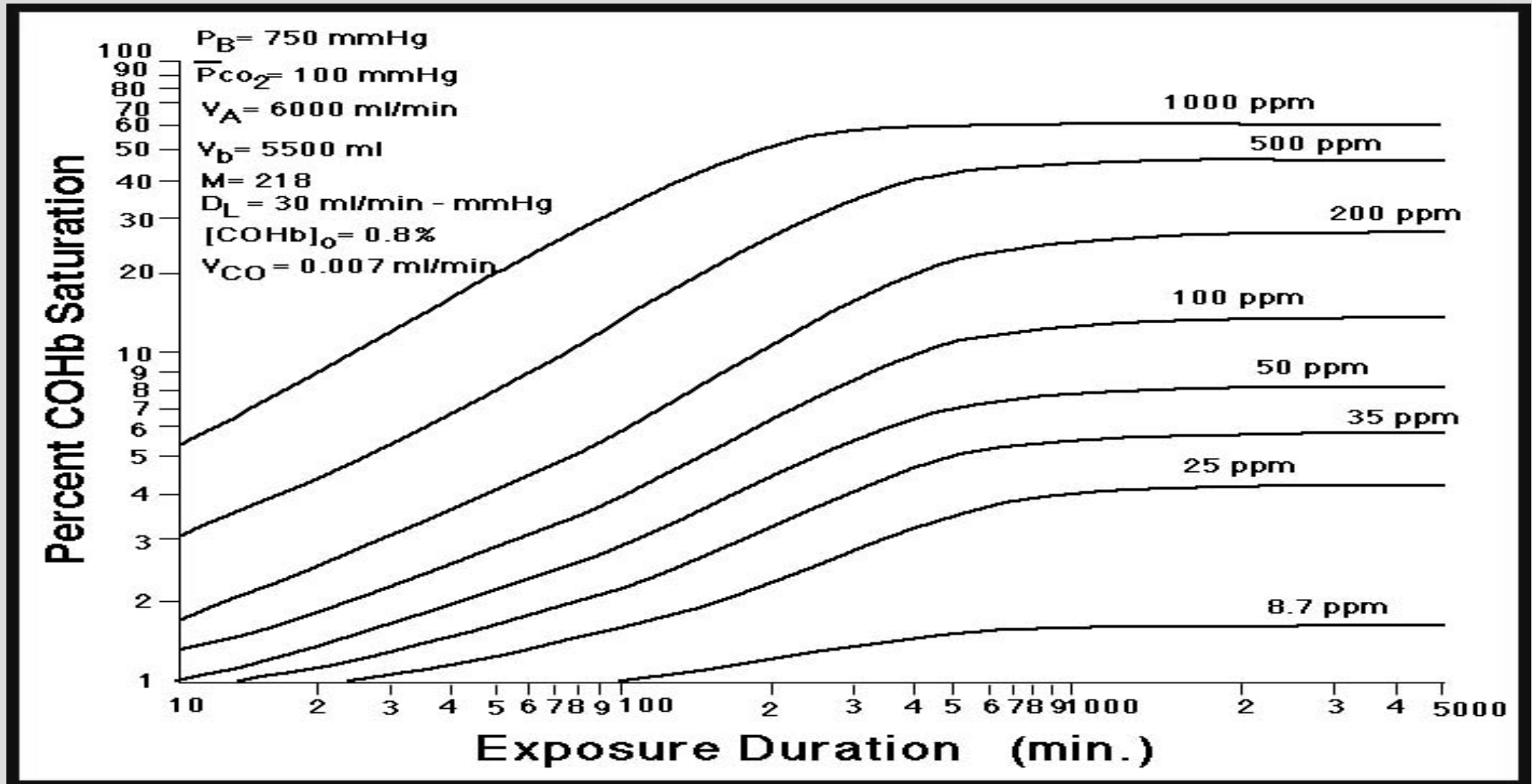
Effect of carboxyhemoglobin on measured oxygen saturation by pulse oximetry



SpO₂ and O₂Hb versus carboxyhemoglobin (COHb) at FiO₂=1.0. SpO₂ consistently overestimates saturation in the presence of COHb. At COHb=70 percent, SpO₂ is still roughly 90 percent, while O₂Hb has fallen to 30 percent.

Redrawn from Barker, SJ, Tremper, KK, Anesthesiology 1987; 66:677.

COHb versus time



Chronic CO intoxication

- North American study : chronic flu like symptoms without fever: 20% raised COHb
- Think about CO:
 - Chronic fatigue
 - Reduced consciousness
 - Lack of concentration
 - Chronic headache,...

Central nervous system

- Brain lipid peroxidation (degradation of unsaturated fatty acids)
 - Caused by NO (endothelial cell and platelet released)
 - O₂ free radicals (peroxynitrite)
- Brain: mitochondrial dysfunction, leukocyte sequestration, apoptosis
 - Demyelination of white matter (Grinker myelinopathy)

Central nervous system

- Cognitive defects:
 - Affecting memory
 - Affecting learning
 - Movement disorders

- Bilateral necrosis of whiter matter, globus pallidus, cerebellum, cerebral cortex

Delayed neurological syndrome

- White matter : Myeline damage (frontal & parieto-occipital)
 - aphasia, dysgraphia, dyscalculia
- Grey matter : globus pallidus & hippocampus
 - end-arterial area

Delayed neurological syndrome

Neurologic

parkinson and choreoathetosis

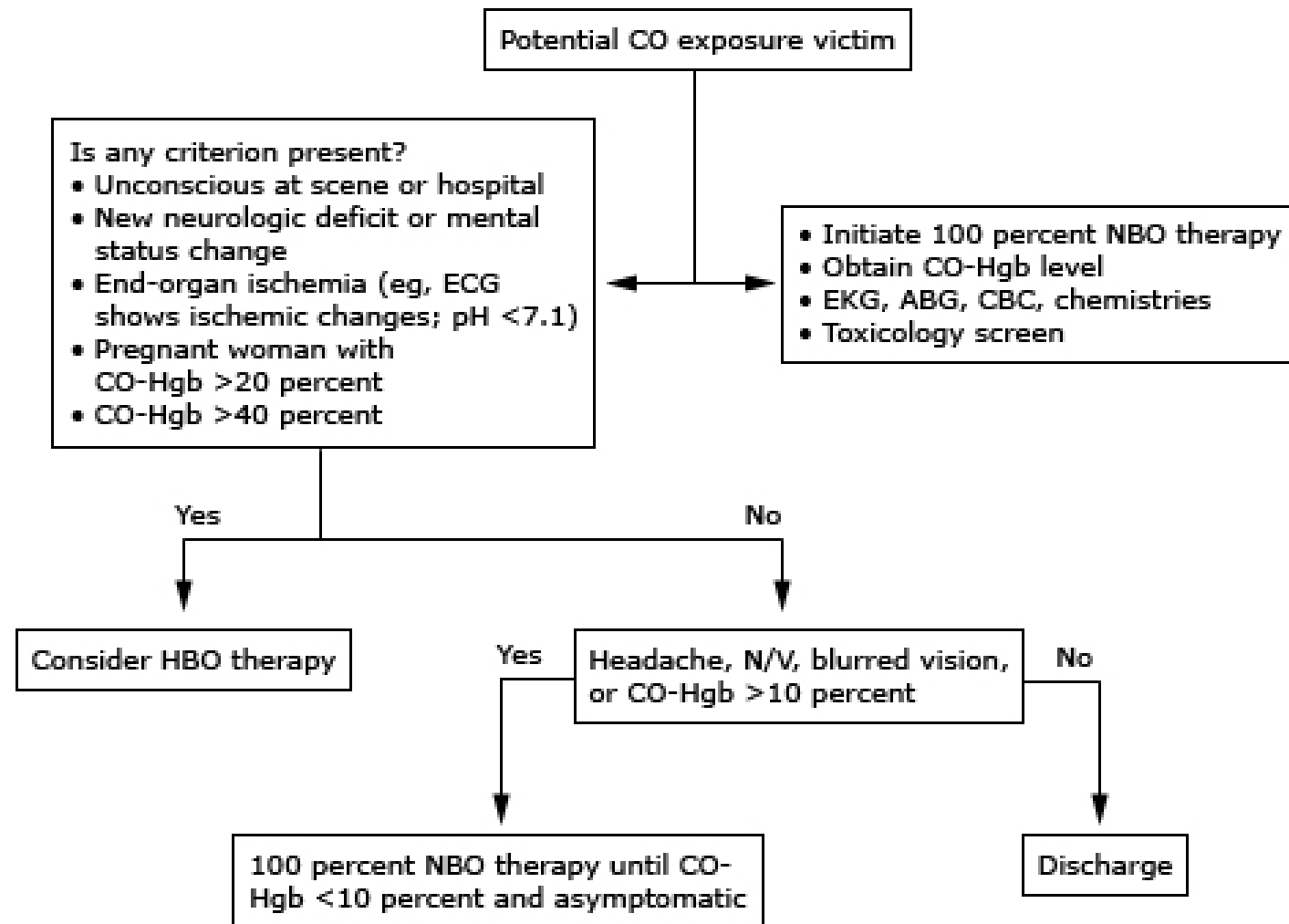
Psychiatric

behaviour, identity, psychosis

Therapy

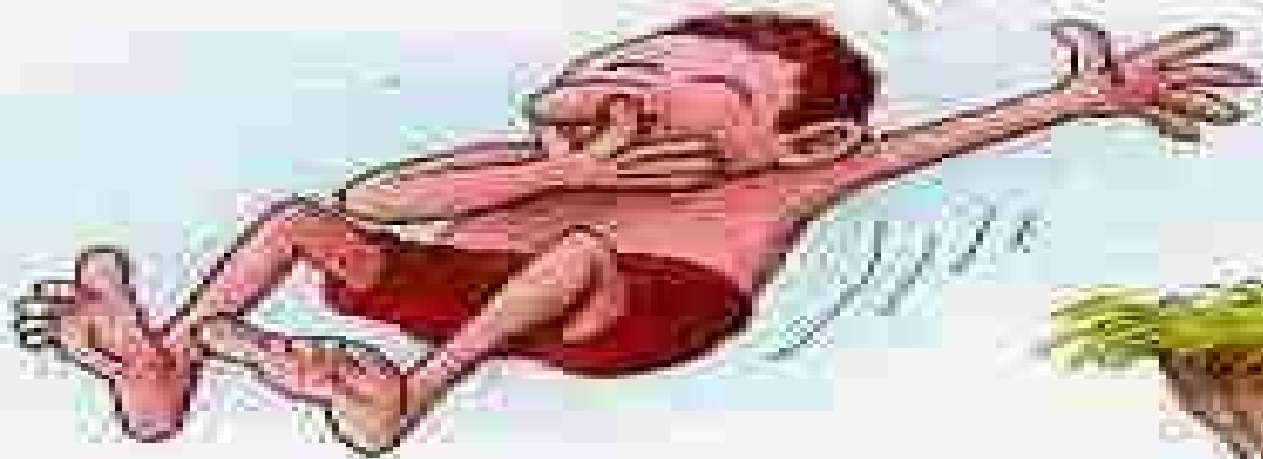
- ACHOBEL Algorythm (www.achobel.be)

Algorithm for using normobaric and hyperbaric oxygen following carbon monoxide exposure



Adapted from O'Brien, C, Manaker, S. Carbon monoxide and smoke inhalation. The Intensive Care Manual. Hanson, Lanken, Manaker (Eds), WB Saunders, Philadelphia, 2001.

ENJOY THE WATER



Overview of carbon monoxide poisoning

To obtain emergent consultation with a medical toxicologist, call the United States Poison Control Network at 1-800-222-1222, or access the World Health Organization's list of international poison centers (www.who.int/ipcs/poisons/centre/directory/en).

History

Duration and mechanism of exposure

Assess for major symptoms: loss of consciousness, confusion, symptoms consistent with hypoxia (ie, chest pain)

Assess for minor symptoms: headache, nausea/vomiting

Assess pregnancy status

Physical examination

Careful evaluation of mental status

Physical examination usually unremarkable

Diagnostic evaluation

Check CO level via co-oximetry of arterial or venous blood

Check acid-base status on (preferably arterial) blood gas

Check ECG in all patients; check cardiac enzymes in patients ≥ 65 , patients with significant cardiac risk factors, and younger patients with chest pain or symptoms suggestive of ischemia

Consider CNS imaging in patients with altered mental status to rule out other etiologies

Check cyanide level and consider empiric treatment in patients with smoke inhalation injury

Treatment

Secure airway, breathing, and circulation

Intubate as clinically indicated

Apply high-flow oxygen to all CO poisoned patients regardless of pulse oximetry or arterial pO₂

Direct fire department to assess for environmental exposure and remove victims

We suggest hyperbaric oxygen (HBO) for:

CO level >25 percent (>20 percent if pregnant)

Loss of consciousness

Severe metabolic acidosis (pH <7.1)

Concern for end-organ ischemia (chest pain, ECG changes, altered mental status)



HYPERBARIC TECHNOLOGY
HYTECH

Needtelefon

Monitor 1

Monitor 2

HYPERBARIC TECHNOLOGY
HYTECH

Brandblusser 300
Handling Besturing
21% O2
100% O2
Handbesturing INSAKTE

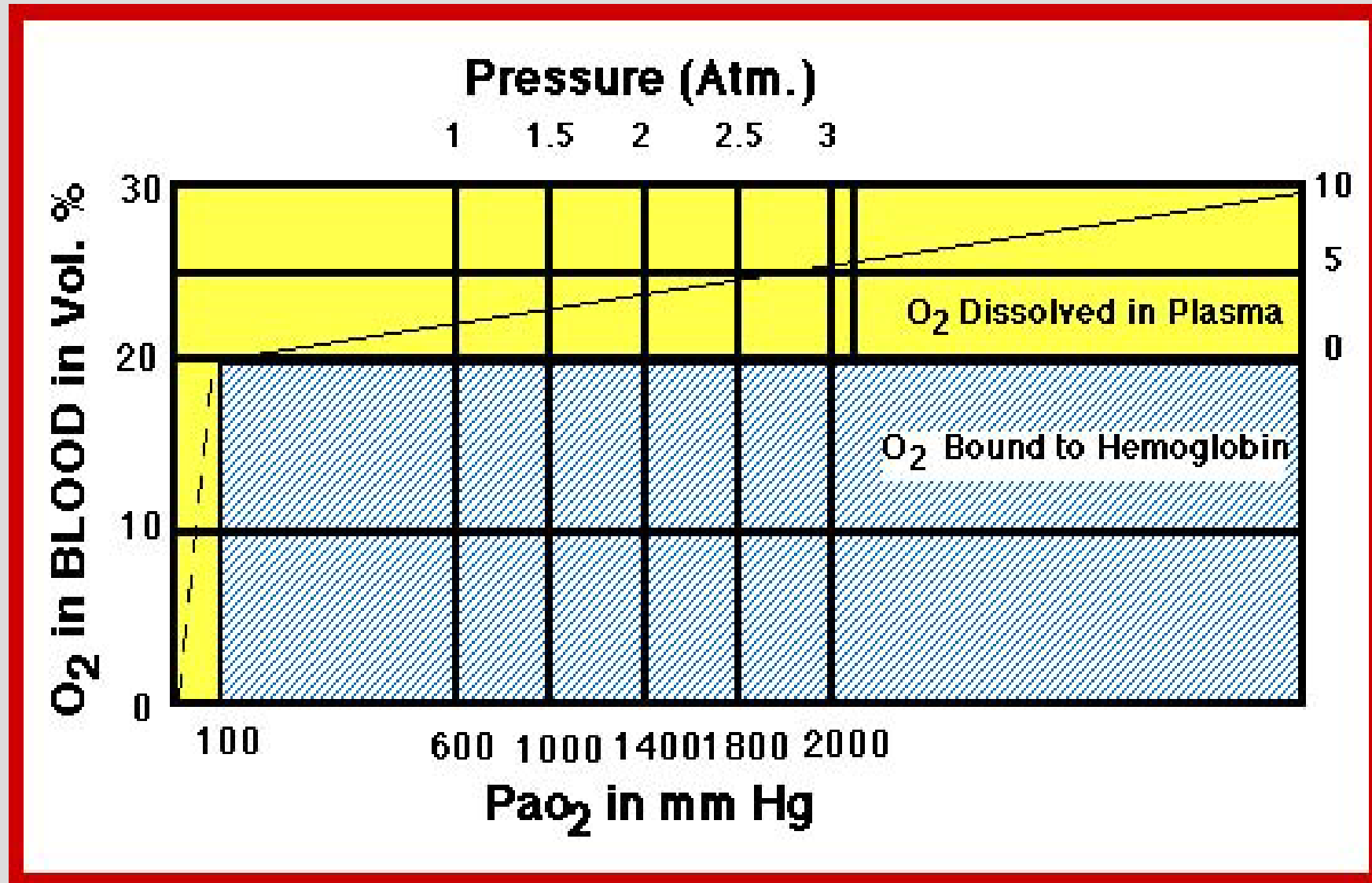
Zuurstof
voorzadruk
Luchtoverraad
Diplomatie
woelkamer

perbare Zuurstofkamer
ke beelden

Patiënten met YEC
aanbrengen

Anesthesie
-Bijdragen

Effect van hyperbare zuurstof



Effect of hyperbaric Oxygen: arterial oxygen content

$$CaO_2 = (Hb * 1.38 * SaO_2) + (PaO_2 * 0.003)$$

Hb: 15

$$\begin{aligned} CaO_2 &= (15 * 1.38 * 1) + (100 * 0.003) \\ &= 20.7 \quad + \quad 0.3 \\ &= 21 \text{ ml O}_2 \end{aligned}$$

Effect of hyperbaric oxygen

$$CaO_2 = (Hb * 1.38 * SaO_2) + (PaO_2 * 0.003)$$

Hb: 15

$$\begin{aligned} CaO_2 &= (15 * 1.38 * 1) + (2000 * 0.003) \\ &= 20.7 + 6 \\ &= 26.7 \text{ ml O}_2 \end{aligned}$$

Chemische wapens indeling	
<u>Zuurstofverdringende gassen:</u>	<u>Chloorcyanide</u> (CK) – <u>Blauwzuur</u> (AC) – Koolstofmonoxide
<u>Blaartrekkende gassen:</u>	<u>Lewisiet</u> (L) – <u>Zwavel-mosterdgas</u> (HD, H, HT, HL, HQ) – <u>Stikstof-mosterdgas</u> (HN1, HN2, HN3)
<u>Zenuwgassen:</u>	G-Agents: <u>Tabun</u> (GA) – <u>Sarin</u> (GB) – <u>Soman</u> (GD) – <u>Cyclosarin</u> (GF) V-Agents: <u>VE</u> – <u>VG</u> – <u>VM</u> – <u>VX</u>
<u>Verstikkende gassen:</u>	<u>Chloorgas</u> – <u>Chloorpicrine</u> (PS) – <u>Fosgeen</u> (CG) – <u>Difosgeen</u> (DP)
<u>Irritantia:</u>	<u>Agent 15</u> (BZ) – <u>KOLOKOL-1</u>
<u>Traangassen:</u>	<u>Pepperspray</u> (OC) – <u>CS-gas</u> – <u>CN-gas</u> – <u>CR-gas</u>

Medico Legal aspects

- COHb well detected postmortem
- Less influenced by putrefaction
- COHb % in the body accurate measurement of COHb postmortem even after long delay

Vorige zaterdag deed zich een tragisch ongeval voor in de straat te Melle. Een 15-jarig meisje kwam om het leven door CO-vergiftiging. Het slachtoffer was te wijte aan een vriendin. Een vriendin...

...vond rond 20 uur moest erse brandweer uitrukken voor een CO-vergiftiging. In het huis werd een systeem onwel in...

Niklaas

CO-vergiftiging — Zondag om 10.45 uur bevond het echtpaar uit de 70 zich met hun twee kinderen in de badkamer. Plots werden de vier gezinsleden onwel. Ze konden zelf de dienst 100 verwittigen en werden overgebracht naar de ziekenhuiszorging mochten ze het ziekenhuis opnieuw bellen. Z... CO-vergiftiging opgelopen.

Trucker dood

Zoo door CO, r kritiek

vergiftiging in de Hekkerstraat

...de badkamer. Hij riep zijn vriendin om hulp. Beiden vertoonden sporen van CO-vergiftiging en werden naar het A van Aalst gebracht. Het ongeval is vermoedelijk te wijten aan een waterverwarmer. Luitenant Pol De Neef wa...

...der al in de Hekkerstraat: er was iets grondig misgegaan met de verlichte kerstbomen aan de gevels. ... er dreiging van ... De Neef

Vijf mensen door kachelgas vergiftigd in Kapellen

ANTWERPEN — Vijf mensen zelf bevangen.

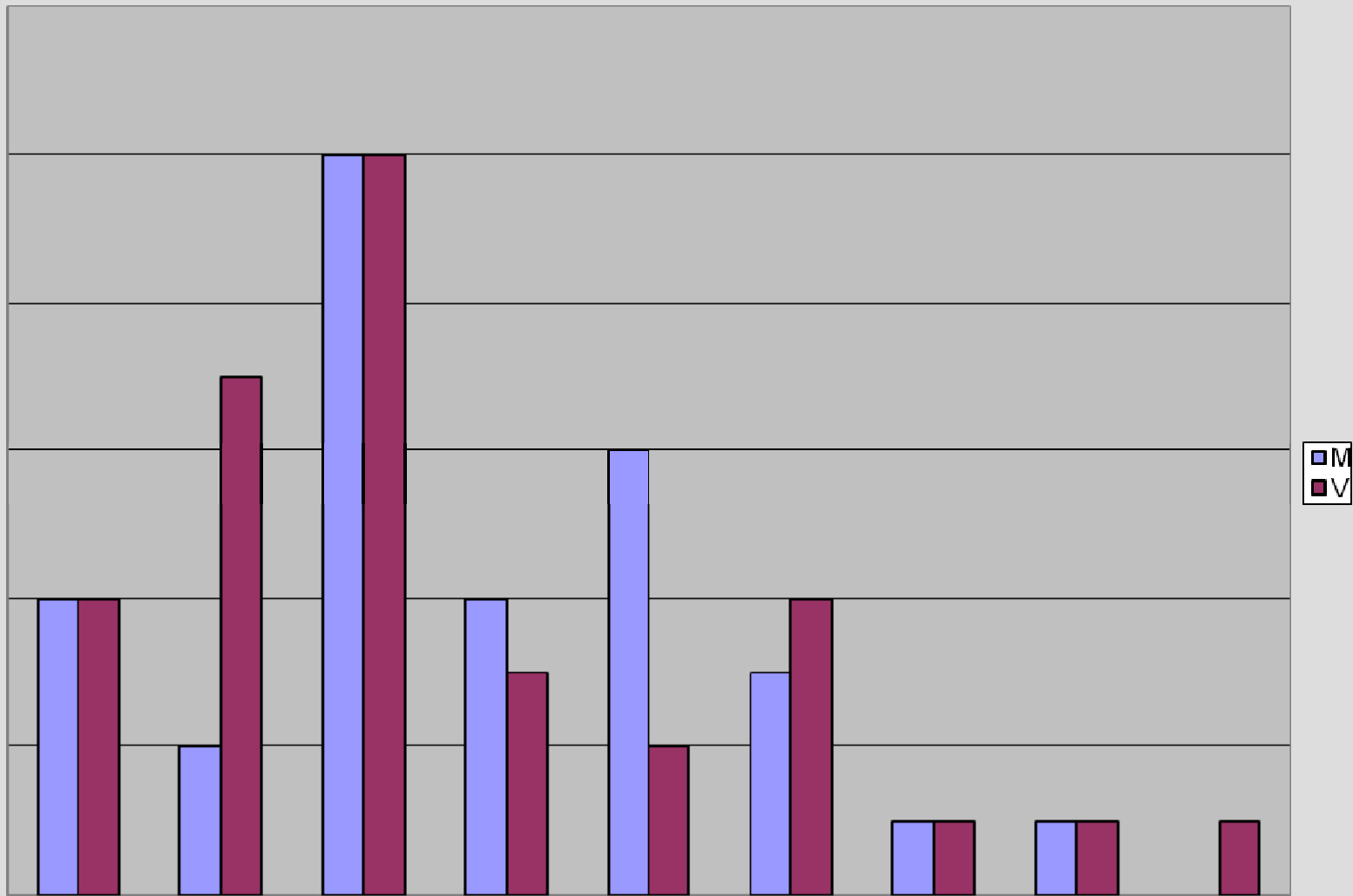
...en met de v... rij overgebra... huis in Kapel... t Stuivenbe... verpen, dat... apparatuur... ters van CC... ndelen. Eé... le in kritie... chtoffers... het pand... tgenoot D... Putte en... die er op t...

...was een bekende figuur in... Durmegeene. Hij was... tercinaalgevaardigde de... kracht achter VK Humme... voetbalploeg die moment... aan de leiding staat in de... provinciale reeks. Be... halve werkte Achiel S... een producent van timmer... in Waasmunster... nkele vrienden va... met en zijn vader Pi... ten gisteravond sam... t Geenzicht in de G... onger Bart De... sersten...

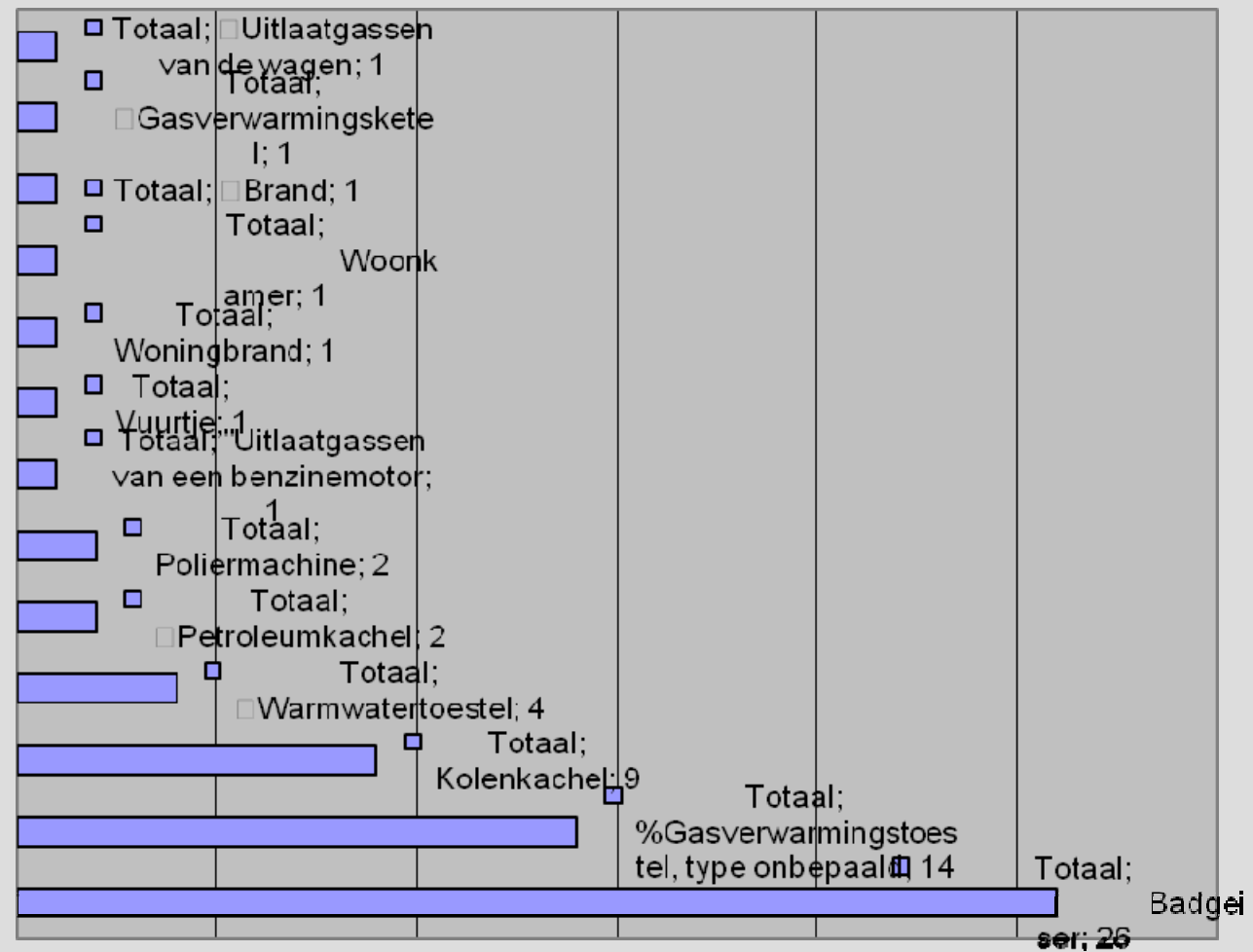
CO-vergiftiging in Nieuw... Nieuwerkerk

Een gezin, m... van respectievel... tien...

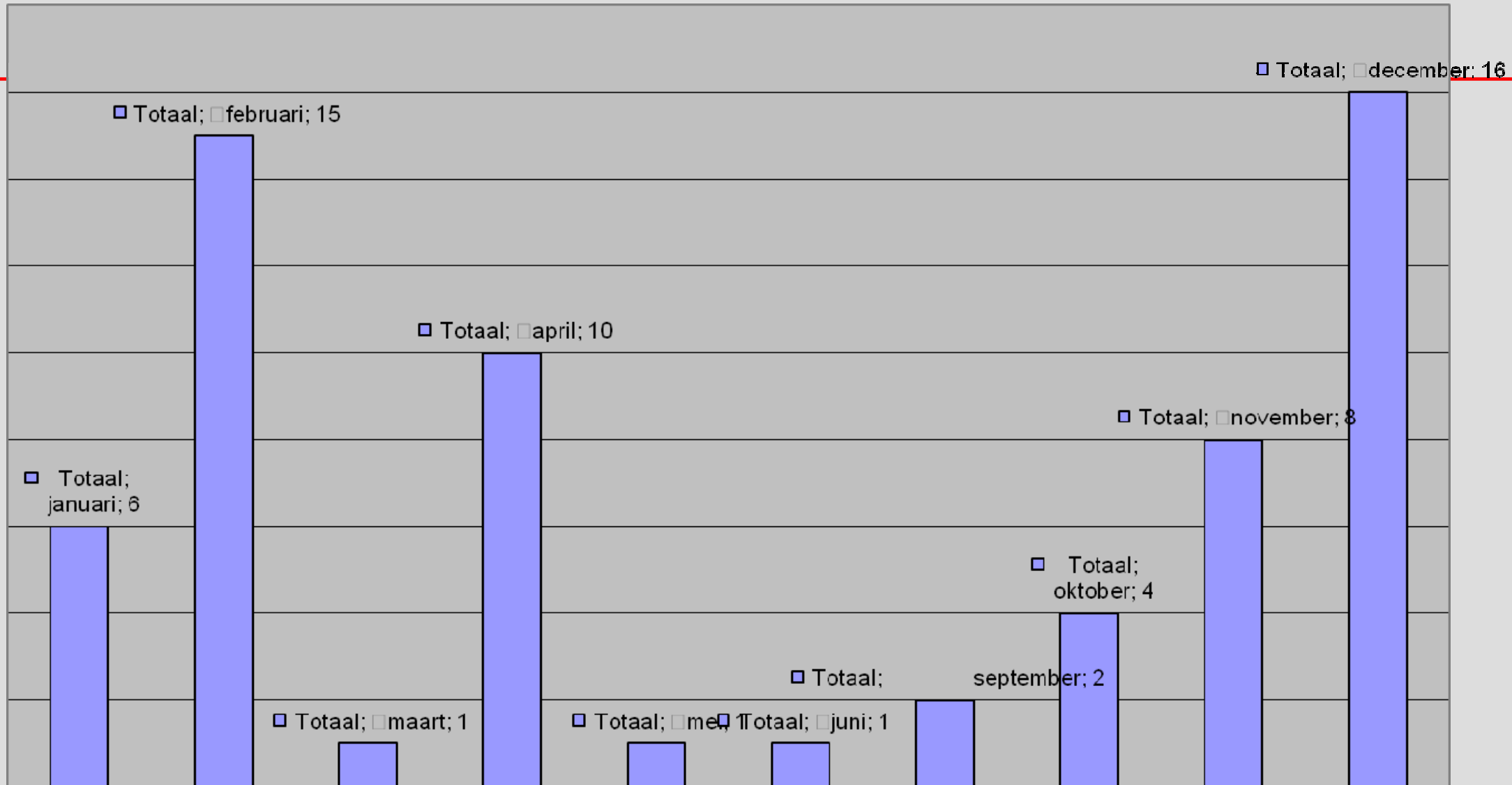
age



causes



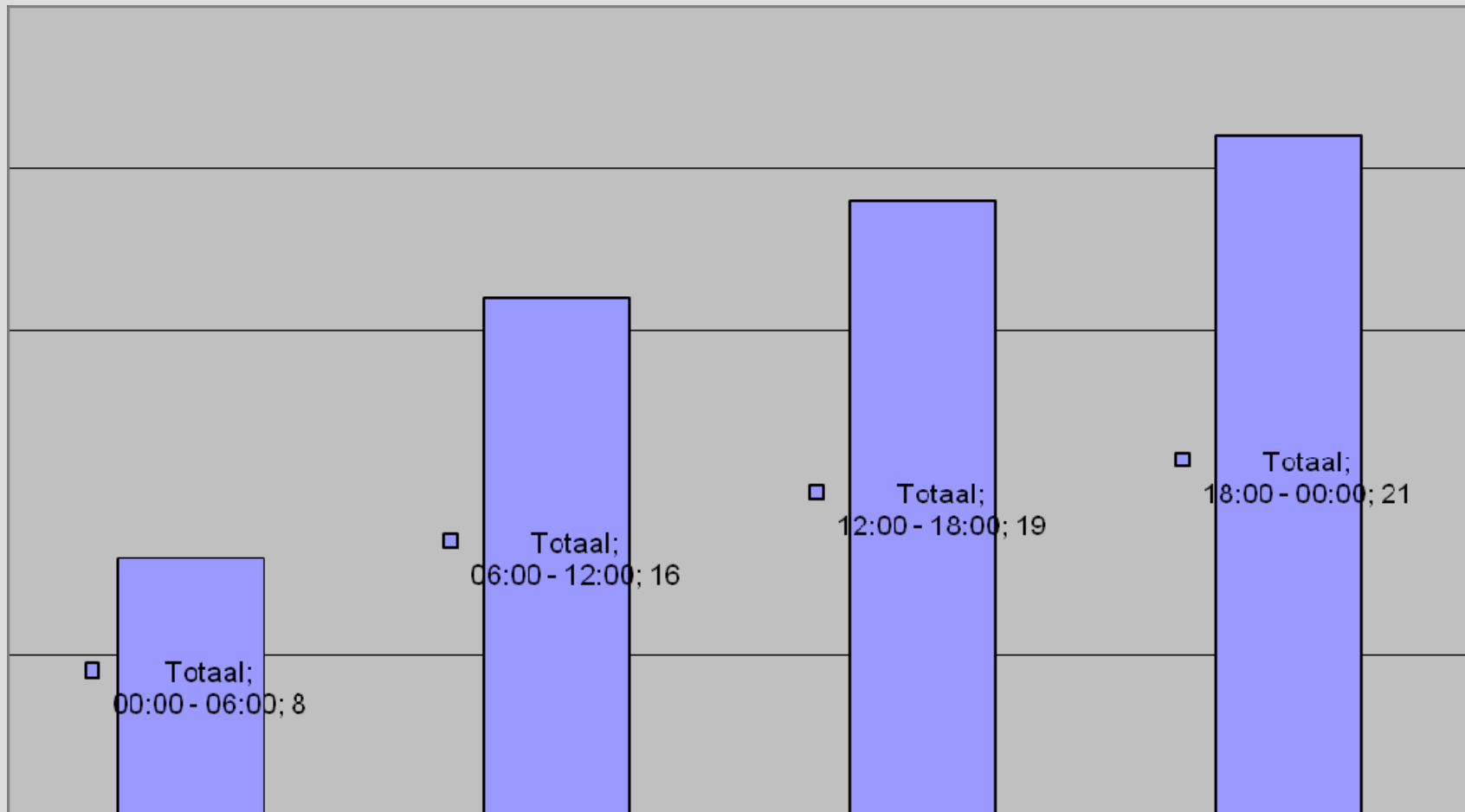
Period



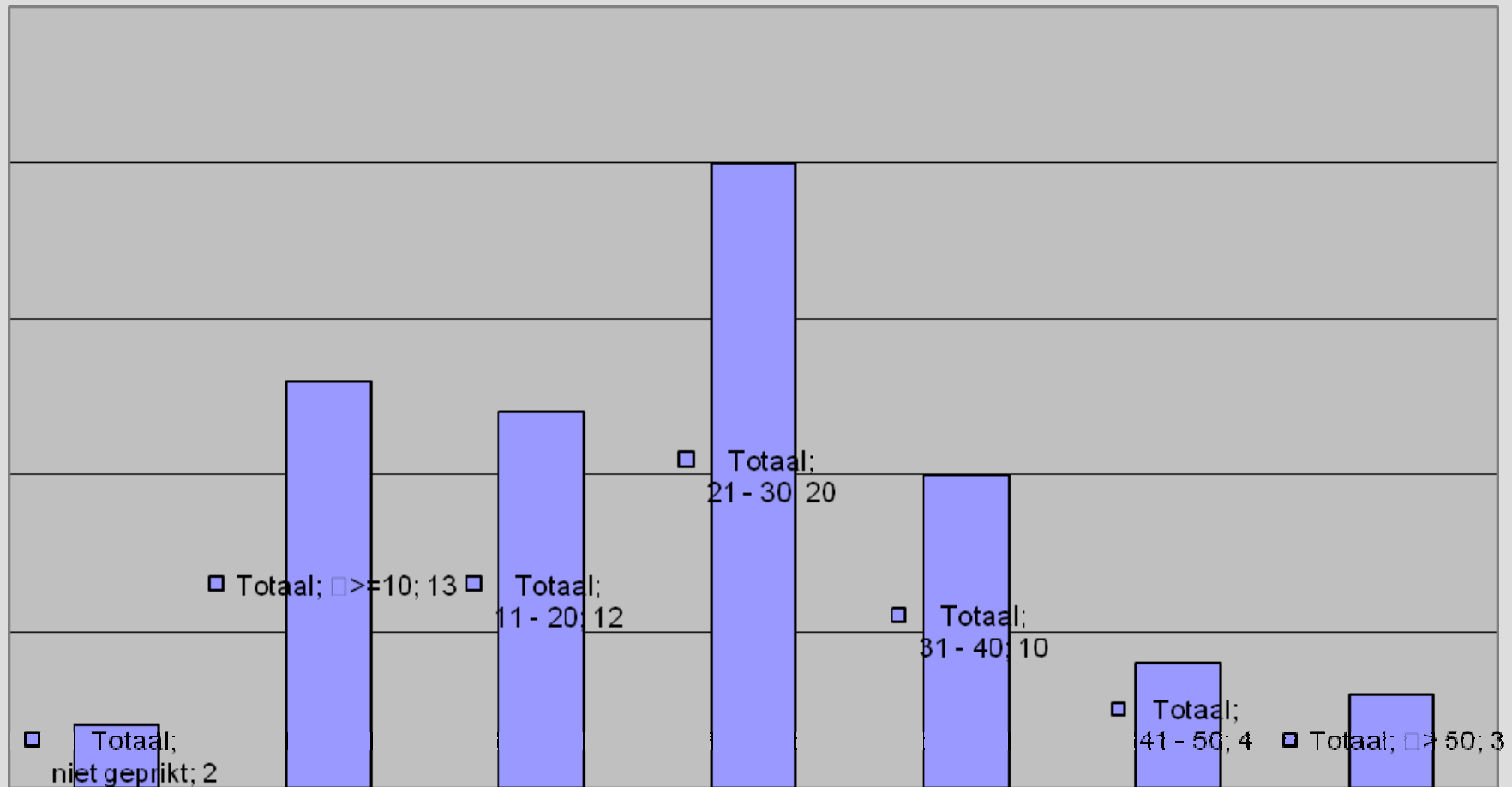
Healthy living in Flanders...?

Aalst	14
Gent	12
Sint-Amandsberg	6
Wetteren	5
Ledeberg	4
Liefeninge	4
Nazareth - Eke	3
Nederhasselt	3
Lede	2
Denderhoutem	2
Sint Jans Molenbeek	2
Dilbeek	1
Evergem	1
Lessines	1
Mariakerke	1
Melle	1
Oudenaarde	1
Torhout	1

Time of admission



Carboxyhemoglobin %

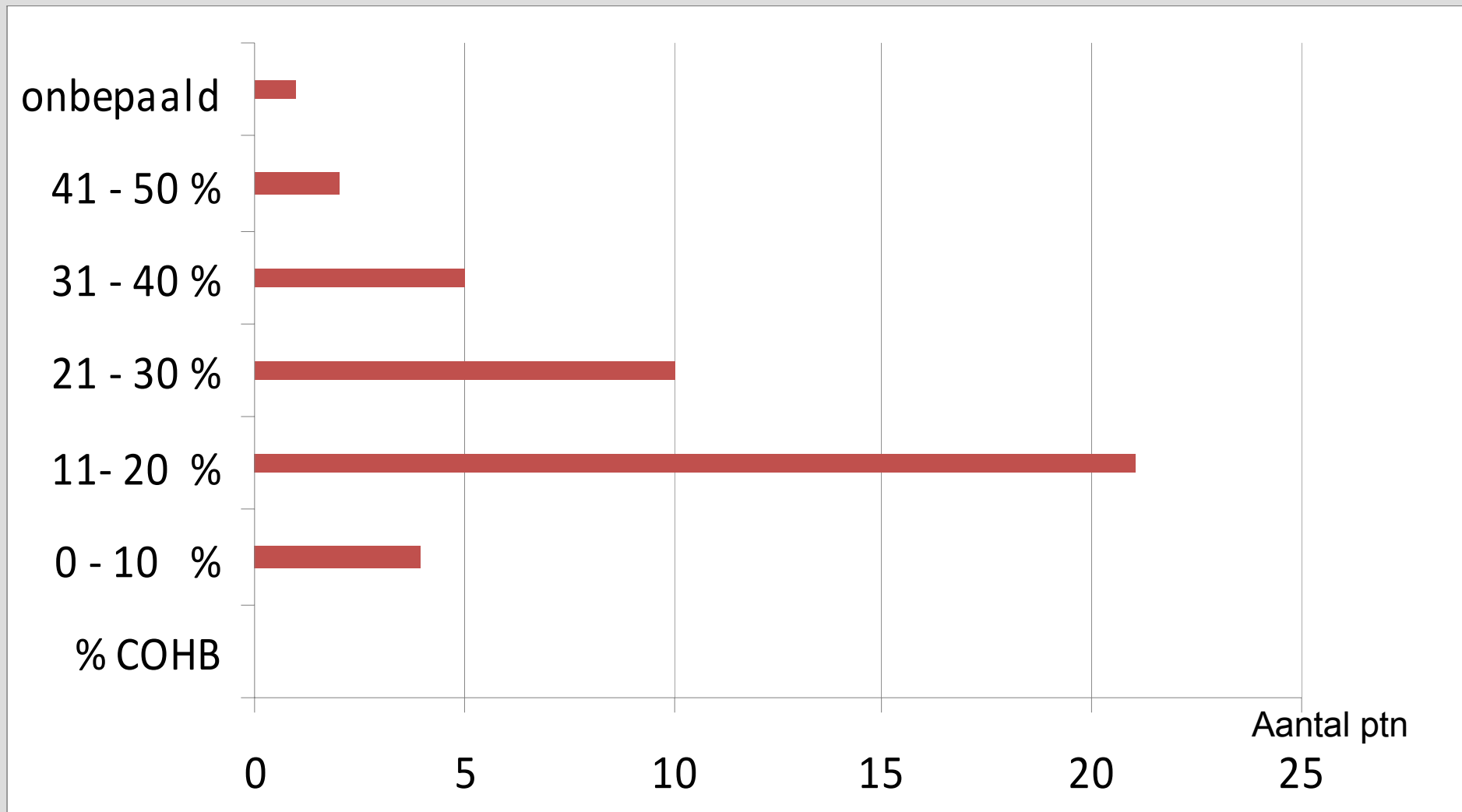


Alarmerende cijfers 2009

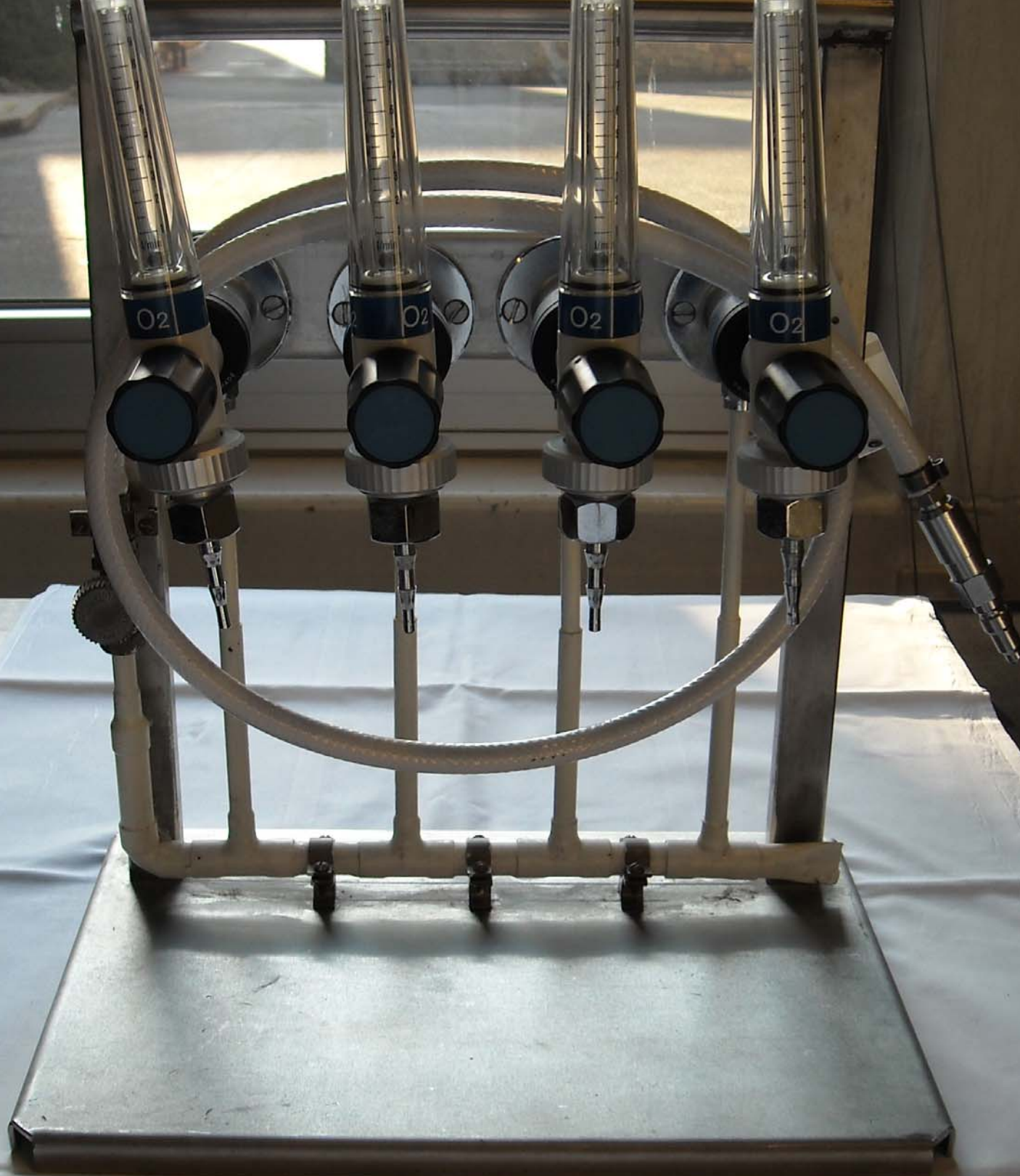
% COHB	Aantal ptn
0 - 10 %	4
11- 20 %	21
21 - 30 %	10
31 - 40 %	5
41 - 50 %	2
onbepaald	1

8 Kinderen en 35 Volwassenen

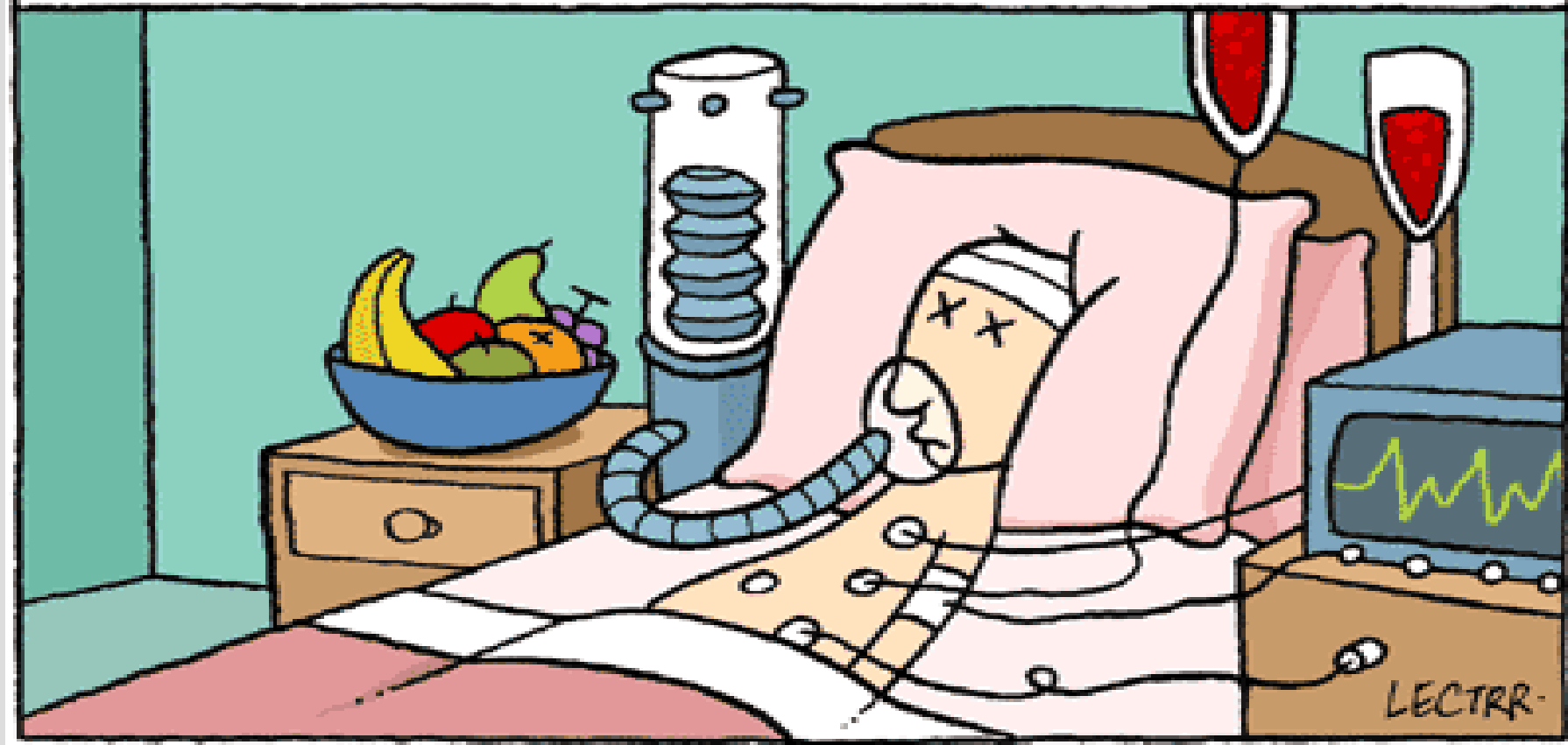
Carboxyhemoglobine % 2009







STILLEVEN MET FRUITSCHAAL EN PLANT...



Disappointment

The content of my abstract has been 'censored' by the organisation...

Part of my text has been removed without my approval

Omitted text

- “... We have to thank and to congratulate our colleague Dr Peter Germonpré and his team. Peter is the driving force for over 20 years in making aware Belgium that CO is the silent serial killer. “

