# PARKLAND MEMORIAL HOSPITAL MEDICAL GRAND ROUNDS April 10, 1958

#### ARSENIC POISONING

case I. 15 WF.
Admitted -56 having ingested I teaspoonful arsenic triosicd 56 at which
time she was taken to the EOR where lavage was done and she was sent home. Vomiting and
diarrhea developed and she was admitted to another hospital about 5 hours after the inges
tion of the arsenical. BAL was then started (5 mg/kg q 4h for 5 doses then 3 mg/kg q 4h
for following 2 days, then 3 mg/kg daily). About 3 days later she developed emotional la
bility with violent outbursts, verbal rambling, confusion and disorientation with sporadi
picking at bedclothes and then frank athetoid-choreiform movements and ataxia.

-56 she was transferred to unit where BAL was temporarily stopped until urine could be checked for arsenic. She became comatose, developed low grade fever

and tachycardia.

-56 where BP 120/60, P 120 R 20 T 99. Comatose with gener-Transferred to alized muscle twitching and jerking. There was acneiform eruption of the face with periorbital puffiness and a fine macular rash of the rest of the body.

Urine contained 6.88 mg. arsenic/L. Hb. 9.0; WBD 3,700 to 9,600. BUN of 32 fell to 12

with saline replacement.

BSP 9% retention ( 55 -56, never repeated)
LP and CSF normal other than opening pressure of 23 cm H<sub>2</sub>O.

On BAL 120 mg q 4 h plus parenteral ACTH and cortisone she improved dramatically. The twitches and choreiform movements were initially controlled with magnesium sulfate.

Within IO days after increased BAL doses she was able to walk with minimal ataxia.

Admitted -57 having been found by police slumped over steering wheel of car with an empty bottle of rat poison beside her. She stated she took the whole bottle and this was calculated to have been about 150 mg. arsenic. This was a second suicide attempt, the first having been with seconal.

Admission temperature recorded as 100<sup>4</sup>, pulse 110, BP 110/70. Examination was not

remarkable other than marked depression and withdrawal.

BAL started immediately (150 mg q 4 h for 24h, etc.) with 5 mg/L arsenic found in urine.

CBC and Urinalysis normal, BUN 11.

Patient in this hospital 4 days before transfer to another with no abdominal, skin, CNS symptoms developing.

Case III.

Admitted -56 with history of having "accidentally" ingested a tablespoon of arsenic-loaded insecticide 45 minutes before appearing in the emergency room. Only complaint was burning "in stomach". He was immediately given BAL in doses for acute intoxication and subjected to intensive gastric lavage followed by 4 ounces of M of M. Gastric washings contained denuded gastric mucosa and 40 mg/L arsenic. Urine collection after admission contained 5.0 mg/L arsenic. He was treated with BAL for six days on which day the urine arsenic was 0.25 mg/L (.89 mg/24h).

He at no time developed gastro-intestinal symptoms or CNS symptoms or signs.

His BUN, CO2, Cl, Hb, WBC, Na, K. urinalyses, and liver functions remained normal. No LP done. He was discharged after psychiatric evaluation.

Adalyted 1758 utin a to 8 menths history of recurrent discrimination, halfucinations and progressive weakness with weight loss. Three weaks prior to admission he developed absence pain, distension and veniting and underwent leperatomy for possible basel obstruction. Apparently, no ebstruction found but adhesion from old appendentary was recoved. After purgery he was found to have frank paralysis of logs with purests of arms. Veniting persists and discrimination and confusion became more severe. No was then transferred to this people of a service of a service

on admission vital signs were normal other than pulse of 100. He was small and shrunken with marked features of muscle westing. There was a constant coarse tremor of most muscles with atomia. He was disoriented in all spheres, halfucinating and confused. The skin of the

tace, neck and foreeres were more desply pigmented then the remaining skin.

Hyperesthesis of the legs was noted but with diminished to obsent proprioceptive sense. The deep reflexes of the legs were hyposctive, those of the ords normal. Superficial re-

Hexes were ebsent.

Nb. 9.9 with no strippling of RBC scen. NBC 4,000 with normal differential. Uninelysis normal, Sp. Gvt. 1020. LP: CSF protein 82 mgs.g. EMN 17; bilirubin 0.5; 8SP 4g retention; Alk. phosphetase 5.7 8.u. Urine lead negative. Urine ersenic 1.75 mg/liter. Urine porphobilingen positive. EKG: Nonspecific T wave changes. On BAL 3 mg/Kg mental changes worsened, improved on 5 mg. q 4h. Urine ersenic rose to 2.32 mgm/L thence progressively fell (last one 0.302 mg/L) Fingernalls and hair positive for arsenic. BAL dose decreased stepwise, now receiving 3 mg/Kg q 12 h.

Source of arsenic contact not yet clarified.

Features of encephalopathy have murkedly improved, the motor and sensory changes have but slightly improved.

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# CHELATION -- BAL, EDTA and Others

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# Definition of Toxicity Satings (See Gleason, Gosselin, Hodge || Treatment Ref. 4) | 15,000 Specific Products on Consumer Market

Probable Lethal Dose

rexistiv Rating	Gm/Kg of Body Weight	Approx. for 70 kg. Mag
g - Super Toxic	Less than 0.005	A taste (less than 7 drops)
g - Extremely toxic	.00505	Bet. 7 drops and I tsp.
A - Very Toxic	.055	Set. I top. and I oz.
3 - Moderately toxic	0.5 - 5	Bet. I oz. and I pt.
2 - Slightly Toxic	5 - 15	Bet. I pt. and I qt.
- Practically Nontoxic	Above 15	More than I gt.

Examples

class ! - Mucilages, pastes, scaps, lead pencils, modeling clays.

Class 2 - Cosmetics, lubricating oils, detergents, waxes.

class 3 - Hair dyes, tonics, permanents, nail polish, bleaches.

class 4 - Disinfectants, depilatories, rust removers, indelible inks.

class 5 - Orain cleaners, fireplace frame colors, some insecticides, rodemiscles and herbicides.

Class 6 - A few: insecticides, fungicides, rodenticides, herbicides.

# Comparison of Safety of Pesticides

Insecticides

Moderate Risk

Aldrin BAC\*

Calcium Arsenate\*

Chiordane\*

Chiorothion, DDT\*

Diazenon, dieldrin

Diptherex, endrin\*

Lead arsenate

Lethanes\*, lindane\*

Malathion, metaldehyde\*

Naphalene\*

Pentachlorphenol\*

Silicoflourides\*

High Risk
Demeton (Systox)\*
Hydrogen Cyanide\*
Metacide\*
Methyl bromide\*
Nicotine\*
Parathion
Paris green\*
Schraden (OMPA)
TEPP\*

Low Risk Fumorin Plval Red Quill Tomarin Wartarin

Low Risk

Methoxychlor

p-dichlor benzene

Allothrin

Derrisi

Perthane

Propellant

Pyrethrum

Synergists

Low Risk
2,4 - D\*
Endothal
Malaic hydrazida
Monuron, diuron
(Chicrophenyldemethylureas)

Rodenticides Moderate Risk AMTU Berium carbonate

Zinc Phosphate

Sodium fluoride\*

Thanite, toxaphen

Solvents (Kerosene, etc.)#

Herbicides

Moderate Risk
Fuel Olis\*
Sodium borate\*
Sodium Chlorate\*
Sodium trichloracetate

High Risk Arsenious Acid\* Cestrix Yellow phosphate\* Strychnine\* Sodium fluoroacetate\* Thailium

High Risk
Dimitro-o-creosol\*
Sodium arsenate\*
Sodium arsenite\*
Sulfuric Acid