Intravenous dextrose solution and saline are the essentials of management. These should be given priority. Malnourished patients, particularly patients with a history of chronic alcohol misuse, should be given intravenous thiamine replacement to avoid precipitation of Wernicke–Korsakoff syndrome.⁴ Insulin, bicarbonate and phosphate are usually not needed. The major cause of morbidity and mortality is not the acidosis but rather failure to adequately treat concurrent medical or surgical conditions.

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IMAGES IN EMERGENCY MEDICINE

A case of paraquat burns following an industrial accident

Mark Rahman, Darren M Lewis, Keith Allison

Paraquat is a highly toxic chemical widely used as a herbicide. We present the case of a 27-year-old man admitted to hospital with suspected paraquat poisoning after falling in a toxic tank containing the solution at work. He lay in the solution for around a minute until his colleagues came to his aid. He was admitted under the care of the physicians via the emergency department with suspected paraquat poisoning. It was not until 4 days later, after this had been excluded, that the chemical burns he had sustained were noticed. He had superficial partial thickness burns to his lower back and gluteal region amounting to 7% total body surface area. These eventually healed with conservative management.

Fatalities have been reported from cutaneous exposure alone to paraquat.¹ Thorough inspection for evidence of skin exposure and prompt irrigation is therefore important both to reduce the severity of burns and to minimise transdermal absorption.

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Figure 1 Superficial chemical burns to buttocks and back from exposure to paraquat solution. Informed written consent was obtained for the publication of this figure.

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