Bölüm 36

KARBON MONOKSİT, ÇAKMAK GAZI VE DİĞER İNHALER GAZ ZEHİRLENMELERİ

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Karbon Monoksit Zehirlenmeleri

Karbonmonoksit (CO) zehirli bir gazdır . Gazın renksiz ve kokusuz olması zehirlenmeleri farketmeyi zorlaştırmakta ve böylece kazayla ya da intihar amaçlı zehirlenmeye neden olmaktadır.Zehirlenmelerin yaklaşık %63'ü soba, %30'şofben, %7'si doğalgaz nedeniyle olur.(1)

En çok rastlanan CO kaynakları şunlardır:

- Sobalardan sızan gazlar
- Bacasız ısıtıcılar (Gazlı Japon sobaları, LPG tüplü ısıtıcılar).
- Doğalgaz / LPG'li şofben ve kombilerden sızmalar
- Otomobil egzoz gazları
- Sigara dumanı
- Jeneratörler (1)

Patoloji

Karboksihemoglobinemi (COHb) derecesi, ortamdaki nispi CO ve oksijen miktarlarının, maruz kalma süresinin ve dakika ventilasyonunun bir sonucudur. CO, hemoglobine afinitesi Ph:07.45 te oksijene göre 220 kat daha fazladır. Bu sebeple COHb'e bağlanarak molekülün oksijen taşıma kapasitesini etkiler. COHb'in oksijen taşımasını 2 yolla etkiler .Birincisi CO, oksijenin hemoglobine bağlanmasını kompetetif olarak inhibe eder. Oksijen transportunu ve dokulara

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İnhalasyonla maruziyet sırasında hasta ortamdan uzaklaştırılıp, solunum açısından değerlendirilmeli . Hava yolu güvenliği sağlanamazsa mekanik ventilasyon desteği düşünülmeli. Özellikle aspirasyon pnömonisi ve merkezi sinir sistemi baskılanması olasılığı dikkate alınmalıdır.Literatürde ARDS gelişen hastada surfaktan uygulaması, takipne ve solunum sıkıntısı olan hastalara budezonid ve nitrik oksid tedavisi ile olumlu sonuçlar gösteren raporlar mevcuttur(66).

Cilt ve göz kontaminasyonu da inhalasyonla zehirlenmelerde göz ardı edilmemelidir. Hastanın üstünden değişik şekerli bir koku gelebilir.Kontamine kıyafetler çıkarıp değiştirilip,cilt sabun ve su ile yıkanır. Göze temas halinde en az 15 dakika göz yıkanır ve gözde batma,yanma,ağrı,şişme,bulanık görme gelişirse bir göz hastalıkları uzmanından görüş alınabilir(37).

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