



فرم ارسال چکیده مقالات

پزشکی قانونی و مسمومیت

مسمومیت با متانول همراه با خونریزی مغزی

Methanol intoxication with cerebral hemorrhage

مقدمه:

Methanol is a toxic alcohol which causes central nervous system disturbances ranging from inebriation and drowsiness to obtundation, seizure and coma¹. 5-15 ml pure methanol and 10-30 ml methanol 40% will cause neurological and vision problems and death.

معرفی بیمار:

A 46 year-old woman was admitted to the hospital in status of dyspnea, decreased LOC, with a history of alcohol drinking and pupils mydriasis. Her vital signs were: PR=45, BP=74/p RR=13, SpO₂=85%. She was intubated and prescribed serum Bicarbonate and oral ethanol and Folinic acid. She was given a panel of blood tests. The results were: PH=6.88, PCO₂=51.5, BE=-23.8, HCO₃=8.6 (VBG) Urea=16, Cr=1.2, Na=145, K=4.8, Ca=8.4, BS=320. Her admission diagnosis was acidosis due to methanol toxicity so she was sent to emergency hemodialysis. The new records were: PH=7.18, PCO₂=22, BE=-18, HCO₃=11.4 so Methylprednisolone and Eprex was added to her prescription. According to the patient low consciousness, brain CT scan was ordered after hemodialysis in which bilateral basal ganglia hemorrhage and ICH in right occipital region was revealed. Dialysis was done for 2 times, till acidosis resolved. Then she was referred to ophthalmology consultation to check the involvement of optic nerve which confirmed bilateral Marcus Gunn involvement and disc hyperemia and edema. At last Insulin therapy was started due to high blood glucose level (hyperglycemia).

بحث و نتیجه گیری:

Selective toxicity of the optic nerve and basal ganglia and bilateral putaminal necrosis are some of methanol intoxication complications. Cerebral hemorrhage is a rare complication of methanol intoxication with aggressive clinical course which should be considered during management of such cases.

کلمات کلیدی:

Methanol intoxication , Cerebral hemorrhage

CCPR 2018