هاد والنايتريت حسيتهم زي بعض فالأحسن ادرسوهم ورا بعض

Industrial and household toxicology

CYANIDE TOXICITY



MIRACLE Academy

سموم زمیلتکم نهی حسن



قال تعالى (يَرْفَع اللّٰهُ الَّذِينَ آمَنُوا مِنكُمْ وَالَّذِينَ أُوتُوا الْعِلْمَ دَرَجَاتٍ)

هاد السيانايد يطلع من حرائق الخشب ويكون ببعض المواد المصنعه يعنير من اسؤأ أنواع التسمم وفي عليه كثير حالات انتحاريه

عنا الي يتسمم CO رح يتسمم كمان CYANIDE

مشكلته انو لو تنفسته رح تموت بدقائق

1. Natural sources of cyanide:

الماده موجوده ببذور المشمش

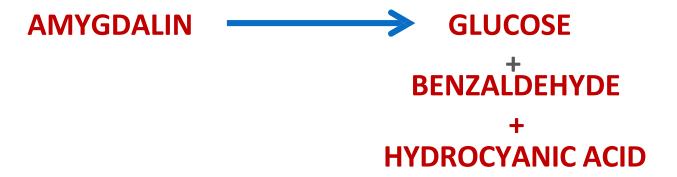
 Certain plants contain high quantities of AMYGDALIN (glycoside)....is converted to cyanide in the small intestine by an enzyme (emulsin)

• Plants?? Apple, Peach, Plum, Apricot, Bitter Almond,

Black Cherry

واذا اخذ PRO DRUG هون ممكن يلحقوه

Molecular formula: C₂₀H₂₇O₂₁ Synonyms: (R)-Amygdalin; D-Amygdalin; (R)-Laenitrile Natural sources of cyanide



Sources

2. Other sources:

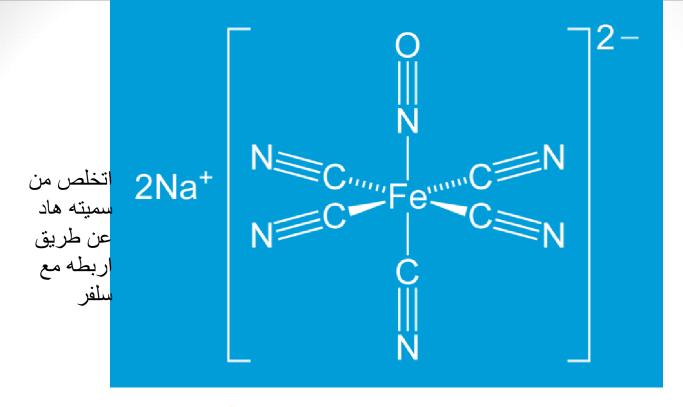
هاد الدوا رح يمر علينا لقدام بتشابتر النايترين طبعا هاد الدوا بعطيه V for MI وعشان هيك صرت بطي مع هاد الدوا antidot لاورا

- The vasodilator drug nitroprusside releases cyanide upon exposure to light or through metabolism
- used <u>in plastic manufacturing</u> are absorbed by skin and liberate hydrogen cyanide gas....

بسرعه يمتصه الجلد و يطلع غاز الهايدروجين سيانايد

- Acetonitrile: a <u>solvent component of some artificial</u>
 <u>nail glue removers</u>......caused several pediatric death
- Cyanide solution is <u>rapidly absorbed</u> through the skin

هاد الاسيتون تبع الاظافر ويطلعو كميه سيانايد كبيره لذلك خطير على الأطفال لان حجمهم صغير يعني نسبه وتناسب



Sodium nitroprusside

•It is rapidly metabolized by uptake into red blood cells with liberation of cyanide. Cyanide in turn is metabolized by the mitochondrial enzyme rhodanase, in the presence of a sulfur donor, to the less toxic thiocyanate

Cyanide toxicity

الي بدوينتحراكيد ما رح يروح يوكل بذور المشمش او يحط مذيب ويستنى جلده يمتصه ف يروح يجيب هاد السيانايد ويحطه مع اسيد او ماء وهون يكون بثواني مغيب وبدقائق يموت

- Deliberate cyanide exposure (through cyanide salts) remains an important instrument of homicide and suicide
-highly soluble in water, and thus readily dissolve to form free cyanide (most toxic form, CN or HCN)
- Halogenated cyanide: irritating gases, cause pulmonary edema and excessive salivation

Sources

2. Other sources:

- Hydrogen cyanide.....is a gas easily generated by mixing acid with cyanide salts
- Is a common combustion by-product of burning plastics, wool, and many other natural and synthetic products.....poisoning is an important cause of death from structural fires
- It is common on autopsy to find CN and CO in blood of those who have succumbed to smoke inhalation

لما نشرح الي ماتو رح نلاقي بالدم CO-CN عندهم

Toxic dose

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في سؤال
عليهم
الي
لونهم
نهدي
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- Exposure to hydrogen cyanide gas (HCN), even at low levels (150–200 ppm), can be fatal
- The air level considered immediately dangerous to life or health (IDLH) is 50 ppm
- The recommended workplace ceiling limit (TLV) is
 4.7 ppm
- Acute cyanide poisoning with nitroprusside infusion (at normal infusion rates) or after ingestion of amygdalin-containing seeds is relatively rare

FATAL DOSE

Name	Commercial use	Fatal dose
Acetonitrile	Solvent	120mg/kg
Cyanogen bromide	Fumigant	13mg/kg
Potassium cyanide	Electroplating	2mg/kg
Hydrocyanic acid	Fumigant	0.5mg/kg

Solutions of cyanide salts can be absorbed through intact skin

Mechanism of Action

فكرته انو يمنع الخليه تستهلك الاكسدين يعني في اكسجين بالدم بس ما يوصل للخلايا

- CN is a chemical asphyxiant.....inhibits CYTOCHROME
 OXIDASE SYSTEM
-Blocks the aerobic utilization of oxygen
- Cellular anoxia....CNS, cardiac arrest, and respiratory arrest
- Cyanide readily binds to many enzymes having a metallic component...binds avidly to heme Fe⁺³ causing cellular hypoxia.

اول اشي ممكن افكر فيه اني اربط السيانايد بالدم وبحول الهيم للميثهيمو غلوبين لانه بربط كويس بالسيانايد واخلى الخلايا تقدر تتنفس

Routes of exposure....absorption

• INGESTION: oral absorption is rapid.

Ingestion of <u>cyanogenic plants</u> or nitriles <u>need <u>hours</u>
 before development of symptoms...conversion of amygdalin to cyanide & nitriles metabolized to cyanide after absorption
</u>

عنا nitriles Amygdalin هدول يصير الهم metabolisem وبدهم ساعات ليتحولو الى سينايد

Routes of exposure....absorption

هاد اسوا اشي وبموت دغري ماحدا يقدر يلحقه اسرع طريقه للانتحار واقلها المأ

- INHALATION: respiratory absorption is almost immediate....the patient become unresponsiveness within seconds and succumb rapidly without supportive care
- **DERMAL**: dermal exposure is <u>rare</u> but reported with large surface area exposures. Nitriles are readily absorbed by the skin....delayed effect

Routes of exposure....elimination

السينايد بربطه مع الثيوسلفيت وبتخلص منه عن طريق urine

- Cyanide is <u>eliminated</u> from the body by <u>different</u> <u>mechanisms</u>
- Most imp mechanism of elimination (80%) is by irreversible conversion to thiocyanate by rhodanese enzyme....
-Requires sulfur donor (thiosulfate) and then eliminated by kidneys
- Excreted in small amounts in urine
- also incorporated into cobalamin (Vit B12)

وبقدر اربطه مع الميثهيمو غلوبين and Vit12

Clinical presentation

بأول 15 ثانيه رح يبطل يقدر يتنفس ويزيد حموضه الدم Dyspnea-acidosis وخلال 15-30 ثانيه رح يصيبه تشتنجات بسبب نقص الاكسجين الي يوصل للخلايا وبعده يوقف قدرته على التنفس خلال دقيقه ل2 ويتبعها توقف القلب بدقائق

- Abrupt onset of profound toxic effects shortly after exposure is the hallmark of cyanide poisoning:
- 1. 15 seconds after inhalation of a high conc. of cyanide vapor there is a transient dyspnea.....metabolic acidosis...increase lactate coz anaerobic respiration
- 2. Followed in 15-30 seconds by the onset of convulsions
- 3. Respiratory activity stops two to three minutes later
- 4. Cardiac activity ceases several minutes later still
- Onset of acute cyanide poisoning depends on the route of adm., cyanide dose, and whether itself or precursor is administered (delayed onset if ingested or need metabolism)

CN level (mg/l)	Degree of poisoning		Signs and symptoms
0.5-1.0	ن يبلش التسمم Mild	من هو	Conscious, nausea, headache, flushed
1.0-2.5	Moderate	مش واعي ولكن اذا بضربه يستجيب	Stuporous but responsive to stimuli, tachycardia, dyspnea
≥ 2.5	Severe		Comatose, seizures, cyanosis, CV collapse, death

• Whole-blood levels higher than 0.5-1 mg/L are considered toxic

لما الحرامي يدخل يقتلك قبل الفاينل:



Diagnosis

بما انو التسمم يصير بدقائق فما بزبط اسحب دم فهون لازم يكون سريع المسعف او مين ما كان ومن الاعراض يتوقع التسمم وحسب المكان الي اعرض فيه للتسمم وبالاضافه الى ريحته اما اذا كان ماخذه بلع فبقدر اسحب دم واشوف مستوى السينايد

- Diagnosis is primarily made by the index of suspicion and clinical judgement
- Case history, suspicion of exposure, Clinical presentation, metabolic acidosis, multisystem involvement

odor of bitter almonds.

- Laboratory diagnosis
- blood cyanide levels can be drawn, but empiric treatment is almost always required before lab results are available
- arterial pO2 may be elevated

Management

- GENERAL MEASURES:
 - DECONTAMINATE & PROTECT YOURSELF
 - ABCs EVALUATION (O2 100%, intubation, maintain blood pressure)
 - TREAT COMA AND HYPOTENSION
 - DIAZEPAM or PHANYTOIN TO CONTROL SEIZURES

بحطه حتى احمي الرئه

- Immediately place a gastric tube and administer ACTIVATED CHARCOAL*, then perform GASTRIC LAVAGE
 - Give additional activated charcoal and a cathartic

Management CYANIDE KIT

هاد المحترم يحب يرتبط مع الحديد بالميثهيمو غلوبين اكثر من الهيمو غلوبين عشان ما يضل يلفلف عندي بالجسم فبحاول احول الهيمو غلوبين لميثهيمو غلوبين حتى اربطه مع السينايد واقلل كميته بالدم

 Cyanide has higher affinity for the iron in methemoglobin than for the iron in cytochrome oxidase

• Nitrites convert the ferrous iron in hemoglobin to the ferric form, yielding methemoglobin

انتبهو نحكي عن Nitrite هو الحل للتسمم مش

بكسر Amyl الامبوله وبخلى المريض يشمها عشان يساعد لتحويل الدم للميثهيمو غلوبين بس Management للأسف هاد ما يكفى ف بعطيه nitrite هاد یکون iv بدنا ننتبه للأطفال لانهم ما بقدرو يتحملو الميثهيمو غلوبين وعشان اخلى المحترم يربط مع السلفر بعطيه thiosulfate على شكل iv



CYANIDE ANTIDOTE KIT (NITRATE-THIOSULFATE KIT)

- 1. AMYL NITRITE for rapid inhalation
 - 5% methemoglobinemia
- 2. **SODIUM NITRITE** solution for i.v injection (300 mg; 6 mg/kg for children)
 - 10%-12% methemoglobinemia
- 3. **SODIUM THIOSULFATE** solution for i.v injection, 12.5 g
 - If ineffective, half of the dose can be repeated
 - The dose must be corrected for weight

CYANIDE KIT

نفس الحكي الي بالسلايد الي قبل

• 3-STEP PROCEDURE:

- 1. Break a pearl of **amyl nitrite** under the nose of the victim followed by....
- 2. I.V administration of **sodium nitrite**, which rapidly increases the methemoglobin level to the degree necessary to remove a significant amount of cyanide from cytochrome oxidase followed by...
- 3. I.V sodium **thiosulfate**...converts cyanomethemoglobin to thiocyanate & methemoglobin
- 4. Thiocyanate is much less toxic than cyanide and is excreted by the kidney

Cyanomethemoglobin+Thiosulfate —→Thiocyanate+ Sulfite +Meth Hb

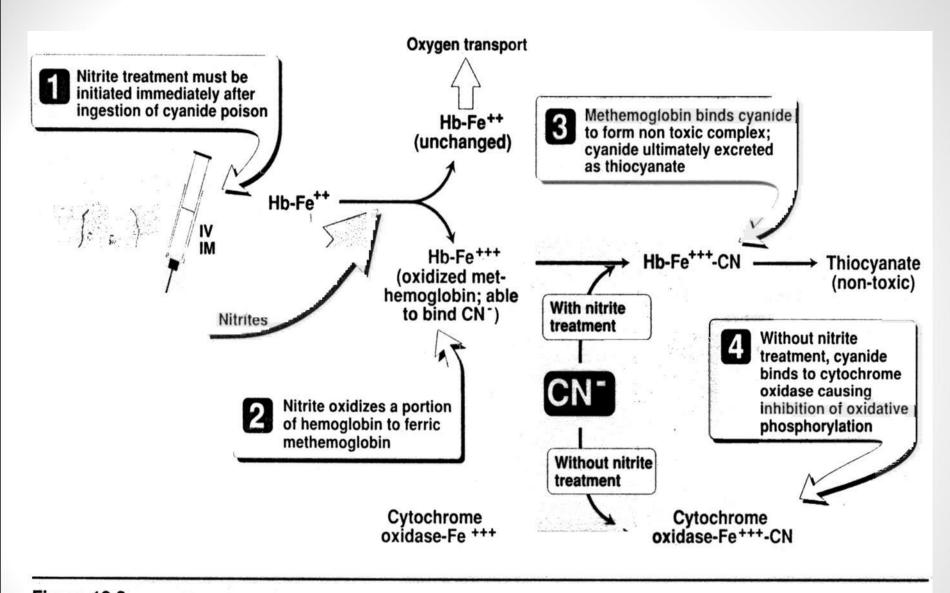


Figure 18.3
Treatment of cyanide poisoning with nitrites.

CYANIDE KIT

هسا صح هم مممتازین لعلاج التسمم بالسیناید ولکننن

- PROBLEMS WITH THE KIT:
 - Hypotension with nitrites
 - Excessive methemoglobinemia is fatal because methemoglobin is a very poor oxygen carrier...Caution!!!
 - Thiosulfate is relatively benign
 - Methemoglobinemia not tolerated well in children

CYANIDE KIT

هسا طلعو kit جدیده بنستخدمها لل VIT12 عشان یربط بالسیناید

- Recently, the FDA approved a concentrated form of hydroxocobalamin, one form of Vit B_{12,....}Cyanokit)
-combines rapidly with CN- to form cyanocobalamin

 (another form of vitamin B₁₂)

 (another form of vitamin B₁₂)
 - If CO & CN poisoning
 - If renal failure or children

- سمم هالمحروس فبعطيه 5 عرام من الكت الي تحتوي على Vit12 وطبعا نراحي وزنه وعمره لمده 15 دقيقه وومكن بحتاج ارجع اكرر هاي الجرعه مره ثانيه
- In acute poisoning, give 5 g of hydroxocobalamin (children: 70 mg/kg) by IV infusion over 15 minutes
- A second administration may be considered
- Also used for prophylaxis of cyanide toxicity from nitroprusside (25 mg/h by IV infusion)
- Well tolerated; allergic reactions are rarely reported

Management

- Enhanced elimination:
- Thiocyanate may accumulate in patients with renal insufficiency who do not excrete thiocyanate at a normal rate
- <u>Thiocyanate</u> toxicity is manifested as weakness, disorientation, and convulsions
- Hemodialysis may be indicated in patients who develop high thiocyanate levels while on extended nitroprusside therapy
- Hyperbaric oxygen has no proven role in cyanide poisoning treatment.

هسا حولنا السينايد ل ثيوسينايد لما ربطناه مع السلفر طيب وهاد بتخلص فيه من خلال الكليه طيب اذا عنده مشكله فيها رح يتراكم ويصير تسمم جديد وهاد يحتاج هسا الى hemodialysis