

**PP084 A CASE OF CARBON
MONOXIDE POISONING WITH
POSITIVE CT SCAN BRAIN
FINDINGS**

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INTRODUCTION

Carbon monoxide poisoning is getting popular as one of the methods to cause self-harm, the sequelae includes coma and death. Nevertheless, it can still occur due to accidental inhalation of it due to various factors.

CASE REPORT

A 31 years old Thailand gentleman was brought by Fire Brigade Emergency Medical Response Service (EMRS) to Emergency Department. He was found out unconscious by firemen in one of the shop houses after it has caught on fire. He was believed to be trapped for 15 minutes by the eye witnesses. Upon presentation to Emergency Department, his breathing was agonal with no pulse and cardiopulmonary resuscitation initiated for 3 cycles, upon then achieving ROSC. His hemodynamics sustained without inotropic support and he was managed as per ATLS algorithm. He was sent for CT brain plain and cerebral resuscitated post procedure throughout his stay in Emergency Department. His CT brain plain showed bilateral hypodensities in globus pallidus, cerebral edema and obstructive hydrocephalus. Extraventricular drainage was done. He was then admitted to GICU upon which the family requested at own risk discharged to bring the patient back to Thailand hospital.

DISCUSSION AND CONCLUSION

It is of known that severe carbon monoxide poisoning could cause devastating neurological outcome. The

persistent and delayed effects of poisoning also varied namely amnestic syndrome, psychosis, parkinsonism, paralysis, chorea and many more. Obtaining carboxyhemoglobin level through co-oximeter measurement is one way to help in managing the patient. Besides looking for the findings of traumatic intracranial bleeding or craniofacial fractures, there are specific CT findings in the brain that one should look for in carbon monoxide poisoning. Patient can be managed by hyperbaric oxygen therapy if fulfilled the criteria listed in the standard textbook and guideline.