



IMAGES IN INTENSIVE MEDICINE

Inhalation injury

Lesión por inhalación



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Fig. 1

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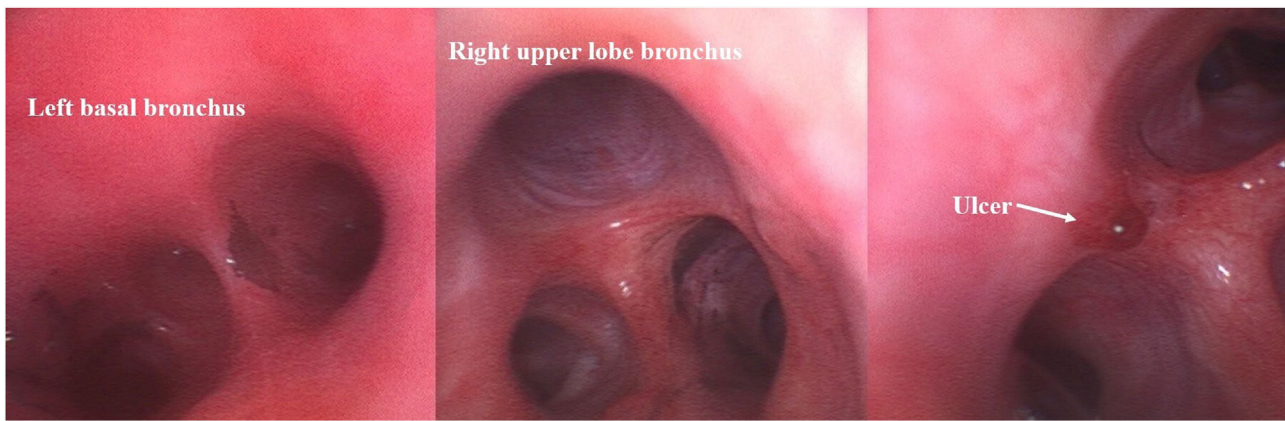


Fig. 2

A 50-year-old man sustained severe burns due to exposure to naked flames after a deflagration while handling fuel and firewood in a closed space. The initial survey by Emergency Medical Services on scene was remarkable for second-degree facial and both hands burns, singed eyebrows and vibrissae, carbonaceous sputum and perioral edema. The patient was transferred to the Burns Unit after initial stabilization and orotracheal intubation. Laboratory testing showed carboxyhemoglobin levels of 20% and lactic acidosis (pH 7.11, lactate 6 mmol/L). A diagnosis of inhalation injury was made, and 100% oxygen and hydroxocobalamin were initiated immediately to reverse the systemic toxicity of carbon monoxide and cyanide. Bronchoscopy revealed grade II–III mucosal damage in infraglottic structures with presence of carbonaceous debris, erythema, mucosal edema, erosions and exudates in the trachea and both main bronchi (Fig. 1). Supportive measures including nebulizers, toilet bronchoscopies (Fig. 2) and mechanical ventilation were provided until injuries abated.