

Clinical Pharmacology & Toxicology Pearl of the Week

Carbon Monoxide (CO) ~ Part 1: Sources and Symptoms

Case

- ✓ A 33 year-old male has a several-month history of fatigue, headache, and memory lapse.
- ✓ Multiple specialists have performed evaluations, but no diagnosis has been established.
- ✓ During a period of feeling worse than usual, he called a friend, who arrived at the residence to find him semicomatose and called 911.
- ✓ The patient was given supplemental oxygen and transported to the emergency department, where he is alert and has nonfocal findings on examination.

✓ His carboxyhemoglobin level is 22%. How should he be treated?

Sources of CO

- ✓ Fires
- ✓ Auto exhaust
- ✓ Cigarette smoke
- ✓ Malfunctioning water heaters, gas stoves, furnaces
- ✓ Wood-burning fireplaces, blocked chimneys
- ✓ Propane forklifts
- ✓ Ice resurfacing machines
- ✓ Generators
- ✓ Inappropriate heat sources used indoors (e.g., barbecues)

Pathophysiology

- ✓ Rapidly diffuses across alveolar-capillary membranes
- ✓ Binds to hemoglobin with 200-250X greater affinity than oxygen
- ✓ 10-15% of total body CO taken up by tissue, bound to extravascular proteins
 - o Myoglobin
 - Cytochrome oxidase
 - Catalase
 - Peroxidases
- ✓ Left shift oxyhemoglobin dissociation curve → hypoxia
- ✓ Binding to cytochrome oxidase \rightarrow inhibits ox phos \rightarrow hypoxia, metabolic acidosis, increased lactate
- ✓ Activation of excitatory amino acids → neuronal cell death
- ✓ Binding to myoglobin → myocardial depression, dysrhythmias
- ✓ Nitric oxide (NO) release → hypotension

Clinical Findings

- ✓ Initial
 - Headache, dizziness, nausea
- ✓ Later (higher levels/longer exposures)
 - o Syncope, focal neuro sx suggesting CVA, LOC, confusion, seizures, coma
 - Persistent neurologic sequelae
 - Delayed neurologic sequelae (DNS)
 - 2 days 5 weeks after initial poisoning
 - Those most at risk of DNS:
 - History of LOC
 - Patients with long exposures (> 24 hours)
 - Age > 36
 - COHb > 25%
 - Neurologic and psychiatric symptoms
 - amnesia
 - psychosis
 - parkinsonism
 - paralysis
 - chorea
 - headaches
 - apraxia
 - incontinence
 - peripheral neuropathy
 - dementia

References

- 1. Buckley N et al. Hyperbaric oxygen for carbon monoxide poisoning (Review). Cochrane Database of Systematic Reviews 2011, Issue 4. Art. No.: CD002041. DOI: 10.1002/14651858.CD002041.pub3.
- 2. Annane et al. Hyperbaric oxygen therapy for acute domestic carbon monoxide poisoning: two randomized controlled trials. Intensive Care Med 2011 Mar; 37(3):486-92
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- 5. Hampson N. Outcomes of Patients Experiencing Cardiac Arrest With Carbon Monoxide Poisoning Treated With Hyperbaric Oxygen. Ann Emerg Med. July 2001; 38:36-41.
- 6. Scheinkestel et al. Hyperbaric or normobaric oxygen for acute carbon monoxide poisoning: a randomized controlled clinical trial. Med J Aust 1999; 170: 203-210.
- 7. Thom et al. Delayed Neuropsychologic sequelae after carbon monoxide poisoning: prevention by treatment with hyperbaric oxygen. Ann Emerg Med 1995; 25:474-80.
- 8. Raphael et al. Trial of Normobaric and Hyperbaric oxygen for acute carbon monoxide intoxication. Lancet 1989; 2:414-9.
- 9. Thom et al. J Appl Physiol 1990;68(3):997.
- 10. Choi et al. Arch Neurol. 1983 Jul;40(7):433-5.

The Clinical Pharmacology (CP) physician consultation service is available Mon-Fri, 8am-5pm. The on-call physician is listed in ROCA on the AHS Insite page. CP consultations are also available through Netcare e-referral and Specialist Link. You can also find us in the <u>Alberta Referral Directory</u> (ARD) by searching "Pharmacology" from the ARD home page. Click <u>HERE</u> for more details about the service.

The Poison and Drug Information Service (PADIS) is available 24/7 for questions related to poisonings. Please call 1-800-332-1414 (AB and NWT) or 1-866-454-1212 (SK). Information about our outpatient Medical Toxicology Clinic can be found in <u>Alberta Referral Directory</u> (ARD) by searching "Toxicology" from the ARD home page.

More CPT Pearls of the Week can be found <u>HERE</u>.

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