

70 % HYDROFLUORIC ACID (HF) CUTANEOUS DECONTAMINATION: COMPARISON OF DIFFERENT WASHING PROTOCOLS WITH A NEW TYPE OF *EX VIVO* DATA

SOT congress, March 2010, Salt Lake City Utah, USA

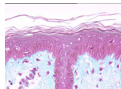
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Abstract #1175

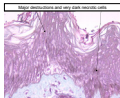
Objective

HF is a hazardous acid (toxic and corrosive) used mainly in glass etching, surface treatment and electronics manufacturing. The objective is to determine the benefit of different rinsing protocols compared with no decontamination of an innovative *ex vivo* skin model.

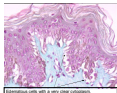
Results



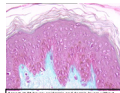
Non exposed explant general aspect



HF, 24H after contact (no decontamination)



HF+Water washing+CaGlu 24 hours after contact



HF+Hexafluorine® washing 24 hours after contact

| Time of exposure and skin layers | Control (untreated group) 20 explants | HF without washing 18 explants | HF + water washing + calcium gluconate 18 explants | HF + Hexafluorine® 18 explants |
|----------------------------------|---------------------------------------|--------------------------------|--|--------------------------------|
| T | Epidermis | GM | GM | GM |
| h | Papillary dermis | | | |
| h | Reticular dermis | | | |
| 2 | Epidermis | PN + AC | GM | GM |
| h | Papillary dermis | | | |
| h | Reticular dermis | | | |
| 5 | Epidermis | PN + AC moderately | GM | GM |
| m | Papillary dermis | | | |
| i | Reticular dermis | | | |
| 1 | Epidermis | GM = good morphology | PN = pyknotic nuclei AC = Acidophilic cytoplasm | GM |
| h | Papillary dermis | | | |
| h | Reticular dermis | | | |
| 1 | Epidermis | GM | PN + AC moderately | GM |
| h | Papillary dermis | | | |
| h | Reticular dermis | | | |
| 3 | Epidermis | GM | Some necrotic cells | GM |
| m | Papillary dermis | | | |
| i | Reticular dermis | | | |
| 1 | Epidermis | GM | GM | GM |
| h | Papillary dermis | | | |
| h | Reticular dermis | | | |
| 2 | Epidermis | GM | Slightly edematous cells with mild acantholysis | GM |
| h | Papillary dermis | | | |
| h | Reticular dermis | | | |
| 4 | Epidermis | GM | GM | GM |
| h | Papillary dermis | | | |
| h | Reticular dermis | | | |
| 2 | Epidermis | Totally necrotic | Very edematous cells with a very clear cytoplasm | GM |
| h | Papillary dermis | | | |
| h | Reticular dermis | | | |
| 2 | Epidermis | PN + AC | PN + AC | Lesser alterations |
| h | Papillary dermis | | | |
| h | Reticular dermis | | | |

Table 1: Schematic summary of the histological results for all the groups and for each skin layer. Abbreviations: Good morphology (GM), Pyknotic Nuclei (PN) and Acidophilic Cytoplasm (AC)

Methods

86 explants human skin in 4 groups (in duplicate):

- 1 control group

3 exposed to hydrofluoric acid (HF) for 20 seconds from filter paper disks saturated with 30 μ l 70% HF:

- without decontamination;
- washing with tap water (15 minutes, 2000ml) + one topical application of calcium gluconate (CaGlu) 1mg/cm²
- washing with Hexafluorine®, a chelating and amphoteric molecule (10 minutes, 400ml).

Histological samples taken at the end of washing, then regularly up to 24 hours.

Observation by optical microscopy X 40.

Conclusion

70% HF burns develop rapidly, within the first minutes following exposure, with specific patho-physiological mechanisms that require specialized decontamination to prevent or decrease both corrosive acidic and toxic fluoride aggressiveness.

Under these experimental conditions the severity and the speed of penetration of 70% HF burns are confirmed. This permits an exposure time to be determined, allowing the efficacy of emergency first aid care to be evaluated. The lesions shown by our model are in perfect accordance with both experimental data and reports of previous accident situations. This study underlines the need for early decontamination. The standard protocol involving water washing and topical calcium gluconate application delayed the appearance of the burn but did not completely prevent HF damage in the explants. The need for repeated calcium gluconate applications is confirmed. No lesion was observed using Hexafluorine® as initial decontamination washing, no matter what the time of observation was. This confirms similar results obtained on an ocular model.



Water flushing of the explants for 15 minutes, prior to GluCa application (1mg/cm²)



Hexafluorine® sprays washing for 10 minutes