Diphoterine® vs Water in Chemical Decontamination

Alan H. Hall, M.D.

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Water Decontamination: A Critical Review – Introduction

>25,000 Chemical Agents Can Cause Burns
Acids
Bases
Oxidizing Agents
Reducing Agents
Others Water Decontamination: A Critical Review – Scope of the Problem

France 1984

7,000 Serious Occupational Chemical Burns (about 50% involved the eyes)
120,000 Lost Work Days
250 Cases of *Permanent Disability* Water Decontamination: A Critical Review – Scope of the Problem * USA, 2002 (Poison Center Data): * 2,380,028 Total Human Poison

Exposures
193,822 *Dermal* Exposures
130,857 *Eye* Exposures

Water Decontamination: A Critical Review – Scope of the Problem

- USA, 2001 (Bureau of Labor Statistics, US Department of LABOR):
 - 5,900 Occupational Deaths
 - 8.5% (502 Deaths) Due to "Exposure to Harmful Substances or Environments"
 - 68,269 Non-Fatal Occupational Injuries Due to "Exposure to Harmful Substances or Environments"
 - 25,125 Involved Exposure to "Chemicals and Chemical Products"
 - 9,541 Non-Fatal Chemical Burns

Water Decontamination: A Critical Review – Standard Recommendations

Water! Water! Water!

Remove Contaminated Clothing (Decreases Skin Contamination by *up to 80%)*

Add Soap if the Chemical is Lipid Soluble (Skin Only)

ANSI Z358.1-1998 Standard

Emergency Showers: 75.7 L/min

Emergency Eyewash Stations: 7.5-13.25 L/min



Water Decontamination: A Critical Review – Materials and Methods

- In-Depth Searches of Published Literature and Appropriate Websites for:
 - Scope of the Problem Data
 - Frequency of Chemical Burns
 - Involved Chemicals
 - Reasons for Exposure
 - Evidence for Water Decontamination Efficacy
 - Clinical Outcome
 - Type of Initial Decontamination
 - Delay to Decontamination

- Types of Information Retrieved and Reviewed:
 - Occupational Burn Information from Governmental Agencies or Assembled from Government Sources
 - **Burn Center/Unit Data**
 - **Experimental Animal Studies**
 - Older Human Case Reports
 - More Recent Human Case Reports
 - Case Series/Epidemiolgical Studies

 Occupational Burn Information from Governmental Agencies or Assembled from Government Sources

- From the UK, Switzerland, Taiwan, and various States in the US
 - Working-Age Patients/Work-Related Burn Admissions are Common
 - Hospital/Burn Center-Unit Admission is Common
 - Surgical Treatment often Required
 - Costs can be Significant (i.e., 17.7 M Swiss Francs in 1 Year; \$US 5 M Annually in Washington State Alone)
 - Lost Work Time may be Prolonged (Up to 132 Days for Hospitalized Patients in One Study)



Burn Center/Unit Data

- Canada, Toronto
 - 24 Patients with Chemical Burns (2.6% of Admissions)
 - 75% Work-Related
 - 14/24 Required Extensive Excision and Skin Grafting
 - 58% had Significant Complications
 - 1 Patient Died
 - Early Water Decontamination was Associated with Better Outcome, but Did Not Prevent Burns and Significant Complications

- Burn Center/Unit Data
 - India, Chandigarh
 - 27 Patients with Chemical Burns (4.8% of Admissions)
 - Mainly Skin splashes, but Eye Involvement in 74%
 - Vision Loss in 2 Patients
 - All Burns were Infected by 4 weeks after injury
 - 1 Patient Developed Invasive Sepsis
 - Water Decontamination *did not prevent* these complications

Burn Center/Unit Data

- USA, Boston
 - 35 Patients had Chemical Burns (4% of Admissions)
 - 51% were Work-Related
 - Immediate Water Decontamination was Associated with Less Full-Thickness Burns and Fewer Hospital Admission Days, BUT
 - Immediate Water Decontamination did not Prevent Burns:
 - 16 Patients were Hospitalized for a Mean of 7.7 Days
 - 12.5% had Full-Thickness Burns

- Burn Center/Unit Data
 - USA, Iowa City
 - 97 Patients with Chemical Burns (3.3% of Admissions)
 - 31/94 (34%) from Anhydrous Ammonia
 - Majority were Work-Related
 - 1 Fatality
 - 36/94 (38%) Required Skin Grafting
 - Early and Prolonged Water Decontamination did NOT Prevent Serious Burns and Death



Experimental Animal Studies Few Studies Methodological Problems (Few Animals, Exposure Routes, etc.) Identified Studies Done: 1927, 1962, 1975(2), 1993, 1994, 2003 Issue of Neutralization of Chemicals **Re-emerging**



- Older Human Case Reports (1943, 1959)
 - Neutralization *might* decrease the severity of corrosive chemical burns
 - Extensive burns, systemic toxicity, and death may not be prevented by early and prolonged water decontamination



- More Recent Human Case Reports I
 - Sodium Hydroxide Oven Cleaner: Rinsing with a water-Moistened Cloth did Not prevent Need for Full Thickness Burns or Skin Grafting
 - Caustic Lime-Pit Exposure: Hubbard Tank Water Decontamination did *NOT* Prevent Need for Skin Grafting
 - In 2 of 3 Cases of Caustic Soda Burns: Deep Necrotic Burns of the Hands and Feet, Requiring Debridement and Skin Grafting

More Recent Human Case Reports II

Sodium Hydroxide Spill: 53% TBSA Burn and Requirement for Debridement, Skin Grafting, and 43 Days Hospitalization *Despite* Immediate Copious Water Decontamination

Titanium Chloride Splashes: *Despite Dry Wiping* and *Water* Safety Shower *Decontamination*, 2 Workers had 18 & 20% TBSA Burns (1 with Bilateral Corneal Burns), Requiring Debridement and Skin Grafting

Up to 8 Weeks Lost Work Time

- Saudi Arabian Children Sulfuric Acid (7 Cases)
 - Sulfuric Acid Skin Exposure
 - 3-60% TBSA Burns
 - Contaminated Clothing Removal and Water Decontamination Delayed by about ¹/₂ Hour
 - Children with 10, 15, and 60% TBSA Burns Admitted to Hospital
 - Child with 60% TBSA Burns
 - 166 Days Initial Hospitalization
 - 9 Surgical Procedures

- More Recent Case Reports
 River Barge Workers Anhydrous Ammonia
 - 2 Workers
 - Disconnected Anhydrous Ammonia Hose
 - Immediate Change of Contaminated Clothing and Water Shower -> Less Severe Burns
 - Did NOT Prevent Burns



 Case Series/Epidemiological Studies
 51 Patients: Water Decontamination did NOT Prevent Burns or 9.5% Mortality
 273 Patients: Water Decontamination did NOT Prevent Hospitalization or Need for Skin Grafting
 111 Chemical Burn Patients: 5.4% Mortality
 87 Chemical Burn Patients: 30 had Significant Complications
 Chemical Exposure Caused 27/104 Ocular Burn

Injuries in One Case Series



Water Decontamination: A Critical Review – Conclusions

 Chemical Burns Represent a Small Portion of All Burn Injuries, BUT
 Human and Economic Impact is Significant

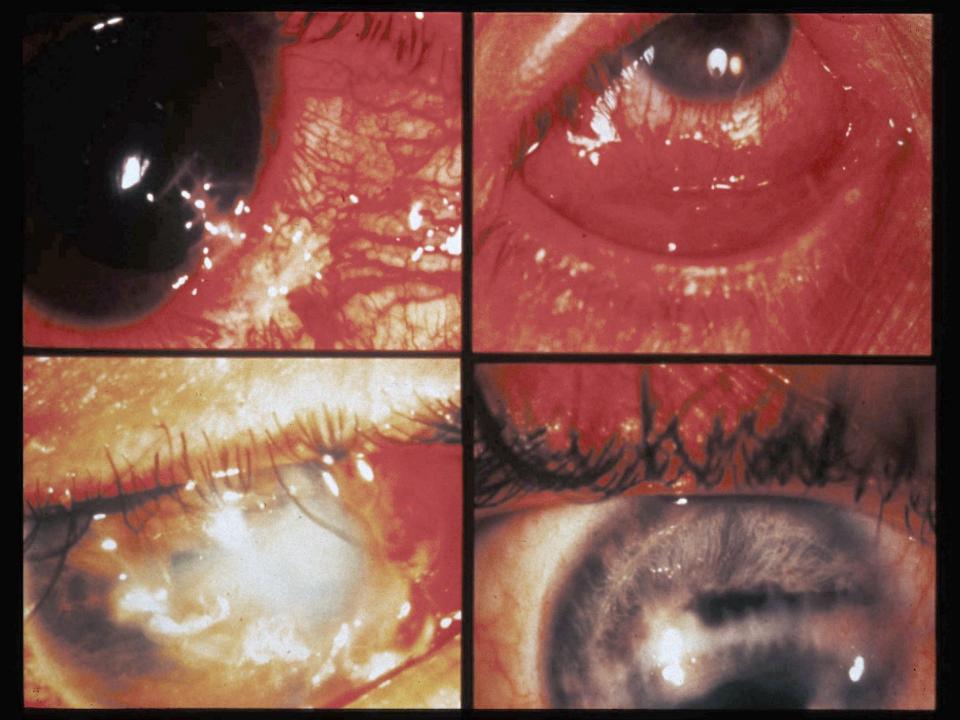
Water Decontamination: A Critical Review – Conclusions

- Water Decontamination Can:
 Decrease Severity of Skin/Eye Chemical Burns
 - Sooner and Longer Water Decontamination seems to be Better

Water Decontamination: A Critical Review – Conclusions

Water Decontamination Cannot Always:

Prevent Burns
Prevent Lost Work Time
Prevent Need for Hospitalization
Prevent Need for Surgical Treatment
Prevent Complications
Prevent Sequelae













Water Decontamination: A Critical Review – Conclusions

Since Water! Water! Water! Is NOT the Final Answer to Skin/Eye Chemical Splashes, a Replacement Decontamination Solution Should be:

- Sterile
- Chelating
- Polyvalent
- Amphoteric
- Non-Toxic
- Hypertonic
- Water-Soluble

DIPHOTERINE®

- For ACTIVE Skin/Eye Decontamination
 Sterile
 - Chelating
 - Polyvalent (6 binding sites)
 - Amphoteric
 - Non-Toxic (LD₅₀ > 2,000 mg/kg)
 - Hypertonic
 - Water-Soluble
 - Non-Irritant (also acid/base decontamination residues)
 - Reactions not significantly exothermic
 - Nearly immediate pain relief

DIPHOTERINE®

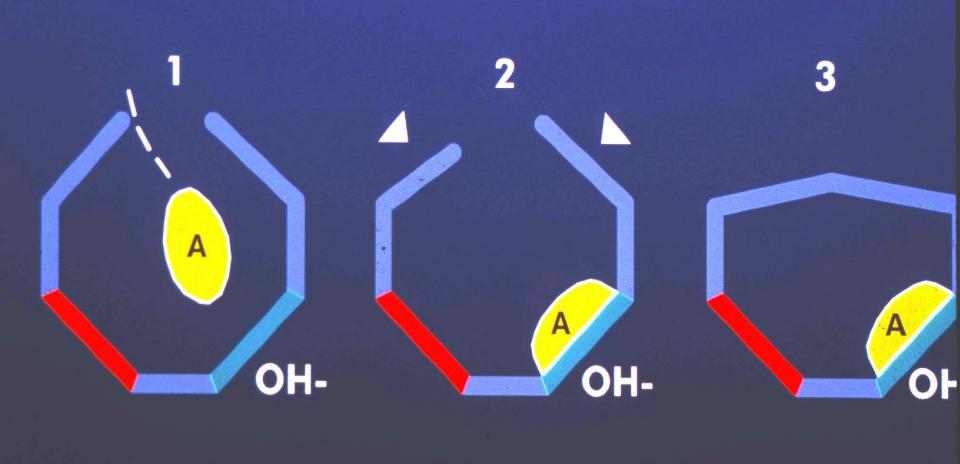
Effective for Skin/Eye Decontamination of:

Over 600 Chemicals/Chemical Groups (European experience with >600 industrial cases)

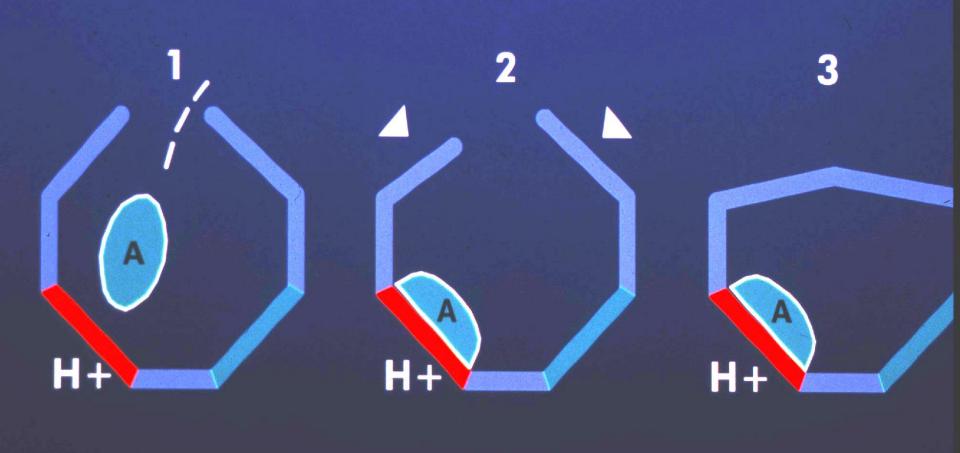
- Acids
- Bases
- Oxidizers
- Reducing Substances
- Alkylating Agents
- Irritants/Lacrimators
- Solvents

Therefore, useful for UNKNOWN CHEMICAL EXPOSURES

DIPHOTERINE and Acids



DIPHOTERINE and Alkalis



Burns on legs from sulphuric acid at 94 %

Washed with water

6 1/2 months off work

Functional side effects

La QUINOLEINE, France

2 works burnt with sulphuric acid at 95 % on

face
neck
legs
shoulder

Undressed and washed with Diphoterine

Not off work

No secondary effects



Diphoterine

Reduces the seriousness of the accident Stops the pain

The recommended dose should always be used

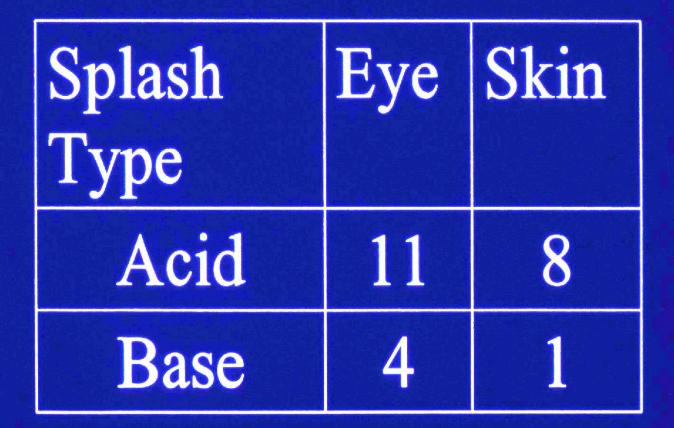
24 CASES OF ACID/BASE EYE/SKIN EXPOSURE IN WORKERS AGED 21 - 62 YEARS AT THE MANNESMANN HOESCH PRAZISROHR FACILITY, REMSCHEID, GERMANY, 1994-8

INVOLVED PROCESSES:

Degreasing

- **Neutralization**
- Transferring solid/liquid chemicals
- Stripping
- Suctioning
- Cleaning
- Placing pipes in chemical bath
- Contact with spilled chemical

Splash Types



Ocular Acid Splashes

Product	Concentration	Еуе	Initial Lavage	Secondary Lavage	Additional Treatment	Lost Work Time (days)	Sequelae
Mixture H ₃ PO ₄ /HNO ₃	H ₃ PO ₄ 5% /HNO ₃ 30-35%	Left	Diphoterine®	Diphoterine ®	None	0	None
H ₂ SO ₄	20%	Right	Diphoterine®	Diphoterine®	None	0	None
NH ₂ SO ₃ H	Powder	Right	Diphoterine®	Diphoterine®	None	0	None
H ₂ SO ₄	20%	Not Reported	Diphoterine®	Diphoterine ®	None	0	None
NH ₂ SO ₃ H	Powder	Not Reported	Diphoterine®	Diphoterine®	None	0	None
H ₂ SO ₄	20%	Right	Diphoterine®	Diphoterine®	None	1	None
Mixture H ₃ PO ₄ /HNO ₃	H ₃ PO ₄ 5% /HNO ₃ 35%	Left	Diphoterine®	Diphoterine®	None	1	None
H ₂ SO ₄	20% (dilute)	Left	Diphoterine®	Diphoterine®	None	0	None
Mixture H ₂ SO ₄ /HNO ₃	5%H ₂ SO ₄ / 7% HNO ₃	Left	Diphoterine®	Diphoterine®	None	1	None
H ₂ SO ₄	20%	Right	Diphoterine®	Diphoterine ®	None	0	None
H ₂ SO ₄	20%	Left	Diphoterine®	Diphoterine®	None	0	None

Acid Skin Splashes

Product	Concentration	Body Area	Initial Lavage	Secondary Lavage	Additional Treatment	Lost Work Time (days)	Sequelae
HNO ₃	53%	Head	Diphoterine®	Diphoterine®	None	0	None
H ₂ SO ₄	20%	Right Cheek	Diphoterine®	Diphoterine®	None	0	None
H ₂ SO ₄	20%	Thorax	Diphoterine®	Diphoterine®	None	0	None
H ₃ PO ₄	16%	Left Forearm	Diphoterine®	Diphoterine®	None	0	None
H ₂ SO ₄	20%	Face	Diphoterine®	Diphoterine®	None	0	None
H ₃ PO ₄	15%	Right Hand	Diphoterine®	Diphoterine®	None	0	None
H ₃ PO ₄	75%	Thorax, Genitals, Right Thigh	Diphoterine®	Diphoterine®	None	0	None
H ₂ SO ₄	20%	Right Hand	Diphoterine®	Diphoterine®	None	0	None

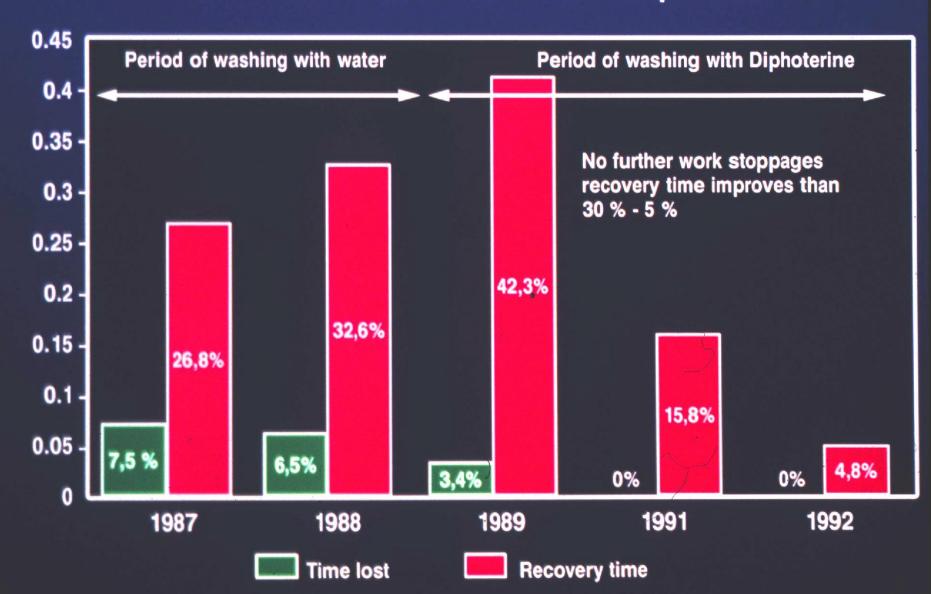
Ocular Base Splashes

Product	Concentration	Еуе	Initial Lavage	Secondary Lavage	Additional Treatment	Lost Work Time (days)	Sequelae
Sodium Hydroxide	30%	Right	Diphoterine®	Diphoterine®	None	0	None
Basic Solution	30%	Right	Diphoterine®	Diphoterine®	None	0	None
Quicklime (Calcium Oxide)	Unknown	Right	Diphoterine®	Diphoterine®	None	0	None
Quicklime (Calcium Oxide)	Unknown	Left	Diphoterine®	Diphoterine®	None	0	None

Base Skin Splashes

Product	Concentration	Body Area	Initial Lavage			Lost Work Time (days)	Sequelae
Sodium Hydroxide	45%	Knee	Diphoterine®	Diphoterine ®	None	0	None

Comparison of Diphoterine / Water 1987 - 1988 : Water / 1989 - 1991 : Diphoterine



375 Cases of Skin/Eye Chemical Splashes ELF Atochem Plant, Saint-Avold, France

5 Priority Chemicals:
Acrylates (methyl, ethyl, butyl)
H₂SO₄ (98%)
Oleum
NaOH (22%, 5.5 M)
Diethylaminoacrylate (ADAME)

ELF Atochem Study LOST WORKTIME

Decontamination	Water	Diphoterine®
With Lost Worktime	7 (3.4%)	0 (0%)* *(p <0.05)
Without Lost Worktime	198	170

ELF Atochem Study SEQUELAE

Initial decontamination	Water	Diphoterine®
Total Cases	205	170
(N)		
No Sequelae	68 (33%)	88 (52%)*
		*(p <0.05)
With Sequelae	137	82

ELF Atochem Study OPHTHALMOLOGICAL CONSULTATION

* (about 50% less Ophthalmological Consultations when Diphoterine® was the initial decontaminant instead of water)

Decontamination	Water	Diphoterine®	
Without Ohthalmological Consultation	32	19	
With Ophthalmological Consultation	11 (26.5%)	3 (13.6%)*	

ELF Atochem Study BURN CENTER CONSULTATION

*(2/3 less Burn Center Consultations when Diphoterine® was the initial decontaminant instead of water)

Decontamination	Water	Diphoterine®
Without Burn Center Consultation	153	145
With Burn Center Consultation	9	3*

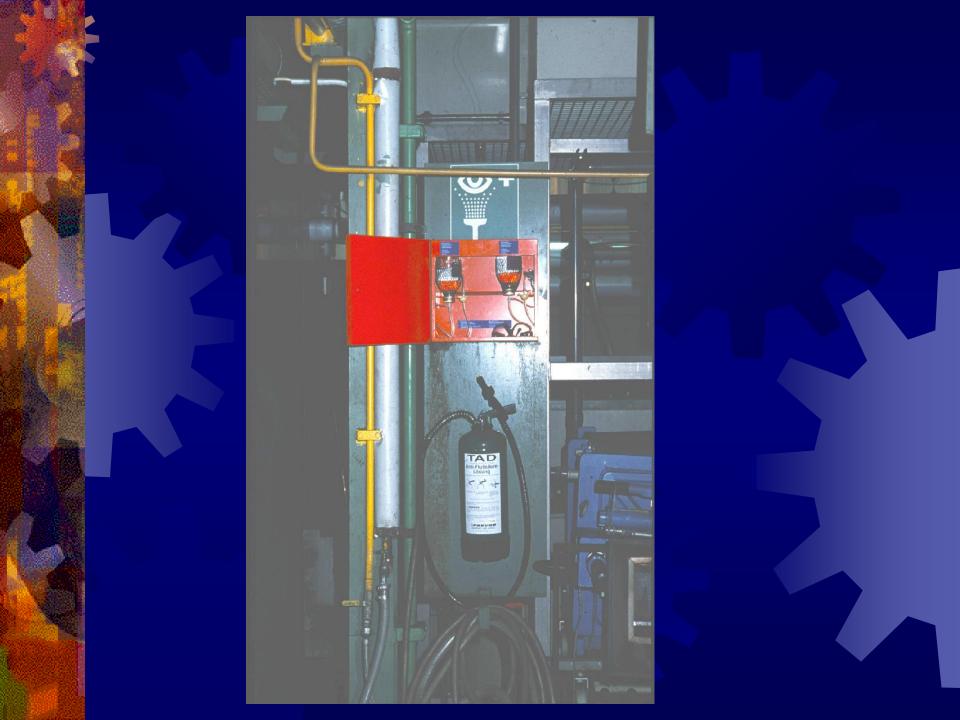
Personnel Protection

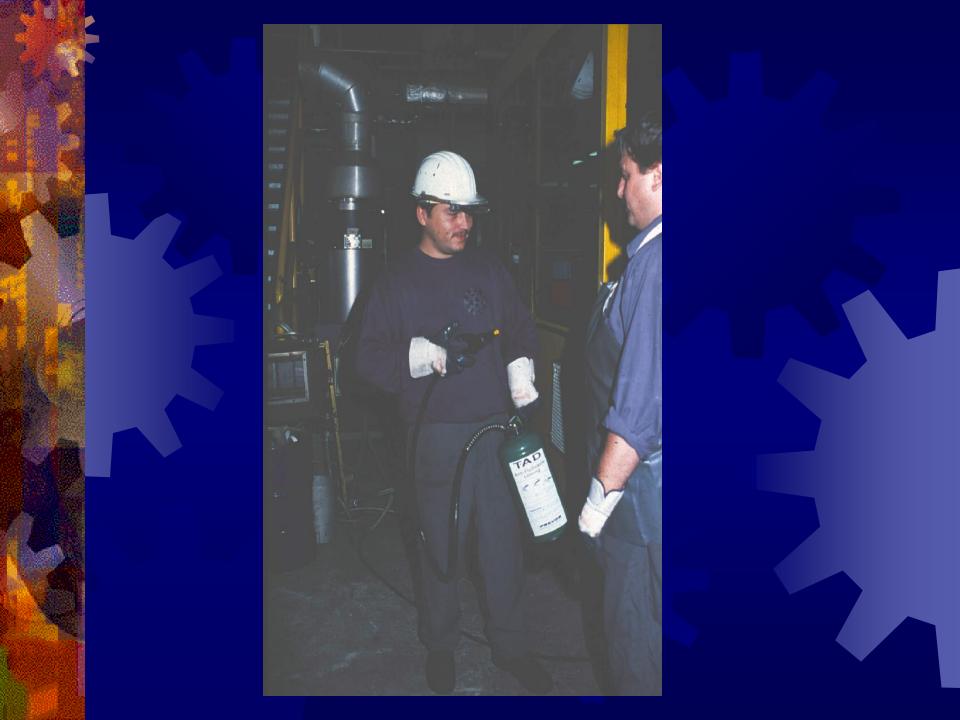


















Diphoterine

 An active eye/skin decontamination compound with demonstrated efficacy for nearly all types of chemical exposures
 Should be considered as a potentially more efficacious alternative to water decontamination