

*Chemical Burns :*  
*Understanding how they work*  
*in order to achieve an effective*  
*decontamination*



# *The seriousness of a chemical burn*

– **Depends on:**

- **the kind of chemical product and its concentration**
- **the length of the contact**
- **the size of the affected surface area**
- **the physical parameters (temperature, pressure)**



# *Which chemicals produce chemical burns?*



- **Corrosives and irritants :**
  - acids, bases, oxidizers, reducing agents, solvents
  - or in other words, about 25 000 chemicals
- **It is important to note: a corrosive or an irritant can be toxic as well as noxious !**

# *What is Diphoterine?*

- **A aqueous solution containing the base properties of water**
  - = the effect of pulling the chemical aggressor away from the surface of the tissues
- + **An amphoteric solution**
  - = acts on acids as well as bases, and rapidly restores the eye and/or skin's physiological pH
- + **A hypertonic solution**
  - = stops the penetration of corrosive chemicals into the tissues creating a flux from the inside to the outside of the tissues

# *Diphoterine*

- **Innocuousness and properties**
  - non irritating to the eyes or skin
  - non toxic (DL<sub>50</sub> acute oral, dermal > 2000 mg/kg)
  - non irritating rinsing residues (for acids and bases)
  - non sensitizing, non mutagenic (Ames test)
  - no side effects have been reported in workplace use
  - immediate decrease in pain

# *Skin study in rats*

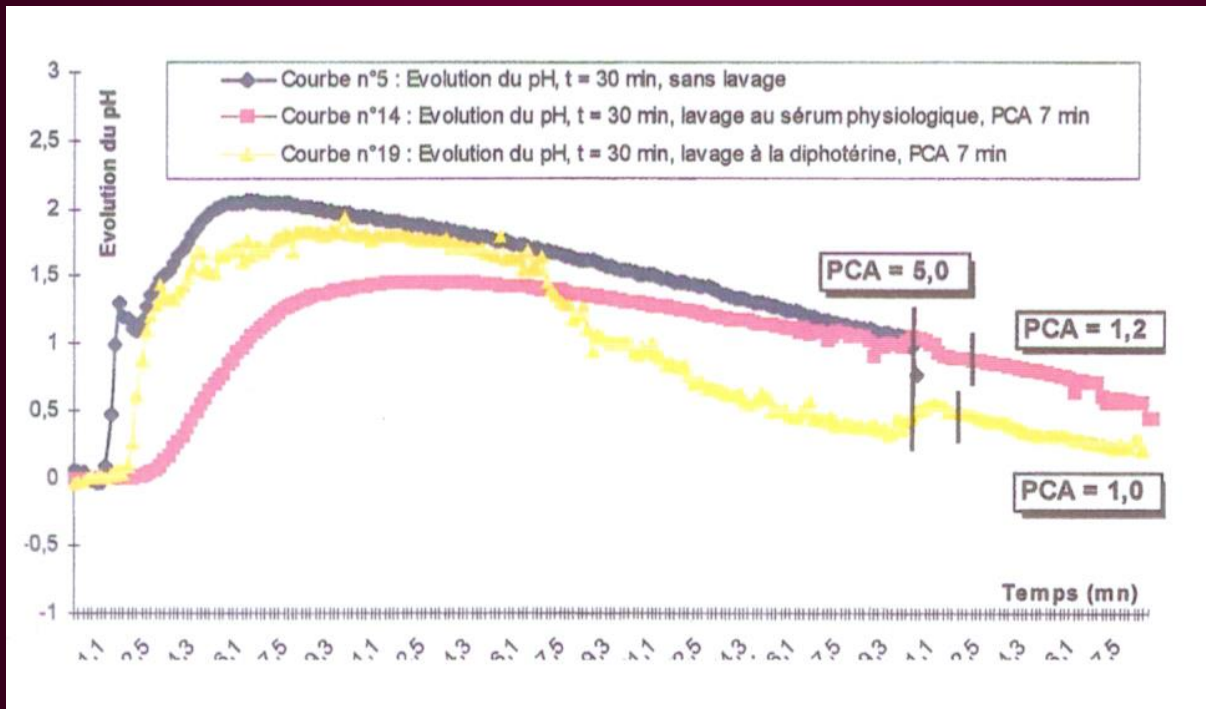
(concentrated HCl burn)

## **Diphoterine versus saline solution**

- **Significant statistical results in favor of Diphoterine**
  - Decrease of inflammation
    - (IL-6 à 48h,  $p < 0.01$ ; à 7 days,  $p < 0.05$ )
  - Decrease in pain
    - (substance P within 48h,  $p < 0.05$ ;  $\beta$ -endorphin at 7 days,  $p < 0.05$ )
  - Decrease in the size of the lesions
    - (no rinsing : 12mm; saline solution : 6 mm; Diphoterine 4 mm)
  - Improvement of the scarring

# Ocular study in rabbits (concentrated ammonia burn) Diphoterine versus saline solution

- Decrease in the inflammation, absence of oedema
- Decrease in pH



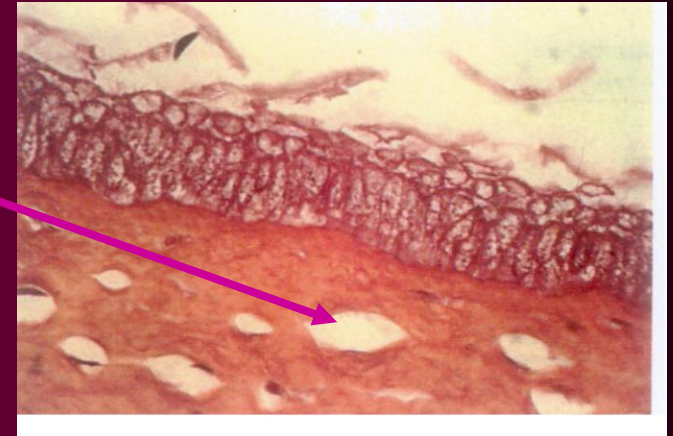


# Ocular study in rabbits (concentrated ammonia burn)

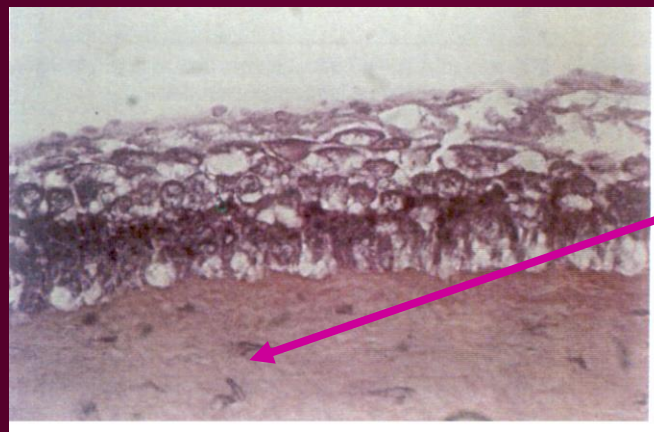


**No rinsing**

**Stromal oedema**



**Saline solution**



**Diphoterine**

**No stromal oedema**



# Clinical results of 42 cases of chemical splashes

**Martinswerk, Allemagne, 1991-1993**

<b>Rinsing</b>	<b>Diphoterine</b>	<b>acetic acid</b>	<b>water</b>
<b>Sick leave</b>	<b>0.18j ±0.4</b>	<b>2.91j ± 4.3</b>	<b>8j ± 8.12</b>
<b>No care</b>	<b>100% ±15</b>	<b>0% ±15</b>	<b>0% ±15</b>
<b>Basic care</b>	<b>% ±15</b>	<b>80% ±15</b>	<b>25% ± 15</b>
<b>Medical care</b>	<b>0% ± 15</b>	<b>20% ± 15</b>	<b>75% ± 15</b>

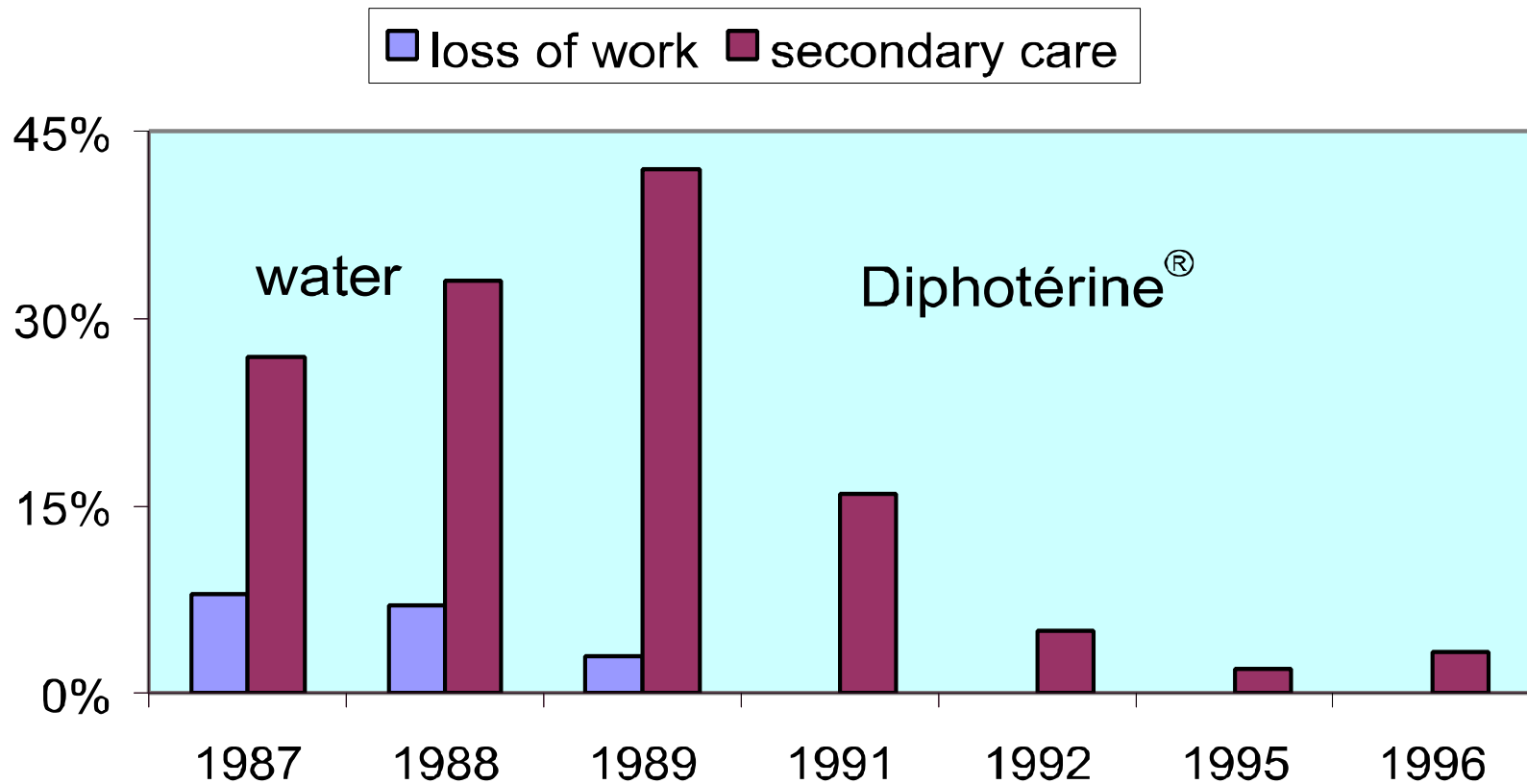
**Chemical in question : lye (40-600 g/l)**

**Protocol : On site rinsing**

**Results : Variability of the effectiveness of water rinsing ,  
significant improvement with Diphoterine rinsing**

# Series of 175 cases of chemical splashes RHONE-POULENC, France, 1987-1996

## Comparison water/Diphotérine - Rhône-Poulenc



# Series of 24 cases of splashes Manxman, Allergen, 1994-98

<b>Splashes</b>	<b>Eye</b>	<b>Skin</b>
<b>Acids*</b>	<b>11</b>	<b>8</b>
<b>Bases**</b>	<b>4</b>	<b>1</b>

\* acids : sulfuric, nitric, phosphoric, sulfamic (5-100%)

\*\* bases : calciumoxide, lye 30-45%, basic solution 30%

**Protocol : Diphoterine on site + infirmary**

**Results : No after effects, no secondary care,  
no sick leave**

Study of 375 cases  
at ATOFINA, France, 2000

<b>Rinsing</b>	<b>water</b>	<b>Diphoterine</b>
<b>Sick leave</b>	<b>7(3.4%)</b>	<b>0(0%) (p &lt; 0.05)</b>
<b>Without sick leave</b>	<b>198</b>	<b>170</b>
<b>Without follow-up*</b>	<b>68(52%)</b>	<b>88(33%) (p&lt;0.05)</b>
<b>With follow-up</b>	<b>137</b>	<b>82</b>

\*The criterion without follow-up corresponds to no care

**Chemical : Acrylates, sulfuric acid (98%),  
Oleum, lye (22%), Diethylaminoacrylate (ADAME)**

**Results : Significant difference in sick leave, as well as in  
the necessity of secondary care**

# Clinical study in Martinique

## Comparison saline solution / Diphoterine

### Delayed ocular rinsing

- Teams : fire-fighters, Emergency Medical Assistance Service (SAMU), Accident and Emergency, Ophthalmology
- Number of patients : 66 during 4 years (before/after study)  
48 eyes (46%) saline solution / 56(54%) Diphoterine
- Protocol : rinsing with saline solution or Diphoterine  
then the same treatment according to the stage of the burn
- Chemicals : bases (48% with Alkali-ammonia 15.3%)
- Nature of the splash : attack
- victim : male (2 patients out of 3)

# Clinical study in Martinique

## Comparison saline solution / Diphoterine

### Delayed ocular rinsing

<b>Length of time (days) reepithelialisation</b>	<b>Saline solution</b>	<b>Diphoterine</b>	<b><i>p</i></b>
<b>stage 1</b>	<b>11.1±1.4</b>	<b>1.9 ±1</b>	<b>10<sup>-7</sup></b>
<b>stage 2</b>	<b>10 ±9.2</b>	<b>5.6 ±4.9</b>	<b>0.02</b>
<b>stage 3</b>	<b>45.2 ±23</b>	<b>20 ±14.1</b>	<b>0.21 NS</b>

**Results : significant difference for stages 1 and 2,  
tendency for stage 3, no stage 4 in the group Diphoterine**

# Conclusion

Rinsing with Diphoterine can be carried out following two protocols :

- either as first aid in the workplace, with the objective of preventing or minimising the appearance of chemical burns.
- or in the case of hospital treatment, to stop the progression of chemical burns, which allows a rapid return to a physiological state, and permits a secondary treatment adapted to the seriousness of the burn.