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Two Case Reports of Occupational Exposure of Aniline Dye and Causing Methemoglobinemia

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Abstract: Aniline is a chemical use mainly in the manufacturing of perfumes, dyes, paint removers, pesticides and photographic materials. At room temperature it is simplest aromatic amine, is clear to slightly yellow oily liquid that darkens to a brown color on exposure to air. When aniline exposure occur it rapidly absorbs from the lungs and leads to systemic toxicity. Aniline compounds cause oxidative stress which leads to methemoglobinemia and hemolytic anemia may land the patient in critical conditions.

Keywords: Meth Hb Aniline dye Methylene blue Methyhemoglobin

1. Introduction

- Aniline is a chemical use mainly in the manufacturing of perfumes, dyes, paint removers, pesticides and photographic materials.
- At room temperature it is simplest aromatic amine, is clear to slightly yellow oily liquid that darkens to a brown color on exposure to air.
- When aniline exposure occur it rapidly absorbs from the lungs and leads to systemic toxicity. Aniline compounds cause oxidative stress which leads to methemoglobinemia and hemolytic anemia.

2. Case Report 1

History

- A 52 year male patient a factory worker brought to LG hospital on 14th July 2020 with alleged history of exposure to unknown substance (Aniline dye)
 With complain of
- Discoloration of skin since 4 days
- Breathlessness sudden onset
- Swelling of face, lips and neck region

Vitals and examination

- PULSE 112/min
- BP 134/80 mmhg
- RR 28 30/min
- RS bilateral expiratory rhonchi present
- Cvs s1s2 +
- Cns conscious and oriented
- Spo2 not recordable

Investigations

- Hemoglobin 14.6gm/dl
- Total count 16640
- Differential 90/5/3/2
- Platelets 1.67 lakh
- Mcv 106 FL
- Urea 24 mg/dl

- Creat 1.1mg/dl
- Sodium 129 meq/lit
- Pottasium 3.8 meg/lit
- Chloride 95
- Bilirubin 0.9 mg/dl
- SGPT 37 unit

Methhb level - 46.2%

- ABGA
- PH 7.42
- PO2 55
- PCO2 42
- SO2 93.6%
- HCO3 26.0
- G6PD deficiency –not detected

3. Case Report 2

History

- A 20 year male patient a factory worker brought to LG hospital on 17th July 2020 with alleged history of exposure to unknown substance (?Aniline dye) due to drowning in tank of dye at his work place
- With complain of
- Discoloration of skin
- Sudden onset breathlessness

Vitals and examination

- P 120/MIN
- BP 110/70 MMHG
- RR 30/MIN WITH RESPIRATORY DISTRESS

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- RS rhonchi present
- Cvs s1s2 +
- Cns conscious and oriented
- SPO2 98% WITH BIPAP support

Investigations

- Hemoglobin 17.9 gm/dl
- Total count 28230
- Differential 85/10/04/01

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- Platelets 1.45 lakh
- Mcv 70 FL
- Urea 20 mg/dl
- Creat 1.2 mg/dl
- Sodium 120 meq/lit
- Pottasium 3.1 meq/lit
- Chloride 89 meq/lit
- Bilirubin 0.8 mg/dl
- SGPT 30 unit

Methhb level - 4.8%

- ABGA
- PH 7.22
- PO2 48.9

- PCO2 49.2
- SO2 77
- HCO3 20
- G6PD deficiency –not detected
- Both pt treated with inj. methylene blue 1mg/kg iv over 10mins
- may repeat dose 1 hour later if metHb level remains >30% or symptoms persists
- Repeat methhb level

Case 1 - <1%

Case 2 - 2.8%





4. Discussion

- Methemoglobin (MetHb) is a modified form of normal hemoglobin where fe2+ (ferrous ion) is oxidized into fe3+ (ferric ion).
- MetHb cannot bind with oxygen and hence cannot carry oxygen. The human body can tolerate a very small
- amount (<1%) of MetHb and higher level causes methemoglobinemia.
- Exposure to aniline dye leads to oxidative stress causing RBC destruction leads to hemolytic anemia and it is aggravated if G6PD deficiency present.
- The diagnosis of methemoglobinemia is based on the results of an arterial blood gas examination and measurements of methHb concentration in blood.

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Level of MetHb(%)	Signs and symptoms
20-30	Anxiety Headacche Tachypnea, tachycardia
50-60	Impaired o2 deleivery to vital tissues leads to Dysrrhythmias Depressed mental status,coma,seizures
>70	Incompatible to life

5. Conclusion

Both paients had life threatening methemoglobinemia due to aniline dye exposure but timely intervention by resuscitation and inj. methylene blue as antidote could revive the pt.

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