Adamsite

Adamsite is an airborne chemical. It can not be detected in our surroundings. There is no marker to prove exposure. It works by inhibiting enzymes in our bodies. It causes irritation at moderate doses. It can cause death at higher doses.

CAUSES

Most of the exposures to this chemical occur by breathing it in. This is called *inhalation*.

SYMPTOMS

- Inhalation may cause irritation of the:
  - Eye.
  - Nose.
  - Trachea and lungs (*respiratory tract*).

- Other symptoms include:
  - Vomiting.
  - Diarrhea.
  - Sneezing and coughing (may be violent).
  - Pulmonary edema can occur at high concentrations.

- Skin exposure may cause these symptoms which can lead to vesicle formation:
  - Pruritus.
  - Erythema.
  - Burning sensations.
- Skin symptoms usually get better within two hours. The effects of adamsite poisoning takes minutes to begin and can last for hours.

- The clinical description for adamsite poisoning has been met if these symptoms occur quickly:
  - Nose or throat irritation.
  - Cough.
  - Dyspnea.

DIAGNOSIS

Your caregiver may suspect what is wrong by:

- The history of what happened to you.
- The symptoms or problems you are having.
- There is no testing available for exposure.

CASE CLASSIFICATION

- **Suspected.** A case in which a potentially exposed person is being evaluated by health-care workers (or public health officials) for poisoning by a particular chemical agent. But no credible threat exists.
- **Probable.** A clinically compatible case in which a high index of *suspicion* (credible threat or patient history of location and time) exists for adamsite exposure. Or an epidemiologic link exists between this case and a laboratory-confirmed case.
- **Confirmed.** A clinically compatible case in which laboratory tests (not available for adamsite) have confirmed exposure.
- The case can be confirmed if laboratory testing was not performed because:
  - Either a predominant amount of clinical and nonspecific laboratory evidence of a particular chemical was present.
  - Or a 100% certainty of the cause of the agent is known.

TREATMENT

Decontamination

- Skin (*dermal*). Rinse with large amounts of water or dilute bleach.
- Eyes (*ocular*). Flush well with water or normal saline.
- Lungs (*respiratory*). Administer 100% humidified oxygen.
- Supportive therapy:
  - Oral antihistamines can be given for pruritus.
  - Ophthalmic corticosteroids may be used for persistent eye irritation.
  - Monitor oxygenation.
  - Aggressive airway management and pain management will be used if necessary.
  - Bronchodilators may be needed if bronchoconstriction or pulmonary edema occur. Airway protection is critical.

Most of this information is courtesy of the Department of Health and Human Services branch of the CDC. For more information contact the Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333, USATel: 404-639-3311 Public Inquiries: 800-CDC-INFO TTY: 888-232-6348

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