

# ORGANIC CORROSIVE

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# ORGANIC CORROSIVE

How to  
differ  
from  
mineral  
acid

- Weaker in action.
- Acting both locally and systemic

# CARBOLIC ACID (*PHENOL*)



# PHENOL

# PHYSICAL PROPERTIES

- Smell
- Short, colorless ,prismatic, needle-shaped crystals.
- On exposure to air it turns pink and liquefy.
- Solubility –it is fat soluble and also soluble in glycerin, ether, alcohol.
- burning sweetish
- Not true acid - litmus test negative
- Specific property– antiseptic or disinfectant



# OTHER MEMBERS OF PHENOL

Cresol (Lysol)

House hold phenol

Dettol (chlorinated phenol )

# ***ROUTES OF ABSORPTION***

Through  
skin

Oral  
ingestion

Per  
rectum,  
vagina,  
wound  
etc.

Respiratory  
tract by  
inhalation.

# ***METABOLISM AND EXCRETION***

Phenol



Converted by liver



*Hydroquinone and Pyrocatachol*



excreted in urine (both).



turn urine olive green or brown



*carboluria.*



Complete elimination occurs in 36 hours.





# Carbolism

# LOCAL SKIN EFFECTS

Phenol



Damage to nerve endings



Initial tingling sensation & later numbness



Coagulation necrosis of other tissues



Break down of intercellular linkage



Deeper penetration of acid



(painless , white, opaque Eschar)



Necrosis & gangrene of tissues



Greyish white sloughing



# GASTROINTESTINAL TRACT EFFECT

## When taken ORALLY-

1. initially- Burning Sensations  
Tingling & numbness  
Later- anesthesia
2. Vomiting rarely seen on consuming dilute solution of phenol

# SYSTEMIC TOXICITY

- Inhalation of phenolic vapours
- Laryngeal and pulmonary edema
- Stertorous breathing and cyanosis
- Phenol is fat soluble.
- It attacks on the nervous system tissue
- Paralysis of respiratory and cardiovascular center
- DEATH

**Respiratory Tract  
Effects**

**CNS and CVS Effects**

# ***SIGNS AND SYMPTOMS***

Headache, Giddiness, Tinnitus

Vomiting, diarrhoea and pain abdomen

Clammy, cold, sweating body

Pupils dilated

Muscular spasms –convulsions

Stertorous breathing with cyanosis

Collapse – unconsciousness, coma

# ***SIGNS AND SYMPTOMS***

- ◉ **If survives for 48 hr –**  
passes dark, smoky urine which soon turns olive green on standing carboloria followed by anuria.
- ◉ **Death, may result from respiratory and circulatory failure**

# PHENOL

Fatal Dose :

10-15 gm

Fatal period:

2-12 hrs





# ***DIAGNOSIS***

Corrosions on face, around and inside the mouth (grayish white if phenol or brownish if Lysol)

**Phenolic odor (Breath / Vomitus)**

Carboluria

Dilated pupil

Stertorous breathing.

# ***TREATMENT***

It depends on route of administration.

## CASE OF POISONING THROUGH SKIN ABSORPTION

Remove the contaminated garments

Cleanse the site by mopping with wet cloth and wash with soap and water.

Apply – Olive oil/Methylated spirit/ 10 percent ethyl alcohol, which can prevent further absorption

Shift the victim to fresh atmosphere and make him breath in fresh air

Give normal saline + sodium bicarbonate (iv drip).

## CASE OF POISONING THROUGH ORAL ROUTE:

Gastric lavage

Plenty of lukewarm water

Animal charcoal

Olive oil

Magnesium

Sodium sulphate

Saccharated lime,

Soap solution,

10% glycerin, etc.

## CASE OF POISONING THROUGH ORAL ROUTE:

Give egg white- Epsom salt/demulcents orally.

Symptomatic

Artificial respiration

Tracheal respiration of froth/secretions

Glucose saline to induce diuresis.

# POSTMORTEM FINDINGS

# *EXTERNAL*

Greyish or brownish corruptions at the angle of the mouth

- ⦿ Chin (tracks) front of the body,
- ⦿ Arms and hands (splashes) with characteristic **phenolic odour**.

# INTERNAL

Corrosion of gastrointestinal mucosa, laryngeal and pulmonary edema has been observed in all orally ingested poisoning cases.

## Stomach changes

- Marked corrosion of gastric mucosa
- Swelling of mucosal folds with coagulated greyish or brownish silvery mucus on it
- Intervening normal mucosal folds appear dark red in color.
- Hardening of the stomach wall –leathery stomach. Phenolic odor.
- Vomitus and gastric lavage collection: May show partially detached gastric mucosa.

## Kidney changes

Hemorrhagic nephritis

(only if the victim survives for some time after poisoning).



# ***MEDICO-LEGAL IMPORTANCE***

- Usually consumed accidentally (mistaken for medicine) or spilt over the body.
- Suicidal and homicidal – rare due to the strong Phenolic odor.
- Abortifacient – occasionally, used to induce criminal abortion.

# OXALIC ACID

## *Acid of Sugar*



# OXALIC ACID

◉ Source :

Vegetable

Kidney stone

Bacteria

◉ Use :

Commercial

Domestic

Illegal

# OXALIC ACID (*ACID OF SUGAR*)

## Physical properties

- Colorless,
- Transparent,
- Prismatic crystalline substance

## Resembling

- Magnesium sulfate ( $\text{MgSO}_4$ )
- Zinc sulfate ( $\text{ZnSO}_4$ )

# DIFFERENCE

<i>Properties</i>	<i>Oxalic acid</i>	<i>MgSO<sub>4</sub>/ZnSO<sub>4</sub></i>
<b>Taste</b>	<b>Sour and acidic</b>	<b>Bitter</b>
<b>Reaction</b>	<b>Strongly acidic</b>	<b>Neutral</b>
<b>On heating: with sodium</b>	<b>Sublimates</b>	<b>Not so</b>
<b>with bicarbonate</b>	<b>Effervesces</b>	<b>Not so</b>
<b>with ink stains</b>	<b>Disappears</b>	<b>Not so</b>

# OXALIC ACID

- ◉ ***Fatal dose*** 15-20 mg
- ◉ ***Fatal period*** 1 to 2hrs
- ◉ ***Toxicity rating*** 4



# ***ACTION***

- ◉ Acts **locally** as a corrosive on both skin and mucosa (more severe)
- ◉ **Remotely** on absorption into blood affects several systems, the important ones are:
  - ◉ **Cardiovascular system-**
    - Shock
    - Death
  - ◉ **Electrolyte system -**
    - Extracts tissue calcium- Hypocalcaemia
    - Renal system - Tubular necrosis
    - Uremia - Death



# SIGNS & SYMPTOMS

## Fulminating

- ◉ With large doses (15 gm or more) orally
- ◉ lead to sour and acidic taste, followed by a sensation of constriction around throat and burning pain from mouth to epigastrium, which radiates all over the abdomen.
- ◉ There will be tenderness in the epigastrium, nausea, followed by vomiting (coffee ground colored vomitus) severe thirst, diarrhea, electrolyte imbalance and death.

# SIGNS & SYMPTOMS

## Acute

All findings are mainly due to hypocalcaemia –

- Muscle irritability,
- Tenderness,
- Tetany,
- Convulsions,
- Tingling of extremities,
- Coma,
- Collapse and death.

# SIGNS & SYMPTOMS

## Delayed

- ◉ Findings will be of uremia.
- ◉ Urine will be scanty with traces of albumin, blood and calcium oxalate crystals.
- ◉ Microscopically seen as **envelope-shaped crystals**.

# **TREATMENT**

**Gastric lavage with calcium lactate  
(2 teaspoon per lavage)**

## **Antidotes —**

- lime water,
- calcium lactate,
- calcium gluconate,
- calcium chloride,
- chalk suspension in water or milk, etc., may be given orally, act as specific antidotes, which form insoluble calcium oxalate and excreted easily.

# ***TREATMENT***

- ◉ 10 ml calcium Gluconate I/V frequently
- ◉ Parathyroid extracts –100 units I/M
- ◉ Demulcent drinks
- ◉ Bowel wash by enema and purgatives (castor oil)
- ◉ Symptomatic measures.

# ***POSTMORTEM FINDINGS***

## **External**

No specific findings.

Burns of the face and skin rarely seen.

## **Internal**

*(specific findings)*

Mucosa of the mouth, tongue, pharynx, esophagus are bleached (whitened/scaldy /red).if a strong solution is consumed.

# ***STOMACH CHANGES***

- The stomach mucosa is reddened and punctate due to erosions giving "velvety red" or blackish appearance.
- Wall of the stomach is softened, but no perforations.
- Contents –**gelatinous brown** (due to Acid Hematin formation).

# ***KIDNEY CHANGES***

- Swollen and congested.
- Tubules on histo-pathological study reveals to be filled with oxalate crystals.
- All other viscera – congested



# ***MEDICO-LEGAL IMPORTANCE***

- ◉ Usually consumed **accidentally** (mistaken for magnesium sulfate)
- ◉ **Suicidal or homicidal** uses are rare due to the taste
- ◉ **Abortifacient**
- ◉ Used for **illegal erasure of signatures**
- ◉ It is detected in certain **vegetables as oxalates**, e.g. spinach, rhubarb, cabbage, etc. (rarely produces poisoning)

# COMMERCIAL USES:

- **Cleaning or bleaching leather.**
- **Calico printing.**
- **Removal iron moulds from linen.**
- **Removal ink stains.**

# *CORROSIVE ALKALIS*



# STRONG-ALKALIES

Sodium carbonates  
15 -30 gm

Potassium carbonates  
15 -30 gm

Liquor ammonia  
10 ml.

Usually  
24 hours

Shortest  
reported  
3 hrs

***Fatal dose***

***Fatal period***

# TREATMENT

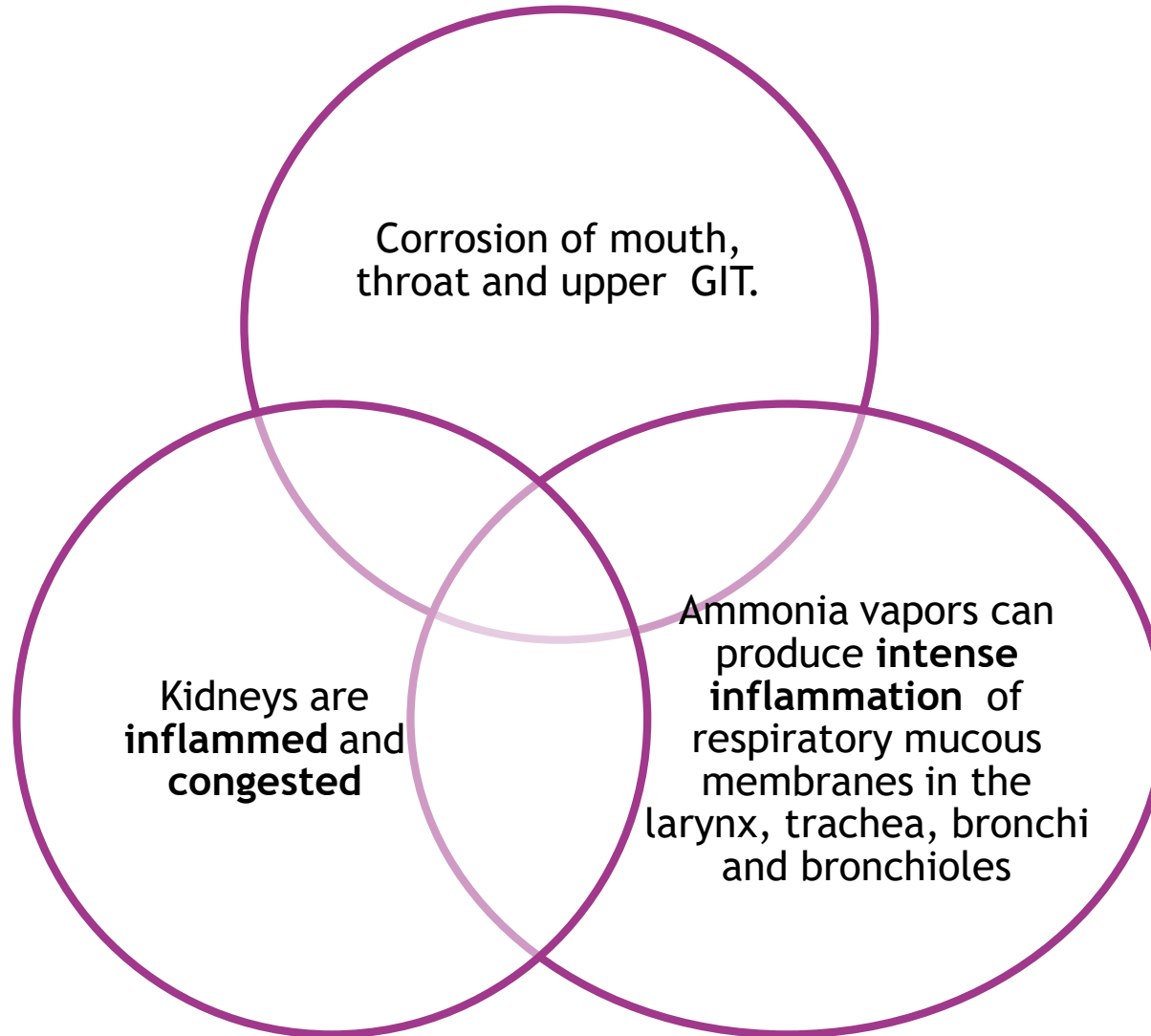
*Do not perform gastric lavage or give emetics.*

Give dilute vegetable acids like vinegar.

Provide protein-containing foods like milk, egg white, etc. (demulcents)

Morphine may be given cautiously to relieve pain.

# POSTMORTEM APPEARANCES



# ***MEDICO-LEGAL IMPORTANCE***

Accidental poisoning more common

Homicidal poisoning rarely used due to Distinct irritant odour of ammonia.

However, ammonia may be preferred to commit suicide, though the death is agonising

Industrial accident involving alkalies occur from time to time,

**THANK YOU**