

SMOKE INHALATION INJURY

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A 25-year-old woman, with no significant medical history, was admitted through the emergency system due to burns following a house fire. She had AB and B-type burns covering 30% of her body surface area, with extensive involvement of her face and right upper limb. During the pre-hospital care, the first responder decided to perform orotracheal intubation for airway protection.

Routine laboratory tests and the chest X-ray on admission showed no significant findings. Hemodynamic resuscitation was carried out using the Parkland formula, and she required low-dose vasopressors temporarily.

A bronchoscopy was performed to assess airway involvement. The entire bronchial tree was affected (G1 type), with mild edema, hyperemia, and a large amount of soot (Fig. 1). Initial lavage with saline solution was performed to remove debris and soot (Fig. 2). She showed favorable clinical progress and was successfully extubated after 48 hours.

Wound care and debridement were managed by the General Surgery and Plastic Surgery departments. She was ultimately transferred to the burn unit for ongoing recovery.

Figure 1 |

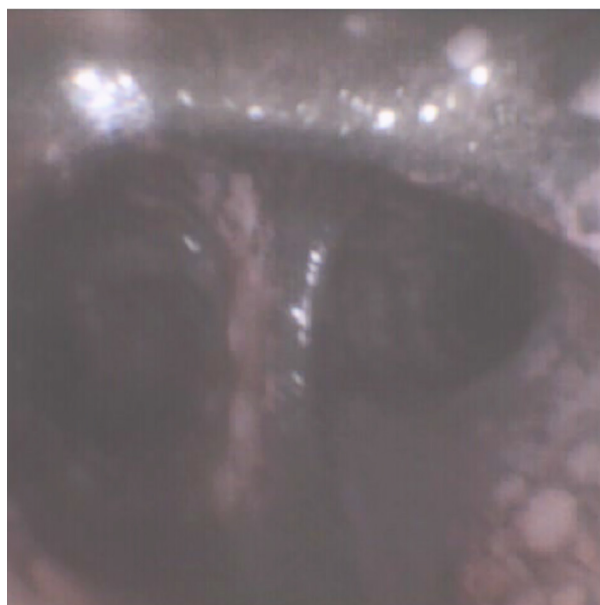


Figure 2 |

