



Agriculture

- Farming consistently ranks in top 10 most dangerous jobs.
- 2020 368 fatalities in agricultural workers.
- Most fatalities related to trauma.

Several important toxicologic causes of morbidity and mortality.

Agricultural Safety | NIOSH | CDC- last accessed 9/16/2022

Agriculture

- 357 work related deaths from exposure to harmful substances between 1992-1996.
- Inhalational injuries accounted for 8.4% of these deaths.

Exposure to caustic, noxious substances in a confined or restricted space were responsible for 30 fatalities.

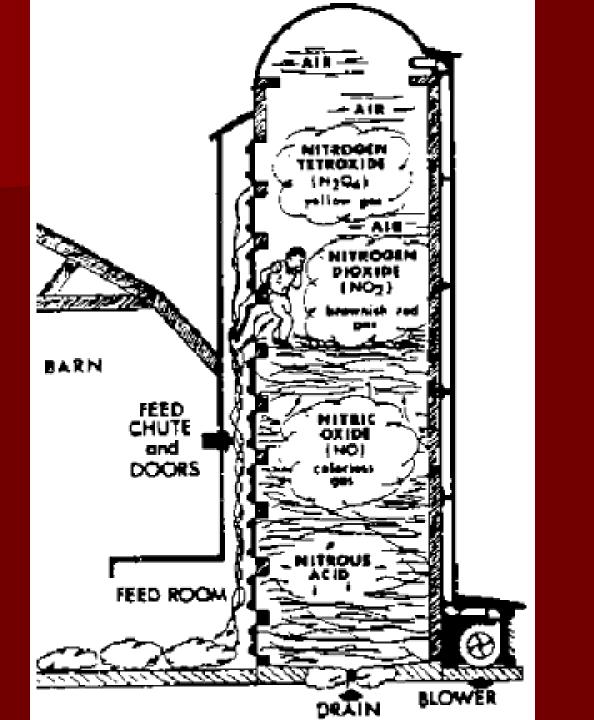
Adekoya N, Myers J. Fatal Harmful Substances or Environmental Exposures in Agriculture, 1992 to 1996. Journal of Occupational and Environmental Medicine 1999:41; pp 699-705



Silo Filler's Disease

During the 1st 24-48 hours of fermentation, the ambient atmosphere becomes depleted of O₂.

Nitrates in silage are converted by bacteria to NO₂, N₂O₄.







Silo Filler's Disease

- Concentrations over 25 ppm can be hazardous.
- Inhalation of 50 to 75 ppm for 30 to 60 minutes can cause bronchitis.
- 50 to 100 ppm causes chemical pneumonitis.
- 150 to 200 ppm, causes acute lung injury.

Silo Filler's Disease

- 300 to 400 ppm fatal in 2 to 10 days.
- Over 500 ppm, acute pulmonary edema, fatal in less than 48 hours.
 Sudden deaths have been reported.

<u>www.cdc.gov/nasd/docs</u> - Animal handling safety considerations last accessed 1/20/06. Hayhurst ER, Scott E. Four cases of sudden death in a silo. JAMA 1914:63;1570. Douglas WW, Hepper NGG, Colby TV. Silo filler's disease. Mayo Clin Proc 1989:64;291-304.

Pathophysiology

- Inhaled NO₂ generates nitric acid and nitric oxide when it comes in contact with moisture in the respiratory tract.
- NO₂, N₂O₄ also may directly oxidize pulmonary epithelium.
- Generate reactive nitrogen species such as peroxynitrite.
- Massive exposure can lead to death by simple asphyxiation.

Clinical Effects

- Cough, wheezing, mild ocular irritation
- Dyspnea, tachypnea
- Diaphoresis
- Chest discomfort
- Lightheadedness, syncope
- Occasional cyanosis
- Pulmonary edema
- Hypotension





CXR

- May be normal in mild cases
- May show small opacities in subacute cases
- May show diffuse alveolar infiltrates in severe cases.

Labs

- ABG may show hypoxemia
- Methemoglobinemia
- Leukocytosis

Phases

- Exposure is often mild and self-limiting.
- In severe cases the patient becomes acutely dyspneic.
- In less significant exposures symptoms may take up to 24 hours to develop.
- Patients will often make an apparent complete recovery and then 1-2 weeks later have a relapse of symptoms culminating in bronchiolitis obliterans.

Douglas WW, Hepper NGG, Colby TV. Silo filler's disease. Mayo Clin Proc 1989:64;291-304.

Management

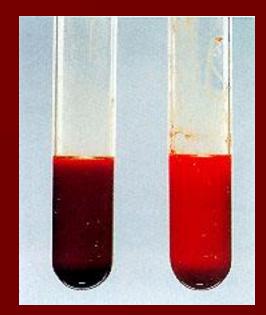
- ABCs Patients with significant respiratory distress require intubation and ventilation.
 - Often need low tidal volumes, high FiO₂ and PEEP to maintain adequate blood oxygen saturation.
 - Hypotension is usually responsive to fluid, pressors may be necessary.
- Corticosteroids should be given to decrease inflammatory response.

Management

- As patient improves, baseline PFTs should be run.
- When patient is well enough to be discharged home a steroid taper should be given.
 - Generally start with 60 mg QD in adults x 3 weeks followed by a 7 week steroid taper.

Robinson DM et al. 60-year-old man with respiratory distress and confusion. Mayo Clin Pro 1996:71;813-816.







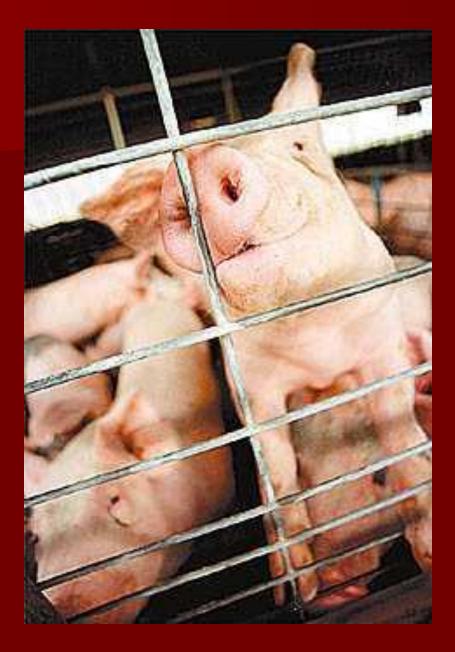
Take Home Points

- Most exposures self limiting.
- All patients should be admitted for 24 hours.
- Cyanosis may be related to hypoxemia or methemoglobinemia.
- Complications include bronchiolitis obliterans and fibrosing alveolitis.



So where does all of this feed go?











Manure Pits

Four gases of major concern

- Methane
 - Explosion Hazard
- Ammonia
 - Heavier than air, irritant effects
- Carbon Dioxide
 - Heavier than air, asphyxiant
- Hydrogen Sulfide

"Death may come on like a stroke of lightening..."

Hamilton A. Industrial Poisons in the United States. New York: MacMillan Company; 1925:324.

- Between 1984-1994 there were 70 fatalities related to H₂S poisoning in the USA.
- 36 related injuries in workers trying to rescue other workers without proper equipment.

Fuller DC, Suruda AJ. Occupationally realted hydrogen sulfide deaths in the United States from 1984-1994. JOEM 2000:42;939-942.



- Produced by the bacterial decomposition of proteins.
- Decay of sulfur containing products.
 - Fish, sewage, manure
- Natural sources volcanoes, sulfur springs, underground deposits of natural gas.
- More dense than air.
- Odor of rotten eggs.

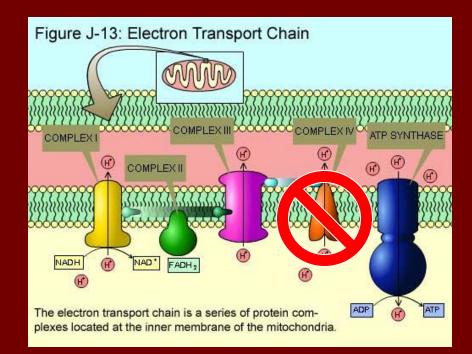
- 20-30 ppm intense odor.
- 50-100 ppm mild mucous membrane irritation.
- 100-150 ppm olfactory fatigue.
- 200-300 ppm irritation of respiratory tract and pulmonary edema.
- 500-700 ppm severe systemic effects and death.

Kerns W, Isom G, Kirk MA. Cyanide and hydrogen sulfide. In: Goldfrank's Toxicologic Emergencies 7th ed. McGraw-Hill, New York 2002:1504-1507.

Pathophysiology

- Upon inhalation H₂S is rapidly distributed to the tissues.
- Enters mitochondria and binds to cytochrome oxidase with a greater affinity than does cyanide.
- Inhibition of oxidative phosphorylation leads to anaerobic metabolism and lactic acidosis.

Kerns W, Isom G, Kirk MA. Cyanide and hydrogen sulfide. In: Goldfrank's Toxicologic Emergencies 7th ed. McGraw-Hill, New York 2002:1504-1507



Pathophysiology

- Causes K+ mediated hyperpolarization of neurons.
- Enhances neuronal inhibitory mechanisms.
- Possibly causes respiratory depression by selective uptake of H₂S in white matter of brainstem.

Kerns W, Isom G, Kirk MA. Cyanide and hydrogen sulfide. In: Goldfrank's Toxicologic Emergencies 7th ed. McGraw-Hill, New York 2002:1504-1507.

Clinical Effects

- Ocular and mucous membrane irritation.
- Dyspnea, tachypnea, wheeze, hemoptysis.
- Pulmonary edema.
- Headache, weakness, coma, convulsions.
- Sudden loss of consciousness "knock down" effect, death quickly ensues.



Bedside

- Smell is suggestive of exposure
- Copper and silver coins in pockets are blackened
- ABG Metabolic acidosis with a high lactate, normal O₂ saturation unless pulmonary edema present.
 Elevated mixed venous oxygen.



- MRI or CT brain may show subcortical white matter demyelination and globus pallidus degeneration.
- CXR may show diffuse bilateral infiltrates if pulmonary edema is present.

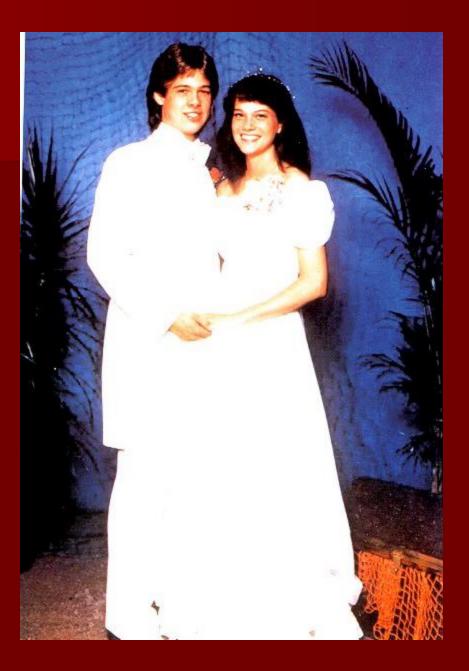
Treatment

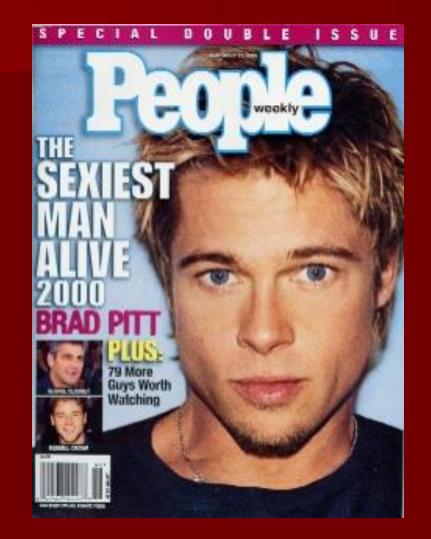
Rescuers should not enter area unless equipped with SCBA. Remove victim from source of exposure. ABCs – High flow O2, possible role for HBO since useful in CN poisoning. Consider nitrite component of CN kit. – H₂S has higher affinity for metHb than cytochrome oxidase

Missouri Quiz











Insecticides

Cholinesterase Inhibitors

Earliest use of cholinesterase inhibitors recorded in West Africa.
"Ordeal bean". – the Calabar bean.
Named for the Calabar river in the Gulf of Guinea.

Physostigma venenosum

Daniell FW. On the Natives of Old Calabar. Edinb. New Philos. Journ., 1846, p. 316.



Cholinesterase Inhibitors

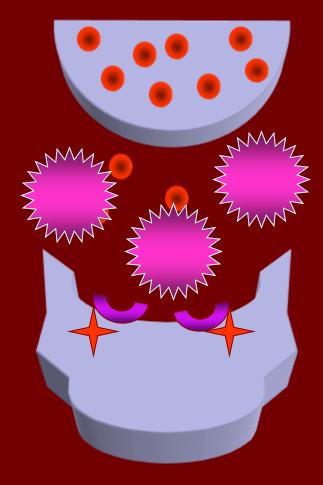
Two classes of agents

- Organophosphates
 - Malathion, Parathion
 - Pesticides
 - Sarin, Tabun, Soman, GF, VX
 - Nerve agents
- Carbamates
 - Aldicarb, carbaryl, propoxur, carbofuran
 - Pesticides
 - Physostigmine, pyridostigmine
 - Medicinal uses



Normal Physiology

ACh is released from the presynaptic terminal and binds to receptors on the postsynaptic terminal. Remaining ACh in synaptic cleft is broken down by AChE



Pathophysiology

- CIs bind to AChE and prevent breakdown of ACh.
- Postsynaptic receptor repeatedly stimulated by excess ACh.



Organophosphates vs Carbamates

- Organophosphates bind to AChE and undergo "aging" at which point they become irreversibly bound to AChE.
- Carbamates bind to AChE, however they spontaneously hydrolyze resulting in reactivation of the enzyme.

Muscarinic Effects

- Salivation
- Lacrimation
- Urination
- Diarrhea
- **G**I distress
- Emesis

KILLER Bs

- Bradycardia
- Bronchorrhea
- Bronchospasm



Nicotinic Effects

- Autonomic Ganglia
 - Diaphoresis
 - Mydriasis
 - Tachycardia
 - Hypertension
- NMJ
 - Fasciculations
 - Paralysis



CNS Effects

ConfusionComaSeizures





RBC and Plasma Cholinesterase.

- RBC
 - Need whole unclotted blood
 - Large range of normal values
 - Regenerates at 1% per day
- Plasma
 - Wide range of normal
 - Acute phase reactant
 - Declines faster acutely, regenerates faster
- ABG monitor oxygenation status.
- CXR may show pulmonary edema.

- In patients who have ingested insecticides, decontamination is critical.
- Clothing should be removed and discarded.
- Ocular exposures require thorough irrigation.
- Dermal exposures may be aided by the use of a dilute hypochlorite solution.

- ABCs Often the patient is in severe respiratory distress and needs to be intubated.
 - Avoid using succinylcholine
- Once IV access is obtained consider OG lavage.
 - Remember that lavage fluid is a potential hazard

Atropine

- Competitive inhibition of ACh at muscarinic receptors.
- No effects on nicotinic receptors.



Pralidoxime (2-PAM)

- Forms a complex with OP bound AChE.
 - OP 2PAM complex released from enzyme
- Useful for OP poisoning prior to aging.

Medicis JJ, Stork CM, Howland MA, et al. Pharmacokinetics following a loading plus continuous infusion of pralidoxime compared with the traditional short infusion regimen in human volunteers. Clin Toxicol 1996: 34; 289-295



Delayed OP Toxicity

Intermediate Syndrome

- 1-4 days after resolution of cholinergic symptoms patients develop cranial nerve palsies and neck flexor weakness.
 - EMG NMJ dysfunction
- Recovery over 1-3 weeks

Senanayake N, Karalliede L. Neurotoxic effects of organophosphate insecticides: An intermediate syndrome. N Engl J Med 1987 : 316; 761-763

Delayed OP Toxicity

Peripheral Neuropathy

- Associated with TOCP adulterated cooking oil and alcohol
- Distal polyneuritis resulting in paralysis of lower extremities.
- Thought to be due to inhibition of NTE

Morgan JP. The Jamaica Ginger Paralysis. JAMA 1982: 248;1864-1867.









The following communication has been received at the newspaper offices, unsigned and from an unknown source. It speaks for itself.

Arrangements are being made to hold a Jakeleg Convention at an

l can't eat, I can't talk Been drinkin' mean jake, Lord now can't walk

Missouri Fact



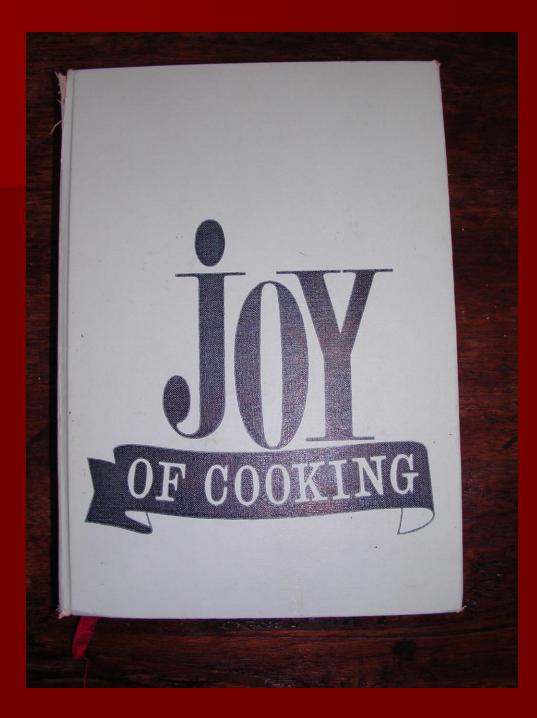












OPOSSUM

If possible, trap 'possum and feed it on milk and cereals for 10 days before killing. Clean, but do not skin. Treat as for pig by immersing the unskinned animal in water just below the boiling point. Test frequently by plucking at the hair. When it slips out readily, remove the possum from the water and scrape. While scraping repeatedly, pour cool water over the surface of the animal. Remove small red glands in small of back and under each foreleg between the shoulder and rib. Parboil, page 132, 1 hour. Roast as for pork, page 407. Serve with:

Turnip greens

BEAR

Remove all fat from bear meat at once, as it turns rancid very quickly.

If marinated at least 24 hours in an oilbased marinade, all bear, except black bear, is edible. Cook, after marination, as for any recipe for Beef Pot Roast or Stew, pages 412-420. Bear cub will need about 2½ hours cooking; for an older animal, allow 3½ to 4 hours. Bear, like pork, can carry trichinosis, so be sure the meat is always well cooked through.

RACCOON

Skin, clean and soak overnight: I raccoon

in:

Salt water

Scrape off all fat inside and out. Blanch, page 132, for 45 minutes. Add:

2 tablespoons baking soda

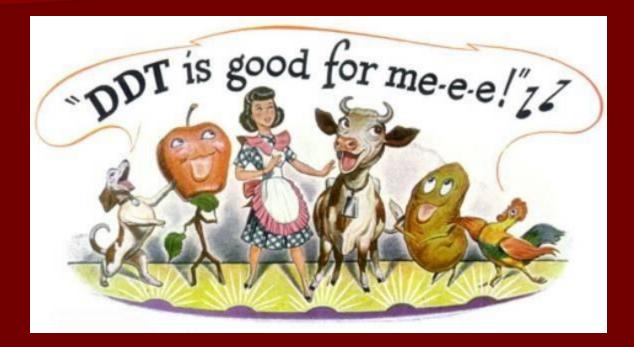
and continue to cook uncovered for 5 minutes. Drain and wash in warm water. Put in cold water and bring to a boil. Reduce heat and simmer 15 minutes. Preheat oven to 350°.

Stuff the raccoon with:

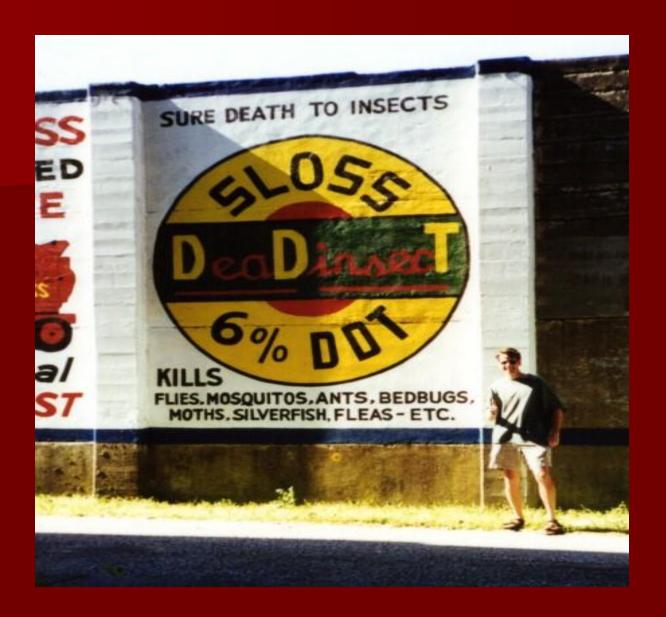
Bread Dressing, page 456 Bake covered, about 45 minutes \blacklozenge uncover and bake 15 minutes longer before serving.

MUSKRAT

2 Servings Skin and remove all fat from hams of: 6 muskrats





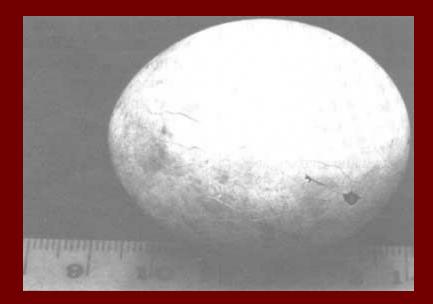






SILENT SPRING ADTH ANNIVERSARY EDITION RACHEL CARSON

With essays by Terry Tempest Williams and Linda Lear



Pathophysiology

Acute Toxicity

- Causes voltage dependent Na+ channels to remain open.
- Some organochlorines inhibit the GABA receptor
- Chronic Toxicity
 - Estrogenic effects?

Holland MG Insecticdes: Organochlorines, pyrethrins, and DEET. In: Goldfrank's Toxicologic Emergencies 7th ed. McGraw-Hill, New York 2002:1366-1378.

Clinical Effects

Acute

- Nausea and vomiting
- High doses of DDT can cause seizures
 - Other organochlorines (lindane) can cause seizures at lower doses

Chronic

- "Kepone Shakes"

Holland MG Insecticdes: Organochlorines, pyrethrins, and DEET. In: Goldfrank's Toxicologic Emergencies 7th ed. McGraw-Hill, New York 2002:1366-1378.

So now, whenever I get the urge for a cigarette, I reach for a piece of fruit!... 1111 How do I tell him? and NEW JERSEY

Management

ABCs Patients should be decontaminated. Cholestyramine may be useful. -2.25 g/kgControl seizures with benzodiazepines. Supportive care.

Holland MG Insecticdes: Organochlorines, pyrethrins, and DEET. In: Goldfrank's Toxicologic Emergencies 7th ed. McGraw-Hill, New York 2002:1366-1378.

Missouri Quiz





Missouri Quiz



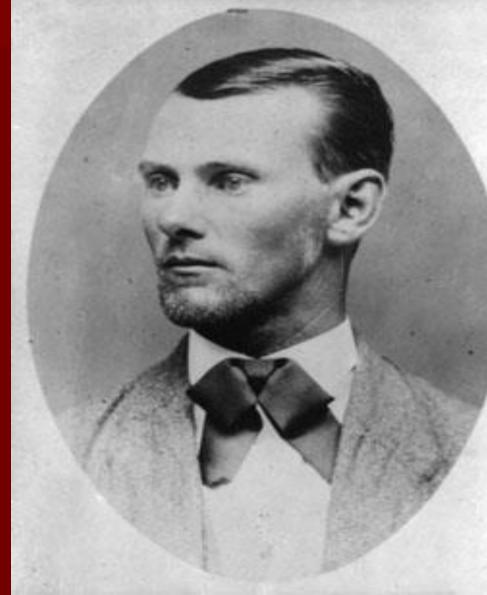
Other Agricultural Toxins

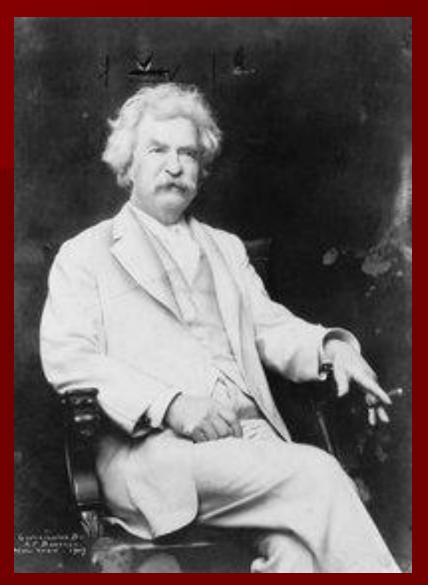
Wild Plants
Crops
Snakes
Tetanus



Other Famous Missourians

- Harry S. Truman
- Ulysses S. Grant
- Tennessee Williams
- T.S. Eliot
- Vincent Price
- Nelly
- Tina Turner
- Jesse James





"The New York papers have long known that no large question is ever really settled until I have been consulted."