

MANAGEMENT OF MERCURY POISONING

GENERAL MEASURES

- Immediate removal from source
- Maintenance of airway, breathing & circulation
- Monitoring blood pressure, give I/V fluids
- Maintenance of urinary output at least 1-2ml/kg/hour

DECONTAMINATION

ELEMENTAL MERCURY

- GI decontamination with Whole Bowel Irrigation only needed in rare cases of massive ingestion
- Serial abdominal X-rays are done to follow passage of mercury in small ingestions
- If inhaled, airway management including:
 - Oxygen & bronchodilators
 - Suctioning & postural drainage

INORGANIC MERCURY

- Gastric lavage
- Whole Bowel Irrigation where GI symptoms haven't yet developed

ORGANIC MERCURY

- Decontamination rarely needed as ingestion occurs over days or weeks
- With recent acute ingestion gastric lavage can be done
- Activated Charcoal also binds Organic Mercury compounds

CHELATION

BAL/DIMERCAPROL

- 1st choice for inorganic mercury
- Not used for organic mercury as in this case it redistributes mercury from other tissues to brain
- Given intramuscularly in a dose of 3-5mg/kg 4hourly x 5 days

SUCCIMER

- 1st choice for elemental & organic mercury
- Can also be used for inorganic mercury once patient can tolerate orally
- Has few adverse effects & is more efficient in excreting mercury
- Given orally in a dose of 100-200mg BD.

DMPS/DIMAVAL

- Can be used for elemental & inorganic mercury
- Given orally or I/V

PENNICILAMINE

- Less commonly used
- Can be given in elemental mercury poisoning
- May facilitate mercury absorption from GIT so shouldn't be used when mercury is in gut
- Dose: 250mg orally every 6 hours

