

Scientists develop cyanide exposure test

NEW ORLEANS (AP) — Where there's smoke there's often cyanide but it kills so quickly and the tests take so long that doctors can't check for it.

Now scientists have developed a quick new test for cyanide exposure that could save some lives who now die of smoke inhalation.

The test uses equipment already found in hospitals and yields results in 40 minutes, said Dr. Avery Tung, the University of Chicago chemist who developed it. Doctors can administer cyanide antidotes that are either inhaled or injected.

Current tests for cyanide are all but useless. They take up to four hours, and because most hospitals rely on an outside lab to perform the test, it can take days and even weeks to act on the results back.

Doctors can't simply go ahead and administer the antidote on the mere suspicion that a patient was exposed to cyanide. Unless there's a substantial amount of cyanide to treat, the doctors themselves can kill.

Tung, who presented the test Tuesday at a meeting in New Orleans of the American Society of Anesthesiologists, eventually hopes to develop a test that can be performed at fires, in plastic, paint, varnish, lacquer, wool and silk can release cyanide when burned. It kills by

preventing cells from using oxygen.

"If cyanide is present, if you do not treat the cyanide poisoning itself, no matter how much oxygen you give a patient he's not going to be able to use it," Dr. Paul Matera, an emergency room physician at Providence Hospital in Washington said in a telephone interview.

A study in England during the 1980s found cyanide in the blood of nearly half of the people suffering from carbon dioxide poisoning caused by smoke inhalation, said Dr. Larry Weiss, director of emergency medicine at Louisiana State University's Medical School.

Such tests are rarely ordered unless a doctor knows that the fire burned something likely to release large amounts of cyanide.

"We don't usually test for it, because if you don't treat it immediately, it's too late," Weiss said.

Tung's test adds a chemical compound called methemoglobin to a blood sample. If there is cyanide in the blood, it changes color. A spectrophotometer reads the results to find

out how much cyanide is in the blood.

Current tests are more complicated. One requires a series of three chemical reactions, Tung said. The other uses an expensive machine that measures electrical conductivity in liquids.

A quick, reliable cyanide test could make a big difference in how patients are treated, Matera said.

"It's certainly something I would use, especially if a patient wasn't getting any better," he said.

Tung said nearly all of his experiments have used blood to which he added cyanide. He said he also tried the test on a few cases of smoke inhalation, but the patients' cyanide levels were too low to warrant treatment.

Tung said he hopes to develop a stripped-down machine that ambulances could carry to fires. In addition, he said, he is working on a test that would check the amount of cyanide in a person's breath, instead of blood.

Such a test also could be used to check miners and factory workers who are likely to breathe small amounts of cyanide on the job, Tung said.

"We don't usually test for it, because if you don't treat it immediately, it's too late."

Dr. Larry Weiss
Director, LSU emergency medicine

Insulin pump to help diabetics stop injections

The small pump inserted in the abdomen releases insulin slowly without causing swings in blood sugar.

BALTIMORE (AP) — A hockey-size insulin pump inserted under the skin can help some diabetics avoid several-times-a-day injections, keep their weight in and control their blood sugar better, researchers say.

To use the device, which is inserted in the abdomen, patients themselves a blood test to determine how much insulin is needed, then hold a small transmitter on the pump to tell it how much to deliver. The pump then dispenses a steady trickle of insulin rather than an all-at-once dose.

The manufacturer of the pump, MiniMed Inc. of Sylmar,

Calif., said it expects to receive Food and Drug Administration approval in late 1997.

MiniMed helped pay for the study, which was led by Dr. Christopher Saudek, chief of the Johns Hopkins Hospital diabetes center, and published in Wednesday's issue of the Journal of the American Medical Association.

Researchers studied 105 men with Type II diabetes at Veterans Affairs hospitals across the country. Half used the pump several times a day for a year; the other half gave themselves injections three times a day.

The incidence of insulin reactions, or hypoglycemia, was 68 percent lower among pump patients. Hypoglycemia, or low-blood sugar, occurs in diabetics when they receive too much insulin. It can cause panic and even coma.

Dr. William Duckworth of the Omaha VA Medical Center, co-author of the study, said the pump works better because it releases insulin slowly, without causing

the swings in blood sugar that an injection can cause.

Also, patients who received injections gained an average of .8 pounds, while pump patients lost an average of more than 2 pounds.


The researchers said that could be because the insulin reaches the liver more directly via the pump. Some scientists suspect that once injected into the bloodstream, some insulin is used by the body to store fat, and that contributes to weigh gain.

The pump is expected to cost about \$15,000 installed and must be refilled every six to 12 weeks at a doctor's office. Saudek serves on MiniMed's advisory board but has no financial stake in the company, said MiniMed president and chief executive Terry Gregg.

Type II diabetes, the most common form of the disease, affects about 10 percent of the general population. Diabetics have difficulty processing sugar.

Although many Type II diabetics can control the disease by limiting

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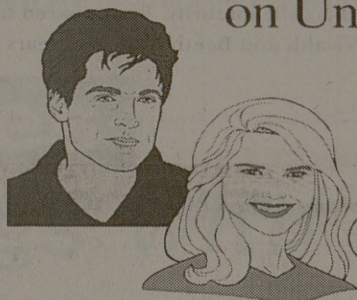
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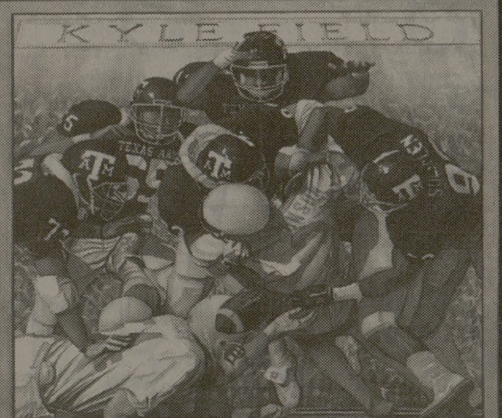
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