



# Acquired Methemoglobinemia in the SICU

Nichole Tackett BS; Trey Mathews DO; Caleb Mentzer DO; Charles Morrow MD; Brian Thurston MD; Kristine Lombardozi MD



## • Introduction

- Acquired Methemoglobinemia
- Symptoms of hypoxia
  - Cyanosis, headache, altered mental status, dysrhythmia, mortality
- Diagnosis

## • Case one

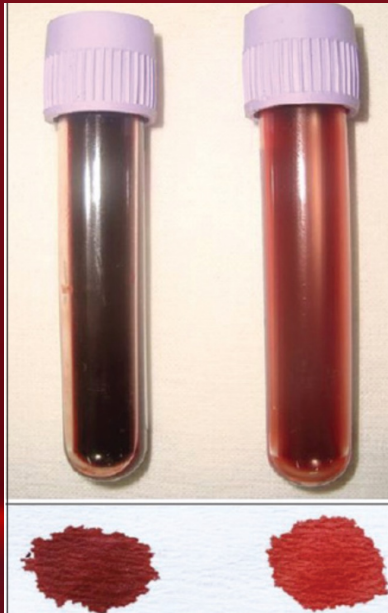
- TEE with HurriCaine, 20% benzocaine spray
- Asymptomatic with peripheral cyanosis
- ABG, Methemoglobin 26%
- Recovery

## • Discussion

- Importance for high clinical suspicion in SICU
- Treatment options
  - Supportive care
  - IV Methylene blue
- Incidence
  - True incidence unknown
- Link between stress and emergent surgical procedures

## • Case two

- Dapsone for Pneumocystis pneumonia prophylaxis
- Required emergent surgery for perforated viscus
- Refractory Hypoxia in OR
- ABG, Methemoglobin 9.6%
- Recovery



- Left Arterial blood with high percentage of methemoglobin
- Right: Arterial blood with normal range of methemoglobin

Nekkanti AC, Hazra D, Kumar S, Rajenesh A. Acquired methemoglobinemia in cases of intentional exposure to agrochemicals: Our 4 years experience. Curr Med Issues 2020;18:175-8

