

team and supplies to a hospital in Plattsburgh, New York. The medical personnel assisted staff by supporting the emergency medical services (EMS) system and staffing the hospital's wards and Emergency Department. The DMAT efforts provided relief for an overworked staff and overburdened system. Patients were treated for a wide variety of complaints, in addition to exposure to cold conditions and carbon monoxide poisonings from improper use of portable heating units. Teams were sent into nearby communities to evaluate the needs of individuals unable to leave their homes. A shelter utilizing DMAT personnel was set up in the hospital for people unable to return home. The extreme cold and frozen conditions persisted during the period of the deployment stressing those assisting with this disaster.

**Conclusion:** This hospital-based deployment presented a challenge to DMAT teams that train to function as independent medical units, but all involved worked hard and learned that flexibility is required in any disaster situation.

**Keywords:** assistance; cold; disaster medical assistance teams (DMATs); frozen; home-bound; ice storm; preparedness

#### General Session XIV

#### Trauma III

Wednesday, 13 May, 16:00–17:00 hours

Chair: Peter Baxter, Hisashi Sugimoto

#### G-67

#### Diagnosis and Treatment of Traumatic Disruption of the Thoracic Aorta

*Yasufumi Asai, MD; Katsutoshi Tannno, MD; Satoshi Nara, MD; Kazuhisa Mori, MD; Masashi Yoshida, MD; Yasushi Itoh, MD; Tetsuro Shoji, MD; Masamitsu Kaneko, MD*  
Sapporo Medical University School of Medicine, Sapporo City, Hokkaido, Japan

**Purpose and Method:** Traffic accidents are increasing in frequency in Japan. Ten cases of traumatic disruption of the thoracic aorta were encountered during ten years at Sapporo Medical University School of Medicine. These cases were analyzed.

**Results:** Nine cases were male, and one case was female. The average age was 50 years. The causes of the injuries were a traffic accident in seven cases and a fall in three cases. Six out of ten (60%) disruptions were located in the aortic isthmus. Among eight acute cases, four cases survived following surgery and one case survived after massive blood transfusion and intensive care. Two other cases of a chronic type were operated on seven months and 10 years after the accident, respectively; both were doing well. Three patients died of multiple organ failure and abrupt aortic rupture before surgery. Four recent cases were diagnosed by an enhanced computerized tomography (CT) with a helical scan. Digital subtraction angiography and trans-oesophageal echo were done when needed. A heparin-bonded artificial lung and centrifugal pump were used for three recent cases of multiple traumas. In one case, they were used for support following respiratory

failure, and in the two other cases, they were used to repair the aortic disruption.

**Conclusion:** Early diagnosis and surgical treatment are the appropriate treatment for aortic disruption. The use of a heparin-bonded, artificial lung and centrifugal pump is advantageous because they make possible a reduction in the dosage of heparin in the cardiopulmonary bypass at the time of traumatic aortic disruption.

**Keywords:** aortic disruption; artificial lung; incidence; pump, centrifugal; survival; thoracic aorta; trauma; treatment

#### G-68

#### Learning from the Diagnosis and Treatment of Ruptured Abdominal Aortic Aneurysms

*Duan Zhi-Quan, MD*

Department of Vascular Surgery, the First Affiliated Hospital of China Medical University, Shenyang, People's Republic of China

Eighteen cases with a ruptured Abdominal Aortic Aneurysm (AAA) admitted from 1986–1998 are reported. Six cases died, mortality was 30%. The site of rupture was mainly around a renal artery (seven cases; four survived). One case of AAA that ruptured to the portal vein survived; there were two cases of AAA that ruptured into the inferior vena cava, and one case died; there were two cases of AAA that ruptured into the duodenum, and one case died. The most severe rupture split was 4 cm in length. In this group, eight cases were blocked at subphrenic aorta, and nine cases of AAA were blocked by thoracotomy. The longest duration of rupture was 72 hours, and the shortest was four hours, with the average of 24 hours. Mortality was related to the duration of rupture, site of rupture, length of rupture, and the presence of other diseases.

**Keywords:** abdominal aortic aneurysm; aneurysm; surgical repair

#### G-69

#### Severe Hydrazine Sulfate Toxicity Responding to Pyridoxine Therapy

*Ramesh Nagappan; Tom Riddell*

Intensive Care Unit, Whangarei Hospital, New Zealand

**Introduction:** Hydrazine and its derivatives have been known for more than a century. An interesting pharmaceutical use of Hydrazine Sulfate is as an anti-cachexia agent; it is widely used by those who believe in alternative forms of cancer therapy.

**Case Report:** We report a patient with serious neurotoxicity from Hydrazine Sulfate who responded to high dose Pyridoxine. The patient was a 76-year-old male who was diagnosed with an inoperable oesophageal cancer. He declined dilatation and stenting of the lower oesophagus. In his quest for alternative anti-cancer therapies, he "surf" the Internet and decided to treat himself with Hydrazine Sulfate. He imported Hydrazine Sulfate tablets from the United States. He then took 180 mg/day for two weeks and increased to 360 mg/day for five weeks.