

Unique Injury due to Reuse of CPAP Cannula

Continuous positive airway pressure (CPAP) is used widely as a non-invasive modality of respiratory support in neonates [1]. However, the most important challenge in optimal use of the CPAP is a safe and comfortable interface; every interface causes injury to a variable extent [2]. The RAM cannula is now being widely used as this is simple to apply and has less potential of injury compared to other interfaces. Reuse of these cannulas is not recommended but in resource-limited settings, these are being reused after disinfection with routinely used disinfectants like glutaraldehyde.

We report a unique contact burn injury with use of reused RAM cannula in our hospital. A preterm baby, who was having respiratory distress at birth, was administered CPAP using RAM cannula. She developed linear contact burn injury on day 2 of use of the cannula (**Fig. 1**). On investigation and analysis, it was attributed to chemical burn by 2.5% glutaraldehyde used for the chemical disinfection of the cannula. The retained chemical caused a contact chemical dermatitis. Similar reports are available for other instruments like transesophageal echocardiography probes [3].

As the reuse of these cannulas is widely practiced in the resource-constrained settings, due care should be taken to use the correct dilution of the chemical disinfectant, and the same should be thoroughly washed with sterile water for removal of the residual chemical before applying cannula to the infant. Ideally, these cannulas should not be reused.



FIG. 1 Linear injury mark over face. (See color image at website)

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Bilateral Parotid Swelling After Viper Envenomation: An Ominous Sign?

A 7-year-old girl was admitted to our hospital 15 hours following a snake (viper) bite on her right foot. She received 10 vials of anti-snake venom (ASV) at the local hospital before referral to our institute.

On examination, she was drowsy with Glasgow Coma Scale (GCS) score 11/15. The swelling, induration and tenderness of the local area extended to the knee joint. Her eyes were puffy and she had anuria for last 12 hours. Complete hemogram showed hemoglobin 10.6 g/dL, total leucocyte count 12000 /cumm and platelet count 139000/ cumm. Serum urea and creatinine were 8 mg/dL and 1.1 mg/dL, respectively. Serum sodium and potassium levels were 136 and 3.8 mEq/L. Bleeding time (BT), prothrombin time (PT) and activated plasma