

structive pulmonary disease was diagnosed. During his hospitalization, his sister and daughter-in-law spent a night in his mobile home. They arrived at the emergency room early the next morning with throbbing headaches, vomiting, and vertigo. Their COHb values were 28% and 32%. A faulty gas water heater had caused CO exposure. The patient survived and recovered completely.

Atkins and Baker (1985) described two fatal cases of workers with severe atherosclerotic coronary artery disease. The first worker (age not stated) was a shipping employee in a plant that reconditioned steel dyes. A gas-fired furnace was used for tempering the dyes but also for heating the plant. One day the worker was found unconscious, and resuscitation efforts at a nearby hospital were unsuccessful. Autopsy showed a severe two-vessel coronary artery disease and old scarring and a COHb of 30%. Four other workers of the plant complaining of nausea were seen in the emergency room, but COHb was not obtained. The second worker (age not stated) was operating a bale press in a used-clothing company. As well as gas- and oil-fired heaters, there were a number of propane-fueled forklifts used to transport bales of clothing, and ventilation was poor. Resuscitation was unsuccessful after his collapse. Autopsy revealed three-vessel coronary artery disease and global subendocardial ischemia. Two blood samples showed COHb of 24.1% and 21.5%. Five other workers from the same company were also seen, complaining of light nausea, lightheadedness, and headache. One was hospitalized with a COHb of 35%; the others had levels from 4.1% to 12.8%. CO measurement was performed in the company the next day and revealed concentrations of 135-310 ppm. Concentrations were highest near forklifts (250-310 ppm) and near the bale press (120-230 ppm), which was where the patient had been working at the time of his death.

Ebisuno et al. (1986) reported a case of myocardial infarction after acute CO poisoning in a healthy young man. A 28-year-old male ironworker was admitted to the emergency room complaining of precordial pain. Two hours before admission the patient had been exposed accidentally to CO for about 1 h while working at a blast furnace. After the exposure he experienced a sense of fullness of the head and precordial pain following transient unconsciousness. Blood samples 2 h after the exposure contained COHb of 21%. The electrocardiogram was interpreted as an acute anterior myocardial infarction. The coronary arteriogram 1 month after onset of infarction showed no significant narrowing on both left and right coronary arteries. The left ventriculogram showed a giant aneurysm in the apical portion. During ventricular aneurysmectomy, a massive transmural myocardial necrosis was observed. After surgical treatment, the patient was free of symptoms.

Marius-Nunez (1990) reported the case of a 46-year-old man who suffered an acute myocardial infarction after CO exposure. He was found unconscious in a doorway of a burning apartment. Artificial respiration was initiated until arrival at the emergency room. The electrocardiogram showed signs of myocardial infarction, which was confirmed by high levels of cardiac enzymes in the patient's serum. Blood gas analysis revealed a COHb concentration of 52.2%.