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Image of the month

The fundamental role of surgery in acute poisoning by injection of elemental mercury

El papel fundamental de la cirugía en la intoxicación aguda por inyección de mercurio elemental

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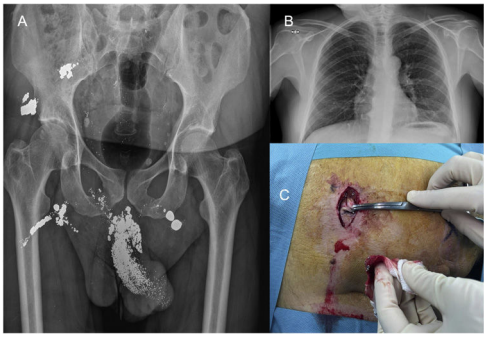

Figure 1

The patient is a 39-year-old male, under guardianship due to mental disability, who came to the hospital after intentional self-injection of elemental mercury in the gluteal and penile regions. Radiography revealed several images of metallic density in the corpora cavernosa, bilateral internal obturator region, ischioanal fossa, gluteal region, and sacral canal (Fig. 1A). Urinary mercury concentration was 2204 μg/L (normal <20 μg/L). Chelation therapy with Succicaptal was initiated. On day 7, the patient presented mercury deposits in the thorax due to hematogenous dissemination (B). To reduce the toxic load, we performed excision of the gluteal and ischioanal mercury deposits after prior labeling by ultrasound (C). The postoperative urine concentration was 1476 μg/L.

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