

PubMed **Format:** AbstractRen Fail. 1993;15(5):645-8.**Acute sodium chlorite poisoning associated with renal failure.**Lin JL¹, Lim PS.**Author information****Abstract**

A 25-year-old Chinese male presented with generalized cyanosis and respiratory distress. The patient was known to have ingested 10 g of sodium chlorite in a suicide attempt. Methemoglobinemia was found and intravenous methylene blue was given repeatedly. However, the therapy could not prevent an acute hemolytic crisis. Methemoglobinemia remained profound (43.1%) and disseminated intravascular coagulation ensued. He was put on CAVHD to correct the fluid overload and probably to remove the active metabolites of the chlorite. After 24 h, the methemoglobin was reduced to 16.9%. However, the development of acute renal failure further complicated the clinical course. Percutaneous renal biopsy suggested a picture of acute tubulointerstitial nephropathy. In addition, hemodialysis was continued for 4 weeks. After 3 months, renal function normalized. To our knowledge, there has been no clinical report of human intoxication with sodium chlorite.

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