

Dissociative shock (pediatrics)

Pathogenesis and characteristics

Dissociation shock in some classifications is not included at all among shock states. Pathophysiologically, it is a blockade of hemoglobin oxygenation and thus a disorder of oxygen delivery at the cellular level.

Carbon monoxide (COHb) is formed during carbon monoxide intoxication. Standard oximeters indicate the presence of COHb in the presence of COHb and thus give a false normal SaO₂ value.

In methaemoglobinaemia, we detect a false SaO₂ value of 85%, because methemoglobin has the same absorption coefficient for red and infrared light. Thus, methaemoglobinaemia leads to a falsely low SaO₂ value if its true value is greater than 85% and to a falsely high value if its true value is less than 85%.

Etiology

- poisoning CO
- methemoglobin

Therapy

In methemoglobinemia, the therapeutic intervention is oxygen therapy, ev. ventilation support. A specific therapy is the administration of 1% methylene blue at a dose of 2 mg / kg i.v.

In carboxyhemoglobinemia, the basis of oxygen therapy is 100% oxygen, ev. oxygenation in the hyperbaric chamber.

Links

Sources

- HAVRÁNEK, Jiří: *Šok*. (upraveno)

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