



# Poison HOTLINE

Partnership between UnityPoint Health and  
University of Iowa Hospitals and Clinics

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*Did you know .....*

The use of a drug known as **Krokodil** has recently been reported in a few U.S. states. Krokodil is homemade desomorphine and is made by mixing codeine tablets with various corrosive household chemicals. It is a cheap alternative to heroin, but it causes severe tissue damage. It is named for the scaly, gray-green crocodile-like skin that is caused by the corrosive chemicals destroying the user's skin and muscle. Users have a short life expectancy, less than two years after starting the drug, because of skin infections and gangrene.

There are no known cases in Iowa, but if you are caring for a patient with reported Krokodil use, inform the IPCC at **1-800-222-1222**.

## Exposures to Corrosive Chemicals

Corrosive chemicals are highly reactive materials that cause obvious damage to living tissue. Common corrosive acids are hydrochloric (muriatic) acid, sulfuric acid and sulfamic acid. Common corrosive alkalis are sodium hydroxide (lye), sodium carbonate (washing soda) and ammonia. These products are used in households as drain openers, oven cleaners, bathroom cleaners, grease solvers, hair relaxers and dishwasher detergent.

### INGESTIONS

Patients with a minor ingestion of a low-concentration corrosive substance may develop only irritation or minor erythema and edema of the oropharynx, esophagus or stomach. Patients who ingest either concentrated or large amounts of corrosive chemicals may develop partial thickness or full thickness burns (blisters, erosions, ulcerations and edema) of the mouth, esophagus and stomach, and are at risk for necrosis, perforation and bleeding. Some patients with severe exposures may develop upper airway edema. Subsequent stricture formation, particularly of the esophagus, is common if the patient survives.

The absence of visible oral burns does NOT reliably exclude the presence of esophageal burns. The presence of stridor, vomiting, drooling, and abdominal or chest pain is associated with serious esophageal injury in most cases. Early endoscopy is recommended in patients with either symptoms of serious injury or deliberate ingestions. Dilution with 4 to 8 ounces of water may be useful if it can be performed shortly after ingestion in patients who are able to swallow, but do not have vomiting or respiratory distress. Neutralization, activated charcoal and gastric lavage are all contraindicated.

### DERMAL EXPOSURE

Remove contaminated clothes. Brush off any particulate matter remaining on the skin. Irrigate with copious amounts of water for at least 15 minutes or longer, depending on concentration, amount and duration of exposure to the chemical. Wound management and follow-up care will be needed if blisters or a large surface area is involved. Antimicrobial ointments, update to tetanus status, pain management, and dressing application may be needed in larger dermal exposures.

For questions regarding these types of exposures or their management call the Iowa Poison Control Center at **1-800-222-1222**.

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**POISON**  
**Help**  
**1-800-222-1222**

Post and share this edition of **Poison Hotline** with your colleagues. Send comments or questions to Poison Hotline, 712-234-8775 (fax) or [Tammy.Noble@UnityPoint.org](mailto:Tammy.Noble@UnityPoint.org). To subscribe or unsubscribe from this distribution list, contact the IPCC education office at 712-279-3717. Read past issues of **Poison Hotline** at [www.iowapoisson.org](http://www.iowapoisson.org).