

Clinical Image

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Improvement of graphene induced pulmonary edema by graphene exfoliator NaCl with KCl solution

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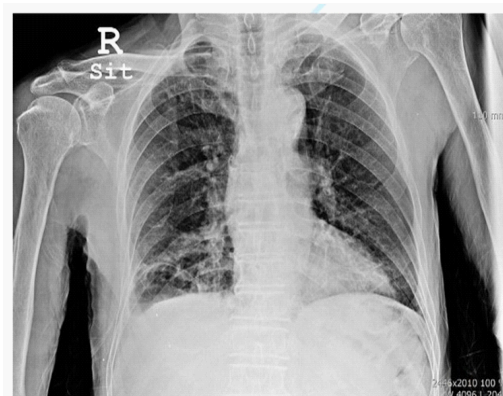
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Description

A 89-year-old man with left basal ganglia internal capsule post limb infarct to our hospital with a history of sputum, fever (37.8°C), dyspnea combined with nasal cannula oxygen therapy, vital signs: blood pressure 120 (systolic) / 60 (diastolic), heart rate 82, respiratory rate 21, O₂ saturation 78%, total leukocyte count of 11200/cmm, Lactate Dehydrogenase (LDH) 330 IU/l, alkaline phosphatase 360 u/l, Blood Urea Nitrogen (BUN) 23.7 mg/dl and erythrocyte sedimentation rate (ESR) 50 mm in the first hour using Westergren method, C-reactive protein (CRP) 28.71 mg/dl. The intravenous infusion of a solution consisting of 250 mL normal saline with of potassium chloride (KCl) over 6 h , vitamin C intake with supportive care resulted in recovery of O₂ saturation 94%, intramuscular injections of the graphene previously [1-4]. Congestive heart failure (CHF) is the result of insufficient output because of cardiac failure, high resistance in the circulation or fluid overload. Left ventricle (LV) failure is the most common and results in decreased cardiac output and increased pulmonary venous pressure. In the lungs LV failure will lead to dilatation of pulmonary vessels, leakage of fluid into the interstitium and the pleural space and finally into the alveoli resulting in pulmonary edema. Right ventricle (RV) failure is usually the result of long standing LV failure or pulmonary disease and causes increased systemic venous pressure resulting in edema in dependent tissues and abdominal viscera [5]. Abnormal left ventricular structure and function as in, for example, left ventricular hypertrophy or chronic heart failure, is associated with sudden cardiac death and, when the ejection fraction is depressed, with prolongation of the QT interval [6].



After NaCl + KCl for 3 days

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