A 21-year-old woman with no past medical history of note was found unconscious together with five of her family members after prolonged exposure to liquefied petroleum gas. She was admitted to the intensive care unit at Victoria Hospital, Wynberg, Cape Town, South Africa, following resuscitation for pulseless electrical activity. On examination the following was found: coma without focal neurology; shock requiring fluid resuscitation and adrenaline; probable pneumonitis or aspiration pneumonia; acute rhabdomyolysis with severe metabolic acidosis; and raised serum K+. A carboxyhaemoglobin test was unable to confirm or exclude carbon monoxide poisoning.

In our patient it was caused by hypoxia, severe metabolic acidosis, hyperkalaemia and long-term immobility.

After resuscitation, which included the administration of 100% oxygen and adrenaline, the patient's electrocardiogram was normal, which is rather unusual in the light of the hyperkalaemia. Although adrenaline is contraindicated in the management of a patient presenting with overexposure to LPG, as it causes tachyarrhythmias, in this case it may have been protective as adrenaline reduces serum potassium levels.

Further management in this case was supportive, maintaining ventilation and renal function.

With increased use of LPG in SA and the lack of end-user education regarding risks and correct installation, LPG overexposure could become a likely and unnecessary contributor to morbidity and mortality in SA. The points taken from our case are that a collateral history is important, removal from the compromised environment is the first step in management, and CO poisoning should be excluded where possible. Initial hospital management is resuscitation, 100% oxygen and monitoring of renal function and fluid status.

Although a rare presentation, rhabdomyolysis should always be excluded, and special attention given to serum K+ levels. As was seen in our patient, adrenaline inadvertently aided treatment, but management of hyperkalaemia should be by more conventional methods such as intravenous insulin and glucose, furosemide, chelation and inhaled salbutamol with 100% oxygen, depending on the level of hyperkalaemia.

Patients should be educated regarding the possible dangers of LPG use before discharge from hospital.

References