An examination into the origins of microscopic gas emboli in blast

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Abstract

Injuries from blast are found in a variety of clinical settings following exposure to an explosion. An explosion results in a blast wave, formed as it releases (and expands) the gas produced, into the immediate surrounding environment. While blast trauma is well documented in the literature, the origins of microscopic gas emboli resulting from blast are not. As such the management of gas emboli for blast victims is currently not based upon research evidence.

The major objective of this research was to outline and test an alternative theory to microscopic gas emboli development in blast other than the popular and untested translocation theory.

This research has shown a rapid decompression effect liberates a dissolved gas (carbon dioxide) from blood to gas bubble, this was supported by a lowered carbon dioxide content in active samples and aligned acid-base chemistry using a blood gas analyser. These findings justified a further experiment using an explosives experiment, again using blood samples and blood gas analysis. Although the blast experiment did not provide clear evidence in support of the autologous theory for microscopic gas emboli formation (due to the effects of the positive pressure phase), it justifies the continuation of the search for mechanisms of emboli development other than translocation because the bubbling in blood could not possibly have resulted from translocation via damaged pulmonary architecture.

Statement

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