

Nitrous oxide (N2O) is used as a propellant in food preparation apparatus. Recreational use or 'nanging' can lead to permanent neurological sequelae.

# **Toxicity / Risk Assessment**

- Acute exposure: short-lived and reversible CNS effects
- Risk of neurological dysfunction appears to be higher with regular, high-volume chronic use (e.g. > 50 bulbs daily or multiple tanks per week)
- -1 nang =  $8.4 \text{ g } N_2O$  and a  $3.3 \text{ L tank} = 2000 \text{ g } N_2O$

### **Investigations**

- Total  $B_{12}$  and active  $B_{12}$  (holotranscobalamin): may be low-normal or normal. Homocysteine and methylmalonic acid (MMA) concentration may be elevated
- MRI: may demonstrate demyelination in either the central or peripheral nervous system

## **Clinical features**

- Initial features are often consistent with sub-acute degeneration of the spinal cord with sensory changes, gait disturbance and impaired joint position sense, motor and bladder dysfunction may occur
- Chronic  $N_2O$  exposure has been associated with mental health conditions
- Haematology: macrocytic anaemia (rare), marrow suppresion

# **Management**

#### STOP N<sub>2</sub>O EXPOSURE

Chronic exposure leads to inactivation of vitamin  $B_{12}$  and reduction of available methionine, leading to demyelination in the peripheral +/- central nervous system

Reduction in tetrahydrofolate may lead to bone marrow suppression

### Chronic Toxicity (neurological dysfunction associated with chronic high-volume N2O use):

Vitamin  $B_{12}$  and methionine should be administered even if  $B_{12}$  concentration is normal

## Vitamin B<sub>12</sub> (Hydroxocobalamin):

 $\hbox{-} Administer 1 mg \ daily \ IM \ for \ 2 \ weeks, weekly \ for \ four \ weeks \ then \ monthly \ until \ recovery \ plateaus$ 

#### **Methionine:**

- Administer 1g TDS orally for 2 weeks.

### Folinic acid:

- Administer a single dose 30 mg of IV folinic acid if there is evidence of bone marrow suppression

There is no evidence to support the beneficial effect of  $B_{12}$  supplementation in preventing neurologic dysfunction

# Disposition

- If unable to safely mobilise or other significant  $N_2O$  related toxicity is present, admit for treatment until clinical improvement
- Referral to alcohol and drug service should be considered