

The Medical Society in Osaka should have responded more rapidly as it does for natural disasters or large scale accidents. The response was not so immediate because food poisoning was not recognized as a disaster. If a doctor who is trained on disaster management would have seen the chaotic situations in Sakai, the response of the Medical Society of Osaka could have changed.

Key Words: epidemic; escherichia coli; food poisoning; hemolytic uremic syndrome

Disaster Planning for Kinshasa City

*G. Nzolani Lufwa; M. Mohobo Ekutsu;
B. Kabwe-Mwilambwe*

Cliniques Universitaires, Kinshasa, Xi

The natural, accidental, and/or human disasters disrupt the public health all over the world. Disasters can happen either in rich or in poor countries. Only good planning will allow the control of the consequences and decrease the effects.

Kinshasa is a metropolis in Africa, but hasn't evolved enough ways to resolve these problems. The crash disaster of type-K Market had shown that we were not sufficiently able to overcome these difficulties. In this study, the authors describe the disaster planning of Kinshasa City by using human and material resources. The basic management of this plan is to gather the hospitals and establish interventional areas.

Kinshasa has twenty-four zones. In each of them, a check of material resources (medical center, church, school, ambulances, ways of communications, etc.) had been done. Human resources (physicians, nurses, red cross rescuer, scouts, development's group) also has been checked. In a disaster, each of the twenty-four zones must begin to work itself before receiving any help. In this kind of management, Emergencies and Disaster problems must be resolved by local planning.

Key Words: Disaster; Kinshasa City; Planning

Session 4: Children—Training—Trauma

Chairpersons:

G. Hossll (Switzerland)

W. Kloeck (South Africa)

Recurrent Neurogenic Pulmonary Edema Following Grand Mal Seizures in a 13-Year-Old Boy: A Case Report

R. Stögbauer

Department of Anesthesiology and Intensive Care Medicine, Bethanien Hospital Moers, Moers, Germany

Introduction: Neurogenic pulmonary edema (NPE) occurs with several neurologic disorders including head injury, subarachnoid and intra-cerebral haemorrhage, intracranial tumor, and epileptic seizures. We report two well-documented episodes of NPE in a 13-year-old boy with idiopathic epilepsy.

Case report: The child was admitted to the hospital following a grand mal seizure at home. On admission, he

was in a stable post-ictal condition and was transferred to the pediatric ward. Three hours later, he developed a second episode of tonic-clonic seizures with severe respiratory distress and was transferred to the ICU. Respiratory rate was 45/minute (min.), pulse rate was 140/min., SpO₂ with room air was 75%, PaO₂ was 45 mmHg. Chest examination revealed diffuse inspiratory rates. Continuous positive pressure ventilation (CPPV) was started immediately, and chest x-ray showed right-sided diffuse alveolar and interstitial infiltration with no cardiac enlargement. With a body temperature of 39.5°C, the patient was diagnosed as having aspiration pneumonia, and he was treated with penicillin and clindamycin. Bronchoscopy showed diffuse bronchial haemorrhage without signs of aspiration. The CPPV was continued, and during the next 10 h, the respiratory distress syndrome disappeared. The chest x-ray was normal 24 h later, compatible with alveolar edema. Two days later, the boy was completely well and transferred to the pediatric ward.

One month later, the same child developed a second episode of NPE following a tonic-clonic seizure. He was treated with oxygen and furosemide, and again, the pulmonary edema resolved rapidly. With a different anti-epileptic therapy, no further episodes of NPE occurred.

Conclusion: NPE represents a rare but serious complication of generalized seizures. Aspiration pneumonia is the most important differential diagnosis in this context. It seems reasonable to initiate treatment for aspiration pneumonia until repeated chest x-rays and the clinical course clarify the diagnosis.

Key Words: aspiration; pulmonary edema; seizures

Assessment of the Teaching of First-Aid Practices

Dr. J. M. Fonrouge;¹ V. Fraile;² Professor P. Petit¹

1. C.H.U. Hospital, E. Herriot, Lyon, France 2. Centre Regional de Formation, Grenoble, France

A total of 40,000 first-aiders working principally on high-risk sites (traumatology, electrification, burns) were assessed in order to define the problems of perception, integration, and restitution of their training. A specific computer programme was designed in order to allow a reliable assessment, accessible through several items.

Of the 12,000 persons trained in 1995–1996, almost 11,000 first-aiders were being retrained. From a sample of 10,262 assessment forms, several criteria were studied: 1) length of time since completion of the initial training; 2) number of subsequent training courses attended; 3) professional categorization; and 4) level of responsibility within the business. The answers to the questions on first-aid were analyzed for each of these criteria. The analyses brought to light proposals on specific teaching methods according to the socio-professional activity of the persons concerned. The first-aiders with a low academic level possessed an excellent level of practical acquisition, but had a very weak capacity for decision-making. From the third training course attended onwards, these persons displayed a high level of knowledge and capacity to intervene.

First-aiders with intellectual abilities (researchers, teachers, etc.) conversely displayed a low level of deci-