

she became sleepy and then 20 minutes later she became unconscious with bradypnea to 6 breaths/min. An awakening of short duration was obtained after intravenous flumazenil. Toxic screening showed the presence of benzodiazepine; 8 hours later she was sleepy, but responded to stimuli without bradypnea, but with myosis. Administration of intravenous naloxone resulted in complete awakening and disappearance of the myosis. The patient confessed the ingestion of propoxyphene and sniffing of heroin. In the urine, the concentration of opiates and propoxyphene were high. The initial electrocardiogram showed PR interval to 0.24 mm persisting after naloxone; 16 and 20 hours later, it was respectively to 0.18 mm, then 0.16 mm. The patient left the hospital without anomalies.

Conclusion: Studies in laboratory animals suggest that the propoxyphene can cause cardiac failure and prolong atrioventricular conduction; propoxyphene is a strong negative inotropic and chronotropic agent that also dilates the systemic and coronary vascular beds. A decrease in the rate of rise and a shortening of the duration of the Purkinje fiber potential are observed experimentally. These cardiac side-effects are due to a local anaesthetic effect. The effectiveness of naloxone in propoxyphene poisoning is well-established and it has been shown to reverse all the opiate features. However, experimentally and most often in man, naloxone failed to reverse propoxyphene cardiotoxicity. Adrenergic and dopaminergic agonists usually are used against cardiac failure. Propoxyphene intoxication must be known because of the associated high mortality rate.

Key words: clinical signs; conduction defects; intoxication; poisoning; propoxyphene; treatment
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The Rallye Rejiz Project

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The Rallye Rejiz (RR) Project is a professional exercise and competition for EMS teams. Following the inaugural Rally Rejiz in 1997, the concept of testing emergency medical, driving, and management skills in a playful, yet competitive, but foremost a real-life setting, has met with increasing enthusiasm, both nationally as well as internationally. Building on existing experience, this project aims to bring international emergency teams together in a non-threatening environment to compare performances and exchange information about techniques and approaches, whilst building friendships and opportunities for cross-border cooperation.

Key words: competition; driving; emergency medical services; information, exchange of; management; performance; testing

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International Cooperation in Disasters

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International cooperation in disasters has been discussed for a long time. However, is it realistic to expect effective and timely help from abroad? Past experience is discussed with particular regard to the possible international medical help in the case of an earthquake in Ljubljana, the capital of Slovenia. Ljubljana is the economic and governmental centre of Slovenia and, with a population of 300,000, it also is the largest city in Slovenia. The major teaching hospital (Medical Center Ljubljana) and other hospitals comprise almost one third of the hospital beds in Slovenia, and some important specialist treatments only can be provided in Medical Center Ljubljana.

In the case of a major earthquake, we would face several problems and, among them would be the provision of adequate medical treatment for casualties. This article analyses what we can expect, and the possible solutions for future work.

Key words: urban; cooperation international; earthquake; hospitals; preparedness

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Local Microcirculatory Changes of Primary Bone Lengthening Using External Fixator for Bone Defects from Gunshots

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Objective: To observe the changes in the local microcirculation associated with primary bone lengthening for bone defects from gunshots using an external fixator.

Methods: The experimental study was carried out using a canine model of bone defect produced by a gunshot to the extremities. Sixteen mongrel dogs were randomly assigned into 2 groups: Group I, we executed early callus distraction by external fixator; and in Group II, plaster immobilization was used. The local microcirculation of two groups was measured.

Results: In relation to normal fractures, the local blood flow of gunshot fractures was reduced during the first 3 days, and then increased. At the 6th week, it was restored to the normal level. There was no significant difference in the restoration of blood flow between the groups of external fixation and plaster immobilization.

Conclusion: Primary bone lengthening for gunshot bone defect by external fixator exhibited no detrimental effects on the restoration of the local blood flow.

Key words: bone defect; external fixator; gunshot; microcirculation; plaster; primary bone lengthening

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