# **Dimercaptopropane sulfonate (DMPS)**

DMPS is a water-soluble parenteral heavy metal chelator used for the treatment of lead, arsenic and mercury poisoning.

#### Indications:

Clinical features consistent with lead, arsenic or mercury poisoning AND an elevated biological fluid concentration consistent with toxicity (see separate guidelines)

In acute exposures with severe clinical toxicity,

- chelation should be commenced early prior to
- biological fluid concentration results
- (discuss with a clinical toxicologist)
- **NB:** Dimercaprol and CaNa<sub>2</sub>EDTA are alternative
- parenteral agents but are not commonly available

## **Contraindications:**

-Known hypersensitivity

-DMPS and its metal complexes are renally excreted (consider dose adjustment in patients with renal impairment)

#### Presentation

250 mg/5 mL vial

## Dose and administration (discuss with a clinical toxicologist)

- 5 mg/kg IV 4 -6 hourly up to 5 days

- Inject undiluted via a syringe driver over 20 minutes
- Do not mix with other drugs or blood products

#### Therapeutic endpoint:

- As clinical condition improves, IV chelation therapy may be changed to oral therapy with DMSA
- Discontinue chelation when patient is asymptomatic AND biological fluid concentrations are below the concentration indicating the need for chelation

## Adverse effects:

- Rapid administration can cause hypotension and tachycardia
- Hypersensitivity reactions including Stevens-Johnson syndrome have been reported
- Rarely (5%) nausea, leukopenia, rash, elevated liver transaminases

#### **Pregnancy:**

- Not known to be teratogenic in animal studies, however human pregnancy data is unavailable
- Administration is only recommended in circumstances where potential benefit justifies the potential risk to the foetus (discuss with a clinical toxicologist)

# AUSTIN CLINICAL TOXICOLOGY SERVICE GUIDELINE

**POISONS INFORMATION CENTRE: 13 11 26** 

