化 学 品 安 全 技 术 说 明 书

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MSDS标题

HYDROXYCHLOROQUINE SULFATE MSDS报告

产品标题

羟氯喹硫酸盐

CAS号

747-36-4

化学品及企业标识

PRODUCT NAME

HYDROXYCHLOROQUINE SULFATE

NFPA

Flammability	1
Toxicity	2
Body Contact	2
Reactivity	1
Chronic	2

SCALE: Min/Nil=0 Low=1 Moderate=2 High=3 Extreme=4

PRODUCT USE

Antimalarial drug. Has a rapid schizonticidal effect and appears to affect cell- growth by interfering with DNA. Preferential accumulation in the affected erythrocyte may also account for its action. Hydroxychloroquine kills the erythrocytic form of parasite at all stages of development but does not attack the parasite in human liver cells. Normally given by mouth but may be given by injection in patients too sick to swallow. Also found

to be of value in skin lesions associated with forms of lupus erythematosus and in the management of photoallergic reaction. Rheumatoid arthritis, giardiasis and porphyria have also been treated with chloroquine. Intermediate

SYNONYMS

C18-H26-Cl-N3-O.H2-O4-S, "ethanol, 2-[(4-((7-chloror-4-quinolinyl)amino)pentyl)ethylamino]-, sulfate (1:1)", "ethanol, 2-[(4-((7-chloror-4-quinolinyl)amino)pentyl)ethylamino]-, sulfate (1:1)", "2-[(4-((7-chloro-4-quinolinyl)amino)pentyl)ethylamino]ethanol sulfate", "2-[(4-((7-chloro-4-quinolinyl)amino)pentyl)ethylamino]ethanol sulfate", "(1:1) salt", "ethanol, 2-[(4-((7-chloro-4-quinolyl)amino)pentyl)ethylamino]-, sulfate", "ethanol, 2-[(4-((7-chloro-4-quinolyl)amino)pentyl)ethylamino]-, sulfate", Ercoquin, Plaquenil, "Plaquenil sulfate", antimalarial

CANADIAN WHMIS SYMBOLS

EMERGENCY OVERVIEW

RISK

May cause SENSITIZATION by skin contact.
Limited evidence of a carcinogenic effect.
Irritating to eyes, respiratory system and skin.

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

Accidental ingestion of the material may be damaging to the health of the individual. The main toxic effects of chloroquine are related to its quinidine-like (membrane stabilizing) actions on the heart. Other acute effects are respiratory depression and severe gastro-intestinal irritation. Manifestations appear rapidly within one to three hours after ingestion and include: · Cardiac disturbances: circulatory arrest, shock, conduction disturbances, ventricular arrhythmias. Neurological symptoms: drowsiness, coma and sometimes convulsions. · Visual disturbances · Respiratory symptoms: apnoea. · Gastrointestinal symptoms: severe gastrointestinal irritation; nausea, vomiting, cramps, diarrhoea. Side-effects of the chloroquines are usually dose related and may include headache, dizziness, blurred vision, double vision and other changes in visions, difficulty in reading (difficulty in accommodation), loss of appetite, nervousness or restlessness, bleaching of the hair or hair loss, blue-black discolouration of the skin, fingernails or inside of the mouth, gastrointestinal disturbances (nausea, vomiting, diarrhoea and abdominal cramps), pruritis, and macular, urticarial and purpuric skin eruptions. Occasional psychotic episodes, convulsions, hypotension and cardiovascular collapse, and ECG

changes have been reported following chloroquine therapies. Overdose may produce blurred vision, low blood pressure, drowsiness, headache, extreme excitability, seizures, coma, respiratory and cardiovascular depression, arrhythmias, shock, followed by convulsions, respiratory and cardiac arrest and death. Large doses of quinine and its derivatives may produce severe poisoning characterized by headache, fever, vomiting, muscle weakness, excitement, confusion, blindness (possibly permanent), deafness and loss of consciousness; blood pressure falls and a feeble pulse results. Occasionally, renal failure ensues; death may occur, usually in coma, from respiratory failure. Agranulocytosis is an acute condition with loss of white blood cells, especially those with multiple nuclei. This may lead to infected ulcers in the throat, intestine, other mucous membranes and skin.

EYE

This material can cause eye irritation and damage in some persons.

SKIN

This material can cause inflammation of the skin oncontact in some persons. The material may accentuate any pre-existing dermatitis condition. Skin contact is not thought to have harmful health effects, however the material may still produce health damage following entry through wounds, lesions or abrasions. Open cuts, abraded or irritated skin should not be exposed to this material. Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

INHALED

Inhalation may produce health damage*. The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual. Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.

CHRONIC HEALTH EFFECTS

There has been concern that this material can cause cancer or mutations, but there is not enough data to make an assessment. Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Skin contact with the material is more likely to cause a sensitization reaction in some persons compared to the general population. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. There is some evidence that inhaling this product is more likely to cause a sensitization reaction in

some persons compared to the general population. Long term exposure to high dust concentrations may cause changes in lung function i.e. pneumoconiosis; caused by particles less than 0.5 micron penetrating and remaining in the lung. Prime symptom is breathlessness; lung shadows show on X-ray. Prolonged administration of high doses of chloroquines (common in the treatment of rheumatoid arthritis) may lead to pigmented deposits and opacities in the cornea which are reversible if treatment is withdrawn. There is a risk of retinopathy with lesions, defects in colour vision, optic nerve atrophy, scotomas, field defects and blindness. Uncommon adverse effects include loss of hair, bleaching of hair pigment, bluish-black pigmentation of mucous membranes and skin, photosensitivity, lichen planus like eruptions, aural defects, neuromyopathy and myopathy. Blood disorders such as agranulocytosis, thrombocytopenia and neutropenia have been reported on rare occasions. Use of the chloroquines is not recommended during pregnancy because other closely related compounds have caused central nervous system damage (including congenital deafness) in the foetus.Given in weekly chemoprophylactic doses, however, these substances do not appear to produce adverse effects in the foetus. Repeated exposure to quinines can result in symptoms such as nausea, vomiting, headache, ringing in the ear, deafness, visual disturbance and temporary blindness. Some people are hypersensitive to quinine, and small doses in these persons may cause swelling, asthma and other allergic phenomena. Quinine can also cause hemolytic anemia and loss of platelets. Exposure to small quantities may induce hypersensitivity reactions characterized by acute bronchospasm, hives (urticaria), deep dermal wheals (angioneurotic edema), running nose (rhinitis) and blurred vision . Anaphylactic shock and skin rash (non-thrombocytopenic purpura) may occur. An individual may be predisposed to such anti-body mediated reaction if other chemical agents have caused prior sensitization (cross-sensitivity).