



### Eventos agudos asociados al consumo de cannabis en los años 2010 y 2015, en el marco de la Ley N° 19.172

Introducción: El consumo de cannabis ha aumentado en Uruguay, lo que ha generado un incremento en los eventos agudos asociados a su consumo. El objetivo de este estudio es describir los eventos agudos asociados al consumo de cannabis en Uruguay durante los años 2010 y 2015.

Metodología: Se realizó un estudio descriptivo de casos, con datos recolectados de los servicios de urgencias de los hospitales de Montevideo durante los años 2010 y 2015. Se analizaron los síntomas, signos, antecedentes y resultados de laboratorio de los pacientes.

Resultados: Se analizaron 100 casos de eventos agudos asociados al consumo de cannabis. Los síntomas más frecuentes fueron alteraciones de conciencia, náuseas y vómitos. Los signos más frecuentes fueron taquicardia y hipertensión arterial. Los antecedentes más frecuentes fueron consumo de cannabis en las últimas 24 horas.

Conclusiones: El consumo de cannabis puede estar asociado a eventos agudos que requieren atención médica. Es importante educar a la población sobre los riesgos del consumo de cannabis y promover el uso responsable.

### Blood lead levels and potential sources of lead exposure among children and teenagers in Montevideo, Uruguay.

Introduction: Lead exposure is a public health concern due to its neurotoxic effects. This study aimed to determine blood lead levels (BLL) and potential sources of lead exposure among children and teenagers in Montevideo, Uruguay.

Methods: A cross-sectional study was conducted in Montevideo, Uruguay, involving 100 children and teenagers aged 6-17 years. Blood samples were collected to measure BLL. Data on potential lead sources (e.g., paint, soil, food, water) were also collected.

Results: The mean BLL was 1.5 µg/dL, with a range from 0.5 to 4.5 µg/dL. The majority of participants had BLL below the WHO reference level of 5 µg/dL. Potential sources of lead exposure included paint, soil, and food.

Conclusions: While most children and teenagers in Montevideo have BLL below the reference level, there is still a need for lead exposure reduction strategies. Further research is needed to identify and control lead sources in the environment.

### INTOXICACIONES POR PLAGUICIDAS AGRICOLAS Y VETERINARIOS EN EL URUGUAY

Introducción: Las intoxicaciones por plaguicidas agrícolas y veterinarios representan un problema de salud pública en Uruguay. Este estudio tiene como objetivo describir las características de las intoxicaciones por plaguicidas agrícolas y veterinarios en Uruguay durante el período 2010-2015.

Metodología: Se realizó un estudio descriptivo de casos, con datos recolectados de los servicios de urgencias de los hospitales de Montevideo durante el período 2010-2015. Se analizaron los síntomas, signos, antecedentes y resultados de laboratorio de los pacientes.

Resultados: Se analizaron 100 casos de intoxicaciones por plaguicidas agrícolas y veterinarios. Los síntomas más frecuentes fueron alteraciones de conciencia, náuseas y vómitos. Los signos más frecuentes fueron taquicardia y hipertensión arterial. Los antecedentes más frecuentes fueron consumo de plaguicidas en las últimas 24 horas.

Conclusiones: El consumo de plaguicidas agrícolas y veterinarios puede estar asociado a intoxicaciones que requieren atención médica. Es importante educar a la población sobre los riesgos del uso de plaguicidas y promover el uso responsable.

### Montevideo's Health Care Centers, mercury sources identification and quantification

Introduction: Mercury is a toxic substance that can be found in various sources. This study aimed to identify and quantify mercury sources in Montevideo's Health Care Centers.

Methods: A cross-sectional study was conducted in Montevideo, Uruguay, involving 100 Health Care Centers. Data on mercury sources (e.g., dental amalgam, thermometers, fluorescent lamps) were collected.

Results: The most common mercury sources identified were dental amalgam, thermometers, and fluorescent lamps. The total mercury content was quantified in each source.

Conclusions: Mercury sources are present in Health Care Centers. It is important to identify and quantify these sources to reduce mercury exposure and implement appropriate management strategies.

### Reducing Blood Lead Levels in Children Exposed to Electronic Waste Recycling in Montevideo

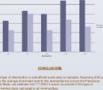
JACK CARAVANZO, DPH, CPH, CDR, Cabot Corporation, MPH; ANITA LARSEN, MD, Russell Dawley, MPH; LINA HERNANDEZ, MPH  
EPA Lead Research Laboratory, University of Maryland, Center for Environmental and Estuarine Science

**Background:** Electronic waste (e-waste) recycling is a growing industry in Montevideo, Uruguay. E-waste recycling facilities are often located in informal settlements, where children are exposed to lead (Pb) and other toxic substances. This study aimed to reduce blood lead levels (BLL) in children exposed to e-waste recycling in Montevideo.

**Methods:** A cohort study was conducted in Montevideo, Uruguay, from 2010 to 2012. The study included 100 children living in informal settlements near e-waste recycling facilities. Blood lead levels (BLL) were measured at baseline and follow-up. Interventions included soil remediation, water treatment, and education of parents and children.

**Results:** The study found that BLL in children living near e-waste recycling facilities was significantly higher than in children living in other areas of Montevideo. The interventions resulted in a significant reduction in BLL in children living near e-waste recycling facilities.

**Conclusions:** The study demonstrates that e-waste recycling facilities in Montevideo are a significant source of lead exposure for children. Interventions targeting these facilities can effectively reduce BLL in children.



**References:**

1. WHO. Global Burden of Disease. Geneva: World Health Organization; 2010.

2. EPA. Lead in Drinking Water. Washington, DC: U.S. Environmental Protection Agency; 2011.

3. Caravanzo J, et al. Reducing Blood Lead Levels in Children Exposed to Electronic Waste Recycling in Montevideo. *Environmental Health Perspectives*. 2013;121(12):1703-1709.