CASE DEFINITION

Toxic Alcohols

Clinical description

Ingestion of toxic alcohols (methanol, ethylene glycol, or other glycols) might result in symptoms similar to those of ethanol inebriation (vomiting, lethargy, or coma). A high anion gap metabolic acidosis is common. Renal failure is common after ethylene glycol and diethylene glycol toxicity, whereas optic neuritis and visual impairment are unique to methanol toxicity (1-4).

Laboratory criteria for diagnosis

- **Biologic**: A case in which glycols or methanol in whole blood is detected, as determined by hospital or commercial laboratory tests.

- **Environmental**: Detection of glycols or methanol in environmental samples, as determined by NIOSH or FDA.

Case classification

- **Suspected**: A case in which a potentially exposed person is being evaluated by health-care workers or public health officials for poisoning by a particular chemical agent, but no specific credible threat exists.

- **Probable**: A clinically compatible case in which a high index of suspicion (credible threat or patient history regarding location and time) exists for toxic alcohol exposure, or an epidemiologic link exists between this case and a laboratory-confirmed case.

- **Confirmed**: A clinically compatible case in which laboratory tests have confirmed exposure.

The case can be confirmed if laboratory testing was not performed because either a predominant amount of clinical and nonspecific laboratory evidence of a particular chemical was present or a 100% certainty of the etiology of the agent is known.

Additional resources


This document is based on CDC’s best current information. It may be updated as new information becomes available. For more information, visit www.bt.cdc.gov/chemical, or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).