Introduction
Clinic is the main reference in case of chemical accidents in industries around us. We have 28 years of experience in chemical burns, about 200 cases per year. Burns treated are due to various corrosives from industries. pH remains most of the time corrosive when patients get to the clinic despite 15 minutes safety shower rinsing with water. Treatment with water has limitations. How to improve?

Materials and methods
A polyvalent hypertonc amphoteric first-aid solution stopping corrosive reactions, Diphoterine® solution, registered as a medical device in India was introduced at the hospital after one accident due to bromine splash in a known factory. The present study compares the results obtained from different first aid managements. During a 10 months period, chemical burns were registered. Water was used by the patient himself within the first 10 minutes after exposure on site. The polyvalent solution was used 20 minutes after exposure upon arrival at the clinic. When both rinsing solutions were used, water was used within 10 minutes after exposure and the polyvalent solution after 30 minutes. The clinic situated only 10 minutes away from the industrial area, some patients came to the clinic without first rinsing with water at the accident site. Statistical analysis was performed following large or small samples according to the population (Ref. Schwartz D).

Results
During the 10 months study, we registered 110 cases of chemical burns in industries. 100% of the patients are men. 71 cases rinsed with water only on site (plant), 31 cases rinsed with Diphoterine® solution only (at the clinic), 8 cases with water first and Diphoterine® solution upon arrival at the clinic. The clinic being situated 10mn away from the industrial area, in 32 cases, patients came to the clinic without first rinsing with water at the accident site. After study duration of 6 months (70 cases), we noticed that some elements could help improve outcome, so they were introduced from December onwards (40 cases):
- Pain factor upon arrival versus pain factor when leaving the clinic (after use of water or Diphoterine® solution),
- Visual acuity upon arrival versus visual acuity when leaving the clinic (after use of water or Diphoterine® solution).

So the comparative study of these 2 criteria added at the end is based on the cases from Dec 2015 till March 2016 (26 for water and 12 for Diphoterine® solution). There were 62 ocular, 48 dermal splashes. No patient has shown any side-effects / allergic reaction after using polyvalent solution. Work loss and time of recovery were significantly decreased when the polyvalent solution was used compared to water. When measured, pain score was less important for the polyvalent solution and visual acuity was improved.

Conclusion
These chemical preliminary results show that chemical burns classical management can be improved. The number of work-loss days and hospitalization cost when decontaminated with Diphoterine® solution are about a 1/3 of the ones with water (p < 0.01). Victims decontaminated with Diphoterine® solution present pain change before/after significantly different from those washed with water (p < 0.0005). Visual acuity was also improved (p < 0.0005). Further results will be presented in due time including more patients.