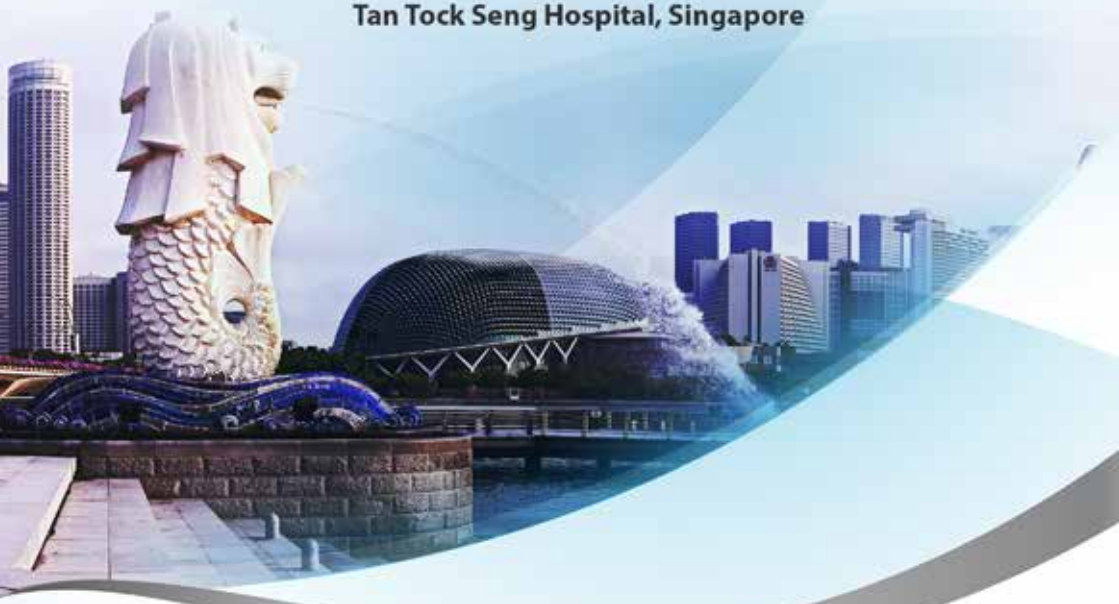
APAMT 2016
Singapore

15th Asia Pacific Medical Association of Medical Toxicology International Scientific Conference

"A Toxicologist's Rendezvous - Meeting of the Disciplines"

17-20 November 2016
Tan Tock Seng Hospital, Singapore



Organised by:

TOXS SG

Supporting Institution:

Tan Tock Seng HOSPITAL

Supporting Society:

Poster Abstracts

PO-78

VOMITING ASSOCIATED WITH ACUTE PARACETAMOL POISONING AND TREATMENT WITH PARACETAMOL ANTIDOTES

VM Pathiraja[1, 2], IB Gawarammana[1, 2], NA Buckley[3], F Mohamed[1, 4], SF Jayamanna[5], AH Dawson[1, 6]

[1]South Asian Clinical Toxicology Research Collaboration, Sri Lanka, [2]Faculty of Medicine, University of Peradeniya, Sri Lanka, [3]Royal Adelaide Hospital, Adelaide, SA Australia, [4]Faculty of Allied Health Sciences, University of Peradeniya, Sri Lanka, [5]Faculty of Medicine, University of Kelaniya, Sri Lanka, [6]Royal Prince Alfred Clinical School, University of Sydney, Australia

Objective: This study was carried out to evaluate incidence of vomiting associated with paracetamol poisoning and treatment with oral methionine (4 doses of 2.5g q4h) or intravenous N acetylcysteine (iv NAC) 300mg/kg over 20 hours.

Method: This was a prospective consecutive case series of acute paracetamol poisoning presenting between February 2016 and July 2016 to the Toxicology unit, Teaching Hospital Peradeniya, Sri Lanka. The choice of treatment was made by the admitting medical officer. The decision to treat was based on the history of ingestion of more than 200mg/kg. Paracetamol levels were only measured later and expressed as a percentage of the treatment threshold concentration on the paracetamol nomogram. Episodes of vomiting were recorded from prehospital history and routine patient interviews. Nausea was reported on a visual scale. Nausea and vomiting was then graded using a previously validated scoring system (PONV). Patients with persistent nausea and vomiting were given intravenous fluid replacement and antiemetics. The influence of the extent of paracetamol exposure and antidote use on PONV was estimated. We compared the adverse events from the two antidotes.

Results: There were 84 patients (77% female) with acute paracetamol overdose. No patients developed liver failure or renal Impairment. Median age was 20 years (IQR 17-25). One third of (26/84) patients were above the 150 mg/L nomogram treatment line (15 were above the old 200mg/L line).This group had ingested a median dose of 24, 500mg tablets (IQR 15-39). From the total sample, 24 (29%) were treated with NAC, 17(20%) were treated with methionine and 45 (54%) were not treated with any antidote. Following paracetamol ingestion, vomiting was strongly associated with higher paracetamol concentration ($p=0.029$). The vomiting and nausea before and after treatment is shown in the figure 1 and 2. However, there was no significant difference in vomiting between those receiving methionine or NAC ($p>0.05$).

Conclusion: Nausea and vomiting in paracetamol poisoning is associated with higher exposure to paracetamol but not the type of antidote administered.