



Figure 1. Ecballium Elaterium



Figure 2. Maculopapular rash on upper lip, hyperemia on nasal mucosa

P-407

Toksikolojik Aciller

### THE PROSPECTIVE ANALYSIS OF THE PATIENTS ADMITTING TO THE EMERGENCY DEPARTMENT WITH A BACKGROUND OF DRUG ABUSE

Feriyde Çalışkan Tür, Zeynep Temizyürek, İbrahim Toker, Orkun Ünek, Rana Toktaş, Bünyamin Zirek

Tepecik Training and Research Hospital, İzmir

**Objective:** Illicit drug abuser (IDA) cases has been ranking among the emergency department admissions with an increasing frequency. But the incidence of the IDA patients presenting to the emergency departments in Turkey is an issue of concern.

**Method:** In this single center study which is still ongoing prospectively, the incidence and prevalence research of emergency department applications of IDA cases based on the street drugs has been conducted.

**Results:** Between the January-October 2014, 246 IDA patients was admitted to the emergency department. Mean age was  $25.2 \pm 7.9$  (range 14-61), and 6.5% of them were women. 21.5% had alcohol intake also. The illicit drugs referred with street drug names and their ratios of intake (in one or more time) were; Cocaine (2%), Deva (3.7%), Roche (6.9%), Jamaica (17.1%), ecstasy (18.7%), cannabis (21.1%) and street drugs not given name (28.0%), respectively. Judicial processing was made for

the 79.3% of cases. The presenting complaint of cases in order of frequency were: acute substance toxicity 79.3%, being assaulted 4.1%, orthopedic trauma and penetrating injuries 3.7%, drug deprivation 2.8%, metabolic or internal problems 2.8%, traffic accidents 2.0% and suicide attempt 1.2%. According to general admissions to the emergency, the nine month period prevalence of the IDA patient's admission was found 0.18%.

**Conclusion:** Emergency departments are the first centers to refer for the illicit drug abusers (IDA) in circumstances of acute toxicity. When the IDA recover onself from emergent situation, frequently they tends to leave the clinic immediately. However, a remarkable group of IDA is brought to the emergency department by their relatives or by the 112 ambulance service in a comatose situation. Emergency physicians should be evenhanded, competent and equipped about the street drug users, as usual with other states of emergency.

**Keywords:** Drug abuse, street drug, emergency medicine, incidence and prevalence

P-408

Toksikolojik Aciller

### A RARE CASE IN EMERGENCY SERVICE: BUPROPION INTOXICATION

Ali İhsan Kilci, İsmail Altıntop, Abdussamed Vural, Fatih Tutucu

Emergency Medicine Department, Kayseri Research and Training Hospital, Kayseri, Turkey

**Introduction:** Nowadays, Bupropion is used to treat major depression and nicotine dependence. Toxic dose intake of bupropion in the emergency department is rarely encountered. Bupropion is a selective noradrenaline and dopamine reuptake inhibitor and inhibit the reuptake of serotonin minimally. In this presentation, we want to report a case that a patient who has severe metabolic acidosis and seizures due to bupropion intoxication.

**Case:** A 29-year-old female patient was brought to emergency service by 112 with a complaint of bupropion intoxication (30 pieces, 150 mg) and fluoxetine intoxication (16 pieces, 20 mg) 2 hours after intake. The vital signs of patient were TA: 100/60, pulse 143/min, temperature: 36.6°C and O<sub>2</sub> saturation: 99. ECG showed sinus tachycardia. Gastric lavage and administration of activated charcoal was made. In her blood gases, pH was 7.00 and HCO<sub>3</sub> was 10.6 therefore 10 ampoules NaHCO<sub>3</sub> (2meq / kg) i.v. bolus was performed and 120meq NaHCO<sub>3</sub> iv infusion was given for 6 hours. A total of 2000 cc 0.9% NaCl was given. In follow-hour blood gas pH rose up to 7.48 from 7.17. Diazepam i.v. bolus was administered three times during follow-up because of generalized tonic-clonic seizures. In fact, seizures were detected when under blood gases, pH 7.2. Complete blood count and biochemical values were normal. Repeat dose activated charcoal was made at sixth hour and the patient was admitted to intensive care unit with GCS 15.

**Result:** Bupropion intoxication, although rarely seen, is a situation that can lead to severe metabolic acidosis and seizures. Although there is no specific antidote for treatment symptomatic approach is beneficial.

**Keywords:** bupropion, emergency, intoxication,