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PP - 020

A case of early lactic acidosis in paracetamol poisoning

Dr Wui Ling Chan, Dr Dong Haur Phua

Emergency Department, Tan Tock Seng Hospital, Singapore

Abstract

Objective: To report a case of massive paracetamol overdose who presented early in lactic acidosis

Case Report: A 74 year old lady presented to the Emergency Department two hours after having taken approximately 100 tablets of Panadol Extra (500mg paracetamol and 65mg caffeine per tablet). She was agitated, sweaty and tachypnoeic. Her blood pressure was 122/49mmHg with a heart rate of 132/min. Arterial blood gas analysis revealed metabolic acidosis that was compensated by respiratory alkalosis. Serum lactate level was elevated (10.5mmol/l). The paracetamol level at presentation was 234mg/l. The liver profile was normal. She was started on intravenous N-acetylcysteine (NAC) and was admitted to the High Dependency (HD) Unit for monitoring. Her HD stay was complicated by acute liver failure and coagulopathy. Her treatment in the HD included: an extended course of intravenous NAC infusion, intravenous bicarbonate drip and two doses of intravenous vitamin K. She recovered well and was discharged after fourteen days of hospitalisation with a normal INR and improving liver profile.

Discussion: Lactate acidosis in paracetamol poisoning can occur either early in patients with massive overdose (before the onset of hepatotoxicity) or later in the course as a result of liver failure [1]. In our patient, she presented with altered mental status and early onset lactate acidosis two hours after having ingested massive amount of paracetamol. We attributed her initial agitation and tachycardia to the toxic effects of caffeine which was co-ingested together with paracetamol. In view of the high lactate level which suggested direct mitochondrial toxicity in significant overdose [2], she was started immediately on NAC treatment and this was continued beyond the standard 21 hour regime that is currently used to treat paracetamol toxicity in our hospital. She recovered eventually with no long term complications.

Conclusions: Early administration of IV NAC and extended course of this therapy is beneficial in patients who present with early lactic acidosis in paracetamol poisoning.