

ACUTE ABDOMINAL PAIN DUE TO LEAD POISONING AFTER ACUTE EXPOSURE TO LEAD FROM THE USE OF TRADITIONAL MEDICINE

BH Thu, NT Nguyen, LQ Thuan, ND Chinh, DT Xuan Poison Control Center, Bach Mai Hospital, Hanoi, Vietnam

Introduction: Lead poisoning has been from the exposure to the lead in many different sources. In Vietnam, significant lead poisoning is usually from the traditional remedies containing lead. Recent outbreak of lead poisoning in children resulted from the use of illegal traditional medicine that contains lead for the treatment of hand foot and mouth disease. We present here a case with lead poisoning admitted with atypical features, after many clinical and laboratory workups it turned out to be lead poisoning.

Case report: A 31-year-old female teacher came to Bach Mai Hospital with acute abdominal pain, nausea, vomiting, normal stool and no fever. The pain was at the right iliac fossa, continuous and became intense intermittently. The abdomen was mildly distended and soft on physical examination.

Workups: Blood count: RBC 3.47 T/L, Hb 95 g/L, HCT 0.29%, PLT 323 G/L, WBC 8.02 G/L, urea 4.4 mmol/L, glucose 4.1 mmol/L, creatinin 68 mmol/L, protein 77.4 g/L, albumin 45.7 g/L, bilirubin total 55 μ mol/L, bilirubin direct 14.9 μ mol/L, ALT 132 U/L, iron 21.7 μ mol/L, amylase 90 U/L, lipase 50 U/L. Distended loops of bowel and air fluid levels on abdominal X-ray. Ultrasound showed increased gas in the abdomen. CT scan revealed only distension from cecum to sigmoid colon and no other abnormal signs. Colonoscopy result was normal. The patient was treated symptomatically and with parenteral nutrition. Repeated consultations and discussions with surgeons and gastroenterologist were organised but did not make any progress. The abdominal pain persisted until the day 20 when the history about the use of traditional medicine was asked. The patient had abortion several times and submitted that she bought and drank a pink powder from a local traditional healer to enhance her health and prevent future abortion. The powder had been used orally for 4 days, after 16 days the abdominal pain occurred. The patient's samples and powder were tested for lead. Blood lead level was 79.6 mcg/dL, urine lead level was 0.507 mg/L, the powder contain 10.26% lead. Penicillamine was commenced with the dose of 20 mg/kg, 2 days thereafter, the abdominal pain stopped and had no other significant conditions. Penicillamine was continued for additional 5 days and the patient was discharged to be treated as an outpatient.

Conclusion: Lead poisoning should be included in the diagnosis of patients with prolonged abdominal pain with unknown cause, especially when the anaemia and hyperbilirubinemia co-exist. The history about the use of traditional medicine (especially in the form of powder or pellets with pink or red color), one important source of exposure in Asian countries, should be asked to find out the lead poisoning.