



WEBINAR

CLINICAL CASE:

A 32-year-old male adult, presenting with cyanosis and absence of detectable vital signs, was found in the parking lot of the emergency department (ED). Despite immediate transfer to the ED and initiation of cardiac resuscitation, efforts to revive him were unsuccessful. Physical examination revealed an injection site in his left arm, and hospital CCTV footage showed that the man had been dropped off by a driver in a personal vehicle. The body underwent autopsy, which revealed free morphine concentration of 0.26 mg/l in the blood, accompanied by pulmonary and cerebral edema. 6-monoacetyl morphine (6-MAM) was not detected. Morphine-3-glucuronide and morphine-6-glucuronide concentrations were 0.29 and 0.05 mg/l respectively, indicating that the deceased person had been alive for more than 20-30 minutes after the overdose event. The time of death aligned with the CCTV footage, with heroin overdose as cause of death.

SUBJECTS & PRESENTERS

Outbreak of Foodborne Botulism in Alexandria, Egypt. Modulating indications for administration of heptavalent Botulism Antitoxin via PCC. Prof Maha Ghanem, Alexandria, Egypt

Community-Based Naloxone Availability in LMIC Dr Rebecca McDonald, Institute of Clinical Medicine, University of Oslo

Monday, 3rd June 09.00 BST

EST 04:00 (New York) - CEST 10:00 (Oslo) - EEST 11:00 (Cairo) - IRST 11:30 (Tehran) -IST 13:30 (Mumbai) - AEST 18:00 (Sydney) - NZST 20:00 (Auckland)

https://otago.zoom.us/meeting/register/tJYpdey **Direct Link** vgzkjGdVDnJK4gKyh7NBRJacs-a1p#/registration

Time table, subjects, and presenters of Poison Control Centers and Clinical Toxicology/Addiction physicians for chemical preparedness, poisoning / overdose prevention / treatment and toxicological outbreaks in Asia- Pacific, Middle East, Africa and Europe

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