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Acute drug poisoning with QTc prolongation due to ingestion of crushed dumpling form medications

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Aim and objectives: To highlight the risk of QTc prolongation due to the ingestion of specific medications and emphasize the importance of considering potential overdoses even when empty medication packaging is not found at the scene of an emergency call.

Case Report: Methodology: A 36-year-old female with a history of depression, obsessive-compulsive disorder, and multiple instances of overdose requiring outpatient psychiatric treatment was reported. On the day of the incident, at 9 AM, the patient's mother received a distressing call about her daughter's overdose, prompting her to visit her residence. Upon arrival, the patient was found with solid substances adhering to both hands, and empty medication packaging was not found at the scene. Suspecting acute drug poisoning, the patient was transported to our hospital at 11 AM. On arrival, she exhibited a Glasgow Coma Scale Score of E1V5M5, blood pressure of 111/74 mmHg, heart rate of 79/min, and oxygen saturation of 95% on room air. An ECG showed QTc prolongation of 480 ms. Further inquiry revealed that the patient had crushed and dissolved multiple medications, totaling 249 tablets, including Escitalopram Oxalate, Suvorexant, Quetiapine Fumarate, Trazodone Hydrochloride, Famotidine, Loxoprofen Sodium Hydrate, Lorazepam, and Pregabalin. She had then molded them into a dough-like consistency and ingested the mixture. Treatment included the administration of activated charcoal and magnesium citrate. The following day, the QTc prolongation improved, and after consultation with a psychiatric specialist, the patient was transferred to a regular psychiatric clinic. Among the medications ingested, Escitalopram Oxalate, Quetiapine Fumarate, and Famotidine were identified as potential causes of QTc prolongation. This case illustrates the risk of QTc prolongation due to acute drug poisoning and highlights the importance of considering potential overdoses even when empty medication packaging is not found at the scene of an emergency call. Prompt evaluation and treatment are crucial, especially when medications with the potential for QTc prolongation are ingested.

Conclusions: The risk of drug overdose and possible QTc prolongation must be considered when evaluating emergency patients. Prompt intervention and collaboration with specialists are essential in the management of such cases.