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Massive Diphenhydramine Ingestion presenting Supraventricular Tachycardia and Anticholinergic Crisis

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Antihistamines have been known to cause cardiac toxicity, causing some of the drugs, such as terfenadine and astemizole, to be withdrawn from the market. A more common over-the-counter antihistamine, diphenhydramine, has been frequently implicated in suicidal ingestions. Electrocardiographic changes with diphenhydramine toxicity have been described, which include consistently occurring sinus tachycardia with moderate QT prolongation, massive ingestion, wide complex tachycardia, and ventricular arrhythmias. However, the incidence of supraventricular tachycardia (SVT) is unknown, although it has been described with similar first-generation antihistamines such as pheniramine. We described a 24-year-old female who presented at the emergency department (ED) with a decrease in sensorium, seizures, and SVT after intentionally ingesting 2 grams of diphenhydramine. The SVT was terminated with 6 mg of adenosine; furthermore, seizures were controlled with benzodiazepines. Gastric lavage was performed, which recovered some of the pill fragments, followed by single-dose activated charcoal. The patient was observed for 24 hours with no recurrence of SVT or anticholinergic crisis. This case highlights SVT as a manifestation of cardiac toxicity from diphenhydramine overdose.