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## PEEP First- Dialysis Later: Multi Drug Overdose Coma with Complete Atelectasis of Left Lung

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**BACKGROUND:** Drug overdose is a cause of concern for morbidity and mortality worldwide. Patients with overdose can present to Emergency Departments with a wide array of presentations ranging from altered behavior pattern to a prolonged unattended coma state. Low GCS renders patient incompetent to handle their own secretions and thus prone to aspirate, which in turn can lead to several pulmonary manifestations ranging from local inflammatory responses to more imminent life threatening conditions like obstructive atelectasis of a segment or the entire lung. This case report demonstrates the use of ventilator strategies to manage the immediate complication associated with drug overdose induced coma and determining the need for hemodialysis.

**CASE DISCRIPTION:** We report a case of a 46-year-old lady who was brought to our Emergency Department in unresponsive state with a GCS of 3/15. In view of threatened airway, the patient was intubated post which imaging showed white out left hemi-thorax. Increasing positive-end-expiratory pressure settings on the ventilator resulted in immediate improvement in patient oxygenation and imaging findings during a respiratory emergency caused by mucus plugging. Hemodialysis was instrumental in reduction of blood level of drugs which was evident by return of reflexes and appropriate responses sufficient to extubate the patient.

**CONCLUSION:** Careful evaluation and use of appropriate ventilator PEEP settings can be instrumental in managing respiratory emergencies in intubated patients. Hemodialysis can significantly reduce the length of intubation in patients with overdose.