



Body packer with sympathomimetic toxidrome treated with prolonged whole bowel irrigation– A case report

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Objective: Body packers demonstrating sympathomimetic toxicity usually undergo surgery for package retrieval. Even in the asymptomatic body packer use of whole bowel irrigation (WBI) is controversial. We describe a case where WBI was used to treat a body packer showing signs of sympathomimetic toxidrome.

Case Report: A 30 year-old man was brought to our emergency department from a correctional facility with agitation, hallucinations and diaphoresis having swallowed drugs wrapped in balloons few days prior. Examination revealed Temp 38.1, HR 137 bpm, BP 160/90 and dilated pupils. Paralysis and intubation controlled his sympathomimetic toxidrome and a CT scan of the abdomen (CTA) showed multiple round foreign bodies in the colon embedded in faecal material. Once the airway was protected, WBI was started through a nasogastric tube (NGT) using polyethylene glycol (PEG) at a rate of 1 litre/hour. This was continued for 5 hours before it was reduced to 500 ml/hour and commenced on intravenous metoclopramide and erythromycin, due to high NGT aspirates and large rectal effluent. After passing 2 well-wrapped balloons on day 2, repeat CTA showed at least 7 foreign bodies remaining within the colon. As WBI continued he developed hyperchloremic metabolic acidosis with pH 7.27 (7.35 – 7.45), Na 142 mmol/L (136 -146), Cl 122 mmol/L (94 – 107), HCO₃ 16 mmol/L (22- 28) so the PEG was further reduced to 250 ml/hour and a sodium bicarbonate infusion was given for 36 hours. Over the next 3 days of WBI, 9 more balloons passed 1 of which was partially open. On day 7 he underwent colonoscopy, which retrieved another balloon from the sigmoid colon. Post extubation he became hypoxic requiring non-invasive ventilation and intravenous Tazocin for 2 days for right lower lobe pneumonia. It was unclear if the pneumonia was ventilator associated or due to aspiration of PEG. The patient received 64 litres of PEG over 5 days and passed almost all balloons without the need for surgical intervention.

Conclusion: It is possible to treat a body packer presenting with sympathomimetic toxicity with whole bowel irrigation, along with supportive care without the need for surgical intervention. It's important to monitor for worsening sympathomimetic toxicity, metabolic disturbances and aspiration.