

CLINICAL AND ELECTROCARDIOGRAPHIC FEATURES OF ACONITE POISONING: A REVIEW

OF 33 CASES

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Objectives: To review the clinical presentations, electrocardiographic (ECG) findings, in-hospital management and outcome of a case series of aconite poisoning consecutively recorded by a poison centre.

Methods: A chart review on all laboratory confirmed aconite poisoning cases recorded by the Hong Kong Poison Information Centre from 2005-2009 was performed. A clinical toxicologist and a cardiologist reviewed the case notes, ECGs and treatment record independently. Consensus meeting was held for any discrepancy in findings between the two. **Results:** The case notes of 33 cases, 23 women and 10 men aged 20-98 years old (mean age 55) were reviewed. Most of the poisonings were related to the use of traditional herbal medicine except two who were poisoned by the undeclared aconite content in a proprietary product. The majority of patients presented with paraesthesia (89%), dizziness (39%), nausea/vomiting (36%) and epigastric pain (15%). The commonest physical findings were hypotension (73%) and slow pulse rate of less than 50 beats per minute (18%). Inotropes, either dopamine or adrenaline were given to 9 patients (27%). The commonest arrhythmias were atrial fibrillation (33%), frequent ventricular ectopic (30%) and junctional bradycardia (15%). Other ECG abnormalities included right bundle branch block (24%), prolonged QT interval (15%) and ventricular tachycardia (3%). There were two cardiac arrests, both developed ventricular fibrillation that responded promptly to electrical defibrillation. Six (18%) patients received amiodarone for their arrhythmias. Overall, 17 patients (52%) had a mild clinical course, and could be managed with supportive treatment only whereas 9 patients (27%) were managed in an intensive care unit. All cases made uneventful recovery.

Conclusions: Our case series encompassed a wide clinical spectrum of aconite poisoning secondary to herbal medicine use. Fifty-two percent of the cases were mild and the overall clinical outcome was better than previously reported. Aconite poisoned patients typically presented with the clinical triad of paraesthesia, gastrointestinal upset and hypotension. Atrial fibrillation and QT interval prolongation were frequent ECG abnormalities found in our series that were not well reported before.