CAMPHOR TOXICITY, A SEVEN-YEAR CASE SERIES

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Objective: We aimed to study on the prevalence, demographic data,clinical manifestations, treatment and outcome of hospitalized "camphor toxicity" in a referral poisoning center.

Methods: In a retrospective case series, using ICD10 codes, we looked for any accidental, intentional, assault or undetermined exposure to pure camphor toxicity through hospital records within seven years (April 2007 to February 2014). A self-made questionnaire was designed to collect all data. For the description of quantitative variables with normal and non-normal distribution, mean (±SD) and median (inter quartile range) were used, respectively.

Results: During the study period 30 cases were included. Except one female (3.3%), all 29 (96.7%) remained cases were male. The median age was 18(17, 22] years old (range 0.2, 87 years). All patients exposed to camphor through ingestion. The amount of ingestion was between 1.5 to 15 grams. Nearly all of patients [29 (96.7%)] were awake on arrival time. Ingestion to presentation time was 7 ± 5 hours.

Table 1 shows the cause of toxicity. In majority of the cases (53.4%), decreasing libido was the main cause of toxicity.

Most common symptoms were nausea and vomiting in 22 (73.3%), Tonic-clonic seizure in 12 (40%), vertigo in 6 (20%), sleepiness in 2 (6.6%), abdominal pain in 3 (10%), weakness in 1(3.3%), and bad taste of mouth in 1 (3.3%). Two (6.7%) cases experienced head trauma following seizure and severe vertigo. All seizure cases were treated by benzodiazepine and not repeated except in one case.

Mean post ingestion time was significantly higher in convulsed patients compared to the others (9.1 ± 6.1 hours vs. 5.2 ± 2.8 hours, p=.05). No correlation was found in terms of amount of camphor ingestion (grams) and vital signs or bio-chemistry results. Not surprisingly, pco_2 was higher in convulsed patients (42.2 ± 6.5 vs. 46.1 ± 2.7 meq/L). All of cases were survived and received supportive care with no specific treatment.

Conclusion: In contrast to other case reports of camphor toxicity all over the world which are common in children, the median age of patients was 18-year.These young men were intoxicated commonly in an attempt to decrease their libido. This remedy is famous for Iranian traditional medicine. On the other hand abusing camphor or self-poisoning, with its stimulant characteristics is less documented in the literature. Camphor toxicity is not common in ED presentations but may present with gastro-intestinal discomfort or seizure. Supportive care and further follow-up is needed to treat the patients and understand the cause of toxicity.

Table 1- Cause of Camphor toxicity (n=30)

Cause of toxicity	Number (%)
Decreasing libido	16 (53.4)
Suicidal	3 (10)
Accidental	3 (10)
Increasing memory	2 (6.7)
Euphoria	2 (6.7)
Toothache remedy	1(3.3)
Acnea remedy	1(3.3)
Slimness	1(3.3)
not defined	1(3.3)
Total	30 (100)