

## Poster Abstracts

### PO-79

#### COLCHICINES POISONING DURING 7 YEARS STUDY, IN A REFERRAL ACADEMIC CENTER IN TEHRAN-IRAN

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**OBJECTIVE:** Colchicine is a natural- alkaloid that has been used for centuries as a medicine for prevention and treatment of diseases such as gout, familial Mediterranean fever.

It has a narrow therapeutic index so there is narrow index between the amounts of non-toxic and toxic or fatal

**Methods:** In a retrospective study which was done on the files of all poisoned patients with colchicines who were admitted in loghman Hakim poison center between march 2007 to February 2014, and all data was gathered according to the documented information.

After that the follow up process was done by one of our internal medicine residents and if the contact was available follow up test were done too. ( since march 2015 to may 2015)

All data were analyzed by social package for statistical analysis (SPSS) software version 18.

**RESULTS:** During this 7 years period of time, Total 21 cases were admitted by diagnosis of colchicines poisoning from whom 13 patient were women (61.9%) and 8 case were male. (38.1%) Mortality rate among the patients was 3 of 21 equal to 14.2%.

The mean age of patients was  $25 \pm 13$  years old with maximum and minimum age of 7 to 68 years old. The diseased age was less as  $22 \pm 14$  years comparing to survived age with  $26 \pm 13$ .

Of 18 cases who had clear ethiology of poisoning, 16 case (88.9%) were suicidal. The mean dose of ingestion was  $21 \pm 30$  milligrams (mg) which was apparently different in survived cases  $23 \pm 30$  mg and in diseased patients  $33 \pm 11$  mg. From the point of clinical presentation, vomiting was positive in 5/90% of all cases and diarrhea was seen in 9 cases. (9/42%) Deceasing of consciousness were found in one case and bleeding was detected in 2 patient who were both expired. Intubation and mechanical ventilation was done in 4 cases. (19%) The mean time since ingestion to hospital arrival was 17.1 hours in survived cases but 3.5 hours in deceased patients. According to laboratory tests, rise of leukocytes, Creatinine, CPK, LDH, AST and Alkaline phosphatase was higher in deceased patients comparing to survived cases. On the other hand lower hemoglobin concentration, and platelet count was detected in expired patients. In follow up test which was done in 8 available patients, all lab tests were within normal limits.

**Conclusion:** Supportive care is the mainstay of ideal treatment. Although Prescribing GCSF has its valuable role in some situations. Noticing metabolic acidosis and correction of this condition has been advised strictly.