ORAL PRESENTATIONS

[ID-O#117] Rhabdomyolysis in Acute and Delayed-Onset Mushroom Poisoning: A Case Series from Northeastern Thailand

Chokchai Prajongporn, Pattaraporn Mekavuthikul, Jariya Phuditshinnapatra and Summon Chomchai
Department of Preventive and Social Medicine, Faculty of Medicine Siriraj Hospital, Mahidol University

Background: In Thailand, cases of mushroom poisoning from consuming wild mushrooms are reportedly becoming more frequent. Mushrooms associated with rhabdomyolysis, such as Russula subnigricans, are among the causes of life-threatening wild mushroom poisoning. The Russula subnigricans mushroom can cause rhabdomyolysis, acute kidney injury, acute hepatic failure, cardiotoxicity, acute heart failure, and cardiac arrest. However, the clinical timeline and manifestations are not well understood. We are reporting a case series of mushroom- associated rhabdomyolysis.

Case presentation: Three adult patients (78, 46, and 23 years old) presented with both acute and delayed-onset symptoms of gastrointestinal disturbance (3, 17, and 5.5 hours after eating) and muscle aches after consuming wild mushrooms in the same district in Yasothon province, located in the Northeastern region of Thailand. These incidents occurred in two separate episodes. Upon their first visit to the emergency department, all patients exhibited rhabdomyolysis and transaminitis. The second patient experienced acute kidney injury with metabolic acidosis and myocarditis with congestive heart failure, requiring endotracheal intubation and hemodialysis. The third patient showed increasing levels of aspartate aminotransferase (AST), alanine aminotransferase (ALT), and creatine phosphokinase (CPK) until day 4 post-ingestion, after which these levels began to decrease following adequate supportive treatment. Tragically, two patients (the first and second cases), who were from the same family, died 8.5 hours and 9 days after ingesting the mushrooms, respectively.

Conclusion: Mushroom poisoning requires prompt evaluation, with early recognition of hepatotoxicity, rhabdomyolysis and myocardial toxicity, especially if the mushrooms are from a wild or unknown origin. Symptoms of rhabdomyolysis and heart failure should be assessed in patients with mushroom poisoning. Treatment for rhabdomyolysis-associated mushroom poisoning includes supportive care and intensive monitoring for signs of morbidity and mortality.