



TRANSFORMING TOXICOLOGY LANDSCAPE FOR SAFER AND SUSTAINABLE TOMORROW

POSTER PRESENTATIONS

[ID-P#050] A case of status epilepticus in a drug abuser

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Introduction: National survey on extent and pattern of substance use in India shows that substantial number of people use psychoactive substances. Alcohol (14.6%), cannabis (2.8%), opioids (2.1%), sedatives (1.08%), inhalants (0.7%), cocaine (0.1%), amphetamine type stimulants (0.18%), hallucinogens (0.12%) are the common substances used by Indian population. People require medical help in harmful and dependent use and cause diagnostic and therapeutic difficulties in overdose and withdrawal state Learning objectives 1. At the end of presentation audience should be able to describe life-threatening complications of MDMA and its treatment.

Case report: 24-year-old male, Tattoo artist, Sound engineer at DJ parties who was missing from home for a day, was brought by police, presented with complaints of abnormal behaviour and recurrent involuntary movements associated with loss of consciousness. He was an alcoholic, smoker and with history of drug abuse. O/E he was unresponsive GCS 3/15, Tachycardia, tachypnoea, desaturating, facial twitching, oral bleed, and tongue bite present. Multiple linear abrasions over chest and left forearm. Diagnosis of Status epilepticus was made. Probable etiology considered were drug overdose /Withdrawal state/Encephalitis/IC Bleed/metabolic cause

Investigations: CT brain normal study, WBC count – 76.8X 10⁹/L. Na – 154mmol/L, K – 5.3mmol/L, AST – 226 IU/L, ALT – 66 IU/L, Creatinine – 247.58 micromol/L, Uric acid – 1153.9 micromol/L, PT – 20 seconds, INR – 1.6, aPTT – 50 seconds, ABG – metabolic and respiratory acidosis He was given antiepileptics, vasopressors, IV fluids, mechanical ventilation, and other supportive measures. Patient continued to have bleeding from multiple sites and repeated seizures despite antiepileptics. Despite all measures patient expired after 20 hours of hospital admission. Toxicology analysis report came as MDMA. Final diagnosis of MDMA overdose with hyperthermia, status epilepticus, DIC and multisystem dysfunction was made.

Conclusion: Substance abuse and withdrawal can cause seizures not responding to therapy. MDMA overdose can be fatal which can cause, hyperthermia and heat stroke, disseminated intravascular coagulation, status epilepticus and multiorgan dysfunction.