[ID-P#132] Methyl Salicylate Poisoning in a Young Lady Following a Unique Exposure: A Diagnostic Conundrum Solved Pragmatically

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Background: Salicylate toxicity manifests as a diverse set of symptoms ranging from mild to severe and can potentially result in death. The most common exposure leading to salicylate toxicity is Aspirin overdose. In this case report we describe a young lady who presented with clinical toxidrome suggestive of salicylate toxicity following a unique exposure and discuss how the diagnosis was arrived at.

Case Description: A 26-year-old lady from Arcot, Tamilnadu presented to the Emergency Department of the Christian Medical College Vellore after she developed vomiting, loose stools and epigastric pain following consumption of a red colored native analgesic topical lotion. She had received first-aid from a secondary hospital and was referred after consultation with the CMC Poisons Information Center. On examination she had tachycardia and tachypnoea with a clear chest on auscultation. ABG revealed respiratory alkalosis with a normal anion gap metabolic acidosis. Clinical features suggested salicylate toxicity. We describe how the normal anion gap metabolic acidosis was explained and how the diagnosis was confirmed with a simple bedside test in the absence of availability of salicylate assay. The unique exposure source was also uncovered using an internet search. We also describe the clinical features and severity grading as well as management aspects of salicylate poisoning. The patient recovered with good supportive care and was discharged after psychiatry evaluation and counseling.

Conclusion: Salicylate poisoning can result from unique exposures like topical analgesic lotions. Medical professionals need to be aware of this possibility to facilitate prompt diagnosis and management. Simple bedside toxicological tests can aid in confirming the diagnosis made using clinical toxidrome identification.