CASE REPORT 2 [ID#85]

Mushroom Poisoning: A Catastrophic Dinner

Abdul Rahim Zohri[1], Ong Sook Har[1], Ranjini Sivaganabalan[1,2]

1. Emergency and Trauma Department, Hospital Tengku Ampuan Rahimah, Klang, Selangor
2. Emergency and Trauma Department, Hospital Shah Alam, Shah Alam, Selangor

INTRODUCTION: Mushrooms are a type of fungi that are widely used for centuries. More than 350 mushroom species are edible and approximately 100 mushroom species are poisonous(3). Malaysians do occasionally forage for mushrooms without knowledge on how to distinguish between edible and non-edible species. We present a case report of mushroom poisoning involving a family of five.

CASE REPORT: A 42-year-old man with his 35-year-old wife and their three children of ages 15, 13, and 8 years old presented to emergency department with vomiting, diarrhea, and colicky abdominal pain, two hours after ingesting self-picked mushrooms. They were lethargic, dehydrated, and tachycardic on presentation. The youngest two patients were febrile(38OC). All patients had leukocytosis(18.4-25x109/L) with metabolic acidosis and hyperlactatemia of 3-4 from hypovolemic shock. Both parents had mild acute kidney injury. All patients were started on fluid resuscitation. Both febrile patients were administered intravenous antibiotics. The youngest child was admitted to the paediatric ward while the other patients were admitted into the multidisciplinary short stay unit(MDSU). The mushrooms ingested were identified as Chlorophyllum sp. All patients improved clinically with fluid resuscitation and were subsequently discharged home well after 48 hours of admission.

DISCUSSION: Mushroom poisoning presents with a range of symptoms from mild to severe, which may include hepatotoxicity and renal failure. This case involved Chlorophyllum sp which does not cause major complications as it is only a gastrointestinal irritant. Notification to public health was carried out and measures had been taken to collect and identify mushrooms picked by the patients for analysis. Counseling was provided to the community living in the area to prevent them from picking mushrooms in the wild.

CONCLUSION: Mushroom poisoning management should involve collaboration between clinicians and public health personnel with early public health notification, analysis of the culprit mushroom and health education of public.