



TRANSFORMING TOXICOLOGY LANDSCAPE FOR SAFER AND SUSTAINABLE TOMORROW

## POSTER PRESENTATIONS

### [ID-P#129] A 12-Year Study of Tetrodotoxin Poisoning from Horseshoe Crab in Thailand: Clinical Characteristics and Outcomes

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**Objective:** Tetrodotoxin (TTX) poisoning from horseshoe crab consumption has been reported, prompting this study to evaluate clinical characteristics, treatments, and outcomes of envenomation in Thailand.

**Methods:** A 12-year retrospective study (January 2011–December 2022) analyzed data from the Ramathibodi Poison Center.

**Results:** A total of 282 patients were included; the majority (59.80%) were male, with a median age of 37 years (range, 1–82 years). Most patients (74.56%) had consumed horseshoe crab eggs. The median interval from injury to onset of neurological symptoms was 3 hours (range, 10 minutes to 12 hours). Neurological symptoms predominated, including dizziness, numbness, and weakness. Gastrointestinal and cardiovascular symptoms (chest pain and hypotension) were also observed. Laboratory findings showed leukocytosis in 57.57% of cases. Approximately 19.86% of patients required intubation, with a median incubation period of 3.6 days. Median hospital stay was 1 day (range, 0–33 days). Cardiopulmonary resuscitation (CPR) was performed in eight patients, with a mortality rate of 25.0% among them. Therefore, the mortality rate was very low as 0.7%.

**Conclusion:** This study highlights neurological symptoms as the most common manifestation of TTX poisoning. The rapid onset of symptoms underscores the urgency of medical intervention. Supportive care, especially proper airway management, remains the cornerstone of Purpose: Tetrodotoxin (TTX) poisoning from horseshoe crab consumption has been reported, prompting this study to evaluate clinical characteristics, treatments, and outcomes of envenomation in Thailand.

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**Conclusion:** This study highlights neurological symptoms as the most common manifestation of TTX poisoning. The rapid onset of symptoms underscores the urgency of medical intervention. Supportive care, especially proper airway management, remains the cornerstone of treatment for TTX poisoning.