

Opium toxicity in children under 2-years-old, Golestan.

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Objective: Due to the increase of addiction in the society, especially that of opium, it seems that the number of children admitted for opium poisoning to a childrens' Hospital Medical Center has increased (1). Poisoning is one of the most serious events occurring in paediatrics. Traditional use of opium in acute dysenteric diseases in children is very common in our area. Parents' lack of awareness and low socioeconomic conditions are the major etiology of this problem. Golestan Committee of Adverse Drug Reactions (ADR) designed this study to detect the burden of the opium toxicity in children under 2-years-old in Gorgan city. **Methods:** A checklist containing the data about opium toxicity cases referred to the Pediatric Center in Gorgan was completed in each child under 2 years old admitted due to the toxicity. Thirty six cases were recruited. Demographic data was recorded. **Results:** In this period 36 cases of opium poisoning were registered. Male to female ratio was approximately equal (16 males and 20 were females). The mean age of these cases was 194 days (approximately 6.5 months). Ten cases were under 12 months old. Mean weight was 6734.72 ± 3062.28 (\pm SD) grams. Oral consumption (94.4%) was the main route of poisoning. Inhalation poisoning was seen in 5.6% of cases. Diarrhoea (55.6%), cough (8.3%), agitation (8.3%) and otitis media (2.8%) were the major reasons given by the parents to use the opium. **Conclusion:** Kadivar et al studied patients who had been admitted for opium poisoning in a childrens' Hospital Medical Center. 34 cases were confirmed between 1370-1377 [on local calendar]. The mean age of children was 7 months. In the majority of cases, opium was prescribed by the relatives for diarrhoea (32.4%), acute respiratory infection (26.5%) and irritability (20.6%). An addict person in the family was confirmed. The pathognomonic signs of opium poisoning in all the patients had been a decreased level of consciousness, respiratory depression and meiosis. Besides supportive measures, naloxone was prescribed as a bolus of 3.5mg IV and as an infusion in half of the patients. Unfortunately 4 of these children expired because of severe respiratory insufficiency and deep coma. Because of the easy access to narcotics especially opium, families are warned of the dangers of opium use in children for diseases such as diarrhoea, respiratory infection and irritability. A greater attention is to be paid to the problem of addiction to decrease the occurrence of such problems (1). **Discussion:** Farnaghi et al designed a study in Loghman- e-Hakim during a 5-year period, 1996-2001, about the epidemiology of neonatal poisoning. The most common cause of poisoning was opium (78%). The most common causes of opium poisoning were irritability and diarrhoea. The most frequent clinical manifestations were poor feeding (86%), cyanosis (66%), myosis (64%) and respiratory distress (58%). The mean duration of hospitalization was 3.6 ± 1.9 days. Finally, only 2 died (one due to opium and the other due to mercury vapor). They supposed that informing families about serious poisoning especially opium and further attention of physician to non-specific signs of poisoning in neonatal periods is recommended (2). Comparison with other studies in the country and overseas, in our province opium consumption has a high prevalence, being used to relieve diseases or for abuse. Respiratory depression, bradypnoea, coma and death are the serious outcomes of opium toxicity in paediatrics. **References:** (1) Kadivar M, Javadinia N, Nemati N. A survey on opium and its derivatives in poisoning in Children's Hospital Medical Center. Journal of Medical Council of Islamic Republic of Iran. 1379; 2(18): 106-100. (2) Farnaghi F, Mir Zendedel S. Epidemiology of neonatal poisoning in Loghman- Hakim Hospital, 1996-2001. Pejouhandeh Quaterly Research Journal 1382; 35(8): 354-351