

## **A New Rare Complication of Severe Propranolol Toxicity**

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**Introduction :** Shock, bradycardia, seizure and coma are common clinical feature of acute propranolol toxicity. Electrolyte imbalances, Hypoglycemia, impending gangrene of extremities and exacerbation of raynaud's phenomenon described before as complications of propranolol overdose. While in the literature review,

Temporomandibular joint (TMJ) Dislocation has not been reported as its side effect . We are presenting 2 cases of TMJ Dislocation that resulted from severe pure acute propranolol intoxication. **Case Series :** Case 1: A 26-year-old girl with diagnosis of propranolol intoxication who admitted in intensive care unit (I.C.U) due to loss of consciousness, severe shock and bradycardia. After 18 hrs, the patient couldn't close her mouth because lower jaw was dislocated. Case 2: A 32-year-old healthy man, who admitted in I.C.U with hypotension, and a significant bradycardia due to ingestion of propranolol (2.4 gm) to commit suicide. After 12 hrs, his lower jaw dislocates bilaterally.

**Discussion :** This is the first report of TMJ Dislocation by beta- blocker intoxication. We described bilateral TMJ Dislocation in 2 cases of severe pure acute propranolol toxicity. None of our cases hadn't convulsion, they didn't manipulate for tracheal intubation. Both of cases had no history of face trauma or previous history of jaw dislocation.

**Conclusions :** This article showed that TMJ Dislocation may be seen in pure propranolol toxicity. This complication hasn't been reported before as a side effect of propranolol intoxication. Recurrence after reduction has seen in none of the cases. TMJ dislocation in poisoned patients may occur after extreme opening of the mouth, vomiting or can result from dystonic reactions to drugs such as metoclopramide and haloperidol. So we comment that any manipulation on the mouth like tracheal intubation must do gently in cases of propranolol toxicity. Toxicologists also must be thinking about this complication in severe acute propranolol toxicity especially when toxicant is unable to close his or her mouth.