

Child with Suspected Meningitis Later Confirmed as OP/Carbamate Poisoning.

Jagadeesh A (1), Gamage S (1), Senarathna L (1). 1. South Asian Clinical Toxicology Research Collaboration, Faculty of Medicine, University of Peradeniya, Peradeniya, Sri Lanka

Introduction : Treating children after suspected poisoning ingestions is a challenge due to the difficulty of obtaining exposure details. Limited information emphasized the necessity of extra care during the assessments. Likewise a child with different diagnosis initially may be identified as poisoning later. Hence, having poisoning as one of the differential diagnosis is important in un-diagnosed pediatric admissions. We report a case which was initially considered as encephalitis or meningitis and later accurately diagnosed as poisoning. **Case report :** A 4yr old girl (12.5kg) was transferred to General hospital, Polonnaruwa, with altered level of consciousness for 5 hours. She was admitted around 9am, 01st of Feb. 2008. The child had lack of speech and drowsy but obeyed to verbal commands and she was not pale, cyanosed. There was froth in mouth. Pulse 110/min regular, BP 95/65, lungs clear with respiratory rate of 48/min. pupils 1/1mm, spO₂ was 92-98% and RBS 176mg/dl. She had no fever, fits, vomiting or loose stools. No history available about any causes or no significant past illnesses or allergies. On admission, no clear diagnosis but suspected of meningitis, encephalitis or poisoning. Gastric lavage and activated charcoal were given on suspicion of poisoning. Meanwhile, IV fluid and antibiotics started. To exclude the suspicion of poisoning blood acetylcholine esterase enzyme (Ache) level was measured using "Testmate ®" bedside AchE testing kit. It was 11% (normal AchE level 80-100%) and supported the diagnosis of organophosphate or carbamate poisoning. Then the child was treated with atropine 30mg/kg bolus followed by 10mg/kg/h intermittent infusion 6 times within 24hrs and IV pralidoxime 30mg/kg slow bolus over 10mins and an infusion of 10mg/kg/h given in one hour. The AchE levels taken pre and post of pralidoxime infusion were 12% and 19% respectively. Child improved and by 24hrs she was completely asymptomatic. AchE level became 62%. She was discharged on day 5 after observation. **Discussion :** Although the child was treated for either organophosphate or carbamate poisoning, the cause of poisoning was unknown. It was later revealed that her mother was hospitalized on the previous day and the child was looked after by grandmother. The grandmother said that they have currator (carbofuran) which was to use in the garden. **Conclusion :** This incident highlights the importance of taking poisoning as a one of the differential diagnosis in treating children with undiagnosed conditions.