

Toxic Oil Ingestion.

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Introduction : Oral consumption of oil extracted from accidental or deliberate contamination of mustard seeds by argemone seeds causes the syndrome referred to as Epidemic dropsy. The alkaloid sanguinarine and dihydrosanguinarine present in Argemone seeds are incriminated in the causation. Widespread capillary dilatation occurs with an increased capillary permeability and exudation of protein rich fluid into the extravascular spaces. We describe the cases of 2 families (5 cases) that presented with this clinical condition in different family members. The presentation in these cases was non-epidemic. Ingestion of Mustard oil contaminated with Argemone oil rich in sanguinarine and di-hydrosanguinarine was confirmed on laboratory testing of the cooking oil. **Case Series :** The presenting clinical features of all the cases are given below:-

S No	Age & Sex	Swelling feet	Tender muscles	Hepatomegaly	CHF	Anemia	Thrombocytopenia	Pre-renal azotemia	Retinal hemorrhages	Glaucoma
1	21 Yrs F	++*	++****	++*** ***	+	+	+	+	+	-
2	49 Yrs F	++	+*****	++	-	+	+	+	+	-
3	19 Yrs M	+**	-	-	-	-	-	-	-	-
4	24 Yrs F	+	-	-	-	+	+	+	-	+
5	29 Yrs M	+	-	-	-	-	-	-	-	-

* - Swelling below knee; ** - Swelling above knee; *** - tender muscles all over; **** - tender muscles in lower limbs; ***** Liver span > 19 cms on ultrasound. Case 1, 2 & 3 belong to one family whereas cases 3 & 4 to another family.

In case 1, the heart failure responded to diuretics, salt restriction and bed rest. ACE inhibitors were added for CHF and she improved and was discharged 14 days later. In all other cases, the manifestation of pedal oedema resolved spontaneously in a mean of 12 days' time. Cases 1, 2 & 4 also received blood transfusions for anemia. The presenting clinical features of epidemic dropsy and its pathophysiology are discussed. Pathways of capillary damage and marrow depression due to the alkaloid sanguinarine and dihydrosanguinarine and treatment modalities for dropsy are elaborated. **References :** 1. Singh NP, Anuradha S, Dhanwal DK, Singh K, Prakash A, Madan K, Agarwal SK.

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