

OP-35. Outcome of management of yellow oleander poisoning in a Base Hospital setting

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Introduction: Yellow oleander poisoning (YOP) is common in Sri Lanka, and has a high fatality rate (10%) due to cardiac toxicity. Anti-digoxin Fab, an expensive drug, has been recommended for use in secondary care hospitals to reduce deaths and prevent the need for cardiac pacing.

Objective: To determine the outcome of management of YOP in a base hospital using currently available treatment.

Methods: We performed a prospective study of all patients admitted to BH Polonnaruwa, with YOP from May to August 1999. All patients had continuous cardiac monitoring over the first 24 hours and ECGs subsequently. Patients with bradyarrhythmias were treated with atropine I.V. boluses and isoprenaline infusions. Temporary pacing wires were inserted for second (Mobitz type II) and third degree heart block (HB) not responding to medical therapy. No patients were transferred to a Cardiology Unit.

Results: 168 patients (M:F - 55:113) were admitted during the study period, mean age - 24.8 years (SD 8.6). The mean number of YO seeds ingested was 2.07. Abnormal cardiac rhythms recorded are shown in the table.

Cardiac rhythm	Number of patients (%)
Sinus bradycardia 40-60	29(17.9%)
<40	15(9.2%)
Sinus arrest/block (pause > 2 sec), Mixed AV/sinus block	12(7.4%)
Nodal bradycardias	8 (4.9%)
Atrial flutter with AV block	2(1.2%)
1 st degree HB	10(6.1%)
2 nd degree HB - Type I	10(6.1%)
Type II	10(6.1%)
3 rd degree HB	6(3.7%)

Ninety patients required atropine or isoprenaline, while 10 (6 - 3 , 4 - 2 degree HB) were paced (all of whom recovered). Mean hospital stay was 3.4 days. There were 6 (2.38%) deaths (4 - 3rd degree HB, 2 - undetermined). They died soon after a delayed admission before any treatment could be instituted.

Conclusions: Patients admitted with YOP were young and treatment with high doses of atropine and isoprenaline appeared safe. This treatment alone seems adequate in the great majority of cases. The place of anti-digoxin Fab seems to be limited in view of these findings, and also because of its high cost.