

**PP26 HIGHER UP IN THE SKY: A  
RARE TALE OF  
METHAMPHETAMINE-INDUCED  
PARALYTIC ILEUS**

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**INTRODUCTION:** Methamphetamine overdose is a common problem presented to emergency department and traditionally known for its potent stimulant. It also influences the gut motility but its exact mechanism remains poorly understood. We describe a rare case of methamphetamine-induced paralytic ileus.

**CASE:** A 29-year-old man presented with generalized, colicky abdominal pain for 5 hours. It was associated with reduced flatus and anorexia. He initially denied any alcohol or illicit drug use. He had no fever, diarrhea, signs of respiratory or urinary tract infection. On examination, he appeared disproportionately happy, disinhibited and excessively sweating. His blood pressure was normotensive with heart rate range 95-105 beats per minute. Both of his pupils strikingly dilated. His abdomen was soft with minimal tenderness all over. Serial abdominal examination noted that the initially active bowel sound turned sluggish then absent. Over period of two hours, his abdominal pain became more persistent. His abdomen was tympanic and distended with voluntarily guarding. He also vomited large amount of gastric content once. Nasogastric tube was inserted and aspirated large amount of gastric content.

**RESULTS:** On further questioning, he finally admitted to being a regular 'ice' abuser, and recently 'binge-chased' double of his usual dose. His urine tested positive for methamphetamine. Abdominal X-ray revealed dilated bowel loops. Biochemistry tests were unremarkable. His blood gas showed compensated metabolic alkalosis. Five hours later, he began passing out flatus and his abdominal pain and distension quickly resolved. He was diagnosed with methamphetamine-induced paralytic ileus, admitted for observation and psychiatric evaluation.

**DISCUSSION:** Methamphetamine is a psychostimulant drug that promotes the release of dopamine and noradrenaline. It has sympathomimetic property which is usually associated with increased gut motility. However, our patient displayed a rarely encountered, counterintuitive picture of ileus. We believe that this presentation may involve methamphetamine direct effects of nonvascular dopaminergic and noradrenergic effects on intestinal smooth muscle causing reduce gastrointestinal motility.

**CONCLUSION:** Higher dose of methamphetamine intoxication can induce ileus. Therefore, clinicians should understand and consider this as a differential diagnosis in a methamphetamine user who presents with acute abdomen.

Keywords: Methamphetamine, ileus