

PP31 MUSHROOM SOUP WITH AN EVIL TWIST

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Introduction: Eating mushrooms can be good for your health. While mushrooms look tame and tempting, foraging mushrooms on your own can be dangerous and fatal. Some mushrooms are edible, some are poisonous, and many have lots of medicinal values.

Case and Result: A 55-year-old hypertensive lady presented with acute severe abdominal pain associated with diarrhea and vomiting more than twenty times. She had cooked “tomyum soup” with the mushrooms that were handpicked from her backyard garden. No other family members affected. On examination, she appeared mildly dehydrated. She was hypotensive, and tachycardic. There’s no sign of acute abdomen with hyperacute bowel sounds. Other systems were unremarkable. Blood investigations showed mild hepatitis with high inflammatory markers. Radiological investigations were normal. Patient’s husband brought the specimen of mushroom which confirm by mycologist identical to *Chlorophyllum molybdites*. After fluid resuscitation and close monitoring, patient was stabilized and admitted to medical ward for a few days and was discharged well.

Discussion: A new mushroom poisoning classification proposed in 2019 include nephrotoxic, hepatotoxic, hallucinogenic, myotoxic, metabolic, gastrointestinal, and cholinergic manifestations. *Chlorophyllum molybdites* is one of the mushrooms that caused severe gastrointestinal symptoms. It is commonly consumed in North America and most frequently reported in Malaysia. The mushroom is confused with *Termitomyces* mushroom, the edible type. Time from consumption to initial symptoms is important in determination of severity of toxicity. Immediate symptoms (less than 6 hours) usually indicate benign poisoning. On the other hand, delayed symptoms (more than 6 hours) indicate potentially life-threatening poisoning. Treatment is mainly aggressive supportive care as to prevent further complications of dehydration. Multiple doses of activated charcoal are associated with improved survival compared with supportive care alone. Prior to discharge, public awareness and community education are essential to prevent recurrence of mushroom poisoning.

Conclusion: Management of mushroom poisoning is dependent on description of the mushroom, the geographic distribution, the signs and symptoms of toxic principles and duration presenting symptoms of patient. It is difficult to know which wild mushrooms are safe, thus picking and consumption should be strongly discouraged as a precaution against mushroom poisoning.

Keywords: mushroom poisoning, *Chlorophyllum molybdites*