

## **PP71 CIGUATERA POISONING: A CASE SERIES AND REVIEW OF LITERATURE**

M HAMIM<sup>1</sup> NORA W<sup>1</sup> DYX LEOM<sup>1</sup> N SHAFIZA<sup>1</sup> K NISA<sup>1</sup>

<sup>1</sup> *HOSPITAL LABUAN, FEDERAL TERRITORY OF LABUAN, MALAYSIA*

### **INTRODUCTION**

Ciguatera fish poisoning (CFP) occurs after consumption of tropical reef fishes contaminated with Ciguatoxin. However, it remains under-diagnosed and under-reported in South East Asian countries such as Malaysia. Patients affected with CFP will develop a constellation of clinical findings, involving the gastrointestinal, neurological and cardiovascular systems which can also be fatal.

Here, we are reporting 3 of such cases, namely a lady who presented with diarrhea, bradycardia and heart block, a gentleman with bradycardia and hypotension, and lastly a gentleman with perioral paraesthesia and dizziness. All three consumed the same fish (barracuda) at the same time.

### **CASE SERIES:**

Case 1: A 23 years old lady presented with 6 episodes of loose stools, 6 episodes of vomiting and facial flushing. At presentation, BP was 90/40, HR 40-50bpm, while ECG showed sinus arrhythmia. Patient responded to fluid resuscitation and was discharged 2 hours later.

Case 2: A 35 years old gentleman with no comorbidity, complained of sudden onset of profuse sweating and dizziness. Patient was conscious, but hypotensive with BP of 64/31

mmHg and bradycardic (HR 40-50 bpm). ECG showed sinus bradycardia. IV Adrenaline was started after fluid bolus of 30cc/kg due to persistent hypotension. Patient was subsequently admitted. Symptoms improved with supportive therapy and discharged the next day.

Case 3: A 43 years old gentleman presented with neurological symptoms of dizziness, perioral numbness, and generalized limb weaknesses. He was bradycardic; HR 50-60 but showed no GIT symptoms and was normotensive. Patient responded well with IV fluid and discharged after 1 day of observation in ward.

### **RESULT:**

No test was done to confirm the presence of ciguatoxin in the fish consumed.

### **DISCUSSION**

The criteria in establishing the diagnosis of CFP in these patients were history of large reef fish ingestion, neurological, cardiovascular or gastrointestinal symptoms and signs as well as multiple individuals who consumed the same fish after exclusion of other diagnosis.

### **CONCLUSION:**

CFP particularly its severe form, represents an important public health issue for coastal countries like Malaysia. Awareness, as well as a high clinical suspicion and a proper history taking is important for optimal management for patients with CFP