

**PP125 THE MAGICAL  
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fruitful. This lady was given immunosuppressive therapy as well as hemodilution as soon as possible however she eventually succumbed to death.

**INTRODUCTION**

In an emergency setting, diagnosis of paraquat poisoning can be challenging when the presenting complaints are vague and lack of history of poisoning.

**CASE REPORT**

A 63-year-old woman with comorbidities of diabetes mellitus and hypertension presented with generalised body weakness with no other significant positive history. Clinically the lady appeared lethargic and with acidotic breathing. She had a blood sugar of 20mmol/L and a venous blood gas that showed metabolic acidosis. Subsequently she required boluses of fluid resuscitation.

Indwelling urinary catheter revealed good urine output with a shade of turquoise, which turned to clear yellow urine if shaken well and it will change to turquoise when left static.

Despite efforts of resuscitation she was clinically deteriorating. Eventually, investigation for paraquat was done and showed a positive result.

**DISCUSSION AND CONCLUSION**

As we faced difficulty in taking history for paraquate poisoning, this rather rare clinical finding (video available) eventually provided information for further investigations and it also indicated a very poor prognosis. The need to share this finding is essential as it will be of use to fellow clinical practitioners that may have not had much experience in this particular poisoning. Though the survival rate is low, early identification and quick initiation of therapy may be