PP071 MOTHBALL INGESTION RESULTING IN HEMOLYTIC ANEMIA

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INTRODUCTION

Hemolytic anemia occurs when bone marrow activity cannot compensate for the premature destruction of erythrocytes. It can be due to hereditary and acquired disorder, an extravascular or intravascular phenomenon. G6PD deficient is among the commonest cause of hemolytic anemia in children. We are presenting a case of accidental mothball ingestion resulting in hemolytic anemia in a normal G6PD patient.

CASE REPORT

A 1year old malay girl accidentally ingested half a mothball, presented to ED 6hours post ingestion with symptoms of vomiting and noted to be pale and jaundiced by the aunt. G6PD status was normal, but she had a paternal cousin with underlying G6PD. Clinically child is alert, pallor with jaundice, mildly tachypnoeic requiring NIV. Systemic examination noted palpable liver of one fingerbreadth. Lab investigations showed a hemoglobin of 3.9g/dL which improves to 9.3g/dL post transfusion of 20mls/kg of packed cell. Methemoglobin level of 4% to 1.1% upon discharge. Child was discharged with a planned for G6PD quantitative assay in 3 months' time.

DISCUSSION AND CONCLUSION

Naphthalene is commonly used as a household moth repellent and toilet deodorant. Systemic naphthalene toxicity can occur following ingestion, inhalation and dermal exposure. Initially patient can develop gastrointestinal symptoms but CNS effects may occur following severe toxicity. Hemolytic phenomenon can happen in severe toxicity despite a normal G6PD. A full blood count with retics count and myoglobinuria can be sent to look for evidence of hemolysis. G6PD activity test is not accurate during hemolysis. The hemolytic stage generally ends 5 to 6 days following exposure. The mainstay of treatment is symptomatic care and blood transfusion.