

from the "2014 Annual Report of the AAPCC" also recorded that ingestion was the highest cases reported with 83.7% followed by dermal (7.0%) and inhalation (6.1%). The top substance reported in this review was paracetamol at 17.5% (80).

Conclusion

This review showed that the disease burden of acute poisoning cases in Kuala Lumpur City is enormous and it also contributed to our preparedness in managing such cases.

OP 2 "TEMPTING MUSHROOM WITH DEADLY BITES - DINNER THAT ALMOST KILL MY FAMILY"-CASE SERIES OF CHLOROPHYLLUM MOLYBDITES MUSHROOM POISONING

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Introduction

This is a case series of a family (4 people) presented with Chlorophyllum Molybdites mushroom poisoning which has been picked up by the roadside mistaken for edible "cendawan busut".

Case description

Healthcare provider rarely encounters mushroom poisoning. We often misdiagnosed them as acute infective gastroenteritis. Meanwhile we found out that the content of the product might be poisonous and harmful to us which even cause death.

We tend to forget that some food product can be poisonous to some humans and even can cause death.

A 32 years old man presented to us with vomiting and diarrhoea after taking half a plate of wild mushrooms for dinner his family members. Patient was also complaining of throat discomfort and hence was sent to the Red Zone for possible anaphylactic reaction. Intramuscular adrenaline, intravenous hydrocortisone and chlorpheniramine and activated charcoal were administered. Continuous fluid replacement was done under ultrasound guidance until he was hemodynamically stable and was admitted in the medical ward.

The wife, a 29 years old pregnant woman at 20 weeks gestation has also taken some mushrooms for dinner. She developed vomiting and diarrhea in the emergency department. However she did not have any features of anaphylactic reaction. She was given IV fluids and was administered in the obstetrics ward. Their son, a 4 year old boy complained of vomiting at home after ingesting only a small piece of the mushroom. The child was admitted in the pediatric ward.

The mother to the woman, a 64 year old lady woman presented with vomiting multiple times vomiting at home after consuming the mushroom for dinner together with the others family member(above). However vital signs were still normal and hydration status was fair. She was stable hemodynamically and Patient was warded she was admitted for observation. under medical team for observation with continuous hydration.

The mushroom was then brought to the Mushroom Research Centre in University of Malaya for expert identification and subsequently was identified as *Chlorophyllum Molybdites* which could cause GI gastrointestinal disturbance.

All patients were discharged well after 3 days without any complications as symptoms improved and blood investigation failed to reveal any organ dysfunction/ residual toxicity.

DISCUSSION

This is a case series depicting the effect of mushroom poisoning in a family. The series also showed that the symptoms were proportionate to the quantity ingested.

CONCLUSION

Mushroom poisoning should be included as one of the differential diagnosis in cases of gastroenteritis after ingestion of mushroom. On any event of mushroom ingestion presenting with AGE symptoms. Early identification of the mushroom identification will be helpful in assisting the predicting patient outcome including management plan. Early anticipation in form of guided fluid resuscitation are compulsory is necessary to prevent dehydration and further deterioration of patient condition.

We presenting case series of a family with mushroom poisoning. We are first in world to present such case which patient ingest same type mushroom

with different outcome- proportionate to quantity ingested.

We are also first in world to report same type of mushroom poisoning with outcome (Quantity based) from different age group/population (Adult /Pregnant Lady/Pediatric/Geriatric) group.

OP 3 A PROSPECTIVE OBSERVATIONAL STUDY ON THE IMPACT OF A PROTOCOL-DRIVEN MANAGEMENT OF ST ELEVATION MYOCARDIAL INFARCTION (STEMI) ON EVENT TIMINGS IN A NEWLY-ESTABLISHED STEMI NETWORK

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INTRODUCTION

The network was a collaboration between an Emergency Department of a non-capable percutaneous coronary intervention (PCI) centre and a PCI-able centre to enable access for ST elevation Myocardial Infarction (STEMI) patients for Primary Percutaneous Coronary Intervention (PPCI). The aim of the study is to determine if a protocol driven management of STEMI patient will improve the first medical contact