



## INTRODUCTION

Amphetamine poisoning is rare in pediatric age group and is an uncommon presentation at the Emergency Department. It is a diagnostic challenge during the early presentation. We report a case of a child who presented with acute amphetamine poisoning due to accidental ingestion.

## CASE REPORT

A 1-year 5-months child, was referred to our Emergency Department as a case of Meningitis in view of an episode of seizure that was associated with high grade temperature. The child was well prior to clinic presentation without any history of fever, ongoing losses, or abnormal behavior.

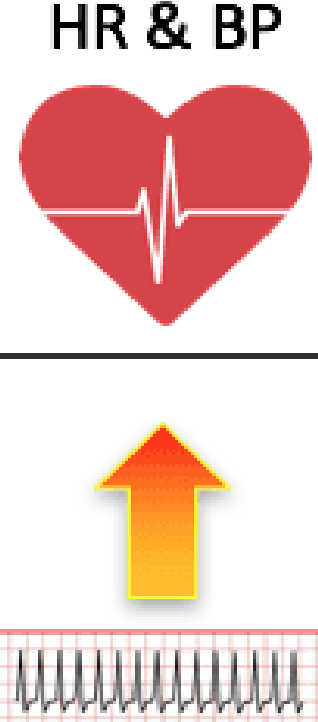
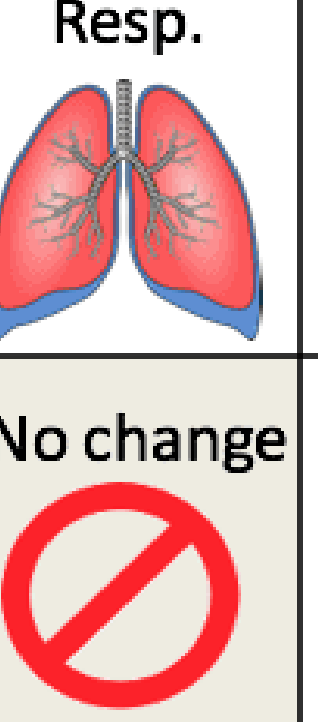
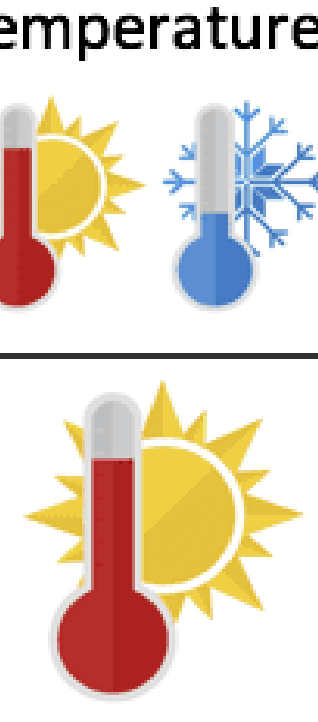
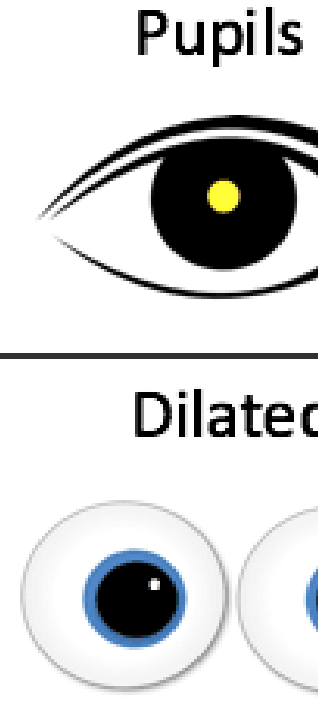
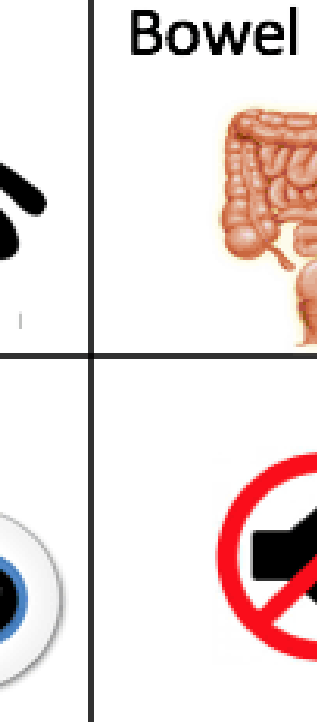
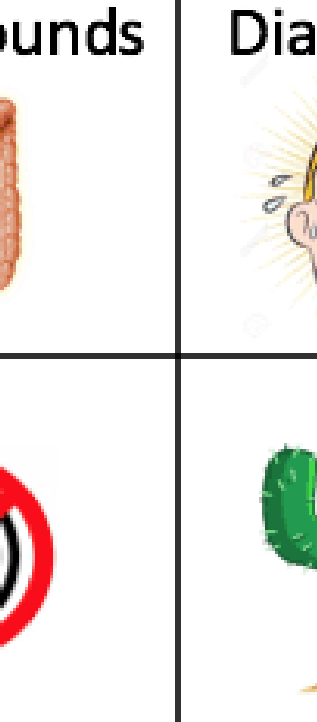
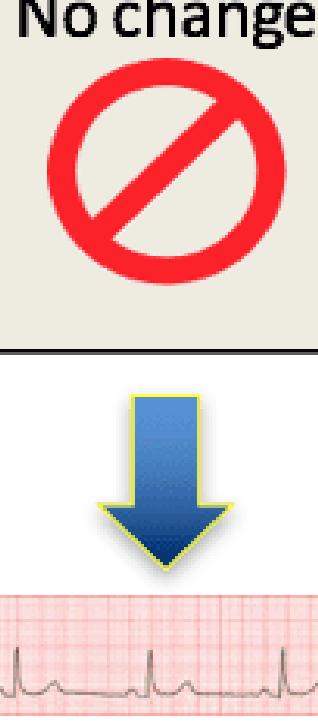
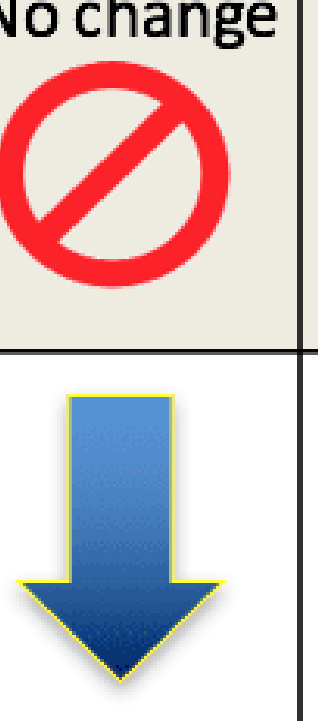
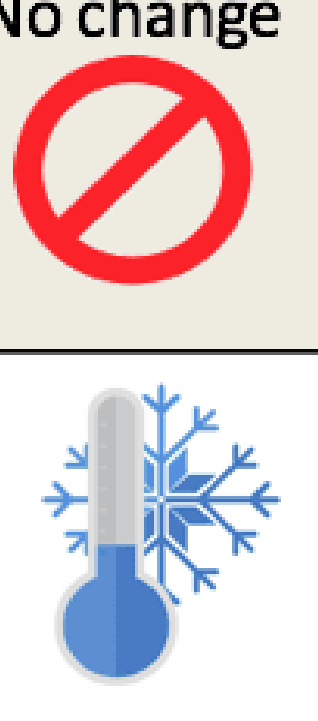
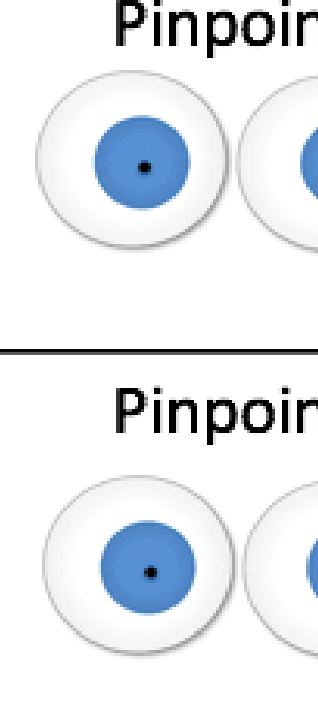

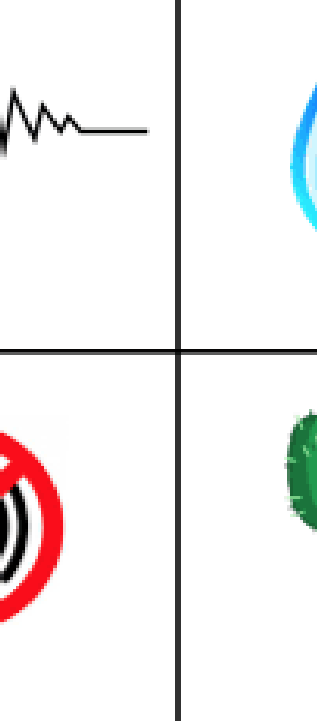
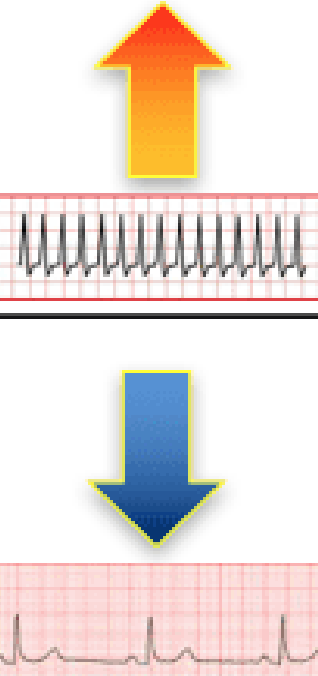
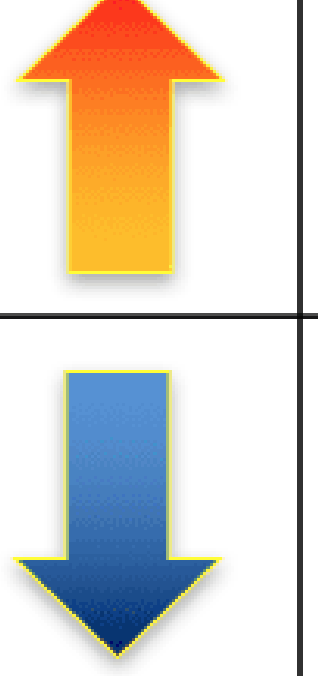
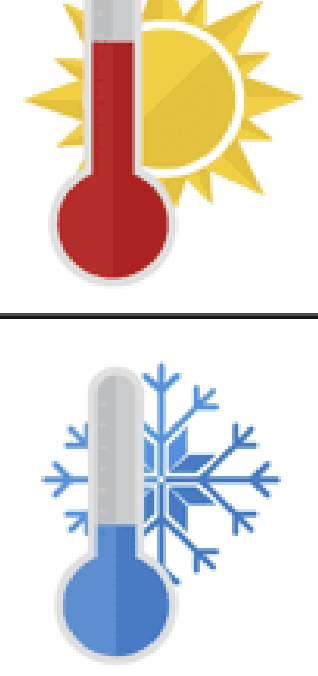
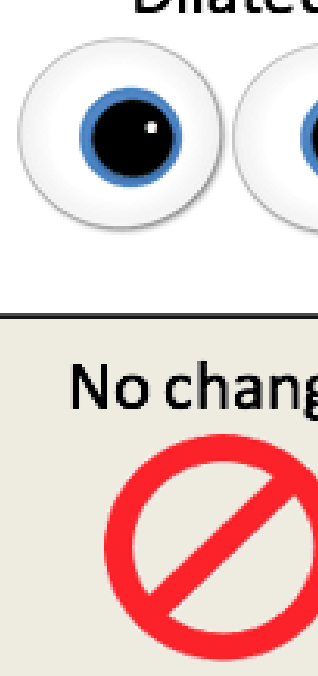
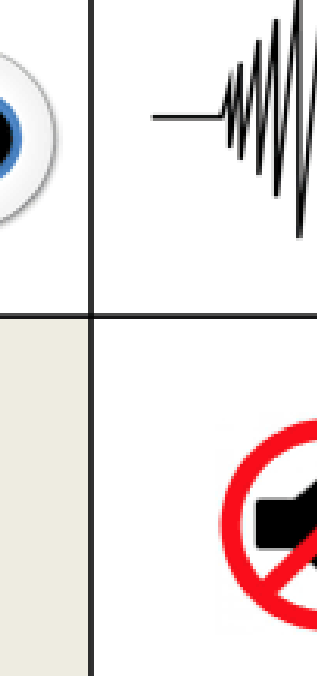
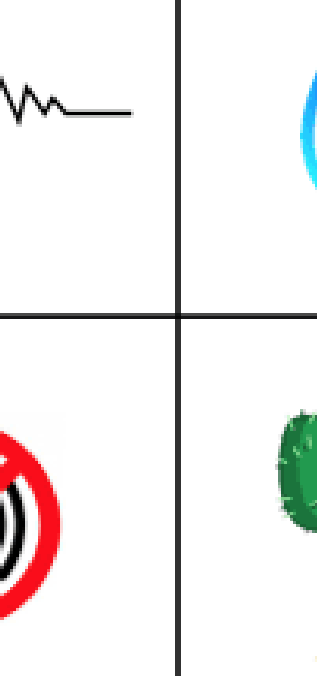
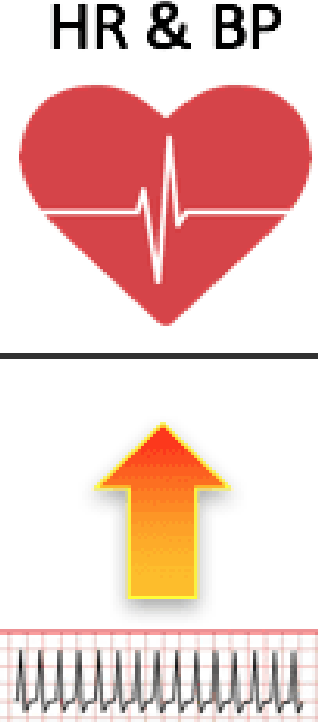
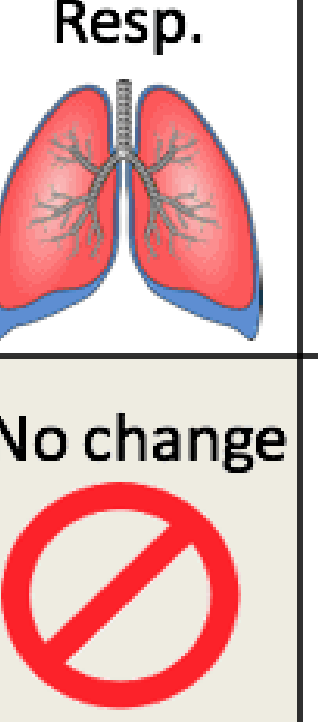
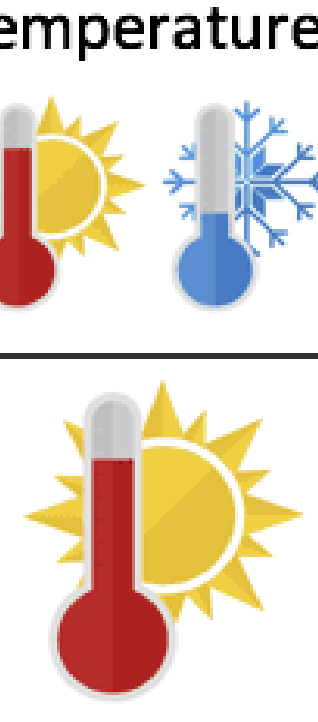
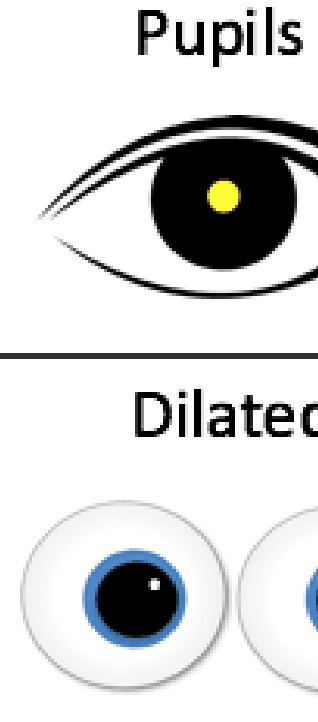
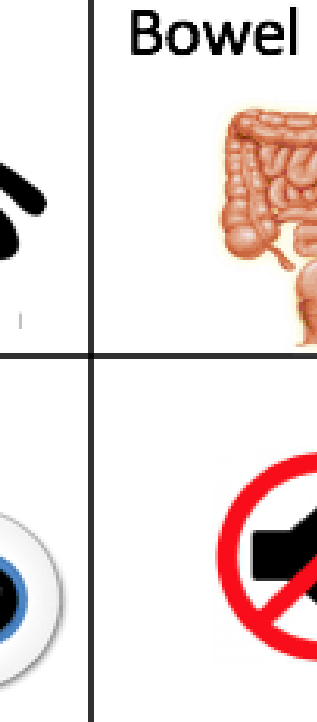
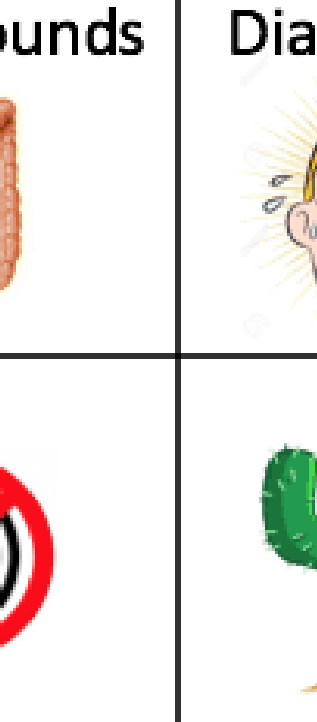
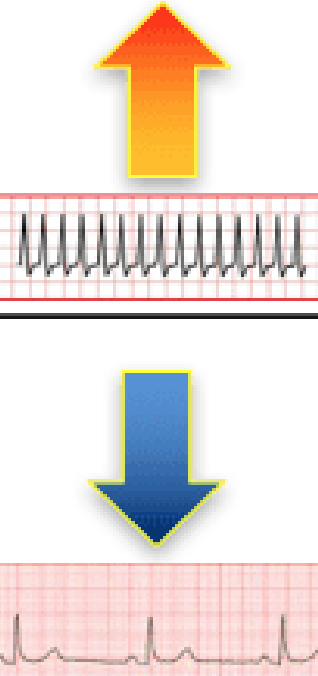
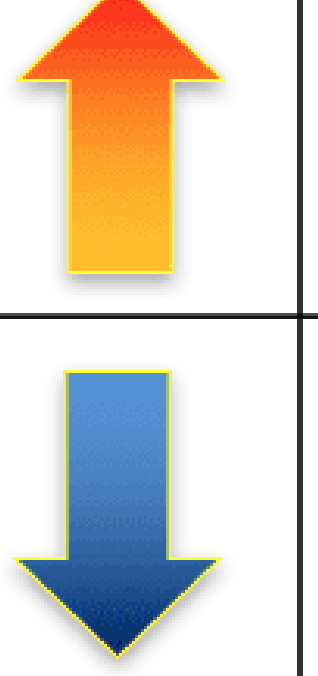
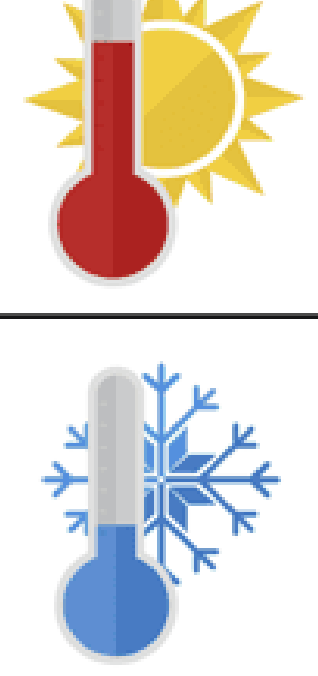
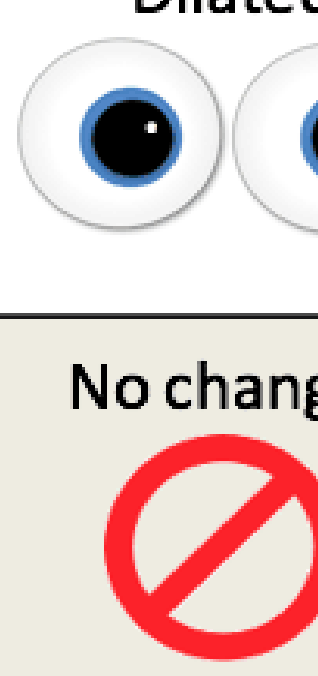
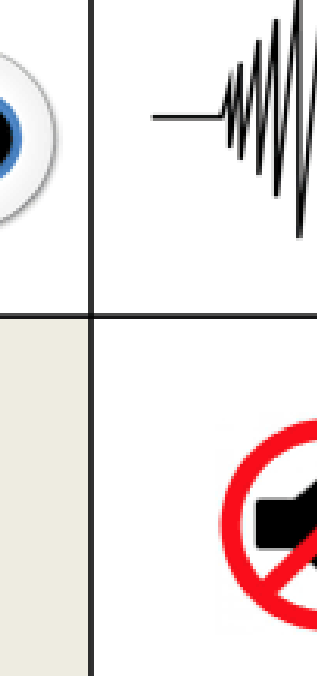
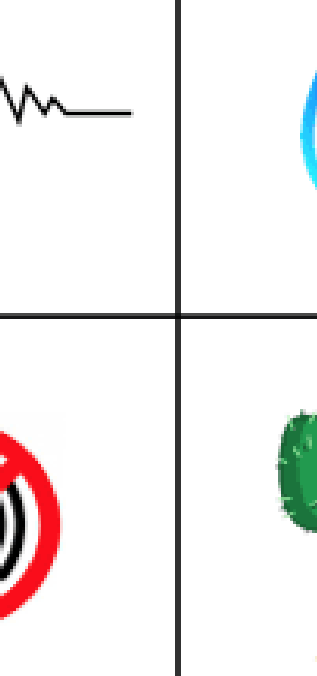
Physical examination revealed that the child was hyperactive, running around in her baby cot, smiling and did not show any signs of post ictal drowsiness or meningism despite having high grade temperature. We noted that the child was tachycardic with heart rate of 190bpm and temperature of 38.8 C. Blood pressure and oxygen saturation was within normal range. Her initial blood investigations were normal as well.

After repeated questioning of the family members, mother gave a history that her child went out with her sister and drank something from a random bottle that she found in the park.

This part of history, suggested possibility of toxic substance involvement hence a stat urine toxicology test was done, which confirmed the presence of amphetamine.

Patient was later admitted to pediatric ward for supportive therapy with sedation (benzodiazepine) and observation. She was later discharge home without any complication of amphetamine poisoning.

## IMAGES

	HR & BP	Resp.	Temperature	Pupils	Bowel Sounds	Diaphoresis
<b>Anticholinergic</b> Anticholinergics –Atropine, scopolamine, glycopyrrolate benzotropine, trihexyphenidyl Antihistamines – Chlorpheniramine, Cyproheptadine, Doxylamine, Hydroxyzine, Dimenhydrinate, Diphenhydramine, Medizine Promethazine		No change 		Dilated 		
<b>Cholinergic</b> Organic Phosphorous Compounds: Carbamates • Arecholine, Pilocarpine, Urecholine (Betanecol), Carbachol, Choline, Metacholine, Mushrooms	No change 	No change 	No change 	Pinpoint 		
<b>Opioid</b> Morphine • Codeine • Tramadol • Heroin • Meperidine • Diphenoxylate • Hydromorphone • Fentanyl • Methadone • Propoxyphene • Pentazocine • DXM • Oxycodone • Hydrocodone				Pinpoint 		
<b>Sympathomimetic</b> Caffeine, cocaine, amphetamines, methamphetamines, Ritalin, LSD, Theophylline, MDMA				Dilated 		
<b>Sedative-Hypnotic</b> anti-anxiety agents, muscle relaxants, antiepileptics and preanesthetic medications –Barbituates –Benzodiazepines				No change 		

## DISCUSSION

- Substance abuse intoxication in children is a rare form of acute poisoning.
- The toxic effects of amphetamine poisoning varies widely by age. In the current study, abnormal behaviors which involves irritability, tachycardia, and pyrexia were the main presentation symptoms and signs<sup>(1)</sup>.
- Presence of sympathomimetic toxidrome which were hyperactivity, hyperthermia, tachycardia and hypertension together with suspicious history helped us in treating an unknown substance poisoning<sup>(2)</sup>.
- Thinking of substance abuse intoxication as cause of sudden decrease in level of consciousness in previously healthy child may prevent unnecessary test such as CT-Scan and Lumbar Puncture.
- Treatment of amphetamine poisoning consist of supportive care which vary according to the severity of symptoms<sup>(2)</sup>.

## CONCLUSION

- This case highlights the importance of high index of suspicions for acute substance poisoning or overdose in a previously healthy children with acute onset of neurological symptoms of unknown etiology.
- Not all children that come to us with fever and fitting episode are due to febrile fit or meningitis.

## REFERENCES

1. Wood K.E., Krasowski M.D. An infant with a prolonged sympathomimetic toxidrome after lisdexamfetamine dimesylate ingestion. *J. Med. Toxicol.* 2016;12:402–405
2. Jonathan D.A., Michael J. M., M.D. *Methamphetamine Poisoning.* Calpoison.org. 2008

