

PP053 AMANITA MUSCARIA: A RISKY DELICACY

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INTRODUCTION:

There are over 10 000 known species of mushrooms worldwide, in which only about 100 species are classified as poisonous. Mushroom poisoning usually occurs because of misidentification of poisonous mushroom from similarly appearing edible species. This article is to highlight the rare occurrence of mushroom poisoning with neurological symptoms in Malaysia.

CASE REPORT:

A couple of rubber tapper from a rural village in Tanah Merah, Malaysia, self-picked some wild mushrooms found at their estate. The mushrooms were consumed after being cooked. Two hours post ingestion, they started to have giddiness and vomiting. Subsequently, their conscious level deteriorated and the wife developed generalised tonic clonic seizure. Upon arrival at the emergency department, the GCS of the husband and the wife were E1V1M3 and E1V2M5 respectively. Both were intubated for airway protection. CT brain was done for both with no significant findings. After consultation with a toxicologist, we suspected they had ingested *Amanita muscaria* mushroom species that contains ibotenic acid and muscimol mycotoxin. Supportive treatment were continued and we were able to extubate them the next day without complications.

DISCUSSION:

Ibotenic acid and muscimol mycotoxin act as an agonist at NMDA and GABA receptors in the central nervous systems. They produce rapid onset of symptoms like gastrointestinal upset, delirium, confusion, excitation or coma either alone or in combination. Convulsion is uncommon but it occurred in our patient. Good prognosis is expected with supportive treatment. However, few deaths have been reported with ingestion of this mushroom before.

CONCLUSION:

Recognition of symptoms of mushroom poisoning is of paramount importance in determining the species type and subsequent appropriate management strategies.