

**PP 49**  
**A BEE-ZY COMPARTMENT**  
**SYNDROME**

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**INTRODUCTION**

Bee stings by the genus Apidae give rise to a variety of life threatening conditions due to the systemic effect of amines, peptides and toxins released by the stings. Rarely, local reactions result in compartment syndrome, a dreadful limb threatening complication. We describe a case of left middle finger compartment syndrome after a bee sting; requiring emergency fasciotomy.

**CASE REPORT**

A 21-year-old man was stung by a honeybee over the palmar surface of his left middle finger 19 hours prior to presentation. He complained of worsening pain and swelling over the bite site. He had a short history of fever following the sting but subsided after antipyretics. Upon examination, his vital signs as well as systemic examinations were unremarkable. Local examination of his left middle finger revealed a grossly swollen, sausage-like, erythematous and tender finger. There was no punctum and the bite site was obscured. Flexion and extension over the interphalangeal joints were severely restricted and the passive stretch test was positive. Peripheral sensation was also affected. X-rays of the finger were normal. Considering the positive clinical findings and time since insult, this patient underwent a fasciotomy to release the compartment pressure. Secondary suturing was done 2 weeks later and he achieved full function in 1 month.

**DISCUSSION**

Most clinicians' worry about the systemic effects of a bee sting but the wide variety of toxins present in a bee sting may just as well cause dangerous local reactions. The inflammatory reactions triggered by these amines and peptides in an enclosed area such as the finger raise inter-compartmental pressures and jeopardize neurovascular integrity and should not be confused with secondary bacterial infection.

**CONCLUSION**

Compartment Syndrome is a real and present complication of a bee sting that should be considered especially when bitten over the limbs.

**PP 50**  
**DELAYED ONSET HEART FAILURE**  
**AFTER DELIBERATE**  
**DIHYDROPYRIDINE OVERDOSE**

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**INTRODUCTION**

Calcium-channel blocker toxicities are rare but account for about 40% of deaths in cardiovascular drug overdoses. Patients commonly present early and urgently with features of haemodynamic instability. We describe a case of a dihydropyridine toxicity that presented late and was in profound cardiac failure; assumed to be due to an acute coronary event.

**CASE REPORT**

A 29-year-old man presented to the ED with headache, vomiting and breathlessness 3 days after ingesting 300mg of Amlodipine besylate, in a para-suicidal attempt. He had gone to a