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DEADLY TWITCH: A CASE STUDY
OF UNUSUAL
ORGANOPHOSPHATE POISONING
PRESENTATION

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INTRODUCTION

Organophosphate is a commonly used pesticide and poisoning of its substance is not uncommon. It is widely used in any oil palm plantation worldwide. The detrimental effects of its substance may range from well-known "SLUDGE" symptoms to neurology manifestation, and cardiorespiratory compromise. Prompt and accurate diagnosis is needed to initiate early treatment.

CASE REPORT

This is a case of an 18 years old gentleman with no known medical illness presented to our emergency department on 20th May 2016 with complaint of abdominal pain, and giddiness for 1 day. On examination, he was lethargic, dehydrated and having generalized muscle twitching. Diagnosis tetanus was top of the list but there is no external wound noted and no history of trauma. Upon further questioning, patient also has vomiting and diarrhea since yesterday. History obtained from colleagues revealed that a class II pesticide was splashed onto his pants whilst working the day before. He was then treated as organophosphate poisoning and given IV atropine and IV Pralidoxime. However patient developed VT with pulse and bronchorrhea hence intubated for airway protection. Patient subsequently admitted to ICU and discharged well after 7 days.

DISCUSSION & CONCLUSION

Organophosphate compounds are the organic derivatives of phosphorus containing acids and they act at neuron synapses by inhibiting acetyl-cholinesterase. The clinical manifestation after exposure of this pesticide depends on the amount of organophosphate consumed and the lag time. After the exposure to organophosphate, the clinical manifestation divided into three phases which are acute cholinergic crisis, the intermediate syndrome and delayed polyneuropathy. In this case, despite having the typical "SLUDGE" symptoms, patient demonstrate generalized muscle fasciculation due to his late presentation. Good history and clinical examinations are mandatory to detect the uncommon presentation of any poisoning as the patient may present with atypical symptoms.

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"ATTRACTIVE PENIS TURNED
INTO TRAGEDY"- A WRONG MOVE
IN PENILE ENHANCEMENT
THERAPY – CASE REPORT OF
PENILE SILICONOMA

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INTRODUCTION

We describe a case report of Penile Siliconoma where patient injected liquid silicon into penile tissues to enhance penile girth, subsequently makes it more attractive.

CASE DESCRIPTION

Penile siliconoma is a rare condition where patient injected liquid silicon to make penis appear attractive for opposite sex. We presenting such a case, a 43 years old gentleman with not

known medical illness injected liquid silicon for sexual cosmetic purpose. Patient had 3 course of injection within 6 months time. Initially he has claimed his penis became bigger in size and did not encounter any abnormalities. However, after subsequent 2 months (8 months from first Silicon injection), he noticed his penis started to become granulomatous and hardened. He also experienced some skin changes surrounding penile area with on and off difficulty in urination (hesitancy) and retention. Upon examinations, the vital signs were within normal parameters. Genital examination showed a harden shaft of penis, with thickening of the surrounding skin. Patient was taken over by urology team and planned for operation (Skin Degloving and grafting)

DISCUSSION/CONCLUSION

Penile enhancement therapy especially for cosmetic reason are uncommon in daily practice especially in Malaysia. Patient tend to make the wrong decision to get treatment from unrecognised practitioner which often resulted in unwanted outcome. For us medical practitioners, do consider obstructive uropathy symptoms which in these case hesitancy and on and off urinary retention as emergency condition. Early referral to urology unit will ensure better outcome.

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CASE OF ELECTRONIC CIGARETTE INDUCED ANAPHYLAXIS

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INTRODUCTION

“Vaping”, the use of electronic cigarettes (e-cigarettes), has gained popularity especially among the younger population, worldwide. The vapor generated by e-cigarettes contains variable levels of nicotine and potentially harmful toxins, possibly triggering a life threatening anaphylaxis episode. Here we describe a case of anaphylaxis after using an e-cigarette.

CASE DESCRIPTION

A 22 year old male presented to the emergency department with complaints of acute periorbital swelling, shortness of breath, chest tightness, and a foreign body sensation in his throat. He has underlying bronchial asthma and allergies to soy and peanuts. He had been using e-cigarettes with strawberry flavor for the past 1 year as a smoking substitute. However, he changed to a nut containing flavor the day prior to becoming unwell. Upon examination, he had bilateral periorbital oedema but no other significant mucosal swelling. He was not tachypnoeic and apart from reduced air entry bilaterally, his chest examination was unremarkable and his oxygen saturation on room air was 99 percent. His heart rate on presentation was 114 beats per minute but was normotensive. Chest x-ray was unremarkable. He was treated with intramuscular adrenaline plus intravenous corticosteroid and anti-histamine. Post treatment, his symptoms improved almost immediately and his heart rate dropped to 84 beats per minute. He was observed overnight in the ward and discharged well the next day.

DISCUSSION

Most e-cigarette liquids (e-liquids) consist of various combinations