

Title: Young ice baby: Case of inadvertently amphetamine and methamphetamine poisoning in paediatric patient.

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Introduction

Methamphetamine is a highly addictive psychostimulant drug that is a derivative of amphetamine which produces euphoria and stimulant effects. Hereby we present a paediatric case with sympathomimetic toxidrome.

Case report

A 1 year 11 months old girl with no comorbid, presented with altered behaviour after nine hours of ingested unknown liquid substance. The child was brought to a nearby park near her house for playing. However, her mother witnessed that she allegedly drank an unknown “small plastic bottle” liquid found at the park through sipping from the straw. Post ingestion, the child appeared irritable with persistent crying, refused feeding, with repetitive chewing. Parents seek medical attention from general practitioners but was told that child’s behaviour was normal.

The child was fretful with inconsolable crying and persistent screaming. Vital signs noted hypertension and tachycardia with normal oxygen saturation. Other systemic examinations unremarkable. Pupils were 3 mm reactive. She also found to have high Creatinine Kinase (682 U/L) with positive amphetamine and methamphetamine from bedside urine toxicology test.

Intravenous Midazolam 0.2-0.3 mg/kg were given in a titrated dose to the child. Urinary catheter was inserted for urine output monitoring. A maintenance intravenous drip was administered for adequate hydration with optimal urine output. Child was admitted to the paediatric high dependency unit for close monitoring.

Discussion

Paediatric methamphetamine toxicity commonly manifests with sympathomimetic signs. Psychomotor agitation is a hallmark of sympathomimetic toxicity from methamphetamine which is important for providers to recognize, since supporting history is frequently elusive in this age group. Atypical or unique clinical manifestations often confused with alternative diagnoses which may delay in diagnosis and treatment. In this case, child had repetitive chewing, an indicator of abnormal motor activity which is prevalent in the youngest age group. Titrated benzodiazepines were used for agitation control. Closed monitoring for the side effects from benzodiazepines need to be done.

Conclusion

In conclusion, early recognition of sympathomimetic toxidrome among paediatric patients is important through their clinical presentation. Other differential diagnoses including non-accidental injuries should be ruled out and suspected once diagnosis is made and to be reported to relevant authorities accordingly.

Keyword: Paediatric toxicology, sympathomimetic.