

HIDDEN DANGER: THE SILENT THREAT OF PARACETAMOL POISONING IN CHRONIC ALCOHOLICS

WAN HAMDI¹, MUHAMMAD AIDIL IDHAM² MOHAMAD IQHBAL³

DEPARTMENT OF EMERGENCY AND TRAUMA, HOSPITAL AL-SULTAN ABDULLAH, PUNCAK ALAM, SELANGOR, MALAYSIA

Introduction

Paracetamol (acetaminophen) is a widely used over-the-counter medication for pain relief and fever reduction. Although generally safe at the recommended doses, an overdose can lead to severe liver damage or even death. Chronic alcoholics are at a heightened risk of paracetamol poisoning due to several physiological and metabolic factors.

Case Report

A 53-year-old man, a regular alcohol consumer for 20 years with no known chronic liver disease, presented with sudden onset of shortness of breath. No other complaints. He had a history of toothache three days prior and was prescribed a regular paracetamol dose, which he took as directed.

On presentation, he was alert but speaking in words. Vital signs showed normal temperature and blood pressure, but he was tachycardic and tachypneic with a respiratory rate of 40. Lung auscultation was clear, and there was no bipedal oedema or stigmata of chronic liver disease. His abdomen showed hepatomegaly (four fingerbreadths), non-tender, and non-guarding. A bedside scan showed minimal free fluid in the hepatorenal region, with normal liver echogenicity.

Due to ambiguous clinical features, a Paracetamol TDM level was taken, resulting in 46 microgram/mL. Liver function tests were severely deranged: aspartate transaminase was 6239, and alanine transaminase was 2796. Abdominal CT showed no bowel ischaemia but an enlarged liver with no lesions. The patient was diagnosed with acute decompensated liver failure complicated by severe metabolic acidosis and hyperlactatemia secondary to paracetamol poisoning. Despite being intubated and started on intravenous N-acetylcysteine, his condition deteriorated, and he succumbed to death after 3 days in the ward.

Discussion

Chronic alcoholics are at a significant risk for paracetamol poisoning due to altered drug metabolism and liver dysfunction. Early diagnosis and prompt treatment are crucial to prevent severe liver damage and to improve outcomes. Education and preventive strategies are essential to mitigate the risks associated with paracetamol use in this vulnerable population.

Conclusion

Think of a few differentials for shortness of breath, especially in special populations. In our case, it was due to paracetamol poisoning. In conclusion, an important reminder that we learned from this case is to maintain a high index of suspicion.

Keyword

Paracetamol poisoning

(347 words)