

AN INTERESTING CASE OF SUSPECTED E-CIGARETTES OR VAPING-ASSOCIATED ACUTE DELIRIUM PRESENTATION (NON-EVALI): A CASE REPORT

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INTRODUCTION

The use of E-cigarettes/vape has become increasingly prevalent worldwide. In Malaysia, the prevalence of E-cigarette/vape use has significantly increased from 9.8% in 2017 to 14.9% in 2022 among adolescents aged 13 to 17 years old.

CASE DESCRIPTION

We describe a case of 16 years-old healthy male, brought to our emergency department with an acute onset of altered sensorium associated with trembling in his bilateral upper limbs after taking several puffs of E-cigarettes at school. He was accompanied by his teachers after being found delirious and with a reduced conscious level.

Upon assessment, patient had regained full consciousness but had slow response to questions. He revealed a history of consumed E-cigarette with an unknown mixture called as “mushroom” flavour prior to the onset of the symptoms.

Vital signs recorded were normal, and full neurological assessment was unremarkable. Blood investigations were within acceptable ranges with urine drug test came back negative. The case was notified as Non-EVALI to the District Health Office for further investigations.

The patient was subsequently admitted for observation and re-hydration, then discharged home after being asymptomatic for over 24 hours.

DISCUSSION

E-cigarettes/vaping-associated lung injury (EVALI) is still the main and widely discussed complication. However, non pulmonary vaping-associated complication such as seizures, altered mental status and poisoning from psychoactive substances like synthetic Psilocybin must not be ignored and should be suspected if there is a history of vaping related to current symptoms. Intoxicated patients may present with a wide range of symptoms from agitation to confusion and even seizure that warrant a systematic approach from the clinician.

A detailed history of vaping products use supported by a normal baseline blood investigations, urine drug test and imaging can assist in the diagnosis.

CONCLUSION

EVALI or Non-EVALI are both classified as vaping-associated complications. Each diagnosis is the diagnosis of exclusion with no specific investigations or imaging predicting the risk of morbidity or mortality. We emphasize the importance of screening for significant vaping history in patients with acute onset of altered mental status. A high suspicion level will help in early recognition and diagnosis of vaping-associated complication. Hence, prompt management will facilitate the full recovery.

KEYWORDS

E-cigarettes/vape, EVALI/Non-EVALI, Psilocybin