

From activated charcoal to selective plasma exchange: A retrospective analysis of mushroom poisoning cases treated in the intensive care unit

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September 14, 2020

Abstract

Background/aim: This study aims to evaluate presenting symptoms, clinical and laboratory findings, and treatment modalities of adult patients presenting with mushroom poisoning treated in the intensive care unit (ICU) with special consideration of extracorporeal liver support systems. **Materials and methods:** Records of patients with mushroom poisoning treated in the ICU between January 2007 and December 2014 were analyzed retrospectively. **Results:** Sixteen adult patients were treated in the ICU for mushroom poisoning during the designated study period. Presentation to the hospital was most common during October of each year. Average time from ingestion of mushrooms to first symptoms was 17.81 hours, and to ICU admission was 2.38 days. The most common symptoms were nausea, vomiting and diarrhea. The most common laboratory finding was elevation of liver transaminases. In cases with elevated liver transaminases, penicillin G, silibinin and N-acetyl cysteine were used. Extracorporeal support systems were used in 9 cases. Two cases underwent emergency liver transplantation. **Conclusion:** Liver transplantation is the most definitive and effective treatment in indicated cases of mushroom poisoning. Extracorporeal support systems should be considered in the early period both as a treatment modality on their own or to save time until the definitive treatment is possible. The question of which extracorporeal detoxification technique to use is difficult to answer and controlled clinical trials which compare their efficacy are needed.

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Short running title: Treatment of mushroom poisoning

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There are no sources of research support to be declared for this study.

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