

and foreign body reactions can be caused by thorns from a number of plants including cactus, blackthorn, hawthorn, roses and date palm. Symptoms may continue for months or years and total synovectomy may be required before a full recovery is made (2). **Objective:** To identify whether calls to NPIS (Cardiff) are made involving penetrating plant injury. **Case Series:** During the 12 months between November 2005 and November 2006, the Cardiff Unit of the National Poisons Information Service received five calls requesting advice on mechanical thorn injuries. Four of these involved blackthorn and one involved a date palm thorn. Four of the five patients developed symptoms prior to the call, whilst one (involving blackthorn) was asymptomatic. Symptoms reported included swelling, redness, inflammation and ischemia. Three enquiries related to fingers, one to a thumb and one to a knee injury. The patients were between 32 and 42 years of age. **Conclusion:** Although not common, calls involving penetrating plant injury are made to NPIS (Cardiff). **Discussion:** Several common poisons information databases do not list thorn injuries as potential sources of complications. Indeed they are not mentioned at all in some poisonous plant books. However, a detailed search elicits the potential adverse effects that can follow exposure to spiny plant material. Although the NPIS (Cardiff) received only a small number of calls involving this type of exposure, due to the potential for long-term sequelae it is essential that specialists in poisons information and emergency staff are aware of the need for correct care and follow up required to avoid plant thorn synovitis. Whilst being relatively unusual, it is a potentially serious complication which can follow a seemingly minor incident. **References:** 1. Sugarman M, Stobie DG, Quismorio F, et al. Plant thorn synovitis. *Arthritis Rheum* 1977; 20:1125-8. 2. Doig SG, Cole WG. Plant thorn synovitis, resolution following total synovectomy. *J Bone Joint Surg (Br)* 1990; 72(B):514-515.

#### 42. Acute Renal Failure Induced by *Amanita Proxima* Poisoning: Three New Case Reports in Southern France

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**Objective:** *Amanita proxima* is a rare mushroom which grows in Southern France. This species can be the origin of poisonings with severe acute renal failure and moderate hepatic cytolysis. The first case series of this new kind of poisoning was reported in 1998 by the Poison Centre of Marseille (1), describing 53 observations mainly due to the confusion with the edible *Amanita ovoidea* (83% of the cases). Since this study, sporadic poisonings with *Amanita proxima* ingestions are still observed in Provence. **Case Series:** Three new cases were recently collected. The first one concerned a 53-year-old woman who ate in October 2005 mushrooms identified as *Amanita ovoidea*. She had digestive troubles 15 hours after the meal which persisted 2 days, and biological disturbances then appeared with oliguria and renal insufficiency. She improved after the 7th day and did not need dialysis. The second case concerned a couple (67-year-old man, 68-year-old woman) who ate in November 2005 unidentified white mushrooms. They both presented a classical *Amanita proxima* poisoning clinical feature with initial digestive troubles and development at the third day of renal failure and transitory hepatic cytolysis. They did not require dialysis and recovered after 10 days of hospital management. Finally, the third case concerned a 67-year-old man who ate in October 2006 *Amanita proxima* identified as *Amanita ovoidea*. He had also a similar clinical feature and stayed at the hospital for 9 days with no necessity of dialysis treatment. **Discussion:** *Amanita proxima* is a toxic mushroom which can induce in the very limited geographical area where it grows severe human poisonings. The three new cases were characterized by the development of a typical clinical feature but none of the patients needed dialysis, while 11 patients of 53 in the previous case series were treated with dialysis (1). **Reference:** 1. de Haro L, Jouglard J, Arditti J, et al. Insuffisance rénale aiguë lors d'intoxication par *Amanita proxima*: expérience du Centre Anti-Poisons de Marseille. *Néphrologie* 1998; 19:21-4.

#### 43. Ingestion of Mescal Beans (*Sophora secundiflora*) Causing Agitation in an adolescent - A New Intoxicant

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**Objective:** Mescal beans from *Sophora secundiflora* have historically been used by Indians of the southwest and Central and South America during ritualistic ceremonies to obtain divinatory states. Toxicity, however, limited extensive use and upon the discovery of the hallucinogenic properties of mescaline found in *Lophophora williamsii* (peyote) use of *Sophora secundiflora* waned. Although detailed studies are lacking, the mescal bean is known to contain the alkaloid cystine which is similar in action to nicotine and has activity at both nicotinic and muscarinic receptors. This case is the first clinical description of intoxication from *Sophora secundiflora*. Additionally, it illustrates use of the internet for finding new or natural psychoactive drugs. **Case Report:** A 20-year-old young man became agitated shortly after being arrested by police. During a search of his person "red beans" described as similar size and shape as pistachio nuts were discovered. The patient was brought to the Emergency Department for evaluation and was noted to be mumbling that he took mescaline. In the Emergency Department the patient responded to verbal stimulation but only with single words. He had a fluctuating level of consciousness with intermittent agitation and was noted to be diaphoretic. His initial vital signs included: temperature 100.4 (rectal), heart rate 130 beats/minute and blood pressure 150/88 mmHg. On physical exam he had marked mydriasis. The patient's agitated delirium was treated with benzodiazepines and his mental status was significantly improved after three hours. Urine screen for drugs of abuse was positive for 1THC, otherwise laboratory tests were unremarkable. The patient subsequently clarified that he hadn't taken "mescaline" rather he'd eaten "mescal beans", after reading on the internet that they were hallucinogenic. **Conclusion:** There is limited information in the medical literature describing *Sophora secundiflora* as an intoxicant yet it is listed in the website Erowid as a hallucinogenic plant. Despite its inclusion as a hallucinogenic plant on various informational websites (Erowid) and other than historical references there are no reports of human toxicity from the mescal bean. This report is the first documented case of intoxication from mescal bean ingestion. It also serves as a reminder that while internet web sites such as Erowid serve as sources of information for rare and/or emerging drugs of abuse, for some individuals this information is used for finding new or alternative intoxicants.

#### 44. Mass Poisoning by *Datura Stramonium*

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**Objective:** To describe a mass poisoning by the plant *Datura stramonium* (DS) which had grown as a pest in a culture of edible vegetables (*Amaranthus blitum*). Emphasis is given to the necessity of timely cooperation of the responsible services and the effectiveness of the information and vigilance of the public. **Case Series:** Three groups of 9 adults (5 males and 4 females) proceeded late at night and the next day to different hospitals of Athens with symptoms including nausea, vomiting, dry mouth, mydriasis, blurred vision, flushed skin, hypotension, tachycardia, confusion, and sleepiness. The first diagnosis varied from food poisoning to stroke attack. CT was performed in two patients; one had been admitted to an intensive care unit. Subsequent communication with the Poison Information Centre led to the diagnosis of anticholinergic poisoning by alkaloids. Administration of physostigmine as an antidote resulted in immediate recovery from most of the symptoms. Supportive treatment lasted from 24h to 72h. All patients had consumed vegetables (*Amaranthus blitum*) 90 min to 6 hours before the symptoms occurred. The second report to PIC about patients having consumed vegetables from the same supermarket, as the patients of the 1st report, rendered us sensitive to the possibility that we were not facing a random incident rather, but a massive poisoning with vegetables. The same night the PIC in cooperation with Hellenic Food Authority withdrew the specific lot of vegetables (grown on a specific farm) from the market and the public was informed through the Media in less than 24 hours after the first incident. Thus only two more incidents were reported during the next few days. Benaki Phytopathological Institute identified the pest *Datura stramonium* to have contaminated the culture of *Amaranthus blitum*. **Conclusion:** Clinicians have to be aware and report to PIC patients who present with uncommon symptoms. The close cooperation with PIC assists in the immediate diagnosis of this kind of poisoning. The prompt cooperation of the responsible services can prevent the expansion of such imminent mass poisonings.

#### 45. Acute Poisoning with *Tricholoma equestre* as a Consequence of Simvastatin-Mushroom Interaction

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**Objective:** The incidence of myopathy and/or rhabdomyolysis is less than 0.1% among patients treated with simvastatin. On the other hand, rhabdomyolysis was described as a life-threatening consequence after repeated ingestion of *Tricholoma equestre* in 12 patients in France (1) and in two patients in Poland (2). We report a case after consumption of these mushrooms under simvastatin treatment. **Case Report:** A 71-year-old male patient suffering from diabetes type II, hyperlipaemia, hypertension, and chronic ischaemic heart disease had been treated with simvastatin for six months. Occasionally, he had reported muscular pain. In the past he had eaten *T. equestre* in large quantities without problems. He developed myalgia, fatigue, muscle weakness, and profuse sweating after ingestion of mushroom meals twice daily on six consecutive days. Creatine phosphokinase (maximum 4,934 U/L) and myoglobin (maximum 3,976 ng/ml) as well as aspartate aminotransferase (330 U/L) and alanine aminotransferase (209 U/L) were increased. Simvastatin treatment was discontinued immediately. Alkaline diuresis was administered to prevent myoglobin precipitation in renal tubules. Symptoms disappeared and pathological laboratory findings decreased but were not fully normalised under this treatment within ten days. **Conclusion:** The underlying mechanism of toxic interaction still remains unknown. Possibly, an increased simvastatin plasma level may be the result of increased absorption and/or of inhibition of cytochrome P450 3A4-mediated metabolism resembling the interaction of simvastatin and grapefruit. Otherwise, a direct combined cytotoxic action may be targeted on muscle fibres and liver cells. Although a recent study could not demonstrate toxic effects in patients treated with different statins and fibrates consuming large quantities of *T. equestre* (between 300 g and 1200 g for four consecutive days) simultaneously (3), we discourage from ingestion of *T. equestre* patients receiving HMG-CoA-reductase inhibitors. **References:** 1. Bedry R, Baudrimont I, Defieux G, Creppy EE, et al. Wild-mushroom intoxication as a cause of rhabdomyolysis. *N Engl J Med* 2001; 345: 798-802. 2. Chodorowski Z, Waldman W, Sein Anand J. Acute poisoning with *Tricholoma equestre*. *Przegl Lek* 2002; 59:386-387. 3. Chodorowski Z, Sein Anand J, Madalinski M, Rutkowski B, et al. Enzymatic examination of potential interaction between statins or fibrates and consumed *Tricholoma equestre*. *Przegl Lek* 2005; 62:468-470.

#### 46. Poisoning by *Solanum torvum*, The Normally Edible Susumber Berry

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**Objective:** We describe a case series of neurological and gastrointestinal poisoning by susumber berries (*Solanum torvum*) and the detection of alkaloids not present in the non-toxic berry. Consumption of immature, environmentally stressed, or other *Solanum species* (particularly the potato) has caused gastrointestinal and neurological symptoms (1). **Case Series:** Three family members ate a traditional evening meal of codfish, ackee, and susumber berries harvested in Jamaica. All were symptomatic the following morning. An adult woman who did not seek medical attention consumed a minute amount of berries due to their significant "bitterness" and experienced transient diarrhea. A 55-year-old man with moderate consumption sought care because of dizziness, slurred speech, expressive aphasia, left sided facial droop, facial numbness, and unsteady gait confirmed by emergency medical services personnel. Upon ED arrival, all findings had resolved. Extensive cardiac and neurological workup was negative. A 64-year-old woman, who ate "a lot" of berries, awoke with facial droop, dysarthria, blurry vision, dry mouth, gastric discomfort, and facial numbness. Diagnosed with a mild ischemic CVA, she required intensive therapy for persistent hypertension. Brain imaging, CSF analysis, echocardiogram, and carotid dopplers were normal. The following day, her facial weakness had resolved, but CK and bilirubin rose to 9471 U/L and 48 micromol/L. She developed confusion and mild proximal upper extremity weakness and was intubated for hypercapnic respiratory failure. Nerve conduction studies demonstrated normal conduction, normal repetitive stimulation in the hand and face, and normal needle EMG. Extremity weakness resolved within 24 hours, but she repeatedly failed ventilatory weaning, and required tracheostomy. She was discharged after a prolonged hospitalization on day 27. Ingested berries were analyzed along with those implicated in a previous geographically and temporally disparate outbreak (2). Both samples