

中文題目：巴拉刈中毒存活-案例報告

英文題目：Paraquat Poisoning Survivor: A Case Report

作者：楊煦星^{1,2} 楊俊杰¹ 沈修年¹

服務單位：¹奇美醫療財團法人奇美醫院 加護醫學部

²南臺科技大學生物科技系

Paraquat is a highly polar and corrosive substance and is generally not absorbed across skin or when droplets are inhaled except in large amount. Paraquat poisoning through ingestion is a leading cause of fatality in many parts of Asia. After absorption, paraquat is concentrated into tissue cells where it undergoes redox cycling and a by-product of this process forms highly reactive oxygen species. The resultant oxidative stress causes cell damage and leads to a pronounced inflammatory response. We report a case of 51-year-old male who was a patient of diabetes mellitus, intracranial hemorrhage after car accident post operation about 10 yrs ago, insomnia and hallucination under medication. He was brought to our hospital emergency room due to vomiting with about 200 c.c greenish liquid after suicide attempt with two mouthful paraquat ingestion. No conscious change, no dyspnea, no coffee ground vomitus, no skin rash or irritation noted. Oral Charcoal treatment and hemoperfusion (HP) was performed due the impression of paraquat intoxication, and then he was transferred to intensive care unit (ICU) for further care. Multiple oral ulcer noted and elevation of C-reactive protein, so the antibiotic prophylactic use with Fortum. Laboratory data revealed metabolic acidosis and hypokalemia. The renal function, liver function and CBC were within normal range. Chest X-ray showed no active lung lesion at first. The serum paraquat level reached 105 ug/mL. Immunosuppressive therapy was performed with cyclophosphamide and pulse therapeutic dose of methylprednisolone after HP. Antioxidant therapy with vitamin C 1000 mg intravenous Q8H and oral alpha-tocopherol one tablet bid were administered. Pulse oximetry was monitored continuously for signs of gas exchange deterioration. He was transferred to general ward after condition stable post six days' ICU treatment. Fatal dose of paraquat is small that more than 10 ml poison can damage the lungs permanently. Once toxicity appear, aggressive therapies in an ICU are unlikely to improve outcomes. In this case, the patient fortunately survived after rapid diagnosis and early initiation of hemoperfusion, immunotherapy and antioxidant therapy.