

## The Turkish Journal of Occupational / Environmental Medicine and Safety

Vol:1, Issue Supplement 1 Web: <u>http://www.turjoem.com</u> ISSN : 2149-4711 Poster Presentation

## P19. DEATH DUE TO HIGH DOSE COLCHICINE INTAKE

Afsin Emre KAYIPMAZ<sup>1\*</sup>, Hasan ORGEN<sup>2</sup>, Tufan Akin GIRAY<sup>1</sup>, Cemil KAVALCI<sup>1</sup> <sup>1</sup>Department of Emergency, Baskent University Faculty of Medicine, Ankara, TÜRKİYE <sup>2</sup>Department of Anesthesiology and Reanimation, Anadolu Hospital, Sivas, TÜRKİYE

Colchicine is an antiinflammatory agent used for the treatment of Behçet's Disease, Familial Mediterranean Fever, and gout. This study presented a colchicine-induced fatality case in an attempt to draw clinicians' attention to suicide risk in patients using colchicine.

A 19-year-old woman presented to our emergency department after taking 200 colchicine tablets 0.5 mg for suicidal purpose 24 hours ago. She had Behçet's disease for which she had been using colchine 0.5 tid.

Her admission vital signs were as follows: Body temperature 36.3°C, blood pressure 60/40 mmHg, heart rate 107 bpm, SpO<sub>2</sub>: 97%, and respiratory rate 22/min. Her general appearance was moderately disstressed and she was conscious but somnolent. Her Glasgow Coma Score was 13. Physical examination revealed bilaterally positive light reflexes and active deep tendon reflexes. She was transferred to intensive care unit. At the third day of admission she developed sudden-onset loss of consciousness and respiratory failure. Her GCS point dropped to 3. She was intubated and connected to mechanical ventilator. There was not any pathology or intracranial hemorragia on CT. She was begun on total parenteral nutrition and dopamin and noradrenaline infusion. Despite having leukocytosis (40900) at admission, she developed pancytopenia (Hemoglobin: 11 g/dl , Platelets: 39000, Leukocytes: 3890) 4 days after oral intake. Five units of thrombocyte suspensions were administered. She later developed liver and renal functional abnormalities (AST: 2153, ALT: 656, Urea: 175, Creatinine: 1.54). She was received supportive therapy for multiorgan failure. She developed cardiopulmonary arrest at 4th day and died after failed CPR attempt.

An oral colchichine intake of 0.5-0.8 mg/kg is toxic and associated with high mortality. It has been reported that an intake above 0.8 mg/kg has a fatal course (1-3). Our patient had a body weight of 50 kg and the dose of her colchichine intake corresponded to 2 mg/kg. The patient died at the 4th day of admission owing to high dose colchichine intake.