

ACCIDENTAL METHADONE (MET) INTOXICATION IN CHILDREN

Z. Dolezel, D. Dostalkova, J. Starha

II-End Paediatrics, University Childrens Hospital, Brno, Czech Republic

zdolezel@medmuni.cz

Unconsciousness in childhood always has to be dealt with as an intoxication either on purpose or by accident.

Case report: 9.5- year-old boy (his father was treated with MET as a substitute for heroin) was admitted to our department at 7.00 p.m. Boy drunk at 2.00 p.m. approximately 3-5 ml father,s MET solution. Clinical examination on admission: decreased level of consciousness (Glasgow Coma Scale 11-12) with intermitent attacks of restlessness. Bilateral miosis. Respiration was shallow (12-14 breaths/min), resulting in cyanosis (oxygen saturation 78%).He was tachycardic (140 beats/min) and BP was 115/66 mm Hg. Body weight and body temperature were 30.0 kg and 37.6 °C, respectively. Abnormal initial laboratory investigations revealed the following: pH 7.23, pCO₂ 8.5 kPa, pO₂ 6.4 kPa, bicarbonate 26.3 mmol/l, blood glucose 7.2 mmol/l; haemoglobin 112 g/l, white blood cell count 30.9 x 10⁹/l (neutrophils and lymphocytes only, without shift to the left). The therapy with naloxone (MET antidote) and oxygen (face mask) were started. After 10 hours the boy was able to breath sufficiently without taking the antidote and was discharged healthy 3 days later.

All children suspected to have ingested MET should be to hospital. Respiratory support may be needed. Three reasons may account for the delay in seeking help: 1. MET users may not realise the danger of the drug to children, 2. they may not know that there is an antidote, and 3. parents may fear professional accusations of poor parenting.

