

The use of naloxone in treatment of late-identified methadone intoxication: pediatric case study

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Abstract:

Objectives. Methadone is a synthetic opioid that has been used to relieve severe pain. Unfortunately, due to non-standard supply and storage, the incidence of pediatric Methadone-poisoning and deaths are increasing daily. Effectiveness of Naloxone is in the prevention of delayed Methadone-induced respiratory arrest and death.

In this paper, we report a case of a 1.4-year-old boy with Methadone intoxication. He was admitted after 10 hours of poisoning with already developed ARDS. Drug metabolite concentration in urine exceeded the lethal dose by two fold. The multiple organ failure with Glasgow Coma Scale-3 developed. He had Methadone induced pulmonary edema and rhabdomyolysis, which brought to the acute kidney failure (AKF).

Methods. The patient connected to mechanical ventilation. For hemodynamic stability IV vasopressors and inotropes were used continuously. In spite of late admission, continuously IV Naloxone was injecting, but respiratory insufficiency has been continuing. Patient also got activated charcoal via a nasogastric tube. Due to hemodynamic instability and increased AKF the peritoneal dialysis was begun.



Results. During few weeks of treating, there is no pulmonary edema, which allows using soft-modes of MV. Patient is hemodynamically stabile. Diuresis is normal, there is no any clinical and laboratory presentation of AKF, so peritoneal dialysis has been suspended.

Conclusion. The patient has been treated successfully without any residual disorders. The observed changes during treatment allow us to suppose that in this case the late usage of Naloxone is not as effective as suspected. The patient recovering was largely due to treatment of multiple organ failure.

Biography:

Rima is a young doctor. She finished her residency this year. Now she is working in PICU as a consultant doctor. She was attending in many conferencies and training programs. She has 5 published papers in journals.