Symposium 6：COVID-19 對中毒病人的影響

Impact of COVID-19 on Toxicology Patient

時間：2022 年 8 月 7 日(日) 13:30~15:00

會議室：401 會議廳

主持人：林志泉醫師(林口長庚醫院)、胡松原醫師(台中榮總)

13:30~14:20 Lithium Poisoning: determinants of inter-individual variability and requirement for extracorporeal removal in lithium poisoning

主講人：Bruno Mégarbane (Paris-Cité University, Lariboisière Hospital)

14:20~14:55 合成卡西酮中毒患者臨床診治上的挑戰

Clinical Challenges in Synthetic Cathinone Poisonings

主講人：陳賢一醫師(林口長庚醫院)

14:55~15:00 綜合討論

課程簡介

- **Lithium Poisoning: determinants of inter-individual variability and requirement for extracorporeal removal in lithium poisoning**

  Lithium-related neurological toxicity may be severe resulting in seizures, myoclonic encephalopathy, and coma. Three poisoning presentations exist, including acute poisoning in non-previously treated patients, acute-on-chronic poisoning, and therapeutic overdose. The exact reasons why severity and features are different between these three presentations are unknown. Methods: We developed rat models to mimic the different patterns in humans. This lecture will present various experimental data obtained aiming to better understand the determinants of inter-individual variability in lithium poisoning. We also collected clinical data. This lecture will present guidelines to improve indications of hemodialysis. Results: We showed that prolonged rat exposure results in brain lithium accumulation, more marked in the presence of renal failure. Differences in plasma and brain kinetics at least partially explains the observed variability. Severity of lithium-induced encephalopathy measured based on EEG is dependent on the poisoning pattern. Regarding hemodialysis in lithium-poisoned patients, EXTRIP workgroup recommends hemodialysis if kidney function is impaired and serum lithium >4.0mmol/L; in the presence of a decreased level of consciousness, seizures, or life-threatening dysrhythmias, irrespective of serum lithium. EXTRIP workgroup suggests hemodialysis if serum lithium is >5.0mmol/L; if confusion is present; and if expected time to obtain a lithium <1.0mmol/L with optimal management is >36 h. We showed that Paris

criteria (serum lithium ≥5.2mmol/L or serum creatinine ≥200μmol/L) are better. Conclusions: Our experimental models suggest that the poisoning severity if related to the duration of exposure and to the brain accumulation of lithium. Hemodialysis is recommended in patients with severe Li poisoning.

- **合成卡西酮中毒患者臨床診治上的挑戰**

  合成卡西酮為當前台灣最常見的新興濫用藥品。卡西酮類藥物種類繁多，病患使用之後的臨床症狀多變，加上沒有適當的即時檢驗工具，在臨床診治上實乃一大挑戰。講者將舉許多實際的卡西酮中毒案例，來介紹卡西酮中毒病患的各種臨床表現，並闡述診斷與治療上的重點。