



WEBINAR

CLINICAL CASE

A 2-year-old previously healthy Sinhalese boy presented with a two-day history of fever and dark urine. Examination revealed marked pallor, mild icterus, tachycardia, tachypnoea, gallop rhythm, oxygen saturation of 76% on room air, and delayed capillary refill. Investigations showed severe anaemia, and methaemoglobinaemia (9.7%). ECG showed ST depression; troponin was borderline elevated. Oxygen saturation remained low despite high-flow oxygen. A toxic ingestion was suspected, and history later revealed ingestion of mothballs 36 hours earlier. He received blood transfusions and supportive care, with rapid improvement. Three months later, G6PD deficiency was confirmed. This case illustrates life-threatening combined haemolysis and methaemoglobinaemia from naphthalene toxicity in a G6PD-deficient child.

SUBJECTS & PRESENTERS

- A toxicology conundrum: the hidden trigger behind severe haemolysis**
Prof Kavinda Dayasiri, Professor in Paediatrics and Consultant Paediatrician, Department of Paediatrics, Faculty of Medicine, University of Kelaniya
- A middle-aged OP poisoned lady developed muscular weakness and abdominal pain.** Dr Fazle Rabbi Chowdhury, Associate Professor in Internal Medicine at Bangladesh Medical University (BMU), Dhaka, Bangladesh

Monday, 01st September at

EST: 03:00 (New York), BST: 08:00 (Edinburgh), SAST: 10:00 (Johannesburg), AST: 11:00 (Qatar), TRT: 10:00 (Izmir), IRST: 10:30 (Tehran), IST: 12:30 (Mumbai), BST: 13:00 (Dhaka), AEST: 18:00 (Melbourne), NZDT: 20:00 (Auckland).



Time table, subjects, and presenters of Poison Control Centers and Clinical Toxicology/Addiction physicians for chemical preparedness, poisoning / overdose prevention / treatment and toxicological outbreaks in Asia- Pacific, Middle East, Africa and Europe

Direct Link : https://otago.zoom.us/meeting/register/qabqxtzrQKqDkFvJG_idvw

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