SAQ 6

A 3 yr old child is brought into ED with a history of having ingested 'at least' 20 of her mother's iron tablets.

Answer

1a) List 2 clinical features of significant iron toxicity that are likely to be seen within the first 6 hrs after the ingestion.

2 of Vomiting , Diarrhoea + Abdominal pain.

b) List 2 investigations that may be helpful in confirming that a patient has ingested iron tablets and when the abnormality is likely to be detected.

2 of :

Abdo XR – iron tablets are radio opaque so will be visible in the stomach on AXR immediately after ingestion and for many hours (?until passed into SI).

Serum iron level - Levels peak in 4 - 6hrs post ingestion.
Levels > 90 micmol/L are thought to be predictive of systemic toxicity.

ABG - an increased AG metabolic acidosis occurs with systemic toxicity, but this wont be evident until hours (??>6) after the ingestion.

2) List 2 methods of decontamination that may be useful in the management of iron toxicity and their indications for use.

Whole bowel irrigation –recommended for ingestions of > 60mg/kg confirmed on AXR.
Endoscopic removal - if potentially lethal ingestion where WBI fails or is impossible.

3) Name the antidote used to treat iron toxicity and list 2 indications for its use:

Desferrioxamine

Indications for use are:
Iron levels > 90 micmol/L (500micg/dL) - as this predicts systemic toxicity.

Signs of systemic toxicity including -
Shock
Metabolic Acidosis
Altered mental status