

Opiate toxicity: A case report

Abstract

Opiate abuse became very common, and toxicity may occur due to high dose. Some (expert) addicts preserve a naloxone spray bottle with them as a guard against toxicity. In our case, I used the patient's own naloxone spray to treat her.

Keyword: Opiate • Naloxone • Spray

Received: 18-May-2023, Manuscript No. fmci-23-99213; **Editor assigned:** 23-May-2023, PreQC No. fmci-23-99213 (PQ); **Reviewed:** 24-May-2023, QC No. fmci-23-99213 (Q); **Revised:** 26-May-2023, Manuscript No. fmci-23-99213 (R); **Published:** 30-May-2023; DOI: 10.37532/2041-6792.2023.13(5).459-460

Introduction

The term opiates refer to natural compounds usually obtained from the poppy flower base, while opioids are synthesized by chemical processes [1]. Opiates and opioids are among the most commonly abused substances throughout the world [2]. Addiction to opioids and opiates has become a significant health problem in both developed and third world countries [3]. High percent of patients prescribed opioids for chronic pain misuse them, and thence develop an opioid use disorder [4]. Opioid overdoses accounted for many deaths in Egypt in 2022 more than any previous year on record. Many deaths results from abuse and addiction [5]. As doctors, we can educate people about the hazards of random abuse of opioids and its addiction.

Case Presentation

45 years old female patient presented to poison controlling center, Ain shams University, Cairo, Egypt (PCC-ASU) at 2 am on 8/3/2023 by the help of ambulance team. They stated that they found her in the street in a very bad condition and then suspected drug abuse and brought her to the PC. On presentation, the patient was in coma, bradypnea 6 cycles per minute, and O₂ saturation was 55%, pulse was 40 bpm, Blood pressure was 80/50 mmHg, and pupils were bilateral pin point.

The patient was clinically diagnosed opiate toxicity, screening for opiates was done and diagnosis confirmed. The patient was put on 100% oxygen and kept open airway under close observation. She was having a naloxone spray bottle in her hand bag that was used as an antidote for herself [6].

Oxygen saturation level started to raise, vital signs returned to normality gradually, me was the responsible doctor and I stayed beside the patient all the time observing her improvement.

After 2 hours, at 4 am, the patient started to gain consciousness and then she was admitted to the ICU to complete her treatment. She didn't need an endotracheal tube or cardiac support. After 24 hours she became completely improved and was discharged.

Universally, patients with opiate overdose may be lethargic or have a depressed level of consciousness. Opiate overdose will also cause respiratory depression, generalized Central Nervous System (CNS) depression, and miosis.

Our patient seemed to be a cultured addict, as she had a naloxone spray (the antidote to opiate toxicity) in her hand bag [7].

Discussion & Conclusion

Addicts who repeatedly experience an opioid overdose may be undergoing recurring hypoxic events and experiencing "minor" brain injuries whose effects may be compounded by repetition.

Their brains become habituated and can withstand hypoxic crises and survive these crises more than normal people.

As doctors, we can educate people, especially addicts about the antidote of opiate toxicity to save their lives, as a step to treat them from addiction. Their lives deserve saving even if they are addicts and they are in lawful.

Available naloxone sprays used as inhalational antidote is very promising in the scope of saving lives of these addicts, who we see as patients. They should carry this medication with them all the time as a means of reversing toxicity, they can use by themselves when they feel symptoms of toxicity, or can be used by others to save them.

Borayek Saad*

Harvard Alumni Egyptian
Fellowship Trainer, Egypt

*Author for correspondence:
abojo920@gmail.com

References

1. Blondell RD, Azadfar M, Wisniewski AM. Pharmacologic therapy for acute pain. *Am Fam Physician.* 87(11):766-72(2013).
2. Lalic S, Jokanovic N, Ilomaki J, et al. Harms associated with extramedical use of prescription opioid analgesics in Australia: A scoping review. *Res Social Adm Pharm.* 15(8):925-35(2019).
3. Beletsky L, Rich JD, Walley AY. Prevention of fatal opioid overdose. *JAMA.* 308(18):1863-64(2012).
4. Betts AM, Ritter JL, Kubal WS. Reversible delayed posthypoxic leukoencephalopathy after drug overdose: MRI findings in a collection of patients. *Emerg Radiol.* 19(2):165-73(2012).
5. Massey J, Kilkenny M, Batdorf S, et al. Opioid Overdose Outbreak - West Virginia, August 2016. *Morb Mortal Wkly Rep.* 22;66(37):975-80(2017).
6. White ND. Increasing Naloxone Access and Use to Prevent Opioid Overdose Death and Disability. *Am J Lifestyle Med.* 13(1):33-5(2019).
7. Choi NG, DiNitto DM, Marti CN, et al. Adults who misuse opioids: Substance abuse treatment use and perceived treatment need. *Subst Abus.* 40(2):247-55(2019).