Victims of Robber-Induced Intoxication

Muaz*, Hassan Ali Choudry*; Hassan Zia**
*Department of Medicine District Head Quarters Hospital Faisalabad; ** Department of Medicine Benazir Bhutto Hospital Rawalpindi and Rawalpindi Medical College.

Abstract

Background: To study the presentation and clinical outcome of victims of robber-induced intoxications.

Methods: In this retrospective study the data of robber induced intoxicated patients was taken from Rescue 1122 service. Death registers from both the hospitals were investigated for deaths due to poisoning cases. Self-taken poisoning cases were excluded. Death registers were tallied with death books provided to medical officers in the emergency department.

Result: A total of 4624 patients came with intoxication in medical emergency of both the tertiary care hospitals of the district. 71 patients died in the total mentioned time period. The casualties were maximum in 2013 (19). All the patients were male. No gastric, urine, or blood toxicology reporting was done for any of the patients. All the patients were treated symptomatically. No postmortem was done after any deaths.

Conclusion: The unavailability of toxicology reporting is a hurdle in giving a proper care.

Key Words: Poisoning, Gastric Lavage, Benzodiazepines.

Introduction

Presentation of robber-intoxicated, unconscious patients are a common event in all tertiary care hospitals of Pakistan. These people are commonly travelers. They are poisoned and subsequently robbed by burglars posing as friends through some eatables. Every day, in the emergency department, dozens of patients are brought in after poisoning themselves or poisoned some other way such as accidental poisoning. These poisoning cases contribute in the emergency room’s burden a lot. 1 A few among these patients are travelers, poisoned by their fellow in the bus or in the trains. These people are generally and undisputedly males usually returning from their work to hometowns and carrying money which is usually the reason for them to become prey. 2 Our aim of the study was just to find out the number of people visited hospitals brought by rescue workers after ingesting something poisonous given to them by their fellow travelers as well as number of deaths by these poisoning. 2

Patients and Methods

In this retrospective study data were taken from Rescue 1122 service of all the six years. The data for all the patients coming due to unknown intoxication were found out from admission registers of both tertiary care hospitals of District and were tallied to the discharge registers for their final and discharging diagnosis. Death registers from both the hospitals were investigated for deaths due to poisoning cases. Death registers were tallied with death books provided to medical officers in the emergency department. Pathology laboratory of hospitals did not have any record of any material sent to them for toxicology.

Result

In the last six years, 4607 patients were brought poisoned to ER. Majority were in age group 21-50 years (Table 1). In the year 2013, total number of patients brought to emergency departments of all the tertiary care public hospitals of Faisalabad, unconscious or in a clinically evident state, was 893. Total deaths this year were 19. Over the succeeding years an increase in cases is evident (Table 2). Out of these patients 87 died in six years. These were brought from various bus stations and railway station generally. Most of these patients recovered and were discharged from hospitals on their feet. These were all the victims of poisoning adulterated with some edible stuff given to them by their fellow travelers whom they met on the journey. Majority of these people were returning to their hometowns with their monthly wages. No urine
sample or gastric content was taken and sent for reporting, nor was any post mortem done to find out the cause and toxin used.

Table 2: Victims of robber- induced intoxications – Number and Mortality

<table>
<thead>
<tr>
<th>Year</th>
<th>No</th>
<th>Mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>653</td>
<td>10</td>
</tr>
<tr>
<td>2009</td>
<td>735</td>
<td>14</td>
</tr>
<tr>
<td>2010</td>
<td>789</td>
<td>15</td>
</tr>
<tr>
<td>2011</td>
<td>724</td>
<td>12</td>
</tr>
<tr>
<td>2012</td>
<td>813</td>
<td>17</td>
</tr>
<tr>
<td>2013</td>
<td>893</td>
<td>19</td>
</tr>
<tr>
<td>Total</td>
<td>4607</td>
<td>87</td>
</tr>
</tbody>
</table>

Discussion

Intoxicated persons present with loss of consciousness. Vomiting is the commonest complaint in conscious patients. Most of the cases give history of ingests appearing eatable by strangers. People who eat unchartered edibles from strangers, apparently, get to hospitals generally from bus or railway stations. Edibles given may be a sweet like local delicacy, dates, fruit juice etc.

Toxicology events diagnostic facilities are lacking in government and private diagnostic centres. This leads to an inability to analyze urine or gastric samples for toxic materials. Venom or poison, used in these kinds of events, remains unidentified. Data revealed an increase in numbers and mortality in these cases, over the years. Usually, the local juice shop owners are also involved in the act. Many people didn’t have a recount of the event. Many are reluctant to contact law enforcement agencies.

Many toxicology expiries can be prevented, given the presence of suitable toxicology laboratory in the emergency department. In the present cohort urine sampling was not performed to find out the drug’s quantity and its metabolites. There was no follow up either to get the patient’s condition later on. So, no drug or any other chemical have been named so far, being used.

Patients were treated symptomatically, after their reception in the emergency department. Most victims were unconscious or semi-conscious upon arrival, but awoke after a few hours. Within the critical time period, Gastric Lavage was usually done to prevent drug getting absorbed in the gut. Anti-emetics, antacids and proton pump inhibitors were given to stop any further damage by gastric acidity.

In emergency department, patients were given activated charcoal and gastric lavage to clear their gastric content. After these basic maneuvers, patients were treated symptomatically. Some patients regained consciousness within a few hours, for some it took more than 12 hours. Gastric lavage is useless in case, it’s been more than or 4 hours already. The standard treatment for benzodiazepines poisoning is flumazenil, which due to cost and availability is seldom given.

Even in the better health care facilities there are no means of finding out the content of gastric expulse. We never found out the type of venom or adulterant used within the edibles.WHO robustly recommends the essentiality of an emergency toxicology laboratory. Emergency Toxicology report should be available within 2 – 3 hours. Urine, Gastric content and blood sample should be taken. Almost all the developed countries have an emergency toxicology laboratory.

All the victims were indiscriminately males. Probably pointing out the social and religious boundaries set by society and the general sought modesty that forbid women from taking anything edible or even start talking to a stranger in the first place. Societal obligations, religious implications and an assumed fact that women carry no big money with them make them non-susceptible and invulnerable to such events.

Police and station management turn a blind eye to these incidents. Almost each day there are the cases in emergency departments of this nature. These people are sedated with various drugs and chemicals usually benzodiazepines in a dose that puts them in longer than usual sleep. In present study 62% of patients were in the age category 21 to 51, i.e., productive age group.

Conclusion

Proper management and diagnostic facilities are required for intoxication victims.

References