

An Unusual Cause of Acute Confusional State

We are reporting an unusual case of accidental amphetamine ingestion in a 2 year 8 month old child, presenting with acute confusion.

Her father brought this female child to the Accident and Emergency Department with history of acute confusion for paediatric assessment. The child had been agitated for the last 12 hours, was difficult to settle and kept saying, "don't want it". She had previously been well. On examination she was agitated, afebrile and constantly talking with heart rate of 148/min. Her pupils were dilated but equal and sluggishly reactive. She had no neck stiffness and rest of the systemic examination was unremarkable. The main differential diagnoses at this stage were probable encephalitis and acute poisoning. Her full blood count, urea and electrolytes, liver function tests, coagulation screen, paracetamol and salicylate levels, and venous gas were all normal.

After initial denial, father revealed that the child's mother had been using amphetamine for years. Mother confessed that she had a paste of amphetamine powder in the orange juice around 2-3 hours before the child started to behave unusually. Mother had left the child alone in the room with the orange juice and went to the kitchen for 5 minutes. Mother was not sure how much orange juice the child could have drunk. The child was monitored closely. Urine was sent for toxicology. After 17 hours of admission,

the child started to interact normally, talk appropriately, pupils were reacting normally and heart rate settled. Next day, the child was back to normal and was discharged to foster care. The urine came back positive for amphetamine. The child has been reported to be doing well on follow-up.

Amphetamine ingestion in a child of <5 years of age has not been previously reported. There is only a small selection of articles which focus on adolescents [1-3]/adults and methamphetamine. The main intention to report this the case is to raise the awareness of acute intoxication as a differential diagnosis in a child who presents with acute confusion.

**HARISH KUMAR SREENIVASA AND
KARNAM SUGUMAR**

*Department of Paediatrics, Royal Preston Hospital,
Lancashire Teaching Hospitals NHS Foundation
Trust, Sharoe Green Lane,
Fulwood, Preston, Lancashire, PR2 9HT, UK.
drsharishkumar@yahoo.co.in*

REFERENCES

1. Hawke JM, Jainchill N, De Leon G. Adolescent amphetamine users in treatment: client profiles and treatment outcomes. *J Psychoactive Drugs*. 2000;32:95-105.
2. Westover AN, Nakonezny PA. Aortic dissection in young adults who abuse amphetamines. *Am Heart J*. 2010;160:315-21.
3. King G, Alicata D, Cloak C. Neuropsychological deficits in adolescent methamphetamine abusers. *Psychopharmacology (Berl)*. 2010;212:243-9.

Unusual Cause of Neonatal Respiratory Distress

We described a female infant weighing 2000 g born by vaginal delivery at 35+5 weeks' gestation to a woman with urine culture and vaginal swab positive for *E. Coli*. At 54 hours of age, the baby developed respiratory distress syndrome associated with persistent rhinitis and productive cough. At the beginning we suspected sepsis with pneumonia and antibiotic treatment was commenced. Despite more courses of antibiotic treatment no significant radiological improvement happened, and rhinitis and

productive cough were persistent. Since immunodeficiencies, cystic fibrosis, and pulmonary malformation were ruled out earlier, we performed a nasal brush biopsy in the attempt to diagnose primary ciliary dyskinesia (PCD). Findings consistent with PCD were found. After being discharged at the age of 37 d, the baby was followed up in our outpatient respiratory facility. During this time, physiotherapy has been performed twice a day, and just an episode of pneumonia occurred at the age of 6 month of life. Nasal brush biopsy was repeated at the age of 12 months and confirmed the ultrastructural defect. The baby is now 13 months old, has a satisfactory growth and a normal neurodevelopmental outcome.