

*The root of education are bitter but the fruit is sweet  
Aristotle*

## A CASE OF SUPER VASMOL 33 POISONING

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### ABSTRACT

Among various common poisonings, we saw a rare case of SUPER VASMOL – 33 poisoning. We report a 16 year old female with SUPER VASMOL-33 POISONING who later succumbed within 72 hours.

### INTRODUCTION

SUPER VASMOL – 33 Kesh Kala has the following ingredients P.P.D. (Paraphenylene diamine) liquid paraffin, cetostearyl alcohol, sodium lauryl sulfate, EDTA-DISODIUM, Resorcinol, propylene glycol, Herbal extracts, Preservatives and perfume.

### CASE REPORT

A 16 year old female was admitted in May 2002 to the emergency ward, with the history of consuming 50ml of SUPER VASMOL 33 hair dye. The cause for consumption was verbal abuse by her elder brother. She took the poison to kill herself. The patient was seen 5 hours following consumption of the poison with a history of developing difficulty in breathing. She was seen in a local government hospital and later was referred to Sri. R.L. Jalappa Hospital.

### ON EXAMINATION

Patient was severely breathless, stridor present, profusely sweating with hyper salivation, swelling of lips, face, eye lids, submental and submandibular region and protrusion of tongue:

Pulse : 130/min regular, low volume, BP:100/80mmHg.

Cardio Vascular System: Unremarkable Except tachycardia.

Respiratory system showed – Bilateral rhonchi and crepitations,

Abdomen was soft no tenderness and bowel sounds were clearly heard

Central Nervous System – Patient was conscious, alert with generalised tremors

No focal neurological deficits was seen

A Provisional diagnosis of angio neurotic edema, laryngeal edema and acute pulmonary edema was made.

Endotracheal intubation was done, hydrocortisone, followed by dexamethasone was started. Naso gastric aspiration was clear. Foley's catheterisation of bladder

drained dark urine, mixed with few fresh blood clots. Supportive management with oxygen, I.V. fluids, antibodies, H-2 receptor blockers and broncho dilators were given.

### INVESTIGATION

Blood	:	RBS : 113mg%
Blood Urea	:	21mg%, creatinine : 0.68mg%
Bleeding time	:	2'15"
Clotting time	:	3'45"
HB	:	13.6%

Total wbc count showed 17,000 cells, 1mm<sup>3</sup>

Polymorphs : 90%

Peripheral blood smear : Normocytic Normochromic blood picture with leucocytosis.

E.C.G : Sinus tachycardia X-Ray chest revealed lower zone opacities, nonhomogenous, favouring pneumonitis

Urine exam showed : 20-30 RBC / HPF with 8 to 10 WBC / HPF

Blood Urea and S Creatinine repeated 24 hours later was found to be within normal limits.

### COURSE IN THE HOSPITAL

Tachycardia and tachypnea persisted. Urine output was adequate i.e., 1.2 to 1.8 litres/day for 48 hours. The complications of PPD like edema of head and neck, upper respiratory tract obstruction, tremors, painful limbs, dysphagia and respiratory distress were already present. The complications of Propylene Glycol like Hemolysis and Haemoglobinuria were present.

The complications of E.D.T.A. i.e., hypocalcaemia was present.

As a part of further management one unit fresh blood was transfused, diuretics, vitamin K, calcium gluconate, nebulisation with bronchodilators and Ryle's tube feeding were continued.

ON DAY 3 : Urine output was 800ml/24 hrs., tachycardia and tachypnea persisted, patient was alert throughout her stay in the hospital. There was no hemorrhage from gastro intestinal tract, skin and mucosa except from the urinary tract. On the same day, i.e., 72 hours after hospitalisation this patient had sudden cardiac arrest. Ventilatory support was given and cardiac resuscitation could not revive the patient.

**POST MORTEM REPORT**

Bleeding into the white matter of the brain, congestion of the stomach mucosae, pus, exudate, and fresh bleeding in both the lungs, more so in the left lower lobe and congestion of both kidneys were found.

**DISCUSSION**

This probably was the first case, where in ingestion of a combination of chemicals resulted in multi system manifestations. Though B.T., C.T., as well as platelet counts were normal repeatedly, patient had evidence of bleeding

in to the urinary tract, lungs and brain, all probably leading to death. Post mortem report also contributed towards the probable cause of death – intra cerebral bleed and aspiration pneumonia. Correction of calcium, though were normal, with adequate fresh blood transfusions and dialysis.

**REFERENCES**

Ellenhorn's Medical Toxicology – 2nd Ed.

Laurence Bennett, Brown Pharmacology, 8th Ed.