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Clinical profile of patients presenting to a tertiary hospital with mushroom poisoning in north east India - A retrospective study

Statement of the Problem: Mushroom poisoning has been encountered frequently in the Indian sub-continent and worldwide. It is known to be one of the cause of fulminant hepatitis for which the definitive treatment being liver transplant. In the case reports reported till date the patients of mushroom poisoning are being diagnosis by clinical presentations and history of mushroom intake, because the availability of the mycologist and toxicologists required for mushroom identification and diagnosis were not available in many places. Mushroom forms part of the diet in the ethnic tribes of our country and most of the case reports of mushroom poisoning till date are from north India and south India among the tribes of the areas with the intake of wild mushrooms unintentional. The type of syndrome presentation in patients with mushroom poisoning and awareness is being provided about the non-edible mushroom in this region. The purpose of this study is to describe the clinical presentation of all the patients presenting to the hospital in the last 4 years with mushroom poisoning where a fair idea of the existing poisonous mushroom species can be made from the specified syndrome.

Methodology: The hospital records of all the patients with a diagnosis of mushroom poisoning were reviewed from January 2014 to May 2018 and all relevant information were recorded in a structured per forma. A descriptive analysis of all collected variables was carried out.

Findings: Over 28 cases of mushroom poisoning presented to our hospital in the last 4 years, mainly in the raining season (March-May) and autumn season (August-October). All cases were from the tribal areas of the four neighboring 4 districts of the state. The wild mushrooms were self-picked from the forest. 15 patients had developed early symptoms (less than 6 hours) and were less fatal; however 13 patients developed the symptoms after 6 hours of consumption and were more seriously ill out of which 4 cases expired due to acute hepatic failure. The clinical syndrome presentation were acute gastroenteritis with liver failure in 8 cases (suspected *Aminata poisonin*), 13 cases of acute gastroenteritis (suspected mushroom species *Chlorophyllum molybdites, Clitocybe nebularis, Omphalates illudens*), one case of Acute renal failure (suspected *Cortinarius violaceus* species), one case showing Disulfiram like reaction (suspected *Coprinus atramentarius, Clitocybe clavipes* species), 5 cases of Cholinergic mushroom poisoning (suspected *Citocybe dealbata, C. illudens, Inocybe fastigiata* species). The mortality from mushroom poisoning resulted mainly due to fulminant hepatitis in 4 cases.

Conclusion: The mushroom poisoning in this part of the country is mainly due to consumption of wild poisonous mushrooms, with amanita species type being responsible for most of the fatalities. From the clinical syndrome presentation and on visiting the affected areas, the *Aminata* species seems to be common, a variety of the other poisonous mushroom are also present as evident from the clinical presentation. The *Aminata biosporigera* and *Cortinarius violaceus* species has been identified at the affected villages.

Biography

Iadarilang Tiewsoh is a Physician Intensivist, did her Intensive Care Medicine from Christian Medical College, Vellore, Tamil Nadu, India. She has continued her field of medicine as Assistant Professor in PGIMER, Chandigarh for a while and joined the Central Medical Institute, North Eastern Indira Gandhi Regional Institute of Medical Sciences, Shillong, Meghalaya in 2017.

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