

152 HEPATIC INJURY AFTER INGESTION OF *GYROMITRA ESCULENTA* IN CHILDREN

Stolpe HJ¹, Hentschel H³, Hein C³, Escher S³, Drückler E¹, Zimmermann B¹, Tiefenbach B². ¹Children's and Adolescence Clinic; ²Institute of Pharmacology and Toxicology of University Rostock; ³Poisons Information Centre Erfurt, Nordhäuser Strasse 74, D-99089 Erfurt, Germany

Objective: A frequent cause for mushroom poisoning is mistaking edible mushrooms for their poisonous doubles. There are also poisoning cases with poisonous mushrooms considered edible after appropriate cooking. The false morel (*Gyromitra esculenta*) belongs to the latter group. We report two severe cases in children. **Case 1:** An 11-year-old boy complained about abdominal pain 12 hours after ingestion of only short roasted fungi. About 30 hours after ingestion relapsing vomiting began. He was admitted 48 hours after ingestion in a bad state with somnolence, abdominal pain, paleness, and scleral icterus. Laboratory

parameters: Quick's time 45%, antithrombin III 77%, total bilirubin 164 µmol/L, indirect bilirubin 164 µmol/L, direct bilirubin <20 µmol/L, transaminases in the normal range. Course: 50 hours after ingestion hemodialysis was performed aimed at a fast decrease of bilirubin and the elimination of possible toxic metabolites of the mushroom poison. The patient was hemodialysed again accompanied by symptomatic measures on both following days. The control of the EEG showed negligible changes of cerebral functions 60 hours after ingestion, and was inconspicuous after 84 hours. Total bilirubin decreased rapidly, transaminases rose 110 to 130 hours after ingestion (aspartate aminotransferase up to 268 U/L, alanine aminotransferase up to 461 U/L), lactate dehydrogenase up to 537 U/L. Seventeen days after ingestion all laboratory parameters had been normalized. **Case 2:** The patient's sister complained about abdominal pain 24 hours after consumption of the same mushroom meal. She was also admitted 48 hours after ingestion with nausea, abdominal pain, paleness, as well as scleral and skin icterus. Laboratory parameters: Quick's time 50%, antithrombin III 92%, total bilirubin 132 µmol/L, indirect bilirubin 132 µmol/L, direct bilirubin <20 µmol/L, transaminases in the normal range. Urinalysis: erythrocyturia. The further course was dominated by the abnormal coagulation parameters (minimum 4 days after ingestion) and a rise of the transaminases (maximum 7 days after ingestion). The patient was hemodialysed three times. Under further symptomatic measures the clinical features and laboratory parameters returned to normal. **Conclusion:** In both cases an acutely toxic quantity of the false morel was ingested, resulting in liver damage within 48 hours. Evidently the toxin was not destroyed by the kind of cooking employed (short roasted mushrooms). Symptomatic measures and hemodialysis were sufficient for complete remission of all symptoms without detectable organ damage until now.